Northern Lincolnshire and Goole Hospitals
NHS Foundation Trust

North Lincolnshire NHS
Primary Care Trust

North East Lincolnshire NHS
Care Trust Plus

Directorate of Service and Business Development

REFERRAL TO TREATMENT ACCESS POLICY

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1.0 Purpose / Introduction

1.1 The length of time a patient needs to wait for hospital treatment is an important quality issue and is a visible and public indicator of the efficiency of the hospital services provided by the Health Community.

1.2 The aim of effective access management is to ensure:

- That the experienced wait for patients is kept to the absolute minimum and within a safe maximum

- That all appointment and admission dates are acceptable to patients and their General Practitioners

- That all performance targets around access times are met

- That patients will be given free choice of providers, which may be in primary, secondary and private care settings

1.3 Accurate information is a prerequisite to manage the demand for services, and to maximise access to the service within a minimum time for all referred. This information ensures:

- Patients have confidence that they will wait no longer than is necessary and that their health needs will be handled properly and fairly

- Clinical staff can ensure patients are given the right level of priority for their condition

- GPs/referrers\(^1\) know when their patient’s are likely to be treated in order to plan other aspects of their care

- The undertaking of capacity and demand analysis, which assists managers to monitor progress towards targets for reducing access times and make decisions about where to target resources for improvement

1.4 The successful management of patients who are awaiting specialist primary care services, secondary care services including outpatient and elective inpatient or day case treatment is the responsibility of all staff working within all sectors of the NHS, including Commissioners, General Practitioners and Patients.

1.5 The purpose of this document is to provide a policy framework for managing patient access into hospital services.

1.6 This policy is underpinned by operational guides detailing the procedures, the monitoring required and the standards expected to ensure effective policy adherence.

1.7 This policy defines roles and responsibilities and establishes the routes to be followed in the effective management of patients’ access to services. Specific responsibilities are detailed in the Operational Guides.

\(^1\) For the purpose of this document GP refers to General Practitioner/ General Dental Practitioner (GDP) and other clinicians with referral rights
1.8 A copy of this policy will be made available to all staff and organisations involved in the prioritisation of healthcare. Copies will be made available within patient areas of the hospital, GP Practices and for PALS.

1.9 The features in this policy are consistent with advice given in:

- The NHS Data Manual (as of March 2008)
- The National Health Service Executive (NHSE) Good Practice Guide and Guidelines for Good Administrative Practice (1999)
- The Royal College of Surgeons of England Management of Waiting Lists (1991)
- The NHSE (Trent) Handbook of Good Practice (1998)
- The NHSE Step by Step Guide to Improving Outpatients (July 2000)
- Management of Private Practice in NHS Hospitals (HC (86) 4)
- HSG (97) 31 Priority Treatment for War Pensioners
- Delivering Patient Choice
- DOH 18 Weeks Guidance and Clock Rules

1.10 Should you have any queries regarding this policy please contact your immediate Line Manager in the first instance.

1.11 There will be occasions when situations arise which are not covered by this document, in such circumstances the appropriate Line Manager should be contacted in the first instance.

1.12 If further advice is required guidance should be sought from the Patient Flows and Data Quality Manager/Head of Information or nominated deputies.

1.13 This policy has been developed in consultation with NHS North Lincolnshire and North East Lincolnshire Care Trust Plus and through consultation with clinical, managerial and administrative staff across those organisations.

1.14 The policy will be reviewed bi-annually or sooner if required, to reflect the constantly changing dynamics and systems within hospitals and primary care.

1.15 The definitions of key terms used within this policy are provided in a glossary of terms at the back of the document.

1.16 This policy does not replace existing waiting time targets and definitions for areas such as: Cancer, Endoscopy, Colposcopy and RACP- Rapid Access Chest Pain etc. (Appendix A refers).
2.0 Area / Scope

2.1 The operational procedures underpinning the policy (as detailed in a separate document) will be adhered to by all staff involved in the administrative processes.

2.2 Compliance to the procedures will be monitored and reported to:
   - Performance Group
   - NLAG Contract Group
   - Trust Management Group on a quarterly basis
   - Trust Board on an annual basis

2.3 This Policy will reflect the overall expectations on the management of referrals and admissions and defines the principles on which the policy is based.

2.4 This Policy and supporting Operational Procedures are intended to be of interest to and used by all those individuals within the partnership organisations, who are responsible for referring patients, managing referrals, adding to, and maintaining waiting lists for the purpose of organising patient access to hospital treatment and is not intended to be exclusive to medical waiting list management. Whilst “doctor” and “consultant” may have been used throughout, this is for the purpose of simplicity.

2.5 Appointments and waiting lists is a global reference for any clinical appointment or waiting list and applies to all services provided by both Secondary and Primary Care.

3.0 Accountability

3.1 Good practice determines that a clear distinction is drawn between the roles of staff responsible for meeting targets, and those responsible for reporting on performance (Audit Commission, 2003). Having in place up to date policies and procedures, reliable, valid data collection systems and appropriate training for key staff is essential to the accuracy of referral and waiting list information and management.

3.2 Whilst responsibility for achieving targets lies with the Trust’s Boards, **accuracy of the referral and waiting list information is the responsibility of all staff that have access to and responsibility for the upkeep of systems** that hold referral and waiting list information, during the course of their work.

3.3 The processes for referral, diagnostic and admission management will be transparent to the public and external organisations.

4.0 Principles of the Policy

4.1 This Policy highlights the key principles that govern effective and reliable referral and admission management throughout the local health community (LHC):
4.2 Compliance with the Access Policy is the responsibility of the Director of Service and Business Development (Northern Lincolnshire and Goole Foundation Trust), the Director of Commissioning (North East Lincolnshire Care Trust Plus), the Director of Strategic Commissioning & Development (NHS North Lincolnshire) who will ensure that patients are monitored and managed in accordance with the Policy and the Operational Procedures that underpin the Policy.

4.3 From time to time further advice will be received, e.g. from the Data Standards Team, which may affect this policy. The Director’s of each organisation will ensure that any subsequent proposed amendments to this policy arising from such advice, is notified to and agreed by the relevant Boards.

4.4 This policy applies to clinical services provided by the Commissioning and Provider organisations.

5.0 Duties and Responsibilities

5.1 Provider/Commissioner Responsibilities

5.1.1 The Director of Finance Information and Performance Management & The Director of Service & Business Development (Northern Lincolnshire and Goole Foundation Trust), the Director of Commissioning (North East Lincolnshire Care Trust Plus) the Director of Strategic Commissioning & Development (North Lincolnshire Primary Care Trust) have overall responsibility to:

- Develop, implement and monitor the Access Policy
- Ensure that mechanisms are in place to enable data to be collected and reported accurately and in accordance with the Data Manual
- Contribute to a communications strategy to inform patients, carers, staff and members of the public around Access and Choice

5.1.2 The clinical management of individual patients on the waiting list is the responsibility of the clinician in charge of the patient’s care.

5.1.3 The Trust will ensure that there are outpatient appointment slots available in line with national targets and local arrangements for patients to book into. If the number of slots booked exceeds the number of contracted slots, the Trust will ensure that additional slots are available and contractual discussions will take place between the Trust and the respective PCT. A copy of the current targets is included at Appendix A.

5.1.4 The polling range on Choose and Book will be in line with national targets in order to support the 18 week Referral to Treatment Standards. A copy of the current targets is included at Appendix A.

5.1.5 Waiting lists will be managed according to the clinical priority of patients. Patients with the same clinical need will be treated in chronological order with the exception of patients showing flexibility to accept short notice dates. All other patients will be seen in turn and at a time convenient to them and in line with current national and locally agreed targets.

5.1.6 The Trust will make Waiting Time information available on www.nhs.uk.
5.1.7 All NLAG Access details (outpatient, inpatient and day case) details will be held on the Trusts Patient Administration System (PAS). Wherever possible an individual's data will be shared with them to confirm accuracy and completeness. For diagnostic investigations, this may be on other systems.

5.1.8 In addition, the Trust will use other tools including Clinical Viewer and Patient Tracking Lists (PTL's) in tandem with PAS in order to track patients through the 18 week/Referral to Treatment (RTT) pathway and 31/62 day cancer pathways.

5.1.9 All referral letters, not sent via C&B, including Consultant to Consultant referrals must be sent to the central referral point. All referrals will be date stamped on receipt and added to PAS within 24 hours of receipt. Referral letters not added to PAS must also be date stamped on receipt and added to the relevant system within 24 hours of receipt.

