

Patient Access Policy

Effective: September 2010

Review: September 2013

Section 1: Introduction

1.1 Context

Improved access to hospital services is a major priority for the NHS as reflected in the NHS Plan, which sets out the importance of maximum waiting times for outpatient appointments and elective admission in performance targets. Improved access means more than simply reduced waiting times but encompasses a new approach to delivery of service to patients with an emphasis on flexibility and choice.

Choice also encompasses offering the patient alternative hospitals at the point of referral, ensuring that where capacity to provide shorter waits is available, this is brought to the attention of the patient. Waiting times are not the only determinant influencing a patient's choice of hospital, as the patient and referring clinician have become increasingly better informed of the potential variability of providers in terms of the quality and other aspects of service provision. These requirements place a greater emphasis on communication with the patient and require the Trust to continue to review existing arrangements and restructure to encompass increased telephone communication as well as e-referrals and booking. It should be noted that the introduction of fully booked systems is not necessarily dependant on the availability of e-referrals and e-booking.

The publication of the DOH document 'The NHS Improvement Plan: Putting People at the Heart of Public Services' takes the themes of improved access and choice further by setting the goal of a maximum wait of 18 weeks from GP referral to specialist treatment. The introduction of new information technology from 2005 onwards facilitates communication between primary and secondary care, introducing new mechanisms for patients to arrange appointments and be involved in the planning of their care.

This policy ensures there is:

- Transparency of waiting times and available options to the patient
- Commitment to ensuring no breach of maximum waiting time standards
- Proactive communication with the patient to plan attendance/admission around their needs
- Service management emphasis changing from queuing of demand to planning of capacity

1.2. Corporate Governance

Implementation of and compliance with this policy is the responsibility of Directorate Managers. Clinical Directorates will be expected to review their current practice and ensure adherence to these policies.

1.3. Structure of Policy

The policy is structured in two sections relating to Outpatient Access and Elective Admission to Hospital. Whilst there will be differences in aspects of each according to the practical requirements of the service, the requirements will share the same broad principles:

- All Appointments and TCI dates will be booked
- Clinical priorities will determine the urgency of the patient.
- Clinically non-urgent patients are managed on “next in turn” basis.
- All patients will be added to a waiting list set up on Millenium PAS.
- Accurate and timely information management is mandatory to ensure that waiting times and waiting lists are kept to a minimum. This is fundamental to ensuring that access to care is fair and equitable to all patients.

1.4. Performance Reporting

The Information Services Department will provide reports on all aspects of performance relating to Patient Access. These reports will be made available across the Trust Intranet.

1.5. Outpatient Access

The administrative arrangements for outpatient appointments have significantly altered over recent years with the most significant change being the move to partially booked appointments. The pace of change has increased with new standards introduced at the end of 2005.

- Maximum wait for outpatient appointment of three months (13 weeks)
- Every hospital appointment is to be booked
- Patients and their GPs are able to choose the hospital, clinician and pathway that best meets their needs
- Electronic referral and booking to be implemented

The impact of these changes cannot be underestimated. They offer great opportunities to examine current working practices and to develop a system that will provide an excellent service to colleagues and to patients.

With this in mind this interim outpatient waiting list section has been developed to aid the transition between current systems and those that will be required to deliver a new service.

The following broad principles govern the management of Outpatient Access:

- All patients will be given the opportunity to book the time and date of their outpatient appointment
- No patient will breach the maximum outpatient waiting time standard of 13 weeks for new referrals (for exceptions see Managing the patients' waiting time).
- All outpatient clinics will be set up on Cerner PAS.

1.6. Elective Admissions (including Day Case)

This section of the policy applies to all patients who are waiting for and will be admitted as an inpatient or day case on an elective basis. The procedures outline how the hospital will communicate with patients and plan with their involvement their admission within maximum waiting time standards.

Section 2: Outpatient Access

2.1 Background

Recent Department of Health guidance and current law has focused on the need for healthcare providers to provide streamlined, individualised, equitable healthcare without unnecessary delay.

All Trust Outpatient departments will therefore ensure inclusive and equal access to all service users, ensuring that no patient is discriminated against or disadvantaged on the basis of Ethnicity, Age, Gender, Disability, Religion, Sexual Orientation, Learning Disability or Mental illness.

2.2 Context

All Outpatient Areas, whether managed corporately or from within a Clinical Directorate should adhere to the principles within this policy.

2.3 Key Principles

2.3.1 Access Targets

All patients are entitled to receive their first definitive treatment within 18 weeks of referral if it is clinically appropriate to do so. Although not a mandatory target, in line with good practice and achievement of the 18 week target, first outpatient appointments should be offered within 11 weeks where possible.

2.3.2 Referrals

- Referrals should only be sent to the Trust if the patient is willing and able to be treated within the maximum access times target and should not be sent if the referrer knows the patient is unavailable (eg on a tour of duty, extended holiday or work / study commitments). Choose and Book is the Trust's preferred method of GP referral but manual written referrals from GPs and other referrers will be accepted and processed without delay.
- Referrals should contain information on any special needs of patients including the patient's entitlement to priority treatment in the case of veterans of the armed forces.
- Letters will be opened and stamped on the date of receipt. All referrals received will be registered on PAS and either booked or added to the outpatient waiting list within 24 hours of receipt. The waiting time target will be calculated from the date

that the referral was received or the date that the Unique Booking Reference Number (UBRN) was converted on PAS.

- Referral letters are required to include an agreed minimum data set. Those referrals that are not considered appropriate by the receiving clinician, not in line with local guidelines or do not include the complete minimum data set will be referred back to the GP clearly stating the reason for return.
- The Trust may make a decision about the appropriate lead healthcare professional for a patient based on the clinical detail provided within the referral letter. This will usually be the clinician with the relevant specialism and the shortest wait time and therefore may not necessarily be the clinician originally requested (unless a clear indication for a specific clinician is requested).

2.3.3 Cancer Referrals

- GPs are encouraged to refer patients with a suspected cancer under the 2 week wait rule in line with NICE guidelines (<http://www.nice.org.uk/nicemedia/live/10968/29814/29814.pdf>) by use of the standard criteria specific proforma.
- Rapid access facilities exist for receiving cancer referrals to dedicated fax machines. Choose and book is currently being implemented across the Trust for cancer referrals but is not yet available for all cancer groups. The system will run alongside the fax system.
- The process for recording Cancer Referrals is set out in Appendix 3
- If an appointment is not available within 14 days then this must be escalated to the relevant Directorate Manager in order to prevent the patient breaching.
- Details of all Cancer Waiting Time standards are held in Appendix 4

2.3.4 Veterans of the Armed Forces

When referring a patient who is known to be an armed forces veteran, GPs have been asked to consider if the condition may be related to the patient's military Service. If the GP decides that a condition is related to Service any referral for treatment should make this clear. It is for the hospital clinician in charge to determine whether a condition is related to Service and to allocate priority. Where hospital clinicians agree that a veteran's condition is likely to be Service-related, they have been asked to prioritise veterans over other patients with the same level of clinical need. However, veterans will not be given priority over patients with more urgent clinical needs.

