PRESS RELEASE

AUDIT SCOTLAND

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MANAGEMENT OF WAITING LISTS NEEDS IMPROVING SAYS AUDITOR GENERAL

Aspects of the management of NHS waiting lists need to be improved, according to a report out today by the Auditor General for Scotland, Robert Black

The study found no evidence of systematic or deliberate irregularities in the management of waiting lists. It did, however, identify differing practices across NHS trusts and gaps in the provision of some information.

"Practices in some acute trusts should be improved to safeguards patients' interests," said Mr Black. "Inconsistencies in the recording of information will affect the quality and comprehensiveness of waiting times information for the future.

"In addition, Primary Care Trusts are hampered by a lack of national definitions and standardised data sets".

The report points out that while there has been a change in emphasis to waiting times as a measure of NHS performance, the need for good management of waiting lists is essential in achieving reductions in waiting times.

In acute trusts, key areas where improvements could be made include:

Administering the list

Inconsistent application of national guidance means some trusts do not routinely place all patients on waiting lists. In some cases this is understandable, eg patients waiting to be fast tracked through the system. However, in four trusts, reasons for not putting some patients on lists were unclear.

Some administrative errors were also noted, including the delayed recording of when patients were officially entered on the waiting list. The longest delay was 20 days.

Reclassifying patients' treatment

Changes in medical practice mean that some patients can safely be treated on an outpatient basis rather than being admitted to hospital. However there is no consistent approach to how certain treatments are classified across NHS trusts and how waiting times guarantees are maintained.

"While it is understandable and desirable that some procedures are now carried out on an outpatient basis," said Mr Black, "there are no national waiting times guarantees or targets for such treatments. This means that where patients were taken off the waiting list they may have lost their waiting time guarantees as a result."

Use of the Deferred list

The rationale for two lists, the "true" list and the deferred list, and the reasons why patients on the deferred list cannot be transferred back to the true list once they are available for treatment, are unclear. There are currently over 25,000 people on a deferred waiting list in Scotland, although there are wide variations between trusts in the proportion of patients on deferred lists – from around 15 to 35% of all patients waiting .

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The report points to an apparent lack of consistency in placing patients on and removing them from the deferred list. For example, some trusts have not been following ISD guidance about which patients should be placed on which list. West Lothian Trust incorrectly used the deferred list for some plastic surgery cases, although this has now been rectified. Other trusts – Highland, South Glasgow, North Glasgow and Yorkhill – have been putting patients who cannot attend their appointments on the deferred list, even when patients have informed the hospital in advance.

“There is a risk that some patients awaiting treatments of low clinical priority who are on the deferred list may experience a long wait for treatment,” said Mr Black. “There may be an incentive for trusts to manage the true list better because waiting time guarantees exist for most patients on this list.”

In **primary care trusts**, better data collection and monitoring and validation of waiting list and waiting times information is needed by trusts to ensure that patients are treated equally across Scotland in the time that they wait for all treatments. This is likely to require investment in information systems in most primary care trusts.

Other important findings for all trusts include:

- There is little public information about waiting lists and waiting times for all services. Trusts do not have protocols on providing waiting list information to patients. The report suggests that patients should be informed about which list they are on, how long it is and what the expected waiting time is, and what happens if they cannot or do not attend. They should be updated about their progress on the list.

- Early warning systems to identify patients who are not being seen within their waiting times guarantee need to be improved. (In carrying out its sample audit of orthopaedic treatment, Audit Scotland found nine patients who had waited just over a year before receiving treatment).

- Audit Scotland found no formal written policies or procedures to deal with ‘closed’ lists or those under extreme pressure, although most trusts had informal strategies. Clear policies and procedures to deal with potential waiting list problems should be drawn up and implemented nationally.

Audit Scotland recommends a number of actions for trusts, unified health boards, the health department of the Scottish Executive and the Information and Statistics Division of the Common Services Agency, NHSScotland (ISD).

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Notes

1. Following a request by the First Minister in December 2001, the Auditor General instructed Audit Scotland to review the management of NHS waiting lists across Scotland and in particular:
    - The arrangements for placing patients on the list
    - The monitoring of the lists and the way in which these are kept up to date
    - The extent to which trusts apply central guidance in recording waiting list information
    - Whether trusts had managed lists in ways which had led to inappropriate delays to treatment

2. Audit Scotland's review was carried out in all trusts and island health boards in Scotland but it was not possible to review every waiting list in every trust. In acute trusts, Audit Scotland identified particular specialities in each trust for more detailed analyses, and looked at orthopaedic lists across in all trusts. In all, information was obtained from more than 2200 acute patient journeys. In primary care trusts, where there is less data available, interviews were conducted to obtain an overview of how lists were managed, and in island boards, telephone interviews were carried out.

3. Reclassification is the movement of patients from one category to another, for example inpatient to day case, or day case to outpatient.

4. Deferred list: patients are put on to deferred lists if they are unavailable for treatment (eg due to illness, extended holidays or work commitments). Although they can be treated from this list, they lose their waiting time guarantee and they are not transferred back to the true list. Across Scotland, between 1993 and 2002, the "true" waiting list fell from 84,521 to 71,965 while the deferred list rose from 13,451 to 25,270. There are wide variations between trusts in the proportions of patients on deferred lists – from around 15 to 35%.

5. Waiting times guarantees have been set by the Scottish Executive Health Department for hospital inpatient or day case treatment (12 months maximum wait).

6. There have been highly publicised reports of 'closed' waiting lists. These were largely due to a lack of specialist staff. The Scottish Executive health department has instructed trusts not to close lists.