The Opt In Pathway

Empowering patients for better healthcare

Following an outpatient referral, patients are sent written clinical information that helps them:

- be better **informed** – especially regarding self-care;

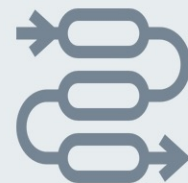- be better **prepared** for future clinical interactions; and

- choose **whether** and **when** to opt in.

Successful implementation in a Unit requires:

Local clinicians to endorse patient information leaflets

+

Administration support, including key steps recorded on TRAK

Clinicians triage all outpatient referrals using ACRT (Enhanced Vetting)
ACRT Toolkit: **https://learn.nes.nhs.scot/60214**

Advice **only** sent to patient/GP.	Advice **and Opt In** sent to patient/GP.	Virtual appointment.	Face-to-face appointment.	Request investigation.	Onward referral.
‖ Clock stops!	‖ Clock stops!	▶ Clock ticking	▶ Clock ticking	▶ Clock ticking	▶ Clock ticking

The administration process

Patients selected for Opt In are:
- **sent clinical information and a phone number to activate the pathway; and**
- **removed from the outpatient waiting list.**

If patients choose not to opt in, no further action is taken.

If patients choose to opt in, they are counted as new referrals and added to the end of the waiting list (with the exception of urgent cases).

The referral source is recorded as "Active Clinical Referral Triage (ACRT) Opt In".

The Outpatient waiting time clock restarts when the patient phones, and only stops when a Clinical interaction occurs (recorded as SMR00*).

Further information:

a) **Enabling Shared Decision making:**
   ACRT/Opt-in Poster (https://learn.nes.nhs.scot/43652); and
   ENT Fife/GGC (https://learn.nes.nhs.scot/69292)

b) **Please contact gjnh.cfsdmpppsac@nhs.scot**

*Scottish Morbidity Record