Policy Name	**Local Access Policy**
Policy Purpose	**Policy to inform patients, relatives and staff of their right and what to expect from BEMS as a provider.**
Created by	**Operations Manager**
Created date	**June 2019**
Amendment dates	
MEC Authorisation dates	**July 2019**
Current Status	**Final**
Next Review Date	**July 2022**

BANES ENHANCED MEDICAL SERVICES+

LOCAL ACCESS POLICY

POLICY INTRODUCTION

This Access Policy informs patients, relatives and staff of their rights and what to expect from BEMS.

Everyone has the right (by law since 2010) to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible. The waiting times are described in the Handbook to the NHS Constitution (2013).

A patient friendly guide to the NHS Constitution is detailed on NHS Choices via this link:

This policy applies to all individuals in the employment of BEMS.

PURPOSE

The purpose of this policy is to ensure all patients requiring access to BEMS services are managed equitably and consistently.

The policy:

- Is designed to ensure the management of patient access to services is transparent, fair, equitable and managed according to clinical priorities.
- Sets out the principles and rules for managing patients through their respective pathways.
- Applies to all clinical and administrative staff and services relating to access at for BEMS services.

COMPLIANCE

BEMS are not required to meet Referral to Treatment Time rules are as none of the services provided are consultant-led. However, BEMS are required to meet monthly Key Performance Indicators (KPIs) set by the BaNES Clinical Commissioning Group for waiting times in each service.

ACCESSIBLE INFORMATION STANDARD

As part of the Accessible Information Standard, organisations that provide NHS services must do five things. They must:

1. Ask people if they have any information or communication needs and find out how to meet their needs.

2. Record those needs in a set way in the electronic patient record.

3. Highlight a person's file, so it is clear that they have information or communication needs, and clearly explain how those needs should be met.

4. Share information about a person's needs with other NHS and adult social care providers, when they have consent or permission to do so.

5. Make sure that people get information in an accessible way and communication support if they need it.

SERVICE STANDARDS

Operational teams will regularly and continuously monitor levels of capacity for each service to ensure any shortfalls are addressed in advance. This will avoid poor patient experience, resource intensive administrative workarounds and breaches of the KPIs.

Key decisions are undertaken via weekly Operational meetings and escalated to the BEMS Management Executive Committee.

CHRONOLOGICAL BOOKING

Patients will be selected for booking appointments or admission dates according to clinical priority. Patients of the same clinical priority will be treated in chronological order i.e. the patients who have been waiting longest will be seen first.

COMMUNICATION

All communications with patients and anyone else involved in the patient's care pathway (eg general practitioner (GP) or a person acting on the patient's behalf), whether verbal or written, must be informative, clear and concise. Copies of all correspondence with the patient must be kept in the patient's electronic record for auditing purposes.

GPs or the relevant referrer must be kept informed of the patient's progress in writing, which is provided electronically within the agreed contract timeline. When clinical responsibility is being transferred back to the GP/referrer, e.g. when treatment is complete, this must be made clear in any communication.

All patient correspondence will clearly highlight how patients can contact BEMS if they are unable to keep an appointment or require any further information.

Appointment letters will include details of the consequences of non-attendance and that the patient has a responsibility to attend a previously agreed appointment.

PATIENT INITIATED DELAYS

<u>Non-attendance of appointments/did not attend (DNAs)</u>

DNAs have no impact on reported waiting times. Every effort should be made to minimise DNAs and it is important that a clinician reviews every DNA on an individual patient basis.

<u>Cancelling declining or delaying appointments and admission offers</u>

Patients can choose to postpone or amend their appointment or treatment if they wish, regardless of the resulting waiting time.

The general principle of acting in the patient's best clinical interest at all times is paramount. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and so where long delays (i.e. of many months) are requested by patients, a clinical review should be carried out, and preferably the treating clinician should speak with the patient to discuss and agree the best course of action. Patients should not be discharged to their GP, or otherwise removed from the waiting list, unless this is deemed clinically appropriate.

CONCLUSION

The factors which influence waiting times, such as changes in referral patterns, will be regularly monitored and management action will be taken in sufficient time to ensure waiting time standards are maintained.

DNA ratios will be regularly reviewed, and steps will be taken to address any issues as necessary.

Benchmarking information will be used wherever possible in reviewing clinic templates and efficiency.

By following the key principles set out in this Local Access Policy and defining responsibilities under those principles, BEMS will ensure equity of service and reduce variation.