5.1.10 Consultant to Consultant Referrals – Consultants will only refer directly to other consultants in the following scenarios:

- If clinically urgent
- If required to access a tertiary service
- Is to and from the Rehabilitation Medicine service
- If clinically necessary prior to treatment for the original condition being treated, e.g. anaesthetic reviews/cardiology
- Relates to a safeguarding issue or transition from child to adult issue
- Same specialty but wrong consultant sub speciality
- Referrals utilising the consultant referral source for technical reasons to allow continuation of existing patient pathways, (excluding private patients), including the transfer of patients between consultants due to changes in staff establishments, or to allow outpatient episodes to be opened for patients to allow them to continue on pathways which have commenced in a non-outpatient setting

5.1.11 Other patients will be referred back to the GP with an indication of the condition so that the GP can consider whether a further referral is required or to treat the patient in Primary Care.

5.1.12 At the point where a consultant makes the decision to refer an existing patient onto another consultant within the Trust, the patients registered GP must receive notification and details of the nature of the referral within 5 working days of the decision to refer (working towards a target of 2 working days).

5.1.13 Waiting lists will be kept up to date using data from various sources. It is essential that data is entered on to the PAS (or appropriate diagnostic system) within 24 hours of an action in order to maintain accuracy of data collection and waiting list management. Patients who no longer need their operations will be removed from the waiting list.

5.1.14 Training Programmes will support staff in managing all aspects of patient’s pathway.

5.1.15 MAPPA Patients – Multi Agency Public Protection Arrangements – (Those who pose a possible risk to society).
5.1.16 It is the responsibility of the PCTs and Secondary Care Senior Management to ensure staff and public are adequately protected against MAPPA patients. Every effort must be made to ensure processes are in place to reduce the risks.

5.1.17 When referring a MAPPA patient (if known at time of the referral) into acute services, referrers should document via the referral letter and investigation requests that the patient poses a possible risk to other patients and staff.

5.2 GPs and Other Referrer Responsibilities

5.2.1 Accuracy and reliability of demographic data, waiting list information (including referrals, appointments and admissions) and diagnostic information is the responsibility of all staff in the Local Health Community who are involved in referral for outpatients and diagnostics and admission management or have access to the administration and upkeep of patient access systems and records.

5.2.2 Referrers have a responsibility to provide accurate and complete information within referral letters, particularly in relation to demographic information. Minimum demographic information includes NHS Number, Surname and Forename, DOB and Primary Contact Number. It is recognised that the referring body can only provide information that is available to them at the time of referral. The referral letter should indicate when a patient does not wish to provide certain information e.g. telephone number, where the patient only wishes to be contacted by letter.

5.2.3 Referrers must advise in the referral letter if there are contact difficulties, i.e. Patient has no contact number. If patients refuse to provide information, the GP will inform them that this may result in a difficulty for the receiving Trust to contact them for any reason.

5.2.4 Failure to provide minimum demographic and contact information could result in a rejection of the referral i.e. information is insufficient to identify or register the patient. Every effort should be made by the receiving Trust to chase up the information from the referrer prior to rejecting the referral.

5.2.5 Referrers should discuss and identify with patients any special needs, i.e. transport, language interpreter, neck loop etc. This should be clear on the referral letter.

5.2.6 When referring children, details on who has parental responsibility for the child and the name of the child’s school should be included or the name of the Health Visitor if the child is pre-school age.

5.2.7 Referrers must inform the Trust via the Health Records Support Team Ext 5314 SGH, Fax 01724 387874 and Ext 7780 DPOW, Fax 01472 302322 DPOW of any known patient deaths.

5.2.8 Patients should not be referred for acute services unless they are fit, ready and willing to access services within a maximum of 18 weeks. The exception being patient choice and overriding urgent patient pathways. Exceptions will be managed within the tolerances agreed within the 18ww framework.

5.2.9 If patients are unavailable for more than two weeks in the initial 6 week period from referral, or more than 4 consecutive weeks for the duration of 18 weeks, the referrer should delay referral until the patient is available. Only clinical need dictates otherwise.

5.2.10 Referrers must advise patients of an expectation that they will attend an initial appointment within 6 weeks of their referral date.
5.2.11 If patients are referred back to their original referrer and a 2\textsuperscript{nd} referral is made to acute care, this will be treated as a new referral and the subsequent appointment would be recorded and charged as a new.

5.2.12 It is the responsibility of the referrer to ensure all patients that are referred through the 2WW route are informed that their appointment will take place within the next two weeks.

5.2.13 Communication with patients at all stages will be informative, timely, clear and concise.

5.3 Patient Responsibilities

5.3.1 Patients must be ready, willing and available to attend an initial appointment within 6 weeks of referral.

5.3.2 Patients must inform the Trust of any change to their name, GP, address or contact number(s).

5.3.3 Patients must be available for at least 12 weeks in an 18 week period from the date of their initial referral.

5.3.4 Patients should keep their appointment, make every effort to arrive on time and inform the Trust, with as much notice as possible, if they cannot keep their appointment. This will enable the Trust to re-utilise the clinic slot for another patient.

5.3.5 Patients must inform their GP of any changes in their medical condition that may affect their attendance or clinical priority.

5.3.6 Where a parent/guardian/carer is supporting the patient, they should undertake to ensure that the patient fulfils their responsibilities.

5.3.7 Patients who no longer wish to have the surgery recommended, for whatever reason, must advise both their GP/referrer and Hospital Consultant.

5.3.8 Patients will not cancel, DNA or a combination of the two, more than 3 appointments across the whole 18 week pathway, a 4\textsuperscript{th} cancellation/DNA will result in a discharge back to their referrer (Exceptions: 2WW and Obstetrics).

5.3.9 Patients must notify the Trust in advance if they are unable to attend their appointment. If they do so, they will be recorded as a patient cancellation. If a patient fails to cancel their 1\textsuperscript{st} appointment, the hospital will record as a DNA and this may result in a discharge back to the referrer. If a patient cancels or fails to attend 2 consecutive appointments (or a combination of the 2), they will be discharged back to the referrer (exceptions apply 2WW, Maternity or clinical judgement).

6.0 18 Week Referral to Treatment (RTT) Guidance

6.0.1 It is the responsibility of all members of staff to understand the 18 Week Principles and Definitions. These Principles must be applied to all aspects of individual speciality pathways and referrals and waits will be managed and measured accordingly.
6.0.2 Start of first definitive treatment is described as the start of the first treatment that is intended to manage a person’s disease, condition or injury or a treatment that is intended to avoid further intervention.

6.0.3 Nationally by December 2008 no patient will wait longer than 18 weeks from GP referral to hospital treatment (NHS Improvement Plan 2004).

6.0.4 The 18 week pathway does not replace existing shorter waiting time guarantees, for example cancer and heart disease waits.

6.0.5 The National Targets are:

- 90% of admitted patients completing their pathway within 18 weeks by December 2008
- 95% of non-admitted patients completing their pathway within 18 weeks by December 2008

6.1 Start of the 18 Week Pathway

6.1.1 An 18 week clock starts when any health care professional or service permitted by an NHS commissioner makes a referral to:

- A medical or surgical consultant led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referrer
- An interface or referral management or assessment service, which may result in an onward referral to a medical or surgical consultant led service before responsibility is transferred back to the referrer

6.1.2 Choose and Book (C&B) will be the preferred referral method. The start of the waiting period is at the point of conversion of the Unique Booking Reference Number (UBRN). This may be in the clinicians practice, through The Appointments Line (TAL), via the internet, or on receipt of a TAL request.

6.1.3 Where Choose and Book is not yet in place the 18 week clock starts at the point (date) at which the provider receives the referral letter.

6.1.4 Consultant to Consultant Referrals for a different condition (section 5.1.10) will start a new patient pathway with a new 18 week pathway clock. The original referral wait will continue concurrently until the patient is discharged or treated by the original consultant.

