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

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Find out more about National Statistics on the UK Statistics Authority website.
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Introduction

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

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

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

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

The primary source of national waiting times data is the Waiting Times datamart hosted and maintained by National Services Scotland (NSS) – digital partners of PHS. It contains patient level records for all inpatient, day case and new outpatient appointments from January 2008 onwards. NHS Boards submit extracts on a frequent basis that contain live records that are continuously updated while a patient on the list waits to be seen. As the demand for timely and detailed information increases, PHS continues to work in collaboration with our key stakeholders, NHS Boards and Scottish Government, to improve waiting times information.

This publication presents the latest statistics at 31 December 2021 and describes how the national response to the ongoing COVID-19 pandemic has impacted the
experience of patients waiting for elective care. The report is split into the following 2 sections:

1. New Outpatients

These are patients added to the waiting list for their first appointment at a consultant-led clinic. This includes all patients from all referral sources who are covered by the 12 week waiting time standards under ‘New Ways’. PHS currently do not collect information nationally on waiting times for return outpatients. Further details on ‘New Ways’ can be found in the background information.

2. Inpatients and Day cases

This section focuses on patients added to the waiting list from 1 October 2012, where the TTG is applicable. Exceptions to TTG are set out in the Regulations. Further details on the TTG can be found in the background information.

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

- Two data tables detailing trend information by NHS Board for each indicator presented in Sections 1 and 2. From May 2019, the tables were expanded to include SMR00 (outpatient activity) and SMR01 (inpatient activity). These additional data on 'unadjusted' waits compliments the core statistics that are 'adjusted' to account for clock pauses and resets.

- Eight aggregated CSV files underpinning the above data tables to meet the 3* criteria for ‘open data’, meaning data are in a structured, machine-readable, non-proprietary format to support individual analytical needs. Files are stored in the NHSScotland Open Data Platform.
**Main points**

These statistics continue to be affected by COVID-19 (Coronavirus) pandemic. Following the early stages of the outbreak when many services were paused or reduced and there were fewer referrals to services, Boards started to gradually resume services in the summer of 2020 as part of the planned *remobilisation of services*. However, as the pandemic has evolved with further waves of high infection rates and increased hospitalisations, there continues to be periods where some Boards have to temporarily pause or limit access to non-urgent elective care. This has been evident in the most recent quarter.

**New outpatients national standard - 95% of new outpatients wait no longer than 12 weeks from referral to being seen.**

- During the quarter ending 31 December 2021, 304,344 patients were seen under this standard. This represents an increase of 5% (+14,391 patients) from the previous quarter ending 30 September and compares to a 1.7% quarter-on-quarter increase between quarters ending 30 June 2021 and 30 September 2021. Although the number of patients seen each quarter continues to rise (the number seen this latest quarter was +24.9% compared to the quarter ending December 2020) the latest figure remains 17.1% lower than the average of 367,236 patients seen during quarters in 2019, prior to the onset of the pandemic.

- Of those seen during the quarter ending 31 December 2021, there was an increase in the number of patients who had waited 12 weeks (84 days) or less to be seen - 208,019 patients compared to 204,406 in the previous quarter. However, this was a slightly smaller percentage of all patients seen, 68.3% compared to 70.5% with the number of those waiting over 12 weeks increasing from 85,547 to 96,325.
• At 31 December 2021, 419,230 patients were waiting to be seen. This represents a slight decrease of 0.4% (-1,541) from the position at 30 September 2021, the first reported decrease in number of patients waiting from one quarter-end to the next since the pandemic began and compares to a 6.4% rise between 30 June 2021 and 30 September 2021. Nevertheless, the waiting list at the latest quarter-end is 35.7% higher than the average at the end of quarters in 2019.

• Of those waiting at 31 December 2021, 194,828 (46.5%) had been waiting 12 weeks or less. This percentage has decreased from 48.5% at 30 September 2021 and is markedly down on the average reported in 2019 (73.3%).

• There was a slight decrease in patients waiting over 52 weeks, down from 7.8% (32,686) at 30 September 2021 to 7.4% (31,050) at 31 December 2021. Of those patients waiting the longest however, there has been an increase in proportion of patients waiting over 91 weeks from 0.7% to 1.5% (6,387, +3,246).
Treatment Time Guarantee (TTG) – Following the decision to treat, all eligible patients should wait no longer than 12 weeks for treatment as an inpatient or day case.

- During the quarter ending 31 December 2021, 44,127 patients were admitted for treatment under this standard. This represents a decrease of 3.9% (-1,772 patients) from the previous quarter ending 30 September and is 37.5% (-26,467) lower than the average of 70,594 patients admitted during quarters in 2019, prior to the onset of the pandemic.

- Of those admitted during the quarter ending 31 December 2021, 69.4% had waited 12 weeks (84 days) or less; slightly lower than both the 70% reported in the previous quarter and the pre-pandemic average of 70.7%.

- At 31 December 2021, 119,584 were waiting to be admitted for treatment. This represents an increase of 12.4% (+13,213) from 30 September 2021 and is 40% (+34,154) higher than the same date last year. When comparing to the average at end of quarters in 2019 the waiting list is 55% higher. This growth reflects that, although both the number of referrals for treatment and the number of admissions have yet to return fully to pre-pandemic levels, the number of referrals each month has often exceeded the number of patients being removed from lists, either because they were admitted for treatment or removed for other reasons.

- Of those waiting at 31 December 2021, 41,328 (34.6%) had been waiting 12 weeks or less. This percentage has decreased from 38% at 30 September 2021 and is markedly down on the 68.7% average reported in 2019.

- There was an increase in the number and percentage waiting over 52 weeks, up from 21.3% (22,657) at 30 September 2021 to 22.7% (27,115) at 31 December 2021. Of those waiting the longest, there has been an increase in the proportion of patients waiting over 91 weeks from 5.8% to 10.5% (12,590, +6,454).
Results and commentary

1. New Outpatients

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

The COVID-19 pandemic has had significant impact on outpatient services. At the beginning of the outbreak all non-urgent care was paused and both the number of patients referred and seen at services reduced to a low level. Since then services have been taking steps to remobilise and gradually increase the number of patients that can be seen. In doing so there are a number of challenges to overcome, including capacity constraints due to physical distancing requirements and other infection control measures or due to increased staff absence. In addition, increases in unscheduled hospitalisation caused by new waves of the virus have meant the requirement for some services to pause temporarily and to divert resources to other parts of the system. All these factors have meant the that number of patients being treated by some services has yet to return to pre-pandemic levels.

Furthermore, where the number of referrals to services has recovered more quickly this has led to an increase in the number of patients waiting to be seen. A key ongoing priority for services is to address this backlog of patients waiting whilst continuing to prioritise patients based on their clinical urgency. Some services have also been increasing the use of technology to conduct new outpatient consultations via telephone and video rather than face to face.

While this report focuses on the national picture, there is variation across NHS Boards in the number of patients seen or still waiting and in the length of waits experienced. All summary tables and charts within this section are supplemented by Board trend and comparative detail in the data tables.
Please note that while historical trend data is routinely refreshed from one publication to the next, leading to slight revisions in statistics, the previously published figures for quarter ending 30 September 2021 have been revised to a greater degree this time around. This is primarily due to a data submission issue within NHS Dumfries & Galloway and equates to a 1.1% (4,471) decrease in the number of patients waiting across NHSScotland and an increase of 1.1% (3,018) in patients seen from previously published figures. This issue with NHS Dumfries & Galloway is now fully resolved, further information can be found within the data quality section of this report.

1.1. Number of patients seen

Table 1 presents the number of patients covered by the national standard who have completed their wait by being seen at a new outpatient appointment.

During the quarter ending 31 December 2021, 304,344 patients were seen across NHSScotland. This represents an increase of 5% (+14,391 patients) from the previous quarter ending 30 September and compares to a 1.7% increase between the quarters ending June and September 2021. The number of patients seen has risen over the last year with the latest figure being 24.9% higher than for the quarter ending December 2020. This represents the highest reported activity since quarter ending March 2020, during which the pandemic began in Scotland. However, Table 1 shows progress with recovery fluctuating from month to month and the latest quarterly figure remains 17.1% lower than the average of 367,236 patients seen during quarters in 2019, prior to the onset of the pandemic.

Of those seen during the quarter ending 31 December 2021, there was an increase in the number of patients who had waited 12 weeks (84 days) or less - 208,019 patients compared to 204,406 in the previous quarter. However, this was a slightly smaller percentage of all patients seen, 68.3% compared to 70.5% with the number of those waiting over 12 weeks increasing from 85,547 to 96,325. This also compares to an average of 76.7% during quarters in 2019, prior to the pandemic.

