Ramsay Health Care UK

LOCAL POLICY

Policy:	*Waiting list and management of patients accessing NHS treatment*
Category:	Finance
Policy No: 23	

CQC Standard Reference: Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) 13

Corporate Policy Cross References:

Reviewing Committee: *NHS services Committee*

Responsible Person: Sharon Ash, General Manager

Issue Date: February 2016

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Next Review Date: June 2019

Name/Title	Signature	Date
Sharon Ash		**30.06.2016**

Equality Impact Assessment

		Yes/No	Comments
1.	Does the document/project affect any group less or more favourably than another on the basis of:	No	
	• Race	No	
	• Ethnic Origins	No	
	• Nationality	No	
	• Gender	No	
	• Gender Reassignment	No	
	• Culture	No	
	• Pregnancy & Maternity	No	
	• Religion or Belief	No	
	• Sexual Orientation	No	
	• Marriage or Civil Partnership	No	
	• Age	No	
	• Disability – learning disabilities, physical disabilities, sensory impairment and mental health problems	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are there exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the document/project likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternative is there to achieving the document/project without impact?	No	
7.	Can we reduce the impact by taking different action?	No	

Completed by:

Name	**Signature**	**Position**	**Date Completed:**
Alice Godridge		**Operations Manager**	**30.06.16**

Amendment Record

Version Number	Reason for variation	Date
1.1	Final copy	30.06.16

Waiting list and management of patients accessing NHS treatment

STATEMENT

Ramsay Health Care UK ("Ramsay") is committed to providing an exemplary standard of patient access as is required and expected of a modern and efficient NHS service provider. Ramsay will manage waiting times within national guidelines, offering quick and reliable access to services and to providing patient choice.

Ramsay will ensure that the management of patient access to services is transparent, fair, equitable and managed according to clinical priority.

This policy outlines the processes that must be followed when managing the booking of outpatient appointments, arranging inpatient admissions and day cases, and the management of appropriate schedules by the staff of Ramsay. This document defines the accountabilities and responsibilities of those involved in the processes detailed in this policy.

PURPOSE

The aim of the policy is to ensure that national guidance and good practice is followed to ensure that patients are treated promptly, efficiently and consistently.

SCOPE

This policy applies to all staff who are involved in the management the NHS patient pathway

EXCLUSIONS

None

MONITORING & COMPLIANCE

All sites will be monitored on their RTT performance using the RTT 18 week data published via NHS England and investigations will take place where performance is below the national targets for achievement.

The monitoring is carried via desktop reporting and monitored by Nikki Trowbridge. Site audits will be carried out throughout the year as part of the wider business administration audit programme and monitored by Nikki Trowbridge.

LOCATION(S)

This policy will be accessible via the intranet policy files under Finance if required in hard copy.

RESPONSIBILITIES

The General manger is responsible for the implementation of this policy ensuring

- There are local procedures in place that enable the relevant stages of the patient journey to be implemented effectively
- That local procedures are in place that enable all stages of the patient journey to be documented accurately
- All staff receive the required training to carry out their role within this policy
- That all guidance issued by NHS England and local commissioners relating to waiting times, including all associated targets, guidelines and rules is implemented

Staff involved in the NHS implementation and ongoing delivery of the patient pathway

- Will undertake training provided by Ramsay and attend regular annual updates, in accordance with training a needs analysis, Policy adherence will be part of the staff appraisal process.

POLICY

The policy reflects the key access targets:

- Current outpatient, inpatient and diagnostic waiting times
- The referral to treatment target (RTT)

1. Key Principles

This Policy covers the way in which Ramsay will manage patients who are waiting for treatment on admitted, non-admitted or diagnostic pathways. It covers the management of patients at all sites where Ramsay operates, including outreach clinics.

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.

- Ramsay will give priority to clinically urgent patients and treat everyone else in turn. War pensioners and service personnel injured in conflict will receive priority treatment if the condition is directly attributable to injuries sustained in conflict.
- Ramsay will follow all Guidance issued by NHS England and local commissioners relating to waiting times, including all associated targets, guidelines and rules
- Ramsay will meet and improve on the maximum waiting times set by NHS England and local commissioners for all groups of patients.
- Ramsay will, whenever possible, negotiate appointment and admission dates and times with patients.
- Ramsay will work to ensure fair and equal access to services for all patients.

This document is written in conjunction with the guidelines for managing elective patients on an 18 Week Pathway

Ramsay will ensure that management information on all waiting lists and activity is recorded on Cosmic and/or Carestream.

