

**The Centre for  
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**Waiting list and waiting time statistics in Britain: a critical review**

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## Summary

The popular perception of access to NHS healthcare is dominated by a range of highly publicised targets which rest on the collection and publication of a plethora of government statistics. In this paper we describe and evaluate the data used to compile waiting list and waiting time information in England, Scotland, and Wales, and consider how far such measures can properly inform policy relating to access to healthcare.

We evaluate the strengths and weaknesses of each country's approach, focusing on gaps in statistics and situations where measures fail to represent the whole waiting experience. There are significant differences in the definitions used and the bases on which data are collected and processed, making interpretation problematic, and making it difficult to establish a consistent series of waiting statistics for Britain.

Although there are merits in maintaining the series, the use of waiting statistics as the primary method of measuring and monitoring access to services is limited.

We identified issues relating to

- *Data quality*: which determines who appears on the waiting list.
- *Omissions and exclusions*: statistics provide only a partial view of the patient experience in accessing healthcare.
- *Hidden waits*: which are not measured and for which routine data is not yet published in every country.
- *Emphasis on achieving targets*: which increases pressure on trusts and has implications for data accuracy.
- *Purpose of statistics*: no single method of measurement is ideal for every purpose.
- *Interpretation*: Clinical need should be the main determinant of time waited, yet statistics do not contain the information required to assess whether time waited is appropriate to need. This limits their usefulness for evaluating appropriateness and equity of access to health care and currently waiting time measures largely reflect capacity within the whole health economy.

Although each country is committed to encompassing the concept of the 'whole patient journey' in future plans for the collection and publication of waiting statistics, currently significant exclusions represent patients about whose access to health care little is known making it difficult to interpret waiting list and times statistics.

*There is now an update to this review on further key developments in waiting times statistics as at August 2008. See 'Update on key developments in waiting times statistics as at August 2008' below.*

## **Introduction**

The popular perception of access to healthcare in the NHS continues to be dominated by a range of highly publicised waiting list and waiting time targets which rest on the collection and publication of a plethora of government statistics. In this paper we describe and evaluate the data used to compile waiting list and waiting time information in England, Scotland and Wales, and consider how far such measures can properly inform policy relating to access to healthcare.

We evaluate the strengths and weaknesses of the approaches of each country, in particular focusing on gaps in statistics and situations where measures fail to represent the whole waiting experience, and on periods of waiting that are excluded. There are significant differences between the three countries with regard to the definitions used, the bases on which data are collected and processed, and in other respects, making interpretation of waiting list and waiting times statistics for Britain as a whole problematic.

It becomes clear that although there are merits in maintaining the existing statistical series, the use of waiting time statistics as the primary method of measuring and monitoring access to services has serious limitations, not least because the statistics do not contain the information required to assess whether time waited is appropriate to need.

## **1. Background**

Although the NHS has been required to collect waiting statistics since its inception, the rationale for collecting them has changed over time. Initially the NHS was primarily concerned with knowing how many patients were in the 'order book' waiting for treatment. Over time this has been replaced by two main reasons for collecting waiting list and waiting times data. First there is a commitment to maintaining this longstanding time series, which constitutes part of the collection of National Statistics and which provides public information. Second, the statistics are collected to 'performance manage' the NHS against targets set in its Public Service Agreements with the Treasury; hence the length of time that patients wait for inpatient admission or outpatient appointments is reported for each country to see how far waiting times have changed (improved) in recent years. The reasons for collection and publication have been summarised in work commissioned by the Department of Health (DH) as being: to permit scrutiny of health service performance by the public, politicians and the media; to support performance management; to manage patient expectations; and to support informed choice by patients and GPs.<sup>1</sup>

The focus on the use of statistics to measure performance began initially in the mid 1990s when targets were established in the Patient's Charter. This rationale has continued. Targets as at the beginning of 2007 are shown for each country in Appendix 1.

### **1a) England**

Inpatient waiting list statistics have been collected on a hospital (provider) basis since 1949, and by resident since 1996 (originally for residents within a health authority area, then superseded by the 'responsible population' of Primary Care Groups/ Primary Care Trusts (PCTs)). Despite minor changes in definitions, these statistics provide a reasonably consistent series of the number of patients waiting for admission to NHS hospitals in England covering both inpatient admissions and day cases.<sup>2</sup> Statistics have a high political profile because politicians have made waiting times and waiting lists targets important measures of NHS performance, although they cover only about half of all inpatient admissions to NHS hospitals (the other half being admitted as emergencies).<sup>3</sup>

The 1997 Labour Party election manifesto focused initially on reducing the number of patients on the waiting list (by 100,000), as opposed to reducing waiting times, but after a rise in the latter, Labour extended its focus to include waiting times (as had the Conservative government previously). 'A war on waiting' was a central objective of the *NHS Plan*, published in 2000, which promised that patients would wait less time for treatment as extra staff were recruited.<sup>4</sup> Policy placed a strong emphasis on national targets to achieve this (with targets contained within the NHS Plan), and official statistics indicate that waiting times have been falling since 1998. The government's pledge to reduce both the number of people on lists and waiting times has increased the emphasis on statistical collection as targets have been tightened and further extended. A concurrent development is that an extended range of alternative providers of services has been established for NHS-funded patients, including Independent Sector Treatment Centres, NHS Direct, walk-in centres, and even overseas providers. This trend is set to continue, as the 2006 white paper *Our health, our care, our say* promised 'a radical and sustained shift in the way in which services are delivered.'<sup>5</sup> The quality of returns submitted by such providers, however, varies considerably (although NHS-commissioned treatments in the independent sector remain included in commissioner-based returns).

New policies: A stringent new target of 18 weeks for the total patient journey from GP referral to hospital treatment will apply by the end of 2008, to be managed and measured as one.

### **1b) Scotland**

Maximum waiting times for inpatient and day case admission and first outpatient appointments were established following the adoption of the Patient's Charter. Waiting time standards which guarantee specified time limits were introduced in the December 2000 publication of *Our National Health* and have been further refined.

Data on the number of people waiting and on how long they have waited, are used locally for day-to-day hospital management, and nationally by the Scottish Executive to assess performance against targets and to compare waits between geographical areas and specialties.

New policies: In December 2004 the Minister for Health promised that significant changes would take place over three years. *Fair to all and personal to each*<sup>6</sup> aimed 'to get rid of excessively long waits for good, make the service more focused on patients and extend choice'.<sup>7</sup> This included introducing stricter waiting times targets in line with England and Wales. The national standard guaranteed that by the end of 2005 all patients would be treated within six months. There were exceptions for patients in certain circumstances for whom it may not be possible to meet the standard, designated by a range of Availability Status Codes (ASCs): for example those waiting for highly specialised or low-priority treatments or where the patient is unavailable for medical or social reasons. Such codes are abolished under the 'New Ways' programme announced in *Fair to all* to be introduced in January 2008. This programme of 'New Ways of Defining and Measuring Waiting Times' also aims to bring the way waiting is measured and defined in Scotland into line with England and Wales. A further development is the introduction of waiting time standards for key diagnostic tests, which the government expects to achieve through the use of independent sector diagnostic and treatment facilities.

### **1c) Wales**

The Health Statistics and Analysis Unit of the Welsh Assembly Government collects and publishes data on the number of Welsh residents currently on a hospital waiting list for inpatient and day-case treatment, or for a first outpatient appointment. The Assembly uses the data to monitor waiting times targets and measure performance against Service and Financial Framework targets, whilst

locally NHS Trusts use information to manage their service and to plan capacity. Trusts have access to patient-level data, but submit aggregate data to the Assembly.

Government targets were introduced in 2000, and statistics indicate that people in Wales wait longer for planned inpatient/day case treatment than in England and Scotland. Accordingly, targets set have been longer than elsewhere: a maximum of 12 months for both inpatient/day cases and outpatients, though this is reducing to eight months by end of March 2007.