When comparing the percentage of patients seen in 12 weeks or less it is important to recognise the measure is influenced by multiple factors relating to the pandemic
response. For example, the percentage may rise when non-urgent care is paused and only those with urgent clinical needs are seen. Conversely, the percentage may decrease when non-urgent services are less restricted and a higher number of patients, including some longer waiting and less urgent patients, can attend an appointment - as perhaps can be seen in November 2021. The impact of access to care on the wait experienced by patients seen is further reflected in the variation of median waits shown in Table 1.
Table 1 - Number of patients seen at a new outpatient appointment, NHSScotland, up to 31 December 2021

<table>
<thead>
<tr>
<th>Quarter/month ending</th>
<th>Total seen</th>
<th>Number who waited 12 weeks or less</th>
<th>Number who waited over 12 weeks</th>
<th>% waited 12 weeks or less</th>
<th>Median Wait (days)</th>
<th>90th Percentile Wait (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-21</td>
<td>304,344</td>
<td>208,019</td>
<td>96,325</td>
<td>68.3%</td>
<td>39</td>
<td>242</td>
</tr>
<tr>
<td>Dec</td>
<td>94,066</td>
<td>65,622</td>
<td>28,444</td>
<td>69.8%</td>
<td>36</td>
<td>240</td>
</tr>
<tr>
<td>Nov</td>
<td>114,967</td>
<td>77,334</td>
<td>37,633</td>
<td>67.3%</td>
<td>42</td>
<td>247</td>
</tr>
<tr>
<td>Oct</td>
<td>95,311</td>
<td>65,063</td>
<td>30,248</td>
<td>68.3%</td>
<td>39</td>
<td>236</td>
</tr>
<tr>
<td>30-Sep-21</td>
<td>289,953</td>
<td>204,406</td>
<td>85,547</td>
<td>70.5%</td>
<td>38</td>
<td>242</td>
</tr>
<tr>
<td>Sep</td>
<td>101,656</td>
<td>69,545</td>
<td>32,111</td>
<td>68.4%</td>
<td>40</td>
<td>242</td>
</tr>
<tr>
<td>Aug</td>
<td>99,384</td>
<td>70,482</td>
<td>28,902</td>
<td>70.9%</td>
<td>40</td>
<td>237</td>
</tr>
<tr>
<td>Jul</td>
<td>88,913</td>
<td>64,379</td>
<td>24,534</td>
<td>72.4%</td>
<td>34</td>
<td>245</td>
</tr>
<tr>
<td>30-Jun-21</td>
<td>285,130</td>
<td>208,287</td>
<td>76,843</td>
<td>73.0%</td>
<td>33</td>
<td>249</td>
</tr>
<tr>
<td>31-Mar-21</td>
<td>255,564</td>
<td>181,562</td>
<td>74,002</td>
<td>71.0%</td>
<td>32</td>
<td>252</td>
</tr>
<tr>
<td>31-Dec-20</td>
<td>243,689</td>
<td>173,401</td>
<td>70,288</td>
<td>71.2%</td>
<td>31</td>
<td>266</td>
</tr>
<tr>
<td>Average during quarters in 2019</td>
<td>367,236</td>
<td>281,590</td>
<td>85,646</td>
<td>76.7%</td>
<td>42</td>
<td>150</td>
</tr>
</tbody>
</table>

1. Some patients waiting for one of eight diagnostic tests were previously counted under the new outpatient national standard. From 1 October 2019 onwards, additions to the list for one of these tests were no longer covered by the standard. This will have led to a small reduction in the number of patients reported.
Figure 1 shows the number of patients seen each quarter between 1 October 2013 and 31 December 2021. This long term trend demonstrates that the number of patients seen per quarter remained relatively steady up until December 2019. Following the onset of the pandemic in 2020, the number of patients that services were able to see fell sharply between March and June with only 129,905 patients recorded as seen in the quarter ending June. Services were able to rapidly increase the number of patients they were able to see after this but progress towards returning to pre-pandemic levels has been slower since December 2020, particularly during periods when subsequent waves of COVID-19 have occurred and some services had to again pause or reduce temporarily. Note this trend is also influenced by some regular seasonal variation with activity in some quarters impacted by peak holiday periods such as in July and December.

Figure 1 also shows that prior to 2018 there was a rising trend in the number of patients who had waited over 12 weeks to be seen, with the numbers peaking in the quarter ending December 2017 when there were 94,063 patients. In the period after this and prior to the onset of the pandemic this statistic fluctuated but remained relatively stable. However, at the beginning of the pandemic, only those with urgent clinical needs were prioritised to be seen and so few of those seen had waited over 12 weeks. As outpatient services have remobilised and increased their capacity the number of patients seen having waited over 12 weeks has again increased – 96,325 in the latest quarter. Section 1.3 examines those waiting to be seen at 31 December 2021 in respect of how long they have been waiting. This suggests that in the absence of any further impacts of COVID-19 the number of patients waiting over 12 weeks to be seen will likely increase further as services seek to clear a backlog of patients waiting.
1. Some patients waiting for one of eight key diagnostic tests were previously counted under the new outpatient national standard. From 1 October 2019 onwards, additions to the list for one of these tests were no longer covered by the standard. This will have led to a small reduction in the number of patients reported.

1.1.1. Distribution of wait – patients seen

Services have to manage their waiting lists and schedule appointments for patients based on a number of factors, including their clinical urgency, the length of time the patient has waited and their availability. Figure 2 shows the variation in the length of wait experienced by those seen, comparing quarters ending 31 December 2021 and 30 September 2021. Note this chart has been expanded in recent publications to include more detail on lengths of waits experienced by patients beyond the 52-week mark (see note below for further details).

As previously mentioned, the total number of patients seen has increased by 5% from the previous quarter. Relating to this increase in total activity, the number seen in 12 weeks or less has increased from 204,406 during quarter ending 30 September
2021 to 208,019 but the corresponding percentage has decreased from 70.5% to 68.3%. Focusing on those patients that experienced relatively short waits but also looking slightly beyond the 12-week national standard, it is notable that the number seen within 0-8 weeks increased by 2.6% (+4,676) while the number seen within 8-16 weeks decreased by 4.2%, down 1,893 from the previous quarter.

There were marginal changes across all time bands for those that had waited longer. Most notably, there was a 25% increase in the number of patients seen that had waited 16-40 weeks, rising from 44,549 (15.4%) to 55,683 (18.3%) with the most prominent shift observed between 16-32 weeks. This increase in mid to long term waits partly reflects the increased capacity available during the quarter ending 31 December 2021 but is also driven by the resurgence in additions to the list during the summer months, some of whom will have been seen in the latest quarter.

For those that had waited the longest to be seen, 14,623 (4.8%) had waited over 52 weeks, compared to 13,440 (4.6%) during quarter ending 30 September 2021. While the overall growth in the number and proportion of waits over 52 weeks is marginal, a further breakdown of these waits demonstrates notable fluctuation. For instance, there was a rise in patients being seen having waited 52-65 weeks (+2,447, +56.4%) and 91-104 weeks (+1,209, +255%). Conversely, the number of patients seen in the intervening time band of 65-91 weeks decreased by 2,509, down 29.7%. This sharp rise and fall within the longest time bands is influenced by the lull in referrals during the early stages of the pandemic but also underlines the ongoing challenge to see patients who have waited the longest, some of whom will have been added to the list prior to the onset of the pandemic.
Figure 2: Distribution of waits for patients seen at a new outpatient appointment, NHSScotland, quarter ending 31 December 2021 compared to 30 September 2021\textsuperscript{1,2}

1. In the above time bands, the upper figure is included within the time band but the lower figure is not i.e. in time band ‘4-8’, this will include all patients who waited more than 4 weeks but less than or equal to 8 weeks.

2. Beyond the 52-week mark, note that the above time bands change from 4 to 13 weeks in width.

1.1.2. NHS Board and specialty comparison

For the latest quarter, Figure 3 explores whether the shortfall in the number of patients seen, compared to the pre-pandemic levels, is the same in each Health Board. The largest shortfall was reported by NHS Borders (-30\%, 2,450 patients), followed by NHS Highland (-25.4\%, 4,194) and NHS Lanarkshire (-20.2\%, 7,231). The smallest was reported by NHS Shetland (-6.6\%, -81), followed by NHS Forth Valley (-8\%, -1,495) and NHS Western Isles (-8.2\%, -140).
Figure 3: Percentage difference in patients seen at a new outpatient appointment by NHS Board, quarter ending 31 December 2021 compared to the 2019 quarterly average.

<table>
<thead>
<tr>
<th>NHS Board</th>
<th>Percentage difference (%)</th>
<th>Number of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Borders</td>
<td>-24.50</td>
<td>4194</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>-72.31</td>
<td>1747</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>-18.618</td>
<td>5309</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>-41.02</td>
<td>162892</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>-56.31</td>
<td>5130</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>-62.892</td>
<td>604</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>-66.04</td>
<td>1495</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>-65</td>
<td>132</td>
</tr>
<tr>
<td>NHS Scotland</td>
<td>-97</td>
<td>4501</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>-14.95</td>
<td>1641</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>-81</td>
<td>132</td>
</tr>
<tr>
<td>Golden Jubilee National Hospital</td>
<td>-35.0%</td>
<td>8,720</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>-29.3%</td>
<td>8,993</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>-24.7%</td>
<td>3,463</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>-10.4%</td>
<td>-4,501</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>-15.2%</td>
<td>-1,641</td>
</tr>
</tbody>
</table>

Figure 4 uses the same approach to explore variation by specialty, focusing on the top 10 specialties with the highest number of patients seen, accounting for approximately 75% of activity. The greatest shortfalls, percentage-wise, were reported for gastroenterology (-47%, 8,720), ear, nose & throat (ENT) (-29.3%, -8,993) and cardiology (-24.7%, -3,463). The smallest shortfalls observed were gynaecology (-8.4%, -2,132), followed by orthopaedics (-10.4%, -4,501) and neurology (-15.2%, -1,641). Note the evident variation in activity by specialty will have been influenced by multiple factors, including the proportion of referrals that require urgent care and differing constraints with respect to infection control measures.
Figure 4: Percentage difference in patients seen at a new outpatient appointment by specialty, quarter ending 31 December 2021 compared to the 2019 quarterly average

1.2. Waiting list changes – patients seen, added or removed

Figure 5 presents a monthly trend in the number of patients that were added (following referral) or removed from new outpatient waiting lists, covering the period January 2019 to December 2021. In respect of removals, this includes patients who were removed because they were seen, as well as those whose treatment was no longer required. To distinguish between these two categories, the yellow (‘seen’) trend line below corresponds to the number of patients removed because they were seen.

Prior to the pandemic, there was a fairly consistent trend in the number of additions and removals each month. Then following the introduction of emergency measures
on 17 March 2020, there was a sharp decrease in both additions and removals. During April 2020, there were only 42,457 additions (-95,471 from February 2020) and 46,510 removals (-97,068). Since then both the number of additions and removals each month has been increasing. However, this upward trend has not been smooth, with progress interrupted in some months by the impact of new waves of COVID-19. Furthermore, the number of additions has often outpaced the number of removals and so this has driven an increase in the number of patients waiting to be seen. This trend was reversed in the latest quarter however with the number of removals exceeding referrals by 2,046, leading to a slight decrease in the number of patients waiting (see Section 1.3).

Figure 5 also demonstrates that neither indicator has returned fully to pre-pandemic levels. There were 391,779 additions reported during quarter ending 31 December 2021, 12.8% less than the 2019 average of 449,288. Similarly, there were 393,825 removals in the latest quarter, including those that were removed for reasons other than seen, down 13.9% on the 2019 average.
1. Some patients waiting for one of eight key diagnostic tests were previously counted under the new outpatient national standard. From 1 October 2019 onwards, additions to the list for one of these tests were no longer covered by the standard. This will have led to a small reduction in the number of patients reported.

It should be noted there has been a far greater drop in patients being removed from the list because they were seen, compared to other removal reasons since the onset of the pandemic. During the quarter ending 31 December 2021, 89,481 (22.7%) were removed for other reasons, similar to the quarterly average in 2019 of 90,321 (19.7%). Meanwhile, 304,344 patients were seen and subsequently removed from the list, 17.1% lower than the pre-pandemic average. This highlights that while attendance at a new outpatient clinic has been severely constrained by infection control measures, Board capacity to review waiting lists and remove patients where appropriate has not been impacted to the same extent. In some instances, Boards may have increased their resource in reviewing waiting lists as they managed their backlogs.
1.3. Number of patients waiting

Table 2 presents the number of patients waiting to attend a new outpatient appointment at month-end. At 31 December 2021, 419,230 patients were waiting to be seen. This represents a decrease of 0.4% (-1,541) from 30 September 2021, the first decrease in the number of patients waiting reported from one quarter-end to the next during the pandemic, and compares to a 6.4% rise between 30 June 2021 and 30 September 2021. This reflects the impact of removals from the list increasing and slightly exceeding referrals. However, the number waiting remains 23.4% (+79,360) higher than at 31 December 2020 and is 35.7% higher than the quarterly average in 2019.

Over the last quarter that there was also a decrease in the number of patients that had been waiting 12 weeks or less (-9,284, -4.5%) but an increase in those waiting over 12 weeks (+7,743, +3.6%). As a consequence, the proportion waiting 12 weeks or less has decreased from 48.5% to 46.5% and remains markedly down on the 73.3% average reported at the end of quarters in 2019.
Table 2: Number of patients waiting for a new outpatient appointment, NHSScotland, at 31 December 2021¹

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total waiting</th>
<th>Number waiting 12 weeks or less</th>
<th>Number waiting over 12 weeks</th>
<th>% waiting 12 weeks or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-21</td>
<td>419,230</td>
<td>194,828</td>
<td>224,402</td>
<td>46.5%</td>
</tr>
<tr>
<td>30-Nov-21</td>
<td>421,136</td>
<td>203,663</td>
<td>217,473</td>
<td>48.4%</td>
</tr>
<tr>
<td>31-Oct-21</td>
<td>427,271</td>
<td>205,152</td>
<td>222,119</td>
<td>48.0%</td>
</tr>
<tr>
<td>30-Sep-21</td>
<td>420,771</td>
<td>204,112</td>
<td>216,659</td>
<td>48.5%</td>
</tr>
<tr>
<td>30-Jun-21</td>
<td>395,388</td>
<td>211,400</td>
<td>183,988</td>
<td>53.5%</td>
</tr>
<tr>
<td>31-Mar-21</td>
<td>351,449</td>
<td>169,522</td>
<td>181,927</td>
<td>48.2%</td>
</tr>
<tr>
<td>31-Dec-20</td>
<td>339,870</td>
<td>162,361</td>
<td>177,509</td>
<td>47.8%</td>
</tr>
<tr>
<td>Average at end of quarters in 2019</td>
<td>308,936</td>
<td>226,455</td>
<td>82,481</td>
<td>73.3%</td>
</tr>
</tbody>
</table>

¹. Some patients waiting for one of eight key diagnostic tests were previously counted under the new outpatient national standard. From 1 October 2019 onwards, additions to the list for one of these tests were no longer covered by the standard. This will have led to a small reduction in the number of patients reported.

Figure 6 shows a longer term trend for the number of patients on the waiting list at the end of each month, covering the period December 2013 to December 2021. This demonstrates that the total number of patients waiting to be seen was on the rise between 31 December 2013 and 30 June 2017 before starting to level off. The small decrease observed at 31 December 2019 largely reflects waits for one of the eight key diagnostic tests no longer being included from 1 October 2019.

After this, the overall list size decreased significantly as NHSScotland was placed on emergency footing due to the COVID-19 outbreak and there was a short lull in referrals with only the most urgent patients being seen. Following the initial easing of
lockdown measures in the summer of 2020, the number waiting has been on an upward trend until the latest quarter.

Figure 6 also shows that prior to the pandemic, fluctuations in the total number of patients waiting at month-end tended to be mirrored in the trend for number waiting over 12 weeks. Then as the emergency measures took effect, the sudden upsurge in waits over 12 weeks reflected the impact of delaying non-urgent care. This shift in trend was followed by a gradual increase in the number waiting over 12 weeks until 30 June 2021 and then the measure began to accelerate during the remainder of the summer as Boards contended with the impact of growing demand and ongoing capacity constraints as COVID-19 infection rates rose once again. Since September, the number waiting over 12 weeks has increased over the course of the latest quarter but at a slower rate than previous, in part due to the increased activity during November.
1. Some patients waiting for one of eight diagnostic tests were previously counted under the new outpatient national standard. From 1 October 2019 onwards, additions to the list for one of these tests were no longer covered by the standard. This will have led to a small reduction in the number of patients reported.

1.3.1. Distribution of wait – patients waiting

Figure 7 examines the variation in how long patients had been waiting to be seen, comparing those waiting at 31 December 2021 to those waiting at 30 September 2021. As highlighted previously, the total number of patients waiting has reduced slightly by 0.4% over this period whilst the proportion of patients that had been waiting 12 weeks or less decreased from 48.5% to 46.5% (-9,284). There was also a decrease in the patients waiting 12-24 weeks, down from 24.5% to 22.7% (-7,864). The most prominent shift in distribution however is the increase in proportion of patients that had been waiting 24-40 weeks at 31 December 2021 from 13.2% to 17.9% (+19,613), likely influenced by the aforementioned surge in patients added to
the list during the early summer months, many of whom were still waiting at the end of December.

The effects of fluctuating referral and activity levels during the course of the pandemic is further reflected by the shift in proportion of patients waiting the longest. There was a slight decrease in the number and percentage waiting over 52 weeks (31,050, -1,636), down from 7.8% at 30 September 2021 to 7.4% at 31 December 2021. A further breakdown of waits beyond 52 weeks also shows that the proportion of patients waiting 78-91 weeks decreased from 2.4% at 30 September 2021 to 0.5% (-7,741) at 31 December 2021 - the lull in referrals during the height of the first COVID-19 wave over eighteen months previous is a contributing factor to this reported decrease. However, there were still patients on the list who have been waiting since the onset of the pandemic or earlier. This is illustrated by an increase in proportion of patients waiting over 91 weeks from 0.7% to 1.5% (6,387, +3,246).
1. In the above time bands, the upper figure is included within the time band but the lower figure is not i.e. in time band ‘4-8’, this will include all patients who waited more than 4 weeks but less than or equal to 8 weeks.

