



Patient Access Policy

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Requirement	Compliance
Fully completed Document Development Coversheet	Yes
Standard front cover, including: <ul style="list-style-type: none"> • Title • Logo • Author • Version number • Date of approval • Date of review • Statement on how to ask for the document in alternative language or format 	Yes
Table of contents (mandatory for strategy and policy documents only)	Yes
Purpose of the document, including whether the document is new or has been reviewed, and whether it replaces any existing documents. Reference should also be made to any documents that should be read in conjunction	Yes
Introduction	Yes
Summary of the national policy driver, legal or regulatory framework underpinning the local strategy, policy or procedural documentation	Yes
Clear summary of the key message, objectives, guidance or standards which the local strategy, policy or procedural documentation has been developed to convey	Yes
Roles and responsibilities associated with the implementation, monitoring and delivery of the local strategy, policy or procedural documentation	Yes
Communication arrangements associated with the implementation, monitoring and delivery of the local strategy, policy or procedural documentation to include methodology of communication and appropriate consultation	Yes
Organisational chart denoting the reporting arrangements (mandatory for strategy and policy documents only)	Yes
Key performance indicators (KPIs) – mandatory for strategy and policy documents only	Yes
Rapid Impact Assessment Checklist	Yes

NHS SHETLAND DOCUMENT DEVELOPMENT COVERSHEET*

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*To be attached to the document under development/review and presented to the group
Please record details of any changes made to the document on the back of this form

DATE	CHANGES MADE TO DOCUMENT
14/8/12	Version 1 created as outline document
28/8/12	Version 2 created as rough working draft
29/8/12	Version 3 created as full working draft (minus glossary and Equality Impact Assessment)
30/8/12	Version 4 created with Equality Impact Assessment
10/9/12	Version 5 Incorporated changes from initial review by SMT and GPs
11/9/12	Incorporated changes from Strategy and Redesign discussion plus version 5 into version 6 (consulted in parallel)
27/9/12	Minor update on receipt of final national unavailability guidance and to clarify that written procedures will be expected to support the operational implementation of this Policy to create version7
28/9/12	Addition of organisational chart and roles and responsibilities associated with the implementation, monitoring and delivery of the Policy to create version 8.
9/10/12	Approved by NHS Shetland Health Board

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1. Introduction and Aim of Policy

- 1.1** An important aspect of health care provision is how long patients have to wait to receive their treatment. Patients who have the most urgent clinical need should be seen most quickly. Everyone who waits for treatment must be dealt with clearly and fairly and in a timely way.
- 1.2** This policy sets out NHS Shetland's approach to managing access to an outpatient or inpatient /day case appointment or for an appointment to assist in their diagnosis (such as a scan or an X-ray).
- 1.3** This policy sets out our overall approach to the delivery of the 18 Week Referral to Treatment target and Treatment Time Guarantee.
- 1.4** Written procedures will support the operational implementation of this policy and will describe how this policy will be delivered in NHS Shetland.
- 1.5** Implementation, monitoring and review of this Policy will be the responsibility of the Assistant Director of Clinical Services in line with the organisational chart at the end of this Policy, under the Executive Leadership of the Director of Clinical Services.

2. The Key Principles in Managing Waiting Times in NHS Shetland

2.1 Clinical Priority

Patients will be treated on the basis of their clinical need i.e. some patients will be seen more quickly than others because of the nature of their condition.

2.2 Fairness

Amongst patients who are judged by the responsible clinician to have the same clinical need, treatment will be arranged in a fair manner by using chronological order, that is in the order of their date of referral. The exception is those who have the flexibility to accept a booking at short notice (the current short notice period will be defined in the written procedures referred to in Section 1.4)

2.3 Respect

Staff and patients will treat each other with respect and courtesy at all times.

2.4 Professionalism

All data held on patients will be confidential, timely, accurate and complete. Waiting list information will be routinely audited and validated by NHS Shetland.

2.5 Clarity

Communication with patients will, at all times, be clear, informative and timely. It will be presented in a language or format that best suits the individual patient.

2.6 Focus

This policy will support the achievement of The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012 and the national waiting time targets (i.e. 18 weeks referral to treatment). Patients will have a right to have these targets explained to them, for example through our website: www.shb.scot.nhs.uk or by asking an appropriate member of staff either for the information or where they can access the relevant information.

2.7 Knowledge and Training

Staff involved in the implementation of this Policy will be trained in all aspects of its administration and partner procedural documents will be provided in support.

