Patient Access Policy

Document Author	**Waiting Times Co-Ordinator**
Document Owner (for updates)	**Director of Nursing, Midwifery, Allied Health Professionals and Chief Officer Acute Services**
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Post holders' names at last review	
Title	Name
Head of Planning, Performance and Information	Carrie Somerville
Waiting Times Co-Ordinator	Louise Anderson

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Assessor name	Hannah Casey
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Contents

1. Changes since last approval

Change	Version	Date
Changes made to align with updated Waiting Times guidance (November 2023)	4.0	09/2024
Incorporating updates as directed in the Waiting Times Guidance updated letter received (10 Feb 2025)	5.0	02/2025

2. References

Document	Location
NHS Scotland waiting times guidance: November 2023	https://www.gov.scot/publications/nhsscotland-waiting-times-guidance-november-2023/
NHS Scotland's National Access Policy – December 2023	https://www.gov.scot/publications/nhsscotland-national-access-policy/
NHS Orkney – Making a complaint	https://www.ohb.scot.nhs.uk/making-complaint
Active Clinical Referral Triage (ACRT)	https://learn.nes.nhs.scot/28430/scottish-government-health-and-social-care-resources/modernising-patient-pathways-programme/mppp-improvement-programmes/active-clinical-referral-triage-acrt

NHS Orkney – Waiting for NHS Treatment	https://www.ohb.scot.nhs.uk/sites/default/files/publications/waiting-nhs-treatment.pdf

3. Introduction

NHS Scotland's National Access Policy was been developed in 2012 and recently updated (December 2023) 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.

Alongside NHS Scotland's recently updated waiting times guidance (2023), 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 for 95% of patients
- 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.

4. Purpose and scope

This local access policy will support NHS Orkney to effectively manage its Planned Care waiting lists. This will support delivering healthcare services that will be:

Person Centred: There will be mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values, and which demonstrate compassion, continuity, clear communication, and shared decision-making.

Safe: There will be no avoidable injury or harm to people from healthcare they receive, and an appropriate, clean, and safe environment will be provided for the delivery of healthcare services at all times.

Effective: The most appropriate treatments, interventions, support, and services will be provided at the right time to everyone who will benefit at equitable rates, and wasteful or harmful variation will be eradicated.

There have been a number of significant changes affecting Planned Care Waiting Times in recent years, including pandemic backlogs, staff shortages and some of the most difficult winter periods the NHS has ever faced.

We are committed to delivering sustained improvements and year on year reductions through service redesign and enhancing regional and national working.

This policy aims to account for ongoing improvements and changes to the way services are being delivered. Additionally, the principles which are contained within this policy should be applied to **all** patients who have been referred for an appointment, diagnostic test, or treatment.

The Patient Rights (Scotland) Act 2011 supports the Scottish Government's vision for a high-quality NHS that respects the rights of patients, their carers and all the people who deliver NHS services.

5. Definitions

5.1. 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.

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.

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.

5.2. New outpatients

A patient waiting for a new outpatient appointment should be seen within the waiting times standard of 12 weeks.

The clock starts when the referral is received. The clock stops when the patient attends the new outpatient appointment (discounting any periods of unavailability) or is removed from the outpatient waiting list.

A patient's clock may be adjusted for reasons such as:

- Periods of unavailability whether they be medical, or patient advised.
- If a patient refuses two or more reasonable offers of appointment.
- If a patient cancels three or more appointments.
- If a patient does not attend an agreed appointment.

For patients with a Long-Term Condition with an exacerbation or recurring symptoms, a new waiting time clock must be started for new referrals for the same condition. This does not apply to patients who are on Patient Initiated Review (PIR).

For patients waiting for sequential bilateral treatment the waiting time for the second outpatient appointment is measured as a separate, second pathway with a new waiting time clock. The waiting time clock for the second outpatient appointment should not start until the clinician and patient agree to the treatment. The sequential treatment must not be managed as a Planned Repeat.

For consultant-to-consultant referrals a new waiting time clock will be started on receipt of the referral by the new consultant-led service if the referral is for a new condition or speciality.

