

ACCESS POLICY

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VERSION CONTROL SCHEDULE

Access policy

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EQUALITY IMPACT

BMSG strives to ensure equality of opportunity for all both as an employer and as a provider of health care. This policy has therefore been equality impact assessed to ensure fairness and consistency for all those covered by it regardless of their individual differences, and the results are shown in Appendix B.

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Introduction

1.1. Aim of the policy.

This policy aims to provide information on the waiting-times standards that apply to all patients referred for elective treatment. It outlines the way in which Beacon Medical Services Group (BMSG) will manage waiting lists and the responsibilities of staff in relation to this. The policy also includes how BMSG will respond in those instances in which patients choose to cancel or defer appointments.

1.2 About this document

This policy is based on the Department of Health's measurement and reporting guidance and will be reviewed in light of further guidance and will be supported by robust operating standards and processes relating to the booking and scheduling of patients. It will be applied consistently across the organisation.

It is essential that all staff involved in the management of patients waiting for elective investigations or treatment have a clear understanding of their roles and responsibilities in this process.

Every process in the management of patients waiting for treatment, must be clear and transparent to the patients and to commissioning bodies and must be open to inspection, monitoring and audit.

1.3 Key principles

This Policy covers the way in which BMSG will manage patients who are waiting for treatment on an elective pathway (non-cancer related). This policy is aligned to the NHS Constitution 2010. It relates to all patients requiring access to Elective appointments, treatment and Diagnostic tests.

The following principles will be adhered to-

- All waiting lists must be held on the Organisation's Administration System (EMIS/RIS)
- Patients will be treated according to their clinical priority and then in chronological order within national and locally agreed waiting times
- BMSG will seek to make best use of its resources for the benefit of all patients by seeking to reduce the number of patients who Do Not Attend (DNA). Patients will be encouraged to be responsible for keeping their appointments.

- Standard letters of invitation, removals from the list, etc., should be generated from the local PAS systems. This provides a uniform approach and an audit trail.
- Any potential breaches of waiting times standards must be notified to the relevant Operational managers
- BMSG will work to ensure fair and equal access to services for all patients.
- All staff involved in the implementation of this policy, both clinical and clerical, will undertake training and regular annual updating to ensure adherence to this policy

1.4 Roles and Responsibilities

BMSG Staff

All staff are responsible for ensuring that the principles of this policy are followed. The Management Team are responsible for ensuring that this policy is applied in all cases and that the appropriate infrastructure is in place to enable delivery. Effective maintenance of waiting lists and clarity of reporting is dependent upon clear lines of responsibility being established for every aspect of waiting-list management.

The management team will ensure compliance from referrers for the following-

- Prior to referral onto an elective pathway, GPs should ensure that patients are ready and available to receive treatment
- GPs and other referrers will ensure that patients are referred using appropriate clinical guidelines and that all relevant clinical information is communicated within the referral
- GPs should ensure that when referring patients with 'safeguarding concerns' that this is clearly communicated in writing as part of the referral process.
- GPs and other referrers will give clear information to the patient about the need to attend appointments and they will be reminded of the consequences if they fail to attend appointments.

Patients

Patients must be ready, willing and available to attend an initial appointment within 6 weeks of referral and inform the Trust and their GP of any change to their name, GP, address or contact number(s). Patients should keep their appointment, make every effort to arrive on time and inform BMSG, with as much notice as possible, if they cannot keep their appointment. This will enable the Organisation to re-utilise the clinic slot for another patient. Where a parent/guardian/carer is supporting the patient, they should undertake to ensure that the patient fulfils their responsibilities.

Patients who no longer wish to have treatment, for whatever reason, must advise both their GP/referrer and BMSG.

Patients must notify BMSG in advance if they are unable to attend their appointment.

If they do so, they will be recorded as a patient cancellation. If a patient fails to cancel (and does not attend) their first appointment, BMSG will record this as a DNA and this may result in a discharge back to the referrer. Where a patient cancels their first appointment, after the appointment time has passed, they will be recorded as a DNA, but the patient will be given a second appointment and it will be documented on the relevant PAS that the patient has previously DNA.

In the instance of children, WNB (was not brought) as opposed to DNA applies. Details of both DNA and WNB can be found in the DNA, WNB & Cancellation Policy which should be read in conjunction with this policy and applied in all instances of non attendance.

Consultants and Clinical Teams

In order to offer choice to patients and reduce the number of clinic cancellations, clinicians are required to provide at least 6 weeks' notice before the commencement of leave.

