PATIENT ACCESS POLICY

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VERSION CONTROL/REVIEW AND AMENDMENT LOG

Version No	Date	Description of change
1.0	27.01.12	Update amendments
2.0	15.06.12	Update amendments
3.0	23.08.12	Update Amendments
4.0	23.10.12	New Action cards added and text updated
5.0	17.12.12	Formatting
6.0	Dec 2012	Update the action cards
7.0	15.01.13	Final updates
8.0	17.01.13	Addition of Appendix 3
9.0	12.09.13	Total Revision
9.1	05.06.14	Update of individuals responsible
9.2	24.11.14	Amended in line with current IST guidance
9.3	16.07.15	Amended in line with CCG assessment against IST guidance 20150304 MYHT Access Policy Review. Also incorporates changes to National Standards.
9.4	24.09.15	Incorporated additions and edits by Healthwatch 03.09.2015
9.5	27.07.16	Changes as a result of Department of Health October 2015 Rules Suite https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464956/RTT_Rules_Suite_October_2015.pdf Also suggested amendments from the Intensive Support Team (Elective Care) NHS Improvement
9.6	17.09.16	Update amendments
9.7	22.11.16	Update amendments
9.8	29.11.16	Update amendments
9.9	16.03.2017	Approved Policy. Suggested some wording changes for Joint Planned Care Group to agree.
9.9	20.04.2017	Reviewed and agreed some of the wording changes.
9.9	21.6.17	For review at the Clinical Executive Group

Contents

Engagement and Consultation

Key Individuals/Groups Involved in Developing this Document

Role/Description
Head of Access, Booking and Choice
Deputy Director of Operations, Surgery and Access, Booking and Choice
Head of Planned Care
Performance and Delivery Manager, Access, Booking and Choice

Circulated to the following for consultation

Date	Role/Designation
2/3/17	Mid Yorkshire Hospitals NHS Trust Planned Care Group
16/3/17	Joint Executive Contract Board/Executive Quality Board
20/4/17	Joint Planned Care Group
21/6/17	Mid Yorkshire Hospitals NHS Trust Clinical Executive Group

Evidence Base
NHS Operating Framework NHS Constitution (March 2013) National NHS RTT Standards

Equality Impact Assessment Summary

Directorate: Division of Surgery	**Area: Access, Booking & Choice**
Policy/Project Summary: The purpose of this policy is to document The Mid Yorkshire Hospital NHS Trust (MYHT) responsibilities for managing patient access in line with the National RTT standards. The policy covers all stages of the 18 week referral to treatment (RTT) pathway from referral through to discharge back to primary care.	
What are you seeking to achieve with this work? *What has prompted this change? What are the intended outcomes of this work?*	The Trust will ensure that the management of patient access to services is transparent, fair, equitable and managed according to clinical priority. This policy applies to all administration and clinical prioritisation processes relating to patient access managed by MYHT, including outpatient, inpatient, day case and diagnostic services.
Who will be affected by it and why? *(e.g. Public, patients, service users, staff, etc.)*	This policy should be adhered to by all staff within the Trust who are responsible for referring patients, managing referrals and adding to and maintaining waiting lists for the purpose of progressing a patient through their 18 week RTT pathway.
Information	
What information is available about the current situation to assist decision making? *(e.g. data, intelligence, research or national guidelines; staff and patient experience)* The following national performance standard applies to 18 Week RTT patients: • 92% of incomplete patients will receive their first definitive treatment within 18 weeks (126 days) of their referral. The following National Performance Standards also apply: • No patient will wait longer than six weeks for a diagnostic test or image; • All patients with suspected cancer, who are referred urgently by their General Practitioner (GP), must be seen within 14 calendar days from the receipt of referral; • All patients diagnosed with any form of cancer will receive their first treatment within 31 days from the decision to treat consultation; • All patients referred through the urgent 14 day cancer referral route and subsequently diagnosed with cancer will receive their first treatment within 62 days of the date of referral received; • Patients who are not referred through the urgent 14 day pathway, but who have highly suspicious symptoms, may be added to the 62 day pathway at the request of a hospital specialist, as will any patients referred from screening services.	

Impact Analysis			
Based on the information available, an assessment of the current situation and the changes being proposed is there the possibility of a differential impact (positive or negative) on the groups listed below? *(Enter Y/N against each characteristic and a rationale with evidence)*			
	Y/N		**Y/N**
Disability	N	**Gender Reassignment & Transgender**	N
Gender/Sex	N	**Religion or Belief**	N
Race	N	**Pregnancy and Maternity**	N
Age	N	**Marriage & Civil Partnerships:**	N
Sexual Orientation	N	**Carers**	N

Rationale for Answers Above:
(Explain for each characteristic, why it is considered that there may or may not be an impact)

The Trust will ensure that the management of patient access to services is transparent, fair, equitable and managed according to clinical priority. This policy applies to all administration and clinical prioritisation processes relating to patient access managed by MYHT, including outpatient, inpatient, day case and diagnostic services.

Summary of Actions Planned as a Result of the Assessment
(Indicate timescales and lead officers for each action)
The Deputy Directors of Operations (DDOs) are responsible for ensuring their staff comply with the policy and are fully trained by receiving the appropriate annual training and to keep records of staff training.

The Patient Service Managers, Data Quality Team and specialty Administration Managers will provide advice and support to all staff in the effective implementation of this policy.

Assessed By

Keely Robson, Head of Access, Booking and Choice
June 2017

Trust Equality Statement

Mid Yorkshire Hospitals NHS Trust aims to design and provide services, implement policies and make decisions that meet the diverse needs of our patients, population and workforce, ensuring that none are placed at a disadvantage.

1. Introduction

The purpose of this policy is to document The Mid Yorkshire Hospital NHS Trust (MYHT) responsibilities for managing patient access in line with the National RTT standards. The policy covers all stages of the 18 week referral to treatment (RTT) pathway from referral through to discharge back to primary care.

This policy should be read in conjunction with the guidance from NICE on suspected cancer; recognition and referral, Safeguarding Children and Safeguarding Adults, which can all be found on the MYHT Intranet[1].

The Trust will ensure that the management of patient access to services is transparent, fair, equitable and managed according to clinical priority. This policy applies to all administration and clinical prioritisation processes relating to patient access managed by MYHT, including outpatient, inpatient, day case and diagnostic services.

This policy should be adhered to by all staff within the Trust who are responsible for referring patients, managing referrals and adding to and maintaining waiting lists for the purpose of progressing a patient through their 18 week RTT pathway.

The accountability for effective implementation and adherence to this policy is the responsibility of the Director of Operations, Hospital Services.

The Deputy Directors of Operations (DDOs) are responsible for ensuring their staff comply with the policy and are fully trained by receiving the appropriate annual training and to keep records of staff training.

The Patient Service Managers, Data Quality Team and specialty Administration Managers will provide advice and support to all staff in the effective implementation of this policy.

There are Standard Operating Procedures stating how to deliver the Patient Access Policy and Key Performance Indicators to measure and report the delivery.

1.1 National Performance Standards

The following national performance standard applies to 18 Week RTT patients:

- 92% of incomplete patients will receive their first definitive treatment within 18 weeks (126 days) of their referral.