2. Beyond the 52-week mark, note that the above time bands change from 4 to 13 weeks in width.

1.3.2. NHS Board and specialty comparison

While at national level the number of removals from the waiting list exceeded the number of patients added in the latest quarter, a number of Boards have reported an increase in list size since 30 September 2021. This section provides a brief insight into whether the length of ongoing wait experienced by patients is uniform across Boards.
For those waiting to be seen at 31 December 2021, Figure 8 explores the variation across Boards with respect to how long patients had been waiting. This shows, for example, that the percentage of patients who had been waiting 12 weeks or less in a territorial health board was highest in NHS Shetland (77%), NHS Western Isles (74.4%) and NHS Dumfries & Galloway (57%). The Boards that reported the highest percentage of waits over 52 weeks were NHS Ayrshire & Arran (17.6%), followed by NHS Borders (12.1%) and NHS Tayside (9.4%).

**Figure 8: Percentage of patients waiting by wait length for a new outpatient appointment, by NHS Board, at 31 December 2021**

Figure 9 uses the same approach to explore variation by specialty, focusing on the top 12 specialties with the largest waiting lists, accounting for over 95% of patients waiting to be seen. The percentage of patients waiting 12 weeks or less ranged from 54.8% for cardiology to 37.6% for ophthalmology. The lowest percentage of patients waiting 12 weeks or less was 11% for cardiology, while the highest was 72% for ophthalmology.
waiting over 52 weeks was for rheumatology at 1.3%, while the highest was reported for dermatology at 12.2%. It should be noted that the variation in the length of wait by specialty will be influenced by multiple factors, including differing case mix with respect to the clinical urgency of patients and differing constraints on capacity with respect to the specific infection control measures required to prevent transmission of COVID-19.

Figure 9: Percentage of patients waiting by wait length for a new outpatient appointment at month end, by specialty, at 31 December 2021
1.4. Clock pauses and resets

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

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable either at the patient’s request (patient advised, patient requested), due to medical reasons (medical) or due to Patient Focused Booking (PFB) reasons. In addition, the Scottish Government issued guidance in July 2020, advising Boards to repurpose the use of unavailability reason ‘suspension due to exceptional circumstances’ for COVID-19 related reasons as a temporary measure. Use of this code retains a patient on the list and is intended to cover scenarios where for example, a patient did not want to attend an appointment due to risk of COVID-19 infection. NHS Board trend information on the detailed list of all unavailability reasons is presented in tab 1.3 of the new outpatient appointments data table.

1.4.1. Patient unavailability

The effects of the pandemic on both the NHS and society have had an impact on patient unavailability. For instance, due to national advice on travel, far fewer patients were likely to be unavailable for an appointment due to holiday plans, particularly during the first year of the pandemic. **Figure 10** shows the percentage of patients reported as unavailable for treatment by unavailability reason between month ending 31 December 2012 and 31 December 2021. The rate remained relatively stable, ranging from 1.9% to 2.4% between 30 September 2016 and 31 December 2019. Following the onset of the pandemic however, the rate fell to 1.2% at 30 June 2020 and then reduced slightly further to 0.8% at 31 March 2021 and has remained steady since with the same rate of 0.8% patients waiting unavailable for an appointment reported at 31 December 2021.
The majority of the 3,298 patients unavailable at 31 December 2021 were recorded as either ‘patient advised’ (2,252) or ‘due to medical reasons’ (459). While the overall rate for patient unavailability has remained relatively stable during the last year, the number of patients unavailable for patient advised reasons increased from 1,067 at the end of March to 1,795 at 30 June and increased further to 2,252 at 31 December 2021, primarily due to personal commitments for the most recent month-end. Meanwhile, the percentage unavailable for medical reasons remained low, decreasing from a typical rate of 0.3% (between March 2015 to March 2020), to 0.1% at the latest month-end.

In relation to the Scottish Government guidance described above, 113 patient waits were reported as ‘suspension due to exceptional circumstances’ at 31 December 2021. This compares to 95 (up 18.9%) at 30 September 2021 but is markedly down on the 687 reported at 31 March 2021. This overall reduction is partly due to increased patient confidence in visiting hospitals as the rollout of the COVID-19 vaccination programme continues to progress.
Figure 10: Unavailability of patients waiting for a new outpatient appointment at month end, NHSScotland, 31 December 2012 - 31 December 2021\(^{1,2}\)

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

1. Due to data quality issues, NHS Tayside rates have been excluded between June 2017 to December 2018.

1.4.2. Patient non-attendance

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

The percentage of appointments cancelled by the service was relatively consistent prior to the pandemic, ranging from 4.8% to 6.0% during 2019. However, the rate
increased significantly to 15.2% in the quarter ending March 2020, reflecting the immediate impact of the NHS being placed on emergency footing. The rate remained high at 12.8% in the quarter ending June 2020 but has since dropped, fluctuating between 5.5% and 7.1% across the last year. In the quarter ending 31 December 2021, 5.9% of appointments accepted by patients were cancelled by the service.

The number of patients notifying the service that they could not attend their appointment dropped to a low of 1.9% during the quarter ending 30 June 2020. However, the number of appointments being offered during this period was significantly lower and will have been largely restricted to those with clinically urgent needs. Since then, the CNA rate has increased to 6.6% in the quarter ending 31 December 2021; slightly below the 2019 average of 7.5%. Meanwhile, the DNA dropped from a typical pre-pandemic rate of around 7.2% to 5.1% during the quarter ending 30 June 2020 and has been on a gradual rise since, increasing to 8.4% in the latest quarter.
1. Due to data quality issues, NHS Tayside rates have been excluded between June 2017 to June 2018.
2. Inpatient and day cases

This section focuses on the waits experienced by those waiting for treatment as either an inpatient or day case. The Treatment Time Guarantee (TTG) stated that from 1 October 2012, no patient covered by the guarantee should wait longer than 12 weeks (84 days) for planned inpatient or day case treatment. Patients waiting for treatment in specialties not covered by the TTG are excluded from this analysis.

As described in previous section, the initial response to the pandemic and the evolving strategy to suppress the virus since then have had a significant impact on both the number of patients referred to outpatient services and number of patients seen. This has had a knock-on impact on the number of patients that are later referred for treatment as an inpatient or day case. In addition, the capacity of services providing inpatient or day case treatment have been constrained by the requirement for additional infection control measures as well as those arising with new waves of COVID-19 such as increased staff absence or the need to prioritise bed capacity for unscheduled admissions. As a consequence, there has been a more frequent requirement to review waiting lists and to prioritise only those with the most urgent need for treatment. This had led to extended waits for some patients and an increase in the number of patients waiting overall.

While this report continues to focus on the national picture, there is variation in number waiting, number seen and length of wait across Scotland. All summary tables and charts within this section are supplemented by NHS Board trends and additional comparative detail in the data tables.

2.1. Number of patients admitted

Table 3 presents the number of patients covered by the TTG who have completed their wait and been admitted for treatment. During the quarter ending 31 December 2021, 44,127 patients were admitted across NHSScotland. This represents a decrease of 3.9% (-1,772 patients) from the previous quarter ending 30 September and is 37.5% (-26,467) lower than the quarterly average of 70,594 in 2019, prior to the onset of the pandemic.
Drawing attention to the monthly trend in the six months up to 31 December 2021, there have been fluctuations in the volume of patients admitted for treatment. Following a rise in patients being treated during August, there was a notable decrease in activity during September through October before an increase again in November. However, the total admitted fell again during December 2021. The variation in admissions during this period is a reflection of some Boards having to temporarily pause non-urgent care in response to COVID-19 pressures. Seasonality will also be a contributing factor to this variation in activity with the holidays that occur in October and December.

