

NHS HIGHLAND LOCAL PATIENT ACCESS POLICY

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Prepared by: Donna Smith, Head of Planning and Performance and Improvement and Sammy Clark, Lead Health Analyst, Planning and Performance, Jamie Forrester, Service Manager – Health Records Services	Date of Review: 25 th August 2021
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Applicable to the following staff: General Practitioners, Practice Managers, Secondary Care Clinicians, Administration staff, Service Leads and Senior Managers.	Patients in scope: All patients attending acute secondary care for planned outpatient, diagnostic, day- case and inpatient treatment. This includes Mental Health services.
<p><u>Linked Strategic Policy and Legislation</u></p> <ul style="list-style-type: none"> • Patient Rights (Scotland) Act 2011 • Charter of Patient Rights and Responsibilities (https://www.gov.scot/publications/charter-patient-rights-responsibilities-2/) • The Patient Rights (Treatment Time Guarantee) (Scotland) Regulations 2012 • The Patient Rights (Treatment Time Guarantee) (Scotland) Directions 2012 • The Patient Rights (Treatment Time Guarantee) (Scotland) Amendment Regulations 2014 • CEL 32 (2012): Patient Rights (Scotland) Act 2011 – Treatment Time Guarantee Guidance • CEL 33 (2012): NHS Scotland Waiting Times Guidance • Effective Patient Booking for NHS Scotland • Armed Forces CEL 39 (2010) • Armed Forces CEL 3 (2009) • Armed Forces CEL 8 (2008) • Adult Exceptional Aesthetic Referral Protocol CEL 27 (2011) 	
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1. PURPOSE OF THE POLICY

The NHS Highland access policy aims to ensure: -

- Patients' interests are paramount and that they are provided with clear, accurate and timely information at each stage in their pathway.
- Consistency and equity of approach in providing access to acute secondary services.
- Efficient, equitable and effective receipt, triage and onward management of referrals received.
- Robust waiting list management to take cognisance of clinical need, length of wait and national waiting time standards.
- The booking process consistently applies the principles of effective patient focused booking practice to all new and return outpatient appointments and diagnostic appointments.
- Efficient management of patients changed appointments and failures to attend.

All of the above are in line with the Patient Rights (Scotland) Act 2011 and all relevant national guidance and regulations (detailed in the policy header). These support the local and national ambition to deliver person centred, safe, equitable and effective healthcare services, and our local mission to improve the quality of our care to every person every day. A number of Standard Operating Procedures (SOPs) have been developed to date to underpin the delivery of this policy and performance reports are in place to review compliance. Both the SOPs and Reports will continue to be developed to support the needs of the service.

2. REFERRAL TO ACUTE SECONDARY CARE SERVICES

- 2.1 All General Practitioner referrals and Independent Practitioner referrals, including from National Screening programmes, will be submitted electronically where possible via the SCI-Gateway (or other electronic means). All referrals will be "open" referrals (Dear Dr) unless there is a clear requirement for a sub-specialty or in the interest of continuity of care. In these limited number of instances referrals will be to a named clinician. Appendix 1 details the specialties and locations where electronic referral is available. Appendix 2 details the requirements for all referral. Advice and Guidance functionality is under development and is to be used by GPs when it is available.
- 2.2 All **Consultant** referrals to a Secondary Care Consultant will be submitted electronically within NHS Highland.
- 2.3 All referrals for patients who have attended an **Emergency Department**, Minor Injury Unit or walk -in centre and require access to planned care will be submitted electronically.
- 2.4 Patient self-referrals will not be accepted for new episodes of consultant-led care.

3. **REFERRAL MANAGEMENT**

- 3.1 All referrals marked urgent or urgent suspected cancer (USC) will be clinically triaged daily.
- 3.2 All Urgent Suspected Cancer referrals will be automatically extracted from TrakCare PMS onto the Cancer Tracking Tool and the patient's journey monitored by the Cancer Patient Pathway Co-ordinators in accordance with the Cancer Waiting Times Management procedures.
- 3.3 All referrals will be clinically triaged within 7 days of receipt of referral.
- 3.4 The triage process may identify a required change in the urgency categorisation of the referral and this should be communicated with the referring clinician.
- 3.5 Any referrals identified as avoidable by the triage clinician will be returned to the referring clinician detailing the reasons behind the decision within 7 days.
- 3.6 All referrals electronically following the e-vetting process, all acute services using TrakCare PMS will be expected to move to this process by (date to be decided)
- 3.7 Referrals that remain unvetted over 3 days for Urgent / USC and 7 days for all other Referrals will be monitored and flagged with the Service for immediate action.

