

Publication Report



Inpatient, Day case and Outpatient Stage of Treatment Waiting Times

Monthly and quarterly data to 31 December 2014

Publication date – 24 February 2015



Contents

Introduction 2

Changes to publication content and source data 3

Key points 4

Results and Commentary 5

 1. Inpatient and Day cases 5

 Patients seen 5

 Patients waiting at month end 6

 Waiting list activity 8

 2. New Outpatients 12

 Patients waiting at month end 12

 Patients seen 13

 Waiting list activity 15

Glossary 20

List of Tables 21

Contact 22

Appendix 23

 A1 – Background Information 23

 Waiting Times - History and Performance Indicators 23

 A2 – Data Quality 27

 Filtration System 33

 A3 – Publication Metadata (including revisions details) 35

 A4 – Early Access details (including Pre-Release Access) 38

 A5 – ISD and Official Statistics 39

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. The most recent change to waiting times came with the [Patient Rights \(Scotland\) Act 2011](#) which 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. The Act states that eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This guarantee 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).

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](#).

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](#).

Changes to publication content and source data

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 waiting times. During this period NHS Boards have worked with their system suppliers and ISD to design, test and implement the required changes.

Prior to the completion of system developments Boards used their local systems to compile their own waiting times statistics for Inpatients and Day cases. Data were then submitted to ISD via aggregate returns and this was quality assured as far as possible and published.

This publication release for the most recent quarter ending 31 December 2014, presents for the third time since the introduction of TTG, Inpatient and Day case statistics that are sourced from patient level data submitted by NHS Boards. This progress allows published statistics to be compiled centrally using nationally consistent definitions and methods to allow better comparison across the country and enhanced quality assurance. Statistics published for the most recent 9 months are therefore likely to be more comparable across Boards than those for previous quarters but may be less comparable with those previously published quarters.

While statistics for New Outpatient waits have continued to be sourced from the ISD Waiting Times Warehouse using patient level data, following approval from Scottish Government and NHS Boards, the opportunity was taken to bring the calculation of wait in line with the calculation for Inpatients and Day cases to make them consistent with the guidance on TTG and ensure consistency across Stage of Treatment waits. This may result in an increase in an overall increase in length of wait and therefore potentially, an increase in the number of waits beyond 12 weeks. For more information please refer to [New Outpatient standards](#) within the background information.

At present, work is ongoing between ISD and Boards to quality assure patient level data that is now available for the time period October 2012 to March 2014, in order identify any quality issues as to why this information cannot be refreshed to show historic trends. Revised statistics for this interim period are scheduled for publication in May 2015 in line with National Statistics protocols. A brief overview of current findings from the quality assurance work is available [here](#).

Key points

Inpatients and Day cases

This publication release for quarter ending 31 December 2014, presents for the third time since the introduction of TTG, Inpatient and Day case statistics sourced directly from patient level data held by NHS Boards. This has allowed statistics to be compiled centrally using nationally consistent definitions and methods and allows better comparison across the country and more robust data quality assurance.

- During quarter ending 31 December 2014, 97.1% of Inpatients and Day cases were seen within the 12 week TTG. This has decreased slightly from 97.3% during quarter ending 30 September 2014. Additionally, 9 out of 10 patients were seen within 77 days (11 weeks).
- Of the 2,342 patients who were not treated within 12 weeks during quarter ending 31 December 2014, 45.9% were seen in NHS Lothian, 19.9% in NHS Grampian and 19.8% in NHS Highland.
- At 31 December 2014, 96.9% of patients waiting for Inpatient or Day case admission had been waiting 12 weeks or less, this has decreased from 97.6% at 30 September 2014.
- At 31 December 2014, 20.7% of patients waiting were recorded as being unavailable for treatment. This has increased from 18.8% of patients waiting at 30 September 2014.

New Outpatients

Figures from 01 April 2014 incorporate changes to the calculation of waiting times for New Outpatients. Although not enshrined in law, approval was given to use the same waiting times calculation for new outpatients as applies to Inpatients and Day cases under the TTG. This change will impact on the comparability of New Outpatient waiting times statistics over time.

- At 31 December 2014, 90.8% of patients waiting for a new outpatient appointment had been waiting 12 weeks or less. This has decreased from 93.2% at 30 September 2014.
- Of the 24,530 patients who were waiting over 12 weeks as at 31 December 2014 for a new outpatient appointment, 21.8% were reported by NHS Grampian, 17.2% by NHS Ayrshire & Arran and 16.3% by NHS Highland.
- During the quarter ending 31 December 2014, 90.0% of new outpatients seen had waited less than 12 weeks. This has decreased from 90.6% during the quarter ending 30 September 2014.
- At 31 December 2014, 3.8% of patients waiting were recorded as being unavailable to attend a new outpatient appointment. This has decreased from 5.0% of patients waiting at 30 September 2014.

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 Treatment Time Guarantee (TTG) states that from 01 October 2012, no patient [covered by the guarantee](#) should wait longer than 12 weeks (84 days) for planned Inpatient or Day case admission. From 01 April 2014, the treatment of injuries, deformities or disease of the spine by an injection or surgical intervention is included and from 01 October 2014, surgical intervention of spinal scoliosis is included.

For the third time since the introduction of TTG, statistics for the most recent quarters are sourced from patient level data submitted by NHS Boards to the ISD waiting times warehouse. Prior to 01 April 2014, Inpatient and Day case statistics were sourced from aggregate returns. Statistics published for the most recent three quarters are therefore likely to be more comparable across Boards than those for previous quarters but may be less comparable with those previously published quarters.

Patients seen

Table 1 shows the number of patients admitted for Inpatient or Day case treatment for recent quarters. During quarter ending 31 December 2014, 97.1% of patients seen waited within the TTG of 12 weeks. This has decreased slightly from 97.3% since quarter ending 30 September 2014. 9 out of 10 patients were seen within 77 days (90th percentile wait).

The majority of the 2,342 patients who were not treated within 12 weeks during quarter ending 31 December 2014, were seen in NHS Lothian (45.9%), NHS Grampian (19.9%) and NHS Highland (19.8%).

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

Quarter ending	Total seen	Number who waited over 12 weeks	Performance (%)	Median Wait (days)	90 th Percentile Wait (days)
31-Dec-14	81,682	2,342	97.1	38	77
30-Sep-14	81,193	2,227	97.3	38	76
31-Dec-13	81,194	1,371	98.3	n/a	n/a

Notes:

n/a: Not applicable

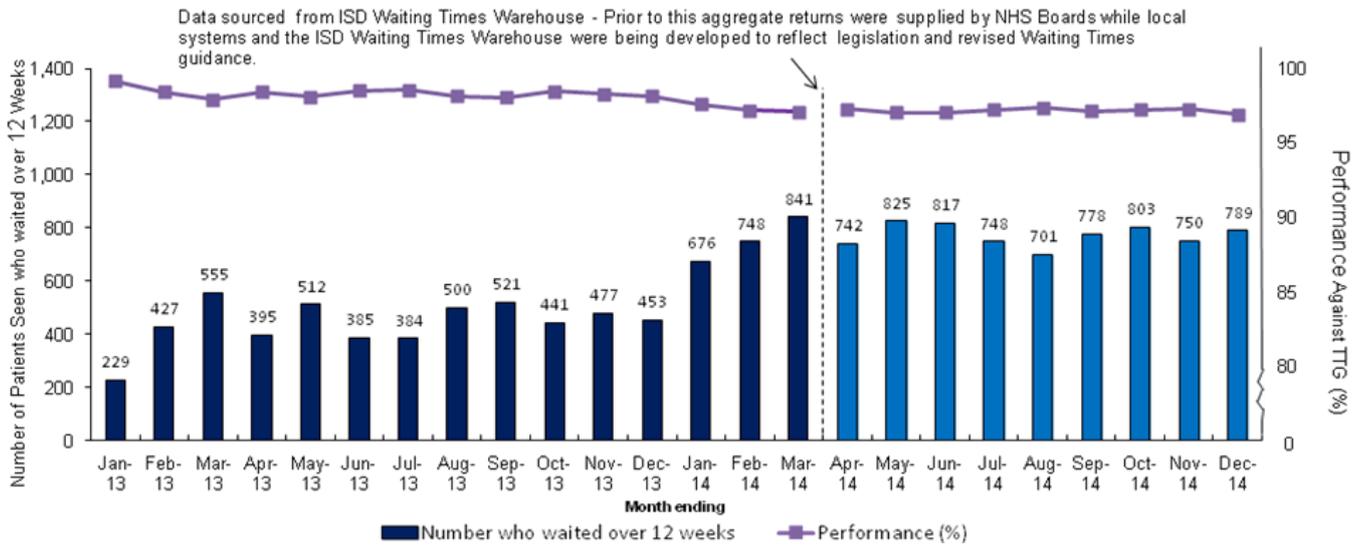
1. Waiting times are adjusted to deduct periods where the patient is unavailable (e.g. for Patient Advised or Medical reasons). Patients who cancel or don't attend an appointment have their waiting times clock reset to zero if it reasonable and clinically appropriate to do so.