New policies: The 'Second Offer Scheme' introduced in April 2004 for patients waiting 12 months, or who are set to breach the target for a particular procedure, guarantees an offer of treatment by an alternative provider. A rigorous new target was announced in March 2005, that by the end of 2009 the maximum total waiting time from GP referral to treatment will be 26 weeks, including waiting for diagnostic tests.

## **2. Data sources – who collects data and why**

### ***2a) England***

The Data Collection, Validation and Analysis Branch of the Performance Directorate, Department of Health compiles statistics for both inpatients and outpatients. Statistics are compiled for the numbers of people waiting and for how long they have waited.

#### Waiting lists

Data are collected on two bases: from providers, and from commissioners. The latter are the most widely used, as they relate to the population covered by the NHS. Both sets are submitted to the Department of Health monthly, with more detail included at the end of each quarter.

#### Waiting times

England has two sources of waiting times data. The official admitted-patient waiting times figures are derived from the hospital waiting list returns collected and published by the Department of Health, reported by specialty and by time waited until the return date (up to a point in time). Outpatient waiting time is derived from data obtained from the QM08/QM08R quarterly return submitted by NHS Trusts/Primary Care Trusts respectively. In addition waiting times for admitted patients and day cases are available from Hospital Episode Statistics (HES) published by the Information Centre for health and social care for admitted patients for specific conditions and operations - data that is *not* available from official DH statistics. Statistics from HES differ from official waiting list statistics in that HES provides time waited for all patients admitted to hospital within a given period, counting the period between the date of the decision to admit and the date of actual admission, whereas official statistics count how long patients have been waiting up until a specific point in time.

#### What is published

Trusts report waiting list performance via their Strategic Health Authorities. Eight sets of quarterly statistics are published on the Department of Health website by provider and by commissioner respectively, as follows:<sup>8</sup>

- Hospital waiting list statistics
- Patients who have deferred admission
- Elective admission events (these are: decisions to admit, i.e. patients added to the list; patients admitted; patients failed to attend; and removals from the list other than admission)

- Waiting times for first outpatient appointment

Detailed descriptions are provided in Appendix 2. In addition monthly statistical press notices are published. Further data published by HES on waiting times by operation and diagnosis are available online.

## **2b) Scotland**

In Scotland waiting list and times data are published by the Information Services Division (ISD Scotland), part of NHS National Services Scotland. Information is collated from data submitted to ISD by NHS Boards in Scotland.

The main sources of centrally-collected data are as follows:<sup>9</sup>

- The Inpatient and Daycase Census of patients waiting for admission to hospital at the end of each month which includes the date of the decision to place a patient on the waiting list. Individual patient-level data is collected from providers (SMR3).
- The Inpatient/Day Case Discharges Database which collects patient-based data on inpatient and day case episodes in general and acute wards (SMR01).
- The Outpatient Waiting List Census of patients waiting for a new outpatient appointment at the end of each month (OPWL).
- The Outpatient Appointments Database – patient-based data on first attendance at outpatient clinics in all specialties except A&E and Genito-Urinary Medicine (SMR00).

Until April 2003 Scotland maintained two waiting lists. A larger True Waiting List covered waiting due to the lack of availability of hospital resources. A Deferred Waiting List covered patients unavailable for admission for a time due to medical or social reasons, or who did not attend and/or were not covered by national guarantees. Statistics were collected only for patients on the True Waiting List. The distinction between the two was difficult to administer consistently and they were subsequently replaced by a single waiting list containing all categories of patients.

What is published

The ISD Scotland website routinely reports waiting time information for inpatients and outpatients, showing median waiting times and the percentages of patients treated within various time periods.

## **2c) Wales**

Data are collected by the Health Statistics and Analysis Unit, Statistical Directorate of the National Assembly of Wales, Health Solutions Wales. They are derived from a number of sources, including official statistics produced by the Welsh Assembly, the Department of Health, the Health and Social Care Department of the Welsh Assembly and the Health of Wales Information Site (HOWIS).

What is published

Detailed monthly data are available for residents waiting for both inpatient and outpatient treatment on StatsWales, the Welsh Assembly Government's statistical database, and since 2005/06 has included diagnostic therapy and cancer waiting times as well as times for specific surgical procedures. In addition the annual publication *Health Statistics Wales* includes detailed data on inpatient and outpatient waiting lists and times, by health board of residence and by specialty.

No data are currently published on completed waits but the Assembly is considering this for the future.<sup>10</sup>

### 3. Definitions and measurement

#### ***Definition of waiting lists and waiting times***

Patients may experience waiting at a number of stages: initially to see a GP; then, following referral, to see a consultant or other professional; then for diagnostic tests or other procedures; and finally for treatment on an inpatient, day-case or outpatient basis.<sup>11</sup> Neither waiting lists nor waiting times may capture all of these periods of waiting.

The terms '*waiting lists*' and '*waiting times*' tend to be used interchangeably but mean different things. The *waiting list* contains the number of people waiting for a planned procedure at an acute or community hospital (usually a surgical operation) whilst *waiting time* is the period of time during which a patient waits for an inpatient/day case or outpatient appointment from the date of their referral. It is a matter of judgement which is the most important statistic for policy purposes but it is the length of the wait that is important for patients, as a long list may not necessarily mean a long wait if patients are processed quickly,<sup>2</sup> though there is likely to be a correlation between the two. More detailed definitions are given in the respective sections for each country.

Generally waiting lists are reported based on a 'point in time' census, whereas waiting time reporting refers to completed waits. Unfortunately this distinction is blurred in the official waiting time figures in England and Wales by the current method of reporting incomplete waiting times up to a census date.

#### **3a) England**

##### i) Waiting lists: Inpatients/day cases

Official waiting list returns count patients waiting for ordinary and day case admission to NHS hospitals at the end of each quarter, and so represent a snapshot of all patients waiting. They are reported by specialty and by the length of the patient's wait at the census date. The total waiting list size is measured and the numbers whose median wait is more than the target number of months. Median rather than mean is used due to the nature of waiting list distribution. Mean waiting time can be skewed by small numbers of long waiters whilst the median is more resistant to outliers.

##### Exclusions

Lists exclude emergency admissions, patients undergoing a planned programme of treatment, i.e. planned repeat treatments, patients already in hospital but still waiting for treatment, and patients temporarily suspended, i.e. removed because of unavailability due to social or medical reasons (though the reason and duration are recorded and numbers are reported on the DH waiting times website).

There are significant differences in coverage between provider and commissioner returns. Commissioner returns exclude patients resident outside England, and privately-funded patients waiting for treatment in NHS hospitals, but these are included in provider returns. Conversely provider returns exclude NHS-funded patients resident in England waiting for treatment elsewhere in the UK and abroad, and in private hospitals, which are included in commissioner returns. There tends to be a 1% - 3% difference in the overall size of the two lists; the provider, trust-based figure being larger.<sup>12</sup>

## ii) Waiting lists: Outpatients

Published figures are based on the number of GP or General Dental Practitioner (GDP) referrals for a first outpatient appointment by consultant specialty (first appointments account for around 30% of all outpatient attendances).

### Exclusions

Outpatient waiting lists exclude outpatients referred by consultants and other health professionals (e.g. by A&E, or by the consultant running the clinic to which a patient is referred), self-referrals and attendances at 'drop-in' clinics, and referrals resulting in ward attendances for nursing care. (In order to estimate the size of these exclusions, it is noted that the wider definition used in Wales results in 20-30% more outpatients there – see 3ii).

## iii) Waiting times: Inpatients/day cases

As noted, there are two sources of admitted inpatient waiting times data in England; official waiting times statistics collected by the Department of Health, and those collected by HES. Waiting times by specialty are derived from official waiting lists, whilst waiting times by procedure and specific condition derive from HES. There are differences between the two because of the method of calculation.<sup>13</sup> Differences include that HES do not exclude periods of unavailability for social or medical reasons, they count the total wait until admission, and only include patients who are actually admitted.

