

# NHS Grampian Access Policy

## Key Principles of Effective Referral and Waiting List Management

### Revision History:

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**This policy is also available in large print and other formats and languages upon request. Please call NHS Grampian Corporate Communications on (01224) 55116 or (01224) 552245.**

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# 1. Introduction

The NHS Grampian Access Policy has been developed to provide a common vision, direction and understanding of how NHS Grampian should ensure equitable, safe, clinically effective and efficient access to services for its patients with reference to the following Access Standards:

Treatment Time Guarantee  
18 weeks Referral to Treatment Standard  
'New Ways' Stage of Treatment Standards

This policy sets out principles that will help ensure that 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 Grampian will ensure it has systems, processes and resources in place to deliver the responsibilities described in the NHS Scotland National Access Policy and that Standard Operating Procedures (SOPs) are established to ensure delivery of the requirements of this Policy.

This policy has been developed in collaboration with the Patient Focus and Public Involvement Officer and patient/public representatives and is deemed to be open and transparent having been approved by the Board in open session and is widely available. This includes publication on the Board's website.

This Policy has been developed with reference to the following:

- The Patient Rights (Scotland) Act 2011
- The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012
- The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2012
- Patient Rights (Scotland) Act 2011 Treatment Time Guarantee Guidance
- NHSScotland Waiting Time Guidance: Treatment Time Guarantee, 18 weeks Referral to Treatment Standard, NEW WAYS Stage of Treatment Standards
- Effective Patient Booking for NHSScotland

## **2. Background**

Waiting times for assessment and treatment in Scotland are shorter than they have ever been before, and embrace more people than ever before. For the first time, The Patient Rights (Scotland) Act 2011 enshrines in law that, once a patient has been diagnosed as requiring inpatient or day case treatment, and has agreed to that treatment, that patient's treatment must start within 12 weeks of the treatment having been agreed with the Health Board. The treatment time guarantee dovetails with existing Stage of Treatment and 18 weeks Referral to Treatment standards, to support timely access to high quality care at each point of the patient journey. This represents a mutual partnership between each patient and their Health Board, with responsibilities on either side.

NHS Scotland's Efficiency and Productivity Programme Delivery Framework (June 2009) set out a commitment to achieve evidence based clinical practice by improving consistency of care, reducing variation and creating the right culture and organisational conditions required to support transformational change.

It is essential that NHS Grampian 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 Grampian is part of an explicit ongoing commitment to evidence based clinical practice.

This NHS Grampian Access Policy aims to ensure consistency of approach in providing access to services and as such it underpins The Patient Rights (Scotland) Act 2011.

This NHS Grampian Access Policy also firmly supports NHS Grampian'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.

## **3. Waiting Time Standards**

NHS Grampian is required to ensure that there is equitable and sustainable delivery of waiting time standards with systems in place to ensure sufficient capacity is available and there is optimal use of this capacity to deliver all waiting time requirements. This will involve working collaboratively with other healthcare providers and will ensure patients receive the most appropriate treatment with the shortest wait.

## **4. Key Principles of the NHS Grampian Access Policy:**

### **Treatment Time Guarantee 18 weeks Referral to Treatment Standard 'New Ways' Stage of Treatment Standards**

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

- The patients' interests are paramount.
- Patients are offered care according to clinical priority and within agreed waiting time standards.
- There is partnership working with stakeholders in primary, secondary and social care.
- NHS Grampian aims to manage referrals effectively which includes the option of providing advice to the referrer or patient.
- Waiting lists are managed effectively using electronic systems where possible.
- Patients are referred to a clinical team rather than to a named consultant and are seen by an appropriate member of that team.
- Whilst the vast majority of patients are seen at their local hospital, services may also be delivered through another Board or suitable alternative provider. This Policy sets out the locations where treatment may be reasonably undertaken.
- Offers are made as soon as possible after receipt of referral, and with a minimum of seven days notice from the date the offer is made to the date of appointment. We strive towards providing patients with an offer of appointment at least fourteen days before the appointment date.
- A reasonable offer is where a patient will be offered two or more dates of appointment for first outpatient assessment and/or inpatient/day case admission in relation to a clinician who is part of a consultant-led service provided by NHS Grampian.
- If a patient refuses a reasonable offer of appointment as set out in this Policy, we may refer the patient back to the referring clinician where it is reasonable and clinically appropriate to do so, or reset the waiting time clock to zero.
- The details of what constitutes a reasonable offer are set out in this Access Policy. This includes the details of service locations.
- There are only two reasons why a patient may be unavailable for treatment: medical reasons or patient advised reasons.

