

NHS Board Meeting
Tuesday 16 October 2012



Chief Operating Officer (Acute Services Division)

Board Paper No. 12/45

PATIENT RIGHTS ACT (SCOTLAND) 2011

ACCESS POLICY FOR TREATMENT TIME GUARANTEE

Recommendation:

The NHS Board is asked to approve the attached the Access Policy for Treatment Time Guarantee.

Background:

The attached Access Policy for Treatment Time Guarantee aims to ensure consistency of approach in providing access to services and as such it supports the Patient Rights (Scotland) Act 2011.

The NHS GG&C Access Policy has been developed to provide a common vision, direction and understanding of how the Board will ensure equitable, safe, clinically effective and efficient access to services for patients.

The Policy sets out principles that will ensure that systems are in place to optimise the use of facilities, and available capacity, in order to deliver high quality and safe patient care, in a timely manner.

The Policy will ensure that NHS GG&C has systems, processes and resources in place to deliver the responsibilities described in the National Access Policy.

This Policy is intended to support a maximum wait of 18 weeks from referral to first definitive treatment and a 12 week maximum wait from decision to treat until treatment (known as the treatment time guarantee).



ACCESS POLICY FOR TREATMENT TIME GUARANTEE

Lead Manager:	
Responsible Director:	
Approved by:	
Date approved:	
Date for Review:	
Replaces previous version: [if applicable]	

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1. Introduction

The NHSGGC Access Policy has been developed to provide a common vision, direction and understanding of how the Board will ensure equitable, safe, clinically effective and efficient access to services for their patients.

This Policy sets out principles that will help ensure that systems are in place to optimise the use of facilities and available capacity in order to deliver high quality, safe patient care in a timely manner.

The policy will ensure that NHSGGC has systems, processes and resources in place to deliver the responsibilities described in the National Access Policy.

This policy is intended to support a maximum wait of 18 weeks from referral to first definitive treatment and a 12 week maximum wait from decision to treat until treatment (treatment time guarantee (Inpatients & Daycases)). The policy is designed to ensure fair and equitable access to services for all NHSGGC service users.

2. Background

NHS Scotland's Efficiency and Productivity Programme Delivery Framework (June 2009) set out a commitment to achieve evidence based clinical practice by improving consistency of care, reducing variation and creating the right culture and organisational conditions required to support transformational change.

It is essential that NHSScotland uses resources in a cost effective way. It is recognised that a culture of continual service redesign and improvement is necessary to achieve transformational change. The need to improve consistency of care and reduce variation across NHSScotland is part of an explicit ongoing commitment to evidence based clinical practice.

NHSGGC's Access Policy aims to ensure consistency of approach in providing access to services and, as such, it supports the following publications:

- The Patient Rights' (Scotland) Act 2011
- The Patient Rights' (Treatment Time Guarantee) (Scotland) Regulations 2012
- The Patient Rights' (Treatment Time Guarantee) (Scotland) Directions 2012
- Patient Rights' (Scotland) Act 2011 Treatment Time Guarantee Guidance
- NHS Scotland Waiting Time Guidance
- Effective Patient Booking for NHS Scotland
- Armed Forces CEL 8 (2008); Armed Forces CEL 3 (2009); Armed Forces CEL 39 (2010)
- Adult Exceptional Aesthetic Referral Protocol CEL 27 (2011)
- The Mental Health (Care and Treatment) (Scotland) Act 2003

3. Waiting Times Standards

NHSGGC is required to ensure that there is equitable and sustainable delivery of waiting time standards, with systems in place to ensure sufficient capacity is available and there is optimal use of this capacity to deliver waiting times targets. This will involve working collaboratively with other healthcare providers and will ensure patients receive the most appropriate treatment with the shortest wait.

4. Key Principles of the NHSGGC Access Policy

There are a number of key principles that underpin the achievement of the aims of the NHSGGC Access Policy and delivery of waiting time standards.

