PATIENT ACCESS POLICY

Purpose of policy

The Patient Access Policy is to ensure all patients requiring access to outpatient appointments, diagnostics and day case treatment are managed equitably and consistently in line with national waiting time standards and the NHS Constitution.

Vision
This policy aims to give patients and staff clear direction on the application of the NHS Constitution in relation to elective national waiting times and provides guidance on elective care principles and rules for managing patients along their elective care pathways.

Who does this policy affect?
This policy affects all patients on an elective care pathway who are under the care of Phoenix Health Solutions Ltd and all staff should be competent and compliant with the access rules.

Key Points of the policy:

- NHS has set a maximum waiting time standard for elective access to healthcare:
  - Individual patient rights (NHS Constitution)
  - Standards by which Phoenix Health Solutions Ltd and commissioners are held accountable to NHS Improvement and NHS England
- Patients' rights under NHS Constitution:
  - Choice of Hospital
  - To begin treatment for routine conditions following a referral into a Consultant led service within a maximum of 18 weeks to treatment
- The right to be seen within the maximum waiting times does not apply:
  - If the patient chooses to wait longer
  - If delaying the start of treatment is in the best clinical interests of the patient
  - If it is clinically appropriate for patients conditions to be actively monitored without clinical intervention or diagnostic procedures at that stage
  - Policy sets out key administration processes, timeframes, and referral to treatment rules

SCOPE

This policy will apply to all patients and staff within Phoenix Health Solutions Ltd who manage patients on elective care pathways.

INTRODUCTION

Phoenix Health Solutions Ltd is committed to delivering high quality and timely elective care to patients. This policy:

- Sets out the rules and principles under which Phoenix Health Solutions Ltd manages' elective access to outpatient appointments, diagnostics and or day case treatment.

- Provides clear guidance for staff on the application of the NHS Constitution in relation to elective waiting times.

To ensure all patients requiring access to outpatient appointments, diagnostics and day case treatment are managed fairly, equally and equitably in line with the NHS Constitution and national waiting times standards for elective care.

The policy has been designed to ensure:

- Administration processes in the management of patients waiting for treatment are clear, transparent to patients and partner organisations and must be open to inspection, monitoring and audit.
- Sets out the rules and key principles for managing patients through their elective care pathways.
- It applies to all clinical and administration staff and services relating to elective patient access at Phoenix Health Solutions Ltd. The policy is not intended to override clinical judgement and all staff are expected to make decisions based on the best interests of patients.

DETAILS OF POLICY

The NHS Constitution clearly sets out a series of pledges and rights stating what patients, the public and staff can expect from the NHS.

The NHS Constitution was revised in March 2013 and details the legal rights of patients in regard to their care. The NHS Handbook to the Constitution (March 2013) states that patients will have the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible.

The Constitutional rights are to:

- Start Consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions.
- Be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

Exceptions to this are:

- Where the patient chooses to wait longer.
- Delaying the start of treatment is in the patient's best clinical interest.
- It is clinically appropriate for the patient's condition to be monitored in secondary care without clinical intervention or diagnostic procedures at the particular stage.

The following services are not covered by the Constitution:

- Non-medical Consultant-led mental health services.
- Maternity services.
- Public Health services provided or commissioned by local authorities.
- Non-English commissioners (for example patients referred from GP's outside of England).
- Emergency pathway requiring follow-up clinic activity.
- Non-consultant led community services.

Elements of the 18-week RTT Pathway

The following points summarise the key elements of the standard:

- All patients should be fit, willing and able to commit to treatment and managed according to their clinical urgency within the 18-week RTT waiting times.
- A non-admitted pathway refers to patients that do not require admission to receive their first definitive treatment, i.e., that treatment is given or prescribed in outpatients.
- An admitted pathway refers to patients who require admission, as either a day case or an inpatient, to receive their first definitive treatment.
- An incomplete pathway refers to patients who have not yet received their definitive treatment, therefore, their 18-week RTT period is still open, the patient may be in the non-admitted, diagnostic, or admitted part of their pathway.
- Patients will be managed and measured on a non-admitted pathway until the point at which they require admission for treatment, as a day case, at which point they are managed and measured within the admitted pathway.
- The 18-week RTT pathway begins on the date that a paper referral is received by Phoenix Health Solutions, or when a Unique Booking Reference Number (UBRN) is received from an e- Referral (formerly known as Choose and Book). The clock then continues to tick until either the first definitive treatment is given, or another event occurs which stops the clock.
- An 18-week RTT pathway can also be started within another healthcare provider setting and then the patient can be transferred to Phoenix Health Solutions, where the clock will continue to tick from the original referral start date.
- The 18-week RTT pathway can be started by a large number of referrers when they refer the patient into a consultant led service. These include GP's and General Dental Practitioners (GDP's).
- Patients may have more than one 18-week RTT pathway if they have been referred to and, are under the care of, more than one Clinician at any point in time; however, a clinical decision will be taken whether a patient may be on more than one admitted pathway at any point in time.
- Each 18-week RTT pathway must be measured and monitored separately and will have a unique pathway identifier in the patient administration system (PAS).
- Every step along the 18-week RTT pathway (outpatient, diagnostic, pre-assessment, admission, discharge, decisions made) must be recorded in Patient Administration System (PAS) using a set of RTT status codes. These steps are referred to as clock starts and clock stops. Clinic Outcome Forms are completed at the end of every clinic session to enable the patient pathway to be updated according to the decision made in clinic with the patient and the Clinician.

Management of Urgent Suspected Cancer Patients (2ww)

A GP should, in accordance with NICE guidance 2015, explain to people, who are being referred with suspected cancer, that they are being referred to a cancer service. Reassure them, as appropriate, that most people referred will not have a diagnosis of cancer and discuss alternative diagnoses with them. They should discuss that the patient should be

available to attend for appointments over a 62-day period. They should also give them the patient information leaflet (1773a).

For patients who cancel appointments:

- Patients should not be referred to their GP after a single appointment cancellation.
- Patients should not be referred back to their GP after multiple (two or more) appointment cancellations unless there has been a clinical review – by cancelling an appointment a patient has shown a willingness to engage with the NHS. After Clinical review if it is decided that the patient should be referred back to the GP, a letter should be sent to both the patient and their GP.

Exclusions from the RTT Pathway

The following activity is excluded from the 18-week RTT standard:

- Emergency admissions.
- Obstetric patients
- Elective patients undergoing planned procedures (check cystoscopies etc).
- Patients receiving ongoing care for a condition whose first definitive treatment for that condition has already occurred.
- Referrals to non-Consultant led services

RTT National Rules

Once a referral to treatment (RTT) waiting time clock has started it continues to tick until:

- The patient starts first definitive treatment or
- A clinical decision is made that stops the clock

Clock starts

- A waiting time clock starts when any care professional or service permitted by an English NHS commissioner to make such referrals, refers to:
    - A consultant-led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner;
    - An interface or referral management or assessment service, which may result in an onward referral to a consultant-led service before responsibility is transferred back to the referring health professional or general practitioner;

- A waiting time clock also starts upon a self-referral by a patient to services, where these pathways have been agreed locally by commissioners and providers and once the referral is ratified by a care professional performed to do so.
- Upon completion of a consultant led referral to treatment period, a new waiting time clock only starts.
    - When a patient becomes fit and ready for the second of a consultant-led bilateral procedure;
    - Upon the decision to start a substantively new or different treatment that does not already form part of the patient's agreed care plan;
    - Upon a patient being re-referred into a consultant led interface, or referrals management or assessment services as a new referral;

- When a decision to treat is made following a period of active monitoring;
- When a patient rebooks their appointment following a first appointment Did Not Attend (DNA) that stopped and nullified their earlier clock;

Clock stops

Clock stops for treatment when:

- First definitive treatment starts which can be:
  - Treatment provided by an interface service (intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care);
  - Treatment provided by a consultant-led service;
  - Therapy or health science intervention provided in secondary care or at an interface service, if this is what the consultant-led or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further interventions;
- A clinical decision is made and has been communicated to the patient, and subsequently their GP and/or referring practitioner without undue delay, to add a patient to a transplant list.

