



INDEPENDENT HEALTH GROUP

Patient Access and Choice Policy

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1. Introduction and Purpose	

Independent Health Group (IHG) Elective Patient Access, Booking and Choice of Date Policy is intended to ensure that all patients that are referred and treated by IHG receive high quality care, fair and equitable access and services in line with 18-week Referral to Treatment Waiting Time Standards, and the Diagnostic DMO1 guidance in line with the NHS Constitution.

The NHS Constitution brings together in one place for the first time in the history of the NHS, what staff, patients, and public can expect from the NHS. As well as capturing the purpose, principles and values of the NHS, The Constitution brings together a number of rights, pledges and responsibilities for staff and patients alike. These rights and responsibilities are the result of extensive discussions and consultations with staff, patients and public and it reflects what matters to them.

This policy will provide IHG with a coherent approach to the management of waiting lists, scheduling and booking across the organisation. Ensuring that patients are treated in line with local and National Policies.

It is essential that all staff involved in the management of patients waiting elective treatment have a clear understanding of their roles and responsibilities in this process. This includes clinical, managerial and administrative staff. Every process in the management of patients who are waiting for treatment must be clear and transparent to the patients and to partner organisations and will be open to inspection, monitoring and audit. IHG will give priority to clinically urgent patients and treat everyone else in turn and will share correspondence that is sent between clinicians with patients regarding their care.

This policy will be regularly reviewed reflecting any changes in light of patient feedback, the commissioning intentions of the local CCG's and NHS Constitutional rights and pledges. This Policy details how patients will be managed administratively at all points of contact with IHG and should be implemented by staff in conjunction with any supporting SOPs.

2. Scope and Definition

2.1. Scope

This policy will apply to all staff working for IHG across all sites where services are delivered and who are involved with the waiting list management from initial referral and follow up through to discharge from the service.

This policy and its application are essential to meeting the nationally agreed targets such as the 18 week and our own internal 9-week RTT. Within this pathway any patient identified as a suspected cancer case will be promptly referred on to the appropriate care provider immediately and the GP will be advised accordingly.

The policy applies to all IHG services for which an appointment is required.

- The milestones in the pathway from initial 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/proceed within a given timeframe through patient choice or being medically unfit.
- DNAs in line with national policy outlined within the updated *Consultant- Led Referral to Treatment Waiting Times Rules & Guidance October 2015 (NHS England)*.
- Any locally agreed waiting time or Commissioner led initiatives or policies

2.2. Glossary / Definitions

Active Monitoring	An 18-week clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures. A new 18-week clock would start when a decision to treat is made following a period of active monitoring.
ASI	Appointment Slot Issue - When patients or professional users of Choose and Book are unable to book an appointment. The most common reason for this is a lack of appointment slots being made available to Choose and Book
Cancellation Patient initiated	A cancellation is when a patient gives any advance notice. A cancellation is a cancellation even if notice is very short. By cancelling an appointment, a patient has shown a willingness to engage with the NHS.
CCG	Clinical Commissioning Group
Date Referral Received (DRR)	This is the date on which a hospital receives a referral letter from a GP. The waiting time for outpatients should be calculated from this date. For NHS e-Referral Service (Choose and Book) referrals, this will be the date that the patient converts their UBRN (Unique Booking Reference Number)
Admitted Pathway	A pathway that ends in a referral to treatment clock stop for admission for first definitive treatment
Referral	A referral is when a request is made for a patient to be seen for advice, consultation, investigation or treatment
E-Referral	An electronic referral made by a referring clinician via the E-Referral System enabling patients to choose and book appointments straight into Provider Patient Administration System
Manual Referral	Referral made by a referring clinician via post or secure email
PAS	Computer system (Patient Administration System) used to manage the patient pathway
Outpatient	Patients referred by any health care professional with referring rights for clinical advice or treatment
Day Case	Patients who require admission for treatment but not expected to stay overnight
DNA	Patients who have been informed of either an outpatient, diagnostic, theatre or follow up appointment date and time and who, without notifying the Provider do not attend

RTT	Referral to Treatment – the overall waiting time a patient has from initial referral by clinician to first definitive treatment by the provider
INNF/INF	Interventions Not Normally Funded – some procedures are deemed to be of limited clinical value so can be restricted by local CCG clinical policies

3. RESPONSIBILITIES, ACCOUNTABILITIES AND DUTIES

3.1. Registered Manager and Head of Operations

The Head of Operations has responsibility for developing, applying and monitoring this policy and related Standard Operating Procedures (SOP's) on a regular basis. It is the responsibility of the Registered Manager to ensure the organisation has safe and effective systems in place for delivery of patient care. The Chief Executive Officer has ultimate responsibility for ensuring contractual compliance including waiting time targets.

