

NHS Intensive Support Team

Information Sheet (I-03)

TREATING PATIENTS IN CHRONOLOGICAL ORDER

Overview

The NHS Constitution states patients "have the right to access services within maximum waiting times", or to request "the NHS to take all reasonable steps to offer a range of alternative providers if this is not possible".

First Definitive Treatment

All patients for whom it is clinically appropriate and who choose to be treated within the Referral to Treatment (RTT) standard should receive their first definitive treatment within the maximum (18-week) standard.

There is a significant degree of management control over first definitive treatment dates i.e. the scheduling of admission dates for Patients on incomplete admitted pathways. Patients should expect to be offered clinically-appropriate admission dates in chronological order according to their length of RTT wait. Patients who have already waited for longer than 18 weeks should never be made to wait even longer in order to meet the 90% admitted operational standard i.e. patients who have breached the national standard, for whatever reason, must not be allowed to wait while the organisation treats non-breach patients of the same clinical priority.

Appointments should be booked into an appropriate slot every time. Organisations should adopt processes which are patient-focused and geared towards offering the patient a choice of appointments in a set period of time as specified within the appropriate and agreed patient pathway. Referrals should be booked in clinical priority and then chronological order. In other words, patient A referred on day 1 should expect to be seen and treated before patient B, referred on day 2 (assuming the same clinical priority and no waiting time adjustments).

Elective Care Access Policy

The Trust should have Elective Care Access Policy which clearly indicates locally- and nationally-agreed standards for access to care, including details of those patients excluded from the national RTT standards. Details of reasonable notice should be included for inpatient, outpatient, cancer and diagnostic pathways. The importance of treating patients in chronological order, at whatever stage of their pathway (outpatient, cancer, diagnostic, inpatient etc.), is paramount, making allowances only for clinical urgency, case mix and patient choice.

Adherence to Principles

This underlying principle that patients should be treated in chronological order is fundamental and should be adhered to at all times. Where there is insufficient capacity to date patients within agreed timeframes, staff should escalate capacity issues to the relevant manager, and ensure patients continue to be dated in accordance with the principles outlined above.

There are, however, some clinical and operational caveats to this principle:

- Patients whose condition is urgent (including those with suspected or an actual diagnosis of cancer) will be both seen and treated within a shorter timescale and in priority over those whose condition is more routine in nature.
- Patients who choose to wait for longer periods of time at any stage of their pathway may do so.

NHS resources must be used effectively and to this end, some patients may be treated 'out of order' to ensure maximum utilisation of resources. For example, a minor, routine operation may be performed at an early date to ensure theatre capacity is not wasted.