

Publication Report



Findings from the AHP Waiting Times Census in Scotland

**Patients seen for First AHP Treatment from
Monday 6 February to Friday 10 February**

Publication date – 10 July 2012

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Foreword

The National Delivery Plan for the Allied Health Professionals (AHPs) in Scotland, *AHPs as Agents of Change in Health and Social Care*, published in June 2012,

<http://www.scotland.gov.uk/Publications/2012/06/9095>

set a number of challenging targets for AHPs in Scotland to meet over the period 2012-2015. In order to support AHP Directors to meet these targets, there is clearly a need to have useful, validated and consistent data about AHP activity across Scotland, including waiting times and numbers. This Waiting Times Census was an important step towards that goal.

We need to know how long patients wait for AHP services and we need an evidence base to allow us to consider whether there is a need to introduce a nationally agreed AHP waiting time target – the census has started the conversation on this. From the findings of the census, it was heartening to note that only 4% of adults and 7% of children waited over 18 weeks for their first AHP appointment. However, although the number of outliers was small, in some cases children waited over a year for their first treatment and we need to use that information to drive forward change and improve the services we provide.

The next step is to implement the national minimum data set in clinical systems across NHS Boards, so that data capture is not an additional burden for service but is an integral part of care.

I look forward to working with you to move this important work forward.

Jacqui Lunday
Chief Health Professions Officer
Scottish Government

Summary

A national census of all new patients attending outpatient and community services in Scotland for 1st AHP treatment was held between Monday 6th and Friday 10th February 2012. ISD worked jointly with nominated Health Board local coordinators to plan and conduct the Census. This included the development of definitional guidance and communication materials, the design and testing of the web tool for data collection, training needs and other practical requirements.

Information for the Census was collected either via a specially developed web based system or through download of local data that could be aligned with the national data definitions. Only NHS Highland was able to provide data from existing information systems but not for all professions in all base locations.

In considering these findings, it should be noted that guidance was provided for each data item, including what should be considered as 1st AHP treatment. Due to differences in interpretation or local working practices this guidance may not have been applied consistently across all NHS Boards and AHP professions.

The following summarises findings from the census:

- In total, 2,493 AHPs reported information on 12,422 patients seen during census week for 1st AHP treatment, an average of 5 patients per AHP. Patients were most commonly referred by their GP (33%, 4,097 patients) and 18% (2,260 patients) were self referrals.
- Patients' 1st AHP treatment most commonly took place in a hospital (46%, 5,663 patients), in an NHS Health Centre/Clinic (32%, 4,020 patients) or in their current residence i.e. domiciliary care, (13%, 1,574 patients).

Information reported on waiting times was calculated from referral to first AHP treatment and it was collected according to 'New Ways' principles in that NHS Boards were asked to record only one (the last) of any periods of unavailability and/or non-attendance so that waits could be adjusted. This is not fully 'New Ways' compliant and much work would be required to establish and make local IT systems fully compliant. Unavailability and non-attendance was only recorded for a small number of patients which would suggest further training for staff to understand and record the concepts would be required. The census found that:

- In total, 50% of patients (6,225) waited 3 weeks or less for 1st AHP treatment, 4% of patients (495) waited 18 weeks or more.
- If the waiting times are reported for adults (11,253 patients) and children (1,169 patients) separately, the information shows that overall, children are waiting longer for 1st AHP treatment than adults; 52% of adults (5,834 patients) were seen within 3 weeks, 4% of adults (410 patients) waited over 18 weeks for 1st AHP treatment. For children, 33% received 1st AHP Treatment within 3 weeks (391 patients), 7% waited 18 weeks or over (85 patients).

One of the aims of the Census was to look at the capture of the data items in the national minimum data set. The findings show that the data item 'AHP Service' (also referred to as 'AHP Clinic Type') was not specified in a meaningful way as in many records the default of

'not otherwise specified' was used. Further work will be required to ensure this more accurately reflects current services.

The census highlighted that when establishing information systems to support the implementation of the national AHP Delivery Plan, consideration will have to be given to how data is captured appropriately within clinical systems.

Feedback received from some NHS Boards agrees that data captured for the Census reflect Board activity for first treatment during the Census week. It is widely agreed that the National Coordinators Group and local groups formed to support staff were instrumental in getting 'good' participation. The fact that staff were involved in the design and development of the Census was seen as highly effective and it is suggested that this model should be adopted for the development of information to support the implementation of the National AHP Delivery Plan in the future.

Background

Why hold a census?

Currently in Scotland, there is a lack of accurate and consistent information on waiting times for AHPs. The Scottish Government therefore asked Information Services Division (ISD) to undertake a census to help answer questions about how long patients wait for AHP services from referral to 1st AHP treatment and to establish a base line position for future comparison. The following link details the Allied Health Profession disciplines:

<http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/chpo/whoareahps>

Findings from this census will be the first step in the implementation of the Recommended AHP National Minimum Dataset for Scotland (released August 2011),

<http://isdscotland.org/Products-and-Services/Data-Definitions-and-References/Allied-Health-Professionals-National-Dataset/>

The longer term aim for the National Minimum Dataset is that it will be captured through clinical or PAS systems in all sectors where AHPs deliver patient care to enable consistent reporting of demand, capacity and waiting time statistics. The census was part of the interim arrangements to capture baseline information on how long patients wait for AHP treatment. It may also help further refine the content of the minimum data set.

Findings will also support the recommendations from the recent Scottish Government publication 'AHPs as Agents of Change in Health and Social Care', published in June 2012.

Scope of Census

A national census of all new patients attending outpatient and community services in Scotland for 1st AHP treatment was held between Monday 6th and Friday 10th February 2012. ISD worked jointly with nominated HB local coordinators to gather information on waiting times to 1st AHP treatment which was collected either via a specially developed web based system or through download of local data.

The purpose of the census was to gather information on waiting times i.e. the time from the date the referral was received to 1st AHP treatment.

All registered AHPs who provided 1st AHP treatment to NHS patients during the week were required to provide information. The AHP professions that were included were:

- Arts Therapy (includes Art, Drama and Music Therapy)
- Dietetics
- Occupational Therapy
- Orthoptics
- Physiotherapy
- Podiatry
- Prosthetics/Orthotics
- Speech and Language Therapy

Radiographers use hospital data collection systems and therefore were not included in the census.

Methodology

The Data and Definitions Manual was initially drafted by a small national reference group, consisting of representation from ISD, SG and an AHP representative from one NHS Board. The Manual included definitions developed for the National Minimum Data Set and was developed to align the calculation of the patients' waiting time with existing New Ways guidance. The methods used for collecting waiting times in England and Wales were also taken into consideration. The draft manual was then circulated to each of the nominated local coordinators for discussion at their first meeting in September 2011 and was finalised in November 2011.

In most situations, AHPs did not have access to electronic information management systems to record outpatient and community demand and activity, therefore a web based system, with built in validation, was developed by ISD to assist AHPs in collecting the required data items. AHPs registered onto the system using their HPC number and a local area Access code. A system generated password was then sent to their email account in order to access the data entry part of the web system.

If an NHS Board already collated the required data locally, then an option was given to provide a data download, instead of completion via the web system. This was dependent on all data items being collected using the appropriate national definitions. Three Boards explored this option but only NHS Highland was able to provide a partial download for their local area, findings from this are discussed further in Section 4.

The web system was made available in late January 2012 to allow AHPs to register onto the system prior to the census week, the census was then held from 6th to 10th February, with the system also being available for a further two weeks to allow AHPs to submit their data to ISD. Throughout this time, the local coordinators were able to access via the system, summary tables which provided information on the AHPs who had completed data submission in their area, this was to enable local compliance monitoring. The local coordinators also had access to summary tables, by profession, on the waiting times calculated from the submitted data. This gave NHS Boards immediate initial feedback on the data provided for their area. Information on patients whose waiting time was more than six months was fed back to the Local Coordinators so the details could be validated where possible. In a small number of cases patient details had been entered even although the patients had not attended during the census week. These patients were ineligible and their records were excluded from the analysis of the data.

A list of the data items required for each new patient is shown on the following page. Definitions were provided for each data item, along with a comprehensive FAQ document.

Data items collected:

	Data item
AHP details	Health Professions Council Registration Number
	Health Board
	AHP Base Location
Individual patient details	Location of Contact
	Local Patient ID
	Source of Referral
	Date Referral Received
Treatment	Date of 1 st AHP Treatment
	AHP Service (including child/adult flag)
Waiting Times Adjustment	Non Attendance reason
	Effective start date (only for CNA, DNA)
	Unavailability Type
	Unavailability start date
	Unavailability end date

Joint Working – ISD and NHS Boards

It was recognised at the beginning of this project that input from NHS Boards to the definition, content and running of the census was vital to ensure that meaningful information was obtained. To facilitate this 'joint working' approach, ISD requested that the AHP Lead in each NHS Board nominate a 'Local Coordinator' to be responsible for the successful running of the census in their area.

A Local Coordinators Group was subsequently set up and meetings were held in September and November 2011, and in January 2012. These meetings were coordinated by ISD and initially involved a review of the guidance material, including local feedback on where issues might have arisen, development of a comprehensive Frequently Asked Question (FAQ) document in which ISD responded to the questions raised by local areas and initial input into the development of the web based data entry system (please see the Methodology section for more details on how the data was collected). ISD also held teleconferences/video conferences with those areas who could not attend the local coordinator meetings to ensure all NHS Board areas were aware of the project and had sufficient opportunity to input into the development of the census.

