NHS HIGHLAND REVISED LOCAL ACCESS POLICY

Report by Margaret Brown, Head of Service Planning & Donna Smith, Divisional General Manager, Patient Services, Raigmore

The Board is asked to:

- **Review** the revised Local Access Policy.
- **Agree** any required amendments.
- **Approve** it to be checked for legal compliance with the Patient Rights Act (2011).
- **Agree** to its publication on the NHS Highland website.

1 Background

As a result of the introduction of The Patients Rights Act (2011) the existing Local Access Policy for NHS Highland needs to be revised. The Patients Rights Act (2011) stipulates in Sections 8 – 13 that from 1 October 2012 all eligible patients requiring inpatient or daycase treatment are to start treatment within 12 weeks of the patient and clinician jointly agreeing that the treatment is to take place.

The following services are excluded from the TTG.
- Assisted Reproduction
- Obstetric Services
- Organ, tissue or cell transplantation
- Designated national Specialist Services for Spinal Scoliosis
- Treatment of injuries, deformities or disease of the spine by an injection or surgical intervention – exemption only until October 2013

CEL(2012)32: Patient Rights (Scotland) Act 2011 – Treatment Time Guarantee Guidance and CEL(2012)33: Delivering Waiting Times were published in August 2012 to provide Boards with clarity on the implementation of the Act to ensure consistency of measurement and approach in providing access to services. This includes setting this in the context of the other national waiting times standards i.e. 90% of patients to be treated within 18 weeks of referral; no patient to wait more than 12 weeks for their first outpatient appointment and no patient to wait more than 6 weeks for one any one of the 8 key diagnostic tests. The 31 day and 62 day Cancer targets remain unchanged. In addition NHS Boards will be expected to continue to achieve the cataract standards of 9 weeks for Assessment and 9 weeks for Treatment.

The CELs were also underpinned by the publication of
- NHS Scotland’s National Access Policy.
- Effective Patient Booking - NHS Scotland Guidance.

The national regulations and directions require every NHS Board to have an agreed Local Access Policy, which has been legally checked for compliance with the Act, before being published on their website. In particular, each NHS Board’s Local Access Policy must contain clear policy on the following:-

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Highland NHS Board
4 June 2013
Item 5.4
The definition of a reasonable offer, including locations where treatment may be reasonably undertaken; and that a patient may be seen or treated by any competent clinician who is part of the consultant-led service in the relevant speciality.

This has been addressed in Sections 6.1.6 and 6.2.4

The impact on a patient’s waiting time if they register their arrival for an appointment but then do not wait to be seen.

This has been addressed in Section 7.4.3

2 Implications

This is the first major revision to NHS Highland Local Access Policy since it was first published in 2009 and therefore incorporates recent changes in practice as well as those required by the Patient Rights Act (2011). The main differences from the previous policy are:

- Increased requirement for electronic referral to reduce risk and improve monitoring of patient’s pathway.
- Specific definition of a reasonable offer.
- Nationally agreed, detailed categories of patient unavailability that does not count as part of a patient’s calculated waiting time against the relevant national targets.
- A very comprehensive framework of written communication with patients regarding the Treatment Time Guarantee which is a significant increase on current practice.
- The removal of the Implied Acceptance process for booking admissions and daycases. This was stopped as an acceptable booking method on the introduction of the Treatment Time Guarantee. This means that when we write to offer a patient a date we can no longer assume that the patient has accepted the date after a fixed period of time. The patient would have the right to contact us at any time prior to the offered date, and refuse that date, which would only count as the first of the 2 offers required to make a “reasonable offer” to the patient. The letter providing the first offer encourages the patient to get in touch immediately if the date is not suitable, to give us enough time to offer a second date with reasonable notice before the TTG date.

3 Patient Discussion

The draft policy was discussed at Raigmore Patient’s Council on 14 May 2013 and was well received. The main points raised were

- They want Patient Focussed Booking to be our recognised way of booking appointments for all appropriate clinics as this would reduce the problem associated with late postal delivery in those specialities which still use written offers of appointment.
- They would like the reminder service to be available for all appropriate appointments.
- They emphasised the importance of referrals including Additional Support Needs.
- They were supportive of the clarity of rules for management of patients who could not or did not attend appointments, on the basis that the clinician has the ability to keep the patient on the waiting list.

