

Elective Access

UCLH policy

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Responsible Director	Medical Director - Surgery and Cancer
Policy Author	Elective Access Programme Manager
Review Body	Elective Access Board
Documents to read in conjunction with this policy	Cancer Waiting Times Operational Policy Cancer Waiting Times: 'a guide' Patient Access User Manual Practice Guideline -Supporting people with learning disabilities and autism Treatment of Overseas Visitors Policy
Complete review by date	31 July 2019

List of reviewers & contributors <i>Include here whether Counter Fraud; Infection Control Team or Interserve Facilities Management (IFM) were asked to review the policy and if comments were received</i>	Elective Access Programme Manager Head of Planning and Performance Head of Information Director of Planning and Performance Medical Director – Surgery & Cancer Medical Director – Specialist Hospitals Heads of Operations Divisional Managers General Managers UCLH Future Patient Access and Administration Programme NHS Camden Clinical Commissioning Group UCLH patient and public governors	
<i>Summary of main points from consultation</i>		
Review body	Elective Access Board	6 May 2016
Date of meeting when policy approved	25/07/16	

Review amendment log

Version No	Date amendments made	Description of change
4	June 2016	Policy updated to: <ul style="list-style-type: none"> • reflect October 2015 changes to national RTT rules • include national diagnostic rules
4.1	10 April 2017	Paragraph 7.1.10 amended. At the end of the first sentence the words 'unless there is a clinical reason not to do so', added and the last sentence deleted.

Environmental



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1.0 Summary

- 1.1. This policy sets out how University College London Hospitals NHS Foundation Trust (UCLH) manages referrals and admissions for elective and diagnostic pathways into and within the organisation to ensure timely, safe and fair access to services for patients.
- 1.2. This policy has been written in line with the national policies regarding 'Referral to treatment consultant-led waiting times' and 'Diagnostic waiting times and activity'. The best interests of patients are foremost. It ensures that patient waiting times are consistently measured to enable monitoring against compliance with the national waiting time standards.
- 1.3. Patients on cancer pathways should be managed in line with the '[Cancer Waiting Times Operational Policy](#)' and '[Cancer Waiting Times: a guide](#)'.
- 1.4. UCLH is committed to delivering top quality patient care and ensuring patient access is transparent, fair and managed according to clinical priority. UCLH is also committed to working as part of the healthcare sector and so is committed to working with primary care and other providers to ensure rapid, effective and seamless patient care.
- 1.5. This policy sets out the responsibilities of UCLH staff and should be read in conjunction with the [Patient Access User Manual](#). Staff involved in managing patients' pathways for elective care must not carry out any action about which they feel uncertain or that might contradict this policy. If in any doubt, staff should check with their line manager, local RTT lead or the elective access training and validation team. A glossary of terms is set out in [Appendix 1](#).

2.0 Equality Impact Statement

- 2.1 The author of this policy has undertaken an Equality Impact Assessment (EIA) and has concluded that there is no negative impact on any of the protected equalities groups and has a positive impact on people with disabilities – see [section 3.6](#) below. The completed EIA form is available from the Policy Compliance Officer.

3.0 Introduction

- 3.1 This policy details how patients will be managed administratively at all points of contact within UCLH and should be read in conjunction with the [Patient Access User Manual](#).
- 3.2 The policy has been developed to ensure UCLH provides a consistent, equitable and fair approach to the management of patient referrals and admissions that meets the requirements of the NHS Operating Framework and the commitments made to patients in the NHS Constitution.

