INTEGRATED WAITING LIST POLICY

<table>
<thead>
<tr>
<th>Author</th>
<th>Information &amp; Health Records Manager</th>
<th>Equality Impact</th>
<th>Medium</th>
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<tr>
<td>Original Date</td>
<td>April 2003</td>
<td>Impact Assessment Done</td>
<td>No</td>
</tr>
<tr>
<td>This Revision</td>
<td>January 2006</td>
<td>Review Body</td>
<td>Waiting List Group</td>
</tr>
<tr>
<td>Next Review Date</td>
<td>January 2009</td>
<td>Policy Number</td>
<td>IMT16</td>
</tr>
<tr>
<td>Approved by</td>
<td>Management Board</td>
<td>Classification</td>
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EXECUTIVE SUMMARY

The length of time a patient waits for hospital treatment is a significant quality and clinical governance issue. It is also a visible and public indicator of the equity and efficiency of the hospital services provided by the Trust.

If patients who are waiting for treatment are to be managed efficiently, equitably and consistently it is essential for everyone involved to have a clear understanding of their roles and responsibilities.

The key principles of the Ceredigion and Mid Wales NHS Trust waiting list policy are that:

- Patients will be treated in order of their clinical and social need
- Patients with the same clinical need will be treated in chronological order of date placed on the waiting list

The Trust has a duty to ensure all patients who are referred and listed are offered the service within the waiting time standards.

Outpatient Waiting Times

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<td>8 months</td>
</tr>
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<td>March 2008*</td>
<td>22 weeks</td>
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Inpatient and Day case Waiting Times

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<th>Waiting time target</th>
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<tbody>
<tr>
<td>March 2007*</td>
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<td>22 weeks</td>
</tr>
<tr>
<td>March 2009*</td>
<td>13 weeks</td>
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* Exclusive of diagnostics & therapies

Diagnostics and Therapy Services

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<td>36 weeks</td>
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The following policy and procedures are based on nationally recommended good practice guidelines to assist staff with the effective management of Outpatient and Inpatient Waiting Lists.
1.0 INTRODUCTION

Ceredigion and Mid Wales NHS Trust, is committed towards delivering high quality and effective inpatient, day case and outpatient services. This policy aims to support that commitment by setting out the principles that govern the efficient and equitable management of inpatients and outpatients in the Trust.

Although commissioners of services have a prime responsibility for ensuring agreed activity levels are sufficient to achieve waiting list/times targets, it is recognised that this is a shared responsibility the Trust contributes to this process by ensuring patient activity is managed as effectively and efficiently as possible. Inpatients and outpatients therefore should be managed in accordance with the stated Trust policy and wherever possible to meet agreed waiting times and activity levels.

2.0 WAITING LIST MANAGEMENT GUIDANCE AND BEST PRACTICE

Ceredigion and Mid Wales NHS Trust fully recognises’ current waiting list management guidance and best practice. The following reference documents provide the key elements of best practice:

- WHC(99)46 – DNA/UTA Protocols
- Cancer Services – All Wales Minimum Standards, issued by the Cancer Services Co-ordinating Group.
- A Guide to Good Practice – issued by Innovation in Care Programme – January 2004

3. OBJECTIVES

a) The Trust aims to provide a modern, high quality and empathetic service to patients and will develop tools to monitor patient satisfaction.

b) Patients are referred for treatment in a way that maximises the efficient use of the Trusts resources and commissioner’s investment.

c) The number of patients waiting for treatment and appointments are kept as low as possible and maximum waiting times do not exceed locally agreed targets.

d) That all waiting lists properly reflect clinical responsibilities and effective use of available resources.

e) The information available to users is comprehensive, accurate, relevant and timely.
f) Specific government targets are met e.g. Patients Charter, Cancer Waiting times, NHS National Plan.

4. KEY PRINCIPLES OF WAITING LIST MANAGEMENT

The following principles apply to the management of all patients on a waiting list:

a) Patients are seen on the basis of clinical and social need.

b) Waiting lists will be managed according to clinical priority. Patients with the same clinical priority should be seen or treated strictly in chronological order by the use of Primary Targeted Lists.

c) A systematic approach to developing protocols will be established in consultation with Local Health Board’s (LHBs) outlining conditions and symptoms that are appropriate for referral.

d) Responsibility for the medical management of individual patients is jointly shared between Consultants and General Practitioners in consultation with each other.

e) The process should ensure that patients receive adequate notice of appointment and should take account of special needs, both to enable them to make personal arrangements as necessary and to keep the numbers of self-deferring (DNA/CNA) patients to a minimum.

f) The process of waiting list management should be transparent.

g) Communication with patients should be informative, clear and concise.

5. WAITING TIMES TARGETS

5.1 The Trust has a duty to ensure all patients who are referred and listed are offered the service within the waiting time standards.

5.2 Meeting the waiting times targets will require the Trust to ensure that adequate resources are made available and that recommended best practice is adopted.

5.3 Patients with symptoms suggestive of cancer are referred via a fast-track referral system and are seen within 2 weeks of receipt of referral

5.4 Monitor of waiting lists/times position targets is reported to the Waiting List Management Group on a regular basis
6. RESPONSIBILITY

6.1 Strategic responsibility

The overall strategic management of waiting lists, waiting times and achievement of waiting lists targets is allocated to the Director of Finance. In this role, the Director of Finance provides a link on waiting list management issues to the Trust Board, LTA Commissioners and the National Assembly for Wales.

6.2 Clinical Responsibility

Each individual clinician has a clinical responsibility for the patients that are referred to their care. A clinician’s primary involvement within the management of waiting lists is to ensure that waiting lists properly reflect their clinical priorities and are managed as effectively as possible through application of the guidelines set out in this document.

All Consultants and Medical Staff must give a minimum of 6 weeks notice of intended annual or study leave in order to facilitate effective waiting list management. This information should be made known to all relevant personnel (i.e. Directorate, Central Admissions and Outpatient/Health Records staff)

This policy is owned by the Information and Health Records Manager and will be reviewed with the key stakeholders on an annual basis, taking into account the emerging implications of any new influences such as the NHS Plan.
7. OUTPATIENTS

7.1 Referral Letters

7.1.2 A referral can be defined as a request to treat and can be made from within four broad categories; primary care, secondary care, allied health professional groups and from the patient themselves.

