Hull University Teaching Hospitals NHS Trust

CP002 – Referral to Treatment Access Policy

Broad Recommendations / Summary
For quick reference the guide below is a summary of actions required to ensure appropriate implementation of this policy. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy. Everyone has the right (by law since 2010) to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution (2015). This policy reflects the overall expectations of the Trust for the management of patients' referral to treatment pathway and defines the principles on which the policy is based. All staff are expected to understand and apply this policy.

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CP002 – REFERRAL TO TREATMENT ACCESS POLICY

1 PURPOSE

In England, under the NHS Constitution, patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'. NHS England collects and publishes monthly referral to treatment (RTT) data which are used to monitor NHS waiting times performance against the standards set out in the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) Regulations 2013.

The Trust's Referral to Treatment Access Policy aims to set out clearly and succinctly the rules and definitions for referral to treatment consultant-led waiting times to ensure that each patient's waiting time clock starts and stops fairly and consistently. The National RTT Rules Suite (October 2015) has been used as the basis of this Access Policy. The National RTT Rules Suite does not attempt to provide detailed guidance on how the rules should apply in every situation, but provides the NHS with a framework to work within to make clinically sound decisions locally about applying them, in consultation between clinicians, providers, commissioners and patients.

This Access Policy is to ensure that the best interests of the patient are foremost and the Trust intends to ensure efficient & equitable handling of referrals in line with waiting time standards and the NHS Constitution (2015). The rights and responsibilities in the Constitution generally apply to everyone who is entitled to receive NHS services and to NHS staff.

The Trust's Access Policy also incorporates the Cancer Waiting Time Standards and how the guidance should be applied to ensure fair and equitable treatment of patients referred with suspected cancer.

The Access Policy should be read in conjunction with Overseas Visitors Guidance and Exceptional Treatment Guidance.

2 NHS CONSTITUTION

Under the NHS Constitution patients have the right to access services within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of alternative providers if this is not possible and the patient requests it. There will always be some patients who choose to wait longer or for whom this is clinically appropriate, i.e. where waiting longer than 18 weeks is in the patient's clinical interest (rather than clinically complex patients who nevertheless can and should start treatment within 18 weeks).

Ultimately, it is for the professionals in charge of the patient's care to decide whether waiting longer than 18 weeks is in the patient's best interests, and to communicate this to the patients concerned. However, the following points, developed in discussion with clinicians, may be useful to the NHS in identifying clinical exceptions to the 18 weeks standard:

- At its simplest, the definition of 'clinical exception' is where waiting longer than 18 weeks is in the patient's clinical interest. However, this does not include clinically complex patients who nevertheless can and should start treatment within 18 weeks. Neither does it include patients who choose to delay their treatment beyond 18 weeks for personal or social reasons.
- Where a patient's treatment does not begin within 18 weeks simply because it has been difficult to reach a potential diagnosis and a number of tests have been tried, this would be an example of clinical complexity, rather than a clinical exception.
- Where a patient's treatment has not begun within 18 weeks due to a necessary sequence of diagnostic tests that for medical reasons could not be performed within a shorter period, this would be considered a clinical exception.

- Where a patient's operation has to be rearranged for a short-term reason, such as a cold, this would not be a clinical exception. Providers who find this is a regular occurrence should examine their pathways.
- Where clinically complex patients have multiple conditions or co-morbid factors that can delay the start of treatment, these are not clinical exceptions and in many of these patient pathways, it may be appropriate to stop the 18 weeks clock for these patients and start a new one when the patients are medically fit and ready to start their treatment.

3 POLICY STANDARDS

This section sets out the national standards/targets for Referral to Treatment and Cancer Waiting Times. These are the maximum waiting times for patients to be treated and the Trust's intentions are that patients must be treated in clinical priority order. Patients with the same clinical priority should be treated in referral date order (the longest waiting patients treated first). The Trust does not have minimum waiting times. Each specialty must ensure that pathways are designed to treat patients within each target timescale and without any unnecessary delays.

3.1 Referral to Treatment Rights

The patient's right under the NHS Constitution is to start their consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions.

Performance Standards

- 92% of incomplete pathways to be waiting less than 18 weeks
- Zero tolerance of patients waiting over 52 weeks for treatment

From 1st October 2015, the admitted and non-admitted operational performance standards have been removed. However, the Trust still has an obligation to submit monthly data to the Department of Health on admitted and non-admitted clock stop (treated) pathways.

3.2 Cancer Waiting Time Rights and Pledges

The patient's right under the NHS Constitution is to be seen by a cancer specialist within a maximum of two weeks from GP referral for urgent referrals where cancer is suspected.

There are a number of government pledges on waiting times in the NHS Constitution, including:

- a maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers;
- a maximum 31-day wait for subsequent treatment where the treatment is surgery;
- a maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy;
- a maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen;
- a maximum two month (62-day) wait from urgent referral for suspected cancer to first treatment for all cancers;
- a maximum 62-day wait from referral from an NHS cancer screening service to first definitive treatment for cancer;
- a maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers);

Performance Standards

- 93% of patients to be seen within 14 days of urgent GP referral where cancer is suspected
- 96% of patients receiving first definitive treatment for cancer within 31 days of decision
- 94% of patients receiving subsequent surgery treatment for cancer within 31 days of decision
- 94% of patients receiving subsequent radiotherapy treatment for cancer within 31 days of decision
- 98% of patients receiving subsequent anti-cancer drug treatment for cancer within 31 days of decision

- 85% of patients receiving first definitive treatment for cancer within 62 days of urgent GP referral
- 90% of patients receiving first definitive treatment for cancer within 62 days of screening referral
- 93% of patients to be seen within 14 days of urgent GP referral with breast symptoms

3.3 Additional Access Standards

This Access Policy also sets out the Trust's priorities for additional national and local standards for access to health services. These are outlined below and detailed further within the Policy.

Performance Standards

- 93% of patients to be seen within 14 days of urgent GP referral with breast symptoms
- 98% of patients to be seen within 14 days of urgent GP referral for cardiac chest pain
- 99% of patients to be seen for diagnostic test within 6 weeks of referral
- Zero tolerance of urgent operations cancelled for a second time
- Zero tolerance of patients waiting longer than 28 days following last minute elective cancellation for non-clinical reasons

4 REFERRAL TO TREATMENT NATIONAL CLOCK RULES

4.1 Clock Starts

A waiting time clock starts when any care professional or service permitted by an English NHS commissioner to make such referrals.

Many waiting time clocks will start with a referral from a GP. However, a referral from any care professional, to a consultant-led service should start a waiting time clock. This may include referrals from:

• Nurse Practitioners
• GPs with a special interest
• Allied Health Professionals
• A&E
• Consultants
• Dentists (although not for referrals to primary dental services provided by dental undergraduates in hospital settings)

a) a consultant led service, regardless of setting, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner;

A consultant is defined as "a person contracted by a healthcare provider who has been appointed by a consultant appointment committee." He or she must be a member of a Royal College or Faculty. The definition of a consultant does not, however, include non-medical scientists of equivalent standing (to a consultant) within diagnostic departments.

A consultant-led service is one where "a consultant retains overall clinical responsibility for the service, team or treatment." The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.

The setting of the consultant-led service is immaterial – i.e. a referral to a consultant or consultant-led service starts a waiting time clock irrespective of setting – i.e. a referral to a hospital based consultant starts a clock in the same way as does a referral to a consultant-led team based outside of a traditional secondary care environment, e.g. in an outreach clinic in a GP practice.

A referral to a consultant includes referrals to diagnostics services, provided the patient will be assessed and might, if appropriate, be treated by a medical or surgical consultant-led service, before responsibility is transferred back to the referring health professional (i.e. 'straight-to-test').

Direct access referrals to diagnostic services are excluded if the referral is not part of a 'straight-to-test' arrangement.

Also included are referrals to obstetrics, although pregnancy referrals should only start a consultant-led waiting time clock when there is a separate condition or complication requiring medical or surgical consultant-led attention.

b) an interface or referral management or assessment service, which may result in an onward referral to a consultant led service before responsibility is transferred back to the referring health professional or general practitioner.

A consultant-led waiting time clock only starts on referral to a referral management and assessment service where that service may onward-refer the patient to a surgical or medical consultant-led service before responsibility is transferred back to the referring health professional. If one of the intended outcomes of the service is that some patients will require such onward referral to a consultant-led service, then a consultant-led waiting time clock should start for all patients referred to the service.

A waiting time clock also starts upon a self-referral by a patient to a service once the referral is ratified by a care professional permitted to do so.

Self-referrals can take the form of:

a) a patient attending a consultant-led walk in centre;
b) a patient who has already had a waiting time clock which has been stopped (for example because they declined an earlier offer of treatment) but with agreement that they can refer themselves back into the service at a future date (for example if they change their mind to have treatment, or if their condition worsens).

Upon completion of a consultant-led referral to treatment period, a new waiting time clock only starts:

a) when a patient becomes fit and ready for the second of a consultant-led bilateral procedure;
Where patients are undergoing a bilateral procedure - i.e. a procedure that is performed on both sides of the body, at matching anatomical sites (for example, removal of cataracts from both eyes), then the initial waiting time clock will stop at first definitive treatment for the first procedure. Once the patient is fit and ready for the second procedure then a new waiting time clock should start from the date that it is clinically appropriate for the patient to undergo that procedure, and from when the patient says they are available (not from the date that the service has the capacity to admit/treat them).

b) upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan;
Many patients will require further planned stages of treatment after their waiting time clock has stopped. This treatment should be undertaken without undue delay and in line with when it is clinically appropriate and convenient to the patient to do so.

However, where further (substantively new or different) treatment may be required that was not already planned; a new waiting time clock should start. This new clock will often start at the point the decision to treat is made. However, where a patient is referred for diagnostics or specialist opinion with a view to treatment it is more appropriate to start the new clock from the point that the decision that diagnostics or specialist opinion is made – i.e. when it is decided to start the patient off on a new 'treatment pathway'.

Scenarios where this might apply include:

- Where less 'invasive/intensive' forms of treatment have been unsuccessful and more 'aggressive/intensive' treatment is required
- patients attending regular follow up outpatient appointments, perhaps as part of managing a long term condition, where a decision is made to try a substantively new or different treatment. In this context, a change to the dosage of existing medication may not count as substantively new or different treatment, whereas decision to refer the patient for therapy or surgery could.

Ultimately, the decision about whether the treatment is substantively new or different from the patient's agreed care plan is a clinical one that must be made by a care professional in consultation with the patient.

c) upon a patient being re-referred in to a consultant-led; interface; or referral management or assessment service as a new referral;
Where a patient who has already been on a consultant-led treatment pathway and has been discharged back to the referrer, but is then subsequently referred back into the service by their GP or other permitted referrer, then a new waiting time clock should start.

d) when a decision to treat is made following a period of active monitoring;
A patient's waiting time clock will stop when commencing a period of active monitoring in secondary care or at an interface service without clinical intervention or diagnostic procedures at that stage. If, subsequently, perhaps at a follow up outpatient appointment, a decision to treat is made, then a new waiting time clock should start from the date that that decision is made.

As with new clock starts for substantively new or different treatments, in some cases it may be appropriate to start a new clock before a 'decision to treat' is made, where, for example, there has been a decision to refer a patient for diagnostics/specialist opinion with a view to starting treatment.

e) when a patient rebooks their appointment following a first appointment DNA that stopped and nullified their earlier clock.
Where a patient fails to attend the first appointment after the initial referral that started their waiting time clock, their clock will be nullified (i.e. it is as if the referral never existed). If the clinician decides that it is appropriate to contact the patient to rebook the appointment (i.e. the patient is not referred back into primary care), then a new waiting time clock should start from the date that a new appointment date is agreed with or communicated to the patient.

A DNA is defined as where a patient fails to attend an appointment/admission without prior notice. Patients who cancel their appointments in advance should not be classed as a DNA and therefore should not have their clocks nullified.

4.2 Clock Pauses

From 1st October 2015, there is no provision to pause or suspend an RTT waiting time clock in any circumstances.

