

Inpatient, Day case and Outpatient Stage of Treatment Waiting Times



Monthly and quarterly data to 31 March 2016

Publication date – 31 May 2016

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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. 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 1 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).

This publication is split into 2 main sections:

1. 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](#).

2. Inpatients and Day cases

This section focuses on patients added to waiting list from 1 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](#).

Main points

New Outpatients at 31 March 2016

- 88.0% of patients waiting for an appointment had been waiting 12 weeks or less. This compares to 87.5% at 31 December 2015 and 92.2% at 31 March 2015;
- Six NHS Boards were below the Scotland figure, with NHS Highland (63.9%), NHS Orkney (71.3%) and NHS Ayrshire & Arran (77.6%) being the lowest;
- 2.4% of patients waiting were recorded as being unavailable to attend an appointment. This compares to 3.6% for patients waiting at 31 December 2015 and 3.0% at 31 March 2015.

Inpatients and Day cases quarter ending 31 March 2016

- 92.7% of patients were seen within the 12 week TTG. This compares to 95.3% during quarter ending 31 December 2015 and 94.7% during quarter ending 31 March 2015;
- Six NHS Boards were below the Scotland figure, with NHS Highland (81.0%), NHS Lanarkshire (83.3%) and NHS Tayside (83.8%) being the lowest;
- 16.8% of patients waiting were recorded as being unavailable for treatment. This compares to 20.8% at 31 December 2015 and 18.5% at 31 March 2015.

Results and Commentary

1. 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.

As outlined in the Scottish Government's [Local Delivery Plan](#) for NHSScotland, 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 New Outpatient appointments from all sources of referral. In addition to this commitment, NHS Boards are working towards ensuring that there are no waits over 16 weeks.

All summary tables and charts within this section are supplemented by NHS Board trend and comparative detail [here](#).

1.1 Patients waiting at month end

At 31 March 2016, 88.0% of patients had been waiting 12 weeks or less. Six NHS Boards were below the Scotland figure, with NHS Highland (63.9%), NHS Orkney (71.3%) and NHS Ayrshire & Arran (77.6%) being the lowest.

Table 1 incorporates waits over 16 weeks in line with new Scottish Government guidelines. Over the last 12 months, the number of patients waiting over 16 weeks has risen from 12,471 to 22,915. Figures for recent quarters indicate that of all patients waiting beyond the national standard of 12 weeks, approximately two thirds wait beyond 16 weeks.

Table 1 - Ongoing waits for patients on Waiting List: New Outpatient appointment, NHSScotland

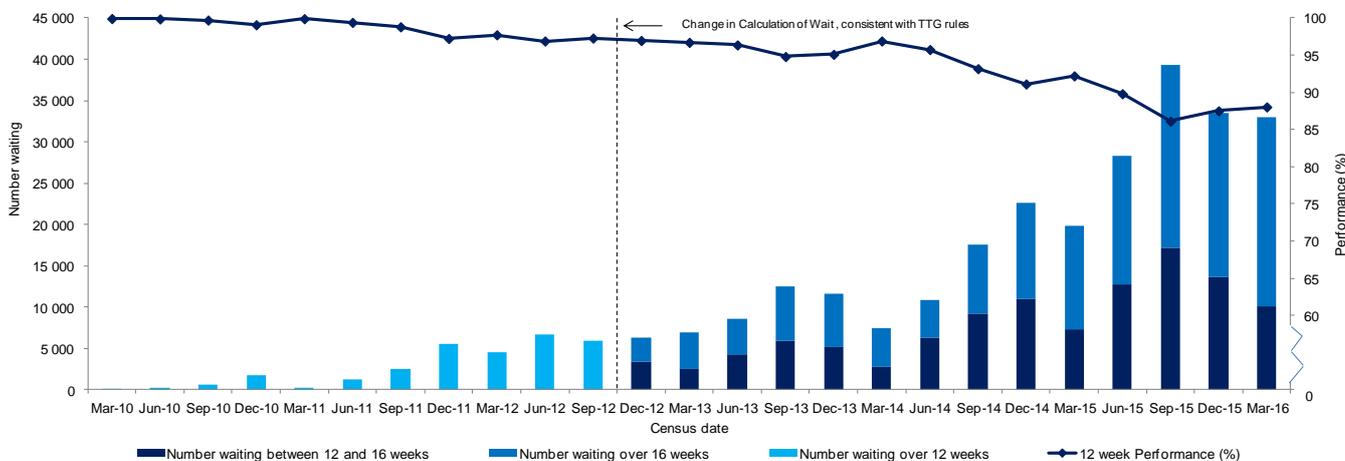
Month ending	Total waiting	Number waiting over 12 weeks	Number waiting over 16 weeks	Performance (%)
31-Mar-16	275 517	32 961	22 915	88.0
31-Dec-15	268 357	33 527	19 836	87.5
30-Sep-15	283 202	39 325	22 150	86.1
30-Jun-15	277 829	28 310	15 519	89.8
31-Mar-15	254 911	19 854	12 471	92.2
31-Mar-14	240 584	7 445	4 682	96.9

Notes:

1. This excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Figures from 1 October 2012 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.

Chart 1 demonstrates a decreasing trend in performance against the 12 week standard. The performance has dropped by 8.9% from March 2014 to March 2016.

Chart 1: Performance against New Outpatient standard; Number waiting over 12 weeks, NHSScotland



Notes:

1. The vertical scale on the graph does not start from zero and will not give an accurate visual representation of the data. Please adjust interpretation of the data accordingly.
2. This excludes patients referred to homeopathy, mental health and obstetrics specialties.
3. Figures from 1 October 2012 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.
4. 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.
5. Due to limitations in historical data it is not possible to show the split of waits over 12 weeks that also exceeded 16 weeks prior to 1 October 2012.

1.2 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. [Table 2](#) provides a quarterly breakdown for the number of patients seen. During quarter ending 31 March 2016, 85.3% of patients were seen within 12 weeks.

Half of all patients covered by the national standard were seen within 42 days (median wait) and 9 out of 10 were seen within 102 days (90th percentile wait) during quarter ending 31 March 2016. While the median remains relatively steady, there has been an increase over the past year for the 90th percentile from 95 days. This indicates that longer waits are increasing.

