

NHS Highland Local Access Policy

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28/05/2026	1		New document

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

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1. PURPOSE OF THE POLICY

The NHS Highland Local Access Policy outlines how NHS Highland will apply the NHS Scotland [National Access Policy](#).

NHS Highland, along with all Boards in Scotland, works to the following waiting times standards:

- 6 weeks for the 8 key diagnostic tests and investigations
- 12 weeks for a new outpatient appointments (for 95% of patients)
- 12 weeks treatment time guarantee
- 18 weeks for a new outpatient appointment, diagnostic test (if required) and treatment (if appropriate) for 90% of patients

All Boards across Scotland will work to this guidance, ensuring a “Once for Scotland” approach to waiting times for secondary care health care services. This will ensure consistency and equity of access for patients and staff across Scotland.

How NHS Highland will apply the Access Policy is outlined within this document. Section 3 highlights the aims of the policy and Sections 4-9 describe the steps that will be taken by NHS Highland in implementation.

2. SCOPE AND EXCLUSIONS

This policy applies to the following staff groups:

- General Practitioners, Practice Managers, Secondary Care Clinicians, Administration staff, Service Leads and Senior Managers.

The policy applies to the following patient groups:

- All patients attending acute secondary care for planned outpatient, diagnostic, day case and inpatient treatment. These principles also apply to Mental Health services.

3. LOCAL ACCESS POLICY AIMS

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 and equity of approach in providing access to acute secondary services.
- Efficient, equitable 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 outpatient appointments and diagnostic appointments.
- Efficient management of patients changed appointments and failures to attend.

This supports the local and national ambition to deliver person centred, safe, equitable and effective healthcare services, and our local mission to improve the quality of our care to every person every day. Several Standard Operating Procedures (SOPs) have been developed to date to underpin the delivery of this policy and performance reports are in place to review compliance. Both the SOPs and Reports will continue to be developed to support the needs of the service.

4. REFERRAL TO ACUTE SECONDARY CARE SERVICES

- 4.1 All General Practitioner referrals and Independent Practitioner referrals, including from National Screening programmes, will be submitted electronically where possible via the SCI-Gateway (or other electronic means). All referrals will be issued to the service rather than a named clinician.
- 4.2 All Consultant referrals to a Secondary Care Consultant will be submitted electronically within NHS Highland.
- 4.3 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 from the service the individual presented at.
- 4.4 Patient self-referrals will not be accepted for new episodes of acute level consultant-led care.

5. REFERRAL MANAGEMENT

- 5.1 All referrals marked urgent or urgent suspected cancer (USC) will be clinically triaged daily.
- 5.2 All Urgent Suspected Cancer referrals will be automatically extracted from TrakCare PMS 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.
- 5.3 All referrals will be clinically triaged within 7 days of receipt of referral utilising Active Clinical Referral Triage (ACRT) processes within each specialty.

- 5.4 The triage process may identify a required change in the urgency categorisation of the referral, this may be communicated with the referring clinician.
- 5.5 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.
- 5.6 All referrals electronically following the e-vetting process, all acute services using TrakCare PMS will be expected to move to this process by (date to be decided)
- 5.7 Referrals that remain unvetted over 3 days for Urgent / USC and 7 days for all other referrals will be monitored and flagged with the Service in weekly reports for immediate action.

6. WAITING LIST MANAGEMENT

- 6.1 The decision to add a patient to the outpatients or admissions 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 admissions waiting list.
- 6.2 In line with NHS Highland's duties under the Armed Forces Covenant, referrals identified for service people, veterans, military connected families or reservists will be prioritised, in line with clinical need, where the condition, illness or injury is likely linked to service life.
- 6.3 Where travel to appointments/for procedures may be required, this should be raised with the patient at the earliest opportunity by service clinicians. Information on financial assistance that may be available to support with travel should be shared with patients when it is confirmed travel will be required - [Financial assistance with patient travel | NHS Highland](#).
- 6.4 Day surgery will be assumed unless there is a clinical indication for the patient to be treated as an inpatient.
- 6.5 All patients should be admitted on day of procedure unless clinically inappropriate.
- 6.6 All patients will be added to the inpatient waiting list when a decision is made to treat. Where clinically required, patients will have a completed pre-operative assessment prior to admission /treatment.

