

# Referral to treatment measurement and COVID-19

24 March 2020 Version 1

Outpatient services should be provided virtually whenever possible to progress treatment where face-to-face contact is not required. Where this is not possible, the guidance below provides advice on referral to treatment (RTT) waiting time measurement where patients are not able, or do not wish, to come into a hospital setting, and where appointments are cancelled.

## How should we handle RTT clocks for:

### 1. Patients who are self-isolating for 14 days in response to recent government guidance?

This is covered by the [guidance on patients who are 'temporarily unfit'](#) for treatment. So, if the treatment is cancelled for clinical reasons (which include because the patient is self-isolating and therefore temporarily unavailable for treatment), the RTT clock should continue to tick.

### 2. Groups who are particularly vulnerable to COVID-19 (including those aged over 70 and those in other vulnerable groups) and are asked to stay at home for 12 weeks?

We expect that some patients in these groups will still be advised to come in for appointments/treatment as their condition is urgent and/or sites are available for them to come in safely.

Where patients are advised **not** to come in, it will be appropriate in most circumstances to consider them 'temporarily unfit' for treatment and the RTT clock will therefore continue to tick. This will ensure that they remain on an active RTT waiting list and their waiting times are visible; they can then be prioritised accordingly as the situation changes. It is recognised that this may result in longer than expected waiting times for some patients.

In a limited number of cases, it may be appropriate to agree a review appointment with the patient and start a period of active monitoring. In this case, the RTT clock will stop on the date that the clinical decision to start active monitoring is made and the patient informed of this. Active monitoring must be agreed with the patient, and should not be retrospectively applied to a previous appointment. A new RTT clock will start when a decision to treat is made following a period of active monitoring. It is expected that clock stops for active monitoring will apply to only a few patients as agreeing a date for a follow-up appointment will be difficult in the current circumstances.

Trusts should ensure that they maintain a local record of delays related to COVID-19, to aid good waiting list management and to ensure patients are treated in order of clinical priority.

### **Patients who decline dates because they are fearful about coming into a hospital setting?**

The usual rules on patient choice will apply and the clock should continue to tick. Section 7.1.1 of the guidance on 'duration of patient-initiated delays' may become relevant if patients could come to harm by repeatedly cancelling or failing to attend appointments: [www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf)

### **3. Patients who cancel or do not attend (DNA) because they are fearful about coming into a hospital setting?**

Patients who cancel are covered by Section 4.4.2.1 of the RTT recording and reporting guidance: [www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf))

If a patient cancels, rearranges or postpones their appointment, this has no effect on the RTT clock, which should continue to tick. Patients should not be discharged back to their GP simply because they have cancelled or rearranged appointments; this should always be a clinical decision, based on the individual patient's best clinical interest.

The usual guidance will apply for patients who DNA; see Section 4.4.1.3 of the RTT recording and reporting guidance: [www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf)

If a patient does not attend their first appointment following the initial referral that started their RTT clock, this clock will be nullified (ie removed from the numerator and

denominator for RTT measurement purposes), provided that the provider can demonstrate that the appointment was clearly communicated to the patient.

Patient DNAs at any other point on the RTT pathway will not stop the RTT clock, unless the patient is being discharged back to the care of their GP. The action of discharging the patient will stop the clock provided that:

- the provider can demonstrate that the appointment was clearly communicated to the patient
- discharging the patient is not contrary to their best clinical interests, which may only be determined by a clinician
- discharging the patient is carried out according to local, publicly available, policies on DNAs
- these local policies are clearly defined and specifically protect the clinical interests of vulnerable patients (eg children) and are agreed with clinicians, commissioners, patients and other relevant stakeholders.

If the above criteria are fulfilled, then the RTT clock stops on the date that the patient is discharged back to the care of their GP.

#### **4. Patients who have appointments cancelled because staff are unavailable?**

See Section 4.4.2.2 of the RTT recording and reporting guidance:

[www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf)

If a provider cancels an appointment at any point in the RTT pathway, this has no effect on the RTT waiting time. The RTT clock should continue to tick.

#### **5. Patients who have appointments cancelled because a service has been suspended?**

Where a clinical assessment has been made and considers it is safe to temporarily suspend a service for some patients, the usual rules on provider-initiated cancellations will apply and the RTT waiting time clock should continue to tick.

Section 4.4.2.2 of the RTT recording and reporting guidance gives more detail:

[www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf)

## **Should patients who wish to delay coming in, or who are unavailable to do so, be moved to a planned list?**

Patients should only be moved to a planned list where this is in line with current guidance on planned care:

Planned care means an appointment/procedure or series of appointments/procedures as part of an agreed programme of care which, for clinical reasons, is required to be carried out at a specific time or repeated at a specific frequency.

Delay related to COVID-19 is not a reason to add a patient to a planned list.

See Section 5.1.1 of the RTT recording and reporting guidance for more information:

[www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf](http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf)