



INDEPENDENT HEALTH GROUP

Patient Access and Choice Policy

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1. Introduction & Purpose

The Independent Health Group Patient Access and Choice Policy is designed to ensure that all patients referred to and treated by Independent Health Group receive high-quality, equitable, and inclusive care. This commitment aligns with the 18-week Referral to Treatment Waiting Time Standards and Diagnostic DMO1 guidance under the NHS Constitution, which defines the rights, pledges, and responsibilities for NHS staff, patients, and the public. The Constitution underscores a commitment to accessible, fair, and person-centered healthcare, setting forth the standards and expectations that matter most to patients and staff alike.

In alignment with our dedication to Equality, Diversity, and Inclusion (EDI), this policy prioritises the fair and respectful treatment of all patients, with particular focus on the needs of Black and Minority Ethnic (BME) communities, individuals with disabilities, and those requiring additional communication support. Independent Health Group adheres to the NHS Accessible Information Standard, ensuring that patients with disabilities, sensory impairments, or communication needs receive information in formats suited to their requirements, fostering inclusive and effective communication throughout their care journey.

A thorough pre-assessment process is a cornerstone of this approach, enabling us to proactively identify, record, and flag any specific needs of patients well in advance. This process, aligned with the NHS Accessibility Standard, allows us to plan effectively to meet each patient's individual and holistic needs and to identify any predisposing factors or considerations relevant to surgical preparation. By documenting and respectfully sharing this information with appropriate members of the care team, we ensure that care plans are tailored, comprehensive, and inclusive, contributing to a safe, respectful, and supportive experience for each patient.

Independent Health Group also adheres to the NHS Safeguarding Policy, ensuring the protection and support of all patients, particularly those who may face unique barriers to healthcare access and inclusion. This safeguarding approach encompasses a comprehensive view of each patient's social circumstances, including factors such as support networks at home, social determinants of health, and any potential vulnerabilities that may impact their care experience. By proactively assessing these aspects, we aim to provide safe, respectful, and tailored support that enhances each patient's well-being and ensures they can access and benefit from our services in an inclusive and equitable manner.

This policy provides a structured approach to the management of waiting lists, scheduling, and booking across the organisation, ensuring that patients are treated in line with both and national policies. All staff involved in managing elective patient pathways—including clinical, managerial, and administrative staff—are expected to understand their roles in maintaining transparency, equity, and accessibility at every stage. Processes are designed to be clear and open to patients, their families, and

partner organisations and are subject to regular inspection, monitoring, and audit to uphold standards.

Independent Health Group commits to prioritising clinically urgent patients and treating all other patients fairly and in turn, ensuring that correspondence between clinicians is shared transparently with patients regarding their care. This policy will undergo regular reviews to incorporate patient feedback, changes in commissioning intentions by local Integrated Care Boards (ICBs) or other commissioning bodies, and updates to NHS Constitutional rights and pledges. It sets out how patients are managed administratively at every point of contact with Independent Health Group and should be implemented by staff alongside relevant Standard Operating Procedures (SOPs) to promote consistency, inclusivity, and quality in patient care.

2. Scope and Definition

2.1 Scope

This policy applies to all staff working for Independent Health Group across all sites where services are delivered and who are involved in the management of waiting lists, from initial referral and follow-up through to discharge from the service. It covers every step of the patient pathway and aims to ensure fair, equitable, and inclusive access to healthcare for all patients, in line with national targets and Independent Health Group's commitment to patient-centred care.

The policy is essential for meeting nationally agreed targets, such as the 18-week Referral to Treatment (RTT) standard, as well as our internal 14-week RTT goal. This includes prioritising patients appropriately and ensuring that any patient identified as a suspected cancer case is discharged back to their GP promptly for an urgent referral to the most suitable care provider.

The policy applies to all services provided by Independent Health Group where an appointment is required, and it encompasses a broad range of considerations to ensure high standards of care, accessibility, and patient choice. This includes:

- **Pathway Milestones:** From the initial receipt of referral through to the completion of investigations, elective treatment, and discharge back to the GP, each stage of the pathway is managed to ensure timely, transparent, and efficient patient care.
- **Management of Patient-Specific Needs:** This includes patients who are unable to attend or proceed within a specified timeframe, whether due to personal choice, not being medically fit, or requiring care that is outside the scope of our organisation's ability to deliver safely. Staff are expected to address these factors with sensitivity, in line with the NHS Accessible Information Standard and NHS Safeguarding Policy.
- **Did Not Attend (DNAs):** DNAs will be managed in line with national policy, as outlined in the Consultant-Led Referral to Treatment Waiting Times Rules & Guidance (NHS England, October 2022). Each DNA will be reviewed to assess any underlying barriers, including Equality, Diversity, and Inclusion (EDI) or

safeguarding concerns. Staff should consider factors such as communication challenges, cultural or language barriers, and social or safeguarding vulnerabilities. Where concerns are identified, follow-up will be conducted in a supportive manner to help the patient engage with their care and attend future appointments.

