

NHS BORDERS PATIENT ACCESS POLICY

1. BACKGROUND

NHS Borders is required by Scottish Government to deliver a consistent, safe, equitable and patient centred service to Borders patients within national waiting time standards.

The current waiting time standards are:

- 12 weeks for new outpatient appointment
- 6 weeks for eight diagnostic tests and investigations
- 18 weeks from Referral to Treatment for 90% of patients
- The legal 12 week Treatment Time Guarantee

NHS Borders is required from 1 October 2012 to comply with the Patient Rights (Scotland) Act 2011 that places a legal responsibility on the NHS Board to ensure that all patients due to receive planned treatment as a day case or inpatient receive treatment within 12 weeks of the patient agreeing to be treated.

The Patient Access Policy sets out the approach that NHS Borders will follow to book outpatient, day case, inpatient and diagnostic appointments and what patients can expect in terms of how much notice they can expect, the number and type of offers of appointment they can have. It describes the places where services are usually delivered by NHS Borders.

The Patient Access Policy also sets out what will happen when appointments are cancelled or patients do not attend at clinics or for treatment. It describes what patients can do when they are unhappy with the service that they receive.

NHS Borders is committed to improving the patient journey and patient experience through efficient process, effective use of new technology and through making best use of our resources. Effective communication with patients is essential to achieving that and NHS Borders will use all available options including letters, email and text to keep in contact with patients. NHS Borders is therefore committed to communicating effectively with patients, managing referrals and waiting lists effectively and providing information to support improvements in service delivery and service quality.

2. KEY PRINCIPLES OF PATIENT ACCESS POLICY

NHS Borders has agreed a number of key principles that underpin the Patient Access Policy and delivery of waiting time standards:

- The patients' interests are paramount.
- Patients will be offered care according to clinical priority within nationally agreed waiting time standards in force at the time. The priority given to each patient's diagnosis and treatment is a clinical decision.
- Patients will not be disadvantaged where they are also a carer, or if they have additional support needs.
- Patients will be referred to a specialty and not to a named clinician.
- Patients will be added to a waiting list on receipt of referral or a decision to treat only if they are available and medically fit for their procedure.
- Patients will receive an offer of appointment a minimum of seven days prior to their appointment date.
- Patients are entitled to a reasonable offer of an appointment for new outpatient appointments and for admissions for treatment as a day case/inpatient. A reasonable offer is defined as a choice of two dates each with at least seven days notice. These offers will be sent separately. Where the patient accepts the first offered appointment, a second offer of appointment will not be made.
- Where a patient refuses two reasonable offers of appointment, the patient will be returned to the referring clinician (normally the General Practitioner) or their waiting times clock reset to start counting again from zero.
- A reasonable offer is an offer to see or treat at any health service location within the boundary of NHS Borders, other NHS Boards in the South East of Scotland, the Golden Jubilee National Hospital in Clydebank and any Independent Sector facility in Southern Scotland (including Glasgow) or North East of England.
- Where a patient does not attend their appointment and give us reasonable notice that they will not be able to attend they will be removed from the waiting list and returned to their General Practitioner. The minimum reasonable notice is the day before their appointment. Exceptions to automatic removal are children and urgent referrals who will be reappointed if clinically appropriate. Where these patients cancel three offers of appointment, their General Practitioner will be informed and the patient removed from the waiting list, if this would be clinically appropriate.
- We will pause the waiting times clock for patients during times that the patient is not available or not able to be seen / treated. This is known as unavailability.

- Patient Advised Unavailability will only be applied in consultation with the patient. This will apply mainly for holiday/work commitments.
- Medical Unavailability will be applied where a clinician or member of extended team determines the patient has another medical condition that prevents the agreed treatment from proceeding for that period of time.
- All periods of unavailability will be documented (without exception) on the Patient Management System (PMS).
- All patients who have Medical unavailability attached will be clinically reviewed at a maximum of twelve weeks with outcome recorded on PMS. This review may not always require an outpatient appointment.

