Publication Report

Inpatient, Day case and Outpatient stage of treatment waiting times

Monthly & quarterly data to 31 December 2012

Publication date – 26 February 2013

A National Statistics Publication for Scotland
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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 Scotland’s performance.

ISD Scotland continues to be committed to improving the information on waiting times along with our key stakeholders, the NHS Boards and Scottish Government. From 01 January 2008, the ‘New Ways’ of monitoring and measuring waiting times was implemented and subsequently updated in April 2010.

Inpatients and day cases added to the waiting list prior to 01 October 2012 are subject to these waiting times targets/standards set out by the Scottish Government and can be found at Scotland Performs. There is also additional information in the background pages.

A further update came with the Patient Rights (Scotland) Act 2011. This 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.

Due to the above legislative changes, ISD and NHS Boards are in the process of enhancing IT systems and data extraction processes to ensure effective and equitable management and monitoring of the TTG. NHS Board data extracts are likely to be developed by the summer. In the interim, Boards have provided a local aggregated return for patients added to the waiting list on or after 01 October 2012. Any patients on the waiting list prior to 01 October 2012 will continue to be monitored and reported from the ISD waiting times warehouse using New Ways rules.

Mental health inpatient, day case and outpatients are not included in this 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).

Under TTG (from 01 October 2012) ‘Patient advised unavailability’ replaces ‘Social unavailability’ which puts the patient in control of their own wait. For post 01 October 2012, ISD is at the present time unable to extract directly from NHS Boards systems patient level information.

Data for inpatients, day cases and outpatients who were added to the waiting list on or before 30 September 2012 has been produced from the ISD waiting times warehouse. For patients added to the inpatient, day case and outpatient waiting lists from 01 October 2012 NHS boards have provided a local aggregated return. The ISD waiting times warehouse could not be used for this as local extracts are still being developed to take into account TTG. This means currently that for post 01 October 2012, ISD is unable to look at patient level information.

Therefore, within this publication, there are 4 sections:

- (1) Treatment Time Guarantee – Aggregated information on inpatients and day cases added to the waiting list from 01 October 2012 provided from local aggregated returns.
- (2) Inpatient and Day case admissions (pre 01 October 2012) – Detailed information on inpatients and day cases added to the waiting list prior to 01 October 2012 from the ISD warehouse. Care should be taken with this cohort as the numbers are decreasing rapidly as patients are treated – and therefore removed from the list.
- (3) New Outpatients – Detailed information on new outpatients referred prior to 01 October 2012 combined with aggregated local data for referrals from 01 October 2012.
- (4) Cardiac and Cataract – “Whole Patient Journey” waiting times for patients added to the list prior to 01 October 2012

Data published in previous quarters may be updated in this publication to reflect ongoing work by NHS Boards to improve data quality. Further information is discussed on the data quality page.

Audit Scotland published their report on Management and Scrutiny of NHS waiting lists have to improve on 21 February 2012. ISD Scotland will be producing an action plan to ensure the recommendations for ISD will be taken forward and implemented.
Key points

General Point:
• This is the first publication showing NHS Board compliance with the Treatment Time Guarantee legislation. Treatment Time Guarantee data are based on aggregate returns supplied by NHS Boards and therefore is an interim publication until developments in local systems can supply patient level detail.
• ISD strongly recommend that users read the supporting information and accompanying footnotes for each chart and table.

Treatment Time Guarantee (inpatient and day case admissions from 01 October 2012):
• During the quarter ending 31 December 2012, 58,070 inpatients and day cases were seen within the Treatment Time Guarantee of 12 weeks; 7 patients waited over 12 weeks [Table 1].
• The first date at which a patient could breach the 12 weeks (84 days) guarantee was on 24 December 2012.
• As at 31 December 2012, 47,234 inpatients and day cases were waiting to be treated, of which 78 had been waiting beyond the 12 week guarantee [Table 2].
• As at 31 December 2012, 83.4% of patients were available for treatment [Table 2].
Note – this is data provided by aggregated local aggregated returns from NHS Boards.

Inpatient and Day Case admissions (pre 01 October 2012):
• The cohort of inpatient and day case admissions added to the waiting list prior to 01 October 2012 is decreasing rapidly as patients are treated.
• As at 31 December 2012, 5,967 patients added to list prior to 01 October 2012 were waiting for an inpatient or day case treatment. Meanwhile, at 30 September 2012, 53,217 patients were waiting [Table 3].
Note – this is data from the ISD Waiting Times Warehouse.

New Outpatients:
• As at 31 December 2012, 97.3% of new outpatients (all sources of referral) had an ongoing wait of 12 weeks or less. This is the statistic used by NHS Boards from 31 March 2010 to measure performance against Scottish Government waiting times standards for new outpatients. This compares to a figure of 97.2% at 30 September 2012 [Table 5].
• During quarter ending 31 December 2012, 94.9% of new outpatients seen (all sources of referral) had waited less than 12 weeks [Table 6].
Note – this is combined data from the ISD Waiting Times Warehouse (pre 01 October 2012) and local aggregated returns from NHS Boards (from 01 October 2012).
Results and Commentary

(1) Treatment Time Guarantee (inpatient and day case admissions from 01 October 2012)

This section covers all patients added to inpatient and day case admission waiting lists from 01 October 2012. NHS Boards are making changes to their system extracts in order to provide the additional data, ISD have developed the waiting times warehouse to capture the additional data. Once NHS Board systems are able to extract data for national purposes, the publication will be expanded to provide more detail similar to previous publications while taking into account the Consultation on Stage of Treatment Statistics.

Inpatient and Day Case admission

Table 1 and Table 2 show patients seen and patients waiting for inpatient or day case admission respectively. During the quarter ending 31 December 2012, 7 of 58,070 patients seen waited beyond treatment time guarantee of 12 weeks (84 days). As the legislation came into force on 01 October 2012, it should be noted that for this first quarter no patients could breach the guarantee until 24 December 2012 when the 12 weeks (84 days) had passed.

It is also important to note that the festive period is known to cause additional pressures on NHS services, with increased attendances at Emergency Departments and increased emergency admissions further information on these pressures can be found in the Accident and Emergency Department Activity and Waiting Times publication.

Table 1 – Completed waits for patients seen (added to waiting list from 01 October 2012): Inpatient or Day case admission, Scotland

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total seen</th>
<th>Number who waited over 12 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-12</td>
<td>25 417</td>
<td>7</td>
</tr>
<tr>
<td>30-Nov-12</td>
<td>23 455</td>
<td>n/a</td>
</tr>
<tr>
<td>31-Oct-12</td>
<td>9 198</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Notes:
1. n/a – not applicable.
2. 24 December 2012 is the first day where TTG patients could breach i.e. no patients could breach in October or November as this is still within 12 weeks (84 days).
Table 2 - Ongoing waits for patients on Waiting List (added to waiting list from 01 October 2012): Inpatient or Day case admission, Scotland

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total waiting</th>
<th>Number waiting over 12 weeks</th>
<th>Number unavailable</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-12</td>
<td>47 234</td>
<td>78</td>
<td>7 822</td>
</tr>
<tr>
<td>30-Nov-12</td>
<td>42 776</td>
<td>n/a</td>
<td>4 774</td>
</tr>
<tr>
<td>31-Oct-12</td>
<td>28 062</td>
<td>n/a</td>
<td>1 969</td>
</tr>
</tbody>
</table>

Notes:
1. n/a – not applicable
2. 24 December 2012 is the first day where TTG patients i.e. added to the inpatient and day case waiting list on or after 01 October 2012 could wait over 12 weeks (84 days).

Table 2 shows an increase in patient unavailability as the cohort of patients added to the waiting list naturally increases. Further information is available which details comparable NHS Board information for Tables 1-2.

Exceptions to the Treatment Time Guarantee are set out in the Regulations. These are:

- assisted reproduction.
- obstetrics services.
- organ, tissue or cell transplantation whether from living or deceased donor.
- designated national specialist services for surgical intervention of spinal scoliosis.
- the treatment of injuries, deformities or disease of the spine by an injection or surgical intervention.

Under ‘New Ways’ the specialties of Mental Health, Obstetrics and Homeopathy were excluded from the inpatient, day case and outpatient waiting time standards. Mental Health and Homeopathy inpatients, day cases are now included under TTG and NHS Boards are working on providing this information. This is currently collected by NHS Boards on different IT systems which are not yet able to supply waiting times information centrally. Please see data quality section for further details.
(2) Inpatient and Day case admissions (pre 01 October 2012)

This section covers patients added to inpatient or day case waiting lists prior to 01 October 2012. These statistics are derived from the current data extraction process under ‘New Ways’ rules and are subject to revision by some NHS Boards.

Inpatients and Day cases – patients waiting at month end

Key points:
- The latest available information shows that 5,967 patients added to list prior to 01 October 2012 were waiting for an inpatient or day case treatment at 31 December 2012. Meanwhile, at 30 September 2012, 53,217 patients were waiting [Table 3].
- As at 31 December 2012, 83.3% of inpatients and day cases (approximately 5,000 out of a total of 6,000) added to the list prior to 01 October 2012 had been waiting 9 weeks or less [Table 3].
- The total number on waiting lists for inpatient and day case treatment at 31 December 2012 for patients added to list prior to 01 October 2012 was approximately 7,000. Of which, approximately 4,000 were recorded as unavailable for an admission (69.9% due to social unavailability) [Chart 1 and Chart 2].

Chart 1 and Table 3 demonstrate how the national waiting times standard for inpatient and day case admissions has changed since the introduction of New Ways. This shows the length of time that patients waiting for treatment had waited at month end dates. Comparable information for patients seen is available in ‘Inpatients and day cases – patients seen during the quarter’. See Appendix A1 for further information on why both measures are published.

Chart 1: Ongoing waits for patients on waiting list: Inpatient or Day case admission, NHS Scotland (added to waiting list prior to 01 October 2012)

As at 30 September 2012, approximately 53,000 patients were on the waiting list for inpatient or day case admission, of which approximately 2,500 had been waiting longer than 9 weeks. As the cohort of patients added prior to 01 October 2012 diminishes,
approximately 6,000 remained on waiting list for inpatient or day case admission as at 31 December 2012. Of which, approximately 1,000 had been waiting longer than 9 weeks.

