

## Patient Access Policy

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# 1. Introduction

A National Access Policy has been developed to provide a common vision, direction and understanding of how NHS Boards should ensure equitable, safe, clinically effective and efficient access to services for their patients.

This policy sets out the 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 aim of this policy is to have clear and consistent guidance for clinical and non-clinical staff; it will also provide the basis for information provided to patients.

NHS Orkney, using the principles in the National Access policy, will ensure that the systems, processes and resources are in place to deliver the responsibilities within the National Access Policy. NHS Orkney will also ensure that there are Standard Operating Procedures (SOPs) developed to ensure delivery of the requirements of the NHS Orkney Access Policy.

This local Access Policy sets out the details of how these principles apply to NHS Orkney local services, for example, possible and reasonable service locations to ensure that patients who are waiting for: appointments and/or treatment are managed fairly and consistently across NHS Orkney. This policy applies to all services including Mental Health Services and Allied Health Professions.

The current waiting times standards are:

- 18 weeks referral to treatment for 90% of patients
- 12 weeks for new outpatient appointments
- 6 weeks for the eight key diagnostic tests and investigations
- Legal 12 weeks Treatment Time Guarantee (TTG) standard means all eligible patients who are to be admitted to hospital will receive their agreed treatment within 12 weeks of agreeing the treatment with the relevant clinician.
- 4 weeks referral to first appointment for 90% of patients accessing MSK services
- 62 days from referral to treatment for urgent suspected cancer patients
- 31 days from decision to treat to treatment for urgent suspected cancer cases

Although not part of the waiting times standards, 95% of patients attending the emergency department should be admitted, discharged or transferred within four hours of arrival

# 2. Background

NHS Scotland's Efficiency and Productivity Programme Delivery Framework (June 2009) sets out a commitment to deliver evidence based clinical practice by improving

consistency of care, reducing variation and creating the right culture and organisational conditions required to support transformational change.

It is essential that NHS Orkney uses resources in a cost effective way. It is recognised that a culture of continuous 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 delivering evidence based clinical practice.

NHS Orkney's Access Policy aims to ensure consistency and equality in providing access to services and as such it supports The Patients Rights (Scotland) Act 2011 which includes a guarantee in law that patients should start to receive their day case or inpatient treatment within 12 weeks of the date of agreement to treat - 12 weeks Treatment Time Guarantee (TTG). The TTG dovetails with existing Stage of Treatment and 18 weeks referral to treatment standards<sup>1</sup>

As a minimum, 90% of patients accessing acute secondary care services can expect to be treated within 18 weeks from the receipt of their referral to the start of their treatment for a consultant led service.

NHS Orkney's Access Policy also firmly supports NHS Scotland's Quality Ambitions, which put quality at the heart of our NHS. The shared ambition is to deliver world-leading person centred, safe and effective healthcare services as well as timely access to care at the point of treatment.

### **3. Waiting Times Standards**

NHS Boards are required to ensure that there is equitable and sustainable delivery of waiting time standards, and systems are in place to ensure sufficient capacity is available and used appropriately to deliver waiting times targets. This will involve working collaboratively with other healthcare providers to ensure patients receive the most appropriate treatment in line with waiting time standards.

The Patient's Rights (Scotland) Act 2011 establishes a 12 weeks maximum waiting time for eligible patients i.e. patients who are admitted to hospital for inpatient or day case therapeutic treatments. Eligible patients should expect to receive their treatment within 12 weeks of the treatment being agreed between the patient and the clinician. This may be a clinician from another health board, e.g. NHS Grampian, acting on behalf of NHS Orkney. This means once a patient has been diagnosed as requiring inpatient or day case treatment and has agreed to that treatment, the treatment must be started within 12 weeks of the agreement.

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<sup>1</sup> Better Health Better Care (December 2007)

If a patient is referred to another board then the board which receives the referral is responsible for the management of TTG and their access policy will apply. (see and treat).

Where patients are seen in Orkney by a local or visiting service, treatment is agreed but referred to another board for delivery of the treatment then we keep the ownership and responsibility for management of the TTG and the treating board must treat within the 12 week agreed timescale from the date treatment is agreed here. (treat)

The patients 'waiting time clock' will start on the date the patient agrees to the treatment and will stop when the patient undergoes an operation or treatment. In line with national guidance, NHS Orkney presumes that the start date will be the date that the patient is added to the 'list' for any therapeutic procedure and that patients will be added to waiting lists as soon as is practicable after the agreement to treat is reached.

Diagnostic tests and outpatient procedures do not fall under the definition of a "treatment" under the Act, hence there is no TTG waiting time guarantee attached. However the referral to treatment (RTT) standard applies to these procedures.

#### **Waiting Times for Separate Stages of Treatment are Calculated Based on:**

**New outpatient appointment** - The time that has elapsed between the date the referral is received and the date the patient attends the appointment, discounting any periods of unavailability.

**Diagnostic test** - The time that has elapsed between the date the referral is received and the date the verified results of the test or procedure are reported and received by the clinician, discounting any periods of patient unavailability.

**Inpatient or Day case admission** - The time that has elapsed between the date the patient agrees to proceed with the agreed treatment and the date on which the patient starts to receive the agreed treatment on an inpatient or day case basis, discounting any periods of patient unavailability.

#### **18 Weeks Referral to Treatment (RTT) Waiting Time**

An 18 week patient pathway begins with receipt of the patient's referral for treatment and ends when the patient's treatment commences. A patient may be on more than one pathway at the same time for different conditions. There are two types of waiting time patient pathways:

**Non-admitted pathway** - The clock stops when the patient commences definitive treatment, outwith an inpatient or day case setting.

**Admitted patient pathway** - The clock stops on the date on which the patient starts to receive the agreed treatment.

Appendix 1 highlights exclusions from the RTT.

