NEW WAYS
of defining and measuring waiting times

Applying the Scottish Executive
Health Department guidance

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## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>3</td>
</tr>
<tr>
<td>Key ‘New Ways’ changes</td>
<td>3</td>
</tr>
<tr>
<td>Fair to All, Personal to Each</td>
<td>4</td>
</tr>
<tr>
<td><strong>Reasonable Offer</strong></td>
<td>5</td>
</tr>
<tr>
<td>Exceptions to the reasonable offer rule</td>
<td>5</td>
</tr>
<tr>
<td>Declining an Offer</td>
<td>6</td>
</tr>
<tr>
<td>Patient Focussed Booking</td>
<td>6</td>
</tr>
<tr>
<td>Short notice Appointments or Admissions</td>
<td>7</td>
</tr>
<tr>
<td><strong>Non attendance</strong></td>
<td>9</td>
</tr>
<tr>
<td>Could Not Attend (CNA) For full details see Appendix 1 - Item 2.0</td>
<td>9</td>
</tr>
<tr>
<td>Did Not Attend (DNA) For full details see Appendix 1 - Item 3.0</td>
<td>11</td>
</tr>
<tr>
<td>Cancelled by hospital</td>
<td>12</td>
</tr>
<tr>
<td><strong>Unavailability</strong></td>
<td>13</td>
</tr>
<tr>
<td>Medical Unavailability</td>
<td>13</td>
</tr>
<tr>
<td>Social Unavailability</td>
<td>14</td>
</tr>
<tr>
<td><strong>Patient Information</strong></td>
<td>15</td>
</tr>
<tr>
<td><strong>Treatment Location</strong></td>
<td>17</td>
</tr>
<tr>
<td><strong>Appendix - Scottish Executive Health Department guidance</strong></td>
<td>19</td>
</tr>
<tr>
<td>What is Reasonable offer of an appointment / admission</td>
<td>19</td>
</tr>
<tr>
<td>How should Could Not Attends (CNAs) be defined and managed, assuming a reasonable offer of appointment / admission has been made?</td>
<td>20</td>
</tr>
<tr>
<td>How should Did Not Attends (DNAs) be defined and managed?</td>
<td>20</td>
</tr>
<tr>
<td>How should periods of unavailability be managed?</td>
<td>21</td>
</tr>
<tr>
<td>Medically unavailable:</td>
<td>21</td>
</tr>
<tr>
<td>Socially unavailable:</td>
<td>21</td>
</tr>
</tbody>
</table>
New ways of defining and measuring waiting times in Scotland
Introduction

In December 2004, the Scottish Executive Health Department published a document ‘Fair to All, Personal to Each’ which announced the introduction of new ways of defining, recording and measuring waiting times. These are designed to make measurement and reporting of waiting more transparent, consistent and fair.

This guide has been produced to help hospital waiting times managers, administrative and clerical staff better understand ‘New Ways’ so that everyone involved in organising and arranging appointments and admissions takes a consistent approach in managing waiting times.

The guide summarises the key changes that ‘New Ways’ brings and also provides in the appendix, the Scottish Executive Health Department guidance that relates to these changes.

Further information can be found on the New Ways website www.newways.scot.nhs.uk

Key ‘New Ways’ changes

By 31 December 2007 ‘New Ways’ will be introduced. New Ways of Defining and Measuring Waiting Times in Scotland:

• Changes how waiting times are measured and reported
• Introduces the concept of a ‘reasonable offer’ of appointment or admission
• Records and reports patient non-attendance and unavailability
• Ends Availability Status Codes (ASC’s)
Fair to All, Personal to Each

By the end of 2007, the NHS in Scotland will calculate patients’ waiting times on a different basis that will be fairer, more open to scrutiny, more understandable, and which will help put patients at the centre of their care. Waiting times will be calculated from the date a patient is placed on the waiting list to the date of an outpatient appointment or hospital admission for treatment. Availability status codes – which at present mean that some patients waiting for highly specialised or low priority treatment have to wait longer than the guaranteed maximum times - will be abolished. Patients who are waiting for such treatments will be admitted within the same maximum waiting times period as all other patients. Patients will have any periods of unavailability for medical, social or personal reasons subtracted from the calculated waiting time. Periods of unavailability will be reviewed regularly, so that no-one will remain unavailable for treatment for more than 3 months without a check on their status.

