

PATIENT ACCESS POLICY

PATIENT ACCESS POLICY – V5

State whether the document is: <input type="checkbox"/> Trust wide <input type="checkbox"/> Business Group <input type="checkbox"/> Local		State Document Type: <input type="checkbox"/> Policy <input type="checkbox"/> Standard Operating Procedure <input type="checkbox"/> Guideline <input type="checkbox"/> Protocol	
APPROVAL & VALIDATION		Quality Governance Committee Quality Assurance Committee	
DATE OF APPROVAL / VALIDATION		November 2017	
INTRODUCTION DATE		December 2017-January 2018 (Phased)	
DISTRIBUTION		All Operational and Business managers, Associate Directors, Medical Secretaries, Waiting List Officers, Consultants, Outpatient Managers, Call Centre Staff and Cancer Management	
REVIEW		Original issue date: 2009	Review Date: September 2019
CONSULTATION		Business Group PTL Meetings Trust Access Meetings (Trust PTL) Community services OP Board – Chair.	
EQUALITY IMPACT ASSESSMENT (Tick)		Screening <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Full	
RELATED APPROVED TRUST DOCUMENTS		- DNA Policy for Children and Vulnerable People - GM & Cheshire Cancer Access Policy	
AUTHOR/FURTHER INFORMATION		Adam James Assistant Business Manager, Performance Management & Improvement	
THIS DOCUMENT REPLACES		Patient Access Policy - Version 4	
Document Change History:			
Issue No	Page	Changes made (include rationale and impact on practice)	Date
2	3	Amalgamation of SNHSFT, CHS and T&G policies.	November 2012
2	3	Additional supporting narrative to comply with IST policy proforma.	November 2012
2	3	Change to reasonable notice timeframe	November 2012
4	3	Healthwatch Stockport to be consulted regarding changes to commissioned services.	November 2014
4	3	Introduction expanded to include home visits and community treatment clinics.	November 2014
4	3	Clinicians to effectively triage referrals	November 2014
4	4	Patient eligibility will be checked at first Outpatient attendance or GP registration.	November 2014
4	5	GPs must be informed if patients are discharged following failure to attend an appointment	November 2014
4	7	GPs to be informed whenever a patient is added or removed from the admitted waiting list	November 2014

4	8	Additional section, 9.0 Home & School Visits	November 2014
4	8	Where exceptional circumstances dictate that the Trust has to cancel appointments at short notice, the Trust will endeavour to reschedule as soon as possible.	November 2014
5	28-37	Patient on a Cancer pathway will be managed in line with the Greater Manchester and Cheshire Cancer Access Policy – appendix B	August 2017
5	25-27	Safeguarding of Children and Young Adults not brought to appointments - revised	August 2017
5	10-11	Consultant to Consultant referrals - addition	August 2017
5	ALL	Grading received from NHSi. Policy compared to Model Access Policy and agreed to significantly re-write in line with NHSi Format.	August 2017
5	3	3.0 Roles & Responsibilities for the patient have been added to.	August 2017
5	5-6	Roles and Responsibilities reflect the requirement to be aware of enact the design principles of Stockport Together.	August 2017
5	8-17	Update to sections regarding DNA's, Cancellations and Discharging of patients, reasonable notice timeframes, Steps added for Clinical Review prior to any discharge decision.	August 2017
5	15	4.2 – Telephone Appointment (Management of unobtainable patients) updated to match general DNA policy	August 2017
5	ALL	Glossary of terms & acronyms added.	August 2017
5	ALL	References section added to national guidance and information (duplicated from Model Access Policy with permission of NHSi)	August 2017
5	10	1.20 – Referral Types and methods of receipt updated	August 2017
5	8	1.12 Radiology reporting service standards updated	August 2017

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1 Introduction

- 1.1 The purpose of this policy is to ensure that all patients requiring access to outpatient appointments, elective inpatient treatment, elective day case treatment, diagnostic tests, home visits and community clinic and treatment appointments are managed consistently, according to national and local frameworks and definitions.

The Policy is designed to ensure fair and equitable access to hospital and community services and the appropriate allocation of resources (beds, theatres, clinics, etc.).

The main determinant of when patients are treated is their clinical priority. Patients with similar clinical needs should be treated in chronological order. Timely regard should also be paid to National targets for access and any other mandatory requirements relating to patient access.

To ensure effective use of resources local Commissioners may restrict the scope of services that are available to its population. Where Commissioners implement a change to services purchased, Stockport NHS Foundation Trust will amend access to these services accordingly. The Commissioners will ensure that the Public and Health-watch Stockport are appropriately involved prior to any change in services being agreed.

Where appropriate, the policy takes into account the principles and expectations of the Stockport Together model of care for Outpatients which is underpinned by the following design principles:

- Individuals will feel empowered and supported to manage their own health
- Access to specialist advice, guidance and standard diagnostics will be available in the most appropriate setting
- Patients will experience the right intervention by the right person in the right setting.

1.2 Scope

This policy aims to ensure that patients have their care planned and receive health care according to their clinical priority.

This policy defines how patients should be managed if they do not attend an appointment or repeatedly cancel an appointment. It should ensure that no-attendance at an appointment is managed fairly and safely across the Health economy it serves.

It supports the reduction in waiting times, cancelled appointments and the achievement of patient access targets.

It relates to all patients referred into Stockport NHS Foundation Trust, regardless of the location of the actual appointment or treatment.

Policy implementation applies to all staff managing patients under the care of Stockport NHS Foundation Trust, regardless of the actual location of the appointment or treatment.

Patients on a cancer pathway are managed in accordance with the *Greater Manchester and Cheshire Cancer Access Policy* (Appendix B) which is underpinned by the *Cancer Waiting Times Guidance v9.0*.

1.3 Roles and Responsibilities

The following are required to instigate appropriate actions to ensure the successful implementation of this policy within their area(s) of control:

Patients

Patients should endeavour at all times to attend any appointments set out for them or if they have to cancel, cancel within a reasonable timescale in order that the appointment can be re-used for another patient - Receiving treatment within the maximum waiting times may be compromised unless patients try wherever possible to keep their original appointments.

The responsibilities of the patient (or where applicable, carer) may include, but are not limited to:

- Responding to contact letters within the timescale set out in the letter;
- Responding to phone calls, voice messages or text messages sent to the patient in respect of any appointments;
- Ensuring adequate travel time to attend appointments/admissions;
- Notifying your GP and the Trust if you move home, your contact details change, details of your carer or care home have changed or if you are/will be unavailable for a long period of time (>3

- weeks) at any point during your care;
- Ensuring you follow any guidelines set out for you prior to attending an Outpatient appointment or diagnostic test, such as fasting or taking any preparatory medicines, as failure to do so may result in a delay to your care and/or your appointment being rebooked.
- Accessing self-help, signposting and support at the earliest opportunity.

Chief Operating Officer

- To ensure policy implementation
- To ensure that the design principles of Stockport Together are embedded in the trust's Patient Access Policy

Business Group Directors and Clinical Directors

- To ensure policy compliance within their areas of responsibility
- Ensure compliance with the Stockport Together design principles and priorities in their business area.

Clinicians

- To effectively manage their waiting lists and patients waiting times in accordance with the maximum guaranteed waiting times.
- To ensure patients are not listed unless medically fit and ready for procedure.
- To effectively triage referrals within specified and agreed timescales to ensure appropriateness of appointment type.
- Refer the patient back, where appropriate, to the GP with suitable specialist advice and guidance to ensure that patients are managed in the most applicable setting by the most appropriate health professional.
- Respond to requests for specialist advice and guidance within specified and agreed timescales to ensure the patient is managed in the most applicable setting by the most appropriate health professional.
- To comply with annual leave and study leave policies. A minimum of 6 weeks' notice is necessary for planned leave in order to ensure patient appointment dates are honoured and to reduce the need for changes and cancellations. All leave requests must be authorised by the Lead Clinician or the Business Manager. Approval of Consultant leave with less than 6 weeks' notice must be authorised by the Divisional Director.
- To consider cross-cover arrangements during periods of annual leave or other absences. In some circumstances, it may be appropriate to agree protocols prior to this for grading and accepting or rejecting referrals.
- To provide clinical judgement on further management of patients following a DNA or multiple patient cancellations.
- Comply with the trust's policy on consultant to consultant referrals.

Business Managers / Operational Managers

- To ensure all staff within their area of responsibility are aware of the access policy and how it should be implemented within their individual roles.
- Are familiar with the principles of Stockport Together and ensure they are implemented within their business area.

Associate Director of Information Management & Technology (IM&T)

- Responsible for the provision and accuracy of information, data quality reports and the content and delivery of PAS training.
- Responsible for providing information and analysis support to monitor targets and adherence to this policy. Responsible for the training and education of data quality officers and information analysts as it relates to patient access and administration.

Waiting List Officers, secretaries and appointment personnel

- To manage patient pathways compassionately and with understanding, in accordance with the access policy.

Cancer Manager

- Responsible for ensuring patients on a cancer pathway are managed in accordance with the Greater Manchester and Cheshire Cancer Access Policy (Appendix B) which is underpinned by the Cancer Waiting Times Guidance v9.0.

Referrers

- To ensure that referrals are appropriate, clear and contain the minimum data set required to

process effectively and efficiently. Inappropriate or incomplete referrals will be returned to the referrer for amendment.

- Access specialist advice and guidance in order to manage conditions in a local, neighbourhood setting prior to considering referral to secondary care.
- Ensure that diagnostics tests, where possible, are undertaken and reviewed prior to referral
- Seek specialist clinical advice and guidance as to whether a referral is required or if, with appropriate advice, the condition can be managed without the need for an outpatient referral.
- To ensure that patients are made aware of the type of referral, likely waiting times and the need to be contactable and available at the point of referral.

CCG

- Ensure that Primary Care has access to specialist advice and support to encourage and enable management of conditions in a local, neighbourhood setting.

