

National Waiting List Management Protocol

A standardised approach to managing scheduled care treatment for in-patient, day case and planned procedures

January 2014

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Introduction

This protocol has been developed to ensure that all administrative, managerial and clinical staff follow an agreed national minimum standard for the management and administration of waiting lists for scheduled care, regardless of whether patients are active, suspended, scheduled or planned, public or private. The protocol describes the essential elements that are fundamental to ensuring there is a consistent structured approach to the management of the waiting list for in-patient, day case and planned procedure patients in hospitals in Ireland. Whilst it is acknowledged that administrative and managerial functions vary between different hospitals, and that one person may take on several roles, channels of accountability and levels of responsibility should always be clearly defined.

The protocol has been developed by an expert group, has been subject to peer review and is based on international best practice. The protocol applies to all publicly funded hospitals and voluntary agencies managing the scheduled care of public in-patients, day case and planned procedures and should be implemented in all hospitals and voluntary agencies.

The National Treatment Purchase Fund (NTPF) will initially provide support for the successful implementation of the protocol at hospital level. Monitoring of the implementation of the protocol will be routinely undertaken by the NTPF in the form of annual quality assurance reviews. The NTPF has developed Statistical Evaluation Irregularity reporting (SEI's) which will be used to assess those hospitals requiring more regular review. A bespoke action plan with key deliverables will be developed and agreed between each hospital and the NTPF, following the quality assurance review process.

A toolkit to support the successful implementation of this protocol has been developed and is available on www.ntpf.ie. The Performance Improvement Toolkit for Scheduled Care focuses on the organisational, procedural and operational changes necessary to improve patient experience of scheduled care in Ireland. It provides an organisational assessment tool to enable hospitals to understand their current capabilities and performance. It also identifies areas for hospitals to focus on improvements based on the organisational assessment.

1 Prerequisites for the implementation of the National Waiting List Protocol

1.1 Leadership and Governance

The CEO/General Manager and Clinical Director have ultimate accountability for the successful implementation and maintenance of the National Waiting List Management Protocol. Clear lines of responsibility, accountability and authority will be required to implement the protocol.

- A waiting list management project group should be established, led by the CEO/General Manager who has responsibility for delivering the implementation of the protocol.
- A local waiting list protocol which includes the governance, clearly defined roles and accountabilities for managing the waiting list should be developed based on the concepts and principles detailed in the National Waiting List Management Protocol.
- A dedicated executive lead¹ should be identified as having full time responsibility for all booking and be accountable to the waiting list project management group.
- All responsibility for patient booking is taken by a dedicated patient booking team, who report to the dedicated executive lead.

1.2 Data and Information

Information technology should be used as a resource in planning, managing and improving the quality, safety and reliability of healthcare and to support effective decision-making. The SDU Performance Improver charts are an example of such technology. Each hospital through their project group should develop their own data information Key Performance Indicators (KPI's).

- Develop and implement a proactive methodology to information management which ensures a consistent approach to classifying patients on the scheduled care waiting list which reflects the National Waiting List Management Protocol.
- Make improved use of information management systems and capabilities to facilitate data driven decisions in relation to waiting list management.
- A waiting time performance dashboard should be implemented and produced weekly by the dedicated executive lead for the waiting list management project group and should include overall hospital key performance indicators (KPI's) by specialty and reflect progress on government targets. The KPI's should be developed to ensure they can monitor adherence to the National Waiting List Management Protocol.

¹ The Dedicated Executive Lead is the person who has been nominated to take executive responsibility for all booking and scheduling.

1.3 Process Improvement

Patient flow can be improved by implementing chronological scheduling and capacity planning, thereby contributing to reducing the amount of time patients spend in hospital and free up inpatient capacity. Streamlined processes can result in fewer hospital visits and reduced length of stay.

- The dedicated executive lead is required to produce a weekly plan and progress report, based on the data emerging from the dashboard. The plan and progress report should be monitored regularly by the waiting list management project group.
- A centralised booking team, office and systematic processes should be developed and implemented to improve and standardise waiting list management performance across all specialties.
- All responsibility for patient booking is taken by the dedicated executive lead in conjunction with the clinical director and listing consultant.
- Shared pre-defined volume booking templates should be agreed by the dedicated executive lead with each specialty and the clinical director across all scheduled care².

1.4 Risk Management and Contingency Planning

Use existing national and local information to ensure that effective plans are in place to achieve the waiting time targets for scheduled care and to sustain performance over time.

- The performance dashboard should be used to identify potential risks to overall scheduled care performance.
- An appropriate escalation protocol should be agreed and implemented where these risks will potentially breach national access targets.
- Establish processes to support individual specialties who have not delivered against their agreed action plans or are at risk of not delivering.
- Ensure all action plans have sufficient built-in contingency to allow for potential slippage.

1.5 Communication and Engagement

Driving performance improvement is dependent on the full engagement of the key clinical and non-clinical stakeholders.

- All relevant stakeholders have been identified and mapped into common groups for engagement planning.
- This should be communicated to the key stakeholders regularly and any training deficits identified and acted upon.

² The agreed pre-defined volume templates are an agreement between the relevant clinician and administrator regarding the percentage of routine patients that can be booked.

2 Core taxonomy of the scheduled care system: The Waiting List and The Planned Procedure List

The core taxonomy of the scheduled care system is a relatively new approach to organising and reporting the waiting list categories for inpatient, day case and planned procedures. All patients are part of the scheduled care system but for reporting purposes are divided into two main categories; 'the waiting list' and 'the planned procedure list'. To support the introduction of this new core taxonomy a number of new data fields have been introduced into the Patient Administration System (PAS) and/or the Hospital Information System (HIS), this is to ensure that a patient can be identified either as a patient on the waiting list or as a patient on the planned procedure list.

The waiting list includes all patients who are:

1. Waiting for a booked date for a procedure, **or**
2. Have a booked date for a procedure - known as a **To Come In date (TCI) or are**

3. Temporarily unsuitable for their procedure (suspended).

The planned procedure list refers to those patients who are waiting to be recalled for a further stage in their course of treatment. See section 4, page 23 for detailed guidance on the planned procedure list.

The national reporting mechanism for these categories is the Patient Treatment Register (PTR). The PTR is a register for public in-patient and day case procedures.

The following sections will detail the processes and associated pathways, for the management of the waiting list for in-patient and day cases, and for planned procedures. Figure 1 details the pathway for the core taxonomy of a scheduled care system reporting to the PTR and figure 2 details the same pathway but from the PAS or HIS perspective.

