


NHS FORTH VALLEY

Access Policy



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Change Record			
Date	Author	Change	Version
17.02.2017	Roslyn Grant	<p>Page 11 omitted:</p> <p>The current waiting times standards are:</p> <ul style="list-style-type: none"> • 12 weeks Treatment Time Guarantee • 18 weeks Referral to treatment for 90% of patients to a consultant led service including CAMHS and psychological therapies • 12 weeks for new outpatient appointments • 6 weeks for the eight key diagnostic tests and investigations • 31 and 62 day cancer targets • 90% of people who need help with their drug or alcohol problem will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery <p>Addition:</p> <p>The current waiting times standards are:</p> <p>Definitions</p> <ol style="list-style-type: none"> 1. Referral To Treatment Waiting Time Standard: A whole journey waiting time target of 18 weeks from referral to treatment. <ol style="list-style-type: none"> i. Under the 18 weeks Referral to Treatment Standard, a least 90% of patients should receive all of the following within 18 weeks of being referred: <ol style="list-style-type: none"> ii. an outpatient appointment iii. diagnostic test (if required) iv. treatment (if appropriate) b. Outpatient Waiting Time Standard: patients referred for a new outpatient appointment should be seen within 12 weeks of the date of the referral. <ol style="list-style-type: none"> i. Boards need to improve the 12 weeks outpatient performance to achieve a minimum 95% standard with a stretch aim to 100%. It is also essential that waits of over 16 weeks are eradicated. c. Diagnostic tests: from referral for a key diagnostic test to reporting of result should be no more than 42 days. 	2.8

		<p>i. The 8 key diagnostic tests and investigations are: Upper Endoscopy Lower Endoscopy (excluding colonoscopy) Colonoscopy Cystoscopy Computer Tomography (CT) Magnetic resonance imaging (MRI) Barium studies Non-obstetrics ultrasound</p> <p>Cancer Waiting Time Standards:</p> <p>a. 62 day waiting times standard: a whole journey standard: Patients referred urgently with a suspicion of cancer should be seen and treated within 62 days of referral.</p> <p>b. 31 day waiting times standard: Patients that are diagnosed with Cancer should be treated within 31 days of diagnosis.</p> <p>Drug and Alcohol Service Waiting Time Standard:</p> <p>a. The standard for drug and alcohol treatment states that 90% of people who need help with their drug or alcohol problem will wait no longer than 21 days for treatment that supports their recovery.</p> <p>Treatment Time Guarantee: The Treatment Time Guarantee is a legal requirement under the Patients' Rights Bill (2011). All patients that agree to inpatient/daycase surgery should be treated within 12 weeks of the agreement to treat.</p> <p>a. There are some exemptions to this guarantee,</p> <ul style="list-style-type: none"> i. Assisted reproduction ii. Obstetrics services iii. Organ, tissue or cell transplantation whether from living or deceased donor <p>b. Treatments in an outpatient setting are not covered by the treatment time guarantee.</p> <p>c. Waiting time excludes any patient unavailability or clock resets.</p> <p>d. A diagnostic test is not defined as treatment.</p>	
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		<p>Page 12 omitted: Assisted reproduction Obstetric services Organ, tissue or cell transplantation whether living or deceased donor</p> <p>NHS Boards are required to ensure there is equitable and sustainable delivery of waiting time standards. To deliver this aim, the NHS Board must ensure sufficient capacity is available and there is optimal use of this capacity to deliver waiting times targets. This will involve working collaboratively with other healthcare providers and will ensure patients receive the most appropriate treatment with the shortest wait.</p> <p>Page 15 omitted: Variation in referral patterns are identified and reduced</p> <p>Page 16 omitted Follow up appointments are actively managed. Information is used to facilitate improvements in service provision. There is partnership working with stakeholders in primary, secondary and social care. NHS Forth Valley aims to achieve inclusive and equal access for all service users.</p> <p>Page 14 omitted Patients will be seen within the maximum waiting time standard and booked according to clinical priority and then in date order Added in Patients will be booked according to clinical priority and then in date order Details of patients on the waiting list who are admitted as emergency admissions will be communicated to the RTT booking team. Systems and procedures will be developed to review and validate waiting lists to ensure accuracy and that national and local access times are achieved. All patients undergoing a procedure must indicate in writing that they consent to treatment There will be a communication process in place to notify the referring clinician of the decision to treat e.g. treatment to be provided, treatment delayed because of medical unavailability. NHS Forth Valley regularly reviews clinic templates to ensure they reflect changing demands.</p>	
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		<p>Onward referral will be completed to ensure the receiving healthcare provider has the necessary information to manage the patient treatment pathway. Any transfer of data must comply with NHS standards in relation to data security and confidentiality.</p> <p>Page 22 removed</p> <p>5.2 TO USE INFORMATION TO SUPPORT IMPROVEMENTS IN SERVICE PROVISION</p> <p>The ability to effectively monitor and manage services requires good quality data. This helps to inform performance and identify areas for future improvement.</p> <ul style="list-style-type: none"> • The factors which influence waiting times, such as changes in referral patterns, will be regularly monitored and management action taken in sufficient time to ensure waiting time standards are maintained. • New to return and DNA ratios will be reviewed regularly and necessary actions will be taken to address any issues. • There will be effective monitoring of efficiency and productivity and any necessary change will be supported where required. • Benchmarking information should be used wherever possible in reviewing clinic templates and efficiency. <p>Page 23 removed</p> <p>This section applies to Outpatients, diagnostic appointments as well as inpatient and day case appointments.</p> <p>Page 27 removed</p> <p>If a visiting service cannot be provided due to severe weather that prevents the Consultant from travelling then the patient must be offered an appointment out with the NHS Forth Valley area within the treatment time guarantee.</p> <p>Page 29 removed</p> <p>Sort notice appointments may be made due to extra clinics/theatre lists being commissioned</p>	
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		<p>Page 34 removed</p> <p>Patients who having registered their arrival for an outpatient or elective admission and who subsequently leave, are deemed to have an outcome of 'could not wait' (CWF) as defined by the Waiting Times Group the definition of a "reasonable length of time" a patient may wait to be seen at their appointment as being 1 hour over their allocated appointment time.</p> <p>Page 35 removed</p> <p>Better Cancer Care – An Action Plan was launched on 27 October 2008. Central to this was development of a comprehensive programme of work to assure the quality of care delivered. Two key and complimentary strands of this work are assuring compliance with national clinical standards and guidelines through robust clinical governance and delivery of 2 new cancer targets:</p> <p>Page 36 removed</p> <p>Since December 2007, Cardiac patients should wait no longer than 16 weeks from referral, from any source, through a Rapid Access Chest Pain Clinic (RACPC) to treatment.</p> <p>From 2011 there is a maximum waiting time of 18 weeks from referral to treatment for all conditions, including cardiac.</p> <p>Added</p> <p>Cardiac patient should wait no longer than 16 weeks from referral, from any source to treatment</p> <p>Page 36 removed</p> <p>12.3 OPHTHALMOLOGY - CATARACT TARGETS</p> <p>For patients waiting for sequential bilateral treatment the waiting time for the second treatment is measured as a separate 12 week TTG pathway. The agreement to commence the second treatment is only made on or after the post-operative review for the first treatment. The waiting time for the second treatment should not start until that agreement is reached. The sequential treatment will not be managed as a Planned repeat.</p> <p>Removed</p> <p>Appendix 2 - example waiting list card</p> <p>Appendix 2 – sample direct booking letter</p>	
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09.05.2019	Roslyn Grant	Page 24 – amended: NHS Forth Valley will not routinely offer a further appointment to a patient who does not attend a new accepted outpatient appointment.	2.10
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Signatures

