

Patient Access, Booking and Choice Policy **– Information for GPs and Patients**

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1. Introduction

The length of time a patient needs to wait for hospital treatment, both as an outpatient or inpatient, is an important quality issue and is a visible and public indicator of the efficiency of the services provided by the hospital Trust.

The successful management of patients who are waiting for elective treatment is the responsibility of everyone involved in that elective process.

The Trust will work with local PCTs, GP practices and patient representatives to ensure that best practice waiting list management is applied and that all national access targets are met.

This policy defines the principles that will be applied when patients are given outpatient and inpatient appointments at the Countess of Chester Hospital NHS Foundation Trust sites.

Key Principles

The key principles underpinning this policy are:

- Clinical priority must be the main determinate of when patients are seen as outpatients or admitted for elective procedures. Patients of equal clinical priority should be treated on a first come first serve basis.
- The Health Community will work together to ensure that all patients are seen within the maximum national guaranteed waiting times
- A patient should only be placed on a waiting list for admission if:
 - There is a sound clinical indication for the operation
 - The patient is clinically and socially ready to undergo surgery.
- The process of waiting list management should be transparent to the public.
- Appropriate and relevant referral information is required for any patient to be offered an appointment or admission
- Communication with patients should be informative, clear and concise.
- All additions to or removals from waiting lists must be made in accordance with this policy.
- All of the timing points referred to in this document relate either to NHS Plan targets, 18 week targets or adhere to best practice guidance
- Reasonable offer of date rules apply to all patients.

Scope

This policy document applies to all patients who are referred to the Countess of Chester Hospital NHS Foundation Trust. There are differential wait times for English and Welsh residents, but all patients will be managed and treated in accordance to the standards set out in this policy.

2. Key Access Performance Targets

It is the responsibility of all clinical, managerial and clerical staff to ensure the performance targets set out below are adhered to. A consistent approach must be adopted to ensure their successful attainment.

	Subject	Target (National Targets)
1	18 week referral to treatment target (English Patients).	<ul style="list-style-type: none"> • A total patient pathway wait of 18 weeks from referral to treatment for 90% of admitted patients. • A total patient pathway of a maximum wait of 18 weeks for 95% of non-admitted patients. • Specialty specific internal target are in place for all first new outpatient appointments.
2	The target for Welsh patients as set by the Welsh Assembly Government is an overall pathway of 26weeks.	<ul style="list-style-type: none"> • A total patient pathway of a maximum wait of 26 weeks from referral to treatment for 100% of admitted patients and non admitted patients.
3	Cancellations on the day of Surgery.	<ul style="list-style-type: none"> • 28-day guarantee applying to all patients whose operation is cancelled on or after their date of admission or on the day of operation for non clinical reasons. • Total number of such cancellations must not exceed 0.8% of total elective admissions.
4	Convenience and choice – elective (inpatients and daycase) and outpatient booking.	<ul style="list-style-type: none"> • 100% of patients attending as a day case or inpatient must be booked with choice of date. • 100% of referred patients attending as a new outpatient must be booked with choice of date and time.
5	Diagnostic waiting times maximum stage of treatment wait. (English Patients)	<ul style="list-style-type: none"> • A maximum wait of 6 weeks for all diagnostic waits.
6	Reasonable notice period.	<ul style="list-style-type: none"> • All patients (inpatient and outpatient) must be given reasonable notice (3 weeks) of appointments and operation dates. • If patients are happy to be given less notice for their admission or appointment then it is accepted that reasonableness guidelines do not apply • This guidance is not applicable to urgent patients.
7	Cancer Targets.	<ul style="list-style-type: none"> • Two Week maximum wait from receipt of an urgent GP referral to first outpatient appointment for all urgent suspected cancer

	Cancer cont'd	<p>referrals.</p> <ul style="list-style-type: none"> • Maximum waiting time of 31 days from diagnosis to treatment for all cancers. • Maximum waiting time of 62 days from urgent GP referral to treatments for all cancers. • Treatments for all cancers including sequential and recurrent cancers will be subject to the 31 day target. • A clinician will be able to upgrade non-GP referrals to a 62 day pathway where appropriate. • Internal referrals will also be subject to the 62 day target.
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3. Outpatients

The Countess of Chester Hospital NHS Foundation Trust expects that all patients have had the relevant access targets explained to them by their referrer and what their responsibilities are, and that the patient is available for their appointment within these timescales.

