

# Access Policy

## Version 2

Policy Profile	
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Policy Owner:	Melissa Ball
Responsible Executive Director:	Richard Armitage
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### Document Management

Version	Date	Changes made by:	Summary of changes:
V1	01/03/2023	Melissa Ball	1 <sup>st</sup> version review after changes to national policies
V2	01/07/2023	Melissa Ball	2 <sup>nd</sup> version for review after 12 months,

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## 1.0 Introduction

The purpose of this policy is to outline the approved processes for the management of Cataract and YAG Laser Capsulotomy referrals into all Optegra sites within England as well as highlighting the responsibilities of all Optegra staff, both clinical and administrative.

This policy sets out the key principles including standardisation of administrative pathways in relation to patient access to provides a consistent, equitable and fair approach to the management of patient referrals and treatment that meets the NHS requirements.

Optegra aims to provide patients with a seamless service, assuring that all referrals are managed in the same way.

This policy is to ensure that Optegra have a robust process in place to ensure that patients, their relatives and carers are informed of their rights and what they can expect in terms of access to any Optegra site within England. The document will outline the processes, responsibilities and actions by which Optegra will manage patients through their pathways, specifically:

- The national 18-week Referral to Treatment (RTT) pathway
- National Cancer Waiting Times for all suspected and diagnosed cancers.
- The national 6-week guidance for diagnostic tests.

In accordance with the NHS Constitution everyone has the right 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. This includes a right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions; and

This policy sets out the way in which Optegra will accept patients who are waiting for treatment or on treatment pathways. It covers the management of patients at all sites where Optegra operates within England.

Optegra will adopt a fair, consistent and transparent approach to the management of patients. All communication with patients will be clear and informative and will be consistent.

Patients will be seen firstly according to clinical priority and then in chronological order based upon the 18-week RTT pathway.

All patients are contacted within 72 hours of Optegra receiving the referral to complete a pre-operative assessment. This, along with any referral information provided will support in our administrative team determining the clinical priority of a patient or any special requirements required.

This policy is intended to be used by all those individuals within Optegra, who are responsible for managing referrals, adding to, and maintaining waiting lists for organising patient access to treatment. The principals of the policy apply to both medical and administrative waiting list management.

## 2.0 Purpose

To advise and inform patients, relatives, carers and Optegra staff of the processes for managing access to services provided by Optegra UK Ltd.

## 3.0 Scope

The Access Policy is applicable to all Optegra Eye Hospitals and Optegra Eye Clinics in England.

## 4.0 Definitions (if required)

**RTT** – Referral to Treatment

**PWL** –Patient Waiting List

**DNA** – Patient did not attend

**PPCCRs** – Procurement, Patient Choice and Competition Regulations

**Active Monitoring** - An 18w 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 would start when a decision to treat is made following a period of active monitoring

**NHS e-Referral service** - A method of electronically booking a patient into the service of their choice.

**First Definitive Treatment** - An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.

**Commissioners** – NHS body accountable for assessing needs, planning and prioritising, purchasing and monitoring health services, to get the best health outcomes.

**ICBs** – Integrated Care Boards

**NICE guidance** – The National Institute for Health and Care Excellence. NICE guidelines are evidence-based recommendations for health and care in England.

**Individual Funding Request** - An individual funding request is a request for NHS funding for treatment that is not normally available and one which is only paid for under certain circumstances.

**RADAR** – Optegra system for managing quality, audits, patient safety, risk management and compliance processes.

**YAG Laser Capsulotomy** – is a procedure carried out to treat a common cataract post-operative complication which can occur after Cataract surgery.

## 5.0 Roles and Responsibilities

### **UK Leadership Team:**

Responsible for the overall application and adherence to this policy and procedures within their areas of responsibility.

### **UK Head of Governance and Risk:**

Responsible for supervising the management of the regulated activity provided by Optegra regulated by the Care Quality Commission (CQC), including where that involves compliance.

To ensure that this policy is up to date and that Optegra adheres to best practice in accordance with regulatory bodies e.g.: CQC; and to advise on best practice based on guidelines and recommendations from professional bodies such as NICE and the Royal Colleges e.g. RCOphth

Ensuring that robust and transparent processes are in place to identify, report, prioritise, investigate and learn from all events.

Identifying where any barriers to reporting and learning from patient complaints exist and seeking assurances (including a documented action plan), that any barriers identified are being addressed.