Lead Author:

Date:

DD / MM / YYYY

Signatures

QA Check

Date:

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1. Introduction

A National Access Policy has been developed to provide a common vision, direction and understanding of how NHS Boards should ensure equitable, safe, clinically effective and efficient access to services for their patients.

This policy sets out the national principles that will help ensure systems are in place to optimise the use of facilities and available capacity in order to deliver high quality, safe patient care in a timely manner.

NHS Forth Valley, using the principles in the National Access Policy, will ensure that the systems, processes and resources are in place to deliver the responsibilities within the National Access Policy. NHS Forth Valley will also ensure that there are Standard Operating Procedures (SOPs) developed to deliver the requirements of the National Access Policy.

This local Access Policy sets out the details of how these principles apply to NHS Forth Valley services including possible and reasonable service locations to ensure that patients who are waiting for appointments for treatment are managed fairly and consistently across NHS Forth Valley and that NHS Forth Valley has clear and consistent guidance. This policy applies to all services including Mental Health Services, Acute Services and any community sites which provide Day Case or Inpatient treatment.

The current waiting times standards are:

Definitions

5. Referral To Treatment Waiting Time Standard: A whole journey waiting time target of 18 weeks from referral to treatment.
 - i. Under the 18 weeks Referral to Treatment Standard, a least 90% of patients should receive all of the following within 18 weeks of being referred:
 - ii. an outpatient appointment
 - iii. diagnostic test (if required)
 - iv. treatment (if appropriate)
- b. Outpatient Waiting Time Standard: patients referred for a new outpatient appointment should be seen within 12 weeks of the date of the referral.
 - i. Boards need to improve the 12 weeks outpatient performance to achieve a minimum 95% standard with a stretch aim to 100%. It is also essential that waits of over 16 weeks are eradicated.
- c. Diagnostic tests: from referral for a key diagnostic test to reporting of result should be no more than 42 days.
 - i. The 8 key diagnostic tests and investigations are:
 - Upper Endoscopy
 - Lower Endoscopy (excluding colonoscopy)
 - Colonoscopy
 - Cystoscopy
 - Computer Tomography (CT)
 - Magnetic resonance imaging (MRI)
 - Barium studies
 - Non-obstetrics ultrasound

6. Cancer Waiting Time Standards:
 - a. 62 day waiting times standard: a whole journey standard: Patients referred urgently with a suspicion of cancer should be seen and treated within 62 days of referral.
 - b. 31 day waiting times standard: Patients that are diagnosed with Cancer should be treated within 31 days of diagnosis.
7. Drug and Alcohol Service Waiting Time Standard:
 - a. The standard for drug and alcohol treatment states that 90% of people who need help with their drug or alcohol problem will wait no longer than 21 days for treatment that supports their recovery.
8. Treatment Time Guarantee: The Treatment Time Guarantee is a legal requirement under the Patients' Rights Bill (2011). All patients that agree to inpatient/daycase surgery should be treated within 12 weeks of the agreement to treat.
 - e. There are some exemptions to this guarantee,
 - i. Assisted reproduction
 - ii. Obstetrics services
 - iii. Organ, tissue or cell transplantation whether from living or deceased donor
 - f. Treatments in an outpatient setting are not covered by the treatment time guarantee.
 - g. Waiting time excludes any patient unavailability or clock resets.
 - h. A diagnostic test is not defined as treatment.

The policy has been approved by the Board in an open session and is available on the Intranet.

2. Background

It is essential that NHS Forth Valley uses resources in a cost effective way. It is recognised that a culture of continual service redesign and improvement is necessary to achieve transformational change. The need to improve consistency of care and reduce variation across NHS Scotland is part of an explicit ongoing commitment to evidence based clinical practice.

NHS Forth Valley's Access Policy aims to ensure consistency of approach in providing access to services and as such it supports The Patients' Rights (Scotland) Act 2011 which includes a guarantee in law that all eligible patients should start to receive their Day Case/In-Patient treatment within 12 weeks of the date of agreement to treat - 12 week Treatment Time Guarantee (TTG). The TTG dovetails with existing Stage of Treatment and 18 weeks Referral to Treatment (RTT) standards.

NHS Forth Valley's Access Policy also firmly supports NHS Scotland's Quality Ambitions, which put quality at the heart of our NHS. The shared ambition is to deliver world-leading person centred, safe and effective healthcare services as well as timely access to care at the point of treatment.

As a minimum 90% of patients accessing acute secondary care services should expect to be treated within 18 weeks from the receipt of their referral to the start of their treatment.

3. Treatment Time Guarantee

The Patients' Rights (Scotland) Act 2011 establishes a 12 week maximum waiting time for eligible patients. Eligible patients should start to receive their treatment within 12 weeks of the treatment being agreed between the patient and NHS Forth Valley. This means once a patient has been diagnosed as requiring inpatient or day case treatment and has agreed to that treatment, they must start that treatment within 12 weeks of the agreement. This will include Mental Health services.

The patients waiting time clock will start on the date the patient agreed the treatment and will stop when the patient undergoes an operation or treatment.

Diagnostic tests and Outpatient procedures are not covered under the definition of a "treatment" within the Act hence there is no legal waiting time guarantee. However, the whole journey 18 week RTT standard applies.

3.1 Start date

The Treatment Time Guarantee (TTG) will start when the clinician and patient agree to treatment. For the vast majority of the patients the agreement will be at an outpatient appointment.

If a patient requires to undergo a test to confirm the need for treatment then the time when the patient is contacted about the test results and subsequent treatment agreed would represent the clock start date for the TTG.

A clock will not start if a patient wants to consider whether to go ahead with treatment. The clock will begin only when the patient agrees to go ahead with treatment. This date should be noted and this will be the start date for TTG.

The patients' start date should not be delayed until after pre-operative assessment as this is only checking the patient is fit to come in for their treatment (see page 21 for detail regarding pre-op assessment).