Local Coordinators were responsible for raising local awareness and understanding in their own areas and communicating the benefits of the census locally to ensure a high level of participation and completeness during census week. In addition to this, in some areas coordinators also worked with senior health records staff to understand the complexities of New Ways waiting times management.

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Hospital-Waiting-Times/>

Three local coordinators also assisted ISD with the testing of the system in December 2011. All areas were then required to pilot the data collection and web system in January 2012. This allowed all areas to have access to and become familiar with the system prior to the census week.

It should be acknowledged that the work of the local coordinators was essential to the success of this census and it is strongly recommended that this type of joint working approach is considered for any future projects.

Findings

This report provides details of patients seen for 1st AHP Treatment during census week. It should be noted that these figures will not include all of the patients seen during census week e.g. patients seen for review, nor will it include any of the indirect work e.g. preparing dietary plans, that an AHP will have been involved in.

The tables included in the accompanying spreadsheet provide information on the following data items, these are also discussed in more detail below.

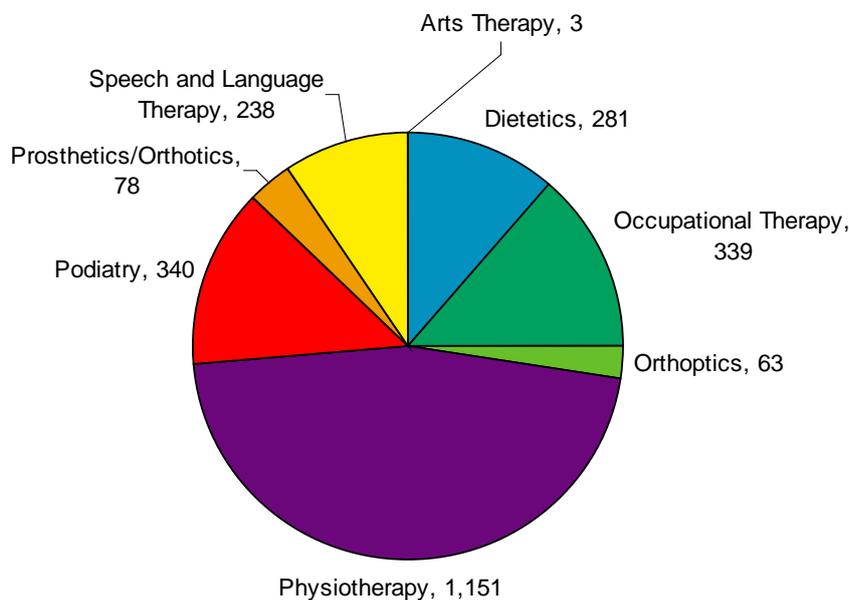
- AHP Participation
- Number of Patients reported
- Source of Referral
- Location of Contact
- AHP Service
- Total/Adult/Child waiting times
- Summary waiting times for each Professional group

AHPs' Participation and Patients Reported in the Census

During the Census week (6th to 10th February 2012), 2,493 AHPs provided information on 12,422 patients seen for 1st AHP Treatment. The average number of new patients seen by each AHP during census week was 5, however this varied between professionals/ professions.

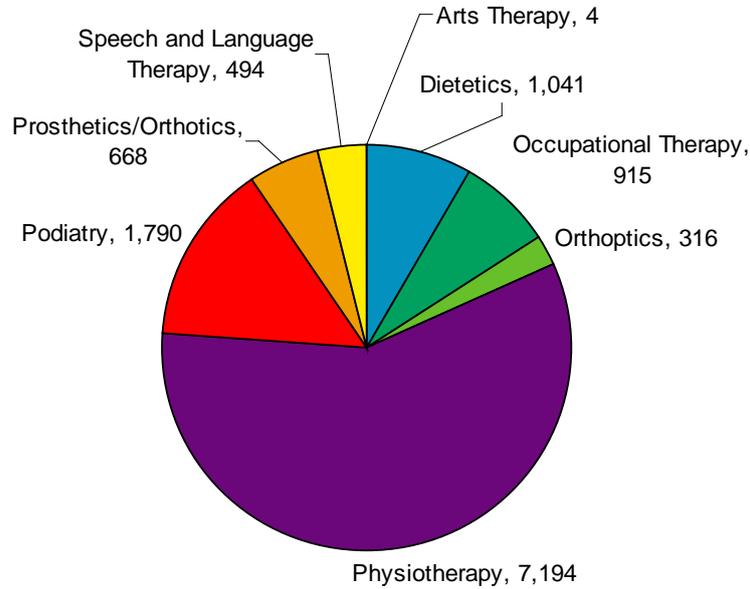
[Table 1](#) provides information on the number of AHPs participating in the census for each NHS Board area and profession. Physiotherapy was the largest professional group within all NHS Boards, with 46% of the 2,493 returns coming from a Physiotherapist (Chart 1). Podiatry and Occupational Therapy were the next most common at the Scotland level (14% for each).

Chart 1: Number of AHPs reporting to the Census



Of the 12,422 patients reported, 58% were Physiotherapy patients, 14% were Podiatry, 8% Dietetics and 7% were Occupational Therapy. The differences shown between professions may reflect the type and length of patient contact required by each profession e.g. some professions assess and/or treat patients over a longer period of time and will therefore see new patients less regularly, therefore the overall number of new patients reported for that profession will be lower (Chart 2 and [Table 2](#)).

Chart 2: Number of Patients being reported to the Census by each Profession



Source of referral

Information was collected on the source of referral for each patient, this was defined as the type of organisation, service, care professional or other individual making the referral to the AHP. The definition for 'source of referral' was taken from the ISD Data Dictionary (<http://www.datadictionaryadmin.scot.nhs.uk/isddd/9215.html>).

[Table 3](#) shows that of the 12,422 patients reported to the census, 33% (4,097) were referred to the AHP by their GP, 18% were self referrals (2,260 patients), 15% were referred from a consultant at the provider unit (1,910 patients) and 15% were referred by another health care professional (1,819 patients).

GP was the most common source of referral in three of the professions (Dietetics, Orthoptics and Physiotherapy). In Occupational Therapy the most common source of referral was 'Other Healthcare Professional', in Podiatry it was 'Self Referral', in Prosthetics/Orthotics it was 'Consultant at the provider unit' and for Speech and Language Therapy the most common source of referral was 'Education' e.g. schools/colleges (see [Table 3](#)).

Location of Contact

The location of contact collected the type of location where the patient was seen for treatment. The original source of the definition was the ISD Data Dictionary, the code list however was further developed by the local coordinators to better reflect local practices.

[Table 4](#) shows that Hospital was the most common location of contact (46%, 5,663 patients), followed by NHS Health Centre/Clinic (32%, 4,020 patients) and the patient's current residence (13%, 1,574 patients). The only professions where Hospital was not the most common location of contact were Podiatry and Speech and Language therapy where it was NHS Health Centre/Clinic.

AHP Service

The AHP Service is defined as the type of service that the patient requires. This is not meant to be a diagnosis of what is wrong with the patient.

The data list was originally developed by each of the relevant Professional Bodies and was subsequently amended by members of the Local Coordinators Group. It was intended that results from the census will inform the National AHP minimum dataset for the definition of this data item (previously referred to as 'AHP Clinic Type').

[Table 5](#) includes a list of the AHP services reported for each AHP profession.

Waiting Times in Scotland for each AHP Profession

The Census collected information on Date Referral Received and the Date of 1st AHP Treatment, from which the waiting time to 1st AHP Treatment could be calculated. It was agreed that the Census would follow the Principles and Definitions of New Ways and 18week RTT.

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Hospital-Waiting-Times/>

The 'New Ways of Defining and Measuring Waiting times' allows a truer measure of patients' waiting times to be calculated by taking account of periods where the patient is unavailable for treatment (e.g. medical or social reasons) and also delays in treating a patient because of non attendance due to missed appointments and patients' cancellations. The census collected details of each patient's most recent period(s) of non-attendance and/or unavailability to allow adjustment of their wait.

Further guidance on these adjustments can be found in:

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Hospital-Waiting-Times/Rules-and-Guidance/Desktopguide.pdf>

Overall 6.3% of patients had a reported period of non-attendance and 1.9% had a previous period of unavailability. A very small number of patients reported both non-attendance and unavailability. These figures were found to be similar over each Profession/NHS Board area, apart from NHS Highland who were unable to provide any unavailability data.

'Adjusted' AHP Waiting Times

The following information presents findings only for waiting times adjusted for non-attendance and unavailability.

[Table 6](#) shows for Scotland, the 'adjusted' waiting times figures for each profession. It shows that 50% (6,225 patients) of patients waited 3 weeks or less for 1st AHP Treatment, 4% (495 patients) waited 18 weeks or more. At a Scotland level, the median waiting time to 1st AHP treatment was 3 weeks, but ranged from 0 to 81 weeks (17 months). It may however be more appropriate to look at the maximum wait for the majority of patients. In the census, this was 17 weeks i.e. 95% of patients were seen within 17 weeks (95th percentile).

The census collected information on whether the patient was an adult (18 years and over) or a child (under 18 years). Of the 12,422 patients reported to the census, 91% were adult. [Tables 7 and 8](#) show the waiting times for adults and children separately for each AHP profession.

[Table 7](#) shows that 52% of adults (5,834 patients) were seen within 3 weeks, 4% of adults (410 patients) waited over 18 weeks for 1st AHP treatment. For children ([Table 8](#)), only 33% received 1st AHP Treatment within 3 week (391 patients), 7% waited 18 weeks or over (85 patients).

