East Sussex MSK Community Partnership

East Sussex MSK Community Partnership (ESMSK) ICATS Patient Access Policy

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1. Summary

1.1 This policy sets out the overall expectations of the East Sussex MSK Community Partnership (ESMSK) and local commissioners on the management of referrals into and within the community MSK service ICATS service (services that are delivered in a wide range of settings in the local community) and into hospitals from the community service.

1.2 The policy outlines the roles and responsibilities of ESMSK staff to ensure that the service offers patients timely access to Musculoskeletal (MSK) services across the MSK pathways and achieves the national Referral to Treatment (RTT) targets for patients referred to hospital.

2. Introduction

2.1 The ESMSK is committed to efficient management of waiting times; offering timely, fair and equal access to high quality care for all patients; and to providing patient choice in accordance with the 2013 NHS Constitution which can be downloaded here using the following link: http://www.nhs.uk/choiceintheNHS/Rightsandpledges/NHSConstitution/Pages/Overview.aspx and Department of Health Referral to Treatment Consultant-Led Waiting Times Rules Suite: https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks

2.2 The access policy should be read in full by all ESMSK staff as part of their induction. The access policy is underpinned by a comprehensive suite of detailed Standard Operating Procedures (SOPs). All clinical and non-clinical staff must ensure they comply with both the principles within this policy and the specific instructions within SOPs.

2.3 ESMSK is committed to promoting and providing services which meet the needs of individuals and does not discriminate against any employee, patient or carer.

3. Purpose and Scope

3.1 The purpose of this policy is:

- To ensure that all patients have fair and equitable access to MSK services in accordance with the Equalities Act (2010).
- To set out the rules and principles under which ESMSK will operate.
- To demonstrate how the rules should be applied to ensure consistent, fair and equitable access and management according to clinical priorities.
- To give staff working within ESMSK clear direction on the application of the NHS constitution in relation to waiting times.

3.2 This document sets out to define the service standards patients can expect to receive from ESMSK in accordance with both national guidelines and locally agreed rules.

3.3 This policy details how patients should be supported throughout all stages of their patient pathway including diagnostics and includes: Referral Management, Booking Notice Requirements, Patient Choice and Waiting List management for all stages of the referral to treatment for MSK patients.

3.4 Every process will be clear and transparent to patients and partner organisations (including sub-contractors) and will be open to inspection, monitoring and audit.

3.5 This document also defines the accountabilities and responsibilities of those involved in the processes detailed in this policy. All staff are responsible for understanding the rules and guidance which apply, and for ensuring their practices are consistent with the requirements of this policy.

3.6 Any changes to national or local policy coming into effect after the publishing date of this document will supersede the guidance given herein. An updated edition of this document, incorporating the policy changes, should be published and made available to staff and patients as soon as possible following the changes.

4. Roles and Responsibilities

4.1 All staff are required to be compliant with this access policy and their responsibilities towards the day to day management and support of achievement of RTT access targets. The roles and responsibilities are defined below:

4.2 Any queries not covered within this policy should be escalated to the relevant line manager for clarification.

4.3 Partnership Director

4.3.1 The Partnership Director has overall responsibility for the delivery of the ESMSK service.

4.4 Consultant MSK Physiotherapist

4.4.1 The Consultant MSK Physiotherapist is responsible for advising on the implementation of the policy and the implications for clinical practice. This is particularly relevant to ensure clinicians communicate effectively with patients, clearly setting out the treatment options available to them and agreeing a management plan in collaboration with the patient in a format they understand.

4.5 Assistant Director Of Operations & Performance

4.5.1 The Assistant Director Of Operations & Performance is responsible for day to day delivery of operational and performance standards, accountable to the Partnership Director for all aspects of community-based services.

4.5.2 The Assistant Director Of Operations & Performance has oversight of all patient safety and operational safety checks and must ensure they are appropriately implemented and

operationalised in order to prevent unnecessary delays to patient care.

4.5.3 The Assistant Director Of Operations & Performance is responsible for the monitoring of waiting times across the community services and proactively flexing demand and capacity where there are variations.

4.5.4 The Assistant Director Of Operations & Performance is responsible for performance management of external subcontracted providers (i.e. diagnostic providers).

4.6 BI Lead

4.6.1 The BI lead is responsible for providing the reports to support validation of pathways and reports to monitor performance and data errors for action in the service.

4.6.2 They are responsible for the development of systems and processes to manage and report information on the service performance across the whole pathway.