2. Figures prior to April 2014 are sourced from aggregate data supplied by NHS Boards while local systems and the ISD warehouse were being developed to reflect legislation and revised Waiting Time guidance. Statistics published for the most recent two quarters are therefore likely to be more comparable across Boards than those for previous quarters but less comparable with those quarters.

3. Following the submission of patient level data, Median and 90th percentile statistics are available from quarter ending 30 September 2014.

Chart 1 demonstrates monthly performance for Inpatients and Day cases. Since the introduction of TTG, the majority of patients who have experienced a wait over 12 weeks were seen in NHS Lothian, NHS Grampian and NHS Highland. While there has been an increase in long waits over the last 12 months, NHS Scotland's performance has remained relatively consistent since the inception of TTG.

Chart 1 - Performance against TTG; Number of Patients Seen 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. As this is a new measure, 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.
4. Figures prior to April 2014 are sourced from aggregate data supplied by NHS Boards while local systems and the ISD warehouse were being developed to reflect legislation and revised Waiting Time guidance. Statistics published for the most recent three quarters are therefore likely to be more comparable across Boards than those for previous quarters but less comparable with those quarters.

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

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.

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 is a key measure in assessing performance. [Table 2](#) shows the number of patients waiting at month end. At 31 December 2014, 96.9% of patients were

waiting (55,710 out of a total of 57,520) within 12 weeks for treatment. This compares to 97.6% (54,355 out of a total of 55,677) at 30 September 2014.

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

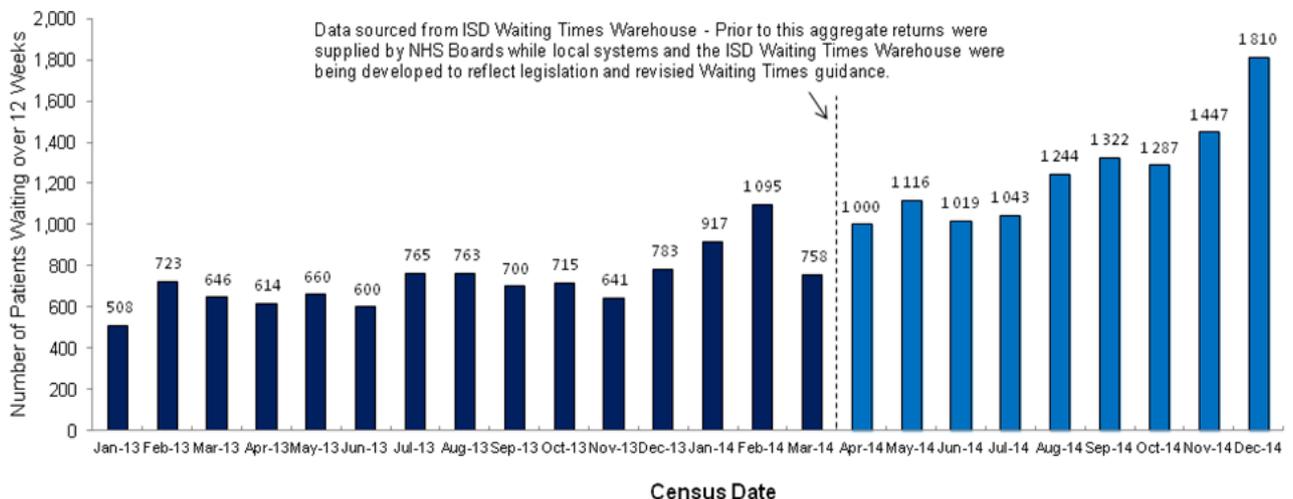
Month ending	Total waiting	Number waiting over 12 weeks
31-Dec-14	57,520	1,810
30-Sep-14	55,677	1,322
31-Dec-13	52,539	783

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.
2. Figures prior to April 2014 are sourced from aggregate data supplied by NHS Boards while local systems and the ISD warehouse were being developed to reflect legislation and revised Waiting Time guidance. Statistics published for the most recent three quarters are therefore likely to be more comparable across Boards than those for previous quarters but less comparable with those quarters.

Chart 2 demonstrates the number of patients waiting beyond 12 weeks for the past 2 years, illustrating a gradual increase in patients waiting over 12 weeks in recent months.

Chart 2 – Number of Ongoing Waits 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.
4. Figures prior to April 2014 are sourced from aggregate data supplied by NHS Boards while local systems and the ISD warehouse were being developed to reflect legislation and revised Waiting Time guidance. Statistics published for the most recent three quarters are therefore likely to be more comparable across Boards than those for previous quarters but less comparable with those quarters.

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.

Waiting list activity

Due to constraints of historical data, information for the following indicators, with the exception of unavailability, is only available from 01 April 2014 onwards. As the quality assurance work reviewing the historical data progresses, where appropriate, ISD will publish these statistics stretching back to October 2012 in May 2015.

Patient unavailability at month end

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable for Patient Advised, Patient Requested 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.
- From 01 April 2014, patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied. Prior to this, these were recorded as Patient Advised 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 2014, 57,520 patients were on the waiting list for an inpatient or day case admission, of which 20.7% were recorded as unavailable; this is a slight increase from the 20.6% of patients who were unavailable at 31 December 2013. Table 3 shows a summary of number of patients unavailable.

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

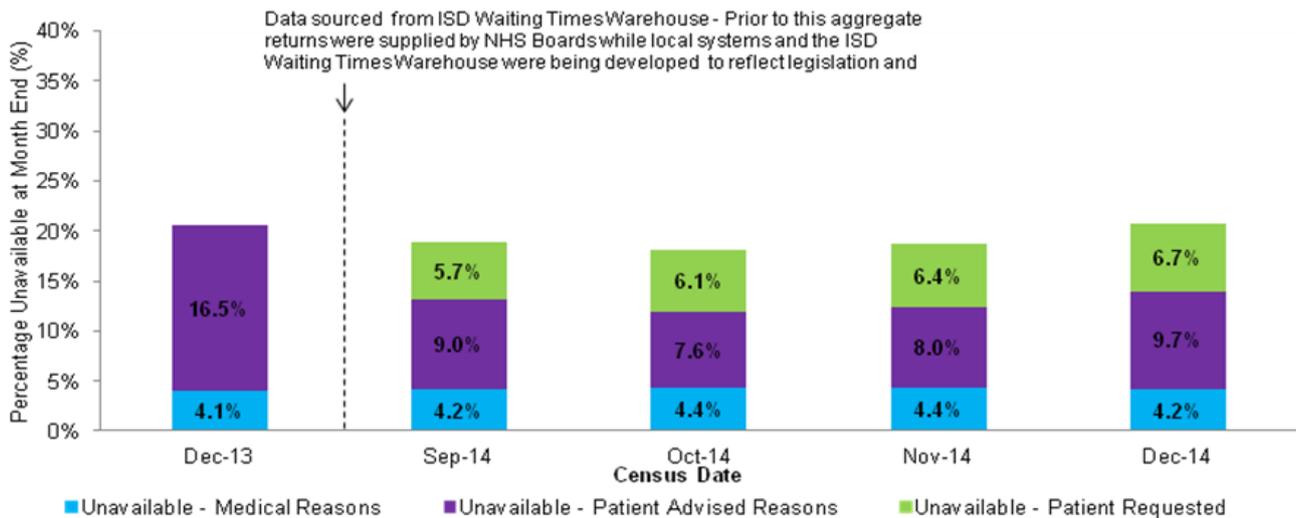
Month ending	Total waiting	Total Available	Total Unavailable	Medical	Patient Advised	Patient Requested
31-Dec-14	57,520	45,622	11,898	2,436	5,605	3,850
30-Sep-14	55,677	45,201	10,476	2,314	5,008	3,154
31-Dec-13	52,539	41,732	10,807	2,144	8,663	n/a