### **Head of Sales & Operational Planning:**

Responsible for the daily management of hospital diaries.

Responsible for providing daily and monthly reports to support the planning and diary management of Optegra hospitals, highlighting potential risks to wait times.

### **Clinical Staff:**

Consistent application and adherence of this policy and its principles.

Consideration is to be given by clinical staff for cross-cover arrangements during periods of annual leave or other absences.

A minimum of 6 weeks' notice is necessary for consultant and medical staff planned leave to ensure

patient appointment dates are honoured and to reduce the need for changes and cancellations.

All leave requests must be authorised by the line manager.

### **NHS Team Leader:**

Responsible for the application of this policy within Administrative teams.

Responsible for training their staff as it relates to patient access and administration.

Responsible for providing information and analysis support to monitor targets and adherence to this policy.

**NHS Referral Management Centre:**

Responsible for the day-to-day management and application of their responsibilities in line with this policy.

**Healthcare Technician (HCT):**

To ensure competencies are up to date

Work within competencies and escalate as per guidelines.

Work under the supervision of the registered Healthcare practitioner.

Individuals are personally responsible for ensuring that their conduct, attitude and behaviour are always professional.

**Patients, Family members or Carers of Patients:**

Patients should keep appointments, or if they must cancel, cancel within a reasonable time in order that the appointment can be re-used for another waiting patient. Receiving treatment within the maximum waiting times may be compromised unless patients try wherever possible to keep their original appointments.

## 6.0 National and Local Operating Procedures

Optegra understand the importance of Patient Access Management and this policy will make clear the processes taken to ensure this is adhered to.

**Patient Entitlement to NHS treatment:**

All providers have a legal obligation to identify patients/service users not eligible for free NHS treatment and to:

- check patient/service user eligibility
- ensure patients/service users not ordinarily resident in the UK are identified;
- assess liability for charges in accordance with Department of Health Overseas Visitors Regulations;
- charge those liable to pay in accordance with Department of Health Overseas Visitors Regulations; The Trust Overseas Visitor Policy

**Patient Choice & Referral acceptance:**

Optegra will accept referrals from GPs or Optometry if they have been referred directly or via NHS eReferral Service as per Patient Choice Guidelines and on the basis the referral demonstrates;

- The patient has an elective referral for a first outpatient appointment (new episode of care)
- the patient is referred by a GP, Optometrist into secondary care
- The referral is clinically appropriate as determined by the referrer
- The service and team are led by a consultant
- The provider has a commissioning contract with any ICB or NHS England for the required service.

Cataract referrals should not be accepted unless a formally documented shared decision making process has been performed by their referring primary care optometrist with the patient (and their family members or carers, as appropriate) as part of a referral. This includes but is not limited to:

- How the cataract affects the person's vision and quality of life
- Whether one or both eyes are affected
- What cataract surgery involves, including possible risks and benefits
- How the person's quality of life may be affected if they choose not to have cataract surgery
- Whether the person wants to have cataract surgery.

In line with NICE guidance, do not restrict access to cataract surgery on the basis of visual acuity.

Please note that this guidance is intended as a standard threshold for access. However, if you/ your patient falls outside of these criteria, the option to apply for an Individual Funding Request is still available to you.

#### **Inappropriate referrals:**

Where a referral is deemed to be inappropriate, the referrer will be advised as to the most appropriate alternative route within one working day of the decision.

If this requires redirection the referral will be forwarded to the appropriate service and the referrer advised accordingly.

Referrals requiring redirection to another provider will be returned to the referrer with a request to redirect or if agreed process is in place, the referral will be re-directed and the referrer informed.

#### **Priority treatment for Military Veterans:**

All veterans are entitled to priority access to NHS care for any conditions which are likely to be related to their service, subject to the clinical needs of all patients. Veterans are encouraged to inform their General Practitioner about their veteran status in order to benefit from priority treatment.

#### **Patients with Learning Disabilities:**

Where a person is recognised as having a learning disability, the clinician should ensure that the notes are recorded appropriately to support the teams, the patient and their carers/family with access to the appointment and any reasonable adjustments that may be required during subsequent appointments / treatment episodes. Patients with a learning disability and their families / carers must be supported with reasonable adjustments to ensure equitable access to treatment.

