

18 WEEK REFERRAL TO TREATMENT PATIENT ACCESS POLICY

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'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g., 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g., 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

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TABLE OF CONTENTS

1. Introduction.....	6
2. Policy Purpose/Summary.....	6
3. Roles and responsibilities.....	7
4. Staff competency and compliance.....	9
4.1 Competency.....	9
4.2 Compliance.....	9
5. Patient access principles for Referral to Treatment pathways.....	9
5.1 Individual patient rights	9
5.2 Referral of patients	10
5.3 Patient eligibility.....	10
5.4 NHS e-Referral service	10
5.5 Procedure Prioritisation	11
5.6 Commissioner-approved procedures.....	12
5.7 Patients moving between NHS and private care.....	12
5.8 Healthcare for military veterans.....	12
5.9 Healthcare for prisoners	13
6. Service standards.....	13
6.1 Pathway milestones.....	13
6.2 Monitoring.....	13
6.3 Governance.....	14
6.4 Reasonableness.....	14
6.5 Chronological booking.....	14
6.6 Communication	14

6.7 Referral to Treatment and diagnostic standards	14
6.8 Clock starts.....	15
6.9 Exclusions	15
6.10 Planned patients	16
6.11 Clock stops for First Definitive Treatment.....	16
6.12 Clock stops for non-treatment	16
6.13 Inter-Provider Transfers	17
7. Pathway specific principles - Outpatients and Diagnostics.....	18
7.1 Paper-based referrals (non-GP referrals).....	18
7.2 Patient initiated changes or cancellations.....	18
7.3 Hospital initiated cancellations	19
7.4 DNA patients (new and follow-up)	19
7.5 First appointment DNA.....	20
7.6 Subsequent (follow-up) appointment DNA	20
7.7 Children ‘not brought’ to appointments.....	20
7.8 Follow up appointments to include Patient Initiated Follow Up (PIFU).....	20
7.9 Consultant to consultant referrals.....	21
7.10 Diagnostic and pre-assessment appointments	21
7.11 Straight to test diagnostics	22
7.12 Direct access diagnostics.....	22
7.13 The clinic outcome sheet (COS)	22
8.0 Pathway specific principles – patient to be admitted.....	22
8.1 Fit, willing and able	23
8.2 Patient thinking time.....	23
8.3 The ‘to come in’ (TCI) form	24
8.4 Pre-assessment and Admissions Unit (PAAU)	24
8.5 Bilateral and two stage procedures.....	25
8.6 Patients requiring more than one procedure	25
8.7 Patient initiated delays and patient-initiated cancellations.....	25
8.8 DNA – admitted patients	26
8.9 Cancellations for admitted patients on the day of treatment	26

8.10 Hospital initiated Cancellations	26
9.0 Cancer pathways.....	26
10.0 Definition of Terms.....	26
11.0 Definition of Acronyms.....	29
12.0 Dissemination of the Policy	30
13.0 References.....	30
14.0 Appendices.....	31
Financial and Resourcing Impact Assessment on Policy Implementation.....	32

1. Introduction

The Isle of Wight NHS Trust (hereafter referred to as the trust) is committed to delivering high quality and timely elective care to our patients. This policy will be equally applied to all patients treated at The Isle of Wight NHS Trust, whether referred by local or associate commissioning organisations. This will be done in line with the NHS Constitution which recommends the following actions patients can take to help in the management of their condition:

- Patients can make a significant contribution to their own, and their families, good health and wellbeing, and should take personal responsibility for it.
- Patients should be registered with a general practice as this is the main point of access to NHS care as commissioned by NHS bodies.
- Patients should provide accurate information about their health, condition and status.
- Patients should ensure that we have the correct contact details for them.
- Patients should arrange and keep appointments or cancel within a reasonable timeframe.

The trust's Patient Access Policy was developed following consultation with staff, Clinical Commissioning Groups (CCGs), General Practitioners (GPs), clinical leads and patients. It will be reviewed and ratified at least annually or earlier if there are changes to national elective access rules or locally agreed principles.

The Patient Access Policy is underpinned by a comprehensive suite of detailed standard operating procedures (SOPs). All clinical and non-clinical staff must ensure they comply with both the principles within this policy and the specific instructions within SOPs.

The trust is committed to promoting and providing services which meet the needs of individuals and does not discriminate against any employee, patient or visitor.

2. Policy Purpose/Summary

The purpose of this policy is to ensure that all patients requiring access to outpatient appointments, diagnostics and elective inpatient or day-case treatment are managed equitably and consistently, in line with national waiting time standards and the NHS Constitution. This policy will be equally applied to all patients referred to the trust.

The Policy:

- Is designed to ensure the management of elective patient access to services is transparent, fair, equitable and managed according to clinical priorities.
- Sets out the rules and principles under which the trust manages access to outpatient appointments, diagnostics and elective inpatient or day case treatment.
- Gives staff clear direction on the application of the NHS Constitution in relation to waiting times.

The National Referral to Treatment (RTT) Standards are:

Referral to Treatment	
Incomplete	<ul style="list-style-type: none">92% of patients on an incomplete pathway (i.e., still waiting for treatment) will be waiting no more than 18 weeks (126 days)
Diagnostics	
Applicable to diagnostic tests	<ul style="list-style-type: none">99% of patient to undergo the relevant diagnostic investigation within five weeks and 6 days (41 days) from the date of request for diagnostics to appointment date

3. Roles and responsibilities

Although responsibility for achieving standards lies with the Divisional Care Group Managers and ultimately the trust board, all staff with access to and a duty to maintain care information systems are accountable for their accurate upkeep.

Chief Executive

The Chief Executive is ultimately accountable to the Trust Board for ensuring that effective processes are in place to manage patient care and treatment that meet national, local and NHS Constitution standards, and for achieving these standards.

Chief Operating Officer

The Chief Operating Officer is responsible for delivering operational standards including 18-week RTT, cancer waiting times and all other key access standards.

Head of Operations

Chairing weekly Patient Tracking List (PTL) meeting to performance manage the delivery of 18 Weeks RTT. Holding Divisional Care Group Managers and Directors of Service accountable for the achievement of RTT.

