

Waiting Times & Waiting List Statistics History

Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. ISD Scotland continues to be committed to improving the information on waiting times along with our key stakeholders, the NHS Boards and Scottish Government. This document sets out the history of waiting times, as well as the changes in recording and measuring.

Old Ways (from June 1992)

Waiting times statistics had been collected from NHS boards through a variety of collection systems: **censuses for patients still waiting** (waiting lists) and **hospital record summaries for patients seen or treated (as elective patients) after admission from the hospital waiting list**. The waiting list provided the most up-to-date measure of patients' experience of waiting, while the record summaries offered a retrospective measure of how long patients who were treated or seen actually waited.

Neither record summaries nor the census of inpatients and day cases recorded reliably any periods of unavailability experienced by these patients during their wait, nor did they record any failure to attend for appointment or admission. Thus a full and true picture of waiting experienced on average for all elective patients was impossible to calculate and report from all these historic sources. Patients who had experienced periods of unavailability or who had failed to attend an outpatient appointment or hospital admission were given an availability status code (ASC) by the hospital. This had the effect of excluding these patients from the Government's waiting time targets and guarantee and meant that some waited a considerable time.

In addition, some patients who were waiting for treatment that was deemed by the hospital undertaking the treatment to be highly specialised or of low clinical priority were also excluded from the Government's waiting time targets and guarantee. Hospitals applied an ASC to these patients' records, and then treated them when they could rather than planning to treat them within the maximum wait period set by the Government. Some patients waited many months for treatment.

New Ways (From 01 January 2008)

In January 2008, the introduction of 'New Ways' of defining and measuring waiting times in the NHS in Scotland, scrapped the use of availability status codes

The data provided information on both patients still waiting and currently available for care at the end of a quarter, and patients who have been seen or treated during the quarter. The counts included all patients available for care at a census regardless of their past history of unavailability or non-attendance, provided they are currently available for consultation or treatment. There was no exception for highly specialised or low clinical priority treatment. Patients' true waiting times were calculated to exclude periods of

unavailability by subtracting them from the overall time since they were placed on the waiting list. The new data warehouse system also recorded patients who were removed from the waiting lists with a reason i.e. the patient may need to lose weight before any treatment is clinically advisable, or there may have raised blood pressure that makes treatment inadvisable. In such a case patients may, subject to a clinical review, be referred back to their GP until they become medically fit to be treated and can be placed on the waiting list.

ISD introduced a new national patient waiting times data warehouse, into which hospitals uploaded data. The local hospital waiting list databases were redesigned to include much more detail about the individual patient's waiting experience. This included recording:

1. Dates of appointments were offered, accepted or refused, and whether these offers constituted reasonable offers within the published guidance.
2. Dates when the patient declared themselves as being unavailable i.e. they had a holiday planned
3. Attendances arranged with the patient where they did not keep to their appointment.

Further information is available on the archived area of the ISD web site under the topic New Ways (www.newways.scot.nhs.uk).

New Ways – Refresh (From 01 April 2010)

From April 2010, the cohort of patients being monitored under the target was expanded to include patients from all sources of referral (not just GP/GDP).

Treatment Time Guarantee (From 01 October 2012)

In 2011, the [Patient Rights \(Scotland\) Act 2011](#) established a legal 12 weeks Treatment Time Guarantee (TTG) for eligible patients who require planned inpatient or day case treatment. Eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. The TTG came into effect on 1 October 2012. These are set out in:

- [The Patient Rights \(Treatment Time Guarantee\) \(Scotland\) Regulations 2012](#)
- [The Patient Rights \(Treatment Time Guarantee\) \(Scotland\) Directions 2012](#)
- [The Patient Rights \(Scotland\) Act 2011 Treatment Time Guarantee Guidance](#)
- [NHS Scotland Waiting Times Guidance](#) (updated to incorporate TTG)

The Act sets out the maximum waiting time period. The legislation sets out the rules around the measuring of the treatment time guarantee. It covers:

- Patients eligible for the treatment time guarantee
- Calculation of the waiting time – when clock starts and periods not to be counted
- Resetting of calculation of waiting time
- Referral back to referring clinician
- Exceptions to the treatment time guarantee

In addition Scottish Government and NHS Boards have agreed to manage outpatients under the same guidance, although this is not enshrined in law. On the whole this does not

affect outpatient reporting. However, the calculation of wait for outpatients could be affected. Further information is available in [New Outpatients](#).

Under TTG (from 01 October 2012) 'Patient advised unavailability' replaces 'Social unavailability' which puts the patient in control of their own wait.

Mental Health inpatients and day cases are now also included in the TTG cohort, but are not included within the stage of treatment publication as their information is included on different IT systems. The Scottish Government is seeking assurance from NHS Board Chief Executives that no Mental Health inpatient or day case has breached 12 weeks (84 days).

Waiting Times Targets & Standards (From 1991)

Effective Date	Referral to Treatment	Diagnostic	Stage of Treatment
1991	18 months		
01 Apr 1997	12 months IP/DC		
31 Dec 2003	9 months IP/DC		
31 Dec 2005	6 months IP/DC		
31 Dec 2007		9 weeks	18 weeks OP/IP/DC
January 2008 - New Ways			
31 Mar 2009		6 weeks	15 weeks OP/IP
31 Mar 2010		4 weeks ¹	12 weeks OP/IP
April 2010 - New Ways Refresh			
31 Dec 2011	18 weeks		
August 2012 - Waiting Time Guidance updated to incorporate Treatment Time Guarantee ²			
01 Oct 2012			12 weeks IP/DC ³

1. This is a local target, the national target remains 6 weeks

2. This is a legal guarantee

3. There is an agreement between NHS Boards and Scottish Government to manage Outpatients under the same guidance.