

# Wrightington, Wigan and Leigh Teaching Hospitals

NHS Foundation Trust

Information Governance Department

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Ref: FOI/2024/9788

Date Received: 12<sup>th</sup> April 2024

Response Due: 13<sup>th</sup> May 2024

Date: 22<sup>nd</sup> May 2024

Dear Sir/Madam

With reference to your request for information received on 12<sup>th</sup> April 2024, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

In your request you asked:

**1a. Does your organisation follow the guidance set out in Section 5 (Recording RTT waiting times: Planned patients) of NHS England's [Recording and reporting referral to treatment \(RTT\) waiting times for consultant led elective care](#)'?:** *"Planned care means an appointment /procedure or series of appointments/ procedures as part of an agreed programme of care which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. Planned activity is also sometimes called 'surveillance', 're-do' or 'follow-up'." ... "When patients on planned lists are clinically ready for their care to commence and reach the date for their planned appointment, they should either receive that appointment or be transferred to an active waiting list and a waiting time clock should start (and be reported in the relevant waiting time return). The key principle is that where patients' treatment can be started immediately, then they should start treatment or be added to an active waiting list."*

Yes

Patients on a planned care schedule will be outside the scope of 18 weeks. Planned procedures are part of an agreed programme of care which is required for clinical reasons to be carried out at a specific time or repeated at a specific frequency. Planned activity is also sometimes known as "surveillance". Examples included 6-month repeat colonoscopy following removal of a malignancy, tumour or polyp.

Patients must only be included on planned schedule if there are clinical reasons why the patient cannot have an RTT pathway procedure or treatment until a specified time. The planned schedule should clearly document the due date for any planned procedure or treatment.

Where patients become overdue for their planned procedure, consideration should be given to starting an RTT clock to prevent any unnecessary delays to planned treatment, taking into account any current or published tolerance guidelines from recognised clinical bodies.

**1b. If so, do you follow the guidance with respect to the following types of planned patient (as defined in the guidance):**

- **Follow-up outpatients**

Not specifically, patients are either on a partial booking waiting list or PIFU (discharged or review). Follow up waiting list backlogs are risk stratified and capacity provided to meet the most urgent demand.

- **Cancer surveillance patients**

Yes, for planned procedures. Follow-up appointments are booked directly to clinic and not added to a waiting list.

- **Active monitoring patients**

Yes, at the point a decision is made to treat. Up to then patients are on either a partial booking waiting list or PIFU as above or have a follow-up appointment booked.

**1c. If so, at what point does your organisation place patients waiting for planned care (as defined in the guidance) on an active RTT waiting list? (e.g. the RTT clock starts as soon as a patient's care becomes 'overdue', or after a defined time period or tolerance following a patient's care becoming 'overdue'?)**

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Patients must only be included on planned schedule if there are clinical reasons why the patient cannot have an RTT pathway procedure or treatment until a specified time. The planned schedule should clearly document the due date for any planned procedure or treatment.

Where patients become overdue for their planned procedure, consideration should be given to starting an RTT clock to prevent any unnecessary delays to planned treatment, taking into account any current or published tolerance guidelines from recognised clinical bodies.

**1d. If such patients are placed on an active RTT waiting list, do you report them on i) the Referral to Treatment statistics to NHS England which are published monthly as National Statistics, and/or ii) the Waiting List Minimum Data Set (WLMDS)?**

Yes, all patients that are recorded on an active RTT pathway are reported in both of the Trusts RTT Month End and weekly WLMDS submissions

**2a. How many patients on your active RTT waiting list have been placed on this waiting list having been transferred from a planned care list (as defined in the guidance)? Please provide the most recent available figures and state the date of those figures.**

The Trust is unable to provide this data as it is not recorded centrally within our systems. If recorded it would be held across systems and would require manual validation from our staff to establish whether the patient episodes are related. As case notes are for the care and treatment of patients, we do not request staff to interrogate them in order to collate the information required to respond to Freedom of Information requests.

**2b. How long have these patients been on an active RTT waiting list?**

- i. 0-4 weeks (0-28 days)
- ii. >4 -12 weeks (29-84 days)
- iii. >12-18 weeks (85 days-126 days)
- iv. >18-36 weeks (127 days-252 days)
- v. >36-52 weeks (253 days-364 days)
- vi. >52-104 weeks (365 days – 728 days)
- vii. >104 weeks (729 days or more)
- viii. No date recorded.

The Trust is unable to provide this data as it is not recorded centrally within our systems. If recorded it would be held across systems and would require manual validation from our staff to establish whether the patient episodes are related. As case notes are for the care and treatment of patients, we do not request staff to interrogate them in order to collate the information required to respond to Freedom of Information requests.

**2c. How many of these patients are on an active RTT waiting list for the following RTT treatment functions?**

- i) General Surgery Service
- ii) Urology Service
- iii) Trauma and Orthopaedic Service
- iv) Ear Nose and Throat Service
- v) Ophthalmology Service
- vi) Oral Surgery Service
- vii) Neurosurgical Service
- viii) Plastic Surgery Service
- ix) Cardiothoracic Surgery Service
- x) General Internal Medicine Service
- xi) Gastroenterology Service
- xii) Cardiology Service
- xiii) Dermatology Service
- xiv) Respiratory Medicine Service
- xv) Neurology Service
- xvi) Rheumatology Service
- xvii) Elderly Medicine Service
- xviii) Gynaecology Service
- xix) Other - Medical Services
- xx) Other - Mental Health Services
- xxi) Other - Paediatric Services
- xxii) Other - Surgical Services
- xxiii) Other - Other Services
- xxiv) Unknown

The Trust is unable to provide this data as it is not recorded centrally within our systems. If recorded it would be held across systems and would require manual validation from our staff to establish whether the patient episodes are related. As case notes are for the care and treatment of patients, we do not request staff to interrogate them in order to collate the information required to respond to Freedom of Information requests.

**3. How many planned patients (as defined in the guidance), in each of the following categories, do not have a date that allows their overdue date to be calculated ( e.g. a due-by / latest clinically appropriate date):**

- **Follow-up outpatients**
- **Cancer surveillance patients**
- **Active monitoring patients**

The Trust is unable to provide this data as it is not recorded centrally within our systems. If recorded it would be held across systems and would require manual validation from our staff to establish whether the patient episodes are related. As case notes are for the care and treatment of patients, we do not request staff to interrogate them in order to collate the information required to respond to Freedom of Information requests.

If you are not entirely satisfied with this response, please do not hesitate to contact the Information Governance Department via the email address provided. If we do not hear from you within 40 days, we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,



Claire Wannell  
Interim Chief Operating Officer

**PLEASE NOTE:**

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Suite 9, Buckingham Row, Brick Kiln Lane, Wigan, WN1 1XX.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision at:

The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire, SK9 5AF

Helpline number: 0303 123 111