1. INTRODUCTION

This policy details how patients will be managed administratively. This policy will reflect overall expectations of the Trust and Clinical Commissioning Group, on the management of referrals and admissions within the organisation and defines the principles on which the policy is based. This policy applies to:

- Booking referrals to an outpatient episode
  - New appointments
  - Follow-up appointments
- Booking for a diagnostic test
- Booking a pre-operative assessment
- Booking an inpatient or day case episode

This policy and its associated Standard Operating Procedure are intended to be used by anyone, both clinical and administrative, within Gloucestershire Hospitals NHS Trust and other organisations where secondary care activity takes place, who are responsible for:

- Referring patients
- Receiving and managing referrals
- Adding and maintaining waiting list

This policy covers General Practitioner and all other referrers.

The scope of this policy covers the 18 week referral to treatment pathway, cancer referrals and private patients who transfer their care to the NHS.

2. DEFINITIONS

<table>
<thead>
<tr>
<th>Word/Term</th>
<th>Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admitted Pathway</td>
<td>Patient journey that ends in a clock stop for admission (Inpatient or day case treatment)</td>
</tr>
<tr>
<td>NHS e-Referral Service (ERS)</td>
<td>National electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic</td>
</tr>
<tr>
<td>DNA</td>
<td>Did Not Attend. Patients who have failed to attend an outpatient appointment without informing the hospital</td>
</tr>
<tr>
<td>Outpatients</td>
<td>Individuals referred by a General Practitioner (medical or dental) or another consultant/health professional for clinical advice or treatment</td>
</tr>
<tr>
<td>PALS</td>
<td>Patient Advice and Liaison Service</td>
</tr>
<tr>
<td>PAS</td>
<td>Patient Administration System</td>
</tr>
<tr>
<td>RTT</td>
<td>Referral to Treatment</td>
</tr>
<tr>
<td>TCI</td>
<td>To Come In</td>
</tr>
</tbody>
</table>
3. **POLICY STATEMENT**

Patients and/or their carers must receive good quality, timely and relevant information regarding treatment and care. Information provided must help patients to participate fully in the own healthcare decisions and support in making choices. This will be made as and when required and as defined by the specialty through various routes, e.g. specialty specific leaflets provided before or via consultation, copies of clinic letters, copies of discharge information.

Agreed pathways must be in place for patients which optimise outcome and use of resources.

- The purpose of this document is to outline the Trust and Commissioner requirements and standards for managing patient access to secondary care services for patients from referral to treatment. The policy covers the processes for booking, notice requirements, patient choice and waiting list management for all stages of a referral to treatment pathway and replaces all previous Access Policy Documents.
- This policy should be adhered to by all staff within the Trust who are responsible for referring patients, managing referrals, adding to and maintaining waiting lists for the purpose of progressing a patient through their treatment pathway.
- This document defines the principles and philosophy of the 18 week referral to treatment (RTT) target. These statements apply to all scheduled care commissioned by all NHS commissioners.
- The policy is designed to ensure fair and equitable access to hospital services and the appropriate allocation of resources (beds, theatres, clinics etc.) Adherence to the policy will be managed regularly through the Operational Performance Board and will be reviewed on a bi-annual basis.
- The main objective in all circumstances is for the patient to receive their treatment. There will be an occasion when a situation arises that is not covered by this policy. Any concerns should be addressed to the Patient Access Manager or the Director of Service Delivery.

