

## Cover Sheet

Trust Board Meeting in Public: Wednesday 9 March 2022

TB2022.021

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**Title:** Buckinghamshire, Oxfordshire and Berkshire West Integrated  
Care System - Elective Access Policy

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**Status:** For Decision

**History:** Approved by TME on 24<sup>th</sup> February 2022

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**Board Lead:** Chief Operating Officer

**Author:** Lisa Glynn, Director of Clinical Services

**Confidential:** No

**Key Purpose:** Assurance, Policy

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## **Executive Summary**

1. The purpose of the paper is to provide the broad headline information of the changes in the Buckinghamshire, Oxfordshire, and Berkshire West (BOB) Integrated Care System (ICS) Elective Access Policy and how these changes could impact OUHFT.
2. This is the first BOB ICS-wide Elective Access Policy which aims to align and standardise the approach to access to elective services for all patients across the integrated care system.
3. There is a requirement for all providers to develop local Standard Operating Procedures (SOPs) to underpin the high-level requirements contained in the system-wide Policy.

## **Recommendations**

4. The Trust Board is asked to:
  - Approve the BOB ICS Elective Access Policy
  - Support the development and implementation of local Standard Operating Procedures (SOP) and guidance that align and support the principles contained within the BOB Elective Access policy and addresses any gaps when compared to the current OUH Elective Access policy.

## Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System - Elective Access Policy

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### 1. Purpose

- 1.1. To provide the broad headline information of the changes in the BOB Elective Access policy, how these changes could impact OUHFT and the actions to be undertaken to address any gap.

### 2. Background

- 2.1. The OUH Elective Access Policy was issued in November 2018, with a planned review date of September 2021. As part of the work programme of the BOB ICS Elective Care Board, provider Trusts agreed to develop a system-wide Access Policy that ensured standardisation and alignment of elective access for patients across the system.

### 3. Headline changes and gaps with the policy

- 3.1. **Cancer Access policy** – the new policy is due to include references to the TVCA led cancer access policy by end of March 2022. Therefore, the proposed policy is not conclusive and will mean the Trust Cancer Access Policy shall be required to remain in place in the interim.
- 3.2. **Patient Initiated Follow Up (PIFU)** – the new policy includes a section (22) on PIFU, which the Trust policy does not. This is a welcomed addition.
- 3.3. **RCS Prioritisation** – the new policy does not include any reference to the national RCS prioritisation guidance. Therefore, a local SOP that compliments the new policy will be required that aligns with the new requirements contained within the 2022/23 Priorities and Operational Planning Guidance.
- 3.4. **Clinical Harm Review Process** – the new policy includes two statements of when a patient should be reviewed for harm. It does not explicitly outline the clinical harm review process. Therefore, a local SOP that compliments the new policy will be required.
- 3.5. **Partial Booking** – the new policy includes a statement on partial booking however does not explicitly reference the process. With a small number of services such as Endoscopy providing a partial booking service, this will require a local SOP.

- 3.6. **Covid management** – the new policy does not include any mention of managing covid. Therefore, the covid swabbing protocol and reference to covid related choice should be developed as part of a local SOP.
- 3.7. **Endoscopy booking** – the new policy states a booking process which is similar to a process we have put in place since 27<sup>th</sup> August. Therefore, this is a welcomed change.
- 3.8. **Roles and responsibilities** – the new policy has slightly different designation titles; therefore, for clarity purposes, a local interpretation document would be advised.
- 3.9. **Key Performance Indicators (KPIs)** – the new policy references local SOPs, therefore it would be advisable to outline the KPIs that impact elective access at a local level.
- 3.10. **National Waiting List Minimum Datasets** – the new policy does not reference reportable returns relating to elective access. Therefore, a local SOP is advised.
- 3.11. **Independent Sector Providers (ISP)** – there is little reference to ISP's and it would be advisable to ensure all contracts with ISP must adhere to the BOB Access Policy.

#### 4. Conclusion

- 4.1. The BOB ICS Elective Access Policy has been designed to replace existing local Access Policies in each of the acute providers within BOB. It is recognised that the implementation of this Policy may give rise to gaps in policy and this paper highlights those key areas and the recommendations to close the gaps.
- 4.2. Local Standard Operating Procedures will be developed that are complimentary to the BOB ICS Elective Access Policy.

#### Recommendations

- 4.3. The Trust Board is asked to:
  - Approve the BOB ICS Elective Access Policy for implementation at the OUH
  - Support the development and implementation of local Standard Operating Procedures (SOP) and guidance that align and support the principles contained within the BOB Elective Access policy and addresses any gaps when compared to the current OUH Elective Access policy

# Buckinghamshire, Oxfordshire and Berkshire West (BOB)

## Integrated Care System (ICS)

### Elective Care Access Policy

Once printed off this is an uncontrolled document.

#### Summary of Changes:

<b>Policy Title</b>	BOB ICS Elective Care Access Policy
<b>Version</b>	2.4
<b>Issue</b>	1
<b>Approved by:</b>	To be approved
<b>Date approved:</b>	
<b>Ratified by:</b>	
<b>Date ratified:</b>	
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<b>Lead Director:</b>	Raghuv Bhasin, Director of System Partnerships, Royal Berkshire NHS Foundation Trust
<b>Name of Responsible Individual/Committee</b>	System Elective Care Board
<b>Document reference:</b>	
<b>Date Issued:</b>	
<b>Review Date:</b>	
<b>Target Audience:</b>	
<b>Location:</b>	Buckinghamshire, Oxfordshire & Berkshire West Integrated Care System
<b>Equality Impact Assessment:</b>	
<b>Linked documents</b>	Insert links to place based Cancer Access Policies

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## 1. Introduction

The purpose of this policy is to ensure all patients requiring access to outpatient appointments, diagnostics and elective inpatient or day-case treatment are managed equitably and consistently by organisations within the Buckinghamshire, Oxfordshire and Berkshire West ('BOB') Integrated Care System, in line with national waiting time standards and the NHS Constitution <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>

The policy:

- sets out the rules and principles under which the Trusts manage elective access to outpatient appointments, diagnostics and elective inpatient or day case treatment;
- gives staff clear direction on the application of the NHS Constitution in relation to elective waiting times; and
- demonstrates how elective access rules should be applied consistently, fairly and equitably.

The ICS is committed to promoting and providing services which meet the needs of individuals and does not discriminate against any employee, patient or visitor.