4.6.3 The Business Intelligence Lead is responsible for liaising with the CSI Team (HERE) and for providing appropriate RTT information to the Leadership Team within ESMSK.

4.7 Clinical Staff

4.7.1 Clinicians are responsible for ensuring contemporaneous entry and maintenance of all up to date and relevant clinical data into the ESMSK patient administration system (SystmOne).

4.7.2 They are responsible for maintaining comprehensive and clear clinical notes and outcomes following every patient appointment or other patient activity (such as a telephone conversation) and accurately recording this onto SystmOne.

4.7.3 Clinicians are responsible for generating concise yet comprehensive clinical outcome letters using language that is easily understood by their patients and addressed to the patient by way of a summary of what was discussed and outlining the agreed care plan.

4.7.4 Patient treatment/care plans and intentions, appropriate for that stage of the patient pathway, are clearly indicated on SystmOne to enable the start of definitive treatment to be identified easily – for the purposes of accurately measuring 18-week RTT waiting times.

4.8 Team Leads & Team Managers

4.8.1 Team Leads & Team Managers are responsible for managing daily demand and capacity within their teams to ensure the timely management of appointment booking, clinical correspondence and RTT status updating.

4.8.2 Team Leads & Team Managers are responsible for ensuring safe stewardship for patients as they flow through the service.

4.8.3 Team Leads & Team Managers are responsible for clinician rota scheduling.

4.8.4 Team Leads & Team Managers must ensure waiting lists for their area of responsibility are monitored and appropriately managed to avoid any unnecessary delays to patient care. They should escalate issues of increasing wait times or available capacity, higher than expected DNA rates or void appointments to their relevant POM and ensure all clinics are running efficiently.

4.8.5 Team Leads & Team Managers manage the daily monitoring of Patient Safety Check completion by booking administrators to ensure no patients are unintentionally displaced along their pathway, and their care subsequently delayed.

4.9 Bookings Administrators / Patient Care Advisors (PCAs) / Team Assistants (TAs)

4.9.1 Bookings Administrators / Patient Care Advisors (PCAs) / Team Assistants (TAs) are responsible for registering patients on the ESMSK system and booking them into clinic appointments in a timely way that ensures choice of date, time and wherever possible, location. They will also maintain up-to-date patient demographic information.

4.9.2 Where a clinic appointment is not/cannot be booked immediately, they must ensure patients are placed on the correct patient waiting list/s.

4.9.3 Bookings Administrators / Patient Care Advisors (PCAs) / Team Assistants (TAs) must ensure process adherence to local DNA/Cancellation policies when managing patient appointments, and that patients are appropriately notified of the consequences/impact on their pathway of DNAs and patient initiated cancellations (e.g. where this may result in an RTT clock stop and discharge back to their GP).

4.9.4 Bookings Administrators / Patient Care Advisors (PCAs) / Team Assistants (TAs) are responsible for ensuring all clinical correspondence is processed promptly and efficiently. ESMSK is subject to a nationally mandated Key Performance Indicator (KPI) of 5 working days for the turnaround of all clinical correspondence, excluding discharge summaries. The KPI for turnaround of surgical discharge summaries to the patients' GP is 3 working days.

4.9.5 Bookings Administrators / Patient Care Advisors (PCAs) / Team Assistants (TAs) must ensure all transfer of care letters to secondary care providers are sent with an accompanying ESMSK Inter Provider Transfer Form (IPTF). Likewise, that all referrals received in from secondary care providers, are accompanied by a provider IPTF.

4.9.6 Bookings Administrators / Patient Care Advisors (PCAs) / Team Assistants (TAs) are responsible for the timely and accurate updating and validation of patient pathway RTT statuses/codes following every new activity, based on admin/clinical notes and appointment outcomes.

4.9.7 Bookings Administrators / Patient Care Advisors (PCAs) / Team Assistants (TAs) must complete daily Patient Safety Checks (Crosschecks) to ensure no patients are unintentionally displaced along their pathway, and their care subsequently delayed.

4.10 NHS Sussex Integrated Care Board (ICB)

4.10.1 The ICB are responsible for ensuring there are robust communication links for feeding back information to GPs.

4.11 Patients

4.11.1 The NHS Constitution recommends the following actions patients can take to help in the management of their condition:

- Patients can make a significant contribution to their own, and their families, good health and wellbeing, and should take personal responsibility for it.
- Patients should provide accurate information about their health, condition and status.
- Patients should keep appointments or cancel within a reasonable timeframe.

