



Local Access Policy

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1. Introduction

NHS Lothian is committed to delivering high quality, effective, patient-centred care for all its patients in line with national guidance and standards.

The NHS Scotland National Access Policy was developed to provide a common vision, direction and understanding of how Boards should ensure equitable, safe, clinically effective and efficient access to services for their patients.

This NHS Lothian Local Access Policy details how the principles set out in the National Access Policy apply to NHS Lothian services.

The principles and responsibilities in this policy will help ensure that systems are in place to optimise the use of facilities and available capacity in order to deliver high quality, safe patient care in a timely manner.

2. Background

The provision of health and care services in Scotland is governed by a number of legal frameworks and guided by strategy and policy designed to ensure sustainable services which are safe, effective and person-centred.

NHS Lothian's Local Access Policy aims to ensure consistency of approach in providing access to services and, as such, it supports the following publications:

- The Patient Rights (Treatment Time Guarantee) (Scotland) Amendment Regulations 2014
- The Patient Rights' (Scotland) Act 2011
- The Patient Rights' (Treatment Time Guarantee) (Scotland) Regulations 2012
- The Patient Rights' (Treatment Time Guarantee) (Scotland) Directions 2012
- Patient Rights' (Scotland) Act 2011 Treatment Time Guarantee Guidance
- NHS Scotland Waiting Time Guidance
- Effective Patient Booking for NHS Scotland
- Armed Forces CEL 8 (2008); Armed Forces CEL 3 (2009); Armed Forces CEL 39 (2010)
- Adult Exceptional Aesthetic Referral Protocol CEL 27 (2011)
- The Mental Health (Care and Treatment) (Scotland) Act 2003

This policy is supported by a set of Waiting List Management Standard Operating Procedures (SOPs) that ensure a consistent approach to the management of referrals and waiting lists.

3. Waiting Times Standards

NHS Lothian is required to ensure that there is equitable and sustainable delivery of waiting time standards, with systems in place to ensure sufficient capacity is available and there is optimal use of this capacity to deliver waiting times targets. This will involve working collaboratively with other healthcare providers and will ensure patients receive the most appropriate treatment with the shortest wait.

4. Key Principles of the NHS Lothian Local Access Policy

4.1 Key Principles

There are a number of key principles that underpin the achievement of the aims of the NHS Lothian Local Access Policy and delivery of waiting time standards.

- The patients' interests and their responsibility to participate in an effective and efficient access process are paramount.
- Patients are offered care according to clinical priority and within agreed waiting time standards.
- Sufficient capacity should be available and optimally utilised to deliver waiting times.
- Referrals are managed effectively through electronic triage where available.
- Variations in referral patterns are identified, discussed and reduced where appropriate.
- Waiting lists are managed effectively using electronic systems.
- Patients will be referred to a clinical team and will be seen by an appropriate member of that team rather than a named consultant.
- Patients should not be referred or added to a waiting list if they are not available for treatment due to medical reasons.
- Staff have been appropriately trained in the application of the Waiting List Management SOPs and the Patient Administration Systems in place.
- NHS Lothian aims to:
 - Maximise the use of resources, including staff time
 - Reduce non-attendance
 - Ensure the provision of short-stay surgery is maximised
 - Reduce avoidable follow up appointments
 - Use information to facilitate improvement in service provision
 - Ensure partnership working with stakeholders in primary, secondary and social care
 - Achieve inclusive and equal access for all service users
 - Ensure patients are not disadvantaged if there is a reasonable explanation why they were unable to respond to an offer within 7 days