This BOB ICS elective access policy was developed following consultation with staff, clinical commissioning groups (CCGs), general practitioners, clinical leads and CCG lay members. It will be reviewed and ratified at least annually or earlier if there are changes to national elective access rules or locally agreed principles.

The access policy should be read in full by all applicable staff once they have successfully completed the relevant local elective care training. It should not be used in isolation as a training tool.

Each Trust is responsible for maintaining local, comprehensive SOPs to underpin this policy. All clinical and non-clinical staff must ensure they comply with both the principles within this policy and specific instructions within individual Trusts.

## 2. Purpose

The purpose of this policy is to ensure all patients requiring access to secondary care outpatient appointments, diagnostics and elective inpatient or day-case treatment are

managed equitably and consistently, in line with national waiting time standards and the NHS Constitution.

The policy:

- is designed to ensure the management of elective patient access to services is transparent, fair, equitable and managed according to clinical priority:
- sets out the principles and rules for managing patients through their elective care pathways in a secondary care setting.
- Enables secondary care providers to support the ambition of the ICS to maximise capacity and reduce waits for all patients in the BOB ICS; and
- applies to all clinical and administrative staff and services relating to elective patient access at the trust.

Details of services provided are available on each of the Trusts websites:

<http://www.royalberkshire.nhs.uk/>

<https://www.buckshealthcare.nhs.uk/>

<https://www.ouh.nhs.uk/>

### 3. Executive Summary

In England, under the NHS Constitution, patients have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible.

This policy outlines the required systems and processes which must be followed explicitly for:

- Patients referred into The Trust
- The pathway management of all patients referred to The Trust
- Adhering to national standards and data definitions.

This policy is monitored by the weekly PTL Meeting, Care Group/Division and Trust wide reporting structures.

The Trust expects all staff to undertake training to correctly provide a service in line with this policy when commencing employment and where a need is identified and undertake refresher training.

## 4. Policy Statement

The principles of the Policy are as follows:

- We will offer patients timely, equitable and transparent access to elective care.
- Patients should be provided with a choice of suitable healthcare providers within BOB at the point of referral, ensuring visibility of waiting times by provider to inform the patients' decision making on where to access treatment.
- Once a patient is referred to their healthcare provider of choice, the provider will offer patients appointments and admission dates in order of clinical priority and current length of wait in line with national standards including consideration being given to the social determinants of health (Health Inequalities) as described in the NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level:  
<https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>
- Once a patient is referred to their healthcare provider of choice, the provider may offer appointments at any of their own hospital locations if services are provided from more than one site:
- We will communicate effectively with patients and GPs at all stages in a patients' pathway.
- Routine patients will be treated chronologically in order unless more specific national targets are in place.
- The healthcare provider of choice may contact the patient to offer treatment at an alternative provider where this would reduce the amount of time that the patient is waiting for treatment.
- We will offer patients reasonable notice of appointment and admission dates which is defined as 3 weeks unless short notice capacity is available and agreed with the patient.
- We will accurately record all patient details and pathways on Trust systems in a timely manner to support effective management of pathways.
- We will ensure that all staff involved in the provision or administration of elective care are aware of their responsibilities within this policy and are appropriately trained.

- We will ensure that children and vulnerable adults are not disadvantaged by application of the policy.
- Patients with a health condition that affects communication, such as dementia, learning disability, or deafness will be clearly identified wherever possible, and their pathways managed appropriately in conjunction with specialist services.
- Patient safety is our priority. This policy is not intended to override clinical judgement and all staff are always expected to make decisions in the best interest of patients within the context of the policy and the best use of Trust resources.
- Where a patient is to be discharged to the GP this must be as a result of a clinician review who will instruct as to whether a subsequent date should be offered or discharge to the GP.

## 5. Key Definitions

- DRAFT
- **Referral to Treatment (RTT):** is a national standard that requires the Trust to ensure that all patients receive treatment within 18 weeks of receiving an elective referral to a consultant-led service.
  - **Did Not Attend/No show (DNA):** Patients who have been informed of their date of appointment, admission, or pre-assessment and who without notifying the hospital did not attend.
  - **GP – General Practitioner:** in this document is used to indicate any referrer in primary care – e.g. dentists, optometrists.
  - **Ready, willing, and able:** Refers to an expectation that the patient will be available to attend agreed appointments and admissions to support us in delivering a timely service.
  - **e-Referral Service (eRS):** A national electronic referral service that gives patients a choice of place, date, and time for their first out-patient appointments.
  - **Specialty booking horizon or polling ranges** are the periods of time that the Trust allows services to book into the future before a patient should be managed on a waiting list and contacted to agree dates closer to the time. This process is known as partial booking.
  - **Partial Booking:** the process whereby a patient is held on a waiting list and then subsequently contacted to secure an attendance date in line with clinical request.
  - **Patient Administration System (PAS):** is a computerised record keeping system.
  - **Planned/Surveillance Waiting List:** A list of patients who are undergoing review or surveillance procedures at regular intervals or require a procedure when certain clinical criteria are met.

- **Active Monitoring:** (also referred to as watchful waiting or conservative management) is applied when the most clinically appropriate option is for the patient to be monitored for a period of time to assess symptoms for progression or resolution. This decision must be clearly communicated with the patient.
- **Patient Pathway:** The patients' journey from the point of contact with the Trust to when the patient is discharged from our care.
- **Admitted Pathway:** A pathway that ends in a clock stop on admission for treatment, either as an inpatient or day-case.
- **Non-Admitted Pathway:** A pathway that ends in a clock stop where the patient does not require admission to hospital for treatment and usually occurs in an outpatient setting. This can include a decision not to treat.
- **Clinic Assessment Service (CAS) and Referral Assessment Service (RAS):** Virtual clinic to enable clinicians to see referrals and triage to an appointment or diagnostic procedure effectively.
- **Chronological Order:** A general principal that applies to patients categorised as requiring routine treatment. Routine patients will be treated chronologically in order of their referral to treatment target date at all stages of their pathway unless more specific national targets are in place.
- **Consultant to Consultant Referral:** A referral from one hospital Consultant directly to another in the same hospital without involvement of the patient's GP.
- **Patient Targeting List (PTL):** is a list of patients that are waiting for the next step of their pathway (e.g. an outpatient appointment or admission). A PTL contains the details of patient pathways that help our teams make sure everything happens as quickly and efficiently as is clinically appropriate.
- **Primary Care:** The first point of contact for patients requiring care usually based in settings within the local community and includes GP's, Dentists and Opticians.
- **Secondary Care:** is care provided by specialised doctors usually based in hospital settings, usually accessed either in an emergency or via a referral from Primary Care.
- **Tertiary Care:** is care provided by specialised medical staff, usually accessed via referral from Secondary Care.
- **Appointment Slot Issues (ASI):** Where there are no slots available within a specific time period (Polling Range) patients can be added to the ASI list which instructs the Trust that more capacity is required and that a patient is on a waiting list to have their appointment booked.

