

Livewell Southwest

**Community Services
Referral to Treatment Rulebook**

Version No. 3
Review: July 2019

Notice to staff using a paper copy of this guidance

The policies and procedures page of Healthnet holds the most recent and procedural version of this guidance. Staff must ensure they are using the most recent guidance.

Author: RTT Governance Group

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V2.3	Extended	December 2015	Director of Finance	Extended no changes.
V3	Reviewed	June 2016	Information Analyst	Appendix C updated and policy updated to Livewell.

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Community Services Referral to Treatment Rulebook

1 Introduction

- 1.1 The South West Strategic Health Authority and the Board at Livewell Southwest have set out an ambition that no one will wait longer than 18 weeks from initial referral to their first definitive treatment.
- 1.2 Although there are National Clock Rules governing Referral to Treatment for consultant-led services (and in some instances these apply to General Practitioners with a Special Interest), it is important that rules are established locally to govern Referral to Treatment for community, non-consultant led services.

2 Purpose

- 2.1 Therefore the purpose of this policy is to establish the rules governing Referral to Treatment for Livewell Southwest non-consultant led services, and to establish the services where these rules will apply.
- 2.2 The policy will describe which services fall within the Referral to Treatment reporting framework and which services do not, with justifications for the exclusions. Finally, for those services included in the Referral to Treatment reporting framework, this policy will set out a pathway map for each service's Referral to Treatment pathway and where appropriate identify Inter Department Transfer pathways.

3 Duties

- 3.1 Executive accountability for the implementation of this policy lies with the Chief Executive of Livewell Southwest.
- 3.2 Commissioners have a responsibility to ensure service agreements are established with sufficient resources to ensure that the targets set out in this policy are met.
- 3.3 The Waiting List Project Manager is responsible for ensuring that this policy is updated in line with national, regional and local rules governing Referral to Treatment for the community services.
- 3.4 Service managers are responsible for ensuring that the services they provide are governed by the rules within this document and that any changes to their services are reported to the RTT Governance Group in order for this document to be regularly updated.
- 3.5 Business Intelligence Unit is responsible for the production of timely and accurate data concerning waiting lists and Referral to Treatment times, in

accordance with local, regional and national mandates.

4 Definitions

Clinician	The provider of the care. Usually the clinician will be a professionally trained healthcare professional, such as a medical consultant or other doctor, therapist, practitioner or nurse
Community Service	For the purposes of this policy a community service is a non-consultant-led service providing advice, examination or treatment/therapy. Livewell Southwest considers the services defined in Appendix A and B as community services.
First Definitive Treatment	It is for each service to define the first definitive treatment and to justify this decision. The first definitive treatment may be a patient assessment, where a therapeutic activity has taken place or advice given. The premise is that the first definitive treatment will be the first intervention to prevent either a worsening of the patient's condition or the first intervention to improve the patient's condition. A waiting time Clock stops at this point.
Inter Department Transfer (IDT)	An Inter Department Transfer takes place where a clinician transfers the care of a patient to another department or service without first delivering a first definitive treatment. An Inter Department Transfer indicates that the Clock is still ticking.
Patient	The subject of the care being provided. Where the policy refers to patients, this also includes clients and service users
Referral To Treatment (RTT)	Referral to Treatment measures the whole patient pathway from the date the referral is received until the first definitive treatment has been provided. This period of time captures and includes diagnostic testing, initial assessments and second opinions.

5 The 18-week rules – Livewell Southwest Community Services

5.1 Exclusions

The following principles apply when excluding services from the Referral to Treatment reporting framework:

- a) Where services do not have a waiting list
- b) Where a service is an emergency or crisis intervention service

- c) Where a service sees the majority of patients within 48 hours¹
- d) Where a service is required to report on a different, nationally mandated, data set requirement that is lower than the 18 week Referral to Treatment target

5.2 Clock Starts

- 5.2.1 An 18-week clock starts when any care professional refers to a community-led Provider service (see Appendix A)
- 5.2.2 An 18-week clock also starts upon a self-referral by a patient to the above services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a care professional. If the ratification process takes place on a date after the referral has been received, the Clock Start time is backdated to the day of receipt.
- 5.2.3 Upon completion of an 18-week Referral to Treatment period, a new 18-week clock only starts:
 - a) when a patient becomes fit and ready for the second of a community-led bilateral procedure
 - b) upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan;
 - c) upon a patient being re-referred into a community-led; interface; or referral management or assessment service as a new referral;
 - d) when a patient rebooks their appointment following a first appointment DNA (Did Not Attend) or cancellation that stopped or nullified their earlier clock, and where Livewell Southwest can demonstrate reasonable notice had been given

