University Hospitals of Leicester **NHS**
NHS Trust

Outpatient Clinic Template Management UHL Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

October 2024	- Change Alliance to UHL in the Community (2.1) - Addition of sub-specialty standard templates (3) - Further clarification on Virtual Appointment criteria (3.5) - Change of Title from Operational Optimisation Programme Manager to Head of Transformational Improvement (4.2) - Name of Responsible Committee updated to "Outpatient Transformation Board" (previously known as Outpatient Optimisation Programme Board). - Name of reporting structure updated to Planned Care Partnership Board and Operational Performance Committee (Previously Executive Strategy Board) (4.4) - Amendment to how to request a New Clinic Code via UHL Neurons Self Service Portal in UHL Connect from Insite location (4.9). - Removal of the requirement for Social Distancing in Clinics as no longer applicable. (Previously Section 5.10) - Additional paragraph on clarification on VIR appointments (5.18.2) - Updated role and board title and reporting structure from Outpatient Optimisation Programme Manager to Head of Transformational Improvement, Outpatient Optimisation Board to Outpatient Transformation Board and Planned Care Partnership Board in table for Process of Monitoring Compliance (7) - Amendments to Supporting Reference Table for location of HISS clinic forms, UHL Connect Policy and Guidance Library (9) - Amendments to Access to Outpatient Management Tracker via Qlik (Appendix 8)

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Clinic, administration, capacity, efficiency, utilisation, virtual, video/webcam, telephone

1 INTRODUCTION AND OVERVIEW

1.1 The University Hospitals of Leicester NHS Trust (UHL) is committed to ensuring that patients invited to an outpatient, appointment are assessed by the right clinicians in a suitable environment and in a timely manner. The Trust aims to offer patients a good experience with the right resources to achieve the best service for each patient. One of the requirements supporting achievement of this is for all outpatient capacity to be fully quantified and then used to maximum efficiency. All decisions taken relating to

outpatient clinics and clinic management are done so with in the best interest of patients. This Policy mandates use of a consistent Trust-wide approach for the administration and management of outpatient clinic templates and appointment bookings.

1.2 This document sets out the UHL's Policy and Procedures for the administration of outpatient clinic templates and appointment bookings. Compliance with this approach to manage clinic appointment templates will support analysis of clinic booking utilisation. When unused appointments are proactively and accurately quantified, actions can be taken to use up any potential waste.

1.3 Increased appointment utilisation will improve the patient experience by reducing both the overall wait for an appointment and the number of appointments cancelled by the hospital. The capability to identify potential shortfalls in capacity can be managed so that wait times do not increase.

1.4 Controls on clinic and appointment types used enable informative analysis of outpatient activity and efficiency can be accurately measured.

1.5 Actions to improve efficiency include:

- Clinic templates (booking diaries) managed so that maximum capacity is known and appropriate numbers of new and follow-up patients are accommodated.
- Clinics are being booked up to full capacity.
- Clinics start and finish at the expected time.
- Patients are dealt with by the right person for their condition.
- Patients are reviewed within the most clinically appropriate appointment type, which could be by a face to face, telephone or video/webcam consultation.

1.6 Where an outpatient appointment is clinically necessary, the national benchmark is that at least 25% could be conducted by telephone or video including 60% of all follow-up appointments (NHS England, July 2020). UHL is aiming to exceed this minimum requirement and progress can be monitored via the Outpatient Management Tracker.

2 POLICY SCOPE

2.1 This Policy applies to all staff working within UHL who are involved in outpatient clinic administration and management, including UHL in the Community

2.2 The Policy applies to all clinics administered on the UHL Hospital Information Support System (HISS). This includes UHL activity in peripheral clinics that are physically held at locations other than the main hospital sites. These include satellite renal units, primary care locations and hospitals together with UHL outpatient activity undertaken within private hospital facilities, e.g. Spire and Nuffield

3 DEFINITIONS

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3.1 Clinic Lead

Every clinic code is attributed to a single lead clinician. This may be, for example, a consultant, a junior doctor working on behalf of a consultant, a nurse or other Allied Health Professional (AHP).

At a higher level, every clinic code must be linked to an entry on the HISS "consultant master-file". Clinicians working as independent entities (i.e. with full responsibility for patients) will be listed in this master-file. This list can include consultants (with a specialist registration with the General Medical Council - GMC), locums (where a specialist registration with the GMC is not necessarily in place), nurses, dentists, General Practitioners (GPs) acting as consultants and other AHPs.

Consultants are defined in the master-file by their GMC code. Other clinicians, in the absence of a GMC code, use national default codes e.g. N9999998 for a nurse. A full list of appropriate coding chema and default codes is available in the NHS Data Dictionary

(https://datadictionary.nhs.uk/attributes/consultant_code.html)

3.1.1 Clinic Function Type

Within the set-up of every clinic code recorded on HISS, the Clinic Lead must be clearly defined, e.g. doctor, nurse, technician. This must be recorded accurately to enable analysis. Within the Trust there are a range of Clinic Function Type categories and a single category is assigned to each clinic during set-up. A standard consultant-led clinic will have the function 'DOC' meaning doctor-led. (See Appendix 1 for Clinic Function Types available).

3.1.2 Multi-Disciplinary and Multi-Professional Clinics

These attendances are defined by multiple professionals seeing a patient together, in the same attendance, at the same time. Multi-disciplinary refers to consultants from different main specialties seeing the patient. (See also Glossary of Terms, Appendix 2).

3.1.3 Research Clinics

Research clinics are externally funded e.g. by a drug company and should be excluded from reimbursement via the normal tariff route. These clinics should have a clinic function type of "RSC" assigned, which is the mechanism for them to be excluded.

3.2 New and Follow-up appointments

A first appointment occurs when any consultant or a nurse / other AHP, with their own list of patients, assesses a patient for the first time as an outpatient. Subsequent appointments under the same lead clinician are classed as follow-up appointments.

Where a new referral is received and the patient has no current open outpatient episode with the clinician, a new appointment should be given.

See Appendix 3 for further details on what is classed as a new or follow-up appointment.

3.3 Clinic Appointment Timeslot Types

Within the Trust there are a range of appointment type codes that systematically describe a specific type of appointment. These may be used to subdivide the reporting of activity within a clinic. See Appendix 4 for the current list of available appointment timeslot types.

3.4 Clinic Templates

A clinic template describes the intended diary design of the clinic and be standardised to each sub-specialty ensuring efficacy and efficiency. Each template has the following attributes:

- How frequently the clinic runs (e.g. weekly, daily)
- The start and finish times of the clinic
- How many appointments are available
- What appointment types are available (a mixture of new appointment types can be accommodated within a clinic designated for "new" patients, a mixture of

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follow up appointment types can be accommodated within a clinic designated for "follow up" patients, e.g. face to face, telephone or video/webcam appointment types)

Whether the template is for new or follow-up patients (only if the clinic is not intended to accommodate new referrals booked via e-RS is a mixture of new and follow up patients permitted)

The length of each appointment.

3.5 Virtual Admin Clinics (without the patient)

This type of clinic facilitates activities by clinicians to review the status of a list of patients, in a structured and managed timeframe e.g. test results, with or without the case-notes being necessary and *without the patient* being present.

Where telephone contact is made with a patient and this is done by a care professional (i.e. clinician / nurse) and the conversation may involve provision of test results and an element of ongoing care planning etc, the attendance status should be recorded as Attended by phone/webcam. This upgrades the appointment to a non-face-to-face follow-up attendance. If a non-clinician such as an administrator telephones a patient purely to issue test results, and there is no clinical interaction, this remain as a virtual administrative appointment (Attendance Status is NOT Attended by phone/webcam)

Please note that at a national and local strategic level the term "Virtual appointments" is more generic and can include telephone and video/webcam consultations. In recording our local appointment data, we keep the distinction to understand the detail of our clinic activities.

