



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	19 August 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Approval of Revised Policy: 534 – Patient Access – Elective Care Policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Stephanie Hire, General Manager Scheduled Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

In line with Hywel Dda University Health Board's (HDdUHB's) written control documentation process, the People, Organisational Development & Culture Committee (PODCC) is asked to approve the following revised policy documents:

Policy 534 – Patient Access – Elective Care Policy

The report provides the required assurance that the Written Control Documentation (WCD) Policy (policy number 190) is adhered to in the review of the above mentioned written control document and therefore the document is in line with legislation/regulations, available evidence base and can be implemented within the Hywel Dda University Health Board (HDdUHB).

Cefndir / Background

It is imperative that HDdUHB has up to date and accurate written control documentation in order to comply with relevant legislation and to minimise any associated risks.

Policy 534 – Patient Access – Elective Care Policy

This policy is to ensure that the period in which patients wait for elective (planned) care are measured and reported in a consistent and fair manner.

Asesiad / Assessment

The revised policy has been reviewed with minimal changes made. Reference to COVID-19 guidance has been included as appendices.

The Equality Impact Assessment (EqIA) has been reviewed and no changes are required.

Following approval, the policy will replace the existing version accessible on the corporate internet policy page.

Argymhelliad / Recommendation

For PODCC to receive an assurance that Policy **534 – Patient Access – Elective Care Policy** has been reviewed in line with Policy 190 and to approve the documentation for uploading onto the corporate intranet policy page by the Policy Co-ordination Officer.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.13 Approve workforce and organisational development policies and plans within the scope of the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Nodau Gwella Ansawdd: Quality Improvement Goal(s):	Protect Patients From Avoidable Harm From care
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	10. Not Applicable

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Legislation and national policy
Rhestr Termiau: Glossary of Terms:	Contained within each written control document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	As detailed in the assessment

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Unforeseen and unbudgeted costs of investigations and/or defence of any legal action could arise from non-adherence to the policies.
Ansawdd / Gofal Claf: Quality / Patient Care:	Staff accessing written control documentation which is out of date, no longer relevant or contradicts current guidance may have a negative effect on the quality, safety and experience of care. It may also lead to unwarranted variation in care delivery.
Gweithlu: Workforce:	The policies apply to all staff.
Risg: Risk:	The presence of written control documentation on the intranet, outside of the policies, procedures and other written control documentation intranet webpage, may result in staff accessing documents which are out of date, no longer relevant, or contradicting current guidance.
Cyfreithiol: Legal:	It is essential that HDdUHB has up to date policies and procedures in place.
Enw Da: Reputational:	Not applicable.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	A full equality impact assessment has been undertaken for each separate policy/procedure.



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Hywel Dda
University Health Board

Patient Access – Elective Care Policy

(For Internal Management Use)

VERSION 4
FOR PODCC APPROVAL 19.8.2021

Policy Number:	534	Supersedes:		Classification	Corporate
Version No	Date of EqIA:	Approved by:	Date of Approval:	Date made Active:	Review Date:
V4	July 2021	People, Organisational Development & Culture Committee (PODCC)			3 YEARS

Brief Summary of Document:	This policy is to ensure that the period patients wait for elective (planned) care are measured and reported in a consistent and fair manner.
Scope:	This policy applies to all patients who require to access elective care across Hywel Dda University Health Board and requires to be adhered to by all staff who are involved in the implementation of all aspects of this policy.
To be read in conjunction with:	

Owning Committee	Watchtower Group Chair: General Manager Scheduled Care
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Executive Director:	Andrew Carruthers	Job Title	Director of Operations
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Reviews and updates			
Version no:	Summary of Amendments:	Approving group/ Committee:	Date Approved:
1	New Policy	Clinical Written Control Documentation Group	11/05/2017
2	Spelling and formatting issues were updated by Board	Board Clinical WCD Group	18/12/2017
3	<p>Removed - highlighted yellow sections down the left hand side of each page, previously called "Patient Perspective"</p> <p>Policy is essentially split into two parts; staff and patients;</p> <ul style="list-style-type: none"> ○ Glossary reference is made earlier in the document; ○ Sections have moved around to mirror the patient flow through the pathway; ○ Technical jargon has been re-worded; ○ Guidance on the local process pertaining to funding for treatment for patients who are not permanent residents; ○ Updated Patient Perspective section; ○ Updated on-line leaflet for patients; ○ A flow diagram for use by patients devised. 	BPPAC	26/06/2018
4	Full three yearly review – no changes. COVID-19 guidance included as appendices.	PODCC	

Keywords	Patient access, elective surgery, elective care, referral to treatment times (RTT), waiting times
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1. Introduction

This document provides a detailed reference source of the waiting times management rules relating to the 26-week referral to treatment (RTT) target and related direct access diagnostic and therapies targets. For RTT, it is noted that some complex cases may take longer than this and a maximum of 36 weeks has been set to reflect this.

In March 2005, the First Minister and Minister for Health and Social Services announced that, by December 2009, patients in Wales should not wait more than 26 weeks from GP referral to treatment, including waiting times for any diagnostic tests or therapies required. *Designed for Life* (Welsh Government, 2005) subsequently set out a vision of a service designed around patients, with a 10-year programme to transform the system and create a world-class health and social care service for the people of Wales.

The guiding principles of the target were set in policy through a range of Welsh Health Circulars (WHC). These have been consolidated recently and re-released under WHC (2018)018.

The achievement of the 26-week RTT target is the responsibility of the Health Board (HB).

Within this waiting time period, both the patient and the NHS have their roles and responsibilities to achieve the target.

It is recognised a number of terms of a technical nature are included within the document. To support the reader, a glossary of terms can be found towards the back of this document.

2. Policy Statement

The underlying principle of the target is that patients should receive excellent care without delay. For other than complex clinical reasons, patients should receive commencement of their required treatment no later than 26 weeks from referral, with a maximum of 36 weeks to allow for clinically complex cases.

3. Scope

This policy applies to all patients who require access to elective care across Hywel Dda University Health Board and should be adhered to by all staff who are involved in the implementation of all aspects of this policy.

4. Aim

This policy is to ensure that the period patients wait for elective (planned) care are measured and reported in a consistent and fair manner.

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5. Objective

The aim of the policy is achieved by:

- Setting out clearly and succinctly the rules to ensure that each patient's RTT period begins and ends fairly and consistently;
- Highlighting both the patient and NHS roles and responsibilities and the potential consequences if this mutual compact is not fully met.

6. Procedure

6.1 Guiding Principles

The guiding principles of the referral to treatment target clearly reflect the principles of prudent healthcare, these being to:

- minimise avoidable harm;
- carry out the minimum appropriate intervention;
- promote equity between the people who provide and use services.

There are a number of key principles which underpin the waiting times rules, and apply to all targets. These principles apply to all interactions with patients, and must be considered in the formation of all waiting times and access policies and procedures.

Do only what is needed and do no harm

All patients should wait the shortest possible time for treatment.

Care for those with the greatest health need first

The target should not distort clinical priorities. RTT targets are maximum acceptable waits, and urgent patients should be treated as their clinical need dictates.

Public and professionals are equal partners through co-production

The concept of an NHS/patient 'compact' around the delivery of waiting times is implicit and reflected in the definitions below. Both parties have rights and responsibilities within the arrangement. The NHS will be required to deliver high quality care within the target time, and to allow for patient choices within that time. Patients will be expected to make themselves available for treatment within reasonable timescales and at sites and times where the service is delivered, sometimes outside of the HB area. Their inability to do so may result in a longer waiting time.

It is important that the rights and responsibilities of the patient are explained to them at the time of referral, either directly through written resources, or being signposted to electronic resources (websites). This requires commitment from referrers and appropriate information resources for patients and healthcare staff. Patients have a duty to notify the NHS, hospital and their GP of any changes in circumstances while they are waiting to be seen, at any stage.

