



NHS Dumfries and Galloway Patient Access Policy

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1. INTRODUCTION

NHSScotland have developed a National Access Policy to provide a common vision, direction and understanding of how NHS Boards should ensure equitable, safe, clinically effective and efficient access to services for their patients.

This Patient Access Policy details how these national principles apply to local services in NHS Dumfries and Galloway e.g. possible and reasonable service locations to ensure that patients who are waiting for appointments for treatment are managed fairly and consistently.

NHS Dumfries and Galloway using the principles from the National Access policy will ensure that the systems, processes and resources are in place to deliver the responsibilities set out in the National Access Policy.

The current waiting times standards are:

- Legal 12 week Treatment Time Guarantee (TTG)
- Stage of Treatment Waiting Times (New Ways)
- 4 weeks for the 8 diagnostic tests and investigations
- 18 weeks Referral to Treatment for 90% of patients

2. BACKGROUND

NHS Scotland's Efficiency and Productivity Programme Delivery Framework (June 2009) sets out a commitment to achieve evidence based clinical practice by improving consistency of care, reducing variation and creating the right culture and organisational conditions required to support transformational change.

It is essential that NHS Dumfries and Galloway uses resources in a cost effective way. It is recognised that a culture of continual service redesign and improvement is necessary to achieve transformational change. The need to improve consistency of care and reduce variation across NHS Dumfries and Galloway is part of an explicit ongoing commitment to evidence based clinical practice.

NHS Dumfries and Galloway aims to ensure consistency of approach in providing access to services and as such it supports The Patients Rights (Scotland) Act 2011 which includes a guarantee in law that all eligible patients should receive their Inpatient/Daycase treatment within 12 weeks of the date of agreement to treat – 12 week Treatment Time Guarantee (TTG). The TTG dovetails with the existing Stage of Treatment (New Ways) and 18 week referral to treatment standards.

3. SCOPE

This patient access policy sets out NHS Dumfries and Galloway's access to Outpatients appointments and Inpatient/Daycase admissions in the Acute setting.

4. WAITING TIME STANDARDS

4.1 Legal 12 week Treatment Time Guarantee (TTG)

The Patients Rights (Scotland) Act 2011 establishes a legal 12 week maximum waiting time for eligible patients. Patients who are eligible for the treatment time

guarantee are those patients due to receive planned treatment on a day case or an inpatient basis.

Eligible patients should start to receive their treatment within 12 weeks of being agreed between the patient and NHS Dumfries and Galloway. This means once a patient has been diagnosed as requiring inpatient or day case treatment and has agreed to that treatment, the board must start that treatment within 12 weeks of the agreement. This will include Mental Health Services.

The patients waiting times clock will start on the date the patient agreed the treatment and will stop on the day the patient is admitted for treatment. If a patient is admitted for treatment but did not receive their treatment due to hospital resource issue e.g. consultant sick, please refer to section 8.6 in accordance with hospital cancellation policy.

Diagnostic test and Outpatient procedures will not fall under the definition of a "treatment" under the Act and so there is no TTG waiting time guarantee attached however the RTT standards still apply.

Exceptions to TTG are:

- Assisted reproductions
- Obstetric Services
- Organ, tissue or cell transplantation whether living or deceased donor
- Designated national services for surgical intervention of the spinal scoliosis
- The treatment of injuries, deformities or disease of the spine by an injection or surgical intervention (only an exception for 1 year until 1 October 2013)

Start date definition: the treatment time guarantee will start when the patient and clinician agree to treatment. This is the date when the decision is made by the clinician/patient to add to the waiting list as an Inpatient/Daycase for treatment e.g. the vast majority of the patients the agreement will be made at an outpatient appointment.

If a patient requires to undergo a test before treatment can be confirmed and the patient is going to be contacted about the test result, then the treatment start date would be agreed at that time. In practice, if a patient requires treatment resulting from a test result, this will normally be the date the patients are written to informing them of their test result.

