



NHS Management Executive
St. Andrew's House
Edinburgh EH1 3DG
6th April 1998
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Dear Colleague

REDUCING WAITING LISTS AND WAITING TIMES

Summary

1. The Government have provided an additional £44.5 million for the NHS in Scotland in 1998/99 specifically to tackle the problem of waiting lists and to achieve sustained reductions in waiting lists and waiting times for the benefit of patients.
2. The Minister has appointed a Support Force to drive forward work in this area; to monitor the performance of Health Boards and NHS Trusts; and to provide advice, guidance and assistance, as appropriate. Details of the Support Force and its role and remit are attached at Annex A.
3. The additional funding will be allocated as follows:-
 - £20 million to Health Boards on a weighted capitation basis for immediate action to reduce waiting lists. The allocations to individual Boards are set out in Annex B;
 - A further £20 million to be distributed later in the year to assist actions which will influence more strategic changes in service delivery and achieve long term reductions in waiting lists and waiting times;
 - £4.5 million will be used to reward NHS Trusts which achieve prompt reductions in waiting lists and waiting times through effective management and/or strategic or innovative actions. Awards will be made available for the purchase of equipment or the enhancement/expansion of facilities in line with strategic requirements for the Trust, as reflected in Health Improvement Programmes and Trust Implementation Plans.

Addressees

For action:

General Managers, Health Boards
Chief Executives, NHS Trusts

For information:

General Manager, Common Services Agency
Chief Executive, Health Education Board For Scotland
General Manager, State Hospital
Executive Director, SCPMDE
Director, Scottish Association of Health Councils

Enquiries to:

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SCOTTISH HEALTH SERVICE	
COMMON SERVICES AGENCY	
FRONT DESK - 1ST FLOOR	
Date:	
Acc:	
Date	Price

Action

4. In collaboration with their respective Health Boards, NHS Trusts should prepare plans for achieving early reductions in waiting lists and longer term plans for achieving on-going and sustained reductions in waiting lists and waiting times. NHS Trusts' plans should be sent to their respective Health Boards who should prepare a comprehensive plan for their area. Plans should be in the format set out at Annex C.
5. Health Boards should submit their plans, incorporating those of their NHS Trusts, for achieving early reductions in waiting lists **by Thursday, 30 April 1998** and their longer-term plans **by Friday, 29 May 1998**. These should be sent to Mr John Robertson, NHS Management Executive, Performance Management Division, Room 268, St Andrew's House, Edinburgh EH1 3DG.
6. Health Boards and NHS Trusts must put in place local arrangements to monitor performance against plans and targets on a monthly basis, and this information should be made available to the Support Force, on request.
7. Health Boards and NHS Trusts should note that, with immediate effect, the SMR3 return must be submitted to ISD **each month**. To ensure that the revised processing arrangements work effectively, it will be essential for each NHS Trust to check data for accuracy prior to submitting it to ISD, since the timescales involved will mean that no secondary data validation phase will be conducted. The SMR3 for 31 March 1998 is due for return by **Tuesday 28 April**, and the data submitted **at that point** will be taken as an accurate reflection of the position. Health Boards and NHS Trusts will be aware that ISD is currently working on a PC-based system to provide on-site validation and this should make the process more straightforward in future. Moreover, the Chief Executive's letter of 2 March 1998 to Health Board General Managers stressed the need to ensure data accuracy at 31 March 1998, and in particular, that the inpatient/day case waiting times guarantee was met in all cases.
8. Health Boards should ensure that this Letter is copied to Local Health Councils.

Yours sincerely



KEVIN J WOODS

Director of Strategy and Performance Management

WAITING LISTS AND WAITING TIMES INITIATIVE

1. The Government have provided an additional £44.5 million for the NHS in Scotland in 1998/99 specifically to tackle the problem of waiting lists and to achieve sustained reductions in waiting lists and waiting times for the benefit of patients.