Clinicians should provide booking staff with guidelines as to how long patients should be allowed to defer their treatment without further clinical review and this should be documented in the services' Standard Operating Procedures. Patients requesting to defer longer than this should have a clinical review to decide if this delay is appropriate clinically and to defer treatment would not be detrimental to their health. If the clinician agrees the deferment of treatment is appropriate then the service should allow the patient to wait and report the unadjusted waiting time on the national RTT monthly return, even if this results in a +52 week wait being reported.

If the clinician considers the proposed delay inappropriate the clinical risks should be clearly communicated to the patient and a clinically appropriate TCI date agreed. If the patient refuses to accept the advice of the clinician it may be appropriate to discharge the patient back to the care of their GP so they know treatment is not progressing and for this to be documented in writing to the GP and patient.

4.3 Clock Stops

Clock stops for treatment

A clock stops when:

a) First definitive treatment starts. This could be:
   i) Treatment provided by an interface service;
   ii) Treatment provided by a consultant-led service;

First definitive treatment is defined as being an intervention intended to manage a patient's disease, condition or injury and avoid further intervention. The date that first definitive treatment starts will stop the clock.

Often, first definitive treatment will be a medical or surgical intervention. However, it may also be judged to be other elements of the patients care, for example, the start of counselling. In all cases, what constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient. If there is doubt about what first definitive treatment is for any given patient or pathway, then the key determining factors should be: a) what do the care professionals in charge of the patient's care consider start of treatment to be; and b) when does the patient perceive their treatment as being started.

It is vitally important that clinical decisions on what is first definitive treatment, mirror patients' perceptions of their care. To do so will ensure that patient-reported experiences of their care reflect NHS reported referral to treatment times.

   iii) Therapy or healthcare science intervention provided in secondary care or at an interface service, if this is what the consultant-led or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further interventions;

Where a consultant-led or interface service decide that therapy or a healthcare science intervention should be the first definitive treatment for the patient, then the patient's clock should keep ticking until the start of that treatment. Where, however, a decision is made to refer back to primary or community care for therapy or healthcare science intervention, then the clock does not keep ticking until start of treatment, but stops on the date that the decision to refer back to primary or community care for treatment is made and communicated to the patient.

In summary, once a waiting time clock has been started for a referral to an interface service, then the clock should continue until the start of any non-consultant-led first definitive treatment provided by the interface service, including therapies or healthcare science interventions. Where a patient is on a consultant-led treatment pathway (either directly referred or referred on by an interface service) and is referred on for non-consultant-led treatment in primary or community care, then the clock should stop on the date that this decision is made.

b) A clinical decision is made and has been communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay, to add a patient to a transplant list.

There is often a period of time between the need for a transplant being identified, and a suitable organ for transplantation becoming available. Therefore, where first definitive treatment requires the patient to be added to a transplant list, then the patient's clock should stop on the date that they are added to the list, and when this is communicated to the patient. Where a donor has already been identified (e.g. a family member), then first definitive treatment will be the start of treatment itself.

Clock stops for 'non-treatment'

A waiting time clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

a) It is clinically appropriate to return the patient to primary care for any non-consultant led treatment in primary care;

Referring a patient back to non-consultant led primary care for treatment (and communicating this with the patient in a way which is auditable and available in the patients Electronic Patient Record (EPR)) stops a consultant-led waiting time clock. Although the patient's care continues, it is appropriate to stop their consultant-led waiting time clock at this point, as this represents the end of their wait for specialist/consultant/ hospital care.

b) A clinical decision is made to start a period of active monitoring;

In many pathways there will be times when the most clinically appropriate option is for the patient to be actively monitored over a period of time, rather than to undergo any further tests, treatments or other clinical interventions at that time. When a decision to commence a period of active monitoring is made and communicated with the patient, then this stops a patient's waiting time clock.

Active monitoring may be applied where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures at that stage. A period of active monitoring cannot be started if at the same time a referral for diagnostic tests or assessment is made by the clinician. This is because it is the intention when active monitoring is commenced it is because no further treatment or assessment is needed at that time.

Active monitoring may apply at any point in the patient's pathway, but only exceptionally after a decision to treat has been made. If such a decision has been made but subsequently it becomes apparent that there is a clinical reason to delay treatment/admission then a waiting time clock will continue.

Stopping a patient's clock for a period of active monitoring requires careful consideration on a case by case basis and its use needs to be consistent with the patient's perception of their wait. For example, stopping a clock to actively monitor a patient knowing full well that some form of diagnostic or clinical intervention would be required in a couple of days' time, is unlikely to make sense to a patient, as they are likely to perceive their wait as being one continuous period from the time of their initial referral. Its use may be more appropriate where a longer period of active monitoring is required before any further action is needed.

Patients may initiate the start of a period of active monitoring themselves (for example by choosing to decline treatment to see how they cope with their symptoms).

However, it would not be appropriate to use patient initiated active monitoring to stop patients' clocks where a patient does want to have a particular diagnostic test/appointment or other intervention, but wants to delay the appointment. Where such patient initiated delays prior to admission mean that 18 weeks cannot be delivered for that patient, then the minimum operational standards for 18 weeks allow for patients for whom starting treatment in 18 weeks would not be appropriate.

c) A patient declines treatment having been offered it;

This only stops a clock where a patient declines treatment having been offered it. This does not include situations where a patient wants to delay the treatment only.

d) A clinical decision is made not to treat;

Where a decision not to treat is made then this decision (and communication with the patient) stops a waiting time clock. Usually, this will be a decision not to treat, which results in the patient being discharged back to the care of their GP (and/or other initial referrer). Where there is a decision made not to treat, but to retain clinical responsibility for the patient within the provider organisation (for regular outpatient follow-ups etc.) then it may be more appropriate to record this as active monitoring although both have the same effect of stopping the patient's clock.

e) A patient DNAs (does not attend) their first appointment following the initial referral that started their waiting time clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient;

The act of a patient failing to attend their first appointment following the referral that started their waiting time clock (i.e. not the first appointment in a different provider for multi-provider pathways) stops and nullifies a patient's waiting time clock (provided that the service can demonstrate that the appointment was clearly communicated to the patient, an example of which is that the appointment was made through Electronic Referral Service).

Where it is considered appropriate to refer the patient back to primary care then a new waiting time clock would only start if the patient were referred back to the service. Where the service feels it more appropriate to offer the patient a new appointment, then a new clock would start on the date that the patient agrees the new appointment date (not the date of the rescheduled appointment itself).

A clock is nullified on first appointment DNA as, effectively, the patient has chosen not to start their pathway.

A DNA is defined strictly as a patient failing to give notice that they will not be attending their appointment. Patients, who give prior notice, however small, are not classed as DNAs and their clocks should not be stopped and nullified.

f) A patient DNAs any other appointment and is subsequently discharged back to the care of their GP, provided that:

   i) the provider can demonstrate that the appointment was clearly communicated to the patient and that it meets the test of "reasonableness";

   ii) discharging the patient is not contrary to their best clinical interests;

   iii) discharging the patient is carried out according to local, publicly available/published, policies on DNAs;

   iv) These local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (e.g. children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders

Unlike a first appointment DNA, it is not the act of DNAing a further appointment that stops a waiting time clock, but the act of discharging the patient back to primary care where it is deemed appropriate to do so, and where the above criteria are met. Where it is more appropriate to continue to retain clinical responsibility for the patient in the provider organisation, then the patient's waiting time clock should continue ticking.

Also unlike first appointment DNAs, the patient's clock is not nullified, but is stopped, and reported in the commissioner's and provider's RTT returns.

5 PATHWAY TIMESCALES

The Trust has clear standards for the management of pathway timescales. Below are detailed the maximum time at each stage that the Trust recommends services ensure that they deliver.

- Referrals should be date stamped and logged on the Care Records System (PAS (Lorenzo)) within 24 hours of receipt
- Referrals should be accepted or rejected as appropriate within 5 days of receipt by the hospital by the consultant and updated on the PAS (Lorenzo) system
- First outpatient appointment should take place between 0 – 8 weeks, as appropriate to the specialty and no longer than 13 weeks from the point of referral
- Diagnostic referrals should be logged on the PAS (Lorenzo) system within 24 hours of receipt
- Diagnostic routine appointments will be booked at no longer than 6 weeks from date of request
- Diagnostic results will be available in a maximum of 14 days
- Patients should be added to the waiting list within 24 hours of the decision to list.
- Pre-assessment will be done at least 2 weeks prior to surgery for routine procedures unless a short-notice appointment has been agreed with a patient
- Treatment dates will be agreed with the patient within 18 weeks of the clock start date unless for clinical exceptions or patient choice

6 ELECTRONIC REFERRAL SERVICE

The e-Referral Service (ERS) will be the primary referral method for all GP referrals to a consultant led service must be via ERS or for services which are published on ERS. Paper referrals meeting this criteria will be recorded on the PAS system (Lorenzo) and returned back to the GP with a request to refer in using ERS. The e-Referral Service is the system to deliver enhanced patient interaction and choice. The start of the waiting period is at the point of conversion of the Unique Booking Reference Number (UBRN). The conversion occurs when the appointment is booked. This may be in the GP's practice, through the Booking Management Service (BMS) or via the Internet.

If an appointment is not available on the e-Referral system and the patient is deferred to the appointment slot issue list, the clock starts at the point that the patient is deferred to provider, and not at the conversion of the UBRN.

If an ERS referral fails to convert to an appointment in the PAS system (Lorenzo) then a referral should be created and the UBRN manually input against the referral as per Trust process.

Where the e-Referral Service is not available the 18 week clock starts at the point at which the provider receives the referral letter.

7 INAPPROPRIATE REFERRALS

If a consultant deems a referral to be inappropriate, it must be sent back to the referring GP with an explanation of why. The referral decision must be updated and discharged accordingly on the PAS (Lorenzo) for paper referrals and e-Referral service for electronic referrals. The RTT pathway is stopped on discharge.

8 REASONABLENESS OF APPOINTMENTS

A reasonable offer of admission is defined as an offer of an appointment and date three or more weeks from the date that the offer was made by the hospital for patients following a decision to admit.

Reasonableness of appointments is documented throughout the various sections of this policy. However, for clarity the points below identify the definition of "reasonableness" as it applies at various stages of the patients' pathway.

In all cases if a patient verbally accepts a short-notice appointment but subsequently cancels this, then for this purpose it is classed as a "reasonable offer" as it was agreed verbally. This must be documented clearly on the PAS (Lorenzo).

- **Outpatient appointments**

2 reasonable offers with a minimum of 3 weeks' notice. The offers should be on separate dates.

- **Diagnostic appointments**

2 reasonable offers with a minimum of 7 days' notice. The offers should be on separate dates.

- **Pre-assessment appointments**

2 reasonable offers with a minimum of 7 days' notice. The offers should be on separate dates.

- **Admission appointments**

2 reasonable offers with a minimum of 3 weeks' notice. The offers should be on separate dates.

- **Cancer / Suspected Cancer appointments**

These appointments do not need to meet the test of reasonableness, but the patient's best interests must remain the primary concern when agreeing dates with patients.

- **Cancelled Operations (28 day re-books)**

2 reasonable offers with a minimum of 3 weeks' notice. The Trust expects this offer of appointment to be made within 5 days of the cancellation which will therefore allow the 3 week reasonable offer to take place before the 28 day breach date is passed. The offers should be on separate dates.

9 DID NOT ATTEND (DNA)

9.1 First Outpatient Appointment

Patients who fail to attend for their first outpatient appointment on an RTT pathway will have their clock nullified. If the clinician requests that another appointment be given to the patient then clock will restart from the date that the offered is made on the PAS or e-Referral system. If the clinician does not wish to reappoint then the outcome is recorded, referral closed and the outcome recorded on the e-Referral system (if required).

9.2 Diagnostic Tests

Departmental policies should be followed. In the main, the request will be sent back to the referrer for a clinical decision. If the pathway is RTT applicable then the clock remains active until a decision is taken to discharge or watchful wait.

9.3 Follow up Appointments

Patients who fail to attend their follow up appointment will be re-appointed if clinically required.

There is no blanket policy for discharging or rebooking of DNAs and this is at clinical discretion. There is further information at section 14 on the management of vulnerable patients.

