POLICY FOR PATIENT ACCESS

Policy for Patient Access	
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07	20/06/2022	Trudie Alvy Senior Patient Safety Lead	Amendment to RTT requirements
08	15/1/2024	Karen Croker Director of Contracting & Managed Services	Amendments to reflect Oct 2022 NHS Waiting Time Rule Suite & internal changes
09	02/04/2024	Karen Croker Director of Contracting & Managed Services	Additional section: patients transferring between NHS and Private care.
10	27/08/2025	Karen Croker Director of Contracting & Managed Services	New section outlining clock starts when referrals received via an interface service

1. Introduction and Overview

This policy sets out the overall expectations of Newmedica on the management of referrals and admissions into and within the organisation. It also sets out the responsibilities of Newmedica staff. This policy details how patients will be managed administratively at all points of contact within Newmedica.

The policy has been developed to ensure Newmedica in conjunction with its commissioners provides a consistent, equitable and fair approach to the management of patient referrals and treatment that meets the requirements of the NHS Referral to Treatment Rule Suite and the commitments made to patients in the NHS Constitution and Accessible Information Standard.

Newmedica will use this policy to demonstrate how rules are applied fairly and with equity in the provision of planned care.

Newmedica will work to ensure fair and equal access to services for all patients, and ensure it meets its obligations towards people who have had, or have disabilities under the Equality Act (2010). This places a legal obligation on organisations to make reasonable adjustments to facilitate the care of people with disabilities. The decision as to what adjustments to make is not prescriptive, and must be agreed with the patient, their carer and the team caring for the person. By Law, if the adjustment is reasonable, then it should be made. Examples of reasonable adjustments can be found in the NHS England Guidelines: 'supporting people with a learning disability and/or autism who have a mental health condition or display behaviour that challenges' https://www.england.nhs.uk/wp-content/uploads/2015/07/ld-draft-serv-mod.pdf

2. Purpose

This policy aims to inform patients, their relatives and carers of their rights and what they can expect from Newmedica in terms of access to services by outlining relevant rules, responsibilities and actions by which Newmedica will manage patients through their pathways, specifically:

The national 18-week Referral to Treatment (RTT) pathway, which is about improving patients' experience of the NHS, ensuring all patients receive high quality elective care without any unnecessary delay.

National Cancer Waiting Times for all suspected and diagnosed cancers.

The national 6-week guidance for diagnostic tests.

In accordance with the NHS Constitution everyone has the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible. This includes a right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions; and

This policy sets out the way in which Newmedica will manage patients who are waiting for treatment or on treatment pathways. It covers the management of patients at all sites where Newmedica operates, including community clinics.

Every process in the management of patients who are waiting for treatment must be clear and transparent to the patients and to partner organisations and must be open to inspection, monitoring and audit. This policy sets out how Newmedica will manage 18-week RTT pathways and suspected cancer referrals in line with national targets and guidance. Application of the policy where applicable will ensure that each patient's RTT clock starts and stops fairly and consistently in accordance with an agreed structured methodology. Treatment decisions will be fair and transparent and at an operational level this translates into the adoption of the following key principles:

The management of patients will be fair, consistent and transparent and communication with patients will be clear and informative and will be consistent with the Human Rights Act 1998 and the Equality Act 2010.

Patients seen in outpatients, or diagnostics will be seen firstly according to clinical priority and then in chronological order based upon the 18-week RTT pathway.

We will attempt, wherever possible, to agree appointment dates to suit patients' personal circumstances.

This policy is intended to be used by all those individuals within Newmedica, who are responsible for managing referrals, adding to, and maintaining waiting lists for organising patient access to treatment. The principals of the policy apply to both medical and administrative waiting list management.

3. Scope

This Policy applies to all employees, workers, contractors, temporary, agency and locum staff, volunteers, students and people on authorised work experience ("Staff") of New Medical Systems Limited and associated Ophthalmology Joint Venture Partnerships ("Newmedica") irrespective of age, disability, race, colour, nationality, ethnic origin, religion or belief, gender, sexual orientation, pregnancy, maternity or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.