- 6.7 Patients who would benefit from “Waiting Well” resources should be signposted to NHS Inform or local resources - [Waiting well | NHS inform](#)
- 6.8 The start of the waiting time for the Treatment Time Guarantee will be the date the patient and consultant agree that treatment is required, usually the date of the outpatient clinic, regardless of when the pre-operative assessment is undertaken.
- 6.9 Service people, service leavers and service families, who have been directed to move due to re-assignment or the end of service and are already on a waiting list with another Board should retain their relative position on the new waiting list as to not be disadvantaged.
- 6.10 If a patient advises that they are unavailable to attend hospital for appointment or treatment for any period(s) of time, this will be recorded on the relevant waiting list. Any period(s) that the patient is unavailable will not be included in the calculated waiting time against any relevant waiting times target. There are 2 main categories of unavailability – Medical and Patient-advised.
- 6.10.1 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.
- 6.10.2 Patient-advised unavailability is any period advised by the patient that they are unavailable for appointment or treatment.
- 6.10.3 Any patient with unavailability applied will be clinically reviewed within 12 weeks of the start of the unavailable period, and every 12 weeks thereafter, where applicable.
- 6.10.4 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. No more than 2 periods of unavailability will be applied at a maximum of 12 weeks each.
- 6.11 Patients can only be removed from the waiting list on the advice of an appropriately qualified practitioner. Following a removal, written communication confirming the removal must be sent to the patient (or the patient’s carer) and the referring clinician and the General Practitioner, if different, detailing the reasons for the removal.

- 6.12 Validation and cleansing of waiting lists should be undertaken as business as usual by the responsible services. A rolling programme of validation will also take place through local Patient Booking Services and/or the National Elective Co-ordination Unit (NECU) services.

7. BOOKING

Booking – Outpatients and Diagnostics

- 7.1 An agreed template will be in place for every clinic, adhering to the agreed clinic build methodology. The template will be updated to reflect any service changes or any identified data quality issues and should be reviewed periodically at least quarterly.
- 7.2 All planned clinics will be notified by the Service Manager / appropriate operational manager for the relevant specialty to the appropriate booking service no later than 6 weeks before the clinic is planned. Provision of clinic templates will be monitored against this standard, and variations will be escalated and reported upon.
- 7.3 All patients managed through the patient focused booking method will receive their initial contact letter no later than 3 weeks before clinic availability. Failure to respond within 10 days will result in the issue of a reminder letter. Failure to respond to the reminder within a further 7 days will result in a clinical review of the appropriateness of removal from the waiting list.
- 7.4 All patients will be made a **reasonable offer** of appointment for acute secondary care specialties available within NHS Highland and all exceptions will be documented. A reasonable offer is one which fulfils the following conditions:
- The offer consists of an appointment time, with a minimum of 10 days' notice from the date of the appointment OR a patient has accepted an offer within a shorter timeframe, e.g. via a phone call. If a patient is on a 62-day cancer pathway, a reasonable offer will consist of 1 appointment time with a minimum of 2 days' notice, in view of the even greater need for timeliness of diagnosis and treatment.
 - The appointment is located at any appropriate healthcare facility within NHS Scotland.
 - The appointment is to be undertaken by any competent clinician who is part of the consultant-led service within the appropriate specialty.

- 7.5 If a patient refuses 2 reasonable offers, they will be clinically reviewed and based on this decision either referred back to their referring clinician or they will remain on the list, and their calculated wait will be reset to zero.
- 7.6 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.
- 7.7 A text reminder service for agreed specialties will be sent to all patients who have not opted out of the service and for whom we hold a valid mobile telephone number. This will be for all booked appointments 1 day before the booked appointment and for some specialties an earlier reminder 7 days before the booked appointment. Opting out of the service should only be based on valid data protection or clinical reasons.
- 7.8 A patient who having accepted a reasonable offer of appointment, notifies the hospital prior to the appointment time that they cannot attend, will be recorded as “cannot attend” (CNA). The patient will be given an alternative reasonable offer (i.e. 2 dates if necessary) within their revised guarantee time, where it is reasonable and clinically appropriate to do so. Any patient who refuses two reasonable offers will be clinically reviewed and either removed from the waiting list; offered an alternative date or have their waiting time reset to zero from the date of notification.
- 7.9 Any patient who fails to attend, having accepted a reasonable offer of appointment, will be recorded as “did not attend” (DNA) and will be managed as described in Section 8.1.
- 7.10 In order to assure equity and efficiency of approach, all services must document their standard operating procedures and booking rules in service manuals, these should only deviate from accepted standard as an exception and via senior management agreement or clinical requirement. Where service appointments or clinics are built by the Patient Booking Service, these manuals must be mutually agreed by all stakeholders. Manuals must be kept up to date.