10 MANAGEMENT OF CANCELLATIONS

The Trust realises that patient's or their carers may need to cancel and rearrange previously agreed appointments. However, it is the Trust's expectations that the Primary Care General Practitioner has explained, prior to referral, the patient's need to commit to attending appointments and making themselves available for treatment.

10.1 Cancellations by Patient / Relative / Carer

Patients who cancel an agreed appointment will be offered a second appointment by contacting the booking team or booking on-line (via the eReferral system). If a patient cancels an appointment date for the second time a clinical review should be undertaken which could lead to discharge back to the GP but should be based on the individual patient's best clinical interest. All

referrals back to a GP should be a clinical decision based on the patient's best clinical interest. The appointments should be reasonable ie. 3 weeks' notice, unless agreed with the patient directly for a short-notice appointment.

10.2 Cancellations by Hospital

The Trust's annual leave policy requires clinicians at all grades, nurses, allied health professionals and technicians/scientists to give at least 8 weeks' notice of annual or study leave. Clinical sessions will not be cancelled with less than 6 weeks' notice unless agreed by the Clinical Director for the Health Group and should only be agreed in exceptional circumstances.

Where cancellations are initiated by the Trust, patients should be booked as close to their original appointment as possible and appointments should be within 4 weeks of the cancellation date. See separate section on cancelled operations on the day for non-clinical reasons.

11 MEDICALLY UNFIT

Patients can become medically unfit at different stages on the RTT pathway. The following guidelines should be used:-

11.1 Unfit at Outpatient Stage

If a patient requires inpatient treatment or surgery then they should not be added to the waiting list if they would not be fit for surgery for in excess of 2 weeks. For example, if surgery cannot be undertaken if the patient needs to lose weight before it is clinically appropriate to operate and this will take longer than 2 weeks. Similarly if patients are suffering from an unrelated condition which clinically prevents the current condition to be treated and will resolve within 2 weeks, then patients should not be discharged back to their GP or their RTT clock stopped. . I.e. if the patient is suffering from a minor illness (flu etc.). If this will be a period longer than 2 weeks, then the patient should be discharged back to the GP. This should be clearly documented in the letter to the GP with advice on how the patient can be optimised for surgery. At this point the RTT clock will stop. Upon re-referral a new RTT pathway will start. If the patient is going to be unfit for the foreseeable future but needs to remain under the care of the clinician then active monitoring should be applied.

11.2 Unfit at Diagnostic Stage

If the patient is unfit at the diagnostic stage and is unable to undergo diagnostic tests, then the clinician should agree the appropriate management with the patient. If no diagnostic tests are to be undertaken at that stage then a period of active monitoring in outpatients whilst any underlying condition / factor are managed could be applied. This will stop the RTT clock. The clock will re-start when a decision that treatment can commence is made.

11.3 Unfit at Pre-assessment Stage

Patients who are found to be unfit for surgery at pre-assessment but will recover within a 2 week period should remain on an 18 week RTT pathway until fit and given a new TCI date.

Patients who are likely to be unfit for surgery for longer than 2 weeks may be returned to the care of their GP and their 18 week clock stopped subject to a clinical review which is documented in the patient's management plan to the GP with a copy to the patient. Upon re-referral a new RTT pathway will start. If the patient is going to be unfit for the foreseeable future but needs to remain under the care of the clinician then active monitoring should be applied. The pathway would re-start when a new decision to treat has been made.

11.4 Unfit at Admission Stage

Patients who are likely to be unfit on admission but will recover within a 2 week period should remain on an 18 week RTT pathway until fit and given a new TCI date.

Patients who are unfit for surgery for longer than 2 weeks may be returned to the care of their GP and their 18 week clock stopped subject to a clinical decision and that this is clearly documented with a management plan to the GP and patient. Upon re-referral a new RTT pathway will start.

If the patient clinically needs to remain under the care of the Trust, and they are unfit for "the foreseeable future" then the patient may be placed under active monitoring and should be removed from the waiting list. The pathway would re-start when a new decision to treat has been made.

If a patient is removed from the waiting list then the reason for this must be clearly documented on the PAS (Lorenzo) and in the correspondence to the GP explaining the reason for removal and if needed suggested management plan.

11.5 Anaesthetic / Cardiac Assessments

Patients who are referred for assessment for suitability to undergo general anaesthetic, for example to anaesthetics, cardiology or chest medicine, must not have their 18 week clock paused or stopped whilst this decision is made. The pathway will continue to tick until the patient has been treated or an alternative treatment option is agreed in line with clock stop guidance.

12 PLANNED PATIENTS

Planned procedures are outside the scope of 18 weeks. By planned, this means an appointment / procedure or series of appointments/ procedures which are needed as part of an agreed programme of care required for clinical reasons and that need to be carried out at a specific time or repeated at a specific frequency.

Planned activity is also sometimes called "surveillance", "re-do" or "follow-up". Examples include 6-month repeat colonoscopy, or where the procedure has to be performed at a set point linked to clinical criteria, e.g. where a child needs to be a certain age or size for the procedure to be performed.

Patients should only be included on planned waiting lists if there are clinical reasons why the patient cannot have the procedure or treatment until a specified time.

If the patient is clinically ready for treatment to commence but there is no capacity to enable this to occur, the patient should be transferred to the active waiting list and an 18 week clock must be started at the point that they are 6 weeks overdue.

13 PATIENTS NOT ON AN RTT PATHWAY

In addition to patients on a planned waiting list, patients who are being actively monitored are not on an active RTT pathway. Patients who are being actively monitored will be placed on a follow up access plan with a due by date that is identified by the clinician.

Patients should be booked for their follow up appointment by the due by date.

If the service cannot book the appointment by the due by date then the 18 week clock should be re-started.

The Trust has in place monitoring and escalation arrangements to ensure that services manage this queue of patients.

14 VULNERABLE PATIENTS

The Trust must ensure that the needs of vulnerable patients are met and that their care and pathway is not disadvantaged if they cancel or do not attend an appointment. The patient could be considered as vulnerable due to age, reliance on carers, an offender or mental capacity etc.

Please refer to the Clinical Protocol for Management of Children and Young People who default (DNA/Cancel their appointment).

In general the following will be applied:-

	Adults	Children	Vulnerable Adults
1st new urgent appointment	Clinical Discretion	Reappoint if indicated by the consultant	Reappoint if indicated by the consultant
1st new routine appointment	Discharge back to GP and send letter on Lorenzo	Reappoint if indicated by the consultant	Reappoint if indicated by the consultant
Follow up appointment	Clinical Discretion	Clinical Discretion	Clinical Discretion

15 DIAGNOSTICS

A "Diagnostic" test is defined as a test or procedure used to identify a person's disease or condition and allows a medical diagnosis to be made. A patient's wait for a diagnostic test/procedure begins when the request for the test or procedure is made. The wait for the diagnostic stage of treatment ends when the patient receives the test/procedure. However, this will not stop the 18 week clock unless the diagnostic procedure becomes the first definitive treatment – for example, colonoscopy diagnostic which converts into a procedure if a polyp is found and removed and this is seen as the definitive treatment for the patient's condition.

All diagnostic tests must be done within 6 weeks of the referral being made. The Trust has a target of less than 1% of breaches per month for patients waiting for the top 15 tests. These include:-

- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT)
- Non-obstetric Ultrasound
- Barium enema
- Dexa Scan
- Audiology Assessments
- Echocardiography
- Electrophysiology
- Peripheral Neurophysiology
- Sleep Studies
- Urodynamics – pressures and flows
- Colonoscopy
- Flexible Sigmoidoscopy
- Cystoscopy
- Gastroscopy

For the purpose of the diagnostic 6 week standard this does not include waits for diagnostic tests/procedures where:

- The patient is waiting for a planned (or surveillance) diagnostic test/procedure, i.e. a procedure or series of procedures as part of a treatment plan which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency, e.g. 6 month check cystoscopy;
- The patient is waiting for a procedure as part of a screening programme (e.g. routine repeat smear test etc.);
- The patient is currently admitted to a hospital bed and is waiting for an emergency or unscheduled diagnostic/test procedure as part of their inpatient treatment or
- The patient is referred to a Direct Access Diagnostic Service where the results are communicated back to the referrer.

If following a Direct Access Diagnostic referral, the GP subsequently refers the patient to secondary care, then the patient starts an 18 week pathway and the clock commences on the date the referral is received, or the conversion of the UBRN.

15.1 Reasonableness of Diagnostic Appointments

For the purposes of diagnostic testing where there is a waiting time target of 6 weeks, a reasonable offer of appointment has been locally agreed as an offer of a time and date one week from the time that the offer was made. Two reasonable offers should be made. The offers should be made on different days rather than slots offered on the same day.

If a diagnostic appointment date is less than 7 days away, three attempts to contact the patient by telephone must be made. One of these must be after 6pm and the attempts will fall on different days. These contacts must be recorded accurately in the comments field on the PAS (Lorenzo) or local system.

15.2 Patients who do not attend (DNA) diagnostic appointments

Patients who DNA a first diagnostic appointment will have a second appointment booked within 2 weeks. A second DNA will result in a letter to the referrer, who may discharge back to the GP with advice. If the patient is discharged back to the GP then the 18 week clock will stop. If the appointment is rebooked, then their existing 18 week clock would continue to tick from the original start date. The diagnostic (6 week standard) will reset to the date of the DNA.

15.3 Self-Deferrals

Patients who wish to self-defer (re-arrange) an appointment they have previously booked will be offered another appointment to ensure that the patient is dated within National target timescales. For the 6 week diagnostic test, the clock resets from the date of the cancelled appointment. This does not adjust the 18 week clock.

15.4 Patients who are Unfit

- Patients who are unfit to have their diagnostic test within 6 weeks of referral should be removed from the waiting list and returned to the referrer. This will stop the 6 week diagnostic clock.
- If a patient is unfit at attendance of the diagnostic test then the clock will stop if they are referred back to the referrer. If the patient is reappointed then the clock will continue from the original referral date.

16 CANCELLED OPERATIONS

No patient should have his or her admission cancelled. However, this may occur in exceptional circumstances. Cancellations on the day of admission should be authorised and the Escalation Process should be followed. This is available via the Intranet at http://intranet/performance/escalation.asp

In the event of a cancellation on the day of admission, or the patient is discharged not treated, the patient must be offered another appointment within 5 days for a date within 28 days of the cancellation.

The offer of the appointment must be reasonable, i.e. 2 offers of appointment with 3 weeks' notice and prior to the 28 day breach date. Offers of appointment must be recorded on the PAS (Lorenzo).

If the subsequent admission date is cancelled for non-clinical reasons, then the original cancellation date and 28 day breach date remains.

If an appointment cannot be offered within 28 days then the patient must be offered an alternative provider at the Trust's expense. See Appendix D for the process.

If the patient is appointed outside of 28 days then this will be reported as a breach of the standard.

17 CONSULTANT TO CONSULTANT REFERRALS

Referrals arising from outpatient, inpatient or A&E attendances should be made without involving the GP in specific circumstances. The hospital clinician will make an onward referral to any other service without the need for referral back to the GP where:-

- The onward referral is related to the condition for which the original referral was made or which caused the emergency presentation, or
- The patient has an urgent need for investigation or treatment

The hospital clinician is not permitted to refer onwards where a patient's condition is non-urgent and where the condition for which the referral would be made is not directly related to the condition which caused the original GP referral or emergency presentation. In this situation the clinician is required to refer the patient back to the GP.

18 TRANSFER FROM PRIVATE TO NHS

Any patient referred for an NHS service following a private consultation or private treatment should join any NHS waiting list at the same point as if the consultation or treatment were an NHS service. Their priority on the waiting list should be determined by the same criteria applied to other NHS patients.

Patients who are referred from the Private Sector to NHS for addition to an inpatient waiting list will start a new 18 week pathway on receipt of the referral into the Trust.

Patients do not need to be seen in an outpatient setting prior to addition to the waiting list, if they have already been seen as a Private Patient, although the follow up appointment in the NHS following treatment will be recorded as a new patient appointment.

The patient should not be referred back to General Practice for a decision about onward referral unless the patient wishes to take this course of action.

19 TRANSFER FROM NHS TO PRIVATE

If a patient chooses to be treated in the Private Sector, they will be removed from the NHS waiting list and their 18 week clock stopped.

