Management of patients on NHS waiting lists

Issues for non-executive NHS board members

AUDIT SCOTLAND

Prepared for the Auditor General for Scotland
February 2013

Auditor General for Scotland

The Auditor General for Scotland is the Parliament's watchdog for helping to ensure propriety and value for money in the spending of public funds.

She is responsible for investigating whether public spending bodies achieve the best possible value for money and adhere to the highest standards of financial management.

She is independent and not subject to the control of any member of the Scottish Government or the Parliament.

The Auditor General is responsible for securing the audit of the Scottish Government and most other public sector bodies except local authorities and fire and police boards.

The following bodies fall within the remit of the Auditor General:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Enterprise.

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

Issues for non-executive NHS board members

1. Audit Scotland published its national report, *Management of patients on NHS waiting lists*, on 21 February 2013. This paper sets out some issues that non-executive members may wish to consider in relation to management of waiting lists within their own boards. It also aims to help them pose questions of executive directors to seek assurance about local service delivery.

2. You can download copies of the national report from our website www.audit-scotland.gov.uk

Assessment of current position

Page references to main report	Issue	Questions for non-executive NHS board members to consider
Page 13-15, Exhibit 4, methodology appendix	Systems for managing waiting list information have inadequate controls and audit trails and the capabilities of electronic systems for managing waiting lists are limited. With the exception of systems in NHS Greater Glasgow and Clyde and NHS Highland, NHS boards had systems with audit trails in place that can identify unusual activity. Examples include: • a high number of waiting list codes being added or amended within patient records • a single user making many changes in a short period of time • changes being made at unusual time of the day or close to performance reporting dates.	• Does the electronic system within the board have: ○ an audit trail to enable scrutiny of waiting list systems? ○ good controls and safeguards in place (as described in Exhibit 4 on page 17) to enable the board to provide assurance that waiting lists are being managed properly? • For example, is the board: ○ limiting access to the system to only those staff who need it and minimising the number of staff who need to use the system? ○ providing ongoing training to all staff using the system to ensure staff are applying waiting list codes accurately, consistently and appropriately? ○ monitoring key elements of waiting lists to ensure patients are being managed appropriately, such as ensuring patients are booked for an appointment or treatment, and periods of unavailability have an end date and are reviewed regularly.

Page references to main report	Issue	Questions for non-executive NHS board members to consider
Page 13	Some boards which use TrakCare, including NHS Lanarkshire and Lothian, are developing enhanced performance reporting to monitor patients on waiting lists. This good practice should be shared.	• Is the board aware of good practice in other boards on enhanced performance reporting to monitor patients on waiting lists? ○ And if so, is it considering implementing it?
Page 15-16, Exhibit 4	Electronic patient records have a space where staff can add limited notes to record information, for example about why a code has been applied or details of a conversation with a patient or their GP about availability. These notes provide an important audit trail about why codes have been applied or amended. We found that in general staff were not recording the reasons for applying codes to a patient record.	• Is the board ensuring that staff are recording information within electronic patient records about the reasons for applying waiting list codes? • How is the board checking that codes are being applied appropriately and sufficient information is recorded in patient records about the reasons for codes being applied?
Page 17	There is a lack of clarity and consistency in what constitutes a reasonable offer. The biggest area of inconsistency among boards is whether an offer outside the board area constitutes a reasonable offer. At the time of our audit, many NHS boards did not make clear in their local guidance what constituted a reasonable offer. This is now required under updated national guidance issued in August 2012. Many NHS boards were not monitoring the number of offers made to patients for treatment outside the board area and how many of these had been accepted. This is essential information that should be available within NHS boards as part of monitoring local capacity.	• Has the board clearly defined what constitutes a reasonable offer in its access policy, including hospitals outside the board area that patients may be expected to go to for treatment? • Is the board monitoring offers made to patients for treatment outside the board area as part of wider monitoring of local capacity? • Is the board ensuring that patients' individual circumstances are taken into account before offering them treatment at a location outside the board? For example, access to transport, mobility and additional support needs.

