

## **Freedom of Information Request: Our Reference CTHB\_135\_17**

### **You asked:**

#### **1. What PAS system do you currently have in place?**

Cwm Taf University Health Board uses the Welsh Patient Administration System (WPAS). Information about the system can be found via the following link: <http://www.wales.nhs.uk/nwis/page/52576>

For further information you will need to redirect your request to NHS Wales Informatics Service, link provided below:

- <http://www.wales.nhs.uk/sitesplus/956/home>

#### **2. Do you have any plans to change PAS system?**

Please see response to question 1.

#### **3. If so, when would you look to do this?**

As above.

#### **4. What other systems do you use for RTT management e.g. Qlikview, Tableau**

Qlik Sense.

#### **5. Do you use 'excel-based' or 'electronic' Patient Tracking List (PTL)?**

Excel-based.

#### **6. Do you use software to manage your PTL?**

We do not use PTL specific software to manage the PTL.

#### **7. If so, which PTL software do you use?**

N/A

#### **8. Do you have an in-house data validation team to validate and manage patient pathways?**

Each directorate has an in-house waiting list function.

#### **9. If so, is the team centralised or split up across several specialities?**

The function is split.

**10. How many WTEs are in your data validation team?**

This function is diffused across the organisation and across many roles. Therefore it is not possible to give a specific figure.

**11. In the last two years, have you ever used external validation resources – for example, procured through a third party supplier?**

No.

**12. If yes, which suppliers did you use? For what period of time were external validation resources used?**

N/A

**13. What is the procurement process for selecting external validation resources?**

N/A

**14. Please can you send a copy of your patient access policy?**

Please see attached our Waiting List Management Standard Operating Procedure (Attachment 1).



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Cwm Taf  
University Health Board

<b>Procedure Title:</b>	<b>Waiting List Management – Standard Operating Procedure</b>
<b>Summary:</b>	This document is a procedure to support the provision and maintenance of RTT waiting lists
<b>Version Number:</b>	2.1
<b>Target Audience:</b>	All staff responsible for the management or administration of information relevant to waiting list management
<b>Approved by:</b>	Corporate Risk Committee
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## Executive Summary

The length of time a patient waits for NHS treatment is a significant quality and clinical governance issue for healthcare providers. It is an indicator of the equity and efficiency of services provided by a health board. Cwm Taf Health Board is committed to ensuring that patients receive the best and most appropriate treatment options available to them, within the shortest period of time. To facilitate this, the organisation needs to manage waiting lists effectively and efficiently. This will ensure that patients are managed equitably, efficiently and consistently in line with clinical priority.

In December 2009 the policy in Wales for managing waiting lists was changed from a component based system to a total waiting time system which measures the wait from referral from a GP or a GDP to the initiation of treatment (RTT). The implementation of RTT has necessitated a radical change in waiting list management processes and staff need to be far more knowledgeable about the whole patient pathway than they had previously. This revised policy will document the methods Cwm Taf use for managing elective waiting lists and also the procedures that staff should follow.

The key principles of the HB waiting list policy are that:

- Patients are treated in order of their clinical priority
- Patients with the same clinical priority will be treated in chronological order according to their RTT wait.

Where necessary, this document will link to relevant policies, procedures or national guidance, electronically if possible.

## Governance

It is vitally important that the every stage of the patient's RTT pathway is accurately recorded, because the information entered onto the PAS affects what happens to the patient. This document outlines the rules of RTT, Myrddin system transactions and roles and responsibilities for those involved in the process. The following also form part of the process:

- **Patient Safety.**  
The HB has an absolute commitment to safety and quality in everything it does. Incorrect or inaccurate information within any system could result in safety or quality of care being compromised. There is a risk that the patient is missed, discharged when they shouldn't be or result in their treatment being delayed.
- **Accountability**  
Employees of Cwm Taf Health Board are contractually responsible for the accurate recording of patient information and legally responsible under the Data Protection Act.
- **Reporting**  
In addition to influencing the management of patients, the information entered is also used to provide reports to the Welsh Government. These reports when published demonstrate how well the Health Board is performing.
- **Data Quality**  
Accurate, reliable and timely information is an essential prerequisite for effective decision making at every level. The operational and strategic decisions made within the HB are affected directly by the information entered by users onto the PAS.
- **Resource Management**  
Errors that exist in the system result in the need for validation. This results in huge pressure on the resources of the organisation. On a monthly basis, in advance of the final data submission, all pathways will be validated to ensure as accurate a reported position as possible.
- **Assurance**  
The Executive Team need assurance that all areas listed above are being considered and addressed. This assurance is obtained through evidence of controls being in place and objectives being delivered. Adherence to this SOP will be the first line in providing that assurance.

## **Referral to Treatment – Rules in Brief**

The following is a brief explanation of RTT principles. The full WG guidance can be found via the following link: [Published RTT Guidance](#).

Under the RTT system, the patient pathway is split into 4 separate stages, and waiting times are measured in line with clock starts and clock stops, the triggers for which are defined by specific outcomes of patient interactions.

RTT Stages:

Stage 1	1 <sup>st</sup> outpatient appointment
Stage 2	Diagnostics
Stage 3	Follow-up
Stage 4	Treatment

An RTT period commences when a clock start is triggered. This trigger can be in the form of:

- A referral to secondary care services from a qualified healthcare professional  
For example: GP, GDP, Optometrist, screening services etc
- A decision to treat a new condition after a previous treatment  
For example: a 2<sup>nd</sup> side arthroplasty or cataract following treatment for the 1<sup>st</sup> or a decision to intervene surgically following a period of monitoring of a condition

An RTT period finishes when the RTT clock is stopped. Outcomes that will stop an RTT clock are:

- Initiation of a definitive treatment
- A decision not to treat at present but to actively monitor the patient's condition over a period of time
- A decision by the patient to refuse the recommended treatment
- A decision by the clinician not to offer further appointments to a patient should they either not attend for an agreed appointment or cancelled an agreed appointment on more than one occasion.
- An onward referral to another consultant for specialist consultation
- An enrolment onto a clinical trial
- Addition to a transplant list
- A decision by the patient to opt for treatment within a private facility not at NHS expense
- If the patient is unable to receive treatment due to an unrelated medical condition which will not resolve within 21 days.

- If the patient is unavailable for treatment for social reasons for a period of more than 8 weeks

### **Patient Pathways**

During the time between an RTT clock start and a clock stop the patient is referred to as being on an *open pathway*. Patients who are in a follow-up cycle post treatment are referred to as being on a *closed pathway*.

The rules of RTT also allow for adjustments to be made to patient pathways. These are to reflect the following situations:

- Period of social unavailability – up to a maximum of 8 weeks
- Period of being medically unfit to proceed – up to a maximum of 21 days
- Referral to services not included in the scope of RTT (see Appendix 3)
- Delay in being able to contact a patient – up to a maximum of 21 days

NOTE: No adjustment can be made for periods of social unavailability of less than 2 weeks.

This document will follow the route of a patient pathway and detail processes and procedure to be followed throughout in line with the points listed above. It will also outline which staff have responsibility for carrying out transactions at each stage of the pathway.

## Myrddin Administrative Process

### Referral to secondary care

It is the responsibility of the HB to ensure that all healthcare professionals likely to refer a patient for treatment via secondary care services are aware of existing referral protocols. Any revisions to existing protocols need to be communicated urgently to avoid delays in processing referrals.

When a referral to any secondary care service is received at the HB the process to be followed is:

<b>Action:</b>	<b>Responsibility of:</b>
Register the referral on Myrddin	Medical records
Stamp referral	Medical records
Forward referral for clinical prioritisation	Medical records
Prioritise referral	Consultant / Triage Team / RMC
Return referral to medical records dept	Medical Secretary / Medical Records
Update Myrddin with clinical prioritisation	Medical records
Produce acknowledgement letter	Medical records

The patient will now be showing at stage 1 of the pathway.

### Stage 1

#### *Booking an appointment*

Appointments for stage 1 patients are allocated on the basis of clinical urgency and then length of RTT wait. Where possible this needs to be within a pooled environment so as not to disadvantage patients who, for no clinical reason, may be registered with a consultant who has a longer waiting list.

All appointments should be made using either partial booking or direct booking methods. The sending of cold appointments to patients means the organisation has failed to make a reasonable offer of an appointment and as such adjustments for CNAs or DNAs cannot be made.