Table 2 - Completed waits for patients seen: New Outpatient appointment, NHSScotland

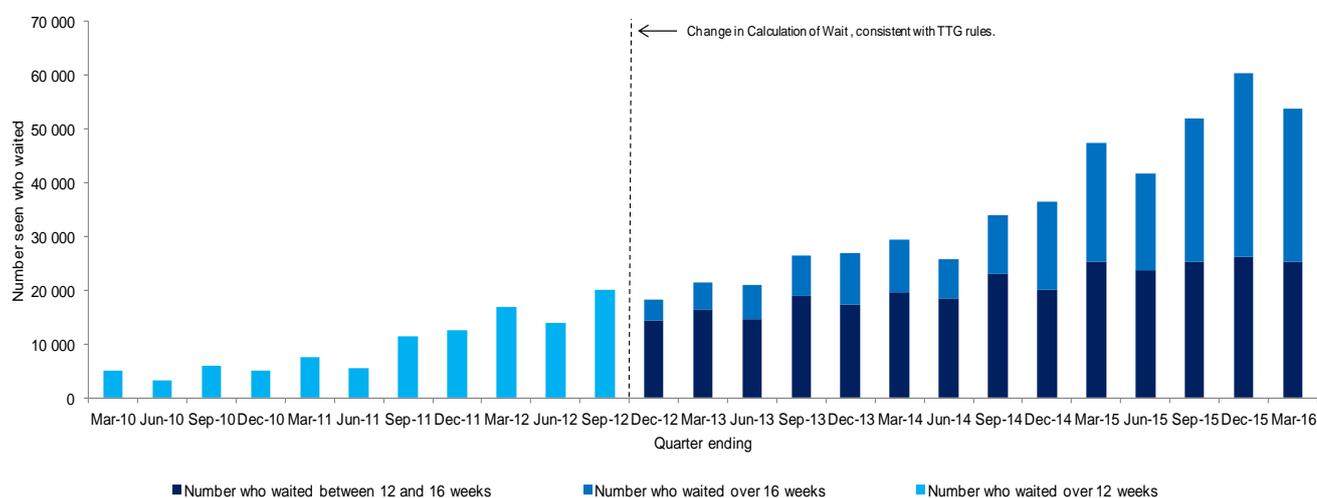
Quarter ending	Total seen	Number who waited over 12 weeks	Number who waited over 16 weeks	Median Wait (days)	90 th Percentile Wait (days)
31-Mar-16	367 070	53 830	28 479	42	102
31-Dec-15	375 075	60 409	34 160	46	107
30-Sep-15	362 931	51 926	26 561	45	100
30-Jun-15	356 572	41 663	17 872	42	90
31-Mar-15	363 490	47 333	22 015	44	95
31-Mar-14	367 787	29 496	9 912	42	83

Notes:

1. This analysis excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Figures from 1 October 2012 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.

Chart 2 shows that the number of patients seen who waited over 12 and 16 weeks is generally increasing over time.

Chart 2: Number of New Outpatients who waited over 12 weeks, NHSScotland



Notes:

1. This analysis excludes patients referred to homeopathy, mental health and obstetrics specialties.
2. Figures from 1 October 2012 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. Due to limitations in historical data it is not possible to show the split of waits over 12 weeks that also exceeded 16 weeks prior to 1 October 2012.

1.3 Patient unavailability at month end

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable either at the patient’s request (Patient Advised, Patient Requested), due to medical reasons (Medical) or due to Patient Focused Booking (PFB) reasons. Further detail on the use of unavailability is explained [here](#).

Table 3 shows that 6,629 patients waiting for a New Outpatient appointment on 31 March 2016 were unavailable. This is 2.4% of the total waiting list, a decrease from 3.0% at 31 March 2015.

Table 3 - Availability of patients on Waiting List – New Outpatient appointment,

Month ending	Total waiting	Total Unavailable	Medical	Patient Advised	Patient Requested	PFB
31-Mar-16	275 517	6 629	702	2 946	2 055	926
31-Dec-15	268 357	9 724	832	4 464	3 110	1 318
30-Sep-15	283 202	9 282	813	4 067	3 264	1 138
30-Jun-15	277 829	9 325	824	4 720	2 635	1 146
31-Mar-15	254 911	7 613	839	2 653	3 246	875
31-Mar-14	240 584	10 274	1 078	2 727	5 634	835

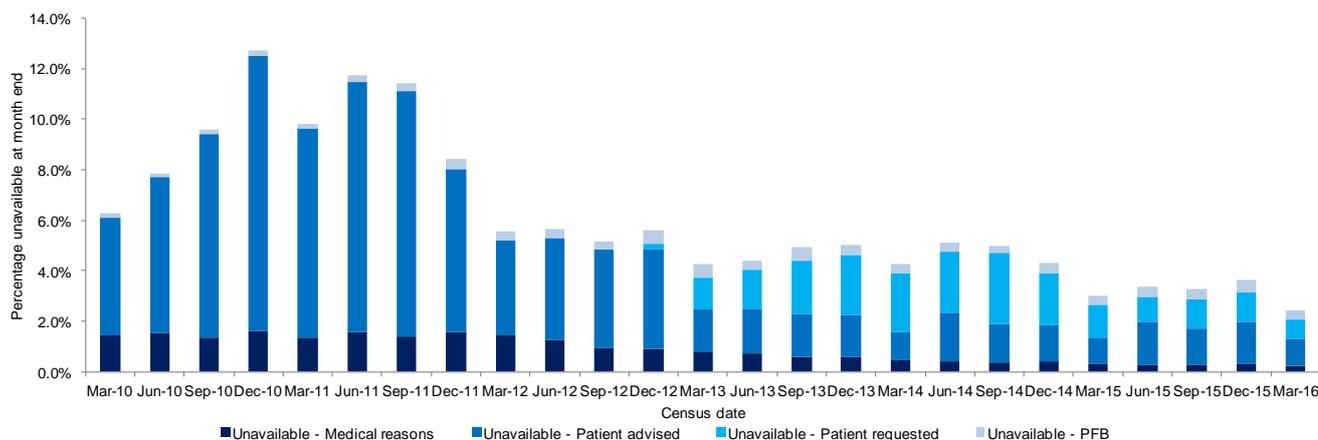
NHSScotland

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 1 April 2014. For trend purposes, the associated codes have been split from the Patient Advised grouping prior to the change in legislation.

[Chart 3](#) illustrates a decreasing trend in the percentage of patients waiting for a New Outpatient appointment who are unavailable at month end.

Chart 3: Unavailability of patients on Waiting List - New Outpatient appointment, NHSScotland



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 1 April 2014. For trend purposes, the associated codes have been split from the Patient Advised grouping prior to the change in legislation.

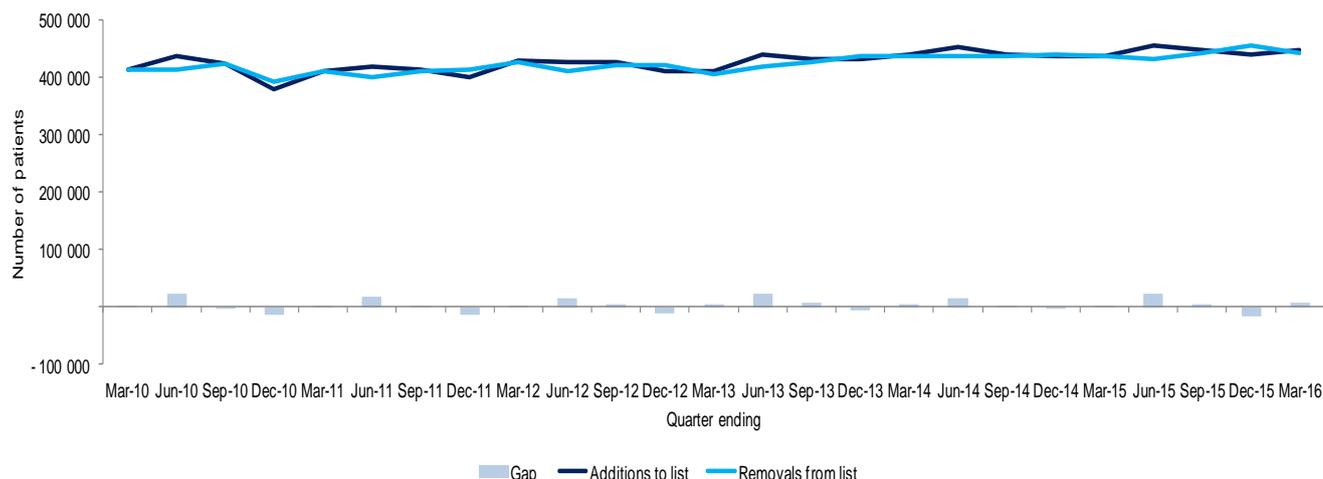
Following the introduction of new unavailability codes in October 2012, a detailed split of unavailability by NHS Board is available [here](#).