4. **WAITING LIST MANAGEMENT**

- 4.1 The decision to add a patient to the admissions waiting list must be made by an appropriately qualified clinician. Patients must be fit, willing and available to attend hospital before they are added to the admissions waiting list.
- 4.2 Day surgery will be assumed unless there is a clinical indication for the patient to be treated as an inpatient.
- 4.3 All patients should be admitted on day of procedure unless clinically inappropriate.
- 4.4 All patients will be added to the inpatient waiting list when a decision is made to treat. All patients, with the exception of minor procedures, will have a completed pre-operative assessment prior to admission / treatment
- 4.5 The start of the waiting time for the Treatment Time Guarantee will be the date the patient and consultant agree that treatment is required, usually the date of the outpatient clinic, regardless of when the pre-operative assessment is undertaken.
- 4.6 If a patient advises that they are **unavailable** to attend hospital for appointment or treatment for any period(s) of time, this will be recorded on the relevant waiting list. Any period(s) that the patient is unavailable will not be included in the calculated waiting time against any relevant waiting times target. There are 2 main categories of unavailability – Medical and Patient-advised.
 - 4.6.1 Medical unavailability will only be applied where a registered medical practitioner has advised that the patient has another medical condition that prevents the agreed treatment from proceeding at that time.
 - 4.6.2 Patient-advised unavailability is any period advised by the patient that they

are unavailable for appointment or treatment. This will be recorded as one of the nationally agreed categories detailed in Appendix 3.

- 4.6.3 Patient advised unavailability – “Visiting Consultant Service” will be applied only when all of the following are applicable:
- (i) a visiting practitioner, to NHS Highland has been unable to deliver the agreed treatment / clinic in our Board area due to severe weather conditions
 - (ii) NHS Highland has been able to offer the patient another appointment for the agreed treatment or appointment within the guarantee date, but out with NHS Highland area including the Golden Jubilee Hospital
 - (iii) the patient chooses to wait longer than their guarantee date to be seen at a scheduled clinic within NHS Highland
- The patient advised unavailability will be applied as follows:
- a) If the rescheduled visit will occur before the patient’s guarantee date, then the unavailability will be applied from the date that the patient notified NHS Highland of their decision until the date of the next scheduled visit
 - b) If the rescheduled visit is planned after the patient’s guarantee date, then the unavailability will be applied from the guarantee date to the date of the next scheduled visit.
 - c) If the date of the rescheduled visit is unknown then unavailability will be applied from the guarantee date for a fixed period and reviewed once the date is known, ideally within 4 weeks of the date of the cancelled visit.
- A full schedule of the specialities available at each NHS Highland facility is detailed in Appendix 5.
- 4.6.4 Any patient with unavailability applied will be clinically reviewed within 12 weeks of the start of the unavailable period, and every 12 weeks thereafter, where applicable.
- 4.6.5 No open-ended periods of unavailability, either for patient-advised or medical, will be applied to patients on the waiting list. If the end date is unknown, then a maximum of 12 weeks should be recorded as the end date, at which point the situation will be clinically reviewed.
- 4.6.6 No unavailability will be applied to any patient who has passed their Treatment Time Guarantee date. Any notified periods of unavailability will be recorded for booking purposes but will not affect their waiting time calculation.
- 4.7 Patients can only be removed from the waiting list on the advice of an appropriately qualified medical practitioner within the relevant specialty. Following a removal, written communication confirming the removal must be sent to the patient (or the patient’s carer) and the referring clinician and the General Practitioner, if different, detailing the reasons for the removal.
- 4.8 Validation and cleansing of waiting lists should be undertaken as business as normal by the responsible services.

5. BOOKING

5.1 Booking - Outpatient and Diagnostic Services

There are currently three methods of booking outpatient appointments in NHS Highland.

The Patient Focused Booking method is where a letter or text is sent to a patient inviting them to make contact to make suitable arrangements for their appointment.