Clinical staff

Clinical staff are responsible for ensuring that documentation is correct and any onward referrals, follow ups and additional actions are communicated to the Administrative team through the appropriate use of documentation. (i.e End of Day clinic sheets/onward referral forms)

Administrative teams

The Administrative teams are responsible for ensuring that all referrals (paper and electronic) are registered accurately on PAS with all necessary data items completed and that appointment dates and times agreed with patients for all referrals (paper and electronic) are within the set timescales. Capacity issues will be escalated in a timely manner to prevent the risk of patient's breaching waiting times. Patients waiting for a follow-up appointment will be allocated an appointment in line with their specified follow-up appointment time.

All appointments will be booked onto the relevant clinic 'list' on PAS (EMIS/RIS)

The Administrative teams will ensure that the correct Clinic Outcome sheet (end of Day form) is attached to the clinic notes as part of the clinic-preparation process. Following completion of the form in clinic, the Team will record the correct information on PAS and ensure any further actions are completed.

Following a clinic, the Administrative teams will ensure that all clinic data is recorded on the relevant datasheet and the patients electronic records in a timely manner.

Management Team

The management team are responsible for managing the waiting lists for all specialities and ensuring that capacity and demand is met with adequate sessions available for the administrative team and the Integrated Care Gateway to book patients

onto.

Service Co-ordinator/Data Collection staff

The Service Co-ordinator/Data Collection staff will support the administrative processes required and are responsible for the day to day management of bookings and escalation of any issues to the management team with the responsibility of ensuring compliance with this policy.

All BMSG Staff

All staff (both administrative and clinical) will be required to have an understanding of this policy and work within its guidelines. It is the responsibility of the management team to identify the areas for which staff may require training as relevant to their role.

2. Referral to Treatment Standards

The section provides an overview of the Referral-to-Treatment (18-week) standards. It also provides an overview of other standards related to elective care; the various types of waiting lists and the management of these are outlined.

2.1 Waiting Times & Referral to Treatment Standards

From March 2008 the concept of waiting times for the different stages of treatment (outpatient, diagnostic, and inpatient) was replaced by that of the 18-week, Referral-to-Treatment (RTT) pathway. RTT is concerned with the patient's journey from referral to first definitive treatment, rather than measuring the time spent waiting at different stages of the pathway.

Measurement of the RTT pathway is based on clock starts and clock stops. Generally speaking, the RTT clock starts when a patient is referred into a medical or surgical consultant-led service (regardless of setting) in which it is expected that the patient will be assessed and, if appropriate, treated. The clock stops when: a clinical decision is made that treatment is not required; when a patient declines treatment; when first definitive treatment begins; or if the patient commences active monitoring.

NHS providers are required to report:

- Patients whose RTT clock is still running (incomplete pathways)
- Patients waiting greater than 52 weeks for treatment.

Diagnostic waiting times and activity are reported via the DM01. Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment. Diagnostic activity data can be used to assess recent and future demand for diagnostic tests and to inform plans to deal with future demand growth. The data collection covers tests/procedures where the primary purpose of the admission or appointment is diagnostic, irrespective of referral route or setting.

NHS providers are required to report:

- Diagnostic waiting times (patients still waiting)
- Diagnostic activity (tests/procedures)

2.2 Required Levels of Performance for National Indicators & Contractual obligations

In addition to RTT standards, all services must adhere to the designated Key Performance Indicators shown in Appendix A, whereby waiting times are reported on a monthly basis.

Diagnostic waiting times 'Diagnostic' means a test or procedure used to identify a person's disease or condition and which allows a medical diagnosis to be made.

The diagnostic clock starts when the request for a diagnostic test or procedure is made. For E-referrals (Choose and Book), this is the time that the UBRN is converted (i.e. when the patient has accepted an appointment). Patients waiting for two separate diagnostic tests/procedures should have two independent waiting time clocks – one for each test/procedure.

Cancelled Procedures

In those instances where a patient has their procedure cancelled for a non-clinical reason on the day of clinic, there is a requirement to treat the patient within 28 days with a local target set at 14 days.

2.3 Management of Waiting Lists

In order to comply with national requirements, and to accurately track all patients who are waiting for investigations or treatment, BMSG has a number of waiting lists. It is important that patients who are waiting for treatment are recorded on the correct service list. All patients awaiting appointments will be recorded on the list for the particular service and this will include first appointment, follow-up and surveillance appointments as appropriate and relevant to the service.

