



Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 August 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	1133 Service User/ Patient Access Policy
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Selina Marshall, Service Delivery Manager

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

The Quality, Safety and Experience Committee (QSEC) is asked to approve the Patient Access Policy. This report provides the required assurance that Policy 190 – Written Control Documentation has been adhered to in the development and review of the above-mentioned written control document and the document is in line with legislation/regulations, evidence based and can be implemented within the Health Board.

Cefndir / Background

The Integrated Psychological Therapies Service (IPTs) is committed to providing high quality and timely care and the vision is to reduce waiting list times in line with Welsh Government (WG) targets.

The Policy aims to standardise arrangements for each service user taking into consideration their individual circumstances.

There are currently no standards for referral to treatment times and access to care in Psychological Therapies in Wales. This policy is hoped to be a starting point for consideration of use in a wider context across Wales.

Asesiad / Assessment

The aim is to improve population health and wellbeing through a focus on prevention; improve the experience and quality of care for individuals and families; increase access and quality in a prudent NHS to enable timely access and the adherence of waiting time targets; to ensure a consistent approach to service user access across HDdUHB; and to promote reasonable offers for treatment, to standardise where possible. Referral to Treatment (RTT): how data is collected, how clock start/stops are applied, and internal processes for validating and submitting data.

Argymhelliad / Recommendation

For QSEC to assure itself that the Patient Access Policy has been developed in line with Policy 190 and to approve the policy.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.22 Approve policies and plans within the scope of the Committee, having taken an assurance that the quality and safety of patient care has been considered within these policies and plans.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	2. Timely 1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	10. Not Applicable

Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none">Matrics Cymru (Welsh Matrix) – A Guide to Delivering Evidence based Psychological Therapy in Wales (2017).
--	--

	<ul style="list-style-type: none"> • Mental Health Measure (Wales) 2010. • NICE Guidelines for Common Mental Health Problems. • Psychological Therapies in Wales: Policy Implementation Guidance (WG 2012).
Rhestr Termiau: Glossary of Terms:	Included in the policy document
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Psychological Therapies Management Group MH&LD Written Control Documentation Group Clinical Written Control Documentation Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Increasing Access and Quality in a Prudent NHS to enable timely access and the adherence of waiting time targets
Gweithlu: Workforce:	Those responsible for referring patients, managing referrals, adding to, and maintaining waiting lists.
Risg: Risk:	The Health Board must have an up to date and accurate written policy to avoid risk.
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable

Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	<p>A full assessment EqlA has been undertaken. The Integrated Psychological Therapies Patient Access Policy has been assessed as having a low relevance to the General Equality Duties</p> <ul style="list-style-type: none"> • It has been assessed as having a low positive impact in relation to protected characteristics.

Service User Access Policy - Psychological Therapies

Policy information

Policy number: 1133

Classification:

Clinical

Supersedes:

New Policy

Local Safety Standard for Invasive Procedures (LOCSSIP) reference:

N/A

National Safety Standards for Invasive Procedures (NatSSIPs) standards:

N/A

Version number:

1.0

Date of Equality Impact Assessment:

03/04/2023

Approval information

Approved by:

Clinical Written Control Documentation Group

Date of approval:

Click or tap to enter a date.

Date made active:

Enter date made active (completion by policy team)

Review date: To be confirmed on approval

Summary of document:

The purpose of this policy is to ensure that all patients requiring access to Psychological Therapies in Hywel Dda University Health Board (HDdUHB) are managed equitably and consistently, in line with national waiting time standards. This includes the management of patient referrals, waiting lists, appointments, and therapeutic interventions. This policy details Welsh Government (WG) targets that the Service aspires to deliver for psychological interventions. All waiting lists are weighted fairly to ensure consistent provision dependent upon wait and need.

Scope:

This policy applies to all patients waiting to receive Psychological Therapies within the counties of HDdUHB. All staff within the service are required to adhere to the contents of the policy to ensure consistent service provision. It sets out the principles and rules for managing patients through their Referral to Treatment (RTT) pathway.

