NHS Ayrshire & Arran

Access

Access Policy

Policy Manager	Policy Group	Lead Director
Director of Acute Services	Access Policy	Director of Acute Services

Policy Established	Policy Review Period/Expiry	Last Updated
May 2013	May 2026	May 2024

UNCONTROLLED WHEN PRINTED

Access Policy

Version Control

Version Number	Purpose/Change	Author	Date
1.0			
1.1	Wording amended to ensure consistency with Board's Values	Assistant Medical Director	21.6.13
4.8	Change of wording to provide more clarity.	Director of Acute Services	10.02.15
4.12	Deleted last bullet point as no longer applicable.	Director of Acute Services	10.02.15
4.12	Removed 4 bullet point from exceptions to TTG	Referral Management Service Manager	13.02.18
4.18	Added word "package"	Director of Acute Services	10.02.15
4.22	Changed heading of reference document from NHS A&A Waiting Times Guidance – Operational Times Definitions and Booking Rules to NHS A&A CEL 33 Standard Operating Procedures Removed bullet points 3,4 and 5 as these are not covered within the SOPs	Referral Management Service Manager	13.02.18
5.1.1	Slight change of wording.	Director of Acute Services	10.02.15
5.1.7	Change of wording to provide more clarity.	Director of Acute Services	10.02.15

5.2.1 (g)	Change of wording to reflect change of wording at 4.8.	Director of Acute Services	10.02.15
5.2.1 (i) 5.2.1 (i)	Deleted reference to e-mail at bullet point (6th). Removed reference to Preferred method of contacting patient i.e. letter or phone as this is not provided by referrers	Director of Acute Services Referral Management Service Manager	10.02.15 13.02.18
5.4.1 (a)	Changed “out-patient letter” to “patient letters”.	Director of Acute Services	10.02.15
5.4.1 (d)	Change of wording to provide more clarity.	Director of Acute Services	10.02.15
5.5.2	Amended spelling error rations to ratios	Referral Management Service Manager	13.02.18
4.22	List of areas covered by CEL 33 Standard Operating Procedures removed and replaced with detailed list of all CEL 22 Standard Operating Procedures	Head of Health Records	21.06.19
5	Detail added of specific roles and responsibilities for the management of waiting lists. Governance arrangements for the policy added.	Head of Health Records	21.06.19
6	Updated link (Core Discharge Documents SIGN link 128)	Head of Health Records	24/05/23
7	Added footnote to describe the Scottish Government Waiting Times Review	Head of Health Records	24/05/23
8	Re-write of Access Policy in line with new Waiting Times Guidance and National Access Policy	Access Support Manager	1/5/2024

Contents

Introduction

The NHS Ayrshire and Arran (A&A) Access Policy has been developed to provide a common vision, direction and understanding of how the Board will ensure equitable, safe, clinically effective and efficient access to services for their patients, that is consistent with the Board's values of caring, safe and respectful.

This Policy sets out principles that will help ensure that systems are in place to optimise the use of facilities and available capacity in order to deliver high quality, safe patient care in a timely manner.

The policy will ensure that NHS A&A has systems, processes and resources in place to deliver the responsibilities described in the National Access Policy. NHS A&A will establish Standard Operating Procedures (SOPs) to ensure the requirements of this policy are delivered.

The policy is designed to ensure fair and equitable access to services for all NHS A&A service users.

Background

The 2020 Framework for Quality, Efficiency and Value refreshes the NHS Scotland's Efficiency and Productivity Programme Delivery Framework (June 2009) and refocuses our efforts on the triple aim of improving quality of care (including safety), health of the population and value and financial stability. This framework outlines the approaches, tools and techniques - underpinned by robust quality improvement and other methodologies – which experience has shown to be most successful in delivering improved quality alongside better value.

