PATIENT ACCESS POLICY

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Policy Statement

This policy will reflect the overall expectations of Thames Valley Vasectomy Services (TVVS) and the CCGs of the currently held contracts on the management and admissions into and within TVVS 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 TVVS and those responsible for managing referrals. It will also be used by all those individuals within TVVS, including clinicians and administrative staff who have responsibility for the patients' progress along the care pathway.

This policy has been introduced to enable TVVS to focus on delivery of the contractual 18 week patient pathway and ultimately to enable all patients to access treatment in a timely manner.

The policy should be read in conjunction with the **Patient Referral Pathway**.

Principles of the Policy

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

- Referral for patients should be made when the patient is fit, ready and willing to be able to undertake assessment and any necessary treatment in a timely manner
- The process of referral, diagnostic and admission management will be transparent to the public and external organisations.
- TVVS will use their Patient Administration System (PAS) to monitor patients through their pathway against the 18 week contracted RTT pathway.
- Accuracy and reliability of waiting list and diagnostic information produced by TVVS is the responsibility of all staff at TVVS, who are involved in referral for outpatients treatment management, or have access to the administration and upkeep of patient access systems.
- Consultant to Consultant Referrals – Referrals can be made internally relating to the original reason for referral. Referrals will be managed as a continuation of previous wait.
- Onward referrals may be made by TVVS where it is felt that the patient is best treated in another organisation for any reason. The patient and the GP will be made aware of the plans for care. This will include:

  a) Secondary condition where referral is associated with the original problem

  b) Incidental findings, including those found in the course of pre-operative assessment that do not impede anaesthesia or surgery.

In all the above circumstances case the patient will be referred back to their GP for appropriate onward care

Exclusions Criteria

Full information regarding inclusion/exclusion criteria may be found at:

GP guide to Referral exclusions

The majority of cases can be treated by the clinicians at TVVS. However, there are a number of exclusion criteria to ensure the safety of patients. Key areas where patients are not suitable for treatment are:

Contraindications to vasectomy:

1. **Intrascrotal Hernia** (needs fixing first) and
2. **Lack of Mental Capacity** (Note: Court order needed, which has to be initiated by the person with Power of Attorney for Medical Care)

Increased Risk of Problems, Disappointment or regret:

There are a number of **important clinical issues** we need to know in order to be able to counsel patients appropriately and avoid disappointment:

1. Very obese patients (**BMI over 35**): These are sometimes difficult to operate on and have higher infection rates.
2. **Diabetic** patients (need **good HbA1c control** to avoid postoperative complications). Infection rates are higher in patients with poor HbA1c control. They may need perioperative ABx cover.
3. **Smokers** have a **400% higher infection risk** in all procedures. We recommend to stop smoking at least 3-4 weeks before vasectomy. https://www.ncbi.nlm.nih.gov/pubmed/22566015
4. **Great anxiety** about the procedure, **feeling forced** into it or **feeling very negative** about the whole prospect or are generally **mistrusting**: These patients tend to not do so well and are at **high risk of PVP** (post vasectomy pain). In our experience these include patients, who want to know **every single detail** about the procedure and worry greatly in advance. Other mental health conditions like **Depression** and **Personality Disorders** can negatively affect outcomes and patient satisfaction.
5. **Coagulation disorders** (i.e. van Willebrands etc. or prior bleeding problems at other surgical interventions): This is very important as it can cause significant bleeding and side effects and sometimes an expert medical opinion has to be sought.
6. **History of fainting** (only extreme cases cause problems, but it is important to know, so we can prepare)
7. **Young patients (<25y)** with children and **patients without children (<30y)**: Higher statistical risk of regret.

Minimum Data Set

The following is required as the minimum data set (MDS) in order to register a patient with TVVS. Further required MDS including religion and ethnicity, etc. will be part of the MDS checked on patient arrival at TVVS:

Non-Clinical MDS

NHS No
UBRN (unique booking reference number for all e-referral service referrals)
First Name
Surname
Date of Birth
Full postal address including post code
Contact telephone number
Referring GP Name
Practice Name
Practice Code
Referrer's Address
Date of referral
Translation service required
Accessible information

Clinical MDS

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

18 Week Referral to Treatment (RTT) Guidance

It is the responsibility of all members of staff to understand the 18 Week Principles and Definitions. They must be applied to all aspects of individual specialty pathways and referrals. Waits will be managed and measured accordingly.

1. Start of the 18 Week Pathway

An 18 week clock starts when any healthcare professional or service permitted by the CCG to make such referrals, refers to:

> A clinician, with the intention that the patient will be assessed and, if appropriate, treated before responsibility is transferred back to the referring health professional or general practitioner;

For referrals through e-Referral System (ERS) the start of the waiting period is at the point of conversion of the Unique Booking Reference Number (UBRN). TVVS cannot provide a directly bookable service due to the need for triage to ensure patient safety.

Where ERS is not utilised the 18 week clock starts at the point at which the provider receives the referral letter via NHS mail or DXS.

It is the responsibility of the referrer to provide TVVS any additional patient needs such as communication services, although these questions will also be covered by the provider at triage.

2. End of the 18 Week Pathway

Start of first definitive treatment is described as the start of the first treatment that is intended to manage a person's request for vasectomy.