The new arrangements also mean that patients have to take responsibility for accepting and honouring a reasonable offer of an outpatient consultation or hospital admission for treatment. Patients who fail to turn up for an appointment or admission without prior warning will return to the start of the waiting queue, unless there are clinical or other compelling reasons for treating them more quickly. Effectively they will have their waiting times ‘clock’ returned to zero. New patient-focused booking systems, now being introduced across the NHS in Scotland, will help to ensure that patients have the opportunity to choose an outpatient appointment that is convenient.

These are huge changes and will bring substantial benefits to patients. Ending availability status codes means that no patient will be placed outside our waiting times guarantees and very long waits will be eliminated. The arrangements will be open and transparent and will ensure fairness and consistency across Scotland. Patients will receive better information about what they can expect from the NHS in terms of maximum waits, about any change in their status, and what will happen next and when.

*Fair to All, Personal to Each*

Scottish Executive Health Department

Published December 2004
Reasonable Offer

For full details see Appendix 1 - Item 1.0

‘Reasonable offer’ is a package consisting of up to two offers of appointment or admission with 21 days or more notice from the date the offer is made.

- The ‘reasonable offer’ rules apply regardless of method of offer whether it is written, verbal or a combination of methods.
- Appointments and admissions should be within the relevant national waiting times standards.
- Any letter offering an appointment or admission will need prompt delivery to ensure the reasonable offer conditions are met. Letters should also be in a format appropriate to the patient e.g. large print, community language.

While some patients may not need more than one offer, or 21 days advance notice, following this practice will ensure that the minimum standards for reasonable offer are met.

Patient scenario - Reasonable offer

Kate telephones her hospital to make a dermatology outpatient appointment. She is able to accept the first appointment the clinic supervisor offers, which is in four weeks time. Is this a ‘reasonable offer’?

Yes, as Kate has been given more than 21 days notice for her appointment. She did not need to be offered two appointments as she accepted the first one.

Exceptions to the reasonable offer rule

- Urgent appointments
- Infrequent services:
  Defined as services from health care professionals that are only provided once every eight weeks or less frequently, such as in remote or rural areas. In these cases only one date need be offered.

Patient scenario - Reasonable offer

Dominic contacts his hospital to make an outpatient appointment. The first appointment offered is 14 days in advance and the second is 30 days. Both offers are declined but this does not affect Dominic’s waiting time – Why?

This is not a ‘reasonable offer’ package. Both dates offered must be at least 21 days or more in advance to be ‘reasonable’, unless the patient is happy to accept an earlier date.
Declining an Offer

For a ‘reasonable offer’ to be declined, the patient needs to decline both dates within the package. If the patient declines the reasonable offer package the patient’s waiting clock is reset to zero from the date on which the last offer was declined, not the date of the offered appointment.

Where the two dates of appointment or admission offers are made separately eg. when one offer is made in writing and the patient is asked to phone in if they require a different date, the date the second offer was declined would be the date that the clock is reset to zero.

Patient scenario - Declining an offer

On 1 April Nicole is sent an appointment date of 5 May and is asked to contact the hospital within two weeks if this is unsuitable. Nicole telephones the hospital on 12 April to decline the appointment. During this telephone conversation she is offered a new date of 23 May but declines this date too. What happens next?

Nicole has declined two reasonable offers so a discussion should take place with the healthcare professional responsible. Either she will be referred back to her GP or if she is to remain on the waiting list her ‘clock’ is set to zero from 12 April, the date she declined the reasonable offer.

Patient Focussed Booking

With Patient Focussed Booking (PFB), the patient should be allowed two weeks to respond to the initial invite to contact the hospital. If no contact has been made after two weeks, the waiting clock stops and a reminder letter is sent to the patient. The waiting clock restarts when the patient makes contact and an appointment date is arranged; if there is no response to reminder after two weeks, the patient may be referred back to GP, subject to the approval of the healthcare professional to whom the patient was referred.