6.1.5 Consultant to Consultant referrals for patients with the same underlying condition will be included within the 18 week pathway, with the wait continuing from the original referral.
6.2 End of the 18 Week Pathway

6.2.1 This must be in consultation with the patient and clearly communicated to both the Patient and GP.

6.2.2 End of the patients 18 week wait would include:

- Allowance exceeded for DNA/Cancellation rules – Discharge back to referrer must be agreed with the lead clinician
- Treatment as an inpatient or day case
- Treatment/discharge within the outpatient setting
- Treatment/discharge from Therapy services or Healthcare Sciences
- Therapeutic procedures
- First Line Treatment
- Decision not to treat in secondary care and return of patient to primary care
- Watchful waiting/active monitoring – An 18 week clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures
- Patient Declines Treatment – if the clinician decides treatment is appropriate but the patient declines treatment. The date the patient declines treatment should be used as the end date for the patients 18 week wait. Referral back to the referrer at this point will be at the discretion of the Clinician in charge of the patient’s care

6.2.3 Upon completion of an 18 week pathway, a new 18 week clock only starts:

- When a patient becomes fit and ready for the second of a consultant-led bilateral procedure
- Upon the decision to start a substantively new or different treatment that does not already form part of that patient’s agreed care plan
- Upon a patient being re-referred in to a medical or surgical consultant-led service; interface; or referral management service as a new referral
- When a decision to treat is made following a period of watchful waiting
- Paediatric patients will be managed in accordance with this policy, unless clinical concern dictates otherwise, in which case the 18ww clock will stop if the DNA’d appointment is the first event in the pathway from initial referral
6.2.4 In line with the NHS Constitution (2009), it is the responsibility of the Provider and Commissioner to monitor patient’s progress along their 18w pathway. If a patient is identified as being a potential 18w breach and the provider cannot deliver treatment within the required time frame, it is the provider and commissioners responsibility to take all reasonable steps to offer the patient a wide range of alternative providers (this does not apply to patients where it is anticipated that care would be compromised or cannot be provided in 18 weeks due to complexities of care, or they do not wish to move to another provider).

6.3 1st Did Not Attend (DNA) in Pathway

6.3.1 Patients* (see exceptions below) or patients referred via C&B who will automatically be managed by the PCT, that do not attend their first event in pathway following on from initial referral will be discharged back to the referrer and their 18 week clock will be stopped.

*Exceptions:

- 2ww
- Obstetrics
- Unreasonable notice appointments
- Rapid Access Chest Pain Clinics

6.3.2 In line with DoH Guidance for vulnerable patients:

- A patient DNA’s any other appointment and is subsequently discharged back to the care of their GP, provided that:
  - The provider can demonstrate that the appointment was clearly communicated to the patient:
  - Discharging the patient is not contrary to their best clinical interests
  - Discharging the patient is carried out according to local, publicly available, policies on DNAs
  - The local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (e.g. children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders

6.3.3 Patients outcomed as DNA due to delays in clinic will be given a further date and reappointed before their departure from the clinic.
7.0 Clinical Exceptions under 18 week wait

7.1 List:

- Overseas Visitors
- Private Patients
- Patients referred as Emergency

7.2 There are a group of patients for whom it is inappropriate to begin treatment within 18 weeks. These are described as:

- Clinical Exceptions – where it is not clinically appropriate for first definitive treatment to begin within 18 weeks of referral, or there is genuine clinical uncertainty about the diagnosis or it’s a clinically complex case. These patients will fall under the operational tolerances already built into the national target

8.0 Summary of Referral, Diagnostic and Admission Procedures

8.1 The following sections give a brief summary of referral, diagnostic and admission management procedures based on changes introduced by the 18 week RTT. For full operational guidance refer to the Referral to Treatment Access Procedure Manual.

9.0 Outpatient Referrals

9.1 A referral into a provider consultant led service constitutes a clock start (see 18 week clock starts at Appendix B).

9.2 Methods currently employed to access services:

- Electronic referrals received through the Choose and Book software where the patient has booked into a specific clinic slot and a GP referral template has been attached to the booking

- Paper referral letters from GP practices who have not rolled out Choose and Book (post and fax). Paper referrals will continue to be acceptable but this will reduce as the use of C&B is extended

- Telephone bookings for services that are indirectly booking (Indirectly Bookable Services – IBS) and a rebooking service for patients who wish to change appointment times (within agreed parameters) or who have been referred incorrectly by GPs and need to change their clinic or priority

9.3 Electronic booking via the C&B system is the expected method for referral for two week wait; urgent and routine appointments, in line with National C&B guidance. Referrers will be able to update referral letters on the C&B System prior to the appointment within agreed freeze times these being; for routine patients 5 days, for urgent patients 3 days and for 2ww 1 day.
9.4 GPs should ensure that referral letters are forwarded within; 5 working days for routine, 3 days for urgent and faxed within 24 hours for referrals made via the 2ww or RACPC process, from the decision to refer in order to facilitate the booking process. Providers will ensure that sufficient capacity (as agreed within the contract) is available on the system to enable DBS to take place.

10.0 Reasonableness of Appointments

10.1 For patients not appointed through Choose and Book, the Trust will offer verbal appointments with a minimum of 4 working days notice for those appointments mutually agreed. Patients may also accept a verbal appointment with less notice which will also count as mutually agreed. For appointments sent in the post 7 days notice is required (Please note posted appointments are by exception only):

- Patients are to be offered a minimum of 2 separate verbal dates up to a maximum wait of the current staged waiting time (see Appendix A for current waiting times)
- If a patient has been offered 2 reasonable dates and declined both, they will be discharged back to their referrer
- In exceptional circumstances where patients are not able to accept a date within the current staged waiting time (for valid reasons) and reasonableness has been applied, the clock will recalculate from the date the patient rebooked their appointment. Otherwise the patient will be discharged back to the referrer
- Failure to contact a patient after 3 separate attempts will result in a fixed appointment being sent to the patient, which will request the patient to confirm their attendance

11.0 Referral Management

11.1 Referrals should, in the majority of cases, be addressed on a specialty or sub specialty basis and only in particular circumstances to named consultants (e.g. where a patient wishes to see a female gynaecologist, or for continuity of care, or patient choice). This is to ensure that the delivery of the 18 week RTT is not compromised. However, if a patient requests a specific consultant, or there is an overriding clinical need to be seen by a specific consultant, then the GP can refer to a named consultant as per current custom and practice.

11.2 There will be a maximum time limit, applied for consultants to review referrals and change the priority set by the GP if required this is; one working day for urgents and 3 working days for routines.

11.3 Rejected referrals – referrals are not expected to be routinely rejected. The Directory of Services will be regularly updated and refined to ensure that information is accurate, current and reflects the service offered. In the event that a rejection is the only appropriate action, brief information will be provided to the GP explaining the reason. The Trust will audit rejected referrals on a regular basis and identify themes for reporting at the C&B User Group and the Trust Activity Meeting.
11.4 Redirected referrals – where appropriate, referrals received into the incorrect pathway will be re-directed by the Corporate Library Services Team or the Clinical Administration Support Team (dependant on where received) into the correct clinic, and the PCT will be advised via the C&B User Group of any trends. Redirections must be actioned in a timely manner due to impact on wait.

11.5 Consultants from time to time will need to refer patients internally to another Consultant, either within the same specialty or a differing specialty due to presenting symptoms or the nature of a patient’s condition. This should only happen where it is in the best interest of the patient not to delay their treatment by referring them back to the GP for a new referral to a different specialty. The agreed list of Internal Referrals can be seen in Appendix D of this policy. In all other instances, the patient should be discharged back to their GP for a decision to be made regarding onward referral.

11.6 The Business Unit CAST Team will be responsible for clinic management on a daily basis. Clinicians in conjunction with their Business Unit/Directorate Management Team will be able to amend the make-up of the clinics and refine their Directory of Services to ensure that capacity is available to meet contracted demand.

12.0 Clinic Cancellation or Reduction

12.1 Every effort will be made to avoid the cancellation of clinics.

12.2 The only acceptable reason for any clinic to be cancelled at short notice (less than 6 weeks) is due to the unplanned absence of medical staff (or nurse/therapist in nurse/therapist led clinics), for example, unplanned sickness or a short term (1 day) leave of absence. Clinics will not be cancelled for any other purpose unless exceptional circumstances arise. Clinics should not coincide with other known commitments.

12.3 Clinic cancellation can only be authorised by the appropriate Service & Business Development Manager or nominated Deputy.

12.4 A minimum of six weeks notice of annual or study leave is required for clinic cancellation or reduction. Any appointments booked via Choose & Book must be honoured.

12.5 All notifications of clinic cancellations or reductions will be acknowledged, if no acknowledgement is received, it should be assumed that the cancellation request has not been received.

12.6 When notification of a clinic cancellation or reduction is received, the Clinical Administration Support Team will undertake an initial review of patients booked.

12.7 The following action will take place:

- Where routine follow-up patients cannot be rescheduled within 8 weeks of the cancellation, an impact assessment form must be completed

- Patients who have no cancellation history and can be rescheduled into another clinic or firebreak clinic within the waiting time associated with their priority and treat by date will be contacted and agreement to change the clinic date/time sought and agreed
• Patients who have a hospital cancellation history must be rescheduled, according to clinical priority and in accordance with the needs of existing treatment plans

• Where a patient cannot be rescheduled within the waiting time associated with their clinic priority, or their treat by date, they will be discussed with the Business Unit responsible

• Where a patient becomes a potential waiting time breach (18 weeks) following a clinic cancellation, advice and direction will be sought from the Service & Business Development Manager or nominated deputy

• Attempts will be made to reschedule cancelled follow-up appointments within 8 weeks of the cancelled appointment, unless clinic need dictates otherwise

13.0 Booking Rule Management

13.1 Booking rule management applies to all clinics.

13.2 Booking rules should reflect appropriate levels of capacity for new and follow-up consultations. Variances in new to follow up numbers should be monitored.