### Official waiting time statistics

Official waiting time statistics derive from the census returns used to compile waiting lists. They include patients who reschedule appointments, but with their waiting times recalculated from when they deferred their original appointment (classified as self-deferral). If an operation is cancelled after admission, the patient is added back to the list with their waiting time calculated from the original date that the consultant decided to admit them, thus incorporating the time already waited (and must be readmitted within 28 days).

### Exclusions

Waiting time statistics exclude purely private patients. NHS-funded patients treated by private providers under contract to the NHS remain on the commissioner waiting list (from which times are derived), but it can be difficult to collect such data.<sup>1</sup> As the use of private providers is set to expand, this could become an increasing weakness in the statistics. As noted, as official waiting time is calculated to the median of the length of the time that patients have waited at the census point it represents only part of the actual wait, not the whole time until admission or treatment. However, studies using lifetable methods question the accuracy of such estimates. Armstrong contends that official figures present the 'time-since-enrolment' as if this indicates the length of time that patients can expect to wait for admission, and argues that this introduces a bias into the published statistics, which do not represent the real experience of patients.<sup>14 15</sup>

### HES waiting time statistics

HES measures waiting times for elective admissions for specific conditions and procedures and in contrast to official statistics they count the total wait until admission.

## Exclusions

Unlike the official published figures, Hospital Episode Statistics are *not* adjusted to exclude periods during the wait caused by self-deferral or medical or social suspension.<sup>16</sup> As HES relate to patients who have been admitted, they do not include information on those who were waiting but not admitted, for example due to cancellation, non-attendance or because they are still waiting.

### iv) Waiting times: Outpatients

Median outpatient waiting time is calculated for referrals from GPs from official outpatient waiting list data. The start point is the date when the hospital received the GP referral letter and the end point is the first outpatient attendance. Waiting times are published according to time bands.

As for inpatient data, median waiting times are calculated from aggregate rather than patient-level data so are estimates of the average wait. They represent the median waiting time for patients still waiting for a first outpatient appointment at the end of the month.

## Exclusions

Numbers of outpatients by waiting time bands only include GP referrals.

## **3b) Scotland**

### i) Waiting lists: Inpatients

As in England and Wales, waiting lists record the number of inpatients/day case patients still waiting at a monthly census date, sourced from the SMR3 return.

## Exclusions

Though waiting list statistics include all categories of patients, those with an Availability Status Code (ASC) are not be subject to national waiting time guarantees. These include self-deferrals, patients refusing a reasonable offer of admission, individual cases where treatment is judged as low clinical priority or deemed to be highly specialised, and patients who did not attend or who were unavailable for medical or social reasons.

### ii) Waiting lists: Outpatients

Since November 2004, Scotland has published outpatient waiting lists following the 2002 Audit Scotland *Review of Waiting Lists* and the 2003 white paper *Partnership for Care*, which stated that 'NHS Scotland should record the number of patients referred and the waiting times for outpatient services'. Subsequently ISD Scotland, in conjunction with NHS Boards, has developed a waiting list in the form of a monthly census of all patients waiting to be seen at consultant-led outpatient clinics following referral by a GP or General Dental Practitioner (GDP).

## Exclusions

Both inpatient and outpatient statistics exclude the specialty of mental health and so cannot be directly compared with those for England and Wales.

### iii) Waiting times: Inpatients/day cases

Waiting times for the purpose of monitoring standards are measured from the quarterly SMR3 census collected retrospectively on all patients, with and without guarantees, still waiting for hospital admission. Published waiting times however are derived from a separate return, the SMR01, which measures the time waited of those patients who have been seen, but as it does not exclude ASCs (and so like HES in England does not take account of periods of unavailability) it is not used for monitoring standards. Therefore the method of calculating waiting time differs from the other countries. Statistics are based on patients who have been treated as opposed to those still waiting at a point in time.

#### Exclusions

Purely private patients are excluded, but NHS-funded patients treated privately under contract remain on the referring hospital's list. Mental health specialties are excluded.

#### iv) Waiting times: Outpatients

As in England this is the time from the GP referral letter being received at the hospital to the date of the first outpatient appointment. The median wait in days is published and the percentage seen within certain timebands. Median times are based on patient-level rather than aggregate data.

There are currently two methods of calculating waiting times. The preferred method uses data from a hospital's booked clinic outpatient appointments for the previous three months. A second method is based on retrospective data from clinic attendances from the SMR00 return submitted to ISD for the most complete twelve months, but is only used where hospitals cannot provide data by the first method.

#### Exclusions

Mental health specialties are excluded.

### **3c) Wales**

#### i) Waiting lists: Inpatients

Waiting lists include all patients waiting for admission from the active consultants' waiting list as recorded at the end of each month. Inpatient waiting lists include: booked cases; all patients waiting for their first treatment for a particular condition; patients whose planned admission is delayed; and self-deferrals. Waiting list data have been reported to be subject to less validation than in other countries, presenting risks of greater inaccuracy.<sup>1</sup>

Numbers of patients waiting for Diagnostic and Therapy Services have been published monthly since February 2006.

#### Exclusions

Exclusions comprise: emergency admissions, patients waiting for planned admissions for subsequent treatments, patients unavailable for medical or social reasons at the census date, and transfers - i.e. patients already in hospital waiting for admission to another department or hospital. Purely private patients are excluded as elsewhere, but NHS-funded patients treated privately under contract remain on the referring hospital's list.

## ii) Waiting lists: Outpatients

Published figures are based on the total number of people waiting at the end of each month for a first outpatient appointment with a consultant, irrespective of the source of referral. So this list includes referrals from a GP, another consultant, Accident and Emergency or other source - a wider definition than that in England and Scotland.

### Exclusions

Outpatient waiting lists exclude onward referrals of patients referred to a consultant's clinic, postponements due to medical reasons, and follow-up cases for the same condition.

## iii) Waiting times: Inpatients

Waiting times are calculated from the official waiting list data recorded at a monthly census (so this represents time waiting until a point in time as in England), and listed according to time bands. Median waiting time is not calculated although there are plans to do this in the future.

### Exclusions

As in England official waiting times data exclude patients offered a date who cannot attend. Their waiting times are recalculated from the most recent date offered.

## iii) Waiting times: Outpatients

As in England and Scotland, waiting time commences from the date that the referral is received at the hospital and continues to the first appointment at a consultant led clinic. This includes referrals other than from GPs however, so a wider definition. The number of people waiting over 12 months and over 8 months is published in a monthly statistical release on the Welsh Assembly website.

### Exclusions

Data excludes non-residents. As in England, times are derived from aggregate data.

## 4. Waiting lists trends and comparisons

### 4a) England

#### i) Inpatients/day cases

Table 1 shows a steady reduction in the number of people waiting for inpatient/day case treatment since 2002.

Table 1: Inpatient/day case waiting list at 31st March (persons, thousands)

| Year                 | 1997  | 1998  | 1999  | 2000  | 2001  | 2002  | 2003 | 2004 | 2005 | 2006 |
|----------------------|-------|-------|-------|-------|-------|-------|------|------|------|------|
| Total number waiting | 1,158 | 1,298 | 1,073 | 1,037 | 1,007 | 1,035 | 992  | 906  | 822  | 785  |

Source: Statistical Supplements to the Chief Executive's Report to the NHS, KH07 (provider based), QF01 (commissioner based), table 3.5.1

#### ii) Outpatients

Numbers of people on the outpatient waiting list have only been available for two years (table 2), and reduced in that time.

Table 2: Total outpatients waiting at 31st March (persons, thousands)

| Year                 | 2005  | 2006  |
|----------------------|-------|-------|
| Total number waiting | 1,305 | 1,141 |

Source: Statistical Supplement to the Chief Executive's Report to the NHS, QM08R (Commissioner based), table 3.3.2

#### 4b) Scotland

##### i) Inpatients/day cases

Table 3 shows no overall reduction in the numbers waiting for inpatient/day case admission since 1999. There has, however, been a significant rise in the numbers with an ASC code, who are not subject to waiting times guarantees and are not included in measuring progress towards the national waiting times standard.

