

Department of Health

Inpatient and outpatient waiting in the NHS



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
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summary and recommendations

- 1 Most patients seen each year in the NHS are treated promptly - 70 per cent of patients admitted to hospital waited less than three months. The time that people wait for treatment is, however, the public's top concern about the NHS and the number waiting is a key performance indicator.
- 2 The total time a patient waits for treatment potentially comprises three main elements:
 - **outpatients list:** the time a patient waits from seeing the General Practitioner until they are seen at an outpatient clinic by a consultant or other health professional. At 31 March 2001, 284,000 patients had been waiting thirteen weeks or more for a first outpatient consultation;
 - **establishing whether treatment is required:** in some cases a consultant might require tests or diagnostic procedures to be carried out before determining what treatment, if any, is required. Such tests may be conducted on the same day the patient attends the outpatient clinic, or may take substantially longer;
 - **inpatients list:** the time a patient waits from being placed on the inpatient waiting list for treatment until they are admitted to hospital as daycases or ordinary admissions. At 31 March 2001, some 1,007,000 were waiting to be admitted to hospital for treatment.

Why we examined waiting lists

- 3 We examined waiting lists because:
 - waiting list and times statistics are a key measure of performance;
 - there has been considerable debate about the adequacy of waiting lists and times as a measure, the impact of initiatives to reduce waiting lists and what waiting list statistics actually indicate; and
 - our examination provided an opportunity to identify good practice in waiting list management.
- 4 The NHS Plan, published in July 2000, set challenging new targets for waiting times; and in June 2001 the Department re-emphasised that, building on the reduction in waiting lists, the NHS will move to cut waiting times for treatment. The Department recognises that, as part of achieving lower waiting times, it remains important that underlying waiting lists are accurate and managed effectively and that the analyses and recommendations in the report continue to be relevant. The Department is currently considering a range of options, including how future waiting list data should be published.

Conclusions

What waiting lists include

5 There are some misconceptions about what is included in waiting list statistics:

- there is no full, published **outpatients** waiting list. The published data include those patients who have been referred by a General Practitioner and have been waiting more than 13 weeks to see a consultant for the first time. The list does not include second or subsequent outpatient appointments for the same condition. If, for example, a patient is referred on to another consultant, their wait is not counted. In 2000-01, second or subsequent attendances represented 72 per cent of all outpatient attendances.
- the **inpatient** waiting list reports the number of patients awaiting a first admission for an elective procedure under the care of a consultant. As such, the reported figures have always excluded accidents and emergencies and pregnancies. Also never included were second and subsequent operations that are part of a planned programme of treatment (such as the second of two hip replacement operations) and operations carried out by staff other than consultants or carried out in outpatient clinics. In addition, the inpatient waiting list has never included patients suspended temporarily from the list for personal reasons or on medical grounds. At 31 March 2001, this figure stood at 77,000.

6 In any event, to the patient, waiting time is more important than the numbers on the waiting list and the NHS Plan recognises this by placing a clear focus on how long people wait to see a consultant or to be admitted for treatment. The Department of Health has now set targets for the total waiting time from referral to treatment for cancer patients, and arrangements for monitoring total time are being put in place. The NHS does not calculate or monitor the total time that other patients wait from seeing their General Practitioner to being treated. In particular, diagnostic tests may be required following an outpatient appointment before a decision can be taken on whether a patient requires further treatment, but the time this takes is not currently covered in any of the published statistics. Although the base information is held on Patient Administration Systems, the systems do not presently calculate and report for individual patients or in aggregate how long the total wait is.

Accuracy of national waiting lists

- 7 The system used to compile waiting list data aggregates information from trusts' Patient Administration Systems but we found that trusts are not completely consistent in what they include on waiting lists. At many trusts there was an absence of, or variation in, effective validation procedures which meant that the data on the system could be out of date, and two trusts that we sampled used estimated data on their returns to the Department in one case because their Patient Administration System had crashed.
- 8 The inherent risks and lack of complete reliability in the systems and procedures mean that we cannot assure ourselves as to the complete accuracy of NHS waiting lists. But the main problems we identified, in particular deficiencies in validation procedures, lead us to the view that published numbers are likely to be overstated, specifically because validation tends to identify significant numbers of people who should no longer be included on waiting lists. These include people who have moved, died or no longer want treatment. The Department's main targets are now set in terms of waiting times rather than numbers on the list. It is, therefore, questionable how much resource should be devoted to making the waiting list more accurate.