3.6 Telephone Clinics/Appointments

Specific criteria apply to telephone appointments. Not every telephone conversation between the patient and a clinician can be defined as a telephone appointment. Clinics can be exclusively for telephone appointments, or telephone appointments can be incorporated with face to face or video/webcam appointments within the same clinic code. For activity to be recorded as a telephone/ telemedicine consultation, all the following criteria must apply:

a) The consultation is associated with an existing or new referral

b) The patient is booked into an appropriate telephone slot type

c) The appointment is pre-booked (e.g. agreed with the patient)

d) It directly supports diagnosis and care planning

e) It replaces a face-to-face outpatient attendance

f) A record of the telephone or telemedicine consultation is retained in the patient's case notes.

Exclusions include:
- Text or email messaging
- Telephone contacts solely for informing patients of results.

3.7 Video/Webcam Clinics/Appointments

Clinics can be exclusively for video/webcam appointments, or video/webcam appointments can be incorporated with face to face or telephone appointments within the same clinic code. The following criteria must apply:

a) The consultation is associated with an existing or new referral

b) The patient is booked into an appropriate video/webcam slot type

c) The appointment is pre-booked (e.g. agreed with the patient), with joining instructions being communicated in advance to the patient

d) It directly supports diagnosis and care planning

e) It replaces a face-to-face outpatient attendance. A record of the video/webcam consultation is retained in the patient's case notes

3.8 Clinic Locations

A clinic where face to face attendance is required can take place in almost any location although this is usually an outpatient clinic or ward area. Every clinic must have the correct location identified during set-up and then amended if the location changes. Appointment letters in particular inform the patient where to attend so the location of the clinic must be accurately specified for the clinic timeslot on HISS.

Where patients are seen in their own home, appointment types of 'home visit' should be used (see Appendix 4). This then indicates that the clinic was not actually held on Trust premises.

3.9 NHS e-Referral Service system (e-RS)

All referrals from General Practitioners into elective Consultant-led outpatient services must be made via the NHS e-Referral Service system. e-RS links directly to specific outpatient clinic timeslots in HISS which become visible on e-RS to enable patients to book into a day/time convenient to them (within the limits of when the clinics run).

4 ROLES AND RESPONSIBILITIES

4.1 Executive Lead - Chief Operating Officer

Ensure outpatient resources are used to maximum efficiency through Trust-wide compliance with Policy.

4.2 Head of Transformational Improvement

Accountable to the Executive Lead. Ensure compliance with Policy as per the Policy Monitoring Table. Chair of the Outpatient Transformation Board

4.3 Deputy Head of Performance for Outpatients and Electronic Referral Service (e-RS)

Accountable to the Executive Lead. Supports compliance with Policy.

4.4 Outpatient Transformation Board

Work with Clinical Management Groups (CMGs) to ensure outpatient services are provided as efficiently and cost effectively as possible whilst maintaining quality, optimising the capacity of outpatient services. Review reports and monitor progress monthly. Accountable to the Planned Care Partnership Board and Executive Trust Board Board, via the overarching Operational Performance Committee

4.5 Clinical Management Group (CMG) Managers / Heads of Service

Ensuring compliance with Policy as per the Policy Monitoring Table.

4.6 General Managers

Any (permanent) changes to clinic templates must be authorised at this level (following appropriate consultation with Clinic Lead) (see Appendix 5) to prevent ad hoc adjustments being made, thus ensuring capacity is being understood and appropriately managed / issues addressed. Take responsibility for ongoing monitoring of outpatient appointment booking utilisation, ensuring optimum use of resources.

4.7 Lead Clinician (Clinic Lead)

Agree the number of patients that can reasonably be expected to be assessed within the timeframe of the clinic session, by sub-specialty, so that agreed numbers can be set as the standard clinic template. Keep the General Managers informed of the ad hoc need to cancel/reduce clinics due to unavailability (using local process). Approve overbooking of slots (due to clinical need). For clinics where Consultants have

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supporting medical staff (e.g. Specialist Registrars), agree the number of patients that can reasonably be expected to be assessed by that grade of staff, so that each clinician within a clinic session has their own clinic code and template. The Clinic Lead (and/or their support staff such as secretary) must give prompt and adequate notice of intended unavailability to attend a scheduled clinic, ensuring compliance with the medical staff annual/study leave policy (see section 9 for link to current Policy).

4.8 Service Managers

Responsible for informed and accurate application of this Policy, by all staff involved in outpatient administration and management.

4.9 Admin Team Leaders (or roles with similar title / nominated individuals)

Responsible for adhering to Policy and ensuring staff under their leadership who administer outpatient clinics are suitably informed and trained to enable them to adhere to the Policy. Will ensure that no ad hoc adjustments are made to templates; new and follow-up appointments are categorised correctly and requests for new clinic codes are made in line with this Policy.

(To request new clinic codes use the Self-Service Portal Called UHL Neurons via UHL Connect Home Page

4.10 Clinic Co-ordinators (or roles with similar title)

Responsible for adhering to Policy while administering outpatient clinics. Cancelling clinic slots following approval by the General Manager (and using the appropriate HISS code). Overbooking slots only with the approval of the Clinical Lead. Verbally agreeing appointments with patients if they are to be overbooked and forewarning them of potential in-clinic delays.

4.11 Applications Management ([IBM, IT Managed Business Partner])

Responsible for ensuring consistency in handling requests for new clinic set ups on HISS, or clinic change requests, in line with the Policy.

4.12 IT Training Team

Ensure training and materials are consistent with the Policy.

4.13 Service Manager for Central Outpatients

Supports specialties who utilise the central outpatient departments in clarifying the numbers of face to face appointments that can be accommodated within a clinic template for the time/day that the clinic is scheduled to take place.

5 POLICY STATEMENTS

5.1 Clinic Administration Standard

Every patient who is assessed as an outpatient within the Trust, or a peripheral clinic managed by the Trust, must have their "attendance" data recorded electronically. In order that patients' clinical records are complete and the Trust is able to accurately monitor and report activity; it has an obligation to ensure that no activity is missed. All outpatient activity must be recorded on the Trust's patient administration system: HISS (Hospital Information Support System).

5.2 Outpatient Clinic Planning Principles

5.2.1 Outpatient Modelling Assumptions:

The following assumptions are proposed to inform outpatient clinic optimisation and to standardise processes:
- 42 weeks per annum
- 240 minutes per session
- > 95% booking slot utilisation
- Average length per appointment type:
  – 20 minutes for new patients

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–10 minutes for follow up appointments

–30 minutes for outpatient procedure (in some instances this may be 45 minutes)

–10 minutes for non-face to face

This may be varied in accordance with Royal College guidelines or specific sub-specialty requirements

- 85% clinic room utilisation
- Admin time should be built into clinic session (circa 30 mins) unless specified with consultant Job Plans that this is undertaken outside the clinic session
- Royal College guidelines may be reflected in clinic templates

5.3 Clinic appointment booking utilisation

5.3.1 The target for clinic appointment timeslot booking utilisation is 95% (i.e. appointments with patients booked into them, regardless of whether they attend or not). This takes

last minute patient cancellation into account, where the cancellation is too short notice to fill the appointment timeslot with another patient. To support achieving the utilisation target, a daily update of vacant slots is available to specialty staff. This enables easy identification of slots that can be booked into, providing the clinic is clinically appropriate. The Prospective Clinic Utilisation report is available within the Outpatient Management Tool of Qlik Sense (see Appendix 8 for details of how to gain access).

5.4 Clinic code per responsible clinician

5.4.1 Each clinician with a session must have their own clinic code (e.g. Consultant, Specialist Registrar, junior Doctor, General Practitioner Clinical Assistant (GPCA) etc.). Outpatient nurses/support workers in clinic (e.g. to measure weight, height, take bloods etc.) do not have their own list.

5.5 Keeping clinic templates static and overbooking

5.5.1 Every clinic template should remain static over time. It is then a clear statement of available capacity, which aids the process of efficient service management. Increased demand may then lead to service developments through a managed process and underpinned with accurate capacity assessment.