- Locally Agreed Waiting Times and Commissioner-Led Initiatives: The policy also reflects any locally agreed targets or initiatives driven by Integrated Care Boards (ICBs) or other commissioning bodies, ensuring flexibility and responsiveness to meet the needs of the communities we serve.

2.2 Glossary / Definitions

Phrase	Definition
18-Week Clock	The period, measured in weeks, that starts from the date a referral is generated until the point of first definitive treatment, with the aim of ensuring patients are treated within this timeframe. The clock can be paused or reset in certain circumstances.
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 starts when a decision to treat is made following this period.
Admitted Pathway	A pathway that ends in a referral to treatment clock stop for admission for first definitive treatment.
ASI (Appointment Slot Issue)	When patients or professional users of the e-referral service are unable to book an appointment. The most common reason for this is a lack of appointment slots being made available to the e-referral service.
BME (Black and Minority Ethnic)	Refers to individuals from Black, Asian, and other minority ethnic backgrounds, often considered in policies and practices to address racial inequalities and promote fair access to services.
Cancellation - Patient Initiated	A cancellation is when a patient gives any advance notice of their inability to attend. A cancellation remains such even if the notice is very short. By cancelling an appointment, a patient shows a to engage with the NHS.
Choice	Patients' right under the NHS Constitution to choose their provider and the timing of their treatment. Choice may be limited by clinical urgency or specific conditions as stipulated by commissioning bodies.
Consultant-Led Service	A service where a consultant retains overall responsibility for the patient's care, which can include other healthcare professionals delivering some aspects of care under the consultant's guidance.
Date Referral Received (DRR)	This is the date on which a provider receives a referral letter from a GP or other agreed medical provider. The waiting time for outpatients is calculated from this date. For NHS e-Referral Service referrals, this is the date the patient converts their UBRN.
Definitive Treatment	The treatment intended to manage a patient's condition, marking the point at which their Referral to Treatment (RTT) pathway is complete.
DNA (Did Not Attend)	Patients who have been informed of an appointment date and time but do not attend without notifying the provider. Each DNA is reviewed to identify underlying barriers, including EDI or safeguarding concerns.
Day Case	Patients who require admission for treatment but are not expected to stay overnight.

E-Referral	An electronic referral made by a referring clinician via the E-Referral System enabling patients to choose and book appointments directly into a Provider Patient Administration System.
EDI (Equality, Diversity, Inclusion)	A framework that promotes fairness, ensures diverse representation, and fosters an inclusive environment, where all individuals, regardless of background, have equal access to services and opportunities.
ICB (Integrated Care Board)	A statutory NHS organisation responsible for planning and commissioning health services within a specific area, working in partnership with local authorities and other stakeholders to improve health outcomes.
INNF/INF (Interventions Not Normally Funded)	Some procedures are deemed to be of limited clinical value and may be restricted by local ICB or other commissioning bodies' clinical policies.
Manual Referral	A referral made by a referring clinician via post or secure email rather than through the electronic system.
NHS Accessibility Standard	A standard that ensures patients with disabilities, impairments, or communication needs receive information in accessible formats and the support they need to communicate effectively with healthcare services.
NHS Safeguarding Policy	A framework that ensures the protection of all patients, particularly those who may be vulnerable, by considering factors such as social circumstances, support at home, and other potential risks to ensure their safety and wellbeing.
Non-Admitted Pathway	A patient pathway that ends in a clock stop for reasons other than admission, such as discharge following outpatient care where no further treatment is needed.
Outpatient	Patients referred by any healthcare professional with referring rights for clinical advice or treatment, usually seen without being admitted to a hospital.
Other Commissioning Bodies	Independent Health Group holds contracts with commissioning bodies beyond the ICB service contracts, enabling it to deliver a range of services as required by different commissioners.
PAS (Patient Administration System)	A computer system used to manage the patient pathway, including bookings, referrals, and waiting lists.
Pathway	The full sequence of care and treatment activities a patient receives from referral through to definitive treatment and discharge, including diagnostic, therapeutic, or monitoring stages.
Pre-Assessment	A clinical review or set of assessments conducted prior to a patient's admission or procedure to determine fitness for treatment, identify support needs, and ensure holistic care planning.
RTT (Referral to Treatment)	The overall waiting time a patient has from initial referral by a clinician to first definitive treatment by the provider.
UBRN (Unique Booking Reference Number)	A unique identifier provided to patients through the NHS e-Referral Service, allowing them to book an appointment with a chosen provider.

