PATIENT ACCESS POLICY

This document may be made available in alternative formats and other languages, on request, as is reasonably practicable to do so.

This policy has been screened for relevance to equality. No potential negative impact has been identified so a full equality impact assessment is not required.

Policy Owner:	Interim Chief Operating Officer
Approved by:	ABMU Executive Team
Issue Date:	June 2017
Review Date:	June 2018
Policy ID:	HB137

CONTENTS

1.	AIM OF POLICY

The aim of this policy is to ensure uniformity across the health board with regard to the management of waiting lists by both clinical and administrative staff. It aims to inform patients, their relatives and carers of their rights and what they can expect from the Health Board in terms of access to services by outlining relevant rules, responsibilities and actions by which the Health Board will manage patients through their pathways.

Application of the policy will ensure that each patient's waiting times clock starts and stops fairly and consistently in accordance with "Revised rules for Managing Referral to Treatment Times – April 2017 and "Cancer Specific Additional Guidance – April 2017.

2.	INTRODUCTION

While waiting list targets are set by Welsh Government the guiding principles are that patients should wait the shortest possible time, booked according to clinical priority and then chronological order (treat in turn) ensuring that the principles for Prudent Health are applied.

Current waiting list maximum wait targets are:

- Cancer – 62 day and 31 day
- RTT – 26 weeks (95%) with a maximum of 36 weeks for clinically complex cases.
- Diagnostics – 8 weeks
- Therapies – 14 weeks
- Non RTT outpatient component – 10 weeks (Health Board operational target)

The patient's waiting time starts at receipt of the referral into the Health Board. Exceptions to this are patients who are seen at another Health Board by the same clinician and are transferred to ABMU for future treatment or consultant to consultant referrals from Cardiology to Cardiac surgery.

Waiting list stop points:

- Diagnostic Component – completion of test or decision that the test is no longer required.
- Non RTT or Therapy services – Attendance for first appointment or decision that treatment is no longer required.
- Referral to Treatment (RTT) & Cancer – These pathways may have multiple stop and start points depending on clinical and patient decisions.

Good waiting list management relies on:

- Effective communication

- Timely and accurate recording of decisions avoiding unnecessary delays
- Full utilisation of available capacity
- Robust pathway management ensuring onward referrals are processed and received in a timely manner.
- Regular validation where long waits exist.

This policy should be read in conjunction with other policies and Welsh Government guidance and publications as indicated throughout.

3.	SCOPE

This policy extends to the management of all patients on elective care pathways (including children, cancer and cardiac pathways). For the avoidance of doubt unless stated otherwise the provisions of this Policy will cover elective patients:

- on waiting lists irrespective of whether these are published and/or subject to WG component and Referral to Treatment Time (RTT) waiting time targets
- at any stage in a follow-up cycle, including therapy patients who will be receiving intervention / treatment rather than a follow up consultation
- using the “See on Symptom (SOS)” booking facility as opposed to traditional booked follow up appointments
- veterans who qualify for priority treatment (see WHC *(2008) 051and Welsh Government Package of support for the Armed Forces parts 1 & 2)*
- whose care is to be provided on a “planned” basis i.e. those awaiting for a sequence of in-patient or day case treatments or surveillance investigations
- using telemedicine facilities / virtual clinics
- accessing NHS care after initially being seen in the private sector

4.	REFERRALS

Where systems exist all referrals must be processed electronically. Both paper and electronic referrals must include full demographic details, including NHS number and contact details such as telephone numbers (both day and evening, if possible) and email to reduce administrative time contacting the patient.

Referrers should ensure that the referral is consistent with the clinical thresholds operated by the Health Board to determine which referrals it considers appropriate to accept. These clinical thresholds will be based on exclusion policies, exemption processes, clinical pathways and best evidence based practices which the Health Board works to. Full details of these can be accessed via the internet site/GP Resource Portal or COIN (Clinical on line Information Network). All criteria will be continually reviewed in line with clinical practice and latest clinical evidence available.

With the exception of cancer and urgent screening referrals, all referrals (electronic and paper) will be reviewed and triaged within 7 working days of receipt, except for visiting consultants, where alternative arrangements are to be agreed by the

specialty manager. Urgent Suspected Cancer referrals will be reviewed and triaged within 1 working day. At triage clinicians must consider both the appropriate pathway for the patient as well as clinical priority.

Written Advice from Consultant
Where a referral is received, that requires the consultant/other medical professional to respond in writing with advice, rather than arranging an outpatient appointment, the referral must be updated accordingly on PAS. This must be actioned at the time of the written response being generated.

Direct to Diagnostics
Where diagnostics are indicated to inform clinical decision the referral should be re-directed to the relevant diagnostic department without delay.

Other Healthcare professionals
Where it is deemed appropriate the referral may be triaged for specialist nurse or therapy intervention.

Inappropriate Referrals
If a consultant deems a referral to be clinically inappropriate, it must be sent back to the referring GP with an explanation of why. The referral decision must be updated and discharged accordingly on PAS.

If a referral has been made and the special interest of the Consultant does not match the needs of the patient, the Consultant should transfer the patient to the appropriate colleague where such a service is provided and the referral amended on PAS. The waiting time continues.

Pooling of referrals
Referrals should be marked as “Pooled” for conditions where patients can be seen by a consultant from a designated pool, as opposed to by a named consultant. Where feasible treatment will be offered at the location closest to the patient’s home, but may be given at any of the locations utilised by the Health Board.

