NHS Intensive Support Team Information Sheet G-120

PATIENT CHOICE OF TIME OF TREATMENT ON REFERRAL TO TREATMENT (RTT) PATHWAYS

Overview

In June 2015 NHS England signalled a change to the performance management of RTT waiting times, namely that the sole future measure of success would be achievement of the incomplete pathways standard. This change came into effect on 1st October 2015. The NHS Constitution remained unchanged however - patients still have a right to treatment within 18 weeks...

Furthermore the core principles around a patient's choice of the time of their treatment(s) were re-enforced in the published documents supporting this shift in focus to those patients still waiting for treatment.

In particular:

1. Delays as a result of patient choice are accounted for in the tolerance of 8% set for achievement of the incomplete pathway waiting time operational standard;
2. Trusts must ensure that local Access Policies and Standard Operating Procedures are in line with the RTT Rules, protect the ability of patients to choose their time of appointment, diagnostic test, and/or treatment, and ensure that patients are not penalised through inappropriate actions (e.g. discharge) simply in order to deliver the 92% incomplete pathway operational standard;
3. A cancelled or rearranged appointment, either patient-initiated or provider-initiated, will not in itself stop an RTT clock. If a patient cancels, rearranges or postpones their appointment, this has no effect on the RTT clock, which should continue to tick;
4. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; referral back to the GP should always be a clinical decision, based on the individual patient's best clinical interest;
5. Trusts must not use blanket rules that apply a maximum length to patient-initiated delays as this does not take account of individual patient circumstances. Trusts should however have mechanisms in place to protect patients who may come to harm by choosing to delay their treatment. This applies equally to those patients who may come to harm through repeated cancellations or failure to attend appointments;
6. Clinicians should provide booking staff with guidelines as to the length of time (in general) that patients should be allowed to defer assessment, diagnosis and/or treatment without further clinical review. Patients requesting longer delays should have a clinical review to decide if this delay is appropriate. If the clinician is satisfied the proposed delay is appropriate, then the trust should allow the delay, regardless of the length of wait reported;

Reasonable Notice

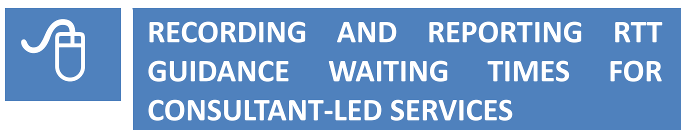
Trusts should continue to ensure patients are provided with reasonable notice when contacting them to arrange episodes of care for their treatment pathway.

For elective pathways, this means an offer of an appointment time and date three or more weeks from the time the offer was made. It is good practice to offer patients at least two appointments.

For cancer pathways, under the 31 or 62 day standards, reasonable is considered as any offered appointment between the start and end point of the 31 or 62 day standard.

Any offer is considered reasonable if a patient accepts the appointment.

Relevant Rules, Guidance & FAQs



Good Practice for Managing Patient Initiated Delays

- Record patient-initiated delays locally, to aid good waiting list management and ensure all patients are treated in order of clinical priority. For example, a patient who has chosen to wait until after the school holidays for an appointment is not overlooked when they are available again.

- Do not allow open-ended patient-initiated delays – always try to secure an 'available from' date from the patient. Where a patient-is uncertain about the length of delay required, (for example wishes to see how their condition progresses) rather than offer a declared period of unavailability, it should be considered whether it is clinically appropriate to start a period of active monitoring. Trusts should make a common sense judgement to differentiate between a short period of thinking time whilst the patient is considering whether to proceed with the proposed treatment (no clock stop) versus patients requests to see how their condition can be managed or progresses before making a decision as to whether to proceed with the proposed treatment (clock stop for active monitoring).

- Keep the list of patient-initiated delays under active review. Maintain a full audit trail on pathways with a patient-initiated delay, in particular those where the overall wait is likely to be lengthy.

- Dates of appointments/ admissions should be negotiated/agreed with patients rather than notifying them of an appointment, to avoid the risk of patient cancellations.

- Ensure the admissions team has been trained in all of the RTT rules.

- Provide all relevant staff/ teams with clear Standard Operating Procedures and 'how to' guides so that they are equipped to be able to implement the access policy.