



Manx Care's Patient Access Policy for Elective Care

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Contents

Glossary of Terms and Acronyms	5
Section 1: Introduction and Overarching Principles	6
Introduction.....	6
Purpose.....	7
Scope.....	7
Roles and Responsibilities.....	8
Manx Care.....	8
General Practitioners (GPs).....	9
Other Referrers.....	10
Patients.....	10
Quality Assurance.....	10
General Elective Access Principles.....	11
Individual Patient Rights.....	11
Patient Support.....	11
Harm.....	11
Patient Eligibility for Non-residents.....	12
Patients Moving Between Manx Care & Private Care.....	13
Non-Approved Procedures.....	13
Military Veterans.....	13
Prisoners.....	13
Children and Vulnerable Adults.....	13
Communication.....	14
Introduction to Referral to Treatment (RTT) Standards.....	14
Section 2: The Patient’s Referral Journey.....	15
A Patient’s Referral Pathway.....	15
Referral Routes.....	15
Reviewing Referrals.....	15
Internal Referrals within Manx Care.....	16
Off-Island Referrals.....	16
Referral Priority.....	16
Offering Appointments/Admission.....	17
Clinic Attendance & Outcomes (New and Follow up Clinics).....	18
Patients to Come in (TCI) for Inpatient or Day Case Patients.....	18
Planned Waiting Lists.....	19
Tertiary (off-Island) Referrals.....	19
Clinic Cancellation or Reduction by Hospital – Outpatient Appointments.....	19

Outpatient Appointments	20
Did Not Attends (DNAs)	20
Appointment Cancellation by Patient	21
Was not brought	22
Patients Who Are Unfit for Surgery - Inpatient and Day Case Patients	22
Short-Term Illnesses	22
Longer Term Illnesses	22
Other Conditions	22
Service Standards	22
Section 3: Referral to Treatment (RTT) Standards for Elective Pathways	24
Introduction	24
Exclusions to RTT	24
RTT Pathway Overview	24
Non-Admitted Pathways	25
Admitted Pathways	25
Current Limitations to RTT Reporting	25
Manx Care’s Waiting Times Standards (Pathway Milestones)	26
Waiting List Validation	26
RTT Standards – Monitoring and Management	27
Diagnostics	27
Straight to Test Arrangements	27
Patients with a Diagnostic Clock Only	28
Booking Diagnostic Appointments	28
RTT Pathways	28
Active Diagnostic Waiting List	28
Planned Diagnostic Appointments	28
Acute Therapy Services	28
Impact of Patients Moving Between Manx Care & Private Care on RTT	29

Glossary of Terms and Acronyms

Term/Acronym	Meaning
Elective	Care that is planned in advance is known as elective care. It involves specialist clinical care or surgery, generally following a referral from a GP or other referrer, i.e. not emergency care
PIC	Patient Information Centre for Nobles Hospital PIC receive referrals, book, cancel and rearrange appointments
DHSC	The Department for Health and Social Care
MCALS	Manx Care Advice and Liaison Services
DNA	Did Not Attend
CNA	Cannot Attend
Diagnostic	Collective name for medical tests e.g. endoscopy, x-ray or scans
GDP	General Dental Practitioner
GP	General Practitioner
RTT	Referral to Treatment, which refers to a patient's complete pathway and waiting time from the point that their referral is received into a consultant led service, to the date upon which they receive their definitive treatment
Clock Start/Stop	The points at which a patient's waiting time starts and stops on an RTT pathway. Criteria for what constitutes a clock start/stop are set out in Manx Care's RTT Rule Suite
2WW	An urgent two-week referral, primarily relating to suspected cancer, where a patient should be offered an appointment with a hospital specialist within 2 weeks of a GP or other medical professional making the referral, eg Emergency Department, internal/off island clinician, etc.
On-island	Services provided on the Isle of Man
Off-island	Services not provided on the Isle of Man, e.g. specialist centres such as Clatterbridge or Alder Hey Children's Hospital
Tertiary Referral	A referral sent to a third party health or social care provider, often off-island, e.g. Clatterbridge or Alder Hey Children's Hospital

Section 1: Introduction and Overarching Principles

Introduction

Manx Care's Patient Access Policy for Elective Care was developed following consultation with its staff, general practitioners and clinical leads. It will be reviewed and ratified annually, or earlier, if there any changes to elective access rules or principles.

Manx Care is committed to promoting and delivering high quality and timely elective care services to patients, which meet the needs of individuals, are equitable and do not discriminate against any employee, patient or visitor, as detailed in this policy.

Manx Care will abide by the [Manx Care Act 2021](#) and Isle of Man's [Equality Act 2017](#) and its principles of eliminating discrimination and the promotion of equality in accessing health services.

This policy:

- sets out the pathways, rules and principles under which Manx Care manages access to its elective services, such as outpatient appointments, diagnostics and elective inpatient or daycase treatment.
- reflects the overall expectations of Manx Care and commissioners on the management of Referral to Treatment (RTT) and diagnostic referrals, appointments and admissions, into and within the organisation, and defines the principles on which the policy is based.
- explains what RTT is and an overview of how it will be applied by Manx Care for its elective services
- is aligned to the performance expectations of the Isle of Man Government, DHSC and Manx Care, as set out in the government's Our Island Plan, DHSC's Mandate to Manx Care and Manx Care's Operating Plan.
- supports staff by giving them clear direction on Manx Care's commitment to creating policies and procedures suited to the Isle of Man's specific requirement in relation to elective waiting times for on-island services.
- describes how patients will access off-island services.
- demonstrates how elective access rules should be applied consistently, fairly and equitably and does not discriminate against any employee, service user or visitor.
- is underpinned by a comprehensive suite of detailed standard operating procedures (SOPs), created by Care Groups, Performance and Improvement Management Service, etc. All clinical and non-clinical staff must ensure they comply with both the principles within this policy and the specific instructions within the SOPs, and that they are operating in accordance with the most up to date version. The Performance and Improvement Management Service will hold current and historic copies of SOPs relating to the Patient Access Policy (Elective Care).
- should be read in full by all clinical and non-clinical staff, who must ensure that they comply with both the principles within this policy and any specific instructions within standard operating procedures (SOPs)
- applies to Manx Care's services and does not account for any off-island/tertiary providers own Patient Access policy.

Any questions or concerns regarding the content or application of this policy should be raised through appropriate line management for Manx Care's staff, or other channels e.g. Manx Care Advice & Liaison Service (MCALS) mcals@gov.im for patients, to ensure that they are heard and addressed, wherever practicable.

This document is available as a public document, which can be accessed on Manx Care's webpage on the Isle of Man Government website, at:

<https://www.gov.im/about-the-government/statutory-boards/manx-care/>

Purpose

The purpose of this policy is to:

- outline Manx Care's on-island and off-island elective pathways to assure staff and patients that they are being treated equitably and with transparency.
- show a patient's pathway through their elective care pathway.
- facilitate the aspiration of ensuring all patients requiring access to on-island outpatient appointments, diagnostics and elective inpatient or day case treatment are managed in line with appropriate waiting time standards, which are aligned to NHS England's standards for Referral to Treatment (RTT) and mirror our tertiary partners in England. High level details of RTT are detailed in the [RTT Standards for Elective Pathways](#) section of this document.

Scope

This policy is intended to be of interest to:

- all those individuals within Manx Care, or other partnership organisations, who are responsible for referring patients, managing referrals, booking appointments, adding to and maintaining waiting lists for the purpose of organising patient access to treatment.
- patients, care givers or those supporting patients, who wish to understand how Manx Care intends to handle access to elective care referrals and manage referrals in a timely manner.
- external stakeholders, who are interested in, and responsible for, setting objectives and assuring Manx Care achieve them.

