

Local Access Policy 2025

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Introduction

At the end of 2023 the Scottish NHS Waiting Times Guidance was published; this can be accessed at [NHSScotland waiting times guidance: November 2023 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/nhsscotland-waiting-times-guidance-2023/pages/introduction.aspx).

The National Guidance supports all Health Boards to manage their planned care waiting lists and was agreed collectively by Health Boards. Nationally the commitment is to deliver sustained improvements, including year on year reductions in waiting list sizes through service redesign, and to enhance regional and national working.

The principles which are contained within this guidance should be applied to all patients who have been referred for an appointment, a diagnostic test or treatment.

This document outlines NHS Grampian's Local Access Policy, which broadly follows the National Access Policy with some local differences clearly described.

Roles and Responsibilities

NHS Grampian Health Board is responsible for the management of the patient journey and is expected to work collaboratively to ensure patients are treated as soon as possible. Health Boards are also responsible for providing clear information to patients throughout their journey, which includes information about [waiting well](#).

Patients (and their carers) are responsible for communicating any and all changes to contact details and availability to NHS Grampian. Patients are also responsible for communicating any additional needs they have. Patient should ensure they are following clinical advice from their clinicians, General Practitioners (GPs) and Health Boards, throughout their wait and after their treatment/appointment.

Communication with Patients

Patients must be provided with clear, accurate and transparent communication. This should be in a form that is appropriate to their needs, e.g. large print or into relevant translations. Communication can be in any form that the patient has indicated in writing that they consent to for receiving information, including telephone, electronically or post.

NHS Grampian is required to communicate with a patient when:

- Vetting outcome has resulted in Active Clinical Referral Triage
- Added to a new outpatient waiting list for an appointment (OP Acknowledgement Letter)
- Added to an inpatient or day case waiting list (TTG Letter)
- Offering an appointment or rescheduling an appointment
- A patient is returned to referrer; a letter is required to both patient and referring clinician

- TTG time is breached (TTG Breach Letter)
- A patient advises a period of unavailability
- Patient Focussed Booking (PFB) and PFB reminder letter
- After a patient Could Not Attend (CNA), whether an appointment is rescheduled or not
- A patient Does Not Attend (DNA) an appointment
- A patient is being removed from the waiting list; a letter is required to both patient and referring clinician

TTG Breach Letter

In a move away from the National Guidance, NHS Grampian will communicate with a patient when they have breached their TTG date. Communication will be at 1 year from the date of being placed on the waiting list and yearly thereafter until the patient is no longer on the waiting list.

Location Offer

An offer of appointment at any location in mainland Scotland is considered reasonable. Health Boards must use judgement based on what is clinically appropriate according to the patient's circumstances and what agreements are in place with other locations within Scotland.

NHS Grampian routinely has the provision of service within National Treatment Centre Highland, Stracathro Hospital and Golden Jubilee Hospital however could potentially access any site outwith the Health Board area where the relevant appointment or treatment is routinely provided within Scotland.

Patients should be advised as early as possible if they need to travel for appointment/treatment. NHS Grampian must outline the responsibility for reasonable costs to be reimbursed if the appointment is outwith NHS Grampian boundaries.

Under the Patient Rights (Treatment Time Guarantee) Scotland Act, a patient may request to be seen in a specific location within NHS Grampian. This must only be agreed if there are exceptional or clinical reasons do to so, or for reasons of patient safety.

Patient Management System developments are awaited to support this policy, to reset the clock on waiting lists for those patients who do not accept multiple offers of appointments outwith NHS Grampian.

Named Consultant

Patients should be referred to a clinical team and seen by an appropriate member of that team. A named referral should only be accepted should there be exceptional or clinical reasons, or for reasons of patient safety.

Waiting List Validation

All patients on a new Outpatient Waiting List, Inpatient Waiting List or Diagnostic Waiting List must be validated on a regular and continual basis until they are no longer on that waiting list. The validation should be done in a 3-step process.

