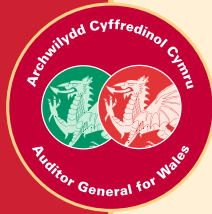




NHS WAITING TIMES IN WALES

VOLUME 1 - THE SCALE OF THE PROBLEM

Report by the National Audit Office Wales on behalf of the Auditor General for Wales



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John Bourn
Auditor General for Wales

National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

14 January 2005

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bodies have used their resources in discharging their functions.

This report was prepared for the Auditor General for Wales by the
National Audit Office Wales.

The National Audit Office Wales study team comprised Gillian Body, Jayne
Elms, Bethan Jones, Rob Powell, Darren Williams and James Verity. For further
information about the National Audit Office Wales please contact:

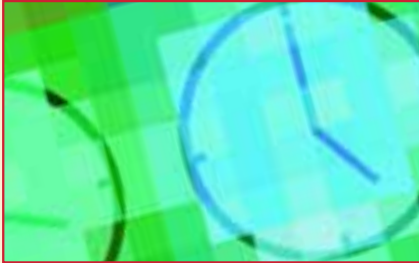
National Audit Office Wales
3-4 Park Place
Cardiff
CF10 3DP
Tel: 029 2067 8500

email: ian.summers@nao.gsi.gov.uk

gillian.body@nao.gsi.gov.uk

Web site address: <http://www.agw.wales.gov.uk/index.htm>





NHS WAITING TIMES IN WALES VOLUME 1 - THE SCALE OF THE PROBLEM

Report by Auditor General for Wales, presented to the National Assembly on 14 January 2005

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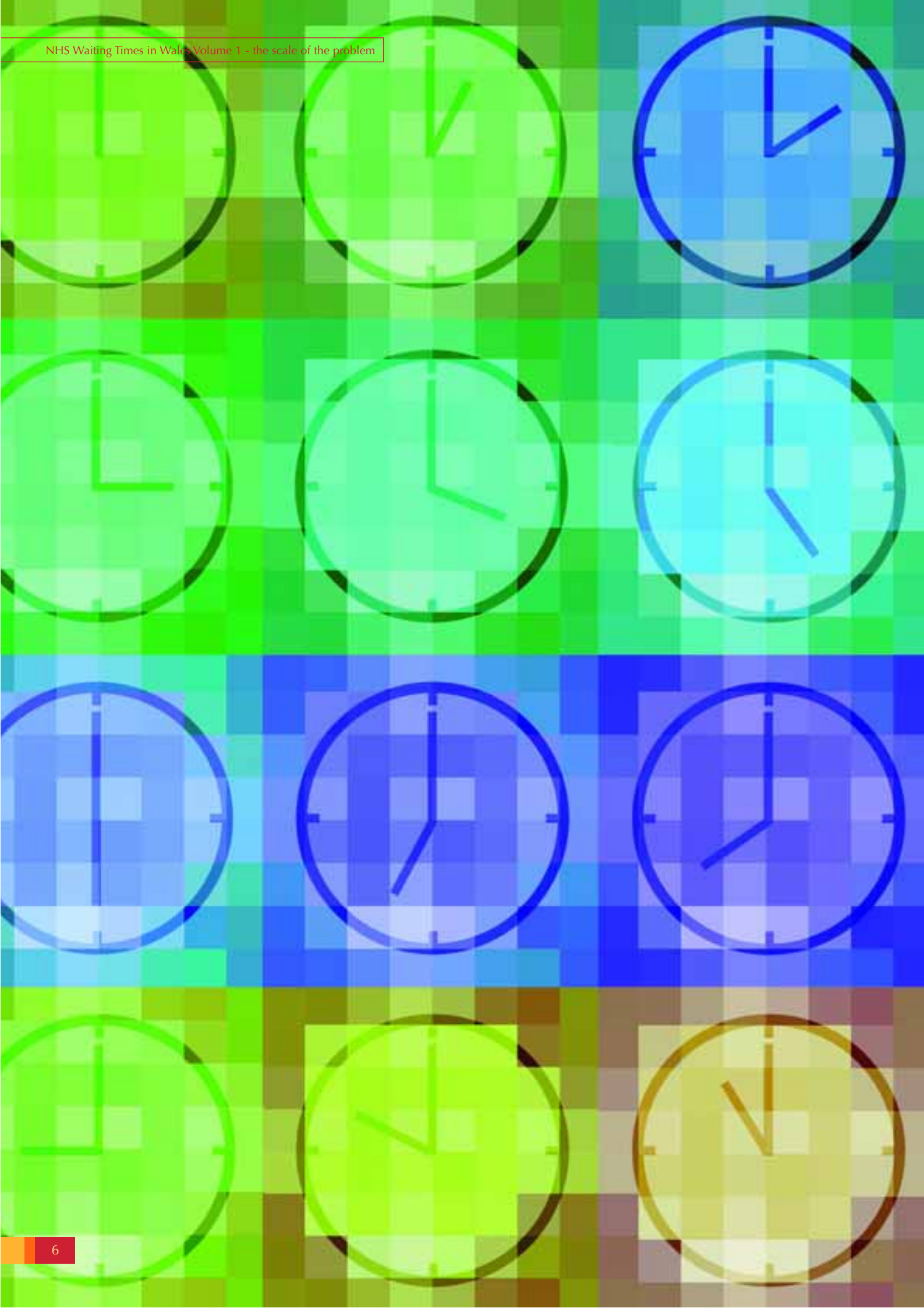
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The scope of the National Audit Office Wales' examination

1

- 1.1 Today we publish two volumes of our report on NHS Waiting Times in Wales. This first volume considers:
- the importance of waiting times (Part 2);
 - current waiting time targets and their achievement in Wales (Part 3); and
 - variations in waiting times within Wales, relative waiting times compared with other parts of the UK, alternative measures of patients' waiting times, and waiting list management (Part 4).
- 1.2 The second volume examines the complex factors which drive long waiting times and the methods that have been adopted to address them. It examines:
- the reasons for long waiting times for outpatients and diagnostic and therapy services (Part 2);
 - the different causes of, and strategies to tackle, long waiting times for patients who need admission to hospital, considering inpatient/day case waiting times and delays in discharging patients (Part 3); and
 - the effectiveness with which the Welsh Assembly Government has managed the waiting times issue, including performance management, waiting time initiatives and the commissioning and spreading of best practice (Part 4).
- 1.3 Our study methods are described in full detail in Appendix 1. In summary, we:
- examined waiting time and other key health statistics for Wales, compared them with other parts of the United Kingdom through statistical analysis and visits, and identified the particular variations in performance within Wales;
 - surveyed all trust and Local Health Board chief executives, all General Practitioners, consultants in the specialties of General Surgery, Trauma and Orthopaedics and Ophthalmology, chief officers of Community Health Councils and a limited survey of patients;
 - carried out visits to six NHS trusts and six Local Health Boards as well as interviewing a wide range of key stakeholders in health and social care; and
 - took advice throughout the course of the study from an Expert Panel; Appendix 2 lists panel membership and the role of the panel in our examination.
- 1.4 Our examination was based on the view that waiting times are a symptom of the problems affecting the whole system of health and social care. This reflects the key findings of the *Review of Health and Social Care*, commissioned by the Welsh Assembly Government and carried out in 2003 with advice from Derek Wanless (known as 'the Wanless Review'). These are summarised in Appendix 3. Consequently, our examination took a broad approach to the waiting times issue, and excludes from its scope:
- an audit of the accuracy of the waiting lists themselves, as the focus of the examination was waiting times; additionally, the Welsh Assembly Government has led a major programme to improve the management and accuracy of waiting lists; and
 - a detailed audit of differences in how individual waiting lists are compiled in different parts of the United Kingdom, relying instead on existing work.

2

Waiting times are central to health policy and are important to patients, although they cover only the minority of total activity



Waiting times are an important element of health policy in Wales

2.1 Despite the fact that Wales spends more per head of population on health and social care than England (see Figure 1), waiting times in Wales are longer than those in England.

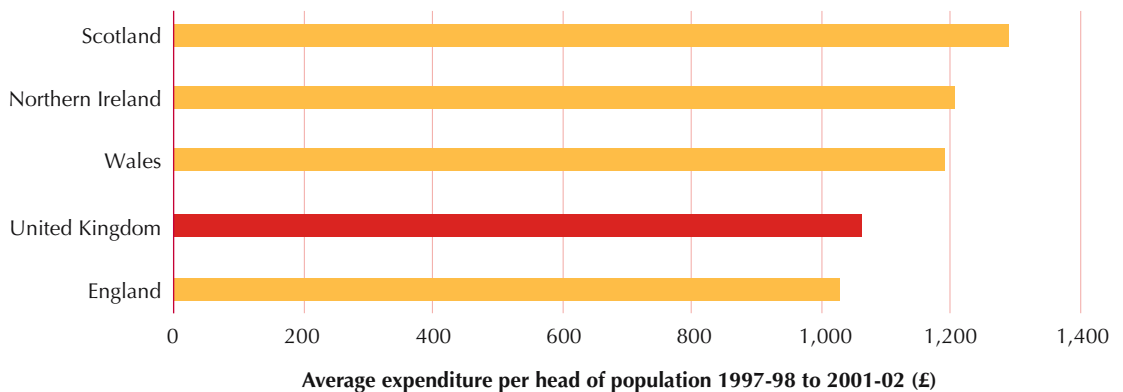
2.2 Waiting times form an important element of health policy both in Wales and in other parts of the United Kingdom. The total time that patients wait from first experiencing symptoms to receiving treatment is made up of the component parts of their journey through the healthcare system. In common with other parts of the United Kingdom, the waiting times measured by the Welsh Assembly Government only relate to particular periods within the patient's total journey. Consequently some periods of waiting - such as for diagnostic tests - do not count towards the waiting time figures. The Welsh Assembly Government measures, and sets targets for, the following key elements of the patient journey through the healthcare system in Wales:

- the waiting time for a first outpatient appointment after referral from a General Practitioner, another consultant, Accident and Emergency or other source - the **outpatient waiting time**; and
- the time from a consultant's decision to place a patient on the inpatient/day case waiting list for treatment to the date of admission to hospital - the **inpatient/day case waiting time**.

2.3 These two periods of time do not cover the total time many patients wait after they first experience symptoms. Figure 2 shows the various unmeasured periods in a patient's total waiting time, of which the most common unmeasured waiting times are:

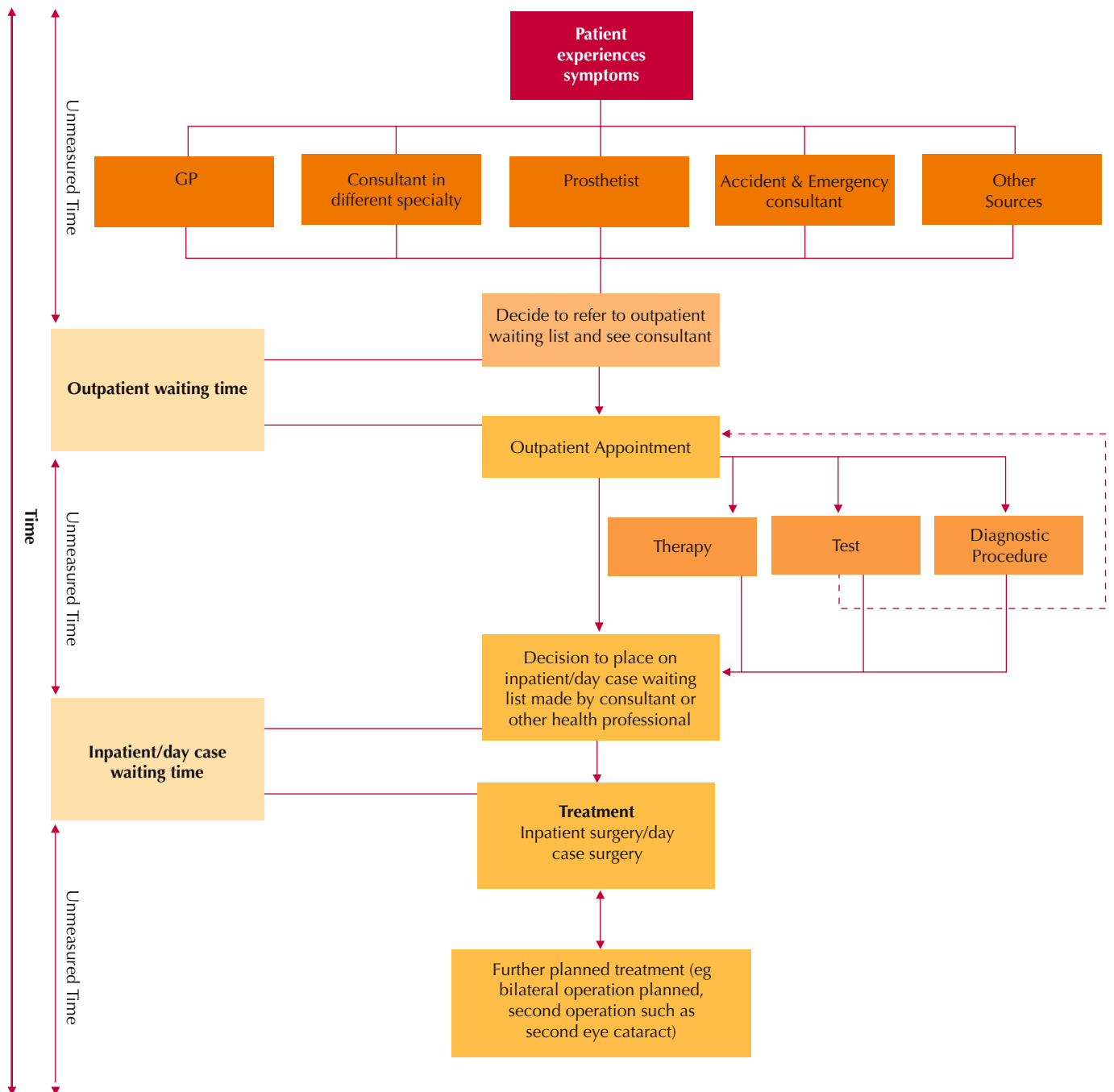
- visits to the General Practitioner before the decision to make a referral for an outpatient consultation; and
- waits for diagnostic tests and therapies before placement on the waiting list.

1 Wales has on average spent more than England but less than Scotland and Northern Ireland on health and social services in the five financial years to 2001-02



Source: Public Expenditure Statistical Analyses 2003, HM Treasury

2 The patient journey and reported waiting times



Source: National Audit Office Wales

There are also periods of time when a patient defers treatment, or is suspended from the waiting list for social or medical reasons (see the explanation in Figure 23). Periods of deferral and suspension do not count towards the figures for official waiting times.

- 2.4 In Wales at the end of June 2004, there were 232,168 people waiting for a first outpatient appointment with a hospital consultant, and 75,517 people waiting for inpatient or day case treatment. In all, the total number of people who are on waiting lists in Wales represents about one tenth of the population of Wales, although some patients may appear on more than one waiting list. Wales also has large numbers of patients facing very long waiting times. At the end of June 2004, there were 7,105 people waiting over 18 months for a first outpatient appointment, and 1,447 waiting over 18 months for inpatient or day case treatment.
- 2.5 The Welsh Assembly Government originally pursued a policy which focused on the number of patients on the waiting list. However, the actual waiting time for an outpatient appointment or treatment is more important to patients than the number of people on a waiting list (see 2.9). Consequently, in *Improving Health in Wales - a Plan for the NHS and its partners*, published in January 2001, the Welsh Assembly Government moved away from its previous policy, which focused on the size of the waiting list, to one which addressed the length of waiting times.
- 2.6 The Welsh Assembly Government has set a performance target for the maximum waiting times whereby no one should wait over 18 months either for a first outpatient appointment or for inpatient or day case treatment. These key targets are supported by specific targets for cardiac, orthopaedic and cataract patients.
- 2.7 In November 2003, the Minister for Health and Social Services announced the inception of a Second Offer Scheme from 1 April 2004 whereby all patients on the inpatient and

day case waiting list would be offered treatment by an alternative provider if they had waited, or were likely to wait, over 18 months, or would breach the specific targets for particular treatments. To support the implementation of the Second Offer Scheme, the Welsh Assembly Government provided £5 million between January and March 2004 to treat those patients who had already waited over 18 months. In June 2004, the Minister announced the extension of the scheme so that, by March 2005, the Second Offer Scheme would guarantee an offer of treatment by an alternative provider for those waiting over twelve months. However, the Welsh Assembly Government did not adopt a twelve month inpatient/day case waiting time target at this time.

Waiting times are important to patients

- 2.8 Long waiting times can have a real human cost, in terms of their impact on patients, and are among the most negative aspects of patients' experience of the healthcare system. Long waiting times can create greater anxiety on the part of patients, reduce their quality of life and risk deterioration in their condition as well as adding to the cost of their care.
- 2.9 A recent European poll found that British respondents considered the time between diagnosis and treatment the most important of the following five features of healthcare¹:
- the time between diagnosis and treatment;
 - being treated at a time and place to suit you;
 - being treated using the latest medicines/technology;
 - having enough information to make an informed choice about your treatment; and
 - being treated by a doctor of your choice.

¹ The Stockholm Institute, *Impatient for Change: European attitudes to healthcare reform* (London, 2004), p. 29-35.

2.10 However, the extent of patients' concern about waiting times is also influenced by their expectations of a reasonable waiting time. Community Health Council patient advocates - who pursue complaints on behalf of patients - reported at our focus group that most patients seemed to have become resigned to having to wait for a long time. The pattern varied across Wales, however, with Community Health Councils located nearer the English border reporting that patients were more acutely aware of cross-border differentials in waiting times, and felt correspondingly disadvantaged.

2.11 Trust chief executives, responding to our surveys, reported that 12 per cent of complaints received in 2003 related to waiting times. However, within Assembly statistics, complaints relating to a 'delay or cancellation' were the second largest category overall. Furthermore, the level of such complaints increased by 50 per cent between 2000 and 2003. Community Health Councils and patients informed us that patients are concerned not simply with their waiting time, but with connected issues such as a lack of information or the cancellation of an appointment. Patients want to know in advance how long they will have to wait for elective surgery, and what impact this will have on them. Cancellation can be extremely frustrating for patients, particularly those with responsibility as carers, who will have made costly arrangements for their expected hospitalisation. Moreover, patients often feel that the waiting time figures they are quoted are misleading, since they define their own waiting time as the entire period from the first time they see their GP until they finally receive treatment, whereas the NHS breaks this period down into discrete sections.

2.12 The majority of consultants who responded to our survey indicated that there was likely to be significant deterioration if the average patient waited over 12 months for surgery for a hernia, cataract or for various common Orthopaedic procedures such as knee or hip replacement. **Figure 3** below also shows

'Because of the long wait, my health deteriorated and resulted in high blood pressure, which in turn led to a stroke.'

Urology inpatient

'The anxiety and depression, which is much worse, is due entirely to the protracted communication with the Local Health Board trying to get information from them.'

General surgery outpatient

Source: National Audit Office Wales survey of patients

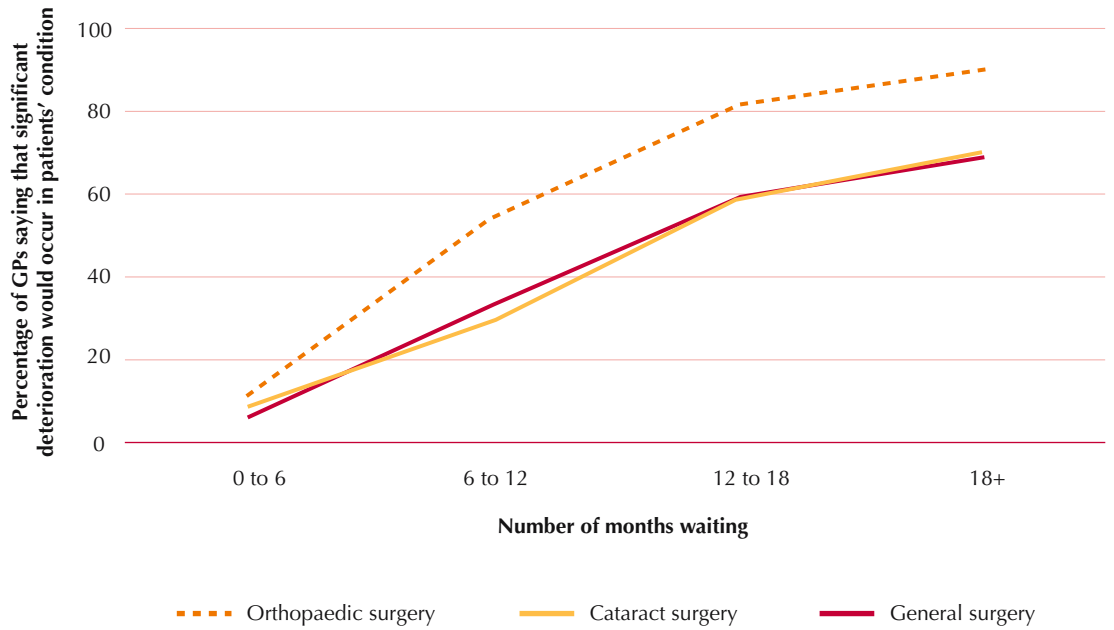
a majority of GPs believe that patients in Orthopaedics, General Surgery and Ophthalmology experience significant deterioration after waiting over twelve months for inpatient/day case surgery, with a particularly high percentage stating this for Orthopaedics.

2.13 A King's Fund report found that long waiting can also have a detrimental effect on individuals' quality of life in terms of pain or discomfort, limits on their activity and financial and other costs². Longer waiting times can also increase the ultimate cost of treatment to the health service. International studies cited by the King's Fund report suggest that the cost of immediate surgery is lower than deferred surgery, 'in part because delay reduced the chances of a successful outcome and increased the chance of complications arising and in part because of the home care costs incurred while patients were waiting for surgery'³. **Figure 4** shows that long waiting times can also significantly increase the workload of GPs, according to GPs responding to our survey. This is particularly the case with patients waiting for Orthopaedic appointments or surgery, where nearly all of those GPs responding said that significant or considerable extra work was required once the waiting time exceeded twelve months.

² A. Harrison & B. New, *Access to elective care; what should really be done about waiting lists* (London: King's Fund, 2000), pp. 47-52.

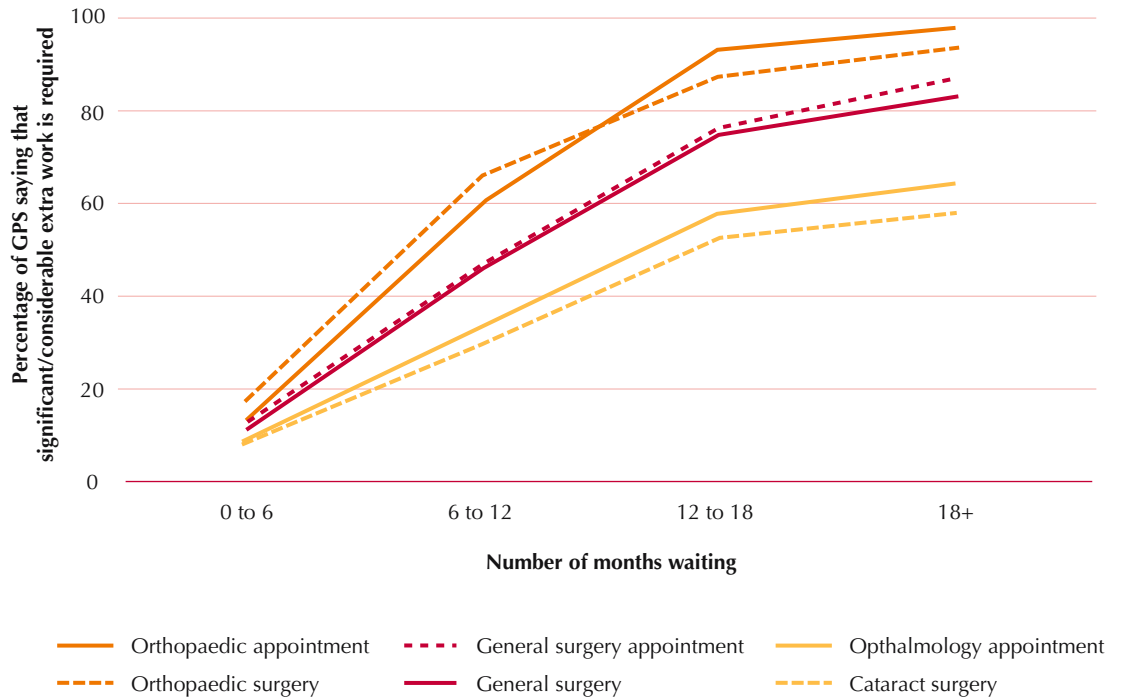
³ *Ibid.*, p.47.