3.2 End Date

This is the date the patient has a procedure which should be within 12 weeks from date the patient agreed to treatment.

An offer of treatment for inpatient or day case out with the 12 weeks TTG will be a breach of the TTG and legislation does not allow for any adjustments to the treatment time clock once the patient has breached.

3.3 Bilateral Treatment

For patients waiting for sequential bilateral treatment the waiting time for the second treatment is measured as a separate pathway. It may be that the agreement for both treatments is made at the same time. However, normally the agreement to commence the second treatment is only made on or after the post-operative review for the first treatment. The waiting time for the second treatment should not start until the clinician and patient agree to proceed to treatment. The sequential treatment must not be managed as a planned repeat.

3.4 Patient's Obligations

The TTG guidance also makes explicit the responsibility of the patient for accepting and honouring a "reasonable offer" of an appointment or admission date for treatment. Patients who "fail to attend" for an appointment or admission, without prior warning, may be removed or will return to the start of the waiting list, unless there are clinical or other compelling reasons for treating them sooner. Effectively they will have their waiting times "clock" returned to zero.

3.5 Patient Communication

While verbal contact with the patient is the preferred approach when offering appointments or admission dates, where this is not possible, effective processes for delivering and accepting or rejecting offers will be in place. Communications with patients should be in a format appropriate to their needs e.g. large print, community language. There are certain groups of patients who may experience difficulty accessing hospital facilities for specific reasons. GP's should indicate this on the referral. This will ensure that steps can be taken to facilitate access and no patients are disadvantaged in any way.

4 Key Principles of NHS Forth Valley's Access Policy

There are a number of key principles that underpin the achievement of the aims of the Access Policy and delivery of waiting time standards.

For patients

- The patients' interests are paramount
 - NHS Forth Valley aims to achieve inclusive and equal access for all service users
 - Patients must inform NHS Forth Valley if they are unable to keep an appointment
- For NHS Forth Valley**
- Patients are offered care according to clinical priority, then in date order and within agreed waiting time standards
 - Sufficient capacity should be available and optimally utilised to deliver waiting times
 - Referrals are managed effectively through electronic triage
 - NHS Forth Valley will provide a common pathway for electronic triage which includes the option of providing advice to the referrer or an appropriate appointment
 - Waiting lists are managed effectively using electronic systems where possible
 - Patients will be referred to a clinical team and will be seen by an appropriate member of that team rather than a named consultant
 - Patients should not be added to a waiting list if they are not available for treatment due to medical reasons
 - Offers should be made as soon as possible after receipt of referral and a minimum of 7 days notice before the date of the appointment or admission
 - A patient must be offered two reasonable offers for outpatient and inpatient appointments
 - If a patient refuses two reasonable offers, the hospital will refer the patient back to the referring clinician, normally their GP, unless the consultant requests otherwise on clinical grounds
 - Patient advised unavailability should only be applied in response to specific request from the patient or their carer. This should be clearly documented on the hospital systems and confirmed in writing
 - Admissions to hospital are actively managed through pre-assessment services.
 - There is partnership working with stakeholders in primary, secondary and social care.

5. Responsibilities under the National Access Policy/ NHS Forth Valley Access Policy

The National Access Policy details the responsibilities that will ensure equity and consistency of approach in accessing health services across NHS Scotland. These same responsibilities have been adopted in NHS Forth Valley's Access Policy.

The four key responsibilities under the Access Policy are:

1. To communicate effectively with patients.
2. To manage referrals effectively.
3. To manage waiting lists effectively.
4. To use information to support improvements in service provision.

5.1 To Communicate Effectively With Patients

There is a need to ensure that patients are appropriately informed at all stages of the patient journey. Communicating effectively with patients or their carer (if appropriate), will help to inform them of when, where and how they will receive care and what their responsibilities are in helping to ensure treatment proceeds as planned.

It is important that patients are provided with clear, accurate and timely information about how and when they will be admitted to hospital. This information will be included in a patient leaflet given to them by the booking team when they receive an appointment.

The patient will be given clear instructions on how and when to contact the hospital to either accept or decline their appointment or admission date and the timeframe in which to do this.

Patients will be given clear information on the consequences of not responding quickly to hospital communications and the impact this could have on their waiting time. The patients leaflet will help the patient understand their responsibilities. On request the patients leaflet will be in a format appropriate to their additional support needs e.g. large print, different languages.

NHS Forth Valley has clear processes and procedures in place to ensure that patients can inform NHS Forth Valley of any changes in their details and/or their ability to attend appointment.

- GPs and Practice staff must make patients aware that refusal of a reasonable offer of appointment or admission may have implications for the time they have to wait and may result in patient being returned to the referrer's care.
- Where treatment occurs outside the Health Board area, or where clinics are held infrequently, it will be made clear to patients the reasons for this at the beginning of the process of organising their appointment or admission.
- The patient leaflet will make patients aware that they must inform the hospital of any changes to their details, e.g. name, address, postcode, telephone number or GP as soon as possible.
- GPs should advise patients they are required to attend their agreed appointment. If the appointment is not required or if the patient is unable to attend, the patient should inform the hospital at the earliest available opportunity.
- Patients should be made aware that they need to advise the booking office when they will not be available to attend any appointment or admission to hospital for any periods of time, e.g. holiday or work commitments. If circumstances change after the referral is made they must inform the hospital at the first opportunity.
- Patients should be made aware that if they no longer wish to have their outpatient appointment or admission, for whatever reason, they must advise the hospital.
- Where patients do not attend for appointments and are returned to the referrer the primary care team should have in place arrangements to follow up with the patient prior to re-referral.
- In the event of a breach of the TTG, NHS Forth Valley will provide the patient or where appropriate, the patient's carer, an explanation in writing of why the Health Board did not deliver the TTG. This will contain details of the advice and support available and details of how feedback, comments or complaints can be raised.

- Communications about patient clock adjustments must be in writing unless there has been consent to receive communications via electronic medium.
- Additional needs will be noted in the patient management systems and on the SCI gateway referral.
- Patients may require advocacy assistance when being communicated with.

5.2 To Manage Referrals Effectively

Improvements in waiting times will be delivered through an effective partnership between Primary and Secondary Care, with appropriate protocols and documentation in place.