1.4 Additions and removals from list

During the quarter ending 31 March 2016, there were 449,066 additions to the list and 442,203 patients were removed from the waiting list. This compares to the corresponding quarter in 2015 of 438,368 additions and 438,197 removals.

As additions exceeded removals, the net effect is an increase in waiting list size. [Chart 4](#) illustrates that for quarter ending 31 March 2016, there were 6,863 more additions than removals.

Chart 4: Additions and Removals - New Outpatient appointment, NHSScotland



An overview of removal reasons is shown in Table 4.

Table 4: Reason for removal from Waiting List, New Outpatient appointment, NHSScotland

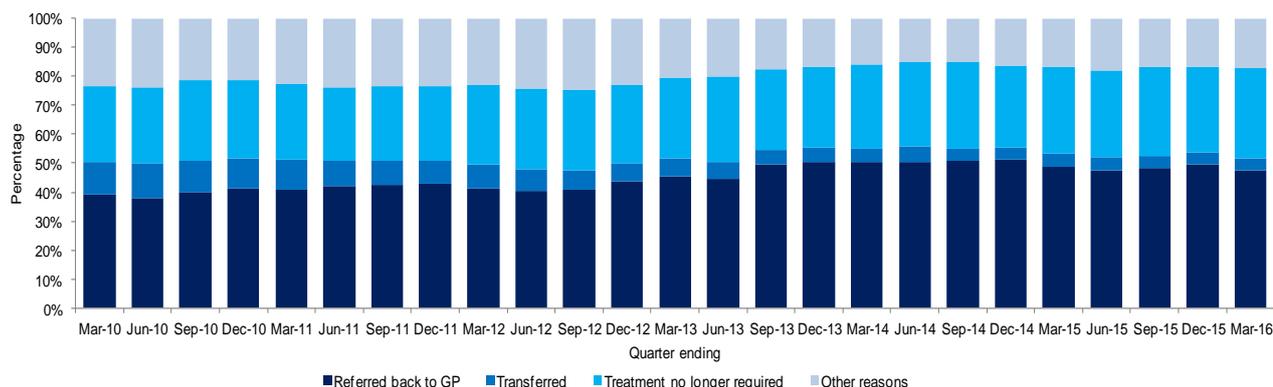
Quarter Ending	Total removals	Number attended	Number of Removals where:			
			Referred back to GP	Transferred	Treatment no longer required	Other
31-Mar-16	442 203	367 070	35 563	3 147	23 525	12 898
31-Dec-15	454 575	375 075	39 257	3 295	23 463	13 485
30-Sep-15	441 519	362 931	37 822	3 358	24 129	13 279
30-Jun-15	431 926	356 572	35 664	3 561	22 462	13 667
31-Mar-15	438 197	363 490	36 397	3 418	22 228	12 664
31-Mar-14	437 132	367 787	34 842	3 413	20 077	11 013

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 were removed from the list because they attended an appointment, a number which has remained relatively steady over the past two years. [Chart 5](#) focuses on those patients who were removed for reasons other than attended.

Chart 5: Reason for removal from Waiting List (excluding Attended), New Outpatient appointments NHSScotland



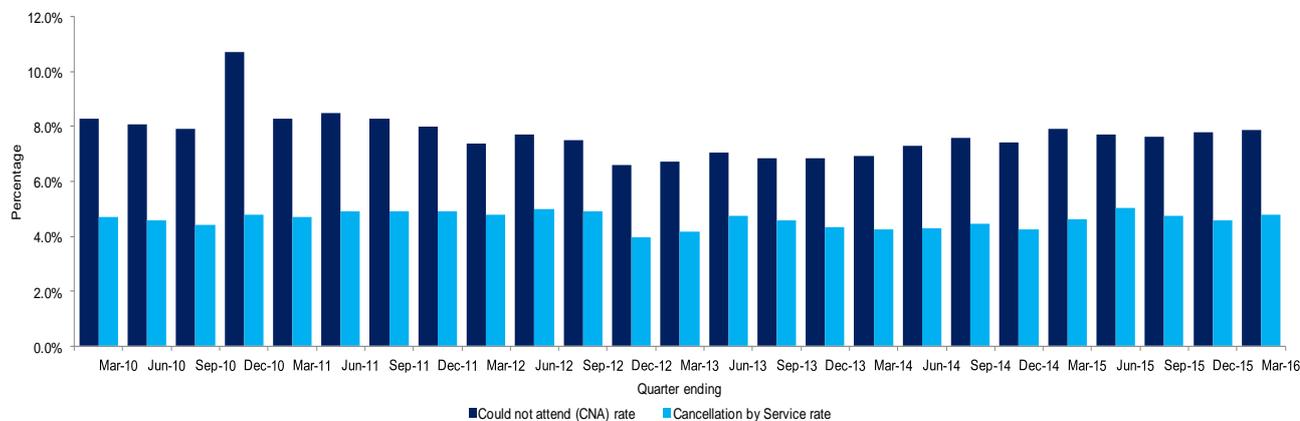
Notes:

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'.

1.5 Non-attendance rates

During quarter ending 31 March 2016, 472,972 offers for a new outpatient appointment were accepted. Chart 6 presents rates for patients who could not attend (CNA) their appointment and notified the Hospital in advance, or their appointment was cancelled by the service.

Chart 6: Non attendance rates, New Outpatient appointment, NHSScotland



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.

For information on Did Not Attend (DNA) rates, patients who failed to notify the Hospital in advance of a non-attendance, please see Table 1 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.

