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# PATIENT ACCESS POLICY

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## SECTION 1 – INTRODUCTION

### 1.1. Policy Statement and Rationale

1.1.1. This policy sets out the Luton and Dunstable Hospital NHS Foundation Trust's (subsequently referred to as 'the Trust') local elective patient access policy. The aim of this policy is to ensure that patients are treated promptly, efficiently and consistently in line with national guidance and good practice. It will provide guidance for staff within the Trust about the requirements and processes for effective management of elective patient access.

1.1.2. This policy reflects the requirement to comply with the NHS Constitution, the referral to treatment target (**RTT**) and current outpatient, inpatient and diagnostic waiting times.

1.1.3 This policy is to be followed and applied to the management of patient pathways by all Employees of the Trust

1.1.4 The main principles which serve as the foundation to this policy are:

- The Trust will ensure that simple and efficient processes support positive patient experiences of services provided by the Trust.
- The Trust will ensure that the management of patient access is transparent, fair, equitable, and managed according to clinical priority. Patients with the same clinical priority will be treated in chronological order, with the exception of those services where appointments are directly booked, where patients select a date and time convenient to them.
- Under the NHS Constitution, all patients have a right to start consultant-led treatment within 18 weeks of the date of receipt of their referral. Those referred urgently with suspected cancer or breast symptoms must be offered an appointment within two weeks. If we do not meet these obligations the patient has the right to ask us to resolve the situation.
- By applying the structured and systematic approach to managing patient access, the Trust will increase the likelihood that patients will choose the Trust for their care and treatment. The Trust will provide capacity to ensure patients will be treated within 18 weeks. The management of elective activity will be transparent to the public.
- Allow patients to maximise their right to patient choice in the care and treatment that they need.

Ensure that the patients treatment is in line with other local and national policies including the overseas patient policy, Low Priority

Procedures policy (**LPP**) and any other relevant guidance in relation to the treatment of serving military personnel, their immediate families, war veterans and reservists as per the Armed service Covenant 05/11.

Compliance with the goals and outcomes set out in the NHS Equality Delivery System

- Compliance with the NHS accessible Information Standard

1.1.5 This policy relates to the treatment of patients on active RTT pathways. However patients not on a RTT pathway such as emergency and elective planned patients can expect their ongoing care to be managed within the same principles i.e. careful monitoring of planned waiting lists and booking and treating patients in date order.

## 1.2 Key Principles

1.2.1 The Trust relies on GPs and other referrers to ensure patients understand their responsibilities (including providing accurate address and contact details) and potential pathway steps and timescales when being referred. This will help ensure that:

- Patients are referred under the appropriate clinical guidelines
- That referrals include information relating to the need for translators or other issues relating to accessible information needs
- That pre-referral diagnostics have been completed as part of the referral process by the GP or referring practitioner
- Aware of the speed at which their pathway may be progressed
- That any patients potentially needing an LPP or individual funding request procedure has been informed of the criteria and initial assessment where appropriate has taken place against this prior to referral.
- In the best position to accept timely appointments throughout their treatment.

1.2.2 In addition:

- Everyone involved in patient access should have a clear understanding of their own roles and responsibilities.
- The policy will be applied consistently and fairly across all services provided by the Trust.
- Communications with patients should be timely, informative, clear and concise, preferably in writing to the patients address provided by the referrer, but there is also a requirement to be mindful and to meet the different accessible information and communication needs of patients that will arise such as the need for large font, text to speech, easy read, interpretation and translation etc, as appropriate.
- The process of waiting list management should be transparent to patients.

- The Trust has a responsibility to ensure no patient is added to a list inappropriately.
- Patients have responsibilities e.g. for keeping appointments and giving reasonable notice to the Trust if unable to attend as well as providing the Trust with up to date demographic details such as address and contact numbers.

1.2.3 The maximum wait for the whole of the patient pathway from GP referral to first definitive treatment is a maximum of 18 weeks for at least 92% of patients on an incomplete pathway. This includes patients at all stages of a pathway: outpatient consultation, diagnostics or inpatient treatment.

This is a maximum wait time, not a target and the majority of patients will need to be seen in a much shorter timeframe to ensure compliance with the overall target, and the Trust's intention is to treat all patients within 18 weeks where clinically and socially appropriate to do so.

1.2.4 As a general principle, the Trust expects that before a referral is made for treatment on an 18 week pathway, the patient is both clinically fit for assessment and possible treatment of their condition, and ready to start their pathway.

Patients will only be added to, or remain on, an elective waiting list if they remain fit for surgery, and will be in a position to accept dates for treatment within reasonable timeframes as defined within this policy.

#### 1.2.5 **When the Clock Starts for an 18 week Patient Pathway –**

An 18 week clock starts when any healthcare professional or service permitted by an English NHS commissioner refers a patient to the Trust for any elective service (other than planned care) for the patient to be assessed and, if appropriate, treated before responsibility is transferred back to primary care. For paper referrals this is the date the Trust receives the referral. For NHS eReferral Service referrals the clock starts on the date the patient calls to make an appointment and gives their unique 18 week booking reference number.

**First definitive treatment** is defined as a clinical intervention intended to manage a patient's disease, condition, or injury. Treatment will often continue beyond the first definitive treatment and after the clock has stopped.

**When a referral is received from interface services** and referral management centres, the clock is transferred ticking to the Trust if no definitive treatment has commenced. The 18 week clock will have started when the referral was received by the interface service or referral management centre. It will be the interface service or referral management service's responsibility to provide the latest clock start date.

**When a substantially new or different condition arises** - If following completion of an 18 week referral-to-treatment period, a patient requires treatment for a substantially new or different condition then a new 18-week clock starts. This is a clinical decision made in consultation with the patient and will require a new referral from the patient's GP.

**When a Patient Transfers from private to NHS treatment** - Where a patient has been seen by a clinician privately but then decides to transfer their care to the NHS and they are transferring onto an 18 week pathway then the 18 week clock starts at the point at which the clinical responsibility for the patients' care transfers to the NHS (i.e. the date when the Trust accepts the referral for the patient). Private patients transferring in this way will be treated in turn within the terms of this Access Policy.

**When a Patient Transfers from NHS to Private Treatment** - If a patient wishes to transfer their care to the private sector following initial referral to the Trust, the clock will stop at the point that the Trust is notified of this transfer to the private provider.

**1.3 New Clock Starts** - 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 substantially new or different treatment as defined clinically that does not already form part of the patient's agreed care plan.
- When a decision to treat is made following a period of active monitoring.
- When a patient is rebooked for a further appointment following a first appointment DNA that stopped and nullified their earlier clock. This would be a hospital decision dependant on clinical need.

**1.4 18 Week Clock stops**

1.4.1 The 18 week clock stops **when the patient receives the first definitive treatment** for the condition for which they have been referred. This may occur following a consultation, receipt of results from a diagnostic test or following surgery or other specific treatment.

1.4.2 The 18 week clock may also **stop for non-treatment clock-stop reasons** on the date the decision is communicated to the patient and GP, or original referrer if not the GP. They include the following:

- A clinical decision is made to start a period of active monitoring
- Patient declines treatment having been offered it
- A clinical decision is made not to treat

- A patient DNAs 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 DNAs any other appointment and is subsequently discharged back to the care of their GP
- A patient dies before they receive their first definitive treatment
- A patient chooses to leave NHS-funded care and decides to fund their care in the private sector
- Decision to add a patient to a transplant list
- Decision to return the patient to primary care for non-medical/surgical consultant-led treatment in primary care

**In instances when a patient declines Treatment** - The clock also stops when the patient declines treatment, or two reasonable (as defined in section 4.3.3) offers of treatment, or DNAs either their first or follow-up outpatient appointments, diagnostic appointments, pre-operative assessment or inpatient date.

### **1.5 Non-Clock Starts (excluded from 18 week reporting)**

**The following patient pathways are excluded from the 18 week reporting target:**

- Emergency Department activity
- Emergency admissions from the Emergency Dept.
- Elective patients undergoing planned procedures
- Activity in fracture clinics
- Maternity patients (including obstetrics)
- Direct Access diagnostics referred by GPs which are not “straight to test” referrals.
- Patients receiving on-going care for a condition whose first definitive treatment for that condition has already occurred
- Patients whose 18 week clock has stopped for active monitoring and has not been re-instated, even though they may still be followed-up by their consultant
- Referrals into a non-consultant led service

**1.6 Definitions – Appendix D sets out** the definitions issued by the Department of Health that have been used in this policy.

## **SECTION 2 – OUTPATIENTS**

### **2.1 New patient referrals via NHS eReferral Service (e-RS)**

2.1.1 NHS eReferral Service is a national electronic referral service that gives patients a choice of place, date and time for their first Consultant outpatient appointment. The patient is allocated a Unique Booking Reference Number (**UBRN**).



- 2.1.2 The RTT clock starts when the UBRN is converted into an appointment either by the patient's referring health professional or by the patient themselves. **This will start the 18 week clock.**
- 2.1.3 Where appropriate, GPs are being encouraged to use generic 'Dear Doctor' letters which can be allocated by the Trust to an appropriate Consultant with the shortest waiting time. GPs can refer to a named Consultant but the Trust will discuss with the consultant the option of offering the patient an alternative Consultant if the named Consultant would exceed the maximum waiting time target.
- 2.1.4 The Trust's aim is to receive all outpatient referrals via an electronic referral using the NHS eReferral Service system in line with national guidance and best practice.
- 2.1.5 The Trust will ensure that all Consultant led new patient clinics have sufficient slots available for GPs/patients to book into via the NHS e-RS in line with national targets. If capacity is not available then the patient will be added to the Appointment Slot Issues (ASI) work list showing all patients requiring appointment dates. In this instance the 18 week clock starts when the patient attempts to convert their UBRN and appears on the work list.
- 2.1.6 If a NHS e-RS appointment has been booked in the correct specialty but in an incorrect clinic, it is the responsibility of the receiving clinician to redirect the appointment to the appropriate clinic rather than rejecting back to the GP. The patient must be informed if the appointment is to be rebooked. **The 18 week clock continues ticking throughout this process.**
- 2.1.7 If an NHS e-RS appointment has been booked in an incorrect specialty, the referral will be rejected and the GP will need to submit a new referral to the correct specialty. The 18 week clock would be nullified. The GP must inform the patient.
- 2.1.8 Referrers are asked to ensure letters are received within the following timescales:
- Urgent referral within 3 working days
  - Routine referrals within 5 working days
- in order to enable the Trust to confirm the correct booking slot and ensure that the appropriate clinical information is available for the clinician to review
- 2.1.9 All referrals made via the NHS e-RS system should be reviewed by the clinician or nominated staff member. A 'missing letters' report is used to chase any clinicians who have not reviewed these referrals in a designated timeframe.