The Head of Operations has overall responsibility for scheduling, waiting times and is also provided with assurance reports to check bookings are within the 18-week target. The Operations & Performance Manager supports the Head of Operations with monitoring the performance of the Administration Team against these KPI's.

3.2. Head of Operations

The Head of Operations is responsible for ensuring that the Administration Team do not book past breach dates using a weekly Referral to Treatment (RTT) report. The Operations & Performance Manager supports this by producing weekly indicative waiting times giving them an assurance tool.

3.3. All Staff

The application and implementation of this policy is the responsibility of all staff who undertake tasks within the patient pathway.

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. Administration Centre Staff are instructed that they may not book past 18 weeks without higher authorisation by the Operations & Performance Manager or Head of Operations.

3.4. Patients

Patients are responsible for attending appointments, advising the Administration Centre Staff of any changes of personal details, periods of unavailability whilst undergoing treatment and for notifying the team immediately if an appointment is no longer required.

4. Process

4.1. Referral Management

IHG will provide clinical services in a manner consistent with the NHS commitment and application of the rules related to the *Consultant-Lead Referral to Treatment Waiting Times Rules and Guidance*.

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 this must be clearly documented within the electronic patient record.

Any patients who are not managed and treated within the 18 weeks RTT or the 6-week diagnostic target will be reported as breach patients to the relevant CCG.

The management of the patient pathway should be transparent.

- Communication with patients should be informative, clear and concise and documented. This will encompass patient information being available in different formats to meet the individual needs of the patient. For example, information should be available in different font size, braille or translated into the language of preference. Vulnerable patient's, for example those with learning difficulties or dementia should be given additional support to ensure all their specific needs are met. This is in line with the NHS Accessible Information Standard. [NHS England » Accessible Information Standard Specification](#).
- Patients will have access to this policy through the IHG website.
- The Patient Administration System must be used to manage both Outpatient and day case (inpatient) groups.
- Written operational procedures, protocols and appropriate user training are available to support this policy as detailed in referenced documents at the end of this policy.
- Training will include technical support training for use of the patient administration system.
- IHG will support Commissioner Treatment Policies, in terms of the application of any requirements for Prior Approval, Criteria Based Approval, and Individual Funding Request Approval Contained within those policies.
- To comply with the Equality Act 2010, it is necessary to collect some sensitive data on patients who attend appointments. This process will be handled sensitively and in recognition that some patients may not want to disclose this personal information. Information is included in the first appointment confirmation letter to the patient on how we store, manage and share their personal information. The patient is given the option to opt out of the information sharing process at this or any stage if they should wish to do so.

IHG will accept patient referrals via E Referral System (Directly Bookable), secure email, or by post adhering to any local CCG referral pathway guidelines.

Waiting times are monitored to ensure they are kept as short as possible and that there is reasonable choice of appointments, days, times for patients.

Capacity is monitored daily by the Administration Centre Team when booking or confirming appointments of any type.

If there are issues with availability of outpatient appointments through the E-Referral system, the patient request for an appointment will fall onto the appointment slots issues worklist within the E-Referral system which the Administration Centre Team review daily.

Any concerns with capacity are then raised to the Operations & Performance Manager initially who reviews the options and either adjusts the schedule or adds in additional capacity with the Consultant and nursing team approval.

Indicative waiting times are prepared once a week by the Operations & Performance Manager and distributed to all external referring organisations, referral management centres and stakeholders.

All outpatient and theatre schedules are planned and confirmed with clinical teams ideally with 2 months' notice to reduce the impact on waiting times and rescheduling of booked appointments.

