

Policy Title	Patient Access Policy		
Policy Number	0059	Version number	5
Applicable to	All administrative / clerical / managerial staff involved in the administration of patient pathway. All medical and clinic staff seeing patients in outpatient settings and those with admission rights		
Date issued	June 2012		
Review date	January 2018		
Author's name and title	Head of Cancer and Access Services		
Development group/committee	Senior Management Team		
Stakeholders	Commissioners of Trust services, patients, relatives, and carers.		
Approved by	Senior Management Team		
Date approved	January 2017 updated to include Dorset agreed local arrangements and national changes		
Ratified by	Senior Management Team		
Ratified on	Original – May 2013		
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Executive Summary

Policy title	Patient Access Policy
Purpose	Policy on access to Trust Services.
Applicable to	All employees of Dorset County Hospital NHS Foundation Trust
Aim of policy	To clarify policy on access to Trust Services within the 18 week Referral to Treatment guidelines
Main features	Clear guidance on access to Trust outpatient, elective admission, and diagnostic services.
Policy lead	Head of Cancer and Access Services
Development group	Cancer and Access Management Team

1 Introduction

- 1.1 This Policy details how patients will be managed administratively at all points of contact with Dorset County Hospital NHS Foundation Trust (DCH NHS FT) while on an elective pathway and should be read in conjunction with the Patient Access Procedure Manual.

2 Aim and objectives of the policy

- 2.1 The Aim of this policy is set out clearly DCH NHS FT's systems for managing Outpatient Appointments, Inpatient Admissions, and Diagnostic Appointments, for the benefit of our services users, our staff, and our commissioners.
- 2.2 This Policy will reflect the overall expectations of the Trust and local Commissioners in regards to the management of referral and admissions into and within the organisation and defines the principles on which the Policy is based.
- 2.3 A separate Patient Access Procedure Manual reflects the processes by which the policy expectations are achieved.
- 2.4 The principles of this policy apply to both medical and administrative waiting list management.
- 2.5 The objective of this Policy is to provide guidance to all staff in the management of patients' access to elective hospital treatment, ensuring that DCH NHS FT meets its legal requirements under the 18 Week Referral to Treatment Rules Suite.

3 Who the policy is for

- 3.1 This Policy (and corresponding Patient Access Procedure Manual) is intended to be of interest to and used by all those individuals within DCH NHS FT who are responsible for referring patients, managing referrals, adding to and maintaining waiting and tracking lists, and booking any other elective treatment, for the purpose of organising patient access to hospital treatment.
- 3.2 This Policy is also intended to be a reference for patients, their families and carers, providing information regarding how their referrals and elective treatment plans will be managed by DCH NHS FT.

4 Definitions, Legislation and Guidelines

- 4.1 Explanations of terms used in the policy:-

Active Monitoring (Also known as 'watchful waiting'): An 18 week clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures. A new 18 week clock would start when a decision to treat is made following a period of active monitoring.

Active Waiting List: Patients awaiting elective admission for treatment and who are currently available to be called for admission.

Can Not Attend (CNA): Patients who, on receipt of reasonable offer(s) of admission, notify the hospital that they are unable to attend.

Date Referral Received (DRR): The date on which a hospital receives a referral letter from a GP. The waiting time for outpatients should be calculated from this date.

Daycases: Patients who require admission to the hospital for treatment and will need the use of a bed but who are not intended to stay in hospital overnight.

Decision to Treat date (DTT): The date on which a consultant decides a patient needs to be admitted for an operation. This date should be recorded in the case-notes and used to calculate the total waiting time.

Did Not Attend (DNA): Patients who have been informed of their date of admission or pre-assessment (inpatients/day cases) or appointment date (outpatients) and who without notifying the hospital did not attend for admission/ pre-assessment or OP appointment.

E-Referral Service (ERS): A method of electronically booking a patient into the hospital of their choice.

First Definitive Treatment: An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient.

Inpatients: Patients who require admission to hospital for treatment and are intended to remain in hospital for at least one night.