The following National Performance Standards also apply:

- No patient will wait longer than six weeks for a diagnostic test or image;
- All patients with suspected cancer, who are referred urgently by their General Practitioner (GP), must be seen within 14 calendar days from the receipt of referral;
- All patients diagnosed with any form of cancer will receive their first treatment within 31 days from the decision to treat consultation;
- All patients referred through the urgent 14 day cancer referral route and subsequently diagnosed with cancer will receive their first treatment within 62 days of the date of

[1] All other MYHT policies and guidance referred to in this document are available upon application to our Freedom of Information Office on 01924 543609 or email foi@midyorks.nhs.uk.

referral received;
- Patients who are not referred through the urgent 14 day pathway, but who have highly suspicious symptoms, may be added to the 62 day pathway at the request of a hospital specialist, as will any patients referred from screening services.

1.2 National Health Service (NHS) Constitution

This NHS Operating Framework sets out the planning, performance and financial requirements for NHS organisations. One of the key areas is maintaining a strong grip on service and financial performance, including ensuring that the NHS Constitutional right to treatment within 18 weeks is met. The NHS Constitution was revised in March 2013 and details the legal rights of patients in regards to their care. The NHS Handbook to the Constitution (March 2013) states that patients will have the right to access services 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.

The Constitutional rights are to:

- Start Consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions;
- Be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

Exceptions to this are:

- Where the patient chooses to wait longer;
- Delaying the start of treatment is in the patient's best clinical interest;
- It is clinically appropriate for the patient's condition to be monitored in secondary care **without** clinical intervention or diagnostic procedures at the particular stage;
- The patient fails to attend appointments, which had been chosen from a reasonable set of options;
- The treatment is no longer necessary.

The following services are not covered by the Constitution:

- Non-medical Consultant-led mental health services;
- Maternity services;
- Public Health services provided or commissioned by local authorities.

1.3 Principles

The 18 week referral to treatment pathway

The referral to treatment pathway includes all the stages that lead up to treatment, including outpatient consultations, diagnostic tests and procedures.

Benefits for patients and the NHS

- Patients will receive the most appropriate treatment with far shorter waits;
- Commissioners will be accountable for the performance of Providers through their contracts;
- Providers will be managing an integrated patient pathway;
- Working collaboratively with other healthcare providers.

The 18 week referral to treatment pathway does not replace other waiting times, targets or standards where these are shorter than the median waiting times. This includes waiting times for patients with suspected cancer or waiting times for Rapid Access Clinics.

1.4 Key Elements of the 18 week RTT Pathway

The following points summarise the key elements of the standard:

- All patients should be fit, willing and able to commit to treatment and managed according to their clinical urgency within the 18 week RTT waiting times;
- A non-admitted pathway refers to patients that do not require admission to hospital to receive their first definitive treatment, i.e. that treatment is given or prescribed in outpatients;
- An admitted pathway refers to patients who require admission to hospital, as either a day case or an inpatient, to receive their first definitive treatment;
- An incomplete pathway refers to patients who have not yet received their definitive treatment, therefore, their 18 week RTT period is still open, the patient may be in the non-admitted, diagnostic or admitted part of their pathway;
- Patients will be managed and measured on a non-admitted pathway until the point at which they require admission for treatment, as either a day case or inpatient, at which point they are managed and measured within the admitted pathway;
- The 18 week RTT pathway begins on the date that a paper referral is received by the Trust, or when a Unique Booking Reference Number (UBRN) is converted from an e-Referral (formerly known as Choose and Book) request to an appointment. The clock then continues to tick until either the first definitive treatment is given, or another event occurs which stops the clock;
- An 18 week RTT pathway can also be started within another healthcare provider setting and then the patient can be transferred to the Trust, where the clock will continue to tick from the original referral start date;
- The 18 week RTT pathway can be started by a large number of referrers when they refer the patient into a Consultant led service. These include GP's and General Dental Practitioners (GDP's);
- Patients may have more than one 18 week RTT pathway if they have been referred to and, are under the care of, more than one Clinician at any point in time; however, a clinical decision will be taken whether a patient may be on more than one admitted pathway at any point in time;
- Each 18 week RTT pathway must be measured and monitored separately and will have a unique pathway identifier in the Trust patient administration system (PAS).

Every step along the 18 week RTT pathway (outpatient, diagnostic, pre-assessment, admission, discharge, decisions made) must be recorded in PAS using a set of RTT status codes. These steps are referred to as clock starts and clock stops. If every step is not captured and recorded correctly, the Trust will build up a database of patients with

incorrect open RTT periods, which will lead to difficulties in managing demand and capacity and recognising 'true' patients.

It is, therefore, imperative that Clinic Outcome Forms are completed at the end of every clinic session to enable the patient pathway to be updated according to the decision made in clinic with the patient and the Clinician.

1.5 Management of Urgent Suspected Cancer Patients (2ww)

A GP should, in accordance with NICE guidance 2015, explain to people, who are being referred with suspected cancer, that they are being referred to a cancer service. Reassure them, as appropriate, that most people referred will not have a diagnosis of cancer and discuss alternative diagnoses with them. They should discuss that the patient should be available to attend for appointments over a 62 day period. They should also give them the patient information leaflet (1773a)

Step Down at receipt of referral

Only GPs and GDPs are able to downgrade referrals from the USC 2ww referral pathway, at the point of receipt. Where a Consultant believes that a referral does not meet the criteria for USC, 2ww referral prior to first appointment, the Consultant **must** discuss the referral with the referring GP/GDP and the GP/GDP **must** agree to downgrade the referral. The Consultant must inform the outpatient schedulers they have spoken to the GP/GDP. Without this confirmation, the downgrade will not take place.

For patients who cancel appointments:

- Patients should not be referred back to their GP after a single appointment cancellation;
- Patients should not be referred back to their GP after multiple (two or more) appointment cancellations **unless this has been agreed with the patient** – by cancelling an appointment a patient has shown a willingness to engage with the NHS.

1.6 Exclusions from the RTT Pathway

The following activity is excluded from the 18 week RTT standard:

- Emergency admissions;
- Obstetric patients;
- Elective patients undergoing planned procedures (check cystoscopies etc);
- Patients receiving ongoing care for a condition whose first definitive treatment for that condition has already occurred;
- Referrals to non-Consultant led services.

2. RTT Pathway

2.1 Clock Starts

A clock start is when a referral is received into a Consultant led service for diagnosis and treatment of a patient's condition, by receipt of paper referral or conversion of UBRN. It is of the utmost importance that there is no delay in the processing of the referral once it has been received in the Trust.

The most common clock starts are detailed as follows:

2.1.1 Referral received from Primary Care

The date that the Trust receives the referral is the date the clock starts. 18 week RTT Pathways start with referrals from Primary Care to the following services:

- Medical or surgical Consultant-led services - irrespective of setting;
- Cancer services, for which a 62 day cancer target clock also starts;
- When a patient is seen in clinic and a diagnosis of cancer is confirmed and their treatment plan discussed (decision to treat). The GP must be notified within 24 hours of diagnosis;
- Diagnostic services, provided the patient will be assessed and, if appropriate, treated by a medical or surgical Consultant-led service before responsibility is transferred back to the referring health professional;
- Practitioners with special interests if they are part of a referral management arrangement as defined;
- Where a patient has been seen privately and then is referred by the GP to a NHS Trust after being offered choice.

Referrals from Primary Care to the following services will not start the clock:

- Therapy, healthcare science or mental health services that are not medical or surgical Consultant-led, including multi-disciplinary teams and community teams, irrespective of setting;
- Diagnostic services if the referral is a straight-to-test arrangement;
- Primary dental services provided by dental students in hospital settings.