4. **ROLES AND RESPONSIBILITIES**

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Details</th>
</tr>
</thead>
</table>
| Chief Executive                    | • Control and co-ordination of this policy  
• Delegation of key tasks listed below                                                                                                                                                                    |
| Director of Service Delivery       | • Ensure delivery of patient access to treatment in line with this policy  
• Directing the activities of the clinical service division led by the chief of service, supported by the divisional directors of operations                                                                 |
| Medical Director                   | • Information governance aspects of policy and procedure (as Caldicott Guardian)                                                                                                                                 |
| Clinical staff                     | Responsible via chief of service and Medical Director for the following:  
• Provide clinical judgement on further management of patients following a DNA or multiple patient cancellations.  
• Vet and grade referrals within 5 working days  
• Manage waiting lists and patient waiting times in accordance with the maximum guaranteed waiting times and RTT pathway.  
• Ensure patients are not listed unless medically fit and ready for procedure.  
• Comply with the Trust Leave Policy and Study Leave - Consultants, SAS Doctors & Hospital Practitioners Policy, to ensure adequate notice and cover for absences.  
• Ensure discharge summaries for inpatients are completed within 24 hours of patient discharge and shared with GP practices  
• Provide outpatient clinic outcome information on the day of clinic to reception staff  
• Record waiting list data at point of decision and add to the PAS waiting list within 24 hours.  
• Provide emergency admissions notifications to GP practices  
• Provide social care notification to GP practices within 48 hours of admission and 24 hours prior to discharge  
• Provide ED discharge summaries to GP practices within 24 hours.  
• Provide Outpatient clinic letters within 10 days.                                                                                                                                                     |
| Head of Information                | • Maintenance of PAS and other reporting systems on which all waiting lists are held  
• Ensure Systems Managers maintain data appropriately  
• Provide regular data quality audits of standards of data collection and recording, and the submission of central returns                                                                 |
| Patient Access Manager             | • Manage non-compliance by Trust staff and escalate issues to relevant divisional directors  
• Resolve minor issues and log incidents via Datix Web  
• Provide regular data quality audits of standards of data collection and recording, and the submission of central returns                                                                 |
| General Managers                   | • Advise and support Patient Access Manager on non-compliance issues, taking the
5. ROLE OF THE CLINICAL COMMISSIONING GROUP

- Ensuring robust communications links are in place to feed back any service changes made by the Trust to GP’s and other referrers.
  - Promoting use of agreed electronic referrals, e.g. NHS e-Referral Service (ERS) to improve patient experience and reduce waste.
  - Engage in cross health community redesign of clinical pathways
  - Establish service specifications

6. REFERRER PATHWAYS

General Practitioners and other referrers must ensure the following:

- That referrals are clean and contain the minimum data set required to process referrals effectively and efficiently (see Table 1 below)
- That patients are made aware of the likely waiting times for a new outpatient consultation and of the need to be contactable and available when referred
- That patients placed on a urgent care pathway are aware of the reasons and urgency of the referral
- That established referral pathways are followed to ensure that patient care is not delayed unnecessarily

Table 1: Minimum data set for referrals

<table>
<thead>
<tr>
<th>Patient Demographics</th>
<th>Referral Details</th>
<th>Other (if required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given name</td>
<td>Status of referral (routine/urgent/suspicion of cancer)</td>
<td>Patient periods of unavailability</td>
</tr>
<tr>
<td>Family name</td>
<td>Referrals detail; presenting complaint, history etc.</td>
<td>Armed Services Veteran Status</td>
</tr>
<tr>
<td>NHS number</td>
<td>Any relevant test results or reports (see RCGP Good Medical Practice for GPs 2008)</td>
<td>Support needs (disability/interpreter)</td>
</tr>
<tr>
<td>Full postal address</td>
<td>Referral source, (GP, HM Prison Medical Officer etc.)</td>
<td></td>
</tr>
<tr>
<td>Contact telephone number(s) – at least one number, e.g. home, work, mobile</td>
<td>Referral source address</td>
<td></td>
</tr>
<tr>
<td>Title (Mr, Mrs Miss etc.)</td>
<td>Referring clinician</td>
<td></td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. PATIENT INPUT

The Trust also places reasonable expectations as to how patients with interact with the services that they are accessing:
It is vital that patients must inform the hospital of any changes to their name, address, contact number or GP to ensure correspondence reaches them.

- Patients should keep their appointments, and make every effort to arrive on time.
- If the patient cannot attend, they should inform the hospital with as much notice as possible.
- Patients must inform their GP if their medical condition improves or deteriorates in any way which may affect their attendance.
- Patients who know that they will be unavailable for any period of time and therefore will not be able to attend an appointment or admission should inform the hospital with as much notice as possible.
- Patients who no longer wish to have their outpatient appointment or admission, for whatever reason, must advise either their referrer or the hospital appointment office.
- Patients are encouraged to ask staff about any aspect of their care and the steps towards their treatments.
- Patients are encouraged to feedback comments or suggestions regarding their experience of services provided by the Trust.
- Patients are encouraged to ask Clinical staff any questions they have regarding their condition, treatment or support before leaving the hospital.

8. PROCESSES

The referral handling processes are managed through the following action cards:

- **PAT1 – Managing referral to an outpatient clinic**
- **PAT2 – Managing outpatient appointments, amendments and cancellations**
- **PAT3 – Managing and maintaining outpatient waiting list**
- **PAT4 – Managing clinic outcome following patient appointment**
- **PAT5 – Managing diagnostics and pre-operative assessment**
- **PAT6 – Managing the booking of patients for day case and inpatient treatment**
- **PAT7 – Managing amendments and cancellations to day case and inpatients**

9. PERFORMANCE MEASURES

The following table defines the performance measures to ensure compliance, along with those responsible for achieving the measure.