Table 3 - Ongoing waits for patients on Waiting List: Inpatient or Day case admission, Scotland (added to waiting list prior to 01 October 2012)

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total waiting</th>
<th>Number waiting over 9 weeks</th>
<th>Number waiting over 12 weeks</th>
<th>Number waiting over 15 weeks</th>
<th>Number waiting over 18 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-12</td>
<td>5 967</td>
<td>999</td>
<td>794</td>
<td>558</td>
<td>395</td>
</tr>
<tr>
<td>30-Nov-12</td>
<td>10 321</td>
<td>2 206</td>
<td>1 031</td>
<td>642</td>
<td>460</td>
</tr>
<tr>
<td>31-Oct-12</td>
<td>24 496</td>
<td>2 628</td>
<td>1 312</td>
<td>871</td>
<td>631</td>
</tr>
<tr>
<td>30-Sep-12</td>
<td>53 217</td>
<td>2 622</td>
<td>1 558</td>
<td>1 114</td>
<td>812</td>
</tr>
</tbody>
</table>

Notes (for Chart 1 and Table 3):
1. This analysis excludes patients referred to mental health, obstetrics and homeopathy specialties.
2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for medical or social reasons). Patients who cancel or don’t attend an appointment have their waiting times clock reset to zero.
3. Cataract and cardiac patients have been excluded from the key tables in this publication as the new outpatient waiting time targets do not apply prior to 01 October 2012. These patients have a Whole Journey waiting time standard of 18 weeks which is reported separately in the Whole Journey section of this publication.

NHS Scotland data for Census date 31 March 2008 onwards and comparable information by NHS Board of treatment are given in Table A2b.

Inpatients and Day cases – availability

Under 'New Ways' definitions, if a patient is unavailable for treatment and unable to accept an offer of appointment then this is recorded. If a patient informs the hospital that they will be unable to accept an appointment because, for example, they are on holiday for a fortnight, then this is recorded as ‘Social unavailability’ (now known as ‘Patient advised unavailability’). If a patient is medically unable to undergo a procedure i.e. they have another medical issue such as raised blood pressure that makes treatment inadvisable then this is recorded as ‘Medical unavailability’.

Chart 2 shows the number of patients on the waiting list by available or unavailable at month-end census dates. Chart 3 focuses on the unavailable patients.
Chart 2: Availability of patients on Waiting List – Inpatient or Day case admission, NHS Scotland (added to waiting list prior to 01 October 2012)

Chart 2 reinforces the point that the analysis is based on a diminishing cohort of patients added to the waiting list prior to 01 October 2012. As at 30 September 2012, approximately 61,500 patients were on the waiting list, of which approximately 14,000 were unavailable.

Chart 3: Unavailability of patients on Waiting List – Inpatient or Day case admission, NHS Scotland (added to waiting list prior to 01 October 2012)

Notes (for Chart 2 and Chart 3):
1. This analysis excludes patients referred to mental health and obstetrics specialties.
2. Patient Focused Booking (PFB) is a system where patients are asked to contact the hospital to arrange a convenient time for their appointment.
3. For patients added to the waiting list from 1 April 2009, all periods of patient advised or medical unavailability are deducted from the calculation of wait.

Caution should also be taken when comparing across NHS Boards as reduction in the pre 01 October 2012 cohort varies across Scotland. NHS Scotland data for census date 31 March 2010 onwards and comparable information by NHS Board of treatment is given in Table C2.
Inpatients and Day cases – patients seen during the quarter

Key points:

- The latest available information shows that 40,857 patients added to list prior to 01 October 2012 were seen during quarter ending 31 December 2012. This has reduced from 92,725 for quarter ending 30 September 2012 [Table 4].
- During the quarter ending 31 December 2012, 82.5% of patients seen (approximately 34,000 from a total of 41,000) waited 9 weeks or less [Table 4].

Chart 4 and Table 4 demonstrate how performance against the national waiting times standard for inpatients or day case admissions has changed since the introduction of New Ways. This shows the length of time that patients admitted for treatment waited at quarter end dates. Comparable information for patients waiting is available in ‘Inpatients and day cases – patients waiting at month end’. See Appendix A1 for further information on why both measures are published.

**Chart 4: Completed waits for patients seen: Inpatient or Day case admissions, NHS Scotland (added to waiting list prior to 01 October 2012)**

During quarter ending 30 September 2012, 93,000 patients were seen. Of which approximately 7,500 waited over 9 weeks to be treated. As the cohort of patients added prior to 01 October 2012 diminishes, approximately 41,000 patients were seen during quarter ending 31 December 2012. Of which, approximately 7,000 waited longer than 9 weeks for treatment.
Table 4 - Completed waits for patients seen: Inpatients or Day case admission, Scotland (added to waiting list prior to 01 October 2012)

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total seen</th>
<th>Number who waited over 9 weeks</th>
<th>Number who waited over 12 weeks</th>
<th>Number who waited over 15 weeks</th>
<th>Number who waited over 18 weeks</th>
<th>Median wait (days)</th>
<th>90th percentile (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-12</td>
<td>3 700</td>
<td>1 479</td>
<td>602</td>
<td>256</td>
<td>125</td>
<td>62</td>
<td>96</td>
</tr>
<tr>
<td>30-Nov-12</td>
<td>12 330</td>
<td>3 169</td>
<td>1 006</td>
<td>479</td>
<td>262</td>
<td>56</td>
<td>81</td>
</tr>
<tr>
<td>31-Oct-12</td>
<td>24 827</td>
<td>2 509</td>
<td>886</td>
<td>508</td>
<td>301</td>
<td>36</td>
<td>64</td>
</tr>
</tbody>
</table>

Notes (for Chart 4 and Table 4):
1. This analysis excludes patients referred to mental health, obstetrics and homeopathy specialties.
2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for medical or social reasons). Patients who cancel or don’t attend an appointment have their waiting times clock reset to zero.
3. Cataract and cardiac patients have been excluded from the key tables in this publication as the new outpatient waiting time targets do not apply prior to 01 October 2012. These patients have a Whole Journey waiting time standard of 18 weeks which is reported separately in the Whole Journey section of this publication.
4. Please note these statistics are not comparable with previous quarters as the median and 90th percentile are based on patients added to list prior to 01 October 2012.

NHS Scotland data for quarter ending 31 March 2008 onwards and comparable information by NHS Board of treatment are given in Table A2a and Table J2.
Inpatients and Day cases – waiting list activity

Key points:
- Based on patients added to waiting list prior to 01 October 2012 for an inpatient or day case admission, approximately 55,000 were removed during quarter ending 31 December 2012. Of these, 86.8% were removed because they were admitted as planned; 6.3% were removed because they no longer required treatment; 4.4% were removed because they were referred back to their GP; 0.5% were transferred; and 2.0% were removed for other reasons [Chart 5 and Chart 6].
- Approximately 60,500 offers of admission for inpatient or day cases were accepted during the quarter ending 31 December 2012. The ‘Did Not Attend’ (DNA) rate was 2.1%, ‘Could Not Attend’ (CNA) rate was 9.3% and the ‘Cancellation by Service’ rate was 7.7% [Chart 7].

Removals from list
Approximately 55,000 patients were removed from the waiting list during quarter ending 31 December 2012. Of these, 47,500 were removed because they were admitted for treatment. Other reasons for removing a patient from the waiting list include the patient no longer requiring treatment, being transferred elsewhere or being referred back to their GP, which may be because the patient did not attend their appointment.

Chart 5 and Chart 6 present information about reason for removal from the waiting list for NHS treatment as an inpatient or day case.

Chart 5 shows the proportion of patients removed from the waiting list by the reason for removal during quarterly periods. Chart 6 focuses on those patients who were removed for reasons other than attended.
Information Services Division

Chart 5: Reason for removal from Waiting List, Inpatient or Day case admission, NHS Scotland (added to waiting list prior to 01 October 2012)

Chart 5 reinforces the point that the analysis is based on a diminishing cohort of patients referred prior to 01 October 2012. During quarter ending 30 September 2012, approximately 122,000 patients were removed from the waiting list, of which approximately 104,000 attended.

Chart 6: Reason for removal from Waiting List (excluding Attended), Inpatient or Day case admission, NHS Scotland (added to waiting list prior to 01 October 2012)

Notes (for Chart 5 and Chart 6):
1. This analysis excludes patients referred to mental health, obstetrics and homeopathy specialties.
2. Only includes patients that were added to the waiting list prior to 01 October 2012. As these patients are seen this cohort will reduce to zero.

NHS Scotland data for quarter ending 31 March 2008 onwards and comparable information by NHS Board of treatment is given in Table D2a.

Chart 7 presents information about non-attendance rates for NHS treatment as an inpatient or day case.
It shows the rate of missed appointments due to 'Did Not Attend' (DNA), 'Could Not Attend' (CNA) and 'Cancellation by Service' during quarterly periods.

**Chart 7: Non attendance rates, Inpatient or Day case admission, NHS Scotland (added to waiting list prior to 01 October 2012)**

Notes (for Chart 7):
1. This analysis excludes patients referred to mental health, obstetrics and homeopathy specialties.

NHS Scotland data for quarter ending 31 March 2008 onwards and comparable information by NHS Board of treatment is given in Table D2b.
(3) New Outpatients

Information on new outpatient waiting times is provided from the ISD waiting times warehouse and NHS Board aggregate returns. Although the recording of New Outpatients has not changed with TTG, the calculation of wait may be affected i.e. NHS Boards previously applying a Could Not Attend (CNA)/Did Not Attend (DNA) to a patients record would have resulted in an automatic resetting of the clock. However, now there is an option to allow the flexibility, meaning a clock should only be reset if it is reasonable and clinically appropriate to do so.

New Outpatients – patients waiting at month end

Key points:

- Data for new outpatients added to the waiting list prior to 01 October 2012 have been extracted from the ISD waiting times warehouse. For new outpatients added to the waiting list on or after 01 October 2012, NHS boards have provided an aggregate return while IT systems are being developed further.
- From 31 March 2010, the national waiting times standard states that patients should wait no longer than 12 weeks for a new outpatient appointment for all referral sources. The latest available information shows that 97.3% of patients covered by the waiting times standard (approximately 204,500 out of a total of 210,000) had been waiting 12 weeks or less at 31 December 2012. This compares to a figure of 97.2% at 30 September 2012 [Table 5].
- The total number of patients on the waiting list was recorded as approximately 210,000 and of these, 4.6% were unavailable for an appointment on 31 December 2012. This compares to 5.2% at 30 September 2012 [Chart 8 and Chart 9].

