# National Clinical Validation Programme: Phase 1 – Admitted Waiting List Operational guide

Elective Care Improvement Support Team

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**NHS England and NHS Improvement**

# Introduction

The Clinical Prioritisation programme is part of the third phase of the NHS response to COVID-19 and is designed to support the prioritisation of waiting lists as part of the recovery of elective activity. The priority is to ensure that all patients on an admitted patient care pathway have been reviewed and clinically prioritised to support discussions with patients about their planned care, to give greater clarity of the number of patients awaiting procedures at each priority level, to inform service capacity planning, and support the booking of patients.

# Data Quality Validation

Data Quality issues & potential errors should be reviewed and corrected as far as possible prior to clinical validation in order to provide as accurate and up-to-date list as possible for clinical review. Data quality issues may be identified through the national validation programme feedback reports and data, or through local data quality reports.

Issues likely to affect the management of the patient's pathway should be prioritised.

For admitted pathways potential issues are likely to include:

- Past TCI dates
- Potential duplicates
- Missing waiting list or pathway information (eg due date, intended procedure)
- Decision to admit but no waiting list entry
- Patients on an admitted waiting list without an active RTT clock

The data quality of pathways with a decision to admit is usually better than for other pathway stages due to regular validation processes. Data quality validation should not delay the clinical prioritisation process, but checks should be completed to an adequate level to support the generation of a list of patients awaiting admission for treatment to be contacted by the trust.

# Administrative Validation

Patients (or for paediatric patients a parent or appropriate guardian) should be contacted by letter, telephone, or email to confirm their current circumstances, needs and

preferences relating to their planned treatment, so that up-to-date information is available to support the clinical prioritisation process.

The trust should consider appropriate patients to contact and the appropriate means, taking into account those patients who may have TCI dates already booked in the near future, when the patient was added to the admitted waiting list, and when the patient was last contacted. The means of contact is likely to depend on the volume of patients, urgency of booking, patient demographics, and staff availability.

- Patients should be asked to indicate whether they still require treatment or whether they have been treated elsewhere or their condition has otherwise resolved.
- Patients should be reassured about the trust's approach to managing their care during the COVID-19 pandemic, and to request the patient to indicate that they are willing to proceed. For patients that are not currently willing to proceed due to COVID-19, they will remain on the waiting list and will be categorised P5. A clinical review and shared decision-making discussion may still be appropriate, particularly where alternative treatment options or treatment at an alternative site may be suitable and may influence the patient's decision.
- Patients should also be asked to provide details of any periods of unavailability, and the general reason for this. The patient will remain on the waiting list in line with national RTT rules, and this information will be used to support planning and booking their treatment. Where patients are offered reasonable dates for treatment which are declined for non-COVID reasons, these patients will be categorised P6.

Clear information should be provided to the patient about next steps. Some patients will proceed to a shared decision-making discussion with a clinician, and information should be provided about this to enable patients to participate fully in that discussion with an appropriate clinician. This will include where further information is needed to enable the clinical team to assign or update a prioritisation category, where patients are undecided about whether to proceed with treatment, or wish to discuss their condition and their treatment options, or where a patient has been listed for a procedure included in national guidance on evidence-based interventions.

If contacting by letter or e-mail patients should be given adequate time to respond (at least 2 weeks from receipt of letter) and clear information about the need to respond and next steps if they do not. Further attempts must be made to contact any patients who do not respond to the letter, or who cannot be contacted by telephone. Some of these attempts should be made outside of normal working hours, as well as contacting the patient's GP or referrer.

Information provided by patients should be recorded on the trust PAS on the patient pathway information, to provide information to support clinical prioritisation and booking instructions.

Patients should not be removed from the waiting list without a clinical decision and communication and agreement with the patient.

Administrative validation should be completed to an adequate level to enable identification of those patients on the admitted waiting list with a clear decision to proceed with their planned treatment, and those patients where further information, or a shared decision-making discussion is required. A list of those patients requiring further review should be generated to support the clinical validation process.

## Clinical Validation

Information provided by the patient on their current condition, fitness and availability to proceed should be collated to enable a specialty level review of the admitted waiting list.