The differences in waiting times information for adults and children are presented in Chart 3 and the differences in median waiting time for adults and children, for each profession are presented in Chart 4. See Appendix 1 (A1 – Publication metadata, concepts and definitions) for details of how the waiting times are grouped.

Chart 3: Waiting times for adults (18 years & over) and children; all AHP Professions

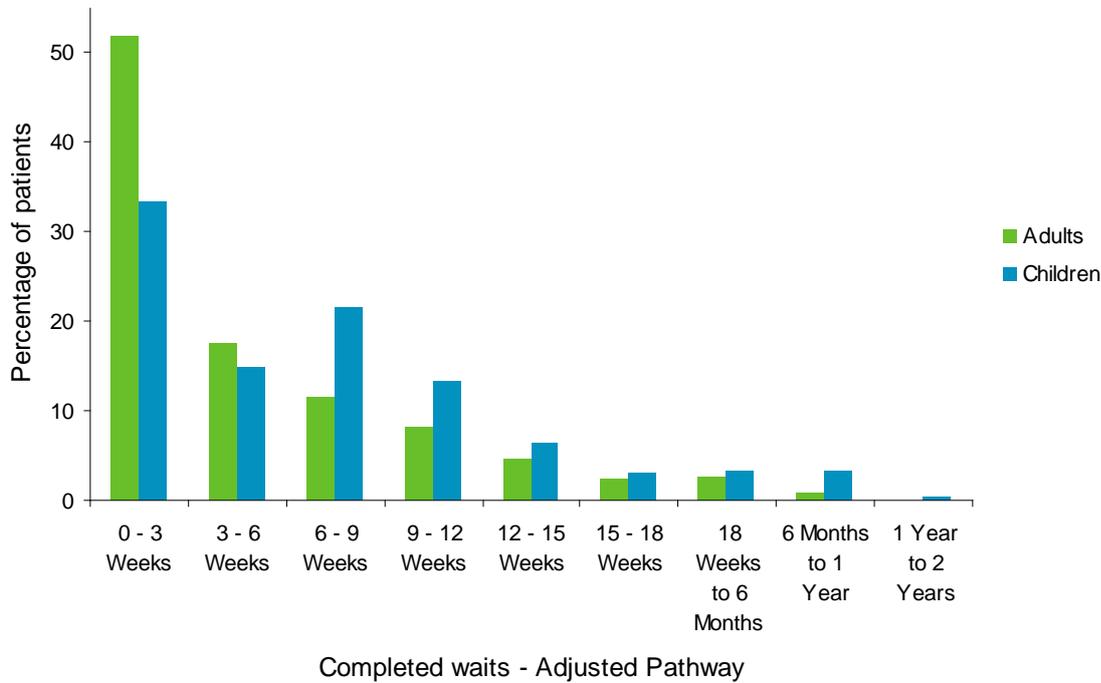


Chart 4: Median Waiting times for adults (18 years & over) and children for each profession

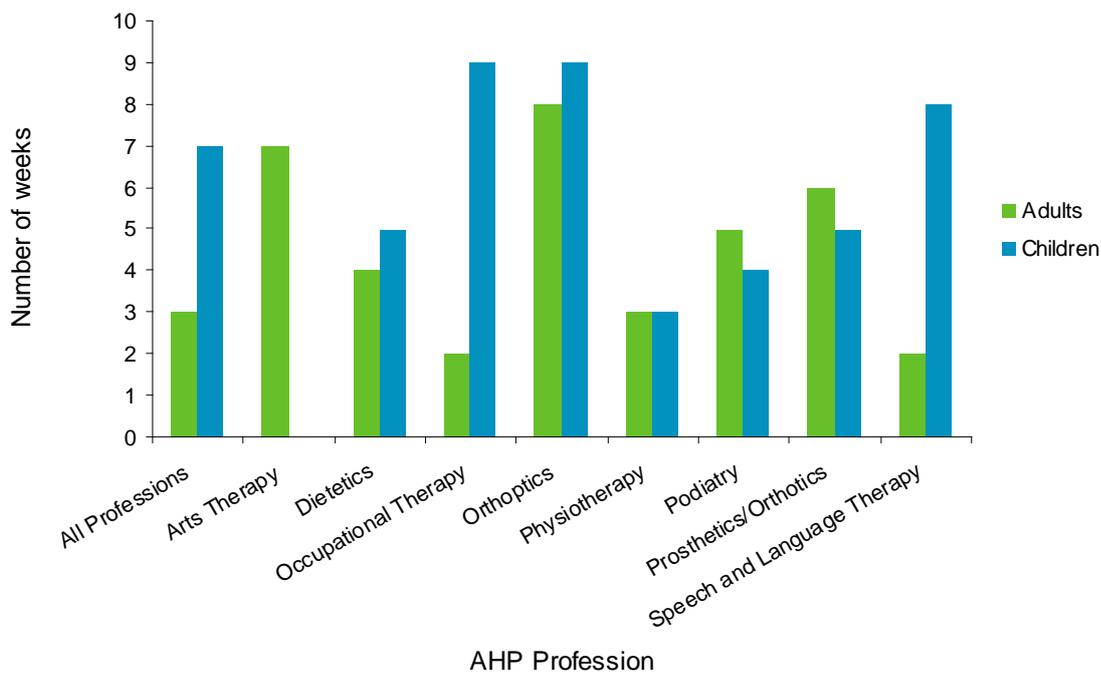


Chart 4 shows that for adults, the median wait is 3 weeks, compared to 7 weeks for children. When each profession is considered the highest median waits for adults appears in Orthoptics (8 weeks) and for children in Occupational Therapy and Orthoptics (both 9 weeks).

Variation in the median wait may be due the nature of assessment/treatment within each profession. Feedback suggests that in some cases there is potentially a long assessment period included within the time from referral to actual treatment which would make it appear that some professions have a longer waiting time in comparison to others. Conversely some patients receive their assessment and first treatment on the same date so the overall waiting time to treatment would be shorter.

Information on the minimum, median and maximum waits is presented in [Tables 7 and 8](#) and summarised below, along with the 95th percentile waits which shows the number of weeks within which 95% of patients were seen.

Summary from Tables 7 and 8, Adult and Child waiting times

	Minimum number of weeks waited		Median number of weeks waited		Number of weeks waited by 95% of patients		Maximum number of weeks waited	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Arts Therapy (based on 4 adults)	1	-	7	-	10	-	10	-
Dietetics (based on 914 adults, 127 children)	0	0	4	5	14	13	45	16
Occupational Therapy (based on 805 adults, 110 children)	0	0	2	9	14	40	66	51
Orthoptics (based on 106 adults, 210 children)	0	0	8	9	17	19	24	26
Physiotherapy (based on 6,941 adults, 253 children)	0	0	3	3	16	17	81	32
Podiatry (based on 1,655 adults, 135 children)	0	0	5	4	18	16	45	28
Prosthetics / Orthotics (based on 588 adults, 80 children)	0	0	6	5	22	33	52	51
Speech and Language Therapy (based on 240 adults, 254 children)	0	0	2	8	16	27	32	81
All Professions (based on 11,253 adults, 1,169 children)	0	0	3	7	17	23	81	81

The information presented in the above table is summarised below in Charts 5 and 6.

These charts use “box plots” to show the distribution of waiting times from the 25th percentile to the 75th percentile, meaning half the number of patients were seen within the range of weeks indicated by the left end of the box through to the right end of the box. The black line inside the box indicates the median waiting time which means that 50% of the patients waited up to the number of weeks indicated and 50% waited longer.

The lines on either side of the box extend to cover approximately 95% of the range of waiting times recorded. In most cases, the line on the right is much longer than the left and this shows that the data are skewed by the small proportion of patients (4% overall) who waited more than 18 weeks.

Individual patients whose waits exceed the number of weeks indicated by the extended line on the right are defined as statistical outliers and are indicated by an “o” symbol. The symbols farthest to the right indicate the maximum waits recorded, 81 weeks for adults and children respectively. See Appendix 1 (A1 – Publication metadata, concepts and definitions) for the technical definition of an outlier.

This pattern is typical of waiting times information and since this small number of long waits has a disproportionate effect on the mean waiting time, it is normal instead to use the median as the average measure since it more accurately represents most patients’ experienced wait.