The information in this section presents a summary of waiting times information on patients covered by the national waiting times standard set by the Scottish Government; Scottish residents waiting for a new NHS appointment at a consultant/dentist-led outpatient clinic following referral.

Chart 8 and Table 5 demonstrate how the national standard for outpatients has changed since the introduction of New Ways and show the length of time that patients still on the waiting list have been waiting at month-end Census dates. These figures are used by NHS Boards to measure performance against Scottish Government waiting times standards. Comparable information for patients seen is available in ‘New Outpatients – patients seen during the quarter’. See Appendix A1 for further information on why both measures are published.
Chart 8: Ongoing waits for patients on waiting list, New Outpatient appointment, NHS Scotland

Chart 8 shows the number waiting over 12 weeks has started to decrease since June 2012. Previously, there was a steady increase in number of patients waiting over 12 weeks from March 2011.

Table 5 - Ongoing waits for patients on Waiting List: New Outpatient appointment, Scotland

All referral sources (referrals received on or after 1 April 2009)

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Aggregate Total waiting</th>
<th>Aggregate Number waiting over 12 weeks</th>
<th>Warehouse Total waiting</th>
<th>Warehouse Number waiting over 12 weeks</th>
<th>Total Total waiting</th>
<th>Total Number waiting over 12 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-12</td>
<td>190 146</td>
<td>543</td>
<td>20 007</td>
<td>5 105</td>
<td>210 153</td>
<td>5 648</td>
</tr>
<tr>
<td>30-Nov-12</td>
<td>170 539</td>
<td>n/a</td>
<td>43 467</td>
<td>5 363</td>
<td>214 006</td>
<td>5 363</td>
</tr>
<tr>
<td>31-Oct-12</td>
<td>107 915</td>
<td>n/a</td>
<td>110 742</td>
<td>5 948</td>
<td>218 657</td>
<td>5 948</td>
</tr>
<tr>
<td>30-Sep-12</td>
<td>220 970</td>
<td>6 188</td>
<td>220 970</td>
<td>6 188</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31-Dec-11</td>
<td>201 676</td>
<td>5 560</td>
<td>201 676</td>
<td>5 560</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31-Dec-10</td>
<td>196 544</td>
<td>1 787</td>
<td>196 544</td>
<td>1 787</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Notes (for Chart 8 and Table 5):
1. This excludes patients referred to mental health, obstetrics and homeopathy specialties.
2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for medical or social reasons). Patients who cancel or don’t attend an appointment have their waiting times clock reset to zero.
3. Cataract and cardiac patients have been excluded from the key tables in this publication for patients added to the list prior to 01 October 2012. These patients have a Whole Journey waiting time standard of 18 weeks which is reported separately in the Whole Journey section of this publication.
4. n/a – 24 December 2012 is the first day where patients referred on or after 01 October 2012 could wait over 12 weeks.
5. ISD and NHS Boards are currently changing their systems to incorporate revised waiting times guidance. In the interim period NHS Boards are supplying local aggregated returns for post 01 October 2012 i.e. no patient level information.

NHS Scotland data for census date 31 March 2008 onwards and comparable information by NHS Board of treatment is given in Table A1b.
New Outpatients – availability

Under ‘New Ways’ guidelines, if a patient is unavailable for treatment and unable to accept an offer of appointment then this is recorded. If a patient is medically unable to undergo a procedure because, for example, they have another medical issue such as raised blood pressure that makes treatment inadvisable then this is recorded as ‘Medical unavailability’. If a patient informs the hospital that they will be unable to accept an appointment because, for example, they are on holiday for a fortnight, then this is recorded as ‘Social unavailability’.

Under the new Waiting Time guidance from 01 October 2012, ‘Patient advised unavailability’ replaces ‘Social unavailability’ which puts the patient in control of their own wait.

Chart 9 presents the proportion of patients on the waiting list by available or unavailable at month-end census dates. Chart 10 focuses on the unavailable patients.

**Chart 9: Availability of patients on Waiting List - New Outpatient appointment, NHS Scotland**
Notes (for Chart 9 and Chart 10):
1. This analysis excludes patients referred to mental health, obstetrics and homeopathy specialties.
2. PFB = Patient Focused Booking. A system where patients are asked to contact the hospital to arrange a convenient time for their appointment.
3. ISD and NHS Boards are currently changing their systems to incorporate revised waiting times guidance. In the interim period NHS Boards are supplying local aggregated returns for post 01 October 2012. PFB unavailability has not been reported for this period.
4. For patients added to the waiting list from 1 April 2009, all periods of social or medical unavailability are deducted from the calculation of wait.
5. NHS Lothian were unable to provide a breakdown of medical and patient advised (formerly known as social) unavailability. See background and data quality notes.

NHS Scotland data for census date 31 March 2010 onwards and comparable information by NHS Board of treatment is given in Table A1b and Table C1.
New Outpatients – patients seen during the quarter

Key points:
• Data for new outpatients added to the waiting list prior to 01 October 2012 have been extracted from the ISD waiting times warehouse. For new outpatients added to the waiting list from 01 October 2012, NHS boards have provided an aggregate return.
• During the quarter ending 31 December 2012, 94.9% of patients seen (approximately 331,000 from a total of 349,000 referred from all sources) waited 12 weeks or less. This compares to the quarter end 30 September 2012 figure of 94.1% [Table 6].

The information in this section presents a summary of waiting times information on patients covered by the national waiting times standard for New Outpatients set by the Scottish Government; Scottish residents seen for a new NHS appointment at a consultant/dentist-led outpatient clinic following referral.

Chart 11 and Table 6 demonstrate how performance against the national standard for new outpatients has changed since the introduction of New Ways. This shows the length of time that patients admitted for treatment waited at quarter end dates. Comparable information for patients waiting is available in ‘New Outpatients – patients waiting at month end’. See Appendix A1 for further information on why both measures are published.

![Chart 11: Completed waits for patients seen, New Outpatient appointment, NHS Scotland](image)

At 31 March 2009 the national standard changed from 18 to 15 weeks for GP/GDP referrals. At 31 March 2010 the national standard changed to 12 weeks for all sources of referral. This is a combined figure from warehouse and aggregate returns – see footnote.

Chart 11 shows that since June 2010 the number of patients who waited over 12 weeks for a new outpatient appointment has increased steadily. During quarter ending 31 December 2012 the number who waited over 12 weeks has decreased from approximately 20,000 to 18,000.
Table 6 - Completed waits for patients seen: New Outpatient appointment, Scotland

All referral sources (referrals received on or after 1 April 2009)

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Aggregate</th>
<th></th>
<th>Warehouse</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total seen</td>
<td>Number who waited over 12 weeks</td>
<td>Total seen</td>
<td>Number who waited over 12 weeks</td>
<td>Total seen</td>
<td>Number who waited over 12 weeks</td>
</tr>
<tr>
<td>31-Dec-12</td>
<td>81 580</td>
<td>119</td>
<td>19 630</td>
<td>4 308</td>
<td>101 210</td>
<td>4 427</td>
</tr>
<tr>
<td>30-Nov-12</td>
<td>67 328</td>
<td>n/a</td>
<td>57 289</td>
<td>7 126</td>
<td>124 617</td>
<td>7 126</td>
</tr>
<tr>
<td>31-Oct-12</td>
<td>29 983</td>
<td>n/a</td>
<td>93 358</td>
<td>6 363</td>
<td>123 341</td>
<td>6 363</td>
</tr>
</tbody>
</table>

Notes (for Chart 11 and Table 6):
1. This analysis excludes patients referred to mental health, obstetrics and homeopathy specialties.
2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for medical or patient advised reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero.
3. Cataract and cardiac patients have been excluded from the key tables in this publication as the new outpatient waiting time targets do not apply to patients added to the list prior to 01 October 2012. These patients have a Whole Journey waiting time standard of 18 weeks which is reported separately in the Whole Journey section of this publication
4. n/a – 24 December 2012 is the first day where patients referred on or after 01 October 2012 could wait over 12 weeks.
5. ISD and NHS Boards are currently changing their systems to incorporate revised waiting times guidance. In the interim period NHS Boards are supplying local aggregated returns.

NHS Scotland data for quarter ending 31 March 2008 onwards and comparable information by NHS Board of treatment is given in Table A1a and Table J1.
New Outpatients – waiting list activity

Key points:
• Based on patients added to waiting list prior to 01 October 2012 for a new outpatient appointment, approximately 206,000 patients (referred by any source) were removed during quarter ending 31 December 2012. Of these, 84.4% of patients were removed because they had attended an appointment; 9.5% were removed because they were referred back to their GP; 3.9% were removed because they no longer required treatment; 0.5% were transferred; and 1.6% were removed for other reasons [Chart 12 and Chart 13].

• Approximately 238,000 new outpatients had appointments booked during the quarter ending 31 December 2012. The ‘Did Not Attend’ (DNA) rate was 11.4%, ‘Could Not Attend’ (CNA) rate was 8.9% and the ‘Cancellation by Service’ rate was 4.5% [Chart 14].

Removals from list
Approximately 206,000 patients were removed from the waiting list during quarter ending 31 December 2012. Of these, 174,000 were removed because they attended an appointment. Other reasons for removing a patient from the waiting list include the patient no longer requiring treatment, being transferred elsewhere or being referred back to their GP, which may be because the patient did not attend their appointment.

Chart 12 and Chart 13 present information about reason for removal from the waiting list for a new NHS appointment at a consultant/dentist-led outpatient clinic.

Chart 12 shows the number of patients removed from the waiting list by the reason for removal during quarterly periods. Chart 13 focuses on those patients who were removed for reasons other than attended.
Chart 12 reinforces the point that the analysis is based on a diminishing cohort of patients referred prior to 01 October 2012. During quarter ending 30 September 2012, approximately 423,000 patients were removed from the waiting list, of which approximately 344,000 attended.

Notes (for Chart 12 and Chart 13):
1. This analysis excludes patients referred to mental health, obstetrics and homeopathy specialties.