Table 3: Inpatient/day case waiting list census as at 31st March

| Year                                       | 1999   | 2000    | 2001    | 2002   | 2003    | 2004    | 2005    | 2006    |
|--|--------|---------|---------|--------|---------|---------|---------|---------|
| Total number on waiting list               | 90,062 | 104,687 | 106,996 | 97,232 | 107,557 | 110,277 | 112,639 | 106,497 |
| Of which: number within scope of guarantee | 89,728 | 104,419 | 106,741 | 96,964 | 107,236 | 110,055 | 112,410 | 106,275 |
| Of which:<br>Total with ASC*               | 21,720 | 24,106  | 27,807  | 29,904 | 27,264  | 28,948  | 35,471  | 33,869  |
| Total without ASC                          | 68,008 | 80,313  | 78,934  | 67,060 | 79,972  | 81,107  | 76,939  | 72,406  |
| Of which:<br>Number waiting over 26 wks    | 8,254  | 10,809  | 11,568  | 10,882 | 8,959   | 5,727   | 1,596   | 0       |
| Number waiting over 18 weeks               | 15,722 | 20,761  | 21,279  | 19,546 | 20,316  | 16,648  | 11,297  | 6,117   |

Source: ISD Scotland

\*Availability Status Code – codes assigned to patients waiting for treatments for which target waits are not set

##### ii) Outpatients

Outpatient statistics have only been published since November 2004. Table 4 shows numbers waiting for all specialties at two censuses in 2005 and 2006.

Table 4: Total waiting for first outpatient appointment at census at 31st March

| Year                                      | 2005    | 2006    |
|---|---------|---------|
| Total waiting list                        | 232,751 | 219,237 |
| Of which number within scope of guarantee | 202,388 | 183,453 |
| Of which total with an ASC                | 17,392  | 20,884  |
| Total without an ASC                      | 184,996 | 162,569 |

Source: NHS Scotland: Outpatient Waiting List Census

#### 4c) Wales

##### i) Inpatients/day cases

Over time since 1997 from Table 5 it can be seen that there has been no overall decrease in the number of patients on the waiting lists.

Table 5: Inpatient/day case waiting list at 31st March (persons, thousands)

| Year                 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|----------------------|------|------|------|------|------|------|------|------|------|------|
| Inpatients/day cases | 67.6 | 73.4 | 65.3 | 79.9 | 65.6 | 70.6 | 74.6 | 74.7 | 65.5 | 68.8 |

Source: Health Statistics Wales

## ii) Outpatients

Table 6 shows annual increases in the number on the outpatients list until 2004, followed by a decline.

Table 6: Outpatient waiting list at 31 March (persons, thousands)

| Year        | 1997  | 1998  | 1999  | 2000  | 2001  | 2002  | 2003  | 2004  | 2005  | 2006  |
|-------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Outpatients | 101.3 | 112.8 | 134.4 | 160.8 | 177.6 | 212.7 | 216.4 | 219.6 | 218.4 | 200.4 |

Source: Health Statistics Wales

## 5. Waiting times - trends and comparisons

### 5a) England

#### Inpatients/day cases – official waiting times

Table 7 shows that overall the median overall waiting time has been falling in recent years. Waits over six months reduced in each time band, with virtually no one now waiting more than this time.

Table 7: Waiting times at 31st March (persons, thousands)

| Year   | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003  | 2004  | 2005  | 2006  |
|--|------|------|------|------|------|------|-------|-------|-------|-------|
| Median wait for patients still waiting (weeks) | 13.2 | 14.2 | 12.8 | 12.9 | 12.6 | 12.7 | 11.9  | 10.2  | 8.5   | 7.3   |
| 6-8 months                                     | 165  | 192  | 146  | 138  | 130  | 141  | 136   | 80    | 41    | 0.206 |
| 9-11 months                                    | 89   | 118  | 84   | 78   | 72   | 75   | 53    | 0.156 | 0.046 | 26+   |
| More than 1 year                               | 30   | 67   | 47   | 48   | 41   | 22   | 0.103 | 0.067 | 0.025 | weeks |

Source: KH07 (provider based), QF01 (commissioner based), Chief Executive's Report to the NHS Statistical Supplements, tables 3.5.1, 3.5.3

NB: These are incomplete waits up to the census date

#### Inpatients/day cases – specialty and procedure waiting times

As described above, waiting times for specific conditions and operations are sourced from HES, rather than from the official DH waiting list figures. Statistics produced between the sources are not comparable due to the differences in definitions. An analysis by Dixon highlighted that the two sources show opposing trends. Official figures show waiting time falling, whilst HES show average time rising in most years since 1998. Dixon, however, concludes that these two sets of statistics are consistent, but that the method of measuring the waiting experience can lead to different trends. This is because the two sources measure different aspects of waiting: whilst official statistics reflect a point in time wait to date, HES are based on the total wait of a flow of admitted patients.<sup>16</sup>

Table 8 shows waiting time data from HES for all primary diagnoses, with median waiting time increasing over the years. Table 9 shows the times for specific operations and conditions.

Table 8: Waiting time in NHS Hospitals (days)

| Year                | 1998/9<br>9 | 1999/0<br>0 | 2000/0<br>1 | 2001/0<br>2 | 2002/0<br>3 | 2003/0<br>4 | 2004/0<br>5 | 2005/0<br>6 |
|---------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Mean waiting time   | 99          | 90          | 93          | 96          | 99          | 95          | 84          | 78          |
| Median waiting time | 45          | 43          | 44          | 47          | 49          | 50          | 52          | 51          |

Source: Table 2: Primary diagnosis summary, HESonline

Table 9: Median waiting time (days), by procedure and diagnosis

| Operations (main)          | 1998/9<br>9 | 1999/0<br>0 | 2000/0<br>1 | 2001/0<br>2 | 2002/0<br>3 | 2003/0<br>4 | 2004/0<br>5 | 2005/0<br>6 |
|----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Cataract                   | 204         | 176         | 164         | 153         | 147         | 127         | 78          | 69          |
| Upper digestive tract      | 33          | 32          | 32          | 34          | 33          | 30          | 31          | 30          |
| Heart (CABG)               | 170         | 168         | 180         | 153         | 133         | 91          | 92          | 65          |
| Heart (PTCA)               | 48          | 51          | 58          | 58          | 68          | 77          | 77          | 55          |
| Hip                        | 198         | 197         | 212         | 220         | 229         | 217         | 182         | 158         |
| Kidney transplant          | 13          | 13          | 15          | 15          | 12          | 12          | 13          | 11          |
| <b>Diagnosis (primary)</b> |             |             |             |             |             |             |             |             |
| Cancer                     | 18          | 18          | 18          | 19          | 19          | 20          | 20          | 20          |
| Ischaemic Heart Disease    | 70          | 67          | 76          | 75          | 79          | 73          | 73          | 61          |
| Influenza, pneumonia etc.  | 121         | 100         | 92          | 121         | 113         | 104         | 100         | 94          |
| Hernia                     | 82          | 72          | 76          | 80          | 85          | 86          | 84          | 86          |
| Head Injuries              | 4           | 4           | 4           | 4           | 5           | 5           | 5           | 5           |

Source: HESonline

## ii) Outpatients

Official figures in Table 10 show median waiting times for outpatient appointments decreasing progressively, to currently just over 6 weeks, with a reduction in patients waiting more than 13 weeks.

