

# Publication Report



## **Inpatient, Day case and Outpatient Stage of Treatment Waiting Times**

**Monthly and quarterly data to 31 March 2014**

**Publication date – 27 May 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](#).

Inpatient, Day case and Outpatient waiting times are vital components in the delivery of the 18 Weeks Referral to Treatment standard (a maximum whole journey waiting time of 18 weeks from general practitioner to treatment).

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. 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.

### Future Publications

Following the introduction of TTG legislation on 01 October 2012, the ISD waiting times warehouse and NHS Board systems required a period of development to ensure effective

and equitable management and monitoring of the treatment time guarantee. As an interim measure during the developmental phase, NHS Boards have provided an aggregated return for patients added to the inpatient and day case waiting list on or after 01 October 2012 for the quarters ending 31 December 2012 to 31 March 2014. It is envisaged that this publication is the final time an aggregate return will be required as the majority of NHS Boards have either migrated to TTG compliant systems or are in the final phase of testing. During this period, new outpatient waiting times have continued to be calculated based on New Ways, and published using data extracts submitted by NHS Boards to the ISD waiting times warehouse.

It is expected that the forthcoming publication on 26 August 2014 will be solely sourced from episode level data submitted by NHS Boards to the ISD waiting times warehouse, covering the period April to June 2014 only. The publication content will be expanded to provide more detailed statistics for Inpatient and Day case waiting times similar to that of outpatients. The August publication will also see changes to the calculation of inpatient, day case and new outpatient waiting times which will be further brought in line with TTG regulations and national waiting time guidance. Although not enshrined in law, approval was given to use the same waiting times calculation for new outpatients, this may result in an increase in average length of wait and therefore potentially, an increase in the number of waits beyond 12 weeks. Changes to the calculation include the clock not being reset where:

- It is not reasonable and clinically appropriate to do so i.e. a patient whose circumstances are considered urgent.
- A patient rejects 2 or more reasonable offers (known as a reasonable offer package), having already waited 84 days.
- If a patient fails to attend an accepted appointment, having already waited 84 days.

Later this year, NHS Boards and ISD plan to quality assure historical data from 01 October 2012 and depending on the outcome of this may consider revising published statistics if the difference is significant using the new calculation. Any published revisions will be made in line with National Statistics protocols. Future publications will also be expanded taking into account the [Consultation on Stage of Treatment Statistics](#).

## 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.
- ISD strongly recommend that users read the supporting information and accompanying footnotes for each chart and table.
- Following system developments by NHS Boards and ISD, in line with regulations and guidance, ISD are now receiving patient level data from the majority of Boards into the ISD waiting times warehouse. Subject to data being of a high enough quality this will be used to produce the statistics for the August 2014 publication, covering the period April – June 2014.

### 1. Inpatients and Day cases

- During quarter ending 31 March 2014, 97.3% of inpatients and day cases were seen within the TTG of 12 weeks (84 days). This has decreased from 98.3% at quarter ending 31 December 2013. When comparing to quarter ending 31 March 2013, performance has dropped from 98.5%.
- Since the introduction of TTG, the majority of patients who waited over 12 weeks were seen in NHS Lothian and NHS Grampian.
- At 31 March 2014, there were 50,865 patients on the inpatient and day case waiting list, of which 98.5% had been waiting 12 weeks or less. This has remained the same as at 31 December 2013.
- At 31 March 2014, of those patients on the waiting list, 17.6% were recorded as unavailable. This has decreased from 20.6% at 31 December 2013.

### 2. New Outpatients

- At 31 March 2014, 97.3% of new outpatients had been waiting 12 weeks or less for an appointment. This has increased from 95.8% at 31 December 2013. When comparing to 31 March 2013, performance has dropped from 97.5%.
- NHS Lothian and NHS Forth Valley report an improvement in performance for quarter ending 31 March 2014.
- During quarter ending 31 March 2014, 92.5% of new outpatients seen had waited less than 12 weeks. This compares to 93.1% at 31 December 2013.
- At 31 March 2014, 4.1% of patients were reported as unavailable for a new outpatient appointment. This has decreased from 5.1% at 31 December 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.

From the outset, the latter exception around spinal treatment was intended to be a temporary exclusion. NHS Boards were therefore working to ensure that there was the necessary capacity to deliver the TTG for patients who require such planned inpatient and day case spinal treatment. As of 01 April 2014, patients added to the list for this treatment are now covered by TTG.

Patients who have had a diagnostic test before a decision was 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 March 2014, 97.3% of patients seen (81,132 out of a total of 83,397) waited within the TTG of 12 weeks. There has been a decrease in performance since quarter ending 31 December 2013 from 98.3% (79,823 out of a total of 81,194). Of those 2,265 patients who were not treated within 12 weeks during quarter ending 31 March 2014, 1,575 and 411 were seen in NHS Lothian and NHS Grampian respectively.