2. £20 million will be issued to Health Boards in April on a weighted capitation basis for immediate action to reduce waiting lists. Health Boards and NHS Trusts are required to prepare plans setting out how they will achieve reductions in their waiting lists quickly. NHS Trusts should submit their plans through their respective Health Boards, who should submit a comprehensive plan for their area, incorporating their NHS Trusts' plans, to the NHS Management Executive **by Thursday, 30 April 1998.**

3. **The initial target is that by 31 March 1999 all NHS Trusts must have reduced their inpatient and day case true waiting list to a figure lower than that at 31 March 1997.** This is the top priority. However, Health Boards and NHS Trusts should also review the scope for reducing the numbers of deferred waiting list cases. The total numbers on deferred waiting lists have grown by 40% in Scotland over the past four years. The additional resources being made available now should be adequate to treat patients on the deferred waiting lists who are now fit/available for treatment. Such action would help to reduce the total waiting list figure.

4. A further £20 million will be distributed later in the year to assist actions which will influence more strategic changes in service delivery and achieve long term reductions in waiting lists and waiting times. Health Boards and NHS Trusts are required to prepare comprehensive plans setting out how they will achieve long-term and sustained reductions in waiting lists and waiting times. NHS Trusts should submit their plans through their respective Health Boards, who should submit a comprehensive plan for their area to the NHS Management Executive **by Friday, 29 May 1998.**

5. The remaining £4.5 million will be used to reward NHS Trusts which achieve prompt reductions in waiting lists and waiting times through effective management and/or strategic or innovative actions. Awards will be made available for the purchase of equipment or the enhancement/expansion of facilities in line with strategic requirements for the Trust, as reflected in Health Improvement Programmes and Trust Implementation Plans.

6. The Minister has appointed a Support Force to drive forward work in this area. The Support Force is chaired by Mr Tom A Divers, General Manager, Lanarkshire Health Board, and its members are:-

Mr Douglas R Harper, Consultant Surgeon and Medical Director, Falkirk & District Royal Infirmary NHS Trust

Dr Dermot W McKeown, Consultant in Anaesthesia and Intensive Care, Royal Infirmary Of Edinburgh NHS Trust

Dr Erik Jespersen, General Practitioner, Lorn Medical Centre, Oban

Mrs Lesley Summerhill, Director of Nursing and Quality/Deputy Chief Executive (Acting), Dundee Teaching Hospitals NHS Trust

7. The Support Force has the following remit:-

- To consider the issue of waiting times for inpatient, day case and outpatient treatment;
- To review and monitor Health Boards' and Trusts' plans for reducing waiting lists;
- To establish as far as possible, what factors influence waiting times and whether these factors vary from Trust to Trust and specialty to specialty;
- To consider whether good practices which lead to reduced waiting times can be applied more generally, and to disseminate that good practice to Trusts;
- To investigate areas of particular difficulty and advise on revised practices where appropriate;
- To consider what strategic and procedural changes and improvements are necessary to achieve long term reductions in waiting times for inpatient, day case and outpatient treatment;
- and to make recommendations.

8. Members of the Support Force will visit Boards and Trusts to meet General Managers, Chief Executives, Clinicians and others to discuss performance, particular problem areas, provide advice and guidance, etc.

9. The Support Force will report regularly to the Minister on the progress being made in achieving the objectives of this initiative.

ANNEX B**ADDITIONAL ALLOCATIONS TO HEALTH BOARDS FROM 1 APRIL 1998 FOR TACKLING WAITING LISTS.**

<u>HEALTH BOARD</u>	<u>ALLOCATION</u>
ARGYLL AND CLYDE	£1,742,800
AYRSHIRE AND ARRAN	£1,481,600
BORDERS	£448,000
DUMFRIES AND GALLOWAY	£625,800
FIFE	£1,303,200
FORTH VALLEY	£1,017,600
GRAMPIAN	£1,895,000
GREATER GLASGOW	£3,822,000
HIGHLAND	£853,200
LANARKSHIRE	£2,064,800
LOTHIAN	£2,794,200
ORKNEY	£85,000
SHETLAND	£100,000
TAYSIDE	£1,616,400
WESTERN ISLES	£150,400