20 MILITARY PERSONNEL AND WAR VETERANS

All military personnel and war veterans will have priority treatment in NHS secondary care services for any conditions that are likely to be related to their service, subject to the clinical needs of all patients. They should not need first to have applied and become eligible for a war pension. For all military personnel and their families they should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted.

It is the clinician's responsibility to determine whether it is likely that a condition is related to service.

GPs should make it clear in their referral that they know the patient to be a veteran and that, in their clinical opinion; the condition may be related to their military service or if the patient is military personnel or a family member who has moved due to Service so that they can retain their position on the NHS waiting list. If the referral is via the Electronic Referral Service (ERS) system the referral should be marked for expedite.

Where secondary care clinicians agree that a veteran's condition is likely to be service related, they are asked to prioritise veterans over other patients with the same level of clinical need.

21 INDIVIDUAL FUNDING REQUESTS

Commissioners must ensure that GPs follow their Individual Funding Requests policies and not refer directly to the Trust for non-commissioned or low priority procedures.

The Trust must ensure that it has processes in place to check that any referral received for a procedure that is not routinely commissioned has evidence of prior approval by the commissioner.

Referrals without prior approval will be rejected (either electronically or via manual processes) and returned to the GP. The 18 week clock will be nullified.

For further information and a list of non-commissioned procedures refer to: http://intranet/exceptionalTreatments/

22 UPGRADED REFERRALS

Clinicians can upgrade a referral if from the clinical information provided a quicker appointment is required. Referrals can be upgraded from routine/urgent to suspected cancer and a cancer pathway will be initiated. Routine referrals can be reprioritised to urgent.

The referrer can also upgrade the referral by the e-referral system or use the Trust's expedite inbox to email a Trust Expedite Form in cases where clinical priority has changed for clinician review.

23 ADVICE & GUIDANCE REQUESTS

Advice and guidance referrals, where the clinical responsibility remains with primary care, are not applicable to RTT monitoring.

Advice and guidance referrals should be received and responded to, where appropriate, via the eReferral system. The Trust must respond within 2 working days of the advice request on ERS and a referral and contact recorded on the Trust PAS (Lorenzo) and clinical note uploaded with ERS conversation.

24 INTER PROVIDER TRANSFERS

If the patient needs to be referred to another provider for the same condition, the 18 week clock is still running until treatment has taken place, irrespective of where that treatment takes place. All clinical transfer information (including the original date of the clock start) must be forwarded to the receiving provider within a maximum 48 hours of the decision to transfer. All information should be forwarded to the Appointments and Referral Centre (ARC) where the minimum data set would be completed prior to electronic transfer to other providers.

All Inter Provider Transfers IPTs received by the Trust are done so via ARC who then record the 18 week status and forward onwards to the appropriate clinical area.

IPT is a critical mechanism to manage and monitor performance on the 18-week pathway and to allow equitable attribution of breaches of that pathway. IPT encompasses the transfer of a minimum data set to the onward secondary or tertiary centre. When clinical responsibility for a patient is transferred, there is a danger that the administrative data on the patient does not PAS (Lorenzo) to the new organisation and subsequent responsibility for breach sharing lacks clarity.

The IPT minimum data set is designed to support the transfer of administrative data from the referring provider to the receiving provider, thus allowing the receiving provider to report on the 18 week patient pathway. By sharing information via the minimum data set for inter provider transfers; all parties involved can be fully aware of the patient's pathway. All services that refer *onwards* into provider services must use the IPT process. This includes such interface services such as Clinical Assessment and Treatment services (CATS) that may refer a patient into secondary care.

All IPT minimum data sets (IPTMDS) will be completed and sent to the receiving provider within 48 hours (DSCN 44/2007). It is the referring organisation's responsibility to ensure the IPTMDS is sent and that an NHS.net address is used as the secure email service.

For patients on a Cancer pathway, these are known as Inter-Hospital Transfers (IHTs). They follow the same process but the minimum data set is sent to the NHS.net account which is managed by the Information Department.

25 REFERRAL PATHWAYS

Clear referral guidelines and pre-referral diagnostics are detailed in the Directory of Services on the Electronic Referral System.

26 RTT STATUS CODES FOR Lorenzo

For ease of understanding the patient's pathway is referred to nationally as "a clock"

The recognised terminologies for key stages within the patient pathway are:-

- Clock Start – date that the hospital receives the referral
- Clock Ticking – the ongoing pathway
- Clock Stop – when first definitive treatment comments, the patient is discharged or when the patient is being actively monitored
- Clock Nullified – only ever used if the patient Did Not Attend (DNA) the first activity in their pathway
- Clock not Enabled – activity that is not part of an 18 week RTT pathway

Clock Starts - First activity in an RTT period	
Status null	New referral
Status 10	First Activity in RTT period **OR** Subsequent different treatment **OR** attend after first appointment DNA **(includes all those listed under Status 20 if this is the first activity).**
Status 11	End of Active Monitoring – start a new RTT clock following a period of Active Monitoring
Status 12	Consultant to Consultant Referral – new RTT period for a **separate** condition

Clock Ticking - Activity during an RTT period	
Status 20	Referred to diagnostics Referred to therapies Add to elective waiting list Further outpatient appointment Referred for MDT discussion Referred to another consultant for the **same** condition
Status 21	Transferred to another provider (i.e. hospital)

Clock Stop - Activity that ends the RTT period	
Status 30	Start of first definitive treatment
Status 31	Start of active monitoring – by patient
Status 32	Start of active monitoring – by clinician
Status 33	DNA first activity
Status 34	Decision not to treat **OR** DNA subsequent activity
Status 35	Patient declined offered treatment
Status 36	Patient died before treatment

Clock not Enabled – Activity that is not part of an Active 18 week RTT period	
Status 90	After treatment (egg. Any activity after first definitive treatment has occurred)
Status 91	Remain on Active Monitoring
Status 92	Direct Access Diagnostic referral
Status 98	Activity not applicable to 18 weeks (e.g. Obstetrics, Fracture Clinic, follow up after emergency admission)
Status 99	Not Yet Known – used for IPT referrals waiting RTT information

27 TRAINING

Training on RTT national rules and RTT statuses is mandatory for applicable staff groups as documented in the Trust Referral Treatment to Training Plan. The RTT training modules are available via Required Learning on HEY 24/7 and the mandated modules for each job role are clearly identified.

After four attempts without success the staff member will be required to attend a face to face group training session with the Performance Training Team and they will need to undertake a test at the end of the session. If the staff member is unable to complete this session successfully the Line Manager will be informed by the Performance Team.

Training	Module	Operational Managers	Booking Centre Staff	Clinic Preparation Staff	Outpatient Nursing Staff	Clinic Receptionists	Diagnostics Staff	Pre-Assessment Nursing Staff	Medical Secretaries	Patient Access Co-ordinators/Tracking & Validation Staff	Waiting List Staff	Ward Clerks	Inpatient Nursing Staff	Nurse Specialists	Support Secretaries	Medical Secretaries with Waiting List	Secretarial Team Leaders	Ward P.A.	MDT Co-ordinator
RTT Training	Elective Care																		
	RTT Basics																		
	Referral Management																		
	Booking 1st Outpatient Appointment																		
	Clinic Attendance and Outcomes																		
	Diagnostics																		
	Pre-operative Assessment																		
	Adding to Admitted Waiting List																		
	Admitted Scheduling																		
	Admissions																		

28 PATIENT TARGETTING LIST (PTL) MANAGEMENT

The Trust manages its PTL via the Patient Pathway Plus (PP+) application. The application automatically extracts and processes the Trust's Referral to Treatment data from the PAS (Lorenzo) overnight daily. The information is presented back validated for review via intuitive Pathway Validation forms and actionable Business Intelligence reports.

The pathway list screen provides the ability to immediately mark the pathway period as validated, potentially removing it from the list of pathways requiring validation.

The Validation list includes a series of information that can itself be instantly filtered on including breach date which should be used to identify the longest wait to ensure the patient is dated for treatment.

It is not always immediately possible to action or validate a pathway for various reasons, in this instance Patient Pathway Plus provides the ability to log a follow up action for the user to come back and look at the pathway at a future date.

Where a pathway has breached then the breach reason should be recorded using the pre-configured drop down list. A notes section is also provided to allow for more explanatory notes to be recorded against the pathway. Recording breach reasons allows for onward analysis and future preventative actions.

29 PERFORMANCE REPORTING

Internal Performance Reports on RTT are available weekly to management teams via the Management Information Folder updated by the Information Department. This folder is managed

to ensure that only required staff have access to patient level information in line with Information Governance. Access to this folder can be requested by email information.share@hey.nhs.uk.

Performance Reports for Health Group and Executive Boards are available monthly by the Corporate Performance Report. Previous copies of these can be found on the Intranet at https://pattie.info/Interact/Pages/Section/Default.aspx?Section=6456 and Internet (for external) at https://www.hey.nhs.uk/about-us/trust-board-meetings/.

National RTT reporting is available http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/. The Trust's performance is uploaded monthly by the Information Department. It is the services responsibility to validate and ensure accurate data entry daily/weekly via the current reports provided to services. The final month end position for non-admitted, admitted and incomplete files are validated and checked by the Performance team prior to final submission.

30 PATIENT INFORMATION

Information for patients/carers is available via the Trust's internet site www.hey.nhs.uk. Specialty specific information is provided by the Specialty at the appropriate point in the patient's pathway. General Hospital information is provided with the patient's first attendance appointment letter.

31 NHS CONSTITUTION REQUESTS FROM PATIENTS

If a patient wants to pursue their rights under the NHS Constitution for an alternative provider, if the service cannot treat them within 18 weeks, then their query should be referred to the Patient Advice and Liaison Service (PALS). The PALS team will then refer their query to the Divisional General Manager or Business Manager for the service and the General Manager of Performance. If the service is unable to resolve the patients query and provide a date for treatment, which the patient accepts, then the Performance team will liaise with the Commissioning Support Unit to source a suitable alternative provider.

If the alternative provide can give an earlier date for treatment than the service, they accept the patient for treatment and the patient wishes to transfer then an Inter Provider Transfer will be generated. The patient will be removed from the waiting list at HEY and their 18 week pathway will transfer to the alternative provider.

32 CANCER PATHWAYS

32.1 Introduction

NICE Referral Guideline for suspected cancer states that when a patient is being referred with a suspected cancer to a cancer specialist service, primary healthcare professional should assess the patient's needs for continuing support while waiting for their referral appointment.

The primary healthcare professional should consider giving the patient and their family and/or carers appropriate information which included:

- Where patients are being referred to
- How long they will wait for an appointment (maximum of two weeks)
- How to obtain further information about the cancer suspected or help prior to the referral appointment
- Who they will be seen by
- What to expect from the service that patient will be attending
- What type of tests will be carried out, and what will happen during the tests
- How long it will take to get results and diagnosis
- Whether they can take someone to the appointment
- Other sources of support, including those from minority groups

32.2 Two week wait

The patient should be informed of the importance of their referral to specialist cancer services by the General Practitioner; the need to be seen quickly and the importance of being available for a quick appointment with the NHS and keeping it.

Patients will not be discharged back to the GP if they are unable to accept an appointment within two weeks from referral date.

Patients referred with a suspected cancer should have their first appointment within a maximum of 14 calendar days, with the clock starting at the time of receipt of referral or converted UBRN;

Appointments for the 2 week standard should be booked in the first instance by electronic referrals through the Electronic Referral Service (ERS) software. The patient is booked into a specific clinic slot or an appointment request is created and the 2 week wait hotline staff informed. In all instances a standard referral template is attached to the request/booking;

By exceptions where a service is not available in Electronic Referral Service (ERS) or the referring GP is unable to access the Electronic Referral Service System, referrals can be sent via the established Two Week Referral pathways. The standard referral template is faxed from GP practices to the dedicated 2 week wait hotline.

No adjustments can be made in relation to patient choice i.e. if an appointment is offered within the required 14 day period and the patient declines/defers that appointment to a date after the 14 day deadline, no legitimate adjustments to the pathway can be applied and the patient will breach the target.