5.5.2 In practice, this means that appointment timeslots are not added or removed on an ad hoc basis. Where demand for appointments is greater than the capacity of an individual clinic (i.e. it is clinically important that additional patients are seen in a particular session), patients may be seen by overbooking an already booked clinic appointment timeslot. There must be a clear process of authorisation within the CMG for overbooking, with the Clinic Lead giving final authority. Patients being booked into a timeslot that is already allocated to another patient should have their appointment verbally agreed, when the patient can be forewarned of a potential delay in being seen.

5.5.3 The only exceptions to this rule are when it is deemed to be detrimental to the patient to make them wait unnecessarily to be seen in clinic, where another patient is already booked into the same timeslot (i.e. patients attending to be given life-changing news, such as diagnosis with cancer). In such clinics the templates must also be reviewed to ensure all potential capacity is being made available with realistic templates and timeslots.

5.5.4 All new clinics should be set up with the ability to allow overbooking (except where resources, such as equipment, are limited and not conducive to overbooking).

5.5.5 Patients should only be overbooked onto a clinic when there is a clinical need to see patients on a clinic that is already full. Consideration must be given to the number of patients booked into the same appointment timeslot. All patients will be scheduled to attend at a realistic time to avoid several patients attending simultaneously for an individual appointment time and then having to wait. Ideally overbookings should be towards the end of a clinic. If overbookings happen at the beginning of the clinic, there is an expectation that overbooked patients will have been seen and left the clinic prior to the scheduled clinic start time, such that there is minimal knock-on effect on other

patients attending at their scheduled time. When patients are overbooked into clinics, they should be verbally advised, at the point of agreeing their appointment, that they are likely to have to wait while other scheduled patients are seen. (An exception to this will be group clinics.)

5.6 Reviewing the template

5.6.1 Although every service will enforce a static template position, there will be times when availability of clinicians' changes (e.g. extended leave, resignations etc). Demand for services in the form of primary care referrals may also significantly rise or fall. Frequent over or under booking of a clinic should initiate a formal review of capacity requirements, with a view to template amendment.

5.6.2 The process for amending clinic templates must be closely managed with clear accountability defined. This includes General Managers ensuring that clinic capacity is

being used to maximise efficiency, and that clinicians are working within realistic clinic templates. A local specialty/CMG process for discussing permanent clinic template changes must be documented and shared with specialty staff to support adherence to this Policy. The approval process should have both clinical and managerial involvement.

5.6.3 The reviewing of clinic templates should be triggered by fluctuation in clinic utilisation (seen by reviewing the Outpatient Management Tracker, available within Qlik Sense) or frequent ad hoc requests to alter the template. Template review should be initiated by the General Manager and completed in conjunction with the Clinic Lead.

5.7 Separation of New and Follow-up appointments into separate clinic codes

5.7.1 Clinics with appointments released to the NHS e-Referral Service system (e-RS) must accommodate exclusively new patients, i.e. follow up appointments must not be mixed in with new appointments as this may reduce the number of appointments released to e-RS. A mixture of e-RS appointment slot types are permissible within a single new clinic code, i.e. face to face, telephone or video/webcam.

5.7.2 For other clinics it is more acceptable to allow a mix of new and follow-up appointments. Flexing between new and follow-up in these circumstances will maximise use of capacity. Clinics where an appointment type mix is appropriate will include the following examples: treatment clinics; clinics accommodating consultant-to-consultant referrals; clinics seeing patients following an inpatient stay.

5.8 Cancelling appointment timeslots on a clinic

5.8.1 Individual appointment timeslots within a clinic may only be taken out of use by cancelling each individually, e.g. the first 2 appointment timeslots in a clinic being cancelled due to clinician being on a scheduled ward round following being on-call. This cancellation must be coded to indicate the reason for cancellation. (See Appendix 6 for the current list of valid timeslot cancellation codes.) This will enable analysis of reasons for cancellation.

5.8.2 Where entire clinics or individual timeslots need to be cancelled that already have patients booked into them, adherence to the Access Policy for Elective Patient Care (B3/2004) is required to ensure clinical risk to patients is minimised, e.g. not cancelling patients multiple times and/or re-booking patients beyond a time that is deemed clinically appropriate for their condition.

5.9 Changing appointment types to cope with demand

5.9.1 Where appointment types within a clinic need altering on an ad hoc basis, this will be managed within the "frozen" template, e.g. a follow up appointment is replaced with a new appointment. This scenario would be managed by cancelling a follow up appointment (using an appropriate timeslot cancellation reason (Appendix 6) and overbooking an existing new appointment time. This will enable flexibility in appointment types that is required to cope with demand.

5.10 "Either/Or" appointments

5.10.1 To allow flexibility, some appointment times are set up to be used for a variety of appointment types, e.g. new, follow up, ward follow up, with the appointment length

being the same amount of time, regardless of its use. This includes slots being enabled for use by e-RS or to accommodate a non-e-RS booking, e.g. one slot can be defined for use as NR or CBR (see Appendix 4). Please also see 5.7.1.

5.11   Waiting list initiative clinics / Additional ad hoc clinics

5.11.1 Where additional temporary capacity needs to be created in the form of waiting list initiative clinics (where additional funding is available) or ad hoc clinics (where no additional funding is available). The clinic code allocated to these clinics must be different to the routine clinic code, and indicate the type of clinic, e.g. contain *"WLI"* or *"AH"* within the code. This will enable analysis of additional capacity. Not every WLI or AH clinic needs a new code. Once WLI or AH codes are created for a Clinic Lead, they can be used every time that Clinician performs a WLI or AH clinic.

5.12   Routine clinic on different day

5.12.1 Where a routine clinic has to be moved to a different day/time, the clinic code should remain the same. This will enable analysis of all routine scheduled capacity.

5.13   Patients who need a longer appointment length

5.13.1 Patients who require an appointment that is longer than the scheduled length must be managed by selecting an appointment time for the patient to arrive, but extending the appointment over multiple appointments timeslots. This will result in one appointment being booked, but it will span over multiple appointment times (so that the appointments cannot be used for other patients). If the patient subsequently cancels, all appointments become available for re-booking.

5.13.2 Patients who will leave after a clinic appointment and are required to return later in the day for a subsequent visit (to the same clinic) may have two separate appointments booked for administrative management.

5.14   Managing clinics moving to a different UHL site

5.14.1 Changes of location (i.e. service moving from LRI to LGH) need careful planning in advance. It is good practice to create a new clinic code for the new site, set up from the date that the transfer is due to take place and setting an "end date" of the existing clinic code. Any future patients booked within the existing clinic code will need to be re-booked into the new clinic code, at a date and time as near to the original appointment as possible, and the patient informed, giving reasonable notice of the location change. Please see appendix 9 for more information on options.

5.14.2 Where permanent changes of location are planned, consideration must be given to site-specific services within the e-RS system, that link to clinics that are due to move. New services must be set up on e-RS for the required location, which need to be linked to the new clinic code to ensure patients referred via e-RS are booked into the correct clinic code at the new hospital site. The creation of new e-RS service can only be done by the e-RS Team so early contact with them is advised, so that all the changes are in place ready for when the service moves site.

5.15   Appointment Reminders

5.15.1 Outpatient clinics should be set up for automatic text message reminders (except Virtual clinics). Where it is deemed inappropriate for patients to receive text reminders, this can

be managed locally by opting out of reminders at clinic code level. To enable the relevant text message content to be sent, the patient must be booked into the correct slot type – i.e. a video/webcam / telephone / face-to-face

5.15.2 Reminders by letter may also be sent.

5.16   Appointment availability on NHS e-Referral Service system (e-RS)

5.16.1 e-RS enables new appointments to be booked at the convenience of the patient. The Trust is contractually obligated to ensure there is sufficient capacity and appointments available on e-RS for bookings to be made. All appointment capacity for GP referrals must be made available to e-RS through the process of "tagging" to the relevant e-RS

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service.

