

This document applies to Companies within the Circle Health Group, including BMI Healthcare Limited and Circle Health Limited, herein referred to as 'The Company'.

Title of Document	NHS Referral to Treatment (RTT) Access	
What type of document is this?	Policy	This sets out Circle Health Group's principles and objectives on a particular matter; compliance is NOT optional
Which country does this document apply to?	England	
Custodian of document	Senior Information Risk Officer	
Committee responsible	National Operations Committee	
Author of document	Kathryn England, NHS e-Referrals Lead	
Who was involved in developing / reviewing / amending this document?	NHS Relations Team Information Management Unit Hospital Services Team	
Committee approval date and committee chairperson signature	21 st July 2021 	
When is its next scheduled review?	August 2024	
IGC ratification date	N/A	
Issue Date	3 rd August 2021	

NB The content of this document remains 'valid' even if the date for scheduled review has passed until it is archived from the relevant database or replaced with another document.

Who does it apply to?	All administrative and clinical staff working with NHS referrals and NHS patients, including those patients of the Armed Forces Community covered under the Armed Forces Covenant	
	Does it apply to:	
	Consultants and others with practising privileges ?	Yes
	Bank workers ?	Yes
	Agency staff ?	Yes
	Third party contractors ?	No
	Students *?	No
	Apprentices *?	No

*seek advice from student.services@circlehealthgroup.co.uk

Purpose of the Policy	This document provides a policy framework for managing NHS-funded elective access to Consultant-led care and treatment in Circle Health Group hospitals. This policy applies to all elective inpatient, daycase and outpatient activity funded by the NHS, including diagnostic tests and therapeutic interventions, apart from planned care/surveillance procedures.
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Summary of Key Policy Requirements

- Processes involved in the management of patient access are clear, transparent and fair, and are open to inspection and audit.
- Wherever possible, patients are treated in order of clinical priority and longest waiters first, regardless of referral source
- Patients have the right to begin treatment within 18 weeks of referral, although they can choose to delay treatment beyond 18 weeks if this is clinically appropriate.
- The 18 week clock will stop when any one of a number of decisions occurs (see section 2.3).
- On completion of an initial RTT pathway, a new waiting time clock is started when a subsequent treatment is agreed (see section 2.4).
- The maximum waiting time for diagnostic tests and procedures is six weeks from the date of the request to the date the test or procedure is performed. The six week diagnostic target does not apply to planned/surveillance tests and procedures, procedures forming part of a screening programme and emergency and unscheduled diagnostics for patients already admitted.
- Clinical review of every new referral takes place within two working days of receipt by the hospital.
- Clinical outcomes are recorded on the day of a patient's attendance.
- Where it is necessary for the hospital to reschedule appointments, up to three attempts are made to contact the patient to agree a new time and date. Only if it has not been possible to contact the patient after three attempts is a fixed appointment made and sent out in the post.
- The hospital confirms receipt of an Inter Provider Transfer (IPT) with associated referral letter and applies the 18 week clock status indicated by the original provider before listing the patient for treatment.
- The hospital's NHS service offering must be resourced to a level that consistently accommodates demand and complies with the access targets set out in this policy. Clinical Capacity should be reviewed regularly against waiting lists.
- Except in the case of unforeseen events (e.g. sickness), six weeks' notice is required to cancel or reduce outpatient clinics and theatre/daycase lists.

