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News release

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Management and scrutiny of NHS waiting lists have to improve

The Scottish Government and health boards must improve the management and scrutiny of NHS waiting lists to assure patients that they are being treated fairly. Key aspects of the current systems are inadequate and insufficient information is recorded in patient records.

Audit Scotland has today published the findings of its audit of the management of patients on waiting lists at NHS boards. This was carried out following the discovery of manipulation of waiting lists and misreporting of performance by NHS Lothian during 2011. Inappropriate use of waiting list codes has been reported at NHS Tayside.

Audit Scotland's review covered April to December 2011, the period during which lists were known to be manipulated at NHS Lothian. It follows a report in 2010 in which Audit Scotland raised concerns about inconsistent application of waiting lists guidance and the need for better information to enable boards to show they were managing patients properly.

Auditor General for Scotland, Caroline Gardner, said: 'Waiting times are very important to patients and are a major performance target for the health service. The management and scrutiny of the waiting list systems have not been good enough. NHS boards and the Scottish Government must improve the monitoring of boards' use of waiting list codes if they are to retain public trust and assure patients they are being treated fairly.'

'During the period we reviewed, the Scottish Government and boards were focussed on making sure waiting times targets were being met but not giving enough attention to how this was being done. Better scrutiny of the increasing use of social unavailability codes could have highlighted concerns earlier. It also could have identified where waiting times pressures were building in the system.'

The report says the waiting list systems have inadequate controls and audit trails, and limited information is recorded in patient records. This means it is not possible to trace all the changes made to the records of patients waiting for treatment, or to identify the reasons for amendments and verify that codes have been applied appropriately. Recently updated guidance from the Scottish Government on managing waiting lists should improve monitoring and reporting, but does not address all the risks.

The report highlights the widespread use across Scotland of the social unavailability code during the period covered by the audit. This code was intended to give patients more flexibility; periods of time that patients are unavailable for treatment are not counted as part of their overall waiting time.

As national waiting times targets shortened over recent years the use of this code rose, from 11 per cent of patients in 2008 to more than 30 per cent in mid-2011. It then started dropping from the end of 2011, around the time manipulation of waiting lists was found in NHS Lothian. The reasons for this are unclear, due to the limitations of waiting list management systems and the lack of evidence in patient records.

Audit Scotland found a small number of instances where unavailability codes were used inappropriately. Due to the poor information, it was not possible to determine whether these were due to human error, inconsistent interpretation of guidance, or deliberate manipulation.

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Notes to editors

1. In March 2012, a report for the Scottish Government published evidence of waiting list manipulation at NHS Lothian during 2011. Following this, Audit Scotland undertook the review published today in order to identify

whether NHS Lothian's manipulation of waiting lists during 2011 was an isolated incident or indicated more widespread problems across the NHS. In December 2012, internal auditors at NHS Tayside reported on inappropriate use of unavailability codes, on a smaller scale to NHS Lothian.

2. In May 2012, the Health Secretary asked each NHS board to carry out an internal audit of how it was complying with national guidance on waiting lists management, and on how accurately each board reported its performance between January and June 2012. Reports about each board from these audits were published in December 2012 and are available on boards' own websites. Audit Scotland's work was separate and independent of these audits, and we have used information from them where appropriate.
3. Waiting times targets in Scotland have been steadily reducing over the past decade, from nine months for inpatient treatment in 2003 to 18 weeks from GP referral to treatment at the end of 2011. Guidance on managing waiting lists, known as 'New Ways', was introduced by the Scottish Government in 2007 and implemented in 2008. The Scottish Government issued updated guidance in 2012.
4. NHS boards can record patients as socially or medically unavailable for treatment. This means the period the patient is unavailable for treatment or not able to attend an appointment is not counted in the patient's overall waiting time. Patients who become unavailable while on a waiting list should be reviewed within 12 weeks to ensure they do not wait indefinitely.
5. All Audit Scotland reports published since 2000 can be found on Audit Scotland's website www.audit-scotland.gov.uk
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