

- To: • NHS trust and NHS foundation trust:
- Chief executives
 - Medical directors
 - Regional Directors
 - Regional Medical Directors

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

3 December 2021

Dear colleagues

This letter provides details on the next stages in the deployment of the Clinical Prioritisation Programme to support the ongoing prioritisation of waiting lists, and confirmation on current policy on waiting list management.

Waiting List Management

The Clinical Prioritisation Programme has supported enhanced management of waiting lists, in some cases building on current good practice. We appreciate your ongoing support for the programme which was highlighted in the recent planning guidance.

Alongside support for the Clinical Prioritisation Programme all providers are required to review current waiting list policies in line with corporate governance guidelines, which will include an Internal Audit review. This is to ensure policies and delivery are reflective of current policy. The link to current policy is [here](#) along with an opportunity to link with [good practice](#) developed by the Elective Intensive Support Team.

As part of this review all secondary care providers should ensure that local waiting list policies and management are clear on application of active monitoring. Local policies and management should be explicit that patients included in this category will have a RTT clock stop applied.

The review of policy and management should include relevance to patients who may choose to delay their time of treatment for social or personal circumstances, which will be for a minority of patients.

Update on P5 and D5 codes

The P5 and D5 categories were created to allow patients to defer treatment/investigation due to concerns over COVID-19, ensuring these patients remained on active, visible waiting lists.

As the NHS continues to manage the challenges associated with the COVID-19 pandemic, there is now strong support that services should begin to return to existing referral to treatment (RTT).

The instruction is to remove the P5 and D5 categories from 4 January 2022. To support this transition, all P5 and D5 patients should be rereviewed and allocated the relevant P or D code. The patients' ongoing management will then be determined in line with local access policies and shared decision-making protocols.

Re-review of admitted patients over 104 weeks

Heading into winter pressures, we feel that now more than ever it is imperative that we continue to support patients who have been waiting the longest for treatment. Therefore, all patients who have been waiting 104 weeks or more should now be re-reviewed every 3 months, as a minimum, until they receive treatment or get discharged. This will be subject to ongoing review as the number of patients waiting over 104 weeks reduce.

Remaining P codes

Following agreement from the royal colleges and specialty associations, all other P codes should remain in place and should be reported via the Waiting List Minimum Dataset, which has been in place since April 2021.

There will be an update to the surgical operational guidance which will be published imminently to reaffirm the prioritisation process in detail. This will also offer guidance on the recording of the outcomes of clinical prioritisation.

Further work is ongoing on future use of prioritisation codes, which has been led by royal colleges and FSSA and is now being supported by the London and North West regions.

Non admitted clinical prioritisation

A framework and guidance to support the review of patients on the non admitted/outpatient waiting list is currently being developed with support from key stakeholders including royal colleges, regional teams, systems and providers.

Targeted regional briefings will be taking place throughout December and regions will be provided with an information pack to help inform on the priority areas for the first phase of prioritisation. This follows on from expectations included in the recent 2021/22 planning guidance and a series of events held with regions and other stakeholders to develop these plans.

Regional plans detailing the focus of the first phase will be expected by the end of January 2022. The official framework and guidance will be published shortly after, with the first data submissions expected to begin from March 2022.

Next steps

1. Information packs to be sent out to regional NHSE/I elective leads with information at provider and specialty level of the number of patients currently categorised as P5 and D5.
2. From 4 January 2022 the P5 and D5 codes will not be reportable through the waiting list minimum data set.
3. There is an expectation that trusts will have rereviewed all patients currently in the P5 and D5 category and allocated the relevant P or D code by 4 February 2022.

4. With immediate effect all admitted patients who have been waiting 104 weeks or more should be re-reviewed every three months as a minimum.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Pauline Philip'.

Pauline Philip DBE
National Director of Emergency and Elective Care
NHS England and NHS Improvement