2.1.10 GPs can request individual Consultants to provide advice and guidance under the NHS e-RS. Any advice and guidance requests must be reviewed by the clinician to whom they are directed, and responded to within 2 working days.

2.1.11 Veterans receive their healthcare from NHS trusts and should receive priority treatment where it relates to a condition which results from their service in the armed forces, subject to clinical need.

## **2.2 New patient paper referrals**

2.2.1 All paper referrals must be sent to the Trust's Outpatient Department. Sending referrals directly to consultants will delay the patient's pathway.

2.2.2 As of October 2018, in line with NHS England referrals from GP practices to 1<sup>st</sup> Consultant will only be accepted if sent via e-RS. Paper referrals will be returned to the GP practice with the exception of 2 week wait and Urgent referrals.

2.2.3 All paper referrals (and from October 18 paper referrals excluded from Paper switch off) received into the Outpatient Department will be opened and stamped on the date of receipt and will be logged onto the PAS system within 2 working days of receipt. The waiting time target will be calculated from the date that the referral was received or the date that the UBRN was converted in NHS e-RS i.e. the date that the patient made the appointment with the appointment centre.

2.2.4 Referrals must include full demographic details including NHS number and telephone numbers (both day and evening if possible) to reduce administrative time contacting the patient. It is the responsibility of the referring GP to ensure that the referral letter contains accurate and up to date demographic information regarding the patient and their requirements regarding accessible information needs.

2.2.4 The patient is usually contacted by letter with an appointment. If the appointment is under 7 days, the patient will also be contacted by telephone.

2.2.6 Internal referrals from Consultant to Consultant are only permitted if the patient is being referred for the same condition. When this occurs and the patient is still awaiting treatment, then **the 18 week clock continues to tick** from the original referral date. If the referral does not contain a NHS number, a copy will be provided to the Overseas Visitor Manager for further investigation.

2.2.7 Referral letters must be passed to the Consultant within 2 working days of receipt. Urgent referrals should be prioritised within 3 working days and routine referrals within 5 working days of receipt by the Consultant or nominated clinician to whom the patient has been referred.

- 2.2.8 The referral should only ever be held in one of 3 locations:
- (1) The Outpatient Booking Office,
  - (2) The consultant's office or:
  - (3) Filed in the patient's health record on Evolve.

The original referral letter should not leave the Trust premises unless there has been an agreement with the patient. Copies will only be made if absolutely necessary and the copy clearly marked as such. Any referrals that are received outside of the Outpatient Booking Office must be forwarded immediately to Outpatients for registration.

- 2.2.9 Appointment letters must be sent to the patient within 24 hours of the appointment being booked. Patients are allocated appointment times in the order of clinical priority and date of their 18 week RTT clock start to ensure equity of access. Clinical priorities should be kept to the minimum i.e. cancer referrals or urgent referrals. All other referrals should be dealt with in chronological order.

### **2.3 Reasonable Appointment offers**

- 2.3.1 All patients offered outpatient (new and follow-up) appointments must be given at least three weeks' notice in line with RTT and Diagnostic rules (DM01). The only exception to this is for urgent appointments where patients will be given a minimum of 48 hours notice in order to meet the waiting time targets.
- 2.3.2 If a patient accepts an offer at shorter notice this also represents a reasonable offer in respect of subsequent cancellations or DNAs.
- 2.3.3 A patient may refuse the offer of a 'reasonable' appointment and indicate that they still require the appointment. This date will be recorded and a further appointment date will be offered when they are available. Only two reasonable offers of an appointment date will be offered with a minimum of three weeks' notice. If the patient refuses the second reasonable appointment, the patient will be returned to the care of the GP. A letter will be sent to the GP to inform them.
- 2.3.4 If a patient is not medically fit they will normally be referred back to their GP to ensure the clinical condition is monitored and they are re-referred as soon as they are fit to be treated. **This will stop the 18 week clock.**
- 2.3.5 Patients should be made aware of the Trust policy at the time of referral to reduce DNA problems and unavailability for telephone contact and appointments. The patient should be advised they will be returned to their referring GP for re-referral when they are ready and available. **A new 18 week clock will then start.**

2.3.6 For those specialties which are partially booked, patients needing follow up will be placed on the waiting list detailing that level of follow up and timescale required if the appointment is outside of 6 weeks from the date of request. Appointments for within 6 weeks will be given at the time of request whenever possible.

## **2.4 Clock pause**

2.4.1 The Trust will not pause patients waiting for outpatient appointments (new or follow-up) for either clinical (eg medically unfit) or social (eg holidays) reasons.

## **2.5 When the Patient makes cancellations (outpatients)**

2.5.1 The letter to patients confirming an outpatient appointment will clearly state that the patient can only cancel and rearrange an outpatient appointment ONCE, regardless of the referral method used. Subsequent cancellations would normally result in the patient being discharged back to the care of their GP. If it is decided to reappoint the patient the 18 week RTT clock continues.

2.5.2 In the event that patients repeatedly cancel outpatient appointments (two successive), regardless of the referral method used, the Trust reserves the right to discharge the patient back to the care of their GP and remove from the waiting list and **stop the 18 week clock**. This will give the GP opportunity to discuss with their patient whether they wish to start treatment prior to re-referral to a secondary care provider. The Trust will only do this in exceptional circumstances where it clearly appears the patient is ambivalent about being seen and potentially treated.

2.5.3 Administration teams (including outpatient bookings and medical secretary teams) managing patient pathways will ensure the referral is closed at the time the treatment and any associated follow up is complete or when a patient DNAs as per this policy.

## **2.6 When the Hospital makes cancellations**

2.6.1 A minimum of 8 weeks' notice is required from all clinicians, in all but exceptional circumstances, to cancel or reduce any outpatient or diagnostic session for reasons of annual, study leave or on-call commitments. If it is necessary, in exceptional circumstances, to cancel or reduce any outpatient session, the relevant Business Manager or General Manager for that specialty must authorise and where practicable, agree re-provision of lost capacity to ensure patients are not disadvantaged and wait times do not increase.

2.6.2 All short notice (less than 8 weeks) clinic cancellations must be authorised by the appropriate Business Manager and/or General

Manager. The Outpatients Department will not action any short notice cancellations without appropriate authorisation.

- 2.6.3 If a patient's appointment has to be rescheduled due to a hospital cancellation, the patient will be sent a new appointment by letter. If the appointment is under 7 days, the patient will be contacted by telephone and letter.
- 2.6.4 Appointments must be made as close to the original appointment as possible. **The 18 week clock continues ticking during this time.** We will endeavour not to cancel a patient for a second time if they have previously been cancelled for non-clinical reasons.

## **2.7 Did not attend (DNA)**

- 2.7.1 The Trust aims to reduce the incidence of patients failing to attend appointments and acknowledges this is best achieved by agreeing the date with the patient in advance and in a manner appropriate with their known language or disability needs. If a patient fails to attend their appointment (new, diagnostic or follow-up) and it was clearly communicated (see 2.3.1) the doctor who was to see the patient will review the reason for attendance and will make a clinical decision to discharge and refer back to the care of the GP. This will stop the 18 week clock. The trust expects the clinical decision to be to discharge following a DNA, apart from in exceptional clinical circumstances.
- 2.7.2 Exceptions to this are:
- If the appointment has been requested as a 2 week wait appointment or rapid access
  - If the patient is a child or vulnerable adult
  - If there is an indication that the patient's condition is such that discharge is inappropriate or unsafe

In these cases, a letter will be sent by the consultant to the patient and a copy to the GP advising them of the initial failure to attend and potentially offering a second date.

- 2.7.3 If the Trust reappoints the patient then the date that the new appointment is agreed with patient will start a new RTT clock.
- 2.7.4 For all subsequent DNA's on RTT pathway if the patient is re-appointed then the RTT clock continues unless the clock is stopped and the patient discharged to the care of the their GP.

## **2.8 Follow up appointments**

- 2.8.1 Follow up appointments, prior to first definitive treatment, are appropriate when a patient's condition requires the continued intervention of specialist clinical expertise. In situations where there is no evidence that a further specialist clinical intervention is required

(e.g. patient no longer has symptoms or primary healthcare support is considered more appropriate) the patient should be discharged to the care of their GP. **This will stop the 18 week clock.**

2.8.2 To ensure time to process test results, follow up appointments should be booked at an appropriate interval following the test in line with current policy diagnostic waiting times (of 6 weeks) with a maximum of five day allowance for results to be readily available for view.

2.8.3 If the results of test are negative, the requirement for a further follow up appointment may not be necessary. A suitable letter to the patient and GP may be sufficient, but this is subject to clinical judgement. The patient maybe be discharged and if appropriate the referral closed. **This will stop the 18 week clock.**

2.8.4 If the follow up appointment is required in over 6 weeks the patient will be added to the appropriate follow up waiting list to be partially booked.

2.8.5 Six weeks before the appointment is due a letter will be sent with the appointment date or requesting the patient call us to book a convenient date and time.

## **2.9 Subsequent appointments**

2.9.1 The Trust aims to ensure that, where possible, patients requiring further appointments in their 18 week pathway, either outpatient, diagnostic or inpatient/daycase treatment, should leave the hospital with an appropriate date if within 6 weeks or to be added to a partial booking waiting list to ensure this is booked by the outpatient team.