- **Advice and Guidance:** Where a GP requests information from a consultant to help with managing/treating a patient without referring the patient to be seen in secondary care.
- **Individual Funding Requests (IFRs):** also known as Procedures of Limited Clinical Value (PLCVs) relates to conditions that are not routinely funded by the NHS and require application to the appropriate Clinical Commissioning Group (CCG) to agree funding before the procedure can take place.
- **Integrated Care System (ICS).** Partnerships bringing together healthcare providers and commissioners of NHS services across a geographical area.
- **Inter-Provider Transfer (IPT / TRF):** Where a patient is referred from another hospital an IPT/TRF should be provided to the Trust to notify us of the patients' pathway information, whether they are awaiting first treatment and how long they have waited. If the patient is transferred on an incomplete pathway the clock will start from the original clock start date detailed within the IPT/TRF.

## 6. General Elective Access Principles

The NHS has set maximum waiting time standards for elective access to healthcare. In England, waiting-time standards for elective care (including cancer) come under two headings:

- The individual patient rights as in the NHS Constitution <https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england>
- the standards by which individual providers and commissioners are held accountable by NHS Improvement and NHS England <https://www.england.nhs.uk>

### 6.1 NHS Constitution Standards

- The Trusts will commit to treat 92% of patients within 18 weeks of referral/commencement of new pathway treatment.

### 6.2 Accountable Standards

- The Trusts will work to provide sufficient choice, aiming for a maximum wait of 14 days for urgent requests for elective diagnostic tests. All urgent request patients will be initially contacted by telephone.

- The Trust will work to the national pledge of six weeks maximum wait for routine elective diagnostic tests.
- Last minute (on or after the day of admission) hospital cancellations for non-clinical reasons must be re-booked in line with the 28-day readmission guarantee and the offer must be reasonable, as defined above.
- If the 28-day guarantee cannot be met by the Trust and is clinically appropriate the patient will be offered dates with another provider (either NHS or Independent Sector).
- The Trusts aim, where appropriate, to send all patient communications within a maximum of 10 working days following a non-admitted interaction with the hospital.
- Patients will receive a copy of their discharge summary following an inpatient or day-case admission.

## 7. Roles and Responsibilities DRAFT

Although responsibility for achieving standards lies with the Divisional Directors and Trust Board, all staff with access to and a duty to maintain elective care information systems are accountable for their accurate upkeep. For example:

- Divisional Directors are accountable for implementing, monitoring, and ensuring compliance with the policy within their divisions.
- The Head of Performance is responsible for the timely production of patient tracking lists (PTLs) which support the divisions in managing waiting lists and RTT standards.
- Waiting list administrators, including clinic staff, secretaries and booking clerks, are responsible to general managers for compliance with all aspects of the Trusts' elective access policy.
- Waiting list administrators for outpatients, diagnostics and elective inpatient or day care services are responsible for the day-to-day management of their lists and are supported in this function by the general managers and divisional directors who are responsible for achieving access standards.
- Clinicians, Divisional Directors and Senior Operational Managers are responsible for ensuring data is accurate and services are compliant with the policy.
- Operational managers, in collaboration with clinical colleagues are responsible for ensuring the NHS e-referral service directory of services (DOS) is accurate and up to date.

- The business intelligence team is responsible for producing and maintaining regular reports to enable divisions to accurately manage elective pathways and ensure compliance with this policy.
- General practitioners (GPs) and other referrers play a pivotal role in ensuring patients are fully informed during their consultation of the likely waiting times for a new, eRS Direct Bookable outpatient consultation and of the need to be contactable and available when referred.
- The clinical management of individual patients on the Trust waiting lists is the responsibility of the Providers Clinician in charge of the patients care.

## 8. Competency and Compliance

### 8.1 Competency

- As a key part of their induction programme, new starters to the providers in the System will undergo contextual elective care training applicable to their role.
- This policy will form the basis of learning for new starters.

### 8.2 Compliance

- Functional teams, specialties and staff will be performance managed against key performance indicators (KPIs) applicable to their role. Role specific KPIs are based on the principles in this policy and specific aspects of the trust's standard operating procedures.
- In the event of non-compliance, a resolution should initially be sought by the team, specialty, or the individual's line manager. The matter should then be dealt with via the trust's disciplinary or capability procedure.

## 9. Patient Rights

The [NHS Constitution](#) clearly sets out a series of pledges and rights stating what patients, the public and staff can expect from the NHS. A patient has the right to the following:

- choice of hospital and consultant <https://www.gov.uk/government/publications/the-nhs-choice-framework/the-nhs-choice-framework-what-choices-are-available-to-me-in-the-nhs>
- to begin their treatment for routine conditions following a referral into a consultant-led service, within a maximum waiting time of 18 weeks to treatment.

- to be seen by a cancer specialist within a maximum of two weeks from a GP referral for urgent referrals where cancer is suspected. If this is not possible, the NHS must take all reasonable steps to offer a range of alternatives.

The right to be seen within the maximum waiting times does not apply:

- if the patient chooses to wait longer
- if delaying the start of the treatment is in the best clinical interests of the patient (note that in both scenarios the patient's RTT clock continues to tick).
- if it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage.

All patients are to be treated equitably regardless of age, disability, race, sex, religion, or sexual orientation.

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## 10. Patient Eligibility

All trusts have an obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with Department of Health guidance /rules.

The trust will check every patient's eligibility for treatment. Therefore, at the first point of entry, patients will be asked questions that will help the trust assess 'ordinarily resident status'. Some visitors from abroad, who are not ordinarily resident, may receive free healthcare, including those who:

- have paid the immigration health surcharge
- have come to work or study in the UK
- have been granted or made an application for asylum. Citizens of the European Union (EU) who hold a European Health Insurance Card (EHIC) are also entitled to free healthcare, although the trust may recover the cost of treatment from the country of origin.