5. Referral Management

5.1 Patient Rights to Access Treatment

5.1.1 The NHS Constitution (2013) dictates that patients have the right to commence consultant-led treatment within 18 weeks from referral or, where this is not possible, for the service to take all reasonable steps to offer the patient a choice of appointments at a range of alternative providers, should the patient make such a request.

5.1.2 The right to be seen within the maximum waiting times does not apply in the following circumstances:

- If the patient chooses to wait longer
- If delaying the start of the treatment is in the best clinical interests of the patient

5.1.3 All patients should be treated fairly and equitably regardless age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership or pregnancy and maternity.

5.2 Veterans of the Armed Forces

5.2.1 Patients who are veterans of the armed forces are entitled to receive priority treatment if the condition the patient is presenting with is associated with the patient's military service. Where a clinician agrees that a veteran's condition is likely to be service-related, they must prioritise these veterans over other patients with the same level of clinical need. However, veterans will not be given priority over patients with more urgent clinical needs.

5.3 Carers and NHS staff

5.3.1 Patients who are carers or NHS staff will receive priority treatment when possible but will not be given priority over patients with more urgent clinical needs.

5.4 Prisoners

5.4.1 All elective standards and rules are applicable to prisoners. Delays to treatment incurred as a result of difficulties in prison staff being able to escort patients to appointments or for treatment should not affect the recorded waiting time for the patient. The service will work with staff in the prison services to minimise delays through clear and regular communication channels and by offering a choice of appointment or admission date in line with reasonableness criteria. If two reasonable appointments are refused, cancelled, or missed, a letter will be sent to the prison advising them that the patient has been discharged from the service but that they can self-refer back to the service within 12 months for the same condition without the need for a new GP referral. Patients contacting the service after 12 months will need to return to their GP for a new referral.

5.5 Clinically Effective Commissioning (CEC) / Evidence Based Intervention (EBI)

5.5.1 The service will comply fully with local CEC/EBI thresholds which define how certain procedures of limited clinical effectiveness should be managed within the service. These thresholds have been based on national evidence supporting best practice. All staff across the patient pathway should be aware of local CEC/EBIs in place.

5.5.2 Patients referred for specific treatments where there is limited evidence of clinical effectiveness, or which do not meet identified thresholds will only be accepted with the prior approval of the ICB.

5.6 Patients moving between NHS and Private Care

5.6.1 Patients can choose to move between NHS and private status at any point during their treatment without prejudice.

5.6.2 Where a patient chooses to seek private care having been seen initially within the NHS, the patient will be discharged, and a clock stop applied.

5.6.3 Where a patient has been seen in the private sector and wishes to move to the NHS then they will need to be referred to ESMSK where they will be triaged according to their clinical presentation in line with the agreed clinical guidelines. Patients may be seen initially by an Advanced Practitioner (AP) so patients can be fully assessed and given appropriate information and choice regarding any onward referral. The RTT clock starts at the point the referral is received by ESMSK.

6. Treatment Waiting Times (National and Local)

6.1 In line with standards set within the MSK Community service specification for patients receiving treatment for non-urgent conditions in the community MSK service, ESMSK will endeavour to ensure that:

- 95% of urgent patients will be triaged within 2 working days of receipt of referral into the MSK Service.
- 90% of routine patients will be triaged within 5 working days of receipt of referral into the MSK Service.

- 95% of patients referred for a diagnostic test will wait less than 6 weeks for their appointment. This excludes receipt of the results.
- 92% of patients referred will have definitive treatment within 18 weeks from receipt of referral.
- No patient will wait longer than 52 weeks for treatment from receipt of referral.
- Patients should not wait longer than 12 weeks for routine or 2 weeks for urgent from receipt of referral to the date of their first clinical appointment.
- Wherever possible, patients will be offered a choice of date, time and location for their appointment.
- ESMSK will give priority to clinically urgent patients and treat everyone else in turn.

7. Referral to Treatment (RTT) Data Definitions and Terminology

7.1 The ESMSK Service comprises of a specialist orthopaedic assessment service. The integrated community MSK service includes specialist clinicians who have undergone further training to develop their role in a defined area of practice, supported by advanced evidence-based knowledge base related to that expertise.

7.2 These clinicians are referred to as Advanced Practitioners (APs) and may have a background in Physiotherapy, Osteopathy, Occupational Therapy, Podiatry, Nursing or General Practice (GP). The clinics are also supported by Orthopaedic and Pain consultants.