A clock will not start if a patient wants to consider whether to go ahead with the treatment. The clock will only begin when the patient agrees to go ahead with the treatment. This date should be noted and this will be the start date for TTG.

End date definition: the treatment time guarantee will end when the patient is admitted for their treatment and this must be within 12 weeks from the date of agreement to treat.

4.2 Stage of Treatment Waiting Times (prev. New Ways)

Waiting times for separate stages of treatment are calculated based on the following:

- **New outpatient appointment (12 weeks)**

The time that has elapsed between the date the referral is received and the date the patient attends the appointment, adjusting the waiting time if any periods of patient unavailability.

- **Inpatient/Daycase Admission (9 weeks)**

The time that has elapsed between the date the patient agrees to proceed with the agreed treatment and the date on which the patient starts to receive the agreed treatment on an inpatient or day case basis, adjusting the waiting time if any periods of patient unavailability.

4.3 4 weeks for the 8 diagnostic tests and investigations

Diagnostic tests and investigations are used to identify a patient's condition, disease or injury to enable a medical diagnosis to be made. Eight tests and investigations are:

- Upper Endoscopy
- Lower Endoscopy (excl. colonoscopy)
- Colonoscopy
- Cystoscopy
- Computer Tomography
- Magnetic Resonance Imaging (MRI)
- Barium Studies
- Non obstetric Ultrasound

Start date definition: is the date when the request for the test or procedure is received within the department

Stop date definition: is the date the verified report has been received by or made available to the requestor

4.4 18 weeks Referral to Treatment (RTT) for 90% of patients

A 18 week patient pathway begins with receipt of the patient's referral for treatment and ends when the patient's treatment commences. A patient may be on more than one pathway at the same time for different conditions. There are two types of waiting time patient pathways:

- **Non-Admitted Pathway**

The clock stops when the patient commences definitive treatment, out with an inpatient or day case setting.

- **Admitted Patient Pathway**

The clock stops on the date on which the patient is admitted to receive the agreed treatment.

There are exclusions from the 18 week RTT (see appendix 2)

5. KEY PRINCIPLES OF NHS DUMFRIES AND GALLOWAYS PATIENT ACCESS POLICY

There are a number of key principles that underpin the achievement of the aims of the patient access policy and delivery of waiting time standards:

- The patients needs are paramount
- Patients are offered care according to clinical priority and within agreed waiting time standards
- Sufficient capacity should be available and optimally utilised to deliver waiting times tatgets and guarantees.
- Referrals are managed effectively through electronic triage where possible (>95% of referrals are triaged electronically)
- NHS Dumfries and Galloway aim to provide a standard pathway for electronic triage which includes options of providing advice to the referrer or an appropriate appointment
- Variations in referral patterns are identified and reduced
- Waiting lists are managed effectively using electronic systems where possible
- Patients will be referred to a clinical team and will be seen by an appropriate member of the team rather than a named consultant
- Patients should not be added to the waiting list if they are not readily available for treatment
- Offers to patients should be made as soon as possible after receipt of referral, and at least 7 days prior to the date of the appointment/admission
- If a patient refuses two reasonable offers, the hospital may refer back to the referring clinician, normally their GP, where it is reasonable and clinically appropriate to do so, or reset the waiting times clock to zero. However, the hospital will preferably arrange a date to meet the patient's needs.
- Social unavailability should only be applied by a specific request from the patient or their carer and must not be prompted by NHS Dumfries and Galloway. This should be **documented** on the hospital systems
- NHS Dumfries and Galloway continue to monitor areas to reduce unnecessary follow up appointments

- NHS Dumfries and Galloway endeavor to book patients in turn, ensuring that patients circumstances are taken into account
- Information is used to facilitate improvements in service provision

6. RESPONSIBILITIES UNDER THE NATIONAL ACCESS POLICY/NHS DUMFRIES AND GALLOWAY POLICY

The National Access Policy details the responsibilities that will ensure equity and a consistency in approach to access services across NHS Scotland as a whole. The same responsibilities have been adopted in NHS Dumfries and Galloway Patient Access Policy.

