

# CLINICAL POLICY

## Access Policy

Policy Number	CLP103
Version:	V3.6
Purpose:	This policy covers booking, notice requirements, patient choice and waiting list management. All patient access and choice issues will be dealt with systematically within the principles and spirit of this policy. The overall intent of this policy is to provide a clear, reliable and transparent standard for patient access. By applying this structure and systematic approach, Gloucestershire Health and Care NHS Foundation Trust (GHC) will ensure that patients receive a high quality service and increase the likelihood of their choosing GHC for their treatment.
Consultation:	Operational Service Leads Professional Heads of Service
Approved by:	Quality and Performance Committee
Date approved:	February 2017
Author:	Chief Operating Officer
Date issued:	December 2016
Review date:	March 2022
Audience:	This policy guides and supports all staff to effectively manage patient access into the services.
Dissemination:	This policy will be shared via the intranet.
Impact Assessments:	This policy has been subjected to an Equality Impact Assessment. This concluded that this policy will not create any adverse effect or discrimination on any individual or particular group and will not negatively impact upon the quality of services provided by the Trust. Gloucestershire Health and Care NHS Foundation Trust (GHC) is required to cater for all patients accessing services thereby having systems in place to accommodate people who have disabilities and who are unable to converse in English. GHC has estates policies in place to ensure building access regulations are in line with the Equality Act 2010.

### Version History

Version	Date	Reason for Change
V3.1	Oct 2019	Transferred to new Trust Template and updated Trust Name and details
V3.2	March 2020	Extension to review date as advised by Director of Nursing, Therapies & Quality during Trust Prioritisation of Services for Covid19

V3.3	July 2020	Minor updates by Service Directors and Extension to review date by 12 months
V3.4	June 2021	Extension of 3 months whilst this Policy undergoes a review by the Ops Team
V3.5	October 2021	Extension of 3 months, Policy is to combined with parts of the Assessment and Care Management Policy and will become a Trustwide policy
V3.6	Dec 2021	Work is still ongoing on merging this Policy, extension agreed by Deputy Director of Nursing and Interim Deputy Chief Operating Officer

## TABLE OF CONTENTS

	Section	Page
1	Introduction	4
2	Purpose	4
3	Scope	4
4	Waiting Time Targets	5-6
5	Principle and Procedures	6-9
6	Entitlement to NHS treatment	9
7	Responsibility for achieving waiting times standards	10
8	Process of Monitoring compliance	10
9	Associated Documents	10
	Appendix 1 - Local and Nationally Commissioned Service Timeframes	11
	Appendix 2 - Brief descriptions of each of these possible stages along the treatment pathway	12-14

## 1. INTRODUCTION

In England, under the NHS constitution, patients 'have the right to access services within maximum waiting times'. Whilst specific national waiting times relate to consultant-led services only (of which GHC do not provide any of these services), both GHC and our commissioners, recognise waiting times as a relevant indicator for service quality.

## 2. PURPOSE

The purpose of this policy is to outline GHC requirements and standards for managing patient access to its services it is commissioned to provide. It covers booking, notice requirements, patient choice and waiting list management. The length of time a patient waits for their treatment and the notice and choice they have when they book their treatment are indicators of the quality and efficiency of services provided by GHC. Therefore all patient access and choice issues will be dealt with systematically within the principles and spirit of this policy.

There are two main principles that serve as the foundation to this policy:

- GHC will ensure that the management of patient access to services is transparent, fair, and equitable and managed according to clinical priority.
- GHC will ensure that the administrative processes in services where patients can book their own appointments and treatment are simple, efficient and provide a high quality service to patients.

The overall intent of this policy is to provide a clear, reliable and transparent standard for patient access. By applying this structured and systematic approach, GHC will ensure that patients receive a high quality service and increase the likelihood of their choosing GHC for their treatment.

This policy applies to all administration and clinical prioritisation processes relating to patient access managed by GHC.

The scope of this policy is from a patient's referral into GHC through their care and assessment/ treatment, to their discharge. All staff involved in a patient's care and treatment should adhere to this policy.

The Chief Operating Officer within GHC has corporate responsibility for ensuring that the policy is effectively implemented through the Operational Management structure and for updating the policy as and when necessary.