To be read in conjunction with:

[Matrix Cymru- Guidance for delivering Evidence-Based Psychological Therapy in Wales](#) – opens in a new tab

Patient information:

Include links to [Patient Information Library](#)

Owning group:

MH&LD Written Control Documentation Group /Psychological Therapies Management Group
23.05.2023 07/11/2022

Executive Director Job title:

Andrew Carruthers, Director of Operations

Reviews and updates:

1.0- Initial Policy draft

Keywords

Integrated Psychological Therapies, Psychological Therapy.

Glossary of terms

26-week referral to treatment target

The Welsh Government waiting times target states that 80% of adults are waiting less than 26 weeks to start a psychological therapy.

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.

IPTS

Integrated Psychological Therapies Service.

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.

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 treat a patient 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.

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 booking	Booking methodology where an agreement of appointment is made through a direct communication between the organisation and patient.
Mutually agreed	Agreed by both the patient and the Health Board.
MDT	Multidisciplinary-Team Meeting
Modality	A clinical and therapeutic treatment modality. It is the process of using certain clinical and therapeutic treatment modalities in psychiatry to achieve a specific goal for individual patient care.
Patient pathway	The process of a patient's care for a particular condition across the whole of the NHS, from primary care onwards.
Reasonable offer	Any offer of an appointment mutually agreed between the patient and the Health Board.
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 (RTT)	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.
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.
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.
Therapy	Therapy is the treatment of mental or physical illness without the use of drugs. Talking therapies are psychological treatments for mental and emotional problems such as stress and anxiety.
Therapist	Therapists , or psychotherapists, are licensed mental health professionals who specialise in helping patients develop better cognitive and emotional skills, reduce symptoms of mental illness, and cope with various life challenges to improve their lives.

Contents

Policy information.....	1
Glossary of terms.....	2
1. Introduction.....	6
2. Scope	6
3. Aim	7
4. Objectives.....	7
5. Scope of the Targets	7
6. Delays in the pathway	8
6.1 Patient initiated delays and clock pauses:	8
7. Eligibility Criteria.....	9
8. Clinical Responsibilities	9
9. Referrals.....	10
9.1 Referral Pathway	11

10. Booking Process	11
10.1. Opt in process.....	11
10.2 Reasonable offer	12
10.2.1 Refusal of a reasonable offer.....	13
10.3 Could Not Attend	13
10.4 Did Not Attend	13
10.5 Adjustments	14
11. Maintaining Contact	14
12. Responsibilities	14
13. References	15
14. Appendices	16
Appendix 1- IPTS Referral Pathway	16
Appendix 2- Appointment letter	16
Appendix 3- Waiting List Confirmation Letter	16
Appendix 4- Patient Information Leaflets.....	16
Appendix 5-DNA Letter.....	16
Appendix 6- Discharge Letter	16
Appendix 7- 26 Weeks Waiting List Letter.....	16

Introduction

Hywel Dda University Health Board (HDdUHB) is committed to delivering high quality and timely care to patients in the Integrated Psychological Therapies Service (IPTS).

This policy reflects the overall expectations of HDdUHB and local commissioners with regard to the management of referral to treatment, referrals, appointments, therapeutic interventions delivered, outcome measures and defines the principles on which the policy is based. This policy should be read in full by all clinical and non-clinical staff, who must ensure that they comply with both the principles within this policy and any specific instructions within standard operating procedures (SOPs).

Every process in the management of patients waiting for treatment must be clear

and transparent to the staff who manage them and to the patient/patients. It supports staff by affording clear direction in relation to waiting times. HDdUHB is committed to providing services which meet the needs of individuals and does not discriminate against any employee, patient, or visitor.

The policy references waiting time rules and referral to treatment times targets. This enables the performance management of the waiting lists. Integrated Psychological Therapies are governed by Welsh Government targets. The achievement of these target is the responsibility of HDdUHB. During the waiting time period, it is the role and responsibility of the NHS and the patient to achieve the target.