3 The impact of waiting for elective surgery on patients' health



Source: National Audit Office Wales survey of General Practitioners, analysed by Beaufort Research

4 Impact of waiting times in three specialties on GP workload



Source: National Audit Office Wales survey of General Practitioners, analysed by Beaufort Research

The work covered by waiting lists represents the minority of NHS Wales activity

2.14 NHS Wales provides a wide range of services in many different settings. Patients enter secondary care - medical services provided by physicians who do not have the first contact with the patient - on referral from primary care (GPs) and through Accident and Emergency. Acute hospitals provide both emergency services and elective treatment for those who need treatment but are not emergencies. It is only elective work which appears on the waiting list - emergency services do not because emergency patients are treated immediately. It is necessary to understand the context of the elective work which appears on waiting lists in Wales in relation to overall NHS activity.

2.15 In common with other parts of the United Kingdom, the outpatient waiting list - and hence waiting time targets - only covers first outpatient appointments, since the timing of follow-up appointments in outpatients is determined by clinical need. **Figure 5** shows that first outpatient appointments represent the minority - just over one quarter - of total outpatient activity. Most outpatient appointments are follow-up appointments, where patients return to see a consultant following an earlier consultation or treatment. For example, following surgery, the timing of the follow-up appointment with the consultant could vary widely depending on the patient and their condition - some patients might need to see the consultant after two weeks, others after twelve months. Hence it would be unreasonable to set waiting time targets for follow-up outpatients. While it would be

5 First outpatient appointments and total outpatient activity

	2000-01 ('000)	2001-02 ('000)	2002-03 ('000)	2003-04 ('000)
New	699	697	737	737
Total	2737	2762	2843	2874
New as percentage of total outpatient activity	26%	25%	26%	26%

Source: Welsh Assembly Government Health Statistics and Analysis Unit

6 Inpatient and day case admissions

Method of admission	1997-98 %	1998-99 %	1999-00 %	2000-01 %	2001-02 %	2002-03 %
Elective: Inpatients/ day cases:						
Waiting list	29	28	27	28	26	27
Other (booked or planned admissions)	20	18	18	17	17	15
Total	49	47	45	45	44	43
Emergency in-patients:						
Accident and emergency	20	19	22	22	24	26
GP	22	23	23	22	22	22
Other	10	11	10	10	9	10
Total	51	53	55	54	56	58

Source: Health Statistics Wales 2004, Figure 8.3

impossible to set appropriate targets and measure waiting times for follow-up outpatient appointments, there may be unquantified delays in patients receiving follow-up appointments arising from the same consultant work pressures which contribute to long waiting times for a first outpatient appointment.

- 2.16 Patients admitted from the inpatient and day case waiting lists also represent the minority of admissions to hospital. **Figure 6** shows that in 2002-03 admissions from the waiting list represented 27 per cent of all admissions to hospital in Wales. Emergency admissions have risen steadily as a proportion of total admissions between 1997-98 and 2002-03 to the extent that in 2002-03 emergency admissions represented the majority - 58 per cent - of total admissions.
- 2.17 It is therefore important to recognise that most patients admitted to hospital for treatment, or attending outpatient clinics, are not counted on waiting lists as they are emergency admissions or outpatient follow up cases. However, the volume of such work influences the waiting time for patients on the waiting list. Figure 6 shows that in 2002-03 over a quarter of hospital admissions in Wales were through Accident and Emergency departments. An Audit Commission report found that the performance of Accident and Emergency departments in Wales was better than England, with the time that patients have to wait for medical attention shorter than that in any English region⁴. A more recent report by the Comptroller and Auditor General identified considerable improvement in waiting times in English Accident and Emergency departments⁵. The Healthcare Commission and Audit Commission in Wales are currently undertaking fieldwork to follow-up the original Audit Commission findings in England and Wales.

KEY POINTS

from Part 2

- Waiting times are an important element of Welsh Assembly Government health policy.
- There are hidden waiting times because some parts of a patient's journey through the healthcare system are not measured in reported waiting time statistics - in particular, waiting times for diagnostic tests and therapy services, and periods when patients are suspended from the waiting list, rarely count towards their waiting times.
- Waiting times are important to patients because long waiting times are bad for their health, increase the cost of treatment and have consequences for other parts of the health system.
- Waiting time work represents around just over one quarter of total activity within NHS Wales both as regards outpatient appointments and inpatient admissions.

⁴ Audit Commission, *Accident and Emergency - review of national findings, 2001*.

⁵ *Improving emergency care in England, report by the Comptroller and Auditor General, HC 1075 (Session 2003-2004)*.

Waiting time targets in Wales are generally longer than those in place elsewhere in the UK, and have not been consistently achieved

3.1 This part of the report considers waiting time performance in Wales by examining the Welsh Assembly Government's waiting time targets and the extent to which they have been achieved. Consequently this part of the report considers:

- waiting time targets in Wales compared with those in place in other parts of the United Kingdom; and
- the extent to which waiting time targets have been achieved.

Waiting time targets in Wales are longer than those elsewhere

3.2 Devolution produces different health policies, priorities and approaches. Welsh Assembly Government policy has sought to focus on the wider determinants of health, social care and well-being in order to tackle the underlying problems which generate the demand that comes to the NHS. Consequently, the Welsh Assembly Government has taken a different approach to health policy, characterised by its plans to implement the recent Wanless review, which has resulted in differences in specific policies relating to waiting times and associated targets, in comparison with other parts of the United Kingdom. The Welsh Assembly Government has set out its waiting time targets in various documents, particularly:

- *Improving Health in Wales - a plan for the NHS and its partners* (2001);
- *Health and Social Care Guide for Wales* (2002);

- waiting time targets set out in the annual Service and Financial Framework (the agreement about the resource inputs and service outputs which each health community must deliver in that financial year); and
- announcements in November 2003 and June 2004 relating to the Second Offer Scheme, which guarantees an offer of treatment by an alternative provider for patients who are likely to breach any of the Welsh Assembly Government's waiting time targets for inpatient/day case treatment.



- 3.3 **Figure 7 overleaf** shows that the maximum waiting time target for a first outpatient appointment in Wales is 18 months, whereas England aims to achieve a maximum waiting time of seventeen weeks by March 2004, reducing to thirteen weeks by December 2005; Scotland aims to reduce outpatient waiting times to six months by December 2005. There is no formal outpatient waiting time target in force in Northern Ireland. This means that the target waiting time for a first outpatient appointment in Wales is at least a year longer than those in place in England and Scotland, although it is important to recognise that the waiting list in Wales records a wider range of patients than those in England and Scotland (see paragraphs 4.12-4.14).
- 3.4 Waiting time targets for inpatient/day case treatment in Wales are also much longer than those in England and Scotland. Figure 7 shows that inpatient/day case targets are based on a maximum overall waiting time of 18 months, supported by a number of specific targets for particular procedures or specialties, with the guarantee of an offer of alternative treatment where patients wait over 18 months (twelve months by March 2005) or are likely to breach the specific target for a particular procedure. The maximum waiting time target in England is that no one should wait over 6 months for treatment by December 2005. Scotland guarantees that all patients will be treated within nine months from 31 December 2003, reducing to 6 months by December 2005.

7 Waiting time targets in the United Kingdom

General targets	Wales	England	Northern Ireland	Scotland
First outpatient appointment	18 months.	17 weeks by March 2004 and 13 weeks by December 2005.	No targets in operation.	6 months by December 2005.
Inpatient/day case treatment	18 months, with a guarantee of an offer of alternative treatment for waits over twelve months by 31 March 2005.	9 months by March 2004, 6 months by December 2005 and 18 weeks' wait from GP referral to admission for treatment by the end of 2008.	18 months by September 2005, 15 months by March 2006 and 3 months by 2011.	Guarantee of treatment within 9 months from 31 December 2003 (reducing to 6 months by 31 December 2005).
Potential longest overall waiting time within current national target for outpatients and inpatient/day cases	36 months.	13 months This was recently supplemented by a target to reduce waiting times to 18 weeks from GP referral to treatment by 2008.	Not clear - there is an 18 month inpatient/day cases waiting time, plus an unspecified outpatient waiting time.	15 months.

Specific targets	Wales	England	Northern Ireland	Scotland
Orthopaedic surgery	18 months.	No specific target for Orthopaedics although this specialty will reduce to a maximum wait of 6 months by December 2005.	No specific target for Orthopaedics beyond the overall 18 month inpatient/day case target.	No specific target for Orthopaedics.
Routine cardiac surgery	8 months.	6 months by December 2005.	12 months.	18 week maximum wait for coronary artery bypass graft surgery or angioplasty, following angiography.
Angiography	6 months.	No specific target.	No specific target beyond the overall 18 month inpatient/day case target.	12 week maximum wait for angiography from seeing a specialist (reducing to 8 weeks from 31 December 2004).
Angioplasty	8 months.	No specific target.	No specific target beyond the overall 18 month inpatient/day case target.	Maximum wait of 18 weeks for coronary artery bypass graft surgery or angioplasty, following angiography.
Cataract surgery	4 months.	3 months by December 2004.	No specific target beyond the overall 18 month inpatient/day case target.	No specific target.

7 Waiting time targets in the United Kingdom *continued*

General targets	Wales	England	Northern Ireland	Scotland
Cancer	<p>All referrals deemed urgent by a cancer specialist should be seen within ten days of a GP's request for an appointment.</p> <p>From September 2004 all trusts will have to report how long cancer patients wait:</p> <ul style="list-style-type: none"> ■ from the receipt of referral at the hospital to the start of treatment when the patients are newly diagnosed and referred as urgent suspected cancer and confirmed as urgent by the specialist; and ■ diagnosis to the start of treatment for those not referred as urgent suspected cancer. 	<p>By 2005 a maximum waiting time of one month from diagnosis to treatment for all cancers, and two months from an urgent referral by their GP with suspected cancer, to the start of treatment. Initially, a two week waiting time between urgent referral and first outpatient appointment has been in place, supported by specific pathway based targets for children's cancers, leukaemia, testicular and breast cancers.</p>	<p>From August 2000, all patients with suspected breast cancer should see a specialist within two weeks of an urgent GP referral.</p>	<p>From 31 October 2001 women with breast cancer who need urgent treatment will get it within one month, where appropriate, and the maximum wait from urgent referral to treatment for children's cancer and acute leukaemia is one month. From 31 December 2005, no patient urgently referred for cancer treatment should wait more than two months.</p>

Source: National Audit Office Wales analysis of published waiting time information by the Welsh Assembly Government, Department of Health, Scottish Executive and Department of Health, Social Services and Public Safety, Northern Ireland

- 3.5 Figure 7 shows that, by adding together the current maximum targets for outpatients and inpatients/day cases, the potential maximum total waiting time for a patient in Wales, who goes directly from the outpatient appointment to the inpatient/day case waiting list, is almost two years longer than the equivalent figure in England and Scotland. When waits are at the maximum target time, this represents a substantially worse access to elective services than exists in England or Scotland.
- 3.6 This difference in the waiting time targets was exacerbated in July 2004 when the Secretary of State for Health in England announced a pathway-based maximum waiting time of 18 weeks from GP referral to treatment, to be achieved by 2008, supported by an average waiting time from referral to treatment of nine or ten weeks. The Welsh Assembly Government currently has no similarly clear strategy outlining how it intends to reduce target waiting times over the medium term.

Waiting time targets in Wales have not been consistently achieved

- 3.7 Despite the substantially longer waiting time targets in Wales than those in place in England and Scotland, NHS Wales has failed to achieve the majority of these targets. This section of the report maps out performance against each waiting time target, considering:
- outpatient waiting time targets;
 - inpatient/day case waiting time targets; and
 - links between outpatient and inpatient/day case waiting time performance.

NHS Wales has not achieved the Welsh Assembly Government's outpatient target, with over seven thousand patients still waiting over 18 months for a first outpatient appointment

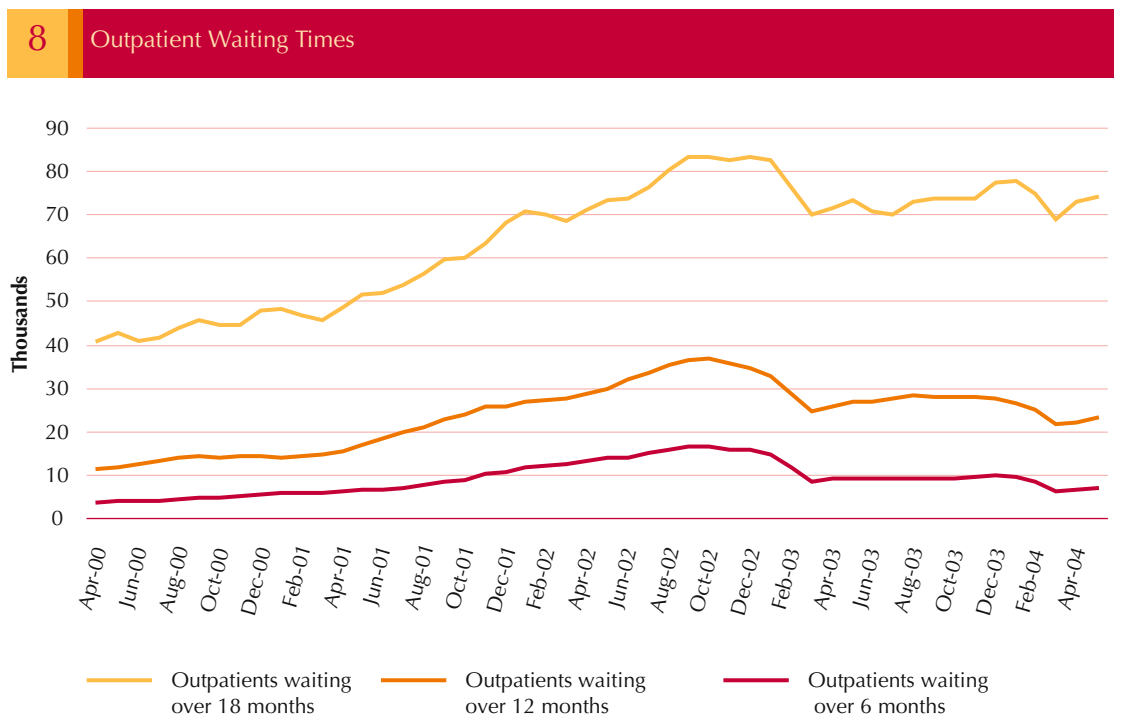
3.8 This section considers the extent to which NHS Wales has achieved the Welsh Assembly Government's outpatient waiting time targets:

- the general outpatient waiting time target that no one should wait over eighteen months for a first outpatient appointment as a first step towards achieving outpatient waiting times of twenty six weeks⁶; and
- the ten day target for a cancer specialist to see those patients referred by GPs with suspected cancer and are deemed urgent by a cancer specialist.

3.9 **Figure 8** shows that in practice there has been a fourfold increase in patients waiting more than 18 months for a first outpatient appointment between April 2000 and

September 2002. Over the same period the number of patients waiting over twelve months rose threefold, and the number waiting over six months more than doubled. The outpatient waiting time situation has improved since its peak in September 2002, with the number of patients waiting over 18 months reducing from its peak by just over half between October 2002 and May 2004. However, it remained nearly double the equivalent number in April 2000. The reasons for this trend are explored in Volume 2 of this report.

3.10 Figure 8 shows that the number of patients waiting over six months actually increased by 80 per cent between April 2000 and May 2004, rather than reducing as envisaged in the NHS Plan. One of the difficulties for the NHS has been increased demand for outpatient services: over the same period, the total number of patients waiting for a first outpatient appointment - the difference between demand and activity - increased by 38 per cent, from 166,269 in April 2000 to 230,231 in May 2004.



Source: <http://www.statswales.wales.gov.uk>

6 Health and Social Care Guide for Wales (2002), page 10, states that the aim is for patients to receive a first outpatient appointment within 26 weeks, with maximum waiting times of 18 months 'as a first step'.

3.11 The ten day cancer target was introduced with a target achievement date of March 2002⁷. In contrast with England, where the Department of Health publishes waiting time information for cancer patients (see the box below), the Welsh Assembly Government has not published any information about the achievement of the ten day cancer target because of concerns about the accuracy and consistency of the data provided by NHS trusts. Our visits to trusts and the performance reports that trusts provided to us with their responses to our survey showed that in the second half of 2003 none of the six trusts for which we had information was compliant with the ten day target for all cancer types. However, 63 per cent of GPs, who responded to our survey, believed that, although not being achieved, the promulgation of the ten day target had improved access to a first outpatient appointment, while only nine per cent believed that it had made the situation worse.

Cancer waiting times in England

The Cancer Plan sets out the long-term goal that by 2005 no patient should wait longer than one month from an urgent referral by their GP for suspected cancer, to the start of treatment, except for a good clinical reason, or through their personal choice. As a first step, the Department of Health is monitoring the length of wait from GP referral to a first outpatient appointment. In the quarter to the end of March 2004, only 2 per cent of the 117,268 urgent referrals received in that quarter were not seen within two weeks. The Department has a web site which publishes information about compliance with the cancer standards, by cancer type and provider.

Source: Department of Health (<http://www.dh.gov.uk/PolicyAndGuidance/HealthAndSocialCareTopics/Cancer>)

3.12 Overall, the waiting time situation for those waiting for a first outpatient appointment in Wales has become much worse since April 2000. Not only are many more patients waiting, but the waiting times they face have increased considerably, with the number of patients waiting over six, twelve and eighteen months nearly doubling between April 2000 and May 2004.

NHS Wales has achieved some but not all of the Welsh Assembly Government's inpatient/day case targets

3.13 This section considers the extent to which NHS Wales has met the following Welsh Assembly Government targets for inpatient/day case waiting times:

- the general inpatient/day case waiting time target that no one should wait over 18 months; and
- the specific targets for cardiac and orthopaedic surgery, cataracts and angiography.

Despite recent improvements, there is still a substantial number of patients waiting over 18 months for inpatient and day case treatment

3.14 **Figure 9 overleaf** shows that NHS Wales has achieved some of the Welsh Assembly Government's specific inpatient/day case waiting time targets - cardiac surgery in particular. However, it has failed to eradicate over 18 month waiting times for inpatients/day cases. At the end of May 2004, there were still 1,501 patients waiting over 18 months for treatment, of whom 305 had declined a second offer of treatment. The number of patients waiting over 18 months represents two per cent of the total number of patients waiting for treatment, a significant improvement on the equivalent figures of six per cent in April 2000, and five per cent at the end of December 2003 (excluding those waiting for tonsillectomies - see box overleaf).

9 Specific waiting time targets for particular inpatient/day case treatments

Target and date for achievement	Achieved	Extent of variance
12 months for routine Cardiac Surgery (March 2002, reducing to ten and eight months by March 2004 and March 2005 respectively).	✓	The twelve month target for routine cardiac surgery was achieved in fourteen out of the twenty-four months between April 2002 and March 2004, with a total of thirty-four breaches since April 2002. The current target is to achieve an eight month waiting time by March 2005.
6 months for angiography (March 2004)	✓	Between December 2002 and December 2003, the number of patients waiting over 6 months for an angiography fell from 232 to 0, although there have been occasional breaches between January and March 2004, with a single breach reported at the end of March 2004.
4 month cataract target (March 2002)	✗	769 patients had waited for over 4 months in March 2002, which rose to 1,242 in August 2003. There has been a significant reduction since February 2004 from 562 to 199 in May 2004. Between March 2002 and May 2004, the average monthly number of patients reported as waiting over 4 months was 895. Figure 12 shows that, over the last three financial years, there has been a pattern of reductions in the numbers waiting over 4 months in the second half of the financial year, with increases in numbers in the first six months of the financial year.
18 month Orthopaedic surgery (July 2002)	✗	Over 18 month waiting times for Orthopaedic surgery reduced significantly from 1,869 in December 2001 to 7 in May 2004, but there have been only two months - March 2003 and March 2004 - when the 18 month maximum waiting time target was achieved (see Figure 11). In May 2004 there were 7 breaches. The average monthly number of patients reported to have waited over 18 months for the whole period between July 2002 and May 2004 was 79.

Source: National Audit Office Wales

Waiting for tonsillectomies

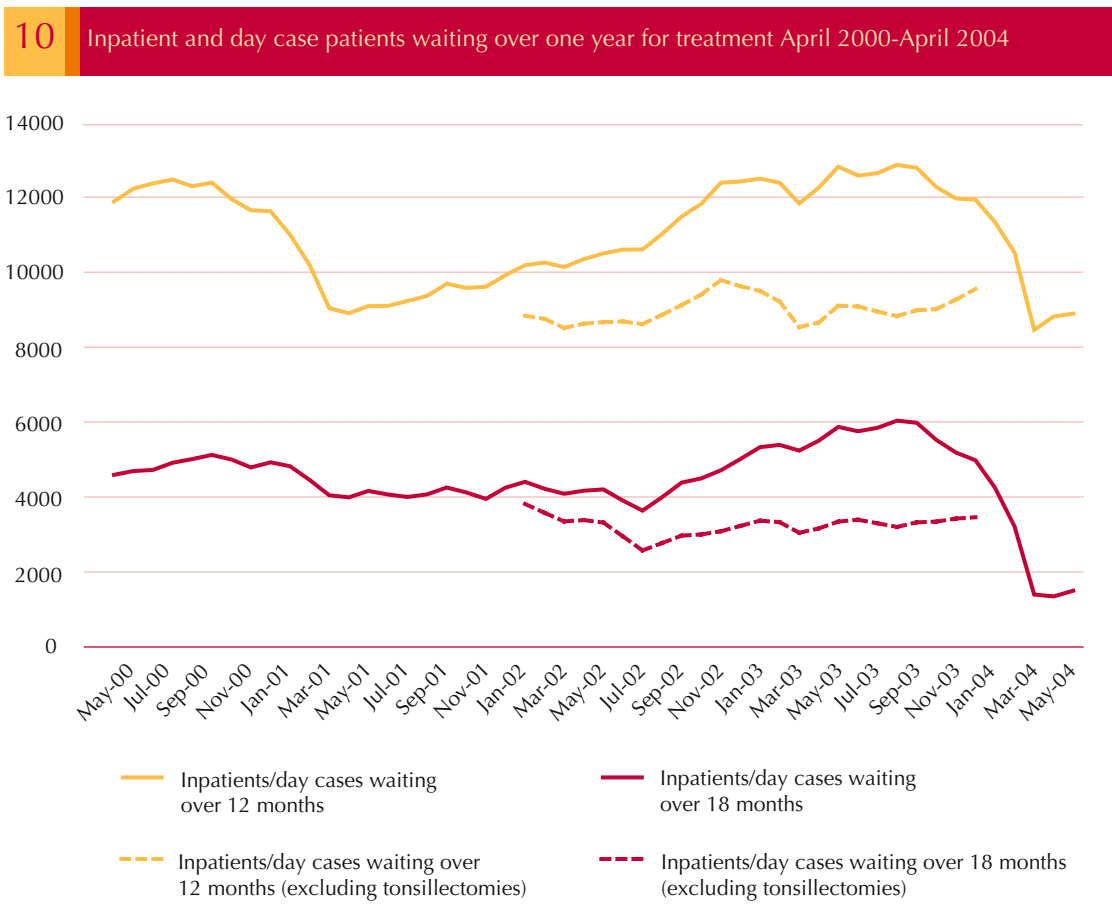
There have been restrictions on the volume of tonsillectomy activity carried out in Wales as a result of concerns about the risk of variant CJD. Since January 2001 the Welsh Assembly Government has required tonsillectomies and adenoidectomies to be carried out using single use instruments, rather than the reusable instruments used previously. This led to a shortage of such single-use instruments, restricting the volume of activity in this significant area of work within the Ear, Nose and Throat specialty (ENT). Consequently, official waiting time statistics have reported inpatient/day case waiting times both including and excluding tonsillectomies. The number of patients waiting for tonsillectomies no longer appeared in the official statistics from December 2003 after a phased return to normal tonsillectomy activity had been completed, largely through the provision of non-recurrent waiting time initiative monies to eradicate the backlog of patients (see Volume 2). Wherever possible in this report, we have sought to report inpatient/day case waiting times, both including and excluding tonsillectomies for the calendar years 2002 and 2003.