Outpatients: Patients referred by a General Practitioner or another health care professional for clinical advice or treatment.

Patient Tracking List (PTL): The PTL is a list of patients (both inpatients and outpatients) whose waiting time is approaching the guarantee date, who should be offered an admission/appointment before the guarantee date is reached.

Reasonable Offer: For an offer of an appointment to a patient to be deemed reasonable, the patient must be offered the choice of dates within the timescales referred to for outpatients, diagnostics and in patients.

Referral to Treatment (RTT): Instead of focusing upon a single stage of treatment (such as outpatients, diagnostic or inpatients) the 18 week pathway addresses the whole patient pathway from referral to the start of treatment.

To Come In date (TCI): The offer of admission, or TCI, date is a formal offer in writing of a date of admission. A telephone offer of admission should not normally be recorded as a formal offer. Usually telephoned offers are confirmed by a formal written offer.

4.2 Legislation and Guidelines:-

Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care, published October 2015, NHS England

Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care: Frequently Asked Questions, published October 2015, NHS England

Referral to treatment consultant-led waiting times (Rules Suite), published October 2015, Department of Health

<https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/>

Framework for the Management of Scheduled Care for the County of Dorset, published October 2014 (reissued October 2015), NHS England Dorset Clinical Commissioning Group

Access to health Services for Military Veterans:

<http://www.nhs.uk/NHSEngland/Militaryhealthcare/Veteranshealthcare/Pages/veterans.aspx>

5 Equality Impact Assessment

- 5.1 This policy is based on accepted national guidance. This policy does not have any impact upon equality or employment rights. The completed assessment for the policy is attached as Appendix A.

6 Privacy Impact Assessment

- 6.1 This policy does not signify any significant changes in the management of patient information. The completed assessment for the policy is attached as Appendix B.

7 Stakeholders and consultation

- 7.1 The following stakeholders have been consulted:

- Access Department: Central Appointments, Reception, Central Admissions
- Cancer Services Department
- Patient Pathway Team
- Dorset CCG – including feedback from patients on local arrangements
- Divisional and Service Managers

- 7.2 In addition, the policy has been written to reflect current national and local Referral to Treatment policies.

8 Roles and responsibilities

- 8.1 Whilst responsibility for achieving targets lies with the Operational Divisions, all staff with access to and a duty to maintain, referral, and waiting list information systems are accountable for their accurate upkeep.
- 8.2 GPs play a pivotal role in ensuring patients are made aware during their consultation of the likely waiting times for a new outpatient consultation and of the need to be contactable and available when referred. The Commissioner (Dorset CCG) is responsible for ensuring robust communication links are in place to feedback information to GPs.
- 8.3 All staff are accountable for implementing the Patient Access Policy. Operational Managers are responsible for monitoring all patients on an open clock and ensuring compliance with the Policy.
- 8.4 The Patient Access Manager:
- Provides a corporate overview on managing admitted targets;
 - Liaises with Divisional Managers, Operational Managers, and any other necessary parties, regarding concerns and actions to ensure targets are met.
 - Is responsible for the team of Admissions Officers who administer the waiting lists on a day-to-day basis.
- 8.5 Admissions Officers are responsible for the day-to-day management of their lists and are supported in this function by the Operational and Divisional Managers who are responsible for achieving access targets and commissioned levels of activity. Operational Managers through Divisional Managers are responsible for ensuring the data is accurate.
- 8.6 Administrators, be they clinic staff, secretaries, or booking clerks, are responsible through their normal reporting structures to the Divisional Managers with regard to compliance of all aspects of the Trust's Patient Access Policy.
- 8.7 The PAS Development Manager is accountable for the maintenance of PAS (Patient Administration System) on which all waiting lists are managed.
- 8.8 The Performance and Information Manager is responsible for the reporting on systems to the Department of Health and other external bodies.
- 8.9 The Performance and Information Manager is responsible for ensuring that Divisions are provided with information on waiting times as part of their Divisional reporting requirements.
- 8.10 The Head of Cancer and Access Services, through the central administrative teams, is responsible for providing regular data quality audits of standards of data collection, reporting concerns and anomalies to the Divisions and sign-off of central returns produced by the Performance and Information Department.
- 8.11 All clinical staff are responsible through their Clinical Director to the Medical Director for ensuring they comply with their responsibilities as outlined in this Policy.

