

Patient Access Policy

NON-CLINICAL POLICY – ACE 522

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Index

1. Introduction.....	3
2. Purpose.....	3
3. Scope.....	4
4. Equality Impact Assessment.....	4
5. Waiting Time Targets	5
6. Principles & Procedures.....	5
7. Entitlement to NHS Treatment	9
8. Approval and ratification process	9
9. Dissemination and implementation process	9
Appendix 1: Discharge Protocol	11

1. Introduction

In England, under the NHS constitution, patients 'have the right to access services within maximum waiting times'. Whilst specific national waiting times relate to consultant-led services only (which Anglian Community Enterprise (ACE) CIC do not provide), both ACE and our commissioners, recognise waiting times as a relevant indicator for service quality.

Furthermore, the national reporting of Referral to Treatment times for all Allied Health Professionals will be required once the Community Services Dataset (CSDS) is operational.

The principles applied in this policy have been informed by Allied Professional Referral to Treatment Guide 2011¹ and the Allied Health Professional (AHP) Referral to Treatment (RTT) – Specification 2013²

2. Purpose

The purpose of this policy is to outline ACE requirements and standards for managing patient access to its services. It covers booking, notice requirements, patient choice and waiting list management. The length of time a patient waits for their treatment and the notice and choice they have when they book their treatment are indicators of the quality and efficiency of services provided by ACE. Therefore all patient access and choice issues will be dealt with systematically within the principles and spirit of this policy.

There are two main principles that serve as the foundation to this policy:

- ACE will ensure that the management of patient access to services is transparent, fair, and equitable and managed according to clinical priority.
- ACE will ensure that the administrative processes which patients use to book appointments and treatment are simple, efficient and provide a high quality service to patients.

The overall intent of this policy is to provide a clear, reliable and transparent standard for patient access. By applying this structured and systematic approach, ACE will ensure that patients receive a high quality service and increase the likelihood of their choosing ACE for their consultations and treatment.

This policy applies to all administration and clinical prioritisation processes relating to patient access managed by ACE.

The scope of this policy is from a patient's referral into ACE through their care and treatment, to their discharge (please see appendix 1 for discharge protocol). All staff involved in a patient's care and treatment should adhere to this policy.

¹ Community Information Programme: Allied Health Professional Referral to Treatment Revised Guide 2011, Community Information Programme, DH 22 December 2011

² Allied Health Professional (AHP) Referral to Treatment (RTT) – Specification 2013, Information Standards Board for Health & Social Care

The Director of Operations & Quality within ACE has corporate responsibility for ensuring that the policy is effectively implemented through the Operational Management structure and for updating the policy as and when necessary.

3. Scope

The detailed principles of this Patient Access Policy are as follows:

1. All patients will experience equality of access and impartiality while waiting for their treatment
2. Patients will be treated in accordance with their clinical need or priority (urgent or routine)
3. Clinical need or priority can only be determined by suitably qualified clinical staff with authority to make those decisions
4. Patients should be fit, ready and available for treatment at the point at which they are referred into the service
5. Patients will be able to have choice in the scheduling of their appointments and venues where they exist
6. Data concerning waiting lists and patient's waiting times must be secure, timely, accurate and subject to regular audit and validation.
7. Communication with individual patients and the wider public about waiting lists and waiting times should be clear, informative and timely.

4. Equality Impact Assessment

This document has been assessed for equality impact. This policy is applicable to every patient referred to Anglian Community Enterprise irrespective of their race, ethnic origin, nationality, gender, culture, religion or belief, sexual orientation, age or disability.

ACE is required to cater for all patients accessing services thereby having systems in place to accommodate people who have disabilities and who are unable to converse in English.

ACE has estates policies in place to ensure building access regulations are in line with the Equality Act 2010.

5. Waiting Time Targets

Where appropriate, ACE adheres to the relevant national waiting time targets, currently these are predominately those relating to the diagnostic services, where the 6 week diagnostic target applies;

- DEXA Scanning
- Ultra Sound
- 24hr ECG

At present, ACE provides no 'consultant-led' services, but it does provide services defined as 'onward referral' or 'interface' which provides intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care and therefore are required to operate within an 18 week pathway.

- MSK (CAS)
- Spinal
- Urology

ACE agrees with the principle that no patient should wait longer than 18 weeks and has an overarching aim to see all patients within 6 weeks.

6. Principles & Procedures

6.1 Reasonable Notice

Patients will be offered an initial appointment date with a minimum of 7 calendar days from date of making the appointment notice where patients are required to travel to a clinic delivered from premises other than their home.

In the event of ACE having very short notice appointments available these will be offered to patients but they may refuse appointments at less than a week's notice without compromising their waiting list position.