4 Clinical Discussion

The draft policy is to be discussed at the Area Clinical Forum on 30 June 2013 and verbal feedback from this meeting will be given to the June Board meeting.
5 Contribution to Board Objectives

The effective and efficient management of waiting times contributes to the delivery of the HEAT Access targets for elective patient activity. This policy will contribute to reduce waiting times for patients and improved communication to patients which also improves the quality of the service they receive.

6 Governance Implications

**Staff Governance** – The agreed revised policy will be communicated to all relevant staff and on-going training will continue to ensure that the procedures which underpin this policy are adhered to.

**Patient and Public Involvement** – Raigmore Patients Council have provided feedback on the draft policy and this is contained in this paper. The policy sets the framework for more open and transparent communication to patients regarding the impact of their actions on their waiting times. As a result of the policy, patients with additional support needs should have these recorded in their referral to hospital to allow these to be taken into account when booking attendance at hospital, and accommodated when attending hospital and receiving treatment.

**Clinical Governance** – Accurate recording of patient’s waiting times ensures patients are treated as soon as possible, in accordance with clinical need and “in-turn”.

**Financial Impact** – Accurate recording and effective management of waiting lists may reduce the need for additional work to be undertaken locally at enhanced payment rates. However in circumstances where we cannot meet the TTG locally, patients wishing to accept the offer of treatment outside NHS Highland will incur additional costs for NHS Highland.

7 Risk Assessment

Waiting Times are identified in the Corporate Risk Register under the following items

- 4: Difficulty in measuring effectiveness and quality of interventions and services (Medium risk)
- 14: Failure to meet HEAT targets (Medium Risk)

Waiting Times have been part of the Internal Audit plan for the last 2 years and is included again for 2013/14. It is expected that the remit for this will again be set nationally for all Boards to address.

8 Planning for Fairness

An EQIA has not yet begun as we are awaiting feedback from the National Access Team to confirm what work has already been undertaken at a national level. The majority of the Local Access Policy is based on national Regulations and Directions and includes the legal requirements of the Patients Rights Act (2011). Once this is received, it is planned to complete the local EQIA and if necessary a further paper will be presented to the Board.

Margaret Brown, Head of Service Planning/  
Donna Smith, Divisional General Manager, Patient Services, Raigmore

24 May 2013
NHS HIGHLAND LOCAL ACCESS POLICY

<table>
<thead>
<tr>
<th>Policy eLibrary Reference No:</th>
<th>Date of Issue:</th>
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<tbody>
<tr>
<td></td>
<td>Date of Review: 1st October 2013</td>
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| Prepared by: Margaret Brown, Head of Service Planning Donna Smith, Divisional General Manager, Patient Services, Raigmore |
|-----------------------------|--------------------------------------------------|
| Lead Reviewer: Margaret Brown, Head of Service Planning |
| Ratified by:                | Date Ratified: |
| EQIA: Not yet but plan to undertake once national work is available. |
| Effective From: 1st October 2012 |

<table>
<thead>
<tr>
<th>Applicable to the following staff: General Practitioners, Practice Managers, Secondary Care Clinicians, Administration staff, Service Leads and Senior Managers.</th>
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<tbody>
<tr>
<td>Patients in scope: All patients attending acute secondary care for planned outpatient, diagnostic, day-case and inpatient treatment. This excludes obstetrics, mental health services and community based services.</td>
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Linked Strategic Policy and Legislation

- Patient Rights (Scotland) Act 2011
- The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012
- The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2012
- Effective Patient Booking for NHS Scotland
- Armed Forces CEL 39 (2010)
- Armed Forces CEL 3 (2009)
- Armed Forces CEL 8 (2008)
- Adult Exceptional Aesthetic Referral Protocol CEL 27 (2011)

