

# ACCESS, BOOKING AND WAITING TIME MANAGEMENT POLICY

<b>Reference</b>	POL/002/092
<b>Version</b>	2.0
<b>Date Ratified</b>	<u>August 2018</u>
<b>Next Review Date</b>	<u>June 2020</u>
<b>Accountable Director</b>	Joint Associate Director of Digital Care
<b>Policy Author</b>	<u>Data Quality Manager</u>

***Please note that the Intranet / internet Policy web page version of this document is the only version that is maintained.***

*Any printed copies or copies held on any other web page should therefore be viewed as “uncontrolled” and as such, may not necessarily contain the latest updates and amendments.*

---

## Policy On A Page

### **SUMMARY & AIM**

This purpose of this policy is to provide guidance on the process for patient access to care in line with national waiting time standards and the NHS constitution

The policy defines roles and responsibilities and establishes the routes to be followed in the effective management of patient access to services

### **KEY REQUIREMENTS**

All staff at the Cumbria Partnership Foundation Trust are required to understand the principles and processes for effectively managing outpatient appointments and diagnostic investigations. The importance of recording accurate outpatient activity and understand that doing so promotes consistency and fair treatment for all patients.

### **TARGET AUDIENCE:**

All staff at the Cumbria Partnership Foundation Trust (not applicable to Mental Health)

### **TRAINING:**

Training on waiting lists and referral to treatment will be provided by the data Quality team

## CONTENTS

1. INTRODUCTION.....	4
2. PURPOSE.....	5
3. GENERAL PRINCIPLES.....	5
4. ABBREVIATIONS .....	6
5. DUTIES AND ACCOUNTABILITIES AND RESPONSIBILITIES.....	6
5.1. Chief Executive.....	6
5.2. Operational Directors.....	6
5.3. Clinical Directors/Professional Leads / Heads of Service .....	6
5.4. Care Group Managers .....	6
5.5. Team leaders and Service Managers .....	7
5.6. Clinical and Administrative Staff .....	7
5.7. Applications Delivery Manager .....	7
5.8 Interim Performance and information Manager.....	7
5.9. Data Quality Manager.....	8
6. STATEMENT OF INTENT .....	8
7. PATIENT ELIGIBILITY .....	8
7.1 Military veterans.....	9
7.2 Prisoners.....	9
<i>SERVICE STANDARDS</i> .....	9
8. REFERRAL TO TREATMENT TIMES (RTT).....	9
NEW CLOCK STARTS .....	10
8.1 Following a period of Active Monitoring .....	10
8.2 Following decision to start new treatment plan .....	10
9. CLOCK STOPS.....	10
9.1. Clock stops for non-treatments .....	10
9.2. Clock stops - active monitoring .....	11
9.3. Did Not Attend (DNA).....	11
9.4. Could Not Attend (CNA).....	11
10. STANDARDS .....	11
11. MANAGEMENT OF REFERRALS .....	11
12. MANAGEMENT OF APPOINTMENTS .....	12
13. CHANGE OF APPOINTMENTS.....	13
13.1 Patients who Fail to Attend .....	14
13.2. Onward Referral of Patients.....	15
13.3. Upgrading Referrals.....	15
14. TRAINING .....	15
15. PROCESS FOR MONITORING COMPLIANCE .....	15
16. REFERENCES:.....	16

---

17. ASSOCIATED DOCUMENTATION:.....	16
18. DOCUMENT CONTROL .....	17

## 1. INTRODUCTION

This policy defines roles and responsibilities and establishes the routes to be followed in the effective management of patient access to services. It describes the principles and processes for managing referrals for outpatient appointments, diagnostic investigations, and instruction on the operational management of waiting lists. It promotes consistency and fair treatment to all patients and aids provision of timely, accessible and high quality patient centered services.

The length of time a patient needs to wait for hospital treatment, both as a day case patient or an outpatient, is an important quality issue and is a visible and public indicator of the efficiency of the hospital services provided by the Trust. The trust will work with national and local commissioners to ensure that best practice waiting list management is applied and that all national access targets are met.

## 2. Purpose

The purpose of this policy is to provide guidance on the process for patient access to care in line with national waiting time standards and the NHS constitution.

## 3. General Principles

This policy is to ensure that the following general principles are followed:-

Each clinical service has in place local procedures and management arrangements that support the standards in this policy and the processes for managing new referrals and follow up appointments.

The overriding factor in the management of any access process will be in the patient's best interest and satisfaction maximising therapeutic benefit and minimising clinical risk.

Services have good communication processes in place with referrers and service users including timely response times, and agreed referral pathways.

