Clinical Prioritisation – Publication of waiting time statistics for patients covered by the Treatment Time Guarantee (TTG)

Update to DCR group, April 2022

Background and Purpose

Following the publication of the Clinical Prioritisation (CP) framework by the Scottish Government (SG) in November 2020, local and national systems have been developed to capture the recording of new CP categories for all inpatients and day cases, covered by the Treatment Time Guarantee (TTG), waiting for treatment. From July 2021, the national waiting times datamart was able to accept CP categories for individual patient records and NHS Boards had an initial target of 30 September 21 to record and submit these codes for all patients waiting wait for treatment as an inpatient or day case. The majority but not all Boards managed to supply CP codes for 90%+ of patients waiting by this deadline. Since then, PHS has monitored completeness rates for patients waiting and more recently, additions to list, and worked with all Boards to ensure levels of completeness can either be maintained or improved where appropriate.

As providers of official statistics for waiting times, PHS has responsibility for producing these statistics either as management information, for consumption within NHS Boards and the SG, or as national statistics, which are released within the public domain. Back in September 2021, PHS launched a CP report within the Waiting Times Management Information Hub. This report continues to be refreshed weekly, presenting the latest data on key waiting time indicators by Board of treatment and specialty and helping inform discussion on how CP is being applied across NHSScotland. In line with Audit Scotland's recommendation to *'publish data on performance against the clinical prioritisation categories, to enable transparency about how NHS Boards are managing their waiting lists'*, attention now turns to the publication of official statistics. This paper outlines PHS's plans, key considerations and timescales for releasing statistics later this year.

As a recognised producer of Official Statistics in Scotland, PHS works to the Code of Practice for Official Statistics which is maintained by the UK Statistics Authority (UKSA). Our Official Statistics publications are regularly assessed by the UKSA and are designated to have complied with the Code of Practice. We pride ourselves in meeting our obligations under the code for objectivity, integrity and transparency. As a provider of official statistics, consultation with key stakeholders, data suppliers and other interested parties is integral to the ongoing improvement to management information and published statistics. Feedback from all stakeholders will help inform and progress the development of the proposed enhancements to the reporting of the wait patients experience with the inclusion of CP categories.

Publication of Official Statistics

PHS produces a quarterly national statistics publication, commonly referred to as the 'Stage of Treatment' (SoT) publication. This reports on the length of time patients covered by the national standard or guarantees wait to be seen as a new outpatient or admitted for treatment as an inpatient or day case. All data are sourced from patient level records submitted by Boards to the national datamart and statistics are presented for a host of indicators including: the number of

patients waiting, number seen at an appointment or admitted for treatment, additions and removals, patient unavailability and non-attendance rates. The latest release reporting on waits up to 31 December 2021 is available on the PHS website.

Proposed statistics for release

Within PHS, there has been consideration of what statistics should be published once there is sufficiently complete and robust national data on the clinical prioritisation of TTG patients. Our intention is to show monthly trend information across the following four indicators, split by CP category:

1. Number (and percentage) of patients admitted for treatment during the month and length of wait (incl. Median and 90th percentile)
2. Number (and percentage) of additions to list and removals (including those removed for reasons other than admitted)
3. Number (and percentage) of patients waiting for treatment at month-end and length of wait ((incl. Median and 90th percentile)
4. Overall distribution of wait for number (and percentage) of patients waiting and patients admitted (4-week time bands up to 52 weeks, 13-week time bands up to 104 weeks and >104 weeks; same as SoT). *The suggested upper threshold of >104 would be flexible and dependent on latest position with the overall distribution.*

These statistics will be presented at specialty level by Board of treatment. The above indicators fall in line with current published statistics on SoT and the CP data sitting in the WT hub. Please note all statistics on clinical prioritisation, both for management information and publication, reflect the category most recently applied to the patient. This may have changed over the course of the patient's wait for treatment – this will be highlighted in the publication.

One step further – cross-border flow and health inequalities

There has also been some consideration within PHS on the prospect of expanding the set of statistics published for SoT, and in turn CP. Specifically, there is a desire to develop geography-based analysis to firstly highlight cross-border flow and secondly, explore health inequalities which are reported to have worsened across Scotland over the last 10 years. In relation to access to elective care, there is scope via the existing SoT dataset to potentially start publishing official statistics by Board of residence and deprivation. Once there is sufficiently complete data, there is also a desire to publish statistics on access to care by ethnic group. We would welcome views on this proposal.