If during the course of the conversation, you are unable to agree a suitable appointment for the patient and you have offered at least 2 appointments, 2 weeks in the future, then the patient can be deemed to have refused a reasonable offer of an appointment. The RTT clock needs to be reset to reflect this conversation. The patient should at all times be fully informed of the consequences of any decisions they make.

Using the partial booking process detailed within the link below will result in the automatic update of Myrddin.

[Partial Booking Process](#)

<b>Action:</b> <a href="#">Add an adjustment</a> to the waiting time	<b>Responsibility of:</b> Medical records
<a href="#">Add a note</a> to reflect the conversation	Medical records

*Patient Attendance*

When a patient attends for their appointment the following actions must be taken:

<b>Action:</b> Check patient demographics – including telephone numbers	<b>Responsibility of:</b> Receptionist
Make any necessary amendments to the patient’s details in Myrddin	Receptionist
Complete <a href="#">clinic outcome form</a> to reflect decisions made during consultation	Clinic Nurse
Ensure any onward referrals are actioned and sent to the relevant dept - check they have not been left in the patient’s notes.	Clinic Nurse
Input appointment outcome into Myrddin <i>Note: In most instances the RTT outcome will default to an outcome. This will be updated by the person typing the clinic letter if necessary.</i>	Receptionist
If the outcome is SOS enter new outcome of ‘See on Symptom’ if not present.	Receptionist
Book any necessary follow-up appointments in	Receptionist

<b>Action:</b>	<b>Responsibility of:</b>
consultation with the patient.	
Enter a target date	Receptionist
If capacity in required timeframe is available – book appointment	Receptionist
If for PB put referral onto wizard	Receptionist
If no capacity send outcome form to Medical Records Book follow-up appt Enter target date	Medical Records
<i>If patient is listed for a surgical treatment directly from outpatients clinic:</i>	
Complete pre-assessment questionnaire with patients being referred to treatment waiting list	Clinic Nurse / POAC Team
Collect completed questionnaires daily	POAC Team Clerk / Medical Secretary / WLT
Update Myrddin with information from WL card / form and confirm with information in clinic letter:	Medical Secretary (who types clinic letter) / WLT
<ul style="list-style-type: none"> <li>• intended procedure</li> <li>• clinical priority</li> <li>• clinical condition</li> <li>• any free text</li> <li>• location for surgery</li> <li>• any periods of unavailability via an <a href="#">adjustment</a></li> <li>• any amendment to demographics</li> </ul>	

## Stage 2

When a patient is referred from 1<sup>st</sup> outpatient appointment for a diagnostic investigation, the outcome from the outpatient clinic will trigger the patient moving from stage 1 to stage 2 of the RTT pathway.

Not all diagnostic investigations are included within the RTT pathway. A list of included services is attached at [Appendix 3](#). If a patient is referred for an excluded diagnostic then an [adjustment](#) to the pathway must be made.

The following actions need to be completed for patients at stage 2 of the RTT pathway, prior to the patient attending:

<b>Action:</b> Referral is registered on Myrddin	<b>Responsibility of:</b> Receiving department receptionist
Appointment is booked via PB	Receptionist

<b>Action:</b> Validate/Run <a href="#">Weekly RTT report</a> to check status of appointments	<b>Responsibility of:</b> Medical Secretary / WLT
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Check appointments are in line with RTT target date – bearing in mind time needed for further follow-up / treatment.	Medical Secretary / WLT
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Record any unavailability or DNA/CNA for the Diagnostics appt – stop and re start the pathway using a non Myrddin event in pathway management in line with RTT rules.

Enter target date. Expedite patients at risk of breaching RTT target date	Medical Secretary / WLT
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Notify relevant DSM of potential breaches due to capacity constraints within diagnostics	Medical Secretary / WLT
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**Please Note: Not all departments record their appointments on Myrddin e.g Radiology**

Once the patient has attended for the necessary investigations, the following actions need to be taken:

<b>Action:</b> Validate/Run <a href="#">Weekly RTT report</a> to check status of appointments	<b>Responsibility of:</b> Medical Secretary / WLT
If you are aware that a follow-up appointment is needed irrespective of the result of the investigation, identify a suitable follow-up slot – paying attention to the RTT target date and the need for time for treatment.	Medical Secretary / WLT

Inform medical records if the patient is to be booked is on an open or closed pathway. If results need to be reviewed prior to any further action then	Medical Secretary /
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<b>Action:</b>	<b>Responsibility of:</b>
ensure the consultant sees the report in a timely manner	WLT
If the consultant has made a decision regarding the future management of the patient without the need for a follow-up appointment then <a href="#">action the outcome</a> of the investigation into Myrddin and ensure the decision is communicated to the patient and the GP.	Medical Secretary / WLT
Close the pathway with a non Myrddin event: discharged if no appointment, active monitoring if patient is going to have a further appointment.	
If a follow-up appointment is required but none is available within necessary time-frame – notify consultant / DSM to arrange additional capacity	Medical Secretary / WLT
Notify medical records of provisionally allocated follow-up slot.	Medical Secretary / WLT
Book follow-up appointment in line with reasonable offer rules.	Medical records

### Stage 3

Patients who are awaiting a follow-up appointment on an open RTT pathway are deemed to be at stage 3. It is the responsibility of the person who manages the treatment waiting list to ensure that all patients showing at stage 3 do so in line with the RTT rules and the RTT target date.

The process for managing stage 3 patients is as follows:

<b>Action:</b>	<b>Responsibility of:</b>
Validate/Run <a href="#">Weekly RTT report</a> to check status of appointments	Medical Secretary / WLT
If a follow-up appointment is required but one has not been arranged then identify a suitable slot. If none is available within necessary time-frame – notify consultant / DSM to arrange additional capacity	Medical Secretary / WLT
Notify medical records of provisionally allocated	Medical Secretary / WLT

<b>Action:</b>	<b>Responsibility of:</b>
follow-up slot	
Book follow-up appointment in line with reasonable offer rules. If the follow-up appointment booked falls outside of the RTT target date or poses a risk to delivery of treatment within the RTT target	Medical records
When a patient attends for the follow-up appointment, the following action needs to be taken:	
<b>Action:</b> Check patient demographics – including telephone numbers	<b>Responsibility of:</b> Receptionist
Make any necessary amendments to the patient’s details in Myrddin	Receptionist
Complete <a href="#">clinic outcome form</a> to reflect decisions made during consultation	Clinic Nurse
Ensure any onward referrals are completed and sent to the relevant dept - check they have not been left in the patient’s notes.	Clinic Nurse
Input outcome into Myrddin If the outcome is SOS enter new outcome of ‘See on Symptom’ if not present. Book any necessary follow-up appointments in consultation with the patient.	Receptionist  Receptionist
Enter target date. <i>If patient is listed for a surgical treatment directly from outpatients clinic:</i>	
Complete pre-assessment questionnaire for patients being referred to treatment waiting list	Clinic Nurse
Forward completed questionnaire to relevant area (Pre-assessment Team / Medical Secretary / WLT)	Clinic Nurse

**Action:**

Add intended procedure details to Myrddin

**Responsibility of:**

Medical Secretary / WLT

There may be instances where patients are seen by clinical staff in a non-clinic environment. The outcomes from these consultations need to capture in the same way.

*Virtual Clinics*

It is not uncommon for follow-up patients to be managed via virtual clinics, where case notes, investigations and results are reviewed by a senior clinician without the patient in attendance. The procedure for setting up and managing virtual clinics is as follows:

- A separate case note review session is set up with the required number of slots
- Patients are booked into the case note review session - DO **NOT** SEND LETTERS.
- Change the ACTIVITY TYPE to "non face to face activity".
- Copy this comment and paste into the activity comments: "Case note review only - not a hospital attendance".
- Run a clinic list to pull notes
- Prior to clinic, print the clinic outcome forms and attach to the notes. (A specific case note review outcome form is set up for this purpose)

**After clinic:**

- If it is a new appointment and the patient does not require any further appointment then you must enter and outcome of discharged, if they do require a further appointment then you can make if from the ON – the pathway will remain open until the time of that appointment - as there is no need to enter an outcome.
- Copy and paste the following comment: "Case notes reviewed (*date reviewed*) and (*discharged/remain on wizard/follow up in x months*)"
- Book appointment if required - retain the above comment.