3. Legislation and Guidance

- 3.1** NHS Shetland have a duty placed on them to deliver the Treatment Time Guarantee under the Patient Rights (Scotland) Act 2011 (the Act). The Act establishes a 12 week maximum waiting time for treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Eligible patients must start to receive that treatment within 12 weeks of the treatment being agreed
- 3.2** The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012 (the Regulations) and the Patient Rights (Treatment Time Guarantee) Scotland Directions 2012 (the Directions) have been made under the Act.
- 3.3** The regulations set out who are eligible patients, as well as the treatments and services not covered by the treatment time guarantee. The Regulations also set out the calculation of the treatment time guarantee.

4. What has to be measured?

- 4.1** NHS Shetland are required to meet a number of Access Targets within the Annual HEAT targets agreed between the Board and the Scottish Government. This includes:
 - 18 Week Referral to Treatment target
 - 12 Week referral to outpatient appointment target
 - 9 Week from being added to the waiting list until inpatient or daycase treatment
 - 62 days from referral with Urgent Suspected Cancer to treatment for agreed cancers
 - 31 days from agreement to treat to treatment for cancer patients for agreed cancers
- 4.2** While these targets may change following due process this Policy will support any targets agreed by the Scottish Government for national delivery and any local targets agreed by the Board.
- 4.3** Additionally this Policy supports Waiting Time Guarantees supported by legislation , the current example being:
 - The Treatment Time Guarantee (12 Weeks from decision to treat to treatment)

5. What does the Treatment Time Guarantee mean in practice?

- 5.1** Once an eligible patient has been identified as requiring inpatient or day case treatment and has agreed to that treatment, that patient's treatment must start within 12 weeks of the treatment having been agreed with the Health Board.

- 5.2** Ministers anticipate that the vast majority of patients will agree their treatment at an outpatient consultation; from that date, the Board which agreed the treatment will be required in law to ensure that patients start their treatment within 12 weeks. This means that a patient's waiting time clock will start on the date the patient agrees the treatment and will normally stop on the date that the patient's treatment is undertaken.
- 5.3** Communication with patients and carers is also very important. Each patient must be provided with sufficient information about their treatment to facilitate their informed participation in the decision making process. The regulations specifically state that health Boards must provide patients with clear and accurate information about how the waiting time is calculated and which treatments are covered by the Treatment Time Guarantee.

6. Patients covered by Treatment Time Guarantee

- 6.1** Regulation 2 of The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012 sets out which patients are eligible for the treatment time guarantee.
- 6.2** Eligible patients are those on the True Waiting List who are due to receive planned inpatient or day case treatment; these may be undertaken by, for example, a health care professional who is employed by a Health Board or by any other contracted health care providers on behalf of the NHS.
- 6.3** In most cases a diagnostic test will not fall under the definition of a 'treatment' in the Act, and as such the treatment time guarantee will not apply to such a test. However, in a small number of cases it may be clinically appropriate to undertake the diagnostic procedure and the treatment at the same time. In such a case this would be covered by the treatment time guarantee, although in fact this would record a zero-wait as agreement to treat would be the same day as the treatment was undertaken.
- 6.4** Treatments in an outpatient setting are not covered by the treatment time guarantee, although in fact this would record a zero-wait as agreement to treat would be the same day as the treatment was undertaken.
- 6.5** Treatments in an outpatient setting are not covered by the treatment time guarantee. For continuity, any treatment classed as an outpatient treatment on 30th September 2012 is still to be recorded as an outpatient treatment from 1st October 2012 and would not be covered by the treatment time guarantee.

7. Exceptions to the Treatment Time Guarantee

7.1. Services which are exceptions to the Treatment Time Guarantee are set out in Regulation 7 of the Regulations. These are:

- Assisted reproduction
- Obstetrics services
- Organ, tissue or cell transplantation whether from living or deceased donor
- Designated national specialist services for surgical intervention of spinal scoliosis (excepted until 1st October 2013)

- The treatment of injuries, deformities or disease of the spine by an injection or surgical intervention (excepted until 1st October 2013)

7.2 The above are the only exceptions to the treatment time guarantee – any other planned inpatient or day case treatment included on the True Waiting List is covered by the treatment time guarantee. This means that treatments in mental health services and also in primary care will be covered by the guarantee where this treatment is planned and delivered on an inpatient or day case basis.