4.2 The Treatment Time Guarantee (TTG):

- Once a patient has been diagnosed as requiring inpatient or day case treatment and has agreed to that treatment, that patient's treatment must start within 12 weeks of the treatment having been agreed (12 Week Treatment Time Guarantee).
- In most cases a diagnostic test will not fall under the definition of a 'treatment' in the Act, and as such the treatment time guarantee will not apply to such a test.
- However, in a small number of cases it may be clinically appropriate to undertake the diagnostic procedure and the treatment at the same time. In such a case this would be covered by the treatment time guarantee, although in fact this would record a zero days wait as agreement to treat would be the same day as the treatment was undertaken.
- Treatments in an outpatient setting are not covered by the treatment time guarantee.
- The exceptions to the TTG are listed below:
 - assisted reproduction
 - obstetrics services
 - organ, tissue or cell transplantation whether from living or deceased donor

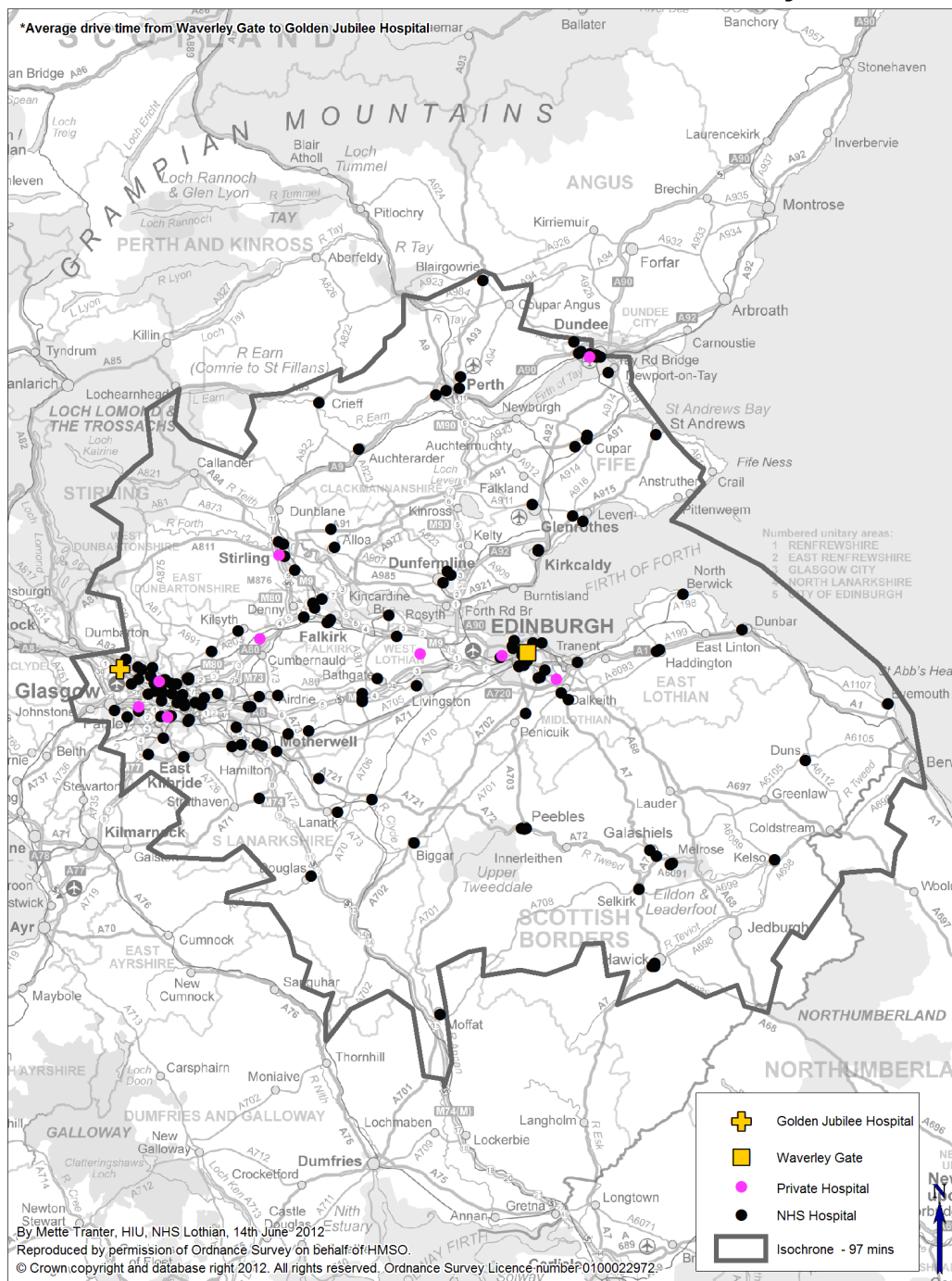
4.3 Reasonable Offers of Appointment

- Patients will receive an offer of appointment at least 7 days before the date of the appointment or admission.
- Routinely a reasonable package is the offer of two or more different dates of appointment for each stage of the patient's treatment pathway, with a minimum of seven days notice from the date the appointment offer is made to the date of the appointment.
- If a patient with a clinical priority of 'routine' refuses two or more reasonable offers the patient's waiting time clock will be reset and they may be returned to their referrer (normally their GP) if clinically appropriate. The waiting time clock will not be reset for patients with a clinical priority of 'urgent'. This will be balanced against any issues relating to child protection or vulnerable adults.
- If a patient declines a full reasonable offer package to be seen by any non-Lothian provider and they cannot be seen in NHS Lothian within their guarantee date then a 'period of choice of location unavailability' can be applied. A non-Lothian provider is any facility which is not managed by NHS Lothian for example Golden Jubilee Hospital or private healthcare providers.
- Offers of appointment will be made either by telephone, by letter or in person depending on the clinical service. Links to clear guidelines for booking processes are included in the SOPs.
- A reasonable offer will constitute an offer of treatment in any NHS Lothian hospital or any location within 97 minutes travel time of its headquarters, Waverley Gate in central Edinburgh. This will be considered reasonable for non-paediatric care as

long as a patient's additional needs are taken into account. This travel boundary is shown in the map detailed below.

- In light of the limited number of other locations, offers at any location in the UK will be considered reasonable for paediatric care.