NHS Scotland data for quarter ending 31 March 2010 onwards and comparable information by NHS Board of treatment is given in Table D1a.

Chart 14 presents information about non-attendance rates for patients accepting a new NHS appointment at a consultant/dentist-led outpatient clinic. It shows the rate of missed appointments due to 'Did Not Attend' (DNA), 'Could Not Attend' (CNA) and 'Cancellation by Service' during quarterly periods.
Notes (for Chart 14):
1. This analysis excludes patients referred to mental health, obstetrics and homeopathy specialties.

NHS Scotland data for quarter ending 31 March 2010 onwards and comparable information by NHS Board of treatment is given in Table D1b.
(4) Cardiac and Cataract

This is “Whole Patient Journey” waiting times for patients added to the list prior to 01 October 2012

Key points (as at 31 December 2012):

**Cardiac** only includes patients added to the list prior to 01 October 2012;

- Of 12 patients waiting for angiography, 100% were waiting equal to or less than the local target [Table 7].
- Of 39 patients waiting for revascularisation, 89.7% were waiting for 9 weeks or less [Table 7].
- Of 28 patients waiting for valve surgery, 100% were waiting for 9 weeks or less [Table 7].
- Of 132 patients waiting for other cardiac surgery, 100% were waiting for 16 weeks or less [Table 7].

**Statistics on patients seen at a Rapid Access Chest Pain Clinic will not be published at this time, as they require some further work in order to improve their reliability.**

**Cataract** only includes patients added to the list prior to 01 October 2012

- Of 626 patients waiting for cataract assessment, 34.0% were waiting equal to or less than the local target [Table 8].
- Of 394 patients waiting for cataract surgery, 65.5% were waiting equal to or less than the local target [Table 9].
- Of 284 patients waiting for cataract surgery for a second eye or at a one-stop cataract clinic, 88.7% were waiting equal to or less than the 18 week target [Table 10].

*Please note: Cataract and Cardiac activity will no longer be published separately once pre 01 October 2012 patients have been treated. In future these will be included in the TTG tables.*
Cardiac

From 31 December 2007 new waiting time standards were introduced for patients needing cardiac procedures. These standards improved upon the historic ones that set a maximum waiting time for angiography of 8 weeks and for revascularisation of 18 weeks: "By the end of 2007, no patient will wait more than 16 weeks from GP referral through a rapid access chest pain clinic or equivalent, to cardiac intervention." (Fair To All, Personal To Each, Scottish Government 2004)

Since 31 March 2010 this has been extended to cover all referral sources.

The standards go beyond the previous ones in that they cover all procedures and the entire patient journey. Cardiac patients should wait no longer than 16 weeks from referral by a General Practitioner through a Rapid Access Chest Pain Clinic (RACPC) to treatment. Patients referred for interventions via other routes ('other cardiac treatment'; H5) should wait no longer than 16 weeks from specialist decision to treat to receiving that treatment.

At present, NHS Scotland lacks systems on a national basis to capture total patient journey information. A pragmatic interim solution has been to monitor progress towards these targets by measuring and reporting the component parts of the journey. Local audits will assess the administrative processes between the different parts of the journey with the aim of minimising the gaps.

Assessment - patients seen at a RACPC following referral by any source (H1).
Investigation - patients waiting for an angiography (H2).
Intervention - patients waiting for treatment of a diagnosed cardiac disease (revascularisation, H3; valve surgery, H4).

While the overall target covers all Scottish NHS Boards, these cardiac services are delivered on a regional basis and the different regions take varying approaches to achieving the maximum of 16 weeks from GP to intervention via RACPC. The north and west regional services aim to achieve the 16 week national standard by ensuring patients wait no longer than 2 weeks for RACPC assessment; 4 weeks for angiography and 9 weeks for intervention, while the east region (NHS Lothian, NHS Borders, NHS Fife and NHS Forth Valley) plan 1, 5 and 9 week maximums respectively for the components of this journey. The tables below summarise performance in Scotland compared to these regional plans. All three regions had previously set a target of 10 weeks for intervention.

Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for medical or social reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero.

Patients seen at a RACPC are not published at this time as they require some work to improve their reliability. Table 7 is based on data under development and the quality and accuracy are being monitored by ISD.
<table>
<thead>
<tr>
<th>Journey component</th>
<th>Indicator</th>
<th>Census date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>31-Dec-10</td>
<td>31-Dec-11</td>
</tr>
<tr>
<td>Angiography (H2)</td>
<td>Number on list</td>
<td>458</td>
</tr>
<tr>
<td></td>
<td>Of which: number waiting over local target</td>
<td>1</td>
</tr>
<tr>
<td>Revascularisation (H3)</td>
<td>Number on list</td>
<td>454</td>
</tr>
<tr>
<td></td>
<td>Of which: number waiting over 10 weeks</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Of which: number waiting over 9 weeks</td>
<td>1</td>
</tr>
<tr>
<td>Valve surgery (H4)</td>
<td>Number on list</td>
<td>142</td>
</tr>
<tr>
<td></td>
<td>Of which: number waiting over 10 weeks</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Of which: number waiting over 9 weeks</td>
<td>0</td>
</tr>
<tr>
<td>Other cardiac treatment (H5)</td>
<td>Number on list</td>
<td>637</td>
</tr>
<tr>
<td></td>
<td>Of which: number waiting over 16 weeks</td>
<td>0</td>
</tr>
</tbody>
</table>

Notes (for Table 5):
1. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for medical or social reasons).
2. Patients who cancel or don’t attend an appointment have their waiting times clock reset to zero.
NHS Scotland data for Census date 31 March 2008 onwards and comparable information by NHS Board of treatment is presented in Table H2-H5.

The patient waits reported in these tables are excluded from Table A1a, Table A1b, Table A2a, Table A2b, Table J1 and Table J2 which refer to patients covered only by the national waiting times standard.
Cataract

From 31 December 2007 new waiting time standards were introduced for patients needing cataract procedures: “The maximum wait from referral by a GP or optometrist to surgery will be 18 weeks. This will be implemented across the NHS in Scotland by the end of 2007” (Fair To All, Personal To Each, Scottish Government 2004).

At present, NHS Scotland lacks systems on a national basis to capture total patient journey information. A pragmatic interim solution has been to measure progress towards these targets by measuring and reporting the component parts of the journey:

**Assessment** - patients waiting for cataract assessment at an outpatient clinic following a referral from a GP or community optometrist.

**Treatment** - patients waiting for cataract surgery.

Note, previously, only patients waiting for cataract assessment at a consultant-led clinic were reported. From the February 2012 publication, this has been extended to all clinics.

It is not possible to accurately measure the total journey time for each individual patient at this time. It should be noted that record linkage work has demonstrated that the majority of patients are listed for surgery very soon after their outpatient consultation (or pre-assessment linked with one stop systems), which offers a reasonable degree of confidence that this form of measurement does not hide a delay between outpatient assessment and addition to inpatient/day case waiting list.

As part of local delivery plans, NHS Boards are asked to provide cataract delivery trajectories that indicate the maximum wait their patients would be expected to wait for each of the two pathways, and to ensure that the maximum wait for both assessment (Table 8) and treatment (Table 9) pathways combined does not exceed 18 weeks. The planned journey time for each pathway varies a little across the boards. This is expected due to differing local service configurations such as outpatient clinic types and day case facilities.

Table 10 shows separate information for patients undergoing cataract surgery for second eyes. It also incorporates patients who undergo their treatment under a One Stop cataract system (which combines consultation, pre-operative assessment and surgery all on the same day). These patients are subject to an 18 week target for surgery.
### Table 8 – Cataract patient journey: waiting time for outpatient assessment: ongoing waits for patients on waiting list, Scotland (added to waiting list prior to 01 October 2012)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Census date</th>
<th>31-Dec-10</th>
<th>31-Dec-11</th>
<th>30-Sep-12</th>
<th>31-Oct-12</th>
<th>30-Nov-12</th>
<th>31-Dec-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number on list</td>
<td></td>
<td>2 333</td>
<td>2 289</td>
<td>3 700</td>
<td>2 249</td>
<td>928</td>
<td>626</td>
</tr>
<tr>
<td>Of which: Number waiting over local target</td>
<td></td>
<td>36</td>
<td>307</td>
<td>582</td>
<td>414</td>
<td>497</td>
<td>413</td>
</tr>
</tbody>
</table>

### Table 9 – Cataract patient journey: waiting time for surgery (First eye cataracts): ongoing waits for patients on waiting list, Scotland (added to waiting list prior to 01 October 2012)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Census date</th>
<th>31-Dec-10</th>
<th>31-Dec-11</th>
<th>30-Sep-12</th>
<th>31-Oct-12</th>
<th>30-Nov-12</th>
<th>31-Dec-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number on list</td>
<td></td>
<td>3 612</td>
<td>4 308</td>
<td>3 743</td>
<td>1 950</td>
<td>726</td>
<td>394</td>
</tr>
<tr>
<td>Of which: Number waiting over local target</td>
<td></td>
<td>28</td>
<td>228</td>
<td>244</td>
<td>228</td>
<td>218</td>
<td>136</td>
</tr>
</tbody>
</table>

### Table 10 – Cataract patient journey: waiting time for surgery (Second eye cataracts and one stop clinics): ongoing waits for patients on waiting list, Scotland (added to waiting list prior to 01 October 2012)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Census date</th>
<th>31-Dec-10</th>
<th>31-Dec-11</th>
<th>30-Sep-12</th>
<th>31-Oct-12</th>
<th>30-Nov-12</th>
<th>31-Dec-12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number on list</td>
<td></td>
<td>1 624</td>
<td>1 891</td>
<td>1 914</td>
<td>1 166</td>
<td>554</td>
<td>284</td>
</tr>
<tr>
<td>Of which: Number waiting over 18 weeks</td>
<td></td>
<td>3</td>
<td>64</td>
<td>93</td>
<td>48</td>
<td>51</td>
<td>32</td>
</tr>
</tbody>
</table>

**Notes (for Table 8, Table 9 and Table 10):**
1. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for medical or social reasons). Patients who cancel or don’t attend an appointment have their waiting times clock reset to zero.

NHS Scotland data for Census date 31 December 2008 (Table 11), 31 March 09 (Table 10) and 31 December 2009 (Table 12) onwards and comparable information by NHS Board of treatment is given in Table I1-I3.

