This is a National Statistics publication

National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

The UK Statistics Authority has designated these statistics as National Statistics signifying compliance with the Code of Practice for Statistics.

Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in May 2013. The OSR is the regulatory arm of the UK Statistics Authority.

The continued designation of these statistics as National Statistics was confirmed in May 2018 following a compliance check by the Office for Statistics Regulation. The compliance check report highlighted a number of strengths and made suggestions for improvements.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
Contents

Introduction ...................................................................................................................................4
Main Points ...................................................................................................................................6
Results and Commentary .............................................................................................................8

1. New Outpatients ...................................................................................................................8
   1.1 Number of Patients Seen ............................................................................................8
      1.1.1 Distribution of Wait – Patients Seen .................................................................10
      1.1.2 NHS Board and Specialty comparison .............................................................11
   1.2 Waiting List Changes – Patients seen, added or removed ......................................13
   1.3 Number of Patients Waiting ......................................................................................14
      1.3.1 Distribution of Wait – Patients Waiting .............................................................16
      1.3.2 NHS Board and Specialty Comparison .............................................................17
   1.4 Clock Pauses and Resets .........................................................................................19
      1.4.1 Patient Unavailability ........................................................................................20
      1.4.2 Patient Non-attendance ....................................................................................21

2. Inpatient and Day cases .....................................................................................................23
   2.1 Number of Patients Admitted .......................................................................................23
      2.1.1 Distribution of Wait – Patients Admitted ............................................................25
      2.1.2 NHS Board and Specialty comparison .............................................................26
   2.2 Waiting List Changes – Patients Admitted, Added or Removed .................................28
   2.3 Number of Patients Waiting for treatment ..................................................................29
      2.3.1 Distribution of Wait – Patients Waiting .............................................................31
      2.3.2 NHS Board and Specialty Comparison .............................................................31
   2.4 Clock Pauses and Resets .........................................................................................33
      2.4.1 Patient Unavailability ........................................................................................33
      2.4.2 Patient Non-Attendance ....................................................................................34

Glossary ......................................................................................................................................36
Contact ........................................................................................................................................38
Further Information .....................................................................................................................38
Open data ...................................................................................................................................38
Rate this publication ...................................................................................................................38
Appendices .................................................................................................................................39
   Appendix 1 – Background information .............................................................................39
<table>
<thead>
<tr>
<th>Appendix</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Data Quality</td>
<td>45</td>
</tr>
<tr>
<td>3</td>
<td>Publication Metadata</td>
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<td>PHS and Official Statistics</td>
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Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlight where there are delays in the system and enables monitoring of the effectiveness of NHS Scotland’s performance.

Inpatient, Day case and New Outpatient waiting times are vital components in the delivery of the 18 Weeks Referral to Treatment standard (a maximum whole journey waiting time of 18 weeks from general practitioner to treatment).

There have been several changes to waiting time targets and standards over the last 20 years. The most recent change came with the Patient Rights (Scotland) Act 2011 which established a 12 week Treatment Time Guarantee (TTG) written into legislation for eligible patients who are due to receive planned inpatient or day case treatment from 1 October 2012. The Act states that eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This guarantee is based on completed waits.

Further details on this and previous waiting time targets and standards can be found in the background information, with more detailed information in the History of Waiting Times and Waiting Lists.

The primary source of national waiting times data is the Waiting Times Datamart hosted and maintained by Public Health Scotland (PHS). It contains patient level records for all Inpatient, Day case and New Outpatient appointments from January 2008 onwards. NHS Boards submit extracts on a frequent basis containing live records that are continuously updated while a patient on the list waits to be seen. As the demand for timely and detailed information increases, PHS is committed to improving the information on waiting times along with our key stakeholders; the NHS Boards and Scottish Government.

This publication presents the latest statistics at 30 June 2020. Reflecting on how the national response to the COVID-19 pandemic has impacted the experience of patients waiting for elective care, this report is split into the following 2 sections:

1. New Outpatients

These are patients added to the waiting list for their first appointment who are covered by the 12 week waiting time standards under ‘New Ways’. PHS currently do not collect information nationally on waiting times for return outpatients. Further details on ‘New Ways’ can be found in the background information.

2. Inpatients and Day cases
This section focuses on patients added to waiting list from 1 October 2012 covered by the TTG. Exceptions to TTG are set out in the Regulations. Further details on the TTG can be found in the background information.

In conjunction with this report, comprehensive waiting times data is shared across the following outputs:

- Two data tables detailing trend information by NHS Board for each indicator presented in section 1 and 2. From May 2019, the tables have been expanded to include SMR00 (outpatient activity) and SMR01 (inpatient activity). These additional data on ‘unadjusted’ waits compliments the core statistics that are ‘adjusted’ to account for clock pauses and resets.
- Eight aggregated CSV files underpinning the above data tables to meet the 3* criteria for ‘open data’, meaning data is a structured, machine-readable, non-proprietary format to support individual analytical needs. Files are stored in the NHSScotland Open Data Platform.

NHS Tayside have supplied locally derived figures for the reporting period April 2017 – June 2018 as they were unable to submit data to the national warehouse.
Main Points

The statistics presented for this period are affected in part by the COVID-19 (Coronavirus) outbreak. In particular, on the 17 March, NHSScotland was placed on emergency footing and Boards were asked to suspend all non-urgent elective treatment. Later, on the 23 March the nation entered a period of ‘lockdown’. This has affected referral and treatment patterns since then. As Scotland moved into Phase 2 of the ‘lockdown’, from the 19 June, Boards started to resume some services as part of the planned remobilisation of services. Where possible we have highlighted aspects of the statistics that are influenced by these factors.

New outpatients National Standard - 95% of new outpatients waiting no longer than 12 weeks from referral to being seen.

- In the quarter ending 30 June 2020 there were only 122,221 patients seen under this standard. This is 61.7% less that seen in the previous quarter and 65.9% less than the same quarter in 2019. This reduction is due to many outpatient services being paused at some stage during the quarter with some seeing fewer patients when resuming due to the requirement for additional infection control measures.

- Of those patients seen, 75.8% were seen within 12 weeks of referral, a slight decrease compared to the previous quarter (77.1%). However, there were only 29,628 such patients - 59.5% less than the previous quarter. Half of patients seen had waited 18 days or less, perhaps an indication of the prioritisation of those with more urgent care needs.

- At the end of the quarter there were 265,301 patients waiting to be seen - 4.8% higher than at the end of March but slightly lower (-0.2%) than at the end of February, just prior to NHSScotland being placed under emergency measures. The number of patients waiting reduced significantly (-4.4%) between the end of February and the end of March as services took additional steps to prioritise, manage and administer patients who were already waiting or scheduled to be seen. However, the number waiting at the end of each month has grown since the end of March with additions to waiting lists exceeding the number removed from lists, whether removed because patients were seen or otherwise (see Figure 5).

- The distribution of the waits experienced so far by those waiting to be seen had also changed substantially by the end of the quarter - 28.5% (75,579) of patients had been waiting 12 weeks or less, 49.9% (132,440) had waited more than 12 weeks but no more than 24 weeks, 19.7% (52,320) had waited more than 24 weeks but no more than 51 weeks and 1.8% (4,963) had waited 52 weeks or more.
Treatment Time Guarantee (TTG) – Following the decision to treat all eligible patients should wait no longer than 12 weeks for treatment as an inpatient or day case.