## **4. Key Principles of NHS Orkney's Access Policy**

There are a number of key principles that underpin the achievement of the aims of NHS Orkney's Access Policy and delivery of waiting time standards. These include:

- The patients' interests are paramount.
- Patients are offered care according to clinical priority and within agreed waiting time standards.
- Sufficient capacity should be available and optimally utilised to deliver waiting times.
- Referrals are managed effectively through electronic triage where possible.
- NHS Orkney will provide a common pathway for electronic triage which includes the option of providing advice to the referrer or an appropriate appointment.
- Variations in referral patterns are identified and reduced.
- Waiting lists are managed effectively using electronic systems where possible.
- Patients will be referred to a clinical team and will be seen by an appropriate member of that team rather than a named consultant.
- Patients will not be added to a waiting list if they are not available for treatment due to medical reasons.
- Offers will be made as soon as possible after receipt of referral and a minimum of 7 days notice before the date of the appointment or admission.
- A patient must be offered two reasonable offers for outpatient and inpatient appointments.
- If a patient refuses two reasonable offers, the hospital will refer the patient back to the referring clinician, normally their GP, unless the consultant requests otherwise on clinical grounds, in which case the waiting times clock resets to zero.
- Patient advised unavailability must only be applied by a specific request from the patient or their authorised representative. This should be clearly documented on the hospital systems.
- The provision of short-stay surgery is maximised.
- Admissions to hospital are actively managed through pre-assessment services.
- Unnecessary follow up appointments are reduced.
- Information is used to facilitate improvements in service provision.
- There is partnership working with stakeholders in primary, secondary and social care.
- NHS Orkney aims to achieve inclusive and equal access for all service users/patients.

### **4.1 The Treatment Time Guarantee (TTG)**

A patient's Treatment Time Guarantee (TTG) waiting time is a calculation based on the time that has elapsed between the date the patient agrees to proceed with the agreed treatment (agreement is usually at an outpatient clinic), and the date on which the patient starts to receive the agreed treatment on an inpatient or daycase basis.



In law the treatment time guarantee will start when the clinician and patient agree to the treatment. For the vast majority of the patients the agreement will be made at an outpatient appointment. NHS Orkney presumes this start date to be the date the patient is added to a list for a procedure. NHS Orkney will ensure people who are receiving their treatment in Orkney will be added to the list for a procedure on the day the treatment is agreed.

If a patient requires diagnostic test(s) before the treatment can be agreed, then the time when the patient is contacted about the test results and subsequent treatment agreed will be the clock start date for the TTG.

A 'waiting time clock' date will not start if a patient requests time to consider whether to go ahead with the treatment. This clock will begin only when the patient agrees to go ahead with the treatment. This date will be recorded as the start date for TTG.

The patient's waiting time start date should not be delayed until after a pre-operative assessment as this only serves as a check to ensure the patient is medically fit to come in for their treatment (see page 30).

The 'waiting time clock' stop date or the end date, is the date the patient undergoes their treatment. This date must be within 12 weeks from the date the patient has agreed to the treatment.

#### Exception to the Treatment Time Guarantee

- Assisted reproduction
- Obstetric services
- Organ, tissue or cell transplantation whether living or deceased donor
- Designated national services for surgical intervention of spinal scoliosis
- Bilateral Treatment - For patients waiting for sequential bilateral treatment, the waiting time for the second treatment is measured as a separate, second pathway. It may be that the agreement for both treatments is made at the same time; however, the agreement to commence the second treatment is only made on or after the post-operative review for the first treatment. The waiting time for the second treatment should not start until the clinician and patient agree to the second treatment once they have recovered from the first. The sequential treatment must not be managed as a planned repeat.

## **4.2 Reasonable Offers of Appointment**

NHS Orkney has 3 ways of making appointments: patient focused booking, direct booking, and smart booking.

### **4.2.1 Patient Focused Booking (PFB)**

PFB is where an acknowledgement letter is sent to the patients when the referral is received inviting them to make contact to make arrangements for their appointment

#### **4.2.2 Smart Booking Model – Telephone Booking**

This model is where arrangements for the appointment are made by telephoning the patient to make the appointment or by writing to the patient asking them to phone in to make arrangements.

#### **4.2.3 Direct Booking**

This model is where patients' are sent a letter offering them an appointment date, the patient then calls to accept that date or to advise that they are not available and are then given a second offer.

#### **4.2.4 Reasonable Offer**

A "reasonable offer" of appointment is the offer of two dates of appointment for each stage of the patient's treatment pathway, with a minimum of seven days notice from the date of each offer to the date of appointment. NHS Orkney offer patients appointments in other areas outwith Orkney. The sites which are classed as reasonable offer sites are:

- NHS Grampian
- NHS Highland
- National e.g. Golden Jubilee National Hospital
- Private Hospital facilities in Scotland

In exceptional circumstances e.g. specialist services, and for capacity issues it may be that a reasonable offer will be any NHS facility within Scotland.

If a patient is offered treatment out of area, the patient will receive early notice of this (preferably at the time of agreeing the treatment). If NHS Orkney offers a patient treatment in the above locations and the patient subsequently turns down what is deemed a reasonable offer of appointment outwith NHS Orkney a period of unavailability will be recorded.

Regardless of how an offer is made, all patients will be offered up to two dates for an appointment. (see exceptions below). Both of these dates should be at minimum of seven days in advance and within the waiting times standards set out in this policy.

An offer of treatment for inpatient or day case outwith the 12 weeks TTG will be a breach of the TTG and legislation does not allow for any adjustments to the treatment time clock once the patient has breached.

Exceptions to these rules are:

- Urgent appointments, for example suspected cancer - 7 days notice may not be possible

If a patient refuses a reasonable offer NHS Orkney will record that the patient declined the offer and will either:

- Refer the patient back to their GP or

- if it is not reasonable or clinically appropriate to refer them back to their GP then the treatment time clock will be reset to zero

#### **4.2.5 Dates of Treatment**

A reasonable offer for a frequent service should include two dates more than seven days in the future. If the first date offered is accepted and no second date proposed, this is also a reasonable offer.

Any letter offering an appointment will be delivered promptly and received by the patient at least seven days prior to the appointment date to ensure that the minimum standards for reasonable offers are met. It is important that the date on the letter is the date the letter is sent out.

#### **4.2.6 Waiting for Specific Consultant**

Patients are referred to a clinical team rather than to an individual consultant and are seen by the appropriate member of that team. A reasonable offer of appointment relates to any competent clinician who is part of a consultant led service which NHS Orkney provides in that specialty or subspecialty. A named consultant will only be allocated to ensure continuity of care, patient's safety or for other clinical or exceptional circumstances. It may be that the consultant that the patient sees at outpatient assessment may not be the consultant that carries out the inpatient/day case treatment.