7.3 All MSK referrals from High Weald Lewes Havens (HWLH), Eastbourne Hailsham and Seaford (EHS) and Hastings and Rother (H&R) areas must be sent to ESMSK's single point of access (SPOA) for triage. No referrals should bypass to providers.

7.4 Clock Starts

7.4.1 A new RTT clock starts when:

- A new referral is received from a GP or other health professional.
- A decision is made to start a substantively new or difference treatment plan which does not already form part of the patients agreed/existing care plan. This includes patients who have been referred for diagnostics, where a substantially new treatment plan is agreed with the patient.
- A patient is referred back into the service – for a new or existing* condition - having previously been discharged; *patients can self-refer back into the service for the same condition within 12 months of discharge from the service.
- When a decision is made to treat a patient following a period of Clinically Initiated Follow Up (CIFU - definition – see section 7.6).
- When a patient re-books their appointment, following the DNA of their first appointment.

- When a patient becomes fit and ready for the second of a consultant-led bilateral (affecting both sides) procedure.

- If, following a course of Physiotherapy/Osteopathy/MSK Podiatry, a decision is made by the clinician to direct the patient into/back into the community MSK service for alternative treatment on a different MSK pathway, a new consultant led 18 week RTT clock will start from the date the referral is received by the service.

- Similarly, if, following a discussion with an AP and the patient, a referral to hospital is necessary, a new 18-week RTT clock will start from the date the new referral is received by the Provider.

- Where a patient is assessed by an AP within the Community MSK Service and referred for Physiotherapy, Orthotics (the branch of medicine that deals with the provision and use of artificial devices such as splints and braces) or MSK Podiatry. In most cases, the start of definitive treatment will be initiated within this appointment. In the rare instances where this is not possible, the RTT clock will stop on the date of the patient's first Physiotherapy/Orthotics/MSK Podiatry appointment.

- Referrals directed to Physiotherapy, Orthotics or MSK Podiatry will start an Allied Health Professional (AHP) clock.

7.4.2 Referrals which do not start an RTT clock:

Where patients are triaged/referred by their GP direct to MSK Physiotherapy, Orthotics or MSK Podiatry this will start an AHP clock but not an RTT clock.

7.5 Clock Pauses

7.5.1 From 1 October 2015, there is no provision to pause or suspend an RTT waiting time clock under any circumstances.

7.6 Clock Stops

7.6.1 A period of time where a patient is not receiving active treatment may be clinician-led (CIFU) or patient-led (PIFU). It can be initiated by either the patient or clinician and will result in the RTT clock being stopped.

7.6.2 CIFU is where a patients' condition is being clinically monitored or a treatment plan observed, for a fixed and agreed period of time, without clinical intervention or diagnostic procedure led either by the clinician or the patient themselves – i.e. it covers periods of care where there is no (new) clinical intervention.

7.6.3 Where CIFU is considered clinically appropriate, this will not exceed 12 months. The period of active monitoring should be specified by the clinician and documented in the clinic notes and correspondence. Patients will be reviewed after the agreed period of clinician-led active monitoring normally by telephone to either agree a revised treatment plan or be discharged back to Primary Care or discharged to be self-managing if appropriate.

7.6.4 PIFU will be agreed with the patient during consultation and will result in the patient being discharged from the service with an agreement that they can self-refer back into the service for the same condition within 12 months of discharge as agreed with the clinician.

7.6.5 Where a patient returns to the service following a period of active monitoring, a new RTT clock will start.

7.6.6 The RTT clock stops when a patient receives the start of the first definitive treatment that is intended to manage the disease, condition or injury for which they were referred, with a view to avoiding further intervention. In an MSK setting, this may include advice and education, use of a device, fitting of an orthotic or other intervention, and can occur after consultation, results of diagnostic tests, or completion of surgery.

7.6.7 In order to correctly manage 18-week RTT time, and accurately identify the start of a patient's definitive treatment and subsequent RTT clock stop, clinicians must clearly define the agreed care/treatment plan and intentions. In particular, what constitutes the definitive treatment plan to manage the patient's condition at that point in time. It is the clinician's responsibility to clearly communicate this to the patient and their GP, and ensure it is clearly recorded on SystmOne to facilitate accurate RTT clock recording and to set clear expectations for the patient.