- Patients should not be added to a waiting list if they are not yet fit, ready and available for treatment.
- Patient advised unavailability can only be applied at the request of the patient and must not be prompted by NHS Grampian.
- NHS Grampian is making every effort to reduce non-attendance.
- Sufficient capacity should be available and optimally utilised to deliver waiting times.
- The provision of day case and short-stay surgery is maximised as clinically appropriate.
- Admissions to hospital are actively managed through pre-assessment services.
- Unnecessary follow up appointments are reduced.
- Information is used to facilitate improvements in service provision.
- Boards aim to achieve inclusive and equal access for all service users.
- The NHS Grampian Executive Team has overarching responsibility for leadership and accountability for the improvement of waiting times and achieving waiting times standards with the General Manager within the Acute Sector and Divisional General Managers being operationally accountable.
- This Access Policy is based on the principle of ‘reasonableness’ from both the NHS and patients and includes:
  - Communication processes
  - The reasonable offer process
  - Suitable alternative providers
  - Possible and reasonable service locations
  - Travel costs
  - Referral to a service or clinical team
  - Patient booking systems
  - Clock adjustments for unavailability, “CNAs” and “DNAs” \*
  - The recording process which should be clear and transparent.

\*.CNA (Could Not Attend); DNA (Did Not Attend)

## **5. Responsibilities under the NHS Grampian Access Policy:**

### **Treatment Time Guarantee 18 weeks Referral to Treatment Standard 'New Ways' Stage of Treatment Standards**

This Policy details the responsibilities that will ensure equity and a consistency in approach to access to services across NHS Grampian as a whole.

NHS Grampian is required to ensure that this Policy reflects the principles laid out in the National Access Policy.

#### **The four key responsibilities under the National 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 will help to inform them of when, where and how they are to receive care and their responsibilities in helping to ensure that this happens.**

- Each patient will be provided with sufficient information about their treatment to facilitate their informed discussion in the decision making process.
- Patients will be provided with clear, accurate and timely information about how processes will operate in arranging for them to be seen or to be admitted to hospital.
- Where possible, GP Practice staff should advise patients of the possible locations for their appointment/treatment, as described in the Access Policy. If a patient does not accept a reasonable offer of appointment or admission, this may have implications for the time they have to wait and may result in patients being returned to the care of their GP.
- Where treatment occurs outside the NHS Grampian area, or where clinics are held infrequently, it is particularly important that the arrangements and the reasons for this are made clear to patients at the beginning of the process of organising their appointment or admission.

- GPs should advise patients that they are required to attend their agreed appointment or where the appointment is not required or they are unable to attend, they should inform the hospital at the earliest available opportunity.
- Patients must inform the hospital if their medical condition improves and they no longer require an appointment, or deteriorates in a way which may affect their attendance.
- Patients should be made aware that they must advise when they will not be available to attend or be admitted 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 earliest opportunity.
- Patients should be made 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.
- NHS Grampian has clear processes and procedures in place to ensure that patients can inform the hospital of any changes in their personal circumstances and/or their ability to attend an appointment.
- Patients are given clear instructions on how and when to contact the hospital to either accept or decline an appointment or admission date, and the timeframe in which to do this.
- Patients are given clear and accurate information in writing about how their waiting time is calculated, including when clock adjustments are made and how these affect their treatment time clock.
- Patients are given clear information on the consequences of not responding quickly to hospital communications, and the impact this could have on their waiting time. Any patient literature should make sure that the patient can understand their responsibilities.
- Communications with patients will be in a format appropriate to their additional support needs e.g. large print, community language.
- Patients will be made aware that if they no longer wish to have their outpatient appointment or admission, for whatever reason, they must advise the referrer and /or the hospital.
- Where patients do not attend for appointments, and are referred back to their GP, the primary care team should have in place arrangements to follow up with the patient prior to re-referral.