This Policy sets out the principles and procedures that Newmedica has adopted, and will work to, in order to ensure fair and effective arrangements for maintaining appropriate standards throughout. It will apply to all staff.

4. Definitions

RTT – Referral to Treatment

PTL – Patient Tracking List

DNA – Patient did not attend

Active Monitoring - An 18w clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures. A new 18- week clock would start when a decision to treat is made following a period of active monitoring

NHS e-Referral service - A method of electronically booking a patient into the service of their choice.

First Definitive Treatment - An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.

5. Roles and Responsibilities

The following are required to instigate appropriate actions to ensure the successful implementation of this policy within their area(s) of control:

Patients should keep appointments, or if they must cancel, cancel within a reasonable time in order that the appointment can be re-used for another waiting patient. Receiving treatment within the maximum waiting times may be compromised unless patients try wherever possible to keep their original appointments.

Quality Improvement Forum – Consultation, clinical input and approval to this policy.

Service Managers (or equivalent) – Responsible for waiting list and patient access.

Director of Partnership & Operations:

Lead the monitoring of performance against national and local standards, undertaking benchmarking and review work as necessary.

Director of Finance

Responsible for accurate reporting of all waiting time data, ensuring timely & compliant submissions to NHS England and Commissioners as required.

Director of Contracting & Managed Services

Responsible for ensuring monitoring standards & threshold requirements set by NHS England and/or Commissioners are shared with the senior management team and internal stakeholders for appropriate action.

Operational Directors:

Responsible for the overall application and adherence to this policy and procedures within their areas of responsibility.

Clinical Staff:

Consistent application and adherence of this policy and its principles.

Consideration is to be given by clinical staff for cross-cover arrangements during periods of annual leave or other absences.

A minimum of 6 weeks' notice is necessary for consultant and medical staff planned leave to ensure patient appointment dates are honoured and to reduce the need for changes and cancellations. All leave requests must be authorised by the line manager.

All referrals (electronic and paper) into Newmedica should be reviewed and prioritised within contract KPI timelines by the accepting clinician to confirm clinical priority, appropriateness and capacity to treat within the mandated timelines.

Head of Information Governance:

Provide professional leadership on all records management issues within Newmedica to ensure an efficient quality case note service to support effective patient care.

Initiating, interpreting and implementing changes in response to service developments, risk standards, legislation and to ensure the department is compliant with the Newmedica's strategic objectives.

Service Managers (or equivalent):

Responsible for the application of this policy at Service/OJV level, including the delivery of national and local targets.

Responsible for training their staff as it relates to patient access and administration.

Responsible for ensuring the minimum 6 weeks' notice required for changes to rota's is adhered to in order to reduce the impact on patient experience and the administrative burden this entails if clinics should be cancelled.

Responsible for providing information and analysis support to monitor targets and adherence to this policy.

Director of Central Operations:

Responsible for the provision and management of a secure and safe to use Electronic Patient Record system (ePR)

Responsible for the accuracy and content of- the ePR training & production of guides to support implementation.

Provide professional leadership on all records management issues within Newmedica to ensure an efficient quality case note service to support effective patient care.

Initiating, interpreting and implementing changes in response to service developments, risk standards, legislation and to ensure the department is compliant with the Newmedica's strategic objectives.

Responsible for the training and education of administrative operatives as it relates to patient access and administration.

Administrators

Responsible for the day-to-day management and application of their responsibilities in line with this policy.

6. Policy Content

Newmedica recognises the complexity of waiting list and patient access management. National rules are often complex but the procedures contained within this policy for patient access (PPA) give clear direction and expectations of both staff and patients.

The routine management and updating of the PPA is led by the Director of Operations & Governance and passed to the policy review group for publication.