All staff will treat patients, their carers and families and referrers as they would expect to be treated.

- Providing clear concise communication
- Being welcoming helpful and friendly
- Offering them choice where ever possible
- Keeping them informed and updated

Services are aware of local DNA and Cancellation rates and have management processes that regularly monitor and review the rates.

Clinics, visits, or appointments are only cancelled in exceptional circumstances such as for the reason of staff illness.

Service user feedback is collected, collated and used across each service to improve processes.

Services develop efficient processes that put service users and their needs first

#### 4. Abbreviations

List of Abbreviations	
RTT	Referral to Treatment
CNA	Cannot Attend
DNA	Did Not Attend
GP	General Practitioner
DTT	Date of Decision to Treat
CT	Computer tomography
SOPS	Standard Operating Procedures
EU	European Union
EHIC	European Health Insurance Card
DQ	Data Quality
IG	Information Governance

#### 5. Duties and Accountabilities and Responsibilities

This section outlines the key responsibilities of key groups of staff within the Trust in relation to this policy. The list is not exhaustive and each group will have other roles and responsibilities that are not listed here. Specific tasks are included in the Standard Operating Procedures (SOPs).

##### 5.1. Chief Executive

The Chief Executive has overall responsibility for delivering effective referral, access and waiting time management including RTT throughout all clinical services.

##### 5.2. Operational Directors

The operational directors for adult and children's services are responsible for ensuring that the policy for access, booking and waiting time management is applied across all clinical services and by all staff responsible for the management of patient care.

##### 5.3. Clinical Directors/Professional Leads / Heads of Service

The Clinical Directors/Professional Leads/Heads of Service are responsible for advising and setting standards in defining what constitutes treatment within their areas of leadership.

##### 5.4. Care Group Managers

---

Locality /Network Managers are responsible for actioning the policy within their localities.

This will include:-

- Application of the policy
- Ensuring staff capture the relevant data to enable tracking and monitoring of appropriate nationally and locally defined targets for each patient
- Ensuring a high level of accuracy in data capture
- Have contingency plans in place in the event of clinics being cancelled at short notice
- Performance management of targets

#### 5.5. Team leaders and Service Managers

Team leaders and Service managers are responsible for ensuring that:

- Waiting time management procedures are followed within their area of responsibility
- Monitoring waiting times and taking action where there are actual breaches or the risk of breaches
- Investigating and reporting on breaches of waiting times
- Ensuring clinical and administrative staff are recording waiting time activity in a consistent manner

#### 5.6. Clinical and Administrative Staff

Members of staff with responsibility for arranging appointments and or treating patients must-

- Ensure that waiting time management procedures are followed as part of the management of referrals and on-going care or treatment
- Record details relating to waiting time management in a way that is accurate, complete and accurate and meets legal, professional and regulatory clinical record keeping standards

#### 5.7. Applications Delivery Manager

Is responsible for ensuring that:-

- Patient information systems have the necessary capability and functionality to capture data relevant to the management of waiting times

#### 5.8 Interim Performance and information Manager

Is responsible for ensuring that:-

- Data can be extracted and reports produced to support the monitoring measurement and evaluation of waiting times

### 5.9. Data Quality Manager

Is responsible for ensuring that:-

- Staff involved in waiting time information are adequately trained have appropriate guidance to record data in a way that is accurate complete and timely
- Monthly audits are carried out on information relating to waiting times

### 6. Statement of Intent

This policy addresses the operating principles and processes underpinning referral, access, booking and waiting list and waiting time management for all clinical services. It ensures that both clinical and administrative staff engaged with referral, access and waiting time management understand the Trust's processes and systems.

Specifically this refers to:-

- All additions to, or removals from, waiting lists must be made in accordance with this policy
- The policy will be applied consistently and without exception across clinical services to ensure that all patients are treated equitably, consistently and according to clinical need
- The principle of providing excellent care without unnecessary delay will be followed, together with those of reasonableness, honesty and good communication
- Waiting lists will be managed according to clinical priority and the best clinical interests of the patient
- Patients with the same clinical priority will be seen strictly in chronological order.
- The process of waiting list management will be transparent
- Communication with patients will be informative, clear and concise
- Access to patient records will be obtained with the appropriate consent and in line with relevant policies
- Patients, their families and carers will have access to this policy and will be made aware of their responsibilities
- Clinical services will ensure all patients who are referred and listed are offered the service within waiting time standards, as defined both nationally and locally
- Waiting time information will be recorded on the appropriate electronic patient information system in a way that is accurate, complete and timely

### 7. Patient Eligibility

All Trusts have an obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with Department of Health guidance.