- The patients' interests are paramount.
- Patients are offered care according to clinical priority and within agreed waiting time standards.
- Sufficient capacity should be available and optimally utilised to deliver waiting times.
- Referrals are managed effectively through electronic triage.
- Variations in referral patterns are identified, discussed and reduced where appropriate.
- Waiting lists are managed effectively using electronic systems where possible.
- Patients will be referred to a clinical team and will be seen by an appropriate member of that team rather than a named consultant.
- Patients should not be referred or added to a waiting list if they are not available for treatment due to medical reasons.
- Once a patient has been diagnosed as requiring inpatient or day case treatment and has agreed to that treatment, that patient's treatment must start within 12 weeks of the treatment having been agreed (12 Week Treatment Time Guarantee).
- The Treatment Time Guarantee (TTG):
 - Eligible patients are those who are due to receive planned inpatient or day case treatment
 - In most cases a diagnostic test will not fall under the definition of a 'treatment' in the Act, and as such the treatment time guarantee will not apply to such a test. However, in a small number of cases it may be clinically appropriate to undertake the diagnostic procedure and the treatment at the same time. In such a case this would be covered by the

treatment time guarantee, although in fact this would record a zero days wait as agreement to treat would be the same day as the treatment was undertaken.

- Treatments in an outpatient setting are not covered by the treatment time guarantee.
- The exceptions to the TTG are listed below:
 - assisted reproduction
 - obstetrics services
 - organ, tissue or cell transplantation whether from living or deceased donor
 - designated national specialist services for surgical intervention of spinal scoliosis
 - the treatment of injuries, deformities or disease of the spine by an injection or surgical intervention (exclusion until October 2013)
- Offers should be made as soon as possible after receipt of referral. Patients will receive an offer of appointment at least 7 days before the date of the appointment or admission.
- A patient must be offered two reasonable offers for first inpatient or day case admission.
 - A reasonable offer will constitute an offer, written or verbal, of treatment in any NHS GGC hospital or the Golden Jubilee National Hospital as detailed below. Patients will receive an offer of appointment a minimum of seven days prior to their appointment date. This section will apply to Out Patient & Diagnostic appointments as well as IP & DCs.
 - Glasgow Royal Infirmary
 - Western Infirmary
 - Gartnavel General Hospital
 - Stobhill Hospital
 - Southern General Hospital
 - Victoria Infirmary
 - Royal Alexandra Hospital
 - Inverclyde Royal Hospital
 - Vale of Leven Hospital Royal Hospital for Sick Children (Yorkhill)
 - Parkhead Hospital
 - Ruchill Hospital
 - Leverndale Hospital
 - Dykebar Hospital
 - Ravenscraig Hospital
 - Gartnavel Royal hospital
 - Golden Jubilee National Hospital.
 - Independent sector facilities within the NHS GGC Board area
 - NHS GGC will also recognise Independent Sector facilities across Scotland, other NHS Scotland Health Boards and NHS England facilities in situations of extremis. In all circumstances where this clause is required, the authority of the Chief Executive will be sought prior to any such patient treatments taking place and the circumstances will be reported to the Corporate Management team and the Quality and Performance Committee.

- Where a patient is treated outside of the NHSGGC Board area, the Board will be responsible for any transport and accommodation 'costs reasonably incurred' by the patient.