Notes:

1. n/a - Patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied – this is to reflect the legislation which came into effect on 01 April 2014. Prior to this, these requested were recorded as Patient Advised unavailability.
2. Figures for the most recent three quarters are solely sourced from patient level data submitted by NHS Boards to the ISD waiting times warehouse. Prior to this, data was sourced from aggregate returns.
3. Total number unavailable does not always equate to detailed split of unavailability reasons due to small number of patients being recorded with PFB Unavailability, a code that is not appropriate for Inpatients and Day cases. As at 31 Dec 2014, NHS Grampian, NHS Greater Glasgow & Clyde and NHS Tayside had 1, 5 and 1 patients coded accordingly.

Chart 3 focuses on the percentage of unavailable patients split by reason in NHS Scotland and illustrates an increase in unavailability for Patient Advised and Patient Requested reasons since 30 September 2014. At 31 December 2014, the highest rates of unavailability in Scotland are reported by NHS Greater Glasgow & Clyde, NHS Shetland and NHS Grampian, at 32.2%, 27.9% and 24.5% respectively.

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.
2. Patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied – this is to reflect the legislation which came into effect on 01 April 2014. Prior to this, these requested were recorded as Patient Advised unavailability.
3. Figures prior to April 2014 are sourced from aggregate data supplied by NHS Boards while local systems and the ISD warehouse were being developed to reflect legislation and revised Waiting Time guidance. Statistics published for the most recent three quarters are therefore likely to be more comparable across Boards than those for previous quarters but less comparable with those quarters.

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

Additions and Removals from list

During the quarter ending 31 December 2014, there were 97,973 additions to the list and 96,451 removals resulting in a net increase in waiting list size for the third consecutive quarter.

The vast majority of patients removed from the list were admitted for treatment. [Table 4](#) includes a breakdown of patients removed for alternative reasons.

Table 4: Reason for removal from Waiting List, Inpatient or Day case Admission, NHS Scotland

Quarter ending	Total Removals	Number Admitted	Number of Removals where:			
			Referred back to GP	Transferred	Treatment no longer required	Other
31-Dec-14	96,451	81,682	3,513	442	5,719	5,095
30-Sep-14	96,113	81,193	3,300	494	6,023	5,103
30-Jun-14	98,088	83,007	3,639	513	5,867	5,062

Notes:

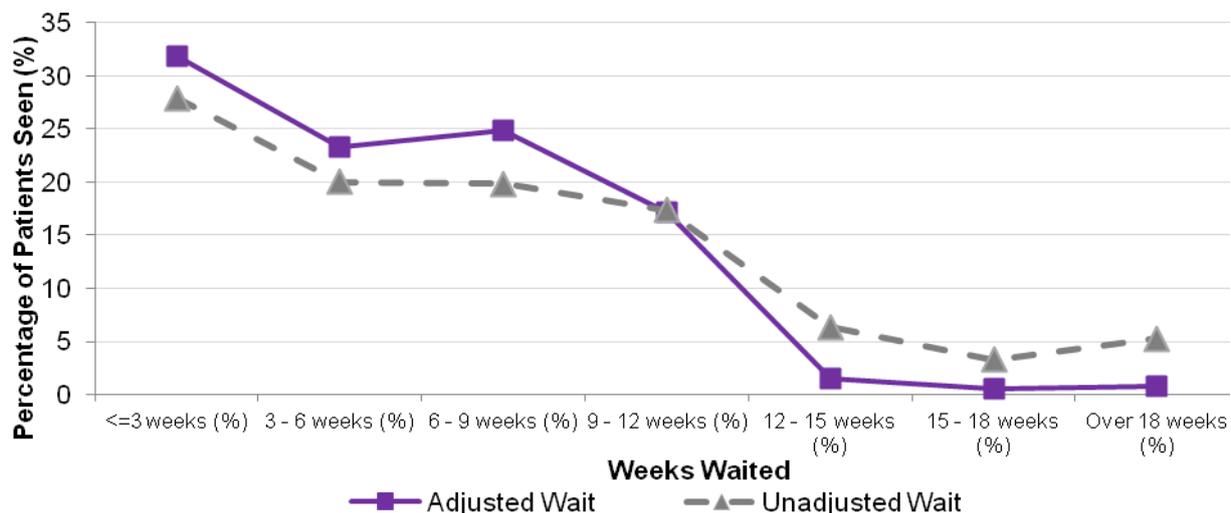
1. Due to Inpatient and Day case data being sourced from aggregate returns up to quarter ending March 2014, comparable figures over time for Removal Reasons are not currently available.
2. Other reasons for removal from list comprises of 'Died' and 'inappropriate addition to list'.

Distribution of Wait

The unadjusted wait is the full waiting time experienced by the patient i.e. from the date the decision is made to treat to the date the patient is admitted for treatment. The adjusted wait excludes any periods of unavailability, where the waiting time clock is paused, and takes into account any clock resets where reasonable and clinically appropriate to do so.

During the quarter ending 31 December 2014, 97.1% of patients had an adjusted wait within 12 weeks. The comparable figure for the unadjusted measure is 85.1%.

Chart 4: Distribution of Wait, Quarter ending 31 December 2014, Inpatient or Day case admission, NHS Scotland



Notes:

1. Figures for the most recent three quarters are solely sourced from patient level data submitted by NHS Boards to the ISD waiting times warehouse. Prior to this, data was sourced from aggregate returns therefore comparisons to previous quarter ends is not available.

Comparable information by NHS Board of treatment, for the above two indicators during the most recent two quarters is provided in [Waiting List Activity](#).

Patients not covered by TTG

The majority of patients waiting for an Inpatient or Day case admission are covered by TTG. However, patients who have had a diagnostic test in an Inpatient or Day case setting before a decision was made to treat are not subject to the TTG. The other exemptions, set out in the [Regulations](#) are:

- assisted reproduction.
- obstetrics services.
- organ, tissue or cell transplantation whether from living or deceased donor.
- spinal treatment by injection or surgical intervention (which is included from 01 April 2014).
- designated national specialist services for surgical intervention of spinal scoliosis (which is included from 01 October 2014).

ISD collect information on waiting times for various aspects of healthcare provided by NHS Scotland. Submission of data relating to patients not covered by the guarantee is not mandatory and as such the volume of data submitted can vary significantly from Board to Board. The figures below are therefore not comparable across Scotland and as such should be interpreted accordingly.

At 31 December 2014, 76,459 patients were waiting for planned inpatient or day case admission, of which 57,520 were covered by TTG. NHS Board level information is available [here](#).

Please note the vast majority of the patients who are not covered under TTG, are waiting for admission for a Diagnostic Test. These patients require a diagnostic test before a decision can be made to treat. In a small number of cases it may be clinically appropriate to undertake the diagnostic procedure and treatment at the same time. At the point the decision is made to treat, these patients are then covered by the TTG. More information on Diagnostic Waiting times is available [here](#).

2. New Outpatients

This section covers all new outpatients and all statistics are derived from the ISD Waiting Times warehouse. The following waiting times information is on patients covered by the [National Waiting Time Standard](#) set by the Scottish Government.