Four key responsibilities under the Access Policy are:

- To communicate effectively with patients
- To manage referrals effectively
- To manage waiting lists effectively
- To use information to support improvements in service provision

6.1 To communicate effectively with patients

There is a need to ensure that patients are appropriately informed at all stages of their patient journey. Communicating effectively with patient will help to inform them of where, when and how they are to receive care and their responsibilities in helping ensure that this happens.

- NHS Dumfries and Galloway will ensure patients are provided with clear, accurate and timely information regarding how processes will operate for arranging for them to be seen or to be admitted to hospital
- The patient will be given clear instructions on how and when to contact the hospital to either accept or decline appointment and admission date, and the timeframe in which to do this
- Patients should be given clear information on the consequences of not responding promptly to hospital communications, and the impact this could have on their waiting time. Any patient literature should make sure that the patient can understand their responsibilities. On request, communications with patients should be in a format appropriate to their additional support needs e.g. large print, community language when this is known.
- NHS Dumfries and Galloway will have clear processes and procedures in place to ensure that patients can inform of any changes in their details and/or their ability to attend appointment/admission or indeed if their medical condition improves and no longer requires an appointment/admission or if a patient deteriorates in a way which may affect their attendance
- NHS Dumfries and Galloway will expect patients to inform the hospital of changes to their details, e.g. name, address, postcode and telephone number
- NHS Dumfries and Galloway will request that patients must inform the booking office/waiting times department if they will not be available to attend

The only current version of this policy is on the intranet

or to be admitted to hospital for any periods of time (e.g. holiday or work commitments). If circumstances change they must inform the hospital at the first opportunity

- Patients should be made aware that if they no longer wish to have their outpatient appointment or admission, for whatever reason, they must advise the hospital
- If NHS Dumfries and Galloway breaches the TTG, the Board will provide the patient with an explanation in writing of why the Board did not deliver the TTG. This will contain details of the advice and support available and details of how feedback, comments or complaints can be raised.
- Any communication required in law for the TTG will be in writing unless there has been consent in writing received that it can be issued electronically.

6.2 To manage referrals effectively

Improvements in waiting times will be delivered through an effective partnership between primary and secondary care, with appropriate protocols and documentation in place.

6.2.1 Referrer

- Prior to referral, the clinician should explain to the patient the range of options to be considered. It should be explained that patients may not need to access specialist or consultant led services
- The referring clinician should advise patients of why they are being referred, the expected waiting time and outline to patients their responsibilities for keeping appointments, informing the hospital of changes in circumstances and the consequences of not attending
- Where treatment cannot be provided locally and the patient needs to travel elsewhere, the patient should be made aware of that as early as possible
- The referring clinician should ensure that the patient is available to commence treatment. When the referrer is aware that the patient will be unavailable for a period of time, the referrer should either delay sending the referral until they know the patient is available or clearly note the patients unavailability period on the referral
- Referrals should be made electronically where possible and as per protocol
- GPs should make referrals to a clinical service and not a named consultant, any referral addressed to a name consultant will be treated as a preference unless a clinical need
- Wherever appropriate patients should be referred for Diagnostic tests prior to the referral being made for a first outpatient appointment
- Referrers must provide accurate, timely and complete information within their referral including:
 - CHI identifier (unless they don't have one)

- Full demographic details including:
 - Name
 - Address
 - Ethnicity
 - Postcode
 - Up to date mobile and telephone numbers
 - Email address
 - Preferred method of contacting patients i.e. letter, phone, email
 - Patient unavailability if applicable
 - Armed forces/veteran status if applicable
 - Additional support needs

