

CLINICAL POLICY

Access Policy – Physical Health Services

Policy Number	CLP103
Version:	V4
Purpose:	This policy covers booking, notice requirements, patient choice, waiting list management and actions. 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, Heads of Professions, Business Intelligence Leads
Approved by:	Clinical Policy Group
Date approved:	3 rd May 2022
Author:	Deputy Chief Operating Officer, Professional Head of Community Nursing, Operational Governance & Performance Lead
Date issued:	May 2022
Review date:	May 2025
Audience:	This policy guides and supports all staff to effectively manage patient access into physical health 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.

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	Extension of 3 months, Policy is to combined with parts of the

	2021	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
V4	May 2022	Reviewed to align with the development of the Non-Access Policy, which is an integrated policy for both mental and physical health services. Non-access information and actions removed from this policy. RTT methodologies outlined in the policy reviewed and updated to align with SystmOne Simplicity.

TABLE OF CONTENTS

	Section	Page
1	Introduction	2
2	Purpose	2-3
3	Scope	3-4
4	Waiting Time Targets	4
5	Principle and Procedures	4-7
6	RTT – Clock Start / Stop	7-8
7	Entitlement to NHS Treatment	8
8	Responsibility for Achieving Waiting Times Standards	8
9	Process for Monitoring Compliance	8
10	Associated Documents	8-9

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, 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 the services it is commissioned to provide. 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 three 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.
- GHC will act in the interests of patient safety in the event of non-access contacts to services

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 to their care and assessment/ treatment. 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 Access Policy are as follows:

- a) This policy applies to **physical health** services only
- b) All patients will experience equality of access and impartiality while waiting for their treatment
- c) Patients will be treated in accordance with their clinical need or priority
- d) Patients will be offered treatment / care in the most suitable setting for their needs following assessment and discussion
- e) Clinical need or priority can only be determined by suitably qualified clinical staff with authority to make those decisions
- f) Patients should be ready and available for treatment at the point at which they are referred into the service
- g) Patients who are assessed / identified as unable to leave their property without considerable support; where care is unsuitable for delivery outside of the home or where there is a predicable detrimental impact on health and wellbeing by leaving the home, will be deemed as housebound and therefore appropriate for GHC domiciliary services – where these exist.
- h) Patients will be able to have choice in the scheduling of their appointments and venues where they exist.

- i) Data concerning waiting lists and patient's waiting times must be secure, timely, accurate and subject to regular audit and validation.
- j) 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) Targets

Referral to treatment targets have been negotiated locally between GHC and their commissioners. GHC recognises that referral to treatment waiting times are a useful quality indicator. This is reported formally and is reviewed periodically as part of the formal contracting meetings.

Universal services that do not incur a waiting list are exempt from reporting Referral To Treatment (RTT) performance. These services either do not provide any first definitive treatment for a clinical condition or the service is deemed as unsuitable due to the responsiveness that is intrinsic in its existence.

These services include;

- Children's Public Health Nursing Services (Health Visiting and School Nursing)
- The School Aged Immunisation Service
- Community Hospital Inpatient Wards
- Minor Injuries and Illness Units

Any service that is being piloted will also not have an agreed RTT target until it is fully established. However, all services will have internal monitoring of wait times.

5. PRINCIPLES AND PROCEDURES

5.1 Clinical Urgency

All referrals are clinically triaged within service areas and all referrals are prioritised based on their clinical needs. Patients will be classified as either routine or urgent based upon their needs according to the referral information provided, clinical presentation and level of clinical concern.

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.

5.2 Receiving Referrals

Paper and other non-electronic referrals will be date stamped as received on the date of receipt by the service. This is the Referral To Treatment (RTT) start date.

For electronic referrals the RTT start date will begin as soon as the patient's referral is registered on the relevant service's clinical system, or 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.

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

All referrals should be screened to accept or reject the referral within 48 working hours.

If referrals do not contain the relevant information required to identify the patient and/or fully understand the patient's needs, then the referral will either be;

(a) Kept open by the service and returned to the referrer requesting this information is added. In this instance the RTT wait continues.

(b) **Rejected** by the service and returned to the referrer. In this instance the referral is closed and will be exempt from RTT reporting.

This decision will be based on the clinical reasoning of the triaging clinician.

5.3 Booking Appointments

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

Next available appointments will be offered to those with an **urgent** clinical need. Two attempts to contact the patient will be made via telephone and then an appointment will be made for them and the details sent to them.

Routine appointments will aim to be offered with reasonable notice. If an appointment is offered at less than a week's notice, then refusal of this appointment will not compromise waiting list position and the RTT wait continues. Methods of booking varies between services; some services will contact patients directly, some services will send an appointment letter and some will request patients to book appointments via an online system.

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

All appointments should be entered onto the relevant clinical recording system when the appointment is booked. Appointments may be face to face, virtual or via telephone depending upon the service, the clinical needs identified and a robust risk assessment.