7.6.8 In general, clock stops for first definitive treatment within an MSK Service include the following scenarios:

- Advice and education where this constitutes part or the start of the treatment plan. Providing a bespoke exercise programme and advice about managing the condition can be the start of definitive treatment even if the patient is referred on for a guided/unguided injection.
- Therapeutic intervention (e.g. if this is part of the treatment plan to manage the condition then this should be commenced within the first appointment).
- Treatment as an inpatient or day case (clock will stop on date of surgery).
- Treatment/discharge within the outpatient setting (clock will stop on date of discharge).
- A diagnostic procedure which turns into a therapeutic procedure (i.e. ultrasound guided injection) or the fitting of a medical device (including orthotic fitting) where definitive treatment has not yet started.
- Pain relief administered as the definitive treatment for a condition.

7.6.9 Clock stops can also occur for non-treatment. In these circumstances, this must be clearly communicated to the patient and their GP, and the clock will stop on the date of the communication to the patient. Within an MSK Service, clock stops for non-treatment will include the following scenarios:

- Where it is considered clinically appropriate to return the patient to the GP for management in Primary Care.

- Where a clinical decision is made Not to Treat when considered in the best interest of the patient.
- Where a patient declines treatment, having been offered it.
- Where a decision is made to start a period of monitoring (CIFU or PIFU).

7.6.10 Multiple RTT periods may occur within a single patient pathway. Within an MSK Service, a new 18-week clock will start in the same patient pathway, following an earlier 18-week clock stop, only in the following scenarios:

- When a patient becomes fit and ready for the second of a consultant-led bilateral procedure.
- Upon the decision to start a substantively new or different treatment which does not already form part of that patient's agreed care plan.
- When a Decision to Treat is made following a period of monitoring (CIFU or PIFU).
- When a patient rebooks an appointment following the DNA of their first appointment.
- When a patient self-refers back into the service for an existing condition within 12 months.

8. Referrals to/from Secondary Care Providers

8.1 Where a patient is referred on to a secondary care provider (specialist services usually based in a hospital), either direct from triage or from the community service, responsibility for reporting and managing the patients' 18-week and 65-week RTT waiting time transfers to the secondary care provider, with effect from the date they receive the referral.

8.2 All MSK referrals directed to secondary care providers following the triage stage or following treatment in the community service, must be accompanied by an Inter-Provider Transfer (IPT) form which must include the Unique Patient Pathway Identifier.

8.3 All secondary care providers receiving referrals from ESMSK are required to clearly identify ESMSK patients on their Patient Administration System (PAS) using the Unique Patient Pathway identifier provided by ESMSK on the IPT form.

8.4 All secondary care providers are required to submit a monthly minimum dataset for all ESMSK patients to the ICB in order facilitate tracking of patients against 18-Week and 65-week RTT wait times.

8.5 All secondary care providers referring patients into ESMSK must ensure the referral is accompanied by a completed IPT form, including the Unique Patient Pathway Identifier containing the referrer organisation code (e.g. the ESMSK organisation code is RXC) which will allow both referrer and the MSK service to accurately track the patient throughout the full duration of their pathway.

8.6 In most cases, referrals from secondary care into the MSK service will fall into one of the following categories:

- Patients who have already received treatment and are being referred in for follow up or monitoring (e.g. Patient that has had surgery for their condition and has been referred back into our service for a follow up with the consultant). This will not start a new RTT clock unless a decision is later made to start a substantively new treatment which differs from the original agreed treatment plan.

- Patients referred in by a consultant for a new condition which has been identified whilst receiving treatment in secondary care for another condition. This will start a new RTT clock.

- Patients referred into the community service from a secondary care provider where intervention has not been undertaken. This may occur, for example, if the patient's condition changes or if the referral onwards was for a second opinion. Patients referred back to ESMSK without intervention will not start a new clock and the existing clock will continue as identified on the IPT form.

9. Direct Referrals to Secondary Care Providers

9.1 Agreed local sub-contractor hospital providers:

- Brighton and Sussex University Hospitals NHS Trust (BSUH)
- East Sussex Healthcare NHS Trust (ESHT)
- Horder Healthcare (HH)
- Maidstone and Tunbridge Wells NHS Trust (MT&W)
- Queen Victoria Hospital NHS Trust (QVH)

** and other hospitals (independent and NHS sector) available on the E-Referral Service (e-RS).*

9.2 For referrals to secondary care for elective orthopaedic procedures (e.g. hip replacement, knee replacement), ESMSK will manage the pathway of care in alignment with RTT timeframes, including diagnostic work up as appropriate.

9.3 From the point of receipt of referral and appropriate transfer of care from triage (using an IPT form and including the ESMSK Unique Patient Pathway Identifier), responsibility for tracking and reporting and managing the patient against 18-week RTT targets is transferred from ESMSK to the receiving Provider.