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Within the information given to the public, it must give them adequate information on the expected timescales, the anticipated process and their responsibilities to assist the NHS to provide efficient and effective treatment of their condition. Patients will be empowered through this information to question and monitor their own progress against the target. Patients should be encouraged to become involved in all decisions relating to their care. This should include potential treatment options and administrative arrangements. All appointments within an RTT period must be arranged under the rules relating to reasonable offer, and therefore all practical steps must be undertaken to ensure appointments are mutually agreed between the patient and the organisation. When a patient is removed from a pathway for reasons other than treatment, both the patient and referrer must be fully informed of the reasons behind this decision and any requirements for reinstatement.

Reduce inappropriate variation through evidenced based approaches

The rules have been written to be robust and clear. HBs will be expected to maintain appropriate governance structures to ensure that where there is flexibility within the rules, the spirit of the targets is achieved. All patient management methodologies should be transparent and guided by the principle that patients should wait the shortest time possible for treatment. There is provision for local variations to these rules where these are directly in the patient's best interest.

6.2 Scope of the Targets

The scope of the 26-week RTT target encompasses elective treatment for all Welsh residents, whether treated in Wales or elsewhere. The target covers patients who are referred by a healthcare professional to a consultant in secondary or tertiary care, including consultants who work in the community.

The 26 week RTT target does not replace the following waiting times targets:

- Cancer target (31 and 62 days) (see specific cancer document April 2017);
- Fitting of adult hearing aids (direct access) (14 week waiting time target);
- Diagnostic tests (non-RTT) (8 week waiting time operational target refer to section 11 for list);
- Therapy services (non-RTT) (14 week waiting time operational target refer to section 12 for list);
- Consolidated Rules for Managing Cardiac Referral to Treatment Waiting Times.

Each of the above targets should be managed according to their own specific rules, where these exist. However, RTT principles can be applied in respect of DNA and CNA rules as long as local processes also follow the reasonable offer procedures.

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The RTT period begins on the receipt of a referral in secondary or tertiary care and ends when treatment commences. Treatment will often continue beyond a first treatment and after a clock has stopped.

A referral received from a screening service will begin a new RTT period.

A self-referral or patient-initiated follow-up will not begin an RTT period unless it follows a period of unavailability*. If a new decision to treat or a change of management plan is subsequently initiated, a new RTT period will begin.

** This relates to patient unavailability (section 6.7); when a patient has been unavailable and an agreement has been made that they can recommence when they are ready. The self-referral is when the clock is started for a continuation of the pathway. A new RTT pathway cannot start from a self-referral, only from a clinical referral.*

Some patients may be measured on more than one RTT period during the management of their condition in secondary or tertiary care. This will include patients who have a planned sequence* of treatments.

** This relates to any planned procedure following the initial treatment such as a second hip or knee or second cataract if the initial assessment deemed the patient needed bilateral procedures.*

Events other than treatment, which can end an RTT period, may include:

- A decision made not to treat a patient;
- Commencement of active monitoring ('watch and wait');
A consultant-to-consultant referral (other than from cardiology to cardiac intervention/surgery).

Further details of clock start and stop points are described later in this document.

Only specified diagnostic and therapy services are included in the 26-week RTT target. The following tables outline the diagnostic tests and therapy services that are included. An adjustment may be made for time spent waiting for excluded diagnostics or therapies where the requirement for such a test or service precludes treatment commencing.


Patients with a recurrence of cancer that is not covered by the 31 and 62-day targets will be covered by the 26-week RTT target, but their clinical priority should determine their appropriate clinical wait.

For orthodontics and restorative dentistry, the first outpatient appointment will be included in the RTT period. Any subsequent treatment will be outside the 26-week RTT target.

The table below provides guidance on special services, clinical conditions and patient groups, which are included within the scope of the 26-week RTT target.

To note: As at June 2018, guidance on CMAT services is still being reviewed by the planned care programme.

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Included in the scope of the 26 week RTT target	
Special Services / Conditions / Patient Groups	Notes
Recurrence of cancer	Any recurrence not covered by the 31 and 62-day cancer targets.
Fertility treatment	Treatment at level 1 and level 2 only. Please refer to this guidance.  CP38 Specialist Fertility Services v9.1
Clinical genetics	New conditions identified because of a genetic test.
Military personnel	Included to the extent that HBs are responsible for their care. The target does not apply to MOD-commissioned care unless stated in agreements with HB. Waiting times for military personnel are subject to the provision in the letter from Director of Operations to Directors of Planning – July 2011
Prisoners	Prisoners should be treated within the same waiting time target as all other NHS patients. It is accepted that in some cases there will be circumstances unique to this population that may make achieving the 26 weeks RTT target particularly challenging. The detailed reasons why these patients exceeded the target time should be recorded in the breach analysis.
Private Patients	<p>A patient cannot be both a private and a NHS patient for the treatment of one condition during a single visit to a NHS organisation.</p> <p>Any patient seen privately is entitled to subsequently change his or her status and seek treatment as a NHS patient.</p> <p>Any patient changing their status after having been provided with private services should not receive an unfair advantage over other patients. (Jump the queue)</p> <p>Patients referred for a NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the prior consultation or treatment were a NHS service.</p> <p>Their priority on the waiting list should be determined by the same criteria applied to other referrals.</p> <p>The entry on to the appropriate stage commences a new 26-week clock start.</p>

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	If treatment has already commenced within the private sector, then a referral from private to NHS would not start a new RTT clock but be recorded as ongoing follow-up care. Only if there is a significant planned change in treatment would a new RTT clock commence.
Patients not normally resident in Wales.	Funding for treatment is based on permanent residence and patients should not be listed for elective treatment until prior approval is sought for residents from England, Scotland or Northern Ireland and non UK residents should be brought to the attention of the Overseas team so that funding can be arranged <u>prior</u> to treatment

26-week RTT target exclusions

The table below provides guidance on services and clinical conditions that are not included within the scope of the 26-week RTT target.

Excluded from the scope of the 26 week RTT target	
Special Services / Conditions	Notes
Emergency care episodes	Any emergency care episode. Further information on the management of referrals arising from an emergency care episode is available within this document.
Mental health services	All mental health services including Child and Adolescent Mental Health Services.
Palliative care	Including hospice care.
Cochlea implants	Where the treatment intervention is the specific provision of cochlea implants.
Screening services	A decision to refer from a screening service would begin a new RTT period.
Community paediatrics	A decision to refer from community paediatrics would begin a new RTT period.
Routine dialysis treatment	A decision to refer following a dialysis session would begin a new RTT period.
Obstetrics	A decision to refer from obstetrics for a non-obstetric condition would begin a new RTT period.

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Fertility treatment	Specialist level 3 fertility treatment is subject to policy approved maintenance of a maximum 18-month waiting time.
Dental education	Dental patients receiving treatment in an undergraduate service are excluded.
Transplant and clinical trials	Once a treatment option is agreed for entry onto a Transplant list or clinical trial, the RTT clock will stop. The wait for these services are outside the RTT rules.

In the event of any questions regarding the application of RTT rules to individual services, conditions and/or patients, advice should be sought from the Scheduled Care RTT Watchtower group, which meet every Wednesday morning.

6.3 Clinical Responsibilities

Waiting times for patients are one of the key indicators of quality of service. Clinicians should make themselves aware of the current waiting times applying to their service, and work with HBs to instigate action when those waiting times are not meeting the expected level of quality of care.

Clinical staff must be aware of national requirements and organisational policies in respect of waiting times, and funding requirements as noted above for non- Welsh residents. As part of this awareness, they should be actively aware of their own current waiting times and use this to discuss options and potential waits for their patients along their pathway.