*Managing follow-up appointments*

The Health Board needs to ensure that all patients requiring a follow-up appointment (whether on an RTT pathway or not) have a recorded target date for that review to take place. This is irrespective of whether the service is managed via partial booking or direct booking.

There will be occasions when patients do not return to the reception desk with their completed outcome form. To ensure that no patients are discharged inappropriately the outcome entered by the reception desk defaults to "25 – follow-up". Therefore it is also the responsibility of the medical secretary to ensure that the outcome entered into Myrddin following any consultation corresponds to that indicated by the clinician in the outpatient letter.

In some cases the clinician may make a decision to review the patient should the need arise, rather than make a confirmed appointment. In these cases, when typing your clinical

letters, if stated that the patient is to be seen SOS, please ensure that the new outcome of 'See on Symptom' has been entered. If not, please update.

The process to be followed is included at the link [Managing Follow-up Appointments](#).

#### Stage 4

In order to ensure that patients are treated equitably and efficiently, it is essential that a treatment waiting list only contains patients who are fit and available to undergo the necessary surgical procedure. Patients who do not meet the necessary clinical fitness to proceed or who are socially unavailable for treatment for a period of more than 8 weeks are removed from the waiting list (2-8weeks for social unavailability, 21 days for sickness). The patient should at all times be fully informed of the consequences of any decisions they make.

There may be instances where patients are unavailable for periods of over 8 weeks but who know the end point of their unavailability, for example an extended holiday or a planned event such as a wedding. It is sensible for the management of these periods to be controlled by the medical secretary, rather than asking the patient to make contact again in the future. Patients should be relisted for their treatment from the date they become available in all instances.

All TCI dates should be agreed with the patient prior to being recorded on Myrddin or the Theatre system.

As part of the Welsh Government's NHS Wales Outcomes Framework 2015/16, the Health Minister gave a commitment to patients that if their operations are cancelled on more than one occasion, with less than 8 days notice they would receive treatment within 14 days of the second cancellation, or at the patient's earliest convenience. This is now a Tier 1 target.

Patients at stage 4 of the RTT pathway should be actively managed as follows:

#### Action:

#### Responsibility of:

Validate/Run [Weekly RTT report](#) to check status of new additions to the waiting list and any TCIs.

Medical Secretary / WLT

Check patients that have been cancelled twice with less than 8 days notice to ensure appointment within 14 days of last cancellation.

Medical Secretary / WLT

Update any new additions to the waiting list with the necessary intended procedures and check for any further anomalies

Medical Secretary / WLT

**Action:**

Check the position of any patients due to be admitted on a daily basis via the Theatre system

Run your [lapsed TCI report](#) and remove any lapsed TCIs from Myrddin as appropriate on a daily basis

Schedule TCIs in line with clinical priority and RTT target date

Expedite patients at risk of breaching the current RTT target date

Notify the DSM of any capacity constraints restricting your ability to TCI in accordance with RTT rules

Update Myrddin with any information relevant to the management of the patient – using add-a-note or by inputting an adjustment

Input your planned theatre list onto the theatre system 5 days in advance – allowing for urgent / cancer slots as required.

Enter Theatre times (time patient expected to be in theatre)

Make any necessary amendments to the theatre lists

**Responsibility of:**

Medical Secretary / WLT

Medical Secretary / WLT

Medical Secretary / WLT

Medical Secretary / WLT

Medical Secretary / WLT

Medical Secretary / WLT

Medical Secretary / WLT

Medical Secretary / WLT

## Appendix 1 – Myrddin Processes

Periods of unavailability or any details that may affect future management of the patient **must** be recorded on Myrddin to ensure patients are only offered appointments, TCI dates when they are available.

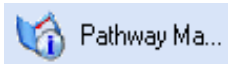
### To add a note:

- Select the Add a note
- Click **New**
- Enter **start date**
- Enter **end date**
- **Description** box is free text - please specify the nature of the patient's unavailability e.g. Patient unavailable for ENT appts. But is available for other appts., or patient on holiday
- Enter your **initials** and **date** of the entry
- Then click **ok** to save.


For 15 days to 8 weeks you need to add the unavailability to the Keynotes as above **AND** add an adjustment to the patient's relevant pathway as follows:

### Making adjustments

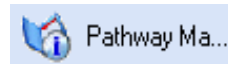
#### *General adjustments between 2 and 8 weeks*

- Select **Pathway Management** on left menu 
- Highlight correct pathway
- Click **New**
- **Event Date** is the start date of the unavailability
- **Event Source** is Adjustment
- **Event Type** is General Adjustment
- **Service** is the specialty the patient is waiting under
- **Notes** is a free text field to input an explanation for the adjustment – include your **initials** and **date** of the entry.
- **End Date** is the date that the patient becomes available again.

#### *Over 8 weeks – remove patient by:*

- Select **Referrals** on the left 
- Double click on the correct referral
- Within the referral select **Removal from list** on the left
- Reason **Patient declined treatment**

### Adjusting for referral to excluded services:



- Select **Pathway Management** on left menu
- Highlight correct pathway
- Click **New**
- **Event Date** is the start date of the unavailability
- **Event Source** is Adjustment
- **Event Type** is General Adjustment
- **Service** is the specialty the patient is waiting under
- **Notes** is a free text field to input an explanation for the adjustment, including details of the excluded service to which the patient is being referred – include your **initials** and **date** of the entry.
- If you know the scheduled date of the appointment with the excluded service then input this as the **End Date**.
- If the appointment is not known then input a date 8 weeks later as the **End Date**.
- Update the **End Date** when the appointment with the excluded service is fixed.

### Re-listing patients

There may be instances where patients are removed from a waiting list without being treated and need to be reinstated. Examples of reasons for this are:

- Patient admitted but procedure not carried out
- Hospital cancellation prior to admission
- Patient cancellation prior to admission

When dealing with a patient that has been admitted the original referral, now indicates that the patient has been treated. When discharging the patient select the appropriate outcome for example: Unfit for Procedure or Hospital fault. These outcomes will relist the patient automatically. If you already have a date for admission you can go to removal from list and set up the next TCI date. If you do not have a date just press OK and the patient will return to the active waiting list

If the patient has been cancelled prior to the TCI date due to illness and you need to apply the 21 day medical adjustment then:

- Select the AT and
- Enter “PATIENT NOT FIT FOR PROCEDURE” – the patient will be relisted and you need to enter an adjustment for the period of sickness.

NOTE: If the patient is unlikely to be fit after 21 days then the code ‘90’- UNFIT REFERRED BACK TO GP must be used

## Managing Follow-up Appointments

### Entering a Follow-up appointment target date

When out coming an outpatient appointment with Follow up Appointment, you now need to enter a target date, even if you are making the follow up appointment straight away. If an appointment is cancelled by hospital or by patient then the follow-up target date is entered as '00':

**Amend OutPatient Attendance [M9999999]**

Case No.: M9999999 Birthdate: 04-Jun-1957 (57 years) Address: 9 Llantrisant Road  
 NHS No.: 999-999-9999 Postcode: CF39 8PP Tonyrefail  
 Name: LLOYD, DUMMY PATIENT Porth Rhondda, cynon, taff

**Appointment Details**

Attendance Date: 31/07/2014  
 Appointment Time: 08:50  
 Activity Type: Outpatient - TCI  
 Clinician: Foster, ME  
 Service: General Surgery  
 Location: Ysbyty Cwm Rhondda  
 Intent: Outpatient consultation only

Source: Outpatient waiting list  
 Category: 1 NHS patient - not formally detain  
 Appt Directive:   
 Session Name: YCR Thurs am General Surgery  
 Slot Name: New Routine  
 Send Appointment Confirmation Letter  
 Booking agreed with Patient?

Timecheck (as applicable)

Arrival Time: 00:00  
 Time Clinician Ready: 00:00  
 Treatment Time: 00:00  
 Discharge Time: 00:00

What happened to the appointment?

