A blue-tinted background image showing a person from the back, wearing glasses and looking at a computer monitor in a clinical or office setting.

# How to write and review an access policy in line with best practice for referral to treatment and cancer pathways

July 2018

# What is covered?

- Why is an access policy important?
- What is the purpose of an access policy
- Who should be involved in developing the policy?
- What should you include or exclude?
- What questions should the access policy address?
- When should you review it?
- What happens next?

# Why is an access policy important?



The access policy informs patients, relatives and staff of their rights and responsibilities and tells patients, what to expect from the trust.



It is linked to the NHS Constitution (2010) and therefore to certain legal rights.



It allows trusts and commissioners to describe their local approach to managing and sustaining shorter waiting times, as set out in the NHS Constitution in line with national guidance.



# 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 (updated 2015).



# The purpose of an Access Policy

The purpose of the policy is to ensure all patients requiring access to outpatient appointments, diagnostics and elective inpatient or day case treatment are managed equitably and fairly and consistently, in line with national waiting time standards and the NHS Constitution. The policy:

should be clear and unambiguous

...is designed to ensure the management of elective patient access to services is transparent, fair, equitable and managed according to clinical priorities.

...sets out the principles and rules for managing patients through their RTT, cancer and diagnostic pathways.

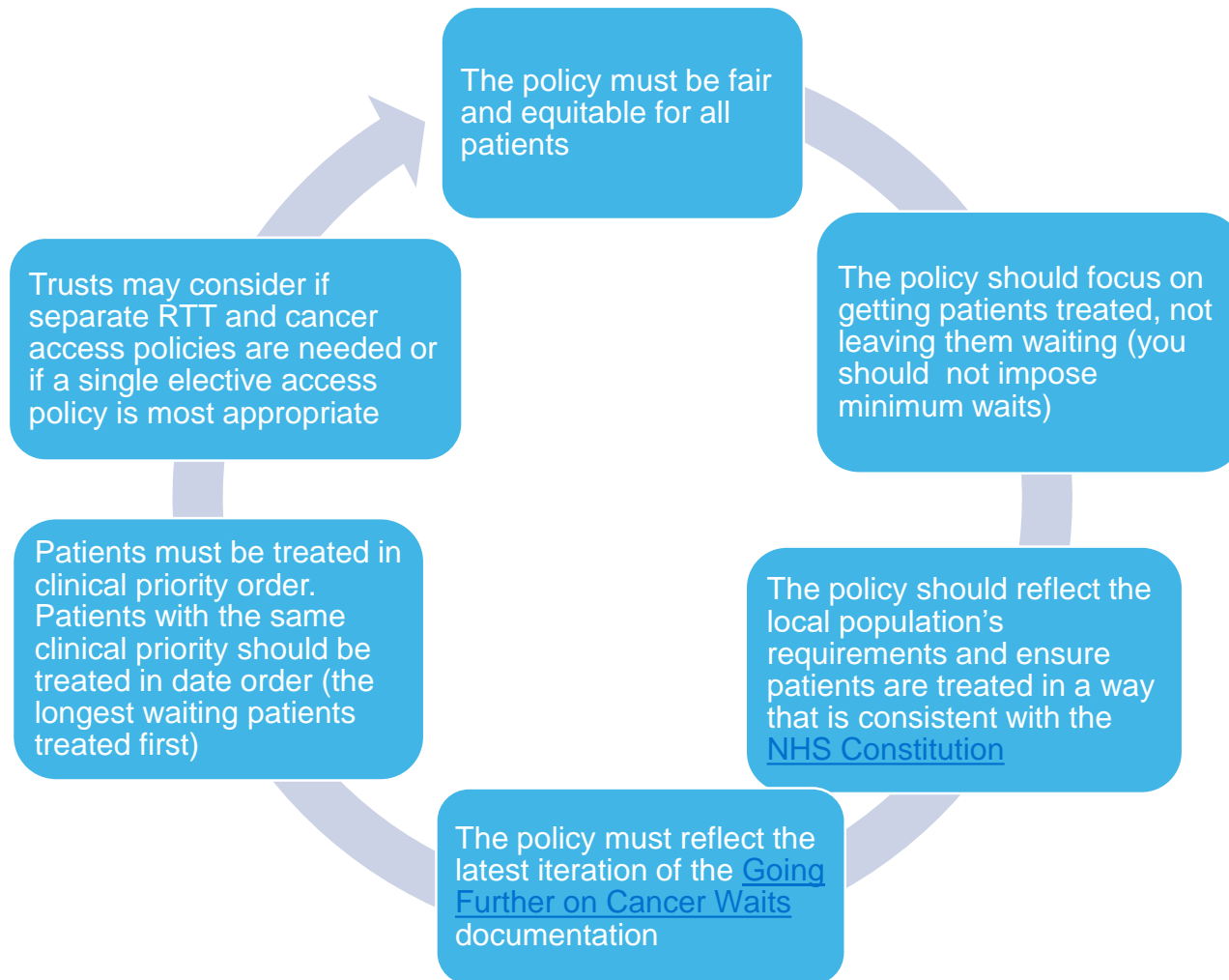
...applies to all clinical and administrative staff and services relating to elective patient access at the trust and gives staff the opportunity to understand the rules and their application.