Stockport Together

- Develop alternative models of care that offer alternatives from traditional Outpatient appointments.

1.4 Competency

- New starters to the Trust who will manage or assist in managing elective care will be identified and undertake mandatory RTT 18 Weeks and Elective Care training as applicable to their duties;
- All existing staff will undergo RTT 18 Weeks and Elective Care training as applicable to their duties, on a yearly basis, or, when a change to national rules or commissioning occurs – whichever is sooner
- These training methods will include an assessment to evidence the skill and knowledge of all staff involved in elective care management & administration.
- GPs have access to appropriate training and education to manage patients in primary care that might otherwise have been referred to secondary care.

Compliance

- Specialty Teams and individual staff will be managed against KPI's as applicable to their role & remit. Any non-compliance will be managed informally in the first instance by line management or via the Trust Disciplinary or Capability Procedure.

1.5 General Principles for Accessing Elective Care

The NHS has set maximum waiting time standards for elective access to healthcare. In England, waiting time standards for elective care (including cancer) come under two headings:

- The individual patient rights (as per the NHS Constitution);
- The standards by which individual providers and commissioners are held accountable by NHS Improvement and NHS England. All patients are to be treated fairly and equitably regardless of race, sex, religion or sexual orientation.

1.6 NHS Constitution and Patient's Rights

The NHS constitution clearly sets out a series of pledges and rights stating what patients, the public and staff can expect from the NHS. A patient has the right to the following:

- The choice of hospital and consultant;
- To commence their treatment for routine conditions following a referral into a consultant-led service, within a maximum waiting time of 18 weeks to treatment;
- To be seen by a cancer specialist within a maximum of two weeks from a GP referral for urgent referrals where cancer is suspected.

If this is not possible, the NHS has to take all reasonable steps to offer a range of alternatives.

The right to be seen within the maximum waiting times does not apply:

- If the patient chooses to wait longer;
- If delaying the start of the treatment is in the best clinical interests of the patient;
- (note that in both of these scenarios the patient's RTT clock continues to tick);
- If it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage.

1.7 Patient Entitlement to NHS Treatment

The Trust has a legal obligation to identify patients who are not eligible for free NHS treatment. The National Health Service provides healthcare for people who live in the United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality or whether they hold a British Passport or have lived and paid National Insurance contributions and taxes in this country in the past.

All NHS Trusts must:

- a) Ensure that patients who are not ordinarily resident in the UK are identified.
- b) Assess liability for charges in accordance with Department of Health Overseas Visitors Regulations.
- c) Charge those liable to pay in accordance with Department of Health Overseas Visitors Regulations.

Patient eligibility will be checked at first Outpatient attendance or GP registration. GP's must identify that the patient is an overseas visitor.

Self-referral

Patients can self-refer into a service where this is an agreed pathway and the referral is subsequently approved by a Healthcare professional. The clock will start at the point of self-referral.

1.8 Private patients transferring their care

For patients that are seen privately but then transfer their care to the NHS, if they are transferring onto an RTT pathway, the clock will start at the point at which clinical responsibility for the patient's care transfers to the NHS;

For patients who choose to leave the NHS-funded care and transfer to privately funded care, the clock stops on the date that the patient informs us of their decision. Seeking a second opinion from an independent sector clinician will not stop the clock, unless the patient informs the NHS provider that they have chosen to leave the NHS-funded care;

Patients who are treated in the private sector but come under NHS commissioning arrangements will continue to be monitored under the rules of this policy.

1.9 Excluded procedures

No referral for an excluded procedure (such as one where there is limited evidence of clinical effectiveness or is considered cosmetic) will be accepted without an exceptional treatment approval form. If the referral does not have the relevant approval, the referral should be rejected and returned to the GP for them to request exceptional treatment funding via the relevant commissioning panel.

In some instances it will not be apparent until the outpatient consultation that the patient requires an excluded procedure, when it is identified at the outpatient consultation the relevant clinician should refer the patient back to the GP for them to progress the exceptional treatment panel approval.

1.10 Military Veterans

In line with the Armed Forces Covenant, published in 2015, all veterans and war pensioners should receive priority access to NHS care for any conditions 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 will notify the trust of the patient's condition and its relation to military service when they refer the patient, so the Trust can ensure it meets the current guidance for priority service over other patients with the same level of clinical need. In line with clinical policy, patients with more urgent clinical needs will continue to receive priority.

War veterans should receive priority treatment if the condition is directly attributable to injuries sustained during the war periods and for which they receive their war pension, as stated in DOH Directive HSG(97)31NHS Executive.

The referrer must ensure that all relevant information is clearly communicated within the referral letter.

1.11 Treatment of Prisoners

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

recorded waiting time for the patient.

The trust will work with staff within the prison services to minimise delays through clear and regular communication channels and by offering a choice of appointment or admission date in line with reasonableness criteria.

1.12 Service Standards

Key business processes that support access to care will have clearly defined service standards, which will be monitored by the trust. Compliance with each service standard will support effective and efficient service provision, and the achievement of referral to treatment standards.

Key standards for implementation include the following:

- Referral receipt and registration within 7 calendar days;
- Referral vetting and triage within 72 hours of registration;
- Addition of urgent outpatient referrals to waiting list within 48 hours of registration;
- Addition of routine outpatient referrals to waiting list completed at point of registration;
- Urgent patient contacted by the Trust after addition to waiting list within 48 hours;
- With the implementation of the Trust's new PAS system (EPR), patients will automatically be sent a letter when they are added to an OP or IP waiting list;
- All urgent and routine diagnostic reporting will be completed in order of clinical priority.

The standards above are described in greater detail in the Trust's SOPs. Where those standards are not currently being met, appropriate action plans should be in place to address this.

1.13 Home or School Visits

Community healthcare staff conducting pre-booked home or school visits will expect the patient to be resident at the arranged time. Where staff are unable to gain access or make contact with the patient, local escalation procedures will be followed to ensure clinical safety for patients.

1.14 Monitoring

Operational teams will regularly and continuously monitor levels of capacity for each pathway milestone to ensure any shortfalls are addressed in advance, thus avoiding a poor patient experience, resource intensive administrative workarounds and ultimately breaches of the RTT standards.

Monitoring Arrangements	Responsibility/Accountability/Meetings
Process for monitoring e.g. audit	<ul style="list-style-type: none">• Pathway Validation & Validation Audits
Responsible individual/ group/ committee	<ul style="list-style-type: none">• Weekly Business Group Access (PTL) Meeting• Weekly Trust Access (PTL) Meeting
Frequency of monitoring	<ul style="list-style-type: none">• Daily validation by Information Team;• Selection of patients at weekly PTL meeting.
Responsible group for review of results	<ul style="list-style-type: none">• Business Managers• Business Group Directors• Head of Performance
Responsible group for development of action plan	<ul style="list-style-type: none">• Trust Access (PTL) Meeting members (Business Group Managers)
Responsible individual/ group/ committee for monitoring of action plan	<ul style="list-style-type: none">• Performance Management Team• Business Group Directors

1.15 Exceptional Circumstances

Where exceptional circumstances dictate that the Trust has to cancel appointments at short notice, the Trust will endeavour to re-schedule as soon as possible.

Patients will not be penalised where exceptional circumstances prevent them from attending an

appointment. Staff should exercise discretion in such situations, seeking guidance from their line Manager.

However, certain circumstances may still arise whereby returning the patient back to the care of their GP would clinically be in their best interest and the safest course of action. These instances will be managed on an individual basis with the responsibility for that decision resting with the responsible clinician.

1.16 Reasonableness

Reasonableness' is a term applicable to all stages of the elective pathway. Reasonableness refers to specific criteria which should be adhered to when offering routine appointments and admission dates to patients to demonstrate that they have been given sufficient notice and a choice of dates.

A reasonable offer is defined herein unless otherwise specified as: A choice of two dates with at least three weeks' notice. Patients on a Cancer pathway or accessing a Rapid Access service may be given less than 2 weeks' notice.

1.17 Departmental Standard Operating Procedures

Standard Operating Procedures (SOPs) should be developed in each department to enable staff to implement and comply with the access policy in their area of work. SOPs should reflect national policy requirements and be updated as any change occurs.

1.18 Communication and Patient Correspondence

All communications with patients and anyone else involved in the patient's care pathway (e.g. General Practitioner or a person acting on the patient's behalf), whether verbal or written, must be informative, clear and concise. Copies of all correspondence with the patient must be kept in the patient's clinical notes or stored electronically for auditing purposes.

General Practitioners or the relevant referrer must be kept informed of the patient's progress in writing.

When clinical responsibility is being transferred back to the GP/ referrer, e.g. when treatment is complete, this must be made clear in any communication.

1.19 Tertiary Referrals

Both inbound and outbound Tertiary Referrals must contain the agreed minimum data set, including information on the patients RTT Clock status and waits.

Inter-provider transfer forms must be completed for any patient who is on a referral to treatment pathway and is:

- Referred on to a tertiary provider;
- Referred to a different Consultant within the Trust for the same condition. This is to ensure national compliance regarding provision of information for onward referrals.

1.20 Referrals & Method of Receipt

All GP practices referring in to the trust must do so via the NHS e-Referral System (known to patients as 'Choose and Book').

By April 2018 the Trust will no longer accept a paper referral from a GP; All such referrals must be sent via e-RS from this date. Specialty teams who have devolved booking may accept referrals sent via secure email. For clarity, referrers should first check the e-RS system and contact the Outpatient Booking Team if more assistance is required.

Anticoagulant Services

The Anticoagulant service receives direct referrals in both paper and fax format. Patients are contacted within 7 days of receipt with an appointment. The Anticoagulant service **is not** available on e-RS.

Rapid Access Chest Pain Clinic (RACPC) Referrals

RACPC patients must be seen by a specialist within 14 days of the Trust receiving the referral. To ensure that this is achieved:

- RACPC referrals must be made via e-RS only;
- GPs must ensure that appropriate information regarding the RACPC referral is provided to the

patient.