All staff have a responsibility to identify patients who are overseas visitors and to refer them to the overseas visitor's office for clarification of status regarding entitlement to NHS treatment before their first appointment is booked or date to come in (TCI) agreed.

## **10.1 Patients moving between NHS and private care**

Patients can choose to move between NHS and privately funded status at any point during their treatment without prejudice.

- Following a privately funded outpatient appointment, a consultant can refer into the NHS without the need for it to go via a GP.
- A patient cannot be both a privately funded and an NHS patient for the treatment of one condition during a single visit to a NHS organisation.
- Patients who choose to be treated privately are no more or less entitled to NHS services than anyone else, and patients are free to change their status from privately funded to NHS and vice versa.
- If agreed a surgical procedure is necessary, the patient can be added directly to the elective waiting list if clinically appropriate. The RTT clock starts at the point the GP or original referrer's letter arrives in the hospital.
- Patients who have had a privately funded consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment. They should be placed directly onto the NHS waiting list at the same position as if their original consultation had been within the NHS:
  - Any patient changing their status after having been provided with privately funded services should not receive an unfair advantage over other patients.
  - If a patient chooses to be referred for privately funded care any existing NHS RTT pathway will stop (RTT clock stop).
  - If a patient is referred from a privately funded pathway to the NHS a new pathway will start (RTT clock start) at the date the referral is received.

NHS care must be delivered in clear episodes which are demonstrably separate from any privately funded care. This is to ensure the patient does not combine elements of NHS and private treatment/care within the same episode.

The RTT pathways of patients who notify the trust of their decision to seek privately funded care will be closed with a clock stop applied on the date of this being disclosed by the patient.

## **10.2 Private Patient services provided by NHS organisations**

The Trust will manage private patients in line with the Department of Health guidance 'A Code of Conduct for Private Practice (2004)'

<https://www.nhsemployers.org/sites/default/files/2021-06/consultants-code-of-conduct-private-practice-guide.pdf> which states that:

- The provision of services for private patients should not prejudice the interest of NHS patients.
- Patients referred for an NHS service following a private consultation join the NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be in accordance with clinical priority and in chronological order.
- Patients that are having their procedure carried out privately within NHS facilities must be recorded on the patient records, including the NHS number of the patient.

Consultants should not spend time during NHS consultations discussing private treatment with patients nor should they use their NHS patient lists to promote their private practice. An exception is where clinically appropriate treatment is not funded by the NHS.

### **10.3 Safeguarding Children and Young People and Vulnerable Adults**

Every Trust recognises its responsibility to ensure the safety and welfare of children and vulnerable adults in its direct care and in its premises.

There are separate Safeguarding Policies for each Provider relating to children and young people.

- Where children / vulnerable adults are not brought for appointment, this can be an indicator of neglect or concerns at home. The named nurse for child protection (NNCP) should be contacted who will follow the appropriate protocols when the first appointment is missed for children who are on child protection plans or looked after.
- The Trust Safeguarding Vulnerable Adults policy supports the discharge of this responsibility to protect the mental and physical wellbeing of vulnerable adults and to promote their empowerment and welfare, through working practices in its partnership and its assurance framework. Vulnerable adults will enjoy the same rights as other patients in respect of access to care and treatment.

### **10.4 Overseas Patients**

The Trust will manage overseas patients in line with the Department of Health guidance on 'Implementing the Overseas Visitors Hospital Charging Regulations (2021)' which includes specific guidance for exempt categories of person e.g. asylum seekers: and the Trusts own

Policy for Overseas Visitors which should also follow the national guidance:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1029984/guidance-on-implementing-the-overseas-visitor-charging-regulations.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1029984/guidance-on-implementing-the-overseas-visitor-charging-regulations.pdf)

Where in the course of talking to a patient it becomes clear that the patient is an overseas visitor, staff should always alert the appropriate Trust lead in order that their eligibility for free NHS care can be clarified and ideally before any non-emergency treatment is given.

### **10.5 Military Veterans/Armed Forces Serving Personnel**

In line with December 2007 guidance from the Department of Health and the Ministry of Defence Armed Forces Covenant (refreshed January 2016) all veterans and war pensioners should receive priority access to NHS care for any conditions which are related to their service, subject to clinical needs of all patients (a veteran is defined as someone who has served at least one day in the UK armed forces). Military veterans should not need first to have applied and become eligible for a war pension before receiving priority treatment. GPs should notify the Trust of the patient's condition and its relation to military service when they refer the patient so that the Trust can ensure that it meets the current guidance for priority service over other patients with the same level of clinical need.

In line with clinical policy patients with more urgent clinical needs will continue to receive clinical priority. For serving personnel, including Reservists, who are on an NHS Waiting List due to being posted from somewhere else will have the time already accrued considered when agreeing treatment dates.

For more information relating to the Armed Forces Covenant click link below:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/49469/the\\_armed\\_forces\\_covenant.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf)

### **10.6 Prisoners**

All elective standards and rules are applicable to prisoners. Delays to treatment incurred as a result of difficulties in prison staff being able to escort patients to appointments or for treatment do not affect the recorded waiting time for the patient. The trust will work with staff in the prison services to minimise delays through clear and regular communication channels and by offering a choice of appointment or admission date in line with reasonableness criteria.

## 10.7 Commissioner approved procedures/Evidence based interventions

Patients referred for specific treatments where there is limited evidence of clinical effectiveness, or which might be considered cosmetic will only be accepted with prior approval from the relevant CCG.

## 11. Policy and/or Procedural Requirements

### 11.1 Referrals

- From 1 October 2018 all primary care referrals to consultant led care must be sent via the national NHS eReferral (eRS) system. Where a referral meeting the criteria is received outside of eRS, the referral will be returned by the Trust and the GP requested to re-refer via eRS. (Exceptions to this are: non-GP referrals, non-consultant led care referrals, referrals requiring immediate intervention, defined as within 48 hours).
- Each service aim to offer access to Advice and Guidance to referrers and ensure that arrangements are in place to meet agreed turnaround times.
- When communicating via RAS or Advice and Guidance the Trust will include advice, next steps and actions for the GP. Alternatively, if the clinician needs to see the patient the A&G request will be transferred to offer an outpatient appointment.
- Each service should have an up-to-date Directory of Service (DoS) within NHS e-Referral which is reviewed on regular basis and at least annually, in conjunction with the lead clinician for that service.
- Paper referrals will only be accepted in extreme circumstances e.g. the patient refuses the digital transfer of information, the eRS system is not accessible for a prolonged period (impact of eRS service disruption will be managed by the Trust to assess cause and mitigation. The Trust will communicate with referrers).
- Inappropriate and incomplete referrals, including those which do not meet agreed referral criteria, will be rejected, and returned to either the referrer with an explanation, or forwarded on to the appropriate department.
- Referrals under the suspected cancer priority cannot be rejected. If a referral is felt to be inappropriate the receiving clinician will contact the GP requesting the referral be withdrawn and/or downgraded.