If a patient requests a named consultant (this number should be small) it is not a guarantee that the request will be accommodated. Where the patient prefers to wait for an appointment with a named consultant, rather than an appointment with another consultant, the wait might be longer than necessary and a waiting time's adjustment will be recorded. The patient should be made aware of the length of the wait they will experience in writing. It must be clear that this is the patients request and that they are fully aware of the consequences of their decision i.e. impact on waiting time.

#### **4.2.7 Infrequent Services**

A service which occurs every four weeks or less frequently, regardless of demand, should be treated as an Infrequent Service.

- In these circumstances a reasonable offer constitutes the same offer of two or more dates at least 7 days in advance. For infrequent services it is almost certain at least one of these dates will be out of board area. People may choose to wait until the next visiting service in board area and in these circumstances patient advised unavailability will be added in agreement with the patient.
- If the patient refuses then the waiting time clock should be reset.

If demand for a service exceeds capacity then patients should not be suspended and then breach.

NHS Orkney services that are classified as infrequent services for consultant led services are:

- Cardiology

- Clinical Genetics
- Dermatology
- Endocrinology
- Diabetes
- Paediatrics
- Neurology
- Maxillofacial Surgery
- Ear, Nose and Throat
- Ophthalmology
- Surgical Paediatrics
- Oral Surgery
- Adolescent Psychiatry
- Rheumatology
- Orthotics

### **4.3 Unavailability**

Unavailability is the period of time when the patient is considered to be unavailable for treatment. This can be for medical or patient advised reasons.

Patients who are unavailable will not be added to the waiting list if there is no known end date to their unavailability. (Adding patients to a waiting list could give the patient the impression that they are now in a queue for treatment).

The patients waiting times clock should be paused when the patient is unavailable for treatment. These periods are discounted from the calculation of waiting time.

It is vital that patients who are on a waiting list but who become unavailable are monitored regularly. This will be monitored by the NHS Orkney Waiting List Group supported by the Waiting Times Coordinator. Under waiting times guidance, patients who are recorded as unavailable must be reviewed within 12 weeks if no end date to their unavailability is known. This review will be recorded in the patient's record and will automatically update the guarantee date.

Communication with patients and carers is very important. Each patient must be provided with sufficient information about their treatment to facilitate their informed participation in the decision making process. NHS Orkney will provide people with clear and accurate information about how their waiting time is calculated. Where unavailability is added to a waiting time people will be notified by NHS Orkney of:

- The period of unavailability agreed and whether this is medical or patient advised.
- What this means to them in terms of their treatment time guarantee and the new deadline date.

NHS Orkney must advise people in writing of their eligibility for the treatment time guarantee and if they have unavailability applied.

#### **4.3.1 Indefinite Unavailability**

This is when the likely period of unavailability cannot be determined. In such cases the patient's treatment time clock will not start, the patient may be referred back to the referrer or given a date when the service will contact them to discuss the unavailability and a decision made on the next step, for example further appointment at outpatients or referred referrer.

NHS Orkney will write to the patient to advise them that they have been deemed indefinitely unavailable.

A patient can also become indefinitely unavailable once the treatment time clock has started. In this case the treatment time guarantee clock will stop and the treatment time guarantee cease to apply. This will be recorded with the reason for the unavailability i.e. Patient Advised or medical. The availability of the patient will be reviewed within 12 weeks from the date the patient becomes unavailable for treatment and the outcome of the review will be recorded. Once the patient becomes available the treatment time guarantee clock will then continue.

#### **4.3.2 Medical Unavailability**

This is where a patient is unable to progress along their pathway for reasons that relate to their medical condition.

An example of this could be another condition which prevents the patient from undergoing treatment. For example at pre-assessment clinic 5 weeks into their treatment time wait the patient has high blood pressure and the clinicians determine this will take around 10 weeks to resolve. The patient's waiting time clock will be paused for that 10 week period of time. Once the patient's blood pressure has stabilised enough for treatment to go ahead the patient's waiting time will restart from week 5 with 7 weeks left to deliver the treatment time guarantee.

The start date of the period of unavailability is the date the clinician made the decision that the patient was medically unavailable and is recorded. The end date is when the clinician decides the patient is now fit to undergo their treatment and will also be recorded.

A letter will also be sent to the patient informing them of the period of unavailability that has been applied to the treatment time guarantee.

Where the patient fails pre assessment but is expected to become available within a specified period, medical unavailability will be applied from date of pre assessment to the date when the patient is available for treatment.

Where the patient fails pre assessment and the period of time until the patient is medically fit to proceed cannot be determined, the patient will be returned to their General Practitioner with the advice that the patient is referred back when 'fit for treatment'.

The period of medical unavailability will not exceed twelve weeks and the patient will be subject to documented clinical review by week twelve. This may be a review of case notes and updated investigations.

No more than two consecutive periods of Medical Unavailability will be applied. Where a patient is still medically unavailable after two consecutive periods of Medical Unavailability they will be removed from the Waiting List and referred back to the referring clinician for further management.

#### **4.3.3 Patient Advised**

Patient advised is when a patient is unable to progress along their pathway for reasons that relate to non medical circumstances.

Patient advised relates to the patient's situation and should not be used when staff are unavailable. This is where a patient has personal reasons for not being able to attend hospital such as when they are on holiday, exams, work commitments, or if they have carer responsibilities. The treatment time clock will be paused for the length of the period of unavailability.

The start date will be the date when the patient has indicated the period of unavailability will start.

The end date will be the date when the patient has indicated the period of unavailability will stop.

In this situation the start date and end date of the unavailability must be recorded. NHS Orkney will not estimate a period of unavailability. The patient must inform us when the period will begin and end. If during a period of unavailability it becomes apparent the period of unavailability will run longer than the advised period the patient must communicate this to NHS Orkney.

Patient advised unavailability will always have a definite end date. Where patients wish to defer treatment but are unable to give a date when they will be available for treatment, they will be removed from the Waiting List and referred back to referring clinician where it is reasonable and clinically appropriate to do so.

NHS Orkney will write to the patient informing them of the period of unavailability that has been applied to their treatment time clock.

#### **4.3.4 COVID-19 Unavailability (Code 3A)**

If a patient is unable to attend due to Covid related reasons, the following guidance must be followed:

- Patients are to be provided with 2 offers and allowed 1 period of unavailability for patient choice around COVID (i.e. Code 3A).
- If patients seek a second period, this should be discussed with the consultant and the option of removal from the list and returned to the care of GP should be considered.
- Where a patient has COVID, or is self-isolating, medical unavailability would be applied because of COVID, rather than patient choice and any period of unavailability treated as such.