5.2.1 Referrer

- Prior to referral, the clinician will explain to the patient the range of options to be considered. It will be explained that patients may not need to access specialist or consultant-led services.
- The referring clinician will advise patients of why they are being referred, the expected waiting time, their responsibilities for keeping appointments and the consequences of not attending.
- Where treatment cannot be provided locally and the patient needs to travel elsewhere, the patient will be made aware of this as early as possible.
- When the referrer is aware the patient will be unavailable for a period of time, the referrer will either delay sending the referral until they know the patient is available or clearly note the patient's unavailability period on the referral..
- Referrals (where possible), will be made electronically and as per local protocols.
- GPs will make referrals to a clinical service and not a named consultant.
- Wherever possible patients should be referred for diagnostic tests prior to the referral being made for the first outpatient appointment.
- Referrers must provide accurate, timely and complete information within their referral (or they will be returned) including:
 - CHI identifier
 - Full demographic details which include:
 - Name
 - Address
 - Ethnicity
 - Postcode
 - Up to date mobile and home telephone numbers
 - e-mail address
 - Preferred method of contacting patient i.e. letter, phone or e-mail
 - Patient's unavailability period if applicable
 - Armed forces/veteran status if applicable
 - Additional Support Needs
- Patients referred with suspected cancer must be marked as '**URGENT- SUSPICION OF CANCER**' and appropriate SCI referral completed. All suspected cancer patients are required to be seen and treated within the correct cancer waiting time standards (see page 23).
- Special exemptions exist for Armed Forces veterans which enables them to receive priority treatment for any conditions which are likely to be related to their military service, subject to the clinical needs of all patients. Refer to, "HDL 2006 16 – Priority Treatment for War Pensioners and to Access to Health Services for Armed Forces Veterans – Extension to Priority Treatment CEL 8 (2008)".

5.2.2 Receiving location

- There is a structured and transparent approach to the management of referrals, scheduling and booking for all patients.
- Referrals are triaged electronically where possible and must be done within 2 working days of receiving the referral.
- The date of receipt of all referrals is recorded.
- Patients should be booked as close to the date of receipt of referral as reasonably possible using the criteria of clinical priority and date order.
- Systems and procedures are in place to triage and prioritise referrals in accordance with referral category (e.g. Urgent/Routine)
- A common pathway that allows advice or an appointment as appropriate is in place.
- Armed Forces personnel, veterans and their families who move between areas retain their relative point on the pathway of care within the national waiting time targets. Refer to, "Access to NHS Care for Armed Forces Personnel CEL 8 (2008) and CEL 3 (2009)".
- Special exemptions exist for Armed Forces veterans enable them to receive priority treatment for any conditions which are likely to be related to their military service, subject to the clinical needs of all patients. Refer to, "HDL 2006 16 – Priority Treatment for War Pensioners and to Access to Health Services for Armed Forces Veterans – Extension to Priority Treatment CEL 8 (2008)".

5.2.3 Receiving Clinician

- It is the receiving clinician's responsibility to communicate back to the referrer with advice on why the referral is unsuitable. This will avoid unnecessary outpatient appointments.
- Any referrals received for a service that is not delivered in the NHS Forth Valley area will be returned to the original referrer with advice. Where it is judged the referral would be more appropriately managed by another service provided by the Health Board, the referral will be passed to that service and the referrer informed by the consultant.
- Receiving clinicians must ensure waiting lists properly reflect clinical priority and are managed effectively.
- No patient will be added to the waiting list other than through the formal referral process unless they are a transfer from Accident & Emergency or Minor Injuries unit.

5.2.4 Patient Transfer

- The transfer of any part of a patient's health care to other Health Board areas or to the private sector must always be with the consent of the patient. The consultant will also be notified of this decision.
- Appropriate documentation and information should be provided to the receiving Health Board or private sector provider where appropriate, with an agreed minimum data set between Health Boards.
- If the patient does not wish to be transferred, NHS Forth Valley must ensure the patient is made a reasonable offer within current national guidance and within the current relevant waiting time standard.
- Private patients opting to transfer to NHS treatment must be referred back to the GP to discuss their options and if appropriate referred to local NHS provider. The 18 Week RTT will then commence (appendix 2)

5.3 To Manage Waiting Lists Effectively

To support delivery of waiting times standards there is a need for NHS Forth Valley to manage waiting lists effectively. This includes triaging of referrals, management of both new and return patients and accurate recording of clinic outcomes.

- Patients will only be added to a waiting list if they are available to commence treatment.
- Systems and processes are in place to ensure that all staff are adequately trained to use local systems to help manage access to services using Standard Operating Procedure manuals.
- All new referrals will be triaged electronically within 2 working days with all new appointments having a corresponding waiting list entry.
- Patients will be booked according to clinical priority and then in date order.
- Details of patients on the waiting list who are admitted as emergency admissions will be communicated to Health Records.
- Systems and procedures will be in place to ensure that the Health Records are aware of any patient cancelled on the day of, or after, admission.
- Patients will only receive a return appointment when there is a clinical need.
- The amount of return appointments will be monitored and reviewed.
- There are systems and procedures in place to communicate, manage and record all outcomes at clinics.
- Patients who require treatment for different conditions may be on two separate pathways. The patient following discussion with their Consultant(s), will agree which treatment should take precedence.

6. New Appointments Processes

NHS Forth Valley has 3 ways of making appointments; patient focused booking, telephone booking and direct booking.

6.1 Patient Focused Booking (PFB)

PFB is where an acknowledgement letter is sent to the patients when the referral is received inviting them to make contact to make arrangements for their appointment.

6.2 Telephone Booking

This model is where arrangements for the appointment are made by telephoning the patient to make the appointment.

6.3 Direct Booking

This model is where patients' are sent a letter offering them an appointment date, the patient then calls to accept that date or to advise that they are not available and are then given a second offer.

6.4 Reasonable Offer

A "reasonable offer" of appointment is the offer of 2 or more different dates 7 days apart for each stage of the patient's treatment pathway, with a minimum of seven days notice from the date of each offer to the date of appointment.

NHS Forth Valley may offer patients appointments in other areas out with NHS Forth Valley Board area. The sites which are classed as reasonable offer sites are:

- NHS Lothian
- NHS Lanarkshire
- NHS Fife
- NHS Tayside
- NHS Greater Glasgow and Clyde
- National Facilities e.g. Golden Jubilee National Hospital Clydebank, Strathcathro hospital (NHS Tayside).
- Private sector hospitals

In exceptional circumstances e.g. specialist services or for capacity issues it may be that a reasonable offer will be any NHS facility within Scotland. In these circumstances NHS Forth Valley will be responsible for the cost of any transport and accommodation arrangements necessarily and reasonably incurred by the patient and their carer. .

The NHS Forth Valley selection criteria to decide which patients can be offered treatment at these sites are:

- Medically fit to travel
- Clinical criteria
- Patient choice

If a patient is to be offered treatment out of area the patient will receive early notice of this (preferably at the time of agreeing the treatment). If NHS Forth Valley offers a patient treatment at the above locations using the selection criteria and the patient subsequently turns down what is deemed a reasonable offer of appointment outwith NHS Forth Valley, a period of unavailability will be recorded.

Regardless of how an offer is made, all patients will be offered up to two dates for an appointment. Both of these dates should be a minimum of seven days in advance and within the waiting times standards set out in this policy. Patients may require advocacy assistance when being communicated with.