Patient scenario - Patient Focussed Booking

Stephen is sent a letter on 1 August asking him to contact the hospital within 14 days. No response is received by 14 August so the ‘clock’ stops from 15 August. Stephen eventually responds on 24 August. What date does the clock re-start from?

The clock restarts on 24 August.
Short notice Appointments or Admissions

To assist in planning and scheduling, hospitals may find it helpful to collect information on the availability of each patient and their willingness to be admitted at short notice.

Once a short notice offer is accepted by the patient it is regarded as a reasonable offer, however declining a short notice offer does not cause any detriment to the patient and they should be made another reasonable offer.

Andy is arranging his outpatient appointment when a cancellation becomes available the following week. He accepts this offer and attends. Why is this a reasonable offer?

Although the appointment offered gives less than 21 days notice, Andy is happy to accept. Therefore this short notice appointment constitutes a reasonable offer.

**Key Learning**

- Reasonable offer is a package consisting of up to two appointments
- A minimum of 21 days notice should be given
- A second date must be offered unless first date offered is accepted
- Appointments less than 21 days can be offered
- If the earlier appointment eg. less than 21 days is not accepted, at least two dates with 21 days minimum notice are required to be given
- If patient refuses two appointment dates with at least 21 days notice, follow agreed local procedure eg. seek advice from the health care professional to whom the patient was referred, refer back to GP if appropriate
- The waiting time clock is reset to zero from the date the second appointment is refused
- Exceptions:
  - Urgent appointments
  - Infrequent services eg. clinics or theatre sessions that are provided once every eight weeks or less frequently only need to offer one date
Details of CNA and reason for removal from list recorded on the system according to local procedure. Patient advised of consequences: patient is being removed from the waiting list. The GP may re-refer.

If for clinical reasons a further reasonable offer of appointment is made, the appointment for clinical reasons remove the patient from the waiting list. The GP and patient should be informed if the procedure.

Waiting time starts from zero if a further referral is received and a new appointment offered.

Joanne’s ‘clock’ is reset to zero from 18th February, the day she cancelled her appointment. When she is busy moving house she forgets to cancel the appointment until 18 February. When she is busy moving house she forgets to cancel the appointment until 18 February. When

Her friend Joanne is also given an appointment date of 1 March on 30 November but as her friend Joanne is also given an appointment date of 1 March on 30 November but as

Carole is sent an appointment date of 1 March on 30 November but on 4 January she has Carole is sent an appointment date of 1 March on 30 November but on 4 January she has

A patient accepts a reasonable offer of appointment/admission but then A patient accepts a reasonable offer of appointment/admission but then

Could Not Attend (CNA) Non attendance

Patient scenario - Could not attend

Returned to GP who will re-refer the patient if required. The GP may re-refer the patient if required. The GP may re-refer the patient if required. The GP may re-refer the patient if required.

Assuming a reasonable offer of appointment or admission has been accepted, if a patient Assuming a reasonable offer of appointment or admission has been accepted, if a patient

Patients should be aware that under New Ways ‘rules’ the clock is reset to zero from the date Patients should be aware that under New Ways ‘rules’ the clock is reset to zero from the date

Carole is sent an appointment date of 1 March on 30 November but on 4 January she has Carole is sent an appointment date of 1 March on 30 November but on 4 January she has

Carole is sent an appointment date of 1 March on 30 November but on 4 January she has Carole is sent an appointment date of 1 March on 30 November but on 4 January she has
Non attendance

Could Not Attend (CNA)
For full details see Appendix 1 - Item 2.0

As patients are increasingly being given the opportunity to choose the appointment or admission date that best suits them, they should be less likely to need to cancel. New Ways, however, recognises there are circumstances where the patient has to cancel.

Patients should be aware that under New Ways 'rules' the clock is reset to zero from the date of cancellation, not the date of the planned appointment or admission, therefore it will be in their own interest to cancel as soon as possible if they must do so.

Patient scenario - Could not attend

Carole is sent an appointment date of 1 March on 30 November but on 4 January she has to cancel the appointment.

Her ‘clock’ is reset to zero from 4 January.

