Writing an access policy: summary

May 2017
Why is an access policy important?
What should you include or exclude?
Who should be involved in developing the policy?
What questions should the access policy address?
When should you review it?
What happens next?
Why is an access policy so important? (1)

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

It is linked to the NHS Constitution (2013) and therefore to certain legal rights.

It allows providers and commissioners to describe their local approach to managing and sustaining shorter waiting times, as set out in 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?

The policy must be fair and equitable to all patients.

The policy should focus on getting patients treated, not leaving them waiting (you should not impose minimum waits).

The policy should reflect the local population’s requirements and ensure patients are treated in a way that is consistent with the NHS Constitution.

The policy must reflect the RTT rules.

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).

The policy should show awareness of cancer patients and determine if they are to be included in a single policy or be covered by a separate document.

Providers may consider whether a separate cancer access policy is needed.

What should be included or excluded?
Who should be involved in developing the 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
<table>
<thead>
<tr>
<th>Question</th>
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<td>The access policy should allow care to be provided equitably and fairly. It will give staff the opportunity to understand the rules and their application, avoiding errors and mistakes</td>
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<td>The access policy should be clear and unambiguous.</td>
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<td>What starts a clock?</td>
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<td>What stops a clock?</td>
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<td>What is a breach patient? How should escalation processes be managed?</td>
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<td>What are the criteria for adding patients to inpatient/day case lists?</td>
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<td>What to do with 'medically unfit' patients?</td>
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<td>What is a minimum dataset and when is it used?</td>
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When should you review the access policy?

It should be reviewed and signed off annually by the trust/clinical commissioning group (CCG) board, in public.

Earlier if:
- national rules change
- local health community rules change
- trust processes change

• Providers should consider a patient-facing summary for easy patient review, setting out patient rights and answers to frequently asked questions.
What happens next?

Once agreed and signed off by all its authors, you need to circulate the policy. The provider should consider:

1. launching the policy with training sessions that highlight the differences from the ‘old’ policy
2. communicating the policy across the local health community
3. developing standard operating procedures (appointments/admission offers, DNA and cancellation management, PTL action cards)
4. introducing the policy as part of the trust induction programme
5. annual mandatory RTT policy training for all appropriate staff groups (possibly as an online assessment)
What happens next?

- Publishing the policy on the trust’s website
- Holding paper copies of the policy for those without internet access (i.e., with the Patient Advice and Liaison (PALS) office, main outpatients appointments (OPA) department, main reception, etc.)
- Publishing a short patient information leaflet highlighting key points
- Publishing in other languages, braille, etc.
- Monitoring the policy’s implementation
Critical success factors

• Access policies must be developed with key stakeholders
• Standards and pathway timescales - including national and local standards - should be clearly defined
• Standard operating procedures and action cards should be developed to operationalise the policy
• Clarifying 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
• Access policies should be reviewed in response to changes in national guidance, with which they should comply