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

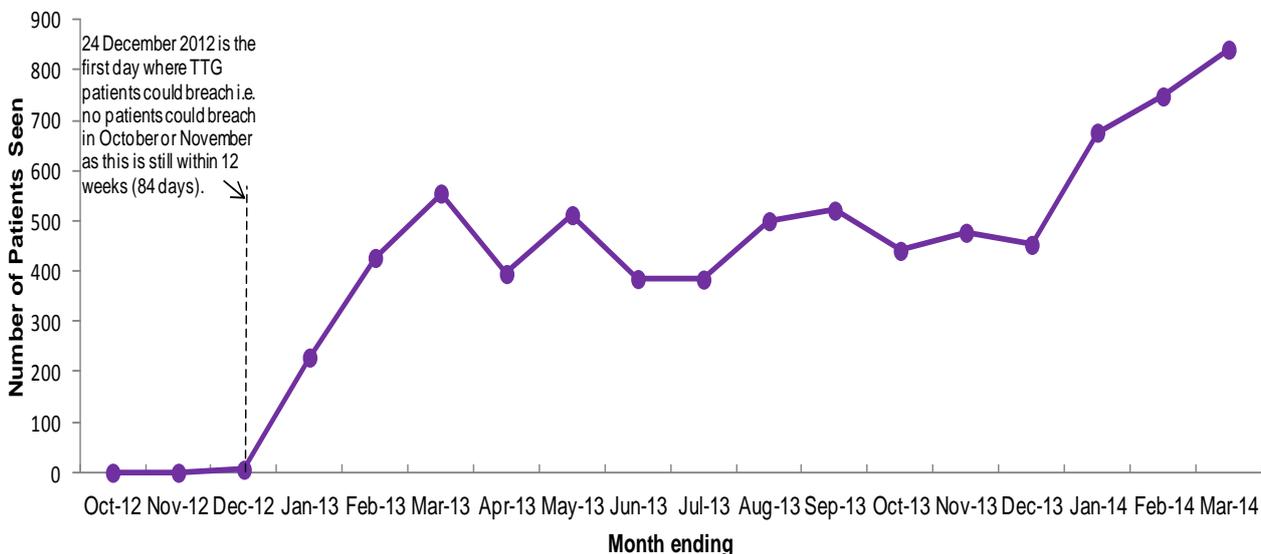
Month ending	Total seen	Number who waited over 12 weeks
31-Mar-14	28 689	841
28-Feb-14	26 620	748
31-Jan-14	28 088	676
31-Dec-13	24 600	453
30-Nov-13	28 077	477
31-Oct-13	28 517	441

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. Following a relatively stable period of performance during 2013, the chart illustrates a continual increase in long waits from January 2014, driven by a drop in performance at NHS Lothian. Since the introduction of TTG, the majority of patients who have experienced a wait over 12 weeks were seen at NHS Lothian and NHS Grampian. When looking at performance over the past year, both Boards have reported an increase in the number of patients who waited over 12 weeks.

**Chart 1: Number of completed waits for patients who waited over 12 weeks, Inpatient or Day case admission, NHS Scotland**



Notes:

- 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).
- As this is a new target, the cohort of patients covered by the TTG grew over the first 6 months of its inception. The inverse of this was occurring with the [previous New Ways cohort of patients](#). As a result, a true reflection for performance management purposes of the TTG is not realised until March 2013.
- 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 March 2014, 98.5% of patients were waiting (50,107 out of a total of 50,865) within 12 weeks for treatment. This compares to the same figure of 98.5% (51,753 out of a total of 52,539) at 31 December 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**

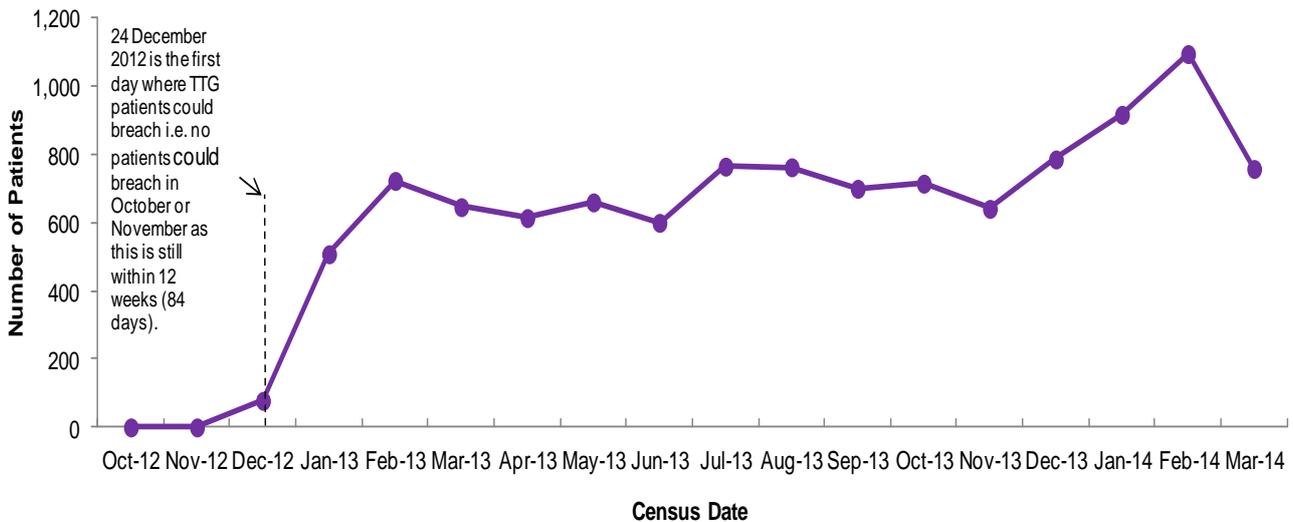
Month ending	Total waiting	Number waiting over 12 weeks
31-Mar-14	50 865	758
28-Feb-14	52 322	1 095
31-Jan-14	53 294	917
31-Dec-13	52 539	783
30-Nov-13	51 014	641
31-Oct-13	51 045	715

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. Similar to the analysis of completed waits, the number of patients waiting over 12 weeks has increased in recent months, peaking in February 2014. Encouragingly however, the position at 31 March 2014 is comparable to the previous quarter end. Despite the month on month fluctuation, the percentage of patients waiting within 12 weeks has remained relatively stable due to the variation in list size.

