

Livewell Southwest

## **Referral to Treatment and Access Policy**

Version No. 7

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 approved version of this guidance. Staff must ensure they are using the most recent guidance.**

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**Asset Number**            **412**

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## **Referral to Treatment and Access Policy.**

### **1 Introduction**

- 1.1 Waiting times for patients is an important indicator of the quality and efficiency of the services we provide to the Health Community.
- 1.2 The Board of Livewell Southwest has made a commitment to reduce waiting times across all of its services, to bring them in line with the national target of 18 weeks from referral to treatment for secondary care referrals.
- 1.3 With the onset of free choice of provider for patients the delivery of the maximum waiting times will have the potential to impact upon the viability of services we provide as an organisation.
- 1.4 Referral to Treatment waiting times have been developed to ensure that all aspects of the waiting time 'experience' for patients are taken into account. As a result it marks a distinct move away from stages of treatment e.g. a wait for an outpatient appointment. Therefore it is important that there is an understanding that all aspects of the patient's journey are now included in reported waiting times – this will include awaiting decisions on diagnostics and all administrative processes.
- 1.5 It is imperative that all members of staff understand the 'rules' that govern the management of patients who are on our waiting lists. This is primarily to ensure that no patient is unnecessarily disadvantaged. It is the responsibility of every member of staff to ensure that these rules are applied equitably.

### **2 Purpose**

- 2.1 This policy has therefore been developed to facilitate the clinical directorates in effectively achieving the Referral to Treatment maximum waiting time.
- 2.2 This policy applies to all waiting lists managed by Livewell Southwest Provider Services, including outpatient, community and therapeutic services. It defines the roles and responsibilities and establishes a number of good practice guidelines to assist staff in improving access for patients.
- 2.3 This policy does not apply to those instances when a child or young person with an open episode of care in Livewell Southwest does not attend an appointment. The policy that outlines the process to follow in this situation is the Safeguarding Children policy. It can be found on Healthnet.

- 2.4 This policy ensures that Livewell Southwest manages its referral to treatment processes in accordance with the guidance set out in the South West Strategic Health Authority Document “Framework for the Management of Scheduled Care in the South West” (January 2008) and the rules governing referral to treatment as defined in the Department of Health 18 week Clock Rules.

**In order to work towards equitable standards across the Plymouth Health Community, this policy also aligns general principles regarding access with the local acute services provider, Plymouth Hospitals NHS Trust.**

### **3 Duties**

- 3.1 The successful management of patients who are waiting for an appointment or treatment is the responsibility of health and social care staff and organisations. If patients who are waiting for appointments or treatment are to be managed effectively, it is essential that everyone involved has a clear understanding of their roles and responsibilities.
- 3.2 Executive accountability for the implementation of this policy lies with the Chief Executive and the Board
- 3.3 Service Commissioners must ensure that service agreements are established with sufficient capacity to ensure that no patient waits more than the guaranteed maximum time.
- 3.4 Individual management teams are responsible for ensuring that this policy is applied in all cases and that the appropriate infrastructure is in place to enable delivery.
- 3.5 All clinical and non-clinical staff are responsible for ensuring that the principles of this policy are followed.
- 3.6 Patients are responsible for ensuring that they comply with booking procedures and protocols based on the information supplied to them via correspondence and leaflets, and equally, it is the duty of service managers and clinicians to make patients aware of what is expected and the consequences of not complying.
- 3.7 Business Intelligence is responsible for the production of timely and accurate data concerning waiting lists and Referral to Treatment times, in accordance with local and national mandates.

## 4 Definitions

Patient	The subject of the care being provided. Where the policy refers to patients, this also includes clients and service users
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
Referral (Clock Start)	A formal request that a patient is seen for advice, examination, consultation, investigation or treatment. Each service will decide with its referring agencies and commissioners from whom referrals will be accepted. Referrals can be either internally or externally initiated. A waiting time Clock starts at the point when the service receives the referral.
First Definitive Treatment (Clock Stop)	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.
Referral To Treatment (RTT)	RTT 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.
Clock Nullification	Although a Referral to Treatment clock may have started, should a patient not attend (see 6.4.4 and 6.4.5) the clock may be nullified (i.e., it is as if the referral never existed).
Waiting List	A waiting list is a chronological record of patients waiting for an appointment based on clinical priority. This includes new GP referrals, Choose and Book and Sentinel referrals, and internal referrals. The organisation of the waiting list helps the regular review and assessment of patients waiting for an appointment. The waiting list must be held in the waiting list module of the relevant electronic clinical system.
Patient Tracking	A Patient Tracking List is a detailed, chronological list of patients waiting for treatment. The Patient Tracking List draws information from electronically held waiting lists and provides