This policy primarily focuses on access to hospital elective pathways and secondary care services. Similar, but more service area specific policies are being developed regarding the access principles for the following areas:

- Cancer Services
- Community Services
- Diagnostics
- Mental Health Services
- Social Care Services

These policies will be aligned to the Patient Access Policy for Elective Care where appropriate, and will also be made available to the public via the Manx Care webpage on the Isle of Government website;

<https://www.gov.im/about-the-government/statutory-boards/manx-care/>

Roles and Responsibilities

Manx Care

Manx Care intends to mirror RTT standards and operationalise the aforementioned once legacy waiting lists have been addressed, via the Restoration & Recovery programme (R&R) and demand and capacity equilibrium has been achieved. This move to initiate RTT weekly management metrics links to the intention of Manx Care to replicate Service Line and Clinical Coding reporting rules which are embedded within the NHS in England and Wales.

Good practice determines that a clear distinction is drawn between the roles of staff responsible for meeting standards, and those responsible for reporting on performance, in line with the standards and performance thresholds set by Manx Care, DHSC and the Isle of Man Government in the Our Island Plan. Achievement against these standards will be supported by the underpinning operational Standard Operating Procedures, and reported by Manx Care via the DHSC's Single Oversight Framework, and Manx Care's monthly Integrated Performance Report (IPR).

Having up to date policies and procedures in place, reliable valid data collection systems and appropriate training for key staff is essential to the accuracy of referrals and waiting list information and management.

Responsibility for achieving quality and performance standards lies with the Responsible Officers within the Care Groups as per Manx Care's Performance & Accountability Framework.

The accuracy of the referral and waiting list information is the responsibility of all staff that, during the course of their work, have access to and responsibility for the upkeep of systems that hold referral and waiting list information.

All staff with access to and a duty to maintain elective care information systems are accountable for their accurate upkeep, as follows:

- The Chief Executive is the organisation's Responsible Officer for Manx Care's Patient Access Policy for Elective Care and its associated procedures, waiting list accuracy and probity.
- The Director of Operations is responsible for ensuring that:
 - Manx Care creates and implements strategies to support best practice and new patient access and waiting list guidance
 - the Patient Access Policy for Elective Care is available to staff, stakeholders and the public
- The Performance and Improvement Management Service will:
 - be accountable for the implementation, facilitation and workings of the Patient Access Policy for Elective Care
 - be responsible for working with internal and external stakeholders to ensure the success of the implementation of the Patient Access Policy for Elective Care
 - monitor, support and hold to account the Care Group Responsible Officers, and their staff, in achieving their performance standards in accordance with the Performance & Accountability Framework.
- The Director of Operations, Performance and Improvement Management Service team, Clinical Directors, Clinicians, Care Group managers, General Managers and Live Systems team are key to ensuring that all administrative staff are aware of their responsibilities in ensuring the adoption of the processes and procedures in this policy. They are responsible for ensuring that the appropriate staff, within their Care Group or service area, are fully trained to implement the Patient Access Policy for Elective Care.

They are also responsible for ensuring that all clinical staff are aware of the guidance on best practice contained in this policy.

- Staff involved in waiting list management, including waiting list validation team, clinic staff, secretaries, Patient Information Centre (PIC) staff or booking clerks are responsible to their respective managers with regard to compliance of all aspects of the Manx Care Patient Access Policy for Elective Care.
- Staff involved in waiting list management for outpatients, diagnostics and elective inpatient or day care services are responsible for the day-to-day management of their lists and are supported in this function by their Operational Managers, the Performance and Improvement Management Service team and the Director of Operations, who are responsible for achieving access standards.
- Clinicians are accountable for the patients on their waiting lists being seen and treated in a timely manner, supported by other members of Manx Care staff e.g. medical/personal secretaries, within their Care Group, the Performance and Improvement Management team, PIC, Clinical Directors, etc. in line with the Patient Access Policy for Elective Care.
- The Business Intelligence team (BI) are responsible for producing and maintaining regular reports to enable the care groups and clinical service areas to accurately manage elective pathways, and ensure compliance with this policy. They are also responsible for working with the Performance and Improvement Management Service team to understand and produce reporting structures fit for purpose, in line with DHSC and Manx Care's reporting requirements, e.g. the reporting requirements under the Our Island Plan (Isle of Man Government), Single Oversight Framework (DHSC), Operating Plan (Manx Care) and any ad hoc performance reports required to support the delivery of this policy.
- Manx Care are responsible for:
 - ensuring that patients are booked into, and informed of their appointment in a timely manner, appropriate to their clinical need, including for tertiary care.
 - supporting Primary Care, and Manx Care's own clinicians, to provide quality referrals into its elective services and onward to external services where required.
 - providing access to a variety of services that support timely access to elective care e.g. physiotherapy.
 - ensuring the competencies of its staff in the implementation of this policy by providing staff with training and support, applicable to their role.

General Practitioners (GPs)

GPs play a pivotal role in ensuring patients are informed of their referral to Manx Care, along with likely waiting times for a new outpatient consultation (for services where the waiting list is published by Manx Care*) and of the need to be contactable and available when referred.

*Manx Care will publish waiting list times as are validated and accurate, on its publicly available webpages.

GPs have a responsibility to ensure that the referral information they provide to Manx Care is of high quality, informative and in the correct, agreed format, enabling clinical review.

When referring, GPs should ensure that the applicable criteria have been met for referral into the service, and that the referral has been made under the appropriate level of clinical priority.

GPs should ensure high quality referrals are submitted to the appropriate provider first time. Correspondingly, Manx Care are responsible for ensuring robust communication links are in place to feedback information to GPs regarding referrals, including those returned to GPs, and patient treatment in a timely manner.

Where referrals are returned, GPs should discuss the reason for its return with patients, particularly where the reason is for management of the case prior to referral.

Manx Care also has a responsibility to Primary Care in general, and GPs in particular, to inform them about the Patient Access Policy for Elective Care, the expectations and responsibilities of both parties under the policy, and how that may impact on patients and GP practices.

Other Referrers

Non-GP “NHS” referrers may be situated in primary, secondary or tertiary care. For example, General Dental Practitioners (GDPs), Opticians, Allied Health Professionals, Nurse Practitioners or other Manx Care’s clinicians (i.e. consultants referring patients to on and off-island services) community care and nurses, health visitors, off-island clinicians referring into Manx Care’s services, etc.

These referrers also have a responsibility to ensure patients are fully informed about the expectations regarding their referral and waiting times, which are published on the following webpage <https://www.gov.im/about-the-government/statutory-boards/manx-care/patient-access-policy-and-waiting-times-reports/>

Patients

Manx Care suggests the following actions patients can take to help in the management of their condition and this sentiment is reflected in the principles of Manx Care’s Patient Access Policy for Elective Care namely, patients:

- can make a significant contribution to their own, and their families, good health and wellbeing, and should take personal responsibility for it.
- should be registered with a GP practice as this is the main point of access to health care.
 - Overseas visitors who will not be registered with a GP should refer to the Isle of Man’s [Overseas Visitor Regulations 2011](#), which outlines what services visitors can access. Also see [Patient Eligibility](#) section.
- should provide accurate information about their health, condition and status.
- should keep appointments or cancel within a reasonable timeframe, as detailed in this policy.
- should ensure personal information, such as their address and contact details, are accurate and relevant parties are informed of any changes. Patients should inform their GP of any changes to ensure systems are updated.
- should be fit/available to receive inpatient treatment. Further guidelines regarding the impact fitness for treatment may have on waiting times are detailed in the Fitness For Treatment/Surgery section of Manx Care’s RTT Rule Suite.