DEFINITIONS

Term	Explanation
Active Monitoring	A waiting time clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures at that stage. A new waiting time clock would start when a decision to treat is made following a period of active monitoring (also known as watchful waiting). Where there is a clinical reason why it is not appropriate to continue to treat the patient at that stage, but to refer the patient back to primary care for ongoing management, then this constitutes a decision not to treat and should be recorded as such and also stops a waiting time clock. If a patient is subsequently referred back to a Consultant-led service, then this referral starts a new waiting time clock.
Admission	The act of admitting a patient for a daycase or inpatient procedure.
Admitted Pathway	A pathway that ends in a clock stop for admission (daycase or inpatient).
Armed Forces Covenant	Those who serve in the Armed Forces, whether regular or reserve, or those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services.
BILATERAL (Procedure)	A procedure that is performed on both sides of the body, at matching anatomical sites. For example, removal of cataracts from both eyes.
Care Professional	A person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
Clinical Decision	A decision taken by a clinician or other qualified care professional, in consultation with the patient, and with reference to local access policies and commissioning arrangements.
Clinical Priority	Intended procedures assessed for each patient in accordance with the Royal College of Surgeons Clinical guide to surgical prioritisation.
Consultant	A person contracted by a healthcare provider who has been appointed by a Consultant appointment committee. He or she must be a member of a Royal College or Faculty. Consultant-led waiting times exclude non-medical scientists of equivalent standing (to a Consultant) within diagnostic departments.
Consultant-Led	A Consultant retains overall clinical responsibility for the service, team or treatment. The Consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
DNA – Did Not Attend / FTA – Failed to Attend	DNA (sometimes known as an FTA – failed to attend). In the context of Consultant-led waiting times, this is defined as where a patient fails to attend an appointment/admission without prior notice.
Decision To Admit	Where a clinical decision is taken to admit the patient for either daycase or inpatient treatment.
Decision To Treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or daycase, but also includes treatments performed in other settings e.g. as an outpatient. Diagnostic procedures are not treatment.
E-Referral Service	A national electronic referral service that gives patients a choice of place, date and time for their first Consultant outpatient appointment in a hospital or clinic.

First Definitive Treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes first definitive treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.
Fit (And Ready)	A new RTT clock should start once the patient is fit and ready for a subsequent bilateral procedure. In this context, fit and ready means that the clock should start from the date that it is clinically appropriate for the patient to undergo that procedure, and from when the patient says they are available.
Interface Service	All arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care. Consultant-led referral to treatment relates to hospital/Consultant-led care. Therefore, the definition of the term 'interface service' for the purpose of Consultant-led waiting times does not apply to similar 'interface' arrangements established to deliver traditionally primary care or community provided services, outside of their traditional (practice or community based) setting.
Non-Admitted Pathway	A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'.
Non Consultant-Led	Where a Consultant does not take overall clinical responsibility for the patient.
Non-Consultant Interface Service	See interface service.
Referral Management or Assessment Service	Referral management or assessment services are those that do not provide treatment, but accept GP (or other) referrals and provide advice on the most appropriate next steps for the place or treatment of the patient. Depending on the nature of the service they may, or may not, physically see or assess the patient. Referral Management and Assessment Services should only be in place where they carry clinical support and abide by clear protocols that provide benefits to patients. They must not be devices either to delay treatment or to avoid local clinical discussions about good referral practice. A waiting time clock only starts on referral to a referral management and assessment service where that service may onward-refer the patient to a surgical or medical Consultant-led service before responsibility is transferred back to the referring health professional.
Referral To Treatment Period	The part of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other clock stop.
Straight To Test	A specific type of direct access diagnostic service whereby a patient will be assessed and might, if appropriate, be treated by a medical or surgical Consultant-led service before responsibility is transferred back to the referring health professional.
Substantively New Or Different Treatment	Upon completion of a Consultant-led referral to treatment period, a new waiting time clock starts upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan. It is recognised that a patient's care often extends beyond the Consultant-led referral to treatment period, and that there may be a number of planned treatments beyond first definitive treatment. However, where further treatment is required that was not already planned; a new waiting time clock should start at the point the decision to treat is made.

	<p>Scenarios where this might apply include:</p> <ul style="list-style-type: none"> • where less 'invasive/intensive' forms of treatment have been unsuccessful and more 'aggressive/intensive' treatment is required (e.g. where Intra Uterine Insemination (IUI) has been unsuccessful and a decision is made to refer for IVF treatment); • patients attending regular follow up outpatient appointments, where a decision is made to try a substantively new or different treatment. In this context, a change to the dosage of existing medication may not count as substantively new or different treatment, whereas a change to medication combined with a decision to refer the patient for therapy might. <p>Ultimately, the decision about whether the treatment is substantively new or different from the patient's agreed care plan is one that must be made locally by a care professional in consultation with the patient.</p>
Therapy Or Healthcare Science Intervention	Where a Consultant-led or interface service decides that therapy (e.g. physiotherapy, speech and language therapy, podiatry, counselling) or healthcare science (e.g. hearing aid fitting) is the best way to manage the patient's disease, condition or injury and avoid further interventions.
UBRN (Unique Booking Reference Number)	The reference number that a patient receives on their appointment request letter when generated by the referrer through the NHS e-Referral Service. The UBRN is used in conjunction with the patient password to make or change an appointment.