13.3 Booking rule configuration will be agreed with Service & Business Development Managers in agreement with each Consultant and Clinical Director.

13.4 Booking rules will be routinely reviewed at least once a year with Directorate or Business Unit Staff in association with the Directory of Services Team. (DOS).

13.5 In the event of changes to booking rules being required outside the routine review schedule, Service & Business Development Managers should authorise changes for action by the Patient Flows and Data Quality Team.

13.6 Requests for new clinics to be set up on PAS should be received by Patient Flows and Data Quality Team (or nominated deputy) at least 4 weeks before expected start date.

13.7 Where requests for new clinics are received less than 4 weeks from start date, configuration onto PAS cannot be guaranteed.

14.0 Slot Ratio Management

14.1 The Business Unit Management Team are responsible for ensuring that the allocation and availability of slots between two week wait, urgent and routine appointments is robust enough to meet all targets and local demand for services.

15.0 Patient Cancellations/DNAs (new and review patients within any Clinical setting on an 18ww Pathway)

15.1 A further appointment date must be agreed with the patient. The newly agreed appointment date must take place within a maximum of 9 days of their cancelled or DNA’d appointment date, unless this exceeds the current staged waiting time (See Appendix A).
15.2  If patients are unable to agree a rescheduled date within the current staged waiting times they will be discharged back to their referrer (unless exceptional circumstances apply).

15.3  In circumstances where a consecutive patient cancellation or DNA, or combination of the 2 occurs this will result in a letter to the referrer advising of a discharge back with advice. This would stop the patient’s 18ww clock. A fourth DNA or cancellation across the whole pathway (not consecutive i.e. patient has attended in between cancellations/DNA’s) will also result in a discharge back to the referrer and would stop the patients 18 week clock.

15.4  The exception to this will be where, in the clinical judgement of the consultant:

- The patient needs to be offered another appointment on the grounds of clinical need
- The patient could be considered to be a vulnerable adult due to age, reliance on carers, mental capacity etc

15.5  Patients who are found to be unfit or unsuitable for further treatment at an outpatient or pre-assessment appointment will be discharged back to their GP. This will end their 18 week clock.

16.0  Key points

16.1  Internal mail will never be used to move letters around the Trust, unless a robust system is in place for formal notification of receipt. Until this time they will continue to be hand delivered.

16.2  War pensioners will receive priority treatment for the conditions for which they receive a war pension or gratuity (HSG (97) 31). (See Section 22)

16.3  Where private patients are seen or treated on NHS premises, the referral and associated treatment will be recorded on PAS.

16.4  Where a private patient wishes to become an NHS Patient – the clinician will be expected to notify the decision back to the GP.

16.5  Overseas visitors should be identified as such on PAS. Patient status should be confirmed by a member of the Clinical Administration Support Team.

17.0  Self referrals

17.1  The PCT do not support patients self referring (excluding Maternity, Termination of Pregnancy and Sexual Health) and consequently will not fund this activity. As a general rule, PCTs do not support a patient representing into a service following a re-occurrence of a previous problem (Open Access) however there are some exceptions to this please see section 30.
18.0 Diagnostic and Therapy Referrals (AHP’s)

18.1 Diagnostic

18.1.1 A “Diagnostic” test is defined as a test or procedure used to identify a person’s disease or condition and which allows a medical diagnosis to be made. A patient’s wait for a diagnostic test/procedure begins on the date the Clinician makes the decision to request a test/procedure. The wait ends the date the test/procedure is undertaken.

18.1.2 For the purpose of RTT recording this does not include waits for diagnostic tests/procedures where:

- The patient is waiting for a planned (or surveillance) diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency, e.g. 6 month check cystoscopy
- The patient is waiting for a procedure as part of a screening programme (e.g. routine repeat smear test etc)
- The patient is an expectant mother booked for confinement
- The patient is currently admitted to a hospital bed and is waiting for an emergency or unscheduled diagnostic/test procedure as part of their inpatient treatment

18.1.3 A third DNA within the pathway will result in a letter to the referrer, who will discharge back to the GP with advice. This would stop the patient’s 18 week clock.

18.2 Therapy Referrals (AHP’s)

18.2.1 At present Therapy direct referrals from the GP to therapy services do not start up an active RTT (18WW pathway). In September 2011 it is planned direct therapy referrals will start up an RTT.

18.2.2 If a patient is referred to an AHP from a clinician they will be on part of an active pathway and possibly the treatment provided by the AHP will be 1st line treatment within the active 18WW RTT. This will be recorded against the clinician episode as a stop.

18.3 Booking of Diagnostic Appointments

18.3.1 Wherever possible all patients will book their diagnostic test at the point the decision is made and on leaving their outpatient appointment.

18.3.2 Wherever possible appointments should be coordinated to take place on the same day, to reduce the number of hospital visits a patient has to make.

18.4 Reasonableness of Diagnostic & Therapy Appointments

18.4.1 List:

- Patients are to be offered a minimum of 2 separate verbal dates up to a maximum wait of the current staged waiting time (see Appendix A for current waiting times)
• The offer of a verbal appointment must have a minimum of 4 days notice – an earlier appointment can be offered if mutually agreed

• For appointments sent in the post 7 days notice is required

• If a patient has been offered 2 reasonable dates and declined both, they will be discharged back to their referrer

• In exceptional circumstances where patients are not able to accept a date within the current staged waiting time (for valid reasons) and reasonableness has been applied, the clock will recalculate from the date the patient rebooked their appointment. Otherwise discharge back to referrer

• Failure to contact a patient after 3 separate attempts will result in a fixed appointment being sent to the patient, which will request the patient to confirm their attendance

18.5 Patient Cancellations/DNAs (new and review patients within any Clinical setting on an 18ww Pathway)

18.5.1 List:

• A further appointment date must be agreed with the patient. The newly agreed appointment date must take place within a maximum of 9 days of their cancelled or DNA’ed appointment date, unless this exceeds the current staged waiting time (See Appendix A)

• If patients are unable to agree a rescheduled date within the current staged waiting times they will be discharged back to their referrer (unless exceptional circumstances apply)

• To be incorporated when 18 Week PTL is up and running in April 2011

18.5.2 In circumstances where a consecutive patient cancellation or DNA, or combination of the 2 occurs this will result in a letter to the referrer advising of a discharge back with advice. This would stop the patient’s 18ww clock. A fourth DNA or cancellation across the whole pathway (not consecutive i.e., patient has attended in between cancellations/DNA’s) will also result in a discharge back to the referrer and would stop the patients 18 week clock.

18.5.3 The exception to this will be where, in the clinical judgement of the consultant:

• The patient needs to be offered another appointment on the grounds of clinical need

• The patient could be considered to be a vulnerable adult due to age, child protection, reliance on carers, mental capacity, children at risk etc

18.5.4 Patients who are found to be unfit or unsuitable for further treatment at an outpatient or pre-assessment appointment will be discharged back to their GP. This will end their 18 week clock.
19.0 Adding patients to an Inpatient Waiting List

19.1 This is the final stage of the 18 week RTT episode. On the date of admission, the clock stops for that episode (in the event that the treatment/procedure is not completed or is purely diagnostic, the clock continues). The patient will have waited no longer than 18 weeks from the point of referral, unless the patient has chosen to take a 'pause whilst on the inpatient waiting list' within their pathway. Any 'pauses' will be recorded on PAS. It is the expectation that only patients who are fit for potential surgery will be referred to the Trust.

19.2 The decision to add patients to the waiting list will be made by the consultant or under an arrangement agreed with the consultant and after discussion with the patient. Patients will only be added to the waiting list if there is an expectation of treating them, and when the patient has accepted the clinician’s advice for elective treatment. The decision together with the procedure must be documented and dated in the health record. Wherever possible patients will be booked an admission date at the point the decision is made and prior to leaving the Outpatient Dept. The patient must be added to the waiting list within one working day of the decision to admit (DTA). Patients will not be added if:

- They need to lose weight
- They are unfit for the procedure
- Are not ready for the surgical phase of treatment
- There is no serious intention to treat them
- The procedure is not currently available or funded by the PCT(s)

20.0 Prior Approval List

20.1 There are a number of procedures whereby the Trust is required to seek prior approval before proceeding. This list is included at Appendix C.