It is essential that NHS Scotland uses resources in a cost effective way. It is recognised that a culture of continual service redesign and improvement is necessary to achieve transformational change. The need to improve consistency of care and reduce variation across NHS Scotland is part of an explicit ongoing commitment to evidence based clinical practice. NHS A&A is committed to delivering year-on-year reductions in waiting times, which will be supported by the implementation of sustainable improvements and enhanced regional and national working.

NHS A&A's Access Policy aims to ensure consistency of approach in providing access to services and, as such, it supports the following publications:

- NHS Scotland National Access Policy
- The Patient Rights' (Scotland) Act 2011
- The Patient Rights' (Treatment Time Guarantee) (Scotland) Regulations 2012
- The Patient Rights' (Treatment Time Guarantee) (Scotland) Directions 2012
- Patient Rights' (Scotland) Act 2011 Treatment Time Guarantee Guidance
- NHS Scotland Waiting Time Guidance: 2023
- Effective Patient Booking for NHS Scotland
- Armed Forces CEL 8 (2008); Armed Forces CEL 3 (2009); Armed Forces

- CEL 39 (2010)
- Adult Exceptional Aesthetic Referral Protocol CEL 27 (2011)
- The Mental Health (Care and Treatment) (Scotland) Act 2003

Waiting Times Standards

NHS A&A is required to ensure that there is equitable and sustainable delivery of waiting time standards, with systems in place to ensure sufficient capacity is available and there is optimal use of this capacity to deliver waiting times targets.

This will involve working collaboratively with other Health Boards and healthcare providers and will ensure patients receive the most appropriate treatment with the shortest wait.

The current waiting times standards are:

- 18 weeks Referral to Treatment for 90% of patients
- 12 weeks for new outpatient appointments for 95% of patients
- 6 weeks for the eight key diagnostic tests and investigations
- Statutory 12 weeks Treatment Time Guarantee (Inpatients and Daycases)

Recognising the significant waiting list backlogs which developed during the COVID-19 pandemic, the Scottish Government introduced further interim waiting times targets in 2022. These are:

- Outpatients – for the majority of specialties achieve a maximum wait of:
    - 104 weeks by September 2022
    - 78 weeks by December 2022
    - 52 weeks by March 2023
- Inpatients – for the majority of specialties achieve a maximum wait of:
    - 104 weeks by September 2022
    - 78 weeks by September 2023
    - 52 weeks by September 2024

Key Principles of the NHS A&A Policy

There are a number of key principles that underpin the achievement of the aims of the NHS A&A Access Policy and delivery of waiting time standards.

- The patients interests are paramount

- Patients are offered care according to clinical priority, with the most urgent being seen most swiftly

- There is partnership working with stakeholders in primary, secondary and social care

- NHS A&A will work collaboratively to match capacity with demand as much as possible, ensuring patients are seen as quickly as possible

- Sufficient capacity will be optimally utilised to deliver waiting times

- As far as possible, patients should be seen within agreed waiting time standards, and those with the longest wait will be prioritised, along with those who are most clinically urgent

- All urgent cancer patients are required to be seen as soon as possible within the cancer waiting time standards

- Waiting list validation is embedded through effective use of the National Elective Coordination Unit (NECU) support.

- Referrals are managed effectively through Enhanced Triage/Active Clinical Referral Triage

- Effective patient booking systems are in place to maximise capacity

- Patients will be referred to a clinical team and will be assessed by an appropriate member of the team. This may not be a Consultant unless this is clinically necessary. Services can be provided by any competent Clinician who is part of the Consultant led team

- All patients must be advised of any delay to their appointment as soon as possible. If there is a delay caused by the service which is longer than the patient could reasonably be expected to wait, this would be classed as 'Cancelled by Service'. A reasonable wait would be anything up to 30 minutes

- Patients should not be added to a waiting list until they are ready for treatment

- The provision of day case and short-stay surgery will be maximised

- Elective admissions to hospital are actively managed through pre-assessment services

- There are only two reasons why a patient may be unavailable for treatment: medical unavailability and patient advised unavailability
    - Medical unavailability indicates that a patient is unable to progress on their waiting time pathway at present due to a medical condition, which arises after the referral
    - Patient advised unavailability can on be applied at the request of the patient and must not be prompted by any NHS A&A member of staff