Chart 5: Waiting times for adults (18 years & over), 11,253 patients

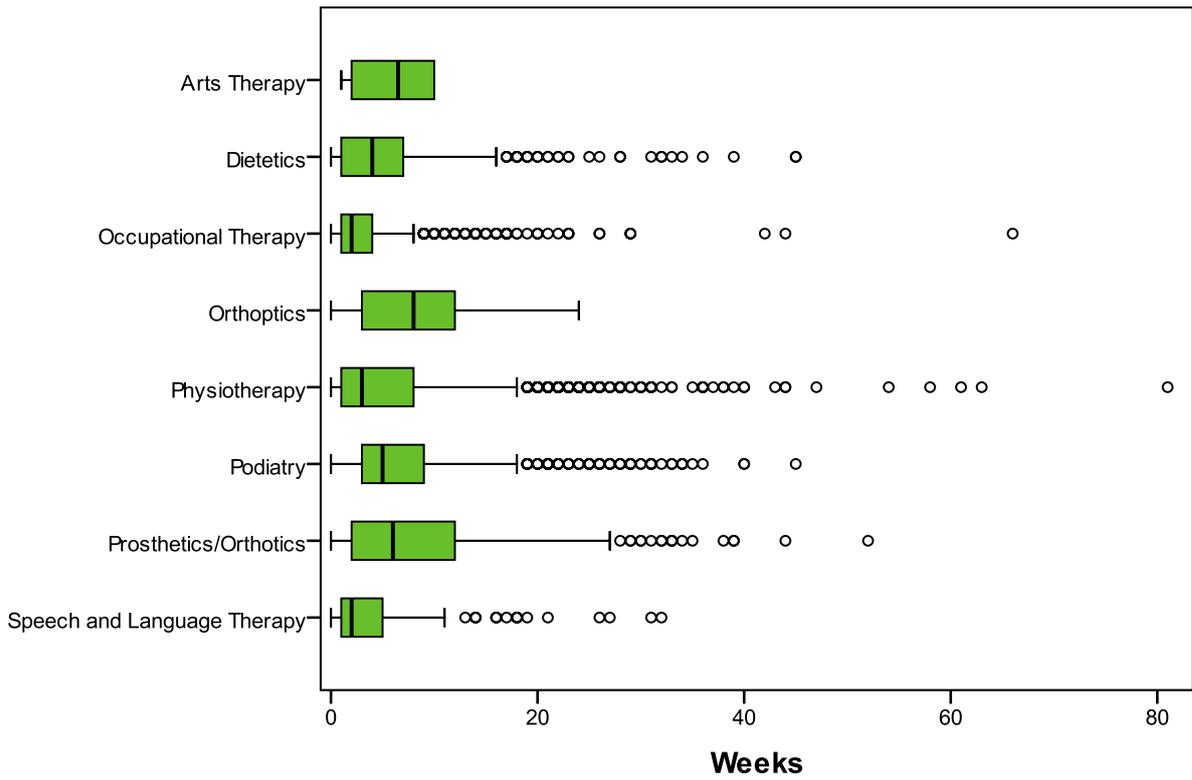
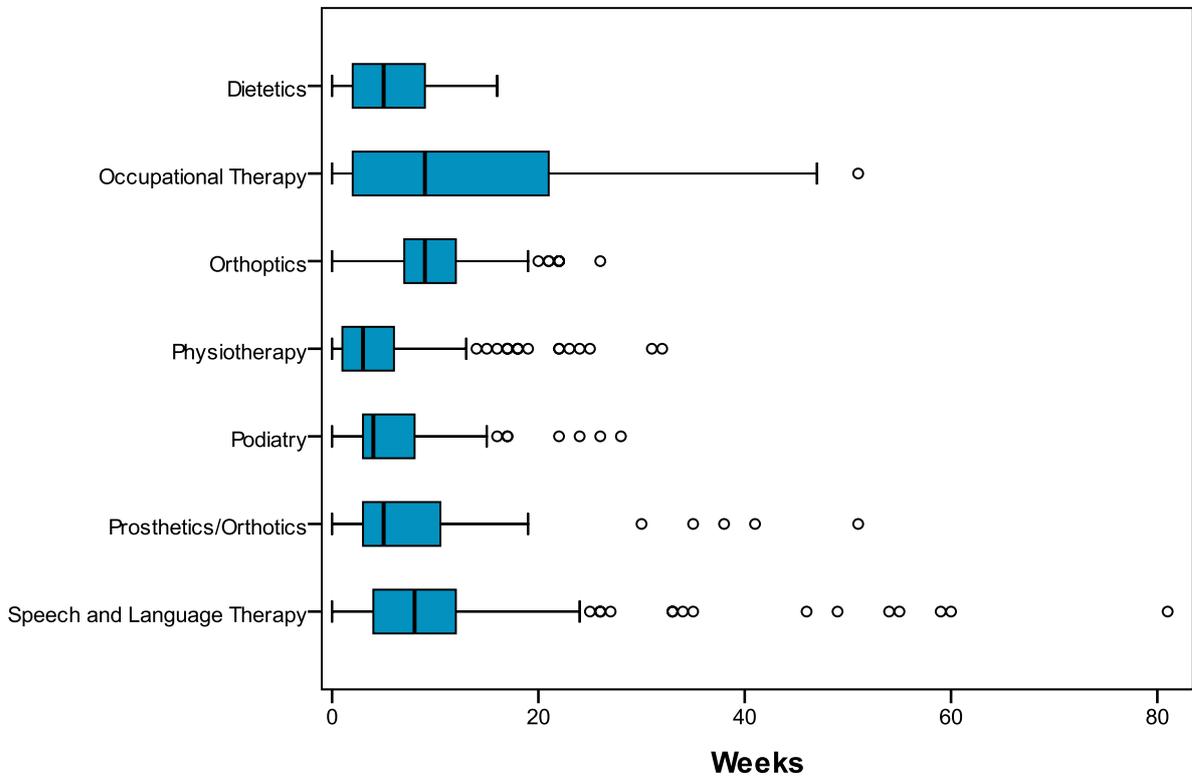


Chart 6: Waiting times for children (under 18 years), 1,169 patients



Source: Summary Statistics from [Tables 7 & 8](#)

Summary Waiting Times for each Professional Group

As previously reported, the majority of patients reported to the census were adults (18 years & over), 11,253 out of the 12,422 patients reported. It has shown that for some professions, children appear to wait longer for 1st AHP treatment.

This section provides a breakdown on the waiting times for each NHS Board by each AHP profession. For most professions, if children's waiting times were detailed separately it would result in small numbers being presented, therefore to avoid potential disclosure the information is mainly shown on waiting times for adult patients only. The exceptions to this are Orthoptics and Speech and Language Therapy where the percentage of children recorded was 66% and 51% of the total number of patients respectively. For these professions, information is presented for both adults and children.

Due to small numbers Arts Therapy has not been included.

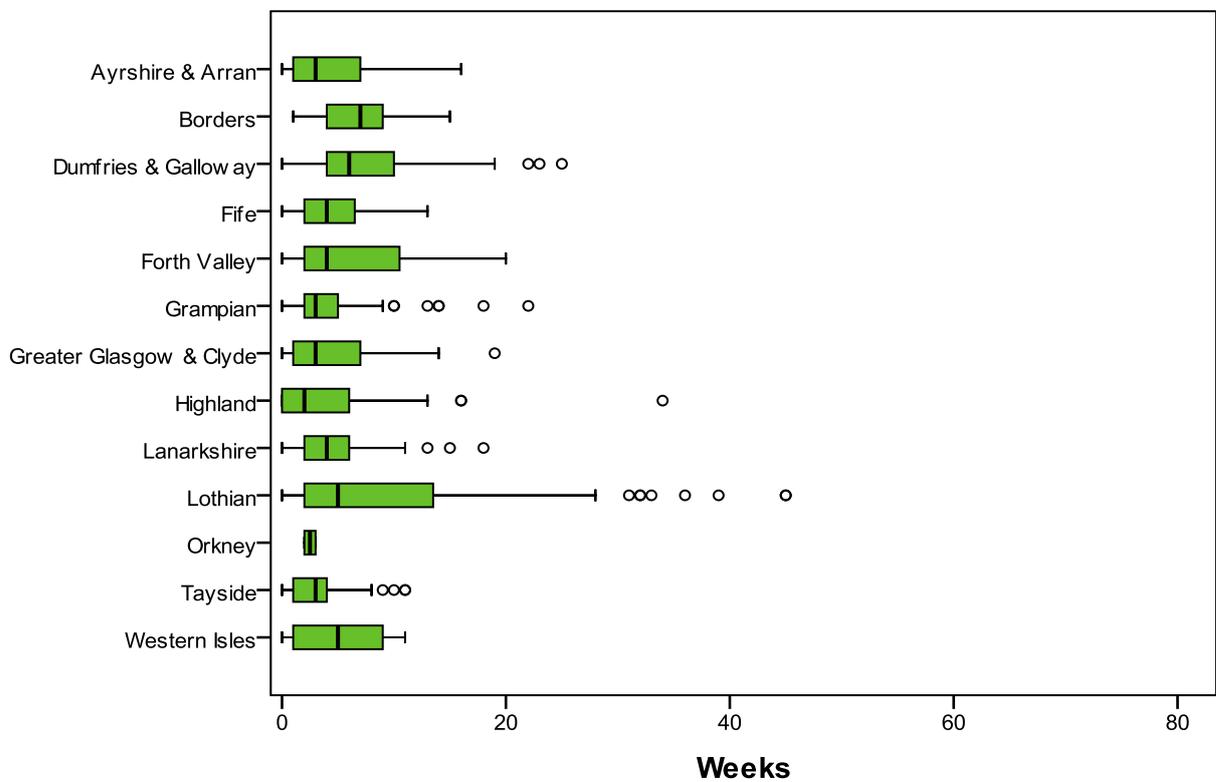
Dietetics

Overall 281 Dietitians provided information for the Census, reporting 1,041 patients seen for 1st Treatment during Census week, an average of 4 new patients each, 914 of these patients were adult.

The majority of these adult patients were seen within 3 weeks for 1st AHP Treatment (49%, 448 patients), 26 patients (3%) were seen more than 18 weeks from the date the referral was received.

A combination of a small number of patients with a narrow range of waiting times means there are no lines extending on either side of the Orkney box.