The "Written-Offer" method is where a patient is sent a letter offering them an appointment date and the acceptance of that date is assumed unless the patient makes contact to advise us that it is not suitable.

The Telephone Booking method is where arrangements for the appointment are made by telephoning the patient.

Policy

- 5.1.1 To migrate all outpatients currently booked using the "Written-Offer" method to the Patient Focused Booking method.
- 5.1.2 A text reminder service for agreed specialties will be sent to all patients who have not opted out of the service and for whom we hold a valid mobile telephone number. This will be for all booked appointments at 1 day before the booked appointment and for some specialties an earlier reminder at 3 days before the booked appointment. Opting out of the service should only be based on valid data protection or clinical reasons.
- 5.1.3 An agreed template will be in place for every clinic, adhering to the agreed clinic build methodology. The template will be updated to reflect any service changes or any identified data quality issues and should be reviewed periodically at least quarterly.
- 5.1.4 All planned clinics will be notified by the Service Manager / appropriate operational manager for the relevant specialty to the appropriate booking service no later than 6 weeks before the clinic is planned. Provision of clinic templates will be monitored against this standard and violations will be escalated and reported upon.
- 5.1.5 All patients managed through the patient focused booking method will receive their initial contact letter no later than 3 weeks before clinic availability. Failure to respond within 7 days will result in the issue of reminder letter. Failure to respond to the reminder, within a further 7 days will result in a clinical review of the appropriateness of removal from the waiting list. Patient-advised unavailability will be applied from the date that the first reminder is sent, to the date the patient makes contact with the service, or the date that the patient is removed from the waiting list if applicable. This is the only instance when unavailability will be applied retrospectively.
- 5.1.6 All patients will be made a **reasonable offer** of appointment for acute secondary care specialties available within NHS Highland, detailed in Appendix 5 and all exceptions will be documented. A reasonable offer is one which fulfils all of the following conditions: -
 - The offer consists of two or more appointment times, with a minimum of 7 days' notice from the date each offer of appointment is made. However, if a patient is on a 62-day cancer pathway, a reasonable offer will consist of 1 appointment time with a minimum of 2 days' notice, in view of the even greater need for

timeliness of diagnosis and treatment.

- The appointment is located at any appropriate healthcare facility within the boundary of NHS Highland or at the Golden Jubilee National Hospital. For Argyll and Bute residents, the location will also be deemed reasonable within the boundaries of NHS Greater Glasgow and Clyde. In exceptional circumstances locations in NHS Greater Glasgow and Clyde, NHS Grampian and NHS Lothian; and the independent sector will also be deemed as reasonable for any NHS Highland resident. E.g. significant loss of local facilities or long term consultant vacancies that cannot be covered. The Board will be formally notified if any these exceptional circumstances occur and locations deemed as reasonable will be pulled back to the normal definition as soon as local services can be reinstated. This supports the national guidance expectation that Boards take account of the policy of providing and protecting local services as much as possible.
 - The appointment is to be undertaken by any competent clinician who is part of the consultant-led service within the appropriate specialty.
- 5.1.7 If a patient refuses a **reasonable offer** the waiting time clock will reset to zero. Refusal of a short notice offer does not affect the patients waiting time.
- 5.1.8 If a patient refuses 2 reasonable offers then they will be clinically reviewed and based on this decision either referred back to their referring clinician or they will remain on the list and their calculated wait will be reset to zero and a further offer will be made meeting the patient's preferences. If this further offer is not available within the patient's guarantee waiting time, then a period of Patient Advised Unavailability will be applied as follows:
- Where refusal is on the grounds of location then patient advised unavailability will be applied from the guarantee date, to the date of the accepted appointment.
 - Where refusal is on the grounds of the consultant then patient advised unavailability will be applied from the guarantee date, to the date of the accepted appointment.
- 5.1.8 A minimum of 6 weeks' notice is required for clinic changes related to annual leave, study leave and special leave. Any exceptions to this must be authorised electronically using the NHS Highland agreed procedure by the appropriate Senior Manager.
- 5.1.9 Any short notice clinics, clinic changes or divergence from 6-week policy should be authorised by the appropriate Senior Manager following the agreed process
- 5.1.10 All patients affected by cancellation of a clinic will be notified in writing if the hospital is providing 1 week or more notice of the cancellation or by telephone if it is less than this. Every attempt will be made to offer the patient an alternative prior to their guarantee date.
- 5.1.11 A patient who having accepted a reasonable offer of appointment, notifies the hospital prior to appointment time that they cannot attend, will be recorded as "cannot attend" (CNA) and have their waiting time reset to zero from the date of notification. The patient will be given an alternative reasonable offer (i.e. 2 dates if necessary) within their revised guarantee time, where it is reasonable and clinically appropriate to do so. Any patient, who refuses two reasonable offers will be clinically reviewed and either removed from the waiting list or offered an alternative date.