Patients will not be required to be reviewed in 12 weeks and the waiting time clock will not be reset. Patients will retain their current position on the waiting list.

#### **4.3.5 Visiting Consultant Service**

This is a service where NHS Orkney commissions another Health Board to provide a service in the NHS Orkney area.

If a visiting service cannot be provided due to severe weather that prevents the Consultant from travelling then the patient, should if possible, be offered an appointment outwith the NHS Orkney area within the treatment time guarantee.

If the patient chooses to wait until the next scheduled visiting consultant service in Orkney, rather than attend an appointment for the agreed treatment outwith NHS Orkney, then the period from the date NHS Orkney is made aware of the patient's decision and the date of the next scheduled visiting consultant will not count against the treatment time guarantee. The patient will have patient advised unavailability from the period of time that the patient declined treatment elsewhere and the next visiting consultant service. NHS Orkney will send a letter to the patient confirming the periods of unavailability.

### **4.4 Cancellation, Did Not Attend (DNA) and Could Not Attend (CNA)**

#### **4.4.1 Did Not Attend (DNA)**

NHS Orkney will not routinely offer a further appointment to a patient who does not attend a new accepted outpatient appointment. The clinician will decide whether a further appointment is to be offered. There must be a clear clinical reason for offering a further appointment.

A copy of the standard letter should be sent to the patient and copied to the referrer, advising them that they have been removed from the waiting list. After this time, the patient should contact their GP if they still wish to be seen.

If the patient is referred back into the service, a new waiting time clock will start from zero.

Multiple re-setting of the clock if a patient continually does not attend their appointments is not expected. The patient should be referred back to the referrer.

Any child who DNA's (Did Not Attend) an outpatient appointment/Pre-operative Assessment/Admission without prior warning will be highlighted to the relevant Healthcare Professional as soon as possible.

#### **4.4.2 Elective Admissions**

NHS Orkney will not routinely offer a further admission to a patient who does not attend for an accepted elective admission. If a patient accepts a "reasonable offer" of appointment but does not attend on the agreed date and time the following applies:

- Record DNA details on system.
- Verify the DNA with the patient by telephone or letter. If verified by telephone confirm by letter with copy sent to GP.
- Seek advice from the healthcare professional to whom the referral was made. If there are **no** clinical reasons for offering a further appointment, remove the patient from the waiting list and refer back to the GP with copy of letter sent (recording this in the patients notes).
- If the patient is to remain on the waiting list, record the reason for DNA and reset the clock to **zero** from the date of the original appointment.
- Make the patient another reasonable offer of appointment.

A copy of the standard letter should be sent to the patient and copied to the referrer, advising them that they have been removed from the waiting list and that they should contact their GP if they still wish to be seen.

If the patient contacts the medical records team and reports that they were not notified of the original admission date, and NHS Orkney is unable to demonstrate that the admission date was clearly communicated to the patient, the patient should be reinstated on the waiting list.

Patients undergoing cancer treatment or active surveillance for cancer should automatically be offered a further admission date.

#### **4.4.3 Could Not Attend (CNA)**

Patients will be contacted 7 days in advance or earlier (by letter or telephone) with an arranged date for surgery and a date for pre-operative assessment appointment prior to the admission date. Patients will be made aware that under new "rules" the clock is reset to zero from the date of cancellation not date of appointment; therefore it is in their own best interests to cancel as soon as possible. It is recognised there are circumstances when a patient cannot attend.

If a patient has accepted a reasonable offer of an appointment or admission and then contacts the department to cancel before the appointment date:

- The date of the cancellation and any explanatory text should be recorded.



- Where it is reasonable and clinically appropriate the waiting time clock will be reset to zero from the date of cancellation and another reasonable offer should be offered within the pathway stage time limit.
- If a patient requiring urgent treatment cancels their appointment and NHS Orkney consider it reasonable and clinically appropriate to offer another appointment within the treatment time guarantee then they will not reset the clock. This will be the consultant's decision.

Having accepted a further appointment, the patient cancels; this is their second CNA. Waiting time is set to **zero** on the date when the patient makes contact. Details are recorded on the system and the patient should be made another "reasonable offer". Patients should be given the opportunity to cancel **TWICE**.

If a patient asks to reschedule a reasonable offer of an appointment or admission **for a third time** the patient's notes should be presented to the responsible clinician. The clinician should decide whether a further appointment or admission is to be offered. There must be a clear clinical reason for offering a further appointment or admission. If a further appointment or admission is to be offered, the above process should be followed.

If no further appointment or admission is offered:

- The patient will be removed from the waiting list
- A copy of the standard letter will be sent to the patient copied to referrer, advising them that they have been removed from the waiting list and that they should contact their GP if they wish to be re-referred.

If instructed to return to GP care:

- GP and patient should be informed by letter that the patient is being removed from the waiting list.
- GP can re-refer the patient if required.

#### **4.4.4 Short Notice Appointments**

To make best use of resources on occasion a patient will be offered a "short notice" appointment i.e. less than 7 days notice, to utilise slots. If a short notice appointment is offered and the patient is happy to accept, it is deemed as a "reasonable offer". If however, a patient declines a "short notice" appointment, this should not result in any detriment to the patient and the waiting times clock for the patient is not affected in anyway. The patient should be made another "reasonable offer".

Short notice appointments may be made due to extra clinics/theatre lists being commissioned, patient cancellations or unavoidable changes to visiting services.

#### **4.4.5 Cancelled By Hospital**

Cancellations resulting from hospital or operational circumstances will not result in any detriment to the patient e.g. cancellation of a clinic at short notice must result in the patient being made a further "reasonable offer" as soon as possible, The patient's waiting time clock will not be affected in any way. In line with Good Practice Guidelines a patient

cancelled in these circumstances will be given another date for admission as soon as possible.

In accordance with NHS Orkney's leave policy for Medical and Dental staff, 6 weeks' notice of planned leave/study leave will be given. Clinics will not be cancelled for any purpose except under exceptional or unavoidable circumstances e.g. sickness absence or having to cover another emergency situation and sanctioned by the Head of Hospital and Support Services.