For patients transferred to a planned service via an urgent care service e.g. Accident & Emergency, Rapid Access Service, or a Minor Injuries Unit, a formal referral will not always be sent. The waiting time clock will start on the date of attendance at an urgent care service where the purpose of the appointment is for treatment, not a follow-up to treatment already started within an urgent care service.

For patients that self-refer or opt in via an Active Clinical Referral Triage (ACRT) pathway, a new waiting time clock starts on the date that the patient contacts the service.

For patients changing their permanent residence to another Health Board area whose waiting time clock has already started and that patient requests to be treated within that other Heath Board area (i.e. the Health Board of their new residence), their previous waiting time clock should be considered.

5.3 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. If the patient requires more time to consider the treatment, a discussion with the appropriate clinician should be had to determine if a further contact date should be agreed or if the patient should be referred back to the referring clinician.

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.

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
- Procedures covered under Exceptional Referral Protocol
- Mental Health, unless a planned admission to hospital (e.g. feeding tube)

In some circumstances, the patient may be admitted for treatment the day before their surgery. Where this occurs in order to start the initial stages of treatment, for example, to administer medication or to clinically prepare the patient, this date should be recorded as the start of treatment.

For Referral to a One-Stop Service for patients seen on an inpatient or day case basis, the date the patient agrees treatment and the date of the treatment will be the same. The patient will have a zero-wait recorded against the Treatment Time Guarantee. For the small number

of patients where treatment cannot be undertaken on the day, the waiting time clock will continue.

For patients with a Long-Term Condition with an exacerbation or recurring symptoms, a new waiting time clock must be started for new referrals for the same condition. This does not apply to patients who are on Patient Initiated Review (PIR).

For patients waiting for sequential bilateral treatment the waiting time for the second appointment is measured as a separate, second pathway with a new waiting time clock. The waiting time clock for the second outpatient appointment should not start until the clinician and patient agree to the treatment. The sequential treatment must not be managed as a Planned Repeat.

For patients transferred to a planned service via an urgent care service e.g. Accident & Emergency, Rapid Access Service or a Minor Injuries Unit, a formal referral will not always be sent. The waiting time clock will start on the date of attendance at an urgent care service where the purpose of the appointment is for treatment, not a follow-up to treatment already started within an urgent care service.

For patients changing their permanent residence to another Health Board area whose waiting time clock has already started and that patient requests to be treated within that other Heath Board area (i.e. the Health Board of their new residence), their previous waiting time should be considered.

5.4 18 Weeks Referral to Treatment (RTT)

An 18-week patient pathway begins with receipt or the patient's referral for treatment and ends when the patient's treatment commences or the patient is removed from the waiting list. A patient may be on more than one pathway at the same time for different conditions.

NHS Orkney is responsible for ensuring that the patient is treated within 18 weeks of receipt of initial referral irrespective of the health board of treatment. This also applies to patients on a cancer pathway and patients added to a waiting list for planned treatment. There are two types of waiting time patient pathways:

- **Non-admitted pathway** - The clock stops when the patient commences definitive treatment, out with an inpatient or daycase setting.
- **Admitted pathway** - The clock stops on the date on which the patient starts to receive the agreed treatment.

For patients with a Long-Term Condition with an exacerbation or recurring symptoms, a new waiting time clock must be started for new referrals for the same condition. This does not apply to patients who are on Patient Initiated Review (PIR).

For patients waiting for sequential bilateral treatment the waiting time for the second outpatient appointment is measured as a separate, second pathway with a new waiting time clock. The waiting time clock for the second outpatient appointment should not start until the clinician and patient agree to the treatment. The sequential treatment must not be managed as a Planned Repeat.

For consultant-to-consultant referrals a new waiting time clock will be started on receipt of the referral by the new consultant-led service if the referral is for a new condition or speciality. If the consultant-to-consultant referral relates to the same condition that the patient was initially referred for, then the existing clock will continue, and a new clock should not be started.