Divisional Care Group Managers and Directors of Service

The Divisional Care Group Managers and Directors of Service will receive regular reports and feedback from the Divisions. They are accountable for the implementing, monitoring and ensuring compliance with the policy within their divisions.

Assistant Director of Operations

The Assistant Director of operations is accountable for implementing this policy and ensuring there is support provided to achieve its objectives. They will monitor compliance and are responsible for ensuring remedial action is taken to improve poor performance.

Consultants

Consultants are responsible for reviewing patient referrals, allocating a clinical priority and forwarding the referral to the relevant booking team. All advice and guidance requests on e-referrals should be responded to by the requested consultant or designated deputy within three working days.

Accurate and timely completion of Clinic Outcome Sheets (COS) and decision to admit (DTAs), taking care to articulate and communicate effectively with receptionist/clinical teams to ensure accurate allocation to waiting lists.

Outpatients Appointment Booking Team

To maintain an up to date and accurate waiting list for all outpatient referrals, to include fast track, urgent and routine requests.

Inpatients Central Booking Office

To maintain an up to date and accurate waiting list for all 'decision to admit' DTA referrals, to include fast track, urgent and routine requests.

The Performance Information Department

The Performance Information Team are responsible for the timely production of PTLs which support the Divisions in managing waiting lists and RTT standards. The team will also provide regular reports to enable divisions to accurately manage elective pathways and ensure compliance with this policy.

GPs

GPs and other referrers play a pivotal role in ensuring patients are fully informed during their consultation of the likely waiting times for a new outpatient consultation and of the need to be contactable and available when referred. GPs should ensure quality referrals are submitted to the appropriate provider.

GPs should review their e-RS worklists daily, to optimise appropriate pathway care, and reduce duplication of referrals, rejections, DNAs, incomplete referrals, and referrals that have an unbooked status.

CCGs

CCGs should work with GPs to ensure appropriate referral quality, and support clinical review, triage, and advice.

Patients

Everyone has a role to play to ensure that the trust can deliver care within the national standards. Patients should arrange and attend their appointments or contact the hospital to cancel, giving as much notice as possible if they are unable to attend. They must also inform their healthcare provider of any changes in personal circumstances, in particular their contact details and registered GP.

All staff involved in managing patient pathways

All staff are responsible for ensuring that any data created, edited, used, or recorded on the trusts Patient Access System (PAS) within their area of responsibility is accurate and recorded in accordance with this policy and other trust policies relating to the collection, storage and use of data to maintain the highest standards of data quality and maintain patient confidentiality.

All patient referrals, treatment episodes and waiting lists must be managed on the trust's PAS system and all information relating to patient activity must be recorded accurately and in a timely fashion.

4. Staff competency and compliance

This section will cover how staff will demonstrate competency and compliance with the Patient Access Policy.

4.1 Competency

- As a key part of their induction programme, all new starters to the trust will undergo patient access training and e-RS training applicable to their role.
- All existing staff will undergo patient access training on at least an annual basis.
- All staff will carry out competency tests that are clearly documented to provide evidence that they have the required level of knowledge and ability.
- This policy, along with the supporting suite of SOPs, will form the basis of the required training programmes.

4.2 Compliance

Functional teams, specialties and staff will be performance managed against key performance indicators (KPIs) applicable to their role. Role-specific KPIs are based on the principles in this policy and specific aspects of the trust's standard operating procedures. In the event of non-compliance, a resolution should initially be sought by the team, specialty, or individual's line manager.

5. Patient access principles for Referral to Treatment pathways

This section covers the access principles outlined in the NHS constitution and maximum waiting time standards.

The NHS has set maximum waiting time standards for patient access to healthcare. In England, waiting time standards for patient access fall under two headings:

- The individual patient rights as set by the NHS Constitution
- The standards by which individual providers and commissioners are accountable by NHS England.

5.1 Individual patient 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. Patients have the right to the following:

- Choice of hospital and consultant
- To begin their treatment for routine conditions following a referral into a consultant-led service within a maximum waiting time of 18 weeks from referral 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 must 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

- delaying the start of the treatment is in the best clinical interests of the patient (note that in both scenarios the patient's RTT clock continues to tick)
- 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

All patients are to be treated fairly and equitably regardless of race, sex, religion, or sexual orientation.

5.2 Referral of patients

The trust expects that GPs refer via e-RS and should only refer patients who are fit, willing and able to proceed to treatment within the RTT or cancer standards timeframe, whichever is applicable.

- Fit: No obviously apparent pre-existing conditions are going to prevent likely required treatment
- Willing: Clinically the patient is ready to commence to treatment
- Able: The patient has no pre-existing commitments that would prevent attendance i.e., a three-month cruise booked and paid for

The trust provides a single point of contact, the Patient Advice and Liaison Service (PALS) to help patients with any concerns about length of wait and where necessary investigate alternative provision where available and appropriate.

The CCG provides a second point of contact to help patients should they have any further concerns.

5.3 Patient eligibility

All trusts have an obligation to identify patients who are not eligible for NHS treatment and specifically to assess liability for charges in accordance with Department of Health guidance /rules.

The trust will check every patient's eligibility for treatment. Therefore, at the first point of entry, patients will be asked questions that will help the trust assess resident status.

All staff members have a responsibility to identify patients who are overseas visitors and to refer them to the overseas visitor's office for clarification of status regarding entitlement to NHS treatment before their first appointment is booked or date to come in (TCI) agreed.

5.4 NHS e-Referral service

With effect from 1 October 2018, the trust will not accept (and will not be paid for any first outpatient attendance resulting from) referrals by GPs to consultant-led services made other than through the e-RS.

Under this arrangement, providers will be able to return inappropriately referred referrals to GP practices.

If there are insufficient slots available for the selected service at the time of attempting to book or convert their Unique Booking Reference Number (UBRN), the patient will appear on the appointment slot issue (ASI) work list. The RTT clock starts from the point at which the

patient attempted to book. Patients on the ASI list must be contacted within two working days to agree an appointment.