Patients will be offered a choice of appointments and locations for their treatment within a reasonable timescale. Reasonableness is defined as:

- Patients where the decision to admit for treatment has been made must be offered **THREE** dates. **Two** of these dates should be offered with at least two weeks' notice. These must be recorded on the electronic patient record.
- In line with the National NHSE/I programme October 2020 as a result of the COVID-19 pandemic, all patients on waiting lists are clinically reviewed and prioritised in line with the guidelines below:
 - P2 – needs to be seen < 1 month
 - P3 – to be seen in 1 – 3 months
 - P4 – can be seen in > 3 months
 - P5 – patient chooses not to be treated while Covid-19 is prevalent
 - P6 – patient cannot undertake treatment in the proposed timescales (for example because work commitments prevent the pre surgery quarantining taking place)
- All correspondence with patients e.g., appointment letters, will explain how to change appointments and the impact of a cancellation or DNA.
- IHG will ensure that all decisions regarding the discharge of patients, including any subsequent clinical decisions are recorded on the electronic patient record.

4.2. E-Referrals

All IHG services are directly bookable through the NHS E-Referral system. The directory of service gives all referring clinicians' information on the following:

- Service details, site location, contact information
- Types of conditions treated

- Service specific booking guidance including exclusion criteria, administrative requirements, suggested investigations etc.
- Indicative total pathway waiting time

Referrals received via E-Referral will automatically transfer to the Patient Administration System where the referral falls onto the 'E-Referrals received workflow list'.

The Administration Centre Staff will scan and import the referral letter from E-Referral system into the Patient Administration System and save it to the patient record.

If appropriate the referral letter is reviewed by one of the clinical team to ensure the patient meets the criteria for treatment with IHG.

If no referral letter has been received the Administration Centre Staff will chase the GP for the information.

If no referral letter has been received up to 48 hours before the outpatient appointment due date the Administration Centre Staff will escalate the decision to reject the referral to the Operations & Performance Manager In this scenario the following will happen:

- The referring GP practice will be called and advised that the appointment request for their patient will be cancelled due to failure to provide the minimum data set and supporting clinical referral information.
- The patient will be called and advised that their provisional appointment has been cancelled due to their GP practice failing to provide the minimum data set and supporting clinical referral information. The patient will be advised to talk to their GP regarding next steps.
- The appointment request will be cancelled within the E-Referral system and rejected back to the referring GP.

All patients who have been accepted for an appointment will be sent a confirmation letter which gives details of the following:

- Appointment date and time
- Details of any specific guidance for attendance on the day
- A patient information leaflet, Health Questionnaire and map
- Details of who to contact with regards to cancelling/rebooking appointments or requests for patient information in an alternative format/specific needs e.g., Interpreter
- Information regarding implications of not attending appointments without prior notice

4.3. Manual Referrals received via Secure Email or Post

All NEW referrals should be received via ERS system in line with CCG contracts. The manual process below will be followed for any follow up appointment where a patient has been discharged and referral ended within the 6-month patient initiated follow up period.

On the day of receipt of the referral the patient record is created on the Patient Administration System by the Administration Centre Staff. Information is checked via the NHS spine to ensure all information is accurate and current.

The Administration Centre Staff attempt to make contact via phone in the first instance to make arrangements for the first outpatient assessment.

If initial contact is unsuccessful a letter is sent to the patient asking them to call the Patient Administration Centre to book their appointment.

When booking the first outpatient appointment the patient will be offered a minimum of 3 alternative appointment dates, the earliest date being the first one offered.

On acceptance of an appointment date and time the Administration Centre Staff send out the appropriate confirmation letter to the patient having first identified any specific patient needs.

4.4. Attendance of First Outpatient Appointment

On the day of the first outpatient appointment, the patient will be marked as attended on the patient administration system (PAS System One) by either the receptionist/nurse or clinician depending on the individual site process. Should the patient not attend (DNA) the Administration Centre Team will call the patient to establish the reason for not attending and the patient will be marked as a DNA on the PAS.

Following the first outpatient appointment, the patient will either be marked as either suitable for surgery or not suitable/surgery not required/further tests required.

The Administration Centre staff monitor the progress of the outpatient sessions and record the outcome of the appointment and next steps on the PAS by the end of the working day or at the very latest the beginning of the next working day.

If patients have an outcome of needing surgery the patient is put onto an electronic waiting list within the PAS awaiting booking.

All clinic letters are typed and sent out to referring clinicians/patients within a maximum of 7 working days.

Letters are predominantly sent via secure electronic internal transfer via PAS (System One) for those referring practices who use this system or by secure NHS.NET mail.

Letters will only be sent by post to referring clinicians if the practice is unable to provide IHG with a secure NHS.NET email, in these instances the CCG under which the practice resides will be notified accordingly.