#### **4.4.6 Transfer to a Different NHS Board**

This is when a patient's ordinary residence changes to a different NHS or Health Board area in Scotland and the patient requests be treated within the different Health Board area (the Board of their new residence.) In such cases the Board must record the date the responsibility transferred to the different Health Board. The treatment time guarantee will cease for the original Board.

When the different Health Board receives the transfer request they must record the details of the request including date when the treatment time guarantee started. NHS Orkney will then write to the patient and advise them of the consequences of the calculation of the treatment time guarantee; this will be the start of the new treatment time guarantee.

It may be in some circumstances the clinician will ask to see the patient before agreeing the treatment.

People moving their ordinary residence into NHS Orkney from other NHS or Health Board areas in Scotland must be treated in line with the TTG. The treatment time clock will be set to zero at the point the referral for transfer of treatment is received into NHS Orkney, where this is reasonable and clinically appropriate.

#### **4.4.7 Could Not Wait**

Patients who, having registered their arrival for an elective admission, subsequently leave are deemed to have an outcome of 'could not wait' (CNW).

There may be occasions where a patient has arrived for an admission as arranged but cannot wait to be seen. What should be recorded will vary dependent on whether it is a patient or service induced situation. Therefore local judgement will be necessary.

- If the delay is caused by the late running of a theatre and that delay is much longer than a patient could reasonably be expected to wait, for example if the patient would miss a ferry home, then this should be recorded as 'Cancelled by Service' and the patient given another appointment within their original waiting time guarantee.
- If there is a minor delay in the theatre list, providing the patient has been given guidance on the delay, and the patient is not willing to wait even a short length of time the outcome should be recorded as a 'Could Not Attend' (CNA). The patient should be made another reasonable offer but because this is a CNA their waiting time clock will be set to zero.

## **5. Responsibilities Under the National Access Policy/ NHS Orkney Access Policy**

The National access policy details the responsibilities that will ensure equity and consistency in approach in regard to access to services across NHS Scotland as a whole. These same responsibilities have been adopted in NHS Orkney's Access Policy. The four key responsibilities under the Access Policy are:

- To communicate effectively with patients.
- To manage referrals effectively.
- To manage waiting lists effectively.
- To use information to support improvements in service provision.

### **5.1 To Communicate effectively with patients**

There is a need to ensure that patients are appropriately informed at all stages of the patient journey. Communicating effectively with patients or their carer if appropriate will help to inform them of when, where and how they are to receive treatment and their responsibilities in helping to ensure that this happens.

While verbal contact with the patient is the preferred approach when offering appointments or dates, where this is not possible, effective processes for delivering and accepting or rejecting offers will be place. Communications with patients should be in a format appropriate to their needs e.g. - large print, community language. There are certain groups of patients who may experience difficulty accessing hospital facilities for specific reasons. General Practitioners (GPs) should indicate this on the referral. This will ensure that steps can be taken to facilitate and support access.

It is important that patients are provided with clear, accurate and timely information about how and when they will be admitted to hospital. This information will be included in a letter when added to the waiting list.

The patient will be given clear instructions on how and when to contact the hospital to either accept or decline appointment and admission dates, and the timeframe in which to do this.

Patients will be given clear information on the consequences of not responding quickly to hospital communications, and the impact this could have on their waiting time. The patients leaflet will help the patient understand their responsibilities. On request the patients leaflet will be in a format appropriate to their additional support needs e.g. large print, community language.

NHS Orkney has clear processes and procedures in place to ensure that patients can inform NHS Orkney of any changes in their details or circumstances and/or their ability to attend appointment.

- GP Practice staff must ensure that patients are aware that the location of their appointment/treatment will be as described in the local Access Policy.
- If a patient does not accept a reasonable offer of appointment or admission, this will have implications for the time they have to wait and may result in the patient being returned to the referrer's care.
- Where treatment occurs outside the Health Board area, or where clinics are held infrequently, it will be made clear to patients the reasons at the beginning of the process of organising their appointment or admission.
- The patient will be made aware that they must contact Medical Records of any changes to their details, e.g. name, address, postcode, telephone number as soon as possible.
- Patients should be made aware that they need to advise the hospital medical records office when they will not be available to attend any appointment or admission to hospital for any periods of time, e.g. holiday or work commitments. If circumstances change after the referral is made they must inform the hospital at the first opportunity.
- Patients should be made aware that if they no longer wish to have their outpatient appointment or admission, for whatever reason, they must advise the referrer and the hospital.
- Where patients do not attend for appointments and are returned to the referrer the primary care team should have arrangements in place to follow up with the patient prior to re-referral.
- If NHS Orkney breaches the TTG, then the Health Board will provide the patient or (where appropriate) the patient's parent or welfare power of attorney an explanation in writing of why the Board did not deliver the TTG. This will contain details of the advice and support available and details of how feedback, comments or complaints can be raised.
- Communications about patient clock adjustments are required by law to be in writing unless there has been consent to receive communications via electronic medium.
- Additional needs will be noted in the patient management system and on the SCI gateway referral where appropriate.
- Where NHS Orkney is unable to deliver eligible treatments within the treatment time guarantee patients can expect to be notified in writing that there will be a delay, receive an apology for the delay and be given an idea of when their appointments can be expected to be scheduled.

## **5.2 To Manage Referrals Effectively**

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

### **5.2.1 Referrer**

- Prior to referral, the clinician will explain to the patient the range of options to be considered. It will be explained that patients may not need to access specialist or consultant-led services.

- The referring clinician will advise the patient of the reason for the referral and the expected waiting time and outline to patients their responsibilities for keeping appointments and the consequences of not attending.
- When the referrer is aware that the patient will be unavailable for a period of time, the referrer will either delay sending the referral until they know the patient is available, or clearly note the patient's unavailability period on the referral. The referring clinician will ensure that the patient is available to commence treatment prior to adding to the waiting list.
- Referrals will be made electronically where possible and as per local protocols.
- GPs will make referrals to a clinical service and not a named consultant. This does not invalidate the patient's right to request a named consultant.
- Wherever possible patients should be referred for diagnostic tests prior to the referral being made for the first outpatient appointment.
- Referrers must provide accurate, timely and complete information within their referral (or it will be returned) including:
  - CHI identifier (unless patient does not have one)
  - Full demographic details to include:
    - Name
    - Address
    - Ethnicity
    - Postcode
    - Up to date mobile and home telephone numbers
    - e-mail address
    - Preferred method of contacting patient i.e. letter, phone or e-mail
    - Patient's unavailability period if applicable
    - Armed forces/veteran status if applicable
    - Additional Support Needs (Appendix 2)

### **5.2.2 Receiving location**

- There is a structured and transparent approach to the management of referrals, scheduling and booking for all patients.
- Referrals are triaged electronically where possible and must be done within 5 working days of receiving the referral.
- The date of receipt of all referrals is recorded.
- Systems and procedures are in place to triage and prioritise referrals in accordance with referral category (e.g. Urgent/Routine).
- A common pathway that allows advice or an appointment as appropriate is in place.
- For Patients referred with suspected cancer, referrers must mark referrals as 'URGENT- SUSPECTED CANCER' (including referrals for any diagnostic tests within the pathway) and appropriate SCI referrals completed following the appropriate cancer protocol. All suspected cancer patients are required to be seen and treated within the correct cancer waiting time standards.

