

Publication Report



Inpatient, Day case and Outpatient Stage of Treatment Waiting Times

Monthly and quarterly data to 31 December 2013

Publication date – 25 February 2014



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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 highlight where there are delays in the system and enables monitoring of the effectiveness of NHS Scotland's performance. Information Services Division (ISD) Scotland continues to be committed to improving the information on waiting times along with our key stakeholders; the NHS Boards and Scottish Government.

There have been several changes in waiting time targets and standards over the last 20 years and this has affected how ISD measure and report. The most recent change to waiting times came with the [Patient Rights \(Scotland\) Act 2011](#) establishing a legal 12 weeks Treatment Time Guarantee (TTG) for eligible patients who are due to receive planned inpatient or day case treatment from 01 October 2012. Eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This target is based on completed waits. Further details on this and previous waiting time targets and standards can be found in the [background information](#), with more detailed information in the [History of Waiting Times and Waiting Lists](#).

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 treatment time guarantee. NHS Board data extracts are currently being developed to meet the changes made to the national warehouse. In the interim, NHS Boards have provided an aggregated return for patients added to the inpatient and day case waiting list on or after 01 October 2012. All other information is taken from the ISD waiting times warehouse.

Data published in previous quarters may be updated in this publication to reflect ongoing work by NHS Boards to improve data quality. There was an error in figures initially published for December 2012 in [Table A1b](#). This has now been amended. Previous publications show the correct figures. Further information is discussed on the [data quality](#) page. Within this publication, there are 2 main sections:

1. Inpatients and Day cases

This section focuses on patients added to waiting list from 01 October 2012 covered by the TTG. Exceptions to TTG are set out in the [Regulations](#). Further details on the TTG can be found in the [background information](#). This section also includes a brief overview of inpatient and day case information for patients added to list prior to 01 October 2012.

2. New Outpatients

This is patients added to the waiting list for their first appointment who are covered by the waiting time standards under 'New Ways'. ISD currently do not collect information nationally on waiting times for return outpatients. Further details on 'New Ways' can be found in the [background information](#).

Please note, waiting time information for Cardiac and Cataract patients who were monitored over the whole period of their journey from referral to treatment was previously reportedly separately under "Whole Journey Waiting Times". In conjunction with the introduction of TTG, Cardiac and Cataract waits for New Outpatients, Inpatients and Day

cases are now incorporated into the corresponding sections detailed above from October 2012.

Key points

General Points

- This publication includes statistics on NHS Board compliance with the TTG legislation for Inpatients and Day cases. The data in this section is based on aggregate returns submitted by NHS Boards. This is therefore 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.

1. Inpatients and Day cases

- During the quarter ending 31 December 2013, 98.3% of inpatients and day cases were seen within the TTG of 12 weeks (84 days). This compares to 98.2% at quarter ending 30 September 2013.
- At 31 December 2013, there were 52,537 patients on the inpatient and day case waiting list, of which 98.5% had been waiting 12 weeks or less. This compares to 98.6% at 30 September 2013.
- At 31 December 2013, of those patients on the waiting list, 20.6% were recorded as unavailable. This has increased from 18.0% at 30 September 2013.

2. New Outpatients

- At 31 December 2013, 95.3% of new outpatients had been waiting 12 weeks or less for an appointment. This is a slight decrease from 95.7% at 30 September 2013.
- During the quarter ending 31 December 2013, 93.1% of new outpatients seen had waited less than 12 weeks. This compares to 93.0% at 30 September 2013.
- At 31 December 2013, 5.0% of patients were reported as unavailable for a new outpatient appointment. This compares to 4.9% at 30 September 2013.

Results and Commentary

1. Inpatient and Day cases

This section focuses on patients added to inpatient and day case admission waiting lists from 01 October 2012. The vast majority of patients waiting for an Inpatient or Day case admission are covered by the Treatment Time Guarantee (TTG). Exemptions set out in the [Regulations](#) 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.

The latter exception around spinal treatment is intended to be a temporary exclusion. This means NHS Boards should now be working to ensure that there is the necessary capacity to deliver the TTG for patients who require such planned inpatient and day case spinal treatment.

Further, patients who are attending a diagnostic test before a decision is made to treat are not subject to the TTG.

Patients seen

From 01 October 2012, the TTG states that no patient will wait longer than 12 weeks (84 days) for an Inpatient or Day case admission. [Table 1](#) shows the number of patients admitted for inpatient or day case treatment for the past 6 months. During quarter ending 31 December 2013, 98.3% of patients seen (79,932 out of a total of 81,303) waited within the TTG of 12 weeks. There has been a slight increase in performance since quarter ending 30 September 2013 from 98.2% (78,801 out of a total of 80,205). The majority of patients who waited over 12 weeks during quarter ending 31 December 2013 were seen in NHS Lothian (62.9%) and NHS Grampian (26.6%).

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

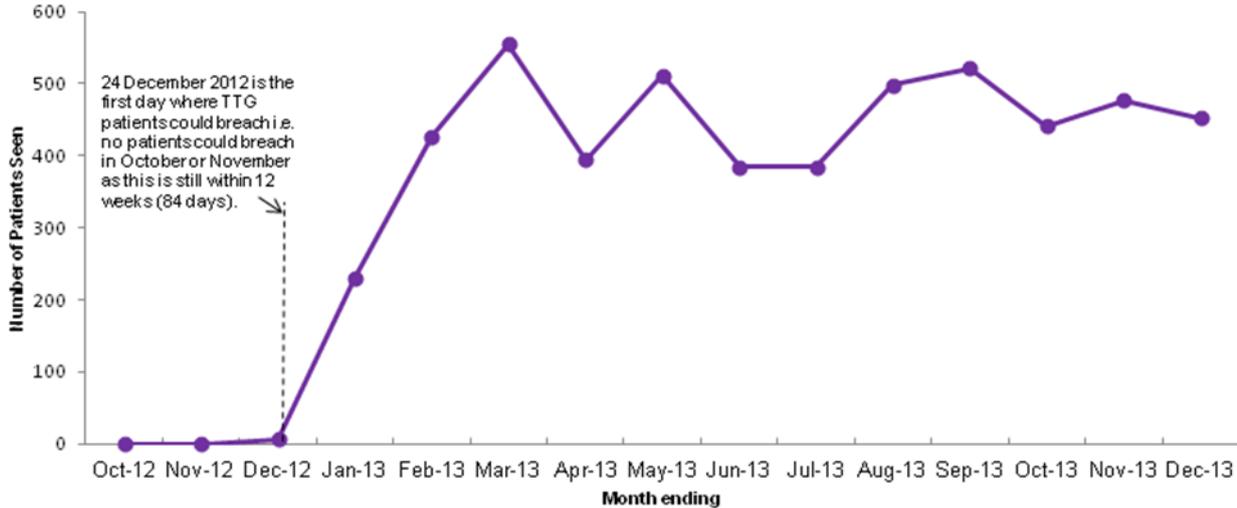
Month ending	Total seen ¹	Number who waited over 12 weeks
31-Dec-13	24 641	453
30-Nov-13	28 117	477
31-Oct-13	28 545	441
30-Sep-13	26 577	522
31-Aug-13	26 941	498
31-Jul-13	26 687	384

Notes:

1. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised or Medical reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero if it reasonable and clinically appropriate to do so.