ROLES AND RESPONSIBILITIES

Role	Responsibility
Senior Information Risk Officer	Accountable to the Board for compliance with the Referral to Treatment Policy and the achievement of waiting time standards.
Consultants	Responsible for the clinical management of patients in their care and comply with documented requirements concerning clinical outcome forms and notice of annual/study leave.
NHS Relations Team	To confirm the NHS service offering is appropriately resourced and accessible to patients and referrers, by regular review of activity reports and development of the Directory of Services (DoS).
Information Management Unit	Overall responsibility for maintaining effective data collection and reporting systems that are necessary for the monitoring of performance.
Executive Directors	Ensure resources are allocated appropriately to support demand for the services hosted at their sites.
All Staff	Ensure data entry is timely and accurate, and complies with national and local data standards. Prioritise, in line with the Armed Forces Covenant and taking into account the clinical needs of other patients, the treatment of the Armed Forces community.
Referrers	Ensure they provide complete and accurate clinical and demographic information according to service specifications, and that patients are ready to start and complete their pathways at the time of referral.
Patients	Make themselves available to complete their overall pathway. Inform the hospital of any material changes subsequent to referral, for example affecting their clinical condition or contact details.

1.0 INTRODUCTION

- 1.1 Processes involved in the management of patient access are clear, transparent and fair, and are open to inspection and audit.
- 1.2 The aims of Circle Health Group's processes for the management of patient access are:
 - Control and limitation of waiting times for all patients, based on their clinical need.
 - Provision of appointment and admission schedules that are acceptable to patients and referrers.
 - Compliance with NHS waiting time standards.
 - Treatment scheduled on the basis of clinical priority and waiting time to ensure the equitable treatment of all NHS patients, regardless of the referral source.
 - Compliance with the Framework and principles of the Armed Forces Covenant applicable to the provision of healthcare services
- 1.3 Accurate information is maintained to monitor and support the achievement of these aims.
- 1.4 All staff and associates are required to adhere to this policy in the care and management of NHS-funded patients.
- 1.5 This policy will be reviewed at least every three years to reflect changing business processes and the evolution of national NHS operating standards.
- 1.6 The terms of this policy apply to all Hospital sites in the Circle Health Group, except where they are superseded by specific agreements with local commissioning organisations.

2.0 18 WEEK RTT GUIDANCE

2.1 The RTT Pathway

The Referral to Treatment pathway is the key access target for NHS-funded patients, stipulating that no patient should wait longer than 18 weeks from referral to the start of their treatment.

The national targets are:

- 92% of patients on incomplete pathways should have been waiting no longer than 18 weeks from referral.
- 99% of diagnostic procedures completed within six weeks of request.
- No patient waits longer than 52 weeks to begin treatment.

The targets incorporate tolerance for patient choice and clinical exception, where waiting longer is in the patient's clinical interests or is the result of a necessary sequence of diagnostic tests that could not, for medical reasons, be performed in a shorter period. Clinical complexity, co-morbidity and difficulty in reaching a diagnosis do not count as clinical exceptions. The measurement of RTT is based on clock starts and clock stops.

2.2 The Start of the 18 Week Clock

An 18 week clock starts when a GP or other authorised care professional/service refers a patient to any Consultant-led elective service that is funded by the NHS for assessment and, if necessary, treatment, before responsibility is transferred back to the referrer. This includes

direct referrals as well as those coming via interface/referral management/assessment services.