- 8.12 Any staff not following this Policy or its accompanying operating instructions will have this reported to their line manager and this may result in action under the Trust's disciplinary policies.
- 8.13 Staff involved in managing patients' pathways for elective care must not carry out any action about which they feel uncertain or which may contradict this policy.

9 Dissemination

- 9.1 This Policy is available on the Trust's document management system. Any amendments or updates will be communicated via the Trust's internal communication system.
- 9.2 This Policy, and all future updates to it, are provided to all Divisional Managers. It is the responsibility of each Divisional Manager to disseminate the Policy, and the accompanying operating instructions, to all staff with patient pathway management responsibilities.

10 Training and implementation

- 10.1 All new members of DCH NHS FT staff will be made aware of the Patient Access Policy.
- 10.2 All administrative staff, Consultants (and their clinical teams), Divisional and Departmental Managers must read the policy and be familiar with the sections which relate to them.
- 10.3 All new secretarial, appointments, reception and admissions staff will have training provided by the Patient Pathway Team, as well as ongoing training from their line manager.
- 10.4 All new Service and Divisional Managers will have training provided by the Head of Cancer and Access Services.

11 Monitoring and reviewing arrangements

- Quarterly analysis of breaches of Access targets
- Reasons for removals other than treatment
- Date on Waiting List
- Planned Waiting List
- Analysis of inpatient survey scores relating to admission
- Feedback via patient complaints assessed at the Learning from Patients Committee meeting.
- Fortnightly KPI (Key Performance Indicators) meeting

The Patient Access Policy will be reviewed by the Access Department annually or when there is a change in national policy.

12 Policy Content

12.1 Key Principles:-

- 12.1.1 This Policy covers the way in which DCH NHS FT will manage patients who are waiting for treatment on all elective pathways (including diagnostics). It covers the management of patients at all sites where DCH NHS FT operates, including outreach clinics.
- 12.1.2 Every process in the management of patients who are waiting for treatment must be clear and transparent to the patients and to partner organisations and must be open to inspection, monitoring, and audit.
- 12.1.3 The Trust will give priority to clinically urgent patients and treat everyone else in turn. **War pensioners and service personnel injured in conflict must receive priority treatment if the referred condition is directly attributable to injuries sustained in conflict. In certain circumstances, family members of service personnel may also be eligible for preferential treatment (See Appendix C)**
- 12.1.4 The Trust will work to meet and improve on the maximum waiting times set by the Department of Health for all groups of patients.
- 12.1.5 The Trust will, whenever possible, negotiate appointment and admission dates and times with patients.
- 12.1.6 The Trust will work to ensure fair and equal access to services for all patients.
- 12.1.7 In accordance with training needs analysis, staff involved in the implementation of this Policy, both clinical and clerical, will undertake training provided by the Trust including regular annual updates. Policy adherence will be part of the staff appraisal process.
- 12.1.8 The Trust will ensure that management information on all waiting lists and activity is recorded on an appropriate Trust system. This must be PAS or another approved reporting system, as authorised by the Head of Cancer and Access Services e.g. PAS, Radiology Information System (RIS). All approved reporting systems form part of the Trust's patient record.
- 12.1.9 The Trust will monitor the Referral to Treatment (RTT) pathway by using PAS functionality and Patient Tracking Lists (PTL) to measure the patient's length of wait from referral to new outpatient appointment, diagnostic test, elective admission and open pathway follow-up appointments.

12.2 Local Agreement

12.2.1 In October 2015, the NHS Dorset Clinical Commissioning Group published an update to the “Framework for the Management of Scheduled Care for the County of Dorset”. Where appropriate, Dorset County Hospital NHS Foundation Trust will adhere to the following local policy in conjunction with national policy:

12.2.2 Health communities are required to agree local arrangements where the national guidance allows, to ensure consistency across all services commissioned. In Dorset 18 weeks RTT, as a minimum, will also be applied to non-Consultant led pathways such as Therapy Service.