- Referrals inadvertently received at the wrong organisation will be redirected to the correct one via eRS or manually without delaying the patient pathway. The GP will be notified of this action automatically via eRS.
- Referrals to and from other organisations will be managed via the Inter-Provider Transfer process to ensure that all necessary data is transferred and that the patients RTT / Cancer pathway transfers with them.
- Referrers have a pivotal role to play in ensuring that patients who are referred are ready, willing, and able to have treatment within the referral to treatment and cancer standards timeframes.
- Appropriate information outlined within the providers Directory of Services should be provided by the GP to the patient at the point of referral where a direct to test pathway is a possibility.
- As a result of the triage process, patients will be directed to the appropriate service to best manage their care which could be either an outpatient appointment, diagnostic/day case service or a rejection of the referral and the return of the patient to the care of the GP.
- Consultant annual leave, study leave, or sickness should not delay the review of referrals thereby disadvantaging patients. A nominee must be able to review and prioritise in the Consultant's absence.
- A Consultant can upgrade any referral to urgent or suspected cancer but cannot downgrade an urgent suspected cancer referral unless this has been agreed with the referring GP.
- Currently, Consultant to Consultant referrals (C2C) are only permitted if the referral is directly related to the original referring complaint. If a subsequent condition unrelated to the original referral is identified the patient must be referred back to the GP who will make a new referral to the patient's choice of provider.
- Following a cancer referral and diagnosis (whether cancer or not), C2C referrals should be undertaken to support any other condition identified and is a key principle of the RDS/RDC pathways we are currently implementing.

- Providers work with local CCGs to ensure pathways are in place and guidelines are available to referrers for what tests/diagnostics are required before referral for specific conditions.

## 12. Referral to Treatment (RTT):

The RTT clock starts when any healthcare professional (or service permitted by an English NHS commissioner to make such referrals) refers to a consultant-led service.

The RTT clock start date is the date the trust receives the referral. For referrals received through NHS e-Referral, the RTT clock starts the day the patient converts their unique booking reference.

- A referral is received into a consultant-led service, regardless of setting, with the intention that the patient will be assessed and if appropriate, treated before clinical responsibility is transferred back to the referrer.
- A referral is received into an interface or referral management assessment centre which may result in an onward referral to a consultant-led service before clinical responsibility is transferred back to the referrer.
- A patient self-refers into a consultant-led service for pre-agreed services agreed by providers and commissioners.

While the aim is to treat all elective patients within 18 weeks, the national elective access standards is set at 92% to allow for the following scenarios:

- Clinical exceptions: when it is in the patient's best clinical interest to wait more than 18 weeks for their treatment.
- Choice: when patients choose to extend their pathway beyond 18 weeks by declining reasonable offers of appointments, rescheduling previously agreed appointment dates/admission offers, or specifying a future date for appointment/admission.
- Co-operation: when patients do not attend previously agreed appointment dates or admission offers (DNA) and this prevents the trust from treating them within 18 weeks.

## 12.1 Exclusions

A referral to most consultant-led services starts an RTT clock but the following services and types of patients are excluded from RTT:

- obstetrics and midwifery
- planned waiting list patients
- referrals to a non-consultant led service
- direct referrals to acute therapy services
- referrals for patients from non-English commissioners
- genitourinary medicine (GUM) services
- emergency pathway non-elective follow-up clinic activity

## 12.2 New clock starts for the same condition:

Some clinical pathways require patients to undergo regular monitoring or review diagnostics as part of an agreed programme of care. These events would not in themselves indicate a decision to treat or a new clock start, however:

- If a decision is made to treat after a period of active monitoring/watchful waiting, a new RTT clock would start on the date of decision to treat (DTT).
- If a decision is made to start a substantively new or different treatment that does not already form part of that patient's agreed care plan this will start a new RTT pathway clock and the patient shall receive their first definitive treatment within a maximum of 18 weeks from that date.
- A new RTT clock should be started when a patient becomes fit and ready for the second part of a consultant-led bilateral procedure.
- It would apply for a rebooked new outpatient appointment following a DNA.
- Where a patient requiring a planned procedure goes beyond their due date, they will be transferred to an active pathway and a new RTT clock started.

## 12.3 Clock stops

The RTT clock stops when first definitive treatment starts. This could be:

- treatment provided by an interface service
- treatment provided by a consultant-led service

- 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.
- acute therapy intervention when intended as first definitive or interim treatment
- 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.

#### **12.4 Clock stops for non-treatment**

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

- it is clinically appropriate to return the patient to primary care for any non-consultant-led treatment in primary care
- a clinical decision is made not to treat
- a patient did not attend (DNA) which results in the patient being discharged
- a decision is made to start the patient on a period of active monitoring
- a patient declines treatment having been offered it.

#### **12.5 Active monitoring**

Active monitoring is where a decision is made that the patient does not require any form of treatment currently but should be monitored in secondary care. When a decision to begin a period of active monitoring is made and communicated with the patient and referrer, the RTT clock stops.

Active monitoring may apply at any point in the patient's pathway, but only exceptionally after a decision to treat has been made.

It is not appropriate to stop a clock for a period of active monitoring if some form of diagnostic or clinical intervention is required.

Stopping a patient's clock for a period of active monitoring requires careful consideration case by case and needs to be consistent with the patient's perception of their wait.

## 13. Booking Outpatient Appointments

Patients will be booked virtual, telephone or face to face appointments. The clinician will advise which appointment type is appropriate when the referral is triaged or during the first appointment.