The Countess of Chester Hospital NHS Foundation Trust expects one referral to be made for each separate condition by the referrer, not multiple conditions referred on one referral.

Referrals

Referral Management and expected referral data set

The Trust expects that all referrals (for English patients) will be made using the Choose and Book system. Referrals via Choose and Book will be received in the Appointments Hotline. These patients will already have booked an appointment via the Choose and Book/ Meditech interface.

Paper referral letters (predominantly from Welsh GP practices) coming in to the Trust will be directed to the Appointments Hotline. On receipt they will be date stamped and logged on Meditech within 48 hours of receipt.

Any paper referral letters received elsewhere in the organisation will be date stamped and sent to the Appointments Hotline within 48 hours of receipt where they will be logged on Meditech.

All referrals (English or Welsh, Choose & Book, Paper) should contain the following key data items:

- Patient name
- Patient title
- Patient DOB
- NHS Number
- Patient address

- Patient contact details (preferred telephone number)
- Details of condition referred for including initial diagnosis, symptoms
- Special needs i.e. learning disability, deafness
- Any interpretation services required
- Any relevant investigations carried out
- List of current medications
- Confirmation and evidence that patient meets the agreed referral criteria
- If the procedure is of limited clinical value (as specified by Western Cheshire PCT), clarification and evidence will be required that the patient is eligible; please see appendix 1 for the full list of conditions and the referral criteria.

If this information is not received then the referral may be returned to the GP.

The Countess of Chester Hospital NHS Foundation Trust manages all referrals using pooling methodology; “Dear Doctor” letters (i.e. letters to specific clinicians are not encouraged).

Outpatient Appointments

General principles

For the majority of patients their first appointment will be made via Choose and Book. The referral letter sent by the GP will be graded upon receipt by the clinician and either accepted or rejected.

For Welsh patients, who cannot make appointments via Choose and Book, a paper referral is forwarded to the Trust by their GP. Upon receipt this referral is graded by the clinician and an appointment is made.

Patients must be available for their first outpatient appointment within the agreed target times otherwise they will be referred back to the GP.

Outpatient booking process

Choose and book appointments

Referring GPs must attach the referral letter to the Choose and Book appointment within 72 hours of making the referral – this must include the minimum data set referred to on page 4. Appointments Hotline will contact GP surgeries when the referral letter has not been attached within Choose and Book appointment by the due date. In the exceptional circumstances of the referral not being obtained for clinic, then the patient will be contacted, the original appointment cancelled and a further appointment will be made within target timescales.

Appointments not made via choose and book

Those routine patients referred outside of Choose and Book will be offered an appointment with at least three weeks notice.

If the patient needs to be seen more urgently then the Appointments Hotline will initially make a reasonable attempt to contact the patient by telephone. If the patient is contactable the clinic appointment will then be booked over the telephone.

If Appointments Hotline is unable to contact the patient by telephone then an appointment will be allocated and sent out in a letter including instructions to call the Appointments Hotline if the patient is unable to attend.

For referrals to the Genetic Service please refer to appendix 2.

Urgent/fast-track appointments

All urgent appointments will be booked within 2 weeks unless otherwise specified by the service. Again GPs are asked to ensure that the patient is available prior to generating a fast-track referral. The referral letter must be received within the Trust within 24 hours of the referral being made.

Reminder service

Where possible, i.e. if the Trust has the patient's contact details and consent, the Trust will send the patient a text message in advance of their outpatient appointment reminding them of the date of their appointment.

Cancellations – new patients

All cancellations for **new** appointments are to be directed to the Appointment Hotline. When a patient cancels a new outpatient appointment, they will be offered one further date, agreed preferably at the time of the cancellation. Where this is not possible the Appointments Hotline will contact the patient either by telephone or by letter to arrange another appointment. If they wish to cancel a second time they will be referred back to their GP.

If a patient's appointment has to be rescheduled due to a hospital cancellation every effort will be made to contact the patient by telephone to offer an apology and a new date. The new date must be within target timescales and reasonable offer rules still apply.

Cancellations – review/follow-up patients

Both the Appointments Hotline and Secretarial Teams can deal with cancellations of follow-up appointments. Patients cancelling follow-up appointments will be allowed one cancellation. If they wish to cancel a second time they will be referred back to their GP.

Patients who Did Not Attend (DNA) an outpatient/diagnostic tests/investigations appointment

Adults (able to make informed decisions)

Adults who DNA an **agreed** appointment, either a new or follow-up, will usually be discharged and a letter sent to the GP and the patient informing them of the discharge. **The patient will only be offered a further appointment at the request of the hospital clinician.** It is the responsibility of

the clinician to review the health records of those patients who fail to attend and either discharge them or ask for them to be re-appointed. In the event of the patient being discharged and further advice/guidance is required then the clinician should write to the GP.

Patients considered to be high risk will be re-appointed. If a patient DNAs for a second time they will be discharged as above.

A patient who DNAs through no fault of their own and contacts the Appointments Hotline within 48 hours will be offered another appointment. This is at the discretion of the Trust.

Where a new patient is to be reappointed following a DNA the appointment will be arranged by Appointments Hotline.

Adults (unable to make informed decisions)

In circumstances when a patient may not be able to make an informed decision, the same process should be followed for when a child DNAs and the appropriate carer or relative contacted.

Children

For children's services, a different approach may be required as often the patient will not be responsible for the DNA.

At the end of a clinic session, the notes of all patients that have DNAd that clinic should be taken to the consultant or other nominated clinician. This individual will make a decision as to whether or not a patient should be offered another appointment.

If a child DNAs two consecutive appointments they should be discharged and the GP and family informed.

Paediatric Audiology

Patients referred to paediatric audiology services that DNA their appointment will be referred back to the referring GP.

Fast-track (two week rule) patients

If a fast-track (two week rule) patient cancels or DNAs he/she should be offered another appointment within 14 days. Every effort should be made to contact the patient to rearrange another appointment as soon as possible.

4. Admitted care

Adding patients to waiting lists for admission

A patient will only be placed on a waiting list if:

- There is a sound clinical indication for surgery.
- The patient is clinically and socially ready to undergo surgery.

The decision to add a patient to a waiting list will be made by a clinician.

If a patient requires an operation which has to be undertaken by more than one surgeon, availability of the surgical team will be arranged prior to the patient being offered a date. The patient will be contacted by the Admissions team, with confirmation of available dates.

Patients requiring a bilateral procedure will only be listed for their second side following recovery and review from the first side e.g. hip, knee or eye.

If a patient is either not fit or not ready for surgery they will be either:

- Returned to their GP's care to be re-referred when they are fit and ready.
- Referred for further advice or management in secondary care.
- Reviewed again in outpatients when the wait list decision can be made.
- Asked to contact the Trust again within 2 weeks, when ready to proceed when they will be added to the waiting list.

Pre-assessment

Following the decision to add the patient to the waiting list, the patient will be directed to the gatekeeper/pre-assessment team where they will confirm the following information with the patient:

- Patient's telephone number (home, work and mobile) or a number through which he or she can be contacted during normal working hours.
- Availability to come in at short notice (less than 1 week notice) if an unexpected vacancy arises.
- Any special circumstances requiring longer notice than usual for admission (e.g. caring for elderly relative, transport arrangements etc).
- Any dates when the patient will not be available for admission e.g. booked holiday, etc.
- Any special requirements on the day of admission (e.g. hospital transport, interpreter).

The gatekeeper/pre-assessment team will ensure at the time of being waitlisted:

- The patient is fit to be added to the waiting list based on a quick assessment.
- The correct management intent, i.e. inpatient or daycase is identified for patient/procedure and directed to the appropriate area to arrange a pre-assessment.
- Patients are given an information sheet with relevant contact numbers and information about informing the hospital of changes to personal details etc.
- Pre-assess any urgent patients.

All patients attending the Trust for surgery must have an appropriate level of pre-assessment. This will either be carried out on the day of wait listing or will be scheduled for a minimum of 6 weeks prior to surgery. These patients will be screened for MRSA in accordance with the Trust's MRSA Screening Policy.

If a patient DNAs their pre-assessment appointment their surgery date will be cancelled and the patient removed from the waiting list. The GP and patient will be notified.

If at pre-assessment the decision is made to defer surgery due to the patient not being fit then the surgery date will be cancelled.

Booking an admission date

The admission date must be agreed with the patient as soon as possible after wait listing.

All patients must be admitted on the day of their operation, unless the pre-assessment team/clinician clearly identifies a need on the booking form for admission the day before.

If a patient informs the Admissions Team that they will not be attending for surgery this will be dealt with as a patient cancellation (see below).

If a patient has questions of a clinical nature they will be referred to the appropriate nurse or doctor.

Arranging a date

Patients will receive in writing notification of their date for admission from the Trust. If the date is not convenient for the patient, then the patient must contact the Admissions Office (as per instructions in the letter) and arrange a new, mutually convenient date.

For an offer of admission to be deemed reasonable the patient must be verbally offered at least two dates for different days, with at least three weeks notice before the first of these appointments.

If a patient may choose to wait longer than the two dates offered by the Trust. A maximum wait period of 8 weeks beyond the dates offered will be permitted. A patient wishing to wait longer than this will be referred back to their GP.

Cancellations

Cancellation of admission dates in advance of surgery

Cancellation by the hospital

If a patient's admission is cancelled by the hospital in advance of surgery the Admissions Officer will telephone the patient and agree a new date at the time. The new date must be within the relevant waiting time.

Cancellation by the patient

If a patient needs to re-arrange their admission date or pre-assessment date they will be given the opportunity to agree a new date at the time of the cancellation.

Any cancer patient who no longer wishes to have surgery will be highlighted to the relevant MDT coordinator.

If a patient wishes to rearrange their admission date a second time then they will be removed from the waiting list and referred back to their GP. If a patient is unsure whether they wish to proceed with surgery the Admissions Officer will inform the patient's clinician for a decision to be made whether to discharge or review the patient in outpatients.

If a patient is removed from the waiting list for any reason a letter will be sent to the patient and the GP stating this and the reason for removal.

If the patient wishes to be reinstated on the waiting list, a letter must be received from their GP within a 14 day period of removal from the waiting list. Following a referral letter being received by the Admissions Office, the patient will be reinstated on the waiting list and the clock reset.

Cancellations on the day of surgery

There are many reasons why a patient may have their operation cancelled on the day of surgery but these can be broadly grouped into cancellations by the hospital (medical and non-medical) and cancellations by the patient.

The Admissions Team will be responsible for ensuring that patients who have their surgery cancelled are followed up and offered another date.

If a procedure is cancelled by the hospital for non-medical reasons (on the day of TCI – To Come In – date of admission) the patient will go back on to the waiting list and must be offered another date for surgery within 28 days. Where possible this should be agreed with the patient on the day of their cancellation. Where this is not possible the Admissions Officer will contact the patient as soon as possible to arrange a new date.

Every effort will be made to ensure that a patient, if cancelled once, is not cancelled again for non-clinical reasons.