The Trust will check a patient's eligibility for treatment if they have been identified as an overseas visitor. Some visitors from abroad, who are not ordinarily resident, may receive free healthcare, including those who:

- have paid the immigration health surcharge
- have come to work or study in the UK
- have been granted or made an application for asylum

Citizens of the European Union (EU) who hold a European Health Insurance Card (EHIC) are also entitled to free healthcare, although the Trust may recover the cost of treatment from the country of origin.

All staff have a responsibility to identify patients who are overseas visitors and to refer to the overseas and private patient's office for clarification of status regarding entitlement to NHS treatment before their first appointment is booked or admission to the ward.

### 7.1 Military veterans

In line with the Armed Forces Covenant, published in 2015, all veterans and war pensioners should receive priority access to NHS care for any conditions related to their service, subject to the clinical needs of all patients. Military veterans should not need first to have applied and become eligible for a war pension before receiving priority treatment.

GPs will notify the Trust of the patient's condition and its relation to military service when they refer the patient, so the Trust can ensure 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.

### 7.2 Prisoners

All elective standards and rules are applicable to prisoners. Delays to treatment incurred as a result of difficulties in prison staff being able to escort patients to appointments or for treatment do not affect the recorded waiting time for the patient

#### *Service standards*

- Referral receipt and registration (within 24 hours)
- Referral triage (within 72 hours of registration)
- Outcomes of appointments within 48 hours

## 8. Referral to Treatment times (RTT)

The receipt of the patients referral will trigger a clock start and will continue to run through any required diagnostic testing i.e. CT scan from local acute trust. This will be monitored through the data quality department and any blockages or holdups to

---

Patient care will be identified and dealt with at service level, our intention is to offer a smooth and timely journey for all our patients.

A RTT period starts from the date a referral is received from any care professional or service permitted by an English NHS commissioner to make such referrals, into a consultant led service.

New clock starts

### 8.1 Following a period of Active Monitoring

Some clinical pathways require patients to undergo regular monitoring or review diagnostics as part of an agreed programme of care. These events would not in themselves indicate a decision to treat or a new clock start. If a decision is made to treat after a period of active monitoring/watchful waiting, a new RTT clock would start on the date of decision to treat (DTT).

### 8.2 Following decision to start new treatment plan

If a decision is made to start a substantively new or different treatment that does not already form part of that patient's agreed care plan this will start a new RTT Pathway clock and the patient shall receive their first definitive treatment within a maximum of 18 weeks from that date.

### 8.3 Following a decision to re-appoint after patient Does Not Attend (DNA) first appointment

If a decision is made following a patient DNA of their first appointment to offer them another appointment, a new RTT pathway clock should be started from the date that the new appointment is offered

## 9. Clock stops

An RTT period ends when:

- the first definitive treatment begins
- a clinical decision not to treat is made
- a patient declines treatment
- the patient Does Not Attend (DNA) their first appointment

### 9.1. Clock stops for non-treatments

A waiting-time clock stops when it is communicated to the patient, and subsequently their GP without undue delay that:

- It is clinically appropriate to return the patient to primary care for any non-consultant-led treatment in primary care
- A clinical decision is made not to treat

- 
- A patient did not attend (DNA) which results in the patient being discharged
  - A decision is made to start the patient on a period of active monitoring
  - A patient declines treatment having been offered it

## 9.2. Clock stops - active monitoring

Active monitoring is where a decision is made that the patient does not require any form of treatment currently, but should be monitored in secondary care. When a decision to begin a period of active monitoring is made and communicated with the patient, the RTT clock stops. Active monitoring may apply at any point in the patient's pathway, but only exceptionally after a decision to treat has been made.

It is not appropriate to stop a clock for a period of active monitoring if some form of diagnostic procedure is required for example computed tomography (CT scan), but it is appropriate if a longer period of active monitoring is required before further action is needed.

## 9.3. Did Not Attend (DNA)

A patient who is given an appointment and who fails to attend for their appointment without giving a warning is classed as a Did Not Attend (DNA).

## 9.4. Could Not Attend (CNA)

A patient is classed as a Could Not Attend (CNA) when they are offered an appointment and either:

- does not attend but gives advanced notice to cancel their appointment
- has their appointment cancelled and re-arranged by a service

## 10. Standards

Diagnostic testing should take no longer than six weeks (this may take place in another Trust).

Routine outpatient referrals will be appointed in thirteen weeks maximum.

Patients will be tracked against national standards with delays actioned and pathway breaches escalated as appropriate Manager.

Compliance and breaches of the targets will be reported in line with national reporting guidelines.

