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Archwilydd Cyffredinol Cymru
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Managing Elective Waiting Times – A checklist for NHS health boards

WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Introduction

1 The Auditor General published his report on *NHS Waiting Times for Elective Care* in Wales on 27 January 2015. The report concluded that while the vast majority of patients are treated within 26 weeks, the current approach does not deliver sustainably low waiting times. However, emerging plans do have the potential to improve the position if they are implemented effectively. We found that health boards have struggled to balance waiting times targets with financial and capacity pressures, but they could make better use of existing resources to treat more patients with better planning and different ways of working.

2 This checklist sets out some of the questions NHS board members should be asking to obtain assurance that the health board is managing waiting times effectively. Overall, NHS boards should seek assurance that plans to improve waiting times are based on a sound understanding of:

a the health board's current performance;

b current and future demand;

c available staffing and other physical capacity;

d financial implications;

e opportunities to make better use of capacity through re-thinking the ways services are provided and improving efficiency; and

f the key lessons from previous plans and efforts to reduce waiting times.

3 We intend that the questions that follow should help boards of NHS bodies test whether plans and activities are based on that sound understanding.

Understanding performance for your patients and residents

4 *NHS Waiting Times for Elective Care in Wales – Technical Report* provides detailed analysis of current performance across each health board in Wales including specialities where patients are most likely to experience long waits. Along with the main report, the technical report examines some of the factors contributing to long waits. The table below sets out some of the questions NHS Board Members can ask to make sure they have a clear understanding of current performance on waiting times and plans to improve performance.

The main issues	Key questions to ask	Prompts that may help you understand the issue in more detail
Do you understand current performance?	Do you know how you are performing on the referral to treatment measures as both a provider and as a commissioner?	Do you know how many patients are waiting more than 26 weeks and 36 weeks: • By specialty? • By site or hospital? • For all patients living within your health board area? • At each stage of the patient pathway? Do you know how performance has changed over time? Do you know the median and 95th percentile waiting times for patients? Do you know how performance compares to other health boards across Wales?
	Do you have sufficiently detailed information to understand how the health board is performing for specific groups of patients?	Do you track performance in specialities where there are known risks of patients deteriorating due to long waits? Do you know how long patients classified as ‘urgent’ are waiting?
	Do you understand patients’ experiences of the performance of your health board?	Do you know how patients feel about the length of time they are waiting? Do you understand how well your health board is communicating with patients? Do they have information about how long they can expect to wait? Do they understand the implications of cancelling or missing appointments? Do they feel involved in decisions about their treatment? Did their treatment ultimately make a difference to their quality of life?

Understanding demand and capacity

5 Our report highlights the fact that health boards have limited information about demand for elective care which restricts their ability to accurately allocate resources to treat patients within waiting times targets. Similarly, health boards do not have a sophisticated understanding of their own capacity which means that existing resources are not used as well as they could be, and it is difficult to make a realistic assessment of where the gaps are. To assess health boards' planning of elective care, board members can ask the following questions:

The main issues	Key questions to ask	Prompts that may help you understand the issue in more detail
Are plans based on a sound understanding of the demand for elective care?	Do you know enough about the patterns of referrals the health board receives?	Do you have information about the number of patients being referred for treatment? Does it include: • All specialties? • Referrals from GPs and other health professionals such as opticians? • Information about the age of patients and complexity of their condition? • The number of referrals marked as 'urgent'? Do you know whether the number of referrals has changed over time? • Are referrals for some specialties increasing? • Have the number of 'urgent' referrals increased? Do you have projections showing how the number of referrals is likely to change in the future?
	Do you have information about the quality of referrals?	Do you have information about the number of referrals which are returned to GPs or other health professionals because they lack necessary information, the referral was sent to the wrong place, or because the patient did not meet referral criteria?
	Do you know what makes up the bulk of elective activity?	Our analysis showed that just 35 procedures accounted for half of the hospital episodes across Wales in 2012-13. Just 13 procedures account for 25 per cent of bed days across Wales: • Do you know which procedures account for most of the activity in the health board? • Do you know which procedures account for most of the bed days? • Do you know whether the same patients are using hospital facilities regularly?

