NHS
Central Lancashire

Patient Access Procedure

For Provider and Operational Services

CONTENTS

EXECUTIVE SUMMARY

By December 2008 no patient will wait longer than 18 weeks from referral to treatment, whether this is in an inpatient or outpatient setting and includes completion of all diagnostic tests required prior to treatment commencing. The current 18 week pathway guidance generally applies to hospital based services, however, this has been extended to cover all Consultant led pathways regardless of the setting.

The length of time a patient waits for treatment is an important quality issue and is a KEY performance indicator of the efficiency of services provided by Provider and Operational Services. Some Provider and Operational Services have elements of consultant led pathways and must adhere to the national rules for 18 week referral to treatment (RTT) target and therefore report waiting list times in line with National Reporting requirements.

The remainder of non-direct access Provider and Operational Services have agreed PCT performance targets to meet an 18 week referral to treatment/first appointment target and will follow the 18 week principles and monitor and report waiting list times against these. This procedure states the national 18 week rules with an interpretation of how this will apply to Provider Services.

All Waiting List times will be reported on a bi-monthly basis to the PCT Board and the PCT Provider Board sub-committee. They will also be a regular standing item on the Provider management team agenda.

If patients who are waiting for treatment are to be managed effectively it is essential for everyone involved to have a clear understanding of their roles and responsibilities.

This procedure defines those roles and responsibilities and establishes a number of good practice guidelines to assist staff with the effective management of waiting lists and assist in delivering an 18-week patient pathway.

This procedure is based on the LTHTR **Elective Access Policy - 18 weeks (Ref 3)** to give a consistent approach across main providers of Central Lancashire PCT.

DEFINITIONS

For the purposes of this procedure, the following terms have the meanings given below:

Active Waiting List	Patients awaiting an appointment for treatment and who are currently fit and available to be called for appointment.
Suspended Waiting List	A list of patients awaiting an appointment who are currently not available for an appointment. As a general principle, patients who are unfit or unable to take up reasonable offers of appointments will be referred back to the originating referrer.
Service	Any Central Lancashire PCT Provider and Operational Service detailed in the Service Directory.
Reasonable Notice	For a written appointment to a patient to be deemed reasonable, the patient is to be offered a community based appointment with a minimum of two weeks notice. In addition to the two weeks notice, for a verbal appointment to a patient to be deemed reasonable, the patient is to be offered: - for an outpatient appointment – an appointment on a minimum of two different dates When a patient accepts a community based appointment date with less than 2 weeks notice the reasonable notice rule is no longer applicable. Domiciliary visits that are in place of an appointment are also included in the above definition.
Did Not Attend (DNA)	Patients who have agreed an appointment (or, if applicable, a visit) date and who without notifying the service did not attend for an appointment (or were not available for a visit). Patients who arrive at the service too late to be seen/treated are recorded as DNA unless the service wishes to apply discretion to accommodate the patient. Patients who arrive at the service but do not wait to be seen/treated are also recorded as DNAs. DNAs can only be recorded providing that reasonable notice was adhered to or where the patient had previously accepted the offer.
Patient Cancellation	Patients who, on receipt of offer(s) of appointment, notify the service that they are unable to come in on the date offered. Patient cancellations can only be recorded providing that reasonable notice was adhered to or where the patient had previously accepted the offer. Patient cancellations where reasonable notice was not offered and the patient has not accepted a previous offer should be recorded as cancellations due to insufficient notice given to the patient.

Service Cancellation	Appointments cancelled by the service for either clinical or non-clinical reasons. For non-clinical cancellations on the day, the patient must be offered an appointment date as soon as possible, ideally within 28 days of the cancellation.
Primary Targeting List (PTL)	A list of individual patients who will potentially breach the waiting time guarantee if not treated within the appropriate timescale. The list will include both patients with and without an appointment date.
Referral to Treatment (RTT)	The date from referral to treatment, however for non consultant led provider services the measure will be to first appointment which may be triage, treatment or intervention.
Referral Management Centre (RMC)	Primary Care based referral, booking and management service. All GP referrals for Central Lancashire PCT for MSK and Podiatry services are processed through the RMC, referrals are electronically forwarded to the chosen providers daily.
18 weeks	Maximum amount of time a patient is allowed to wait for treatment from referral by December 2008.
Outpatients	In the context of this procedure includes consultants, community teams, community clinics etc.
Choose and Book	An electronic referral service for GPs.