3. REASONABLE OFFER OF APPOINTMENT

NHS Borders interprets a reasonable offer to be any health service location in Borders. In addition, a reasonable offer applies to other NHS Boards in the South East of Scotland, the Golden Jubilee National Hospital and to any Independent Sector facility in Southern Scotland (including Glasgow) or the North-East of England. The vast majority of Borders patients will receive treatment within NHS Borders; however, it is not possible to provide access locally for all patients and for all services. Patients may therefore be asked to attend for their appointment occasionally at sites external to Borders.

4. UNAVAILABILITY

There are three types of patient unavailability:

- Medical
- Patient Advised
- Where a patient does not respond to Patient Focused Booking (Outpatients only)

Where unavailability of any type is applied, an explanation behind the decision will be captured on Trakcare. This is mandatory with no exceptions. Unavailability will be applied real time. An explanation for retrospective application of unavailability will be recorded on Trakcare.

Patients who are eligible for the Treatment Time Guarantee (TTG) will be provided with a communication which advises the patient that unavailability has been applied and the implications for them in respect of the waiting time guarantee.

4.1 Medical Unavailability

- Where the patient fails pre-assessment but is expected to become available within a specified period, medical unavailability will be applied from date of pre assessment to the date when the patient is available for treatment.

- Where the patient fails pre-assessment and the period of time until the patient is medically fit to proceed cannot be determined, the patient will be returned to their General Practitioner with the advice that the patient is referred back when 'fit for treatment'
- The period of medical unavailability will not exceed twelve weeks and the patient will be subject to documented clinical review by week twelve. This may be a review of case notes and updated investigations.
- No more than two consecutive periods of Medical Unavailability will be applied. Where a patient is still medically unavailable after two consecutive periods of Medical Unavailability they will be removed from the Waiting List and referred back to the referring clinician for further management.

4.2 Patient Advised Unavailability

- Where the patient indicates that they are not available due to holiday, work commitments and/or other patient related reasons, patient advised unavailability will be applied from the date when the patient has indicated the period of unavailability will start. The end date will be the date when the patient has indicated the period of unavailability will stop. This will include short notice cancellations by patients who are unwell in the period on or leading up to their appointment date and unable to attend their appointment.
- Patient advised unavailability will be applied for a maximum of 12 weeks, and will always have a definite end date. Where patients wish to defer treatment for longer than 12 weeks, or are unable to give a date when they will be available for treatment, they will be removed from the Waiting List and referred back to referring clinician.
- Borders patients who prefer to wait to be seen at their local centre (where the waiting time exceeds 12 weeks) will have a period of unavailability applied that extends their wait beyond 12 weeks. This will be at the patient's request with the consequences of that decision on the calculation of their waiting time explained to them. The patient is exercising choice and advising NHS Borders that they will be unavailable for treatment for a known period beyond the 12 week maximum wait. In such circumstances the patient will be advised what the waiting time period will be for their new appointment. The reasons for use of unavailability in those situations will be recorded on Trakcare. This will include alternative offers of appointment at other sites or with alternative/unspecified consultant.

4.3 Patient Centred Booking (PCB)

Patient Centred Booking involves the booking team contacting patients by telephone to agree the date time and location of their appointment. Where it does not prove possible to contact the patient then a written offer of an appointment will be sent to the patient.

4.4 Patient Focussed Booking (PFB) (Outpatients Only)

Patient Focused Booking involves a letter to patients inviting them to contact the booking team for an appointment suitable to them. A patient receives two written invitations to contact the booking team with a gap of seven days between letters. Where the patient does not respond to the first PFB letter, unavailability (no response to PFB) will be applied from day eight to date of response to second PFB letter. The second letter will be sent at day eight with the request for a response within seven days. Where no response is received to the second PFB letter the patient will be returned to their General Practitioner.

5. EFFECTIVE COMMUNICATIONS WITH PATIENTS

NHS Borders is responsible for providing patients with clear and accurate information to enable them to make considered decisions in relation to the treatment time guarantee. This will include a responsibility to advise the patient when a patient is eligible for the treatment time guarantee and if periods of unavailability are applied.