6.2.2 Receiving Location

- There is a structured and transparent approach to the management of referrals, scheduling and booking for all patients
- Referrals are triaged electronically where possible
- The date of receipt of referral is recorded
- Systems and procedures are in place to triage and prioritise referrals in accordance with referral categorisation e.g. urgent, routine
- A common pathway that allows advice or an appointment as appropriate is in place
- Patient referred with suspected cancer must be marked as 'urgent- suspicion of cancer'. All suspected cancer patients are required to be seen and treated within the correct cancer waiting times standards
- Armed forces personnel, veterans and their families who move between areas retain their relative point on the pathway of care within the national waiting times targets. Refer to Access to NHS Care for Armed Forces Personnel CEL 8 (2008) and CEL 3 (2009)
- Special exemptions that exist for Armed Forces veterans enable them to receive priority treatment if the condition is directly attributable to injuries sustained during the war periods. Refer to HDL 2006 16 – Priority Treatment for War Pensioners and to Access to Health Services for Armed Forces Veterans – Extension to Priority Treatment CEL 8 (2008)
- Patients should be booked as close to the date of receipt of referral as reasonably possible.

6.2.3 Receiving Clinician

- It is the receiving clinician's responsibility to communicate with the referrer to offer advice on whether a referral is suitable. This will avoid unnecessary outpatient appointments
- Any referrals received for a service that is not delivered in NHS Dumfries and Galloway area will be returned to the original referrer with advice. Where it is judged that the referral would be more appropriately managed by another

service provided by NHS Dumfries and Galloway, the referral will be redirected to that service without delay to the patients waiting time. NHS Dumfries and Galloway will aim to communicate to GPs on a weekly basis regarding redirected referrals.

- Receiving clinicians must ensure that the waiting lists properly reflect their clinical priorities and are managed effectively.

6.2.4 Patient Transfer

- The transfer of any part of a patients health care to another Board area or to private sector must always be with the consent of the patient. The consultant will also be notified of this decision
- Appropriate documentation and information should be provided to the receiving Board (or Private Sector provider where appropriate). With an agreed minimum data set between Boards
- If the patient does not wish to be transferred, then NHS Dumfries and Galloway must ensure the patient is made a reasonable offer within current national guidance and within the current relevant waiting time standard
- Private patients opting to transfer to NHS treatment must be referred back to GP to discuss their options and if appropriate referred to local NHS provider. The 18 weeks RTT will then commence.

6.3 To manage waiting lists effectively

To support delivery of waiting times standards there is a need for NHS Dumfries and Galloway to manage their waiting list effectively. This includes triaging referrals, management of both new and return patients and accurate recording of clinical outcomes.

- Systems, processes and resources are in place to ensure that all staff are adequately trained to use local systems e.g. Topas, to administratively manage patient flows
- Patients should be seen within maximum standard waiting times and booked in turn, according to clinical priority
- Details of patients on the waiting list who are admitted as emergency admission are communicated to the Patient Access Team
- Patients should only be added to the waiting list if they are readily available to commence treatment
- Systems and procedures should be in place to ensure Patient Access Team are aware of any patient cancelled on the day of or after admission.
- Ensure systems in place to ensure appropriate follow up arranged after a cancellation/DNA/admission or appointment

- Systems and procedures should be developed to review and validate waiting lists to ensure quality and accuracy and to ensure that local and national access times are achieved
- New outpatients will only receive a return appointment if there is a clinical need
- The volume of return appointments will be monitored and managed
- All patients undergoing a procedure must indicate in writing that they Consent to Treatment
- There will be a communication process in place to notify the referring clinician on the decision to treat e.g. treatment to be provided, treatment delayed because medically unavailable
- There are systems in place to communicate, manage and record all outcomes at clinics, additions or alterations to the waiting list electronically
- Patients who require treatment for different conditions may be on two separate pathways. NHS Dumfries and Galloway has arrangements in place to identify what condition should take precedence
- NHS Dumfries and Galloway regularly review clinic templates to ensure they reflect changing demands
- Onward referrals should be completed to ensure the receiving healthcare provider has the necessary information to manage the patient treatment pathway. Any transfer of data must comply with the NHS standards in relation to data security and confidentiality.
- NHS Dumfries and Galloway will continue to improve the patient journey by reducing variation. The board will undertake analysis of demand, capacity, backlog and activity issues using demand capacity modeling tools.