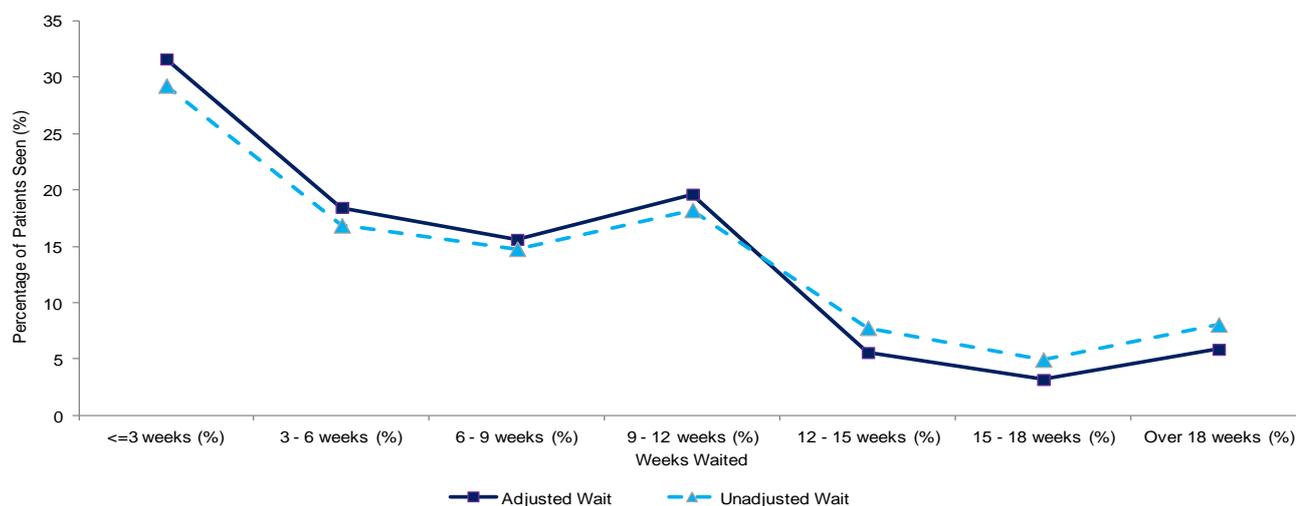
1.6 Distribution of Wait

This distribution of wait analysis provides a collective overview on how quickly the majority of patients are seen. Capturing the impact of the rules that underlie the calculation of wait, the distribution is shown for unadjusted and adjusted waits.

The unadjusted wait is the full waiting time experienced by the patient, from the date the referral is received to the date the patient is seen. 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. Performance is measured against the adjusted wait.

Chart 7 illustrates length of wait in time bands of 3 weeks for quarter ending 31 March 2016. 85.3% had an adjusted wait within 12 weeks. The comparable figure for the unadjusted measure was 79.2%.

Chart 7: Distribution of Wait, Quarter ending 31 March 2016, New Outpatient appointment, NHSScotland



Notes:

1. Figures from 1 October 2012 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.
2. This analysis excludes patients referred to homeopathy, mental health and obstetrics specialties.

2. Inpatient and Day cases

This section focuses on patients added to Inpatient and Day case admission waiting lists from 1 October 2012. The Treatment Time Guarantee (TTG) states that from 1 October 2012, no patient [covered by the guarantee](#) should wait longer than 12 weeks (84 days) for planned Inpatient or Day case admission.

All summary tables and charts within this section are supplemented by NHS Board trends and additional comparative detail [here](#).

2.1 Patients seen

Table 5 shows the number of patients admitted for Inpatient or Day case treatment. During quarter ending 31 March 2016, 92.7% of patients seen waited within the TTG of 12 weeks. Half of all patients covered by the national standard were seen within 44 days (median wait) and 9 out of 10 were seen within 83 days (90th percentile wait) during the most recent quarter.

Six NHS Boards were below the Scotland figure, with NHS Highland (81.0%), NHS Lanarkshire (83.3%) and NHS Tayside (83.8%) being the lowest.

Table 5 – Completed waits for patients seen: Inpatient or Day case admission, NHSScotland

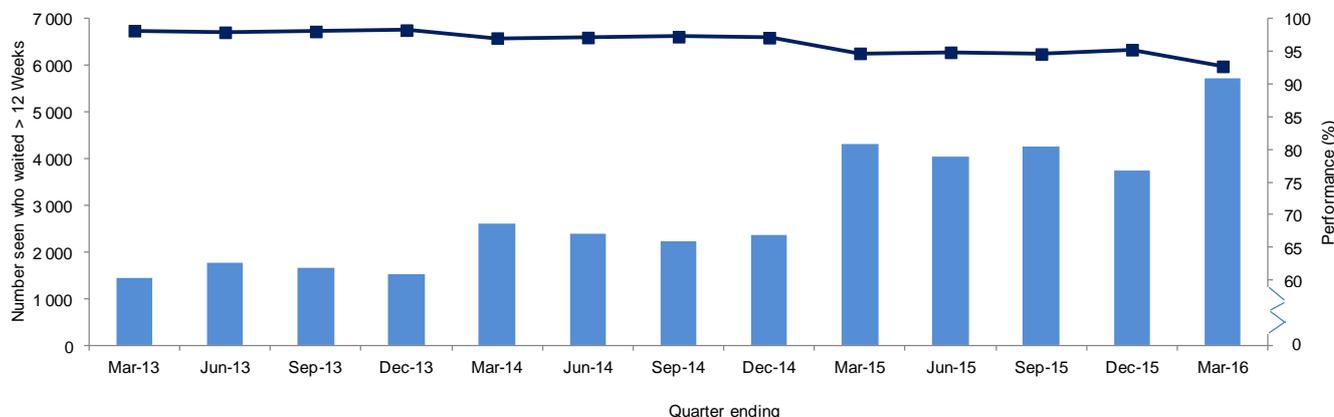
Quarter ending	Total seen	Number who waited over 12 weeks	Performance (%)	Median Wait (days)	90 th Percentile Wait (days)
31-Mar-16	78 453	5 715	92.7	44	83
31-Dec-15	79 180	3 752	95.3	41	80
30-Sep-15	78 849	4 262	94.6	41	80
30-Jun-15	78 876	4 055	94.9	41	80
31-Mar-15	81 496	4 318	94.7	41	81
31-Mar-14	88 053	2 609	97.0	38	76

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 8](#) demonstrates quarterly performance for Inpatients and Day cases, highlighting the sustained increase in long waits during 2015 followed by a further rise at the beginning of 2016. Since the introduction of TTG, 38,122 patients have experienced a wait over 12 weeks. The majority of which were seen in NHS Lothian (13,158), NHS Grampian (6,708) and NHS Highland (5,618).

Chart 8 - Performance against TTG; Number of Patients Seen who waited over 12 weeks; NHSScotland



Notes:

1. The vertical scale on the graph does not start from zero and will not give an accurate visual representation of the data. Please adjust interpretation of the data accordingly.
2. 24 December 2012 is the first day where TTG patients could breach i.e. no patients could breach in October or November as this is still within 12 weeks (84 days).
3. 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.
4. 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.

Prior to 1 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.

2.2 Patients waiting at month end

While the 12 week TTG applies to patients seen, the number of patients waiting for treatment at a point in time is a key measure in assessing performance. [Table 6](#) shows the number of patients waiting at month end. At 31 March 2016, 94.9% of patients were waiting (56,851 out of a total of 59,900) within 12 weeks for treatment. This compares to 96.2% (56,499 out of a total of 58,703) at 31 December 2015.