The End of the patients' 18 week wait would include:

- Treatment as an out patient
- Discharge within the outpatient setting due to patient choice, i.e. surgery is not required or the patient has had a change of mind
- Decision not to treat due to clinician identified contraindications and return of patient to primary care.
- Active Monitoring – defined as a situation where a treatment plan has been reached but a period of active monitoring of the patient is deemed clinically appropriate. If a patient subsequently required treatment after this monitoring period a new 18 week pathway would begin.
- 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. If all attempts at contact fail or if the patient does not wish to attend, TVVS 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 18 week clock. Upon completion of an 18 week pathway, ***a new clock only starts:***

  a) Upon a patient being re-referred, i.e. after a period of active monitoring.

  b) At the first point of contact after a patients first DNA and only if it is deemed there is a good reason for the patient pathway to be re-instated.

Summary of TVVS Referral Admission Procedures for Patients on an 18 Week Pathway

This section gives a brief summary of referral and treatment management procedures in place.

A. Referrals

Methods currently employable to access services:

- Indirectly bookable via referral to the e-Referral System (ERS)
- Email via the nhs.net email system
- DXS

Reasonableness of Appointment:

TVVS should offer appointments with at least two weeks' notice, although patients can still take an earlier appointment if they wish. Appointments should be available and offered for a period up of six weeks. The patient should be offered up to three appointments within this period if the first appointment offered is not suitable. Every effort will be made to see patients in a timely manner. However in some cases a patient may choose to postpone their appointment until week six, subject to negotiation. 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 within weeks they will be discharged back to the referrer. ***Under the 18 week guidance TVVS is unable to pause the clock for patients who choose to delay appointments.***

Patients who cannot be contacted on referral:

Patients who cannot be contacted at the first attempt will be telephoned once more the next day. One call will be made after 6pm. If telephone contact is unsuccessful a letter will be sent to the patient requesting they make contact with the Booking team. If contact is not received from the patient one further call will be made after 2 weeks. If no outcome is achieved 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. If all attempts at contact fail, or if the patient does not wish to attend, TVVS 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 18 week clock.

Can Not Attend:

As above

B. Outcomes from Pre-Assessment

Patients who have been listed for a vasectomy and attend a pre-consultaion will be offered a surgery date providing they are fit for the procedure.

When a patient attends for the surgery, it is the final stage of the referral to treatment episode and the clock will stop on that date. A patient may however choose to be admitted for surgery outside

of the 18 week contract period.

The decision to add patients to the waiting list will be made by the consultant after discussion with the patient. Patients will only be added to the waiting list if there is an expectation of treating them

Patients who do not meet the inclusion criteria

Wherever possible TVVS clinicians will onward refer the patient to the appropriate setting for the care of the patient and inform the GP of their actions. If this is not clear or known and the patient cannot be treated by TVVS, the patient will be discharged back to their GP to be managed in primary care. The discharge letter will make it clear to the GP why the patient has been discharged.

Patients not fit for surgery or clinically initiated delays

If a patient is not fit for surgery TVVS will ascertain the nature and likely duration of the delay.

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 18 week clock being stopped. A re-referral to TVVS will be required in the event the patient's condition has been managed so that they meet the criteria.

If the reason is transitory, e.g. a cold or flu, the patient will be offered a further surgery 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 treatment

It is the expectation that patients will only be referred to TVVS if they are able to undertake their treatment within 18 weeks. However a patient may choose to delay treatment longer than the reasonable offered surgery date. The clock is not paused.

TVVS administration staff will endeavour to agree a mutually convenient treatment date with the patient in an appropriate time frame. Ideally treatment will take place within 18 weeks. However this may be extended in specific circumstances based on an assessment of an individual case. Patients cannot choose to wait indefinitely and if treatment cannot take place in a timely fashion, the patient will be removed from the list and asked to contact us once they are ready to proceed. This may necessitate certain appointments (assessments) being repeated.

Patients where surgery 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 their admission.

Reasonableness of dates for admission

Reasonableness for admission is defined as being 2 weeks' notice although patients can choose an earlier date if they so wish. A maximum of 3 separate dates can be offered.

Cancellations on day of surgery/treatment

It is the expectation that no patient will be cancelled by TVVS on the day of surgery for non-clinical reasons however in extreme circumstances patients must be booked a new date either ***within 28 days or before their 18 week breach date if this is shorter than 28 days.***

GLOSSARY OF TERMS

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

e-Referral System (ERS)	A method of electronically booking a patient into the hospital of their choice.
To Come In Date (TCI)	The offer of admission or TCI date is a formal offer in writing of a date of admission. Usually telephone offers are confirmed by a formal written offer.
Date Referral Received	The date on which TVVS receives a referral letter from a GP.
Did Not Attend (DNA)	Patients who have been informed of their date of admission or other appointment and who without notifying TVVS did not attend the appointment.
Could Not Attend (CNA)	Patient who, on receipt of reasonable offer(s) notify TVVS that they are unable to attend.
First Definitive Treatment	An intervention intended to manage a patient's treatment plan 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, the patient must be offered the choice of dates within the timescales referred to for treatment.
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.
Fit and Ready	A new clock starts when a patient is fit and ready. In this context, fit and ready means that the clock should start from the date that it is clinically appropriate for the patient to undergo the procedure and from when the patient says they are available.

References

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

Diagnostics Frequently Asked Questions on completing the "Diagnostic Waiting Times and Activity" monthly data collection Feb 2015, Analytical Service (Operations)

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

- ☐ Author
- ☒ Service Manager
- ☐ Divisional Clinical Governance Manager
- ☐ Divisional Medical Director

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)