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Access Policy

CONTROLLED DOCUMENT

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REVISION HISTORY

Revision History

Version	Date	Description	Author(s)
V001		New document	POLICY OWNER
V002	October 2017	Reviewed. EIA completed. Put into InHealth format IPMS changed to IPMS throughout the policy	Val Colquhoun

1.0 INTRODUCTION

This policy details how patients will be managed administratively within InHealth Pain Management Solutions (IPMS) and has been developed to ensure that the company provides a consistent, equitable and fair approach to the management of patient referrals and admissions that meets the requirements of the NHS Operating Framework and the commitments made to patients in the NHS Constitution. This policy should be read alongside the 'Managing RTT Clocks within Pain Management Solutions' document which has been designed as an operational guide for members of the admin team to follow.

The NHS Constitution states that patients can expect to start their consultant led treatment within a maximum of 18 weeks of referral for a non-urgent condition. This policy describes how IPMS monitors and reports performance relating to Referral to Treatment (RTT) Waiting Times and is consistent with the NHS 18 Weeks Guidelines.

The NHS RTT rules are very clear that the 18 week operating standards only apply to consultant led services. For avoidance of doubt, services provided by IPMS are not all consultant delivered but ARE all consultant led.

2.0 PURPOSE OR AIMS & OBJECTIVES

Ensuring that patients can expect to start their consultant led treatment within a maximum of 18 weeks of referral for a non-urgent condition in line with the NHS Constitution. This policy describes how IPMS monitors and reports performance relating to Referral to Treatment (RTT) Waiting Times and is consistent with the NHS 18 Weeks Guidelines.

3.0 SCOPE

This policy applies to all InHealth staff, practitioners with practising privileges, agency workers and contractors working for or on behalf of InHealth.

'InHealth' or the 'Company' refers to all Companies in the InHealth Group of Companies including holding, subsidiary and associated companies within the meaning of the Companies Act 2006 Section 1159.

4.0 DEFINITIONS

RTT Clock - The 'Referral To Treatment' clock is used to track all patients to ensure that Pain Management Solutions provides treatment to patients within 18 weeks of a referral. All patients have the legal right to receive treatment from Pain Management Solutions within 18 weeks (126 days) of a referral into our service.

Clock Start –

A clock start is classed as the first treatment in a referral to treatment period where the first treatment that is intended to manage the patient's disease, condition or injury will occur subsequently. A clock starts within Pain Management Solutions when 1) a paper referral or ERS referral is received by our service and directly from a GP or 2) the date of a GP referral to a clinical assessment service where the referral is first made to a clinical assessment service. The clock start date is recorded within the patient administration system (CompuCare).

Clock Stop – A clock stop is classed as activity that ends the referral to treatment period. A clock stops within Pain Management Solutions when 1) a referral is rejected 2) a patient declines treatment and self-discharges prior to receiving treatment, 3) a clinical decision is made to discharge the patient, 4) the patient dies prior to receiving treatment or 5) the patient receives treatment (i.e. attends a new patient appointment). The clock stop date is recorded within the patient administration system (CompuCare).

RTT Status – A Referral to Treatment (RTT) Status is a code that determines the status of the patient at various stages of care prior to receiving treatment. The code is recorded within the patient administration system (CompuCare).

First Definitive Treatment – Education and advice on chronic pain and self-management strategies is provided to all patients at their initial face to face consultation. The first definitive treatment is therefore provided at the 'New Patient Appointment' within Pain Management Solutions.

PTL – The 'Patient Tracking List' is a report which is run by the Access and Capacity Manager on a regular basis to list the status of all patients. The reports lists the number of days each patient has been waiting to receive treatment and can be used to summarise the number of 18 week waits or 52 week waits.

5.0 ROLES & RESPONSIBILITIES

5.1 Chief Executive Officer

Overall responsibility for all policies and processes in place within InHealth and the safe care and treatment of service users.

5.2 Director of Clinical Quality

Ensuring that the contents of this policy are fit for purpose and reviewed against relevant regulatory and professional requirements and publications.