For patients transferred to a planned service via an urgent care service e.g. Accident & Emergency, Rapid Access Service or a Minor Injuries Unit, a formal referral will not always be sent. The waiting time clock will start on the date of attendance at an urgent care service where the purpose of the appointment is for treatment, not a follow-up to treatment already started within an urgent care service.

For outpatients that self-refer or opt in via an Active Clinical Referral Triage (ACRT) pathway, a new waiting time clock starts on the date that the patient contacts the service.

For patients changing their permanent residence to another Health Board area whose waiting time clock has already started and that patient requests to be treated

within that other Heath Board area (i.e. the Health Board of their new residence), their previous waiting time clock should be considered.

5.5 Eight key Diagnostic tests and Investigations

Diagnostic tests and investigations are used to identify a patient's condition, disease, or injury to enable a medical diagnosis to be made.

The Eight Key Diagnostic Tests and Investigations covered by the standard are:

- Upper Endoscopy.
- Lower Endoscopy (excluding Colonoscopy).
- Colonoscopy.
- Cystoscopy.
- Computer Tomography (CT).
- Magnetic Resonance Imaging (MRI).
- Barium Studies.
- Non-Obstetrics Ultrasound.

The Health Board that receives a request for a test or procedure are responsible for ensuring that investigation is undertaken, and the verified report is received by or made available to the requester within the **6 week** waiting times standard.

The clock starts when the initial referral is received for the test or procedure. The clock stops when the verified report has been received or made available to the requester, or if the patient is removed from the waiting list. Results should be communicated to patients in a timely manner. Each diagnostic test/ procedure should be recorded as a separate referral.

6. Responsibilities

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.

Communication can be in any form that the patient has indicated in writing that they consent to receiving information, including telephone, electronically or post.

Communication 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.

Virtual appointments should be maximized where appropriate. However, patients will not be disadvantaged if they require a face-to-face appointment.

Patients will be communicated with when:

- Active Clinical Referral Triage (ACRT) vetting is complete to explain which of the 3 pathways they are on and what the outcome of this is for the patient. Pathways include opt-in or advice only, patient requires diagnostics/imaging or confirmation an appointment is required (digitally or face to face). This communication should start at the point the referral is received.
- A patient is added to an inpatient/day case waiting list (in which case they should be sent details of the Treatment Time Guarantee (TTG)).
- Offering a patient an appointment.
- A patient is returned to referrer (this communication should also be sent to the referring clinician, to allow for review by the referring clinician.
- The patient has not had any communication after 12 months of waiting.
- The patient advises they have a period of unavailability.
- A patient is invited to use Patient Focussed Booking (PFB).
- A patient is reminded of PFB if an appointment has not been made 10 calendar days after the initial PFB letter.
- A patient is being rescheduled, after they Could Not Attend (CNA) one or two appointments.
- A patient cancels and are unable to rebook.
- Informing a patient of a new date and time, following the patient's cancellation.
- A patient is being removed following multiple cancellations and a clinical review.
- A patient Did Not Attend (DNA) an appointment.
- When the patient is added to an outpatient waiting list for an appointment.
- To provide information on how to be fit and ready for the appointment.
- To inform them that there is financial aid available for travel, accommodation, and any other relevant expenses, for the patient and their carer (if necessary). This aid will be

provided by the Health Board of Initial Receipt of Referral (HBIRR) if the patient is being asked to attend an appointment out with their Health Board of residence.
- To provide clear directions and information on where to go when they attend their appointment.
- To outline what to do if the patient feels their condition worsens.
- To remind the patient about their appointment(s).

Within the communications given to patients, NHS Orkney will provide the following details:

- The impact on the patients waiting time if they refuse reasonable offers.
- What happens when a patient Did Not Attend (DNA), Could Not Attend (CNA) or is unavailable and the impact this could have on their waiting time.
- Instructions on how and when to contact the hospital, as well as the timeframe in which to do this.
- Explanation of a reasonable offer/a reasonable offers package.
- How to either accept or decline offers of appointments.
- Explanation that the appointment may be offered anywhere in Scotland if clinically appropriate for the patient.
- Information for a point of contact in the receiving service.
- Inform the patient to contact their referring clinician if their condition changes.
- Signpost patients to supporting materials around looking after their mental health, and "waiting well" information.