2.3.5 Internal Referrals (primarily consultant to consultant)

- Consultants will only refer to consultant colleagues for patients that require further advice / consultation for the condition that they were originally referred for. These referrals will follow the same pathway as external referrals

- If the patient requires treatment for a different condition (with the exception of emergencies and suspected cancer) than originally referred, the patient should be referred back to the GP for further referral as required.
- Referrals for the same condition will be booked accordingly.

2.3.6 Referral Letters through Intermediate Services

Referrals which are required to go through other primary care based services (e.g. triage centres, physiotherapy) prior to coming to one of the Trust's clinicians, should be clearly marked as having done so on the referral letter or form. Failure to do so could result in the Trust returning the referral. Inter Provider Transfer minimum data sets need to accompany these referrals. The treatment status and, if treatment has not yet been given, the clock start date should be recorded as a minimum.

2.3.7 Inter Provider Transfers (IPT)

All tertiary referrals will be tracked in and out of the Trust using the national mandatory minimum data set (IPT's). This information should be sought on receipt of the referral including the patient's treatment status and, if treatment has not yet been given, the clock start date and pathway ID as a minimum.

2.4. Appointments

- The appointment booking system type i.e. partially booked, must be recorded each time an outpatient appointment is agreed with, or sent to a patient.
- If the appointment is re-scheduled then the actual appointment booking system type used to make the rescheduled appointment should be recorded at the time the new date is agreed or sent to the patient
- The Trust will send out a letter that will explain the details of the appointment and provides any associated patient information. Alternative communication methods should be considered for patients who require alternative formats, eg Braille, letters in languages other than English, telephone communication rather than written, etc.
- The Trust will ensure that it has the correct balance (based on recent referral experience) of urgent / routine and new / follow-up slots for all clinic templates.
- In the case of partially booked outpatients, the Trust will issue a letter within 48 hours of receipt of a validated referral asking the patient to make contact to negotiate a suitable appointment.

2.5. Collection of Patient Sensitive Information

In order to comply with the Equality Act 2010, it is necessary to collect some sensitive data on patients who attend the Trust. This process will be handled sensitively and in recognition that some patients may not wish to disclose this personal information.

Patients will be asked to complete an information form at home, prior to attendance and data will be entered and confirmed at the time of outpatient check in.

2.6 Cancellation of Appointment

The cancellation of an appointment can be by the patient or their representative, GP or Hospital and will be actioned and recorded appropriately on PAS.

2.6.1 Hospital Cancellations

- Where cancellations of new appointments are initiated by the Trust patients should be contacted and offered an alternative appointment at their convenience acknowledging the maximum access times target.
- 6 weeks notice of clinic cancellations must be given by the clinician to the clinical lead. For exceptional circumstances requiring clinic cancellations with less than 6 weeks notice, these will require authorisation by the Clinical Director and the Medical Director.
- Consideration should be given to the clinical needs of patients whose appointment date are postponed significantly. Local procedures should be in place to ensure that patients are rescheduled by clinical need.

2.6.2 Patient Cancellations

- When patients cancel their appointments and do not wish to have another appointment, a letter indicating the reason for the cancellation will be sent to the referring GP and the referral will be closed on PAS. Should the patient's GP deem that the appointment is necessary then a second re-referral from the GP will be necessary.
- When the patient cancels an appointment for the first time, and the patient has not yet received first definitive treatment, a further appointment should be offered in accordance with their access target. When a patient cannot agree a new appointment within a reasonable timeframe in accordance with the principle of the patient being willing, ready and able, the GP must re-refer the patient. The original referral must be closed accordingly.
- When a patient cancels an appointment for the second time, and the patient has not yet received first definitive treatment, the patient should be informed that we are unable to book a subsequent appointment, **(with the exception of cancer referrals)** a letter indicating the reason for the cancellation and discharge should be sent to the referring GP and the referral must be closed on PAS.
- If a GP then contacts the Trust for another appointment, this should be treated as a new referral as per date of the telephone call/letter.
- Patients who cancel their appointment who have already received first definitive treatment may be rebooked according to their clinical need.

2.7 DNA of an Appointment

- A patient is recorded as Did Not Attend (DNA) if they do not arrive at their allocated appointment slot and no prior notice is given of this intention.
- If a patient attends their appointment but subsequently leaves due to an unacceptable delay, this should be recorded as a patient cancellation, providing they inform reception staff of their intention.
- Any patient who is on an active pathway and who DNA's an appointment will be recorded as an RTT clock stop and a letter to that effect will be sent to the patient and referrer. Patients with a priority of 2WW who DNA their 1st appointment will be re-booked within the next 14 day period. Any further DNA's can be referred back to the patients GP.

2.8 Annual and Study Leave

All requests for annual and study leave by consultant and career grade doctors must be approved by the lead clinician six weeks before leave is to be taken and in accordance with the services' annual leave policy.

2.9 Clinic Template changes

- Templates should reflect the priority mix of referrals and the capacity required to deliver the access targets. They will identify the number of slots available for new and follow-up appointments, and specify the time each clinic is scheduled to start and finish.
- A minimum of 12 weeks notice is required for clinic template changes.
- Requests for template and clinic maintenance changes will only be accepted and actioned if supplied in writing with Directorate Manager sign off.

2.10 Outcome of appointment

The outcome of an outpatient attendance will be entered on to PAS in real time. This is the responsibility of the clinic receptionist. If the clinic is held in a peripheral location appointments should be outcomed within 48 hours. The data held will be subject to weekly audit and validation.

Section 3: Choose and Book

Choose and Book is an electronic booking service which has been created in line with the NHS national Choose and Book programme. It allows patients in England to choose the hospital of their choice for treatment; patients can book hospital appointments at a time/date convenient to them. It brings with it real improvements to patients' experience and real benefits to GP's, clinicians and Newcastle Upon Tyne Hospitals NHS Trust (NUTH).

Newcastle Upon Tyne Hospitals NHS Trust will maximise the creation of GP referred services into the Choose and Book system and maintain this within the Directory of Services. Every Directory of Services will be agreed and signed off by the Trust's Directorate Manager, as will any major changes to the existing Directory Of Services. The Directory of Services is established and will be maintained in accordance with national guidelines.