Of those admitted during the quarter ending 31 December 2021, 69.4% had waited 12 weeks (84 days) or less; slightly lower than both the 70% reported in the previous quarter and the pre-pandemic average of 70.7%. It is important to recognise the measure is influenced by the aforementioned factors relating to the pandemic response. For example, the percentage may rise when non-urgent care is paused and only those with urgent clinical needs are seen. Conversely, the percentage may drop when non-urgent services are less restricted and a higher number of patients be admitted for treatment - as seen in November 2021. The impact of access to care on the wait experienced by patients is further reflected in the variation of median waits across the last year, most notably during quarter ending 31 March 2021 as detailed below.
Table 3: Number of patients admitted as an inpatient or day case, NHSScotland, up to 31 December 2021

<table>
<thead>
<tr>
<th>Quarter/month ending</th>
<th>Total admitted</th>
<th>Number who waited 12 weeks or less</th>
<th>Number who waited over 12 weeks</th>
<th>Performance against TTG Standard (%)</th>
<th>Median Wait (days)</th>
<th>90th Percentile Wait (days)</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-21</td>
<td>44,127</td>
<td>30,613</td>
<td>13,514</td>
<td>69.4%</td>
<td>42</td>
<td>260</td>
</tr>
<tr>
<td>Dec</td>
<td>14,330</td>
<td>9,753</td>
<td>4,577</td>
<td>68.1%</td>
<td>40</td>
<td>268</td>
</tr>
<tr>
<td>Nov</td>
<td>16,625</td>
<td>11,357</td>
<td>5,268</td>
<td>68.3%</td>
<td>44</td>
<td>263</td>
</tr>
<tr>
<td>Oct</td>
<td>13,172</td>
<td>9,503</td>
<td>3,669</td>
<td>72.1%</td>
<td>42</td>
<td>250</td>
</tr>
<tr>
<td>30-Sep-21</td>
<td>45,899</td>
<td>32,113</td>
<td>13,786</td>
<td>70.0%</td>
<td>43</td>
<td>317</td>
</tr>
<tr>
<td>Sep</td>
<td>13,711</td>
<td>9,883</td>
<td>3,828</td>
<td>72.1%</td>
<td>40</td>
<td>281</td>
</tr>
<tr>
<td>Aug</td>
<td>16,420</td>
<td>11,293</td>
<td>5,127</td>
<td>68.8%</td>
<td>48</td>
<td>326</td>
</tr>
<tr>
<td>Jul</td>
<td>15,768</td>
<td>10,937</td>
<td>4,831</td>
<td>69.4%</td>
<td>42</td>
<td>353</td>
</tr>
<tr>
<td>30-Jun-21</td>
<td>51,620</td>
<td>33,151</td>
<td>18,469</td>
<td>64.2%</td>
<td>45</td>
<td>414</td>
</tr>
<tr>
<td>31-Mar-21</td>
<td>36,805</td>
<td>26,303</td>
<td>10,502</td>
<td>71.5%</td>
<td>36</td>
<td>335</td>
</tr>
<tr>
<td>31-Dec-20</td>
<td>46,021</td>
<td>28,066</td>
<td>17,955</td>
<td>61.0%</td>
<td>49</td>
<td>312</td>
</tr>
<tr>
<td>Average during quarters in 2019</td>
<td>70,594</td>
<td>49,914</td>
<td>20,680</td>
<td>70.7%</td>
<td>57</td>
<td>172</td>
</tr>
</tbody>
</table>

Figure 12 shows a longer term trend for the number of patients admitted each quarter, covering the period between 1 October 2013 and 31 December 2021. This demonstrates that the number of patients recorded as admitted under the TTG was on a downward trajectory up until June 2017 before stabilising up until December 2019. Following the onset of the pandemic in 2020, the number seen fell sharply between March and June before beginning to recover from quarter ending September as services began to resume.
Due to the second wave of the pandemic, some Boards again experienced limited capacity for non-urgent care at the beginning of last year, as reflected in the reduction of admissions during the quarter ending March 2021. Following an increase in activity during the quarter ending June 2021, there was another decrease in patients admitted for treatment during the quarter ending September 2021 as lockdown restrictions eased and a third wave of COVID-19 infections emerged. Another decrease has followed in the most recent quarter with the 13,172 admissions in October, the lowest monthly activity observed since March 2021. As explained above, the monthly fluctuations in activity are partly due to seasonality whilst further pressure was put on services more recently with the rise of the Omicron variant during December 2021. While recent activity levels compare favourably to the impact of the first and second waves of COVID-19, the number of admissions during the latest quarter is over a third lower than the average over quarters in 2019, prior to the pandemic.

**Figure 12** also shows that between March 2016 and 2019 there was a significant rise in the number of patients who were admitted having waited over 12 weeks, rising from 5,736 to 23,318. A short period of stability then followed, coinciding with the national waiting times improvement plan. Since the onset of the pandemic, the trend in the number of patients who were admitted having waited over 12 weeks is clearly impacted by the aforementioned constraints on treatment for non-urgent patients when COVID-19 related hospitalisations are on the rise.
2.1.1. Distribution of wait – patients admitted

Services have to manage their waiting lists and schedule patients based on a number of factors including how urgently they require treatment, the length of time they have has waited and their availability. Figure 13 shows the variation in the length of wait experienced by those admitted for treatment, comparing quarters ending 31 December 2021 and 30 September 2021. Note this chart has been expanded in recent publications to include more detail on the lengths of waits experienced by patients beyond the 52-week mark (see note below for further details).

As previously mentioned, the total number of patients admitted has decreased by 3.9% from the previous quarter. Relating to this decrease in total activity, the number admitted in 12 weeks or less has decreased by 1,500 from quarter ending 30 September 2021. Interestingly though, there was an increase of 361 patients admitted within 0-4 weeks, with the corresponding percentage of all activity rising from 37% to 39.3%, indicating that a greater proportion of patients admitted in the latest quarter were those with urgent needs. Meanwhile, there was also an increase
in the number and percentage of patients that had waited 12-32 weeks to be admitted, rising from 7,084 (15.4%) to 8,266 (18.7%). This increase in mid-long term waits most likely reflects the additional capacity that was available during November 2021 but is also influenced by the uplift in additions to the list that has been maintained from March 2021 onwards.

For those that had waited the longest during the quarter ending 31 December 2021, 2,971 (6.7%) had waited over 52 weeks compared to 3,954 (8.6%) during quarter ending 30 September 2021. A further breakdown of these waits demonstrates that the decrease is attributed to fewer patients being admitted after having waited 65-91 weeks (-1,330, -56.4%); note that this timeframe is in part influenced by the lull in referrals in the summer of 2020. However, the number of patients that had waited over 91 weeks increased slightly from 938 at the end of September to 989 at the end of December. These are patients who would have been added to the list prior to the onset of the pandemic.
**Figure 13**: Distribution of waits for patients admitted as an inpatient or day case, NHSScotland, quarter ending 31 December 2021 compared to 30 September 2021\textsuperscript{1,2}

1. In the above time bands, the upper figure is included within the time band but the lower figure is not i.e. in time band ‘4-8’, this will include all patients who waited more than 4 weeks but less than or equal to 8 weeks.

2. Beyond the 52-week mark, note that the above time bands change from 4 to 13 weeks in width.

### 2.1.2. NHS Board and specialty comparison

As stated earlier, the level of activity during the quarter ending December 2021 is 37.5% lower compared to the quarterly average during 2019. For the latest quarter, **Figure 14** explores whether the shortfall in the number of patients admitted, compared to the pre-pandemic levels, is the same in each Health Board.
The largest shortfall was reported by NHS Lanarkshire (-63.5%, -4,301 patients), followed by NHS Borders (-56.1%, -635) and NHS Grampian (-41.6%, -2,597). The smallest was reported by NHS Orkney (-12.2%, -24), NHS Western Isles (-14.4%, -61) and NHS Forth Valley (-16.7%, -435).

**Figure 14: Percentage difference in inpatient or day cases admitted by NHS Board, quarter ending 31 December 2021 compared to the 2019 average**

**Figure 15** uses the same approach to explore variation by specialty, focusing on the top 10 specialties with the highest number of admissions, accounting for around 87% of admitted patients. The largest shortfall when comparing patients admitted in quarter ending 31 December 2021 to the pre-pandemic average during 2019 were reported for ear, nose and throat (ENT) (-58.7%, -2,893), gynaecology (-51.6%, -3,038) and community dental practice (-49.4%, -487). The smallest was observed in cardiology (-19.1%, -552), followed by urology (-26.7%, -1,597) and clinical oncology.
(-29.3%, -262). The evident variation in activity by specialty will have been influenced by multiple factors, including the proportion of referrals that require urgent treatment.

**Figure 15: Percentage difference in inpatient or day cases admitted by specialty, quarter ending 31 December 2021 compared to the 2019 average**

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percentage difference in number of admissions (Number of patients)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ear, Nose &amp; Throat</td>
<td>-2,893</td>
</tr>
<tr>
<td>Gynaecology</td>
<td>-3,038</td>
</tr>
<tr>
<td>Community Dental Practice</td>
<td>-487</td>
</tr>
<tr>
<td>Orthopaedics</td>
<td>-5,299</td>
</tr>
<tr>
<td>General Surgery</td>
<td>-5,366</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>-3,892</td>
</tr>
<tr>
<td>Plastic Surgery</td>
<td>-1,023</td>
</tr>
<tr>
<td>Clinical Oncology</td>
<td>-262</td>
</tr>
<tr>
<td>Urology</td>
<td>-1,597</td>
</tr>
<tr>
<td>Cardiology</td>
<td>-552</td>
</tr>
</tbody>
</table>

2.2. **Waiting list changes – patients admitted, added or removed**

**Figure 16** presents a monthly trend on the number of patients covered by the TTG that were added (following referral) or removed from inpatient and day case waiting lists, between 1 January 2019 and 31 December 2021. In respect of removals, this includes patients who were removed because they were admitted for treatment, as well as those where treatment was no longer planned. To distinguish between these two categories, the yellow ('admitted') trend line below corresponds to the number of patients removed having been admitted for treatment.
Prior to the pandemic, there was a fairly consistent trend in additions to and removals from the waiting list. Then following the introduction of emergency measures on 17 March 2020, there was a sharp decrease in both additions and removals. During April 2020, there were only 6,807 additions (-76.0% from February 2020) and 5,034 removals (-82.7%). Since then both the number of additions and removals has been increasing. However, this upward trend has not been smooth, with progress interrupted in some months by the impact of new waves of COVID-19. Furthermore, the number of additions per month has generally outpaced the number of removals and so this has driven an increase in the number of patients waiting to be admitted. This trend has continued in the latest quarter and the rate of growth in waiting list size is on the rise with the number of additions exceeding the number of removals by 13,011, causing a 12.4% increase in the waiting list. This compares to a 9.3% increase during the previous quarter when additions exceeded removals by 9,043. (see Section 2.3).