At point of referral, the General Practitioner will advise the patient that they are being referred to a specific specialty and that they will receive a communication from NHS Borders with details of the outpatient appointment date, time and location. In situations where patients will receive their care external to Borders, the patient will be contacted directly by the provider. This will be either another NHS Board in the South East of Scotland, the Golden Jubilee National Hospital and/or an Independent Sector provider.

General Practitioners will provide the patient with a leaflet explaining what represents a reasonable offer in Borders and what they should do if the appointment offer is unsuitable. It will indicate that for some appointments/treatments, this may include attendance at a facility out with Borders. It will also indicate that not all patients will be seen by a Consultant but by an appropriate clinician that may include a Specialist Nurse, an Allied Health Professional (AHP) or Extended Scope Practitioner (ESP). The leaflet will also describe the implications of cancellation or non-attendance by the patient. The leaflet will include a contact number within NHS Borders should the patient require clarification or any further information (this will be a contact number that is available 24/7 although will be staffed only Monday to Friday. Advice is being taken on the content and format of the leaflet and how it should be presented e.g. large print, different languages, audio. General Practitioners will be asked to be familiar with the content of the leaflet and able to answer any initial questions.

The patient will also be asked if they are prepared to accept a short notice appointment and in such circumstances to indicate the most appropriate method of contacting the patient. This is to utilise all available capacity in event of short notice outpatient cancellations. Acceptance of a short notice appointment will be deemed a reasonable offer of appointment. The patient will not be disadvantaged if they refuse an offer of a short notice appointment.

Patients will be responsible for:

- Informing their General Practitioner and the hospital contact number if their condition improves and that their appointment is no longer required. This will apply to both new and return patient appointments.
- Contacting the hospital contact number timeously if they are unable to attend their agreed appointment. This will include holiday and/or work commitments.
- Contacting the hospital contact number to advise of any periods of unavailability. This should be provided at point of GP referral to enable that to be factored into the patient booking process. This information will in time be captured as part of electronic referral process subject to all General Practitioners asking the question of patients.
- Providing details of mobile phone and email address to improve future patient communication options.
- Advising their General Practitioner and hospital contact number of any changes to name, address, postcode, telephone number or General Practitioner.
- Responding to offers of appointment within seven days.

At present the majority of General Practitioners refer electronically for new outpatient appointments. NHS Borders will encourage the use of electronic referrals.

NHS Borders will make use of a telephone contact service that will remind patients of their appointment and advise them of action that they should take if no longer able to attend their appointment. This will be in line with the Patient Access Policy for cancellation. It is designed to minimise lost capacity due to patients not attending for appointment with no advance notification of non-attendance.

6. EFFECTIVE MANAGEMENT OF REFERRALS

6.1 Out Patients

The aspiration is that all GP outpatient referrals will be received electronically. General Practitioners are asked to refer to a clinical service and not named consultant unless there is a clear clinical reason for so doing (to be recorded). General Practitioners will take regard of the NHS Borders policies and only refer patients who it is appropriate to refer to Secondary Care. In addition, they will take regard of agreed patient pathways/protocols where patients are in the first instance referred to a specialist nurse and/or physiotherapy or other AHP service. This will include also referral of patients for diagnostic test prior to referral for first out-patient appointment.

General Practitioners have the opportunity to attach urgent or routine status to a new patient referral. In addition, General Practitioners will use the pathway referral for 'suspicion of cancer' that ensure patients are seen quickly and are channelled to the most appropriate path and seen by the most appropriate clinician. This will ensure that patients are treated within the 31 and 62 day national cancer waiting time guarantees. General Practitioners will have electronic access to patient details where referrals have not been accepted by Secondary Care. This will apply also to patients who do not keep their appointments.