- 3.3 The NHS Constitution states that patients have the right to start their consultant led treatment for certain non-urgent conditions within a maximum of 18 weeks of referral. If the trust is unable to treat patients within this timescale, the NHS will make every effort to offer patients the service at an alternative healthcare provider.
- 3.4 Patients with more urgent conditions, such as cancer or heart disease, will be seen and treated more quickly and their waiting times will be governed by local policies in these areas.
- 3.5 Early diagnosis is important to patients and central to improving clinical outcomes. Patients can expect to be seen for key diagnostic tests within six weeks, including for specific tests requested by primary care practitioners.
- 3.6 UCLH will work to ensure fair and equal access to services for all patients, and ensure it meets its obligations towards people who have had, or have disabilities under the Equality Act (2010). This places a legal obligation on organisations to make reasonable adjustments to facilitate the care of people with disabilities. The decision as to what adjustments to make is not prescriptive, and must be agreed with the patient, their carer and the team caring for the person. By law, if the adjustment is reasonable, then it should be made. Examples of reasonable adjustments can be found in the practice guideline: '[supporting people with learning disabilities and autism](#)'.

4.0 Objectives

- 4.1 This policy sets out the way in which UCLH will manage patients who are waiting for treatment on elective non-admitted, admitted or diagnostic pathways. It covers the management of patients at all sites where UCLH operates, including outreach clinics.
- 4.2 Every process in the management of patients who are waiting for treatment must be clear and transparent to the patients and to partner organisations and must be open to inspection, monitoring and audit.
- 4.3 UCLH will give priority to clinically urgent patients and treat everyone else in order of waiting time. War pensioners and service personnel injured in conflict must receive priority treatment if the condition is directly attributable to injuries sustained in conflict.
- 4.4 UCLH will work to meet and improve on the maximum waiting times set by the Department of Health for all groups of patients.
- 4.5 UCLH will aim to negotiate appointment and admission dates and times with patients and ensure that offers of dates are within maximum waiting times and clinically appropriate.
- 4.6 UCLH will work to ensure fair and equal access to services for all patients in accordance with the Equality Act (2010).

- 4.7 In accordance with training needs analysis, staff involved in the implementation of this policy, both clinical and clerical, will undertake training provided by UCLH and regular annual updates. Policy adherence will be part of the staff appraisal process.
- 4.8 UCLH will ensure that management information on all waiting lists and activity is recorded on an appropriate UCLH system. This must be CareCast or other approved reporting systems authorised by the Director of Planning and Performance, e.g. Radiology Information System (RIS). All approved reporting systems form part of the UCLH electronic patient record (EPR). Standalone or paper based systems must not be used in isolation or without prior agreement with the Director of Digital Services.

5.0 Scope

- 5.1 This policy sets out the overall expectations of UCLH and its local commissioners on the management of referrals and admissions into and within the organisation, in line with current national policy regarding patient access and waiting times and defines the principles on which the policy is based.
- 5.2 A separate Patient Access User Manual reflects the processes by which the policy expectations are activated.
- 5.3 This policy and the [Patient Access User Manual](#) are intended to be of interest to and used by all staff within UCLH, who are responsible for referring patients, managing referrals, adding to and maintaining waiting lists for the purpose of organising patient access to hospital treatment. The principles of the policy apply to both medical and administrative waiting list management.

6.0 Duties and Responsibilities

ROLE	RESPONSIBILITY
Medical Directors Clinical Boards	Accountable for: <ul style="list-style-type: none"> • implementation of and compliance with Elective Access Policy • ensuring delivery and monitoring of waiting time standards and waiting list management
Corporate Directors Director of Digital Services Director of Planning and Performance	Accountable for: <ul style="list-style-type: none"> • maintenance of CareCast and other reporting and waiting list transactional systems • management of data once it has been entered on to CareCast and other waiting list reporting systems • reporting information to Clinical Board Medical Directors • feeding information into appropriate operational and