- In the quarter ending 30 June 2020 there were only 15,239 patients admitted under this standard. This is 76.7% less that seen in the previous quarter and 78.7% less than the same quarter in 2019. The number patients admitted increased over the quarter as services began to resume – there were 7,147 patients in June compared to 3,665 in April.

- Of those patients seen, 82.0% were seen within 12 weeks of referral. Half of patients seen had waited 15 days or less, and almost 60% of patients had waited 3 weeks or less, perhaps an indication that those with more urgent care needs being prioritised.

- At the end of the quarter there were 86,031 patients waiting to be seen – 7.6% higher than at the end of February, which was just prior to NHSScotland being placed under emergency measures. Throughout the quarter the number of patients being admitted began to increase week by week, although the number admitted in the last week of June was still 70% less than that in the last week of February. The number of additions to waiting lists also began to grow steadily as the referrals began to increase again. As a consequence, the number waiting grew because throughout the quarter the number of additions exceeded the number removed from lists, whether due to patients being admitted or otherwise (see Figure 16).

- The distribution of the waits experienced so far by those waiting for treatment had also changed substantially by the end of the quarter - 17.3% (14,897) patients had been waiting 12 weeks or less, 48.2% (41,463) had waited more than 12 weeks but no more than 24 weeks, 29.9% (25,721) had waited more than 24 weeks but no more than 51 weeks and 4.6% (3,950) had waited 52 weeks or more.
Results and Commentary

1. New Outpatients

This section covers the waits that patients experience waiting for an appointment as a new outpatient at a consultant led clinic. It includes all sources of referral, not just those patients referred by their GP. The current waiting times standard applicable to such patients is that no patient should wait longer than 12 weeks to be seen.

All summary tables and charts within this section are supplemented by NHS Board trend and comparative detail in the data tables.

1.1 Number of Patients Seen

This relates to patients who have completed their wait by being seen as a new outpatient. It includes only those patients where the waiting time standard applied. The number of such patients has been severely impacted by the COVID-19 outbreak. During quarter ending 30 June 2020, 122,221 patients were seen across NHSScotland. This compares to 319,029 (down 61.7%) in the previous quarter and 358,753 (down 65.9%) when comparing to the same quarter in 2019. However, the number of patients seen did increase slightly over the latest quarter. In April, there were 31,103 patients seen and this rose to 51,224 in June as services began to resume. For some services this has meant increasing the use of technology to see patients in alternative ways to face to face including telephone and video consultations.

Of those seen in the latest quarter, 75.8% had waited 12 weeks or less – a slight decrease from the previous quarter. However, there were only 29,628 such patients - 59.5% less than the previous quarter. These figures are also likely to be influenced by the prioritising of those with urgent care needs during the period. In fact, Table 1 also indicates half of these patients were seen within 18 days.
Table 1 - Number of patients seen at a New Outpatient appointment \(^{1,2,3}\)

<table>
<thead>
<tr>
<th>Quarter/month ending</th>
<th>Total seen</th>
<th>Number who waited 12 weeks or less</th>
<th>% waiting 12 weeks or less</th>
<th>Number who waited over 12 weeks</th>
<th>Median Wait (days)</th>
<th>90(^{th}) Percentile Wait (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-June-20</td>
<td>122,221</td>
<td>92,593</td>
<td>75.8%</td>
<td>29,628</td>
<td>18</td>
<td>143</td>
</tr>
<tr>
<td>June</td>
<td>51,224</td>
<td>35,838</td>
<td>70.0%</td>
<td>15,386</td>
<td>17</td>
<td>148</td>
</tr>
<tr>
<td>May</td>
<td>39,895</td>
<td>30,055</td>
<td>75.3%</td>
<td>9,840</td>
<td>15</td>
<td>150</td>
</tr>
<tr>
<td>April</td>
<td>31,103</td>
<td>4,402</td>
<td>85.8%</td>
<td>26,701</td>
<td>23</td>
<td>120</td>
</tr>
<tr>
<td>31-Mar-20</td>
<td>319,029</td>
<td>245,863</td>
<td>77.1%</td>
<td>73,166</td>
<td>41</td>
<td>144</td>
</tr>
<tr>
<td>31-Dec-19</td>
<td>359,322</td>
<td>274,643</td>
<td>76.4%</td>
<td>84,679</td>
<td>43</td>
<td>148</td>
</tr>
<tr>
<td>30-Sep-19</td>
<td>364,146</td>
<td>278,394</td>
<td>76.5%</td>
<td>85,752</td>
<td>42</td>
<td>146</td>
</tr>
<tr>
<td>30-Jun-19</td>
<td>358,753</td>
<td>281,810</td>
<td>78.6%</td>
<td>76,943</td>
<td>41</td>
<td>147</td>
</tr>
</tbody>
</table>

Note:

1. Monthly figures are also included for the latest quarter to highlight the gradual increase in activity.
2. From 1\(^{st}\) October 2019, 8 key diagnostic patients added to waiting list are no longer included in the New Outpatient figures. Consequently, comparisons over time should be interpreted with caution.
3. The monthly breakdown figure does not match the quarter total (a difference of one patient). This is due to the timing of a warehouse update.

Figure 1 shows the recent changes in patient activity in the context of the longer-term quarterly trend. This demonstrates that the number of patients seen per quarter remained relatively stable up until December 2019, prior to the start of the COVID-19 outbreak. The number that waited over 12 weeks meanwhile gradually increased between June 2014 and December 2017 before stabilising from then until the onset of the pandemic.
Note:
1. From 1st October 2019, 8 key diagnostic patients added to waiting list are no longer included in the New Outpatient figures. Consequently, comparisons over time should be interpreted with caution.

1.1.1 Distribution of Wait – Patients Seen

For the latest two quarters, Figure 2 shows how the waits experienced by those seen were distributed. The distribution for the latest quarter is substantially different from the previous quarter with over half of patients having waited 3 weeks or less. This again perhaps reflects the emphasis on urgent referrals, although there were 40,377 less seen within this time frame than the previous quarter (down 38.3%).
Figure 2: Distribution of waits for patients seen at a New Outpatient appointment

![Graph showing distribution of waits for patients seen at a New Outpatient appointment]

Note:
1. In the above time bands, the upper figure is included within the time band but the lower figure is not i.e. in time band ‘6-9’, this will include all patients who waited more than 6 weeks but less than or equal to 9 weeks.

1.1.2 NHS Board and Specialty comparison

Figure 3 and Figure 4 examine whether the decrease in the number of patients seen was uniform across Health Boards and specialties by examining the percentage change in the number of patients seen in the quarter ending 30 June compared to the previous quarter. In respect of variation across Boards, Figure 3 shows the greatest decrease in patients seen was reported by NHS Lanarkshire (down 76.6%, 21,976) closely followed by NHS Western Isles (down 73.5%, 1,270). The smallest decrease in a territorial Board was observed in NHS Lothian (down 49.4%, 27,440) followed by NHS Tayside (down 51%, 14,630).
Figure 4 uses the same approach to examine variation by specialty, looking at the specialties that account for the majority of consultant-led outpatient attendance. The greatest reductions were experienced in Dermatology, ENT and Ophthalmology where the number of patients seen between April and June was around a quarter of that seen between January and March. In contrast, there was only a 34.2% reduction the number seen in Paediatrics and only a 29.2% reduction in the number seen in Neurology services. Variation in the reduction of capacity by specialty will in part have been influenced by a number of factors including, the proportion of referrals that are likely to be urgent and the ability to consult a non-urgent patient via telephone or virtual conference.
1.2 Waiting List Changes – Patients seen, added or removed

Figure 5 considers the recent trend in the weekly number of additions and removals to the waiting lists covering those waiting to be seen as a new outpatient. In respect of removals this includes patients who were removed because they were seen or because treatment was no longer planned. To illustrate the impact of the latter a separate trend line shows just the number removed because they had been seen.