3.15 **Figure 10** shows a sustained four year trend of patients in Wales facing very long waiting times for treatment, with an average each month of over 4,700 patients waiting over 18 months for treatment between April 2000 and December 2003⁸. However, in January 2004, the Welsh Assembly Government provided £5 million additional funding to treat patients who were still waiting over 18 months before the start of the Second Offer Scheme in April 2004. This resulted in a 73 per cent reduction between December 2003 and April 2004 in the number of patients waiting over 18 months for treatment.

3.16 Figure 10 also shows that the number of patients waiting over twelve months remains substantial, despite the influence of the restriction on tonsillectomy activity (see the box above). In May 2004, over eight thousand patients in Wales had been waiting over a year for treatment, approximately ten per cent of the list.

NHS Wales has achieved Welsh Assembly Government targets for cardiac and orthopaedic surgery but has not yet achieved the four month target for cataract surgery

3.17 As set out in Figure 9, waiting times have reduced for all of the specific inpatient/day case procedures for which the Welsh Assembly Government set specific waiting time targets even though, in some cases, the targets have not been achieved. The principal successes have been in cardiac surgery and angiography, where NHS Wales has generally achieved Welsh Assembly Government targets. Appendix 3 provides more detailed information on the trends in waiting time performance against the various targets.



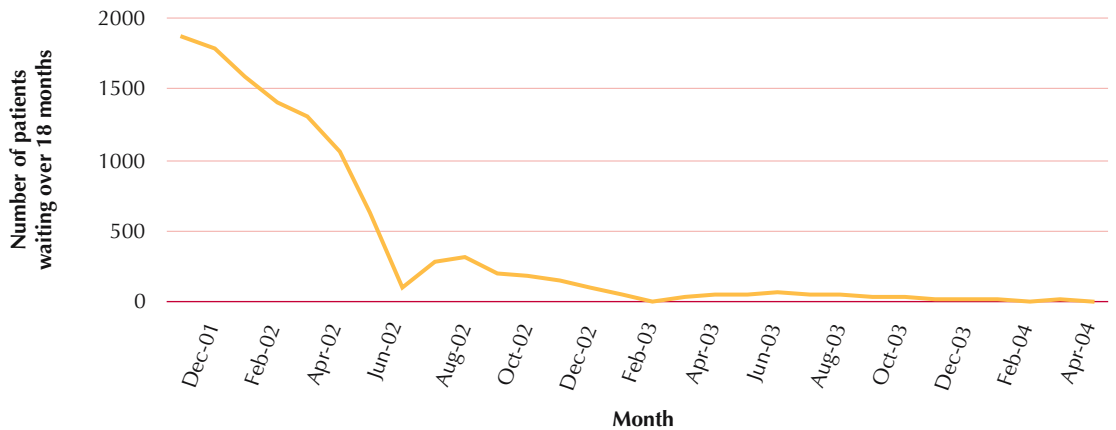
Source: National Audit Office Wales

⁸ This figure includes those waiting for tonsillectomies between January 2002 and December 2003, during which time the average monthly number of patients waiting over 18 months, excluding those waiting for tonsillectomies, was 3,239.

3.18 **Figure 11** shows that the number of Orthopaedic patients waiting over 18 months fell dramatically from 1,868 in December 2001 to 92 in July 2002 and that, between July 2002 and May 2004, the 18 month Orthopaedic surgery target has been breached by an average of 79 patients each month, with seasonal fluctuations showing reductions in the second half of the financial year as a result of waiting time initiatives, which are considered fully in Volume 2. The target was fully met in March 2003 and March 2004.

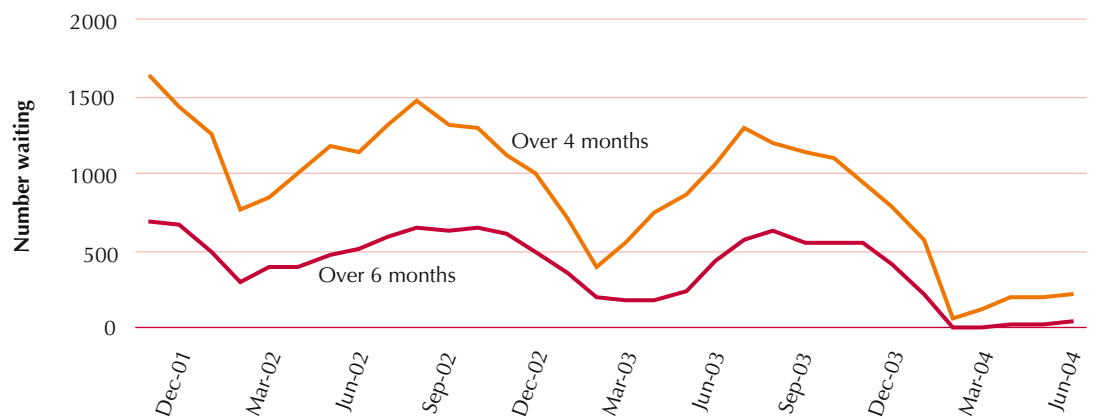
3.19 The NHS in Wales has experienced greater difficulties in securing cataract surgery waiting time targets, although the extent of the breaches has fallen. Between March 2002 and May 2004, a monthly average of 895 patients was waiting over four months for cataract treatment. However, as at the end of March 2004, there were only 3 patients waiting over 6 months for cataract surgery, although this has started to increase since the start of the 2004-05 financial year. However, overall, **Figure 12** shows that the waiting times of over four months for cataract treatment have reduced considerably since December 2001.

11 Waiting times for Orthopaedic Surgery



Source: National Audit Office Wales

12 Waiting times for cataract surgery



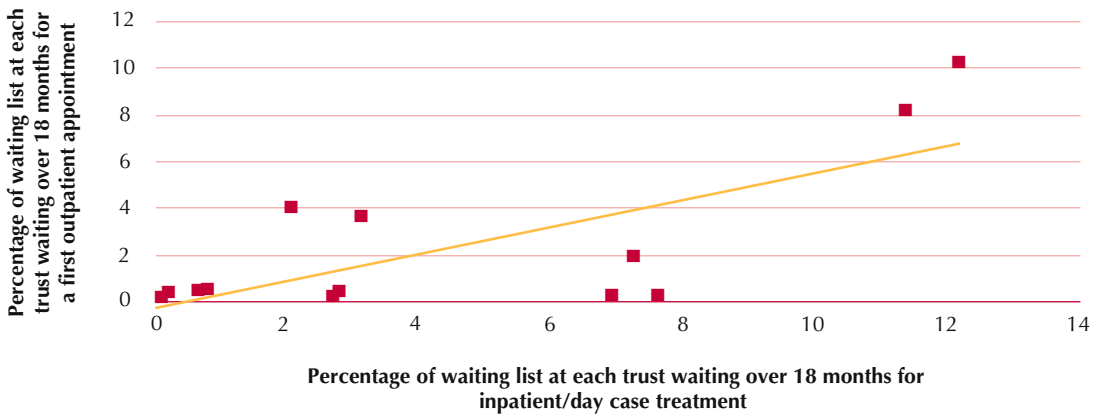
Source: National Audit Office Wales

There are clear links between long outpatient and inpatient/day case waiting times

3.20 There is a clear link between long outpatient and inpatient/day case waiting times. **Figure 13** shows our analysis of outpatients and inpatient/day cases waiting over 18 months as a percentage of the total numbers waiting in each trust at the end of December 2003. This shows that there is a strong correlation between the percentages on each waiting list waiting over 18 months, meaning that trusts' inpatient/day case waiting times are more likely to be long if

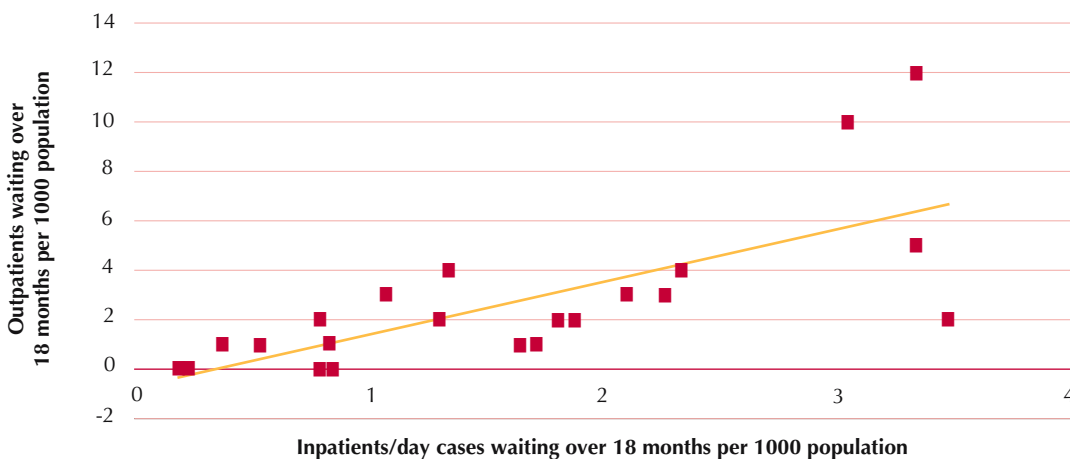
their outpatient waiting times are also long. **Figure 14** shows that this pattern does not relate only to waiting lists in particular trusts, which are affected by referral patterns, but also applies to patients on the basis of patterns of residence in each Local Health Board in Wales - our analysis of the number of patients waiting over 18 months per one thousand head of population for first outpatient appointments and inpatient/day case treatment in each Local Health Board area (see 4.6-4.10) shows that there is a strong correlation between long outpatient and inpatient/day case waiting times.

13 Trust waiting times for outpatients and inpatients/day cases are linked (December 2003)



Source: National Audit Office Wales

14 Over 18 month waiting times for outpatients and inpatients/day cases by Local Health Board are linked (December 2003)



Source: National Audit Office Wales

3.21 This correlation reflects the fact that, on their journey through the system, many outpatients are placed onto the inpatient/day case waiting list. This phenomenon, known as the conversion rate, affects the ability of health communities to meet their waiting time targets. If trusts universally achieved the eighteen month outpatient target, the additional patients referred onto the inpatient/day case waiting list would make it much more difficult for trusts to achieve inpatient/day case targets. Because the achievement of inpatient/day case waiting time targets is often seen as more important (see Volume 2, paragraph 3.2), there may be a perverse incentive to use the outpatient waiting list as a valve to control demand for inpatient/day case treatment, which will make it easier for trusts to achieve waiting time targets for treatment. This leads to unacceptable healthcare outcomes, with the risk that some people languish on the outpatient waiting list, and are not seen sufficiently early to tackle potentially serious conditions.

KEY POINTS

from Part 3

- Waiting time targets in Wales are considerably longer than those in England and Scotland.
- There have been some recent improvements in some waiting times in Wales. The number of patients waiting over 18 months for inpatient/day case treatment has reduced. Specific waiting times for orthopaedic and cardiac surgery, angiography and cataract surgery have also improved.
- However, NHS Wales has not consistently achieved the majority of Welsh Assembly Government inpatient/day case waiting time targets. Despite the 73 per cent reduction in the numbers waiting over 18 months between December 2003 and April 2004, which followed expenditure of £5 million to prepare for the Second Offer Scheme, the long-term trend between 2000 and 2003 was of a monthly average of 4,700 Welsh patients waiting over 18 months for treatment. Between 2000 and 2003, those waiting over eighteen months represented, on average, 5 per cent of the total number of patients waiting for treatment.
- Outpatient waiting times are worse than inpatient/day case waiting times. Not only were more patients waiting for a first outpatient appointment in May 2004 than there were in April 2000, but those waiting faced much longer waiting times. Over this period, the numbers waiting over six, twelve and eighteen months for a first outpatient appointment nearly doubled.
- There are clear links between long outpatient and inpatient/day case waiting times - effectively, this means that patients who face long waits for a first outpatient appointment can be more likely to experience a long wait for inpatient/day case treatment.



4

There is considerable regional variation in waiting times within Wales and when compared with other parts of the United Kingdom



4.1 This part of the report considers the variations in waiting time performance **within** Wales, and draws **comparisons** between Wales and other parts of the United Kingdom. It examines:

- variations in waiting times within Wales - by specialty, trust and region;
- comparisons of waiting times in Wales and other parts of the United Kingdom;
- alternative measures of waiting time, which provide a wider context for the published figures; and
- the relationship between the size of the waiting list and waiting times, and the impact of the way in which the waiting list is managed.

There is considerable variation in waiting times within Wales

4.2 Outpatient and inpatient/day case waiting times vary considerably within Wales, meaning that people in different parts of Wales, or who have different conditions, face waits of very different lengths. This section of the report examines the key variations in waiting times, focusing on variations in waiting times between:

- specialties;
- NHS trusts; and
- regions in Wales.

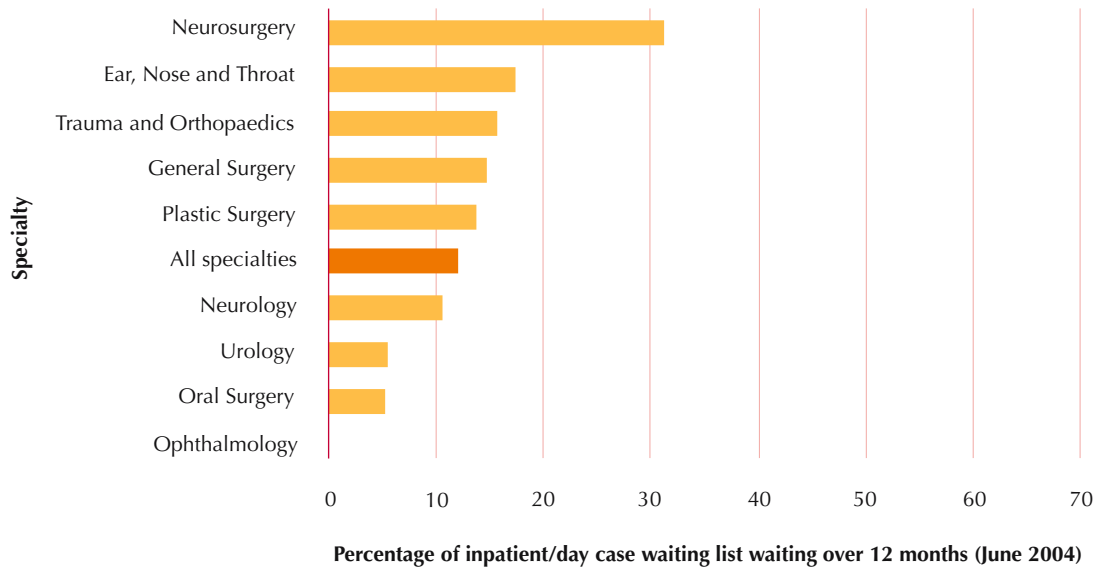
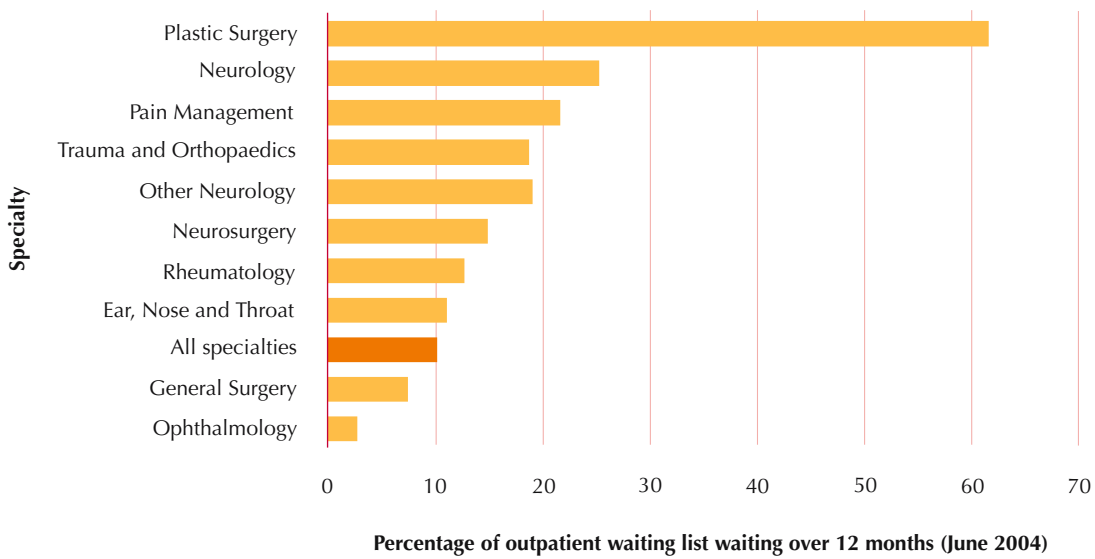
There are large variations between specialties

4.3 **Figure 15** shows the variation in waiting times between specialties for outpatients and inpatients/day cases waiting over 12 months. For outpatients, there is an acute problem in Plastic Surgery, where 62 per cent of the waiting list had been waiting over 12 months⁹ in June 2004. The other main pressures in outpatients relate to Neurology, Pain Management and Trauma and Orthopaedics, where around one in five of the waiting list had been waiting over 12 months. Figure 15 shows that for inpatients, the main problem specialties at the end of June 2004 were Neurosurgery, Ear, Nose and Throat, Trauma and Orthopaedics, General Surgery and Plastic Surgery, all of which had over fourteen per cent of patients on the waiting list waiting over 12 months as at the end of June 2004. The relatively long waiting times both for outpatient and inpatient/day case patients in Neurology, Neurosurgery, Trauma and Orthopaedics and Plastic Surgery is particularly significant, and suggests particular access problems for patients in these specialties.

4.4 GPs mirrored these statistics in their response to our survey, indicating that they experienced particular difficulties in accessing Trauma and Orthopaedic services compared with several other key specialties. The percentage viewing access to Trauma and Orthopaedics as particularly difficult, and as having deteriorated over the past two years, was considerably higher than equivalent scores for other specialties. Appendix 5 provides full details of the GPs' views on the ease of access to each specialty.

⁹ Because of the dramatic reductions in over 18 month inpatient day/case waiting times which followed the £5 million expenditure between January and March 2004, we analysed specialty waiting times by considering those waiting over 12 months.

15 Waiting times over 12 months by main specialty, June 2004



Source: National Audit Office Wales

Two trusts account for most of the long waiting times in Wales

4.5 Two of the thirteen Welsh NHS trusts providing acute services¹⁰ - Cardiff and the Vale and Swansea¹¹ - account for the vast majority of over 18 month waits for inpatient/day cases in Wales. Despite together holding around one third of patients on Welsh outpatient and inpatient/day case waiting lists, at the end of March 2004 these two trusts accounted for 87 per cent of all people waiting over 18 months for inpatient/day case treatment and 84 per cent of all outpatients waiting over 18 months. At the end of March 2004, eight of the thirteen¹² major trusts in Wales had no inpatient/day cases waiting over 18 months, and nine had no outpatients waiting over 18 months. In addition, between March and October 2004 there has been an 85 per cent reduction in the number of patients waiting over 18 months for inpatient/day case treatment in Cardiff and the Vale NHS Trust. Appendix 6 provides details about each Trust's waiting time performance over time.

There is considerable regional variation in waiting times

4.6 The variation in waiting time performance by Trust and specialty only represents part of the picture, as these figures do not take account of:

- **referral patterns** - where GPs choose to refer their patients, and the availability of alternative services to referral to a consultant;
- activities undertaken by Local Health Boards to **manage demand** for secondary care services, for example Extended Scope Practitioners, such as nurses or physiotherapists seeing patients in primary care settings; and

- **sub-specialisation**, whereby particular trusts or individual consultants specialise in particular conditions or procedures.

4.7 Waiting times for residents of individual Local Health Boards provide a good indicator of the equity of access to services, independent of the factors outlined in 4.6. We found that variation in waiting times was acute when related to the demographics of Local Health Board areas. Consequently, we carried out a detailed analysis of waiting times at the end of December 2003 by Local Health Board to produce an index of waiting times per thousand head of population. This provides a powerful indicator of relative waiting times and access to services, related to the resident population of particular commissioners of health services, rather than the numbers referred to particular providers. We selected December 2003 as this represents the position before the £5 million expenditure on additional inpatient/day case treatments to prepare for the Second Offer Scheme. We did not adjust the figures to reflect indicators of ill-health or socio-economic deprivation, as the allocation of resources should reflect health need, and commissioning activity should ensure the provision of sufficient services to meet local health needs and secure reasonable access.

4.8 **Figure 16** shows the considerable variation in access both to outpatient and inpatient/day case services according to where patients live. The numbers waiting over 18 months for a first outpatient appointment per thousand head of population vary by a factor of nearly twelve between individual Local Health Boards, with two Local Health Boards - Cardiff and the Vale of Glamorgan - having at least twice as many outpatients waiting over 18 months per thousand head of population than those in any other Local Health Board¹³. There are similar discrepancies for inpatients/day cases, where the number waiting over 18 months per thousand head of population varied threefold between different Local Health Boards at the end of December 2003.

¹⁰ Excluding Velindre NHS Trust as a specialist trust providing cancer services but includes Powys Local Health Board.

¹¹ These two trusts provide specialist services on a regional basis.

¹² This excludes Velindre NHS Trust as a specialist trust providing cancer services but includes Powys Local Health Board.