5.17   HISS access for Clinic Management

5.17.1 Access to clinic management functions will be controlled as follows:

5.17.2 HISS Function "Doctor Template (DT)" – which enables management of the standard clinic template, will be given to Admin Team Leaders (or nominated individuals) only, for authorised adjustments to the clinic template.

5.17.3 HISS Function"Maintain Session (MS)" – which enables appointment timeslots to be added / reduced (thus changing the number of patients within the template on a clinic by clinic basis) will only be retained by a small number of staff identified by the Admin Team Leaders (or similar role/nominated individuals) as this function is also necessary to enable ad hoc clinics to be set up and appointment types to be altered.

5.17.4 HISS Function "Cancel Timeslot (CNT)" – which allows appointment times to be cancelled (blocked), will need to be allocated to booking staff to be able to cancel timeslots that are not to be booked into, using an appropriate cancellation reason (see Appendix 6).

5.18   Virtual admin clinics

5.18.1 Virtual clinics enable review of a patient's case-notes and/or test results without the need for the patient to be present. A decision can be made as to whether the patient needs to return for a further appointment/test/procedure or can be discharged. Virtual clinics will be set up for specific dates and it is important that actions associated with these clinics occur on the day or within 24 hours. A local procedure must be in place to ensure that vital information is collected within 24 hours i.e.

- Were case-notes and/or test results reviewed? 'Attendance Status' must be completed:
    - Attended – the review took place as intended
    - Cancelled – the review was postponed

- What was the outcome and RTT Status?

- Does a waiting list slip need completing?

- Do requests for further tests need to be raised?

-

5.18.2 Attributes of the setup for a Virtual Clinic

- Clinic code should have the prefix of "*VIR*"

- There will be no patient appointment letters or text message reminders sent as there is no requirement to inform the patient of these appointments.

- Only VIR appointments where the patient is contacted by a care professional to progress care planning (see 3.5) are classed as non-face-face attendances. Otherwise the virtual appointment is an administrative activity only and excluded from activity counts and commissioning data.

5.19   Telephone clinics

5.19.1 Where a clinic is expected to run exclusively made up of telephone appointment slot types, it is good practice to identify the clinic as being a specific "Telephone clinic".

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5.19.2 For a telephone appointment a local procedure must be in place to ensure that vital information is collected within 24 hours i.e.

- 'Attendance Status' must be completed:
    - o Attended – the telephone call took place as intended
        - ▪ DNAs must be recorded in line with the process set out in the UHL Access Policy for Elective Care
    - o Cancelled – the call was postponed/rebooked (patient informed as necessary) What was the outcome and RTT Status?

- Does a waiting list slip need completing?

- Do requests for further tests need to be raised?

5.19.3 The appointment should be by prior arrangement with the patient so applicable appointment letter types should be assigned to a telephone clinic.

5.19.4 Attributes of the setup for a Telephone Clinic

- Clinic code should have the prefix of "*TEL"*

    Appointment types in use: *TLN* (New appointment), *CTU* (e-RS new urgent), *CTR* (e-RS new routine) *TLF* (follow-up telephone appointment)

5.20 Multi-Disciplinary Team (MDT) and Multi-Professional Team (MPT) Clinics

5.20.1 It is not expected that every clinician within an MDT or MPT clinic has their own clinic list, since patients will see multiple clinicians at the same time. A pragmatic approach is required to ensure that locally there is an understanding of capacity, which can be reported in an appropriate level of detail.

This Policy is supported by the following processes:

Procedure / Process / Standard	Appendix
Process for: (1) Agreeing Template (2) Ad hoc Cancellation of Clinic/Timeslots (3) Overbooking of Timeslots	5

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 CMGs will be responsible for adherence to this Policy which will be supported by the Outpatient Optimisation Programme Team. All training will be provided via standard HISS Training which can be booked using HELM (Health Education Learning Management).

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Element to be monitored	Lead	Tool	Frequency	Reporting arrangements
Outpatient resources are used to maximum efficiency.	Head of Transformational Improvement	Outpatients Management Tracker, (available on Qlik Sense), which captures booking slot utilisation, DNA rates, new to follow up ratios, cancellations, analysis of appointment slot types (attended and future), and vacant slots.	Monthly	Outpatient Transformation Board , which is accountable to The Planned Care Partnership Board and Executive Trust Board via the Operational Performance Committee
Templates are only updated through a local managed process, and remain static. Documented operational process for authorisation of template changes.	CMG Manager	Local records of authorised template changes. Outpatient Management Tracker (number of available appointments should be static unless authorisation to make permanent change)	Ad hoc	CMG management meetings
Maximisation of clinic booking slot utilisation (95%+)	General Managers	Review of Outpatient Management Tracker (within the Tracker there is a section called "Prospective Clinic Utilisation" available to Clinic Co-ordinators to support effective booking by identifying vacant slots)	Monthly	Escalation to Head of Service as necessary
Individual clinic templates per clinician	General Managers	Review of Outpatient Management Tracker	Monthly	Escalation to Head of Service as necessary
New and Follow Up patients being correctly recorded	General Managers / Team Leaders (or similar role)	Review of Outpatient Management Tracker		Clerical team meetings

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8   EQUALITY IMPACT ASSESSMENT

8.1   The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2   As part of its development, this Policy and its impact on equality have been reviewed and no detriment was identified.

9   SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

NHS Data dictionary https://datadictionary.nhs.uk/about/about.html

HISS Clinic forms found at UHL Neurons via UHL Connect Home Page and HISS Training (via HELM)

The current version of the below polices can be found on UHL Connect in the UHL Policies and Guidelines Library

Access Policy for Elective Patient Care B3/2004

Senior Medical Staff Annual Leave Policy (Trust reference B35/2004) Senior Medical Staff Annual Leave Policy

Senior Medical Staff Study Leave Policy (Trust reference B67/2008) Senior Medical Staff Study Leave Policy

10   PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

The current version of this Policy will be held in UHL Polices and Guidelines Library on UHL Connect and available to all staff via Sharepoint.

The Policy will be reviewed every 3 years or during the intervening period if national or local requirements change.

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Code	Clinic Lead	Explanation
DET	Dietetics only	Consultation with dietician only.
DOC	Doctor	Either a consultant or other doctor (on behalf of a consultant) where a doctor is responsible for attendances/treatments.
HYG	Hygienist only	Dental Hygienist only – treatment and advice relating to oral health.
NUR	Nurse	Clinics that are specifically nurse-led i.e. patients are not expected to see a doctor, but may occasionally do so by exception at the request of the nurse. Includes nurse specialists, nurse consultants and any other nurse giving treatment or advice.
MDT	Multi-disciplinary	Consultants from different Main Specialties see the patients at the same time (Excludes clinics where a consultant acts in an advisory capacity only)
MPT	Multi-professional	Varying combinations of Physiotherapist, Occupational Therapies, Psychologist, CNS and Consultant(s) from the same Main Specialty. (Excludes clinics where the consultant acts in an advisory capacity only)
OPT	Optometrists only	e.g. investigation, diagnosis and treatment for defects / abnormalities of eye focus.
ORP	Orthoptist only	e.g. investigation, diagnosis and treatment for defects / abnormalities of eye movement.
ORT	Orthotist only	e.g. provision of splints, braces and special footwear etc.
OT	Occupational Therapist only	Occupational Therapy only activity. This activity will normally not be collected on HISS.
PHL	Phlebotomist	A clinic set up purely for managing requested blood tests
PHM	Pharmacist only	Advice/review regarding medication by a pharmacist.
PHY	Physiotherapist only	Physiotherapy only outpatient clinic activity.
POD	Podiatrist only	Chiropodists / Podiatrists diagnosing and treating abnormalities of the lower limb. e.g. patients with diabetes.
PRO	Prosthetics only	Advice/fitting of prostheses only.
RAD	Radiographer	e.g. for radiotherapy review, radiographic imaging EXCLUDING Radiologist (recorded as DOCTOR).
RSC	Research Clinic	Clinic funded for research and excluded from normal tariff
SON	Sonographer only	Medical ultrasound e.g. obstetrics.
SP	Speech Therapist only	Assessment, treatment of speech, language and communication, eating and swallowing problems.
TEC	Technician only	e.g. for Graft Surveillance (vascular), Visual field testing (ophthalmology), Sleep Lab (Sleep Studies).
TEL	Telemedicine clinic	Patients do not physically see a clinician but receive guidance or advise over the phone.
VIR	Virtual clinic	Administrative session only i.e. patient not present/aware.