If a patient refuses a reasonable offer NHS Forth Valley will note the patient declined the offer and may either:

- Refer the patient back to their GP or
- If it is not reasonable or clinically appropriate to refer them back to their GP then the treatment time clock will be reset to zero.

6.4.1 Dates of Treatment

A reasonable offer should include two dates more than 7 days in the future and 7 days apart. If the first date offered is accepted and no second date proposed, this is also a reasonable offer.

Any letter offering an appointment will need to be delivered promptly and received by the patient at least seven days prior to the appointment date to ensure that the minimum standards for reasonable offers are met. It is important that the date on the letter is the date the letter is sent out.

6.5 Patient Request for Named Consultant

Patients are referred to a clinical team and are seen by the appropriate team member rather than an individual consultant. A reasonable offer of appointment relates to any competent clinician who is part of a consultant led service which NHS Forth Valley provides in that specialty. A named consultant will only be allocated to ensure continuity of care, patient safety or for clinical or exceptional circumstances. It may transpire that the consultant the patient sees at the outpatient appointment may not be the consultant who subsequently carries out the inpatient/day case treatment.

If a patient requests a named consultant (this number should be small) it is not a guarantee that the request will be accommodated. Where the patient prefers to wait for an appointment with a named consultant, rather than an appointment with another consultant, the patient's wait might be longer than necessary. The patient should be made aware of the length of the wait they will experience in writing. It must be clear that this is the patient's request and they are fully aware of the consequences of their decision i.e. impact on waiting time. A note will also be made in their record "period of unavailability following patient request for a named Consultant".

6.6 One Stop Services

For patients seen on an inpatient or day case basis the date the patient agreed treatment and the date of the treatment will be the same. In this scenario the patient will have a zero wait recorded against the Treatment Time Guarantee. For the small number of patients where treatment cannot be undertaken on the day, the waiting time clock will continue.

6.7 Specific Treatment Location

If a patient requests a named location (this number should be small) it is not a guarantee that the request will be accommodated. Where the patient prefers to wait for an appointment at a specific location rather than an appointment at the location offered, the patient's wait might be longer than necessary. The patient should be made aware of the length of the wait they will experience in writing. It must be clear that this is the patient's request and that they are fully aware of the consequences of their decision i.e. impact on waiting time. A note will also be made in their record "period of unavailability following patient request for a specific treatment location".

7. Unavailability

Unavailability is the period of time when the patient is considered to be unavailable for treatment. This can be for medical or patient advised reasons. Patients who are unavailable should not be added to the waiting list if there is no known end date to their unavailability. Adding patients to a waiting list could give the patient the impression that they are now in a queue for treatment.

It is vital that patients who are on a waiting list but who become unavailable are monitored regularly. Under waiting times guidance, patients who are recorded as unavailable must be reviewed within 12 weeks if no end date to their availability is known. This review must be recorded which will automatically update the guarantee date.

It is a legal requirement that the patient and the original referrer are sent a letter informing them of any changes to the patient's waiting list status.

The waiting time clock will restart from the date the patient becomes available to accept an appointment or admission date.

7.1 Medical Unavailability

This is where a patient is unable to progress along their pathway for reasons that relate to their medical condition.

An example of this could be the existence of another condition which prevents the patient from undergoing treatment. One such scenario is when a patient attends a pre-assessment clinic 5 weeks into their waiting time and is found to have high blood pressure. If the clinician determined a period of 10 weeks was required to resolve the problem the patient's waiting time clock would be paused for the 10 week period. Once the patient's blood pressure had stabilised the waiting time clock will restart at week 5 with 7 weeks left to deliver the treatment time guarantee.

The start date of the period of unavailability is the date the clinician made the decision that the patient was medically unavailable. The end date is when the clinician decides the patient is now fit to undergo their treatment.

A letter will also be sent to the patient informing them of the period of unavailability that has been applied to the treatment time guarantee.

7.2 Patient Advised

Patient advised unavailability is when a patient is unable to progress along their pathway for reasons that relate to non medical circumstances.

Patient advised unavailability relates to the patient's situation and must not be used when staff are unavailable. This is where a patient has personal reasons for not being able to attend hospital such as when they have: holiday, academic, work commitments or if they have carer responsibilities. The treatment time clock will be paused for the length of the period of unavailability.

The start date will be the date when the patient has indicated the period of unavailability will start.

The end date will be the date when the patient has indicated the period of unavailability will stop.

In this situation the start date and end date of the unavailability should be recorded. If there is no exact end date available an estimate should be entered.

NHS Forth Valley will write to the patient informing them of the period of unavailability that has been applied to their treatment time clock.

7.3 Visiting Consultant Service

This is a service where NHS Forth Valley commissions another Health Board to provide a service in the NHS Forth Valley area.

If the patient decides to wait until the next scheduled visiting consultant service, rather than attend an appointment for the agreed treatment out with NHS Forth Valley, then the period between the date NHS Forth Valley is made aware of the patient's decision and the date of the next scheduled visiting consultant will not count against the treatment time guarantee. The patient will have patient advised unavailability applied to their record for this period and the time discounted from the overall waiting time. NHS Forth Valley will send a letter to the patient confirming the period of unavailability.

8. Managing Appointments of Patient Who Did Not Attend (DNA)

8.1 New Outpatient Appointments

NHS Forth Valley will not routinely offer a further appointment to a patient who does not attend a new/return accepted outpatient appointment. This includes group information/education sessions, virtual clinics and diagnostic tests. The clinician will decide whether a further appointment is to be offered. There must be a clear clinical reason for offering a further appointment.

- A standard letter should be sent to the patient and copied to the referrer, advising them that they have been removed from the waiting list. The letter should also inform the patient that if they contact the service within 21 days, they will be reinstated on the waiting list. After this time, the patient should contact their GP if they still wish to be seen

If the patient is referred back into the service, a new waiting time clock will start from zero.

Multiple re-setting of the clock if a patient continually does not attend their appointment is not allowed. The patient should be referred back to the referrer.

Any child who DNA's (Did Not Attend) an outpatient appointment/Pre-operative Assessment/Admission without prior warning will be highlighted to the relevant Healthcare Professional as soon as possible.

8.2 Elective Admissions

NHS Forth Valley will not routinely offer a further admission to a patient who does not attend for an accepted elective admission. The clinician will decide whether a further admission date is to be offered. There must be a clear clinical reason for offering a further admission date, and this should be recorded in the patient's notes.

A copy of the standard letter should be sent to the patient and copied to the referrer, advising them that they have been removed from the waiting list and that they should contact their GP if they still wish to be seen

Patients undergoing cancer treatment or active surveillance for cancer should automatically be offered a further admission date.