6.1 Communication with Patients when the Treatment Time Guarantee (TTG) is Breached

If NHS Orkney believes that we are unable to meet a patient's the Treatment Time Guarantee before it breaches, then according to The Patient Rights (Treatment Time Guarantee)(Scotland)(No 2) Directions (2022), the Board must provide the patient, who is eligible for TTG (or where appropriate the patient's carer) with the following:

- An apology stating that NHS Orkney is unable to meet the TTG.
- An explanation of the reason that NHS Orkney did not deliver the Treatment Time Guarantee.
- Details of an online platform where the patient can access further information about the waiting time for their agreed treatment.
- A point of contact within the receiving service for information regarding the waiting time in the event the patient is unable to access the online platform.
- A point of contact for advice regarding management of their condition pending receipt of agreed treatment.
- Details of a place/person they can contact should their symptoms or condition worsen.

If 12 months pass since NHS Orkney has written to the patient, and the patient has not received an estimated treatment date, NHS Orkney will provide in writing:

- An apology that the patient is still waiting for treatment.
- An explanation of the reason that NHS Orkney did not deliver the Treatment Time Guarantee.
- An estimated treatment date if this is possible, or details of an online platform where the patient can access further information about the waiting time for their agreed treatment.
- A point of contact for advice regarding the waiting time in the event the patient is unable to access the online platform.
- A point of contact for advice regarding management of their condition pending receipt of agreed treatment.
- Details of a place/person they can contact should their symptoms or condition worsen.

This process should continue until an offer of appointment is accepted by the patient for the agreed treatment.

It is expected that NHS Orkney will maintain regular contact with patients and all other forms of communication continue.

Any communication which is required in law for the Treatment Time Guarantee is to be made to the patient (or where appropriate the patient's carer) in writing. This may be electronically if:

- This has been consented to in writing; and
- Such consent has not been withdrawn in writing.

"In writing" includes any communication sent by electronic means if it is received in a form which is legible and capable of being used for subsequent reference.

6.2 Additional Support Needs

NHS Orkney will ensure that patients are provided with information they can easily understand, and that appropriate support is put in place as required. Additional needs must be taken account of where these have been communicated by the patient, the patient's carer, or a medical practitioner.

Additional Support Needs are areas in which health services are required to provide assistance to the patient to facilitate their access to health services.

Patients who have additional needs must be identified on patient management systems so that appropriate support can be put in place, along the entire patient pathway, for those who need it.

The Examples of Information on Additional Needs table (see **Appendix 2**) provides examples of information that should be collected to support patients who have additional needs. Other information may be required.

Patients with additional support needs may also require extended appointments.

7. Offers of appointment

7.1 Reasonable Offers of Appointment

NHS Orkney has 3 ways of making appointments: direct booking, smart booking and, in some specialties, patient focussed booking.

7.1.2 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.

7.1.3 Direct Booking/Implied Acceptance

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.

If no response is received within 10 calendar days of the appointment being issued that it is assumed that the patient has accepted the appointment (Implied Acceptance).

7.1.4 Patient Focussed Booking

This model is where patients are sent a communication inviting them to get in contact to make arrangements for their appointment.

If no response is received within 14 calendar days of the communication being sent, a reminder must be sent to the patient. If there is no appointment made after a further 7 calendar days from the reminder, the patient should be provided a reasonable offer of appointment.

TTG patients must then be offered an appointment and the reasonable offers guidance followed.

For outpatients, a clinical review must take place to determine next steps if the patient does not make an appointment within the 21 calendar days

7.2 Reasonable Offer

A "reasonable offer" of appointment is the offer of two or more different dates of appointment for each stage of the patient's treatment pathway, with a minimum of ten days' notice from the date of each offer to the date of appointment. It is also reasonable if:

- the patient consents to the mode of contact used to communicate the offer (e.g. video, phone call)
- the offer is at short notice (if accepted by the patient),
- regardless of whether it is offered pre or post TTG date.