Clinicians should ensure that their actions promote the principle of patients waiting the shortest possible time for treatment.

Clinicians should also ensure that patients are fit to proceed with the most appropriate treatment. If they are not fit, this should be discussed with the patient to understand their options.

Referrers must use prudent healthcare principles to ensure the most efficient and patient-centred approach to referral that reduces the steps needed to reach treatment.

Clinicians should make decisions in a timely manner, and that any onward referrals are completed promptly, according to local guidelines, and include adequate information to allow the receiving clinician to initiate appropriate interventions with the minimum of delay. Referrers must ensure that the patient is aware and agrees for a referral to be made.

Clinicians should cooperate with agreed local systems to enable the recording of the clinical outcome of all interactions with patients, whether face-to-face or by phone or letter.

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Clinicians in secondary and tertiary care must ensure that all decisions relating to a patient's care or treatment are communicated to the patient and their primary care clinician in a timely manner, whether those decisions are made in the presence of the patient or not.

Clinicians must ensure that the intention of any intervention such as tests or treatment is clear, and whether it is just a stage of the agreed pathway or is considered start of definitive treatments and as such ends the pathway clock.

6.4 Referrals

The RTT period begins at referral by a GP or dentist to a consultant in secondary or tertiary care, and by any other healthcare professional where referral protocols exist. The clock will start on the date that the organisation receives a compliant referral.

Referrers must use the most efficient and patient-centred approach to referral that reduces the steps needed to reach treatment, based on prudent healthcare principles. As part of the referral information, referrers should include verified up to date patient contact details including mobile phone numbers and email addresses where available. Referrers should seek the consent of the patient to be contacted by the HB by such means as text, email or telephone and indicate if consent is given for this. Referrers should include this information in the referral. HBs must ensure that patients are seen by the most appropriate individual to meet the patient's clinical needs once the referral has been accepted.

HBs should provide up to date information to referrers relating to the patient pathway that will be followed, the likely waiting time and the locations the service will be delivered from, in order that this can be communicated clearly to the patient. Discussion should also be supported by written information for patients either provided during consultation or by signposting where they can get additional information. HBs should have systems in place to keep this information up to date and available to referrers. Within Hywel Dda these can be accessed at <http://www.wales.nhs.uk/sitesplus/862/page/94029/>

If a referral is made for a procedure that is not offered by the HB, it should be returned to the referrer with a full explanation and no clock will be started.

When a referral is made to a clinician or specialty that does not treat this condition, but is treated by the HB, the HB has the responsibility to direct the referral to the correct clinician / clinical team and the clock does not stop.

When the HB directs a referral in error to a clinician who does not treat this condition, an onward referral to the appropriate clinician will not stop the clock. The patient must be seen by the new consultant within the same RTT period.

When a referral does not comply with agreed referral guidelines the clock should not start until the referrer confirms full compliance and the appropriateness of the referral is confirmed. HBs should work with primary care to turn such referrals round within 48 hrs.

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If the referral has insufficient information to enable a clinical decision to be made, it should be returned to the referrer for completion with guidance on what is required. The RTT period will continue whilst the information is obtained, as the delay is not related to a patient's breach of the shared compact

HBs need to work with primary care to ensure good quality information flows between the two areas to support effective patient care.

6.5 Booking and Reasonable Offer

Booking processes

All patient appointments should be booked using a patient-focused booking approach. The booking processes used by HBs needs to be clearly communicated to patients at referral to ensure patients are clear on their role in the local process. Wherever practical, appointments should be made with the involvement of the patient and their role to make any changes clear around how the appointment will be mutually agreed. This must be adhered to, even when the organisation does not hold complete contact details for the patient.

No organisation should be seeking periods of unavailability in order to meet targets. The focus of the booking interaction should be on achieving a mutually agreeable date.

Where fully automated booking systems are utilised and the HB sends the patient a confirmation letter, the HB should have a process in place to allow the patient to play an active role in changing the appointment if it is not mutually agreeable. Patients need to be clear about their role in agreeing dates in keeping with the principles of co-production. This process needs to be clearly explained to the patients when they are referred. Whenever possible, organisations should ensure that patients are treated in turn, allowing for considerations of clinical priority.

If a patient is to be seen within six weeks it is possible either a direct booking or partial booking system maybe be used. If the appointment is likely to be more than six weeks in the future, confirmation of the acceptance of the referral is needed either by letter, text or phone.

Each attempt to contact the patient under the booking processes must be recorded and available for subsequent audit.

Partial booking

Under the partial booking process, an acknowledgement must be sent to the patient when the referral is accepted. This should explain the booking process that will be used for their appointment. An invitation letter should then be sent to the patient six weeks before it is

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anticipated they will be seen asking them to phone and make an appointment within the next two weeks.

Patients, who do not respond to the invitation letter within two weeks (Day 14), will be removed from the waiting list seven days after. (Day 21).

If the local booking process is to send a proposed appointment date in the second letter (after the acknowledgement letter from referral), the patient should be clearly directed on their option and timeline (two weeks) to change this appointment. After this date, the appointment will be deemed as mutually agreed as long as the date was sent within three weeks of the date offered. An opportunity to actively confirm the date is encouraged via phone or text reminder process.

Direct booking

Whilst partial booking practice is the normal procedure to be used, on occasion and due to capacity & demand circumstances, direct booking may be utilised. This can take place in two ways. An appointment can either be booked in a face-to-face interaction with the patient or through a direct dialogue with the patient either via letter, telephone or, subject to patient communication preferences, email and / or text.

Under the direct booking process, if the appointment is being made by telephone, the HB should make at least two attempts to contact the patient. These telephone calls must take place on different days, and at least one must be outside normal working hours (Monday - Friday 9-5pm). If contact with the patient has not been achieved and if the local booking process is to send a proposed appointment date in a letter, the patient should be clearly directed on their option to change this appointment.

Reasonable offer

A reasonable offer to a patient is defined as any date mutually agreed between the patient and the organisation. Any subsequent application of waiting times rules based on this offer (e.g. Could Not Attend -CNA, Did Not Attend - DNA) may only be applied if the appointment date has been mutually agreed, and is therefore considered to be reasonable.

Organisations must ensure that, wherever practical, appointments are mutually agreeable, and that the patient has been offered a choice of dates within the agreed timeframes.

Patients should be offered a number of possible dates and/or times, at least two of which must be more than two weeks in the future. (Refer to the next section for the amount of offers).

Patients should be offered appointments at any location providing the required service, preferably at a venue that is nearest to their home. The offer of appointments at locations away from the patient's local area will be considered reasonable if this was explained to the patient when they were referred or in the receipt of referral acknowledgement.

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All dates offered must be recorded and available for subsequent audit. If the required information is not recorded, it will be considered that no reasonable offer has occurred.

An adjustment or reset can be applied where it has not been possible to agree a suitable date within the originally planned booking period*.

** On making initial contact with the patient it is assumed as a staff member you are offering a range of available appointments that provide the patient with a reasonable offer. If the patient cannot attend these or they are not available, then an adjustment can be applied, but only at the booking stage.*

Refusal of a reasonable offer

A patient may only be deemed to have refused a reasonable offer when up to two appointments appropriately spaced apart and on alternative dates have been offered and it has not proved possible to agree an appointment. Two appointments may not be possible for some consultations such as agreeing treatment admission, diagnostics test dates or for clinics that run only monthly. Local discretion on reasonable offer on these occasions is appropriate and should be explained to the patient and noted in their records.

If the patient declares themselves as unavailable for the time period in which the offers are being made, the social unavailability rules will apply.

If the patient is available during the offer period, but refuses a reasonable offer, the clock will be reset (*adjusted for the time the patient is unavailable*). The new clock start will be the date that the patient refuses the offered appointments.