All referrals will include the following details:

- CHI identifier
- Name/Address/Postcode/Ethnicity
- Home and Mobile Telephone Number
- Email address
- Patient Periods of Unavailability
- Armed Services Veteran Status
- Any Support Needs (e.g. disabled/interpreter)
- Status of referral (routine/urgent/suspicion of cancer)

All outpatient referrals received are aimed to be processed within three working days and placed on the vetting list for each specialty. This captures patient details on the Patient Management System (PMS). The consultant (or nominated deputy) will electronically vet all referrals placed on the vetting list within seven working days. They will select the most appropriate vetting option to inform out-patient booking.

When a member of the UK armed forces or a member of their family moves into a new location in Borders, NHS Borders will take into account any previous waiting time. NHS Borders will ensure that treatment is delivered within the waiting time standards and treatment time guarantee (according to their clinical need). This is dependent on NHS Borders being advised of previous waits for appointment/procedure. In addition, all veterans (including those who have served as reservists) will receive priority access to NHS primary, secondary and tertiary care for any conditions that are likely to be related to their armed forces service and according to their clinical need.

The aspiration is that all new outpatients will be booked within twelve weeks although flexibility will be applied in the context of 18 Weeks Referral to Treatment (RTT). The maximum outpatient wait will be eighteen weeks (126 days). Urgent referrals will be seen within a maximum wait of six weeks (42 days) with 'suspicion of cancer' referrals seen within two weeks (14 days).

The Booking Team will contact patients to advise them of the date/time/location of their appointment. If no response is received within seven days, they will assume acceptance by the patient of their appointment (i.e. implied acceptance). Where the patient contacts the Booking Team beyond seven days indicating that the appointment is unsuitable, the patient will be offered a new appointment within the guarantee date.

The consultant or appropriate clinician will capture the outcome of each outpatient appointment on Trakcare. This will be completed real time. Patients will only receive a return review appointment if there is a clinical need. Patients returning for treatment will receive a return appointment on their day of first appointment. Where patients do not receive a return appointment on the day of their first appointment, they will be placed on a return holding list for review appointments and be contacted at a later date by the Booking Team to agree an appointment date. This will be done in advance of the time period for a return appointment (as determined by the consultant).

A daily check will be undertaken to ensure that outcomes are captured for all patients who attend an outpatient appointment. This will apply also to the arriving of patients. Where patients do not attend their appointment and no prior notification has been provided and no clinic outcome has been recorded, the patient will be taken off the waiting list and returned to their General Practitioner.

6.2 Day Cases/In Patients

The decision to treat the patient will normally be taken at first outpatient appointment. Initial consent to treatment will be sought at this time. An agreement that a day case or inpatient procedure is required will result in the patient being automatically placed on the day case waiting list. This will only be done if the patient is medically fit and available for treatment. The consultant will advise the patient of their decision and ask them to agree a date for pre assessment on that day. This will be done on the same day and the patient will attend outpatient reception for a pre assessment appointment. The appointment for pre assessment will normally be within two weeks of the patient's first outpatient appointment. At pre assessment a decision will routinely be taken whether the patient is fit for the procedure and whether it will be undertaken as a day case or inpatient procedure. Any exception to that will be agreed with the individual specialty.

The patient will also be advised of two reasonable offers and that the procedure might be undertaken external to Borders. They will also be reminded of the waiting time guarantee and their legal right to receive treatment within twelve weeks (84 days) of agreeing to treatment. The aspiration is that patients will receive confirmation of their admission date no less than three weeks prior to the treatment date. If the date is unsuitable, the patient will be offered a further date. Where two reasonable offers are not accepted, the patients' clock will return to zero and the process of two reasonable offers will recommence. Implied acceptance and patient unavailability will be applied as for outpatients.

The aspiration is to improve theatre scheduling by ensuring that theatre capacity is booked a minimum of three weeks in advance for all routine elective procedure and that scheduling takes regard of patterns of urgent procedures to minimise short notice cancellations of routine appointments. This has the potential to increase capacity and reduce reliance on external capacity at the Golden Jubilee National Hospital and the Independent Sector.