5.1.12 Any patient who fails to attend, having accepted a reasonable offer of appointment, will be recorded as “did not attend” (DNA) and will be managed as described in Section 6.1.

5.1.13 In order to assure equity and efficiency of approach all services must document their standard operating procedures and booking rules in service manuals, these should only deviate from accepted standard as an exception and via senior management agreement or clinical requirement. Where a services appointments or clinics are built by the Patient Booking Service these manuals must be mutually agreed by all stakeholders. Manuals must be kept up to date.

5.2 **Booking - Admissions**

There are currently two methods of booking admissions in NHS Highland.

The “Written-Offer” method is where a patient is sent a letter offering them an admission date. Patients are advised to make contact to confirm their acceptance of the offered date or to agree an alternative.

The Telephone Booking method is where arrangements for the admission are made by telephoning the patient. This method is most commonly used where arrangements are made within a very short timescale such as short notice cancellations, or for clinically urgent patients.

Policy

- 5.2.1 To introduce a reminder system for patients who have not responded to a written offer.
- 5.2.2 To roll out a reminder and confirmation service for all booked admissions more than 7 days in advance.
- 5.2.3 All planned routine admissions will be notified to the waiting list team no later than 3 weeks before the admission is planned. All urgent patients will be notified at the earliest opportunity.
- 5.2.4 All patients will be made a **reasonable offer** of admission for acute secondary care specialities available within NHS Highland, detailed in Appendix 5. An offer will be deemed reasonable if all of the following conditions are met: -
- The offer consists of two or more different dates with a minimum of 7 days’ notice from the date each offer of appointment is made. 7 days’ notice will be given if a verbal offer is made and 14 days’ notice will be given if a written offer is made. Both dates must be prior to the patient’s Treatment Time Guarantee date.
 - The admission is to any appropriate healthcare facility offering the service within the boundary of NHS Highland or at the Golden Jubilee National Hospital. For Argyll and Bute residents, the location will also be deemed reasonable within the boundaries of NHS Greater Glasgow and Clyde. In exceptional circumstances locations in NHS Greater Glasgow and Clyde, NHS Grampian and NHS Lothian; and the independent sector will also be deemed as reasonable for any NHS Highland resident. E.g. significant loss of theatre or bed capacity; long term consultant vacancies that cannot be covered. The Board will be formally notified if any these exceptional circumstances occur and locations deemed as reasonable will be pulled back to the normal definition

as soon as local services can be reinstated. This supports the national guidance expectation that Boards take account of the policy of providing and protecting local services as much as possible.

- The admission is to be undertaken by any competent clinician who is part of the consultant-led service within the appropriate specialty. This may not be the same clinician who carried out the outpatient assessment.
- 5.2.5 If a patient refuses 2 reasonable offers, then they will be clinically reviewed and based on this decision either referred back to their referring clinician or they will remain on the list and their calculated wait will be reset to zero and a further offer will be made meeting the patient's preferences. If this further offer is not available within the patient's guarantee waiting time, then a period of Patient Advised Unavailability will be applied as follows:
- Where refusal is on the grounds of location then patient advised unavailability will be applied from the guarantee date, to the date of the accepted appointment.
 - Where refusal is on the grounds of the consultant then patient advised unavailability will be applied from the guarantee date, to the date of the accepted appointment.
- 5.2.6 Any admission cancelled by the hospital will result in the patient being notified in writing if the hospital is providing 1 week or more notice of the cancellation or by telephone if it is less than this. Every attempt will be made to offer the patient an alternative prior to their guarantee date.
- 5.2.7 A patient who having accepted a reasonable offer of admission, then giving the hospital more than 24 hours' notice that they cannot attend, will be recorded as "cannot attend" (CNA) and have their waiting time reset to zero from the date of notification. They will be offered an alternative date within their revised guarantee time, where it is reasonable and clinically appropriate to do so. Any patient, who refuses two reasonable offers will be clinically reviewed and either removed from the waiting list or offered an alternative date.
- 5.2.8 A patient who having accepted a reasonable offer of admission, then fails to attend on the day of admission will be recorded as "did not attend" (DNA) and will be managed as described in Section 6.1.