Ramsay will monitor the Referral to Treatment (RTT) pathway by using Patient Tracking Lists (PTL) measuring the patients length of wait from referral to "definitive treatment" including new outpatient appointment, diagnostic test, elective admission and open pathway follow-up appointments

1.1 Members of the Armed Forces

In line with the Armed Forces Covenant from the Ministry of Defence (MOD), members of the Armed Forces Community (see glossary) should enjoy the same standard of, and access to healthcare as that received by any other UK citizen in the area they live.

For serving personnel, including mobilised Reservists, primary healthcare is provided by the Defence Medical Service (DMS) part of the MOD, whilst secondary care is provided by the local NHS or Independent Healthcare provider such as Ramsay. Arrangements are made for personnel injured on operations to be treated in conditions suited to their specific needs and are not likely to be treated in a Ramsay hospital. For family members, primary healthcare may be provided by the MOD, usually when accompanying Service personnel at their posting. Any such family members requiring referral to secondary care will be treated in the same way as Serving personnel and will be referred to us from a DMS GP (with a referrer code prefixed by A91).

If a member of the Armed Forces is on an NHS waiting list and is moved around the country due to a new posting, any waiting time accrued will be carried forward with them. As with the Serving personnel, family members should retain their relative position on any NHS waiting list, if moved around the UK due to the Service person being posted.

Veterans and war pensioners receive their healthcare from the NHS (rather than the MOD), and should receive priority treatment where their condition is related to the patient's military service.
In line with clinical policy, patients with more urgent clinical needs will continue to receive clinical priority.
Links to further information:
Armed Forces Covenant:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf

NHS Choices, Armed Forces Healthcare:
http://www.nhs.uk/NHSEngland/Militaryhealthcare/Pages/Militaryhealthcare.aspx

2. General 18 Week RTT Principles

The 18 week Referral to Treatment pathway (RTT) measures the patient's journey from point of referral to the first definitive treatment.

2.1 Clock Starts

An 18-week clock starts when a referral is made by a healthcare professional or service permitted by a CCG to make such referrals either to;

- 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 healthcare professional or general practitioner.
- A referral led management or assessment service, which may result in an onward referral to a consultant led service before responsibility is transferred back to the referring healthcare professional or general practitioner.

All aspects of the patient pathway to the point of being treated must be concluded within 18 weeks, including investigations and diagnostics (which must be completed within 6 weeks of such tests being requested). This may also include non-consultant led services as long as the patient is remaining under the care of a consultant and this is part of the patient's 18 week pathway.

If a member of the Armed Forces is on an NHS waiting list and is moved around the country due to a new posting, any waiting time accrued will be carried forward with them.

2.2 Clock Stops

The 18 week clock stops when:-

- **First definitive treatment**: the clock stops on the date that the patient receives the first definitive treatment intended to manage his/her condition.
- **When a clinical decision is made that treatment is not required**: the clock stops on the date that the clinical decision is communicated to the patient.
- **For inpatient and day case admission**: the clock stop on the day of admission, with the exception of patients who do not have their procedure carried out.
- **When a patient declines treatment**: the clock stops on the date that the patient declines treatment, having been offered it. (Please note this does not mean that the clock stops if a patient declines a date for treatment, but instead declines treatment as a whole).
- **When a period of active monitoring commences**: the clock stops on the date that the decision of active monitoring is made and communicated to the patient and subsequently the GP and/or other referring practitioner without undue delay.

- **When a decision is made to return the patient to primary care for non-medical/surgical treatment:** the clock stops on the date that this is communicated to the patient.

2.3 Clock stops for DNAs

The 18 week clock stops when:

- **A patient DNAs their first appointment following initial referral that started their 18 week clock:** provided that discharging the patient back to primary care is not contrary to their best clinical interest and the GP receives communication to such effect. The clock stops on the day of the DNA appointment.
- **A patient DNAs their follow up appointment and is subsequently discharged back to the care of the GP:** provided that discharging the patient back to primary care is not contrary to their best clinical interest and the GP receives communication to such effect. The clock stops on the day of the DNA appointment.

A clock stop will only be applied where Ramsay can demonstrate that the appointment date was clearly communicated to the patient. See 3.18 and 4.8.2 for Ramsay's policy with regard to discharging a patent back to their GP in the event that they DNA.