- Referrals received through e-Referral will be either directly booked into an appointment slot or booked into a triage clinic or service. Where there are no slots available, they will be added to a waiting list which will be managed and maintained by the Trust to ensure adequate capacity is available.
  - Patients will be provided with a follow up appointment based on clinical need.
  - Patients may be offered virtual appointments, either by telephone or video call.
  - Each Trust employs a partial or full booking system for the management of Follow Up outpatients. Follow up appointments will either:
- DRAFT
- be booked into a future appointments slot as requested

or

- If a follow up is required within a specialty booking timeline the appointment will be agreed and booked with the patient at the time of request. e.g. 6 week follow up
- If a follow up is required outside of a specialty booking timeline the appointment request will be managed on the follow up work list, including information regarding the type of appointment needed and when it is required. e.g. 6 month follow up. The patient will be contacted closer to the required appointment date to arrange a mutually agreeable date/time to attend.
- Hospital attendances should be avoided where patients can be offered a non-face-to-face consultation, for example for confirmation of test results. This could be undertaken using telephone appointments or by letter to confirm discharge.
- Where the Trust has deemed appropriate as a result of clinical need, 'Open Access' or Patient Initiated Follow up is provided in appropriate specialties. This can be for a duration agreed by each specialty.

### 13.1 Outpatient Cancellations, Does Not Attends (DNAs) and Rescheduling

Hospital and patient responsibilities remain the same for all types of appointment: virtual, telephone or face to face.

- It is the patients' responsibility to keep an agreed appointment with providers utilising patient reminder tools where appropriate.
- It is the hospitals responsibility to provide adequate choice and reasonable notice of these appointments.
- If a patient has booked their appointment through eRS they will be able to access the system and reschedule their chosen appointment. However if the patient attempts to reschedule again after two chosen appointments the provider may discharge the patient following clinical review.
- Consideration should always be given to the social determinants of health (Health Inequalities) which may impact on a patients' ability to access services as described in the NHS England and NHS Improvement approach to support the reduction of health inequalities at both national and system level:  
<https://www.england.nhs.uk/about/equality/equality-hub/core20plus5/>
- This process is intended to ensure patient choice is available without extending waiting times and to allow the Trust the ability to support patients in selecting an appointment in an appropriate timeframe.
- A patient who DNA's their first outpatient will either be offered a subsequent date or returned to the GP depending on the outcome of a clinical review. (For patients on a cancer pathway the process is adjusted).
- For DNA's a first appointment - the RTT/Cancer pathway will be nullified and re-started from the date of agreement to book a subsequent appointment. The provider cancer access policies state that all DNAs should be rebooked with 24/48 hours (This is not applicable to children or vulnerable adults – no adjustment to the pathway may be made).
- A patient who DNA's a subsequent outpatient appointment / follow up will be reviewed by the responsible clinician who will instruct as to whether a subsequent date should be offered or discharge to the GP.
- Where instructed by the clinician, a letter to both the patient and the GP will be sent informing of this decision in line with local outpatient letter turnaround policies of within 5 and 10 working days.
- Cancellation of appointments by the hospital should be avoided wherever possible. If this is unavoidable due to sickness of key staff or exceptional circumstances, then every effort should be made to offer patients as much notice of cancellation as possible.
- Hospital cancellation of appointments where expediting/bringing forward should be undertaken in discussion with the patient and booked into a mutually agreeable slot.

- Clinics should not be cancelled due to planned annual/study leave where sufficient notice has not been given. Clinical staff are required to give notice of annual or study leave in line with the Medical Staff - Annual Leave Policy of a minimum of six weeks.

## 14. Diagnostic Pathways

While the aim is to carry out a diagnostic procedure within 6 weeks of referral, the national elective access standards are set at less than 100% (99%) to allow for the following scenarios:

- Clinical exceptions: when it is in the patient's best clinical interest to wait more than 6 weeks for their diagnosis/treatment.
- Choice: when patients choose to extend their pathway beyond 6 weeks by declining reasonable offers of appointments, rescheduling previously agreed appointment dates/admission offers or specifying a future date for appointment/admission.
- Co-operation: when patients do not attend previously agreed appointment dates or admission offers (DNA) and this prevents the trust from treating them within 6 weeks.
- Diagnostic clock start: the clock starts at the point of the decision to refer for a diagnostic test by either the GP or the consultant.
- Diagnostic clock stop: the clock stops at the point at which the patient undergoes the test.

### 14.1 Patients with a diagnostic and RTT clock

A large proportion of patients referred for a diagnostic test are also on an open RTT pathway. In these circumstances, the patient will have both types of clock running concurrently:

- their RTT clock which started at the point of receipt of the original referral.
- their diagnostic clock which starts at the point of the decision to refer for diagnostic test (often at the first outpatient consultation).

### 14.2 Patients with a diagnostic clock only

Patients who are referred directly for a diagnostic test (but not consultant-led treatment) by their GP, i.e. clinical responsibility remains with the GP, will have a diagnostic clock running only and are not included on an RTT pathway. If there is any possibility of cancer having

been detected following a direct access diagnostic, this will be upgraded to a 62-day consultant led pathway with the GP and patient being informed of this.

### **14.3 Straight to test referral**

For patients who are referred for a diagnostic test where one of the possible outcomes is review following the relevant clinical pathway and if appropriate treatment within a consultant-led service (without first being reviewed by their GP) an RTT clock will start on receipt of the referral.

### **14.4 Therapeutic procedures**

If a patient is solely waiting for a therapeutic procedure, there is no six-week diagnostic standard. However, if there is also a diagnostic element to their admission/appointment, these patients are required to have their procedure within six weeks.

## **15. Booking Diagnostics**

### **15.1 Non-Radiology**

- Where a day case diagnostic is indicated e.g. an Endoscopy procedure, the Trust will contact the patient to arrange a suitable date within six weeks for routine referrals and within 14 days for Two Week Wait Referrals.
- If the patient cannot be contacted by telephone, a letter or text message will be sent inviting the patient to contact the hospital to arrange a suitable date
- If the patient has not contacted the hospital within 14 days a reminder letter will be sent.
- If following the first reminder there is still no contact within 7 days a second reminder letter will be sent. This letter will state that failure to contact will result in removal from the waiting list.
- If following the second reminder there is still no contact within 7 days a final letter will be sent indicating to the patient and the referrer, stating that they have been removed from the diagnostic waiting list and returned to the requesting clinician for review.

### **15.2 Radiology**

- Requests for radiology (including interventional radiology) are vetted/triaged by a clinician within the radiology department.

- If the patient cannot be contacted by telephone, a letter or text message will be sent inviting the patient to contact the hospital to arrange a suitable date within six weeks for routine referrals and within 14 days for Two Week Wait Referrals.
- Patients will automatically be offered a subsequent date if choosing to reschedule the first offer. If subsequent offers are declined or rescheduled, the patient will either be offered a subsequent date or discharged to the GP depending on the outcome of a clinical review.