3 Responsibilities, Accountabilities & Duties

3.1. Chief Operating Officer (reports to Chief Executive)

The Chief Operating Officer who reports direct to the Chief Executive holds ultimate accountability for ensuring that the organisation meets all contractual requirements,

including compliance with waiting time targets and providing equitable access to care and assurance to the board on this policy. The Chief Operating Officer is responsible for overseeing the alignment of operational processes with national standards for accessibility, equity, and patient choice, ensuring that systems are in place to manage waiting times effectively and transparently in accordance with the policy's scope.

3.2. Chief Nurse / Deputy Chief Nurse

The Chief Nurse and Deputy Chief Nurse, in collaboration with the Medical Director, are responsible for ensuring that safe and effective systems are in place across the organisation to deliver high-quality patient care. Together, they ensure that all aspects of the patient pathway uphold clinical and safeguarding standards, with particular focus on Equality, Diversity, and Inclusion (EDI) principles, the NHS Accessible Information Standard, and the NHS Safeguarding Policy. They hold overall responsibility for the effective implementation of pre-assessment processes outlined in Section 2.4 and Section 2.5, ensuring that needs are identified, recorded, flagged, and appropriately managed within the Pre-Operative Assessment Team and Pre-Operative Consultant Clinic. They are jointly accountable for clinical governance related to patient access and pathway management, ensuring that care delivery remains safe, inclusive, and in line with best practice standards.

3.3. Head of Operations

The Head of Operations is responsible for the development, application, and routine monitoring of this policy and its related Standard Operating Procedures (SOPs). This includes oversight of scheduling, waiting times, and ensuring that bookings are within the 18-week target. The Head of Operations works closely with the Patient Pathway Mobilisation Leads, who assist by monitoring the performance of the Administration Team against Key Performance Indicators (KPIs). Weekly Referral to Treatment (RTT) reports are reviewed by the Head of Operations to confirm adherence to waiting time targets, with additional fortnightly indicative waiting times provided as an assurance tool.

3.4. Pre-Operative Assessment Team

The Pre-Operative Assessment Team plays a critical role in identifying and addressing each patient's specific needs early in their care journey. Aligned with the NHS Accessibility Standard, the team is responsible for identifying, recording, and flagging any needs or considerations that may impact the patient's care pathway. The team must request and document all necessary information to assure the organisation that it is safe to proceed with treatment. They also have a duty to share relevant information and request any further details needed to meet the patient's individual needs, ensuring a tailored and holistic approach to care.

3.5. Pre-Operative Consultant Clinic

The Pre-Operative Consultant Clinic utilises the initial assessments and information provided by the Pre-Operative Assessment Team to plan and tailor patient consultations. Consultants in this clinic review any requests or questions raised during the pre-assessment stage, recognising, flagging, and, where necessary, escalating

issues to ensure comprehensive care planning. The clinic is also responsible for discussing all relevant aspects with the patient in a manner that meets their individual needs, ensuring that informed consent is obtained. This process prioritises clear, accessible communication, enabling patients to fully understand their care and treatment options and thereby facilitating true informed consent.

3.6. All Staff

All staff involved in the patient pathway share responsibility for implementing this policy. Clinical staff must prioritise patient care within agreed timeframes, considering patient choice, clinical priority, and the length of time patients have been waiting. The Patient Administration Team Staff are instructed not to book appointments past the 18-week target without higher authorisation, unless due to patient choice and approved by the Patient Pathway Mobilisation Lead or Head of Operations.

3.7. Patients

Patients are responsible for attending their scheduled appointments and notifying the Administration Team of any changes to personal details or periods of unavailability during their treatment. They are also responsible for raising any relevant past medical history, providing any other pertinent information, and returning requests for information in a timely manner to facilitate effective planning. Additionally, they are expected to inform the team promptly if an appointment is no longer required. This helps maintain an efficient pathway and ensures that resources are effectively allocated to support all patients in a timely manner.

4 Process

4.1 Referral Management

Independent Health Group will provide clinical services in a manner consistent with the NHS commitment to and application of the rules related to the Consultant-Led Referral to Treatment Waiting Times Rules and Guidance.

All patients must be managed and treated within the agreed pathway timeframe. It is not acceptable for any patient to breach the agreed specific target. If a patient wishes to wait longer for an agreed reason, such as patient choice, this must be clearly documented within the electronic patient record.

Any patients who are not managed and treated within the 18-week RTT or the 6-week diagnostic target will be reported as breach patients to the relevant Integrated Care Board (ICB) or other commissioning bodies.

The management of the patient pathway should be transparent and equitable:

- **Communication with Patients:** Communication should be informative, clear, and concise, with all interactions documented. Patient information must be available in accessible formats to meet individual needs, for example, in different font sizes,

braille, or translated into the language of preference. Vulnerable patients, such as those with learning difficulties or dementia, should receive additional support to meet their specific needs in line with the NHS Accessible Information Standard. Safeguarding considerations must also be prioritised, especially when managing complex needs.

