General

Referral to Treatment (RTT) Access Policy

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V1.0	New policy		

Equality Impact Assessment

REFERRAL TO TREATMENT (RTT) ACCESS POLICY BMI GENPOL 21

1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**	**Yes/No**	**Comments**
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability-learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
a	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
3.	**Is the impact of the policy/guidance likely to be negative?**	No	
a	If yes can the impact be avoided?	N/A	
b	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
c	Can we reduce the impact by taking different action?	N/A	

If you identify a potential discriminatory impact of this procedural document, please refer it to BMI National Director of Business Development, together with any suggestions as to the action required to avoid/reduce this impact.

Referral to Treatment (RTT) Access Policy

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1.0 INTRODUCTION

1.1 This document provides a policy framework for managing NHS-funded elective access to consultant-led care and treatment in BMI hospitals.

1.2 This policy applies to all elective inpatient, day case and outpatient activity funded by the NHS, including diagnostic tests and therapeutic interventions, apart from planned care / surveillance procedures.

1.3 Processes involved in the management of patient access are clear, transparent and fair, and are open to inspection and audit.

1.4 The aims of BMI'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.

1.5 Accurate information is maintained to monitor and support the achievement of these aims.

1.6 All BMI staff and associates are required to adhere to this policy in the care and management of NHS-funded patients.

1.7 This policy outlines specific roles and responsibilities in the management of patient access to NHS-funded services.

1.8 This policy will be reviewed at least annually to reflect changing business processes and the evolution of national NHS operating standards.

1.9 The definitions of key terms are given in Section 4.

2.0 PURPOSE

2.1 This policy outlines specific roles and responsibilities in the management of patient access to NHS-funded services.

3.0 SCOPE

3.1 This policy applies to all elective inpatient, day case and outpatient activity funded by the NHS, including diagnostic tests and therapeutic interventions, apart from planned care / surveillance procedures.

3.2 All BMI staff and associates are required to adhere to this policy in the care and management of NHS-funded patients.

4.0 DEFINITIONS

4.1 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.

4.2 ADMISSION. The act of admitting a patient for a day case or inpatient procedure.

4.3 ADMITTED PATHWAY. A pathway that ends in a clock stop for admission (day case or inpatient).

4.4 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.

4.5 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.

4.6 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.

4.7 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.

4.8 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.

4.9 DNA – Did Not 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.

4.10 DECISION TO ADMIT. Where a clinical decision is taken to admit the patient for either day case or inpatient treatment.

4.11 DECISION TO TREAT. Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.

4.12 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.

4.13 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.

4.14 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.

4.15 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.

4.16 NON-ADMITTED PATHWAY. A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'.

4.17 NON CONSULTANT-LED. Where a consultant does not take overall clinical responsibility for the patient.

4.18 NON-CONSULTANT INTERFACE SERVICE. See interface service.

4.19 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.

4.20 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.

4.21 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.

4.22 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. Scenarios where this might apply include:

• 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. 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.

4.23 THERAPY OR HEALTHCARE SCIENCE INTERVENTION. Where a consultant-led or interface service decides that therapy (for example 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.

4.24 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.

5.0 ROLES AND RESPONSIBLITIES

5.1 This section summarises the key responsibilities and is not an exhaustive list.

5.2 The National Director of Business Development is accountable to the Board for compliance with the Referral to Treatment Policy and the achievement of waiting time standards.

5.3 Consultants are 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.

5.4 The BMI Business End-To-End Support Team have overall responsibility for maintaining effective data collection and reporting systems that are necessary for the monitoring of performance.

5.5 The BMI Business End-To-End Support Team is responsible for confirming the NHS service offering is appropriately resourced and accessible to patients and referrers, by regular review and development of the BMI Directory of Services (DoS).

5.6 Executive Directors ensure adequate resources are allocated at all times to support demand for the services hosted at their sites.

5.7 All staff ensure data entry is timely and accurate, and complies with national and local data standards.

5.8 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.

5.9 Patients make themselves available for an initial appointment within six weeks of referral, and to complete the overall pathway within 18 weeks.

5.10 Patients inform BMI of any material changes subsequent to referral, for example affecting their clinical condition or contact details.

6.0 TRAINING

6.1 All BMI staff who work with the systems and processes used to manage and monitor the 18 weeks Referral to Treatment target receive appropriate training.

6.2 Training needs are reviewed in light of policy developments and changes in the relevant systems and processes.

7.0 18 WEEK REFERRAL TO TREATMENT (RTT) GUIDANCE

7.1 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.

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

A waiting time clock also starts on self-referral by the patient, into services where these pathways have been agreed.

7.2.1 The NHS e-Referral Service (eRS) is the preferred referral method. For eRS referrals the start of the 18 week clock is the date the UBRN is converted: when the patient confirms their choice of BMI as care provider, either by booking an appointment or choosing to join a waiting list for an appointment (ASI list).

7.2.2 For direct referrals submitted manually (for example where eRS is not in place) the clock starts on the day BMI receives the referral letter.

7.2.3 For indirect referrals (for example onward referrals from assessment services) the clock start is notified by the interface service, as the date when they received the referral.

7.2.4 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.

7.3 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 day case 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.
- The patient is discharged to the referrer due to their non-attendance or unavailability to complete the pathway (DNAs / Cancellations / Refusing reasonable offers / Clinically unfit).

7.3.1 A DNA (Did Not Attend) is recorded only when the patient did not give prior notice that they would not attend the appointment. If they contacted BMI at any point before the appointment time, including on the day of the appointment, that is treated as a cancellation.