**Table 2: Performance measures metrics**

<table>
<thead>
<tr>
<th>Post/Group</th>
<th>Measure</th>
</tr>
</thead>
</table>
| Patients                       | Patient satisfaction survey  
|                                | Patient cancellations  
|                                | Do not attend  
| Clinical Commissioning Group   | Increase NHS e-Referral Service compliance  
|                                | Reduction in written referrals  
| General Practitioners          | Use of NHS e-Referral Service  
|                                | Reduction in written referrals  
|                                | Complete Minimum data set  
| Director of Service Delivery & Divisional Directors | Delivery of standard operating procedures via operational board  
|                                | Performance framework  
|                                | Sufficient capacity to meet demand  
| Medical Director & Clinical Directors | Waiting list management  
|                                | Discharge summaries via appraisal and job planning  
|                                | Vetting referrals  
|                                | Clinic letters  
|                                | Outcomes, exception report  
| Director of ICT                | Accurate reporting of national waiting time standards  
| Patient Access Manager         | DATIX recording  
|                                | Reduction in validation  
|                                | Meeting national waiting time standards  
| General Managers               | Meeting national waiting time standards  
|                                | Specialty level standards (To be defined locally)  
| Wards & Departments            | Updated admissions, discharges and transfers  
|                                | Notes availability  
| Theatre Manager                | Cancelled operations  
|                                | Theatre availability  
| Medical Secretaries            | Achievement of outpatient and discharge letter standards  

PATIENT ACCESS TO TREATMENT POLICY B0523 V2.2

ISSUE DATE: AUGUST 2015 (Amended April 2016)

REVIEW DATE: AUGUST 2018
10. TRAINING

The Trust is committed to providing training relating to the Patient Access to Treatment Policy and Procedure. The training elements will be divided into two categories:

- Relevant staff will receive the Basic Patient Access to Treatment information and presentation and access to an e-learning package.
- Patient Administration Training session - Staff will attend according to job role, including refresher training yearly or sooner if required.

11. MONITORING OF COMPLIANCE

<table>
<thead>
<tr>
<th>Monitoring requirements and methodology</th>
<th>Frequency</th>
<th>Further actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• KPIs will be reported via Performance dashboards and addressed via Divisional Performance Review</td>
<td>6-monthly</td>
<td>• Review by Planned Care Board, who will make any recommendations for changes to policy</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Health Records Manager</th>
<th>Booking Centre Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reduction of incompletes pathways</td>
<td>• Reduction of cancellations</td>
</tr>
<tr>
<td>• Monitoring of data quality reports</td>
<td>• NHS e-Referral Service compliance</td>
</tr>
<tr>
<td>• Availability of notes</td>
<td>• Reduction of follow-up pending list</td>
</tr>
</tbody>
</table>

Do the systems or processes in this document have to be monitored in line with national, regional or Trust requirements? YES
### DOCUMENT PROFILE

<table>
<thead>
<tr>
<th>REFERENCE NUMBER</th>
<th>B0523</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATEGORY</td>
<td>Non-Clinical</td>
</tr>
<tr>
<td>VERSION</td>
<td>V2.2</td>
</tr>
</tbody>
</table>
| VERSION AMENDMENTS | V2 – August 2015  
V2.1 – September 2015  
V2.2 – April 2016 |
| SPONSOR          | Eric Gatling, Director of Service Delivery |
| AUTHOR           | Kayleigh Wheatley – Patient Access Manager |
| ISSUE DATE       | 08/2015 |
| REVIEW DETAILS   | 08/2018 – review by Eric Gatling, Director of Service Delivery |
| ASSURING GROUP   | Trust Policy Approval Group |
| APPROVING GROUP  | Planned Care Board |
| APPROVAL DETAILS | Policy approval: Planned Care Board, July 2015  
TPAG approval: e-approved August 11th 2015 |
| EQUALITY IMPACT ASSESSMENT | |
| CONSULTEES       | |
| DISSEMINATION DETAILS | Upload to Policy Site; global email; cascaded via divisions |
| KEYWORDS         | Patient access, appointment, RTT |
| RELATED TRUST DOCUMENTS | Patient access to treatment procedure |
| OTHER RELEVANT DOCUMENTS | |
| EXTERNAL COMPLIANCE STANDARDS AND/OR LEGISLATION | |