

Wider Devon STP Process for patients wishing to seek alternative provider when RTT target is likely to breach

This process applies to likely 18 week RTT breaches regardless of whether the patient has started their treatment pathway (had an outpatient appointment).

Maximum Waiting Times – Guidance for Commissioners (PDF, 366K)

If you cannot be seen within the maximum waiting time the organisation that commissions and funds your treatment (CCGs or NHS England) must investigate and offer you a range of suitable alternative hospitals or community clinics that would be able to see or treat you more quickly. However, you will need to contact the original hospital, clinic or commissioner first before alternatives can be investigated for you. Your local CCG or NHS England must take all reasonable steps to meet your request.

How to raise patient awareness, including hard-to-reach groups, and offer support

It is good practice for commissioners and providers to make patients aware of their rights and of the steps patients can take should their rights not be met.

Commissioners can:

- require (through your provider contracts) that all patients are aware of when their clock starts and stops;
- ensure that when patients contact the CCG for advice, they are put in touch with the Devon Referral Support Services' (DRSS) helpdesk, who will advise and support the patient whilst investigating the issue for them, if necessary;
- work with your Local Healthwatch to develop ways to enable patients, to exercise their rights in general and ensure that this right is monitored, using their own data and data from DRSS
- work with local GP practices and clinical champions to raise awareness of the NHS Constitution and its benefits for patients and staff and display information on the 18-week right, in waiting areas in primary care and hospitals.

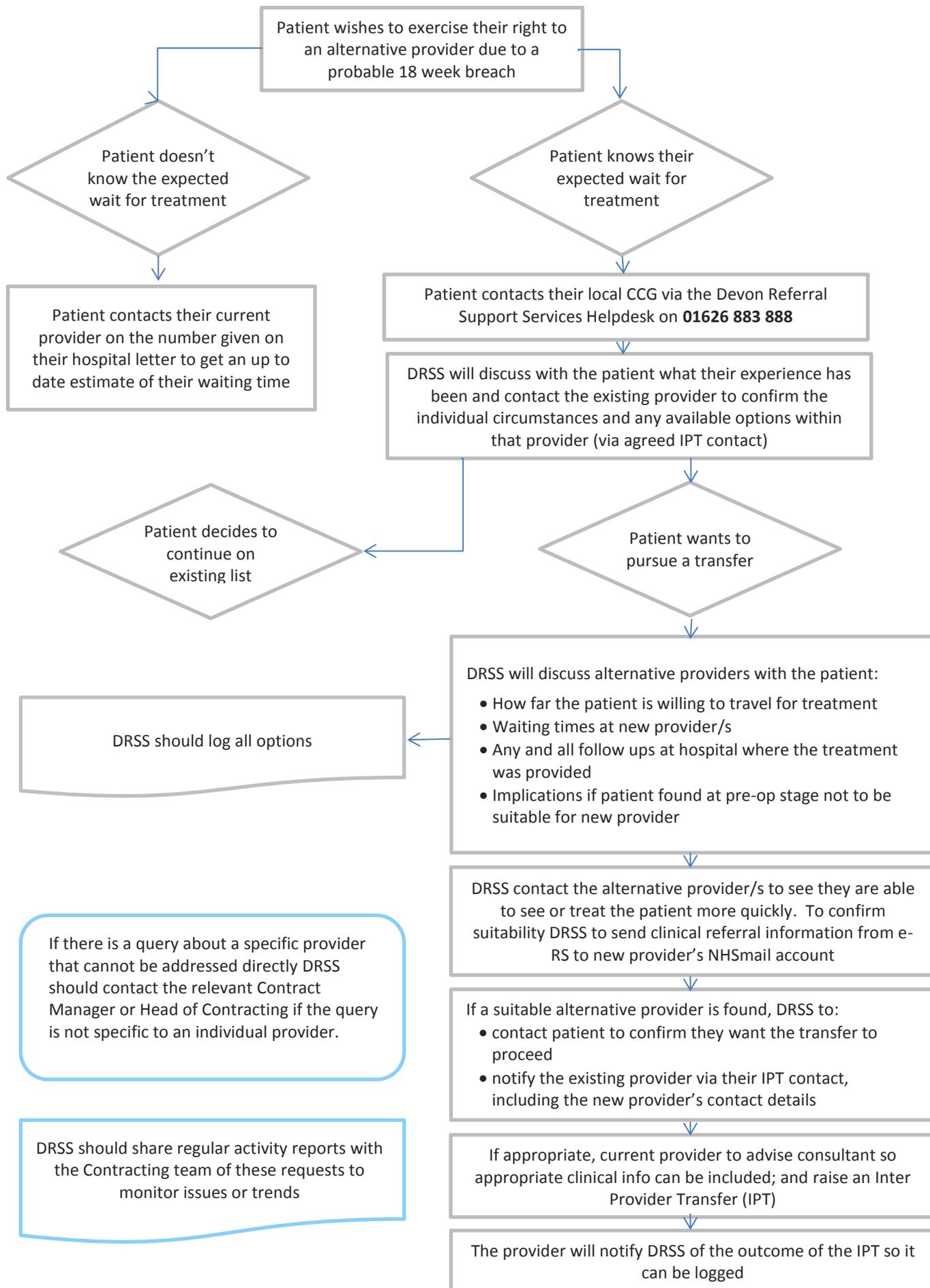
Also commissioners can require providers to:

- include information on waiting time rights in patient appointment confirmation letters (the NHS Standard Contract requires providers to do this);
- communicate the NHS Constitution maximum waiting time right, including the right to request alternative provision, at the beginning of a patient's referral to treatment pathway; and
- include information in the first appointment letters on how patients can find out more about the right; and official notification of when the 18 week clock started.

What happens if a patient wishes to exercise their right for an alternative provider?

If it is not possible for a patient to be seen within the maximum waiting time, the local health community must investigate and offer a range of suitable alternative hospitals or community clinics that would be able to see or treat the patient more quickly. The suitable alternative hospital must be able to provide the same type of treatment and procedure, and be able to do this within the national prices set with the NHS.

1. Patients wanting to find out what their waiting time for treatment is likely to be should contact their Consultant or secretary in the first instance.
2. If the patient is likely to breach, and wishes to investigate alternative providers, they should contact the Devon Referral Support Services' Helpdesk on **01626 883 888**.
3. DRSS will discuss with the patient what their experience has been, and will contact the existing provider to confirm the individual circumstances and any available options within that provider via the relevant IPT contact.
4. If no options are available from the existing provider, DRSS will discuss all the alternatives with the patient and what this would involve. The following list needs to be considered:
 - How far the patient is willing to travel for treatment
 - Waiting times at new provider
 - Any and all follow ups will be done at hospital where the treatment was provided
 - Implications if patient found at pre-op stage not to be suitable for new provider
5. All of the options given by DRSS should be logged. These may include treatment elsewhere in the country where patient has relatives, or treatment abroad in line with the NHS Constitution.
6. DRSS will contact the patient's preferred alternative provider/s to see if they are able to see or treat the patient more quickly. To confirm suitability DRSS will send the initial referral letter and any other clinical information available on the national e-Referral System to the provider's NHSmail account.
7. If there is a suitable alternative provider DRSS will:
 - contact patient to confirm they want the transfer to proceed
 - notify the existing provider via their IPT contact to request that an IPT be raised so that care can be transferred and ensure accurate waiting times information and appropriate billing is undertaken. DRSS will include contact details for the new provider including name, phone and email address
8. If appropriate, as a matter of courtesy, the existing provider to inform the current Consultant of the request prior to raising the IPT, and seek referral letter or permission to include previous correspondence relating to the episode of patient's care.
9. The provider will notify DRSS of the outcome of the IPT request so that it can be logged.
10. DRSS should contact the relevant Contract Manager for any queries about a specific provider that cannot be addressed directly; or Head of Contracting if the query is not specific to an individual provider.
11. DRSS should regularly share activity reports with the Contacting Teams so they can monitor the number of requests and any trends or issues across or within providers locally.



Appendix 1 – Extract from Shared Devon Patient Access Policy

All local acute providers have a shared Access Policies (sometimes also known as a Waiting Times Policy). Some key points are listed below:

KEY POLICY PRINCIPLES

- This policy covers the way in which Devon Health Community will collectively manage administration for patients who are waiting for or undergoing treatment on an elective pathway.
- As set out in the NHS Constitution 2015 and the National Referral to Treatment Consultant-led waiting times October 2015, patients have the right to start consultant led treatment within maximum waiting times. The policies and procedures comprising this policy adhere to national best practice and provide a framework to ensure that patients are treated transparently, fairly and reasonably.
- Trusts will give priority to clinically urgent patients and treat everyone else in turn. Trusts will work to meet the maximum waiting times set by NHS England for all groups of patients. Trusts will negotiate appointment and admission dates and times with patients. Trusts will work to ensure fair and equal access to services for all patients.
- Cancer patients are expected to be managed in accordance to the RTT guidance in the document but also in accordance to the cancer waiting times guidance as laid out in a separate document.
- Where a patient cannot be treated within the maximum waiting time and wishes to exercise their right under the NHS constitution to seek a suitable alternative provider, the organisation that commissions and funds the treatment (CCGs or NHS England) must investigate and offer the patient a range of suitable alternatives. Once the alternative has been identified the original hospital will generate an IPT. The local CCG or NHS England must take all reasonable steps to meet your request.