7.1.3 In order that a referral can be properly processed by the Trust it is important that the following information is provided:

- The name of the patient
- The date of birth of the patient
- The current address of the patient
- A telephone contact number(s) for the patient (this can be home, work or mobile number)
- A clear indication of to whom the referral is being sent to
- A clear indication of the clinical status of the patient being referred, with specific reference to the All Wales Minimum Standards 2000, as issued by the Cancer Services Co-ordinating Services Group
- A new NHS number, if it is available
- A note of current medication and the degree of urgency with which it is considered that this patient should be seen.

7.1.4 Referrals must be date stamped upon receipt and sorted into specialty.

7.1.5 All Consultant/therapy outpatient letters of referral received into the Health Records Department must be registered on PAS to ensure that the patient’s pathway of care through the Trust’s services is correctly recorded. Any referrals received elsewhere must be sent immediately to the Information Department.

7.1.6 If a referral letter has been made and the special interest of the consultant does not match the needs of the patient, the Consultant should cross-refer the patient to an appropriate colleague where such a service is provided by the Trust.

7.1.7 If the referral letter is for a service not provided by the Trust then the referral letter will be returned to the referring GP with a note that the patient needs to be referred elsewhere. (Please see list of Contract Restrictions in appendix 1)

7.1.8 Referrals should be prioritised for clinical need within 1 week of the referral receipt (except for cancer referrals). Alternative arrangements for prioritising referrals should be in place to accommodate planned clinician absences.

7.1.9 Where there is a long delay between the date of referral and date of receipt, the Outpatient Appointment Centre will bring this discrepancy to the notice of the patient’s GP. Regular discrepancies from a particular practice will be notified to the Local Health Board.

7.1.10 If insufficient identification details are received then the referring Health Care Professional must be contacted to ensure that the documentation is completed.

7.1.11 If the patients identification details have changed then new address labels should
be printed and attached to the letter of referral.

7.1.12 LHBs and GPs are to be further encouraged to work with individual specialties to agree introduction of generic referrals. This would incorporate provision for special interests or skills and allow shortest and most appropriate list for other procedures.

7.1.13 All referrals, including Cancer referrals will be registered onto the hospital Patient Administration System within 24 hours of receipt.

7.1.14 Suspect Cancer and urgent referrals will be circulated to Clinicians on the day of registration for prioritisation. All other referrals will be placed in the appropriate folder for the Clinicians to prioritise in clinic. (Alternative arrangements should be in place to accommodate clinician absences). It is the responsibility of the Consultant to inform the Clinical Coding Team as to who should deputise in their absence.

7.1.15 Once the patient has been placed onto the appropriate Outpatient Waiting List a letter of acknowledgement is sent to the patient confirming that the letter has been received and they have been placed onto a waiting list. The information contained in the letter will include contact numbers. It will also outline the responsibilities of the patient with regards to attendance.

7.1.16 As part of the rolling validation process, patients will be asked to advise the Trust of any changes to their personal circumstances (e.g. change of address, telephone number, GP) in addition to unavailability dates, availability to attend at short notice or any special needs or circumstances.

7.2 Urgent Cancer Referrals

7.2.1 Referrals for patients with suspected cancers can be forwarded to the Consultant via a referral letter, which is dealt with by Information Department in the same way as all other referrals. A fax may be sent, but it must be sent via the Safe Haven fax which is located in the Information Department. These are managed in accordance with the WHC (2002)01-collection of information on waiting times for cancer patients from January 2002. To meet the requirements of the NHS Plan, suspected cancer referrals must be seen by a specialist within 14 days of the GP making the decision to refer. To ensure this is achieved:

- Referrals from GPs must clearly indicate the referral is on behalf of a suspected cancer patient
- On receipt of a cancer referral the Appointment Centre will liaise with the consultant to ensure the patient is offered a date within two weeks.

7.3 Booking Systems

In line with the Guide to Good Practice, revised administrative booking systems are being rolled out across the Trust. The key benefits are to:

- Offer patients a choice of appointment within the constraint of service availability
• Provide patients with certainty that the date they will not be changed without discussion with them
• Reduce wastage resulting from failed appointments (i.e. from hospital or patient cancellation or patient ‘do not attends’)

Clinics managed via Patient Focused Booking

• New patient’s first appointment is determined by the length of the consultant’s waiting list, date referral is received and the consultant priority.
• Follow up patient’s appointment is determined by the length of time from each follow up; i.e. 4 weeks and under, the appointment is agreed and allocated, 5 weeks and over the patient will receive an invitation letter 4 weeks before the estimated date.

Please see flow chart on page 10

• Referrals added to relevant outpatient waiting list
• Referrals sent to Consultant for prioritisation
• Acknowledgement letter sent to patient
• Patient selected in priority/chronological order four weeks prior to maximum appointment time
• Urgent appointments – invitation letter generated automatically and is not selected from the booking system list
• Letter sent to patient requesting that they call the Appointment Centre to arrange an appointment
• Appointment negotiated between Appointment centre and patient within the maximum appointment time
• Appointment confirmation letter sent to patient
• Should the patient be unable to accept an appointment within the time-scale offered, the referral letter is returned to the outpatient waiting list and the patient given a second option to call at a later date
• Where a reasonable offer of appointment has been refused, this must be noted on the patient record on PAS and counted as a self-deferral from the date of the first offered appointment. Should the next available appointment offered be outside of the waiting list standard (i.e. patient choice), this will not register as a breach.
• If a patient does not respond to the initial invitation letter with 7 days, a second letter is sent to the patient
• If a patient does not respond to the second letter within 7 days, a letter sent to the patient informing them they have been removed from the waiting list, advising them to contact their GP if a further referral is required. GP is also sent a letter confirming this action.

7.4 Continuous Improvement

7.4.1 As part of Innovations in Care ‘Guide to Good Practice’, the prioritisation system will be reviewed to reduce unnecessary carve out where possible.