12.2.3 It has been agreed that the following local arrangements in Dorset will apply but exceptions will be applied for children and vulnerable adults:

- All patients attending appointments at DCH NHS FT have the opportunity to negotiate the date and time of their appointment, either directly with DCH NHS FT or through ERS. Therefore, the expectation is that the patient will attend their appointment. Patients who do not attend their appointments will be recorded as a DNA on PAS; it will be a clinical decision whether it is clinically appropriate to rebook the appointment and this will be noted on the outcome form. As general guidance:
- Patients with two cancellations on an open pathway will be referred back to their GP unless they are military personnel or there are extreme circumstances.
- Patients who cancel an appointment and rebook their appointment choosing this to be more than three weeks ahead, should have their clock stopped and a new clock started from the date of their cancellation. Patients will be counselled about this and informed that if they cancel for a second time they will be returned to their GP excluding cancer and 2 week wait fast track patients.
- If a patient requests time to think about the offer of a clinical intervention, a week’s thinking time can be given and the patient’s clock will continue. If the patient either does not communicate in the agreed time or cannot make a decision, they will usually be returned to their GP.
- Patients who become unwell with an illness that is expected to last less than two weeks will remain on their current pathway and their clock will continue. Patients who become unwell with a condition expected to last more than two weeks will be referred back to their GP with an explanation of why this has happened. If they require urgent secondary care intervention in another specialty, they will be referred and the GP will be informed why this has happened.
- Patients will be offered two dates for operations with reasonable notice. If patients cannot commit to one of these dates they may be returned to their GP as they are not ready, willing and able.
- Patients opting to participate in research projects will be outside of the 18 weeks to enable them to be treated according to the research protocol.
- Patients who are sent a partial booking letter, but fail to respond within the requested timescale, will be contacted once more, following which their care will be returned to the GP.
- For admitted elective Orthopaedic patients, one reasonable offer date (with three weeks’ notice) will be made.

12.3 Management of New and Follow-up Outpatient Appointments

12.3.1 *Named Referrals*

Referrals should be made to a service or a named clinician within a specialty or sub-specialised service. Where a referral is made to the wrong service, the referral will be returned to the referring party for further discussion with the patient. Where a referral is clinically inappropriate, but urgent, we may re-direct the referral to the correct clinician; if this happens, this will not affect the patient's breach date. (See procedure manual section 8.2)

12.3.2 *Outpatient Referrals*

The following principles will be adhered to:

- Referral must be registered onto Trust systems within three working days.
- Clinical review must take place within seven days of receipt of referral.
- Patient will receive acknowledgement of requested appointments within two weeks of receipt of referral, for example an appointment letter or an outpatient waiting list letter. (See procedure manual section 8.2)

12.3.3 *General Principles for Booking*

- All patients must be seen in order of clinical priority and length of wait.
- All patients' pathways start on the day that their referrals are received by the Trust and end on the date when an approved "clock stopping event" occurs and is communicated with the patient. There is no facility to pause a patient's pathway at any point along their elective pathway.
- All decisions to add to an outpatient, diagnostic, or elective waiting list must be recorded on an approved information system within one working day of the decision being made.

12.3.4 *Reasonable Offer*

- A 'reasonable' appointment date offer is a date that is at least three weeks from the time of the offer being made.
- Patients who decline one reasonable offer must be offered on further reasonable date.
- If a patient cancels and rebooks their appointment more than two times on an open pathway, whether the appointments are new or follow-up outpatient appointments, the patient may be discharged back to the care of their GP, if clinically appropriate.
- All appointments will be confirmed in writing. (See procedure manual section 8.6)

12.3.5 *Suspected Cancer and Rapid Access Chest Pain*

- All patients with suspected cancer or new exertional chest pain must be seen in outpatients within 14 days of receipt of their GP referral. (See procedure manual section 8.6)

