### 26 week referral to treatment target
The Welsh Government waiting times target established December 2009, that no patient should wait more than 26 weeks from referral to treatment.

### Activity
Activity is the throughput of the system – the number of patients seen in clinic.

### Agreed appointment
The patient will have the opportunity to agree the date and time of the appointment, either in person or by telephone, text or email.

### Backlog
The backlog for outpatients is the number of patients on the waiting list.

### Bottleneck
The part of the system that restricts activity.

### Capacity
The capacity of the system is the time that the resource is available – the ability to do work.

### Cancer target
The Welsh Government waiting times target for cancer treatment: Newly diagnosed cancer patients that have been referred as urgent suspected cancer (USC), and confirmed as urgent by the specialist to start definitive treatment within 62 days from receipt of referral. Newly diagnosed cancer patients not included as USC referrals (NUSC) to start definitive treatment within 31 days of a decision to treat.

### Carve out
Reserving resource for one group which reduces available resource to another group.

### Constraint
The factor that ultimately restricts the capacity of the system.

### Consultant
A person contracted by an NHS organisation who has been appointed by an Advisory Appointment Committee. He/she must be a member of a Royal College or faculty. This includes General Practitioners (GP) in cases where a GP is responsible for patient care and has an arrangement with a NHS organisation. For diagnostic departments, this includes a non-medical scientist of equivalent standing to a consultant.

### Could not attend (CNA)
Any patient who contacts the organisation to notify that they will be unable to attend an agreed appointment is recorded as ‘could not attend’ (CNA).

### Demand
The demand on the service is all the patients referred into the service from all sources.

### Did not attend (DNA)
Patients who have not kept an appointment at any stage along the pathway and have not notified the organisation in advance are identified as ‘did not attend’ (DNA).
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Direct booking</strong></td>
<td>Booking methodology where an agreement of appointment is made through a direct communication between the organisation and patient.</td>
</tr>
<tr>
<td><strong>Hand-off</strong></td>
<td>Work is passed from one person to another.</td>
</tr>
<tr>
<td><strong>Health Board (HB)</strong></td>
<td>The statutory NHS body.</td>
</tr>
<tr>
<td><strong>Partial booking</strong></td>
<td>A two stage process: initially an acknowledgement is sent to the patient at the point when the referral is accepted. A second correspondence is sent to the patient four weeks before it is anticipated they will be seen, asking them to phone and make an appointment within the next 10 days.</td>
</tr>
<tr>
<td><strong>Person centred care</strong></td>
<td>A philosophy of care, centred around the patient – in which the needs and resources of the individual define the process.</td>
</tr>
<tr>
<td><strong>Plan Do Study Act (PDSA) cycles of improvement</strong></td>
<td>A structured approach and framework for developing, testing and implementing changes.</td>
</tr>
<tr>
<td><strong>Primary Targeting List (PTL)</strong></td>
<td>Used to allocate appointments in order of clinical priority and referral date.</td>
</tr>
<tr>
<td><strong>Primary Targeting Rate (PTR)</strong></td>
<td>The percentage of patients being seen in the appropriate chronological order.</td>
</tr>
<tr>
<td><strong>Primary Targeting List Score (PTLS)</strong></td>
<td>The percentage of the longest waits being seen in the appropriate chronological order.</td>
</tr>
<tr>
<td><strong>Process measures</strong></td>
<td>These measures are the specific steps in a process that lead — either positively or negatively — to a particular outcome metric.</td>
</tr>
<tr>
<td><strong>Referral guidelines</strong></td>
<td>Predetermined written criteria for referral that are formalised and agreed between the healthcare professionals making and receiving the referral.</td>
</tr>
<tr>
<td><strong>Referral protocols</strong></td>
<td>Agreements reached and documented locally to identify accepted sources for referrals to specific services.</td>
</tr>
<tr>
<td><strong>Referral to treatment</strong></td>
<td>The period between a referral being made for a particular condition and treatment being commenced for that condition.</td>
</tr>
<tr>
<td><strong>Self-referral</strong></td>
<td>The process whereby a patient initiates an appointment with a secondary care service, without referral from either a primary or secondary care clinician.</td>
</tr>
<tr>
<td><strong>Seen on symptoms (SOS) clinics</strong></td>
<td>Patient initiated appointment using agreed criteria for the respective speciality/service.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
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<tr>
<td>-------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Treated in turn</td>
<td>Management of the waiting list to ensure that patients are seen and treated in appropriate order, based on their clinical need and length of wait.</td>
</tr>
<tr>
<td>Urgent suspected cancer (USC) referral</td>
<td>A referral where a suspicion of cancer is stated by the GP and confirmed by the specialist. This is not restricted to designated USC-only referral methods.</td>
</tr>
<tr>
<td>Validation</td>
<td>Validation ensures that the number of patients waiting for an appointment is an accurate figure. Administrative validation is a process of clarifying with the patient that they wish to remain on the list. Clinical validation requires clinical review of the medical record or of the patient to determine if the patient should remain on the list.</td>
</tr>
</tbody>
</table>


References


References 6.3


The Oxford Cancer Centre works with Patients Know Best to improve care for Leukaemia patients, Patients Know Best Manage Your Health. [ONLINE] Available at: https://www.patientsknowbest.com/oxford.html [Accessed 30 October 2017].


Case studies


References 6.3


Jackson, Helen. Parry-Jones Niima, Dr Christopher Jenkins, Dr Rachel Elliott, Dr Sarah Lewis, Dr Jessica Anderson, Dr Grant Robinson. 2017. Advice letters to GPs for Haematology outpatient referrals. [ONLINE] Available at: http://www.goodpractice.wales/casestudy-9828. [Accessed 30 October 2017].


Acknowledgements 6.4

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