Following the introduction of the emergency measures on 17 March, there was a sharp decrease in both additions (-63.1%, comparing w/e 15th March to 29th March) and removals (-62.4%) from lists, including patients removed because they had been seen (-68.7%) or otherwise (-38.6%). In the very initial weeks that followed the number of patients removed from lists was slightly higher than the number added and so the number of patients waiting reduced (see next section).

After this, there was a gradual increase in activity from mid/late April as services slowly recovered with more referrals being made and more patients being seen. However, a high percentage of those removed from lists in this period were for reasons other than being seen – 28.8% for the quarter ending 30 June compared to 21.9% in the previous quarter. While the trajectory has been upward since mid-April, the weekly additions at the end of June was
approximately a third of what would routinely be expected whilst the removals were almost half of what would typically be reported at this time of year. In addition, towards the end of the period, the number of patients being added to lists exceeded that being seen or removed for any other reason. As a consequence, the number of patients waiting began to increase (see next section).

Figure 5: Number of New Outpatient additions and removals from the waiting list; each week from January to June 2020

1.3 Number of Patients Waiting

Table 2 shows a recent trend for the number of patients who were still waiting to be seen at the end of each month as well as comparing the latest figures to that observed a year ago. At 31 March 2020 there were 253,133 patients waiting to be seen - 11,592 less patients (-4.4%) than were waiting at the end of February. Although Figure 5 shows there was a dramatic reduction in both additions and removals from lists, due to the impact of COVID-19, this decrease was caused by number of removals exceeding the number of additions during March and the first weeks of April. Since then, the number of patients waiting has begun to grow. By 30 June 2020, 265,301 patients were waiting to be seen. This is slightly lower (-0.2%) than the number waiting at the end of February prior to the NHS being placed under emergency measures.

Of those waiting at the end of June, 75,579 (28.5%) had been waiting 12 weeks or less. This compares to 73.6% of patients that were waiting at the end of February, implying many patients are now experiencing extended waiting times due to COVID-19 response measures.
Table 2: Number of patients waiting for a New Outpatient appointment

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total waiting</th>
<th>Number waiting 12 weeks or less</th>
<th>(% waiting 12 weeks or less)</th>
<th>Number waiting over 12 weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-June-20</td>
<td>265,301</td>
<td>75,579</td>
<td>28.5</td>
<td>189,722</td>
</tr>
<tr>
<td>30-May-20</td>
<td>258,617</td>
<td>90,148</td>
<td>34.9</td>
<td>168,469</td>
</tr>
<tr>
<td>30-April-20</td>
<td>255,958</td>
<td>147,989</td>
<td>57.8</td>
<td>107,969</td>
</tr>
<tr>
<td>31-March-20</td>
<td>253,133</td>
<td>188,693</td>
<td>74.5</td>
<td>64,440</td>
</tr>
<tr>
<td>29-Feb-20</td>
<td>264,725</td>
<td>197,597</td>
<td>73.6</td>
<td>67,128</td>
</tr>
<tr>
<td>30-June-19</td>
<td>319,865</td>
<td>234,517</td>
<td>28.5</td>
<td>85,348</td>
</tr>
</tbody>
</table>

Note:
1. From 1st October 2019, 8 key diagnostic patients added to waiting list are no longer included in the New Outpatient figures. Consequently, comparisons over time should be interpreted with caution.

Figure 6 shows these changes in the context of the longer-term trend. The number of patients waiting had been increasing between December 2012 and June 2017 before starting to level off. There was a decrease in the number of patients on the waiting list at December 2019 which was largely due to the 8 key diagnostic tests no longer being included under the 12-week standard from the 1 October 2019. This was ahead of the large decreases that occurred in March and early April. Meanwhile, Figure 7 reinforces the growth in patients waits greater than 12 weeks, which is explored in the following sections.
Figure 6: Trend in the number of patients waiting for a New Outpatient appointment

Note:
1. From 1st October 2019, 8 key diagnostic patients added to waiting list are no longer included in the New Outpatient figures. Consequently, comparisons over time should be interpreted with caution.

1.3.1 Distribution of Wait – Patients Waiting

Figure 7 examines the variation in how long patients had been waiting to be seen, comparing those waiting at the end of June to those waiting at the end of February. In the most recent month the percentages of patients in the time categories up to 12 weeks have all significantly reduced whereas those for all other categories are higher. By the end of June 2020, 28.5% (75,579) of patients had been waiting 12 weeks or less, 49.9% (132,440) had waited more than 12 weeks but no more than 24 weeks, 19.7% (52,319) had waited more than 24 weeks but no more than 51 weeks and 1.8% (4,963) had waited 52 weeks or more.
Figure 7: Distribution of wait of patients waiting for a New Outpatient appointment

Note:

1. In the above time bands, the upper figure is included within the time band but the lower figure is not i.e. in time band ‘6-9’, this will include all patients who waited more than 6 weeks but less than or equal to 9 weeks.

1.3.2 NHS Board and Specialty Comparison

This section provides a brief insight into how service capacity has been impacted by COVID-19 across Boards and specialties. As touched upon previously, detailed trend information is available via the data tables.

Figure 8 illustrates the number of patients waiting over 36 and 52 weeks in each Board at 30 June 2020. Across NHSScotland, 8.0% of patients were waiting over 36 weeks and 1.7% over 52 weeks. However, this is not uniform across each health board, with proportions ranging from 0.1% (NHS Borders) to 14.4% (NHS Lothian) waiting over 36 weeks. Likewise, there is also a large degree of variation across Boards for those patients waiting over 52 weeks, ranging from 0% (NHS Fife, NHS Lanarkshire, NHS Shetland) to 4.1% (NHS Orkney).
Figure 8: Number of patients waiting over 36 and 52 weeks for a New Outpatient Appointment by NHS Board

Figure 9 focuses on the top 12 specialties with the most patients waiting at the end of June 2020, and of those the percentage waiting over 36 and 52 weeks. A large degree of variation has been reported across each of these specialties, with general medicine having the greatest proportion waiting over 36 weeks (26.4%), of which over a third were also waiting over 52 weeks (8.1%). In contrast, only 3.0% of patients had been waiting over 36 weeks for dermatology, of which approximately a quarter had also been waiting beyond 52 weeks.
As services gradually begin to resume in line with Board remobilisation plans, the full impact of the COVID-19 response on waiting list size is not reflected in the latest data. As the volume of referrals gradually increases to pre-COVID levels and we build a greater understanding of how capacity and service provision is affected by the requirements of a COVID secure environment, the impact on waiting list size and average length of wait will become clearer in the months ahead.

1.4 Clock Pauses and Resets

Ongoing monitoring and reporting of a patient’s wait is referred to as the waiting time clock. Where it is reasonable and clinically appropriate, the clock may be adjusted for a number of reasons including where a patient is unable to attend a booked appointment or is unavailable to be seen for a period of time.