### **15.3 All diagnostic procedures:**

- If a patient DNAs the first offer of a procedure they will be offered another appointment if clinically appropriate.
- If a patient declines/reschedules or DNAs an appointment for a diagnostic test/procedure the diagnostic waiting time standard (DM01) for that test/procedure is set to zero and the waiting time starts again from the date of the offered appointment.
- If a patient DNAs a subsequent offer of a procedure they will be removed from the diagnostic waiting list and returned to the requesting clinician for review and next steps.
- In all cases, Cancer target patients will not be referred back to the requesting clinician as a result of DNA / cancellation, the patient will remain on the waiting list while the requesting clinician is contacted for next steps.
- Where clinically appropriate and identified through triage, or a GP direct access pathway exists, a patients' first encounter with the hospital could be a diagnostic test.
- Appropriate information should be provided by the GP to the patient at the point of referral to indicate where this is a possibility and/or likely first encounter.

## **16. Inpatient Procedures**

Ideally patients will be deemed fit to undergo the listed procedure and be ready and available when added to the admitted waiting list. Patients will be added to the waiting list following a decision to admit regardless of whether they have undergone pre-operative assessment or have declared a period of unavailability.

### **16.1 Patients who are unfit for surgery or procedure**

If the patient is identified as unfit for the procedure or pre-operative assessment, the nature and duration of the clinical issue should be ascertained.

- Transient illnesses. If the clinical issue is short-term and has no impact on the original clinical decision to undertake the procedure (e.g. cough, cold), the RTT clock continues. The patient can remain on the waiting list. If they are not fit at the end of that period, a clinician will review and instruct as to whether a subsequent date should be offered or discharge to the GP.
- Longer term illnesses If the clinical issue is more serious and the patient requires optimisation and / treatment for it, clinicians should indicate to administration staff:
  - if it is clinically appropriate for the patient to be removed from the waiting list (This will be a clock stop event via the application of active monitoring.)
  - if the patient should be optimised/treated within secondary care (active monitoring clock stop) or if they should be discharged back to the care of their GP (clock stop)
- Following a decision from pre-assessment that the patient is not fit, this must be communicated to Admissions and the listing clinician. Administration staff must not discharge the patient back to the GP or move to active monitoring unless there is written instruction from a clinician

## 17. Booking Inpatients and Day Cases

- All patients for elective treatment must be placed on the appropriate waiting list within one working day of the decision to admit.
- If a patient requires CCG prior approval for an Amber or Red IFR/PLCV the patient should still be added to the waiting list and notification entered to show 'Awaiting Funding Decision'. The clock continues.
- Patients should be offered a minimum of two admission dates at any site within their chosen Trust, with at least three weeks' notice unless the patient agrees to accept a date at short notice.
- Patients must be dated in order of clinical priority and then in order of their RTT target date or other relevant standard (e.g. cancer standards and diagnostic standard).
- To come in (TCI) dates must be recorded on the Trust PAS system within 24 hours of agreeing the date with the patient and the relevant clinical systems (e.g. 'BlueSpier Theatre') before the procedure.
- Patients can be removed from the waiting list for a variety of reasons including a clinical decision not to treat, the patient declining treatment or as a result of DNA

supported by a clinical decision. Where patients are removed from the waiting list this should be communicated to the patient and GP.

- If a patient requests time to consider their options for surgery for a reasonable period of time (up to 3 weeks), they will not be removed from the waiting list until a decision is made.
- If the patient decides to proceed a TCI date will be agreed.
- If the patient does not wish to proceed the clinician will assess the decision for consideration of potential clinical harm. If it is agreed the waiting list entry will be removed and RTT clock stopped.
- A patient can request further outpatient consultation when on the waiting list. If a patient requests to return to outpatients, the inpatient waiting list will continue and an outpatient appointment arranged. The RTT clock does not stop.
- All patients, except for admission offers made at short notice, will be contacted in writing with details of the procedure confirming the time and date. If appropriate, procedure specific information will be included.
- All patients will be required to undergo a pre-operative assessment prior to surgery. A pre-operative assessment is valid for 3 months. If a TCI date cannot be agreed before this expires a new 'pre-op' will be required. A pre-operative assessment is required before each and any inpatient procedure.

#### **17.1 Scheduling patients to come in for admission**

- Clinically urgent patients will be scheduled first. All patients will be identified from the trust's PTL, and in clinical priority order, then by chronological order.
- Patients will be offered a choice of at least two admission dates with at least three weeks' notice.
- Any admission offers declined by patients will be recorded on PAS. This is important for two reasons:
  - Full and accurate record-keeping is good clinical practice.
  - The information can also be used at a later date to understand the reasons for any delays in the patient's treatment, e.g. hospital or patient initiated.

#### **17.2 Inpatient Cancellations and DNAs**

- If the patient cancels an agreed admission date, a second reasonable offer will be made, taking into account clinical priority and their relevant target date.
- Patients who cancel an agreed admission date for a second time (with the exception of cancer patients) will be offered another appointment if clinically appropriate.

- Patients who DNA a routine inpatient/day case procedure will be offered another appointment if clinically appropriate.
- Patients who DNA an urgent inpatient/day case procedure (including cancer) will be contacted to arrange a further date and will only be discharged back to the care of their GP, after clinical review, if every effort has been made to confirm their contact details and they do not respond to contact.
- The Trust will make every effort not to cancel agreed admission dates for non-clinical reasons and recognises the inconvenience and distress caused to the patient. Cancelling admissions causes additional work for staff and can often result in a waste of theatre time and staffing resources.
- Theatre lists should not be cancelled due to planned annual/study leave where sufficient notice has not been given. Clinical staff are required to give notice of annual or study leave in line with the Medical Staff - Annual Leave Policy.
- Patients cancelled prior to the day of admission should be given a reasonable offer of a date as soon as possible after cancellation and in line with their guaranteed date.
- Patients cancelled at the last minute for clinical reasons should be reviewed by a clinician and a decision made to re-instate them or remove them from the waiting list.
- Pre-operative assessment should be used to minimise last minute clinical cancellations by identifying and managing any pre-existing conditions which might lead to cancellation. If the pre-operative assessment cannot be offered at the time of listing the above rules regarding reasonable offers, cancellations and DNAs will apply.