- NHS A&A aim to achieve inclusive and equal access for all service users

- A reasonable offer for the first out-appointment assessment and inpatient/daycase admission is when
    - At least 10 calendar days notice is given
    - The appointment is at any location across NHS Scotland

    - The mode of contact used for an appointment can be accepted by the patient (e.g. video call/phone call)
    - Short notice offer is acceptable (if accepted by the patient)

- If a patient refuses a reasonable offer package, as described in this policy, the patient will be referred back to the referring clinician where it is reasonable and clinically appropriate to do so, or the patient's waiting time clock will be reset to zero. This must be balanced against any issues relating to vulnerable groups for example, child protection or vulnerable adults

- Whilst the vast majority of patients are seen within their local area, services may also be delivered through another Health Board, Treatment Centre or suitable alternative provider. Below details commonly utilised facilities by NHS A&A for Outpatient, Inpatient and Daycase and Diagnostic appointments. These include but are not limited to:
    - University Hospital Ayr
    - University Hospital Crosshouse
    - Ayrshire Central Hospital / North Ayrshire Community Hospital
    - East Ayrshire Community Hospital
    - Arran War Memorial Hospital
    - Brooksby Medical Centre
    - Girvan Community Hospital
    - Golden Jubilee National Hospital
    - NHS Greater Glasgow & Clyde Hospitals
    - NHS Lanarkshire Hospitals
    - NHS Forth Valley Hospitals
    - Independent sector facilities within Scotland

- Patients will be advised at the earliest opportunity if they need to travel for their appointment or treatment

- Patients will be advised that they are entitled to have their travel costs for the patient and their carer (if necessary), covered by NHS A&A.

Responsibilities

This policy details the responsibilities that will ensure equity and consistency in approach to access to services within NHS A&A.

Adherence to this policy's principles and associated procedures will be monitored by the Access Monitoring Group and the Planned Care Programme Board.

The five key responsibilities under the NHS A&A Access Policy are:

1. To communicate effectively with patients
2. To manage referrals effectively
3. To manage waiting lists effectively
4. To use information to support improvements in service provision
5. To report patients' waiting times accurately and in a timely manner

Communicate effectively with patients

NHS A&A will ensure that patients are appropriately informed at all stages of the patient journey. Communicating effectively with patients will help to inform them of when, where and how they are to receive care and their responsibilities in helping to ensure that this happens.

- NHS A&A will provide patients with clear, accurate and timely information about how processes will operate for arranging for them to be seen or to be admitted to hospital. This is to allow informed discussion in the decision making process.

- NHS A&A will inform patients of the following:-
    - that they must inform the hospital of any changes to their details, e.g. name, address, postcode, telephone number of GP as soon as possible.
    - how and when to contact the hospital to either accept or decline an appointment and admission date, and the timeframe in which to do this.
    - the consequences of not responding promptly to hospital communications, and the impact this could have on their waiting time.
    - the impact on them if they refuse reasonable offers of appointment.
    - what happens if they Do Not Attend (DNA), Could Not Attend (CNA) or are unavailable, and the impact this could have on the length of time they have to wait.

- NHS A&A has a duty to ensure that patients are provided with information they can easily understand, and that appropriate support is put in place as required. Additional needs must be taken into account where these have been communicated by the patient, the patient's carer, or a medical practitioner. Communications with patients will be in a format appropriate to their additional support needs when notified.

- Where possible, GP/referring clinicians should advise patients at the point of referral of the possible locations for their appointment/treatment, as described in the Board's Access Policy.

- If treatment occurs outside of the NHS A&A area, or if clinics are held infrequently, patients are made aware of any reasons for this and this this is made clear as early in the process as possible.

- NHS A&A will advise patients that costs associated with travelling to an appointment out with the local area for the patient and their carer (if necessary) may be covered by the Health Board. This will exclude taxi costs.