- the appointment is at any location across NHS Scotland deemed clinically appropriate for the patient's needs.

NHS Orkney offer patients appointments in other areas out with Orkney. It may be that a reasonable offer will be any NHS facility within Scotland. NHS Orkney will endeavour to offer a location as close to home as possible, where capacity and service offerings allow.

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 out with NHS Orkney a period of unavailability will be recorded.

Regardless of how an offer is made, all patients will be offered two or more dates for an appointment. Both of these dates should be at minimum of ten days in advance and within the waiting times standards set out in this policy.

7.2.1 Patient refuses a reasonable offer

If a patient does not accept two reasonable offers of appointment, this is considered a patient refusal. NHS Orkney will record that the patient declined the offers and will either:

- Refer the patient back to their GP or referring clinician (following a clinical review by the receiving service) or
- If following a clinical review, it is not reasonable or clinically appropriate to refer them back to their GP, a further appointment should be offered and the treatment time clock may be reset to zero from the date the patient advised they were not accepting their second offer of appointment.

7.2.2 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.

7.2.3 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.

Under regulation 4A of the Patients Right (Treatment Time Guarantee) (Scotland) Regulations 2012, a patient **may** request to be seen by a specific named consultant. NHS Orkney may agree this, taking into account the patient's health and wellbeing, **if** it

is deemed reasonable and clinically appropriate to offer the patient an alternative consultant for the agreed treatment to be carried out.

A named consultant should **only** be allocated to ensure continuity of care, patient safety or for other clinical or exceptional reasons.

If a patient chooses to wait for a specific consultant, the period between the date of the original offer and the date of the alternative offer, does not count towards the calculation of waiting time.

A reasonable offer of appointment relates to any competent clinician who is part of a consultant led service which 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.

7.2.4 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 10 days in advance. 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
- Oral and Maxillofacial Surgery
- Ear, Nose and Throat
- Ophthalmology

- Adolescent Psychiatry
- Restorative Dentistry
- Rheumatology
- Orthotics

7.2.5 Appointment Location

Patients should be seen and treated in their local Health Board wherever possible. It may not always be possible for Health Boards to provide access locally for all patients and for all services if they are constrained by geography or specialist services for example.

- Patients are to be advised as early as possible if they need to travel for their appointment or treatment.
- The Health Board of initial receipt of referral is responsible for the cost of any transport and accommodation arrangements reasonably incurred by the patient and their carer (if necessary) if they must travel out with their local Health Board for an appointment.
- Under regulation 4A of the Patients Right (Treatment Time Guarantee) (Scotland) Regulations 2012, a patient may request to be seen in a specific location within the area of the responsible Health Board, where the original offer was for treatment outside of that area.
- The responsible Health Board **may** agree this, having considered the patients' health & wellbeing, **if** it is deemed reasonable and clinically appropriate to offer the patient an alternative appointment in a specific location for the agreed treatment to be carried out.
- A request to be seen in their local Health Board should **only** be allocated by the Health Board to ensure continuity of care, patient safety or for other clinical or exceptional reasons.
- If a patient chooses to wait to be seen in their local Health Board, the period between the date of the original offer and the date of the alternative offer, does not count towards the calculation of waiting time.

8. Waiting List Validation

To support the management of patient waiting lists, Health Boards **must** complete the three stage waiting list validation on a regular, and continual basis, which should not exceed 6 months gaps. The process that should be followed is below:

Stage 1: Administration and Clerical Validation

- There should be a routine clean of the list to quality check data. This includes removing patients that no longer require treatment.

Stage 2: Patient Validation

- Communicate with the patient to confirm they wish to remain on the waiting list. This will also identify patients who require to be escalated for review by a clinical team.
- If a Patient Focused Booking process is available for the Health Board or service, implementation of this should be considered.

- Health Boards should check the patient has not been seen via another route, for example at Accident & Emergency or at a private appointment.

Stage 3: Clinical Validation

- This will require review of the patient record and identification of appropriate actions including attendance at virtual clinics, patient management plans or treatment options for the patient.