Quality Assurance

In order to establish that the policy and procedures are appropriately implemented, and reflect current standards, the policy and processes will be reviewed on an annual basis as a minimum and updated as appropriate.

This work will be led by the Performance and Improvement Management Service team, supported by the Director of Operations, Care Group Managers and clinicians and Business Intelligence team, through the establishment of working groups for each area.

General Elective Access Principles

Manx Care intends to shadow the general elective principles set out by NHS England and used within England and Wales, with the caveat that Manx Care's patients' choice of providers is confined to those available within the Manx Care health economy and the providers Manx Care is contractually engaged with.

Manx Care will continue to aspire to maximum waiting time standards for elective access to healthcare and treat patients fairly and equitably, allowing for the constraints and limitations within the Isle of Man's healthcare systems, such as off-island referrals being required for specialised services.

Individual Patient Rights

Although the Isle of Man does not have the same primary legislation as England, Manx Care intends to align with NHS England's patient access principles, wherever appropriate and practical.

However there are challenges associated with adopting these principles, particularly with regard to the achievement of minimum wait times in light of the impact that the Covid-19 pandemic has had on waiting list sizes. It will therefore require a phased approach over a period of time, supported by the Restoration & Recovery Programme (R&R) to achieve the ultimate delivery of an 18 week maximum referral to treatment wait time for elective care. Manx Care's approach and delivery milestones in terms of expected maximum wait times by year will be set out in Manx Care's Operating Plan for 2023/26.

Therefore, the initial priority is for Manx Care to work towards the validation and reduction of all legacy elective waiting lists, i.e. outpatient, inpatient and day case, back to sustainable sizes across all Care Groups and specialties, to put the organisation in as strong a position as possible to fully embed the intended patient access principles for Manx Care's patients.

DHSC hold Manx Care accountable for waiting times standards through monthly performance reporting.

Patient Support

Manx Care's Patient Access Policy for Elective Care sets out how patients will be able to access and be treated throughout their elective care pathway. Manx Care will do everything possible to ensure that the Patient Access Policy for Elective Care is followed by staff to ensure that patients have a safe and pleasant referral journey. However if patients, or those supporting patients, have any queries or concerns regarding the care they have received they can contact the Manx Care Advice and Liaison Service (MCALS) for support. Further information can be found on their [webpage](#).

Alternatively, Manx Care's Complaints and Compliments policies and processes can be found at: <https://www.gov.im/about-the-government/statutory-boards/manx-care/complaints-and-compliments/>

Unresolved issues can be escalated to the Health and Social Care Ombudsman Body, details of which can be found on the Isle of Man Government's [webpage](#).

Harm

Manx Care is committed to assuring patients that they are being treated equitably, safely, transparently and in as timely a manner as possible throughout their elective pathway. Patients who wait longer than expected timescales should have their elective pathway reviewed by Manx Care clinicians, in order to ensure they have not come to any avoidable harm as a result of their wait time, in a Harm Review.

Manx Care has their own governance, policies and SOPs for monitoring and conducting Harm Reviews. These processes are aligned with NHS England's guidelines when reviewing patients for harm.

Patient Eligibility for Non-residents

Patient eligibility for treatment falls under the following categories:

Emergency Care

Non-residents can access treatment in the Emergency Department free of charge.

Reciprocal Healthcare Agreement

UK residents visiting the Isle of Man (IOM) for a period of up to 3 months are entitled to UK NHS emergency and elective care without charge for any treatment the need for which arises whilst visiting under the [Overseas Visitor Regulations 2011](#). Similarly IOM residents are entitled to NHS treatment without charge whilst visiting the UK on the same basis. This would include emergency and elective but is "urgent" in the sense that, in the opinion of the treating physician, it cannot reasonably wait until the patient returns home at the end of the visit.

Information on access to medical services to visitors for the Isle of Man can be found on the Isle of Man Government's [webpage](#).

Temporary Residents

In addition to the Reciprocal Healthcare Agreement, patients from the UK who are temporarily resident, e.g. on holiday or working for a period of less than 3 months), are able to register with an Isle of Man GP as a temporary resident. This should be at the doctor's surgery nearest to where they are residing.

More information and details of how to apply to go on a Doctor's list can be found on the IOM's Government [webpage](#).

Other Overseas Visitors

Overseas visitors from outside the UK that are not covered by a reciprocal healthcare agreement are entitled only to free treatment in some cases, including treatment which is provided in the Emergency Department and treatment for certain infectious diseases detailed in the Overseas Visitors Regulations. All treatment which is not exempt from payment by virtue of Regulations (whether the treatment would be classed as emergency or elective) must be paid for.

Neither the European Health Insurance Card (EHIC), nor UK Global Health Insurance Card (UK GHIC), are recognised for use in the Isle of Man.

Overseas visitors are encouraged to take out healthcare insurance before travelling to the Isle of Man.

In line with the UK, non IOM residents will be asked to pay for elective care treatment, which is managed by the Overseas Visitors Team, who can be contacted at PrivatePatientOpd.Nobles@gov.im.

Patients Moving Between Manx Care & Private Care

Patients can choose to move between Manx Care and a private provider at any point of their referral pathway, during their treatment, without prejudice.

Patients who move to a private provider will have that clinical pathway closed, with an RTT clock stop applied on the date the patient notifies Manx Care of their decision. Patients will have their clinical records updated to reflect this move, and that Manx Care are no longer responsible for that episode of care, whilst they are being seen by a private clinician.

If a patient returns to Manx Care from a private provider (after leaving Manx Care for the same condition), a new RTT clock will start, and they will be treated in line with Manx Care's Private Patient Policy.

Non-Approved Procedures

Patients will not be referred for specific procedures or treatments where there is limited evidence of clinical effectiveness or which might be considered cosmetic as defined by the approved [DHSC Clinical Commissioning Policy](#).

If a specific procedure or treatment is not currently approved for funding by the Department of Health and Social Care (DHSC), the patient will be returned to the care of their GP and/or Consultant. The patient may be referred back to Manx Care if the GP, or Consultant, is of the opinion that the specific procedure or treatment would meet the requirements of an Individual Funding Request (IFR).

At the time of publishing this policy, the DHSC are reviewing DHSC Clinical Commissioning policies in relation to Procedures of Low Clinical Effectiveness (POLCE). Manx Care will abide by the DHSC's Clinical Commissioning Policies currently approved and any further Clinical Commissioning Policies approved by the DHSC in the future.

Military Veterans

The Isle of Man's Armed Forces Covenant offers support from the Isle of Man to the veteran and local armed forces community to ensure they do not face disadvantage in the provision of public and commercial services.

More information and the Covenant can be found on the Isle of Man's government [webpage](#).

Prisoners

All elective standards and RTT rules apply to prisoners on the Isle of Man. Delays to treatment incurred as a result of difficulties in prison staff being able to escort patients to appointments/treatment do not affect the recorded waiting time for the patient.

Manx Care will work with the staff within the prison services to minimise delays through clear and regular communication channels and by offering a choice of appointment or admission date in line with the reasonableness criteria in [Offering Appointments](#) section above.

Children and Vulnerable Adults

No child (or parent/guardian/carer acting on behalf of), nor vulnerable adult, should be disadvantaged in their access to Manx Care's on-island or off-island services.