Acknowledgement of referrals
Confirmation of the acceptance of the referral is to be sent to the patient if the appointment is likely to be more than eight weeks in the future and will include an estimate of the expected wait and notification that treatment may take place at any location across the health board and in some instances at other providers.

5.	**BOOKING PROCESS**

Appointments should be booked using a patient focused approach and the booking process clearly communicated to patients to ensure that they are clear on their role in the process. While it is accepted that there are a number of different methods for booking outpatient appointments used across the Health Board, the process for each of these methods must be standardised following the minimum processes on the attached flow charts.

The focus of the booking process should be on achieving a mutually agreed date. However, where a proposed date is sent with clear direction for the patient should they wish to change it and the patient does not take up this option, the appointment will be deemed as mutually agreed in the case of a did not attend (DNA) outcome providing at least 3 weeks' notice has been given.

All attempts to contact the patient during the booking process and declined offers of appointment must be recorded.

6.	OUTPATIENT CLINICS

To ensure effective use of clinic capacity a minimum of 6 weeks' notice of clinic cancellations must be given.

All clinic outcomes must be recorded timely and completely to include 100% pathway decision making. Any outcome coding not recorded should be completed by the medical secretary at completion of the clinic letter. This will ensure that patients are appropriately managed onto the next stage of their treatment pathway without delay.

Patients who require a follow up appointment within six weeks should be booked prior to leaving the outpatient department.

7.	CAPTURING CLINIC OUTCOMES AND OFFICE BASED DECISIONS

The Consultant will usually complete the outcome forms (paper or electronic) during the outpatient appointment; the form will include the intended management of the patient and future appointment if required. They need to be accurately filled in with all necessary information at the time. If not completed this may delay patient treatment. The lack of completion of the form means that many staff spend many hours working out where a patient is on their pathway.

A code exists for each type of activity and this code must be recorded in PAS within the referral to treatment history at each point during the pathway. This includes decisions made outside of normal clinic activity and following review of diagnostic results (Office Based Decisions).

Typical outcome decisions include:

- **Further Investigation Required/Refer to diagnostic** – used where diagnostics are required before a decision on treatment can be made.
- **See on Symptom** - where treatment has been started or no treatment is required at this time but the patient has a condition that may need secondary care review at a future undefined date. The patient will be able to self-refer back onto the list and be seen when symptomatic. This prevents unnecessary visits for the patient, releases clinic capacity and reduces the risk of a patient DNA.
- **Discharge –** where treatment has been started or no treatment is required and the patient has a condition that can be managed by their GP closer to their home. This outcome should also be chosen where the patient is referred onto another clinician/specialty who will take over the patient's care due to clinical necessity

- **Follow up appointment** – where the patient has a condition that requires ongoing specialist secondary care face to face review or treatment at a defined future date. Further pathway coding information needs to be completed when this option is chosen to indicate whether treatment has been started, is not required at this time (active monitoring/watchful wait) or outpatient treatment is planned.
- **Virtual or telephone follow up** – where the patient requires ongoing monitoring by specialist secondary care clinicians e.g. regular diagnostics such as PSA but does not need a face to face consultation. This prevents unnecessary travel for patients.
- **Add to Day case or Inpatient list** – where treatment is required as an inpatient or day case and the patient is fit, ready and able to proceed with surgery.

Supporting internal documentation "Guide to Myrddin Clinic Outcomes and Pathway Events"

8.	INPATIENTS / DAY CASES

Patients must only be added to an active elective admission list or booked for surgery when they are considered fit, ready and able 'to come in' (TCI) for their appointment/treatment. They should not be placed on lists if clinical issues need to be resolved because there would be an unacceptable level of risk to the patient or there are reasonable grounds to believe that the clinical outcome could be compromised.

Planned Care
Planned care relates to elective admissions planned to occur in the future where, for medical reasons, there must be delay before a particular intervention can be carried out. When a planned intervention is part of a surveillance programme no RTT period will apply. When the decision is taken to commence a surveillance programme, the current RTT period will end.

When a required intervention must be delayed until a certain level of developmental maturity is reached, the patient will be actively monitored until ready to undergo the procedure. At the time of this decision the current RTT period will end. A new RTT period will begin when the consultant decides that the patient is ready and fit for the procedure, and a decision to admit is made. The clock will start on the date of the decision to admit and stop on the date of admission for the procedure.

Bilateral Procedures
Where a patient requires bilateral procedure and the second procedure is not undertaken at the same time as the first, a new clock starts when a patient is fit and ready for the second treatment.

Clinically Initiated Delays or Patient Unfit for Treatment
If a patient is not fit for surgery due to a short term medical condition which can be resolved within 3 weeks the patient should remain on the waiting list and an adjustment made to the pathway. If the reason is that they have a condition that itself requires active treatment or monitoring that will take more than 3 weeks then the

patient will either be discharged back to the care of their GP or referred to another clinician who will treat the condition and the RTT period will end.

Once the patient is fit to proceed they should be re-referred to the consultant for assessment which would initiate a new clock start on the pathway.

Decline change of consultant and /or site
Where patients have exercised their right to choose and requested treatment at specific locations and/or under the care of specific consultants when this could be provided earlier at a location or under the care of a Consultant suggested by the Health Board the clock will be reset. Patients should retain their place on the waiting list and be treated when the consultant / site of their choice is available.

Any conversations with patients agreeing to dates offered and declined need to be recorded and documented together with the reason(s)

Patients who are being managed on a 62 or 31 day cancer pathway and are unavailable due to either medical or social reasons should be suspended from the waiting list for the period of unavailability. The maximum suspension is six months for each type but robust mechanisms must be in place to manage the patient's pathway.

