
Access and Waiting List Management

PPG Clinical Services Ltd - Emersons Green Hospital and Devizes Surgical Centre

Controlled Document

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Version	Version 2.3
Author	Operations Manager
Date ratified	November 2024
Committee/individual responsible	Quality Assurance Governance
Issue date	May 2022
Review date	November 2026
Target audience	All staff in all departments

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1 Objectives

As set out in the Revision to the Operating Framework for the NHS in England 2010/1, performance management of the 18 weeks waiting times target by the Department of Health has ceased, however, referral to treatment data will continue to be published and monitored.

Standards and quality should be maintained pending the development of more outcomes-focused measures. Patients would not expect a return to long waiting times for operations (<http://www.18weeks.nhs.uk/>)

The length of time a patient needs to wait for hospital treatment is an important quality issue. Treating patients quickly is clinically beneficial and acts as a visible public indicator of hospital efficiency; all of which is key in making the Treatment Centre a surgical facility of choice.

The objective of this SOP is to ensure patients are treated as soon as possible and within agreed timescales. It promotes efficiency through the introduction of good practice waiting list management systems and processes and emphasises individual accountability and responsibility.

This Standard Operating Procedure (SOP) provides support to staff (medical, nursing, managerial and clerical) in the delivery of effective waiting list management and meeting patient needs and expectations.

The SOP provides a framework for PRACTICE PLUS GROUP and the commissioners to work collaboratively to ensure ICB's are able to deliver their waiting times targets.

Following the COVID-19 pandemic, and with growing waiting lists, additional processes have been put in place to manage the longest waiters and patients who are identified as clinically urgent.

2 Definition

This SOP will apply to all staff within Emerson's Green & Devizes, who are involved with waiting list management from referral into the hospital until discharged from the system. The SOP will be followed by all clinical and non-clinical staff.

The SOP and its application are essential to meeting the 18 week, or any other agreed elective surgical timescale. These are essential targets and form one of the ICB's key priorities and objectives. The Treatment Centre also forms an important part of the two week urgent referral for suspected cancer pathway and as such has an obligation to ensure that any patients falling into this protocol are seen promptly and referred on immediately.

This SOP covers:

Access to PRACTICE PLUS GROUP services for which an appointment is required. The milestones in the pathway from receipt of referral through to completion of investigations and/or elective treatment and discharge back to GP. The management of patients who are unable to attend within a given time, not available for treatment and those who are not medically fit, previous suspends, DNA's in line with national policy outlined within "Updated 18-week Clock Rules" (DoH 2006).

- Guidance derived from the refreshed 18 week rules published by the Department of Health in December 2007
- Good practice in relation to systems and processes of waiting list management including booking. This SOP seeks to standardise & monitor good practice across PRACTICE PLUS GROUP through the implementation of Business processes.
- The facilities role within the 2 week urgent referral pathway.

See Appendix 1 for Patient Exclusions.

3 Responsibilities and Accountabilities

Registered Manager and Operations Manager

The Registered Manager and the Operations Manager have responsibility for developing, applying and monitoring the Standard Operating Procedures (SOPs) on a regular basis. It is the responsibility of the individual Registered Managers to have processes in place to oversee, supervise and monitor the application of this SOP by staff outside of booking team environment, so that all patient transactions comply with the SOP requirements. The Registered Manager for the facility has ultimate responsibility for ensuring contractual compliance including waiting time targets.

The Operations Manager has overall responsibility for scheduling and waiting times and also is provided with assurance reports to check actual bookings.

Operations Administration Manager

The Operations Manager is responsible for ensuring bookers do not book past breach dates and is supplied with automated reports which look at predicted waiting times giving them an assurance tool.

All Staff

The application and implementation of this SOP is the responsibility of all staff who undertake patient administration activity.

All clinical staff will support the treatment of patients within the agreed time frame ensuring patient choice, clinical priority and length of time waiting are all considered as appropriate for each individual patient. Booking staff are instructed that they may not book past a breach date without higher authorisation.