2.1.2 Upgrading Referrals

A Consultant may choose to upgrade a referral from "routine" to either "urgent" or "Cancer" when this is clinically appropriate. In the case of "Cancer", the Consultant will also inform the MDT Co-ordinator to ensure appropriate tracking of their pathway. Where any upgrade has taken place, this will be advised to the referrer through the clinic letter.

2.1.3 Consultant to Consultant referrals

Consultant to Consultant referrals are acceptable if the referral is with regards to the condition that the patient was originally referred to the Trust for. If a condition can be managed in primary care then the patient should be discharged back to their GP practice. Consultant to Consultant referrals must not be made by junior medical staff without the approval of a Consultant.

If the onward referral to a Consultant-led service is for a different/separate condition, the patient must be referred back to their GP in order for the patient to be offered choice. Unless any of the following circumstances apply;

For investigation, management or treatment of cancer, or a suspected cancer;
A life threatening or urgent condition;
For patients with pre-existing complex medical problems for specialist assessment in relation to anaesthetic risk.

For Ophthalmology patients only:

- Diabetic Retinopathy Screening (DRS) patients, whose screening results show non DRS pathology to be referred direct to an ophthalmology Consultant;
- Patient is being treated for a chronic eye condition e.g. Glaucoma, ARMD and then develops other eye conditions, not related to their original referrals, to be referred to the appropriate ophthalmology Consultant for treatment.

2.1.4 End of active monitoring

If, after a period of active monitoring, the patient or the Care Professional then decides that treatment is now appropriate, a new 18 week RTT period starts. This new clock starts at 0 weeks; it does not restart at the point at which the previous clock was stopped. There is then a new 18 week RTT period in which the patient must receive their first definitive treatment.

2.1.5 Bilateral Procedures

If a decision to treat involves bilateral procedures e.g. both cataracts, both knees, as part of a single pathway of care, the patient should be listed on the waiting list for the initial procedure (first side) with a comment noting that a second 'bilateral' procedure is to take place when the patient has recovered from the first. After surgery, for the first procedure, the 18 week RTT clock stops. When the Consultant deems the patient fit from the first procedure, they should then be placed on the waiting list with a new RTT period and clock start for the second procedure.

2.2 Ongoing Clocks

A patient's clock is ongoing clock until:

- first definitive treatment has been given;
- a decision not to treat has been made;
- a patient is placed on active monitoring;
- the patient is discharged back to primary care.

2.2.1 Activity within an RTT period which does not stop the Clock

This might be a follow up appointment, request for a diagnostic test/image or adding a patient to a waiting list for admission.

2.2.2 Transfer to another healthcare provider

If a patient is referred from one provider to another as part of their RTT period, their original 18 week RTT clock should keep ticking until the first definitive treatment. The originating provider should ensure that the patient's initial RTT start date forms part of the onward referral information; this information is knows as minimum data set (MDS). An Inter Provider Transfer (IPT) form is required, an example of which is shown as Appendix 4. This is the responsibility of the originating provider. If the referral arrives without an IPT, the Trust must add a minimum of eight weeks to the referral date until the IPT form arrives. In some instances, these patients will be returning to the originating Trust with the clock continuing to tick

2.2.3 Flight Restrictions

There is no clinical evidence to substantiate flight restrictions for surgical patents. If, during consultation, a clinical decision is made that a patient must not have surgery before or after a long haul flight, any periods of time must be taken into account within the patient's 18 week RTT pathway. The RTT clock will continue to tick, therefore, when planning surgery for such patients. This must be taken into account to prevent the patient from breaching the standard.

2.3 Clock Stops for Treatment

A clock stops when the first definitive treatment starts.

First definitive treatment is defined as being an intervention intended to manage a patient's disease, condition or injury and avoid further intervention. The date that the first definitive treatment starts will stop the clock. This may be either in an interface service or a Consultant-led service.

2.4 Clock Stops for Non-treatment

There are a number of different of different ways a clock could stop for non-treatment.

2.4.1 Start of a period of active monitoring

This is where it is clinically appropriate to monitor the patient in secondary care without clinical intervention or further diagnostic procedures. Active monitoring can be initiated by either the patient or the Clinician. The start of a period of active monitoring stops the RTT waiting time clock. If a new form of treatment is required at the end of the active monitoring period, a new clock starts from zero weeks and the Trust has a further 18 weeks to treat the patient.

2.4.2 Patient does not attend (DNA's) their first activity following referral

When a patient fails to attend the first activity (appointment or diagnostic test) in their pathway, their RTT pathway is nullified.

Where the clinician feels it appropriate to offer the patient a new appointment, then a new clock would start on the date that the patient agrees the new appointment date (not the date of the rescheduled appointment itself).

Where this is not the case, the patient may be referred back to primary care, providing it can be demonstrated that:

- The appointment was clearly communicated;
- Discharging the patient is not contrary to their best clinical interest.

Particular care should be made to protect the interests of vulnerable patients eg children.

2.4.3 Patient DNA's subsequent activity on pathway

When a patient DNA's a subsequent appointment, diagnostic test or image, pre-assessment appointment or To Come In date (TCI) for elective admission; where it is appropriate to continue to retain clinical responsibility for the patient at MYHT, a further appointment should be offered and the patient's waiting time clock should continue ticking.

The patient may be discharged back to primary care, and their 18 week RTT clock will be stopped providing that you can prove that:

- The appointment was clearly communicated and reasonable notice of the appointment was given;
- Discharging the patient is not contrary to their best clinical interest.

Should the patient wish to receive treatment, then they can be re-referred by their GP – a new RTT pathway and period would start on receipt of the re-referral to the Trust.

This ruling applies to children unless there is concern raised as part of the 'Safeguarding Children Policy', further appointments may be given, however the clock continues from the date of referral, you may not start a new 18 week clock.

2.4.4 Patient cancels care activity

If a patient cancels, rearranges or postpones their appointment, this has no effect on the RTT clock, which should continue to tick. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; referral back to the GP should always be a clinical decision, based on the individual patient's best clinical interest.

Where a decision is made to return a patient to primary care, their 18 week RTT clock will be stopped. Should the patient wish to receive treatment, they then can be re-referred by their GP – a new RTT pathway would start on receipt of the re-referral to the Trust.

2.4.5 Decision not to treat / no treatment required

When the Clinician and the patient decide that treatment is not required or a decision made that no treatment is to occur; the patient's clock is stopped.

A decision not to treat/no treatment required may occur outside a face to face clinical consultation, for example, if a patient is discharged on the basis of a test result which is communicated to the patient and their GP by letter or telephone. This can occur at any stage of the patient's pathway and will also stop the clock.

2.4.6 Patient declines offered treatment

Patients may choose not to proceed with the treatment offered and, therefore, their 18 week RTT clock is stopped and the patient referred back to primary care.

2.4.7 Patient dies before treatment

When a patient dies before they receive treatment, their 18 week RTT clock will be stopped and their RTT pathway ended.

3. Approach to management of patients pathways

3.1 Management Rules

This section covers the general principles that govern progressing patients through their 18 week RTT pathways.

It is the responsibility of the Clinician and DDOs, in partnership, to provide the agreed capacity to ensure that demand is met. This should be done through weekly 'Control Tower' meetings. They should ensure that the allocation and availability of new and follow up slots are spread between two week wait, urgent and routine appointments is robust enough to meet all performance standards.

3.1.1 Entitlement to NHS Treatment

The Trust has a legal obligation to identify patients who are not eligible for free NHS treatment. The National Health Service provides healthcare for people who live in the United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality or whether they hold a British Passport or have lived and paid National Insurance contributions and taxes in this country in the past.