4.5. Day Case Admissions & Reasonableness

Reasonableness is a term that is applicable to all stages of the 18-week pathway and refers to certain criteria that should be met when offering patients outpatient or inpatient admission dates. For the purpose of this policy, a reasonable offer is the choice of two appointment dates with at least 3 weeks' notice. Patients will always be offered the soonest appointment date, and on occasion this may be sooner than 3 weeks if the patient is willing and able to accept. Patients who refuse two reasonable offers will be subject to a clinical review and may potentially be discharged back to their GP.

These will be recorded on the patient electronic record.

The date for treatment agreed with the patient must be within the 18 weeks referral to treatment target.

If the patient chooses to delay treatment the appropriate Referral to Treatment rules will be applied.

The Administration Centre Staff will ensure the patient understands the commitment to attending the surgical procedure with the aim of reducing the impact of short notice cancellations for non-clinical reasons.

The patient will be sent an appointment confirmation letter detailing the following:

- The Centre site, date, time of procedure
- The expected arrival time at the Centre
- Confirmation of the Surgical Procedure
- Details of any specific preparations for surgery that need to be considered
- Contact information for Administration Centre to discuss any concerns

Additional patient information regarding the surgical procedure will also be included if appropriate.

4.6. Patient Cancellations

Patients will be permitted to cancel and reschedule their first outpatient appointment once, however any subsequent requests to reschedule will entail a reasonable explanation and potentially a clinical review, with the reassurance that they are committed to attending all future appointments.

Failure to comply will result in the cancellation of the referral and rejection back to the referring health professional or general practitioner.

The referring GP will be advised in writing that if their patient would like another appointment the GP will have to re-refer the patient and will have to include reassurance to IHG that the patient is committed to attend all future appointments. IHG will work with all referring GP's who have patients that require additional support to ensure they are able to attend appointments, this could entail keeping in touch with GP's around specific appointments coming up for their patients', assistance with transport etc.

4.7. Provider Cancellation of Appointment or Procedure

Means the cancellation by the Provider (acting reasonably) of a Patient Appointment or Procedure by notice to the Patient. Wherever possible reasonable notice should be given to the patient but there may be emergency situations e.g., if a clinician/nurse is sick on the day where every best effort will be made to establish contact with the patient as soon as possible. Any surgery appointment cancelled on the day for operational reasons, will have to be rebooked with date agreed within 28 days of the original surgery date.

All appointments should be rescheduled in negotiation with the patient offering the soonest and most convenient day/time.

The rescheduled appointment will be confirmed in writing to the patient.

The Referral to Treatment clock continues to run during this period.

Wherever possible patients who have their appointments cancelled by the Provider will be offered the opportunity to bring their appointment forward. Effective management of schedules for outpatient and Theatre capacity reflected in waiting times which are closely monitored will reduce the need/occurrence to cancel or reschedule patient appointments.

5. RTT Rules Overview

The NHS constitution sets out patients' legal rights to receive first definitive treatment within 18 weeks from referral and this is the standard reinforced by IHG within its' contract with Commissioners.

5.1. Sources of Referral that Commence an RTT Clock

An RTT clock starts when any care profession or service permitted by an English NHS Commissioner makes a referral to

- A Consultant-Led service, regardless of the setting, with the intention that the patient will be assessed and if appropriate treated before responsibility is transferred back to the referring health professional or general practitioner.
- An interface or referral management or assessment service which may result in an onward referral to a consultant-led service before responsibility is transferred back to the referring health professional or general practitioner.

5.2. Decisions that Stop an RTT Clock

An RTT clock can be stopped when:

- First definitive treatment begins. This is defined as 'an intervention intended to manage a patient's disease, condition or injury and/or to avoid further intervention'.
- When a clinical decision is made that treatment is not required
- When a patient chooses to decline treatment
- When a period of active monitoring (watchful wait) is commenced

5.3. Active Monitoring (watchful wait)

A clinical decision is made to start a period of active monitoring i.e. In many pathways there will be times when the most clinically appropriate option is for the patient to be actively monitored over a period of time, rather than undergo any further tests, treatments or other clinical interventions at that time. When a decision to commence a period of active monitoring is made and communicated with the patient this stops the patients RTT clock.

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.