Outcome details

Outcome: Follow-up outpatient appointment  
 Local Reason:   
 Date Notified:   
 Send Cancelled Clinic Letter

Next appointment details

Next Appt.: In six weeks  
 11/09/2014  
 Pref. Clinician/Serv: Mr ME Foster (General Surgery)  
 Preferred Session: YCR Thurs am General Surgery  
 Clinical Condition:   
 Appt Directive:   
 Staff Grade:

Pathway: 02/06/2014 (General Surgery)  
 UPI: 7A5500348481  
 Pathway Event: Active monitoring commenced to  
 Service:   
 Other Information:   
 GP Reference No.:   
 Potential TCI Date:

**Step 1: Enter Follow up Outpatient Appointment as outcome**

**Step 2: Enter Next Appointment details. A target must always be entered.**

**Step 3: Click OK**

**If the appointment is cancelled, the next appointment details would be 'Follow Up Not Required at this stage'**

OK Cancel

**Myrddin Patient Record [M99999999] - LLOYD, DUMMY PATIENT**

MPR QuickReports Activity

Drag a column header here to group by that column

Type	Initial HCP	Trt. Date	Appt. Time	Initial Service	Initial Location	Notes	FU Target Date
QA	Mr ME Foster	31/07/2014	0850	General Surgery	Ysbyty Cwm Rhondda		11/09/2014
OutPatient: Attended with an outcome of Follow-up outpatient appointment This SessionName: YCR Thurs am General Surgery Next Appt Preferred Session: YCR Thurs am General Surgery							
AD	Dr RT Martin Edw.	24/07/2014	0600	Care of the Elder Ward 3			
Admission (to Dewi Sant Hospital) Discharged on 24/07/2014 from Ward 4, Dewi Sant Hospital by Dr Raja B... of the Elderly). The Outcome was Transfer ->Other Hosp, Same Trust							

Total 2

New Select

**Step 4: Make the follow up appointment as usual**

**A follow up target date will appear on the Activity screen**

## Adding a Target Date

When validating patients listed as requiring a follow-up review you may find records with no target date assigned. To amend those records, follow the process below:

Select the appropriate OA in activity, go to next appointment and change it from – no follow up at this stage 00 -

The screenshot shows a medical appointment form for a patient named SRELDON, TANTA DAWN. The form includes sections for 'Attendance', 'Timecheck', 'What happened to the appointment?', 'Outcome details', 'Next appointment details', and 'Pathway management'. In the 'Next appointment details' section, the 'Next Appt.' dropdown is currently set to 'Followup not required at this stage'. An arrow points to this dropdown from the text above. Other fields include 'Location: Ysbyty Cwm Rhondda', 'Intent: Outpatient consultation only', 'Arrival Time: 10:50', 'Treatment Time: 12:08', 'Time Clinician Ready: 12:08', and 'Leaving Time: 12:20'. The 'Outcome details' section shows 'Outcome: Follow-up outpatient appointment'. The 'Pathway management' section shows 'Pathway: 16/04/2014 (Gynaecology)' and 'Pathway Event: Active monitoring commenced to'.

To the appropriate target date (example) 6 weeks PRESS OK

This screenshot shows the same medical appointment form as above, but with the 'Next Appt.' dropdown menu open. The menu lists several options: '04. In three weeks', '05. In a month', '06. In five weeks', '07. In six weeks' (which is highlighted), '08. In seven weeks', '09. In two months', and '10. In nine weeks'. The 'Next Appt.' field in the background is now set to 'In six weeks'. The 'Outcome details' and 'Pathway management' sections remain the same as in the previous screenshot.

## See On Symptom Outcome

To reduce the number of follow ups not booked, when typing your clinical letters, if stated that the patient is to be seen SOS, please ensure that the new outcome of ‘See on Symptom’ has been entered. If not, please update.

**Amend OutPatient Attendance [M9999999]**

**Core Info.**  
**Attendance**  
 Notes  
 Next Offer Audit

Case No.: M9999999 Birthdate: 14-Dec-1982 (32 years) Address: 15 St Andrews Road  
 NHS No.: 999-999-9999 Postcode: CF37 1XF Penycoedcae  
 Name: LLOYD, DUMMY PATIENT Pontypridd  
 Rhondda, cynon, taff

**Appointment Details**

Attendance Date: 06/02/2015 Source: Outpatient waiting list  
 Appointment Time: 14:15 Category: 1. NHS patient - not formally detain  
 Activity Type: Outpatient - TCI Appt Directive:  
 Clinician: Shankar,Letchuman Ramakrishna Session Name: RG Fri pm GYNAE (WHU)  
 Service: Gynaecology Slot Name: New Routine  
 Location: Royal Glamorgan Hospital  Send Appt. Confirmation Letter  
 Intent: Outpatient consultation only  Booking agreed with Patient?

**Timecheck (as applicable)**

Arrival Time: 00:00 Treatment Time: 00:00  
 Time Clinician Ready: 00:00 Leaving Time: 00:00

**What happened to the appointment?**

**Outcome details**

Outcome: See on Symptom  
 Local Reason:  
 Date Notified:  
 Override Letter:

Outcome Description	Outcome Code
Attended - Future Decision Unknown	22
Become outpatient	23
Follow-up outpatient appointment	25
See on Symptom	26
Further Investigation Required	27
Follow up at other Provider	28
Fit for procedure	29

**Pathway management**

Pathway: 05/01/2015 (Gynaecology)  
 UPI: 7A5600015066  
 Pathway Event: Discharged / referred back to Gf  
 Service:  
 Other Information:

Buttons: Delete, OK, Cancel

## Setting up a TCI

If you are working from waiting list view then you can right click on the patient which will take you directly to the referral – select this WL entry -

W	M2030103	00 months	Routine	7A5	07/01/2013	07/01/2013	THE MEDICAL Orthopaedics
	CARTLIDGE, ELIZABETH Age: 65 Addr: 47 Rhyd-Yr-Helyg Nantgarw Cardiff Tel: 01443 844263						
W	M2088185	00 months	Routine	7A5	14/01/2013	14/01/2013	ASHGROVE St Orthopaedics
	SAUNDERS, MARION Age: 54 Addr: 19 Ynyslyn Road Pontypridd Rhondda, cyn Tel: 662285						
W	M9999999	00 months	Routine	7A3	31/01/2013	31/01/2013	PARC SURGE Orthopaedics
	LLOYD, SANDRA ANNE Age: 55 Addr: 122 High Street Glynneath Neath Neath p Tel: 55555						

Count is 13

Buttons: Search, Export, Print, New, Select, Close

Context Menu for LLOYD, SANDRA ANNE [M9999999]:  
 Select this WL entry  
 Invite Patient  
 Send for Pre-Assessment

Footer: AN (Sandra Lloyd IMI Myrddin Team RGHExt 3) Myrddin CIS 1.11.4.305 [RYLBACLI74KH3J]

Theatre time must be entered once the patient has been listed, or as soon as you can after the patient has been put onto the waiting list. This should be part of your normal validation

process. You must also add **Theatre type** and **Anaes type**. The time entered would be the time the patient is expected to be in theatre ie 01:20 = (1hr 20 mins)

**Step 1:** Enter Referrer Comments in full (no abbreviations)

**Step 2:** Enter Theatre type (main specialty)

**Step 3:** Enter Anaesthetic type

**Step 4:** Enter Theatre type The time entered would be the time the patient is expected to be in theatre ie 01 :20 = (1hr 20 mins)

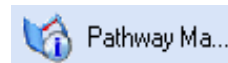
**Step 5:** Enter Clinical Condition

Ensure that the appropriate clinical condition is also added which is normal practice  
 If you set up a TCI which then needs to be cancelled, the original information entered is automatically put onto the new referral, so you do not have to re-enter this.  
 This information is MANDATORY so must be entered onto each referral. Normal validation for location/priority etc continues as is normal practice

On the left hand side select REMOVAL FROM LIST – and complete the information as per example below and press OK – the referral will then show as BOOKED and in the Activity there will be an AT.

## Inputting Non-Myrddin Events

- Select **Pathway Management** on left menu
- Highlight correct pathway
- Click **New**
- The **event date** will default to the current date and the **event source** to Non-Myrddin event – amend as necessary.
- Select the correct event type from the drop-down box. This should reflect the outcome of the consultation.
- Whether or not the **Service** field is activated is dependent upon the event type. If it is activated by your event type then select the correct service for the pathway.
- Within the **Notes** section, input the current date and your initials and a brief explanation of your entry.
- Click **OK** to save your entry.