### **5.1.2 Treatment Time Guarantee Patients**

Treatment Time Guarantee patients (or where appropriate, the patient's carer) will be advised in writing when:



- The patient is eligible for the Treatment Time Guarantee
- The patient is unavailable for treatment for a known period, noting the start and end date of that known period and, where appropriate, noting the anticipated date when the patient will be reviewed
- The patient has refused two or more dates of inpatient/day case admission
- The patient does not attend an agreed appointment and has not given the Health Board reasonable notice of this (Did Not Attend)
- The patient has accepted a reasonable offer of appointment but has then on three or more occasions cancelled an appointment (Could Not Attend)
- The patient has been removed from the waiting list, for example, because the patient Did Not Attend or Could Not Attend
- To confirm the patient has requested to be treated in a different Health Board; or the responsible Health Board is unable to meet the Treatment Time Guarantee within its own area.

If NHS Grampian is unable to meet the Treatment Time Guarantee, we will provide the patient (or where appropriate the patient's carer) with an explanation in writing of why we did not deliver the Treatment Time Guarantee along with details of the advice and support available and details of how feedback, comments or complaints can be raised.

Any communication which is required in law for the Treatment Time Guarantee is to be made to the patient (or where appropriate the patient's carer) in writing. This may be electronically if:

- This has been consented in writing; and
- Such consent has not been withdrawn in writing

"In writing" includes any communication sent by electronic means if it is received in a form which is legible and capable of being used for subsequent reference.

## **5.2 To manage referrals effectively**

**Improvements in waiting times should 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 should explain to the patient the range of options to be considered. It should be explained that patients may not need to access specialist or consultant-led services.

- The referring clinician should advise patients of why they are being referred, the expected waiting time and outline to patients 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 should be made aware of that as early as possible.
- The referring clinician should ensure that the patient is available to commence treatment. When the referrer is aware that the patient will be unavailable for a period of time, the referrer should either delay sending the referral until they know the patient is available or clearly note the patient's unavailability period on the referral form/letter.
- Referrals should be made electronically where possible and as per local protocols.
- Referring Clinicians should 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 including:
  - CHI identifier (unless they don't have one)
  - Full demographic details including:
    - 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

### **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 prioritised electronically where possible.
- The date of receipt of referral is always recorded.
- Patients will be booked as close to the date of receipt of referral as reasonably possible.

- A common pathway that allows advice or an appointment as appropriate should be in place.
- Systems and procedures are in place to prioritise referrals in accordance with referral category (e.g. Urgent).
- Patients referred with suspected cancer must be marked as '**URGENT-SUSPICION OF CANCER**'. All urgent cancer patients are required to be seen as soon as possible within cancer waiting time standards.
- 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 that exist for Armed Forces veterans enable them to receive priority treatment if the condition is directly attributable to injuries sustained during the war periods. 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 with the referrer to offer advice on whether a referral is suitable. This will avoid unnecessary outpatient appointments.
- Any referrals received for a service that is not delivered within NHS Grampian should be returned to the original referrer with advice. Where it is judged that the referral would be more appropriately managed by another service provided by the Board, the referral will be passed to that service and the referrer informed.
- Receiving clinicians must ensure that waiting lists properly reflect their clinical priorities and are managed effectively.

### 5.2.4 Patient Transfer

- The transfer of any part of a patient's health care to another Board area or to the private sector must always be with the consent of the patient. The transferring consultant should be notified of this decision.
- Appropriate documentation and information should be provided to the receiving Board (or Private Sector provider where appropriate).
- If a patient does not wish to be transferred, NHS Grampian will ensure the patient is made a reasonable offer of appointment.

- 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.