Consultants clinically manage the needs of individual patients accessing Newmedica services.

Priority treatment for Military Veterans

From 1 January 2008, all military veterans should receive priority access to NHS care for any conditions which are likely to be related to their service, subject to the clinical needs of all patients. Veterans are encouraged to tell their General Practitioner about their veteran status in order to benefit from priority treatment.

Patients with Learning Disabilities:

Where a person is recognised as having a learning disability, the clinician should ensure that the notes are recorded appropriately to support the teams, the patient and their carers/family with access to the appointment and any reasonable adjustments that may be required during subsequent appointments / treatment episodes. Patients with a learning disability and their families / carers must be supported with reasonable adjustments to ensure equitable access to treatment.

General Principles:

If a service is unable to contact a patient, the Newmedica Discharge protocol should be followed, this is further covered later in this policy.

Patients are to be seen within their maximum waiting times allowable.

Information reports should be used to actively plan capacity to ensure achievement of waiting time targets and thus incur no breaches.

Referrals and booking rules should be actively monitored in order to respond flexibly to demand and to deliver flexible capacity.

Systems should be in place to ensure patients do not breach the 18-week RTT targets. Service Managers will monitor pathways and escalate patients to the appropriate manager where a breach is expected.

Staff are to comply with electronic patient records (EPR) data quality standards.

Reasons for DNAs should be accurately recorded and monitored as should patient cancellations and discharges (particularly discharges without treatment).

The content of the Directory of Services on E-Referral should be accurate at all times.

Application of a local clinical leave policy should be adhered to at all times.

Ensure bookings and capacityreflect appropriate levels of required capacity for new and follow-up consultations and monitor variances in new-to-follow up ratios.

Consultant to Consultant & Consultant to GP Referrals

Direct referrals will be appropriate for:

1. Suspected cancer.
2. Urgent problems for which delay would be detrimental to the patient's health. The expectation here would be that the patient needs to be seen within 2 weeks.
3. Referral as part of the same clinical problem.
4. Part of the recognised pathway of care for the condition
5. Transfer of responsibility of care for an on-going condition, when it would be more convenient for the patient to be seen in a different location.

Referral back to GP will be appropriate for:

1. Conditions that are unrelated to the presenting problems and do not require urgent referral.
2. Incidental findings.
3. Conditions that can be dealt with by the GP.
4. Those patients who Did Not Attend (DNA) their appointment (subject to the KPIs/local agreements).
5. Those patients who cancel their appointments on multiple occasions (subject to KPIs/local agreements)

Referral Queries:

If there is any doubt as to whether a patient needs to be managed by Newmedica or whether a patient should be offered another choice of hospital, consultant or treatment option, the responsible Consultant should contact the patient's GP to discuss the case.

Patients will only be added to a waiting list if there is an expectation of treating them and they are clinically fit or there is an expectation that they may become fit and ready to undertake the treatment within 18 weeks.

With the exception of urgent screening referrals, all referrals (electronic and paper) will be reviewed and prioritised within contract KPI timelines of receipt.

At least 2 weeks' notice must be given to the patient when agreeing an appointment date. The only exceptions to this are:

1. Where it is clinically urgent
2. For a diagnostic test/procedure, where a reasonable offer is 10 days or more.
3. Where patients make themselves available at short notice.

Data Protection Act 2018 – Patient Requests:

For a patient Subject Access Request (SAR) please refer to the SAR Policy.

Should a patient make a request to restrict the processing of their data, Service Managers should contact the Governance Department at the Support Office for advice.

Should a patient object to Newmedica processing their data then the referral should be refused and returned to the patients General Practitioner for further discussion.