Placement and format of outputs

The prospect of releasing CP statistics as a standalone publication has been considered but the consensus within PHS is that these statistics should form part of the well-established SoT publication. This means:

- A new section will be added to the pdf report, describing the key statistics and trend information via summary tables, charts and narrative.
- A new excel workbook will be published, dedicated to CP. This will include detailed trend information on the aforementioned indicators by Board of treatment, Board of residence and specialty.
- The suite of SoT files on the open data platform will be developed to incorporate CP for TTG waits.

Presentation of data will be similar to current SoT outputs and examples for some of the above indicators are shown in Appendix 1.

Please note, our preference would have been to release the data via a rShiny dashboard, rather than an excel workbook, but there is a risk that this development would potentially cause unnecessary delay. Going forward, the intention is to modernise the SoT and other waiting times publications but this will be influenced by organisation-wide discussion and stakeholder consultation on how best to release official statistics once a new R infrastructure has embedded within PHS (scheduled for October 2022).

Date of first release and frequency

Subject to sufficient confidence in the quality of data supplied, the plan is to publish CP statistics for the first time on **Tues 6 September 2022*** as part of the quarterly SoT release. This would cover the reporting period up to 30 June 2022 and be based on data taken from the snapshot of national data scheduled for 19 July. Feedback on the above proposed statistics to release will help inform the decision on the breadth of statistics to be released on 6 September. It may be the case that we start small and introduce more data over time.

Following the completion of this consultation, we'll liaise with PHS Stats Governance to arrange for the proposed changes to be pre-announced. In addition, the next SoT publication scheduled for 31 May will inform the public of the forthcoming release of CP data.

We understand that CP was introduced as an interim measure until services fully recovered from the COVID-19 pandemic so we would appreciate any update on longer term guidance. Assuming CP will continue to be applied for the foreseeable, statistics will be published quarterly in line with existing timetable for SoT.

Note – 6 September is one week later than the original release date scheduled for SoT. There is agreement between PHS and SG that given the likely interest in clinical prioritisation, a publication including new CP statistics should be released after the Scottish Parliament summer recess (2 July to 4 September).

Data Quality

Underlying these proposals is an understanding that robust quality assurance of data and knowledge of local application of the national framework and FSSA guidelines are key to publishing reliable statistics accompanied with insightful interpretation. PHS will continue to liaise with Boards to improve completeness and quality assure the data supplied.

However, our attempts to build an understanding of reasons for variation in application of CP within particular specialties or procedures across Boards are an ongoing challenge. This is mainly because local WT information leads require insight from the services on the clinical decisions made to respond to our line of enquiry. PHS will continue to engage with Boards but we're aware that unless there is a significant breakthrough, the narrative on reasons for variation on CP application accompanying the published statistics may be limited.

Out of scope

Reporting of changes to a patient's CP category while waiting for treatment will not be considered for official release. In the absence of a technical solution to capture robust data locally or nationally, discussions are ongoing as to how best to provide an estimate on number of transitions by Board and specialty as management information. Current estimates suggest between 2-3% of patients waiting nationally have experienced at least one change to their priority.

Feedback

We are keen to consult and hear your views on publication content, conscious of the potential sensitivities and inconsistencies around the data and helping ensure we interpret the statistics with due care and attention from an informed position. Please contact **Stuart Kerr** (stuart.kerr2@phs.scot) or **Peter Martin** (peter.martin@phs.scot) to share feedback or discuss further by **Thurs 5 May**. Following this consultation, further detail on the finalised proposal will then be shared well in advance of the scheduled publication date of 6 September 2022.

See Appendix on next page for example charts, where appropriate there will be options to drill down by Board of treatment/residence and specialty.

Appendix 1 – Example charts

The following charts are provided for illustrative purposes only.