3.1.2 Patients transferring from private Independent Service Providers (ISP) to the NHS

Patients can choose to convert between NHS and private status at any point during their treatment without prejudice. Further guidance can be sought in the MYHT Private Patient Policy located on the MYHT Intranet.

3.1.3 Patients transferring from the NHS to Private Independent Service Provider

NHS Patients opting to have a private procedure must be removed from the NHS waiting list, their 18 week RTT clock stopped, and the pathway ended.

3.1.4 Listing patients for more than one admitted RTT pathway

Where it is clinically acceptable, patients may be on more than one admitted RTT pathway at any given time.

- All referrals into Secondary Care for routine procedures should be carefully considered if the patient is already on an admitted RTT pathway.
- When there is a clinical reason for a patient not to be on more than one admitted pathway, it will be the responsibility of the Consultant to make a clinical decision in discussion with the patient as to which RTT pathway will be priority
- The referral deemed the lowest priority may be removed from the waiting list and returned to the GP with instructions to re-refer once the patient is fit, willing and able. This re-referral will commence a new 18 week RTT pathway.

3.1.5 Patients requiring commissioner approval

Clock stops can only be made to a patient's RTT pathway when treatment occurs or a decision not to treat is made. No adjustments or clock stops can be made to a pathway whilst a panel or approval board assesses commissioner approval requests. Patients who require treatment, which must have commissioner approval prior to commencement, must not be disadvantaged by having their referral returned to primary care. Therefore, the referrer to the Trust must seek prior approval before referring the patient. The approval must accompany the referral. Refer also to Section 7 Procedures of low clinical effectiveness

In some instances it will not be apparent until the outpatient consultation or on completion of diagnostic testing, that the patient requires an excluded procedure. Commissioners should hold approval panels in line with the 18 week timeframes for any patient referred for assessment who has already commenced an RTT pathway. Please refer to the Individual Funding Request (IFR) Policy from Wakefield CCG.

3.1.6 Reasonable Notice

Prior to referral, patients should be made familiar with their obligations to the RTT pathway and that recurrent cancellations of their appointments could delay their treatment. Further guidance can be found within the NHS Constitution

The aim of MYHT will always be to offer a date appropriate for a patient‘s clinical priority and convenience.

For decisions to admit for treatment and appointments, reasonable notice is the offer of two appointments with at least three weeks notice. If the patient accepts an offer at shorter notice, this also represents a reasonable offer in respect to management of cancellations or DNA's

3.1.7 Booking

Patients have the right, as part of the NHS Constitution, to make choices about their NHS care and to have information to support these choices. The patient has the right to choose the organisation that provides their NHS care.

3.1.8 Cancellation of Appointments or TCI date

3.1.8.1 Patient Cancellations

Patients who give prior notice, however small, are classed as "Patient Cancellations". Excluding cancer and urgent patients as well as considering the Safeguarding Policy, if a patient cancels their first appointment or TCI date anywhere in an RTT pathway, another appointment or TCI date must be re-arranged at that contact, within two weeks of the original appointment or TCI date. If an appointment is not available within two weeks, this must be escalated and exception reported.

If a patient cancels, rearranges or postpones their appointment, this has no effect on the RTT clock, which should continue to tick. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; referral back to

the GP should always be a clinical decision, based on the individual patient's best clinical interest.

Where a decision is made to return a patient to primary care, their 18 week RTT clock will be stopped. Should the patient wish to receive treatment, they then can be re-referred by their GP – a new RTT pathway would start on receipt of the re-referral to the Trust.

If a patient cancels their appointment via e-Referral (formerly Choose and Book) and does not rebook following the receipt of the reminder letter, it will be assumed that the referral is not required and the UBRN will be cancelled, and the patient referred back to primary care.

Where the patient has a different condition, which may be resolved in Primary Care and is preventing treatment of the condition they were referred for (patient not fit, willing and able), in these cases the 18 week RTT clock must be stopped and the pathway ended. In the case of a different condition, MYHT will write to the GP explaining that if the patient is fit, willing and able within 12 weeks, they should contact MYHT to place the patient back on the waiting list.

If a patient cancels their appointment and does not require further appointments, the 18 week RTT clock will be stopped, the RTT pathway ended and the patient referred back to primary care.

Patients with a minor ailment, such as a cold or cough, which would be resolved in a short period of time, should be added to the waiting list. The RTT clock will continue to tick.

For 2ww referrals:

- Patients should not be referred back to their GP after a single appointment cancellation;
- Patients should not be referred back to their GP after multiple (two or more) appointment cancellations **unless this has been agreed with the patient** – by cancelling an appointment a patient has shown a willingness to engage with the NHS.

3.1.8.2 Trust Cancellations

If the Trust cancels an appointment or TCI date anywhere on an RTT pathway, the clock continues to tick.

For an Outpatient or Diagnostic appointment, the patient should be re-dated within two weeks.

For reportable theatre cancellations on the day, the patient must be re-dated within 28 days, or whichever performance standard date is first (RTT or 28 day standards). Ideally, the patient should leave hospital with their new TCI date. However, the patient must be offered a new TCI date within 5 working days of their reportable cancellation.

3.1.9 Did Not Attends (DNA's)

Excluding cancer and urgent patients as well as considering the Safeguarding Policy, if a patient DNA's a first activity following referral (the very first outpatient appointment or first diagnostic appointment) the patients clock will be nullified.

Where the clinician feels it appropriate to offer the patient a new appointment, then a new clock would start on the date that the patient agrees the new appointment date (not the date of the rescheduled appointment itself).

Where patients who attend their first appointment but then DNA any subsequent appointment in their pathway, where it is appropriate to continue to retain clinical responsibility for the patient at MYHT, a further appointment should be offered and the patient's waiting time clock should continue ticking.

In all other cases the patient may be discharged back to primary care, the patient's 18 week RTT clock will be stopped, the RTT pathway ended.

For patients referred on the cancer 2ww referral pathway who DNA two appointments, the patients 18 week RTT clock will be stopped, the RTT pathway ended and the patient returned to primary care.

In all instances if a patient is then re-referred back to the Trust, this will be a new referral which starts a new 18 week RTT pathway and clock.

In all instances the Trust must be able to prove that:

- The appointment was clearly communicated;
- Discharging the patient is not contrary to their best clinical interest.

3.1.10 Patient initiated delays

Patients may choose to delay their treatment for social reasons e.g. a holiday. Clinicians have provided booking staff with guidelines as to how long (in general) patients should be allowed to defer their treatment without further clinical review. Patients requesting a delay longer than this should have a clinical review to decide if this delay is appropriate. If the clinician is satisfied that the proposed delay is appropriate, the Trust should allow the delay, regardless of the length of wait reported. This will have no effect on the RTT clock, which will continue to tick.

Patient initiated delays will be recorded in the interests of good waiting list management.

In the diagnostic phase of the pathway, if a patient chooses to delay their treatment for a period longer than six weeks, the clinician may refer the patient back to primary care until they are fit, ready and able to begin their treatment.