- Patients will be given clear and accurate information about how their waiting time is calculated, including when clock adjustments are made and how these affect their treatment time clock.

- Patients will be made aware that if they no longer wish to have their outpatient appointment or admission, for whatever reason, they must advise the hospital.

- Any communication being issued to the patient should also be sent to the referrer.

- Where patients are referred back to their GP, the Primary Care team should have arrangements in place to follow up with the patient prior to re-referral.

Manage referrals effectively

Improvements in waiting times should be delivered through an effective partnership between Primary and Secondary Care, with appropriate protocols and documentation in place.

Referrer

- Prior to referral, the clinician should explain to the patient the range of options to be considered. It should be explained that patients may not need to access specialist or consultant-led services.
- The referring clinician should advise patients of why they are being referred, the expected waiting time and outline to patients their responsibilities for keeping appointments and the consequences of not attending.

- The referring clinician should advise patients that they may be offered an appointment/treatment in any of NHS A&A's hospitals, including the Golden Jubilee National Hospital.

- The referring clinician should ensure that the patient is available to commence treatment. When the referrer is aware that the patient will be unavailable for a period of time. The referrer should either delay sending the referral until they know the patient is available, or clearly note the patient's unavailability period on the referral letter.

- Referring clinicians should make referrals to a clinical service, rather than a named consultant, and the patient will be assessed by the appropriate member of the team. This may not be a Consultant unless this is clinically necessary

- Referrals should be made electronically and as per NHS A&A protocols.

- Wherever possible, patients should be referred for diagnostic tests prior to the referral being made for the first outpatient appointment.

- If the patient requires an outpatient appointment regardless of the diagnostic results, the patient should be added to both waiting lists to prevent any unnecessary delays in treatment.

- Referrers must provide accurate, timely and complete information within their referral including:
    - CHI identifier (unless they don't have one)
    - Full demographic details including:
        - Name
        - Date of Birth
        - Address
        - Postcode
        - Ethnicity
        - Up to date mobile and home telephone numbers, email address, if applicable
        - Patient's unavailability period, if applicable
    - Armed Forces/veteran status, if applicable
    - Additional Support Needs e.g. visual impairment, hearing impairment etc
    - Patients referred with suspected cancer must be marked as 'URGENT-SUSPICION OF CANCER'

Receiving location

NHS A&A will ensure that:

- There is a structured and transparent approach to the management of referrals, scheduling and booking for all patients.

- Referrals are triaged electronically, where possible

- The date of receipt of all referrals is recorded.

- The advanced vetting practice of Active Clinical Referral Triage (ACRT) should be implemented to ensure patients are on the optimal pathway for them. This will avoid unnecessary outpatient appointments. All ACRT outcomes will be recorded to allow for PHS data collection which will allow the impact of this process to be measured.

- Patients should be booked as close to the date of receipt of referral as reasonably possible.

- Where treatment cannot be provided locally, and the patient needs to travel elsewhere, the patient should be made aware of that as early as possible.

- Systems and procedures are in place to triage and prioritise referrals in accordance with referral category (e.g. URGENT)

- All urgent cancer patients are required to be seen as soon as possible within cancer waiting time standards.

- Armed Forces personnel, veterans and their families who move between areas retain their relative point on the pathway of care within the national waiting time targets.

- No veteran (including those who have served as reservists) or their family should be disadvantaged as a result of their membership of the Armed Forces, when accessing NHS services. Detailed guidance for veterans can be found at Armed Forces Covenant

Receiving Clinician

- Receiving clinicians and managers must ensure that waiting lists properly reflect their clinical priorities and are managed effectively.

- It is the receiving clinician's responsibility to communicate with the referrer to offer advice on whether a referral is suitable.

- Any referrals received for a service that is not delivered within NHS A&A will be returned to the original referrer with advice.

- Where it is judged that a referral received would be more appropriately managed by another service provided by NHS A&A, the referral will be passed to that service internally and the referrer informed.