## 3. SCOPE

The detailed principles of this Patient Access Policy are as follows:

- a) All patients will experience equality of access and impartiality while waiting for their treatment
- b) Patients will be treated in accordance with their clinical need or priority (urgent or routine)
- c) Clinical need or priority can only be determined by suitably qualified clinical staff with

authority to make those decisions

- d) Patients should be ready and available for treatment at the point at which they are referred into the service
- e) Patients will be able to have choice in the scheduling of their appointments and venues where they exist
- f) Data concerning waiting lists and patient's waiting times must be secure, timely, accurate and subject to regular audit and validation.
- g) Communication with individual patients and the wider public about waiting lists and waiting times should be clear, informative and timely.

#### **4. WAITING TIME TARGETS**

##### **Referral to Treatment (RTT) Time Targets**

Referral to treatment time targets has been negotiated locally between GHC and their commissioners. Whilst GHC provides no 'consultant-led' services, it does provide services defined as 'onward referral' or 'interface' which provide intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care.

GHC also recognise that referral to treatment waiting times are a useful quality indicator and the following services are required to report formally against a waiting time target:

GHC has agreed with commissioners that 95% of patients will be seen within the wait times noted in Appendix 1. This performance indicator is reviewed annually as part of the formal contracting meetings.

However, the following services are excluded from formally reporting Referral to Treatment time performance.

- Children's Public Health Nursing Services (Health Visiting and School Nursing)
- Looked After Children Services
- Children's Immunisation Service
- Children's Community Nursing Service
- Children's Complex Care Respite Service
- Community Hospital Inpatient Wards
- Minor Injuries and Illness Units
- Consultant led outpatients/theatre/endoscopy services provided by acute hospitals trusts within community hospital sites
- Community Nursing
- Rapid Response Service
- Reablement Service
- Early Supported Discharge (Stroke Service)

These services either do not provide any first definitive treatment for a clinical condition, or the service receives all of their referred patients after they have received first definitive treatment elsewhere, or the service is deemed as unsuitable due to the responsiveness that

is intrinsic in its existence.

Any service that is being piloted will also not have an agreed RTT until it is fully established.

However all services will have internal monitoring of wait times.

## **5. PRINCIPLES AND PROCEDURES**

### **5.1 Reasonable Notice**

Patients will be offered an initial appointment date a minimum of 7 calendar days from date of making the appointment where patients are required to travel to a clinic delivered from premises other than their home. Where a virtual / digital appointment is offered as the first contact, this will constitute the first assessment.

In the event of GHC having very short notice appointments available these will be offered to patients but they may refuse appointments at less than a week's notice without compromising their waiting list position.

For services which offer a direct response and have no waiting list, these principles do not apply.

The services will aim to find a date appropriate for a patient's clinical priority and convenient to that patient.

### **5.2 Clinical Urgency**

Patients will be classified as either routine or urgent.

Urgent – indicates that any delay in treatment will result in a loss of clinical outcome.

Routine – indicates that no loss of clinical outcome is expected if the patient is treated in waiting time order and within maximum waiting time standards.

### **5.3 Receiving Referrals**

All referrals which do not come via NHS e-referral service will be date stamped as received on the date of receipt by the service. This is the Referral to Treat (RTT) start date.

All referrals should be registered within 1 working day of receipt by the service.

Where referrals are sent in via the NHS e-referral service, the appointment clerk for the relevant specialty must ensure that the appropriate clinician triage to accept or reject the referral within 48 working hours. The 8 week RTT start date will begin on the date the patient converts their unique booking reference number (UBRN) either directly from the referral point (i.e. GP practice) or via an Appointments Line service. (Or as soon as the patient's referral is registered on S1).

Where referrals are not made via NHS e-referral services these are normally triaged within 48 working hours. Services should use SystemOne and/or an electronic portal for referrals.

Where the referral was accepted, the accompanying referral letter should be available

preferably within 24 hours after acceptance, with a cut off period of 5 days. This letter will either be emailed or printed and the appointment details added before being sent to the patient. For Children's services, once a referral has been received, patients with a routine clinical need will be sent a letter inviting them to contact the service to book a consultation. Urgent patients may be contacted via telephone and offered the next available appointment.

## 5.4 Appointments

For an appointment to be deemed reasonable patients must be offered an appointment with at least one calendar weeks' notice. Patients may be offered appointments at shorter notice but they may refuse such appointments without compromising their waiting list position (see section 6.1).

For clinically urgent appointments, two attempts to contact the patient will be made via telephone within 2 working days of prioritisation of referral and then an appointment will be made for them and the details sent to them, which maybe by post, email or text messaging.

For routine appointments, two attempts to contact the patient may be made via telephone and then an appointment will be made for them and the details sent to them within 5 working days (Children's Services -10 working days) of prioritisation of referral.