Figure 1
Pathway for core taxonomy of the scheduled care system

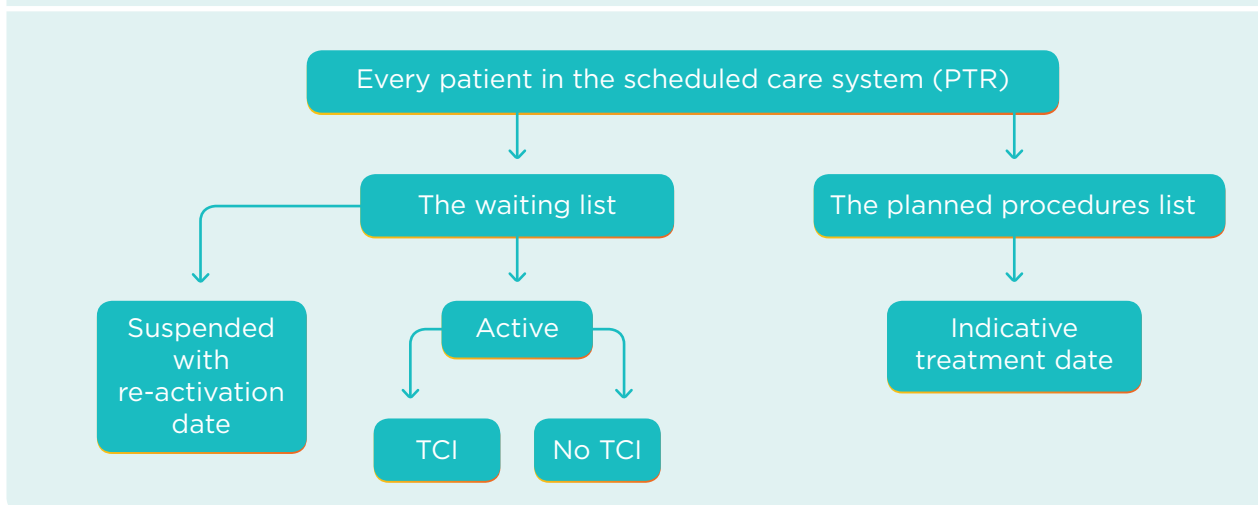
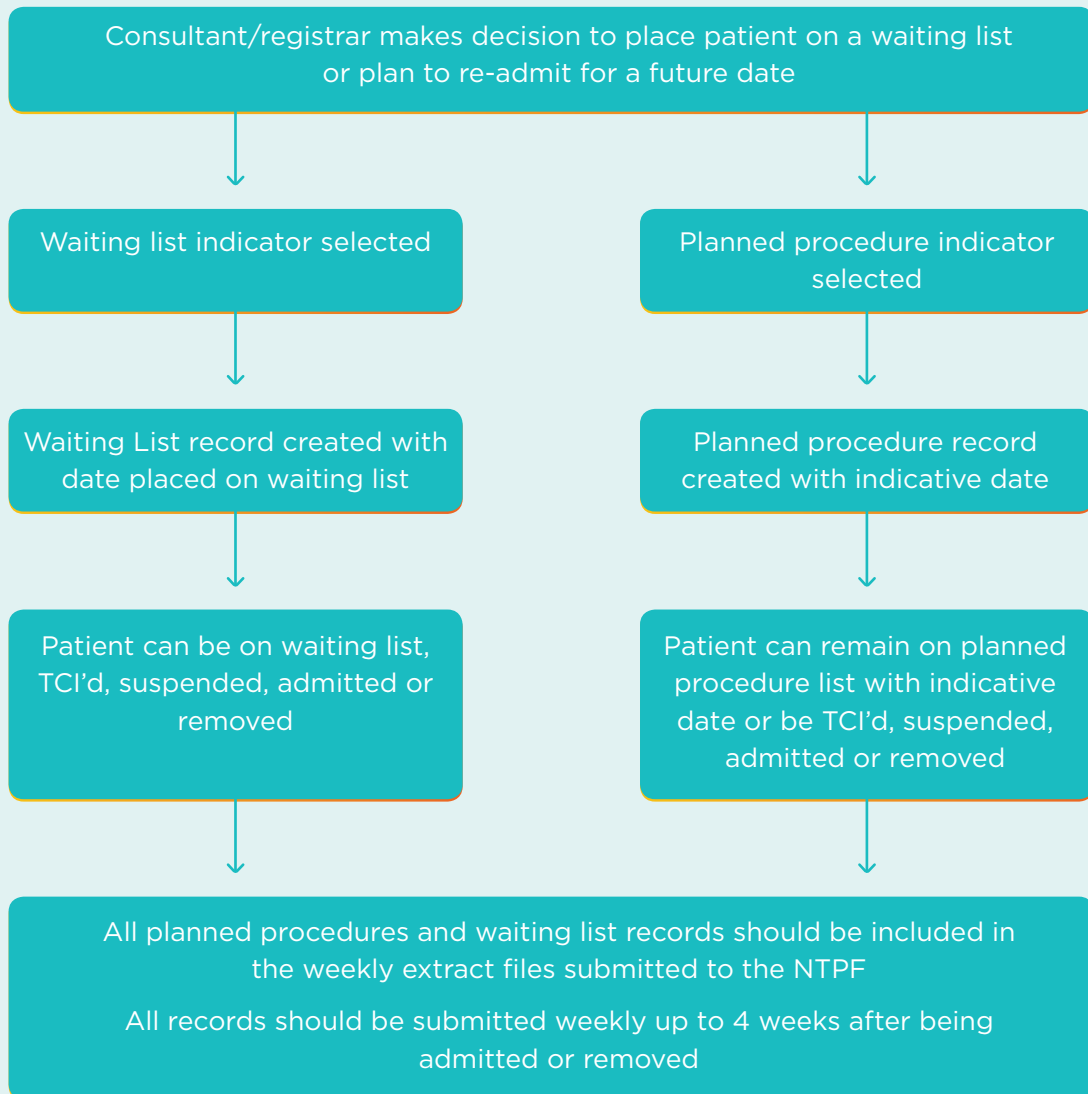


Figure 2
Pathway for the patient on PAS/HIS



3 The waiting list

The waiting list for in-patient and day case surgery consists of patients who are waiting for a designated in-patient or day case bed in a hospital and require scheduling or have been scheduled (TCI) for some date in the future. Active waiting lists should only consist of patients who have been validated as fit, ready and available for their procedure.

3.1 The process for adding patients to the waiting list

The decision to add a patient to a waiting list is made by a Consultant or Registrar. Patients must be fit, ready and able for surgery at the time of booking. Patients are only added to the waiting list when the waiting list application form/card is completed in full, dated and signed by a Consultant/Registrar³. All waiting list forms/cards must include the following minimum standard of information;

1. Medical Record Number
2. Clinical Priority - Routine or Urgent
3. Patient Forename
4. Patient Surname
5. Gender
6. Date of birth
7. Address

8. Telephone numbers, mobile and land line as available
9. Procedure Code (ICD-10-AM)
10. Procedure Description
11. Case type i.e. In-patient or Day Case
12. Specialty
13. Consultant details
14. Waiting List Indicator Selection
15. Date placed on waiting list
16. Date of admission - when known (TCI)
17. General Practitioner
18. Relevant medications
19. Public/Private (status)⁴

All information on the waiting list form/card must be entered into the Patient Administration System or Hospital Information System within 72 hours of the completion of the waiting list application form/card. The initial date the “decision to admit” was made should be entered to the electronic system as the “start wait date”. **This date should not be changed or revised at any point of the patients’ journey through the scheduled care system.** All public patients should be returned as part of the weekly snapshot extract submission to the NTPF.

³ Note: The same criteria apply to direct referrals, referrals from private rooms and community referrals. The referring consultant, (hospital, or community based), should complete the waiting list form/card defining the priority as routine or urgent, e.g., community ophthalmologists.

⁴ Private patients added to the PAS/HIS should NOT be included in the weekly extract file submitted to the NTPF.

3.2 The process for determining priority

All patients added to the waiting list must be assigned a clinical priority. Only two categories of priority should be returned in the weekly extract submission to the NTPF, these are **'routine'** or **'urgent'**. Where factors other than clinical urgency and waiting time influence patient scheduling, it will be necessary to demonstrate that no patient with similar characteristics has a higher urgency or has waited longer for treatment. Those patients, who are **not** flagged as urgent, in the weekly snapshot extract submitted to the NTPF, will be assumed to be routine. It is the responsibility of the clinician making the decision to admit, to define the patient as "urgent" or "routine".

3.3 The process for procedure coding

All patients must be coded to the ICD-10-AM classification. A separate free text description field should also be included indicating the reason the patient is being placed on the waiting list and returned in the weekly extract report submitted to the NTPF.

3.4 The process for adding patients to the waiting list who require multiple procedures

There are instances where patients can be waiting for more than one procedure that is not part of a planned episode of care⁵. An example would be a patient waiting for a cataract removal and a colonoscopy at the same time. These patients can be listed in the same or different specialties. If the procedures are independent of each other, and he or she could be called in for each procedure separately, then the patient must be added to the active list for both procedures. When the patient is admitted for one procedure, the patient should be suspended on medical grounds for the other procedures until clinically available for surgery.