Reasonable Offer
See "Patient Choice"

9.	**PATIENT CHOICE**

The aim of the health board is to agree suitable appointments with the patient but it is recognised that this could result in longer recorded waits. Therefore where patients choose to wait longer for their appointments an adjustment may be made to their waiting time provided sufficient notice has been given for the 1st offer. (Sufficient notice is 24hrs for USC and 14 days for other waiting lists.) The adjustment will be from the 1st date offered through to the patient's chosen date. Three declined reasonable offers will result in a pathway reset or the patient being removed from the waiting list.

Patients may also choose to delay their treatment for personal or social reasons and declare themselves unavailable. Their waiting time will be adjusted to reflect this.

- When the period of unavailability is less than two weeks, no adjustment may be made.
- When the period of unavailability is between two and eight weeks, an adjustment may be made for the full period of time that the patient is unavailable.
- When the period of unavailability is more than eight weeks the patient should be returned to the referrer but this should be discussed and agreed by their consultant. The patient may be reset and remain on the waiting list but should be informed of this verbally or in writing.
- The exception to this is USC patients who may be suspended for all unavailability up to 6 months.

If the patient is available but declines an offer for admission given with at least 2 weeks' notice, an adjustment can be made to the waiting time to take into account the delay for patient choice. If two such offers are declined the pathway may be reset or the patient removed from the waiting list if either the patient or consultant decides that treatment is no longer required.

Requests to delay treatment for Cancer patients must be discussed with the consultant responsible for their care.

10.	DNA (Did not Attend) / CNA (Could not Attend)

DNA - Any patient who does not attend their agreed appointment (new or follow up) will be discharged back to the care of their GP/referrer. Both patient and GP will be notified of this in writing to ensure the referring GP is aware and can action further management of the patient if necessary. The patient's waiting time clock will be stopped. Exceptions to this are:

- when a clinical decision is taken that discharging the patient is contrary to the patient's clinical interests;
- clinically very urgent referrals including cancer, or active surveillance for cancer or other critical illnesses;
- If a child (up to the age of 18 years of age) or "vulnerable adult" does not attend (not brought) - a second appointment may be offered. A further DNA will result in the patient being referred back to GP with a copy of the letter to their health visitor/**School Nurse**, social worker (**where known)** and parents/carer.

Note –Where a further appointment is to be offered for the above reasons the patient should be advised of this and the waiting times clock will be reset.

The patient may also be returned to the waiting list when one of the following can be confirmed: -

- o The appointment was sent to the incorrect patient address
- o The appointment was not offered with reasonable notice

CNA - Where the patient cancels a 2nd agreed appointment they should be removed from the waiting list following the same principles as the DNA.

11.	WAITING LIST VALIDATION

Regular validation must be undertaken where waiting times exceed national targets to ensure that waiting list figures are accurate. Health Board performance may appear to be worse than it is if waiting lists contain patients who are not actually waiting for treatment.

Administrative

Outpatient waits – Validation may be undertaken for both long waiting new patients or follow up patients who have exceeded their intended target date to ensure that they still need to be seen and that their contact details are correct. Where patients are being partially booked this may not be required.

Add to Inpatient / Day Case list – A letter should be sent to patients to confirm that they have been added to these treatment lists and include telephone/email details for the patient should they need to contact the Health Board along with sources where further information can be found. This provides an opportunity to check that all contact details for the patient are correct and ensure that any periods of unavailability are updated on PAS to prevent patients being called for treatment inappropriately.

Clinical (Generally Inpatient or Day Case)
These review appointments can be with consultant staff, but may also be by an appropriate member of the clinical team.

Patients moving into the 52 week timeframe for the first time will be alerted to the named consultant and a clinical review will be undertaken to assess the patient's current clinical priority. Where a patient requires surgery, their status will be adjusted to urgent and they will be considered for surgery ahead of routine cases.

Patients referred for urgent care waiting longer than 3 months for their surgery following the decision to surgically treat will also be alerted to the named consultant and subject to a further clinical review. If they continue to require urgent care they will be expedited for treatment.

12.	REMOVALS AND REINSTATES

Patients may be **removed** from the waiting list without treatment for many reasons

- Patient not fit to proceed-more than 3 weeks to resolve-reinstate when fit. (excludes USC)
- Patient unavailable for more than 8 weeks-may be reset or reinstated when ready. (excludes USC)
- Patient choice not to proceed at this time (can be reinstated)
- Transfer to private care
- Other interventions required before treatment can be started

Patients may be **reinstated** to the appropriate stage of the pathway without the need for re-referral when:

- They were previously a "See on Symptom" discharge
- They are ready to proceed with treatment following a period of unavailability or deferred decision making
- Patient was a DNA or did not respond to booking or validation letters but contacts the Health Board on receipt of the removal letter to advise that no earlier letters were received. All other requests to reinstate following DNA must be agreed by the consultant.

Patients who were removed due to being not fit to proceed will be reinstated to the waiting list on notification that they are now fit. A new pathway wait will start and patients should be booked taking into consideration their previous wait.

13.	VETERANS

In line with WHC (2008) 051 all veterans and war pensioners should receive priority access to NHS care for any conditions which are related to their service.

When referring a patient who they know to be a veteran GPs should consider if, in their clinical opinion the patient's condition may be related to the patient's military service. Priority treatment **only** applies to conditions which are related to veteran's service. Where the consultant reviewing the referral agrees the veteran will be prioritised over other patients with the same level of clinical need. In line with clinical policy patients with more urgent clinical needs will continue to receive clinical priority.