8. Waiting List Management

8.1 Receipt and Management of Referrals

8.1.1 The hospital record of all referrals must include the required CHI identifier, full demographic details, telephone numbers, any communication, language or other special needs and any other information required on the referral template. Patient demographics contained in the referral letter will be compared with the demographics held in the Master Patient Index (MPI) and any changes made to the MPI to ensure that systems are kept as up to date as possible.

8.1.2 Referrals will be prioritised by the receiving Consultant according to clinical need based on clinical information included on the referral. Patients will be informed if the priority status of their referral has been changed.

8.1.3 Patients referred with suspected cancer will be treated as a priority.

8.1.4 If the Consultant decides that a referral is avoidable, the Consultant will inform the referring clinician of this decision and the reasons behind it.

8.2 New Outpatient Appointments

8.2.1 Referrals that are assessed as urgent by the consultants will be given priority. In these cases, where necessary, outpatient appointments staff will telephone the patient to agree the appointment date/time and an appointment letter will be sent to confirm appointment details.

8.2.2 NHS Shetland will ensure that for all routine new outpatient appointments, patients will be seen in line with national waiting times.

8.2.3 If a patient is offered a short notice appointment (the current short notice period will be defined in the written procedures referred to in Section 1.4) and declines the slot, this will not disadvantage the patient's position on the waiting list.

8.2.4 A section within the appointment letter will remind patients of their responsibility to keep their appointment or inform the hospital if they cannot attend as soon as possible.

8.2.5 Clinics will not be cancelled with less than six weeks notice unless there are exceptional circumstances. Cancellations will be notified to the Medical Records Manager and onwards to the Information Manager.

8.2.6 Where it is necessary to reduce or cancel a clinic, it is the responsibility of the clinician to review each list in order to ensure that all cancelled patients are issued with another appointment date within the current waiting time guarantee.

8.2.7 Where a patient cancels their appointment, one further appointment date will usually be offered to them. Patients will be advised that a second cancellation will result in removal from the waiting list following review by a clinician.

- 8.2.8 Hospital letters inviting patients for outpatient appointments will clearly state that if the patient fails to attend they are very likely to be referred back to their GP/referrer.
- 8.2.9 Patients who attend a clinic but cannot wait for their appointment because the clinic is running late will be offered another appointment date, if possible before leaving the clinic.

8.3 Return Appointments

- 8.3.1 Patients will receive a maximum of two follow up outpatient appointments and then their care would be reviewed by a Consultant on the third appointment.

8.4 Patient Focused Booking

Patient focused booking puts patients at the centre of the booking process by engaging them in a dialogue about their appointment. The key benefits of Patient Focused Booking are a reduction in patients who do not attend, patient cancelled appointments and cancelled clinics.

For clinics where patient focused booking has been implemented as an alternative way of booking outpatient appointments, the following process applies:

- 8.4.1 An acknowledgment letter detailing approximate length of wait, if appropriate, and the arrangements for Patient Focused Booking will be sent to patient after vetting by a consultant.
- 8.4.2 The Patient Focused Booking team or the Medical Secretary will usually contact patients by phone before their expected date of appointment to agree an appointment.
- 8.4.3 An appointment letter and any related information will be sent confirming details of the appointment.
- 8.4.4 If the patient is not contactable by phone, an appointment letter will be sent. This letter will also inform them that if they do not respond they will normally be removed from the list and their GP/referrer notified.

8.5 Additions to the Inpatient/ Day case Waiting List

- 8.5.1 The decision to add a patient to a waiting list must be made by a consultant, or by another health care professional e.g. specialist nurse, in accordance with protocols agreed by the consultant (see 6.1.5).
- 8.5.2 Patients must not be added to the waiting list if there are medical reasons that their planned procedure should not take place, e.g., weight loss. Patients should be returned to their GP for monitoring of their general health, and referred back to the hospital consultant once fit for their planned procedure.
- 8.5.3 If a patient has ongoing hospital investigations, then the consultant will reassess the patient's fitness for treatment once diagnostic or other investigations are completed and only then will they be added to the list, if appropriate.
- 8.5.4 When a patient is added to a waiting list for admission to hospital, a letter will be sent confirming this to both the patient and the GP.
- 8.5.5 Any additions or removals from the waiting list must be made within three working days of that decision.

8.6 Offer of an Admission Date

- 8.6.1 Patients will be selected from the waiting list in order of clinical priority.
- 8.6.2 Those with the same level of clinical priority should be selected chronologically.