3.1.11 Patient Thinking Time

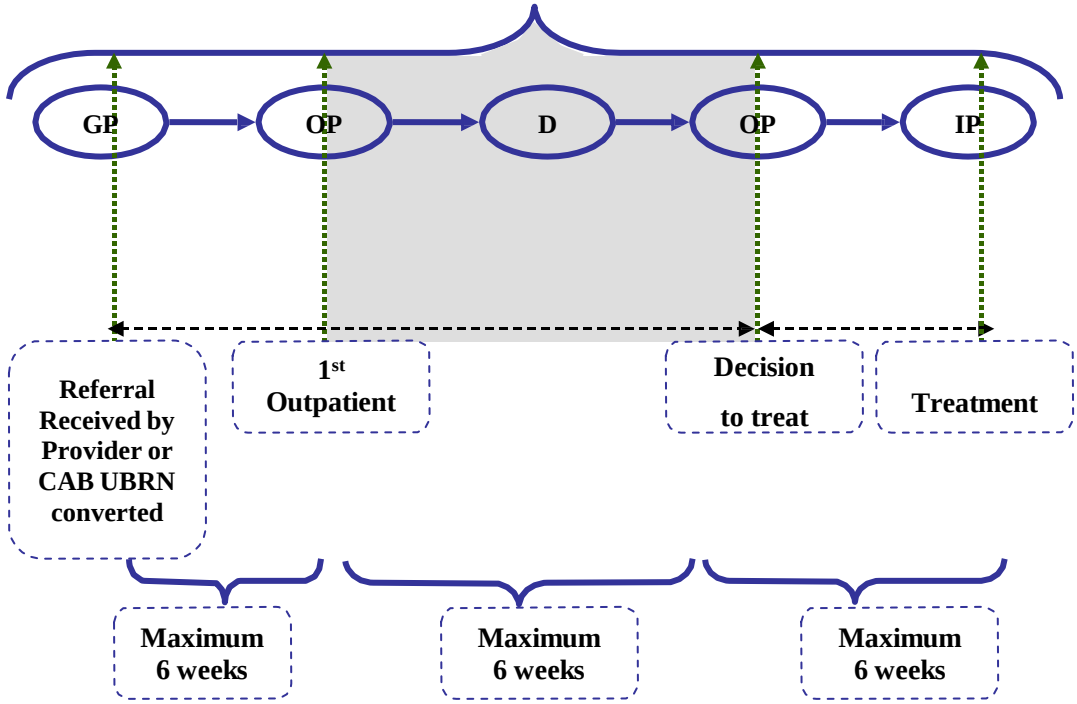
It might be appropriate, both clinically and from a patient's perspective, to stop a waiting time clock and refer back to primary care where a patient asks to think about their options for several months, to see how they cope with their symptoms over that period. If the patient asks for a brief period to consider the treatment being offered, this should have no effect on the waiting time clock.

3.1.12 Active Monitoring

This is where it is clinically appropriate to monitor the patient in secondary care without clinical intervention or further diagnostic procedures. Active monitoring can be initiated by either the patient or the clinician. The start of a period of active monitoring stops the RTT waiting time clock. If a new form of treatment is required at the end of the active monitoring period, a new clock starts from zero weeks and the Trust has a further 18 weeks to treat the patient.

3.2 Outpatients

3.2.1 General Principles



This is the '**ideal patient pathway**'; most Trusts aim for, and achieve, shorter pathways. If the patient can be seen in outpatients within six weeks from receipt of referral, and requires a diagnostic test, and then requires surgery – this denotes the ideal waits. If, however, the patient has been referred for example to Dermatology and the patients within this service are usually treated at their first outpatient appointment, then their pathway would not mirror this; Dermatology patients may wait 17 weeks for their outpatient appointments as they will be treated within 18 weeks. Each pathway must be dealt with according to the complexities and clinical decisions for the patient.

- Waiting Lists and admission schedules will be managed according to clinical priority and then in 18 week RTT chronological order.
- Patients are kept fully informed and have a single point of contact at the Trust.
- Referrals should be accepted or rejected, as appropriate, by timely triage.
- There must be a new referral for a patient with an existing condition if the request for further consultation is three months after the discharge of the original referral.
- When contacting patients to arrange an appointment, three attempts to contact the patient by telephone must be made. If the patient cannot be contacted by telephone, then a letter must be sent to the patient advising them to contact the Appointment

Booking Centre within seven days to arrange their appointment or they will be removed from the waiting list. Should the patient fail to contact the Appointment Booking Centre, their 18 week RTT clock will be stopped, the RTT pathway ended and the patient returned to primary care.

- The patient will be sent a confirmation letter regarding their booked appointment. The letter must be clear and informative and should include a point of contact and telephone number to call if they have any queries. The letter should explain clearly the consequences, should the patient cancel the appointment or fail to attend the clinic at the designated time.

3.2.2 Referrals Letters

- The aim of the Trust is to receive the majority of referrals using the NHS e-Referral Service (formerly Choose & Book).
- The referrer must ensure that the referral letter is attached within an acceptable time to enable triage to take place:
  - 2WW - Same Day;
  - Urgent - One Working Day;
  - Routine - Three working days.
- The triage of referrals received electronically should be done in a timely manner and either accepted, rejected or redirected.
- The Trust and Primary Care Organisations will continue to work together to ensure all referrals are relevant to the Directory of Services published by the Trust.
- Paper referrals must be addressed and sent to The Appointment Booking Centre, Pinderfields Hospital, Aberford Road, Wakefield WF1 4DG for specialties not using the e-Referral (formerly Choose & Book) system.
- Referrals in the majority of cases should be addressed to 'Dear Doctor' to ensure that they will be allocated to the appropriate Consultant with the shortest waiting time.
- At the point of Triage, the Consultant may upgrade a referral from "Routine" to either "Urgent" or "Cancer"

3.2.3 Referral Letters through Primary Care Services

Referrals received, from primary care providers, will be classified as GP/AHP referrals. The waiting time accrued in the service forms part of the patient's 18 week RTT pathway and is demonstrated as part of the IPT process. Failure to complete an IPT form will result in an inappropriate clock start and may prolong the patient's journey. If a referral is received without the IPT form, the Trust must add a period of eight weeks to the date of receipt until an IPT form is received. If the patient was treated in primary care, but now the patient requires a substantially different or new treatment, a new 18 week clock starts when the referral is received.

3.2.4 Referral Audit Trail

In order to establish that the Policy is appropriately carried out and reflects current standards, an audit of the processes will be undertaken on a quarterly basis. This process will be led by the Data Quality Lead and compliance will be assessed against national standards. In order to keep PAS accurate and up to date, it is the responsibility of all staff to make sure all activity is recorded accurately. PAS and the data therein must be constantly amended or updated accordingly and reviewed regularly.

3.2.5 Referral Expedite Letters

To avoid duplicate referrals, if a GP writes to the Trust requesting an appointment be expedited; the letter should be clearly marked "**Request to Expedite - this is not a referral**" and attach a copy of the original referral quoting the Unique Booking Reference Number (UBRN).

3.2.6 Referrals - Written Advice from Consultant

If a Consultant feels that written advice can be given to avoid the need for a face to face appointment, including the patient being managed more effectively on an alternative treatment pathway within primary care, advice will be given to the GP and the patients 18 week RTT clock will stop, the RTT pathway ended and the patient will be returned to primary care.

Any written documentation or e-consultation from GPs for advice only should be clearly marked in the letter that —"**this is not a referral".** This type of referral is not applicable to 18 week RTT; and therefore a clock will not start.

3.2.7 Cancellation of clinic sessions/part sessions

A minimum of six weeks notice of annual or study leave is required for clinic cancellation, authorised only by the appropriate DDO. Clinics should not coincide with other known commitments. The only acceptable reason for a clinic to be cancelled within six weeks is unplanned absence of medical staff e.g. sickness. However, it is expected that all efforts will have been made to replace the clinician before this action is taken. Clinics will not be cancelled for any other purpose, unless exceptional circumstances arise.