Distribution

- Non Executive Board Members
- Chief Executive
- Chief Operating Officer
- Medical Director
- Associate Medical Director
- Clinical Dental Director
- Nurse Director
- Head of Service Planning
- Head of Communications
- Directors of Operations
- Divisional General Managers
- Service Managers
- NHS Highland Internet Webpage

Those named above will distribute in accordance with their management responsibilities.
1. **PURPOSE OF THE POLICY**

The NHS Highland access policy aims to ensure:-

- Patients’ interests are paramount and that they are provided with clear, accurate and timely information at each stage in their pathway.
- Consistency of approach in providing access to acute secondary services.
- Efficient and effective receipt, triage and onward management of referrals received.
- Robust waiting list management to take cognisance of clinical need, length of wait and national waiting time standards.
- The booking process consistently applies the principles of effective patient focused booking practice to all new and return outpatient appointments and diagnostic appointments.
- Efficient management of patients changed appointments and failures to attend.

All of the above are in line with the Patient Rights (Scotland) Act 2011 and all relevant national guidance and regulations (detailed in the policy header). These support the national ambition to deliver person centred, safe and effective healthcare services, and our local mission to improve the quality of our care to every person every day.

*An expanded version of this document is under development, detailing the operational procedures and reports that are in place to support the delivery and performance monitoring/management of this policy.*

2. **CONTENTS**

The policy has been structured around the patient’s pathway and has been divided into the following sections.

- Referral to Acute Secondary Care Services
- Referral Management
- Waiting List Management
- Booking
- Attendance
- Communication
3 REFERRAL TO ACUTE SECONDARY CARE SERVICES

3.1 All General Practitioner referrals will be submitted electronically via the SCI-gateway. All referrals will be “open” referrals (Dear Dr) unless there is a clear requirement for a sub-specialty or in the interest of continuity of care. In these limited number of instances referrals will be to a named clinician.

3.2 All Independent Practitioner referrals (e.g. General Dental Practitioners, Optometrists etc) will be submitted manually. This will continue until national access to the SCI-Gateway system is secured. Appendix 1 details the requirements for manual referral.

3.3 All Consultant referrals to a Secondary Care Consultant will be submitted electronically within NHS Highland.

3.4 Referrals from the National Screening Programmes (Cervical, Bowel and Aneurism) will be submitted electronically via the SCI-gateway. Patients from the Breast Screening Programme will be referred following assessment at the Breast Multi-Disciplinary Team.

3.5 All referrals for patients who have attended an Emergency Department, Minor Injury Unit or walk-in centre and require access to planned care will be submitted electronically.

3.7 Patient self referrals will not be accepted for new episodes of consultant-led care.

The Local Access Policy will be revised to include a policy statement regarding referrals from Allied Health Professionals once the current relevant national reviews are completed. Until then existing practice will continue.

4. REFERRAL MANAGEMENT

4.1 All referrals marked urgent or urgent suspected cancer (USC) will be clinically triaged daily.

4.2 All Urgent Suspected Cancer referrals will be automatically extracted from the ISoft system onto the Cancer Tracking Tool and the patient’s journey monitored by the Cancer Patient Pathway Co-ordinators in accordance with the Cancer Waiting Times Management procedures.

4.3 All other referrals will be clinically triaged and returned to the Booking Service within 7 days. Routine referrals may be upgraded to Urgent/USC following triage.

4.4 Any referrals identified as avoidable by the triage clinician will be returned to the referring clinician detailing the reasons behind the decision within 7 days.

4.5 The outcome of the triage process will be recorded electronically within 24 hours of the completion of clinical triage.

With the implementation of the new patient management system planned to be introduced in October 2013 the aim will be to update this policy to state that all referrals are triaged electronically. This will require the development of a interface between NHS GG&C and NHS Highland new PMS system if this is be available within Argyll and Bute.
5 \hspace{1cm} \textbf{WAITING LIST MANAGEMENT}

5.1 The decision to add a patient to the waiting list must be made by an appropriately qualified clinician. Patients must be fit, willing and available to attend hospital before they are added to the waiting list.