## 11. Management of referrals

- Referrals are required to be acted on promptly

- 
- Referrals received must be passed to the relevant provider service for review as quickly as possible, so that they can be returned for booking
  - Referrals must be date stamped (does not apply to electronic referrals) graded and prioritised in terms of risk and need and returned for booking
  - It is the responsibility of the person who receives the referral to make sure it is recorded within 48 hours working hours on the appropriate electronic patient information system used to manage waiting lists
  - If a referral has been made and the service does not match the needs of the patient, the relevant service should be identified and the referral redirected to an appropriate colleague where such a service is provided by CPFT
  - If the referral is for a service not provided by the CPFT then the referral will be sign posted to the appropriate service, and a letter written to the referrer identifying the action taken and the reason for the sign posting
  - Patients should be offered the opportunity to book by means of Choose and Book by the referring agent where available
  - If the referral is made directly to the clinical Service, they will contact the patient to acknowledge receipt within 5 working days and a letter sent inviting the patient to contact the service within 14 days to arrange an appointment
  - Where patients do not make contact within 14 days their invitation to make an appointment letter, the referral will be returned to their referrer who in liaison with the patient can consider further referrals to the appropriate services
  - Patients should be offered the first available date for that condition and should be offered the choice of at least two dates for appointments or treatment

## 12. Management of appointments

CPFT has to demonstrate that all patients are offered a choice of appointments within a reasonable timescale and that the information was clearly communicated to the patient.

The current definition of a “reasonable offer” for the first appointment is that the service gives the patient an offer of a time and date three or more weeks from the date the offer was made and a choice of two dates. These offers should be on different days rather than two slots on the same day. An offer can be made with less than 3 weeks’ notice. This is considered reasonable if the patient accepts it. The patient cannot, however, be penalised for declining an offer made with less than 3 weeks’ notice.

If these dates are not accepted, all efforts will be made to offer an appointment for a date of his or her choice. The details of the decision, the dates offered and the date that they were offered must be recorded on the appropriate electronic patient information systems used to manage the list and in the patient’s notes.

If the patient is not willing to accept any dates, then he or she should be discharged and returned to the care of their referrer.

Patients may be offered short-notice appointments, but they can decline them without this affecting their waiting time.

It is essential that all correspondence with patients includes information on how to change appointments and the impact of a cancellation (CNA) or did not attend (DNA.)

Administrative processes have to accommodate patients' ability to contact the appropriate location, to be able to change their appointments and agree a subsequent date.

\*The outcome of all consultations and or appointments will be carried out within 48 hours of appointment.

All patients will be given information in advance of appointment. The information will:-

*Give a telephone number within the service should the patient have any queries.*

Outline what to wear, what is available and what to bring with them, if appropriate.

Ask the patient to notify the service of any changes in address, telephone number, GP or dates of unavailability.

Inform the patient of actions to take if they no longer require an appointment or need to request a change of appointment.

Inform the patient of what to do if they cannot attend or do not attend for an appointment. If a patient cannot attend, ideally they should provide at least 24 hours' notice wherever possible.

Explain that if the patient feels that there has been a significant change in their condition prior to the first appointment, the initial course of action would be to discuss this with their GP.

Ask the patient to notify the CPFT if they have had treatment elsewhere or if they decide not to have treatment.

### 13. Change of Appointments

Patients are requested to provide a minimum of 24 hours to the respective service for any change to an appointment unless in exceptional circumstances.

Where the patient is offered a further appointment it must be within 3 weeks of the original appointment. Where a patient cannot agree a new appointment they will be discharged and referred back to their referrer.

Clinicians will be expected to give a minimum of 6 weeks' notice of any session to be cancelled or reduced because of annual or study leave. It is acknowledged there will be circumstances when this period of notice may not be possible, but it is expected these will be exceptional rather than the norm.

---

If CPFT changes an appointment, wherever possible a minimum of 48 hours' notice must be given to the patient of the change. If 48 hours' notice is not possible the patient will be contacted at the earliest opportunity thereafter. These cancellations must be kept to an absolute minimum and should be monitored during the year for frequency. Services should record the number of patients affected and give details of the notice period given. Contingency plans for the patients affected should be activated.

The patient must be rebooked and treated within the waiting time standards. The new date must be agreed directly with the patient.

### 13.1 Patients who Fail to Attend

Missing appointments are sometimes unavoidable for patients, but an appointment missed without reasonable notice is one not available to another patient so the onus is on the patient to attend.