- WHC *(2008) 051and Welsh Government Package of support for the Armed Forces parts 1 & 2)*

14.	TRANSFER TO OR FROM PRIVATE CARE

Patients who elect to continue their treatment in private care will be removed from the NHS waiting list and any waiting time stopped.

Any patient referred into NHS care after having been provided with private services should not receive an unfair advantage over other patients. (Jump the queue). They will join any NHS waiting list at the same point as if the prior consultation or treatment were a NHS service (i.e. added to day case or inpatient list) and their priority on the waiting list should be determined by the same criteria applied to other referrals.

The entry on to the appropriate stage commences a new 26 week clock start. However, if treatment was already started within the private sector, then a referral from private to NHS would not start a new RTT clock but be recorded as ongoing follow-up care. Only if there is a significant planned change in treatment would a new RTT clock commence.

Cancer patients initially seen in the private sector should be managed to the 31 day target

15.	ENTITLEMENT TO TREATMENT - refer to Overseas Visitors policy

The Health Board has a legal obligation to identify patients who are not eligible for free NHS treatment. The National Health Service provides healthcare for people who live in the United Kingdom. People who do not normally live in this country are not automatically entitled to use the NHS free of charge – regardless of their nationality or whether they hold a British Passport or have lived and paid National Insurance contributions and taxes in this country in the past.
All Health Boards have a *legal obligation* to:

- Ensure that patients who are not ordinarily resident in the UK are identified.

- Assess liability for charges in accordance with Department of Health Overseas Visitors Regulations.
- Charge those liable to pay in accordance with Department of Health Overseas Visitors Regulations.

The Human Rights Act 1998 prohibits discrimination against a person on any ground such as race, colour, language or religion. The way to avoid accusations of discrimination is to ensure that everybody is treated the same way.

16.	ROLES AND RESPONSIBILITIES

GP / Referrer

- Ensure referrals meet referral criteria and are sent using the most efficient method containing sufficient information to enable a clinical decision to be made.
- Ensure patients are aware or the referral pathway that may be followed, eg:
    - MCAS and/or other therapy services
    - Advice rather than hospital appointment
    - Request for diagnostic tests
- Referrals should include verified up to date patient contact details including mobile phone numbers and email addresses where available and indicate whether the patient has given consent to be contacted by the Health Board by such means as text, email or telephone.

Patient

- Notify the Health Board of any changes to contact details, periods of unavailability or changes in health that may affect proposed treatment.
- Follow the instructions given in appointment correspondence to contact the Health Board to arrange, confirm, rearrange or cancel any offered dates.
- Attend agreed appointments or notify the Health Board as soon as possible where an appointment is no longer suitable or required.
- Follow all advice given by the GP/referrer at referral or clinician either at outpatient review or subsequent written advice to ensure that they remain healthy and fit to proceed with surgery when they are offered a date. This may include advice on smoking cessation or maintaining an ideal weight.

Service Managers

- Responsible for the monitoring of performance in the delivery of the RTT target and for ensuring the specialities deliver the activity required to meet the waiting list targets.
- Ensure staff are appropriately trained in relation to patient access administration

Hospital Consultants

- Consultants have a shared responsibility with their Service Managers for managing their patients' waiting times in accordance with the maximum waiting time of 36 weeks.
- Adhere to the 6 weeks' notice of clinic cancellation process
- Ensure 100% clinic outcomes and timely recording of office based decisions – enabling patients to move seamlessly along their referral to treatment pathways.

- Ensure that only patients that are fit and ready to proceed are added to treatment lists and that patients waiting above target are regularly validated in line with the validation guidelines above.

Outpatient Clerks
Ensure that clinical decisions are recorded following an outpatient attendance in a timely manner in accordance with any completed outcome forms passed to them by the consultant.