Transient Ischaemic Attack Clinic (TIA) Referrals

Most TIA referrals are received through emergency departments mainly from Stepping Hill (SHH) Emergency Department and Macclesfield (MACC) Emergency Department.

High risk referrals (i.e. patients at high risk of suffering a stroke episode) are faxed directly to the stroke team for an appointment within 24 hours. This is often followed-up with a phone call to confirm receipt. Non high risk referrals are sent by fax and a small number by post.

The stroke service **is not** available on the e-RS service (choose and book)

Consultant to Consultant Referrals

A Consultant to Consultant (C2C) Protocol has been agreed between Stockport CCG and Stockport NHS Foundation Trust (SFT). The fundamental premise is that the GP is responsible for co-ordinating the primary care of the patient and those decisions outside of the original referral should, for the most part, remain with the GP. As such, the following principles have been agreed:

The circumstances under which C2C referral may be appropriate are as follows;

- **Cancer** – for investigation, management or treatment of cancer, or suspected cancer in line with Cancer Network criteria for referral.
- **Urgent & High Risk** – where symptoms or signs suggest a life threatening or urgent condition that requires the patient to be seen in less than 2 weeks. This includes high risk patient groups presenting at A&E who may not readily comply with referral.
- **Safeguarding** – Where there are existing or suspected adult or child safeguarding concerns.
- **Anaesthesia** – referrals directly related to the patients suitability to undergo a general anaesthesia where necessary.
- **Fracture** – A&E referrals to fracture clinic or otherwise defined as urgent in accordance with this protocol.
- **Same specialty referrals** – it may be appropriate to refer a patient to a colleague in the same specialty for further investigations related to the original referral.

All such referrals **must** be accompanied by an Inter-provider Transfer Form. The secretary should create this at the point of referral.

The circumstances where C2C referral may not be appropriate are as follows:

- **Non-urgent** – Any non-urgent problems (more than 2 weeks) that are not directly related to the original referral.
- **Primary / Community Care** – where the condition may be managed in primary and/or community care settings.
- **Inpatients** – when a condition is identified that is not directly related to their original condition and is non-urgent (more than 2 weeks).
- **ED** – apart from fracture, cancer or urgent cases no A&E outpatient referrals should be made.
- **Clinical Effectiveness** – procedures of limited clinical effectiveness should be referred back to the GP.

Referrals that fall into these categories may be discharged and referred back to the GP to support and enable patient choice.

Clinical Assessment and Triage Services (CATS) & Referral Management Centres (RMCs)

Where these types of services exist, a Minimum Data Set (MDS) form must be used to transfer 18 week information about the patient to the trust.

Inter-Provider Transfers (IPTs)

Incoming IPTs

- The trust expects an accompanying Minimum Data Set (MDS) pro-forma with the IPT, detailing the patient's current RTT status (the Trust will inherit any RTT wait already incurred at the referring trust if they have not yet been treated) and if the patient has been referred for a new treatment plan for the same condition (where a new RTT clock will start upon receipt at this trust). The patient's pathway identifier (PPID) should also be provided;
- If the IPT is for a diagnostic test only, the referring trust retains responsibility for the RTT pathway.

If any of the above information is missing, the referral should be recorded on PAS and the information actively chased by the central booking office.

Outgoing IPTs

The trust will ensure that outgoing IPTs are processed as quickly as possible to avoid any unnecessary delays in the patient's pathway.

An accompanying Minimum Data Set (MDS) proforma will be sent with the IPT, detailing the patient's current RTT status (the receiving trust will inherit any RTT wait already incurred if the patient has not yet been treated). If the patient has been referred for a new treatment plan for the same condition, a new RTT clock will start upon receipt at the receiving Trust. The patient's patient pathway identifier (PPID) will also be provided

Referrals and the accompanying MDS will be emailed securely from the specialty NHS net account to the generic central booking office NHS account. It is incumbent on the person sending the outgoing IPT to verify the patient's RTT clock & status. If the patient has not yet been treated, the RTT clock will be nullified at this trust. They will then forward to the receiving trust within one working day of receipt into the generic email inbox.

If the IPT is for treatment or a diagnostic test only. If for diagnostic only, this trust retains responsibility for the RTT pathway.

1.21 Referrals requiring prior commissioner approval

Excluded procedures

No referral for an excluded procedure will be accepted without an exceptional treatment approval form. If the referral does not have the relevant approval, the referral should be rejected and returned to the GP for them to request exceptional treatment funding via the relevant commissioning panel.

In some instances it will not be apparent until the outpatient consultation that the patient requires an excluded procedure, when it is identified at the outpatient consultation the relevant clinician should refer the patient back to the GP for them to progress the exceptional treatment panel approval.

Non-English commissioner referrals

For patients ordinarily resident in Scotland, Wales and Northern Ireland, referrals should only be accepted once prior approval from the appropriate devolved health authority has been received.

2 National Referral to Treatment & Diagnostic Standards

Stockport NHS Foundation Trust is committed to delivering the national standards for RTT and Diagnostics listed below:

RTT Standard	
Incomplete	That 92% of patients on an incomplete pathway (i.e. not yet treated) to be waiting no longer than 18 weeks/127 days
Diagnostic Standard	
Applicable only to diagnostic testing	That 99% of patients are to undergo the relevant diagnostic investigation within 5 weeks and 6 days from the date of the decision to refer, to the appointment date.

However, there are exceptions to how this can be achieved which is why the target is set below 100%:

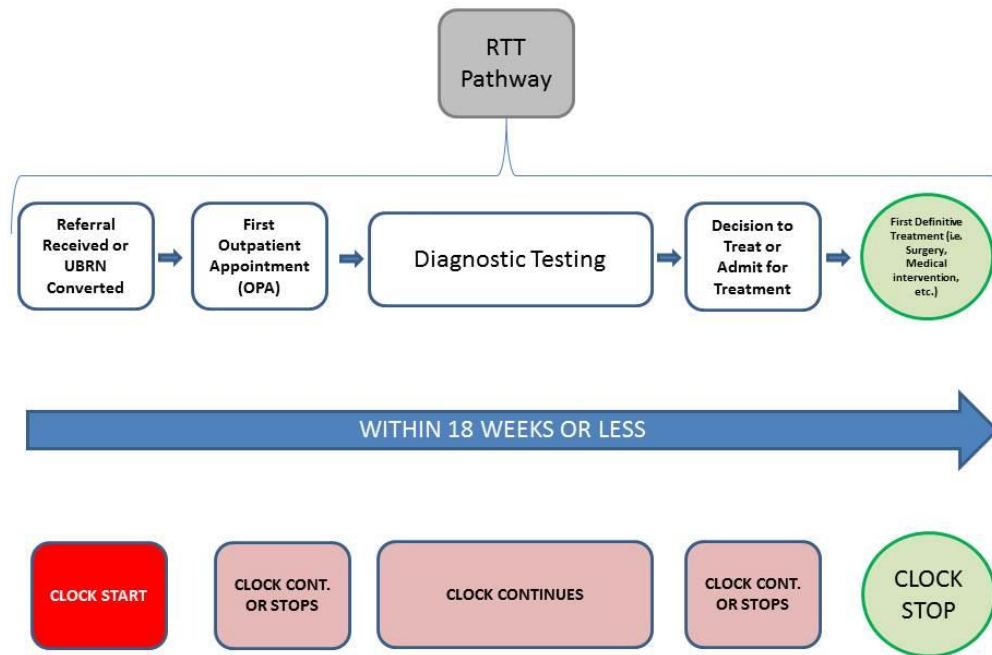
- **Patient Choice:** When patients choose to extend their pathway beyond 18 weeks; This can either

be through cancelling or rescheduling of appointments or admissions that have been previously agreed, or requesting a specific date for your appointment or admission;

- **Clinical:** In circumstances where it is in the patient's best clinical interest to wait beyond 18 weeks for their treatment;
- **Cooperation:** When patients DNA previously agreed appointment/admission dates and this prevents the Trust from treating them within 18 weeks. *(Please refer to 'Patient Responsibilities in section 1.3 of this document')*

3 Guide to National Referral to Treatment Rules

The graphic below demonstrates the timeline of a typical Referral to Treatment pathway (not representing patient choice or patient initiated delays) if the diagnostic tests are not able to be done prior to a clinic appointment.



3.1 Clock Starts

The RTT clock starts when any healthcare professional (or service permitted by an English NHS Commissioner to make such referrals) refers to a consultant-led service. The RTT clock start date is the date that the trust receives the referral. For referrals received through NHS e-Referral, the RTT clock starts on the day the patient converts their unique booking reference.

- A referral is received into a consultant led service, regardless of setting, with the intention that the patient will be assessed and if appropriate, treated before clinical responsibility is transferred back to the referrer.
- A referral is received into an interface or referral management assessment centre which may result in an onward referral to a consultant led service before clinical responsibility is transferred back to the referrer.
- A patient self refers into a consultant led service for pre-agreed services agreed by providers and commissioners.

3.2 Exclusions

A referral to most consultant-led services will start an RTT clock. However, the following services and types of patients are excluded from RTT:

- Obstetrics and midwifery
- Planned patients
- Referrals to a non-consultant led service
- Non-English commissioners
- GUM services
- Emergency pathway non-elective follow-up clinic activity.

3.3 **New clock starts for the same condition**

- **Following active monitoring**

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

- **Following a decision to start a substantively new treatment plan**

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

- **For Second Side of a Bilateral Procedure**

A new RTT clock should be started when a patient becomes fit and ready for the second of a consultant-led bilateral procedure.

- For a Rebooked New Outpatient Appointment

3.4 **Planned Patients**

All patients added to the planned list will be given a due date by when their planned procedure/test should take place. Where a patient requiring a planned procedure goes beyond their due date, they will be transferred to an active pathway and a new RTT clock started. The detailed process for management of planned patients is described in the relevant standard operating procedure.