7.4.2 The NHS already uses pooling strategies. Outpatient clinic pooling will be introduced and the Trust will work with GPs to refer generically rather than to a named individual.
PATIENT FOCUSED BOOKING FLOW CHART

Referrals logged & coded by Information Dept → Referrals sent to consultant for prioritisation → All soon & routine referrals to Appointment Centre for sorting into appropriate folders → Urgents – invitation letter generated automatically—not part of booking system,

Routines/Soons - Acknowledgement letter to patient

Appointment Centre takes calls and allocates appointments - Confirmation of appointment letter sent to patient

Appointment Centre to select patients 6/52 prior to the maximum waiting time - Invitation letter to patient requiring them to phone appt centre

Patient Does Not Phone: - After 1/52 of non-contact appt centre send another letter to patient requiring them to phone the appt centre.

After 1 week if patient still does not call: - Letter to GP informing of removal from list - non response to partial booking letter. GP has 7 days to respond - Letter to patient informing them they have been removed from the waiting list.

CANCELLATIONS

HOSPITAL

Notify patient by letter or phone

PATIENT

Less than 1 week before appointment

Offer new appointment

Patient Does Not Phone: - After 1/52 of non-contact appt centre send another letter to patient requiring them to phone the appt centre.

After 1 week if patient still does not call: - Letter to GP informing of removal from list - non response to partial booking letter. GP has 7 days to respond - Letter to patient informing them they have been removed from the waiting list.

More than 1 week before appointment

Referral letters left in appointment centre until clinic preparation is undertaken by health records staff

If cancellation message left on answering machine appt centre to action request next day

Offer new appointment

Inform Health Records Clerk

Less than 1 week before appointment

Offer new appointment

Offer new appointment
7.5 Patient Cancellations (CNA) (see Appendix 2)

7.5.1 If the patient contacts the Outpatient Appointment Centre to cancel the appointment they must be asked if they require another appointment.

7.5.2 At the time of contact, the date of referral should be reset to the date the patient contacted the Trust to cancel the appointment i.e. current date.

7.5.3 The next available slot should be offered for follow up clinics and the patient must be returned to the waiting list in the case of a new appointment.

7.5.4 Patients who cancel their appointment and require no further appointment must be removed from the Waiting List – in the case of a new appointment. Under these circumstances the letter of referral must be filed in the health record.

7.5.5 Follow up patients who cancel, requiring no further appointment should be cancelled on PAS with the appropriate code.

7.5.6 If the appointment was for a new clinic and if sufficient time is available the appointment should be offered to another patient.

7.5.7 If the patient cancels an appointment once the clinic has started, this will be treated as a Did Not Attend (DNA).

7.6 Clinic Cancellation or Reduction

7.6.1 Hospital cancellations should be kept to a minimum. Wherever possible, a minimum of six weeks notice of planned annual leave or study leave (including notification of management meetings) should be given when a consultant, or other medical staff, requires a clinic to be cancelled or reduced.

7.6.2 Cancellation letters should include a re-arranged appointment and an apology. In instances of unplanned sickness absence where patients are informed of last minute cancellations by telephone, a new appointment should be confirmed in writing within 1 week.

7.6.3 Whenever possible, patients that have been previously cancelled should not be cancelled a second time. The consultant should be asked to review individual cases of multiple cancellations by the Trust to ensure that the re-allocated appointment corresponds with clinical need.

7.6.4 Clinics may be required to be reduced because of other commitments of member of the clinical team. In these circumstances adequate notice needs to be given.
7.7 Patients Who Do Not Attend (DNA) (see Appendix 3)

7.7.1 Patients who do not attend for consultation or treatment without notification will be removed from the waiting list and will not be given another appointment unless there are clear clinical indications following review of the health records by the clinician or other designated authority. Patient’s who give less than 24 hours notice of cancellation, are deemed to have not attended (DNA).

7.7.2 Only one re-appointment will be given in these circumstances – discharge after one DNA will normally be applied.

7.7.3 When patient’s DNA an explanatory letter should be sent to the patient and the referring GP informing them of the outcome.

7.7.4 The same applies to follow-up patients as for new patients, unless the clinician requests a further appointment on clinical grounds.

7.7.6 The wording on patient appointment letters should be strengthened to emphasise the importance of attending clinics and who to notify if unable to attend.

7.7.7 Short notice cancellations will be filled by ringing patients in daytime and evening hours where contact numbers are available.

7.7.8 Clinicians must outcome DNA’s at the end of each clinic session and ensure that case note entries are made to record these outcomes.

7.7.9 Nursing staff must ensure that the correct outcome codes for all DNA’s are noted on the clinic lists to ensure that the correct information is recorded on PAS.

7.7.10 Problem clinics for non-attenders will be identified and targeted through Directorate Performance Review meetings. Non-attendance will be audited on a regular basis to ensure that the DNA policy is being adhered to.

7.8 Did Not Phone (DNP)

7.8.1 Any patient who does not phone in response to a partial booking letter or a validation letter may, once certain preconditions have been met, be removed from the waiting list using the off-list code ‘Did not phone’.

7.8.2 Under patient focused booking a DNP should only be recorded when the required number of reminder letters have been sent to the patient, and the deadline for responding has expired.

7.8.3 A DNP will be removed from the waiting list and notification will be sent to the patient and GP.
7.9 Communication with Patients and GPs

7.9.1 All written communications with patients will meet the Trust Standards, and where possible, will be provided in Welsh and English.

7.9.2 GPs will receive on a monthly basis from the Trust a practice summary of patients for which a referral has been received. GPs will also be sent an update of waiting times for each outpatient service, indicating the average wait times and the percentage of patients seen within 13 weeks.

7.10 Validation of Outpatient Waiting Lists (See Appendix 3c)

7.10.1 It is recommended that a review of all patients waiting in excess of 3 months be carried out on a rolling basis. Experience in other hospitals has shown that this can remove a significant number of patients who no longer need to be on the waiting list. The process of validating the outpatient waiting lists is explained in further detail in the Outpatient Waiting List Validation Policy.

8. CENTRAL ADMISSIONS OFFICE
BOOKING OF IN PATIENT AND DAY CASES

The scope of the Central Admissions Office is to cover all aspects of inpatient and day case admissions, including urgent, elective and waiting list management. This process is carried out in conjunction with clinical staff to ensure clinical need is met.