For services which offer a direct response and have no waiting list, these principles do not apply.

The services will aim to find a date appropriate for a patient's clinical priority and convenient to that patient.

6.2 Clinical Urgency

Patients will be classified as either routine or urgent.

- Urgent – indicates that any delay in treatment will result in a reduced clinical outcome
- Routine – indicates that no reduction in clinical outcome is expected if the patient is treated in waiting time order and within maximum waiting time standards

6.3 Receiving Referrals

The majority of referrals will be received by the Community Gateway and will be electronically 'date stamped' as received on the date of receipt by the Gateway. This will be the RTT start date.

Agreed exceptions to this are:

- Referrals to the Community Hospital from Clinicians within Primary or Secondary Care
- Referrals between services internal to ACE, via System One.

ACE is actively working to facilitate e-referrals and will not accept other referral methods after 2018.

All referrals should be registered within 1 working day of receipt by the Gateway or the Service.

All AHP referrals will clock start as per the 2011/ 13 guidance (see section1)

6.4 Appointments

For an appointment to be deemed reasonable patients must be offered an appointment in accordance with paragraph 6.1 above.

For clinically urgent appointments, two attempts to contact the patient will be made via telephone within 2 working days of prioritisation of referral and then an appointment will be made for them and the details posted to them.

For routine appointments, two attempts to contact the patient may be made via telephone and then a letter will be sent to the patient requesting they contact the service within 2 weeks of the date of the letter. Patients who do not contact the service within the 2 week period will be discharged to the care of their GP.

All appointments should be entered onto the recording system within 1 working day of the appointment being made.

All patients will be offered a choice of dates within the national waiting times standard. Patients who are unable to accept any of those offered will be discharged to the care of their GP see section 3, (Patients should be fit, ready and available for treatment at the point at which they are referred into the service).

For services which offer a direct response and have no waiting list, these principles do not apply.

6.5 DNAs and Cancellations

A patient is said to have *cancelled* their appointment if they give more than 1 working day's notification that they will not attend or if they arrive more than 30 minutes late for their scheduled appointment.

If a patient *cancel/s* an appointment twice, then the patient will be discharged back to their referrer who will be informed in writing and for new patients the RTT clock stopped.

A patient who does not attend their appointment or gives less than 1 working days' notice of non-attendance is said to have *DNA'd* their appointment.

When a patient *DNAs* the appointment the clock will be stopped for new patients. The service will discharge the patient back to the referrer who is informed in writing unless the patient is a vulnerable adult or child or there are safeguarding concerns identified on the patient referral form.

If the clinician wishes to offer another appointment rather than discharge the patient the clock will be stopped following the DNA at the 1st appointment. A new RTT clock will start on the date that the patient agrees the new appointment date.

6.6 Vulnerable Patients and Safeguarding Issues

ACE will make every attempt to ensure that where safeguarding issues have been identified or patients are considered vulnerable, they are supported to attend their appointment. These patients will routinely be offered a second appointment following DNA of a first appointment. For all AHP referrals the clock will be stopped following the DNA at the 1st appointment. A new RTT clock will start on the date that the patient agrees the new appointment date.

Patients who DNA a second appointment will usually be discharged back to their GP/referrer however a clinician may at their discretion offer another appointment rather than discharge the patient.

For Children "who are not brought", to their appointment

Consideration of the impact on the child's health and developmental needs will be required.

- DNA or Late cancellation of appointment could be an indication of neglect of Child's health/developmental needs and / or Disguised Compliance and a referral to the Children & Families Hub may be indicated www.essexeffectivesupport.org.uk
- DNA should always be recorded on the Safeguarding Children palette and a Health Information Sharing Form (HISF) be sent to HV/ GP and initial referrer

Further guidance and support is available from:

- ACE Lead for Safeguarding Children
- ACE Safeguarding Child Protection, Guidance Management of Children and Young People Who Fail To Attend Appointments (ACE383)

For Adults further guidance is available from:

- ACE Lead for Safeguarding Children Adults
- ACE Safeguarding Adults Policy (ACE272)
- Essex Safeguarding Adult Board
<http://www.essexsab.org.uk/enus/professionals/reportingconcerns.aspx>

For Patients with a disability staff can refer to the Reasonable Adjustments Policy (ACE 550)

6.7 Patients who need to leave before their consultation

Patients who attend for their appointment but have to leave prior to being seen due to the clinic not being able to deliver their consultation within 30 minutes of their scheduled consultation time, will be offered a further date whilst in clinic. The waiting list clock remains active.

