

Measuring NHS waiting lists

Twelve-month summary impact report

Purpose

This report provides details of the impact made by the Auditor General's performance audit *Managing NHS waiting lists*, published on 4 March 2010.

Background

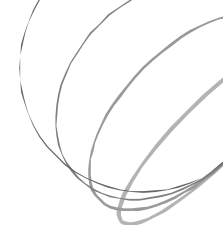
The performance audit examined whether NHS boards are complying with new guidance for managing patients and recording information. It also looked at the impact on patients, particularly whether they are being disadvantaged by the new arrangements.

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. 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 patients who are transferred. This made it difficult to demonstrate that boards are managing all patients in the right way. We found that 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 appointments. Key recommendations in the report were that 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
- improve systems for recording patients' additional needs and put appropriate support in place for those who need it
- ensure that communication with patients takes account of any need for additional support and tailor information to meet these needs
- 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 for patients of not attending their appointments.

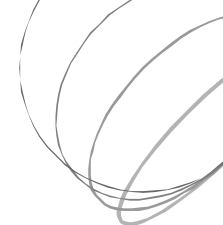
The report also recommended that the Scottish Government and the Information Services Division (ISD) Scotland should:

- consider issuing additional guidance about the treatment of patients who do not or cannot attend appointments to make sure that patients are managed fairly across Scotland, while still allowing for clinical judgement.

Raising awareness and communication of key messages

Media coverage and report downloads from Audit Scotland's website are summarised below.

	Number of items	
	3 months after publication	12 months after publication
Television	6	6
National press	10	10
Radio	15	15
Local press	3	3
Specialist articles	0	0
Report downloads	786	1,405
Key messages downloads	141	141
Podcast downloads	55	103
Additional outputs downloads	3	3



The amount of media coverage is slightly less than what was expected given the report topic. In the twelve months since publication there were 34 media items; this compares to an average of 47 media items from other similar Audit Scotland reports.

Parliamentary scrutiny

Public Audit Committee

The Auditor General for Scotland 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 the number of patients who do not attend (DNA) for appointments. The Committee agreed to write to the NHS Accountable Officer asking for further information about how the NHS plans to improve communication with patients and reduce levels of DNA.

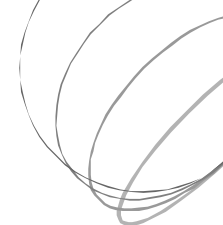
The Accountable Officer replied to the committee on 29 April 2010 stating that he had written to all NHS board Chief Executives asking them to conduct an urgent review of their current local processes to ensure information on additional needs and the necessary support services are recorded and transmitted throughout the healthcare system. Reviews were due to be completed by 20 June 2010, including a timescale for changes to be implemented. During their Annual Review, NHS boards would also be asked to provide assurance that all patients requiring additional support are receiving this and that monitoring systems are in place.

The Accountable Officer recognised that more could be done to promote and share best practice around reducing DNAs. He noted that the No Delays Scotland website was being used to share case studies of improvement work from across Scotland and that a forthcoming national access policy would reinforce a consistent approach to patient booking and the management of DNAs. He drew attention to partnership working, led by NHS Greater Glasgow and Clyde, Lanarkshire and Tayside which was developing an awareness campaign, including the design of communication materials for patients and referrers to increase their understanding of what to expect in relation to appointments when being referred to specialist services. The work was also expected to examine the reasons for high DNA rates in areas of high deprivation to establish if further strategies could be developed to promote attendance in this group.

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

Parliamentary questions

In June 2010, Dr Richard Simpson MSP lodged a parliamentary question asking the Scottish Government whether it is content that the New Ways waiting times system is working satisfactorily. In response, Nicola Sturgeon said: *"The recent Audit Scotland report on Managing NHS waiting lists – A review of new*



arrangements published on 4 March stated that "New Ways has introduced significant changes to the way patients waits are managed, and NHS Scotland has done well to implement the new arrangements". So yes, I do think the system is working satisfactorily, but we will continue to monitor it and make improvements, where necessary".

In October 2010, Dr Richard Simpson MSP lodged another parliamentary question asking the Scottish Government if it has undertaken to ensure that visually impaired people have equal treatment in the New Ways waiting times system. He asked what steps NHS boards have taken to ensure that correspondence regarding hospital appointments is in larger type or other alternative formats, such as Braille or audio, so that it is accessible to visually impaired people. In response, Nicola Sturgeon referred to the letter sent by the Chief Executive of NHS Scotland to NHS board chief executives, mentioned above. The Cabinet Secretary said that the Scottish Government was continuing to monitor the implementation of NHS boards' planned actions.

