

# Our access policy

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Patient summary information guide

## **Introduction**

We want to make sure you can access our services quickly, easily and at a time that suits you. This is why we have an Access Policy that tells you about our responsibilities to communicate with you and make sure we deliver on all of our patient commitments.

This summary guide will cover a range of areas:

- Who our patients are
- Waiting times
- Key principles of our Access Policy
- How we deal with referrals
- Communicating with you

### **Who our patients are**

We diagnose and treat NHS patients, but we do it in a lot of different ways depending on the service provided.

Patients who must come here:

- If you live in Scotland, you will automatically come here if you have been referred to our national services:
  - Scottish Adult Congenital Cardiac Service (SACCS)
  - Scottish National Advanced Heart Failure Service (SNAHFS)
  - Scottish Pulmonary Vascular Unit (SPVU)
- If you live in the West of Scotland, you will automatically come here if you need heart or lung surgery.
- If you live in specific parts of the West of Scotland, you will automatically come here if you need treatment for a specific type of heart attack (STEMI).

Patients who may come here:

- Anyone, living anywhere in Scotland, can be referred by their local NHS Board for an operation or diagnostic test in our current range of specialties.
- If you live in specific areas and require a particular procedure, you will automatically come here for all of your appointments, including pre-assessment, surgery and post-surgery follow up.

As a national resource for NHSScotland, the Golden Jubilee National Hospital is a major centre for regional and national heart and lung services, orthopaedics and other key specialties.

We carry out a range of planned procedures to assist our NHS Board colleagues in reducing patient waiting times and are also home to a range of regional and national services.

### **Surgical procedures**

- Cardiac (heart) surgery
- Endoscopy
- General surgery
- Interventional cardiology
- Minor procedures
- Ophthalmic surgery
- Orthopaedic surgery
- Plastic surgery
- Thoracic (lung) surgery

### **Diagnostic imaging procedures**

- Bone Densitometry
- Computer Tomography (CT) scanning
- Diagnostic cardiology
- General X-Ray
- Magnetic Resonance Imaging (MRI) scanning
- Ultrasound

## **Regional and National Services**

- Scottish Adult Congenital Cardiac Service
- Scottish National Advanced Heart Failure Service
- Scottish Pulmonary Vascular Unit
- West of Scotland Optimal Reperfusion Service (for people experiencing STEMI heart attack)

## **Waiting times**

No matter where you live in Scotland, the current waiting time standards are:

- 18 weeks Referral to Treatment for 90% of patients
- 12 weeks for new outpatient consultations
- six weeks for eight key diagnostic tests and investigations\* (see page 10)
- four weeks for Angiography
- The legal 12 week Treatment Time Guarantee (from date agreement is reached to commence treatment)

There are some services that are not covered by the 18 weeks Referral to Treatment Standard. They are:

- Direct referrals to Allied Health Professionals
- Assisted conception services
- Dental treatment provided by undergraduate dental students
- Designated national specialist service for Scoliosis
- Direct access referrals to Diagnostic Services where the referral is not part of a 'straight to test' referral pathway
- Genitourinary medicine
- Homeopathy
- Obstetrics
- Organ and Tissue transplants
- Mental Health
- Exceptional aesthetic procedures

We plan all allocated outpatient, inpatient, diagnostic and surgical space at the Golden Jubilee National Hospital. This is done in partnership with the Access Support Team at the Scottish Government and all referring NHS Boards across Scotland. The team also agree with our NHS colleagues the specific specialties and the number of referrals that should be sent to us on an annual basis.

We are responsible for the production, management and reporting of the waiting times for Cardiothoracic (heart and lung) patients. This is reported directly to the Scottish Government Health Department.

All other patient activity, where we provide treatment for other NHS Boards, is recorded and communicated to the referring Boards to allow for local patient tracking and waiting time reporting.

We record all referral and patient related information in line with the 18 week Referral to Treatment guidance and the Treatment Time Guarantee as set out in the Patients Rights (Scotland) Act 2011.

This information is communicated to all Boards as follows:

- In an agreed format
- Within agreed timescales
- To specific referring Boards' contacts.

