

## Overview of the Access Policy & our 18-week Referral to Treatment Pledge

The East & North Hertfordshire NHS Trust Access Policy outlines the Trust's processes for managing patients who are not emergencies. This overview is intended for GPs and Referring Clinicians, as well as Patients, and sets out the principles of the policy and what Patients and GPs should expect from us. We also ask for referrers and patients to make commitments to us in return - to ensure that referrals for non-urgent specialist review and treatment are as efficient and effective as possible.

### The 18-week Referral to Treatment (RTT) pathway

The Trust and local PCTs have worked together to ensure a reduction in overall waiting times and the achievement of NHS Plan targets. The 18 week referral to treatment pathway is about improving patient's experience of the NHS - ensuring all patients receive high quality elective care without any unnecessary delay.

This applies to pathways that do or might involve consultant led care, setting a maximum time of 18 weeks from the point of initial referral up to the start of any first definitive treatment necessary for all patients, where it is clinically appropriate, and where patients want it.

### The role of the Access Policy

- To ensure our services meet the needs of our local population
- To ensure equitable and fair access to our services
- To support the reduction in waiting times, and the achievement of the Trust's Patient Access standards
- Increase the number of patients actively choosing their outpatient or inpatient/day case appointment, thereby reducing DNA's (appointments where the patient 'Did Not Attend'), cancellations and improving both the experience for patients and the efficiency with which services are provided
- To provide a practical and easy to follow 'guide' for those charged with managing the day to day administration and clinical management of patient access. Although the document cannot predict every eventuality, common sense will be required for cases that fall outside the policy. Such decisions follow the same principles and 'spirit' of the policy.
- The advice given in the policy is, at all times, consistent with the NHSE Good practice Guide and Guidelines for Good Administrative Practice, the NHS Data Manual, and the Royal Colleges
- This policy will be applied consistently and fairly across the Trust. The Operational/Service Manager and Clinical Director for each Directorate/Speciality will have the overall responsibility for implementing the policy within their area.
- Special exemptions exist for war veterans – they should receive priority treatment if the condition is directly attributable to injuries sustained during the war periods
- To ensure compliance with the policy the Trust will be audited routinely by the Audit Commission and or Internal Audit. The Trust's Data Quality Team will also conduct regular reviews to ensure that policy is being adhered to.
- To meet Care Quality Commission (CQC) standards
- To ensure that all the information relating to the number of patients waiting, seen and treated is accurate and recorded on local systems.

## Honouring commitments (us & you)

### Your expectations of us:

- Patients receive treatment according to their clinical priority first, and then in chronological order
- Everyone who chooses to be treated within 18 weeks, and for whom it is clinically appropriate, should expect to start their treatment within that timeframe
- To receive high quality care and to be treated with dignity and respect at all times
- Pathways will fast-track patients to the most appropriate specialist - who may not always be a Consultant.

### Reasonable notice & choice

- You should expect to receive reasonable notice and choice of the date and time of your appointment or admission. (This is usually two weeks notice for an outpatient appointment, and three weeks notice if you are having an operation.) We will offer earlier dates if available, but you will never be penalised for not accepting a short-notice offer.

### Hospital cancelling or changing appointments

- We will honour the commitments we make with you wherever possible. It may occasionally be necessary to change an appointment due to staff sickness, leave, or clinical need. When an appointment is cancelled or changed, you should expect to receive as much notice as possible, and a choice & reasonable notice of the rescheduled appointment.
- If a patient's appointment or operation is cancelled on the day by the hospital, then every effort will be made to ensure that patient is rebooked and offered a new date within 28 days. Where a suitable date cannot be offered, then the patient should be offered treatment with a private provider.