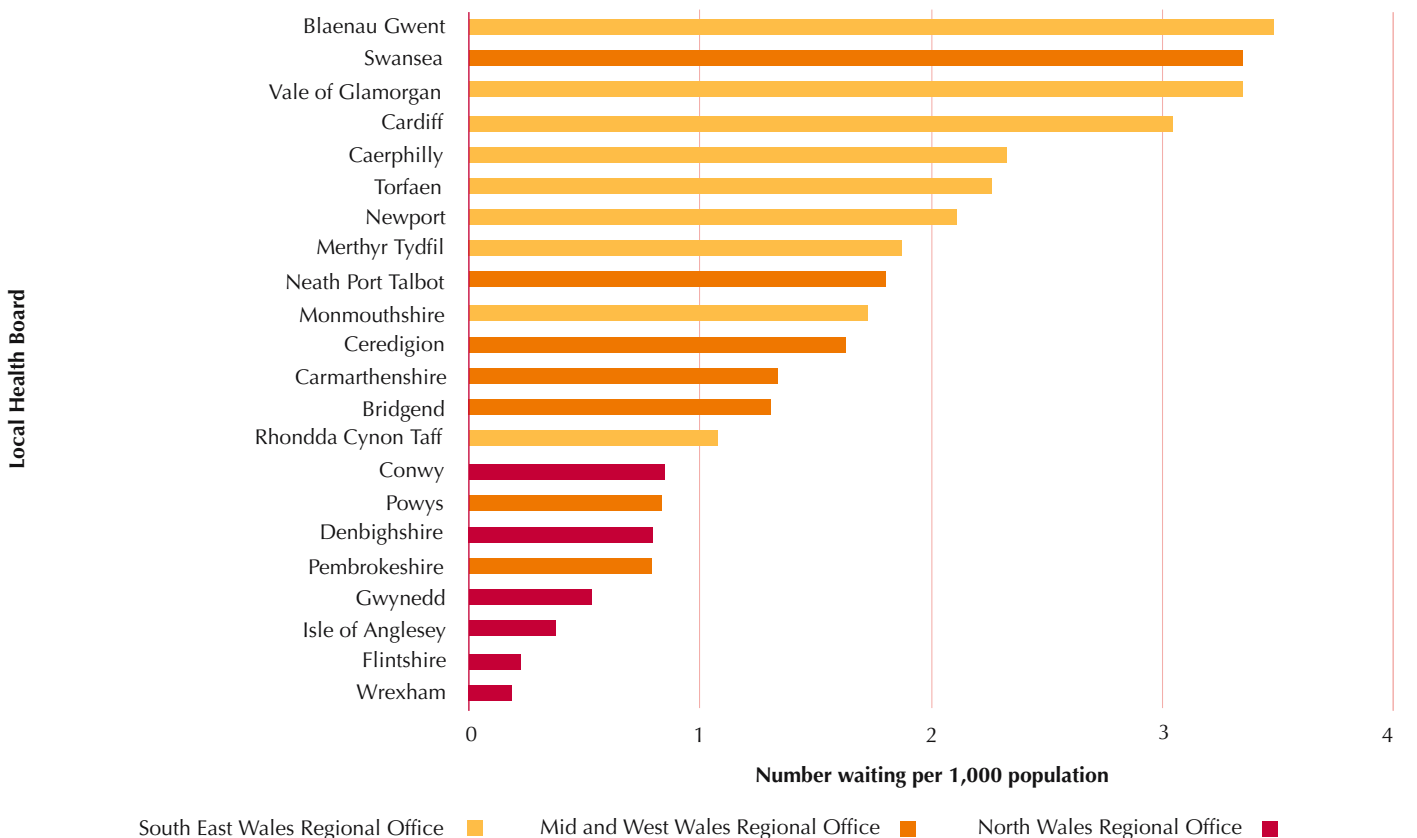
¹³ These figures include services commissioned nationally by Health Commission Wales.

16 Numbers waiting over 18 months for a first outpatient appointment or inpatient/day case treatment per 1,000 head of population December 2003

Outpatients waiting over 18 months December 2003



Inpatient/day cases waiting over 18 months by 1,000 head of population December 2003



Source: National Audit Office Wales, based on 2001 Census and Statswales

4.9 Figure 16 shows that patients in south east Wales are far more likely to face waiting times over 18 months than those in north Wales, with those in mid and west Wales generally in between. Overall, such regional variations show that the waiting time experience of patients can depend on where they live. This finding was reinforced by our survey of Welsh GPs. Appendix 5 shows that when we analysed GPs' responses to various questions about ease of access to particular specialties and changes in the ease of access over the past two years, GPs from south east Wales region consistently identified the most significant difficulty in accessing services, whereas those from north Wales generally found access easier. The Health and Social Services Committee of the National Assembly for Wales recently commissioned a review (see the box below) of the allocation of resources to meet health need, which recommended a gradual move to a formula which better reflects differential health needs and thereby reduces the inequities of access shown in Figure 16.

The Townsend review of the allocation of health resources

The Health and Social Services Committee of the National Assembly for Wales commissioned a Resource Allocation Review in February 2000. The review was headed by Professor Peter Townsend of Bristol University and the London School of Economics, to consider the allocation of resources to advise 'how equitable access to appropriate quality health services in accordance with health need' should be developed in the context of rising health inequalities in Wales. The review found that the current distribution of resources does not match the distribution of disease in Wales. The review published its report in July 2001, and recommended a gradual transition to a needs-based resource allocation formula to better match health need and health expenditure to reduce inequities. This process has already begun, with funds moving in transitional phases between Local Health Boards according to the needs-based resource allocation formula.

4.10 Regional variations in waiting times extend to tertiary services - those highly specialised services, such as Plastic Surgery, Neurosurgery and Cardiac Surgery, which are commissioned nationally by Health Commission Wales (the organisation responsible for commissioning specialised services on a national basis for all Welsh patients). Health Commission Wales informed us that tertiary patients in north Wales tend to be referred to English providers and consequently face shorter waiting times than patients elsewhere in Wales, who tend to be referred to the two main tertiary centres in south Wales, Cardiff and the Vale and Swansea NHS Trusts, which are the two trusts which account for the majority of Welsh patients who have experienced waiting times over eighteen months. For cardiac surgery, waiting times are much shorter than this. Figure 19 shows that in the highly specialised areas of Neurosurgery, and less so Plastic Surgery, patients who waited the longest time for treatment had shorter waits if they were referred to English providers than if they were referred to Welsh providers.

Wales has longer waiting times than England and Scotland, although waiting times are shorter than in Northern Ireland

4.11 As well as the considerable regional variation in waiting times within Wales, there are relative differences in waiting times between Wales and other parts of the United Kingdom. This section of the report compares waiting times in Wales with those in England, Scotland and Northern Ireland to identify whether Welsh patients receive services as speedily as patients elsewhere in the United Kingdom, focusing on:

- variations in the way waiting times are counted and waiting lists defined in the different parts of the United Kingdom;
- taking these variations into account, a comparison of actual waiting time performance in the different parts of the United Kingdom;
- waiting times for Welsh patients treated by English providers; and
- actual waiting times for those waiting over 18 months in Wales.

Waiting time comparisons between the different parts of the United Kingdom are not straightforward, particularly for outpatients, because of differences in the way the waiting lists are counted

4.12 We found that the data definitions used by the Welsh Assembly Government to decide which patients to count on the **inpatient and day case waiting list** are broadly consistent with those in use in England, Scotland and Northern Ireland. Assembly officials have produced a comparison of waiting time definitions, which supports this conclusion, and appears in Appendix 4. The major difference in counting inpatient/day case waiting lists relates to Scotland, where a wide range of exemptions (known as 'Availability Status Codes') can currently be applied to exempt patients from the 'waiting time guarantee' of treatment within nine months, mainly: when patients do not attend; would be suspended in England and Wales; where treatment is deemed to be highly specialised; where a patient's clinical condition makes them unavailable for treatment; or if a treatment is judged to have a low clinical priority (for example the removal of a tattoo) and this is agreed both by the consultant and patient - there are around 1,200 patients with an Availability Status Code for this reason. Such patients are exempt from the waiting time guarantee but are included in the waiting list statistics. At the end of December 2003, around one quarter of all patients waiting for treatment in Scotland were exempted in this way, although the Scottish Executive has pledged to abolish these exemptions by the end of 2006.

4.13 However, there are greater differences in the way the **outpatient waiting list** is counted, with Wales counting a wider range of patients on its waiting list than the other parts of the United Kingdom. Scotland does not yet have a 'live' outpatient waiting list, instead reporting retrospectively on the time patients, who had attended a first outpatient appointment in the previous quarter had waited. The principal difference between Wales and England is that Wales counts all referrals for a first outpatient appointment irrespective of the source of the referral, whereas England counts only GP or General Dental Practitioner referrals for a first outpatient appointment to a consultant. Unlike England, Wales counts on its waiting lists referrals from Accident and Emergency, other consultants and prosthetists, in addition to GP referrals.

4.14 Wales is unique in the United Kingdom in counting a broader range of patients on its outpatient waiting list, and applying waiting time targets for this broader range of patients. This wider definition of which patients are subject to waiting time targets contributes to a fuller understanding of the waiting time issue in Wales. Based on our analysis of the outpatient waiting list at two trusts and in England¹⁴, we estimate that the Welsh outpatient waiting list is between 20 and 30 per cent larger than it would be if it applied the same definitions as England. However, this tells us little about actual waiting times, which we explore in the next section of this report.

Nevertheless, Wales has relatively long waiting times compared with most other parts of the United Kingdom

4.15 Despite spending on average 16 per cent more per head than England over the five years from 1997-98 to 2001-02, Wales has relatively long waiting times¹⁵. We analysed relative waiting time performance in the different parts of the United Kingdom at the end of March 2004, using the following key measures:

- the percentage of those on the waiting list waiting over three, six, twelve and 18 months; and
- the the number of patients waiting over three, six, twelve and 18 months per thousand head of population.

4.16 Although there are differences in the way the outpatient waiting list is counted in Wales, it is still possible to estimate relative outpatient waiting time performance. **Figures 17 and 18 overleaf** analyse outpatient and inpatient/day case waiting times in each part of the United Kingdom, and show that waiting times are generally longer in Wales compared with England, but they are shorter than in Northern Ireland. This applies, where it is possible to identify it, to the percentage of the outpatient waiting list that is waiting over six, twelve and 18 months, as well as to the index of the numbers waiting longer than these intervals per thousand head of population. When waiting times are related to the population of the different parts of the United Kingdom, there are many more patients in Wales per thousand head of population waiting over six months, compared with England, although the figure is lower than the equivalent in Northern Ireland. At the end of March 2004, there were 68,845 patients waiting over six months in Wales compared to 18 patients waiting over 6 months in England. Despite the fact that Wales includes between 20 and 30 per cent more patients on its waiting list compared with England, the figures suggest a material difference in waiting times.

¹⁴ Department of Health waiting times website, <http://www.performance.doh.gov.uk/waitingtimes/>

¹⁵ The Review of Health and Social Care in Wales: The Report of the Project Team advised by Derek Wanless, (June 2003), p.31, based on Public Expenditure Statistical Analyses 2003, HM Treasury, page 95, http://www.hm-treasury.gov.uk/media/81937/pesa_03_652.pdf.

17 Outpatient waiting time performance in the United Kingdom at the end of March 2004

	England	Wales	Northern Ireland
Population (000)	49,181	2,903	1,689
Total Waiting	Not clear ³	219,559	148,058
Per 1,000 head	N/A	76	88
Waiting over 3 months	40,054	117,358	84,578
% total waiting	N/A	53%	57%
Per 1,000 head	1	40	50
Waiting over 6 months	18	68,845	55,939
% total waiting	N/A	31%	38%
Per 1,000 head	0	24	33
Waiting over 12 months	Not clear ³	21,626	29,076
% total waiting	N/A	10%	20%
Per 1,000 head	N/A	7	17
Waiting over 18 months	Not clear ³	6,204	17,113
% total waiting	N/A	3%	12%
Per 1,000 head	N/A	2	10

18 Inpatient/day case waiting time performance in the United Kingdom at the end of March 2004

	England	Wales	Northern Ireland	Scotland
Population (000)	49,181	2,903	1,689	5,064
Total Waiting	905,578	74,684	49,975	110,277
Per 1,000 head	18	26	30	22
Waiting over 3 months	321,768	41,891	27,398	26,435
% total waiting	36%	56%	55%	24%
Per 1,000 head	7	14	16	5
Waiting over 6 months	79,210	26,316	17,059	5,729
% total waiting	9%	35%	34%	5%
Per 1,000 head	2	9	10	1
Waiting over 12 months	17	8,457	7,360	0
% total waiting	0%	11%	15%	0%
Per 1,000 head	0	3	4	0
Waiting over 18 months	0	1,401	3,604	0
% total waiting	0%	2%	7%	0%
Per 1,000 head	0	0.5	2	0

NOTES TO FIGURES 17 AND 18

- 1 The total waiting figure for Scotland includes patients with an Availability Status Code - see 4.12 - 28,949 at the end of March 2004.
- 2 Because Scotland does not have a live outpatient waiting list, direct comparisons are impossible, although 86 per cent of outpatients were seen within twenty six weeks in the quarter which ended in March 2004, and the median waiting time for that quarter was 56 days.
- 3 Not clear signifies that the information is not published against the particular measure concerned.
- 4 The waiting time data for England is based on commissioner, rather than provider, figures, as these figures exclude patients resident outside England. The figures do include NHS funded patients living in England but who are waiting for treatment in Wales, Scotland and Northern Ireland, abroad or in private hospitals.

- 4.17 Although there have been considerable reductions in long inpatient/day case waiting times in Wales during the first four months of 2004, Figure 18 shows that Wales compares unfavourably with England and Scotland against all inpatient/day case measures. While England and Scotland have largely eliminated waiting times of over a year, at the end of March 2004 over 8,000 patients had been waiting over twelve months in Wales, of whom 1,401 had been waiting over 18 months. Only Northern Ireland consistently performs worse than Wales against inpatient/day case measures.
- 4.18 The differential waiting time performance in England and Wales suggested by the statistics in Figures 17, 18 and 19 has been consistently reinforced by the interviews and survey work we carried out. Both commissioners and providers of health care, as well as Community Health Councils, along the English border informed us that there was a clear and material difference between English and Welsh outpatient and inpatient/day case waiting times, with much shorter waiting times in England compared with Wales. **Figure 19** shows that in most specialties, the longest waiting times for Welsh patients referred to English providers, defined by the ninetieth percentile¹⁶, is lower than the equivalent figure for those referred to Welsh providers. This is especially acute for tertiary specialties, such as Neurosurgery (see 4.3).
- 4.19 We also asked Welsh commissioners of services from English providers whether Welsh patients were treated differently from English patients in terms of waiting times. Most commissioners indicated that each English provider follows their own custom and practice in waiting list management, although in most cases they do not operate a separate waiting list and waiting time targets for patients from Wales. Generally, commissioners believed that English providers treated Welsh patients according to clinical priority and their standard waiting list management policy. Some patients, however, have had different experiences because Welsh health care commissioners would not be expected to fund English waiting time targets (see box below). Changes in English waiting time targets represent a considerable challenge for Welsh commissioners - we consider the implications of differential English waiting times in Volume 2. Figure 19 shows that Welsh patients treated by English providers between January and September 2003 generally waited less time than Welsh patients treated by Welsh providers.

A patient's experience of English waiting lists

'When I contacted hospital to ask where I was on the list I was informed that as I lived in Powys I had to wait longer than patients in Shropshire, up to 8 months longer'.

'I rang the English hospital in September and was told they were taking no non urgent patients from Powys which I find unacceptable.'

Source: National Audit Office Wales survey of patients

Welsh patients who wait over 18 months sometimes face extremely long waits

- 4.20 Official waiting time statistics in Wales do not record how long patients 'waiting over 18 months' actually wait. In Northern Ireland, where waiting times are longer than those in Wales, the Department of Health, Social Services and Public Safety publishes information on the number of patients waiting over two years for treatment, as well as those waiting over 18 months.
- 4.21 We analysed data, provided by the five Business Services Centres, for patients who had been waiting over 18 months for treatment at the end of December 2003. **Figure 20** shows that at this time some 1 and 3 per cent of the total number of patients waiting had been waiting over two years for a first outpatient appointment or inpatient/ day case treatment respectively¹⁷. In Northern Ireland the extent of waits of two years or more is larger than that in Wales. By contrast, at the end of December 2003¹⁸ there were no patients waiting over nine months in Scotland, and only 25 waiting over one year in England.

¹⁶ We used the ninetieth percentile, which is calculated by arranging the range of waiting times in order of size and dividing them by one hundred - the waiting time for the patient who is at the ninetieth point in the range of all patients is the 'ninetieth percentile'

¹⁷ The sample of patients waiting over 18 months included patients waiting for tonsillectomies.

¹⁸ We selected this date in order to analyse inpatient/day case waiting times before the £5 million expenditure on the Second Offer Scheme impacted on the long-term historical trend.

19 Ninetieth percentile waiting times by specialty for completed inpatient or day case treatment (January-September 2003)

Specialty	90th percentile waiting times for all Welsh providers(months)	90th percentile waiting times of Welsh residents treated by English providers(months)	Range of ninetieth percentile waiting times (Welsh trusts)
	Months	Months	Months
ENT	12.6	11.6	3.9-22.5
General Surgery	13.4	10.8	5.4-25.6
Neurosurgery	18.7	10.5	18-19.8
Ophthalmology	7.7	10	3-12.3
Plastic Surgery	12.7	12	4-13
Trauma and Orthopaedics	18.1	15.9	9.2-24.1
Urology	9.5	9.6	4.7-17.4

Source: Patient Episode Database for Wales (PEDW) data provided by Health Statistics Wales

20 Over 18 month waiting times in Wales and Northern Ireland at the end of December 2003

	Wales		Northern Ireland	
	Total	% of total waiting	Total	% of total waiting
Outpatients				
18-23 months	5,959	3	5,850	4
2-3 years	2,569	1	11,071	7
3-4 years	654	0.3	Not clear	NA
Over 4 years	139	0.06	Not clear	NA
Total	9,321	4	16,921	11
Inpatients/day cases				
18-23 months	1,789	2	2,025	4
2-3 years	1,839	2	3,329	6
3-4 years	522	1	Not clear	NA
Over 4 years	156	0.2	Not clear	NA
Total	4,306	5	5,354	10

NOTES

Because of specific problems with actual waiting time information for some patients from North Wales waiting for Plastic Surgery outpatient and inpatient/day case treatment, and minor issues in reconciling some aspects of the datasets, these figures are 14 and 5 per cent lower than the published inpatient/day case and outpatient waiting times statistics for December 2003.

Northern Ireland only collects details of patients waiting over 24 months. Details about waiting times in the two to three year, and three to four year timebands are not routinely collected.

Source: National Audit Office Wales analysis of data submitted by Business Service Centres and waiting time statistics from Northern Ireland

Although there are relatively high numbers of patients waiting over 18 months for treatment in Wales, there are other measures which show that most patients face shorter waiting times

4.22 Although there are relatively high numbers of patients waiting over one year in Wales compared with England and Scotland, most patients in Wales do not wait this long. We analysed the actual completed waiting times for patients receiving inpatient or day case treatment in the three specialties on which we focused - General Surgery, Trauma and Orthopaedics and Ophthalmology - between January and September 2003. The waiting time figures do not take account of periods of suspension, and so could be slightly overstated in some cases (trusts have a target that no more than five per cent of the waiting list should be suspended, meaning that only a small number of the sample would be affected by suspensions).

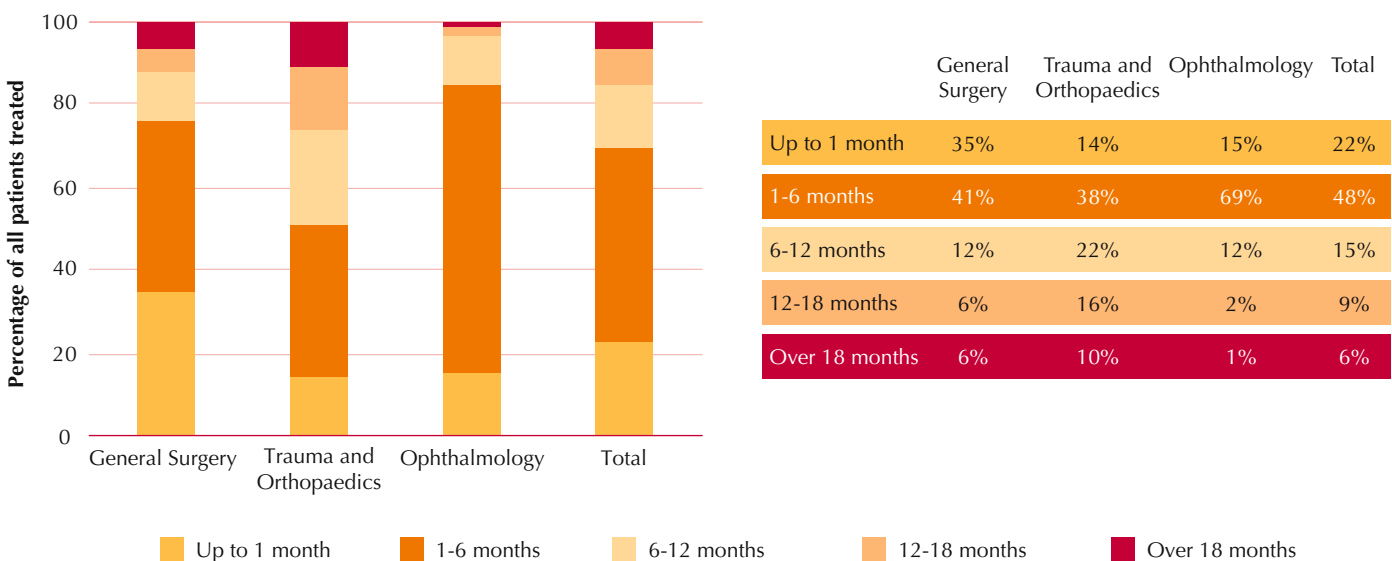
4.23 **Figure 21** shows that in all three specialties, most patients received treatment within six months of being placed on the waiting list. In General Surgery, a relatively high proportion of patients - 35 per cent - was treated within one month, reflecting the high incidence of urgent cancer patients within this specialty. The Trauma and Orthopaedics waiting list had the longest tail, with 26 per cent of patients waiting over one year for treatment, compared with 12 and 3 per cent for General Surgery and Ophthalmology respectively. Overall, 85 per cent of patients in all specialties received treatment within twelve months while 15 per cent waited over twelve months for treatment.



21

Completed waiting times for patients receiving inpatient or day case treatment in General Surgery, Trauma and Orthopaedics and Ophthalmology (January-September 2003)

Time waited by patients from the inpatient/day case waiting list between January and September 2003.



Source: National Audit Office Wales

4.24 Median waiting times are skewed by urgent patients, particularly in specialties such as General Surgery, where activity ranges from urgent cancer surgery to routine surgery for hernias and varicose veins. Consequently, we used the distributions shown in Figure 21, and also considered the longest waiting times¹⁹ for the main surgical specialties. Figure 19 shows that in most cases this was less than 18 months, although in both Trauma and Orthopaedics and Neurosurgery, it was over 18 months. Figure 19 also shows the range of the ninetieth percentile waiting time between different providers, which again reflects regional variation in waiting times.

- initiatives taken to improve the management of the waiting list - ensuring its accuracy and selecting patients from the list - in order to deliver shorter waiting times.

The number of people waiting for a first outpatient appointment has more than doubled since 1997, whereas the number waiting for treatment has remained fairly stable

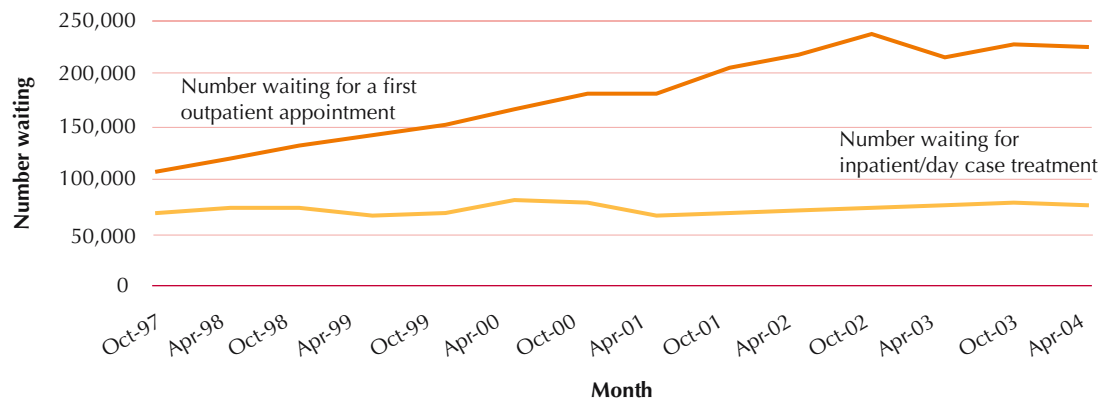
The size of the waiting list, and waiting list management, affect waiting times

4.25 Although the Welsh Assembly Government has moved away from a policy based on the number of patients waiting to one which addresses the time patients wait, the size of the waiting list does influence waiting times, particularly in the way that patients are selected from the list. This section of the report addresses:

- changes in the profile of the outpatient and inpatient/day case waiting list; and

4.26 **Figure 22** shows that between October 1997 and April 2004 the number of patients on the outpatient waiting list rose by 108 per cent, whereas the number on the inpatient/day case waiting list was far more stable, increasing by 12 per cent over the same period. By contrast, in England the inpatient/day case waiting list reduced in size by some 23 per cent between March 1997 and March 2004. Such an increase in the size of the outpatient waiting list inevitably affects waiting times - between April 2000 and April 2004 the outpatient waiting list in Wales increased in size by 36 per cent, while over 18 month waits for a first outpatient appointment increased by 75 per cent.