## **2.10 Patients on an open pathway**

2.10.1 Following a first or follow-up appointment, a patient may in certain circumstances have their pathway left open with the option to telephone for a further appointment. In this case, if no further appointment is requested within six months, the pathway will be closed. Any further appointment will require a new GP referral. This applies to all referrals. **This will stop the 18 week clock.**

## **2.11 Active monitoring**

2.11.1 Active monitoring is defined as a 'clinical decision' (agreed with the patient) following a diagnosis that a period of active monitoring in secondary care without clinical intervention or diagnostic procedures (for diagnostic purposes) at that stage should begin rather than treatment (i.e. a decision that there is no intention currently to treat the patient). **This will stop the 18 week clock.**

2.11.2 It is expected that at the end of the active monitoring period there will be a review during a follow up appointment at which point there should

be a new decision whether or not to treat the patient. If a decision to treat is made following a period of active monitoring then **a new 18 week clock would start.**

## **2.12 To Come In (TCI) form**

2.12.1 Once the decision to add a patient to the inpatient or daycase waiting list has been made, the “To Come In” (TCI) form is completed on ICE. This form must be completed at the time of the decision to admit, which in most cases will be during the outpatient appointment. It is the responsibility of the clinician seeing the patient in outpatients to ensure that a request is placed on ICE by adding an order for the specific procedure. It is important that the appropriate procedure type is selected ie theatre or non-theatre. (Non-theatre includes Cardiology, Gastroenterology and Respiratory).

## **2.13 Clinic outcome form**

2.13.1 A specialty specific clinic 18 week outcome form (see Appendix A for example) must be completed correctly indicating the clinic visit outcome and also updating the 18 week pathway at every outpatient visit. Separate guidance will be issued detailing the standard elements that must be incorporated into each specialty specific clinic outcome form template. Clinic outcome forms will be controlled documents and subject to change management process.

## **2.14 Inter-provider transfers (tertiary referrals)**

2.14.1 Where patients are transferred between providers including primary care intermediate services, the Interprovider form (see Appendix B) must accompany the referral. When referring patients within the Trust for the same condition, the Consultant to consultant referral form (see Appendix C) should be used.

2.14.2 The principle need for using these forms is to ensure all service providers involved in a patient’s pathways have adequate information about clock starts etc to enable the patient’s management to be conducted within appropriate time frames.

2.14.3 If a patient is referred from one provider to another during their RTT period, these patients will be reported on the RTT return. The provider Trust that holds current clinical responsibility for the patient (ie at the time when the data snapshot is taken) should report the RTT time. If a patient is referred from one provider to another as part of their RTT pathway, **the 18 week clock should keep ticking** and the originating provider should ensure that the patient’s initial RTT clock start date forms part of the onward referral information.

2.14.4 When a patient is transferred for treatment in the middle of a pathway, the patient’s 18 week clock will continue but the responsibility to report

this will transfer to the onward provider. There will also be occasions when a patient is transferred for further treatment of a significantly different condition after the original clock has stopped – this information will also need to be shared with the onward provider, hence a form will still be required. In this instance **a new 18 week clock will start with the new provider.**

- 2.14.5 Consultants may accept a referral to treat a patient referred to them by a Consultant from another hospital for a condition where the 18 week pathway to treat has already commenced. **The clock will continue ticking** from the date it commenced at the referring hospital.
- 2.14.6 The referring Trust is obligated to ensure that the form and referral letter is transferred within five working days, so as to make achievement of 18 weeks reasonable and possible. Any incurred breach of 18 weeks will be reported by the reporting organisation and breaches may be recorded as “shared”, where appropriate.
- 2.14.7 Transfers to this hospital for after care (such as chemotherapy, radiotherapy, rehabilitation or specialist follow up) following first definitive treatment for the same condition at the other hospital are not subject to the 18 week pathway requirements. However referral for cancer related treatment may still be subject to the cancer targets set out in Section 6
- 2.14.8 When a patient is transferred for a diagnostic investigation then the 18 week clock continues ticking and the ongoing management of the patients pathway remains within this Trust.

## **SECTION 3 – ELECTIVE INPATIENTS/DAYCASE PROCEDURES**

### **3.1 Reasonable Admission offers**

- 3.1.1 The decision to add a patient to an elective inpatient/daycase waiting list must be made by a Consultant or Consultant’s representative.
- 3.1.2 For patients with a decision to admit for treatment, two reasonable offers of an admission date must be offered with a minimum of three weeks’ notice. If the patient accepts an offer at shorter notice this also represents a reasonable offer in respect to subsequent cancellations or DNAs.
- 3.1.3 Where available, patients may be offered an earlier admission date at less than the 3 weeks minimum notice period, however patients will have the opportunity to decline without any adverse effect on their waiting times or 18 week clock.
- 3.1.4 Where the patient does not respond to letters or phone calls, i.e. tried for at least a week with two phone calls or haven’t responded to a validation letter within 14 days of the letter date, then the patient is not



fulfilling their obligation to make themselves available for admission and they can be discharged back to their GP.

### **3.2 Fit for listing**

- 3.2.1 The waiting list must only contain patients who are medically fit and socially ready, and able to have their procedure. Patients who are not fit for treatment, ready and able to come in at the time of the decision to admit is made must not be added to the waiting list. They should be discharged and referred once they are fit and ready for treatment. **This will stop the 18 week clock.**
- 3.2.2 Any medical condition that is not thought to be clinically appropriate, easily manageable or of more than 2 weeks duration, should be referred back to the care of their GP. **This will stop the 18 week clock.**
- 3.2.3 Patients requiring thinking time regarding if a treatment is suitable for them will not normally stop the clock. There is an expectation that the clinician will have discussed a suitable timeframe of not more than 3 weeks for this decision to be made, this may be shorter on cancer pathways.
- 3.2.4 Where a patient wishes to think about a non-cancer RTT treatment for longer than 3 weeks, a period of active monitoring will commence and the patient be given an appointment for review with the clinician for three months' time. **This will stop the 18 week clock.**

### **3.3 Determining patient priority**

- 3.3.1 All patients who are added to the inpatient waiting list will be treated in chronological order unless they are given a clinical priority of urgent.
- 3.3.2 To ensure the patient is seen in a timely manner and work towards meeting the 18 week national targets, the Trust encourages pooling of appropriate cases. This enables patients to be listed to the most appropriate clinician with the shortest possible wait time.
- 3.3.3 Patients referred to the Trust who are already on a waiting list following earlier referral to another centre, who have moved to a locality following posting with the military services to the area, will retain their original waiting list date and RTT status on transfer as per the guidance in the Armed Forces Covenant. This is to be detailed on the inter provider transfer documentation received and noted in the referral comments.

### **3.4 Elective Planned patients**

- 3.4.1 Patients who have completed their 18 week referral to treatment (RTT) pathway but still require a further planned course of treatment are added to a surveillance waiting list.
- 3.4.2 Patients on the planned elective list will not be on an 18 week RTT pathway and will not form part of the 'active' waiting list. A planned list applies where an appointment/procedure or series of appointments/procedures occur as part of an agreed programme of care which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency.
- 3.4.3 Examples of procedures which should be on a planned list are:
- Patients waiting for more than one procedure where the procedures need, for clinical reasons, to be undertaken in a certain order i.e. Drug treatments, injections and infusions
  - Follow up surveillance or check procedures such as cystoscopies, colonoscopies etc
  - Patients proceeding to the next stage of treatment i.e. patients undergoing chemotherapy, or removal of screws or metalwork
  - Sterilisation following pregnancy when the procedure cannot be undertaken until after the pregnancy
  - Age or growth related surgery
  - The second procedure of a bilateral procedure

Please note that this list is not exhaustive. A clinician or clinician's representative will decide whether a patient should be added to, or remain on the planned waiting list, and, in conjunction with the patient, decide a date by which the next stage of treatment will commence.

### **3.5 Clock pauses**

- 3.5.1 The Trust will not pause patients waiting for inpatient or daycase treatment for either clinical or social reasons.

### **3.6 Clinically initiated delays (or patient unfit for treatment)**

- 3.6.1 Long term medically unfit patients – if a patient is not fit for surgery the Trust will ascertain the likely nature and duration. If the reason is that they have a condition that itself requires active treatment then they will either be discharged back to the care of their GP or will be actively monitored for a period of 3 months for their original condition. **Either action results in their 18 week clock being stopped.**
- 3.6.2 Short term transitory illness – if the reason is transitory (such as a cold) then patients should contact the relevant Booking Team and a new admission date will be agreed with the patient, normally within 6 weeks of the original date. This will allow patients with minor acute clinical reasons for delay, such as a chest infection, time to recover. **The 18 week clock will continue to run during this time.** If a patient is not fit after that period they will be discharged and returned to their GP where

this is clinically appropriate for the management of their ongoing chronic clinical condition. **This will stop the 18 week clock.**

3.6.3 If a clinically complex patient has multiple conditions with a clinical reason why the surgery cannot go ahead, it is appropriate to stop the 18 week clock for these patients and start a new one when the patient is medically fit and ready to start their treatment. If the patient is not fit after 8 weeks the patients will be referred back to the GP.

3.6.4 Re-referrals should then be made by the GP when the patient is fit for surgery. The patient will either be added to the inpatient waiting list by the consultant after completing a new TCI form or be seen in outpatients if the consultant feels that the original condition may have changed. **This will start a new 18 week clock.**

### **3.7 Bilateral procedures**

3.7.1 A bilateral procedure is a procedure that is performed on both sides of the body at matching anatomical sites and the need for both is identified and recorded at the initial decision to admit.

3.7.2 Where a patient requires a bilateral procedure and the second procedure is not undertaken at the same time as the first, the original clock stops when the first procedure is performed. A new clock starts when the patient is fit and ready to be offered dates for the second procedure and has confirmed with the Trust that they are available for treatment. **This will start a new 18 week clock.**

### **3.8 Patients admitted from an emergency referral via a GP or ED**

3.8.1 Patients admitted as emergency referrals are not subject to 18 week RTT targets, if a patient was already on an RTT pathway for a treatment that is carried out during the emergency admission **the RTT 18 week clock will stop.**

3.8.2 If the emergency admission does not undertake the elective procedure they were waiting for, the clock will not stop. However if the patient is no longer fit to have the procedure and the clinical decision is made to refer the patient back to the GP, **the 18 week clock stops at the time** this is communicated to the patient. If the reason for being unfit is expected to be temporary the clock would not stop as per section 3.6.

### **3.9 Pre-operative assessment**

3.9.1 Pre-operative assessment establishes that the patient is fit for surgery including anaesthesia and confirms that the patient is available, fully informed and wishes to proceed with surgery. Patient information leaflets will be available to issue to the patient at the time of the appointment. Pre-operative assessment occurs at a pre-booked appointment several weeks before the admission date.