The patient waits reported in these tables are excluded from Table A1a, Table A1b, Table A2a, Table A2b, Table J1 and Table J2 which refer to patients covered only by the national waiting times standard.
## Glossary

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>CNA</td>
<td>Could Not Attend</td>
</tr>
<tr>
<td>DNA</td>
<td>Did Not Attend</td>
</tr>
<tr>
<td>GDP</td>
<td>General Dentist Practitioner</td>
</tr>
<tr>
<td>GP</td>
<td>General Medical Practitioner</td>
</tr>
<tr>
<td>ISD</td>
<td>Information Services Division</td>
</tr>
<tr>
<td>NHS</td>
<td>National Health Service</td>
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<tr>
<td>RACPC</td>
<td>Rapid Access Chest Pain Clinic</td>
</tr>
<tr>
<td>Report table no.</td>
<td>Waiting times table ref.</td>
</tr>
<tr>
<td>-----------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td>1 &amp; 2</td>
<td>Table 1-2</td>
</tr>
<tr>
<td>3</td>
<td>A2b</td>
</tr>
<tr>
<td>4</td>
<td>A2a</td>
</tr>
<tr>
<td>5</td>
<td>A1b</td>
</tr>
<tr>
<td>6</td>
<td>A1a</td>
</tr>
<tr>
<td>7</td>
<td>H2-H5</td>
</tr>
<tr>
<td>8, 9 &amp; 10</td>
<td>I1-I3</td>
</tr>
</tbody>
</table>

For the full list of tables released with this publication, please see the full list of tables web page.
### List of Charts

<table>
<thead>
<tr>
<th>Report chart no.</th>
<th>Waiting times table ref.</th>
<th>Name</th>
<th>Time period</th>
<th>File &amp; size</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td>A2b</td>
<td>Waiting Times for Inpatient or Day case admission: NHS Scotland, Ongoing waits for patients on waiting list (added prior to 01 October 2012)</td>
<td>Month ending 31-Mar-08 – 31-Dec-12</td>
<td>Excel [198kb]</td>
</tr>
<tr>
<td><strong>2 &amp; 3</strong></td>
<td>C2</td>
<td>Availability of patients on the Waiting List for Inpatient or Day case admission: NHS Scotland (added prior to 01 October 2012)</td>
<td>Month ending 31-Mar-08 – 31-Dec-12</td>
<td>Excel [246kb]</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>A2a</td>
<td>Waiting Times for Inpatient or Day case admission: NHS Scotland, Completed waits for patients seen (added prior to 01 October 2012)</td>
<td>Quarter ending 31-Mar-08 – 31-Dec-12</td>
<td>Excel [244kb]</td>
</tr>
<tr>
<td><strong>5 &amp; 6</strong></td>
<td>D2a</td>
<td>Reason for removal for Inpatient or Day case admission: NHS Scotland (added prior to 01 October 2012)</td>
<td>Quarter ending 31-Mar-08 – 31-Dec-12</td>
<td>Excel [321kb]</td>
</tr>
<tr>
<td><strong>7</strong></td>
<td>D2b</td>
<td>Non attendance rates for Inpatient or Day case admission: NHS Scotland (added prior to 01 October 2012)</td>
<td>Quarter ending 31-Mar-08 – 31-Dec-12</td>
<td>Excel [301kb]</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>A1b</td>
<td>Waiting Times for a New Outpatient appointment: NHS Scotland, Ongoing waits for patients on waiting list</td>
<td>Month ending 31-Mar-08 to 31-Mar-10 for GP/GDP referrals and 31-Dec-09 – 31-Dec-12 for all referral sources</td>
<td>Excel [216kb]</td>
</tr>
<tr>
<td><strong>9 &amp; 10</strong></td>
<td>C1</td>
<td>Availability of patients on the Waiting List for a New Outpatient appointment: NHS Scotland</td>
<td>Month ending 31-Mar-10 – 31-Dec-12 for all referral sources</td>
<td>Excel [217kb]</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>A1a</td>
<td>Waiting Times for a New Outpatient appointment: NHS Scotland, Completed waits for patients seen</td>
<td>Quarter ending 31-Mar-08 – 31-Mar-10 for GP/GDP referrals and 31-Dec-09 – 31-Dec-12 for all referral sources</td>
<td>Excel [273kb]</td>
</tr>
<tr>
<td><strong>12 &amp; 13</strong></td>
<td>D1a</td>
<td>Reason for removal for a New Outpatient appointment: NHS Scotland (referred prior to 01 October 2012)</td>
<td>Quarter ending 31-Mar-10 – 31-Dec-12 for all referral sources</td>
<td>Excel [285kb]</td>
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<tr>
<td>14</td>
<td>D1b</td>
<td>Non attendance rates for a New Outpatient appointment: NHS Scotland (referred prior to 01 October 2012)</td>
<td>Quarter ending 31-Mar-10 – 31-Dec-12 for all referral sources</td>
<td>Excel [250kb]</td>
</tr>
</tbody>
</table>
Contact
Stuart Kerr
Senior Information Analyst
stuartkerr2@nhs.net
0131 275 6363

Michael Burslem
Principal Information Analyst
michael.burslem@nhs.net
0131 275 6532

Fiona MacKenzie
Service Manager
f.mackenzie@nhs.net
0131 275 6515

Further Information
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Appendix

A1 – Background Information

History

There have been a number of changes in waiting times and waiting list recording over the last 20 years. Information is available in the Waiting Times & Waiting List History document.

Interpretation

- This is the latest publication of waiting times statistics following the introduction of ‘New Ways of defining and measuring waiting times’ on 01 January 2008. ‘New Ways’ introduced a significant change in how the NHS Scotland collects and defines waiting times, and also how waiting lists are clinically and administratively managed.
- These statistics may be updated in subsequent publications but experience suggests that future revisions will be minimal.
- Under ‘New Ways’, patients waiting for a new outpatient consultation at a consultant-led clinic or for inpatient and day case treatment who become unavailable for medical or social reasons are no longer exempt from national waiting times standards.
- There are two measures of waiting times; monthly censuses of patients waiting at the end of each month and the reported waiting times of patients who have been seen or treated. An explanation of these two measures is available.
- Some NHS Boards have reported that certain statistics are not yet finalised and may be subject to some change. These are published, where they are considered to give a reasonable reflection of the current position and therefore to be useable by the public. In such cases, details of differences between the published figures and current local NHS Board understanding are shown in the footnotes to the relevant table.
- Following the introduction of the TTG, the information contained within this report on patients added to the list prior to 01 October 2012 is not directly comparable with any previous report.
- Waiting time data for patients added to list from 01 October 2012 will be suitable for comparison with future publications.

Interpreting Treatment Time Guarantee (inpatient or day case admissions from 01 October 2012) Statistics

These statistics cover all patients added to inpatient and day case admission waiting lists from 01 October 2012. NHS Boards are making changes to their system extracts in order to provide the additional data to ISD; while ISD have developed the waiting times warehouse to capture the additional data. Once NHS Board systems are able to extract data for national purposes, the publication will be expanded to provide more detail similar to previous publications while taking into account the Consultation on Stage of Treatment Statistics.

Ongoing waits

Firstly, it is important to monitor patients on the waiting list at a point in time (such as the end of a month or quarter; these are referred to as ongoing waits). Measuring how long
those patients have waited ensures that patients are not being left on a waiting list indefinitely. This is the measure that the Scottish Government use to determine NHS Boards’ performance against their waiting times targets. At 31 December 2012, 48,392 of 48,468 patients on the waiting list had been waiting less than the 12 week standard.

**Completed waits**

The second measure of performance against the national standard is the amount of time waited by patients up to when they are seen (referred to as completed waits). This measure is relevant for patients understanding how long they are likely to wait. During quarter ending 31 December 2012, 58,063 of 58,070 patients on the waiting list had waited less than the 12 week standard.

**Interpreting New Outpatient Statistics**

*Please note:* These statistics are derived from the current data extraction process under ‘New Ways’ rules and are subject to revision by some NHS Boards. Information on new outpatient waiting times is provided from the ISD waiting times warehouse and NHS Board aggregate returns.

ISD collect information on waiting times for various aspects of healthcare provided by NHS Scotland, including new outpatient attendances led by a consultant or dentist. Data is collected for acute specialties (those specialties primarily concerned in the surgical, medical and dental sectors) and waiting times statistics are mostly reported on patients covered by the Scottish Government’s national waiting times standard; Scottish residents waiting to be seen in an acute specialty (other than homeopathy). At 31 December 2012, 20,878 patients were waiting for a consultant or dentist led clinic of whom 20,609 were covered by the national standard. Data for previous quarters and individual NHS Boards are available here. Please note that due to limitations of local aggregate data, this analysis is based on additions prior to 01 October 2012 and is therefore not comparable with previous data.

**Additions to and removals from the waiting list (pre 01 October 2012 additions to list)**

Data relating to activity is reported on all patients waiting for or seen at a consultant or dentist led clinic, not just those covered by the national standard. Table D1 shows the number of additions to the waiting list (i.e. new referrals), removals and a breakdown of the reason for removal. Due to the limitations of aggregate local data, zero additions are reported for the most recent quarter. The number of removals from the list for the three months to 31 December 2012 was 206,055. Due to the absence of additions data it is not feasible to assess the net effect in waiting list size. Most (approximately 84%) patients are removed from the list because they have attended a clinic. Other reasons for removing a patient from the waiting list include the patient no longer requiring treatment, being transferred elsewhere or being referred back to their General Practitioner (GP), which may be because the patient did not attend their appointment.

**National waiting times standards**

The national waiting times standard states that, from 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources. Previously, the national standard was set at 18 weeks
(from 31 December 2007) and 15 weeks (from 31 March 2009) and applied only to patients referred by a GP or dentist.

ISD began collecting data based on 'New Ways of measuring waiting times' in January 2008. At that time, data quality focused on referrals from GPs or dentists, reflecting the national standard at that time. More recently data quality checks have encompassed all sources of referral and ISD now publish data covering all sources of referral, reflecting the new national standard, from quarter ending 31 March 2010. Data relating only to GP or dentist referrals from 2008-2010 has been archived.

