

POLICY TITLE:	Bed Management & Access to Treatment
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Policy Owner:	Sabrina Cator, Service Development Director - Private & Corporate
Ratified by:	Victoria Colloby, Director of Wellbeing Services
Responsible Signatory:	David Watts, Director of Risk Management
Outcome:	<p>This policy:</p> <ul style="list-style-type: none"> Provides clarity about the roles and responsibilities of the Bed Manager (BM) role within sites that have Acute, CAMHS and Eating Disorder services. Aims to provide clarity about the roles and responsibilities of the Private Enquiries Manager (PEM) role for sites that have Private services
Cross Reference:	<p>H02 <u>Admission, Transfer and Discharge - Healthcare</u></p> <p>H-SOP12A <u>Block Contracts – Operational Process</u></p> <p>H-SOP12B <u>Customer Service Centre Referral Process – NHS Service Processes</u></p> <p>H-SOP12C <u>Private Equity Referral Process</u></p> <p>H-SOP12D <u>Corporate Client Team (CCT) Referral</u></p> <p>H-SOP12E <u>Priory Healthcare Referrals Management Process</u></p>
<p align="center">EQUALITY AND DIVERSITY STATEMENT</p> <p>Priory Group is committed to the fair treatment of all in line with the Equality Act 2010. An equality impact assessment has been completed on this policy to ensure that it can be implemented consistently regardless of any protected characteristics and all will be treated with dignity and respect.</p>	

In order to ensure that this policy is relevant and up to date, comments and suggestions for additions or amendments are sought from users of this document. To contribute towards the process of review, email legalandcompliancehelpdesk@priorygroup.com

BED MANAGEMENT AND ACCESS TO TREATMENT

1 INTRODUCTION

- 1.1 The purpose of this policy is to provide clarity about the Bed Manager (BM) role where it is in place at Priory Healthcare hospitals following the development of the Kofax Enquiry and Referrals IT system. The policy also provides clarity about the Private Enquiry Manager (PEM) role at Healthcare Hospital sites and Wellbeing Centres and the Priory Corporate Client Team (CCT) Referral Process and Treatment Management.
- 1.2 The BM role is responsible for managing NHS in-patient enquiries and referrals to site that come via the Customer Service Centre. They are to ensure the required clinical information is received by the site, reviewed by the relevant clinicians and feedback provided to the centre within the relevant service line service level agreements.
 - 1.2.1 The BM role is in place at the sites that have the following service lines:
 - (a) Acute & HDU/PICU NHS.
 - (b) Child and Adolescent Mental Health Services (CAMHS): Acute, HDU, ED and PICU.
 - (c) Eating Disorder.
- 1.3 H-SOP12B Customer Service Centre Referral Process – NHS Service Processes sets out the process that the Customer Service Centre will follow when they have an enquiry or referral they need to share with a site, it includes:
 - (a) NHS Acute & HDU/PICU – Triage.
 - (b) NHS Acute & HDU/PICU - Out of Triage.
 - (c) NHS CAMHS (Tier 4, PICU, HDU & ED).
 - (d) NHS Eating Disorder.
 - (e) Escalation Process (in working hours).
 - (f) Escalation (out of hours).
- 1.4 This policy therefore covers the role of the BM when the referral arrives on site. The role covered in this policy is designed to streamline the referral process, provide transparency about types of enquiries being received by sites and also where referrals are being forwarded to.
- 1.5 The policy is not designed to replace any other referral procedures that individual sites have in place with regular customers.
- 1.6 All BM's will be given access to email and/or Kofax, to include the appropriate training and log in details.
- 1.7 The PEM role has been introduced at Healthcare Sites that operate a Private Outpatient and Day Patient service.
 - 1.7.1 The PEM role is in place at the sites that have the following service lines:
 - (a) Acute Private, Inpatient or Day Care.
 - (b) Private Child and Adolescent Mental Health Services (CAMHS).
 - (c) Private Eating Disorder.
 - (d) Private Addiction Services.
 - (e) Private Outpatient Services.
 - 1.7.2 Also refer to **H-SOP12C Private Enquiry Referral Process**.
- 1.8 Both roles (the BM and PEM) have been nominated on site by the Hospital Director. These roles are the key liaison roles between sites and the Customer Service Centre.
- 1.9 Priory CCT manage referrals and monitor treatment progress for a select number of Corporate pathways accessing private healthcare treatment with Priory. Corporate referrals have stringent

Service Level Agreement (SLA) and reporting requirements so these roles are key liaison roles between sites and a Corporate's case managers and members.

1.9.1 The Priory CCT role is in place at the sites that have the following service lines:

- (a) Acute Private, Inpatient or Day Care.
- (b) Private Child and Adolescent Mental Health Services (CAMHS).
- (c) Eating Disorder.
- (d) Addiction Services.
- (e) Private Outpatient Services.