	performance forums
Head of Information	<ul style="list-style-type: none"> • providing regular data quality audits of standards of data collection, data quality measures and reports • recording the submission of central returns produced by the Information Services Department
Elective Access Manager	<ul style="list-style-type: none"> • monitoring performance against locally or nationally agreed targets • working with Clinical Boards to ensure sustainability.
Elective Access training and validation team	Through the Elective Access Manager: <ul style="list-style-type: none"> • design and delivery of the comprehensive training programme in relation to elective and diagnostic patient administration • working with divisions to ensure a standardised approach to validation and ensuring data quality
Clinical Staff	Through their relevant Divisional Clinical Director to the Clinical Board Medical Director: <ul style="list-style-type: none"> • compliance with their responsibilities as set out in the Elective Access Policy
General/Service Managers	Through Divisional Managers: <ul style="list-style-type: none"> • ensuring data is accurate and Elective Access Policy is complied with • achieving access targets • supporting waiting list administrators
Waiting List Administrators	Whether clinic staff, secretaries, pathway coordinators, validators or booking clerks responsible to Service/General Managers for: <ul style="list-style-type: none"> • compliance with all aspects of the Elective Access Policy • day-to-day management of their lists, ensuring that information is accurately inputted on patient administration systems at source
All Staff	If involved in managing patients' pathways: <ul style="list-style-type: none"> • must not carry out any action about which they feel uncertain or that might contradict this policy • always check with their line manager, local RTT admin lead, or the central elective access training and validation team <p>*Non- compliance with the above could result in action under the UCLH Disciplinary Policy</p>
GPs	<ul style="list-style-type: none"> • ensuring patients are made aware during their consultation of the likely waiting times for a new outpatient consultation and of the need to be contactable and available when referred.
Clinical Commissioning	<ul style="list-style-type: none"> • strategic communication, ensuring robust communication links are in place across the system

Group (CCG)	
UCLH	<ul style="list-style-type: none"> ensuring effective two-way communication with GPs and the CCG

7.0 Details of policy

7.1 Management of New and Follow-up Outpatient Appointments

7.1.1 Named referrals

Referrals should be made to a service rather than a named clinician; however patients have the legal right to choose the consultant-led team for their first outpatient appointment. Patients may be offered the choice of an earlier appointment with another consultant-led team but, if a patient turns down this offer, their waiting time clock should continue to tick.

7.1.2 Outpatient referrals

- For RTT pathways, a patient's clock will start either when a paper referral is received by UCLH or on the date that UCLH receives notice via the e-Referral Service (Choose and Book) or via the 'Defer to Provider' functionality.
- Referrals must be registered and entered onto UCLH systems within 24 hours of receipt of the referral into UCLH.
- Clinical review must take place within four working days of receipt of referral. The only exception would be in the case of a specialised service provided by a single clinician who is only contracted to work one day a week.
- Patient contact must be made within five working days of receipt of referral by sending the patient a provisional offer letter. Patients will have the opportunity to negotiate the appointment time and date in the context of a 'reasonable offer' (see 7.1.4 below).
- Appointments made by Choose and Book will be processed in line with the same standards as paper referrals.
- For Choose and Book referrals, GPs should attach referrals within three working days for routine appointments. Where a GP has not attached a referral within seven working days, the patient will be discharged back to the GP and the patient and GP will be informed in writing.
- For patients requiring individual funding approval, where the commissioner has been asked for funding prior to a referral being made, and the patient is aware of this, an RTT clock will only start once the funding has been approved and a referral is subsequently made to the service.

7.1.3 General principles for booking

- All patients must be seen in order of clinical priority and length of wait.
- A decision to add to an outpatient (e.g. medical day unit), diagnostic or elective waiting list must be recorded on an approved information system within one working day of the decision being made.

7.1.4 Reasonable offer

- A 'reasonable' offer is a time and date that is at least three weeks from the date of the offer being made

- Patients who decline one reasonable offer must be offered one further reasonable date.
- If two reasonable offers are declined for either a new or follow-up outpatient consultation, the patient will be discharged to their GP.
- Sometimes a patient may choose to accept an appointment with less than three weeks' notice. In this instance, if they subsequently cancel this appointment, it may be deemed as having been a reasonable offer due to the patient's initial acceptance.
- All appointments will be confirmed in writing.

7.1.5 Suspected cancer

- All patients with suspected cancer must be seen in outpatients within 2 weeks of referral by their GP or GDP.