1. *Number of patients admitted for treatment for the selected Board and specialty by CP category*

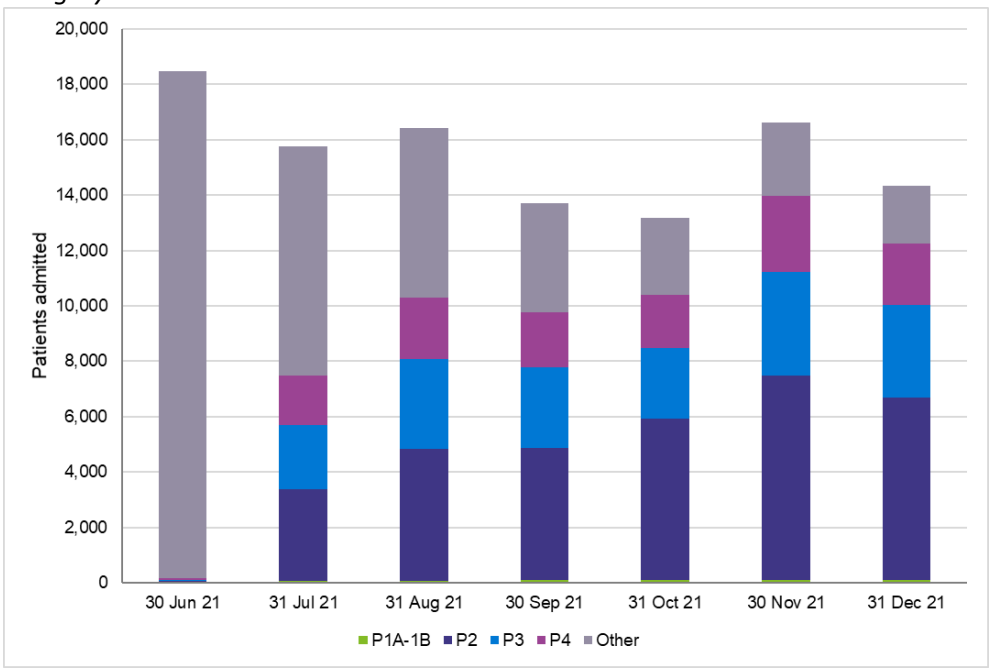

Chart shows number of patients admitted in each category per month for NHSScotland, all specialties.

2. *Number of patients waiting for treatment for the selected Board and specialty by CP category*

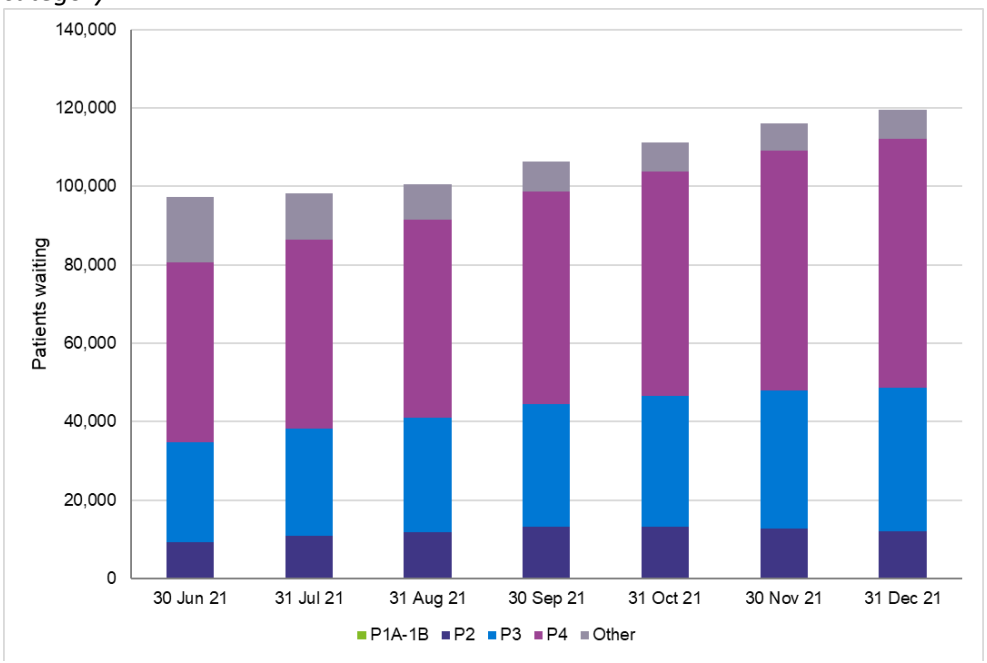

Chart shows number of patients waiting in each CP category per month for NHSScotland, all specialties.