All clinics should be monitored closely and a complete and comprehensive analysis of clinic cancellations should be made available for performance monitoring at Trust Board and with local partners, and should include:

- those with less than six weeks notice;
- those clinics added at short notice;
- those clinics cancelled with no patients;
- number of patients previously cancelled;
- number of first and follow up appointments.

3.2.8 Annual and Study Leave

All requests for annual and study leave by Consultant and career grade doctors must gain written approval from the Clinical Lead and PSM within a minimum of six weeks before leave is to be taken.

3.2.9 Contents of the Appointment Letter

All appointment letters should follow the Trust set format and examples can be found in Appendix 2. A Patient Information Leaflet will be sent with the appointment letter for a first outpatient appointment.

3.3 Diagnostics

Many patients require diagnostics to determine the appropriate diagnosis and, therefore, subsequent treatment required to treat the patient. Diagnostic tests can be in many forms, including blood tests, endoscopy or an X-ray etc. Diagnostic tests must be performed within six weeks of request for the test, to ensure delivery of the national standard. In many instances, they will also form part of the patient's 18 week RTT pathway.

If a patient cancels or misses an appointment for a diagnostic test/procedure, then the **diagnostic waiting time** for that test/procedure is set to zero and the waiting time starts again from the date of the appointment that the patient cancelled/missed. Where this presents a significant technical challenge, and doing so does not adversely affect wait times, the same clock can continue, if there is still an intention to carry out a diagnostic test.

Similarly, if a patient turns down reasonable appointments, i.e 2 separate dates and 3 weeks notice, then the **diagnostic waiting time** for that test/procedure can be set to zero from the first date offered.

3.3.1 Straight to test diagnostics

Where a GP/AHP requests a diagnostic test to determine whether onward referral to secondary care or management in primary care is appropriate, then the patient is not on an 18 week RTT pathway and the RTT clock does not start.

The patient must have the diagnostic procedure within six weeks of referral. If the patient is subsequently referred to secondary care, then an RTT pathway will commence on the date the referral is received.

Where a GP refers a patient for a diagnostic procedure prior to an outpatient appointment with a Consultant, as part of an agreed pathway, then the patient is on an 18 week RTT pathway, and the clock starts on receipt of the referral. A patient must wait no longer than six weeks for their diagnostic procedure.

3.4 Pre-Operative Assessment

Where pre-operative assessment is required, patients should be pre-operatively assessed within one week after the decision to admit is made to ensure the patient is fit for procedure.

If, during the pre-operative assessment, an anaesthetist is requested to assess the patient, the patient will be booked into an anaesthetist led pre-operative assessment clinic within two weeks of the pre-operative assessment date.

If, at the pre-operative assessment appointment, it is found that the patient is not fit for their surgery where the patient has an unrelated condition, which may be resolved in primary care and is preventing treatment of the condition they were referred for (patient not fit, willing and able), they will be discharged back to their GP to be managed in primary care.

Communication to the GP should be within 7 working days and will clearly outline:

- The reasons why the patient is not fit for surgery;
- Specify what needs to be done, who by, and the timescales;
- Trust contact details to assist the GP with the referral back to the appropriate pre-operative assessment service, as soon as the patient becomes fit for surgery.

If the patient becomes fit for surgery within three months:

- The GP will provide the Trust with a written update on their patient‘s clinical condition prior to them being booked back into the pre-operative clinic. This will start a new 18 week RTT pathway
- Pre-assessment clinic staff will keep a record of those patients who have the option to return within 3 months.

3.5 Elective Admissions

3.5.1 General Principles – In-patient & Day Case Waiting Lists

Waiting lists will be managed according to clinical priority, then Military Veterans and then in 18 week RTT chronological order.

The responsibility for the population of waiting lists lies with the “Access Booking and Choice” and speciality teams, who should liaise with Consultants. The “Access Booking and Choice” and speciality teams must ensure that there are systems in place for lists to be managed effectively.

Waiting List booking will be managed within the “Access Booking and Choice” team.

When contacting patients to arrange for their “To Come In” date (TCI), three attempts to contact the patient by telephone must be made. If the patient cannot be contacted by telephone, then a letter must be sent to the patient advising them to contact the “Access Booking and Choice” team within seven working days to arrange for their TCI date or they will be removed from the waiting list. Should the patient fail to contact the team, their 18 week RTT clock will be stopped, the RTT pathway ended and the patient returned to primary care.

3.5.2 Contents of the TCI Letter

All appointment letters should follow the Trust set format and examples can be found in Appendix 3. A Patient Information Leaflet, specific to the procedure, will be sent with the appointment letter.

3.5.3 Cancellation of Elective Surgery

- The Trust should work towards not cancelling any admissions, however, in exceptional circumstances this may occur.
- The DDO/Patient Service Manager must authorise a cancellation where the patient has been cancelled previously by the hospital.
- In the event that the Trust has to cancel a patient‘s elective procedure on the day of admission or day of surgery for a non-clinical reason, the patient must be offered another TCI date within 28 days of the cancelled operation date. The Trust is monitored on the number of breaches of this national standard.

Prior to any cancellations and to help make the decisions with regards to which patients to cancel, the Trust should avail themselves of the following information:

- Is the patient a cancer patient?
- Is the patient clinically urgent?
- Where the patient is in relation to their 18 week RTT pathway?

4. Patients not on a RTT pathway

4.1 Activity which is not part of an RTT pathway

Once a patient has received their first definitive treatment, which stops their 18 week RTT clock, they may continue to receive ongoing care for the condition that they were referred to the Trust for. Once the 18 week RTT clock has stopped, and the pathway ended, any treatment received that was discussed with the patient and is in the original plan of care, is not part of an 18 week pathway. This ongoing treatment is classed as 'not applicable to 18 weeks'.

However, when a patient has previously received their first definitive treatment, and a substantially different or new treatment is required for the patient, then this will start a new 18 week RTT period. For example, a patient has tried physiotherapy to treat their condition, but now requires surgery.

4.1.2 Planned Procedures

The definition of a 'planned procedure' is:

Where clinically a patient needs to wait for a period of time.

This includes planned diagnostic tests which are not subject to the six week rule, treatments, or a series of procedures carried out as part of a treatment plan – which are required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. Patients on planned lists should be booked in for an appointment at the clinically appropriate time and they should not have to wait a further period after this time has elapsed. For example, a patient due to have a retest in six months time should be booked in around six months later and they should not get to six months, then have to wait again for non-clinical reasons. This is not an acceptable use of a planned list.

Where patients are waiting for a planned diagnostic test or procedure, the diagnostic waiting time guidance would apply in relation to cancellations and DNA's. **See section 3.3 Diagnostics**

If a patient reaches the date that the planned procedure was due and is still waiting, an 18 week RTT clock should start from the date that the procedure was due.

There should be no patients on a planned waiting list for social reasons – RTT rules should be applied to these patients.

4.2 Patients who DNA or cancel

The same rules apply to patients who are not on an 18 week RTT pathway as those that are, and they are recorded on PAS using Status codes that reflect this.

5. Prisoners

All elements of the Access policy are relevant to the population of Her Majesty Prison Wakefield (HMP) and HMP & Young offenders Institute New Hall. However, all hospital appointments will need to be managed within the prison regime and the Trust Patient Access Standard Operating Procedures.