Patients identified as a Priority 2 (P2), Priority 3 (P3) are given highest priority of booking, followed by the longest waiting patients. It is the clinician's responsibility to review each patient and decide on their clinical urgency. Clinical harm reviews should also take place once the patient has reached a 52 week wait, and thereafter every 6-8 weeks they should be contacted to check on their condition. It is the clinician's responsibility to identify clinical urgency, mark the patient as a P2 or P3 on the PAS, and notify the bookings team to prioritise.

4 Standard Operating Process / Procedure

Introduction

PRACTICE PLUS GROUP will provide clinical services in a manner consistent with the NHS commitment and application of the rules related to the 18-Week Waiting Times (or any other agreed Waiting Time period), and as part of the 2 week urgent referral protocol.

All patients must be managed and treated within the agreed pathway of time. It is not acceptable for any patient to breach the agreed specific target. If a patient wishes to wait longer through an agreed reason such as patient choice, the Commissioner will be notified immediately and permission sought to continue with the patient pathway outside of the agreed contractual pathway.

Any patients who are not managed and treated within the 18 week pathway will be reported as Breach patients, to the relevant ICB.

The process of waiting list management will be transparent.

- Communication with patients should be informative, clear and concise and documented.
- Patients will have access to this SOP and should be aware of their responsibilities.
- The PAS system must be used to administer all waiting lists, both inpatient and outpatient for all patient groups. It will be used to capture both RTT data and clinical prioritisation
- Written operational procedures and protocols and appropriate user training is available to support this SOP.

- Training will include technical support training provided for the PAS system

PRACTICE PLUS GROUP will offer patients a choice of appointments within a reasonable timescale. Reasonableness is defined as: -

- For patients where the decision to admit for treatment has been made, they must be offered two dates with at least two weeks' notice. These must be recorded (patients will be offered the date of surgery immediately after their one stop outpatient consultation).
- All dates offered should be recorded on the PAS System under the individual patient.

All correspondence with patients, e.g. appointment letters, will explain how to change appointments and the impact of a cancellation or DNA.

PRACTICE PLUS GROUP will ensure that all decisions regarding the discharge of patients, including any subsequent clinical decisions are recorded within the patients' notes and on the relevant PAS.

A patient's waiting time is calculated from the date of the new referral from the GP or other referring body as agreed with the commissioners. This starts the clock. The clock will stop once the start of definitive treatment occurs or the patient is discharged back to the GP.

Treatment is defined as the start of the first treatment intended to manage the patient's disease, condition or injury and includes:

- Drug therapy
- Advice and guidance
- Minor procedure undertaken in outpatients
- IP/DC admission for a treatment procedure.

Direct access for patients with GP referrals is available and the directory of services is maintained with adequate capacity to allow choice.

There are occasions when for clinical reasons the 18-week clock may be stopped and this is referred to as Active monitoring. This is NOT appropriate for the ISTC environment and patients who are not fit for surgery will be returned to their referrer and the clock for PRACTICE PLUS GROUP will stop. In this instance, then the patient will be returned back to their GP with an explanation from the consultant that it is not clinically appropriate to start a period of monitoring in the ISTC environment.

Where there is a clinical reason why it is not appropriate to continue to treat the patient at this stage, but to refer back to primary care for ongoing management, then this is seen as a decision not to treat and should be recorded as a clock stop.

If the patient is not fit for treatment, then the patient is returned to the GP.

A patient should be offered a date for surgery if:

- There is a sound clinical indication for surgery
- The patient is clinically ready and available to undergo surgery
- The patient has agreed to undergo the procedure within the interval discussed by the clinician.

Patients can only be booked for surgery for one procedure at any one time. Patients requiring bilateral procedures at separate times (e.g. cataract procedures), will have an 18 week pathway clock start for the first procedure and once this has been completed and the consultant has assessed that they are clinically fit to proceed with the second procedure, then they will commence a new 18 week pathway with a clock start from this decision.