6. **ATTENDANCE**

- 6.1 Any patient having accepted a reasonable offer and then fails to attend on the day of their outpatient appointment or agreed admission date will be deemed to have failed to attend their appointment i.e. Did Not Attend (DNA). Every patient who is classified as a DNA will be reviewed by the clinician and will either: -
- a) have their clock reset to zero and be offered a further appointment and, where it is reasonable and clinically appropriate to do so,
 - OR
 - b) Be removed from the waiting list and be notified of this together with their referring clinician. For under 16's and vulnerable adults, communication will follow the *GIRFEC (Getting it Right for Every Child)* procedure.

The exception to this is that a clinician may choose to not reset the clock of a patient who requires urgent treatment.

- 6.2 A clinic outcome (form) will be completed at the end of every outpatient consultation by the responsible clinician. The clinic outcome and any associated information will be input to the patient management system within 24 hours of the consultation (Monday – Friday).
A Standard Operating Procedure will be developed to allow electronic outcoming to be developed across NHS Highland which will result in the paper form being removed from the process.
- 6.3 Any patient, either outpatient or admission, where a follow up appointment is identified as being required within 6 weeks should be added to the returns waiting list and an appointment date agreed prior to the patient leaving the hospital. Any patient, either outpatient or admission, where a follow up appointment is identified as being required after 6 weeks should be added to the returns waiting list.
- 6.4 Any patient whose consultation or treatment does not take place as planned will be managed as follows: -
- 6.4.1 Hospital cancellation due to facility or resource constraint – the patient will be issued an agreed alternative date before leaving the hospital. The reason for the cancellation will be recorded on the patient management system and there will be no clock adjustment to the patients waiting time.
- 6.4.2 Hospital cancellation due to patient’s fitness for treatment – The reason for the cancellation will be recorded on the patient management system and medical unavailability will be applied to the patient’s waiting list record in accordance with the Standard Operating Procedure.
- 6.4.3 Patient has registered their arrival for an outpatient appointment but then cannot wait to be seen – If the clinic is running late and the appointment has been delayed longer than the patient could reasonably be expected to wait, then this will be recorded as a hospital cancellation and managed as detailed in 6.4.1. If there is a minor delay, and the patient is notified of this on arrival, but is not willing to wait a short period of time, then this will be recorded as a CNA (could not attend) and managed as detailed in 5.1.10.
- 6.4.4 A patient/carer/responsible adult refuses planned treatment on admission – A clinician-led discussion will decide on whether the patient will be removed from the waiting list as no longer wishing treatment or will have “patient advised unavailability – personal commitment” applied to allow them to consider whether to proceed. If the relevant unavailability is to be applied then, the reason will be noted in the comments field and the period of unavailability will be managed as described in Section 4.6.5.

7. **COMMUNICATION**

7.1 **Communication from Patients**

- 7.1.1 Patients should inform their GP/GP Practice of any changes to their registration information (Appendix 4).

- 7.1.2 Patients on a waiting list for consultation or treatment should inform the hospital of any periods of known unavailability as soon as possible.
- 7.1.3 Patients should inform the hospital with as much notice as possible if they cannot attend an outpatient appointment or an agreed admission date. Patients should also inform the Scottish Ambulance Patient Transport Service, if transport has been arranged.

7.2 **Communication to Patients**

Patients will receive communication in accordance with national legislation CEL 32 (2012) and CEL 33 (2012).