7.1.6 Overseas Visitors

- Elective patients who are identified as overseas visitors must be referred to the Overseas Patients Officer for clarification of status regarding entitlement to NHS treatment before registration takes place. (Please see [Treatment of Overseas Visitors Policy](#) for further details, including regarding urgent and immediately necessary care).
- RTT consultant-led waiting times only apply to services commissioned by English commissioners and to those patients that English commissioners are responsible for.
- For patients ordinarily resident in Scotland, Wales and Northern Ireland, referrals should only be accepted by UCLH once it has received prior approval from the appropriate devolved health authority.

7.1.7 Private patients transferring their care

- For patients that are seen privately but then transfer their care to the NHS, if they are transferring onto an RTT pathway, the clock will start at the point at which clinical responsibility for the patient's care transfers to the NHS.
- For patients who choose to leave the NHS-funded care and transfer to privately funded care, the clock stops on the date that the patient informs UCLH of their decision. Seeking a second opinion from an independent sector clinician will not stop the clock, unless the patient informs the NHS provider that they have chosen to leave the NHS-funded care.
- Patients who are treated in the private sector but come under NHS commissioning arrangements will continue to be monitored under the rules of this policy.

7.1.8 Clinic cancellation or reduction

- Patients should not be cancelled more than once.
- A minimum of six weeks' notice of annual or study leave is required for clinic cancellation or reduction.
- Clinic cancellation with less than six weeks' notice can only be authorised by the appropriate Divisional Manager or Divisional Clinical Director.

7.1.9 Cannot Attend (CNA)

- Patients are able to cancel their outpatient appointment for a first time before their agreed time and date without penalty, including on the day.
- If a patient cancels an appointment for a second time, they will be referred back to their GP unless there is a clinical reason not to do so.

7.1.10 Did Not Attend (DNA)

- Patients (with the exception of paediatrics and vulnerable adults) who do not attend their outpatient appointments will be discharged back to the GP, unless there is a clinical reason not to do so.

7.1.11 Follow up appointments

- Where treatment has not been given, subsequent appointments must be given within the RTT breach date.

7.1.12 Open appointments

- Open appointments are deemed to be clinically unsafe and should no longer be used within UCLH.

7.2 Management of diagnostic appointments and admissions

7.2.1 Patients referred for diagnostics

- Referring clinicians are responsible for informing patients of the likely waiting time for diagnostic tests.
- Where pathways have been agreed, primary care practitioners may refer patients for direct access.
- All access policy rules apply equally to diagnostics appointments and admissions.
- The clock starts when the request for a diagnostic test or procedure is made.

7.2.3 Arranging diagnostic appointments and admissions

- For diagnostic appointments and admissions a reasonable offer is considered to be a date that is at least three weeks from the time of the offer being made.
- At least one attempt will be made to telephone the patient to make a reasonable offer, then the patient will be sent an appointment / admission date, including a clear offer to the patient to call to negotiate a date.
- If a patient turns down two separate dates and three weeks' notice, the waiting time for that test or procedure will be reset to zero from the first date offered.

7.2. DNA diagnostic appointments

- If a patient cancels or misses an appointment for a diagnostic test or procedure, then the diagnostic waiting time for that test or procedure will be set to zero and the waiting time will start again from the date of the appointment that the patient cancelled/missed.
- A second DNA will result in a letter to the referrer, who will discharge the patient back to the GP with advice.

7.2.5 Results reporting

- Reporting of results must be made available in line with service defined timeframes to allow progress through all likely stages of the RTT pathway.

7.2.6 Planned procedures

- Patients waiting for a planned (or surveillance) test or procedure who do not receive the test within this timeframe will start an active waiting time clock.

