



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

Dear Colleague

IMPLEMENTATION OF THE PATIENT'S CHARTER  
COMMITMENTS  
GUIDANCE ON WAITING TIME GUARANTEES AND  
TARGETS

**Summary**

1. This letter updates and replaces the previous guidance on the implementation of the Patient's Charter waiting time guarantees and targets. The need for revised guidance at this particular time has arisen as a result of the introduction, effective from 1 April 1993, of waiting time guarantees for first appointments at out-patient clinics. The opportunity has been taken to make some adjustments to other parts of the guidance, on the basis of wideranging consultation within the Service and with professional bodies.

**Action**

2. The continuing success of the guarantees and targets in providing real benefits to patients will depend largely upon a common understanding of the working arrangements by all concerned. It is necessary, therefore, for all providers in general medical practices (whether or not they are fundholders) in your area to be familiar with this guidance and with the procedures which you intend to adopt. In addition to copying this letter and the guidance note to Unit General Managers I should be grateful if Health Board General Managers would ensure that copies are sent to all general medical practices in their area. Unit General Managers and NHS Trust Chief Executives are asked to ensure that copies are made available to all members of staff who are involved in the operation of the guarantees and targets, including not only managers and administrators but also clinicians and support staff.

Yours sincerely

*Ian Williamson*  
ISABELLE LOW  
Director of Health Care

D1303313.053

18 May 1993

SOHHD/DGM(1992)11 is cancelled

**Addressees**

**For action:**  
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Health Boards

Chief Executives,  
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To be copied to Unit  
General Managers and  
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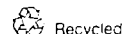
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IMPLEMENTATION OF PATIENT'S CHARTER COMMITMENTS  
GUIDANCE ON WAITING TIME GUARANTEES AND TARGETS

THE SCOTTISH OFFICE  
NATIONAL HEALTH SERVICE IN SCOTLAND  
MANAGEMENT EXECUTIVE

May 1993

## OUT-PATIENT WAITING TIME GUARANTEES

### 1. Coverage of Guarantee

The out-patient waiting time guarantees, for which each health board has signed up and which were published on 18 May 1993, are shown in the table attached. These guarantees which are effective from 1 April 1993 until further notice cover the 6 acute service core specialties and apply to the first out-patient appointment secured for a patient following a GP referral. For those specialties where a guarantee is not provided, the likely length of wait for a non-urgent appointment will be the target waiting time as indicated in the board's local health charter. It is for the GP to decide whether or not to refer the individual patient to a particular consultant. Reference to a named consultant does not in itself represent an exception to the guarantee. An exception only arises where the GP decides to refer the patient to a particular doctor in the understanding that the referral will result in a length of wait longer than the specialty guarantee and where the patient has been so advised.

### 2. Starting Point

The starting point for measuring the length of wait will be the date the GP referral letter is received at the hospital.

### 3. End Point

The end point at which the guarantee is met is the consultation at the out-patient clinic on an appointed day within the guarantee period.

### 4. Exceptions

The circumstances in which these guarantees will not apply are:

\* Where in the judgement of the GP and patient it would be best to wait rather longer in order to secure the specialised services of a particular doctor.

\* When the GP with the patient's agreement refers the patient to a consultant at a local clinic where the clinic may be held at a frequency that prevents the guarantee from met.

\* Where the patient has asked to defer his or her appointment for personal reasons or refused an offered appointment.

\* In circumstances of exceptional strain on the NHS such as a major disaster, major epidemic or outbreak of infection, or service disruption by industrial action.

The GP should include in his referral letter any information which will help the consultant and the health board to determine whether or not an exception will apply. In an effort to provide for uniformity of prioritising of referrals consultants may wish to prepare protocols for the use of those General Practitioners for whom they provide services.

### 5. Guarantees in Contracts

Health Boards as purchasers are to include in their contracts for service the guarantees set.

6. Information for the Patient on Waiting Time Guarantees

6.1 To be provided to the GP by the Health Board or Provider Unit and passed on to the patient by the GP -

- \* Guarantee for specialty (where applicable).
- \* Likely length of waiting for named consultant where longer than specialty guarantee.
- \* An explanation of any other exception to guarantee which is to be attached to the referral.