## The Partial Booking Process

### 1. Check Clinic Vacancies to be filled

- In Diary View, open the session on the clinic you plan to book.
- In Tools, choose “run invitation wizard”
- Decide whether to include sub-specialities: if you do, this will include patients from sub-lists, e.g. “hands” for Orthopaedics and “paediatrics” for Ophthalmology. Tick the box indicated if you wish to include sub-specialities.
- Un-tick the box “send invitations for new emergency slots”.
- Make sure the box is ticked to send invitations for routine slots.
- Myrddin will tell you how many slots are vacant, but you must invite more than this number to fill the clinic, e.g. if 5 slots are vacant, invite 10 patients.

### 2. Sort the Invitation Wizard Correctly for Patient Selection

- The wizard will bring up the waiting list. It should display all the priorities and wait bands, with patient names.
- Remove the “Clinician”, “Clinical Condition” and “Wait Band” tabs from the top grouping area by right-clicking each one in turn and selecting “remove from grouping”.
- The data is now grouped by “Clinician Priority”; sort this in descending order ▼.
- Now click on the “Date on system” tab to sort it in ascending order ▲.
- Now FILTER on each weekly category, starting with the longest first. Hover your mouse cursor at the far right of the “wait in weeks” tab and then select only the longest weekly wait from the drop-down menu. Don’t select any other weeks at this point.

- The longest week wait will appear, with the patients listed in strict date order. Select the patients to invite as appropriate – SEE SECTION 3 BELOW.
- If you still have invitations to send, go back to the filter and select the next longest week wait. Leave the longest week ticked, just tick the second longest as well. (This helps you keep track of the weeks you have already selected.)
- Invite patients, then select the third longest week wait, leaving the first and second longest ticked, and so on.

### **3. Invite Patients in Priority and Date Order**

- Click on the tick box next to the patient’s referral entry, or double click anywhere on their entry.
- Retrieve each patient’s referral letter from the waiting list file as you invite them.
- If you invite someone in error, click their entry so that the tick disappears.
- Myrddin will show a running total of invitations used at the bottom of the screen to assist you.
- If you only want to invite one specific patient, click on “case no” black arrow and start to type in the patient’s number. Select the right patient and it will bring up the entry to tick.
- If you cannot find a patient that you think should be on the list, click on “case no” black arrow and then “custom”. Type in the case no and it will search for a case no equalling yours. If you still can’t find patient, investigate through Patient View. You can overtype more numbers if you wish to invite more patients.
- Invite all the appropriate patients from each priority and when finished, click “next” then “finish”. This starts the automated invitation process.

### **4. Add Appropriate Booking Information to Referrals**

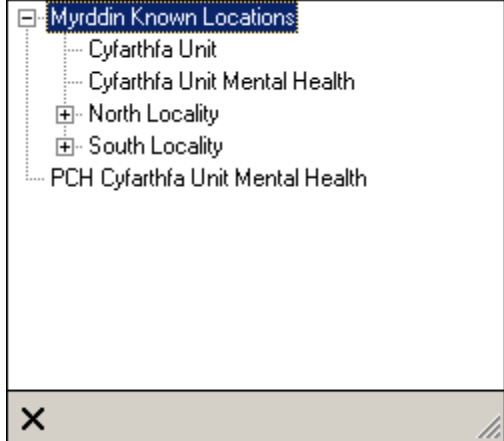
- In Patient View, select the partially booked referral and type the booking information in “referral comment” for the Call Centre to identify appropriate sessions to offer. This must include the Diary, session name and clinic day. If the patient is a potential target breach, state in the comment in which month they must attend.

### **5. Send Partial Booking Referrals to Call Centre**

- Add all the referrals you have partially booked to the dedicated mail pouch, which is sent to the Call Centre at the end of each day.

### **Important points**

- Template changes and slot unavailability must be actioned straight away, to avoid the Call Centre booking patients into inappropriate slots.
- The call centre will only book routine slots, unless you specifically ask them to fill unused urgent or emergency slots on a particular date and time.

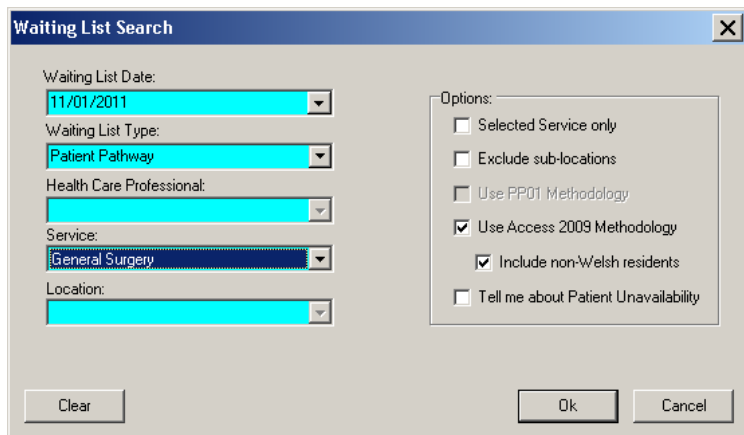


**Pooled waiting lists held in one consultant’s name**

The wizard will only display the entire waiting list through the main consultant’s sessions, e.g. Mrs Murray’s list is not accessible via Jonathan Davies’ session. You need to run the wizard in Jonathan Davies’ session to see how many slots are empty, then exit and go into Mrs Murray’s session to call up the list and invite patients. This will apply to all combined lists – Cardiology, Ophthalmology, Rheumatology, etc. Please note that the invitation letter will only quote the speciality, not the Consultant’s name.

**Running the Weekly RTT Pathway Report**

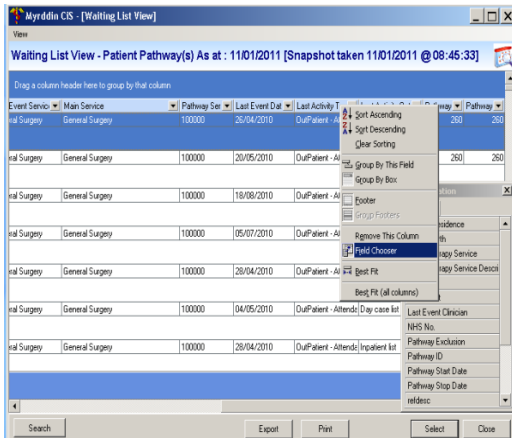
- Select waiting list view from the front screen
- Select your location as below
- Select Waiting list type – *Patient Pathway*
- Select the relevant service as below



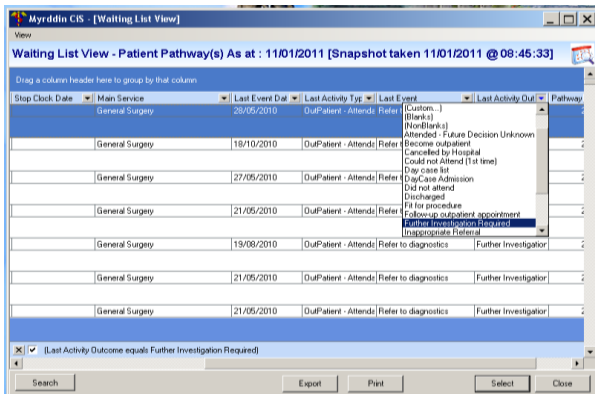
- Click **OK**

Once this has run, you will then need to filter for your consultant and the last activity outcome.

Note: If the last activity outcome is not one of the fields you currently have on the view you need to “right click” on the headings and select filed chooser – and then drag the last event heading to the top –as below:



- You will now be able to filter on the last activity outcome field.
- You can also follow the same process to filter on the *last event* field. If updated correctly this should show as “referred to diagnostic” or “referred to therapies” – if any of these say “event unknown then this needs to be validated and updated accordingly.



- The follow the same process and put a filter on for your Consultant
- You now have 2 filters on this screen and this will then show you all of your Consultants patients whose last outcome was further investigation.
- You can now select each patient and validate them.