**Chart 2: Number of ongoing waits for patients waiting over 12 weeks, Inpatient or Day case admission, 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. As this is a new target, the cohort of patients covered by the TTG grew over the first 6 months of its inception. The inverse of this was occurring with the [previous New Ways cohort of patients](#). As a result, a true reflection for performance management purposes of the TTG is not realised until March 2013.
3. 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 March 2014, 50,865 patients were on the waiting list for an inpatient or day case admission, of which 17.6% were recorded as unavailable. This has decreased from 20.6% who were unavailable at 31 December 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**

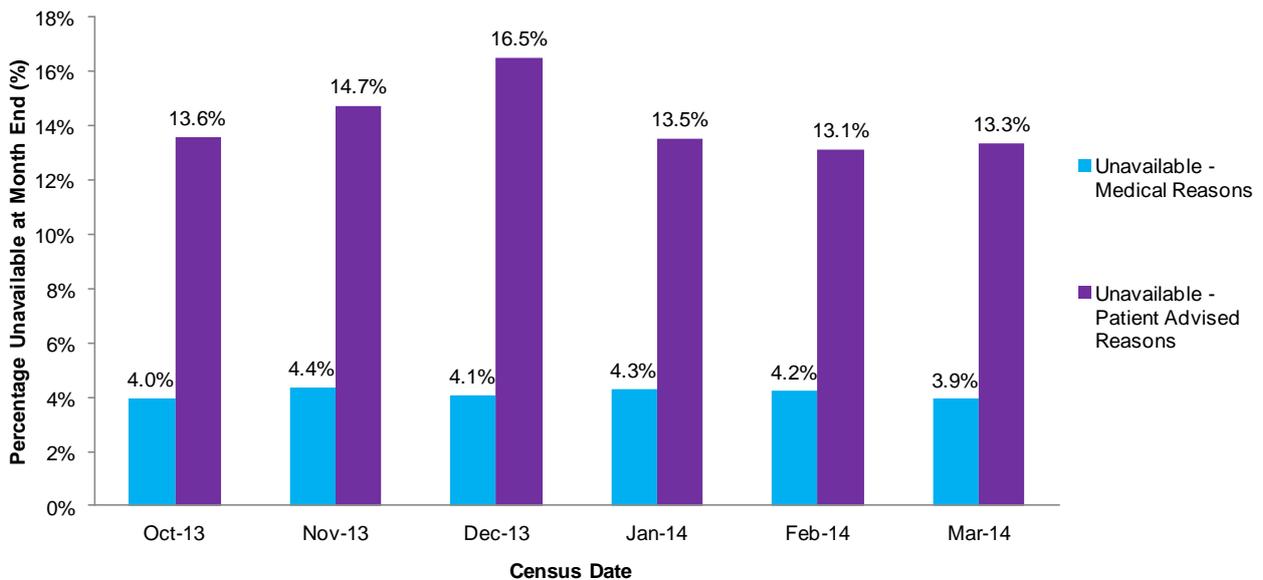
Month End	Number waiting		Number unavailable		Patient Advised
	Total on List	Total Available	Total	Medical	
31-Mar-14	50 865	41 915	8 950	2 038	6 912
28-Feb-14	52 322	43 246	9 076	2 206	6 870
31-Jan-14	53 294	43 804	9 490	2 282	7 208
31-Dec-13	52 539	41 732	10 807	2 144	8 663
30-Nov-13	51 014	41 271	9 743	2 230	7 513
31-Oct-13	51 045	42 091	8 954	2 027	6 927

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 31 October 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 a spike in the number of patients reported as unavailable for having a ‘personal commitment’ during the festive period. In addition to personal commitment, patients ‘wishing to be treated within local Health Board’ and ‘wishing named consultant’ are consistently the most common reasons for Patient Advised unavailability, predominantly arising in NHS Grampian and NHS Greater Glasgow & Clyde.

**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](#).

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 March 2014, 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 March 2014 was 49, of which 23 patients are covered by the national waiting time standard under 'New Ways'. These figures are down from 73 and 45 at 31 December 2013 respectively. Of the total on the waiting list as at 31 March 2014, 12 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 March 2014, 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 March 2014, 97.3% of patients covered by the waiting time standard (245,255 out of a total of 252,009) had been waiting 12 weeks or less. This has increased from 95.8% (228,527 out of a total of 238,569) at 31 December 2013.

Of those waiting over 12 weeks at 31 March 2014, the majority are waiting to be seen in NHS Lothian (2,442), NHS Grampian (1,092) and NHS Forth Valley (850). NHS Lothian, NHS Forth Valley and NHS Western Isles report an improvement in performance for quarter ending 31 March 2014.