5.3 Administrative and Clinical Managers

Responsible for implementing the policy standard, monitoring its implementation in the everyday activities. –

5.4 All Staff

Responsible for the ownership and undertaking functions in accordance with this policy

6.0 Key Principles

IPMS will, whenever possible, negotiate appointment dates and times with patients. IPMS will work to ensure fair and equal access to services for all patients, and ensure it meets its obligations towards people who have had, or have disabilities under the Equality Act (2010). This places a legal obligation on organisations to make reasonable adjustments to facilitate the care of people with disabilities. The decision as to what adjustments to make is not prescriptive, and must be agreed with the patient, their carer and the team caring for the person.

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IPMS will make every reasonable effort to ensure that patients are seen in order of clinical priority first and then their RTT waiting time. Whilst the importance of length of wait is recognised, IPMS will not prejudice clinical care as a means to improve RTT performance.

A patient's RTT status will be determined by a clinical decision, not an administrative workflow. All clinical, management and administrative staff will undertake training relevant to this policy and policy adherence will be part of the staff appraisal process.

IPMS will ensure that management information on all waiting lists and activity is recorded on an appropriate system. Stand-alone or paper based systems must not be used in isolation. Data from the patient record on the core clinical application (CompuCare) will be used to calculate all referral to treatment waiting times.

Although referred to as the general practitioner (GP) throughout the document, the referring clinician may be any health care professional with referring rights, including nurse specialists / consultants, allied health professionals within primary care, primary care assessment & triaging service or consultants from other secondary care providers.

IPMS will report RTT performance through the existing NHS statutory reporting channels – UNIFY and SUS. IPMS will ensure these are consistent with each other, and will report exceptional waits to commissioners at patient level with a narrative that explains why the patient has waited in excess of 18 weeks

7.0 National Operating Standards

7.1 Prior to October 2015, the following national operating standards applied to all patients:

7.2 95% of non-admitted patients will receive their first definitive treatment within 18 weeks (126 days) of their referral. Non-admitted patients have a pathway that ends in a clock stop for a non-treatment or non-day case treatment.

7.3 90% of admitted patients will receive their first definitive treatment with 18 weeks (126 days) of the referral. Admitted patients have a pathway that ends in a clock stop for a day case treatment.

7.4 92% of patients on an incomplete pathway will have waited less than 18 weeks at the point of measurement. An incomplete pathway is one where the clock has been started but not yet stopped.

7.5 Since 1st October 2015, the NHS and other providers of NHS funded healthcare are only accountable for the 92% incomplete pathway operating standard, although reporting remains mandatory for all standards.

7.6 The operating standards include a tolerance for patients for whom treatment cannot be delivered within 18 weeks. There are a number of important reasons why not everyone can or should be treated within 18 weeks:

7.7 Patients for whom it is not clinically appropriate to be treated in 18 weeks (CLINICAL REASONS).

7.7 Patients who choose to wait longer for one or more elements of their care (PATIENT CHOICE).

7.8 Patients who (choose not to) do not attend appointments (CO-OPERATION).

8.0 Clock Starts

8.1. A clock starts when a GP or other healthcare professional refers a patient to IPMS to be assessed and treated before responsibility is transferred back. For paper referrals this is the date IPMS receive the referral and add it onto the company Patient Administration System (PAS). For E-Referral (ERS) referrals (previously known as Choose & Book referrals) the clock starts on the date the patient calls to make an appointment and gives their Unique Booking Reference Number (UBRN).

8.2. A referral for a second clinical opinion, where overall responsibility for the care of the patient remains with the referrer, does not constitute an RTT clock start, and although the patient may well be seen by IPMS teams, their activity would be recorded as non-RTT.