## Running the Lapsed TCI Report

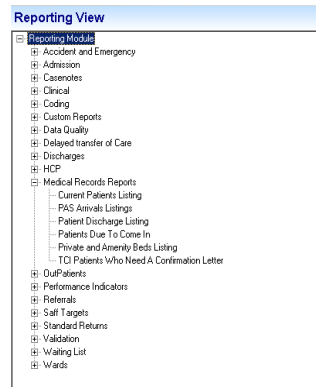
In order to produce your lapsed TCI / AT report – following the following procedure:

From the main Myrddin screen select **Reporting View**

**Reporting View**  
Click here to access the Reporting View, enabling you to access various reports concerning this Hospital and the patients who are known to Myrddin



Click on - Medical Records Reports –  
 Patients Due to Come In



Enter the relevant criteria into the template shown:

This will then produce an on-screen report as shown below:

**In Patients Due To Come In**  
**In Consultant Order**  
 For Dates of Attendance On and Between 01/01/2009 and 09/10/2009

**Royal Glamorgan Hospital**  
**Brown, G**  
**Planned Admission Date: Tuesday 22 September, 2009**

Adm Time	Patient's Name	Case No.	Sex	D.O.B.	Cat	Priority	MI	Ward / Specialty	Admit For
1000	JONES, EMYS	M2011549	M	11/09/1925	10	3	1	RGH WARD 7 UROLOGY	TWOC
		Referral Date		08/09/2009					
-----									
<b>Planned Admission Date: Tuesday 06 October, 2009</b>									
1030	EDGE, LAWRENCE D	M2044960	M	23/03/1935	10	3	2	RGH WARD 7 UROLOGY	Change of Catheter (Darrin telephoned no Continence Team available)
		Referral Date		14/09/2009					

Page 2  
 Produced using Myrddin CIS © 16/10/2009 13:55:29  
 (pasreps - twogroups, FmKcpas)

To print the report, click on the print icon at the top of the screen.

the top of the screen.

## Reasonable Offer

A reasonable offer to a patient is defined as any date mutually agreed between the patient and the organisation. Any subsequent application of waiting times rules based on this offer (e.g. CNA, DNA) may only be applied if the appointment date has been mutually agreed, and is therefore considered to be reasonable.

Patients can be offered any number of dates and times, at least one of which must be more than two weeks in the future.

Where a service is being delivered in a pooled manner or across a number of locations, patients must be fully informed of this at the earliest opportunity in their pathway. Ideally this needs to be contained within the confirmation letter received by the patient initially. An offer of an alternative clinician or at an alternative location will only be considered reasonable if this arrangement has been appropriately communicated to the patient.

*Where treatment via an alternative clinician or at a difference location is offered to the patient it is expected that this offer can be delivered by the Health Board and will result in the patient receiving their care sooner than remaining at the original site or with the original clinician.*

All options offered must be recorded and available for subsequent audit. If the required information is not recorded, it will be considered that no reasonable offer has occurred.

### Cancer target

Due to the expediency in which cancer treatment should be delivered, any appointment date offered to a patient may be deemed reasonable. Patients should receive sufficient notice of any appointment date, taking account of their clinical condition and personal circumstances.

### Refusal of a reasonable offer

A patient may only be deemed to have refused a reasonable offer when the conditions above have been met and it has not proved possible to agree an appointment.

If the patient declares themselves as unavailable for the time period in which the offers are being made, the social unavailability rules will apply.

If the patient is available during the offer period, but refuses a reasonable offer, the clock will be reset. The new clock start will be the date that the patient refuses the offered appointments.

## Appendix 2 – Clinic Outcomes

Myrddin works using the principles of both a **Clinic Outcome** and **Pathway Event** decision.

The **Outcome** will reflect what is planned to happen next – i.e. discharge, follow up, add to day case or in-patient list. The **Pathway Event** will influence the RTT clock in terms of whether the patient is waiting for treatment, has started treatment or that no treatment is required at this time.

### Clinic Outcome Codes

The following table details the codes used for outcomes from clinic and illustrates which RTT pathway code should be used in conjunction:

Outcome Code	Outcome Description	Scenario	Pathway Event Code D = default	Pathway Event Description	RTT Clock Status
25	Follow up outpatient appointment <i>Note: when this outcome is selected- users MUST also select a pathway event</i>	Treatment has been commenced at this interaction. <i>Note: This does not include the prescription of medication for symptomatic relief prior to surgical intervention</i>	61	Treatment Commenced today	STOP
		Patient has commenced treatment at an earlier event, with current or previous clinician.	6X	Treatment Commenced has already taken place	STOP
		A decision has been made that no treatment is required at this time but the patient should be monitored for a period of time rather than	62	Active Monitoring Commenced today	STOP

Outcome Code	Outcome Description	Scenario	Pathway Event Code D = default	Pathway Event Description	RTT Clock Status
		<p>discharged.</p> <p><i>Note:</i></p> <p>(i) <i>This outcome can also be used when a diagnostic is required before the next visit as part of the monitoring.</i></p> <p>(ii) <i>This outcome is a positive decision not to treat at this time and does not prevent changes in decision at later interactions.</i></p> <p>(iii) <i>The decision “not to treat” should be explained to the patient</i></p> <p>Used when patients have commenced monitoring at an earlier event, with current or previous clinician.</p>	6M	Active Monitoring previously Commenced	STOP
25	Follow up outpatient appointment	No decision on treatment/monitoring can be made until a diagnostic is complete. The patient is likely to require a follow-up appointment.	51	Refer to Diagnostics	CONTINUE
61	Discharged	<p>Treatment is complete</p> <p>No treatment is required and the patient is discharged</p>	60 (D)	Discharged/Referred back to GP.	STOP

Outcome Code	Outcome Description	Scenario	Pathway Event Code D = default	Pathway Event Description	RTT Clock Status
		Patient is unfit to proceed and returned to their GP			
26	See on Symptom	The patient is to be discharged from active care but informed to contact the hospital to arrange another appointment if required. <i>Note – this should be time limited to a maximum of 6 months</i>	62 (D)	Active Monitoring Commenced today	STOP
25	Follow up outpatient appointment	Patient has declined treatment but remains under the care of the consultant. <i>Note: When discharged use code 60 Discharge/Referred back to GP</i>	65	Patient Declined Treatment	STOP
31	Day Case List	Patient is to have elective admission for treatment as a day case and is added to relevant waiting list under NHS. <i>Note: only to be used when a patient is on an <b>open</b> pathway</i>	53 (D)	Added to waiting list for elective admission	CONTINUE
31	Day Case List	Patient is to have elective admission for treatment as a day case and is added to relevant waiting list under NHS. <i>Note: only to be used when a patient is on a <b>closed</b> pathway e.g. is being listed for 2<sup>nd</sup> cataract</i>	4W	Change to pathway with addition to elective list	START

Outcome Code	Outcome Description	Scenario	Pathway Event Code D = default	Pathway Event Description	RTT Clock Status
41	Inpatient List	Patient is to have elective admission for treatment as an inpatient and is added to relevant waiting list under NHS.	53 (D)	Added to waiting list for elective admission	CONTINUE
41	In-patient List	Patient is to have elective admission for treatment as an inpatient and is added to relevant waiting list under NHS. <i>Note: only to be used when a patient is on a <b>closed</b> pathway e.g. is being listed for 2<sup>nd</sup> side arthroplasty</i>	4W	Change to pathway with addition to elective list	START
22	Attended-future decision unknown	Where no outcome or pathway event has been indicated. <i>Note: use of this code should be infrequent</i>	5X (D)	Event unknown at present	CONTINUE
27	Further Investigation required	No decision on treatment/monitoring can be made until diagnostic investigations have been completed. Following this there may or may not be a follow up. <i>Note: if no follow-up is required post diagnostic then a consultant office decision must be input to update Myrddin.</i>	51	Refer to Diagnostics	CONTINUE
96	Did not attend & patient discharge	The patient did not attend for a previously agreed appointment. No further appointment	60 (D)	Discharged / referred back to GP	STOP

Outcome Code	Outcome Description	Scenario	Pathway Event Code D = default	Pathway Event Description	RTT Clock Status
91	Did Not attend	is to be offered and care is returned to referrer.  The patient did not attend for a previously agreed appointment but due to clinical necessity the consultant decides to offer another appointment	67 (D)	Did Not Attend	RESET
12	Referred to Therapies	The patient is referred to therapies for definitive treatment. <i>Note: A STOP outcome will need to be applied to pathway once treatment with the therapy service starts</i>	52	Refer to therapies	CONTINUE
		The patient is referred to therapies is to ease symptoms while awaiting TCI for surgical intervention	53	Treatment Planned - Add to waiting list	CONTINUE
		The patient is referred to therapies is to ease symptoms while awaiting TCI for surgical intervention	??	Treatment planned – add to outpatient treatment list	CONTINUE
11	Referral to another consultant	The patient is being referred to another consultant due to clinical necessity and care is transferred.	63	Referred to another Consultant	STOP
		The patient is referred to another consultant for	???	???	CONTINUE