6.2 To be provided in writing by the out-patient clinic -

- \* The date and time of the out-patient appointment and that it is within the guarantee (or an explanation of an exception).
- \* What the waiting time guarantee is.
- \* How the patient can change the appointment date.
- \* What will happen if the patient does not attend.
- \* What will happen if there is a cancellation of the clinic, or a reduction in the number of patients who can be seen by the clinic.
- \* Opportunities and arrangements for stand-by appointments.
- \* How patients should notify the clinic of a change of name or address.

7. Change of Appointment Date or Time by Patient

A patient who wishes to change their appointment date or time should be offered another date or time within the guarantee period if possible.

8. Non-Attendance by Patient

If a patient does not attend the out-patient clinic on the appointed day without giving prior notification or turns up too late to be seen the guarantee commitment will no longer be considered to apply. The question of whether another appointment should be offered will be a matter of clinical judgement in consultation with the patient's GP.

9. Cancellation of Appointment by the Clinic

Where the clinic cancels the appointment, as much notice as possible should be given and the patient should be given the reasons for this action. The patient should be offered another appointment, suitable to the patient, within the guarantee period if possible.

10. Extra Contractual Referrals

As guarantees will be part of the contract between purchaser and provider, extra contractual referrals will not have the same status and patients should be informed that such referrals are outwith the guarantee scheme. Nevertheless, it would be expected that providers would offer

the same standards to all purchasers whether or not they were under contract and purchasers should try to obtain the same terms for extra contractual referrals where possible.

11. Waiting Time at the Clinic

Where patients have not been seen or had any necessary investigations that are required before they can be seen within 30 minutes of their appointed time then they should be given an explanation of the reason for the delay and how much longer the wait will be. The patients waiting must be monitored and staff responsible for providing the explanation and the estimate of how much longer the waiting time will be must ensure that they have this information and that it is up to the minute. It will be for management to decide how best this commitment to patients can be met and how it is monitored.

## GUARANTEES AND TARGETS FOR IN-PATIENT AND DAY CASE ADMISSIONS

### 1. Patient's Charter Commitments

- \* **Guaranteed maximum waiting time for all admissions (with stated exceptions) to be 18 months**
- \* **Guaranteed waiting times for specific treatments to be decided by the purchaser in negotiation with the provider.**
- \* **Target waiting times for particular specialties to be decided by the purchaser in negotiation with the provider.**

### 2. Guarantees and Targets

Guarantees and targets will be given by the Health Board to all residents in their areas, published in the local health charter and underwritten by the Health Board. They will be delivered by the provider under contract. General Practitioners who are fundholders will be obliged to work within the guarantees and targets set by the Health Board for the area in which they are located. It will be the provider's responsibility to take all reasonable steps to ensure that patients are admitted according to the contract within the guarantee and target periods. Where it becomes obvious that a provider cannot make arrangements to meet the guarantee and the patient is not subject to an exclusion then, as a last resort, it will be for the Health Board to make alternative arrangements for the treatment of the patient with another provider in consultation with the referring GP.

### 3. Exceptions to the 18 months Guarantee

The overall guarantee maximum waiting time for admission for both in-patients and day cases has been set centrally at 18 months. The only circumstances in which these guarantees will not apply are -

- \* **Where in the judgement of the GP and the patient it would be best to wait rather longer in order to secure the specialised services of a particular doctor.**
- \* **Where the patient has asked to defer admission for personal reasons or refused an offer of admission.**
- \* **In the circumstances of exceptional strain on the NHS such as a major disaster, major epidemic or outbreak of infection, or service disruption by industrial action.**
- \* **In individual cases where, after discussion with the patient, the treatment has been judged of low medical priority.**
- \* **With highly specialised treatment such as organ transplants where waiting time depends to a large extent on organ availability.**

These exceptions should be included in the contract. Two of these - where it would be best to wait for a particular doctor and where the treatment is of low clinical priority - depend on local clinical judgement in discussion with the patient. If a patient disagrees with the judgement

that the treatment is of low medical priority then it is open to the GP to refer the patient for a second opinion.