- 8.6.3 A minimum of seven days notice will be given of admission date except where the patient has stated that they are able to come in at short notice, and have accepted the offered short notice appointment.
- 8.6.4 Patients will be sent a 'To come in' letter that will require them to accept or decline the offer of admission date. If the patient cannot attend on the date offered patients will be asked to ensure the hospital is notified as soon as possible, otherwise attendance will be assumed. Patients will then be offered one alternative admission date.
- 8.6.5 Any patient information related to the intended procedure and/or any other information relating to their stay in hospital will be given to the patient in clinic or included with the admission letter.

8.7 Periods of Unavailability for Admission

- 8.7.1 At any one time a consultant is likely to have a number of patients who have become unavailable for admission for clinical or social reasons. All periods of unavailability will be recorded and deducted from the patient's calculated waiting time.
- 8.7.2 If there is no known end date to the patient's unavailability, the patient notes will be reviewed by a consultant at a maximum of 13 weeks. If the review still does not determine an end date to the unavailability, the responsible clinician will determine whether the patient should remain on the list or be removed and referred back to GP care. If the patient is to be removed from the waiting list, the patient and GP will be contacted to inform them.
- 8.7.2 Patient unavailability will be recorded in line with any nationally agreed guidance currently in place.

8.9 Hospital Cancellation of Admission

- 8.9.1 Where a hospital cancels an operation/procedure for non medical reasons on the day of admission or after the patient has been admitted, the patient will be given a re-arranged date (NSS recommend a new date within 21 days) within the waiting time target or sooner if possible. This should be noted on the Waiting List record to ensure that every effort is made to avoid cancellation of this patient's treatment again.
- 8.9.2 Where it is necessary to cancel an admission or to cancel patients from a theatre list, it is the responsibility of the Consultant to review each such event in order to ensure that all cancelled patients are re-booked in line with Section 8.6.1 of the Patient Access Policy.

8.10 Patient Cancellation of Attendance

- 8.10.1 Where a patient cancels their first admission date, one further admission date will be agreed with them. Patients will be advised that a second cancellation by them may result in their removal from the waiting list. Where a patient does cancel a second admission date they will (following consideration by the consultant) be removed from the waiting list and referred back to the referrer.

8.11 Patients who Do Not Attend (DNA)

- 8.11.1 Hospital letters inviting patients for outpatient appointments or admission should clearly state that if the patient fails to attend they will normally be referred back to their GP/referrer.

- 8.11.2 All patients who DNA should have their clinical notes reviewed by a consultant or consultant's team for a decision about future management. This decision should be recorded in the patient's notes.
- 8.11.3 All appropriate administrative checks will be made when a patient has failed to attend. If a patient is removed from the waiting list following a failure to attend, they will be informed via a letter which will be sent to both the patient and his/her GP.
- 8.11.4 Operational guidance on managing DNAs, including specific guidance for children who DNA, will be issued in partner operational procedures supporting the implementation of this policy

9. Structure of Waiting Lists

Waiting lists are maintained for patients waiting at different stages of their care pathway. One list is for patients waiting for a new outpatient appointment and a separate list is for patients waiting for elective admission or day case procedure in hospital.

9.1 Outpatient Waiting List

- 9.1.1 This list contains all patients waiting for a new outpatient appointment, sometimes referred to as a first outpatient appointment.
- 9.1.2 The Outpatient Waiting List does not contain patients who have already been seen in outpatients and need to attend again for a return appointment. These patients are managed in a different way.

9.2 Admissions/Day Case Waiting Lists

- 9.2.1 There are two parts to the waiting list for those patients waiting for an elective (pre planned) admissions or day case. One part is the True Waiting List for patients waiting for new treatment and it is these treatments that are subject to the Treatment Times Guarantee, and 9 Week Stage of Treatment targets (the True List include follow-ups that were unplanned at the time initial treatment was arranged).
- 9.2.2 The second part of the Inpatient Waiting List is the Planned Repeat Waiting List for patients waiting to be recalled for further stages of treatment or investigation which have already been agreed. These patients are not waiting for new treatment, only for planned continuation of treatment, and these procedures are not covered by the Treatment Time Guarantee.

