Elective Access Policy

April 2016

CG585
Target Audience
Referrers, Patients, Commissioners and RBFT Staff

Review Date
February 2018 unless national guidance dictates an earlier need for full review.

Policy Leads
- Executive Lead: Mary Sherry, Chief Operating Officer
- Responsible Manager: Jonathan Rees, Head of Access and Performance

Change History

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Stakeholder Approvals

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Further Guidance/Information

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Head of Access and Performance
Date: April 2016
Review Date: February 2018
Policy Lead: Mary Sherry, Chief Operating Officer
Version: Version 1.0
1. Introduction

Royal Berkshire NHS Foundation Trust (RBFT) strives to offer patients timely and equitable access to elective services in line with national standards. This policy sets out the way in which RBFT will approach the management of its elective outpatient, diagnostics and inpatient waiting lists as we aim to provide high quality, effective and efficient patient care. The overall purpose of this Policy is to establish a consistent approach to the management of patient waiting lists and times within the Trust and essentially forms part of how patients move throughout elective clinical pathways within the hospital. It is supported by Standard Operating Procedures (SOPs) to support all staff involved in the booking and coordinating of waiting lists and sets out the mandatory minimum requirements to be adopted by all specialties. These SOPs are underpinned by a rolling programme of training and development for staff at all levels within the organisation supported by skills and competency based sign-off to ensure that our staff are providing the highest levels of service to our patients.

Royal Berkshire NHS Foundation Trusts provides services across a number of sites;

- Royal Berkshire Hospital (Reading)
- Bracknell Healthspace (Bracknell)
- Prince Charles Eye Unit (Windsor)
- Townlands Hospital (Henley)
- West Berks Community Hospital (Newbury)
- Windsor Dialysis Unit (Windsor)
- GP surgeries throughout Berkshire

Further details are available on the Trusts website. [http://www.royalberkshire.nhs.uk/](http://www.royalberkshire.nhs.uk/)

2. 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 required systems and processes which must be followed explicitly for:

- Referring patients to 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, Trust Access Board, Operations Group 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 at RBFT and where a need is identified, undertake refresher training.

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3. **Policy Statement**

The principles of the Policy are as follows:

- We will offer patients timely, equitable and transparent access to elective care;
- We will offer patients appointments and admission dates in order of clinical priority and current length of wait in line with national standards.
- We will communicate effectively with patients and GPs at all stages in a patients pathway.
- Patients must only be referred to RBFT when they are ready, willing and available to attend appointments and start their treatment within the nationally specified timeframes.
- 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.
- We will offer patients reasonable notice of appointment and admission dates which is defined as a 14 day period for appointment and 21 days for admission, unless short notice capacity is available and agreed with the patient.
- We recognise the distress caused to patients when appointments or admissions are cancelled or rescheduled and the Trust has processes in place to ensure that this is avoided wherever possible.
- 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 first priority. This policy is not intended to override clinical judgement and all staff are expected to make decisions in the best interests of patients at all times within the context of the policy and the best use of Trust resources.
- Referrals to RBFT reflect patient choice of provider; however it will not always be possible to accommodate requests for a specific site where services are provided at multiple locations.
- Where a patient is to be discharged to the GP this must be as a result of clinician review who will instruct as to whether a subsequent date should be offered or discharge to the GP.
4. Key Definitions

- **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.

- **NHS e-Referral:** (previously known as Choose and Book) A national electronic referral service that gives patients a choice of place, date and time for their first out-patient appointments.

- **Specialty booking horizons:** 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.
  - At the Royal Berkshire Foundation Trust (RBFT), our PAS system is known as EPR (Cerner millennium – Electronic Patient Record)

- **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 a type of treatment 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. The patient’s waiting time clock is stopped. Active monitoring can only be initiated for cancer pathways once the patient is diagnosed.

- **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 daycase.

- **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.

- **Chronological Order:** A general principal that applies to patients categorised as requiring routine treatment. These patients should be seen or treated in order; longest waiting time first.
- **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.