Table 10: Outpatient waiting times at 31st March (weeks)

| Year   | 1997/0<br>8 | 1998/9<br>9 | 1999/0<br>0 | 2000/0<br>1 | 2001/0<br>2 | 2002/0<br>3 | 2003/0<br>4 | 2004/0<br>5 | 2005/0<br>6 |
|--|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Median wait*   |             |             | 7.73        | 7.46        | 7.63        | 7.40        | 7.10        | 7.00        | 6.13        |
| <b>Patients waiting to be seen at quarter end by time band (thousands)</b> |             |             |             |             |             |             |             |             |             |
| 13-25 wks  | 196         | 292         | 263         | 200         | 191         |             |             |             |             |
| 13-16 wks  |             |             |             |             |             | 82          | 40          | 30          | 0.030       |
| 17-20 wks  |             |             |             |             |             | 38          | 0.318       | 0.178       | 0.024       |
| 21-25 wks  |             |             |             |             |             | 0.046       | 0.042       | 0.125       | 0.072       |
| 26 wks   | 101         | 144         | 130         | 80          | 1           | 0.016       | 0.018       | n/a         | n/a         |

Source: Statistical Supplements to the Chief Executive's Report to the NHS, QM08R (Commissioner based), tables 3.3.1 & 3.3.2

\*Median waits for patients seen during the quarter

NB: The number of people waiting more than 26 weeks is no longer collected. Figures are collected for 21 weeks plus.

## 5b) Scotland

### i) Inpatients/day cases

Table 11 shows that median waiting time for inpatients and day cases is increasing. There has been an overall reduction in the proportion seen within 18 weeks except in 2006, though the proportion seen within 26 weeks has remained fairly constant.

Table 11: Inpatient/day case waiting times, at 31st March, discharged during year end

| <b>Inpatient/Day case</b>    | <b>1998</b> | <b>1999</b> | <b>2000</b> | <b>2001</b> | <b>2002</b> | <b>2003</b> | <b>2004</b> | <b>2005</b> | <b>2006</b> |
|------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Median wait (days)           | 35          | 35          | 34          | 36          | 36          | 36          | 41          | 43          | 44          |
| 90th Percentile Wait (days)* | 169         | 171         | 154         | 180         | 189         | 207         | 221         | 211         | 179         |
| % Seen within 26 weeks       | 91.2        | 91.0        | 92.4        | 90.3        | 89.4        | 88.0        | 85.7        | 86.4        | 90.7        |
| % Seen within 18 weeks       | 85.0        | 84.9        | 86.6        | 83.7        | 82.8        | 81.6        | 78.1        | 77.5        | 79.1        |

Source: ISD Scotland, SMR01 NB: Completed waits

\*This is the number of days within which 90% of patients will have been admitted, i.e. in 2006 by the end of 179 days 90% of patients had been seen with 10% still waiting.

## ii) Outpatients

Table 12 shows that the median outpatient waiting time for all specialties is rising, currently to 53 days (almost 8 weeks). As for inpatients there has been an overall reduction in the proportion seen within 18 weeks except in the most recent year. The 90<sup>th</sup> percentile wait though reducing in the latest year, rose steadily until that time. The source is the SMR00 which collects patient-based data on new attendances at outpatient clinics in all specialties except A&E and Genito-Urinary Medicine.

Table 12: New outpatient appointment waiting times

| <b>Outpatients</b>          | <b>1998</b> | <b>1999</b> | <b>2000</b> | <b>2001</b> | <b>2002</b> | <b>2003</b> | <b>2004</b> | <b>2005</b> | <b>2006</b> |
|-----------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| Median wait (days)          | 43          | 47          | 49          | 51          | 56          | 57          | 54          | 56          | 53          |
| 90th Percentile Wait (days) | 123         | 133         | 147         | 159         | 182         | 206         | 209         | 230         | 174         |
| % Seen within 26 Weeks      | 96.7        | 95.6        | 94.5        | 92.9        | 90.2        | 87.4        | 87.4        | 84.9        | 91.9        |
| % Seen within 18 Weeks      | 90.7        | 88.8        | 86.0        | 84.4        | 80.9        | 77.8        | 78.7        | 75.6        | 78.5        |

Source: ISD Scotland, SMR00

Table 13 shows waiting times from the Outpatient Waiting List Census available since the end of 2004, and indicates no one waiting for a first outpatient appointment beyond 26 weeks.

Table 13: Waiting times at 31st March

| <b>Census date</b>         | <b>2005</b> | <b>2006</b> |
|----------------------------|-------------|-------------|
| Waiting more than 26 weeks | 21,551      | 0           |
| Waiting more than 18 weeks | 43,119      | 13,278      |

NB: Numbers are a subset of the total without an ASC

Source: NHS Scotland: ISD Outpatient Waiting List Census

## 5c) Wales

### i) Inpatients

Table 14 shows that the number of patients waiting more than 12 months has decreased to virtually nil since 2005.

Table 14: Waiting times for inpatients as at 31st March (thousands)

| Waiting times       | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|---------------------|------|------|------|------|------|------|------|------|------|------|
| More than 12 months | 6.3  | 8.0  | 7.3  | 11.4 | 9.0  | 10.1 | 11.8 | 8.5  | 0.8  | 0    |
| More than 18 months | 1.4  | 2.1  | 2.2  | 4.3  | 4.0  | 4.1  | 5.2  | 1.4  | -    | 0    |

Source: Health Statistics Wales

## ii) Outpatients

Table 15 shows that the number of patients waiting more than six months has been decreasing since 2003, after having increased considerably since 1997.

Table 15: Waiting times for outpatients as at 31st March (thousands)

| Waiting times      | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 |
|--------------------|------|------|------|------|------|------|------|------|------|------|
| More than 6 months | 6    | 10.3 | 21.8 | 38   | 45.8 | 68.8 | 70.1 | 68.8 | 63.1 | 40.5 |

Source: Health Statistics Wales

## 6. Critique of measurement/trends/definitions

### 6a) England

When considering waiting times reported by England, it is important to consider how methods of collection and compilation differ from other countries.

As noted, official waiting time does not describe the time waited until treatment, but rather the median time waited at a given point. There are some advantages to this measure - recent trends are captured that would be missed if waiting until admission; and it includes long waiters at points before their eventual admission. Disadvantages are that patients are included who end up not being admitted but who have nonetheless waited, and that only part of the wait is counted in the published data. Shorter waits can miss census dates altogether, whilst longer waits may appear in several censuses.<sup>17</sup>

Further, as described above, it is difficult to assess waiting times because of the two sources of statistics calculated using different methodologies and which show opposing trends (official waiting times and HES).

### 6b) Scotland

There are differences between the systems in Scotland and England and these predate devolution in 1998.

As already described, except for reporting against the national standard, Scotland reports information based on median waiting time of patients admitted to hospital for treatment, and of outpatients seen during the previous quarter. This method differs from that used in England and Wales where the wait at a designated point in time for those on the list is measured. This approach would seem to be more logical (despite the advantages described for England in 6a above). A discussion paper published by ISD noted that censuses taken on a single day under-represent short waiters and so are an inappropriate measure of patients' waiting experience. Moreover, when the census is taken the wait is incomplete as the patient has yet to be admitted; and some patients waiting at the census date will eventually be removed for reasons other than being treated, such as because of emergency admission.<sup>18</sup>

Of the three countries, only Scotland collects patient-level data, and from this a more accurate median waiting time can be calculated than the estimates based on aggregate returns collected in the other countries.

A discussion paper regularly published until recently by ISD attempted to construct a 'best fit' equivalent between data from Scotland of trends in median days waited by patients waiting with a guarantee (from SMR03), and median waiting times reported in England (until December 2005). The data were subject to a range of important caveats and acknowledged limitations, not least because Scotland primarily publishes waiting times for patients who have been admitted, whereas to make this comparison, waiting times measured at the waiting list census had to be used. The comparison indicated, however, that waiting times in England were *higher* than Scotland, though the difference is declining over time.<sup>18</sup> However it is difficult to make a good comparison as in Scotland patients designated with an Availability Status Code do not appear on the list.

