Yeovil District Hospital NHS
NHS Foundation Trust

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Elective Access Policy:
A Guide to the Patient Pathway Process for GPs

Yeovil District Hospital
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Introduction

1. The Access Policy outlines the ways in which Yeovil District Hospital NHS Foundation Trust will manage patients who are waiting for treatment on an elective pathway. It relates to all patients requiring access to:
    - Outpatient appointments
    - Elective inpatient treatment
    - Elective day case treatment
    - Diagnostic tests
2. The policy aims to provide the Trust with a coherent approach to the management of waiting lists, scheduling and booking across the organisation.
3. Every process in the management of patients who are waiting for treatment must be clear and transparent to the patients and to partner organisations, and must be open to inspection, monitoring and audit.
4. The Trust will give priority to clinically urgent patients and treat everyone else in turn.
5. The Trust will work to meet and better the maximum 18 week waiting times set by the Department of Health for all groups of patients through the 15 and 17 week targets contractually agreed with the Somerset CCG. Cancer waiting time targets supercede the local 15 and 17 week targets where applicable.
6. The Trust will negotiate appointment and admission dates and times with patients.
7. The Trust will work to ensure fair and equal access to services for all patients.

Key Principles

1. General Practitioners/General Dental Practitioners (GPs/GDPs) or other referrers **should only refer patients who are fit, willing and able** to progress along their pathways **without undue delays**.
2. Patients will be treated according to their **clinical priority** and managed in **chronological** order within nationally and locally agreed waiting time targets.
3. The Trust will seek to make best use of its resources to the benefit of all patients by seeking to reduce the number of patients who Do Not Attend (DNA). Patients will be encouraged to be responsible for keeping their appointments. **A DNA will cause the patient to be referred back to their GP.**

Local Standards

In addition to the level of performance required by the Department of Health, the Trust may also develop internal performance indicators which support the achievement of these standards. **The Trust has agreed to work to targets of 17 weeks (for Orthopaedics) and 15 weeks (for all other specialties) for 95% of non-admitted patients, and 90% of admitted patients with the Somerset CCG.** This is to improve our service to the patient and is independent of the national 18-week target system which is the benchmark by which this policy has been set out and national standards are judged.

Key Access Policy Points

Reasonable Offer of Appointment

- The current definition of a “reasonable offer” is that it gives the patient a minimum of two weeks’ notice for outpatient and diagnostic appointments, and three weeks’ notice for inpatient and day case procedures.
- **This does not apply to patients referred under the suspected cancer referral (two week wait referral). These patients will be offered a first appointment within 14 days of receipt of the GP’s referral. GPs should, where clinically appropriate, inform the patient that they are being referred on a two week wait basis. They should also consider not submitting the referral until the patient is actually available to attend within a 14 day period e.g. the GP should not refer if the patient is just about to go on holiday; the referral should be made when the patient becomes available to attend. If they do wish to submit the referral, an appointment will be made for when the patient is again available and the RTT clock can be adjusted.**

Choose and Book

- **All referrals and appointments should be booked through the Choose and Book (C&B) system. Any appointments booked outside C&B should be made in negotiation with the patient. The process of negotiating an appointment date will often occur as part of a telephone conversation with the patient. Any referrals to be made outside the C&B system should be negotiated with the relevant business manager but should, in general, be discouraged.**

Outpatient/Diagnostic Stage

- **Patients can change appointment dates twice through C&B in line with the reasonable choice policy. If they wish to change their appointment again they will be referred back to their GP.**
- **If a referral is received through a non-C&B route the Trust will negotiate the date and time of appointment with the patient. Non-C&B referrals should be negotiated with the relevant YDH business manager and are not seen as best practice.**
- **At the point of booking the first appointment, the Trust will enquire as to whether the patient is able to accept an appointment within the next five weeks. If the patient advises that they are unavailable to attend within this timeframe the referral will be returned to the GP. Referral back to the GP in this scenario would stop the RTT clock and a new RTT clock would start at the point when the patient and GP agree to re-refer for treatment.**
- For suspected cancer referrals, patients will be offered a first appointment within 14 days and will also receive further appointments at shorter intervals than described below.
- In the event of a patient declining a reasonable offer, the patient should be offered an alternative date. This second date does not have to be two weeks from the original date offered but should not be within a period during which the patient has indicated they are unavailable.

- **If the patient declines a second offer of a date, they should be advised that one further offer will be made. If this is not acceptable, no further offers will be made and they will be discharged back into the care of their GP. This also applies when a patient cancels two consecutive follow-up appointments.**
- **This does not automatically apply to cancer patients as cancellations do not remove patients from a cancer pathway unless approved after dialogue with their GP.**
- **Referral back to the GP in this scenario would stop the RTT clock and a new RTT clock would start at the point when the patient and GP agreed to re-refer for treatment. The rationale for referring back to Primary Care is to ensure that the GP is aware that the patient is not attending for the treatment for which they were referred. This may be particularly important in safeguarding children and vulnerable adults.**