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Term	Description
Appointment	An appointment is a diary timeslot into which a patient is booked, whether or not they attend.
Attendance	An attendance is when a patient arrives for an appointment and is seen.
Cancelled appointment	This is an appointment that was booked but is subsequently taken out of use, e.g. ad hoc reduction in timeslots due to clashing clinical commitments such as attending a ward round following being on-call.
Clinic Code	This is the code on HISS assigned to a clinic session. Each code relates to a series of clinic sessions under the same lead clinician, whether they are held regularly or on an ad hoc basis.
Consultant Outpatient Clinic	A consultant outpatient clinic is an administrative arrangement enabling patients to be assessed by a consultant, his/her staff and associated health professionals. The holding of a clinic provides the opportunity for consultation, investigation and treatment and patients normally "attend" by prior appointment A consultant is in overall charge, although does not need to be present on all occasions that the clinic is held (in which case a member of the consultant's firm, or locum for such a member, must be present). A clinic may be run by a GP acting as consultant.
DNA (Did Not Attend)	A DNA is recorded when the patient fails to attend for an appointment and gives no warning that they will not be attending.
HISS	HISS is the Trust's main Patient Administration System. HISS stands for 'Hospital Information Support System' and has a text-based user interface. PatientCentre is the same system but with a windows user interface. It is from these systems that core data is reported within the Trust and commissioning data is transmitted to the Commissioners.
Multi-Disciplinary Team (MDT) Clinic And Multi-Professional Team (MPT) Clinic	This involves a consultant conducting an outpatient clinic jointly with one or more other consultants (MDT) or other care professionals (MPT). A patient attending such a clinic would see two or more care professionals at the same time (excluding consultants acting only in an advisory capacity). This only applies to outpatient clinics that are consultant clinics (e.g. not applicable to nurse-led clinics). When a consultant conducts an outpatient clinic jointly with another health care professional the activity is still attributed to a 'lead' consultant,. A clinic should not be recorded as an MDT clinic if • 2 or more consultants hold clinics at the same location and time specifically in order to allow patients to go from one consultant to another, even if they share a single list of patients. • 2 or more consultants manage a clinic on rotation, but only one of them is present for a session. These are separate consultant clinics.
NHS E-Referral Service system (previously known as Choose and Book)	This is national application that allows GPs, their practice staff or patients to book directly into certain outpatient clinic appointments within the Trust.
Nurse-led clinic	A Nurse-led clinic is an administrative arrangement enabling patients to be assessed by a nurse for, treatment, advice and/or counselling. These sessions are characterised as follows: • Nurses have their own list of patients to review

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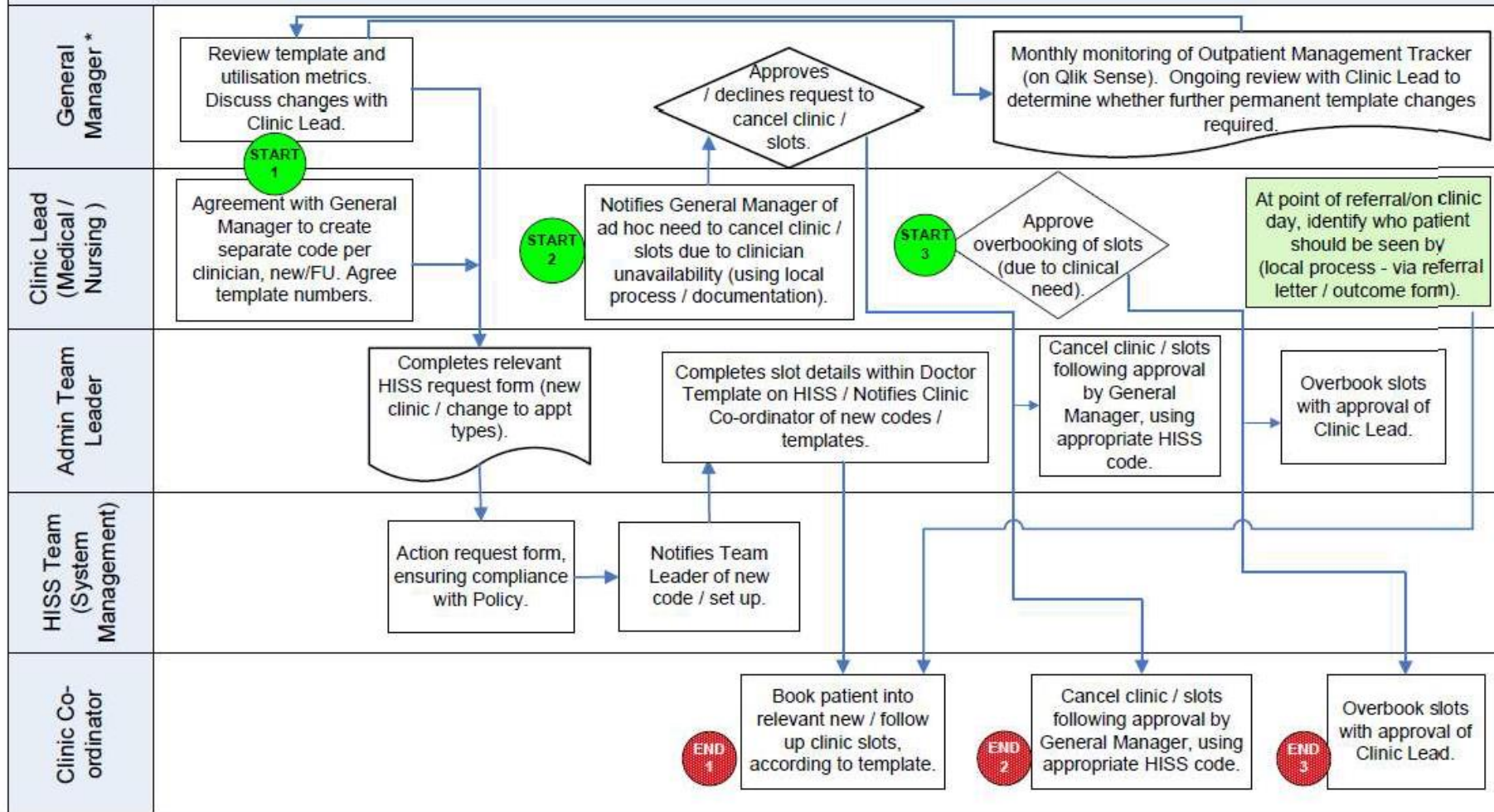
	• Patients are not expected to see a doctor • Patients have appointment times (or approximate) • The location is on a hospital site (unless telephone or video/webcam) Occasionally an assessment of a patient may take place by a Nurse whilst the patient is still admitted in the context of a Nurse-led clinic. This activity should be recorded as a Ward Attendance. Specialty staff should ensure that nurse-led clinics have been identified as such during clinic set-up on the HISS. Internal values within the HISS will indicate various types of 'clinic' for information reporting e.g. run by nurse, dietician etc.
Outpatient Attendance	A patient is seen in an outpatient setting, or is assessed by telephone or video/webcam (e.g. by a consultant/nurse). A consultant outpatient attendance also occurs when a consultant sees an admitted patient from a different specialty where there is no transfer of responsibility for the care of the patient. For example a patient admitted under general surgery having a consultation with an oncologist.
Outpatient Episode	An outpatient episode starts when a referral for a patient, to be seen in an outpatient (non-admitted) setting is received. Every referral to a consultant, must be registered on HISS to initiate a new outpatient episode. An episode ends when the patient is not given a further outpatient appointment (e.g. discharged) or has not attended for six months with no forthcoming appointment.
Referral to Treatment (RTT)	RTT is the journey which a patient follows from referral to treatment. The NHS Constitution states that there is a maximum waiting time of 18 weeks.
Telephone Clinic	An outpatient consultation in which the patient participates remotely e.g. via the telephone.
Virtual clinic	Virtual clinics are used for clinical review of patient case-notes and/or test results to decide on next steps in the care pathway e.g. whether to invite patients back for follow-up or to discharge. The patient is not present.
Ward attendance	An attendance at a ward by a patient, where the patient is not currently admitted. This should be recorded as Doctor or Nurse-led for each attendance, together with whether it is a first or follow-up visit. Data must be collected on HISS either by (i) having a 'Ward Attender clinic' set up (as for outpatients) to book appointments and record attendances, or (ii) by recording each visit separately as a 'Ward Attender'. Ward Attenders are classified as outpatient activity.
Vacant Slot Report	Details of empty appointment slots that are available for use can be identified within the Prospective Clinic Utilisation section of the Outpatient Management Tracker, available on Qlik Sense.

