

18 WEEK REFERRAL TO TREATMENT ACCESS POLICY

POLICY/PROCEDURE NUMBER:	CLP69
VERSION NUMBER:	2
KEY CHANGES FROM PREVIOUS VERSION:	3 year review; minor changes
AUTHOR:	Associate Director Business Development and Service Improvement
CONSULTATION:	2 month consultation - Patients, Carers, CCGs, Social Care Organisations, GPs, Staff
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APPROVAL BY CLINICAL GOVERNANCE & QUALITY SUB-COMMITTEE:	March 2021
RATIFICATION BY QUALITY COMMITTEE:	May 2021

SCOPE

Services	Applicable	Comments
Trustwide	✓	

**The Director responsible for monitoring and reviewing this policy is
Executive Chief Operating Officer**

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Assurance Statement

Delivering high quality clinical services are at the heart of all EPUT clinical services. This policy aims to ensure that the Trust has a sound framework for delivering clinical services in a timely, accessible and high quality patient centered way.

The Trust is committed to implement the NHS England 18 Week Referral to Treatment (RTT) Rules. The Trust goes further than the national requirements and extends the scope of national guidance from consultant led services to all clinical services consultant led or not. This ensures parity of quality regarding timely access to clinical services for all patients referred to the Trust. This policy defines the principles of patient access, how to manage care pathways, treatment episodes, waiting lists, appointment cancellations, and discharge.

This policy will ensure that patients will not have to wait more than 18 weeks for treatment from the point of referral, and seeks to ensure that the way we deal with each individual care pathway for a service user is fair, clearly understood and clinically safe.

1.0 GUIDING PRINCIPLES

- 1.1 18 Weeks Referral to Treatment (RTT) principles are to ensure timely, safe and appropriate services are provided. Clear procedures for dealing with all aspects of a patients care pathway are addressed in the accompanying procedural guidelines, making services more efficient, and also to ensure that other care pathway and service policies and procedures are in line with 18 week principles.

2.0 SCOPE OF POLICY

- 2.1 This scope of this policy extends to all EPUT Mental Health and Community Services. Some specialist care pathways may be subject to specific national or contractual requirements (e.g. IAPT, psychosis pathways) and in this case are excluded from NHS England 18 Week RTT rules.
- 2.2 This policy extends to all Trust localities
- 2.3 The scope of this policy and accompanying procedural guidelines is driven by the NHS England 18 Week RTT strategy, underpinned by NHS England RTT 18 week Rules, which ensure policies, procedures and local working practices work together to remove the blocks that delay treatment starting.

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- 2.4 This policy and accompanying procedural guidelines relates to all external and internal care pathways. It defines referrals in such a way as to clarify the way in which an external referral can extend deep into a care pathway. It also defines internal referrals that relate to a new treatment for a new condition.
- 2.5 Procedures for dealing with referrals are revised and updated to remove delays. The result of this is that when a service user is referred to EPUT, the time it takes to start treatment as defined in a care plan after assessment, will be no more than 18 weeks or approximately 4 months. In most cases, services will have waiting times much shorter than 18 weeks with many individual services aiming to start treatment from between 8-16 Weeks as a maximum.

3.0 RESPONSIBILITIES

- 3.1 Each service and its management team are responsible for ensuring that this policy and accompanying procedural guidelines are followed, and that local protocols, practices, communication systems and system infrastructure are in place to support this.
- 3.2 Clinical and non-clinical staff need to ensure they understand and work to this policy and accompanying procedural guidelines to ensure its smooth operation. Communication and cooperation are essential to support this policy and accompanying procedural guidelines.
- 3.3 The Performance Directorate is responsible for the production of a Patient Tracking list which will give up to date information on the number of patients waiting for treatment, an early warning system to avoid breaches of waiting time limits and confirmation data on the number of patients being treated on time and any breaches.
- 3.4 Senior Managers are responsible for supporting clinical teams in managing demand over capacity, which may involve reviewing clinical procedures to remove waste, creating extra capacity and whole systems reviews to manage future demand and capacity trajectories.
- 3.5 Individual clinicians and administration staff are responsible for communicating with patients regarding appointments and cancellations and the management of clinical risk. They are also responsible for avoiding the cancellation of clinics and appointments without first organising an effective alternative.
- 3.6 Patients are responsible for attending appointments they have chosen and for cancelling an appointment they cannot attend before the date of appointment.

4.0 MONITORING

- 4.1 This policy and accompanying procedural guidelines will have a significant impact on the organisation and management of all clinical services, information and reporting systems. It also potentially impacts on the financial position of The Trust.

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- 4.2 This policy will therefore be reviewed yearly to ensure it remains up to date with National, Local and Contractual obligations.
- 4.3 The Information Directorate will have the lead role in monitoring and reporting on referral to treatment performance.

END

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