In addition to local three stage validation, the National Elective Coordination Unit (NECU) supports NHS Scotland Health Boards through a number of work streams, including national waiting list validation. This process is centrally coordinated by NECU and employs a digital validation platform, with capability to support high volume administrative and patient validation.

This process ensures that information held on waiting lists is accurate and supports Health Boards to identify those patients who have indicated that they still require to be seen are scheduled for their appointment or operation, and where appropriate remove patients who no longer require their appointment or operation. Further details of the work NECU do can be found here: National Waiting List Validation - How it works | The nation (nhscfsd.co.uk).

8.1 Waiting List Removal

Following waiting list validation, if the outcome is to remove a patient from a waiting list, this should be confirmed to both the patient and referrer. It should include the reason for removal, the impact on their waiting time and who the patient should contact if they still wish an appointment/treatment.

Examples of reasons for removal from the waiting list include, but are not limited to:

- If the patient requests removal.
- Following ACRT advanced vetting.
- The appointment is no longer needed for clinical reasons.
- The patient is unavailable for an extended period of time i.e. over the 24-week maximum unavailability permitted, as seen in paragraph 4 of the Directions.
- If the patient has been seen elsewhere (for example, privately).

8.2 Active Clinical Referral Triage (ACRT)

Active Clinical Referral Triage (ACRT) is the process whereby, following a new outpatient referral into secondary care, a senior clinician reviews a patient's record and carries out enhanced vetting to place the patient on the most appropriate pathway. In broad terms, outcomes include being removed from the list, either with or without the option to 'opt-in' at a later date or remaining on the list and waiting for an appointment. All Active Clinical Referral Triage (ACRT) outcomes should be recorded to allow for PHS data collection which will allow the impact of this process to be measured.

ACRT applies at each stage of the patient journey. Vetting outcomes should be assigned:

- At the initial referral stage.
- If an opt-in referral is received.
- Following diagnostic test results.
- If the patient transfers to another specialty or service.

9. 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 Consultant led Waiting Times Meeting supported by the Waiting Times Coordinator.

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.

9.1 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.

Allied Health Professional (AHP) Musculoskeletal (MSK) unavailability is when a registered **medical** or **healthcare practitioner** indicates that the patient needs a period of time before AHP MSK rehabilitation/intervention is undertaken. In this circumstance the whole period of the wait should be coded as a period of unavailability. For example, if the clinician/clinical protocol deems that a patient needs 6 weeks to recover after surgery then the unavailability will be 6 weeks.

However, to ensure these AHP MSK patients do not wait a further 4 weeks (the waiting time target), Health Boards should continue to ensure they manage their waiting lists appropriately. Health Boards should ensure the patients are offered an appointment at the appropriate time and without delay between the period of unavailability and the clinician's recommended time to start their rehabilitation/ intervention.

AHP MSK Unavailability will be applied to a patients clock only.

Medical and AHP MSK unavailability relate to the patient and are **not** to be used to describe unavailability of the clinical service.

9.2 Patient Advised Unavailability

Patient advised is when a patient is unable to progress along their pathway for reasons that relate to non-medical circumstances (as advised by the patient).

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, Jury Duty or if they have carer responsibilities. The treatment time clock will be paused for the length of the period of unavailability.

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

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. Patient advised unavailability will always have a definite end date.

There is a maximum of 12 weeks per reason. At the end of each period of unavailability, a further period of 12 weeks can be applied. However, patients should be encouraged to be available as soon as possible for treatment.

Following the second period of patient advised unavailability, a clinical review should be undertaken to ensure that the patient can be referred for an appointment or returned to the referring clinician. If the patient is to be referred back to their referring clinician, it must be recorded why this was appropriate with the patient and the patient's referring clinician being informed of the removal from the waiting list.

NHS Orkney will not estimate a period of unavailability. The patient must inform NHS Orkney 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.

9.3 Patient Focussed Booking Unavailability

In specialties that provide patient focussed booking as a means for appointing patients to a clinic, patient focussed booking unavailability can be used. It can be applied 10 calendar days after the issue of the initial communication to the patient, inviting them to make an appointment.