9.4 For referrals considered urgent, either by the referring clinician or through triage by the MSK Service, the patient will wait no longer than 3 days (from receipt of referral into MSK) to be referred to the most appropriate provider.

10. Management of Non-Admitted MSK Pathways

10.1 The ESMSK Service will manage the care of non-admitted patients according to the following general principles:

- Patients will be seen in order of clinical priority.
- Patients will be kept fully informed throughout the course of their care pathway.
- Any and all contact with the patient will be recorded on SystmOne.
- The MSK Service will operate a waiting list system taking patients in turn except in the case of emergencies.
- Patients will be offered appointments in date order to ensure equity of access, and cancelled slots will be offered first to the longest waiting patients, as opposed to the next 'routine' referral in.
- Patients should only be referred into the MSK Service if they are clinically appropriate for the service and the patient would like to be referred for assessment. All referrals should contain a robust clinical set of information which outlines the reason for referral, along with the relevant patient details, to ensure that patients are correctly triaged and allocated appropriate clinic slots, i.e. urgent or routine. All patients listed on the exclusion criteria on ESMSK's referral form will not be accepted in to the service.

11. Management of Referrals

11.1 The ESMSK Service will manage referrals according to the following general principles.

11.2 The service is able to receive referrals from GP Practices, other MSK clinicians, consultants and patient self-referral for all patients aged 16 years and older and who are registered with a GP within High Weald Lewes and Havens CCG (HWLH), Eastbourne Hailsham and Seaford CCG (EHS) and Hastings and Rother (H&R).

11.3 Patients with an existing condition who have been discharged from the MSK Service more than 12 months previously must be referred back in with a new referral. A new 18-week RTT waiting time clock will start from the date the new referral is received and will not be linked to the clock from the original referral.

11.4 Referrals should be sent to ESMSK via ERS

11.5 All referrals must be registered on SystmOne within 24 hours of receipt.

11.6 All referrals are triaged against the ESMSK Service Guidelines and Pathways identified on the ESMSK website.

11.7 Where referrals are missing clinical letters, diagnostics, etc., they will be placed on 'admin on hold' for a maximum of 3 working days for urgent patients and 5 working days for routine patients. On the day the referral is placed on hold, a PCA will contact the referrer via email using the ESMSK 'admin on hold' email proforma to obtain the missing data from the referrer.

The PCA will place the patient on the admin on holds waiting list. If the missing data is not sent by the refer within the above timescales, the referral will be returned and the patient discharged from the service.

11.8 A GP referral may be re-prioritised under the following conditions:

- Where the clinical decision is that the patient does not need a specialist opinion. This decision will be based on agreed pathway guidelines and redirected to the most appropriate pathway by an appropriate clinician at the point of triage.

- Where there is no clear clinical reason for a referral to be managed as an urgent case. In these cases, the patient will be contacted by telephone by a clinician to gain further information and to agree the most appropriate pathway for the patient.

11.9 A referral may be rejected under the following conditions:

- The patient presents with a condition that is out of scope for the MSK Service. These are outlined on the ESMSK website and include patients presenting with suspected malignancy (cancer), emergency or urgent pathways, or non-MSK conditions.

- The patient's current clinical needs are better met by another service – this decision must be made by an appropriate clinician.

- If a referral is deemed to be clinically inappropriate at triage, it must be sent back to the referring GP within one working day of the decision to reject with an explanation as to why and recommendation for onward referral where possible.

11.10 Booking confirmation correspondence (letter, SMS, email etc) in relation to appointments will be clear and informative and include a point of contact and telephone number to call if the patient has any queries, wants to change their appointment, or needs to cancel. The correspondence will also clearly explain the impact on the NHS of cancelling their appointment or failing to attend the clinic on the designated date and time (see Did Not Attend rules).

11.11 A reasonable offer for a routine appointment is defined as a date with at least 4 weeks' notice and 2 week's notice for urgent. Routine appointments can be booked without patient contact whereas for urgent appointments, all reasonable attempts to contact and discuss the proposed appointment with a patient must be made.

11.12 A patient can turn down an offer of a short notice appointment without it affecting their RTT clock.

11.13 A patient who declines 1 reasonable offer of an appointment date must be offered at least 1 further date without affecting their 18-week RTT waiting time clock.