All the exceptions should be recorded by the provider and monitored by both the provider and purchaser to ensure that the exceptions fall into these categories and that they are not interpreted too liberally to the disadvantage of patients. The SMR3 return, which records the numbers of in-patients and day cases on waiting lists at the end of each quarter (March, June, September and December), includes a field for identifying patients considered to be an exception to the guarantee, which should be completed.

#### 4. Other Exceptions to Guarantees and Targets

The exception dealing with the circumstances of exceptional strain on the NHS such as a major disaster, major epidemic or outbreak of infection, or service disruption by industrial action will also apply to the guarantees for treatment and the targets for specialties. Local judgement will be required as to the extent to which any strain on the service has caused disruption to the service of such severity to make it necessary to suspend the guarantees. **The Management Executive should be informed immediately of any such developments.**

#### 5. Patients who cannot be admitted because of ill-health

Where a patient cannot be admitted because of significant ill-health which would prevent the treatment for which the patient is to be admitted it should be explained to the patient that this excludes them from the guarantee or target. But the provider should try to arrange a date for admission within the guarantee period as soon as the patient's health has sufficiently improved.

#### 6. Patients whose condition is not ready for treatment

Where a patient presents with a condition which is expected to need treatment in the future but is not yet at that stage then he or she should not be placed on any waiting list - eg a hip replacement which cannot be carried out because the patient's osteoarthritis is not far enough advanced, or a cataract which is not ready for removal because it is not ripe. An effect of this is to exclude the patient from the guarantee or target and this should be explained to the patient. But when the condition is ready for treatment the provider should try to arrange admission as soon as possible thereafter and within the guarantee or target period.

#### 7. Guaranteed waiting times for selected treatments

The guaranteed waiting times for admission for the 4 nationally selected and 3 locally selected treatments are for determination by the purchaser in negotiation with the provider and will require to be included in the contract. The 3 treatments selected locally must meet the criteria set out in the Patient's Charter, that is, help those who have been waiting longest with significant pain, discomfort or general reduction in quality of life. The waiting times must fall within the overall 18 months maximum waiting time (or any other shorter long-stop guarantee which may be introduced) and should have regard to any target waiting time for the specialty within the treatment falls.

8. Waiting time targets for admission for specialties

The waiting time targets for admission for the 6 nationally selected specialties and any other locally selected specialties are to be set by the purchaser in negotiation with the provider. The targets should be set on the same basis as in the 1992-93. That is, targets within which 90% of in-patients and day cases in each specialty will be admitted to hospital and targets within which they will be reassessed if they have not been admitted. These targets should be included in the contract for the service. Both purchaser and provider should ensure that the specialty targets are consistent with the guaranteed waiting time periods for the treatments which fall within these specialties and with the overall maximum waiting time of 18 months.

9. Starting Point

The starting point will be when the consultant records his or her decision to admit a patient for treatment and places that patient's name on a waiting list for admission.

10. The end point

The end point at which the guarantee or target is fulfilled will be the date of admission for that treatment.

11. Information for the patient on the guarantee or target

The following information should be made available to the patient as quickly as possible -

- \* The date of admission.
- \* That the patient is covered by one or more guarantees (eg a treatment guarantee and the maximum admission waiting time guarantee) or a target, and that the admission date is within the target or guarantee period or is subject to an exclusion.
- \* The waiting time period for each applicable guarantee or target.
- \* The exclusions applying to this guarantee and what action by the patient will make the guarantee void eg failure to attend without good cause.
- \* The terms of the guarantee, that is how it will be met and what action will be taken to ensure that it is met.
- \* Opportunities and arrangements for "stand-by" admission.
- \* How patients should notify the hospital of change of address.

It will be for Health Boards, the provider unit and the profession locally to agree how, and at what stage, this information should be given to patients.

12. Change of admission date by patient

A patient who wishes to change the admission date should be offered another date within the guarantee or target period if possible.



13. Non attendance by patient

If a patient does not attend for admission without good cause the guarantee will no longer be considered to apply.

14. Cancellation by provider

Where the provider cancels the admission appointment as much notice as possible should be given and the patient should be given the reasons for the cancellation. The patient should be offered an appointment suitable to the patient within the guarantee or target period if possible.

15. Deferred admissions

Where a patient asks for an admission to be deferred it should be explained to the patient that the deferment will result in exclusion from any guarantee or target. But the provider should try to offer a date within the guarantee or target period or as soon as possible thereafter.