GUIDANCE ON COMPLETION OF PLANS FOR TACKLING WAITING LISTS AND WAITING TIMES

Plans For Achieving Early Reductions in Waiting Lists

1. Plans for achieving early reductions in waiting lists should be completed in the format at Annex C1. Each NHS Trust should complete specialty-specific plans and submit these to their host Health Board who should examine and assess them and determine that they are in line with their strategic objectives and represent best value for money. Health Boards should then compile an overall plan for the area, incorporating those of their NHS Trusts, and submit this to the Management Executive by Thursday, 30 April 1998.
2. The target for all NHS Trusts is to reduce the inpatient and day case waiting list by 31 March 1999 to a figure lower than that at 31 March 1997. Those NHS Trusts which have not experienced an increase in their inpatient and day case waiting list since 31 March 1997 should prepare plans which set out proposals for reducing their waiting list further, and specify a target reduction.
3. It is recognised that the Health Board figures for the number on the true waiting list as at 31 March 1997, and the planned number on the true waiting list as at 31 March 1999 will not agree with the aggregate total figures for their NHS Trusts because of cross-border referrals.
4. Actions proposed in plans should be in the spirit of the Patient's Charter; Health Boards must ensure that Charter guarantees on waiting times are met at all times.
5. In compiling their plans, Health Boards and NHS Trusts should consult with the Scottish National Blood Transfusion Service and the Scottish Ambulance Service NHS Trust as appropriate.

Longer Term Plans for Achieving Sustained Reductions In Waiting Lists And Waiting Times

6. Longer term plans for achieving on-going and sustained reductions in waiting lists and waiting times should be completed in the format at Annex C2. Health Boards should collaborate with NHS Trusts and prepare an overall plan for their respective areas, setting out the strategic actions proposed. This plan, which should incorporate a return for each NHS Trust, should be submitted to the NHS Management Executive by Friday 29 May. Health Boards' plans should be based on the current configuration of NHS Trusts.
7. In completing plans, Health Boards and NHS Trusts should look not only at in-patient and day case waiting times and lists, but also at outpatient waiting times, and the overall waiting times which patients experience. The opportunity should also be taken to examine the

scope for innovation, organisational changes, and benefits which may be derived from improved collaboration between the primary and secondary care sectors.

8. Actions proposed in plans should be in the spirit of the Patient's Charter; Health Boards must ensure that Charter guarantees on waiting times are met at all times.

9. In compiling their plans, Health Boards and NHS Trusts should consult with the Scottish National Blood Transfusion Service and the Scottish Ambulance Service NHS Trust as appropriate.

10. Where plans contain proposals for the appointment of permanent clinical staff, Trusts should ensure, in discussion with their local Health Board, that such plans are consistent with the Health Improvement Programme for the area, and that they are drawn to the attention of the Support Force to ensure best use is made of available clinical skills.

SUPPORT FORCE : PLANS FOR EARLY REDUCTIONS IN WAITING LISTS.

The aim of this return is to collect comparable information on **each specific** waiting list initiative planned by the Health Board. The overall target is for each NHS Trust to ensure that the number of patients on the true waiting list as at 31 March 1999 is less than the number as at 31 March 1997.

Health Board		True	Deferred
Number On The Waiting List As At 31 March 1997 (2)			
Planned Number On The Waiting List As At 31 March 1999 (2)			

The following general notes apply:-

- Notes:
1. List the specialty or discipline, in line with ISD definitions.
 2. Number on the true waiting list, with or without a guarantee exception code, and the number on the deferred waiting list as at 31 March 1997 - in line with ISD definitions.
 3. Provide your best estimate of the projected number on the true waiting list, with or without a guarantee exception code, and the number on the deferred waiting list as at end December 1998 and end March 1999 - in line with ISD definitions.
 4. Estimate the expenditure required to achieve these levels of patients on the true waiting list.
 5. This section should contain a detailed, quantified assessment of the types of action needed to bring about changes in the waiting list. For example: employment of "X" WTE locum anaesthetist cover to maximise theatre utilisation, allowing for the provision of "X" extra procedures per month; switch "X%" more cataract surgery to day case, and allow for the provision of "X" additional operations to be performed by performing procedures in the evening.