- Where a patient is treated outside of the NHS Lothian Board area, NHS Lothian will be responsible for any transport and accommodation 'costs reasonably incurred' by the patient and their carer (if necessary).

Map showing NHS and Private Hospitals Within a 97 Minute* Drive Time of Waverley Gate



4.4 Unavailability

- Unavailability can be applied under two categories; medical unavailability and patient advised unavailability, including those following a patient's specific request for location or consultant:
 - Medical unavailability indicates that a patient has another medical condition that prevents them continuing with treatment for a period of time.
 - Patient advised unavailability indicates that the patient has advised they are unavailable for a period of time.

Unavailability may also be applied if the patient has requested a specific location or consultant and it is not possible to accommodate this choice within the current relevant waiting time standard. Choice of location unavailability may only be applied if the appointments offered have been for a non-Lothian provider (see 4.3 above).

- All such instances will be clearly documented on the appropriate electronic hospital system. Clear guidelines are included in the SOPs.
- Each individual period of unavailability should be no longer than 12 weeks. If, after review, a patient remains unavailable then a second period of unavailability for the same reason can be added but only up to a maximum of 12 weeks, for a total of 24 weeks. After this, if still unavailable, the patient would be removed from the waiting list.

4.5 Cancellation & Did Not Attend

- If the patient has accepted a reasonable offer of appointment but then informs NHS Lothian that they cannot attend (CNA) an appointment, the waiting time clock will be reset to zero regardless of clinical priority. A further reasonable offer will be made within their waiting time guarantee.
- If a patient cancels an accepted offer for a third time then clinical advice will be sought to decide if a further offer should be made. If not, the patient will be removed from the waiting list and returned to their referrer.
- If a patient does not attend (DNA) an agreed appointment and has not informed NHS Lothian of this in advance, then the patient's waiting time clock will be reset to zero regardless of clinical priority. Clinical advice will then be sought to decide if a further appointment should be offered to the patient. If not, the patient will be removed from the waiting list and returned to their referrer.
- If a patient contacts NHS Lothian within 4 weeks of this missed appointment they may be re-added to the waiting list. If more than 4 weeks has passed then the patient should be referred again by their GP.
- If a clinic is running late and the patient is unable to wait longer than 30 minutes to be seen then their waiting time clock may be reset.