### **5.3 To manage waiting lists effectively**

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

- Systems, processes and resources are in place to ensure that all staff are adequately trained to use local systems to help manage access to services.
- All new referrals are prioritised electronically with all new appointments having a corresponding waiting list entry.
- Patients should be seen within maximum waiting times standards and booked in turn, taking clinical priority into account.
- Ensure that details of patients on the waiting list who are admitted as emergency admissions are communicated for recording on the Patient Management System.
- Patients should only be added to a waiting list if they are fit, ready and available to commence treatment.
- Systems and procedures are in place to ensure that waiting list managers are aware of any patient cancelled on the day of or after admission.
- Systems and procedures are in place to review and validate waiting lists to ensure accuracy and delivery of national and local access times.
- NHS Grampian ensures that new outpatients only receive a return appointment if there is a clinical need.
- NHS Grampian will inform the referring clinician on the decision to treat e.g. treatment to be provided, treatment delayed because medically unavailable.
- NHS Grampian has systems and procedures in place to communicate, manage and record all outcomes at clinics, additions or alterations to the waiting list electronically.
- Patients who require treatment for different conditions may be on two separate pathways. NHS Grampian has arrangements in place to identify what condition should take precedence.
- NHS Grampian review clinic templates to ensure they reflect changing demand patterns.

- NHS Grampian's onward referral process is completed to ensure the receiving healthcare provider has the necessary information to manage the patient treatment pathway. Any transfer of data must comply with standards in relation to data security and confidentiality.

## **5.4 To use information to support improvements in service provision**

**The ability to effectively monitor and manage services requires good quality data. This helps to inform performance and identify areas for future improvement.**

- The factors which influence waiting times, such as changes in referral patterns, are regularly monitored and management action taken in sufficient time to ensure waiting time standards are maintained.
- NHS Grampian review new to return ratios and DNA rates and take necessary steps to address any issues as necessary.
- NHS Grampian ensures the effective monitoring of efficiency and productivity and supports necessary change where required.

## **6 Offers of Appointment**

### **6.1 Reasonable Offer**

- A reasonable offer is where a patient will be offered two or more dates of appointment for first outpatient assessment and/or inpatient/day case admission, with a minimum of seven days notice in relation to a clinician who is part of a consultant-led service provided by NHS Grampian.
- Offers should be made as soon as possible after receipt of referral or when the Clinician and the patient agree treatment
- Communications with patients will be in a format appropriate to their additional support needs e.g. large print, community language.
- Short notice appointment dates (i.e. those offered with less than seven days notice) can be offered. If the patient accepts such an offer, this is then deemed to be a reasonable offer. If the patient declines such an offer, they must be made a reasonable offer of a further two or more different dates of appointment or admission. Cases of clinical urgency will require an early alternative appointment.
- Patient additional needs will be taken into account with appropriate support being in place as required when offering a date for appointment or admission.

- Where a patient refuses a reasonable offer of appointment, the patient may be referred back to the referring clinician where it is reasonable and clinically appropriate to do so, or reset the waiting time clock to zero.
- Urgent appointments, where the waiting time is determined by clinical need, are excluded from the reasonable offer timescale of seven days notice. However, every effort will be taken to agree a date suitable for the patient taking account of the urgency and availability of clinical services.

## 6.2 Appointment Location

It is expected that most patients will be seen and treated locally wherever possible and appropriate, based on clinical need. However it may not always be possible for NHS Grampian to provide access locally for all patients and for services constrained by geography or specialist services.

- NHS Grampian has agreement in place with the following care providers:

Golden Jubilee National Hospital, Glasgow  
 Scottish Regional Treatment Centre, Stracathro  
 BMI Ross Hall Hospital, Glasgow  
 BMI Fernbrae Hospital, Dundee  
 Spire Murrayfield, Edinburgh

In certain circumstances it may be necessary to use alternative care providers

- The offer of appointment or treatment at a location out with NHS Grampian is deemed to be reasonable.
- In offering treatment out with NHS Grampian it must be deemed clinically appropriate by the responsible Clinician and the patient medically fit to travel.
- Where treatment cannot be provided locally and the patient needs to travel elsewhere, the patient should be made aware of that as early as possible

## 6.3 Transport Costs

Where NHS Grampian is unable to meet the Waiting Time Standard or Treatment Time Guarantee locally and has arranged for treatment by another suitable alternative care provider out with the Health Board, NHS Grampian is responsible for the cost of any necessary transport and accommodation arrangements reasonably incurred by the patient and their companion (if necessary). This would not apply, however, if the patient has requested to be treated elsewhere for personal reasons.