6.8 Patients who are late for appointments

The service will attempt to see patients who attend for their appointment but are more than 30 minutes late from their scheduled consultation time. However, where it is not possible to see the patient, that patient will be deemed to have cancelled their appointment.

6.9 Patients transferring from another Provider

Where a patient is transferring from another provider for the same condition and first definitive treatment has not commenced, the patient transfers with their original RTT start date, and their treatment target date remains the same. The referring provider must ensure that the minimum data set is completed and accompanies the referral into ACE including clock start dates and any cancellation/suspension history. Only where ACE is unable to establish the original RTT start date from the referring provider will ACE assume that the date of referral into an ACE service will be the date the clock starts.

Upon receipt of referral, if there is any cause for doubt that the patient will receive definitive first treatment within the appropriate target dates then the Service Manager for that service must be informed.

Patients who have received first definitive treatment at another provider who are then subsequently referred to ACE as an ongoing part of their treatment for the referred condition will be subject to the relevant pathway through ACE, the referral date being the date that the clock starts from.

6.10 Patients transferring from the private sector to the NHS

Patients can choose to convert between an NHS and private status at any point during their treatment without prejudice, however their treatment must not be expedited other than for clinical reasons. Patients who are eligible for NHS treatment and have been seen privately and ask to go on to the NHS waiting list must be listed at the time the decision to treat is agreed with no delays. They do not need an NHS reassessment before being added to an NHS waiting list.

The RTT clock continues to tick with the start date being the date that the patient's referral is accepted by the NHS provider.

6.11 Patients transferring to another provider

Patients may be referred out from ACE to another provider to commence or continue their care. When this occurs the patient transfers with their original RTT start date, and their treatment target date remains the same if ACE have not commenced first definitive treatment for the patients referred condition. The person (admin or clinician) referring the patient on must include their RTT minimum data set with the information sent to the receiving provider.

The template for this is available on SystemOne.

7. Entitlement to NHS Treatment

It will be assumed that patients that are referred from an external source (e.g. GPs, acute trust etc.) will have had their eligibility to receive NHS treatment confirmed by that external source and therefore ACE will only check eligibility for those patients that self-refer to an ACE service.

For patients that self-refer to an ACE service and for patients that have no NHS number, ACE will check every patient's eligibility to receive NHS treatment in accordance with and following the guidance contained within the Department of Health website.

8. Approval and ratification process

The policy is approved and ratified by the Management Executive Committee

9. Dissemination and implementation process

This policy will be shared via the intranet.

Training for RTT functionality will be delivered to relevant staff by the System One team. Guides to support the Management of System One RTT processes are available on the ACE Intranet.

Pathway training where clinical judgement or interpretation will be provided by service leads and based on the most up to date national guidance (See section1).

Appendix 1: Discharge Protocol

The purpose of this protocol is to provide a framework for safe, effective and timely discharge or transfer of care for patients.

Discharge will be at the discretion of the clinician after full consultation and agreement with the patient/client and/ or carer.

Discharge may be initiated by the clinician or at the request of the individual or, where appropriate, the carer.

Discharge will usually be initiated after:

- aims of intervention/ patient goals have been met
- the individual has reached a point where they are able to self-manage their condition
- the individual will be transferring to specialist care
- individual non-compliance
- intervention not indicated at the present time
- the individual has failed to attend appointments and will therefore be discharged in accordance with ACE Access policy and, in the case of children and vulnerable adults, with due respect to child or adult safeguarding implications.

Where discharge is initiated by the clinician, the reasons for this will be explained fully to the individual and the carer.

Where discharge is initiated by the individual/carer, the clinician must explain any risks resulting from this course of action, together with information about the re-referral route.

When the individual receives input from a multi-professional team, discharge procedures will take into consideration those agreed by the team.

As appropriate, and with the agreement of the individual/carer, the clinician will consult with other professionals involved with the individual prior to discharge.

The decision and reason to discharge will be recorded in the notes.

All correspondence to GPs must be sent in line with the standards set out within the contract as detailed in Section C Part 7.1: Transfer of and Discharge from Care Protocols – Discharge Obligations.

This will be sent for all hospital/ clinic and outpatient services.

A completed patient Discharge Letter containing, as a minimum, the following additional information:

- Patient name
- Patient date of birth
- Patient address and post code
- Patient NHS No.
- Reason for admission
- Diagnosis
- Summary of treatments / procedures

- Summary medication including drugs taken and where appropriate the reason drugs were stopped / any reactions to them.
- Details of positive tests and treatment given
- Relevant screening negatives
- Details of advice given to patient (and carer) on discharge
- Details of any follow up arrangements and status (ie appointment booked, patient will receive appointment within 6 weeks)
- Actions required by GP