This is because in Scotland the statistics do not include those on the 'hidden waiting list', i.e. those with ASC codes not covered by the six month guarantee. whose numbers have grown significantly (See table 3). Although it is planned to abolish ASCs by 2008, there is currently still leeway to move patients to this list in order to meet targets. In 2006 patients with an ASC code represented 32 percent of those waiting, about half of whom reportedly requested a delay or refused 'a reasonable offer of admission'.<sup>19</sup>

### **6c) Wales**

Devolution particularly affected Wales, which had previously been part of the Department of Health for England and Wales.

Waiting list definitions in Wales for inpatients and day cases are broadly in line with England's and though not fully comparable, where it is considered reasonable comparisons are provided in a quarterly summary produced by the National Assembly.<sup>20</sup>

Wales was the first British country to address the question of hidden waiting times for diagnostic and therapy services by collecting and publishing data on such waits.<sup>21</sup> Also Wales has a wider definition of outpatients and is the only country to include in its list first outpatient appointment referrals whatever the source, rather than being confined to referrals by GPs or GDPs. However, this results in the inclusion of 20-30% more outpatients than in England and Scotland which impedes comparisons between countries.<sup>22</sup>

Unlike England and Scotland, Wales does not publish the number of inpatients suspended from lists so these too cannot be compared. Such patients can account for a significant proportion of those waiting: as noted above 32 percent with an ASC code in Scotland, and eight percent of patients in England at the end of March 2004, with a further seven percent deferred.<sup>22</sup>

Finally, as noted earlier waiting statistics in Wales have been reported as being subject to less validation than in England and Scotland.<sup>1</sup>

## **7. Discussion**

The issue of waiting for access to healthcare has always been important for the NHS, and waiting lists and waiting time statistics have become the primary method by which access is measured and monitored. This review of the way statistics are constructed in England, Scotland and Wales, highlights the limitations of using statistics to measure access for the following reasons.

### **a) Methodology**

The differences in collection and methodology have a major impact on the statistics published. The quality of the data, and the way they are processed, determine who does and who does not appear on the waiting list. There are significant differences between the three countries in these respects, some of which are qualitatively quite substantial.

### **b) Omissions and exclusions**

Waiting statistics provide only a partial view of the patient experience in accessing healthcare. Most patients admitted to hospital or attending outpatient clinics are not included at all as they are emergency admissions or outpatient follow-up cases. Significant further numbers of people are excluded from lists, for example the number and proportion of planned admissions deferred for medical and social reasons has increased but these are not included in official figures.<sup>23</sup> Access to only certain types of healthcare is covered; for example waiting times and waiting lists for admission to nursing and residential homes, or community-based services such as community mental health services are not recorded. The focus on reducing waiting lists can have the effect of prioritising conditions that are included in the measure, whilst healthcare services outside of these measures are not subject to such pressures.

Many patients on the waiting list are eventually removed for reasons other than having been treated; such as because of declining treatment, receiving emergency treatment, purchasing care from the independent sector because of a long wait, or even because of death, but the reason for their removal is not recorded, though changes in Scotland at the end of 2007 will include this information.

### **c) Hidden waits**

Although England has fewer beds in relation to its population than Scotland and Wales, reported figures indicate that virtually no one is waiting more than 12 months and all targets are on track to being met. But we have seen that statistics apply to only a proportion of activity, and that there are hidden waits which are not measured and for which no routine data is published, such as waiting to be placed on the inpatient list, and waiting for diagnostic tests which are not yet collected in each country. As reported by the Public Accounts Committee 'Delays in carrying out vital diagnostic tests in radiology, endoscopy and pathology are common throughout England, but are difficult to quantify because this information is not collected in a standardised format on a day-to-day basis by the NHS'.<sup>24</sup> This position in England is changing however as the government has pledged to end hidden waits and to treat patients within 18 weeks of seeing a GP by 2008, including waits for diagnostic investigations.<sup>25</sup> Wales now publishes waits for diagnostic testing and Scotland has set new targets to include a nine-week maximum wait for eight diagnostic procedures by 2007.<sup>26</sup>

### **d) Emphasis on achieving targets**

It is acknowledged that emphasis in achieving waiting targets increases pressure on trusts. In 2001 in England, the implications for data accuracy were illustrated when the National Audit Office published a list of trusts found to have adjusted waiting lists inappropriately, along with recommendations to prevent a recurrence.<sup>27</sup> Subsequently the DH asked the Audit Commission to undertake a series of spot checks of individual hospitals. A report on waiting list accuracy published in 2003 by the Audit Commission however identified persisting problems, though a subsequent bulletin concluded that accuracy was sufficiently robust to enable reasonable judgements to be made about trends in waiting lists and waiting times.<sup>28 29</sup>

## **e) Purpose of statistics**

Of the various methods of measuring waiting times in each country, no single method is ideal for every purpose, e.g. for both local planning and monitoring performance. For example there are good arguments for and against measuring and including periods of suspension. Whilst inclusion offers less scope for manipulation (to make average waits appear shorter by excluding long waiting patients), and more closely represents the experience of patients, such waiting periods are likely to be outside the control of hospitals, and do not represent restrictions of access.<sup>17</sup>

## **f) Interpretation**

It is difficult to interpret waiting statistics in relation to determining access to healthcare because of the aggregated level at which they are collected and published. Information relating to the relative degree of need for treatment, for example the severity of cases, and patient characteristics, can only be available if information is collected at individual patient level, presently only submitted in Scotland. Clinical need should clearly be the main determinant of time waited, yet most of the data currently used do not indicate what waits are for, who patients are, and whether there was clinical prioritisation to treat the most urgent cases first (though in Scotland ASC codes do indicate low priority).<sup>30</sup> Nor do they indicate whether there was a period of waiting to access the list in the first place. This greatly limits their usefulness for evaluating the appropriateness and equity of access to health care.

## **8. Conclusion**

Differences between England, Scotland and Wales in the definitions used, the bases on which data are collected and processed, and in other respects, are significant and make comparisons between the three counties' waiting lists and times problematic, and it is difficult to establish a consistent series of statistics on waiting lists and times for Britain.

Waiting for treatment adds to health deterioration, increases financial costs to the NHS, and increases the burden on others, such as carers and general practices. Long waiting lists can be considered as a form of rationing which occurs where there is a disparity between demand and supply in a health system<sup>31</sup> and as a commonly used method of managing demand for services. Rather than measuring how well hospitals are responding to need, current measures of waiting times largely reflect capacity within the whole health economy - issues beyond the control of individual providers. They should therefore be considered within the wider context of the supply of healthcare including availability of beds, staff and funds.

There is now a commitment by all three countries to encompass the concept of the 'whole patient journey' in future plans for the collection and publication of waiting statistics, but for the time being there are significant exclusions from the lists, representing patients about whose access to healthcare little is known. It is difficult to interpret from published aggregate statistics what are the reasons for the rises and falls in waiting lists and times statistics, for example whether they reflect waiting periods for diagnostic tests, shifts towards treatment in outpatient, primary or community settings, or other factors.

