Policy name: Patient Access Policy 1.23

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Document Control	
Version number	3
Author	KC
Date	Nov - 2018
Last Revised	Nov – 2020
Updated	Feb-2026
To be Reviewed	February 2028

Version Control			
Version	**Author**	**Date**	**Changes**
1	Karen Clandon (KC)	November 18	First draft
2	Natalie Pepper (NP)	November 2020	Reviewed. No major changes
3	Eileen Jones (EJ)	February 2024	Reviewed. No major changes
4	Adam C E Kennaugh	February 2026	Updated with new guidance.

1. Introduction

iSIGHT Clinic is committed to providing timely, equitable, safe and person-centred access to services for all patients.

This policy establishes the standards, responsibilities and processes for the management of referrals, waiting lists, appointments and Referral to Treatment (RTT) pathways.

The policy supports compliance with:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- NHS Constitution.
- Equality Act 2010.
- Human Rights Act 1998.
- Mental Capacity Act 2005.
- Data Protection Act 2018.
- UK General Data Protection Regulation (UK GDPR).
- NHS Accessible Information Standard.
- Current NHS England RTT guidance.
- NHS Records Management Code of Practice.

This policy applies to all employees, consultants, contractors and agency staff involved in the management of patient access and referrals.

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2. Purpose

The objectives of this policy are to:

- Ensure fair, transparent and equitable access to services.
- Ensure patients receive treatment according to clinical priority and waiting time requirements.
- Comply with NHS referral-to-treatment standards.
- Promote patient choice.
- Ensure reasonable adjustments are made for disabled patients.
- Ensure accurate management of RTT pathways.
- Support compliance with CQC Fundamental Standards.

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3. Principles

iSIGHT Clinic will ensure that:

- Patients are treated with dignity and respect.
- Clinical need remains the primary determinant of priority.
- Patients are provided with clear information about appointments and waiting times.
- Reasonable adjustments are made where required.
- Patients are supported to exercise choice regarding provider and treatment options.
- Decisions are non-discriminatory and compliant with the Equality Act 2010.
- Access arrangements support the needs of vulnerable adults, children and patients with communication needs.

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4. Roles and Responsibilities

Registered Manager

Responsible for:

- Overall implementation of this policy.
- Regulatory compliance.
- Monitoring policy effectiveness.

Medical Director

Responsible for:

- Clinical oversight.
- Referral acceptance criteria.
- Clinical prioritisation.
- Decisions regarding active monitoring and discharge.

Practice Manager

Responsible for:

- Operational implementation.
- Waiting list management.
- Audit and monitoring.
- Staff training.

Administrative Staff

Responsible for:

- Processing referrals.
- Maintaining accurate records.
- Appointment booking.
- Communication with patients.

All Staff

Responsible for:

- Complying with this policy.
- Protecting patient confidentiality.
- Escalating concerns promptly.

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5. Equality, Diversity and Accessibility

iSIGHT Clinic will ensure no patient experiences discrimination on the basis of:

- Age
- Disability
- Sex
- Sexual orientation
- Gender reassignment
- Race
- Religion or belief
- Pregnancy and maternity
- Marriage and civil partnership

Reasonable adjustments will be made in accordance with the Equality Act 2010.

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6. Accessible Information Standard

The Clinic will comply with the NHS Accessible Information Standard by ensuring communication needs are:

- Identified
- Recorded

- Flagged
- Shared appropriately
- Met
- Reviewed

Information regarding communication needs must be accurately recorded within the patient record.

Alternative formats may include:

- Large print
- Easy Read
- Braille
- Electronic formats
- BSL interpretation
- Face-to-face or telephone interpretation services

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7. Referral Management

Referral Acceptance

Referrals may be accepted where:

- The referral is clinically appropriate.
- The service is commissioned to provide the requested care.
- Adequate clinical information has been supplied.

Referrals should not be rejected solely because a patient exercises provider choice.

Referral Review Times

All routine referrals must be clinically reviewed within 7 working days of receipt.

Urgent referrals must be reviewed within 24 hours.

Suspected cancer referrals must be reviewed in accordance with current NHS cancer pathway requirements.

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8. Consultant-to-Consultant Referrals

Direct consultant referrals may be appropriate where:

- Urgent intervention is required.
- Referral relates to the same clinical condition.
- Referral forms part of an agreed pathway.
- Care is transferred for patient convenience.

Where uncertainty exists regarding the most appropriate pathway, the consultant should contact the referring clinician before proceeding.

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9. Waiting List Management

Patients may only be added to a waiting list when:

- A decision to treat has been made.
- The patient is clinically fit and ready for treatment.
- Appropriate consent processes have been completed where required.

Patients with equal clinical priority will normally be treated in chronological order.

Clinical need may justify deviation from chronological order.

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10. Referral to Treatment (RTT)

Patients have the legal right to begin consultant-led treatment within 18 weeks of referral unless:

- The patient chooses to wait longer.
- It is clinically appropriate to delay treatment.