20.2 However if the Trust receives a referral from a GP which specifically requests the Trust to undertake a procedure that is included on the Prior Approval List, then the Trust is not required to seek any form of approval to proceed and will be paid accordingly.**

**However, NlaG will seek confirmation from Commissioners to ensure the procedure can take place, via the prior approval process.

20.3 If one of the Prior Approval Procedures is deemed as required following a referral or request for advice or consultation only, approval will be sought prior to proceeding, failure to secure approval will result in the Trust not receiving payment.

21.0 Patients who are not fit for surgery

21.1 If at the pre-assessment appointment it is found that the patient is not fit or expected to be fit within the next 2 weeks for their surgery, on confirmation from the consultant, they will be discharged back to their GP to be managed in primary care. This will end their 18 week clock.
21.2 However, if the patient becomes fit for surgery within the next four months from the date the patient was returned to the GP, the GP practice will write to the Trust requesting a further pre-assessment appointment for the patient. The Trust will create a new waiting list entry for the patient and will arrange a further pre-assessment appointment. The 18 week wait clock will start at this point.

21.3 Patients will be offered a new operation date in accordance with the Inpatient Stage of Treatment target (Appendix A refers), subject to fitness at pre-assessment. A record of those patients who have the option to return within 4 months will be maintained.

21.4 If the patient fails to reach a suitable level of fitness within the agreed four months timeframe, and surgery is still considered to be a requirement by the GP, a new referral will need to be generated, starting a new 18 week pathway beginning with a new first outpatient appointment, when the GP considers the patient is medically fit.

21.5 All patients for Inpatient and Day Case admission will be managed on the Trusts Patient Administration System (PAS).

21.6 All admission letters will be generated from PAS.

21.7 New waiting lists will only be configured on PAS by a member of the Corporate Library Services Team on the receipt of an approved configuration form.

21.8 The Corporate Library Services Team should be informed of any new waiting list requirement 4 weeks before start date needed.

21.9 Where requests for new waiting lists are received less than 4 weeks from start date, the configuration onto PAS cannot be guaranteed.

21.10 Where a decision to add a patient to a Waiting List has been made, the addition should only be actioned where a patient is entitled to NHS care. Where residential criteria (Overseas Visitor Status) is unconfirmed, patients should not be added until checks and confirmation is completed.

21.11 Where a patient is not appropriately fit, ready and able to be admitted they should not be added to the waiting list. Where such patients require non-specialist care to improve fitness they should be referred back to the GP/referrer for ongoing clinical management.

21.12 Where a patient is being added to an NHS waiting list following a private consultation they should be added according to their clinical prioritisation, and listing should reflect the wait they would have experienced following an NHS appointment. The GP must be informed of the transfer of patient from private to NHS care by copy letter to the NHS Care Service.

21.13 Following a private patient consultation if a decision is made to operate on a patient under private care then they must be added to the Waiting List on PAS, and listing should reflect that the patient is receiving private care.

21.14 Where a patient is transferring onto the Trusts waiting list from another Trust's waiting list, the Trust should receive an Inter provider Transfer Minimum Dataset and the patient should be added with their original 18 week clock start.

21.15 Where a patient chooses to transfer to an alternative waiting list to secure a shorter wait or because of complexity of care or dissatisfaction for whatever reason, the request must come via the original GP/referrer.
21.16 Where a patient is offered an admission date at a site different to that originally referred and refuses all reasonable offers. The Trust will endeavour to treat the patient at their chosen site. In the event that this is not possible the Trust will agree a course of action with the relevant PCT.

21.17 Where a patient is offered an admission date with an alternative Consultant and refuses all reasonable offers, the patient will be discharged back to their referrer.

21.18 All patients being added to the waiting list should be prioritised and treated according to clinical priority and National Waiting Times (see Appendix A).

21.19 Any request for expedites should be made by the GP/referrer.

21.20 The receiving Consultant will determine the validity of the expedite and appropriate action will follow from the Consultants decision.

21.21 Where a patient is waiting for more than one procedure to be undertaken at one time by one Consultant, one entry to the waiting list should be made.

21.22 Where a patient is waiting for more than one procedure to be undertaken at one time by more than one Consultant, the entry should be made to each Consultant’s waiting list.

21.23 Where a patient is waiting for a bilateral procedure, but will undergo surgery on one side at first admission, and a subsequent admission for the second side, a date for the second side will be agreed with the patient following surgery to the first side.

21.24 Once the patient becomes fit and ready for a second bilateral procedure. This decision to admit will start a new 18 week clock.

21.25 Consultants will confirm the removal of a patient from the waiting list and notification will be sent to the GP/referrer and patient.

22.0 War Veterans

22.1 NHS hospitals should give priority to war pensioners HSG (97) 31, both as out-patients and in-patients, for examination or treatment in relation to any condition for which they receive a pension or received a gratuity.

22.2 Referrals for treatment should clearly indicate that the patient is a war pensioner and should receive expediated treatment.

23.0 Selecting Patient for Admission

23.1 List:

- Patients will be selected from the waiting list according to clinical priority, and then in accordance with the individuals’ 18 week pathway, or stages of treatment, whichever is the earliest target

- All patients will attend pre-assessment screening as part of their 18 week pathway
• Wherever possible an admission date will be negotiated with the patient at the time the decision to admit is made

24.0 Confirmation to the Patient

24.1 Every patient will be given written confirmation that he or she has been put on to the waiting list; where applicable this will confirm the date of admission.

25.0 Reasonableness of Dates for Admission

25.1 The Trust will offer verbal admission TCI dates with a minimum of 21 days notice and 24 days notice for offers sent by post (Please note posted offers are by exception only). Patients will be offered a minimum of 2 separate verbal TCI dates up to a maximum wait of the current waiting time (see Appendix A for current waiting times). Patients may also accept a verbal date with less notice which will also count as mutually agreed.

26.0 Patients who Choose to Delay Admission (Pause their Pathway)

26.1 It is the expectation that patients will only be referred to the Trust if they are able to undertake potential treatment within 18 weeks. However if a patient chooses to delay treatment longer than the reasonable offered dates their 18 week clock may be adjusted. The clock is adjusted on the date of the first reasonable offer and restarted when the patient informs the Trust they are available for admission. A patient will be allowed to remain on a pause for admission for a maximum of 4 months for the admitted stage of the pathway:

• Trust administrative staff will keep a record of those patients who have decided to adjust their clock. One month prior to ‘pause’ end, administration staff will contact the patient to agree a new TCI. The clock will restart from the date the patient states they are available for treatment

• If the patient does not want their treatment within the four month period, the patient will be discharged back to the GP, and the clock will stop. A new referral can be made when the patient chooses to have their treatment. This will start a new 18 week pathway

27.0 Theatre Cancellation or Reduction

27.1 Every effort will be made to avoid cancellations of theatres.

27.2 The only acceptable reasons for any admission to be cancelled at short notice (less than 6 weeks) is due to the unplanned absence of medical staff, for example unplanned sickness absence, or at the Clinician’s discretion when the need to treat an urgent patient takes precedence. Theatre lists will not be cancelled for any other purpose unless exceptional circumstances arise. Theatres should not coincide with other known commitments.

27.3 Theatre cancellation can only be authorised by the appropriate Service & Business Development Manager or nominated Deputy.
27.4 A minimum of 6 weeks notice of annual or study leave is required for theatre cancellation or reduction.

27.5 All notifications of theatre cancellations or reductions will be acknowledged, if no acknowledgement is received, it should be assumed that the cancellation request has not been received.

27.6 When notification of theatre cancellation or reduction is received, the Clinical Administration Support Team will undertake an initial review of patients booked.

27.7 The following action will take place:

- Patients who are cancelled and can be rescheduled into another theatre within the waiting time associated with their priority and treat by date will be contacted and agreement to change the theatre date/time sought and agreed

- Where a patient cannot be rescheduled within the waiting time associated with their theatre priority, or their treat by date, they will be discussed with the Business Unit/Directorate responsible

- Where a patient becomes a potential waiting time breach following a theatre cancellation, advice and direction will be sought from the Service & Business Development Manager or nominated Director

28.0 Cancellations on day of Surgery

28.1 It is the expectation that no patient will be cancelled by the hospital on the day of surgery once they have been admitted to hospital. However in extreme or emergency circumstances patients must be booked a new date either within 28 days (as per the national standard) or before their 18 week breach date if this is shorter than 28 days. This excludes urgent diagnostic endoscopies, which will be booked a new date to occur within the next 14 days (in accordance with Joint Advisory Group accreditation guidance). Wherever possible patients must be booked a further date prior to leaving hospital. If this is not possible, patients must be contacted and offered an admission date within 5 working days from the original cancelled date.

