State if the document is a Trust Policy/Procedure or a Clinical Guideline	Trust Policy/Procedure

Document Title:	Imaging Access Policy
Document Number	I20
Version Number:	Version 2
Name and date and version number of previous document (if applicable):	Booking of appointments on CRIS – general (Version 1 May 2015)
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Development / this review period:	October 2016

Date approved by the Policy Approval Group/Clinical Guidelines Committee on behalf of the Trust Board:	9th November 2016
Chief Executive / Chair Clinical Guidelines Signature:	P Philip
Date for next review:	October 2019
Date document was Equality Impact Assessed:	November 16

Target Audience:	All Imaging Staff
Key Words:	Patient Access, Access Policy, Patient Rights, 18 Weeks, Treatment, Waiting list, Waiting Times
Associated Trust Documents:	Patient Access Policy C11

Contents

1. Introduction

1.1. Policy statement and rationale

1.1.1. This policy sets out the Luton and Dunstable University Hospital NHS Foundation Trust's (subsequently referred to as 'the Trust') local Imaging Patient Access Policy. The aim of the policy is to ensure that patients are seen promptly, efficiently and consistently in line with national guidance and good practice. It will provide guidance for staff within the Trust about the requirements and processes for effective management of Imaging patient access.

1.1.2. This policy reflects the requirement to comply with the NHS Constitution, the referral to treatment target (RTT) and diagnostic waiting times.

1.1.3. This policy applies to all individuals in the employment of the Trust.

1.1.4. The main principles which serve as the foundation to this policy are:

- The Trust will ensure that simple and efficient processes support positive patient experiences of services provided by the Trust.

- The Trust will ensure that the management of patient access is transparent, fair, equitable, and managed according to clinical priority. Patients with the same clinical priority will be treated in chronological order.

- By applying the structured and systematic approach to managing patient access, the Trust will increase the likelihood that patients will choose the Trust for their care and treatment. The Trust will provide capacity to ensure patients will be treated within 18 weeks. The management of elective activity will be transparent to the public.

- Allow patients to maximise their right to patient choice in the care and treatment that they need.

- Ensure that the patient's treatment is in line with other local and national policies.

1.2 Key Principles

1.2.1 The remit of the policy is to outline how Imaging requests are to be managed by the Imaging administrative staff, from a request being placed by a clinician through to an appointment being made and the subsequent waiting list / activity analysis by the management team.

1.2.2 In addition to this policy each Imaging modality will have specific guidance, managed by the Superintendent, on appointment times and how

lists are coordinated or individualised. This will be according to clinics being covered and staffing arrangements.