Chart 1 demonstrates monthly compliance with the TTG for Inpatients and Day cases since its introduction on 01 October 2012. While performance has remained stable across the past two quarters, Chart 1 illustrates that there has been a month on month fluctuation in the number of patients who waited over 12 weeks. The majority of patients who have waited over 12 weeks were seen at NHS Lothian and NHS Grampian.

Chart 1: Number of Inpatients or Day cases who waited over 12 weeks, NHS Scotland



Notes:

1. 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).

2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised or Medical reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero if it reasonable and clinically appropriate to do so.

NHS Scotland data for month ending 31 October 2012 onwards and comparable information by NHS Board of treatment is provided in [Table 1](#).

Patients waiting at month end

While the 12 week guarantee applies to patients seen, the number of patients waiting for treatment at a point in time (waiting list census) is a key measure in assessing performance. [Table 2](#) shows the number of patients waiting at month end. At 31 December 2013, 98.5% of patients were waiting (51,751 out of a total of 52,537) within 12 weeks for treatment. This compares to a figure of 98.6% (49,633 out of a total of 50,333) at 30 September 2013.

Table 2 - Ongoing waits for patients on Waiting List (added to waiting list from 01 October 2012): Inpatient or Day case admission, NHS Scotland

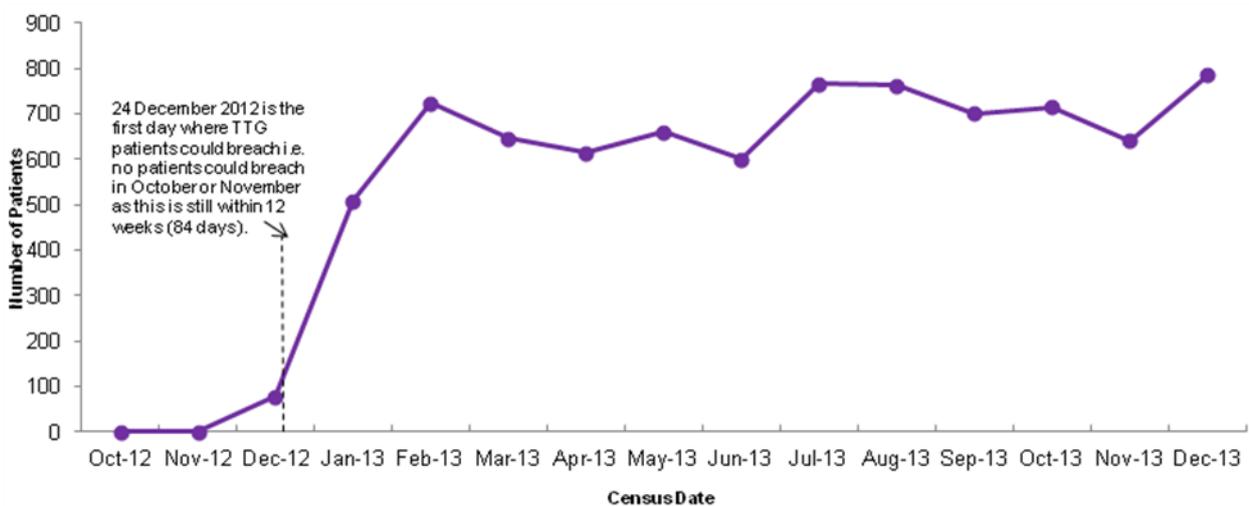
Month ending	Total waiting	Number waiting over 12 weeks
31-Dec-13	52 537	786
30-Nov-13	51 032	641
31-Oct-13	51 059	715
30-Sep-13	50 333	700
31-Aug -13	48 335	763
31-Jul-13	48 199	765

Notes:

1. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised or Medical reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero if it reasonable and clinically appropriate to do so.

Chart 2 demonstrates the number of patients waiting beyond 12 weeks at month end since the introduction of TTG. Despite the month on month fluctuation, the percentage of patients waiting within 12 weeks has remained stable due to the variation in list size.

Chart 2: Number of Inpatients and Day cases waiting over 12 weeks, NHS Scotland



Notes:

1. 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).

2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised or Medical reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero if it reasonable and clinically appropriate to do so.

NHS Scotland data for census date 31 October 2012 onwards and comparable information by NHS Board of treatment is provided in [Table 2](#).

See [Appendix A1](#) for further information on why both ongoing waits and completed waits are published.

Patient unavailability at month end

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable for Patient Advised or Medical reasons. For instance:

- 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 the patient is recorded as being unavailable for patient advised reasons and their waiting time clock is paused. This was previously recorded as Social unavailability.
- If a patient is medically unable to undergo a procedure i.e. they have another medical condition such as raised blood pressure that makes treatment inadvisable then the patient is recorded as being unavailable for medical reasons and their waiting time clock is paused.

At 31 December 2013, 52,537 patients were on the waiting list for an inpatient or day case admission, of which 20.6% were recorded as unavailable. This has increased from 18.0% who were unavailable at 30 September 2013. Table 3 shows a breakdown of number of patients unavailable for Patient Advised or Medical reasons.

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

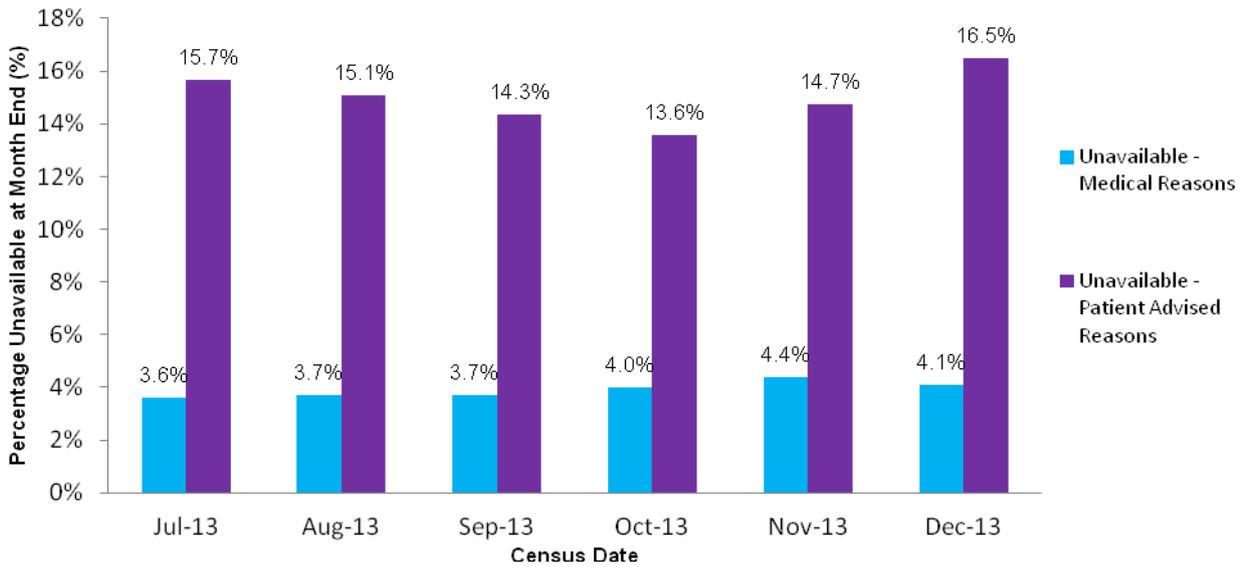
Month End	Number waiting		Number unavailable		
	Total on List	Total Available	Total	Medical	Patient Advised
31-Dec-13	52 537	41 735	10 802	2 142	8 660
30-Nov-13	51 032	41 288	9 744	2 232	7 512
31-Oct-13	51 059	42 102	8 957	2 029	6 928
30-Sep-13	50 333	41 259	9 074	1 857	7 217
31-Aug-13	48 335	39 266	9 069	1 785	7 284
31-Jul-13	48 199	38 925	9 274	1 729	7 545

Notes:

1. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised or Medical reasons).