If a patient's appointment has been incorrectly booked on e-RS into the wrong service by the referrer, the referral should be electronically re-directed in the e-RS system to the correct service. A confirmation letter of the appointment change will be sent to the patient. The RTT clock will continue to tick from the original date when the UBRN was converted.

Patients referred via e-RS will have the facility to schedule/reschedule their appointment date and time via the Internet, with their GP, or use the dedicated telephone appointment line (TAL).

Generic "Dear Doctor" referrals for general consultations should be allocated to the consultant with the shortest waiting time within the specialty or sub-specialty concerned; generic referrals are a recommended approach where possible. If clinical teams wish to validate referrals for appropriateness and triage, Care Groups will need to enable a five working day turnaround. If the specialties do not validate within this time frame, then patients will be per referral classification of degree of urgency.

5.5 Procedure Prioritisation

Many long waiting patients on surgical and diagnostic waiting lists will have agreed to undergo operative treatment before the coronavirus pandemic began. It has been acknowledged that many patients' circumstances or conditions may have changed. Waiting lists must be validated both technically (to ensure accurate and up to date) and clinically to ensure patients clinical needs and wishes are established. Findings will be recorded within PAS by using the following national categories:

National Categories also referred to as 'P' Codes	
Code	Definition / Treatment required within
P1	24-48 hours
P2	1 Month
P3	3 Months
P4	Delay 3 Months
P6	Patient Choice delay due to non-Covid 19 concern

National Categories also referred to as 'D' Codes	
Code	Diagnostic categories
D1	Potentially life threatening or time critical conditions e.g., cardiac failure, significant bleeding, chest pain, renal failure, vision loss. Patients that are an emergency would fit into this category
D2	Potential to cause severe disability or severe reduction of quality-of-life e.g., intractable pain. Urgent patients, including 2ww, would fit into this category
D3	Chronic complaints that impact on quality of life and may result in mild or moderate disability. Routine patients that should be seen within the next 4-6 weeks
D4	Chronic complaints that impact on quality of life and may result in mild or moderate disability. Routine patients that should be seen within the next 6-12 weeks
D6	Patient wishes to postpone procedure due to non-Covid 19 concerns

5.6 Commissioner-approved procedures

Patients referred for specific treatments where there is limited evidence of clinical effectiveness, or which might be considered cosmetic can only be accepted with the prior approval of the CCG.

5.7 Patients moving between NHS and private care

If the patient so chooses, they can transfer to self-funded private care at any stage during their 18-week pathway without prejudice. The RTT pathways of patients who notify the trust of their decision to seek private care will be closed with a clock stop applied on the date of this being disclosed by the patient. Conversely, patients may also transfer from self-funded private care to the NHS. Patients referred to the trust in this manner will join the waiting list and be treated chronologically based on clinical priority. An RTT clock will start upon receipt of the referral from the GP or when the Unique Booking Reference Number (UBRN) is converted as with any other patient. Patients that have come from self-funded private care will not be given priority over other patients unless clinically relevant.

The RTT pathways of patients who notify the trust of their decision to seek private care will be closed with a clock stop applied on the date of this being disclosed by the patient.

5.8 Healthcare for 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 related to their service. Military veterans should not need 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

18 Week Referral to Treatment Patient Access Policy

Version No. 6

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.

5.9 Healthcare for prisoners

All patient access standards and rules are applicable to prisoners. Delays to treatment incurred because 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 in the prison services to minimise delays through clear and regular communication channels and by offering a choice of appointments or admission dates in line with reasonableness criteria.

6. Service standards

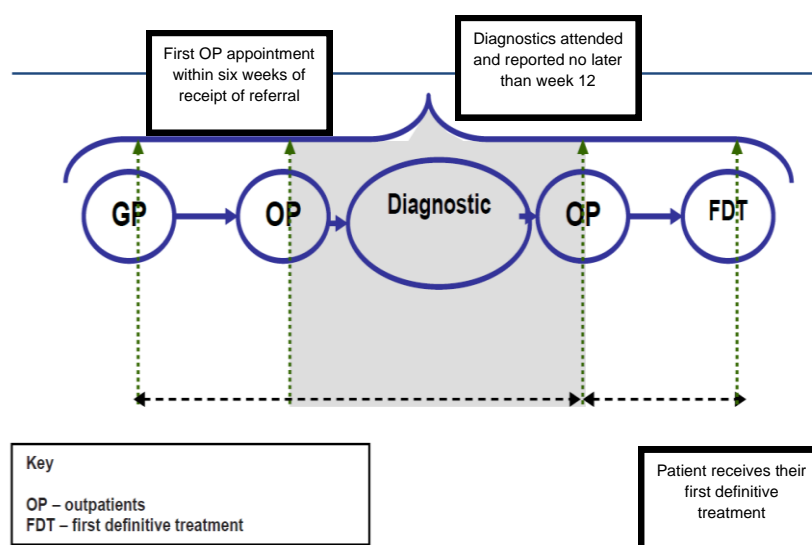
Below are the local service standards that have been put in place to support effective and efficient service provision, and the achievement of referral to treatment standards:

- clinical triage for patients referred as a two week wait - within 24 hours
- clinical triage for patients referred as urgent within - 24 hours
- clinical triage for patients referred as routine - within three days

6.1 Pathway milestones

To achieve treatment within 18 weeks of receipt of referral, local pathways have been designed with key milestones and capacity agreed with clinicians and commissioners.

Below are the key milestones.



6.2 Monitoring

Operational teams will regularly and continuously monitor levels of capacity for each pathway milestone to address any shortfalls in advance as much as is practicable. If any shortfalls are identified, additional capacity will be arranged to avoid poor patient experience, resource intensive workarounds and ultimately, breaches of the RTT standard. In addition,

demand and capacity and job plans, will be reviewed annually to ensure they reflect the needs of the service.

6.3 Governance

The trust has a robust governance structure to monitor and assure compliance with the national standards. The structure includes weekly divisional PTL meetings and a weekly trust wide PTL meeting.