Despite an increase of over 35,000 in the total number waiting, performance has remained fairly stable, dropping from 97.5% at 31 March 2013.

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

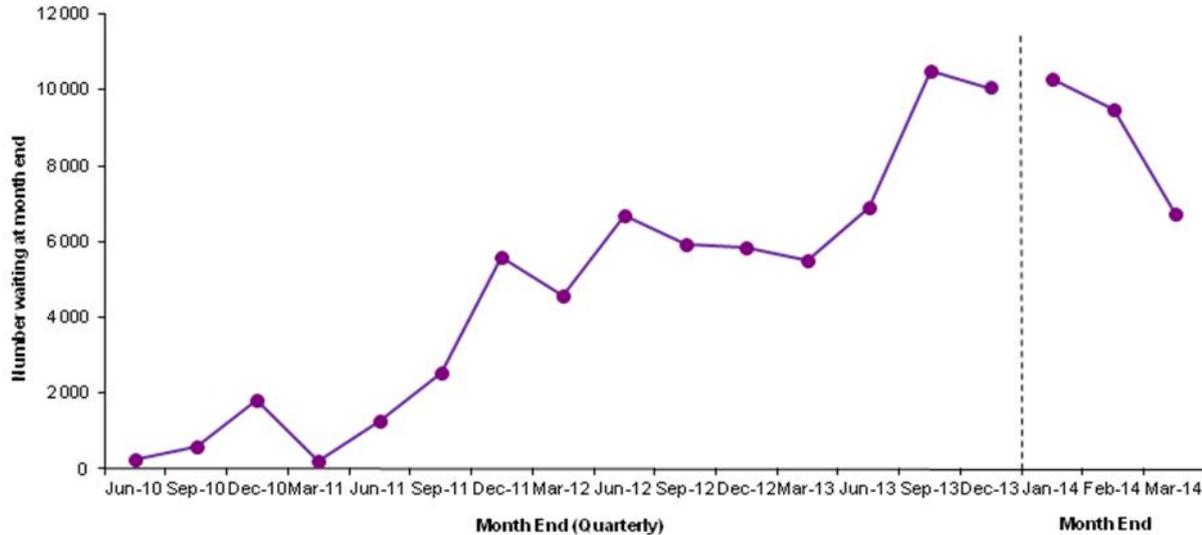
Month ending	Total waiting	Number waiting over 12 weeks
31-Mar-14	252 009	6 754
28-Feb-14	242 077	9 482
31-Jan-14	237 789	10 296
31-Dec-13	238 569	10 042
31-Mar-13	216 585	5 502
31-Mar-12	201 436	4 561

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. It shows that there was a sustained increase in number of patients waiting over 12 weeks for a new outpatient appointment in recent years, peaking in September 2013. The majority of NHS Boards advised that this was due to increasing pressures around capacity, demand and resource. The majority of Boards have reported an improvement in performance for the most recent quarter, illustrated in the national picture below by the considerable drop in ongoing waits over 12 weeks.

**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 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.

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 March 2014, 252,839 patients were on waiting lists for a new outpatient appointment. Of which, 4.1% were recorded as unavailable for an appointment (81.7% due to Patient Advised unavailability).

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

Month End	Number waiting		Number unavailable			
	Total on List	Total Available	Total	Patient Advised	Medical	No response to PFB
31-Mar-14	252 839	242 369	10 470	8 555	1 065	850
28-Feb-14	242 875	231 446	11 429	9 397	1 293	739
31-Jan-14	238 618	227 152	11 466	9 050	1 405	1 011
31-Dec-13	239 449	227 276	12 173	9 861	1 398	914
31-Mar-13	217 648	208 259	9 389	6 538	1 763	1 088

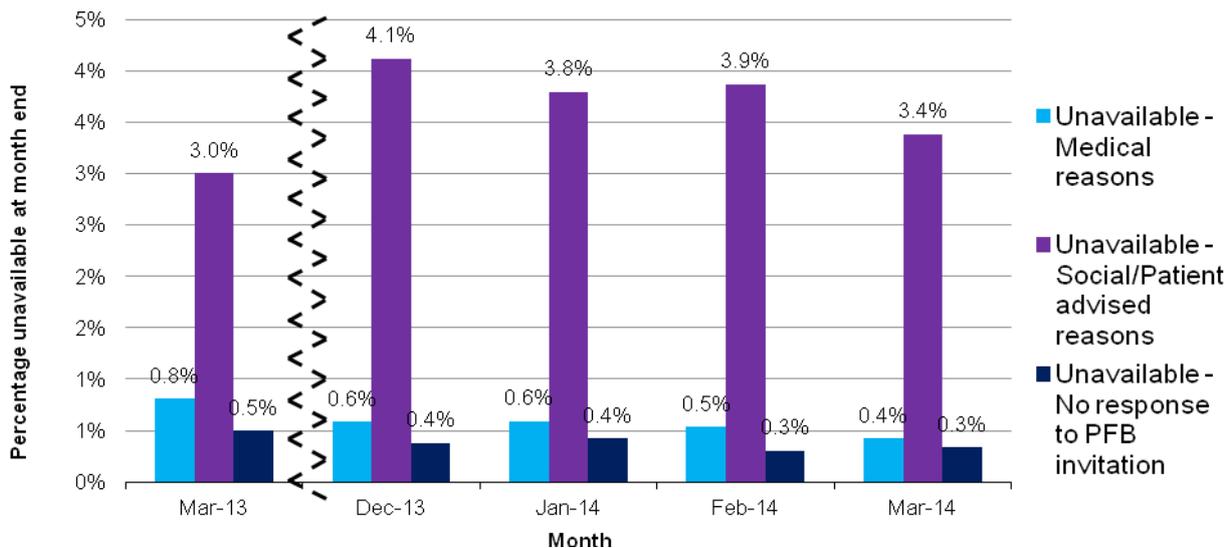
Notes:

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 relative peak in the proportion of patients unavailable at 31 December 2013, there has been a gradual decrease across all unavailability reasons in subsequent months.

When comparing to 31 March 2013, there has been a decrease in the proportion of patients unavailable for medical reasons and an increase for patient advised 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 March 2014, 92.5% of patients covered by the waiting time standard (339,559 out of a total of 367,259) had waited 12 weeks or less. This has decreased from 93.1% (339,478 out of a total of 364,625) at 31 December 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 46, 39 and 39 days (median wait) for months ending 31 January 2014, 28 February 2014 and 31 March 2014 respectively. 9 out of 10 were seen within 84, 83 and 83 days (90th percentile wait) for each of the corresponding months.

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

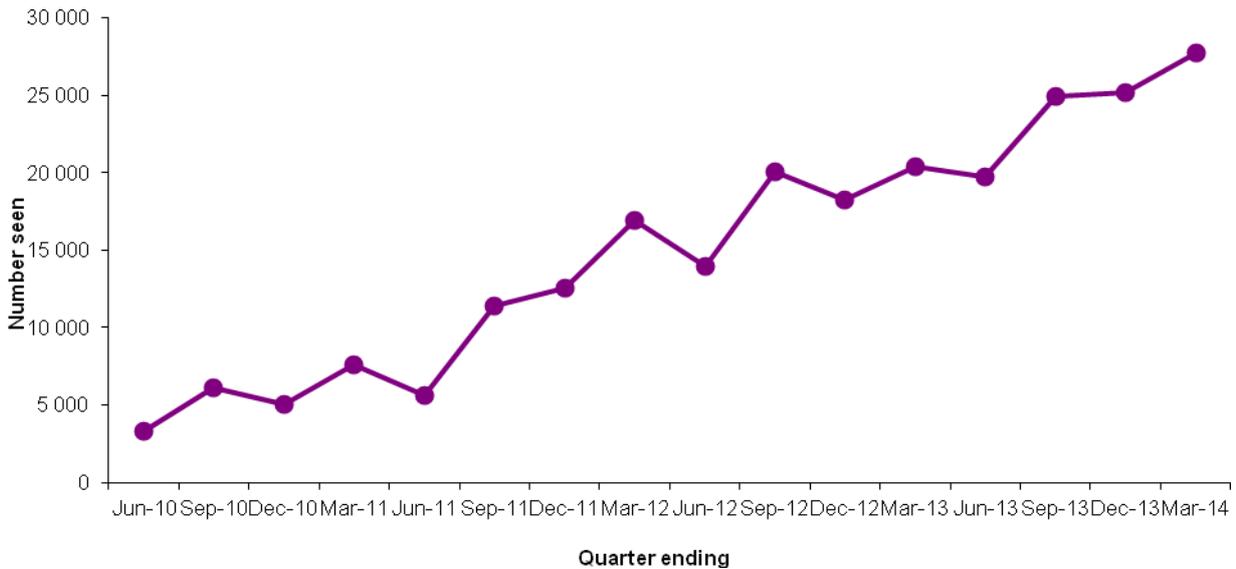
Month / Quarter ending	Total seen	Number who waited over 12 weeks	Median wait (days)	90 <sup>th</sup> percentile (days)
31-Mar-14	123 052	8 743	39	83
28-Feb-14	117 331	8 475	39	83
31-Jan-14	126 876	10 482	46	84
31-Dec-13	364 625	25 147	42	83

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 March 2014, since the introduction of the standard in March 2010. The increase in recent quarters directly relates to the sustained increase in number of patients waiting over 12 weeks at the previous month ends as seen in [Chart 4](#). Now that performance for ongoing waits is improving, a similar pattern may emerge for completed waits next quarter.

**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 March 2014, there were 450,132 additions to the list and this reflects an increase in the level of demand on the service (the equivalent number of additions to the waiting list was 434,574 during quarter ending 31 December 2013).