6. Access to Health Services for Military Veterans

A Veteran is someone who has served in the armed forces for at least one day. When servicemen and women leave the armed forces, their healthcare is the responsibility of the NHS. All veterans are entitled to priority access to NHS hospital care for any condition as long as it is related to their service, regardless of whether or not they receive a war pension. 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 priority.

7. Vulnerable Patients

It is essential that all staff within their roles ensure that patients, who are vulnerable for whatever reason, are identified as early as possible in the referral pathway. Patients are provided with whatever additional help and support is required. Patients are provided with communications in the appropriate format to access services. The referrer should make clear what needs have been identified, and this should be recorded on Trust systems, reviewing and updating on subsequent visits. When safeguarding issues are identified, Trust procedures should be followed in the normal way.

8. Procedures of Low Clinical Effectiveness

Commissioners must provide the Trust with a list of procedures of low clinical effectiveness. Any referrals to the Trust for such procedures must be accompanied by proof of prior approval before the referral is accepted within the Trust.

9. Delivery of Policy & Support

9.1 Responsibilities and Accountabilities

The accountability for effective implementation and adherence to this policy is the responsibility of the Director of Operations, Hospital Services.

The DDOs are responsible for ensuring their staff comply with the policy and are fully trained by receiving the appropriate annual training and to keep records of staff training.

The Patient Service Managers, RTT Data Quality Team and specialty Administration Managers will provide advice and support to all staff in the effective implementation of this policy.

9.2 Training

18 week RTT training will be available for all staff in the local health community, to ensure accurate and timely data collection, to enable the Trust to meet the RTT standards. Staff groups should include all those who have dealings with patients throughout their pathway e.g. Receptionists, Booking Staff, Medical Secretaries, Junior Doctors, Clinicians and Managers.

To ensure high quality waiting list administration and continual maintenance of data quality, all staff involved in waiting list management will be trained to a standard level, tailored to the individual's responsibilities. Each year, all relevant staff will undergo compulsory refresher training or when systems are altered or operational practice changes.

9.3 Adherence to Policy

The Trust will routinely monitor the appropriate application of this policy for 18 week RTT pathways. This will be achieved by:

- RTT Spot Check Programme;
- Validation of RTT pathways for monthly performance reporting purposes;
- Ad hoc spot checks on themes or specialties;
- Weekly validation of monitoring lists to deliver >99% of diagnostics to target reportable through the DM01.

Where issues arise with compliance of the policy, the issue will be highlighted by the relevant Team with the appropriate Patient Service Manager. Failure to reach agreement, at this stage, will be referred to the Director of Operations, Hospital Services.

9.4 Additional Information

Useful resources, news, guides, crib sheets and pathway information for RTT pathways are contained on the MYHT Intranet.

9.5 Information for Internal Hospital Management

Detailed information on 18 week RTT performance and the waiting lists are published on a daily and monthly basis. Internally, this information includes:

- Incomplete performance by specialty;
- Incomplete waiting list size and volume over 18 weeks;
- Full Patient tracking lists (PTLs) for the non-admitted, admitted and diagnostic waiting lists;
- Data quality reports;
- Completed patient information.

This information is reviewed on a weekly basis at specialty level through the Specialty access and performance meetings, and at the Trust Access and Performance meeting.

Monthly reports are provided to the Trust Board.

10. Appendices

Appendix 1	Glossary
Appendix 2	Appointment Letter
Appendix 3	To Come In (TCI) Letter (Face and Reverse)
Appendix 4	Inter Provider Administrative Data Transfer Minimum Data Set (MDS)
Appendix 5	Checklist for the Review and Approval of Procedural Documents
Appendix 6	Equality Impact Assessment

Appendix 1 Glossary

For the purposes of this policy, the following terms have the meanings given below:

A

Active monitoring - This is where it is clinically appropriate to monitor the patient in secondary care without clinical intervention or further diagnostic procedures.
Admission - The act of admitting a patient for a day case or inpatient procedure.
Admitted pathway - An admitted pathway refers to patients who require admission to hospital as either a day case or an inpatient, to receive their first definitive treatment

B

Bilateral (procedure) - A procedure that is performed on both sides of the body, at matching anatomical sites. For example, removal of cataracts from both eyes.

C

Clinical decision - A decision taken by a clinician or other qualified care professional, in consultation with the patient, and with reference to local access policies and commissioning arrangements.
Consultant - A person contracted by a healthcare provider who has been appointed by a Consultant appointment committee. He or she must be a member of a Royal College or Faculty. Consultant-led waiting times exclude non-medical scientists of equivalent standing (to a Consultant) within diagnostic departments.
Consultant-led - A Consultant retains overall clinical responsibility for the service, team or treatment. The Consultant will not necessarily be physically present for each patient's appointment, but he/she would take overall clinical responsibility for patient care.
Convert (UBRN) - When an appointment has been booked via e-Referral (formerly Choose and Book) the UBRN is converted. (Please see definition of UBRN).

D

DNA – Did Not Attend DNA – In the context of Consultant-led waiting times, this is defined as where a patient fails to attend an appointment/admission without prior notice.
Decision to admit - Where a clinical decision is taken to admit the patient for either day case or inpatient treatment.
Decision to treat - Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.

E

e-Referral - the national electronic referral service that gives patients a choice of place, date and time for their first Consultant outpatient appointment in a hospital or clinic.

F

First definitive treatment - First definitive treatment is the first clinical intervention intended to manage a person's disease, condition or injury and avoid further clinical interventions. What constitutes first definitive treatment is a matter of clinical judgement in consultation with others, where appropriate, including the patient. This can occur in either an Outpatient or Inpatient
Fit, willing and able – To allow patients to receive the most appropriate form of treatment, they must be available, within reasonable notice, and be willing to receive the treatment as

agreed with the treating clinician. Patients must also be clinically fit to commence treatment with any illness lasting no more than 2 weeks.

N

Non-admitted pathway - A non-admitted pathway refers to patients that do not require admission to hospital to receive their first definitive treatment, i.e. that treatment is given or prescribed in outpatients.

P

Patient Initiated Delays – Provided it is clinically appropriate, patients may choose to delay their treatment for social reasons e.g. a holiday. The delay will be recorded for the purposes of waiting list management, but will not have an effect on the RTT clock
Primary Care - the first contact and principal point of continuing care for patients within a health care system (General Practitioner [GP]/General Dental Practitioner [GDP])

R

Reasonable offer - A reasonable offer is an offer for an appointment or admission time and date of three or more weeks from the time that the offer is made. Best practice is to offer two dates.
Referral to treatment (RTT) - The part of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other clock stop. The referral to treatment pathway includes all the stages that lead up to treatment, including outpatient consultations, diagnostic tests and procedures.

S

Straight to test - Where a GP/AHP requests a diagnostic test to determine whether onward referral to secondary care or management in primary care is appropriate. The patient must have the diagnostic procedure within six weeks of referral. If the patient is subsequently referred to secondary care, then an RTT pathway will commence on the date the referral is received.
Secondary Care - health care provided by hospital clinicians for a patient whose primary care was provided by the general practitioner or other health professional who first diagnosed or treated the patient. Secondary care cannot be accessed directly by patients
Substantially new or different treatment - when a patient has previously received their first definitive treatment and a substantially different or new treatment is required for the patient, then this will start a new 18 week RTT period. For example a patient has tried physiotherapy to treat their condition, but now requires surgery.