- **Ghost Clinic**: is a function of e-Referral also known as a CAS clinic. These are virtual clinics that allow for specialist triage of referrals to make sure patients are directed to the appropriate place for their first attendance. Ghost Clinics are most commonly used in specialties where there is a possibility that a patient could be referred directly to a diagnostic test such as a referral to Gastroenterology could either go to outpatients or directly to an Endoscopy. Other times these clinics are used is where there is a need to manage a very short waiting time such as in the case of a suspected cancer referral which requires an attendance within 14 days of the referral.

- **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.

- **Guarantee date**: A Guarantee date, also known as a ‘Target’ or ‘Breach’ date is the latest possible date a patient should be treated specific to the nationally specified timeframes for routine and cancer elective treatments.

- **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. Where RBFT transfers a patient to another hospital we will complete and send the IPT/TRF information notifying the receiving hospital of the patients pathway.

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**Author:** Jonathan Rees  
**Date:** April 2016

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**Policy Lead:** Mary Sherry, Chief Operating Officer  
**Version:** Version 1.0
5. **Roles and Responsibilities**

**Committees and measurement**

The Access Board is responsible for the administration of the policy and for ensuring that processes are in place at specialty level to monitor and manage. The Access Board will review the Policy at regular intervals to ensure that it reflects local and national guidance.

Senior Management Team (SMT) is responsible for ratifying revision to the Policy.

**Individual Officers**

The Chief Executive is ultimately accountable for the delivery of the national access targets.

The Chief Operating Officer has delegated responsibility for ensuring that robust systems and processes are in place to support the achievement of the access targets and that there is accurate reporting both internally and externally.

The Head of Access and Performance has responsibility for ensuring that there are effective systems in place to enable the care groups to collect data accurately and to support the accurate monitoring and reporting of waiting lists and performance against access targets.

Care Group Directors, Clinical Leads and Directorate Managers are responsible for ensuring that waiting lists are managed appropriately within their care group. It is the responsibility of the Care Group to ensure that their patients are managed in accordance with this policy and the procedural guidelines which underpin it.

The clinical management of individual patients on the waiting lists is the responsibility of the Clinician in charge of the patients care.

6. **Patient Information**

The Access Policy is available for patients and the general public to view on the Trust website. Additionally, paper copies will be available on request from the PALS office and from Main Reception on Level 2.

Specific information relating to tests and procedures may be available and will be provided as appropriate at the time of discussion with the responsible clinician.

The Trust aims, where appropriate, to send all patient communications within 14 days following an interaction with the hospital;

Clinic letters – Where a patient attends an outpatient setting appointment a summary of the discussions and subsequent plan will be provided to the patients GP. Patients can request to be sent a copy of this information.

Test Results – Where a patient undergoes a diagnostic test the results will be reviewed by the responsible clinician or a member of their team who will discuss the result with the patient in an outpatient appointment or where appropriate, a letter summarising the test results and next steps will be sent to the patient.

Inpatient Discharge Summaries – include a summary of events relating to a patients admission to hospital and should be provided to the patient at the point of discharge from hospital.

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7. Policy and/or Procedural Requirements

7.1 Referrals

- Wherever possible, referrals should be booked using the National NHS e-Referral service.
- Each service should have an up to date Directory of Service (DoS) within NHS e-Referral which is reviewed on an annual basis in conjunction with the lead clinician for that service.
- Each service should offer access to Advice and Guidance to referrers via NHS e-Referral system and ensure that arrangements are in place to meet agreed turnaround times.
- Paper referrals will be accepted and processes are in place to ensure that appointment offers are equitable with those made via NHS e-Referral system.
- Inappropriate referrals, including those which do not meet agreed referral criteria, will be rejected and returned to the referrer with an explanation, or forwarded on to the appropriate department.
  - Referrals under the suspected cancer priority cannot be rejected unless agreement is in place between RBFT and local CCGs. If a referral is felt to be inappropriate the receiving clinician will contact the GP requesting the referral be withdrawn and/or downgraded.
- 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 should be provided by the GP to the patient at the point of referral where a direct to test pathway is a possibility.
- Referrals to and from other organisations will be managed via the Inter-Provider Transfer or TRF process to ensure that all necessary data is transferred and that the patients RTT pathway / Cancer pathway transfers with them.
- The need to vet/triage referrals will be locally determined by the specialty and will depend upon the level of urgent and/or inappropriate referrals received by the service.
- As a result of vetting/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 returning 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.
- 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.
- The Trust works 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.
7.2 Low Priority Procedures (IFRs / PLCVs)

No referral, where the complaint is clearly described as requiring a procedure/treatment that is not routinely funded, should be accepted without prior approval from the relevant CCG. If the relevant approval is not included the referral will be returned to the GP for them to request treatment funding approval via the relevant CCG panel.