The chart below demonstrates however that neither indicator has returned to pre-pandemic levels. There were 67,904 additions reported during quarter ending 31 December 2021, 21.6% less than the average of 86,562 during 2019. Meanwhile, there were 54,893 removals in the latest quarter, including those that were removed for reasons other than seen, down 36.1% on the 2019 average.
Figure 16: Number of additions and removals from the inpatient or day case waiting list compared to COVID-19 hospital admissions, NHSScotland, January 2019 to December 2021

It should be noted that at the onset of the pandemic, there was a sharp drop in both patients being removed from the list because they were admitted, and for other reasons. However, since then, the number of patients being removed from the list for reasons other than admitted has recovered at a faster rate than activity. During the quarter ending 31 December 2021, 10,766 (19.6%) were removed for reasons other than attended, 29.7% lower than the pre-pandemic average. This compares to the 37.5% decrease in patients admitted as reported in section 2.1.

2.3. Number of patients waiting for treatment

Table 4 presents the number of patients waiting to be admitted for treatment as an inpatient or day case at month-end. At 31 December 2021, 119,584 were waiting to be seen. This represents an increase of 12.4% (+13,213) from 30 September 2021.
and is 40% (+34,154) higher than the same date last year. When comparing to the average at end of quarters in 2019, this represents a 55% (+42,456) increase. As the list size continues to increase, the rate of growth has increased, up from 9.3% for the previous quarter and 2.5% for the quarter ending 30 June 2021 when the difference between additions and removals was considerably lower, as described in section 2.2.

Of those waiting at 31 December 2021, 41,328 (34.6%) had been waiting 12 weeks or less. As shown in Table 4, the proportion waiting within 12 weeks has gradually fallen from 39.4% at 30 June 2021, the highest reported during the pandemic, and is slightly down on the 35.3% reported at 31 March 2021 when the list size was far lower. The proportion waiting 12 weeks or less remains markedly down on the 68.7% average reported in 2019.

Table 4: Number of patients waiting at month end for inpatient or day case treatment NHSScotland, up to 31 December 2021

<table>
<thead>
<tr>
<th>Month ending</th>
<th>Total waiting</th>
<th>Number waiting 12 weeks or less</th>
<th>Number waiting over 12 weeks</th>
<th>% Waiting 12 weeks or less</th>
</tr>
</thead>
<tbody>
<tr>
<td>31-Dec-21</td>
<td>119,584</td>
<td>41,328</td>
<td>78,256</td>
<td>34.6%</td>
</tr>
<tr>
<td>30-Nov-21</td>
<td>116,080</td>
<td>43,288</td>
<td>72,792</td>
<td>37.3%</td>
</tr>
<tr>
<td>31-Oct-21</td>
<td>111,199</td>
<td>41,686</td>
<td>69,513</td>
<td>37.5%</td>
</tr>
<tr>
<td>30-Sep-21</td>
<td>106,371</td>
<td>40,385</td>
<td>65,986</td>
<td>38.0%</td>
</tr>
<tr>
<td>30-Jun-21</td>
<td>97,303</td>
<td>38,332</td>
<td>58,971</td>
<td>39.4%</td>
</tr>
<tr>
<td>31-Mar-21</td>
<td>94,940</td>
<td>33,480</td>
<td>61,460</td>
<td>35.3%</td>
</tr>
<tr>
<td>31-Dec-20</td>
<td>85,430</td>
<td>32,039</td>
<td>53,391</td>
<td>37.5%</td>
</tr>
<tr>
<td>Average at end of quarters in 2019</td>
<td>77,128</td>
<td>52,949</td>
<td>24,179</td>
<td>68.7%</td>
</tr>
</tbody>
</table>
Figure 17 shows the number of patients waiting at month-end between 31 December 2013 and 31 December 2021. This long term trend demonstrates the total number of patients waiting for treatment was gradually increasing over time prior to the pandemic. At the start of the pandemic, this growth accelerated between March and June 2020 before levelling off for the remainder of the year. Then, as the second wave of COVID-19 emerged and the availability of non-urgent care temporarily declined for some Boards, the size of the waiting list increased significantly by 31 March 2021. Since then, the number waiting gradually increased over the summer before rising sharply during September when non-urgent care was temporarily paused for some services and has continued to increase during the remainder of the year as Boards contend with the impact of COVID-19 and seasonality on available capacity.

While the number waiting over 12 weeks at month-end shared a similar upward trend until 31 March 2020, the impact of delaying non-urgent care is emphasised by an upsurge of such waits at 30 June 2020. After this, the number that had been waiting over 12 weeks at month-end decreased as services gradually resumed that summer. There was a further increase between 31 December 2020 to 31 March 2021 following the aforementioned suspension of non-urgent care at the beginning of last year. Since then, there was a brief period of improvement before the total waiting over 12 weeks continued to rise over the course of the latest two quarters.
2.3.1. Distribution of wait – patients waiting

In respect of those still waiting for treatment, Figure 18 examines the variation in how long patients had been waiting to be admitted, comparing those waiting at 31 December 2021 to those still waiting at 30 September 2021. As highlighted above, the proportion of patients waiting 12 weeks or less has decreased from 38% to 34.6%, albeit the number has increased slightly (+943) as the list size continued to grow. Focusing on those patients that were recent additions to the list, the proportion waiting 0-4 weeks at 31 December 2021 in comparison to the previous quarter-end had decreased from 17.8% to 13.6% (-2,629). Meanwhile, the chart demonstrates a notable increase in the proportion of patients waiting 8-20 weeks (from 21.2% to 23.3%, +5,371) reflecting the rise in referrals during August and September. A further shift in the distribution can be seen with a rise in patients waiting 24-40 weeks (from 13.6% to 15.5%, +4,007) and a fall in the proportion waiting 40-48 weeks, again reflecting the fluctuation in referrals and activity over the course of the pandemic.
Of those waiting the longest, there was an increase in the proportion and number waiting over 52 weeks from 21.3% to 22.7% (+4,458). A further breakdown of waits beyond 52 weeks shows that the percentage of patients waiting 78-91 weeks decreased from 8.2% at 30 September 2021 to 1.8% (-6,535) at 31 December 2021 - the lull in referrals during the height of the first COVID-19 wave over eighteen months previous is a contributing factor to this reported decrease. However, there were still patients on the list who had been waiting since the onset of the pandemic or earlier. This is illustrated by an increase in proportion of patients waiting over 91 weeks from 5.8% to 10.5% (+6,454).

**Figure 18: Distribution of waits for an inpatient or day case waiting to be admitted, NHSScotland, month ending 31 December 2021 compared to 30 September 2021**

1. In the above time bands, the upper figure is included within the time band but the lower figure is not i.e. in time band ‘4-8’, this will include all patients who waited more than 4 weeks but less than or equal to 8 weeks.

2. Beyond the 52-week mark, note that the above time bands change from 4 to 13 weeks.
2.3.2. NHS Board and specialty comparison

As described above, the number of patients waiting for treatment has continued to increase, many of whom continue to experience a delay to their wait. This section provides a brief insight into whether the length of ongoing wait experienced by patients is uniform across Boards.

For those waiting to be seen at 31 December 2021, Figure 19 explores the variation across Boards with respect to how long patients had been waiting. This shows for example, the percentage of patients waiting 12 weeks or less in a territorial health board was highest in NHS Fife (64.5%), NHS Western Isles (58.3%) and NHS Dumfries & Galloway (56.1%). The Boards that reported the highest percentage of waits over 52 weeks were NHS Highland (34.4%), followed by NHS Grampian (32.2%) and NHS Borders (31.8%).

Figure 19: Percentage of inpatients or day cases waiting by length of wait to be admitted at month end, by NHS Board, at 31 December 2021
Figure 20 uses the same approach to explore variation by specialty, focusing on the top 12 specialties with the largest waiting lists, these specialties account for over 95% of patients waiting to be admitted. The percentage of patients waiting 12 weeks or less ranged from 63.7% for cardiology to 26.8% for ear, nose & throat (ENT). Similarly, the lowest percentage of patients waiting over 52 weeks was for cardiology at 3.8%, while the highest was reported for ENT at 34.1%. It should be noted that the variation in the length of wait by specialty will be influenced by multiple factors, including differing case mix with respect to the clinical urgency of patients and differing constraints on capacity with respect to the specific infection control measures required to prevent transmission of COVID-19.