3.5 **Clock Stops for First Definitive Treatment**

An RTT clock stops when:

- a) First definitive treatment starts. This could be:**

- Treatment provided by an interface service;
- Treatment provided by a consultant-led service;
- Therapy or healthcare science intervention provided in secondary care or at an interface service, if this is what the consultant-led or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further interventions.

- b) A clinical decision is made and has been communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay, to add a patient to a transplant list.**

3.6 **Clock Stops for Non-treatment**

A waiting time clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

- It is clinically appropriate to return the patient to primary care for any non-consultant-led treatment in primary care
- A clinical decision is made not to treat
- A patient did not attend (DNA) which results in the patient being discharged following a clinical review
- A decision is made to start the patient on a period of active monitoring
- A patient declines treatment having been offered it.

3.7 **Active Monitoring**

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

It is not appropriate to stop a clock for a period of active monitoring if some form of diagnostic or clinical intervention is required in a couple of days' time, but it is appropriate if a longer period of active monitoring is required before further action is needed. Stopping a patient's clock for a period of active monitoring requires careful consideration on a case by case basis and its use needs to be consistent with the patient's perception of their wait.

Example 1:

Patient A is attending her OP Appointment following diagnostics and the Consultant Surgeon has advised that surgery is the most appropriate method of treatment for her condition. Patient A would like 1-2 weeks thinking time before deciding whether or not to go ahead.

In this example, Active Monitoring is not appropriate for the short amount of time the patient has requested and the clock should continue.

3.8 **Patient Initiated Delays**

3.8.1 **Non-Attendance of Appointments/ Did not attend (DNA's)**

Other than at first attendance, DNAs have no impact on reported waiting times. Every effort should be made to minimise DNAs, and it is important that a clinician reviews each and every DNA on an individual patient basis.

First Appointment DNAs

The RTT clock is stopped and nullified in all cases (as long as the Trust can demonstrate the appointment was booked in line with reasonableness criteria). If the clinician indicates that another first appointment should be offered, a new RTT will be started on the day the new appointment is agreed with the patient.

Subsequent (follow up) Appointment DNAs

The RTT clock continues if the clinician indicates that a further appointment should be offered. If patients wait more than 18 weeks as a result of such delays, the 8% tolerance is in place to account for this. The RTT clock stops if the clinician indicates that it is in the patient's best clinical interests to be discharged back to their GP / referrer.

Cancelling, declining OR delaying appointment and admission offers

Patients can choose to postpone or amend their appointment or treatment if they wish, regardless of the resulting waiting time. Such cancellations or delays have no impact on reported RTT waiting times.

However, clinicians will be informed of patient initiated delays to ensure that no harm is likely to result from the patient waiting longer for treatment (clinicians may indicate in advance, for each specialty or pathway, how long it is clinically safe for patients to delay their treatment before their case should be reviewed). Where necessary, clinicians will review each and every patient's case on an individual basis to determine whether:

- The requested delay is clinically acceptable (clock continues)
- The patient should be contacted to review their options – this may result in agreement to the delay (clock continues) or to commence a period of active monitoring (clock stops)
- The patient's best clinical interest would be served by discharging them to the care of their GP (clock stops)
- The requested delay is clinically acceptable but the clinician believes the delay will have a consequential impact (where the treatment may fundamentally change during the period of delay) on the patient's treatment plan-active monitoring (clock stops).

The general principle of acting in the patient's best clinical interest at all times is paramount. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and so where long delays (i.e. of many months) are requested by patients then a clinical review should be undertaken, and preferably the treating clinician should speak with the patient to discuss and agree the best course of action.

Patients should not be discharged to their GP, or otherwise removed from the waiting list, unless it is for clinical reasons or the patient's choice.

3.9 **Patients who are unfit for Surgery**

If the patient is identified as unfit for the procedure, the nature and duration of the clinical issue should be ascertained.

Short-Term Illnesses

If the clinical issue is short-term and has no impact on the original clinical decision to undertake the procedure (e.g. cough, cold), the RTT clock continues.

Longer Term Illnesses

If the nature of the clinical issue is more serious for which the patient requires optimisation and / treatment, clinicians should indicate to administration staff:

- If it is clinically appropriate for the patient to be removed from the waiting list. This will be a clock stop event via the application of active monitoring.
- If the patient should be optimised / treated within secondary care (active monitoring clock stop) or if they should be discharged back to the care of their GP (clock stop).

- 4** The following pages describe how Stockport NHS Foundation Trust manages elective pathways and appointments in accordance with National Referral to Treatment Rules.

4.1 Non-Attendance/Did Not Attend (DNAs) of Outpatient Appointments

The following information on the management of appointments does not apply to patients on a cancer pathway or Paediatric and Vulnerable Patients:

- **For information about the management of Paediatric and Vulnerable Patients**, please refer to Appendix A
- **For information about the management of cancer pathways**, please refer to Appendix B – GM & C Cancer Access Policy

Following an offer of an appointment with reasonable notice:

First Appointment DNA

- If a patient DNA's their first appointment, the consultant will review the referral and indicate if a further appointment should be offered; The patients RTT clock will be nullified and restarted to the date the appointment is communicated to the patient; If the clinician indicates another appointment will not be offered, the RTT clock will stop on that date and the patient will be discharged back to the referrer;
- If a patient DNA's a second consecutive first appointment, then the patient will become subject to a clinical review. This may result in the patient being discharged back to the referrer.

Follow-Up DNA

- If a patient DNA's a follow-up appointment, their case will be reviewed by the consultant, who will indicate if another appointment should be offered. The RTT Clock will continue;
- If the consultant indicates another appointment is not required, the patient will be discharged back to the referrer for them to be followed-up in primary care, and the RTT Clock will stop;
- Patients will only be discharged if further consultation is not required or it is in their best clinical interest to be managed in a primary care setting.

4.2 Telephone Appointments

Some services Stockport NHS Foundation Trust offer telephone consultations in place of a physical Outpatient Appointments.

If a telephone consultation is deemed appropriate the patient will be informed by telephone and in writing of the day and time that this will take place. Reasonable notice of 3 weeks' and two appointment dates will be offered.

Following an offer of an appointment with reasonable notice:

- Should the patient not be contactable or be unable to engage on the notified time, then the responsible clinician review their case and indicate if a further Telephone appointment should be offered; The RTT clock will continue if the decision is to offer a further telephone appointment;
- If the clinician indicates that another appointment should not be offered and it is in the patient's best interests to be followed up in primary care, they will be discharged back to the GP/referrer and a letter confirming this will be sent to the GP/Referrer and the patient. The RTT Clock will stop.

4.3 Opt-In Service Appointments

For services that operate an Opt-in process, the following process will happen:

New Patients

- Patients will receive a letter inviting them to ring the service and book an appointment;
- Patients will be expected to make contact with the service within the timescale specified in the letter (usually 3 weeks from date of letter);

- A reasonable appointment offer will be made as outlined previously;
- New Patients who do not contact the service within the specified timeframe will be returned to the referrer for clinical review and the RTT Clock will continue;
- If the appointment is no longer required, the patient will be discharged back to the referrer and the RTT Clock will stop on the day this is communicated;

Follow-Up Patients

- Follow-Up patients will be expected to make contact with the service within the timescale specified in the letter (usually 3 weeks from date of the letter) – No change to the RTT Clock
- If they do not, a reminder letter will be sent with the same response timescales; No Change to the RTT Clock;
- If the patient still does not make contact, the responsible clinician will be advised for a decision on next steps;
- If the clinician indicates that another appointment should be offered, the RTT clock will continue;
- If the clinician indicates that another appointment should not be offered and it is in the patient's best interests to be followed up in primary care, they will be discharged back to the GP/referrer and a letter confirming this will be sent to the GP/Referrer and the patient. The RTT Clock will stop (if applicable).

4.4 Day and time of appointments

Where services are able, a patient's request to attend on a particular day of the week will try to be accommodated. However, it must be noted that not all services operate every day, and if a patient cannot attend on a day when the service runs, then their GP should be contacted to consider whether a referral to a different provider is appropriate.

4.5 Appointment Changes & Cancellations Initiated by the Patient

If as a result of the patient cancelling, a delay is incurred which is equal to or greater than a clinically unsafe period of delay (as indicated in advance by consultants for each specialty), the patient's pathway should be reviewed by their consultant. Upon clinical review, the patient's consultant should indicate one of the following:

- It is clinically safe for the patient to delay. The RTT clock continues and another appointment is offered;
- Clinically unsafe length of delay – The responsible Clinician should contact the patient with a view to persuade them not to delay. The RTT clock continues;
- Clinically unsafe length of delay – in the patient's best clinical interests to return the patient to their GP. The RTT clock stops on the day this is communicated to the patient and their GP/referrer.
- The patient has refused consultation/treatment or believes treatment is not required. The RTT Clock stops.

The patient should only be discharged if the GP/Referrer has been notified of their refusal to be assessed and treated; every effort should be made to explain to the patient any concerns or consequences to their health by refusing an appointment, by the GP and/or Consultant.

General Principles

- If patients telephone to cancel and rearrange an appointment, a new appointment date should be agreed at the time. Patients may be referred back to their GP if they are unable to accept a reasonable offer of an alternative date;
- Patients who cancel two consecutive appointments, (having had reasonable notice of the appointment or previously agreeing the date), will be subject to a clinical review as to whether

the delay is clinically safe. They may be referred back to their GP, providing it is in their best interests;

- All DNAs (New & Follow-up) will be reviewed by the clinician during or at the end of the clinic session, in order for a clinical decision to be made regarding next steps.
- The long term follow-up of patients should be discouraged unless it is clinically necessary. Therefore, patients who have been treated and/or require no further care on that pathway should be returned to the care of their GP or the referrer, whichever is applicable.

Cancellations

If the patient gives any prior notice that they cannot attend their appointment (even if this is on the day of clinic) this should be recorded as a cancellation and not DNA, up until the close of standard office hours (0900-1700, Monday to Friday);

If the patient contacts the day following the unattended appointment, this will be managed as a **DNA**.

