Standard Operating Procedure

LOCAL GUIDANCE FOR PATIENT ACCESS POLICY

SETTING Trust-wide

FOR STAFF This document contains the key rules and expectations for UHBW when managing patients' referrals and admissions into our hospitals and to support administration staff and booking teams with managing patients appropriately against the full Patient Access Policy (The full access policy is available on the DMS and can be found in the search engine by typing in 'Local Access Policy')

Where the rules differ for patients who have a confirmed or suspected cancer, these are set-out in Section two of this guidance.

Please note: Where parts of the guidance/rules differ for children (i.e. any person under the age of 18). Where this is the case, reference is made to the specific rules which should be followed, further details of which can be found at the end of this document.

A key principle for RTT (referral to treatment) is that the patients are explicitly made aware of the implications on their RTT wait should they choose to delay their treatment, either through cancellations, declining or non-attendance

ISSUE Staff should follow the key guidance within this document when dealing with referrals and admissions. For full information, reference should be made to the 'Local Access policy' which is available on the Document Management System (DMS).

SECTION ONE – GENERAL PROCESSES

Pre-requisites Prior to accepting a referral

In line with the national RTT rules, **before patients are referred**, GPs and other referrers should ensure that **patients are ready, willing and able to attend** for any necessary outpatient appointments and/or treatment and that they fully understand the implications of any surgery or other treatment which may be necessary. The patient should not be referred if they identify a known reason that they will not be able to complete treatment or attend outpatient or inpatient diagnostic appointments and consideration should be made if the patients should be referred back to the care of the GP. This should be part of a clinical review carried out by the clinician. For example, if when the patient is seen at their outpatient appointment and they make us aware of any reason they cannot attend for a long period of time, and there is no clinical urgency to treat the patient, the clinician should consider referring the patient back to the GP until they are ready to proceed.

The "comments" section in Medway should always be updated in order to reflect where referable back to the GP has been agreed in order to maintain an audit log should the GP contact the service with a query.

We should not refer patients back to the GP due to internal capacity issues to offer the patient a date for a long period. If you would like further advice on this please send an email enquiry to rrtsupport@uhbw.nhs.uk.

Referrals and eReferrals (eRS)

Referrals

- Referrals received in to the Trust should be added to Medway (or other appropriate clinical system where this is a referral for a diagnostic test) within **one working day** of receipt.
- If a paper referral is deemed appropriate to accept* it should be **date stamped** (not hand written) with the date it was received into the Trust and scanned in to Evolve (if your service is not yet using Evolve the date stamped referral should be added into the patient paper notes). *It is important to ensure that it is appropriate for a paper referral to be accepted, if you are unsure of the criteria please check with the outpatient manager.
- Following receipt of any urgent paper-based referral, an appointment should be arranged within **one working day** of receipt, or within **one working day of triage**, where triage is an agreed part of the process for booking an urgent appointment. An appointment should be made by telephoning the patient. Following the telephone conversation, a letter should be sent to confirm the appointment (which also should include details of how to cancel and reschedule the appointment if required).
- Routine referrals will be placed on the outpatient waiting list and patients will either be sent an invitation to call letter to book their appointment within pathway specific milestones, or appointment booking staff will contact the patient by telephone to arrange the appointment. Wherever possible, appointments should be arranged four to six weeks prior to the intended appointment date to enable reasonable offers of dates to be made. A reasonable appointment offer is three weeks' notice and a choice of two different dates.

eReferrals (eRS)

