The Scottish Government
Office of the Chief Operating Officer, NHS Scotland

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Addresses

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Dear Colleague

NHS Waiting Times Guidance 2023

Purpose

1. This letter accompanies the Waiting Times Guidance which was published on 4 December 2023. It provides more detail on the updated policies contained within the Guidance and to assist the implementation by Health Boards.

2. The Guidance replaces the previous version published in 2012, to support Health Boards in the delivery of the national waiting times standards. The guidance will continue to make sure that patients who are waiting for their appointments are managed fairly and consistently across NHSScotland.

3. The Guidance comes into effect from 4 December 2023. The expectation is that the principles contained within the guidance should be followed from this date; however it is understood that a transition period will be required to allow full implementation of all changes by Health Boards.

Background

4. The guidance has been developed following wide engagement, including with NHSScotland Health Boards and Public Health Scotland, with input from patients carried out via a Gathering Views exercise completed by Healthcare Improvement Scotland.

5. The goal of the review was to modernise the guidance for patients who have been referred for an appointment, diagnostic test or treatment, incorporating new ways of working and to ensure the guidance is sustainable for the future delivery of planned care.

6. The main areas of focus for the review which were highlighted during the initial stages of engagement were:

    - Access to services
    - Reasonable offers
    - Patient communications
    - Scheduling
    - Data capture reporting
    - Cross boundary reporting

7. The main updates from the superseded 2012 guidance are summarised in **Annex A** (this is for indicative purposes only and does not itself constitute guidance).

8. I have included with this note an implementation plan template. All Health Boards are requested to complete and return this to HSC Waiting Times Policy, by email at waitingtimespolicy@gov.scot, by 30 April 2024. Your plan should provide details of when updates will be made to align to the 2023 publication of NHS Waiting Times Guidance.

9. We will consider in due course the timing and approach for the next review of the guidance, reflecting the feedback and learning from the review just concluded.

Action

10. Chief Executives should ensure that this letter, the attached guidance and implementation plan template are brought to the attention of all appropriate staff. In particular please ensure that:
    - staff are aware that this guidance must be read in conjunction with the Patient Rights (Scotland) Act 2011 and the Treatment Time Guarantee Regulations and Directions.
    - staff are trained to ensure that they fully understand the legislation, guidance and its application.
    - Health Board Local Access Policies are updated to reflect the requirement of the legislation and guidance of the NHSScotland National Access Policy November 2023 published by Scottish Government.
    - local Equality Impact Assessments (EQIAs) are completed to ensure that policies meet the public sector equality duty in line with the National EQIA completed by Scottish Government.
    - implementation plans are completed and returned to Scottish Government by 30 April 2024.
    - work is undertaken to implement the changes detailed within the guidance.

Yours sincerely

Douglas McLaren
Deputy Chief Operating Officer

Annex A – Indicative summary of changes to guidance

NHS WAITING TIMES GUIDANCE UPDATES – NOVEMBER 2023

PREVIOUS GUIDANCE	REVISED GUIDANCE
Variation across Boards in terms of communications issued to patients.	A Standardised communication package has been created to provide consistency for patients e.g. frequency and information. This will now include an Active Clinical Referral Triage (ACRT) communication which explains the outcome of the triage for the patient.
Implied Acceptance was not included in the previous guidance.	Implied Acceptance will affect new outpatients waiting time clock, with an increased 10 days deadline (based on patient engagement) and should be considered a reasonable offer.
Variation in terms of recipients of communications for example patient &/or referring clinician.	GPs and other referring clinicians to be copied into patient communications so all parties are aware and GPs can come back to advise.
The information provided to patients to explain the patient journey or their rights & responsibilities required specification.	A national patient information leaflet is being developed to be distributed to Primary Care, Health Boards and published online. This will include for example consequences of refusing appointment offers, who to contact if their symptoms get worse, how to prepare for their treatment & waiting well information.
Previous guidance referred mainly to letters as a form of communication.	Any form of communication accepted by patients to be noted to account for digital accessibility. Health Boards are also encouraged to maximise use of digital services for appointments.
Health Boards previously wrote out to patients to confirm the patient had refused two reasonable offers.	Remove need for communication issued when a patient refuses two reasonable offers.