Once the first procedure is undertaken and the patient is fit and able to proceed, the second operation is booked to occur when clinically indicated or within an interval specified by the consultant.

The clock stops when the patient undergoes the first operation and a new 18week clock is started when the patient is fit for the second procedure.

If a patient requires a number of procedures for the same condition (not a bilateral procedure), then the clock will stop at the time the first treatment occurs. The subsequent treatments will be planned and scheduled when the patient is clinically fit. These procedures will not be measured for waiting times as their treatment had already commenced and the 18-week RTT clock stopped.

Patients can only be listed for one procedure at any one time. If patients are on waiting list elsewhere for surgical procedures, then the GP must decide (this may be in conjunction with the Consultant) which is the clinically more urgent and once this procedure is completed, then the GP must re-refer for the next procedure.

Where patients are identified as not fit for surgery at pre-screening / preoperative assessment they will be returned to the GP. However, in some cases it is reasonable to allow patients with a minor acute illness time to recover with 2 weeks. The clock will continue to run during this time.

Patients who are MRSA positive or have previously been positive will not be added to the waiting list or considered for surgery until they have a negative MRSA result. The MRSA status for all patients is risk assessed at the pre-screening / pre-operative assessment. If considered at risk then screening will be carried out. If a patient's pre operative MRSA swab is returned positive, PRACTICE PLUS GROUP will notify the patient and the GP, with instruction to commence treatment. The GP can refer back to the facility with the required swabs.

Similarly, patients with a UTI or high blood pressure will be returned to the GP for treatment and a proforma sent. The GP must complete this proforma within 3 weeks and return it for this to act as a new referral. Within 4 weeks the patient will not be required to undergo a new full outpatient consultation. Outside of 4 weeks a new appointment must be booked and a new referral made.

All patients will be given the following information

- A telephone number at the Centre should the patient have any queries.
- A request to notify the team of any changes in address, telephone number, GP or dates of unavailability.
- An explanation that if the patient feels that there has been a significant change in their condition, the initial course of action would be to discuss this with their GP.
- A request to notify the treatment centre if they have had treatment elsewhere or if they decide not to have treatment.

Standard Operating Procedures

The patient pathways are supported by a comprehensive Standard Operating Procedure (SOP) which detail every step in the referral and management of the patient.

The Business Processes and Standard Operating Procedures (SOPs) document (Operating Manual) has been developed to process map the patients journey from the point of entry to point of exit within the 18-week pathway. It ensures that agreed outcomes are met and establishes the operational working processes and outcomes required for each of the key stages of the patient's journey.

PRACTICE PLUS GROUP allocates clear responsibilities to various people in the process.

Each week a scheduling meeting is held which looks at capacity and demand and waiting times. Any changes to capacity to take into account changing demand are made during these meetings. This is a multidisciplinary team meeting to ensure that decisions can be made.

The PAS/EPR supports a “push” and “pull” workflow through alert screens at time of booking if the booking is made outside agreed timescales. It generates daily “work-lists” for management to ensure referrals are speedily processed.

Referral Management

Referrals for Practice Plus Group Emersons Green and Devizes will be received by the Patient Bookings Team (PBT) either as manual referrals or as a Directly Bookable Service through the E Referral service (ERS). Other referrals may be received manually by secure e-mail, by post or phone, until 1st October 2018 when all GP referrals, with the exception of Oral Surgery, must be received via ERS.

Services provided will be listed on the Directory of Services on the E Referral system as either Indirect (IDBS) or Directly Bookable Services (DBS) as directed by the coordinating commissioner.