- If a patient attempts to book their appointment via electronic Referral Service (eRS), but is not successful in doing so due to the lack of capacity, the Unique booking reference number (UBRN) will be directed to the Trust via the 'Defer to Provider' function on eRS for the service to resolve. This results in an Appointment Slot Issue (ASI)*. The RTT clock is ticking from the point at which the patient **attempted to book** their appointment. *Referrals that have resulted in Appointment Slot Issues (ASI) should be actioned by booking in Medway **within the same month as the referral was added to the ASI list**. For further guidance please refer to the ASI SOP here http://nww.avon.nhs.uk/dms/download.aspx?did=21315.
- Where an ASI has occurred on or after the 27th day of a month, this should be actioned and an appointment booked in Medway **no later than the end of the following month**.
- Where a patient has been added to the Appointment Slot Issue (ASI) the referral date on Medway should be the date that the patient first attempted to book via eRS. Where a patient has experienced an ASI, appointment staff should call the patient within **two working days** for those clinically categorised as urgent, and **five working days** for routine patients to offer an appointment date. Appointment Slot Issues result in a poor patient experience so sufficient capacity should always be made available via eRS to prevent ASIs from occurring. This is the responsibility of the operational/service management team for the speciality to resolve.

All referrals added to Medway PAS whether paper or electronic where a patient is being seen in a consultant led service, starts a Referral to Treatment pathway (RTT)* the NHS constitution allows patients the right to receive treatment for their condition within 18 weeks of the clock start date so you are required to manage your booking processes accordingly.

*if you are unsure about starting an RTT pathway in Medway, please send your query to rttsupport@nhs.uk where the corporate RTT team will be happy to assist.

Patient choice

- Patients have the opportunity to cancel or rearrange appointments during their pathway. The RTT clock continues to tick if we agree to reschedule the appointment but will be stopped if the patient is being discharged back to their GP. **Discharge should only happen if in the clinical best interests of the patient and determined by the clinician.**
- Patients must be informed that cancelling an appointment may be detrimental to their health. If a patient makes multiple cancellations, multiple changes or long-term cancellations to an appointment or an admission the trust will consider a discharge back to the GP **following a clinical review process to ensure this is in the best interests of the patient**.
- The Trust will actively engage with patients if there is **more than one cancellation** to establish reasons for multiple cancellations to inform the clinical review process. This means that should the patient try and cancel an appointment or a "to come in" (TCI) date when the previous one has already been cancelled, **prior to booking another appointment or TCI** a clinical review should be undertaken by the clinician.
- The clinician should be aware, that if the decision is to allow the patient to be offered another appointment or TCI, in doing so the patient may become a long-term breach and this is likely to result in a fine of £2,500 from the local commissioner. It is important for the administration team to provide the detail of how long the patient has been waiting to the clinician as part of their review. The decision that is made by the clinician should be recorded in Medway comments in order to provide an audit trail of the clinical review and the decision made.
- Where the clinician is in agreement that it is in the patients clinical best interests to be referred back to the care of the GP due to repeat cancellations, this should be recorded in Medway comments and a letter sent both to the patient and the GP explaining why the patient has been referred back.
- When engaging with <u>any</u> patient to agree their TCI date, if the patient is making themselves unavailable for long periods of time (i.e. holiday, exams or other social reasons)* although we cannot automatically discharge them back to the care of the GP we **should** immediately make a senior manager or the clinician (whoever most appropriate at the time) of the time delay the patient is requesting. It is important that a clinical review is also carried out at this stage as a long wait may not be in the best interest of the health of the patient so it is the responsibility of the person who is engaging with the patient to flag this immediately. If the senior manager or responsible clinician takes the view that the treatment that the patient needs can wait for a long period of time, the patient should be referred back to the care of the GP and re-referred when the patient is ready to proceed.
- Patients who cancel and rebook in eRS automatically go to the next available slot which may not be appropriate, it is the responsibility of the coordinator to contact the patient and verbally offer them an earlier appointment managing the cancellation and rebooking within eRS appropriately.

Cancellation/Rescheduling of patient appointments

- In the event that the hospital needs to cancel a patient's appointment the patient's RTT clock continues to tick from the original referral received date (or other clock start date i.e. decision to admit date). The patient will be contacted to arrange an alternative appointment date and time. Both an apology and a reason why we cancelled should be provided to the patient. If we are cancelling the appointment within two weeks of the appointment date, the patient should be contacted by telephone.

- If a patient cancels their appointment and does not require a further appointment or treatment at any stage, they should be removed from the outpatient waiting list, their RTT clock stopped, and a letter should be sent to the patient and their GP confirming their decision.
- If at the point of the patient cancelling an appointment, you are offering another appointment, please ensure that you are offering the first available appointment (i.e. booking in order).