7.3 Management of elective inpatient and day case admissions

7.3.1 Adding Patients to an Inpatient Waiting List

- Generally, the date of admission for treatment would signify a clock stop, except for when the patient is admitted for:
 - Diagnostic test or procedure only
 - Pre-treatment prior to first definitive treatment
 - Pre-op assessment only
 - First definitive treatment but the intended procedure is not carried out during admission.
- The decision to add patients to the waiting list must be made by the consultant or designate (e.g. SpR).
- The patient must have accepted the clinician's advice on elective treatment prior to being added to the waiting list.
- Additions to the waiting list on CareCast must be within one working day of the decision to admit.
- Patients must not be added if:
 - They are unfit for procedure
 - Further investigations are required first
 - Not ready for the surgical phase of treatment
 - They need to lose weight
 - There is no funding available for the intended treatment, although the RTT clock will continue to tick while funding is sought

7.3.2 Use of planned waiting list

- 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.

7.3.3 Age restriction to elective admission

- No child under the age of 6 months may be listed for elective surgery under general anaesthetic at UCLH. Children must be kept under outpatient review and only listed when they reach an age when they are ready for surgery or added to a planned waiting list until procedure can be performed.
- Children under the age of one having elective procedures need to be highlighted to the anaesthetic co-ordinator to ensure appropriate anaesthetic cover at the time of booking and highlighted on the theatre list.

7.3.4 Selecting patients for admission

- Clinically urgent patients will be prioritised according to need.
- All routine elective patients must be managed chronologically in order of RTT waiting time.
- War pensioners and service personnel injured in conflict must receive priority treatment if the condition is directly attributable to injuries sustained in conflict.

7.3.5 Contacting patients to arrange a date for elective admission

- Patients will be contacted by telephone to arrange their admission date and this date confirmed in writing. Patients will be phoned on two different occasions (on different days and at different times of the day). Where patients cannot be contacted, they will be sent a letter asking them to phone the relevant department within 14 days. If the patient does not contact the department within 14 days, then the patient will be discharged, unless there is a clinical reason not to do so. A letter will be sent to the patient and the GP notifying them of this.

7.3.6 Reasonable offer

- A reasonable offer for an elective admission is a date that is at least three weeks from the offer being made.
- Since October 2015, there is no provision to apply pauses to patient's pathways as the report is the unadjusted position. Therefore, where a patient declines a second reasonable offer, the patient's clock will continue to tick. Details of a patient's unavailability may still be documented as part of good record keeping and waiting list management.
- If unwilling to accept a date within 12 weeks, clinical advice must be sought as to:
 - discharging the patient to their referrer, who can re-refer the patient when they are available, unless there is clinical reason not to do so
 - clinical review at a later stage with clinician / pre-operative assessment.

7.3.7 Patients medically unfit for treatment

- Patients medically unfit at the time of decision to admit should not be added to an elective list.
- For patients on an elective waiting list, if the patient is identified as not fit for their surgery, they must be reviewed by clinicians for a decision to remove them from the elective waiting list.
- Patients found to be unfit should be discharged back to primary care.

7.3.8 Did Not Attend (DNA)

- Patients (with the exception of paediatrics and vulnerable adults) who do not attend their date for elective admission will be discharged back to the referrer.
- Clinically urgent patients can be offered one further admission date.

7.3.9 Hospital initiated cancellations on day of surgery

- In the event of a hospital initiated cancellation on the day of surgery, day of admission or following admission, patients have a right to be offered a new date for treatment that is both within 28 days of the cancellation and within their RTT breach date.
- For the purpose of performance reporting, the day of the planned operation is Day 0 and the day after the operation is Day 1, therefore any new dates for treatment on day 29 or over will be recorded as a breach.
- Where a patient cannot be re-booked within 28 days following a cancellation by UCLH, they will be offered the choice to have the procedure in the private sector funded by UCLH.

7.4. Tertiary/Inter-provider referrals

- A completed Inter-provider administrative minimum data set (IPTAMDS) proforma must be sent with all inter-provider transfers.
- For tertiary referrals received by the organisation, the patient's clock continues ticking from their original referral for the specific condition. This should be identified on the IPTAMDS.
- If the IPTAMDS has not been received with the referral, the data quality team will request this from the referring organisation. If this has not yet been received within ten working days, the team will advise the referring organisation that they have five working days to provide the missing information. If this has still not been received by the 16th working day, the clock start will be recorded as the date that the referral was received by UCLH; however, should the referrer subsequently provide this information, the clock start date will be adjusted accordingly.

