INQUIRY INTO THE AUDITOR GENERAL FOR SCOTLAND REPORT - MANAGEMENT OF PATIENTS ON NHS WAITING LISTS

Written Submission – Scottish Government

You invited me to provide the Committee with a written submission on the recent Audit Scotland report on the Management of Patients on NHS Waiting Lists in advance of the Committee's meeting of 13 March 2013 when you will be taking evidence from NHS Chief Executives and Scottish Government officials. I confirm that I will attend to give oral evidence and I will be accompanied by John Connaghan and Richard Copland.

I have confined my remarks mainly to the key messages and one or two issues highlighted in the body of the report itself. Before I turn to these issues, I should confirm that the Scottish Government and NHS Boards accept in full, the recommendations made by Audit Scotland in this report which are in line with our development strategy for our patient administration systems.

1 Background - Waiting Time Targets and the impact on patients

Our Waiting Times policies over the past decade have been about enabling patients to be seen and treated more quickly. The implementation of New Ways in 2008 put patients even more at the heart of policy by giving them the flexibility to honour work commitments or holidays whilst remaining on the waiting list. Another positive step was taken in October 2012 with the introduction of the Treatment Time Guarantee.

The Committee might wish to note that the National Access Team was established on 8 January 2002 as a national oversight system for the NHS. The engagement of Scottish Government with NHS Boards through this unit over the years has led to significant improvements in the performance of the NHS in Scotland in relation to waiting times and waiting lists. Prior to 2000 waits for simple outpatient appointments can be measured in months and years. It was not uncommon for patients to wait 2-3 years to see a Consultant and then a further 1-2 years for inpatient or day case treatment. At that time there were no national targets set for outpatient waiting times and the target for inpatient waiting times was to attempt to reach a position of a maximum 18 month wait for treatment. Over recent years there have been rapid improvements in waiting times in Scotland. Patients now have a legal guarantee of treatment within 12 weeks and maximum waiting times, median waiting times and 90th percentile waiting times are among the lowest on record. Even including periods of unavailability within the reported figures shows that patients now wait no longer than 32 days on a median basis (see ANNEX). The inter country comparisons by OECD and the Office of National Statistics (ONS) confirms Scotland's leading UK and European position.

The table below (sourced from the ONS Report) shows how far Scotland has come since 2005. Waiting times for the most common operations have improved significantly – irrespective of the application of periods of unavailability. The median wait for cataracts has reduced by 42% and for hip and knee operations by 50% and 51%, respectively. This data is calculated from SMR records which are clinical records and separate from New Ways. They provide an alternative, independent validation of the waiting times statistics.

Similar success stories in access to diagnostics and cancer waiting times are also apparent from 2006 onwards. The NHS has continuously demonstrated how seriously it takes its obligations to patients.

Time waited and number of elective hospital admissions

		2005-06	2009-10	% change
Hip replacements	Number	5,798	6,477	12%
	50th percentile (days)	156	78	-50%
	90th percentile (days)	286	144	-50%
Knee replacements	Number	5,436	6,715	24%
	50th percentile (days)	165	81	-51%
	90th percentile (days)	310	152	-51%
Cataracts	Number	26,409	32,088	22%
	50th percentile (days)	97	56	-42%
	90th percentile (days)	190	112	-41%

2 Accuracy of Waiting Lists

A major issue identified in this section of the report by Audit Scotland is the fact that NHS Boards mostly do not record the reasons for social unavailability being applied. While a patient may have a period of social unavailability recorded, the reasons behind this (e.g. holiday) were not recorded formally on systems. Committee members will be aware that there have been a number of different patient administration systems developed over the years in Scotland. Many of our previous systems have simply not been capable of recording such detail. As an example in 2006 NHS Glasgow had 11 different systems and are now moving to a single system (for Glasgow alone this will cover 25% of the population of Scotland). The specification for these new systems will ensure that such detail can be recorded. The Committee may also be aware that following the passing of Patient Rights (Scotland) Act 2011 which included the New Treatment Time Guarantee of 12 weeks the Scottish Government has replaced social unavailability with patient advised unavailability.

Apart from the recording of the reasons for unavailability I would like the Committee to be aware of the significant quality assurance and governance processes associated with the return of any information to ISD from Boards in relation to waiting lists. The NHS in Scotland, in comparison with the other UK countries has the most comprehensive electronic data set submissions taken from Patient Administration Systems and reported through ISD nationally. The quality assurance arrangements and governance surrounding the compilation of this material is extensive. Each submission reported to ISD must have Board Chief Executive sign off and is scrutinised by ISD in terms of data quality with any queries relayed immediately back to each NHS Board prior to publication. While our first stage assurance on the accuracy of these statistics comes from Board Chief Executives the Committee will wish to be aware that we supplement this more formal process with monthly management returns direct to the Access Support Team inside Scottish Government. As regards accuracy of data I would also like to advise the Committee that in July 2010 the UK statistics authority published an assessment of compliance with the Code of Practice for official statistics

on waiting times. The report found that the changes introduced through New Ways improved the quality of statistics. The statistics authority reported as follows;

"Judges that the statistics covered by this report are readily accessible, produced according to good methods and managed impartially and objectively in the public interest."