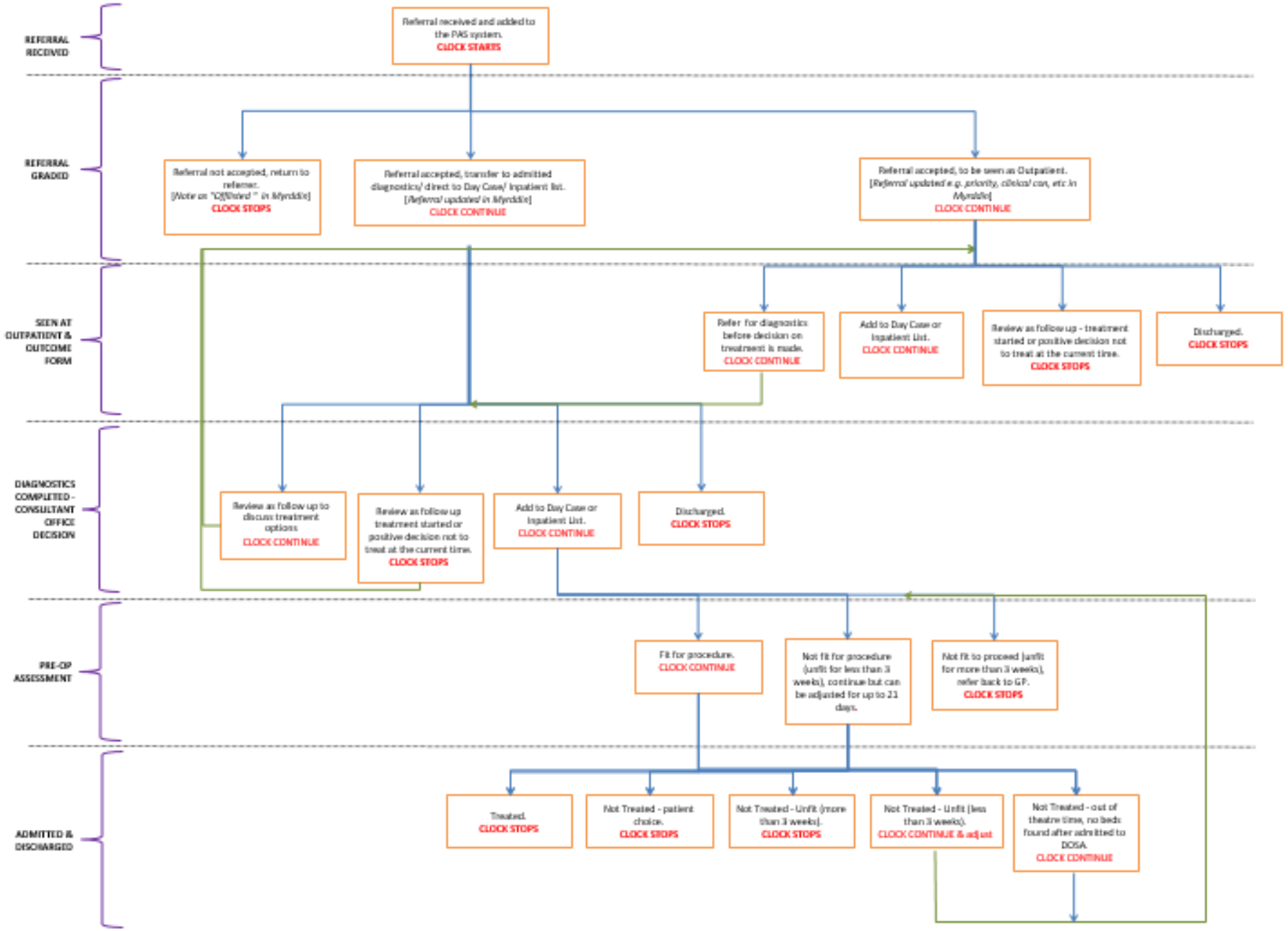
Medical Secretaries
Ensure that the PAS is updated for any outstanding clinic outcomes or office based decisions.

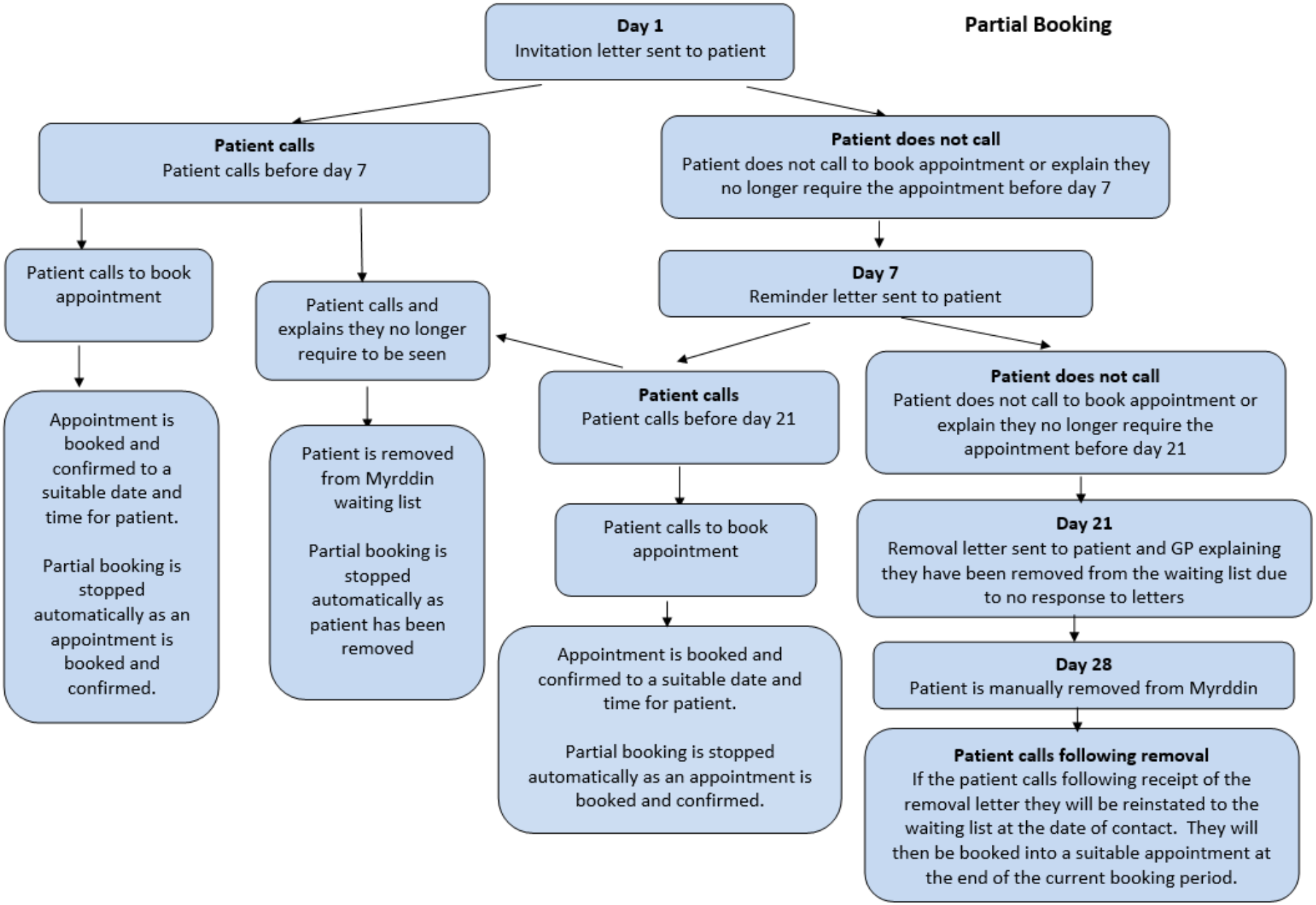
Waiting List Clerks/Medical Secretaries/Pathway Teams
Responsible for ensuring waiting lists and patient pathways are managed to comply with the RTT and waiting times guidance.