Upon issue of the reminder communication one day of unavailability should be added every day until the patient makes an appointment. This should be up to a maximum of 10 calendar days of PFB unavailability.

When the maximum unavailability has been reached, a patient should be provided with a reasonable offer of appointment.

9.4 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, for example, due to severe weather that prevents the Consultant from travelling, then the patient, should, if possible, be offered an appointment out with the NHS Orkney area within the treatment time guarantee.

10. Cancellation, Did Not Attend (DNA) and Could Not Attend (CNA)

10.1 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. If

following a clinical review, it is not reasonable to refer the patient back to their referring clinician, a further appointment should be offered. The clock should be reset to zero from the date the patient did not attend their agreed appointment.

If a patient is to be referred back to their referring clinician, 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 and the patient offered another appointment.

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.

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.

10.2 Could Not Attend (CNA)

If a patient has accepted a reasonable offer of an appointment or admission but gives the hospital notice that they will not attend the appointment before the appointment date, this is classed as a Could Not Attend.

- After the first or second cancellation, the patient must be given another reasonable offer of appointment.
- The date of the cancellation and any explanatory text should be recorded.
- For both the first and second cancellation and where it is reasonable and clinically appropriate, the waiting time clock will be reset to zero from the date of cancellation.
- If a patient cancels three or more agreed appointments, a clinical review must be undertaken by the receiving service to confirm if it is reasonable and clinically appropriate to refer the patient back to their referring clinician.
- If it is not deemed appropriate to refer back to the referrer, then the patient’s clock will be reset to zero (regardless of whether any waiting time standard has been breached) and offer the patient another appointment.

If following a clinical review, it is not reasonable to refer the patient back to their referring clinician, a further appointment should be offered. The clock should be reset to zero from the date the patient advised they were cancelling their third agreed appointment.

If the patient informs the NHS Orkney that they have an illness, which they feel may prevent them from attending the appointment on the agreed date, clinical advice may need to be sought as to the clinically appropriate course of action.

- In some cases, NHS Orkney staff may be able to confirm whether the patient's illness is likely to prevent their attendance, without the need for clinical input.
- If the clinician has advised that the patient's illness will prevent the agreed appointment or treatment from proceeding on the agreed date, a known period of medical unavailability should be applied. This would normally be for a short period only, for example, up to two weeks.
- If the clinician has advised that the patient's illness will not prevent the agreed appointment or treatment from proceeding on the agreed date, the appointment should go ahead as planned.

NHS Orkney will inform patients of the consequences of cancelling an agreed appointment.

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.

10.4 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. Where possible, this should be within the waiting time standards and Treatment Time Guarantee, however, this prioritisation to the start of treatment must not be to the detriment of another patient with a greater clinical need for treatment.

If, having been admitted, a planned treatment is unexpectedly cancelled, the patient cannot be recorded as having started treatment. The patient must still undergo treatment within the waiting time standards and Treatment Time Guarantee where 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, unable to travel to Orkney due to weather and sanctioned by the Chief Officer Acute Services.

10.5 Could Not Wait

All patients must be advised of any delay to their appointment. Patients who, having registered their arrival for an elective admission and then subsequently leave, are deemed to have an outcome of 'could not wait' (CNW).

To determine how this will affect a patient's clock will depend on the reason for delay:

- 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 up to 30 minutes), for example if the patient would miss a ferry home, then this should be recorded as 'Cancelled by Service' and the patient given another reasonable offer of appointment as soon as possible.
- 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 (less than 30 minutes), the outcome should be recorded as a 'Could Not Attend' (CNA). The patient should be made another reasonable offer of appointment, however if they have cancelled three or more agreed appointments previously, the CNA guidance must be followed.

11. Pre-operative Assessment

A patient who accepts a "reasonable offer" and "Did Not Attend" for preoperative 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.

12. Specialist services

12.1 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

These standards are applicable to adults (over the age of 16 at date of diagnosis) NHS Scotland patients with a newly diagnosed primary cancer. 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 NHS Scotland will be exempt from the relevant standard as follows: i) If the part of their pathway out with NHS Scotland 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 NHS Scotland is post decision to treat the patient will not be subject to the 62-day standard or the 31-day standard.