Under the PAS (EMIS) for ENT, Endoscopy and Minor surgery, all appointments are directly bookable by the Intergrated Care Gateway (ICG) and all patients waiting are identifiable under the 'referrals' section within EMIS. All appropriate referrals are accepted following triage and the appointment slots are filled accordingly.

2.4 Patient Choice

Some patients may wish to defer their appointment time to a later date. All deferrals must be managed in accordance with the DNA, WNB & Cancellation Policy and all

information recorded on the PAS.

Some patients may state that they prefer to be seen / treated by a doctor of a particular gender. BMSG will comply with the patient's wish if this is practicable. GPs are asked to ensure that this request is included in the referral letter. If the service does not employ a doctor of the required gender within the requested specialty, BMSG will liaise with the referrer to discuss the appropriate next steps, this may include returning the referral letter to the GP.

2.5 War Veterans

Veterans with service-related health conditions should be given priority treatment unless there is an emergency case or another case demands clinical priority.

GPs are aware that when referring a patient that they know to be a veteran to BMSG for a condition that in their clinical opinion may be related to their military service, to make this clear in the referral (as long as the patient wishes the referral to mention they are a veteran).

During the triage process if BMSG clinicians agree that a veteran's condition is likely to be service related, they will relay this to the administrative staff who in turn will prioritise the referral over other patients with the same level of clinical need.

However, veterans will not be given priority over other patients with more urgent clinical needs. Also priority should apply to new referrals and should not apply to anyone who is already undergoing treatment as to prioritise them at this stage could affect other people who have already received dates for appointments.

Further information can be found in the Priority treatment of ex service personnel (military veterans) policy.

3 Referral to Treatment Rules Overview

The RTT standard applies to patients on elective pathways that involve (or may involve) medical or surgical consultant-led care. It sets a maximum time of 18 weeks from the point of initial referral, up to the start of any treatment necessary for all patients who want it, and for whom it is clinically appropriate. A regularly updated FAQs is available at www.england.nhs.uk

The decision as to whether an RTT clock commences is dependent upon who makes the referral and into what type of service the referral is made. Referrals from primary care to BMSG services start RTT clocks as the services fall under the following categories-

- 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 (i.e. 'straight-to-test'/direct access- scopes etc.)

- Referrals to a consultant-led service, undertaken by Nurse Specialists/ consultant and Allied Health Professionals

4.1 Referral to Treatment Clock Starts and Stops

The clock start is recorded as the date when the referral is received at the provider. In the case of an E-Referral (Choose & Book) the clock start is recorded as the date that the patient converts their Unique Booking Reference Number (UBRN).

The clock stops on the following –

- The date that the patient receives the first definitive treatment intended to manage his or her condition.
- Upon a Clinical decision that treatment is not required
- Upon Patient choice to decline treatment - having been offered it

4.2 First Definitive Treatment

First definitive treatment can be:

- Outpatient treatment (or medical or surgical consultant-led treatment irrespective of setting);
- First-line treatment – less intensive treatments or medical management attempted with the intention of avoiding more invasive procedures or treatment
- Diagnostic tests turned into therapeutic procedures during the investigation.

5.1 Legitimate Exceptions and Delays

In order to prevent Patient-initiated delays, prior to referral GPs should ensure that patients are ready and available to receive treatment within this timeframe.

5.2 Discharging (returning) patients to the referring services following patient delays

Where it is appropriate to return a patient back to their referring service due to any of the reasons laid out within section 5 of this policy the following criteria must be met:

- There must be clear evidence that appropriate reasonable offers of appointments/ admission dates have been communicated to the patient
- Discharging the patient must not be contrary to their best clinical interest
- The rules laid out in this policy must have been followed

- The needs of vulnerable patients are protected and measures are in place to ensure that potential safeguarding risks are managed appropriately and in line with the BMSG's Safeguarding Policies.

5.3 Reasonable Offers of Appointment

The current definition of a 'reasonable offer' is that it gives the patient a minimum of 2-weeks' notice for outpatient appointments and diagnostic procedures, with the exception of Ultrasound appointments whereby an initial offer is made within 5 days.

All appointments must be offered within the timescales set out within the relevant contractual requirements.