- **Patient Access to Policy:** Patients will have access to this policy through the Independent Health Group website.
- **Use of the Patient Administration System (PAS):** The Patient Administration System must be used to manage both outpatient and day case groups, with written operational procedures, protocols, and appropriate user training to support this policy.
- **Training and Technical Support:** Training includes technical support for using the Patient Administration System to ensure staff can manage the patient pathway effectively and in compliance with RTT standards.
- **Commissioner Treatment Policies:** Independent Health Group will support Commissioner Treatment Policies, including any requirements for Prior Approval, Criteria-Based Approval, and Individual Funding Request Approval contained within those policies.
- **Data Collection for Equality Act Compliance:** To comply with the Equality Act 2022, Independent Health Group will sensitively collect necessary data on patients who attend appointments. Patients are informed in their appointment confirmation letter of how personal information is managed, with the option to opt out of data sharing at any stage.

Independent Health Group will accept patient referrals via the E-Referral System (Directly Bookable) or other agreed methods, in line with local ICB or other commissioning body guidelines.

Managing Waiting Times and Capacity:

- **Daily Capacity Monitoring:** Capacity is monitored daily by the Administration Team when booking or confirming appointments of any type, with issues escalated to the Patient Pathway Mobilisation Leads if necessary.
- **Appointment Slot Issues:** If outpatient appointments are unavailable through the E-Referral system, the referral will be added to the Appointment Slot Issues worklist, which is reviewed daily by the Administration Team and escalated as needed.

- **Escalation for Persistent Capacity Issues:** If capacity issues persist, unresolved matters are escalated to the Head of Operations, who will review and determine further actions, with potential escalation to senior management if necessary.
- **Fortnightly Indicative Waiting Times:** The Patient Pathway Mobilisation Leads prepare indicative waiting times fortnightly and distribute these to referring organisations, referral management centres, and stakeholders.
- **Outpatient and Theatre Scheduling:** All schedules are planned and confirmed with clinical teams at least two months in advance to minimise waiting times and reduce the need for rescheduling.

Appointment Choice and Reasonableness Standards:

- **Offering a Choice of Appointments:** Patients must be offered a reasonable choice of appointments and locations. For patients scheduled for treatment, three dates should be offered, with two dates provided at least two weeks in advance. All appointment options must be recorded in the electronic patient record.
- **Clinical Prioritisation:** In line with the National NHSE/I programme (October 2020), all patients on waiting lists are clinically reviewed and prioritised as follows:
 - **P2** – needs to be seen in under 1 month.
 - **P3** – to be seen within 1–3 months.
 - **P4** – can be seen in over 3 months.
 - **P5** – patient chooses not to be treated while COVID-19 remains a concern.
 - **P6** – patient choice to delay treatment.
- **Impact of Cancellations and DNAs:** Appointment letters will inform patients how to change appointments and explain the impact of cancellations or DNAs. Any cancellations or DNAs will be managed per EDI and safeguarding standards to ensure fair and responsive handling.
- **Discharge Documentation:** Independent Health Group will ensure that all decisions regarding the discharge of patients, including any subsequent clinical decisions, are clearly recorded on the electronic patient record.

4.2 E-Referrals

All Independent Health Group services are directly bookable through the NHS E-Referral system (e-RS), or directly bookable via the Patient Administration System (PAS) under a shared booking agreement. Non-e-RS appointments are only made if explicitly permitted under a contractual agreement with local Integrated Care Boards (ICBs) or other commissioning bodies. The directory of services provides all referring clinicians with information on the following:

- **Service details**, including site location and contact information.
- **Types of conditions treated.**
- **Service-specific booking guidance**, including exclusion criteria, administrative requirements, and suggested investigations.
- **Indicative total pathway waiting time.**

Referrals received via the NHS E-Referral system automatically transfer to the Patient Administration System, where they populate the 'E-Referrals received workflow list' for processing by the Administration Team.

The Administration Team will scan and import the referral letter from the E-Referral system into the Patient Administration System, saving it to the patient's record. All referral information is securely managed in compliance with the Data Protection Act 2018 and GDPR.

If appropriate, a member of the clinical team reviews the referral letter to ensure that the patient meets the treatment criteria for services provided by Independent Health Group.

If no referral letter has been received, the Administration Team will promptly contact the GP to obtain the necessary information. **If the referral letter is still not received 48 hours before the scheduled outpatient appointment, the case will be escalated to the Admin Team Supervisor for that particular specialty.**

In cases where essential referral information is missing, the following steps are taken:

- The referring GP practice is contacted and advised that the appointment request for their patient will be cancelled due to the absence of the required data set and clinical referral information.
- The patient is informed that their provisional appointment has been cancelled due to the GP practice's failure to provide essential information and is advised to contact their GP for next steps.
- The appointment request is cancelled in the E-Referral system and returned to the referring GP.