7.5 Internal consultant to consultant referrals

- Internal consultant to consultant referrals for separate conditions will be processed in line with the same standards as new external referrals.
- The patient's waiting time clock will continue from the original referral if there is an internal consultant to consultant referral for the same condition.

8.0 Training requirements

The elective access team provides training to staff involved in the administration of RTT and diagnostic patient pathways. The team also monitors data quality indicators on the patient tracking list and undertakes sampling of patient pathways to provide assurance around data quality. Learnings will be incorporated into targeted training.

9.00 Dissemination & Communication

The policy will be published on the UCLH intranet and circulated to all divisional and general managers to share with their teams. The policy will also be published on the UCLH public website.

10.0 Monitoring compliance with the policy

- 10.1 The Executive Board monitors Clinical Board performance against patient access targets on a monthly basis.
- 10.2 The Elective Access Board reports to the Executive Board and oversees all aspects of elective access management at UCLH, including RTT, diagnostics and cancer, and jointly reviews the findings of breach analysis and provides assurance that these are being acted on. It also ensures the sustainability of UCLH compliance with patient access targets.
- 10.3 The corporate performance team runs weekly PTL meetings with the clinical divisions for RTT, diagnostics and cancer access. These provide assurance and escalation of any points of concern to the Elective Access Board.
- 10.4 An annual internal audit of 18 week and diagnostic data quality and patient sampling is presented to the Audit Committee.

What in the policy is going to be monitored	Monitoring method	Who will lead the monitoring?	How often?	Where will it be reported?
Performance against targets	18 Weeks RTT monthly submission DM01 submission	Director of Planning and Performance	Monthly Monthly	NHS England CCGs CEO pack
Backlog	Backlog trackers via weekly Trust level PTL meetings	Head of Planning and Performance	Weekly	Escalation email to CEO, Medical Directors and Divisional Managers and weekly performance pack to CCG
18 week and diagnostics data quality	Internal monthly sampling Internal annual audit External annual audit	Elective Access Manager Audit Committee Auditor as appointed by Trust	Sample monthly Annually Annually	Elective Access Board Audit Committee Audit Committee

Further information

UCLH - 2016

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Policy/procedure only current on date printed, visit the [Policies & Procedures page](#) on Insight for latest approved version.

If you wish to get advice and information about our services, please visit our website:

<http://www.uclh.nhs.uk/OURSERVICES/Pages/OurServices.aspx>

Alternatively, you can contact the Patient Advice and Liaison Service (PALS)

Postal addresses:

PALS
Ground Floor Atrium
University College Hospital
235 Euston Road
London, NW1 2BU
Email: PALS@uclh.nhs.uk

UCH telephone: 020 3447 3042
NHNN telephone: 020 3448 3237

11.0 References

Camden Primary Care Trust Partnership Board Commissioning Committee - Service Access Criteria

Camden Primary Care Trust Partnership Board Service Access Criteria Board Decision (restricted treatments and referral managed interventions) January 2007

Department of Health – Getting patients treated; the Waiting List Action Team handbook. August 1999.

Department of Health – NHS Constitution: January 2009

Department of Health, Handbook on the Management of Private Practice in Health Service Hospitals. 1989.

Department of Health – Referral to treatment consultant-led waiting times. Rules Suite, October 2015

Department of Health Policy document “Tackling hospital waiting: the 18 Week patient pathway, an implementation framework “(Gateway reference 6468).

Department of Health – Your guide to the NHS [Replaces the Patient’s Charter] – 2001

Department of Health – The NHS Plan – July 2000

Equality Act 2010

Information Standards Board for Health and Social Care – DSC Notice 07/2008: Data Standards: Inter-Provider Transfer Administrative Minimum Data Set (IPTAMDS).

Information Standards Board for Health and Social Care – DSC Notice 44/2007: Data Standards: Inter-Provider Transfer Administrative Minimum Data Set (IPTAMDS).