Chart 7: Dietetics waiting times, Referral to 1st AHP Treatment (Adult patients only)



Source: [Table 9](#)

Occupational Therapy

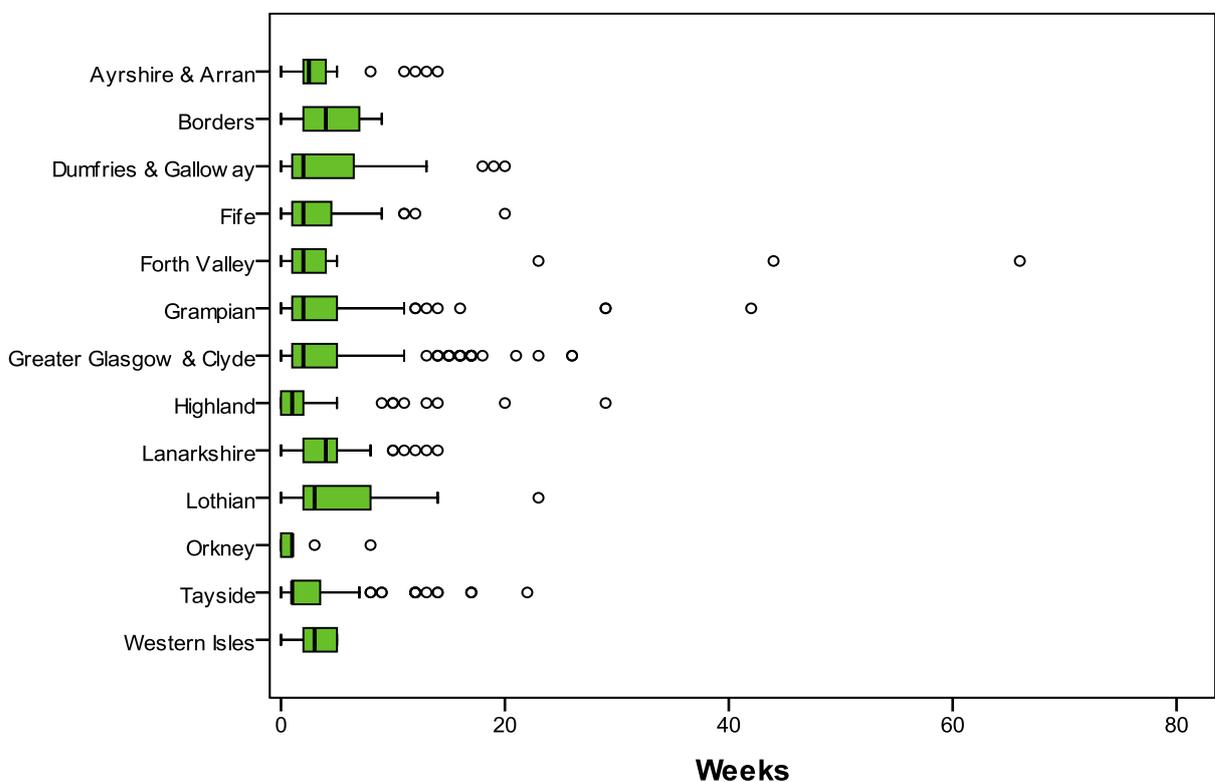
Overall 339 Occupational Therapists provided information for the Census, reporting 915 patients seen for 1st Treatment during Census week, an average of 3 new patients each. 805 patients were aged 18 years and over.

Of the 805 patients, 68% (547 patients) were seen within 3 weeks for 1st AHP Treatment, 17 patients (2%) were seen more than 18 weeks from the date the referral was received.

In looking at the information returned for each NHS Board (Chart 8, [Table 10](#)), it shows that the median wait ranged from 1 to 4 weeks before 1st Treatment with an Occupational Therapist.

A combination of a small number of patients with a narrow range of waiting times means there are no lines extending on either side of the Orkney box.

Chart 8: Occupational Therapy, Referral to 1st AHP Treatment (Adult patients only)



Source: [Table 10](#)

Orthoptics

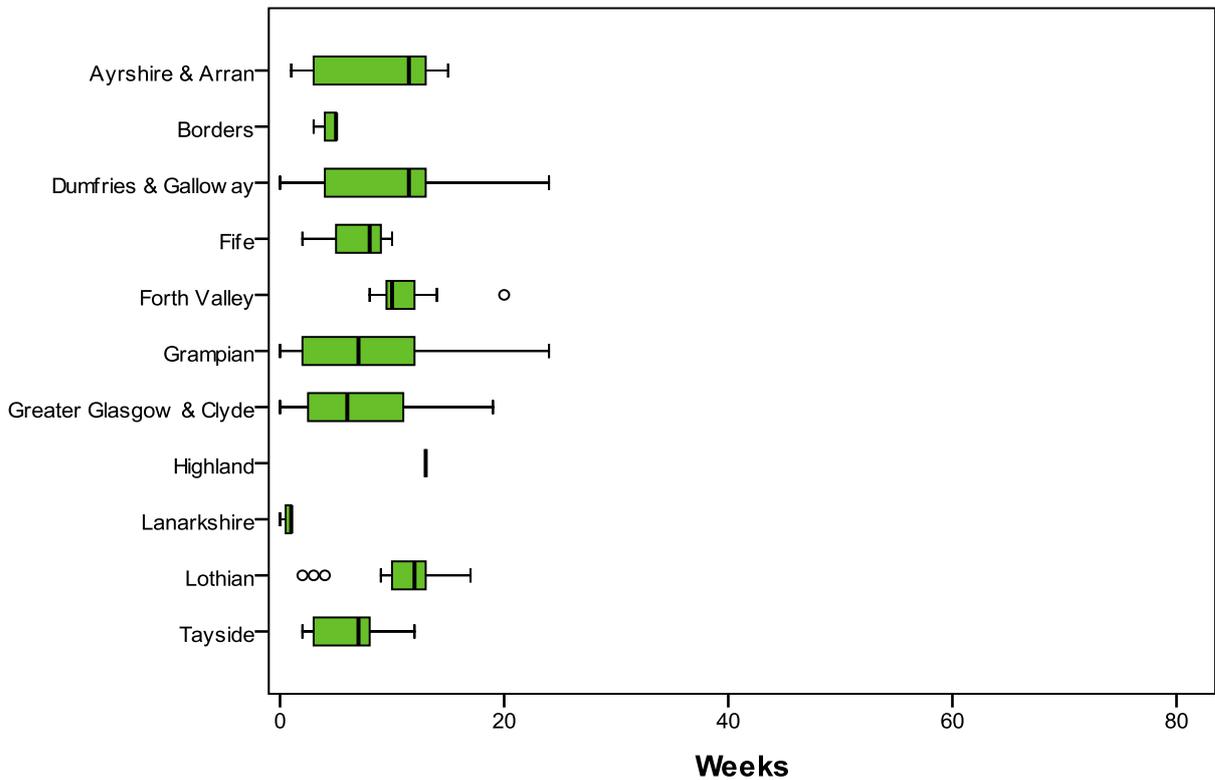
Overall 63 Orthoptists provided information for the Census, reporting 316 patients seen for 1st Treatment during Census week, an average of 5 new patients each, 106 of the 316 patients (34%) were adults and 210 (66%) were children.

Twenty-seven percent of adult patients were seen within 3 weeks but only 10% of children were seen within this period. However the majority of patients were seen within 12 weeks for 1st AHP Treatment (82% of adults and 79% of children). Four adult patients (4%) and 13 children (6%) were seen more than 18 weeks from the date the referral was received.

Waiting times for Orthoptics vary greatly between NHS Boards, overall, median waits range from 1 to 14 weeks.

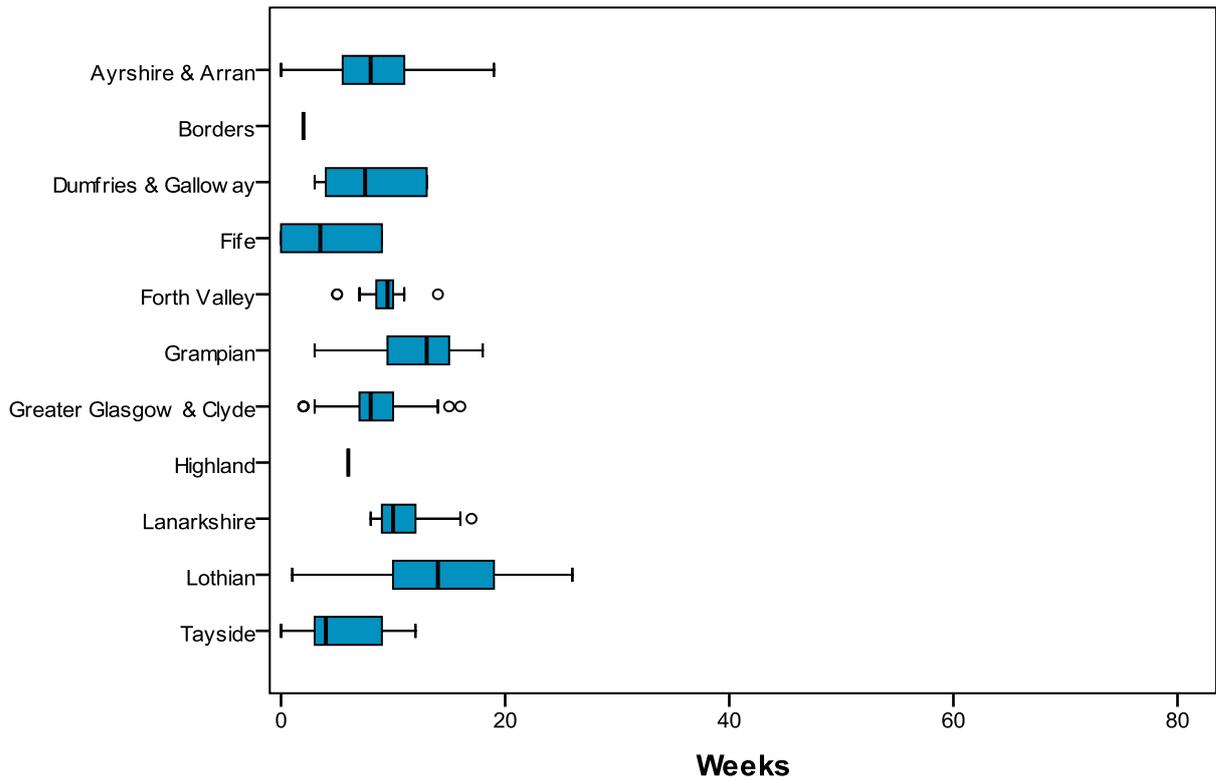
In some NHS Boards there was insufficient variation to generate either a box or lines extending beyond it therefore only the black line indicating the median appears in the charts.

