NHS

Interim Management and Support

Access Policy Guideline Review

POLICY EVALUATION TOOL

Green - Provider is fully compliant with the measure
Amber - Provider is not fully compliant or is partially compliant
Red - Provider is non-compliant or the policy gives contradictory statements

No.	Guideline ref./page	Rating (R A G)	Standard	Comment
1			**Statement of intent.** The Access Policy explicitly documents the best interests of the patient are foremost and the Trust intends to ensure efficient & equitable handling of referrals in line with waiting time standards and the NHS Constitution.	
2			**Choose and Book**. The Access Policy clearly describes how referrals are managed including Choose and Book (C&B) and the telephone line (TAL). The Access Policy makes clear reference to the principle of Patient Choice and how this will be managed at different stages of the pathway.	
3			**LHC signoff.** The Access Policy has been produced collaboratively with the Local Health Community (LHC) as well as Public & Patient groups.	
4			**Review date**. A date for the next review of the document is included within it.	
5			**Clear introduction**. The Access Policy Introduction outlines the rationale, remit and principles of the policy and identifies other policies, where appropriate, with which it should be read (i.e. Overseas visitors / Commissioner Approval / Low Priority Procedures).	
6			**Clarity re national and local standards**. National and locally agreed access standards (and exceptions) are clearly listed in the Access Policy	
7			**RTT information.** Key elements of the Referral to Treatment (RTT) pathway are stated in the Access Policy.	
8			**Definitions.** The Access Policy states a clear approach to the management and definitions of the following patient pathways:	
8a			- Entitlement to NHS Treatment	
8b			- Movement of patients to or from the Private sector	
8c			- Commissioner Approval procedures	
8d			- Planned lists (including definition thereof)	
8e			- Bilateral procedures	
8f			- Clock starts	
8g			- Clock Stops	
8h			- Active monitoring (management of pauses)	
8i			- War veterans	
8j			- Inter Provider Transfers	

The conent may to be ordered differently.
Potential repetition.

9			**Clear referral pathways and pre referral diagnostics.** Referral pathways to Secondary Care and associated pre-referral diagnostics are within Local Health Community (LCH) pathways	
10			**Cancer.** The Access Policy makes clear reference to how it will manage Cancer Patient Pathways (see Cancer Policy Guidelines).	
11			**Upgraded referrals.** The Access Policy has clear standards for the management of upgraded referrals.	
12			**Patient information.** The Access Policy states the patient information documentation available and when this is offered to appropriate patients / carers.	
13			**Reasonable notice and changing appointments.** The Access Policy offer clear standards of 'reasonable notice' and standards for changing of appointments by the Trust.	
14			**Clarity re handling DNA's and cancellations.** The Access Policy has guidelines on patient cancellations and patient 'Did not attend' (DNA) events, which are recognised as separate events.	
15			**Removal of patients.** The Access Policy offers clear standards and processes for removal of patients from waiting lists (includes advising Trust Consultants and General Practitioners to ensure proactive management).	
16			**Cancelled operations or procedures.** The Access Policy has clear standards for the management of cancelled operations / procedures.	
17			Training and role clarity. The Access Policy provides clarity of roles, responsibilities and training offered to the staff involved in the management of patient pathways.	
18			Pathway timescales. The Access Policy offers clear standards for the management of the pathway timescales (Referral letters / 1st OPD / diagnostics / pre-assessment / treatment).	
19			Inappropriate referrals. The Access Policy states the standards for monitoring referrals and managing inappropriate / erroneous referrals to avoid patient delays. This includes processes to notify the General Practitioner.	
20			Clinic cancellations. The Access Policy agrees standards for clinic / session cancellations.	
21			Patients not on an RTT pathway. The Access Policy sets out standards for patients not on a RTT pathway.	
22			Internal reporting suites. The Access Policy details information (inc: frequency) available to internal hospital management teams, Trust and Executive Boards (including the process for breach reporting).	
23			Glossary. The Access Policy provides a glossary of terminology.	
24			Pathway scenarios. The Access Policy provides example scenarios of pathways.	
25			Low priority procedures -clear definition of low priority procedures and restricted treatments	
26			Inter provider pathways - procedure for the management of IPTs and use of minimum data set	
27			Chronological Order of Booking	
28			Two week wait (2WW) Capacity Issue	
29			Patient requesting an appointment beyond six weeks will be returned to GP	
30			Advice and guidance service	

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31			Prioritisation	
32			Details of staff and telephone numbers of the booking teams.	
33			Cancellation on the day of surgery	
34			Patients are offered either hospital site and if they refuse, their clock can be paused	
35			DNA and audit of printed letters	
36			Patient fails to attend a pre-operative assessment on the day, and the clinician requests a further appointment this will restart the 18 week clock	
37			Outpatient Notice	
38			Maximum pause length	
39			If a patient contacts the waiting list team stating they are unwell for surgery, this will be deemed as a social suspension, as there is no clinical evidence to support a cancellation from a Clinician.	
40			Partial Booking being introduced	