8.3. Where a referral goes initially to a Clinical Assessment Service (CAS) or another provider the patient's clock starts on the date on which the CAS or other provider receives the referral and not the date in which IPMS receives the referral. When referrals are sent onto IPMS in these instances the patient can already have waited for many weeks, and although every effort will be made to commence treatment within the 18 week standard, compliance cannot be guaranteed. An inter-provider Transfer Pro-forma (ITP) should be completed in the event that a patient referral is received from an existing provider. The Admin Team Supervisor and Access and Capacity Manager should be made aware of any referrals from a CAS or another provider if the CAS or another provider has held onto the referral for longer than 8 weeks. A record of these instances should be made (by the admin team) within the 'Notes' field in the 'Amend RTT Clock Period Window' on the patient administration system (Compucare). This will allow these instances to become reportable through the Patient Tracking Lis (PTL)

8.4. National RTT rules permit a new clock to be started for patients on long term follow up pathways (active monitoring) where a decision to commence a new treatment plan is made. IPMS does not retain patients on long term follow up so this does not apply. If following completion of a referral-to-treatment period, a patient requires treatment for a substantially new or different condition then they would need to be re-referred and so started on a new RTT pathway.

9. Onward Referrals from Pain Management Solutions

9.1. The IPMS 'Inter-provider Transfer Pro-forma' (ITP) should be completed in the event that a patient is referred onto another service. This will allow RTT information to be transferred to another service. The form includes patient information alongside RTT information.

9.2. A RTT clock status of 21 should be recorded within the patient administration system (CompuCare) in the unlikely situation that a patient is onwards referred to another service with an open clock i.e. their treatment has not been provided.

10.0 Clock Stops

10.1. National RTT rules state that the clock stops when the patient receives the first definitive treatment for the condition for which they have been referred, or there is a clinical decision not to treat. A patient's first definitive treatment is an intervention intended to manage a patient's disease, condition or injury and avoid further intervention. Education and advice on chronic pain and self-management strategies is provided to all patients at their initial face to face consultation. The first definitive treatment is therefore provided at the 'New Patient Appointment' within IPMS

10.2. Core to the approach to pain management adopted by IPMS is the promotion of self-management strategies. All patients, regardless of their condition or resulting treatment plan will be given advice on lifestyle and self-management at their first face to face appointment.

10.3. With this approach, IPMS commence treatment at the first face to face appointment for all patients, so their RTT clock stops at that point.

10.4. An RTT clock will be stopped where patient co-operation is in breach of IPMS policy for;
10.4.1. Did not attend (DNA): For **new patients**, any failure to attend will result in their RTT clock being stopped and discharge to their GP For **follow up** appointment IPMS operates a '2 strikes and out' policy meaning that if a patient fails to attend an appointment more than once, their RTT clock will be stopped on the date of their second DNA.

10.4.2. Patient initiated cancellations: Every effort will be made to accommodate the needs/preferences of patients when booking appointments, patients wishing to cancel on more than 2 occasions (new patient and follow up) will result in the RTT clock being stopped and the patient being discharged back to the care of their GP. The decision to do this will be made by the clinician responsible for the patient and on a case by case basis.

10.5. If a patient decides they do not want to continue with their treatment plan, their RTT clock will be stopped at the point they communicate this to IPMS. The RTT clock should be re-opened by the admin team in the event of re-engagement following a telephone conversation with a clinical lead.

11. Clock Status

11.1. A Referral to Treatment (RTT) Status code is a code that determines the status of the patient at various stages of care prior to receiving treatment. The code is recorded within the patient administration system (CompuCare).

Status code	Status description	Clock Start/ Clock Stop?	Meaning/when to use
10	First activity in an RTT period	Clock start	When adding a referral, before any contact with patient

20	Subsequent activity in an RTT period	-	Attendances or calls that take place BEFORE 1st face to face attendance
30	Start of first definitive treatment	Clock stop	When a patient attends their new patient face to face appointment
33	Failure to attend – the patient did not attend their 1st appointment	Clock stop	When a patient DNA's their 1st face to face appointment & clinician confirms the patient should be discharged
34	Decision not to treat, or no further contact required	Clock stop	When a referral is rejected
35	Patient declined offered treatment	Clock stop	For self-discharges or after clinical decision to discharge following patient cancellation(s)
36	Patient died before treatment	Clock stop	Where a patient is awaiting treatment but dies before it commences

12.0 Clinically Initiated Delays or Patient Unfit for Treatment

12.1. If a patient is not fit for their treatment, IPMS will ascertain the likely nature and duration. If the reason is transitory (such as a cold) then they will be offered a further treatment date. This will allow patients with minor acute clinical reasons for the delay, such as a chest infection, time to recover and the clock will continue to run during this time.