Meanwhile, 436,901 patients were removed from the waiting list during the quarter ending 31 March 2014. This has decreased from 438,650 patients who were removed during the quarter ending 31 December 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-Mar-14	368 149	436 901	34 761	3 407	19 931	10 653
31-Dec-13	365 586	438 650	36 502	3 837	20 416	12 309
31-Mar-13	338 401	410 499	32 933	4 546	19 944	14 675

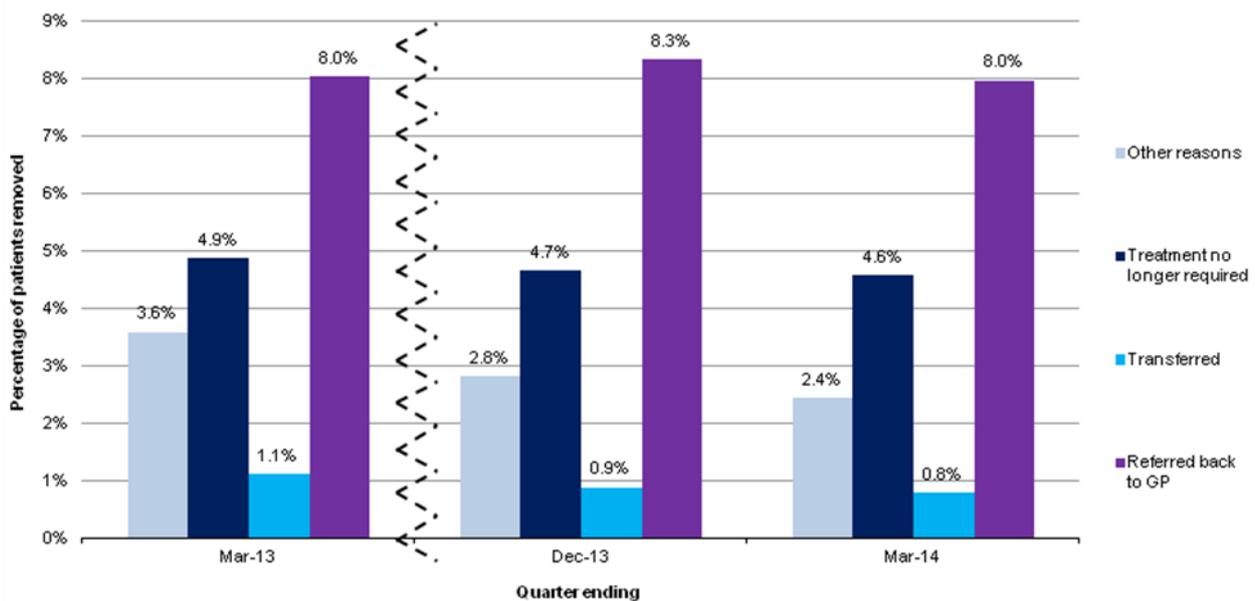
Notes:

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 March 2014 with the previous quarter, the percentage of patients removed has decreased slightly across all reasons.

When comparing to 31 March 2013, the percentage of patients referred back to GP has remained the same. All other reasons have decreased with the most notable drop being 'other' which includes inappropriate additions to list and patients who died.

**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.

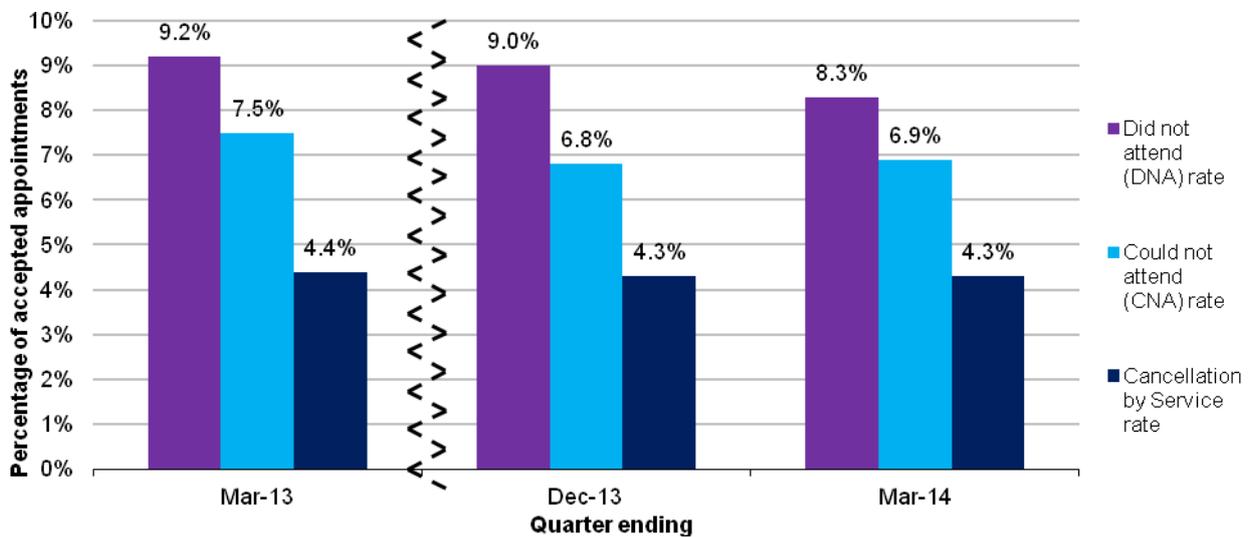
**Non-attendance rates**

During quarter ending 31 March 2014, 464,136 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 March 2014, the rate of missed appointments due to 'Did Not Attend' (DNA) has dropped to 8.3% from the previous quarter. 'Could Not Attend' (CNA) and 'Cancellation by Service' have remained relatively stable at 6.9% and 4.3% respectively.

When compared to the previous year, the rate of missed appointments for all three reasons has decreased slightly.