The [IOM's Equality Act 2017](#) addresses how service providers such as Manx Care, provide services without discrimination and are expected to have a public consultation on a second code of practice, which relates to services, public functions and associations.

A public consultation will begin shortly on a second code of practice. This relates to services, public functions and associations.

Communication

All communication with patients and anyone else involved in the patient's care (e.g. General Practitioner or a known 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 clinical notes or stored electronically for auditing purposes.

Communication should be in an appropriate format to suit patients' requirements.

As previously mentioned, where referrals are returned to the patient's GP, or the relevant referrer, this should be communicated to them.

When clinical responsibility is being transferred back to the GP/referrer this must be made clear in any communication to them.

Manx Care's clinical system will be updated to include any communication to patients and/or a patient's referrer (or a known person acting on the patient's behalf).

Manx Care will inform and update MCALS and the Communications departments on any new or updated initiatives, in case of feedback or complaints from patients.

Introduction to Referral to Treatment (RTT) Standards

Manx Care is committed to mirroring England's RTT targets for referral management of elective care:

- consultant-led services
- referral management or assessment services; or
- self-referral services, e.g. community physiotherapy services, where these pathways have been set up and agreed locally by Manx Care and the DHSC

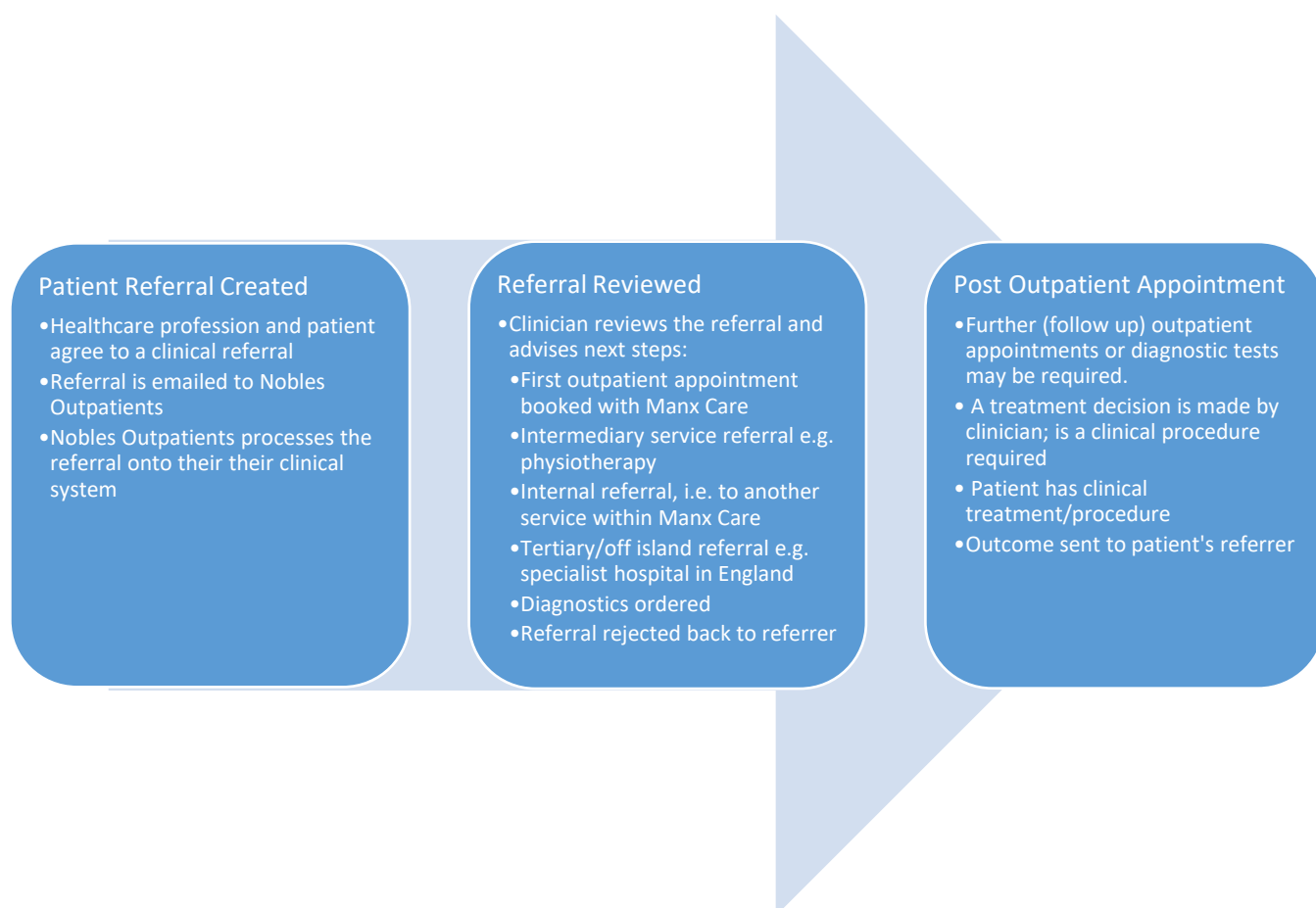
Patients will have their elective care journey tracked, by starting a RTT "clock" at the point of being referred and a "clock stop" when either, they receive their definitive treatment, or are discharged back to their referring clinician should no treatment be required. The time taken from a patient's clock start to their clock stop is their total RTT waiting time.

Detailed information can be found within this document in section [RTT Standards for Elective Pathways](#)

Section 2: The Patient's Referral Journey

A Patient's Referral Pathway

Below represents a patient's referral pathway, when they are referred into Manx Care's services:



Referral Routes

Referrals may come from a variety of routes, external and internal.

External referrers are most likely to be on-island GPs, Nurses/Nurse Specialists, Allied Health Professionals, Opticians, Dentists and on and off-island specialist clinicians.

Referrals created from one Manx Care consultant to another Manx Care consultant, are classified as internal referrals.

Occasionally an off-island hospital, who are treating a Manx Care patient may find additional issues that can be treated on-island and they will refer the patient back to Manx Care for treatment for that issue. In these instances, this should be done in conjunction with the patient's on-island specialist and their GP should be informed.

Reviewing Referrals

Referrals into Manx Care should be sent by e-mail to:

routinereferrals.Nobles@nobles.dhss.gov.im and urgentreferrals.nobles@gov.im, which will be received into the Patient Information Centre (PIC) team.

PIC register referrals on Manx Care's clinical system e.g. Careflow (Medway), and sends the referral to an appropriate clinician for review. Once review, the clinician will return the referral to PIC.

Where there are delays in reviewing referrals, this will be escalated initially to the Clinical Administration Manager. If required the issue should be escalated to the respective Care Group management team with agreed actions to address the issue.

When a clinician decides a referral is inappropriate for their service, or where there is insufficient/inappropriate clinical information, it will be rejected back to the referrer advising them on what the next steps should be, eg referring the patient to an alternative service, or supplying more information.

The reason for rejection should be appropriate and clearly relayed back to the referrer, in a timely manner.

All referrals must be reviewed and accepted or rejected.

Internal Referrals within Manx Care

Where Manx Care's clinicians decide that the patient should be seen by another clinician within Manx Care for the same condition, or a disorder related to their originally referred condition, an internal referral is created and logged onto the clinical system.

The patient should be involved in their treatment at all stages and consent given before an internal referral is made.

Where patients are referred into Manx Care for one condition and another, unrelated, condition is found, the patient should be referred back to their GP, who should create a new referral for the new condition.

Manx Care's clinicians will use clinical judgement to ensure that the patient's healthcare is not compromised, but should ensure that patient's clinical pathway is correct and recorded as such.

