Frequently Asked Questions

The below questions were raised by participants of the Outpatient Waiting List Management Protocol Training and Development Programme.

Please note that this document is live and will be updated periodically. Go to NTPF.ie for the latest version.

Section 5: Management of OP Referrals

Q1. Should a referral be sent to a pooled waiting list service or an individual, named consultant?

In line with the Protocol the referrer should send the referral letter/form to a speciality or service included in a pooled waiting list; but may indicate a preferred consultant. This is to ensure patients are managed in a safe, timely, fair and equitable manner.

Q2. If a patient is referred with the same condition, same speciality but to a different consultant within 12 months, are they considered a return patient?

Yes, as set out in section 5.4 of the Protocol:

"A return patient referral is defined as a patient who has attended and/or discharged from an outpatient service in the last 12 months for the same condition, with the same consultant or speciality, within the same hospital or within a different public hospital where there is a shared service across both sites".

Q3. What date should be entered as the 'Referral Received Date', when printing e-referrals from the e-referral system for Clinical Prioritisation (Triage) purposes?

If the referral needs to be printed for clinical prioritisation (triage) purposes, the date stamped should be the date the e-referral was created on the e-referral system.

Q4. A patient is admitted under Specialty A. During the episode of care the patient has a consult on the ward with a Specialty B Consultant / Registrar. The patient has never been under the care of Specialty B previously. It is decided the patient will need Specialty B outpatient follow up post discharge from Specialty A.

Is the patient considered a return or new to the Specialty B outpatient clinic?

As the patient was never under the care of Specialty B, they are considered a new patient. To be defined as a return referral they would need to be initially admitted under the care Specialty B. Section 5.5 of the Protocol states:

"A new outpatient referral is one that is not defined as a return referral. A new patient referral is a referral for a patient who has not accessed care for the same condition, with the same consultant or speciality, within the same hospital or within a different public hospital where there is an agreed shared service across both sites in the last 12 months."

Q5. A referral is received for a patient and triaged with the clinical prioritisation of Non-Urgent. Several months later, a second referral is received and re-triaged with clinical prioritisation Urgent. Does the wait time clock remain at the date of the initial referral, but with an Urgent categorisation, or does the wait time clock change to the date the second referral was received, with an Urgent categorisation?

The patient would remain waiting from the original Referral Received Date but the Clinical Prioritisation Category (CPC) is set as urgent. It is important that the details of the second referral are added to the PAS system including the date of receipt insuring a clear audit trail.

Date Referral Received should never be changed on the patients waiting list entry as stated throughout the OP Protocol. Any resetting of the patient waiting time nationally is calculated on the NTPF reports based on other key dates including last patient cancellation date, last patient DNA date.

Section 6: Clinical Prioritisation (Triage)

Q6. When a clinical prioritisation on IPMS is changed from "Routine" to "Non-urgent" do all OPD waiting list entries already added and on the waiting list have to be changed to "Non-urgent"??

There is no need to re-prioritise existing records. Any patients previously returned as "Routine" will automatically transition to "Routine - Non-Urgent" in the NTPF extract.

Q7. Is 'Excluded' a priority or does it reflect a rejected referral on the waiting list which is then removed? This assumption is based on the referral being added to a waiting list "awaiting triage" but a decision is made to reject at clinical prioritisation outcome, and therefore no requirement to assign a Clinical Prioritisation Category (CPC) priority.

'Excluded' is a referral which has been rejected at the at clinical prioritisation outcome stage and therefore not a recognised Clinical Prioritisation Category (CPC). Only accepted referrals should be assigned a Clinical Prioritisation Category (CPC) of Urgent, Semi-Urgent or Non-Urgent.

Section 7: Scheduling and Managing of OP Waiting Lists

Q8. Should all DNAs be reviewed by the clinician?

It is advised that only Urgent and/or High Clinical and/or Social Needs patients be reviewed by the clinician; however, in some instances a decision is made locally to review all DNAs. If the decision has been made locally to review all DNAs, this should be documented in your local SOP.

Q9. If a patient CNAs with less than 24 hours' notice, is this considered a DNA?