11.14 Patient initiated delays through declining 2 reasonable offers (e.g. due to holiday/work commitments) may make achievement of an 18-week RTT time impossible or unreasonable. A patients 18-week RTT clock will be stopped when they decline two reasonable offers or

cancel 2 appointments. Both referring GP and patient must be made aware of the expectation for the patient to be willing and able to engage with a treatment plan within this timeframe.

11.15 Where patients are unable to commit to attending the service for social, work or other reasons, the following guidance will be followed:

- For patients wishing to delay no more than 6 weeks, these patients will be offered an appointment and the 18-week RTT clock will continue to tick. This should be noted on the patient record to identify that there has been a delay and for how long.

- For patients wishing to delay for 6 weeks or longer, these patients will be advised that they will be discharged from active care but can self-refer to the service within 12 months of the date they informed us. In these cases, the 18-week RTT clock will stop and a letter sent to the patient informing them of this with information on how to refer themselves and their GP informed.

12. Management of DNAs (Did Not Attends)

12.1 All ESMSK patients have the opportunity to agree or change their appointment time, date or location by contacting the service directly. In order to minimise DNAs, ESMSK applies the following:

12.2 DNA definition: A DNA will only be recorded if a patient contacts the service after their appointment slot has finished. A patient attending at any time during their appointment will be counted as a late arrival and may or may not be seen depending on how much time is left of their original appointment slot.

12.3 All appointments must be clearly communicated to the patient and this must be recorded on the patient record (SystmOne).

12.4 The DNA rules below do not apply to patients identified by a clinician as a vulnerable adult, those at clinical risk, those with population health needs, or a child - these patients should be actively managed and followed up by the service.

12.5 ESMSK will only refer these patients back to the care of their GP where there is a clinical need or where there is a concern that the patient's condition may deteriorate without intervention from their GP.

12.6 If a patient fails to attend their first scheduled appointment, their 18-week RTT waiting time clock will be nullified.

12.7 Upon a patient DNA an appointment, the clinician will review the patient's record and decide if it is appropriate to discharge the patient or whether (due to patient being at risk – see 12.4) they require re-booking. They will document this decision in the patient record.

12.8 If the clinician decides the patient should be re-booked, the patient will be contacted and offered an opportunity to re-book an appointment.

12.9 If the patient is discharged, a letter will be sent to the patient advising them that they have been discharged from the service but that they can self-refer themselves back to the service within 12 months for the same condition without the need for a new GP referral.

12.10 Where a patient contacts the service to rebook when they DNA their first appointment, a new RTT clock will start from the date the patients contacts the service to rebook their appointment.

12.11 Patients contacting the service after 12 months will need to return to their GP for a new referral.

13. Management of Cancellations

13.1.1 Appointments may be cancelled by the patient or service. The patient cancellation rules below do not apply to patients identified as a vulnerable adult, those with population health needs, those at clinical risk, or a child - these patients should be actively managed and followed up by the service.

13.1.2 Where a patient cancels a scheduled appointment, the patient must notify the MSK Service in advance of the appointment (preferably 48 hours to allow sufficient notice for the clinic time to be rebooked for another patient). The ESMSK service aims to offer an alternative appointment within 4 weeks of the original appointment date.

13.1.3 The rules regarding the declining of 2 reasonable offers of appointment also apply.

13.1.4 Appointments cancelled at any time *before* a patient's appointment will be treated as a patient cancellation.

13.1.5 ESMSK will only refer patients back to the care of their GP where there is a clinical need or where there is a concern that the patient's condition may deteriorate without commitment from the patient to attend the service.

13.1.6 ESMSK is committed to offering certainty to patients as well as choice in arranging their care. Every effort will be made to avoid cancelling patients' appointments.

13.1.7 18 week waiting time clocks will not be affected by the MSK Service cancellation of a clinic.

13.1.8 Cancellations must be kept to an absolute minimum and will be monitored on an ongoing basis.

13.1.9 Wherever possible, patients that have been previously cancelled should not be cancelled a second time.

13.1.10 If an appointment is cancelled by ESMSK for non-clinical reasons, a new appointment must be booked within 4 weeks, and with reasonable notice.

13.1.11 In order to minimise cancellation of clinics, a minimum 6 weeks' notice must be given of planned annual leave, professional or study leave. This applies to all clinical personnel working within ESMSK.

14. Management of Diagnostics

14.1.1 Diagnostic tests must be performed, and the results reported within 6 weeks of the date of the request for the test, to ensure delivery of the national operating standards.

14.1.2 The DNA and Cancellation Rules as above apply to diagnostic patients, with the exception of vulnerable adults and children.