- Armed Forces personnel, veterans and their families who move between areas retain their relative point on the pathway within the national waiting time targets. Refer to Access to NHS Care for Armed Forces Personnel CEL 8 (2008) and CEL 3 (2009).
- Special exemptions exist for Armed Forces to enable them to receive priority treatment for any conditions which are likely to be related to their military service subject to the clinical needs of all patients. Refer to HDL 2006 16 – Priority Treatment for War Pensioners and to Access to Health Services for Armed Forces Veterans - Extension to Priority Treatment CEL 8 (2008).
- Patients should be booked as close to the date of receipt of referral as reasonably possible, subject to the clinical needs of all patients.

### **5.2.3 Receiving Clinician**

- It is the receiving clinician's responsibility to communicate with the referrer to offer advice on whether a referral is suitable. This will avoid unnecessary outpatient appointments.
- Any referrals received for a service that is not delivered in NHS Orkney area will be returned to the original referrer with advice. Where the receiving clinician judges that the referral would be more appropriately managed by another service provided by the Health Board, the referral will be passed to that service and the referrer informed by the consultant.
- Receiving clinicians must ensure that waiting lists properly reflect their clinical priorities and are managed effectively.
- Where treatment cannot be provided locally and the patient needs to travel outwith Orkney, the patient will be made aware of that as early as possible e.g. at the discussion with the patient regarding the agreement to treat.
- No patient will be added to the waiting list other than through the formal referral process unless they are a transfer from Accident & Emergency or the Minor Injuries Unit.

### **5.2.4 Patient Transfer**

- The transfer of any part of a patient's health care to other Health Board areas must always be with the consent of the patient. The consultant will also be notified of this decision.
- Appropriate documentation and information should be provided to the receiving Health Board, with an agreed minimum data set between Health Boards.
- If the patient does not wish to be transferred, NHS Orkney must ensure the patient is made a reasonable offer within current national guidance and within the waiting time standard.
- Private patients opting to transfer to NHS treatment must be referred back to the GP to discuss their options before being referred to the local NHS provider. The 18 Week RTT will then commence.

### 5.3 To Manage Waiting Lists Effectively

To support delivery of waiting times standards there is a need for NHS Orkney to manage their waiting lists effectively. This includes triaging of referrals, management of both new and return patients and accurate recording of clinic outcomes.

- Systems, processes and resources are in place to ensure that all staff are adequately trained to use local systems to help manage access to services using standard operating procedures.
- All new referrals to locally provided specialties will be triaged within 5 working days with all new appointments having a corresponding waiting list entry. Visiting specialties will comply with the standards of their home NHS Board.
- Patients will be seen within maximum standard waiting times and booked in turn, according to clinical priority.
- Details of patients on the waiting list who are admitted as emergency admissions will be communicated to medical records staff.
- Patients will only be added to a waiting list if they are available to commence treatment.
- Systems and procedures are in place to ensure that medical records staff are aware of any patient cancelled on the day of or after admission.
- Systems and procedures are in place to review and validate waiting lists to ensure accuracy and that national and local access times are achieved.
- New outpatients will only receive a return appointment if there is a clinical need.
- The amount of return appointments will be monitored and reviewed.
- All patients undergoing a procedure must sign a consent-to-treatment form. There will be a communication process in place to notify the referring clinician on the decision to treat e.g. treatment to be provided, treatment delayed because medically unavailable.
- Where people lack the capacity to consent a section 47 certificate must be completed for each separate procedure in line with Adults with Incapacity legislation. (Full guidance in [NHSO consent policy](#)).
- People with authority under the law for Adults who lack capacity such as power of attorney or guardian must be consulted if such an arrangement is in place. (Full guidance in NHSO consent policy).
- There are systems and procedures in place to communicate, manage and record all outcomes at clinics, additions or alterations to the waiting list electronically.
- Patients who require treatment for different conditions may be on two separate pathways. NHS Orkney has arrangements in place to identify what condition should take precedence.
- NHS Orkney regularly review clinic templates to ensure they reflect changing demands
- Onward referral will be completed to ensure the receiving healthcare provider has the necessary information to manage the patient treatment pathway and ensure the TTG. Any transfer of data must comply with NHS standards in relation to data security and confidentiality.

## **5.4 To use information to support improvements in service provision**

The ability to effectively monitor and manage services requires good quality data. This helps to inform performance and identify areas for future improvement.

- The factors which influence waiting times, such as changes in referral patterns, will be regularly monitored by the Health Intelligence Team, and management action will be taken in sufficient time to ensure waiting time standards are maintained.
- New to return and DNA ratios will be reviewed regularly and necessary actions will be taken to address any issues
- There will be effective monitoring of efficiency and productivity to ensure quality treatment in a timely fashion.

## **6. Adding patients to the elective Waiting List**

### **6.1 Key principles**

**A patient will only be added to an elective waiting list if they are clinically and socially ready for admission on the day the decision to admit is made.**

Patients will **not** be added to the waiting list if any of the following apply:

- Patient is not fit for the procedure.
- Patient is pregnant unless in the opinion of the clinician would be detrimental to patient's welfare.
- Patient or Consultant wishes to delay surgery to further in the future to see if improvement in health will occur without the need for further intervention.
- Patients not ready for surgery at present (including age-related procedures) as per National Waiting Times Unit Good Practice Guidelines which state that "A patient is not to be placed on a waiting list as a holding device until the patient's condition reaches an appropriate stage or the patient reaches a certain age."