Inpatient/Day Case Admission Listing Stage

- If a patient declines two reasonable offered dates then their RTT clock may be paused from the date of the earliest reasonable offer. A patient's paused RTT clock should be restarted from the date the patient declares they are available for admission again
- Where a cancer patient is given an admission date but then declares that they are unavailable, a waiting time adjustment can be made to the cancer performance pathway.
- Where patients choose to defer surgery, the Trust will accommodate this. The clinician will need to decide if the time period that the patient wishes to wait would compromise the treatment plan and whether the patient would require further assessment prior to attending for surgery.
- If the clinician decides that further assessment would not be necessary, then the patient should be listed for surgery and the date that they will make themselves available for treatment must be recorded on the PAS. The RTT clock will pause between the date the patient was added to the waiting list and the date the patient wishes to declare they are available for treatment.
- Extensions to the delay requested by the patient should only be sanctioned following discussion with the relevant clinician. Periods of suspension must be authorised by clinicians.
- **In circumstances where the clinician decides that deferral of treatment would require the patient to be reassessed at a later date, e.g. a further follow up appointment, the patient should be returned to the care of their GP and re-referred at a more appropriate time. This should be carefully considered in the case of suspected/confirmed cancer patients.**

Additions to the Inpatient and Day Case Waiting List

If it is evident that the patient is **unfit for surgery** then a decision needs to be made by the clinician as to the next step in the patient's pathway. This may include:

1. **Returning the patient to the care of their GP (RTT clock stop - decision not to treat).**
2. In those instances where the patient's condition is deemed to be clinically urgent and referral back to GP is inappropriate, the hospital consultant may need to seek the advice/intervention of a consultant colleague in another specialty. In this case the RTT clock will continue until such time as the patient receives the treatment originally intended.

3. It may become apparent that following further assessment the original procedure cannot be undertaken and an alternative treatment plan is required. The RTT clock would continue until the new treatment is provided.

Patients Choosing to Delay Treatment after Listing as an Inpatient/Day Case

Where a decision to admit for treatment has been made and the patient wishes to defer treatment for a period of less than four weeks the RTT clock will be paused and will recommence on the date that the patient indicates that they are next available for treatment.

- If the patient wishes to defer treatment for a period longer than four weeks, this must be discussed with the relevant clinician.
- If the clinician agrees a further deferral, the RTT clock would remain paused. It would restart on the date at which the patient indicates that they are next available for treatment.
- **If the clinician decides that further deferral would require the patient to be re-assessed at a later date, the patient should be returned to their GP and we would request that the patient is re-referred at a more appropriate time.**
- **Where a patient accepts a "reasonable" offer for admission but subsequently cancels, they should be offered another. Their RTT clock should only be paused when rebooking their admission date if they refuse this second date and are then offered a third. If they subsequently turn down another reasonable offer for admission, the patient will be referred back to their GP.**
- For cancer patients, the cancer performance target can only be paused if a date has been offered and the patient subsequently declares they are unavailable.

Patient DNA (Did Not Attend)

Any patient (except for children unless agreed by the clinician) who did not attend their first appointment after initial referral will have their RTT clock nullified. It is as if the referral never existed, since effectively the patient has chosen not to begin their pathway. Their referral will be returned to the GP or other referrer. A new RTT clock will start on the date the provider receives notice of any subsequent re-referral.

- **Referrals from a GP for a two week suspected cancer patient will all be offered a second appointment following a first DNA. If the patient DNAs a second time, a dialogue will be held with their GP and, if appropriate, they can be referred back into their care.**
- If, in exceptional circumstances, the clinician decides that it is appropriate to contact the patient to rebook the appointment, (i.e. the patient is not referred back to primary care as might be the case with children/vulnerable adults), then a new RTT clock should start from the date that a new appointment date is agreed with/communicated to the patient.
- **A DNA at any other point along the pathway does not nullify the RTT clock, but it will result in the patient being discharged and returned to the care of their GP.** The provider must be able to demonstrate that the appointment offer was reasonable and clearly communicated to the patient.

- A single DNA at any other point on a cancer pathway will not automatically nullify the cancer waiting time target as the patient will be offered a second appointment.
- **In cases where the patient, GP or other referrer believes that this was not a true DNA and the patient should be reinstated, this should be escalated to the Clinical Services Manager and Performance Manager.**

Patient Unsure about Proceeding with Treatment

If a (non-cancer) patient is uncertain about going ahead with treatment, it may be appropriate to discharge the patient and refer them back to their GP where their ongoing care will continue to be managed within primary care. If, and when, the patient feels ready for treatment they can ask their GP to re-refer them. Referral back to the GP in this scenario would stop the RTT clock. A new RTT clock would start at the point when the patient and GP agreed to re-refer for treatment.

Communication and Documentation

If the clock is stopped because of a clinical decision not to treat, then the clock stops on the date that the clinical decision (as above) is communicated to the patient. A key principle is that any decision to pause or adjust a patient's RTT clock, or to accept that a patient will not receive their treatment within 18 weeks, however legitimate this is, should be explicitly communicated to the patient and subsequently to their original referrer.

Overseas Visitors

Separate guidance should be referred to when managing the treatment of overseas visitors as their access to the Health Service may be limited.

Access to Health Services for Military Personnel and Veterans

All veterans and war pensions should receive priority access to NHS care for all conditions which are 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 should notify the Trust of the patient's condition and its relation to military service when they refer the patient.

Patient Referral Process Overview