22 The changing size of Welsh waiting lists



Source: National Audit Office Wales

¹⁹ We used the ninetieth percentile, which is calculated by arranging the range of waiting times in order of size and dividing them by one hundred - the waiting time for the patient who is at the ninetieth point in the range of all patients is the 'ninetieth percentile'.

There has been considerable investment in improving waiting list management, although there remain indications that waiting list management could be more effective

4.27 With such large numbers of patients on waiting lists in Wales, the way that the lists are managed, and the order in which patients are selected from the lists, has a significant impact on waiting times. This applies both to the inpatient/day case and outpatient waiting lists. In both cases, patients are traditionally prioritised by the relevant consultant as urgent, soon or routine. Routine patients tend to form the tail of the waiting list. As urgent referrals increase, or soon patients become

urgent in the course of their wait for treatment, some routine patients continue to slide down the waiting list and may never receive treatment if they are not treated in the order in which they were placed on the waiting list. Consequently, the Welsh Assembly Government has devoted considerable attention to the way in which clinicians manage their waiting lists. In November 2003 the Welsh Assembly Government published *A Guide to good practice*, which highlights best practice in waiting list management. Some of the key techniques and initiatives are summarised in the box below. Volume 2 discusses the practical impact of some of these techniques in health communities.

23 Key techniques of good waiting list management

Validation of the waiting list - involves checking that the waiting list is accurate and that all patients on the list still require treatment or a consultation, and are available for an immediate appointment. There are a number of forms of validation, ranging from checking data against patient records, telephoning patients or writing to them to confirm their ongoing suitability for treatment. Additional validation sometimes takes place when Extended Scope Practitioners see patients who have been waiting for a long time to identify the best pathway for their care. Our survey of trusts suggested that validation of the inpatient/day case waiting list was more frequent than validation of the outpatient waiting list. Welsh Assembly Government guidance requires validation to take place when the patient is placed on the waiting list, and then after six, twelve and 18 months, with six monthly validation every six months thereafter.

Treating in turn - Innovations in Care - the part of the Welsh Assembly Government responsible for initiating and embedding change within local NHS organisations in Wales - is running a major two-year, £3 million programme to introduce more equitable waiting times by ensuring patients are treated in turn. They are recommending that consultants use only two priorities - urgent and routine - and that urgent patients are seen first, with routine patients seen strictly according to the date on which they were placed on the waiting list. In this way, the longest waiting times should be reduced. Consultants we met expressed some concern over clinical prioritisation, but remained optimistic that treating in turn would be effective as long as their ultimate clinical decisions were not compromised. Innovations in Care estimates that the successful introduction of treat in turn has the potential to reduce over 18 month waiting times by 50 per cent within a year, and that it could lead to maximum waiting time targets of twelve months by March 2005.

Suspension from the waiting list - Suspension occurs if a patient is unable to have treatment for medical or social reasons. Medical reasons might include a patient being overweight, pregnant or suffering from an associated medical condition which requires treatment before a patient would be fit for surgery. Social reasons cover situations which make a patient unable to have treatment, such as responsibilities as a carer, holidays or working abroad. The patient remains on the waiting list, but is suspended until they are able or fit to have treatment. Welsh Assembly Government guidance states that suspensions should not last longer than six months, unless the patient is a pregnant woman. This is consistent with guidance in force elsewhere in the United Kingdom.

Source: National Audit Office Wales

There remain indications that waiting list management could be more effective

- 4.28 Despite considerable effort and investment in waiting list management through various Innovations in Care programmes (see Volume 2, 4.56 - 4.61), there are a number of indicators that waiting lists are not as accurate as they could be. This does not necessarily reflect poor practice by trusts, as patients may elect to remain on a waiting list for as long as possible before making a decision when they are actually offered a date for a consultation or treatment. Long waiting times can exacerbate this perceived pattern of patient behaviour.
- 4.29 Between December 2003 and March 2004, the Welsh Assembly Government provided £5 million funding to prepare for the Second Offer Scheme by offering immediate treatment to those who had been waiting over 18 months on the inpatient/day case waiting list. **Figure 24** shows that 28 per cent of the patients contacted during the project were removed from the waiting list without treatment following validation, were not contactable, or were suspended from the list for clinical or social reasons.
- 4.30 The Welsh Assembly Government has set a target that no more than five per cent of the waiting list should be suspended from the list at any time (see Figure 23). This is important to ensure that trusts do not use suspensions to hold patients whom they cannot treat within Welsh Assembly Government targets. Our survey of trust chief executives showed that this target had not been achieved at the end of December 2003, when eight per cent of the inpatient/day case waiting list was suspended.
- 4.31 The Welsh Assembly Government does not publish information on the number of patients suspended from the waiting list, in contrast to the Department of Health in England. At the end of March 2004, eight per cent of patients in England were suspended, with a further seven per cent deferred. Scotland publishes statistics about the number of patients with an Availability Status Code (see 4.12), who at the end of December 2003 represented 26 per cent of the total number waiting.

24 Outcomes of the preparatory project for the Second Offer Scheme, January-April 2004

Analysis of patients contacted	Number	Percentage
Treated	1,050	31
Treatment planned for April at alternative providers	157	5
Removed from list following validation	606	18
Suspended from list for clinical or social reasons	153	5
Agreed to travel but provider not identified	11	0.3
Clinical reasons for remaining with trust, including returns from alternative providers	484	14
Declined offer of treatment at an alternative provider	751	22
No reply from patient, awaiting validation	187	5
Total	3,399	100

Source: Welsh Assembly Government

KEY POINTS

from Part 4

- Substantial regional variations within Wales mean that waiting times can depend on where patients live - waiting times are much shorter in north Wales than in other parts of Wales, with the longest waiting times in south east Wales.
- The overall waiting time position is driven by particular trusts and specialties. Two trusts account for the majority of outpatient and inpatient/day case waiting times over 18 months. The most problematic specialties are Plastic Surgery, Orthopaedics, Neurosurgery, General Surgery, and Ear Nose and Throat.
- Waiting time comparisons between different parts of the United Kingdom are not straightforward because of differences in waiting list definitions. This applies particularly to outpatient waiting times.
- Nevertheless, waiting times in Wales are considerably longer than those in England and Scotland, although waiting times are shorter than those in Northern Ireland:
 - While over 6,000 Welsh patients had been waiting over 18 months for a first outpatient appointment at the end of March 2004, only 18 English outpatients (as counted there) had been waiting over six months at this time.
 - Waiting times for inpatient/day case treatment mirror this position: while no Scottish patients and 17 English patients had been waiting over 12 months at the end of March 2004, just under 8,500 Welsh patients had been waiting over 12 months.
- As England and Scotland continue to move towards shorter waiting time targets, waiting times in Wales are likely to become even longer by comparison.
- Those who have been waiting over 18 months sometimes face very long waiting times. At the end of December 2003, 1 and 3 per cent of the total number of patients waiting, for a first outpatient appointment or inpatient/day case treatment respectively, had been waiting over two years.
- However, patients facing such long waiting times are in the minority, with most patients experiencing a much shorter waiting time than those who have been waiting over 18 months.
- The size of the waiting list can influence waiting times - whereas in Wales the size of the inpatient/day case waiting list has remained fairly stable over the last seven years, the outpatient waiting list has more than doubled in size over the same period.
- Despite considerable investment in improving waiting list management, there are indications that the waiting list could be much more accurate. The fact that 28 per cent of those contacted in preparation for the introduction of the Second Offer Scheme were removed from the waiting list following validation, did not respond, or were suspended from the waiting list without receiving treatment, exemplifies the scope to improve further waiting list management.



Appendix 1

Methodology

Our study methodology involved the following stages:

- 1 A background literature review - including external reviews, academic works, the work of the Organisation for Economic Co-operation and Development, the Audit Commission in Wales, the Commission for Health Audit and Inspection (now the Healthcare Commission) and Welsh Assembly Government strategy documents - and consultation with academics and clinicians. This, together with preliminary meetings with key Assembly officials and others, informed decisions about the scope of the study and the key questions which the examination sought to answer.
- 2 An extensive programme of interviews and meetings with leading health service administrators and clinicians, as well as representatives of other organisations and interested parties in the field of health and social care. This included:
 - key officials of the Welsh Assembly Government in the Performance, Quality and Regulation Division; Innovations in Care; the Health Information & Facilities Division; the NHS Finance Division; and the Social Care Policy Division;
 - Directors of Performance and Improvement in all three NHS Wales Regional Offices;
 - Health Solutions Wales;
 - the British Medical Association;
 - the Board of Community Health Councils in Wales; and
 - the Association of Directors of Social Services.
- 3 We maintained a particularly close working relationship with colleagues from the Audit Commission in Wales and drew on their existing work.
- 4 We collated and analysed relevant statistical data, from a number of sources, of which the following were especially important:
 - the Audit Commission's Acute Hospital Portfolio Phase 3, which provides data on outpatients, waits for admission, operating theatres and bed management;
 - data in the National Assembly for Wales' annual publication, Health Statistics Wales;
 - information provided by Health Solutions Wales, which maintains corporate national health databases, including Patient Episode Data Wales, covering all inpatient and day case activity;
 - the Assembly's published waiting times statistics and data published on Statswales (<http://www.statswales.wales.gov.uk>), the Assembly's statistical website;
 - the NHS Finance Division of the Welsh Assembly Government, which provided details of funding disbursed by the Welsh Assembly Government for waiting time initiatives;
 - the survey questionnaires completed by trust and Local Health Board chief executives, consultants, GPs, Community Health Council chief officers and patients (see paragraph 5); and
 - the Welsh Assembly Government's database of delayed transfers of care.

5 Surveys, by postal questionnaire, as follows:

Group surveyed	Issues covered	Response
All GPs in Wales	Patients' ability to access services/specialities; the impact of waiting on patients and GP workload; improvements in waiting times; the impact of 10 day cancer target; suspensions from the waiting list; validation of the waiting list; referral practices; pooled waiting lists; and means of improvement.	17 per cent
All consultants in Trauma & Orthopaedics, Ophthalmology and General Surgery	Consultants' own waiting times; waiting time information available to them; barriers to reducing waiting times; the impact of waiting on patients; referral and prioritisation; action taken to reduce long waits; and the impact of partial booking.	31 per cent
Chief executives of Welsh trusts	Waiting list management; partial booking; delayed transfers of care; commissioning arrangements; performance management; demand management and resource utilisation; and learning from best practice.	100 per cent
Chief executives of Local Health Boards	Commissioning secondary care services; and future commissioning arrangements.	100 per cent
Chief officers of Community Health Councils	Patients' experience of waiting times (expectations, complaints, cancellations); and tackling waiting times (partial booking, alternatives to hospital admission; pooled waiting lists).	45 per cent
Patients (questionnaires circulated via Consultants and Community Health Councils)	Length of time on waiting list; the impact of waiting on patients' condition and general well-being; information provided to patients; and cancellations.	113 surveys returned

- 6 We visited six NHS trusts in Wales. Three initial visits were carried out to identify key issues, trends and best practice: Bro Morgannwg; Cardiff & the Vale; and North West Wales. Then, after surveys had been received and analysed, we undertook follow-up visits to Carmarthenshire; Gwent Healthcare and North East Wales. The duration of visits ranged from one to five days. In each case, we reviewed key documentation and carried out semi-structured interviews with appropriate managers and clinicians. We examined and documented examples of innovative approaches to the challenges presented by waiting times and identified case studies of good practice.
- 7 We visited six local health boards (Caerphilly; Cardiff; Denbighshire; Flintshire; Powys; Vale of Glamorgan) to interview key officials about waiting times and commissioning in Wales. Similarly, we visited Health Commission Wales to discuss their experience of commissioning tertiary services.
- 8 We visited health departments and audit bodies in Scotland and Northern Ireland to discuss their approaches to waiting times and facilitate comparisons with Wales. In addition, we obtained details of the Department of Health's approach to waiting times in England by correspondence, as well as close liaison with our colleagues in the National Audit Office in London.
- 9 We held a focus group of Community Health Council patient advocates, held during a two-day training event run by the Board of Community Health Councils in Wales. The focus group discussed waiting times and their impact on patients.
- 10 We also constituted an Expert Panel to advise us at key stages of the examination. Appendix 2 provides further detail about the role and membership of the Panel.

Appendix 2

Expert Panel function and membership

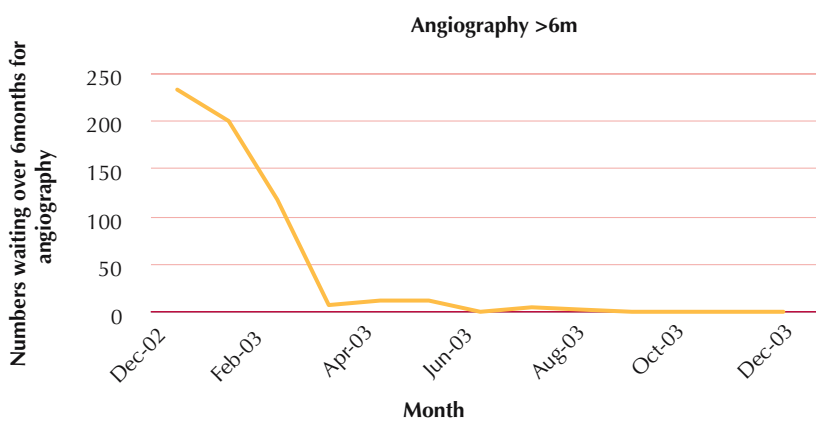
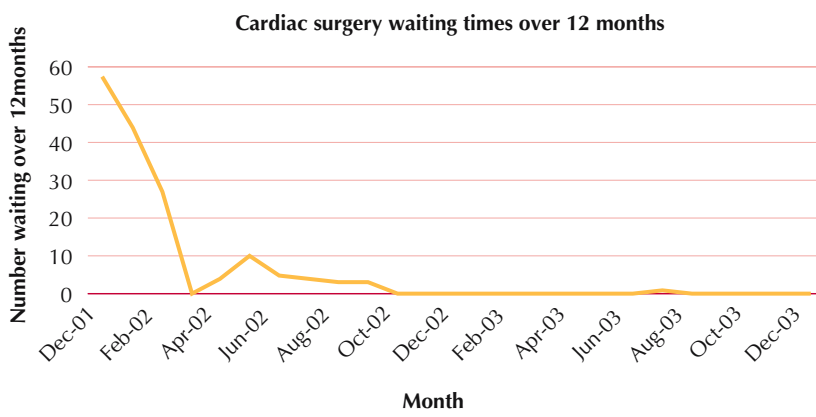
- 1 We constituted a panel of experts to advise us during the course of this examination. The panel members sat in an individual and advisory capacity, and had no executive role in the Auditor General for Wales' examination. We selected individuals to reflect an appropriate range of stakeholders in the issue of NHS waiting times.
- 2 The panel advised us at key stages of the examination. We held two meetings, which discussed:
 - the study scope and methodology; and
 - our emerging findings.
- 3 Panel members also provided advice remotely on the content of our various surveys, and all panel members received copies of our draft report for comment.
- 4 We are extremely grateful to the following members of our expert panel, who provided extremely helpful advice and gave freely of their time and expertise:
 - Dr Tony Calland, Chairman BMA Cymru;
 - Allan Cumming, Associate Director Innovations in Care;
 - Margaret Foster, chief executive Pontypridd and Rhondda NHS Trust;
 - Hugh Gardner, Vice Chair, Association of Directors of Social Services;
 - Peter Johns, Association of Welsh Community Health Councils;
 - Malcolm Latham, Audit Commission in Wales;
 - Dean Medcraft, Welsh Assembly Government, South-East Wales Regional Office;
 - Judith Paget, chief executive, Caerphilly Local Health Board;
 - Brian Rees, Royal College of Surgeons; and
 - Dr Rhiannon Tudor-Edwards, Centre for the Economics of Health, University of Wales, Bangor.

Appendix 3

Waiting time targets and their achievement in Wales

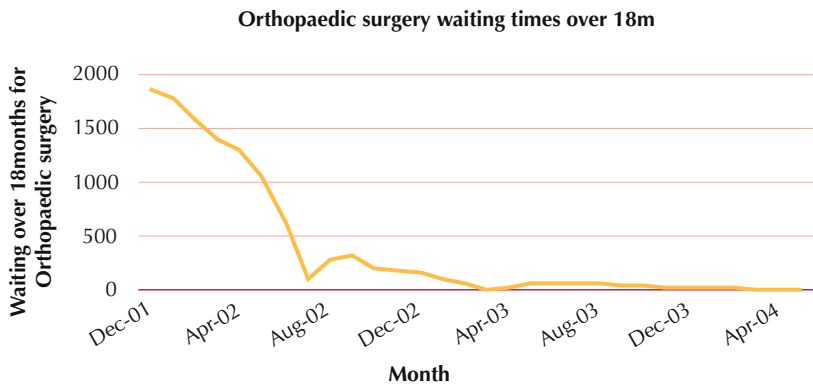
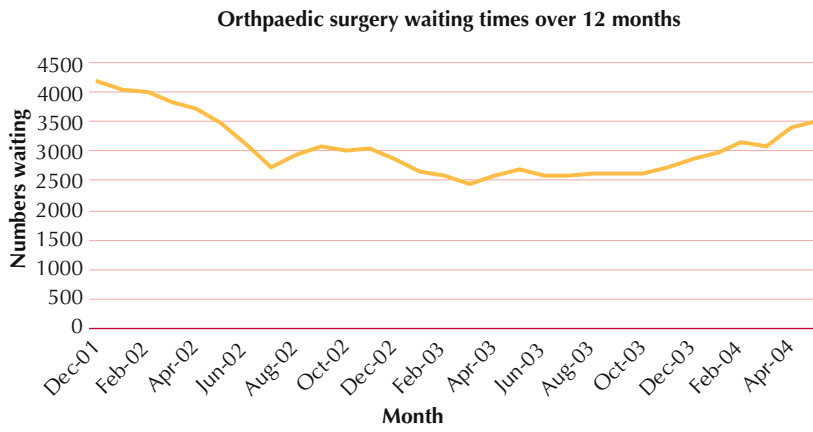
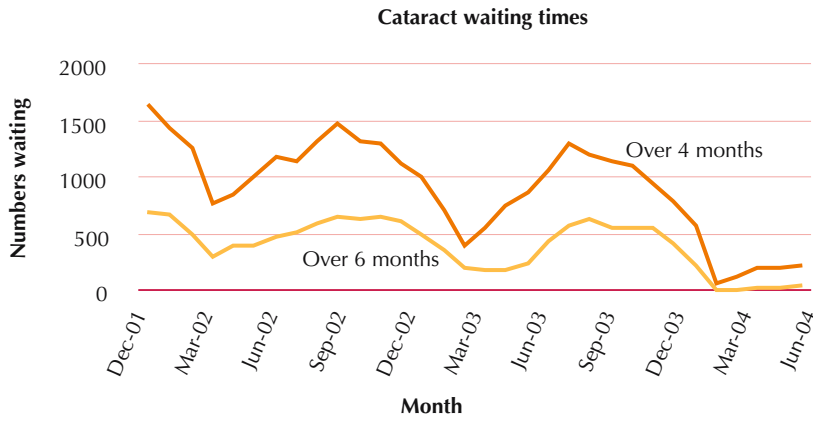
National target	Date for achievement and source	Achieved?	Variance
All referrals deemed urgent by a cancer specialist should be seen within ten days of a GP's request for an appointment.	End of 2001 (for at least four cancer types); March 2002 for all cancer types	?	There is no published information on the ten day query urgent cancer standard. However, from trust visits and performance reports submitted, none of five trusts complied fully with the ten day standard for all cancer types.
No patient needing routine cardiac surgery should wait more than 12 months for treatment (reducing to 10 then 8 months by March 2004 and March 2005 respectively).	March 2002	✓	12 month target achieved in March 2002. Subsequently target met in 14 out of 24 months between April 2002 and March 2004, with 34 reported breaches over that period (only three breaches since October 2002). The target has been complied with every month between August 2003 and March 2004.
Maximum waiting time for an angiography of 6 months	March 2004	✓	Between December 2002 and December 2003, the number of patients waiting over 6 months for an angiography fell from 232 to 0; there have been seven breaches between January and March 2004, with a single breach reported at the end of March 2004.

Performance profile over time



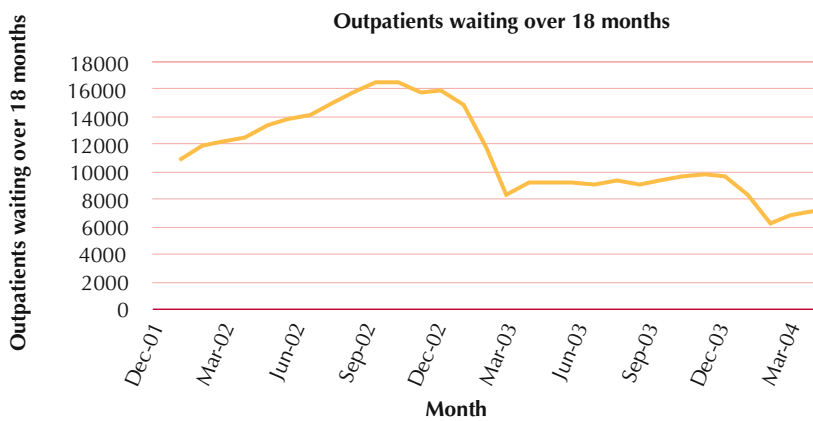
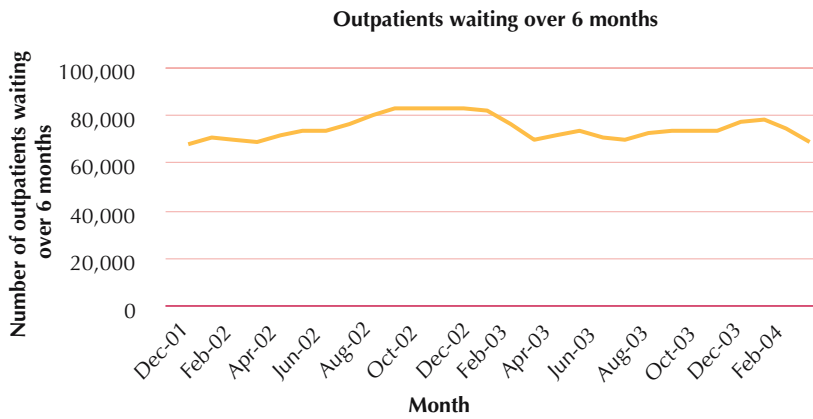
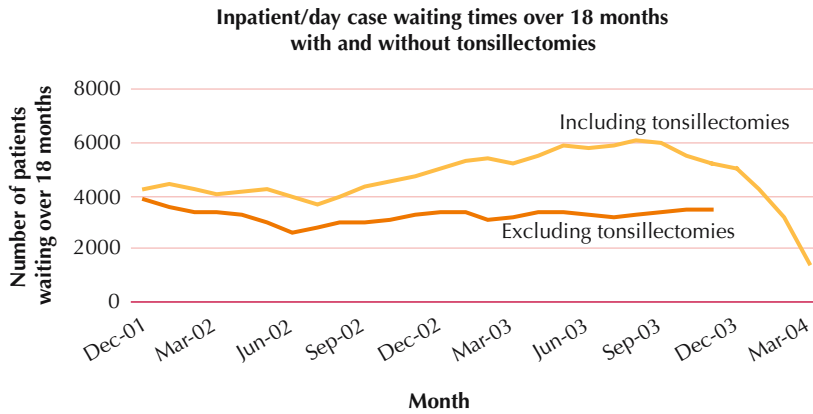
National target	Date for achievement and source	Achieved?	Variance
The maximum waiting time for cataract surgery will be four months	March 2002	✘	<p>769 patients had waited for over 4 months in March 2002, which rose to 1,242 in August 2003. There has been a significant reduction since February 2004 from 562 to 199 in May 2004. Between March 2002 and May 2004, the average monthly number of patients reported as waiting over 4 months was 895.</p> <p>Over the last three financial years, there has been a pattern of reductions in the numbers waiting over 4 months in the second half of the financial year, with increases in numbers in the first six months of the financial year.</p>
Achieve a sustained reduction year on year in the number of people waiting over 12 months for orthopaedic treatment	Ongoing - target seeks year on year improvements	✘	<p>The number waiting over 12 months did improve year on year, from 5,657 in January 2001, to 4,034 in January 2002 and 2,640 in January 2003. However, it rose to 2,988 in January 2004 and continued to rise during 2004, reaching 3,502 in May 2004, an increase of one third since January 2003.</p>
A maximum waiting time of 18 months for Orthopaedic treatment	July 2002	✘	<p>There have only been two months - March 2003 and March 2004 - when the 18 month maximum waiting time target was achieved. In May 2004 there were 7 breaches. The average monthly number of patients reported to have waited over 18 months between July 2002 and May 2004 was 79.</p>

Performance profile over time



National target	Date for achievement and source	Achieved?	Variance
<p>Aim to ensure that no one waits over 18 months for inpatient/day case surgery</p>	<p>This is to be achieved 'over time'</p>	<p>✘</p>	<p>In October 2003, there were 5,527 patients who had been waiting over 18 months. Between October 2002 and March 2004, the average monthly number of patients reported to have waited over 18 months was 4,983.</p> <p>However, there was a substantial reduction in those waiting over 18 months between September 2003 and March 2004, from 5,964 to 1,401.</p>
<p>Aim to make sure patients are seen within 26 weeks of referral for an outpatient appointment.</p> <p>Aim to reduce the number of outpatient waits of more than 6 months to nil by the end of 2002-03 subject to resource availability.</p> <p>The first step is to ensure a maximum waiting time of 18 months</p>	<p>The Health and Social Care Guide for Wales does not set a clear timescale in which this target is to be achieved</p> <p>March 2003</p>	<p>✘</p> <p>✘</p>	<p>6 months - in October 2002, 83,878 outpatients had been waiting over 6 months (35 per cent of all those on the waiting list). By March 2004, there had been a reduction of 22 per cent to 68,845 patients waiting over 6 months (31 per cent of all those on the waiting list).</p> <p>70,120 patients had been waiting over 6 months for an outpatient appointment in March 2003.</p> <p>Between April 2003 and March 2004, the average monthly number of outpatients waiting over 6 months was 73,400.</p> <p>18 months - In October 2002, there were 16,461 outpatients waiting over 18 months (7 per cent of waiting list). By March 2004 there had been a 62 per cent reduction, to 6,204 (3 per cent of the waiting list).</p>

Performance profile over time



Appendix 4

Comparison of waiting list definitions in Wales and other parts of the United Kingdom, produced by the Welsh Assembly Government's Statistical Directorate

Hospital Inpatient and Day Case Waiting List Statistics

Summary

English, Welsh and Northern Ireland waiting list definitions for in-patients and day cases are broadly comparable.