Figures for most recent three quarters incorporate changes to the calculation of waiting times for new outpatients. Although not enshrined in law, the Scottish Government and NHS Boards approved the move to using the same waiting times calculation for New Outpatients as applies to Inpatient and Day cases under TTG to ensure consistency across Stage of Treatment waits. This may result in an increase in an overall increase in length of wait and therefore potentially, an increase in the number of waits beyond 12 weeks. This therefore impacts on the comparability of outpatients waiting times statistics over time.

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 5 shows number of patients waiting over 12 weeks. At 31 December 2014, 90.8% of patients covered by the waiting time standard had been waiting 12 weeks or less. This has decreased from 93.2% at 30 September 2014.

Of the 24,530 patients who were waiting over 12 weeks as at 31 December 2014 for a new outpatient appointment, 21.8% were reported by NHS Grampian, 17.2% by NHS Ayrshire & Arran and 16.3% by NHS Highland.

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

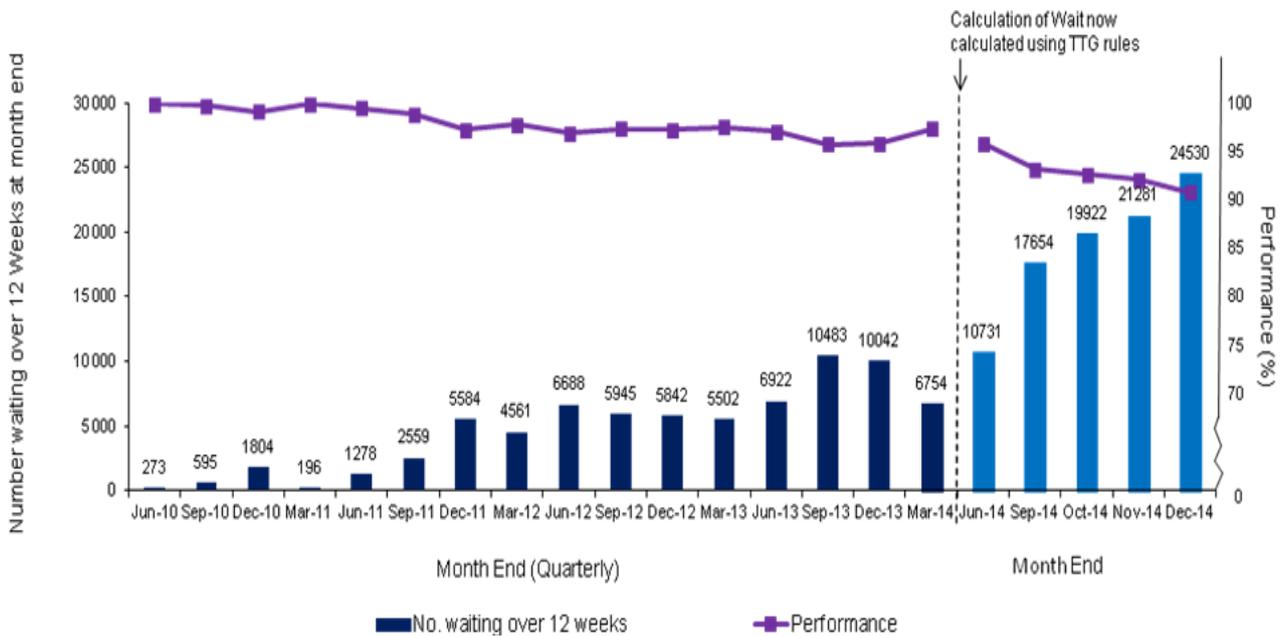
Month ending	Total waiting	Number waiting over 12 weeks	Performance (%)
31-Dec-14	265,309	24,530	90.8
30-Sep-14	258,704	17,654	93.2
31-Dec-13	238,569	10,042	95.8

Notes:

1. This excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Figures for most recent three quarters incorporate changes to the calculation of waiting times for new outpatients. Although not enshrined in law, approval was given to use the same waiting times calculation for new outpatients as applies to inpatient and day cases under the TTG. This change will impact on the comparability of outpatients waiting times statistics over time.
3. 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.
4. 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 5](#) demonstrates the trend in number of outpatients waiting beyond the national standard waiting at month-end census dates. Due to the change in calculation it is difficult to compare current performance with historical data. However, in recent months, there has been a notable increase in waits over 12 weeks.

Chart 5: Performance against New Outpatient standard; Number waiting over 12 weeks, NHS Scotland



Notes:

1. This excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Figures for the most recent three quarters incorporate changes to the calculation of waiting times for new outpatients. Although not enshrined in law, approval was given to use the same waiting times calculation for new outpatients as applies to inpatient and day cases under the TTG. This change will impact on the comparability of outpatients waiting times statistics over time.
3. 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.
4. 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](#).

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 2014, 90.0% of patients covered by the waiting time standard (326,554 out of a total of 362,841) had waited 12 weeks or less. This has decreased from 90.6% at 30 September 2014.

[Table 6](#) provides a quarterly breakdown for the number of patients seen. Half of all patients covered by the national standard were seen within 43 days (median wait) and 9 out of 10 were seen within 85 days (90th percentile wait) during quarter ending 31 December 2014.

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

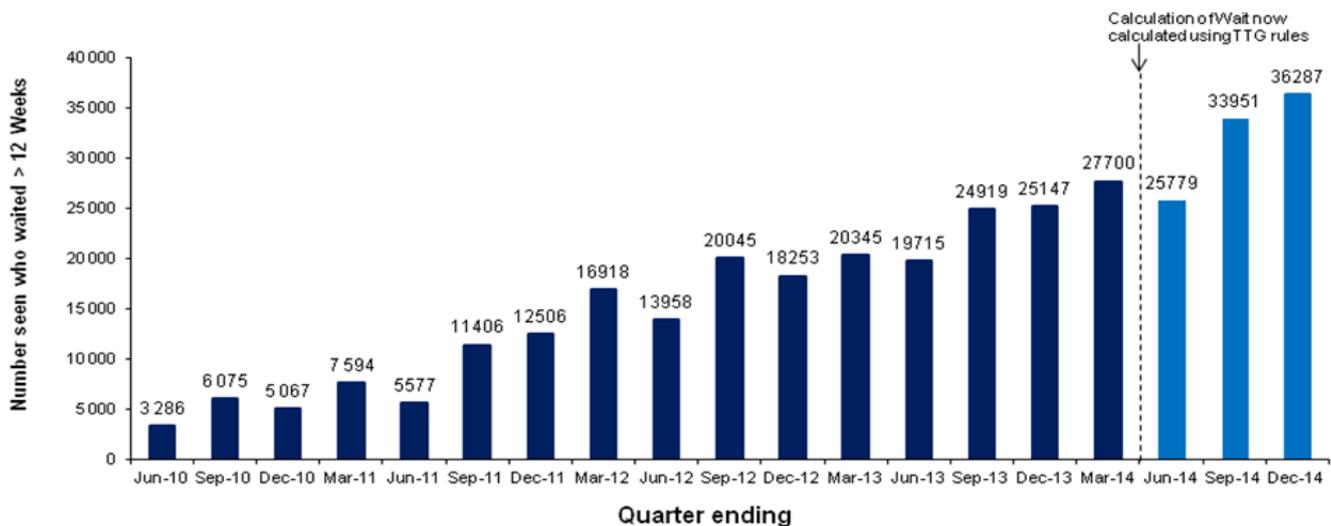
Quarter ending	Total seen	Number who waited over 12 weeks	Median Wait (days)	90 th Percentile Wait (days)
31-Dec-14	362,841	36,287	43	85
30-Sep-14	362,857	33,951	44	84
31-Dec-13	364,625	25,147	42	83

Notes:

1. This analysis excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Figures for the most recent three quarters incorporate changes to the calculation of waiting times for new outpatients. Although not enshrined in law, approval was given to use the same waiting times calculation for new outpatients as applies to inpatient and day cases under the TTG. This change will impact on the comparability of outpatients waiting times statistics over time.
3. 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.
4. 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.