12.3.6 *Visitors Non-resident in England*

- Patients who are identified as visitors non-resident in England must be referred to the Overseas Patients Officer for clarification of status regarding entitlement to NHS treatment before registration takes place. (See Overseas Patient policy)

12.3.7 *Clinic Cancellation or Reduction*

- Where possible, patients will not be cancelled more than once.
- A minimum of six weeks' notice of annual or study leave is required for clinic cancellation or reduction.
- Clinic Cancellation with less than 6 weeks' notice can only be authorised by the Chief Operating Officer or their appointed Deputy. (See procedure manual section 9.8)

12.3.8 *Cannot Attend (CNA)*

- Patients are able to cancel their appointments twice within an open pathway.
- Patients who attempt to cancel for a third time will be counselled that they must attend or they may be returned to their referrer as they are not 'Ready, Willing, and Able' to be seen within the maximum waiting times. (See procedure manual section 9.4)

12.3.9 *Did Not Attend (DNA)*

- Patients, with the exception of paediatrics and vulnerable adults, who do not attend their outpatient appointments will be discharged back to their referrer if clinically appropriate. (See procedure manual section 9.7)

12.4 Diagnostic Appointments

12.4.1 *Patients Referred on for Diagnostics*

- Clinicians are responsible for informing patients of the likely waiting time for diagnostic appointments. Where treatment has not yet been given, subsequent appointments must be given within the RTT breach date. (See procedure manual section 10.3)

12.4.2 *Diagnostic Referrals*

- All Access Policy rules apply equally to diagnostics appointments and admissions.

12.4.3 *Arranging Diagnostic Appointments*

- For diagnostic appointments, a 'reasonable' offer is considered to be a date with a least two weeks' notice.
- Should a patient be unable to accept a date within two weeks, at least one date with at least two weeks' notice will be offered. (See procedure manual section 10.8)

12.4.4 *Diagnostic Appointment DNA*

- Patients who DNA a routine Diagnostic Appointment will be returned to the care of the requesting consultant.
- The consultant will decide whether to request another appointment, with every effort made to book an appointment within 5 weeks of the initial appointment, or whether to discharge the patient back to the care of their GP. (See procedure manual section 10.13)

12.4.5 *Results Reporting*

- Reporting of results must be made available in time to allow progress through all likely stages of the RTT pathway.

12.5 Management of Elective Admissions

12.5.1 *Adding Patients to an Inpatient Waiting List*

- The decision to add patients to the waiting list must be made by the consultant or their designate.
- The patient must have accepted the clinician's advice on elective treatment prior to being added to the waiting list.
- Additions to the waiting list on PAS or Booked Admissions must be made within three days of the decision to admit.
- Patients must not be added if:
 - They are unfit for the procedure;
 - Further investigations are required first;
 - They are not ready for the surgical phase of treatment;
 - They need to lose weight;
 - If they are listed by two specialties at the same time, a clinical decision must be made as to which procedure should take priority. The 18 week pathway for the non-priority procedure will then be closed. When deemed fit following the first procedure, the patient may ring the specialty secretary to be listed for the second procedure, and their 18 week clock will start from the date they make contact. To avoid unnecessary delays to a patient's treatment, if it is likely that the patient will need to be reviewed in clinic before relisting them for the second procedure, every effort will be made to pre-book this outpatient appointment when the decision is made to postpone the procedure. The patient will be sent written confirmation that they have been added to the waiting list.
- The patient's RTT clock stops on the date of admission, provided that treatment occurs during the admitted period. (See procedure manual sections 11.1 and 11.2)

12.5.2 *Use of Planned Waiting List*

- Patients should only be included on the planned waiting lists if there are clinical reasons why the patient cannot have the procedure or treatment until a specified date. (See procedure manual section 11.9)

12.5.3 *Selecting Patients for Admission*

- Clinically urgent patients will be prioritised according to need.
- All routine elective patients must be managed chronologically.
- War pensioners and service personnel injured in conflict must receive priority treatment if the condition is directly attributable to injuries sustained in conflict. (See procedure manual section 11.12)

12.5.4 *Contacting Patients to Arrange a Date for Elective Admission*

- Patient will be contacted by telephone to arrange their admission date and this date will subsequently be confirmed in writing.
- Where patients cannot be contacted, they will be discharged to their GP.