Off-Island Referrals

Patients may be sent to off-island services for specialist treatment, which are classified as "tertiary" referrals.

Where Manx Care's clinicians refer patients for off-island services, they will inform the patient about their onward referral, and the patient will subsequently be contacted by the onward service regarding their appointment.

Patients can seek support for their off-island appointment via Manx Care's Patient Transfer service. Details can be found on the [Patient Transfer webpage](#), or by emailing the team at patient.transfers@gov.im.

Referral Priority

The priority of a referral is set by the patient's referrer at the time the referral is made and submitted to Manx Care.

When referrals are reviewed by a Manx Care clinician, the clinical priority may be changed in line with the patient's clinical requirements. Any changes to a patient's referral priority will be recorded in the patient's clinical record and the referrer made aware of the decision and reason.

There are three priorities for referrers to choose from;

- 2 Week Wait (2WW). Patients with suspected cancer are managed separately from Urgent and Routine referrals, within Manx Care's Cancer Service, who will have their own Operational and Patient Access Policy. This policy will align with NHS

England's guidance on delivering cancer services within their waiting times. A 2WW referral means that the patient should be offered an appointment at a hospital within two weeks.

- Urgent. The referral is considered urgent because the specialist needs to arrange investigations, or see the patient, quickly. An urgent referral means that the patient should be offered an appointment at a hospital within six weeks.
- Routine. The referral has not been considered to be urgent in terms of clinical priority. Patients with Routine referrals should be offered an appointment at a hospital within the timescales set out in Manx Care's Operating Plan for 2023/26.

Offering Appointments/Admission

Patients will be offered an appointment, or admission date, according to clinical priority. Patients of the same clinical priority will be offered an appointment in chronological order, according to the length of time they have been on the waiting list.

Manx Care is committed to offering appointments and admission dates within "reasonable" timescales. Reasonableness is a term applicable to all stages of the elective pathway to ensure patients have been given sufficient notice and a choice of dates.

Three weeks' notice is deemed the "reasonable" standard for both outpatient and inpatient appointments/admissions.

PIC will endeavour to offer appointments/admissions with more than three weeks' notice, however there will be occasions where appointments are offered in less than three weeks.

Patients must ensure that they notify their GP/Manx Care of any changes to contact details, i.e. address and telephone number, to safeguard appointment letters being sent to the right place. Patients should at the very least inform their GP of any changes, as this will automatically feed into Manx Care's records (but not vice versa).

If the offer of an appointment/admission within a three week period is rejected by the patient, this will not affect the patient's position on the waiting list.

This does not apply to 2WW referrals, i.e. suspected cancer, and these should be appointed as soon as possible, in line with Manx Care's Cancer Patient Access Policy. Also see [Referral Priority](#) section above.

Appointments are booked for the patient and confirmation of the date sent in an appointment letter generated from the clinical system.

Appointment letters will give clear information as to the date, time and location, eg Nobles, Ramsey Hospital etc, along with any instructions for the patient.

Where there is insufficient capacity to offer or book an appointment for a patient within the required timescale, the issue must be escalated to the Clinical Administration Manager and Care Group/Business Manager for the service.

A record of any declined appointment offers made to patients should be recorded in the clinical system to:

- ensure a full and accurate record keeping, for both the patient and Manx Care
- show in an audit trail of activity, which can be used at a later date to understand the reasons for any delays in the patient's treatment or RTT compliance

Information about Manx Care's clinics and hospital outpatient services can be found on the Isle of Man's Government webpage at www.gov.im/categories/health-and-wellbeing/hospitals-and-emergency-treatment/nobles-hospital/clinics-and-hospital-outpatients/

Clinic Attendance & Outcomes (New and Follow up Clinics)

All patients, new and follow up, whether they attend the appointment or not, must have an outcome recorded on Manx Care's clinical system. Based on the recorded outcome, patients will either be discharged, offered a follow up appointment, or placed on follow up waiting list (on hold), pending further clinical review.

Patients will be advised of their future care plan prior to leaving their outpatient appointment, by a clinician.

Patients to Come in (TCI) for Inpatient or Day Case Patients

Patients who are scheduled for treatment as either an inpatient or day case patient, will be given a "to come in" (TCI) date.

Clinically urgent patients will be scheduled first, followed by routine patients. All patients will be identified from the Manx Care's waiting lists, and subject to the detail above about clinical priorities, will be scheduled for admission in chronological order of RTT wait.

Patients will be offered a choice of at least two admission dates with three weeks' notice within the agreed milestone for the specialty concerned. Admission dates can be offered with less than three weeks' notice and if the patient accepts, this can then be defined as 'reasonable'.

If there is insufficient capacity to offer dates within the required milestone, this issue will be escalated to the relevant service manager. Any admission offers declined by patients will be recorded on Manx Care's clinical system. This is important for two reasons:

1. Full and accurate record keeping is good clinical practice.
2. The information can also be used at a later date to understand the reasons for any delays in the patient's treatment, e.g. hospital or patient initiated.

Patients Declaring Periods of Unavailability

If a patient declares a period of extended unavailability their case should be reviewed by the clinician to determine if;

- Delay, could result in patient harm – The clinician should contact the patient and every effort should be made to encourage the patient to attend. If this is unsuccessful the patient can choose to enter into a period of patient led active monitoring (clock stop) and a follow up appointment/ phone call will be arranged for when they are available.
- Delay, is clinically acceptable but the patient's condition/ treatment plan may change during the delay. The patient can choose to enter into a period of active monitoring (clock stop) and a follow up appointment/ phone call will be arranged for when they are available.
- Delay, is clinically acceptable (clock continues). For example, a patient who wishes to delay their hip replacement for a few weeks due to social reasons.

Patients Who Decline or Cancel TCI Offers

Should patients decline TCI offers or contact the Manx Care to cancel a previously agreed TCI, this will be recorded on Manx Care's clinical system. The RTT clock continues to tick. If a patient cancels two TCI offers, the patient's pathway will be reviewed by their clinician, as per the guidelines for Can Not Attends above.

Pre-Assessment Clinic (PAC)

All adult patients requiring local, regional, or general anaesthesia for elective surgery, endoscopic and interventional radiological procedures are required to attend Nurse Led Pre assessment Clinics (PAC). Pre assessment is also available to adult island residents travelling to agreed UK NHS hospitals in preparation for procedures that cannot be offered on the Isle of Man.

All patients should receive an appointment to attend nurse-led pre assessment clinic between 2 – 6 weeks prior to their hospital admission.

At the pre-assessment appointment the patient will be advised whether they require a further assessment by the anaesthetist. This will be arranged as required and the appointment given to the patient.

All patients scheduled for major joint replacement and bowel surgery attend nurse-led pre assessment and anaesthetic clinic on the same day as far as possible.

Patients who do not attend (DNA) their PAC appointment will be contacted and a further appointment agreed if necessary. Should they DNA again, they will be returned to the responsible consultant. The RTT clock continues to tick throughout this process (see details of the RTT process below).

If the patient is identified as unfit for the procedure, the nature and duration of the clinical issue should be ascertained and the guidelines for [Patients Who Are Unfit for Surgery](#) followed below.

Planned Waiting Lists

Patients will only be added to an admitted planned waiting list where clinically they need to undergo a procedure at a specific time. The due date for their planned procedure will be included in the planned waiting list entry. Patients on planned waiting lists will be scheduled for admission at the clinically appropriate time and they should not have to wait a further period after this time has elapsed.

When patients on planned lists are clinically ready for their care to commence and reach their due date for their planned procedure, they will either be admitted for the procedure or be transferred to an active waiting list and a new RTT clock will start.