Her friend Joanne is also given an appointment date of 1 March on 30 November but as she is busy moving house she forgets to cancel the appointment until 18 February. When is Joanne’s ‘clock’ reset to zero from?

Joanne’s ‘clock’ is reset to zero from 18th February, the day she cancelled her appointment.

Assuming a reasonable offer of appointment or admission has been accepted, if a patient contacts the hospital to reschedule their admission or appointment date, the date of the CNA and any explanatory text should always be recorded.

If a patient asks to reschedule a reasonable offer of appointment or admission for third time, advice of the healthcare professional to whom the patient was referred should be sought and unless it is considered inappropriate, the patient should be removed from the waiting list and returned to GP care. The GP can then re-refer the patient.
If a patient accepts a reasonable offer of appointment or admission and then subsequently notifies the hospital that they cannot attend (CNA) on the agreed date and time, the following applies:

**First and Second Could Not Attend (CNA)**
- Waiting time is set to zero on the date the appointment or admission is cancelled
- Record details on local system
- Patient should be made another ‘reasonable offer’

**Third Could Not Attend (CNA)**
- If a patient has a third CNA, seek advice on action from the healthcare professional to whom the patient was referred
- If instructed to return to GP care
  - Date of CNA and reason for removal from list recorded on the system according to local procedure
  - GP and patient should be informed that the patient is being removed from the waiting list
  - GP can re-refer the patient if required. If a further referral is received and a new appointment offered, waiting time starts from zero
- If, for clinical reasons, the instruction is to offer another appointment or admission
  - Waiting time is set to zero on the date on which the patient makes contact to cancel this appointment. Details are recorded on the system according to agreed local procedure. Patient should be mad another reasonable offer.
Non attendance

Did Not Attend (DNA)
For full details see Appendix 1 - Item 3.0

As patients are being given choice and input into when they attend for appointment or admission they should be less likely to ‘DNA’.

If a patient does not report for treatment, with no prior discussion, the date and any explanatory text should always be recorded, and the DNA should be confirmed as factually correct by writing to the patient and copied to their GP.

Unless there is a valid clinical reason for offering another appointment or admission date, the patient should be removed from the waiting list and referred back to the original referrer. The original referrer can re-refer.

In circumstances where the hospital clinician wishes the patient to be offered another appointment or admission date, the clock will be reset to zero from the original date of the appointment or admission and the patient should be made another ‘reasonable offer’.

Key Learning

- If a patient accepts a reasonable offer of appointment or admission but does not attend on the agreed date and time, the following applies:
  - Record DNA details on the system
  - Verify the DNA with the patient by letter or telephone. If verified by telephone confirm by letter with a copy sent to the patient’s GP.
  - Seek advice from the healthcare professional to whom the patient was referred to determine what to do next. If there are no clinical reasons for offering a further appointment, remove the patient from the waiting list and refer back to the original referrer. Both patient and GP should be informed.
  - If the patient is remaining on the waiting list, record the reason and reset the clock to zero from the date of the original appointment when the patient did not attend.
  - Make the patient another reasonable offer of an appointment
Non attendance

Cancelled by hospital

Cancellations resulting from hospital operational circumstances should not result in any detriment to the patient; e.g. the cancellation of a clinic, at short notice, must result in the patient being made a further reasonable offer as soon as possible. The patient’s waiting clock should not be affected in any way.

Key Learning

- There can be no detriment to the patient as a result of changes made by the hospital
- The patient’s clock is not affected by a cancellation by the hospital
Unavailability

For full details see Appendix 1 - Item 4.0

Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons.

Time recorded as unavailable for treatment will be subtracted from a patient’s reported waiting time. Unavailability of up to seven consecutive days would be noted, for management purposes, but will not be subtracted from the patient’s waiting time.

Any periods of unavailability of eight days or more will be subtracted from the reported waiting time.

It is vital that patients who are already on a list but who have become unavailable are monitored. Patients who are recorded as unavailable should be reviewed within 13 weeks if no end date to their unavailability is known. This should be carried out by the most suitable clinician. Patients should not stay on a waiting list, which they are unlikely to come off for a long time.

Medical Unavailability

Medically unfit patients should not be added to the waiting list if there is no estimated end date to their unavailability. Adding patients to a waiting list gives the impression that they are now in a queue for treatment. It is unfair to give this impression when that is not the case.