If a patient cannot attend then a further appointment must be negotiated with the patient within 14 days of the original referral receipt or converted UBRN.

If a patient does not attend their appointment then the 2 week wait period will restart from the date of the rebooking of the DNA. Another appointment must be offered.

Please see Appendix 3 in relation to repeat DNAs and Cancellations by patients for further guidance.

32.3 Diagnostic Tests

Patients who are required to have diagnostic tests following the first appointment will have these booked as quickly as possible, in line with the tumour specific pathway, to ensure patients are treated within the 62 day referral to treatment target.

Patients who DNA their diagnostic test(s) will be contacted by the hospital to arrange another date. In the event that the patient does not attend for their appointment for a second time they will be referred back to their GP, if appropriate, and in discussion with the clinical team. To note that this is prior to a positive diagnosis being obtained.

32.4 Did Not Attends

Patients who DNA follow up clinic appointments will be contacted by an appropriate member of the specialist service to arrange further dates emphasising the importance of attending the appointment.

A detailed protocol is at Appendix 3 which details this further.

32.5 31 day standard

Once a decision to treat a cancer patient has been made, the first definitive treatment (i.e. treatment with a curative or therapeutic intent) must be delivered within 31 calendar days. The 31 day standard applies to all disease, irrespective of whether new or recurrent/relapsed. Legitimate

adjustments cannot be made for patients who do not attend, patient cancellation or medically unfit unless the patient is being treated electively as an inpatient or day case.

32.6 62 day standard

First definitive treatment must be delivered within 62 calendar days from the date of initial GP referral, or converted UBRN, for all disease, irrespective of whether new or recurrent/relapse. No pauses or adjustments will be allowed during the diagnostic phase of the 62 day pathway (i.e. between the date first seen and the date of the decision to treat.

Referrers should ensure that patients are made aware that they are being referred on a 'potential' cancer pathway. Therefore patients opting to delay their appointment for more than 14 days should be discouraged.

All cancer patients will be managed according to current national targets.

Tumour site specific guidance is available at Appendix 4 on removing patients from the 62 day cancer PTL.

Patients who have a confirmed cancer and require treatment but who refuse any intervention will be referred back to their GP and removed from the 62 day pathway. If at a later date they choose to return for treatment, the 31 day target (decision to treat to treatment date) will apply.

32.7 Cancer Clock Pause Rules

The rule relating to 'clock pauses' on the referral to treatment pathway for cancer patients differs from the standard rules for referral to treatment in respect of inpatient/day case admissions for treatment.

There is no minimum timescale for "reasonableness" for patients on an inpatient cancer pathway; however common sense should be used. All offers of an admission date should be recorded on the PAS (Lorenzo), the cancer tracker database or the case notes and the clock will be adjusted for the period the patient is unavailable.

33 ANNUAL LEAVE POLICY

The Trust policy on cancellation of clinical sessions is that 8 weeks' notice must be given and agreed by the Divisional General Manager or equivalent triumvirate member. If less notice is given then this must be authorised by the Clinical Director of the Health Group.

34 FURTHER HELP

For further help or support in complying with this policy then please contact the Performance team via performance.performance@hey.nhs.uk.

35 GENERAL PRINCIPLES

Below are general principles that should be followed that are not covered elsewhere in this policy

35.1 Outpatients

- Patients should be given appointments in date order to ensure equity of access except for clinical priority of urgent or cancer.
- There must be a new referral for a patient with an existing condition if the request for further consultation is 6 months after the discharge of the original referral.
- Referrals and waiting times are counted accurately.
- Consultant outpatient clinic templates must be agreed by the service and designed to deliver the contracted levels of activity.
- Staff must abide by the parameters of the clinic template available; unless there are vacant slots, thereby swapping new and follow-up slots accordingly to ensure capacity is fully utilised.

- When logging referrals and booking appointments, the encounters must be attached to the correct RTT pathway. Staff must ensure that duplicate pathways and encounters are not created as this can cause double counting of referrals and miscalculations of the patients' waiting times.
- The patient will be sent a confirmation letter regarding their booked appointment. The letter must be clear and informative and should include a point of contact and telephone number to call if they have any queries. The letter should explain clearly the consequences should the patient cancel the appointment or fail to attend the clinic at the designated time.
- All offers of dates to patients for outpatient, diagnostic or inpatient episodes must be recorded in the PAS (Lorenzo) at the time the offers are made.
- All patients will be given a specified appointment time – no block bookings of appointment times will be administered to clinics.
- Only nominated staff will book appointments into the clinics.
- Where partial booking is used, 1 invite letter should be sent. If a patient does not respond to a partial booking letter, within 17 days the patient will be removed from the waiting list and the referral discharged accordingly. If a GP then contacts the Trust for another appointment this should be treated as a new referral as per date of telephone call or letter.
- Changes to Electronic Referral Service polling ranges must be agreed by the General Manager of Performance.

35.2 Referral Letters

- The aim of the Trust is to receive the majority of referrals via the Electronic Referral Service system.
- The Trust and Primary Care Organisations will continue to work together to ensure that all referrals are appropriate for the services the Trust provides.
- All written referrals must be addressed to the Appointment and Referral Centre, The Wilson Building, Hull Royal Infirmary, Anlaby Road, Hull, HU3 2JZ.
- All referrals (both paper and electronic) must include full demographic details, including NHS number and telephone numbers (both day and evening) to reduce administrative time contacting the patient.
- Consultant annual leave, study leave or sickness, delaying the review of referral letters, must not disadvantage the patient; Health Groups must work with the consultants to ensure there are contingency arrangements to cover periods of leave.
- Paper referrals should be triaged and returned to the Appointment and Referral Centre in 5 working days.
- Generic "Dear Doctor" referrals will be allocated to the appropriate consultant with the shortest waiting time.
- Where a referral is received that requires the consultant / other medical professional to respond in writing with advice, rather than arranging an outpatient appointment, the referral must be updated accordingly on the PAS (Lorenzo). This must be actioned at the time of the written response being generated by the medical secretary.
- If a consultant deems a referral to be inappropriate, it must be sent back to the referral GP with an explanation of why. The referral decision must be updated and discharged accordingly on the PAS (Lorenzo).
- If a referral has been made and the special interest of the consultant does not match the needs of the patient, the consultant should cross-refer the patient to the appropriate colleague where such a service is provided by the Trust and the referral amended on the PAS (Lorenzo). The patient's waiting time is not affected.

35.3 Pre-Operative Assessment

- Where pre-operative assessment is required, patients should be assessed as soon as possible after the decision to admit is made to ensure that the patient is fit for the procedure.

35.4 Elective Admissions

- Patients are admitted depending on clinical priority and 18 week target wait time.

- All patients will be kept fully informed from the point of addition to a waiting list to their admission offer and have a known point of contact at the Trust.
- Users will maintain waiting lists on PAS (Lorenzo) in a timely manner to ensure that waiting times are correctly calculated.
- Where partial booking is used, 2 invite letters should be sent. The second letter should be sent 14 days later if no response to the first letter. If the patient does not respond to the second letter after the 7 days, the patient will be removed from the waiting list and the referral discharged accordingly. If a GP then contacts the Trust for another appointment this should be treated as a new referral as per date of telephone call or letter.
- Users will maintain ORMIS (Theatre Management System) in a timely manner to ensure that theatre utilisation can be effectively monitored.
- All elective patients should be added to a waiting list prior to arranging admission to hospital.
- The Trust currently operates 2 waiting list queues or either urgent or routine.
- It is recommended that waiting lists should only be sub-divided into a limited number of small lists, i.e., inpatient, day case, paediatrics, minor procedures.
- The active waiting list should only consist of patients awaiting admission who are fit, willing and able to come in.
- Where fast tracking is in place within a specialty, if a patient is discharged back to their GP as they are unfit and they are to be managed in primary care until the point they are fit. This must be communicated in writing to the GP. Once the GP informs the specialty that the patient is now fit, a new 18 week pathway and clock will be started for the patient.

35.5 Clinical Correspondence

- Services should ensure that clinical correspondence (outpatient letters, result letters) should be typed and sent, to the GP/referrer/patient within 7 days of dictation.
- Immediate Discharge Letters should be sent to the GP within 24 hours of discharge
- The Trust monitors typing turnaround at specialty level
- For services who are outside of this standard then actions should be put in place by the Divisional General Manager to ensure compliance with further escalation should this not be met.

36 PROCESS FOR MONITORING COMPLIANCE

In order to establish that this policy and its associated procedures are appropriately carried out, and reflect current standards, an audit of the processes will be undertaken on a specialty basis. Waiting lists will also be subject to a rolling validation programme according to best practice.

The outcome of the audit will be presented to the Executive Performance meeting with any remedial actions documented, agreed and implemented.

37 ROLES AND RESPONSIBILITIES

37.1 Patient

The roles and responsibilities of the patient are to:

- Consider the choice options that are available to them;
- Make every effort to accept the appointments that are available;
- Communicate to the hospital or GP if treatment and/or appointments are no longer required and
- Attend agreed appointments and give sufficient notice in the event of the need to change agreed date or time.

37.2 Referrer / General Practitioner

The roles and responsibilities of the referrer are to:

- Offer choice of provider to the patient

- Raising patients' awareness of their maximum waiting time right and what they can do if they are concerned that they will wait too long before starting treatment
- Ensure that the patient is medically fit prior to referral – particularly for elective operations
- Ensure that the patient is available to be seen and treated within 18 weeks of referral
- Send referrals to all Consultant led services via the Electronic Referral Service

37.3 Chief Executive

The roles and responsibilities of the Chief Executive are to:

- Primary responsibility for ensuring the waiting time data their organisation submits to NHS England is accurate
- Systems and processes are in place to provide assurance and that the waiting list undergoes external audit at least every 3 years

37.4 All Staff

All staff will ensure that any data created, edited, used or recorded on the Trust's Patient Administration System (Lorenzo) is accurate, timely, relevant, valid, complete and fit for purpose.

Staff must keep themselves updated and informed by reading and digesting other Trust policies relating to collection, storage and use of data in order to maintain the highest standards of data quality and to maintain patient confidentiality.

37.5 Operational Management Teams

The roles and responsibilities of the Operation Directors / Divisional General Managers are to:

- Have overall responsibility for implementing and ensuring adherence to the policy within their area.
- Have overall responsibility for ensuring staff are fully trained and annual training records are up to date.
- To review demand and capacity for outpatient, inpatient, day case and diagnostic services to ensure patients are seen within a timely manner and the RTT 18 week target is met.

37.6 Performance Department

The roles and responsibilities of the Performance Department are to:

- Provide expert advice and support to all staff in the effective implementation of this policy
- Ensure that the Trust's Access Policy is up to date and reviewed annually
- Ensure that submissions to Department of Health are checked for accuracy
- Manage patient enquiries for requests for alternative provider under the NHS Constitution

37.7 Clinical Teams

The roles and responsibilities of the clinicians and medical staff are to:

- To review all patient referrals, allocating clinical priority and accepting / rejecting referrals within 5 working days of receipt to the Trust.
- Managing medical staff to ensure that scheduled outpatient clinics and operating theatre sessions are held to avoid the need to cancel patient treatment.
- To assist with the monitoring of waiting lists, and working with appropriate management to proactively plan additional capacity as and when required and to work towards sustainability to enable the Trust to become a lead service provider for the 18 week target.
- Ensure that all clinic attendances are outcome accurately by completing all sections of the "clinic outcome sheet"
- Clinicians must arrange and carry out all of the necessary steps in a patient's care and treatment related to that particular problem / condition rather than requesting the patient's GP to undertake these.
- Clinicians will organise the different steps in a care pathway promptly and communicate clearly with patients and GPs. This will include notifying patients of the results of clinical investigations and treatments in an appropriate and cost-effective manner, for example by telephone or letter.