5.2 All patients should be admitted on day of procedure unless clinically inappropriate.

5.3 Day surgery will be assumed unless there is a clinical indication for the patient to be treated as an inpatient.

5.4 All patients, with the exception of minor procedures, will have a completed pre-operative assessment prior to addition to the waiting list. The start of the waiting time for the Treatment Time Guarantee will be the date the patient and consultant agreed the treatment, usually the date of the outpatient clinic, regardless of when the pre-operative assessment is undertaken.

5.5 If a patient is \textbf{unavailable} to attend hospital for appointment or treatment for any period(s) of time, this will be recorded on the waiting list. Their calculated waiting time against any relevant waiting times target will not include the period(s) that they are unavailable. There are 2 main categories of unavailability – Medical and Patient-advised.

5.5.1 Medical unavailability will only be applied where a registered medical practitioner has advised that the patient has another medical condition that prevents the agreed treatment from proceeding at that time.

5.5.2 Patient-advised unavailability is any period advised by the patient that they are unavailable for appointment or treatment. This will be recorded as one of the nationally agreed categories detailed in Appendix 2.

5.5.3 Patient advised unavailability – “Visiting Consultant Service” will be applied where a patient waiting for an outpatient or a diagnostic appointment chooses to wait longer than their guarantee date to be seen at a scheduled clinic nearer their home, rather than travel to a main Highland hospital (or one in NHS Greater Glasgow & Clyde for Argyll & Bute residents) and be seen by their guarantee date. The patient advised unavailability will be applied from the earliest date available to the patient to the date of the appointment at their preferred site.

5.5.4 Any patient with unavailability applied will be reviewed within 12 weeks of the start of the unavailable period, and every 12 weeks thereafter, where applicable.

5.5.5 No open-ended periods of unavailability, either for patient-advised or medical, will be applied to patients on the waiting list. If the end date is unknown, then a maximum of 12 weeks should be recorded as the end date, at which point the situation will be clinically reviewed.

5.5.6 No unavailability will be applied to any patient who has passed their Treatment Time Guarantee date. Any notified periods of unavailability will be recorded for booking purposes but will not affect their waiting time calculation.

5.6 Patients can only be removed from the waiting list on the advice of an appropriately qualified medical practitioner within the relevant specialty. Following a removal,
written communication confirming the removal must be sent to the patient (or the patient’s carer) and the referring clinician, detailing the reasons for the removal.

6. **BOOKING**

6.1 **Booking - Outpatient and Diagnostic Services**

There are currently three methods of booking outpatient appointments in NHS Highland.

The Patient Focused Booking method is where a letter is sent to a patient inviting them to make contact to make suitable arrangements for their appointment.

The “Written-Offer” method is where a patient is sent a letter offering them an appointment date and the acceptance of that date is assumed unless the patient makes contact to advise us that it is not suitable.

The Telephone Booking method is where arrangements for the appointment are made by telephoning the patient. This method is most commonly used where there are very short waiting times such as in Diagnostic Services, short notice appointments, or for clinically urgent patients.

**Policy**

6.1.1 To migrate all outpatients currently booked using the “Written-Offer” method to the Patient Focused Booking method.

6.1.2 To roll out the option of a reminder and confirmation service for all booked appointments more than 7 days in advance.

6.1.3 An agreed template is in place for every clinic which must be reviewed annually.

6.1.4 All planned clinics will be notified to the relevant booking service no later than 6 weeks before the clinic is planned.

6.1.5 All patients managed through the patient focused booking method will received their initial contact letter no later than 3 weeks after the receipt of the initial referral. Failure to respond within 7 days will result in the issue of a second contact letter. Failure to respond to the second within a further 7 days will result in a clinical review of the appropriateness of removal from the waiting list. Patient-advised unavailability will be applied from the date that the second letter is sent to the date the patient makes contact with the service, or the date that the patient is removed from the waiting list. This is the only instance when unavailability will be applied retrospectively.