There will be visibility of waiting lists by specialty and consultant with a requirement for patients to be seen, where appropriate, in sequence. An explanation will be given for patients taken out of sequence. It is acknowledged that some patients will be taken out of sequence due to clinical need and maximisation of available capacity.

6.3 Allocation of Clinician / Appointment

When receiving treatment patients will be assigned to the most appropriate clinician, which may be a Consultant or another member of the clinical team. Patients may decline to see one particular clinician, but cannot stipulate one particular clinician.

Where patients are dissatisfied with the opinion they receive from a particular clinician they may request a second opinion from an alternative, but cannot stipulate from which clinician they receive this.

Patients being listed for operative treatment will be placed on a Specialty, rather than a Consultant, Waiting List. Surgery may be carried out by an alternative clinician from within the Specialty team to that seen at clinic.

7. USE OF EXTERNAL CAPACITY

NHS Borders considers an appointment to the Golden Jubilee National Hospital and the Independent Sector in Southern Scotland (including Glasgow) or North East of England as representing a reasonable offer. Where patients are referred there, a minimum data set will be agreed and provided to the receiving hospital. Where patients are referred external to Borders on a 'see and treat' basis, patients will be advised of the communication arrangements operated by the receiving hospital. The receiving hospital will be asked to deal directly with the patient on all appointment transactions with patient updates provided to NHS Borders at agreed intervals. Details of those arrangements will be captured as part of a Service Level Agreement with the Golden Jubilee National Hospital and contract documentation with the Independent Sector. Where patients are referred to the Golden Jubilee National Hospital or Independent Sector for treatment only, similar arrangements will apply. Details will form part of Service Level Agreement and/or contract documentation.

Where the patient is treated out with the NHS Borders Board area, the patient may claim for costs reasonably incurred. This would represent costs additional to those had treatment been delivered in NHS Borders. Claims by patients to recover costs reasonably incurred will be channelled to the NHS Borders Finance Department.

Patients on being offered the opportunity of treatment elsewhere may choose to wait for treatment locally. This may be done by requesting 'Patient Advised Unavailability', which will be applied from the date of the conversation to the date of the treatment locally.

8. BREACH OF THE TREATMENT TIME GUARANTEE

Where the NHS Board breaches the guarantee, they will offer the patient the next available appointment having regard to the patient's availability. This offer of appointment will not be detrimental to another patient with a greater clinical need for treatment. The patient will be provided with an explanation of why the NHS Board did not deliver the treatment time guarantee. At this point the patient will be provided with details of the advice and support available including the Patient Advice and Support Service and on how to give feedback or raise a complaint.

9. FEED BACK FROM PATIENTS AND THE WIDER COMMUNITY

Patients have the opportunity to raise issues associated with the services that they receive. If they are dissatisfied they should in the first instance raise the issue with those staff with whom they have been involved or been in contact. If they remain dissatisfied, details on how they can make a complaint can be found at complaints.clingov@borders.scot.nhs.uk or in the information leaflet 'Making a Complaint about the NHS' available in wards and departments.

10. OTHER DOCUMENTATION

The NHS Borders Patient Access Policy should be read in conjunction with the following documents:

- NHS Scotland National Access Policy – July 2012
- NHS Scotland Waiting Time Guidance – Delivering Waiting Times (CEL 33 August 2012)
- Patient Rights (Scotland) Act 2011 - Treatment Time Guarantee Guidance (CEL32 August 2012)
- National Waiting Time Guarantees 2012/13
- NHS Borders Policy and Procedures on Feedback, Comments and Complaints

Further information on any of the documents listed can be obtained from the Waiting Times Manager.

11. EXCEPTIONS TO THE TREATMENT TIME GUARANTEE

There are exceptions to the Treatment Time Guarantee. These are:

- Assisted Reproduction
- Obstetric Services.
- Organ, tissue or cell transplantation whether from living or deceased donor.

12. PATIENT ACCESS POLICY REVIEW

The Patient Access Policy will be reviewed annually and updated as appropriate.

Document Control

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