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



Notes:

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

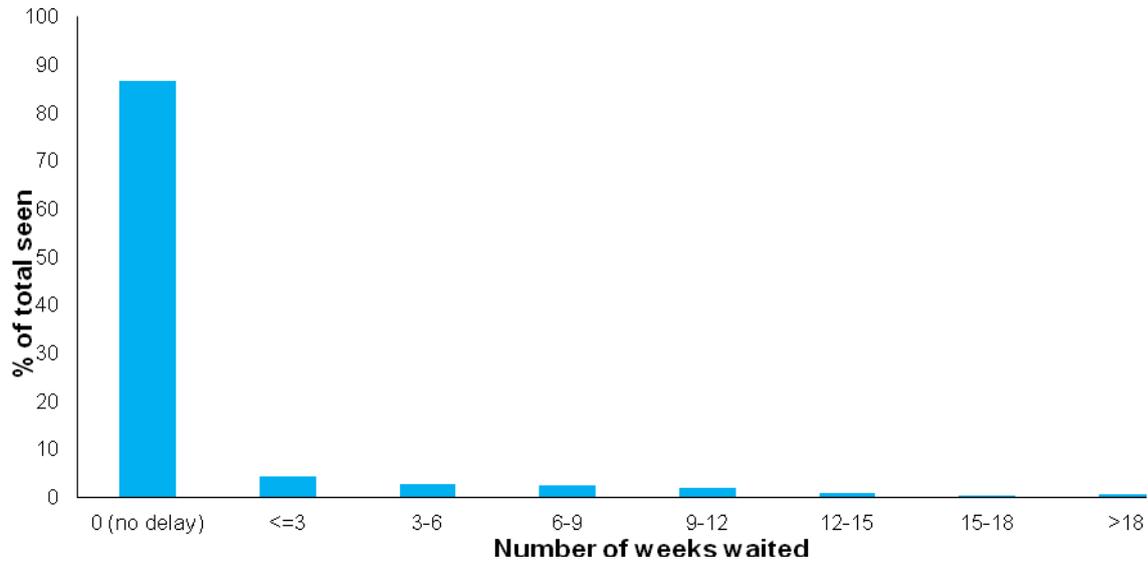
NHS Scotland data for quarter ending 31 March 2010 onwards and comparable information by NHS Board of treatment is given in [Table D1b](#).

**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 March 2014, 86.5% of patients experienced no such delay in their treatment. This figure remains unchanged from quarter ending 31 December 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 March 2014, 252,839 patients were waiting for a consultant or dentist lead clinic, of which 252,009 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	<a href="#">Patients added to Inpatient or Day case admission waiting lists from 01 October 2012</a>	Month ending 31-Oct-12 – 31-Mar-14	Excel [766kb]
IPDC Legacy	<a href="#">Patients added to Inpatient or Day case admission waiting lists prior to 01 October 2012</a>	Quarter ending 31-Mar-08 – 31-Mar-14	Excel [904kb]
A1a	<a href="#">Waiting Times for a New Outpatient appointment: NHS Scotland, Completed waits for patients seen</a>	Quarter ending 31-Mar-08 – 31-Mar-10 for GP/GDP referrals and 31-Dec-09 – 31-Mar-14 for all referral sources	Excel [334kb]
A1b	<a href="#">Waiting Times for a New Outpatient appointment: NHS Scotland, Ongoing waits for patients on waiting list</a>	Month ending 31-Mar-08 to 31-Mar-10 for GP/GDP referrals and 31-Dec-09 – 31-Mar-14 for all referral sources	Excel [244kb]
C1	<a href="#">Availability of patients on the Waiting List for a New Outpatient appointment: NHS Scotland</a>	Month ending 31-Mar-10 – 31-Mar-14 for all referral sources	Excel [552kb]
D1a	<a href="#">Reason for removal for a New Outpatient appointment: NHS Scotland</a>	Quarter ending 31-Mar-10 – 31-Mar-14 for all referral sources	Excel [469kb]
D1b	<a href="#">Non attendance rates for a New Outpatient appointment: NHS Scotland</a>	Quarter ending 31-Mar-10 – 31-Mar-14 for all referral sources	Excel [651kb]
G1	<a href="#">All patients on waiting list for a New Outpatient appointment: NHS Scotland</a>	Month ending 31-Mar-10 – 31-Mar-14 for all referral sources	Excel [63kb]

J1	<a href="#">Episode length for a New Outpatient appointment: NHS Scotland</a>	Quarter ending 31-Mar-10 – 31-Mar-14 for all referral sources	Excel [670kb]

## Contact

### Jacqueline Ferguson

Information Analyst

[jacqueline.ferguson4@nhs.net](mailto:jacqueline.ferguson4@nhs.net)

0141 282 2111

### Stuart Kerr

Senior Information Analyst

[stuartkerr2@nhs.net](mailto:stuartkerr2@nhs.net)

0131 275 6363

### Michael Burslem

Principal Information Analyst

[michael.burslem@nhs.net](mailto:michael.burslem@nhs.net)

0131 275 6532

### General Enquiries

[nss.isdwaitingtimes@nhs.net](mailto:nss.isdwaitingtimes@nhs.net)

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
<b>January 2008 – New Ways</b>			
31 Mar 2009		6 weeks	15 weeks OP/IP
31 Mar 2010		4 weeks <sup>1</sup>	12 weeks OP/IP
<b>April 2010 – New Ways Refresh</b>			
31 Dec 2011	18 weeks		
<b>August 2012 – Waiting Time Guidance updated to incorporate Treatment Time Guarantee <sup>2</sup></b>			
01 Oct 2012			12 weeks IPDC <sup>3</sup>

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 1<sup>st</sup> 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. Please note, for the May 2014 publication NHS Boards had less time than usual to verify their data due to a temporary technical issue with the ISD Waiting Times warehouse. As a result, NHS Greater Glasgow and Clyde indicated a small discrepancy in the number of New Outpatients waiting and seen, the corresponding tables have been footnoted accordingly.