If the patient contacts Health Records and reports that they were not notified of the original admission date, if NHS Forth Valley is unable to demonstrate that the admission date was clearly communicated to the patient, the patient should be reinstated on the waiting list.

8.3 Managing Appointments of Patients Who Cannot Attend (CNA)

If a patient has accepted a reasonable offer of an appointment or admission and then contacts the department to cancel before the appointment date:

- The date of the cancellation and any explanatory text should be recorded.
- The waiting time clock will be reset to zero from the date of cancellation if reasonable and clinically appropriate. Another appointment should be offered.
- If a patient requiring urgent treatment cancels their appointment and NHS Forth Valley consider it reasonable and clinically appropriate to offer another appointment within the treatment time guarantee then they will not reset the clock. This will be the consultant's decision.

If a patient asks to reschedule a reasonable offer of an appointment or admission for a third time the patient's notes should be presented to the responsible clinician. The clinician should decide where a further appointment or admission is to be offered. There must be a clear clinical reason for offering a further appointment or admission.

If a further appointment or admission is to be offered, the above process should be followed.

If no further appointment or admission is to be offered:

- The patient will be removed from the waiting list
- A copy of the standard letter will be sent to the patient, copied to referrer, advising them they have been removed from the waiting list and that they should contact their GP if they wish to be re-referred.

CNA due to patient illness:

If a patient telephones prior to or on the day of treatment stating they are unfit to attend they will be treated as a CNA. If they have accepted a reasonable offer package the clock will be reset if reasonably and clinically appropriate. Medical unavailability will NOT be added. A letter will be sent to the patient explaining this.

8.4 Short Notice Appointments

To make best use of resources on occasion a patient will be offered a "short notice" appointment i.e. less than 7 days notice to utilise slots. If a short notice appointment is offered and the patient is happy to accept, it is deemed as a "reasonable offer". If however, a patient declines a "short notice" appointment, this should not result in any detriment to the patient and the waiting times clock for the patient is not affected in anyway.

8.5 Cancelled By Hospital

Cancellations resulting from hospital or operational circumstances will not result in any detriment to the patient e.g. cancellation of a clinic at short notice must result in the patient being made a further "reasonable offer" as soon as possible, The patients waiting time clock will **not** be affected in any way.

In accordance with NHS Forth Valley's leave policy for Medical and Dental staff, 6 weeks notice of planned leave/study leave will be given Except under exceptional or unavoidable circumstances e.g. sickness absence. Clinics will only be cancelled by Service Managers through an agreed process.

8.6 Transfers to a Different Health Board

This is when a patient's ordinary residence changes to a different Health Board area and the patient requests to be treated within the different Health Board area (the Board of their new residence). In such cases the Board must record the date the responsibility transferred to the different Health Board. The treatment time guarantee will cease for the original Board.

When the different Health Board receives the transfer request they must record the details of the request including date when the treatment time guarantee started. NHS Forth Valley will then write to the patient to advise them that the waiting times clock will be reset to zero.

It may be in some circumstances the receiving clinician will ask to see the patient before agreeing the treatment.

9. Adding patients to the elective Waiting List

9.1 KEY PRINCIPLES

A patient will only be added to the waiting list if they are clinically and socially ready for admission on the day the decision to treat is made.

Patients will not be added to the waiting list if any of the following apply:

- Patient is to lose weight
- Patient is pregnant unless in the opinion of clinician the delay with surgery would be detrimental to patients' welfare
- Patient is to have studies, tests or other investigations before surgery
- Patient or Consultant wishes to delay surgery to see if there is any improvement in health which will mean no need for further intervention
- Patients not ready for surgery at present (including age-related procedures) as per National Waiting Times Unit Good Practice Guidelines states "A patient is not to be placed on a waiting list as a holding device until the patient's condition reaches an appropriate stage or the patient reaches a certain age"

When placing a patient on the waiting list the following information must be collected:

- Patient demographic details
- Patient telephone numbers
- GP
- Unavailability dates
- Suitability for treatment elsewhere
- Ability to accept short notice admission
- Procedure description
- Suitable for pooled list/clinician specifically wishes to do procedure
- Clinical urgency or routine (current guidelines)
- Intended management i.e. in-patient, day case, 23 hr stay etc
- Pre-operative assessment, requirement for High-Risk assessment etc
- Any other information that will aid the smooth admission of the patient, and any relevant medical history e.g. diabetic, latex allergy
- Consultant name and signature
- Date of clinic

10. Pre-operative assessment

Pre-operative assessment (POA) and planning, carried out prior to treatment, ensures that the patient is fully informed about the procedure and the post operative recovery, is in optimum health and has made arrangements for admission, discharge and post operative care at home

A patient who accepts a "reasonable offer" and "Did Not Attend" for pre-operative assessment on the date given will be removed from the Theatre List if arranged. This DNA will be followed up by the pre-operative assessment department to determine the reason and to confirm if the patient still wishes surgery.

If the patient still wishes to have surgery:

- If the patient fails to attend second date for pre-op assessment advice will be sought from the healthcare professional to whom the referral was made. If there are no clinical reasons for offering a further appointment, the patient will be removed from the waiting list and refer back to the referrer with copy of letter sent to patient.

If the patient no longer wishes surgery:

- Seek advice from healthcare professional to whom the referral was made. If there are no clinical reasons for offering a further appointment, remove the patient from the waiting list and refer back to the GP with copy of letter sent to patient.
- GP can re-refer the patient if required. If a further referral is received and a new appointment offered, waiting time starts from zero

If a patient is unfit at pre-op then there is the option to either remove them from the waiting list or to add medical unavailability.

11. Admissions

11.1 Could Not Attend (CNA)

Patients will be contacted 7 days in advance by telephone or earlier (by letter or telephone) with an arranged date for surgery and a date for pre-operative assessment appointment prior to the admission date. It is recognised there are circumstances where the patient has to cancel.

Patients will be made aware that the clock is reset to zero from the date of cancellation not the date of appointment therefore it is in their own best interests to cancel as soon as possible.

- **First CNA**
A patient accepts a "reasonable offer" of appointment however cannot attend; this is their first CNA. The waiting time clock is set to zero on the date when the patient makes contact. Details are recorded on the system and the patient should be made another "reasonable offer".
- **Second CNA**
Having accepted a further appointment, the patient cancels, this is their second CNA. The Waiting time is set to zero on the date when the patient makes contact. Details are recorded on the system and the patient should be made another "reasonable offer". Patients should be given the opportunity to cancel TWICE. If the patient cancels on a THIRD occasion and, if clinically appropriate, they will be referred back to GP.

If instructed to return to GP care:

- GP and patient should be informed by letter that the patient is being removed from the waiting list.
- GP can re-refer the patient if required.