1.9.2 Also see **H-SOP12D Corporate Client Team (CCT) Referral**.

2 CAPMAN

2.1 All sites are using the Capacity Management Tool (CapMan). This system replaced the need for regular update calls about bed availability at each site.

2.2 It is important therefore that as part of the enquiries and management process each site has a system in place for ensuring the Capacity Management Tool is kept up to date. The expectation is that this is a live document 24 hours per day as it is this report that the Customer Service Centre utilises to identify when and where beds are available.

2.3 Each site will identify the role responsible for ensuring the CapMan application is kept up to date but it is advisable that all BMs and PEMs know how to update the CapMan application and further information can be found at: [CAPMAN - Capacity Management User Guide](#)

3 BED MANAGER (BM) PROCESS

3.1 The BM will be provided with a mobile phone that receives calls and emails, or will be contactable on the main hospital/ward telephone numbers.

3.2 Where a mobile phone is in place, the numbers will be provided to the Customer Service Centre by the IT department.

3.3 Each hospital site is to arrange an email address for example *location*referrals@priorygroup.com that can be accessed via the mobile phone, where referrals can be sent. A list of these will be provided to the Customer Service Centre.

3.4 The Hospital Director will agree who will have access to this mailbox via their own user profile. These names will be provided to the IT Helpdesk who will arrange access.

3.5 When the Customer Service Centre has a referral they need to forward to a site, they will call the mobile/hospital number and speak to the BM /responsible clinician. They will ask the BM /responsible clinician how they want to have a referral forwarded to the above email address. This will be either internal email or via the Kofax system.

3.6 Whilst undertaking this role, the BM is to ensure they are able to answer the phone, and that they understand their roles and responsibilities. If there is any planned reason the nominated BM is not going to be able to answer the phone, e.g. the nurse in charge holding the phone is doing medicine administration, they are to pass the phone to another member of staff who also understands their roles and responsibilities as the BM.

3.7 If the BM is required to attend to an emergency situation and the phone is called, a message will be left advising that a referral has been made and the BM must confirm receipt of the referral.

- 3.8 On being advised that there is a referral the BM is to access the referral information and review the clinical information received by email/Kofax.
- 3.9 If the clinical information received is incomplete or there is any problem with accessing the information they are to call the Customer Service Centre on 01325 331240 to request it be resent. **This phone number is only be used to call the Customer Service Centre to report back on a referral.**
- 3.10 The BM is expected to ensure that a clinical decision about the referral is made within the time specified in the service level agreements and that feedback on that decision is recorded in Kofax or confirmed back to the CSC by phone or internal email. If this is updated in Kofax, it will then generate an automatic email to the Customer Service Centre Team. The Customer Service Centre Team will inform the referrer of the decision to accept the patient or approach an alternative site to review the clinical information if the referral is not accepted.
- 3.11 Where the BM is clinically able, they are to review the information themselves and make a decision about the referral considering the sites respective Admission Criteria.
- 3.12 Where the BM is not clinical, they are still responsible for ensuring a decision is made by an appropriate clinician and feedback provided within the agreed service level standards.
- 3.13 This will involve therefore the referral being forwarded to the relevant clinician/team for the information to be reviewed and follow up with the clinicians in order to provide a decision to the Customer Service Team.
- 3.14 If more information is required the BM is to contact the referrer directly to discuss this and then contact the Customer Service Centre Team on 01325 331240 to inform them of the final decision.
- 3.15 Once a referral has been accepted by site, and the contact centre has been made aware it will be submitted for admission in Kofax. The site is to confirm the CSC via Kofax when the patient arrives.
- 3.16 A spreadsheet is to be kept by the BM's, to document any referrals received, and the decision made (whether to accept or decline the referral), to support the handover process between BM's.

4 BED MANAGER ESCALATION

- 4.1 The standard for responding to the Customer Service Centre with a decision is as follows:
 - (a) Acute & HDU/PICU- One hour.
 - (b) CAMHS - Two hours.
- 4.2 The service will ensure they are ready to receive the patient following acceptance, without further delay given. Where more than one referral is accepted within a close period of time, planning for this is to be arranged by the ward staff and escalated to the senior management team should any problems be foreseen.
- 4.3 Referrals made to the Eating Disorder service line are for response to the referrer directly and provide an update to the Contact Centre within four days so they can update the system with the action taken.
- 4.3 Reports will be issued for those enquiries that fall outside the Service Level Agreements and provided to Hospital Directors.
- 4.4 Management reports will be provided to the Hospital Director daily and the Managing Directors weekly.

- 4.5 These reports are to provide the Hospital Directors with an opportunity to review how referrals are being managed on site as well as provide useful clinical and operational information about the types of referrals each site is receiving.