The Newcastle Upon Tyne Hospitals NHS Trust will be improving communications between primary and secondary care and educating professionals by initiating the ability for a referrer to ask for electronic 'Advice & Guidance'. This is used if it is uncertain as to whether a patient should be referred or unsure of how to find the most appropriate service and in turn will prevent the patient being inconvenienced by an inappropriate referral into NUTH.

The Newcastle Upon Tyne Hospitals NHS Trust Choose and Book team, led by the Head of Clinical Informatics and Business Intelligence, will ensure collaboration between functions and effective dissemination to all relevant parties (both internal and external) regarding the creation of new services, changes to existing services and the closure of a service on C&B.

3.1 Key Principles:

- Choose and Book in NUTH can deliver shorter patient pathways of (in the 99% of services available) is 77days or 14 days for 2WW and non-suspected breast cancer service; allowing for earlier diagnosis and with built-in search tools allowing the correct service/clinic to be selected first time.
- A secure and reliable method where the patient can remain in control and are involved in all decisions regarding their health care with a clear audit trail so that all of the actions that are undertaken are recorded against a named user
- Referral correspondence/clinical information is transmitted electronically and becomes impossible to be lost/mislaid
- Clinician priorities determine the urgency of the patient, ie, 2WW, Urgent or Routine
- The patient can book at any time convenient to them as the Choose and Book service is available 24hours a day, 365 days per year.

3.2 Referral Registration

Choose and Book

There are several processes within NUTH regarding the administering of referral correspondence which must be completed within good time of the patient's appointment, ie, no fewer than 5 working days prior to appointment for routine referrals.

The processes currently running within NUTH for routine, urgent and 2WW referrals which have not been Appointment Slot Issues are as follows:

- Outpatients access choose and book - print the referral correspondence - hand printed correspondence to consultant for approval – on receipt of approved referral from consultant it is 'accepted' in choose and book – the confirmation correspondence is printed from eRecord and posted to the patient
- Outpatients access choose and book - print the referral correspondence – automatically 'accept' the referral in choose and book – the confirmation correspondence is printed from eRecord and posted to the patient
- The directorate secretaries will access the relevant service in choose and book - print the referral correspondence – hand printed correspondence to consultant for approval – on receipt of approved referral from the consultant it is 'accepted in choose and book – the referral correspondence must immediately be taken to outpatients – outpatients will print out and send the confirmation correspondence to the patient
- The 2WW directorates access choose and book – print the proforma/referral – accept the referral. No confirmation correspondence is sent.
- The 2WW directorates access choose and book – print the proforma/referral – pass the referral to the consultant – on receipt of the approved referral from consultant it is 'accepted' in choose and book. No confirmation correspondence is sent.

The processes currently running within NUTH for routine, urgent and 2WW Appointment Slot Issue (ASI) referrals where the appointment cannot be rebooked using choose and book is as follows:

- The ASI administrator accesses choose and book → requests a faxed referral from the GP and records an ASI contact in choose and book → on receipt of the fax the UBRN conversion date must be noted and the referral is dealt with by the ASI Administrator/taken to outpatients → ASI administrator/outpatients register the patient using the specified UBRN conversion date (ie, not the date the fax was received in outpatients) → the appointment is resolved within 10 working days of the UBRN conversion → outpatients send confirmation correspondence to the patient → the ASI administrator cancels the request in choose and book noting the date/time/location of the appointment.

Section 4: Elective Admissions (including Day Case)

This section specifically excludes Cancer Patients.

4.1 Introduction

This policy applies to all patients who are waiting for and will be admitted as an inpatient or day case on an elective basis. The procedures outline how the hospital will communicate with patients and plan with their involvement their admission within maximum waiting time standards.

4.2 Objective

To ensure that all theatre sessions are fully utilised, maximising resources and to ensure that all patients are treated in accordance to their clinical priority, waiting time, and receive equitable access to services in line with NHS guidelines.

4.3 Key Principles

- The decision to add a patient to the waiting list must be made by a Consultant or Consultants representative.
- On the date that a patient is added to the waiting list, he or she must be clinically fit for admission and willing to proceed.
- Patients who are not fit, ready and able to come in should be discharged back to their GP for ongoing care. The GP should be advised to re-refer the patient when they are fit and ready to undergo the procedure and the patient will either be given an outpatient appointment, pre-admission assessment appointment or date for admission as appropriate.
- Patients are treated in accordance to their clinical priority. Clinically non-urgent patients are managed on a “next in turn” basis.
- No patient will breach the maximum waiting time standard.
- All patients will be involved in the planning of their admission and offered a choice of when it takes place in either a fully or partially booked process.
- Patients should be given at least 3 weeks notice of their TCI date and offered at least 2 dates. Where available patients can be offered earlier dates, e.g. when waiting times are shorter than three weeks or there are available admission/theatre dates, however patients will have the opportunity to decline without any adverse effect on their waiting times.
- All patients who have their operations cancelled for non-clinical reasons on the day of admission will be offered a binding date within 28 days, and within the maximum waiting time guarantee.

- Millennium PAS is the prime source of waiting list information and must be updated promptly with any changes.

4.4 Waiting List Structure

4.4.1 Planned Waiting Lists

Patients on a planned waiting list will normally have had previous treatment and they are to receive a further planned course of treatment. Patients placed on the planned list are not included within formal waiting list statistics because their procedures would not be done sooner if resources were not a constraint.

NHS Data Dictionary definition; “A patient admitted having been given a date or approximate date at the time that the decision to admit was made. This is usually part of a planned sequence of clinical care determined mainly on social or clinical criteria.”

Examples of procedures which should be on the planned list are:

- Check procedures such as cystoscopies, colonoscopies etc.
- Patients proceeding to the next stage of treatment i.e. undergoing chemotherapy or removal of metalwork.
- Patients waiting for more than one procedure where the procedures need, for clinical reasons to be undertaken in a certain order.
- Patients waiting for age/growth related procedures.

4.4.1.1 Bilateral Procedures

The first procedure should be added to the ‘active’ waiting list in the standard way. The second procedure should be added to the waiting list once the patient is fit and ready following the first procedure. This could be determined on discharge, outpatient review or pre admission assessment. The second procedure will commence a new pathway.

4.4.1.2. Age Related Procedures

Ideally children should be kept under outpatient review and only listed when they reach an age when they are ready for surgery. However where a child has been added to the waiting list with explicit clinical instructions that they cannot have surgery until they reach an optimum age, this patient can be classed as planned.

The planned waiting list should be monitored by the Waiting List Supervisor to ensure that patients are being brought in, in accordance with their planned dates.