29.0 Tertiary/Interprovider Referrals

29.1 The Trust should confirm receipt of an Inter Provider Transfer (IPT) MDS and associated referral letter which confirms the patient’s current 18ww clock status from the original Trust before adding to the Waiting List.

29.2 If the patient needs to be referred to another provider for the same/related condition, then the Trust must send an IPT and associated referral letter confirming the patient’s current 18ww clock status. For an existing 18 week pathway the 18 week clock is still running until treatment has taken place, irrespective of where that treatment takes place.

29.3 All clinical transfer information (including the 18ww clock start) must be forwarded to the receiving provider within a maximum 5 days (Working towards 48 hours).
30.0 Re-opening Episodes (same condition) GPs and self

30.1 The request from the patient must be in writing explaining any change to condition and/or their request for treatment.

30.2 A patient can self refer back within the same timeframe (as GPs) if this has been agreed with the clinician prior to discharge.

31.0 Patient Transfers/Shared Breaches

31.1 Patients who breach their 18week wait pathway will be shared breaches for both the referring Trust and the treating Trust.

32.0 Transport Requirements

32.1 Transport will only be booked where a patient’s medical condition or impairment warrants the use of transport (this is in accordance with Hospital Transport Patient Eligibility Criteria).

32.2 Patients will be taken through transport eligibility criteria to determine their transport requirements and eligibility for booking.

32.3 Transport will be booked by the East Midlands Ambulance Service (EMAS).

32.4 Patients who disagree with the outcome will be able to appeal via the PALS Service.

32.5 A clinical practitioner capable of assessing the patient’s medical condition will determine the need and type of transport at any follow-up appointments.

33.0 Follow-up Appointment outside of the 18ww RTT Process

33.1 Follow-up appointments required within 13 weeks of last attendance/admission will (16 weeks for Paediatric patients)* be booked with the patient before they leave the hospital (capacity permitting).

33.2 For appointments beyond 13 weeks the patient will be contacted or forwarded an appointment at least 6 weeks prior to the expected follow-up date **.

33.3 Consultants will have access to future clinic availability for follow-ups during each clinic.

33.4 Following discharge for inpatient treatment, and only if clinically appropriate; a patient will be seen within four to six weeks following their discharge date.

*** Some Business Units will book appointments with the patient up to 2 years in the future. Courtesy Call will provide a reminder days prior to appointment.
34.0  **Walk-ins**

34.1 When a patient arrives at a clinic as an emergency referral i.e. from Accident and Emergency, Sexual Health Clinic or Early Pregnancy Assessment Unit, with no prior appointment. These patients will be accommodated, where possible, on the presentation of an appointment card (this excludes Sexual Health Clinic).

35.0  **Clinic Outcome**

35.1 All patients booked into a clinic will have an outcome and RTT status recorded against their attendance.

35.2 The outcome and RTT status will be indicated by the clinician on the Outpatient Booking Form at the time.

35.3 The outcome will indicate attendance, outcome of appointment, next action and status of RTT of the attendance.

35.4 All clinics will be “cashed up” on PAS within 1 working day of the clinic date.

35.5 All Outpatient Summaries will be sent to the GP/referrer within 7 working days of the clinic. Please note there are a range of interventional procedures undertaken in the outpatient environment, where a summary needs to be sent to the GP within 2 working days. Copies of the summary will be made available:

- To patients when requested
- As a file copy in patient’s clinical record
- To Child Health for filing in a child’s school record (for paediatrics only)

36.0  **Cancer Referrals**

36.1 Booking of the two-week wait referral to appointment will be booked in the first instance:

- Following an electronic referral received through the Choose and Book software where the patient has booked into a specific clinic slot and a GP referral template has been attached to the booking. These should form the majority of the GP referrals received

36.2 Where a service is not directly bookable, or there is an issue with slot availability, the following process applies:

- Following a fax to the Trust’s Contact Centre. This will also apply to GPs who have not yet rolled out Choose and Book

36.3 All cancer patients will be managed according to current national targets (see Appendix A).
37.0 Two Week Wait

37.1 All patients who are referred by their GP with a suspected diagnosis of Cancer must have their 1st hospital consultation (out-patient appointment or investigation) within 14 days of the receipt of referral (not from the point the GP’s decides to refer). For patients referred directly from Pathology Screening to the Colposcopy Service, the patient must have their 1st hospital consultation within 14 days of the date the referral is received from Pathology.

37.2 All referrals for Breast Care will be managed within 14 days, and patients must have their 1st hospital consultation within 14 dates of the referral received date.

38.0 Reasonableness of Appointments

38.1 For patients not appointed through Choose and Book, the Trust will offer verbal appointments with a minimum of 48 hours notice for those patients mutually agreed. Patients may also accept a verbal appointment with less notice, which will also count as mutually agreed. For appointments sent in the post 7 days notice is required (Please note posted appointments are by exception only).

38.2 If a patient can not attend or did not attend for their appointment a follow-up must be made within 14 days of the original appointment date.

39.0 Did Not Attend (DNA) - 2ww

39.1 Patients who DNA their first 2ww either by Choose and Book or traditional will be re-appointed within 7 days of their DNA. If they subsequently DNA they will be discharged back to their referrer.

40.0 62 day Target (Referral to 1st Definitive Treatment)

40.1 This target is linked to patients whose original referral has been booked via the Two Week Wait process (either Choose and Book or Cancer referral fax), National Screening Programmes and Consultant upgrades the timeline for the target starts at the day the referral is received from the GP until the day treatment commences either in this Trust, Tertiary Centre or Community setting.

41.0 31 day Target (Decision to Treat to 1st Definitive Treatment)

41.1 This target is linked to every patient who has a newly diagnosed cancer and the decision to treat date is the date when the patient and consultant agree on the type of treatment. The treatment may commence in the Trust, Tertiary Centre or Community setting.

41.2 N.B. There will be no adjustments made to waiting times for referrals received via the 2ww route, the 18ww pause model is the only allowed adjustment, and applies only to those patients awaiting elective surgery.
42.0 New Developments Affecting Waiting List Management

42.1 The Local Health Community recognises that over time, a number of new ways of working are likely to be developed, in relation to managing the challenges of national access targets, and as new evidence-based practice emerges.

42.2 Where any such developments may impact on waiting list accuracy, the National Data Standards and guidance on waiting list management will be adhered to, until systems and procedures have been validated by the Data Quality Lead and approved by the Head of Information for consistency with National Data definitions, and subsequently ratified by the respective Boards or appropriate sub groups.

43.0 Discharge/Outpatient Summaries

43.1 Business Units should ensure that Patient Outpatient Summaries are dictated, typed and distributed to the referrer within 2 days of the patient’s outpatient appointment.

43.2 Business Units should ensure that Patient Discharge Summaries are completed and distributed electronically within 24 hours of the patient’s discharge.

44.0 Quality Assurance & Monitoring Compliance and Effectiveness

44.1 Monthly monitoring against the access policy standards will be carried out by the Business Units and Patient Flows & Data Quality Team. All data quality issues identified will be rectified and addressed with staff via re-training/support.

44.2 In order to establish that the Policy and Procedures are appropriately carried out, and reflect current standards, an audit of the processes will be undertaken on a yearly basis. This process will be led by the Data Quality Leads, in conjunction with the Internal Audit Office, and compliance will be assessed against national benchmarks.

45.0 Education and Training

45.1 All grades of staff who use PAS or any system used to manage or monitor the 18 week wait target as part of their daily work requirements will undergo education and training in the use of systems, and in the management of waiting list processes. This will be the responsibility of the Systems Training Manager or responsible Department.

45.2 All staff who are required to access waiting list systems will attend mandatory induction training on basic processes and thereafter yearly updates in order to maintain current knowledge and skill in relation to waiting list administration and management.

45.3 New changes in processes will be managed by ad hoc training.

45.4 The Referral to Treatment Procedure Manual will be the definitive document for training purposes.

46.0 Security and Confidentiality

46.1 All staff engaged in the application of this policy are bound by the Local Health Community IM&T Security and Confidentiality policies.
47.0 Related Documents

47.1 There are a number of associated documents which compliment this policy. These should be read, understood and adhered to.