# Who should be involved in writing an access policy?

The access policy should be produced for and by the local health community and agreed by representatives from these organisations or groups:

- commissioners
- patient representative(s)
- providers
- clinicians – primary and secondary care
- Cancer Alliance

# What should be included or excluded?



# What should be included?

- Overarching generic principles
- Elective care access system-wide governance structure
- Staff competency and compliance principles
- Roles and responsibilities
- Communication
- National RTT and cancer standards and rules
  - RTT
  - cancer
  - diagnostic



# What should be included?

- RTT pathway specific principles relating to:
  - referral management
  - booking first outpatient appointments
  - clinic attendance and outcomes
  - diagnostics
  - therapies
  - non-activity related clock events
  - pre-operative assessment / unfit patients
  - admitted waiting lists – adding / scheduling
  - admissions
  - Patient-initiated delays/declining offers/thinking time
  - bilateral procedures
  - clock starts/clock stops/did not attends (DNAs) and cancellations
- Non-RTT related principles regarding:
  - planned patients – admitted and outpatient follow-ups
  - diagnostics, ie straight to test

# What should be included?

- Cancer pathway specific principles relating to:
  - referral management
  - booking first outpatient appointments
  - direct to test pathways
  - Clinic attendance and outcomes
  - diagnostics
  - active monitoring
  - therapies
  - non-activity related clock events
  - pre-operative assessment / unfit patients
  - admitted waiting lists – adding / scheduling
  - admissions
  - processes for managing multiple DNAs
  - upgrades/downgrades
  - planned/surveillance patients – admitted and outpatient follow-ups
  - diagnostics turnaround times
  - interplay between RTT, cancer and diagnostic standards and clocks
  - inter-provider transfers

# Some RTT issues to address

How to implement the national rules around clock starts and clocks stops locally?

How will the trust ensure patients' best clinical interests are served at all times?

When is it appropriate to begin active monitoring?

How to manage patient choice locally, in a way that avoids use of any blanket rules?

# And for cancer?

What is a breach? How should escalation processes be managed?


When is it appropriate to pause a clock?

When to apply active monitoring for cancer patients?

What is a minimum dataset and when is it used?

Inter-provider transfer processes and timescales

# When to review the policy?



It should be reviewed and signed off annually by the trust/ clinical commissioning board, in public