Patient scenario - Medical unavailability

Sean has been told by his Consultant that he requires an operation but is slightly overweight. The Consultant tells Sean that he will be not be able to be placed on the waiting list for his operation. Why?

Sean has been defined as being medically unavailable by his consultant and he should not be placed on the waiting list as at this stage there is no end date to his unavailability.

Where unavailability for medical reasons occurs during the waiting period and is likely to be more than seven days (eg due to an unrelated medical condition developing), the start date and likely end date should be added to the system, if no exact end date is known. The patient should be reviewed within 13 weeks and if no end date is known at that review, advice should be sought from the healthcare professional responsible in order to determine further actions. Unless it is clinically inappropriate the patient should be removed from the waiting list and returned to GP care. If the patient remains on the waiting list after this review, the reason should be recorded and a new review date recorded. Repeated periods of unavailability should not however, be encouraged.

It is important to review these periods to make sure that the patient should remain or be removed from the waiting list. It is also important to make sure that you tell the patient and GP of any change to the patient’s waiting list status.
Social Unavailability

Socially unavailable patients should not be added to the waiting list if there is no known end date to their unavailability. Adding patients to a Waiting List gives the impression that they are now in a queue for treatment. It is unfair to give this impression when that is not the case.

Patient scenario - Social unavailability

Stewart is added to waiting list on 1 February but he has booked a holiday from 1 March to 14 March. What happens to Stewart’s waiting time clock?

Waiting time clock is stopped from 1 March to 14 March. Clock restarts 15 March.

Where unavailability for social reasons occurs during the waiting period and is likely to be more than seven days, the start date and likely end date should be added to the system, if no exact end date is known. The patient should be reviewed within 13 weeks and if no end date is known at that review, advice should be sought from the responsible healthcare professional in order to determine further actions. Unless it is clinically inappropriate the patient should be removed from the waiting list and returned to GP care. If the patient remains on the waiting list after this review, the reason should be recorded and a new review date recorded. Repeated periods of unavailability should not, however be encouraged.

It is important to review these periods to make sure that the patient should remain or be removed from the waiting list. It is also important to make sure that you tell the patient and GP of any change to the patient’s waiting list status.

Key Learning Unavailability

- Unavailability may be due to medical or social reasons.
- Patients should not be added to the waiting list if medically unfit or unable to accept an appointment or admission date if offered.
- Patients who become unavailable for treatment during the time they are on the waiting list will have the time of unavailability subtracted from their waiting time if they are unavailable for eight or more days.
- Patients who are recorded as unavailable should be reviewed within 13 weeks if no end date to their availability is known.
- The patient or healthcare professional responsible must tell the waiting list manager when the patient is available for treatment.
- The waiting time clock will be restarted from the date the patient becomes available to accept an appointment or admission date.
Patient Information

It is important that patients are provided with clear, accurate and timely information about how processes will operate for arranging for them to be seen or to be admitted to hospital.

While verbal contact with the patient is the preferred approach when offering appointments or admission dates, where this is not possible, you must introduce effective processes for delivering and accepting or rejecting offers.

Patients should be given clear information on the consequences of not responding quickly to hospital communications, and the impact this could have on their waiting time. Any patient literature should make sure that the patient can understand their responsibilities. Communications with patients should be in a format appropriate to their needs e.g. large print, community language.

The patient should be given clear instructions on how and when to contact the hospital to either accept or decline appointment and admission dates, and the timeframe in which to do this e.g. the current guidance for the Patient Focussed Booking approach is two weeks from the date the letter is sent.

Where treatment occurs outside the health board area, or where clinics are held infrequently, it is particularly important that arrangements are made clear to patients at the beginning of the process of organising their appointment or admission, and an explanation offered if requested.

Key Learning

• Provide clear information to patients at the outset of the process.
• The patient should be given clear instructions on how and when to contact the hospital to either accept or decline appointment and admission dates, and the timeframe in which to do this.
• Explain the consequences of not responding to hospital communications.
• It may be necessary to contact the referrer or patient to clarify communication requirements such as different formats, languages or interpreter.
Applying the Scottish Executive Health Department guidance

Treatment Location

When possible, patients should be treated within their own Health Board area, however there are times when this may not be possible, such as when the service is provided on a regional or national basis, or if the treatment guarantee cannot be met locally.