8.1 Who should be added to a Waiting List?

8.1.1 Patients must only be added to the waiting list if:

a) There is a sound clinical reason for the operation as an inpatient or day case
b) The patient is socially and clinically ready to undergo surgery.
c) If there is a realistic expectation they will receive treatment within the timescales agreed by the Local Health Board’s (LHB).
d) Providing the procedure is not on the list of services for which the LHB have indicated they will not pay. (Appendix 1)
e) A Waiting List should be seen as a register of people who, if there were no resource constraints, could be operated upon today
f) Patients will be added to the waiting list as soon as the decision is made to admit them for treatment or investigation
g) Do not add patients if they have weight to lose
h) Do not add patient if they are unfit
i) Do not add patients where there is no serious intention to admit them:
   ▪ Because they are not ready to be treated, i.e. because they are pregnant at the time that the decision to add to the list is made
   ▪ Because of the rules of this policy

8.1.3 Patients will receive written confirmation that they have been added to the waiting list together with an indication of the length of wait. Patients will be asked to advise
the Trust of any changes to their personal circumstances (e.g. change of address, telephone number, GP) in addition to unavailability dates, availability to come in at short notice or any special circumstances, i.e. caring for an elderly relative, or if treatment is available elsewhere within a shorter period will the patient travel?

8.1.4 The letter will also contain information on the implications should the patient fail to attend or indicate an unwillingness to attend on the dates offered. Confirmation that the patient has been added to the list must be sent to the patient’s GP

8.2 Patients Awaiting Investigations

Patients who are undergoing investigation should not simultaneously be on the inpatient or day case waiting list, e.g. patients for diagnostic MRI scan, nerve conduction studies etc. This should not affect the time patients wait for overall treatment from referral.

8.3 Patients listed for more than one procedure

Where the same surgeon will perform more than one procedure at one time:
- Add first procedure to the waiting list with additional procedure(s) noted

Where different surgeons working together will perform more than one procedure at one time:
- Add patient to the waiting list of the consultant surgeon for the priority procedure with additional procedure(s) noted

Where patient listed for bilateral procedures but will have initial surgery on one side at first admission and subsequent admission for second side:
- Add to waiting list for first side with original DTA date
- Add to planned waiting list for second side with original DTA date
- On completion of first side, agree with patient TCI date for second side

8.4 Structure of Waiting Lists

To aid both the clinical and administrative management of the waiting list, it is recommended that lists should be sub-divided into a limited number of smaller lists, differentiating between active lists and others.

- Waiting lists will contain details of all patients waiting for a procedure, including those with dates to come into hospital, suspensions (medical and social) and repeat admissions.
- Priorities to be identified for each patient on the “active” waiting list allocated according to the urgency of the treatment. The current priorities are: Urgent, Soon and Routine.
- Intended procedure/investigation (selected from a pre-determined list of procedures investigations) is to be included.
• Each patient record to show the actual waiting time from the original date on the waiting list (Patient Charter count/list date) as well as the waiting times taking account of suspensions and self-deferrals.

8.4.1 **Active Waiting Lists**

The active waiting list should consist of patients awaiting admission who are available to come in.

8.4.2 **Suspended Waiting Lists**

At any time a consultant is likely to have a number of patients who become unsuitable for admission for clinical, social or other reasons. These patients should be suspended from the active waiting list until they are ready for admission. **Please refer to page 20, 9.8**, for guidance on reinstatement to waiting list. Suspended patients will not count as waiting for statistical purposes. Any periods of suspension will be subtracted from the patient's total time on the waiting list.

8.4.3 **Planned Waiting Lists**

Planned waiting list patients are those who are waiting to be recalled to hospital for a further stage in their course of treatment or surgical investigation. These patients are not waiting for treatment, only for planned continuation of treatment. They will not be classified as being on a waiting list for statistical purposes.

Examples include:
- "Check" endoscopic procedures
- The second procedure for bilateral operations (e.g. joints, eyes)
- Removal of metal work (e.g. pins, plates, screws etc.)
- Investigation/treatment sequences

8.5 **Selecting Patients for Admission (see Appendix 4, page 18)**

8.5.1 It is the intention of the Trust to modernise its inpatient waiting lists in line with the ‘Guide to Good Practice’. The Trusts aim is to develop more robust admission systems that secure the flexible use of resources whilst maximising efficiency. These systems will comprise of patient focused booking and the pooling of routine elective inpatient and day case admissions where appropriate.

8.5.2 Selecting patients for admission entails balancing the clinical urgency of the patients and length of wait against the available resources of theatre time and staffed beds.

8.5.3 Patients should be selected on the basis of who has been waiting the longest\(^1\), whilst accepting that other patients in more “urgent” need of treatment will be given precedence.

\(^1\) WHC (2003) 65 War Pensioners should receive priority treatment if the condition is directly attributable to injuries sustained during the war periods.
8.5.4 Individual Consultants are jointly responsible with the Central Admissions Office for ensuring that their waiting lists do not exceed locally agreed waiting times standards.

8.5.5 The Trust will ensure patients receive a minimum of ten working days notification of treatment date unless the treatment is urgent, the patient has specified they are willing to accept treatment at short notice or the booking is made directly and agreed with the patient.

8.5.6 Patients must confirm their attendance prior to admission.

8.5.7 Patients not available for admission or who fail to confirm attendance will be substituted by other patients from a short notice list. In such circumstances the patient may be removed from the waiting list subject to discussion between the Consultant and GP.

8.5.8 Information given to patients in TCI letters should be clear and restricted to details that directly relate to the proposed admission.

8.5.9 The Trust aims to provide direct and timely communication with patients to enable them to make whatever personal arrangements are necessary and to keep the effect of self deferral and did not attend patients to a minimum. Clinical priority will always be the main determinant of when patients are admitted as inpatient/day cases. Patients of a similar clinical priority should be seen in order of when they were placed on the waiting list unless pressing social factors mean their priority is greater, e.g. patient may lose their job if condition is not resolved or if caring for a relative and their condition means they cannot continue.

8.5.10 There should be a pre-admission system in place to ensure a patient’s optimum level of health prior to their surgery and advice and education are provided regarding their forthcoming procedure and discharge.