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. Figures for the most recent two quarters incorporate changes to the calculation of waiting times for new outpatients. Although not enshrined in law, approval was given to use the same waiting times calculation for new outpatients as applies to inpatient and day cases under the TTG. This change will impact on the comparability of outpatients waiting times statistics over time.
3. 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.
4. 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 quarter ending 31 March 2008 onwards and comparable information by NHS Board of treatment is given in [Table A1a](#).

Waiting list activity

Data relating to activity is specific to New Outpatients waiting for or seen at a consultant or dentist led clinic who are covered by the national standard.

Patient unavailability at month end

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable for Patient Advised, Patient Requested, 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;
- From 01 April 2014, patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied. Prior to this, these were recorded as Patient Advised unavailability.
- If a patient is medically unable to undergo a procedure i.e. they have another medical issue such as raised blood pressure that makes treatment inadvisable then 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 7 shows, at 31 December 2014, 265,309 patients were on waiting lists for a new outpatient appointment. Of which, 3.8% were recorded as unavailable for an appointment.

Table 7 - Availability of patients on Waiting List – New Outpatient appointment, NHS Scotland

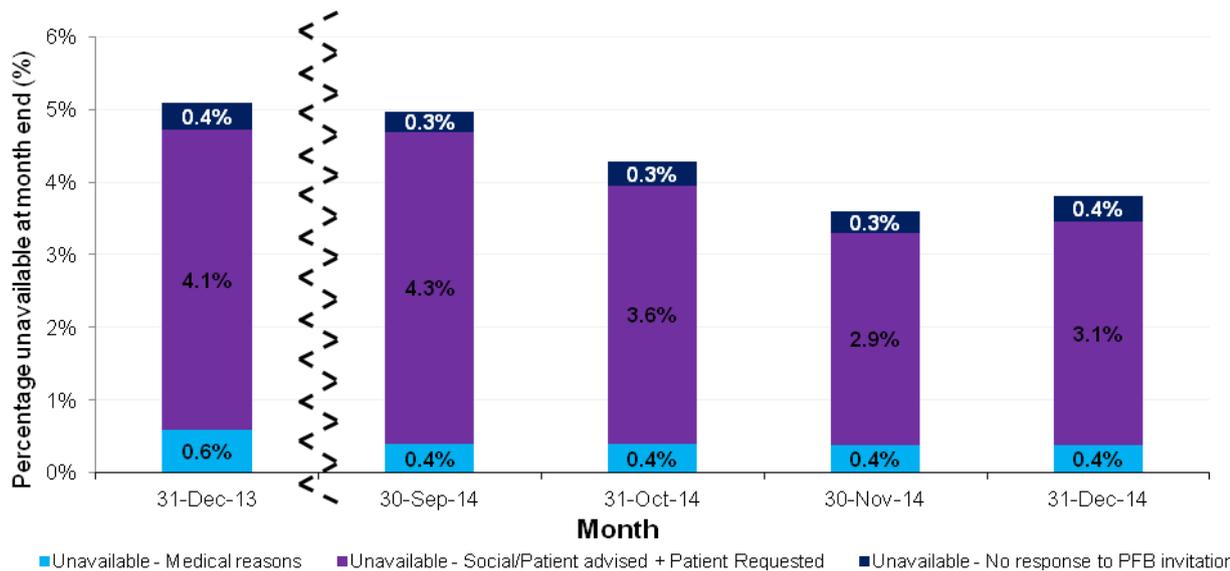
Month ending	Total waiting	Total Available	Total Unavailable	Medical	Patient Advised + Patient Requested	PFB
31-Dec-14	265,309	255,192	10,117	988	8,185	944
30-Sep-14	258,704	245,850	12,854	1,011	11,128	715
31-Dec-13	238,569	226,401	12,168	1,397	9,857	914

Notes:

1. This analysis excludes patients referred to homeopathy, 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. Patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied – this is to reflect the legislation which came into effect on 01 April 2014. Prior to this, these requested were recorded as Patient Advised unavailability.

Chart 7 focuses on the percentage of unavailable patients split by reason. When comparing to 31 December 2013, there has been a decrease in the proportion of patients unavailable for medical reasons and for patient advised/requested reasons.

Chart 7: Unavailability of patients on Waiting List - New Outpatient appointment, NHS Scotland



Notes:

1. This analysis excludes patients referred to homeopathy, 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. Patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied – this is to reflect the legislation which came into effect on 01 April 2014. Prior to this, these requested were recorded as Patient Advised unavailability.

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

Additions and removals from list

During the quarter ending 31 December 2014, there were 443,873 additions to the list. This reflects an increase in the level of demand on the service (the equivalent number of additions to the waiting list was 440,422 during quarter ending 30 September 2014 and 433,460 during quarter ending 31 December 2014).

Meanwhile, 437,961 patients were removed from the waiting list during the quarter ending 31 December 2014. This has increased slightly from 436,713 patients who were removed during the quarter ending 30 September 2014. The net effect is an increase in waiting list size – a trend which has been repeated throughout 2014.

A breakdown of removal reasons is shown in Table 8.

Table 8: Reason for removal from Waiting List, New Outpatient appointment, NHS Scotland

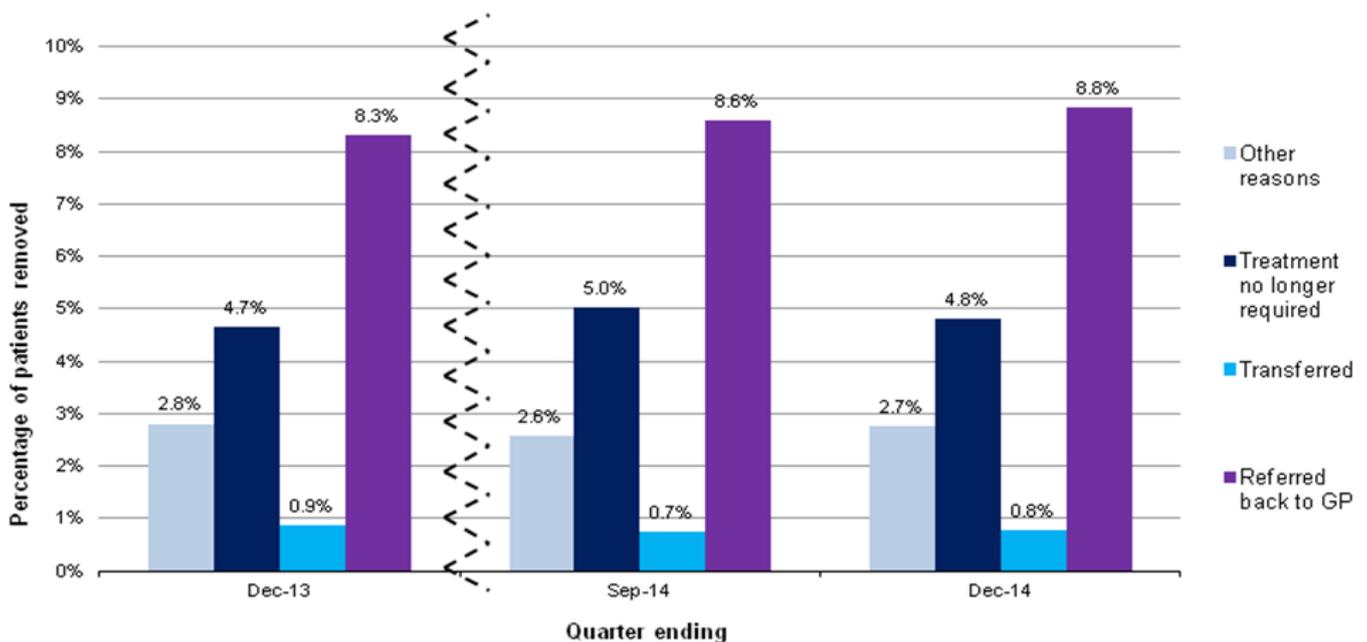
Quarter Ending	Total removals	Number attended	Number of Removals where:			
			Referred back to GP	Transferred	Treatment no longer required	Other
31-Dec-14	437,961	362,841	38,679	3,339	21,066	12,036
30-Sep-14	436,713	362,857	37,517	3,198	21,945	11,196
31-Dec-13	437,409	364,625	36,336	3,832	20,355	12,261

Notes:

1. This analysis excludes patients referred to homeopathy, 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 8 focuses on those patients who were removed for reasons other than attended, illustrating a slight increase in the proportion of patients referred back to GP.