3.5 The process for scheduling patients for admission (TCI)

A TCI is a patient who has confirmed a scheduled date for admission. These patients are still considered as actively waiting for their procedure. The following criteria must be employed when selecting a patient for admission⁶:

1. Patients must be validated as available for admission prior to booking.
2. Patients will be **scheduled no more than six weeks in advance.**
3. Routine patients should be given reasonable periods of notice, in general **not less than three weeks.**

⁵ See section 4, Page 23 for The Planned Procedure List for patients who require scheduling for staged procedures.

⁶ This applies to both public and private patients.

The order that patients should be scheduled for admission is as follows:

1. Urgent patients who have been cancelled.
2. Urgent patients.
3. Routine patients previously cancelled.
4. Routine patients in chronological order.

3.6 The process for managing telephone offers of a TCI date

The preferred method of contact to schedule a patient for admission is by telephone. This gives the patient an opportunity to raise any potential issues pertaining to their admission, thereby reducing the risk of cancellations (CNA's – could not attend) or attendance failures (DNAs – did not attend). All telephone offers of a TCI date should be confirmed in writing where time allows.

The patient should be contacted by telephone and offered at least two scheduled dates for admission with a **minimum of three weeks notice** of that date. **Patients should not be scheduled more than six weeks in advance.**

Patients who decline a date with at least three weeks' notice need to be advised of the consequences of declining a second offer. When a patient declines an initial offer of an admission date this must be documented on the HIS/PAS. **Patients who decline a second offer should be removed from the waiting list**, and both GP and patient be advised in writing with a copy of the letter filed in the medical records.

Where no phone number is available or no contact with the patient has been made by phone, the pathway for a written offer should be used.

See figure 3 for the pathway for a telephone offer and figure 4 for the pathway for a written offer when the patient is un-contactable by telephone.

Figure 3
Pathway for managing telephone offers of a TCI date

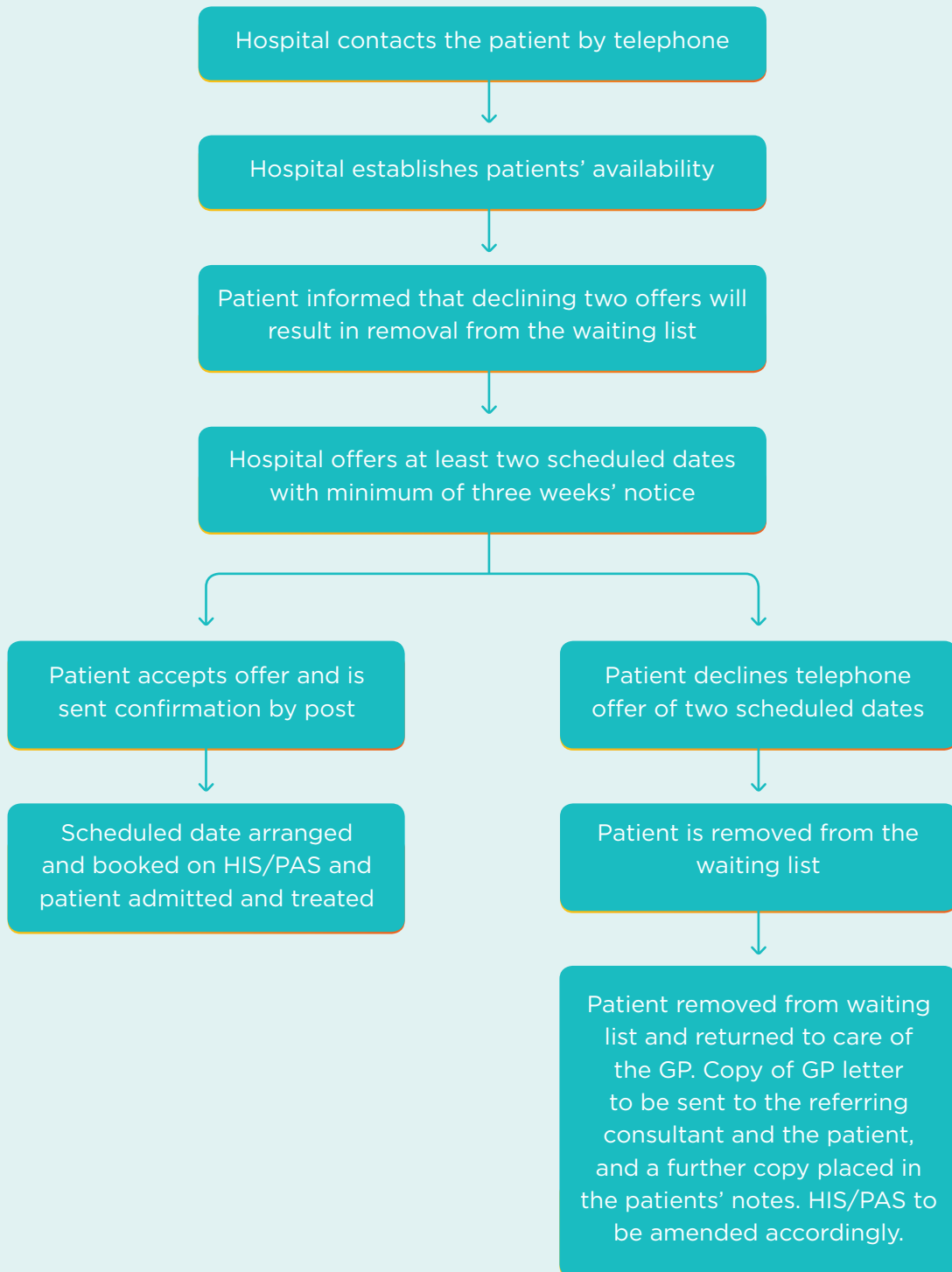
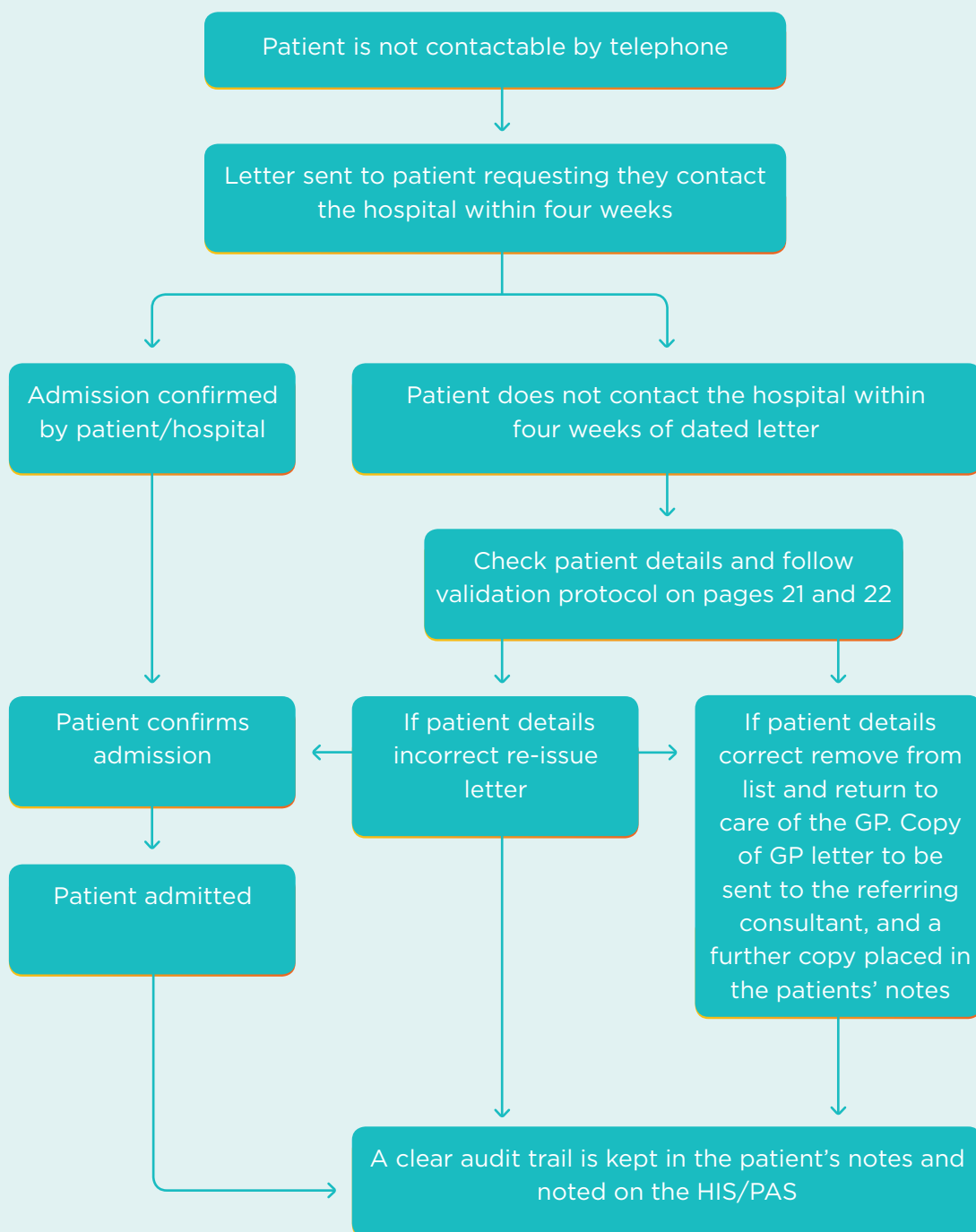