List	services with full visibility of a patient's Referral to Treatment Pathway and demographic information. The Patient Tracking List is the central reference point for waiting list management.
Consultant Outpatient	Patients referred to a medical consultant by a GP, clinician or other medical consultant for advice, examination or treatment. The patient is not, at the point of referral, expected to require inpatient treatment, however this may be an outcome of the outpatient appointment. A referral to a consultant outpatient service triggers an 18 week pathway in accordance with the national 18 week rules.
Inpatient	Patients who require admission to hospital for treatment and are expected to remain in hospital for at least one night
Day case	Patients, who require admission to hospital for treatment, will need the use of a bed but are not expected to stay in hospital overnight. This will apply to patients receiving ECT.
Community Service	For the purposes of this policy a community service is a non-consultant-led service providing advice, examination or treatment/therapy. This includes, but is not limited to, community physiotherapy, speech and language or occupational therapy services; community mental health services including psychotherapy and psychology services, orthotics, prosthetics, wheelchair services, dentistry, dietetics, podiatry and specialist nursing services. A number of clinics would also fall within this broad definition. A referral to a community therapy service triggers an 18 week pathway in accordance with local Livewell Southwest rules.

## **5 Key Principles for all Waiting Lists**

### **5.1 The Services Included and Excluded in Referral to Treatment reporting**

5.1.1 Many of the services provided by Livewell Southwest are no-waiting services. The Referral to Treatment times for these services will not be subject to this policy because those services do not hold waiting lists. Separate auditing processes will apply to ensure these services provide an efficient and timely provision of care. The rules governing inclusion and exclusion of services for Referral to Treatment reporting, along with a list of included and excluded

services, are set out in the separate document The Livewell Southwest Referral to Treatment Rulebook Version No 2

- 5.1.2 A small number of Livewell Southwest services, notably consultant outpatient clinics, are subject to National 18-Week Rules. These services must comply with the national standards and report on these as required by the Department of Health and Strategic Health Authority.
- 5.1.3 Livewell Southwest provides a significant number of services which do not fall within the National 18-Week rules, where the patient nevertheless experiences a wait along their pathway to treatment. In these cases, the principle that the patient will wait no longer than 18 weeks from Referral to Treatment will apply.
- 5.1.4 Wherever a service is excluded for Referral to Treatment reporting, this decision must be made jointly with service Assistant Directors, Lead Commissioners and the Contract Accountant .
- 5.1.5 The following principles apply where services are being considered for exclusion:
- a) Where a service does 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 hours<sup>1</sup>
  - 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 Waiting Lists should be managed according to clinical priority**

- 5.2.1 Clinical priority must be the main determination of when patients are seen in outpatients, in the community services or admitted as inpatients. As a principle, patients of the same clinical priority will be seen in chronological order. Patients may only be categorised as urgent or routine. There are only three reasons why a patient may be seen out of chronological order: 1) due to a clinical priority; 2) where the injury or condition is due to military service (see 5.11 below), or exceptionally, 3) for operational efficiency (i.e. location), however this will only apply where the Referral to Treatment pathway of other patients is not unduly affected.

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<sup>1</sup> 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 RTT times within this framework

5.2.2 Good Practice in waiting list management includes reviewing, or validating, the list at regular intervals. This would create the opportunity to prevent clinical deterioration by early action, and increase service capacity by removing those from the waiting list who no longer need to be seen. It is recommended therefore that services develop specific guidelines for waiting list validation that relate to their client group and the risk they represent. These guidelines should incorporate any best practice associated with relevant NSF and NICE guidance, and include frequency of validation, action to be taken, who by and how recorded.

### **5.3 Transparency**

5.3.1 Communication with patients should be informative, timely, clear and concise. The process of waiting list management should be transparent to the public.

5.3.2 All policies, procedures and performance information will be made widely available, including to the general public (unless there is a specific justifiable reason for restricted availability).

5.3.3 The management of patients on waiting lists will be equitable and transparent. All patients will be treated equally regardless of age, ethnic origin, gender or sexual orientation, in line with Livewell Southwest diversity policies.

