

Issues for non-executive
NHS board members

Managing NHS waiting lists

A review of new arrangements



Prepared for the Auditor General for Scotland
March 2010



Auditor General for Scotland

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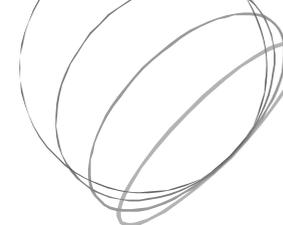
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Introduction

1. Audit Scotland published its national report, *Managing NHS waiting lists: a review of new arrangements* on 4 March 2010. This paper accompanies that report and sets out some issues that non-executive members may wish to consider in relation to how waiting lists are managed within their own boards. It also aims to help them pose questions they may want to ask of executive directors to seek assurance about local service delivery.
2. Copies of the national report can be downloaded from our website www.audit-scotland.gov.uk



Page references to main report	Issue	Questions for non-executive board members to consider
Part 2: Applying the new guidance		
Page 14	A high number of appointments are being cancelled by hospitals.	<ul style="list-style-type: none">▪ Does the board monitor levels of clinic cancellations?▪ Is the board satisfied that clinics are cancelled for valid reasons?▪ What is the board doing to reduce cancellations where possible?
Page 18	NHS boards are mostly recording information in line with the guidance but there are some gaps.	<ul style="list-style-type: none">▪ Is the board recording all New Ways data, including information on patient reviews and transfers, to ensure that patients are being managed in line with the guidance?▪ Is this information accessible to reviewers such as ISD Scotland to provide assurance that this is happening?
Page 21	A high number of patients are coded as being removed from the waiting list because treatment is no longer required.	<ul style="list-style-type: none">▪ How many patients in this board are removed from the list for this reason?▪ How does the board ensure that they are being removed appropriately?▪ Is the board confident that this code is being applied for the right reasons?
Page 21	ISD Scotland is working with boards on an ongoing basis to further improve data quality, but some issues remain at a local level. For example, incorrect use of data fields, and problems with mapping local systems to the national database.	<ul style="list-style-type: none">▪ Does the board regularly review the quality of New Ways data?▪ How is the board working with ISD Scotland to improve data quality?▪ Does the board offer on-going training on New Ways to administrative and clerical staff?▪ How does the board make sure the training provided meets staff needs?



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Part 3: What the new arrangements mean for patients and the NHS		
Page 23	Patients need to understand the implications of failing to attend an appointment since it can lead to them being referred back to the end of the waiting list or back to their GP.	<ul style="list-style-type: none">▪ Does the board have arrangements to let patients know about their responsibilities under New Ways? Is this effective?▪ Is the board working with primary care to improve communication with patients about their responsibilities?▪ Do GPs explain to patients about their responsibilities under New Ways?▪ Does the board need to do more to support GPs to do this?
Page 23	Information needs to be suitable for different patients' needs.	<ul style="list-style-type: none">▪ Does the board provide information in a variety of different formats?▪ Which alternative formats are available?▪ How does the board monitor the effectiveness of this service?
Page 24	Some people need additional support to help them both understand information from the hospital and attend for appointments.	<ul style="list-style-type: none">▪ Does the board provide additional support for all who need it?▪ How could this be improved?
Page 24	Recording information about people's additional needs would help patients to have a better experience and help hospitals to be more efficient in the way they communicate with patients about appointments.	<ul style="list-style-type: none">▪ Does the board have a comprehensive system to record patients' additional needs?▪ Is the board working with primary care to improve the way they collect and share information about patients' additional needs for support?

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