ISD use two ways of measuring how the national waiting times standard relates to patients waiting for a new outpatient appointment.

**Ongoing waits**

Firstly, it is important to monitor patients on the waiting list at a point in time (such as the end of a month or quarter; these are referred to as ongoing waits). Measuring how long those patients have waited ensures that patients are not being left on a waiting list indefinitely. This is the measure that the Scottish Government use to determine NHS Boards’ performance against their waiting times targets. At 31 December 2012, 97.3% of patients (5,648 out of 210,153) on the waiting list had been waiting less than the 12 week standard. Performance against the relevant targets since 2008 and at NHS Board level can be seen [here](#).

**Completed waits**

The second measure of performance against the national standard is the amount of time waited by patients up to when they are seen (referred to as completed waits). This measure is relevant for patients understanding how long they are likely to wait. Of the 349,168 patients seen during quarter ending 31 December 2012, 331,252 (94.9%) were seen within the 12 week target. Performance against the relevant targets since 2008 and at NHS Board level can be seen [here](#).

**Cataract and cardiac patients**

*Please note: Cataract and Cardiac activity will no longer be published separately once pre 01 October 2012 patients have been treated. In future these will be included in the TTG tables.*

In addition to the national waiting times standard for new outpatients, NHS Boards are working towards a target of 18 weeks for the whole patient journey, from referral to treatment. To date, NHS Boards are reporting on cataract and cardiac pathways, so the outpatient part of these patients’ journey is reported separately from the new outpatient national standard described above.

**Patient related delay**

A key feature of New Ways is the notion of patient responsibility. This means that the patient wait is defined as the amount of time a patient spends waiting for an appointment, following the acceptance of a reasonable offer, and is available to attend. ISD report on the number of patients on the waiting list that are ‘available’ or ‘unavailable’ and the reasons for their unavailability (see [here](#)). If a patient cancels an appointment, their waiting time is reset and they may be referred back to their GP (more information is available [here](#)).
Analysis of the combined impact of these patient related delays on the overall time patients spend on the waiting list can be found here. During quarter ending 31 December 2012, 75.9% of patients experienced no such delay in their wait. Due to the limitations of local aggregate data, this analysis is based on additions to list prior to 01 October 2012.

**Change in Outpatient Cohort**

From the 31 March 2010 the national standard was expanded to cover new outpatient referrals from all sources rather than only referrals from a GP/GDP. There are some data quality issues relating to patients referred from a non-GP/GDP source prior to the introduction of the new target. As a result, new outpatient data covering all sources of referral is only shown from quarter ending 31 March 2010 and is based on referrals received from 01 April 2009 onwards. Data previously published for only GP/GDP referrals is available in the archive.

**Interpreting Inpatient and Day case admissions (pre 01 October 2012) Statistics**

*Please note: These statistics cover patients added to the list prior to 01 October 2012 and are derived from the current data extraction process under ‘New Ways’ rules and are subject to revision by some NHS Boards.*

For these patients added prior to 01 October 2012, NHS Boards are working to treat these patients as soon possible. It is estimated that this cohort will be admitted and treated by end of March 2013. Care should be taken when looking at these figures as it is a diminishing cohort of patients.

ISD collect information on waiting times for various aspects of healthcare provided by NHS Scotland including inpatient and day case admissions. Data is collected for acute specialties (those specialties primarily concerned in the surgical, medical and dental sectors) and waiting times statistics are mostly reported on patients covered by the Scottish Government’s national waiting times standard; Scottish residents waiting for treatment in an acute specialty. At 31 December 2012, 7,040 patients were waiting for NHS treatment as an inpatient or day case, of whom 6,858 were covered by the national waiting time standard. Data for previous quarters and individual NHS Boards are available here.

**Additions to and removals from the waiting list**

Data relating to activity is reported on all patients waiting or who have been admitted for NHS treatment as an inpatient or day case. Table D2 shows the number of additions to the inpatient or day case waiting list, removals from the waiting list and a breakdown of the reason for removal. Zero additions are reported for the most recent quarter as all stage of treatment patients were added to the waiting list prior to 01 October 2012. The number of removals from the list for the three months to 31 December 2012 was 54,785. Due to the absence of additions data it is not feasible to assess the net effect in waiting list size. Most (86.8%) patients are removed from the list because they have been admitted for treatment. Other reasons for removing a patient from the waiting list include the patient no longer requiring treatment, being transferred elsewhere or being referred back to their General Practitioner (GP), which may be because the patient did not attend their appointment.
National waiting times standards

The national waiting times standard states that, from 31 March 2011, no patient waiting for treatment as an inpatient or day case will wait longer than 9 weeks. Previously, the national standard was set at 18 weeks (from 31 December 2007), 15 weeks (from 31 March 2009), 12 weeks (from 31 March 2010) and 9 weeks (from 31 March 2011).

TTG came into affect on 01 October 2012. This replaced the 9 week standard that was in place from 31 March 2011 to 31 March 2012. ISD are working with stakeholders to review the presentation of the statistics for inpatient and day case treatment to take account of the TTG.

ISD use two ways of measuring how the national waiting times standard relates to patients waiting for an inpatient or day case admission.

Ongoing waits

Firstly, it is important to monitor patients on the waiting list at a point in time (such as the end of a month or quarter; these are referred to as ongoing waits). Measuring how long those patients have waited ensures that patients are not being left on a waiting list indefinitely. This is the measure that the Scottish Government use to determine NHS Boards’ performance against their waiting times targets. At 31 December 2012, 83.3% of patients (4,968 of 5,967) on the waiting list had been waiting less than the 9 week standard. Performance against the relevant targets since 2008 and at NHS Board level can be seen here.

Completed waits

The second measure of performance against the national standard is the time waited by patients once they have been seen (referred to as completed waits). This measure is relevant for patients understanding how long they are likely to wait. During quarter ending 31 December 2012, half of all patients covered by the national standard were seen within 46 days (median wait) and 9 out of 10 were seen within 75 days (90th percentile wait). Please note these statistics are not comparable with previous quarters as the median and 90th percentile are based on patients added to list prior to 01 October 2012. Of the 40,857 patients seen during quarter ending 31 December 2012, 33,700 were seen within the 9 week standard. Performance against the relevant targets since 2008 and at NHS Board level can be seen here.

Cataract and cardiac patients

Please note: Cataract and Cardiac activity will no longer be published separately once pre 01 October 2012 patients have been treated. In future these will be included in the TTG tables.

In addition to the national waiting times standard for inpatient or day cases, NHS Boards are working towards a target of 18 weeks for the whole patient journey, from referral to treatment. To date, NHS Boards are reporting on cataract and cardiac pathways, so the inpatient/day case part of these patients' journey is reported separately from the inpatient/day case national standard described above.
Patient related delay

The data reported in this publication are shown from 1 January 2008 onwards. This is due to changes to the way in which waiting times are collected and reported since the implementation of ‘New Ways’. The key changes are described here. Data relating to waiting times prior to January 2008 can be found here. A key feature of New Ways was the notion of patient responsibility. This means that the patient wait is defined as the amount of time a patient spends waiting for an appointment, following the acceptance of a reasonable offer, and is available to attend (see here). ISD report the number of patients on the waiting list that are ‘available’ and ‘unavailable’ and the reason for their unavailability. If a patient cancels an appointment, their waiting time is reset and they may be referred back to their GP (more information is available here).

Analysis of the combined impact of these patient related delays on the overall time patients spend on the waiting list can be found here. During quarter ending 31 December 2012, 57.1% of patients experienced no such delay in their treatment. This compares with a figure of 64.4% during quarter ending 31 December 2011.

Cancellation by Service (cancelled prior to admission)

Cancellation by service provides information on how NHS Boards are operating their waiting lists, the cancellation does not have a direct impact on the patient’s experience.

There are a range of reasons why an appointment may be cancelled, including:

- Logistical reasons i.e. the NHS Board is unable to arrange the travel of a patient or a consultant; bad weather can have a significant impact. This is most likely to affect the island Boards and those with large rural areas.
- A system recording issue whereby a Board moves an appointment to a different facility, and the local system processes this by cancelling the initial appointment and creating a new one, even if it is at the same date and time.
- A system recording issue whereby a Board moves an appointment to a different clinic or time slot and the local system processes this by cancelling the initial appointment and creating a new one, even if it is earlier or at the request of the patient.
- Capacity issues, e.g. the Board are unable to see/treat a patient due to illness, staffing issue, holidays, lack of beds etc.
- Emergency admissions may lead to elective admissions being cancelled as surgeon’s or theatre time is directed towards the emergency case.
- A public health issue leading to loss of facilities e.g. there have been a small number of cases where norovirus lead to wards being closed for a period.

The Waiting Times Recording Manual, v4.0 Nov 2010 states the following guidance for the service regarding Cancellation by service:

‘Cancellations resulting from operational circumstances should not result in any detriment to the patient; for example, the cancellation of a clinic at short notice or the failure of the ambulance service to collect the patient, must result in the patient being made a further reasonable offer as soon as possible.’
For example, if a Board cancels a hospital appointment, the appointment must be re-scheduled to ensure the patient receives a further appointment within waiting time standards.

**Statement on Performance Indicators**

**Why do we publish information on both patients still waiting and patients seen?**

Waiting times statistics are of public and 'management' interest for measuring among other things how well the health system is performing and prompting management action where pressures on the standard of service required by the public are apparent. There are two statistics of interest in this regard for assessing NHS hospitals' performance:

- Waiting times of patients who are still waiting for health care at a point in time (waiting list census);
- Waiting times actually experienced by patients who have been treated.

These are different statistics that can be used for different purposes.

**Patients waiting**

These statistics measured at a census point show the length of time that patients on a waiting list have been waiting at the month end. This is the most useful measure for NHS managers who may need to take prospective action to make sure patient waits do not exceed the national maximum waiting time standard set by the Scottish Government.

The Scottish Government use information on Patients Waiting to performance manage waiting times standards, and these statistics have played an important intelligence role in the significant reductions seen in waiting times over the last few years.

This measure however, does not report how long patients actually waited until they received care. If a census is repeated as a routine then the maximum extra time the waiting patients may experience who are removed from the waiting list between censuses, is the time gap between censuses. Currently at national reporting level that is one month.