**Should concerns or complaints are raised by service users, referrers or carers these should be dealt with in line with Livewell Southwest's Managing Complaints policy.**

### **5.4 Training**

5.4.1 An appropriate training programme should support all levels of staff *on an ongoing basis*, with special regard given to newly recruited staff. Training is delivered as part of the SystemOne training. Mandatory training and updates include information on Safeguarding Children and Adults. All staff involved in the implementation of this policy, clinical and clerical, will undertake training and regular updating. Policy adherence will be part of the administrative staff appraisal process and the Knowledge and Skills Framework.

### **5.5 Management Information**

5.5.1 All waiting lists and activity must be recorded on an appropriate electronic clinical system: wherever possible this should be SystemOne. Other systems may be used where there is appropriate waiting list management functionality that can be accessed to feed into the performance management process.

5.5.2 Monitoring of achievement of the Referral to Treatment pathway will be by production of Primary Target Lists (PTL's) measuring the patient's length of wait. See section 5.8 for further details.

5.5.3 Risk management processes should be considered in managing waiting lists where compliance with standards is problematic.

## **5.6 Clinic and Session Management**

5.6.1 Where necessary a minimum of 8 weeks notice of planned annual leave or study leave must, in normal circumstances, be given when clinicians require a session to be cancelled or reduced.

5.6.2 No sessions are to be cancelled once they have patients booked into them. If, under exceptional circumstances, this is necessary then agreement must be obtained from the operational manager of the service, but accountability for cancelling the session lies with the assistant director.

5.6.3 Clinical staff and related rotas must be completed and distributed to relevant people. This needs to be done at least 6 weeks in advance to ensure the effectiveness of booking procedures and protocols.

## **5.7 Local Referring Protocols**

5.7.1 It is recognised that each service at a local level will have systems and processes that are unique to their particular area and population, and will necessarily have particular issues that cannot be covered in a single, generic policy. Because of this services must ensure that they develop and monitor explicit protocols between themselves and their referring agencies. These protocols must be based on the principles set out in this policy.

5.7.2 Where this is not possible, any deviations from this policy must be objectively justifiable and agreed with the service assistant director and lead commissioner.

## **5.8 Patient Tracking Lists (PTLs)**

5.8.1 The use of a Patient Tracking List is mandatory for all areas when booking patients for appointments or treatment. On no account should different systems be used when selecting patients e.g. a diary or a paper-based system.

5.8.2 Under no circumstances should a patient be booked past their treat or see by date. If it is not possible to appoint a patient within these dates then the relevant directorate manager must be informed so that additional capacity can be arranged.

5.8.3 The treat by date needs to be considered carefully by all services, especially where the clock will not necessarily stop at the first contact or appointment.

There should be the shortest possible wait to first appointment in order to accommodate any possible complications to the pathway, such as patient cancellations, diagnostic tests or onward referrals. (Please see 6.2.1)

## **5.9 Reasonable Offer of Appointment**

- 5.9.1 A reasonable offer is defined to be an offer of a time and date 3 or more weeks from the time that the offer was made. Any appointment agreed between the service and the patients within this definition of a reasonable offer is automatically considered to be reasonable. Patients may be offered and choose to accept dates earlier than the 3 week reasonable offer notice period.
- 5.9.2 If a patient has had the opportunity to agree a date either in a face-to-face discussion or via a telephone conversation then this will count as being a reasonable offer of appointment or admission.

## **5.10 Internal and External Referrals**

- 5.10.1 Where a clinician has made a referral to another clinician for a further assessment or treatment for the **same clinical condition** and has not referred the patient back to his or her GP, the patient wait for this second appointment will be included in the overall calculation of length of wait for the purposes of 18-week measurement, unless the initial clinician has provided a first definitive treatment.
- 5.10.2 Should the clinician, in their clinical judgement, believe that the patient's condition is such that their GP should decide upon the next course of action, the clinician will refer back to the GP and the patient's clock will be stopped.
- 5.10.3 If the clinician makes an internal referral for an **unrelated condition** then a new episode of care will commence and a new 18-week clock will start.

## **5.11 Access to Health Services for Military Veterans and War Pensioners**

### **5.11.1 Definition of War Pensioners:**

A war pensioner has previously been classified as someone who has a pension or who had a gratuity for disablement caused by armed service during the 1914 -18 and 1939 - 45 wars and service since 1945. This includes merchant seamen and civilians who receive pensions for wartime injuries.