- Patients will not be disadvantaged if an appointment is cancelled by NHS Lothian. The patient's waiting time clock will continue to tick and the patient will be made a reasonable offer as soon as possible.

4.6 Patient Waiting Time Correspondence

- All patient correspondence will clearly highlight how patients can contact NHS Lothian if they are unable to keep an appointment or require any further information.
- Appointment letters will include details of the consequences of non-attendance and that the patient has a responsibility to attend a previously agreed appointment.
- Patients will be made aware of how long they are likely to be in the department for their appointment/admission.
- The Patient Rights' Act requires NHS Lothian to ensure that patients receive appropriate written correspondence on the following:
 - How their waiting time is calculated
 - What constitutes a reasonable offer
 - Implications of not attending an agreed appointment (DNA)
 - Implications of cancelling an agreed appointment (CNA)
 - Implications of being unavailable
 - How to give feedback
 - How to complain

NHS Lothian recognises that patients should also receive written correspondence on the implications of refusing two or more different dates of appointment (a reasonable offer package). This is currently not possible due to system limitations but will be kept under review.

Patients will also be advised in writing if:

- They are eligible for TTG
 - They have periods of unavailability applied
 - They are returned to GP (GP letter also to be issued)
 - NHS Lothian is unable to meet the TTG
- If NHS Lothian is unable to meet the Treatment Time Guarantee the patient will be sent a letter which includes:
 - An explanation as to why the treatment did not start within the maximum waiting time
 - How the patient can give feedback or comments or raise concerns or complaints
 - Details of the Patient Advice and Support Service

5. Responsibilities under the NHS Lothian Local Access Policy

This policy details the responsibilities that will ensure equity and a consistency in approach to access to services within NHS Lothian.

The four key responsibilities under the NHS Lothian's Local Access Policy are:

1. To communicate effectively with patients.
2. To manage referrals effectively.
3. To manage waiting lists effectively.
4. To use information to support improvements in service provision.

5.1 To communicate effectively with patients

There is a need to ensure that patients are appropriately informed at all stages of the patient journey. Communicating effectively with patients will help to inform them of when, where and how they are to receive care and their responsibilities in helping to ensure that this happens.

NHS Lothian will ensure that:

- Patients are provided with clear, accurate and timely information about how processes will operate for arranging for them to be seen or to be admitted to hospital.
- Patients are given clear instructions on how and when to contact the hospital to either accept or decline an appointment and admission date, and the timeframe in which to do this.
- Patients are given clear information on the consequences of not responding quickly to hospital communications, and the impact this could have on their waiting time.
- Communications with patients should be in a format appropriate to their access support needs e.g. large print, community language.
- Clear processes and procedures are in place so that patients can inform the Board of any changes in their details and/or their ability to attend their appointment.
- If treatment occurs outside of the NHS Lothian area, or if clinics are held infrequently, patients are made aware of any reasons for this and that this is made clear as early in the process as possible.
- Patients are made aware that they must inform the hospital of any changes to their details, e.g. name, address, postcode, telephone number or GP as soon as possible.
- GPs are aware of their obligation to advise patients of their own responsibilities in the waiting times pathway. To this end, patients will be made aware that they are required to attend their agreed appointment and where the appointment is not required, or they are unable to attend, they should inform the hospital at the earliest available opportunity.

- Patients are made aware of their responsibility to inform their GP and the hospital if their medical condition improves and no longer requires an appointment or deteriorates in a way which may affect their attendance.
- Patients are made aware that they need to advise when they will not be available to attend or be admitted to hospital for any periods of time (e.g. holiday or work commitments). If circumstances change after the referral is made they must inform the hospital at the first opportunity.
- Patients/Carers are made aware of their responsibility to inform NHS Lothian of any additional needs they may have so these can be taken into account when making offers of appointments and the forms of communication used.
- Where patients do not attend for appointments the primary care team will have arrangements in place to check with the patient if referral is still needed prior to re-referral.

