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Cardiff and Vale
University Health Board

PATIENT ACCESS POLICY (ELECTIVE CARE)

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Documents to read alongside this Policy.	Ministerial Letter EH/ML/004/09 WAG " Rules for Managing Referral to Treatment Waiting Times " and " associated technical guidance " Health Records Policy
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OUT OF DATE POLICY DOCUMENTS MUST NOT BE RELIED ON

CONTENTS	PAGE
1. Introduction	3
2. Policy Context	3
3. Objective	3
4. Scope	4
5. Engaging with Patients	4
6. Communication	4
7. Operational Framework	5
8. Roles and Responsibilities	8
9. Stakeholder Engagement	9
10. Resource Implications	10
11. Training	10
12. Equality	10
13. Audit and Compliance	10
14. Distribution	10
15. Review	10
Appendix 1 – Flow Chart, Supporting Procedures	11
Appendix 2 - Schedule of Principal Treatment Locations	12

1. INTRODUCTION

UHB's vision, which forms part of its Statement of Intent, is the delivery of high quality care at the right time in the right place. This Policy has been written with a view to contributing towards that goal.

The prime purpose of the Patient Access Policy (Elective Care) is to ensure that, unless warranted for clinical reasons, all patients should wait the shortest possible time for treatment (Ministerial Letter EH/ML/004/09). Fundamental to meeting this challenge is the principle that the delivery of healthcare funded by taxation is an "NHS/patient contract" (Ministerial Letter EH/ML/004/09) which can only be discharged effectively if the UHB, its patients and other stakeholders understand, agree and undertake their respective roles and responsibilities.

In discharging its responsibilities under this "NHS/patient contract" UHB officers must ensure that statutory, contractual and operational obligations relating to the delivery of NHS care are met. This policy sets out actions to achieve this goal.

In accordance with the intent of Ministerial Letter EH/ML/004/09 this Policy describes the minimum requirements that will be put in place for access to elective care. These requirements will be exceeded wherever it is feasible to do so.

2. POLICY CONTEXT

Patient care will be delivered in accordance with WAG policy commitments, in particular:

- Improvement of health outcomes to ensure that the NHS delivers effective, seamless care with its partners.
- Compliance with nationally mandated access targets to ensure that patients wait the shortest possible time before they are treated.
- Equity of access taking full account of personal circumstances and diversity, in particular to those in greatest need.
- Patient choice, in terms of when, where and how patients access care.

3. OBJECTIVE

The objective of the policy is to set out the framework in which the UHB will realise the commitment in Section 1. The key elements of this are as follows:

- Scope
- Engaging with Patients
- Communication
- Operational Framework
- Stakeholder Engagement

- Roles and Responsibilities

4. SCOPE

This policy extends to the management of all patients on elective care pathways (including children, cancer and cardiac pathways and sexual health). For the avoidance of doubt unless stated otherwise the provisions of this Policy will cover elective patients:

- on waiting lists irrespective of whether these are published and/or subject to WAG component and Referral to Treatment Time (RTT) waiting time guarantees
- at any stage in a follow-up cycle irrespective of whether they are on waiting lists, including therapy patients who will be receiving intervention / treatment rather than a follow up consultation
- whose care is to be provided on a “planned” basis i.e. those awaiting for a sequence of in-patient or daycase treatments or investigations after their initial waiting list or emergency admission
- who are self referrals (follow up care only)
- using “rapid access” clinics or similar (follow up care only)
- using the “SOS” booking facility as opposed to traditional booked follow up appointments
- seen in ward settings
- using telemedicine facilities
- accessing NHS care after initially being seen in the private sector
- from prisons

5. ENGAGING WITH PATIENTS

The UHB is fully committed to working in partnership with the public, patients, their families and their representatives to ensure that elective care pathways can be managed appropriately. The methods for delivering this commitment are set out in the UHB’s detailed operating procedures.

6. COMMUNICATION

The UHB is committed to communicating effectively with patients and its stakeholders in relation to all aspects of this Policy. Communication will be:

- Timely
- Informative
- Clear
- Concise
- In English and Welsh; furthermore the UHB will make available translation or interpreting facilities in the event that patients are unable to communicate adequately in these languages.

The UHB, via referring practitioners, will provide patients with a bilingual booklet which will explain the key administrative procedures which the UHB has put in place to guarantee treatment within 26 weeks, such as notice of cancellation.