6.4 Travel Costs

Where NHS Dumfries and Galloway cannot meet the Treatment Time Guarantee for services provided within its own board area, the board will arrange treatment in another area and will be responsible for a patients reasonable travel and accommodation cost.

6.5 To use information to support improvements in service provision

The ability to effectively monitor and manage services requires good quality data. This enables NHS Dumfries and Galloway to inform on performance and identify area for future improvement

- The factors which influence waiting times, such as referral patterns, will be regularly monitored and management action taken in sufficient time to ensure waiting times standards are maintained
- New to return ratios, DNA rates will be reviewed regularly and necessary actions will be taken to address any issues

- Benchmarking local and national information should be used wherever possible in reviewing efficiency e.g. re-admission rates, LOS

7. APPOINTMENT/ADMISSION BOOKING PROCESS

NHS Dumfries and Galloway have 2 ways of making patient appointments Patient Focused Booking and Direct Booking:

7.1 Patient Focused Booking

This model is where arrangements for the appointment are made by telephoning the patient to make the appointment or by writing to the patient asking them to contact the service to make arrangements.

7.2 Direct Booking

This model is where patients are sent a letter offering them an appointment date and asking confirmation of this within 7 days. If the patient has not made contact the hospital would contact the patient to establish confirmation or offer another date.

7.3 Reasonable Offer

NHS Dumfries and Galloway will endeavor to treat patients locally, wherever possible and appropriate, based on clinical need and operational effectiveness. An offer of service/treatment by NHS Dumfries and Galloway in any of its locations will constitute a reasonable offer. This also includes other mainland Scottish Boards, Cumbria and Northumberland out with NHS Dumfries and Galloway where treatment is routinely provided or provided in order to meet capacity constraints and waiting time guarantees.

7.3.1 Dates of Treatment

A reasonable offer package should include 2 dates more than seven days in the future. If the first date is accepted then no second date is required, this is a reasonable offer.

Any letter offering an appointment will need to be delivered promptly and received by the patient at least seven days prior to the appointment date to ensure the minimum standards for reasonable offers are met.

7.3.2 Declining a reasonable offer package

If a patient refuses a reasonable offer package their waiting times clock is reset to zero and a further reasonable offer made. If they refuse a further reasonable offer package they may be referred back to the referrer. No unavailability may be used. Every effort will be made to give the patient a suitable appointment before referring back to the referrer.

7.4 Waiting for Specific Consultant

Patients are referred to a clinical team and are seen by the appropriate member of that team rather than an individual Consultant. A reasonable offer of appointment relates to any appropriate clinician who is part of a consultant led service which NHS Dumfries and Galloway provides in that specialty or subspecialty. A named

consultant will only be allocated to ensure continuity of care, patient safety or for other clinical or exceptional circumstances. It may be that the consultant that the patient sees at outpatient appointment may not be the consultant that carries out the inpatient/daycase treatment.

If a patient requests a named consultant, it is not a guarantee that the request will be accommodated. Where the patient prefers to wait for an appointment with a named consultant, rather than an appointment with another consultant, the patient wait might be longer than the waiting time standard of Treatment Time Guarantee. The patient should be made aware of the length of the wait they will experience in writing. It must be clear that this is the patients request and that they are fully aware of the consequences of their decision.

Where the patient does prefer to wait for a specific consultant for an appointment or treatment, resulting in a waiting time longer than the waiting time standards or TTG. It must be made clear that this is at the patients request and that they are fully aware of their decision. That is, it is the patient choosing to wait longer in order to have an appointment or treatment by a specific consultant.

The start date of the period of unavailability will be the date when the earliest waiting time standard or TTG would have come to an end. The end date of the period of unavailability will be the date of the appointment.