Making offers of appointment or admission dates to patients

- Patients will be offered a choice of dates and a mutually convenient appointment should be agreed. If a partial booking letter is sent and the patient fails to call within **14 days** of the letter being sent and all reasonable attempts have been made to contact the patient (by telephone and/or email), the patient should be removed from the outpatient waiting list and a letter sent to the GP and patient informing them of this. Patients should however only be removed from the waiting list due to a failure to respond, after checks have been made to confirm the partial booking letter was sent to the correct address.
- A reasonable offer for a first appointment is a date offered with at least **three weeks' notice** and a choice of **two** dates. Where a patient accepts an appointment with less than three weeks into the future, this is considered to be a reasonable offer. Patients should be booked in order of firstly the urgency (i.e. urgent patients first) and then within chronological order of their RTT clock start date.
- When offering dates for an admission to hospital patients may need to decline for social reasons due to other commitments which cause them to be unavailable, e.g. holidays or exams. Patients may decline offers immediately during the telephone conversation or cancel/decline at any point between initially accepting and the admission date itself. In ALL cases the **RTT clock continues** without adjustment for patients who exercise this right to decline offers for admission for social reasons. However we **should** escalate this to a senior manager or the clinician (whoever most appropriate at the time) of the time delay the patient is requesting. It is important that a clinical review is carried out at this stage as a long wait may not be in the best interest of the health of the patient.
- Patients who require a further follow-up outpatient appointment **within** six weeks should have their appointments arranged before they leave clinic that day.
- Patients who require an outpatient follow up appointment in **more than six** weeks' time should be added to pending list/partial booking waiting list and a partial booking letter sent around six weeks prior to the planned date of their follow-up, to allow a reasonable date offer to be made.

Adding and removing patients from the waiting list

- Patients must be added to the elective waiting list within **two working days** of the decision to admit.
- Patients should be removed from the elective waiting list if no response to a partial booking letter is received within 14 days of the letter being sent. Patients should however only be removed from the waiting list due to a failure to respond, after checks have been made to confirm the partial booking letter was sent to the correct address.
- Patients **should not** be removed from the waiting list on the basis that they want a date into the future for social reasons. If the clinician is in agreement that the patient is not at clinical risk to wait for a date into the future it should be considered that the patient is returned to the care of the GP and re-referred when the patient is ready to proceed. If however the clinician does not wish to return the patient to the care of the GP the patient should remain on the waiting list and their waiting time from the point of referral still be

calculated (RTT clock). Patients who are making themselves unavailable results in long waiting patients, should the patient wait for more than 52 weeks for treatment this will result in a minimum fine of £2,500 per patient, per month-end.

Decision to Admit

- Patient should have a pre-anaesthetic and/or pre-operative assessment as soon as possible after the decision to admit has been made. The purpose of the assessment is to ensure the patient is fit for treatment, listed appropriately (inpatient, day-case or short stay etc.) and the need for any additional support, such as a critical care bed, is identified.
- Patients who are not medically fit for treatment should be managed dependant on the nature of their condition:

  Acute Conditions - (e.g. cold, chest infection, diarrhoea and vomiting) where it is resolvable via an individual management plan agreed with the clinician, the RTT pathway clock continues and the patient will be listed for their procedure and their RTT "clock" and wait time continues

  Chronic conditions - where the patient requires referral back to the GP as optimisation is likely to take longer than available date for admission (e.g. BMI is too high or low, hypertension, blood glucose is too high) the RTT pathway clock will be stopped and the patient will be **removed from the waiting list** for the procedure. Once the patient is re-referred as fit and well enough to proceed, this would start a new RTT pathway clock from the date that the re-referral was received.