- 3.9.2 All patients undergoing elective surgery will undergo initial nurse led pre-operative assessment following the decision to list, in the pre-operative assessment setting. MRSA swabs should be obtained from all eligible patients when attending for pre-operative assessment. Where patients are found to be colonised they are treated immediately in line with Trusts MRSA policy. **This does not stop the 18 week clock.**
- 3.9.3 If at the initial pre-operative assessment appointment, further anaesthetic assessment is required, the notes will first be reviewed by an anaesthetist within 5 working days and a decision made as to whether the patient requires a face to face review or can be added to the list.
- 3.9.4 They will be given an appointment for review in the Anaesthetic Review Clinic. This must be within a two week timescale, with an immediate outcome for each patient from this clinic as **the 18 week clock will keep ticking during this period.**
- 3.9.5 If after anaesthetic review a patient is deemed fit for surgery, the patient will be informed that they can proceed and offered dates for surgery by the booking team.
- 3.9.6 If a patient requires additional investigations, or is not fit to proceed with surgery they will either be removed from the waiting list or actively monitored for a 3 month period. The consultant and the GP will be informed by the anaesthetist of the decision and will be provided with relevant information to support the GP in managing the patient's health to a level if possible where they can proceed with surgery. The patient will also be informed that they cannot proceed with the agreed surgery. **The 18 week clock will then be stopped.**
- 3.9.7 Patients who are returned to the care of their GP but are subsequently re-referred in within the next 6 month period should be added back onto the elective waiting list using the date the letter was received as the new decision to admit date. The consultant should complete a new TCI form and submit this on ICE as per the normal process. **A new 18 week clock will start.**
- 3.9.8 Patients who are returned to the care of their GP and are subsequently re-referred after the next 6 month period, should be referred back to the outpatient department by their GP to ensure Consultant agreement to continue with the previously agreed procedure. **A new 18 week clock will start.**
- 3.9.9 If a patient fails to attend a pre-operative assessment appointment then the patient should be contacted by the booking team to discuss the reason. It is expected that one of two outcomes will occur:

- A further date for a pre-operative assessment should be agreed. **The 18 week clock will keep ticking** or
  - Referred back to the care of the GP. **This will stop the 18 week clock.**
- If it is not possible to contact the patient, a letter will be sent requesting the patient to contact the booking team.

### **3.10 Adding patients to the inpatient waiting list**

3.10.1 Patients must be made aware of the waiting times and the rules around the number of admission dates able to be offered. They should be asked if they are available at short notice and this information should be entered onto PAS with contact telephone numbers.

### **3.11 Selecting patients from the inpatient waiting list**

3.11.1 Patients should be selected in clinical priority and chronological order in terms of their 18 week RTT wait. However patients will be taken out of order to maximise theatre utilisation with the use of ATOM timings which are surgeon specific.

3.11.2 The Booking clerks have responsibility for bringing to the attention of each relevant Consultant and Business Manager patients approaching their 18 week breach date and patients who have been cancelled and require a new date.

3.11.3 The lists will consist of active patients and planned patients.

3.11.4 Where patients are of equal clinical priority, preference should be given to those patients who are approaching their 18 week RTT breach date.

3.11.5 Selection of patients to replace cancellation should be taken from those who have been pre-assessed and who require completion of their 18 week pathway within these timescales. Patients' clock status is not affected if they choose to decline short notice offers of dates.

### **3.12 Hospital cancellations**

3.12.1 The Trust objective is to have all patients on the waiting list treated within their 18 week Pathway.

3.12.2 In the event that the Trust has to cancel a patient's elective procedure for a non-clinical reason either on the day of admission or day of surgery, the patient must be contacted within 5 days and offered an admission date that is within 28 days of the cancelled operation date, or the RTT date, whichever is sooner. **The 18 week clock will continue to tick throughout** until treatment is started.

3.12.3 Theatre and Clinic sessions should not be cancelled without a minimum of 8 weeks' notice (agreed Trust policy).

3.12.4 Approved cancelled theatre sessions should be taken up by other Clinicians wherever possible to ensure maximum theatre utilisation and is managed by the Elective Planning Lead and reviewed at the weekly Theatre Operational Group (TOG).

3.12.4 All cancellations on the day must be authorised by the Chief Executive following review by the appropriate Divisional Director and General Manager. No action can be taken on any on the day cancellations without appropriate authorisation. Any unauthorised on the day cancellations will be investigated.

### **3.13 Patient cancellations**

3.13.1 Patients who cancel an already agreed admission date with more than 48 hours notice, will have one further date negotiated and offered within their overall pathway. Patients will be advised at the time their second agreed offer is made that if they cancel a second negotiated offer date they will be removed from the waiting list and referred back to the care of their GP and their consultant will be informed. If this is before the patient has had their first definitive treatment, **this will stop the 18 week clock.**

3.13.2 Patients who cancel their own elective admission date for reasons other than sickness/or extreme personal circumstance (e.g. death of a close relative, car accident or a severely unwell child) at less than 48 hours' notice, after receiving reasonable notice of this date (see 3.1.2 above) will be removed from the waiting list and discharged back to their GP for any further action in primary care or re-referral when ready, willing and able to proceed. The consultant will be informed. **This will stop the 18 week clock.**

3.13.3 Patients who either call in to cancel an agreed date for surgery due to sickness or extreme personal circumstances, or are deferred on the day of surgery due to a short and measurable medical condition which can be resolved within a two week period, will be cancelled and a new date agreed with the patient for a maximum of 6 weeks time. **The 18 week clock will keep ticking throughout this period.**

3.13.4 If the patient is either not willing to accept a new date within this timescale or is not fit to accept a new date within this timescale then they must be discharged back to the onward care of their GP until fit/ready to proceed and the Consultant will be informed. **The 18 week clock will stop on date of discharge.**

### **3.14 Did not attend (DNA)**

3.14.1 **Process for Patients who fail to attend for reason unknown**  
Patients who fail to attend for reason unknown for their agreed inpatient procedure date should be removed from the waiting list and

referred back to their GP and the Consultant will be informed. Patients must be informed clearly in all Trust correspondence that in the event that they DNA either their pre-operative assessment appointment or inpatient procedure, that they will be referred back to their GP. **This will stop the 18 week clock.**

#### 3.14.2 **Exceptions to this are:**

- If the appointment has been requested as a 2 week wait appointment or rapid access
- If the patient is a child or vulnerable adult

In these cases, a second pre-operative assessment appointment or admission date will be sent to the patient. The existing referral will continue and the referral date will be the ORIGINAL date used to determine the patients 18 week pathway.

#### 3.14.3 **Process for Patients who subsequently fail to attend** - Patients who subsequently fail to attend will be referred back to the care of their GP providing:

- The appointment was clearly agreed and communicated (see 3.1.2. above) and
- Discharging the patient is not contrary to their best clinical interests

Only the consultant or Waiting List Manager can reinstate the patient onto the waiting list following a DNA **starting a new 18 week clock** as there is the opportunity for a patient to respond to their DNA letter within 7 days with mitigating circumstances.

#### 3.14.4 The Trust's clinical pathways should be developed to allow patients who have been discharged back to their GP and re-referred to be treated in chronological order dependant upon their clinical condition. This is to ensure the most appropriate use of resources. **A new 18 week clock would start** as this would be a new referral.

### 3.15 **After the 18 week clock stops**

#### 3.15.1 A patient's care often extends beyond the 18 week referral to treatment period and there may be a number of planned treatments beyond the first definitive treatment.

#### 3.15.2 Upon completion of an 18 week RTT period, a new RTT clock 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 that patient's agreed care plan
- For subsequent treatment episodes for the same condition which are not planned care
- Upon a patient being re-referred into a Consultant-led service 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 DNA that stopped and nullified their earlier clock

3.16.1 The Access Policy rules for diagnostic Imaging and Endoscopy are contained within separate local policies.

## **SECTION 4 – CANCER PATHWAYS**

### **4.1 Introduction**

#### **4.1.1 Background**

The Cancer Waiting Times initiative was introduced in response to the NHS Cancer Plan published in 2000 which was further developed in the Cancer Reform Strategy in 2007 and the Improving Outcomes: A strategy for Cancer. The documents set out the expectation of NHS Hospital Trusts when receiving referrals for, diagnosing and treating Cancer Patients ensuring a high standard of care and timely treatment. This policy (Section 5 & 6) aims to support the trust in achieving the targets ensuring a high level of compliance with the Cancer Waiting Times Guidance.

#### **4.1.2 Scope**

This policy (section 5 & 6) outlines the ways in which the Trust monitors and reports performance in accordance with the CWT Guidance (Version 9.0); detailing the standards and procedures that must be adhered to.

This policy should be used in conjunction with the Cancer Operational policy which aims to ensure that patients are progressed along their pathways in a timely manner preventing delays in delivering treatment, maintaining a high standard of care and to avoid breaching performance targets. The Trusts performance against CWT targets is monitored and reported internally with external reporting taking place on a monthly basis.

This policy does not provide guidance to clinical teams in relation to patient care. The care of patients and appropriate treatment planning is of key importance; however Clinical Teams must ensure that they are aware of related performance targets and the requirement to progress patient pathways within specified timescales.

#### **4.1.3 Purpose**

The aim of the policy is to ensure clarity and consistency regarding the Trusts compliance with CWT guidance, ensuring the Trust progresses all patients referred in with a suspicion of cancer in a pro-active and



efficient manner achieving a high level of cancer performance. All staff members involved in cancer pathways are expected to comply with local and national policies as determined in this document.

#### 4.1.4 Duties and Responsibilities

This policy (Section 5 & 6) applies to all Trust staff involved in patient pathways referred in suspicious for malignancy, through diagnostics and treatment of confirmed cancers. The responsibility of staff is to ensure that patients progress along their pathway in a timely fashion, maintaining a high standard of clinical care and preventing delays in the diagnostics and delivery of cancer treatment in order to achieve the best clinical outcome.

#### 4.1.5 Consultation and Communication with Stakeholders

The Luton and Dunstable Hospital are members of the East of England Strategic Cancer Network and the Beds and Herts Cancer Forum. Members of the Cancer Team regularly attend and participate in meetings with other providers within the Network to establish agreed working patterns and discuss key issues within the Network. The Trust also regularly attends meetings with the Local CCGs to discuss the delivery of cancer care to the local communities and provides detailed Root Cause Analysis (RCA) for any breaches.