Contact letters are sent to all patients waiting over 26 weeks for transparency in waiting times and as a supportive function.

The Delivery Measure – 80% of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health.

Rationale: Providing timely access to psychological therapies is a key priority within the Together for Mental Health Delivery Plan. The aim is to bring the waiting time for referral to assessment and assessment to treatment for psychological therapy in line with the recommended times for treatment for physical health domains.

Scope

This policy outlines the pathway and accompanying benchmarks related to Psychological Therapies for Adult Mental Health. It is intended to be of interest to and used by all those individuals within HDdUHB who are responsible for referring patients, managing referrals, adding to, and maintaining waiting lists for the purpose of organising and progressing patient access to treatment. It applies to all patients who require access to psychological therapies across IPTS. Communications with patients should be timely, informative, clear, and concise by way of telephone; letter; text.

Where required, arrangements will be made for patients who have specific needs relating to language, interpretation, translation services; disability; culture and religion. HDdUHB is committed to providing services which meet the needs of individuals and does not discriminate against any employee, patient, or visitor.

Aim

The aim of this document is to:

- Improve population health and wellbeing through a focus on prevention

- Improve the experience and quality of care for individuals and families
- Increasing Access and Quality in a Prudent NHS to enable timely access and the adherence of waiting time targets
- To ensure a consistent approach to patient access across HDdUHB
- To promote reasonable offers for treatment

Objectives

The aim of this document will be achieved by the following objectives:

- Meeting patient needs and providing clear information while they are on a waiting list
- Ensure patients receive the right mental health care in a timely manner
- Work collaboratively with shared decisions where appropriate and possible

Scope of the Targets

The Patient Access Policy documents the Health Boards target responsibilities for managing patient access, in line with the national referral to treatment targets (RTT) standards. Our service is subject to waiting time targets set by Welsh Government (WG). The current target is for 80% of individuals to be seen within 26 weeks of referral. The service is committed to meeting this target whilst also not compromising on our values of offering person-centred, formulation driven, and meaningful offers of care.

- IPTS- 80% adults waiting less than 26 weeks to start a psychological therapy
- LPMHSS- 80% mental health assessments undertaken within 28 days (persons aged 18 years+).
- 80% therapeutic interventions started within 28 days following LPMHSS assessment (persons aged 18 years+)

Treatment will commence with an initial assessment and suitability review, followed by a varying number of sessions dependent on the therapeutic modality most suitable. The RTT clock stops following the first session/commencement of treatment. The RTT period is best described as – the patients journey from referral to the service to the start of their treatment.

RTT clock start = 'Date Referral Received'

RTT clock stop = 'Appointment Date' of the first treatment appointment.

If a decision to change the treatment plan occurs, where possible the patient will be seen as quickly as possible to avoid further harm waiting.

Delays in the pathway

All referrals are managed in accordance with the 26-week rule. There is an exception to this in regard to DNAs and CNAs. This is based on clinical judgement and using the three-point rule where failed engagement occurs. All reasonable care is made to encourage and enable the engagement of patients. The RTT period begins on the receipt of a referral into the Service and ends when the initial treatment commences.

Patient initiated delays and clock pauses:

- A patient chooses to delay attendance due to circumstances such as work or family commitments, holidays, pending surgery, etc
- The patient declines three reasonable offers of appointment dates (dependant on circumstances). The clock can be paused until the patient accepts or is discharged
- If a psychoeducational group therapy is offered, this is a reasonable offer and if declined can be discharged, if the risk assessment indicates no further risk to the individual not being offered an alternative one to one. Clinical judgement and client choice will always be taken into consideration
- If the patient has been identified as needing group therapy plus a high intensity intervention, however, declines the group as a pre-treatment for therapy, they will still be placed on the waiting list for the most suitable therapeutic intervention
- It is the responsibility of the therapist to promote the value of attending an evidence-based group therapy as an option, whilst ensuring the service user is fully aware of the benefits to ensure a full understanding
- If a service user is offered an intervention via a digital platform, however declines stating a preference for face to face, consideration can be given based on individual circumstances. However, if clinically and circumstantially (i.e., allowing for technophobia, preference, communication issues such as, autism, access to hardware, software, and reliable broadband), deemed a reasonable offer, the patient must be informed as they can wait, however, the clock will be stopped.