2.4 New 18 week clock starts

Upon completion of an 18 week pathway, a new clock would start in the instances listed:

- When a patient becomes fit and ready for the second of a consultant led bilateral procedure.
- Upon the decision to start a substantively new or different treatment that does not already form part of the patients agreed care plan.
- Upon a patient being re-referred into a medical or surgical consultant led speciality or referral management service as a new referral.
- When a decision to treat is made after a period of active monitoring.
- When a patient DNAs the first appointment following the initial referral that started the 18 week clock and the clinician deems appropriate for the patient to be seen in the clinic and not discharged back to the GP.

3.0 Management of New and Follow Up Appointments

3.1 General Principles

Standard practice is that referrals are made to a service rather than an individual, unless the patient has been referred into a named clinician service. In addition, if it is stated in the referral that the patient wishes or has a clinical need to see a specific consultant, Ramsay will strive to achieve this wherever possible.

Generic service referrals will ensure that there is an equalisation of waiting lists and activity utilisation and that the maximum waiting time for all patients to be treated is less than 18 weeks.

There are four recognised NHS referral streams;

- Referrals via E-Referral Service (E-RS)
- Paper/fax referrals
- Consultant-to-consultant referrals within Ramsay
- Inter-provider transfers (not including "outsourced" activity)

Key Principles:

- All patients must be seen in order of clinical priority and length of wait
- Referrals must be registered onto Cosmic within 1 working day
- Clinical review should take place within three working days of receipt of referral
- Patient contact should be made within four working days of receipt of referral
- Where patients cannot be contacted they will be discharged to their GP

3.2 Referrals via E-Referral Service (E-RS)

The 18 week clock starts from the point at which the UBRN (Unique Booking Reference Number) is converted.

Where there are no appointments showing on the E-RS system for the service that the referrer has selected, the referrer can choose to 'defer to provider' which will then forward the patient's details as an ASI (appointment slot issue) to Ramsay. The patients who drop onto the ASI work list will be contacted within 4 working days to arrange a mutually convenient appointment.

Three attempts should be made to contact the patient by telephone (two daytime and one after 5pm) if staff are unable to contact the patient by telephone, a letter will be sent to confirm an outpatient appointment.

3.3 Paper GP/Fax referrals

For paper/fax GP referrals that are received by Ramsay, the 18 week clock will commence at the point the referral is physically received.

3.4 Consultant to Consultant Referrals

For consultant to consultant ("C2C") referrals, the rules regarding the 18 week clock will depend upon whether the referral is for the same condition or not. If the referral is part of the same condition, then the original 18 week clock continues unaffected, with the patient's "start" date being the date of the original GP referral *not* the date of the consultant referral. C2C referrals should result in the patient pathways being linked on Cosmic & should be prioritised alongside standard external referrals.

If the patient is referred to another consultant for a different condition, then a new 18 week clock commences. However in the vast majority of situations it is Ramsay's expectation that patients will be referred back to their GP for choice to be offered. A C2C referral should only be made where it falls within scope of an agreed pathway with the commissioner.

If the patient ultimately ends up seeing two consultants for two conditions, distinct 18 week pathways will be running simultaneously with one another.

3.5 Receipt and Registration of referrals

All paper referrals to Ramsay are date stamped upon receipt. All referrals will be registered on Cosmic on the same working day. This includes those referrals that may have an incomplete MDS.

Any missing NHS numbers will be sourced from E-RS or the patient's GP practice to avoid unnecessary delay in processing the referral.

3.6 Rejected referrals in E-Referral Service

All rejected referrals, and the reasons for them will be recorded in E-RS within 24 hours of the decision to reject.

The patient will be telephoned to inform them on the decision to reject and the GP will also be notified of the rejection.

3.7 Rejected Paper Referrals

All rejected referrals, and the reasons for them, will be relayed back to the referring source and the patient will also be contacted to inform them on the decision.

3.8 Patient Information

All new patients, including E-RS, regardless of their method of booking must be sent:

- A letter confirming the time and date of their appointment, including which consultant they will be going to see.
- Registration Form
- Any additional information which is required for their appointment (e.g.) radiology information.

3.9 Scheduling

The scheduling of patient's appointments will be undertaken in accordance with both clinical and chronological prioritisation in line with the 18 week guidelines.

3.10 Reasonable Offers

For written and verbal offers of an appointment to be reasonable, the following waiting time guidance should be followed for referrals that have **not** come through E-RS;

- For a written appointment to be deemed reasonable, the patient is to be offered an appointment with a minimum of two weeks' notice.
- In addition to the two weeks' notice, for a verbal appointment to be deemed reasonable, the patient should be offered an appointment on a minimum of 2 different dates.
- If a patient chooses to accept an appointment that is earlier than 2 weeks' notice, this is still deemed reasonable.