They include the use of the concept of suspending a patient from the waiting list (and hence not including them in the counts) when the patient is temporarily unable to be treated either because of their clinical condition or because of social reasons. Once the patient is again available for treatment they are again included in the counts.

Detail

England (NHS trust Based)

Contains information on patients waiting to be admitted to NHS hospitals in England, either as a day case or ordinary admission. Waiting times begin from the date the consultant decided to admit the patient.

Includes:

- Self-deferred cases i.e. where patients are offered a date but are unable to attend.

It does not include:

- patients admitted as emergency cases;
- outpatients;
- patients undergoing a planned programme of treatment e.g. a series of admissions or chemotherapy;
- expectant mothers booked for confinement;
- patients who are temporarily suspended from waiting lists for social reasons or because they are known not to be medically ready for treatment.

Wales

Contains all patients waiting for an admission from the active consultants' waiting list, on the final day of the month. Waiting times begin from the date when the original decision to admit was taken by the consultant.

Includes:

- booked cases;
- all patients waiting for their first treatment for the particular condition;
- patients whose planned admission is delayed;
- self deferrals - where an admission or appointment is cancelled by a patients for personal reasons;

Excludes:

- patients waiting for planned admissions for subsequent treatments;
- postponements due to medical reasons;
- emergency admissions and cases where admission is required immediately on medical reasons, but the patient requests a delay;
- transfer cases i.e. patients already occupying beds in the hospital but waiting for admission to another department or hospital.

Northern Ireland

Waiting times begin from the date when the original decision to admit was taken by the consultant.

Includes:

- Self-deferred cases i.e. where patients are offered a date but are unable to attend.

It does not include:

- patients admitted as emergency cases;
- outpatients;
- patients undergoing a planned programme of treatment e.g. a series of admissions or chemotherapy;
- expectant mothers booked for confinement (specialist codes 510 and 520);
- patients who are temporarily suspended from waiting lists for social reasons or because they are known to be medically ready for treatment.
- transfer cases i.e. patients already occupying beds in the hospital but waiting for admission to another department or hospital.

Scotland

Excludes:

- self deferrals - where a patient has asked to delay admission for personal reasons;
- patients who have refused a reasonable offer of admission;
- individual cases where, after discussion with the patient, the treatment has been judged of low clinical priority;
- patients who did not attend nor give any prior warning;
- patients under medical constraints (condition other than that requiring treatment), which affect their ability to accept admission date if offered;
- patients whose treatment is deemed to be highly specialised.

Hospital Outpatients Waiting List Statistics

Summary

In **Scotland**, they have yet to publish any data on outpatient waiting lists as this data collection has only recently started and is in the process of being quality assured.

In **England**, the published figures are based on the collection of *the number of GP or General Dental Practitioner written referrals for a first out-patient appointment by consultant specialty*.

In **Wales**, the published figures are based on the collection of *the total number of people waiting at the end of each month for a first outpatient appointment with a consultant, irrespective of the source of referral*. This includes:

- GP referrals;
- Referrals from an A&E department (different consultant);
- Referrals from a consultant, other than A&E;
- Referrals from a prosthetist;
- self-deferrals i.e. where an admission or appointment is cancelled by a patient for personal reasons;
- other source of referral.

The only exclusion is referrals made by the same consultant.

Detail

England (NHS trust Based)

Covers information on patients waiting for first outpatients appointments in NHS hospitals in England. It includes:

- private patients;
- patients referred from Scotland, Wales and Northern Ireland and overseas;
- NHS patients from England who were referred by a GP whether medial or dental.

It does not include:

- patients referred by consultants and other health professionals;
- self referrals and attendances at 'drop in' clinics;
- referrals resulting in ward attendances for nursing care;
- referrals initiated by the consultant in charge of the clinic.

Northern Ireland

It does not include:

- maternity specialties.

Wales

Covers all people waiting for a new outpatient attendance with a consultant irrespective of the referrer. The waiting time starts from the date on which the provider received the referral request. It includes:

- referrals from a GP;
- referrals from an A&E department (different consultant);
- referrals from a consultant, other than an A&E department;
- referrals from a prosthetist;
- other source of referral;
- other means e.g. 'following a domiciliary consultation by the consultant in charge of the clinic' or 'following a private consultation with the consultant in charge of the clinic'.
- self deferrals - where an admission or appointment is cancelled by a patients for personal reasons.

It excludes:

- patients referred by the same consultant;
- postponements due to medical reasons;
- follow-up cases for the same condition whether these arise as part of a regular procedure or for other reasons.

Source: Based on a Welsh Assembly Government document comparing waiting list definitions used in Wales with those used in England, Scotland and Northern Ireland.

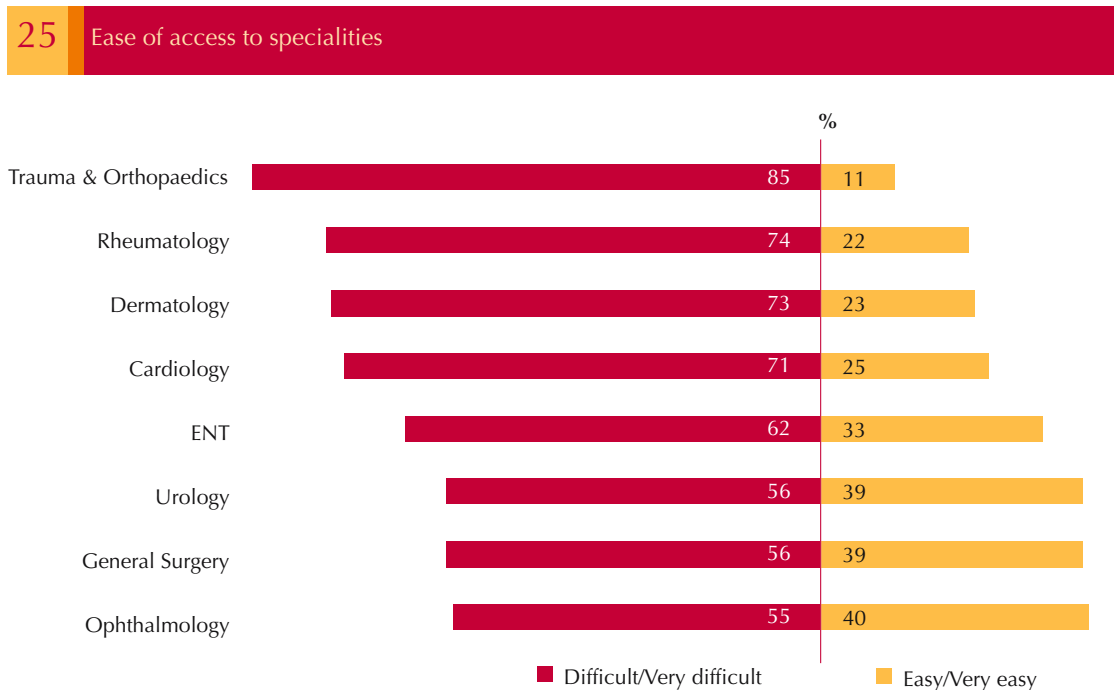
Appendix 5

General Practitioners' opinions on the ease of access to particular specialties

1 This appendix describes the results of the section of our survey of General Practitioners, which asked GPs to describe the ease of access to particular specialties, and to describe any change in access over the previous two years. The results of the survey were analysed by Beaufort Market Research, who produced the report which follows in this appendix.

Ease of access to specialties

2 GPs responding to our survey were asked the degree of difficulty they experience when accessing particular specialties on a four-point scale ranging from 'very difficult to very easy'. In the case of each speciality a majority of GPs stated that access was either difficult or very difficult. **Figure 25** below illustrates this. The speciality identified as having the greatest degree of difficulty gaining access to was Trauma and Orthopaedics with 85% describing it as 'very difficult/difficult', the majority of these using the more extreme point of the scale. This was followed by Rheumatology, Dermatology and Cardiology with approaching three-quarters of GPs believing access was 'difficult/very difficult' to gain. The best performing specialties are General Surgery, Ophthalmology and Urology, but even here only 4 in 10 GPs described access as 'easy or very easy'.



Source: All GPs (309)

- 3 **Figure 26** shows results by regional grouping of Local Health Boards¹. Although results were not completely consistent across all specialities, there appeared to be a tendency for access to be perceived as most difficult in the South East region and least difficult in the north, relatively speaking. This was at its most extreme in the case of Rheumatology where 81% of GPs in the South East believed access to be difficult or very difficult, compared with only 46% of their counterparts in the north.

26 Ease of access to specialities by Region

	South East (134)		Mid and West (89)		North (57)	
	Difficult/ V. difficult	Easy/ V. easy	Difficult/ V. difficult	Easy/ V. easy	Difficult/ V. difficult	Easy/ V. easy
	%	%	%	%	%	%
Trauma & Orthopaedics	88	6	84	11	76	21
Rheumatology	81	14	78	18	46	51
Dermatology	77	17	64	31	72	25
Cardiology	79	15	67	29	52	44
ENT	67	27	57	39	53	44
Urology	56	37	46	49	55	32
General Surgery	62	32	48	49	48	47
Ophthalmology	59	35	60	36	33	65

NOTES

Base: All GPs

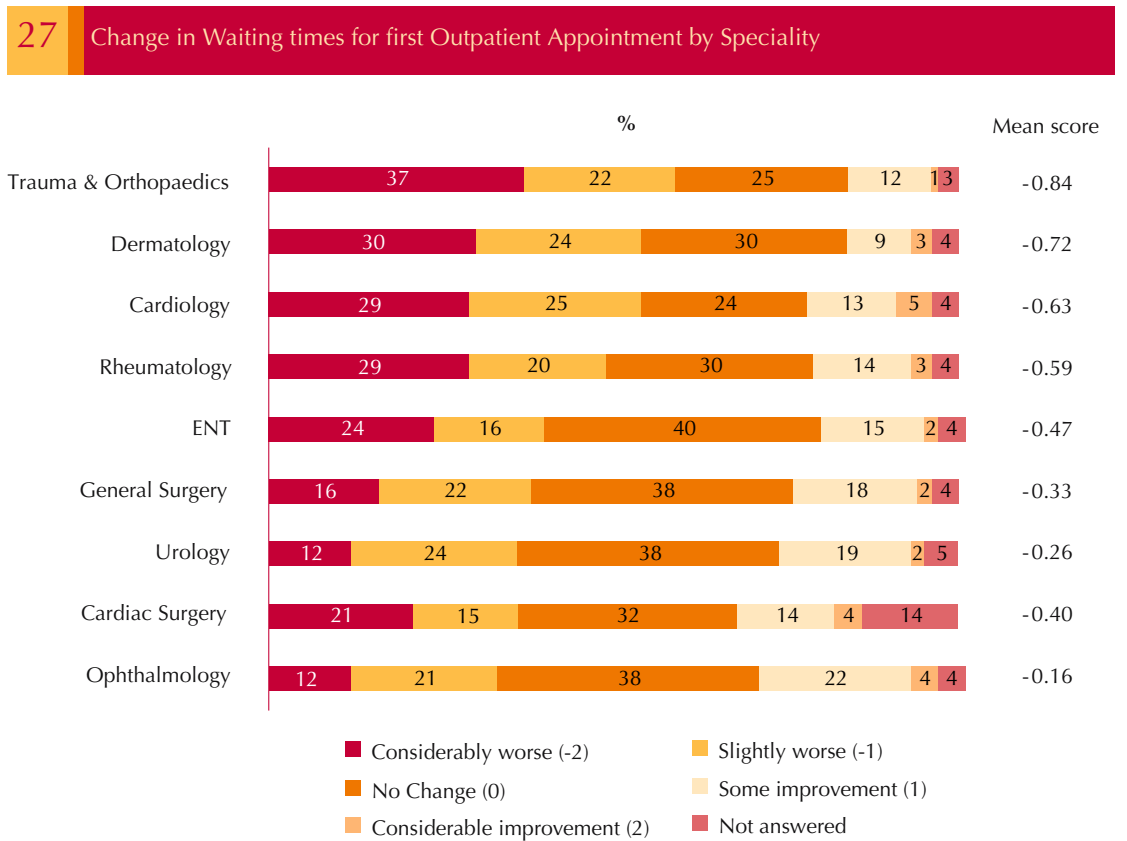
Source:

¹ South East = Blaenau Gwent, Caerphilly, Cardiff, Merthyr Tydfil, Monmouthshire, Newport, Rhondda Cynon Taf, Torfaen, Vale of Glamorgan
Mid and West = Bridgend, Carmarthenshire, Ceredigion, Neath Port Talbot, Pembrokeshire, Powys, Swansea
North = Anglesey, Conwy, Denbighshire, Flintshire, Gwynedd, Wrexham.

Change in waiting times

First outpatient appointment

- GPs were asked their opinion of how waiting times had changed for patients in the past two years, firstly for the first outpatient appointment. Here the scale ran from 'considerable improvement' to 'considerably worse'. **Figure 27** shows the distribution of scores for each speciality together with a 'mean score'. A positive mean score represents a perceived overall improvement in waiting times (i.e. more GPs thought the situation has improved rather than worsened) and vice versa for a negative mean score.
- As figure 27 shows, the 'net' perception was that waiting times for all specialities have worsened over the past 2 years. Whilst a proportion in each case believed the situation has stayed unchanged, the majority of the remaining GPs believed the situation to have worsened. This was at its most pronounced for Trauma and Orthopaedics where 59% of GPs believed it to have worsened compared with only 13% who believed it to have improved. Similar results were seen for Dermatology, Cardiology and Rheumatology and the poor performance of these specialities, as one might expect, mirrored the results seen for current access levels. Ophthalmology showed the best result, but even here there was a negative balance (33% said 'got worse' against 26% who said 'got better').



Base: All GPs (309)

- 6 **Figure 28** shows results by regional groupings of Local Health Board. Mean scores only are shown for ease of comparison. Again, the most positive results were seen in north Wales. Indeed for Ophthalmology, ENT, Cardiac Surgery and Rheumatology, in the north Wales region, the net perception of waiting times was that they have improved (i.e. more GPs said patients have got better than worse).

28 Change in Waiting times for first Outpatient Appointment by Speciality by Region: Mean scores

	South East (134)	Mid and West (89)	North (57)
	(Mean score +2 to -2)	(Mean score +2 to -2)	(Mean score +2 to -2)
Trauma & Orthopaedics	-1.09	-0.88	-0.37
Dermatology	-0.86	-0.60	-0.46
Cardiology	-0.84	-0.63	-0.02
Rheumatology	-1.07	-0.37	0.13
ENT	-0.65	-0.60	0.04
General Surgery	-0.30	-0.43	-0.23
Urology	-0.20	-0.25	-0.33
Cardiac Surgery	-0.56	-0.51	0.21
Ophthalmology	-0.25	-0.37	0.46

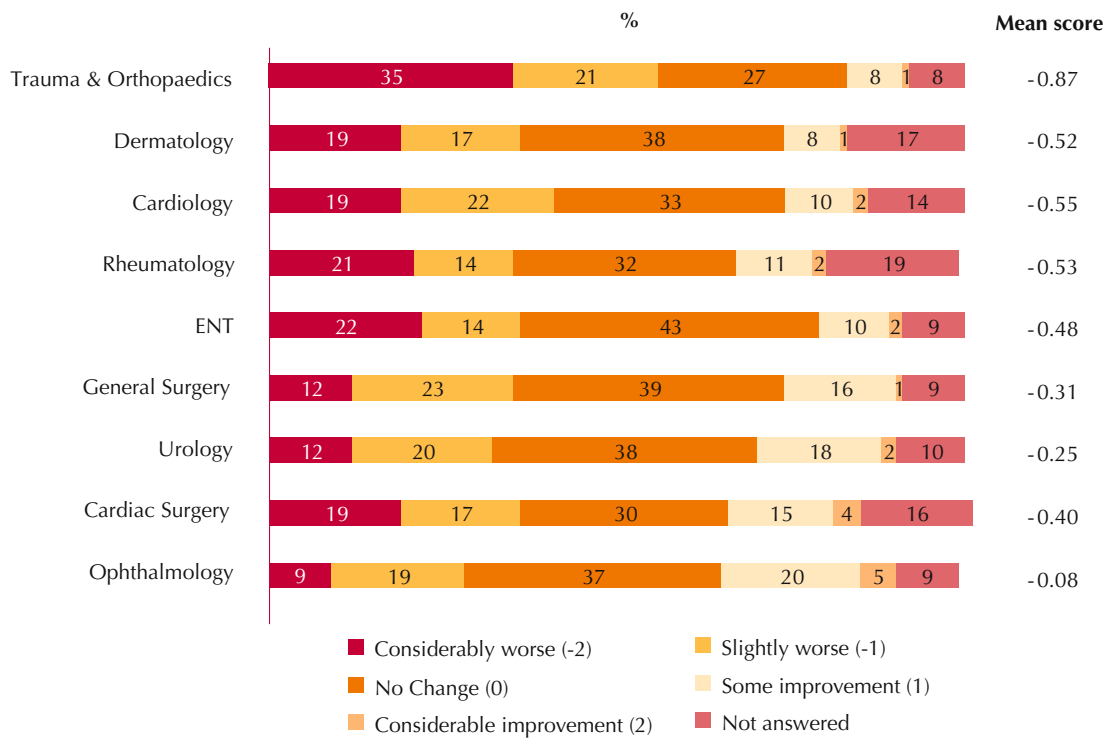
Source: All GPs

Inpatient/Day Case Appointment

7 **Figures 29 and 30** show that, when examining perceptions of change in waiting times for inpatient/day case appointments, a similar pattern was seen to that of outpatients:

- Trauma and Orthopaedics was regarded as the most difficult specialty to access;
- Ophthalmology comes closest but did not quite achieve a 'net' positive perception of waiting time change; and
- results were again most positive for north Wales.

29 Change in Waiting times for Inpatient/Day Case Appointment by Speciality



Source: All GPs (309)

30 Change in Waiting times for Inpatient/Day Case Appointment by Speciality by Region: Mean Scores

	South East (134)	Mid and West (89)	North (57)
	(Mean score +2 to -2)	(Mean score +2 to -2)	(Mean score +2 to -2)
Trauma & Orthopaedics	-1.08	-0.95	-0.38
Dermatology	-0.62	-0.43	-0.32
Cardiology	-0.68	-0.58	-0.14
Rheumatology	-0.89	-0.47	0.19
ENT	-0.57	-0.64	-0.06
General Surgery	-0.24	-0.46	-0.27
Urology	-0.14	-0.29	-0.38
Cardiac Surgery	-0.52	-0.55	0.14
Ophthalmology	-0.15	-0.38	0.52

Source: All GPs

Appendix 6

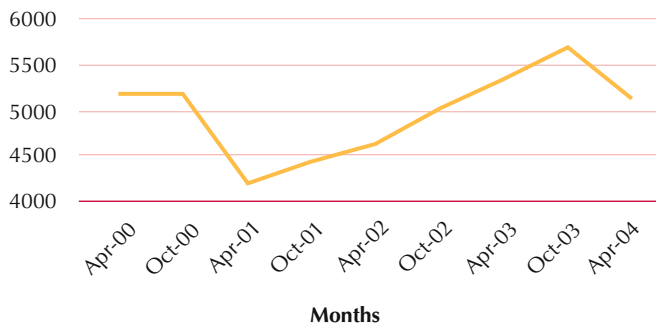
Waiting time performance over time by NHS Trust

Bro Morgannwg

Inpatient/day case waiting list¹⁹

Total Waiting

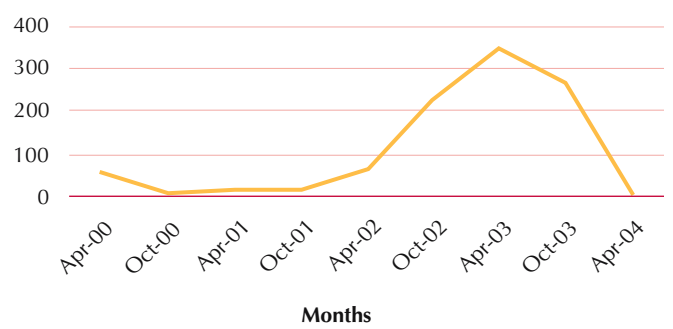
Number of patients waiting



-1 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

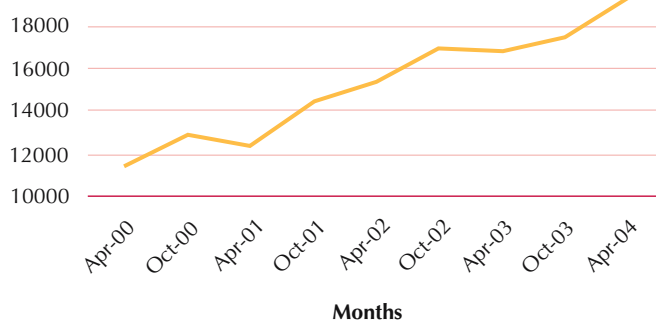


-100 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

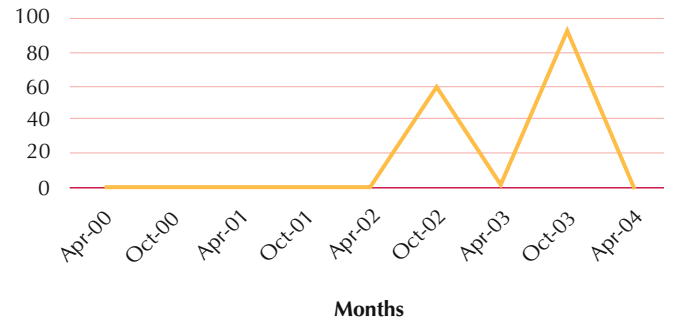
Number of patients waiting



66 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



No patients waiting over 18 months in April 2000

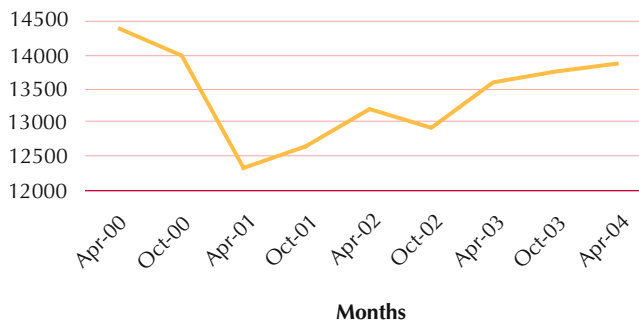
¹⁹ These figures include patients waiting for tonsillectomies.