NHS Highland will advise Treatment Time Guarantee patients (or where appropriate the patient's carer) in writing when:

- The patient is eligible for the Treatment Time Guarantee;
- The patient has advised us that they are unavailable for treatment for a known period, noting the start and end date of that period and, where appropriate, noting the anticipated date when the patient will be reviewed;
- The patient has refused two or more reasonable offers of an appointment;
- The patient does not attend an agreed appointment and has not given the health board reasonable notice of this (Did Not Attend);
- The patient has accepted a reasonable offer of appointment but then has on three or more occasions cancelled an appointment (Could Not Attend);
- The patient has been removed from the waiting list, for example, because the patient Did Not Attend or Could Not Attend;
- To confirm the patient's request to be treated in a different Health Board
- We are unable to meet the Treatment Time Guarantee within NHS Highland.

It is planned to develop system capability to allow this communication to be sent electronically or by traditional post depending on the patient's preference.

APPENDIX 1: Gateway Referral Specialty and Location Allowing Electronic Referrals

NATIONALLY IMPLEMENTED REFERRALS

Bowel Cancer Screening
SCCRS Direct Referral
SCCRS Cancer Tracking
Vascular – Suspected AAA
Smokeline

ELECTRONIC REFERRAL LOCATIONS AND SPECIALTY

<i>AHPs Argyll and Area</i>	
Audiometry	

<i>Argyll and Bute Mental Health</i>	
Adult ADHD-Attention Deficit Hyperarousal Disorder	Cowal Community Mental Health Service
Adult ASD Diagnostic Service	Helensburgh & Lochside Child & Adolescent Mental Health
Argyll & Bute Addictions Service	Helensburgh Community Mental Health Service
Bute Community Mental Health Service	

<i>Belford Hospital</i>	
Clinical Radiology	Geriatric Medicine
Dietetics	G I Services
General Medicine	Obstetrics Ante – Natal
General Surgery	

<i>Caithness General Hospital</i>	
Clinical Radiology	Geriatric Medicine
Dietetics	G I Services
General Medicine	Gynaecology
General Psychiatry (Mental Illness)	Obstetrics Ante-Natal
General Surgery	Obstetrics Post-Natal

<i>Campbeltown Hospital</i>	
Dietetics	Ophthalmology
Ear, Nose & Throat (ENT)	Paediatrics
Electrocardiography	Pain Management
Endocrinology & Diabetes	Prosthetics/orthotics
General Medicine	Rehabilitation Medicine
General Surgery	Rheumatology
Gynaecology	Trauma and Orthopaedic Surgery
Obstetrics	Urology
Obstetrics Ante-Natal	

<i>Birnie Centre</i>	
Child & Family Psychiatry	Integrated Child Services- Autism Team
Clinical Psychology	Lead Dietician Child Health
Community Child Health (Fort William / Golspie / Inverness / Skye / Wick/ Ross-shire)	
Dietetics Child Health	Looked After Children

Cowal Community Hospital	Geriatric Medicine
Chiropody/Podiatry	Gynaecology
Clinical Radiology	Obstetrics
Community Child Health	Ophthalmology
Dietetics	Optometry
Ear, Nose & Throat (ENT)	Orthoptics
General Medicine	Paediatrics
General Nurses – Cardiac Rehab	Prosthetics/orthotics
General Nurses – Respiratory Medicine	Trauma and Orthopaedic Surgery
General Surgery	

Highland Community Mental Health		
Badenoch and Strathspey	Inverness	Nairn and Ardersier
Caithness	Lochaber	Skye and Lochalsh
Easter Ross	Mid Ross	Sutherland and Wester Ross

Highland Mental Health Out-Patients	
Eating Disorder Service	Learning Disability
General Psychiatry (Mental Illness)	Psychiatry of Old Age

Highland Occupational Therapy	
Caithness	Nairn Town & County
Lawson Memorial	North West Community Rehabilitation Team
Migdale	Raigmore OT Hand Service

Highland Physiotherapy		
Aviemore,	Grantown	North West Sutherland
Caithness	Kingussie	Portree
Cambusavie	Lawson Memorial	Raigmore
County Hospital	Lochaber	Ross Memorial
Dunbar	MacKinnon Memorial, Migdale	

Highland Podiatry		
Alness/Invergordon	East Sutherland	Tain
Badenoch & Strathspey	Inverness	West Caithness
Beauly/Drumnadrochit	Lochaber	West Sutherland
Black Isle	Nairn	Wester Ross
Dingwall	Portree	
East Caithness	Skye & Lochalsh	