1.0 INTRODUCTION

The ethical management of patients who wait for non-urgent community based appointments and treatment is the responsibility of a number of key individuals and organisations including, General Practitioners, Clinicians, PCT managers and patients.

Treating patients and delivering a high quality, efficient and responsive service ensuring prompt communications with patients is a core responsibility of Provider and Operational Services and the wider local health community.

This procedure focuses on the application of the 18 week target for those services provided by Provider and Operational Services that are not direct access services. National reporting of referral to treatment (RTT) data will apply to all consultant led pathways. Currently, for Provider and Operational services, the following services must comply with national reporting requirements :

- MSK ESP Preston Locality (interface service)
- Community Paediatrics (consultant led service)

These services have elements of consultant led pathways and must adhere to the national rules for 18 weeks (see Appendix B) and therefore report waiting list times in line with National Reporting requirements.

The remainder of non-direct access Provider and Operational Services have agreed PCT performance targets to meet the 18 week referral to treatment target and will follow the 18 week principles and monitor and report waiting list times against these.

2.0 KEY PRINCIPLES

- Patients should only be added to the waiting list if there is a real expectation that they would be immediately fit for and available for treatment.

- Patients with the same clinical need will be treated in chronological order whilst acknowledging the right of the individual to agree a date to suit their personal circumstances.

- Suspending or removing patients from a waiting list is not an acceptable alternative to treatment.

- This procedure reflects the principles of Getting Patients Treated, not keeping patients waiting (Ref 1).

- Waiting lists should be managed according to clinical priority. Patients will be treated using defined criteria of clinical need. After the patients with the highest clinical need are appointed (urgent patients) then

- Each clinical service will have in place procedures to record and monitor their own Waiting List(s), to ensure accurate records are kept and justifying any decisions made, e.g. removal from the waiting list, etc. These processes will be to an agree proforma and as far as possible be electronically based. Services will not be able to amend proformas without agreement of the Head of Performance.

- Priority will be given to emergency and urgent referrals and treat all other patients fairly. Patients not classified as urgent should be treated in the order that they were added to the waiting list.

- Patients should only be added to a waiting list if there is a real expectation that they will be treated by an appropriate service.

- All additions to or removals from the Waiting List should be done in accordance to this procedure and they should be recorded on the appropriate waiting list and in the patients notes. All patients' notes must be consistent with the appropriate computerised system if applicable.

- Communications with patients should be informative, clear and concise. The process of Waiting List management should be transparent to the public.

- Each clinical service will adopt the procedure laid down in this document

2.1 National Targets

18 week Referral to Treatment Target:-

The national target is that by December 2008 no patient will wait longer than 18 weeks from GP referral to first treatment. The milestones for achieving this target are set out below:-

- 95% of non-admitted patients by December 2008 will not wait longer than 18 weeks from referral to first treatment.

- 90% of admitted patients by December 2008 will not wait longer than 18 weeks from referral to first treatment.

What this means for Provider Services:

The target for Provider Services is that no patient will wait longer than 18 weeks from referral to first treatment.

2.1.1 Transparency

Communication with patients should be informative, clear and concise. The process of Waiting List management should be transparent to the public. The PCT Provider and Operational Services Directory of Services will describe the services offered to patients and will be reviewed routinely to ensure that referrals are appropriate and patients are seen in the correct clinics.

2.1.2 Offering Appointments – Reasonable Notice

Written Appointment

For a written appointment to a patient to be deemed reasonable, the patient is to be offered an appointment (or visit if applicable) with a minimum of two weeks notice.

Verbal Appointment

For a verbal appointment to a patient to be deemed reasonable, the patient is to be offered an appointment on a minimum of two different dates.

When a patient accepts an appointment date with less than 2 weeks notice the reasonable notice rule is no longer applicable.

If reasonable notice is not adhered to and a patient declines an appointment offer then a patients waiting time should not be reset.

