



Spire Healthcare

NHS Patient Access Policy

SECTION 1 - INTRODUCTION AND OVERVIEW

1.1. Introduction

The principles and definitions of the 18 week target count the referral to treatment (RTT) waiting times in totality. Spire Healthcare recognise this is a positive step and one that allows hospitals to focus on delivering shorter waits and quality care for patients. The length of time a patient needs to wait for hospital treatment is an important quality issue. The successful management of patients who are waiting for elective treatment is the responsibility of a number of key individuals and organisations including Hospital Doctors, General Practitioners, Clinical Commissioning Groups, Hospital Staff and the commissioners.

If patients who are waiting for treatment are to be managed effectively it is essential for everyone involved to have a clear understanding of their roles and responsibilities. This document defines roles and responsibilities and establishes the policy to deliver effective patient pathway management across Spire hospitals in England.

This policy has been designed to provide consistency and clarity to service users. It is imperative that the Hospital IT System (SAP) is the single store of data used for the management of all patient pathways. It is essential that the electronic Hospital IT System is fully functional and that effective training and support is given to those staff involved in pathway management. This will help improve data quality and improve confidence in the accuracy of service information.

1.2. Purpose

This document outlines the policy to be followed by all Spire Hospitals involved with the management of NHS patients. The policy describes the associated processes and procedures to be followed in conjunction with the policy statements.

1.3. Aims and Objectives

The purpose of this document is to ensure that all patients requiring access to:

outpatient appointments, elective inpatient treatment or elective daycase treatment

- are managed consistently, according to national and local frameworks and definitions. The policy aims to provide Spire Hospitals with a structured and transparent approach to the management of referrals, scheduling and booking across the group.

1.4. Choose and Book

The NHS Coordinator at each hospital will be responsible for maintaining the Directory of Services (Dos) and ensuring outpatient referral processes are reviewed in line with the evolution of Choose and Book.



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1.5. Key Principles

Spire Hospitals will endeavour to work towards inclusive and equal access for all service users.

GPs (or other referrers) should only refer patients who are “ready” to start (and progress with) their 18 week pathway without undue delay.

The 18 weeks pathway does not allow for any delays in patient care or in administrative processes. To ensure that patients move through pathways in an efficient and planned manner, all appointments, diagnostics and admissions will need to be pre-booked.

Patients should not leave a hospital attendance without knowing their outcome, what the next stage of their pathway will be and when it is booked or intended to be booked.

Patient’s pathways will be tracked according to the 18 week rules and definitions.

Spire Hospitals will seek to make best use of its resources to the benefit of all patients by seeking to reduce the number of patients who Do Not Attend (DNA).

Patients will be encouraged to be responsible for keeping their appointments.

Spire Hospitals will agree a convenient date and time with patients for appointments or admission.

Spire Hospitals will support the full utilisation of GP out-patient referrals via Choose and Book, ensuring the Directory of Services (DOS) is up to date and reflects services available to NHS patients.

Communication with patients will be informative, clear and concise. Waiting Times will be made transparent to the public.

Out-Patients should only be followed up if there is a clinical need and all clinical information is available.

Spire Hospitals at all times will ensure that no equality target group (Black & Minority Ethnic, Age, Gender, Disability, Religion, and Sexual Orientation & Transgender) are discriminated against or disadvantaged by this policy and associated procedures.

1.6. National Access Targets

The Standard NHS Contract requires Spire Hospitals to work to an 18 week pathway from referral to first treatment. Hospitals will endeavour to achieve the target for all appropriate elective referrals.



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SECTION 2 - POLICY SPECIFIC

2.1. Booking

Outpatients - 100% of outpatient appointments to be booked through a combination of Choose and Book and manual booking processes.

Inpatient & Daycase - all admissions to be booked through a manual booking processes.

The 18 weeks pathway does not allow for any delays in patient care or in administrative processes. To ensure that patients move through pathways in an efficient and planned manner, all appointments, diagnostics and admissions will need to be pre-booked.

Patients should not leave a hospital attendance without knowing their outcome, what the next stage of their pathway will be and when it is booked or intended to be booked.

2.2. Reasonable notice

Spire Hospitals will offer a “reasonable” amount of notice to patients when offering appointment/admission dates. A record of the offers should be recorded on SAP.

2.3. Referrals/Requests

2.3.1. Referral letters/requests content

It is a requirement that all Referral letters/requests must be clear and provide adequate information to the accepting clinician; stating the clinical priority, reason for referral or request. Referral letters/requests should be addressed to a specialty/service wherever possible (i.e. Orthopaedic Hip Clinic) to allow that specialty/service to direct the referral/request to the most appropriate member of the team and shortest waiting time.

2.3.2. Special requirements

It is the responsibility of the referrer to indicate in the referral letter any special requirements a patient may have in terms of speech and sign interpretation, religious, cultural needs and disabilities (see section 2.4).

2.3.3. Referral/Request Date

For **CaB referrals**, the referral date is the CaB UBRN conversion date or if referred via the Telephone Appointment Line (TAL) due to no slot availability the referral date will be the date in which the patient contacted TAL.

The referral date for patients on a new 18 week pathway is the date on which the **paper referral** is received by Spire. Patients on an existing 18 week pathway the referral date is the date indicated on the transfer form “Latest 18 week clock start date”.



2.3.4 Inappropriate referrals/requests

If the referral/request is for a service not available at the Spire Hospital then the referral/request must be returned to the original referrer with advice. The referral/ request will be closed off on SAP.