Page references to main report	Issue	Questions for non-executive NHS board members to consider
Page 17-18	It is not clear if patients' additional support needs are being met. A previous Audit Scotland report recommended that NHS boards should ensure patients with additional support needs, such as a disability or requiring a translator, are identified and provided with the support they require. The Scottish Government did not implement this recommendation within New Ways guidance. We found that most boards still do not have a systematic way of recording patients' additional support needs. The updated waiting time guidance requires NHS boards to do more to identify and record patients' additional support needs, and to put appropriate support in place.	• Is the board ensuring that patients with additional support needs are identified and provided with the support they require? For example, patients with a disability or requiring a translator. • Does the electronic system within the board have the facility to record and flag patients' additional support needs?
Page 18-20, Exhibits 5 and 6	Most NHS boards' use of unavailability codes increased as the target waiting time reduced during 2010 and 2011. Towards the end of 2011, around the time concerns were raised about NHS Lothian, the use of unavailability codes began to reduce and the percentage of patients waiting longer than 12 weeks started to rise. The trends in NHS Lothian were similar to the rest of Scotland.	• Is the board monitoring trends in the use of unavailability codes and the length of time patients are waiting, and comparing this with other boards? • Is the board monitoring the percentage of patients breaching, or close to breaching, waiting time targets?
Page 21-24	There is widespread use of social unavailability codes and it is not always clear why they have been applied. Our analysis highlighted high levels of changes to patients' records in a number of boards. We were often unable to verify the reasons for the application of social unavailability codes to patient records in NHS boards in our fieldwork sites. With the exception of NHS Forth Valley, individual	• Is the board monitoring the use of social unavailability codes to ensure staff are applying the codes appropriately? For example: ○ high numbers of changes to periods of unavailability

Page references to main report	Issue	Questions for non-executive NHS board members to consider
	patient records lacked evidence about the reasons why staff had applied social unavailability and we were therefore unable to assess whether this code had been applied appropriately. In our detailed fieldwork, we identified local practices that mean many patients may have waited considerably longer than the reported waiting time.	○ retrospective changes to periods of unavailability ○ changes to periods of unavailability that affect waiting time performance.
Page 26-28, Exhibits 7 and 8, Case study 3	Use of social unavailability codes may have indicated wider capacity issues. New Ways guidance was designed to allow boards to be more responsive to patients' needs and many NHS boards reported that they used the social unavailability code to indicate when patients wanted to be treated locally. However, there are indications that not all of these patients would have been able to be treated locally within the waiting time targets. Social unavailability tends to be higher in specialties with high patient numbers and more pressure on capacity, such as orthopaedics and ophthalmology.	• Is the board monitoring the use of unavailability codes across different specialties? • Is the board taking action to reduce unavailability in specialties where use of this code is particularly high and may indicate capacity problems?
Page 29, Exhibit 9	The consequence of boards using social unavailability codes extensively for patient choice is that patients' actual waits are longer than the waiting time reported against targets in national performance reports on the Scottish Government's website. For patients who were added to the waiting list before October 2012, it is not possible to separate the use of social unavailability codes for reasons such as holidays from patient choice.	• Is the board monitoring the use of patient choice codes introduced in updated guidance issued in 2012? • Is the board ensuring that the use of these codes is minimised?

Page references to main report	Issue	Questions for non-executive NHS board members to consider
	There are now specific codes under updated guidance published in August 2012 for 'patient advised unavailability (appointment location)' and 'patient advised unavailability (named consultant)'. The guidance states that using these codes would be unusual and would not be expected to affect large numbers of patients.	
Page 30-31	The time patients wait for hospital treatment can be affected by differences in how NHS boards apply waiting time guidance. The main factor affecting patients' waits was the use of social unavailability codes. A number of other ways in which patients' waits can be affected included: • the use of medical unavailability codes • the number of times patients are allowed to miss appointments before they are removed from the waiting list • the circumstances in which waiting time clocks are reset • delays between patients being referred to hospital for treatment and being added to the waiting list.	• Does the board have a manual or standard operating procedures for staff involved in administering patient records, to ensure that waiting list guidance is applied consistently? ○ For example, use of medical unavailability codes, clock resets and number of times patients are allowed to miss appointments before being removed from the list? • Is this information up to date to reflect the updated guidance issued in August 2012? • Does the board have adequate systems in place to ensure there is no delay in the hospital receiving referrals or patients being added to the waiting list? For example: ○ are referrals sent to the hospital electronically rather than on paper? ○ are referrers sending referrals for patients promptly? ○ are patients added to the waiting list when the