6.4 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 as a choice of two dates with at least three weeks' notice. If a patient accepts an appointment with shorter notice, the appointment is then classed as reasonable.

6.5 Chronological booking

Patients will be selected for booking appointments or admission dates according to clinical priority. Patients of the same clinical priority will be appointed/treated in RTT chronological order, i.e., the patients who have been waiting longest will be seen first. Patients will be selected using the trust's patient tracking lists (PTLs). They will **not** be selected from any paper-based systems, including diaries.

6.6 Communication

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

GPs or the relevant referrer will 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 will be made clear in any communication.

6.7 Referral to Treatment and diagnostic standards

This policy and the supportive SOPs have been written in line with the National RTT Rules Suite published in October 2015.

Whilst the aim is to treat all patients on an RTT pathway within 18 weeks, the national standards are set at less than 100% to allow for the following scenarios:

- clinical exceptions: when it is in the patient's best clinical interest to wait more than 18 weeks for their treatment
- choice: when patients choose to extend their pathway beyond 18 weeks by declining offers of appointments or rescheduling previously agreed appointment/admission dates

- co-operation: when patients do not attend (DNA) previously agreed appointment dates or admission offers and this prevents the trust from treating them within 18 weeks

6.8 Clock starts

In accordance with the National RTT Rules Suite a waiting time clock starts when:

1. Any care professional (or service permitted by an English NHS commissioner to make such referrals) refers to:
 - a) A consultant-led service, regardless of 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 GP
 - b) 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 GP
2. A waiting time clock also starts upon a self-referral by a patient to the above services, where these pathways have been agreed locally by commissioners.
3. Upon completion of a consultant-led referral to treatment period, a new waiting time clock only starts:
 - a) When a patient becomes fit and willing for the second of a consultant-led bilateral procedure
 - b) Upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan
 - c) Upon a patient being re-referred into a consultant-led, interface, or referral management or assessment service as a new referral
 - d) When a decision to treat is made following a period of active monitoring
 - e) When a patient rebooks their appointment following a first appointment 'did not attend' (DNA) that stopped and nullified their earlier clock

6.9 Exclusions

A referral to most consultant-led services starts an RTT clock but the following services and types of patients are excluded from RTT:

- obstetrics and midwifery. (Pregnant women with a separate medical or surgical issue during pregnancy should be on an RTT pathway for the condition)
- planned patients
- referrals to a non-consultant led service
- referrals for patients from non-English commissioners
- genitourinary medicine (GUM) services

- emergency pathway non-elective follow-up clinic activity e.g., fracture clinic
- Non-Elective admissions (patients who are admitted as emergencies and elective patients who are admitted at least one day post decision to admit)
- Patients referred to outpatient clinics for emergency appointments from A&E and seen within 24 hours
- Patients being followed up following an emergency admission
- Patients who are receiving on-going treatment for their condition(s)

6.10 Planned patients

Planned care means an appointment/procedure, or a series of appointments/procedures as part of an agreed programme of care which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. Planned care is also sometimes called 'surveillance' and is not applicable to RTT.

Patients should be placed on a planned list for a planned procedure or operation that is to take place at a specific time, such as a repeat colonoscopy, or where they are receiving repeated therapeutic procedures.

Patients on planned lists should be booked in for an appointment at the clinically appropriate time and they should not have to wait further. All patients placed on the planned waiting list MUST have an expected treatment date.

When patients on planned lists are clinically ready for their care to commence and they reach the date for their planned appointment, they should either receive that appointment or be transferred to a RTT waiting list and a waiting time clock should start. At this stage, the procedure prioritisation code should be reviewed and amended accordingly. (Please see section 5.5 of this document.) The appropriate divisional service managers are responsible for reviewing their planned lists on a weekly basis to ensure full compliance.

Examples of procedures which could be on a planned waiting list are:

- check procedures such as cystoscopies, colonoscopies etc.
- patients proceeding to the next stage of treatment or removal of metalwork

6.11 Clock stops for First Definitive Treatment

First definitive treatment is defined as the first intervention intended to manage a patient's disease, condition or injury and avoid further clinical interventions. A patient's RTT clock stops when first definitive treatment starts, this could be in either the outpatient or inpatient setting. What constitutes first definitive treatment is a matter of clinical judgement in consultation with the patient.

6.12 Clock stops for non-treatment

There are other reasons a RTT clock can stop, these are:

- non-attendance of appointments (DNA) - if the patient is going to be discharged

- decision not to treat - a clinical decision is made not to treat the patient
- treatment offered and declined - a patient declines treatment having been offered it
- if a patient is unfit for surgery and they won't be fit within a three-week period, the patient can be removed from the waiting list and discharged back to their GP, if deemed clinically appropriate. The reasoning behind this is that the patient will require management of why they have been classed as unfit; therefore, the GP will manage the patient until the patient is fit, willing and able to be referred back to the trust, where a new 18-week pathway will begin.
- if a patient is unfit for surgery, with a transient condition (cough or cold), and is expected to be well within three weeks, the clock continues, and the pre-operative assessment/TCI date should be arranged.
- 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 begin a period of active monitoring is made and communicated with the patient, the RTT clock stops. It is not appropriate to stop a clock for a period of active monitoring if some form of diagnostic or clinical intervention is required, but it is appropriate if a longer period of active monitoring is required before further action is needed e.g., the patient is required to lose weight or stop smoking in order to safely proceed to surgery. This requires careful consideration, case by case and needs to be consistent with the patient's perception of their wait.

6.13 Inter-Provider Transfers

When a patient is transferred for treatment or diagnostic investigation whilst on an RTT pathway, the clock will continue, and it will be the joint responsibility of involved providers to ensure that the patient is managed within their RTT pathway.

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

It is mandatory for all appropriate trust staff to complete and send an Inter Provider Transfer Administrative Minimum Data Set (IPTAMDS) form containing all key patient information (i.e., clock start dates and patient's pathway identifier (PPID) which transfers with them.