37.8 Administrative Teams (Patient Administration & Non-Patient Administration)

The roles and responsibilities of the administrative teams are to:

- To record accurate referrals within 24 hours of receipt including the accurate management of tertiary referrals.
- To maintain up to date waiting lists both Outpatient, Day Case, Elective, Planned and Diagnostic patients
- To highlight capacity short falls in a timely manner to avoid patient wait times being compromised.
- To provide patients with earliest reasonable offer date (EROD), providing a choice of dates and relevant notice
- To record RTT status on the patient's pathway and keeping Lorenzo updated if the RTT clock is to stopped
- To ensure all activity is validated with an accurate RTT code.
- Staff who record and report waiting times data to ensure it is accurate and of high quality
- Ensure the necessary training is undertaken via HEY 247 on an annual basis
- Ensure that patients are tracked proactively and results given to clinicians for management decisions to be made
- Ensure that clinical correspondence is typed and sent within 7 days of dictation
- Undertake any necessary actions arising from the typing of letters e.g. stop RTT pathways when patients are discharged
- Ensure Inter-Provider Transfer forms are completed for any patient referred out of or into the Trust
- Responsible for handling patient queries promptly and resolving, where appropriate, the patient enquiry.

38 REFERENCES

The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules)(Amendment) Regulations 2014
http://www.legislation.gov.uk/uksi/2014/91/introduction/made

National RTT Rules Suite (October 2015)
https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks

NHS Constitution (2015)
https://www.gov.uk/government/publications/the-nhs-constitution-for-england

Overseas Visitors
http://intranet/overseasVisitors/

Exceptional Treatment Guidance
http://intranet/exceptionalTreatments/

Professional and Study Leave Policy for Medical and Dental Staff
http://intranet/policies/policies/345.pdf

Clinical Guideline for the Management of Children and Young People who do not attend or cancel their appointments – Guideline 290
http://intranet/proceduraldocuments/Default.aspx

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All staff			

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May 2015	5	General Manager of Performance	Update to Policy in line with SDIP and IMAS Guidelines
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November 2015	8	General Manager of Performance	Removal of clock pauses; Removal of admitted and non-admitted standards; Addition of Roles and Responsibilities section
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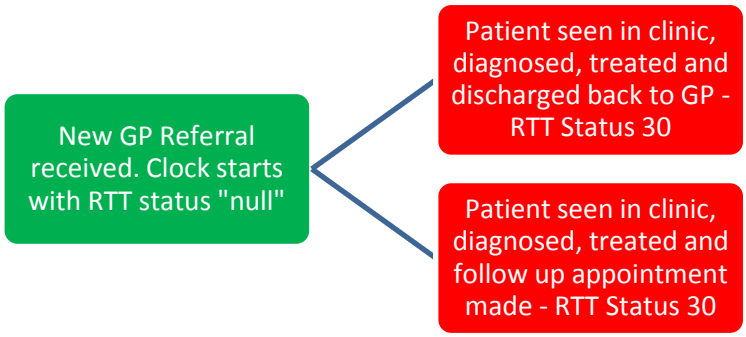
August 2016	8.2	General Manager of Performance	Addition of Advice & Guidance section
December 2017	9	General Manager of Performance	Removal of pathway scenario 12 (pathway suspension) Amendment to Training section (now available on 247) Amendment to Performance Reporting (Pattie) Amendment of referral triage to 5 days Amendment to responsibilities of Clinicians Amendment to Consultant to Consultant Referrals Amendment to Planned Overdue – active at 6 weeks overdue
October 2018	10	General Manager of Performance	Amendment to number of patient cancellations from 3 offers to 2 offers Update of e-Referral system processes Update of Advice & Guidance processes Update of RTT statuses to include 92 and 99
April 2019	10.1	Head of Performance	Addition of Appendix 3 – Multiple DNA and Cancellation Protocol for patients on a 62 day Cancer pathway Addition of Appendix 4 – Tumour Site specific removals from PTL Guidance

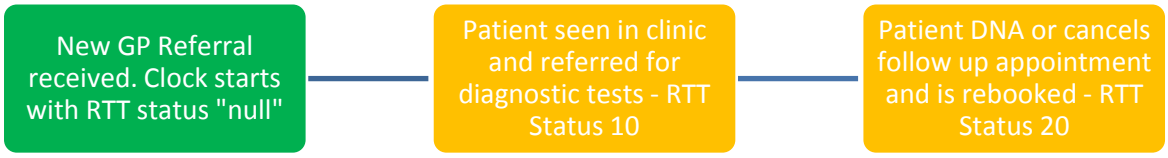
			Update to RTT DNA guidelines

39 Appendix 1 – PATHWAY SCENARIOS

Scenario 1 – patient treated at first attendance

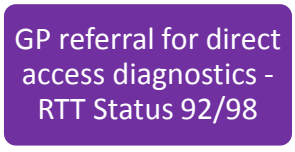


Scenario 2 – patient sent for diagnostic tests

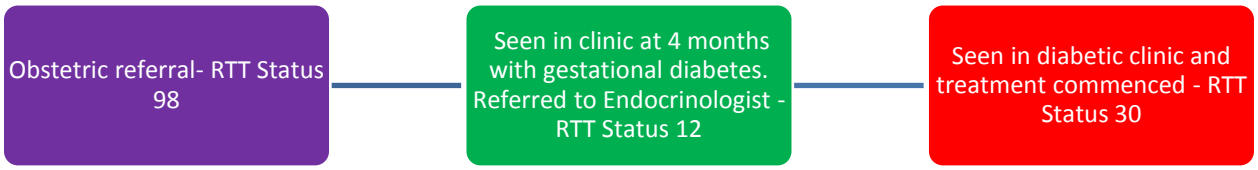


Scenario 3 – referral sent straight to test

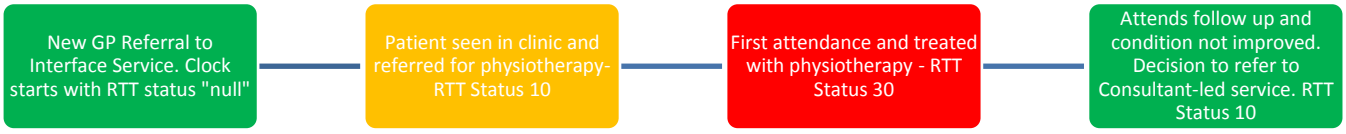
Scenario 4 – direct access diagnostics



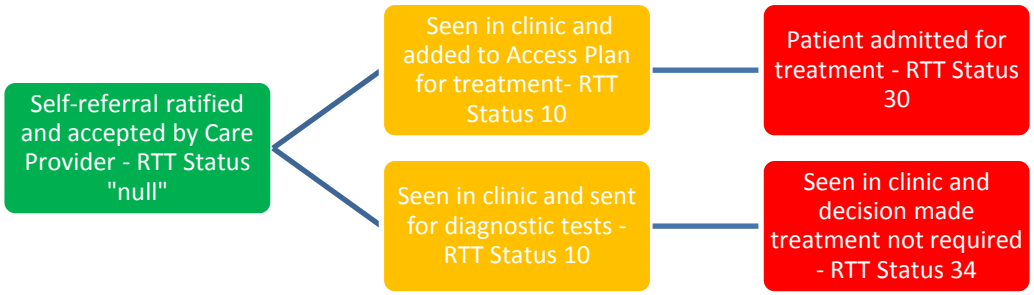
Scenario 5 – Obstetric Pathways



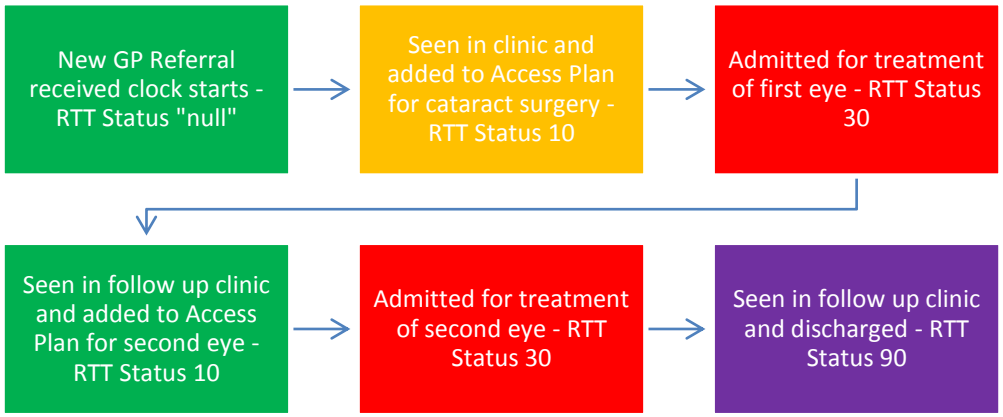
Scenario 6 – Interface Services i.e. Musculo-Skeletal Service



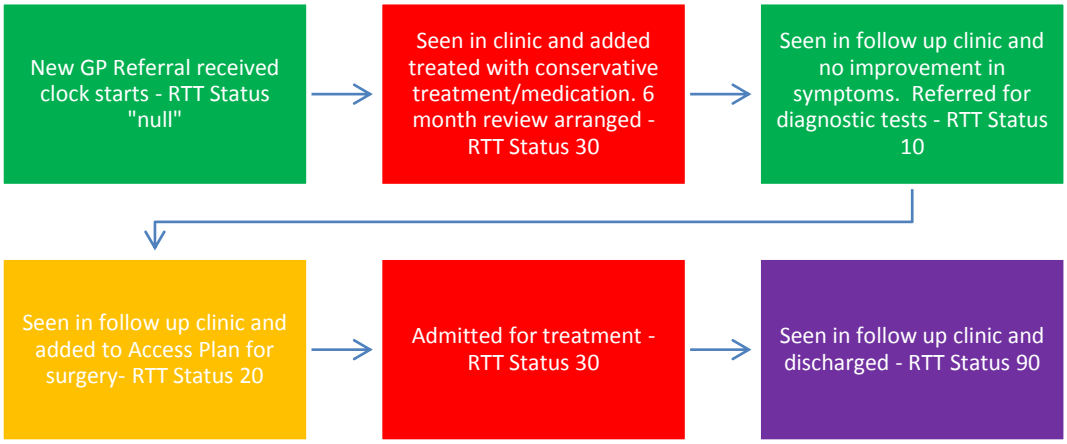
Scenario 7 – Self-referrals



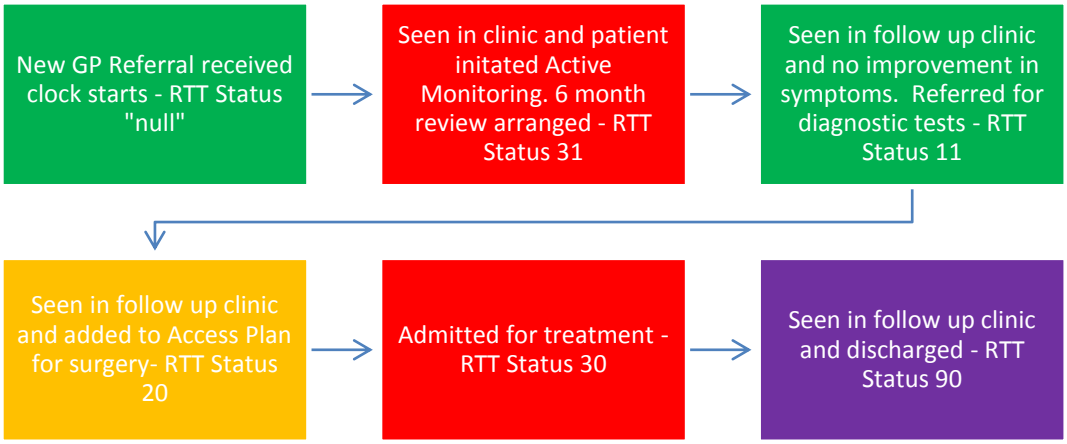
Scenario 8 – Bilateral Procedures



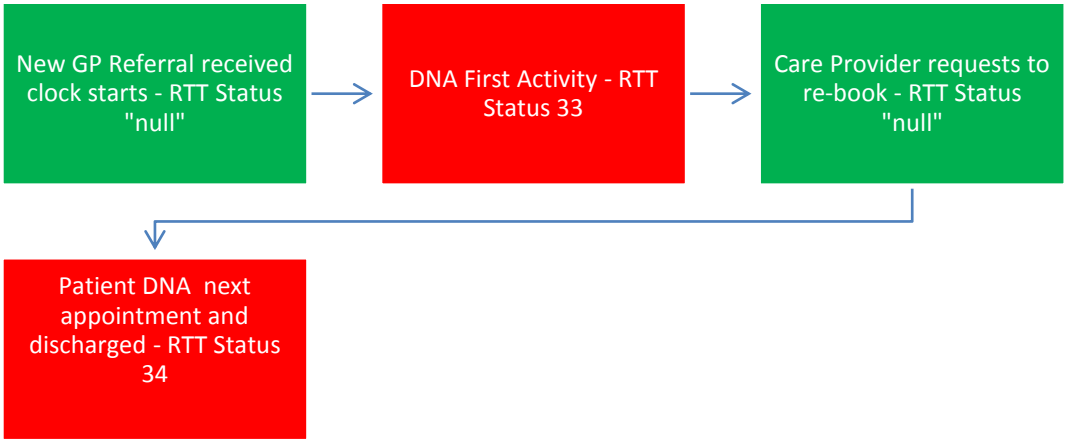
Scenario 9 – Substantially new or different treatment