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 Forth Valley

The number of patients Transferred out of Board has risen in NHS Forth Valley due to a recording change implemented in October 2013. The new method of recording is in line with ISD guidance which aims to prevent double counting of hospital activity and ensures that SMR is submitted by the board of treatment. Previously NHS Forth Valley patients

who chose to accept an offer of treatment at Golden Jubilee National Hospital, were booked into a virtual clinic in NHS Forth Valley. Once seen they were removed locally. However, with the changes to the Golden Jubilee IT management Information reporting systems, NHS Forth Valley now record these patient differently and they are recorded as 'Seen at Golden Jubilee', which results in recording the patient as transferred out of Health Board.

### **NHS Grampian**

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.

Following a temporary ISD warehouse issue in the run-up to May 2014 publication, NHS Greater Glasgow & Clyde reported small differences in the number of New Outpatients waiting and seen for quarter ending March 2014.

### **NHS Highland**

NHS Highland moved to a new Patient Management System (PMS) in March 2014. Due to some migration issues, figures for quarter ending March 2014 are unverified. A local report will be developed to enable verification of Inpatient, Day case and New Outpatient figures in future.

NHS Highland report that the historical waiting time extract sent to the warehouse does not accurately reflect the local position for the number of patients on list. The quality of the data will improve with the recent implementation of a new PMS in March 2014. At present a small proportion of patients are included in key outpatient figures for activity not covered by the national waiting time standard.

### **NHS Lanarkshire**

In December 2013, NHS Lanarkshire reviewed the use of medical unavailability for Inpatient and Day case patients from 01 October 2012 and identified an issue in the process. Actions have since been taken to address this which resulted in a subsequent decrease in Medical unavailability and an increase in Patient advised unavailability from January 2014 onwards.

### **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 Tayside report the 14 patients remaining on the Inpatient and Daycase waiting list who were added prior to 01 October 2012 have either been seen or removed from the

waiting list. These records should be updated in time for the next publication in August 2014.

**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			
	Jun-13	Sep-13	Dec-13	Mar-14	Jun-13	Sep-13	Dec-13	Mar-14
NHS Scotland	439	362	167	9	1 432	1 549	864	36
NHS Ayrshire & Arran	167	102	36	0	306	588	157	0
NHS Borders	7	0	0	0	3	8	1	0
NHS Fife	15	0	0	0	533	567	496	10
NHS Grampian	220	221	86	0	488	268	125	1
NHS Greater Glasgow & Clyde	0	0	0	0	36	25	13	0
NHS Highland	0	0	0	0	57	87	70	24
NHS Lanarkshire	29	39	45	9	3	0	0	0
NHS Lothian	1	0	0	0	5	0	0	0
NHS Tayside	0	0	0	0	1	6	2	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 June 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 <a href="#">Notice of change to National Statistics</a> . From February 2010 publication ISD have implemented the ' <a href="#">Refresh Project</a> ', 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 <a href="#">Waiting Times &amp; Waiting List History</a> .
Revisions statement	<a href="#">Detailed information</a> 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 (<a href="#">Table C1</a> and <a href="#">Table C2</a>) 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>Concepts and definitions</p>	<p>New Ways Definitional Rules and Guidance is available: <a href="#">New Ways Rules &amp; Guidance</a></p> <p>TTG rules and guidance is available in the following documents:</p> <p><a href="#">Patient Rights (Scotland) Act 2011</a></p> <p>The Regulations and Directions under the Act - <a href="#">CEL 17 (2012)</a></p> <p>Treatment Time Guarantee Guidance – <a href="#">CEL 32 (2012)</a></p> <p>Updated version of the NHSScotland Waiting Time Guidance – <a href="#">CEL 33 (2012)</a></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 <a href="#">validation</a> 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</p>

	<p>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 '<a href="#">Data Quality Assessment Project</a>'.</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 <a href="#">published guidelines</a>.</p>
<p>Coherence and clarity</p>	<p>Key statistics for the latest quarter are linked to on the main Waiting Times page of the <a href="#">publication</a>. 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"> <li>1. Attendances and performance data by Patient Type are available in separate tables to enable users to select a single measure for analysis.</li> <li>2. All tables are printer friendly.</li> <li>3. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level.</li> </ol>

	4. Key data presented graphically.
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 <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	National Statistics.
UK Statistics Authority Assessment	Completed assessment by UK Statistics Authority. <a href="#">Report</a> published July 2010.
Last published	25 February 2014
Next published	26 August 2014
Date of first publication	27 May 2008
Help email	<a href="mailto:nss.isdWAITINGTIMES@nhs.net">nss.isdWAITINGTIMES@nhs.net</a>
Date form completed	27 May 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.