6.1.6 All patients will be made a reasonable offer of appointment for acute secondary care specialties available within NHS Highland, detailed in Appendix 3. An offer will be deemed reasonable if all of the following conditions are met:-

- The offer consists of two or more different dates with a minimum of 7 days notice from the date each offer of appointment is made. Patient’s contacted using the Written Offer method of booking will be assumed to have accepted the first offer if they have not made contact within 14 days to notify the service that it is not suitable.
The appointment is located at any appropriate healthcare facility within the boundary of NHS Highland. For Argyll and Bute residents, the location will also be deemed reasonable within the boundaries of NHS Greater Glasgow and Clyde. In exceptional circumstances locations in NHS Greater Glasgow and Clyde, NHS Grampian and NHS Lothian; the Golden Jubilee National Hospital; and the independent sector will also be deemed as reasonable for any NHS Highland resident. E.g. significant loss of local facilities or long term consultant vacancies that cannot be covered. The Board will be formally notified if any these exceptional circumstances occur and locations deemed as reasonable will be pulled back to the normal definition as soon as local services can be reinstated. This supports the national guidance expectation that Boards take account of the policy of providing and protecting local services as much as possible.

The appointment is to be undertaken by any competent clinician who is part of the consultant-led service within the appropriate specialty.

6.1.7 If a patient refuses a reasonable offer on the grounds of date, location or Consultant, they will be clinically reviewed and based on this decision either referred back to their referring clinician or a further offer may be made meeting the patient’s preference. In this instance, unavailability will be applied from the date of the original offer until the date of the patient’s preference. Refusal of a short notice offer does not affect the patients waiting time.

6.1.8 A minimum of 6 weeks’ notice is required for clinic changes related to annual leave, study leave and special leave. Any exceptions to this must be authorised electronically by the appropriate Senior Manager.

6.1.9 All patients affected by cancellation of a clinic will be notified in writing if the hospital is providing 1 week or more notice of the cancellation or by telephone if it is less than this. Every attempt will be made to offer the patient an alternative prior to their guarantee date.

6.1.10 A patient who having accepted a reasonable offer of appointment, then gives the hospital more than 24 hours notice that they cannot attend, will be recorded as “cannot attend” (CNA) and have their waiting time reset to zero from the date of notification. They will be offered an alternative date within their revised guarantee time, where it is reasonable and clinically appropriate to do so. Any patient, who notifies on three occasions that they cannot attend, having accepted a reasonable offer, will be clinically reviewed and either removed from the waiting list or offered an alternative date.

6.1.11 A patient who having accepted a reasonable offer of appointment, then gives the hospital less than 24 hours notice that they cannot attend, will be recorded as “did not attend” (DNA) and will be managed as described in Section 7.1.

6.2 Booking - Admissions

There are currently two methods of booking admissions in NHS Highland.

The “Written-Offer” method is where a patient is sent a letter offering them an admission date. Patients are advised to make contact to confirm their acceptance of the offered date or to agree an alternative.

The Telephone Booking method is where arrangements for the admission are made by telephoning the patient. This method is most commonly used where arrangements are made
within a very short timescale such as short notice cancellations, or for clinically urgent patients.

**Policy**

6.2.1 To introduce a reminder system for patients who have not responded to a written offer.

6.2.2 To roll out a reminder and confirmation service for all booked admissions more than 7 days in advance.

6.2.3 All planned routine admissions will be notified to the waiting list team no later than 3 weeks before the admission is planned. All urgent patients will be notified at the earliest opportunity.

6.2.4 All patients will be made a **reasonable offer** of admission for acute secondary care specialities available within NHS Highland, detailed in Appendix 3. An offer will be deemed reasonable if all of the following conditions are met:-

- The offer consists of two or more different dates with a minimum of 7 days notice from the date each offer of appointment is made. 7 days notice will be given if a verbal offer is made and 14 days notice will be given if a written offer is made. Both dates must be prior to the patient’s Treatment Time Guarantee date.