Patient availability

- If a patient cancels their appointment due to a long term medical condition which is unlikely to resolve in less than three weeks, the patient should be subject to a clinical review by the Consultant. If the illness is deemed to be short term then the patient should be rebooked and the RTT clock continues.
- If the patient is significantly unwell and likely to be for an extended period of time >3 weeks, then a decision on whether to discharge back to the GP/referrer for optimisation should be made by the Consultant in consultation with the GP/Referrer.

4.6 Cancellations by the Trust

Where cancellations are initiated by the Trust, patients should be rebooked in a timely and considerate manner. The 18 week clock will continue.

5 Diagnostic and Therapy Appointments

The following section describes how Stockport NHS Foundation Trust manages Diagnostic and Therapy pathways in accordance with Diagnostic & National Referral to Treatment Rules.

The diagnostic pathway from when the patient is referred to the test taking place should not exceed 5 weeks and 6 days.

5.1 Reasonable Notice

Appointments offers for Diagnostic and Therapies may be communicated either verbally or in written form. Reasonable notice of an appointment must be given and is defined as follows:

- **For a verbal offer to be deemed reasonable**, the patient must be offered a minimum of two appointment dates on different days, with a minimum two weeks' notice.

Sometimes a patient may choose to accept an appointment with less than a weeks' notice. In this instance, if they subsequently cancel this appointment, it may be deemed as having been a reasonable offer due to the patient's initial acceptance.

- **For a written offer to be deemed reasonable**, the patient must be offered an appointment date with a minimum two calendar weeks' notice, allowing for post

Where patients decline to accept a reasonable offer, the following actions will be taken:

- Patients who decline one reasonable offer will be offered one further reasonable date;
- If two reasonable offers are declined for a diagnostic appointment, the referring GP or consultant will be asked to review the patient and indicate if the test is still required; if the test is still required a further appointment will be offered. If not, the patient will be discharged from the service;
- If two reasonable offers are declined for a Therapy appointment, the referrer will be asked to indicate if the appointment is still required; if it is, a further appointment will be offered. If not, the patient will be discharged back to the referrer;

Where patients are not given a reasonable offer, they will not be discharged back to the referring Clinician or GP.

5.2 Non-Attendance of Appointments (DNAs)

If a patient DNA's, the referrer will be informed and asked to indicate if the test is still required. If the referrer indicates the test is required, another appointment will be sent;

If the referrer indicates the test is no longer required, the patient will be discharged from Diagnostics/Therapies.

5.3 Appointment Changes & Cancellations Initiated by the Patient

- The referring Clinician will be informed if the patient cancels two consecutive appointments, having had reasonable notice of the appointments or agreed the dates; The referrer will be asked to indicate if the test is still required;
- If patients do not re-appoint on the day of the cancellation, they will be returned to the referrer for a review and indication if the test is still required.

5.4 Cancellations by the Trust

Where cancellations are initiated by the Trust, patients should be rebooked in a timely and considerate manner.

6.0 Pre-Operative Assessments

Pre-Operative Assessments (POA) are a vital step in the patient's elective care pathway and mandatory for any patient undergoing an invasive procedure or surgery. It is therefore in the patient's best interests to ensure that these appointments are adhered to.

6.1 Non-Attendance of Appointment (DNA's)

- If the patient DNA's their first POA Appointment, they will be rebooked to the next available appointment and the consultant surgeon and waitlist officer informed of their non-attendance;
- If the patient DNA's 2 consecutive Pre-Op appointments, the consultant surgeon and waitlist officer will be informed. No further appointment will be made until the clinician has reviewed the patient and indicated whether a further POA appointment is required;
- If the patient subsequently DNA's a third POA appointment, no further appointment will be offered until the consultant surgeon indicates whether a further POA appointment is required or if it is in the best interest of the patient to be discharged to the GP and followed up in Primary Care.

Patients on a cancer pathway will be brought to the attention of the referring Consultant and rebooked as a priority.

6.2 Appointment Changes & Cancellations Initiated by the Patient

- Patients' who cancel two consecutive appointments, having had reasonable notice of the appointment or agreed the date, the listing Consultant and waitlist officer will be informed and asked to indicate if a further POA appointment should be offered;
- If patients do not re-appoint on the day of the cancellation, the listing Consultant and waitlist officer will be informed and asked to indicate if a further POA appointment should be offered or if it is in the patient's best interests to be discharged back to their GP and followed-up in Primary Care.

6.3 Cancellations by the Trust

Where cancellations are initiated by the Trust, patients should be rebooked in a timely and considerate manner. The 18 week clock will continue.

7 Elective Admissions

7.1 Reasonable Notice

A minimum of three weeks' notice and two dates should be applied to constitute a reasonable offer. Earlier dates can be offered if available and acceptable.

- Where patients do not agree dates within the reasonable timescale of three weeks, the listing Consultant should be informed and next steps agreed, this may include a conversation with the patient regarding their care;
- If the procedure is no longer required or the patient declines to be treated, the GP/Referrer and Patient will be notified in writing and the patient discharged from the service; The RTT Clock will stop on the date the referrer is informed of this;

Where patients have not been given reasonable notice, they should not be discharged back to their GP.

7.2 Non-Attendance of Admission (DNA's)

All DNA's will be reviewed by the listing consultant for a decision on next steps, and:

- If the patient gives any prior notice that they cannot attend their appointment (even if this is on the day of admission) this should be recorded as a cancellation and not a DNA, up until the close of standard office hours (0900-1700, Monday to Friday).
- If the patient contacts the day following the unattended appointment, this will be managed as a DNA;
- If the patient DNA's two consecutive elective admission dates, the listing Consultant will be informed and a 'DNA/No Contact' letter sent to the GP/Referrer. Subject to a clinical review, the patient may be removed from the waiting list or discharged back to the referrer.

7.3 Appointment Changes & Cancellations Initiated by the Patient

If a patient cancels two admission dates the listing Consultant will be notified for a decision on next steps; The RTT Clock will continue;

If as a result of the patient cancelling, a delay is incurred which is equal to or greater than a clinically unsafe period of delay (as indicated in advance by consultants for each specialty), the patient's pathway should be reviewed by their consultant. Upon clinical review, the patient's consultant should indicate one of the following:

- Clinically safe for the patient to delay - continue progression of pathway. The RTT clock continues;
- Clinically unsafe length of delay – clinician to contact the patient with a view to persuading the patient not to delay. The RTT clock continues;
- Clinically unsafe length of delay – in the patient's best clinical interests to return the patient to their GP. The RTT clock stops on the day this is communicated to the patient and their GP.

7.4 Cancellations by the Trust

There may be times where in order to treat an urgent cancer or emergency admission, that a routine admission may be cancelled by the trust.

In all cases, the clinical priority of the patients will form part of the decision whether to cancel and:

- If an agreed admission date is cancelled by the hospital at any stage up to and including the day of admission, a new date should be agreed with the patient within seven days;
- If the operation is cancelled by the hospital on the actual day of admission, a new operation date will be given which should be within 28 days of the original operation date.
- In the rare incident of a Cancer Admission being cancelled by the trust, the patient will be re-listed within their treatment breach date.

7.5 **Suspended Waiting List**

Patients Who Are Unfit for Surgery

- If the patient is identified as unfit for the procedure, the nature and duration of the clinical issue should be ascertained and the listing consultant should indicate next steps. The RTT clock continues;

Short-Term Illnesses

- If the clinical issue is short-term and has no impact on the original clinical decision to undertake the procedure (e.g. cough, cold), the RTT clock continues;

Longer Term Illnesses

- If the nature of the clinical issue is more serious for which the patient requires optimisation and / treatment, clinicians should indicate to administration staff:
- If it is clinically appropriate for the patient to be removed from the waiting list. This will be a clock stop event via the application of active monitoring.
- If the patient should be optimised / treated within secondary care (active monitoring clock stop) or if they should be discharged back to the care of their GP (clock stop).

7.6 **Patients requiring more than one listing for different conditions**

It is the Consultants' responsibility to familiarise themselves with the patients' medical condition and any other current listings that may affect the patients wait.

For complex procedures, where it is unlikely that multiple procedures can be performed within the required timeframe, the patient should be returned back to the GP for monitoring and optimisation until deemed fit and ready for a subsequent procedure.

7.8 **Bilateral Procedures**

- The first operation should be added to a waiting list and linked to a pathway in the normal way;
- The second operation should be added to the waiting list but not linked to an 18-week pathway;
- The start date of the pathway for the second procedure will be the date the patient became fit and was ready for the second procedure. A new pathway will then commence and the RTT Clock starts again.

7.9 **Planned procedures**

Patients on planned waiting lists will normally have had previous treatment and they are to receive a further planned course of treatment. Patients who are on the planned lists are not included in any calculation of the size of the waiting list because their procedures would not be done sooner if resources were not a constraint.

Examples of procedures which should be on a planned list are:

- Patients waiting for more than one procedure where the procedures need, for clinical reasons, to be undertaken in a certain order;
- Check procedures such as cystoscopies, colonoscopies etc.;
- Patients proceeding to the next stage of treatment ie: patients undergoing chemotherapy, or removal of metalwork;
- Staged surgery or bilateral procedures. The first stage of such procedures should be included on the normal waiting list, but all subsequent procedures are listed at follow up appointment which would commence with a new pathway.
- Sterilisation following pregnancy, when the procedure cannot be undertaken until after the pregnancy

All patients added to the planned list will be given a due date by when their planned procedure/test should take place. Where a patient requiring a planned procedure goes beyond their due date, they will be transferred to an active pathway and a new RTT clock started.

The detailed process for management of planned patients is described in the relevant standard operating procedure.