Improving the management of NHS waiting lists

- 9** The Department regards waiting lists and waiting times as too long for many patients. At 31 March 2001, 246,000 people had been on the inpatient waiting list for longer than 6 months and, of these, 42,000 had been on the list for more than 12 months. In addition, there are large geographic inequalities. For example, in Dorset Health Authority 1.2 per cent of Trauma and Orthopaedics patients had been on the waiting list six months or longer at 31 March 2001, compared to 52 per cent in Croydon Health Authority.
- 10** The Department of Health has made, and is making, concerted efforts to reduce waiting lists and waiting times (**Figure 1**) and the Government is allocating significant resources to addressing the problem. Since March 1999 the inpatient list has reduced by 66,000 and the outpatients over 13 week waiters by 172,000.

1 Initiatives to reduce waiting lists and times

- additional funding for NHS trusts to reduce waiting lists, such as £737 million from 1998-99 to 2000-2001
 - a revised Patients' Charter in December 1998 which recognised the importance of identifying and responding to patients' needs
 - the publication of a range of guidance and best practice documents
 - special teams such as the National Patients Access Team and the Waiting List Action Team, and now the Task Force that visit trusts to identify solutions to waiting list issues and spread best practice
- 11** Building on this the NHS Plan (July 2000) set challenging targets to be met by the end of 2005, in particular a maximum waiting time for inpatients of six months and outpatients a maximum wait of three months. Some of the difficulties include, overcoming years of under investment, introducing new ways of working so that various groups such as General Practitioners and consultants work better together and with agencies outside the NHS, being more aligned to the needs of patients and better management of unpredictable events, such as emergencies, to minimise any disruption to the elective treatments planned for the same day. Against this background, the NHS Plan recognised that it will take fundamental and comprehensive reform to tackle the problem of waiting for treatment.
- 12** Our report sets out some of the innovative ways in which trusts and others are working to tackle waiting lists and waiting times, including initiatives that help General Practitioners refer appropriate patients to consultants, ensure that outpatient clinics operate to optimal capacity, optimise the use of operating theatres, improve discharge arrangements and manage the process as a whole. Taken together with the additional funding allocated to the NHS, wider use of these initiatives could further improve the management of NHS waiting lists and times significantly.
- 13** One of the key difficulties in managing waiting lists is ensuring that, in accordance with NHS guidance, patients are treated in accordance with clinical need. Consultants decide the priority of each patient on the inpatient waiting list, and what mix of cases to include in each theatre session. For practical reasons there needs to be some flexibility in the order in which patients are treated but it is inappropriate to operate on routine patients in preference to those who require relatively more urgent treatment solely to meet waiting list targets. The Department of Health has reinforced this message on a number of occasions, including through guidance. 20 per cent of consultants in our sample of three specialties told us, however, that in 1999-2000 they frequently treated patients in a different order to their clinical priority in order to reduce their waiting list or to avoid patients waiting for more than the 18-month target.

Keeping patients informed

- 14** The Department of Health recognises the importance of keeping patients informed about the time they can expect to spend on a waiting list, and is committed to introducing a booking system for all inpatient and outpatient appointments - the National Booked Admissions Programme which is aiming for 100 per cent coverage by 2005. In the meantime there is more that the Department can do to ensure patients are kept informed about likely waiting times.
- 15** Other countries have introduced or are introducing initiatives to ensure that patients on waiting lists are kept well informed about waiting times. For example in Denmark, waiting times for each hospital for 25 common medical problems are available on the internet, including maximum waiting times for patients on both the outpatient and inpatient waiting list. In Norway, patients can review on the internet waiting times for selective surgery at each hospital before deciding where to be treated. From January 2001 patients have had free choice of hospital, and the Norwegian Patient Register is developing an internet information system which will show waiting times at individual hospitals for specific treatments. The Department intends that NHS hospitals should also produce and publish this type of information.

Recommendations

The Department of Health should:

- i In addition to focusing more on the time inpatients and outpatients wait for treatment, consider whether trusts should monitor and manage the total time patients wait from seeing their General Practitioner to being admitted for treatment as is now happening for cancer services.
- ii Ensure that all NHS trusts validate their inpatient and outpatient lists at least every six months and give trusts guidance and advice on how to resolve inconsistencies as to what treatments and categories of patients are included on waiting lists.
- iii Conduct research into why different health authorities have different waiting times.
- iv Take action through the National Patients Access Team and the Access Task Force to encourage trusts to implement the best practices identified in Part 3 so that waiting times and the likelihood of conflicts between clinical priorities and waiting time targets can be reduced.
- v Review options for keeping patients better informed regarding the time that they can expect to wait, building on the improvements that will derive from the booked admissions programme.

Trust management should:

- vi Fully involve consultants and other healthcare professionals in formulating policy, setting waiting list targets and managing the workload to ensure that in the vast majority of cases, patients are treated in accordance with their clinical need and within the waiting time targets set in the NHS Plan.