- 2.2.1 The NHS e-Referral Service (eRS) is the standard referral route and initial appointments in all Circle Health Group hospitals' NHS clinics are offered via eRS. The start date is displayed on the referral in eRS and flows into the PAS when an appointment is booked.
- 2.2.2 For direct referrals submitted manually the clock starts on the day the hospital receives the referral letter.
- 2.2.3 For onward referrals made outside eRS (Interprovider Transfers) the clock start is notified by the referring provider.
- 2.2.4 Consultant to Consultant referrals relating to the same underlying condition as the original referral are included in the original 18 week pathway, so the clock continues to run from the date of the original referral.

2.3 The End of the 18 Week Clock

The 18 week clock stops when:

- First Definitive Treatment begins (FDT). The clock stops on the day of admission for inpatient and daycase patients, provided the treatment is delivered. For treatment delivered in an outpatient setting, the clock stops on the day of attendance.
- A clinical decision not to treat is communicated to the patient.
- The patient declines treatment, having been offered it.
- A clinical decision to start active monitoring is made and communicated to the patient.
- The patient is added to a transplant list.
- The patient is discharged for care or treatment in a primary care setting.
- An initial appointment is rebooked, after the patient did not attend an earlier date.
- The patient is discharged to the referrer due to their non-attendance or unavailability to complete the pathway, where this does not contravene their clinical interests.

2.4 The Start of a New 18 Week Clock

2.4.1 On completion of an initial RTT pathway, a new waiting time clock is started when:

- Patient is fit and ready for the second bilateral procedure.
- A decision to treat is made following a period of active monitoring.
- It is decided to start a substantively new or different treatment that does not already form part of that patient's agreed care plan.
- Patient is re-referred as a new referral.

2.4.2 If referral is needed for a separate underlying condition then if required by local commissioning rules the GP is notified so that a second referral can be made. Receipt of the second referral will trigger the start of a new 18 week clock. If this is not required then the new 18 week clock starts on the day of Consultant referral to the second Consultant.

2.5 Diagnostic Tests and Procedures

- 2.5.1 The maximum waiting time for diagnostic tests and procedures is six weeks from the date of the request to the date the test or procedure is performed.
- 2.5.2 The rules for discharge due to non-attendance / non-availability apply to diagnostic patients (Section 3.3).
- 2.5.3 The performance of a diagnostic test does not complete the 18 week pathway although the clock will stop if the first definitive treatment is administered at the same time.
- 2.5.4 Diagnostic tests and procedures requested directly by referrers do not form part of an 18 week referral to treatment pathway but must still be performed within six weeks.
- 2.5.5 The six week diagnostic target does not apply to the following:
 - Planned/surveillance tests and procedures
 - Procedures forming part of a screening programme
 - Emergency and unscheduled diagnostics for patients already admitted.

3.0 MANAGEMENT OF PATIENTS ON THE 18 WEEK PATHWAY

3.1 New Referrals

- 3.1.1 Clinical review of every referral takes place within two working days of receipt by the hospital and the outcome is processed on the same day (accept/reject/redirect).
- 3.1.2 Referrals to an inappropriate service are redirected to an appropriate Circle Health Group service wherever possible and a new appointment in that service is confirmed by letter.
- 3.1.3 Referrals that are inappropriate in respect of Circle Health Group's service exclusion criteria are rejected. A referral rejection letter is sent to the patient advising them to contact the referrer.
- 3.1.4 The date and time of the first appointment is always confirmed by letter.
- 3.1.5 If referral documentation including complete and accurate clinical and demographic information is not provided within seven days of the initial appointment, the referrer is contacted. If the missing referral information is still not provided after two working days, the appointment is rescheduled to allow time for the referral to be provided. If the referral documentation is still not provided within seven days of the rescheduled appointment the referral is rejected and the patient and referrer notified.

3.2 Attendances and Admissions

- 3.2.1 Clinical outcomes are recorded on the day: Attended/Admitted/DNA, Clinical Plan, Treatment/Procedure undertaken.
- 3.2.2 Consultants review the DNA patients from each list and advise whether any patients should be discharged. (Section 3.3).
- 3.2.3 Where a patient is discharged due to DNA, they and their GP are notified by letter.