PLEASE CONTINUE TO THE NEXT PAGES FOR APPENDICES AND REFERENCES

Appendix A – Children’s Non Attendance to Hospital Appointments [Safeguarding Considerations]

A child is anyone who has not yet reached their 18th birthday. [Children Act 1989]

When a child does not attend an appointment, consider that the child has little choice in attending (dependant on age) and is reliant on their parent / carer. It is worth considering the non-attendance of a child as ‘child not brought’ to emphasise this point.

Learning from serious case reviews highlight that professionals in all agencies should understand the significance of missed medical appointments for children. In one case the only indication of a sudden change in parenting capability was an emerging pattern of non-attendance at appointments (NSPCC September 2015)¹.

Recommendations highlighted that; a system should be in place that allows missed appointments to be monitored and when a child does not attend an appointment professionals to know what action to take when there are concerns.

Child not brought for appointment

When a child does not attend an appointment with the Clinician / Nurse, the case is reviewed by the practitioner in order to make decisions regarding the next steps. The Clinician/Nurse needs to consider:

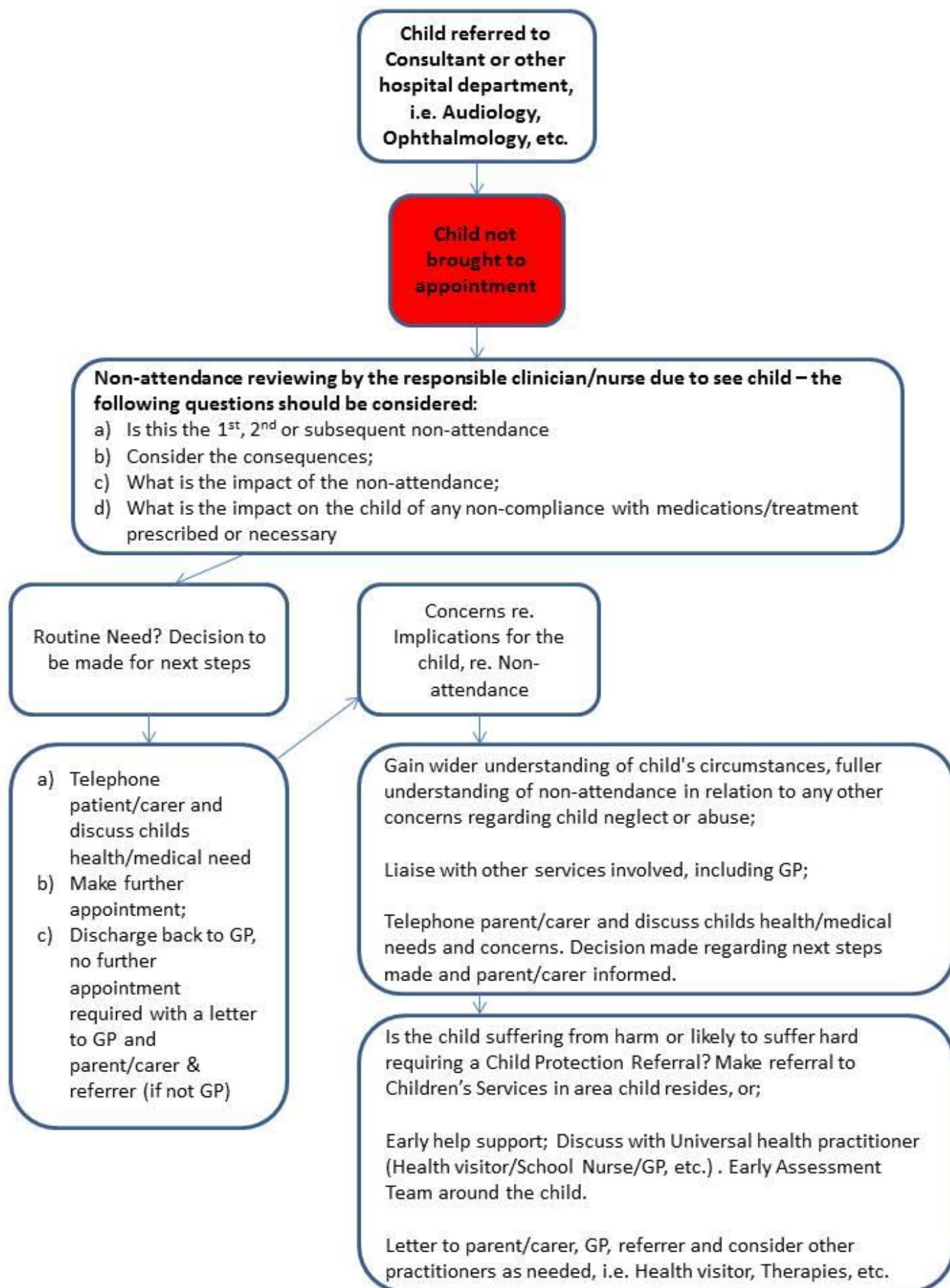
- Implications for the child, the likely consequence of failure to access the health appointment and whether they may suffer harm in respect of impaired health or development as a consequence.
- Whether there is also a possibility of non-compliance in treatment, medications etc. prescribed by the Clinician and the possible consequences of this.
- This may not be wilful neglect of the child’s health needs. It may be that the parent/carers is having difficulty attending due to transport, financial problems, time of the appointment etc. Parent/carers should be contacted to explore and arrange a further appointment, their understanding is ascertained and the discussion documented. Letter to parent/carers, GP and referrer.
- Liaison with the GP or other practitioners involved in the care of the child may be required depending on the medical consequences of not attending. This wider understanding of the child’s circumstances assists fuller understanding of the non-attendance and its impact on the child to decide the next steps.
- If there is further non-attendance consider whether the consequences constitute neglect of the child and reach the threshold for referral into children social care and the child protection referral procedure followed². It may be decided that the GP or health visitor etc. has wider understanding of the child’s circumstances and impact of cumulative and long term effects of neglect making them best placed to make the referral with the Clinician/Nurse input regarding missed medical appointments and possible consequences for the child.
- If the non-attendance at this point does not reach the threshold for child neglect (child protection referral) but Early Help and Support is required to ensure the best outcomes for the child’s needs, an Early Help Assessment³ needs to be considered and discussed with the Universal Practitioner i.e. GP, Health Visitor and Team Around Child Plan to improve attendance and meet the child’s health needs.

¹ Neglect: learning from case reviews. NSPCC September 2015

² www.safeguardingchildreninstockport.org.uk. Child protection policy & procedures.

If the child resides in a Borough outside Stockport use the child protection referral procedure for the Borough the child resides. Also, [Safeguarding Children SOP](#) accessed via microsite / safeguarding children.

³ www.stockport.gov.uk/early-help-assessment



Greater Manchester and Cheshire Cancer Access Policy
in conjunction with Cancer Waiting Times Guidance Version 9.0

Document Control

Document Ref No.	N/A
Title of document	Greater Manchester and Cheshire Cancer Access Policy
Author's name	Greater Manchester & Cheshire Cancer Managers
Document Version	1.3
Document Status	Draft
Based on	National Cancer Waiting Times (CWT) Guidance Version 9.0
Signed off by	Director of Operations
Date	12.08.16
Implementation Date	15.08.16
Next review date	June 2019 or upon any change to the national CWT guidance
Distribution	All providers and CCGs within GM and Cheshire
Has an Equality & Diversity Impact Assessment been completed?	Yes

Ratification	Date
Director of Operations Group	08.06.16
GM Commissioning Managers	05.07.16

Consultation History

Version	Date	Amendment	Consultation
1.0	04.04.16	Document creation	
1.1	08.04.16	Minor alterations to wording	Cancer Managers Forum
1.2	11.07.16	Minor alteration to wording	Lead Commissioner
1.3	18.08.16	Removal of 2 lines under ratification section, as will go for information, not ratification	N/A

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1.0 Executive Summary

This Access Policy has been developed to support the standardisation of the application of Cancer Waiting Times Guidance and ensure that resources are best utilised to support all patients with suspected and confirmed cancer

This Policy should be read in conjunction with the Cancer Waiting Times Guidance Version 9. NHS England Publications Gateway Reference 04998 has also been considered when writing this Policy.

The NHS Cancer Plan (2000), the NHS Plan (2000) and the Achieving World Class Cancer Outcomes report set out a vision of a service for patients on a suspected cancer pathway, and those on a routine pathway, designed around the patient with a ten-year programme of investment and reform to transform the system and put it at the forefront of best-practice internationally.

The NHS Cancer Plan set out that patients referred with suspected cancer should wait no longer than 14 days for first outpatient assessment or first diagnostic test. It also stated that from receipt of referral to first treatment should be no longer than 62 days.

The NHS Cancer Plan also states that patients not referred via the two-week rule system, but subsequently found to have a diagnosis of cancer, should wait no longer than 31 days from a decision-to-treat to first treatment.

The Cancer Reform Strategy (Dec 2008) extended access and treatment for a cancer pathway to include:

- All patients referred with breast symptoms to be seen within 14 days (excluding referrals for reconstruction) by Dec 2009.
- Patients from National Screening Programmes to be upgraded to a 62-day pathway if cancer suspected or confirmed from Jan 2009.
- Consultant upgrade of routine patients to a 62-day pathway from Jan 2009.
- All subsequent treatments for primary, recurrent and metastatic cancers within 31 days of the earliest clinically appropriate date.

Cancer Waiting Times (CWT) guidance version 9.0 was introduced in October 2015. Within this guidance there are several references to 'local access arrangements / local policy'. This documents sets out to provide a defined approach to these elements, ensuring all Trusts within Greater Manchester and Cheshire operate consistently, and in ways that deliver the intended benefits for NHS patients and NHS organisations.

NB 'Greater Manchester and Cheshire' refers to the following Trusts within the context of this document:

Wrightington, Wigan and Leigh, Bolton, Salford, Tameside, Stockport, Mid Cheshire, South Manchester, East Cheshire, Christie, Pennine, Central Manchester.