Whenever possible a reasonable offer should be the result of a discussion with a patient, rather than a fixed appointment offered by post. When appointments are booked through the E-referral/CAB system the patient will have selected the appointment date and time that is convenient to them. All appointments booked outside the E-referral system should, whenever possible, be made in negotiation with the patient. The process of negotiating an appointment date will often occur as part of a telephone conversation with the patient. All appointment offers should be recorded on the PAS system in order to demonstrate that reasonable offers were made and to provide an audit trail. All letters regarding appointments should also be generated through PAS.

5.4 Patients who choose to delay treatment, cancel or do not attend

Some patients will turn down reasonable appointments because they prefer, for example, to go on extended holiday or because of work commitments. Those patients who advise that they are available to attend within two weeks of referral may be offered an appointment within this timeframe.

In the event of a patient declining a reasonable offer (i.e. a date and time of appointment with at least 2-weeks' notice for an outpatient or diagnostic test), the patient should be offered an alternative date. This second date does not have to be 2 weeks from the original date offered, but should not be within a period during which the patient has indicated they are unavailable.

If the patient declines a second offer of a date then they should be advised that this may result in their referral being returned to their GP and a re-referral will be necessary when the patient is available to attend.

The management of patients who choose to delay treatments should be in accordance with both this and the DNA, WNB & Cancellation Policy

5.5 Patient Not Contactable

Where a patient does not respond to communication regarding their appointment, the patient will be discharged and returned to the GP and the clock will stop. This will only

result if all efforts to contact the patient by letter/email/telephone have been exhausted.

BMSG will write to the referrer to confirm that this has happened and to indicate that the patient would need to be referred again if treatment is still needed.

5.6 Provider Initiated Cancelled Appointments / Diagnostic Tests

In the event that BMSG cancels a patient's appointment, it is BMSG's responsibility to re-book the patient and treat within the maximum referral treatment times.

5.7 Patients Who Are Medically Unfit

A patient will be considered to be medically unfit in the short-term when suffering from a condition or co-morbidity, which prevents the delivery of treatment, but which is likely to be resolved in less than three weeks. A patient will be considered to be medically unfit in the long-term when suffering from a condition or co-morbidity, which prevents the delivery of treatment, but which is unlikely to be resolved in less than three weeks.

6 General Points

The 'original date-on-list' recorded on PAS will reflect the date the decision to admit was made. This is usually the date of the clinic.

Removals, admissions, cancellations and did not attends (DNAs) will be recorded on PAS on the day of the event.

Whomever the patient notifies of their cancellation, it is that person's responsibility to ensure that the appropriate administrative team is notified to action this on PAS. All communication with the patient must be recorded in PAS. It must be made clear to patients who to contact in case of cancellation or changes in circumstances.

7 POLICY DEVELOPMENT & CONSULTATION

This Policy will be reviewed on an annual basis to take account of any changes in national guidance/ new directives. Necessary changes throughout the year will be issued as amendments to the Policy. Such amendments will clearly reference the section to which they refer and indicate the date on which they were issued.

8 IMPLEMENTATION

The policy will be implemented with immediate effect and will be widely and positively promoted within the organisation to ensure adherence to all RTT requirements.

9 MONITORING

Where monitoring has identified deficiencies, recommendations and action plans will be developed and changes implemented accordingly.

All staff using PAS systems must have training for any system they will be using and be competent before they receive access and/or a Smart card.

REVIEW

This Policy will be reviewed on an annual basis to take account of any changes in national guidance/ new directives. Necessary changes throughout the year will be issued as amendments to the Policy. Such amendments will clearly reference the section to which they refer and indicate the date on which they were issued.

REFERENCES

<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>

Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care: Frequently asked questions .Version number: 1.2. Updated: August 2017

Appendix A Key Performance indicators

Ref	Operational Standards	Threshold	Method of Measurement	Timing of application of consequence
	RTT waiting times for non-urgent consultant-led treatment			
<i>E.B.3</i>	<i>Percentage of Service Users on incomplete RTT pathways (yet to start treatment) waiting no more than 18 weeks from Referral*</i>	<i>Operating standard of 92% at specialty level (as reported on Unify)</i>	<i>Review of Service Quality Performance Reports</i>	<i>Monthly</i>
	Diagnostic test waiting times			

E.B.4	Percentage of Service Users waiting 6 weeks or more from Referral for a diagnostic test*	Operating standard of no more than 1%	Review of Service Quality Performance Reports	Monthly
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Appendix BNHSLA EQUALITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	

		Yes/No	Comments
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	n/a	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	n/a	
6.	What alternatives are there to achieving the policy/guidance without the impact?	n/a	
7.	Can we reduce the impact by taking different action?	n/a	