All appointments should be entered onto the relevant clinical recording system on the day of the appointment being made.

All patients will be offered a choice of dates within the waiting times standard.

For services which offer a direct response and have no waiting list, these principles do not apply.

## 5.5 DNAs, Non-Access Visits and Cancellations

A patient is said to have *cancelled* their appointment if they give more than 1 working day's notification that they will not attend it or if they arrive more than 30 minutes after the start of their scheduled appointment time. This includes appointments that are of a domiciliary nature.

If a patient cancels an appointment twice then the patient is discharged back to their referrer who is informed in writing, the RTT clock stops. If the patient is a vulnerable adult or child and there are safeguarding concerns then the patient's GP will also be informed in writing.

A patient who does not attend their appointment or gives less than 1 working days' notice of non-attendance is said to have *DNA'd* (Was Not Brought for Integrated CYPS) their appointment. This includes non-access visits for appointments arranged in the residential setting.

When a patient *DNAs* ('Was Not Bought' for Integrated CYPS) an appointment the clock will be stopped. The service will establish why the patient did not attend or was not accessible for domiciliary visits. They will subsequently be discharged back to the referrer. If the patient is a vulnerable adult or child and there are safeguarding concerns then the patient's GP will also be informed in writing.

If the clinician wishes to offer another appointment rather than discharge the patient, the service lead must sanction this decision (in association with the discretion of the therapist). In these instances the clock will be stopped following the DNA at the first appointment. A new RTT clock will start on the date that the patient agrees the new appointment date

Should the patient then DNA ('Was Not Bought' for Integrated CYPS) a further time, the patient will be discharged, back to the referrer. If the patient is a vulnerable adult or child and there are safeguarding concerns then the patient's GP will also be informed in writing.

## **5.6 Vulnerable Patients and Safeguarding Issues**

GHC will make every attempt to ensure that where safeguarding issues have been identified or patients are considered vulnerable, they are supported to attend their appointment. These patients will routinely be offered a second appointment following DNA of a first appointment. For all referrals the clock will be stopped following the DNA at the first appointment. A new RTT clock will start on the date that the patient agrees the new appointment date.

Patients who DNA ('Was Not Bought' for Integrated CYPS) a second appointment will usually be discharged back to their referrer with their GP informed, however a clinician may at their discretion offer another appointment rather than discharge the patient (the Service Lead must sanction this decision). (In association with the discretion of the therapist).

Further guidance is available from the GHC Safeguarding Team and by reference to GHC Safeguarding Child Protection Guidance: Management of Children and Young People Who Fail to Attend Appointments and the Safeguarding Adults Multi Agency Policy.

## **5.7 Patients who need to Leave Before their Appointment**

Patients who attend for their appointment but have to leave prior to being seen due to the clinic not being able to deliver their appointment within 30 minutes of their scheduled appointment time, will be offered a further date whilst in clinic. The waiting list clock remains active (where applicable).

## **5.8 Patients who are Late for Appointments**

The service will attempt to see patients who attend for their appointment but are more than 30 minutes late from their scheduled appointment time. However, where it is not possible to see the patient, that patient will be deemed to have cancelled their appointment. (For CYPS this would be recorded as a WNB as no notice to cancel the appointment has been given).

## **5.9 Patients Transferring from another Provider**

Where a patient is transferring from another provider for the same condition and first definitive treatment has not commenced, the patient transfers with their original RTT start date, and their treatment target date remains the same. Patients who transfer from another provider will be registered as a new referral and the clock will start from this point. The patient's clinical need will be triaged and they will be offered input accordingly.

The referring provider must ensure that the RTT minimum data set is completed and accompanies the referral into GHC including clock start dates and any cancellation/suspension history. Only where GHC is unable to establish the original RTT

start date from the referring provider will GHC assume that the date of referral into a GHC service will be the date the 8 week clock starts.

Upon receipt of referral, if there is any cause for doubt that the patient will receive definitive first treatment within 8 weeks then the Service Lead for that service must be informed.

Patients who have received first definitive treatment at another provider who are then subsequently referred to GHC as an ongoing part of their treatment for the referred condition will be subject to an 8 weeks pathway through GHC, the referral date being the date the 8 week clock starts from.