Chart 9a: Orthoptics, Referral to 1st AHP Treatment (Adult patients)



Source: [Table 11a](#)

Chart 9b: Orthoptics, Referral to 1st AHP Treatment (Child patients)



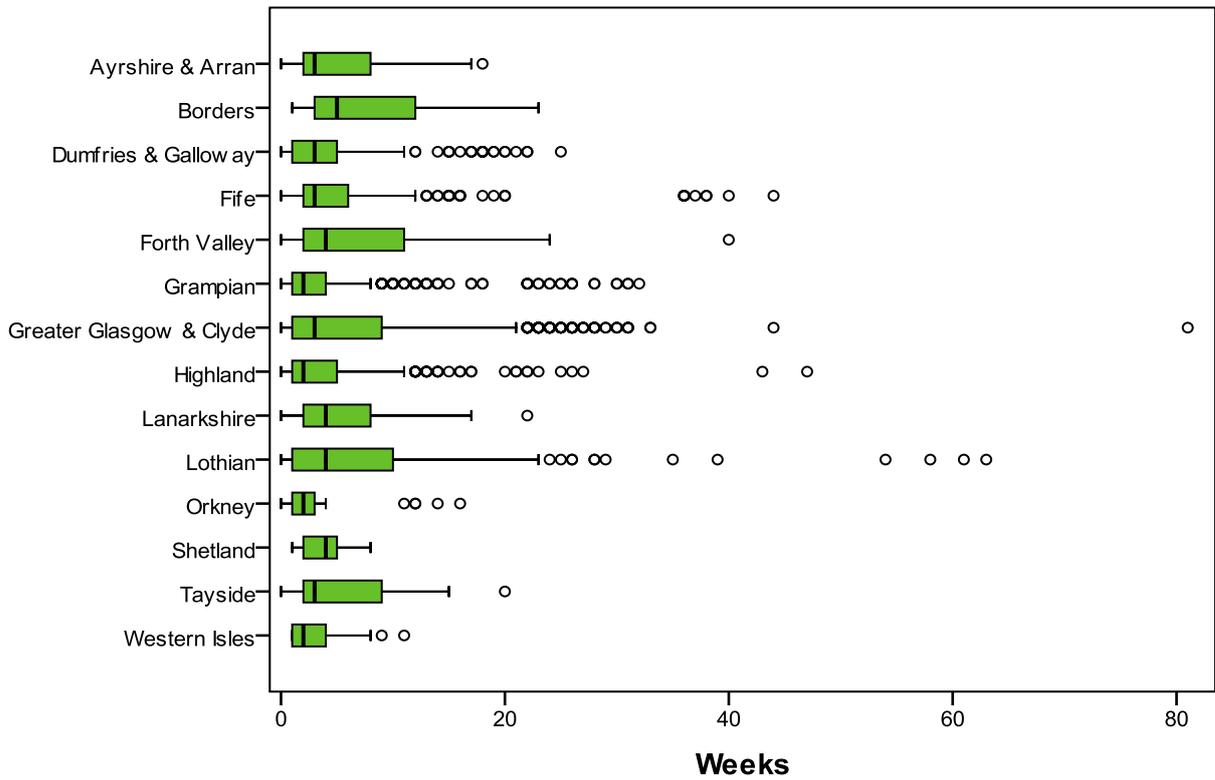
Source: [Table 11b](#)

Physiotherapy

Overall 1,151 Physiotherapists provided information for the Census, reporting 7,194 patients seen for 1st Treatment during Census week, an average of 6 new patients each.

Of the 6,941 adult physiotherapy patients seen, 3,872 patients were seen within 3 weeks (56%), 236 patients (3%) were seen more than 18 weeks from the date the referral was received. Median waiting times for physiotherapy ranges from 2 to 5 weeks between NHS Boards (Chart 10, [Table 12](#)).

Chart 10: Physiotherapy, Referral to 1st AHP Treatment (Adult patients only)



Source: [Table 12](#)

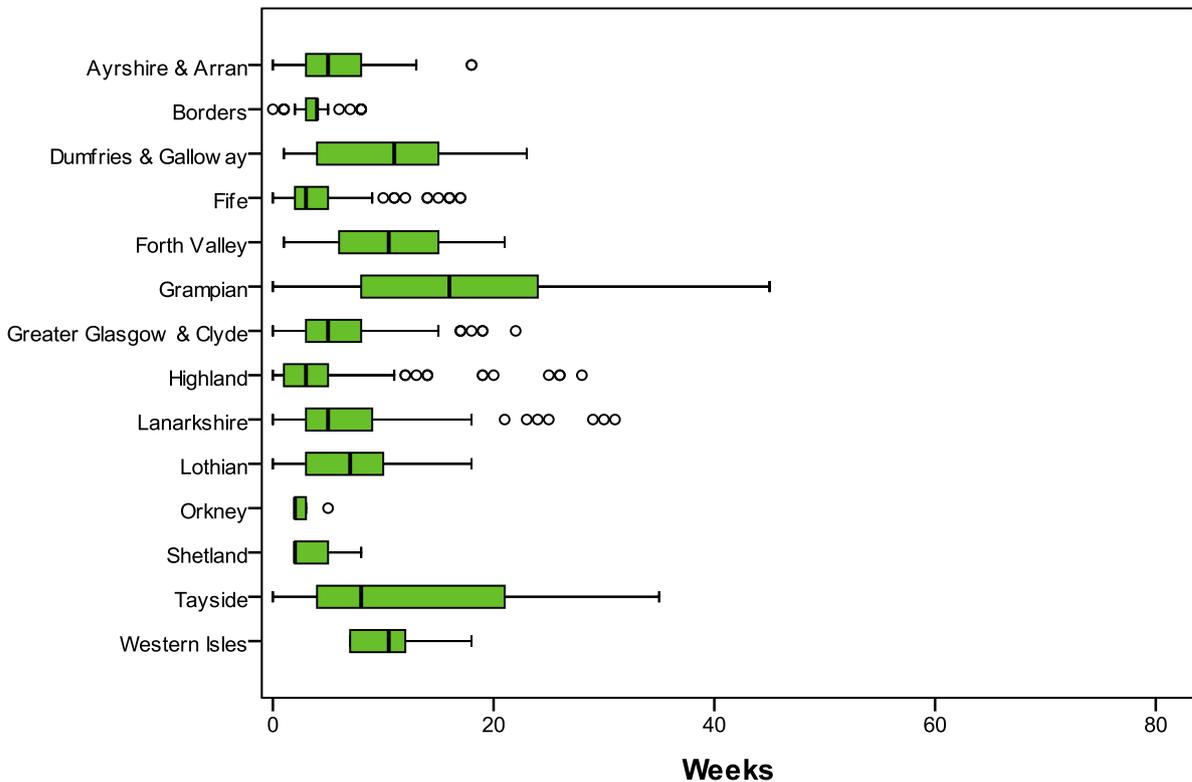
Podiatry

340 Podiatrists provided information for the Census, reporting 1,790 patients seen for 1st Treatment during Census week, an average of 5 new patients each, 1,655 of the patients were adults.

Thirty-five per cent of adult patients were seen within 3 weeks, with an additional 24% (393 adult patients) seen between 3 and 6 weeks, 72 patients (4%) waited more than 18 weeks. The median waiting time for podiatry ranged from 2 weeks in NHS Orkney and Shetland, 3 weeks in Fife and Highland to Grampian where the median waiting times was 16 weeks. Grampian also demonstrated the biggest range in waiting times for podiatry (Chart 11, [Table 13](#)).

A combination of a small number of patients with a narrow range of waiting times means there are no lines extending on either side of the Orkney box.