For some patients (e.g. surveillance endoscopies) a diagnostic clock would also start.

Tertiary (off-Island) Referrals

Patients who require specialist treatment may need to be referred to a service off-island. Any off-island referral will be made in discussion with patients and communicated directly to them by Manx Care clinicians, and subsequently by the off-island service. Practical support and advice in respect of travel and accommodation necessary to attend an appointment in the UK will be given by the Patient Transfer Service. Patients can seek support for their off-island appointment via Manx Care's Patient Transfer service. Details can be found on the [Patient Transfer webpage](#), or by emailing the team at patient.transfers@gov.im, or calling them on 01624 642673.

Clinic Cancellation or Reduction by Hospital – Outpatient Appointments

The efficient planning of services is dependent upon knowing when clinics will/will not take place. Clinics should only be cancelled due to planned annual leave, professional or study leave or when no internal or locum cover is available.

A minimum of six weeks' notice of planned annual/professional/study leave is required to cancel or reduce clinics.

In exceptional and unavoidable circumstances, it may be necessary to cancel or amend clinics within six weeks of the scheduled clinic date.

Any request to cancel or reduce a clinic must be submitted via email by the Medical Secretary for the service, using the clinic change paperwork to the Care Group General/Business Manager.

The Care Group General/Business Manager will send approvals of requests by email to the relevant dedicated email address for Clinic Changes being ClinicChangesTeamA.Nobles@nobles.dhss.gov.im and copy in the Out Patients Nursing Team at OPDClinicAmendments.Nobles@nobles.dhss.gov.im.

PIC (or relevant team) will make the relevant clinic changes and notify patients.

If the notice period is less than 6 weeks' due to unplanned leave (e.g. sickness/bereavement etc.), all efforts should have been made by the respective medical team to cover the clinic to prevent/minimise cancellations.

If this is not possible, the respective clinician must work with Care Group management and PIC to ensure that those patients whose appointments will be cancelled, and where such action may jeopardise the Manx Care's ability to treat them within the respective waiting time standards, are seen before the waiting time target is breached but within existing Manx Care resources. This is especially pertinent for patients who are identified as urgent referrals.

When clinics are partially cancelled, patients with shorter waiting times since their original referral should be cancelled before patients with longer waiting times since their original referral. This is to ensure patients are seen chronologically and within RTT standards.

Patients will be contacted immediately if the need for the cancellation is identified and offered an alternative date(s) that will allow patients on open RTT pathway to be treated within the required timescale for the their pathway stage. Equally, this will allow patients not on open pathways to be reviewed as near to the clinically agreed timeframe as possible.

Depending on the reason for cancellation, clinicians may be asked to re-provide the clinic. This will not attract additional remuneration.

It is the responsibility of the PIC staff to ensure that patients whose appointments are cancelled are re-booked with an appointment date within the relevant waiting time, subject to available capacity. If there is no available clinic capacity, the responsibility rests with the Care Group Management Teams who should be sighted on the elective capacity.

Outpatient Appointments

Did Not Attend (DNAs)

Patients should make every effort to attend their appointment. If they cannot, the patient (or proxy) should notify Manx Care as soon as possible, so that they can endeavour to fill that appointment slot.

A patient may be categorised as a Did Not Attend (DNA) when Manx Care:

- is not notified in advance of the patient's unavailability to attend their appointment
- can demonstrate that the appointment was clearly communicated to the patient within reasonable timescales (detailed above)

Patients (or proxy) should contact Manx Care by telephoning 01624 650103 and selecting Option 1, to cancel their appointment.

PIC (or relevant service) should record DNAs in Manx Care's clinical system to ensure records are correct and complete.

After two instances of a patient DNA for the same referral (e.g. outpatient appointment, inpatient procedure), a clinical review of the case will be triggered. This will determine the appropriate next steps which could include a return to the referring clinician providing the following guidance is adhered to:

- Discharging the patient is not contrary to their best clinical interests (particularly with regard to vulnerable patients such as children), which may only be determined by a clinician.
- If a decision is made not to re-appoint the patient, the responsible clinician will write to the referrer explaining the reasons for not re-appointment.

Manx Care is committed to reviewing processes that will enhance patient choice and support reduction in new patient DNA's or cancellations. Any changes to processes will be proposed to Care Group and clinical leads for approval prior to implementing change, to ensure operational and clinical engagement.

Appointment Cancellation by Patient

If the patient gives any prior notice that they cannot attend their appointment (even if this is on the day of clinic), this should be recorded as a cancellation and not a DNA. This is also known as a Can Not Attend (CNA).

For Outpatient appointments, patients (or proxy) should contact Manx Care by telephoning 01624 650103 and selecting Option 1, to cancel their appointment. This line is manned Monday to Friday, 9.00 am to 5.00 pm, with the facility to leave a message outside those times, or at busy times.

For appointments with other departments e.g. radiology, endocrinology, diabetes, audiology, etc, patients (or proxy) should contact the number detailed on their appointment letter.

A patient who telephones in to cancel their appointment should have their appointment rescheduled, into the next available slot.

PIC will record all cancellations, including reason for cancellation, on Manx Care's clinical system to ensure the patient's record is complete.

If there are insufficient appointment slots within the agreed pathway milestones, the issue must be escalated to the Business/General Manager for the service area.

If patients' give notice and cancel their appointment on two consecutive occasions, then a clinical review of the case will be triggered. This will determine the appropriate next steps which could include a return to the referring clinician providing the following guidance will be adhered to:

- Manx Care can demonstrate that the appointment was clearly communicated to the patient within reasonable timescales
- Discharging the patient is not contrary to their best clinical interests (particularly with regard to vulnerable patients such as children), which may only be determined by a clinician.
- If a decision is made not to re-appoint the patient, the responsible Consultant / senior clinician will write to the GP (or referrer) explaining the reasons for not re-appointment.

If the patient has never been seen and advises they do not wish to progress their referral pathway, they will be removed from the relevant waiting list and a clock stop and nullification applied. A letter will be sent to the GP/referrer informing them of the patient's decision.

Was not brought

Paediatric patients, adults with health and support needs, or patients referred on an urgent or cancer pathway who are not brought to their appointment, should be managed separately in accordance with the Manx Care safeguarding procedures.

Patients Who Are Unfit for Surgery - Inpatient and Day Case Patients

If a patient is identified as unfit for a procedure, the nature and duration of the clinical issue will be ascertained, as this may impact on their elective pathway, as follows:

Short-Term Illnesses

Where patients either attend at hospital or are admitted for treatment, or contacted with a TCI date, but are found to be unfit then, if the condition is considered transitory in nature e.g. a cold, the patient should be rebooked 2 to 3 weeks later, or at the earliest available date.

Longer Term Illnesses

If a patient is unlikely to be fit for treatment within the foreseeable future (i.e. longer than 3 months) then a clinical decision will be made, resulting in one of the following outcomes for the patient:

- will be discharged back to the patient's referrer
- will be discharged back to the patient's referrer with a decision not to treat
- is placed on active monitoring by the Manx Care clinician

Other Conditions

Patients who are unfit for surgery for other reasons, eg weight loss or mental health reasons, and the condition means the patient is unlikely to be fit for treatment within the foreseeable future (i.e. longer than 3 months), the patient will be treated in line with the outcomes set out in the Longer Term Illnesses section above.

On the Day Cancellations - Inpatient and Day Case Patients

Where a patient is cancelled on the day of admission or day of surgery for non-clinical reasons, they will be rebooked within 28 days of the original admission date and the patient must be given reasonable notice of the rearranged date. The patient may choose not to accept a date within 28 days.