10. Waiting List Responsibilities

10.1 Referrer Responsibilities

- 10.1.1 Everyone involved in the management of waiting times has a responsibility to make it as efficient as possible:
- 10.1.2 Referrers must provide accurate, timely and complete information within their referral, including details of any other relevant referrals
- 10.1.3 Referrals should only be made if all other alternatives have been explored i.e. patient/clinical pathways have been followed or appropriate investigations have been carried out
- 10.1.4 To minimise waiting times and to enhance patient access to services, referrers are encouraged to make unnamed referrals (Dear Dr) unless there is a clear requirement for a sub specialty or the patient specifically requests a particular consultant.
- 10.1.5 When referring children or adults 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.
- 10.1.6 Referrers should identify any special communication requirements their patients may have and detail these on the letter (e.g. literacy problems, need for interpretation services or other special requirements)
- 10.1.7 At the time of the referral in addition to the patient's name, contact address, and telephone number, information should be supplied on:
 - A concise summary of all relevant clinical information together with the referrer's assessment of the level of clinical urgency. The clinical urgency will be reviewed and amended as appropriate by the receiving clinician.
 - The patient's availability e.g. are they known to be unavailable for given period(s) of time. When the referrers are aware that patients will be unavailable to be seen for a period of time, the referrer should with the patient's consent, either delay sending the referral until they know the patient is available or note the precise details of the patient's unavailability period on the referral.
 - The patient's Community Health Index (CHI) identifier.
 - The patient's willingness to be seen at short notice (the current short notice period will be defined in the written procedures referred to in Section 1.4)
- 10.1.8 Referrers are required to ensure that all suspected cancer referrals are clearly marked as 'urgent suspected cancer'. Where electronic methods of referral are available these must be used.
- 10.1.9 Wherever possible, referrals should be made electronically.
- 10.1.10 After a referral has been made, the referrer must inform the hospital if the patient has indicated that they no longer wish to be seen.
- 10.1.11 Referrers must ensure that the patients they are referring are aware of the patient responsibilities included within this Policy.

10.2 Patient Responsibility

- 10.2.1 Patients must inform the hospital of any changes to their name, address, telephone number or GP as soon as possible.
- 10.2.2 Patients should keep their appointment, and make every effort to arrive on time.
- 10.2.3 If the patient cannot attend, they should inform the hospital giving as much notice as possible.
- 10.2.4 Patients must inform their GP if their medical condition improves or deteriorates in a way which may affect their attendance.
- 10.2.5 Patients who no longer wish to have their outpatient appointment or admission, for whatever reason, must advise their referrer, the hospital booking office and the Scottish Ambulance Services if such transport has been arranged.
- 10.2.6 Patients who no longer wish to have their outpatient appointment or admission at another NHS Board for whatever reason, must advise the person who referred, the hospital booking office for the hospital that the appointment is for and Patient Travel NHS Shetland if travel has been arranged.
- 10.2.7 Patients should be aware that their outpatient appointment or admission may not be within NHS Shetland even if the service or treatment is available there, and failure to accept an appropriate appointment would remove the right to any waiting time guarantee and may result in a patient being returned to the referrer.
- 10.2.8 Patients who know that they will be unavailable for any periods of time (e.g. holiday or work commitments) and therefore will not be able to attend for an appointment or admission should inform the hospital appointments office or the relevant medical secretary at the first opportunity.
- 10.2.9 Patients should be aware that parts of their agreed pathway, both outpatient and inpatient, may be offered outwith Shetland, generally in the NHS Grampian Health Board area. However there will be occasions, either due to the specialist nature of the service (ie. Tertiary services in Edinburgh or Glasgow) or to increase the flexibility of the services available that alternative services may be offered at another Mainland Board (including but not exclusively the National Waiting Times centre in Glasgow).
- 10.2.10 Patients should be aware that, although every effort will be made to provide care and treatment as close to patients residence as possible, in exceptional circumstances occasions may arise when an appointment or admission is offered outwith the locations agreed in section 10.2.9 above. In exceptional circumstances this may be outwith NHS Scotland or outwith NHS services.

10.3 Board Responsibility

- 10.3.1 The Board will meet such travel Costs as outlined in the Patient Rights Act (Scotland) 2011 and any costs agreed for reimbursement by the Board under the Highlands & Islands Travel scheme.
- 10.3.2 If NHS Shetland is unable to deliver the Treatment Time Guarantee within its own area, arrangements will be made to send appropriate patients to NHS Grampian, or any other hospital as outlined in section 10.2.10 if required.
- 10.3.3 The Board will comply with Key Principles as outlined in Section 2

- 10.3.4 The Board will ensure that training and resources are in place to support the implementation of this Policy.
- 10.3.5 The Board will monitor the management of waiting times, in compliance with this policy.
- 10.3.6 The Board will maintain written procedures in support of this Policy.
- 10.3.7 The Board will ensure that this Policy is updated as required.