Could not attend (CNA)

A CNA occurs when the patient gives prior notice of their inability to attend a mutually agreed appointment. A patient may give notice up to and including the day but prior to the actual time of the appointment.

If a patient CNAs within any stage of the pathway, a new mutually agreed appointment must be made as soon as the patient is available, and their clock will be reset, but they remain on the pathway. This reset should be communicated to the patient when rebooking the appointment.

(Reset for the time lost from the date the appointment was originally booked to when you are informed the patient is unable to attend. The patient remains on the same stage and the clock continues with the adjustment made.)

On the second CNA within the same pathway, the patient should be categorised as a DNA as they will be deemed to have broken the “compact” to be reasonably available, and as such, they should be removed from the waiting list and responsibility for ongoing care

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should return to the referrer. Appropriate notification of removal must be given to the patient and the referrer.

Did not attend (DNA)

If the patient does not attend (DNA) an agreed appointment without giving notice, the patient should be removed from the waiting list and responsibility for ongoing care should return to the referrer. Appropriate notification of removal must be given to the patient and the referrer.

If the consultant responsible for the patient considers that they should not, for clinical reasons, be removed from the pathway following a DNA, they should remain on the pathway and their clock will be reset.

The DNA reset may be applied on a maximum of two occasions in any one RTT pathway. Confirmation of any reset must be communicated verbally and / or by letter to the patient and the referrer. If the patient DNAs for a third time or more, and the consultant responsible considers the patient should remain on the waiting list, the pathway clock should be stopped and the clinician should write to the referrer and patient seeking clarification that they need to continue on the pathway. Only if this is confirmed by the referrer, will the patient then be reinstated on the waiting list and the clock should be reset to the date of confirmation from the referrer and patient that they wish for the patient to remain on the pathway. They should restart at the most appropriate stage of the pathway based on their clinical need and their past pathway history.

6.6 Attendance outcomes

An outcome must be recorded within the information system for every patient interaction, whether the patient is present or not.

The outcome will fall into one of three categories: a clock continue, a clock stop, or a new clock start.

HBs need to ensure 100% compliance with outcome coding for any patient interaction, either face-to-face or virtual, to reduce the need for validation of un-coded activity.

Clock continue outcomes

A clock continue outcome is used to define decision points along the pathway where the current clock status will continue. Within an active RTT period, the clock continues to tick. When there is no current RTT period, the previous clock remains stopped.

There are various reasons for a clock stop, but once a clock stop has been reached, a new or continuous clock does not (re)commence unless there is a change in the clinical

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decision which originally led to the clock stop. For example, for patients who are being monitored under a ‘watch and wait’ regime, their clock is stopped and the patient remains a follow-up. If, after subsequent follow-up review, the consultant decides to change their treatment requirement, a new RTT clock should start. It would not continue from the previous clock.

If an appointment is cancelled by the organisation, the clock will continue, and a new appointment must be booked.

All referrals within an RTT period to diagnostic services, therapy assessments or anaesthetic assessment, will continue the clock. Where the referral is for an excluded diagnostic investigation, an adjustment to the waiting time can be applied. (Refer to sections 6.2 & 6.3, for tests and therapy services, which are included as, part of RTT pathway).

Note: A CMAT referral does not automatically start an RTT clock. However, if when reviewed and assessed the patient requires secondary care assessment, the referral into secondary care will start the clock. Note the National Planned Care Program Board (PCB), will issue formal CMAT guidance, one approved. Currently in June 2018, this is still subject to further review.

Where the patient has been informed of service options and the consequences of remaining on a named consultant waiting list (and/or hospital site that has a longer waiting time), the organisation can reset the clock to the date the patient informed the organisation about their decision. The patient should be informed of the consequences of their decision either verbally or in writing.

In these instances, it would be expected that patients should retain their place on the waiting list to acknowledge their previous wait and be treated appropriately when resources are available. Consequently, when a previously “reset” patient is then seen, it may appear the patient has been treated out of turn, (i.e. they have waited a shorter waiting time). This reset may only be applied once in any individual patient pathway. The patient must be informed verbally or in writing of the consequences of their decision in terms of their new expected waiting times at the point they make their decision.

When a patient’s RTT period takes place across more than one organisation, and the consultant responsible for the care of the patient does not change, the clock will continue when the patient is transferred between organisations. A referral to another consultant (except for a cardiac pathway) will stop the current RTT clock and commence a new RTT clock. HBs must ensure that communication protocols are utilised so that appropriate information is shared, and RTT periods are measured accurately.

When a patient is referred from an NHS organisation to an independent sector organisation as part of their NHS pathway, the clock will continue.

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Clock stop outcomes

A clock stop outcome is used to define decision points along the pathway where a current RTT period will end.

Clock stop outcomes are used for events, which constitute a treatment, a decision that no treatment is required, or when the patient is unavailable for medical or social reasons longer than they agreed periods.

Treatment is defined as a clinical intervention intended at the time of the intervention to manage the patient's condition.

When treatment is given in a non-admission setting, the clock will stop on the date the treatment commences.

When treatment is to be delivered following an admission, the clock will stop on the date of admission. If the treatment is not carried out during the admission, the clock stop must be retracted and the clock will continue.

When a decision is made not to treat at the present time, the clock will stop. This may be either a clinical decision not to treat, including active monitoring, or a patient decision to refuse or defer treatment. The clock will stop on the date the decision is communicated to or by the patient.

When a patient is transferred between consultants for reasons of clinical necessity that prevents the current pathway being completed, the clock will stop. This should be recorded for audit purpose. When this is simply a request for advice, this must be managed within the 26-week RTT period. The date on which it is explained to the patient that clinical responsibility for their care is being transferred to another consultant will be the clock stop date. The receipt of the referral by the second consultant will begin a new RTT period, however the organisation should take into account the time already waited by the patient in deciding treatment priority/timescales.

If a patient is enrolled on a clinical trial or added to a transplant list, the clock will stop on the date the decision is communicated to the patient.

If a patient elects to have the next stage(s) of their pathway delivered privately outside the NHS, the clock will stop when this intention is communicated to the organisation.

When a diagnostic procedure converts to a therapeutic intervention that meets the treatment definition, the clock will stop. The clock stop date will be the date of the intervention.

A referral for an excluded therapy treatment, where this is the intervention intended to manage the patient's condition (treatment) this is considered the start of definitive treatment which will constitute a stop clock. The clock stop date will be the date the referral is made. If the therapy referral however is only part of the pathway, it does not stop the clock but an adjustment for the wait can be made (see section under RTT excluded services, this excludes cardiac pathways).

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If a patient is admitted as an emergency and receives an intervention for the condition for which they have an open RTT period, and the intervention meets the treatment definition, the clock will stop. The clock stop date will be the date of the intervention.

If a patient DNAs an appointment and is deemed clinically appropriate for removal, or has a second CNA during the pathway, or is unavailable for more than **eight weeks** in one period, the clock will stop. The clock stop date will be the date the organisation is made aware of the event

If, in the opinion of a suitably qualified healthcare professional, a patient has a medical condition that will not be resolved within 21 days, the patient should be returned to the referring clinician, or to another clinician who will treat the condition and the clock will stop. The clock stop date will be the date the patient is determined to be medically unavailable for this period.

If a patient is removed from the waiting list for reasons other than treatment, the patient and their referrer must be informed of the removal and the reasons for it. The information given must include the full reasons for removal and guidelines specifying the requirements for a return to the pathway. A full audit trail of this communication must be maintained.

If the patient being removed from the waiting list is under 18, consideration must be given to child protection implications and their risks from being removed need to be considered and documented. If the patient is younger than five years old, the health visitor should be informed of the removal.