Informatics Department
The Information lead is responsible for the provision of regular management reports to support on a daily, weekly, monthly and ad hoc basis for use by Health Board managers and clinical/booking teams and reporting to external sources.

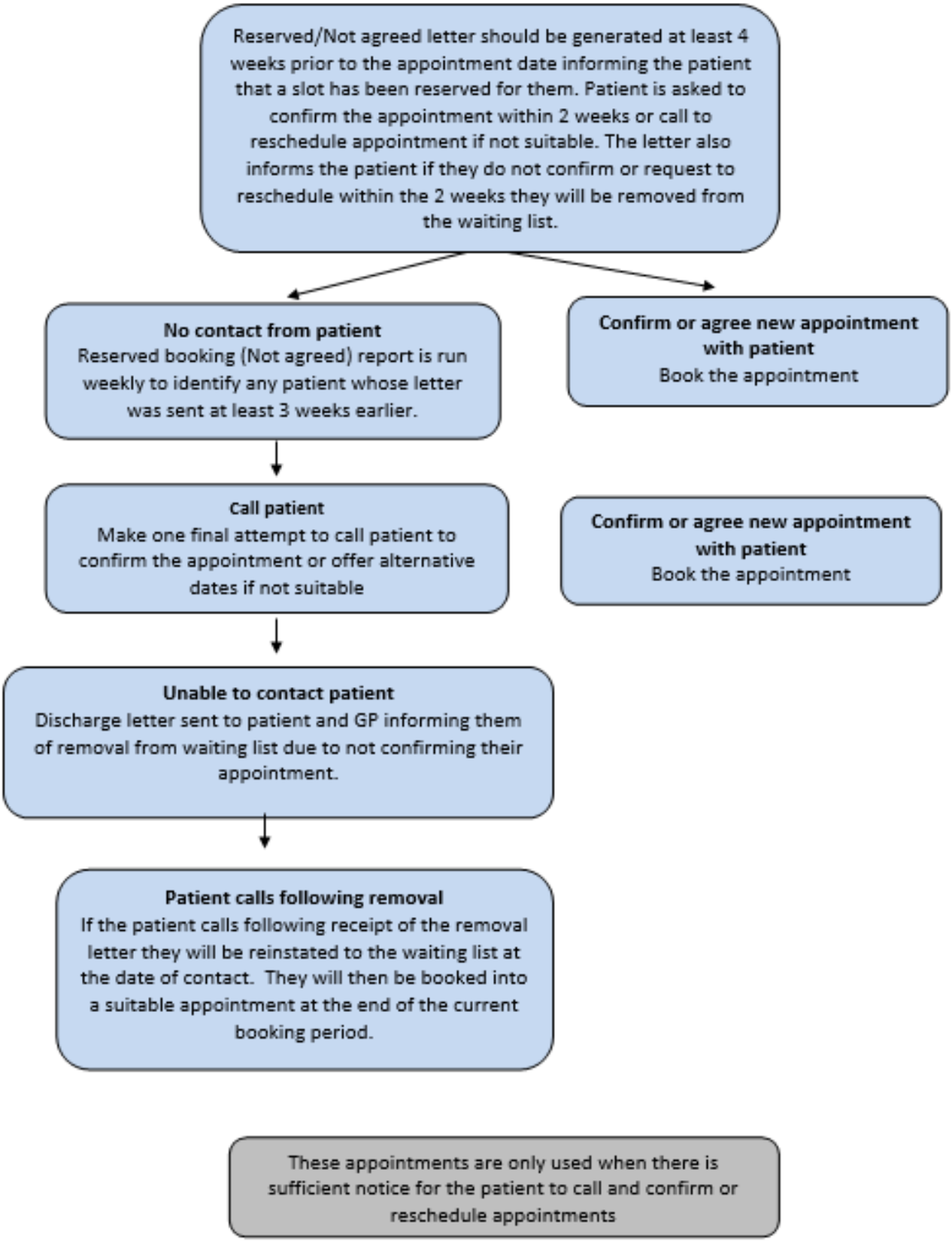
17.	SUPPORTING DOCUMENTATION

- Revised rules for Managing Referral to Treatment Times – April 2017
- RTT Patient Perspective
- Cancer Specific Additional Guidance – April 2017
- WHC (2008) 051 Priority Treatment and Healthcare for Veterans
- Welsh Government Package of support for the Armed Forces Community parts 1 & 2)