No, this should be managed in line with section 7.3 Patient Cancellation and/or 7.4 Cancelling and Rescheduling an Outpatient Appointment of the OP Protocol.

Q10. Where a patient identified as urgent, and/or high clinical and/or social needs DNAs, is it better to contact the patient or the clinician first?

In line with section 7.2:

"To facilitate the active management of DNA's, patients identified on their record as urgent and/or high clinical and/or social needs who DNA an appointment, the patient's record must be brought to the attention of the clinician for review to determine if it is appropriate to remove the patient from the OP waiting list, or if a further appointment should be issued."

Following on from the clinical review and in line with section 7.5:

"Every effort must be made to contact patients identified as urgent and/or high clinical and/or social need who fail to attend an appointment. If a patient fails to attend or cancels a scheduled appointment, the administrator must immediately attempt to contact them by phone or letter to establish their status and arrange another appointment.

If contact cannot be made with a patient identified as urgent and/or high clinical and/or social need or their guardian within two (2) working days, the referrer must be notified immediately of the patient's DNA or CNA status and that they are uncontactable."

Q11. Should routine patients who cancel and request to reschedule an appointment on two or more occasions be brought to the attention of the clinician, or does the two appointment rule from the 2014 OSPIP protocol still apply?

For routine patients who cancel and request to reschedule on 2 or more occasions, the existing two appointment rule does still apply and patients should be advised of this in appointment letters.

Within the protocol under section 7.4 it states: *if a patient or their guardian who cancels and requests to reschedule an appointment on two (2) or more occasions should be brought to the attention of the clinician who will determine if they should be offered an additional appointment or be discharged back to the referrer*. **This should only apply to patients identified as urgent, and/or High Clinical/Social needs, and not to Non-Urgent patients.**

Section 8: Validation Process

Q12. During our OP Training and Development Programme 2022 a number of sites raised their concern relating to section 8.5 Removal Following Validation; with a particular focus on removal of non-responders and the requirement that 'Patients identified as urgent and/or high clinical and/or social need must be clinically reviewed and should only be removed under clinical guidance'.

To clarify

Clinical Guidance should be sought from the consultant/speciality prior to commencing the validation cycle. This guidance should set out how patients are managed as part of validation process, with a focus on removals of non-responders, and patients who request removal.

In the removal of patients the protocol states:

- *Section 10 Removing a Patient from an OP Waiting List states that, 'When removing a patient from the OP waiting list who **is not identified** **by a clinician as urgent and/or high clinical and/or social needs** on their referral letter or medical record, they should be removed and returned to the GP and/or SOR'*; which allows for all semi-urgent and non-urgent patients to be removed safely from the waiting list post validation.

- Section 10.2 Removal of an Urgent and/or High Clinical/Social Needs Patient indicates that, prior to removal, patients identified as urgent or high clinical/social needs should be clinically reviewed. **This should also apply to patients identified for removal as part of the validation process.**

Section 9: Insourcing and Outsourcing Initiatives

Q13. Should the outpatient suspension function be used for any reasons other than when patients are participating in Outpatient's Insourcing and Outsourcing Initiatives?

No, currently the referring hospital must only suspend patients participating in Insourcing and Outsourcing Initiatives using the appropriate suspension reason codes as outlines in section 9.5 of the OP Protocol.

Suspension Reasons for Insourcing and Outsourcing Initiatives are:

- *NTPF Outsourcing Initiative*
- *NTPF Insourcing Initiative*
- *HSE Outsourcing Initiative*
- *HSE Insourcing Initiative*

Q14. Can patients participating in insourcing/outsourcing initiatives be suspended for an initial period longer than the recommended 3 months? This will remove the requirement to extend the suspension period on a number of occasions.

While section 9 of the protocol indicates the referring hospital tasks include 'Suspending the patient from the OP waiting list for a period of three (3) months', where patients are consistently not been seen within the 3 months and require multiple extensions to their suspension period hospitals can suspend patients for a longer period than the advised three (3) months.

If protocol is not been followed, local SOPs must be updated to document:

- Acknowledgement that National Protocol is not being followed
- Detail the suspension period being used (6 month, 9 months)
- Justification for the extended suspension period
- When the process is due for review

Q15. If a patient is outsourced from one hospital to another for OPD appointment, the date on letter & date received is recorded on IPMS. Is the patient entered on the receiving hospital waiting list on the day the referral is received in the treating hospital, or is it entered on the date it was received in the referring hospital?