Highland Sexual Health	
Partner Notification	Sexual and Reproductive Health

Islay Hospital	
Clinical Radiology	Gynaecology
Dietetics	Obstetrics
Ear, Nose & Throat (ENT)	Orthodontics
General Medicine	Paediatrics
General Surgery	Prosthetics/orthotics

Lawson Memorial Hospital	
Clinical Radiology	

Lorn & Islands Hospital	
Anaesthetics	General Surgery
Clinical Radiology	Gynaecology
Community Child Health	Haematology
Dermatology	Medical Oncology
Diabetes	Obstetrics
Dietetics	Ophthalmology
Ear, Nose & Throat (ENT)	Oral Surgery
Electrocardiography	Paediatrics
General Medicine	Scopes - Gastroscopy
General Medicine – Stroke	Trauma and Orthopaedic Surgery
General Nurses - Urology	

MacKinnon Memorial Hospital	
Clinical Radiology	General Surgery
General Medicine	

Mid-Argyll Community Hospital and Integrated Care Centre	
Clinical Radiology	Gynaecology
Community Child Health	Obstetrics
Dermatology	Ophthalmology
Dietetics	Paediatrics
Ear, Nose & Throat (ENT)	Pain Management
Electrocardiography	Prosthetics/ Orthotics
General Medicine	Trauma and Orthopaedic Surgery
General Surgery	

Mull and Iona Community Hospital	
Clinical Radiology	

NHSH MAT Pathway (for NHS24 only to refer to NHS Highland)	
Physiotherapy	

Osprey House	
Substance Misuse - Alcohol	Substance Misuse - Drugs

Portree Hospital	
Clinical Radiology	

Raigmore Hospital	
Audiology	Neurovascular
Breast Clinic	Obstetrics
Colorectal	One Stop Hernia
Cardiology	Ophthalmology
Chronic Pain Management Service	Oral and Maxillofacial Surgery
Clinical Neurophysiology	Orthodontics
Clinical Oncology	Orthoptics
Clinical Radiology	Paediatrics
Diabetes	Paediatric Neo Natal Tongue Tie
Dietetics	Plastic Surgery
Ear, Nose & Throat	Prosthetics/Orthotics
Endocrinology	Rehabilitation Medicine
Gastroenterology	Renal Medicine
General Medicine – Stroke	Respiratory Medicine
General Surgery	Respiratory Sleep
General Surgery-Biliary	Restorative Dentistry
General Surgery-Minor Surgery	Rheumatology
General Surgery-Paediatric Surgery	Social Gynaecology Referral Service
Geriatric Medicine	Trauma and Orthopaedic Surgery
Haematology	Urology
Infectious Diseases	Vascular Surgery
Neurology	Woman’s Health
Neurosurgery	

Ross Memorial Hospital	
DEXA Scanning	

The New Craigs	
Clinical psychology	

Victoria Hospital	
Chiropody / Podiatry	Geriatric Medicine
Clinical Radiology	Gynaecology
Community Child Health	Obstetrics
Dietetics	Ophthalmology
Ear, Nose & Throat (ENT)	Orthoptics
Endocrinology & Diabetes	Paediatrics
General Surgery	Prosthetics/orthotics

Victoria Integrated Care Centre	
Chiropody/Podiatry	Dietetics

APPENDIX 2: GUIDELINES FOR ALL REFERRALS

1. Referral information should be accurate, clinically relevant, timely and complete.
2. Full demographic details including:
 - Name
 - Address
 - Ethnicity
 - Postcode
 - Up to date mobile and telephone numbers
 - Email address
 - Preferred method of contacting patients i.e. letter, phone, email
 - Patient unavailability if applicable
 - Armed forces/veteran status if applicable¹
 - Additional support needs
3. It should be clear what is being sought e.g. Clinical opinion, diagnosis, advice on management etc.
4. A concise summary of all relevant clinical information.
5. It should include details of any investigations carried out, any treatment provided or started, together with the outcomes of any treatment.
6. Referrer's assessment of the level of Clinical Urgency.
7. The patient's willingness to be seen at short notice (within days).
8. Any period(s) of known unavailability by patient.
9. When referring patients who cannot understand or give consent for their own treatment, the referrer must provide details of who has the ability to act on behalf of the patient.
10. Referrers should identify any special communication or other requirements their patients may have and detail these on the referral letter (e.g. literacy problems, learning difficulties, communication difficulties, need for interpretation services, religion (if linked to treatment), or other special requirements. Any other issues to support equality and diversity should be highlighted.