11 Moving Between Providers

The responsibility for Treatment Time guarantee transfers to a different Health board when a patient's ordinary residence changes to a different Health Board area and that patient requests to be treated in that different health Board area.

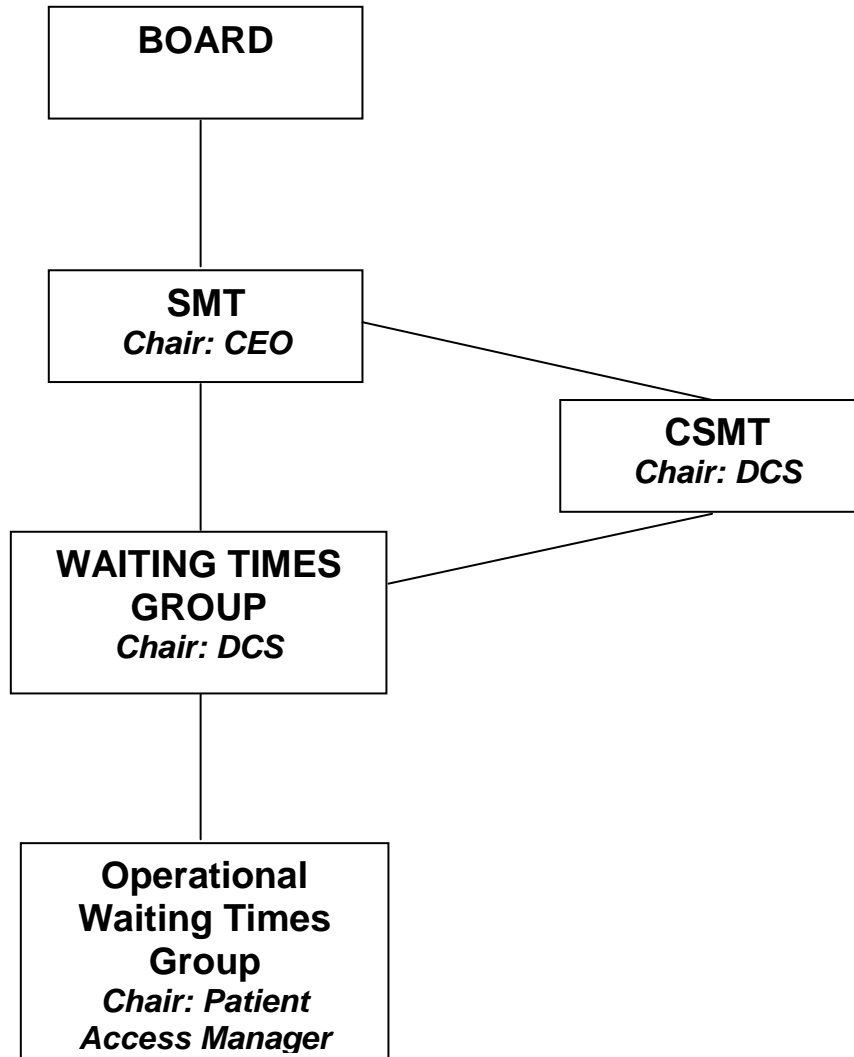
12 Glossary

Active Waiting List	Patients awaiting elective admission for treatment and who are currently available to be called for admission
Could Not Attend (CNA)	Patients who notify the hospital that they are unable to attend a previously agreed appointment.
Day Cases (DC)	Patients who require admission to the hospital for treatment and will need the use of a bed/trolley but are not intended to stay in hospital overnight.
Did Not Attend (DNA)	Patients, who have been informed or agreed their admission date (inpatients/day cases) or appointment date (outpatients) and who, without notifying the hospital, did not attend for admission/OP appointment.
Elective Admission	Where a decision to admit a patient for treatment is made that is not an emergency. The patient will be placed on an elective admission waiting list.
Hospital Initiated Cancellation	A cancellation of an admission by the hospital.
Inpatients (IP)	Patients who require admission to the hospital for treatment and are intended to remain in hospital for at least one night.
Outpatients (OP)	Patients referred by a general practitioner or another clinician professional i.e. another Consultant/Dental Practitioner for clinical advice or treatment not requiring admission.