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Outpatient New and Follow-up appointment categories	University Hospitals of Leicester NHS NHS Trust APPENDIX 3	
Scenario	Circumstances in which this is classed as a ***New appointment***	Circumstances in which this is classed as a ***Follow-up appointment***
1 1st appointment following referral from GP 2 1st appointment following • initial screening (i.e. Breast Screening / Retinal Screening) • initial endoscopy • attendance in Eye Casualty • attendance in Emergency Dept 3 1st appointment in nurse-led clinic	Patient has no outpatient episode open for this consultant or clinician at UHL	There is an existing outpatient episode open for this consultant or clinician at UHL
4 Appointment after elective inpatient stay (via waiting list) 5 Appointment after emergency inpatient stay 6 Patients who have been seen in a hospital outside of UHL (i.e. Community hospital / Lincolnshire etc) and require pre-assessment at UHL 7 Referral from one Consultant to another Consultant	Patient has no current outpatient episode open for the same consultant at UHL	Patient has a current outpatient episode open for the same consultant at UHL
8 Ward Attenders 9 Referral following Multi-disciplinary clinics (MDT clinics)	Patient has no outpatient episode open for this consultant/clinician.	There is an existing outpatient episode open for this consultant/clinician.
10 Further appointment for on-going care 11 An appointment with the same consultant but in a specialised clinic (i.e. different sub-specialty) 12 Virtual Clinic following tests	N/A	To be booked on current outpatient episode open for the same consultant
13 Patients who have been seen at one UHL site and require a further appointment at another UHL site with the same Consultant	N/A	Start a new episode at the receiving site if necessary

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NEW appointment types	Definition	*FOLLOW UP appointment types*	Definition
NR New Routine	New routine appointment	**FU** Follow Up	Follow-up appointment
NU New Urgent	New urgent appointment	**FUU** Follow-up Urgent	Follow-up urgent appointment
WN New ward discharge	Post IP stay where there is no current outpatient episode with this consultant.	**WF2** Ward F/U	Post IP stay where this is a current outpatient episode with this consultant open.
NX New special	Specialty specific use for new patients	**FX** Follow Up Special	Specialty specific use for follow-up patients
NC New Cancer	2WW or other new cancer	**FC** Follow up cancer	Follow-up cancer appointment
BP1 Biopsy New Patient	New appointment that includes a biopsy	**BP2** Biopsy Follow Up	Follow-up appointment that includes a biopsy
PO1 Pre-op New	New appt that is also a pre-op assessment.	**PO2** Pre-op FU	Follow-up appt that is also a pre-op assessment.
HV1 Home Visit New	New appointment taking place in patient's home	**HV2** Home Visit FU	Follow-up appointment in patient's home
FT1 Fast Track New	Specialty specific use – can include 2WW.	**LT2** Long Term F/U	Long term bookings – e.g reserve for partial booking
XRN AR on arrival	New patients (X-ray required on arrival)	**WA** Ward Attender	Ward attendance within a clinic list
TLN Telephone New	Telephone appointment new	**TLF** Telephone Follow-up	Telephone appointment follow up
WCN Webcam	Webcam/video new	**WCF** webcam	Webcam/video FU
VV Varicose Veins	New routine or urgent varicose veins	**VIR** Virtual clinic attendance	Admin timeslot only within a Virtual clinic.
XRN	X-ray on arrival	**XR**	X-ray follow up
CBR Choose and Book Routine	e-RS Routine (face to face)	**DD** Detailed Doppler	For use in the Obstetrics to manage antenatal scans.
CBU Choose and Book Urgent	e-RS Urgent (face to face)	**SON/SOF** Scan Only New/FU	
CTR Choose and Book Telephone	e-RS Routine (telephone)	**IN** Ultra Sound Infertility	
CTU Choose and Book Telephone	e-RS Urgent (telephone)	**SCL** Scan and Clinic	
CWR Choose and Book Video	e-RS Routine (video/webcam)	**DS** Ultra Sound Mat Detail	
CWU Choose and Book Video	e-RS Urgent (video/webcam)	**HCS** Health Care Scans	
		BS Booking Scans	
		HS Mat. Heart Ultrasound	
		EPU/F Ultra Sound Early Pregnancy	
		NTN/NTF Nuchal Trans Scan New/FU	

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Outpatient Clinic Template and Slot Management

Appendix 5

Process for: (1) Agreeing Template (2) Ad Hoc Cancellation of Clinic / Slots (3) Overbooking of slots

General Manager *

- Review template and utilisation metrics. Discuss changes with Clinic Lead. **(START 1)**
- Approves / declines request to cancel clinic / slots. (Decision)
- Monthly monitoring of Outpatient Management Tracker (on Qlik Sense). Ongoing review with Clinic Lead to determine whether further permanent template changes required.

Clinic Lead (Medical / Nursing)

- Agreement with General Manager to create separate code per clinician, new/FU. Agree template numbers.
- **(START 2)** Notifies General Manager of ad hoc need to cancel clinic / slots due to clinician unavailability (using local process / documentation).
- **(START 3)** Approve overbooking of slots (due to clinical need). (Decision)
- At point of referral/on clinic day, identify who patient should be seen by (local process - via referral letter / outcome form).

Admin Team Leader

- Completes relevant HISS request form (new clinic / change to appt types). (Document)
- Completes slot details within Doctor Template on HISS / Notifies Clinic Co-ordinator of new codes / templates.
- Cancel clinic / slots following approval by General Manager, using appropriate HISS code.
- Overbook slots with approval of Clinic Lead.

HISS Team (System Management)

- Action request form, ensuring compliance with Policy.
- Notifies Team Leader of new code / set up.

Clinic Co-ordinator

- Book patient into relevant new / follow up clinic slots, according to template. **(END 1)**
- Cancel clinic / slots following approval by General Manager, using appropriate HISS code. **(END 2)**
- Overbook slots with approval of Clinic Lead. **(END 3)**

Process | Decision | Document

* General Manager may work alongside Head of Service and / or Service Manager.