## **Key Principles of our Access Policy**

We have agreed the following key principles that underpin delivery of the patient Access Policy and delivery of waiting time standards:

- The patients' interests are paramount.
- Patients will be offered care according to clinical priority and within agreed waiting time standards.
- Patients will be added to the waiting list only if they are available and medically fit for the procedure.
- Patients who are unavailable will be recorded as unavailable on the waiting list if treatment has been agreed between the clinician and the patient.
- Patients will receive an offer of appointment a minimum of seven days before their appointment date.
- Patients' additional needs will be established before the appointment date and will be managed accordingly.
- Where a patient refuses two reasonable offers of appointment dates, the patient will be returned to their referring Board. (This practice will only be carried out if a clinician agrees that it is clinically appropriate to return the patient).
- Where a patient does not attend their appointment, after investigation and attempts are made to reach the patient, they will be returned to their referring Board where advice on the next steps will be sought from the local clinical team. (This practice will only be carried out if a clinician agrees that it is clinically appropriate to return the patient).
- Patient advised unavailability will be applied only where the patient requests this.
- Medical unavailability will be applied where a clinician determines the patient has another medical condition that prevents the agreed treatment from proceeding for that period of time.
- All periods of unavailability will be documented without exception on our Patient Administration System (PAS).
- All patients who have unavailability recorded will be clinically reviewed at a maximum of 12 weeks with the outcome recorded on PAS. (We will not apply unavailability for an indefinite period.)

Our referring Boards must:

- ensure that patients are informed that their care is being transferred to us;
- make sure that the patient's referral is clinically appropriate for us;
- declare in their own local access policy that the Golden Jubilee National Hospital is a 'reasonable offer'; and
- agree with the patient to transfer their care to us before the referral.

## **How we deal with referrals**

All of our referrals will be allocated an appointment in order of clinical priority and date received.

All referrals received will be registered on our internal systems and either booked or added to the waiting list without delay.

The outpatient waiting time target will be calculated from the date the referral was received.

The inpatient waiting time target will be calculated from the date the patient and consultant agree to treatment.

It is our responsibility to ensure you are treated within your guarantee date on the basis that the referral is received within the agreed timescales as outlined within the Service Level Agreement that we have with other NHS Boards.

If one of our Consultants believes that your referral is not appropriate, it must be returned to the referring Board/GP with an explanation. If your referral has been made and the specialisation of the Consultant does not match your needs, the Consultant will cross-refer you to the appropriate colleague (where such a service is provided by the Board) and the referral amended.

Referrals will only be sent back to the referring Board, clearly stating the reason for return, if:

- they are not considered appropriate by the receiving clinician;
- are not in line with local guidelines; or
- they do not include the complete minimum data set.

## **What we record**

When you are referred to us, we record the following information about you:

- Your name, address and contact telephone details.
- Community Health Index and Unique Care Pathway Number.
- Demographic details.
- Your preferred method of communication (e.g. letter/phone etc).
- Referring hospital's medical number and referring Consultant.
- Your date on the waiting list (by us or referring Board).
- Your GP's details.
- Periods of unavailability.
- Ability to accept short notice admission.
- Planned procedure (if known).
- Whether you are suitable for pooled list or if a named clinician specifically wishes to do your procedure.
- Clinical urgency (urgent inpatient, elective priority or elective routine).
- Intended management (inpatient or day case).
- Any other information that will aid your smooth admission, and any relevant medical history (additional needs, diabetic, latex allergy etc).
- Whether you have armed forces or veteran status.
- Date of clinic.

## **Communicating with you**

We have a responsibility to ensure you are provided with clear and accurate information to enable you to make considered decisions in relation to your treatment. This should be in a format of your choice.

It is important that you are appropriately informed at all stages of your patient journey. That is why we will telephone you to confirm your outpatient appointment or admission date/time. Following that, you will be sent a confirmation letter that will include a point of contact/telephone number to call if you have any questions.

This letter will also clearly explain the consequences if you cancel or fail to attend your appointment at the designated time. You will be given clear instructions on how and when to contact us to either accept or decline an appointment or admission date, and the timeframe in which to do this.

You will also receive clear and accurate information in writing about how your waiting time is calculated, including when clock adjustments are made and how these affect your treatment time clock.

Where cancellations are initiated by us, you will be booked as close to your original appointment as possible, and still within your original guarantee date.

You will be responsible for:

- Informing us, through the dedicated contact number, if your condition improves and your appointment is no longer required
- Contacting us as soon as you know that you are unable to attend your agreed appointment.
- Providing your mobile phone number and email address to make it easier to contact you.
- Contacting us to advise of any changes to name, address, postcode, telephone number or GP.

## More information

Our full access policy is available on our website at <http://www.nhsgoldenjubilee.co.uk/files/9513/7778/6315/AccessPolicy.pdf>.

If you have any questions about our Access Policy, or want to receive a copy, please email [enquiries@gjnh.scot.nhs.uk](mailto:enquiries@gjnh.scot.nhs.uk) or call us on 0141 951 5195/5175.

\*The eight key diagnostic tests and investigations are:

- Upper endoscopy
- Lower endoscopy
- Colonoscopy
- Cystoscopy
- CT (Computer Tomography)
- MRI (Magnetic Resonance Imaging)
- Ultrasound
- Barium Studies



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