The principal requirement for using the form is to ensure all service providers involved in a patient's pathway have adequate information with regards to the clock status etc. to enable the patient's management to be conducted within appropriate time frames.

There will also be occasions when a patient is transferred for management after the original clock has stopped because the patient has received First Definitive Treatment - this information will also need to be shared with the onward provider, hence an IPT form will still be required. Appointments that occur after treatment are not applicable to RTT.

Please note there is **no** provision to share RTT breaches between provider organisations.

7. Pathway specific principles - Outpatients and Diagnostics

7.1 Paper-based referrals (non-GP referrals)

Appointments will be booked in order of clinical priority (urgent before routine) and then in chronological order of referral received date.

Patients will be selected for booking from the trust's patient tracking list (PTL) only. Paper diaries and standalone spreadsheets will not be used.

An 'invitation to call' letter will be generated from PAS, asking patients to make contact by day seven of their RTT pathway. Should the patient not make contact, the demographic details should be confirmed with the GP. Three attempts will then be made to contact the patient, one of which will be made in the evening. If still unsuccessful, a second 'invitation to call' letter will be sent to the patient and a copy sent to their GP.

Patients will be offered a choice of at least two dates with three weeks' notice. Appointment dates can be offered with less than three weeks' notice and if the patient accepts, this can then be defined as 'reasonable'.

Where there is insufficient capacity to offer an appointment within the required milestone, this should be escalated to the relevant service manager.

Any appointment offers declined by patients should be recorded on PAS. This is important for two reasons: full and accurate record keeping is good practice, and the information can be used later to understand the reasons for any delays in the patient's treatment, e.g., hospital or patient initiated.

7.2 Patient initiated changes or cancellations

If a 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 a DNA.

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 must be informed of patient-initiated delays to ensure that no harm is likely to result from the patient waiting longer for diagnosis or treatment. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and where long delays (i.e., many months) are requested by patients, a clinical review should be carried out, and 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.

If the length of the period of unavailability 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 will be reviewed by their consultant. Upon clinical review, the patient's consultant will 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 ensuring the patient is fully informed of the clinical risks of delaying their procedure - the RTT clock continues.
- clinically unsafe length of delay: it is in the patient's best clinical interests to return the patient to their GP for continuation of primary care. The RTT clock stops on the day this is communicated to the patient. The patient can be referred to the trust when they are fit, willing and able to commence treatment.

Patients must be advised at the first request to change an appointment that if they request to cancel their appointment a second time then a clinical review will take place. If the patient is discharged back to their GP following clinical review this will stop the RTT clock.

Patients who cancel (and do not wish to re-book) their outpatient or diagnostic date will be removed from the waiting list and discharged back to their GP. This will stop their RTT clock.

7.3 Hospital initiated cancellations

Hospital-initiated changes to appointments will be avoided as far as possible as they are poor practice and cause inconvenience to patients.

- Clinicians are actively encouraged to book annual leave and study leave as early as possible. Clinicians must provide at least six weeks' notice if a clinic must be cancelled or reduced. If six weeks' notice is not given, the request for cancellation must be escalated to the relevant service manager and clinical lead.
- Patients will be contacted immediately if the need for a cancellation is identified and offered an alternative date(s) that will allow patients on an RTT pathway to be treated within 18 weeks. Equally, this will allow patients not applicable to RTT to be reviewed as near to the clinically agreed timeframe as possible.

7.4 DNA patients (new and follow-up)

It is important that all correspondence, e.g., appointment letters, telephone reminder and text message reminder sent to the patient clearly explains how to change an appointment and give clear details as to how to access e-RS, or contact relevant clinics to do this, which also take account of the need to support vulnerable patients who DNA. Administrative processes ensure that patients are easily able to contact the appropriate location, to be able to change their appointments and agree a subsequent date.

If a patient does not attend any appointment because of an administrative error by the trust, a second appointment will be offered at the patients' convenience and a full apology offered to the patient.

All DNAs (new and follow-up) will be reviewed by the clinician at the end of clinic for a clinical decision to be made regarding next steps. Paediatric and vulnerable patient DNAs should be managed with reference to the trust's safeguarding policy.

7.5 First appointment DNA

If a clinical decision is made to offer the patient another first appointment, a new RTT clock will be started on the day the new appointment is agreed with the patient. If the patient is going to be discharged, the RTT clock is nullified, and the clock stops.

7.6 Subsequent (follow-up) appointment DNA

If a clinical decision is made to offer the patient another first appointment, the RTT clock continues. If the patient is going to be discharged, the patient will be returned to the care of their GP and the RTT clock stops.

As per the Cancer Operational Policy, patients who DNA their first appointment should not be sent back to the GP, another appointment should be offered. If a patient DNAs their first appointment for a second time they will be escalated to the consultant in clinic for a decision on the next step which may include discharge back to the GP.

Vulnerable patient groups (including but not limited to children, frail adults, patients with learning disabilities) and urgent and suspected cancer patients who fail to attend for reasons unknown should be escalated to the consultant in clinic for a decision on the next step which may include discharge back to the GP.

If discharged, DNA letters to both patient and GP must be sent directly from PAS to alert the GP that the patient has not attended their appointment and that the patient is being discharged back to their care. This will stop the RTT clock.

7.7 Children 'not brought' to appointments

The trusts Safeguarding Children & Young People Policy, available under the trust policies section on the Intranet states that an opportunity for a second appointment should be offered following the first appointment where the child 'was not brought'.

Liaison with the relevant professionals from other agencies regarding the child's welfare, should it be appropriate. If the child is not 'brought' for a second appointment, the parents/carers will be informed that a further appointment will not be offered and the relevant professionals from other agencies will be informed.

Should a social/clinical concern exist, appropriate action will be discussed and agreed between the relevant agencies.

7.8 Follow up appointments to include Patient Initiated Follow Up (PIFU)

Follow-up appointments are only appropriate when a patient's condition requires the continued intervention of specialist clinical expertise. IOW NHS Trust has implemented Patient Initiated Follow Up 'PIFU' whereby instead of routinely assigning a follow up appointment date, the patient will request a follow up consultation if they feel they need one. Further information can be found in the PIFU SOP.