Cancellations by the hospital (medical)

All patients cancelled due to medical reasons on the day of surgery will be reviewed by the pre-assessment team.

If a patient is likely to be unfit for a period of less than 3 weeks, the patient will remain on the waiting list. Once the patient is well again they should contact the Trust and arrange a new admission date.

If the patient's condition is of a long term nature (i.e. more than 3 weeks) and likely to require further treatment, then the patient will be discharged from the Trust and referred back to the GP. Once the patient is fit enough for surgery again, a letter should be sent to the Trust from the GP – this can only happen within 8 weeks of the initial cancellation. Once the letter is received by the admissions office the patient will be reinstated on the waiting list and the clock reset.

Cancellations by patient

If a patient cancels their surgery on the day of admission for any reason the clinician will be informed so that a decision can be made whether to offer another date.

If a decision is made to remove the patient from the waiting list, a letter must be sent to the patient, the GP and clinician.

If the decision is made to offer another date the patient will be returned to the waiting list and another date will be offered.

If the patient subsequently cancels again they will be removed from the waiting list and referred back to their GP.

Orthopaedic patients who do not attend (DNA) the Joint School

If a patient, who has been identified as requiring a hip or knee joint replacement, fails to attend the Joint School then they will be removed from the waiting list and discharged back to their GP. A letter will be sent to the patient and their GP informing them of this decision.

Patients who do not attend (DNA) on their date for surgery

If a patient DNAs their date for surgery having previously agreed the date the default position is that they will be removed from the waiting list and discharged back to their GP.

If a decision is made to remove the patient from the waiting list, a letter must be sent to the patient and the GP.

Patients who contact the hospital following their DNA must be re-referred in by their GP within 14 days of removal from the waiting list. Following a referral letter being received by the Admissions Office, the patient will be reinstated on the waiting list and the clock reset.

5. Patients on a cancer pathway

There are a number of specific access performance targets related to cancer patients that the Trust must meet:

- Two Week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals.
- Maximum waiting time of 31 days from diagnosis to treatment for all cancers.
- Maximum waiting time of 62 days from urgent GP referral to treatments for all cancers.
- Treatments for all cancers including sequential and recurrent cancers will be subject to the 31 day target
- A clinician will be able to upgrade non-GP referrals to a 62 day pathway where appropriate.
- Internal referrals will also be subject to the 62 day target

These specific targets require that patients on cancer pathways are managed and monitored in a slightly different way to other patients.

It is Trust policy that urgent suspected cancer patients will be managed in the same way regardless of source of referral.

Urgent suspected cancer referrals

In line with national guidance, all patients referred by their General Practitioner with an urgent suspected cancer must be seen within 14 days of the GP's decision to refer date.

Trust policy is that urgent suspected cancer referrals from other sources will also be seen within 14 days.

GPs should refer suspected cancer patients by fax either using specific Fast Track referral forms or by bespoke letter. GP's are responsible for ensuring that their patient has had explained to them the wait times – 2 weeks from date of referral – for the patient to be seen thus ensuring the patient's availability.

The Countess of Chester Hospital NHS Foundation Trust is working with their Commissioners to bring services in line with National Choose and Book Policy.

Where letters are used they must be clearly headed as "Urgent suspected cancer" or "Two week wait referral".

Urgent cancer referrals should be faxed to the dedicated centralised fax line, located in the Appointments Hotline, where the referral will be processed. The fax number is 01244 366013.

31 day target

Any patient in the Trust who is diagnosed with cancer will be treated within 31 days of the 'decision to treat' (DTT) date. Patients who have had a DTT will be entered on to the Trust's cancer waiting times database and monitored through the weekly cancer PTL.

If following a DTT the patient is referred to another organisation the MDT Coordinator will ensure that a cancer inter-provider transfer form is completed and sent to the receiving Trust.

Where the patient is referred before the DTT is made the patient will not be entered on the waiting times database.