

National Waiting Times Centre (Golden Jubilee National Hospital)

Access Policy

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1. Introduction

It was a key NHSScotland objective that by December 2011 no more than 18 weeks would elapse from the time a patient is referred by their GP to a consultant led service (for non urgent treatment) to the start of the patient's treatment (The 18 Week Referral to Treatment Standard). Additionally, the Patient Rights (Scotland) Act 2011 now enshrines in law that, once a patient has been diagnosed as requiring inpatient or day case treatment, and agreement has been reached to carry out this treatment, the patient's treatment must begin within 12 weeks.

Recognising the requirement for continual service redesign to improve the patient experience, this Access Policy sets out the approach we will follow to ensure a safe, effective and person centred approach is applied to services provided to patients.

Effective and timely communication with patients is essential to ensure the best possible use of capacity and resources. We are committed to ensure that appropriate resources, systems and processes are in place to deliver against this Access Policy. Additionally, all staff will be adequately trained to communicate effectively with patients and to use the systems available to ensure access to services is seamless.

2. Waiting Time Standards

Delivering against the waiting time standards will require innovation and collaborative working with referring Boards to ensure a consistent approach in providing access to services and to ensure patients receive the most appropriate treatment within the shortest waiting time.

The current waiting time standards are:

- 18 Weeks Referral to Treatment for 90% of patients
- 12 weeks for new outpatient consultations
- 6 weeks for eight key diagnostic tests and investigations
- 4 weeks for Angiography
- The legal 12 week Treatment Time Guarantee (from date agreement is reached to commence treatment)

The eight key diagnostic tests and investigations are:

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

Exclusions from the 18 Weeks Referral to Treatment Standard include:

- 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

3. Key Principles of the NWTC Access Policy

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

- The referring Boards must ensure that patients are informed that their care is being transferred to the NWTC.
- The referring Boards must ensure that the patient's referral is clinically appropriate for NWTC.
- The patients' interests are paramount.
- Referring Boards will have declared in their own local access policy that the Golden Jubilee National Hospital (GJNH) is to be considered a 'reasonable offer'.
- Agreement will have been reached between the referring Board and the patient to transfer their care to us prior to the referral having been made.
- 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 prior to the appointment date and will be managed accordingly including requirements for transport, accommodation and interpretation services.
- 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 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.
- Redesign work will continue to support the reduction of variation in referral.
- 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 Management System (PAS).
- All patients who have unavailability recorded will be clinically reviewed at a maximum of 12 weeks with the outcome recorded on our patient administration system. (we will not apply unavailability for an indefinite period.)

4. Communication

4.1 Communication with patients

We have a responsibility to ensure patients are provided with clear and accurate information to enable them to make considered decisions in relation to their treatment time guarantee. Additionally it is recognised that additional needs must be taken into account when communicating with patients.

We must ensure that patients are appropriately informed at all stages of the patient journey.

All patients should be telephoned to confirm an outpatient appointment or admission date/time, agreeable to them. The patient should then be sent a confirmation letter, which must be clear and informative and should include a point of contact/telephone number to call if they have any queries. The letter should clearly explain the consequences if the patient cancels or fails to attend the appointment at the designated time.

All correspondence with patients will explain how to change appointments and the impact of a cancellation or DNA (did not attend). Administrative processes will ensure that it is clear to patients who they should contact to enable them to change their appointments and agree an alternative date.

Patients should be given clear instructions on how and when to contact the hospital to either accept or decline an appointment or admission date, and the timeframe in which to do this.

Patients should be given clear and accurate information in writing about how their waiting time is calculated, including when clock adjustments are made and how these affect their treatment time clock.

We will apply the eight principles of effective Patient Focussed Booking when engaging with patients to promote attendance and offer choice to patients.. The eight principles are :-

- Clear communication with patients from the outset, outlining their responsibility for their appointment including booking, attending and advising of any changes to their availability. This should take place at the point of referral and within any booking dialogue between the patient and service.
- A referral process which facilitates the transfer of information about the patient's needs and availability to attend.
- All staff involved in booking and appointing working to standard operating procedures to ensure equity in appointing patients.
- Booking processes must facilitate timely engagement and offer a single, reliable point of contact for patients.
- Booking processes must offer patients real choice through active dialogue including dates and times of available appointments.
- Patients must be reminded of their appointment close to the date of agreed attendance.
- The process must ensure that patients are seen in turn.
- The process must ensure ongoing review and validation of the waiting list.

Patients will be responsible for:-

- Informing via the hospital contact number if their condition improves and their appointment is no longer required.
- Contacting the hospital timeously if they are unable to attend their agreed appointment.
- Providing details of mobile phone and email address to improve future patient communication options.
- Contacting the hospital to advise of any changes to name, address, postcode, telephone number or GP.
- Considering the choice options that are available to them.

4.2 Communication with Referrers

We plan all allocated outpatient, inpatient, diagnostic and surgical space at the GJNH. This is done in partnership with the Access Support Team at the Scottish Government and all referring Health 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 record all referral and patient related information in line with the 18 Week RTT(Referral to Treatment) guidance and the TTG (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.

5. Management of Referrals

All outpatient/inpatient referrals received will be registered on our PAS and either booked or added to the outpatient/inpatient waiting list without delay.

The outpatient waiting time target will be calculated from the date the referral is 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 patients are treated within their guarantee date on the basis that the referral is received within the agreed timescales as outlined within the Service Level Agreement (SLA).

All referrals must include the following agreed minimum data set:

- Patient's name, address and telephone numbers
- Community Health Index (CHI) number
- Referring hospital's medical record number
- Planned procedure (if known)
- Referring consultant
- Date on waiting list at the referring Board
- GP's details
- Unique Care Pathway Number (UCPN)
- Periods of unavailability
- Armed forces/veteran status
- Additional support needs
- Patient preferred method of contact e.g. letter, phone, email

Referrals that are not considered appropriate by the receiving clinician, are not in line with local guidelines or do not include the complete minimum data set, will be sent back to the referring Board clearly stating the reason for return.

6. Management/Recording/Reporting Waiting Times

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 capacity for territorial Boards is recorded and communicated to the referring Boards to allow for local patient tracking and waiting time reporting. We will ensure:

- That the necessary resources, systems and operational procedures are in place to support the delivery of the waiting time targets.
- That all staff undertake training to support waiting time management.
- Ensure NWTC capacity is being utilised in line with agreements.
- Ensure that procedures are in place to support the recording and communicating of all patient outcomes.

When a patient is referred to NWTC, the following information must be recorded:

- Patient CHI and UCPN number
- Patient demographic details
- Patient contact telephone numbers
- GP details
- Periods of unavailability
- Ability to accept short notice admission
- Procedure (if known)
- Suitable for pooled list/clinician specifically wishes to do procedure
- Clinical urgency - e.g. urgent inpatient, elective priority or elective routine
- Intended management – in-patient, day case
- Any other information that will aid the smooth admission of the patient, and any relevant medical history e.g. diabetic, latex allergy
- Date of clinic

If a consultant deems a referral to be inappropriate, it must be returned to the referring Board/GP with an explanation.

If a referral has been made and the specialisation of the Consultant does not match the needs of the patient, the Consultant should cross-refer the patient to the appropriate colleague (where such a service is provided by the Board) and the referral amended on our PAS.

All referrals will be allocated an appointment in order of clinical priority and date on list.

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