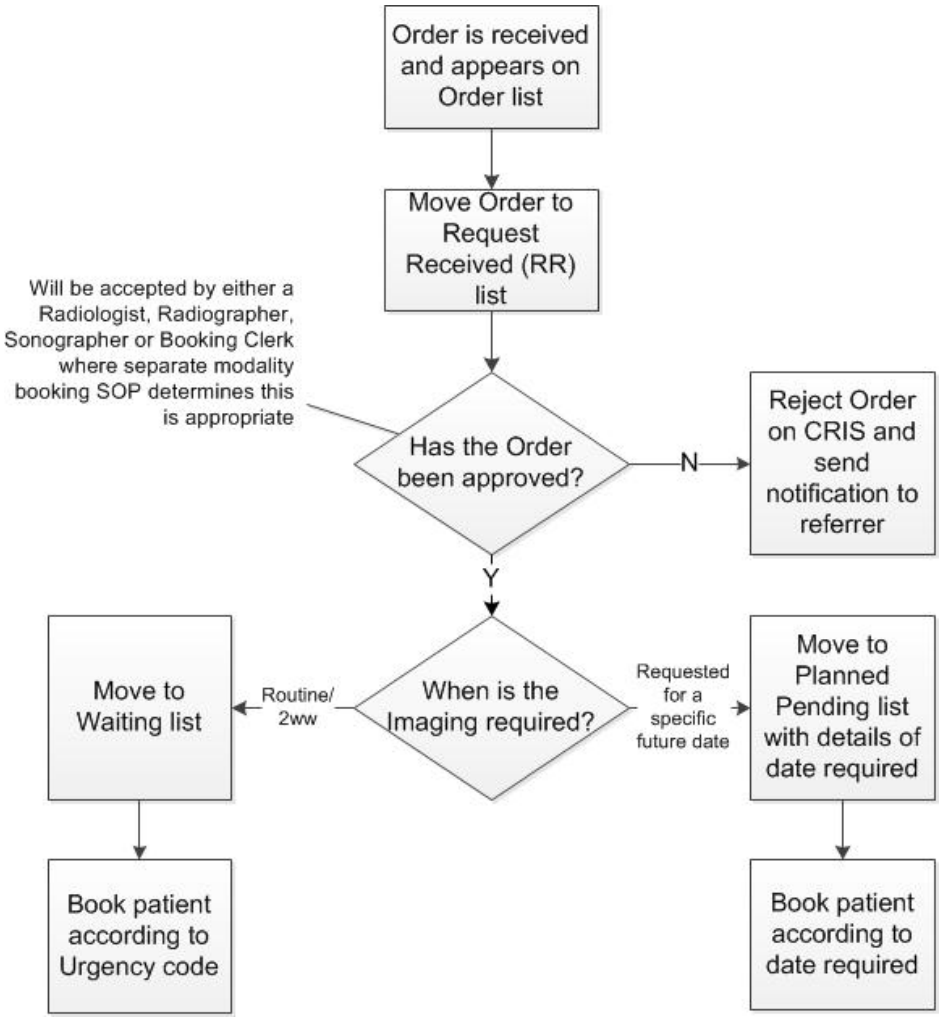
1.2.3 Early diagnosis is important to patients and central to improving outcomes, for example early diagnosis of cancer improves survival rates. Bottlenecks in diagnostic services can significantly lengthen patient waiting times to start treatment.

1.3 Definitions

CRIS	The Radiology Imaging System used by the Trust to manage imaging requests, appointments, waiting lists and diary for bookings.
Chronological Order (in turn)	This is a general principle that applies to patients categorised as requiring routine treatment (as opposed to urgent treatment). All these patients should be seen or treated in the order they were initially referred for treatment.
Did Not Attend (DNA)	Patients who have been informed of their date of admission or pre-assessment (inpatients/daycases), diagnostics or appointment date (outpatients) and who, without notifying the hospital, did not attend.
DM01	Diagnostic Monthly Reporting.
DoH	Department of Health.
ICE	Electronic results and reporting system used by both internal and external referrers to request imaging and view subsequent reports.
Inpatients	Inpatients are classified into 3 clinical priority categories; 1 hour, 12 hour or 24 hour. This is in line with the Keogh standards.
Outpatients	Patients referred by a General Practitioner (medical or dental) or another Consultant/health professional for clinical advice or treatment.
18-week pathway clock	Patients have a right to start consultant-led treatment within 18 weeks of referral or request an offer of alternative providers that can start their treatment sooner. The Trust must take all reasonable steps to meet patients' requests and the 18 week target.
2WW	Patients referred on a two week wait suspected cancer pathway.

2. Referral management

2.1 Imaging booking process flow



2.2 Referrals

2.2.1 CRIS orders (through ICE)

Orders are primarily received through ICE and automatically populated in the Orders list on CRIS. ICE is to be monitored daily to ensure that any referrals that have deferred are investigated and any data quality errors are rectified by the imaging admin team. The waiting time will start from the date the request was made on ICE.

Direct Access Referrals are received from GP surgeries within the local healthcare community. If there is an expectation that the patient may require treatment for the condition for which they are being investigated, this would start an 18-week pathway clock.

Patients waiting for 2 separate diagnostic tests/procedures concurrently should have 2 independent waiting times – one for each test/procedure.

2.2.2 Paper referrals

All referrals should be received via ICE. Some paper referrals from recognised referrers are accepted, though the Imaging Admin Manager should be kept updated on which referrers are sending paper referrals via post/fax. These will then be investigated in liaison with the CCG to ensure all referrals possible are processed electronically through ICE.

The Imaging administrative team will log the paper referrals received on CRIS within 24 hours of receipt. The waiting time will start from the date received at the Trust.

2.3 CRIS requests

2.3.1 Request categories

Patients will be booked in accordance with the date request is received and clinical priority. The request categories reflect those on ICE and CRIS and provide guidance of urgency for booking of appointments.