- If two reasonable offers are declined for either a new or follow-up outpatient consultation, the patient will be discharged to their GP.
- All appointments will be confirmed in writing.

3.11 Patient Choice/Deferral

Some patients will turn down reasonable appointments because they prefer, for example, to go on an extended holiday or because or work/family commitments. Beyond a certain point, a patient initiated delay like this makes it unreasonable or impossible for Ramsay to provide treatment within 18 weeks. **Prior to referral onto an 18 week pathway, GP's should establish that patients are ready and available to receive treatment within this time frame.**

Ramsay expects patients in receipt of an appointment offer from the Hospital to respond within 10 working days to book and or confirm the appointment. Failure to comply with this will mean that Ramsay will discharge the referred patient back to the GP and stop the clock.

Any refusal of a reasonable offer of appointment will be classed as a self-deferral from the date of first offered appointment date. If a new patient declines **2 reasonable offers** of appointments (both of which are within the 18 week timeframe) they will be informed that their referral will be returned to their GP. The bookings staff will then record the rejection on Cosmic.

If a patient requests a deferral for social reasons (e.g. due to holiday commitments) the clock cannot be paused and must still be treated within their overall 18 week pathway. Where the delay is material and puts at risk the ability to commence treatment within 18 weeks consideration can be given as to whether under these circumstances patients may be referred back to their GP if they refuse two reasonable offers of appointments. However, it is recognised that the performance targets for 18 week compliance are set below 100% to accommodate these sort of scenarios, so only if a patient's delay is significant should they be considered for referral back to their GP and they should be reviewed on an case-by-case basis.

Referral back to the GP in this scenario would stop the 18 week clock and a new 18 week clock would start at the point when the patient and GP agree to re-refer for treatment.

3.12 Active Monitoring

A clinical decision can be made to start a period of active monitoring.
There will be occasions when the most clinically appropriate option for a patient will be that they are actively monitored over a period of time, rather than undergoing any further investigations, treatments or surgical interventions at that time. When the decision is made to start a period of active monitoring, this is communicated to the patient and this stops a patient's 18 week clock.

Patients may initiate the start of a period of active monitoring themselves (for example; choosing to decline treatment whilst they manage their symptoms).

However it would not be appropriate for Ramsay to use patient initiated active monitoring to stop patient clocks where a patient does want to have a particular diagnostic test/appointment or other intervention but wants to delay their appointment.

Where such patient initiated delays prior to admission mean that the 18 week target cannot be achieved for the patient, this may constitute an exception to 18 weeks, which is reflected in the 18 week tolerance.

3.13 Appointment Letter

As soon as an appointment has been made within Cosmic, an appointment letter will be generated and sent as confirmation. The letter can be used as an audit trail of arrangements and will contain the following core details:

- Patient's name
- Date letter was sent to the patient
- Date and time of appointment
- Where to report on arrival
- Contact number for queries relating to the appointment
- Name of the clinician who is responsible for the clinic that they are booked into.
- Along with the letter should be sent any relevant information that the patient requires prior to appointment. (See Initial OP Booking SOPs)

3.14 Patient Initiated Cancellations

Patients who wish to change their appointment should be advised to ring the National Telephone Appointment line 0345 60 88 88 8. If this is not possible, then the rebooking should be initiated through the local E-RS coordinator. Any declines of reasonable dates should be recorded into Cosmic to allow a full audit trail. Re-bookings should not be actioned outside of E-RS as this will send a provider appointment cancellation message to E-RS without any reference to the new appointment.

3.15 Patient initiated Cancellations for new appointments

Patients are able to cancel appointments without impacting the RTT pathway (i.e. the clock cannot be stopped.) If a new patient needs to cancel their appointment, they must be available to accept another reasonable offer in line with their pathway, as outlined in 1.9. If a patient cancels their appointment and they are not available to accept two or more reasonable offers, their RTT clock will be stopped and they will be referred back to their GP.

3.16 Patient initiated cancellations for follow ups

If a follow up patient needs to cancel their appointment, it must be rescheduled in line with the 18 week treat by date, where applicable.

3.17 Provider initiated cancellations for non-clinical reasons

Patients should not be cancelled more than once.

