

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

NHS England
Wellington House
133-155 Waterloo Road
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16 August 2022

Dear colleague,

Guidance on delivering the validation of non-admitted (outpatient) waiting lists to support the identification of patients suitable for mutual aid

The validation and review of patients on a non-admitted waiting list is important for the appropriate use of outpatient capacity and provide clean visible waiting lists to ensure timely and orderly access to care.

This process supports the wider ambition to identify patients on non-admitted pathways who may want to have an outpatient consultation at an alternative provider, including virtual consultations.

Further to the letter on 24 May 2022¹, we are asking providers to ensure processes are in place to enable the recording of clinical validation as part of ongoing triage and review practice. For those identified in the categories below, separate processes will need to be put in place where this information has not previously been captured and requires reassessment. Providers are expected to maximise the potential of digital solutions, including the use of technology and AI, in developing plans that support validation and mutual aid. Where possible providers should work within and across systems on these approaches.

The letter referenced validation and data quality checks required to ensure that RTT incomplete non-admitted pathways are correctly recorded and reported. This may include the use of local and national tools to focus on issues and errors and target validation in these areas.

The validation process is a three staged approach, which includes technical, administrative, and clinical validation. Technical validation uses data quality checks to highlight potential pathway recording errors. Administrative validation should be targeted and completed to ensure the correct waiting list category status. Clinical validation is to identify suitability for an alternative provider and appropriate use of virtual consultations.

¹ B1657 - Effective waiting list management to support delivery of our elective ambitions letter

The scope of patients to be included in this process and reviewed for suitability for mutual aid is set out below with delivery timescales:

- Patients on an RTT pathway who are currently waiting **over 78 weeks** and have not yet had a first appointment and do not have one booked within the next 4 weeks (from publication date of this letter) **by 16th September 2022**
- Patients on an RTT pathway who are waiting **over 52 weeks** and have not yet had a first appointment and do not have one booked within the next 4 weeks (from publication date of this letter) **by 25th November 2022**
- **By 3rd February 2023**, patients still on a non-admitted pathway waiting **over 60 weeks** who have had a diagnostic (procedure/test) and awaiting a next activity (and could breach 78 weeks at 31st March 2023)

We are also reviewing whether there are defined cohorts of patients with a higher likelihood of cancer who are on specialty waiting lists, and where a more specific approach to clinical prioritisation may be required. We will contact you when this work concludes. Where routine outpatient capacity is successfully released through the wider validation process any additional capacity should be used for clinical priority areas including two-week wait pathways.

The 104-week mutual aid programme will now be broadened in scope and aligned to the 78 weeks wait challenge using the principles of identifying appropriate cohorts of patients who are clinically appropriate and willing to transfer to an alternative provider, including the use of the independent sector, to expedite their treatment. The programme will continue to be delivered using the escalation process of system to region, and region to national level based on providing patients with treatment closest to home wherever possible. The non-admitted validation programme will also identify those patients who are waiting for a first outpatient appointment who may be want a virtual appointment in the first instance via the mutual aid approach.

There should be an agreement between providers offering mutual aid to include, but not limited to:

- Funding transfers and reimbursement of patients/families
- Patient movement and the transition onto another providers' PTL
- How requests and results are transferred if diagnostics are needed out of a local area
- Next steps if a TCI is the outcome of appointment
- Management and transfer of patient care, pre and post appointment

If systems are unable to transfer patients and have exhausted all options including the use of the independent sector, regions will be expected to facilitate the transfer of patients elsewhere – either within the region or to another region where capacity exists and it is appropriate to do so.

Recording the outcome of the validation process will be included in the waiting list minimum data set (WLMDS) with effect from 1 September 2022. In preparation for this, the WLMDS has been updated to reflect the necessary reporting requirements. We are also talking to regional teams around a September challenge for Trusts and ICSs which will see them undertake further additional intensive effort focused on patients who have waited the longest on the non-admitted RTT waiting list.

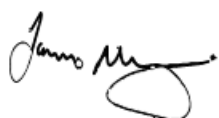
Next Steps

The expectation is that the following measures be put in place to support non-admitted validation:

- **Technical and administrative validation** – to ensure that patients pathway information is correct and complete.
- **Clinical validation and mutual aid identification** – clinical teams to identify if a patient is suitable for mutual aid, with specific reference to suitability for a virtual consultation.
- **Provider** organisation to hold locally an overview of patients identified as suitable for mutual aid, and if appropriate for virtual consultation.

Further advice on validation and prioritisation programme is available [here](#).

Yours sincerely,



Sir James Mackey

National Director of Elective Recovery
NHS England



Pauline Philip DBE

National Director of Emergency and Elective
Care
NHS England