7. OPERATIONAL FRAMEWORK

7.1 Procedures

At an operational level care is to be provided in accordance with UHB procedures summarised in the flow chart in Addendum 1, particularly in the following areas:

- Medical records (including any devolved areas) in relation to the administration of patient activity in the areas covered in Section 4.
- Other settings where practice impacts on the administration of waiting times e.g. issuing of appointments by Surgical Short-Stay Unit staff.
- Information governance to ensure that this activity and associated waiting times are accurately and promptly recorded and reported.
- Clinical Governance.

The above procedures are to be fully aligned to, applied and interpreted in all instances in accordance with WAG mandated requirements. In particular, waiting lists are to be administered in accordance with WAG “Rules for Managing Referral to Treatment Waiting Times” (Unified Rules) issued by the Chief Executive of NHS Wales and subsequent technical guidance.

The Policy should also be interpreted and implemented as appropriate in accordance with:

- National Service Frameworks, NICE standards and other national requirements
- National definitions for activity and waiting times covering the full spectrum of settings in which elective care is delivered
- Agreed local procedures that have been produced in conformity with this Policy to translate its provisions at an operational level

7.2 Acceptance of Patients on to Waiting Lists

The UHB will place patients on its waiting lists for elective care if the following conditions are met:

- They have been referred by health care professionals for care under formalised funded agreements. If patients are referred for tertiary care, but initially need to have existing non-specialist conditions treated, such patients may be returned to referring NHS organisations if this is appropriate in the clinical judgment of the responsible consultant. Patients and referrers will be advised of the benefits of undertaking such treatment closer to patients’ place of residence.

- The referral is consistent with criteria operated by UHB to determine which referrals it considers appropriate to accept. These criteria will be based on exclusion policies, exemption processes, clinical pathways and other evidence based practices which the UHB works to. Full details of these can be accessed via the UHB internet site. These criteria will be applied directly by clinicians and by staff working to agreed clinical protocols such as via the Clinical Referral Centre. All criteria will be continually reviewed in line with clinical practice.
- There is a real expectation that patients need treatment e.g. not placed on elective surgical lists prior to the outcome of diagnostic tests.
- Patients are ready and clinically able to undergo elective surgery at the time a decision is made to add them to these lists. Patients will not be placed on lists if, in the opinion of the responsible consultant, clinical issues need to be resolved because there would otherwise be an unacceptable level of risk to the patient or there are reasonable grounds to believe that the clinical outcome could be compromised. The following are examples of when patients would not be placed on these lists and therefore the referrals would be returned to the referring health professional as appropriate:
 - Patient is clinically unfit e.g. needs to reduce blood pressure, stop medication etc
 - Patient has weight to lose
- No patient will be placed on more than one waiting list for the same condition

The above will kept under regular review in line with WAG strategy for NHS Wales and relevant clinical and public health considerations in areas such as smoking cessation and weight reduction.

7.3 Treating Patients in Turn

The overall aim is to ensure that patient appointments reflect their clinical priority (Urgent or Routine). The UHB will make reasonable endeavours to treat patients in turn within the above priorities. This means that patients are seen in chronological order irrespective of whether any adjustments have been to the patient's recorded waiting time that are permissible under the Unified Rules. The following are exceptions where it may not be feasible to schedule care strictly on this basis:

- Where this is warranted to optimise resource utilisation. Examples of this include:
 - Matching of case mix to available theatre time
 - Scheduling of patients to "backfill" slots that become available if patients cancel booked appointments at short notice

- Booking of patients into clinics that have been specifically allocated for consultants to see patients in designated sub-specialism's
- Where a patient would otherwise breach a mandated WAG waiting time target.
- Where a period has already waited a period of time before being referred to the UHB (excluding cancer, cardiac and outreach referrals) and it would not be feasible to start treatment on the basis of the unadjusted waiting time.
- Where patients have been found to have medical conditions that need to be treated before they can receive treatment for the condition referred.
- Where patients have declared themselves unavailable for social reasons for periods in excess of two and up to eight weeks
- Where patients have exercised their right to choice and requested treatment at specific locations and/or under the care of specific consultants when this could be provided earlier at a location or under the care of a Consultant suggested by the UHB.
- The UHB is required by WAG to give priority treatment to a specific patient group.

If, in exceptional circumstances, it is considered appropriate to suspend 'treat in turn' as defined above, this decision will be taken by the Chief Executive and communicated to the Performance Committee. This communication will explain the reason(s) for the decision, the number of patients affected and the duration of the suspension period.