Trust		True	Deferred
Number On The Waiting List As At 31 March 1997 (2)			
Planned Number On The Waiting List As At 31 March 1999 (2)			

Trust		True	Deferred
Specialty/Discipline (1)			
Number on the waiting list as at 31 March 1997 (2)			
Planned number on the waiting list as at 31 December 1998 (3)			
Planned expenditure from 1 April to 31 December 1998 - £000s (4)			
Planned number on the waiting list as at 31 March 1999 (3)			
Planned expenditure from 1 April 1998 to 31 March 1999 - £000s (4)			
Detailed Action Plan (5):-			

**SUPPORT FORCE : PLANS FOR EARLY REDUCTIONS IN WAITING LISTS
(Continued)**

Trust			
Specialty/Discipline (1)			
	True	Deferred	
Number on the waiting list as at 31 March 1997 (2)			
Planned number on the waiting list as at 31 December 1998 (3)			
Planned expenditure from 1 April to 31 December 1998 - £000s (4)			
Planned number on the waiting list as at 31 March 1999 (3)			
Planned expenditure from 1 April 1998 to 31 March 1999 - £000s (4)			
Detailed Action Plan (5):-			

Trust			
Specialty/Discipline (1)			
	True	Deferred	
Number on the waiting list as at 31 March 1997 (2)			
Planned number on the waiting list as at 31 December 1998 (3)			
Planned expenditure from 1 April to 31 December 1998 - £000s (4)			
Planned number on the waiting list as at 31 March 1999 (3)			
Planned expenditure from 1 April 1998 to 31 March 1999 - £000s (4)			
Detailed Action Plan (5):-			

SUPPORT FORCE : LONGER TERM STRATEGIC PLANS

The aim of this return is to gather comparative information on the long-term strategic aims of the Health Board, in conjunction with the Trusts, to tackle the numbers on the waiting list and the length of time patients wait for treatment.

Health Boards should compile an overall plan for their area, incorporating a return for each NHS Trust, detailing the various types of strategic action required to address these issues.

As the period in question spans the period of White Paper implementation we are seeking Health Board level responses based on the current configuration of NHS Trusts.

You may wish to provide more detailed narratives, but the items requested in respect of the impact and cost of any action must be completed to allow the plans to be assessed on a consistent basis.

The following general notes apply:-

1. This should be the number of patients on the true waiting list with or without a guarantee exception code as at the 31 March census - in line with ISD definitions.
2. These figures should reflect the impact of action on the percentage of patients on the true waiting list waiting for longer periods. The baseline data as at 31 March 1998 can be taken from the SMR3 return. The percentages for subsequent years will involve estimation, but any strategic plan should seek to address the length of wait and not just the numbers waiting.
3. This should be the number of patients on the deferred waiting list as at the 31 March census - in line with ISD definitions.
4. Provide details of the anticipated levels of new outpatient referrals, for all specialties, from either general practitioners or general dental practitioners - as per ISD definitions. Also provide your best estimate of the percentage of new outpatients from these two sources of referral who will be seen within the 9 week target.
5. In each section please provide details of the specific action required to tackle a given aspect of the waiting list, and then quantify the impact this action will have and the phasing of the necessary costs.
6. Where additional manpower is required, please list the numbers by staff grade.
7. Costs should be based on 1997-98 prices throughout.

Impact of Strategic Action Plans on Waiting Lists

Trust:	Year Ended 31 March				
	1998	1999	2000	2001	2002
Number on True Waiting List as at 31 March (1)					
Of which: percentage waiting 12 months and over (2)					
percentage waiting 11 months and over (2)					
percentage waiting 10 months and over (2)					
percentage waiting 9 months and over (2)					
Number on Deferred Waiting List as at 31 March (3)					

Trust:	Financial Year				
	1997-98	1998-99	1999-00	2000-01	2001-02
Number of new outpatients referred by GP or GDP (4)					
Percentage seen within 9 weeks (4)					

SUPPORT FORCE : LONG TERM STRATEGIC PLANS

Phased Action Plan

Trust:	Financial Year			
	1998-99	1999-00	2000-01	2001-02
Action (5)				
Additional Manpower (6)				
Extra Patients Treated				
Number Waiting As At Start Of Year				
Costs Involved £000s (7)				
Action (5)				
Additional Manpower (6)				
Extra Patients Treated				
Number Waiting As At Start Of Year				
Costs Involved £000s (7)				
Action (5)				
Additional Manpower (6)				
Extra Patients Treated				
Number Waiting As At Start Of Year				
Costs Involved £000s (7)				
Action (5)				
Additional Manpower (6)				
Extra Patients Treated				
Number Waiting As At Start Of Year				
Costs Involved £000s (7)				
Action (5)				
Additional Manpower (6)				
Extra Patients Treated				
Number Waiting As At Start Of Year				
Costs Involved £000s (7)				