- If the patient is being referred back to the GP due to chronic conditions, this should be clearly documented in a letter, this should be sent to the GP and the patient and retained in EVOLVE on the patient notes.
- Where patients have been identified as having other medical conditions that require addressing before the clinician can proceed and the decision is made to keep the patient under the management of their clinician rather than refer back to the GP, review of the clinic letter from the clinician may mean that the patient can be actively monitored by the clinician until the decision is made that they are well enough to proceed. To check if the patient meets this criteria or you are unsure please contact rrtsupport@uhbw.nhs.uk where a review can be undertaken and advice provided on how to manage the patient pathway against the national RTT rules. Please ensure that the comments in Medway are updated to reflect any decision that you have made.

Planned waiting list

The planned waiting list should only be used for very specific reasons, an example of those reasons are a paediatric patient who cannot undergo a procedure until they have reached a certain stage in their development (i.e. age or weight) or patients who require annual surveillance procedure (i.e. Endoscopy). The planned waiting list is a list that is separate to the elective waiting list; however this list is subject to the same monitoring and validation processes.

- Operational managers are responsible for reviewing the planned list on a weekly basis to ensure compliance. This review will include checking that patients are being brought in, in accordance with their planned review dates and have been listed appropriately to the planned list definition.
- Patients on planned waiting list are outside the scope of RTT rules. Patients who wait beyond their clinically defined interval between appointments or 'planned by date' will automatically be transferred onto an active RTT pathway with a new clock start date being the first of the month after their planned date is due. For example: Planned procedure is

due August 2020, clock start date is 1st September 2020.
- It is not appropriate to change the patients planned date further in the future due to capacity issues.

Adding a patient to the planned waiting list

- When adding a patient to the planned waiting list the admission method needs to be set to "Planned Admission", if this is not selected then the listing will appear on the elective waiting list.
- You will need to complete the "Planned Admission" field, this should be the month after the procedure is due, for example: Planned procedure due August 2020 you are required to set the planned date as September 2020. This field is mandatory and you will not be able to save the listing unless this has been completed.
- The RTT section should be set to "New pathway" with a status code 10. As long as the admission method has been selected correctly as "planned admission" an RTT clock will not start ticking until the patient reaches their planned date.
- Once the patient hits their planned date, if the procedure has not been performed the listing will automatically transfer onto an active RTT pathway and the RTT clock starts ticking. This pathway will then appear on your patient tracking list with the clock start date as the date entered into the "Planned Admission" field.
- You do not need to manually change the listing. The admission method should stay as planned and the DTA date stays the same. You also do **not** need to remove the listing and list as new once they hit their planned date.

DNAs

- Any patient who does not attend their agreed routine appointment (new or follow up) should be discharged back to the care of their GP. When discharging the patient, the reason for doing so should be recorded in the discharge note within Medway. Both patient and GP will be notified of this in writing to ensure the referring GP is aware and can action further management of the patient if necessary. Patients should <u>not</u> be discharged following a DNA if:
    - A clinical decision has been taken that discharging the patient is contrary to the patient's clinical interests (at this point the patient should be contacted by telephone to ascertain the reason for the DNA and to discuss how important it is for the patient to attend);
    - The patient has been referred for a urgent clinical condition, such as cancer, or active surveillance for cancer, rapid access chest pain, and other critical illnesses
    - The patient is 18 years or under, or is a vulnerable adults (See next section).

  <u>Or</u> when one of the following can be confirmed:

    - The appointment was sent to the incorrect patient address
    - The appointment was not offered with reasonable notice

- Where a patient does not attend (DNAs) the **routine first outpatient appointment** following initial referral, their RTT clock should be nullified (i.e. stopped using the removal status code 33). Should the patient be offered another date this should be done within a period of **14 days**, a new RTT clock will start on the date that the patient agrees their appointment.
- Where circumstances were beyond the patient's control that prevented them from attending, the Trust will endeavour to be as flexible as possible. The patient must first be contacted to ascertain the reasons for DNA and the reasons recorded in Medway and

ensure the patient understands and is compliant to attend if another appointment is offered.

DNAs (Children and Young People)

- Children and Young people failing to attend clinic appointment following referral from their General Practitioner or other professional may trigger concern, given that they are reliant on their parent or carer to take them to the appointment. Failure to attend can be an indicator of a family's vulnerability, potentially placing the child's welfare in jeopardy.
- All missed outpatient appointments for children and young people should therefore be followed up in line with the Trust 'Did Not Attend' policy:
  - The notes (paper and/or electronic) of patients who do not attend (DNA) their outpatient appointment should be reviewed by the appropriate clinician at the end of a clinic to determine whether the patient needs to be offered another appointment.
  - Possible Children in Need/Child Protection concerns must be taken into consideration when assessing the need for further appointments. All children and young people who are subject to a Child Protection Plan in Bristol, South Gloucestershire or North Somerset and Looked After Children (in Bristol) will have an electronic alert and safeguarding information recorded on the electronic records within Medway.

- There may be reasonable justifications for referring paediatric patients back to the GP following repeat cancellations, under the Division/Trust's safeguarding policy. It is important that the cancellations and attempts to contact the patient are documented in Medway and the patient is not being referred back to the GP **when they already have an agreed** date for their appointment/admission.
- At all stages of the Paediatric pathway, should a patient cancel or DNA **more than one appointment or TCI date**, please ensure that you have actively engaged with the family/carer/guardian to establish reasons for cancellations to inform the clinical review process. This means that should the family/carer/guardian try and cancel an appointment or a "to come in" (TCI) date when the previous one has already been cancelled, **prior** to booking another appointment or TCI a clinical review should be undertaken by the clinician involved.

Referring on

- If a consultant or a member of their team decides that an opinion of another consultant/service is required for a routine patient, he/she can refer the patient to another clinician without referring the patient back to the GP as long as:
  - The referral relates to the same condition/symptoms as the original GP referral, and/or
  - The patient is on a suspected cancer pathway, and/or
  - The onward referral prevents an urgent admission

- If however the advice is being sought about a different condition, a letter must be sent to the referring GP detailing their opinion so that the patient and their GP can agree further management. This is to provide the patient with choice of location and choice around the earliest availability.
- The exception to the above is within the Eye hospital and the Dental hospital, whereby referrals can be made between different specialities without referring the patient back to the care of the GP or the referring dental practice.

Inter Provider Transfer (IPTs)

- If a patient is transferred to a provider outside of the Trust (or an external Consultant to Consultant transfer) for treatment or for a diagnostic test, the patient must be sent with information completed on the Trust Inter Provider Transfer form (IPT). Nationally this data is referred to as minimum data set or MDS. The form to be completed can be located here http://infoweb/Pages/SubCategory.aspx?SUBCAT=242
- Where the transfer of the patient is for the patient to receive treatment at another provider, and the RTT clock is still ticking, the RTT status code 21 (Patient referred outside of UHBW for continuation of care) should be recorded in Medway at the patient's last outpatient attendance. This will stop the pathway with us but the RTT clock will continue to tick at the provider we have referred the patient to.
- Where the transfer of the patient is for a diagnostic test only, the IPT form still requires completion but the RTT clock remains ticking (i.e. on-going) within this Trust (status code 20 = ongoing) in Medway.
- IPT transfer form **must be completed** and sent with the patient referral. Where this is not possible, the IPT transfer form **must be sent within 48 hours of the patient transfer**. If we are receiving an IPT into our Trust, the same rules apply and an IPT **must be received or follow within 48 hours**.
- All IPTs received into the Trust should be date stamped (not hand written) with the date that the form was received into the Trust and scanned into EVOLVE on the relevant patient notes.

Patient Initiated follow-up (PIFU)

Where clinically agreed, patients can be allocated a Patient Initiated Follow Up (PIFU) for up to **one year**, after which time should the patient require to be seen within our service, they should go to their GP in order to be referred. The PIFU letter is intended as an alternative to a 12 month follow up appointment, empowering the patient to access a service at the point of need. (NB: this does not replace clinically determined 12 month follow up appointments).

Direct Access Diagnostics tests

Where a GP refers a patient solely for a diagnostic test to be undertaken, with the results being sent directly back to the GP for them to manage the patient, the referral should be recorded on Medway (or other Patient Administration System such as CRIS) as NO RTT.