7.5 Waiting for Specific Location

If a patient requests a specific location e.g. Galloway Community Hospital, where NHS Dumfries and Galloway can accommodate them elsewhere, it is not a guarantee that the request will be accommodated. Where the patient prefers to wait for a specific location the patient wait might be longer than the waiting time standard of Treatment Time Guarantee. The patient should be made aware of the length of the wait they will experience in writing. It must be clear that this is the patients request and that they are fully aware of the consequences of their decision. A request for treatment in a specific location cannot be prompted by the Board.

The patient may opt to wait until the next available local appointment in which case a period of patient advised unavailability will be applied.

Where the patient does prefer to wait for a specific location for an appointment or treatment, resulting in a waiting time longer than the waiting time standards or TTG. It must be made clear that this is at the patients request and that they are fully aware of their decision. That is, it is the patient choosing to wait longer in order to have an appointment or treatment at a specific location.

The start date of the period of unavailability will be the date when the earliest waiting time standard or TTG would have come to an end. The end date of the period of unavailability will be the date of the appointment.

8. UNAVAILABILITY

Unavailability is the period of time when the patient is considered to be unavailable for treatment. This can be for medical or social reasons. Patients who are unavailable should not be added to waiting list if there is a no known end date to their unavailability. Adding patients to a waiting list could give the patient the impression that they are now in a queue for treatment.

It is vital that patients who are on a waiting list but who become unavailable are monitored regularly. Under waiting times guidance, patient who are recorded as unavailable must be reviewed within 12 weeks if no end date to their unavailability is known. This review must be recorded which will automatically update the guarantee date.

It is a legal requirement that the patient on a Inpatient or Day Case waiting list is sent a letter informing them of any changes to the patient's waiting list status.

The waiting times clock will restart from the date the patient becomes available to accept an appointment or admission date.

8.1 Indefinite Unavailability

This is when the likely period of unavailability cannot be determined. In such cases the patient's treatment time clock will not start, the patient may be referred back to the referrer.

A patient can also become indefinitely unavailable once treatment time clock has started. In this case the treatment time guarantee clock will stop and the treatment time guarantee will cease to apply. This will be recorded with the reason for unavailability i.e. social or medical. The availability of the patient will be reviewed within 12 weeks from the date the patient becomes unavailable for treatment and the outcome of the review recorded.

If the patient is still indefinitely unavailable following a review, a second review must be undertaken 12 weeks from the first review date. If the patient continues to be indefinitely unavailable, the board must be refer back to the referring clinician.

8.2 Medical Unavailability

This is where a patient is unable to progress along their pathway for reasons that relate to a medical condition.

An example of this could be another condition which prevents the patient from undergoing treatment. An example could be at pre-assessment clinic, 5 weeks into their treatment time wait the patient has high blood pressure and the clinician determines this will take around 10 weeks to resolve. The patients waiting time clock will be paused for that period of time.

In relation to the Treatment Time Guarantee medical unavailability can only be applied because a registered medical practitioner has advised that the patient has another medical condition that prevents the agreed treatment from proceeding. Locally this may involve advise from pre-assessment nurses.

The start date of the period of unavailability is the date the clinician made the decision that the patient was medically unavailable and is recorded. The end date is when the clinician decides the patient is now fit to undergo their treatment and this is recorded.

Medical unavailability is related to the patient and should not be used to describe unavailability of the clinical service.

8.3 Patient Advised Unavailability

This is when a patient is unavailable for the appointment or treatment for a known period of time and the patient has advised NHS Dumfries and Galloway that they are unavailable for the appointment or treatment for the known period.

NHS Dumfries and Galloway must not estimate a period of patient advised unavailability – the patient should be clearly asked when the period of unavailability should start and end. Clear communication is essential to ensure the patient provides the appropriate information to the service.

The start date of the period of unavailability is the date when the patient has advised the period of unavailability will start.

The end date will be the date the patient has advised the period of unavailability will stop.

8.4 Visiting Consultant Service

This is a service where NHS Dumfries and Galloway commissions another NHS Board to provide a service to NHS Dumfries and Galloway.

If a visiting clinician cannot be provided due to severe weather that prevents the Clinician from traveling then the patient must be offered another appointment within treatment time guarantee. In order to meet the guarantee, this appointment may be out with the Dumfries & Galloway Health Board area.