12.5.5 *Reasonable Offer*

- A 'reasonable' offer is a date with at least three weeks' notice.
- Where a patient declines two 'reasonable' offer dates, the patient may be discharged back to the care of their GP due to not being 'ready, willing, and able' to have treatment if clinically appropriate.
- There is provision for patients to request a delay to their admission date if their personal circumstances require this. (See procedure manual section 11.14)

12.5.6 *Patients Medically Unfit for Treatment*

- If after being added to an elective waiting list a patient becomes medically unfit for treatment with a sickness with an expected duration of two weeks or less, the patient will have another admission date agreed and the delay to their treatment will be absorbed into their RTT pathway.
- If after being added to an elective waiting list a patient becomes medically unfit for treatment with a sickness with an expected duration of more than two weeks, the patient will typically be discharged back to the care of their GP and their RTT pathway closed.
- Patients who are discharged due to being medical unfit for treatment can be referred back to the consultant by their GP as soon as they become medically fit again. (See procedure manual section 11.21)

12.5.7 *Elective Admission DNA*

- Patients, with the exception of paediatrics and vulnerable adults, who DNA their date for elective admission will typically be discharged back to their referrer.
- Clinically urgent patients can be offered one further admission date. (See procedure manual section 11.22)

12.5.8 *Cancellations on the Day of Surgery*

- Following a 'last minute cancellation', defined as being on the day of surgery, day of admission, or following admission, patients have the right to be offered a new date for treatment that is within 28 days of the cancellation.
- Where a patient cannot be re-booked within 28 days following a cancellation by the Trust, they will be entitled to have the procedure in the private sector paid for by DCH NHS FT. (See procedure manual section 11.23)

12.5.9 *Tertiary or Inter-provider Referrals*

- A completed RTT Minimum Data Set (MDS) proforma must be sent with all inter-provider transfers. At DCH NHS FT this is called an IPT form. (See procedure manual section 8.16 and 11.3)

13 Approval and ratification

This policy will be approved by the Senior Management Team

Appendix A

EQUALITY IMPACT AND COMPLIANCE ASSESSMENT

1. General

Title of document	Patient Access Policy
Purpose of document	To provide framework for the management of patients referred to DCH NHS FT for elective care, working within the national and local 18 week RTT guidance.
Intended scope	Trust-wide

2. Consultation

Which groups/associations/bodies or individuals were consulted in the formulation of this document?	Access Department, Dorset Clinical Commissioning Group, Department of Health National Guidance
What was the impact of any feedback on the document?	Policy text amended accordingly.
Who was involved in the approval of the final document?	Dorset CCG Senior Management Team
Any other comments to record?	

3. Equality Impact Assessment

Does the document unfairly affect certain staff or groups of staff? If so, please state how this is justified.	No
What measures are proposed to address any inequity?	N/A
Can the document be made available in alternative format or in translation?	Yes

4. Compliance Assessment

Does the document comply with relevant employment legislation? Please specify.	Yes
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5. Document assessed by:

Name	Kerry Aston
Post Title/Position	Head of Cancer and Access Services
Date	January 2017