Clock stops for 'non treatment'

- A clock has been stopped when it is communicated to the patient, and subsequently their GP and/or referring practitioner without undue delay that:
  - It is clinically appropriate to return the patient to primary care for non-consultant led treatment in primary care;
  - A clinical decision is made to start a period of active monitoring, rather than undergo any further tests, treatments or other clinical interventions at that time – this must be communicated to the patient;
  - A patient declines treatment having been offered it;
  - A clinical decision is made not to treat (this can be communicated via a letter, telephone call documented in the patient notes or during consultation);
  - A patient Did Not Attend (DNA) their first appointment following the initial referral that started their waiting time clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient;
  - A patient Does Not Attend (DNA) any other appointment and is subsequently discharged back to the care of their GP, provided that:
    - The provider can demonstrate that the appointment was clearly communicated to the patient;
    - Discharging the patient is not contrary to their best clinical interests;
    - Discharging the patient is carried out according to local, publicly available/published policies on DNA's;
    - These local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (eg. Children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders.

Commissioner Approved Procedures

Patients referred for specific treatments may be subject to:

- Clinical eligibility thresholds
- Considered low priority and are not routinely funded

This is when there is limited evidence of clinical effectiveness, or it might be considered cosmetic and can only be accepted with the prior approval of the relevant Integrated Care Board. No adjustments or clock stops can be made to a pathway whilst a panel or approval board assess commissioner approval requests. Patients who require treatment, which must have commissioner approval prior to commencement, must not be disadvantaged by having their referral returned to primary care.

Special Patient Groups

Safeguarding Children, Young People and Vulnerable Adults

It is essential that all staff recognise and acknowledge their responsibility to ensure the safety and welfare of children and adults at risk and identify these at the point of referral.

Patients must be provided with communications in the appropriate format to access services and the Mental Capacity Act (2005) adhered to. When a patient lacks capacity about their treatment decision, this should be evidenced by a capacity assessment and a best interest discussion held with their next of kin / family or friends and in their absence an independent mental capacity advocate.

Phoenix Health Solutions has a legal obligation under the Equality Act (2010) to make reasonable adjustments to facilitate the care of people with disabilities. Staff should work in collaboration with the patient, their carer and the team caring for the person when managing their care. By law, if the adjustment is reasonable, then it should be made. Examples of reasonable adjustments may include:

- Offering time appropriate appointments
- Allocating at the beginning or the end of a list / clinic. E.g. Early morning maybe preferable for patients with dementia.
- Having a trusted person accompany the patient e.g. procedure room.
- Patients subject to a Deprivation of Liberty Safeguard (DoLS) or a section of the Mental Health Act (1983) may require additional support / increased observation.
- Cancellations should only be made in exceptional circumstances due to the complex planning required when booking appointments and the emotional distress that it can cause the patient.

When safeguarding issues are identified Phoenix Health Solutions procedures must be followed and a consultation can be had with a member of the safeguarding team. Refer to the Safeguarding Vulnerable Adults policy.

War Veterans
In line with the Armed Forces Covenant, published in 2015 all veterans and war pensioners should receive priority access to NHS care for any conditions related to their service, subject to the clinical needs of other patients. The referrer must clearly indicate the patient's condition and its relation to military service at point of referral.

Patients transferring to NHS from Private Care
Patients can transfer their status from private to NHS within the guidelines identified in the Department of Health Guidance, A Code of Conduct for Private Practice Professional fees. Patients will not be charged once they have been transferred to NHS status. Phoenix Health will ensure that a private patient transferring to become a NHS patient will gain no advantage over other NHS patients.

The **RTT clock will start** at the point at which the clinical responsibility for the patients care transfers to the NHS which is the date the referral is accepted for the patient.

The **RTT clock will stop** for patients who choose to leave NHS funded care to fund their own care in the private sector. The clock stops on the date that the patient informs the provider of their decision.

Flight Restrictions
There is no clinical evidence to substantiate flight restrictions for day surgery patients. If, during consultation a clinical decision is made that a patient must not have surgery before or after a long haul flight, any periods of time must be taken into account within the patient's 18 week RTT pathway. The RTT clock will continue to tick, therefore, when planning procedures for such patients this must be considered to prevent the patient from breaching.

Patient Dies Before Treatment
When a patient dies before they receive treatment, their 18 week RTT clock will be stopped and their RTT pathway ended.

MANAGEMENT OF PATIENT PATHWAYS

Patients have the right to start Consultant-led treatment within 18 weeks from referral. All patients will be managed according to their clinical urgency, and within the 18 week Referral to Treatment (RTT) standard.