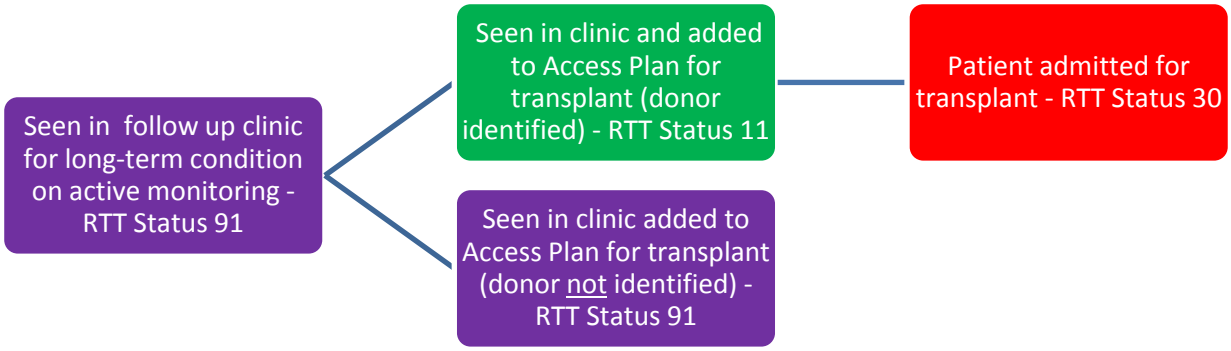
Scenario 10 – Decision to treat following Active Monitoring



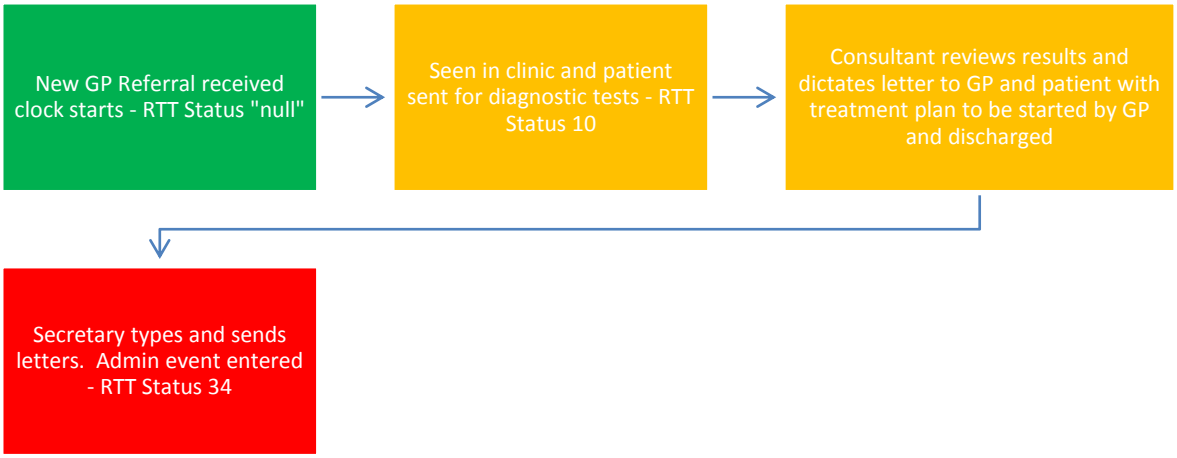
Scenario 11 – DNA first appointment and appointment re-booked



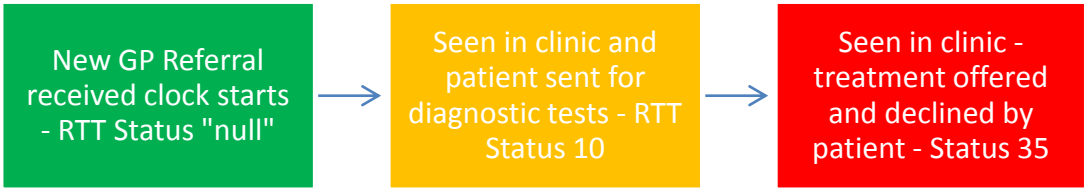
Scenario 12 – Add to Transplant list



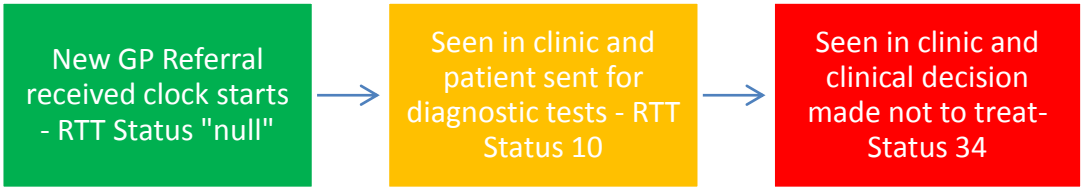
Scenario 13 – Non-consultant led treatment in primary care



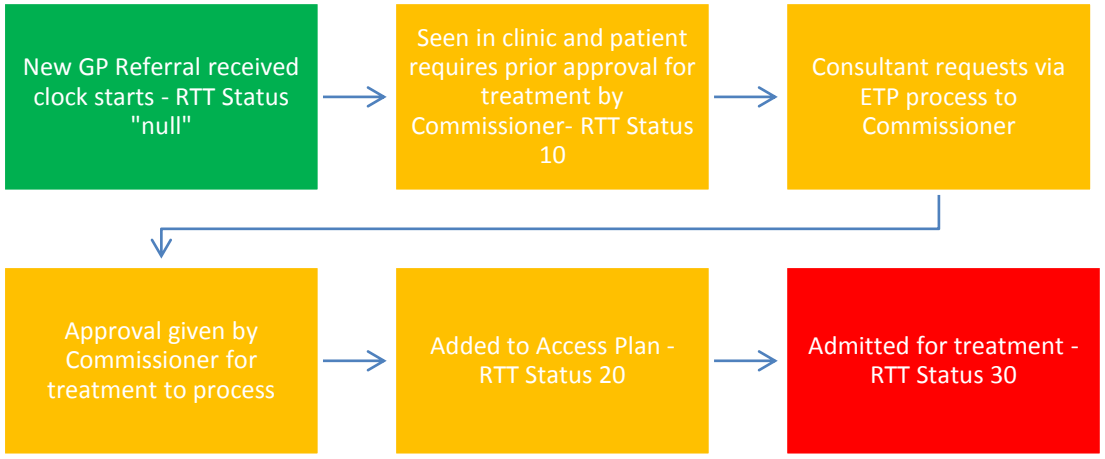
Scenario 14 – Patient declines treatment



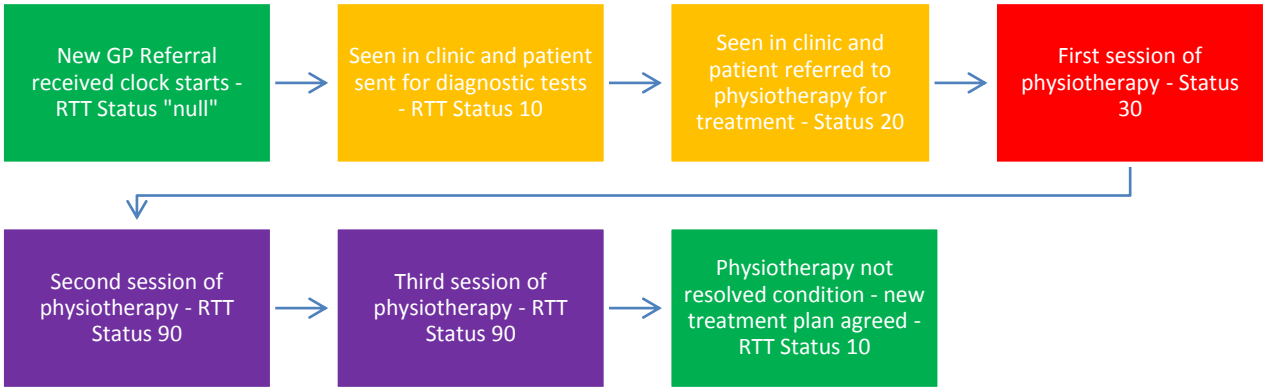
Scenario 15 – Clinical decision not to treat



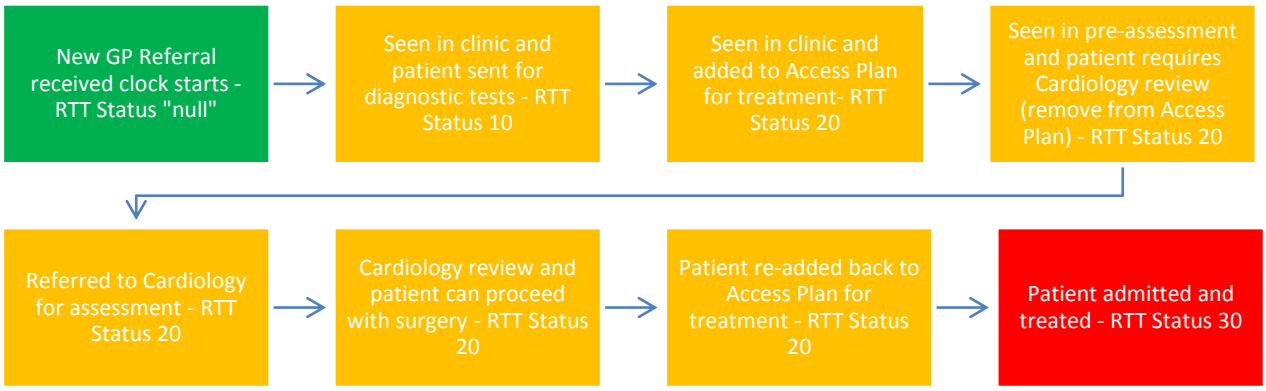
Scenario 16 – Exceptional Treatment Request by Hospital