## 4.2 CWT Service Standards

The Cancer Waiting Times service standards are:

Maximum two weeks (14 days) wait from:

- Urgent GP referral for suspected cancer to first outpatient attendance  
(Operational Standard of 93%)
- Referral of any patient with breast symptoms (where cancer is not suspected) to first assessment within the hospital  
(Operational Standard of 93%)

Maximum one month (31 days) from:

- Decision to treat to first definitive treatment  
(Operational Standard of 96%)
- Decision to treat / earliest clinically appropriate date to start of second or subsequent treatment(s) for all cancer patient, including those diagnosed with a recurrence where the subsequent treatment is:
  - Surgery  
(Operational Standard of 94%)
  - Drug Treatment  
(Operational Standard of 98%)

Maximum two month (62 days) wait from:

- Urgent GP Referral for suspected cancer to first treatment (62 day standard)  
(Operational standard of 85%)
- Urgent Referral form NHS Cancer Screening Programme (Breast, Bowel or Cervical) for suspected cancer to first treatment  
(Operational standard of 90%)
- Consultant upgrade of patient to first treatment  
(Currently no operational standard)

Maximum one month (31 days) from

- Urgent GP referral to first treatment for rare cancers (including Testicular Cancer, Paediatric cancer and Acute Leukaemia)  
(Currently no operational standard, monitored within 62 day urgent GP referrals for suspected cancer but recorded separately)

The operational standards identified determine the Trusts overall performance when all tumour sites are reported together. It is expected that some tumour sites will exceed the timeframe due to the complexity associated with reaching a diagnosis and will therefore report below the operational standards.

## **SECTION 5: OUTPATIENTS AND DIAGNOSTICS – 2ww REFERRALS**

### **5.1 New patient 2ww suspected cancer referrals**

All patients referred in from a General Practitioner (GP), General Dental Practitioner (GDP) or Optometrist (in accordance with the Cancer Waiting Times guidance) as a 2ww suspected cancer must be seen within 14 days from receipt of referral (Day 0) – compliance target 93%.

Referrals can be received from locally approved providers (for example GPSIs and nurse specialists) and these will need to be approved by the Cancer Manager and the CCG.

The referring practitioner must complete the 2ww referral form specific to the tumour site of concern, attach any relevant reports and fax to the Cancer Bureau in the Outpatient Administration Department (Fax No: 01582 497910) or via the NHS eReferral Service (both of these faxes contain purple paper for easy identification). Referrals should be received within 24 hours of the decision to refer.

The GP should ensure that the patient is fully aware that they are being referred via a fast track process with a suspicion of cancer and that they should be available to attend an appointment or diagnostic investigation within the next 14 days. The GP should encourage patients to attend and advise them that they may need to attend for some tests prior to seeing a consultant.

GPs should ensure referrals received by the Trust have the appropriate clinical information available for the clinician to review and include full demographic details including NHS number and telephone numbers (both day and evening if possible) to reduce any delay in contacting the patient.

2ww referrals will be prioritised for action prior to urgent or routine referrals and in order of receipt of referral date.

The referral should only ever be held in one of 3 locations:

- Outpatient Booking Office
- Consultant's office
- Uploaded onto patient's health record on Evolve.

Any referrals that are received outside of the Outpatient Booking Office must be forwarded immediately to Outpatients for registration.

## **5.2 Breast Symptomatic Referrals**

The 2ww standard also applies to patients referred in with specific breast symptoms that the referring healthcare professional believes are not suspicious of cancer but should be investigated by a specialist; these referrals can come from a multitude of sources.

All referrals received must have appointments or diagnostic investigations booked within 14 days from receipt of referral; this excludes patients that have been referred in from a family history clinic or for cosmetic breast surgery – compliance target 93%.

Upon receipt of the referral, the Outpatient Department will register the referral ensuring that the correct suspected cancer tumour site is entered onto both PAS and that the referral is logged as “Exhibited (non-cancer) Breast Symptoms” in accordance with the Outpatient Administration Department Protocol. Following this the referral will proceed in the same manner as suspected cancer referrals.

## **5.3 Date First Seen (DFS) Initial Consultation**

**Following receipt of referral**, the Outpatient Department will send a fax confirmation of receipt of referral to the referring practitioner confirming the consultant the referral has been allocated too.

If referrers do not receive confirmation within 24 hours, they must assume that the referral has not been received.

**Upon receipt of the 2ww referral** the Outpatient Department will register the referral ensuring the correct suspected cancer tumour site is entered onto both PAS and the manual audit log sheet in accordance with the Outpatient Administration Department Protocol.

The referral records will transfer (twice daily) on to the Trust Cancer Information System (**InfoFlex**).

The date of the receipt of the referral in the Cancer Bureau is recorded as the 'Cancer Referral to Treatment Period Start Date', and is deemed as 'Day 0' i.e. the start of the pathway.

**To initiate a Date First Seen (DFS)** - the Outpatient Department will deliver the referral letters within 12 working hours to the appropriate clinicians for advice on whether either an Outpatient appointment or a diagnostic investigation is to be arranged. If there is a prior arrangement with that specialty to book the appointments direct to a clinic, the booking clerks will follow this guidance which is held within the Cancer Bureau.

The medical secretary will sign to accept responsibility for receipt of the referral and ensure the clinician reviews the referral within 24 working hours.

The 2ww referrals where the clinician's decision is for the patient to attend for an outpatient clinic consultation will be collected the following working day by the outpatients department

If the clinician is unable to review the referral within 24 hours, it is the responsibility of the clinician to ensure appropriate cover is arranged to process these referrals ensuring no delay is incurred to patient pathways in their absence.

**2ww Breach** - The Trust must ensure an appointment is made available to the patient within 14 days. If this is not achieved the referral must be recorded as a 2ww breach with full details added to the comments section on PAS to explain the delay.

### 5.3.1 **DFS – Outpatient Clinic Consultation**

**Referrals** - requiring an outpatient consultation will be allocated to the relevant booking clerk for an appointment to be arranged.

**Patient contact** - The outpatient booking clerk will make two attempts to contact the patient by telephone at different times and on different days **OR**; where possible contact the patient by telephone using the preferred telephone number to agree the earliest convenient date for the patient to attend their first appointment. If it is not possible to contact the patient a letter must be sent first class giving an appointment within 14 days. The letter will advise the patient that, if the given date and time is inconvenient, they should ring the hospital to reschedule the appointment.

Once an appointment is allocated a letter of confirmation will be sent to the patient's current address.

If a patient contacts to rebook their 14 day appointment, the booking clerks will make every attempt to offer another appointment and encourage the patient to attend within the 14 day period.

If the patient is unable to attend, the booking clerk must update PAS with the dates the patient cannot attend and the reasons why. Should the patient select an appointment outside the 14 day period this will then be recorded as a breach of 2ww target due to patient choice.

In the exceptional circumstances that the hospital cancels a 2ww appointment it must be rearranged within the original 14 day timeframe and as close to the date previously offered..

### **5.3.2 DFS - Diagnostic Investigation/Test (e.g Colonoscopy, CT Scan)**

Where referrals require a diagnostic investigation ('straight to test') the Consultant must request the diagnostic investigation as a 2ww either electronically via ICE or if not available on ICE by completing the relevant request form.

It is the responsibility of the medical secretary to ensure the request form is delivered to the appropriate department. The department will book the appointment by day 14 from receipt of referral in outpatients in accordance with the departments respective booking procedures.

The outpatient department will track the patient until the patient has attended the initial diagnostic test via PAS. The MDT co-ordinators will check all referrals and record the date first seen on InfoFlex.

## **5.4 Escalation Process**

The Trust will ensure that all Consultant led new patient clinics have sufficient 2ww appointment slots available for GPs/patients to book into via the NHS eReferral Service or for booking by the Outpatient Department via faxed 2ww referral in line with CWT targets.

If there are any issues regarding capacity it is essential that this is escalated immediately . If the issues are in relation to:

- Outpatient clinic capacity – the Outpatient Administration team will advise the appropriate Speciality Business Manager
- Diagnostic service capacity – the respective team must escalate to the relevant Service Manager for immediate action.

An information report is generated identifying breast patients that are referred and referred and dated out of target, this is reviewed daily by the outpatients team to ensure all patients have appointments allocated within the timeframe allocated.

## **5.5 Breach Reasons and Waiting Time Adjustments – 2ww**

CWT guidance actively encourages patients to be referred at the earliest possible opportunity but the operational standards applied do take into account the number of patients that choose to delay their pathway.

In order to be able to accommodate patient choice within the 2ww part of the pathway, all specialties should be able to offer appointments within both the first and second week in order to achieve compliance with the standard.

Patients will be made aware of the importance to attend appointments and investigations initially by the outpatient booking clerks and then by the clinicians seen throughout the pathway. If felt appropriate the referring GP can be contacted by the Consultant, clinician or departmental booking clerks to make them aware of the patients choice to delay the pathway and if appropriate encourage the patient to attend.

### **5.5.1 DNA (Does Not Attend)**

If a patient agrees to an appointment but then does not attend, this is classed as a patient 'DNA'. A patient may DNA for various reasons, such as ill-health, or last minute emergencies.

A single patient DNA, for a patient on a 'potential cancer pathway' or 2ww referral, does not warrant a referral back to the GP. If the patient DNAs their first attendance appointment they should be offered an alternative appointment.

A waiting time adjustment (pause) is applied from the receipt of referral date to the date that the patient makes contact to rearrange an appointment, this will start the pathway again at 'Day 0' giving the Trust 14 days to book another appointment.

All details must be entered on to PAS to explain the delay and provide a clear audit trail. If the patient DNA's their second appointment / straight to test diagnostic appointment, they will be referred back to their GP asking the GP to review and re-refer if required.

Department's individual booking procedures must be followed to minimise the potential of a patient not attending resulting in a delay in the patients pathway. All actions in relation to DNAs and rescheduling of appointments must be recorded on PAS for tracking purposes.

### **5.5.2 Cancellations/Rescheduling**

If a patient calls to reschedule appointments or informs the department that they will not be attending, the patient is 'engaging with the

pathway' and every effort must be made to ensure that they are seen within the 2ww target date or at the earliest opportunity to prevent any further delay in the pathway.

Patients must not be referred back to GPs solely because they are cancelling appointments as the patient is 'engaging with the pathway'.