3.3 Discharge Due to Non-Attendance / Non-Availability

- 3.3.1 A decision to discharge a patient who fails to attend appointments or repeatedly cancels / refuses reasonable offers made with reasonable notice is based on the patient's clinical interests, following review by the responsible clinician.
- 3.3.2 Reasonable notice for outpatient appointments and admissions is generally three weeks, or two weeks for pre-op and diagnostic appointments. Any appointment offer that has been accepted by the patient is counted as reasonable.
- 3.3.3 Allowance is made for potentially vulnerable patients, in particular those who may depend on carers to be able to attend appointments.
- 3.3.4 If there is doubt about whether the appointment was clearly communicated to the patient, the patient will be given the benefit of the doubt.
- 3.3.5 Unless the clinician has decided to discharge, patients who have DNA'd / cancelled their appointments are contacted promptly by the hospital admin team to confirm the reason and offer a new date if a further appointment is needed.
- 3.3.6 If a patient is clinically unfit to begin treatment or continue their pathway then they may be discharged to their GP if the Consultant decides that would be clinically appropriate, taking account of:
 - Clinical priority of the intended procedure and likely waiting time.
 - How long the patient is likely to be unfit and whether they require optimisation by the GP.
- 3.3.7 When a patient is discharged according to the terms of this policy, both they and the referrer are notified of this by letter.

3.4 Listing Patients for Admission

- 3.4.1 A patient is added to a waiting list only if they are fit to undergo the proposed treatment and have agreed to it.
- 3.4.2 If a patient then becomes unfit, is found to be unfit at pre-operative assessment, or becomes unavailable to complete the pathway, the guidelines for patient discharge will apply (Section 3.3). There is no clock pause for medical or social reasons.
- 3.4.3 The decision to treat, indicating the procedure, is recorded and dated on the patient's record within two working days of the patient being listed.
- 3.4.4 Treatment is scheduled in order of clinical priority assigned by the Consultant according to Royal College of Surgeons' guidance, then in chronological order of the patients' clock start date.
- 3.4.5 The patient is given written confirmation of their listing and wherever possible this includes the planned date of admission.
- 3.4.6 Members of the Armed Forces Community who are listed for surgery and then are required to transfer their care to an alternative Circle BMI site will be treated as early as possible within their RTT breach date, dependent on service availability (see Appendix 1 for flowchart)

3.5 Rescheduling Appointments and Admissions

- 3.5.1 Where it is necessary for the hospital to reschedule appointments, up to three attempts are made to contact the patient to agree a new time and date. Only if it has

not been possible to contact the patient after three attempts is a fixed appointment made and sent out in the post.

- 3.5.2 When a fixed appointment is issued, reasonable notice is provided (3.3.2).
- 3.5.3 A letter confirming the appointment is sent to every patient, including those who have agreed their appointments.
- 3.5.4 When a patient attends a clinic appointment but cannot be seen due to delays, a rescheduled appointment is agreed with them before they leave clinic and a letter is sent to confirm the new date and time.
- 3.5.4 Where a patient's surgery is cancelled by the hospital on the day, their surgery is rescheduled to take place within 28 days of the original date, and before their 18 week breach date.

3.6 Tertiary/Inter-provider Referrals

- 3.6.1 The hospital confirms receipt of an Inter Provider Transfer (IPT) with associated referral letter and applies the 18 week clock status indicated by the original provider before listing the patient for treatment.
- 3.6.2 If the hospital is referring the patient to another provider then an IPT is sent with a referral letter confirming the 18 week clock status.
- 3.6.3 All clinical transfer information is forwarded to the receiving provider within two working days.

4.0 CLINICAL CAPACITY

- 4.1 The hospital's NHS service offering must be resourced to a level that consistently accommodates demand and complies with the access targets set out in this policy. By agreeing to host an NHS service the hospital manager (ED) accepts responsibility for assuring this level of resource.
- 4.2 Clinical capacity is reviewed regularly against waiting lists (both outpatient/ASI waiting lists and admitted waiting lists).
- 4.3 Additional capacity is provided to accommodate patients in line with access targets.
- 4.4 Except in the case of unforeseen events (e.g. sickness), six weeks' notice is required to cancel or reduce outpatient clinics and theatre/daycase lists.
- 4.5 The impact of the cancellation/reduction is assessed in terms of:
 - Slots available for new referrals
 - Existing patients needing to be rescheduled
 - Patients at risk of breaching access targets
- 4.6 Alternative capacity is made available to address the identified shortfall.