The patient may opt to wait until the next available local appointment in which case a period of patient advised unavailability will be applied as per section 6.5.

9. MANAGING APPOINTMENTS OF PATIENTS WHO DID NOT ATTEND (DNA)

9.1 Outpatient DNAs

NHS Dumfries and Galloway will not routinely offer a further appointment to a patient who does not attend a First accepted outpatient appointment. The clinician may decide to offer the patient another appointment. There must be a clear reason for offering a further appointment.

- A letter confirming that the patient has been removed from the wait list will be sent to the patient and to the referrer.

If the patient is referred back into the service, a new waiting times clock will start from zero.

In the case of review appointments the clinician should decide if another appointment is appropriate or not.

If a patient has been prioritised as urgent and did not attend (DNA) their appointment. NHS Dumfries and Galloway will not reset the waiting times clock where a patients priority is urgent.

9.2 Outpatient - Short Notice Appointment

NHS Dumfries and Galloway endeavors to make best use of resources available and on occasion a patient may be offered a 'short notice' appointment. If a short notice appointment is offered and the patient is willing to accept, this is deemed as a 'reasonable offer'. However, if the patient declines a 'short notice' appointment, this should not result in any detriment to the patient and waiting times clock for the patient is not affected in anyway.

9.3 Outpatient - Cancelled by Hospital

Cancellations resulting from hospital or operational circumstances should not result in any detriment to the patient e.g. cancellation of a clinic at short notice must result in the patient being made a further reasonable offer as soon as possible. The patients waiting time clock should not be affected in any way.

In accordance with NHS Dumfries and Galloway's annual leave policy (**get the correct name**) for clinical staff, 6 weeks notice of planned leave and study must be given. Clinics should not be cancelled for any purpose except under exceptional or unavoidable circumstances sanctioned by management.

9.4 Inpatient / Daycase - Pre-assessment

A patient who accepts a reasonable offer for a pre-assessment appointment and did not attend on the date given, clinical advice will be sought and the patient may be removed from the waiting list and letter sent to patient and referrer to confirm this.

9.5 Inpatient / Day Case DNAs

The clinician should decide whether a further admission date is to be offered. The clinician may decide to offer the patient another admission. There must be a clear clinical reason for offering a further admission.

Patients undergoing cancer treatment or active surveillance for cancer should be offered a further admission date. Clinical advice should be sought.

- A letter confirming that the patient has been removed from the wait list will be sent to the patient and to the referrer.

If a patient has been prioritised as urgent for treatment and did not attend (DNA) their admission. NHS Dumfries and Galloway will not reset the waiting times clock where a patients priority is urgent.

9.6 Inpatient / Daycase - Short notice admissions

NHS Dumfries and Galloway endeavors to make best use of resources available and on occasion a patient may be offered a 'short notice' admission to utilise theatre slots. If a short notice appointment is offered and the patient is willing to accept, this is deemed as a 'reasonable offer'. However, if the patient declines a 'short notice' appointment, this should not result in any detriment to the patient and waiting times clock for the patient is not affected in anyway.

9.7 Inpatient/ Daycase - Cancelled by Hospital

Cancellations resulting from hospital or operational circumstances should not result in any detriment to the patient e.g. cancellation of an admission at short notice must result in the patient being made a further reasonable offer as soon as possible. The patients waiting time clock should not be affected in any way.

In accordance with NHS Dumfries and Galloway's cancellation policy, (**?correct policy name**) if a patient is admitted for treatment but did not receive their treatment due to hospital resource issue e.g. consultant sick. A patient should be given another date within 28 days from their cancellation or within the TTG, whichever is the sooner.

9.8 Outpatient/Inpatient/Daycase – Could not Attend (CNAs)

If a patient has accepted a reasonable offer of an appointment/admission and contacts the department to cancel before the appointment date:

- The waiting times clock will be reset to zero from the date of cancellation and another appointment/admission should be offered. Ideally, the further appointment/admission should be negotiated and agreed with the patient at the time of cancellation.