WG guidance for RTT rules within the Mental Health Psychological Service states that the clock stops after the first offer of a Highly Specialist psychological Intervention. The measurable target being - 80% of adults waiting less than 26 weeks to start a psychological therapy.

Events other than treatment, which can end an RTT period, may include a decision made not to commence treatment due to the patient not engaging or ready to engage due to other health issues which would impact on them commencing therapy.

Patients must be given adequate information on the expected timescales, 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.

Eligibility Criteria

Adults over the age of 18 years, who have been assessed by either primary or secondary care services in adult mental health and identified as in need of psychological assessment and intervention.

Each referral will be scrutinised or assessed for viability of a psychological intervention, with recommendations for treatment, further interventions or recommendations of a more appropriate service or source of support.

The team will discuss re-referrals as to whether an assessment is appropriate to inform intervention. Following discussion with the referrer, recommendations will be made as to the appropriateness of assessment and/or other interventions.

Included in the Scope of the 26-week RTT target	
Military Personnel	The target is that military personnel are included in the scope and should receive access to NHS care for any conditions which are related to their service and are placed on the waiting list. For conditions related to their active service, they are prioritised over people waiting with the same clinical need.
Prisoners	Prisoners are treated with the same waiting time target as all other NHS patients.
Refugees	Refugees are treated with the same waiting time target as all other NHS patients and follow the usual treatment pathway.
Patients who do not normally reside in Wales.	Funding for treatment is based on permanent residency. If treatment is required, funding should be applied for, or care should be taken within their own residential locality NHS provider.

Clinical Responsibilities

Psychological therapists and psychological therapy leads should ensure they are aware of waiting list targets and work with HDdUHB to instigate recovery plans where possible. All are expected to update themselves on national requirements and all specific health board policies and procedures and training updates.

Therapists must ensure that they comply with requirements, record, and gather clinical outcomes with all patients at the start and end of all therapy. This is compulsory as responses are paramount to support governance structures and a requirement to adhere to quality standards.

All interactions with patients should be recorded whether face to face, phone or by letter.

Referrers must ensure that the patient is aware and agrees for a referral to be made. Where required, therapists should advise patients of third sector support available.

Referrals

The RTT period begins at the date the referral is received from a Mental Health Team and by any other healthcare professional, where referral protocols exist. The clock will start on the date that HDdUHB receives the referral.

Referrers must use the most efficient and patient-centered approach to referral that reduces the steps required 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 HDdUHB by such means as text or telephone and indicate if consent has been given. Referrers should include this information in the referral. Health Boards must ensure that the most appropriate individual sees patients to meet the patient's clinical needs once the referral has been accepted.

A decision will be made to accept the referral through a joint assessment process. At times, referrals are deemed unsuitable for treatment for varying reasons.

Accepted referrals will be offered one of the following:

- A group therapy
- A group therapy and review
- A group therapy and 1:1 therapy

All referrals received to the service will be assessed, where any additional needs arising from a disability will be considered, this ensures appropriate adaptations/support can be arranged for those individuals. They will be placed on the waiting list for the most suitable therapeutic intervention according to their individual needs and circumstances.

It may be necessary to engage with other services to ensure that any additional needs are supported, e.g., translation services, British Sign Language training for staff, linking with the autism spectrum disorder (ASD) Service to ensure content delivery can be adapted correctly.

Health Boards 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. Health Boards should have systems in place to keep this information up to date and available to referrers.

If a referral is made for a psychological intervention that is not offered by HDdUHB, 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, however, if the treatment is delivered within HDdUHB, there is a responsibility to direct the referral to the correct clinician/clinical team and the clock does not stop.