Cardiff & the Vale

Inpatient/day case waiting list²⁰

Total Waiting

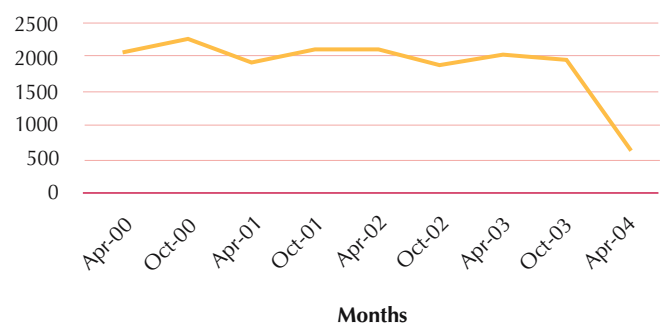
Number of patients waiting



-4 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

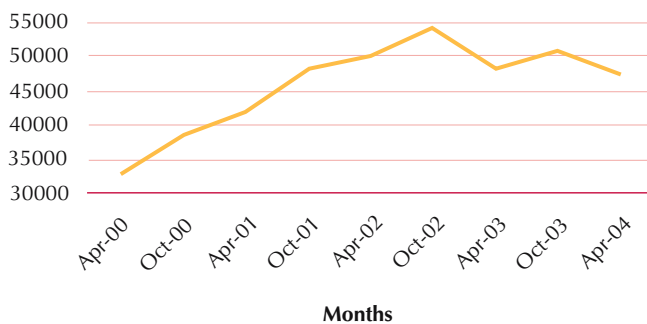


-70 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

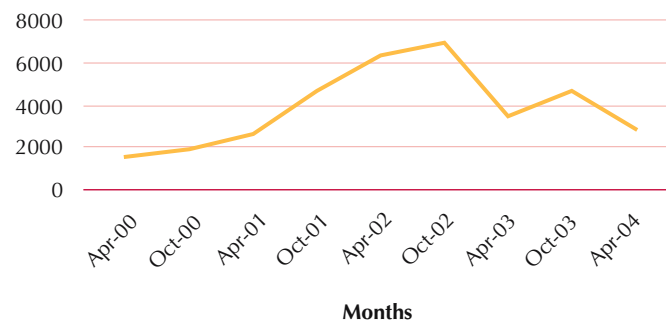
Number of patients waiting



44 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



85 per cent change April 2000-April 2004

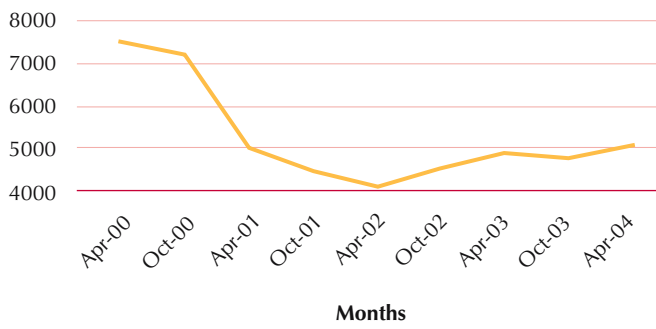
²⁰ These figures include patients waiting for tonsillectomies.

Carmarthenshire

Inpatient/day case waiting list²¹

Total Waiting

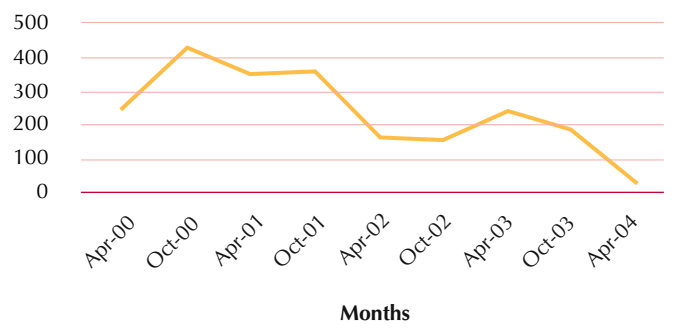
Number of patients waiting



-33 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

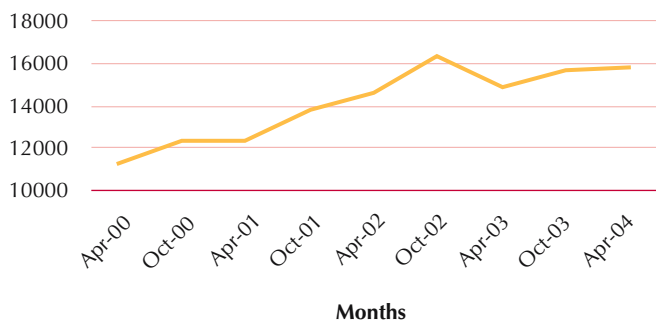


-94 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

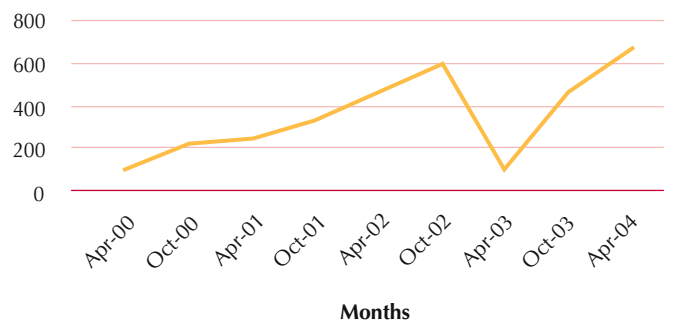
Number of patients waiting



42 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



570 per cent change April 2000-April 2004

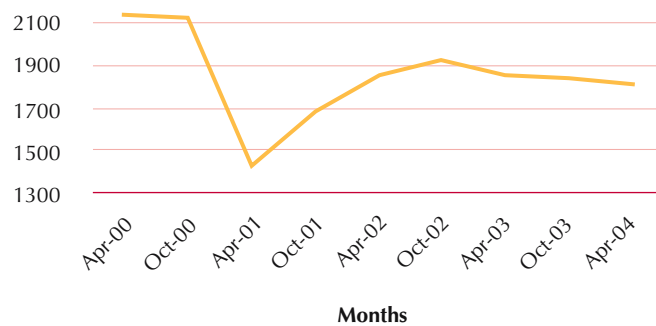
²¹ These figures include patients waiting for tonsillectomies.

Ceredigion & Mid Wales

Inpatient/day case waiting list²²

Total Waiting

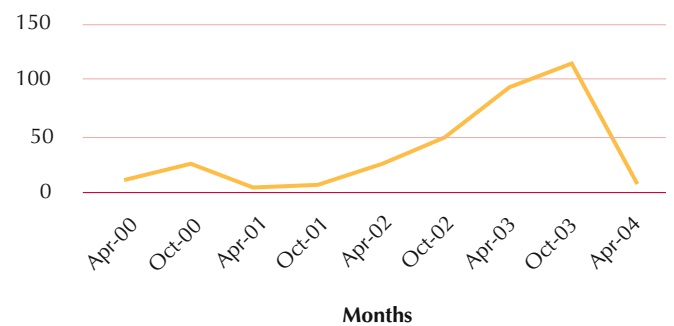
Number of patients waiting



-15 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

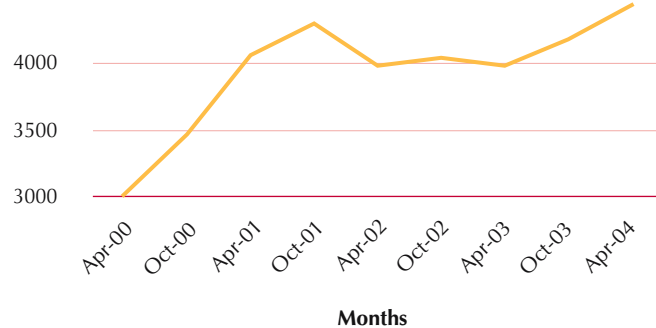


-38 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

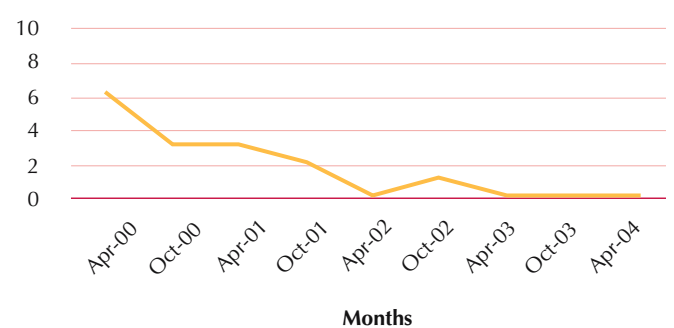
Number of patients waiting



46 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



-100 per cent change April 2000-April 2004

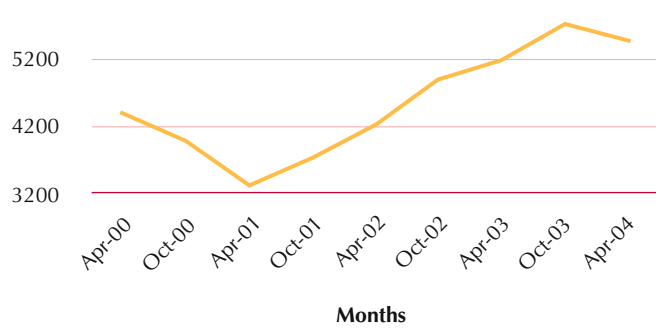
²² These figures include patients waiting for tonsillectomies.

Conwy & Denbighshire

Inpatient/day case waiting list²³

Total Waiting

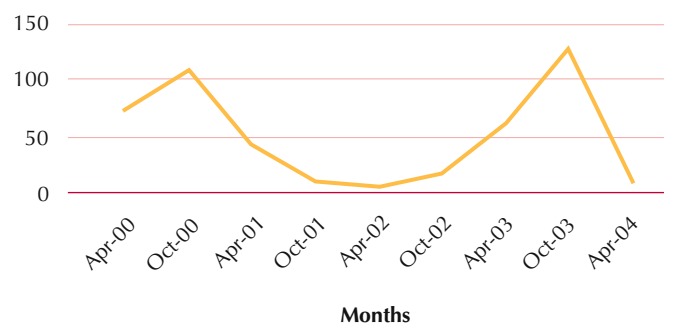
Number of patients waiting



24 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

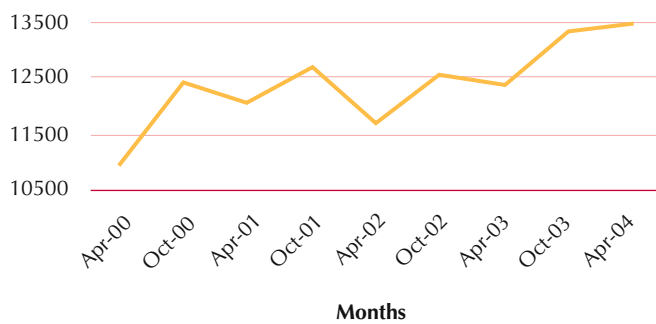


-92 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

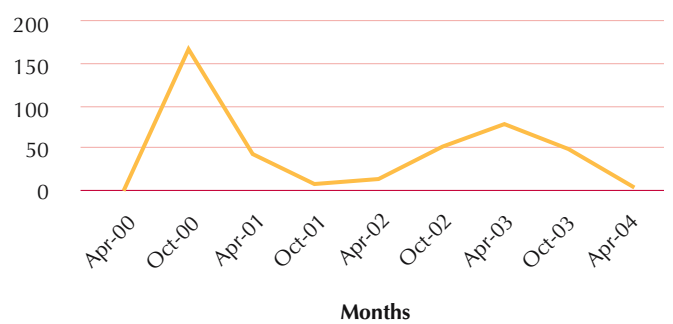
Number of patients waiting



23 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



No patients waiting over 18 months in April 2000

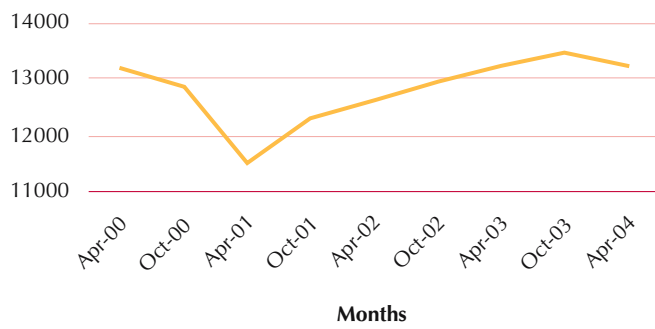
²³ These figures include patients waiting for tonsillectomies.

Gwent

Inpatient/day case waiting list²⁴

Total Waiting

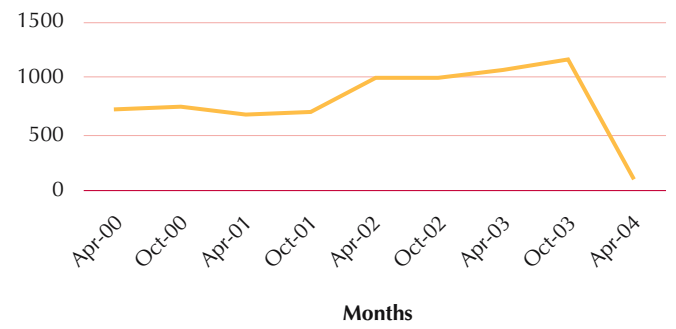
Number of patients waiting



0 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

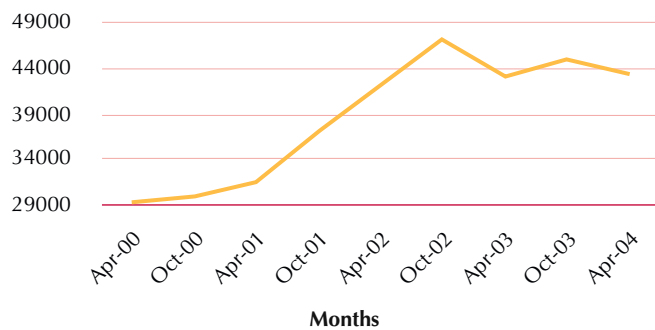


-85 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

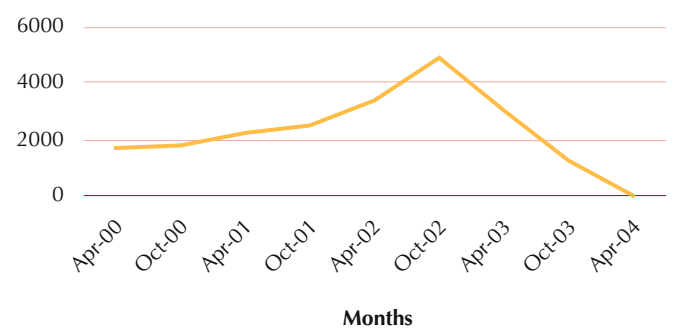
Number of patients waiting



48 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



-100 per cent change April 2000-April 2004

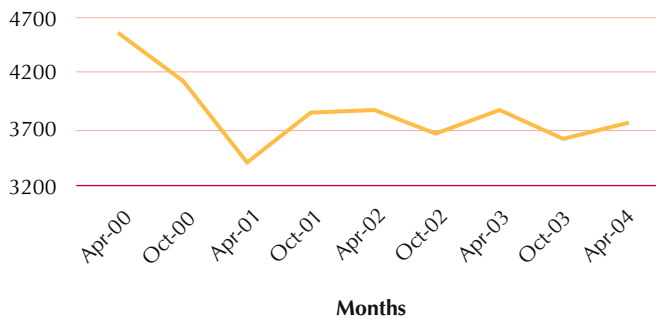
24 These figures include patients waiting for tonsillectomies.

North East Wales

Inpatient/day case waiting list²⁵

Total Waiting

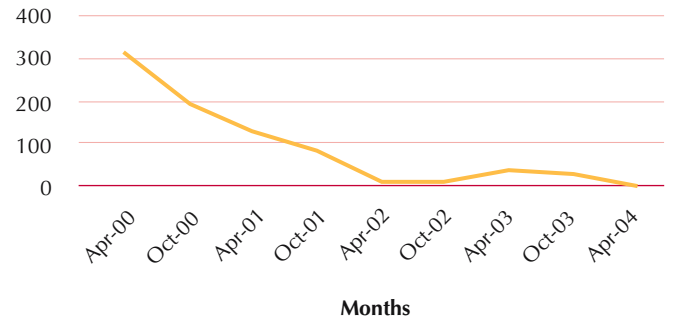
Number of patients waiting



-18 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

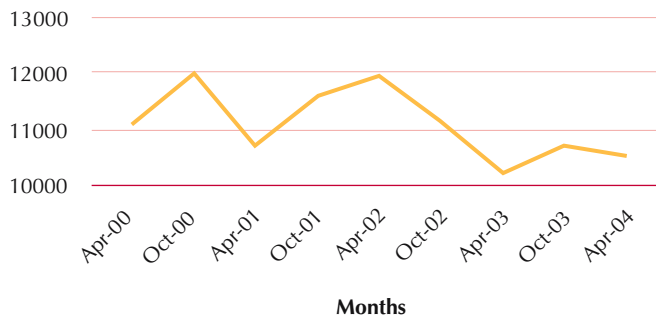


-99 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

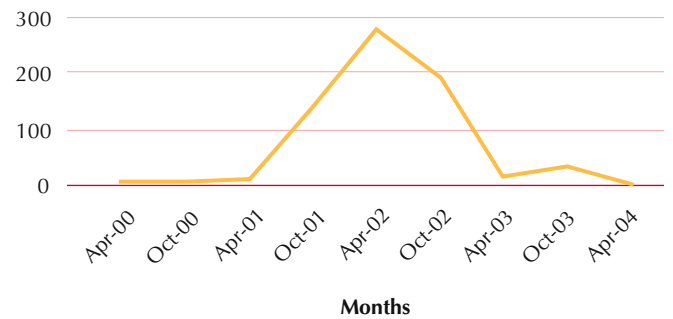
Number of patients waiting



-5 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



-45 per cent change April 2000-April 2004

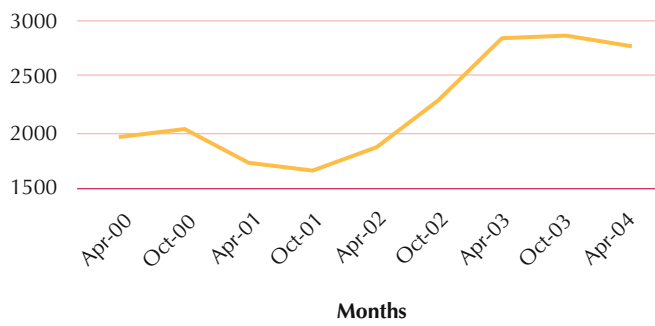
²⁵ These figures include patients waiting for tonsillectomies.

North Glamorgan

Inpatient/day case waiting list²⁶

Total Waiting

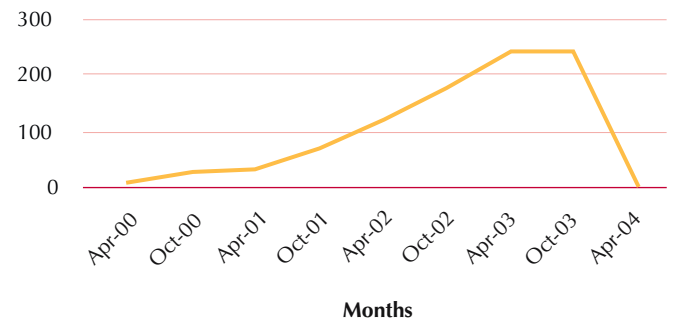
Number of patients waiting



41 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

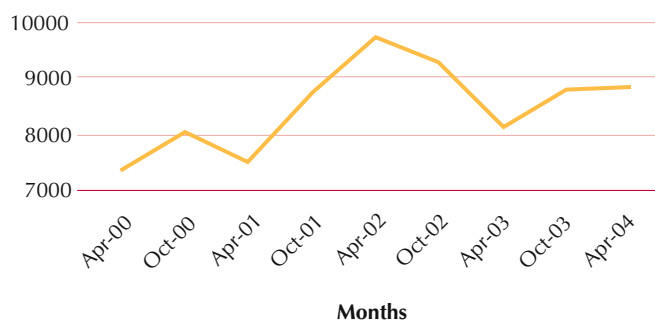


-100 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

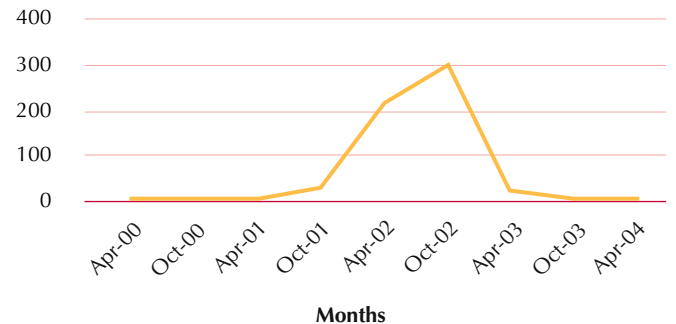
Number of patients waiting



20 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



No patients waiting over 18 months in April 2000

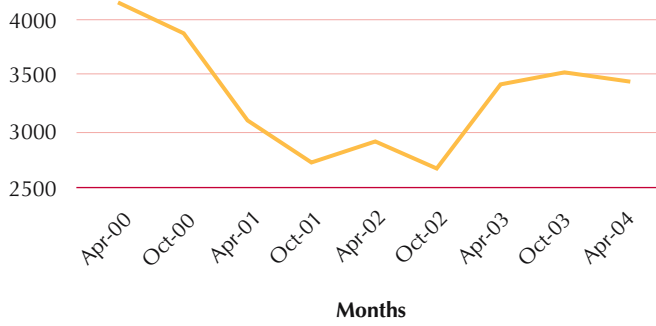
²⁶ These figures include patients waiting for tonsillectomies.