U

UBRN (Unique Booking Reference Number) The reference number that a patient receives on their appointment request letter when generated by the referrer through e-Referral (formerly Choose and Book). The UBRN is used in conjunction with the patient password to make or change an appointment.

Appendix 2 Appointment Letter

NHS
The Mid Yorkshire Hospitals
NHS Trust

PONTEFRACT HOSPITAL
Friarwood Lane
Pontefract
West Yorkshire
WF8 1PL

Unit No:
Date: 21/8/2017
NHS Number:

Please scan this barcode at our check-in kiosks

Dear

Your Outpatient appointment details in Respiratory Physiology are:

Date : **Monday 2nd October 2017**
Time : **10:40am**
Clinic Title : **SLEEP NURSE CL PGI 341-B3**
Location : **MAIN RECEPTION PONTEFRACT**
Hospital : **PONTEFRACT HOSPITAL**

On arrival in the New Hospital please Self Check in at the Kiosks in the Main Entrance. Could you also bring a list of any medication you are currently taking.

How to contact us:

Your appointment is very valuable, if you cannot attend or have any queries then please telephone the:

Appointment Centre on: 0844 8110010 or 01924 541169
Opening hours: Monday to Friday 9.00am to 5.00pm

Please note our busiest times are always Monday morning between 9am and 12pm

If you do not attend and have not informed us that you won't be able to attend then your care may be transferred back to your GP.

Yours Sincerely

Outpatient Services

Chairman – **Jules Preston MBE** Chief Executive – **Martin Barkley**

Striving for excellence *An Associated Teaching Trust*

Appendix 3 To Come In Letter

General Surgery Booking Team
Jackie Hampshire: 01924 541108
Caroline Wales: 01924 542990
Ann May: 01924 543104
Sally Oxley 01924 542977

Opening Times:
Monday – Friday 07.30 – 17.00

The Mid Yorkshire Hospitals NHS
NHS Trust

Centralised Waiting List Office
NRU Treatment and Appointment Booking Centre
Pinderfields Hospital
Aberford Road
Wakefield
WF1 4DG

Unit No :
Date :
NHS Number:

Dear

Arrangements have been made for you to attend for your procedure under general anaesthetic at **Dewsbury District Hospital:**

Ward : **Boothroyd Day Centre**
Date : **Friday the 28th August 2015**
Time : **7:30am**

On arrival at the hospital please proceed straight to the Day Surgery Unit and register at the reception desk.

You should have nothing to eat from **2.30am**, no food, mints, sweets, chewing gum, milk or fresh orange after this time. You may drink clear fluids until **5.30am**, but nothing at all after this time. It is important you follow these instructions as not doing so may lead to your procedure being cancelled or serious risk to your safety.

Please bring with you your dressing gown, slippers and glasses for reading. You must bring any prescribed tablets you are taking and take medication as advised at your pre-assessment appointment. Please remove any makeup/nail varnish/jewellery before leaving home. Do not bring any valuables with you.

When you have fully recovered you will be free to leave the hospital. It is recommended you arrange for someone to collect you after the treatment. Please note you may be expected to be in the hospital for the whole morning and some of the afternoon.

I hope your stay in hospital is as pleasant as possible. If you are unable to attend or are unwell please contact the Centralised Waiting List Office as soon as possible.

You may have some pain or discomfort following your procedure. Can you ensure you have a supply of simple painkillers such as Paracetamol or Ibuprofen at home. These will not be given routinely on discharge Other medication you may need will be prescribed and given.

Yours Sincerely

Centralised Waiting List Office

An Associated Teaching Trust

striving for **excellence**

PLEASE READ CAREFULLY

Important Information About Your Admission to Hospital

It is important that for your safety and to minimise post-operative complications we ensure you are in optimum physical condition before surgery. If you develop **any** of the following conditions between Pre-Operative Assessment and your planned day of admission, you **must** ring Centralised Waiting List Office for advice, the telephone number is on the enclosed letter.

- Cold
- Chest infection/pneumonia
- Cough – if coughing up phlegm
- Chest pain
- A fracture/break with a cast on
- Uncontrollable blood pressure
- Any flare up of a pre-existing medical condition
- Admission to hospital (for a any reason)
- Prescribed new medications or changes to existing medications

It may be that no change to your arrangements is necessary - but it is better to rearrange your date of admission in advance, than to have it cancelled on the day. Please ring as soon as you think there may be a problem (preferably before the planned day of admission) as there may be a way to resolve the situation.

Appendix 4 Inter-Provider Administrative Data Transfer Minimum Data Set

Referring organisation to complete and send with 48 hours of decision to refer.

For Referring Organisation:			
Referring organisation name:	M	Referring organisation code:	M
Referring clinician:	M	Referring clinician registration code:	M
Referring treatment function code:	M	Contact name:	M
Contact phone:	M	Contact e-mail:	O
Patient Details:			
Patient's family name:	M	Patient's forename:	M
Title:	M	Date of Birth:	M
NHS Number:	M	Local Patient Identifier:	M
Correspondence address: Post code:		Contact details: Patient is lead contact Lead contact if not the patient: Contact Home Tel No: Contact Work Tel No: Contact Mobile: Contact e-mail:	O
GP Details:			
GP name:	M	GP Practice code:	M
Referral To Treatment Information:			
Patient Pathway Identifier: (Generated with original referral – eg UB RN)	M	Allocated by (organisation code): (Organisation that received the original refer ral that started the clock)	M
Is the patient on an active 18 weeks RTT pathway:			M
Is this referral the: Start of a new pathway – (New condition or change of treatment) Continuation of an active pathway – (1st definitive treatment not given) Continuing treatment for a stopped pathway – (1st definitive treatment given)			M
Is this referral for: Diagnostic tests only Opinion only Transfer of clinical care			M
Date of decision to refer to receiving organisation:	M	Clock start: (Date the patient started on the existing pathway or the date of referral if it starts a new pathway)	M
List all organisations involved in the 18 week pathway:			M
Receiving Organisation Details:			
Receiving organisation name:	M	Receiving organisation code:	M
Receiving clinician:	O	Receiving treatment function code:	M
Date IPTAMDS sent:			M
For Receiving Organisation:			
Date Received:			

M = Mandatory , O = Optional

Appendix 5 Checklist for the Review and Approval of Procedural Documents

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard? (See Appendix A)	Y	
2.	**Rationale**		
	Are reasons for development of the document stated?	Y	
3.	**Development Process**		
	Is the method described in brief?	Y	
	Are individuals involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with relevant stakeholders and users?	Y	
4.	**Content**		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Y	
	Are key references cited?	Y	
	Are the references cited in full?	Y	
	Are local/organisational supporting documents referenced?	Y	
6.	**Approval**		
	Does the document identify the approving Director?	Y	
	If appropriate, have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	

	Title of document being reviewed:	Yes/No/ Unsure	Comments
8.	**Document Control**		
	Does the document identify where it will be held?	Y	
	Have archiving arrangements for superseded documents been addressed?	Y	
	Is there a plan to review or audit compliance with the document?	Y	
9.	**Review Date**		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so, is it acceptable?	Y	
10.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation and review of the documentation?	Y	

Sponsoring Director			
If you are happy to approve this document, please sign and date it and submit to CEG for approval			
Name		Date	
Signature			
Submission to Clinical Executive Group			
Date of meeting			
Decision			
Submission to Executive Contract Board			
Name		Date	
Signature			
Submission to Executive Quality Board			
Date of meeting			
Decision			