### **5.11.2 Treatment of Military Veterans and War Pensioners**

All veterans should receive priority access to NHS services for any injuries or conditions that are likely to be associated to their service.

NHS services should give priority to war pensioners, both as outpatients and inpatients, for examination or treatment which relates to the condition or conditions for which they receive a pension or received a gratuity (unless there is an emergency case or another case demands clinical priority). Priority should not be given for unrelated conditions.

It is for the referrer to alert the provider service as to the status of the patient, and it is for the Livewell Southwest clinician to determine whether it is likely that the condition the Military Veteran or War Pensioner is being seen for is service related.

## **5.12 Transfers between Providers including Private providers**

- Where National 18-week rules apply, a transfer between provider services (both within and outside of the LSW) will be accompanied by an Inter Provider Transfer form, which will advise the receiving provider service where the patient is on their 18-week pathway and the date of their clock start.
- Where a patient is transferred between providers in order to facilitate treatment with a shorter waiting time, the original date of decision to treat is retained.
- If a patient refuses the offer of treatment by an alternative clinician, i.e. wishes to be treated by the clinician to whom they were referred, the original decision to treat date is retained and the patient must be treated by the chosen clinician in compliance with current waiting times targets.
- If a patient agrees a date with an alternative provider or clinician, and subsequently cancels or does not attend, this should be treated in accordance with 6.4.3 and 6.4.4. below.
- A clear audit trail must be maintained and fully documented.

## **6 The Referral to Treatment Pathway**

### **6.1 Referrals and the Clock Start**

6.1.1 Where no specific specialist requirements apply then clinicians will be encouraged to refer to a service rather than an individual. This will ensure that there is an equalisation of waiting lists and that the maximum waiting time for all patients will be reduced.

6.1.2 Regardless of the referrer, as a matter of principle the date that the service receives the referral will be the “Clock Start” date for waiting list management purposes. For Choose and Book patients this is when the patient converts their Unique Booking Reference Number (UBRN).

6.1.3 For patients whose referral has been received via the post, fax or telephone the Referral to Treatment “clock” will commence at the point that the referral has been received by the service. All referrals will be date-stamped on receipt.

6.1.4 Where a waiting list entry is required this must be triaged by a clinician, within two working days of either patient contacting the service or the receipt of the referral.

#### **6.1.5 Referral Principles**

- The organisation will work to ensure that all referrals are made to the most appropriate practitioner.
- Referral should be added to LSW Information Technology systems within 1 working day of receipt
- Services will have a system in place to discuss with referrers any referral that a practitioner deems inappropriate.
- Patients who are referred as 'open-referrals' to a speciality will be allocated to the practitioner with that sub specialisation or having the shortest waiting time.
- Choose and Book will be the mechanism for referral to all consultant outpatient clinics

#### **6.1.6 Referral Letters**

- All referrals must include full demographic details including telephone numbers, daytime and evening, to ensure that the patient can be contacted promptly.
- A letter will be sent to patients informing them of their referral being received and whether they are being placed on a waiting list. In some instances it will be appropriate instead to send a confirmation letter of appointment.
- A letter of referral from the referring clinician to the service must be clear about the minimum patient information requirement. This will allow prompt and appropriate handling of referrals. The referrers will be contacted if the necessary information is missing and the clock not started until all necessary information is available.

### **6.2. Bookings**

6.2.1 All patients, regardless of their method of booking, must be sent a letter confirming the time, date and location of their appointment. Where additional information is required for their appointment e.g. health questionnaires etc.,

this should also be included at this stage and patients must be aware of the consequences of cancelling or not attending.

6.2.2 Additions to the waiting list must not, under any circumstances, be back-dated, unless as a result of a previous administrative error. In such circumstances approval from the relevant directorate manager must be sought.

6.2.3 No patient should be added to the waiting list if they are unfit or unready for their treatment. It is however recognised that patients may become clinically unfit after they have been listed, or unavailable due to an extended holiday, for instance. In the event of this occurring, an assessment must be made on the likely duration of the period of unavailability. Short-term periods of unavailability (two weeks or less) must be absorbed into the overall patient waiting time. Where there are periods of unavailability greater than two weeks the service may consider referring the patient back to the initial referrer. Should this occur, patients must be informed, in writing of this decision and an explanation given as to the next course of action. In this instance clear guidelines must be given to the GP or referrer regarding patient condition to warrant re-referral.