Communication Standards and Accessible Information

All patients who have been accepted for an appointment will receive a confirmation letter with the following details:

- Appointment date and time.

- Specific guidance for attendance, including any necessary preparations.
- A patient information leaflet, health questionnaire, and a map.
- Contact details for queries related to cancelling or rescheduling, as well as options to request information in alternative formats or additional support, such as an interpreter, if required.
- Information on the implications of not attending appointments without prior notice.

Patients may request information in alternative formats, such as large print, braille, audio, or easy-read versions, to ensure accessibility. Additionally, interpretation services, including British Sign Language (BSL) interpreters, can be arranged for patients with hearing impairments or those who do not speak English as a first language. Vulnerable patients, such as those with cognitive impairments, dementia, or learning disabilities, will receive tailored support to meet their specific needs, in line with Equality, Diversity, and Inclusion (EDI) principles, ensuring that they fully understand their appointment details and the importance of attendance.

4.3 Manual Referrals

A manual process will be followed for any patient on a Patient Initiated Follow Up (PIFU) pathway which is where a patient has been discharged and referral ended but can request a follow up appointment within a 6-month period. This applies to all services delivered by Independent Health Group with the exception of Podiatric Surgery, which is a 12-month period due to the length of the pathway. An internal referral will be set up and appointment booked.

After the 6 or 12-month PIFU period ends, a new referral will be requested via the ERS system before a further appointment can be booked.

4.4 Attendance of First Outpatient Appointment

On the day of the first outpatient appointment, the patient will be marked as attended in the Patient Administration System (PAS System One) by the receptionist, nurse, or clinician, depending on the specific process at each site. If the patient does not attend (DNA), the Administration Team will contact the patient to determine the reason for their absence, and they will be recorded as a DNA on the PAS.

Prior to the first outpatient appointment, the Pre-Operative Assessment Team will review the patient's record to assess any additional needs or considerations, such as medical fitness, social factors, support requirements, and any physical accessibility needs. This proactive assessment ensures that the patient's care pathway is planned appropriately, with necessary adjustments made in advance to support accessibility wherever possible. Following the outpatient appointment, the Pre-Operative Assessment Team will follow up on any new issues identified during the clinic, ensuring that all required information is gathered to safely proceed with the patient's care.

Following the first outpatient appointment, the patient will be marked as either suitable for surgery, not suitable, or as requiring further tests. The Administration Team

monitors the progress of outpatient sessions and records the outcome of each appointment, including next steps, in the PAS by the end of the working day, or by the start of the next working day at the latest. If the patient is deemed suitable for surgery, they are added to an electronic waiting list within the PAS, pending scheduling by the Administration Team.

All clinic letters are typed and sent to referring clinicians and patients within a maximum of 7 days. Letters are primarily sent via secure electronic internal transfer using PAS (System One) for referring practices that utilise this system, or through secure NHS.NET mail. Letters will only be sent by post to referring clinicians if the practice does not have a secure NHS.NET email available for communication with Independent Health Group.

4.5 Day Case Admissions & Reasonableness

The concept of reasonableness applies to all stages of the 18-week referral-to-treatment pathway and refers to specific criteria for offering patients outpatient or day case admission dates. For the purpose of this policy, a reasonable offer consists of two appointment dates, each with at least three weeks' notice. Patients will always be offered the earliest available appointment, though on occasion, appointments may be offered with less than three weeks' notice if the patient is willing and able to accept. Patients who decline two reasonable offers will undergo a clinical review and may be discharged back to their GP if deemed appropriate. This review will ensure that it considers any factors that may be influencing or contributing to the declining of appointments, exploring possible Equality, Diversity, and Inclusion (EDI) or safeguarding issues. For example, challenges such as transportation difficulties, language barriers, lack of social support, or accessibility needs may impact a patient's ability to attend and should be taken into account. All decisions and offers will be documented in the patient's electronic record.

The agreed date for treatment must fall within the 18-week referral-to-treatment target wherever possible, ensuring timely access to care. If a patient chooses to delay treatment, the appropriate Referral to Treatment (RTT) rules will be applied.

The Pre-Operative Assessment Team will review the patient's record prior to the day case admission to confirm that all necessary preparations, support needs, and accessibility requirements have been considered and addressed. This includes any adjustments for physical accessibility needs, communication requirements, or additional support, such as the need for an interpreter or carer assistance.

The Administration Team will ensure that the patient fully understands their commitment to attending the surgical procedure, aiming to reduce the impact of short-notice cancellations for non-clinical reasons.

Following confirmation of the appointment, the patient will receive a letter detailing:

- The Centre location, date, and time of the procedure.
- The expected arrival time at the Centre.
- Confirmation of the surgical procedure.

- Any specific preparations needed for surgery, including fasting, medication guidance, or physical requirements.
- Contact information for the Administration Centre to discuss any concerns or request additional support.