## Expectations of referring clinicians:

- With much lower waiting times and other changes taking place across the NHS (such as patient choice,) GPs should only refer patients on for treatment when they are sufficiently fit and their personal circumstances mean that they are 'ready, willing and able' to be treated
- We ask that all referral letters contain full and up to date patient demographic and contact details (including mobile phone numbers) as well as clinical detail appropriate to the consultation including:
  - History of presenting complaint / examination findings / investigation results
  - Reason for referral (including expectation of referral outcome)
  - Current and recent medication (computer generated and free text)
  - Additional relevant information (including patient's issues, social circumstances, and special needs)
- Wherever possible, referrals should be made electronically through 'Choose and Book'
- On making a referral the referrer must inform the patient that they need to be ready willing and able to be treated, to honour agreed appointments or admission dates, and to expect to be discharged if they do not. Pathways will fast-track patients to the most appropriate specialist - who may not always be a Consultant

## Consultant to Consultant referrals

Onward 'Consultant to Consultant' referral, or 'A&E to consultant' referral is considered of benefit to the patient when a different specialist consultant opinion is needed to advance the management of the presenting or associated condition. The following conditions have been agreed as appropriate reasons to make such a referral:

- When the referral is for investigation, management or treatment of cancer, or a suspected cancer
- Symptoms or signs suggest a life threatening or urgent condition
- Surgical assessment of an established medical condition with a view to surgical treatment
- Medical assessment of an established surgical condition with a view to medical management (e.g. including A&E referrals to fracture clinic)
- Anaesthetic risk assessment
- Pregnancy and paediatric cases
- Palliative care or pain relief
- Referrals within a specialty (due to sub-specialisation) for same condition (see below)
- Tertiary referrals to another Trust where there is an established PCT and for same condition

All other referrals should be referred back to the patient's GP practice. Failure to comply with these criteria may result in the Primary Care Trust withdrawing funding for the tertiary referral and any subsequent treatment.

## Expectations of patients

- We ask that patients honour the commitments made with us.
- On referral to hospital patients should be ready, willing and available to attend appointments and start their treatment within 18-weeks.

## Patients cancelling or changing their appointments

- We understand that it may occasionally be necessary to change an appointment due to unforeseen circumstances, but please be aware that if a patient changes their appointments more than once, they may be returned to the care of their GP for discussion and confirmation of future need and availability. When a patient cancels or changes their appointment in advance this will not be recorded as a DNA.

## DNAs (Appointments that a patient Did Not Attend)

- DNAs are a waste of time and money and result in increased waiting times overall. Anyone who fails to attend an appointment without letting the hospital know in advance should expect to be referred back to the care of their GP, unless one or more of the following applies:
  - The patient is a '2 week wait' cancer patient.
  - The patient is a child.
  - The patient is categorised as 'urgent'.
  - The patient is receiving long-term care from the Trust.
  - The Trust already has a clinical responsibility towards the patient (for example, if they are on a course of treatment or drugs prescribed by it).
  - It can be demonstrated that the patient's failure to attend was the fault of the Trust (e.g. the patient did not receive notice of the appointment).
- Where this has been applied, a second DNA at the same stage in the process will result in being referred back to the care of the referring clinician, who will also be informed via a letter including details of the appointments missed, and details of any treatment or diagnostics that have taken place in the pathway.
- Patients will be notified themselves by letter, or copied in on the correspondence to the GP.

Further information on 18-weeks can be found at: [www.18weeks.nhs.uk](http://www.18weeks.nhs.uk)

Further information on 'Going Further on Cancer Waits' can be found at: [www.cancerimprovement.nhs.uk](http://www.cancerimprovement.nhs.uk)

Further information on waiting times and hospital reviews can be found on the NHS choices website at: [www.nhs.uk](http://www.nhs.uk)

To cancel an appointment	General Enquires	GP Liaison
<b>Lister Hospital - Stevenage</b> Telephone: <b>01438 284494</b> or: <b>01438 285354</b> <b>Hertford County &amp; QEII Hospital</b> Telephone: <b>01707 225 257</b>	Telephone: <b>01438 314333</b> Website: <a href="http://www.enherts-tr.nhs.uk">www.enherts-tr.nhs.uk</a> Email: <a href="mailto:generalenquiries.enh-tr@nhs.net">generalenquiries.enh-tr@nhs.net</a>	Liz Cookson - GP Liaison Manager Telephone: <b>01438 286671</b> Email: <a href="mailto:liz.cookson@nhs.net">liz.cookson@nhs.net</a>