Figure 4
Pathway for managing written offers where the patient is not contactable by telephone.



3.7 The process for managing TCI cancellations – patient initiated (CNA’s could not attend)

When a patient cancels a TCI offer, they will be informed that if they subsequently refuse a second offer they will be removed from the waiting list, in order to accommodate other patients waiting.⁷

This does not include patients who are unavailable due to a change in clinical status. When the patient cancels a second offer they will be removed from the PAS/HIS using the pre-defined reason codes and then removed from the waiting list. A letter will be sent, by the hospital, to the patient, the patient’s General Practitioner, attending Consultant and a copy filed in the patient’s medical notes.

A patient who declines two reasonable offers of admission should not remain on the active waiting list. If these patients are not managed carefully on a patient by patient basis, this may result in high volumes of long waiters on a hospital’s waiting list.

When a patient is unavailable due to a change in clinical status the patient can be suspended for a maximum of three months. If it is likely that the patient will still be unfit for surgery after the three months have transpired, the patient should be referred back to their General Practitioner for review.

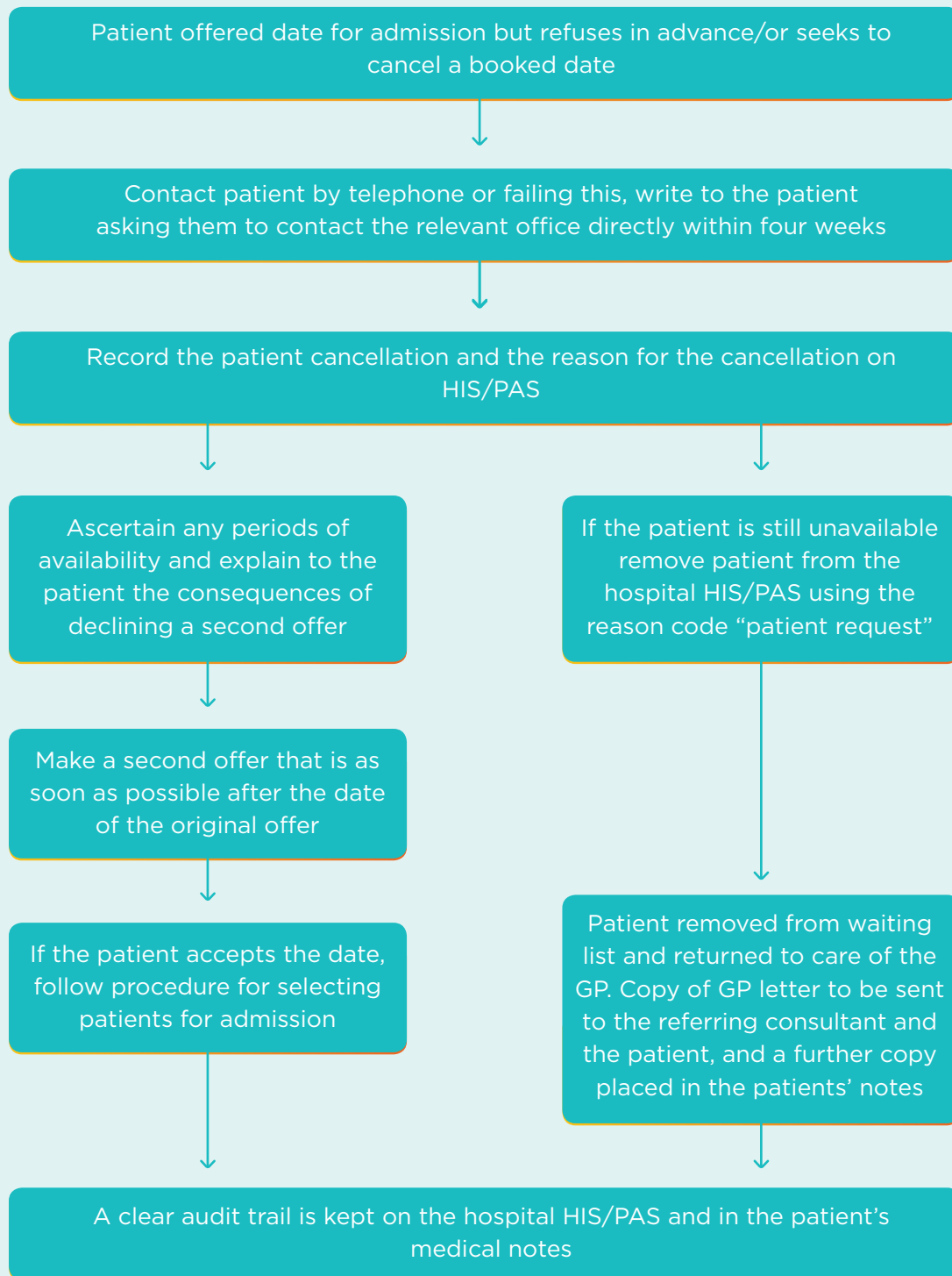
When a patient still requires and is now fit for admission they should be referred back to the Outpatients Department for re-assessment.

The entry on the PAS/HIS will be cancelled, and the patient will be removed from the waiting list.

See figure 5 for the pathway for a patient initiated cancellation.

⁷ Waiting time stops/re-starts where a patient reschedules his/her appointment, fails to attend for appointment, or is removed from the waiting list.

Figure 5
Pathway for patient initiated cancellation (CNA)



3.8 The process for managing patients who do not attend (DNA) a scheduled date for admission

Patients who fail to attend (DNA) their agreed scheduled date will be removed from the waiting list using the reason code that the patient did not attend (DNA).