8.6 **Inpatient and Day Case Primary Targeting List (PTL)**

The Trust will use the PTL system for selecting patients for admission. This system will ensure that each routine patient will be treated in order which will assist in the delivery of the maximum waiting time target. The Trust will monitor the selection of patients against this PTL regularly and will agree actions to be taken where routine capacity is insufficient to treat the volume of patients.
9.0  MANAGEMENT OF THE INPATIENT AND DAYCASE WAITING LISTS

9.1  Responsibility

The Information Manager is responsible for ensuring that there is general compliance with the policy and that waiting lists are effectively managed to realistic local targets – maximum waiting times and activity management in particular. Consultants are responsible for ensuring that the policy applies in their area.

9.2  Short Notice Admissions

A list of patients available to attend for surgical treatment at short notice should be kept on PAS to enable another patient to be given an opportunity for treatment should an unexpected vacancy arise in planned admissions. Consideration will first be given to clinical priority patients and then the longest wait.

9.3  Hospital Cancellations

Definition:

Patient is offered reasonable admission date but this is cancelled by the hospital.

9.3.1  Whenever the Trust cancels an admission, the patient is to be given a new date for admission. The Patients Charter requires that operations are not cancelled on the day the patient is due to be admitted or after the patient has arrived at the hospital. If this does happen because of a major incident or other emergency situation, the patient must be admitted again within one month of the cancellation. This is to be recorded on the PAS to ensure the patient is not cancelled again.

Elective admissions will only be cancelled on the day of surgery in the following circumstances:

- The patient is unfit for surgery
- Theatre slot required for an emergency/urgent case
- Bed not available
- Consultant request
- GP request

9.4  Patients Who Cannot Attend – (CNA) (see appendix 5, page 19)

9.4.1  Patients who inform the Trust that they are unable to attend on the date offered for treatment will be given one further treatment date which should be on a mutually convenient date.

9.4.2  At the time of contact, the date of referral should be reset to the date the patient contacted the Trust to cancel their admission i.e. current date.

9.4.3  If they are unable to attend on the second occasion they will be removed from the waiting list and referred back to the GP.
9.4.4 As with the management of a DNA, the Consultant has the right to over-ride the removal of the patient from the waiting list in circumstances where they feel strict adherence to these guidelines would genuinely compromise the interests of the patient’s care.

9.4.5 If a patient has not followed issued guidance, (e.g. fasting before admission) then the activity will be managed as a CNA.

9.4.6 If deletion is agreed then the patient, their GP or the initial referrer (if not the GP) will be notified in an explanatory letter, a copy of which is placed in the patients Health Record for reference.

9.5 Patients Who Do Not Attend – DNA (see appendix 6, page 20)

9.5.1 Patients who do not attend for treatment (or consultation) without notification will be removed from the waiting list unless there are clear clinical indications following review of the notes by the consultant. Only one re-appointment will be given in these circumstances – normally a one DNA policy will be applied.

9.5.2 Where patients have not attended the decision to remove the patient from the waiting list will be communicated via an explanatory letter to the patient, the GP and the referrer (if this is different from the GP). A copy of this letter will also be filed in the patients case notes for reference as well as an entry placed on PAS.

9.5.3 Patient’s who did not attend, but provide an acceptable explanation as to why they did not attend on the date of admission, should be given a further appointment in light of the fact that allowance will always be made for any mitigating circumstances. No re-instatement to a waiting list should take place more than 3 months from the date of removal. In these cases the patient will require a new GP referral.

9.6 Compiling a Theatre List

9.6.1 All patients are selected on the basis of priority and length of wait. Urgent patients are accommodated on the next available list (within 28 days), whilst patients categorised as soon are seen within 3 months, unless otherwise specified by the Consultant. The remainder of the patients are selected on the basis of longest wait. Lists are then compiled in accordance with the template agreed with the individual Consultant. Once the list has been compiled it is shown to the Consultant so that the content and order can be agreed. After it is agreed and signed off, the list is entered onto the theatre system and published.

9.6.2 It should be noted that the Central Admissions Office deals with the booking of NHS patients only. The booking of private patients will remain the responsibility of the Medical Secretary.
9.7 Cancellation of a Theatre Session

9.7.1 Occasionally, due to unforeseen circumstances it is necessary to cancel theatre lists/sessions at short notice. It is necessary for the patient to be informed as soon as the cancellation is known. If the cancellation takes place prior to the day of admission then it will be the responsibility of the Central Admissions Office or the Medical Secretary (if Private Patient) to inform the patient. If the cancellation takes place on the day of admission then it will be the responsibility of the Bed Manager/Directorate Manager to inform the patients of the cancellation.

9.7.2 A new admission date must be offered to the patient within 1 month of the cancellation. For some specialties it will be necessary to offer an admission date on the next theatre session, due to the validity of the pre-operative assessment.

9.8 Suspensions

9.8.1 A Consultant is likely to have a number of patients on the list who are not currently available for admission. They are categorised in the following way:

a) **Medically Suspended** – where the patient has another medical condition that prevents treatment from taking place, for example, high blood pressure, obesity, diabetes.

b) **Socially Suspended** – where the patient has personal short-term circumstances that prevent admission at that time, for example holidays, caring for a seriously ill relative.

These patients are not to be counted as being on the waiting list but are to be entered onto a suspension list. The reasons for the suspension must be recorded as well as the date the suspension is due to end.

9.8.2 Patients should not be suspended from the waiting list when there is no prospect of imminent restoration to the list. The patient’s may be suspended for a maximum for 6 months only, except in the case of pregnancy.

9.8.3 Arrangements will be made for admission when there is an opportunity to treat those patients when they are fit.

9.8.4 Details of patients suspended because they are medically unfit will be provided to the relevant GP practice.

9.8.5 The waiting time will be frozen from the date of suspension until restoration on the list.

9.8.6 Suspensions should be reviewed on a 3 monthly basis. At this stage GP’s may need to be contacted to determine whether the patient still requires treatment. Once reinstated on the list the overall length of wait should not exceed 8 months.
9.9 Inpatient/Day Case Waiting List Validation

9.9.1 Telephone validation of waiting lists to be carried out on a monthly basis for all patients who reach a 6 month wait. Patients who fail to respond to a validation check will be removed from the waiting list.