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable either at the patient’s request (Patient Advised, Patient Requested), due to medical reasons (Medical) or due to Patient Focused Booking (PFB) reasons. Following the introduction of unavailability codes in October 2012, a detailed split of unavailability by NHS Board is available in the data tables.
1.4.1 Patient Unavailability

For patients waiting to be seen at the end of each quarter, Figure 10 shows a trend by unavailability category for the percentage of patients that were unavailable to be seen. This percentage has dropped significantly since the start of the COVID-19 outbreak with only 0.5%, of patients unavailable at the end of June compared to 2.4% at the end of December. All categories of unavailability had reduced significantly. Of the 1,203 patients unavailable at the end of June, the majority of unavailable patients were recorded as either ‘patient advised’ (53.4%) or ‘due to medical reasons’ (38.7%).

Specifically, the percentage of patient advised unavailability has dropped each month since 31 March 2020, from 1.0% to 0.2% by 30 June 2020. Medical advised unavailability has stayed relatively consistent, at around 0.2%.

Figure 10: Unavailability of patients waiting for a New Outpatient appointment

Note: 1. NHS Tayside have been excluded from the rates due to data quality issues. Consequently, these figures should be interpreted with caution.
1.4.2 Patient Non-attendance

Patient waits may be extended if scheduled appointments do not occur. Appointments may not go ahead if the service cancels the appointment, if the patient could not attend (CNA) or the patient did not attend without prior notice to the service (DNA). Figure 11 shows trends for the rates at which these events occurred. For more detail on how these rates are calculated please see the Glossary.

Since December 2012, the ‘cancellation by service’ rate remained relatively stable, with minor fluctuations ranging between 4.0% and 6.0%. However, the rate has risen during the COVID-19 outbreak, reflecting the initial requirement to cancel non-urgent treatment services. In the most recent quarter, 12.8% of scheduled appointments were cancelled by the service. Whilst this is lower than the previous quarter (15.3%), it is still more than double the average rate observed previously.

In contrast, both the CNA and DNA rates reduced significantly in the latest quarter, a reflection on the significant reduction in activity. The CNA rate was 2.0% compared to 8.3% for the previous quarter and 7.5% for the same quarter last year. The DNA rate (5.2%) was also lower than the previous quarter (7.1%) and the same point last year (7.3%).

Figure 11: Non-attendance rates for New Outpatient Appointments\(^1,2\)
Notes:

1. NHS Tayside have been excluded from the rates due to data quality issues. Consequently, these figures should be interpreted with caution.

2. NHS Lanarkshire, NHS Ayrshire & Arran, NHS Highland and NHS Western Isles have not been able to validate their 'Did not attend (DNA)' rate therefore this indicator should be interpreted with caution. PHS are currently working with Boards to increase the quality of this indicator for the next publication.
## 2. Inpatient and Day cases

This section focuses on the waits experienced by those waiting for treatment as either an Inpatient or Day case. The Treatment Time Guarantee (TTG) stated that from 1 October 2012, no patient covered by the guarantee should wait longer than 12 weeks (84 days) for planned Inpatient or Day case treatment.

All summary tables and charts within this section are supplemented by NHS Board trends and additional comparative detail in the data tables.

### 2.1 Number of Patients Admitted

This relates to patients who have completed their wait by being admitted as either an Inpatient or a Day Case for treatment. It includes only those patients where the TTG applies.

Table 3 shows recent data for the number of patients admitted. The number of such patients has been severely affected by impact of the COVID-19 outbreak and the reduction in non-urgent care. During the quarter ending June 2020, 15,239 patients were seen across NHSScotland. This number is lower compared with the previous quarter (down 76.7% (65,538)) and at the same point last year (down 78.7% (71,613)). However, the number of patients admitted did increase slightly over the latest quarter. In April there were 3,665 patents admitted and this rose to 7,147 as services began to resume.

In the most recent quarter, 82% of patients were admitted within 12 weeks. This is higher than the quarter ending March 2020 and the same point last year (up 13.3 and 9.4 percentage points respectively). This measure is skewed by the low volume of patients admitted and the focus on urgent care as reflected in the low median wait, indicating half of all patients were admitted in 15 days, compared to 57 in the previous quarter. The 90th percentile meanwhile has reduced slightly to 120 days compared 172 days in most recent quarters.
Table 3: Number of patients admitted as an Inpatient or Day case¹

<table>
<thead>
<tr>
<th>Quarter ending</th>
<th>Total seen</th>
<th>Number who waited over 12 weeks</th>
<th>Performance against TTG Standard (%)</th>
<th>Median Wait (days)</th>
<th>90th Percentile Wait (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-June-20</td>
<td>15,239</td>
<td>2,741</td>
<td>82.0</td>
<td>15</td>
<td>120</td>
</tr>
<tr>
<td>June</td>
<td>7,147</td>
<td>2,010</td>
<td>71.9</td>
<td>20</td>
<td>145</td>
</tr>
<tr>
<td>May</td>
<td>4,427</td>
<td>557</td>
<td>87.4</td>
<td>13</td>
<td>94</td>
</tr>
<tr>
<td>April</td>
<td>3,665</td>
<td>174</td>
<td>95.3</td>
<td>11</td>
<td>59</td>
</tr>
<tr>
<td>31-Mar-20</td>
<td>65,538</td>
<td>20,491</td>
<td>68.7</td>
<td>57</td>
<td>172</td>
</tr>
<tr>
<td>31-Dec-19</td>
<td>70,050</td>
<td>19,728</td>
<td>71.8</td>
<td>54</td>
<td>175</td>
</tr>
<tr>
<td>30-Sep-19</td>
<td>69,937</td>
<td>20,052</td>
<td>71.3</td>
<td>55</td>
<td>171</td>
</tr>
<tr>
<td>30-Jun-19</td>
<td>71,613</td>
<td>19,627</td>
<td>72.6</td>
<td>54</td>
<td>165</td>
</tr>
</tbody>
</table>

Note:
1. Monthly figures are also included for the latest quarter to highlight the gradual increase in activity.

Figure 12 shows the recent changes in patient activity in the context of the longer-term quarterly trend. This demonstrates that the number of patients seen per quarter has overall been decreasing since March 2014 until March 2020 where it steeply drops. Meanwhile, between 2016 and 2018, there was an upward trend in the number of patients who waited over 12 weeks to be admitted with very little change thereafter until the latest quarter.
Figure 12: Trend of patients admitted at an Inpatient or Day case appointment, including waits over 12 weeks

2.1.1 Distribution of Wait – Patients Admitted

For the latest two quarters, Figure 13 shows how the waits experienced by those admitted were distributed. The distribution for the latest quarter is substantially different from the previous quarter with almost 60% of patients having waited 3 weeks or less. This again perhaps reflects the emphasis on urgent referrals, although there were 7,491 less admitted within this time frame than the previous quarter (down 45.3%).
Figure 13: Distribution of waits for Inpatients/Day cases admitted

![Graph showing distribution of waits for Inpatients/Day cases admitted]

Note:
1. In the above time bands, the upper figure is included within the time band but the lower figure is not i.e. in time band '6-9', this will include all patients who waited more than 6 weeks but less than or equal to 9 weeks.

2.1.2 NHS Board and Specialty comparison

Figure 14 and Figure 15 examine whether the decrease in the number of patients admitted was uniform across Health Boards and specialties by examining the percentage change in the number of patients admitted in the quarter ending 30 June compared to the previous quarter.