2.2 18 Week National Clock Rules

The nationally agreed 18 week rules can be found at Appendix B. These rules have been used to form the basis of the Provider and Operational Services Procedure for Patient Access. In order that we comply, each service will use this procedure as guidance and apply these rules when mapping their referral pathway and defining the clock start/stop times.

The pathway for each service will dictate the applicable start and stop times and mapping a pathway will help the service to identify clock start and stop points and ensure that the rules stated in this procedure are being followed.

The 18 week rules defined in Appendix B cover all consultant led services and interface services for inpatient and outpatient treatment. However, even though most provider services are not consultant led, the rules have been expanded to cover all non direct access provider services as agreed with PCT commissioners. This procedure interprets the 18 week rules for Provider Services.

Services will need to understand and record clock starts and clock stops in order to understand their waiting times, manage capacity and monitor performance.

A flowchart is included at Appendix A to summarise the clock rules.

2.2.1 Clock Starts

For Provider Services, the clock starts when the patient referral is received by the service via the method specified in the Service Directory. This will be date stamped and recorded.

For some services (MSK and Podiatry) this will be via the Referral Management Centre (RMC) who will record the Clock start time when the patient is referred by the GP (through Choose and Book) or when the manual referral letter is received at the RMC.

For other services the clock starts when the referral is received at the service either via letter or, if appropriate, via telephone. On receipt, all referrals will be logged by the date stamp or on a patient administration system.

For some Provider Services that allow patient self referral, the clock starts when the service receives the referral.

A new 18 week clock may also start if a decision is made to start a new or different treatment, if a patient is re-referred as a new referral and when a patient has rebooked an appointment following a DNA. These scenarios are discussed further in section 3.

2.2.2 Clock Stops for Treatment

National rules measure the date from referral to treatment, however for non consultant led provider services the initial measure will be to first appointment which may be triage, treatment or intervention. This is an interim measure until all pathways have been mapped and commencement of treatment is agreed. This will enable provider services to meet national measures when they are applied to Community based services. Services reporting waits to treatment/intervention will continue to report on this basis, services reporting waits to first appointment will work towards defining and measuring first treatment/intervention if this is not the first appointment.

Therefore:

For non consultant led services the clock stops when the Provider Service sees a patient for the first time, this may be a triage appointment, an intervention or treatment. The patient will be removed from the waiting list.

For consultant led services, in line with National rules, the clock stops when the Provider Service provide a Treatment or Intervention and the patient will be removed from the waiting list.

Note that for those services that are nationally monitored as consultant led pathways (MSK and Community Paediatrics) clock stops and starts will be measured and reported for treatment provided by a consultant. These services will also be required to record start and stop times for treatment by other clinicians.

2.2.3 Clock stops for 'non-treatment'

An 18-week clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

a. It is clinically appropriate to return the patient to primary care for any non consultant-led treatment in primary care;
b. A patient declines treatment having been offered it;
c. A clinical decision is made not to treat;
d. A patient DNAs their first appointment following the initial referral that started their 18 week clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient. This is subject to the exceptions defined in paragraph 3.6.
e. A patient DNAs any other appointment and is subsequently discharged back to the care of their GP or referring healthcare professional, provided that:

- The provider can demonstrate that the appointment was clearly communicated to the patient;
- Discharging the patient is not contrary to their best clinical interests;
- Discharging the patient is carried out according to local, publicly available, policies on DNAs.
- These local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (e.g. children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders.

Non treatment of a patient may be for any of the above reasons and in these circumstances the clock is stopped.

If a patient declines the appointment offered and requests an appointment with a specific named health professional the national rules indicate that this will be considered but the over-riding principle will be that patients are seen as soon as possible by a suitably qualified clinician. If an appointment is offered within 18 weeks and the patient declines that appointment through choice of clinician, then the patient will be accommodated but the clock will stop. This must be record and reported in the monthly monitoring information.

3.0 MANAGEMENT OF WAITING LISTS

3.1 Referrals via the Referral Management Centre (RMC)

Currently the Referral Management Centre handles referrals for MSK and Podiatry Services.