Appendix B

Privacy Impact Assessment Screening Questionnaire

Project/Policy/Procedure Title: Patient Access Policy

Project Lead: Kerry Aston

Date: January 2017

Assessment Question		Yes	No
1	Does the project/policy/procedure use or suggest new or extra technologies that will have a greater impact on privacy?		X
Comments:			
2	Is the justification for the new data-handling unclear or unpublished?		X
Comments:			
3	Does the project/policy/procedure involve an additional use of existing identifier?		X
Comments:			
4	Does the project/policy/procedure involve use of a new identifier for multiple purposes?		X
Comments:			
5	Does the project/policy/procedure involve new or substantially changed identity authentication requirements?		X
Comments:			
6	Will the project/policy/procedure result in handling of significant amount of new data about each person, or significant change in existing data-holdings?		X
Comments:			
7	Will the project/policy/procedure result in the handling of new data about a significant number of people or a significant change in the population coverage?		X
Comments:			
8	Does the project/policy/procedure involve new linkage of personal data with data in other collections, or significant changes in data linkage?		X
Comments:			
9	Does the project/policy/procedure involve new or changed data collection policies or practices that may be unclear or intrusive?		X
Comments:			

10	Does the project/policy/procedure involve new or changed data quality assurance processes and standards?		X
Comments:			
11	Does the project/policy/procedure involve new or changed data security arrangements?		X
Comments:			
12	Does the project/policy/procedure involve new or changed data access or disclosure arrangements?		X
Comments:			
13	Does the project/policy/procedure involve new or changed data retention arrangements?		X
Comments:			
14	Does the project/policy/procedure involve changing the medium of disclosure for publicly available information in such a way that data becomes more readily available than it was before?		X
Comments:			
15	Will the project give rise to new or changed data-handling that is in any way exempt from legislative privacy protections?		X
Comments:			
Does the project/policy/procedure require further privacy impact assessment?			X

If the project/policy/procedure does not require any further Privacy Impact Assessment, this document should be signed by the Project Lead/Policy Author and relevant Information Asset Owner.

The project/policy/procedure should state that it is exempt from a Privacy Impact Assessment, and this questionnaire should be kept with project/policy/procedure documentation.

No further Privacy Impact Assessment need.	
Signed _____ <i>Project Lead/Policy Author</i>	Date <u>31/01/17</u>
Signed _____ <i>Information Asset Owner</i>	Date <u>31/01/17</u>

Appendix C

Armed Forces Personnel, their Families and Veterans

Armed Forces personnel

Anyone, who is currently serving in the UK Armed Forces.

All Armed Forces Personnel are entitled to priority NHS treatment for any condition which may be related to their service; priority treatment includes: assessment, treatment, aids and appliances for conditions accepted as originating from their service.

- If in their clinical opinion a Medical Officer considers that priority treatment might be appropriate because the condition to which the referral relates is likely to be related to the patient's time in service.
- Medical Officer will refer as with any other patient based upon the patients medical condition (routine / urgent / 2ww). But will include the relevant service history details in the referral letter.
- If secondary care clinicians agree that their condition is likely to be service-related, they are asked to prioritise them over other patients with the same level of clinical need.

Armed Forces Personnel should not be given priority over other patients with more urgent clinical needs.

Veterans

Anyone who has served for at least one day in HM Armed Forces (Regular or Reserve) or Merchant Navy Seafarers and Fishermen who have served in a vessel at a time when it was operated to facilitate military operations by HM Armed Forces. This also includes veterans who do and do not receive a war pension.

All veterans are entitled to priority NHS treatment for any condition which may be related to their service; priority treatment includes: assessment, treatment, aids and appliances for conditions accepted as originating from their service.

- If in their clinical opinion a GP considers that priority treatment might be appropriate because the condition to which the referral relates is likely to be related to the patient's time in service.
- GP will refer as with any other patient e.g. manual / E-referrals based upon the patients medical condition (routine / urgent / 2ww). But will include the veteran details in the referral letter.
- If secondary care clinicians agree that a veteran's condition is likely to be service-related, they are asked to prioritise veterans over other patients with the same level of clinical need.

Veterans should not be given priority over other patients with more urgent clinical needs.

Eligible Family Members of Armed Forces Personnel

Preferential treatment only applies if an eligible family member has already had a treatment plan agreed at another Trust, but has had to relocate due to their partner or parent having to fulfil their military duties.

The MOD has committed itself to ensuring that, if a member of the Armed Forces or their partner is undergoing IVF treatment, they do not move until their cycle of treatment is complete.