In situations where there is no evidence that a further specialist clinical intervention is required (e.g., patient no longer has symptoms, patient has been treated and is beyond a clinically appropriate period or primary healthcare support is considered more appropriate)

the patient should be discharged to the care of their GP. The clinic outcome form must be completed to reflect this decision.

To ensure time to process test results, follow-up appointments should be booked at an appropriate interval following the test in line with trust diagnostic waiting times with allowance for results to be readily available for view.

If the results of tests are negative, consideration should be given to the need for the subsequent outpatient appointment. A suitable letter to the patient and GP may be sufficient and the patient must be discharged on PAS. This will stop the RTT clock.

7.9 Consultant to consultant referrals

If a patient requires to be referred internally, to a different consultant, for the condition that the patient was initially referred for, the RTT clock continues to tick until the patient is either treated or discharged.

For conditions that are not urgent or not related to the condition for which the patient was initially referred the patient will be referred back to the GP. The patient and GP will decide where best to refer the patient for the new condition.

Acceptable internal consultant to consultant referrals:

- referrals where the treatment of the condition requires the input of another discipline e.g., pre-operative anaesthetic assessment of high-risk individuals - the RTT clock will continue to tick
- cancer or suspected cancer. Consultant upgrades should be immediately referred to the relevant speciality as per the Cancer Operational Policy - the RTT clock will continue to tick until patient is treated or discharged
- a new condition where a delay in the referral would risk serious patient harm. This would be a new 18-week RTT clock start
- a new condition where symptoms are suggestive of a serious cardiac condition, a new 18-week RTT clock would start
- A&E referrals to Orthopaedic fracture clinics, these appointments are not applicable to 18 weeks

7.10 Diagnostic and pre-assessment appointments

The diagnostics section of an RTT pathway is a major pathway milestone. A large proportion of patients referred for a diagnostic test will also be on an open RTT pathway. In these circumstances, the patient will have both clocks running concurrently:

- the 18-week RTT clock which started at the point of receipt of the original referral
- the six-week diagnostic clock which starts at the point of the decision to refer for diagnostic test (often at the first outpatient consultation)

Where a patient has cancelled, declined and/or not attended their diagnostic appointment and a clinical decision is made to return them to the referring consultant, the RTT clock should continue to tick. Only the referring consultant can make a clinical decision to stop the RTT clock, if this is deemed to be in the patient's best clinical interests, by discharging the patient.

If a patient declines, cancels or does not attend a diagnostic appointment, the six-week diagnostic clock start can be reset to the date the patient provides notification of this.

However:

- the trust must be able to demonstrate that the patient's original diagnostic appointment fulfilled the reasonableness criteria for the clock start to be reset
- resetting the diagnostic clock start has no effect on the patient's RTT clock, this continues to tick from the original clock start date

It is expected that outcomes of diagnostics tests, will be reviewed in a timely manner by the responsible consultant so that management responsibility, where clinically appropriate, may be transferred back to the referring GP, and any routine or urgent outpatient appointment relating to the diagnostic test, which is deemed no longer necessary, can be cancelled. This will stop the RTT clock.

7.11 Straight to test diagnostics

For patients who are referred for a diagnostic test where one of the possible outcomes is review and if appropriate, treatment within a consultant-led service (without first being reviewed by their GP) an RTT clock will start on receipt of the referral and a six-week diagnostic clock will also start. These are called straight-to-test referrals.

7.12 Direct access diagnostics

Patients who are referred directly for a diagnostic test (but not consultant-led treatment) by their GP, i.e., clinical responsibility remains with the GP, will have a six-week diagnostic clock running only. These are called direct access diagnostic referrals.

7.13 The clinic outcome sheet (COS)

The clinic outcome sheet must be filled in correctly indicating how the patient's pathway/care plan is to continue. The clinic outcome sheet will be used to update the patient pathway at every outpatient visit. As the care plan is a clinical decision made and agreed with the patient, the COS must be filled in by the clinician at the end of clinic and the clinic must be cashed up immediately, in exceptional circumstances within 24 hours (i.e., patient took clinic outcome form home with them and an investigation into the outcome is required).

8.0 Pathway specific principles – patient to be admitted

The decision to add a patient to the waiting list must be made by a consultant or representative.

A reasonable offer for admission is at least two dates with three weeks' notice. If a patient does not accept the first date offered at least one other date should be offered and agreed in conjunction with the patient.

The information must be entered onto the PAS system whenever a patient refuses the first reasonable offer made. This allows the trust to maintain a full audit trail of all dates offered to patients.

Where available, patients can be offered short notice earlier dates, however patients will have the opportunity to decline without any adverse effect on their waiting times or RTT clock.

The waiting list should only contain patients who are medically and socially fit, willing, and able to have their procedure.

8.1 Fit, willing and able

Patients who are deemed unfit, unwilling and unable to come in, at the time the decision to admit is made, (prior to pre-operative assessment) must not be added to the waiting list. This should be explained to them at the point of decision to treat.

Examples of unfit patients are:

- patients with untreated/uncontrolled high blood pressure that impact suitability for surgery
- patients with cardiac or respiratory problems that impact suitability for surgery.

These patients should be returned to primary care for management of the condition and referred into the trust when the patient is fit, willing and able. The RTT clock would stop when the patient is returned to primary care.

This decision should be documented in the patient's notes and a letter sent to the GP.

The GP is advised that if the patient is fit, willing and able to commence treatment within three months, they can refer the patient directly back to the pre-assessment clinic, starting a new 18-week RTT clock. If longer than three months then a new e-RS referral will be made, starting a new 18-week RTT clock.

If a patient is required to lose weight or stop smoking before surgery can safely take place, the patient can be placed into active monitoring and have regular follow-up appointments to document the progress until the patient is fit, willing and able to commence treatment. The clock would stop when the patient is placed into active monitoring, and a new RTT clock will start when the patient is returned to an RTT pathway.