When definitive clinical intervention has been completed and recorded on the clinical system the RTT wait stops. If appropriate clinical intervention cannot be offered at a patient's first appointment then the RTT wait continues until this treatment becomes available and is accessed by the patient. *See section 6 for full details on RTT methodology.*

5.4 DNAs, Non-Access Visits and Cancellations

Patients will be advised at their first contact what to do if they need to change a planned appointment.

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. If a patient cancels an appointment twice then the patient may be discharged back to their referrer. If the patient is a vulnerable adult or child

and there are safeguarding concerns then the patient's GP and any other relevant professional supporting that patient will also be informed in writing.

If a patient does not attend their appointment, or gives less than 1 working days' notice of non-attendance, it is deemed that they **did not attend (DNA'd)** their appointment. In children's services this is referred to as the child / young person **was not brought** to the appointment. This includes non-access visits for appointments arranged in the residential setting.

Depending upon the patient's needs and circumstances the service may endeavour to establish why the patient did not attend / was not brought, or was not accessible for domiciliary visits. Further appointments may be booked at the discretion of the clinical/ service lead.

Appointment cancellations and appointments where a patient did not attend (or was not brought to) the appointment cannot be recorded as the first definitive clinical intervention and the RTT wait continues until appropriate clinical intervention is accessed.

In the event of patient death, the referral would be closed and the patient discharged.

5.5 Timed Visits in the Home Setting

Where a person is identified as housebound, a time for the planned visit may not be given unless the person's treatment requires this.

Where possible staff will indicate if the planned contact will be a morning or afternoon appointment, but it is not always possible or feasible, to apply timed contacts to certain services, for example Community Nursing.

For services where timed appointments can be offered accurately, they should work to this approach.

Patients will be advised at their first contact what to do if they need to change a planned appointment or will not be home when a contact is expected to prevent wasted time in non-access contacts.

**On the occasion that visits in the home or community settings cannot be completed because access cannot be gained please refer to the Non-Access Policy and associated action cards. This is an integrated policy covering both physical and mental health services for children, young people and adults.*

5.6 Vulnerable Patients and Safeguarding Issues

GHC will make every attempt to ensure that where safeguarding issues have been identified or when 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 as outlined in Section 5.4.

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. If this was a first appointment then the RTT wait continues until the patient has received their first definitive clinical intervention.

5.8 Patients who are Late for Appointments

The service will attempt to see patients who attend late for their scheduled appointment time. However, where it is not possible to see the patient because there would be significant impact on service delivery, or risk to other patients, that patient will be deemed to have cancelled their appointment and managed as section 5.4.

5.9 Patients Transferring from the Private Sector to the NHS

Patients can choose to convert between the NHS and the private sector at any point during their treatment without prejudice, however their treatment will 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.

For patients transferring either from the private sector or from another provider the RTT start date will be the date that their referral is received by the Trust and registered on the relevant clinical system.

6. RTT – CLOCK START / STOP METHODOLOGY

6.1 Treatment Pathway

The RTT clock stops when the first definitive clinical intervention is given. A patient's first definitive clinical intervention is intended to manage a patient's disease, condition or injury. This can be delivered in a number of ways, including via the telephone (advice and guidance), via a virtual platform or face to face etc. This can be provided in a 1-1 setting or a group setting.

If a patient is unfit for treatment then they may be discharged back to the original referrer. This referral would be closed and would be exempt from RTT reporting. In some cases the triaging clinician may choose to uphold the referral until the patient is well enough to access care, for instance if a patient has a short term illness or if discharge would pose risk. In these instances, the RTT wait continues until the first definitive clinical intervention is completed.

DNA's, non-access and appointment cancellations do not stop RTT waits because definitive clinical intervention has not yet been received.

6.2 Active Monitoring

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. As an example, this could include when a specific treatment pathway needs to be accessed, but is not available immediately. The RTT wait would continue until the patient has received their first definitive clinical intervention.

Active monitoring can be initiated by either the patient or the clinician. It is not appropriate to use active monitoring for patients that wish to delay an appointment.

7. 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.

8. RESPONSIBILITY FOR ACHIEVING WAITING TIMES STANDARDS

It is the responsibility of the Head of each respective service 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.

9. PROCESS FOR MONITORING COMPLIANCE

Access targets are agreed locally with commissioners and reported via the organisation's performance dashboard. Access to services is monitored via Patient Tracking Lists (PTLs), which are managed by service and performance leads.

Performance exceptions are escalated through operational performance reporting and shared at Business Intelligence Management Group (BIMG) with oversight at resources and quality forums.

10. ASSOCIATED DOCUMENTS

- GHC Discharge Policy (Physical Health Policy CLP121)
- Non-Access Policy (*to follow*)
- Safeguarding Child Protection Guidance: Management of Children and Young People Who Fail to Attend Appointments and the Safeguarding Adults Multi Agency Policy.
- NICE Guidance - CG138 Patient experience in adult NHS services: improving the experience of care for people using adult NHS services
- NICE Guidance - NG204 Babies, children and young people's experience of healthcare.