3. *Monthly additions for the selected Board of Treatment and specialty by CP category*

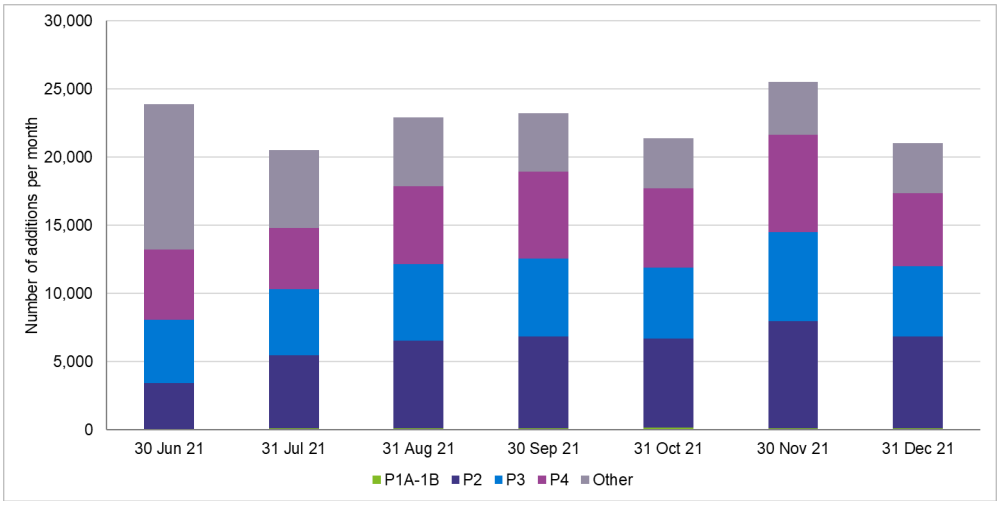

Chart shows number of additions per month for NHSScotland, All specialties, by CP category.

4. *Distribution of completed and ongoing waits for the selected month, Board and specialty by CP category*

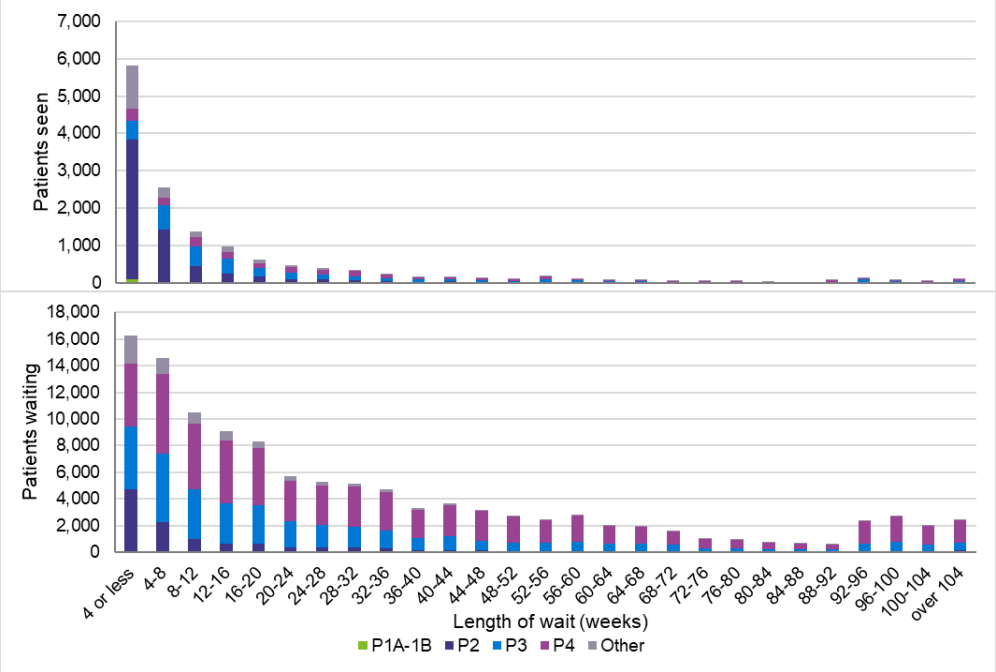

Chart shows distribution of completed and ongoing waits by CP category for the selected month (December 2021), NHSScotland, All specialties.