NHS E-Referral Service/e-ERS

NHS e-Referral Service and e-ERS are national electronic referral services which gives patients a choice of place, date and time for their first outpatient appointment in a hospital or clinic. The guidance states that the responsibility for the effective implementation of NHS e-Referral Service should be shared between organisations. For example:

- Providers are responsible for ensuring that services are made available on NHS e-Referral Service and that patients can book into appointments using the system
- Referrers (GP's and Optometrists) are responsible for using NHS e-Referral Service effectively to find suitable services for their patients
- Commissioners are responsible for ensuring that services available on the system accurately represent the clinical needs of their patient population and that those referrers and providers use the system effectively for the benefit of all patients.

Appointment Slot Issues

When no clinic appointment is available for patients to book in the NHS e-Referral Service, the referral can be forwarded (via the Patient Web Application) or deferred (via the professional application) to the provider to enable the provider to book the patient an appointment. When a referral is forwarded or deferred, it will appear on the provider's 'Appointment Slot Issues' (ASI) worklist.

There are two reasons why there may be no clinic appointment available on the NHS e-Referral Service. The first is that, in very rare circumstances, a technical issue can prevent an appointment slot from being shown or booked. The second and usual reason is that where we are providing directly bookable services, we have not made sufficient appointment slots available to the NHS e-Referral Service.

If patients are left on the ASI worklist and their referrals are not processed then the following significant patient safety effects can occur:

- Some patients may not receive appointments within reasonable timescales. In some cases, this delay to care could pose a serious danger to their health and wellbeing.

- Patients without an appointment will have had no clinical review of their referral, as referral information only becomes visible to the provider once an appointment is booked in the NHS e-Referral Service. This means that providers will not have had the opportunity to change the priority of a referral.
- Patients who have been referred into an inappropriate service will not have been identified and there will have been no opportunity to re-direct them into a more appropriate service.

Service managers must ensure that all staff managing the ASI worklists are appropriately trained, are in the correct workgroups, and have the necessary skills and authority to manage these referrals effectively, within the required timescales.

Referral to Treatment Rules:

The NHS Constitution confirms that all patients have the legal right to start NHS consultant-led treatment within a maximum of 18 weeks from referral, unless they choose to wait longer or it is clinically appropriate that they wait longer. The national standard for 18-week RTT is:

- Those on an incomplete pathway whose clock is still running; 92% of those on the waiting list should not have waited more than 18 weeks.
- Consultant-led treatment includes treatments where a consultant retains overall clinical responsibility for the treatment. This could include treatments provided by the service or team led by the consultant. The setting of the consultant-led treatment, whether hospital-based or in a community-based clinic, will not affect a patient's right to start treatment within 18 weeks.

RTT Measurement

Clock Starts.

Referrals by care professionals or services

A waiting time clock starts when any care professional or service refers to a consultant-led service, an interface or referral management or assessment service. The clock start is the date that the Unique Booking Reference Number (UBRN) is converted in the case of referrals made via an e-Referral Service, or when Newmedica receives notice of the referral into any service (consultant led, interface or assessment service) via FAX.

Referrals via management services (interface services, assessment services)

For RTT pathways that start within an interface service (all arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care), the correct clock start date will be the date that the interface service received the original GP referral and not the date that the onward referral from the interface service was received by the secondary care provider.

The need for a new clock

On completion of a consultant-led RTT period, a new waiting time clock only starts:

- a) when a patient becomes fit and ready for the second of a consultant-led bilateral procedure
- b) upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan
- c) upon a patient being re-referred into a consultant-led, interface or referral management or assessment service as a new referral
- d) when a decision to treat is made following a period of active monitoring
- e) when a patient rebooks their appointment following a first appointment 'did not attend' (DNA) that stopped and nullified their earlier clock

'Defer to Provider'

functionality is used in the NHS e-Referral Service. Where a paper referral is sent, the clock start is the date on which the referral is received by Newmedica.

Clock Continues

The clock continues while tests and investigations are taking place.

A clock does not automatically stop when a patient DNAs a follow-up appointment.

The clock does not stop when a patient gives more than 24 hours' notice that they are unable to attend an appointment.