Manual referrals will be loaded onto the PAS which automatically puts them onto an awaiting triage work list. These patients will be reviewed by the nurse led Triage Team (see below) and once accepted the referral will automatically move onto another work list called awaiting consultation appointment. These patients will be contacted by phone directly to discuss their options for an outpatient appointment. If there is no answer, they will be sent a letter with a reserved appointment and invited to call if it is inconvenient. The Booking Clerk will make enquires on the NHS Strategic Tracing Service or PDS in the event of missing patient demographics and where the information required is of a non-clinical nature, the PBT Booking Clerks will contact the patient to obtain the necessary information.

Referrals received via Direct E Referral will automatically transfer to the PAS and be placed on the Awaiting Referral Letter work list. The PBT Bookings Clerk will scan and import the referral letters from the E Referral system and save it against the relevant patient record on the PAS. Once the patient record has been created and the referral letter uploaded to the patient record, the referral will transfer to the Awaiting Triage work list for triage/acceptance. If no referral letter has been received, the referral will remain on the Awaiting Referral Letter work list and followed up by the PBT Bookings Clerk. In the event of the referral letter not been received up to 5 business days before the First Outpatient Appointment, the PBT Bookings Clerk will escalate the decision to reject the referral to the Administration Team Lead.

Rejection of Referral

The agreed Exclusion criteria provide the basis for accepting and rejecting patients. This includes both administrative and clinical parameters for rejecting a patient.

If administrative information required for the patient is missing then PRACTICE PLUS GROUP will make reasonable attempts to obtain this from the referrer. If this information is not forthcoming, and based on a risk assessment it is felt that it would not be clinically appropriate to see the patient, then the patient will be rejected.

In the event that the patient rejects the facility and no longer wishes to continue with their treatment at a PRACTICE PLUS GROUP Treatment Centre, the patient will be cancelled, along with all associated appointment arrangements and be referred back to their Referring Clinician. PRACTICE PLUS GROUP will notify the Referring Clinician within 1 business day of the patient's decision to cancel their appointment.

Unable to Contact Patient

Where a patient does not respond to a letter to agree a date for an appointment, at any stage of the referral to treatment pathway, the patient will be discharged and returned to the referrer and the clock will stop. The timeframe for applying this rule is 3 weeks. PRACTICE PLUS GROUP will write to the referrer to request a new referral if treatment is still needed.

Procedure for OPD Booking Process: for Direct E-Referrals

The Bookings Clerk will, on a daily basis, ensure each patient is mailed a First Outpatient Appointment confirmation letter confirming the date, time and location within 2 days of receipt of the referral.

Where a patient's appointment may not leave sufficient time for the letter to reach the patient, the PBT Bookings Clerk will confirm all instructions telephonically with the patient.

Non ERS or Indirect ERS referrals

Accepted referrals will be placed on the Consultation Appointment Required work list. The PBT Bookings Clerk will on a daily basis monitor and action this work list and ensure each patient on the list has been contacted to arrange for a First Outpatient Appointment at the patients chosen and appropriate PRACTICE PLUS GROUP Treatment Centre.

The PBT Bookings Clerk will ensure that all patients referred will be contacted either by telephone or in writing within 2 business days of the receipt date to agree a date, time and location for their First Outpatient Appointment. The PBT Bookings Clerk will offer the patient a choice of 3 First Outpatient Appointment dates, and a choice of times within those dates.

If the patient requests an appointment more than 6 weeks after the receipt of all patient referral information, the First Outpatient Appointment will not take place later than the requested date and the PBT Bookings Clerk will document this as patient choice.

The PBT Bookings Clerk will confirm all appointment arrangements with the patient in writing within 2 business days of agreeing the First Outpatient Appointment. If it is not possible to agree the appointment date with the patient, the PBT Bookings Clerk will notify the Referring Clinician within 4 business days of the receipt date.

Increased Access

PRACTICE PLUS GROUP offers patients better access to service via satellite clinics. Patients will be offered an outpatient appointment at one of these clinics in the first instance if it is closer to their home location. Patients will still be able to attend the main facility if they wish to do so due to e.g. choice of dates available.