2.3.5. Mismatch of Consultant Interest and Patient Needs

If a referral has been made to an individual who does not have the necessary skills for the needs of the patient, the professional processing the referral should re-route the referral to an appropriate colleague, prior to seeing the patient.

If a patient needs to be onward referred to a consultant in a different specialty then the patient should be referred back to the GP where the patient can be offered choice of provider.

2.3.6 Insufficient/illegible Clinical Information

If the referral/ request does not provide sufficient/illegible information for the health care professional to make a decision, the letter should be returned to the original referrer.

2.4. Equality and Diversity / Special Requirements

Spire hospitals take appropriate measure to ensure that every service user is treated with dignity and respect in a safe environment. The services provided will be delivered in a fair and equitable manner. Spire will not tolerate any practices that result in the provision of a lower standard of service due to unlawful discrimination. The services provided will be accessible and sensitive to the needs of the diverse community and will not disadvantage any service user on the grounds of age, disability, race, nationality, ethnic origin, gender, religion, beliefs, sexual orientation, caring commitments, social/economic background, HIV status, gender reassignment or any other difference. Spire will ensure that patient needs are at the centre of our service delivery.

Interpreter - Where a patient requires an interpreter for an appointment /admission this must be highlighted on the referral and where possible should clearly state the exact type of interpreter required.

Patient Transport - patient transport requirements for all first outpatient attendances must be highlighted on the referral and will be arranged by Spire subject to meeting the eligibility criteria. Subsequent, patient transport arrangements will be booked by the hospital.

2.5. Patient Transfers

When accepting the transfer of a patient from another NHS Provider, the breach date used must be MB based upon the date that the patient was added to the originating providers waiting list, not the date they were passed to Spire. Patient transfers will only be accepted with an inter-provider transfer form and CCG approval.

2.6. Patient Deferrals



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The principles and definitions of the 18 week target count the referral to treatment (RTT) waiting times in totality.

2.6.1. Deferrals

If the patient wishes to wait for a period longer than 18 weeks endeavours will be made to accommodate the request. If reasonable agreement can not be reached the patient will be discharged and the referring GP informed.

2.6.2 Clock Pauses

A clock may be paused only where a decision to admit has been made, and the patient has declined at least 2 reasonable appointment offers for admission. The clock is paused for the duration of time between the earliest reasonable offer and the date from which the patient makes themselves available again for admission.

A clock can only be paused for a maximum of 3 months. If a patient is unavailable for admission from the point at which the decision to admit is made, then this may mean that offering actual dates which meet the reasonable criteria would be inappropriate. In these circumstances, the clock should be paused from the earliest reasonable offer date that we would have been able to offer the patient.

2.6.3 Unfit for Surgery

Patients who will not be clinically fit for treatment within 3 months will be discharged back to their GP. If the patient becomes clinically fit after 3 months of discharge and still requires the intervention then the patient will be asked to see his GP to be re referred for a new clinical assessment. If the patient is unfit e.g. has a cold or other minor illness, or needs echo or anaesthetic review at preoperative assessment, the clock continues to run and the patient will be progressed as appropriate.

Where there is a clinical reason why it is not appropriate to continue to treat the patient at that stage, but to refer the patient back to primary care for ongoing management, then this constitutes a decision not to treat and should be recorded as such and also stops an 18 week clock (active monitoring). For example this would apply where it is determined that a patient has a medical condition which needs to be managed and rectified before surgery can take place ie patient is currently unfit for surgery.

2.7. DNAs (Did not Attend)

2.7.1. DNAs - New Patients

Where a **new routine** patient has agreed an appointment/admission date with reasonable notice and this has been clearly communicated to them, then subsequently does not attend the 1st appointment, the hospital will contact the patient to rebook an appointment .

If the patient subsequently does not attend the 2nd appointment they will be referred back to the GP and discharged.



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In such circumstances the DNA of an initial consultation stops the 18 week clock. A new 18 week clock starts from the point at which the appointment is rebooked with the patient.

2.7.2. DNA - Follow-up/Review Patients

Routine follow-up/review patients who DNA appointments will be referred back to the GP and discharged.

2.8. Cancellations

2.8.1. Patient Cancellations

New Patients will be allowed cancellations where reasonable notification has been given to the Hospital, however, by offering patients choice and implementing a full booking system, patient cancellations should be minimised. Patients who cancel their appointment/admission within 5 days of the booked date the patient will be offered one more date with reasonable notice at the point of the cancellation. Subsequent cancellations by the patient will result in discharge back to the referrer.

If the patient does not re-appoint on the day of the cancellation the Hospital will take steps to contact the patient and re-appoint. If however after reasonable attempts have been made without success the referral will be returned to the referrer.

Routine patients who cancel two consecutive appointments/admission dates **without reasonable notification** will be discharged back to the GP.

2.8.2. Hospital cancellations

Where possible no hospital imposed cancellations should occur at any stage of the pathway. As patients will only be offered appointments / admission within a controlled time frame it is envisaged that all clinics / theatre sessions will be confirmed and appropriately staffed. The only exception would be in the event of sickness etc. As a means of supporting clinic scheduling Consultants and their clinical teams are required to provide at least six weeks notice of unavailability or leave.

Where a patient's appointment/admission date is cancelled by the hospital on the day the patient will be rebooked for the earliest practicable date ensuring that the appropriate waiting time target is not breached.

2.9. Active Monitoring

An 18 week clock maybe stopped when it is clinically appropriate to start a period of monitoring without clinical intervention. If the clinical presentation of a patient who is being actively monitored becomes clinically indicated to proceed with treatment, then a new 18 week clock would start and the care will be progressed. After a 6 month Active Monitoring period they would need to be re referred into the consultant led service.