Referrals should only be accepted when comprehensively completed, if a referral has insufficient information to enable a clinical decision, the referral should be returned to the referrer. A conversation with the referrer is advisable in the first instance to prevent any unnecessary delay for the patient. The RTT period will continue as this is not related to the patient.

Practitioners will be guided and informed by the National Institute for Health and Care Excellence (NICE) and *Matrics Cymru* in relation to the appropriate number of sessions for any given therapy or clinical presentation. Clinical judgement will be used where appropriate and in consultation during clinical supervision.

The service will link with LPMHSS where needed to ensure a seamless service to support effective patient care.

Referral Pathway

Please see [Appendix 1](#) for detailed referral pathway.

Referral received from Community Mental Health Team (CMHT), Crisis Team (CRHT) or LPMHSS.

- If received from CMHT, the referral is discussed with IPTS at a multidisciplinary meeting (MDT) in collaboration with IPTS and CMHT staff. If suitable, the client is contacted to arrange an

assessment meeting to determine the most suitable modality

- If received from any other referring team, the referral is discussed with IPTS in an allocated daily meeting. If suitable, the client is contacted to arrange an assessment meeting to determine the most suitable modality
- If received from LPMHSS, the referral is discussed at MDT meeting, and if suitable, the client is contacted to arrange an assessment meeting to determine the most suitable modality

Booking Process

All patient appointments should be booked taking into consideration a patient-focused approach. The booking process needs to be clearly communicated to patients at referral and at the first appointment to ensure patients are clear on their role and responsibility in the local process. Wherever practical, appointments should be made with the involvement of the patient to gain mutual agreement and accommodate their needs. This must be adhered to, even when HDdUHB does not hold complete contact details for the patient.

Opt in process

On receipt of acceptance of referral

- Patients are sent an opt in letter inviting them to a suitability appointment, which can be either a face-to-face or telephone appointment. The letter details the date and time, if this is not suitable clients can telephone to arrange a new appointment ([Appendix 2](#))
- As a prompt and in the aim to reduce DNA's, the service sends SMS text reminders to clients 1-2 days prior to the assessment appointment
- If the client has made no contact to cancel their appointment or they DNA then the clinician will telephone them to ask the reason for the DNA. If there is no response an opt in letter ([Appendix 6](#)) is sent asking them to get in touch within 10 days. If they have had three points of contact with no response, the client will be taken to the next Multi-Disciplinary Meeting (MDT) for a possible discharge. The discharge report is sent to the GP. If no response is gained, the patient is discharged, and details sent to the referrer and GP

Each client is offered an appointment by letter and where possible is telephoned to try to get engagement. Clinical judgement is exercised when discharging a client.

If contact is made, the patient is initially seen for a suitability appointment, they will receive a letter advising them that they are placed on the waiting list ([Appendix 3](#)). A patient information sheet for the therapy ([Appendix 4](#)) is included with the waiting list letter.

Patients need to be fully engaged and in agreement about commencing therapy and 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 along with the importance of engagement and attendance. Patients should also be advised of the need for commitment.

Appointments should be sent to patients by means of post ([Appendix 2](#)) and followed up with a reminder SMS text. New referrals are allocated next suitability appointment inclusive of opt in-letter. Wherever practical, appointments are mutually agreeable, and that the patient has been offered a choice of dates within the agreed timeframes.

Reasonable offer

A reasonable offer to a patient is defined as any date mutually agreed between the patient and the service within working hours.

Patients should be offered appointments at a location of their convenience providing the required service is available there. 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.

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*

Refusal of a reasonable offer

A patient may only be deemed to have refused a reasonable offer when up to three appointments appropriately spaced apart and on alternative dates have been offered and a record is available for audit purposes. If no agreement on a date is reached, this can be classed as a refusal of a reasonable offer. This should be relayed to the original referral and patient in a letter and recorded on systems.

Could Not Attend

If the patient makes contact within a reasonable time (24-48hrs prior) to give notice of unavailability to attend the appointment which had been mutually agreed, this is considered a CNA.