- The admission is to any appropriate healthcare facility offering the service within the boundary of NHS Highland. For Argyll and Bute residents, the location will also be deemed reasonable within the boundaries of NHS Greater Glasgow and Clyde. In exceptional circumstances, locations in NHS Greater Glasgow and Clyde, NHS Grampian and NHS Lothian; the Golden Jubilee National Hospital; and the independent sector will also be deemed as reasonable for any NHS Highland resident. E.g. significant loss of theatre or bed capacity; long term consultant vacancies that cannot be covered. The Board will be formally notified if any these exceptional circumstances occur and locations deemed as reasonable will be pulled back to the normal definition as soon as local services can be reinstated. This supports the national guidance expectation that Boards take account of the policy of providing and protecting local services as much as possible.

- The admission is to be undertaken by any competent clinician who is part of the consultant-led service within the appropriate specialty. This may not be the same clinician who carried out the outpatient assessment.

6.2.5 If a patient refuses a reasonable offer on the grounds of date, location or Consultant, they will be clinically reviewed and based on this decision either referred back to their referring clinician or a further offer is made meeting the patient’s preference, although this cannot be guaranteed for any patient. In this instance, the relevant patient-advised unavailability code will be applied from the date of the original offer until the date of the patient's preference.

6.2.6 Any admission cancelled by the hospital will result in the patient being notified in writing if the hospital is providing 1 week or more notice of the cancellation or by telephone if it is less than this. Every attempt will be made to offer the patient an alternative prior to their guarantee date.

6.2.7 A patient who having accepted a reasonable offer of admission, then giving the hospital more than 24 hours notice that they cannot attend, will be recorded as
“cannot attend” (CNA) and have their waiting time reset to zero from the date of notification. They will be offered an alternative date within their revised guarantee time, where it is reasonable and clinically appropriate to do so. Any patient who notifies on three occasions that they cannot attend will be clinically reviewed and either removed from the waiting list or offered an alternative date.

6.2.8 A patient who having accepted a reasonable offer of admission, then giving the hospital less than 24 hours notice that they cannot attend, will be recorded as “did not attend” (DNA) and will be managed as described in Section 7.1.

7. ATTENDANCE

7.1 Any patient who fails to attend on the day of their outpatient appointment or agreed admission date or provides less than 24 hours prior to their agreed time will be deemed to have failed to attend their appointment i.e. Did Not Attend (DNA). Every patient who is classified as a DNA and had a reasonable offer of appointment will be reviewed by the clinician and will either:-

a) Be offered a further appointment and have their clock reset to zero, where it is reasonable and clinically appropriate to do so,

OR

b) Be removed from the waiting list and be notified of this together with their referring clinician. For under 16’s and vulnerable adults, communication will follow the GIRFEC (Getting it Right for Every Child) procedure.

The exception to this is that a clinician may choose to not reset the clock of a patient who requires urgent treatment.

7.2 A blue clinic outcome form will be completed at the end of every outpatient consultation by the responsible clinician. Information captured on this form will be input to the patient administration system within 24 hours of the consultation (Monday – Friday).

7.3 Any patient, either outpatient or admission, where a follow up appointment is identified as being required within 6 weeks should be processed prior to the patient leaving the hospital. Any patient, either outpatient or admission, where a follow up appointment is identified as being required after 6 weeks should be added to an electronic waiting list.

7.4 Any patient whose consultation or treatment does not take place as planned will be managed as follows:-

7.4.1 Hospital cancellation due to facility or resource constraint – the patient will be issued an agreed alternative date before leaving the hospital. The reason for the cancellation will be recorded on the patient administration system and there will be no clock adjustment to the patients waiting time.

7.4.2 Hospital cancellation due to patient’s fitness for treatment – The reason for the cancellation will be recorded on the patient administration system and medical unavailability will be applied to the patient’s waiting list record in accordance with the Standard Operating Procedure.

7.4.3 Patient has registered their arrival for an outpatient appointment but then cannot wait to be seen – If the clinic is running late and the appointment has been delayed longer than the patient could reasonably be expected to wait, then this will be recorded as a hospital cancellation and managed as detailed
in 7.4.1. If there is a minor delay, and the patient is notified of this on arrival, but is not willing to wait a short period of time, then this will be recorded as a CNA (could not attend) and managed as detailed in 6.1.10.