[Chart 3](#) focuses on the percentage of unavailable patients split by reason. Since month ending July 2013, the chart illustrates that the proportion of patients unavailable for Medical reasons has remained fairly consistent. Patient Advised unavailability peaked at 31 December 2013, coinciding with an increase in the number of patients reported as unavailable for having a ‘personal commitment’ or ‘wishing to be treated within local Health Board’.

Chart 3: Unavailability of patients on Waiting List, Inpatient or Day case admission, NHS Scotland



Notes:

1. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised or Medical reasons).

NHS Scotland data for census date 31 October 2012 onwards and comparable information by NHS Board of treatment, comprising of a detailed split of unavailability, is provided in [Table 3](#).

NHS Boards are making changes to their system extracts in order to provide patient level data to ISD; while ISD have developed the Waiting Times warehouse to capture this 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 whilst taking into account the [Consultation on Stage of Treatment Statistics](#).

Prior to 01 October 2012, the specialties of Mental Health, Obstetrics and Homeopathy were excluded from the Inpatient, Day case and New Outpatient waiting time standards. Homeopathy and Mental Health inpatients and day cases are now included under TTG and NHS Boards are working on providing this information, which is currently collected on different IT systems that are not yet able to supply waiting times information centrally. All NHS Boards have given the Scottish Government assurances that mental health patients are being treated within the TTG.

Inpatients and Day cases prior to 01 October 2012

Due to there still being a relatively small number of patients remaining on the list who were added prior to 01 October 2012 at 31 December 2013, it stands to reason that the vast majority of these patients have experienced a clock pause and/or a clock reset while waiting for an appointment. NHS Boards are working to treat them as soon as it is reasonable and clinically appropriate to do so.

The total number on the waiting list for an inpatient or day case admission at 31 December 2013 was 93, of which 63 patients are covered by the national waiting time standard under 'New Ways'. These figures are down from 181 and 146 at 30 September 2013 respectively. Of the total on the waiting list as at 31 December 2013, 28 were recorded as unavailable for an admission – the majority of which were for Patient Advised reasons.

Prior to this cohort of patients reducing to such small numbers in conjunction with the introduction of TTG, analysis was provided for a host of indicators including ongoing waits, completed waits, patient unavailability and non-attendance rates. An overview of previously published tables providing comparable information by NHS Board of Treatment, refreshed to include data up to 31 December 2013, are available [here](#). Caution should be taken when interpreting data for recent quarters due to the rapidly decreasing number of patients waiting to be seen.

2. New Outpatients

This section covers all new outpatients. These statistics are derived from the current data extraction process under 'New Ways' rules and are subject to revision by some NHS Boards. The following waiting times information is on patients covered by the [National Waiting Time Standard](#) set by the Scottish Government, i.e. Scottish residents waiting for a new NHS appointment at a consultant/dentist-led outpatient clinic following referral. Information is provided from the ISD Waiting Times Warehouse.

Patients waiting at month end

From 31 March 2010, the national waiting time standard states that patients should wait no longer than 12 weeks for a new outpatient appointment for all referral sources. Table 4 shows number of patients waiting over 12 weeks. At 31 December 2013, 95.3% of patients covered by the waiting time standard (223,596 out of a total of 234,633) had been waiting 12 weeks or less. This compares to a figure of 95.7% (232,698 out of a total of 243,161) at 30 September 2013.

Table 4 - Ongoing waits for patients on Waiting List: New Outpatient appointment, NHS Scotland

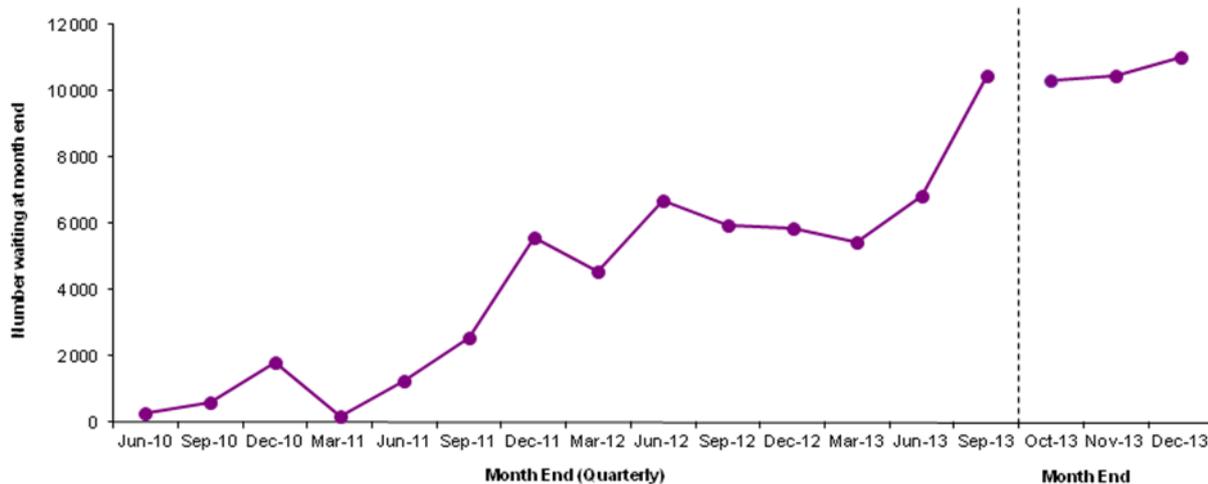
Month ending	Total waiting	Number waiting over 12 weeks
31-Dec-13	234 633	11 037
30-Nov-13	246 531	10 445
31-Oct-13	248 023	10 312
30-Sep-13	243 161	10 463
31-Dec-12	211 304	5 859
31-Dec-11	201 963	5 579

Notes:

1. This excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised, Medical or Patient Focussed Booking (PFB) reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero.
3. In conjunction with the introduction of TTG, Cataract and Cardiac patients are included in the key tables from October 2012. Previously, these patients were reported within the Whole Journey section of the publication against local targets within the national waiting time standard of 18 weeks from referral to treatment.

Chart 4 demonstrates the trend in number of outpatients waiting beyond the national standard waiting at month-end census dates. Chart 4 shows that the number of patients waiting over 12 weeks for a new outpatient appointment continues to rise. Following a gradual decline from month end June 2012 to March 2013, there has been a sharp increase in the number of patients waiting over 12 weeks from June 2013 to December 2013, where it has reached its highest level since the introduction of the standard in March 2010. The majority of NHS Boards have advised that this is due to increasing pressures around capacity, demand and resource.