**When placing a patient on the waiting list the following information must be collected:**

- Patient demographic details
- Patient telephone numbers
- GP
- Unavailability dates
- Suitability for treatment elsewhere
- Ability to accept short notice admission
- Procedure description
- Suitable for pooled list/clinician specifically wishes to do procedure
- Clinical urgency or routine (current guidelines)
- Intended management i.e. in-patient, day case, 23 hr discharge etc.
- Pre-operative assessment, requirement for High-Risk assessment etc
- Any other information that will aid the smooth admission of the patient, and any relevant medical history e.g. diabetic, latex allergy



- Consultant name and signature
- Date of clinic

## 7. Pre-operative Assessment

A patient who accepts a "reasonable offer" and "Did Not Attend" for pre-operative assessment on date given will be removed from the 'Theatre List' if arranged. This DNA will be followed up by the department responsible for pre-operative assessment to determine the reason and to confirm if the patient still wishes surgery.

If the patient still wishes to have surgery:

- If patient **fails** to attend second date for pre-op assessment, advice will be sought from the healthcare professional to whom the referral was made. If there are no clinical reasons for offering a further appointment, **remove** the patient from the waiting list and refer back to the referrer with copy of letter sent to patient.

If the patient no longer wishes surgery:

- Seek advice from healthcare professional to whom the referral was made. If there are **no** clinical reasons for offering a further appointment, **remove** the patient from the waiting list and refer back to the GP with copy of letter sent to patient.

GP can re-refer the patient if required. If a further referral is received and a new appointment offered, waiting time starts from zero.

## 8. Specialist services

### 8.1 NHS Cancer Access Targets

In October 2008, the Scottish Government published Better Cancer Care – An Action Plan. The statements in the Action Plan formed the basis for the current standards for cancer waiting times where 95% of all eligible patients should wait no longer than 31 or 62 days for cancer treatment. The 5% tolerance level was applied to these targets as, for some patients, it may not have been clinically appropriate for treatment to begin within target.

#### 62-day Standard

- The Board of receipt of referral is responsible for meeting 95% compliance with the 62-day standard
- Measures the time from the date of receipt of initial referral into secondary care until the date of first treatment

Includes: i) patients urgently referred with a suspicion of cancer by a primary care clinician (GP or GDP) ii) patients who attend A&E/direct referrals to hospital where the signs and symptoms are consistent with the cancer diagnosed as per the Scottish Referral Guidelines iii) patients referred through a National Cancer Screening Programme

### **31-day Standard**

- The Board of first treatment is responsible for meeting 95% compliance with the 31-day standard
- Measures the time from the date of decision to treat until the date of first treatment

Includes: All patients diagnosed with cancer regardless of the route of referral.

### **Inclusions**

Patients are included in the standard calculations even if: i) there was a significant patient delay (for example through not attending appointments) ii) co-morbidities delayed treatment iii) A medical suspension was deemed appropriate Waiting times can be adjusted to reflect patient delays or medical delays.

### **Exclusions**

Patients should be reported but are excluded from standard calculations if: i) they died before treatment ii) refused all treatment iii) the patient had a clinically complex pathway

- Patients who choose to have part of their pathway out with NHSScotland will be exempt from the relevant standard as follows: i) If the part of their pathway out with NHSScotland is pre decision to treat the patient will not be subject to the 62-day standard, irrespective of route of referral. The patient will be subject to the 31-day standard only. ii) If the part of their pathway out with NHSScotland is post decision to treat the patient will not be subject to the 62-day standard or the 31-day standard.

## **8.2 Ophthalmology – Cataract Targets**

Cataract procedures are subject to a whole journey target of 18 weeks.

For patients waiting for sequential bilateral treatment the waiting time for the second treatment is measured as a separate, 12 week TTG second pathway, it may be that the agreement for the need for both treatments is made at the same time. The agreement to commence the second treatment is only made on or after the post-operative review for the first treatment. The waiting time for the second treatment should not start until that agreement is reached. The sequential treatment will not be managed as a planned repeat.

## **9. Priority Treatment for Military Veterans**

Under long-standing arrangements since 1953, war pensioners are given priority NHS treatment for the conditions for which they receive a war pension or gratuity, subject to clinical need. General Practitioners and NHS hospitals should give priority to war pensioners, both as out-patients and in-patients, for examination or treatment which relates to the condition or conditions for which they receive a pension or gratuity, unless there is an emergency case or another case demands clinical priority. Veterans should not be given priority treatment for conditions unrelated to service in the armed forces.

- The definition of a veteran is someone who has least one day in the UK armed forces (including those who have served as reservists)..
- Some service-related health problems do not manifest themselves until after a person has left the armed forces. Claims may be made for a war pension at any time after service termination.
- Where a person has a health service to problem as a result of service to their country, it is right that they should get priority based on clinical need. They should not need to have first applied, and become eligible, for a war pension. **Eligibility is related to people's history in the services and not exclusively to deployment or taking part in conflict.**

**It is suggested that veterans are most likely to present with service-related conditions requiring:**

### **Audiology Services**

The guidance on priority treatment for war pensioners applies also to service-related noise-induced hearing loss, which is accepted as related to service, but for which no award because the level of disablement fell below the threshold for compensation. Lack of clarity about this group's entitlement to priority treatment in the past may mean that some veterans, who have not previously applied for priority treatment, may come forward now. In addition, there will be future groups of veterans for whom hearing loss may be an issue.

### **Mental Health Services**

Veterans sometimes do not seek treatment for service-related mental health problems until some years after discharge, including issues related to co-morbidity from substance misuse and alcohol addiction. It can be particularly difficult establishing whether a condition is due to service and its implications in providing treatment. Some community service pilots have been launched in England and there is work currently taking place to establish a pilot in Scotland.

### **Orthopaedic Services**

Injuries incurred during a person's time in the armed forces may, in some cases, present problems some time after discharge and require access to services such as physiotherapy, pain management, and rehabilitation.

General Practitioners are asked, when referring a patient that they know to be a veteran to secondary or tertiary care for a condition that, in their clinical opinion, may be related to their armed forces service, **to make this clear on referral** (as long as the patient is content that the referral mentions their veteran status).