9.9.2 All waiting list information is to be maintained on the Patient Administration System (PAS).

9.9.3 Any patients who ask to be removed should be taken off the waiting list immediately. The relevant GP and Consultant should be informed of the patient’s wishes.

9.9.4 GP’s and Consultants will be notified of all removals as a result of routine maintenance of the waiting list.

9.9.5 Where removals of patients from the waiting list are high this could be an indication of a problem with the selection criteria used by clinicians to identify patients that are suitable for treatment. In these cases, selection criteria should be analysed and revised by consultant staff.

9.10 Removing Patients from the Waiting List

9.10.1 Patients will be removed from the waiting list:

a) Once treatment/investigation is completed.

b) If the patient fails to attend once (DNA) or cancels twice (CNA).

c) If the patient is found to be unfit at pre-operative assessment. They will be referred back to the GP until such time as the GP deems the patient fit for surgery.

d) If the patient will not be available for treatment for an extended period of time, i.e. more than six months, either for medical or social reasons.

e) On the receipt of advice from the patient or GP that treatment is no longer required or that treatment has been provided elsewhere.

f) If they fail to respond to letter from the Trust intended to validate the waiting list by confirming that treatment is still required.

g) Should the Commissioner indicate that the full cost of treatment would not be met?

h) As a result of the patient’s death or relocation.

9.10.2 A decision to remove a patient from the waiting list in relation to b), c), d) and e) may be overturned at the discretion of the Consultant and GP or may result in an alternative care plan being made and notified to the patient.
9.10.3 All removals will be notified to the Consultant, GP and patient.

10. **CANCER SERVICES REQUIREMENTS**

10.1 The waiting time for “suspected cancer patients”, is currently determined as being the interval between the date of receipt of referral in the Trust until the patient is first seen in clinic. This period should be no longer than 10 working days.

10.2 In order to ensure appropriate waiting list management, all suspected cancer referrals are classified as urgent immediately and sent to the clinician for review. The urgent status will either be confirmed or revised at this point and the patient appointed as appropriate to their status.

11. **REPORTING ARRANGEMENTS**

11.1 Detailed information on the Waiting List and expected waits will be published monthly. This will be distributed routinely to Directorate Managers, Consultants and the Executive Management Team.

11.2 Summary waiting list and times information will be presented to the Trust Board regularly

12. **EQUALITY**

The Trust recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The Trust recognises that equality impacts on all aspects of its day to day operations and has produced an Equality Policy Statement to reflect this. All policies and procedures are assessed in accordance with the Equality initial screening toolkit, the results for which are monitored centrally. This policy has undergone the initial screening process in line with the Trust’s Race Equality Scheme and has shown a medium level of impact.

13. **REVIEW**

This policy will be reviewed in 3 years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.
CONTRACT RESTRICTIONS

The Local Health Board has identified either, marginally effective or ineffective procedures and a number of interventions considered to be low priority which will be commissioned on an exception or restricted basis only. The contract restrictions will apply to all specialities equivalently.

The interventions which will only be commissioned on an exception or restricted basis can be placed in one or other of two categories.

- The effectiveness is dependent on patient selection. For example, diagnostic dilatation and curettage of the uterus should not be performed on women under 40, as the risks outweigh the benefits.

- Services which are of a low priority. Some procedures, for example, Rhinoplasty are effective but the result in health gain could not be considered justified when there is a proven need for increased funding of basic services.

It should be noted that the policy restrictions are not absolute and exceptions can be made on clinical grounds.

PROCEDURES ONLY TO BE COMMISSIONED AS EXCEPTIONS

Some restricted procedures will be commissioned on the basis of the criteria detailed here. Others will be commissioned on a named patient basis only, with pre-approval required for consideration of funding.

Procedures to be subject to contract restrictions:

- Complementary therapies
- Cosmetic Surgery
- Diagnostic dilatation and curettage for women under 40 years
- Excision benign skin lesions
- Non-medical circumcisions
- Osseo-integrated dental implants
- Reversal of vasectomy or female sterilisation
- Varicose veins – asymptomatic, mild and moderate
- Orthodontic treatment of an essentially cosmetic nature

Further details are available within Ceredigion Local Health Board’s Policy on Contract Restrictions (Revised September 2004)
VALIDATION OF THE INPATIENT/DAY CASE WAITING LIST

Introduction

In order to ensure that the quality of data held on the inpatient waiting lists is as up to date as possible, the process of validation will feature as an ongoing procedure. Essentially this means that Central Admission Officers will be required, as part of their day to day work, to validate the inpatient waiting list against the following criteria:

TCI's

Each Officer will ensure that patients having undergone surgery are recorded on the system within 5 working days of the surgery having taken place. In order to do this, a TCI report will be printed by the Central Admissions Supervisor, which will be distributed to each officer accordingly. Officers will need to ensure that where surgery has been undertaken, the appropriate patients are documented as admitted/deferred appropriately on the system.

Medical Suspensions

Suspension lists will be printed on a monthly basis and reviewed. At this stage GPs may need to be contacted to determine whether the patient still requires treatment.

Patients still shown as being suspended after 5 months will need to be followed up either by phone or letter.

Patients who have been medically suspended from the Waiting List for more than six months should be removed from the waiting list and an alternative care plan should be agreed with the GP. Alternatively, re-assessment in the outpatient department may be considered.

In the event of the patient being considered for removal from the Waiting List, the appropriate consultant and GP must be consulted.

Unavailability (formerly known as social suspensions)

Unavailability will therefore consist of any other reason for the deferral of surgery by the patient, i.e. holidays, childcare arrangements etc. See section 9.8.1(b) of the Waiting List Policy.

Patients who have repeatedly made themselves unavailable when given a TCI date, (i.e. twice or more) should have their notes referred to the appropriate consultant for advice.

Validation Process

Validation can be described as the administrative or clinical review of the elective admission list. This review is undertaken of all patients who have been on the waiting list for six months or more.
A full validation should be undertaken of

- Correct address
- Confirmation of still awaiting surgery (with GP)
- Identification of any known periods of unavailability.

1. Telephone validation will take place on a monthly basis for all patients who reach a 6 month wait.

2. Where patients indicate that they still require a procedure, details of the date on which they confirm their availability should be entered in the referrer notes on the referral screen.

3. If a patient indicates that they no longer wish to receive treatment then this must be brought to the attention of the Consultant concerned.