Service Standards

Key business processes that support access to care will have clearly defined service standards, monitored by Manx Care's Performance and Improvement Management Service. Compliance with each service standard will support effective and efficient service provision and the achievement of referral to treatment standards.

Initial Key Performance Indicators for implementation include the following:

- 2WW Referral receipt and registration (within 24 hours*)
- Urgent Referral receipt and registration (within 48 hours*)
- Routine Referral receipt and registration (within 5 days*)
- Referral reviewed (dependant on priority)

* working days only

Further key service standards will be detailed further in Manx Care's Operating Plan for 2023/26 and the Standard Operating Procedures that support this policy.

Section 3: Referral to Treatment (RTT) Standards for Elective Pathways

Introduction

As detailed in the [Purpose](#) section of this document, one such purpose is to “facilitate the aspiration of ensuring all patients requiring access to outpatient appointments, diagnostics and elective inpatient or day case treatment are managed in line with appropriate waiting time standards for referral to treatment (RTT)”. These standards and methodologies will be aligned to those of NHS England where appropriate.

It is Manx Care’s aspiration to achieve this by end of financial year 2026.

This section is designed to give an overview of the RTT methodologies, how the implementation of RTT will be achieved, the current limitations, and offers guidance to Manx Care staff. A more detailed operational RTT Rule Suite, and other documents are available to further support the implementation of RTT.

RTT will be used in the referral management for the following elective care services:

- a consultant-led service, regardless of setting, 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;
- a referral management or assessment service, which may result in an onward referral to a consultant-led service before responsibility is transferred back to the referring health professional or general practitioner.
- a self-referral (e.g. community physiotherapy services) by a patient to the above services, where these pathways have been set up and agreed locally by Manx Care and the DHSC.

Exclusions to RTT

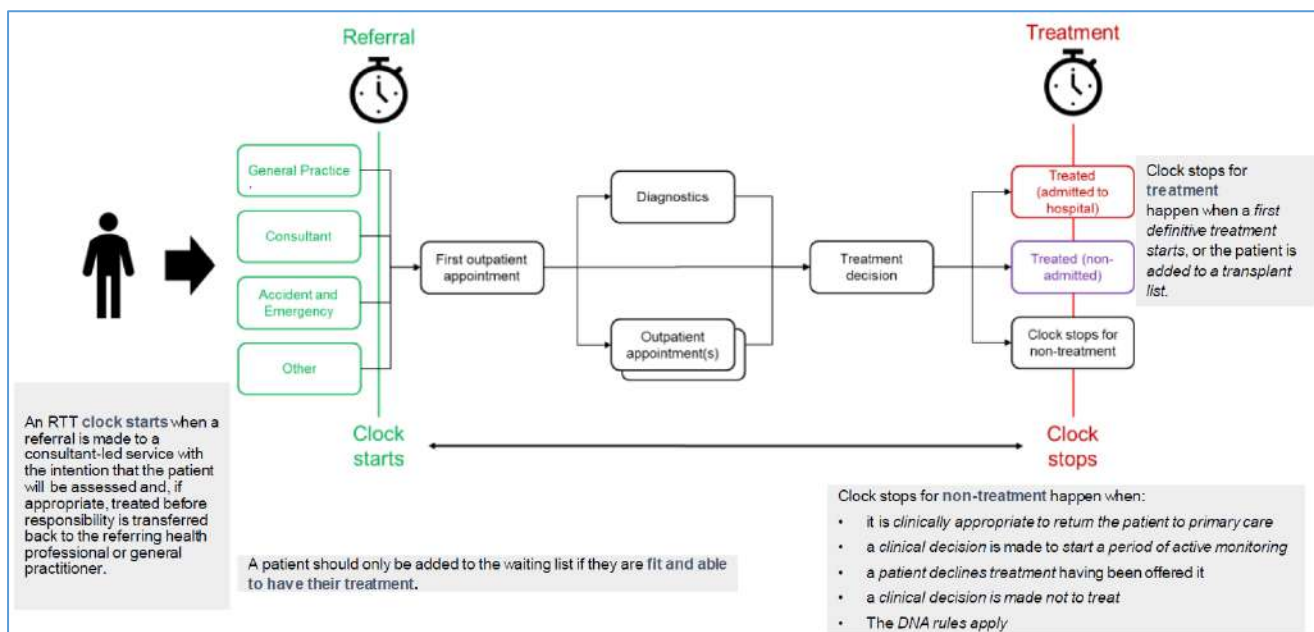
Most referrals to consultant-led services are included RTT however, the following services and types of patients are excluded from RTT:

- Obstetrics and midwifery services
- Planned patients
- Referrals to a non-consultant led service
- Genito-urinary, medicine services
- Emergency pathway non-elective follow-up clinic activity
- Non-consultant led community services

RTT Pathway Overview

The diagram below shows a typical RTT pathway and outlines the key events when there would be waiting time clock starts and stops. Every patient will have a clock start at the beginning of their elective care journey at the point of referral, and a clock stop when either they receive their definitive treatment or are discharged back to their referring clinician should no treatment be required. The time taken from a patient’s clock start to their clock stop is their total RTT waiting time.

More detailed information on clock starts and stops can be found in Manx Care’s RTT Rule Suite.



Non-Admitted Pathways

The non-admitted stages of the patient's pathway comprise both outpatients and the diagnostic stages. It starts from the clock start date (i.e. the date the referral is received) and ends when either a clock stop happens in outpatients (this could be the first, second or a further appointment) or when a decision to admit is made and the patient transfers to the admitted pathway.

Admitted Pathways

Ideally patients will be fit, ready and available before being added to the admitted waiting list. The active inpatient, or day case, waiting lists includes all patients who are awaiting elective admission. The only exceptions are planned patients, who are awaiting admission at a specific clinically defined time.

Patients who are not fit, ready and available will be clinically assessed and an outcome in line with [Patients who are unfit for surgery – Inpatient and Day Case Patients](#) section above, and a clock stop may be applied.

Current Limitations to RTT Reporting

Until such time as the RTT functionality and methodologies are enabled in Manx Care's clinical system, Careflow (Medway), and the methodologies embedded within the organisation via a training and education programme, the waiting list reporting will be limited to reporting on individual pathway stage, rather than the full pathway from referral to definitive treatment;

- Referral to First Outpatient
- Decision to Treat to Definitive Treatment

There may therefore be an element of waiting time between first outpatient appointment and a decision to treat being made that is not currently captured accurately. In addition, it will not be possible to apply the RTT Rules Suite to the waiting list data until the RTT functionality and methodologies are fully implemented. Therefore there may be instances where a patient is being reported as being on the waiting list, but under the RTT rules they would actually have had a valid waiting time clock stop and have been removed from the list.

RTT Implementation planning is being progressed by Manx Care's Visioning working group. Current estimates place the timescales for implementation at 24 months.

Manx Care's Waiting Times Standards (Pathway Milestones)

Manx Care's commitment is to align with NHS England's waiting time standards (where appropriate to do so) for Consultant-led elective services to support the delivery of the RTT methodologies.

Manx Care's long term aim is the delivery of an 18 week maximum referral to treatment wait time for elective care.