Clock Stops

The 18-week clock stops when first definitive treatment is given i.e. treatment given surgically or non-surgically or when the following is communicated without undue delay to the patient and subsequently their GP and/or other referring practitioner:

- a) it is clinically appropriate to return the patient to primary care for any non-consultant-led treatment in primary care
- b) a clinical decision is made to start a period of active monitoring
- c) a patient declines treatment having been offered it
- d) a clinical decision is made not to treat
- e) a patient DNAs their first appointment following the initial referral that started their waiting time clock, provided that the provider can demonstrate that the appointment was clearly communicated to the patient.

- f) a patient DNAs any other appointment and is subsequently discharged back to the care of their GP, provided that:
    - the provider can demonstrate that the appointment was clearly communicated to the patient
    - discharging the patient is not contrary to their best clinical interests
    - discharging the patient is carried out according to local, publicly available or published policies on DNA
    - these local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (for example, children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders

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

If there is a delay in booking a further follow-up appointment because the patient preference makes it "impossible or unreasonable" for 18 weeks to be achieved for that patient, they will be discharged back to their GP. For example, if the patient repeatedly denies treatment or appointments offered or in accordance with Para 9 below.

In order to ensure that the above RTT standards are adhered to, this policy confirms that:

- Service Managers will undertake a review of breaches of the RTT standards in order to identify themes to address to prevent a reoccurrence. This will be supported by the clinical lead responsible for the patient's treatment.
- The reasons for breaches of the 18-week standard will be reviewed monthly by the by the Heads of Service Development and discussed at the Executive Assurance Committee with actions agreed where standards are not met.
- The Executive Assurance Committee will receive a monthly report, detailing the volume of breaches by sub-speciality and reason, together with a supporting document detailing any risks and action to be taken.

Refusal of Referrals:

NHS guidance states that providers should accept all clinically appropriate referrals made to them. Patients choosing a particular NHS provider must be treated by that provider as long as this is clinically appropriate and in accordance with the patient's wishes.

Patients who DNA and Cancellations by Newmedica and the Patient:

If a patient DNAs an appointment (subject to there being no locally agreed alternative pathway), they should be referred back to their GP, unless the consultant deems it clinically necessary to offer another appointment, and they will be removed from the waiting list (a letter confirming their removal must be sent to the patient and their GP). If a patient cannot make a planned appointment, they should contact their clinic as soon as possible as this may make it possible for the appointment to be offered to somebody else who is waiting.

Regarding measurement of RTT times, the national guidance states that:

For first appointments on an RTT pathway:

- If the patient DNAs, their RTT clock can be stopped and nullified on the date of the DNA appointment.
- If the patient DNAs but Newmedica chooses to rebook the patient, then their original RTT clock would be stopped on the date of the DNA appointment and a new clock will start (at zero) on the date that rebooking is completed.

For subsequent appointments on an RTT pathway:

- If the patient DNAs and the Newmedica returns the patient back to primary care, then their RTT clock would stop on the date of the DNA appointment.
- If the patient DNAs but the Newmedica chooses to rebook the patient, then their existing RTT clock would continue to tick.

If a patient DNAs their appointment in accordance with the policy, the following will occur:

- Adults - where there are no safeguarding issues, the patient will be discharged back to their GP. Where there are potential safeguarding issues, the patient should be offered another appointment.
- Children - will automatically be offered another appointment. In DNA cases, all Consultants must identify whether safeguarding issues are a factor and whether the DNA constitutes potential neglect of medical needs. Children who fail to attend a second outpatient appointment will be discharged back to their GP and the Safeguarding Lead should be informed. For missed follow-up appointments, the lead clinician will decide if there is a clinical need for follow-up in the community or whether primary care management would be appropriate. An assessment will be made as to whether the repeated non-attendance of the child could indicate neglect of their health needs and further referrals to safeguard the wellbeing of the child/young person may be made.

For patients with a series of planned appointments, DNAs will need to be considered on a case-by-case basis by the lead Consultant.