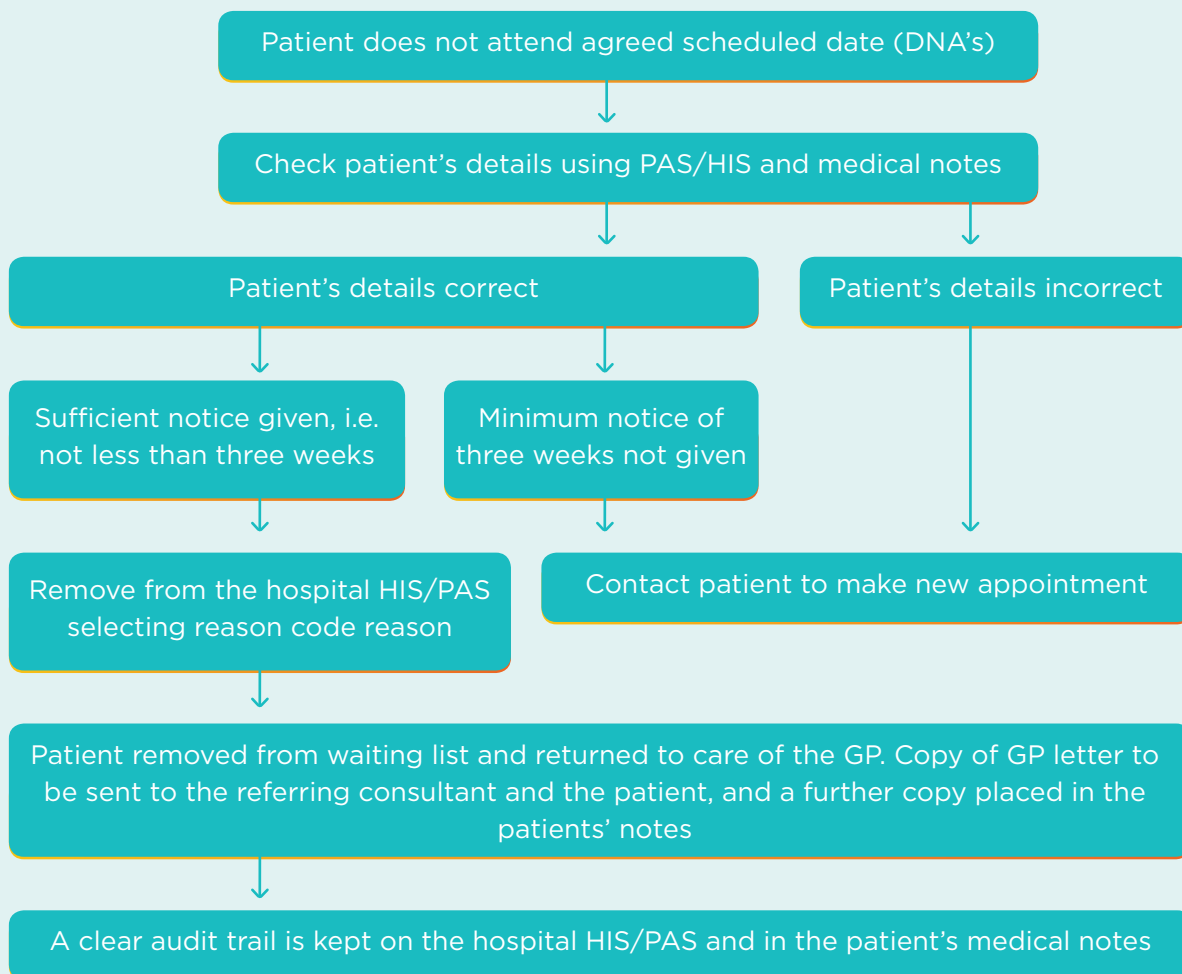
The General Practitioner, Consultant and patient should be advised in writing by the hospital that the patient has been removed because they failed to attend a booked date for admission.

The following should be checked before the patient is removed:

1. Were the contact details correct?
2. Was the patient given reasonable notice?

If the patient and/or the General Practitioner contact the hospital to be reinstated, the decision to reinstate should be made by the Designated Executive Lead and/or the Bed Manager in consultation with the listing Clinician. See figure 6 for the pathway for managing patients who DNA a confirmed TCI date.

Figure 6
Pathway for managing patients who DNA a confirmed TCI date



3.9 The process for managing TCI cancellations-hospital initiated

Hospital initiated cancellations fall into two categories; 'clinical cancellations' and 'non-clinical cancellations'.

Clinical cancellations are those cancellations where a patient has been admitted for surgery and found to be clinically unfit to undergo their procedure. It is the decision of the consultant in discussion with the patient as to whether the patient should be re-booked, clinically suspended (up to three months), or removed from the waiting list. This decision should in all cases be communicated with the relevant administration staff and the GP.

Non-clinical cancellations occur when patients are cancelled due to unforeseen circumstances. This could include theatre utilisation for emergency surgery of unscheduled patients and workforce planning issues, such as lack of availability of competent staff and equipment or facilities failures.

Hospitals should implement processes to minimise hospital initiated postponements, while maximising service efficiency, including:

- Effective operation theatre scheduling and bed management systems.
- Effective human resource management, e.g., defined notice of intended annual leave for key personnel.

- Equipment maintenance scheduling.
- Regular audit of postponement reasons by the dedicated executive lead as part of the monthly performance monitoring report.

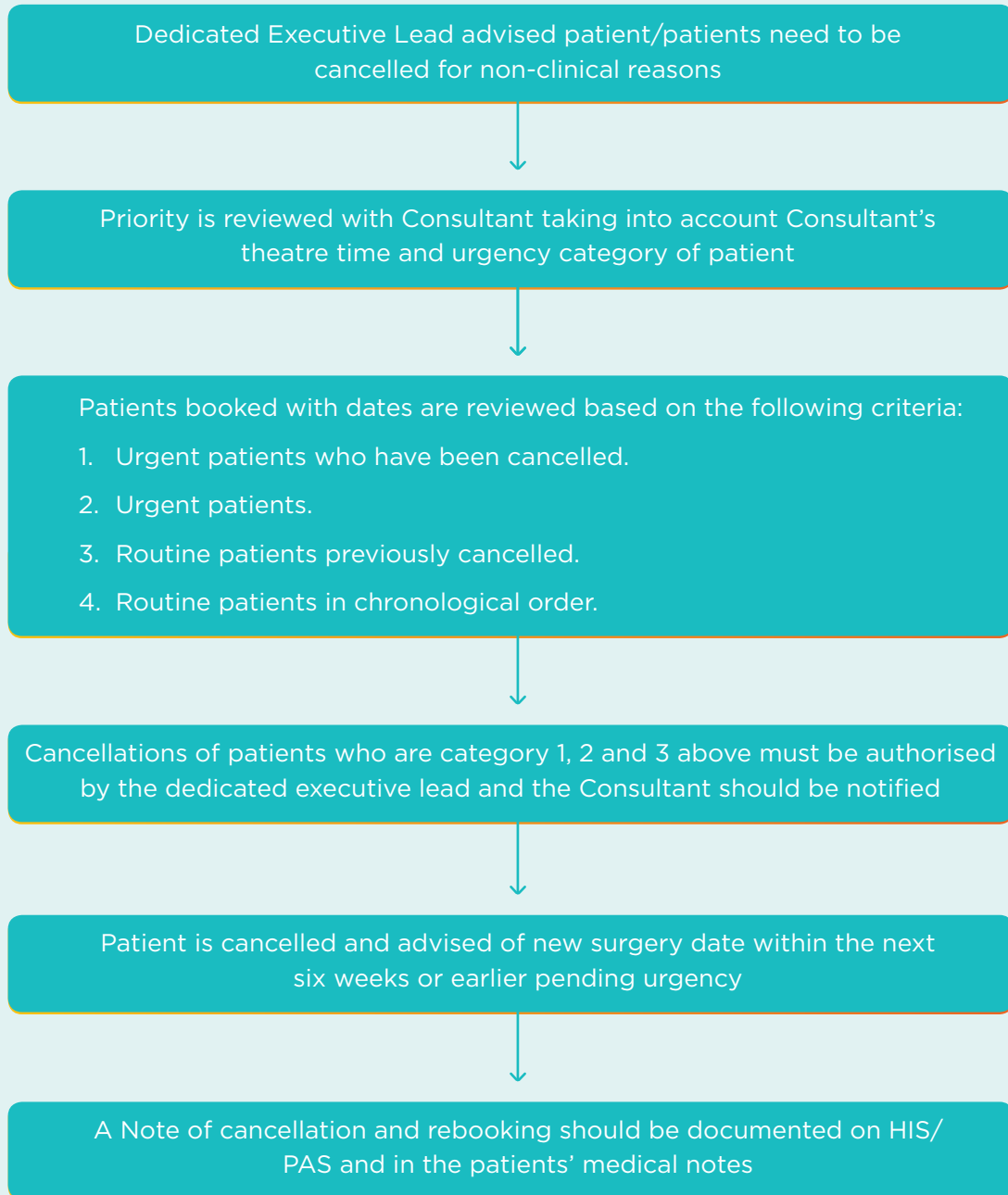
In all instances of hospital initiated cancellations the patients must be reinstated on the waiting list and booked as soon as possible. Where possible, the following patients should be the last patients to be cancelled:

1. Urgent patients who have been previously cancelled.
2. Urgent patients.
3. Routine patients who have previously cancelled.
4. Routine patients in chronological order – the patient should be selected for booking based on the date the referral was received.