The RBFT and Berkshire West CCG have categorised IFRs/PLCVs into three groups;

(Threshold) Green - Where a patient meets specific clinical criteria the Trust will ensure this is documented and proceed to surgery. This subject to annual audit to assure commissioners that criteria is being followed.

(Threshold) Amber - Where a patient meets clinical criteria but an individual funding request is required and approval granted by commissioners prior to surgical intervention taking place.

(Never-Do) Red – Procedures allocated to this category should never be undertaken except in very limited circumstances and would always require approval from commissioners.

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 an IFRs/PLCVs the consultant responsible for the patient will complete an IFRs/PLCVs 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/

http://www.fundingrequests.cscsu.nhs.uk/berkshire-west/cosmetic-and-other-surgeries-berkshire-west/
7.3 Booking of Outpatient Appointments

- Referrals received through e-Referral will be either directly booked into an appointment slot, booked into a triage ‘Ghost Clinic’ or where there are no slots available will be added to an ASI list which will be managed and maintained by the Trust to ensure adequate capacity is available.

- Patients referred by letter will be booked into the first available, appropriate appointment slot. This will be confirmed in writing with an option to make contact with the Trust to re-arrange if required.

- All patients referred for suspected cancer will be provided an appointment within 14 days of referral receipt however the Trust aims to secure all appointments within 7 days.

- Patients will be provided with a follow up appointment based on clinical need only.

- The Trust employs a partial booking system for the management of Follow Up outpatients.
  
  - If a follow up is required within a specialty booking horizon 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 horizon the appointment request will be added to the ‘To Be Scheduled List’ including information to describe 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 (inside of the specialties booking horizon) 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.

- If a patient is likely to require a diagnostic test during an appointment, every effort will be made to offer the appointment and the diagnostic test on the same day.

- Where the Trust has deemed appropriate as a result of clinical need, ‘Open Access’ is provided in appropriate specialties. This can be offered for a maximum of three months for adults and twelve months for children.
7.4 Outpatient Cancellations, DNAs and Rescheduling

- It is the patients’ responsibility to keep an agreed appointment.
- It is the hospitals responsibility to provide adequate choice and reasonable notice of these appointments.
- If a patient has booked their appointment through the eReferral system and subsequently reschedules their chosen appointment, the Trust will remove the attachment between the eReferral system and the newly chosen appointment held in the Trust EPR.
  - In this scenario a letter will be sent to the patient informing them that they are directly booked into their chosen outpatient appointment and should they wish to make any amendments they will need to contact the relevant Clinical Admin Team (CAT).
  - This process is intended to ensure patient choice is available without extending waiting times and also to allow the Trust the ability to support patients in selecting an appointment in an appropriate timeframe.
- A patient who cancels or DNA's their first outpatient will be reviewed by the clinicians and they will instruct as to whether a subsequent date should be offered or discharge to the GP.
  - For DNA’s and patient cancellations within 24 hours of a first appointment - the RTT/Cancer pathway will be nullified and re-started from the date of agreement to book a subsequent appointment. (This is not applicable to children or vulnerable adults – no adjustment to the pathway may be made. Refer to section 6.10)
- A patient who cancels or 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.
- 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.
- 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.

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7.5 Diagnostics

- The Trust will work to the national standard of six weeks maximum wait for Routine elective diagnostic tests.
- The Trust will work to provide sufficient choice and a maximum wait of 14 days for Urgent and Cancer pathway requests for elective diagnostic tests and all Urgent and Cancer requests will be contacted by telephone.

**Non-Radiology**
- Where a routine daycase diagnostic is indicated e.g. an Endoscopy procedure, the Trust will write to the patient requesting they contact the department to arrange a suitable date.
- If the Trust does not receive contact 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 that they have been remove from the diagnostic waiting list and returned to the requesting clinician for review.