4. Appropriate details are recorded on the telephone validation form, which is then filed in the patients case notes

5. A letter must be sent to the General Practitioner and the patient advising of the removal of the patient from the waiting list. The patient should then be removed from the waiting list and the patient episode closed.

6. Patients not contactable by telephone will be sent a letter asking them to contact the Central Admissions Office within the next week. Should the patient fail to contact Central Admissions all appropriate checks will be made, and if no change in patient details are found a second letter will be sent to the patient informing them that they have been removed from the waiting list.
Sample Inpatient/Day Case Validation Letter
Central Admissions Office, Bronglais General Hospital,
Aberystwyth, SY23 1ER
Telephone: (01970) 63....

PATIENT NAME      HOSPITAL REF:
ADDRESS           NHS NUMBER
POST CODE         DATE

Dear

Consultant:
Specialty:
Waiting List Date:

Your name has been on the waiting list as detailed above for some time and I regret that you have not yet been called for admission.

To minimise patient cancellations and to improve our waiting times we constantly review our waiting lists. The purpose of this letter, as well as assuring you of our commitment to treat you as soon as possible, is to confirm whether you will be able to come into hospital when requested.

We have found that when offered an admission date some patients decline this for a variety of reasons, for example:

- they may have left the area
- they may have received treatment elsewhere
- they may be on holiday
- they no longer require the operation

Please would you take the time to complete the enclosed questionnaire, sign it and return it to us in the pre-paid envelope provided, within the next two weeks. If you do not reply within that time, we will assume you no longer wish to remain on the waiting list. Your name will then be removed from the list and we will inform your GP accordingly.

If you wish to remain on the inpatient/day case waiting list but your circumstances or personal details change at any time in the future, I would be grateful if you would be kind enough to inform us. Should you have any queries arising from this communication, please do not hesitate to contact us on the above telephone number,

Many thanks for your cooperation

Yours sincerely

Central Admissions Office

Enc
HOSPITAL REF:

PATIENT NAME
ADDRESS
POST CODE

CONSULTANT:
SPECIALTY:
WAITING LIST DATE:

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1  Do you still require your name to remain on the waiting list?
   YES/NO*

   If the answer is NO, please state the reason
   ……………………………………………………………………………………………
   ……………………………………………………………………………………………

   NB  If your answer is NO then your consultant will be informed of your decision and your
   name will be removed from the waiting list. Your GP will be notified accordingly.

2  If you still require treatment, are your circumstances such that you can attend at
   short notice?
   YES/NO*

   If the answer is YES, please provide us with your home and work telephone
   numbers:

   Home Tel: …………………………… Work Tel: ……………………………
   Mobile No: …………………………………………

   Signature: …………………………………………. Date: ……………………

   *Delete as appropriate

PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE PRE-PAID
   ENVELOPE

THANK YOU FOR YOUR COOPERATION
Sample Outpatient Validation Letter
Outpatient Appointment Centre, Bronglais General Hospital,
Aberystwyth, SY23 1ER
Telephone: (01970) 635555

PATIENT NAME  HOSPITAL REF:
ADDRESS  NHS NUMBER
POST CODE  DATE

Dear Consultant:
Specialty:
Waiting List Date:

Your name has been on the outpatient waiting list as detailed above, for some time and I regret that you have not yet been seen.

To minimise patient cancellations and to improve our waiting times we constantly review our waiting lists. The purpose of this letter, as well as assuring you of our commitment to treat you as soon as possible, is to confirm whether you will be able to come to clinic when requested.
We have found that when the time comes to attend, some patients decline the day offered for a variety of reasons, for example:
- they may have left the area
- they may have received treatment elsewhere

Please would you be good enough to take the time to complete the enclosed questionnaire, sign it and return it to me in the pre-paid envelope provided, within the next two weeks. If you do not reply within that time, we will assume you no longer wish to remain on the outpatient waiting list. Your name will then be removed from the list and we will inform your GP accordingly.

If you wish to remain on the outpatient waiting list but your circumstances or personal details change at any time in the future, I would be grateful if you would be kind enough to inform me. Should you have any queries arising from this communication, please do not hesitate to contact me on the above telephone number,

Many thanks for your cooperation.

Yours sincerely

Outpatient Appointment Centre Supervisor

Enc
PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Do you still require your name to remain on the waiting list?
   YES/NO*

   If the answer is NO, please state the reason
   .................................................................................................................................

NB If your answer is NO then your consultant will be informed of your decision and your
name will be removed from the waiting list. Your GP will be notified accordingly.

2. If you still require treatment, are your circumstances such that you can attend at
   short notice?
   YES/NO*

   If the answer is YES, please provide us with your home and work telephone
   numbers:
   Home Tel: ........................................ Work Tel: ........................................
   Mobile No: ................................................

   Signature: ..................................................... Date: .........................