The **Non-Admitted Pathway** is also known as the Outpatient Pathway. The non-admitted patient pathway includes the following milestones: Referrals, First Outpatient Appointment, Diagnostics, Follow up Appointment and Pre-Operative assessment. This pathway starts from the clock start date i.e. the date the referral is received and ends when a clock stop happens at the first Outpatient or Follow up appointment.

The Admitted Pathway, also known as the Inpatient Pathway. This pathway means that the patient requires admission as a day case to receive their definitive treatment.

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The referral vetting process will be a locally agreed process within the specialty depending on the clinical priority and/or inappropriate referrals. The Clinician or nominee will determine if the referral is appropriate. Referral vetting or triage standard is within 48 hours of registration.

Any inappropriate referrals including those that do not meet agreed criteria will be rejected and returned to the referrer with a clear explanation or will be forwarded on to the appropriate specialty.

There are 5 recognised referral workstreams: Electronic Referrals, Non-NHS Referrals (External paper referrals), 2ww Cancer Referrals, IPTs (Inter-Provider Transfers) and Internal referrals.

Electronic Referrals

- NHS E-Referrals – Wherever possible, patients should be referred via NHS E-Referrals to enable patient to choose, book and confirm and receive confirmation of their appointment
- If there are insufficient slots available for the selected service at the time of attempting to book (or covert their Unique Booking Reference Number UBRN), the patients will appear on the appointment slot issue (ASI) work list.

  The RTT clock starts from the point at which the patient attempted to book.

Non-NHS E-Referrals (External Paper referrals)
Paper referrals received into Phoenix Health Solutions will be accepted if there is no service available on NHS E-Referral or as part of an activated business continuity plan during E-Referral down time. Patients will be accepted and offered appointments equitably in line with referrals received by NHS E-Referrals.

Cancer Referrals
Phoenix Health Solutions does not accept 2ww cancer referrals.

IPTs (Inter-Provider Transfers)
If a patient is transferred from a Consultant in one provider to a Consultant in another provider for the same condition this is known as an Inter Provider Transfer (IPT).

This also includes patients referred from a Clinical Assessment Service (CAS). IPT referrals will be accepted electronically with an accompanying pro-forma with the patient's pathway information via the Trusts secure generic NHS net email account into phoenix.patients@nhs.net. The referrals are managed in line with the Inter-Provider Transfer process which ensures the patients RTT pathway transfers with them, together with all necessary information.

Outgoing IPT's will be transferred similarly to incoming IPT's.

Internal Referrals
An Internal referral will be created for patients referred to another clinical team as part of an agreed pathway of care. The patient and GP will be informed of the referral mechanism and

reason for referral and a discussion will take place with the patient regarding options in terms of choice of provider.

Internal referrals should not be created for routine patients requiring referral to another clinical team after being seen for an unrelated condition (e.g. patient referred with a joint complain

and following clinical assessment a dermatological condition is noted). The patient should be referred back to the GP to enable them to make any decisions regarding further management including the possibility of an onward referral.

Booking new appointments

- E-Referral service

  Patients who have been referred from their GP via e-RS should be able to choose, book and confirm their appointment before Phoenix Health Solutions receives and accepts the referral. If there are insufficient slots available for the selected service at the time of attempting to book, the patient will appear on the appointment slot issue (ASI) work list.
  The RTT clock starts from the point at which the patient attempted to book. Patients on the ASI list must be contacted within two working days by the booking team to agree an appointment.

  If a patient's appointment has been incorrectly booked on the NHS e-Referral system into the wrong service at the trust by the referrer, the referral should be electronically re-directed in the e-Referral system to the correct service. A confirmation letter of the appointment change will be sent to the patient. The patient's RTT clock will continue to tick from the original date when they converted their Unique Booking Reference Number (UBRN).

  Appointments booked by patients via NHS E-referrals are considered reasonable notice due to this being patient choice.

- Paper-based referrals / RAS LIST

  Appointments will be booked in order of clinical priority (urgent before routine) and then chronological order of weeks' wait. Patients will be selected for booking from the patient tracking list (PTL) only.

  Phoenix Health Solutions aims to provide all patients with reasonable notice of appointments of at least two weeks' notice where possible. However shorter notice will be given if appropriate due to clinical priority.

