**FOI Ref: 6368**

**Category(ies): Clinical – Service Activity**

**Subject: Patients Refused Treatment**

**Date Received: 28/04/2022**

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| **Your request:** | **Our response:** |
| Can Clinical Manager/Administrative personnel refuse a patient treatment/surgery under any reason? And who makes a decision for denying treatment/surgery? | Yes a clinician can refuse treatment for a number of reasons - examples:-   * Patient is not fit for treatment * The treatment is on a list of treatments that commissioners do not fund usually because the treatment is considered of no benefit * The patient and clinician agree the treatment is inappropriate * Clinician does not have the facilities or experience to undertake specific interventions * The patients funding commissioner refuses to pay |
| Can the hospital refuse a patient treatment/surgery for refusing to do a PCR test? | The clinician will require patients to undertake appropriate tests including PCR to ensure the patient is safe to be treated and they are not putting clinical and other patients at risk. If patients refuse appropriate test clinicians will seek advice from the patient and their GP before any decisions are made. |
| How many patients have been refused treatment or surgery for not doing a PCR test? | We do not keep this data but we do not believe anyone has been refused. |
| Can the hospital refuse a patient treatment or surgery for refusing to do an LFT test? | As above re PCR |
| How many patients have been refused treatment or surgery for not doing an LFT test? | As above |
| Can the hospital refuse a patient treatment/surgery for refusing to wear a face mask? | The hospital does not want to refuse any treatment and would ask patients to wear a mask when appropriate seeking discussion and advice from GPs and patients. We can work with patients who are unable to wear a mask and indeed where some people cannot wear masks we will flex our procedures to ensure patients can be treated. |
| How many patients have been refused treatment or surgery for not wearing a face mask? | We do not keep this data |
| Can the hospital refuse a patient treatment or surgery for not wearing a visor? | As above |
| How many patients have been refused treatment or surgery for not wearing a visor? | As above |
| What is the difference between a face mask and a visor? | The national guidance for COVID in healthcare has been and still is the requirement for masks to be used as a higher physical barrier precaution against respiratory virus spread than a visor alone. |
| Can the hospital refuse a patient denial for a chaperone? And if so, Why? What is the protocol for access for a chaperone? | The requirement for a chaperone is assessed on an individual basis. There are certain situations where a chaperone would automatically be allowed such as a child, an adult with a Learning Disability or Dementia but this is not exhaustive and individual circumstances are taken into account. A balance of risk has to be taken between infection risk (to the chaperone, the patient, other patients and staff) and the risk of the patient not having a chaperone. Ultimately, a chaperone can be refused if the needs of the patient are not thought to outweigh the risks. As we continue to move towards Living with Covid, these circumstances should become increasingly infrequent. |
| If a patient is staying in hospital, can the hospital deny visitation for this patient? If so, Why? What is the protocol for a patient to seek visitation rights? | As above, restrictions to visiting are based upon a risk assessment taking other factors into account such as infection control. There has therefore been national guidance which the Trust followed to deny visiting rights during the pandemic but alternative methods of ensuring loved ones could stay in contact with friends and family were utilised. Individual circumstances have always been encouraged with the Ward Managers where necessary. Again, as we move to a different stage, we were prompt to reinstate visiting in all ward areas as we recognize the benefits of this to our patients. |
| What are the protocols whereby the patient is refused treatment or surgery, who makes these decisions? And what happens next? | We would only ever refuse (non-emergency) treatment due to violence/aggression etc or due to it being clinically inappropriate and/or the patient not fit. The latter would be decided by the clinicians looking after the patient. The former would be done in line with Trust policy, please see the following excerpt from the violence reduction policy. |
| Every time a patient is referred to your hospital, how much money does the hospital receive for that patient? | The trust has a contract based on overall numbers rather than individual patient cases. Payment per case which other health systems use is variable with different prices per type of treatment. |
| Would you also send the policies and procedures you have in place for face covering, visor, PCR testing, Lateral Flow Testing? | The Trust has followed national guidance in regards to use of PPE and for both PCR and Lateral Flow Testing. As each change was issued plans were made to introduce the change as soon as practicable. Changes have come at various stages with some changes for staff testing and PPE and others for Patient testing. Due to the frequency of changes the national guidance has been used in communications to all staff in place of single policies. There are divisional differences between for example surgical pathways, emergency pathways, pediatric and obstetric pathways again based on national guidance.  [Coronavirus » Infection prevention and control (IPC) (england.nhs.uk)](https://www.england.nhs.uk/coronavirus/secondary-care/infection-control/) |