*Delete as appropriate

PLEASE RETURN THE COMPLETED QUESTIONNAIRE IN THE PRE-PAID
ENVELOPE

THANK YOU FOR YOUR COOPERATION
### GLOSSARY OF TERMS

<table>
<thead>
<tr>
<th>TERMINOLOGY</th>
<th>DEFINITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACTIVE WAITING LIST</td>
<td>Patients awaiting elective admission for treatment and are currently available to be called for admission</td>
</tr>
<tr>
<td>BOOKED ADMISSION</td>
<td>A patient admitted electively into hospital, having been given a date at the time the Decision to Admit was made, determined mainly on the grounds of resource availability.</td>
</tr>
</tbody>
</table>
| CNA                          | Could Not Attend  
The patient has contacted the hospital to say that they are unable to attend a given date for either personal or medical reasons. Information is given after being advised of a TCI date. As per section 9.4 of the Waiting List Policy, the patient, Consultant and GP will be informed once an individual has indicated that they cannot attend twice.                                                                                   |
| DAY CASE                     | Patients who are admitted electively during the course of a day for treatment or care, which will not require an overnight stay in hospital and return home as scheduled.                                                                                                                                                                                                                                                            |
| DATE OF PATIENT REFERRAL     | The date of referral given on the GP’s letter (not the date the letter was received in hospital). In cases where the GP fails to specify a date of referral, the date the letter was received should be used.                                                                                                                                                                                                                                             |
| DECISION TO ADMIT            | All admissions to hospital are initiated by a Decision to Admit. The date on which the patient was originally put on the waiting list. It indicates that the patient is intended to be admitted either as an urgent admission, or at some time in the future, as a routine admission.                                                                                                                                           |
| DNA                          | Did Not Attend  
The patient failed to attend a given TCI date for surgery. In this instance, no contact has been made by the patient. As per section 9.5 of the Waiting List Policy, the patient, consultant and GP will be informed once an individual has DNA’d once.                                                                                                                                         |
| ELECTIVE ADMISSION           | Where the decision to admit could be separated in time from the elective admission, i.e. a patient whose admission date is known in advance, thus allowing arrangements to be made beforehand.                                                                                                                                                                                                                                                |
| HOSPITAL CANCELLATION        | Patients with a TCI date surgery has been cancelled by the hospital as a result of operational difficulties, i.e. bed shortage, consultant unavailability etc. The Patients Charter requires that operations are not cancelled on the day the patient is due to be admitted. If this does happen as a result of a major accident or emergency situation, the patient must be admitted within one month of the cancellation. |
| INPATIENTS                   | All patients not admitted electively and any patients admitted electively with the intention of staying in hospital at least one night. Also referred to as ordinary admissions.                                                                                                                                                                                                                                                                 |
| MEDICAL SUSPENSION           | As per section 8.1.1 (b) of the Waiting List Policy, patients can only be added to the waiting list if they are medically fit for treatment. The patient can be considered medically unfit for surgery by either self-diagnosis, i.e. cold, or consultant/GP advice. Patients can also be medically suspended when surgery cannot take place prior to the completion of another procedure. Patients medically suspended from the active waiting list are |
not counted as being on the waiting list, but appear on the suspension list.

<table>
<thead>
<tr>
<th><strong>PATIENT FOCUSED BOOKING</strong></th>
<th>A system where patients are placed on a list and sent a letter giving an indication of the expected wait time. Four weeks prior to appointment availability patients are asked to contact the hospital to organise a mutually convenient date and time for appointment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>POOLED OR GENERIC REFERRALS</strong></td>
<td>Referrals from a GP where the Consultant is NOT specified. i.e. Dear Doctor</td>
</tr>
<tr>
<td><strong>PAS</strong></td>
<td>Patient Administration System</td>
</tr>
<tr>
<td><strong>PERFORMED</strong></td>
<td>When surgery has taken place, this effectively removes the patient from the appropriate waiting list.</td>
</tr>
<tr>
<td><strong>PLANNED ADMISSION</strong></td>
<td>A patient admitted electively to hospital, having been given a date or approximate date at the time that the Decision to Admit was made. This is usually part of a planned sequence of clinical care determined mainly on clinical criteria.</td>
</tr>
<tr>
<td><strong>PRIORITY</strong></td>
<td>Patients on elective admission lists must be classed as either routine, soon or urgent at the time the decision to admit is made. This indicates which patients should be given priority for admission. Priority type can be defined more precisely if this is needed for local purposes. A patient can be on more than one elective waiting list. This may be because the patient needs treatment for more than one condition.</td>
</tr>
<tr>
<td><strong>SUSPENDED WAITING LIST</strong></td>
<td>This is a list of all patients who have had their admission suspended for medial or social reasons. They are not included in the numbers waiting on the active waiting list, but are included in the monthly waiting lists reports to the Business Service Centre (BSC).</td>
</tr>
<tr>
<td><strong>TCI</strong></td>
<td>‘To come in’ or admission date</td>
</tr>
<tr>
<td><strong>UNAVAILABILITY</strong></td>
<td>The patient has advised that they are unavailable for surgery due to personal reasons (i.e. holiday, childcare reasons). This information had been given prior to TCI being advised. TCI date will not be given during any period of unavailability that is noted.</td>
</tr>
<tr>
<td><strong>VALIDATION</strong></td>
<td>The administrative or clinical review of the elective admission list.</td>
</tr>
</tbody>
</table>
SELECTING PATIENTS FOR ADMISSION

Select patients according to clinical priority

Send for patient giving minimum of 2 weeks notice

Letter should be clear, to the point, with instructions how to respond

Bring appropriate patient to a pre-operative assessment clinic

Patient attends pre-assessment clinic

Fit

Admit and treat

Unfit

Patient is placed in suspension

Patient DNA’s at pre-assessment clinic

Follow steps for patients who do not attend

Remove from waiting list

Confirm arrangements with “booked” patients
PATIENT CANCELLATIONS

Patient offered date but declines in advance

Record details on PAS

Offer second TCI date

If patient still unavailable inform patient that their name has been removed from Waiting List and send notes to Consultant

Consultant agrees: Inform GP that patient has been removed from waiting list
PATIENTS WHO DO NOT ATTEND

Patient offered date

“Urgent” patient DNA’s

Contact patient and agree new TCI date (by telephone, if possible, before sending out written confirmation)

Patient DNA’s again

“Routine” patient DNA’s

Check that the patient did not cancel the offer of admission or that they have not moved home (via GP/HA)

Notify Consultant, return to GP care, and remove from Waiting List

Consultant agrees:
Inform GP that patient has been removed from waiting list. Letter to patient
Patient Suspended on Inpatient/Day Case Waiting List

MEDICAL DEFERRAL (On Consultant Request)
- Patient Reviewed every 3 MONTHS
  - Via OUTPATIENT FOLLOW-UP
  - Consultant review of Case Notes
    - Maximum period of SELF DEFERRAL 6 MONTHS
      - Within this 6 MONTHS Validation undertaken every 3 MONTHS
        - GP Contacted to Review
          - Patient Removed from List
          - Patient Reinstated on “ACTIVE” List

SELF/PATIENT DEFERRAL
- Maximum period of SELF DEFERRAL 6 MONTHS
- Patient remains on SUSPENDED LIST
- Patient reinstated on “ACTIVE” LIST
- Patient Unfit
  - Refer back to GP until such time Patient is ready for Referral

APPENDIX 7
MANAGING SUSPENDED LIST
(SOURCE: EXPECTED STANDARDS FOR WAITING LIST MANAGEMENT IN WALES)