## 18. Patient Delays

The general principle of acting in the patient's best clinical interest at all times is paramount. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and so where long delays (i.e. of many months) are requested by patients a clinical review should be carried out, and preferably the treating clinician should speak with the patient to discuss and agree the best course of action. Patients should not be discharged to their GP, or otherwise removed from the waiting list if clinically contraindicated.

### 18.1 Patient Initiated Delays

If patients contact the trust to communicate periods of unavailability for social reasons (eg holidays, exams), this period should be recorded on PAS. If the length of the period of unavailability is equal to or greater than a clinically unsafe period of delay (as indicated in

advance by consultants for each specialty), the patient's pathway will be reviewed by their consultant. Upon clinical review, the patient's consultant will indicate one of the following:

- Clinically safe for the patient to delay:
  - continue progression of pathway with an agreed date to accept an appointment or review. The RTT clock continues.
- Clinically unsafe length of delay:
  - clinician to contact the patient with a view to persuading the patient not to delay. The RTT clock continues.
  - in the patient's best clinical interests, they will be returned to their GP. The RTT clock stops on the day this is communicated to the patient and their GP

In exceptional circumstances if a patient decides to delay their treatment it may be appropriate to place the patient under active monitoring (clock stop) if the clinician believes the delay will have a consequential impact on the patient's treatment plan.

Patient choice adjustments (pause days) can only be applied to cancer pathway's where a patient is added to an inpatient/day-case surgical waiting list for treatment. It is not possible to apply adjustments when on a waiting list for a diagnostic procedure.

## **18.2 Patients requiring thinking time**

Patients who require thinking time of up to 3 weeks will remain on a referral to treatment pathway. If the patient is unable to confirm their decision within that timeframe, an appropriate clinician will review the patient to consider an alternative treatment pathway, active monitoring, or discharge.

## **18.3 Patients requiring more than one procedure.**

- Will be added to the waiting list if procedures to be performed at the same time by the same surgeon
- Where a need is identified to undertake bilateral procedures at separate times e.g. knee replacements on both legs, the RTT pathway will stop when the first procedure is undertaken and a subsequent clock will start when the patient is reviewed and deemed fit to proceed to the second procedure (decision to treat).

#### **18.4 Non-attendance of appointments (DNAs)**

Other than at first attendance, DNAs have no impact on reported waiting times. Every effort should be made to minimise DNAs in line with local policy, and it is important that a clinician reviews every DNA on an individual patient basis to advise offering another appointment or discharge.

Patients who do not answer telephone appointments or join virtual appointments at their pre-agreed appointment date and time will be considered under the same rules as face-to-face appointments above.

#### **18.5 Cancelling, declining, or delaying appointment and admission offers**

Patients can choose to postpone or amend their appointment or treatment if they wish, regardless of the resulting waiting time. Such cancellations or delays have no impact on reported RTT waiting times.

If a patient cancels or declines two appointments clinicians will be informed of patient-initiated delays. The clinician must review the patient notes to ensure that no harm is likely to result from the patient waiting longer for diagnosis or treatment or advise discharge from hospital care and informing the GP.

Patients who do not answer telephone appointments or join virtual appointments at their pre-agreed appointment date and time will be considered under the same rules as face-to-face appointments above.

### **19. Planned Procedures**

Patients who require a treatment at a certain point in time for medical reasons or a set of treatments at specified intervals will be added to the planned waiting list and should have a date for treatment (Due by Date) recorded.

Patients on planned waiting lists will be scheduled for admission at the clinically appropriate time that has been agreed between the clinician and the patient, and they should not have to wait a further period after this time has elapsed.

When patients on planned lists are clinically ready for their care to begin and reach their due date for the planned procedure, they will either be admitted for the procedure or be

transferred to an active waiting list and a new RTT clock will start. For some patients (e.g. surveillance endoscopies) a diagnostic pathway would also start.

## 20. Where application for funding is required

- Where a referral to the Trust clearly shows a need for funding approval the referral should be rejected with an explanation sent to the GP requesting that, if appropriate, application to the relevant clinical commissioning group (CCG) is made and the patient be re-referred to the Trust with the appropriate funding agreement in place. This referral should include the approval code.
- Where a patient under the care of a secondary care consultant is found to require prior approved funding the consultant responsible for the patient will complete the relevant form which will be sent to the Trusts commissioners for a panel review and instruction on whether the procedure should go ahead or not.
- If following commissioner review approval is refused the outcome should be sent from the CCG to the Trust and GP. The responsible Trust consultant will review the result and make a decision to either:
  - Consider a different treatment plan
  - Appeal the commissioner decision
  - Remove the patient from the waiting list and discharge the patient back to the care of their GP

Further information for this process is available on the Clinical Commissioning Group (CCG) website:

<http://www.fundingrequests.cscsu.nhs.uk/>

## 21. Reasonableness criteria

'Reasonableness' is a term applicable to all stages of the elective pathway. Reasonableness refers to specific criteria which should be adhered to when offering appointments and admission dates to patients to demonstrate that they have been given sufficient notice and a choice of dates.

Patients should be offered two dates for appointments (this covers all types of appointments including admission dates) with reasonable notice, which is defined as at least three weeks.

Dates can be offered with less than three weeks' notice and if the patient accepts, this can then be defined as 'reasonable'.

## 22. Patient Initiated Follow Up (PIFU)

PIFU gives patients the flexibility to arrange their follow-up appointments as and when they need them.

Instead of being offered regular follow up appointments, PIFU patients are given the control to seek input if and when required, e.g. when symptoms or circumstances change.

Any patients on a PIFU pathway must have capacity to agree to be on the PIFU pathway and be able to identify worsening or changing symptoms and be able to contact the agreed number or make an appointment with the appropriate speciality. At the end of the agreed time if the patient has not contacted the Hospital, they will be sent a letter advising them that they will be discharged if they do not need a further appointment. The patient's GP will also receive a letter advising of their discharge. If they require further appointments after this time a new referral is required.

If a patient is on a lifetime PIFU pathway for a long-term condition such as Rheumatoid arthritis (RA) they will be able to make an appointment at any time through an agreed route no new referral is needed.

All communication with the patient and their GP will be as normal i.e. after an attendance and /or diagnostic, the result will be communicated to the patient and their GP.

The patient is no longer on a referral to treatment timed (RTT) pathway once on PIFU.

If a referral is required for a different condition this is made in the usual way.