Where appropriate, additional information about the surgical procedure will also be included, and all patient communications will be provided in accessible formats, as per the NHS Accessible Information Standard. This may include large print, braille, easy-read versions, or translated documents, depending on the patient's needs, ensuring an inclusive and supportive approach.

4.6 Patient Cancellations

Patients will be permitted to cancel and reschedule their first outpatient appointment once, however any subsequent requests to reschedule will entail a reasonable explanation and potentially a clinical review, with the reassurance that they are committed to attending all future appointments.

Failure to comply may result in the cancellation of the referral and rejection back to the referring health professional or general practitioner.

The referring GP will be advised in writing that if their patient would like another appointment the GP will have to re-refer the patient and will have to include reassurance to Independent Health Group that the patient is committed to attend all future appointments.

Independent Health Group will work with all referring GP's who have patients that require additional support to ensure they are able to attend appointments, this could entail keeping in touch with GP's around specific appointments coming up for their patients', assistance with transport etc.

4.7 Provider Cancellation of Appointment or Procedure

This refers to the cancellation of a patient's appointment or procedure by the Provider, with notice given to the patient. Wherever possible, reasonable notice should be provided; however, in emergency situations, such as sudden clinician or nurse illness on the day, every effort will be made to contact the patient as soon as possible.

- If a surgery appointment is cancelled on the day for operational reasons, it must be rebooked, with a new date agreed within 28 days of the original scheduled surgery date.
- All appointments should be rescheduled in consultation with the patient, offering the earliest and most convenient day and time available.
- The rescheduled appointment will then be confirmed in writing to the patient.
- The Referral to Treatment (RTT) clock will continue to run during this period.
- Wherever possible, patients whose appointments are cancelled by the Provider will be offered an opportunity to bring their appointment forward if suitable slots

become available.

Effective management of schedules for outpatient and theatre capacity, with close monitoring of waiting times, will help reduce the need to cancel or reschedule patient appointments.

5 RTT Rules Overview

The NHS constitution sets out patients' legal rights to receive first definitive treatment within 18 weeks from referral and this is the standard reinforced by Independent Health Group within its' contract with Commissioners.

5.1 Sources of Referral that Commence an RTT Clock

An RTT clock starts when any care professional or service permitted by an English NHS Commissioner makes a referral to

- A Consultant-Led service, regardless of the setting, with the intention that the patient will be assessed and if appropriate treated before responsibility is transferred back to the referring health professional or general practitioner.
- An interface or referral management or assessment service which may result in an onward referral to a consultant-led service before responsibility is transferred back to the referring health professional or general practitioner.

5.2 Decisions that Stop an RTT Clock

An RTT clock can be stopped when:

- First definitive treatment begins. This is defined as 'an intervention intended to manage a patient's disease, condition or injury and/or to avoid further intervention'.
- When a clinical decision is made that treatment is not required
- When a patient chooses to decline treatment
- When a period of active monitoring (watchful wait) is commenced

5.3 Active Monitoring (watchful wait)

A clinical decision may be made to begin a period of active monitoring, where the most appropriate option is for the patient to be observed over time rather than undergo additional tests, treatments, or other clinical interventions immediately. When the decision to initiate active monitoring is made and communicated to the patient, this will stop the patient's Referral to Treatment (RTT) clock.

Stopping the RTT clock for active monitoring should be carefully considered on a case-by-case basis to ensure it aligns with the patient's understanding and expectations of their care pathway.

5.4 Legitimate Waits Longer than 18 Weeks

There are certain scenarios where a wait longer than 18 weeks may be deemed legitimate, including:

- **Patient choice to delay treatment:** Specific codes should be used to identify reasons for delays, in line with current NHSE/I guidelines. As of January 2022, only the P6 code remains applicable for patients choosing to delay treatment for non-COVID-19 reasons.
- **Patient non-cooperation:** This includes instances where the patient does not attend appointments (DNAs) despite receiving effective communication in good time.
- **Not in the patient's best clinical interest:** Delays may be necessary if proceeding with treatment is not in the patient's best clinical interest at that time.

In all the above scenarios, careful consideration should be given as to whether booking past the 18-week target is appropriate. The provider is required to meet the 18-week target threshold, ensuring that at least 92% of patients with a decision to admit are treated within this timeframe. Each case should be assessed individually, and any extended delays past 18 weeks for one of the above reasons should be reviewed carefully.

If an extended delay is deemed necessary, the RTT clock may be stopped until the patient is fit, willing, and able to proceed with treatment. This decision should involve consultation between the referring GP and the Independent Health Group (IHG) clinician or management team.

5.5 Referrals

5.5.1 Referrals Received via E-Referral (Choose & Book)

In line with national guidance for the e-Referral service, the RTT clock starts from the moment the Unique Booking Reference Number (UBRN) is converted, i.e., when the GP refers the patient. Direct access for patients with GP referrals is available, and the directory of service is maintained with sufficient capacity to provide choice.