¹ Referrals for Armed forces personnel and Veterans should be managed in line with:

- Armed Forces CEL 39 (2010)
- Armed Forces CEL 3 (2009)
- Armed Forces CEL 8 (2008)

APPENDIX 3: PATIENT ADVISED UNAVAILABILITY

Nationally agreed categories
Patient Advised - on holiday
Patient Advised - personal commitment
Patient Advised - work commitment
Patient Advised - carer commitment
Patient Advised - academic commitment
Patient Advised - covid
Patient Advised - jury duty
Patient Advised - wishes named Consultant
Patient Advised - wishes to be treated within local Health Board
Patient Advised - 'Visiting Consultant Service' - following severe weather causing cancellation of Visiting Consultant Service, patient wishes to be treated within local Health Board
Patient Advised - indefinitely unavailable

APPENDIX 4: PATIENTS REGISTRATION DETAILS

- Surname
- Forename
- Title
- Date of Birth
- Gender
- Marital status
- Maiden Name
- Occupation
- Permanent Home Address
- Home, Work and Mobile Telephone Numbers
- Email address
- Next of Kin - Name, Address and Telephone numbers
- Ethnic origin
- Spiritual care

APPENDIX 5: SPECIALITIES BY NHS HIGHLAND SITE – ARGYLL & BUTE

Hospital	Specialty	Addiction	CAMHS	Cardiology	Child Adolescent Psychiatry	Clinical Oncology	Clinical Psychology	Community Dental	Dermatology	Diabetes	Ear, Nose & Throat (ENT)	Endocrinology	Endocrinology & Diabetes	Gastroenterology	General Medicine	General Psychiatry	General Surgery	Gynaecology	Haematology	Learning Disability	Medicine For The Elderly	Neurology	Neurosurgery	Ophthalmology	Oral and Maxillofacial Surgery	Orthodontics	Paediatrics - Medical	Paediatric - Surgical	Pain Management	Psychiatry of Old Age	Psychotherapy	Plastic Surgery	Rehabilitation Medicine	Renal Medicine	Respiratory Medicine	Restorative Dentistry	Rheumatology	Trauma & Orthopaedic Surgery	Urology	Vascular Surgery						
		Argyll and Bute Hospital, Lochgilphead	Admission															Y																												
	Outpatient	Y	Y			Y										Y				Y									Y	Y																
Mid Argyll Hospital, Lochgilphead	Admission																												Y																	
	Outpatient	Y	Y		Y				Y		Y				Y	Y	Y	Y						Y		Y	Y	Y	Y	Y	Y		Y								Y					
Campbeltown Hospital, Campbeltown	Admission																																													
	Outpatient	Y	Y	Y	Y				Y	Y	Y	Y	Y	Y	Y	Y	Y	Y			Y	Y				Y		Y	Y	Y	Y	Y		Y						Y	Y		Y			
Cowal Community Hospital, Dunoon	Admission																																													
	Outpatient	Y	Y		Y		Y				Y		Y		Y	Y	Y	Y			Y	Y					Y		Y	Y		Y									Y					
Islay Hospital, Isle of Islay	Admission																																													
	Outpatient	Y	Y		Y						Y					Y	Y	Y			Y					Y	Y			Y	Y															
Lorn and Islands Hospital, Oban	Admission														Y	Y								Y	Y				Y																	
	Outpatient	Y	Y	Y	Y	Y			Y		Y				Y	Y	Y	Y	Y	Y				Y	Y	Y	Y	Y	Y	Y	Y		Y									Y				
Mull And Iona Community Hospital, Isle of Mull	Admission																																													
	Outpatient	Y	Y		Y										Y	Y	Y				Y				Y			Y		Y	Y															
Victoria Hospital, Rothesay	Admission																																													
	Outpatient	Y				Y					Y				Y	Y	Y	Y			Y	Y		Y			Y		Y	Y		Y										Y				
Victoria Integrated Care Unit, Helensburgh	Admission																																													
	Outpatient	Y	Y		Y	Y										Y		Y			Y						Y																	Y		