The clock start point is reset to the date at which the patient notified the service that they were unable to attend the appointment. There are no restrictions applied regarding the maximum number of times a date can be reset.

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. The RTT clock will be reset, however they remain on the same pathway. This reset should be communicated to the patient when rebooking the appointment.

If the patient CNAs for a second time whilst on the same pathway of care, they should be categorised as a DNA as they will be deemed to have broken the arrangement to be reasonably available. The therapist should make contact to identify reasons for CNA and lack of engagement and take reasonable steps to facilitate and enable attendance. If they CNA for a third time, consideration must be sought if discharge is appropriate and clinically safe. Appropriate notification of removal must be given to the patient and the referrer.

Did Not Attend

If the patient DNAs, a further appointment is sent seeking confirmation of attendance. If the patient DNAs for a second time, telephone contact is made to seek commitment. If the patient DNAs for a third time, the case is discussed at the MDT meeting, a letter is sent to the patient, and information updated on the electronic systems ([Appendix 5](#)).

The Directorate's minimum requirement for DNA is that should three consecutive DNAs occur, a letter is sent to the individual concerned and the referrer stating the availability of the service and request that the individual contact the service within ten days, so that arrangements to meet can be made.

If there is no response to this from the individual and or the referrer, then discharge from the service can be made following MDT discussion who will reflect on risk and information on referral.

If contact is made by telephone calls, these must take place on different days, and at least one must be outside normal working hours (Monday - Friday 9 a.m. – 5 p.m.).

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

If the patient has commenced treatment and routinely DNAs, the therapist will discuss this with the patient and where appropriate if the patient is not deemed ready for therapy, the patient will be discharged.

The clock start point is reset to the date the patient did not attend the appointment, there are no restrictions applied regarding the maximum number of times a date can be reset.

If the patient sporadically DNAs with no notice, the patient should be made aware that each time they DNA, the number of treatment sessions will be removed from their pathway of care (10 sessions allocated, DNA x 2 only 8 sessions will be given).

Appropriate notification of removal must be given to the patient and the referrer. Clinical judgement is demonstrated in making an informed decision on whether or not further or more assertive engagement is needed on the basis of the available clinical risk information following each DNA ([Appendix 6](#)).

Adjustments

When a patient is unavailable to attend due to a short-term medical condition, such as a cold, holiday, or bereavement, an adjustment to the RTT period may be made. While this may be applied by administration, where required should be supported by a suitably qualified healthcare professional, who agrees that a patient has a condition which will be resolved within 21 days. A second 21-day period cannot be applied within the same stage of the pathway.

Maintaining Contact

When a patient reaches 26 weeks of waiting time since referral, a keeping in contact letter will be sent to assure them of the services commitment (**Appendix 7**).

Responsibilities

Chief Executive

As Accountable Officer, the Chief Executive has overall responsibility for ensuring the health board has appropriate WCDs in place. These WCDs must comply with legislation, meet mandatory requirements, and provide services that are safe, evidenced-based, and sustainable.

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 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.

Senior Management/Directors

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 Service and Business 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.

Psychological Therapies Management Group has the responsibility for reviewing this policy and ensuring there is effective implementation and distribution across the necessary staff groups within the health board.

References

[Matrix Cymru- Guidance for delivering Evidence-Based Psychological Therapy in Wales \(2017\)](#)

Welsh Government Policy Implementation Guidance for Psychological Therapies (2012)

Parts 1 and 2 of the Mental Health (Wales) Measure 2010

Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales 2021

Appendix 1- IPTS Referral Pathway



IPTS Referral
Pathways.pdf

Appendix 2- Appointment letter



Appointment
letter.doc

Appendix 3- Waiting List Confirmation Letter



Waiting List
Confirmation Letter.doc

Appendix 4- Patient Information Leaflets



Patient Information
Leaflets .docx

Appendix 5-DNA Letter



DNA 10 day letter
blank.doc

Appendix 6- Discharge Letter



Discharge
Letter.doc

Appendix 7- 26 Weeks Waiting List Letter



26 week waiting list
letter.doc