See figure 7 for the pathway for managing hospital initiated non-clinical cancellations.

Figure 7

Pathway for managing hospital initiated non-clinical cancellation



3.10 The process for managing suspended patients

Suspended patients are those that have received an offer of treatment but have either been unable to proceed because they are not well enough (clinical suspensions) or they have chosen to delay treatment for personal reasons (non-clinical suspensions). Non-clinical suspensions should be kept at a minimum.

Clinical suspensions

Periods of clinical suspension should last **no less than two weeks** and no longer than **three months** in total. Each clinical team should review suspensions prior to re-instatement to ensure that the patient is fit to return to the active list. If the patient is not fit then he or she should be removed from the list and returned to the care of the GP⁸.

Remember the date placed on the waiting list should not be changed or revised at any point of the patients' journey through the scheduled care system.

All patients should have a suspension end date entered in the HIS/PAS. Suspension end dates should be set in the first week of the month as this offers the best opportunity to get the patient treated within that month particularly if they are likely to breach maximum waiting time targets.

All suspensions start and end dates, along with the reason code should be recorded on the HIS/PAS. Additional relevant details should be recorded in the comments field.

See figure 8 for the pathway to follow for clinical suspensions.

Non-clinical suspensions

Non-clinical suspensions should be kept at a minimum. The preferred method for managing patients who decline an offer of treatment is make a second offer (see figure 9 page 20). However, if patients are unavailable at validation (see section 3.12 on page 21 for the process for validation of The Waiting List), non-clinical suspension should be utilised. Periods of non-clinical suspension should be no less than **two weeks** and no more than **three months** and patients should only be suspended on one occasion for a particular episode of treatment.

Administrative staff should review patients due to re-activate on the active list prior to their re-activation date with an additional offer for admission in the next six weeks. If the patient turns down the second offer of admission they should be removed from the waiting list and this should be confirmed in writing to the listing consultant, the referring general practitioner and the patient. See figure 9 for the pathway for managing non-clinical suspensions.

⁸ Note: Patients who were deemed as fit to be placed on the waiting list who require pre-operative assessment or are booked for pre-operative assessment should never be suspended.

Figure 8
Pathway for clinical suspension

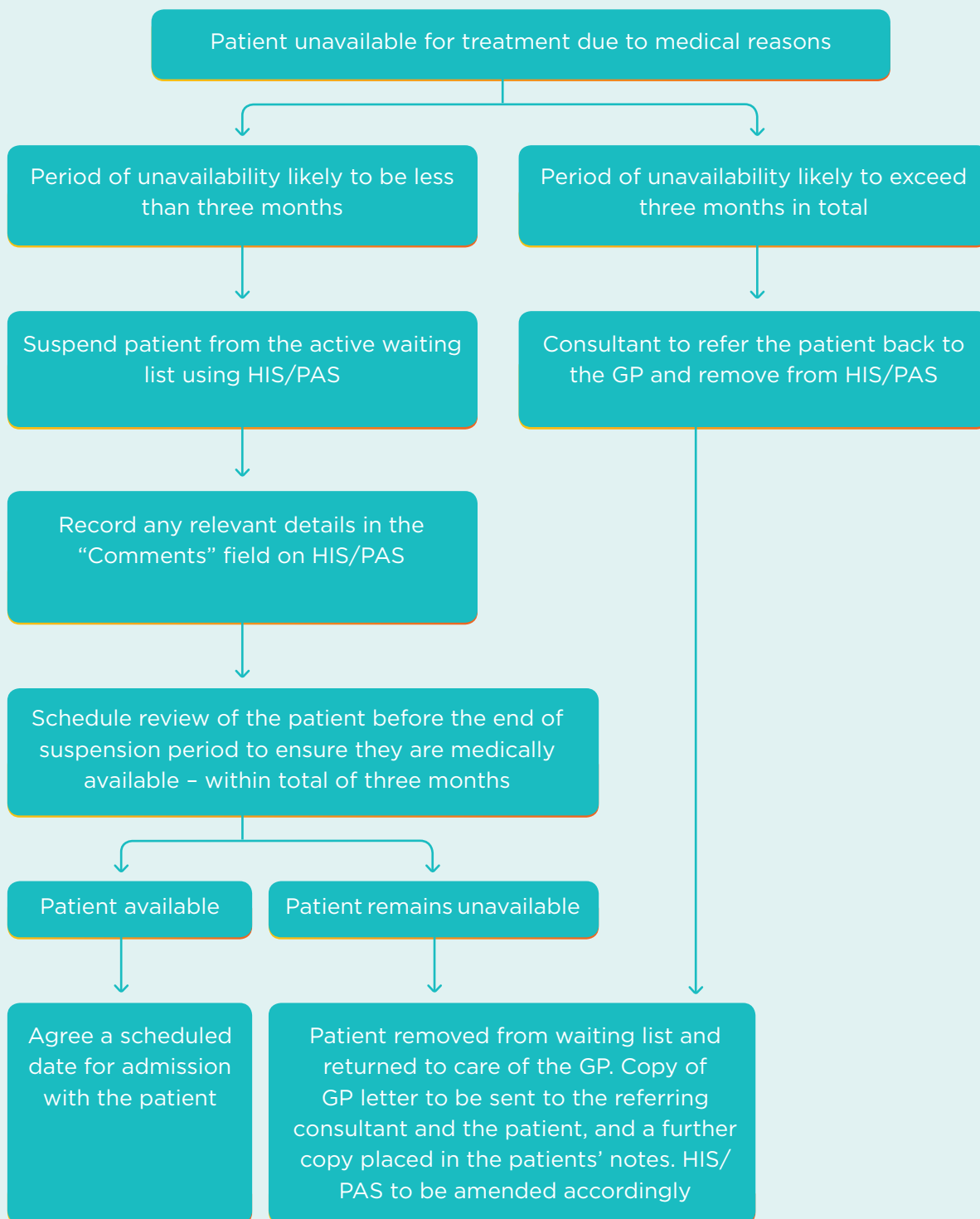
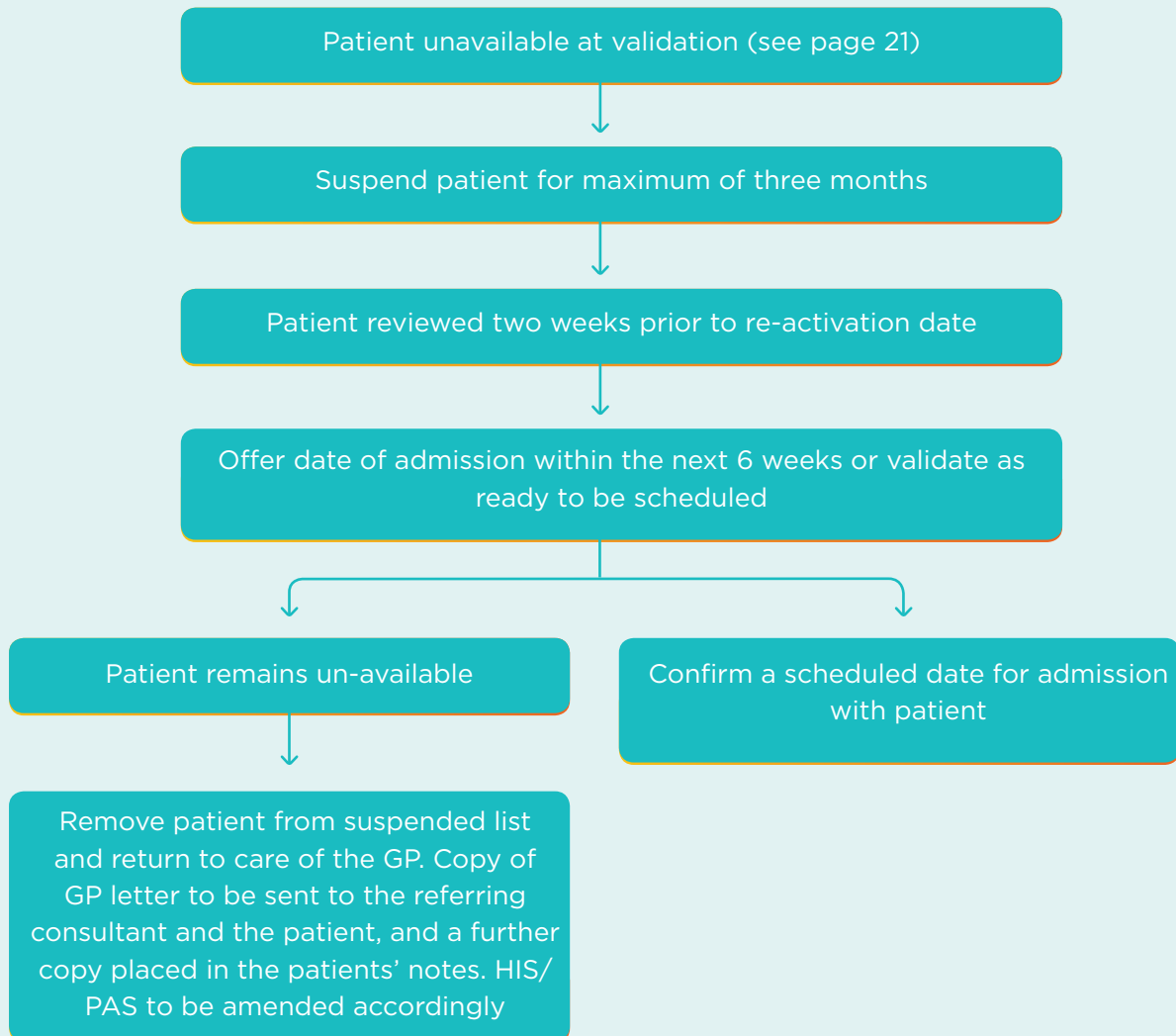