7.4 Commitment to Minimise Waiting Times

The UHB is committed to minimising waiting time periods by maximising take up of the following service models:

- Pooling of referrals for conditions where patients can be seen by a consultant from a designated pool, as opposed to by a named consultant. Where feasible treatment will be offered at the location closest to the patient's recorded place of residence, but may be given at any of the locations specified in Addendum 1. These arrangements will be communicated to patients.
- Pre-operative assessment to identify whether any pre-existing conditions are present that would otherwise prevent patients from undergoing referred treatment
- Clinical pathways supported by referral criteria that have been agreed by relevant stakeholders with the intention of ensuring that patients are seen by the most appropriate healthcare professional in the most appropriate setting. An example would be treatment by a physiotherapist in primary care for a musculo-skeletal problem.

8. ROLES AND RESPONSIBILITIES

This section describes the different aspects of the responsibilities which need to be discharged under the Policy and assigns accountability to the appropriate officers in the UHB:

Responsibility	Responsible Lead
Overall strategic management of waiting lists and waiting times	Chief Executive
Monitoring of compliance with the Policy	Senior Manager, Performance and Compliance
Management of corporate, centralised patient access and administration services including relevant aspects of waiting list management	Divisional Director, Clinical Diagnostics and Therapeutics
Management of devolved Medical Records Services	Director of the Division concerned
Implementation and compliance with the Policy within Clinical Directorates	Clinical Director of the Directorate concerned supported by the relevant Directorate Manager
Integrity of the Medical Records/Patient Administration function (other than the PARIS system – see next bullet point)	Head of Health Records Department
Professionally responsible for the integrity of the Electronic Patient Records supported by the PARIS system	Clinicians who operate the system themselves
Accuracy of coded data used to generate waiting list data	Head of Clinical Coding
Validation of Patient records in all	Head of Health Records Department

specialities in accordance with UHB procedures	
Responsibility for quality assurance of waiting list data	Medical Director

9. STAKEHOLDER ENGAGEMENT

As part of the commitment to improve patient access, the UHB will work closely with other stakeholders. Each of the stakeholders identified below has a critical role in ensuring that patients wait the shortest possible time for treatment:

WAG/Regional Office

- Policy and strategy.

WHSSC and other Commissioners

- Planning of service provision, particularly taking into account prevailing demographic and epidemiological considerations
- Demand management
- Appropriate funding and contracting arrangements.

Referring Health Professionals

The UHB will engage with GPs, Consultants and other referring health professionals to discuss ways in which referring practices can be designed to contribute to a reduction in patient waiting times. These discussions will include joint working to ensure referrals are appropriate including the development of protocols, guidelines and integrated care pathways (ICPs).

Social Care Partners

The UHB recognises the crucial importance of engaging with the Social Services Departments of Cardiff City Council and the Vale of Glamorgan and other social care partners as appropriate in pursuance of the delivery of integrated health and social care. These discussions will pay particular attention to care models that minimise delayed transfers of care, thus freeing up capacity to be used to drive down patient waiting times.

Academic Partners

The UHB will engage with Cardiff University and other academic partners as appropriate to realise their shared mission of patient care, teaching, research and development in the context of access to elective care.

10. RESOURCE IMPLICATIONS

As the activities described in this Policy are central to the realisation of the UHB's core business objectives, they will be resourced from its income sources subject to the UHB's Financial Control Procedures.

11. TRAINING

Staff involved in the administration of elective care pathways need to be aware of their accountabilities and responsibilities in each specific role/clinical setting. To achieve this the UHB will maintain a mandatory training programme covering such issues supported by locally based induction programmes.

12. EQUALITY

This Policy has had an equality impact assessment completed and has shown that there will be no adverse effect or discrimination made on any particular or individual group.

13. AUDIT AND COMPLIANCE

The Board is fully committed to ensuring full compliance with all relevant WAG requirements that determine how patients on elective pathways are to be accounted for. The methods for delivering this will be set out in the UHB's procedures.

The UHB's Internal Audit Department will have a key role in monitoring compliance with this Policy. A report on compliance will be formally reported to the UHB Board through the UHB Audit Committee on an annual basis.

14. DISTRIBUTION

Once approved, the Policy will be distributed to all Executive Directors, General Managers, Clinical Directors and Consultants for cascading throughout the UHB.