Referrals via the Referral Management Centre are via two routes:

- Referrals from GPs via the Choose and Book electronic referral system
- Manual Referrals from Health Care Professionals/Patients to the RMC

Choose and Book

GPs give the patient a Unique Booking Reference Number (UBRN) and a password so the patient can use the RMC to book an appointment with their chosen provider. If their chosen provider is Central Lancashire PCT Provider Services, the RMC makes an appointment with the Service, following triage by an Extended Scope Practitioner. An Extended Scope Practitioner will review the referral and decide the most appropriate course of treatment for the patient.

The NHS Direct Appointments Line posts out a reminder letter to patients who have yet to book their appointment after a UBRN has been generated. This occurs at 9 and 18 days after a UBRN is generated.

Manual Referrals to the RMC

Other Healthcare Professionals can refer to the RMC service manually via a referral letter. The RMC contacts the patient to book an appointment following triage by an Extended Scope Practitioner.

3.2 Other Referrals

Where referrals are not received via the Referral Management Centre, referrals will be via the routes detailed in the Provider Services Directory. These are different for each service but will usually be via a GP, other Healthcare Professional or the patient.

Patients who are referred to a service will be allocated to the appropriate Consultant (Consultant led service) or Clinician (other services) with the shortest waiting time. At the point of referral, patients are added to the waiting list of the consultant/clinician who will treat them and contacted via telephone or post to agree a convenient date and time.

For Consultant led referrals: referral letters will be reviewed by the consultant once an appointment has been booked. Upon review, either manual or electronic, a consultant can either accept the referral and appointment, accept and rebook the appointment (either by expediting the appointment date based upon clinic urgency, or rebook to a more appropriate consultant) or reject the referral (inappropriate etc.)

For other services: the same review process should be applied by the service to ensure that referrals are appropriate and seen based upon urgency.

Referrers should be encouraged to include all necessary information in a written form. Verbal requests should be followed by a written referral wherever possible.

Upon receipt all referrals should be date stamped and then added to the waiting list. If appropriate, telephone referrals should be recorded and then added to the waiting list. Patients are then either contacted to agree a mutually convenient date/time for their appointment or sent an appointment via the post.

3.3 Starting the 18 Week Clock from a Referral

- For referrals directly to the service the **18 week clock starts on the date that the referral letter/ request is received by the provider. This will vary according to the method of referral to the service.**

- For referrals via the Referral management Centre the **18 week clock starts on the date that the referral letter is received by the RMC,** this will be date-stamped onto the referral letter.

- For referrals via Choose and Book, **the 18 week clock starts on the date the patient contacts the RMC to make an appointment.**

3.4 Inappropriate/Misdirected Referrals

The PCT will audit both the standard of information contained within referral letters and the appropriateness of the referral. It is the individual clinician's responsibility to communicate with GP colleagues and other health professionals referring to the service where they believe a referral is inappropriate.

If a referral has been made to a specific consultant/clinician and the special interest does not match with the needs of the patient, then the consultant/clinician can either cross-refer the patient to an appropriate colleague or must return the patients back to the GP/referring healthcare professional. If the patient is referred back to the GP/healthcare professional this stops the 18 week clock. If the referral is passed to a colleague, an alternative appointment date must be arranged as soon as possible so as not to jeopardise the 18 week target.

If a referral letter does not contain sufficient information or the letter is illegible, the referral letter will be faxed back to the GP/healthcare professional from the appointments clerk/service administrator requesting further information or a legible letter.

Any referral received, either via the RMC or at the Service, which fall outside agreed scope of service referral criteria will not be registered at the Service but will be immediately returned to the referring GP or other healthcare professional.

All inappropriate referrals will be returned to the GP/healthcare professional and any appointments that have been made prior to the consultant/clinician rejecting the referral will be cancelled and the referral will be closed and as such stopping the 18 week clock. It is the responsibility of the GP/other healthcare professionals to inform the patient that the appointment has been cancelled and to pursue alternative treatment if necessary.

3.5 Patients who cannot attend

Under 18 week rules Patients referred into the Service should be available and fit to have their treatment.

For consultant led and interface services (MSK, Paediatrics and Sexual Health Services), where patients do not wish to be seen by the Service within **4** weeks of referral, they should be discharged back to their GP or healthcare professional. For all other Provider Services that are not consultant led or part of a consultant led pathway, where patients do not wish to be seen by the Service within **8** weeks of referral, they should be discharged back to their GP or healthcare professional. The GP or healthcare professional will then refer back to the Service when the patient is available to be seen. The discharge back to the GP or healthcare professional will nullify the 18 week clock and the patient should be removed from the waiting list. A new clock will be started when a new referral is received.