New clock start outcomes

Following a clock stop, a patient should continue to be reviewed by the clinician only where this is clinically required. When a patient continues to be reviewed and a new decision to treat is made, a new RTT period will start. The clock start date will be the date the new decision to treat is made. When there is a fundamental change in an ongoing treatment plan and the new treatment cannot be started at the point when the change is discussed with the patient, a new RTT period will begin. An example of this being as follows

- Pain relief is no longer considered effective and an operation is now considered the best treatment;
- A new clock would be started when this decision is made and continue until the patient is admitted for the operation;
- A full audit trail of this should be maintained. The clock start date will be the date the decision to change the treatment is communicated to the patient;
- An incremental change to ongoing treatment will not begin a new RTT period: an example being physiotherapy being offered to support ongoing pain relief.

When during an emergency admission or attendance a patient is placed on the waiting list for an elective procedure scheduled to take place after discharge from emergency care

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(A&E or an emergency admission), a new RTT period will begin. The clock start date will be the date of discharge from the emergency stay.

For clinical reasons, some patients will require a treatment at a later point in time. A new RTT period will begin for these planned treatments on the date that it becomes clinically appropriate to undertake the procedure.

When a patient has been removed from the waiting list for reasons other than treatment, (mainly non availability while trying to book appointments), organisations should allow the patient to self-refer back into the pathway rather than creating a new referral via the GP as long as the patient now commits to their availability and it is within 6 months of the original referral.) The patient should return to the pathway at the clinically most appropriate place, and a new RTT period will begin. The clock start date will be the date the referral is received by the HB.

If 6 months have elapsed since the original referral, a new referral should be created. However, the six-month maximum may be extended indefinitely in the case of 'expert patient' or See On Symptoms SOS clinics where guidelines are in place and agreed jointly by the clinician and patient to facilitate appropriate use of SOS for each patient.

6.7 Adjustments

Patient unavailability

When a patient is unavailable due to a short-term medical condition, such as a cold, an adjustment to the RTT period may be made. While this may be applied by receptionists, where required it should be supported by a suitably qualified healthcare professional, who agrees that a patient has a condition which will be resolved within 21 days. The patient should remain on the active waiting list and an adjustment of up to 21 days may be applied. If it is felt by a qualified medical professional not to be, a condition that should resolve in 21 days a clock stop should be applied.

The adjustment should start from the date of the decision that the patient is medically unfit and continue to the date that the patient is declared fit for the procedure. This period must not exceed 21 days in each stage of the pathway.

If a patient is reviewed after the expected recovery period and recovery has not been effective, or a further condition has developed, the patient should be returned to the referring clinician, or another clinician who will treat the condition, and the RTT period will end. A second 21-day period cannot be applied within the same stage of the pathway.

Social Reasons

When a patient is unavailable due to social reasons, an adjustment to the RTT period may be applied. (Maximum 8 weeks).

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When the period of unavailability is less than two weeks, no adjustment may be made.

When the period of unavailability is between two and eight weeks, an adjustment may be made for the full period of time that the patient is unavailable.

When the period of unavailability is more than eight weeks the patient should be returned to the referrer but this should be discussed and agreed by their consultant.

RTT excluded services

If a patient is referred to a diagnostic or therapy service, which is excluded from the scope of the 26-week RTT target, an adjustment may be applied if it is a stage of their pathway. An adjustment may only be applied if the input is essential before the intended treatment can take place.

When the referral is for an excluded diagnostic test, the adjustment will apply from the date of the referral to the date that the test is undertaken.

When the referral is for an excluded therapy assessment or interim treatment, the adjustment will apply from the date of the referral to the date that the assessment or intervention is carried out.

6.8 Planned Care

Planned care relates to elective admissions planned to occur in the future where, for medical reasons, there must be delay before a particular intervention can be carried out. This will include the second part of a bilateral procedure, sequential treatments, interventions where a delay is necessary due to developmental maturity, and surveillance procedures.

When a patient clinically requires bilateral or sequential procedures, the RTT period for the first procedure will be managed routinely under the RTT rules. A new RTT period will begin when the patient is deemed fit and ready for the second or subsequent procedure/s. The clock will start on the date of the decision to admit and stop on the date of admission for the second or subsequent procedure/s.

When a required intervention must be delayed until a certain level of developmental maturity is reached, the patient will be actively monitored until ready to undergo the procedure. At the time of this decision, the current RTT period will end. A new RTT period will begin when the consultant decides that the patient is ready and fit for the procedure, and a decision to admit is made. The clock will start on the date of the decision to admit and stop on the date of admission for the procedure.

When a planned intervention is part of a surveillance programme no RTT period will apply. When the decision is taken to commence a surveillance programme, the current RTT

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period will end. This may be because of an initial intervention or diagnostic test leading to the surveillance programme.

6.9 Emergency Care

RTT rules apply to elective pathways only and therefore admissions arising directly from emergency attendances will not begin an RTT period. However, a new elective or planned pathway initiated through an emergency event will begin a new RTT period.

If a patient is seen during an emergency attendance or admission by a consultant team and subsequent follow up is arranged under their care or at a specific emergency clinic, this will not begin a new RTT period. A later decision to treat would begin a new RTT period. The clock would start on the date the decision is made.

If a patient is seen during an emergency attendance or admission by a consultant team, and there is a decision to treat the patient on an elective or planned basis, a new RTT period would begin. The clock would start on the date of discharge from the emergency stay.

If a patient is referred during an emergency attendance or admission to another consultant to be seen outside of the emergency event, the referral will begin a new RTT period. The clock would start on the date the referral is received by the second consultant.

If a patient with a current RTT period is admitted as an emergency and is treated for that condition during their emergency stay, the RTT period will end. The clock will stop on the date the treatment is carried out.

If a patient with a current RTT period is admitted as an emergency, but is not treated for that condition during their admission, the clock will continue. In the event that the patient is deemed medically unfit to undergo the treatment for which they are waiting, the rules for patient unavailability should be applied.

7. Accountability

Recording and reporting

Reporting formats

All targets must be reported according to the requirements of the NHS Wales Data Dictionary. Organisations must consult the data dictionary for details of required formats, fields, timescales and routes of reporting.

The Health Board must ensure that appropriate systems are in place to capture the information necessary to meet the requirements for reporting.

Accountability for monitoring open pathways

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The HB with current clinical responsibility for the patient is accountable for the monitoring of that patient's pathway (except cancer).

When the patient's RTT period involves more than one organisation or information system, HBs must ensure that communication protocols are utilised so that appropriate information is shared and RTT periods are measured accurately. (Particularly for cancer and cardiac pathways when the clock continues along the pathway from referral to intervention and/or surgery).

When NHS activity is commissioned from an independent sector provider (non-NHS), the HB commissioning the pathway is accountable for the monitoring of that patient's pathway. HBs must ensure that communication protocols are utilised so that appropriate information is shared, and RTT periods are measured accurately.

When a referral is made to an English NHS provider, the English NHS provider is accountable for the monitoring of that patient's pathway. English NHS providers must ensure that communication protocols are utilised so that appropriate information is shared, and RTT periods are measured accurately.

Accountability for performance

When the patient's RTT period is managed entirely within a single HB, the accountability for performance against the targets lies with that HB.

When the patient's RTT period involves more than one HB, the HB of patient's residence is accountable for performance against the RTT targets.

When NHS activity is commissioned from an independent sector provider, the accountability lies with the HB commissioning the activity.

Where NHS activity is commissioned from an English provider, the accountability for performance against the targets lies with the HB commissioning the activity.

Where the patient pathway is commissioned by Welsh Health Specialised Services Committee (WHSSC), the accountability for performance against the targets lies with WHSSC. HBs and WHSSC must jointly ensure that communication protocols are utilised so that appropriate information is shared, and RTT periods are measured accurately.