In line with Section 9.2.2 of the Protocol which states the treating hospital tasks are:

"Adding the patient to the OP waiting list on receipt of the original referral letter; the patient should be added to the OP waiting list in the public treating hospital using the **original referral received date**"

Q16. If a patient DNAs or CNAs in a treating hospital as part of an insourcing / outsourcing initiative, how is this managed?

Patients who DNA or CAN as part of an Insourcing or Outsourcing Initiative should be managed in line with section 9.4 of the OP Protocol.

- *"Patients can be returned to the referring hospital for a number of reasons:*
- *Multiple cancellations – the patient may be returned to the referring hospital after multiple cancellations*
- *Did Not Attend – the patient may be returned to the referring hospital after two (2) DNAs n Patient requests return to the referring hospital*
- *Clinically Unsuitable – the patient is clinically assessed as too complex or otherwise clinically unsuitable to be accepted by the treating service-provider*
- *Patient requires long term follow-up.*

Management of Patients returned from an Outpatient Insourcing or Outsourcing Initiative. The referring hospital must make contact with the patient or their guardian to confirm if they wish to remain or be removed from the public hospital waiting list.

Patient's response should be updated on the hospital PAS and outcomed accordingly; patients who:

- *wish to remain on the public hospital waiting list should be managed in line with Section 7*
- *wish to be removed from the public hospital waiting list should be managed in line with Section 10*

Clinical review must be sought when managing patients identified as urgent and/or high clinical and/or social needs who have not had their care progressed within the treating hospital and are returned to the referring hospital for onward management."

Q17. How should you manage patients who refuses multiple offers of care in a private hospital and indicates that they wish to remain on the public list?

Patients may refuse an offer of care in a private hospital and indicate that they wish to remain on the public hospital waiting list. Patients should not be suspended on the waiting list and should be managed in accordance with Section 7 of the Protocol, Scheduling and Management of Outpatient Waiting Lists.

Section 10: Removing a Patient from an OP Waiting List

Q18. If a patient DNAs and is automatically removed from the waiting list within what timeframe can the patient or SOR seek reinstatement?

In line with section 10.4 – Reinstatement of a Removal, *'If a request for reinstatement to the OP waiting list is made by the patient or their guardian, SOR or GP, within four (4) weeks of the notification of decision to remove, the patient may be reinstated at the discretion of the clinician, in consultation with the Scheduled Care Lead.*

When reinstating a patient to the OP waiting list, the patient must be added using the original referral received date.

If the request is made after four (4) weeks from the date of notification of removal from the waiting list, the source of referral must submit a new referral.'

Section 11 Table 7: COVID Related Guidance

Q19. If a patient cancels due to COVID or a COVID-related illness will their clock be re-set?

In line with No, Circular/COV02 COVID Related Hospital and Patient Cancellations;

In order to track COVID-19 related hospital cancellations for patients on Outpatient Waiting Lists with appointments and patients on Inpatient and Day Case Waiting Lists with a date "To Come In" (TCI) the following guidance should be followed.

	Cancellation Reason	Mapping
Inpatient	Hospital Cancellation due to Pandemic	**Map to external code 40** (This is the value provided to the NTPF in the weekly CSV extract file created by the Hospital)
	Patient Cancellation due to Pandemic	**Map to external code 41** (This is the value provided to the NTPF in the weekly CSV extract file created by the Hospital)
Outpatient	*Hospital Cancellation due to Pandemic	Populate the **LAST Hospital Cancellation date** field and use *recommended text in the **Reason for Last Hospital Cancellation.**
	*Patient Cancellation due to Pandemic	Populate the **LAST Hospital Cancellation date** field and use *recommended text in the **Reason for Last Hospital Cancellation.**

Implementation of this guidance will ensure that the patients' wait time "clock" is not unnecessarily reset, therefore not impacting the number of days on the waiting list.

Version 3, updated 29/01/2024.

For the latest version, please see NTPF.ie