Chart 8: Reason for removal from Waiting List (excluding Attended), New Outpatient appointment, NHS Scotland



Notes:

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

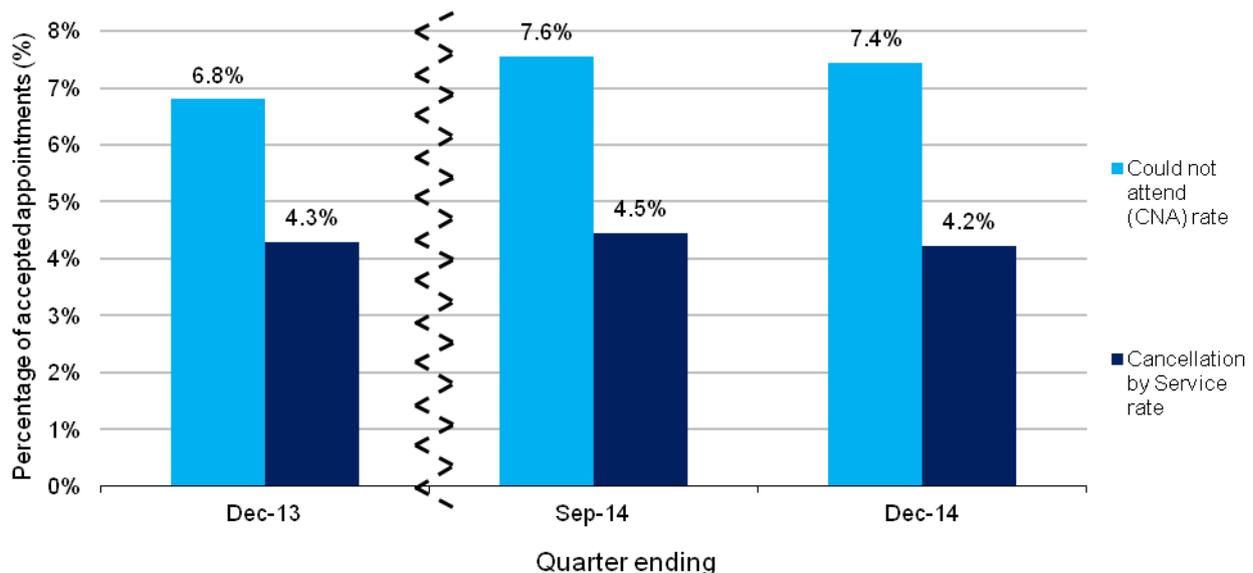
[Table D1a](#) shows the number of additions to the waiting list (i.e. new referrals), removals and a breakdown of the reason for removal. This is shown for NHS Scotland from quarter ending 31 March 2010 onwards and comparable information by NHS Board of treatment.

Non-attendance rates

During quarter ending 31 December 2014, 470,317 offers for a new outpatient appointment were accepted.

Chart 9 presents rates for patients who could not attend their appointment or their appointment was cancelled by the service following their acceptance of a new appointment at a consultant/dentist-led outpatient clinic for comparable quarters up to December 2014.

Chart 9: Non attendance rates, New Outpatient appointment, NHS Scotland



Notes:

1. This analysis excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Waiting Times is the only national dataset where Cancellation by Service is recorded and submitted nationally for New Outpatients.

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

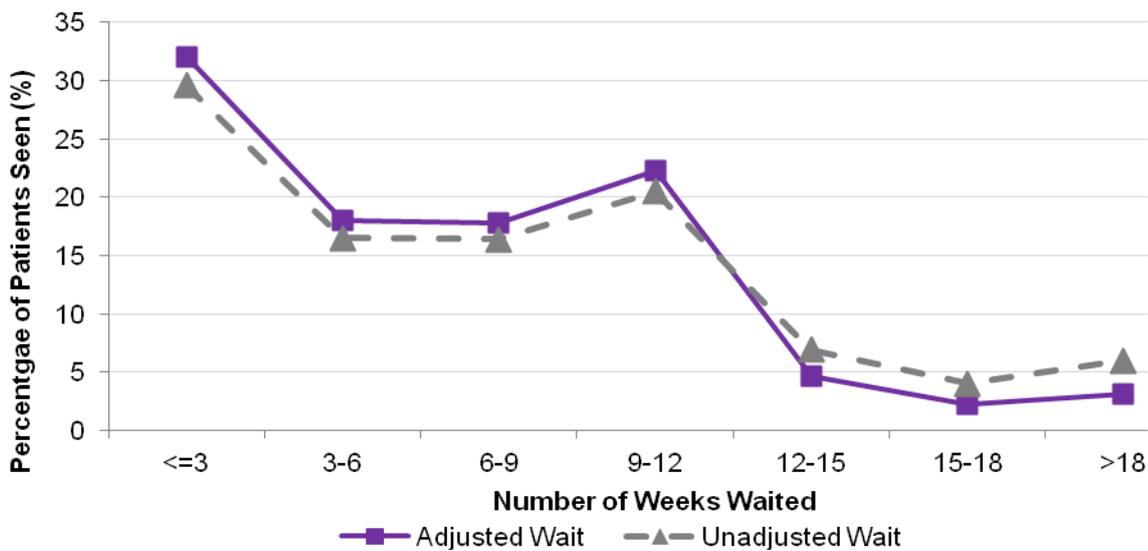
For information on Did Not Attend (DNA) rates for Outpatient appointments please see Table 2 in the [Acute Activity](#) publication. Please note however that these rates are calculated using a different cohort of patients and will include patients not covered by the national standard.

Distribution of Wait

The unadjusted wait is the full waiting time experienced by the patient i.e. from the date the decision is made to treat to the date the patient is admitted for treatment. The adjusted wait excludes any periods of unavailability, where the waiting time clock is paused, and takes into account any clock resets where reasonable and clinically appropriate to do so.

During the quarter ending 31 December 2014, 90.1% had an adjusted wait within 12 weeks. The comparable figure for the unadjusted measure is 83.0%.

Chart 10: Distribution of Wait, Quarter ending 31 December 2014, New Outpatient appointment, NHS Scotland



Notes:

1. Figures for the most recent three quarters incorporate changes to the calculation of waiting times 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 change will impact on the comparability of outpatients waiting times statistics over time.
2. This analysis excludes patients referred to homeopathy, mental health and obstetrics specialties.

Distributions of patient wait at NHS Board level are illustrated in [Table J1](#).

Patients not covered by Waiting Time Standard

The vast majority of patients waiting for a New Outpatient appointment in NHS Scotland are subject to the national New Outpatient waiting time standard. However, non-Scottish residents, patients referred to an Allied Health Professional (AHP) and patients referred to homeopathy, mental health and obstetrics specialties are not. Please see [Psychological Therapies](#) and [Child & Adolescent Mental Health Services](#) for information on waiting times for mental health.

ISD collect information on waiting times for various aspects of healthcare provided by NHS Scotland. Submission of data relating to patients not covered by the standard is not mandatory and as such the volume of data submitted can vary significantly from Board to Board. The figures below are therefore not comparable across Scotland and as such should be interpreted accordingly.

At 31 December 2014, 267,338 patients were waiting for a consultant or dentist led clinic, of which 265,309 were covered by the national waiting time standard. ISD do not centrally hold patient level waiting time data for mental health and obstetrics outpatients.

