Management of patients on NHS waiting lists

Issues for non-executive NHS board members

AUDITOR GENERAL

Audit Scotland published its national report, *Management of patients on NHS waiting lists – audit update*, on 12 December 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.

Issue	Description	Questions for non-executive NHS board members to consider
Performance against waiting time standards (pages 9-13, main report) (PDF)	Thirteen NHS boards met the standard of 90 per cent of patients treated within 18 weeks from their referral to hospital in the month ending September 2013. Performance against the two other standards for outpatient appointments and inpatient treatment is less consistent (Exhibit 1, page 10). At a national level, the 12-week TTG is not being met and performance against the standard that all outpatients should be seen within 12 weeks has been deteriorating. Performance in individual NHS boards varies (Exhibit 2, page 11).	• Are there any particular capacity problems that are affecting the board's performance against waiting time standards and the treatment time guarantee? – What is the board doing to address these? • What is the board doing to address increasing demand for outpatients?

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Use of unavailability codes (pages 13-18, main report) (PDF)	Our previous report highlighted that the use of all unavailability codes began to reduce in late 2011, and this trend has continued over the past two years across Scotland (Exhibit 3, page 14). However, inpatient non-medical unavailability (patient-advised) has increased slightly in some NHS boards over the last year (Exhibit 4, page 15). The introduction of new patient-advised unavailability codes in October 2012 means that NHS boards can now identify patients recorded as unavailable for patient choice reasons. Across Scotland, in September 2013, 41 per cent of inpatients coded as non-medically unavailable were for reasons of patient choice – 25 per cent for patients wishing to see a specific consultant and 16 per cent for patients wanting to be treated within their health board area (Exhibit 5, page 17). NHS boards should now monitor and use this information to consider if they need to increase local capacity to meet patient needs.	• Is the board using the new patient-advised unavailability codes to monitor unavailability due to patient choice reasons as part of overall capacity planning? • Is the board monitoring trends in the use of unavailability codes over time and by clinical specialty? • Is the board benchmarking the use of unavailability codes for inpatients against other boards across Scotland to assess if these are at appropriate levels?
Patient information about the treatment time guarantee (pages 18-21, main report) (PDF)	Since October 2012, NHS boards have been required to send letters to patients covered by the TTG. This means patients should have better information and a clearer understanding about what is happening with their waiting time and when they should expect to be treated. This is a significant improvement and there are examples of good practice. But the clarity and level of detail in these letters varies greatly among boards. There are examples of good practice in some boards where clear and detailed information is provided to patients, such as NHS Dumfries and Galloway (Case Study 1, page 20).	• Do the letters that the board sends to patients about the treatment time guarantee provide clear and detailed information? • Do the letters include the minimum information required, as summarised on page 19?
Patients' additional support needs (pages 21-22, main report) (PDF)	We previously recommended that NHS boards should ensure that they identify patients with additional support needs, such as a disability or requiring a translator, and provide them with the support they require. There has been limited progress in most boards. Most boards still rely on the GP, or other referrer, identifying patient needs as part of the referral letter. This information is usually recorded as free text in the general notes in the electronic system, rather than being identified separately. Without comprehensive information on patients' additional needs, boards are unable to provide assurance that all patients receive the support that they require. No board reported that patients' additional support needs are taken into account in a systematic way when considering where and when to offer patients an appointment.	• Is the board identifying patients with additional support needs and providing them with the support they require? • Does the electronic system within the board have separate fields to record any additional support that patients need? – If not, are there plans to improve how the board records information about patients who need additional support? • Does the board take into account patients' additional support needs when they offer patients an appointment?

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Monitoring and scrutiny of waiting list codes (pages 24-28, main report) (PDF)	We recommended previously that NHS boards should monitor and report their use of waiting list codes to ensure they are being used appropriately and consistently. We also recommended that boards consider this information alongside waiting times performance to help plan and manage their capacity. Monitoring in NHS boards has improved and most boards are monitoring a number of waiting list indicators (Appendix 1, page 32). ISD Scotland is developing an interactive electronic benchmarking tool of key indicators that compares performance for each board. It will be kept under review and additional indicators added over time as required. The benchmarking tool will be available from January 2014. This should be a significant improvement in monitoring and benchmarking, but NHS boards should continue to improve their own internal monitoring. There are a number of key indicators that boards should monitor locally (Exhibit 6, page 25). All NHS boards have started to carry out monthly audits of a sample of the records of patients on waiting lists. These should also provide some further monitoring information.	• Does the board monitor its use of a range of waiting list codes, not just unavailability codes, as part of its scrutiny of how it manages waiting lists? – Is this information reported to appropriate scrutiny committees or groups? • Does the board plan to use the benchmarking tool being developed by ISD Scotland to monitor indicators for the management of waiting lists and benchmark its performance against other boards? – Will this be reported to and discussed by appropriate scrutiny committees and groups?
Controls framework (page 28, main report) (PDF)	The Scottish Government has worked with all NHS boards to develop a waiting times controls framework that can be applied to the different ways of managing patients and the electronic systems in place. It was issued to boards in October 2013. This is a useful framework that will allow NHS boards to assess whether they have the necessary controls in place to manage waiting lists and identify any gaps they need to address. The controls framework helps the board to identify if there are specific aspects of the controls that it needs to improve, for example areas where their controls do not meet recommended practice. The Scottish Government expects NHS boards to update the matrix and report whether they are complying with the controls to an appropriate committee within their board at least quarterly. They should also use the controls framework on an ongoing basis as part of their internal quality assurance processes.	• Has the board implemented the national controls framework to assess whether it has all the necessary controls in place to manage waiting lists? – Is the board using its assessments against the controls framework to identify any gaps it needs to address? – Is action being taken to address these gaps? – Are the findings and required actions reported to and discussed by an appropriate scrutiny committee or group?
National waiting times information (pages 29-31, main report) (PDF)	It has taken time to make the required changes to NHS boards' electronic systems for them to be able to provide the data to ISD Scotland's national waiting time database (Exhibit 7, page 30). Since late 2012, ISD Scotland has been receiving less detailed information from NHS boards' electronic systems and is not able to carry out the same level of analysis and reporting as it could previously for inpatients. This means that less comprehensive information on inpatient waiting times is currently available publicly. NHS boards plan to start providing detailed waiting times data to ISD Scotland again by February 2014.	• Is the board working with ISD Scotland to put in place the necessary changes to its electronic system as quickly as possible so that it can provide detailed inpatient waiting times data to ISD Scotland, to allow better monitoring at a national level and more comprehensive public reporting?