### 5.5.3 Inappropriate/Incorrect/ Downgrading Referrals

If a referral is received and is deemed inappropriate or incorrect, Consultants are unable to reject or downgrade these referrals. It is the responsibility of the Consultant to contact the GP practice to discuss the patient's case and agree appropriate action. The patient's GP is the **only** practitioner able to downgrade a referral, and therefore may agree to withdraw from the 2ww pathway.

If, after the discussion, the GP agrees to withdraw or downgrade the referral, the GP must confirm the withdrawal by fax or re-refer the patient using a standard urgent or routine letter. The Consultant should note the date, time and outcome of the discussion on the 2ww form and notify the Cancer Bureau of the decision. The referral should continue to be processed as a 2ww until written correspondence is received from the GP to state otherwise.

If the patient advises the Cancer Bureau that they no longer wish for the referral to be processed the Cancer Bureau will contact the referring GP to advise of patients decision and discuss appropriate action (as above).

### 5.5.4 Emergency Admissions

If a patient is admitted via A&E, exhibiting the **same symptoms** for which they were referred as a 2ww, and are seen before their initial consultation, this admission will supersede the 2ww referral and the patient would continue on a 31 day pathway.

However if the A&E admission **relates to another condition** the 2ww referral still applies and the patient must be seen within the 14 day period.

If the patient is admitted to hospital before the date first seen and is investigated for symptoms related to another condition only, this will not affect the 62 day pathway which will continue to be active.

## 5.6 Screening Pathways

The NHS runs three Cancer Screening Programmes (Cervical, Breast and Colorectal) to identify cancer in high risk groups of the community. Patients who are identified as suspicious of, or confirmed as having cancer during the course of the investigations at screening

appointments are referred in to their local Trust for treatment. Receipt of the referral at the Luton and Dunstable Hospital is recorded as the Cancer referral to treatment period start date initiating the 62 day screening pathway.

#### 5.6.1 **Breast Screening**

The Trust is the host of the regional screening unit. Screening services are offered for any women eligible, within the Herts, Beds and Bucks area. Patients from outside of the L&D catchment often find themselves splitting their pathways between the L&D and their local Trust, and often opt for treatment at their local Trust too.

The referral is triggered by the final reader who initiates the assessment appointment. The patient pathway starts from the receipt of referral to the assessment clinic (date of receipt of referral is Day 0).

The Breast Screening Unit is responsible for formulating an accurate screening spreadsheet of the details of patients referred and discussed at the Breast Screening MDT; and bringing this to the attention of the Breast MDT pathway facilitator via email.

Any patients that are continuing for treatment at the Trust will be registered on PAS by the screening service. The referral must be coded 'BRSC' and entered as an 'Urgent' referral to distinguish as a screening programme patient. The MDT pathway facilitator is then responsible for reviewing the spreadsheet and accurately entering patient information onto PAS for those patients proceeding to investigation or treatment elsewhere, ensuring that tertiary referrals are sent in accordance with the Inter Provider Transfer Agreement

#### 5.6.2 **Bowel Screening**

The regional screening programme for bowel cancer is located at Bedford Hospital. After those eligible have been for screening appointments at Bedford, they are then often referred back to the Luton and Dunstable Hospital if they are from the surrounding, catchment area.

The referral will be triggered by a positive faecal occult blood (FOB) result, the date that the referral is received by the screening centre marks the start of the 62 day pathway (Day 0).

The bowel screening centre is responsible for formulating an accurate spreadsheet of the details of the patients that are to be referred to the Luton and Dunstable Hospital for further diagnostics such as endoscopy and treatments and bringing this to the attention of the colorectal MDT pathway facilitator.



The endoscopy booking clerks are responsible for registering the patients on PAS. The referral must be coded CA:BCSP and entered as an 'Urgent' referral, to distinguish as a screening programme patient.

The MDT pathway facilitator is responsible for reviewing the spreadsheet, accurately entering the new details on to the patient's pathway on Infoflex and onward tracking until first treatment.

### **5.6.3 Gynaecological Screening**

A Suspected Cancer Referral will be triggered by the following smear result:

- Moderate and severe dyskaryosis.
- Glandular neoplasia (possible adenocarcinoma of cervix).
- Invasive (possible squamous cell carcinoma of cervix).

The patient pathway will start from the receipt of result/referral from cytology (Day 0).

Cytology/histology are responsible for sending all reports and results to the colposcopy unit in gynaecology; who are then responsible for compiling an accurate list of patient details and subsequently making outpatient administration department aware.

The outpatient booking clerk is responsible for registering the patients on PAS. The referral must be coded 'GYCS' and entered as an 'Urgent' referral, to distinguish as a screening programme patient and next to the first OPA '6WW' must be written in the tracking to indicate that the initial part of the patient's pathway can span up to 6 weeks.

The gynaecology MDT pathway facilitator is then responsible for accurately entering the new details on to the patient's pathway on Infoflex and onward tracking until first treatment.

### **5.7 First Appointment from screening referral**

If a patient DNA's their first screening appointment, another appointment should be offered. A waiting time adjustment (pause) is applied from receipt of referral to the date that the patient contacts to re-arrange an appointment. All details are recorded in PAS and InfoFlex. If a patient subsequently DNA's a second appointment they will be discharged from the service and their GP will be informed of this outcome.

If a patient declines the first appointment offered, another should be offered within 5 working days, no pause will apply.

### **5.8 Hospital cancellations**

In the exceptional circumstance that a 2ww outpatient appointment or diagnostic investigation is cancelled an appointment must be made as close to the original appointment as possible to prevent any delay in the pathway.

## **5.9 Subsequent appointments**

Patients requiring further appointments, either outpatient, diagnostic or inpatient/daycase treatment, must be booked in accordance with clinicians request to prevent any delay in the 2ww pathway. The appointments are booked in accordance with the request made on the clinic outcome form completed by the consultants; or on request from the CNS or medical secretary.

## **5.10 TCI (To Come In) form**

Once the decision to add a patient to the inpatient or daycase waiting list has been made, the (TCI) form must be completed on ICE. This form must be completed at the time of the decision to admit, which in most cases will be during the outpatient appointment or following a MDT discussion. It is the responsibility of the clinician seeing the patient to ensure that a request identifying a 2ww priority is placed on ICE. It is important that the appropriate procedure type is selected ie theatre or non-theatre. (Non-theatre includes Cardiology, Gastroenterology and Respiratory).

## **5.11 Inter-provider transfers (tertiary referrals)**

Where patients are transferred between providers the cancer MDT office are responsible for the completion of the MDT inter provider form.

The principle need for using these forms is to ensure all service providers involved in a patient's pathways have adequate information about CWT data to enable the patient's management to be conducted within appropriate time frames.

# **SECTION 6: ELECTIVE INPATIENTS/DAYCASE PROCEDURES – 2ww REFERRALS**

## **6.1 First Definitive Treatments (within the Trust)**

### **6.1.0 Surgery**

All cancer and suspected cancer surgical procedures (except for those that require to be referred to an alternative Trust due to the speciality and/or Beds and Herts Improving Outcome Guidance (**IOG**) agreement are undertaken by the respective surgical team within the Trust.

Under the IOG agreement, the Trust is responsible for the surgical treatment of all Head and Neck cancer patients from East and North Herts

Following MDT discussion and agreement with the patient it is the responsibility of the treating clinician to complete an E-TCI to place the patient on the waiting list.

**The patient must be identified as a 2ww priority.**

To ensure the patient is seen in a timely manner and work towards meeting the 2 week national targets, the Trust encourages pooling of appropriate cases. This enables patients to be listed to the most appropriate clinician with the shortest possible wait time. The decision to add the patient to a pooled list is made in agreement with the patient and consultant responsible for their care.

**The waiting list clerk** is responsible for booking the pre-assessment appointment and date of surgery (TCI) in accordance with the 62 day and 31day pathway target dates following the agreed Waiting List Office procedures ([refer to section 3](#)).

**A treatment date** i.e. TCI date should be offered within 31 days from the Decision to Treat (DTT) date and not breaching the 62 day breach date. If this not possible it must be escalated to the Speciality Service Manager and copied to the Cancer Business Manager by the Waiting List Office team.

**Clinical considerations** - If a patient is admitted for a procedure whereby the intent is to treat the cancer, but on operating the surgeon is unable to proceed due to clinical findings, this would be classed as 'open and close' surgery and would still class as treatment because the intent was to treat. However, this does not apply if the patient is reviewed pre-operatively and deemed unfit to proceed.

### 6.1.2 Chemotherapy

The Oncologist will see the patient in the oncology clinic to discuss and agree the treatment plan. Once this has been agreed, the consultant will complete the chemotherapy referral form

The chemotherapy form will be delivered to the chemotherapy unit

The chemotherapy administrator will date the patient in accordance to breach dates, contact the patient by telephone to agree appointment date and advise the waiting list office.

The chemotherapy administrator will request the waiting list clerk to book the patients onto PAS.

A copy of the referral form (post treatment) is collected from the chemotherapy unit by the MDT support office to enter the treatment details onto InfoFlex and for the onward tracking of the patient until treatment has commenced.

## **6.2 Enabling Treatments**

Enabling treatments can be given to patients for numerous reasons; some enabling treatments in certain circumstances can be used as a treatment in their own right and used to end the 62 day pathway. These enabling treatments include:

- Colostomy for bowel obstruction
- Insertion of an oesophageal stent
- Insertion of a pancreatic stent if being used to resolve jaundice before the patient has a resection or starts chemotherapy
- Gastrojejunostomy
- Cystodiathermy

If a patient is admitted to hospital to have an enabling treatment that is not listed above, and remains an inpatient in the period of time between the enabling treatment and the main anti-cancer treatment, the date of admission will be recorded as the start of treatment date ending the 62 day pathway.

## **6.3 Breach Reasons and Waiting Times Adjustments – 62 days (Refers to Cancer Waiting Times (CWT) guidance)**

Under the Cancer Waiting Times (**CWT**) guidance it is accepted that not all patients will be able to attend for appointments or surgical intervention within the target timeframe allotted. This could be due to a delay in clinical diagnostics or patient circumstances impacting on their availability for appointments or treatment. There are very few occurrences in which adjustments to the pathway are able to be applied, the CWT guidance has limited this to patients who request later appointments and surgical treatment dates later than recommended, patients who miss their first appointments and clinically complex patients that are unable to be treated within the timeframe due to fitness for intervention.

It is expected that all tracking information is clearly entered on to patient records (eg PAS and InfoFlex) providing a clear audit trail of data.