Audit Scotland in their follow-up report of 2011 found that

"NHS Boards are recording most of the information required under the new guidance". "The audit provided assurance that the new arrangements were working well ….. there should not be any need to conduct a follow up study."

3 Social Unavailability Codes – Why have they risen since 2008?

Audit Scotland report in the key messages summary (and in Section 2, pages 24 onwards) that unavailability has risen from 11% in 2008 to 30% at the end of June 2011. We have previously advised Audit Scotland prior to the publication of the report on these reasons for this growth. The single most important factor in the rise is the fact that prior to 2008 we did not record social unavailability. This system started as part of the introduction of New Ways (which abolished the previous system of Availability Status Codes). As patients entered into the NHS system and as they were recorded on patient administration systems, it is inevitable that the number of patients recorded under such a system grows over the intervening months/years since 2008. This pattern is quite clear over the course of 2008/2009 when most of the growth took place. There are one or two other additional factors that produced certain spikes in the use of social unavailability codes by Boards. It is evident from the published data that the NHS in Scotland suffered an additional spike in the use of such codes around the winter of 2010/11. In this quarter Social Unavailability grew significantly in relation to inpatient and day case Social Unavailability (as patients advised hospitals they could not travel for treatment). In addition it is apparent that as waiting times became shorter there was by definition a shorter time period for patients to make arrangements to undergo treatment thus potentially increasing social unavailability.

4 Social Unavailability started to reduce in most Boards in late 2011

While it was reported in the Audit Scotland Report that unavailability started to reduce in late 2011 it actually started to reduce almost a year before from December 2010 (approximately one year before the issues in NHS Lothian were uncovered). This can be seen clearly in exhibit 6 in Audit Scotland's report. There are a number of contributory factors for this reduction. A significant recovery package to recover from the spike in Social Unavailability increase due to the significant number of cancellations by hospitals and patients due to bad weather was put into place by Scottish Government post December 2010. ISD report that 97,700 patients attended for treatment in the quarter ending December 2010 – this is over 6,000 fewer patients than the same quarter in 2009 and 2011. The recovery from this position is evident from the increased activity that we see in NHS Boards in the 2011/12 periods (this was part of a conscious and planned strategy to recover from these adverse events and days of action). Additional monies were made available to Boards to tackle backlogs. The activity statistics for the three most common types of procedures, hips/knees and cataracts all showed significant increases of 5.3%, 3.6% and 5.3% during the period 2010/11 to 2011/12.

An additional factor in relation to the 2010 strategy for increasing activity in the NHS was the pending introduction of the new Treatment Time Guarantee. It is clear that Boards invested significant additional capacity by increasing day case rates and employing additional Consultants etc from that time period as they geared up to sustainable delivery of 12 weeks TTG. Social Unavailability therefore fell during 2011 and in the following year we also saw a significant reduction. NHS Lothian also realigned its recording practices to ensure that patients who were fairly coded as being unavailable during that time period. NHS Lothian's Social Unavailability for inpatients and day cases reduced by 75.5% (December 2010 to September 2012).

There is one other additional general explanation which applies to most Boards in relation to the reduction in the use of Social Unavailability Codes from late 2010 and that is that as part of regular data quality assurance Boards looked at the patient records contained within their PAS systems to ensure that they were accurate and up-to-date. This typically affected the numbers recorded as being socially unavailable and who no longer needed to be kept on these waiting lists. Indeed this is recognised in the Audit Scotland field work who recommended patients who have no prospect of receiving treatment in the near future should be returned to GPs.

5 National Monitoring of Waiting Lists and how reductions are achieved

Audit Scotland in part 3, (page 34) of the report levy some criticism of Scottish Government and NHS Boards in relation to the scrutiny that was applied to the monitoring of waiting lists. The NHS in Scotland has the most comprehensive published information of any of the home countries in terms of the scope and coverage of the information that is made available publicly as well as the quality assessment of the data that is supplied for national publication.

The level of scrutiny and support provided to NHS Boards over the years and particularly since the introduction of New Ways is significant and I would like to cite a few examples.

From the perspective of scrutiny we have had three Audit Scotland Reports into waiting times since 2009 making it one of the most heavily scrutinised aspects of Scotland's public services. The first two reports have praised the NHS for doing well to implement a system which was fairer and more transparent to patients. This was supplemented by an additional internal audit carried out on a national basis and chaired by a Chief Executive which looked at the accuracy of returns under the New Ways System and reported back to Chief Executives and Scottish Government during the period 2009/10. Committee members may also be aware of the scrutiny that is applied to Board performance statistics by ISD, the reports that are discussed by each NHS Board on a monthly basis (in public) and the Annual Reviews (in public) carried out by Ministers to scrutinise all aspects of Boards' performance in this area.