Impact on Scottish Government policy

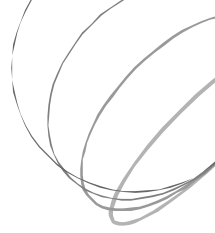
On the day of publication, the Scottish Government Health Directorates (SGHD) announced that they were already working towards some of the recommendations in our report. The Deputy Director of the Health Delivery Directorate led a review of all current waiting times guidance. This focused on the guidance for Did Not Attend (DNAs) and Could Not Attend (CNAs) and also how this guidance is put into practice, to address current variation.

In March 2011, the Scottish Government advised us that the following guidance would be issued imminently:

- *Effective patient booking for NHSScotland* – best practice in booking and managing patient appointments
- *updated NHSScotland Waiting Time Guidance* – this will integrate the previous separate guidance for New Ways and 18 week referral to treatment (the new waiting time target that comes into place in December 2011)
- *NHSScotland Access Policy* – this will set out NHSScotland's underpinning principles for access to services.

The guidance will be issued as live documents to be implemented, but there will be an option for the Scottish Government Health Directorates to revise them following a trial period.

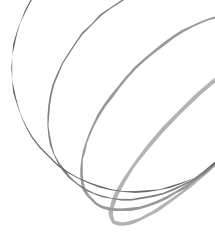
The Scottish Government has also produced posters, leaflets and stickers called '*help us to help you*', which aim to raise awareness of the impact of not attending an appointment.



The revised *NHS Scotland Waiting Time Guidance* will include guidance on using the existing social unavailability code to record a patient who has actively requested to wait to see a specific health care professional or to be seen or treated in a specific location, knowing that there may be a longer wait associated with that choice. A remote and rural toolkit is also being developed and will be released to NHS Scotland. This will include guidance on how to use this code.

ISD Scotland has reported that it has continued to improve the quality of New Ways data:

- At the time of our report, the waiting times standard for new outpatient appointments only included referrals from GPs and dentists. Referrals from other sources were not included in the key statistics and as a result the data were of variable quality. On 31st March 2010 the waiting times standard was expanded to include referrals from all sources, and in the run up to that ISD Scotland worked with NHS boards to ensure that data quality improved to the extent that data were of publishable quality.
- In 2010 ISD Scotland undertook a quarterly data quality exercise by benchmarking data prior to each publication of New Ways data, raising issues of inconsistency (which may indicate a problem with data recording) with NHS boards and following up any issues three months later.
- ISD Scotland continues to offer refresher training courses for staff in NHS boards to reinforce New Ways rules and address any misunderstandings. This was taken up by a number of NHS boards during 2010.
- New codes have been introduced to enable more accurate recording of patients on specific pathways, e.g. one-stop clinics, exceptional aesthetic procedures.
- A new code has been introduced in readiness for the 18 weeks Referral to Treatment target to enable NHS boards to track individual patient pathways. This is the Unique Care Pathway Number (UCPN). All systems have now been adapted to generate and recognise the UCPN and NHS boards are now implementing UCPN in their routine management of waiting lists. UCPN allows NHS boards to easily retrieve information about patient transfers within the board. ISD is currently developing the Waiting Times Data Warehouse to allow NHS boards to track patients transferred between boards.
- ISD Scotland is not aware of any progress with respect to recording patient reviews.



Local impact

The report included a self-assessment checklist for boards. As required by Audit Scotland's 2009/10 audit planning guidance, auditors provided returns to the Performance Audit Group at the end of July 2010 on how boards responded to the report.

Eight NHS boards discussed the report and a further six noted the report only. Five completed the self assessment and a further four planned to complete it. Only three had developed an action plan and a further five planned to develop a plan. Two boards had neither discussed nor noted the report or taken any other action at that stage (NHS Fife and Tayside) although Fife reported that it had plans to do so.

Conclusion

This audit provided assurance that the new arrangements are generally working well. The Scottish Government has developed further guidance about the areas where we raised concerns such as the treatment of patients who do not or cannot attend their appointments. ISD Scotland is continuing to work with NHS boards to improve the quality of New Ways data. There should not be any need to conduct a follow up study in the foreseeable future. There has been action against all of the recommendations for the Scottish Government and ISD Scotland in the report. There is limited evidence on the impact at NHS board level as only three had completed action plans three months after publication.