No patient should be placed on the waiting list (planned or otherwise) if the patient is unsure whether he or she wants to proceed with the recommended treatment.

4.4.2 Active Waiting List

All patients on the active waiting list need to be admitted within the maximum waiting time target. There are no exceptions to this principle. All patients will be included in the formal waiting list statistics. Patients who are 'suspended' must still be admitted but the duration of their wait is adjusted to reflect that the patient is unavailable for admission.

4.5 Adding Patients to the Waiting List

The following principles must be complied with:

- Patients should be added to the waiting list only if they are clinically fit for admission and willing to proceed on the day the decision to admit is made.
- Patients who are not fit, ready or able to come in at the time the decision to admit is made must not be added to the waiting list. Examples of such patients are;
 - Patients with high blood pressure.
 - Patients needing to lose weight.
 - Patients with cardiac or respiratory problems.
 - Patients requiring any diagnostic test before a definitive decision to admit can be made.
- All patients must be added to the waiting list on Millennium PAS within 3 working days of the decision to treat.
- The decision to treat date should be the date upon which the patient agreed to treatment (this could be the clinic date or a later contact with the patient).
- Patients with a diagnosis of cancer who are to undergo surgery must be added to the appropriate Consultants 'Cancer Target' list on Millennium PAS. (For further guidance contact the Trust Cancer Information Team on 24196).
- Patients should receive a letter confirming they have been added to the waiting list within 7 days of the decision to treat.

4.5.1 Clinical Urgency

All patients added to the waiting list must be given a clinical priority. Patients should be classified as either:

- Cancer 2WW to be admitted direct to test within 2 weeks of GP referral.
- Cancer Target to be admitted within 31 or 62 days dependant on referral route
- Urgent to be admitted within individual Consultants timeframe
- Routine to be admitted on a next in turn basis within guaranteed waiting times.

In some cases, in addition to selecting a priority, the consultant may stipulate the patient should be admitted within a specific time frame, usually the more urgent or planned patients. This information should be recorded in the Scheduling comments field and the dates entered in the Requested date range fields when adding patients to the waiting list.

4.5.2 PAS Standards

Millennium PAS is the prime source of waiting list information. All waiting lists are to be maintained on PAS, this ensures consistency and standardisation of reporting.

The PAS entry must be completed as defined in the Millennium PAS Standard Operating Procedures and How to Guides for waiting list. These can be found on the link below:

["SOP & How to Guides Cerner Millennium PAS..."](#)

4.6 Managing the Patient's Waiting Time

To ensure waiting times are kept as low as possible, it is important to ensure that the waiting list is managed appropriately and transparently. Pooling of the waiting list improves access and should be considered wherever clinically appropriate. The waiting list is subject to external scrutiny hence the management of patient level data in a systematic manner is a core responsibility for all. Mismanagement of waiting list information may lead to disciplinary action being taken.

The following principles must be complied with:

- All waiting lists must be maintained and managed on Millennium PAS.
- Patients should be admitted on a next-in-turn basis, with due respect given to clinical priorities.
- Each Directorate should have a formal arrangement for monitoring the waiting list, ensuring that it is systematically validated.
- Each Directorate should have an agreed definition of the procedures to be listed as 'planned'.
- All patients on the waiting list will be categorised as on an 'active' or 'planned' list.

4.7 Scheduling Patients from the waiting list

Co-ordination of the patient's admission will ensure fair access to all patients.

The following principles must be complied with:

- All TCI dates must be agreed with the patient.
- Patients should be given at least 3 weeks notice of their TCI date and offered at least 2 dates. Where available patients can be offered earlier dates, e.g. when waiting times are shorter than three weeks or there are available admission/theatre dates, however patients will have the opportunity to decline without any adverse effect on their waiting times.
- When patients are of equal clinical priority, preference should be given to those patients who are approaching their 18 week breach date.
- Patients should be selected from the 18 week PTL available from Information Services.
- Waiting lists that are managed and compiled within the Waiting List Departments should be done in accordance with the rules of the individual list.
- Where consultants hold their own waiting lists the Waiting List Department retains the responsibility for bringing to the attention of the consultant patients approaching their 18 week breach date and patients previously cancelled requiring a new date.
- Theatre lists should be fully booked to ensure maximum use of resources.
- War pensioners and service personnel injured in conflict must receive priority treatment if their condition is directly attributable to injuries sustained in conflict.

4.7.1 Pre Admission Assessment

Pre Admission Assessment appointments are considered to be an integral part of the patient's admission. The policy of the Trust is to ensure that assessment starts at the point the decision to admit is taken, i.e. at the start of the waiting time. However, many patients will still require assessment and investigation within a month prior to admission.

Pre Admission Assessments should be managed on an outpatient basis and conform to the requirements specified in the Outpatient Policy.

4.8 Suspensions

A suspension is a period during which a patient is temporarily unavailable for surgery but is recorded on an 'active list'. During this period of time, the patients wait does not increase. In effect, the 'clock stops' for the duration of the suspension period. Suspension periods will not be taken out of cancer waiting times.

4.8.1 The Suspended Waiting List

The suspended waiting list consists of all patients who for medical or personal reasons are temporarily unable to accept a TCI date for their procedure. It is intended for patients already on the waiting list whose circumstances have changed.

The following principles must be complied with:

- No 'open' suspensions, every patient suspended should have a date for review.
- If the patient's medical condition or personal circumstances is such that the duration of the suspension cannot be specified, the patient should be taken off the waiting list until they are fit and available for surgery. In such circumstances, the patient should be returned to the GP.
- No suspension should be longer than 6 weeks.
- Proportions of suspensions should not exceed 5% of the Specialty waiting list.
- Suspensions should be documented in the patient's medical record.
- Patients should not be put on the waiting list and immediately suspended.

Patients who are not ready for their procedure at the time the decision to treat was made must not be added until ready.

4.8.2 Managing the Suspended Waiting List

Directorate Managers will be responsible for ensuring that patients on their waiting lists are appropriately suspended. All patients on the suspended list must have the reason for suspension accurately documented and have a maximum suspension of 6 weeks.

The following principles must be complied with:

- Patients who are approaching the end of their suspension period should be identified by the waiting list office.
- The waiting list office will contact these patients and liaise with the pre-admission assessment areas to enquire if their situation has changed.
- If the patient is still unavailable for admission they should be removed from the waiting list and referred back to their GP.

4.9 Cancellations

The objective of the Trust is to treat all patients added to the waiting list. However, it is inevitable that for a variety of reasons some admission dates will be cancelled.

4.9.1 Patient Cancellations

If a patient cancels an agreed date for admission, they can be offered a new date and told that a third date will not be offered. If they subsequently cancel the second date the patient will be returned to their GP and discharged.