5.5.2 Non-E-Referral Service Referrals (Email & Post)

For referrals received by email or post, the RTT clock starts on the date the referral is generated by the GP.

5.5.3 Inter-Provider Transfers

When a patient is transferred from a consultant at one provider to a consultant at another provider for the same condition, this is referred to as an Inter-Provider Transfer. The RTT clock start date is the date that the original referral was received by the initial provider. This information will be included as part of the referral to the new provider, as it is a continuation of the same referral-to-treatment pathway.

Responsibility for any potential breach of the 18-week target will be agreed upon during the contract negotiations between providers.

5.5.4 Diagnostic Tests

As part of the outpatient assessment, the clinician may request a diagnostic test, such as an ultrasound, MRI, CT scan, or nerve conduction study, to aid in the diagnosis. The Referral to Treatment clock continues to run during this period. Contractually, we aim to arrange these diagnostic tests within 6 weeks of the outpatient appointment.

6. Specific Referral Pathways

Contracts that involve specific referral pathways will be managed in accordance with the requirements of each service.

6.1 Wiltshire Hernia Clinical Assessment Service

All Wiltshire hernia referrals are received via the E-Referral system through the Wiltshire Referral Service.

- Patients who are clinically assessed as suitable for treatment under local anaesthetic are offered surgery with a choice of providers.
- Patients who either choose not to proceed with Independent Health Group or are clinically unsuitable for treatment with us will be referred back to the Wiltshire Referral Service for onward referral to an appropriate secondary care provider of their choice.

The onward referral will include the original referral letter, clinic letter, and Inter-Provider Transfer (IPT) form. The RTT clock continues to run throughout this process, so Independent Health Group will ensure that outpatient capacity for this service meets the requirement to offer a first outpatient appointment within 2-3 weeks of the initial referral. The GP will be kept informed of the referral outcome in writing, including any next steps or actions.

6.2 Gloucester Hernia Clinical Assessment Service

All Gloucester hernia referrals are received via the E-Referral system from the GP.

- Patients who are clinically assessed as suitable for treatment under local anaesthetic are offered surgery with Independent Health Group.
- Patients who either choose not to proceed with Independent Health Group or are deemed clinically unsuitable for our service will be contacted by the Administration Team and referred to an appropriate secondary care provider of their choice via the E-Referral system.

The onward referral will include the original referral letter, clinic letter, and Inter-Provider Transfer (IPT) form. The RTT clock continues to run throughout this process, so Independent Health Group will ensure that outpatient capacity for this service meets the requirement to offer a first outpatient appointment within 2-3 weeks of the initial referral. The GP will be kept informed of the referral outcome in writing, including any next steps or actions.

6.3 Leicester Hernia Clinical Assessment Service

All Leicester hernia referrals are received via the E-Referral system through the Leicester Referral Service.

- Patients who are clinically assessed as suitable for treatment under local anaesthetic are offered surgery with Independent Health Group.
- Patients who either choose not to proceed with Independent Health Group or are deemed clinically unsuitable for our service will be contacted by the Administration Team and referred to an appropriate secondary care provider of their choice via the E-Referral system.

The onward referral will include the original referral letter, clinic letter, and Inter-Provider Transfer (IPT) form. The RTT clock continues to run throughout this process, so Independent Health Group will ensure that outpatient capacity for this service meets the requirement to offer a first outpatient appointment within 2-3 weeks of the initial referral. The GP will be kept informed of the referral outcome in writing, including any next steps or actions.

7. DNA Rules Overview

All appointment confirmation letters will inform patients of the consequences of not attending an appointment unless prior notice is given by calling the Patient Administration Centre to reschedule. There will be documented evidence in the patient notes showing that effective communication was sent and received in good time, in line with the NHS Accessible Information Standard and Equality, Diversity, and Inclusion (EDI) principles. Patients will be provided with accessible options to meet individual communication needs and additional support as required.

7.1. DNA First Outpatient Appointment

In line with NHS England requirements, all patient groups must have equal opportunities to access healthcare, and outpatient care should be tailored to individual needs rather than following a one-size-fits-all approach.

To support attendance, we provide appointment reminders (e.g., via SMS) and offer patients an easy option to cancel or rearrange appointments if needed. Patients may also call outside of standard hours, as our out-of-hours service accepts messages.

A clear, inclusive process is followed if a patient does not attend and cannot be contacted, to decide on appropriate next steps:

- If a patient DNAs their first outpatient appointment, the Patient Administration Team will attempt to contact them to understand the reason for non-attendance. If contact is achieved, a new appointment will be scheduled, and the 18-week clock will restart from the date of rebooking.
- If a patient cancels care activity for a second time (e.g., cancelling both an outpatient appointment and a pre-op assessment appointment), their RTT clock will be stopped, and they will be returned to the care of their GP. Should the patient later wish to receive treatment, they can be re-referred by their GP, and a new RTT

clock would start upon receipt of the re-referral.