Acknowledgements to: Professor Colin Leys, Centre for International Public Health Policy, University of Edinburgh

Andy Carver, Programme Principal - Waiting Times, ISD Scotland

## Appendix 1: Key Current waiting time targets in England, Scotland and Wales

NB: Targets are subject to constant revision, and this table refers to targets at the beginning of 2007.

| Target  | England   | Scotland  | Wales  |
|---|---|---|--|
| <b>Inpatients and day cases</b>   | 6 months by December 2005<br>18 weeks from GP referral to admission for hospital treatment by end 2008  | Guarantee of treatment within 6 months by end 2005 (for patients for whom waiting time standard applies)<br>Reduced to 18 weeks by end 2007   | 12 months by end March 2006 reducing to 8 months by the end of March 2007, 6 months by March 2008 & 4 months by end 2009   |
| <b>First outpatient appointment</b>   | 13 weeks by December 2005   | 6 months by end 2005 (for patients for whom waiting time standard applies)<br>Reduced to 18 weeks by end 2007   | 12 months by end March 2006 reducing to 8 months by end of March 2007, 6 months by March 2008 & 4 months by March 2009   |
| <b>Potential longest overall waiting times within current national target for outpatients and inpatient/day cases</b> | 9 months<br>18 weeks from GP referral to admission for treatment by end 2008  | 12 months   | 24 months<br>The maximum total waiting time from GP referral to treatment will be 6 months by December 2009, including waiting times for diagnostic tests  |
| <b>Cardiac services: revascularisation</b>  | 3 month maximum wait for revascularisation by March 2005  | 18 week maximum wait between having an angiography and a revascularisation procedure (surgery or angioplasty)<br>Combined wait for cardiac intervention, including angiography and revascularisation, to be reduced to 16 weeks by end 2007 | All patients to be seen within 6 months for cardiac revascularisation (surgery or angioplasty)   |
| <b>Cancer – all</b>   | Maximum wait of 1 month from diagnosis to treatment for all cancers by December 2005<br>Maximum wait of 2 months from urgent referral to treatment by December 2005<br>2 week wait between urgent referral and first outpatient appointment | 2 month maximum wait by end 2005 from urgent referral to treatment  | By 31st December 2006 <ul style="list-style-type: none"> <li>Newly diagnosed patients referred via the Urgent Suspected Cancer (USC) route to start treatment within 2 months of receipt of referral at the hospital</li> <li>Newly diagnosed patients not included as USC referrals route to start treatment within 1 month of diagnosis</li> </ul> |
| <b>Cancer – breast</b>  | 2 month wait from GP referral to treatment<br>1 month wait from diagnosis to treatment  | 1 month maximum wait for women with an urgent referral for treatment following diagnosis  | 2 months   |
| <b>Cancer – other specific sites</b>  | 1 month wait from urgent GP referral to treatment for children's cancers, testicular cancers & acute leukaemia  |   |  |
| <b>Cataract surgery</b>   | 3 months by December 2004   | 18 weeks by end 2007 from referral to treatment   | Seen within 4 months   |
| <b>Diagnostic tests</b>   | Not currently collected   | 9 weeks by December 2007  | 36 weeks for access to specified diagnostic or therapy services by end March 2007<br>Maximum 24 weeks from referral to receipt of echocardiography   |
| <b>Accident and Emergency (A&amp;E)</b>   | 4 hours maximum wait in A&E from arrival to admission, transfer or discharge by March 2005  | Patients to wait no longer than 4 hours between arriving at an A&E unit and admission, discharge or transfer by end 2007  | 95% of all patients to spend less than 4 hours in A&E from arrival until admission, transfer or discharge. No-one to wait longer than 8 hours.   |
| <b>Primary care</b>   | Guaranteed access to a primary care professional within 24 hours and to a primary care doctor within 48 hours by March 2005   | Guaranteed access to a GP, nurse or other healthcare professional within 48 hours of contacting GP  | 50% of all practices to ensure access to a member of the primary care team within 24 hours   |

## Appendix 2: Department of Health Statistical publications on Waiting Lists in England

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| <p><b>1. Hospital Inpatient Waiting List Statistics, England, NHS Trust Based</b><br/>Includes details of ordinary and day case waiting lists for NHS Trusts in England for each quarter of the financial year. Totals for England are included.<br/><b>Data sources</b> KH07 quarterly return submitted from NHS Trusts<br/><b>Data definition</b> Information on patients waiting to be admitted to NHS hospitals in England either as a day case or ordinary admission. It does not include: patients admitted as emergency cases; outpatients; patients undergoing a planned programme of treatment e.g. a series of admissions for chemotherapy; expectant mothers booked for confinement; patients already in hospital patients temporarily suspended from waiting lists for social reasons or because they are known to be not medically ready for treatment</p>  |
| <p><b>2. Patients Who Have Deferred Admission, England, NHS Trust Based.</b><br/><b>Elective admission events</b> Includes details of patients who have deferred an ordinary or day case elective admission at NHS Trusts in England for each quarter of the financial year. Totals for England are also included.<br/><b>Data sources</b> KH07A quarterly return submitted from NHS Trusts<br/><b>Data definition</b> Information on elective admission events at NHS Hospitals in England either as an ordinary admission or daycase admissions. Elective admission events are: decisions to admit (i.e. patients added to the list); patients admitted; patients failed to attend; removals from the list other than admission<br/>Exclude patients undergoing a planned programme of treatment e.g. a series of admissions for chemotherapy</p>  |
| <p><b>3. Elective Admission Events, England, NHS Trust Based</b><br/><b>Patients who have deferred admission</b> Includes details of ordinary and day case elective admission events for NHS Trusts in England for each quarter of the financial year. Totals for England are included.<br/><b>Data sources</b> KH07A quarterly return submitted from NHS Trusts<br/><b>Data definition</b> Information on patients who have self-deferred elective admission or are suspended from the waiting list (e.g. for medical or social reasons) at NHS Hospitals in England either as an ordinary or day case admission. Exclude patients undergoing a planned programme of treatment e.g. a series of admissions for chemotherapy.</p>  |
| <p><b>4. Hospital Inpatient Waiting List Statistics, England, Population Based</b><br/>Includes details of ordinary and day case waiting lists for patients who are the responsibility of English PCTs. The figures are updated for each quarter of the financial year. Totals for England are included.<br/><b>Data sources</b> QF01 quarterly return submitted by PCTs, who are now the commissioners of healthcare for their responsible population.<br/><b>Data definition</b> Information on NHS patients resident in England who are waiting to be admitted for treatment as a day case or ordinary admission. It does not include: patients admitted as emergency cases; Outpatients; patients undergoing a planned programme of treatment e.g. a series of admissions for chemotherapy; expectant mothers booked for confinement; patients already in hospital; patients who are temporarily suspended from waiting lists for social reasons or because they are known to be not medically ready for treatment</p> |
| <p><b>5. Elective Admission Events, England, Population Based</b><br/>Includes details of ordinary and day case elective admission events for patients who are the responsibility of English PCTs. Figures are updated for each quarter of the financial year. Totals for England included.<br/><b>Data sources</b> KH06R quarterly return submitted by PCTs, who are now the commissioners of healthcare for their responsible population<br/><b>Data definition</b> Information on elective admission events for NHS patients who are resident in England either as an ordinary admission or day case admissions. Elective admission events are: decisions to admit (i.e. patients added to the list); patients admitted; patients failed to attend; removals from the list other than admission<br/>Excludes patients undergoing a planned programme of treatment e.g. series of admissions for chemotherapy</p>  |
| <p><b>6. Patients Who Have Deferred Admission, England, Population Based</b><br/>Includes details of patients who have deferred an ordinary or day case elective admission and are the responsibility of English PCTs. The figures are updated for each quarter of the financial year. Totals for England are also included.<br/><b>Data sources</b> KH07AR quarterly return submitted By PCTs, who are now the commissioners of healthcare for their responsible population.<br/><b>Data definition</b> Information on patients who have self-deferred elective admission or are suspended from the waiting list (e.g. for medical or social reasons) and are NHS patients resident in England either as an ordinary admission or day case admissions. Exclude patients undergoing a planned programme of treatment e.g. a series of admissions for chemotherapy.</p>   |
| <p><b>7. Waiting Times for First Outpatient Appointment, England, NHS Trust Based</b><br/>Waiting lists and waiting times for first outpatient appointments at NHS Trusts in England. The figures are updated for each quarter of the financial year. Summary totals for England by specialty are also included.<br/><b>Data sources</b> The tables in this section incorporate data obtained from the QM08 quarterly return submitted from NHS Trusts.<br/><b>Data definition</b> Information relates to referrals to NHS hospitals in England. These include private patients and patients referred from Scotland, Wales, Northern Ireland and overseas as well as NHS patients from England who were referred by a GP whether medical or dental. They exclude: patients referred by consultants and other health professionals; self referrals and attendances at 'drop in' clinics; referrals resulting in ward attendances for nursing care; referrals initiated by the consultant in charge of the clinic</p>        |
| <p><b>8. Waiting Times for First Outpatient Appointment, England, Population Based</b><br/>Waiting lists and waiting times for first outpatient appointments. It records patients who are the responsibility of English PCTs. Figures are updated for each quarter of the financial year. In the past this information was collected at Health Authority level. Summary totals for England by specialty are included.<br/><b>Data sources</b> QM08R quarterly return submitted by PCTs for their responsible population.<br/><b>Data definition</b> Information relates to referrals of NHS patients in England.<br/>Waiting times include patients who: were referred by a GP whether medical or dental. They exclude: patients referred by consultants and other health professionals; self referrals and attendances at 'drop in' clinics; referrals resulting in ward attendances for nursing care; referrals initiated by the consultant in charge of the clinic</p>  |