If a patient incurs costs less than those they would have incurred if their treatment was undertaken within NHSGGC this will not be considered a 'cost reasonably incurred'

- If a patient refuses two reasonable offers the patient will be returned to the referring clinician if clinically appropriate to do so, normally their GP, unless the consultant requests otherwise on clinical grounds. This must be balanced against any issues relating to child protection or vulnerable adults.
- Unavailability can be applied under two categories; medical unavailability and patient advised unavailability:
 - Medical unavailability indicates that a patient is unable to progress on their waiting time pathway at present due to a medical condition.
 - Patient advised unavailability indicates that the patient has advised they are unavailable for a period of time.
- All instances of unavailability will be clearly documented on the appropriate electronic hospital system where available. Manual system entry may also be used.
- First and Second Can Not Attend (CNA)
 - If a patient Can Not Attend an appointment, and reasonable notice has been given to the Board, the waiting time clock will be reset to zero and a further reasonable offer will be made within a further period of 12 weeks
- Third CNA
 - If a patient CNAs for a third time the patient will routinely be returned to the referrer. However, if it is not clinically appropriate to do so their waiting time clock will be reset to zero and a further reasonable offer will be made.
- Did Not Attend (DNA)
 - If, after a reasonable offer has been accepted, the patient does not attend, the patient will routinely be returned to the referrer. However, if it is not clinically appropriate to do so their waiting time clock will be reset to zero and a further reasonable offer will be made.
- Patients must receive clear instructions of whom to notify if unable to keep an appointment. Appointment letters must include details of the consequences of non-attendance and that the patient has a responsibility to attend a previously agreed appointment.
- Admissions to hospital are actively managed through pre-assessment services.

- All patient correspondence must clearly highlight how patients can contact NHSGGC.
- As per the Patient Rights' Act NHSGGC will also ensure that patients will receive appropriate written correspondence on the following:
 - How their waiting time is calculated
 - What constitutes a reasonable offer
 - Implications of DNA
 - Implications of cancelling an appointment
 - Implications of refusing an offer (or 2 offers)
 - Implications of being unavailable
 - How to give feedback
 - How to complain

Patients will also be advised in writing if:

- They are eligible for TTG
 - They have periods of unavailability applied
 - They are returned to GP (GP letter also to be issued)
 - TTG is not met
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- NHSGGC aims to:
 - Maximise the use of resources, including staff time
 - Reduce non-attendance
 - Ensure the provision of short-stay surgery is maximised
 - Reduce avoidable follow up appointments
 - Use information to facilitate improvement in service provision
 - Ensure partnership working with stakeholders in primary, secondary and social care.
 - Achieve inclusive and equal access for all service users

5. Responsibilities under the NHSGGC Access Policy

This policy details the responsibilities that will ensure equity and a consistency in approach to access to services within NHSGGC.

The four key responsibilities under the NHSGGC Access Policy are:

1. To communicate effectively with patients.
2. To manage referrals effectively.
3. To manage waiting lists effectively.
4. To use information to support improvements in service provision.

5.1. To communicate effectively with patients

There is a need to ensure that patients are appropriately informed at all stages of the patient journey. Communicating effectively with patients will help to inform them of when, where and how they are to receive care and their responsibilities in helping to ensure that this happens.

NHSGGC will ensure that:

- Patients are provided with clear, accurate and timely information about how processes will operate for arranging for them to be seen or to be admitted to hospital.
- Patients are given clear instructions on how and when to contact the hospital to either accept or decline an appointment and admission date, and the timeframe in which to do this.
- Patients are given clear information on the consequences of not responding quickly to hospital communications, and the impact this could have on their waiting time. Communications with patients should be in a format appropriate to their additional support needs e.g. large print, community language.
- Clear processes and procedures are in place so that patients can inform the Board of any changes in their details and/or their ability to attend their appointment.
- If treatment occurs outside of the NHSGGC area, or if clinics are held infrequently, patients are made aware of any reasons for this and that this is made clear as early in the process as possible.
- Patients are made aware that they must inform the hospital of any changes to their details, e.g. name, address, postcode, telephone number or GP as soon as possible.