Outcome Code	Outcome Description	Scenario	Pathway Event Code D = default	Pathway Event Description	RTT Clock Status
		a second opinion but care remains with original consultant			
92	Could Not Attend (1 <sup>st</sup> time)	The patient cancels a previously agreed appointment for the 1 <sup>st</sup> time. Another appointment should be arranged and the patient informed that if they cancel again they may be referred back to their GP.	92 (D)	Could not attend (1st CNA)	RESET
9V	Could not Attend (Overrule)	The patient cancels a 2 <sup>ND</sup> previously agreed appointment. <i>Note: it is the decision of the consultant whether to offer a further appt.</i>	5N	Could not attend (2 <sup>nd</sup> CNA)	CONTINUE
9N	Could not Attend & (Discharge)	The patient cancels a 2 <sup>ND</sup> previously agreed appointment and no further appt is to be offered	60	Discharged / referred back to GP	STOP
43	Inpatient Admission	The patient is being admitted direct from clinic due to their clinical condition	61 (D)	Treatment commenced today	STOP
64	Add to Outpatient procedures list – <i>Note: this option is not yet available – use code 25 Follow-up Outpatient</i>	Patient is to have treatment in a setting other than elective admission i.e. outpatients	54	Treatment proposed-delivery intended at future appointment	CONTINUE

Outcome Code	Outcome Description	Scenario	Pathway Event Code D = default	Pathway Event Description	RTT Clock Status
	<i>Appointment</i>				
29	Fit for procedure	The patient has attended Pre-operative Assessment clinic and is deemed fit to proceed. <i>Note: this appointment will be on its own pathway and will not affect the pathway on which the patient is waiting for a TCI</i>	60 (D)	Discharged / referred back to GP	STOP
95	Patient not fit for procedure	The patient has attended Pre-operative Assessment clinic and is deemed not fit to continue and is likely to be fit to continue within the next 3 weeks. <i>Note:</i> <i>i. This appointment will be on its own pathway and will not affect the pathway on which the patient is waiting for a TCI</i> <i>ii. An adjustment will need to be applied to the pathway.</i>	50 (D)	No action – await further review	CONTINUE (adjusted)
90	Unfit ref back to GP	The patient has attended Pre-operative Assessment clinic and is deemed not fit to continue and will not be fit to continue within the next 3 weeks. <i>Note: The patient may need to be referred to another clinician for optimising.</i>	60 (D)	Discharged/Referred back to GP	STOP



## Clinic Outcome Form

Cwm Taf currently has a significant number of clinic outcome forms in circulation. This is due to the variation in practice between sub-specialties. An example of a generic outcome form is shown below:

CLINIC OUTCOME FORM

**PLEASE TAKE TO RECEPTION TO PROCESS THE NEXT STAGE OF YOUR TREATMENT**

[ ] Pathway Information - please tick appropriate outcome

<input type="checkbox"/>	Inpatient Waiting List
<input type="checkbox"/>	Day case Waiting List
<input type="checkbox"/>	Discharged
<input type="checkbox"/>	Investigations
<input type="checkbox"/>	See after investigations
<input type="checkbox"/>	Treatment commenced
<input type="checkbox"/>	Active monitoring commenced
<input type="checkbox"/>	OPD Follow up - please indicate below

**Instructions for follow up appointment - please tick appropriate boxes below**

Number of weeks:       Number of months:

Must see lead clinician       Cancel restriction

Any special instructions regarding clinic type?

---

**C**      CONVENTIONAL BOOKING

### **Appendix 3 - RTT Included Diagnostic & Therapy Services**

#### **Diagnostic Inclusions**

Diagnostic means a test or procedure used to identify a person's disease or condition and which allows a medical diagnosis to be made. The following investigations are included within the RTT pathway:

- Barium Enema
- Computerised Tomography (CT)
- Echocardiogram
- Electromyography
- Endoscopy
- Bronchoscopy
- Colonoscopy
- Sigmoidoscopy
- Gastroscopy
- Cystoscopy
- Exercise Stress Tests
- Fluoroscopy
- Magnetic Resonance Imaging (MRI)
- Nerve Conduction Studies
- Non Obstetric Ultrasound
- Nuclear Medicine
- Pathology
- Plain Film X-Rays
- Urodynamic Pressures and Flows
- Vascular Investigations

#### **Therapy Service Inclusions**

Therapeutic is defined as a procedure, which involves actual treatment of a person's disease, condition or injury. The following therapy services are included within the RTT pathway:

- Adult Hearing Aids (at point of fitting)
- Dietetics
- Occupational Therapy
- Physiotherapy
- Podiatry
- Speech and Language Therapy

## Appendix 4 - Treat in Turn Guidelines

### Background

The rule of 'first-in first-out' originates from queuing theory and is an underlying principle in improving patient flow. This principle has been applied quite widely in health services in the UK through 'clinically prioritise and treat', a former national programme to reduce variation in waiting times. This programme demonstrated that there were endemic inequalities in the management of waiting lists: for example, patients who were prepared to complain about waiting times were more likely to be seen before other patients. Evidence suggests that the 'first-in first-out' principle has not been applied to all clinical areas in hospitals.

The main impact of doing things in turn is to reduce the differences (variation) in waiting times between patients, thereby reducing the maximum waits that some patients experience.

To ensure that patients can be treated in turn the following recommendations form best practice guidance:

- A patient should only be placed on a waiting list when all preconditions for treatment have been met. As a test, no patient should be active on a surgical waiting list unless the procedure could be performed tomorrow if the appropriate resources were available.
- Wherever patients are being selected from a waiting list, the waiting list must be prioritised and sorted.
- Waiting lists should be sorted first by
  - clinical priority, and then
  - by the current pathway start date.
- Patients should be removed from the top of the list:
  - longest waiting 'urgent' patients first,
  - shortest waiting 'routine' patients last.

Sorting the list into this order will produce an accurate list of patients with the longest total wait at the top.

When measuring the treat in turn rate the currently recorded TCI's (n) for routine patients are compared against the longest waiting routine patients (x).

For Example

If there are 100 routine TCI's recorded then these should be for the longest 100 waiting routine patients. In this was the case the treat in turn rate would be 100%.

If only 40 of the 100 TCI's were in the top 100 longest waiting patients then the treat in turn rate would be 40%.

## **Appendix 5 – Pathway Validation and Updates**

To ensure that we can report RTT accurately it is important that the system is validated daily/weekly as there may be occasions when manual updates are required.

These have been discussed in previous sessions; however this document is to ensure that everyone understands their roles and responsibilities, and when it may be necessary for manual intervention.

Validation is the key word and this must form part of daily routine when managing patient pathways and is the responsibility of everyone involved in a patient pathway journey.

This document should be used in addition to all other documentation that has been circulated for RTT validation.

The Data Quality Team has recently discovered anomalies with patients who should be included in RTT that are missing. The reason for this has been identified as being that the specialty on which the patient started their journey was excluded from RTT. However, once these patients are placed on an Inpatient or Day Case waiting list for an elective procedure then the pathway should be included within RTT.

Examples of this are:

### Fracture Orthopaedic

If a patient is referred to fracture clinic following an accident then that is considered to be a non-elective pathway and is not included within RTT reporting. However, if subsequently the patient is identified as requiring a Total Knee Replacement and is placed on the inpatient waiting list then the pathway is included in RTT from the day the patient was listed.

### Diabetic Retinopathy Screening (DRSS)

If a patient is being seen by DRSS then this pathway is not included in RTT reporting as all screening services are excluded. However, if the patient is identified as requiring a cataract removal and is placed on the day case waiting list then the pathway is included in RTT from the day the patient is listed.

### Ophthalmology – Cataract (2<sup>nd</sup> Eye)

In order to identify the change in pathway for these patients it is necessary to update the RTT pathway as well as the referral to the main specialty. So in our examples above the patient requiring the TKR will have both the referral and the pathway specialty changed from FRACTURE (ORTHOPAEDICS) to ORTHOPAEDICS and the Cataract patient from DIAB RET SCR (OPHTHALMOLOGY) to OPHTHALMOLOGY.