Page references to main report	Issue	Questions for non-executive NHS board members to consider
		referral is received by the hospital? ○ is there an electronic vetting system linked to the waiting list system?
Page 31	Patients need good information to understand the complexities of the waiting list system. It is not clear that patients were given adequate information about the risk of being removed from the waiting list if they do not attend an appointment without giving notice; or the timescales involved if they chose to wait to be treated locally.	• What is the board doing to ensure patients receive good information about their rights and responsibilities under waiting time guidance and legislation. For example, what information is provided about: ○ the waiting list system, how long they should expect to wait and legal treatment time guarantees? ○ what their responsibilities are and how their choices or actions may affect their waiting time, such as if they are unavailable, choose to wait to be seen locally, or cannot attend an appointment? ○ what constitutes a reasonable offer and how far they are expected to travel for treatment? ○ what support is available to them if they have specific needs, such as requiring transport or a translator?
Page 32	NHS boards must provide a safe environment for staff to raise any concerns about the management of patients' care, including the way in which waiting times are being achieved; and maintain their focus on patients and their needs at all times.	• Does the board have a whistleblowing policy in place that allows staff or patients with any concerns to raise these safely?

Page references to main report	Issue	Questions for non-executive NHS board members to consider
		• Are there effective procedures in place to ensure that any concerns are acted upon? • How does the board publicise its policy and procedures to staff and patients to ensure they are aware of them?
Page 34-36	During 2011, there was not enough scrutiny of how NHS boards were applying waiting list codes. Available information on increasing use of social unavailability codes should have highlighted potential concerns for the Scottish Government and NHS boards to investigate further. During 2012, there was more focus on making sure waiting list codes were being applied appropriately. Non-executive directors of NHS boards have an important role in scrutinising the performance of their boards against national and local priorities and how this is being achieved. It is important that non-executive directors have access to the full range of information available to allow them to provide effective challenge.	• For example, is the board using information about waiting list codes alongside performance data? And is the board using this information to: ○ identify where staff may be applying codes inconsistently? ○ help plan and manage the capacity needed to meet waiting time targets? • Does the board monitor and report sufficient information to allow non-executive board members to effectively scrutinise and challenge how it is: ○ applying waiting list codes? ○ planning and managing the capacity needed to meet waiting time targets?
Page 36-39, Exhibit 10	Updated waiting list guidance should help improve monitoring and reporting but does not address all the risks.	• How is the board monitoring and addressing the risks and challenges related to the management of waiting lists, including: ○ delivering the new treatment time guarantee for treating inpatients within 12 weeks, alongside the overall 18 week referral to treatment target?

Page references to main report	Issue	Questions for non-executive NHS board members to consider
		○ preventing priority shifting to meeting the inpatient target, which is subject to a legal guarantee, at the expense of waiting times for outpatients lengthening? ○ NHS boards managing waiting lists inappropriately if there are not adequate audit trails within systems and monitoring of the use of waiting list codes? ○ misunderstandings about which NHS board is responsible for managing a patient's waiting time when they are treated by a consultant from another board area (the guidance is complex and boards are interpreting this differently)? ○ how it defines a reasonable offer?

Management of patients on NHS waiting lists

Issues for non-executive NHS board members

If you require this publication in an alternative format and/or language, please contact us to discuss your needs.

You can also download this document in PDF, black and white PDF or RTF at:
www.audit-scotland.gov.uk

AUDIT SCOTLAND

Audit Scotland, 110 George Street, Edinburgh EH2 4LH
T: 0845 146 1010 E: info@audit-scotland.gov.uk
www.audit-scotland.gov.uk