The following must have been adhered to:

- The patient has been made a reasonable offer and this offer has been clearly communicated to the patient
- Discharging the patient is not contrary to their best clinical interests
- There are processes in place to make it simple and easy for patients to cancel or reschedule their appointments or admissions or to notify about last-minute problems (e.g. transport not arriving)
- It has been made clear to the patient through any verbal and all written communication about the appointment/admission that the patient will be returned to the care of the GP if he or she DNAs
- All and any cases where the patient, GP or other referrer believes that this was not a true DNA and that the patient should be reinstated must be referred to the Service Manager
- All patients will routinely be offered a 2<sup>nd</sup> appointment following a first DNA in any one episode of care. Any patient failing to attend the 2<sup>nd</sup> appointment will be discharged back to the referrer, unless it is deemed not to be in the best clinical interests or safety of the patient
- The discharge letter should request that the referrer considers if non-attendance at the appointment raises any safeguarding issues for the child or vulnerable adult

The clinician may decide to seek advice from a Named Nurse or Doctor for Safeguarding, check with Local Authority (e.g. if a child has a Child Protection Plan) or discuss with other professionals involved if the patient is considered to be vulnerable. The relevant safeguarding procedures should be followed.

If it is the fault of the service that the patient is kept waiting beyond 30 minutes of original appointment times then, if the patient can no longer continue to wait the service must re-appoint ensuring reasonableness.

When a DNA occurs, any decisions taken regarding the discharge of patients, including subsequent clinical decisions should be clearly recorded in the patient paper clinical record and the appropriate information system.

Where patients persistently DNA and are re-referred by their referrer for the same condition, the provider needs to discuss the issue with the patient's referrer to agree a way forward. Should this remain an unresolved issue the responsible clinician should contact the Locality General Manager.

### 13.2. Onward Referral of Patients

Where a decision is made that a patient will be referred onto a different Provider Trust the referral must be sent within 2 days of the decision being made.

The referral should be accompanied by a completed Inter Provider Transfer form.

### 13.3. Upgrading Referrals

Referrals can be upgraded if a clinician suspects there is a possibility of a more serious diagnosis. The GP or referrer will be informed that their patient has been upgraded.

The following clinical priorities apply:

- Suspected cancer
- Clinically urgent patients
- Routine patients

## 14. Training

Specific staff that are involved in the management of referrals, and booking of appointments will be provided with additional ad hoc training from the Data Quality team that outlines their responsibilities and provides them with the tools necessary for managing patient access to services, and the recording of referral and maintenance of booking and waiting time arrangements.

## 15. Process for Monitoring compliance

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Waiting Times	DQ audit Methodology	G Coward	IG performance IG Board	Monthly

Wherever the above monitoring has identified deficiencies, the following must be in place:

- Action plan
- Progress of action plan monitored by the *name of relevant committee* minutes
- Risks will be considered for inclusion in the appropriate risk registers

#### 16. References:

DH (2012) Referral to treatment consultant led waiting times available at:  
<https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Reviewing-pathways-over-18-weeks-January-2012-Final.pdf>

NHS (2015) healthcare for veterans available at:  
<https://www.nhs.uk/NHSEngland/Militaryhealthcare/veterans-families-reservists/Pages/veterans.aspx>

NHS (2018) Charging Regulations available at:  
<https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations>

Gov.UK (2014) Health care for offenders available at:  
<https://www.gov.uk/guidance/healthcare-for-offenders>

#### 17. Associated documentation:

Health Record Management Policy POL/002/008  
 Confidentiality Policy POL/002/038  
 Data Quality Policy POL/002/064

## 18. DOCUMENT CONTROL

<b>Equality Impact Assessment Date</b>	16/07/2018
<b>Sub-Committee &amp; Approval Date</b>	<i>IG Performance 13/08/2018</i>

**History of previous published versions of this document:**

Version	Ratified Date	Review Date	Date Published	Disposal Date
0.6	30/04/2013			
0.7	24/10/2013			
0.8	13/11/2018			
1.0	Issued		09/12/2013	
1.1	04/04/2016	30/05/2018		

**Statement of changes made from version**

Version	Date	Section & Description
V1.2	17/06/2018	<ul style="list-style-type: none"> <li>• Patient eligibility (minor updates to all sections)</li> <li>•</li> <li>•</li> </ul>

**List of Stakeholders who have reviewed the document**

Name	Job Title	Date
Yvonne Salkeld	Head Of Information Governance	17/06/2018
Farouq Din	Associate Director of e-Health and Business Development	09/08/2018
Fiona Dixon	Senior Network Manager	09/07/2018
Richard Lloyd	Business Manager Community	09/07/2018
Rachel Wallace	Interim Performance and Information Manager	09/08/2018