Request Category 9 Stroke Pathway - Appoint within 24 hours of request.

Request Category 8 Ambulatory Care - Appoint within 24 hours of request.

Request Category 7 2 week OP Cancer Wait - Appoint within 2 weeks of request. Where possible, the appointment will be booked within 1 week to allow adequate time for the report to be verified.

Request Category 6 2 week GP Cancer Wait - Appoint within 2 weeks of request. Where possible, the appointment will be booked within 1 week to allow adequate time for the report to be verified.

Request Category 5 Urgent OP/GP – Where possible, the appointment will be booked within 3 weeks of request.

Request Category 4 1 hour inpatient - Scan and report within 1 hour of request.

Request Category 3 12 hour inpatient - Scan and report within 12 hours of request.

Request Category 2 24 hour inpatient - Scan and report within 24 hours of request.

Request Category 1 Routine OP/GP - Appoint within 6 weeks of request.

2.3.2 Request Received (RR) list

Orders are added to the RR list if they need to be accepted. It remains on this list until the approver accepts it, then it automatically goes onto the Request Accepted (RA) list.

The Imaging administration team should check the RR list daily and chase approver if the requests have not yet been accepted.

2.3.3 Request Accepted (RA) list

If there is capacity, requests on the RA list can be booked instantly. If there is no capacity, the request needs to be added to the Waiting list.

2.4 Rejections

If a request fails to meet Imaging criteria for acceptance it must be rejected and notification sent to the referrer to inform them of the rejection.

Notification to the referrer is via email and the Imaging administrative staff should request a read receipt in order to confirm that the communication has been received.

3. CRIS Waiting List Management

3.1 Waiting list

This list is to manage referrals where time is required to schedule the booking. This is monitored daily by the Imaging administrative team and patients are booked according to urgency and longest waiting time.

All patients should be appointed within 1 week of receiving the request. If the administrative team are unable to book within 1 week, this should be escalated to the Imaging Administration and Service Improvement Manager who will then make the relevant superintendent and Imaging Services Manager aware of capacity issues.

3.2 Planned Pending (PP) list

The PP list provides a means of managing requests that are required in the future (i.e. outside of a 2WW or 6WW). For example, a known lesion that the clinician has requested Imaging for in 6 months' time.

If a request is pending an alternative Imaging result then the Imaging administrative team will manage the request on the planned pending list.

3.3 Waiting Time

At the beginning of each week a stat report is run to document all patients waiting, this is sent to the Information Department to be distributed to the Department of Health.

4. Appointment Booking

4.1 Reasonable Notice

All patients offered diagnostic appointments should be given at least three weeks' notice in line with DOH guidelines. Exceptions to this are for urgent appointments where patients should be given a minimum of 48 hours' notice in order to meet the waiting time targets.

If a patient accepts an offer at shorter notice this also represents a reasonable offer in respect of subsequent cancellations or DNAs.

A patient may refuse the offer of a 'reasonable' appointment and indicate that they still require the appointment. This date will be recorded and a further appointment date will be offered when they are available. Patients can only be allowed to self-defer once before being returned to the care of the referring clinician.

If a patient is not medically fit they will normally be referred back to the referring clinician to ensure the clinical condition is monitored and they are re-referred as soon as they are fit to be treated. This will stop the 18 week pathway clock.

The exception to this is if they are a 2WW patient and they are unable to attend, their clock will be reset to the date that they contacted the department and they will be given a second appointment within 2 weeks.

Patients should be made aware of the Trust policy at the time of referral through raising clinician awareness and information on appointment letters to reduce DNA problems and unavailability for telephone contact and appointments. The patient should be advised they will be returned to their referring clinician for re-referral when they are ready and available. A new waiting time will then start.

4.2 Booking an outpatient appointment

All patients will be offered appointments within the current guidelines for patient choice and within indicated maximum waiting times, unless the patient specifically chooses to wait outside the standard. If capacity issues would result in the patient being booked over their breech date, (i.e. 6 weeks for GP/Direct Access referrals or 2 weeks for 2WW patients), this is to be escalated to the Imaging Administration and Service Improvement Manager prior to booking.