Information Standards Board for Health and Social Care – DSC Notice 05/2008: Data Standards: 18 Week Rules Suite

NHS England – Diagnostic waiting times and activity: Guidance on completing the ‘diagnostic waiting times & activity’ monthly data collection. Updated 11 March 2015

NHS England –Diagnostics FAQs: Frequently Asked Question on completing the 'diagnostic waiting times & activity' monthly data collection. Updated 2 February 2015.

NHS England – Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care, October 2015 (4113)

NHS England – Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care: Frequently Asked Questions, October 2015

NHS Executive – A step-by-step guide to improving outpatient services. Variations in NHS Outpatient Performance, Project Report ii July 2000

10 High Impact Changes

NHS Executive – EL(97)42 – Access to Secondary Care Services - 1997

NHS Executive – NHS Waiting Times Good Practice Guide – 1996
NHS Executive – EL(95)57 – Transfer of Patients to Shorter Waiting Lists

NHS Information Authority – DSC notice: 20/2001: NHS Plan Booking Systems – June 2001

NHS Information Authority – NHS Data Dictionary – Version 3 – May 2007

<http://www.connectingforhealth.nhs.uk/datadictionary/>

NHS Modernisation Agency – Ready, Steady, Book: a guide to implementing booked admissions and appointments for patients – 2001.

Royal British Legion, Honour the Covenant; Policy Briefing Healthcare for Veterans.

Royal College of Surgeons of England – Guidelines for the Management of Surgical Waiting Lists – 1991

Appendix 1**Glossary of Terms****Active Monitoring** (Also known as 'watchful waiting')

An 18w clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures.

A new 18 week clock would start when a decision to treat is made following a period of active monitoring.

Active Waiting List Patients awaiting elective admission for treatment and are currently available to be called for admission.

Can Not Attend (CNA) Patients who, on receipt of reasonable offer(s) of admission, notify the hospital that they are unable to attend.

Choose and Book A method of electronically booking a patient into the hospital of their choice.

Date Referral Received (DRR) The date on which a hospital receives a referral letter from a GP. The waiting time for outpatients should be calculated from this date.

Day cases Patients who require admission to the hospital for treatment and will need the use of a bed but who are not intended to stay in hospital overnight.

Decision to Admit date (DTA) The date on which a consultant decides a patient needs to be admitted for an operation. This date should be recorded in the case-notes and used to calculate the total waiting time.

Did Not Attend (DNA) Patients who have been informed of their date of admission or pre-assessment (inpatients/day cases) or appointment date (outpatients) and who without notifying the hospital did not attend for admission/ pre-assessment or OP appointment.

First Definitive Treatment An intervention intended to manage a patient's disease, condition or injury and avoid further invention. What constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.

Indirectly Bookable Services Some provider services are not directly bookable through Choose and Book so patients cannot book directly into clinics from a GP practice. Instead they contact the hospital by phone and choose an appointment date. This is defined as an Indirectly Bookable Service.

Inpatients Patients who require admission to hospital for treatment and are intended to remain in hospital for at least one night.

Open Appointments Open appointments clinically unsafe and are no longer used within this Trust.

Outpatients Patients referred by a General Practitioner or another health care professional for clinical advice or treatment.

Primary Targeting List or Patient Tracking List (PTL) The PTL is a list of patients (both inpatients and outpatients) whose waiting time is approaching the guarantee date, who should be offered an admission/appointment before the guarantee date is reached.

Reasonable Offer For an offer of an appointment to a patient to be deemed reasonable, the patient must be offered the choice of dates within the timescales referred to for outpatients, diagnostics and in patients.

Referral to Treatment (RTT) Instead of focusing upon a single stage of treatment (such as outpatients, diagnostic or inpatients) the 18 week pathway addresses the whole patient pathway from referral to the start of treatment.

TCI (To Come In) date The offer of admission, or TCI date, is a formal offer in writing of a date of admission. A telephone offer of admission should not normally be recorded as a formal offer. Usually telephoned offers are confirmed by a formal written offer.