5.3 Clock Stops

5.3.1 Clock stops for treatment and management

A clock stops when first definitive treatment/management starts. This could be:

- a) Treatment provided by a community service

¹ Where a service does not routinely see a patient within 48 hours because the delay is clinically necessary and planned, for example, a transfer of care from acute ward to rehabilitation ward, this will not trigger a requirement to report Referral to Treatment times under these rules

- b) Therapy or healthcare science intervention
- c) during a first assessment where the clinician and patient/service user agree that a first definitive treatment has been provided. If however there is a further planned wait between this assessment and the course of treatment or therapy, the clock continues to tick until the first appointment where treatment commences following this initial assessment.

5.3.2 Clock stops for 'non-treatment'

An 18-week clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

- a) A clinical decision is made to start a period of active monitoring;
- b) A patient declines treatment having been offered it;
- c) A clinical decision is made not to treat;
- d) A patient DNAs (Does Not Attend) their first appointment following the initial referral that started their 18 week clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient ²
- e) A patient DNAs any other appointment and is subsequently discharged back to the care of their GP, provided that:
 - i) the provider can demonstrate that the appointment was clearly communicated to the patient;
 - ii) discharging the patient is not contrary to their best clinical interests;
 - iii) discharging the patient is carried out according to local, publicly available, policies on DNAs.
 - iv) These 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. **Please see Livewell Southwest Safeguarding Children Policy for further information.**

² DNAs for a first appointment following the initial referral that started an 18-week clock nullify the patient's clock (i.e. it is removed from the numerator and denominator for Referral to Treatment time measurement purposes).

6. Monitoring Compliance and Effectiveness

This policy must be updated where changes to Referral to Treatment rules for community services are made at a national, regional or local level.

The compliance of this policy will be monitored by audit of Primary Target Lists.

The effectiveness of this policy will be monitored through performance monitoring of Referral to Treatment times.

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Finance

Date: 27th July 2016

Appendix A

List of Provider Community Services Included for Local Referral to Treatment Reporting and Clock Start and First Definitive Treatment

Community & Rehabilitation Services	
Service	Clock Stops for First definitive Treatment
Asylum Seekers and Refugee Community Health Screening Service	First face to face visit for screening. No separate assessment
Cardiac Rehabilitation Stage 3	Exercise/education programme commences. Following a separate initial assessment
Community Neuro Psychology Service	Neuro Psychologist assesses and commences treatment at first visit No separate assessment stage
Contenance	Treatment at first visit. No separate assessment
COPD (including pulmonary rehabilitation)	Assessment and treatment/advice at first visit. No Separate assessment
Dental: <ul style="list-style-type: none"> ○ Special Care ○ Phobic ○ Oral Surgery ○ Paediatrics ○ General Anaesthetics ○ Orthodontics 	Assessment and treatment/advice at first visit Following a separate initial assessment GA – Treatment at first visit with no separate assessment
Dietetics	Assessment and treatment/advice at first visit. No Separate assessment
Falls Service (Balance and SafetyGroup)	Two scenarios: 1) No separate assessment stage and 2) Treatment follows separate initial assessment
Heart Failure Specialist Nurses	First face to face visit for screening. No separate assessment
Therapy Unit (formerly Day Therapy)	Commences treatment programme at first clinic. No separate assessment
Orthotics	First trial fit Following separate initial assessment
Podiatry	Commences treatment programme at first clinic or visit No separate assessment stage
Prosthetics	First trial fit Following separate initial assessment
Reablement	Commences treatment programme at first