11.2 Did Not Attend

If a patient accepts a “reasonable offer” of appointment but does not attend on the agreed date and time the following applies;

- Record DNA details on system.
- Discuss the reason for the DNA with the patient by telephone or letter. If verified by telephone confirm by letter with copy sent to GP.
- Seek advice from the healthcare professional to whom the referral was made. If there are no clinical reasons for offering a further appointment, remove the patient from the waiting list and refer back to the GP with copy of letter sent to patient.
- If the patient is to remain on the waiting list, record the reason for DNA and reset the clock to zero from the date of the original appointment.
- Make the patient another reasonable offer of appointment.

11.3 Short-Notice Admissions

To make best use of resources on occasions a patient will be offered a “short notice” admission (i.e. less than 7 days) to utilise theatre slots. If a “short notice” admission is offered and the patient is happy to accept, it is deemed as a “reasonable offer”. If, however, a patient declines a “short notice” admission the waiting times clock for the patient is not affected in any way and they should be made another “reasonable offer”.

11.4 Cancelled By Hospital

Cancellations resulting from hospital operational circumstances should not result in any detriment to the patient e.g. the cancellation of an admission at short notice must result in the patient being made a further “reasonable offer” as soon as possible. The patient’s waiting time clock should not be affected in any way. A patient cancelled in these circumstances will be given another date for admission as soon as possible.

11.5 Could Not Wait

There may be occasions where a patient has arrived for an admission as arranged but cannot wait to be seen. What should be recorded will depend on whether it is a patient or service induced situation.

- If the delay is caused by the late running of a clinic/theatre and that delay is much longer than a patient could reasonably be expected i.e. more than 1 hour wait then this should be recorded as ‘Could not wait’- delay over 1 hour and the patient will be given another appointment within their original waiting time guarantee.
- If there is a minor delay in the clinic/theatre list, providing the patient has been given guidance on the delay, but the patient is not willing to wait a short length of time, the outcome (under 1 hour wait) should be recorded as a ‘Could not wait’ – delay under 1 hour. The patient will be made another reasonable offer but their waiting time clock will be set to zero.

12. Specialist services

12.1 Cancer Access Targets

Target 1: 62-day target from referral to treatment for all patients referred urgently with a suspicion of cancer and for screened positive patients.

Target 2: 31-day target from decision to treat to first treatment for all patients diagnosed with cancer irrespective of their route of referral.

- The Board receiving the referral is responsible for meeting 95% compliance with the 62-day target.
- The Board of first treatment is responsible for meeting 95% compliance with the 31-day target.
- A 5% tolerance level will be applied to the cancer targets to allow for patients whom it is not appropriate or advisable to expedite through the system for the purpose of achieving target compliance.
- If a NHS Board chooses to outsource part of a patient's care the responsibility for delivering the target will remain with the relevant NHS Board.

The **62-day target** applies to patients who:

- were referred urgently by a Primary Care clinician or General Dental Practitioner (GDP) with a suspicion of cancer;
- were detected through the National Breast, Bowel and Cervical Screening Programmes; or
- Attended A&E or were referred directly to hospital.

The **31-day target** applies to all patients irrespective of route of referral.

Patients should be included in the relevant waiting times target cohort when they have part of or their entire pathway within NHS Scotland. Patients who choose to have part of their pathway outwith NHS Scotland will be exempt from the relevant target as follows:

- If the part of their pathway outwith NHS Scotland is pre decision to treat the patient will not be subject to the 62-day target, irrespective of route of referral.
- The patient will be subject to the 31-day target decision to treat to first treatment.
- If the part of their pathway outwith NHS Scotland is post decision to treat the patient will not be subject to the 62-day target or the 31-day target.
- As the patient is not subject to either of the cancer waiting times targets, data should not be submitted to ISD for these patients.

Exclusion Categories

Patients can be excluded from performance calculations under three different exclusion criteria:

- **Died before treatment**
- **Refused all treatment**

- **Clinical reasons** – where patients breach the target because medically they require a complex series of investigations (as opposed to the patient having gone through a circuitous pathway).

12.2 Cardiac Patients

Cardiac patients should wait no longer than 16 weeks from referral, from any source, to treatment.

12.3 Drug and Alcohol A11 Heat Standard

Drugs and Alcohol A11 HEAT standard of 3 weeks. The guidance in this access policy will apply to this standard to ensure all patients are treated equally. Local standard operating procedures will be developed for guidance and clarification for Mental Health staff and partner organisations. Although patients who require an Inpatient detox bed are subject to the 12 weeks TTG, most patients will be treated within the 3 weeks HEAT target

13. Priority Treatment for Military Veterans

Under long-standing arrangements since 1953, war pensioners are given priority NHS treatment for the conditions for which they receive a war pension or gratuity, these arrangements have been extended to all veterans according to clinical need as set out in Armed Forces CEL 8 (2008); Armed Forces CEL (2009); Armed Forces CEL 39 (2010)

General Practitioners and NHS hospitals should give priority to veterans, both as out-patients and in-patients, for examination or treatment which relates to the condition or conditions for which are related to their service, unless there is an emergency case or another case demands clinical priority. Veterans should not be given priority treatment for conditions unrelated to service in the armed forces.

- The definition of a veteran is someone who has served at least one day in the UK armed forces (including those who have served as reservists).
- Some service-related health problems do not manifest themselves until after a person has left the armed forces. Claims may be made for a war pension at any time after service termination.
- Where a person has a health problem as result of service to their country, it is right that they should get priority access to NHS treatment, based on clinical need. They should not need to have first applied, and become eligible for a war pension. Eligibility is related to people's history in the services and not exclusively to deployment or taking part in conflict.

It is suggested that veterans are most likely to present with service-related conditions requiring:

Audiology Services

The guidance on priority treatment for war pensioners applies also to service related noise-induced hearing loss.

Mental Health Services

Veterans sometimes do not seek treatment for service-related mental health problems until some years after discharge, including issues related to co-morbidity from substance misuse and alcohol addiction.

Orthopaedic Services

Injuries incurred during a person's time in the armed forces may, in some cases, present problems some time after discharge and require access to services such as physiotherapy, pain management, and rehabilitation.

General Practitioners are asked, when referring a patient that they know to be a veteran to secondary or tertiary care for a condition that, in their clinical opinion, may be related to their armed forces service, to make this clear on referral (as long as the patient is content that the referral mentions their veteran status).

14. Definitions

14.1 Waiting Time Clock

The patient's waiting time is referred to as a waiting time clock, using the following terms:

- **Clock start**
The date at which the calculation of waiting time starts.
- **Clock pause**
Any period when the patient is unavailable for treatment (see 'Unavailability'). These periods are discounted from the calculation of waiting time.
- **Clock stop**
The date at which the calculation of waiting time stops.