5.4. Legitimate Waits Longer than 18 Weeks

Scenarios could include:

- Patient choice to delay treatment (specific codes to be used to identify reasons in line with the National NHSE/I programme October 2020 as a result of the COVID-19 pandemic)
- Patient non-cooperation (e.g., DNA's) where there is evidence of effective communication being sent and received within good time
- Not in patient's best clinical interest

In all of the above scenarios careful consideration should be given whether it is appropriate to book past the 18-week target. The provider must work within the 18-week target threshold of ensuring that at least 92% of all patients where a decision to admit has been made are treated within 18 weeks. Each case should be considered on its own individual merits. Extended delays past 18 weeks for one of the above scenarios should be considered seriously and if appropriate the clock stopped until the patient is fit, willing and able to proceed with treatment. In this instance this decision will be made involving the referring GP and IHG Clinician/Management.

5.5. Referrals

5.5.1. Referrals received via E-Referral (Choose & Book) – In line with Choose & Book National Guidance the RTT clock starts from the point the UBRN is converted, i.e., the point at which the patient books their first outpatient appointment. Direct access for patients with GP referrals is available and the directory of service is maintained with adequate capacity to allow choice.

5.5.2. Non-E-Referral Service referrals (email & post) – The RTT clock starts at the date the referral is received by IHG.

5.5.3. Inter-Provider Transfers – If a patient is transferred from a Consultant in one provider to a consultant in another provider for the same condition it is known as an Inter Provider Transfer. The clock start is the date that the original referral was received by the initial provider. This information will be included as part of the referral to the new provider as it is continuation of the same referral to treatment pathway. The responsibility for any potential breach of the 18 weeks target will be negotiated at the time of the contract agreement between providers.

5.5.4. Diagnostic Tests – As part of the outpatient assessment the Clinician may request a diagnostic test e.g., Ultrasound, MRI, CT or Nerve Conduction to assist in the diagnosis for the patient. The Referral to Treatment clock continues to tick during this period. Contractually we aim to arrange these diagnostic tests within 6 weeks of the outpatient appointment.

6. Specific Referral Pathways

6.1. Wiltshire Hernia Clinical Assessment Service

Contracts where specific referral pathways have been agreed will be managed in line with the requirements of the service.

All Wiltshire hernia referrals will be received via the E-Referral system through the Wiltshire Referral Service.

Patients who are clinically assessed as suitable for local anaesthetic treatment are offered surgery with a choice of provider.

Those patients not choosing or clinically unsuitable for treatment with IHG will be passed back to the Wiltshire Referral Service for onward referral to an appropriate secondary care provider of their choice.

The onward referral will include the original referral letter, clinic letter and inter provider transfer form (IPT).

The RTT clock continues to tick throughout this process so IHG will ensure that outpatient capacity for this service is adequate to meet first outpatient appointment within 2-3 weeks of initial referral.

The GP will be kept informed of the outcome of their referral in writing including next steps/actions.

6.2. Leicester Hernia Clinical Assessment Service

All Leicester hernia referrals will be received via the E-Referral system through the Leicester Referral Service.

Patients who are clinically assessed as suitable for local anaesthetic treatment are offered surgery with IHG.

Those patients not choosing or clinically unsuitable for treatment with IHG will be contacted by the IHG Administration Team and referred on to an appropriate secondary care provider of their choice via the E Referral system.

The onward referral will include the original referral letter, clinic letter and inter provider transfer form (IPT).

The RTT clock continues to tick throughout this process so IHG will ensure that outpatient capacity for this service is adequate to meet first outpatient appointment within 2-3 weeks of initial referral.

The GP will be kept informed of the outcome of their referral in writing including next steps/actions.

7. DNA Rules Overview

All appointment confirmation letters will advise the patient of the consequences of not attending an appointment unless prior notice is given by calling the Patient Administration Centre and rescheduling their appointment. There will be documented evidence in the patient notes that there was effective communication sent and received within good time.

7.1. DNA First Outpatient Appointment

If a patient DNA's a first outpatient appointment the Patient Administration Team will attempt to contact the patient to ascertain the reason for not attending.

If contact is not achieved within 7 days, the patient referral will be cancelled, and the patient will be discharged back to the referring clinician.

In very exceptional circumstances if the Clinician deems it clinically appropriate that the patient is seen the patient will be offered another appointment on the understanding that they are committed to attending and a new Referral to Treatment clock is started.

7.2. DNA Diagnostic Test Appointment

If a patient DNA's a diagnostic appointment the Patient Administration Team will attempt to contact the patient to ascertain the reason for not attending.

If contact is not achieved within 7 days, the patient referral will be cancelled, and the patient will be discharged back to the referring clinician.