	visit No separate assessment stage
Parkinson's	Assessment /treatment at first visit. No separate assessments.
Weight Management <ul style="list-style-type: none"> ○ Children ○ Adults 	Commences treatment programme Following separate initial assessment
Wheelchair Services	First trial fit Following separate initial assessment
Adult Mental Health and Learning Disability Services	
Service	First definitive Treatment
Assertive Outreach Service	Commences treatment Following separate initial assessment
Asylum Seekers and Refugee Mental Health Access Team	Commences treatment at first visit. No separate assessment stage
Community Forensic Team	Commences treatment at first visit. No separate assessment stage
Learning Disability Services: Community Therapy <ul style="list-style-type: none"> ○ Arts and counselling ○ Psychology ○ Speech and Language Therapy ○ Physiotherapy ○ Occupational Therapy ○ Dietician Challenging Behaviour Service LD Parenting Team Primary Service Team Psychiatry	Two scenarios: 1) No separate assessment stage and 2) Treatment follows separate initial assessment
OPMH CMHT incorporating: <ul style="list-style-type: none"> ○ Psychology ○ Psychiatry outpatients ○ Memory service ○ Day Therapy 	Commences treatment at first visit or clinic No separate assessment stage
Primary Care Liaison Services incorporating: <ul style="list-style-type: none"> ○ Psychology ○ Psychotherapy ○ Outpatient psychiatry 	Two scenarios: 1) No separate assessment stage and 2) Treatment follows separate initial assessment
Children's and Families Services	
Service	First definitive Treatment
Children's Speech and Language	Treatment follows separate initial assessment
	Two scenarios:
Community CAMHS Early Years Team	1) No separate assessment stage and 2) Treatment follows separate initial assessment

Community CAMHS Plymouth MDT Cornwall MDT	
Community CAMHS Children in Care	
Community CAMHS Severe Learning Disabilities Community CAMHS Outreach	

Appendix B

List of Excluded Services with Justifications for Exclusion

(NB 1: Services not provided by Livewell Southwest Provider Services are not included within this framework for reporting Referral to Treatment; NB 2: Consultant led services and some GPwSI services report under the National Clock Rules and are therefore not included within this framework)

Community & Rehabilitation	
Service	Justification for exclusion
Cardiac Rehabilitation Stage 2	No waiting list for phase 2 treatment programme
Continuing Care	Continuing Care does not treat patients. No RTT to measure
Dentistry: 1)General Care 2) Orthodontics – Tavistock and South Hams	1.Crisis service (for pain management), sees patients within 24 hours. No waiting list 2. No Waiting List
Devonport Integrated Team Pilot	No Waiting List Service
District Nursing	No waiting lists. Urgent see in 1-2 hours. Non-urgent contacted within 24 hours. Others – contacted between 48-72 hours
Environmental Controls	Levels of activity approximately 12 patients per year. No current waiting list and currently no clinician in post.
ICES	This service does not provide a treatment. It provides equipment and this will be captured in RTT for provider services (e.g., Reablement)
LCC Kingfisher / Skylark	No Waiting List service – transfer of care
Minor Injuries Unit	Crisis/Emergency Service
Onward Care Team	OCT do not treat patients. No RTT to measure
Palliative Care (1-2-1 service and SCT)	No Waiting List service
Plym NRU	No Waiting List service – transfer of care
RITA	Emergency/Crisis intervention service
Stroke Rehabilitation Unit	No Waiting List service.
Supported Discharge Team	Patients seen within 48 hours
Adult Mental Health and Learning Disability	
Service	Justification for Exclusion
Asylum Seekers and Refugee Mental Health Access Team	No Waiting List
Bridford	No Waiting List service.
Edgcumbe	No Waiting List service – transfer of care
Gables	No Waiting List service – transfer of care
Gateway	Crisis service, No waiting list and clients seen immediately
Harford	No Waiting List service.
Home Treatment Team	Crisis intervention service with no waiting list. All

	service users seen within 24 hours
Lee Mill	No Waiting List service – transfer of care
Primary Care Mental Health Services	Reporting RTT under a different data set requirement (IAPT)
Syrena	No Waiting List service – transfer of care
DARTS	No Waiting List Service
Children’s and Families Services	
Service	Justification for Exclusion
CAMHS Tier 4	No waiting list service
Community CAMHS Primary Mental Health Worker Devonport	No Waiting List Service
Family Planning	All Patients seen within 48 hours. No waiting list service
Community Public Health Nursing 0 – 19 Service,	No Waiting List. Care is transferred from Midwife.
School Nurses	No Waiting List Service

Appendix C – see PDF attachment.