### **5.10 Patients Transferring from the Private Sector to the NHS**

Patients can choose to convert between an NHS and private status at any point during their treatment without prejudice, however their treatment must not be expedited other than for clinical reasons. Normally patients would be under the care of one provider and joint provision NHS and private simultaneously should be avoided. Patients who are eligible for NHS treatment and have been seen privately and ask to go on to the NHS waiting list must be listed at the time the decision to treat is agreed with no delays. They do not need an NHS reassessment before being added to an NHS waiting list.

The RTT clock continues to tick with the start date being the date that the patient's referral is accepted by the NHS provider.

### **5.11 Patients Transferring to another Provider**

Patients may be referred out from GHC to another provider to commence or continue their care. When this occurs the patient transfers with their original RTT start date, and their treatment target date remains the same if GHC have not commenced first definitive treatment for the patients referred condition. The person (admin or clinician) referring the patient on must include their RTT minimum data set with the information sent to the receiving provider. Original referral and covering letter will be sent to new provider.

The following list of services has a traditionally high onward referral rate to alternative providers for delivery of first definitive treatment. In order to ensure patients receive their treatment within 8 weeks from referral these services should endeavour to see the patient within 6 weeks of referral and, where appropriate, to onward refer to an alternative provider within 2 working days of that initial appointment. Performance against these standards will be monitored for these services:

- Tier 2 Musculoskeletal Service
- Tissue Viability
- Adult and Children's Continence services

## **6. ENTITLEMENT TO NHS TREATMENT**

It will be assumed that patients that are referred from an external source (e.g. GPs, acute trust etc.) will have had their eligibility to receive NHS treatment confirmed by that external source and therefore GHC will only check eligibility for those patients that self-refer to a GHC service.

For patients that self-refer to a GHC service and for patients that have no NHS number,

GHC will check every patient's eligibility to receive NHS treatment in accordance with and following the guidance contained within the Department of Health website.

## **7. RESPONSIBILITY FOR ACHIEVING WAITING TIMES STANDARDS**

It is the Head of each respective service responsibility to ensure that patients do not breach the national and locally agreed referral to treat standards in their service areas. They must liaise with relevant staff to ensure that patients are booked on time, with sufficient notice, and in order and that each patient's treatment status is accurately recorded at every stage in their pathway.

## **8. PROCESS FOR MONITORING COMPLIANCE**

The policy is approved and ratified by the Trust Executive Committee

## **9. ASSOCIATED DOCUMENTS**

Discharge Policy

Safeguarding Child Protection Guidance: Management of Children and Young People Who Fail to Attend Appointments and the Safeguarding Adults Multi Agency Policy.

## Appendix 1

### Local and Nationally Commissioned Service Timeframes

<i>Service Area</i>	Referral to Treat Commissioned Timeframe
<i>Children and Young People's Services</i>	
Children's Physiotherapy	8 Week
Children's Occupational Therapy	8 Week
Paediatric Speech & Language Therapy	8 Week
<i>Integrated Community Teams</i>	
Adult Occupational Therapy	8 Week
Adult Physiotherapy	8 Week
<i>Countywide Services</i>	
Adult Community Speech and Language Therapy	8 Weeks
Podiatry	8 Week
MSK Physiotherapy	8 Weeks
Wheelchair Assessment Service	8 Weeks
Musculoskeletal Clinical Assessment and Treatment	8 Weeks
Sexual Health: Contraception Service	8 Weeks
Sexual Health: HIV Service	8 Weeks
Sexual Health: Psychosexual Service	8 Weeks
Parkinson's Nursing Service	8 Weeks
Diabetic Nursing Service	8 Weeks
Bone Health Service	8 Weeks
Heart Failure: Echocardiogram Diagnostic service*	8 Weeks
Heart Failure	2 weeks

\*National Target

## **Appendix 2**

### ***Brief descriptions of each of these possible stages along the treatment pathway***

#### **Starting the Clock**

##### **Referral received**

An RTT clock starts on the date that a referral for a patient is received by the service. Or for e-referrals on the date the patient converts their unique booking reference number (UBRN) either directly from the referral point (i.e. GP practice) or via an Appointments Line service.

##### **Transfer from another healthcare provider.**

A patient will sometimes be transferred from another healthcare provider without having received first definitive treatment from that provider. In this case their original RTT clock continues and their original RTT date remains valid for GHC.

Transfer from a consultant-led service within another healthcare provider

A patient will sometimes be transferred from a consultant led service within another healthcare provider without having received first definitive treatment from that provider. In this case their original RTT clock continues and their original RTT date remains valid for GHC.