12.2. If a patient has a clinical condition that is not able to be resolved within four weeks and requires further medical intervention before the patient is able to undergo the planned surgery they will be discharged and returned to their GP and their RTT clock stopped

12.3. The patient may require further clinically appropriate management of their on-going chronic or clinical condition but once the patient is fit to proceed they should be re-referred to the consultant for assessment which would initiate a new clock start and pathway.

13.0 Managing DNA's

13.1. All patient correspondence should be explicit as to how this policy deals with DNAs. As all patients with IPMS have the opportunity to negotiate the time and date of their appointment, either through ERS or via telephone, then the onus is on the patient to attend the appointment. The clinician should review the notes of all patients that DNA a clinic appointment. They can then choose from 3 options:

Call the patient and complete a telephone follow up where feasible (Not a New Patient Assessment.)

Discharge the patient back to the GP

Offer a further appointment in exceptional cases.

13.2. New Patient DNA. In the event that a patient DNAs their new patient appointment (first face to face appointment) they will be discharged from the service back to their GP and their clock will be stopped.

13.3. Follow Up DNA. In the event that a patient DNAs a follow up appointment (treatment after the initial face to face appointment) they will be given another appointment. If the patient DNAs

this appointment they will be discharged from the service back to their GP and their clock will be stopped.

14.0 Managing Cancellations

14.1. All patient communication should be explicit as to how this policy deals with cancellations.

14.2. IPMS Cancellations

IPMS will avoid cancelling appointments whenever possible as it is both confusing and distressing for patients. In rescheduling cancelled appointments, the patient must not be disadvantaged against other patients of equal priority whose referrals were received at a later date. If a cancelled clinic cannot be 'block rebooked' within four weeks of the initial appointment the affected patients must be re-booked individually.

14.3. All requests for clinic cancellations must be submitted in accordance with staff leave policy giving a minimum of six weeks' notice and including the relevant authorisation. Clinic cancellations with fewer than six weeks' notice must be approved in writing by the appropriate Manager.

14.4. On no occasion should an RTT clock be stopped by a provider cancellation

14.5. Patient Cancellations

14.6. All patients have the right to cancel their outpatient appointment because they cannot attend. Patients are able to cancel their outpatient appointment at any time before their agreed appointment time. Patients that give notice of their appointment cancellation, no matter how small, should not be treated as a 'did not attend' (DNA).

14.7. If a patient cancels their appointment on more than one occasion, a clinical decision will be made as to whether to reschedule or discharge to the care of the GP.

15.0 Reasonable Notice for short notice appointments

15.1. Patients accepting short notice appointments or treatment dates will have the date and time confirmed by telephone. Text message reminders will also be sent to patients who have provided relevant consent. Short notice is classified as an appointment within the next five working days. The patient will not receive a confirmation letter by post due to the short notice time period.

16.0 MONITORING & COMPLIANCE

IPMS Internal Milestones

IPMS strives to achieve the following internal pathway milestones for each patient referral:

Week 0	(Day 0)	Referral received.
Week 4	(Day 28)	New Patient appointment has occurred
Week 8	(Day 56)	Treatment plan underway.
Week 24	(Day 168)	Discharge occurred

17.0 EQUALITY IMPACT ASSESSMENT

		Yes/No N/A	Comments or actions to mitigate
1	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Age	N	
	• Disability	N	
	• Gender reassignment	N	
	• Marriage and civil partnership	N	
	• Pregnancy and maternity	N	
	• Race	N	
	• Religion and belief	N	
	• Sex	N	
	• Sexual orientation	N	
2	Is there any evidence that some groups are affected differently by this policy	N	
3	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N	
4	Is the impact of the policy/guidance likely to be negative?	N	
5	If so can the impact be avoided?	N/A	
	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
6	Can we reduce the impact by taking different action?	N/A	

18.0 REFERENCES

NHS Constitution for England 2015
 The Operating Framework for the NHS in England. DoH 2012/2013
 Equality Act 2010. Gov.UK

19.0 ASSOCIATED DOCUMENTS

InHealth PMS Accessible Standard