- Pathway Milestones

In order to achieve treatment within 18 weeks of receipt of referral, pathways should be designed with key milestones and sufficient capacity agreed with clinicians and commissioners. As an example, a surgical pathway could be broken down into the milestones shown below:

- GP New outpatient appointment seen as a first appointment by week 6
- Diagnostic attended, reported with patient seen at follow-up by week 12
- First definitive treatment i.e. Admission for surgery by week 18

- Locally defined waiting times standards

Given the impact of Covid-19 on waiting list sizes and wait times Manx Care is adopting a phased approach to the recovery of its waiting list position and return to sustainable waiting list sizes. The delivery milestones in terms of expected maximum wait times by year will be set out in Manx Care's Operating Plan for 2023/26. For 2023/24, Manx Care has defined the following local waiting times standards to support the delivery of a 65 week RTT standard:

- First outpatient appointments within 22 weeks of referral.
- Diagnostic attended, reported with patient seen at follow-up by week 44.
- Elective admissions for definitive treatment by week 65.

Waiting List Validation

To be able to successfully implement RTT, Manx Care must first validate every referral on all of its waiting lists, i.e. outpatient, inpatient and day case, for all its specialities, including Mental Health to ensure that the reported waiting list sizes and waits are as accurate as possible.

It is important to note that waiting list validation is to review the quality and quantity of referrals, and not an endeavour to reduce waiting list numbers. This validation will ensure that patients are on the correct waiting or clinic list. No patient is removed from a waiting list without a clinical decision.

The validation process is made up of three stages; Technical, Administrative and Clinical.

- Technical validation checks for duplication, referrals that are recorded incorrectly etc.
- Administrative validation involves writing to patients and checking they wish to remain on the waiting list, or not, for reasons such as they have been treated elsewhere, their condition has improved, etc.
- Clinical validation is carried out throughout the validation journey and no patient is removed from the waiting list until a clinician has checked it is appropriate for that patient.

Public reporting will be developed to provide transparency and demonstrate the reduction that waiting list validation is having on waiting lists.

Manx Care's Performance and Improvement Management Service have established governance and standard operating procedures for waiting list validation and will continue to manage and support this process.

RTT Standards – Monitoring and Management

Manx Care will develop operational resources to monitor waiting times at a patient level on a weekly basis (Patient Tracking List – PTL) for all non-cancer specialties (a weekly PTL process is already in place for cancer pathways). Patient wait times will be monitored at each pathway stage to identify and action the required tasks to move each patient along their pathway in a timely manner.

The implementation of PTL for non-cancer services is being supported by a newly introduced role of elective Pathway Navigator which will support each service to ensure they are provided with the information they need to enable patients to progress along their pathway in a timely way, ensuring compliance with agreed activity and performance trajectories.

The Performance and Improvement Management Service (PIMS) will manage and support performance and reporting of the RTT Standards, holding Care Groups to account in line with Manx Care's Performance & Accountability Framework and the DHSC's Mandated Key Performance Indicators which are aligned to the Isle of Man Government's Our Island Plan.

Elective demand and capacity modelling will be undertaken by PIMS on a regular basis to ensure that capacity levels for each speciality are sufficient to meet demand and waiting list sizes are sustainable. Where capacity shortfalls are identified, PIMS will work with the Care Group management and clinicians to address them.

PIMS will monitor and highlight performance issues arising from any area of patient access to elective care services. They will liaise with other stakeholders to support any developments to address performance issues where necessary, e.g. Service Development, GTS, MCALS, Communications, etc.

Care Group operational teams will proactively monitor levels of capacity for each pathway milestone to ensure any shortfalls are addressed in advance, thus avoiding a poor patient experience, resource intensive administrative workarounds and ultimately breaches of the Referral to Treatment (RTT) standards.

Any structural gaps such the resourcing of efficacious theatre planning meetings will also be addressed as we move towards 18 week RTT compliance.

Diagnostics

The diagnostics section of an RTT pathway is a major pathway milestone. A large proportion of patients referred for a diagnostic test will also be on an open RTT pathway. In these circumstances, the patient will have both types of clock running concurrently:

- Their RTT clock which started at the point of receipt of the original referral.
- Their Diagnostic clock which starts at the point of the decision to refer for diagnostic test (often at the first outpatient consultation).

Straight to Test Arrangements

For patients who are referred for a diagnostic test which will possibly result in an outpatient review and treatment within a consultant led service (without first being reviewed by their GP) an RTT clock will start on receipt of the referral. These are called straight to test referrals.

Examples of such services include:

- Straight to test endoscopy.
- Radiology services

Patients with a Diagnostic Clock Only

Patients referred directly for a diagnostic test (but not consultant-led treatment) by their GP i.e. clinical responsibility remains with the GP, will have a diagnostic clock running only. These are called Direct Access referrals.

Booking Diagnostic Appointments

Appointments will be booked in line with the Manx Care's locally agreed reasonableness criteria.

If a patient declines, cancels or does not attend a diagnostic appointment, the diagnostic clock start can be reset to the date the patient provides notification of this.

However:

- Manx Care must be able to demonstrate that the patient's original diagnostic appointment fulfilled the reasonableness criteria for the clock start to be reset.
- Re-setting the diagnostic clock start has no effect on the patient's RTT clock. This continues to tick from the original clock start date.

Diagnostic Cancellations, Declines and / or DNAs for Patients on open pathways

RTT Pathways

Where a patient has cancelled, declined and/or not attended their diagnostic appointment and a clinical decision is made to return them to the referring consultant, the RTT clock should continue to tick. Only the referring consultant can make a clinical decision to stop the RTT clock, if this is deemed to be in the patient's best clinical interests, by discharging the patient or agreeing a period of active monitoring.

Active Diagnostic Waiting List

All patients on an active diagnostic waiting list are monitored daily by the administration teams to ensure they are appointed within the required timeframes.

Any capacity or demand issues should be highlighted to the Care Group Management team promptly to avoid undue delay for the patient.

Planned Diagnostic Appointments

Patients who require a diagnostic test to be carried out at a specific point in time for clinical reasons are exempt from the diagnostic clock rules and will be held on a planned waiting list with a clinically determined due date identified. However, should the patient's wait go beyond the due by date for the test, they will be transferred to an active waiting list and a diagnostic clock and RTT clock will be started.

Acute Therapy Services

Acute therapy services consist of Physiotherapy, Dietetics, Orthotics and Surgical Appliances. Referrals to these services can be directly from GP

- Directly from GPs where an RTT clock would NOT be applicable
- Part of an open RTT pathway where the intervention is intended as first definitive treatment or interim treatment.

Depending on the particular pathway or patient, therapy interventions could constitute an RTT clock stop. Equally the clock could continue to tick. It is critical that staff with responsibility to manage these appointments and update RTT pathways know if patients are

on an open pathway and if the referral is intended as first definitive treatment. Further details regarding these pathways and the corresponding RTT rules can be found in the Manx Care RTT Rule Suite.

Where the patient is solely waiting for a therapeutic procedure, for example in the radiology department, there is no six week diagnostic standard. However, for many patients there is also a diagnostic element to their admission/appointment, and so these patients would still be required to have their procedure within six weeks.

[Impact of Patients Moving Between Manx Care & Private Care on RTT](#)

Patients can choose to move between Manx Care and a private provider at any point of their referral pathway, during their treatment without prejudice.

The RTT clock starts at the point the GP, or original referrer's, email arrives into Manx Care. The RTT pathways of patients who notify Manx Care of their decision to seek private care and no longer require treatment as a Manx Care patient will be closed with a clock stop applied on the date the patient notifies Manx Care.

If patients want to return to Manx Care from a private provider (after leaving Manx Care for that episode of care), they will be treated as a new referral and a new RTT clock will start upon receipt of the referral from the GP.

Also see [Patients Moving Between Manx Care and Private Care](#) section above.