This should not adversely impact on those patients deemed vulnerable or at risk e.g. children, cancer patients and vulnerable adults and therefore must be agreed with the consultant responsible for the patient.

4.9.2 Hospital Cancellations

Once a TCI has been agreed with the patient, the date should not be cancelled without approval by the Directorate Manager or delegated authority.

The following principles must be complied with:

- All patients who have their operations cancelled for non-clinical reasons on the day of admission will be offered a binding date within 28 days, and within the maximum waiting time guarantee.
- All theatre session cancellations (less than 6 weeks) must be authorised by the appropriate Clinical Director.

4.10 Did Not Attend (DNA)

If a patient does not attend their TCI or pre admission date for reasons unknown they should be removed from the waiting list and referred back to their GP. This will stop their 18 week clock.

This should not adversely impact on those patients deemed vulnerable or at risk e.g. children, cancer patients and vulnerable adults and therefore must be agreed with the consultant responsible for the patient.

4.11 Validation of Waiting Lists

A rolling programme of validating the waiting list should be incorporated into the booking process. It is essential to good waiting list management. Patients will be sent an initial letter inviting them to confirm that they still require admission and to advise of their availability. If they do not reply after two weeks a second letter will be sent, allowing a further 7 days to reply. A patient who does not reply to two letters will be brought to the attention of the GP and consultant. The patient will be taken off the waiting list unless the GP or consultant advises otherwise.

4.12 Removal from the Waiting List

Patients may be removed from the Waiting List without treatment for several reasons:

- Intended treatment is no longer required.

- The patient has moved out of the area and opted to transfer to an alternative hospital.
- The patient has personnel circumstances that prevent acceptance of an offer date for the foreseeable future.
- The patient has not attended an agreed TCI date and efforts to contact the patient have failed.
- The patient has cancelled a TCI date more than once.
- The patient is unfit for surgery.
- Non-response to validation.

The reason for removal must be recorded on PAS and in the patient's medical case notes.

4.13 Private Patients

Patients referred for an NHS service following a private consultation or private treatment should join the waiting list at the point of referral. They do not need an NHS appointment before being added to the waiting list. The 18 week pathway will commence at this point.

4.14 Vulnerable Patients

It is essential that patients who are vulnerable for whatever reason have their needs identified at the point of referral.

This group of patients includes:

- Patients with learning difficulties or psychiatric problems
- Patients with physical disabilities or mobility problems
- Patient who require an interpreter
- Patients who pose an increased anaesthetic risk (e.g. uncontrolled epilepsy, diabetes, congenital heart disease.)
- Elderly patients who require community care.

All the relevant information must be recorded on the Millennium PAS system to ensure that when selecting a patient for admission, their needs are identified and appropriate arrangements made.

4.15 Change of Patient Address

Patients who change address whilst they are waiting for elective admission should not be disadvantaged by the change in circumstances.

The waiting time may need to be altered if they have not advised the hospital of this and do not respond to a TCI or validation letter. In this scenario, the DNA procedure would lead to the GP being informed that the patient has not responded or attended and has been

removed from the waiting list. The patient should be returned to the waiting list. The patient should be returned to the waiting list from the date that the hospital is made aware of the patient's new address.

4.16 Transfer between Providers

Transfers to and from other providers must be managed with the consent of the patient and consultant. A Minimum Data Set (MDS) form must be included with all transfers. The patients guaranteed waiting time should be honoured by the receiving hospital.

4.17 Transfer of Consultant

On occasion, patients may be offered the opportunity to reduce their waiting time by having their procedure performed by another Consultant within the same Specialty. Where a patient declines a reasonable offer it would be acceptable to pause the clock. It should be fully explained to the patient so that they appreciate they will wait longer.

References:

[Priority Treatment for War Pensioners HSG \(97\)31](#)

[Implementation of the right to access services in the maximum waiting times. Guidance to strategic health authorities, primary care trusts and providers : Department of Health - Publications](#)

[Cancer Waiting Times - Useful Documentation and Links — NHS Connecting for Health](#)

Section 5: Management Information & Reporting

The Clinical Informatics & Business Intelligence department make available a wide range of detailed and summary information to management and operational staff in the Trust, to help manage and monitor performance against internal and external waiting times targets. Information is either emailed directly to staff or published via InfoView, a web-based reporting tool. It is the intention that InfoView will ultimately become the primary method of distributing waiting time data throughout the Trust. Staff wishing to obtain access to InfoView should contact the Information Development Team at Business.Objects@nuth.nhs.uk.

Internal Information & Reports

5.1 18 Weeks Referral To Treatment (RTT).

- PTL (Patient Targeting List). This report contains all patients on an open pathway (only those waiting 10 weeks plus for non-admitted pathways) and clock stops month to date. This is emailed to relevant staff on a weekly basis every Monday.

- IPM (Internal Performance Monitoring). This report contains summary information at specialty level on compliancy and other performance indicators. It is emailed to directorate managers on a weekly basis every Monday.
- Data Quality Report. This lists all appointments where the RTT status is not sequential to the preceding code, for a seven day period two weeks in advance, plus summaries of all sequential activity. This is emailed alongside the IPM every Monday.

5.2 Diagnostic Waiting Times.

- PTL. This report lists all patients at risk of breaching the six week target at the end of the current month / quarter. This report covers only those areas where activity is recorded on PAS. The reports are emailed to the appropriate staff on a monthly / quarterly basis.

5.3 Stage of Treatment.

- PTL. This is available on InfoView for staff to access. This shows the position as at midnight on the previous day and is refreshed daily. There is one report for inpatient and day case waiting lists, and one for outpatients. These include both summarised and patient level information and include parameters that can be set by the users. Lists of projected breaches (IP & OP) are also sent directly to appropriate staff at the beginning of the month in which they are due to breach.

External Information & Reports

5.4 18 Weeks Referral To Treatment (RTT).

Monthly returns are uploaded to the DoH via Unify2 as per the national timetables. Weekly returns are provided to NHS North of Tyne to distribute to local PCTs on the Trust's behalf.

5.5 Diagnostic Waiting Times.

Monthly and quarterly returns are uploaded to the DoH via Unify2 as per the national timetables.

5.6 Stage of Treatment.

An Elective Admission List (EAL) CDS showing the waiting list at month end is sent to the PCTs by the last day of the following month.