Where a patient has indicated that they wish to proceed with surgery for a routine procedure, and there are otherwise no indications requiring a shared decision making discussion between the patient and an appropriate clinician, a clinical priority category may be assigned and recorded based on the locally agreed process appropriate for the patient's condition/procedure. A separate clinical discussion with the patient will not usually be required.

The specialty team may also be able to identify those patients potentially suitable for treatment in the Independent Sector based on this information.

For patients where a shared decision-making discussion is appropriate (either required by the clinician or requested by the patient), a clinical review should be undertaken by an appropriate clinician in accordance with the national guidance on clinical validation of surgical waiting lists: https://www.england.nhs.uk/coronavirus/publication/validating-waiting-lists-framework/

The list of patients to be reviewed should be ordered to enable patients with the most urgent conditions to be reviewed first based on the information available (such as urgency indicated at referral or decision to admit, procedure type, specialty, and length of time that the patient has been waiting for treatment).

Appropriate information should be available to support the process, including information provided by the patient during the administrative validation process on their current condition, fitness and availability to proceed.

The discussion with the patient should include the following elements:

- The clinician's assessment of the patient's priority level;
- The patient's current condition and symptoms, and any other clinical conditions or factors that may affect their treatment;
- The patient's understanding and agreement to the planned treatment or procedure, or whether there are more suitable alternative options;
- For patients listed for a procedure included in national guidance on evidence-based interventions (see further information here: https://www.england.nhs.uk/evidence-based-interventions/), or in local policy on procedures of low clinical value or limited clinical effectiveness, options for alternative treatment or condition management should be discussed, and next steps agreed with the patient;
- The patient's fitness to proceed to treatment– if the patient is not currently fit to proceed, the reasons for this should be established, whether this is likely to be a short-term or long-term reason, and if any treatment or other steps required to optimise the patient for surgery. The patient's pathway should be managed in accordance with RTT rules, so that patients are not removed from the waiting list due to a short-term condition;
- Whether the patient is potentially suitable to be treated in the Independent Sector;
- The patient's availability – whether this is due to COVID-related issues or non-COVID-related issues. COVID-related issues may include clinical risk factors, anxiety about COVID-19, or that the patient is currently self-isolating. Where a patient is unavailable, timescales about their period of unavailability should be noted and an appropriate timescale for further contact and re-review should be agreed.

The outcome of the discussion should be recorded on the trust PAS as part of the patient pathway information, including the priority category and date that the review was undertaken. The outcome should also be confirmed in writing to the patient and their GP or referrer.

The completion of clinical validation should support a trust waiting list view of patients to be booked by clinical priority and wait time, with appropriate supporting information to enable their treatment to be planned, including information about the patient's fitness to proceed and availability. This list should support capacity planning including the identification of patients clinically suitable for treatment in the Independent Sector.

**Maintaining a clinically stratified waiting list**

The review information, including the priority category and the clinical review date (ie the date that the priority level is assigned) should enable the trust to identify any patients requiring re-review if they are not treated within the indicated timescale, or for re-contact at an appropriate time for those patients in P5 or P6 categories. Patients remaining on the waiting list should be re-reviewed no later than 6 months after their previous review.

To support ongoing maintenance of the waiting list, and reduce the need for re-review, the above points to be discussed with the patient should be included when a new decision to admit is made, so that the prioritisation category and supporting information can be recorded as part of the patient's waiting list entry.

## Links for further information

RTT rules are unchanged and should be followed. RTT guidance, and the latest Q&As relating to RTT measurement and COVID-19 can be accessed here: https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/

National guidance on clinical prioritisation of surgical waiting lists

https://www.england.nhs.uk/coronavirus/publication/validating-waiting-lists-framework/

The Elective Care IST Waiting List Review guide provides general advice on waiting list validation.

https://future.nhs.uk/ElecCareIST/view?objectId=80186501

Evidence-based interventions programme

https://www.england.nhs.uk/evidence-based-interventions/

# National Clinical Validation Programme – Admitted Waiting List Review Process Flow