Booking - Admissions

- 7.11 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.
- 7.12 All patients will be made a reasonable offer of admission for acute secondary care specialties available within NHS Highland and all exceptions will be documented. A reasonable offer is one which fulfils the following conditions:
- The offer consists of a date of admission, with a minimum of 10 days' notice from the date of the admission OR a patient has accepted an offer within a shorter timeframe, eg via a phone call.
 - Admission is at any appropriate healthcare facility within NHS Scotland.
 - The procedure is to be undertaken by any competent clinician who is part of the consultant-led service within the appropriate specialty.
- 7.13 A patient who having received a reasonable offer of admission, then giving the hospital fewer than 10 days notice that they cannot attend, will be recorded as "cannot attend" (CNA) - 10 or more days notice will be classified as a refusal of a reasonable offer. They will be offered an alternative date within their revised guarantee time, where it is reasonable and clinically appropriate to do so.
- 7.14 A patient who having accepted a reasonable offer of admission, then fails to attend on the day of admission (or provides fewer than 24 hours notice) will be recorded as "did not attend" (DNA) and will be managed as described in Section 8.1.
- 7.15 If a patient refuses 2 reasonable offers, then they will be clinically reviewed and based on this decision either referred back to their referring clinician or they will remain on the list, and their calculated wait will be reset to zero.
- 7.16 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.

8. ATTENDANCE

8.1 Any patient having accepted a reasonable offer and then fails to attend on the day of their outpatient appointment or agreed admission date will be deemed to have failed to attend their appointment i.e. Did Not Attend (DNA). Every patient who is classified as a DNA will be reviewed by the clinician and will either:

A) Have their clock reset to zero and be offered a further appointment 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 children and young people not brought to appointments, the “Policy for Children not Brought to Appointment” will be followed. For adults who are known to be or who may be vulnerable, adult support and protection policies should be followed. Links to resources are included below:

[Policies & Guidance - Highland Child Protection Committee](#)

[Adult Support and Protection | NHS Highland](#)

8.2 A clinic outcome (form) will be completed at the end of every outpatient consultation by the responsible clinician. The clinic outcome and any associated information will be input to the patient management system within 24 hours of the consultation (Monday– Friday).

8.3 Any patient, either outpatient or admission, where a follow up appointment is identified as being required within 6 weeks should be added to the returns waiting list and an appointment date agreed 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 the returns waiting list.

8.4 Any patient whose consultation or treatment does not take place as planned will be managed in the circumstances below as follows:

- Hospital cancellation due to facility or resource constraint – the patient will be issued an agreed alternative date before leaving the hospital, where possible. The reason for the cancellation will be recorded on the

patient management system and there will be no clock adjustment to the patient's waiting time.

- Hospital cancellation due to patient's fitness for treatment – The reason for the cancellation will be recorded on the patient management system and medical unavailability will be applied to the patient's waiting list record in accordance with the Standard Operating Procedure for a maximum of 12 weeks.
- 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 and managed as a hospital cancellation. 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 7.13.
- A patient/carer/responsible adult refuses planned treatment on admission – this would usually result in a removal from the waiting list and may involve a clinician-led discussion to determine any other steps required, e.g. following GIRFEC processes

9. COMMUNICATION

Communication from Patients

- 9.1 Patients should inform their GP/GP Practice of any changes to their registration information.
- 9.2 Patients on a waiting list for consultation or treatment should inform the hospital of any period of known unavailability as soon as possible.
- 9.3 Patients should inform the hospital with as much notice as possible if they cannot attend an outpatient appointment or an agreed admission date. Patients should also inform the Scottish Ambulance Patient Transport Service, if transport has been arranged.

Communication to Patients

- 9.4 Patients will receive communication in accordance with national legislation CEL 32 (2012) and CEL 33 (2012).
- 9.5 NHS Highland will advise Treatment Time Guarantee patients (or where appropriate the patient's carer) 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 two 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.

9.6 NHS Highland will use translation and interpretation services in line with the national policy and our legal obligations, ensuring patients' communications needs are met. Clinicians and administration teams should ensure information about communication needs are clear on patient records across primary, community and secondary care services. The link to the national policy is included below. Local information can be found on the NHS Highland intranet.

[Interpreting, communication support and translation national policy - Publications - Public Health Scotland.](#)

9.7 National information for patients on waiting time standards is available alongside the national waiting times guidance at:

[Supporting documents - NHSScotland waiting times guidance: November 2023 - gov.scot](#)

10. REFERENCES AND ASSOCIATED DOCUMENTS

- [NHS Scotland: National Access Policy \(2023\)](#)
- [Patient Rights \(Scotland\) Act 2011](#)
- [NHS Scotland Waiting Times Guidance \(2023\)](#)
- [Statutory Guidance on the Armed Forces Covenant Duty \(2022\)](#)
- [Charter of Patient Rights and Responsibilities \(2022\)](#)

- The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012
- The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2012
- [National Referral Protocol](#)