Chart 4: Number of New Outpatients waiting over 12 weeks, NHS Scotland



Notes:

1. This excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised, Medical or Patient Focused Booking (PFB) reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero.
3. In conjunction with the introduction of TTG, Cataract and Cardiac patients are included in the key tables from October 2012. Previously, these patients were reported within the Whole Journey section of the publication against local targets within the national waiting time standard of 18 weeks from referral to treatment.

NHS Scotland data for census date 31 March 2008 onwards and comparable information by NHS Board of treatment is given in [Table A1b](#). 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.

Patient unavailability at month end

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable for Patient Advised, Medical or Patient Focused Booking (PFB) reasons. For instance:

- 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 the patient is recorded as being unavailable for patient advised reasons and their waiting time clock is paused. This was previously recorded as Social 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 the patient is recorded as being unavailable for medical reasons and their waiting time clock is paused;

- Patient Focused Booking (PFB) is where the patient is invited to contact the hospital to make an appointment or to confirm an offered appointment date. The patient should be allowed a minimum of 7 days to respond. If no contact has been made after 7 days, the patient's waiting time clock may be paused for a maximum of 7 days. After a second offer, if no contact has been made after 7 days, the patient's waiting time clock may be paused a second time for a maximum of 7 days.

Table 5 shows, at 31 December 2013, 235,431 patients were on waiting lists for a new outpatient appointment. Of which, 11,884 were recorded as unavailable for an appointment (81.4% due to Patient Advised unavailability).

Table 5 - Availability of patients on Waiting List – New Outpatient appointment, NHS Scotland

Month End	Number waiting		Number unavailable			No response to PFB
	Total on List	Total Available	Total	Patient Advised	Medical	
31-Dec-13	235 431	223 547	11 884	9 676	1 348	860
30-Nov-13	247 378	236 609	10 769	8 612	1 300	857
31-Oct-13	248 905	237 299	11 606	8 890	1 444	1 272
30-Sep-13	244 114	232 065	12 049	9 400	1 466	1 183
31-Dec-12	212 258	200 263	11 995	9 116	1 899	980

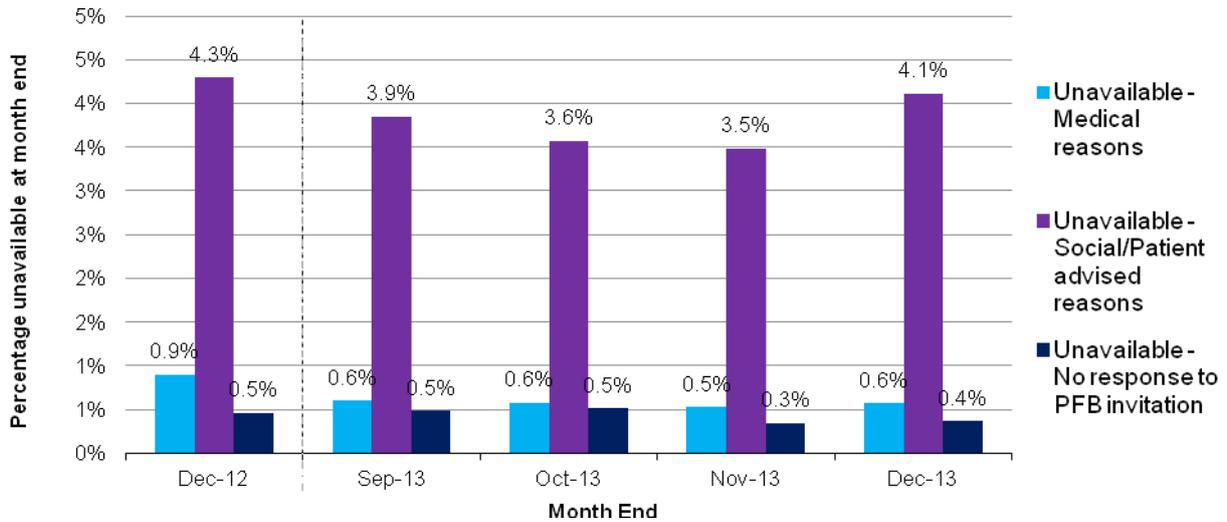
Notes:

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, Medical and PFB unavailability are deducted from the calculation of wait.

[Chart 5](#) focuses on the percentage of unavailable patients split by reason. Following a gradual decline in the proportion of patients unavailable at month end from September 2013 to November 2013, there was a slight increase at 31 December 2013 which naturally coincides with a seasonal holiday.

When comparing to 31 December 2012, there has been a decrease in the proportion of patients unavailable for all reasons.

Chart 5: Unavailability of patients on Waiting List - New Outpatient appointment, NHS Scotland



Notes:

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.

NHS Scotland data for census date 31 March 2010 onwards and comparable information by NHS Board of treatment is given in [Table C1](#).

Patients seen

While the 12 week national standard applies to patients waiting, the number of patients seen shows the complete picture of waiting time experienced. During quarter ending 31 December 2013, 93.1% of patients covered by the waiting time standard (334,442 out of a total of 359,396) had waited 12 weeks or less. This compares to a figure of 93.0% (329,143 out of a total of 353,966) at 30 September 2013.

[Table 6](#) provides a monthly breakdown of the most recent quarter for the number of patients seen. Half of all patients covered by the national standard were seen within 42, 42 and 43 days (median wait) for months ending 31 October 2013, 30 November 2013 and 31 December 2013 respectively. 9 out of 10 were seen within 83 days (90th percentile wait) for each of the corresponding months.

Table 6 - Completed waits for patients seen: New Outpatient appointment, NHS Scotland

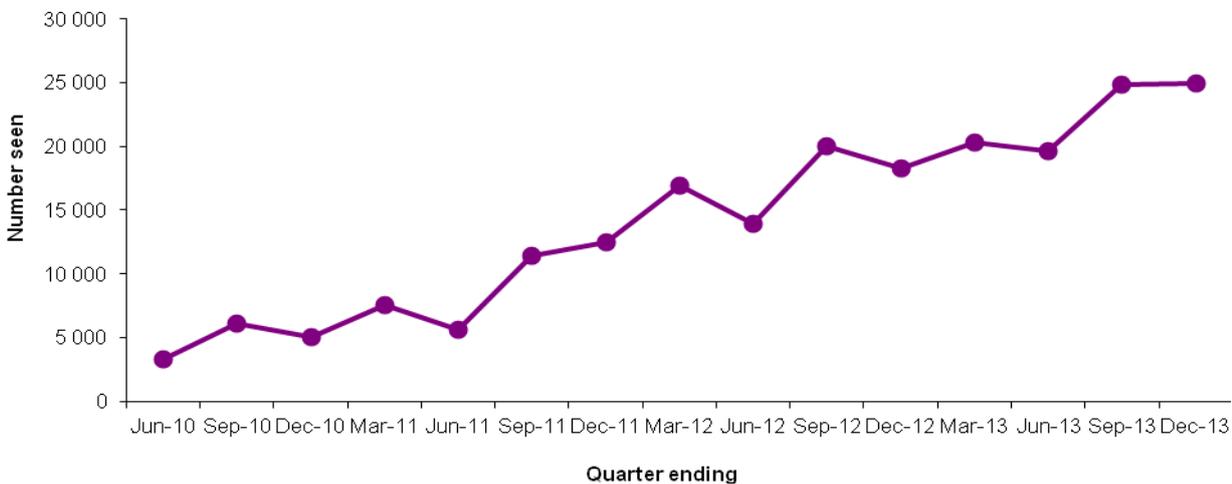
Month / Quarter ending	Total seen	Number who waited over 12 weeks	Median wait (days)	90 th percentile (days)
31-Dec-13	107 996	6 881	43	83
30-Nov-13	124 606	8 616	42	83
31-Oct-13	126 794	9 457	42	83
30-Sep-13	353 966	24 823	41	83

