

Managing NHS waiting lists – A review of new arrangements

Summary impact report, June 2010 (3 months)

1. Report findings and recommendations

The Auditor General's report on Managing NHS waiting lists examined whether NHS boards are complying with the new guidance for managing patients and recording information. It also looked at the impact on patients, particularly whether they are being disadvantaged by the new arrangements.

The new arrangements, known as New Ways, were introduced in January 2008 and set out guidance on how NHS boards should manage patients' waits and on measuring and reporting waiting times consistently. It was intended to:

- set out fair and appropriate procedures for patients who do not or cannot attend, cancel or refuse a reasonable offer of an appointment
- make explicit the shared responsibility of patients, GPs and hospital services
- replace a system whereby patients who were unavailable for medical or social reasons could lose their guarantee of a maximum waiting time.

New Ways introduced significant changes to the way patient waits are managed. We found that the NHS has done well to implement the new arrangements, and people no longer remain on waiting lists indefinitely. However, NHS boards are able to apply elements of the guidance differently to reflect the clinical needs of patients and although the new arrangements intended to ensure that all patients are managed consistently and fairly, this has led to some differences in how patients are managed.

Our report highlighted that NHS boards are recording most information required under the new guidance, but there are some gaps in recording data about reviews of patients who are unavailable and about transfers. This made it difficult to demonstrate that boards are managing all patients in the right way. Information for patients, and about patients, needs to improve to ensure that the new system operates effectively and the NHS needs to communicate well to avoid any confusion or delays that may affect patients being able to attend.

The report contained nine recommendations for the Scottish Government, NHS boards and NHS Information Services Division Scotland, detailed in Appendix 1.

2. Raising awareness and communication of key messages

In the three months since publication there have been 37 media items; this compares to an average of 50 media items from other similar Audit Scotland reports. Coverage and downloads in the three months following publication is detailed in the table below.

	Number of items - 3 months
Television	6
National press	10
Radio	15
Local press	3
Specialist articles	0
Report downloads	786
Key messages downloads	144
Podcast downloads	55
Additional outputs	3

3. Impact on Scottish Government Policy

Scottish Government Health Directorate (SGHD) has been leading a review of all current waiting times guidance with a view to publishing integrated guidance that covers both New Ways and the new 18 week referral to treatment target. There has been a focus on both the guidance for Did Not Attend (DNAs) and Could Not Attend (CNAs) and also how this guidance is put into practice, to address current variation. The SGHD will produce a number of options for additional guidance and this is expected to be issued in the summer, or early autumn at the latest.

The Access Support Team at the SGHD is currently assessing the potential impact of introducing a specific code for patient choice and ISD is continuing to work with health boards to improve the quality of New Ways data.

4. Parliamentary scrutiny

The Auditor General briefed the Parliament's Public Audit Committee on 24 March 2010. Members raised questions about communication with patients, particularly those with additional needs, and also asked about ways to reduce DNA rates. The Committee agreed to write to the NHS Accountable Officer asking for further information about how the NHS works to improve communication with patients and

reduce levels of DNA. On 12 May 2010, the Public Audit Committee noted the response from the Accountable Officer, and referred it to the Health and Sport Committee for information.

Appendix 1. Summary of anticipated report impact against Audit Scotland’s framework for measuring impact

HOLDING TO ACCOUNT AND HELPING TO IMPROVE			Assurance & accountability	Planning & management	Economy & efficiency	Quality & effectiveness
General Impacts						
Impact of report’s recommendations						
Rec	Audit Scotland recommendation	Plans to assess impact	Assurance & accountability	Planning & management	Economy & efficiency	Quality & effectiveness
1	NHS boards should record all New Ways data, including information on patient reviews and transfers, to ensure that all patients are being managed in line with the guidance and that this is demonstrated in a clear way.	<ul style="list-style-type: none"> NHS board action plan against the self-assessment checklist Update from ISD Scotland if they have carried out relevant work. 	●	●		
2	NHS boards review the reasons why patients are coded as being removed from the waiting list as treatment is no longer required and ensure that patients are being managed appropriately and in line with the guidance.	<ul style="list-style-type: none"> NHS board action plans against the self-assessment checklist Update from ISD Scotland 	●	●		

3	NHS boards should monitor levels of clinic cancellations, ensure that clinics are cancelled for valid reasons and take steps to reduce cancellations where possible.	<ul style="list-style-type: none"> NHS board action plans against the self-assessment checklist Update from ISD Scotland 	●	●	●	●
4	The Scottish Government and ISD Scotland should consider issuing additional guidance about the treatment of patients who do not attend or cannot attend appointments to make sure that patients are managed fairly across Scotland, while still allowing for clinical judgement.	<ul style="list-style-type: none"> Update from the SGHD and ISD Scotland. 	●	●	●	●
5	The Scottish Government and ISD Scotland should consider introducing a patient choice code which allows NHS boards to stop the waiting time clock for patients who choose to wait longer for an appointment or treatment.	<ul style="list-style-type: none"> Update from the SGHD and ISD Scotland. 	●	●		●
6	ISD Scotland and NHS boards should continue to improve the quality of the New Ways data to ensure they are reliable and fit for purpose.	<ul style="list-style-type: none"> NHS board action plans against the self-assessment checklist. Update from ISD Scotland. 	●	●	●	●
7	NHS boards should improve systems for recording patients' additional needs and put	<ul style="list-style-type: none"> NHS board action plans against the self-assessment checklist. 		●	● (indirect	●

	appropriate support in place for all who need it.				impact)	
8	NHS boards should ensure that communication with patients takes account of any need for additional support and tailor information to meet these needs.	<ul style="list-style-type: none"> NHS board action plans against the self-assessment checklist. 		●	● (indirect impact)	●
9	NHS boards should continue to work with primary care to improve communication with patients so that both primary care staff and patients are clear about their responsibilities under the new system, particularly the implications of patients not attending their appointments.	<ul style="list-style-type: none"> NHS board action plans against the self-assessment checklist. 		●	● (indirect impact)	●