Therefore when treatment cannot be provided locally and the patient needs to travel elsewhere, the patient should be made aware of this as early as possible, preferably when the decision to refer or treat is made. This should ensure the patient is part of the decision making process.

Where a patient has to travel, appropriate transport arrangements for patient and carer (if necessary) should be resourced by the patient’s Health Board. This would not apply however if the patient has requested to be treated elsewhere for personal reasons.

Hospitals may find it helpful to record the willingness to travel of all planned inpatient and daycase patients at the start of the process as this will provide a ready-made list of patients who can be offered places at another hospital.

Key Learning

- Where treatment cannot be provided locally the patient should be made aware of this as early as possible.
- Advise patient of requirement to travel at earliest opportunity.
- Travel arrangements should be made for patient (and carer) where appropriate.
- New Ways guidance applies wherever a patient is treated.
Appendix - Scottish Executive Health Department guidance

1.0 What is Reasonable offer of an appointment / admission

1.1 a) Regardless of method of offer (written/verbal/combination), subject to the exceptions below, patients should be offered up to 2 dates for outpatient, inpatient or daycase services. Both of these dates should be at least 3 weeks in advance and within the national waiting times standard.

Exceptions to this rule are:

- Urgent appointments (the advance notice rule is obviously not required);
- Infrequent services (where these are defined as services, from healthcare professionals, being provided once every 8 weeks or less frequently): for such services, only one date need be offered.

b) If the patient declines the ‘reasonable offer’ date(s), as defined in 1.1 a), then this constitutes a refusal of a reasonable offer and means that the patient’s waiting clock is reset to zero from the date on which the offer(s) were declined.

c) Where the Patient Focused Booking (PFB) approach is used, the following should happen:

- the patient should be allowed 2 weeks to respond to initial invite to contact hospital;
- if no contact has been made after 2 weeks, waiting clock stops and a reminder letter is sent to patient;
- the waiting clock restarts when the patient makes contact and appointment date is arranged; if there is no response to reminder after 2 weeks, the patient may be referred back to GP subject to clinical approval.

1.2 It is important that patients are provided with clear, accurate and timely information about how processes will operate for arranging for them to be seen or to be admitted to hospital and that they know how waiting times will be calculated. It is particularly important that where special rules apply (eg where it may be necessary for a hospital to offer treatment outside the health board area in order to meet the maximum waiting times guarantees, or where clinics are held infrequently by visiting clinicians) the implications of these are made clear to patients at the beginning of the process of arranging their clinic of admission and explanations offered if requested.

1.3 When possible, patients should be treated within their own NHS Board area unless the service required is provided on a regional or national basis; (unless clinically inappropriate, patients will be considered as transferable within the clinical network in their NHS Board area); if a treatment guarantee cannot be met locally and a patient may need to travel elsewhere, the patient must be made aware of this possibility as soon as it arises, preferably when the decision to refer or treat is made; appropriate transport arrangements (for patient and carer, if necessary) need to be resourced by the patient’s NHS Board; the latter point regarding transport resourcing does not apply if the patient has requested to be treated elsewhere for personal reasons (eg relative living nearby).

1.4 a) To assist in planning and scheduling, it is essential to collect information on the availability of each patient and their willingness to be admitted at short notice.

b) Declining a short notice offer would not result in any detriment to the patient as this will not be considered a reasonable offer; however, once a short notice offer is accepted by the patient it is regarded as a reasonable offer.

1.5 a) Verbal contact with patients, as is being planned for the patient focussed approach to outpatient appointments, is recommended for inpatient and daycase admission planning.

b) Some contact with patients may need clinical involvement rather than purely administrative input.

1.6 Any letter sent offering an appointment/admission will need prompt delivery to ensure the reasonable offer conditions in 1.1 are honoured.
2.0 How should Could Not Attends (CNAs) be defined and managed, assuming a reasonable offer of appointment / admission has been made?