Chart 11: Podiatry, Referral to 1st AHP Treatment (Adult patients only)



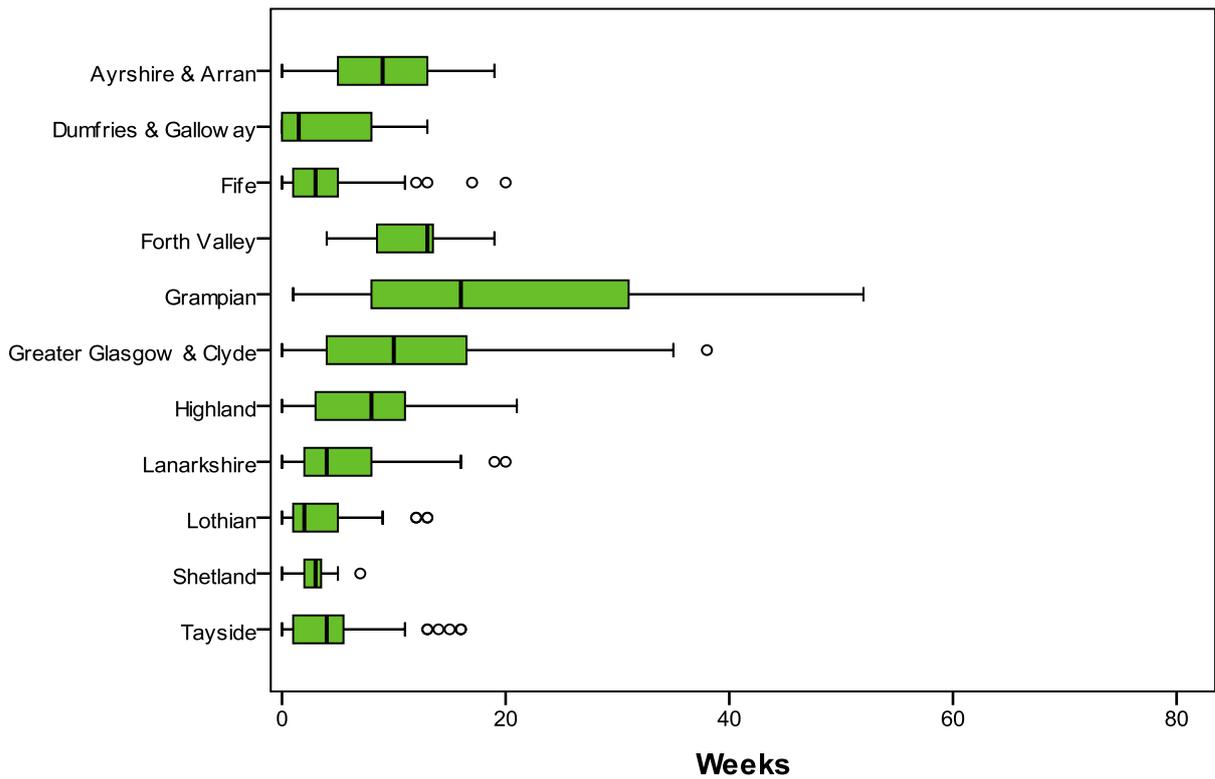
Source: [Table 13](#)

Prosthetics/Orthotics

Overall 78 Prosthetists/Orthotists provided information for the Census, reporting 668 patients seen for 1st Treatment during Census week, an average of 9 new patients each.

Thirty-five percent of adult patients were seen within 3 weeks, 8% of patients (49 patients) waited more than 18 weeks. The median waiting time ranged from 2 weeks (NHS Dumfries & Galloway and NHS Lothian) to 16 weeks (NHS Grampian) (Chart 12, [Table 14](#)).

Chart 12: Prosthetics/Orthotics, Referral to 1st AHP Treatment (Adult patients only)



Source: [Table 14](#)

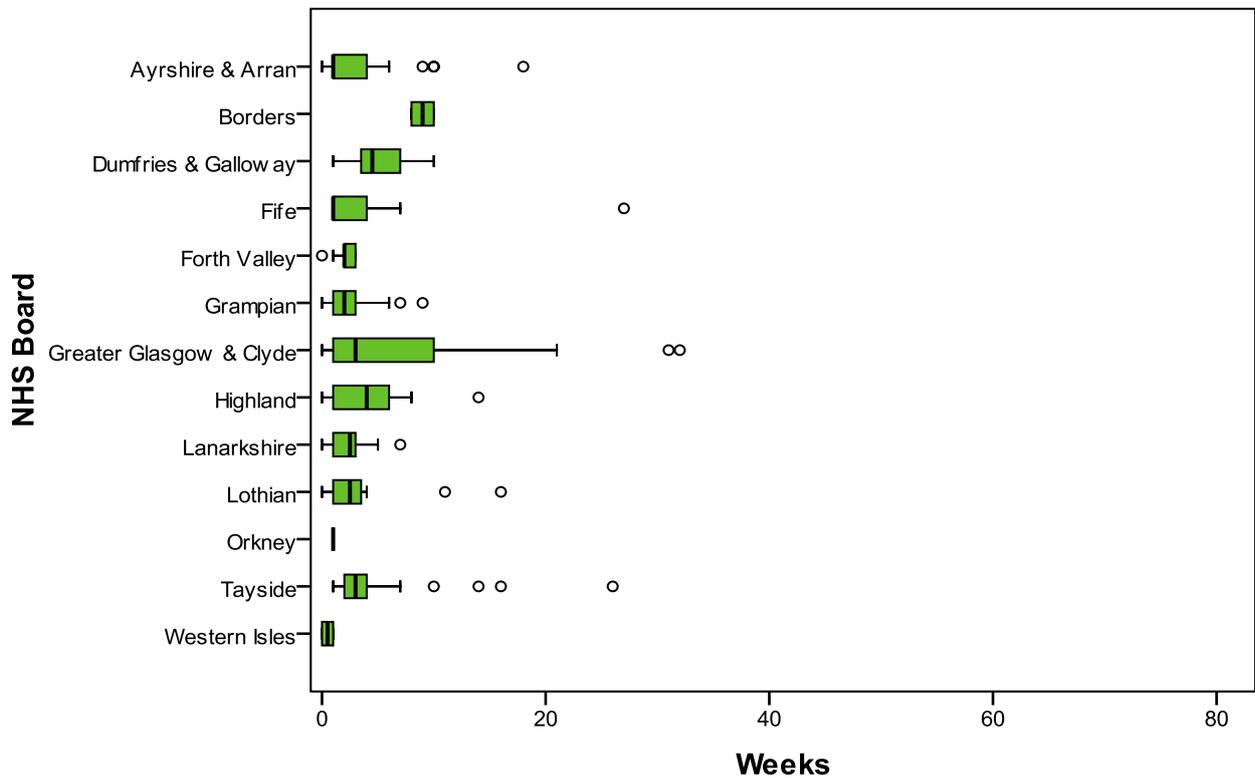
Speech and Language Therapy

There were 238 Speech and Language Therapists who participated in the census, reporting 494 patients seen for 1st Treatment during Census week, an average of 2 new patients each, 240 of the 494 patients (49%) were adults and 254 (51%) were children.

Of the 240 adult patients, 65% were seen within 3 weeks but only 19% of children were seen within this period, however the majority of patients were seen within 12 weeks for 1st AHP Treatment (93% of adults and 80% of children). Six adult patients (3%) and 24 children (9%) were seen more than 18 weeks after the date the referral was received. The highest median waiting time for adults was reported from NHS Borders (9 weeks) but for children it was 22 weeks in NHS Orkney.

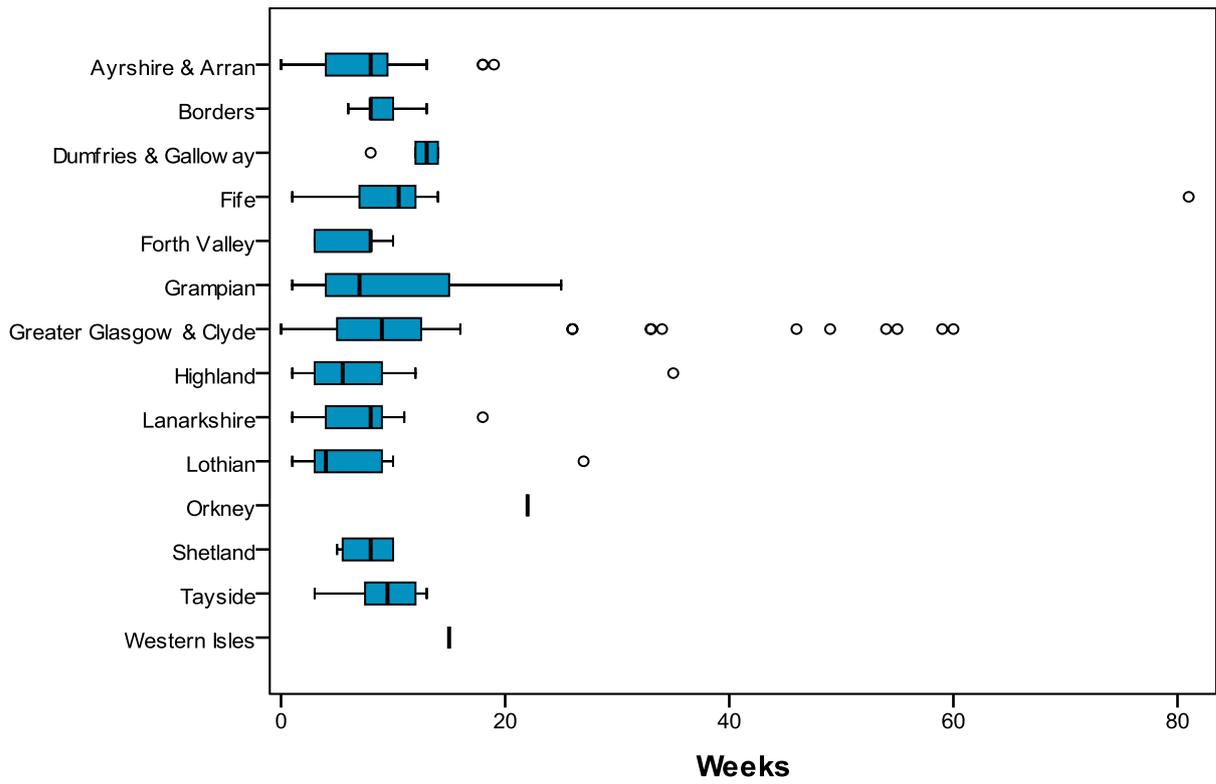
In some NHS Boards there was insufficient variation to generate either a box or lines extending beyond it therefore only the black line indicating the median appears in the charts.