Patients who require a Diagnostic test

The NHS Constitution states "patients waiting for a diagnostic test should have been waiting less than six weeks from referral". This is extremely important as early diagnosis for the patients is central to improving outcomes, for example early diagnosis of cancer improves survival rates. Delays in diagnostic services can significant lengthen patient waiting times to start treatment.

The national access standard of patients who are waiting for a diagnostic test within six weeks covers patients waiting for one of the 15 groups of tests listed below. This includes all referral routes (i.e. whether the patient was referred by a GP or by a hospital-based clinician or other route) and includes all settings (i.e. outpatient clinic, inpatient ward, x-ray department, primary care one-stop centres etc.) It does not include waits for diagnostic tests/procedures where:

- The patient is waiting for a planned or surveillance diagnostic and the patient is recorded on a planned waiting list
- The patient is waiting for a procedure as part of a screening programme (e.g. routine

repeat smear test etc.)
- The patient is currently admitted to a hospital bed and is waiting for an emergency test procedure as part of their inpatient treatment.

If a patient cancels or misses an appointment, then the waiting time starts again from the date of the appointment that the patient cancelled/missed. Similarly, if a patient turns down reasonable appointments then the diagnostic waiting time can be set to zero from the first date offered.

1. Imaging - Magnetic Resonance Imaging
2. Imaging - Computed Tomography
3. Imaging - Non-obstetric ultrasound
4. Imaging - Barium Enema
5. Imaging - DEXA Scan
6. Physiological Measurement - Audiology – Audiology Assessments
7. Physiological Measurement - Cardiology - echocardiography
8. Physiological Measurement - Cardiology - electrophysiology
9. Physiological Measurement - Neurophysiology - peripheral neurophysiology
10. Physiological Measurement - Respiratory physiology - sleep studies
11. Physiological Measurement - Urodynamics - pressures & flows
12. Endoscopy - Colonoscopy
13. Endoscopy - Flexi sigmoidoscopy
14. Endoscopy - Cystoscopy
15. Endoscopy – Gastroscopy

Patients who require funding

- Patient referrals for an intervention not normally funded should come with evidence that prior approval is in place. Referrals without authorisation should be returned to primary care to request they seek funding approval from the commissioner. This is important as at the point that you accept the referral without funding the RTT clock will commence.
- Where assessment and management in secondary care is required before a decision on funding can be made the secondary care clinician will apply for funding approval to the commissioner. In these cases, the 18 week RTT clock will continue. If funding approval is subsequently refused, or the patient does not meet the criteria to access treatment, the patient must be removed from the waiting list and referred back to the GP with a letter documenting the funding approval was rejected.
- It is important not to delay the treatment of patients whilst waiting for funding so it is important that any decision to refer the patient back to the care of the GP is done with clinical engagement.

For further information on interventions not normally funded please visit the Commissioning - Services & Support workspace via connect or contact Jennifer.henry@uhbw.nhs.uk

Patient letters (administration or clinical)

All patient written communication should be retained and uploaded to Evolve / Clinical Documentation System, irrespective of whether the communication relates to the outcome of an attended appointment, a DNA letter, the results of a test or the next steps appointment letter, this should be clearly dated and an audit trail retained. Once typed either by secretary or automatically generated from Medway, letters should be available electronically via Medway/Evolve/CDS no later **than seven days** after the appointment date unless a specific exception with the CCGs has been agreed.

Outcome Forms – recording the outcome of the patient appointment
The outcome of clinic attendances should be completed by the clinician who saw the patient in clinic, this should be handed to the administrator or receptionist to record in Medway. This should be done on the day but not later than **two working days** of the attendance. All patients must have an outcome (e.g. follow up, discharge or add to an elective waiting list) and an update to the RTT status code recorded in Medway. It is the responsibility of the clinician to fill in the form in its entirety, including the RTT status information as this allows the administration staff to document on Medway correctly.