**CNAs**: Assuming a reasonable offer of appointment / admission has been accepted, if a patient contacts the hospital to ask to reschedule their admission / appointment date the following should happen:

2.1 The CNA details (eg the date of cancellation and explanatory text) are recorded on the system; date of cancellation is defined in 2.3.

2.2 Original date of addition to list remains.

2.3 The waiting time is reset to zero from the date at which the cancellation is made.

2.4 The patient should be made a further reasonable offer.

2.5 a) if a patient asks to reschedule an appointment or admission for a 3rd time*, advice of the responsible healthcare professional should be sought; and

b) unless clinically inappropriate the patient should be removed from the waiting list and returned to GP care; if remaining on the waiting list the reason should be recorded and 2.3 and 2.4 apply and

c) the patient and GP should be informed if the patient is being removed from the list and the GP can re-refer.

2.6 Problems resulting from hospital operational circumstances should not result in any detriment to the patient; for example, the cancellation of a clinic, at short notice, must result in the patient being made a further reasonable offer as soon as possible.

3.0 How should Did Not Attends (DNAs) be defined and managed?

**DNAs**: Assuming a reasonable offer of appointment/admission has been accepted, if a patient does not report for treatment, with no prior discussion, the following should take place:

3.1 DNA details (date and explanatory text) to be recorded on system.

3.2 DNA to be confirmed as factually correct (any letter should be sent to patient and copied to GP).

3.3 a) Advice should be sought from the responsible healthcare professional in order to determine further actions; and

b) Unless clinically inappropriate the patient should be removed from the waiting list and returned to GP care; if remaining on waiting list, the reason should be recorded and the waiting time reset to zero; the original date of addition to list remains; and

c) The patient and GP should be informed if the patient is being removed from the list and the GP can re-refer.

3.4 if appropriate, the patient should be made a further reasonable offer.

*Changed from “2nd time” to “3rd time” on 19th September 2007
4.0 How should periods of unavailability be managed?

Unavailability, for patients without a date for treatment, is defined as being a period of time when the patient is unavailable for treatment for medical or social reasons. Within the guidelines set out below, time recorded as unavailable for treatment will be subtracted from a patient’s reported waiting time.

Medically unavailable:

4.1 Medically unfit patients should not be added to the waiting list if there is no estimated end date to their unavailability.

4.2 a) Where unavailability for medical reasons occurs during the waiting period and is likely to be more than 7 days, the start date and likely end date should be added to the system.

b) If no end date is known, the patient should be reviewed within 13 weeks.

c) If no end date is known at that review, advice should be sought from the responsible healthcare professional in order to determine further actions.

d) Unless clinically inappropriate the patient should be removed from the waiting list and returned to GP care; if remaining on waiting list the reason should be recorded and a new review date recorded; repeated periods of unavailability should not be encouraged.

e) The patient and GP should be informed if the patient is being removed from the list and the GP can re-refer.

Socially unavailable:

4.3 Socially unavailable patients should not be added to the waiting list if there is no known end date to their unavailability.

4.4 Unavailability of up to 7 consecutive days would be noted, for management purposes, but will not be subtracted from the patient’s waiting time.

4.5 a) Any greater periods of unavailability will have the start date and end date recorded and this time subtracted from the patient’s waiting time.

b) The responsible healthcare professional will be informed.

c) If no end date is known the patient will be reviewed within 13 weeks.

d) If no end date is known at that review advice should be sought from the responsible healthcare professional in order to determine further actions.

e) Unless clinically inappropriate the patient should be removed from the waiting list and returned to GP care; if remaining on waiting list the reason should be recorded and a new review date recorded; repeated periods of unavailability should not be encouraged.

f) The patient and GP should be contacted to inform them if the patient is being removed from the list and the GP can re-refer.
Further information on New Ways, including an electronic version of this document and further resource material can be found on the New Ways website at www.newways.scot.nhs.uk

The New Ways team, can be contacted by email at newways@isd.csa.scot.nhs.uk

The New Ways team is part of the Waiting Times Programme at Information Services Division (ISD). ISD is a division of NHS National Services Scotland. ISD is the organisation responsible for the management and development of health and care information for NHS Scotland.