7.3.2 A patient who fails to attend an appointment is discharged to the referrer. This applies to outpatient appointments and appointments for admission.

7.3.3 Allowance is made for potentially vulnerable patients, in particular those who may depend on carers to be able to attend appointments.

7.3.4 Exceptions are made on the grounds of clinical need where this is requested by the clinician following review of the referrals of patients who did not attend.

7.3.5 If there is doubt about whether the appointment was clearly communicated to the patient, the patient will be given the benefit of the doubt.

7.3.6 A patient who cancels two consecutive appointments in their pathway is discharged to the referrer provided the appointments were clearly communicated and were either accepted by the patient or, if the patient was not able to be contacted, were issued with reasonable notice.

7.3.7 A patient who refuses two appointment dates offered with reasonable notice is discharged to the referrer.

7.3.8 Reasonable notice for outpatient appointments and admissions is generally three weeks, or two weeks for pre-op and diagnostic appointments. Any appointment that has been accepted by the patient is counted as reasonable.

7.3.9 A patient who is unavailable for the first six weeks of the pathway is discharged to the referrer.

7.3.10 A patient who is clinically unfit to begin treatment or continue the pathway, is discharged to the referrer, if that is the result of a long term condition (expected to last three weeks or more). If the condition is likely to be transient (i.e., expected to last less than three weeks) then the pathway continues.

7.3.11 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 cancelled and the patient and referrer notified.

7.3.12 When a patient is discharged according to the terms of this policy, both they and the referrer are notified of this by letter.

7.4 THE START OF A NEW 18 WEEK CLOCK

7.4.1 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.

7.4.2 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.

7.5 DIAGNOSTIC TESTS AND PROCEDURES

7.5.1 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

7.5.2 DNA and cancellation discharge rules apply to diagnostic patients (Section 7.3).

7.5.3 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.

7.5.4 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.

7.5.5 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.

8.0 MANAGEMENT OF PATIENTS ON THE 18 WEEK PATHWAY

8.1 NEW REFERRAL INTO BMI

8.1.1 Clinical review of every referral takes place within 2 working days of receipt by BMI and the outcome is processed on the same day (accept/reject/redirect).

8.1.2 Referrals to an inappropriate service are redirected to an appropriate BMI service wherever possible and a new appointment in that service is confirmed by letter.

8.1.3 Referrals that are inappropriate in respect of BMI's service exclusion criteria, or do not provide the mandated referral information are rejected. A referral rejection letter is sent to the patient advising them to contact the referrer.

8.1.4 The date and time of the first appointment is always confirmed by letter.

8.2 ATTENDANCES AND ADMISSIONS

8.2.1 Clinical outcomes are recorded on the day:

- Attended / Admitted / DNA
- Clinical Plan
- Treatment / Procedure undertaken.

8.2.2 Consultants review the DNA patients from each list and advise if there is clinical need to override the discharge policy (Section 7.3).

8.2.3 Where a patient is discharged due to DNA, they and their GP are notified by letter.

8.3 LISTING PATIENTS FOR ADMISSION

8.3.1 A patient is added to a waiting list only if they are fit to undergo the proposed treatment and have agreed to it.

8.3.2 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 7.3). There is no clock pause for medical or social reasons.

8.3.3 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.

8.3.4 Treatment is scheduled in order of clinical priority, then in chronological order of the patients' 18 week breach dates.

8.3.5 The patient is given written confirmation of their listing and wherever possible this includes the planned date of admission.

8.4 RESCHEDULING APPOINTMENTS AND ADMISSIONS

8.4.1 Where it is necessary for BMI 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.

8.4.2 A letter confirming the appointment is sent to every patient, including those who have agreed their appointments.

8.4.3 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.

8.4.4 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.

8.5 TERTIARY / INTERPROVIDER REFERRALS

8.5.1 BMI 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.

8.5.2 If BMI is referring the patient to another provider then an IPT is sent with a referral letter confirming the 18 week clock status.

8.5.3 All clinical transfer information is forwarded to the receiving provider within two working days.

9.0 CLINICAL CAPACITY

9.1 BMI'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 site manager (ED) accepts responsibility for assuring this level of resource.

9.2 Clinical capacity is reviewed regularly against waiting lists (both outpatient / ASI waiting lists and admitted waiting lists).

9.3 Additional capacity is provided to accommodate patients in line with access targets.

9.4 Except in the case of unforeseen events (for example sickness), six weeks' notice is required to cancel or reduce outpatient clinics and theatre / day case lists.

9.5 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.

9.6 Alternative capacity is made available to address the identified shortfall.

10.0 IMPLEMENTATION

10.1 DISSEMINATION

10.1.1 This policy is held on the Policies page of the BMI Intranet and is made available to all new staff and associates.

11.0 MONITORING AND COMPLIANCE

11.1 Compliance to this policy will be monitored at a corporate level through e-Referral and RMC monitoring of site listing on DoS listings. Sites will monitor compliance to Referral to Treatment timelines and patient listings through 18 weeks Referral to Treatment reporting on BMI's NHS Quality Dashboard and through the 18 weeks Referral to Treatment tool provided to sites on a weekly basis.

12.0 REFERENCES

12.1 *Department of Health (October 2015), Referral to treatment consultant-led waiting times, Rules Suite*

13.0 ASSOCIATED DOCUMENTS

13.1 BMIGENpol02 Safeguarding Adults Policy
BMIGENpol08 Policy on Consent for Examination or Treatment
BMIGENpol11 Mental Capacity Policy