3.6 Patients who Do Not Attend an Appointment (DNA)

This section refers to both first and follow up appointments.

Patients who fail to attend their first new appointment will not be offered a further appointment but will be discharged back to their GP/health care professional for subsequent management/referral. The patient and GP/healthcare professional should be informed in writing of the reason for their removal. The patient may be re-referred at the discretion of the referring Health Care Professional.

DNAs for first appointment nullify the patient's clock, i.e. they are removed from the waiting list.

Exceptions to the DNA discharge rule are:

- babies/children up to the age of 16 years
- two week rule suspected cancer referrals
- urgent referrals
- other clinical exceptions as denoted by consultants/clinicians. This may include vulnerable adults and/or children where discretion will be needed in how the service deals with DNAs. Services must ensure that they follow the PCT **Safeguarding and Protecting Children & Young People Policy and Procedure.**

In the above cases patients should be contacted and another appointment made within 21 days for the DNA e.g. DNA 1st June must have an appointment no later than 22nd June. Where patients are reappointed following a DNA for a first appointment the original clock is nullified and a new one commences with effect from the date of the DNA. Missing a 2nd appointment will nullify the clock, again, in the case of vulnerable adults/children the service have discretion to offer further appointments and/or take other action appropriate to the situation.

As all patients should have some opportunity to negotiate their appointment, either via the RMC, or via other referral routes there should no longer be issues of the patient not being aware of their forthcoming appointment. All verbally agreed appointments should also receive a confirmation letter. For patients who could not be contacted to negotiate their appointment the Service will endeavour to contact that patient to discuss the DNA prior to taking DNA action.

If a patient does not attend a new appointment and a subsequent appointment is arranged the calculation of the wait is then made from the date of the missed appointment, providing that reasonable notice as been adhered to.

3.7 Patients who cancel an Appointment

Patients who cancel their appointment should be given an alternative date at the time of cancellation, this must be within 4 weeks of the cancellation or within a timescale to avoid a wait in excess of 18 weeks. These patients will not have their clock stopped. Any patients not available within 4 weeks of the cancellation will be referred back to their GP or healthcare professional.

If a patient cancels twice they should be removed from the waiting list. For new patients, the patient and GP or healthcare professional or other Health Care Professional should be informed in writing of the reason for their removal. The patient may be re-referred at the General Practitioner's/Health Care Professional's discretion. Exceptions to this rule would be at the discretion of the consultant/clinician.

For follow up patients, the patient and Consultant/Service should be informed in writing of the reason for their removal. The patient may be re-listed at the Consultants/Service discretion.

If a patient cancels a new appointment, the calculation of the wait is then made from the date of the cancelled appointment, providing that reasonable notice as been adhered.

3.8 Clinic Cancellation or Reduction

The only acceptable reason for any clinic to be cancelled is due to the absence of clinical staff, without whom the clinic cannot continue. This can result from planned annual/study leave, audit sessions or unplanned sickness absence. Clinics should not be cancelled for any other purpose unless there are exceptional circumstances.

- A minimum of six weeks notice of planned annual leave or study leave should in normal circumstances be given when a consultant/clinician requires a clinic to be cancelled or reduced.

- Where patients have to be cancelled clinical staff should review the casenotes in order to prioritise for re-appointment.

- Wherever possible patients that have been previously cancelled should not be cancelled a second time.

- When clinics have to be unavoidably cancelled, liaison with all clinical and appointments staff is essential.

- The number of clinics cancelled should be monitored and reported to Provider Information.

In the event that a clinic is cancelled/reduced patients affected by the cancellation must be rebooked according to both reasonable notice and waiting times targets.

Every effort should be made to ensure that patients who have been rescheduled due to a Service cancellation are not subject to further Service initiated cancellations.

3.9 Urgent Telephone Referrals

Some Services may receive and prioritise urgent referrals following direct contact by a GP and/or Healthcare Professional. On these occasions, patients will receive the earliest appropriate appointment. A clinic appointment will then be confirmed with the patient by phone (an accurate patient phone number must be secured by the referring Health Care Professional).