## 6.4 Referral to a Service or Clinical Team

- Patients are referred to a clinical team rather than to an individual consultant. and seen by an appropriate member of that team. A named consultant will only be allocated to ensure continuity of care, patient safety or for other clinical or exceptional reasons.
- The Clinician who carries out the out patient assessment may not be the same clinician who carries out inpatient/day case treatment. This will be determined by a number of factors, for example, clinical priority, procedure required, availability to treat the patient within the Waiting Times Standard/ Treatment Time Guarantee or the patient may be placed on a common waiting list. This should be communicated to the patient at the earliest opportunity.
- A small number of patients may wish to be seen by a named consultant. Accommodating such a request cannot be guaranteed in any case. Where the patient would prefer to wait for an appointment with a named consultant, rather than an appointment with another consultant, and the Health Board agrees to accommodate this request, the patient's wait may be longer than the Waiting Time Standard or Treatment Time Guarantee. The patient will be made aware of the length of the wait they will experience in writing and that this is at their own request.

## **6.5 Booking Systems**

### **6.5.1 Out Patient Attendance**

Patients attending for an out patient appointment may be offered a date via one of two ways;

#### **1. Patient Focussed Booking**

This is where an acknowledgement letter is sent to the patient advising that a referral has been received. A further letter is then sent inviting the patient to make contact in order to arrange a convenient time to attend. If the patient does not respond, a second letter is sent again asking the patient to make contact. This second letter also advises the patient that they may be returned to the referring clinician if they do not make contact.

If the patient does not make contact and it is reasonable and clinically appropriate they will be returned to the referring clinician. The patient and referring clinician will be informed in writing if this is the case.

#### **2. Direct Booking**

This is where the patient is sent a letter offering a date and time to attend for their appointment. The patient calls to accept that date or to advise they are not able to

attend and are then given a second offer. All offers are recorded on the Patient Management System.

## **6.5.2 In-Patient/Day Case Attendance**

Patients attending for in-patient or day case admission will be sent a letter offering them a date. The patient will then contact the hospital to accept that date or to advise that they are not available. The patient is then given a second offer of a date for admission. All offers are recorded on the Patient Management System.

A patient will be offered a date for admission by telephone where time does not allow a letter to be sent, for example, when another patient cancels their admission at short notice.

## **6.6 Patient Attendance**

### **6.6.1 Could Not Attend**

If a patient accepts a reasonable offer of appointment and subsequently advises the hospital that they cannot attend this will be recorded on the Patient Management System and;

- If the patient is of routine clinical priority the waiting time clock will be reset to zero from the date the patient advised the hospital they could not attend
- If the patient is of urgent clinical priority a second date will be offered following advice from the relevant clinical team
- If the patient is medically unfit to attend, advice will be sought from the relevant clinical team and where appropriate, a period of medical unavailability applied.
- If the patient cancels an agreed appointment for a third time and it is reasonable and clinically appropriate to do so, the patient will be referred back to the referring clinician. This will be recorded on the Patient Management System and the patient will be informed of this decision in writing.

### **6.6.2 Did Not Attend**

If the patient does not attend on the agreed date without giving prior notice this will be recorded on the Patient Management System and advice sought from the relevant clinical team.

Possible outcomes are;



- i. The patient will be offered a further date. The waiting time clock will be reset to zero from the date the patient did not attend.
- ii. The patient will be removed from the waiting list from the date they did not attend and referred back to the referring clinician. This will be recorded on the Patient Management System. The patient, and where appropriate their carer, and the referring clinician will be notified of the decision in writing.

## **7 Conclusion**

NHS Grampian has supporting procedures in place underpinning this Policy as set out in Standard Operating Procedures.