In respect of variation across Boards, Figure 14 shows the greatest decrease in patients admitted was reported by NHS Lanarkshire (down 88.7%, 5022), NHS Forth Valley (down 82.5%, 2,152) and NHS Shetland (down 81.6%, 191). The smallest decrease in a territorial Board was observed in NHS Orkney (down 43.4%, 82) followed by NHS Borders (down 60.2%, 1,162).
Figure 14: Percentage change in Inpatients/Day cases admitted by NHS Board; 30 June 2020 compared to previous quarter

Figure 15 uses the same approach to examine variation by specialty, looking at the specialties that account for the majority of admissions. The greatest reductions were experienced in Trauma and Orthopaedic Surgery and Ophthalmology where the number of patients admitted between April and June was over 90% lower than the patients admitted between January and March. In contrast, there was only a 21.1% reduction in the number of patients admitted in Medical Oncology and 26.0% in Cardiothoracic surgery. Variation in the reduction of capacity by specialty will in part have been influenced by a number of factors including the proportion of referrals that are likely to be urgent.
Figure 15: Percentage change in Inpatients/Day cases admitted by Specialty; 30 June 2020 compared to previous quarter

2.2 Waiting List Changes – Patients Admitted, Added or Removed

Figure 16 considers the recent trend in the weekly number of additions and removals to the waiting lists covering those waiting for treatment as an Inpatient or Day Case (under the TTG). In respect of removals this includes patients who were removed because they were admitted for treatment or because treatment was no longer planned. To illustrate the impact of the latter a separate trend line shows just the number removed because they had been admitted for treatment.

Following the introduction of the emergency measures on 17 March there was a sharp decrease in both additions (down 73.1%, comparing w/e 15 March to 29 March) and removals (down 74.7%) from lists, including patients removed because they had been admitted (down 77.7%) or otherwise (down 60.6%). Additions continued to decrease until they hit a low on 12 April (down 27.1%, comparing to w/e 29 March), meanwhile removals didn’t reach their lowest point until 19 April (down 43.0%, comparing to w/e 29 March).

After this, there was a gradual increase in activity from mid/late April as services slowly resumes with more list additions due to an increasing number of referrals for treatment and more patients being admitted. However, a higher percentage of those removed from lists in
this period were for reasons other than being admitted – 27.3% for the quarter ending 30 June compared to 18.6% in the previous quarter. The weekly additions and removals in the last week of June was also considerably lower than would routinely be expected at this time of year (69% and 76% lower respectively) and because the number of additions exceeded the number of removals, the number of patients waiting grew as described in the following section.

Figure 16: Number of additions and removals from the waiting list each week from January to June 2020

2.3 Number of Patients Waiting for treatment

Table 4 shows a recent trend for the number of patients who were waiting to be admitted at the end of each month as well as comparing the latest figures to that observed a year ago. In the most recent quarter, there were 86,031 patients waiting to be admitted, 13.7% higher than the same point last year (10,474) and the end of February (10,373), two weeks before NHSScotland was placed under emergency measures. As observed in Figure 16, the number of additions to the waiting list have exceeded the number of removals from the waiting list across this time period resulting in the waiting list increasing.

Table 4 also indicates that, of those waiting at the end of June, 14,897 (17.3%) had been waiting 12 weeks or less, this compares to 52,970 (66.2%) at the end February 2020. There was also an increase of 44,118 patients waiting over 12 weeks.
Table 4: Number of patients waiting for Inpatient/Day Case Treatment under the TTG.

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total waiting</th>
<th>Number waiting 12 weeks or less</th>
<th>Number waiting over 12 weeks</th>
<th>% Waiting 12 weeks or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-June-20</td>
<td>86,031</td>
<td>14,897</td>
<td>71,134</td>
<td>17.3</td>
</tr>
<tr>
<td>31-May-20</td>
<td>83,927</td>
<td>20,817</td>
<td>63,110</td>
<td>24.8</td>
</tr>
<tr>
<td>30-April-20</td>
<td>81,683</td>
<td>38,074</td>
<td>43,609</td>
<td>46.6</td>
</tr>
<tr>
<td>31-Mar-20</td>
<td>79,858</td>
<td>51,456</td>
<td>28,402</td>
<td>64.4</td>
</tr>
<tr>
<td>29-Feb-20</td>
<td>79,986</td>
<td>52,970</td>
<td>27,016</td>
<td>66.2</td>
</tr>
<tr>
<td>30-June-19</td>
<td>75,657</td>
<td>51,722</td>
<td>23,935</td>
<td>68.4</td>
</tr>
</tbody>
</table>

Figure 17 shows these changes in the context of the longer-term trend. Overall, the total waiting has been increasing over time, along with the number waiting over 12 weeks. This was accelerated in the latest quarter, more significantly for the number waiting over 12 weeks.

Figure 17: Trend in the number of patients waiting for an Inpatient/Day case appointment

At 30 June 2020:

Total waiting: 86,031
Of which, waiting over 12 weeks: 71,134
2.3.1 Distribution of Wait – Patients Waiting

Figure 18 examines the variation in how long patients had been waiting to be admitted, comparing those waiting at the end of June to those waiting at the end of February. In the most recent month the percentages of patients in the time bands up to 12 weeks have all significantly reduced whereas those for all other time bands are all higher. In particular, the percentage who had waited between 15 and 24 weeks was much higher, suggesting a high proportion of the patients experiencing extended waits are in these categories. However, there was also an increase in the percentage of patients who had been waiting longer with 14.3% waiting over 36 weeks and 4.6% having waited 52 weeks or more.

Figure 18: Distribution of waits of Inpatients/Day cases waiting to be admitted

Note:  
1. In the above time bands, the upper figure is included within the time band but the lower figure is not i.e. in time band ‘6-9’, this will include all patients who waited more than 6 weeks but less than or equal to 9 weeks.

2.3.2 NHS Board and Specialty Comparison

This section provides a brief insight into how service capacity has been impacted by COVID-19 across Boards and specialties. As touched upon previously, detailed trend information is available via the data tables.
In respect of variation across Boards, the percentage of patients who had been waiting over 36 weeks ranged from 0% in NHS Western Isles to 23.6% in NHS Highland. For those waiting over 52 weeks they accounted for 0% in NHS Western Isles and NHS Dumfries and Galloway but 9.2% in NHS Grampian.

**Figure 19: Number of Inpatients/Day cases waiting over 36 and 52 weeks to be admitted by NHS Board**

In respect of variation across specialties, Figure 20 shows the percentage of patients waiting over 36 weeks or 52 weeks in each of the top 12 specialties. The percentage of patients who had been waiting over 36 weeks ranged from 5.0% for Cardiology to 22.1% for Ear, Nose & Throat (ENT). For those waiting over 52 weeks they accounted for just 0.8% of those waiting for a Cardiology admission but 8.2% of those waiting for an ENT admission.
2.4 Clock Pauses and Resets

Ongoing monitoring and reporting of a patient’s wait is referred to as the waiting time clock. Where it is reasonable and clinically appropriate, the clock may be adjusted for a number of reasons including where a patient is unable to attend a booked appointment or is unavailable to be admitted for a period of time.

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable either at the patient’s request (Patient Advised, Patient Requested) or due to medical reasons (Medical). Following the introduction of unavailability codes in October 2012, a detailed split of unavailability by NHS Board is available in the data tables.