14.1.3 Diagnostics must take into account a patients' existing RTT clock waiting time when appointing for tests, as it may require a patient to be seen sooner than the 6-week maximum waiting time for a diagnostic.

14.1.4 Where a diagnostic test result triggers a substantially new treatment plan to the one initially agreed with the patient, this will start a new RTT clock.

14.1.5 Radiology providers will follow their own local access policy. The majority of radiology referrals for ESMSK are managed by the Medical Imaging Partnership (MIP) and East Sussex Healthcare Trust (ESHT). Please refer to provider access policies.

15. Clinical Thresholds and Individual Funding Requests (IFR)

15.1.1 Clinically Effective Commissioning (CEC) are medical treatments where the evidence of clinical and/or cost effectiveness is limited, and patients must meet agreed thresholds in order to meet onward referral criteria.

15.1.2 Individual Funding Requests are managed under the local ICB funding request process to approve funding for healthcare/procedure for an individual which is considered appropriate but falls outside the normal range of services and treatments that the organisation has agreed to commission.

15.1.3 All referrals into the service will be managed according to the local CEC thresholds. Where patients do not meet the criteria for onward referral, alternative conservative options will be offered.

15.1.4 In a small number of cases where patients do not meet CEC thresholds but there is a strong clinical case to support a referral, the case should be escalated for a decision via an IFR. In

these circumstances the relevant MSK service clinician should inform the patient, complete the relevant documentation required by the CCG in full, and submit it to the IFR panel for approval.

15.1.5 The CCG will ensure the request is dealt with promptly to avoid unnecessary delay to the patient's Referral to Treatment waiting time clock. The patient's RTT clock will continue unaffected during this time.

15.1.6 If a request for a procedure is refused, the patients RTT clock will be stopped on the date the patient is notified of the decision. The RTT code applied will be "Decision Not to Treat". Admin must ensure that detailed information regarding the Exceptional Treatment case circumstances is clearly recorded on SystmOne.

15.1.7 Where funding approval is required for a treatment or procedure, the patient will not be placed on a waiting list until approval is obtained from the ICB.

16. Management of Admitted Pathway

16.1 Patients admitted to hospital will follow the local access policy as agreed by the secondary care provider.

17. Training and Education

17.1 All new medical and clinical staff must receive appropriate training regarding RTT rules and their responsibilities. Evidence of training must be documented within the local induction period.

17.2 All waiting list administrators, clinic staff, secretaries and booking staff are required to have regular RTT awareness training relative to their role and responsibilities within the patient pathway management process.

17.3 Some staff will receive additional and ongoing training adjusted to their roles, as and when needed.

17.4 This Access Policy and RTT Roles and Responsibilities within ESMSK will be supported by initial training at new starter induction, with ad-hoc updates to reflect changes to national and local guidance, and annual refresher training as a minimum standard.

17.5 All staff are expected to comply with the ESMSK Access Policy.

17.6 Regular monitoring of both employee and service performance against this policy will ensure compliance with standards, efficient use of resources, and best quality service to patients.

17.7 In the event of non-compliance, a resolution should initially be sought by the team, specialty or individual's line manager. The matter should then be dealt with via the relevant disciplinary or capability procedure.

18. Monitoring Compliance and Reporting

18.1 Weekly patient tracking lists will be produced by the BI Lead and/or made available to managers at ESMSK. It is the responsibility of the BI Lead to run a programme of audits for data completeness and anomalies.

18.2 Appropriate information on current waiting times, 18-week RTT performance, trends and trajectories, will be produced by the BI Lead for routine distribution to ESMSK Leadership Team.

18.3 Weekly/Monthly/Quarterly national data (including RTT) will be submitted to the Department of Health by ESHT as required.

18.4 The Head of Informatics from ESHT is responsible for ensuring that adequate staffing is in place to ensure Department of Health Data return deadlines are met.

18.5 The Information Lead from ESHT is responsible for ensuring that all 18-week data returns are signed off prior to submission to the Department of Health.

18.6 For the community MSK service, the Operations and Performance Oversight Group (OPOG) is responsible for the functional and operational delivery of operational standards, including the RTT patient pathway. The MSK OPOG is reportable and accountable to ESMSK's Integrated Performance Review (IPR).

18.7 The IPR is reportable and accountable to the ESMSK MSK Partnership Group – the ultimate point of escalation and accountability for service operational and performance standards.

18.8 Adherence to the policy for hospital and community based services is managed through the monthly Quality, Safety and Governance Oversight Group.