Section 6: Diagnostic Waiting Times

Since January 2006 the Department of Health has collected waiting list and activity information relating to 15 key diagnostic tests. The diagnostic tests identified were those likely to have long waits coupled with high volumes and can be broken down into three areas; Imaging, Physiological Measurement and Endoscopy:

Imaging

Magnetic Resonance Imaging
Computer Tomography
Non-Obstetric Ultrasound
Barium Enema
DEXA Scan

Physiological Measurement

Audiology – Pure Tone Audiometry
Cardiology – Echocardiography
Cardiology – Electrophysiology
Neurophysiology – Peripheral Neurophysiology
Respiratory Physiology – Sleep Studies
Urodynamics – Pressures and Flows

Endoscopy

Colonoscopy
Endoscopy
Flexi Sigmoidoscopy
Cystoscopy
Gastroscopy

In addition a quarterly census will be carried out to provide the Department of Health with a comprehensive overview of waiting times for other diagnostic services.

Currently the national target is a maximum wait of **six weeks** for all diagnostic tests and procedures.

There is also an 18 Week Referral to Treatment (RTT) target for Audiology Direct Access. Returns are submitted on a weekly and monthly basis.

In line with general guidance elsewhere in the Patient Access Policy, the following also applies to patients waiting for diagnostic tests and procedures:

- Adding Patients to the list
Only add patients to the waiting list who are clinically fit for the diagnostic test/procedure on the day the decision to admit is made.

- **Validate the Waiting List**
Ensure that everyone on the waiting list needs to be there. If patients have been waiting a long time their circumstances may have changed and may no longer need an appointment.
- **Remove Planned Patients**
Patients that are waiting for a planned or surveillance diagnostic test that needs to be carried out at a specific time due to clinical need are excluded from the diagnostic waiting times reporting.
- **Clinically Prioritise and Treat**
Patients with a high clinical need e.g suspected cancer patients should always be treated first. After that patients should be treated on a next in turn basis.
- **Use a Primary Targeting List (PTL)**
A PTL identifies patients who will be waiting over the target wait and need to be treated by the end of the month.
- **Reasonable Notice**
Patients are less likely to DNA if they are given sufficient notice. Good practice would be to give 3 weeks notice.
- **Reset the Clock**
If a patient DNAs or cancels an appointment the waiting time clock is reset to the date of the appointment that has been missed or cancelled. If the hospital cancels the appointment the clock does not reset.
- **Patient DNAs and Cancellations**
If a patient fails to attend (DNAs) or cancels their appointment on more than (e.g. 1) occasion, the test request should be returned to the referring consultant with a note of explanation.
- **Suspend Patients**
It is important to record periods when patients are unable to attend. If a patient makes themselves unavailable for a set period of time e.g. if they are on holiday for 2 weeks, this can be subtracted from their waiting time. This also applies to patients on the list who may become clinically unfit to have the diagnostic test carried out.
- **Managing the Waiting List**
To ensure targets are met, actively manage waiting lists for diagnostic tests and procedures and plan ahead.

See Appendix 5 for detailed guidance and definitions on recording and reporting Diagnostic Waiting Time and Activity.

Section 7 References

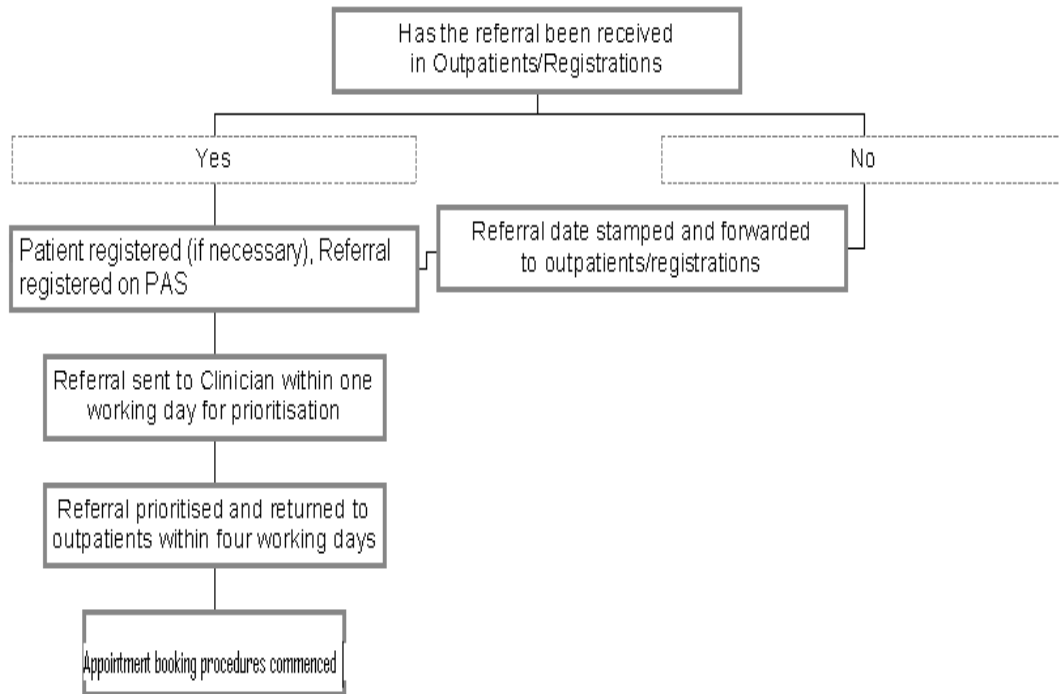
1. The NHS constitution DOH march 2010
2. The operating Framework DOH 2011/12
3. Equity and excellence: liberating the NHS DOH July 2010
4. Improving outcomes a strategy for Cancer DOH January 2011
5. Going further on Cancer Waits / Review of Cancer Waiting times standards D-DOH January 2011
6. Newcastle Upon Tyne Hospitals NHS Foundation Trust Standard operating procedures
7. Newcastle Upon Tyne Hospitals NHS Foundation Trust Local targets
8. Access to Health services for military veterans

[Priority Treatment for War Pensioners HSG \(97\)31](#)

[Implementation of the right to access services in the maximum waiting times. Guidance to strategic health authorities, primary care trusts and providers : Department of Health - Publications](#)

[Cancer Waiting Times - Useful Documentation and Links — NHS Connecting for Health](#)