Any pauses, breaches or ECADs (refer to sections below) must be able to be evidenced clearly within the patient records for audit purposes.

### **6.3.1 Patient Choice**

CWT guidance actively encourages patients to be referred at the earliest possible opportunity but the operational standards applied do take into account the number of patients that choose to delay their pathway.

Patients will be made aware of the importance to attend for treatment initially by the waiting list clerks and then by the clinicians seen throughout the pathway.

If felt appropriate the referring GP can be contacted by the Consultant, clinician or departmental booking clerks to make them aware of the patients choice to delay the pathway and if appropriate encourage the patient to attend.

Patients must not be discharged back to the GP solely because they are unable to accept a treatment date or have chosen to delay treatment as the patient is 'engaging with the pathway'.

### 6.3.2 Declining a Treatment Date

Adjustments are able to be applied to patient pathways where there is a confirmed cancer diagnosis and the patient declines reasonable treatment dates offered for inpatient admission such as:

- choosing to accept a date that is out of target  
OR
- initially accepting a date within target and then cancelling the booking and choosing a date out of target.

In this circumstance, under the **CWT** guidance, the clock can be paused from the earliest treatment date offered to the earliest date that the patient would be available i.e. on their return from holiday.

Pauses cannot be applied to pathways where patients are unable to attend due to religious events or treatment that will be completed on an outpatient basis.

Patients must not be referred back to GPs solely because they are cancelling dates for treatment as the patient is 'engaging with the pathway'.

### 6.3.3 Declining Treatment

If a patient chooses to decline all treatment options offered to them, provided they are making an informed choice to decline all treatment, they have removed themselves from the 62 day pathway.

The Consultant must be informed and contact the GP to agree appropriate outcome. This must then be confirmed by letter before the referral can be closed on InfoFlex /PAS

If the patient contacts the Trust at a later date and advises that they would now like to proceed with treatment, this will be managed on a 31 day pathway.

#### 6.3.4 'Earliest Clinically Appropriate Date' – ECAD

An ECAD is defined as the earliest clinically appropriate date for the next treatment or activity to take place progressing a patient's pathway and cancer treatment. The "activity" is not always the start of treatment but could be the next treatment planning appointment. The reasons for clinical delay should be discussed and agreed with a patient in clinic by the consultant managing their care with follow up arranged. This information will be clearly identified in the patients records and recorded on InfoFlex by the MDT pathway facilitator.

#### 6.3.5 Did Not Attend (DNA)

If the patient DNAs an admission for treatment the patient cannot be discharged.

**To Come In (TCI)for surgery** - The waiting list clerk should contact the patient and establish the reason for non-attendance and rebook as soon as possible.

The waiting list clerk must inform the relevant team and MDT office and action should be taken to encourage the patient to attend e.g. CNS should contact patient or Consultant contact the GP. The GP is unable to withdraw the referral as the patient has already been seen and as such an acceptable outcome needs to be agreed with the GP and patient.

**To Come In (TCI) for chemotherapy** – The chemotherapy unit will contact the patient and establish the reason and rebook as soon as possible.

#### 6.3.6 Emergency Admissions

If a patient is admitted via A&E, exhibiting the **same symptoms** and undergo surgery as an emergency this date of treatment will be recorded as FDT.

However if the A&E admission **relates to another condition** the 31/62 day referral still applies and the patient remains on the pathway until treated.

### 6.4 Pre-operative assessment

A pre-operative assessment establishes that the patient is fit for surgery and anaesthesia and confirms that the patient is available, fully

informed and wishes to proceed with surgery. Patient information leaflets will be available to issue to the patient at the time of the appointment. Pre-operative assessment occurs at a pre-booked appointment before the admission date.

All patients undergoing elective surgery will undergo initial nurse led pre-operative assessment following the decision to list, in the pre-operative assessment setting. MRSA swabs should be obtained from all eligible patients when attending for pre-operative assessment. Where patients are found to be colonised they are treated immediately in line with Trusts MRSA policy.

**Anaesthetic assessment** - If at the initial pre-operative assessment appointment, further anaesthetic assessment is required, the notes will first be reviewed by an anaesthetist as a matter of urgency and a decision made as to whether the patient requires a face to face review or can continue with surgery.

If the patient requires a face to face review, they will be given an appointment to attend the Anaesthetic Review Clinic as soon as possible. Following the appointment, the outcome from this clinic will be sent to the treating consultant.

If after anaesthetic review a patient is deemed fit for surgery, the patient will be informed that they can proceed.

**Additional Investigations / Fitness to Proceed** - If a patient requires additional investigations, or is not fit to proceed with surgery they will be removed from the waiting list. The consultant will be informed by the anaesthetist of the decision and treatment plan reviewed possibly at the respective MDT. The Consultant will discuss the treatment plan with the patient if they cannot proceed with the agreed surgery.

**If a patient fails to attend a pre-operative assessment appointment** the patient should be contacted by the booking team to discuss the reason. A further date for a pre-operative assessment must be agreed.

## **6.5 Hospital cancellations**

In the exceptional circumstance that the Trust has to cancel a 2ww patient's procedure for a non-clinical reason, either on the day of admission or day of surgery, the patient must be contacted as soon as possible and offered an alternative admission date.

All cancellations on the day must be authorised by the Chief Executive following review by the appropriate Divisional Director and General Manager. No action can be taken on any on the day cancellations without appropriate authorisation. Any unauthorised on the day cancellations will be investigated.

## 6.6 After the First Definitive Treatment (FDT)

A patient's care often extends beyond the 2ww week referral to treatment period and there may be a number of planned treatments beyond the first definitive treatment.

Upon completion of the FDT on the 62 day pathway, any subsequent treatments will need to be dated in accordance with 31 day standard ie from the decision to treat/earliest clinically appropriate date to start second or subsequent treatment such as chemotherapy or further surgery.

## SECTION 7 – TRAINING AND EDUCATION

- 7.1 This policy will be actively promoted and distributed to all employees who are involved with managing patient pathways and especially all those employees working within the Outpatient Department, the Waiting List Office, the MDT and Cancer offices and all Medical Secretaries. It will also be available to all employees on the intranet.
- 7.2 Any new members of staff appointed to the above mentioned departments will be made aware of this policy as part of their local induction.
- 7.3 Additional training is provided by the 18 week team for both clinical and non-clinical staff to support this policy during the course of their employment with the Trust.

## SECTION 8 - AUDIT AND MONITORING

What is the standard audit/criteria	Time frame/ Format/how often	How/Method	Reviewed and action plan development by who/which group	Action plans monitored by and how often
92% of incomplete pathways to be completed within 18 weeks	Monthly	Monthly returns submitted by Information Dept	Monthly reports to Surgical Divisional Board.	Surgical Divisional Board monthly
Number of patients who are waiting longer than 18 weeks	Weekly	Weekly report sent by Information Dept	Fortnightly PTL meetings	PTL meetings fortnightly; Surgical Divisional Board monthly



## **SUPPORTING REFERENCES:**

Referral to treatment consultant-led waiting times rules suite: October 2015

<https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks>

The NHS Constitution for England

<https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

Department of Health: Meeting the healthcare needs of Armed Forces personnel, their families and veterans

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/28614/dh\\_091922.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/28614/dh_091922.pdf)

# Appendix A: Doctors Guide

## Delivering the 18 Week Patient Pathway Referral to Treatment (RTT)

### What is 18 Weeks?

18 weeks is the maximum time in which patients should commence treatment after being referred by their GP, dentist, optician or other clinician (unless the patient chooses to delay their treatment or there is an underlying clinical reason that the patient should wait longer). All hospital appointments, diagnostics and treatment should occur within 18 weeks (126 days).

### How is 18 Weeks measured?

18 weeks is measured using the 18 week data collection form (see below). A blank copy of one of these forms is placed within every set of notes for every outpatient clinic for both new and follow-up attendances. The form is completed by clinicians during the consultation and returned to the Outpatient clerk by the patient so the 18 week data (amongst other information, see below) can be recorded.

If you are seeing patients then it is ***your responsibility*** to ensure that you have correctly filled in the form for every patient.

Below is a guide as to how to do this.

### How to fill in the forms

Each speciality has a bespoke form. These vary to allow for the differences in clinical pathways.

The instructions below will help you to fill in these forms. However, if you are unsure, speak to one of the senior clinical staff as every one of these forms ***must*** be completed.

We will be using the Nephrology form as an example:



Example 

D	D
1	5

M	M	M
S	E	P

2	0	Y	Y
2	0	1	2

Patient Label

**1 Nephrology**

**PLEASE HAND THIS FORM TO THE RECEPTIONIST BEFORE LEAVING TODAY**

To the General Surgery appointment clerk:

Please make an appointment for the above patient in:

..... Weeks                      Or on (date):.....

..... Months

Consultant / Nurse Specialist.....

DNA?                     

Discharge? Y / N **NB Even if patient is discharged, 18 week box must be completed**

Admit from clinic?

**2 18 – Week Treatment Status NB This section must be completed for every patient**

1	Treatment Previously Given/Ongoing	<input type="checkbox"/>	7	Add to waiting list for admission and treatment (incl. daycase)	<input type="checkbox"/>
2	Definitive treatment started at this attendance	<input type="checkbox"/>	8	Add to waiting list for admission and diagnostic	<input type="checkbox"/>
3	No suitable treatment available or needed	<input type="checkbox"/>	9	Referred for tests e.g. MRI/CT/US etc	<input type="checkbox"/>
4	Treatment offered and declined by patient	<input type="checkbox"/>	10	Referred to therapist (incl OT)	<input type="checkbox"/>
5	Start watchful waiting/active monitoring	<input type="checkbox"/>	11	Referred to other clinician for same condition	<input type="checkbox"/>
6	Continue watchful waiting/active monitoring	<input type="checkbox"/>	12	Referred to other clinician for different condition	<input type="checkbox"/>

**3 OPCS4 Assessment X62**

**X62.1** Assessment by uniprofessional team NEC (assessment by a single professional)

**X62.2** Assessment by multiprofessional team NEC (assessment by two or more professionals from same speciality)

**X62.3** Assessment by multidisciplinary team NEC (assessment by two or more professionals from two or more specialities)

Codes	ICD10 Diagnosis	✓	Codes	OPCS4 Procedures	✓
E142	Diabetic nephropathy	<input type="checkbox"/>	X388	ESA administration (Epo injection)	<input type="checkbox"/>
E282	Polycystic kidney disease	<input type="checkbox"/>	S434	Suture removal	<input type="checkbox"/>
I776	Vasculitis	<input type="checkbox"/>	S574	Dressing of skin	<input type="checkbox"/>
M329	SLE	<input type="checkbox"/>			<input type="checkbox"/>
N059	Glomerulonephritis	<input type="checkbox"/>			<input type="checkbox"/>
N137	Reflux nephropathy	<input type="checkbox"/>			<input type="checkbox"/>
N139	Obstructive Uropathy	<input type="checkbox"/>			<input type="checkbox"/>
N289	CKD Other	<input type="checkbox"/>			<input type="checkbox"/>
<b>Codes</b>	<b>Outpatient Local Code</b>				
OP53	Other Nephrology diagnosis	<input type="checkbox"/>			<input type="checkbox"/>

ePR  
424

ePR  
424

The form is in 3 sections:

### Section 1 – Operational

This section must be completed to inform the outpatient clerk what the next step in the patient's care needs to be. This will involve stipulating follow-up arrangements (when and who), discharge arrangements and in some specialities referring to particular diagnostics.