Table 6 - Ongoing waits for patients on Waiting List: Inpatient or Day case admission, NHSScotland

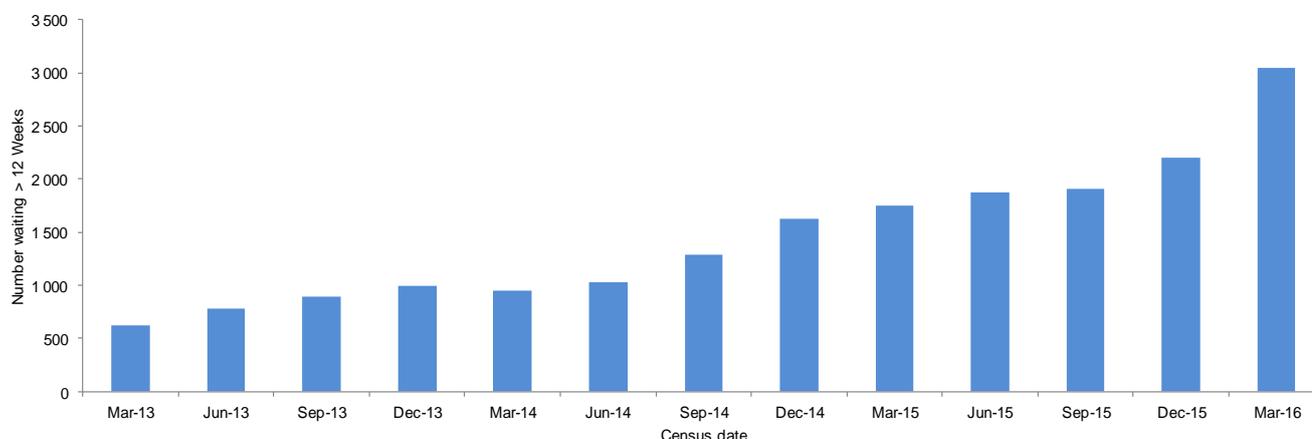
Month ending	Total waiting	Number waiting over 12 weeks
31-Mar-16	59 900	3 049
31-Dec-15	58 703	2 204
30-Sep-15	57 103	1 903
30-Jun-15	55 529	1 875
31-Mar-15	55 948	1 754
31-Mar-14	54 012	948

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 9 demonstrates the number of patients waiting beyond 12 weeks since the inception of TTG, illustrating a sustained increase in patients waiting over 12 weeks during 2015 followed by a further rise at the beginning of 2016.

Chart 9 – Number of Ongoing Waits over 12 weeks; Inpatient or Day case Admission; NHSScotland



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.

2.3 Patient unavailability at month end

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable either at the patients request (Patient Advised, Patient Requested) or due to medical reasons (Medical). Further detail on the use of unavailability is explained [here](#).

Table 7 shows that 10,068 patients waiting for an Inpatient or Day case admission on 31 March 2016 were unavailable. This is 16.8% of the total waiting list, a decrease from 18.5% at 31 March 2015.

Table 7 – Availability of patients on Waiting List: Inpatient or Day case admission, NHSScotland

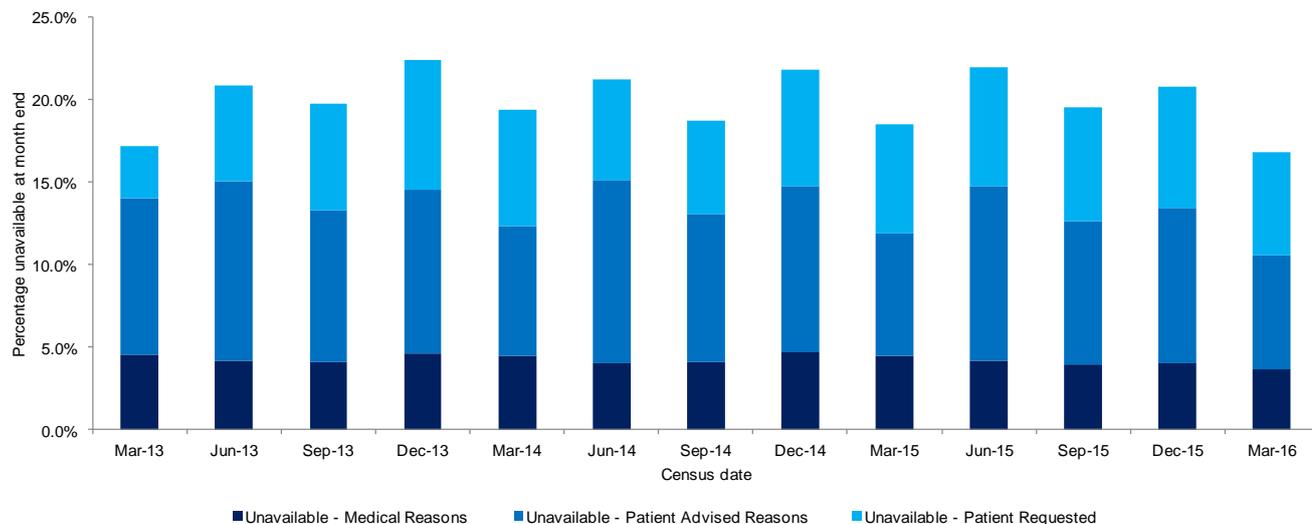
Month ending	Total waiting	Total Available	Total Unavailable	Medical	Patient Advised	Patient Requested
31-Mar-16	59 900	49 832	10 068	2 191	4 131	3 742
31-Dec-15	58 703	46 503	12 200	2 346	5 522	4 328
30-Sep-15	57 103	45 933	11 170	2 273	4 935	3 960
30-Jun-15	55 529	43 308	12 221	2 324	5 887	4 005
31-Mar-15	55 948	45 593	10 355	2 493	4 155	3 704
31-Mar-14	54 012	43 555	10 457	2 419	4 254	3 782

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 1 April 2014. For trend purposes, the associated codes have been split from the Patient Advised grouping prior to the change in legislation.
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.

[Chart 10](#) illustrates a relatively stable trend in the percentage of patients waiting for an Inpatient or Day case admission who are unavailable at month end. At 31 March 2016, the highest rates of unavailability in Scotland were reported by NHS Shetland (53.5%), NHS Greater Glasgow & Clyde (27.3%) and NHS Borders (17.5%).

Chart 10: Unavailability of patients on Waiting List, Inpatient or Day case admission, NHSScotland



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 1 April 2014. For trend purposes, the associated codes have been split from the Patient Advised grouping prior to the change in legislation.