3.10 Onward Referrals

Where a condition, not related to that for which the patient was originally referred, is identified the patient should be referred back to the GP/Healthcare Professional who will facilitate the referral for the new condition.

For onward referrals for the same condition where the patient has not received first definitive treatment, the clock continues, therefore the referral must contain information about the original clock start date.

Onward referrals for an associated condition commence a new 18 week pathway.

As the clock continues, It is important that any onward referrals are passed on swiftly to the new provider to ensure that the 18 week target can be achieved. In the case of services using the RMC, onward referrals should be faxed to the RMC on the day of onward referral. In all other cases transfer of referral information should be via NHS mail to the new provider with details of the referral and clock start/stop times.

4.0 USER TRAINING

Appropriate training programmes on waiting list management will support staff, with special regard given to newly recruited staff. All staff involved in the implementation of this procedure, clinical and clerical, will undertake initial training and regular annual updating. In addition regular performance management, audit and routine validation will identify training needs which will be highlighted to Integrated Service Managers.

5.0 STRUCTURE OF WAITING LISTS

5.1 Active Waiting Lists

The active waiting list for each service should consist of patients awaiting an appointment who are available to come in.

The Service should decide how they wish to sub-divide their active Waiting Lists to assist with the clinical management of patients. I.e. Urgent/Routine. The Service will also need to consider the historic demand for the service in order to plan new appointments and follow ups to maximise capacity.

Services will maintain waiting lists in order of priority and/or length of time on the waiting list. However, if a patient cancels an appointment, their clock will continue and therefore an appointment should be made to ensure that the 18 week referral to treatment can be achieved. It would therefore not be appropriate to move the patient to the end of the waiting list given that their clock continues.

5.2 Waiting Lists outside of the 18 weeks RTT guidelines

All service areas will be deemed to be within the scope of the 18 week RTT guidelines. Exceptions to these rules will be through agreement with the Commissioner and will be clearly communicated to the service area.

Patients on waiting lists outside the scope of 18 weeks, where planned procedures are part of an agreed programme of care which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency should be identified so that they can be appropriately categorised.

5.3 Transfers between Providers

Patients may be transferred from the Service to another provider, or may be transferred into the Service from another provider. It is the receiving Service responsibility to achieve the 18 week deadline providing that the patient has been referred for treatment. Transfers to alternative providers must always be with the consent of the patient, their GP/healthcare professional, and the receiving Consultant/clinician.

6.0 MAINTAINING THE WAITING LIST

Each Clinical Service should have in place procedures to record and monitor their own Waiting Lists to ensure that accurate records are kept and justifying any decisions made concerning removals, suspensions etc.

Waiting lists should be kept up to date by each Service. The Service will ensure that patients are listed promptly, in chronological order and that the list does not contain patients who no longer require treatment.

6.1 Measuring Capacity

In order to make the most of patient flow through the Service, it is necessary to address the entire patient process. Services will need to analyse and understand the capacity, demand, backlog and activity issues wherever there are waiting lists or backlog of work or waiting lists.

To measure capacity the service will need to understand:-

Demand: All the requests / referrals coming in from all sources and how much resource they need (equipment time, staff time, room time) to be dealt with.

Capacity: Resources available to do work. For example, the number of pieces of equipment available multiplied by the hours of staff time available to run it.

Activity: All the work done. This does not necessarily reflect capacity or demand on a day to day basis. The activity or the work done on say a Monday may be result of some of Mondays demand (i.e. emergency) and the previous weeks' demand. The capacity is the capacity available on the Monday but activity is often less the available capacity (ideally 80 per cent of available capacity)

Backlog: Previous demand that has not yet been dealt with, showing itself as a backlog of work or a waiting list. It's logical, if you don't deal with today's demand today, there will be a backlog for tomorrow.

6.2 Primary Targeting Lists (PTLs)

Services should maintain PTLs showing details of patients with and without dates of appointment within maximum waiting times. This will assist the Service to monitor waiting times and to target those patients who may potentially breach the 18 week target. Details of patients who have breached 18 week Referral to Treatment should be reported on a weekly basis to Integrated Service Managers.