**Radiology**
- Requests for radiology (including interventional radiology) are vetted/triaged by a clinician within the radiology department.
- Where a routine radiology (including interventional radiology) is indicated the Trust will write to the patient with a date for their procedure.
- Patients will automatically be offered a subsequent date if rescheduling the first and second offers. If the third offer is rescheduled they will be removed from the diagnostic waiting list and returned to the requesting clinician for review and next steps.
- If a patient cancels their procedure will be removed from the diagnostic waiting list and returned to the requesting clinician for review and next steps.
- If a patient DNA’s the first offer of a procedure they will be automatically be offered a subsequent date.
- If a patient DNA’s 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.
- Surveillance / planned diagnostics will be performed within a maximum 6 week timeframe from the procedure due date as indicated in the clinical instruction.
- 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.
- If a patient 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 missed appointment.
7.6 Inpatients and Day Cases

- Patients who are added to the elective waiting list must be ready, willing and able (also known as fit, ready and able) to come to the hospital to be treated within a reasonable timeframe.

- If the patient is unfit at the time of listing, with the exception of short term, self-limiting illnesses (e.g. cold, flu) to a maximum of two weeks, the patient should not be placed on the waiting list and should be referred back to the GP or to the appropriate secondary care specialist for management of their condition.
  - If medical unfitness for the prescribed procedure requires Trust intervention or discharge the RTT clock will be stopped. A new clock will restart either on re-referral from the GP or addition to the elective waiting list once fit enough to proceed.

- All patients for elective treatment must be placed on the appropriate waiting list on EPR within one working day of the decision to admit.

- If a patient requires CCG prior approval for an Amber or Red IFR/PLCV (See section 7.2) the patient should still be added to the EPR waiting list and a flag entered to show ‘Awaiting Funding Decision’
  - Upon receipt of approval this flag should be updated to ‘Funding Approval Letter XX/XX/XXX’

- 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 on EPR and should have a date by which treatment should commence (Due by Date) recorded on EPR.

- Any patient on the planned waiting list that has not received their intended procedure within a maximum timescale of 6 weeks from the Due by Date will become active on the RTT pathway.

  See Appendix A – Management of the Planned Waiting List

- Patients should be offered a minimum of two admission dates 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 (EPR) within 24 hours of agreeing the date with the patient and the relevant clinical systems (e.g. BlueSpier Theatres) 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 the cancellation, DNA. 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 2 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 waiting list will be removed and RTT clock stopped.
  - If following a decision not to proceed, and within 6 weeks of the removal from the waiting list, if the patient then decides to proceed to surgery they will be re-instated on the waiting and a new RTT clock started.
- If following a decision not to proceed, and **not within** 6 weeks of the removal, then advice from the responsible consultant should be sought to decide whether the patient can be re-listed, needs to be seen back in an outpatient setting to discuss treatment.

- A patient can request further outpatient consultation when on the waiting list. If a patient requests to return to outpatients the inpatient waiting list should be put on hold and an outpatient appointment arranged. The RTT clock does not stop.

- All patients, with the exception of short notice admission, 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.

- 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).
7.7 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 discussed with a clinician with the intention of referring back to the care of their GP and the RTT clock stopped unless there are exceptional circumstances (such as bereavement).

- Patients who DNA a routine inpatient/day case procedure will be discussed with a clinician with the intention of referring back to the care of the GP.

- Patients who DNA an urgent inpatient/day case procedure (including cancer) will be contacted by letter and/or telephone to arrange a further date and will only be discharged back to the care of their GP 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.

- Last minute (on or after the day of admission) non-clinical hospital cancellations 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 Private).

- 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 guarantee 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.
7.8 Patient Initiated Delays

- Patients who wish to delay their wait for a period longer than 8 weeks will be reviewed by the clinician and a decision made to continue the wait or discharge back to the care of the GP.
  - No adjustment to the RTT clock is possible for patient initiated delays.
  - Patient choice adjustments (pause days) can only be applied to cancer pathway’s where a patient is added to an inpatient/daycase surgical waiting list for treatment. It is not possible to apply adjustments when on a waiting list for a diagnostic procedure.
  - Where a patient initiated delay exists the Trust will record the reason for the delay in the EPR and/or Cancer system whether a clock adjustment can be made or not.