5.2 To manage referrals effectively

Improvements in waiting times should be delivered through an effective partnership between Primary and Secondary Care, with appropriate protocols and documentation in place.

5.2.1 Referrer

- Prior to referral, the clinician should explain to the patient the range of options to be considered. It should be explained that patients may not need to access specialist or consultant-led services.
- The referring clinician should advise patients of why they are being referred, the expected waiting time and outline to patients their responsibilities for keeping appointments and the consequences of not attending.
- The referring clinician should advise patients that they may be offered an appointment/treatment in any of NHS Lothian's hospitals or any of the locations previously detailed in section 4.3. If a patient does not accept a reasonable offer of appointment or admission, this may have implications for the time they have to wait and may result in patients being returned to their GP's care.
- Where treatment cannot be provided locally and the patient needs to travel elsewhere, the patient should be made aware of that as early as possible.
- The referring clinician should ensure that the Patient Rights Act is highlighted to the patient. The referring clinician should also ensure that the patient is aware of the 12 week Referral to Treatment Guarantee, should Inpatient or Day case treatment be required.
- The referring clinician should ensure that the patient is available to commence treatment. When the referrer is aware that the patient will be unavailable for a period of time, the referrer should either delay sending the referral until they know the patient is available or clearly note the patient's unavailability period on the referral form/letter.
- Referrals should be made electronically and as per local protocols.
- GPs should make referrals to a clinical service and not a named consultant.
- Wherever possible patients should be referred directly for Diagnostics tests if applicable and available.
- Referrers must check that they are providing accurate, timely and complete information within their referral including:
 - CHI identifier (unless they don't have one)
 - Full demographic details including:
 - Name
 - Address
 - Ethnicity

- Postcode
- Up to date mobile and home telephone numbers
- E-mail address
- Preferred method of contacting patient i.e. letter, phone or e-mail
- Patient's unavailability period if applicable
- Patient's ability to attend an appointment at short notice
- Armed forces/veteran status if applicable
- Access Support Needs e.g. visual impairment, hearing impairment etc
- An indicator of 'vulnerability' if applicable
- Category e.g. routine, urgent, suspicion of cancer, veterans or other priority groups
- Patients referred with suspected cancer must be marked as '**URGENT-SUSPICION OF CANCER**'.

5.2.2 Receiving Clinical Site

The University Hospitals & Support Services will ensure that:

- There is a structured and transparent approach to the management of referrals, scheduling and booking for all patients detailed within the Waiting List Management SOPs.
- Referrals are triaged electronically where possible.
- The date of receipt of all referrals is recorded.
- Systems and procedures are in place to triage and prioritise referrals in accordance with referral category (e.g. URGENT).
- All urgent cancer patients are seen as soon as possible within cancer waiting time standards.
- Armed Forces personnel, veterans and their families who move between areas retain their relative point on the pathway of care within the national waiting time targets. Refer to Access to NHS Care for Armed Forces Personnel CEL 8 (2008) and CEL 3 (2009).
- Special exemptions that exist for Armed Forces veterans enable them to receive priority treatment if the condition is directly attributable to injuries sustained during the war periods are followed. Refer to HDL 2006 16 – Priority Treatment for War Pensioners and to Access to Health Services for Armed Forces Veterans – Extension to Priority Treatment CEL 8 (2008).
- Patients are booked as close to the date of receipt of referral as reasonably possible and within the national stage of treatment targets.

5.2.3 Receiving Clinician

- It is the receiving clinician's responsibility to communicate with the referrer to offer advice on whether a referral is suitable.

- Any referrals received for a service that is not delivered in the NHS Lothian Board area will be returned to the original referrer with advice. Where it is judged that the referral would be more appropriately managed by another service provided by NHS Lothian, the referral will be passed to that service and the referrer informed.
- Receiving clinicians and managers must ensure that waiting lists properly reflect their clinical priorities and are managed effectively.