2.0 Cancer Waiting Times Standards

Greater Manchester and Cheshire have the ambition to go beyond the National standards relating to the timely access of diagnostics and treatment for patients with suspected or confirmed cancer. However, for the purpose of this document it is important to note that there were no changes to the national standards with the launch of version 9.0 of the Cancer Waiting Times Guidance. A summary of the standards is detailed below.

The cancer waiting times service standards are:

a) Maximum 2 weeks from:

- i) receipt of urgent GP/GDP referral for suspected cancer to first outpatient attendance [Operational Standard of 93%];
- ii) receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment [Operational Standard of 93%].

b) Maximum 31 days from:

- i) decision to treat to first definitive treatment [Operational Standard of 96%];
- ii) decision to treat/earliest clinically appropriate date to start of second or subsequent treatment(s) for all cancer patients including those diagnosed with a recurrence where the subsequent treatment is:
 - (1) surgery [Operational Standard of 94%]
 - (2) drug treatment [Operational Standard of 98%]
 - (3) radiotherapy [Operational Standard of 94%].

c) Maximum 62 days from:

- (i) receipt of urgent GP/GDP referral for suspected cancer to first treatment [Operational Standard of 85%];
- (ii) receipt of urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) for suspected cancer to first treatment [Operational Standard of 90%];
- (iii) date of consultant upgrade of urgency of a referral to first treatment [No Operational Standard as yet].

d) Maximum 31 days from receipt of urgent GP referral to first treatment for children's cancer, testicular cancer, and acute leukaemia [Operational Standard 85%].

3.0 Roles and Responsibilities

Referrer Responsibilities

- Ensure that the patient meets the criteria for a suspected cancer referral and the intended pathway of care.
- Ensure that the patient is adequately informed that they are being referred urgently on a suspected cancer pathway and is prepared to be seen within the required timescales. This should be supported by the provision of written information on suspected cancer referrals.
- Ensure that the patient is prepared to be treated within the appropriate timescales.
- Ensure that the patient's contact details are up to date and correct before making the referral.
- A referrer will ensure that all suspected cancer referrals will be made in line with the requirements of NICE guidance.
- All 2-week wait referrals must be made via Choose and Book where the service is available: Initiate the referral through the use of Choose and Book / NHS E-referral system, attaching the appropriate referral information for that tumour site, within 1 day.

Patient Responsibilities

- Ensure that the GP and hospital has the correct contact details.
- Attend agreed appointments and give sufficient notice of no less than 48 hours in the event of the need to change agreed date or time, to ensure the appropriate use of resources.
- Respond to hospital communications in a timely manner.
- Communicate immediately to the hospital or GP if treatment and/or appointments are no longer required.
- Immediately communicate to the hospital and GP any changes in personal contact details or clinical condition.

Trust Responsibilities

- Deliver all patient access activities within the national maximum treatment time, milestones and targets, ensuring timely and appropriate access where clinically appropriate.
- Ensure that only patients fit for surgery are added to the elective waiting list.
- The Trusts agree to work collaboratively across multiple organisations to ensure effective management of all cancer pathways.
- The Trusts will endeavour not to cancel appointments unless this is to benefit the patient's pathway or there are exceptional circumstances.

- The Trusts will inform patients that they are on a suspected cancer pathway and the importance of attending investigations and appointments that may be offered at short notice.
- The Trusts will have the responsibility to track all patients from referral to treatment or to the point where the patient's care is transferred back to their GP or referrer, and they are formally notified of this.
- Trusts will ensure consistent chronological management of patients at all points on the pathway in line with clinical need. This applies to diagnostic and treatment points in the pathway

4.0 Cancer Access Standards

Within the Cancer Waiting Times Guidance (CWT) version 9.0 there are a number of points which are subject to 'local policy'. At present this could be interpreted differently between each provider and commissioner. This document provides an agreed interpretation of 'local policy' so that patients referred from any CCG and treated at any provider are treated fairly and consistently.

In the table that follows the section extract from the CWT is listed, along with the Access standard.

The specific points of interest are highlighted in each of the sections, but the full section on each subject has been included for context and clarity.

The sections applicable to local policy are:

- 2.1 Coverage of standards. This section covers all standards; the relevant section pertains to the 62 day cancer standards.
- 4.1 Referral policy and guidance.
- 4.11 Inappropriate and incorrect referrals.

Cancer Waiting Times Extract / Reference	GM&C Access Standard
<p>2.1 Coverage of Standards (62 day)</p> <ul style="list-style-type: none"> the two months (62 days) standard applies to patients who are referred: <ul style="list-style-type: none"> through the two week wait referral route by their GP (GMP,GDP or Optometrist) with suspected cancer urgently from any of the three NHS cancer screening programmes (breast, cervical or bowel) then upgraded by a consultant (or authorised member of the consultant team as defined by local policy) because cancer is suspected on suspicion of one cancer but are diagnosed with a different cancer <p>In addition, patients who have been diagnosed with cancer after being referred by any relevant health professional because of breast symptoms (where cancer is not suspected) should be treated within 62 days. This is a recommendation, not a set standard, and therefore although data is collected on this pathway, this will not be performance managed centrally at the present time.</p> <p>Cancer waiting times service standards are not applicable to patients</p> <ul style="list-style-type: none"> with a non-invasive cancer ie: <ul style="list-style-type: none"> carcinoma in situ (with the exception of breast (D05) which is included) – local systems will need to be in place to notify cancer registries of carcinoma in situ cases except for D05 basal cell carcinoma (BCC). who die prior to treatment commencing – local systems will need to be able to flag this and forward the information to cancer registries receiving diagnostic services and treatment privately. However: <ul style="list-style-type: none"> where a patient chooses to be seen initially by a specialist privately but is then referred for treatment under the NHS, the patient should be included under the existing 31 day standards where a patient is first seen under the two week standard, then chooses to have diagnostic tests privately before returning to the NHS for cancer treatment, only the two week standard and 31 day standard apply. The patient is excluded from the 62 day standard as the diagnostic phase of the period has been carried out by the private sector. who refuse all reasonable offers of diagnostics or treatments, or opt to be treated outside of the NHS. <p>2.1.1 What counts as a reasonable offer for diagnostics or treatments?</p> <p>For cancer waiting times a reasonable offer for diagnostics or treatments is counted as a service commissioned by an English NHS commissioner that is clinically appropriate as decided by the consultant.</p> <p>2.1.2 What is classed as a reasonable offer for the date of an appointment?</p> <p>For cancer waiting times a ‘reasonable’ offer of an appointment is defined by local policy and should be an offer for diagnosis or treatment in a cancer pathway.</p>	<p>Reasonable offer of diagnostics or treatment is defined as not less than 24 hours’ notice.</p> <p>Refusal of all reasonable offers is defined as: Any 2 or more DNA of appointments Any 2 or more occasions where declines and cancellations have caused a delay.</p> <p><i>As the 62 day standard waiting times are not applicable to patients who refuse all reasonable offers of diagnostics or treatments these patients will be monitored against the 31 day standard.</i></p>

<p>Part of being reasonable means that the patient has been consulted and listened to, taking into account what the patient would find reasonable.</p> <p>In cases of contention (such as treatments offered on the same day) the commissioner decides whether the offered appointment was reasonable.</p>	
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Cancer Waiting Times Extract / Reference	GM&C Access Standard
<p>4.1 Referral policy and guidance</p> <p>Management of referrals between GPs (GMP, GDP or Optometrist) and secondary care is a matter for local protocol/policy within the overarching cancer waits rules.</p> <ul style="list-style-type: none"> • The best interest of the patient should be at the forefront of the local policy. Referrals between primary and secondary organisations should be monitored locally • providers are encouraged to run daily checks for missing referral letters following an e-Referral Service referral, and follow these up with the relevant GP (GMP, GDP or Optometrist) practices • the duty of care is with the referring practice. The practice will therefore need to have systems in place to ensure that referral letters are sent promptly and to ensure that patients they have referred convert their UBRNs in a timely way, where patients book their appointments directly through the e-referrals system • for the two week wait referrals the required information should be sent to the receiving provider with one working day. <p>The patient should be encouraged to make an appointment quickly. There is a set of National Institute for Health and Care Excellence (NICE) guidance explaining what a patient should be told at http://www.nice.org.uk/guidance/ng12. If the NICE guidelines are followed it will hopefully encourage patients to accept the earliest appointment where possible. It would also be helpful for a GP (GMP, GDP or Optometrist) to reiterate the importance of keeping an appointment once it has been made.</p> <p>For patients booking an appointment through the e-Referral Service (e-RS) it is stressed in the e-RS guidance that it is good practice to ensure the patient has booked an appointment before leaving the practice. It is also good practice to ensure that someone at the practice monitors, on a daily basis, the e-RS bookings to check that all Unique Booking Reference Numbers (UBRN) have been converted into a booking. For urgent two week wait appointments e-RS will only offer patients an appointment within the next 14 day period.</p> <p>There should be agreed referral protocols in place between primary and secondary care so that GPs (GMP, GDP or Optometrist) know where to send patients. If they have sent a referral to the wrong provider that provider should liaise with the GP (GMP, GDP or Optometrist) and ask them to withdraw the referral and re-refer to a correct provider. This new referral would be recorded as the start of the two week wait. Alternatively, the wrong provider could forward the referral onto a correct provider if this is faster and in the patient's interest. In this case the two week wait clock would still be the original, wrong referral, from the GP (GMP, GDP or Optometrist).</p>	<p>See Page 10</p>