2.4.1 Patient Unavailability

For patients waiting to be treated at the end of each quarter, Figure 21 shows a trend by unavailability category for the percentage of patients that were unavailable to be seen. This percentage has dropped significantly since the start of the COVID-19 outbreak with only 1.5%, of patients unavailable at the end of June compared to 7.7% at the end of December. All categories of unavailability had reduced significantly. Of the 1,292 patients unavailable at
the end of June, the majority of unavailable patients were recorded as either ‘patient advised’ (54.6%) or ‘due to medical reasons’ (41.1%).

Specifically, the percentage of patient advised unavailability almost halved between December and March 2020 (~2.3 percentage points) and has dropped each month since. By 30 June 2020, 0.8% of patients had patient advised unavailability.

Medical advised unavailability is usually relatively consistent, at around 2%. However, it started to drop at the end of March and has gradually decreased each month since to 0.6%.

**Figure 21: Unavailability of patients on Waiting List for an Inpatient/Day case appointment**

Note:

1. NHS Tayside have been excluded from the rates due to data quality issues. Consequently, these figures should be interpreted with caution.

**2.4.2 Patient Non-Attendance**

Patient waits may be extended if scheduled admissions do not occur. Treatment may not go ahead if the service cancels the admission, if the patient could not attend (CNA) or the patient did not attend without prior notice to the service (DNA). Figure 22 shows trends for the rates at which these events occurred. For more detail on how these rates are calculated please see the [Glossary](#).
The percentage of appointments cancelled by the service had been relatively consistent between December 2018 and December 2019, ranging from 9.6% to 11.0%. However, it more than doubled in the quarter ending March 2020, from 9.8% to 23.4% (up 13.6 percentage points), in response to the pausing of non-urgent care in mid-march. In the most recent quarter, the CBS rate has reduced to 12.2%.

In the quarter ending June 2020, the CNA rate (3.1%) was more than half of the percentage recorded in the previous quarter (7.7%). The percentage of patients had been relatively stable since March 2013, however in the most recent quarter the DNA rate had dropped from 1.1% to 0.3%.

Figure 22: Non-attendance rates for Inpatients/Daycases

Notes:
1. NHS Tayside have been excluded from the rates due to data quality issues. Consequently, these figures should be interpreted with caution.
2. NHS Lanarkshire, NHS Ayrshire & Arran, NHS Highland and NHS Western Isles have not been able to validate their ‘Cancellation by service’ rate therefore this indicator should be interpreted with caution. PHS are currently working with boards to increase the quality of this indicator for the next publication.
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients waiting (Ongoing waits)</td>
<td>Refers to patients who are on the waiting list at a point in time (waiting list census) e.g. 28 February 2019 and they have not yet had their appointment/been admitted or received treatment.</td>
</tr>
<tr>
<td>Patients seen/admitted (Completed waits)</td>
<td>Refers to patients who have attended their appointment/been admitted/received treatment and are subsequently taken off the waiting list.</td>
</tr>
<tr>
<td>TTG (Treatment Time Guarantee)</td>
<td>Refers to the 12 weeks Treatment Time Guarantee (TTG) written into legislation for eligible patients who are due to receive planned inpatient or day case treatment from 1 October 2012. Eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This target is based on completed waits.</td>
</tr>
<tr>
<td>Adjusted wait</td>
<td>Deducts periods where the patient is unavailable (e.g. for medical or patient advised reasons). Patients who reject a reasonable offer package, cancel or don’t attend an appointment have their waiting times clock reset to zero.</td>
</tr>
<tr>
<td>Unadjusted wait</td>
<td>Total length of time between the patient being added to the waiting list and the patient being removed from the waiting list. It includes time when the patient is unavailable for patient advised or medical reasons and also any time before the patient’s waiting times clock is reset (due to appointment cancellation, non-attendance or rejection of reasonable offer package).</td>
</tr>
<tr>
<td>Could Not Attend (CNA)</td>
<td>A patient who cancels an appointment in advance is recorded as a Could Not Attend (CNA). The CNA rate is the number of CNAs presented as a proportion of all appointments which could have been cancelled during the reporting period. That is, any offer for an appointment date before the end of the reporting period which had not been cancelled before the start of the reporting period.</td>
</tr>
<tr>
<td>Did Not Attend (DNA)</td>
<td>A patient who does not attend an accepted appointment and gives the hospital no prior notice is recorded as a Did Not Attend (DNA). The DNA rate is the number of DNAs presented as proportion of all appointments which patients could have attended during the reporting period. That is, any appointment which had not been cancelled before the day of the appointment.</td>
</tr>
</tbody>
</table>
An appointment cancelled by the hospital is recorded as a Cancellation by service. The cancellation by service rate is the number of cancellations by the service presented as a proportion of all appointments which the Service could have cancelled during the reporting period. That is, any accepted offer for an appointment date before the end of the reporting period which had not been cancelled before the start of the reporting period.
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Further Information

Further information and data for this publication are available from the publication page on our website.

For more information on Stage of Treatment see the Stage of Treatment section of our website. For related topics, please see the Waiting Times pages.

The next release of this publication will be 24 November 2020.

Open data

Data from this publication is available to download from the Scottish Health and Social Care Open Data Portal.

Rate this publication

Let us know what you think about this publication via. the link at the bottom of this publication page on the PHS website.
Appendices

Appendix 1 – Background information

Waiting Times - History and Performance Indicators

Inpatient and Day case Target & Standards

From the 1 October 2012, the Patient Rights (Scotland) Act 2011 establishes a 12 week maximum waiting times for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis (known as Treatment Time Guarantee).

Previously, the national waiting time standard stated that, from 31 March 2011, no patient waiting for treatment as an inpatient or day case would wait longer than 9 weeks. Prior to this, the national standard was set at 18 weeks (from 31 December 2007), 15 weeks (from 31 March 2009), 12 weeks (from 31 March 2010) and 9 weeks (from 31 March 2011).

Prior to 1 October 2012, the specialties of Mental Health, Obstetrics and Homeopathy were excluded from the Inpatient, Day case and New Outpatient waiting time standards. Homeopathy and Mental Health Inpatients and Day cases are now included under TTG and NHS Boards are working on providing this information, which is currently collected on different IT systems that are not yet able to supply waiting times information centrally.

New Outpatient Standards

The national waiting time standard states that, from 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources. Previously, the national standard was set at 18 weeks (from 31 December 2007) and 15 weeks (from 31 March 2009) and applied only to patients referred by a GP or dentist.

NHS Boards were expected to improve the 12 week outpatient waiting times performance during 2015/16 to achieve a 95% standard with a stretch aim to 100%, which applies to all sources of referral for first New Outpatient appointment. In addition, PHS monitor waits over 16 weeks which are considered by the Scottish Government to be ‘longstops’.

PHS began collecting data based on ‘New Ways of measuring waiting times’ in January 2008. At that time, data quality focused on referrals from GPs or dentists, reflecting the national standard at that time. More recently data quality checks have encompassed all sources of referral and PHS now publish data covering all sources of referral, reflecting the new national standard, from quarter ending 31 March 2010.

While statistics for New Outpatient waits have continued to be sourced from the PHS Waiting Times Warehouse using patient level data, following approval from Scottish Government and NHS Boards, the opportunity has been taken to bring the calculation of wait in line with the
calculation for Inpatients and Day cases to make them consistent with the guidance on TTG and ensure consistency across Stage of Treatment waits. This may result in an increase in average length of wait and therefore potentially, an increase in the number of waits beyond 12 weeks.