Accountability for reporting

The HB with clinical responsibility for the patient at the reporting census date is responsible for reporting performance against the open pathway waiting time target.

The HB with clinical responsibility for the patient at the time of treatment is responsible for reporting performance against the closed pathway waiting time target

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When NHS activity is commissioned from an independent sector provider, the HB commissioning the pathway is responsible for reporting performance against the target. HBs must ensure that communication protocols are utilised so that appropriate information is shared, and RTT periods are reported accurately. When a referral is made to an English provider, that provider is responsible for reporting performance against the target. HBs must ensure that requirements for reporting are contractually included in commissioning agreements.

8. Responsibilities

Chief Executive

The Chief Executive is overall responsible for ensuring the requirements within this policy are fulfilled.

Director of Operations

The Director of Operations is responsible for ensuring the requirements within this policy are fulfilled and that all operational responsibilities are in place.

Clinical Leads and Clinicians

Are responsible for ensuring that whilst considering patient care, all patients are managed in accordance with the agreed patient access policy and they are fully aware of the overarching principles.

General Managers

Are responsible for ensuring the patient access policy is disseminated, fully implemented and adhered to by all staff within their designated areas of managerial responsibility across the Health Board.

Service Delivery Managers (including support managers)

Are responsible for ensuring the patient access policy is disseminated, fully implemented and adhered to by all staff within their designated areas of managerial responsibility across the Health Board. They must also ensure all waiting lists under their managerial control are managed in accordance with the rules and regulations.

Administrative Support Services

Administrative support services such as Waiting List, Health Records, Validation, must ensure that patients are effectively communicated with; all staff are fully aware of the agreed policy, that they comply with agreed guidance and the patient pathway is managed in accordance with the principles.

Watchtower Group

The Watchtower Group has the responsibility for reviewing this policy and ensuring there is effective implementation and distribution across the necessary staff groups within the Health

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Board. The Watchtower Group is also responsible for monitoring and regularly reviewing compliance levels associated with the policy.

PPPAC and Performance Review Committee

Will be responsible for receiving and reviewing regular update reports in regards to compliance with the patient access policy and national guidance.

9. COVID-19 National Guidance and supporting documentation

COVID-19 national guidance and supporting papers are included as appendices:

- Virtual approaches in the delivery of outpatient services
- Consistent approach on the management of patients on a waiting list with reluctance to engage with hospital treatment (face to face, OPA, diagnostics and or treatment)
- Risk stratification

10. Glossary

This glossary offers definitions of terms used within this document. Where possible, the NHS Wales Data Dictionary definition is used, and the latest version of the data dictionary should be consulted for up-to-date definitions when required.

These explanatory definitions should be considered only in relevance to this document.

26 week referral to treatment target	The Welsh Government waiting times target established December 2009, that no patient should wait more than 26 weeks from referral to treatment.
Active monitoring	A clinical intervention where the decision is made to monitor a patient's condition closely in secondary care, resulting in active steps being taken to ensure that the patient is regularly assessed and that any change in condition can be responded to.
Adjustment	A period of time for which the patient is either unavailable, for clinical or social reasons, or where the patient is referred to a service that is outside the scope of RTT.
Admission	The act of admitting a patient for a day case or inpatient procedure.
Cancer target	The Welsh Government waiting times target for cancer treatment: 62 days for an urgent suspected cancer (USC) and 31 days for a non-urgent suspected cancer (NUSC) referral.

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Cardiac RTT target	The Welsh Government waiting times target for cardiac patients that no patient should wait more than 26 weeks from referral to treatment.
Cardiologist	A clinician who undertakes the majority of their clinical sessions in cardiology.
Clinic outcome	A record of the event of a clinical decision made by a clinician. This decision will not necessarily be made within a clinic environment.
Clock continue	Any events that occur along the patient pathway, but do not constitute a clock start or clock stop within the RTT rules.
Clock reset	An administrative process to change the start of the recorded RTT period to the date of the event causing the reset.
Clock start	An event that commences an RTT period within the RTT rules.
Clock stop	An event that ends an RTT period within the RTT rules.
Consultant:	A person contracted by a HB who has been appointed by an Advisory Appointment Committee. He or she must be a member of a Royal College or faculty. This includes GPs in cases where a GP is responsible for patient care and has an arrangement with a Local HB. For diagnostic departments, this includes a non-medical scientist of equivalent standing to a consultant.
Consultant office decision	Any decision that affects the clinical management of the patient and has been made when the patient is not present.
Consultant to consultant referral	Any patient referral made within a secondary/ tertiary care environment from one consultant to another.
Could not attend (CNA)	Any patient who contacts the organisation to notify that they will be unable to attend an agreed appointment is recorded as 'could not attend' (CNA).
Decision to treat	A record of the event that a clinical decision to admit a patient to a particular healthcare organisation has been made.
Decision not to treat	A clinical decision that, at the present time, no treatment is required for the condition for which the patient has been referred. This will normally result in the patient being discharged back to the referring doctor.
Diagnostic wait	The time waited from receipt of referral for a diagnostic investigation to the appointment for that investigation.
Did not attend (DNA)	Patients who have not kept an appointment at any stage along the pathway and have not notified the organisation in advance are identified as 'did not attend' (DNA).
Direct access	Patients who are referred directly rather than via a consultant-led clinic.

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Direct booking	Booking methodology where an agreement of appointment is made through a direct communication between the organisation and patient.
Direct referral	A referral made by a clinician in primary care directly to a diagnostic or therapy service.
Emergency admission	Patients admitted to hospital when admission is unpredictable and at short notice because of clinical need.
Expert patient	Patients experiencing a long-term health condition who become 'experts' in their own care to improve their quality of life.
First definitive treatment	Any initial treatment that treats the patients cancer, stabilises their symptoms from cancer, or stabilises their health so cancer treatment can commence.
Fully automated model	A booking process whereby patients are sent appointment dates automatically without initial agreement with the patient.
Incremental change in treatment	A small change to a current treatment plan, e.g. adjustment of the dosage of a prescribed medication.
Inpatient/day case wait	The time waited from a decision to treat as an inpatient/day case to admission for the treatment.
Intended treatment	An intervention that, at that time, aims to manage the patient's condition.
Interim treatment	An intervention aiming to help the patient cope with their condition until the planned intended treatment can be delivered.
Health Board (HB)	The statutory NHS body.
Mutually agreed	Agreed by both the patient and the HB.
Non-admission event	Any event when the patient attends for an appointment but is not booked into a bed or trolley, e.g. an outpatient appointment.
Non-USC referral (NUSC)	Any patient diagnosed as having cancer that was not referred by their GP as a USC or upgraded by the specialist on analysis of the GP referral.
Organisation	The secondary care service, previously known as the Trust.
Out of hours contact	Between 6pm and 9pm on weekdays and between 9am and 9pm at weekends.
Partial booking	A system whereby appointments are agreed with the patient, following a written request from the LHB for the patient to telephone to make an appointment.
Pathway start date (PSD)	Used within the cardiac RTT target to denote the original clock start date caused by the receipt of a referral.
Patient pathway	The process of a patient's care for a particular condition across the whole of the NHS, from primary care onwards.
Planned care	Elective admissions planned to occur in the future, where, for medical reasons, there must be delay before a particular intervention can be carried out.