7.0 WAITING LIST VALIDATION AND REVIEW

Validation not only verifies that patients on the waiting-list still require and are available for treatment, but also that information held on patients is still correct. It will also reassure the patient that they have not been lost in the system. This will be undertaken on an ongoing basis for patients waiting over 8 weeks. (see Provider Services Waiting List Validation Procedure)

An audit programme will be implemented to audit practice against procedure requirements. The audit will be conducted as a rolling programme by specialty incorporating patient level validation and the production of exception reports for investigation.

Whether manual records or electronic systems are used to record patient appointments and when they are seen, it is vital that these records are accurate and kept up to date.

8.0 PERORMANCE INFORMATION

Each service should report waiting times on the PCT pro forma completed on the last day of each month and returned to Provider Information by the 5th of the following month.

Waiting list monitoring for non consultant led services will capture the number of patients waiting in weekly time bands as at the last day of the month.

In the longer term, waiting list monitoring for non consultant led services will be developed to reflect referral to treatment measurement in line with national reporting guidance.

Summary information relating to the numbers of patients waiting and performance against the access targets will be reported monthly to the Provider Board.

9.0 INFORMATION TO THE STRATEGIC HEALTH AUTHORITY AND DEPARTMENT OF HEALTH

The PCT will ensure that reporting of statutory weekly, monthly and quarterly access times for 18 weeks referral to treatment is completed to national deadlines and reported in the appropriate format. Each return will be formally signed off by the Head of Performance/Chief Operating Officer and the Chief Executive to ensure that it is validated and appropriate for use by the Healthcare Commission in the annual Standards for Better Health Assessment.

10. REFERENCED DOCUMENTS

1. Getting Patients Treated

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008128

2. Updated 18 Week Rules

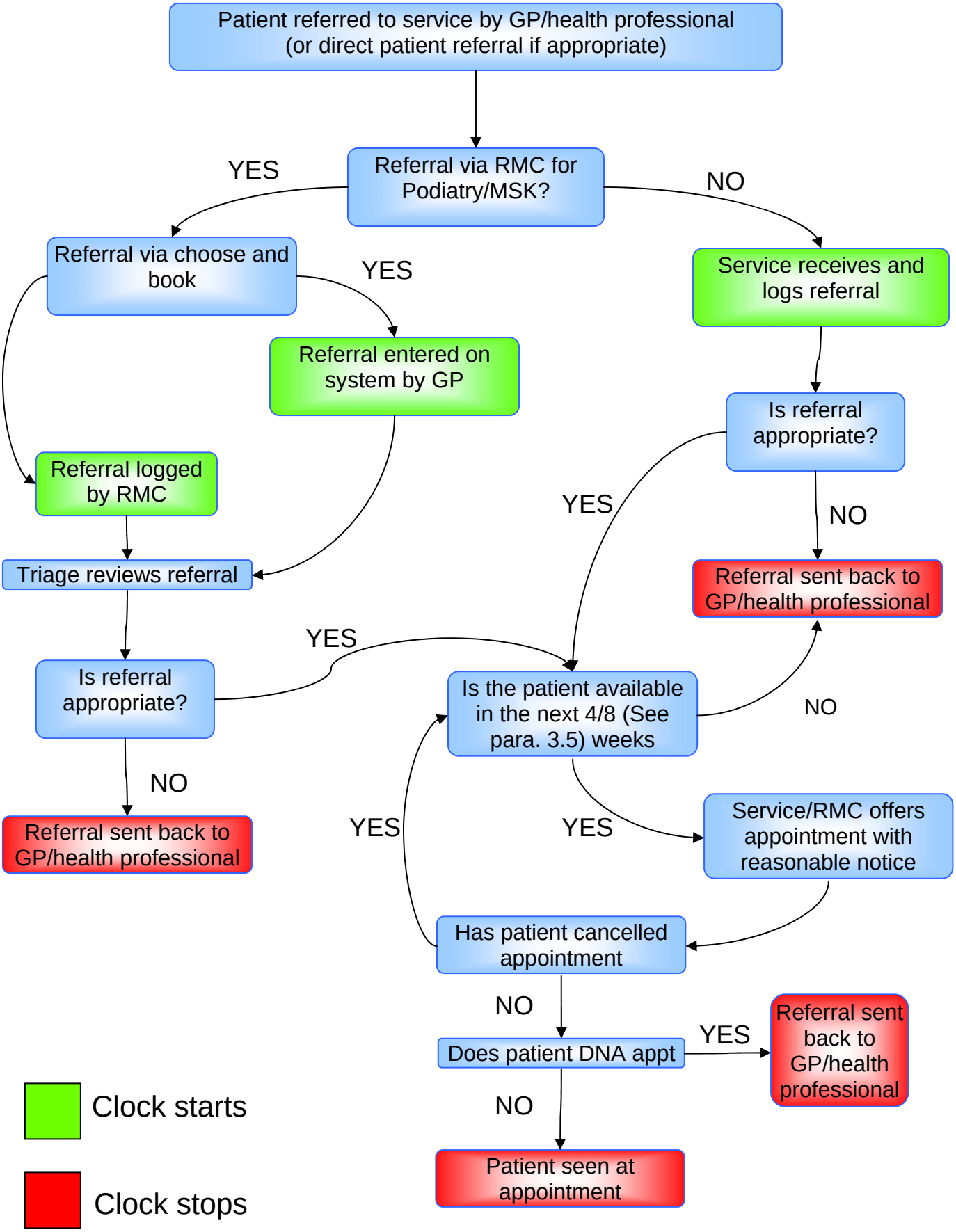
http://www.18weeks.nhs.uk/Content.aspx?path=/measure-and-monitor/Rules-suite