Changes to the calculation include the clock not being reset where:

- **It is not reasonable and clinically appropriate to do so** i.e. a patient whose circumstances are considered clinically urgent;
- **A patient rejects 2 or more reasonable offers (known as a reasonable offer package), having already waited 84 days**;
- **A patient fails to attend an appointment they have agreed to attend, having already waited 84 days**.

Outpatient statistics for quarters prior to April 2014 are subject to the old calculation therefore this change will impact on the comparability of outpatients waiting times statistics over time.

From 1st October 2019, the 8 key diagnostic tests are no longer included under the New Outpatient waiting times figures. Waiting times for the 8 key diagnostic tests will continue to be published under the [Diagnostics publication](#).

**Other Waiting Times Targets & Standards**

Inpatient, Day case and Outpatient Stage of Treatment Waiting Times is part of a variety of targets and standards set by the Scottish Government around waiting times. Details on each of the targets/standards that PHS publish are available within the [Supporting Documentation](#) web pages.

**Why are there different measurements of waiting times?**

Waiting times statistics are of public and 'management' interest for measuring among other things how well the health system is performing and prompting management action where pressures on the standard of service required by the public are apparent. The targets have changed significantly over the last 25 years and are shown in [Table A1](#). There are two statistics of interest in this regard for assessing NHS hospitals’ performance:

- **Patients waiting (Ongoing waits)** – refers to patients who are on the waiting list at a point in time (waiting list census) e.g. 28 February 2019 and they have not yet had their appointment/been admitted or received treatment.
- **Patients seen/admitted** – refer to patients who have attended their appointment/been admitted/received treatment and are subsequently taken off the waiting list.

Patients waiting
These statistics measured at a census point show the length of time that patients on a waiting list have been waiting at the month end. This is the most useful measure for NHS managers who may need to take prospective action to make sure patient waits do not exceed the national maximum waiting time standard set by the Scottish Government.

The Scottish Government use information on Patients Waiting to performance manage waiting time standards, and these statistics have played an important intelligence role in the significant reductions seen in waiting times over the last few years.

This measure however, does not report how long patients actually waited until they received care. If a census is repeated as a routine, then the maximum extra time the waiting patients may experience who are removed from the waiting list between censuses, is the time gap between censuses. Currently at national reporting level that is one month.

Another gap in the picture provided by this measure is the patients who are added to a waiting list after one census point and treated (removed from the list) before the next census point. This is not generally an issue for prospective performance management action.

Patients seen/admitted

These statistics show the complete picture of waiting time experienced by patients. It is a good retrospective measure of how well the NHS is performing against the target or standard. It also takes account of the gaps in the census measure described above. This is a much easier measure for the general public to understand.

It is not so useful for prospective management action as it is historic but it may indicate issues to managers for future planning. For example, where waiting list management processes might need adjustment to deal with long waiters in order to prevent them missing the target between census points.

Patient unavailability

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable for Patient Advised, Patient Requested, Medical or Patient Focused Booking (PFB) reasons.

- If a patient informs the hospital that they will be unable to accept an appointment because, for example, they are on holiday for a fortnight, then the patient is recorded as being unavailable for patient advised reasons and their waiting time clock is paused. This was previously recorded as Social unavailability;
- From 1 April 2014, patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied. Prior to this, these were recorded as Patient Advised unavailability;
• If a patient is medically unable to undergo a procedure i.e. they have another medical issue such as raised blood pressure that makes treatment inadvisable then the patient is recorded as being unavailable for medical reasons and their waiting time clock is paused;

• PFB is where the patient is invited to contact the hospital to make an appointment or to confirm an offered appointment date. The patient should be allowed a minimum of 7 days to respond. If no contact has been made after 7 days, the patient's waiting time clock may be paused for a maximum of 7 days. After a second offer, if no contact has been made after 7 days, the patient's waiting time clock may be paused a second time for a maximum of 7 days. PFB is applicable to New Outpatients and Diagnostics only.

New Ways

In January 2008, the ‘New Ways’ of defining and measuring waiting times in the NHS in Scotland was introduced, scrapping the use of availability status codes. The waiting time targets and standards were based on ongoing waits i.e. patients waiting for treatment. Table A1 shows the targets associated with ‘New Ways’. Further information is available in The History of Waiting Times and Waiting Lists document or on the Scottish Government website at Scotland Performs.

PHS collect information on waiting times for various aspects of healthcare provided by NHS Scotland, including new outpatient attendances led by a consultant or dentist. Data is collected for acute specialties (those specialties primarily concerned in the surgical, medical and dental sectors) and waiting times statistics are mostly reported on patients covered by the Scottish Government’s national waiting time standard; Scottish residents waiting to be seen in an acute specialty (other than homeopathy).

Treatment Time Guarantee

In 2011, the Patient Rights (Scotland) Act 2011 established a 12 weeks Treatment Time Guarantee (TTG) written into legislation for eligible patients who are due to receive planned inpatient or day case treatment from 1 October 2012. Eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This target is based on completed waits i.e. patients seen.

These statistics published cover all patients added to inpatient and day case admission (IPDC) waiting lists from 1 October 2012. NHS Boards have made changes to their local system extracts in order to provide the additional data to PHS; while PHS have developed the waiting times warehouse to capture the additional data.

The majority of patients waiting for an Inpatient or Day case admission are covered by TTG. However, patients who have had a diagnostic test in an Inpatient or Day case setting before a decision was made to treat are not subject to the TTG. The other exemptions, set out in the Regulations are:
• assisted reproduction;
• obstetrics services; and
• organ, tissue or cell transplantation whether from living or deceased donor.

Spinal treatment by injection or surgical intervention was excluded from TTG until 1 April 2014, and designated national specialist services for surgical intervention of spinal scoliosis was excluded until 1 October 2014. They have been included in the TTG reporting from these dates.

Please note the vast majority of the patients who are not covered under TTG, are waiting for admission for a Diagnostic Test. These patients require a diagnostic test before a decision can be made to treat. In a small number of cases it may be clinically appropriate to undertake the diagnostic procedure and treatment at the same time. At the point the decision is made to treat, these patients are then covered by the TTG. More information on Diagnostic Waiting times is available in the Diagnostic publication report.

This target also includes Mental Health inpatients and day cases. However, not all boards are currently able to submit these patients to the warehouse. The Scottish Government is seeking assurance from NHS Board Chief Executives that no Mental Health inpatient or day case has breached 12 weeks. In addition Scottish Government and NHS Boards have also agreed to use the same method of calculation of wait for new outpatients as applies to inpatient and day cases under the TTG. A further change that affects outpatients as well as inpatients and day cases is around unavailability. From 1 October 2012, ‘Patient advised unavailability’ replaced ‘Social unavailability’ which puts the patient in control of their own wait. Further information on the Treatment Time Guarantee can be found in The History of Waiting Times and Waiting Lists, which includes links to all the supporting documents.