North West Wales

Inpatient/day case waiting list²⁷

Total Waiting

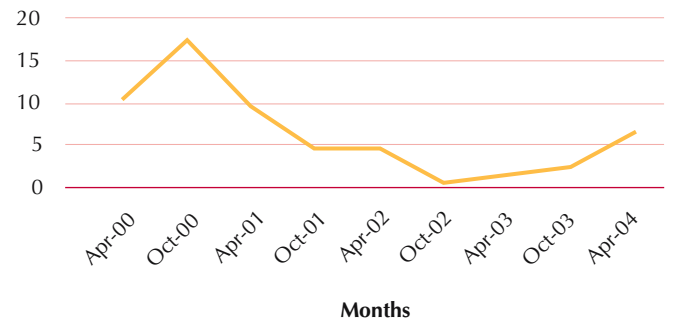
Number of patients waiting



-17 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

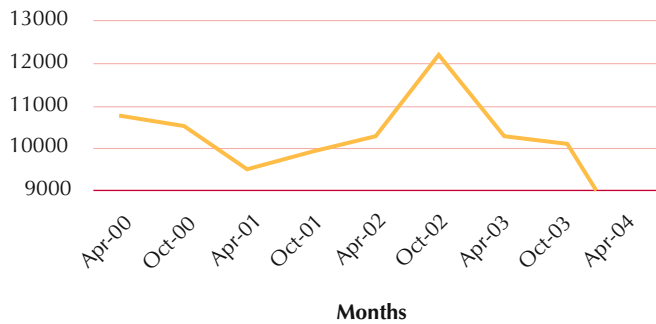


-40 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

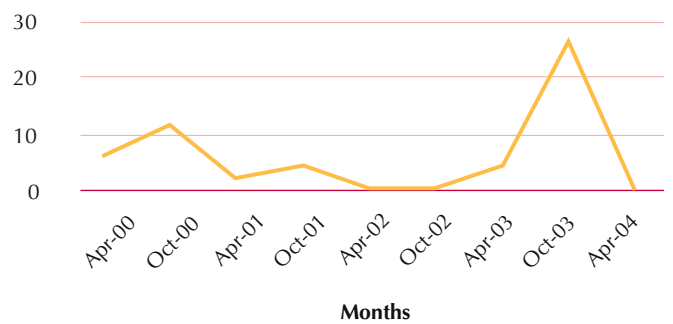
Number of patients waiting



-31 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



-100 per cent change April 2000-April 2004

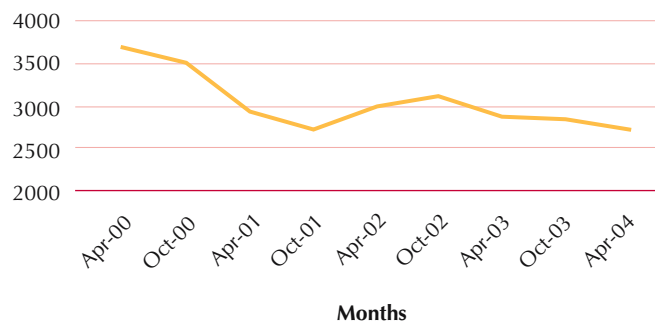
²⁷ These figures include patients waiting for tonsillectomies.

Pembrokeshire & Derwen

Inpatient/day case waiting list²⁸

Total Waiting

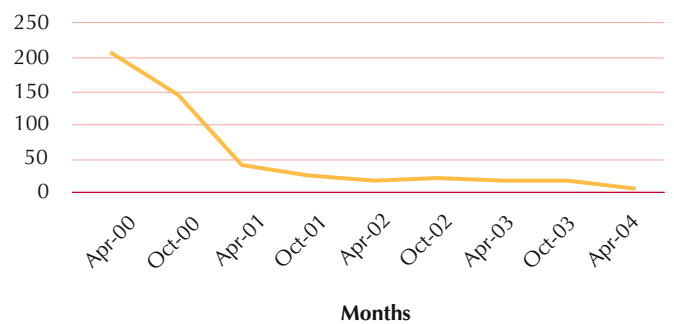
Number of patients waiting



-27 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

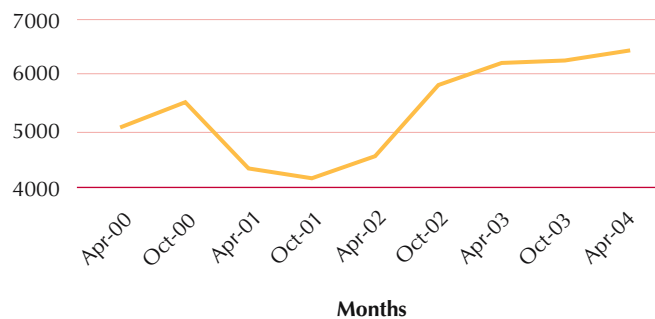


-100 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

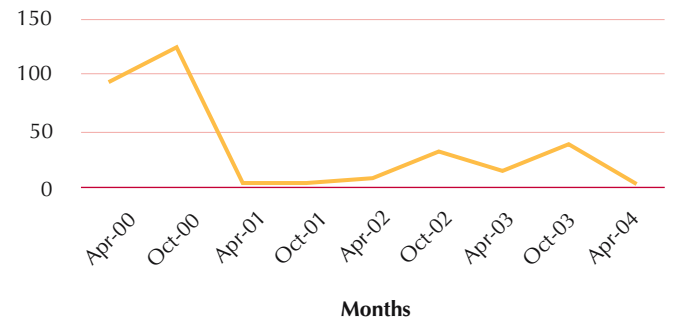
Number of patients waiting



28 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



-100 per cent change April 2000-April 2004

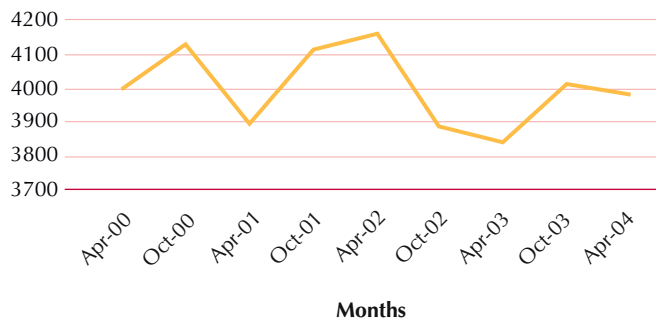
²⁸ These figures include patients waiting for tonsillectomies.

Pontypridd & Rhondda

Inpatient/day case waiting list²⁹

Total Waiting

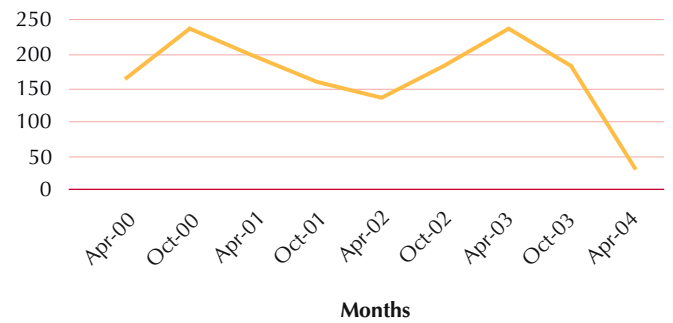
Number of patients waiting



0 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

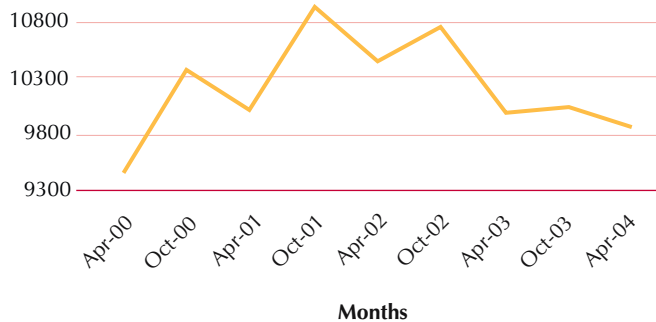


-83 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

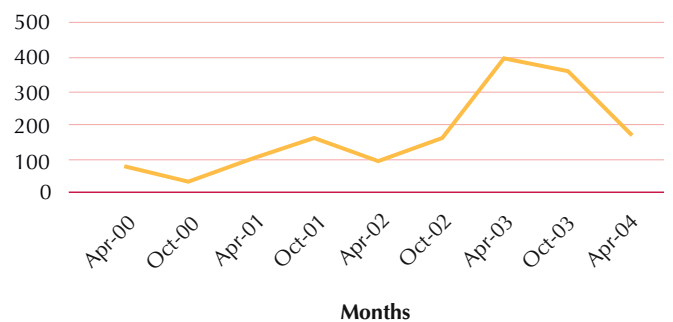
Number of patients waiting



4 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



100 per cent change April 2000-April 2004

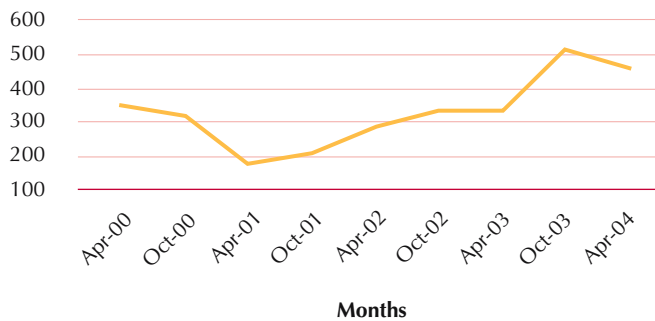
²⁹ These figures include patients waiting for tonsillectomies.

Powys Local Health Board

Inpatient/day case waiting list³⁰

Total Waiting

Number of patients waiting



34 per cent change April 2000-April 2004

Waiting over 18 months

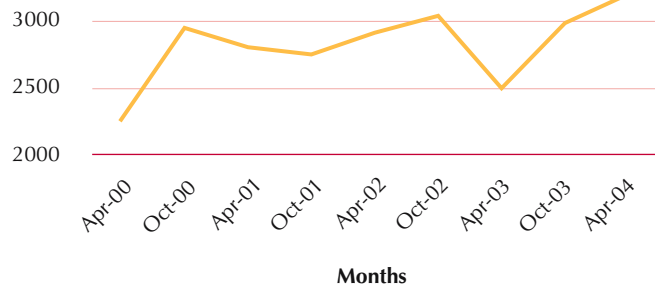
There have been no patients waiting over 18 months for inpatient/day case treatment in Powys over this period.

NA

Outpatient waiting list

Total Waiting

Number of patients waiting



42 per cent change April 2000-April 2004

Waiting over 18 months

In April 2004, 5 outpatients had been waiting over 18 months. These are the only outpatients to have been reported as waiting over 18 months over this period.

NA

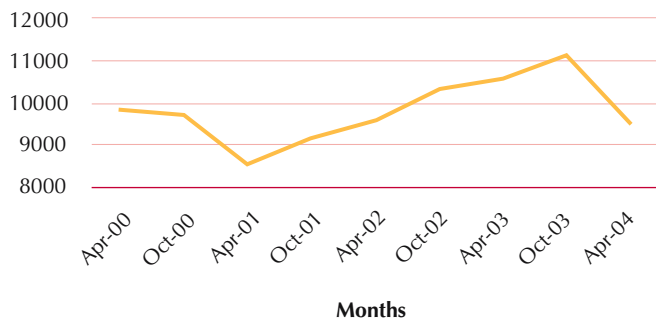
³⁰ These figures include patients waiting for tonsillectomies.

Swansea

Inpatient/day case waiting list³¹

Total Waiting

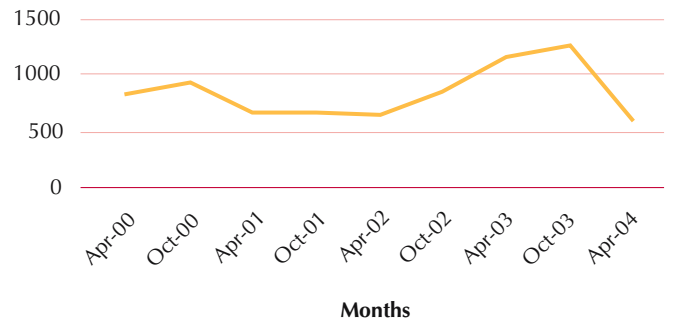
Number of patients waiting



-4 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting

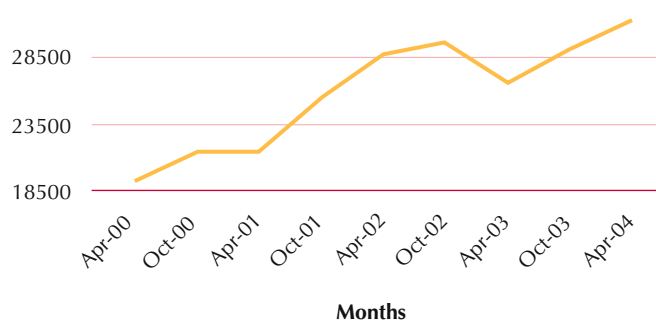


-30 per cent change April 2000-April 2004

Outpatient waiting list

Total Waiting

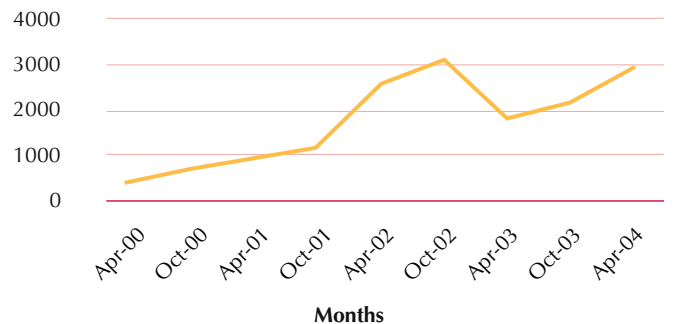
Number of patients waiting



61 per cent change April 2000-April 2004

Waiting over 18 months

Number of patients waiting



757 per cent change April 2000-April 2004

³¹ These figures include patients waiting for tonsillectomies.

Appendix 7

Glossary

Activity:	a medical or surgical intervention undertaken by health care professionals at any stage within the patient's pathway.
Acute hospital:	a hospital that provides surgery, investigations, operations and other treatments for serious conditions.
Adenoidectomy:	an operation to remove the adenoids.
Ambulatory care:	clinical care provided on an outpatient basis, to patients who are not confined to a hospital but are 'ambulatory', i.e. able to walk.
Average length of stay:	the average length of time, in days, that each inpatient physically occupies a bed.
Bed use factor:	the average number of patients using each bed during a particular period.
Bottleneck:	any part of the system where patient flow is obstructed.
Business Service Centre:	the Business Service Centre is currently based at five sites and provides various support services to the twenty-two Local Health Boards where there are economies of scale. These include finance, human resources and information management and technology.
Capacity:	the resources available to undertake work at a specific step in a patient's pathway.
Clinician:	a person mainly involved in the area of clinical practice, that is, the diagnosis, care and treatment of patients.
Commissioner:	an individual or organisation responsible for identifying local health and social care needs, making agreements with service providers to deliver services and monitoring outcomes.
Community Health Council:	a statutory lay organisation - one of twenty in Wales - which seeks to represent the public interest in the NHS and has rights to information about, access to, and consultation with all NHS organisations.
Community hospital:	a hospital which treats patients who need nursing care and medical input, but who do not require the 24 hour medical cover provided in an acute hospital, and who are not well enough to get their care at home or in a non-hospital setting.
Consultant:	a fully trained specialist in a branch of medicine who accepts total responsibility for specialist patient care.
Conversion rate:	the proportion of those waiting for an outpatient appointment within a given period who are subsequently listed for an inpatient or day case procedure.
Day Case:	a procedure not requiring overnight admission to hospital.
Delayed discharge:	a clinically unnecessary prolongation of a patient's stay in hospital, usually as a result of inefficiencies in internal processes, such as delays in getting test results or the timing of physicians' ward rounds.
Delayed transfer of care:	a delay that occurs when a patient needs to move to a further care setting (this could be social service provision, another healthcare setting, the patient's home, or that of their family or carer), which is not yet available. Delayed transfers of care have complex causes resulting from processes, interactions within the whole system of health and social care, and decisions made by patients and their carers.

Demand management:	the set of strategies employed by NHS managers to deal as effectively as possible with the flow of patients seeking treatment.
Diagnostic and therapy services:	the range of services that includes carrying out investigative tests and providing therapeutic treatment such as radiology, physiotherapy and occupational therapy.
Diagnostic and treatment centre:	a special facility which provides planned day case and short-stay surgery in order to reduce waiting times and the pressure on acute hospitals.
Did not attend (DNA):	a patient who misses an outpatient appointment.
Discharge lounge:	a dedicated area within a hospital where patients who have been discharged may wait to be collected, thus making their beds available more quickly.
Elective services:	planned (non-emergency) outpatient, daycase or inpatient activity, usually emanating from referrals and/or waiting lists.
Emergency admission:	an unplanned admission to hospital as a result of an emergency such as an accident or a sudden illness. This is usually through A&E department or through a GP organising an immediate admission.
Endoscopy:	the direct visual examination of any part of the inside of the body, using an endoscope - a long, tube-like optical viewing instrument with a lens and light source.
Episode of Care:	a phase of treatment during which the patient receives a particular type of care (for example, acute, rehabilitation, etc).
European Working Time Directive:	a health and safety directive from the Council of the European Union, which lays down minimum requirements in relation to working hours, rest periods, annual leave and working arrangements for night workers. It was implemented for all NHS employees with the exception of junior doctors in training in 1998. It was applied to junior doctors from August 2004 and limits them to a maximum of 58 working hours per week, which represents a considerable challenge to the NHS in terms of the way in which services are delivered.
Extended scope practitioner:	a clinical physiotherapy specialist whose work goes beyond the recognised scope of physiotherapy practice - for example, by requesting or undertaking investigation and using results to assist in the diagnosis and management of patients.
General surgery:	the branch of surgery which covers a broad range of conditions.
Generic referral:	a procedure whereby a GP makes a referral that is not addressed to a specific consultant, but which is allocated by consultants to the most appropriate clinician, taking account of sub-specialisation issues and waiting times.
Health Commission Wales:	the agency responsible for planning and commissioning specialised health services in Wales.
Health community:	all organisations with an interest in health in one area, which will include one or more NHS trusts, local health boards, community health councils, local authorities and voluntary organisations.
Inpatient:	a patient who is formally admitted to a hospital or health service facility.
Innovations in Care:	the branch of the Welsh Assembly Government which has been responsible for modernising patient access to hospital treatment and for driving change and innovation in NHS Wales. On 1 November 2004, Innovations in Care became part of the new National Leadership and Innovation Agency for Healthcare.
Integrated care pathway:	a pre-defined plan of patient care relating to a specific diagnosis or operation, including standards and guidelines to help organise and manage care more effectively.
Intermediate care services:	services that act as a bridge between care provided in hospital and in community settings.

Local Health Board (LHB):	one of twenty-two bodies established in Wales in 2003 as the principal commissioners of health services. They are based on the Local Health Groups that existed prior to 2003, bringing together family doctors, community nurses and others involved in health care, but exercise the commissioning functions previously held by the five Health Authorities. They are co-terminous with the twenty-two Welsh local authorities.
Medical pressures:	the impact on elective surgery of unpredictable demand for beds and other facilities to treat medical patients, especially those admitted as emergency cases.
Multi-disciplinary team (MDT):	a group of people who are from different professional backgrounds concerned with the treatment and care of patients, who meet regularly to discuss patient treatment and care.
'New deal' for junior doctors:	national standards to ensure that junior doctors are working for a reasonable number of hours, which their employers are now obliged to monitor, each week.
Nurse practitioner:	a nurse who is specially qualified to make professionally autonomous decisions, involving the diagnosis and treatment of patients.
Ophthalmology:	the branch of medicine concerned with the diagnosis and treatment of eye disorders.
Optometrist:	a person qualified to examine the eyes, and to prescribe and supply glasses and contact lenses.
Orthopaedics:	a branch of surgery concerned with disorders and treatment of the joints and bones.
Outlier:	a patient who is placed on a ward for patients of a different specialty when beds are not available within their intended ward (for example, a medical patient placed on a surgical ward).
Outpatient:	a patient who receives a medical, surgical or other health service in a hospital facility, who is not formally admitted to the hospital at the time of receiving the service. Outpatient appointments can be divided into new or first appointments , where a patient is attending an outpatient clinic for the first time in relation to that particular ailment, and repeat or follow-up appointments , which are further attendances in relation to the same ailment, to monitor progress or receive further treatment.
Partial booking:	a system of arranging outpatient appointments, which aims to reduce non-attendance at clinics and cancellations, by contacting patients around six weeks before their likely appointment to arrange a mutually convenient date and time.
Pooled waiting list:	a team-based approach to managing services within a specialty, which aims to equalise differences in waiting times between consultants. It involves all consultants within a specialty, or who all carry out a specific procedure, combining their waiting lists, and allocating patients from the pooled list to the consultant with the next available appointment.
Pre-operative assessment:	a system that assesses patients' health before they are admitted to hospital to make sure that their planned operations can go ahead.
Primary care:	family and community health services and major components of social care which are delivered outside the hospital setting and which an individual can access on his/her own behalf.
Professionals allied to medicine:	professionals working in health, social care, education, housing and other sectors who provide complementary services to patients and clients with developmental and acquired disability in hospital, community and educational settings. They comprise art therapists, music therapists and drama therapists, prosthetists and orthotists, dieticians, orthoptists, occupational therapists, physiotherapists, biomedical scientists, speech and language therapists, radiographers, chiropodists and podiatrists, ambulance workers and clinical scientists.
Provider:	an organisation that provides health and/or social services - for example, an NHS trust.
Rapid response team:	a multi-disciplinary team of nurses, therapists and social workers to which patients with chronic medical conditions can be referred for immediate treatment, as an alternative to hospital admission.
Reablement team:	a multi-disciplinary team that provides active recovery and rehabilitation services and aims to prevent the unnecessary loss of independence, by preventing hospital admission and enabling patients who have been admitted to return home after a short period of rehabilitation.

Ring-fenced beds:	hospital beds that are set aside for use by patients within a particular speciality, to guarantee their availability, regardless of demand pressures.
Second offer scheme:	a Welsh Assembly Government initiative, in place from 1 April 2004, which offers anyone in Wales who has waited, or is likely to wait, longer than the maximum target inpatient or daycase waiting time, the opportunity of having their treatment at another hospital, inside or outside Wales.
Secondary care:	care which is provided in a hospital setting.
Service and Financial Framework (SaFF):	a performance management mechanism, which allows the partners within each health community to reach a collective decision about priorities for the forthcoming financial year, linking resources to activity and quality.
Speciality:	the term used to describe the particular field of medicine in which a specialist doctor practises, e.g. orthopaedics, urology, gynaecology.
Surgery:	the branch of medicine concerned with treatment of injuries or disorders of the body by incision, manipulation or alteration of organs with the hands or with instruments - generally performed in an operating theatre under some form of anaesthesia.
Suspension:	the temporary removal of a patient from a published waiting list, either when treatment needs to be delayed for clinical reasons, or at a patient's request.
Telemedicine:	the application of electronic information and communication technologies to provide health care for patients separated by distance, involving multimedia applications such as telephones, video conferencing and web cams.
Tertiary care:	specialised care, for which a patient is referred by their local doctor or hospital to a dedicated unit, such as a children's unit, heart unit or specialist burns unit. Health Commission Wales commissions tertiary services for Welsh patients.
Tonsillectomy:	an operation to remove the tonsils.
Treat in turn:	an initiative, which is being implemented in all NHS trusts in Wales, to ensure that patients are treated in chronological order within clinical priority.
Triage:	a brief assessment of patients, usually when they first arrive in A&E, to assess how serious their illness or injuries are and to determine the priority in which they should be seen by a doctor.
Trust:	an autonomous NHS body, which is responsible for providing secondary health care services, principally to patients living within a particular area.
Turnover interval:	the average length of time, in days, that a bed is empty between each patient.
Validation:	the systematic checking of a waiting list to ensure its accuracy. This may include contacting those listed to ensure that they still require the appointment.
Waiting list:	the number of people waiting for a planned procedure at an acute or community hospital.
Waiting list management:	the ongoing process of decision-making by which a particular health community seeks to ensure that all those waiting for treatment are dealt with as efficiently as possible.
Waiting time:	the period of time during which a patient waits for an outpatient, inpatient or day case appointment, from the date of their referral.
Waiting time initiative:	a measure intended to bring about a rapid reduction in the number of people waiting for treatment, through the provision of non-recurrent funding, either to purchase treatment from the private sector, or to secure additional treatment by NHS staff outside normal working hours.