Notes:

1. This analysis excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised, Medical and Patient Focussed Booking (PFB) reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero.
3. In conjunction with the introduction of TTG, Cataract and Cardiac patients are included in the key tables from October 2012. Previously, these patients were reported within the Whole Journey section of the publication against local targets within the national waiting time standard of 18 weeks from referral to treatment.

Chart 6 illustrates the number of patients seen who waited over 12 weeks for a new outpatient appointment. The chart shows that the number of patients who waited over 12 weeks has continued to rise, reaching its highest level during quarter ending 31 December 2013 since the introduction of the standard in March 2010. This rise is inevitable due to the increasing number of patients waiting over 12 weeks at month end as seen in [Chart 4](#).

Chart 6: Number of New Outpatients who waited over 12 weeks, NHS Scotland



Notes:

1. This analysis excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised, Medical and Patient Focussed Booking (PFB) reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero.
3. In conjunction with the introduction of TTG, Cataract and Cardiac patients are included in the key tables from October 2012. Previously, these patients were reported within the Whole Journey section of the publication against local targets within the national waiting time standard of 18 weeks from referral to treatment.

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. 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](#).

Waiting list activity

Additions and removals from list

Data relating to activity is reported on all new outpatients waiting for or seen at a consultant or dentist led clinic, not just those covered by the national standard.

During the quarter ending 31 December 2013, there were 421,959 additions to the list and this reflects a decrease in the level of demand on the service (the equivalent number of additions to the waiting list was 434,018 during quarter ending 30 September 2013).

Meanwhile, 431,228 patients (referred by any source) were removed from the waiting list during the quarter ending 31 December 2013. This has increased from 426,695 patients who were removed during the quarter ending 30 September 2013. A breakdown of removal reasons is shown in Table 7.

Table 7: Reason for removal from Waiting List, New Outpatient appointment, NHS Scotland

Quarter ending	Number attended	Total removals	Number of Removals where:			
			Referred back to GP	Transferred	Treatment no longer required	Other
31-Dec-13	360 362	431 228	35 607	3 669	20 027	11 563
30-Sep-13	355 302	426 695	34 985	3 667	20 108	12 633
31-Dec-12	350 872	429 315	34 749	4 872	20 930	17 892

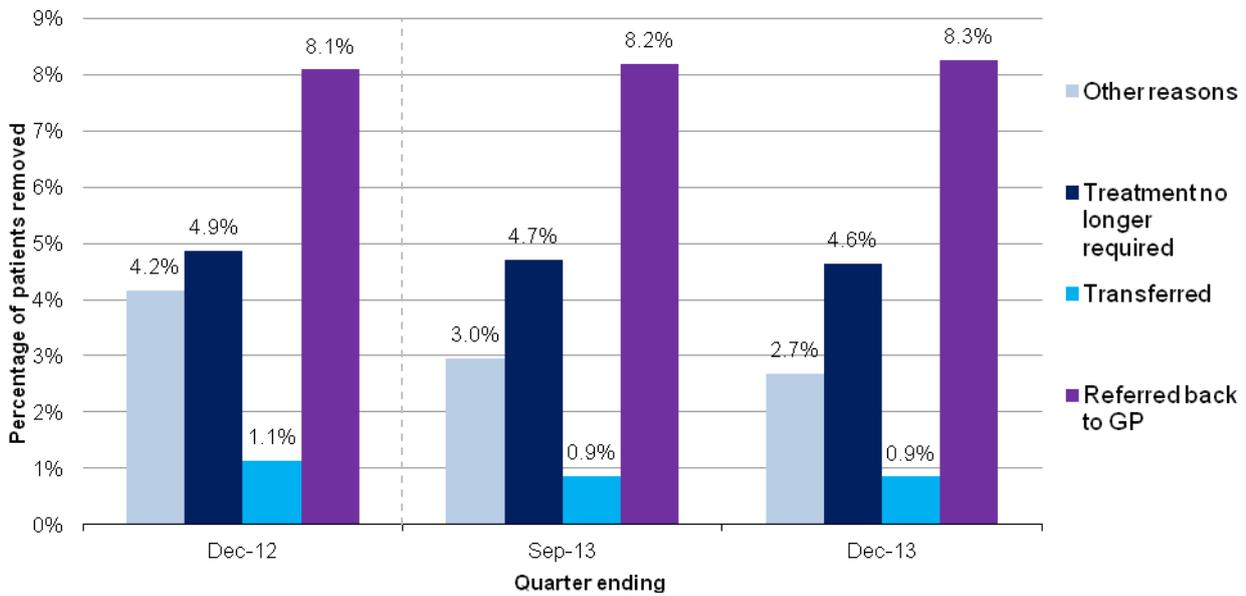
Notes:

1. This excludes patients referred to mental health and obstetrics specialties.
2. Other reasons for removal from list comprises of 'Died' and 'inappropriate addition to list'.

The majority of patients are removed from the list because they attended a new outpatient appointment. [Chart 7](#) focuses on those patients who were removed for reasons other than attended. Comparing quarter ending 31 December 2013 with the previous quarter, the percentage of patients removed for each reason has remained relatively stable.

When comparing to 31 December 2012, there has been a drop in all removal reasons with the exception of patients referred back to GP where there has been a slight increase.

Chart 7: Reason for removal from Waiting List (excluding Attended), New Outpatient appointment, NHS Scotland



Notes:

1. This analysis excludes patients referred to mental health and obstetrics specialties.

[Table D1a](#) shows the number of additions to the waiting list (i.e. new referrals), removals and a breakdown of the reason for removal. This is shown for NHS Scotland from quarter ending 31 March 2010 onwards and comparable information by NHS Board of treatment. Historical data from 2010 highlights a seasonal trend whereby quarters ending 31 December tend to be the only quarter of the calendar year where removals exceed additions, resulting in a net effect of a seasonal decrease in waiting list size.