Provider cancellations for new patients
Patients who are cancelled by Ramsay for non-clinical reasons will be rescheduled in line with the 18 week treat by date.

Provider cancellations for follow up patients
Patients whose appointments are cancelled by Ramsay for non-clinical reasons will be rescheduled within 28 days.

3.18 Did Not Attend (DNAs)

Patients (with the exception of paediatrics and vulnerable adults) who do not attend their outpatient appointments will have a second appointment booked within two weeks. A second DNA will result in a discharge back to the referring GP.

3.19 Outpatient Diagnostic Appointments

All Access Policy rules apply equally to diagnostic and outpatient New and Follow Up appointments.

Clinicians are responsible for informing patients of the likely waiting time for diagnostic appointments. In line with guidance all diagnostic tests must be performed within 6 weeks of the diagnostic test being requested. Full details can be found in the Ramsay Diagnostics (DMO1) guidance document.

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

Reporting of results will be made available in time to allow progress through all likely stages of the RTT pathway.

3.20 Overseas Patients

Patients who are identified as overseas visitors and therefore not entitled to free NHS care must be referred to the General Manager for clarification of status regarding entitlement to NHS treatment before registration takes place.

3.21 Patients transferring from the private sector to the NHS

Patients can choose to convert between an NHS and private status at any point during their treatment without prejudice.

All patients wishing to transfer from a private service to the NHS must be returned to their GP to be offered choice and referral to an NHS provider. No patient should be referred directly from a private service to an NHS service without an appropriate NHS referral letter from their GP.

Patients who are referred via their GPs from a private service can be added to the NHS waiting list on the date that GP referral is received. They do not need an NHS appointment prior to being added to the waiting list. For example, if a patient has had their first appointment and diagnostic tests under a private service and then wishes to transfer to the NHS for treatment they can be added to the waiting list (following GP referral) without having to have another first appointment/diagnostics.

3.22 Patients transferring from the NHS to Private

NHS patients already on NHS waiting lists opting to have a private procedure must be removed from the NHS waiting list.

A new referral must be created on Cosmic to reflect the NHS to Private status.

4.0 Management of Inpatient & Daycase (Admitted Pathway)

4.1 Selecting Patients for Admission

All patients will be chronologically managed in accordance with the prevailing 18 week guidance. Patients whose booking forms indicate that they require an urgent procedure will be clinically prioritised.

4.2 Patients with a Decision to Treat

The decision to add a patient to an inpatient or day case waiting list must be made by a consultant, or under arrangement agreed with the consultant.

Patients must be clinically and socially ready for admission on the day the decision to treat is made.

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

4.3 Pre-operative Assessment

Patients who require a pre-operative assessment appointment based on the admission and booking criteria will wherever possible have an assessment booked 2 weeks prior to their admission date.

4.3.1 The Outcome of the of Pre-operative Assessment
If the patient is fit at assessment, treatment will proceed as planned.

If the patient is clinically and/or socially unfit for the proposed procedure, the referral will be processed in one of the following ways;

- The patient is monitored for a maximum period of 6 weeks (this does not affect the 18 week clock which will continue to tick). If the patient has been deemed fit by either their GP or consultant, another pre-assessment appointment will be booked.
- If the patient is deemed clinically and/or socially unfit and this cannot be improved during a period of active monitoring, then subsequent to review & in consultation with the commissioner, the patient referral will be rejected back to the referring clinician. The GP will also be informed of this decision.

4.4 Information to the Patient

The majority of patients will be sent an admission letter confirming their date of admission. If there is an Eido leaflet relevant to the intended procedure, this must be included with the letter or supplied at the time of the outpatient attendance.

As soon as the procedure has been booked, an admission letter is created on Cosmic and sent as confirmation. The letter is an audit trail of the arrangements and will contain the following details:

- Patient's name and address
- Date letter sent to patient
- Date and time of admission
- Contact number for queries relating to the procedure.
- Consultant who will be carrying out the procedure.
- Any other relevant clinical information/advice.

4.5 Patients who become clinically unfit for treatment following their successful pre-operative assessment

If a patient becomes clinically/socially unfit after a successful pre-operative assessment, an assessment must be made on the likely duration of the period of unavailability. Short term periods of unavailability (2 weeks or less) must be absorbed into the overall waiting time. In the event of long term unavailability (over 2 weeks) the patient will normally be discharged back to the care of their GP for re-referral. Individual consideration will be given to patients' individual circumstances on a case-by-case basis. In those cases where patients are referred back to their GP, clear guidelines must be given to the clinician regarding the patient's condition to warrant re-referral.