If a patient wishes to wait to see if their condition improves or declines prior to deciding to have surgery, the patient can be placed into active monitoring and have regular follow-up appointments to document the progress until the patient is fit, willing and able to commence treatment. The clock would stop when the patient is placed into active monitoring, and a new RTT clock will start when the patient is returned to an RTT pathway.

8.2 Patient thinking time

Patients may wish to spend time thinking about the recommended treatment options before confirming they would like to proceed. It would not be appropriate to stop their RTT clock where this thinking time amounts to only a few days or weeks. Patients should be asked to make contact within an agreed period with their decision.

It may be appropriate for the patient to be entered into active monitoring (and the RTT clock stopped) where they state they do not anticipate deciding for a matter of months. This

decision can only be made by a clinician and on an individual patient basis with their best clinical interests in mind.

In this scenario, a follow-up appointment must be arranged around the time the patient would be able to decide. A new RTT clock should start from the date of the decision to admit if the patient decides to proceed with surgery.

8.3 The 'to come in' (TCI) form

Once the decision to add a patient to the inpatient waiting list has been made, the TCI form is completed, dated and signed. This form must be completed in full at the time of the decision to add to the inpatient waiting list, which in most cases will be during the outpatient appointment. Clinical priority of either routine or urgent must be stated on the TCI form. The decision to treat date on the form must reflect the correct date whether the decision is made in clinic, MDT or consultant office.

8.4 Pre-assessment and Admissions Unit (PAAU)

Pre-operative assessment ensures that the patient is fit for surgery and anaesthesia or sedation and wishes to proceed with surgery.

If at assessment, further anaesthetic assessment is required, the notes will first be reviewed by an anaesthetist within two working days and a decision made as to whether the patient may be listed or whether the patient needs to be seen in person. If so, then they will be given an appointment for review in the anaesthetic review clinic and will not be offered a date for surgery until the result of the assessment is known to the pre-op department. This must be within a two-week timescale, with an immediate outcome for each patient from this clinic. The RTT clock will continue to tick during this time.

If determined fit for surgery after assessment, the patient will be offered a date for their procedure in clinical priority order or chronological order if the clinical priority is the same.

If, however, the patient is determined not fit to proceed with surgery, then the patient, the consultant and the GP will be informed of the decision. The pre-operative department will also provide the relevant information required to support the GP in optimising the patients' health to a level where they can proceed with surgery. The patient will be discharged and the RTT clock will be stopped.

Patients who are determined fit for surgery by their GP within the next three months will be able to self-refer to the pre-operative assessment department for initial screening to assess fitness and reinstatement on waiting list. A new RTT clock will start.

Patients who are determined fit for surgery for longer than a three-month period require a new e-RS referral to be made, starting a new 18-week RTT clock.

Patients who DNA their assessment appointment will be contacted, and a further appointment agreed. If they DNA again, they will be returned to the responsible consultant for a clinical decision to be made with regards to a further appointment or discharge. The RTT clock continues to tick throughout this process unless the patient is going to be discharged and then the RTT clock will stop.

8.5 Bilateral and two stage procedures

Where bilateral or two stage procedures are to be undertaken the patient should be added to the elective waiting list for the second procedure at the point, they are clinically deemed fit and willing to proceed after the first one is complete. A new 18-week RTT clock will start at this point.

8.6 Patients requiring more than one procedure

If more than one procedure will be performed at one time by the same surgeon, the patient should be added to the waiting list with extra procedures noted.

If different surgeons will work together to perform more than one procedure, the patient will be added to the waiting list of the consultant surgeon for the priority procedure with additional procedures noted.

If a patient requires more than one procedure performed on separate occasions by different (or the same) surgeon(s): the patient will be added to the active waiting list for the primary (first) procedure, when the first procedure is complete and the patient is fit, willing and able to undergo the second procedure, the patient will be added (as a new waiting list entry) to the waiting list, and a new RTT clock will start.

8.7 Patient initiated delays and patient-initiated cancellations

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 must be informed of patient-initiated delays to ensure that no harm is likely to result from the patient waiting longer for diagnosis or treatment. 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., many months) are requested by patients, a clinical review should be carried out, and the treating clinician should speak with the patient to discuss and agree the best course of action.

If the length of the period of unavailability 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 will be reviewed by their consultant. Upon clinical review, the patient's consultant will 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 ensuring the patient is fully informed of the clinical risks of delaying their procedure - the RTT clock continues. In exceptional circumstances if a patient decides to delay their treatment it may be appropriate to place the patient under active monitoring (clock stop) if the clinician believes the delay will have a consequential impact on the patient's treatment plan.
- clinically unsafe length of delay: it is 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.

8.8 DNA – admitted patients

Patients who do not attend for admission will have their pathway reviewed by their consultant. If the patient's consultant decides that they should be offered a further admission date, the RTT clock continues to tick. Should the consultant decide that it is in their best clinical interests to be discharged back to the GP, the RTT clock is stopped.

If a patient does not attend any appointment because of an administrative error by the trust, a second appointment will be offered with reasonable notice and an apology extended to them.

8.9 Cancellations for admitted patients on the day of treatment

Where a patient's operation is cancelled on the day for non-medical reasons, the trust will arrange to re-admit the patient within 28 days (or 18 weeks, whichever is first). If this is not possible the trust will make reasonable efforts to secure the patient's treatment at a hospital of their choice. The RTT clock will keep ticking throughout this period.

8.10 Hospital initiated Cancellations

A cancellation of patient's admission by the hospital is very poor practice and should be a rare occurrence that should only be authorised where no other options to cover the theatre are available or appropriate.

A minimum of six weeks' notice is required from all clinicians, in all but exceptional circumstances, to cancel or reduce any theatre session for reasons of annual, study leave or on-call commitments.

Any short notice cancellations must be authorised in writing by the appropriate divisional director and assistant director of operations. The admissions team will not action any short notice cancellations without appropriate authorisation.

If an agreed admission date is cancelled by the hospital at any stage up to the day of admission, a rescheduled date should be agreed with the patient. The RTT clock will continue to tick throughout until treatment is completed.