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	HISS Code	Description / Text	Correct Use
APPOINTMENT CANCELLATIONS	HA1	HOSP - CLINICIAN ANNUAL LEAVE	Responsible clinician has planned annual leave
	HA2	HOSP - CLINICIAN SICK LEAVE	Responsible clinician has planned/known sick leave
	HA3	HOSP - CLINICIAN OTHER LEAVE	Responsible clinician has other leave e.g. maternity, compassionate
	HA4	HOSP - CLINICIAN STUDY LEAVE	Responsible clinician has planned study leave
	HA5	HOSP - CONS OTHER REASON	Consultant not available other reason - use when no other code applies - add comment
	HA6	BRING FORWARD CLINICAL DECIS'N	Clinical decision to bring forward the patient's appointment
	HA7	HOSP - BANK HOLIDAY	Booked in error on Bank Holiday
	HA8	HOSP - DOCTORS EXAMS	Doctors Exams
	HB1	HOSP - CLINICIAN WARD ROUND	Responsible clinician will be unavailable due to ward round commitment
	HB2	HOSP - CLINICIAN IN THEATRE	Responsible clinician is scheduled to be in theatre
	HB3	HOSP - CLINICIAN ON CALL	Responsible clinician will be unavailable due to on-call commitment
	HB4	HOSP - CLINICIAN NOT IN POST	Use for clinician vacancies
	HB5	HOSP – CLINICIAN IN MEETING	Use for planned meetings
	HC1	HOSP - LACK OF SUPPORT STAFF	Support staff in clinic will be unavailable
	HC2	HOSP - AWAITING RESULTS / REPORT	Test not done / results not available
	HC4	HOSP - CASENOTES NOT AVAILABLE	No case-notes available
	HC5	HOSP - TRANS TO OTHER TRUST	Patient to be seen at other hospital
	HC6	HOSP - STRIKE ACTION	Industrial action affecting the clinic
	HC7	HOSP - SEE AT OTHER UHL SITE	Patient to be seen at other site (LRI, LGH, GH)
	HC8	HOSP - EQUIPMENT FAILURE	Cancellation due to any equipment failure
	HC9	HOSP – EQUIPMENT UNAVAILABLE	Cancellation due to equipment being unavailable
	HC10	HOSP – AMBULANCE ISSUE	Cancellation due to ambulance transport issue
	HF1	HOSP - SLIGHT TIME/CODE AMENDT	Minor changes to time (<10 minutes) or clinic that do not require communication to the patient
	HF2	HOSP - PRIORITY CHANGE	Patient priority has changed
	HF4	HOSP - RE-BOOK OUTSIDE CAB	ERS ONLY: Re-book outside of ERS

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HF5	HOSP - UNREASONBLE OFFER TO PT	The date was offered at short notice and declined by the patient
HF8	HOSP - REDIRECT OTHER REASON	Redirecting a referral (reason not specified)
HL1	HOSP - ADD REQ UNAVAIL APPT	Additional requirements are not available at this appt e.g. interpreter
HL2	HOSP - ADD REQ NOT AT LOCATION	Due to additional requirements the patient should be seen at diff site or provider
HL4	HOSP - NOT ELIGIBLE ADD REQ	The patient is not eligible for additional requirements provided e.g. transport
HL5	HOSP - INAPPROPRIATE PRIORITY	Cancellation due to the initial priority being inappropriate.
HL7	HOSP - CLINIC CANCELLED	Clinic cancelled - use other more specific description if possible
HL8	HOSP - SLOT CANCELLED	Slot cancelled - use other more specific description if possible
HL9	HOSP - CLINIC OVERRUN	Patients not seen on clinic due to capacity, and need urgent rebooking
HL10	HOSP - CONS OTHER REASON	Where other specific code is not suitable
COVH	HOSP – CORONAVIRUS	Cancellation as a result of the Caronavirus pandemic
PA1	PT - PARTIAL BKG 1ST OFFER REF	Recording earliest reasonable appointment offered that the patient turns down
PA2	PT - PATIENT UNWELL	Cancellation due to the patient being unwell (Note: separate code for Swine Flu)
PA4	PT - PATIENT ON HOLIDAY	Patient cancel due to holiday
PA5	PT - WANTS TO DELAY	Patient cancel for social reasons - work commitments etc
PA6	PT – BRING FORWARD	Patient cancellation and appointment brought forwards
PA7	PT - INTEND TO GO PRIVATE	Patient no longer wants NHS appointment
PA8	PT - DOMESTIC/SOCIAL REASON	Patient cancel for social/domestic reasons
PA9	PT – REQUEST DIFFERENT TIME	Patient cancellation due to time change
COVP	PT – CORONAVIRUS CONCERNS	Patient unwilling to attend due to Caronavirus concern
PC5	PT - GP CANCELLATION	GP request to alter or bring forward appointment
PC6	PT - OTHER REASON	Patient cancellation for reason not specifically listed - always add comments to explain
PD	PT - MATERNITY PT DELIVERED	Maternity patient delivered - appointment no longer required.
GU1	PATIENT DIED	Appointment cancelled due to patient death
GU2	TREATMT NO LONGER REQ	Patient has become well or will be treated elsewhere
GU4	FURTHER INFO REQUIRED	Referral rejected by consultant or no referral letter received
GU5	REF REJECTED BY CONS	Referral to wrong specialty/service e.g. low value treatment policy
GU7	APPT NOT REQUIRED	Referral rejected or an appointment is not required
GU8	PRE-REQUISITES	Further information required e.g. BMI

		INCOMPLETE	
	DIED	LD PATIENTS DEATH SYS DEF	Patient death recorded on HISS/PatientCentre
	TSDL	Timeslot Deleted (Sys def)	<System use only>
	X01	HOSP - HISS TEAM USE ONLY	Admin changes only - e.g. renaming of clinic and pts transferred from old to new
	Other X codes…. For cancellations incoming from Electronic Referral System (ERS) only		
MUST BE USED for cancellation of empty clinic SLOTS	**SL01**	SLOT – CLINICIAN ANNUAL LEAVE	Responsible clinician has planned annual leave
	SL02	SLOT - CLINICIAN STUDY LEAVE	Responsible clinician has planned study leave
	SL03	SLOT - CLINICIAN SICK LEAVE	Responsible clinician has planned/known sick leave
	SL04	SLOT - CLINICIAN OTHER LEAVE	Responsible clinician has other leave e.g. maternity, compassionate etc.
	SL05	SLOT - CLINICIAN ON CALL	Responsible clinician will be unavailable due to on-call commitment
	SL06	SLOT - CLINICIAN WARD ROUND	Responsible clinician will be unavailable due to ward round commitment
	SL07	SLOT - CLINICIAN IN THEATRE	Responsible clinician is scheduled to be in theatre
	SL08	SLOT - CLINICIAN NOT IN POST	Use for clinician vacancies
	SL09	SLOT - CREATE OTHER CAPACITY	Slot type needs to be adjusted to create capacity e.g. cancel FU to overbook New
	SL10	SLOT - LACK OF SUPPORT STAFF	Support staff in clinic will be unavailable
	SL11	SLOT - EQUIPMENT FAILURE	Cancellation due to any equipment failure
	SL12	SLOT - BANK HOLIDAY	Cancellation due to Bank Holiday
	SL13	SLOT - CLINICIAN MEETING	Responsible clinician has meeting scheduled
	SL14	SLOT - CLINICAN NEW IN POST	Slots cancelled until new clinician becomes competent to have full clinic

NHS e-Referral Service

HOW TO CANCEL AN E-RS NEW APPOINTMENT AND RE-BOOK
AS A DIFFERENT NEW APPOINTMENT TIMESLOT TYPE FOR THE SAME DAY
(Face to Face / Telephone / Video (Webcam))

1. Cancel the appointment on HISS so that it can be monitored

a)   Select "**CAP**" – cancel appointment

```
                              │Available Func
APE - Appointment Enquiry           CAB
CAP - Cancel Appointment            CCE
CEQ - Clinic Enquiry                DAP
DOR - Delete Outpatient Referral     DP
DUP - OP Diary Dump by Specialty Rpt  FBA
```

b)   Select appointment you wish to cancel

```
   CNC H  Outpatients   22/06/20  MON  15:15  RASCN     RASCN     CBR      Y
   LRI                            CAB  18/03/20 11:59   547  18/03/20 13:24
1          Outpatients   30/03/20  MON  08:30  LRI06TC1  LRI06TC1  CBR      Y
   LRI                            CAB  25/03/20 11:37
2          Outpatients   24/03/20  TUE  07:10  RHIS      RHIS      CBR      Y
```

c)   Confirm cancellation - You will get this message.