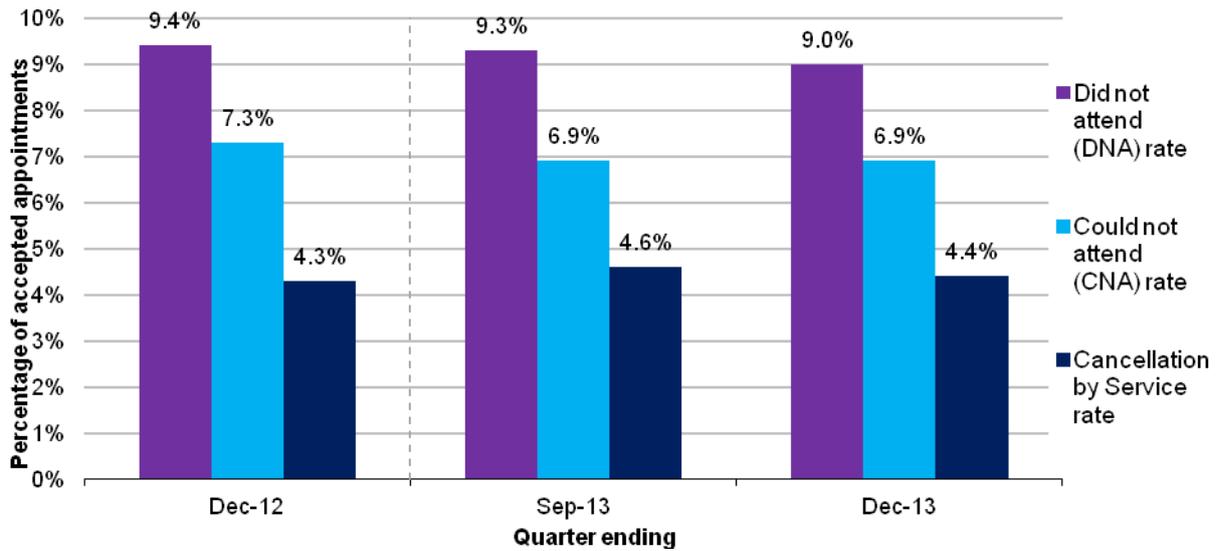
Non-attendance rates

During quarter ending 31 December 2013, 463,260 offers for a new outpatient appointment were accepted.

[Chart 8](#) presents information about non-attendance rates for patients accepting a new NHS appointment at a consultant/dentist-led outpatient clinic for comparable quarters up to December 2013. During quarter ending 31 December 2013, the rate of missed appointments due to 'Did Not Attend' (DNA) has dropped to 9.0% and 'Could Not Attend' (CNA) has remained the same at 6.9% from the previous quarter. The 'Cancellation by Service' rate of 4.4% at 31 December 2013 has decreased slightly from the previous quarter.

When compared to the previous year – the rate of missed appointments due to DNA and CNA have decreased whereas the Cancellation by Service rate has increased slightly.

Chart 8: Non attendance rates, New Outpatient appointment, NHS Scotland



Notes:

1. This analysis excludes patients referred to mental health and obstetrics specialties.

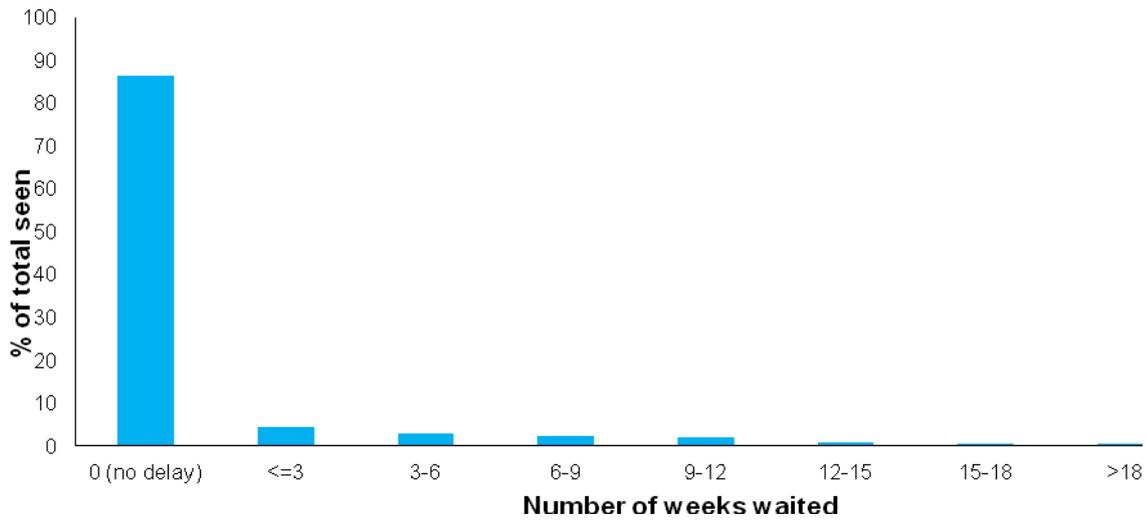
NHS Scotland data for quarter ending 31 March 2010 onwards and comparable information by NHS Board of treatment is given in [Table D1b](#).

Patient related delay

The unadjusted wait is the full waiting time experienced by the patient i.e. from the date the referral is received to the date the patient attends. The adjusted wait excludes any periods of unavailability, where the waiting time clock is paused, and takes into account any clock resets due to appointments cancelled by the patient (only where reasonable and clinically appropriate) and/or reasonable offers rejected by the patient. The patient related delay is then the difference between the unadjusted wait and the adjusted wait.

Analysis of the combined impact of these patient related delays on the overall time patients spend on the waiting list is presented in [Chart 9](#). During the quarter ending 31 December 2013, 86.4% of patients experienced no such delay in their treatment. This compares with a figure of 84.8% during the quarter ending 30 September 2013.

Chart 9: Distribution of Patient Related Delay, New Outpatient appointment, NHS Scotland



Notes:

1. This analysis excludes patients referred to mental health and obstetrics specialties.

Distribution of patient wait, adjusted for patient related delay, and episode length at NHS Board level are illustrated in [Table J1](#).

Patients covered by national standards

ISD collect information on waiting times for various aspects of healthcare provided by NHS Scotland including new outpatient appointments. Data is collected for acute specialties (those specialties primarily concerned in the surgical, medical and dental sectors) and waiting time statistics report on patients covered by the Scottish Government’s national waiting time standard; Scottish residents waiting for treatment in an acute specialty. At 31 December 2013, 235,431 patients were waiting for a consultant or dentist lead clinic, of which 234,633 were covered by the national waiting time standard. Data for previous quarters and individual NHS Boards are available [here](#).

Glossary

CNA	Could Not Attend
DNA	Did Not Attend
GDP	General Dentist Practitioner
GP	General Medical Practitioner
ISD	Information Services Division
NHS	National Health Service
PFB	Patient Focused Booking
RACPC	Rapid Access Chest Pain Clinic
TTG	Treatment Time Guarantee
RTT	Referral To Treatment