47.2 This policy to be read in conjunction with the following documents, all available on the Trust’s Intranet Site, located under documents:

- Clinic Change Procedure
- Theatre Cancellation/Ad Hoc Activity Procedure
- Hospital Transport Patient Eligibility Criteria (Clinical Sciences)
- Operational Guidance

48.0 References


48.2 District Audit (2003) Doncaster and Bassetlaw Hospitals NHS Trust Data Quality Review

48.3 NHS Information Authority – Data Standards; Data Set Notification Changes; Data Dictionary and Manual. www.nhsia.nhs.uk


49.0 Definitions

49.1 For the purposes of this policy, the following terms have the meanings given below.

49.1.1 Choose and Book – A method of electronically booking a patient into the hospital of their choice.

49.1.2 Indirectly Book able Services – Some provider services are not directly bookable through Choose and Book so patients cannot book directly into clinics from a GP practice. Instead they contact the hospital by phone and choose an appointment date. This is defined as an Indirectly Book able Service.

49.1.3 Decision to Admit date (DTA) – The date on which a consultant decides a patient needs to be admitted for an operation. This date should be recorded in the case-notes and used to calculate the total waiting time.

49.1.4 TCI (To Come In) date – The offer of admission, or TCI date, is a formal offer in writing of a date of admission. A telephone offer of admission should not normally be recorded as a formal offer. Usually telephoned offers are confirmed by a formal written offer.

49.1.5 Date Referral Received (DRR) – The date on which a hospital receives a referral letter from a GP. The waiting time for outpatients should be calculated from this date.

49.1.6 Active Waiting List – Patients awaiting elective admission for treatment and are currently available to be called for admission.

49.1.7 Pause – An adjustment to a patient’s wait for turning down 2 reasonable tci dates for non-clinical reasons i.e. patient initiated social suspensions. There is no facility to pause clocks for clinical delays as this is accounted for within the 18 week tolerances within the targets.

49.1.8 Outpatients – Patients referred by a General Practitioner or another health care professional for clinical advice or treatment.

49.1.9 Inpatients – Patients who require admission to hospital for treatment and are intended to remain in hospital for at least one night.

49.1.10 Day cases – Patients who require admission to the hospital for treatment and will need the use of a bed but who are not intended to stay in hospital overnight.

49.1.11 Did Not Attend (DNA) – Patients who have been informed of their date of admission or pre-assessment (inpatients/day cases) or appointment date (outpatients) and who without notifying the hospital did not attend for admission/ pre-assessment or OP appointment.

49.1.12 Could Not Attend (CNA) – Patients who, on receipt of reasonable offer(s) of admission, notify the hospital that they are unable to attend.

49.1.13 First Definitive Treatment – An intervention intended to manage a patient’s disease, condition or injury and avoid further invention. What constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.
49.1.14 **Reasonable Offer** – For an offer of an appointment to a patient to be deemed reasonable, the patient must be offered the choice of dates within the timescales referred to for outpatients, diagnostics and in patients.

49.1.15 **Primary Targeting List (PTL)** – The PTL is a list of patients (both inpatients and outpatients) whose waiting time is approaching the guarantee date, who should be offered an admission/appointment before the guarantee date is reached.

49.1.16 **Referral to Treatment (RTT)** – Instead of focusing upon a single stage of treatment (such as outpatients, diagnostic or inpatients) the 18 week pathway addresses the whole patient pathway from referral to the start of treatment.

49.1.17 **Watchful Waiting** – An 18w clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures. A new 18 week clock would start when a decision to treat is made following a period of watchful waiting/active monitoring.

50.0 **Consultation**

50.1 This Policy is owned by Northern Lincolnshire and Goole Hospitals NHS Foundation Trust, North Lincolnshire Primary Care Trust and North East Lincolnshire Care Trust Plus and associated commissioners.

50.2 It has been ratified by Northern Lincolnshire and Goole Hospitals NHS Foundation Trust Board, North Lincolnshire Primary Care Trust Clinical Executive Committee, Local Medical Committee and Practice Based Commissioners and North East Lincolnshire Care Trust Plus, and has been circulated to all practices and the Public representatives for their input.

51.0 **Dissemination**

51.1 The Policy will be launched within each organisation to responsible Directors and Department Heads.

52.0 **Implementation**

52.1 The Policy will be included in the Induction Programmes for relevant staff and will be made available via each organisations Intranet site to ensure full dissemination to all staff.
53.0 Document History

53.1 For version 6.0 (November 2010) changes throughout the document made to Reasonableness and Waiting Times.

53.2 Any references to Patient Administration changed to Patient Flows and Data Quality. Addition of section on MAPPA/War Veterans. Changes to approving bodies. Inclusion of therapy referrals and wait times.

The electronic master copy of this document is held by Document Control, Office of the Medical Director, NL&G NHS Foundation Trust.
### Appendix A

Local and National Waiting Time Targets Stages of Treatment

Stages of Treatment Targets March 2010 and Reasonableness of Notice

Waiting Times for:

<table>
<thead>
<tr>
<th>Treatment Times</th>
<th>Reasonableness</th>
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<tbody>
<tr>
<td><strong>2 weeks wait</strong></td>
<td>48 hours</td>
</tr>
<tr>
<td>(Includes Cancers / Breast Referrals, Rapid Access / Diagnostics (see List of procedures pg 30-34))</td>
<td></td>
</tr>
<tr>
<td><strong>4 weeks wait</strong></td>
<td>4 days verbal / 7 days written</td>
</tr>
<tr>
<td>(Routine Ops / Some Diagnostics, pg 30-34)</td>
<td></td>
</tr>
<tr>
<td><strong>6 weeks wait</strong></td>
<td>9 days verbal / 12 days written</td>
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<tr>
<td>(Routine Ops / Some Diagnostics, pg 30-34)</td>
<td></td>
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<tr>
<td><strong>6 Weeks to 11 weeks</strong> (Inpatients)</td>
<td>21 days verbal / 24 days written</td>
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## Diagnostic Procedures

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<td>Diagnostic Fibreoptic Endoscopic Examination/Oesophagus</td>
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<td>G163</td>
<td>Insertion of Bravo pH capsule</td>
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<tr>
<td>G168</td>
<td>Diagnostic Fibreoptic Endoscopic Examination/Oesophagus</td>
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<td>G169</td>
<td>Diagnostic Fibreoptic Endoscopic Examination/Oesophagus</td>
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<td>Diagnostic Endoscopic Examination/Oesophagus Using Rigid Oesophagoscope</td>
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<td>G192</td>
<td>Insertion of Bravo pH capsule</td>
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<td>Diagnostic Endoscopic Examination/Oesophagus Using Rigid Oesophagoscope</td>
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<td>G451</td>
<td>Diagnostic Fibreoptic Endoscopic Examination/Upper Gastrointestine</td>
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<tr>
<td>G452</td>
<td>Fibreoptic endoscopic ultrasound examination of upper gastrointestinal tract</td>
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<td>Insertion of Bravo pH capsule</td>
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<td>Diagnostic Fibreoptic Endoscopic Examination/Upper Gastrointestine</td>
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H223 Diagnostic Endoscopic Examination of Colon
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H225 Diagnostic Endoscopic Examination of Colon
H226 Diagnostic Endoscopic Examination of Colon
H227 Diagnostic Endoscopic Examination of Colon
H228 Diagnostic Endoscopic Examination of Colon
H229 Diagnostic Endoscopic Examination of Colon
H230 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H231 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H232 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H233 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H234 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H235 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H236 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H237 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
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H248 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H249 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
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H258 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H259 Diag.Endo.Exam/Lower Bowel Using Fibreoptic Sigmoidoscope
H260 Diag.Endo.Exam/Sigmoid Colon Using Rigid Sigmoidoscope
H288 Diag.Endo.Exam/Sigmoid Colon Using Rigid Sigmoidoscope
H289 Diag.Endo.Exam/Sigmoid Colon Using Rigid Sigmoidoscope

J431 Endoscopic retrograde cholangiopancreatography and biopsy of lesion of ampulla of vater
J432 Endoscopic retrograde cholangiopancreatography and biopsy of lesion of biliary of
pancreatic system