Another gap in the picture provided by this measure is the patients who are added to a waiting list after one census point and treated (removed from the list) before the next census point. This is not generally an issue for prospective performance management action.

**Patients seen**

These statistics show the complete picture of waiting time experienced by patients and is therefore a good retrospective measure of how well the NHS is performing against the standard and takes account of the gaps in the census measure described above. This is what a lay person would understand by the words of the standard set for the health service. It is not so useful for prospective management action of course because it is historic, but it may indicate issues to managers. For example where waiting list management processes might need adjustment to deal with long waiters in order to prevent them slipping over the target between census points.
**Data Quality**

**Patients added to the waiting list from 01 October 2012**

Statistics in previous publications have been derived from the national waiting times warehouse. Following the introduction of the treatment time guarantee guidance, ISD and NHS Boards are in the process of enhancing IT systems and data extraction processes. This is to ensure effective and equitable management and monitoring of the treatment time guarantee. In order to be able to accommodate the guidance, local systems, extracts and the national warehouse need to be developed. Therefore, the information presented in [Tables 1-2](#) for additions to list from 01 October 2012 for inpatient, and day case admissions have been supplied via aggregate returns from NHS Boards. The data provided from NHS Boards is limited and has been presented with an element of caution.

NHS Lothian has been unable to provide a breakdown on unavailability reason (medical or patient advised) for inpatient, day case and outpatients. Due to technical limitations, the original extract providing the total number did not have the type of suspension i.e. the code required to split medical and patient advised unavailability. It is not feasible to retrospectively recreate waiting lists for a given point in the past. This is due to the complex nature of the pausing and resetting of waiting time clocks, as well as the retrospective nature of some changes. This is something NHS Lothian are rectifying for the future.

There are a number of exceptions to the Treatment Time Guarantee set out in the legislation. In conjunction with the development of local systems and extracts, Boards are working on collecting and monitoring the waiting times of exempt specialties with a view to submitting to ISD for future publications.

Under 'New Ways' the specialties of mental health, obstetrics and homeopathy were excluded from the inpatient, day case and outpatient waiting time standards. However, Mental Health and Homeopathy are included in the treatment time guarantee. At present, most NHS Boards have separate Mental Health Patient Administration Systems that do not currently have the facility to extract data for national waiting times purposes. There are discussions ongoing at national and local level regarding the capture of this information with a view to submitting to ISD for future publications. In the meantime the Scottish Government have asked NHS Board Chief Executives for assurance no patient has or will wait beyond 12 weeks (84 days) for Mental Health inpatient or day case treatment.

The following is a list of known issues with data extracted from the waiting times data warehouse on 01 February 2013 for the publication of information on referrals and additions to list prior to 01 October 2012. Other data quality issues may exist. In terms of impact, the vast majority of the data has been judged fit-for-purpose for publication. NHS Boards and ISD continuously work to resolve all known quality issues that are understood to impact on data reliability.

Local system problems have meant that some sites have been unable to correct some erroneous retrospective information. This issue led to the requirement for ISD to filter out some records centrally. See the Filtration System section of the Data Quality page for more information.

**Patients added to the waiting list prior to 01 October 2012**
Prior to the May 2010 publication, data provided by NHS Boards was required to pass central validation before being accepted into the Warehouse and therefore available for analysis. Any records which failed validation were reported back to data providers with an indication of the error and were not included in the warehouse. This resulted in data incompleteness to some extent for all Boards. The changes implemented through the New Ways refresh project ensure that the majority of records enter the data warehouse - addressing what has been a long standing issue for Boards. The refresh also introduces a ‘flag’ system for records so data in error can be excluded from National Statistics analysis, while allowing ISD and the Boards to monitor error records and work towards quantifying levels of completeness.

In addition, a number of Boards report that, due to issues with local systems, there may be some incompleteness in the records returned to the data warehouse at ISD. Further work is required to understand and assure these data. These issues are being addressed by ISD and the Boards.

**Sites affected:** NHS Fife, NHS Forth Valley and NHS Shetland.  
**Statistics affected:** All statistics  
**Impact:** Number of patients reported as being seen or waiting expected to be lower than the true figure.

**Golden Jubilee National Hospital**  
The Golden Jubilee National Hospital (GJNH) Heart and Lung Centre opened at the beginning of April 2008. The centre offers all heart and lung surgery for the west of Scotland – including bypasses, heart valve surgery and other complex procedures. The centre has brought together services at the Golden Jubilee National Hospital with cardiothoracic (heart and lung) services from Glasgow’s Western and Royal Infirmaries, as well as thoracic (lung) services from Hairmyres Hospital in Lanarkshire.

The wider GJNH provides a dedicated elective facility to patients throughout Scotland in order to assist in reducing waiting times. The referring Board, and not the GJNH, is responsible for supplying waiting times information to the Waiting Times Data Warehouse, but many Boards have been unable to do this at this stage.

**Sites affected:** Golden Jubilee National Hospital  
**Statistics affected:** All new outpatient, inpatient and day case statistics  
**Impact:** Only statistics for the GJNH Heart and Lung Centre are presented in this publication. Statistics for referrals from other Boards have not been presented at Board level. Additionally, the recorded number of removals from waiting list due to transfers may be too high for some Boards, as these should be recorded as admissions to the GJNH.

**Tables with unavailable data at Scotland level**  
A small number of tables are published where data has been unavailable at Scotland level and for each individual Board in the past. The affected tables are:

- Table D2: Inpatient and day case waiting list activity – CNA/DNA/Cancellation by Service rates are not published up to 30 June 2009;
- Table I1: Cataract patient journey: waiting times for assessment – the number on the list and the number waiting over the local target are not published up to 30 June 2009.
Information Services Division

Cataract Assessment (Table I1)
Previously, only patients waiting for cataract assessment at a consultant-led clinic were reported. From the February 2012 publication, this has been extended to all clinics.

Further detail of the specific reasons for data being unavailable for the affected Boards is shown in the ‘NHS Board – specific data quality issues’ section of this paper.

Unavailability
Users of this publication should be aware that some historical figures for NHS Lothian which relate to levels of attainment of the waiting times standard and levels of patient unavailability are now known to be inaccurate. Further information can be found in the Pricewaterhouse Coopers report. The application of patient unavailability is subject to formal audits within other NHS Boards, and these are due to report later in the year. ISD are working with the auditing bodies and NHS Boards during this process.

NHS Board - specific data quality issues

NHS Ayrshire & Arran
Table D1: New outpatient appointment waiting list activity – reason for removal from list ‘other reasons’ is inflated due to local system issues.
Table D2: New outpatient appointment waiting list activity – reason for removal from list ‘other reasons’ is inflated due to local system issues.

Some data from previous quarters unavailable:

- Table I2: Cataract patient journey: waiting times for surgery – the number on the list and the number waiting over local target (up to 31 December 2009) are not published due to local recording issues.

NHS Borders
During early 2011, NHS Borders moved to a new patient management system. This has led to incompleteness in the records returned to the data warehouse at ISD. As a result, the number of patients reported as being seen or waiting during quarter ending 30 September and 31 December 2010 is expected to be slightly lower than the true figure.

This has also resulted in no data being submitted for cataract waiting times and affects the following tables:

- Table I1: Cataract patient journey: waiting time for outpatient assessment ongoing waits for patients on waiting list – the Number on list shows only patients waiting for assessment at a consultant-led clinic. The latest figure may be inflated as all patients are added to a
consultant waiting list before being triaged and placed specifically on a consultant or a nurse-led waiting list.

**NHS Fife**
Table C1: Availability of patients on waiting list for a new outpatient appointment – the number of patients assigned to ‘social unavailability’ may be falsely low due to local recording issues.

Some data from previous quarters unavailable:

- Table I1: Cataract patient journey: waiting times for outpatient assessment – the number on the list and the number waiting over local target (up to 30 September 2010) are not published due to local recording issues.
- Table I2: Cataract patient journey: waiting time for surgery - the number on the list and the number waiting over local target (up to 30 June 2009) are not published due to local recording issues.

**NHS Forth Valley**
Table I1: Cataract patient journey: waiting times for outpatient assessment – the number waiting over local target (up to 30 June 2009 and at 30 September 2010 and 31 December 2010) are not published due to local recording issues.

NHS Forth Valley previously reported that there was a data quality issue affecting patients seen at a new outpatient appointment. Figures may have been inflated due to the move to the new Forth Valley Royal Hospital. This affected:

- Table A1a: Waiting times for a new outpatient appointment; patients referred by all referral sources; completed waits for patients seen (quarter ending 30 September 2010).

**NHS Grampian**
During early 2011, NHS Grampian moved to a new patient management system, with subsequent incompleteness in the records returned to the data warehouse at ISD. As a result, the number of patients reported as being seen or waiting during and the number of patients added and removed from the waiting list for quarter ending 31 March and 30 June 2011 is expected to be lower than the true figure.

Due to system issues, some data from previous quarters is unavailable:

- Table D2: Inpatient and day case waiting list activity – CNA/DNA/Cancellation by Service rates are not published for quarter ending 31 March 2010.

**NHS Greater Glasgow & Clyde**
NHS Greater Glasgow & Clyde recently completed the first stage of a move to a new patient management system. This has resulted in some records being returned to the data warehouse at ISD that were not previously available. As a result, the number of patients reported as being seen or waiting during quarters ending 30 September and 31 December 2011 has been adjusted since publication of 28 February 2012.

**NHS Highland**
Outpatient figures for Argyll & Bute area – data quality potentially affected by local system outpatient extract software. A new filter list was applied after New Ways Refresh was implemented and the local system supplier is to address these issues as soon as possible.

NHS Lanarkshire
Table I1: Cataract patient journey: waiting times for outpatient assessment – the number of patients waiting for cataract assessment and the number waiting over local target (up to 30 September 2011) are not published due to local system issues.

NHS Lothian
NHS Lothian provides a national specialist service for scoliosis. Given the complexity of these cases and the very high standard of clinical care provided, it is not possible to offer treatment for these patients elsewhere in order to ensure admission within waiting time standards.

Cardiac patient journey: waiting times for Angiography (Table H2), Revascularisation (Table H3) and ‘other cardiac treatment’ (Table H5); ongoing waits for patients on waiting list – previously published figures for the number of patients on the list have been revised notably. NHS Lothian are working to resolve this issue.