List of Tables

Table No.	Name	Time period	File & size
Table 1, 2 & 3	Patients added to Inpatient or Day case admission waiting lists from 01 October 2012	Month ending 31-Oct-12 – 31-Dec-13	Excel [712kb]
IPDC Legacy	Patients added to Inpatient or Day case admission waiting lists prior to 01 October 2012	Quarter ending 31-Mar-08 – 31-Dec-13	Excel [871kb]
A1a	Waiting Times for a New Outpatient appointment: NHS Scotland, Completed waits for patients seen	Quarter ending 31-Mar-08 – 31-Mar-10 for GP/GDP referrals and 31-Dec-09 – 31-Dec-13 for all referral sources	Excel [335kb]
A1b	Waiting Times for a New Outpatient appointment: NHS Scotland, Ongoing waits for patients on waiting list	Month ending 31-Mar-08 to 31-Mar-10 for GP/GDP referrals and 31-Dec-09 – 31-Dec-13 for all referral sources	Excel [236kb]
C1	Availability of patients on the Waiting List for a New Outpatient appointment: NHS Scotland	Month ending 31-Mar-10 – 31-Dec-13 for all referral sources	Excel [802kb]
D1a	Reason for removal for a New Outpatient appointment: NHS Scotland	Quarter ending 31-Mar-10 – 31-Dec-13 for all referral sources	Excel [625kb]
D1b	Non attendance rates for a New Outpatient appointment: NHS Scotland	Quarter ending 31-Mar-10 – 31-Dec-13 for all referral sources	Excel [492kb]
G1	All patients on waiting list for a New Outpatient appointment: NHS Scotland	Month ending 31-Mar-10 – 31-Dec-13 for all referral sources	Excel [65kb]

J1	Episode length for a New Outpatient appointment: NHS Scotland	Quarter ending 31-Mar-10 – 31-Dec-13 for all referral sources	Excel [649kb]
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Further information can be found on the [ISD website](#)

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Appendix

A1 – Background Information

Waiting Times - History and Performance Indicators

Inpatient and Day case Target & Standards

On 01 October 2012, the Treatment Time Guarantee came into affect. This replaced the 9 week standard that was in place from 31 March 2011 to 31 March 2012. ISD are reviewing and developing the presentation of the statistics for inpatient and day case treatment to take into account the change in legislation.

Previously, the national waiting time standard stated that, from 31 March 2011, no patient waiting for treatment as an inpatient or day case would wait longer than 9 weeks. Prior to this, 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).

New Outpatient Standards

The national waiting time 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 time standard relates to patients waiting for a new outpatient appointment.

Other Waiting Times Targets & Standards

Inpatient, Day case and Outpatient Stage of Treatment Waiting Times is part of a variety of targets and standards set by the Scottish Government around waiting times. Details on each of the targets/standards that ISD publish are available within the [Supporting Documentation](#) web pages.

Why are there different measurements of waiting times?

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. The targets have changed significantly over the last 20 years and are shown in [Table A1](#). There are two statistics of interest in this regard for assessing NHS hospitals' performance:

- **Patients waiting** – waiting times of patients who are still waiting for health care at a point in time (waiting list census);
- **Patients seen** – waiting times actually experienced by patients who have been treated i.e. completed waits.

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 time 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. It is a good retrospective measure of how well the NHS is performing against the target or standard. It also takes account of the gaps in the census measure described above. This is a much easier measure for the general public to understand.

It is not so useful for prospective management action as it is historic but it may indicate issues to managers for future planning. For example where waiting list management processes might need adjustment to deal with long waiters in order to prevent them missing the target between census points.

New Ways

In January 2008, the 'New Ways' of defining and measuring waiting times in the NHS in Scotland was introduced, scrapping the use of availability status codes. The waiting time targets and standards were based on ongoing waits i.e. [patients waiting](#) for treatment. Table A1 shows the targets associated with 'New Ways'. Further information is available in [The History of Waiting Times and Waiting Lists](#) document or on the Scottish Government website at [Scotland Performs](#).

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 time standard; Scottish residents waiting to be seen in an acute specialty (other than homeopathy).

Treatment Time Guarantee

In 2011, the [Patient Rights \(Scotland\) Act 2011](#) established a legal 12 weeks Treatment Time Guarantee (TTG) for eligible patients who are due to receive planned inpatient or day case treatment from 01 October 2012. Eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This target is based on completed waits i.e. [patients seen](#).

These statistics published cover all patients added to inpatient and day case admission (IPDC) 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](#).

This target also includes Mental Health inpatients and day cases. However, these patients are not included in this publication. The Scottish Government is seeking assurance from NHS Board Chief Executives that no Mental Health inpatient or day case has breached 12 weeks. In addition Scottish Government and NHS Boards have also agreed to manage outpatients under the same guidance. A further change that affects outpatients as well as inpatients and day cases is around unavailability. From 01 October 2012, ‘Patient advised unavailability’ replaced ‘Social unavailability’ which puts the patient in control of their own wait. Further information on the Treatment Time Guarantee can be found in [The History of Waiting Times and Waiting Lists](#), which includes links to all the supporting documents.

Table A1 – Summary of NHS Scotland Waiting Time Targets from 1991

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

Notes:

1. This is a local target; the national target remains 6 weeks.
2. This is a legal guarantee.
3. There is an agreement between NHS Boards and Scottish Government to manage Outpatients under the same guidance.

A2 – Data Quality

Background

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 NHS 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 NHS 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 NHS Boards to monitor error records and work towards quantifying levels of completeness.

A number of NHS Boards report that due to local system issues, 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 NHS Boards.

Following the introduction of the TTG, ISD and NHS Boards have been in the process of enhancing IT systems and data extraction processes. This is to ensure effective and equitable management and monitoring of the TTG. In order to be able to accommodate the guidance, local systems, extracts and the national warehouse need to be developed. As an interim measure, data for Inpatient and Day cases added to the waiting list from 01 October 2012 are currently being submitted to ISD via an aggregate return which is presented with an element of caution. Patient level information is not systematically validated by ISD, however, ISD does carry out quality assurance checks on the data submitted. The derivation of the figures and data accuracy is carried out by individual NHS Boards in collaboration with ISD.

Data for All New Outpatient and Inpatient and Day case patients added to the waiting list prior to the 1st October 2012 continues to be taken from the national waiting times warehouse and are therefore available for analysis.

Currently the Treatment Time Guarantee has some exceptions set out in the legislation. In conjunction with development of local systems and extracts, NHS Boards are working on collecting and monitoring the waiting times of the exempt specialities with a view to submitting to ISD for future publications. Mental health is included under the TTG legislation, most NHS Boards have separate Mental Health Patient Management Systems that do not currently have the facility to extract the 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.

General Data Quality issues

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.

Unavailability

Users of this publication should be aware that some historical figures for NHS Lothian which relate to levels of attainment of the waiting time standard and levels of patient unavailability are now known to be inaccurate. Further information can be found in the [Pricewaterhouse Coopers report](#).

Audit Scotland carried out formal audits on all NHS Boards during 2012, their report can be found [here](#). Going forward, audits will be carried out on a regular basis. ISD will continue to work with the auditing bodies and NHS Boards to ensure robustness of data.

NHS Board – specific data quality issues

ISD and NHS Boards work closely to ensure that published Waiting Times information accurately reflects locally held data. The following list provides an overview of historical and current data quality issues:

ISD and NHS Boards work closely to ensure that published Waiting Times information accurately reflects locally held data. The following list provides an overview of historical and current data quality issues:

NHS Borders

NHS Borders are investigating with system provider Trakcare the mapping of PFB unavailability. Currently, the code is being used when patients referred to Chronic Pain Service have yet to complete and return the Pre-Clinic Questionnaire. This is not PFB unavailability.

NHS Dumfries & Galloway

The number of ongoing waits for Cataract outpatient assessment at a consultant led clinic 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. This activity is now reported in Table A1b, following the integration of Cataract activity (previously presented in Table I1) with the key outpatient standard table since October 2012.