5. *Proportion of additions for high completeness specialties for the selected time period, by CP category, Board of Residence and specialty*

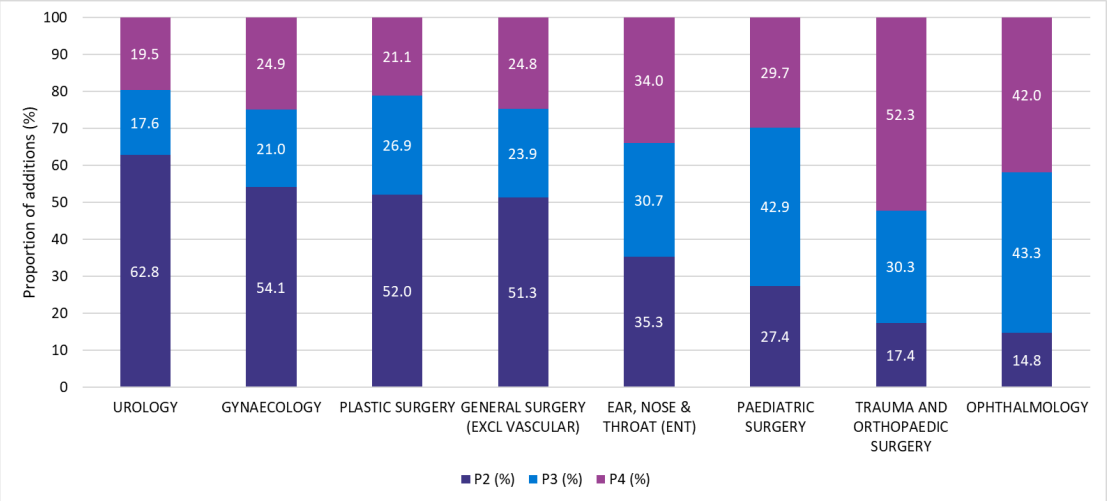

Chart shows proportion of additions to the list by specialty and CP category for the selected time period, NHSScotland.

6. *Proportion of additions for the selected time period by CP category and Board of Residence, for the selected specialty*

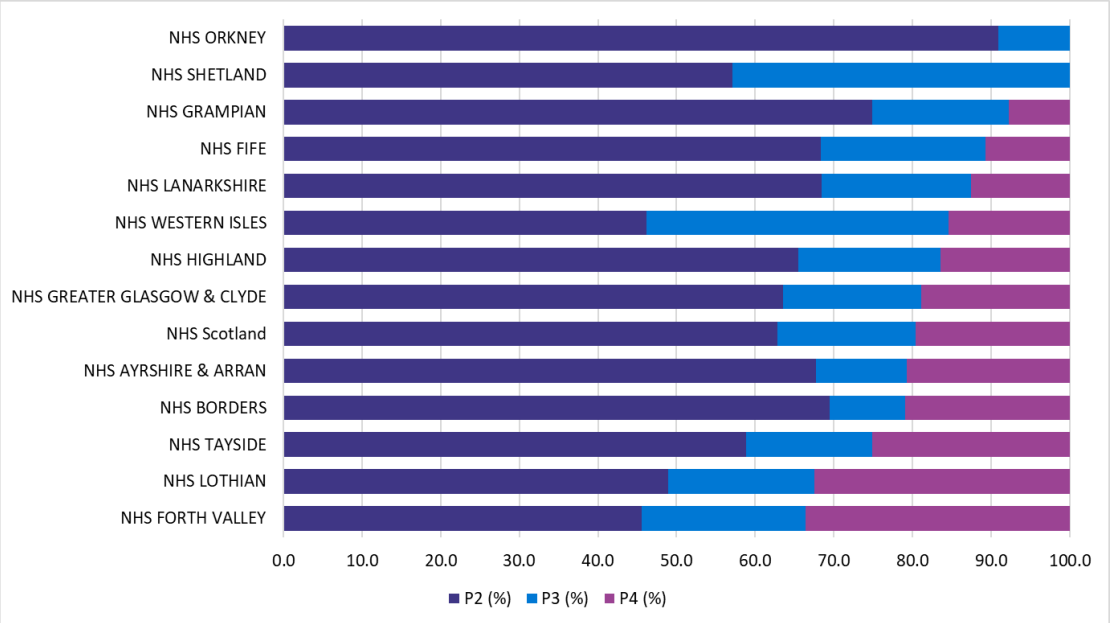

Chart shows proportion of additions to the list by HBR and CP category for the selected time period and specialty (Urology). Boards are ordered by decreasing proportion of P2 + P3.