Appendix 1 Referral Registration Procedure for paper-based referrals

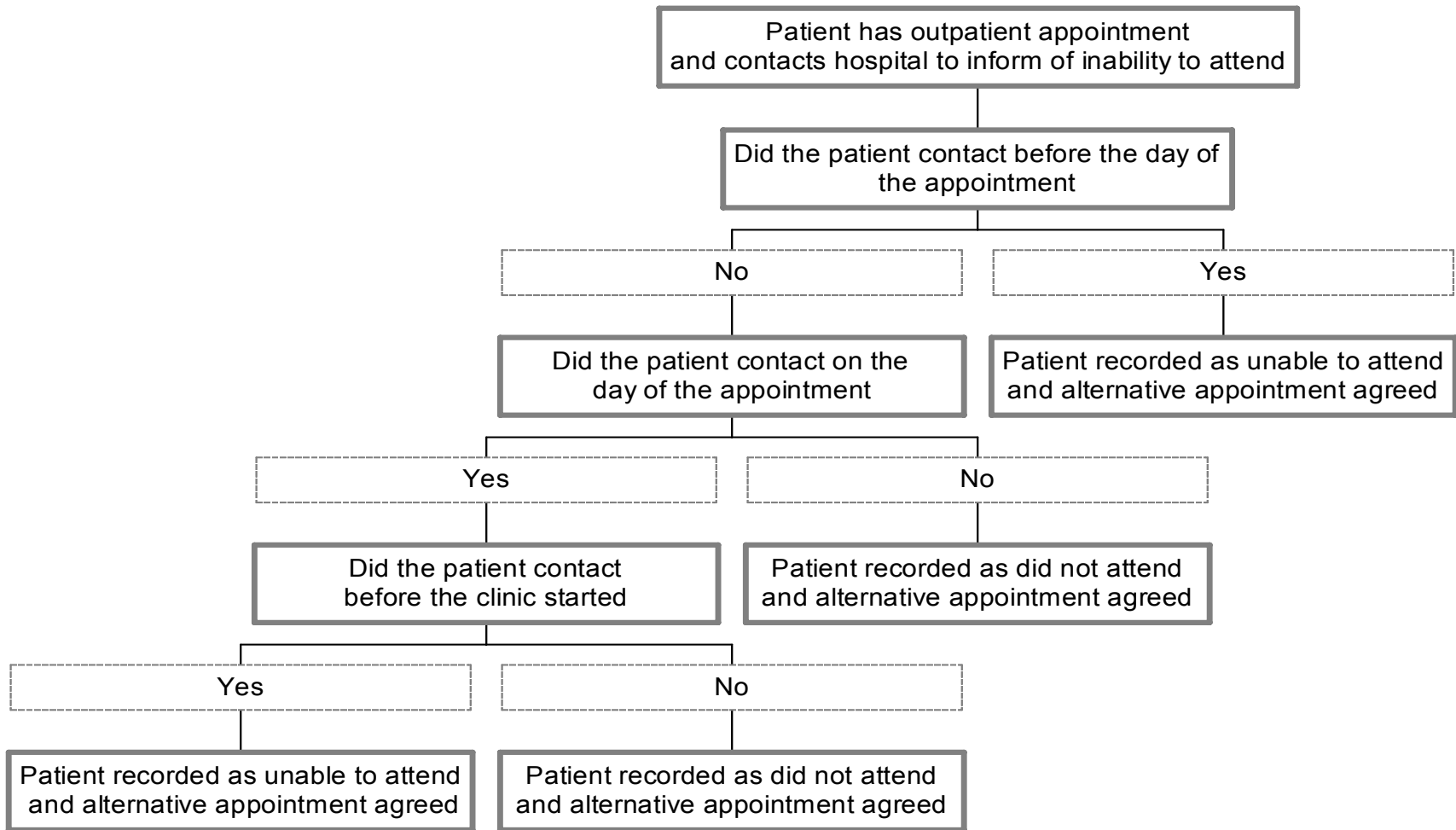


Appendix 2 REFERRAL MANAGEMENT (to be updated)

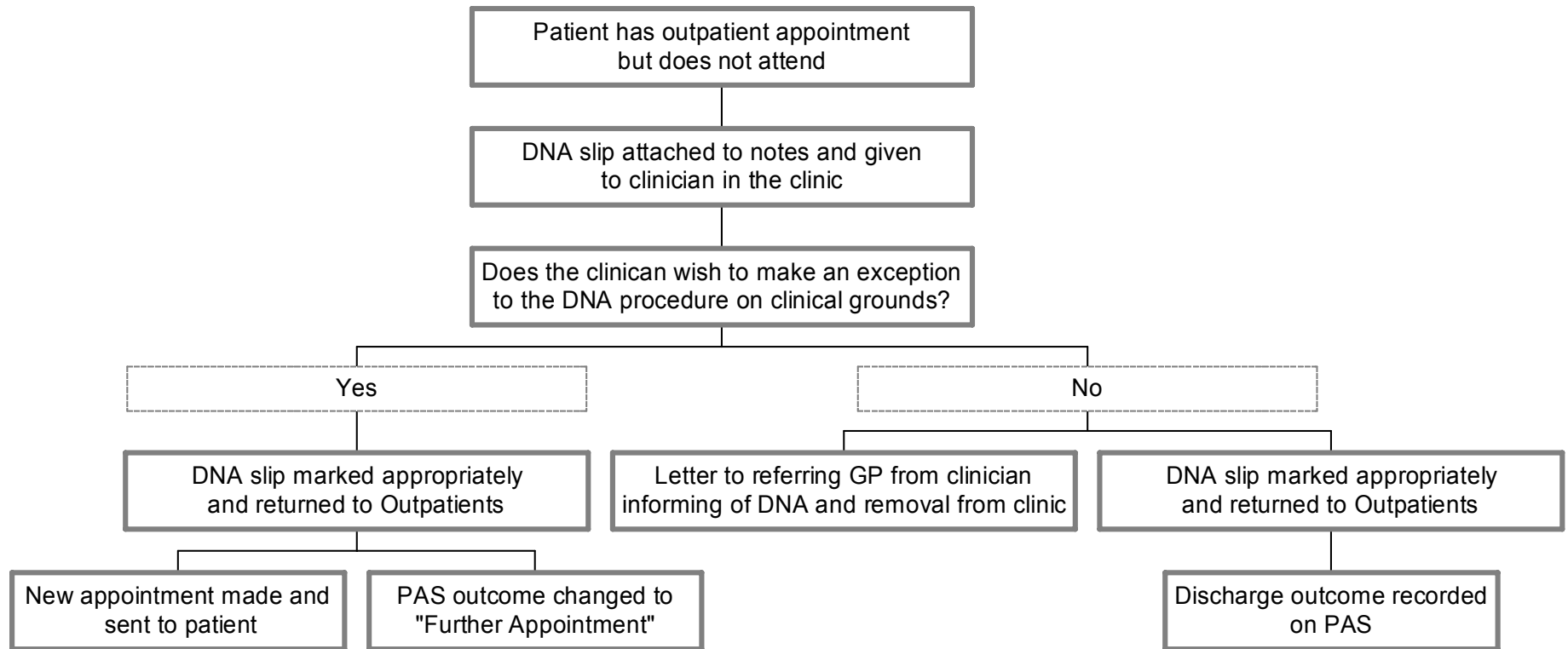
Owing to the Government's Choice Agenda, the boundary management restrictions put in place on 1st January 2004 were lifted as of 1st January 2006. Boundary management is no longer deemed to be a permitted reason for the rejection of a GP referral for a first outpatient appointment. A Limited number of referrals, such as cancer 2-week waits, are excluded from choice at this time.