Table A1 – Summary of NHS Scotland Waiting Time Targets from 1991¹,²,³

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Referral to Treatment</th>
<th>Diagnostic</th>
<th>Stage of Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1991</td>
<td>18 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Apr 1997</td>
<td>12 months IPDC</td>
<td></td>
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</tr>
<tr>
<td>31 Dec 2003</td>
<td>9 months IPDC</td>
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<td></td>
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<tr>
<td>31 Dec 2005</td>
<td>6 months IPDC</td>
<td></td>
<td></td>
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<tr>
<td>31 Dec 2007</td>
<td>9 weeks</td>
<td>18 weeks OP/IPDC</td>
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</tr>
<tr>
<td><strong>January 2008 – New Ways</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Mar 2009</td>
<td>6 weeks</td>
<td>15 weeks OP/IP</td>
<td></td>
</tr>
<tr>
<td>31 Mar 2010</td>
<td>4 weeks ¹</td>
<td>12 weeks OP/IP</td>
<td></td>
</tr>
<tr>
<td><strong>April 2010 – New Ways Refresh</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Dec 2011</td>
<td>18 weeks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### August 2012 – Waiting Time Guidance updated to incorporate Treatment Time Guarantee

| 1 Oct 2012 | 12 weeks IPDC |

Notes:
1. This is a local target; the national target remains 6 weeks.
2. This is a guarantee written into legislation.
3. There is an agreement between NHS Boards and Scottish Government to manage Outpatients under the same guidance.
Appendix 2 – Data Quality

Please note that although NHS Grampian have quality assured their data for this release it has not been signed off by NHS Grampian’s Chief Executive.

NHS Tayside implemented a new PAS (TrakCare) on 23rd June 2017. Due to technical issues, there is a delay in providing PHS with data. Most figures included in this publication covering from June 2017 to June 2018 for Inpatients/Day cases and June 2017 to December 2018 for New Outpatients have been provided directly from NHS Tayside PAS rather than the Waiting Times data warehouse.

NHS Lothian have identified issues with outpatient data submitted to PHS from Edinburgh Dental Institute. A combination of system and user issues has resulted in under recording of the number of patients waiting and incorrect reporting of lengths of wait. Given these concerns, records received from the Institute have been excluded from this publication. Further issues with the Edinburgh Dental Institute’s move to TrakCare in November 2019 have resulted in all of NHS Lothian's dental specialties being excluded from the publication figures from quarter ending December 2019 to March 2020. NHS Lothian are working with PHS to re-establish the inclusion of Dental Institute data in future publications.

Detail on specific data quality issues experienced by Boards can be found on the dedicated webpage. Details of records which have been ‘filtered’ by Boards can also be found at this location.
### Appendix 3 – Publication Metadata

<table>
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<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>Inpatient, Day case and Outpatient Stage of Treatment Waiting Times</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Monthly and quarterly summary of waiting times and waiting lists in the acute sector of NHS Scotland.</td>
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<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Access and Waiting Times</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks and PDF</td>
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<tr>
<td><strong>Data source(s)</strong></td>
<td>Waiting Times Data Warehouse. Consists of a series of 'open' records for patients still waiting for treatment and 'closed' records when patients are removed from the waiting list. All patients who are added to a waiting list for inpatient or day case treatment, for a new outpatient appointment at a consultant or dentist-led clinic or for a return outpatient appointment where a procedure is expected to be carried out should be included. Homeopathy, mental health (new outpatients only) and obstetrics specialties are not included. Data from 1 October 2012 to 31 March 2014, for Inpatient and Day case admissions was sourced via aggregate returns from NHS Boards. NHS Boards local systems have since been modified to comply with TTG, and data from 1 April 2014 is sourced from the warehouse again.</td>
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**Date that data are acquired**: 23 July 2020  
**Release date**: 25 August 2020  
**Frequency**: Quarterly.  
**Timeframe of data and timeliness**: Data from 1 January 2008 to date. There have been no delays in reporting.  
**Continuity of data**: Since 1992, there have been several significant changes in waiting times. Prior to 2008, data was derived using different rules that are not comparable with New Ways. From February 2010 publication PHS have implemented the ‘Refresh Project’, the key aim of which was to increase the usefulness of the New Ways Warehouse to NHS Boards, PHS and to the Scottish Government. Then from 1 October 2012, the introduction of Treatment Time Guarantee resulted in further changes. A full history of waiting times is available in Waiting Times & Waiting List History.  
**Revisions statement**: Process and background regarding the revision of data from October 2012 is detailed [here](#).  
**Revisions relevant to this publication**: All figures from October 2012 have been revised. Addressing a period of transition between October 2012 and March 2014, this ensures all figures are sourced from the PHS warehouse and the calculation of wait (applicable from 1 October 2012) is applied consistently to Inpatients, Day cases and New Outpatients.  
**Concepts and definitions**: New Ways Definitional Rules and Guidance is available: New Ways Rules & Guidance  
TTG rules and guidance is available in the following documents:  
Patient Rights (Scotland) Act 2011  
The Regulations and Directions under the Act - CEL 17 (2012)  
The Regulations (Amended) under the Act - Amendment Regulations (2014)
<table>
<thead>
<tr>
<th>Relevance and key uses of the statistics</th>
<th>Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times including from 1 October 2012, Treatment Time Guarantee. Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to NHS Boards; health intelligence work; parliamentary questions and NHS Performs.</th>
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<tbody>
<tr>
<td>Accuracy</td>
<td>Detailed information on validation is available. The data is subject to a sign-off procedure each quarter before publication where the data for the previous quarter is confirmed by the submitting Board. PHS carry out detailed fitness for publication evaluation every quarter including comparisons to previous figures and expected trends. PHS also check outputs from two different analytical tools. PHS carried out a project in 2009 to quantify and understand the differences between New Ways and other PHS data sources (SMR00, SMR01 and ISD(S)1). PHS carried out an audit of New Ways data quality in 2008 and the details can be found here under the heading &quot;Data Quality Assessment Project.&quot;</td>
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<tr>
<td>Completeness</td>
<td>PHS carried out a project in 2009 to quantify and understand the differences between New Ways and other PHS data sources (SMR00, SMR01 and ISD(S)1). Provisional analysis of refresh data showed that approximately 98% of data submitted to the Warehouse is published.</td>
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<tr>
<td>Comparability</td>
<td>PHS carried out a project in 2009 to quantify and understand the differences between New Ways and other PHS data sources (SMR00, SMR01 and ISD(S)1). Comparative waiting times information is not possible at present using these data due to inconsistencies in definitions of waiting times for treatment across the four countries. Collaborative efforts by the health departments of the four countries to produce comparable figures on waiting times are currently underway by the UK Comparative Waiting Times Group. Collaborative efforts are also underway to produce comparisons to European waiting times.</td>
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<tr>
<td>Accessibility</td>
<td>It is the policy of PHS Scotland to make its web sites and products accessible according to published guidelines.</td>
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Coherence and clarity

Key statistics for the latest quarter are linked to on the main Waiting Times page of the publication. Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented.

Further features to aid clarity:

1. Attendances and performance data by Patient Type are available in separate tables to enable users to select a single measure for analysis.
2. All tables are printer friendly.
3. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level.
4. Key data presented graphically.

<table>
<thead>
<tr>
<th>Value type and unit of measurement</th>
<th>Number of patients seen, number of patients waiting and percentage distribution of wait; by NHS Board and nationally and by patient type (i.e. inpatients/day cases, new outpatients and return outpatients).</th>
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<tbody>
<tr>
<td>Disclosure</td>
<td>The PHS protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<tr>
<td>Last published</td>
<td>26 May 2020</td>
</tr>
<tr>
<td>Next published</td>
<td>24 November 2020</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>27 May 2008</td>
</tr>
<tr>
<td>Help email</td>
<td><a href="mailto:phs.isdWAITINGTIMES@nhs.net">phs.isdWAITINGTIMES@nhs.net</a></td>
</tr>
<tr>
<td>Date form completed</td>
<td>14 August 2020</td>
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Appendix 4 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Appendix 5 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public’s health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ‘five safes’.