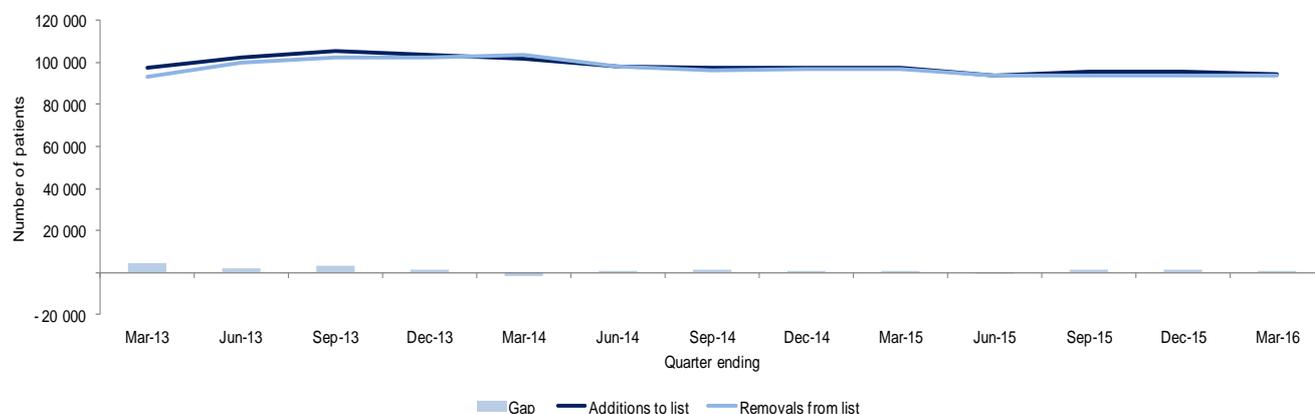
Following the introduction of new unavailability codes in October 2012, a detailed split of unavailability by NHS Board is available [here](#).

2.4 Additions and Removals from list

During the quarter ending 31 March 2016, there were 94,611 additions to the list and 93,546 patients were removed from the waiting list. This compares to the corresponding quarter in 2015 of 97,121 additions and 97,008 removals.

Similar to quarter ending 31 March 2015, the net effect for the most recent quarter is a slight increase in waiting list size. The close proximity of additions and removals over time is illustrated in Chart 11.

Chart 11: Additions and Removals – Inpatient or Day case admission, NHSScotland



A breakdown of removal reasons is shown in [Table 8](#).

Table 8: Reason for removal from Waiting List, Inpatient or Day case Admission, NHSScotland

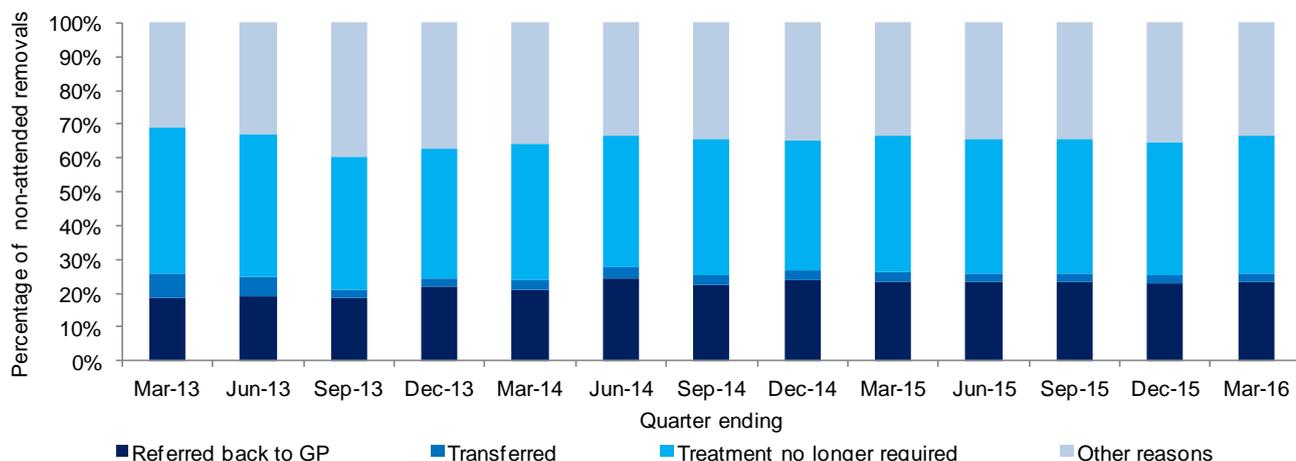
Quarter ending	Total Removals	Number Admitted	Number of Removals where:			
			Referred back to GP	Transferred	Treatment no longer required	Other
31-Mar-16	93 546	78 453	3 528	370	6 150	5 045
31-Dec-15	93 956	79 180	3 400	340	5 807	5 229
30-Sep-15	93 967	78 849	3 542	368	6 043	5 165
30-Jun-15	93 790	78 876	3 515	358	5 901	5 140
31-Mar-15	97 008	81 496	3 626	475	6 211	5 200
31-Mar-14	103 706	88 053	3 278	480	6 317	5 578

Notes:

1. Other reasons for removal from list comprises of 'Died' and 'inappropriate addition to list'.

The majority of patients were removed from the list because they were admitted, a number which has remained reasonably steady over the past year. Chart 12 focuses on those patients who were removed for reasons other than attended.

Chart 12: Reason for removal from Waiting List (excluding Attended), Inpatient or Day case admission, NHSScotland



Notes:

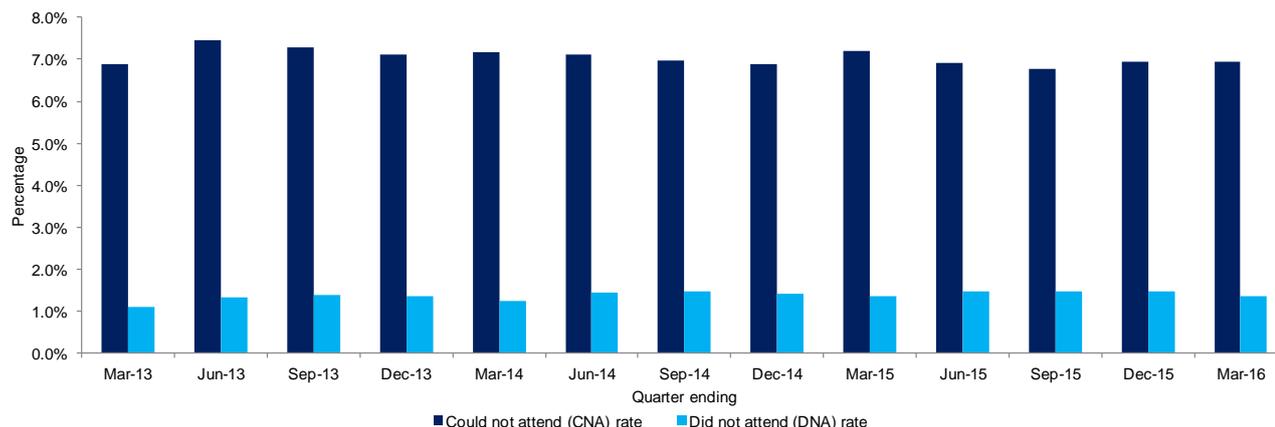
1. Other reasons for removal from list comprises of 'Died' and 'inappropriate addition to list'.

2.5 Non-Attendance Rates

During quarter ending 31 March 2016, 97,923 offers for an Inpatient or Day case admission were accepted.

[Chart 13](#) presents rates for patients who could not attend (CNA) their appointment and notified the Hospital in advance, and those who did not attend (DNA) and failed to notify the hospital.

Chart 13: Non attendance rates, Inpatient or Day case admission, NHSScotland



For information on Cancellation by Service rates, please see the monthly publication of [Cancelled Planned Operations](#). Please note however that these rates are calculated using a different cohort of patients and will include patients not covered by TTG.