13. Access to health services for armed forces personnel and Military Veterans

13.1 Armed Forces Relocation within the UK

When a member of the UK armed forces or a member of their family moves into a new location in the UK, their previous waiting time should be taken into account. The expectation is that treatment in their new location will be met within the waiting time standards and Treatment Time Guarantee, according to their clinical need.

It is important that Health Boards have processes in place to ascertain how long these patients have waited to ensure that these patients continue their waiting time and do not have their clock start from zero at the new location.

13.2 Paying Due Regard to the Armed Forces Covenant

No veteran (including those who have served as reservists) or their family should be disadvantaged, as a result of their membership of the Armed Forces, when accessing NHS services.

It is for Health Boards and clinicians to determine how they ensure that they uphold their responsibilities under the Armed Forces Covenant duty. Further detailed guidance for veterans can be found at Armed_Forces_Covenant_Duty_Statutory_Guidance.pdf (publishing.service.gov.uk).

14. 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.

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.

15. Auditable Standards

Please list the audit requirements for your area

Monitoring requirement	Monitoring type	Frequency
CAMHS Aggregate	Public Health Scotland	Monthly
CAMHS (CAPTND)	Public Health Scotland	Monthly
TTG	Scottish Government	Weekly
Repeat Planned Scopes	Public Health Scotland	Monthly
Psychological Therapies (CAPTND)	Public Health Scotland	Monthly
Psychological Therapies Aggregate	Public Health Scotland	Monthly
Outpatients	Scottish Government	Weekly
Stage of Treatment (NWWT)	External Filtering for publication	Monthly
Monthly DMMI	Public Health Scotland	Monthly
Weekly DMMI	Public Health Scotland	Weekly
Endoscopy	Public Health Scotland	Monthly
Chronic Pain	Public Health Scotland	Quarterly
Cancelled Procedures	Public Health Scotland	Monthly
Various	Internal Audit	Annual

16. Appendices

15.1 Appendix 1

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.
- 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 CMO(2019)05 - Exceptional Referral Protocol (previously known as the Adult Exceptional Aesthetic Referral Protocol) – refresh April 2019 (scot.nhs.uk).
- Genitourinary Medicine (GUM).
- Homoeopathy.
- Obstetrics.
- Organ and Tissue transplants.

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
- Suspension due to exceptional circumstances

Appendix 2

Examples of Information on Additional Needs

Additional Needs	Possible Requirements
Literacy Issues	Requires information verbally Requires written information in large font Requires words and pictures version
Learning Disability	Requires easy to read version Requires words and pictures version Using Makaton sign language Requires a carer or advocate present
English as a second language	Requires interpreter Requires information verbally Requires information translated
Speech impairment	Requires a written response Requires Makaton sign language Requires a carer or advocate present
Using lip-reading	Requires lip speaker Requires information verbally
Using British sign language	Requires British Sign Language interpreter
Using Makaton sign language	Requires staff to attend
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
Hearing impairment	Requires to bring a hearing dog Requires written information Uses text phone Uses email

Mobility issues	Requires ambulance/taxi/car Requires 2 person escort Requires transport Carer will attend Requires NHS helper/volunteer assistance with wheelchair
Faith/belief	Prefer female/male consultation Prefer non Friday appointment Requires access to a Faith Room
Socio-Economic	Lack of bus/train services Money to travel to appointments Family constraints (e.g. caring responsibilities) Getting time off work Early discharge implications
Other	Requires appropriate chaperone

NHSO Document development style guide

- Headings should be Arial size 14, bold font
- Text should be Arial size 12
- Numbers should be used with section headings
- A blank line should be present between headings
- Text should be kept as left-aligned
- Use sentence case, not capitals
- Use bold for emphasis, not italics or underlines
- Expand acronyms and abbreviations on first use, with the acronym in brackets at the end
- Avoid colour fonts or images
- Use page numbers
- Update the document header and footer with
    - Document number
    - Document title
    - Classification
    - Version number