5.2.4 Patient Transfer

- The transfer of any part of a patient's health care to other Health Board areas or to the independent sector must always be with the consent of the patient. The transferring consultant will be involved in this decision.
- Patients will only be transferred outwith NHS Lothian for the purpose of delivering the treatment time guarantee if it is clinically appropriate to do so and consistent with the Health Board's financial plan supporting elective care.
- If the receiving Health Board or Independent Sector provider is included in the list of 'reasonable' locations identified in section 4.3 and the patient does not wish to be transferred, a period of unavailability may be applied to reflect the patient choice of location/consultant as detailed in section 4.4.
- Appropriate documentation and information will be provided to the receiving Health Board (or Independent Sector provider where appropriate).
- Patients from the Independent Sector, with a clinical priority of 'routine', opting to transfer to NHS treatment must first be referred back to their GP to discuss their options and, if appropriate, referred to NHS Lothian. The 18 Week RTT will then commence on receipt of the referral by NHS Lothian. However, clinically urgent patients may be added directly to a NHS Lothian waiting list.

5.3 To manage waiting lists effectively

To support delivery of waiting times standards NHS Lothian is required to manage waiting lists effectively. This includes triaging of referrals, management of both new and return patients and accurate recording of clinic outcomes.

NHS Lothian will ensure that:

- Systems, processes and resources are in place to make sure that all staff are adequately trained to use local systems to help manage access to services.
- All new referrals are triaged electronically, where possible, with all new appointments having a corresponding waiting list entry.
- Patients are seen within maximum standard waiting times and booked in turn, according to clinical priority.

- Details of patients on the waiting list who are admitted as emergency admissions are communicated to waiting list management.
- Patients are only added to a waiting list if they are ready and available to commence treatment.
- Systems and procedures are in place to make sure waiting list managers are aware of any patient cancelled on the day of, or after, admission, the reason for cancellation and any period of unavailability that may need to be applied. .
- Systems and procedures are developed to review and validate waiting lists to ensure accuracy and that national and local access times are achieved.
- Patients will only receive a return appointment if there is a clinical need.
- Systems and procedures are in place to monitor and manage the number of return appointments.
- All patients, or as appropriate their parent/guardian or carer, undergoing a procedure have indicated in writing that they consent to treatment.
- Effective communication is in place to notify the referring clinician on the decisions made for their patients e.g. treatment to be provided, treatment delayed because medically unavailable, treatment not required.
- Systems and procedures are in place to communicate, manage and record all outcomes at clinics, additions or alterations to the waiting list electronically.
- Arrangements in place to identify which condition should take precedence if a patient requires treatment for different conditions and is on two or more separate pathways.
- Clinic templates are regularly reviewed to ensure they reflect changing needs.
- Onward referrals are completed to make sure the receiving healthcare provider has the necessary information to manage the patient treatment pathway. Any transfer of data will comply with NHS standards in relation to data security and confidentiality.

5.4 To use information to support improvements in service provision

The ability to effectively monitor and manage services requires good quality data. This helps to inform performance and identify areas for future improvement.

- The factors which influence waiting times, such as changes in referral patterns, will be regularly monitored and management action will be taken in sufficient time to ensure waiting time standards are maintained.
- New to return and DNA ratios will be regularly reviewed and steps will be taken to address any issues as necessary.

- Efficiency and productivity will be effectively monitored and any necessary change will be supported where required.
- Benchmarking information will be used wherever possible in reviewing clinic templates and efficiency.

6 Conclusion

By following the key principles set out in this Local Access Policy and defining responsibilities under those principles, NHS Lothian will ensure equity of service and reduce variation.

NHS Lothian will use the Local Access Policy in conjunction with other relevant National and Board Guidance and best practice documentation. NHS Lothian will ensure that their local procedures reflect the principles laid out in this Local Access Policy.