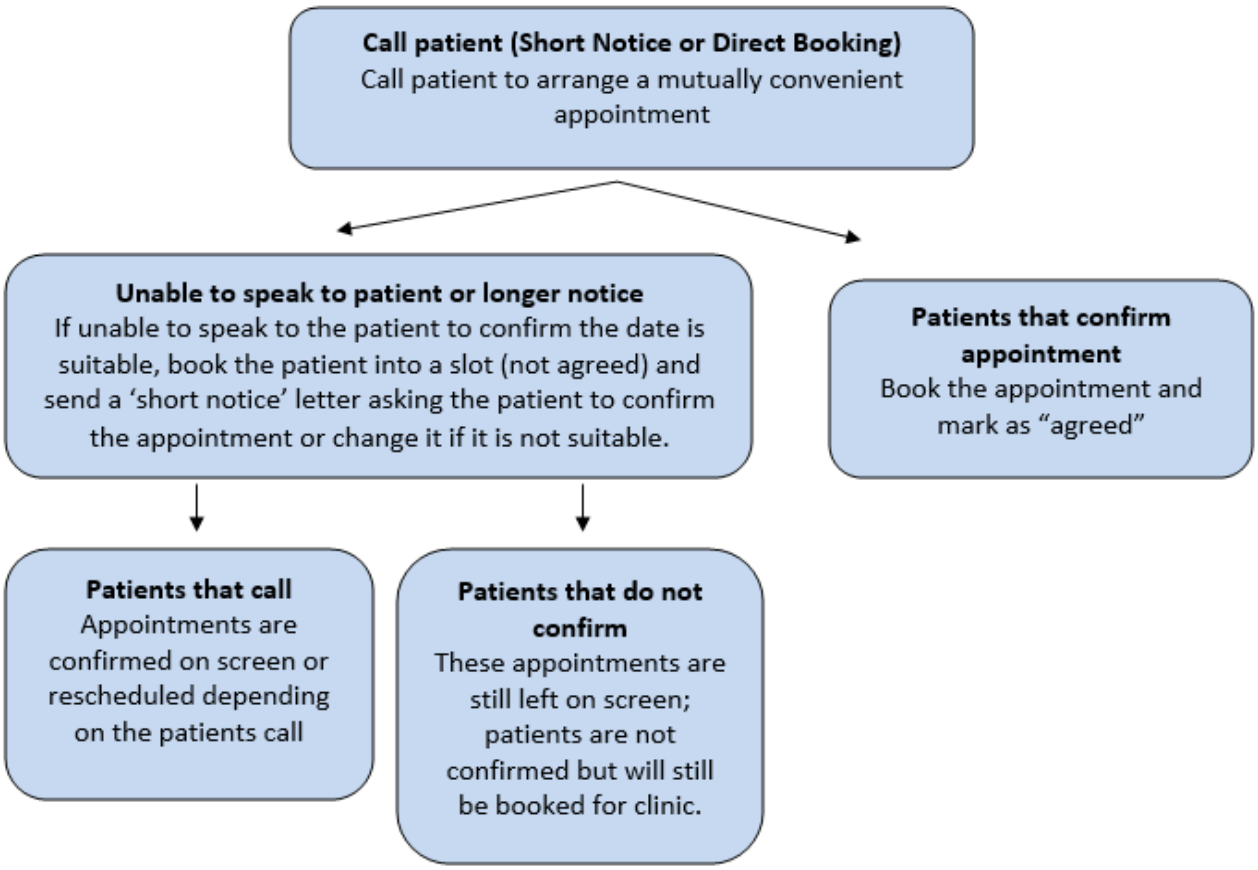

REFERRAL RECEIVED
Referral received and added to the PAS system.
CLOCK STARTS
REFERRAL GRADED
Referral not accepted, return to referrer.
[Note on "Clt[Wishes]" in Myrddin]
CLOCK STOPS
Referral accepted, transfer to admitted diagnostics/ direct to Day Case/ Inpatient list.
[Referral updates' in Myrddin]
CLOCK CONTINUE
Referral accepted, to be seen as Outpatient.
[Referral updated e.g. priority, clinical con, etc in Myrddin]
CLOCK CONTINUE
SEEN AT OUTPATIENT & OUTCOME FORM
Refer for diagnostics before decision on treatment is made.
CLOCK CONTINUE
Add to Day Case or Inpatient List.
CLOCK CONTINUE
Review as follow up - treatment started or positive decision not to treat at the current time.
CLOCK STOPS
Discharged.
CLOCK STOPS
DIAGNOSTICS COMPLETED - CONSULTANT OFFICE DECISION
Review as follow up to discuss treatment options
CLOCK CONTINUE
Review as follow up treatment started or positive decision not to treat at the current time.
CLOCK STOPS
Add to Day Case or Inpatient List.
CLOCK CONTINUE
Discharged.
CLOCK STOPS
PRE-OP ASSESSMENT
Fit for procedure.
CLOCK CONTINUE
Not fit for procedure (unfit for less than 3 weeks), continue but can be adjusted for up to 21 days.
Not fit to proceed (unfit for more than 3 weeks), refer back to GP.
CLOCK STOPS
ADMITTED & DISCHARGED
Treated.
CLOCK STOPS
Not Treated - patient choice.
CLOCK STOPS
Not Treated - Unfit (more than 3 weeks).
CLOCK STOPS
Not Treated - Unfit (less than 3 weeks).
CLOCK CONTINUE & adjust
Not Treated - out of theatre time, no beds found after admitted to DCSA.
CLOCK CONTINUE