Procedure for Re-Schedule / Cancellation of OPD Appointment / Procedure Process – By Patient: Indirect Choose and Book

All patient requests for re-scheduling and cancellation of appointments prior to their First Outpatient Appointment will be dealt with by the PBT. At the time of making their original booking, the patient would have been provided with the PBT contact telephone number which will be staffed between 9am and 5pm during weekdays.

The PBT Bookings Clerk will offer the patient 3 alternative appointment dates. If the appointment date cannot be agreed, the patient will be referred back to their referring clinician. The Referring Clinician will be notified in writing of the cancellation. The patient will also be sent a letter confirming the cancellation and be instructed to contact their Referring Clinician for further advice. If the appointment date is agreed however is not within the KPI timeline, the PBT Bookings Clerk must document this in the patient record as patient choice. Any changes made to the original First Outpatient Appointment date will be followed up in writing no later than 2 business days after agreeing the new date.

The following Policies / Service Level Agreements are also to be referred to:

- Procedure for Booking Interpreters and sign language
- Telephone Interpretation Service SLA (Language Line)
- Special Needs Policy (ref; PC6)

Procedure for Re-Schedule / Cancellation of OPD / Procedure Appointment Process – By Patient: Choose and Book

As this is an automated system the booking and cancellation of appointment is managed differently to non ERS appointment.

The patient will re-schedule/cancel their First Outpatient Appointment by using one of the following methods:

- Choose & Book website
- Telephone Appointment Line

Where a patient decides to re-schedule their appointment, the PRACTICE PLUS GROUP PAS will receive a cancellation and re-book message from ERS. If necessary, the PBT Bookings Clerk will immediately re-arrange any transport/translation services scheduled for the original appointment. If a patient cancels their appointment without re-booking, the PBT Bookings Clerk will send a letter to the patient confirming the cancellation. Within 24 hours (1 business day) of the cancellation, the PBT Bookings Clerk sends a letter to the patients Referring Clinician advising of the patients' decision to cancel their appointment.

Patient Scheduled to Attend for First Outpatient Appointment

On the day of the scheduled First Outpatient Appointment, the Patient Administration Clerks will attend the patient in the appropriate PAS. Should the patient not attend (DNA), the Patient Administration Clerks will record the patient DNA in the PAS. They will attempt to call the patient to understand if the appointment is still required. If they are unsuccessful, the patient will be cancelled and notified in writing to contact their Referring Clinician for further advice. The Referring Clinician will also be notified in writing of the patient cancellation due to a DNA.

Following the First Outpatient Appointment, the patient will either be booked for surgery or recorded as unfit/surgery not required. The surgery appointment will be recorded in the PAS. Any other outcome should also be recorded.

2 week pathway

Any patient who is suspected of having a malignancy has to be seen within 2 weeks of the referral. Any patient who is reported, whilst attending a PRACTICE PLUS GROUP facility, as having malignant pathology will have their results immediately faxed to the appropriate cancer team headed "fast track". This ensures that the alert is received by the appropriate team within 24 hours of PRACTICE PLUS GROUP becoming aware.

The Clinician in charge of the case then personally telephones:

- The Cancer Manager
- Receiving Clinician
- and Patient

to discuss the case and agree handover. A letter will be sent to the referring clinician informing them of the situation.

Inpatient and Day case Admissions

A patient requiring inpatient or day-case admission will be given at least 2 reasonable offers of an admission date within the Referral to Treatment target. A reasonable offer to patients, at the inpatient or day-case admission stage of the pathway, is defined as the offer of any number of appointment dates and times, at least 2 of which must be 2 or more weeks in the future and within the Referral to Treatment target. Any appointment within 2 weeks that is mutually agreed between a patient and the Provider is automatically regarded as being reasonable. Where a patient declines, at the inpatient or day-case admission stage, 2 or more reasonable offers of admission date they should be appointed for a date of their choice and the decision details recorded.