- GPs are aware of their obligation to advise patients of their own responsibilities in the waiting times pathway. To this end, patients will be made aware that they are required to attend their agreed appointment and where the appointment is not required, or they are unable to attend, they should inform the hospital at the earliest available opportunity.
- Patients are made aware of their responsibility to inform their GP and the hospital if their medical condition improves and no longer requires an appointment or deteriorates in a way which may affect their attendance.
- Patients are made aware that they need to advise when they will not be available to attend or be admitted to hospital for any periods of time (e.g. holiday or work commitments). If circumstances change after the referral is made they must inform the hospital at the first opportunity.
- Patients are made aware that if they no longer wish to have their appointment or admission, for whatever reason, they must advise the referrer and / or the hospital.
- Where patients do not attend for appointments the primary care team will have arrangements in place to check with the patient if referral is still needed prior to re-referral.

5.2. To manage referrals effectively

Improvements in waiting times should be delivered through an effective partnership between Primary and Secondary Care, with appropriate protocols and documentation in place.

5.2.1 Referrer

- Prior to referral, the clinician should explain to the patient the range of options to be considered. It should be explained that patients may not need to access specialist or consultant-led services.
- The referring clinician should advise patients of why they are being referred, the expected waiting time and outline to patients their responsibilities for keeping appointments and the consequences of not attending.
- The referring clinician should advise patients that they may be offered an appointment/treatment in any of NHSGGC's hospitals, including the Golden Jubilee National Hospital, as per section 4 of this Access Policy. If a patient does not accept a reasonable offer of appointment or admission, this may have implications for the time they have to wait and may result in patients being returned to their GP's care.

- Where treatment cannot be provided locally and the patient needs to travel elsewhere, the patient should be made aware of that as early as possible.
- The referring clinician should ensure that the Patient Rights Act is highlighted to the patient. The referring clinician should also ensure that the patient is aware of the 12 week Referral to Treatment Guarantee, should Inpatient or Day case treatment be required.
- The referring clinician should ensure that the patient is available to commence treatment. When the referrer is aware that the patient will be unavailable for a period of time, the referrer should either delay sending the referral until they know the patient is available or clearly note the patient's unavailability period on the referral form/letter.
- Referrals should be made electronically and as per local protocols.
- GPs should make referrals to a clinical service and not a named consultant.
- Wherever possible patients should be referred directly for Diagnostics tests if applicable and available.
- Referrers must check that they are providing accurate, timely and complete information within their referral including:
 - CHI identifier (unless they don't have one)
 - Full demographic details including:
 - Name
 - Address
 - Ethnicity
 - Postcode
 - Up to date mobile and home telephone numbers
 - E-mail address
 - Preferred method of contacting patient i.e. letter, phone or e-mail
 - Patient's unavailability period if applicable
 - Patient's ability to attend an appointment at short notice
 - Armed forces/veteran status if applicable
 - Additional Support Needs e.g. visual impairment, hearing impairment etc
 - An indicator of 'vulnerability' if applicable
 - Category e.g. routine, urgent, suspicion of cancer, veterans or other priority groups
 - Patients referred with suspected cancer must be marked as **'URGENT-SUSPICION OF CANCER'**.

5.2.2 Receiving location

The Acute Division will ensure that:

- There is a structured and transparent approach to the management of referrals, scheduling and booking for all patients.
- Referrals are triaged electronically where possible.
- The date of receipt of all referrals is recorded.
- Systems and procedures are in place to triage and prioritise referrals in accordance with referral category (e.g. URGENT).
- All urgent cancer patients are required to be seen as soon as possible within cancer waiting time standards.
- Armed Forces personnel, veterans and their families who move between areas retain their relative point on the pathway of care within the national waiting time targets. Refer to Access to NHS Care for Armed Forces Personnel CEL 8 (2008) and CEL 3 (2009).
- Special exemptions that exist for Armed Forces veterans enable them to receive priority treatment if the condition is directly attributable to injuries sustained during the war periods are followed. Refer to HDL 2006 16 – Priority Treatment for War Pensioners and to Access to Health Services for Armed Forces Veterans – Extension to Priority Treatment CEL 8 (2008).
- Patients are booked as close to the date of receipt of referral as reasonably possible and within the National stage of treatment targets.

5.2.3 Receiving Clinician

- It is the receiving clinician's responsibility to communicate with the referrer to offer advice on whether a referral is suitable.
- Any referrals received for a service that is not delivered in the NHSGGC Board area will be returned to the original referrer with advice. Where it is judged that the referral would be more appropriately managed by another service provided by NHSGGC, the referral will be passed to that service and the referrer informed.
- Receiving clinicians and managers must ensure that waiting lists properly reflect their clinical priorities and are managed effectively.

5.2.4 Patient Transfer

- The transfer of any part of a patient's health care to other Health Board areas or to the independent sector must always be with the consent of the patient. The transferring consultant will be involved in this decision.

- Appropriate documentation and information will be provided to the receiving Health Board (or Independent Sector provider where appropriate).
- If the patient does not wish to be transferred, NHSGGC will ensure that the patient is made a reasonable offer within current national guidance and within the current relevant waiting time standard.
- Patients from the Independent Sector opting to transfer to NHS treatment must be referred back to the GP to discuss their options and, if appropriate, referred to NHSGGC. The 18 Week RTT will then commence.

5.3. To manage waiting lists effectively

To support delivery of waiting times standards NHSGGC is required to manage waiting lists effectively. This includes triaging of referrals, management of both new and return patients and accurate recording of clinic outcomes.

NHSGGC will ensure that:

- Systems, processes and resources are in place to make sure that all staff are adequately trained to use local systems to help manage access to services.
- All new referrals are triaged electronically, where possible, with all new appointments having a corresponding waiting list entry.
- Patients are seen within maximum standard waiting times and booked in turn, according to clinical priority.
- Details of patients on the waiting list who are admitted as emergency admissions are communicated to waiting list management.
- Patients are only added to a waiting list if they are available to commence treatment.
- Systems and procedures are in place to make sure waiting list managers are aware of any patient cancelled on the day of, or after, admission and the reason for cancellation.
- Systems and procedures are developed to review and validate waiting lists to ensure accuracy and that national and local access times are achieved.
- A Directory of Services is maintained.
- Patients will only receive a return appointment if there is a clinical need.
- Systems and procedures are in place to monitor and manage the number of return appointments.

- All patients, or as appropriate their parent/guardian or carer, undergoing a procedure have indicated in writing that they consent to treatment.
- Effective communication is in place to notify the referring clinician on the decision to treat e.g. treatment to be provided, treatment delayed because medically unavailable.
- Systems and procedures are in place to communicate, manage and record all outcomes at clinics, additions or alterations to the waiting list electronically.
- Arrangements in place to identify which condition should take precedence if a patient requires treatment for different conditions and is on two or more separate pathways.
- Clinic templates are regularly reviewed to ensure they reflect changing needs.
- Onward referrals are completed to make sure the receiving healthcare provider has the necessary information to manage the patient treatment pathway. Any transfer of data will comply with NHS standards in relation to data security and confidentiality.

5.4. To use information to support improvements in service provision

The ability to effectively monitor and manage services requires good quality data. This helps to inform performance and identify areas for future improvement.

- The factors which influence waiting times, such as changes in referral patterns, will be regularly monitored and management action will be taken in sufficient time to ensure waiting time standards are maintained.
- New to return and DNA ratios will be regularly reviewed and steps will be taken to address any issues as necessary.
- Efficiency and productivity will be effectively monitored and any necessary change will be supported where required.
- Benchmarking information will be used wherever possible in reviewing clinic templates and efficiency.

6. Conclusion

By following the key principles set out in this Access Policy and defining responsibilities under those principles, NHSGGC will ensure equity of service and reduce variation.

NHSGGC will use the Access Policy in conjunction with other relevant National and Board Guidance and best practice documentation. NHSGG&C will ensure that their local procedures reflect the principles laid out in this Access Policy.