Patient Focused Booking (PFB)	Puts patients at the centre of the booking process by engaging them in dialogue about their appointment.
Planned Admissions	Patients who are to be admitted as part of a planned sequence of treatment or investigation. They may or may not have been given a firm date.
Treatment Time Guarantee	Sets out which patients are eligible for treatment within a guaranteed time scale
True Waiting List	Patients who are to be admitted as part of a planned sequence of treatment or investigation.
Unavailability Waiting List	A list of patients awaiting elective admission who are currently not available for admission due to some underlying medical or patient advised reason.

Appendix A

Organisation chart denoting reporting and accountability lines for Waiting Times



1. Rapid Impact Checklist

An Equality and Diversity Impact Assessment Tool:

Which groups of the population do you think will be affected by this proposal?

Other groups:

- Minority ethnic people (incl. Gypsy/travellers, refugees & asylum seekers)
- Women and men
- People with mental health problems
- People in religious/faith groups
- Older people, children and young people
- People of low income
- Homeless people
- Disabled people
- People involved in criminal justice system
- Staff
- Lesbian, gay, bisexual and transgender people

This policy revision is of itself not expected to affect any particular population groups. However the complexities of the legislation may mean that the targets and Guarantees are less easily understood by some groups, and they may not be aware of their rights of Access to Services.

N.B The word proposal is used below as shorthand for any policy, procedure, strategy or proposal that might be assessed

What positive and negative impacts do you think there may be?

Which groups will be affected by these impacts?

What impact will the proposal have on lifestyles?
For example, will the changes affect:

This Policy revision is not expected to have any negative impact on lifestyle. However it may have positive impacts on exercise and physical activity if people are guaranteed operations that may maintain or improve their ability to undertake activities promptly. It is also noted that patients

<ul style="list-style-type: none"> • Diet and nutrition • Exercise and physical activity • Substance use: tobacco, alcohol and drugs? • Risk taking behaviour? • Education and learning or skills? 	<p>requiring spinal treatments may have less equal access to services as their Treatment Time Guarantees are not in place until October 2013.</p>
<p>Will the proposal have any impact on the social environment?</p> <p>Things that might be affected include</p> <ul style="list-style-type: none"> • Social status • Employment (paid or unpaid) • Social/Family support • Stress • Income 	<p>This Policy revision is not expected to have any negative impact on social environment.</p>
<p>Will the proposal have any impact on the following?</p> <ul style="list-style-type: none"> • Discrimination? • Equality of opportunity? • Relations between groups? 	<p>This Policy revision is not expected to have any negative impact on discrimination or relations between groups.</p> <p>It does legislate for equality of opportunity (access to healthcare treatments).</p>
<p>Will the proposal have an impact on the physical environment?</p> <p>For example, will there be impacts on:</p> <ul style="list-style-type: none"> • Living conditions? • Working conditions? • Pollution or climate change? • Accidental injuries or public safety? • Transmission of infectious disease? 	<p>This Policy revision is not expected to have any negative impact on the physical environment.</p>

<p>Will the proposal affect access to and experience of services?</p> <p>For example,</p> <ul style="list-style-type: none">• Health care• Transport• Social services• Housing services• Education	<p>This Policy revision will potentially affect both access to and experience of healthcare services. Currently waiting times for healthcare treatment in Shetland are within targets but this legislative support will ensure that the level of access to treatment has to be maintained even if resources are limited. It is also noted that patients requiring spinal treatments may have less equal access to services as their Treatment Time Guarantees are not in place until October 2013.</p>
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Rapid Impact Checklist: Summary Sheet

Positive Impacts (Note the groups affected)

Positive impact on all groups if healthcare treatment delivered promptly and Guarantees protected by legislation.

Negative Impacts (Note the groups affected)

Groups with communication or comprehension difficulties may find the complexities of the Guidance are hard to understand and as a result they may not realise and benefit from their rights under this policy

Additional Information and Evidence Required

Recommendations

Communications and guides to this Policy for patients will be approved by the Patient Information service and will be appropriate for all groups.

Staff training will be provided to ensure that patients who require support in their understanding this Policy are able to access the information they require to ensure that they realise and benefit from their rights under this policy

From the outcome of the RIC, have negative impacts been identified for race or other equality groups? Has a full EQIA process been recommended? If not, why not?