## **10. Responsibilities of Patients**

Patients will be responsible for:

- Informing their General Practitioner and the hospital contact number if their condition improves and that their appointment is no longer required. This will apply to both new and return patient appointments.
- Contacting the hospital contact number timeously if they are unable to attend their agreed appointment. This will include holiday and/or work commitments.
- Contacting the hospital contact number to advise of any periods of unavailability. This should also be provided at point of GP referral to enable that to be factored into the patient booking process.
- Indicate preferred mode of contact where possible this will include details of mobile phone and email address to improve future patient communication options.
- Advising their General Practitioner and hospital contact number of any changes to name, address, postcode, telephone number or General Practitioner.
- Responding to offers of appointment within seven days.

At present the majority of General Practitioners refer electronically for new outpatient appointments. NHS Orkney will encourage the use of electronic referrals.

## **11. Feedback from Patients and the Wider Community**

Patients have the opportunity to raise issues associated with the services that they receive. If they are dissatisfied they should in the first instance raise the issue with those staff with whom they have been involved or been in contact. If they remain dissatisfied, they can contact NHS Orkney's Patient Experience Officer on 01856 888221. Details on NHS Orkney's Complaints Handling Procedure can be found at <https://www.ohb.scot.nhs.uk/making-complaint>.

This Access Policy should be read in conjunction with:

- NHS Scotland National Access Policy – July 2012
- NHS Scotland Waiting Time Guidance – Delivering Waiting Times (CEL 33 August 2012)
- Patient Rights (Scotland) Act 2011 - Treatment Time Guarantee Guidance (CEL32 August 2012)
- National Waiting Time Guarantees 2012/13
- NHS Orkney Patient Feedback and Complaints Policy and Procedure

### **Cross Reference:**

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

- Armed Forces CEL 39 (2010)
- Adult Exceptional Aesthetic Referral Protocol CEL 27 (2011)

## **12. Policy Review**

The Patient Access Policy will be reviewed annually and subject to re-approval should any amendment be required to remain in line with national policy.

# Appendix 1

## Exclusions and Inclusions: 18 Weeks Referral to Treatment Standard

### Exclusions from 18 Weeks Referral to Treatment Standard

Referrals to the following services or some specific procedures are currently excluded and therefore do not trigger clock starts:

- Assisted conception services.
- Dental treatment provided by undergraduate dental students.
- Designated national specialist service for scoliosis.
- Direct access referrals to Diagnostic Services where the referral is not part of a 'Straight to Test' referral pathway as there is no transfer of clinical responsibility to the Consultant-led team.
- Exceptional Aesthetic Procedures which have been specifically excluded in the CEL 27 (2011) Adult Exceptional Aesthetic Referral Protocol.
- Genitourinary Medicine (GUM).
- Homoeopathy.
- Obstetrics.
- Organ and Tissue transplants.

### Inclusions in 18 Weeks Referral to Treatment Standard

To ensure consistency in reporting for the 18 week referral to treatment pathway across the service, the following also apply:

- For reporting purposes, patients on a Cancer pathway should also be reported through the 18 week referral to treatment pathway.
- Where a termination of pregnancy is managed as a planned procedure i.e. the patient is added to a waiting list, they should be included in 18WRTT.
- All Outpatient appointments, New and Return, are required to have a Clinic Outcome code applied.

### Unavailability – Only Categories Allowed

- Patient Advised - on holiday
- Patient Advised - personal commitment
- Patient Advised - work commitment
- Patient Advised - carer commitment
- Patient Advised - academic commitment
- Patient Advised - jury duty
- Patient Advised - wishes named Consultant
- Patient Advised - wishes to be treated within local Health Board
- Medical - other medical condition
- AHP MSK – Surgery recovery before treatment
- No response to PFB (we don't use this yet)
- Visiting consultant Service – Severe Weather – Appt Cancelled by Hospital

## **NOTES and QUESTIONS**

### **1. Other Medical Condition**

- General feedback on this confirms that ICD10 lookup is not feasible without system developments. Therefore where a patient is medically unavailable details of medical reason should be collected and recorded in the PMS (Patient Management System) if at all feasible.

### **2. Patient Advised Personal Commitment**

- With detail of personal/social engagement collected locally in the PMS (Patient Management System) if at all feasible.

## Appendix 2


### Examples of Information on Additional Needs

Literacy Issues	Requires information verbally Requires written information in large font Requires words and pictures version
Learning Disability	Requires easy to read Requires words and pictures Using Makaton sign language Requires a carer present Requires an advocate present
English as a Second Language	Requires interpreter Requires information verbally Requires information translated
Speech Impairment	Requires to write response Using Makaton sign language Requires a carer or advocate present
Using Lip-reading	Requires lip speaker Requires information verbally
Using British Sign	Requires British Sign Language interpreter
Using Makaton Sign	Requires to staff to understand
Deaf/Blind	Requires a guide communicator Uses a tape recorder Requires a loop Requires to bring a guide dog
Visual Impairment	Requires written information in large font Requires information verbally Requires easy to read Uses email
	Requires to bring a guide dog Requires information in Braille Requires communication by phone Uses Email
Requires to bring a hearing dog	Requires written information Uses Text Phone Uses Email
Mobility Issues	Requires Ambulance/car/taxi Requires two person escort Requires transport Carer will attend Requires NHS helper/Volunteer assistance with
Faith/Belief	Prefer Female/Male consultation Prefer non Friday appointments Requires access to Prayer Room
Socio Economic	Lack of bus/train services Money to travel to appointments Family constraints (eg Gender Based Violence, caring responsibilities) Getting time off work Early discharge implications
Other	Requires appropriate chaperone



NHS Orkney – Equality and Diversity Impact Assessment Rapid Impact Checklist: Summary Sheet Document title: <b>Access Policy</b>	
<b>Positive Impacts (Note the groups affected)</b> <ul style="list-style-type: none"> <li>• all patients</li> <li>• consistency of approach in providing access to services and as such it supports The Patients Rights (Scotland) Act 2011</li> <li>• supports NHSScotland's Quality Ambitions, which put quality at the heart of our NHS</li> </ul>	<b>Negative Impacts (Note the groups affected)</b> <p>No negative impacts identified.</p>
<b>Additional Information and Evidence Required</b> <p>None required.</p>	
<b>Recommendations</b> <p>Formatting changed.</p>	
<b>From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?</b> <p>No – full EQIA not recommended.</p>	

Names and Signature(s) of Level One Impact Assessor

Sharon Smith: 

Date: 16<sup>th</sup> April 2021