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Pooled environment	A service design where all parties have been informed, at the time of referral or first outpatient visit, that a group of clinicians are working together to provide the service, and where patients may be seen by any of the clinicians in the pool, at any given stage of treatment.
Reasonable offer	Any offer of an appointment mutually agreed between the patient and the HB.
Receipt of referral by the HB	The referral is deemed to be received when it first arrives within the secondary or tertiary care.
Referral guidelines	Predetermined written criteria for referral that are formalised and agreed between the healthcare professionals making and receiving the referral.
Referral protocols	Agreements reached and documented locally to identify accepted sources for referrals to specific services.
Referral to treatment	The period between a referral being made for a particular condition and treatment being commenced for that condition.
RTT period	The waiting time will be monitored using the concept of a clock, which will start and stop according to the events and transactions that occur along the course of the patient pathway. The measured period of time between a clock start and a clock stop, under RTT rules, which is reported as the RTT waiting time.
Screening programme	A recognised national programme of screening for particular conditions e.g. Breast Cancer Screening Programme.
Secondary care	NHS care delivered as a result of a referral from primary care.
Self-referral	The process whereby a patient initiates an appointment with a secondary care service, without referral from either a primary or secondary care clinician.
Short-term medical condition	A medical condition precluding progression to the next stage of the pathway for less than 21 days.
Social Reasons	A period of unavailability for example due to a holiday or work commitments.
SOS clinics	Specialist direct access clinics that expert patients attend for urgent attention.
Stage of the pathway	A section of the RTT period. There are four stages: referral to first outpatient appointment; waiting for a diagnostic test; waiting for a subsequent outpatient appointment; waiting from decision to treat to the start of treatment. Stages of the pathway are contiguous, do not have to occur in this order, and any individual stage may occur more than once in any given pathway.
Step change in treatment	A substantial change to a current treatment plan, e.g. a change from oral to subcutaneous delivery of medication.

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Suitably qualified healthcare professional	A healthcare professional approved by the consultant as competent to make a decision about the medical fitness of a patient to proceed to the next stage of the pathway.
Surveillance procedures	Procedures that are repeated at agreed intervals in order to monitor the patient's condition.
Suspension	A period during which the cancer or cardiac clock is paused due to the patient being unavailable or medically unfit due to a co-morbidity to proceed to the next stage of the pathway.
Tertiary care	Specialised NHS care in services designated to provide the service in a specialist centre, and delivered as a result of a referral from within secondary care.
Therapy services	NHS services providing treatment by Health Professions Council registered professions i.e. arts therapies, dietetics, occupational therapy, orthotics, orthotics and prosthetics, physiotherapy, podiatry, speech and language therapy.
Treat in turn	Management of the waiting list to ensure that patients are seen and treated in appropriate order, based on their clinical need and length of wait. Health Boards need to be able to explain and evidence any variance to treat in turn rates through their local policies as long as they reflect other WG strategic goals.
USC referral	A referral where a suspicion of cancer is stated by the GP and confirmed by the specialist. This is not restricted to designated USC-only referral methods e.g. fax lines.
Watchtower	Weekly meeting of the Secondary Care Team who review/monitor target compliance and other Scheduled care business matters.

11. References

Revised Rules for Managing Referral to Treatment Waiting Times for Phased Implementation April 2017: Welsh Government

Cancer specific additional guidance - To support revised RTT Guidance, Issued April 2017, Welsh Government

RTT - Patient perspective. What is it? What do I need to know? Issued April 2017, Welsh Government

12. Included Diagnostic Tests

- Barium enema;

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- Computerized tomography (CT);
- Echocardiogram;
- Electromyography;
- Endoscopy -
 - Bronchoscopy
 - Colonoscopy
 - Sigmoidoscopy
 - Gastroscopy
 - Cystoscopy
- Exercise stress tests;
- Fluoroscopy;
- Magnetic resonance imaging (MRI);
- Nerve conduction studies;
- Non-obstetric ultrasound;
- Nuclear medicine;
- Pathology;
- Plain film x-rays;
- Urodynamic pressures and flows;
- Vascular investigations.

13. Included Therapy Services

- Adult hearing aids (at point of fitting);
- Dietetics;
- Occupational therapy;
- Physiotherapy;
- Podiatry;
- Speech and language therapy.

14. Policy Documents

- WHC (2004) 067 – Definitions to Support the Cancer Waiting Times SaFF Target.
- WHC (2005) 027 – Monthly data collection of cancer waiting times to start definitive treatment.
- WHC (2005) 090 – Implementation of a Guide to Good Practice.
- WHC (2006) 081 – Delivering a 26 Week Patient Pathway - An Implementation Framework.

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- WHC (2007) 014 – Access 2009 - Referral to Treatment Time Measurement.
- WHC (2007) 051 – 2009 Access - Delivering a 26 Week Patient Pathway- Integrated Delivery and Implementation Plan.
- WHC (2007) 075 – 2009 Access Project – Supplementary Guidance for Implementing 26-Week Patient Pathways.
- Cancer waiting targets: A guide (Version 4) (Department of Health, 2005).
- A Guide to Good Practice: Elective Services (NLIAH, 2005).
- Cancer Waiting Times: a Guide for Urologists (NHS National Cancer Action Team, 2006).
- Cancer Waiting Times SaFF 05/06 and 06/07 query log.
- Single Source Guidance on the SaFF 2006-07 Cancer Waiting Times Target (WAG letter to service, 2006).
- WHC (2018)018 Consolidated Rules for Managing Cardiac referral to Treatment Waiting Times.

15. Patient Communication Letters

A list to standard template letters are provided below. Note these letters are regularly reviewed as the Health Board strive to improve services and incorporate patient feedback.

1. Acknowledgment of Referral letter
2. Invitation letter
3. Standard Confirmation letter
4. Cancellation letter
5. Non-Responder letter

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1. Acknowledgement of Referral Letter

Dear Patient,

This letter **confirms receipt** of your referral to **<dbtext>SPECIALTY_NAME/dbtext</dbtext>**.

If at any time you believe you no longer require this appointment, or if any of your contact details change, please contact us **immediately** on **0300 3039642**. Otherwise, **you do not need to contact us**.

You will receive another letter in due course, inviting you to book an outpatient appointment with the **<dbtext>SPECIALTY_NAME/dbtext</dbtext>** team. **There is no need to contact us until you have received your invitation letter**.

You will be offered treatment at any one of our hospital sites, with any one of our suitable clinicians who work within the specialty suited to your case. This we would consider as a **reasonable offer**. If you are unable to accept this offer, **your waiting time may be affected**.

You can find more information about our current waiting times by visiting www.hywelddhb.wales.nhs.uk/waitingtimes. This information will also be made available to you at your GP Practice.

Yours sincerely

Hywel Dda University Health Board

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2. Invitation Letter

Dear Patient

We are pleased to inform you that you may now arrange an appointment with:

The<dbtext>SPECIALTY_NAME/dbtext> Team

You may do this by contacting us on **0300 3039642**, Monday-Friday, 8am-5pm.

If you believe you no longer require this appointment, or if your contact details change, please contact us immediately on the above number. If we have received no contact within the next 2 weeks we will assume that you no longer require the appointment and you will therefore be removed from the waiting list.

You will be offered treatment at any one of our hospital sites, with any one of our suitable clinicians who work within the specialty suited to your case. This we would consider as **a reasonable offer**. If you are unable to accept this offer, your waiting time may be affected.

Yours sincerely

Hywel Dda University Health Board

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3. Standard Confirmation Letter (small differences in some areas around bring x, y & z to the appointment)

Dear Patient

This letter confirms your appointment to attend the below clinic:

The <dbtext>SPECIALTY_NAME/dbtext> Team

<dbtext>DATONSYS</dbtext>

<dbtext>TIMONSYS</dbtext>

<dbtext>LOCONSUS</dbtext>

If possible, we would advise that you bring a list of all medications you are currently taking.

On arriving at your appointment location, please report to the outpatient department's reception desk, where a member of staff will direct you to your clinic location.

If you are unable to attend this appointment or feel as though you no longer require it, please contact us **immediately** on **0300 3039642**. If you do not do this, the consultant may decide to remove you from the waiting list.