5 PRIVATE ENQUIRIES MANAGER (PEM) ROLE

- 5.1 The PEM is responsible for managing all privately funded Inpatient, Daycare and Outpatient referrals received at site. They will act as the first point of contact for all private healthcare enquiries at a hospital level, driving improvements in customer service and ensuring a clean private enquiry process in liaison with the Customer Service Centre (CSC).
- 5.2 They must take ownership for the progression of all private enquiries at the hospital within an agreed timescale and ensuring Salesforce accurately reflects each stage of a client's journey.
- 5.3 PEM's must have oversight of all enquiries and referrals handled by Priory-employed Medical Secretaries to ensure appointment-booking SLAs are adhered to, liaising with and reporting back to site SMT in support of this. To also ensure the seamless management and adherence to standard policies of any referral managed through The Priory by a Non-Priory Medical Secretary.
- 5.4 Close liaison with the Addiction Treatment Programme Team will be necessary to ensure an efficient process in arranging initial assessments, and achieving onward visibility of subsequent admissions onto the programme.
- 5.5 Where required, request and manage the retrieval of clinical information to speedily progress admissions.
- 5.6 Using Salesforce to ensure all private enquiries are recorded and tracked, maintaining efficient process flows and 'Outcoming' enquiries in a timely manner.
- 5.7 Manage the hospital private enquiry telephone line and email inbox, ensuring response SLAs are adhered to and appropriate cover is provided during absence.
- 5.8 Weekly reporting on enquiry conversion rates, response times, lead times for first appointments and other appropriate metrics as defined by the Hospital and Managing Directors.
- 5.9 This policy therefore covers the role of the PEM when the referral arrives on site. This role, as covered in this policy is designed to streamline the referral process, provide transparency about types of enquiries being received by sites and also where referrals are being forwarded to.
- 5.10 The policy is not designed to replace any other referral processes that individual sites have in place with regular customers.

6 PRIVATE ENQUIRY PROCESS

- 6.1 The PEM will be provided with a mobile phone that receives both calls and emails. *Location*referrals@priorygroup.com email address will be set up at each site.
- 6.2 The Customer Service Centre will be kept up-to date with contact details with the site.
- 6.3 The CSC will forward referrals and updates to sites/WBCs through the Salesforce system. Email contact will be used only by exception.
- 6.4 When the Customer Service Centre has a referral they need to forward to a particular site they will forward this using the salesforce system. If it is an Inpatient referral, then the CSC will attempt to "warm transfer" the client to the PEM to facilitate swift progress of the enquiry.

- 6.5 Whilst undertaking this role, the PEM is to ensure they are able to answer the phone, and that they understand their roles and responsibilities. If there is any planned reason the nominated PEM is not going to be able to answer the phone, arrangements must be made to ensure calls are answered by an appropriate member of staff who has access to Salesforce and who also understands the role and responsibilities of the PEM.
- 6.6 Urgent out of hours private Inpatient admissions will be managed through Salesforce. Since the majority of private referrals involve requests to see a Consultant or a Therapist out of hours of hours these will be managed by the CSC and the PEM will then be responsible for following these up.
- 6.7 With urgent Inpatient requests in hours, the CSC will attempt to phone the PEM and will mark the referral as high priority on Salesforce. The Client should then be contacted as soon as possible.
- 6.8 'Warm Transfer' is the term given to those enquiries that are transferred from the CSC to the PEM on site. On speaking with the CSC the enquirer has been keen to speak directly with someone on site to arrange an assessment so the CSC transfer them whilst they are still on the phone to the PEM on site.
- 6.9 The PEM is responsible for making contact with the enquirer (prospective Client) to discuss ongoing treatment needs. This may include, triaging the clinical information gathered before allocating to a Therapist or for a Consultant Assessment.
- 6.10 Sites are then to keep the Salesforce system up-to-date with the Client journey, including details of lost referrals, converted referrals and those closed as lost or declined – following appropriate processes.
- 6.11 Any referrals which are to be declined should be fully details on Salesforce and these will be popped up by picked up by PLT at the CSC who will contact the Client with the details and will then forward to another site, if appropriate.

7 PRIVATE ACCESS TO TREATMENT ESCALATIONS

- 7.1 The following SLA's have been agreed for all sites to follow:
(a) Contact made with the Client within two working days.
(b) An appointment arranged for the Client within five working days.
- 7.2 Any referral which falls outside of these timescales, may be escalated to the Hospital Director/Managing Director to request intervention.