3. LTH Elective Access Policy – 18 weeks

Appendix A – Waiting List Flowchart
Appendix B – National 18 Week Rules

Appendix A

Patient Access Procedure



Appendix B – National 18 week Rules

THE 18-WEEK RULES SUITE - NATIONAL CLOCK RULES

Clock Starts

1. An 18-week clock starts when any care professional or service permitted by an English NHS commissioner to make such referrals, refers to:

   a) a consultant led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner;

   b) an interface or referral management or assessment service, which may result in an onward referral to a consultant led service before responsibility is transferred back to the referring health professional or general practitioner;

2. An 18-week clock also starts upon a self referral by a patient to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a care professional.

3. Upon completion of an 18-week referral to treatment period, a new 18-week clock only starts:

   a) when a patient becomes fit and ready for the second of a consultant-led bilateral procedure

   b) upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan;

   c) upon a patient being re-referred in to a consultant-led; interface; or referral management or assessment service as a new referral;

   d) when a decision to treat is made following a period of active monitoring.

   e) when a patient rebooks their appointment following a first appointment DNA that stopped and nullified their earlier clock

Clock Pauses

4. A clock may be paused only where a decision to admit has been made, and the patient has declined at least 2 reasonable appointment offers for admission. The clock is paused for the duration of the time between the earliest reasonable offer and the date from which the patient makes themselves available again for admission.

Clock Stops

<u>Clock stops for treatment</u>

5. A clock stops when:

a) First definitive treatment starts. This could be:

   i. Treatment provided by an interface service;

ii. Treatment provided by a consultant-led service;

iii. Therapy or healthcare science intervention provided in secondary care or at an interface service, if this is what the consultant-led or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further interventions;

b) A clinical decision is made and has been communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay, to add a patient to a transplant list.

Clock stops for 'non-treatment'

6. An 18-week clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

a) It is clinically appropriate to return the patient to primary care for any non consultant-led treatment in primary care;

b) A clinical decision is made to start a period of active monitoring;

c) A patient declines treatment having been offered it;

d) A clinical decision is made not to treat;

e) A patient DNAs their first appointment following the initial referral that started their 18 week clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient[1].

f) A patient DNAs any other appointment and is subsequently discharged back to the care of their GP, provided that:

i) the provider can demonstrate that the appointment was clearly communicated to the patient;

ii) discharging the patient is not contrary to their best clinical interests;

iii) discharging the patient is carried out according to local, publicly available, policies on DNAs.

iv) These local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (e.g children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders.

DNAs for a first appointment following the initial referral that started an18-week clock nullify the patient's clock .