#### **6.2.4 Bookings: First Assessment**

Where there is a likelihood that the first definitive treatment will not take place during the first assessment, that service must routinely book the first assessment within 11 weeks of the initial referral. Sometimes, a separate, lower mandate exists which must be adhered to. This 11-week timeframe will give the service time in which to arrange and deliver the first definitive treatment within 18 weeks. The 11-week assessment target may only be increased where a formal agreement exists between the service provider and the commissioner. There must be a guarantee that the new target won't effect the 18 week Referral to Treatment target.

The 11-week Referral to Assessment target will be reduced in accordance with the Referral to Treatment target reductions in 2011.

### **6.3 Follow-Up Waiting Lists**

6.3.1 Where patients require a follow-up consultant outpatient appointment, they must be added to the relevant follow-up waiting list.

6.3.2 It is imperative for the reporting of Referral to Treatment waiting times that all follow-up waiting list entries are coded with the relevant Referral to Treatment code.

6.3.3 If a patient requires the outcome of refer for diagnostics from their consultant outpatient appointment then they must be added to a follow up waiting list with the relevant Referral to Treatment code

## **6.4 Cancellations, Non-Attendance and Relocation**

### **6.4.1 Service Cancellations**

Whenever a service cancels an admission or appointment for non-medical reasons, the patient must be given a re-arranged date within 28 days of their original appointment date or within the see by date according to the Referral to Treatment pathway (whichever is sooner). No patient should be cancelled on more than one occasion.

### **6.4.2 Re-instating a patient onto the Waiting List**

In the event of a patient requiring to be returned to the waiting list due to a clerical error then the previous waiting list entry must be reactivated rather than establishing a new entry.

### **6.4.3 Patient Cancellations**

Where a patient gives notice of non attendance of an agreed appointment they should be informed at the time that if they are unable to rebook the appointment straight away they must instead make contact within 2 weeks or they will be referred back to the initial referring agency. This must be backed up by a letter, to serve as a reminder.

**If a patient cancels two previously booked appointments, assuming reasonable notice has been given, they may be removed from the waiting list.**

However, where it is not clinically suitable to discharge a patient, their Clock will instead be reset (this will not preclude the clinician from treating the patient as a clinical priority, or rebooking him or her into the next available clinic/visit).

Where a patient is discharged, a letter must be sent to the patient and their GP explaining the decision.

Where time permits, attempts should be made to replace patients who postpone their admission.

NB: See also 6.4.5 Children who did not attend

#### **6.4.4 Adults who Did Not Attend (DNA's)**

A Did Not Attend is defined as where a patient fails to attend an appointment, clinic or is absent from a home visit without prior notice.

In the event of a patient not attending their appointment date, where a service intends to discharge the patient, then the service must be able to demonstrate that the following has been carried out.

- The appointment offered was reasonable and that due process was followed e.g. a letter was sent to the correct address.
- An investigation into the reasons for the DNA has been carried out (this may be an attempt made to understand why the patient did not attend)
- Discharging the patient represents no clinical risk

The patient may then be discharged and returned to the care of their GP

**(\*NB: See 6.4.5 below concerning children who do not attend).**

If the Clinician feels there is a significant clinical risk it is at their discretion to re-send the patient another appointment date. Nevertheless, should the clinician agree to re-book the patient, because the service is not at fault regarding the DNA, the original 18 week Clock is nullified and a new Clock reset. Resetting the new clock does not preclude the clinician from seeing the patient as urgent, or booking him or her into the next available clinic/visit.

If a patient cancels an appointment on the same day of the appointment or visit, this is regarded as a DNA and not a cancellation.

#### **6.4.5 Children who did not attend (DNA)**

There will be occasions when children and young people fail to attend clinic appointments. Given that they are reliant on their parent or carer to take them to the appointment, this may trigger concern. Failure to attend may be an indicator of a families vulnerability, potentially placing the child's welfare at risk. Although this policy allows for clinicians and service managers not to send repeat appointment for adults who do not attend, this is not appropriate practice for children.

Children and young people who do not attend a first appointment should not be removed from the waiting list. A second appointment

should be offered and an attempt should be made to contact the parent or carer by telephone and ascertain the reason for non attendance.

In the event of a child or young person not attending their second appointment date, the service must be able to demonstrate that the following has been carried out.