If a patient DNAs where a face-to-face interpreter has been booked, clinic administration staff are authorised to use that interpreter to attempt to make contact with the patient in order to establish a reason why and to offer a new appointment where that is appropriate in order to maximise the use of the translator resource.

In the event that an interpreter DNAs a pre-booked appointment, clinics are encouraged to continue with the appointment utilising other methods of communication, including attempting to resource interpretation services via the telephone service. Only if it is deemed clinically unsafe to continue with an appointment should a patient's appointment be cancelled and rescheduled.

Patient Tracking Lists (PTL = Newmedica 'To Book List')

A PTL is a list of patients who need to be treated by given dates in order to start treatment within maximum waiting times set out in the NHS Constitution. A PTL is an established, forward-looking, management tool that is utilised by Newmedica to help achieve and sustain short Referral to Treatment and diagnostic waits. The PTL provides a prospective viewpoint, and so can act as a planning tool for managing patient waiting lists in a way that a retrospective data collection cannot.

Essentially, a PTL contains the data required to manage patients' pathways, by showing clearly which patients are approaching the maximum waiting time so referral management centre staff can offer dates according to clinical priority and within maximum waiting times. PTL lists for services can be accessed through Checks and Balances.

The NHS Standard Contract requires providers to submit information on referrals and waiting times. Where an ICB requests a PTL data set they are to be provided. Both the ICB and Newmedica should review this information to understand performance.

General Booking and Referral Management Principles

If the patient was discharged more than 6 months ago, GPs will have to re-refer if an appointment is required for the same condition.

Review of referrals must be completed within 7 working days.

Referrals are not expected to be routinely rejected. Newmedica can reject a referral that hasn't been accepted (to be seen) in the NHS e-Referral Service, other rejections are maintained on the EPR post registration. The rejection process sends the patient back onto a work list at their GP surgery and the appointment is automatically cancelled on the EPR and NHS e-Referral Service. It is then the GP's responsibility to notify the patient of their appointment cancellation. All inappropriate referrals will be referred back to the GP for them to review the choice of provider prior to the referral being re-directed.

The 'Date Request Received' in the EPR constitutes a clock start for those patients on an active 18-Week RTT pathway. This is the date an attempt was made to convert a Unique Booking Reference Number into a booking for NHS e-Referral Service patients and the date the referral letter was received into the Newmedica for paper referrals.

Agreeing the dates of appointments with patients rather than notifying them of an appointment is the preferred option wherever possible in order to avoid the risk of patient cancellations or DNAs.

Summary of Guidelines for Managing New Referrals

A new referral will be required for:

- A new condition within the same specialty.
- Same condition where previous referral was discharged over 6 months ago.

An assessment should have been undertaken by the referring clinician to determine any need for special considerations at the next level of care and this should then be recorded on the EPR to alert staff. If any new or changed requirements are identified during any treatment episode, then this information should be captured and the EPR updated.

Follow Ups

Patients will only be followed up where there is a specific clinical need following the relevant pathway.

Changing/Cancelling Appointments at Patient Request

Patients may have an additional option to cancel and change their outpatient appointment on line, via NHS e-Referral Service appointments must be cancelled and changed using the NHS e-Referral Service telephone appointments line or website.

If patient requests a rearrangement or cancellation within 24 hours of the appointment time it must be recorded as a patient cancellation and the 18 Week RTT clock will continue ticking and the reason for cancelation must be recorded.

If a patient cancels the same appointment twice, they should be:

- As a new patient, be removed from the registered referral list and referred back to their GP subject to clinical agreement.
- As a follow-up patient, referred to the consultant for discharge to GP.

Patients can change NHS e-Referral Service appointments at any time; this is out of Newmedica's control.

All patient cancellations must be dealt with immediately to ensure they are not recorded as a DNA.

