

## **PEACOCKS (Provider) ACCESS & ELIGIBILITY POLICY**

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### **Policy Statement**

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This policy will reflect the overall expectations of the Provider (Peacocks Medical Group (PMG)) and the Sponsor CCG (Southampton City CCG) of the current contract on the management and admissions into and within the PROVIDER and defines the principles on which the policy is based.

This policy is intended to be of interest to and used by all those individuals who are responsible for referring patients to the PROVIDER and those responsible for managing referrals. It will also be used by all those individuals within the PROVIDER, including clinicians and administrative staff who have responsibility for the patients' progress along the care pathway.

This policy has been introduced to enable the PROVIDER to focus on delivery of the contractual Allied Health Professionals (AHP) Referral-to-Treatment (RTT) patient pathway and ultimately to enable all patients to access treatment in a timely manner.

### **Principles of the Policy**

This policy highlights the key principles that govern effective and reliable referral throughout the local health community.

- Orthopaedics – managing deformity, addressing leg length discrepancy and supporting joint instability
- Osteoarthritis – pain relief from custom bracing and footwear
- Rheumatoid arthritis - pain relief from custom bracing and footwear
- Stroke – improving independence
- Elderly medicine – improving mobility
- Diabetes- reducing ulceration rates
- Soft tissues injuries – joint rehabilitation
- Polio limb dysfunction – improve independence and mobility
- Vascular complications – management of oedema, vascular ulcers & varicosis
- Foot deformities such as atypical valgus or varus foot posture resulting in pain or

instability, hypermobile feet, biomechanical alignment for pain and prevention of deterioration of associated joints.

- Adult neurological presentation and paediatric neurological presentation in adulthood

In all the above circumstances case the patient will be offered where possible a choice of treatment location and clinician

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### **Provider Eligibility & Access Criteria**

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The following is a link to the full details of PROVIDER referral criteria:

The patient must be registered with a GP covered by Southampton City Commissioning Group. A referral should be made where an adult requires an orthotic device to support or modify a limb or the torso, or to alter structural and functional characteristics of weak or ineffective joints as a result of a myopathy or neuropathy.

All referrals must give a brief description of the problem and a provisional orthotic requirement to help guide the Orthotist in their assessment for an appropriate device, in consultation with the patient who in turn has made an informed choice to engage with the service.

In summary, the following patients are excluded from treatment by the Provider:

- Patients under 18 years of age
- Procedures of Limited Clinical Value (PLCV) – for patients who do not meet the criteria or those without prior authorisation or for whom a request for authorisation for treatment is rejected upon submission
- Anyone who does not have a referral
- Patients not within the 18 month period following discharge from UHS
- Patients outside the scope of practice – Prosthetics
- Patient out of area

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### **Minimum Data Set**

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The following is required as the minimum data set (MDS) in order to register a patient with the PMG.

#### **Non-Clinical MDS**

NHS No  
First Name  
Surname  
Date of Birth  
Full postal address including postcode  
Contact telephone number  
Referring GP Name  
Practice Name  
Practice Code  
AHP Name (if appropriate)  
Referrer's Address  
Date of referral

## Clinical MDS

- Reason for referral
- Examination finding/investigation results
- Past Medical History
- Current/Recent Medication where applicable
- Clinical Warning (e.g. Allergies, blood borne viruses)
- Additional Relevant Information

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## AHP Referral to Treatment (RTT) Guidance

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It is the responsibility of all members of staff to understand the principles and definitions of the AHP RTT pathway so that appropriate pathway data can be collected. They must be applied to all aspects of individual AHP specialty pathways and referrals not related to a consultant led tertiary referral to AHPs. Waits will be managed and measured accordingly.

### 1. Start of the RRT Pathway

An AHP RRT clock starts when any healthcare professional or service permitted by the CCG to make such referrals, refers to an Orthotist practitioner.

It is the responsibility of the referrer to provide to the PROVIDER any additional patient needs such as communication services.

### 2. End of the AHP RRT Pathway

Start of first definitive treatment is described as the start of the first treatment that is intended to manage a person's disease, condition or injury. The clock stops if the treatment that is started is intended to avoid further intervention.

The End of the patients' AHP RTT wait would include:

- Treatment as an inpatient for the same complaint.
- Treatment/discharge within the outpatient setting.
- Patient Declines Treatment – if the clinician decides treatment is appropriate but the patient declines treatment. The date the patient declines treatment should be used as the end date for the RTT clock.
- Did Not Attend (DNA) and Patient Cancellations. Every effort will be made to support patients attending their appointments. The team will attempt contact with a patient to ascertain the reasons behind the DNA/cancellation and if appropriate a further appointment may be offered. However, if it is felt that it is unlikely that the patient will attend, the PROVIDER will inform the GP and refer the patient back to them. It is important that the patients GP is kept informed that their patient potentially has outstanding care needs. Discharge back to the care of the GP will stop the AHP RTT Clock. Upon completion of a RTT pathway, **a new clock only starts:**

- a) Upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan
- b) Upon a patient being re-referred in to the provider
- c) At the first point of contact after a patient first DNA

### **3. Outpatient Referrals**

#### **Methods currently employable to access services:**

- Paper referral letters (post and fax) from GP and agreed Community Physiotherapy teams and Tier 2 services.
- Self referral by patient within the 18 month period following discharge from UHS.