#### **Consultant to Consultant & Consultant to GP Referrals:**

Direct referrals will be appropriate for:

1. Suspected cancer.
2. Urgent problems for which delay would be detrimental to the patient's health. The expectation here would be that the patient needs to be seen within 2 weeks.
3. Referral as part of the same clinical problem.

4. Part of the recognised pathway of care for the condition
5. Transfer of responsibility of care for an on-going condition, when it would be more convenient for the patient to be seen in a different location.

Referral back to GP will be appropriate for:

1. Conditions that are unrelated to the presenting problems and do not require urgent referral.
2. Incidental findings.
3. Conditions that can be dealt with by the GP.
4. Those patients who Did Not Attend (DNA) their appointment (subject to the KPIs/local agreements).
5. Those patients who cancel their appointments on multiple occasions (subject to KPIs/local agreements)

### **Referral Queries:**

If there is any doubt as to whether a patient needs to be managed by Optegra or whether a patient should be offered another choice of hospital, consultant or treatment option, the NHS Referral Management Centre should contact the patient's GP to discuss the case.

Patients will only be added to a waiting list if there is an expectation of treating them and they are clinically fit or there is an expectation that they may become fit and ready to undertake the treatment within 18 weeks.

All referrals will be reviewed and prioritised within contract KPI timelines of receipt.

At least 1 weeks' notice must be given to the patient when agreeing an appointment date. The only exceptions to this are:

1. Where it is clinically urgent
2. For a diagnostic test/procedure, where a reasonable offer is 10 days or more.
3. Where patients make themselves available at short notice.

### **NHS E-Referral Service:**

NHS e-Referral Service is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. The guidance states that the responsibility for the effective implementation of NHS e-Referral Service should be shared between organisations. For example:

Providers are responsible for ensuring that services are made available on NHS e-Referral Service and that patients can book into appointments using the system

Referrers are responsible for using NHS e-Referral Service effectively to find suitable services for their patients

Commissioners are responsible for ensuring that services available on the system accurately represent the clinical needs of their patient population and that those referrers and providers use the system effectively for the benefit of all patients.

### **Referral to Treatment Rules:**

The NHS Constitution confirms that all patients have the legal right to start NHS consultant-led treatment within a maximum of 18 weeks from referral, unless they

choose to wait longer or it is clinically appropriate that they wait longer. The national standard for 18-week RTT is:

Those on an incomplete pathway whose clock is still running; 92% of those on the waiting list should not have waited more than 18 weeks.

Consultant-led treatment includes treatments where a consultant retains overall clinical responsibility for the treatment. This could include treatments provided by the service or team led by the consultant. The setting of the consultant-led treatment, whether hospital-based or in a community-based clinic, will not affect a patient's right to start treatment within 18 weeks.

Further details on RTT can be found on NHS England website - <https://www.england.nhs.uk/rtt/>

RTT is monitored daily via a central report produced by our Head of Sales & Operational Planning. These reports are distributed to both our Hospital teams and Referral Management Centre to monitor.

Monthly reviews also take place during our UK Leadership and NHS Pathway Performance Meetings.

#### **Refusal of Referrals:**

NHS guidance states that providers should accept all clinically appropriate referrals made to them. Patients choosing a particular NHS provider must be treated by that provider as long as this is clinically appropriate and in accordance with the patient's wishes.

#### **Pre-Operative Assessment:**

Upon receipt of referral, the Optegra Referral Management Centre will review the details of each patient and book them in for a virtual pre-operative assessment. This will be within 72 hours of receiving a referral.

All patients will be contacted for a virtual pre-operative assessment by the Clinical Assessment Team, who will also reconfirm the patients understanding of why they have been referred and provide further information to the patient to support shared decision making.

Pre-operative assessment provides an opportunity to optimise treatment of any existing disease and make a detailed plan for care during and after surgery.

The initial pre-operative assessment is completed by a competent Healthcare Technician (HCT) under the supervision of Registered Nurses. Healthcare Technicians work with predetermined scripts and protocols.

Where patients are identified as having complex needs for example a complex medical history, do not speak English as a first language or requiring best interests discussion then patients are booked into face to face hospital pre-assessment clinics.

A traffic light guidance has been written with a multidisciplinary team to ensure that the practicalities of conducting pre-assessments in Optegra has been captured and provides safe assessment criteria.