For those on a waiting list managed via Trakcare, ensure that the WL Review tabs are completed to capture administrative validation step 2.

- Administrative Validation step 1 – should comprise of a regular review of the waiting list to ensure the Local Access Policy is applied robustly, by those who manage waiting lists and within their own area. Should a patient contact a department directly we would encourage that operational staff member to carry out Administrative Validation process Step 2.
- Administrative Validation step 2 – every 6 months patients should receive communication to check demographic details, ensure that any periods of unavailability are noted on the appropriate patient management system and to ensure that the patient still requires their appointment/admission. This is currently supported by teams both within NHS Grampian and outwith via NECU.
- Clinical Validation step 3 – requires a clinical review of patient records and identification of appropriate actions. A clinical validation will usually occur when any concerns have been highlighted through administrative validation, contact from a GP or by the patients themselves.

Should a patient wish removal from the waiting list following validation this should be confirmed by further written communication to the patient and referring Clinician.

Active Clinical Referral Triage (ACRT)

ACRT is the process whereby following referral, a clinician reviews the patient record and carries out enhanced vetting to place the patient on the most appropriate pathway. A formal process for this has been created for those specialties that use ACRT and appropriate ACRT outcomes should be used.

Patient Focussed Booking (PFB)

PFB is the scheduling process whereby a communication is sent to patients inviting them to get in contact to make arrangements for their appointment at a mutually convenient time.

Initial communication is sent inviting the patient to get in contact.

If no contact from the patient, 7 calendar days later (will move to 10 days as per National Access Policy) a reminder is sent out.

After a further 7 calendar days (will move to 10 days as per the National Access Policy – date to be confirmed) the patient will be removed from routine outpatient waiting list.

Urgent patients will continue to be directly booked.

Implied Acceptance

Per the National Access Policy, Implied Acceptance is a scheduling process where, following an offer of appointment/admission, should the patient not confirm this appointment/admission within 10 calendar days Trakcare will update automatically to reflect that this is an accepted appointment or confirmed admission.

Any further cancellation of appointment/admission by the patient would be treated as a Could Not Attend.

NB Implied Acceptance is not in place for all waiting lists that are held within patient management systems currently; for those where Implied Acceptance is in place, the timeline is set at 7 days. Local updates will happen as and when there are further local Trakcare updates. The Local Access Policy will be updated at this point.

Refusal of a Reasonable Offer

When a patient does not accept two reasonable offers of appointment, it is considered a patient refusal. In this instance and for routine patients, NHS Grampian administrative staff will remove patients from the waiting list, unless there are exceptional circumstances, with the appropriate letters to patient and referring practitioner.

If the patient has been listed by using one of the urgent categorisations then a clinical review must take place to confirm it is appropriate for the patient to be removed from the waiting list, or the patient should be given a further offer of appointment

Could Not Attend and Did Not Attend

If a patient has accepted the initial offer of appointment/admission then subsequently contacts to cancel this agreed appointment/admission this should be treated as a Could Not Attend (CNA).

For all routine patients NHS Grampian will allow the patient 2 opportunities to cancel an agreed appointment then will remove the patient from the respective waiting list.

For urgent patients after 2 cancellations of an agreed appointment, we would highlight the patient to the appropriate clinician to ask for guidance of the next appropriate step which may be that the patient is removed from the waiting list (letter

to patient/referring clinician to follow) or a further appointment/admission date provided to patient.

Similarly, if a patient does not attend (DNA) an agreed appointment/admission whilst on a routine waiting list, then the administrative teams will remove the patient from the waiting list, with the appropriate letter to referring clinician and patient to follow.

Any urgent patients who DNA should be highlighted to the appropriate clinician with a clinical decision to follow, to determine if it is appropriate to remove the patient or to offer another appointment.