The process for changing the specialty in pathway management is the same regardless of the originating specialty.

## To amend a specialty within pathway management:

Pathway management – high light the appropriate pathway and press select, choose the specialty from the drop down menu – ensure it is the same as the service on the referral. – Example below will change from Hand (orthopaedic) to Orthopaedic. You can add notes as required but no other fields need to be updated.

The screenshot shows the 'Myrddin Patient Record' interface for a patient named LLOYD, DUMMY PATIENT. A 'Patient Pathway Management' dialog box is open, allowing for adjustments to a referral. The 'Service' dropdown is set to '110 Orthopaedics'. A table of specialties is displayed, with 'Orthopaedics' (SPECIALTY REFERENCE CODE 110000) highlighted. The background table shows a referral for 'Hands (Orthopaedics)' with a target date of 08-Jul-2013.

SPECIALTY NAME	SPECIALTY REFERENCE CODE
Urology Vale	101953
Vasectomy (Urology)	101981
Cancer (Urology)	101999
<b>Orthopaedics</b>	<b>110000</b>
BUPA (Orthopaedics)	110001
Pre-assessment (Orthopaedics)	110002
Orthopaedics - Paeds	110003

Any patients whose RTT specialty and Referral specialty do not match will be looked at on a weekly basis and any anomalies will be sent to the person responsible for that service for updating within 48 hours.

If there is an issue then you must contact the Myrddin Team for advice.

Below is a list of services excluded from RTT, highlighted in red are all of the “check” procedures so these do not need to be updated, there may be occasions when long adjustments may need to be applied depending on the length of wait before being listed.

- patients listed directly from their first outpatients appointment – would require an adjustment for the previous length of wait prior to their appointment – ensure that referral and pathway service are changed
- patients who have been seen in clinic as follow ups and then listed would not require an adjustment as the pathway clock would be re set to the date they are listed - ensure that referral and pathway service are changed on the open pathway.

The 2 scenarios may apply in varying circumstances, so it is important that you validate to ensure the correct process has been applied.

## **Appendix 6 – List of Services Excluded from RTT (as per RTT Guidelines)**

If a patient is on a day case or in-patient waiting list for any of these services then you **must** change the referral and the pathway to reflect the main service:

<b>Spec Code</b>	<b>Full Spec Name</b>	<b>Main Spec Name</b>
100009	Treatment Centre (Gen Surg)	General Surgery
100013	Endoscopy repeats (Gen Surg)	General Surgery
100014	MEF EUAs (Gen Surg)	General Surgery
100850	General Surgery Complex	General Surgery
100978	General Surgery - EVA	General Surgery
101002	Check Cystoscopy	Urology
101003	Urology Planned Procedure List	Urology
101004	Pre-assessment Urology	Urology
101026	Urology - Check Stent	Urology
101850	Urology Complex	Urology
110001	BUPA (Orthopaedics)	Orthopaedics
110054	Orthopaedic- Osteopathy	Orthopaedics
110055	Orthopaedic - Chiropractic	Orthopaedics
110850	Orth Complex	Orthopaedics
110951	Ext Scope Physio (Orthopaeds)	Orthopaedics
110956	Orthopaedics - C&V	Orthopaedics
110971	Fracture (Orthopaedics)	Orthopaedics
120850	ENT Complex	ENT Surgery
130005	Visual Fields (Ophthalmology)	Ophthalmology
130009	Treatment Centre (Ophth)	Ophthalmology
130015	Optician	Ophthalmology
130016	Community Optoms	Ophthalmology
130019	Ophthalmology - Emergency Adult	Ophthalmology
130051	Orthoptics(Ophthalmology Paediatric Orthoptics)	Ophthalmology
130052	(Ophth) Orthoptics	Ophthalmology
130053	(Ophthalmology)	Ophthalmology
130058	Spire (Ophthalmology)	Ophthalmology
130850	Ophthalmology Complex	Ophthalmology
130911	Diab. Ret.Scr. (Ophthalmology)	Ophthalmology
140850	Oral Surgery Complex	Oral Surgery
141850	Rest Dentistry Complex	Restorative

143850	Orthodontics Complex	Dentistry Orthodontics
180000	Accident and Emergency	Accident and Emergency
180999	Cancer (Accident and Emergency)	Accident and Emergency
190850	Anaesthetics Complex	Anaesthetics
300009	Ambulatory Oxygen (GM)	General Medicine
300013	Endoscopy repeats (Gen Med)	General Medicine
300016	Check Lung Function (Gen Med)	General Medicine
300030	Check LFTs	General Medicine
300034	Check Ambulatory Monitoring	General Medicine
300047	Diabetic Review	General Medicine
300059	Check Sleep Study	General Medicine
300111	General Medicine - CIAS	General Medicine
300850	General Medicine Complex	General Medicine
300901	Check Diagnostic (Gen Med)	General Medicine
301850	Gastroenterology Complex	Gastroenterology
303007	Haem ( GP Bloods )	Haem (Clinical)
303850	Haem (Clinical) Complex	Haem (Clinical)
340004	Resp Med Rapid Access	Respiratory Medicine
340850	Respiratory Medicine Complex	Respiratory Medicine
340952	Resp Nurse Oxygen Assessment	Respiratory Medicine
361000	Nephrology	Nephrology
361999	Cancer (Nephrology)	Nephrology
400000	Neurology	Neurology
400900	Other Neurology	Neurology
400999	Cancer (Neurology)	Neurology
410850	Rheumatology Complex	Rheumatology
410901	Check Bone Density Scan(Rheum)	Rheumatology
410903	Bone Density (Rheum)	Rheumatology
420001	Community Paeds	Paediatrics

420008	Paediatric - Neurology	Paediatrics
420320	Cardiology Paeds	Paediatrics
420850	Paediatrics Complex	Paediatrics
420961	Paediatric - Allergy	Paediatrics
420962	Chest	Paediatrics
420964	Eczema	Paediatrics
502100	Colposcopy	Gynaecology
502300	Gynaecology (Community)	Gynaecology
502400	Gynaecology (EPU)	Gynaecology
502500	Hysteroscopy	Gynaecology
502666	Gynaecology Assessment	Gynaecology
502850	Gynaecology Complex	Gynaecology
502935	Infertility (Gynae)	Gynaecology
		General
820000	General Pathology	Pathology
		General
820100	Lipids	Pathology
		General
820999	Cancer (General Pathology)	Pathology
	Nursing - AAA Surveillance	
950002	Cli	Nursing
950036	Nursing - OCT	Nursing
950037	Nursing - Colour Fundus	Nursing
950038	Nursing - HRT	Nursing
950100	Nursing - General Surgery	Nursing
950101	Nursing - Urology	Nursing
950110	Nursing - Orthopaedics	Nursing
950111	Nursing - CIAS	Nursing
950120	Nursing - ENT	Nursing
950130	Nursing - Ophthalmology	Nursing
950131	Nursing - Fluorescein	Nursing
	Nursing - Pre-assess	
950132	Cataracts	Nursing
950133	Nursing - Pre-assess Lids	Nursing
950134	Nursing - Pre-assess Trabs	Nursing
950300	Nursing - General Medicine	Nursing
950301	Nursing - Gastroenterology	Nursing
950303	Nursing - Haematology	Nursing
950304	Nursing - Diabetic	Nursing
950320	Nursing - Cardiology	Nursing
	Nursing - Cardio-Heart	
950321	failure	Nursing
950322	Nursing - Sarcoma	Nursing
950330	Nursing - Dermatology	Nursing
950333	Nursing - Pre Op	Nursing
950340	Nursing - Respiratory	Nursing
950341	Nursing - Respiratory COPD	Nursing

950342	Nursing - Respiratory CPAP Nursing Resp Oxygen	Nursing
950345	Assessment	Nursing
950370	Nursing - Oncology	Nursing
950410	Nursing - Rheumatology	Nursing
950420	Nursing - Paediatrics	Nursing
950501	Nursing - Obstetrics	Nursing
950502	Nursing - Gynaecology	Nursing
950940	Nursing - Dietetic	Nursing
950941	Nursing - Dietetic Diabetic Nursing Screening	Nursing
950942	Orthopaedic	Nursing
950943	Nursing - Oral Surgery	Nursing

If you are unsure please contact the Myrddin team for advice