Figure 20: Percentage of inpatients or day cases waiting by length of wait to be admitted at month end, by specialty, at 31 December 2021
2.4. Clock pauses and resets

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

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable either at the patient’s request (patient advised, patient requested), due to medical reasons (medical) or suspension due to exceptional circumstances. The effects of the pandemic on both the NHS and society have had an impact on patient unavailability and non-attendance rates.

2.4.1. Patient unavailability

Figure 21 shows the percentage of patients reported as unavailable for treatment by unavailability reason at month end between 31 March 2013 and 31 December 2021. Following a notable drop in unavailability during 2016, the rate remained relatively stable in the two years prior to the pandemic, ranging from 6.7% to 8.3%. Last year however, the rate fell as low as 1.8% at 30 June 2020 and has fluctuated since in line with seasonal variation, albeit to a lesser extent during the pandemic, reaching 3.5% at 30 June 2021 then dropping back to 2.5% at 30 September 2021 and remaining at this level at the latest month-end.

Of the 2,990 patients unavailable at 31 December 2021, the majority were recorded as either ‘patient advised’ (1,719) or ‘due to medical reasons’ (1,083). Of all patients waiting, the percentage unavailable for patient advised reasons fell as low as 0.8% and 1% at 30 June 2020 and 31 March 2021 respectively when the most stringent of lockdown measures were in place. At the latest month-end, 1.4% of patients were unavailable for this reason.

As explained in the corresponding section for new outpatients, the use of the unavailability reason ‘suspension due to exceptional circumstances’ has been repurposed for COVID-19 related reasons as per the Scottish Government guidance.
During the early stages of the pandemic, the number of patients unavailable for this reason peaked at 589 at 31 December 2020. This figure dropped significantly during the previous two quarters and has remained low since – 117 at the latest month-end. This is partly due to increased patient confidence in visiting hospitals as the rollout of the COVID-19 vaccination programme continues to progress. NHS Board trend information on the detailed list of unavailability reasons is presented in tab 2.3 of the inpatient or day case admission data table.

Figure 21: Unavailability of patients waiting for inpatient or day case admission at month end, NHSScotland, at 31 December 2021

1. Due to data quality issues, NHS Tayside rates have been excluded between June 2017 to June 2018.
2.4.2. Patient non-attendance

Patient waits may be extended if scheduled admissions do not occur. Treatment will be delayed if the service cancels the admission, if the patient could not attend (CNA) or the patient did not attend without prior notice to the service (DNA). Figure 22 shows trends for the rates at which these events occurred. For more detail on how these rates are calculated please see the Glossary.

The percentage of scheduled admissions cancelled by the service was relatively consistent prior to the pandemic, ranging from 9.1% to 13.6% between 2015 and the end of the 2019. However, the rate more than doubled in the quarter ending 31 March 2020 from 9.8% to 23.4%, reflecting the immediate impact of the NHS being placed on emergency footing. Since then, the percentage of scheduled admissions being cancelled has fluctuated as the response to the pandemic has evolved, rising during periods where some Boards have again had to restrict non-urgent treatment in response to high infection rates and increased hospitalisations. In the latest quarter, 11.5% of scheduled admissions were cancelled, a decrease from the 17.3% in the quarter ending September 2021.

Having dropped to 3.2% during the quarter ending 30 June 2020 when activity was largely limited to urgent care, the proportion of patients notifying the service that they could not attend has been close to pre-pandemic levels during 2021, increasing to 6.1% for the latest quarter. Following seven years of stability meanwhile, the DNA dropped from a typical pre-pandemic rate of around 1.1% to 0.3% during the quarter ending 30 June 20 and has remained at a low level since, with a rate of 0.5% reported for the latest quarter.
Figure 22: Non-attendance rates for inpatient or day case appointments, NHSScotland, 1 October 2013 to 31 December 2021\textsuperscript{1,2}

1. Due to data quality issues, NHS Tayside rates have been excluded between June 2017 to June 2018.
**Glossary**

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

**Patients seen/admitted (Completed waits)**
Refers to patients who have attended their appointment/been admitted/received treatment and are subsequently taken off the waiting list.

**TTG (Treatment Time Guarantee)**
Refers to the 12 weeks Treatment Time Guarantee (TTG) written into legislation for eligible patients who are due to receive planned inpatient or day case treatment from 1 October 2012. Eligible patients must start to receive that treatment within 12 weeks (84 days) of the treatment being agreed. This target is based on completed waits.

**Adjusted wait**
Deducts periods where the patient is unavailable (e.g. for medical or patient advised reasons). Patients who reject a reasonable offer package, cancel or don’t attend an appointment have their waiting times clock reset to zero.

**Unadjusted wait**
Total length of time between the patient being added to the waiting list and the patient being removed from the waiting list. It includes time when the patient is unavailable for patient advised or medical reasons and also any time before the patient's waiting times clock is reset (due to appointment cancellation, non-attendance or rejection of reasonable offer package).

**Could Not Attend (CNA)**
A patient who cancels an appointment in advance is recorded as a Could Not Attend (CNA). The CNA rate is the number of CNAs presented as a proportion of all appointments which could have been cancelled during the reporting period. That is, any offer for an appointment date before the end of the reporting period which had not been cancelled before the start of the reporting period.
Did Not Attend (DNA)
A patient who does not attend an accepted appointment and gives the hospital no prior notice is recorded as a Did Not Attend (DNA). The DNA rate is the number of DNAs presented as proportion of all appointments which patients could have attended during the reporting period. That is, any appointment which had not been cancelled before the day of the appointment.

Cancelled by service
An appointment cancelled by the hospital is recorded as a Cancellation by service. The cancellation by service rate is the number of cancellations by the service presented as a proportion of all appointments which the Service could have cancelled during the reporting period. That is, any accepted offer for an appointment date before the end of the reporting period which had not been cancelled before the start of the reporting period.

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

The next release of this publication will be 31 May 2022.
Open data

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

Rate this publication

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

Appendix 1 – Background information

Waiting Times - History and Performance Indicators

Inpatient and Day case Target & Standards

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

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

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

New Outpatient Standards

The national waiting time standard states that, from 31 March 2010, no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic. This includes referrals from all sources. Previously, the national standard was set at 18 weeks (from 31 December 2007) and 15 weeks (from 31 March 2009) and applied only to patients referred by a GP or dentist.
NHS Boards were expected to improve the 12-week outpatient waiting times performance during 2015/16 to achieve a 95% standard with a stretch aim to 100%, which applies to all sources of referral for first New Outpatient appointment. In addition, PHS monitor waits over 16 weeks which are considered by the Scottish Government to be ‘longstops’.

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

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

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

- It is not reasonable and clinically appropriate to do so i.e. a patient whose circumstances are considered clinically urgent;

- A patient rejects 2 or more reasonable offers (known as a reasonable offer package), having already waited 84 days;

- A patient fails to attend an appointment they have agreed to attend, having already waited 84 days.

Outpatient statistics for quarters prior to April 2014 are subject to the old calculation therefore this change will impact on the comparability of outpatients waiting times statistics over time.
From 1st October 2019, the 8 key diagnostic tests are no longer included under the New Outpatient waiting times figures. Waiting times for the 8 key diagnostic tests will continue to be published under the Diagnostics publication.

Other Waiting Times Targets & Standards

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

Why are there different measurements of waiting times?

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

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

- **Patients seen/admitted** – refer to patients who have attended their appointment/been admitted/received treatment and are subsequently taken off the waiting list.

Patients waiting

These statistics measured at a census point show the length of time that patients on a waiting list have been waiting at the month end. This is the most useful measure for NHS managers who may need to take prospective action to make sure patient waits do not exceed the national maximum waiting time standard set by the Scottish Government.
The Scottish Government use information on Patients Waiting to performance manage waiting time standards, and these statistics have played an important intelligence role in the significant reductions seen in waiting times over the last few years.

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

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

Patients seen/admitted

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

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

Patient unavailability

Waiting times are adjusted to deduct periods where the patient is recorded as being unavailable for Patient Advised, Patient Requested, Medical or Patient Focused Booking (PFB) reasons.
• If a patient informs the hospital that they will be unable to accept an appointment because, for example, they are on holiday for a fortnight, then the patient is recorded as being unavailable for patient advised reasons and their waiting time clock is paused. This was previously recorded as Social unavailability;

• From 1 April 2014, patients who request a specific consultant or a specific location will have a period of Patient Requested unavailability applied. Prior to this, these were recorded as Patient Advised unavailability;

• If a patient is medically unable to undergo a procedure i.e. they have another medical issue such as raised blood pressure that makes treatment inadvisable then the patient is recorded as being unavailable for medical reasons and their waiting time clock is paused;

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

New Ways

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

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

**Treatment Time Guarantee**

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

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

The majority of patients waiting for an Inpatient or Day case admission are covered by TTG. However, patients who have had a diagnostic test in an Inpatient or Day case setting before a decision was made to treat are not subject to the TTG. The other exemptions, set out in the **Regulations** are:

- assisted reproduction;
- obstetrics services; and
- organ, tissue or cell transplantation whether from living or deceased donor.