The Department of Health has ruled that a lack of capacity is an issue to be resolved by the providers and commissioners within the NHS. A lack of capacity cannot be allowed to inhibit patient choice.

All tertiary referrals and cancer referrals will continue to be received and accepted/rejected on clinical grounds only.



As all appointments will be agreed with the patient, they will be given one opportunity to attend their outpatient appointment.



Appendix 3

CANCER WAITING TIMES

All cancer patients must be treated within nationally mandated operational standards.

Trust Approach

In order to track patients through the various stages of their cancer pathway, it is essential that they are identified on CERNER.

- Patients who are referred for an Out patient appointment. The out patient priority type should be recorded on CERNER as “**Cancer 2ww**”.
- Where patients are at the outset referred direct for test / investigation (e.g. Endoscopy), they must be identified on CERNER by adding to the IP / Day Case Waiting List, with a WL Priority Code of ‘**Cancer Target**’.
- Where patients are undergoing surgery as treatment for primary or recurrence of cancer, they must be identified on CERNER by adding to the relevant consultant IP / Day Case Waiting List, with a WL Priority Code of ‘**Cancer Target**’.

Help, Support and Training

Any questions about any aspect of the national cancer targets should be made to the Cancer Information Manager, Cancer Services Team, (ext 24196)

Appendix 4

Definitions of Cancer Waiting Times Standards

- Maximum 14 day wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP;
- Maximum 14 day wait for first out patient appointment for patients referred with breast symptoms, where cancer was not initially suspected.
- Maximum 31 day wait from urgent GP referral to treatment for acute leukaemia and children's and testicular cancers;
- Maximum 31 day from date of decision to treat to first treatment for all cancers.
- Maximum 62 day wait from urgent GP referral to first treatment for all cancers.
- Maximum 31 day wait for subsequent treatment where the treatment is surgery; anticancer drug regimen or radiotherapy.
- Maximum 62 day wait from a consultant's decision to upgrade a patient's priority to first treatment for all cancers;
- Maximum 62 day wait from a referral from an NHS screening service to first treatment for all cancers;
- Maximum 62 day wait from first outpatient appointment to treatment for patients referred with breast symptoms, where cancer was not initially suspected.

References

ISB: Department of Health DSCN 22/2002

ISB: Department of Health DSCN 20/2008

Appendix 5

Diagnostic Reporting

Data collection covers all tests / procedures where the primary purpose of the admission or appointment is diagnostic*, irrespective of referral route or setting.

Collection covers three areas:

- Diagnostic Waiting Times
- Diagnostic Activity
- 18 Week Referral To Treatment (RTT)

* - “Diagnostic” means a test or procedure used to identify a person’s disease or condition and which allows a medical diagnosis to be made.

1. Diagnostic Waiting Times

For each patient still waiting, report their length of wait in weeks on the last day of the month in question. Only include patients where the primary purpose of the wait is for a diagnostic test / procedure, i.e. do not include patients waiting for a therapeutic procedure on the in-patient waiting list that may require routine diagnostic tests / procedures following their admission.

To measure waiting times:

The clock starts when the request for a diagnostic test is made.

The clock stops when the patient receives the diagnostic / test procedure.
(NB If a patient fails to turn up for their appointment (DNA) or cancels / re-arranges their appointment, the clock is re-set to the date of the DNA or the cancelled appointment)

Patients waiting for more than one diagnostic test / procedure - Count each test / procedure independently.

Exclusions - Do not count:

- Tests carried out as part of a national screening programme, unless an abnormal result triggers a subsequent diagnostic procedure.
- Planned cases – i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency, e.g. 6-month check cystoscopy.
- The patient is an expectant mother booked for confinement.

- The patient is currently admitted to a hospital bed and is waiting for an emergency or unscheduled diagnostic test/procedure as part of their inpatient treatment.

2. Diagnostic Activity

Report the number of tests/procedures – the actual number carried out – during the month in question, funded by the NHS. Include all referral routes – GP, hospital-based clinician or other - and all settings in which they were carried out.

How to count activity:

Count one unit of activity for each distinct clinical test/procedure carried out. E.g. patient having angiography has one scan immediately prior to injecting contrast dye and then a further scan after the injection of the dye – this would count as one distinct clinical test/procedure.

Categories of activity:

- Waiting list tests/procedures – excluding planned. If the procedure is carried out as an inpatient or day case, only admission method codes 11 & 12 apply.
- Planned tests/procedures. If the procedure is carried out as an inpatient or day case, only admission method code 13 applies.
- Unscheduled tests / procedures. Count the number of tests/procedures carried out during the month on patients following an emergency admission, as well as any diagnostic tests/procedures on patients in A&E. Include all referral routes and all settings. Admission codes 21, 22, 23, 24, 28, 31, 32 apply.
- Tests/procedures commissioned from the Independent Sector.
- Independent sector includes both UK and also overseas providers, including all relevant tests/procedures carried out by NHS consultants who are employed by the independent sector at the time of carrying out the test/procedure.
- Include all referral routes and all settings.

3. 18 Weeks Referral To Treatment (RTT)

Data collection covers any direct-access (non consultant led service) referral into Audiology. This includes patients who have a newly diagnosed hearing loss, and those who are returning for reassessment and the provision of an upgraded aid.

A Direct-access audiology clock starts when a direct-access referral (or a patient self referral) is made to an audiology department, with the intention that the patient will be assessed.

The clock-start date is the date on which the provider receives notice of the patient's referral. This is either when the provider receives the referral letter, or, for referrals made through Choose and Book on the date on which the patient converts their UBRN.

The Clock stops when the patient's first definitive fitting begins, a decision not to treat is communicated or the patient DNA's their appointment.

Waiting Times

- Weekly - For each patient still waiting, report their length of wait in week bands on the last Sunday of the week in question, for those patients waiting over 10 Weeks only.
- Monthly - For each patient still waiting, report their length of wait in weeks on the last day of the month in question.

Clock Stops

- Weekly – For each clock stop, report their length of wait, either under 18 weeks, over 18 weeks or unknown clock start for the week ending the previous Sunday.
- Monthly - For each clock stop, report their length of wait in weeks on the last day of the month in question.