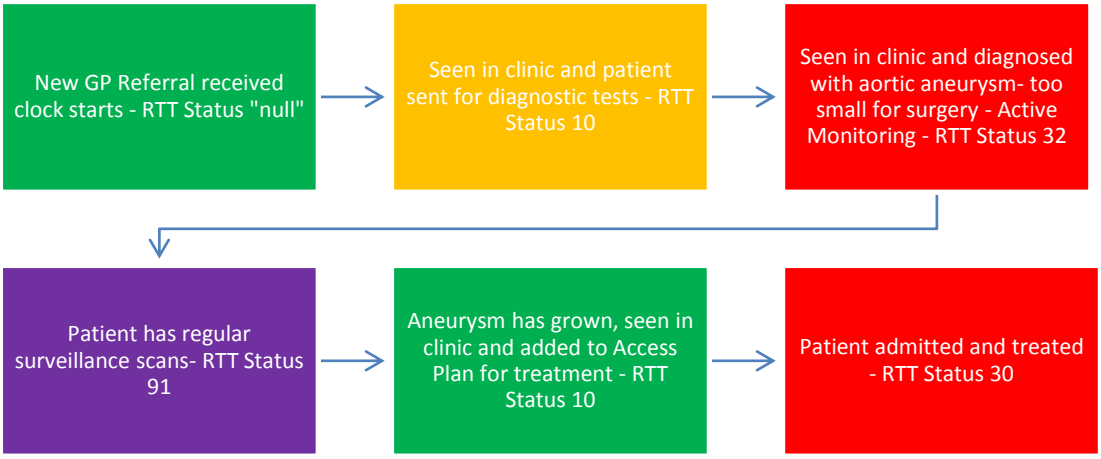
Scenario 17 – Ongoing treatments



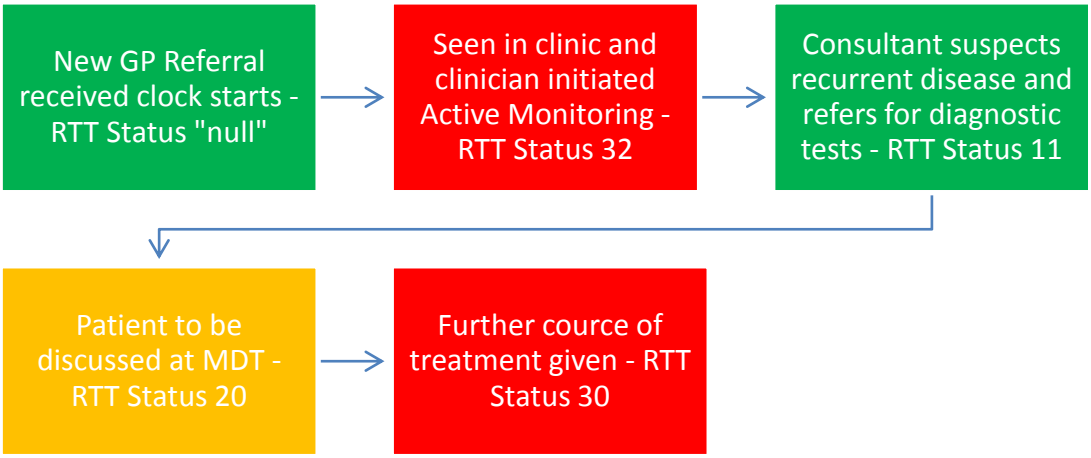
Scenario 18 – Patient requires Cardiology assessment



Scenario 19 – Surveillance Pathway



Scenario 20 – Active Monitoring



40 Appendix 2 - DEFINITIONS / GLOSSARY

Term	Meaning
Active monitoring	A waiting time clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures at that stage. A new waiting time clock would start when a decision to treat is made following a period of active monitoring (also known as watchful waiting). 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 a waiting time clock. If a patient is subsequently referred back to a consultant-led service, then this referral starts a new waiting time clock.
Admission	The act of admitting a patient for a day case or inpatient procedure.
Admitted pathway	A pathway that ends in a clock stop for admission (day case or inpatient).
Bilateral (procedure)	A procedure that is performed on both sides of the body, at matching anatomical sites. For example, removal of cataracts from both eyes.
Care Professional	A person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
Care Records System (PAS (Lorenzo))	The electronic system used to manage patient's Care Records, i.e. Lorenzo
Clinical decision	A decision taken by a clinician or other qualified care professional, in consultation with the patient, and with reference to local access policies and commissioning arrangements.
Clock pause	See *pause.*
Consultant	A person contracted by a healthcare provider who has been appointed by a consultant appointment committee. He or she must be a member of a Royal College or Faculty. Consultant-led waiting times exclude non-medical scientists of equivalent standing (to a consultant) within diagnostic departments
Consultant-led	A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care
Convert(s) their UBRN	When an appointment has been booked via Electronic Referral Service, the UBRN is converted. (Please see definition of UBRN).

DNA – Did Not Attend	In the context of consultant-led waiting times, this is defined as where a patient fails to attend an appointment/ admission without prior notice.
Decision to admit	Where a clinical decision is taken to admit the patient for either day case or inpatient treatment.
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient.
Electronic Referral Service	A national electronic referral service that gives patients a choice of place, date and time for their first consultant outpatient appointment in a hospital or clinic.
First definitive treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes first definitive treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.
Fit (and ready)	A new RTT clock should start once the patient is fit and ready for a subsequent bilateral procedure. In this context, fit and ready means that the clock should start from the date that it is clinically appropriate for the patient to undergo that procedure, and from when the patient says they are available
Healthcare science intervention	See *Therapy*
Interface service (non-consultant led interface service)	All arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care. Consultant-led referral to treatment relates to hospital/consultant-led care. Therefore, the definition of the term 'interface service' for the purpose of consultant-led waiting times does not apply to similar 'interface' arrangements established to deliver traditionally primary care or community provided services, outside of their traditional (practice or community based) setting. The definition of the term does not also apply to: • Non-consultant led mental health services run by Mental Health Trusts. • referrals to 'practitioners with a special interest' for triage, assessment and possible treatment, except where they are working as part of a wider interface service type arrangements as described above.
Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'.
Non consultant-led	Where a consultant does not take overall clinical responsibility for the patient.
Non consultant-led interface service	See *interface service.*
Pause/ clock pause	From 1st October 2015, there is no provision to pause or suspend

	an RTT waiting time clock **under any circumstances**.
Reasonable offer	*A reasonable offer* is an offer of a time and date three or more weeks from the time that the offer was made.
Referral Management or assessment service	Referral management or assessment services are those that do not provide treatment, but accept GP (or other) referrals and provide advice on the most appropriate next steps for the place or treatment of the patient. Depending on the nature of the service they may, or may not, physically see or assess the patient. Referral Management and Assessment Services should only be in place where they carry clinical support and abide by clear protocols that provide benefits to patients. They must not be devices either to delay treatment or to avoid local clinical discussions about good referral practice. A waiting time clock only starts on referral to a referral management and assessment service where that service may onward-refer the patient to a surgical or medical consultant-led service before responsibility is transferred back to the referring health professional.
Referral to treatment period	The part of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other clock stop.
Straight to test	A specific type of direct access diagnostic service whereby a patient will be assessed and might, if appropriate, be treated by a medical or surgical consultant-led service before responsibility is transferred back to the referring health professional.
Substantively new or different treatment	Upon completion of a consultant-led referral to treatment period, a new waiting time clock starts upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan. It is recognised that a patient's care often extends beyond the consultant-led referral to treatment period, and that there may be a number of planned treatments beyond first definitive treatment. However, where further treatment is required that was not already planned, a new waiting time clock should start at the point the decision to treat is made. Scenarios where this might apply include: • where less 'invasive/intensive' forms of treatment have been unsuccessful and more 'aggressive/intensive' treatment is required (e.g. where Intra Uterine Insemination (IUI) has been unsuccessful and a decision is made to refer for IVF treatment); • patients attending regular follow up outpatient appointments, where a decision is made to try a substantively new or different treatment. In this context, a change to the dosage of existing medication may not count as substantively new or different treatment, whereas a change to medication combined with a decision to refer the patient for therapy might.

	Ultimately, the decision about whether the treatment is substantively new or different from the patient's agreed care plan is one that must be made locally by a care professional in consultation with the patient.
Therapy or Healthcare science intervention	Where a consultant-led or interface service decides that therapy (for example physiotherapy, speech and language therapy, podiatry, counselling) or healthcare science (e.g. hearing aid fitting) is the best way to manage the patient's disease, condition or injury and avoid further interventions.
UBRN (Unique Booking Reference Number)	The reference number that a patient receives on their appointment request letter when generated by the referrer through Electronic Referral Service. The UBRN is used in conjunction with the patient password to make or change an appointment.

41 Appendix 3 - Protocol for managing patients who continually 'did not attend' and/or 'cancel investigation(s)/Out-patient appointments'

There is a cohort of patients who do not comply with the 62 day pathway and subsequently stay on the pathway (PTL) for many weeks and often beyond breach date without fully engaging with the services who provide their care.

General Practitioners are obliged to inform patients that they are being referred on a fast track pathway for suspected cancer and to ensure the patient is available for their first appointment with a hospital specialist within 14 days.

The Trust requires a clear protocol to support the effective management of patients who 'do not attend' (DNA) for out-patient appointments (OPA) or booked diagnostic investigations or who agree to test dates but subsequently cancel numerous times. The protocol aims to safeguard the best interest of patients whilst ensuring capacity is used optimally and does not disadvantage users.

Patients who DNA their 2WW appointment three times will be discharged back to primary care if the following does not encourage them to attend:

- Patients who DNA a diagnostic (or cancel) test for the first time:
    - Should be contacted by telephone wherever possible by the relevant patient administrator to determine if the patient intends to attend the hospital for the relevant test and a new date agreed with the patient followed up by a letter +/-and instructions or preparations. E.g. Picolax for endoscopy procedures
    - Where the patient is not contactable by telephone a new date should be booked within 7-10 days and a letter posted out the same day +/- instructions
    - Steps taken will be confirmed and documented in Somerset Cancer Registry tracking notes
- Patients who DNA a diagnostic (or cancel) test for a second time:
    - The service specific Clinical Nurse Specialist (CNS) should make contact with the patient/or the GP to ascertain if the patient has any concerns or reasons for the second DNA.
    - Where relevant the patient should be reassured; establish if patient intends to attend for the test; agree a new date and follow up with a letter/instructions etc.
    - CNS to discuss with Consultant any relevant information to be considered at this stage and agree next steps if a third DNA occurs
    - All steps will be documented in Somerset Cancer Registry tracking notes
- Patients who DNA a diagnostic (or cancel) test for a third time:
    - CNS to inform Consultant and prepare to discharge back to primary care or write to patient advising them that unless they are prepared to engage with the health process within a set timescale (e.g. 2 weeks) they will be discharged.

- Patient will be removed from 62 day pathway PTL and will be recorded in Somerset Cancer Registry tracking notes.
- Episode will be closed on Somerset Cancer Registry.

Patients should not be discharged and removed from the PTL unless a robust process has been followed which allows the patient every opportunity to engage with the Trust to provide them with the care and treatment they may require.

42 Appendix 4 - Tumour Site specific removals from 62 day PTL

This clearly sets out tumour specific, locally agreed by clinicians and managers when patients can be removed from the PTL. This does not remove patients from clinical care where diagnosis/treatment for a benign condition has not been excluded; patients will continue on an 18 week pathway until discharged or treated.

The exceptions below are defined to allow the Cancer Patient Coordinator(s) to remove patients from the 62 day pathway without consulting with medical or managerial staff, therefore managing the PTL to allow appropriate time to track those patients who are more likely to have a cancer diagnosis.

COLORECTAL

Patients can be removed from a colorectal pathway following two negative tests for cancer; this will usually be a clear scope investigation and/or CT. In addition, where patients have a colonoscopy and it is negative or if any histology has been deemed 'routine' by the operator removing it means it is an indication that the doctor does is not considering a cancer diagnosis and therefore can be removed from a 62 day pathway.

On very rare occasions when a biopsy result is positive for cancer the patient is immediately returned to the original 62 day pathway and managed appropriately. This is likely to result in a breach of the 62 day standard.

UROLOGY

Patients on a suspected prostate cancer pathway can be removed on the production of a Consultant letter to the GP which clearly states that there is no risk of significant cancer and the management intent is to follow the patient up in 3 or more months to monitor their PSA levels. This exception applies to patients whereby clinicians do not think there are compelling enough reasons to subject them to invasive tests.

BREAST

Suspected breast cancer patients who have been diagnosed with a differential diagnosis of fibroadenoma/phyllodes tumour (usually classified as B3) can be removed from the PTL as these patients receive written confirmation that they do not have cancer.

LUNG

Patients presenting with suspected lung cancer who have lung nodules that remain too small to obtain a histological diagnosis or to be characterised will be removed from the 62 day list but will be continued to be managed/tracked on a 'Watch and Wait' list. This patient group return for regular surveillance CT scans to monitor the nodules. If cancer is diagnosed at a later stage the patient will be managed and tracked on a 31 day (DTT) pathway.

HEAD AND NECK

When a Consultant letter clearly states that the patient does not display “red flag” symptoms +/- requests for a barium swallow, MRI or CT for completion then patients can be stepped down from a 62 day pathway and continue to be managed as a non-cancer patient.

THYROID

Patients with Thy3 results are unlikely to be diagnosed with a malignancy and will be on a 3 month follow up; where this is documented the patient can be stepped down from a 62 day pathway and continue to be managed as a non-cancer patient.