Waiting list validation was not previously included within the Waiting Times Guidance.	Waiting list validation incorporated into the guidance and should be embedded throughout the patient pathway. Support from National Elective Co-ordination Unit (NECU) also included in guidance.
The booking processes of Implied Acceptance & Patient Focussed Booking considered as best practice.	Implied acceptance & Patient Focussed Booking included as guidance.
Patient Focussed Booking allowed patients 7 calendar days to respond to the initial communication with a reminder then issued & a further 7 calendar days given to respond.	Patient Focussed Booking timescales extended (based on patient engagement). The process now allows 14 calendar days to respond to the initial communication before a reminder is issued and a further 7 calendar days given to respond. TTG patients must then be offered an appointment and the reasonable offers guidance followed. For outpatients, a clinical review must take place to determine next steps if the patient does not make an appointment within the 21 calendar days. Patient Focussed Booking unavailability must only be applied for outpatients.
Reflected the outdated TTG Directions of contacting patients every 12 weeks following a breach of the 12 week Treatment Time Guarantee.	Treatment Time Guarantee breach letters to be updated in line with the 2022 Directions (frequency and content of communication with patient).
Guidance only applied to new, consultant led patients.	Although the guidance has not been extended to cover non consultant led activity, the expectation is that the principles contained within the guidance should be applied to all patients referred for appointment, diagnostic test or treatment.
Differences in practices across Boards as to who reports cross boundary patient waits to PHS.	The Health Board of Treatment will have responsibility for providing data to PHS Waiting Times Datamart. SG will prepare an implementation plan template and request practical timescales from Health Boards and PHS on when changes can be made.

Health Board of Treatment was responsible for ensuring that new outpatients were seen within 12 weeks.	To align to TTG patients, the Health Board that agrees the outpatient appointment is responsible for ensuring that new outpatients are seen within the 12 week standard.
Systems did not allow for patients' waiting time clocks to be adjusted/reset if they breached the 12 week Treatment Time Guarantee.	Patients' clocks should be fully adjustable regardless of whether they have breached the 12 week Treatment Time Guarantee or not.
Could Not Wait guidance stated that patients are expected to wait an undefined period of time if there is a "reasonable delay" when they attend their appointment.	Could Not Wait - 'reasonable delay' wording has added caveats/examples for best practice; e.g. specifying a reasonable delay is up to 30 minutes.
If a visiting practitioner service cannot be provided in the Commissioning Health Board area then the patient must be offered an appointment out with the Commissioning Health Board area within the Treatment Time Guarantee (meaning in practice that the patient would have to travel for such an appointment).	Remove visiting practitioners section, aligning to any other service cancellation with no clock impact for patients. A further offer of appointment should be offered.
No guidance on Allied Health Professional (AHP) MSK unavailability.	To incorporate the existing Allied Health Professional (AHP) MSK unavailability guidance into the revised Waiting Times guidance. A period of unavailability will be applied after surgery for 6 weeks regardless of the 4 week waiting times standard as patients are effectively immobile.
The different types of unavailability that can be applied to a patients record are included in the guidance.	This has been strengthened & further defined. There are only two reasons a patient can be unavailable - medical and patient advised: o Patient advised unavailability (12 weeks per reason) o Only two periods of unavailability are allowed per reason. o Book or remove (following clinical review if patient still unavailable)

Active Clinical Review Triage (ACRT) was not included.	Active Clinical Review Triage (ACRT) added as guidance and incorporated into business as usual processes. Links provided to Health Board tool kit and case studies.
Allowed Boards the choice around resetting a patient's clock if they refuse two offers.	Clocks will be reset for all patients, regardless of clinical urgency. Urgent suspicion of cancer (USOC) patients may be included here as part of their outpatient pathway but for USOC pathway this will continue to follow the Cancer Waiting Times Data & Definitions manual.
Guidance & best practice for reasonable offers required further clarity.	Clearer that a reasonable offer must have the following minimum criteria: <u>Guidance</u> o 10 calendar days' notice o Any location across Scotland o Can be pre or post guarantee date o Communication of the offer of appointment can be any form the patient has consented to (e.g. email) o If a date is provided, not just location o Consequences of refusing offer clearly explained o Short notice if accepted by patient <u>Best Practice</u> o 14 calendar days' notice given o Location offered as close to home as possible where capacity & service offerings allow o Boards should have reminder system in place o Ensure the patient is notified as soon as possible and be advised of reimbursement of costs for travel out with their Board area.
Exclusions to TTG listed with body of guidance.	Updated exclusions to TTG and separated into an Annex – as follows: o Assisted reproduction o obstetrics services o organ, tissue, or cell transplantation, whether from living or deceased donor o Procedures covered under Exceptional Referral Protocol

	o Mental Health, unless a planned admission to hospital (e.g. feeding tube)