Patients are sent a letter with a specified appointment date and time and asked to contact the imaging department by phone to change the appointment if it is not convenient. Appointments booked within five working days are made over the phone, appointments within two weeks will be sent in first class post and appointments over two weeks will be sent in second class post.

If the appointment is booked within 5 working days, the Imaging administrative team should attempt to phone the patient to make them aware in addition to sending a letter. Any conversations with the patient or call attempts should be recorded in the comments in CRIS.

4.3 Booking an inpatient appointment

It is the responsibility of the referring clinician to send the request with the correct urgency category in accordance with the Keogh standards.

If a patient is discharged prior to their imaging taking place, the duty radiologist will review the request to decide if imaging is still required and review the urgency category. The only exception to this is women's health which has a separate pathway.

4.4 Walk in services

The Imaging department offer a walk in service for chest x-rays. If the patient has not attended within 4 weeks of request, the request will be rejected and the referring clinician informed.

Where possible, the department will accommodate walk in patients who have been referred by Outpatients for x-ray without a pre booked appointment, but this is dependent on staffing resource and the number of parts to be scanned.

5. Cancellations

5.1 Patient Cancellations

Patients can cancel and reschedule their appointment once, with all patients informed of this at the time they call to reschedule. A subsequent cancellation will result in the patient being discharged back to the care of their referrer, who must be informed. If the appointment was given within reasonable notice, the waiting time will be reset to the date of the rescheduled appointment. If it was not given within reasonable notice, the waiting time will continue.

5.2 Patient Deferral

If a patient is unavailable for an appointment for more than four weeks after the initial appointment is booked, the referral will be rejected and the referring clinician will be advised to re-refer the patient when they are willing to attend for an appointment. The patient will be removed from the waiting list.

5.3 Hospital Cancellations

A minimum of eight weeks' notice is required from all clinicians, in all but exceptional circumstances, to cancel or reduce any diagnostic session for reasons of annual, study leave or on-call commitments.

If a patient's appointment has to be rescheduled due to a hospital cancellation, the patient will be contacted by telephone to attend an alternative appointment date and time. An apology and reason for cancellation will be extended to the patient. Appointments must be made as close to the original appointment as possible. A patient who has previously been cancelled will not be cancelled for a second time for non-clinical reasons.

6. DNAs

6.1 Non Attendance

The Trust aims to reduce the incidence of patients failing to attend appointments and acknowledges this is best achieved by agreeing the date with the patient in advance.

If a patient fails to attend their appointment and it was clearly communicated to the patient within reasonable notice (see 4.1), they will be discharged and referred back to the care of the referring clinician. The Imaging administrative team will check the address of the patient against the NHS Spine Portal to ensure our records for the patient are correct according to the GP records.

If the patient/referrer contacts the Imaging administrative team and the appointment was not offered within reasonable notice, the appointment will be reinstated.

Exceptions to this are:

- If the appointment has been requested as a 2WW or rapid access.
- If the patient is a child or vulnerable adult.

In these cases, the Imaging administrative team will attempt to call the patient/parent/carer and a letter will be sent to the patient and a copy to the referring clinician advising them of the initial failure to attend by offering a second appointment date. This approach is in line with the Trust Access Policy C11 (2015).

6.2 Lateness

If a patient arrives over 15 minutes late, the receptionist will liaise with the modality to see if they are able to carry out the imaging. If it is not possible to accommodate the patient later in the clinic list, the test will be rebooked and the waiting time reset to zero.

If a patient arrives using hospital transport and is late for their appointment, they will be seen unless the scan requires specialist equipment that is no longer available in which case the appointment will be rebooked as soon as possible.

7. Reporting

The turnaround time for outpatient and direct access reporting is 7 days. The Imaging Department have a duty to make the wider Trust aware of delays in reporting.

The turnaround times for inpatient reporting are measured using Keogh standards and is measured and reported on monthly.

8. References

Keogh B, 2013. Implementing 7 Day in Imaging Departments: Good Practice Guidance. A Report from the National Imaging Clinical Advisory Group. Department of Health

NHS England, 2015. *Diagnostics Waiting Times and Activity – Guidance on completing the 'diagnostic waiting times & activity' monthly data collection.* Analytical Service.

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