4.6 Reasonable Offers

For written and verbal offers of an admission to be reasonable, the following waiting guidance must be followed:

- For a written appointment to be deemed reasonable, the patient is to be offered an appointment with a minimum of 2 weeks' notice.
- In addition to the two weeks' notice, for a verbal admission date to be deemed reasonable, the patient should be offered an appointment on a minimum of 2 different dates.
- If a patient chooses to accept an admission date that is earlier than 2 weeks' notice, that is still deemed reasonable.
- Any patient unavailability must be recorded on Cosmic (see the Cosmic/Operational Access Policy document for more details).
- If two reasonable offers are declined the patient will be discharged back to their GP.
- All appointments will be confirmed in writing.
- Where a patient cannot be contacted they will be discharged back to their GP.

4.7 Patient Unavailability

Patients may decide to wait longer than 18 weeks for treatment for social reasons. We will ensure that the delay is clinically appropriate by liaising with the consultant in question. If the clinician is happy for the patient to delay their treatment then Ramsay will allow the delay regardless of the length of the wait.

If the clinician is not happy for the patient to delay their treatment for the time requested, we will inform the patient of a clinically appropriate TCI date. If the patient refuses this date they will be discharged back to their GP.

There will be no 'blanket rules' on the length of time a patient is allowed to delay their treatment, the decision on how long a patient is allowed to delay their treatment will be made on individual circumstances.

For all patient initiated delays the following guidance must be followed:

- A record should be kept of all patients who have chosen to delay their treatment and it should be reviewed regularly.
- A full audit trail must be kept on all patient initiated delayed pathways.
- Do not encourage an open-ended delay; always try to secure a date with the patient.

4.8.1 Patient Cancellations

Patients who cancel their admission date for a valid reason must be given one re-arranged date at the time of the cancellation that is within the 18 week waiting time guidelines.

If a patient cancels twice or more, their care episode and referral must be completed on Cosmic and the patient will be removed from the waiting list and sent back to the GP, a letter must be sent to the patient to inform them of the decision and that a re-referral would be needed for the patient to be seen again.

4.8.2 Did Not Attend (DNAs)

In the event of a routine patient not attending for their TCI date, the patient will be contacted and either rescheduled or discharged back to their GP (care episode and referral will be closed). The determination as to whether the patient will be offered an alternative appointment or referred back to their GP will be assessed on a case-by-case basis and based upon the specific reason for the DNA and following discussion with the patient's consultant.

Clinical priority admissions such as urgent will be rescheduled and offered a further admission date within the appropriate time frame. If the patient DNAs a second TCI date then the patient will be discharged and returned to the care of their GP.

4.8.3 Hospital initiated Cancellations of Admissions

When a patient's admission has been cancelled for non-medical reasons, this must be recorded within Cosmic as a provider cancellation and the patient rescheduled in accordance with their 18 week pathway.

Patients cancelled by the hospital on the day of admission must be given another admission date within 28 days of cancellation or prior to the end of the 18-week pathway, whichever is the earlier. If a patient declines the proposed admission date, this must be recorded within Cosmic and then make reference to Patient Unavailability as outlined in 2.7.