Spinal treatment by injection or surgical intervention was excluded from TTG until 1 April 2014, and designated national specialist services for surgical intervention of spinal scoliosis was excluded until 1 October 2014. They have been included in the TTG reporting from these dates.
Please note the vast majority of the patients who are not covered under TTG, are waiting for admission for a Diagnostic Test. These patients require a diagnostic test before a decision can be made to treat. In a small number of cases it may be clinically appropriate to undertake the diagnostic procedure and treatment at the same time. At the point the decision is made to treat, these patients are then covered by the TTG. More information on Diagnostic Waiting times is available in the Diagnostic publication report.

This target also includes Mental Health inpatients and day cases. However, not all boards are currently able to submit these patients to the warehouse. In addition, Scottish Government and NHS Boards have also agreed to use the same method of calculation of wait for new outpatients as applies to inpatient and day cases under the TTG. A further change that affects outpatients as well as inpatients and day cases is around unavailability. From 1 October 2012, ‘Patient advised unavailability’ replaced ‘Social unavailability’ which puts the patient in control of their own wait. Further information on the Treatment Time Guarantee can be found in The History of Waiting Times and Waiting Lists, which includes links to all the supporting documents.
Table A1 – Summary of NHS Scotland Waiting Time Targets from 1991\textsuperscript{1,2,3}

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**January 2008 – New Ways**

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**April 2010 – New Ways Refresh**

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**August 2012 – Waiting Time Guidance updated to incorporate Treatment Time Guarantee \textsuperscript{2}\textsuperscript{3}\textsuperscript{3}**

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<td>1 Oct 2012</td>
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1. This is a local target; the national target remains 6 weeks.

2. This is a guarantee written into legislation.

3. There is an agreement between NHS Boards and Scottish Government to manage Outpatients under the same guidance.
Appendix 2 – Data Quality

A data submission issue within NHS Dumfries & Galloway was identified whereby a limit on the volume of records submitted to the national warehouse had resulted in records of patients seen being excluded for the quarter ending 30 September 2021. This was affecting number of patients waiting, number of patients seen as well as removals from the waiting list. The issue is now fully resolved and the latest publication includes revised data for the affected quarter. This equates to a 26.2% (3,375) decrease in the number of patients waiting within NHS Dumfries & Galloway and an increase of 43.7% (2,553) in number of patients seen from previously published figures. Across NHSScotland, this revision resulted in a 1.1% (4,471) decrease in the number of patients waiting and an increase of 1.1% (3,018) in patients seen from previously published figures.

As stated in the previous publication, a significant data quality issue was identified in 2020 in records submitted by six Health Boards due to a problem in a software update to their local Patient Management System, TrakCare. The affected Boards were NHS Borders, Grampian, Greater Glasgow & Clyde, Lanarkshire, Orkney and Shetland. The system provider, InterSystems, initially rolled out a solution to Boards to prevent the issue arising with future extracts and submissions and afterwards worked with Boards to identify the total number of historical records affected and implement a solution. In the meantime, Boards had provided PHS with locally sourced aggregated data to support the ongoing publication of national new outpatient statistics.

The fix was fully implemented at different periods during the course of 2021 for five of the six Boards. The one outstanding Board, NHS Borders, have attempted a fix and have submitted data to the national datamart – however PHS are awaiting verification from NHS Borders on whether the upload was successful. Therefore, figures for quarter ending September 2020 should be treated with caution whilst local investigations are ongoing to verify if the recently applied fix has fully resolved the matter. Please note, statistics beyond 30 September 2020 are verified. A detailed description of the data quality issue is described on the dedicated data quality webpage, please see link below.
Previous data quality issues

Brief summary of issues previously raised by Boards that remain relevant to the latest release of statistics:

- NHS Tayside implemented a new Patient Management System (TrakCare) on 23rd June 2017. Due to technical issues, there is a delay in providing PHS with data. Most figures included in this publication covering from June 2017 to June 2018 for Inpatients/Day cases and June 2017 to December 2018 for New Outpatients have been provided directly from NHS Tayside’s system rather than the national datamart.

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

Figure 23 illustrates the multiple sources of data underpinning the published statistics.
Figure 23: Data sources for latest statistics by NHS Board

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Key: 🟣 Latest datamart figures 🟢 Local figures

* See previous data quality issues

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

Publication title
Inpatient, Day case and Outpatient Stage of Treatment Waiting Times.

Description
Monthly and quarterly summary of waiting times and waiting lists in the acute sector of NHS Scotland.

Theme
Health and Social Care.

Topic
Access and Waiting Times.

Format
Excel workbooks and PDF.

Data source(s)
Waiting Times Data Warehouse. Consists of a series of 'open' records for patients still waiting for treatment and 'closed' records when patients are removed from the waiting list. All patients who are added to a waiting list for inpatient or day case treatment, for a new outpatient appointment at a consultant or dentist-led clinic or for a return outpatient appointment where a procedure is expected to be carried out should be included. Homeopathy, mental health (new outpatients only) and obstetrics specialties are not included.

Data from 1 October 2012 to 31 March 2014, for Inpatient and Day case admissions was sourced via aggregate returns from NHS Boards. NHS Boards local systems have since been modified to comply with TTG, and data from 1 April 2014 is sourced from the warehouse again.

Date that data are acquired
18 January 2022

Release date
22 February 2022
**Frequency**
Quarterly.

**Timeframe of data and timeliness**
Data from 1 January 2008 to date. There have been no delays in reporting.

**Continuity of data**
Since 1992, there have been several significant changes in waiting times. Prior to 2008, data was derived using different rules that are not comparable with New Ways. From February 2010 publication PHS have implemented the 'Refresh Project', the key aim of which was to increase the usefulness of the New Ways Warehouse to NHS Boards, PHS and to the Scottish Government. Then from 1 October 2012, the introduction of Treatment Time Guarantee resulted in further changes. A full history of waiting times is available in Waiting Times & Waiting List History.

**Revisions statement**
Process and background regarding the revision of data from October 2012 is detailed here.

**Revisions relevant to this publication**
All figures from October 2012 have been revised. Addressing a period of transition between October 2012 and March 2014, this ensures all figures are sourced from the PHS warehouse and the calculation of wait (applicable from 1 October 2012) is applied consistently to Inpatients, Day cases and New Outpatients.

**Concepts and definitions**
New Ways Definitional Rules and Guidance is available:

**New Ways Rules & Guidance**

TTG rules and guidance is available in the following documents:

**Patient Rights (Scotland) Act 2011**

The Regulations and Directions under the Act - **CEL 17 (2012)**

The Regulations (Amended) under the Act - **Amendment Regulations (2014)**
The Directions under the Act – **Directions (2019)**


Updated version of the NHSScotland Waiting Time Guidance – **CEL 33 (2012)**.

**Relevance and key uses of the statistics**

Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times including from 1 October 2012, Treatment Time Guarantee.

Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to NHS Boards; health intelligence work; parliamentary questions and NHS Performs.

**Accuracy**

Detailed information on **validation** is available.

The data is subject to a sign-off procedure each quarter before publication where the data for the previous quarter is confirmed by the submitting Board.

PHS carry out detailed fitness for publication evaluation every quarter including comparisons to previous figures and expected trends. PHS also check outputs from two different analytical tools.

PHS carried out a project in 2009 to quantify and understand the differences between New Ways and other PHS data sources (SMR00, SMR01 and ISD(S)1).

PHS carried out an audit of New Ways data quality in 2008 and the details can be found here under the heading **'Data Quality Assessment Project'**.

**Completeness**

PHS carried out a project in 2009 to quantify and understand the differences between New Ways and other PHS data sources (SMR00, SMR01 and ISD(S)1).
Provisional analysis of refresh data showed that approximately 98% of data submitted to the Warehouse is published.

**Comparability**
PHS carried out a project in 2009 to quantify and understand the differences between New Ways and other PHS data sources (SMR00, SMR01 and ISD(S)1).

**Accessibility**
It is the policy of Public Health Scotland to make its web sites and products accessible according to published guidelines. More information on accessibility can be found on the PHS website.

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

Further features to aid clarity:

1. Attendances and performance data by Patient Type are available in separate tables to enable users to select a single measure for analysis.

2. All tables are printer friendly.

3. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level.

4. Key data presented graphically.

**Value type and unit of measurement**
Number of patients seen, number of patients waiting and percentage distribution of wait; by NHS Board and nationally and by patient type (i.e. inpatients/day cases, new outpatients and return outpatients).

**Disclosure**
The PHS protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation
National Statistics

UK Statistics Authority Assessment

Last published
30 November 2021

Next published
31 May 2022

Date of first publication
27 May 2008

Help email
phs.waitingtimes@phs.scot

Date form completed
11 February 2022
Appendix 4 – Early access details

Pre-Release Access

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

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to ‘management information’, ie as part of the delivery of health and care:

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:
Appendix 5 – PHS and Official Statistics

About Public Health Scotland (PHS)

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