Referral to Treatment Outcome Coding Set (Patient Tracking List Patients/Clients only)

Codes to indicate treatment not given. Clock still ticking			
Please tick	Code	Definition	Description
	RTT01	Seen for assessment. Awaiting first treatment for same clinical condition. Clock still ticking	Where an assessment has taken place and the patient/service user has a further planned wait (remains on the waiting list) prior to commencing treatment
	RTT02	Did Not Attend. Clinical Interest to Rebook. Clock Reset	See also RTT 14. Where a patient/service user has failed to attend without giving prior notice. However, due to the patient/service user clinical risk, there is a clinical decision to rebook. The clock is reset, however the patient/service user may be rebooked as urgent (otherwise, as the RTT clock is reset, the patient will go to the back of the PTL).
	RTT03	Patient Cancellation. Rebooked.	See also RTT 17. A patient/service user may cancel and rebook their first appointment twice – three cancellations in total. On the first and second cancellation, RTT03 will always apply. On the third cancellation two scenarios could apply: 1) due to the clinical risk the clock is reset, RTT03 , and the patient can be rebooked (urgent if required – otherwise, <u>as the RTT clock is reset, the patient will go to the back of the PTL</u>). 2) Alternatively, the clinician may decide to discharge and refer back to the referring agency where there is no clinical risk and reasonable notice has been given - RTT17 will apply.
	RTT04	Provider cancellation. Clock still ticking	A patient or service user can only be cancelled for an appointment, where an RTT clock is ticking, on one occasion.
	RTT05	Re Referral. Clock Start	This is a temporary code to be applied where a service has a waiting list in excess of 18 weeks and where a previously treated patient or service user has been re referred for a re-emergence of the same clinical condition. RTT05 places the patient ahead of routine patients
	RTT06	Refer to other department. Different clinical condition. New clock start. Initial RTT clock still ticking (no first treatment).	The patient or service user has been assessed and not treated. However, a further different condition has been identified and the patient is referred onto a different Community Services clinician.
	RTT07	Inter Department Transfer – Same Clinical Condition. RTT Clock Still ticking	The patient or service user has been assessed and not treated. The clinician has referred the patient onward to a different department for the same clinical condition. The Clock start date will be migrated with the patient into the onward department waiting list.

Codes to indicate treatment has been given. Clock stopped			
Please tick	Code	Definition	Description
	RTT10	1 st Definitive treatment. Patient discharged. Clock stops	Where the first treatment is provided and the patient is discharged at the same appointment
	RTT11	1 st Definitive treatment. Taken onto caseload/episode of care opened. Admitted. Clock Stops	Where the first treatment is provided and further treatment is expected. The patient or service user will usually be taken onto caseload. Alternatively, the patient has been admitted – the clock stops at the point of admission
	RTT12	Clinical decision not to treat. Discharge. Clock stops	The clinician has decided that treatment is not required.
	RTT13	Inappropriate referral. Discharge back to referrer. Clock stops	The clinician has decided that the referral is inappropriate
	RTT14	Did not attend. Discharge back to referrer. Clock stops	See also RTT02. The patient or service user has not attended and no prior notice was given. If reasonable notice has been given, and it is not contrary to their best clinical interests, the clinician may discharge the patient.
	RTT15	Patient/client decision not to treat. Clock stops	The patient or service user has chosen not to accept treatment and the clinician discharges. There are some circumstances where services will refer to relevant legislation or policy to pursue or enforce treatment – RTT11 may apply in those circumstances
	RTT16	Refer to other department. Different condition. New clock start. Initial RTT clock stopped (first treatment provided).	The clinician has stopped the clock for the referred condition. However, a further clinical condition has been identified and the patient or service user is referred to a different Livewell Southwest Community Service.
	RTT17	3 rd Patient/Client Cancellation. Discharge. Clock Stops	See also RTT03. This code will only apply where a patient or service user has cancelled on 2 previous occasions (for the same appointment) and has cancelled again. Should reasonable notice have been given, the clinician can discharge the patient. If however it is in the patient's or service user's best clinical interests to rebook, RTT03 will apply.
	RTT18	Watchful Waiting. Clock Stops	Where the clinician has assessed the patient or service user and rather than treating him or her, the clinician will take onto caseload in order to 1) observe and monitor the progression of the condition or 2) undertake a prolonged period of assessment.
	RTT19	Removal for reason other than treatment	Reasons not listed above. This could include patient moved out of area