THE 18-WEEK RULES SUITE - DEFINITIONS

The aim of this document is to provide clear and unambiguous definitions of terms used where they have a particular meaning within the context of 18 weeks. The guide on how to apply national rules locally provides further advice, including case studies, on applying the National Clock Rules which set many of the terms used in context.

18-week referral to treatment period	The part of a patient's care following initial referral, which initiates a clock start, leading up to the start of first definitive treatment or other 18 week clock stop point.
A	
Active monitoring	An 18-week clock may be stopped where it is clinically appropriate to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures at that stage. A new 18-week clock would start when a decision to treat is made following a period of active monitoring (in previous guidance also known as watchful waiting) Where there is a clinical reason why it is not appropriate to continue to treat the patient at that stage, but to refer the patient back to primary care for ongoing management, then this constitutes a decision not to treat and should be recorded as such and also stops an 18-week clock. If a patient is subsequently referred back to a consultant-led service, then this referral starts a new 18-week clock.
Admission	The act of admitting a patient for a day case or inpatient procedure
Admitted pathway	A pathway that ends in a clock stop for admission (day case or inpatient)
B	
Bilateral (procedure)	A procedure that is performed on both sides of the body, at matching anatomical sites. For example, removal of cataracts from both eyes.
C	
Care Professional	A person who is a member of a profession regulated by a body mentioned in section 25(3) of the National Health Service Reform and Health Care Professions Act 2002.
Choose and Book	A national electronic referral service that gives patients a choice of place, date and time for their first consultant outpatient appointment in a hospital or clinic
Clinical decision	A decision taken by a clinician or other qualified care professional, in consultation with the patient, and with reference to local access policies and commissioning arrangements
Clock pause	See *pause*
Consultant	A person contracted by a healthcare provider who has been appointed by a consultant appointment committee. He or she must be a member of a Royal College or Faculty. 18 weeks excludes non-medical scientists of

	equivalent standing (to a consultant) within diagnostic departments.
Consultant-led	A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.
Convert(s) their UBRN	When an appointment has been booked via Choose and Book, the UBRN is converted. (Please see definition of UBRN).
D	
DNA – Did Not Attend	DNA (sometimes known as an FTA – Failed to attend). In the context of 18 weeks, this is defined as where a patient fails to attend an appointment/admission without prior notice
Decision to admit	Where a clinical decision is taken to admit the patient for either a day case or inpatient treatment
Decision to treat	Where a clinical decision is taken to treat the patient. This could be treatment as an inpatient or day case, but also includes treatments performed in other settings e.g. as an outpatient
F	
First definitive treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes First Definitive Treatment is a matter for clinical judgement, in consultation with others as appropriate, including the patient. Symptom specific suggestions for first definitive treatments can be found in the 18-week commissioning pathways available from www.18weeks.nhs.uk
Fit (and ready)	A new 18 week clock should start once the patient is fit and ready for a subsequent bilateral procedure. In this context, fit and ready means that the clock should start from the date that it is clinically appropriate for the patient to undergo that procedure, and from when the patient says they are available.
H	
Healthcare science intervention	See *Therapy or Healthcare science intervention*
I	
Interface service (non consultant-led interface service)	All arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care. The 18 week target relates to hospital/consultant-led care. Therefore, the definition of the term 'interface service' within the context of 18 weeks does not apply to similar 'interface' arrangements established to deliver traditionally primary care or community provided services, outside of their traditional (practice or community based) setting. The definition of the term does not also apply to: • non consultant-led mental health services run by Mental Health Trusts.

- referrals to 'practitioners with a special interest' for triage, assessment and possible treatment, except where they are working as part of a wider interface service type arrangements as described above.

N

Non-admitted pathway	A pathway that results in a clock stop for treatment that does not require an admission or for 'non-treatment'
Non consultant-led	Where a consultant does not take overall clinical responsibility for the patient.
Non consultant-led Interface service	See *interface service*

P

Pause/ clock pause	The act of pausing a patients' 18-week clock. Clocks may only be paused for non-clinical reasons and only where a patient chooses to wait longer for admission than two *reasonable offers* made by the provider

R

Reasonable offer	Where a decision to admit, as either a day case or inpatient has been made, many patients will choose to be admitted at the earliest opportunity. However, not all will, and it would not be appropriate to *pause* a clock for patients who cannot commit to come in at short notice. A clock may only be paused therefore when a patient has turned down two or more 'reasonable offers' of admission dates. *A reasonable offer* is an offer of a time and date three or more weeks from the time that the offer was made. If patients decline these offers and decide to wait longer for their treatment, then their clock may be paused from the date of the first reasonable offer and should restart from the date that patients say they are available to come in.
Referral Management or assessment Service	Referral management or assessment services are those that do not provide treatment, but accept GP (or other) referrals and provide advice on the most appropriate next steps for the place or treatment of the patient. Depending on the nature of the service they may, or may not, physically see or assess the patient. Referral Management and Assessment Services should only be in place where they carry clinical support and abide by clear protocols that provide benefits to patients. They must not be devices either to delay treatment or to avoid having clinical discussions with GP practices about good referral practice. In the context of 18 weeks, a clock only starts on referral to a referral management and assessment service where that service may onward-refer the patient to a surgical or medical consultant-led service before responsibility is transferred back to the referring health professional.

S

Straight to test	A specific type of direct access diagnostic service whereby a patient will be assessed and might, if appropriate, be treated by a medical or surgical consultant-led service before responsibility is transferred back to the referring health professional.
Substantively new or different treatment	Upon completion of an 18-week referral to treatment period, a new 18-week clock starts upon the decision to start a substantively new or different treatment that does not already form part of that patient's agreed care plan; It is recognised that a patients' care often extends beyond the 18-week referral to treatment period, and that there may be a number of planned treatments beyond first definitive treatment. However, where further treatment is required that was not already planned, a new 18-week clock should start at the point the decision to treat is made. Scenarios where this might apply include: • where less 'invasive/intensive' forms of treatment have been unsuccessful and more 'aggressive/intensive' treatment is required (e.g where Intra Uterine Insemination (IUI) has been unsuccessful and a decision is made to refer for IVF treatment); • patients attending regular follow up outpatient appointments, where a decision is made to try a substantively new or different treatment. In this context, a change to the dosage of existing medication may not count as substantively new or different treatment, whereas a change to medication combined with a decision to refer the patient for therapy might. Ultimately, the decision about whether the treatment is substantively new or different from the patients agreed care plan is one that must be made locally by a care professional in consultant with the patient.

T

Therapy or Healthcare science intervention	Where a consultant-led or interface service decides that Therapy (for example physiotherapy, speech and language therapy, podiatry, counselling) or healthcare science (e.g. hearing aid fitting) is the best way to manage the patient's disease, condition or injury and avoid further interventions;
Tolerance	We will define success by what our patients tell us, but patients' views need to be underpinned by measures of delivery that organisations can report and monitor progress on operationally. We will continue to measure performance against the minimum operational standards of 90 per cent (admitted patients) and 95 per cent (non-admitted patients). The tolerances allow for patient initiated delays and

	clinical exceptions on 18-week pathways. See gateway reference 8918 for further information
U	
UBRN (Unique Booking Reference Number)	The reference number that a patient receives on their appointment request letter when generated by the referrer through Choose and Book. The UBRN is used in conjunction with the patient password to make or change an appointment.