Patient Transfer

- Appropriate documentation and information will be provided to the receiving Health Board (or Independent Sector provider where appropriate).

- Any transfer of data must comply with standards in relation to data security and confidentiality

- If a patient does not wish to be transferred, NHS A&A will ensure that the patient is made a reasonable offer as set out within this policy.

- Private patients opting to transfer to NHS treatment must be referred back to the GP to discuss their options and if appropriate referred to NHS A&A, at which time the waiting time standard will commence.

Manage waiting lists effectively

NHS A&A must manage waiting lists effectively to support delivery of waiting times standards. This includes triaging of referrals, management of patients and accurate recording of clinic outcomes.

NHS A&A will ensure that:

- Processes and resources are in place to ensure that all staff are adequately trained to use local systems to help manage access to services.

- All new referrals are triaged electronically, where possible, with all new appointments having a corresponding waiting list entry.

- As far as possible, patients are seen within agreed waiting time standards and booked in turn, taking clinical urgency into account.

- Details of patients on the waiting list who are admitted as emergency admissions are communicated to the waiting list management.

- Patients should only be added to a waiting list when they are available to commence treatment.

- Systems and procedures are in place to make sure waiting list managers are aware of any patient who has cancelled on the day of or after admission and the reason for cancellation.

- Systems and procedures are in place to review and validate waiting lists regularly to ensure accuracy and delivery of national and local access times.

- A Directory of Services is maintained.

- Patients only receive a return appointment if there is a clinical need.

- Patients undergoing a procedure have indicated, in writing, that they consent to treatment.

- Effective communication is in place to notify the referring clinician on the decision to treat e.g. treatment to be provided, treatment delayed because medically unavailable.

- Systems and procedures are in place to communicate, manage and record all outcomes at clinics and additions or alterations to the waiting list electronically.

- Arrangements are in place to identify which condition should take precedence if a patient requires treatment for different conditions and is on two or more separate pathways.

- Clinic templates are regularly reviewed to ensure they reflect changing demand patterns.

- Relevant waiting list management protocols and standard operating procedures are documents which are reviewed regularly and made available to all staff involved in the management of waiting lists.

- All staff involved in the management of waiting lists receive regular training.

Report Patients' Waiting Times Accurately

To support delivery of waiting times standards, patients waits must be recorded and reported accurately to ensure completeness and consistency.

Reporting Responsibilities Regarding Patient Records

- The Health Board of receipt of referral (HBR) is required to collect the following data and provide it to the Health Board of Treatment (HBT) on transfer:
    - Start date (e.g. Date of Referral Received for outpatients or Decision to Treat for inpatients/ day cases)
    - Clock adjustment dates and reasons
    - Any additional relevant information

- The HBT is responsible for reporting the entire patient wait to Public Health Scotland (PHS). This includes:
    - Existing waiting times from data transfers
    - All relevant information received from the Health Board of Referral
- The quality-assured data should be provided by the HBT to PHS in a timely manner. This is to provide consistency for reporting, and is not in relation to Waiting Times performance.

Reporting Responsibilities ONLY Regarding Eight Key Diagnostic Tests and Investigations

- The Health Board of Initial Receipt of Referral is responsible for providing an aggregated return of the results of all 8 of the key tests to PHS.

Conclusion

By following the key principles set out in this Access Policy and defining responsibilities under those principles, NHS A&A will ensure that patients who are waiting for their appointment, test and/or treatment are managed fairly and consistently.

NHS A&A will use the Access Policy in conjunction with other relevant National and Board Guidance and best practice documentation including the NHS Scotland Waiting Times Guidance November 2023.

A 'Once for Scotland' approach will be embraced by NHS A&A, harnessing all opportunities to deliver patient care in the right place and closer to home where possible. This includes maximising day case procedures to avoid any unnecessary stays in hospital.

NHS A&A will ensure that their local procedures reflect the principles laid out in this Access Policy and the National Access Policy.