

Writing an Access Policy

Elective Care Intensive Support Team

NHS IMAS

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Audience

- This presentation is aimed at individuals supporting Trusts in the development or review and sign off of an Access Policy.
- The language of the Access Policy should be accessible to all staff and patient groups.

This presentation will cover the following areas:

1. Why is an Access Policy important?
2. What should be included, or excluded in the Access Policy?
3. Who should be involved in the development?
4. What questions should the Access Policy address?
5. When should it be reviewed?
6. What happens next?

Why is an Access Policy so important?

- The Access Policy informs patients, relatives and staff of their rights and what to expect from the Trust.
- It is linked to the NHS Constitution ([2013](#)) and therefore to certain legal rights.
- It allows Trusts and commissioners to set out their local approach to managing and sustaining shorter waiting times, as set out in the NHS Constitution.



Why is an Access Policy so important?

The NHS Constitution

Everyone has the right (by law since 2010) to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible. The waiting times are described in the [Handbook to the NHS Constitution \(2013\)](#).

What should be included, or excluded, in the Access Policy?

- The policy must be fair and equitable to all patients
- The policy should focus on getting patients treated, not leaving them waiting (there should be no imposition of minimum waits)
- The policy should reflect the requirements of the local population and ensure patients are treated in a way that is consistent with the [NHS Constitution](#)
- The policy must reflect the referral to treatment [\(RTT\) rules](#)

What should be included, or excluded in the Access Policy?

- Patients must be treated in clinical priority order. Patients with the same clinical priority should be treated in date order (the longest waiting patients treated first)
- Policy should demonstrate an understanding of the awareness of cancer patients and determine if this is to be included in a single policy or to be written as a separate document.

Who should be involved in the development?

- The Access Policy should be produced for and by the local health community and agreed by representatives from the following organisations or groups:
 - Commissioners (CCG)
 - Patient representative(s)
 - Providers
 - Clinicians – primary and secondary care

What questions should the policy address?

- The Access Policy should address a number of questions to allow care to be provided in an equitable and fair manner. This will also allow staff the opportunity to understand the rules and their application, avoiding errors and mistakes.
- The Access Policy should be clear and unambiguous.

What questions should the Access Policy address?

- What starts a clock?
- What stops a clock?
- What is a pause? When can it be applied?
- What is a breach? How should escalation processes be managed?
- What are the criteria for adding patients to inpatient lists?
- What to do with 'medically unfit' patients?
- What is a minimum data set and when is it used?

What questions should the Access Policy address?

- Did not attend (DNA) processes
 - What happens when a patient DNAs, next steps?
- Cancellations
 - What happens when a patient cancels any appointment?
 - What happens when the Trust cancels any appointment?
- Active monitoring
- Links to Trust annual and study leave policy
- How do the Trust manage planned patients?
- How do the Trust manage diagnostic patients?

When should the Access Policy be reviewed?

- It should be reviewed and ‘signed off’ annually by the Trust and CCG Board, in public
- Earlier if:
 - There are changes to national rules
 - There are changes to local health community rules
 - There are changes to the Trust processes

What happens next?

- Once the policy has been agreed and signed off by all participant authors, it needs to be disseminated. The Trust should consider the following:
- A launch of the new policy with associated training sessions designed to highlight the differences from the 'old' policy

What happens next?

- Local Health Community wide communication
- Development of Standard Operating Procedures
- Introduction of the policy as part of the Trust induction programme
- Annual mandatory training of the policy for all appropriate staff groups (possibly as an on-line assessment)

What happens next?

- Publication of the policy on the Trust website
- Holding paper copies of the policy for those with no internet access (i.e. with PALS office, outpatient department, Main Reception etc.)
- Publication of a short patient information leaflet highlighting key points
- Publishing in other languages, braille etc.
- Monitoring implementation of policy