- If a patient has to leave a clinic prior to being seen (clinic over-running or other circumstance), their appointment must be changed to ensure that they are not penalised in the 18-week cycle as the clock will continue ticking.
- If a patient cancels an appointment a second time, they should be referred back to their GP unless there is a clinical decision not to do so.

Unable to Contact Patient

If a service is unable to contact a patient, the following protocol must be followed before the patient is discharged:

- Patient receives a minimum of two telephone calls. These sets (from first to last) of calls must be at least one week apart on different days and one am and one pm.
- If there is no response from the patient, the patient must be sent an appointment in the post. This appointment must be at least 14 days away.
- If the patient fails to attend this appointment, they will be discharged, depending upon the requirements of each specific contract. The following patients will not be discharged without clinician review:

Patients Declaring Periods of Unavailability

If a patient declares a period of extended unavailability their case should be reviewed by the clinician to determine if;

- The delay could result in patient harm – Appointments should contact the patient and every effort should be made to encourage the patient to attend. If this is unsuccessful the patient can choose to enter into a period of patient led active monitoring and a follow up appointment/ phone call should be arranged for when they are available.
- The delay is clinically acceptable but the patient's condition/ treatment plan may change during the delay. The patient can choose to delay however in line with national rules the RTT clock will continue. The patient should be sent a letter with a contact us deadline date to arrange a further appointment and a comment added to ePR. If the patient does not make contact by this date the patient will be discharged from the service back the referrer.
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Overdue Cataract Post Operative Reviews

All post operative reviews that are overdue after 6 weeks should be investigated and if part of the Community Partnership Program the Optician should be contacted to ensure the patient has a post operative review. All notes of the investigation including calls made to the patient and/or to the Optician, assigned to perform the review, should be added to ePR

If the post operative review is still outstanding after 13 weeks and the notes in ePR are comprehensive and demonstrates that we have followed up with the patient and/or the relevant Optician, then the patient should be discharged.

This Policy applies to all services unless the Integrated Care Board have stipulated immediate discharge post operatively within a contracted service specification.

Discharge

The discharge letter back to the GP will state why the patient has been discharged, should the GP wish to re-refer this patient they will follow the pathway and be seen within four weeks.

Children

Newmedica do not treat individuals under the age of 18.

Communication

Under the Human Rights Act, the Equal Opportunities Acts and anti-discrimination legislation, Newmedica has a duty to provide interpreters for appointments when requested and to ensure reasonable adjustments are made for those patients and their families.

Interpretation can be managed via the telephone interpretation service or face-to-face with an interpreter present.

Priority Treatment for Veterans

Where clinicians agree that a veteran's condition is likely to be service related, they are asked to prioritise veterans over other patients with the same level of clinical need. But veterans should not be given priority over other patients with more urgent clinical needs.

Private Patients Seeking to Transfer to NHS Care

Patients who have had a private consultation for investigations and diagnosis may transfer to the NHS for any subsequent treatment. They should be placed directly onto the NHS waiting list at the same position as if their original consultation had been within the NHS.

Overseas Visitors

Please refer to the separate Policy on Overseas Visitors.

7. Monitoring Compliance

Aspects of compliance or effectiveness being monitored	Monitoring Method	Responsibility for Monitoring	Frequency of Monitoring	Group/Committee to review findings and monitor completion of action plan
Waiting times	Waiting times report	Service Development Team	Monthly	Clinical Governance Committee

8. Equality Impact Assessment

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
a	• Gender.	No	
b	• Marital Status (including Civil Partnership),	No	
c	• Gender Reassignment,	No	
d	• Disability including – Learning Disabilities, – Physical Disabilities, – Sensory Impairment, – Mental Health Problems,	No	
e	• Race, Nationality or Culture,	No	
f	• Age,	No	
g	• Sexual Orientation (including Lesbian Gay or Bisexual People),	No	
h	• Religion or Belief,	No	
i	• Trade Union Membership,	No	
j	• Pregnancy or Maternity,	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	