The Clinic will manage RTT pathways in accordance with current NHS England guidance.

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11. RTT Clock Rules

Clock Start

The RTT clock starts on the date a referral is received by iSIGHT Clinic through:

- NHS e-Referral Service.
- Consultant-to-consultant referral.
- Secure electronic referral.
- Approved paper referral.

Clock Continues

The RTT clock continues during:

- Investigations.
- Follow-up appointments.
- Diagnostic procedures.
- Patient cancellations.

Clock Stops

The RTT clock may stop when:

- First definitive treatment is delivered.
- Active monitoring begins.
- A patient declines treatment.
- A clinical decision is made not to treat.
- The patient is discharged appropriately.

All clock stops must be clearly documented.

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12. Active Monitoring

Active monitoring occurs when:

- Treatment is not currently required.
- Clinical review determines monitoring is appropriate.
- The patient agrees with the proposed approach.

The rationale for active monitoring must be documented. Patients will remain under appropriate clinical oversight.

13. Patient-Initiated Delays

Patients may choose to delay appointments or treatment for personal reasons.

Where delays are requested:

- Risks must be discussed.
- Clinical review may be required.
- The patient must remain informed of potential consequences.

Patients must not routinely be discharged solely because they request a delay.

Any discharge decision must be clinically justified and documented.

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14. Did Not Attend (DNA) Management

All DNAs must be reviewed by a clinician.

Before discharge following repeated DNAs, the clinician must consider:

- Clinical risk.
- Capacity considerations.
- Safeguarding concerns.
- Vulnerability.
- Communication barriers.

Following two DNAs, discharge may be appropriate where:

- It is clinically safe.
- There are no safeguarding concerns.
- The clinician documents the rationale.

The patient and GP must be informed in writing.

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15. Safeguarding

Any concern regarding:

- Children.
- Young people.
- Vulnerable adults.
- Patients lacking capacity.

must be escalated in accordance with safeguarding policies.

DNA events involving safeguarding concerns must be reviewed immediately.

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16. Mental Capacity and Consent

Where concerns exist regarding a patient's ability to make decisions:

- Staff must act in accordance with the Mental Capacity Act 2005.
- Capacity assessments must be documented.
- Best-interest decisions must follow statutory requirements.

Consent must be obtained in accordance with the Clinic's Consent Policy.

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17. Appointment Management

Appointments should wherever possible be agreed with patients.

Patients must be provided with:

- Appointment details.
- Preparation instructions.
- Information regarding cancellation procedures.
- Contact details.

All cancellations and rebooking activity must be documented.

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18. Provider-Initiated Cancellations

Where iSIGHT Clinic cancels treatment for non-clinical reasons:

- An alternative date will be offered as soon as reasonably possible.
- The patient will be kept informed.
- Operational leads must review repeated cancellations.

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19. Diagnostics

Diagnostic investigations will be managed in accordance with national waiting time requirements.

Requests, appointments, outcomes and delays must be accurately recorded.

Diagnostic waiting times must be monitored regularly.

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20. Information Governance and Records Management

Patient information shall be managed in accordance with:

- UK GDPR.
- Data Protection Act 2018.
- Common Law Duty of Confidentiality.
- NHS Records Management Code of Practice.
- Caldicott Principles.

Staff must:

- Maintain accurate records.
- Ensure records are contemporaneous.
- Protect confidentiality.
- Only access information necessary for their role.

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21. Interpreting and Communication Support

Interpreting services will be provided where required.

Family members should not ordinarily be used as interpreters except in exceptional circumstances and where clinically appropriate.

BSL interpretation and alternative communication methods must be arranged when required.

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22. Patient Transport

Eligibility for non-emergency patient transport will be determined in accordance with NHS eligibility criteria.

Patients will be provided with information regarding local arrangements.

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23. Transfers Between Providers

Transfers of care must:

- Be clinically appropriate.
- Include relevant clinical information.
- Maintain continuity of care.
- Protect patient confidentiality.

All transfers must use secure NHS-approved communication systems.

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24. Private and NHS Care

Patients may transfer between NHS-funded and self-funded care.

Transfers must:

- Be documented.
- Comply with NHS RTT requirements where applicable.
- Ensure patients understand the implications for ongoing care.

25. Overseas Visitors

Eligibility for NHS-funded treatment will be assessed in accordance with:

- NHS charging regulations.
- Department of Health and Social Care guidance.

Registration with a GP does not automatically establish entitlement to free secondary care services.

Patients may be subject to eligibility assessment and charging requirements where applicable.

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26. Monitoring and Audit

The Practice Manager will monitor:

- RTT performance.
- Waiting list management.
- Referral management.
- DNA rates.
- Cancellation rates.
- Accessible Information Standard compliance.
- Complaints and incidents relating to access.

Audit findings will be reported to the Operations Team.