## Earlier if:

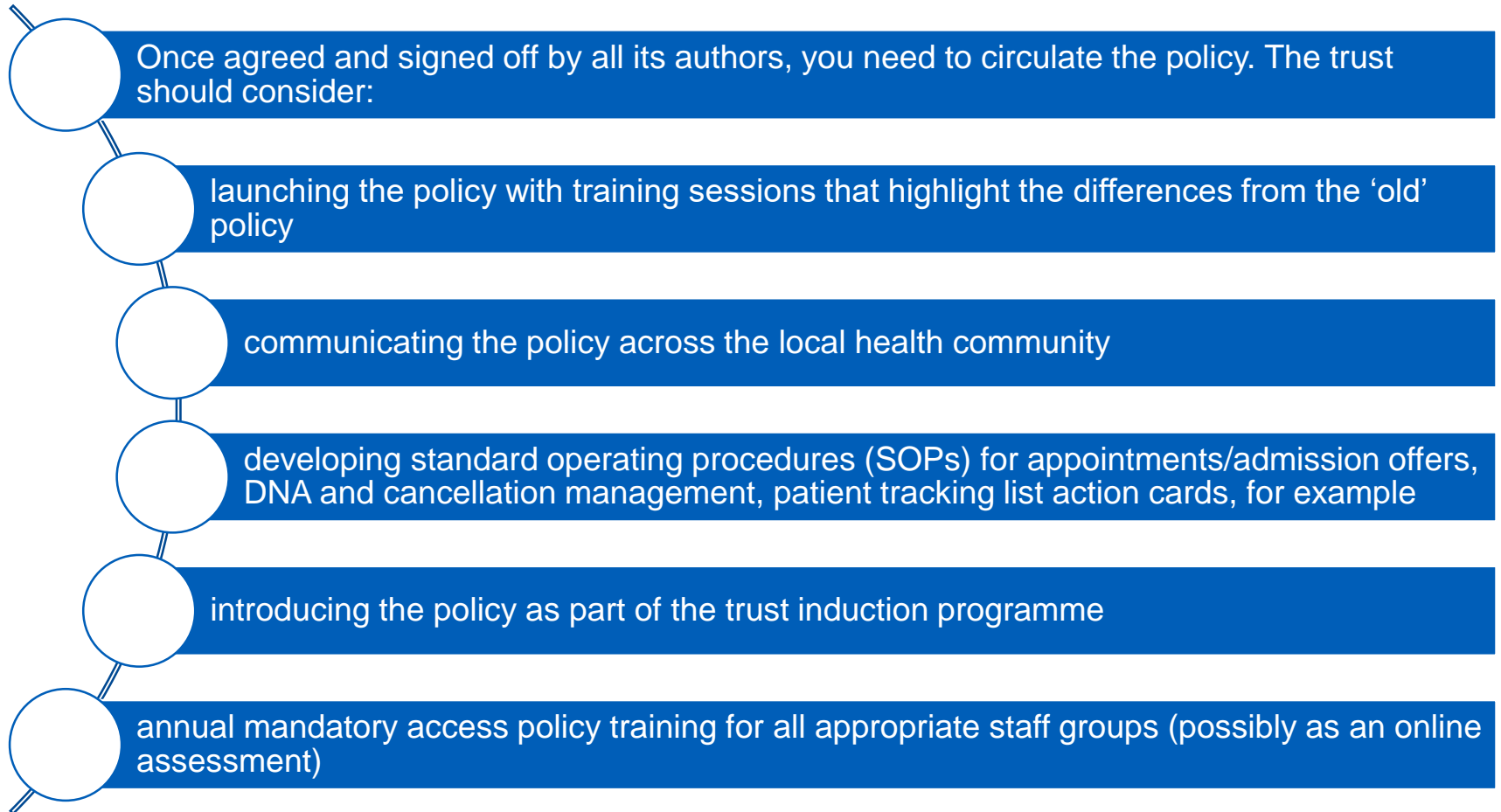
- national rules change
- local health community rules change
- trust processes change
- **Trusts should consider a patient-facing summary for easy patient review, setting out patient rights and FAQs**

# How to review the policy?


Tools available:

- **Model access policy**
- **Access policy review tool**

# What happens next?

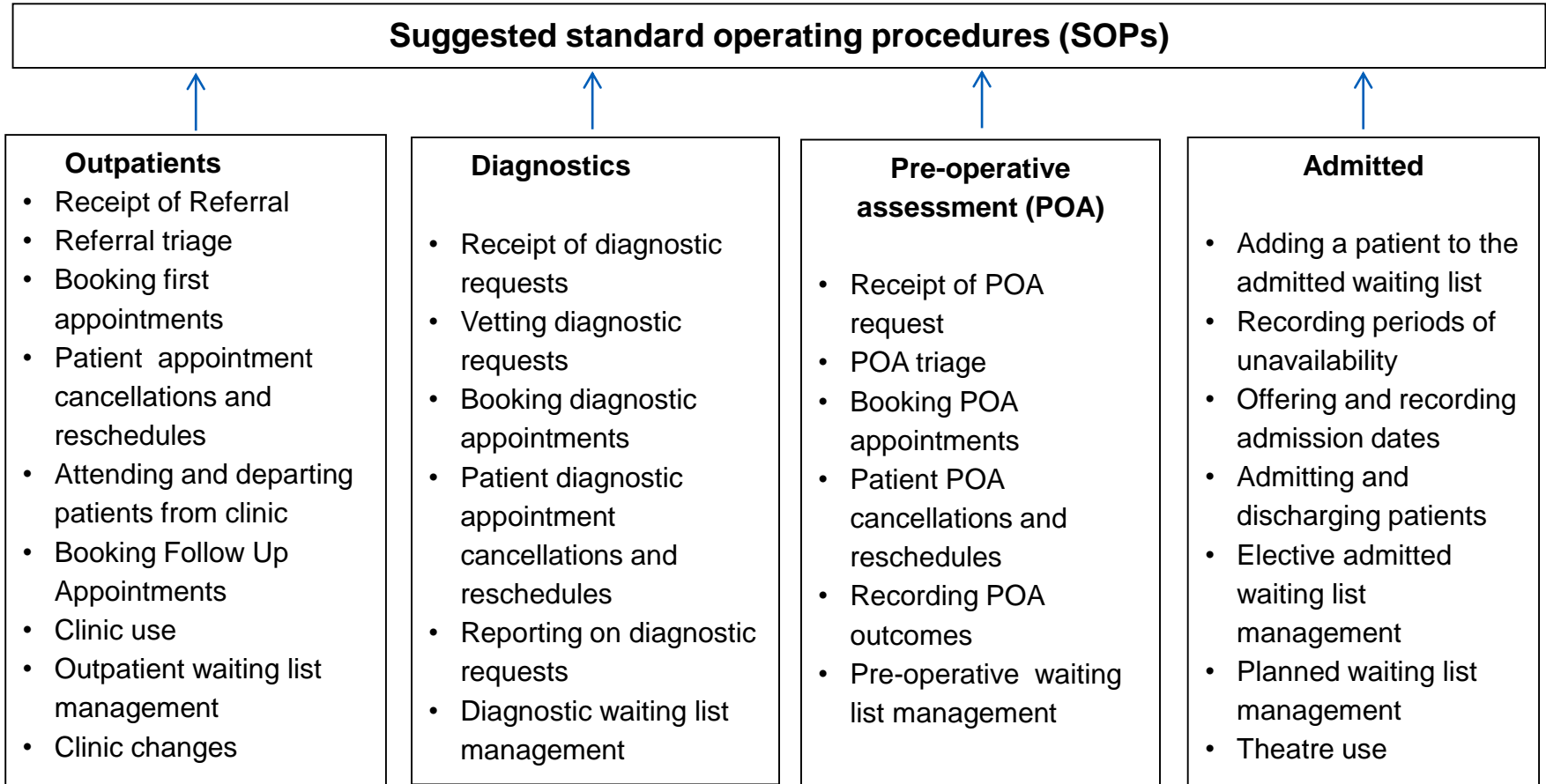


# What happens next?

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- Publishing the policy on the trust's website
  - Holding paper copies of the policy for those without internet access (ie with patient advice and liaison service (PALS) office, main outpatient department, main reception, etc)
  - Publishing a short patient information leaflet highlighting key points
  - Publishing in different formats for optimal accessibility ie other languages, braille, etc
  - Monitoring the policy's implementation and provide training and support as appropriate for staff



# What standard operating procedures are needed?



# Critical success factors

- Develop access policies with key stakeholders
- Clearly define standards and pathway timescales - including national and local standards
- Develop SOPs and action cards to operationalise the policy
- Clarify patients' responsibilities and expectations – as well as ensuring these are reinforced when contacting patients (in writing, over the phone or in person)
- Outline staff roles and responsibilities and escalation expectations
- Review access policies in response to changes in national and local guidance, with which they should comply

## Critical success factors (2)

- Develop key performance indicators (following the standards outlined in the [model access policy](#))
- Base role-specific KPIs on the principles in the access policy and specific aspects of the trusts SOPs. For example:
  - All staff involved in the cancer pathway will be expected to undertake initial cancer waiting times training within the first three months of appointment to the trust.
  - All relevant staff will have annual refresher cancer waiting times training.
  - Patients are booked into first appointment by day X, etc
  - Staff are correctly adding data to the patient administration system

# Final considerations

- Link the access policy to other key trust documents
  - RTT or cancer policy if separate documents
  - overseas visitor policy
  - commissioner approval/low priority procedure
  - diagnostic pathways
- Link the access policy to the trust escalation policy
- Link pathways to the access policy
  - Support understanding of time scales (Ref to first outpatient appointment (OPA), first OPA to decision to treat, etc)

# Final considerations

- Remember planned/surveillance/post-treatment patients:
  - Which patients are followed up as ‘planned’ patients?
  - What does the policy say about starting RTT clocks for these patients?
  - How are planned lists managed and who monitors them?
  - Which forum is used to ensure planned patients are reviewed in a timely manner?

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