Criteria allows qualified and non-registered healthcare professionals to screen patients for suitability for surgery within Optegra.



**The criteria are as follows:**

RED Not suitable for surgery at present in Optegra  
AMBER Review - additional information or review by registered nurse or Surgeon required.  
GREEN Suitable for surgery

All patients must have a full pre-assessment carried out as per our NHS Cataract Pathway.

For further information, please see our Pre-Assessment Policy.

**General Principles on booking of appointments:**

If we are unable to contact a patient on 3 occasions, we will write to the patient three times . If no response is received we will make contact with the referrer to advise. We will then request that the referrer makes contact with the patient to arrange contact. If after three months we do not receive a response, the patient will be discharged back to their referrer.

Patients are to be seen within their maximum waiting times allowable.

If the patient was discharged more than 6 months ago, referrers will have to re-refer if an appointment is required for the same condition.

Review of referrals must be completed within 7 working days.

Referrals are not expected to be routinely rejected. Optegra can reject a referral that hasn't been accepted in NHS e-Referral Service, other rejections are maintained on the EPR post registration. The rejection process sends the patient back onto a work list at their GP surgery and the appointment is automatically cancelled on the EPR and NHS e-Referral Service. Optegra will take responsibility the patient of their cancelled appointment.

All inappropriate referrals will be referred back to the referrer for them to review the choice of provider prior to the referral being redirected.

Information reports should be used to actively plan capacity to ensure achievement of waiting time targets and thus incur no breaches.

Referrals and booking rules should be actively monitored in order to respond flexibly to demand and to deliver flexible capacity.

Changes to booking rules must be authorised by the Head of NHS and Head of UK Operations. The exceptions are:

Ad hoc requests with no reduction to patient booking numbers.

1. Changes to medical staff rotas.
2. Additions of target urgent slots for patients about to breach.

Systems should be in place to ensure patients do not breach the 18-week RTT targets. Head of Sales & Operational Planning will monitor pathways and escalate patients to the appropriate manager where a breach is expected.

Staff are to comply with electronic patient records (EPR) data quality standards.

The 'Date Request Received' in the EPR constitutes a clock start for those patients on an active 18- Week RTT pathway. This is the date an attempt was made to convert a Unique Booking Reference Number into a booking for NHS e-Referral Service patients and the date the referral letter was received into Optegra for paper referrals.

Agreeing the dates of appointments with patients rather than notifying them of an appointment is the preferred option wherever possible in order to avoid the risk of patient cancellations or DNAs.

Reasons for DNAs should be accurately recorded and monitored as should patient cancellations and discharges (particularly discharges without treatment).

The content of the Directory of Services on E-Referral should be accurate at all times.

#### **Patients who DNA:**

If a patient DNAs an appointment (local KPIs differ), they should be referred back to their referrer, unless the consultant deems it clinically necessary to offer another appointment, and they will be removed from the waiting list (a letter confirming their removal must be sent to the patient and their GP). If a patient cannot make a planned appointment, they should contact their clinic as soon as possible as this may make it possible for the appointment to be offered to somebody else who is waiting.

#### **Patient who cancels the same appointment on three occasions, will be:**

They should be referred back to their referrer, unless the consultant deems it clinically necessary.

#### **Changing/Cancelling Appointments at Patient Request:**

Patients may have an additional option to cancel and change their outpatient appointment on line, via NHS e-Referral Service appointments must be cancelled and changed using the NHS e-Referral Service telephone appointments line or website.

If patient requests a rearrangement or cancellation within 24 hours of the appointment time it must be recorded as a patient cancellation and the 18-Week RTT clock will continue ticking and the reason for cancellation must be recorded.

## **7.0 Training & Awareness**

- This policy will be brought to the attention of all new members of staff at local induction. This includes volunteers and agency/temporary employees
- Any breaches to the principles highlighted in this policy should be reported to your line manager.
- Failure to comply with this Policy may result in individuals being managed under Human Resource policies and guidance.
- If there is anything in this Policy that you do not understand, please discuss it with Line Manager.

## 8.0 Monitoring

### Patient Waiting Lists (PWL)

A PWL is a list of patients who need to be treated by given dates in order to start treatment within maximum waiting times set out in the NHS Constitution. A PWL is an established, forward-looking, management tool that is utilised by Optegra to help achieve and sustain short Referral to Treatment and diagnostic waits. The PWL provides a prospective viewpoint, and so can act as a planning tool for managing patient waiting lists in a way that a retrospective data collection cannot.