Referral Expedite Letters

To avoid duplicate referrals, if a GP writes to Phoenix Health Solutions requesting an appointment to be expedited; the letter should be clearly marked "**Request to Expedite – this is not a referral"** and attached a copy of the original referral letter.

Unable to make contact

Where the patient does not respond to letters or phone calls, (i.e. contact attempted for at least a week with two phone calls in working hours plus one out of hours, or they do not respond to a contact letter within two weeks of the letter date), then it is assumed that the patient is not fulfilling their obligation to make themselves available for appointments and they may be

discharged back to their GP if clinically appropriate. A 14 day letter will be sent to the patient stating that if they do not contact Phoenix Health Solutions within 14 days they will be discharged back to the care of their GP.

First Outpatient Appointment Cancellations

Patient Appointment Cancellations

> Patients who cancel agreed outpatient appointment will be offered a second appointment by contacting Phoenix Health Solutions. If, as a result of a patient cancelling, a delay is incurred which is equal or greater than a clinically unsafe period of delay as indicated by the clinician in charge, a clinical review should be undertaken which could lead to discharge back to the GP but should be based on the individual patient's best interest. All referrals back to a GP should be a clinical decision based on the patient's best interest.

Phoenix Appointment Cancellations

> Phoenix Health Solutions aims where possible to avoid appointment cancellations. However, if unavoidable we will reschedule, with choice, where possible, and provide an alternative appointment aiming to avoid any further delays in the patients' pathway.

First Outpatient Appointment – Did Not Attend (DNA)

A DNA is where a patient fails to attend without prior notice. If the patient fails to attend their first appointment following the referral the pathway is nullified, as effectively the patient has chosen not to start their pathway. The patient will be referred back to their GP unless the Clinician feels it's appropriate to offer the patient a new appointment, then a new RTT pathway will start on the date that the patient agreed the new appointment date.

Clinic attendance and outcomes for new outpatient appointments
Whether attended or not, every patient will have an attendance status and outcome recorded on the PAS at the end of the clinic. Clinics will be fully outcomed within 48 hours.

Clinic outcomes (e.g. discharge or further appointment) and the patient's updated RTT status will be recorded by clinicians on the agreed clinic outcome form and forwarded to reception staff immediately.

The patient might be assigned to any one of the following RTT statuses at the end of their outpatient attendance, depending on the clinical decisions made or treatment given/started during the consultation:

Patients on an open pathway:

- Clock stop for treatment.
- Clock stop for non-treatment.
- Clock continues if requiring diagnostics, therapies or being added to the admitted waiting list.

Patients already treated or with a decision not to treat:

- New clock start if a decision is made regarding a new treatment plan.
- New clock start if the patient is fit and ready for the second side of a bilateral procedure.
- No RTT clock if the patient is to be reviewed following first definitive treatment.

- No RTT clock if the patient is to continue under active monitoring.

Accurate and timely recording of these RTT statuses at the end of the clinic are therefore critical to supporting the accurate reporting of RTT performance.

The diagnostic milestone of the RTT pathway starts at the point of a decision to refer for a diagnostic test and ends when the diagnostic test is completed. There are two situations in which a diagnostic is part of an RTT pathway:

- Request as part of an established RTT pathway or
- Request directly from GP as 'Straight to Test' where there is an expectation that the patient will go on to be reviewed afterward by a consultant and if appropriate treatment within a consultant service. A RTT clock will start on receipt of the referral.

The diagnostic clock is separate with its own waiting time (6 weeks):

- Diagnostic clock start – the clock starts at the point of the decision to refer for a diagnostic test by either the GP or the Consultant.
- Diagnostic clock stop – the clock stops at the point at which the patient undergoes the test.

Patients with a diagnostic clock

- Direct Access Referrals – When a patient is directly referred for a diagnostic test (but not a consultant-led treatment) by their GP and the clinical responsibility remains with the GP they will have a diagnostic clock of six weeks which will start at the receipt of this referral.
- Patients may also have a diagnostic clock running only where they have had an RTT clock stop for treatment or non-treatment and their consultant refers them for a diagnostic test with the possibility that this may lead to a new RTT treatment plan.
- Where a patient is referred for a diagnostic to take place in an outpatient or daycase setting as part of an RTT pathway, the outpatient/inpatient section of the policy must be adhered to in terms of patient booking, cancellation and DNA's.
- Diagnostic reporting turnaround times should not be exceeded.

