

THE BOOKING OF NEW URGENT, NEW ROUTINE AND REVIEW PATIENTS IN OUTPATIENT SERVICES

January 2014

Guidance

008

BOOKING NEW URGENT PATIENTS

1. Patients are selected from the urgent wait list for booking into urgent slots.
2. Clinical urgency will determine when patients should to be seen and this will vary between and within specialties/services.
3. Service-providers will have systems in place to ensure that urgent patients are booked within the maximum wait times agreed locally with clinicians and the clinical programmes or within a maximum of four (4) weeks.
4. Due to the short-notice nature of urgent appointments, patients should, where possible, be contacted by phone to determine an appropriate appointment. Notice of appointment or an acknowledgement letter should also be sent, as appropriate. The SOR should be notified that the referral has been received and advised of the outcome within seven (7) working days of receipt of the referral.
5. Where booking staff cannot find capacity within maximum wait time guarantees for patients categorised as urgent, capacity should be sought through the provision of additional services (i) with the service-provider, (ii) within the group/area, (iii) with another group/service-provider/area.
6. The SOR should be notified of any instance where it is not possible to appoint within 28 days a patient clinically prioritised by the clinician as 'urgent', thereby enabling the SOR to seek urgent access elsewhere and/or to continue care in the interim period.
7. Urgent breaches that are not booked within one week of the 28 day access target will be recorded on the outpatient breach management system for escalation to senior management.
8. Where clinical prioritisation is not complete within five (5) working days, the SOR's clinical prioritisation will be used for booking.

BOOKING NEW ROUTINE PATIENTS

9. Routine patients should be selected for appointment in chronological order from the routine waiting list approximately six (6) weeks before they are due to be seen.
10. Routine patients are given a minimum of three (3) weeks' notice of their appointment, which ensures that they receive a 'reasonable' offer.
11. In order to (i) support the partial booking process, (ii) prevent rescheduling out of chronological order and (iii) excessive failure to attend (DNA) rates, routine patients should not be given appointments more than six (6) weeks into the future.

12. All routine new patients should be appointed within the maximum wait time guarantee.
13. An acknowledgement letter should be sent to routine patients and the SOR within seven (7) working days of receipt of referral indicating the estimated length of wait to be seen. The SOR should be notified of the outcome of clinical prioritisation.
14. Routine patients may be offered short notice appointments should a cancellation occur.
15. Routine breaches that are not booked within 28 days, will be recorded on the outpatient breach management system for escalation to senior management.

BOOKING REVIEW PATIENTS

16. Review patients who are to be reviewed within six (6) weeks should negotiate their appointment before leaving the clinic.
17. Review patients who require an appointment beyond six (6) weeks (including planned consultations and waiting list transfers) should be managed on a review waiting list on PAS, using the indicative date / month of treatment as the maximum wait-time guarantee.
18. Service-providers must actively monitor patients on the review waiting list to ensure that they do not go past their indicative month of treatment and escalate/initiate remedial action where required.

STAND-BY LISTS

19. Service-providers will maintain stand-by lists to ensure maximum utilisation of capacity should patients cancel or reschedule an appointment.
20. Patients on stand-by lists may be offered short-notice appointments, however, the wait-time clock cannot be re-set if the patient refuses this short notice appointment.