Essentially, a PWL contains the data required to manage patients' pathways, by showing clearly which patients are approaching the maximum waiting time so referral management centre staff can offer dates according to clinical priority and within maximum waiting times.

The NHS Standard Contract requires providers to submit information on referrals and waiting times. Where this is requested, a PWL data set they are to be provided.

### Monitoring of this policy

This document has been created following the Optegra Policy Guidelines.

This policy will form part of the Optegra annual audit plan to ensure compliance and effectiveness. Compliance will be monitored by the Corporate / Regional Clinical Governance Committee.

Any changes in this Policy will be communicated to staff via RADAR and verbally at staff meetings and recorded minutes.

Clinical incidents will be reviewed on RADAR and discussed at the Clinical Governance and Risk Committee and will feed into Corporate Governance reports

## 9.0 References

<a href="https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks/referral-to-treatment-consultant-led-waiting-times-rules-suite-october-2022">https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks/referral-to-treatment-consultant-led-waiting-times-rules-suite-october-2022</a>
<a href="https://ebi.aomrc.org.uk/">https://ebi.aomrc.org.uk/</a>
<a href="https://www.england.nhs.uk/personalisedcare/choice/">https://www.england.nhs.uk/personalisedcare/choice/</a>
<a href="https://digital.nhs.uk/services/e-referral-service/providers">https://digital.nhs.uk/services/e-referral-service/providers</a>
<a href="https://www.cqc.org.uk/provider/1-101725155">https://www.cqc.org.uk/provider/1-101725155</a>
<a href="https://www.nice.org.uk/guidance/ng77">https://www.nice.org.uk/guidance/ng77</a>

## 10.0 Associated Documents

- Clinical Consent Policy
- Medicines Management and Administration Policy
- MCA Policy incorporating DOLs
- Assessing Competency in Clinical Practice Policy
- Healthcare Records Management Policy
- Safeguarding Adults Policy
- Theatre Operating Policy
- Incident Policy
- Standard NHS Cataract Pathway Instructions and Procedures
- Local Standard Operating Procedures
- Pre-Assessment Policy
- Pre-Admission Questionnaire (PAMQ)

## 11.0 Equality Impact Assessment

Name of document to be assessed:	Optegra Access Policy		
New or existing document:	Existing	<b>New X</b>	
Document aim:	The aim of this policy is to outline the approved processes for the management of Cataract and YAG referrals into all Optegra sites within England as well as highlighting the responsibilities of all Optegra staff, both clinical and administrative.		
Document Objectives:	To advise and inform patients, relatives, carers and Optegra staff of the processes for managing access to services provided by Optegra UK Ltd.		
Document – intended outcomes:	That all patient being referred into Optegra are managed appropriately and in line with the details set out in this policy.		
How we measure the outcome:	Monthly NHS Pathway Performance meeting UK Leadership Meetings Daily reports to Hospital and Administrative staff Patient Satisfaction		
Who is intended to benefit from the policy:	All patients and Optegra employees involved in the process.		
Is consultation required with the workforce, equality groups, local interest groups:	Yes	<b>No X</b>	
If yes have these groups been consulted?	Yes	No	
Please list any groups that have been consulted with?			
Are there concerns that the policy could have differential impact on:			
Equality Strands:	Yes	No	Rationale for assessment / existing evidence
Age		<b>X</b>	
Sex		<b>X</b>	
Race/ Ethnic communities / groups		<b>X</b>	
Disability		<b>X</b>	
Religions / other beliefs Marriage and Civil partnership		<b>X</b>	
Pregnancy and maternity		<b>X</b>	
Sexual orientation, bisexual, Gay, heterosexual, lesbian		<b>X</b>	

You will need to continue to a full equality impact assessment if the following have been highlighted:

- You have ticked 'Yes' in any column above **and**
- No consultation or evidence of there being consultation – this excludes any *policies* which have been identified as not requiring consultation **or**
- Major service redesign or development

Is a full equality analysis recommended	Yes	<b>No X</b>
If a full impact assessment is not recommended, why?	There is no evidence of negative impact on equality.	
Name of individual completing assessment:	Melissa Ball	
Date:	1/7/2023	