In very exceptional circumstances if the Clinician deems it clinically appropriate that the patient is seen the patient will be offered another appointment on the understanding that they are committed to attending.

The Referral to Treatment clock continues to tick.

7.3. DNA Surgery Appointment

If a patient DNA's a mutually agreed surgery date the patient will be called by the Clinician/Nurse in the first instance to establish the reason for the failure to attend.

If no successful contact is made on the day of the agreed surgery the Administration Centre Staff will call the patient the next working day to try and establish the reason for the failure to attend.

If the staff are unable to make contact by phone a letter will be sent to the patient asking them to contact the Administration Centre within the next 7 days to discuss their surgery arrangements.

If the patient responds with a reasonable explanation and agrees to commit to attend another appointment the patient will be booked for another mutually agreed surgery date.

The Referral to Treatment clock continues to tick.

If the patient fails to respond within 7 days, the patient will be discharged back to the care of the referring clinician and a letter confirming this action will be sent to both the referring clinician and patient.

7.4. DNA Follow Up Appointment

If the patient fails to attend a follow up appointment the nurse will call the patient on the day to try to establish the reason for the failure to attend and to check that the patient is ok and that there are no post-operative concerns.

For any clinician led follow up the Administration Centre Team will call the patient. If the patient fails to respond to the call the patient will be discharged back to the care of the referring clinician.

This will be confirmed in writing to both the referring clinician and patient with the option to call the Administration Centre Team if there are any concerns.

7.5. Repeated DNAs in Pathway

If the patient DNA's a second time at any stage in the pathway, access to further appointments will only be permitted in exceptional circumstances and only with the referring clinicians and patients' reassurance that they will attend all future appointments.

8. Monitoring Effectiveness and Review

The daily review of work lists within the PAS (System One) and E-Referral System will ensure staff meet the daily KPI's set for the management of the patient pathway. Weekly performance reports for breach management will reinforce the above KPI's and staff compliance with this policy.

All commissioner requested quality reporting regarding RTT and Patient choice will be reported as per contract requirements.

If any changes are made this policy will be updated and the version number changed, with the changes highlighted in a separate document/statement to ensure staff are made aware of all changes made and amend practice as appropriate.

This policy will be reviewed annually or sooner should new evidence for practice become available.

9. Equality Impact Assessment

Initial Equality Impact Assessment

		Yes/No	Comments
1.	Does the document/project affect any group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic Origins	No	
	• Nationality	No	
	• Gender	No	
	• Gender Reassignment	No	
	• Culture	No	
	• Pregnancy & Maternity	No	
	• Religion or Belief	No	
	• Sexual Orientation	No	
	• Marriage or Civil Partnership	No	
	• Age	No	
	• Disability – learning disabilities, physical disabilities, 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 exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the document/project likely to be negative?	No	
5.	If so, can the impact be avoided?	N/A	
6.	What alternative is there to achieving the document/project without impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

Completed by:

Name	Signature	Position	Date

10. Related Documents and References

	Related SOP:	SOP No:
	Management of Initial Referral through E-Referral System & PAS System One	ADM01
	Management of Appointment Outcomes	ADM02
	Management of Appointment Cancellations & DNA's	ADM03
	Management of RTT Rules	ADM04
	Management of procedures in line with CCG INNFPolicies	ADM05
	Management of transportation or transfer of medical records	ADM06
	Management of Outpatient and Theatre Schedules	ADM07
	Vasectomy Pathway Process	ADM09
	Referring Patients to another provider	ADM11
	Referring Patients on for a General Anaesthetic Surgery	ADM12
	Typing Procedure for Clinics	ADM13
	Creating procedure for Discharge Summaries	ADM14
	Hand Clinic Procedures	ADM15
	Cataract Clinic & Surgery Procedures	ADM16
	Hernia Clinic & Surgery Procedures	ADM17
	Podiatric Clinic & Surgery Procedures	ADM18
	Booking of Interpreter Services	ADM20
	Production of information in another language	ADM21
	Management of Post	ADM26
	Management of Emails	ADM27

Reference	Website Address
NHS Choices Website	www.nhs.uk/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england/
Department of Health Referral to Treatment Consultant Led Waiting Times:	www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks
	www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity
	www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/08/Monthly-Referral-Return-MRR-Guidance-v0.3.pdf
	NHS England » Accessible Information Standard Specification accessible-Info-std-review-report-easy-read.pdf (england.nhs.uk)