If the patient is not willing to accept any dates within their referral to treatment target, then the patient should be discharged.

In the situation where a patient has previously accepted a reasonable offer date for inpatient admission and wishes to subsequently change the date of admission this should be within their referral to treatment target. Any new appointment must follow the definition of reasonableness and consideration should be given to discharging any patient who cancels and re-books their admission two or more times.

Provider Cancellation of Appointment or Procedure

Means the cancellation by the Provider (acting reasonably) of a Patient Procedure Appointment by notice to the NHS Patient more than forty-eight (48) hours before the Appointment is scheduled to take place due to Rejection.

In Direct E Referrals only the PBT Booking Clerks will be allowed to re-schedule Provider Cancellations for First Outpatient Appointments as this will require access to the original E Referral. Where there is an operational need by the Treatment Centres to cancel and re-schedule the patients First Outpatient Appointment, the Site Booking Staff must escalate the request to the Administration Team Lead. The Administration Team Lead will instruct the PBT Booking Clerks to action the necessary cancellation and re-booking of the patients First Outpatient Appointment.

In the event of PRACTICE PLUS GROUP initiating a change of patient appointment, the PBT Bookings Clerk / Site Booking Staff will contact all patients by telephone in the first instance and rebook the patient. Patients will be rebooked within the agreed timeline. Should the patient not be reached by telephone, the PBT Bookings Clerk / Site Booking Staff will send a new appointment letter to the patient and provide an explanation as to why the original appointment has been rebooked. The letter will also inform the patient that should this new appointment date and time not be convenient, to contact the PBT or Site Booking Staff to rebook the appointment at a date and time that is convenient to the patient, however always within the agreed timeline.

5 Evaluation and Audit Methods

This policy will be reviewed after a period of 2 years or sooner should new evidence for practice become available.

6 Related Policies, Documents and References

<http://www.18weeks.nhs.uk/> (Last accessed 1.11.10)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_117201.pdf (Last accessed 1.11.10)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_117200.pdf (Last accessed 1.11.10)

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/@sta/@perf/documents/digitalasset/dh_117203.pdf (Last accessed 1.11.10)

NHS Somerset Achieving Referral to Treatment Targets in Somerset Draft Access Policy Version 1.2 April 2010

7 Appendices

Appendix 1 Patient Exclusions

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The right to wait no longer than 18 weeks from initial referral by a General Practitioner to the start of receiving treatment does not apply to:

- patients who are not on an 18 week pathway.
- patients who are registered with a GP in Northern Ireland, Scotland or Wales. This policy only applies to England and the right applies to patients referred to a service commissioned by an English ICB.
- patients who do not attend (DNA) an agreed appointment, or rearranged appointment, without giving prior notice where the date of the original appointment offered was reasonable. While the NHS should make every effort to treat these patients within the waiting time standard and offer redress if this is not met, it is not possible to guarantee this in these cases. Commissioners and providers should ensure local access policies, detailing the consequences of not turning up to appointments, should be available to all patients and published. These policies should be consistent with the national 18 weeks rules suite. Patients who give prior notice when cancelling or rearranging their appointments in advance should not be classed as DNAs.
- patients who refuse treatment. The reasons for the refusal of treatment by the patient, or someone acting lawfully on their behalf, should be recorded.
- patients who choose to wait longer than 18 weeks for their treatment, and they had been offered a reasonable date to attend an appointment at the provider.
- patients who are unable to commence treatment within 18 weeks (for reasons not related to the relevant commissioner or provider) where they had been offered a reasonable date to attend an appointment at the provider. This exclusion should apply in limited circumstances only, for example, a reservist posted abroad who was unable to commence routine treatment.
- patients for whom it is not clinically appropriate to start treatment within 18 weeks.
- patients who do not require treatment following clinical assessment.
- patients who are referred back to primary care services to receive treatment.
- patients who require active monitoring following assessment.
- patients who are placed on a national transplant waiting list following assessment.