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<td>Endoscopic retrograde cholangiopancreatography</td>
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<td>J091</td>
<td>Diagnostic Endoscopic Examination/Liver Using Laparoscopy</td>
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M119  Diagnostic Endoscopic Examination of Kidney
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M302  Diagnostic Endoscopic Examination of Ureter
M308  Diagnostic Endoscopic Examination of Ureter
M309  Diagnostic Endoscopic Examination of Ureter
M451  Diagnostic Endoscopic Examination of Bladder
M452  Diagnostic Endoscopic Examination of Bladder
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Q188  Diagnostic Endoscopic Examination of Uterus
Q189  Diagnostic Endoscopic Examination of Uterus
Q391  Diagnostic Endoscopic Examination of Fallopian Tube
Q398  Diagnostic Endoscopic Examination of Fallopian Tube
Q399  Diagnostic Endoscopic Examination of Fallopian Tube
Q501  Diagnostic Endoscopic Examination of Ovary
Q508  Diagnostic Endoscopic Examination of Ovary
Q509  Diagnostic Endoscopic Examination of Ovary
R021  Diagnostic Endoscopic Examination of Fetus
R022  Diagnostic Endoscopic Examination of Fetus
R028  Diagnostic Endoscopic Examination of Fetus
R029  Diagnostic Endoscopic Examination of Fetus
T111  Diagnostic Endoscopic Examination of Pleura
T112  Diagnostic Endoscopic Examination of Pleura
T118  Diagnostic Endoscopic Examination of Pleura
T431  Diagnostic Endoscopic Examination of Peritoneum
T432  Diagnostic Endoscopic Examination of Peritoneum
T438  Diagnostic Endoscopic Examination of Peritoneum
T439  Diagnostic Endoscopic Examination of Peritoneum
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W878  Diagnostic Endoscopic Examination of Knee Joint
W879  Diagnostic Endoscopic Examination of Knee Joint
W881  Diagnostic Endoscopic Examination of Other Joint
W888  Diagnostic Endoscopic Examination of Other Joint
W889  Diagnostic Endoscopic Examination of Other Joint
K63   Cardioangiography
K631  Angiocardiography R & L heart
K632  Angiocardiography right NEC
K633  Angiocardiography left NEC
K634  Coronary angiogram
K635  Coronary angiography
K636  Coronary arteriography NEC
K638  Cardiac ventriculography
K639  Cardiac angiography
K65   Cardiac catheterisation
K651  Cardiac catheterisation R & L NEC
K652  Cardiac catheterisation R NEC
K653  Cardiac catheterisation L NEC
K658  Catheterisation of heart OS
K659  Cardiac catheterisation
Q558  Colposcopy
P273  Colposcopy of vagina
M838  Urinary tract operation OS
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<td>J092</td>
<td>Laparoscopic ultrasound examination of liver and biopsy of lesion of liver</td>
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<td>K654</td>
<td>Catheterisation of left of heart via atrial transeptal puncture</td>
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<td>Endoscopic urteric urine sampling</td>
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<td>Diagnostic endoscopic examination of bladder and biopsy of lesion of bladder using rigid cystoscope</td>
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<td>Diagnostic endoscopic examination of bladder and biopsy of lesion of prostate using rigid cystoscope</td>
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<td>Diagnostic endoscopic ultrasound examination of peritoneum and biopsy of intraabdominal organ</td>
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Clock Start, Clock Stops

18 Week Clock Rules - Quick Reference Guide

Clock Starts

Along the Way

Steps long the way:
- Intermediate services following decision to refer to secondary care
- Diagnostics (as part of pathway)
- Therapies (as part of pathway)
- Consultant to Consultant referrals for the same condition
- Multi-organisation pathways

Clock Stops

Exclusions

- First Definitive Treatment undertaken:
  - Admission as Day Case or Inpatient
  - Start of Out Patient treatment
  - Fitting of medical device decided on by Clinician
- Start of active monitoring / watchful waiting
- No need for treatment in secondary care
- Patient declines treatment

Referrals to a Consultant led service from:
- General Practitioners
- Nurse Practitioners
- Allied Health Professionals
- Accident & Emergency
- Consultants
- Dentists
- Self Referral by a Patient (once the patient has been accepted by the Clinician)

Appendix B

- Direct Access referrals to Diagnostic Service (if the referral is not part of a ‘straight to test’ arrangement)
- Planned Admissions
- Private Patients
- Overseas Visitors
- Emergency Patients
Appendix C

Prior Approved List

**Surgery**

1.1 Bariatric surgery
1.2 Haemorrhoidectomy and haemorrhoidopexy
1.3 Circumcision
1.4 Carotid Endarterectomy
1.5 Surgery for gallstones
1.6 Lithotripsy for gallstones
1.7 Gender reassignment
1.8 Varicose veins
1.9 Wedge resection of in growing toenail including Zadek’s procedure
1.10 Cochlear implants
1.11 Surgical procedures for religious reasons

**Cosmetic Surgery**

2.1 Removal of tattoos
2.2 Laser treatment for Hirsutism
2.3 Pinnaplasty
2.4 Rhinoplasty
2.5 Liposuction and/or abdominoplasty
2.6 Other skin excision for contour e.g. buttock lift, thigh lift, arm lift (brachioplasty)
2.7 Breast surgery –
   - Breast asymmetry
   - Breast augmentation surgery
   - Breast reduction
   - Revision of breast implants
   - Breast reduction in men
2.8 Removal of minor skin lesions
2.9 Excision of Ganglion
2.10 Blepharoplasty / chalazion
2.11 Scar revision
2.12 All other cosmetic surgery procedures

**Obstetrics and Gynaecology**

3.1 Reversal of female sterilization
3.2 Diagnostic dilation & Curettage (D&C)
3.3 IVF
3.4 Female sterilization
3.5 Botox
3.6 Labial surgery

**Urology**

4.1 Reversal of male sterilization
4.2 Penile implants
4.3 Vasectomy
4.4 Cryosurgery (Prostate Cancer)
4.5 Excision of hydrocele (excepting children with congenital hydrocele)
4.6 Paraurethral silicone injections

**Ophthalmology**

5.1 Surgery and laser treatment for short sight and refractive errors
5.2 Screening for diabetic retinopathy
5.3 Screening for Glaucoma
5.4 Radiotherapy for Dysthyroid Eye Disease

**Neurology and Neurosurgery**

6.1 Spinal cord stimulation for chronic pain
6.2 Pain management programmes using cognitive behavioural approach
6.3 Botulinum for pathological perspiration
6.4 Facet Joint Blocks
6.5 Dorsal Column Stimulator

**Orthopaedic Surgery / Rheumatology**

7.1 Treatment (including surgery) outside National Guidelines for acute lower back pain
7.2 Therapeutic Ultrasound in physiotherapy
7.3 Geriatric orthopaedic rehabilitation units
7.4 Intramedullary Fixation with cephalocondylic nail for extra capsular hip fracture (vs extramedullary fixation)
7.5 Autologous Cartilage Transplantation
7.6 Ilizarov Frames
7.7 Glucosamine, Chondrotin, Topical rubefacients, Intra-articulur hyaluronic acid derivatives, Electro-acupuncture
7.8 Arthrosopic lavage and debridement
7.9 Carpal Tunnel Syndrome
7.10 Tendon reconstruction

**Oral Surgery**

8.1 Dental Implants
8.2 Wisdom tooth removal
8.3 Apicectomy
8.4 Orthodontic Treatment

**ENT Surgery**

9.1 Tonsillectomy and Adenoidectomy
9.2 Grommet Insertion
9.3a Referral for Sleep Studies
9.3b Sleep Apnoea Treatment (surgery or CPAP)

**Cardiovascular Disease**

10.1 Implantable Cardioverter Defibrillators (for Non ischemic heart conditions)

**Other Interventions**

11.1 Cognitive Behavioural Therapy in the treatment of Chronic Fatigue Syndrome
11.2 Acupuncture
11.3 Homeopathy
11.4 Anal Skin tags
11.5 Chronic fatigue (Outpatient)
11.6 Photodynamic Therapy other than for ARMD
Appendix D

Acceptable Consultant to Consultant Internal Referrals

Respiratory to Cardiology and vice versa

All specialties to Oncology

General Paediatrics to Community Paediatrics

Diabetes to Endocrinology and vice versa

General Medicine to any sub medical specialty e.g. Cardiology, Respiratory, Gastroenterology

General Surgery to any sub surgical specialty e.g. Upper GI, Colorectal, Vascular

Gastroenterology to Upper GI or Colorectal and vice versa

Diabetes to Ophthalmology and vice versa

Ophthalmology to Specialist Ophthalmology

Respiratory / Cardiology to Cardio-thoracic

Colposcopy to Gynaecology and vice versa

Orthopaedic to Orthopaedic e.g. hand to shoulder Consultant etc

Orthopaedic to Rheumatology and vice versa

Orthopaedic to combined Orthopaedic/Rheumatology clinic

Orthodontics to Max Fax and vice versa

Immunology to Dermatology and visa versa

Elderly Medicine to Neurology

Gynaecology to Sexual Health and vice versa

Gynaecology to Obstetrics and vice versa

Urogynaecology to Urology and vice versa

Obstetrics to Paediatrics

Urology to Urology Sub Specialty
Appendix E

Exclusions for Self referrals *(awaiting list from the PCTs)*