16. Extra-contractual admissions

As guarantees and targets will be part of the contract between purchaser and provider extra-contractual admissions will not have the same status and the patient should be informed that such admissions are outwith the guarantee or target. Nevertheless, it would be expected that providers would offer the same standards to all purchasers whether or not they were under contract and purchasers should try to obtain the same terms for extra-contractual patients for admission wherever possible.

17. Patients who were on the waiting list at 1 April 1992

The guarantees apply only to patients who were placed on the waiting list by a consultant on or after 1 April 1992. The Patient's Charter states that patients already on a waiting list on that date will not be disadvantaged.

Health Boards should therefore have agreed with providers as part of the 1993-94 contract negotiations the arrangements which can reasonably be made for patients who were on the waiting lists at 31 March 1992 with particular attention to those who had been waiting more than 18 months. However, attention should also have been given to those who were likely to fall into the over 18 month category in the near future. Health Boards as purchasers should continue to keep all their residents who have experienced lengthy waiting times informed (including those considered to be of low clinical priority) of what action they intend to take to meet this implied commitment in the Patient's Charter and, if possible, when the patient can expect to be admitted. The guidance provided in the Chief Executives letter of 2 March 1993 on the handling of lengthy waiters considered to be of low clinical priority remains extant.

Targets are already in place for 6 acute specialties - general surgery, orthopaedic surgery, ophthalmology, ENT, urology and gynaecology for 1992-93. Patients who are to receive treatment in these specialties and who are on the waiting list will expect to be treated within the targets to

be agreed for 1993-94 or within such other targets as may be set for subsequent years.

Directorate of Health Care  
Management Executive of the  
National Health Service in Scotland  
May 1993

This table details the waiting time guarantees which each Board has indicated it can deliver for residents referred to an out-patient clinic. In many cases the guaranteed waiting time will be shorter where the referral is to a local hospital within the Board's area. A guarantee that applies to all residents allowing for those referred to hospitals located outwith the Board's area is also provided.

OUT-PATIENT WAITING TIME GUARANTEES - FIRST APPOINTMENTS - EFFECTIVE 1 APRIL 1993<sup>1</sup> ANNEX

	General Surgery		Orthopaedic Surgery		ENT		Ophthalmology		Urology		Gynaecology	
	All Residents	Local	All Residents	Local	All Residents	Local	All Residents	Local	All Residents	Local	All Residents	Local
Argyll & Clyde	20	10	20	15	20	14	15	12	16	16	15	8
Ayrshire & Arran	20	9	20	9	20	9	20	9	20	9	20	9
Borders	11	11	40	11	11	9	30 <sup>2</sup>	26 <sup>2</sup>	11	11	14	9
Dumfries & Galloway	20	9	40	23	20	12 <sup>2</sup>	25	9	24	9	24	12 <sup>2</sup>
Fife	20	20	24	24	14	14	20	20	15	15	10	10
Forth Valley	9	9	20 <sup>3</sup>	20 <sup>3</sup>	9	9	12	12	12 <sup>5</sup>	12 <sup>5</sup>	12	12
Grampian	15	12	12	12	18	18	15	12	20	20	12	12
Greater Glasgow	20	20	20	20	20	20	15	15	15	15	15	15
Highland	15	15	12	12	9	9	15	15	9	9	9	9
Lanarkshire	15	15	12	12	15	15	12	12	24	24	9	9
Lothian	9	9	24	40 <sup>4</sup>	9	11 <sup>4</sup>	30	25 <sup>4</sup>	9	9	9	14 <sup>4</sup>
Orkney	4	4	9	9	9	9	9	9	4	4	9	9
Shetland	9	9	15	15	12	12	15	15	9	9	15	15
Tayside	12	12	20	20	16	16	9	9	12	12	9	9
Western Isles	9	9	12	12	12	12	12	12	12	12	12	12

- NOTES:
- <sup>1</sup> Unless otherwise noted
  - <sup>2</sup> WEF 1 September 1993
  - <sup>3</sup> WEF 1 July 1993
  - <sup>4</sup> Referrals to Royal Infirmary, Edinburgh
  - <sup>5</sup> Reduction pending

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