Once the 62-day or 31-day clocks have started for a suspected cancer it is not expected that a patient would be referred back to their GP (GMP, GDP or Optometrist). Unless, cancer is ruled out or the management of the patient is being co-ordinated by the GP ie post anti-cancer treatment or hormones.	
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Cancer Waiting Times Extract / Reference	GM&C Access Standard
<p>4.1.1 What if the patient cannot attend an appointment within two weeks?</p> <p>If a patient cannot make themselves available for an appointment within two weeks, despite having been given appropriate information, it is technically possible for a GP (GMP, GDP or Optometrist) to defer making the referral until the patient is available for referral – a provider cannot refuse a referral.</p> <p>Patients that choose an appointment outside of two weeks do not exempt themselves from the standards. The operational standards for the two week wait commitments take account of the volume of patients likely to be seen outside of two weeks due to patient choice.</p> <p>4.11 Inappropriate and Incorrect Referrals</p> <p>Patients should not be referred back to their GP (GMP, GDP or Optometrist) because they are unable to accept an appointment within two weeks. Only the GP can downgrade a referral. If a consultant thinks the two week wait referral is inappropriate this should be discussed with the GP.</p> <ul style="list-style-type: none"> Patients should not be referred back to their GP after a single Did Not Attend (DNA) or cancellation Patients should only be referred back to their GP after multiple (two or more) DNAs but not after multiple appointment cancellations unless this has been agreed with the patient – by cancelling an appointment a patient has shown a willingness to engage with the NHS. 	<p>All GPs must check patients are available before referral, and consider deferring if not.</p> <p>If a provider receives a referral and the patient is unable to attend any appointment within 14 days, the provider should inform the GP of the situation and advise the clock will be re-started from when the patient is available, rather than cancelling the referral and asking the GP to re-refer as in the spirit of the overarching CWT rules (4.1, 4.1.1 and 4.11).</p> <p>Patients who DNA 2 first attendance appointments must be referred back to the GP.</p> <p>Patients who cancel 2 or more first attendance appointments will be returned back to the GP where the patient has been informed this will occur. This is to facilitate further management of the patient</p>

5.0 Equality Impact Assessment

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender (including gender reassignment)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?	N/A	
4.	Is the impact of the document/guidance likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

Acronyms	Definition (not all are used in this document)
ASIs	Appointment Slot Issues (list). A list of patient who have attempted to book their appointment through the national E-Referral Service but have been unable to due to lack of clinic slots.
CATS	Clinical Assessment and Treatment Service
CCGs	Clinical Commissioning Groups. Commission local services and acute care.
CNS	Clinical Nurse Specialists use their own knowledge of cancer and treatment to co-ordinate the patient's care plan and act as the patient's 'keyworker'.
COF	Clinic Outcome Form
COSD	Cancer Outcomes and Services Dataset is the key dataset which is designed to define and deliver consistency in data recording, data submission and analysis across cancer in the NHS, including diagnostics, staging, treatment and demographic information. Data is submitted to the Cancer Registry and used for national reporting.
DNA	Did Not Attend. Patients who have been informed of their appointment date and who, without notifying the hospital fail to attend their appointment.
DNA	Did Not Attend. Patients who give no prior notice of their non-attendance.
DTT	Date of Decision to Treat. The date on which the clinician communicates the treatment options to the patient and the patient agrees to a treatment.
ECAD	Earliest Clinically Appropriate Date that it is clinically appropriate for an activity to take place. ECAD is only applicable to subsequent treatments.
e-RS	(National) E-Referral Service – Also referred to a 'Choose and Book'.
FOBT	Faecal Occult Blood Test. This test, which is part of the Bowel Screening Pathway, checks for hidden (occult) blood in the stool (faeces).
GDP	General Dental Practitioner (GDP) typically leads a team made up of dental care professionals (DCPs) and treats a wide range of patients, from children to the elderly.
GP	General Practitioner. A physician whose practice consists of providing ongoing care covering a variety of medical problems in patients of all ages, often including referral to appropriate specialists.
The cancer management system	A Database system used to record all information related to patient cancer pathway by MDT co-ordinators, Clinical Nurse Specialist and Clinicians.
IOG	Improving Outcomes Guidance. This is NICE guidance on the configuration of cancer services.
IPT	Inter-Provider Transfer
MDM	A Multi-Disciplinary Team Meeting where individual patients care plans are discussed and agreed.
MDS	Minimum Data Set. Minimum information required to be able to process a referral either into the cancer pathway or for referral out to other Trusts.
MDT	A Multi-Disciplinary Team is a group of doctors and other health professionals with expertise in a specific cancer, who together discuss and manage an individual patient's care.
MDT Co-ordinator Multidisciplinary Team Co-ordinator	Person with responsibility for tracking patients, liaising with clinical and CAU staff to ensure progress on the cancer pathway, attends the weekly patient tracking list (PTL) meeting, updates the Trust's database for cancer pathway patients and assists with pathway reviews and changes. Also co-ordinates the MDT meeting and records the

decision for onward progress along the cancer pathway

NCWTDB	National Cancer Waiting Times Database. All cancer waiting times General standards are monitored through the national Cancer Waiting Times Database.
PAS	The Patient Administration System records the patient's demographics (e.g. name, home address, date of birth) and details all patient contact with the hospital, both outpatient and Inpatient.
PAS	Patient Administration System
PPID	Patient Pathway Identifier
PTL	Patient Tracking List. A complex spreadsheet used to ensure that cancer waiting times standards are met by identifying all patients on 62 day pathways and by tracking their progress towards the 62 or 31 day standards.
PTL	Patient Tracking List. A tool used for monitoring, scheduling and reporting on patients on elective pathways.
RACPC	Rapid Access Chest Pain Clinic
RCA	Root Cause Analysis. This defines steps on a patient's pathway and identifies breach reasons. In the context of this Policy, this is not the same as the level of investigation involved in an RCA for, for example, a Serious Incident (SI)
RMC	Referral Management Centre
RTT	Referral to Treatment
SMDT	A Specialist Multi-Disciplinary Team Meeting where individual patients care plans are discussed and agreed takes place across multiple organisations and involves support from a centre that is deemed to specialising in treating a particular tumour type.
TCI	To Come In
TIA	Trans Ischaemic
TSSG	Tumour Site Specific Group
UBRN	Unique Booking Reference Number

Glossary of Terms	Definition
2WW Two week wait	The maximum waiting time for a patient's first outpatient appointment or 'straight to test' appointment if they are referred as a 62 day pathway patient.
31 day pathway	The starting point for 31 day standard is the date that a patient agrees a plan for their treatment or the date that an Earliest Clinically Appropriate Date (ECAD) is effected for subsequent treatments
62 day pathway	Any patient referred by a GP with a suspected cancer on a 2 week wait referral pro-forma, referral from a screening service , a referral from any healthcare professional if for Breast symptoms and also where a routine referral has been upgraded by a Hospital clinician must begin treatment within 62 days from receipt of referral
Active Monitoring	Where a clinical decision is made to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures.
Active waiting list	The list of elective patients who are fit, ready and able to be seen or treated at that point in time. Applicable to any stage of the RTT pathway where patients are waiting for hospital resource reasons.
Bilateral procedures	Where a procedure is required on the same anatomical sides of the body.
Breach	A pathway which ends when a patient is seen/receives their first treatment outside the 14 day first seen, 62 day referral to treatment and/or 31 day decision to treat to treatment target times
Chronological booking	Refers to the process of booking patients for appointments, diagnostic procedures and admission within date order of their clock start date.
Consultant-led service	A service where a consultant retains overall responsibility for the care of the patient. Patients may be seen in nurse-led clinics which come under the umbrella of consultant-led services.
Day case	Patients who require admission to the hospital for treatment and will need the use of a bed but who are not intended to stay in hospital overnight.
Decision to admit	Where a clinical decision is made to admit the patient for either day case or inpatient treatment.
Direct access	Where GPs refer patients to hospital for diagnostic tests only. These patients will not be on an open RTT pathway.
Elective care	Any pre-scheduled care which does come under the scope of emergency care.
First definitive treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes first definitive treatment is a matter of clinical judgment in consultation with the patient.
Fixed appointments	Where an appointment or admission date is sent in the post to the patient without the opportunity to agree a date.
Full booking	Where an appointment or admission date is agreed either with the patient at the time of the decision or within 24 hours of the decision.
Incomplete pathways	Patients who are waiting for treatment on an open RTT pathway, either at the non-admitted or admitted stage.
Inpatients	Patients who require admission to the hospital for treatment and are intended to remain in hospital for at least one night

Nullified	Where the RTT clock is discounted from any reporting of RTT performance.
Oncology	The branch of science that deals with tumours and cancers.
Partial booking	Where an appointment or admission date is agreed with the patient near to the time it is due.
Patient-Initiated Delay	Where the patient cancels, declines offers or does not attend appointments or admission. This in itself does not stop the RTT clock. A clinical review must always take place.
Planned waiting list	Patients who are to be admitted as part of a planned sequence of treatment or where they clinically have to wait for treatment or investigation at a specific time. Patients on planned lists should be booked in for an appointment at the clinically appropriate time. They are not counted as part of the active waiting list or are on an 18 week RTT pathway.
Reasonable offers	A choice of two appointment or admission dates with three weeks' notice.
Straight to test	Arrangements where patients can be referred straight for diagnostics as the first appointment as part of an RTT pathway.

References and further reading

No	Reference Title	Published by	Publication Date	Link
1.	Referral to treatment consultant-led waiting times Rules Suite	Department of Health	October 2015	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464956/RTT_Rules_Suite_October_2015.pdf
2.	Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care	NHS England	October 2015	https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf
3.	Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care: Frequently Asked Questions	NHS England	October 2015	https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Accompanying-FAQs-v7.2.pdf
4.	The NHS Constitution	Department of Health	July 2015	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf
5.	Diagnostics waiting times and activity Guidance on completing the "diagnostic waiting times & activity" monthly data collection	NHS England	March 2015	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/
6.	Diagnostics FAQs Frequently Asked Questions on completing the "Diagnostic Waiting Times & Activity" monthly data collection	NHS England	February 2015	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/
7.	Equality Act 2010	Department of Health	June 2015	https://www.gov.uk/guidance/equality-act-2010-guidance
8.	Overseas Visitor Guidance	Department of Health	April 2016	https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations
9.	Armed Forces Covenant	Ministry of Defence	July 2015	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

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