Booking Diagnostic appointments
Patient appointments will be booked in order of clinical priority (urgent before routine) and then chronological order of referral received date. Patients are sent a letter within a specified appointment date and time and asked to contact reception by phone to change the appointment if it is not convenient.

Diagnostic cancellations, declines and/or DNAs for patients
If a patient declines, cancels or does not attend a diagnostic appointment, the diagnostic clock start can be reset to the date the patient provides notification of this, however Phoenix Health Solutions must be able to demonstrate that the patient's original diagnostic appointment fulfilled the reasonableness criteria for the diagnostic clock to start to be reset. Resetting the diagnostic clock start has no effect on the patient's RTT clock. The RTT clock will continue to tick from the original clock start date.

Where a patient has cancelled their appointment, declined and/or not attended their diagnostic appointment and a clinical decision is made to return them to the referring consultant, the RTT clock should continue to tick. Only the referring Consultant can make a clinical decision to stop the RTT clock, if this is deemed to be in the patient's best clinical interests, by discharging the patient or agreeing a period of active monitoring.

Planned Diagnostic Appointments
Patient who require a diagnostic test to be carried out at a specific point in time for clinical reasons are exempt from the diagnostic clock rules and will be held on a planned waiting list with a clinically determined due dated identified. If the patient's wait goes beyond the due date for the test, they will be transferred to an active waiting list and new diagnostic clock and RTT clock will be started.

Booking Follow up appointments
Patients will be scheduled a follow-up in accordance with clinical instructions within a specific timeframe.

Follow-up – Did Not Attend (DNA)
Patients who DNA a follow up appointment whilst still on an RTT pathway will be discharged from the Clinicians care and returned to the GP unless following clinical review of the notes a further appointment is required on clinical grounds.

Patients should only be discharged back to their GP if the appointment was clearly communicated to the patient and/or discharging the patient is not contrary to their best interests.

Any further appointments made following a DNA must be verbally agreed with the patient to avoid a further failure to attend. The patient's pathway will continue with no adjustments.

Clinic attendance and outcomes for follow up appointment

Whether attended or not, every patient will have an attendance status and outcome recorded on the PAS at the end of the clinic. Clinics will be fully outcomed within 48 hours.

Clinic outcomes (e.g. discharge or further appointment) and the patient's updated RTT status will be recorded by clinicians on the agreed clinic outcome form and forwarded to reception staff immediately.

The patient might be assigned to any one of the following RTT statuses at the end of their outpatient attendance, depending on the clinical decisions made or treatment given/started during the consultation:

Patients on an open pathway:

- Clock stop for treatment.
- Clock stop for non-treatment.
- Clock continues if requiring diagnostics, therapies or being added to the admitted waiting list.

Patients already treated or with a decision not to treat:

- New clock start if a decision is made regarding a new treatment plan.
- New clock start if the patient is fit and ready for the second side of a bilateral procedure.
- No RTT clock if the patient is to be reviewed following first definitive treatment.
- No RTT clock if the patient is to continue under active monitoring.

Accurate and timely recording of these RTT statuses at the end of the clinic are therefore critical to supporting the accurate reporting of RTT performance.

ADMITTED PATHWAY

The admitted pathway means that the patient requires admission, as either a day case or an inpatient, to receive their definitive treatment.

Listing of Patients

Patients, who are clinically fit and able to proceed with their admission, will be added to the appropriate day surgery waiting list on PAS.

When patients should NOT be listed for surgery

Patients who need investigations to confirm that surgery is required should not be added to the waiting list until the investigation results are known and the decision to treat is taken. Patients should not be listed when there is no serious intention to admit the patient or agreement by the patient to have the operation.

Patients should not be listed for a procedure that has not been commissioned by the ICB e.g. reversal or sterilisation – these referrals should be sent back to the GP.

Medically Unfit Patients

Long term medically unfit patients, are those patients who are medically unfit for a period which exceeds 28 days. When a patient contacts us to notify us of a condition which will make them medically unfit to proceed with their surgery we need to ascertain the likely nature and duration of time that they will be unable to proceed for. A clinical review will need to be obtained to understand if the patient should be actively monitored by the Clinician or returned to the patients GP for ongoing care. The patient's pathway will stop during this period of time.