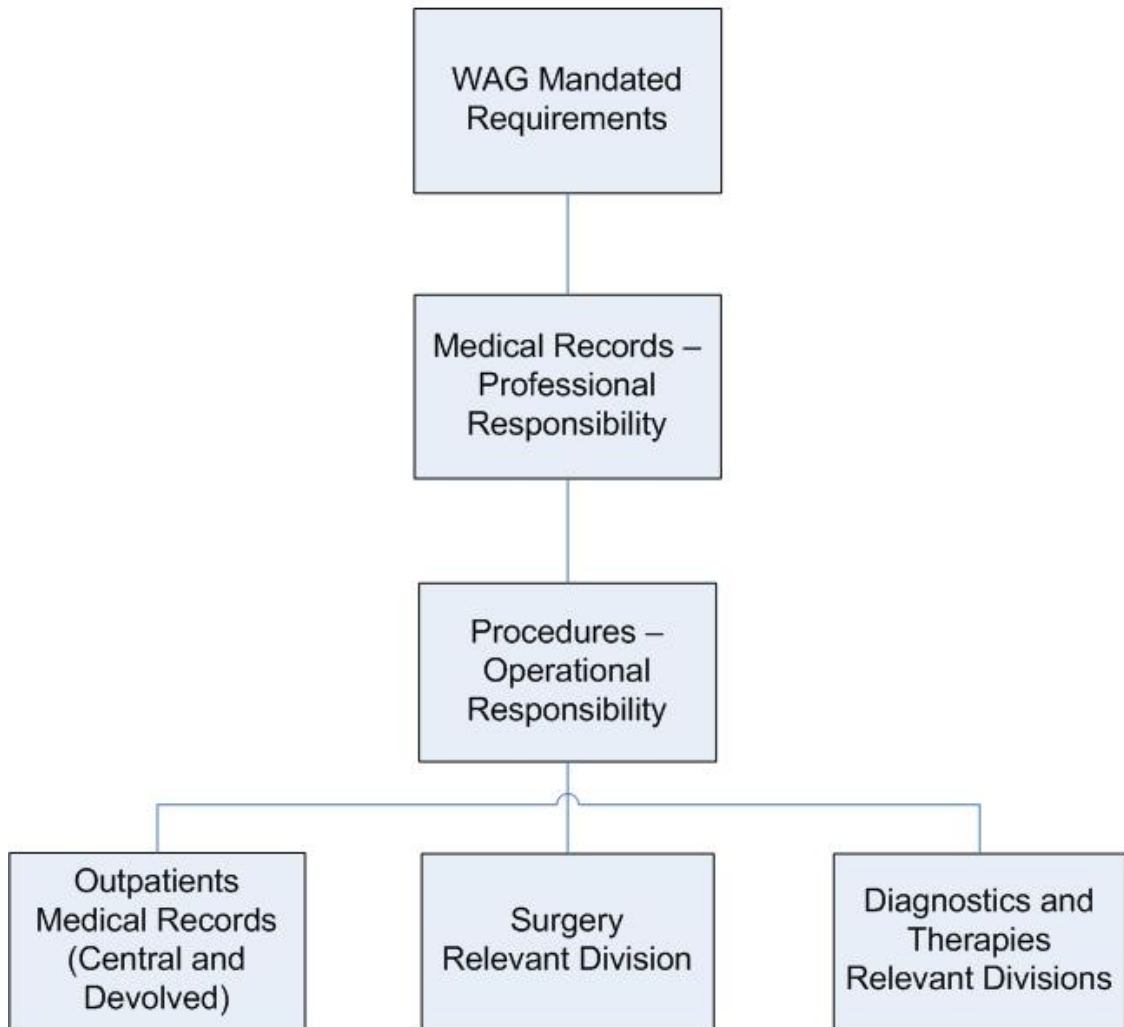
15. REVIEW

The provisions of this Policy will be reviewed annually by the Director of Innovation and Improvement. An exception report setting out the outcome of the review will be submitted to the Performance Committee.

RELATED DOCUMENTS

- Ministerial Letter EH/ML/004/09
- WAG "Rules for Managing Referral to Treatment Waiting Times"
- Flow chart – UHB Procedures Addendum 1
- Schedule of UHB treatment locations Addendum 2
- Health Records Policy

Patient Access Policy
(Elective Care)
Supporting Procedures



Schedule of Principal Treatment Locations

University Hospital Wales

University Hospital Llandough

Children's Hospital for Wales

Rookwood Hospital

Barry Hospital

St David's Hospital

Cardiff Royal Infirmary

University Dental Hospital