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 - Completed and Ongoing Waits	Month ending 31-Oct-12 – 31-Dec-14	Excel [490kb]
IPDC Waiting List Activity	Patients added to Inpatient or Day case admission waiting lists from 01 October 2012 - Waiting List Activity	Quarter ending 31-Dec-14	Excel [303kb]
A1a	Waiting Times for a New Outpatient appointment: NHS Scotland, Completed waits for patients seen	Quarter ending 31-Dec-09 – 31-Dec-14 for all referral sources	Excel [127kb]
A1b	Waiting Times for a New Outpatient appointment: NHS Scotland, Ongoing waits for patients on waiting list	Month ending 31-Dec-09 – 31-Dec-14 for all referral sources	Excel [104kb]
C1	Availability of patients on the Waiting List for a New Outpatient appointment: NHS Scotland	Month ending 31-Mar-10 – 31-Dec-14 for all referral sources	Excel [165kb]
D1a	Reason for removal for a New Outpatient appointment: NHS Scotland	Quarter ending 31-Mar-10 – 31-Dec-14 for all referral sources	Excel [172kb]
D1b	Non attendance rates for a New Outpatient appointment: NHS Scotland	Quarter ending 31-Mar-10 – 31-Dec-14 for all referral sources	Excel [91kb]
G1	All patients on waiting list for a New Outpatient appointment: NHS Scotland	Month ending 31-Mar-10 – 31-Dec-14 for all referral sources	Excel [42kb]
J1	Episode length for a New Outpatient appointment: NHS Scotland	Quarter ending 31-Mar-10 – 31-Dec-14 for all referral sources	Excel [330kb]

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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.

NHS Boards are expected to improve the 12 week outpatient waiting times performance during 2015/16 to achieve a 95% standard with a stretch aim to 100%, which applies to all sources of referral for first New Outpatient appointment. In addition, ISD will start to monitor waits over 16 weeks which are considered by the Scottish Government to be 'longstops'.

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](#).

While statistics for New Outpatient waits have continued to be sourced from the ISD Waiting Times Warehouse using patient level data, following approval from Scottish Government and NHS Boards, the opportunity has been taken to bring the calculation of wait in line with the calculation for Inpatients and Day cases to make them consistent with the guidance on TTG and ensure consistency across Stage of Treatment waits. 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 clinically urgent.

- A patient rejects 2 or more reasonable offers (known as a reasonable offer package), having already waited 84 days.
- A patient fails to attend an appointment they have agreed to attend, having already waited 84 days.

Outpatient statistics for quarters prior to April 2014 are subject to the old calculation therefore this change will impact on the comparability of outpatients waiting times statistics over time.

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 have made changes to their local system extracts in order to provide the additional data to ISD; while ISD have developed the waiting times warehouse to capture the additional data.

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 use the same method of calculation of wait for new outpatients as applies to inpatient and day cases under the TTG. 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 introduced 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. Validation rules are reviewed on an ongoing basis. In December 2013, the validation was relaxed where appropriate to increase the number of records suitable for publication.

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 waiting times. In order to be able to accommodate the guidance, local systems, extracts and the national warehouse were developed. As an interim measure, data for Inpatient and Day cases added to the waiting list from 01 October 2012 to 31 March 2014 were submitted to ISD via an aggregate return which is presented with an element of caution. Patient level information was not systematically validated by ISD; however ISD did 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.

This publication release for the quarter ending 31 December 2014, presents for the third time since the introduction of TTG, Inpatient and Day case statistics that are sourced from patient level data submitted by NHS Boards. This progress allows published statistics to be compiled centrally using nationally consistent definitions and methods to allow better comparison across the country and enhanced quality assurance. Statistics published for recent quarters are therefore likely to be more comparable across Boards than those for previous quarters but less comparable with those quarters.

Refresh of historical data

Waiting time statistics from October 2012 to March 2014 were collated and published during a transitional phase when ISD and NHS Boards developed their systems in line with the introduction of TTG legislation on 01 October 2012. While the legislation provides a guarantee for Inpatient and Day case treatment, there was agreement to bring the calculation of wait for New Outpatient appointments in line with this.

From the outset, there has been a commitment in conjunction with the recommendation of the Public Audit Committee to publish revised statistics when appropriate. Now that system developments have been embedded and data for recent quarters has been successfully released, ISD and NHS Boards are in the process of revisiting and quality assuring data for the interim period. Revised statistics will feature in the next publication on 26 May 2015. These statistics will be sourced centrally from the ISD Warehouse and verified by all

Boards. There may be some gaps due to data quality issues or implementation of new IT systems in Boards, this will be fully explained.

In advance of the forthcoming refresh, the following provisional statistics provide a brief indication of measures that were not previously available for Inpatients and Day cases during the interim period:

Table 9 – Refreshed Distribution of wait; Inpatients & Day cases; NHS Scotland

Quarter End	Distribution of Wait	Median (days)	90th percentile (days)	<= 3 weeks (%)	3-6 weeks (%)	6-9 weeks (%)	9-12 weeks (%)	12-15 weeks (%)	15-18 weeks (%)	Over 18 weeks (%)
31-Mar-13	Unadjusted	41	84	30.1	21.7	22.6	15.8	5.9	2.7	1.3
	Adjusted	35	70	33.9	24.8	27.0	12.4	1.3	0.4	0.2
30-Jun-13	Unadjusted	40	87	30.4	22.1	21.8	15.0	4.9	2.5	3.3
	Adjusted	35	70	34.4	25.2	26.1	12.1	1.2	0.5	0.5
30-Sep-13	Unadjusted	41	92	30.2	21.5	20.2	15.3	5.6	2.9	4.2
	Adjusted	34	70	35.4	25.0	25.4	12.1	1.1	0.4	0.6
31-Dec-13	Unadjusted	42	91	29.6	21.2	21.3	15.5	5.4	2.7	4.2
	Adjusted	35	71	34.3	24.5	26.2	13.0	0.9	0.4	0.6
31-Mar-14	Unadjusted	46	101	27.3	19.6	20.0	17.4	6.8	3.7	5.1
	Adjusted	38	76	32.0	22.9	26.3	15.8	1.7	0.7	0.7

Notes:

1. As this is a new measure, 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.

Table 10 – Refreshed Distribution of wait; New Outpatients; NHS Scotland

Quarter End	Distribution of Wait	Median (days)	90th percentile (days)	<= 3 weeks (%)	3-6 weeks (%)	6-9 weeks (%)	9-12 weeks (%)	12-15 weeks (%)	15-18 weeks (%)	Over 18 weeks (%)
31-Dec-12	Unadjusted	43	90	30.5	19.0	18.2	20.0	6.4	2.6	3.3
	Adjusted	39	82	33.0	20.7	19.3	21.7	3.7	0.7	0.8
31-Mar-13	Unadjusted	43	94	30.8	18.5	17.7	19.1	7.0	3.2	3.6
	Adjusted	39	83	33.1	20.3	19.1	21.1	4.3	1.2	0.9
30-Jun-13	Unadjusted	43	90	30.8	19.2	18.7	19.3	6.2	2.5	3.4
	Adjusted	39	83	33.1	20.7	19.6	20.5	3.8	1.1	1.2
30-Sep-13	Unadjusted	47	96	29.9	16.9	16.5	21.8	8.0	3.2	3.7
	Adjusted	42	83	32.5	18.4	17.9	23.7	4.7	1.4	1.3
31-Dec-13	Unadjusted	47	96	29.7	17.4	17.4	21.3	6.9	3.1	4.3
	Adjusted	42	83	31.8	19.0	18.7	23.2	4.1	1.4	1.8
31-Mar-14	Unadjusted	46	97	29.4	18.0	17.4	20.3	7.2	3.3	4.4
	Adjusted	42	83	31.6	19.5	18.8	22.1	4.6	1.6	1.9

Please note that the above figures are unverified and subject to change as the quality assurance work continues to progress.

General Data Quality issues

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.