14.2 Treatment Time Guarantee Waiting Time

A patient's Treatment Time Guarantee (TTG) waiting time is a calculation based on the time that has elapsed between the date the patient agrees to proceed with the agreed treatment (agreement is usually at an outpatient clinic), and the date on which the patient starts to receive the agreed treatment on an inpatient or day case basis

14.3 Stage Of Treatment Waiting Times

Waiting times for separate stages of treatment are calculated based on the following:

- **New outpatient appointment**
The time that has elapsed between the date the referral is received and the date the patient attends the appointment, discounting any periods of patient unavailability.
- **Diagnostic test**
The time that has elapsed between the date the referral is received and the date the verified results of the test or procedure are reported and received by the clinician, discounting any periods of patient unavailability.
- **Inpatient/Day case admission**
The time that has elapsed between the date the patient agrees to proceed with the agreed treatment and the date on which the patient starts to receive the agreed treatment on an inpatient or day case basis, discounting any periods of patient unavailability.

14.4 18 WEEKS REFERRAL TO TREATMENT (RTT) WAITING TIME

An 18 week patient pathway begins with receipt of the patient's referral for treatment and ends when the patient's treatment commences. A patient may be on more than one pathway at the same time for different conditions. There are two types of waiting time patient pathways:

- **Non-Admitted Pathway**
The clock stops when the patient commences definitive treatment, outwith an inpatient or day case setting.
- **Admitted Patient Pathway**
The clock stops on the date on which the patient starts to receive the agreed treatment.

Appendix 1 highlights exclusions from the 18 weeks RTT.

Exclusions from 18 Weeks Referral to Treatment Standard

Referrals to the following services or some specific procedures are currently excluded and therefore do not trigger clock starts:

- Allied Health Professionals (AHPs). Direct referrals to AHP services are excluded from waiting time standards. However, AHPs may deliver services that are part of the overall waiting time standard e.g. as part of a consultant-led service.
- Assisted conception services.
- Dental treatment provided by Undergraduate dental students.
- Direct access referrals to Diagnostic Services where the referral is not part of a 'Straight to Test' referral pathway as there is no transfer of clinical responsibility to the Consultant-Led team.
- Exceptional Aesthetic Procedures which have been specifically excluded in the CEL 27 (2011) Adult Exceptional Aesthetic Referral Protocol.
- Genitourinary Medicine (GUM).
- Homoeopathy.
- Obstetrics.
- Organ and Tissue transplants.

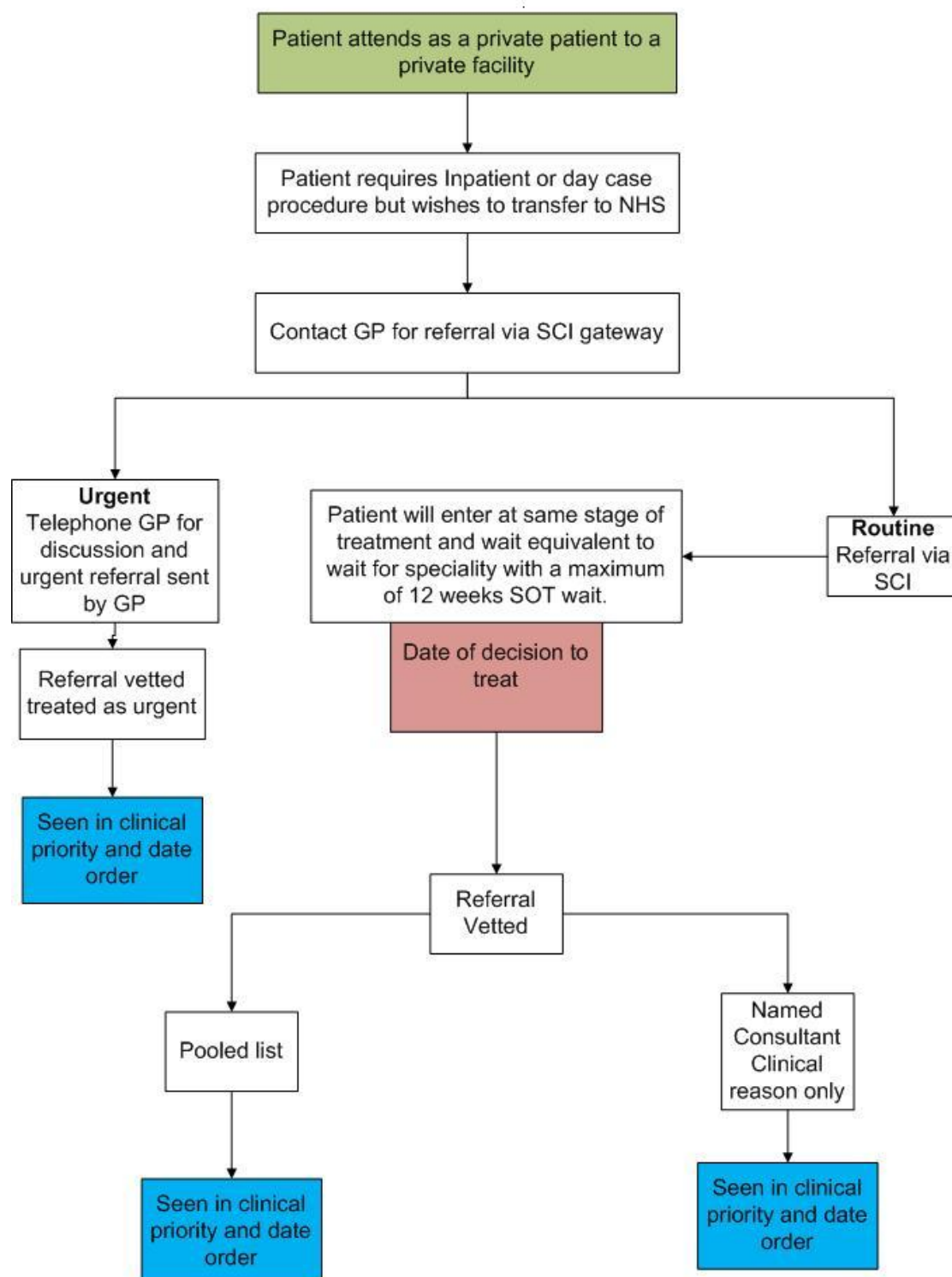
Inclusions in 18 Weeks Referral To Treatment Standard

To ensure consistency in reporting for the 18 week referral to treatment pathway across the service, the following also apply:

- For reporting purposes, patients on a Cancer pathway should also be reported through the 18 week referral to treatment pathway.
- Where a termination of pregnancy is managed as a planned procedure i.e. the patient is added to a waiting list, they should be included in 18 Week RTT.
- All Outpatient appointments, New and Return, are required to have a Clinic Outcome code applied.

Private patients who transfer to NHS for care.

Private Sector Patient transferring to NHS



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