## Update on key developments in waiting times statistics as at August 2008

This review was compiled in 2006 and the early part of 2007. As developments in waiting statistics and targets are subject to ongoing change, this section lists further key developments as at July 2008 for each country of Britain. This section may be further revised in the future.

### Overview of key developments since this review

The review cited the commitment by all three countries to encompass the concept of the 'whole patient journey' in plans for the collection and publication of waiting statistics. Many of these plans have now come to pass and new data collections on waiting times based on patient pathways from 'referral to treatment' have been introduced in England and Wales, whilst in Scotland the New Ways Programme brings the data collection closer to that of the other two countries.

## England

### Current targets

The Operating Framework for the NHS in England 2008/09 set out the following:<sup>1</sup>

*National priority for 2008/09:* By December 2008, no one should have to wait more than 18 weeks from the time they are referred to the start of their treatment, unless it is clinically appropriate or they choose to wait longer.

### Existing key waiting times commitments

- Four-hour maximum wait in A&E from arrival to admission, transfer or discharge
- Guaranteed access to a primary care professional within 24 hours, and to a primary care doctor within 48 hours
- Maximum wait of 13 weeks for an outpatient appointment
- Maximum wait of 26 weeks for an inpatient appointment
- Three-month maximum wait for revascularisation
- Maximum two-week wait standard for Rapid Access Chest Pain Clinics
- Two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals
- Maximum waiting time of one month from diagnosis to treatment for all cancers

In order to monitor progress towards the 18 week target, a new, official monthly data collection has been developed. Since June 2007 the Department of Health has published official 18 weeks Referral to Treatment (RTT) data, focusing on patient pathways and the time patients actually waited from initial referral through to the start of treatment. The RTT return captures a flow of patients who have completed their wait as well as capturing information on patients with incomplete pathways who are still waiting. This data differs from traditional returns and captures 'waited' as well as 'waiting' data in order to better reflect the patient experience.<sup>2</sup> Such data is now published for both commissioners and providers for admitted, non-admitted, and incomplete RTT times, i.e. those patients still waiting for treatment to commence. This data and detailed papers describing the methodology are published on the Department of Health website by the 18 Weeks Referral to Treatment Team at: <http://www.performance.doh.gov.uk/rtt/index.htm>.

This collection is currently in addition to 'traditional' waiting time and list statistics which continue to be collected and published by commissioner and provider on a monthly basis, with activity data (on a quarterly

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<sup>1</sup> Department of Health / NHS Finance Performance & Operations. The NHS in England: the Operating Framework for 2008/09. London: DH/NHS, 2007.

<sup>2</sup> Department of Health. Methodology Paper. Developing a Referral to Treatment data collection. Department of Health, 2007.

basis). Data for existing collections is through the Monthly Monitoring Return (MMR) which does not provide details of specialty. This is partly because the new RTT waiting times collection includes this.

## Scotland

### Current targets

Key national standards - further detail available from <http://www.isdscotland>

- Patients should wait no longer than 18 weeks for inpatient or day case treatment
- Patients should wait no longer than 18 weeks to attend a consultant led new outpatient clinic after being referred by their doctor or dentist
- Referral to treatment targets for cataract surgery and cardiac treatment have been introduced and are in place from end December 2007
- No patient will wait more than 16 weeks for cardiac intervention following GP referral through rapid access chest pain clinic (RACPC) and no patient will wait more than 16 weeks for treatment after they have been seen as an outpatient by a heart specialist who has recommended treatment
- Maximum wait from referral by a GP or optometrist to surgery should be 18 weeks
- Maximum waiting time of 9 weeks for eight key diagnostic tests and investigations
- 98% of patients should spend no longer than 4 hours in A&E departments before being admitted, discharged or transferred

Under the 'New Ways' programme introduced on 1 January 2008, all patients on the waiting list are included in the waiting times targets and guarantees with no exception for highly specialised or low clinical priority treatment. Waiting times are calculated to exclude periods of unavailability to assess performance in relation to waiting times targets and guarantees.

Data is now collected through the Information Services Division national patient waiting times data warehouse, into which hospitals submit data at frequent intervals, daily or weekly.

Data from the warehouse can provide information on both patients still waiting at the end of a quarter and patients who have been seen or treated during the quarter. Importantly however the new system takes account of periods of unavailability by subtracting them from the overall time since they were placed on the waiting list. This is a major change as generally previous statistical reporting on waiting times excluded patients who had missed appointments or been unavailable during their wait through being given an ASC by the hospital. Such patients were excluded from the Government target and guarantee.

It is important to note that the introduction of statistics published from the New Ways programme are not directly comparable to previously published waiting information so there is a loss of trend data. The changes are explained in more detail on the ISD Scotland website.

## Wales

### Current targets

The NHS Wales: Annual Operating Framework 2008/2009 set out the following targets:<sup>3</sup>

- Referral to Treatment times 32 weeks for 95% of admitted patients and 98% of non-admitted patients
- Referral to Treatment time 26 weeks for 80% of admitted patients and 85% of non-admitted patients
- Maximum waiting time for inpatient or daycase treatment 14 weeks
- Maximum waiting time for a first outpatient appointment 10 weeks
- Maximum waiting time for access to specified diagnostic services 8 weeks
- Maximum waiting time for access to specified therapy services 14 weeks

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<sup>3</sup> Welsh Assembly Government. NHS Wales: Annual Operating Framework 2008/2009. Cardiff: Welsh Assembly Government, 2007.

- 95% of new patients to spend no longer than 4 hours in A&E from arrival until admission, transfer or discharge. Patients to spend no longer than 8 hours for admission, transfer or discharge
- Patients referred by their GP with urgent suspected cancer and subsequently diagnosed by a cancer specialist will start definitive treatment within 62 days of receipt of referral
- Patients not referred as urgent suspected cancer but subsequently diagnosed with cancer to start definitive treatment within 31 days of diagnoses, regardless of referral route
- All patients referred by a GP or other medical practitioner to adult secondary or tertiary cardiology to receive definitive treatment within 32 weeks of receipt of original referral by the receiving trust

The Welsh Assembly Government and NHS Wales have worked together to measure progress against Referral to Treatment targets. Two interim targets have been set - one for cardiac pathways and one for other specialties. The data on cardiac pathways is now considered to be of publishable quality and a statistical release for Referral to Treatment: Cardiac Services has been issued.

Referral to treatment data for all specialties is now collected and will be used to monitor against the March 2009 target and more importantly the December 2009 target of a maximum of 26 weeks for all patients. The 'Access 2009' project was set up to deliver this target, and includes the development of data to measure against the target. As with other collections this is based on aggregate returns from trusts. When the data is considered of sufficient quality a publication date will be announced.

There are no plans to stop collecting existing waiting times data, though it seems likely that in future a single way to measure all waiting times will be developed.

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