8 PRIORY CORPORATE CLIENT TEAM (CCT) REFERRAL PROCESS AND TREATMENT

- 8.1 The CCT manage referrals and monitor treatment progress for a select number of Corporate pathways. Corporate referrals have stringent Service Level Agreement (SLA) and reporting requirements.
- 8.2 Referrals will be issued directly to the CCT who will log the referral on Salesforce and upload all relevant referral documents to the client Salesforce record.
- 8.3 The CCT will establish contact with the client and take consent to share information and initiate the referral process.
- 8.4 If the referral requires a telephone assessment, the CCT will book a 30 minute triage assessment using the availability provided by the assessing sites in advance. The referral documentation will be provided at the time of confirmation of the telephone assessment. Once

the assessment has been completed, the CCT will issue a request and obtain funding authorisation for the recommended treatment type.

- 8.5 If a Consultant Psychiatrist Assessment is required, the CCT will secure funding for the assessment and work with sites and Consultants to source an appointment. Upon completion of the assessment, a report must be provided in order to secure treatment funding.
- 8.6 Once treatment funding has been obtained, the CCT will identify a suitable treatment location and issue the referral to the treatment site by e-mail. The referral to site will include information about treatment type, funding authorisation, and will also include the original referral document and assessment report, if applicable. At the time the referral is issued to the treatment site, the CCT will also transfer ownership of the SF referral to the treatment site.
- 8.7 The treatment site must establish contact with the Corporate referral within two working days of receipt to offer an appointment. Should the treatment site be operating a waitlist, the initial call must be completed within two days of referral and subsequent contact must be made with the member every week to provide an update on the progression of the client's position in the waitlist.
- 8.8 Once the client is in treatment, if an extension to treatment is required, the treatment site must provide a fully completed Interim Report to the CCT. The Interim Report must include a justification for the extension request and include the number of additional sessions being requested.
- 8.9 Sites must comply with the service level agreements advised by the CCT in accordance with corporate contract agreements.
- 8.10 Sites must follow their site process in any Safeguarding or Risk events. GP contact procedures must also be followed, including issuing GP letters at regular intervals. The CCT must be kept informed of any changes to treatment, complaints, safeguarding, or elevations of risk.
- 8.11 Sites must not go beyond the number of preauthorised sessions or deviate from the preauthorised treatment type.
- 8.12 Sites must open an episode of care in CareNotes and follow site procedures for recording Clinical data.
- 8.13 Sites are responsible for raising invoices for Corporate clients. Invoices will be paid by the funder to the treatment site.
- 8.14 Upon completion of treatment, a Discharge Report is required to be completed and submitted to the Corporate team. Once the client has been discharged from site, the treatment site must reassign ownership of the SF record to the CCT. The CCT will update relevant information in the SF record and mark the referral as closed.
- 8.15 If at any point during the referral or treatment stage, an inpatient admission is required, the assessing/treating site will advise the CCT of the inpatient requirement. The CCT will work with site to secure funding for the initial assessment and will then hand the management of the referral over to the hospital team. The team will then close the CCT referral and it will cease to be managed by the CCT.

9 ADMINISTRATIVE

- 9.1 The Hospital Director needs to ensure this policy is understood by the nominated BMs and PEMs, that there is a process in place to ensure that any mobile phones used to support these services remain charged and that the CapMan application is kept up to date.

- 9.1.1 Feedback about any of these process can be provided to either the Manager of the Customer Service Centre or the Manager of Corporate Team.

10 NHS SPECIFIC PROCESSES

- 10.1 **Rehab & Recovery Referrals** – All sites with R&R services to adhere to the embedded Referral Service Level Agreement and associated timescales. This is to be communicate directly with site MDT to ensure adherence.
Also see **H-SOP12E Priory Healthcare Referrals Management Process.**
- 10.2 **Provider Collaboratives** – All Sites with Specialised Commissioning Service Lines (e.g. Eating Disorder Services, Forensic/Secure Services or CAMHS) will have a Regional Provider Collaborative to link in with. The Provider Collaboratives are at varying stages of development. Site MDTs will need to be fully linked in and have an understanding of the associated referral processes. The embedded document will sit centrally within the CSC, to ensure that referrals are triaged in line with Regional demand.
Also see **H-SOP12B Customer Service Centre Referral Process – NHS Service Processes.**
- 10.3 **Block Contracts** – Where there are block contracts in place (predominantly Acute or PICU), there will be different processes to follow in terms of referral management, including variance in how the CAPMAN system is utilised. Please see attached document for a step by step guide on the associated process for block contracts.
Also see **H-SOP12A Block Contracts – Operational Process.**

ASSOCIATED FORMS/GUIDES

[H-SOP12A Block Contracts – Operational Process.](#)

[H-SOP12B Customer Service Centre Referral Process – NHS Service Processes](#)

[H-SOP12C Private Enquiry Referral Process.](#)

[H-SOP12D Corporate Client Team \(CCT\) Referral.](#)

[H-SOP12E Priory Healthcare Referrals Management Process.](#)

[CAPMAN - Capacity Management User Guide](#)