7.9 Clinical Delays

- If a patient becomes unfit with a minor ailment (e.g. cold, flu) after the decision to treat is made, they can remain on the waiting list for up to four weeks. 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.
- If a patient becomes unfit with a significant ailment (e.g. cardiac complaint) after the decision to treat is made, they can remain on the waiting list for up to two weeks while they are assessed by a specialist. If the clinical assessment at this point is that the patient will not be fit at the end of that period, the patient will be discharged to the GP for on-going management.

7.10 Safeguarding Children and Young People and Vulnerable Adults

- RBFT recognises its responsibility to ensure the safety and welfare of children and vulnerable adults in its direct care and in its premises.
- There is a separate Safeguarding Policy 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 when the first appointment is missed for children who are on child protection plans or looked after.
  - The process for managing children and young people who are not brought for appointment is illustrated in Appendix B.
- 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 RBFT, practices in its partnership working, and its assurance framework. Vulnerable adults will enjoy the same rights as other patients in respect of access to care and treatment.
7.11 Private Patients

- The Trust will manage private patients in line with the Department of Health guidance “A Code of Conduct for Private Practice (2004)” which states that:
  - The provision of services for private patients should not prejudice the interest of NHS patients.
  - 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 private to NHS and vice versa.
  - Where a patient wishes to change from private to NHS status, the following principles apply:
    - A patient cannot be both a private and a NHS patient for the treatment of one condition during a single visit to a NHS organisation.
    - Any patient seen privately is entitled to subsequently change his or her status and seek treatment as a NHS patient.
    - Any patient changing their status after having been provided with private services should not receive an unfair advantage over other patients.
  - Patients referred for a NHS service following a private consultation join the NHS waiting list at the same point as if the consultation or treatment were a 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 at Royal Berkshire NHS Foundation Trust must be recorded on EPR.
  - If a patient chooses to be referred to a private provider their NHS pathway will stop (RTT clock stop).
  - If a patient is referred from a private provider to RBFT for treatment a NHS pathway will start (RTT clock start) at the date RBFT receive the referral.

7.12 Overseas Patients

- The Trust will manage overseas patients in line with the Department of Health guidance ‘Implementing the Overseas Visitors Hospital Charging Regulations (2004)’ and the Trust Policy for Overseas Visitors.
- Where in the course of talking to a patient it becomes clear that the patient is an overseas visitor, staff should always alert the care group lead in order that their eligibility for free NHS care can be clarified, ideally before any non-emergency treatment is given.
7.13 War 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 when referred to RBFT due to being posted from somewhere else will have the time already accrued taken into account when agreeing treatment dates.

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

8. **Targets Overview** – *This is not intended to be exhaustive. For full guidance see hyperlinks provided in the ‘further guidance/information table’ on Page 2.*

**RTT Pathways**

- The Trust has 18 weeks from commencement of an RTT period.
  - Receipt of a referral into a consultant led service
  - Commencement of a new pathway period

- All patients undergoing consultant led elective care/treatment within the NHS are automatically added to an RTT pathway.

- No adjustments or pauses can be applied to an RTT pathway for any reason (with the exception of a first appointment DNA which will nullify the clock).

- RTT pathways are managed at a service level and at the Trusts weekly PTL meeting.

- The Trust manages RTT pathways in line with the national rules to ensure that 92% of patients or more should have a completed pathway within 18 weeks. (Incomplete Pathway Reporting).

- The 8% tolerance given to the RTT Incomplete waiting list is in place to allow for patient choice and clinical complexity.

**Clock Starts:**

- An RTT clock will be started when a referral into a consultant led service is received by RBFT from a primary care or private care medical professional.

- An RTT clock will be started when a mutual decision to commence a second/subsequent treatment is agreed between the consultant and patient.
  
  10 – New Referral / New RTT Period
  11 – Decide to Treat After Active Monitoring
  12 – Consultant Referral – New Condition

**Clock Stops:**

- RTT Clock Stops should be recorded when a patient and a consultant mutually agree a treatment has commenced.