Patient Unavailability

Unavailability is a period of time when a patient is not in a position to accept an offer of appointment/admission. All periods of unavailability should be recorded and have start and end dates. There are only 2 reasons why a patient may be unavailable:

- Medical Reasons – where it has been advised that the patient has another medical condition which prevents the agreement appointment or treatment from proceeding
- Patient Advised – the patient has advised the Health Board that they are unavailable. Examples of patient advised reasons may be travel, personal emergencies, care responsibilities, jury duty, work commitments. Please note that this is not an exhaustive list.

Unavailability should last no longer than 12 weeks and should always be recorded on the appropriate patient management system.

Could Not Wait

It is important that patients are advised, prior to attending their appointments, of the expected duration of their appointments. Please ensure appointment letters are clear regarding the duration; if you require adjustments to your letters speak to your Line Manager.

All patients must be advised of any delay to their appointments while waiting. If there is a delay which is caused by service and is longer than the patient could reasonably be expected to wait, this should be recorded as a cancelled by service. A reasonable wait could be anything up to 30 minutes.

If there is a delay in the appointment of less than 30 minutes and the patient is not willing to wait then the outcome should be recorded as a Could Not Attend.

Cancelled by Service

Patients must not be disadvantaged as a result of cancellations resulting from operational circumstances. Should this occur, there should be no change made to

the patient's waiting times clock and the patient should be made a further reasonable offer as soon as possible.

Clinic Outcomes

A clinic outcome must be recorded for every patient, this includes when a patient Did Not Attend an appointment. A clinic outcome must also be recorded where a decision is made outwith an outpatient clinic setting that directly affects the status of a patient's waiting times clock.

Patient Considering Options

This is to be recorded if the patient does not agree to treatment initially and would like time to consider their options. Health Boards should ascertain how long they wish to consider these options and arrange a reasonable date with the patient when the hospital will contact them to discuss the outcome of their considerations. The date of being added to the waiting list will be from the date that the patient has agreed treatment.

Patient Changing Health Boards

If a patient changes their permanent residence to another Health Board area after their waiting time clock has already started, and if that patient has requested to be treated within their new residential Health Board, their previous waiting time should be taken into account.

Patients Who Have Previously Accessed Private Health Care

The National Access Policy details some scenarios which are useful to note here, for ease of reference.

Should a patient have attended an outpatient appointment with a private healthcare provider and wishes inpatient or day case treatment within the NHS, the patient should be added to the new outpatient waiting list as treatment must be agreed by both the patient and NHS Clinician before the waiting time clock starts.

Similarly, should a patient have had an outpatient appointment with a private healthcare provider and wishes to continue outpatient care within the NHS then the patient should be added to the new outpatient waiting list from the date of receipt of referral.

In both scenarios patients should be referred by a registered healthcare professional.

Armed Forces Community

Members of the Armed Forces Community might suffer physical or mental injuries caused by the unique obligations and sacrifices of their services. The prioritisation of their care by healthcare providers is always subject to clinical need and will be clinically determined. Members of the Armed Forces Community are not entitled to jump the queue ahead of someone with a higher clinical need. However, there is a commitment that veterans may be considered for priority access to NHS services providing focused treatment for conditions arising from their Service, compared to non-Service patients with the same level of clinical need. This is a clinical decision to be made by the relevant physician.

While the fundamental NHS principle of treatment on the basis of clinical need remains paramount, healthcare staff should be aware that patients from the Armed Forces Community, including families, might have already waited a considerable time for treatment in another locality and that their re-location might not have been made by choice. As such, healthcare staff may wish to consider total time spent on waiting lists, both inside and outside the local area, and ensure that the Service family keeps its relative place on the waiting list in their new area, when possible.

Pages 25-37 of the Armed Forces Covenant Duty Statutory Guidance provides more detailed information for healthcare professionals

[Armed Forces Covenant Duty Statutory Guidance.pdf \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/674222/Armed_Forces_Covenant_Duty_Statutory_Guidance.pdf)