7.4.4 Patient/carer/responsible adult refuses planned treatment on admission – Clinician led discussion will decide on whether the patient will be removed from the waiting list as no longer wishing treatment or will have “patient advised unavailability – indefinite unavailability” applied to allow them to consider whether to proceed. This will be managed as described in Section 5.5.5.

8. COMMUNICATION

8.1 Communication from Patients

8.1.1 Patients should inform their GP/GP Practice of any changes to their registration information (Appendix 4).

8.1.2 Patients on a waiting list for consultation or treatment should inform the hospital of any periods of known unavailability as soon as possible.

8.1.3 Patients should inform the hospital with as much notice as possible if they cannot attend an appointment or an agreed admission date.

8.1.4 Patients who no longer wish to have their outpatient appointment or admission should advise their GP, the hospital and the Scottish Ambulance Patient Transport Service, if transport has been arranged.

8.2 Communication to Patients

Patients will receive communication in accordance with national legislation CEL 32 (2012) and CEL 33 (2012).

NHS Highland will advise Treatment Time Guarantee patients (or where appropriate the patient’s carer) in writing when:

- The patient is eligible for the Treatment Time Guarantee;

- The patient has advised us that they are unavailable for treatment for a known period, noting the start and end date of that period and, where appropriate, noting the anticipated date when the patient will be reviewed;

- The patient has refused two or more reasonable offers of an appointment;

- The patient does not attend an agreed appointment and has not given the health board reasonable notice of this (Did Not Attend);

- The patient has accepted a reasonable offer of appointment but then has on three or more occasions cancelled an appointment (Could Not Attend);

- The patient has been removed from the waiting list, for example, because the patient Did Not Attend or Could Not Attend;
To confirm the patient’s request to be treated in a different Health Board

We are unable to meet the Treatment Time Guarantee within NHS Highland.

It is planned to develop system capability to allow this communication to be sent electronically or by traditional post depending on the patient’s preference.
APPENDIX 1: GUIDELINES FOR MANUAL REFERRAL

1. Referral information should be accurate, clinically relevant, timely and complete.

2. Patient's up to date information (Name, contact address, Date of Birth, Community Health Index (CHI), telephone numbers including Mobile, and e-mail, should be provided.

3. It should be clear what is being sought e.g. Clinical opinion, diagnosis, advice on management etc.

4. A concise summary of all relevant clinical information.

5. It should include details of any investigations carried out, any treatment provided or started, together with the outcomes of any treatment.

6. Referrer’s assessment of the level of Clinical Urgency.

7. The patient’s willingness to be seen at short notice (within days).

8. Any period(s) of known unavailability by patient.

9. When referring patients who cannot understand or give consent for their own treatment, the referrer must provide details of who has the ability to act on behalf of the patient.

10. Referrers should identify any special communication or other requirements their patients may have and detail these on the referral letter (e.g. literacy problems, learning difficulties, communication difficulties, need for interpretation services, religion (if linked to treatment), or other special requirements. Any other issues to support equality and diversity should be highlighted.
## Nationally agreed categories

| 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 |
| Patient Advised - ‘Visiting Consultant Service’ – wishes to be seen at next scheduled service within Health Board of residence |
| Patient Advised - following severe weather cancellation of Visiting Consultant Service, wishes to be treated within local Health Board |
| Patient Advised - indefinitely unavailable   |
# APPENDIX 3: SPECIALITIES AVAILABLE WITHIN NHS HIGHLAND

## Highland Based Services

<table>
<thead>
<tr>
<th>Speciality</th>
<th>Northern Highland</th>
<th>Argyll &amp; Bute CHP</th>
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<tr>
<td></td>
<td>Admissions</td>
<td>Outpatients</td>
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<tr>
<td>General Medicine</td>
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APPENDIX 3: PATIENTS REGISTRATION DETAILS

- Surname
- Forename
- Title
- Date of Birth
- Gender
- Marital status
- Maiden Name
- Occupation
- Permanent Home Address
- Home, Work and Mobile Telephone Numbers
- Email address
- Next of Kin - Name, Address and Telephone numbers
- Ethnic origin
- Spiritual care