TRAINING

Is training required?	No
Details of training	Not applicable

COMPLIANCE

How is compliance with the policy going to be monitored?	Compliance is monitored via 18 weeks Referral to Treatment reporting on the NHS Quality Dashboard and through the 18 weeks Referral to Treatment tool provided to sites on a weekly basis. For more information on reporting of Referral to Treatment performance, please refer to BMI PAsop02.
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DO HOSPITALS/SITES NEED A LOCAL SOP OR WORK INSTRUCTION?

Is a local SOP required?	No
Are Work Instructions required?	No
<i>If no local SOP or Work Instruction is required, sites must NOT issue their own, unless with the specific approval of the national Committee stated as 'owning' this document on the front sheet</i>	
What information is the local SOP / Work Instruction required to include?	Not applicable

EQUALITY AND FINANCIAL IMPACT ASSESSMENTS, AND PROCEDURAL INFORMATION

EQUALITY IMPACT ASSESSMENT	Yes / No	Comments
Does the document have a positive or negative impact on one group of people over another on the basis of their:		
• age?	No	
• disability?	No	
• gender reassignment?	No	
• pregnancy and maternity (which includes breastfeeding)?	No	
• race (including nationality, ethnic or national origins or colour)?	No	
• religion or belief?	No	
• sex?	No	
• sexual orientation?	No	
If you have identified any potential impact (including any positive impact which may result in more favourable treatment for one particular group of people over another), are any exceptions valid, legal and/or justifiable?	N/A	
If the impact on one of the above groups is likely to be negative:		
• Can the impact be avoided?	N/A	
• What alternatives are there to achieving the document's aim without the impact?	N/A	
• Can the impact be reduced by taking different action?	N/A	
• Is there an impact on staff, patient or someone else's privacy?	No	<i>If yes, data protection impact assessment required (for support and advice on this, liaise with the central IG & DPO function)</i>

FINANCIAL IMPACT ASSESSMENT	Yes / No	Details
Will the policy result in a change to operating processes, or an increase or decrease in activity, which will affect our revenue base?	No	
Will the policy result in a change in our operating or financial relationships with funders?	No	
Will the policy result in an increase or decrease in costs (both from existing or new cost items, including the effect of increased or decreased human resource requirements)?	No	
If either of the above is yes:		
• Have the actual or potential effects been discussed with process owners affected by the policy?	N/A	
• What is the estimated financial effect of the introduction of the policy?	N/A	
• How will the effect of the policy on activity, revenue and costs be monitored in the future?	N/A	
Have the following been made aware of and confirmed that they accept the financial impact:		
• Operating Board member responsible for the policy	N/A	
• Regional Directors	N/A	
• Chief Financial Officer	N/A	

What was the previous version number of this document?	1.0; policy previously had the prefix 'BMI'.	
Changes since previous version	<ul style="list-style-type: none"> • New CHG template – references changed throughout. • Applicable to all BMI Healthcare and Circle Health sites in England. • Emphasised objective to provide treatment equitably (section 1.2). • Added reference to clinical prioritisation by Consultants throughout. • Revised guidance on discharging patients (new section 3.3). 	
How confidential is this document?	CHG Public	Can be shared freely within and outside of Circle Health Group

References	<ul style="list-style-type: none"> • Department of Health (October 2015), Referral to treatment Consultant-led waiting times, Rules Suite • Ministry of Defence (April 2013) The Armed Forces Covenant
Associated documents	<p>Policies:</p> <ul style="list-style-type: none"> • CHG GOVpol20 Prioritisation and Waiting List Management During COVID-19 • CHG GOVpol16 Safeguarding Vulnerable Adults • CHG GOVpol04 Consent for Assessment, Care and Treatment • CHG PASop02 Referral To Treatment (RTT) Reporting

Appendix 1 Transfer Process for Military Patients