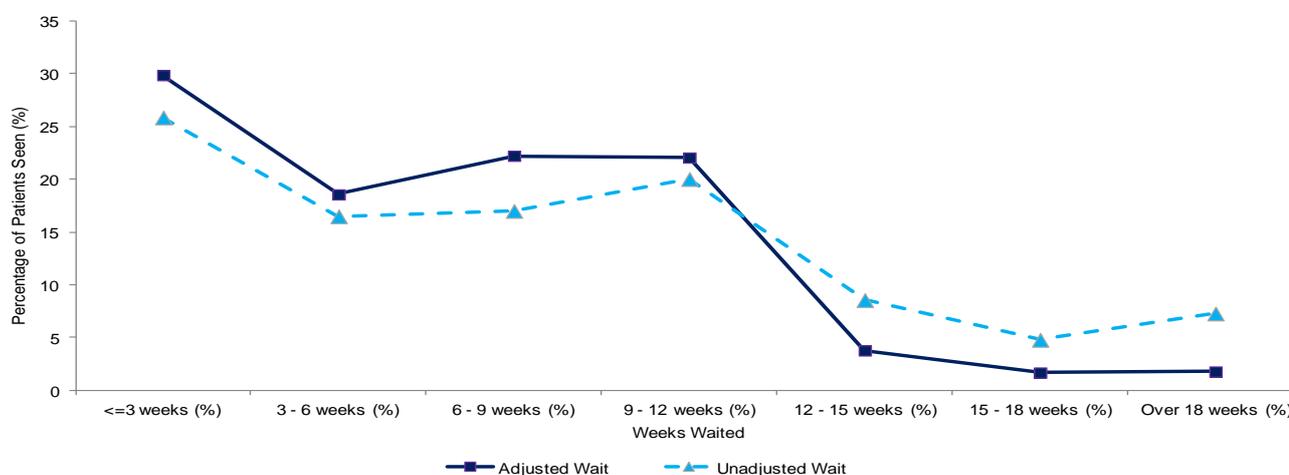
2.6 Distribution of Wait

The distribution of wait analysis provides a collective overview on how quickly the majority of patients are seen. Capturing the impact of the rules that underlie the calculation of wait, the distribution is shown for unadjusted and adjusted waits.

The unadjusted wait is the full waiting time experienced by the patient, from the date treatment is agreed to the date the patient is seen. 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. Performance is measured against the adjusted wait.

Chart 14 illustrates length of wait in time bands of 3 weeks for quarter ending 31 March 2016, 92.7% had an adjusted wait within 12 weeks. The comparable figure for the unadjusted measure was 79.4%.

Chart 14: Distribution of Wait, Quarter ending 31 March 2016, Inpatient or Day case admission, NHSScotland



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.

2.7 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 1 April 2014);
- designated national specialist services for surgical intervention of spinal scoliosis (which is included from 1 October 2014).

ISD collect information on waiting times for various aspects of healthcare provided by NHSScotland. 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 March 2016, 83,033 patients were waiting for planned Inpatient or Day case admission, of which 59,900 were covered by TTG.

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](#).

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
1	New Outpatient appointment: Waiting Times and Activity, NHSScotland	Quarter ending 31-Dec-09 – 31-Mar-16 for all referral sources	Excel [833KB]
2	Inpatient and Day case admission: Waiting Times and Activity, NHSScotland	Month ending 31-Oct-12 – 31-Mar-16	Excel [777KB]

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Further Information

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

NHS Performs

A selection of information from this publication is included in [NHS Performs](#). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

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Appendices

A1 – Background Information

Waiting Times - History and Performance Indicators

Inpatient and Day case Target & Standards

From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting times for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis (known as Treatment Time Guarantee).

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).

Prior to 1 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.

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.

Patient unavailability

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.

- 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 1 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;
- 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. PFB is applicable to New Outpatients and Diagnostics only.

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 1 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 1 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 1 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		
1 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 Guarantee²			
1 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

Following the introduction of TTG legislation on 1 October 2012, this publication has overseen a transitional phase while national and local systems were developed to ensure effective and equitable management and monitoring of waiting times. Up until March 2014, limited statistics on Inpatient and Day case were sourced from aggregate returns submitted by NHS Boards. New Outpatients continued to be sourced from the Waiting Times data mart but as explained at the time, figures were subject to a calculation of wait in line with 'New Ways' guidance.

Figures from April 2014 were sourced centrally from the Waiting Times warehouse using one TTG compliant calculation applicable to Inpatients, Day cases and New Outpatients. This progress ensured published statistics were underpinned by nationally consistent definitions and methods to allow better comparison across the country and enhanced quality assurance.

Revision of historical data

From the outset there has been a commitment to refresh and expand upon published statistics back to the beginning of TTG once historically submitted data was of sufficient quality. The publication on 26 May 2015 incorporated a revision of all data back to October 2012. This revision facilitated the production of consistent and reliable trend data across a comprehensive set of Waiting Times indicators. ISD and NHS Boards have worked in partnership to quality assure historical data and fulfil the commitment. Due to the volume of historical data and time lapse involved, some data quality issues inevitably remain. NHS Boards provided the following insight in May 2015:

NHS Ayrshire & Arran

Due to limited resources, the quality assurance carried out has been minimal and the outstanding concern is that up until April 2014, NHS Ayrshire & Arran Inpatient and Day case figures include all diagnostics as well as other procedures that are exempt from TTG. Therefore figures will be showing a larger number than the true TTG position, including those waiting over 12 weeks.

NHS Borders

NHS Borders report variation between local and published figures following the revision of data, variation is outlined as follows:

- In Feb 2014 there were 10 private sector breaches where patients were not treated in time and data was corrected & submitted after submission dates but is not reflected in the original publication;
- In March 2014 there are 10 records which are non TTG submitted in error;
- The remainder are differences with some over and some under reporting in the published data due to operating a manual process while waiting on Patient Administration System and warehouse updates. Our process was not as robust during that time as it is now.

NHS Dumfries & Galloway

NHS Dumfries & Galloway have reported that quality assurance has been carried out locally, this involved:

- A substantial period of testing when the data was initially submitted in TTG format in April 2014;
- Quality assurance processing carried out at every quarter end submission;
- Comparison of ISD Quality Assurance benchmarking tool with local performance figures and formal discussion with information management with explanation regarding the discrepancy between the figures, i.e. it is owing to the change to the calculation.

There are no outstanding concerns.

NHS Fife

Comparisons were made between local figures and data within the ISD datamart, and NHS Fife have raised a number of concerns around revision of historic data due to local system issues including:

- TTG compliant extract not available until November 2014;
- Internal system dates for example, when cancelling an appointment, cannot be corrected by users which generate ISD warehouse validation errors;
- Internal validation by local Patient Administration System preventing records getting onto extract files.

Consequently, NHS Fife report differences between published ISD datamart and local figures for number of patients covered by TTG that were treated up to March 2014.

NHS Forth Valley

NHS Forth Valley reviewed the publication and note that whilst the months of reporting of the TTG and outpatient breaches differed slightly from previous reports the overall numbers broadly reconciled to aggregate reports submitted to ISD.