### Section 2 – 18 Weeks/RTT

This section must be completed for all patients, whether new or follow-up even if they are discharged.

#### 18 Week Treatment Status NB this section must be completed for every patient

<b>1 Treatment Previously Given/Ongoing</b> Treatment already started	<b>8 Add to waiting list for treatment (outpatient/daycase/inpatient)</b> Patient requires elective admission
<b>2 Definitive treatment started at this attendance</b> e.g. prescription, eye drops etc given	<b>9 Add to waiting list for admission and diagnostic</b> Patient requires admission for a diagnostic procedure
<b>3 No suitable treatment available or needed</b> No treatment needed in current clinic setting	<b>10 Referred for/awaiting results of test (e.g. MRI/CT/US etc)</b> Referred for diagnostics which do not require admission
<b>4 Treatment offered and declined by patient</b> Patient decides not to have treatment	<b>11 Referred to therapist (e.g. physio)</b>
<b>5 Start active monitoring (clinician decision)</b> Clinician's decision to assess progress of condition	<b>12 Referred to other clinician for same condition</b> e.g. referred to medical clinic for anaemia but clinician refers to general surgery clinic to see if there is a bleed causing the anaemia
<b>6 Start active monitoring (patient decision)</b> Clinician's decision to assess progress of condition	<b>13 Referred to other clinician for different condition</b> e.g. patient seen in orthopaedic clinic but suspected to have a heart condition so referred to Cardiology
<b>7 Continue active monitoring</b> Active monitoring has previously been initiated	<b>14 Referred to other provider (tertiary referral)</b> Patient is referred to a clinician outside of the Luton & Dunstable Hospital

In 18 week terminology, we talk of clock starts (e.g. the date of receipt of a GP referral) and clock stops (e.g. the start of the first definitive treatment or decision not to treat).

This box helps the Trust to track a patient through their pathway.

### Section 3 – Diagnosis and Procedure

The first part of the table has a list of diagnoses. Please tick the appropriate diagnosis box or boxes.

**(NB not all forms will have this)**

The second part lists procedures that might be performed at that specific clinic appointment. If you carry out any of the procedures, tick the appropriate box. This section is very important as some procedures attract payment. It is essential that this is completed accurately. **(NB not all forms will have this)**

## Appendix B: Interprovider transfer form

### INTER PROVIDER ADMINISTRATIVE DATA TRANSFER MINIMUM DATA SET:

Referring organisation to complete and send within 48 hours of decision to refer.

FOR REFERRING ORGANISATION	
Referring organisation name: Luton and Dunstable Hospital NHS Foundation Trust 1	Referring organisation code: RC9 2
Referring clinician: 3	Referring clinician registration code 4
Referring treatment function code: 5	Contact details: Name: Phone No: 6
Patient details	
Patient's family name: 7	Patient's fore name: 8
Title: 9	Date of Birth: 10
NHS number: 11	Local patient identifier: 12
Correspondence address:  Post Code 13	Contact details : Patient: Yes No (delete as appropriate) Name of lead contact if not the patient:  Home: Work: Mobile: 14

<b>GP details</b>	
GP name: 15	GP practice code: 16
<b>Referral To Treatment Information</b>	
Patient Pathway Identifier:  (Generated with original referral –e.g. UBRN) 17	Allocated by (organisation code) <b>RC9</b>  (organisation that received the original referral that started the clock) 18
Is the patient on an 18 Week pathway? Yes No (delete as appropriate) 19	
Is this referral the:  Start of a new pathway- (new condition or change of treatment)  Continuation of an active pathway- (1 <sup>st</sup> definitive treatment not given)  Continuing treatment for a stopped pathway- (1 <sup>st</sup> definitive treatment given)  (delete as appropriate)	
Is this referral for : (delete as appropriate) <b>N/A</b>  Diagnostic tests only Opinion only	
Date Decision to refer to other organisation: 22	Clock start: 23
List all organisations involved in 18 Weeks pathway: 24	
<b>Receiving Organisation details</b>	
Receiving Organisation Name: 25	Receiving Organisation Code: 26
Receiving Clinician: 27	Receiving treatment function code: 28
Date and time MDS sent: 29	
<b>FOR RECEIVING ORGANISATION</b>	
Date/time received: 30	

# Appendix C: Consultant to Consultant referral

## CONSULTANT TO CONSULTANT OUTPATIENT DIRECT REFERRAL FORM

<p><b><u>PATIENT LABEL (or fill in below)</u></b>          L&amp;D Hospital Number:          Name:          Address:          Postcode:          NHS Number:          GP:</p>
---

DIRECT REFERRAL FROM CONSULTANT TO CONSULTANT IS APPROPRIATE:  
 (Referring Consultant - Please tick box)

- Where a diagnosis of cancer is confirmed or suspected
- Urgent problems for which delay would be detrimental to the patient's health. The expectation is that the patient needs to be seen within 3 weeks.  
Please specify .....
- If the referral is part of a managed pathway agreed through clinical networks.  
Please circle: Mount Vernon Cancer Network/ Beds & Herts Heart & Stroke Network/ Beds & Herts Critical Care Network/ Beds & Herts Perinatal & Neonatal Networks/ Vascular Clinical Network/ Abdominal Aortic Aneurysm
- For palliative, end of life care. Palliative care is given where curative treatment is no longer appropriate and the prognosis is less than six months
- For all children under 16 years, even if it is an unrelated condition
- For any patient where there are safeguarding issues.
- Pregnant patients who need review by other specialists as a result of their pregnancy
- For patients who need referral to the Chronic Pain service
- For radiology treatment
- Cross referral within the same department (speciality) with specific sub speciality interests for the same condition
- For tertiary referrals/ interprovider transfers e.g. angiograms
- Where a serious infectious disease has been diagnosed (Tuberculosis, non –sexual spirochaetal diseases, viral infections of the central nervous system, HIV)

If patient chooses not to continue treatment at the Luton & Dunstable NHS Foundation Trust please tick box

Receiving Consultant (please tick box)

	Accept referral	Reason if rejected:
	Reject referral	

## Appendix D: Definitions

18-week referral to treatment (RTT) period	The part of the patient's care following initial referral which initiates a clock start, leading up to the start of the first definitive treatment or other 18 week clock stop point.
Active monitoring (previously known as watchful waiting)	Where it is clinically decided to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures at that stage.
Active Waiting List	The list of elective patients who are fit and able to be treated at that given point in time. The active waiting list is also the list used to report national waiting times statistics.
ASIs	Appointment Slot Issues
Cancelled Operations/procedure	If the Trust cancels a patient's admission on the day of the admission/procedure for a non-clinical reason (e.g. lack of theatre time), the Trust is required to rearrange a new operation/procedure date within 28 days of the cancelled date, or within the breach date, whichever is soonest. The offer must be made within 5 days of the cancellation.
NHS eReferral Service	NHS eReferral Service is a national electronic referral service that gives patients a choice of place, date and time for their first Consultant outpatient appointment. This replaced Choose and Book.
Chronological Order (in turn)	This is a general principle that applies to patients categorised as requiring routine treatment (as opposed to urgent treatment). All these patients should be seen or treated in the order they were initially referred for treatment (clock start).
Convert their UBRN	When an appointment has been booked through NHS eReferral



	Service, the URBN is converted
Decision to admit	Where a clinical decision is taken to admit the patient for either a day case or inpatient treatment
Decision to treat	Where a clinical decision is taken to treat a patient as an inpatient, day case and/or performed in other settings e.g. outpatients
Did Not Attend (DNA)	Patients who have been informed of their date of admission or pre-assessment (inpatients/daycases), diagnostics or appointment date (outpatients) and who, without notifying the hospital, did not attend
DM01	Diagnostic Monthly Reporting
DoH	Department of Health
Elective admission / elective patients	Inpatients are classified into two groups: emergency and elective. Elective patients are so called because the Trust can 'elect' when to treat them
Elective Planned	Patients who are to be admitted as part of a planned sequence of treatment or investigations
Elective Waiting	Patients awaiting elective admission who have yet to be given an admission date
English NHS Commissioner	Clinical Commissioning Groups are responsible for commissioning most hospital and community NHS services. NHS England is responsible for primary care and specialised services.
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 of clinical judgement in consultation with others as appropriate, including the patient

Low Priority Procedures	Procedures as detailed in the list maintained and controlled by the CCG that require specific referral criteria to be adhered to
Outpatients	Patients referred by a General Practitioner (medical or dental) or another Consultant/health professional for clinical advice or treatment
PTL	Patient Tracking List. A report used to track the patient journey throughout their 18 week pathway.
RTT	Referral to Treatment. From December 2008 patients will only wait 18 weeks from their Referral to Treatment
TCI (To Come In)	A proposed future date for elective admission
Tertiary Referrals	A tertiary referral hospital or tertiary centre is a hospital that provides tertiary care, which is health care from specialists after referral from primary and secondary care.
UBRN	Unique Booking reference number used for NHS eReferral Service. The patient is notified of this on their appointment request letter when generated by the referrer through NHS eReferral Service. The UBRN is used in conjunction with the patient password to make or change an appointment.
Military Veteran	Anyone who has served 1 day or more in HM Armed Forces whether as a regular or reservist member