4.9 Cross Border Healthcare

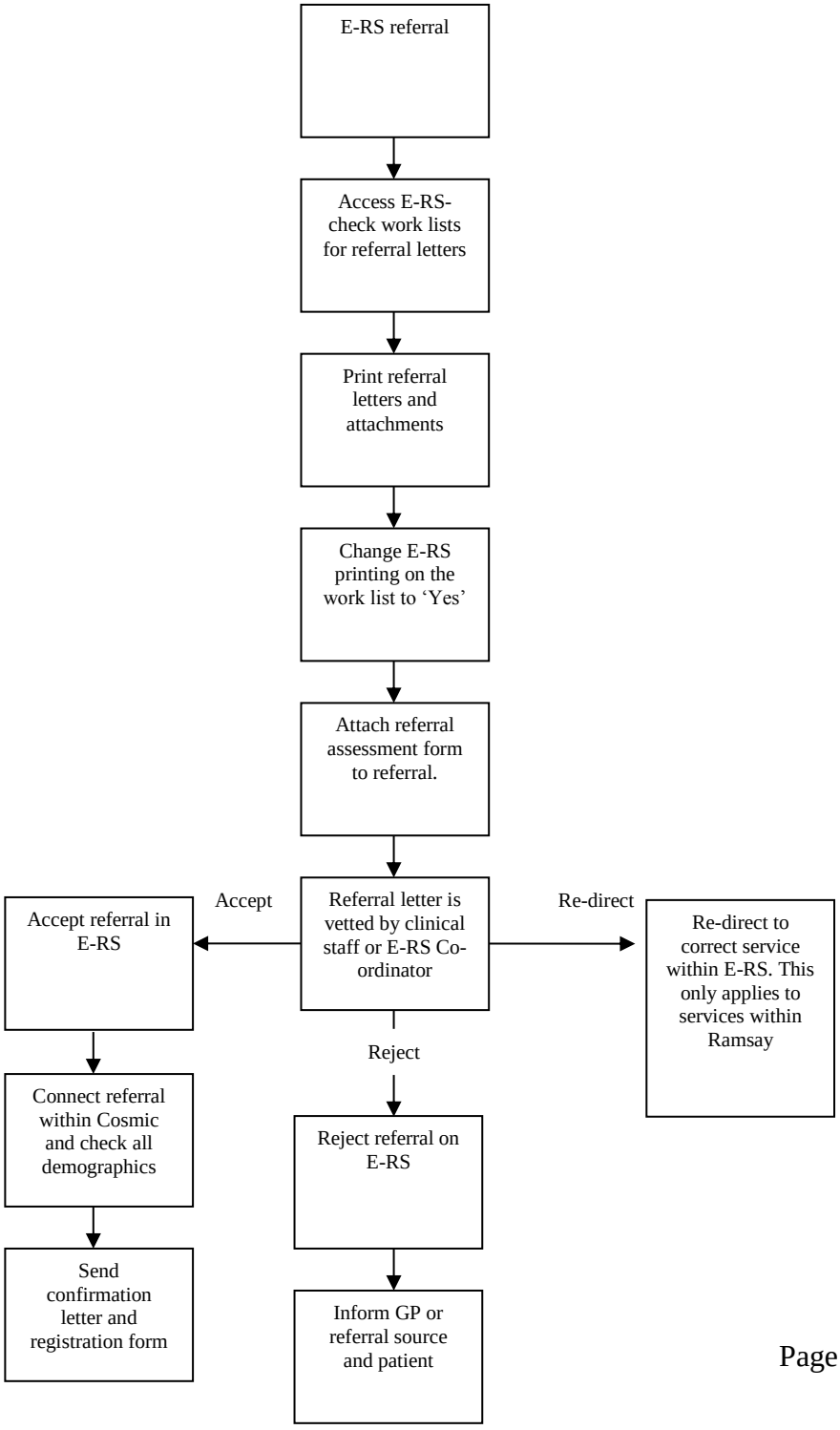
Patients resident in Scotland & Wales are entitled to receive emergency treatment at Ramsay when required, however prior approval for all Elective Treatments, including Outpatient appointments, must be obtained (from the relevant Health Board) before booking an appointment or receiving treatment. (Northern Ireland patients receive treatment in the same manner as English residents).

Patients resident in the European Union or a country with a reciprocal agreement are entitled to receive emergency treatment at Ramsay when required, however the patient must supply their EHIC card (or passport for non EU). If an EHIC card is not supplied the patient will be charged for their treatment as a private patient.