NHS Grampian

Normal data cleansing processes for quarter ending 30 September 2013 were not fully completed due to a number of unexpected technical issues and resultant pressures. This

led to an inflated number of long waits, primarily for new outpatients, at the time of reporting. This has been addressed in the February 2014 publication and the figures have been revised accordingly.

During early 2011, NHS Grampian moved to a new patient management system, whose implementation led to some 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. Within Table D2, Inpatient and day case waiting list activity, CNA/DNA/Cancellation by Service rates are not published for quarter ending 31 March 2010 due to previous system issues.

Due to the early submission of new unavailability codes to the ISD warehouse, approximately 3,800 closed outpatient records are excluded from analysis via a Flag 2 validation error (VE47) covering quarters ending 31 December 2012 and 31 March 2013. Following the implementation of new unavailability codes to ISD warehouse, no records will be excluded for this reason in future.

NHS Greater Glasgow & Clyde

In April 2013, NHS Greater Glasgow & Clyde completed the move to a new patient management system which 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 Greater Glasgow & Clyde report that due to a technical issue with the Patient Management System (PMS) distinguishing between consultant and non-consultant referrals, the number of New Outpatients on list is inflated for recent months.

NHS Highland

The waiting time extract for new outpatients sent to the warehouse does not accurately reflect the local position for the number of patients seen and on list. This is due the current Patient Administration System (PAS) system not providing sufficient validation checking at point of data entry to prevent inaccurate recording. The quality of the data will improve with the implementation of Patient Management Systems (PMS) in March 2014.

NHS Lanarkshire

NHS Lanarkshire have reviewed the use of medical unavailability for IPDC from 01 October 2012 and have identified an issue in the process. Actions are being taken to address this, which will result in a subsequent decrease in Medical unavailability and an increase in Patient advised unavailability.

NHS Lothian

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 time 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.

NHS Shetland reports an issue with the orthodontic service, resulting in an increase in number of new outpatients who waited over 12 weeks (Table A1a) for quarter ending 30 June 2013. These patients had been recorded locally in the dental management system but had not been recorded in the hospital patient administration system. As a result, NHS Shetland had not identified that this cohort of patients had not been treated within national standard. The orthodontic service is now covered by the hospital system and all patients waiting for orthodontic treatment have been identified. NHS Shetland has arranged a series of orthodontic clinics to work through remaining patients waiting to be seen.

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. NHS Tayside are working with ISD to ensure that any data discrepancies within the data warehouse are investigated and resolved.

There is a requirement through an agreed ISD process for retrospective update 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 Western Isles

NHS Western Isles report that their local system has no capacity to snapshot month end position for ongoing waits. Therefore numbers > 12 weeks at month end for ongoing waits may be unreliable due to subsequent adjustments for clock pauses and clock resets.

Filtration System

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.

[Table 8](#) shows the volume of affected records by NHS Board. The number of filtered records relate to the quarter in which the patient is added to the waiting list.

Table 8 – Volume of affected records by NHS Board

NHS Board	Date added to Waiting List (Quarter End)							
	IPDC				New OP			
	Mar-13	Jun-13	Sep-13	Dec-13	Mar-13	Jun-13	Sep-13	Dec-13
NHS Scotland	539	436	350	103	1 952	1 402	1 397	129
Golden Jubilee National Hospital (Heart & lung)	2	0	0	0	0	0	0	0
NHS Ayrshire & Arran	194	160	84	3	276	294	564	53
NHS Borders	2	7	0	0	13	3	8	1
NHS Fife	61	15	0	0	513	534	492	41
NHS Forth Valley	3	0	0	0	0	0	0	0
NHS Grampian	230	224	228	92	1 061	479	242	29
NHS Greater Glasgow & Clyde	10	0	0	0	21	36	25	3
NHS Highland	5	0	0	0	42	47	60	1
NHS Lanarkshire	28	29	38	8	7	3	0	0
NHS Lothian	4	1	0	0	18	5	0	0
NHS Tayside	0	0	0	0	1	1	6	1

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 2013 are given in the table ['Number of records filtered, by NHS Board'](#).
3. The warehouse has not been used to extract information on IP/DC referrals and additions to list from 01 October 2012.

The records in question, excluded from all publication tables, 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.

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.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Inpatient, Day case and Outpatient Stage of Treatment Waiting Times
Description	Monthly and quarterly summary of waiting times and waiting lists in the acute sector of NHS Scotland.
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks and PDF
Data source(s)	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. Homeopathy, mental health and obstetrics specialties are not included. Data from 01 October 2012 for Inpatient and Day case admissions is currently from aggregate returns from NHS Boards. Once NHS Boards local systems are modified to comply with TTG, data will be sourced from the warehouse again.
Date that data are acquired	Deadline for data submission is the 28th each month prior to the publication.
Release date	The last Tuesday of the month for each publication.
Frequency	Quarterly.
Timeframe of data and timeliness	Data from 01 January 2008 to date. There have been no delays in reporting.
Continuity of data	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 & Waiting List History .
Revisions statement	Detailed information on revision to data and revisions policy is available.
Revisions relevant to this	During September 2011, NHS Greater Glasgow & Clyde began a staged move to a new patient management

<p>publication</p>	<p>system, beginning with the Inverclyde Royal Hospital. As a consequence, some figures reported for the quarter ending 30 September 2011 may have been adjusted since their first publication.</p> <p>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.</p> <p>NHS Lothian have revised figures on unavailability (Table C1 and Table 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.</p> <p>There was an error in figures initially published for December 2012 in Table A1b. This has now been amended. Previous publications show the correct figures.</p>
<p>Concepts and definitions</p>	<p>New Ways Definitional Rules and Guidance is available: New Ways Rules & Guidance</p> <p>TTG rules and guidance is available in the following documents:</p> <p>Patient Rights (Scotland) Act 2011</p> <p>The Regulations and Directions under the Act - CEL 17 (2012)</p> <p>Treatment Time Guarantee Guidance – CEL 32 (2012)</p> <p>Updated version of the NHSScotland Waiting Time Guidance – CEL 33 (2012)</p>
<p>Relevance and key uses of the statistics</p>	<p>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 2012, Treatment Time Guarantee.</p> <p>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 NHS Boards; health intelligence work; parliamentary questions and HEAT targets.</p>
<p>Accuracy</p>	<p>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>

	<p>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.</p> <p>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).</p> <p>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'.</p>
<p>Completeness</p>	<p>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).</p> <p>Provisional analysis of refresh data showed that approximately 98% of data submitted to the Warehouse is published.</p>
<p>Comparability</p>	<p>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).</p> <p>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.</p> <p>Collaborative efforts are also underway to produce comparisons to European waiting times.</p>
<p>Accessibility</p>	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
<p>Coherence and clarity</p>	<p>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.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. Attendances and performance data by Patient Type are available in separate tables to enable users to select a single measure for analysis.

	<p>2. All tables are printer friendly.</p> <p>3. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level.</p> <p>4. Key data presented graphically.</p>
Value type and unit of measurement	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).
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority. Report published July 2010.
Last published	26 November 2013
Next published	27 May 2014
Date of first publication	27 May 2008
Help email	nss.isdWAITINGTIMES@nhs.net
Date form completed	25 February 2014

A4 – 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)

A5 – 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.