Partial Booking
Day 1
Invitation letter sent to patient
Patient calls
Patient calls before day 7
Patient does not call
Patient does not call to book appointment or explain they no longer require the appointment before day 7
Patient calls to book appointment
Patient calls and explains they no longer require to be seen
Day 7
Reminder letter sent to patient
Appointment is booked and confirmed to a suitable date and time for patient.
Partial booking is stopped automatically as an appointment is booked and confirmed.
Patient is removed from Myrddin waiting list
Partial booking is stopped automatically as patient has been removed
Patient calls
Patient calls before day 21
Patient does not call
Patient does not call to book appointment or explain they no longer require the appointment before day 21
Patient calls to book appointment
Day 21
Removal letter sent to patient and GP explaining they have been removed from the waiting list due to no response to letters
Appointment is booked and confirmed to a suitable date and time for patient.
Partial booking is stopped automatically as an appointment is booked and confirmed.
Day 28
Patient is manually removed from Myrddin
Patient calls following removal
If the patient calls following receipt of the removal letter they will be reinstated to the waiting list at the date of contact. They will then be booked into a suitable appointment at the end of the current booking period.

Reserved / Not agreed appointments



Full, Direct and Short Notice booking



From: ABM Inquiries
Sent: 21 July 2017 10:26
To: Adel Davies (ABM ULHB - Surgical Specialties); Alexandra Howells (ABM ULHB - Execs); Amanda Smith (ABM ULHB - Postgraduate Centre); Angela Kind (ABM ULHB - Estates); Anne Biffin (ABM ULHB - Medical Directors Department); Bellina McNally (ABM ULHB - Women And Child Health); Cathy Dowling (ABM ULHB - Corporate Nursing); Ceri Matthews (ABM ULHB - Clinical support services); Christine Morrell (ABM ULHB - Therapies And Health Sciences); Claire Birchall (ABM ULHB - Hospital Management); Darren Griffiths (ABM ULHB - Strategy); David Murphy (ABM ULHB - Health & Safety); David Roberts (ABM ULHB - Mental Health & Learning Disabilities); Debbie Bennion (ABM ULHB - Nursing Divison); Des Keighan (ABM ULHB - Estates); Dougie Russell (ABM ULHB - Musculo Skeletal); Eve Jeffery (ABM ULHB - Mental Health And Learning Disabilities); Fiona Reynolds (ABM ULHB - Singleton Hospital); Gemma Otter (ABM ULHB - Acct); Hamish Laing (ABM ULHB - Medical Directors Department); Helenna Jarvis-Jones (ABM ULHB - Musculo Skeletal); Hilary Dover (ABM ULHB - Primary and Community Services); Jamie Marchant (ABM ULHB - Service Directors Office); Jan Worthing (ABM ULHB - Singleton Hospital); Jonathan Goodfellow (ABM ULHB - Cardiology); Kate Lorenti (ABM ULHB - Human Resources); Kim Clee (ABM ULHB - Workforce); Lesley Jenkins (ABM ULHB - NPT Locality); Linda Bevan (ABM ULHB - Morriston Managed Unit); Malcolm Thomas (ABM ULHB - Corporate Services); Martin Bevan (ABM ULHB - Neath Port Talbot Locality); Matthew Bunce (ABM ULHB - Finance); Matthew John (ABM ULHB - Informatics Directorate); Mike James (ABM ULHB - Corporate Hospital Management); Nicola Williams (ABM ULHB - Morriston Unit); Paul Gilchrist (ABM ULHB - Finance); Rebecca Carlton (ABM ULHB - Corporate Hospital Management); Rhian Thomas (ABM ULHB - Estates); Rory Farrelly (ABM ULHB - Nursing Divison); Sara Hayes (ABM ULHB - Execs); Sian Harrop-Griffiths (ABM ULHB - Strategy); Silvana Gad (ABM ULHB - Primary & community Services Delivery Un); Steve Combe (ABM ULHB - Corporate Services); Susan Bailey (ABM ULHB - Communications); Susan Hunt (ABM ULHB - Bridgend Locality); Tersa Humphreys (ABM ULHB - Regional Services); Vicky Warner (ABM ULHB - Primary Care, Community Services); Victoria Gibbs (ABM ULHB - Trauma Orthopaedic & Spinal services); Wendy Penrhyn-Jones (ABM ULHB - Administration)
Cc: CatherineH Williams (ABM ULHB - CEO Office); Catrin Evans (ABM ULHB - Planning); Clare Dauncey (ABM ULHB - Human Resources); Diane Johnson (ABM ULHB - Finance); Francesca Devonald (ABM ULHB - Informatics Directorate); Gaynor O'Kane (ABM ULHB - Corporate Services); Jeanie Stevens (ABM ULHB - Medical Directors Department); Linda Fifield (ABM ULHB - Corporate Services); Linda Smith (ABM ULHB - Nursing Divison); Lyn Westacott (ABM ULHB - Execs); Paula Picton (ABM ULHB - Strategy)
Subject: Policy

I write to advise that the following policy has been added to the Corporate Policies database:

- Patient Access Policy

The policy is available to view via the corporate policy database.

Regards

Bwrdd Iechyd Prifysgol Abertawe Bro Morgannwg University Health Board

Pencadlys ABM / ABM Headquarters

1 Talbot Gateway, Baglan, Port Talbot, SA12 7BR

Bwrdd Iechyd Prifysgol ABM yw enw gweithredu Bwrdd Iechyd Lleol Prifysgol Abertawe Bro Morgannwg /

ABM Health Board is the operational name of Abertawe Bro Morgannwg University Local Health Board