You may find directions to your hospital location and outpatient department, as well as parking information by visiting <http://www.wales.nhs.uk/sitesplus/862/page/42912>.

Yours sincerely

Hywel Dda University Health Board

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4. Cancellation Letter

This is a Cancellation Letter

Dear Patient

Unfortunately, we are writing to inform you that for reasons beyond our control, the Clinicians Outpatient Clinic below has been cancelled.

Clinician: <dbtext>ALL_NAME</dbtext>
Specialty: <dbtext>SPECIALTY_NAME</dbtext>
Date: <dbtext>TRT_DATE</dbtext>
Time: <dbtext displayformat='!90:00;0;'
'APPOINTMENT_TIME </dbtext>
Department: <dbtext>LOCDESC</dbtext>
Location: <dbtext>BASE_DESC</dbtext>

We apologise for any inconvenience that this may cause you and would ask that you telephone our Contact Centre on <dbtext>CONF_TELEPHONE</dbtext> to agree another date and time that is convenient for you.

Yours sincerely

Hywel Dda University Health Board

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5. Non-Responder letter

Dear Patient

Unfortunately we have not received a response to our letter requesting that you contact us to make an appointment for this clinic:

Clinician: ALL_NAME

Specialty: SPECIALTY_NAME

If you still require this appointment, can you please contact us on the following telephone number **HOSPITAL_TELEPHONE within the next 7 days.**

If we do not receive a response within this timescale you will be removed from the Waiting List.

Yours sincerely

Hywel Dda University Health Board

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Appendix 1 - Virtual approaches in the delivery of Outpatient Services



Virtual approaches in the delivery of Outpatient Services
A toolkit for implementation
V3.0 12th November 2020

This version replaces V2.0 published on 22nd October 2020

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Appendix 2 – COVID-19 guidance: Consistent approach on the management of patients on a waiting list with reluctance to engage with hospital treatment (face-to-face OPA, diagnostics and or treatment).

Title

Consistent approach on the management of patients on a waiting list with reluctance to engage with hospital treatment (face-to-face OPA, diagnostics and or treatment).

Issued

3 June 2021- by Lesley Law Planned Care Policy Manager Welsh Government
(Lesley.Law@gov.wales)

This guidance should be read in conjunction with the Rules for Managing Referral to Treatment waiting times guidance, published in October 2017.

APPENDIX 3 - Covid19 Guidance Risk Stratification

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Llywodraeth Cymru
Welsh Government

INFORMATION STANDARDS ASSURANCE PROCESS

INFORMATION STANDARD DEVELOPMENT PROPOSAL FOR NEW OR CHANGED INFORMATION STANDARD

[Reprioritisation of patients on an RTT pathway]

[September 2020]

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SUMMARY EQUALITY IMPACT ASSESSMENT – Patient Access Policy

Organisation:	Hywel Dda University Health Board (HDDUHB)
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Proposal Sponsored by:	Name:	Stephanie Hire – General Manager Scheduled Care Michelle Campbell – Business Support Manager Central Operations
	Title:	General Manager, Scheduled Care
	Department:	Scheduled Care

Policy Title:	Policy 534 - Patient Access Policy (Review June 2018) Title changed to:- Patient Access – Elective Care Policy <i>For Internal Management Use</i> (Review July 2021) - Inclusion of national COVID-19 guidance.
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Brief Aims and Objectives of Policy:	<p>The Policy provides guidance on the management of all patients on Referral to Treatment (RTT) waiting lists including reference to Welsh Government (WG) documentation and a section concerning patient perspective.</p> <p>The policy aims to set out clear, robust and concise rules and regulations to ensure that each patient's RTT period begins and ends fairly and consistently. The Policy highlights and identifies the NHS roles and</p>
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responsibilities and the potential consequences if agreed processes and standards are not met.

Was the decision reached to proceed to full Equality Impact Assessment?:

No ✓

All patients on an NHS waiting list in Wales are monitored as part of the RTT targets. In March 2005, the First Minister and Minister for Health & Social Services announced that by December 2009, no patient in Wales will wait more than 26 weeks from General Practitioner (GP) RTT including times for any diagnostic tests or therapies. Various guiding principles of the target were set out in policy through a wide range of Welsh Health Circulars.

The underlying principle of the RTT target is that patients should receive excellent care without delay. For other than complex clinical reasons, patients should start their required treatment no later than 26 weeks from referral. The achievement and attainment of RTT targets is regularly reported to and monitored by WG. There is no variance in the RTT rules and regulations and this policy is based on and reflects nationally agreed standards.

A search of similar policies elsewhere indicated a positive or neutral impact on protected groups.

https://www.google.co.uk/?gws_rd=ssl#q=patient+access+policy+equality+impact+assessmentt+&spf=382

https://www.google.co.uk/?gws_rd=ssl#q=patient+access+policy+nhs+wales+equality+impact+assessment+&spf=552

There is provision for local variations to the national rules where these are directly in the patient's best interest. It is anticipated that implementation of this policy will have a neutral impact on patients and protected groups within the HDdUHB region.

There is provision for local variations to the national rules where these are directly in the patient's best interest.

The policy has been fully discussed, reviewed and approved in association with the Community Health Council (CHC) and their identified members at various feedback sessions and formal meetings. All documentation and letters associated with the policy have been developed following patient feedback and drop in sessions organised by HDdUHB to ensure future documentation took account of patient's views and requirements.

It will be the responsibility of all staff involved in implementing this policy to ensure that no-one is discriminated against or disadvantaged because of any single or multiple protected characteristics and that decisions are clinically and objectively based, and also taking into account particular needs relating to any relevant protected characteristics as and when appropriate.

Review June 2018

Changes to the policy in the latest update comprised the following:-

Removal of patient perspective sections, previously highlighted in yellow.
Updated RTT – Patient Perspective.
Incorporated both a Patient Leaflet and Flow Diagram.

There is no evidence at this stage that these changes will impact adversely on any protected group.

If no, are there any

Yes

No

issues to be addressed?	<p>Record Details: Efforts will be made to ensure that all communications with patients are tailored to meet individual patient needs and in appropriate accessible formats. This would be particularly important for people with sensory loss and/or cognitive impairment to ensure that they are not disadvantaged and unable to respond within the requisite time limits to avoid being removed from the waiting list.</p> <p>The policy will be made available to patients via the HDdUHB internet site and can be provided in hard copy on request. The policy will be further disseminated to all GP surgeries within the HDdUHB's jurisdiction. The policy will be supported by an additional more user friendly document that outlines the RTT process from a patient only perspective, including their roles and responsibility along the pathway.</p> <p>Review July 2021</p> <p>HDdUHB approved translation services will be used if required to meet patient needs.</p>
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Is the Policy Lawful?	Yes ✓	Follows nationally prescribed guidelines
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Will the Policy be adopted?	Yes ✓	
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes	
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	The implementation of the policy will be monitored by the HDdUHB Watchtower Group on a weekly basis and monthly on a national basis by WG. Any complaints received in relation to equality, diversity or human rights will be addressed on an individual basis and appropriate action taken.
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Who is the Lead Officer?	Name:	Stephanie Hire
	Title:	General Manager Scheduled Care
	Department:	Scheduled Care
Review Date of Policy:	Every 3 years	

Signature of all parties:	Name	Title	Signature
	Steven Bennett	Health Records Manager	25/4/2017 V2. 4/5/2017
	Jackie Hooper	Senior Equality and Diversity Officer Strategy, Policy and Advice	26/4/2017 V2 5/5/2017 Update review June 2018
	Alan Winter	Senior Diversity & Inclusion Officer	1/7/2021

Please Note: An Action Plan should be attached to this Outcome Report prior to signature