Figure 9
Pathway for non-clinical suspensions



3.11 The process for validation of the waiting list

Validation is the process whereby patients are regularly contacted by hospitals to see if they are still waiting for the listed procedure or treatment and to review their current suitability for treatment.

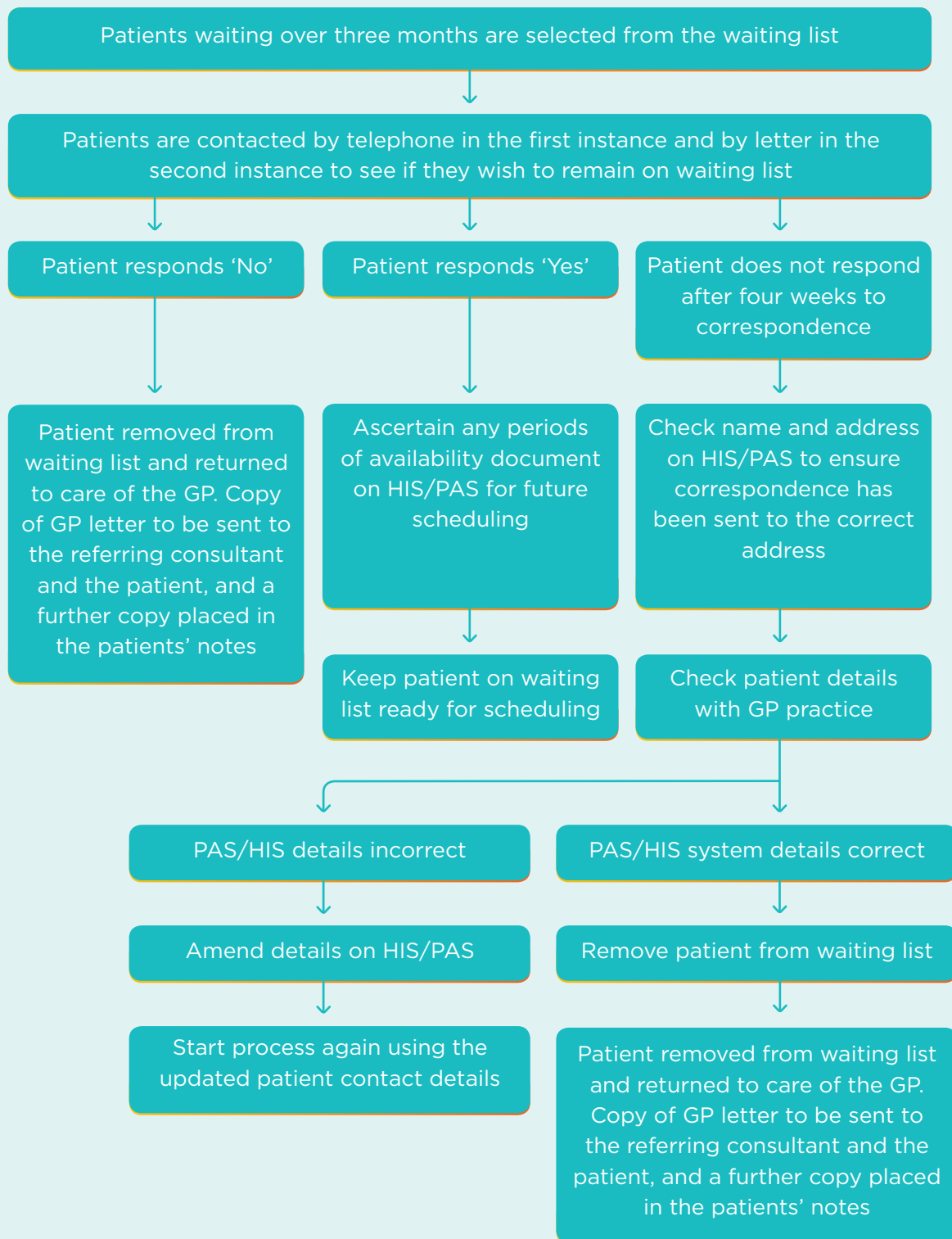
Evidence based reviews of waiting lists identifies that significant numbers of patients added to the waiting list will ultimately **not** present for treatment. These patients may no longer require treatment, have had their treatment elsewhere or the scheduling office may be unable to contact the patient.

The aim of a validation exercise is to identify these patients as early as possible so that the active waiting list only contains patients who are fit ready and able if called. It also ensures that capacity is targeted to those who most require it.

All areas managing day-to-day waiting list movement should carry out on-going validation of the waiting list. At minimum, all patients on a waiting list for three months or more should be validated every six months.

The preferred method of validation is by telephone. If this is not possible patients should be written to with a request to telephone the hospital to a dedicated direct line at defined times when dedicated administrative staff are available to answer the call. This allows patients to identify any other particular issues that may prevent their admission. If the patient does not respond to the written correspondence within four weeks follow the steps outlined in figure 10.

Figure 10
Pathway for patient level validation of the waiting list



4 The Planned Procedure List

The term 'planned procedure' refers to those patients who are waiting to be recalled to hospital for a further stage in their course of treatment or surgical investigation within specific timescales. This is usually part of a planned sequence of clinical care determined on clinical criteria.

These patients are not actively waiting for initial treatment, but for planned continuation of treatment. A patient is planned if there are clinical reasons that determine the patient must wait set periods of time between interventions. These patients should not be classified on the active waiting list.

Every patient should have a target date or "indicative date" for the planned procedure. Patients with an indicative date for treatment should be contacted and offered an actual admission date (TCI) with three weeks notice.