#### **Stopping the Clock**

##### **First definitive treatment given - Clock stop**

This is the point at which the patient receives their first definitive treatment. A patient's First Definitive Treatment is an intervention intended to manage a patient's disease, condition or injury and avoid further intervention. This can be provided over the telephone (advice and guidance) or face to face. This can be provided in a 1-1 setting or a group setting. This stops the RTT clock started by the referral.

##### **Transfer to another healthcare provider**

A patient will sometimes need to be transferred to another healthcare provider without having received first definitive treatment from Gloucestershire Care Services NHS Trust. In this case their original RTT clock continues and their RTT date remains valid for the new provider. This is an Inter Provider Transfer and the service will complete an Inter Provider Transfer (IPT) Administrative Minimum Data Set form.

Following transfer to the other provider, the RTT clock will be stopped as 'Decision Not to Treat'.

## **Patient DNAs first appointment**

When a patient DNAs their first appointment following the initial referral, the clock will be stopped. The service will establish why the patient did not attend and they will be discharged unless the patient is a vulnerable adult or child or there are safeguarding concerns.

Where it is more appropriate not to discharge the patient, the service will offer the patient another appointment and a new RTT clock will start on the date that the patient agrees the new appointment date

If the patient DNA's a second appointment they will be discharged back to the referrer and the clock stopped. If the clinician wishes to offer another appointment rather than discharge the patient, the Service Lead must sanction this decision.

Further guidance is available from the GHC Safeguarding Team and by reference to GHC Safeguarding Child Protection Policy: Management of Children and Young People Who Fail to Attend Appointments and the Safeguarding Adults Multi Agency Policy.

## **Patient DNA's any other appointment prior to first definitive treatment**

When a patient DNAs any other appointment, prior to first definitive treatment, the clock will be stopped. The service will establish why the patient did not attend and they will be discharged unless the patient is a vulnerable adult or child or there are safeguarding concerns.

Where it is more appropriate not to discharge the patient, the service will offer the patient another appointment and a new RTT clock will start on the date that the patient agrees the new appointment date

## **Patient cancels an appointment twice in a single pathway - Clock stop**

If a patient cancels an appointment twice (i.e. notifies the service of non-attendance more than 24 hours before the appointment is scheduled) regardless of whether it is a first or subsequent appointment, then the patient is discharged back to their referrer and the RTT clock stops. If the clinician wishes to offer another appointment rather than discharge the patient, the service lead must sanction this decision.

## **Patient declines or fails to comply with advised/offered treatment - Clock stop**

Where a patient refuses to accept the treatment offered or comply with advised treatment this will constitute a clock stop. However, if the patient is considered vulnerable, and discharging them from the service is inappropriate, a period of active monitoring can be implemented.

## **Patient unfit for treatment - Clock Stop**

If a patient is unfit for treatment and the period of sickness is likely to be more than 3 weeks, the patient may be discharged back to the original referrer until deemed fit for treatment

### **Patient unfit for treatment – Clock Continuation**

If the patient is expected to be unfit for up to 3 weeks their RTT clock will continue to run. The service will record an 'Earliest Clinically Appropriate Date' which will be used to calculate the actual waiting time. Patients showing as waiting longer than the RTT target time in these circumstances will not be considered a breach.

### **Decision not to treat/ no treatment required - Clock stop**

This would typically involve discharge back to the GP / referring agent, where it is not appropriate to start an Inter Provider Transfer.

### **Patient Died - Clock stop**

The patient's referral would be closed and the patient discharged which stops the RTT clock.

### **Inappropriate or Incomplete Referral – Decision not to treat**

If a referral is deemed inappropriate or incomplete, the referral will be returned to the referrer and the clock stopped.

### **Active Monitoring**

#### **Start of a period of active monitoring initiated by the patient or the Care Professional - Clock stop**

Active monitoring is where it is clinically appropriate to monitor the patient without clinical intervention or further diagnostic procedures, or where a patient wishes to continue to be reviewed as an outpatient, or have an open appointment, without progressing to definitive treatment.

Active monitoring can be initiated by either the patient or the clinician. The start of a period of active monitoring stops the RTT clock started by that patient's initial referral.

It is not appropriate to use active monitoring for patients that wish to delay an appointment.

#### **End of active monitoring - Clock start**

If after a period of active monitoring, the patient or the Care Professional then decides that treatment is now appropriate, a new RTT clock starts. This new clock starts at 0 weeks; it does not restart at the point at which the previous clock was stopped. There is then a new RTT period in which the patient m