#### **Reasonableness of Appointment:**

The PROVIDER will offer appointments with at least one week's notice, although patients can still take an earlier appointment if they wish. The provider is to contact the patient within 72 hours of triage to arrange an appointment, which should then be booked within 21 days of the referral being received into the service. Every effort will be made to see patients in a timely manner. However, in some cases a patient may choose to postpone their appointment. After this time, every effort will be made to arrange a mutually convenient appointment with the patient, however if they are unable to accept any appointment for the foreseeable future they will be discharged back to the referrer. ***Under the AHP RTT guidance the PROVIDER is unable to pause the clock for patients who choose to delay pre-assessment appointments.***

#### **Open Referrals:**

Referrals should in the majority of cases be addressed on a specialty basis rather than to named Orthotists. This is to ensure that the delivery of the referral to treatment time is not compromised.

#### **Patients who cannot be contacted on referral:**

Patients who cannot be contacted at the first attempt will be telephoned once more the next day. If telephone contact is unsuccessful a letter will be sent to the patient requesting they make contact with the Admin team. If contact is not received from the patient after 7 days the patient will be discharged back to the referrer.

#### **Did Not Attend:**

Every effort will be made to support patients attending their appointments. The team will attempt contact with a patient to ascertain the reasons behind the DNA/cancellation and if appropriate a further appointment may be offered. However, if it is deemed the patient is unlikely to attend, the PROVIDER will inform and refer the patient back to their GP. It is important that the patient's GP is kept informed that their patient potentially has outstanding care needs. Discharge back to the care of the GP will stop the RTT clock.

#### **Can Not Attend:**

As above.

### **Patients not fit to attend clinic or clinically initiated delays**

If the reason is that the patient has a secondary condition that itself requires active treatment they will be either discharged back to the care of their GP or will be actively monitored for their original condition. Either action results in the AHP RTT clock being stopped. A re-referral to the PROVIDER will be required in the event the patient's condition has been managed so that they meet the PROVIDER criteria.

If the reason is transitory, e.g. a cold or flu, the patient will be offered a further appointment date within four weeks. This will allow patients with minor acute clinical reasons for delay time to recover and the clock will continue to run during this time.

### **Patients who choose to delay their appointment**

It is the expectation that patients will only be referred to the PROVIDER if they are able to undertake potential treatment within a timely manner. However, a patient may choose to delay treatment longer than the reasonable offered appointment date. The clock is not paused.

PROVIDER administration staff will endeavour to agree a mutually convenient treatment date with the patient in an appropriate time frame.

### **Patients who need an orthoses that the PROVIDER is not currently contracted to provide**

These patients will be onward referred as appropriate and the GP informed.

### **Patients where an appointment is not indicated**

These patients will be discharged back to the referrer and the referral to treatment clock will be stopped.

### **Confirmation to the patient**

Every patient will be sent written confirmation of the date of his or her appointment.

### **Reasonableness of dates for appointment**

Reasonableness for appointing is defined as being one weeks notice although patients can choose an alternative date if they so wish. A maximum of 3 separate dates can be offered.

### **Cancellations on day of treatment**

It is the expectation that no patient will be cancelled by the PROVIDER on the day of appointment for non-clinical reasons.

**GLOSSARY OF TERMS**

For the purposes of the policy, the following terms have the meanings given below:

UHSFT	University Hospital Southampton Foundation Trust
Date Referral Received	The date on which a hospital receives a referral letter from a GP. The waiting time for outpatients
Inpatients	Patients who require admission to hospital for treatment and are intended to remain in hospital for at least one night.
Did Not Attend (DNA)	Patients who have been informed of their date of admission or other appointment and who without notifying the hospital did not attend the appointment.
Could Not Attend (CNA)	Patient who, on receipt of reasonable offer(s) notify the hospital that they are unable to attend.
First Definitive Treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes first definitive treatment is a matter for clinical judgment, in consultation with others as appropriate, including the patient.
Reasonable Offer	For an offer of an appointment to a patient to be deemed reasonable.
Referral to Treatment (RTT)	Instead of focusing upon a single stage of treatment the referral to treatment pathway addresses the whole patient pathway from referral to the start of the treatment.
Active Monitoring	A referral to treatment clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures.  A new referral to treatment clock would start

	when a decision to treat is made following a period of active monitoring.
Procedures of Limited Clinical Value	A range of procedures determined by the clinical commissioning groups with reference to expert clinical advice that require prior authorisation prior to treatment

**References**

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Department of Health, Referral to Treatment Consultant-led Waiting Times, Rules Suite DOH  
October 2015

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**The policy guardians are identified below and are responsible for the accuracy of the information contained in this document.**

- Author
  - Commercial Director
  - Service Manager
  - Orthotics Director
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**The following positions are responsible for the implementation of this policy and for ensuring its timely review:**

- Service Manager
- Lead Clinician
- Other \_\_\_\_\_  
(Job title and name)