Chart 13a: Speech and Language Therapy, Referral to 1st AHP Treatment (Adult patients)



Source: [Table 15a](#)

Chart 13b: Speech and Language Therapy, Referral to 1st AHP Treatment (Child patients)



Source: [Table 15b](#)

Discussion

The Census was established as a first step in developing information systems to support AHP services as it contains a sub-set of the agreed National Minimum Data Set for AHPs. The importance of data is also highlighted in the AHP National Delivery Plan, which was published on 20 June 2012. The following list details discussion points and the key conclusions from the Census which will inform the implementation of the National Delivery Plan:

Information Collection

Information was captured from all NHS Boards across the professional groups. In total data was obtained on 12, 422 new patients with checks and feedback from NHS Boards suggesting this is a good 'compliance' level.

A number of staff had problems in initially accessing and recording information in the Census Web Tool. The focus was on community and outpatient work with clinical staff mainly capturing information on their own patients. It may be that there are future training needs for staff as electronic information systems develop, including, for example the implementation of the National Minimum Dataset.

Data Quality

ISD provided definitions and FAQs that outlined scenarios which could be applied. The web based tool also included online validation and all waits of over 6 months were confirmed with each of the relevant NHS Boards. Guidance was provided on the definition of 1st AHP treatment but it may not have been applied consistently across all NHS Boards and AHP professions due to differences in interpretation or local working practices.

Waiting Times - 18 Weeks from Referral to Treatment Waiting Times Standard

The AHP Waiting Times Census has provided useful base line information on waiting times from referral to treatment using simplified 'New Ways' principles and inputting data to a purpose built web tool. This was a one week census that required collection of limited information on availability and non-attendance and not all areas were able to provide this due to the information not being available locally. On this basis the implementation of the 18 weeks from referral to treatment standard that is fully 'New Ways' compliant will require time and effort to establish local IT systems. AHP staff will require training to understand the 'New Ways' definitions for the reporting of waiting times. This may also result in changes to existing local processes for waiting times management. Advice and support should however be available from local staff experienced in the development and establishment of Waiting Times reporting.

Local IT Systems / eHealth

It should be noted that there was no local IT system that could provide all of the information required for the Census. Three NHS Boards considered using existing data from local systems but only one area opted for the download option. This Board provided data from three systems to ensure that all professional groups in the NHS Board area were covered, and one profession used the web tool. Definitions and code lists did not always meet national requirements and a significant amount of resource was required, at both national and local levels, to make the downloads comparable with other national data.

eHealth strategy recommends that data is 'collected once and used often'. It is for this reason that the use of local IT systems should be a key goal in any national data collection but that the time required to make nationally compliant data available should not be underestimated. The fact difficulties were observed in downloading data for this Census should not deter from following e-Health principles in the future, but consideration should be given how data items are built into and extracted from IT systems. For example, this should consider acute consultant based systems that may not deliver the flexibility required where AHPs are the designated case holders. Acute systems are set up with the assumption that every patient will have a named consultant and this is not always the case.

Census Findings and the National Minimum Dataset

As stated above one of the aims of the Census was that it would be the first step in the implementation of the agreed National Minimum Data Set. The data item 'AHP Service' was the only item where difficulties were identified. A draft list of services was piloted in the Census but this did not cover all services and in many situations the default of 'not otherwise specified' was used. If it is agreed that this item is required for inclusion in the national minimum dataset, then additional development work, in partnership with professional organisations, is required to ensure it more accurately reflects the service.

Client Pathways

The AHP National Delivery Plan highlights the important role that AHPs provide across the client journey including links with other clinical professionals in different settings and social care. As more Health & Social care organisations are formed there is a need to ensure consistent single activity collection for all AHPs to meet health and social care requirements. In the Census the links with OTs in local authority, how to record referrals from primary care where there was a GP referral, group sessions etc all highlighted the complexity of service delivery and the difficulties of recording activity in a meaningful way. A positive outcome of the Census is that through discussion with service providers a recording solution can be reached.

Baseline information

The Census has provided baseline data to support service provision e.g, where patients are referred from, including self referrals and where patients are treated. The baseline data also provides the first element of an evidence base to support the possible introduction of a nationally agreed AHP waiting time target.

Local Coordinators Group

The input from the local coordinators was essential to the success of the census. Feedback suggests that at a local level it was also essential for coordinators to develop local groups which include all AHPs within their NHS Board area.

The local coordinator group ensured representation across geographic areas and across the AHP professions. The group benefited from links with people delivering actual patient care. It is therefore recommended that the Group is asked to continue or a similar model is used to support future information development.

List of Tables

Table No.	Name	Time period	File & size
Workbook	AHP-Waiting-Times-Census-Tables.xls Tables 1 to 15	See below	Excel [155 Kb]
1	Number of AHPs participating in the Census	6 to 10 February 2012	Excel [155 Kb]
2	Number Patients reported as receiving 1st AHP Treatment during Census week	6 to 10 February 2012	Excel [155 Kb]
3	Source of Referral	6 to 10 February 2012	Excel [155 Kb]
4	Location of Contact	6 to 10 February 2012	Excel [155 Kb]
5	AHP Service	6 to 10 February 2012	Excel [155 Kb]
6	Waiting time from Date Referral Received to 1st AHP Treatment; All patients	6 to 10 February 2012	Excel [155 Kb]
7	Waiting time from Date Referral Received to 1st AHP Treatment; All Adults (18 years & over)	6 to 10 February 2012	Excel [155 Kb]
8	Waiting time from Date Referral Received to 1st AHP Treatment; Children only (Under 18 years)	6 to 10 February 2012	Excel [155 Kb]
9	Dietetics, Waiting times from Date Referral Received to 1st AHP Treatment - Adult patients	6 to 10 February 2012	Excel [155 Kb]
10	Occupational Therapy, Waiting times from Date Referral Received to 1st AHP Treatment - Adult patients	6 to 10 February 2012	Excel [155 Kb]
11a	Orthoptics, Waiting times from Date Referral Received to 1st AHP Treatment - Adult patients	6 to 10 February 2012	Excel [155 Kb]
11b	Orthoptics, Waiting times from Date Referral Received to 1st AHP Treatment - Child patients	6 to 10 February 2012	Excel [155 Kb]
12	Physiotherapy, Waiting times from Date Referral Received to 1st AHP Treatment - Adult patients	6 to 10 February 2012	Excel [155 Kb]
13	Podiatry, Waiting times from Date Referral Received to 1st AHP Treatment - Adult patients	6 to 10 February 2012	Excel [155 Kb]
14	Prosthetics/Orthotics, Waiting times from Date Referral Received to 1st AHP Treatment - Adult patients	6 to 10 February 2012	Excel [155 Kb]
15a	Speech and Language Therapy, Waiting times from Date Referral Received to 1st AHP Treatment - Adult patients	6 to 10 February 2012	Excel [155 Kb]
15b	Speech and Language Therapy, Waiting times from Date Referral Received to 1st AHP Treatment - Child patients	6 to 10 February 2012	Excel [155 Kb]

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Further Information

Further information can be found on the [ISD website](#)

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A1 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Findings from the AHP Waiting Times Census in Scotland
Description	Findings from the recent AHP census held from 6 th to 10 th February 2012. Includes data on waiting times from referral to 1 st AHP treatment.
Theme	Waiting times
Topic	Waiting times
Format	Web
Data source(s)	AHPs seeing patients for 1 st treatment during census week, excluding diagnostic and therapy radiographers).
Date that data are acquired	6 th to 10 th February 2012
Release date	10 th July 2012
Frequency	One week census (no plans to repeat)
Timeframe of data and timeliness	One week
Continuity of data	One week census only
Revisions statement	None Required
Revisions relevant to this publication	None Required
Concepts and definitions	<p>All waiting times were calculated in days but are summarised in time bands. A wait of between 0 and 21 days is defined as 0 – 3 Weeks. A wait of between 22 and 42 days is defined as 3 – 6 Weeks. Analogous reasoning applies to the other time bands recorded.</p> <p>Box Plots: The dark line in the middle of the boxes is the median waiting time. Half of the patients have a wait greater than the median and half have a wait lower. Like the mean, the median is a measure of central tendency. Unlike the mean, it is less influenced by extreme values.</p> <p>The left of the box indicates the 25th percentile. Twenty-five percent of patients have a wait below the 25th percentile. The right of the box represents the 75th percentile. Twenty-five percent of patients have waits above the 75th percentile. This means that 50% of the patients lie within the box.</p> <p>The T-bars that extend from the boxes are called inner fences or whiskers. These extend to 1.5 times the length of the box or, if no patient has a wait in that range, to the minimum or maximum values. Approximately 95% of the patients' waits are expected to lie between the inner fences.</p> <p>Waits that do not fall within the inner fences are classified as Outliers and are indicated by an "o" symbol.</p>

Relevance and key uses of the statistics	To inform Minimum dataset, issued August 2011 and inform recommendations within SG's AHP Delivery Plan
Accuracy	Data validated locally prior to submission, all waits over 6 months have been confirmed
Completeness	Feedback from NHS Boards suggest completeness reflects activity during census week
Comparability	There may be issues with local interpretation of guidance provided
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	
Value type and unit of measurement	
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Non Official Statistics.
UK Statistics Authority Assessment	These data have not been assessed by the UK Statistics Authority.
Last published	Not applicable
Next published	Not applicable
Date of first publication	Not applicable
Help email	Elaine.parry@nhs.net
Date form completed	27 June 2012

A2 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', i.e. as part of the delivery of health and care:

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

Local coordinators
NHS Board AHP Leads
Jacqui Lunday, Chief Health Professions Officer
Tracy MacInnes, AHP Officer Education and Workforce

A3 – About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHS Scotland and the Scottish Government and others, responsive to the needs of NHS Scotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.