Enter: "**Yes**"

```
 This is an CAB appointment. Are you sure you wish to cancel?
```

d)   Select the most appropriate "**Reason Code**" (COVH used as an example only) and then state
what will happen with the appointment e.g Rebook as face to face/telephone/video(webcam)
appointment.

Enter: "**Yes**"

```
Appt Selected:  MON  30/03/20  08:30-08:40
   Report To:  GH Reception Main

Cancel By    :H   Hospital

Reason Code  :COVH  HOSP - CORONAVIRUS

Reason Text  :Rebook as telephone app

Comment      :

Canc Letter Options    :



Enter? :▮
```

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2. Set up a new slot on MS (this can only be done once you have cancelled the original appointment. HISS will not let you rebook into the same slot.)

e) Select "**MS**" – maintain Doctor session

```
ACR - Cancel Clinic and Reschedule   CCL - Cancel Clinic
CNT - Cancel Timeslot                 DT - Doctor Template
 MS - Maintain Doctor Session        MSC - OP Maintain Session Comment
ODR - Outpatient Dayend Reports      RBT - Reprint Block Transfer Report
RCC - Reinstate Clinic               RCL - Reinstate Clinic
REI - Reinstate Timeslots            SCL - Suspend Clinic
```

f) Fill in fields to revise the clinic from which you have cancelled the appointment.
   Enter: "**Yes**"

```
Command                :REVISE

Doctor Code            :LRI06TC1   R02 TEST

Date                   :30/03/20   Monday

Session Start   :07:00        Stop   :20:00        Desc   :AM



Reminder Letter?    :NO                Days before session    :14

Loc Code   :F01    GH Reception Main
```

g) Revise session and tab through to the bottom.
   Enter: "**Yes**"

```
Doctor    LRI06TC1   Revise session set up for
SDS ID    :579016183033
Session Command  :REVISE

Session Start    :07:00        Stop   :20:00

Clinic Code      :LRI06TC1   R02 TEST




Comment    :TEST CLINIC
Allow Choose and Book :YES
Nurse      :




  Enter?  :y
```

h) Delete timeslot – Delete the original timeslot

```
Timeslot Command :DELETE

Timeslot Start    :08:30      Stop    :08:40

                              Status :Provided to CAB
Appt Type  1 :CBR Patients  1 :1  Service 1 :0024   Pr
           2 :NR            2 :1          2 :
           3 :              3 :           3 :
           4 :              4 :           4 :
Timeslot Patients  :1       Rpt To Loc  :F01   GH Rece
```

i) Add timeslot – add a timeslot that is 1 minute after the original slot and make sure the slot is an NR, NU, TLN or WCN slot.

```
Timeslot Command :ADD

Timeslot Start    :08:31      Stop    :08:40

                              Status :
Appt Type  1 :      Patients  1 :1  Service 1 :       Priority 1 :
           2 :                2 :           2 :                 2 :
           3 :                3 :           3 :                 3 :
           4 :                4 :           4 :                 4 :
Timeslot Patients  :          Rpt To Loc  :
```

j) End MS and always make sure you press return on the processing changes page.

```
  Processing Changes...




Processing Complete                          <Press Return>
```

3. RebooK as a face to face, telephone or video/webcam appointment
k) Select "**RBA**" – OP Refer and Book Appointment

```
                         Available Functions
RBA - OP Refer and Book Appointment    RCA - Reinstate Cancelled Appointmt
REA - Revise Appointment Details       SCE - Cancel Suspend Clinic Enquiry
TBA - Telephone Book Appointment       TOA - Take on Appointments
VAH - Address History (View Only)      XOA - Transfer Outpat Appointment
```

l) Book another appointment into the slot you have just created. Ensure that the appointment type is NR, NU, TLN or WCN.

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```
    Report To:  GH Reception Main
Comment    TEST CLINIC


Commission Ref :
Appt Type       TLN     TELEPHONE NEW
Transport     :U     UNKNOWN
Comment  :TEST
Appt Letter Options    :
Category      :N    NHS
Booked on  :25/03/2020 15:07 CAB :N
```

4. Update e-RS

The patient will appear in e-RS on the "**Appointments for Booking**" worklist as e-RS is expecting a re-booking to be made within e-RS. If patients remain on this worklist letters will automatically be generated by e-RS and sent to the patient to remind them that they need to re-book. This may cause confusion to the patient, who may re-booked themselves via e-RS into the same appointment type as their original e-RS booking.

TIP: This step must be undertaken as soon as possible after cancelling the appointment in HISS.

    m) Click on the UBRN number and select the Action of "**Cancel Request**"

    n) In the reason box select the reason of "**Patient booked outside NHS e-Referral Service**"

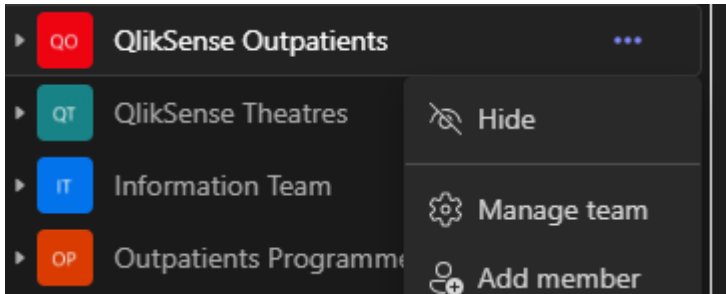o) In the comments box type in the new date given and then click the "**Cancel Request**" button.

If you have any queries relating to this please contact:

Azrin Jagot, e-RS System Manager (azrin.jagot@uhl.tr.nhs.uk) OR

Helen Cave, Deputy Head of Performance, Outpatients and e-RS (helen.cave@uhl-tr.nhs.uk).

24/11/2020

To get access to the tracker please either ask your manager to add you to the "QlikSense Outpatients" team directly.

Or, email qliksenseteam@uhl-tr.nhs.uk who will approve access

October 2024

Outpatient Clinic Template Management UHL Policy
V5 approved by Policy and Guideline Committee on 14th February 2025 Trust ref: B4/2013   Next Review: February 2030

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Specialties must advise IM&T of their intentions with at least 2 weeks' notice before the first affected appointment. You are strongly advised that setting up new clinics is the preferred/cleanest option. Please see the table below to show the rationale for this.
Moving an existing clinic code between 2 sites requires close co-ordination with the IM&T Team. You will need to ensure that admin staff have HISS access to both hospital sites.

Patients referred to one site can be booked into appointment on another site. For ongoing access additional functions such as patient letter history on the new site, the original referral needs to be updated/revised to the new hospital site.

Transferring the SAME clinic code to a different hospital site		
	Pros	Cons
Process	You will not have to cancel and rebook all patients.	You will need to ensure that every patient receives notification of their new appointment site via a manual record process. (There is no audit history of a cancel and rebook)
Letters printed off-site	No new letters are required, because they read the location direct from the slot time on HISS	Prior to sending any letters you must update the report to location for every slot time on the clinic (Doctor template) to ensure patients are directed to the correct site/location. This must be done as far in advance as possible. Any letters sent before this will have provided an incorrect location.
Text reminders		There will have to be a pause in texting during the switch-over, because the clinic code location is not date-specific

Transferring to NEW clinic codes on a different hospital site		
	Pros	Cons
Process	Your clinics will be distinct to a site, so there is a clear audit trail of the activity move.	New clinic codes will need to be requested and set up, based on existing clinic that is to cease. This can be, and is best done, well in advance.
Letters printed off-site	You can methodically cancel and rebook each patient from one site to another and generate a cancel/rebook letter. No new letters are required, because they read the location direct from the slot time on HISS	To avoid confusion between text and letters, you should cancel and rebook at least 2 weeks ahead of the original appointment date. This enables a letter to be sent, and then the reminder text showing the correct location as well.
Text reminders	Test message notification can continue.	

Outpatient waiting lists can be moved between site by IM&T on an agreed date. Booking from the waiting list only allows booking into clinics on the same site as the waiting list. E.g. Booking from a LGH waiting list only allows booking into a LGH clinic.

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