NHS Grampian

During July 2014, NHS Grampian resubmitted waiting times data from October 2012 from their Patient Management System to ensure the data on the ISD Warehouse matched locally. The main change was to ensure the correct waiting time standard was on the warehouse to allow identification of TTG and non TTG waiting lists.

NHS Grampian ran reports from the warehouse before and after the submission to ensure the resubmission had the desired results, while accounting for the ongoing technical issue outlined [below](#).

NHS Greater Glasgow & Clyde

NHS GG&C have undertaken a validation exercise on the historic figures provided for the period prior to the Patient Management System, TrakCare, being TTG compliant, October 2012 to March 2014.

Trakcare was not TTG compliant until January 2014, which should be recognised when considering ISD's revision of historic data.

NHS Highland

NHS Highland report that limited Quality Assurance has been undertaken at this stage, due to local demands.

NHS Lanarkshire

An analysis of the historic data and the issues that have arisen due to the change in calculation has taken place over the last three months. This analysis has removed all data quality concerns for Inpatient and Day case. Sampling of the Outpatients has indicated that the increases in numbers over 12 weeks are not thought to be associated with data quality but we have not as yet completed this checking. NHS Lanarkshire plan to complete this before the next quarterly publication.

Please note Inpatient and Day case activity referred to the Independent sector for the period October 2012 to March 2014, previously reported under NHS Lanarkshire as part of an aggregate return are now published under 'Other Providers'.

NHS Lothian

NHS Lothian report that although individual records have not been examined, the pattern of the changes has been examined and discussed with both executive and non-executive members of the board, who were reassured by the level of understanding as to the issues contributing to the movement observed.

NHS Orkney

NHS Orkney previously advised ISD that historical datamart data for New Outpatients incorrectly included Physiotherapy patients who are not subject to the waiting time standard. Following the revision of data these patients have been removed and NHS Orkney stated they are confident with the published Inpatient, Day case and New Outpatient figures sourced from the ISD warehouse.

NHS Shetland

NHS Shetland used ISD reports to verify the revision of data from October 2012. Due to a local system issue, Inpatient and Day case figures are inflated until August 2014 due to the wrongful inclusion of diagnostics.

NHS Tayside

NHS Tayside reports no outstanding concerns regarding revised figures for Inpatients, Day cases and New Outpatients.

NHS Western Isles

NHS Western Isles report they are satisfied with the accuracy of ongoing and completed wait information for Inpatients and Day cases, observing a close match between local figures and those available in the ISD warehouse.

According to local systems, NHS Western Isles report significantly fewer >12 and >16 week waits for both ongoing and completed between October 2012 and June 2014 than published figures for New Outpatients. Unfortunately time did not allow for a thorough investigation of reasons for the differences.

Golden Jubilee National Hospital

Golden Jubilee confirmed that revised publication figures are an accurate reflection of local activity.

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.

NHS Board – specific data quality issues

ISD and NHS Boards work closely to ensure that published Waiting Times information accurately reflects locally held data. During 2013 and 2014, all NHS Boards gradually moved to a new TTG compliant extract. This change, compounded by a limited period of time to test new extracts with redeveloped ISD warehouse, led to new data quality issues that were subject to further investigation.

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

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

NHS Ayrshire & Arran

NHS Ayrshire & Arran report where records have an “Urgent Cancer Suspected” priority and there is a conflict over which Waiting Times Standard (WTS) should be applicable, it is being left blank and therefore is being included within the publication. However, there are a significant number of records where the conflict is between the WTS for Cancer and Diagnostic Test. Thus these records are being included when they should be excluded.

NHS Borders

For quarter ending 31 December 2014, NHS Borders previously reported a greater number of Inpatient and Day case waits over 12 weeks than submitted to ISD. This was 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 ‘date added to waiting list’. NHS Borders have confirmed that this issue has now been resolved; however this has resulted in variation between published figures and local reporting for quarters ending 31st Dec 2014 and 31st Mar 2015.

NHS Fife

NHS Fife 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

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

NHS Grampian stated that if there is a mismatch between the waiting list specialty and the proposed procedure specialty, an incorrect waiting time standard can be allocated. This has the effect of overstating the TTG activity and breachers in the warehouse.

A local system upgrade resulted in NHS Grampian submitting a large number of duplicate records to the ISD warehouse. Previously a filter was applied to remove duplicate records, however NHS Grampian have since worked with local system suppliers to rectify this issue and have removed this filter for these duplicate records.

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.

NHS Highland

In May 2016, NHS Highland reported to ISD that Diagnostic endoscopy tests are now recorded as outpatients rather than day cases.

NHS Highland moved to a new Patient Management System (PMS) in March 2014. Outstanding configuration and Data Quality issues continue to be addressed via the PMS implementation Programme. Due to the scale of the initial technical issues, this led to the number of New Outpatient waits greater than 12 weeks being inflated in subsequent months before reconciling with ISD towards the end of 2014.

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 1 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

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.

NHS Orkney

NHS Orkney moved to a new Patient Management System (PMS) in June 2014. Subsequent to the change, some additions to the list were migrated to the new system in error. This has resulted in a higher than normal number of removals coded as 'inappropriate additions'.

NHS Shetland

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 Shetland report that their Gynaecology service changed in the autumn of 2015 from visiting consultant to an in-house service. Data Quality issues relating to the change and specific to unavailability coding, have been addressed.

NHS Tayside

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 9](#) 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 12-18 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 9 – Volume of affected records by NHS Board

NHS Board	Date added to Waiting List (Quarter End)							
	IPDC				New OP			
	Jun-15	Sep-15	Dec-15	Mar-16	Jun-15	Sep-15	Dec-15	Mar-16
NHS Scotland	308	342	341	90	2 524	2 438	2 091	159
NHS Ayrshire & Arran	4	4	4	0	66	39	22	2
NHS Borders	9	14	9	0	120	229	78	18
NHS Fife	12	20	28	2	919	722	507	120
NHS Forth Valley	17	11	24	1	8	0	0	0
NHS Grampian	105	122	122	78	175	140	117	3
NHS Greater Glasgow & Clyde	3	11	20	0	162	764	806	15
NHS Highland	34	81	71	4	614	215	521	0
NHS Lanarkshire	11	7	11	0	0	0	0	0
NHS Lothian	71	48	35	4	457	306	6	0
NHS Tayside	41	24	16	1	3	22	34	1
NHS Western Isles	1	0	1	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 2014 are given in the table ['Number of records filtered, by NHS Board'](#).

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.

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 1 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 1 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 1 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 1 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	Process and background regarding the revision of data from October 2012 is detailed here .
Revisions relevant to this	All figures from October 2012 have been revised. Addressing

publication	<p>a period of transition between October 2012 and March 2014, this ensures all figures are sourced from the ISD warehouse and the calculation of wait (applicable from 1 October 2012) is applied consistently to Inpatients, Day cases and New Outpatients.</p>
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 1 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 NHS Performs.</p>
Accuracy	<p>Detailed information on validation is available.</p> <p>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</p>

	approximately 98% of data submitted to the Warehouse is published.
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	23 February 2016
Next published	30 August 2016
Date of first publication	27 May 2008
Help email	nss.isdWAITINGTIMES@nhs.net
Date form completed	31 May 2016

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.