The recently added data field to all HIS/PAS to identify patients by an 'indicative date for their planned procedure' should be utilised. These patients should be returned to the NTPF as part of the weekly extract report and will be monitored to ensure that they are carried out at the appropriate time. Treatments that may fall into this category may include:

1. **Bi-lateral procedures** that are referred separately for example - hip/knee replacements, those patients awaiting pin removals after orthopaedic surgery or cataract removals
2. **Timed procedures** that are delivered at regular time intervals for example - patients who have had their first chemotherapy and have not yet started their second and subsequent therapies, immunoglobulin infusions, nerve blocks, repeat or surveillance endoscopy
3. **Staged procedures** such as plastic surgery procedures where a series of procedures are required

The following pathways from the waiting list taxonomy should be used to manage the day to day movement of patients on the planned procedure list -

- 3.6) The process for managing telephone offers of a TCI date, see page 10
- 3.7) The process for managing TCI cancellations, patient initiated (CNA), see page 13
- 3.8) The process for managing patients who do not attend a scheduled date for admission (DNA), see page 15
- 3.9) The process for managing TCI cancellations - hospital initiated, see page 16

5 Audit and Quality Assurance

The Waiting List Management Protocol has been developed by the National Treatment Purchase Fund (NTPF) in conjunction with the Special Delivery Unit (SDU) and the National Clinical Programmes. The Protocol has been developed to ensure there is a consistent structured approach to the planning and management of the waiting list for in-patient, day case and planned procedure patients in all publicly funded hospitals, including voluntary agencies in Ireland.

The core taxonomy for waiting list patients (in-patient and day case) has been identified and best practice principles have been detailed. The weekly extract snapshot reports will assist the NTPF with monitoring adherence to the protocol, particularly the two fields that are now mandatory, i.e., the indicative date given to patients for addition to the planned procedure list and/or the waiting list and the determination of either routine or urgent. Figure 2 (page 7) gives an overview of the whole pathway for the waiting list for in-patient, day case and planned procedures.

An audit and quality assurance review of the data returned to the NTPF will be carried out in each hospital on an annual basis or as required by the audit and quality assurance team. The purpose of the review is to establish:

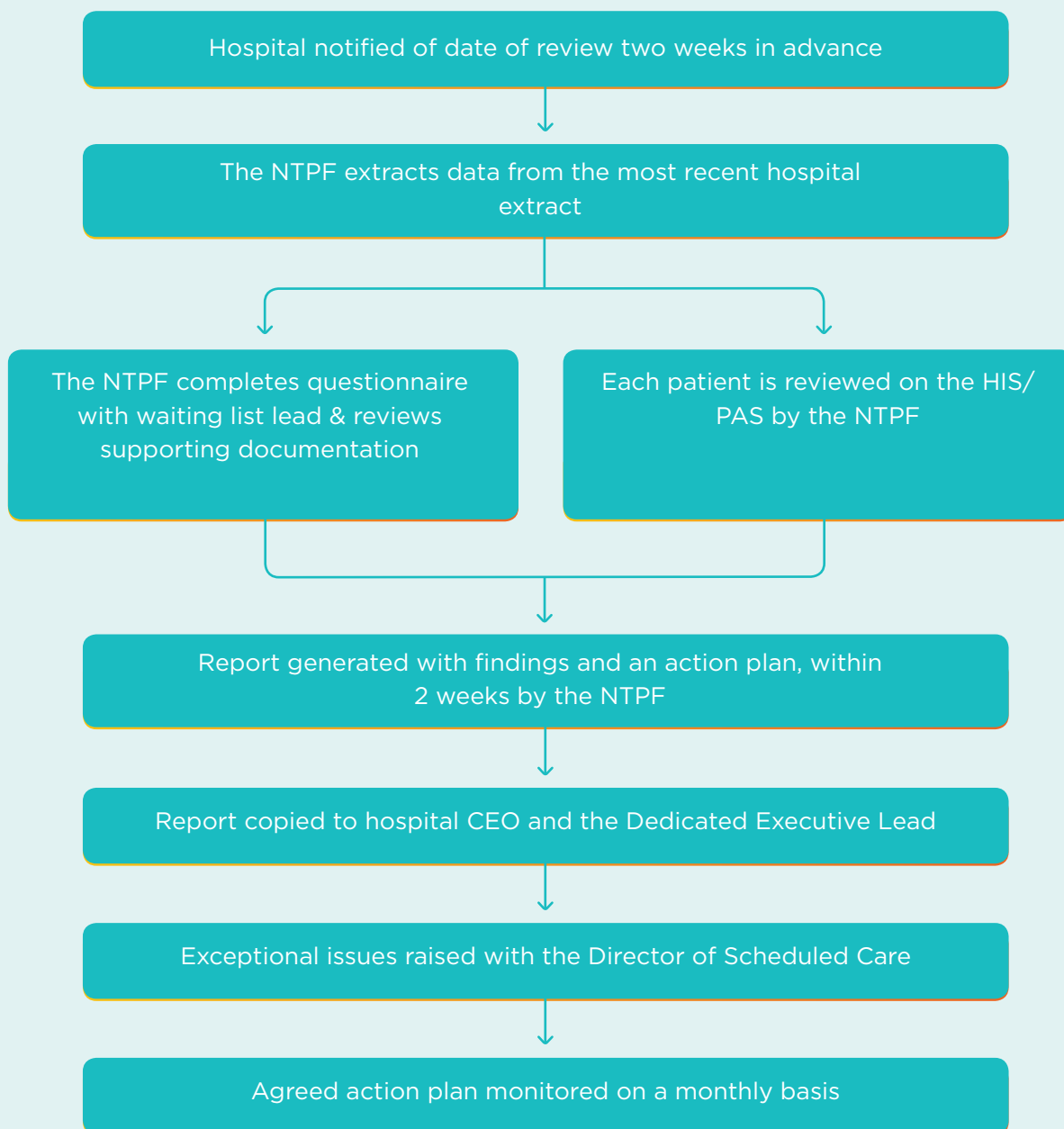
- 1) If hospitals are adhering to the National Waiting List Management Protocol and
- 2) If the weekly extract submitted by the hospital to the NTPF is an accurate reflection of waiting list and planned procedure data at hospital level.

Each review will comprise of, at a minimum, collection of the following information:

1. Questionnaire completed by the audit and quality assurance team in conjunction with the designated executive lead.
2. Review of hospital supporting documentation, including the agendas and minutes from the waiting list management project group.
3. Review of data and dashboards within the scheduled care system.
4. Review of medical notes/contact with patients where deemed necessary.

The findings, recommendations and action plan implementation timeframes from the audit will be agreed and monitored with the relevant key personnel. The NTPF will monitor adherence and implementation of the agreed action plan on a monthly basis. See figure 11 for Quality Assurance Pathway.

Figure 11
Quality Assurance Review Pathway



CNA

A CNA (could not attend) is a patient who cancels a scheduled appointment for admission in advance of the admission.

Core Taxonomy

Core taxonomy is a system of categories that are used unambiguously to classify each patient in a scheduled care pathway.

DNA

A DNA (did not attend) is a patients who did not attend for a scheduled admission.

DOH: Department of Health

The Department of Health's statutory role is to support the Minister in the formulation and evaluation of policies for the health services.

HIS

Hospital Information System

ICD-10-AM classification

The ICD-10-AM classification is an internationally used directory of procedure codes.

NTPF: National Treatment Purchase Fund

The National Treatment Purchase Fund supports the role of the SDU in delivery of performance improvements in scheduled care.

PAS

Patient Administration System

PTR - Patient Treatment Register

The PTR is a register for public in-patients, day cases and planned procedure waiting lists.

SDU: Special Delivery Unit

The Special Delivery Unit was established to unblock access to acute services by improving the flow of patients through the system.

SEI's

Statistical Evaluation Irregularity reporting.

TCI

A 'TCI' is a patient who has a scheduled date (or a date "to come in") in the future.