  **Therapeutic Treatments**
  
  30 – First Treatment (surgery / drug treatment)
  32 – Active Monitoring (conservative management)

  **Non-Therapeutic Treatments**
  
  34 – Discharge to Care of GP
  35 – Patient Declined Treatment
  36 – Patient Died Before Treatment

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<tr>
<th>Author:</th>
<th>Jonathan Rees</th>
<th>Date:</th>
<th>April 2016</th>
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<tr>
<td>Head of Access and Performance</td>
<td></td>
<td>Review Date:</td>
<td>February 2018</td>
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<tr>
<td>Policy Lead:</td>
<td>Mary Sherry, Chief Operating Officer</td>
<td>Version:</td>
<td>Version 1.0</td>
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Clock Continues:

- When a patient is being seen in the hospital RTT outcomes are recorded for every attendance.

- When the patient has not been treated and no treatment has been given at on this attendance one of the following codes should be recorded.

  20 – Not Yet Treated
  21 – Transfer Care to Another Trust   An inter-provider transfer is required
  33 – DNA (First Contact)     Nullifies the clock

- When first treatment has previously been given and the patient is being followed up (and a new decision to treat is not made) the following codes should be recorded.

  90 – Treatment Given Previously
  91 – Active Monitoring Continues

Not applicable to RTT:

Some consultant led elective care is not included under RTT pathways e.g. Obstetrics services, Direct Access Diagnostic services.

All Non-Elective / Emergency care is not included under RTT pathways e.g. A&E, Trauma

  98 – Not Applicable to RTT
  92 – Diagnostic Only
Cancer Pathways

- Detailed information relating to the Cancer standards can be found within the Trusts Escalation Policy for Patients on a Cancer Pathway.

- Two Week Wait (2WW) – The Trust has 14 days from the date of receipt of a referral to see a patient when referred with a suspicion of cancer.

- Screening – The Trust has 14 days from the receipt of referral from a national screening programme to see the patient. Any patient continuing secondary care beyond the first appointment is included on the 62 day pathway.

- Symptomatic Breast Referral (SBR) - The Trust has 14 days from the date of receipt referral to see the patient.

- 62 Day Pathway – 2WW patients are automatically included on the 62 day pathway. The Trust has 62 days (with the exception of Children’s or Testicular Cancers which have 31 days) from the receipt of referral to either;
  - Diagnose and Treat
  - Confirm there is no cancer

- 31 Day Pathway – The Trust has 31 days to commence the first definitive treatment from the point that the patient and clinician agree a plan for treatment. This agreement is known as the decision to treat (DTT).
  - Any patient with a diagnosis of cancer or patients who are on the 62 day pathway will have a 31 day clock from the DTT

- Where a patient is on both the 31 day and 62 day pathways then the nearest of the two breach dates will become the latest date the patient should be treated.

- Subsequent Treatment – When a decision to undertake a subsequent treatment is made, the Trust has 31 days to treat the patient. (Where a subsequent treatment is identified the Trusts Cancer MDT Co-ordination Team should be notified)

- Consultant Upgrade – At any time a consultant can upgrade a routine referral to the 62 day pathway.

- In agreement with Berkshire West CCG, any Dermatology 2ww referral form that has not been fully completed by the referring GP will be rejected and this process is being explored in other tumour sites in conjunction with development of new suspected cancer referral proforma.
9. Useful Contacts

CAT 1 – ENT, Oral, MaxFax, Orthodontics, Plastics - 0118 322 1881
CAT 2a – Ophthalmology - 0118 322 1882
CAT 2a – Ophthalmology PCEU - 01753 636 394
CAT 3 - Breast Surgery, Colorectal, General Surgery, Urology - 0118 322 1883
CAT 4 – Gastroenterology - 0118 322 1884
CAT 5 – Orthopaedics - 0118 322 1885
CAT 6 – Gynaecology, Maternity - 0118 322 1886
CAT 7 – Paediatrics - 0118 322 1887
CAT 8 – Dermatology, Haematology, Audiology - 0118 322 1888
CAT 9 – Diabetes, Endocrinology, Renal, Rheumatology - 0118 322 1889
CAT 10 – Elderly Care, Neuro Rehab, Neurology, Stroke - 0118 322 1893
CAT 11 – Cardiology, Respiratory - 0118 322 1893

Main Switchboard - 0118 322 5111

Patient Advice and Liaison Service (PALS) - 0118 322 8338