Administration Staff – should the outcome form not be completed in its entirety, you should ensure that you raise with the clinician on the same day that the form was handed to you in order to query the incomplete fields. Raising this quickly ensures that the patient attendance is fresh in the clinicians mind.

Clinic Management

All clinicians are required to give **six full weeks notice** of intended leave in order to have as little impact as possible on the clinics booking and theatre scheduling plans. Clinics should not be cancelled or reduced for any purpose unless there are exceptional circumstances.

Outpatient Clinic Capacity

Providers should systematically undertake a review of clinic templates and room capacity to ensure they are aligned to demand and contracted activity. Flex of clinic templates and the types of patients who are seen (new and follow-up) should be reviewed regularly to ensure that inappropriate back-logs are mitigated against. Clinicians are required to ensure that patients, whether they are new or a follow-ups are seen firstly in the order of urgency and then in chronological order at all times.

Status Codes / RTT clock

The UHBW relevant RTT Status Codes should be used to record the patient's waiting time in Medway.

Veterans and War Pensioners

When entering a referral or adding a patient to a waiting list on Medway, staff will be prompted to record an entry in "Administrative category". This field should be completed to register if a patient is a Veteran or War pensioner. All military veterans and war pensioners should receive priority access to NHS care for any condition that related to their service. On this basis you should expedite their referral as if it were a two week wait referral and ensure that they are given priority to an outpatient or inpatient appointment.

Private patients

If a patient has been seen privately, and wishes to be treated at UHBW by the same consultant as an NHS patient, the patient must first obtain an NHS referral letter from their GP or referring consultant. On receipt of this letter the patient may then be treated as a new referral in outpatients or placed on a waiting list. Their RTT clock starts at the point of receiving their referral. These patients **are not given** priority and should be booked in chronological order as per all other patients.

Data accuracy

All staff using Medway have a responsibility to check the accuracy of the patient data they record. Where possible, patient demographic data should be checked with the patient at each clinic attendance or admission. When dealing with a patient you should ask them to confirm their full name, date of birth, postcode and their GP practice, even if the patient is already registered on Medway. This is to help correctly identify the patient at every stage of care.

National Patient Safety Agency (NPSA)

All NHS Organisations use the NHS Number as the national patient identifier. Using the NHS Number makes it possible to share patient information safely, efficiently and accurately across Health and Social care organisations. Although the Trust unique identifier is the “T” number created on Medway on registration, the NHS number, where a patient has one, must also be shown on all screens, records and correspondence.

SECTION TWO – CANCER/SUSPECTED CANCER

Referrals

- A referring GP should inform the patient if they are being referred on a two-week wait pathway for suspected cancer.

DNAs

- Patients should only be referred back to their GP after multiple (two or more) DNAs. In line with this guidance, the Trust may remove from cancer pathways patients who DNA two consecutive appointments (including those for tests) during their pathway, following their first appointment. A decision to remove a patient from a cancer pathway is that of the Clinician and is required to be documented by letter (see below).
- Patients who DNA or cancel multiple appointments after the initial first outpatient appointment should be encouraged to come in via interventions from the Clinical Nurse Specialist and GP. Discharge to the GP should be a last resort and should wherever possible be explained to the patient first and should be accompanied by a letter to the GP stating that the patient has been discharged and may be re-referred when they wish to be seen.
- Patients should be kept on a 62 day pathway for tracking purposes until they are treated or discharged, to ensure patient safety. The pathway will then be corrected as per the above guidelines.

Table A

RELATED DOCUMENTS	Local Access Policy http://nww.avon.nhs.uk/dms/download.aspx?did=16599 Did Not Attend (DNA) Policy for Children and Young People http://nww.avon.nhs.uk/dms/download.aspx?did=7998 Safeguarding Children, Young People and Unborn Babies from Abuse Policy http://nww.avon.nhs.uk/dms/download.aspx?did=3905

AUTHORISING BODY	Performance Meeting and Service Delivery Group
SAFETY	Referrals and admissions for patients under the age of 18 need to be managed to different rules in order to safeguard the child.
QUERIES	rttsupport@uhbw.nhs.uk or the Trust Outpatient Services Manager