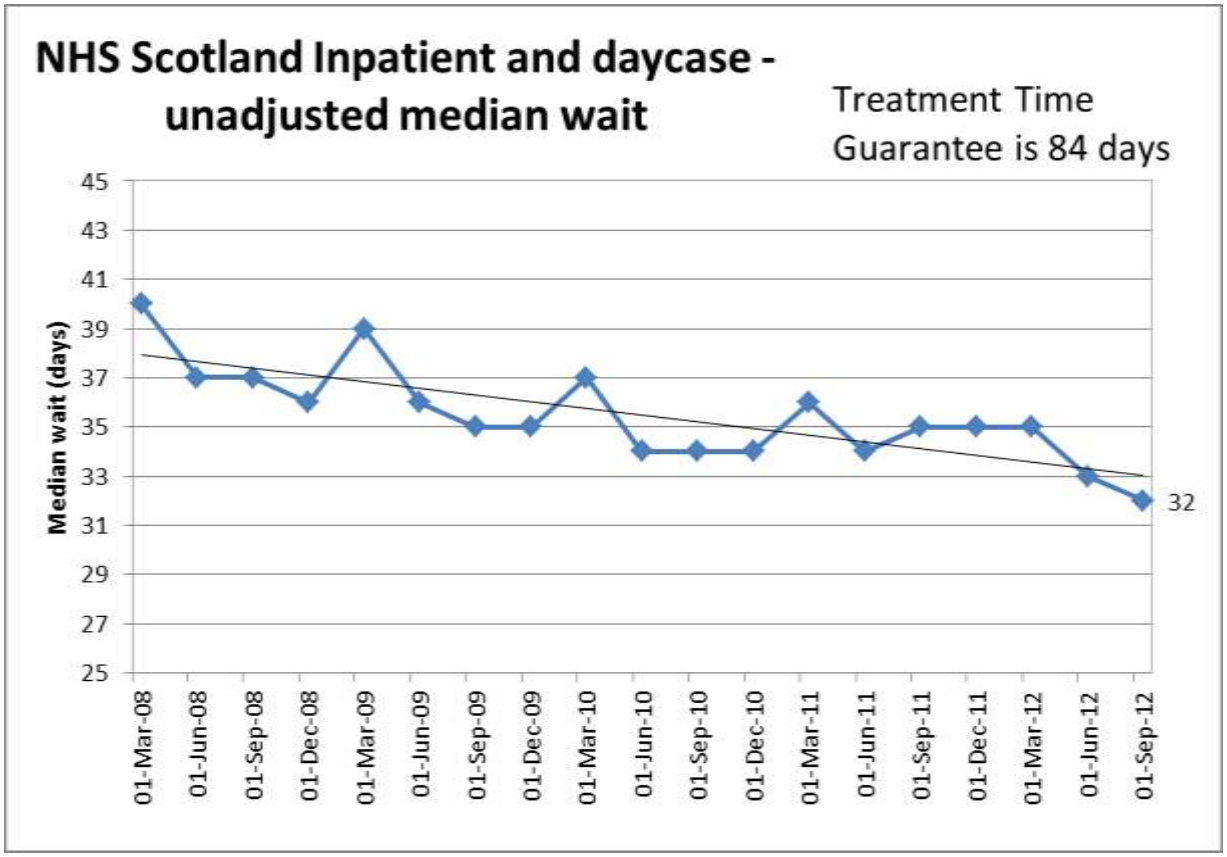
I am aware from the Committee's evidence session that some members expressed concern that the growth in social unavailability codes should have been a warning sign of problems in the system. I have rehearsed earlier in this letter some of the reasons behind the rise and fall in social unavailability. As the Auditor general recognises, there is no evidence of manipulation of social unavailability and only a few instances identified when it was used wrongly. I would also point out to the Committee that throughout that period Scottish patients have been receiving excellent access to care throughout.

In summary, I would assure the Committee that we are not complacent about any shortcomings that have been identified in the NHS in Scotland. With the exception of Lothian no examples of deliberate manipulation were found in the most extensive audit ever undertaken in NHS in Scotland by both internal and external audit. Between both sets of audits over 500,000 transactions relating to periods of unavailability were scrutinised and 400 staff interviewed as part of the process. But clearly we need to take some lessons on how we adequately recognise patients' special needs and how we record agreements being made with patients on their exact status and their place on waiting lists. We also need to continue to improve our systems and to explore ways to make data even more transparent. I can assure the Committee that we take all reports by Audit Scotland very seriously and that we view these as helpful as we seek to improve our processes and our control arrangements in the NHS in Scotland.

Yours sincerely

DEREK FEELEY

ANNEX


NHS Scotland Inpatient and daycase - unadjusted median wait
Treatment Time Guarantee is 84 days
Median wait (days)
45
43
41
39
37
35
33
31
29
27
25
32
01-Mar-08
01-Jun-08
01-Sep-08
01-Dec-08
01-Mar-09
01-Jun-09
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