Some historical figures for NHS Lothian which relate to levels of attainment of the waiting times standard and levels of patient unavailability are now known to be inaccurate. Further information can be found in the Pricewaterhouse Coopers report. This affects all tables showing waiting times performance and tables showing patient unavailability.

NHS Orkney
Care must be taken when interpreting figures to take into account issues with infrequent services in the NHS Orkney area.

NHS Shetland
Care must be taken when interpreting figures to take into account issues with infrequent services in the NHS Shetland area.

Table C2: Availability of patients on waiting list for inpatient or day case admission – ‘medically unavailable rate’ is inflated due to local recording issues. NHS Shetland are working to resolve this issue.

Table D1: New outpatient appointment waiting list activity – figures for removal from list due to ‘other reasons’ (inappropriate referrals) may be inflated due to a local systems issue.

Some data from previous quarters unavailable:

- Table D1: New outpatient appointment waiting list activity – ‘cancellation by service rate’ (up to 30 June 2010) is not published due to local system and recording issues.

NHS Tayside
Due to a local system issue, figures for the latest quarter for NHS Tayside have been inflated. This issue relates to NHS Tayside’s PAS (Patient Administration System), TOPAS: Due to many AHP (Allied Healthcare Professional) and Nurse-led clinics not having a GMC (General Medical Council) number, many clinics are being recorded as consultant-led rather than AHP or Nurse-led.
There is a requirement through an agreed ISD process for retrospective up-date which ensures the quality of NHS Tayside’s data held within the data warehouse. This may lead to an apparent reduction in consultant-led activity and waiting list size for previous quarters. There is work ongoing with NHS Tayside’s PAS supplier to ensure that clinician codes (GMC and GDC numbers) applied within TOPAS are in an accurate format for national reporting.

NHS Tayside report that local TOPAS reporting on waiting times is a robust and rigorous process therefore we are confident that all patients tracked locally are accurately reported.
The filter mechanism was introduced early in 2008, when it became apparent that, for some NHS Boards, some known errors in New Ways records could not be corrected in the files submitted to the New Ways database due to technical restrictions of their local IT systems. The errors are due to a number of reasons, including system issues with data extraction and incorrect data entry resulting in failed validation centrally. This can result in records within the data warehouse not being successfully updated.

As a contingency measure, ISD has centrally filtered these erroneous New Ways records, which are not included in the published statistics.

ISD asked each NHS Board affected to provide a file detailing the records involved and the reasons why a filter is requested. This approach was endorsed on the basis that:

- it is an interim, auditable process and the filter will be removed as soon as possible;
- records are not 'deleted' from the central data warehouse, but filtered from analysis;
- NHS Boards are required to work with their system suppliers to resolve their technical issues.

The table below shows the volume of affected records by NHS Board. These cases represent a very small percentage of the total number of records and the 'filtering' has enabled the provisional publication of related statistics. When considering the filtration system it is important to do so in awareness that this is one of a number of ways in which data quality assurance is managed; there are others, including NHS Board verification of key statistics.

### Table 11 – Volume of affected records by NHS Board

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Notes:
1. IP/DC - Inpatients and Day cases, OP - New Outpatients
2. This table shows filtered records for the last year. Data for periods prior to q/e March 2010 are given in the table 'Number of records filtered, by NHS Board'.
3. The warehouse has not been used to extract information on referrals and additions to list from 01 October 2012.
Local 'filtering' of data

Some NHS Boards reported that they had locally 'filtered' (excluded) certain cases from submissions to the national warehouse. This was undertaken by NHS Boards who were not able, due to technical or other reasons, to make changes locally to erroneous data. The following NHS Boards advised that they had locally filtered erroneous records: Dumfries & Galloway, Fife, Forth Valley, Tayside and Western Isles.

These cases represent a small percentage of the total number of patients and the local 'filtering' has enabled the provisional publication of related statistics.
A2 – Publication Metadata (including revisions details)

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<tr>
<td>Description</td>
<td>Monthly and quarterly summary of waiting times and waiting lists in the acute sector of NHSScotland.</td>
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<tr>
<td>Format</td>
<td>Excel workbooks and PDF</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>Waiting Times Data Warehouse. Consists of a series of 'open' records for patients still waiting for treatment and 'closed' records when patients are removed from the waiting list. All patients who are added to a waiting list for inpatient or day case treatment, for a new outpatient appointment at a consultant or dentist-led clinic or for a return outpatient appointment where a procedure is expected to be carried out should be included. Mental Health and Obstetrics specialties are not included. Data from 01 October 2012 is currently from aggregate returns from NHS Boards. Once Boards local systems are modified to comply with TTG, data will be sourced from the warehouse again.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>Deadline for data submission is the 28th each month prior to the publication.</td>
</tr>
<tr>
<td>Release date</td>
<td>The last Tuesday of the month for each publication.</td>
</tr>
<tr>
<td>Frequency</td>
<td>Quarterly.</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Data from 01 January 2008 to date. There have been no delays in reporting.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>Since 1992, there have been several significant changes in waiting times. Prior to 2008, data was derived using different rules that are not comparable with New Ways. Details of which can be found in Notice of change to National Statistics. From February 2010 publication ISD have implemented the Refresh Project, the key aim of which was to increase the usefulness of the New Ways Warehouse to NHS Boards, ISD and to the Scottish Government. Then from 01 October 2012, the introduction of Treatment Time Guarantee resulted in further changes. A full history of waiting times is available in Waiting Times &amp; Waiting List History.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>Detailed information on revision to data and revisions policy is available.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>During September 2011, NHS Greater Glasgow &amp; Clyde began a staged move to a new patient management system, beginning with the Inverclyde Royal Hospital. As a consequence, some figures...</td>
</tr>
</tbody>
</table>
reported for the quarter ending 30 September 2011 may have been adjusted since their first publication.

NHS Lothian Cardiac patient journey: waiting times for Angiography (Table H2), Revascularisation (Table H3) and ‘other cardiac treatment’ (Table H5); ongoing waits for patients on waiting list – previously published figures for the number of patients on the list have been revised notably.

NHS Lothian have revised figures on unavailability (Tables C1 and C2) at 30 September 2011. NHS Lothian report that this is due to some patients being inaccurately recorded as unavailable after the census date has passed and that the figure first published is a more accurate reflection of the real level of unavailability.

<table>
<thead>
<tr>
<th>Concepts and definitions</th>
<th>New Ways Definitional Rules and Guidance is available: New Ways Rules &amp; Guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TTG rules and guidance is available in the following documents: Patient Rights (Scotland) Act 2011</td>
</tr>
<tr>
<td></td>
<td>The Regulations and Directions under the Act - CEL 17 (2012)</td>
</tr>
<tr>
<td></td>
<td>Updated version of the NHSScotland Waiting Time Guidance – CEL 33 (2012)</td>
</tr>
</tbody>
</table>

| Relevance and key uses of the statistics | 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. The NHS in Scotland has been set a number of targets for maximum waiting times including from 01 October, Treatment Time Guarantee. Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to Boards; health intelligence work; parliamentary questions and HEAT targets. |

<p>| Accuracy | Detailed information on validation is available. The data is subject to a sign-off procedure each quarter before publication where the data for the previous quarter is confirmed by the submitting Board. |</p>
<table>
<thead>
<tr>
<th>ISD carry out detailed fitness for publication evaluation every quarter including comparisons to previous figures and expected trends. ISD also check outputs from two different analytical tools.</th>
</tr>
</thead>
<tbody>
<tr>
<td>ISD carried out a project in 2009 to quantify and understand the differences between New Ways and other ISD data sources (SMR00, SMR01 and ISD(S)1).</td>
</tr>
<tr>
<td>ISD carried out an audit of New Ways data quality in 2008 and the details can be found here under the heading 'Data Quality Assessment Project'.</td>
</tr>
<tr>
<td>Completeness</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>ISD carried out a project in 2009 to quantify and understand the differences between New Ways and other ISD data sources (SMR00, SMR01 and ISD(S)1).</td>
</tr>
<tr>
<td>Provisional analysis of refresh data showed that approximately 98% of data submitted to the Warehouse is published.</td>
</tr>
<tr>
<td>Comparability</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>ISD carried out a project in 2009 to quantify and understand the differences between New Ways and other ISD data sources (SMR00, SMR01 and ISD(S)1).</td>
</tr>
<tr>
<td>Comparative waiting times information is not possible at present using these data due to inconsistencies in definitions of waiting times for treatment across the four countries. Collaborative efforts by the health departments of the four countries to produce comparable figures on waiting times are currently underway by the UK Comparative Waiting Times Group.</td>
</tr>
<tr>
<td>Collaborative efforts are also underway to produce comparisons to European waiting times.</td>
</tr>
<tr>
<td>Accessibility</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Coherence and clarity</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Key statistics for the latest quarter are linked to on the main Waiting Times page of the publication. Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented.</td>
</tr>
<tr>
<td>Further features to aid clarity:</td>
</tr>
<tr>
<td>1. Attendances and performance data by Patient Type are available in separate tables to enable users to select a single measure for analysis.</td>
</tr>
<tr>
<td>2. All tables are printer friendly.</td>
</tr>
<tr>
<td>3. All Scotland summary data are presented first, with the option to view spreadsheets down to Board</td>
</tr>
</tbody>
</table>
4. Key data presented graphically.

<table>
<thead>
<tr>
<th>Value type and unit of measurement</th>
<th>Number of patients seen, number of patients waiting and percentage distribution of wait; by NHS Board and nationally and by patient type (i.e. inpatients/day cases, new outpatients and return outpatients).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure</td>
<td>The <a href="https://example.com">ISD protocol on Statistical Disclosure Protocol</a> is followed.</td>
</tr>
<tr>
<td>Last published</td>
<td>27 November 2012</td>
</tr>
<tr>
<td>Next published</td>
<td>28 May 2013</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>27 May 2008</td>
</tr>
<tr>
<td>Help email</td>
<td><a href="mailto:nss.isdWAITINGTIMES@nhs.net">nss.isdWAITINGTIMES@nhs.net</a></td>
</tr>
<tr>
<td>Date form completed</td>
<td>26 February 2013</td>
</tr>
</tbody>
</table>
A3 – 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)
A4 – ISD and Official Statistics

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 NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland 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.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.