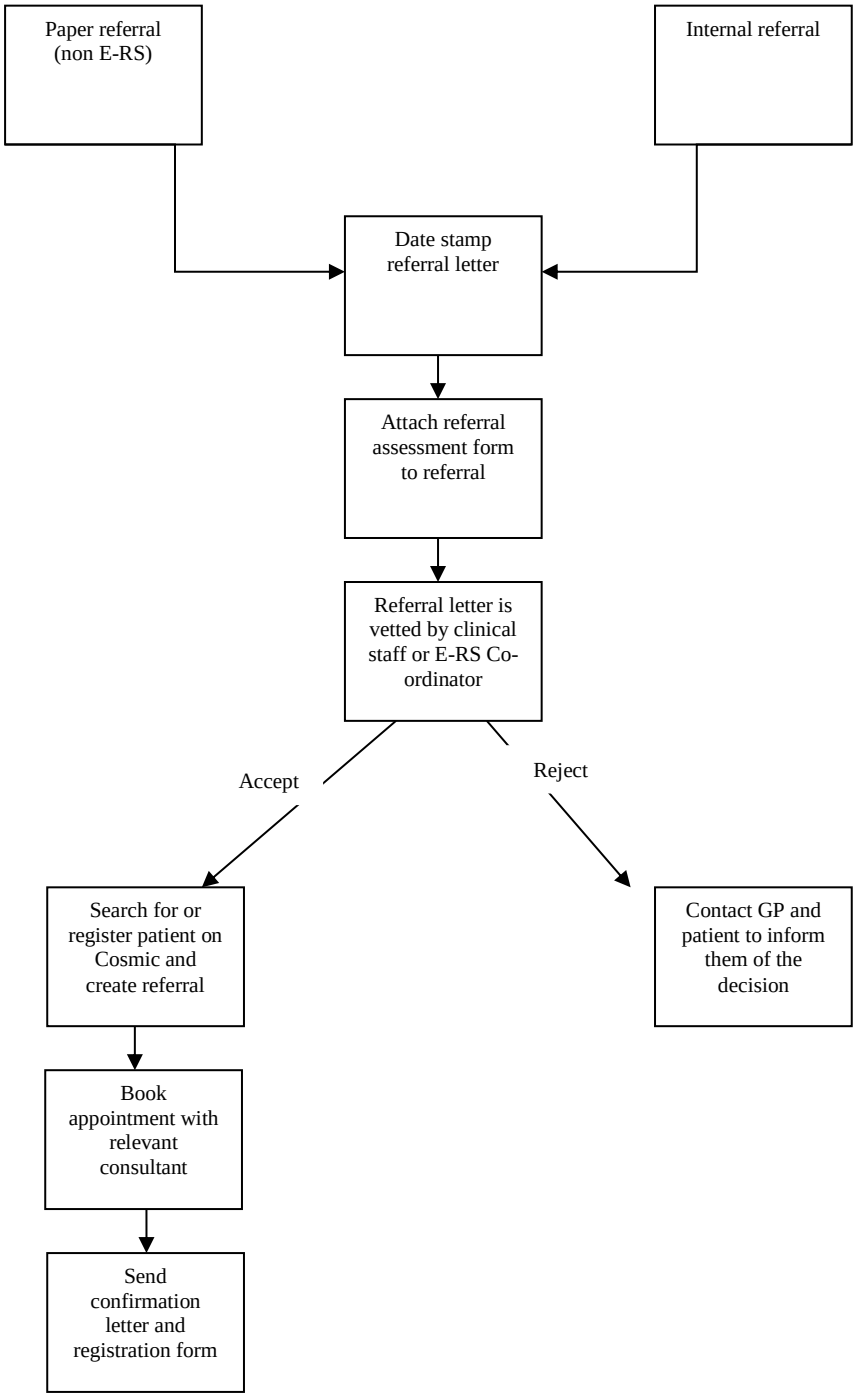
Patients from other foreign countries are entitled to receive emergency treatment at Ramsay when required however they will be charged for this treatment as a private patient.

APPENDICES

Appendix 1: The referral pathway E-Referral Service Referral Pathway



Paper referral process



Glossary

Active Monitoring	An 18 week 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.
E-Referral Service	A method of electronically booking a patient into the hospital of their choice.
Cosmic	The name of Ramsay's patient admin system.
Carestream	The name of Ramsay's administration system for diagnostic radiology
Date Referral Received (DRR)	For paper referrals, the date on which a hospital receives a referral letter from a GP. For E-RS referrals it is the date a patient takes an action to book an appointment. 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)	A patient who, having previously accepted an agreed date for an appointment or surgery, fails to attend the hospital as agreed and without cancellation or notification.
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 judgment, in consultation with others as appropriate, including the patient.
Indirectly Bookable Services	Some provider services are not directly bookable through E-RS 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.
Member of the Armed Forces	The Armed Forces Community includes: (1) regular personnel; (2) reservists; (3) veterans; (4) families of regular personnel, reservists and veterans and (5) the bereaved. For more information, refer to the Armed Forces Covenant or the NHS Choices: Healthcare for the Armed Forces websites.
Open Appointments	Open appointments are deemed to be 3 months unless requested as longer by the responsible clinician.
Outpatients	Patients referred by a General Practitioner or another health care professional for clinical advice or treatment.
Primary Targeting 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 a 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.

REFERENCE

The following documents were consulted when writing this policy:

1. Guidance on 18 week RTT
   https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/

2. Contract variation 2015/16
   https://www.england.nhs.uk/wp-content/uploads/2015/08/guidance-rtt-nv-options.docx