Another example of this is when a patient is seen in an outpatient appointment and it is established that they need to lose weight or stop smoking prior to proceeding with surgery. In this scenario the patient should not be listed and their clock stopped placing them in active monitoring until they are fit to proceed.

If a decision is made to refer the patient back to the GP and the GP subsequently deems the patient to be fit they must make contact with the Clinician for a decision to be made as to whether the patient can be referred directly back to Pre-Operative Assessment or requires a clinical review in Outpatients.

Short Term Medically Unfit
Short term medically unfit patients, are those patients who are deemed fit within 28 days and have a short self-limiting illness e.g. cold, urine infection. The RTT pathway of patients deemed short term medically unfit should continue.

Reasonable Notice
Phoenix Health Solutions aims to provide all patients with reasonable notice of TCI dates of at least three weeks where possible. Patients must be dated in order of clinical priority then in accordance with RTT wait time or other relevant standard i.e. diagnostic.

***Patient* Initiated Delays**
Patient who wish to delay their wait for a period of time many be subject to a clinical review of their pathway to ensure effective care management. This could result in a clinical decision to continue consultant care or refer back to the original referrer e.g. GP.

Patients who cancel any admissions / appointments on multiple occasions are also subject to the above clinical review to ensure effective care management of their condition. If a patient is unable to proceed with their procedure and wishes to defer their treatment, following clinical review, the patient can be removed from the waiting list and a 90 day letter sent to the GP, following discussion with the patient. If the patient then becomes available to proceed within 90 days of the date of the letter, a referral letter can be sent in from the GP to re-instate the patient on the waiting list. The letter from the GP should state that the patient is fit, ready and able to proceed with their procedure. However if the letter is more than 90 days since the date of the letter sent to the GP then the patient will need to be re-referred via the outpatient route.

Patient TCI Date Cancellations
Patients who cancel an agreed TCI date will be offered a second TCI admission date. If a patient cancels a TCI date for the second time a clinical review should be undertaken which could lead to discharge back to the GP but should be based on the individual patient's best clinical interest. Referrals back to a GP should be a clinical decision based on the patient's best clinical interest.

Day case – Did Not Attend (DNA)

- DNA – Routine Admission

  The patient will be discharged back to their GP unless following clinical review of the notes the Clinician requests a further date on clinical grounds. For a patient to be

discharged they must be given reasonable notice of their TCI admission date and this will not represent a clinical risk.

- Phoenix Health Solutions initiated cancellations of admissions

  Phoenix Health Solutions makes every effort not to cancel agreed admission dates for non-clinical reasons. If a patient's procedure has been cancelled at the 'last minute', defined as: on the day of admission, after the patient has arrived or on the day of procedure for non-clinical reasons, this must be recorded as a unit cancellation and the patient's length of wait will not be affected.
  Patients cancelled at the last minute by Phoenix Health solutions, should be offered a new date and treated within 28 calendar days of the last minute cancellation.

TRAINING
Phoenix Health Solutions is committed to ensuring that staff are appropriately trained and compliant in understanding and applying the RTT rules and guidance.

Training and information is provided as part of induction training when joining the organisation.

Regular training will be provided to staff as part of their induction process with annual updates provided.

ADHERENCE TO POLICY
Phoenix Health Solutions will routinely monitor application of this policy for 18 week RTT pathways. This will be achieved by:

- Validation of RTT pathways
- Ad hoc spot checks on specialities
- Monthly validation of monitoring list to deliver diagnostics to target reportable through the DM01

Where issues arise with compliance of the policy, the issue will be highlighted to the Operations Manager.

EQUALITY & DIVERSITY STATEMENT
Throughout its activities, Phoenix Health Solutions will seek to treat all people equally and fairly. This includes those seeking and using the services, employees and potential employees. No one will receive less favourable treatment on the grounds of sex/gender (including Trans People), disability, marital status, race/colour/ethnicity/nationality, sexual orientation, age, social status, their trade union activities, religion/beliefs or caring responsibilities nor will they be disadvantaged by conditions or requirements which cannot be shown to be justifiable. All staff, whether part-time, full-time, temporary, job share or volunteer; service users and partners will be treated fairly and with dignity and respect.

ETHICAL CONSIDERATIONS
Phoenix Health Solutions recognises its obligations to maintain high ethical standards across the organisation and seeks to achieve this by raising awareness of potential or actual ethical issues.