- The two appointment offered were reasonable and that due process was followed e.g. a letter was sent to the correct address.
- An investigation into the reasons for the two DNA has been carried out (this may be an attempt made to understand why the parent did not bring the child or young person to the appointment)
- Discharging the patient represents no clinical risk

The child may then be removed from the waiting list and returned to the care of the referring agency

There will be occasions when the clinician makes a judgement, based on the information in the referral letter that a child's welfare or health and well-being may be compromised by removal from the waiting list. This then becomes a safeguarding concern. Failure to attend may be a pointer to wider concerns about the child's welfare, including possible neglect. In this instance the clinician should be proactive in contacting the referring agency and agree how they might work with Livewell Southwest to facilitate the families attendance at a third offer of an appointment. Families that are struggling are the least likely to respond to a request to contact the department to arrange another appointment. Following "LSW Policy" should never be cited as a reason for discharging children from medical care.

In services that offer an opt in for face to face triage, then two opt in opportunities should be provided. A third opt in opportunity should be provided following discussion with the referring agency if the child's welfare or health and well-being may be compromised by removal from the waiting list.

If it is not possible to engage a family and by non-attendance of three appointments or invitations to opt in and after discussion with the referring agency a family is assessed to be not meeting the needs of the child, the child should be returned to the referring agency and the referring agency should be advised in writing that safeguarding procedures should be considered and instigated as appropriate.

**If a parent or young person cancels or does not attend two previously booked appointments, assuming reasonable notice has been given, and**

**based on the information given in the referral letter, the presence of safeguarding concerns are not present, they may be removed from the waiting list.**

#### **6.4.6 Patients who relocate**

Patients should be contacted to see if they still want their treatment by the LSW. If so, the current Referral to Treatment pathway remains active.

#### **6.4.7 Patients who Reschedule/Unable to Attend (UTA's)**

Where reasonable notice has not been given, a patient may reschedule their appointment twice without stopping the clock; any further attempt to reschedule should result in a removal from the waiting list. Consideration should be given to discharging any patient who cancels and re-books their first outpatient appointment two or more times.

#### **6.4.8 Patient Unavailability**

Patients must be offered at least two reasonable appointment dates within the maximum waiting time standard. If these are declined and the patient is unavailable to attend within the waiting time period then the patient may be discharged to the care of their GP (however, as above, consideration must be given by services to the clinical appropriateness of not pursuing the patient for treatment – for instance, children and vulnerable adults).

#### **6.4.9 Patient Initiated Delays**

##### **18 week consultant-led pathways**

Patient Choice at inpatient admission – The patient should be given two reasonable offers of an admission date. If these dates are not accepted by the patient they should be appointed for a date of their choice and the decision details recorded. **This is the only situation in which it is possible to pause the 18 week clock. The clock is *paused* for the duration of the time between the first reasonable offer and the date from which the patient says they are available.** If the patient is not willing to accept any dates, then the patient should be discharged.

##### **18 week non-consultant community pathways**

Apart from exceptional circumstances where a formal agreement exists between service managers and service commissioners, there are no circumstances where an 18 week clock will be paused for community services.

#### **6.4.10 Patients Considering Treatment Options**

If a patient would like to wait while they decide on their treatment then they must be added to a follow up waiting list with the relevant RTT code. The maximum time period is two weeks. If the patient has failed to contact the service within this period of time to let the service know their decision then it is the duty of the service administration staff to contact the patient.

### **6.5 Clock Stop Times**

6.5.1 The Clock Stops when the patient has received their first definitive treatment (please see 4 above).

6.5.2 Where a patient is referred into an Livewell Southwest community service (regardless of geographical location or function) from a secondary care provider this is regarded as a Clock Stop event, as defined in 17 d of the National 18-Week Clock Rules. On receipt of referral, the relevant Livewell Southwest service will then, where appropriate, start a new 18-week clock.

6.5.3 The clock stops when a patient declines treatment having been offered it. However, it is recognised that in some instances, whilst the clock may have stopped, it is clinically appropriate to continue to attempt to engage the patient.

6.5.4 The clock also stops when the clinician makes a decision not to treat. This decision must be clinically justifiable and made in the best interests of the patient. The patient will be referred back to their GP.

## **7 Monitoring Compliance and Effectiveness**

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 and the achievement of all services meeting the 18 week referral to treatment target.

**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: 27<sup>th</sup> July 2016