9.0 Cancer pathways

The trust has a separate policy that specifically addresses all cancer waiting time standards, access, and pathways. Please refer to the Cancer Operational Policy for all Cancer management within the trust.

10.0 Definition of Terms

Term	Definition
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, willing 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 both the right and left sides of the body.
Breach	Where a patient is either treated or discharged after their 18week RTT date was due.
Chronological booking	Refers to the process of booking patients for appointments, diagnostic procedures and admission in 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 that 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 doesn't 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 judgement in consultation with the patient.

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.
Partial booking	Where an appointment or admission date is sent in the post to the patient without the opportunity to agree a date.
Patient-initiated delay	Where the patient cancels, declines offer or does not attend appointments or admission. This 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 must 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 offer	A choice of two appointment or admission dates with three weeks' notice.

11.0 Definition of Acronyms

Term	Definition
ASIs	Appointment slot issues (list): a list of patients 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 knowledge of cancer and treatment to co-ordinate the patient's care plan and act as the patient's 'keyworker'.
COS	Clinic outcome sheet.
DNA	Did not attend patients who give no prior notice of their non-attendance.
e-RS	(National) e-Referral Service
GDP	General dental practitioner (GDP): typically leads a team 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 into appropriate specialists.
IPT	Inter-provider transfer
MDS	Minimum dataset: minimum information required to be able to process a referral either into the cancer pathway or for referral out to other trusts.

PAS	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.
PPID	Patient pathway identifier
PTL	Patient tracking list. A tool used for monitoring, scheduling, and reporting on patients on pathways (covering both RTT/non RTT and cancer).
RCA	Root cause analysis defines steps on a patient's pathway and identifies breach reasons. In the context of this policy, this is not the same level involved in an RCA for a Serious Incident.
RTT	Referral to treatment
TCI	To come in (date). The date of admission for a surgical procedure or operation.
UBRN	Unique booking reference number

12.0 Dissemination of the Policy

This policy document will be available to all staff via the Intranet and will be alerted to the policy by a standard general email or communication bulletin.

13.0 References

NHS Constitution

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

NHSI Elective Access Model Policy

<https://improvement.nhs.uk/resources/elective-care-model-access-policy/>

Guide to NHS waiting times in England

[Guide to NHS waiting times in England - NHS \(www.nhs.uk\)](https://www.nhs.uk)

<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-week>

NHS RTT Rules Suite Oct 2015

<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>

18 Week Referral to Treatment Patient Access Policy

Version No. 6

Recording and Reporting Referral to Treatment (RTT) waiting times for consultant-led elective care April 2021

IOW NHS Trust Referral to Treatment Standard Operating Procedure

IOW NHS Trust Patient Initiated Follow Up Standard Operating Procedure

14.0 Appendices

Appendix A Financial and Resourcing Impact Assessment on Policy Implementation

Appendix B Equality Impact Assessment (EIA) Screening Tool

FINANCIAL AND RESOURCING IMPACT ASSESSMENT ON POLICY IMPLEMENTATION

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore, this form should not be completed where the resources are already deployed, and the introduction of this policy will have no further resourcing impact.

Document title	18 Weeks Referral to Treatment Patient Access Policy
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Totals	WTE	Recurring £	Non- Recurring £
Manpower Costs	0	0	0
Training Staff	0	0	0
Equipment & Provision of resources	0	0	0

Summary of Impact: None

Risk Management Issues: None

Benefits / Savings to the organisation: None

Equality Impact Assessment

- Has this been appropriately carried out? **YES**
 - Are there any reported equality issues? **NO**
- If "YES" please specify: **NA**

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	WTE	Recurring £	Non-Recurring £
Operational running costs			

Total	0	0	0
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Staff Training Impact	Recurring £	Non-Recurring £
Totals:	0	0

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed	0	0
Building alterations (extensions/new)	0	0
IT Hardware / software / licences	0	0
Medical equipment	0	0
Stationery / publicity	0	0
Travel costs	0	0
Utilities e.g., telephones	0	0
Process change	0	0
Rolling replacement of equipment	0	0
Equipment maintenance	0	0
Marketing – booklets/posters/handouts, etc	0	0
Totals:	0	0

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	NA
Signature & date of financial accountant:	NA
Funding / costs have been agreed and are in place:	NA
Signature of appropriate Executive or Associate Director:	NA

Equality Impact Assessment

This Equality Analysis is a written record that demonstrates that you have shown *due regard* to the need to **eliminate unlawful discrimination, advance equality of opportunity** and **foster good relations** with respect to the characteristics protected by the Equality Act 2010.

Name of policy/procedure	18 Weeks Referral to Treatment Patient Access Policy
Date of assessment:	November 2021
Responsible department:	Planned Care Management Team
EIA Author:	Helen Turnbull-Woodford, RTT Data Quality Manager
Intended equality outcomes:	Positive

Who was involved in the consultation of this document?

Date	Forum
From March 2021 to date	Patient Access Meeting (Weekly) to include Operational Leads
From June 2020 to date	Out-Patient Delivery Group
September 2021	Planned Care team Meeting
July/December 21 & Jan 22	Mental Health Team

Please describe the positive and any potential negative impact of the policy on service users or staff.

In the case of negative impact, please indicate any actions to mitigate against this by completing stage 2. Supporting Information can be found by following the link:

www.legislation.gov.uk/ukpga/2010/15/contents

Protected Characteristic	Equality Analysis	EIA Impact (Positive/Negative)
Age	No negative impact on services users or staff	Positive
Disability	No negative impact on services users or staff	Positive
Gender reassignment	No negative impact on services users or staff	Positive
Marriage & civil partnership	No negative impact on services users or staff	Positive
Pregnancy & maternity	No negative impact on services users or staff	Positive
Race	No negative impact on services users or staff	Positive
Religion/Belief	No negative impact on services users or staff	Positive
Sex	No negative impact on services users or staff	Positive
Sexual orientation	No negative impact on services users or staff	Positive

Stage 2: Full impact assessment

What is the impact?	Mitigating actions	Monitoring of actions
NA	NA	NA