If a patient has been prioritised as urgent and could not attend their appointment. NHS Dumfries and Galloway will not reset the waiting times clock where a patients priority is urgent.

Appendix 1 – Additional Support Definitions

Literacy Issues	Requires information verbally Requires written information in large font Requires words and pictures version
Learning Disability	Requires easy to read Requires words and pictures Using Makaton sign language Requires a carer present Requires an advocate present
English as second language	Requires interpreter Requires information verbally Requires information translated
Speech Impairment	Requires to write response Using Makaton sign language Requires carer or advocate present
Using Lip Reading	Requires lip speaker Requires information verbally
Using British Sign Language	Requires British Sign Language interpreter
Deaf/Blind	Requires a guide communicator Uses a tape recorder Requires a loop Requires to bring a guide dog
Visual Impairment	Requires written information in large font Requires information verbally Requires easy to read Uses email Requires to bring a guide dog Requires information in Braille Requires communication by phone Uses email
Hearing Impairment	Requires to bring a hearing dog Requires written information Uses text phone Uses email
Mobility Issues	Requires ambulance/car/taxi Requires two person escort Requires transport Carer will attend Requires NHS helper/Volunteer assistance with wheelchair
Faith/Belief	Prefer male/female consultation Prefer non Friday appointments Requires access to Prayer Room
Socio Economic	Lack of bus/train services Money to travel to appointments Family constraints Getting time off work Early discharge implication
Other	Requires appropriate chaperone

Appendix 2 – Exclusion/Inclusions from 18 weeks referral to treatment

Referrals to the following services or some specific procedures are currently excluded and therefore do not trigger clock starts:

- Allied Health Professionals (AHPs). Direct referrals to AHP services are excluded from waiting time standards. However, AHPs may deliver services that are part of the overall waiting time standard e.g. as part of a consultant led service.
- Assisted conception services.
- Dental treatment provided by Undergraduate dental students.
- Designated national specialist services for Scoliosis.
- Direct access referrals to Diagnostic Services where the referral is not part of a 'Straight to test' referral pathway as there is no transfer of clinical responsibility to the Consultant Led team.
- Exceptional Aesthetic Procedures which have been specifically excluded in the CEL 27 (2011) Adult Exceptional aesthetic referral Protocol.
- Genitourinary Medicine (GUM).
- Homoeopathy.
- Obstetrics.
- Organ and Tissue transplants.

Inclusions in 18 Weeks Referral to Treatment Standard

To ensure consistency in reporting from the 18 week referral to treatment pathway across the service, the following also apply:

For reporting purposes, patients on a Cancer pathway should also be reported through the 18 week referral to treatment pathway.

Where a termination of pregnancy is managed as a planned procedure i.e. patient is added to a waiting list, they should be included in 18WRTT.

All outpatient appointments, new and return, are required to have a clinic outcome code applied.

NHS DUMFRIES AND GALLOWAY POLICY APPROVAL CHECKLIST

This checklist must be completed and forwarded with the policy to the appropriate approval group

POLICY TITLE...
EXECUTIVE LEAD...

Why has this policy been developed?			
Has the policy been developed in accordance with or related to legislation?			
Has a risk control plan been developed?			
Who is the owner of the risk?			
Who has been involved /consulted in the development of the policy?			
Has the policy been assessed for equality and diversity in relation to:-		Has the policy been assessed for Equality and Diversity not to disadvantage the following groups:-	
Race/Ethnicity		Minority Ethnic Communities	
Gender		Women and Men	
Age		Religious & Faith Groups	
Religion/Faith		Disabled People	
Disability		Young People	
Sexual		L,G,B & T	
Orientation			
Does the policy contain evidence of the Equality and Diversity Impact Assessment		Yes	
Is there an implementation plan?			
When will the policy take effect?			
If the policy applies to partner agencies, please explain the reason for this and how they will be informed of their responsibilities			