- If contact is not achieved within 7 days, the patient referral will be cancelled, and they will be discharged back to the referring clinician.

In exceptional circumstances, if the clinician determines it clinically appropriate for the patient to be seen, the patient will be offered another appointment on the condition that they commit to attending. A new RTT clock will start.

7.2. DNA Diagnostic Test Appointment, Surgery Appointment, or Follow-Up Appointments

If a patient DNAs a diagnostic appointment, the Patient Administration Team will attempt to contact them to ascertain the reason for their non-attendance. If no contact is made on the day of a scheduled surgery, the Administration Team will follow up the next working day to establish the reason.

- If telephone contact cannot be established, a letter will be sent to the patient requesting them to contact the Administration Centre within 7 days to discuss surgery arrangements.
- If the patient responds with a reasonable explanation and agrees to attend a rescheduled appointment, a new mutually agreed surgery date will be set, and the RTT clock will continue to run.
- If the patient fails to respond within 7 days, they will be discharged back to the referring clinician, with a letter confirming this sent to both the patient and the clinician.

If a patient DNAs a subsequent diagnostic test, imaging, pre-assessment appointment, or scheduled admission for elective surgery, their RTT clock will be stopped, and they will be discharged back to their GP's care. Consultants may review the patient's notes and, if they feel the patient should be rebooked, the 18-week clock will continue. If the patient requires further treatment after discharge, the GP may re-refer them, and a new RTT clock would start upon receipt of the re-referral.

7.3. Repeated DNAs in Pathway

If a patient DNAs a second time at any stage of the pathway, access to further appointments will only be offered in exceptional circumstances. This will require reassurance from both the referring clinician and the patient that they will attend all future appointments.

8. Monitoring Effectiveness and Review

The effectiveness of this policy will be monitored through daily, monthly, and contractual review processes to ensure compliance and quality in the management of the patient pathway.

- **Daily Monitoring:** The daily review of work lists within the PAS (System One) and E-Referral System will help staff meet the Key Performance Indicators (KPIs) established for patient pathway management. This process ensures timely and consistent action in line with EDI principles and accessibility standards.

- **Monthly Performance Reports:** Monthly performance reports will track breach management and reinforce compliance with KPIs and adherence to this policy. These reports support staff in maintaining high standards and identifying areas for improvement in patient access and choice.
- **Commissioner Quality Reporting:** Quality reports requested by commissioners regarding RTT and Patient Choice will be submitted according to contractual requirements, ensuring transparency and accountability in our service delivery.
- **Policy Updates:** If any changes are made to this policy, it will be updated, and the version number amended. A summary of changes will be provided in a separate document or statement to ensure that all staff are informed and can adjust their practice accordingly.
- **Annual Review:** This policy will be formally reviewed on an annual basis or sooner if new evidence, standards, or best practices become available, to ensure that it continues to reflect current guidelines and patient needs.

9. Equality Impact Assessment

Initial Equality Impact Assessment

Question	Yes/No	Comments
1. Does the document/project affect any group less or more favourably than another on the basis of:		
• 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 (including learning disabilities, physical disabilities, sensory impairments, mental health issues)	No	
• Carers and Dependants	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?	N/A	
4. Is the impact of the document/project likely to be negative?	No	
5. If so, can the impact be avoided?	N/A	
6. What alternative is there to achieving the document/project without impact?	N/A	
7. Can we reduce the impact by taking different action?	N/A	

Completed by:

Name	Signature	Position	Date

10. Related Documents and References

Reference	Website Address
NHS Choices – Guide to NHS Waiting Times	www.nhs.uk/nhs-services/hospitals/guide-to-nhs-waiting-times-in-england
Department of Health – Referral to Treatment Consultant-Led Waiting Times	www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks
NHS England – Hospital Activity Statistics	www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity
NHS England – Monthly Referral Return (MRR) Guidance	www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/08/Monthly-Referral-Return-MRR-Guidance-v0.3.pdf
NHS England – Accessible Information Standard Specification	www.england.nhs.uk/ourwork/accessibleinfo/
NHS England – Accessible Information Standard Review (Easy Read)	accessible-Info-std-review-report-easy-read.pdf
NHS Equality and Diversity Hub	www.england.nhs.uk/about/equality/
Equality Act 2010 Guidance	www.gov.uk/guidance/equality-act-2010-guidance
NHS England – Workforce Disability Equality Standard (WDES)	www.england.nhs.uk/about/equality/equality-hub/wdes/
NHS England – Equality Impact Assessments	www.england.nhs.uk/about/equality/equality-hub/equality-analysis/