Non Attendance Rates

NHS Boards are seeking clarification on the recording of 'Cancellation by Service' and 'Did not attend' for Inpatients and Day cases. Due to variation in recording across Scotland, these statistics are not suitable for publication at present.

As part of the conversation around Inpatient and Day Case 'Did not attend' rates it was decided to also remove these for Outpatients from this publication, however this data is available in the [Acute Activity](#) publication.

NHS Board – specific data quality issues

ISD and NHS Boards work closely to ensure that published Waiting Times information accurately reflects locally held data. Over the past 9 months, all NHS Boards with the exception of NHS Fife have moved to a new TTG compliant extract. This change, compounded by a limited period of time to test new extracts with redeveloped ISD warehouse, has led to new data quality issues that are subject to further investigation.

For some Boards, this has led to an increase in the number of [filtered](#) records. ISD are working with Boards and System Suppliers to address outstanding technical issues.

The following list provides an overview of historical and current data quality issues:

NHS Ayrshire & Arran

NHS Ayrshire & Arran are seeking national clarification on the waiting time measurement of one stop clinics within a day case setting.

NHS Borders

For quarter ending 31 December 2014, NHS Borders report a greater number of Inpatient and Day case waits over 12 weeks than submitted to ISD (61 as opposed to 31). The final accurate number may vary slightly once the data is corrected and recalculated subsequent to completion of testing.

This is consequent to a recently diagnosed technical difficulty that was a by-product of a change to local Patient Administration System. The issues relate to an incorrectly configured field 'data added to waiting list'.

NHS Borders have provided assurance that all patients from 06 January 2015 have the correct date recorded. At present, the fix is being applied to historical records for period concerned and updated records will be submitted to ISD prior to next publication.

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.

NHS Fife

NHS Fife have recently moved to a TTG compliant extract and are submitting unavailability codes to ISD warehouse. Prior to August 2014, data in the ISD warehouse is recorded under old unavailability codes.

NHS Fife report bug with extract that results in historical New Outpatient appointments to be included in extract. As an interim measure, this is addressed via a filter to ISD.

NHS Forth Valley

NHS Forth Valley indicates that local position is higher than what is reported from the ISD Waiting Times Warehouse.

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

A local system upgrade resulted in NHS Grampian submitting a large number of duplicate records to the ISD warehouse. A filter has been applied to remove duplicate records, which explains the increase in NHS Grampian's filter numbers in [Table11](#). NHS Grampian worked with local system suppliers to rectify this issue and expect to remove this filter in the coming months.

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 and the number of patients added and removed from the waiting list for quarter ending 31 March and 30 September 2011 is expected to be lower than the true figure.

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

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, all figures for quarter ending March 2014 and Outpatient figures for months ending 30 April 2014 to date are unverified. The PMS implementation Programme is continuing to progress. There are several ongoing configuration and data quality issues

which were anticipated given the scale of the implementation. Due to ongoing configuration issues, NHS Highland indicated an inflated number of New Outpatient waits over 12 weeks being reported for recent months.

NHS Highland report that prior to the implementation of new PMS, the historical waiting time extract sent to the warehouse did not accurately reflect the local position for the number of patients on list. This resulted in a small proportion of patients being 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 Lanarkshire has reported that there is a local issue with the reporting of patient Urgency Categories. This is being investigated by system supplier.

NHS Lothian

In October 2014, NHS Lothian reviewed the use of unavailability in dermatology outpatients and found an issue in the patient focussing booking process. This had led to incorrect availability status and waiting time being reported in the earlier part of the year. Immediate actions have been taken to resolve this. The application of this unavailability is estimated to have caused the understatement of the number of outpatients over 12 weeks in the publication at the end of May from around 15 rising to approximately 50 in September. During this period, the unavailability at each month end is estimated to be overstated by an average of circa 80. A similar, smaller instance was subsequently identified to have taken place in the summer of 2013.

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.

Prior to April 2014, Inpatient and Day case figures for NHS Lothian included patients who were seen at private hospitals such as Murrayfield Hospital. Following the transition in source from aggregate returns to the ISD warehouse, this activity is predominantly recorded under 'Other Locations'.

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.

From the quarter ending 30 June 2014, NHS Shetland have reported concerns around system configuration of Waiting Time Standard codes. This led to an inflation of Inpatient and Day case figures for a short period of time, due to the inclusion of diagnostics.

NHS Shetland reported an issue with the orthodontic service, resulting in an increase in number of new outpatients who waited over 12 weeks for quarter ending 30 September 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 12 weeks. The orthodontic service is now covered by the hospital system to ensure compliance with waiting time standard.

NHS Tayside

Prior to April 2014, Inpatient and Day case figures for NHS Tayside did not include patients who were seen at Stracathro Hospital. Following the transition in source from aggregate returns to the ISD warehouse, NHS Tayside activity has increased due to ISD reports capturing all Provider codes within a Health Board.

A small number of records have old unavailability codes applied. For the purposes of publication, ISD have been advised of the current codes assigned locally and figures have been updated accordingly. These records will be updated within the ISD warehouse in due course.

Due to a local system issue, figures for NHS Tayside have historically 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 is working with ISD to ensure that any data discrepancies within the data warehouse are investigated and resolved.

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 11](#) 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. Over the past 12 months, all NHS Boards have moved to a new TTG compliant extract. This change, compounded by a limited period of time to test new extracts with redeveloped ISD warehouse, has led to an increase in the number of filtered records. ISD are working with Boards and System Suppliers to address outstanding technical issues. The main reasons for the increase in filtered records are:

- Following warehouse development ISD no longer accepts records for Planned Repeat activity. Existing records can only be removed via filter. These records have no impact on publication figures.
- Following switch to new extracts a small proportion of records across a number of Boards have not been closed after patient has been removed from waiting list. This leads to inaccurate long waits.

Table 11 – Volume of affected records by NHS Board

NHS Board	Date added to Waiting List (Quarter End)							
	IPDC				New OP			
	Mar-14	Jun-14	Sep-14	Dec-14	Mar-14	Jun-14	Sep-14	Dec-14
NHS Scotland	2082	3014	2206	195	6777	10404	9814	237
NHS Ayrshire & Arran	22	29	22	1	47	41	21	0
NHS Borders	11	8	9	8	8	5	5	1
NHS Dumfries & Galloway	1	0	0	0	0	0	0	0
NHS Fife	62	56	37	34	896	1065	870	55
NHS Forth Valley	12	37	9	0	58	48	0	0
NHS Grampian	747	2522	1844	0	2988	8815	7109	11
NHS Greater Glasgow & Clyde	465	36	1	0	24	44	1321	131
NHS Highland	582	164	117	139	2412	108	83	5
NHS Lanarkshire	21	18	15	2	5	4	0	0
NHS Lothian	135	115	107	10	337	270	401	33
NHS Tayside	24	29	40	1	2	4	4	1
NHS Western Isles	0	0	5	0	0	0	0	0

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 September 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.

NHS Grampian applied a larger filter than usual last quarter to remove duplicate records, which explains the increase in NHS Grampian's filter numbers. NHS Grampian are working with local system suppliers to rectify this issue.

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.

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)	<p>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.</p> <p>Homeopathy, mental health and obstetrics specialties are not included. Data from 01 October 2012 to 31 March 2014, for Inpatient and Day case admissions was sourced via aggregate returns from NHS Boards. NHS Boards local systems have since been modified to comply with TTG, and data from 01 April 2014 is sourced from the warehouse again.</p>
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	<p>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.</p>
Revisions statement	Detailed information on revision to data and revisions policy is available.

Revisions relevant to this publication	D1b
Concepts and definitions	<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>
Relevance and key uses of the statistics	<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>
Accuracy	<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>
Completeness	<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>

Comparability	<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>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	<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. 2. All tables are printer friendly. 3. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level. 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 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	25 November 2014
Next published	26 May 2015
Date of first publication	27 May 2008
Help email	nss.isdWAITINGTIMES@nhs.net
Date form completed	24 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.

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

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.