The main issues	Key questions to ask	Prompts that may help you understand the issue in more detail
Are plans based on a sound understanding of the health board's current capacity?	Are estimates of staffing capacity and activity realistic?	Do plans to deliver waiting times targets include a realistic assessment of staff availability? Do they take account of: • Annual leave? • Training commitments? • Estimates of staff sickness? • Staff vacancies and potential recruitment delays or problems? • Willingness of NHS staff to undertake additional activity outside of core hours?
	Are plans for the use of facilities based on a sound understanding of how they are actually used?	Are clinic and theatre templates linked to information on demand? Do they match staff roles to known demand (including making use of other healthcare staff for common conditions)? Do they include seasonal fluctuations in demand? Do they allocate different appointment or theatre slots depending on the age and complexity of patients? Do they include a mixture of urgent and routine slots which change over time as a result of changes in the urgency profile? Do plans have an impact on other parts of the planned care system? Are patients waiting for a follow-up appointment waiting longer so that new patients can be seen?
	Are plans based on a sound understanding of bed capacity?	Are plans to deliver waiting times targets linked to bed capacity? Do you know how long patients are likely to stay in hospital depending on their age, condition and complexity? Are elective beds ring-fenced or are they likely to be used by emergency patients based on analysis of bed use from previous years? Are bed plans based on high occupancy rates (above 82 per cent) – which means that there is less flexibility if patients stay longer than expected?

The main issues	Key questions to ask	Prompts that may help you understand the issue in more detail
Are plans based on a sound understanding of the costs of lowering waiting times?	Do you evaluate the impact of strategic decisions on waiting times?	Do you consider the impact on waiting times of decisions that involve: • Reducing beds? • Not filling staff vacancies? • Responding to winter or emergency pressures?
	Do you know how much it would cost to deliver plans to meet waiting times targets?	Is there an understanding of the costs of: • Sustainably balancing supply and demand so that patients are treated at the rate they join the waiting list? • Tackling the backlog of patients waiting over 26 weeks? Has the health board considered seven-day working to ensure that its current resources are used to their full potential?
Are plans based on an understanding of the key lessons from previous plans to reduce waiting times?	Do you know what worked well from previous plans? Do you know why previous plans did not work as intended?	Have they been based on realistic assessments of both demand and capacity? If not – why not? Have they linked demand and capacity effectively using planning tools? If not – why not? Have they been used to develop referral to treatment plans or trajectories? Were trajectories met – if not, was the demand and capacity information robust?

Plans to make better use of existing capacity

6 Our main report identifies a number of areas where health boards could free up significant capacity to see more patients and we set out alternative approaches to managing elective care in our *Compendium of Good and Promising Practice*. The following questions can help boards of NHS bodies obtain a better understanding of how effectively they are using their existing capacity:

The main issues	Key questions to ask	Prompts that may help you understand the issue in more detail
Are you developing ways of better meeting demand at lower cost?	Are you working with primary care to agree referral criteria and patient pathways?	Does this include referral criteria for diagnostic tests? How have you promoted the referral criteria and patient pathways? Do you monitor adherence to the referral criteria and patient pathways?
	Are you providing support and advice for GPs and other health professionals making referrals?	This might include advice via email or telephone, or using technology to review symptoms on digital photographs.
Are you managing outpatient appointments effectively?	Have you taken action to improve outpatient services?	Have you reduced the number of patients who cancel (CNA) or fail to attend (DNA) outpatient appointments? This could be by: • Using text reminder services or an automated patient booking service. • Improving the information given to patients about: - the implications of cancelled or missed appointments and long holidays; - how long they are likely to wait; and - what to do if their health gets worse whilst they wait. Have you redesigned the way that outpatient clinics work? This could be by: • Freeing up consultant time by using clinics led by specialist nurses or other health professionals. • Using technology such as telemedicine to diagnose and advise patients so they do not need to attend an outpatient appointment in person. • Making sure the booking centre has knowledge of processes for managing patients in each specialty. Some health boards rotate booking centre staff so that they gain an understanding of all specialties whilst others develop specialist knowledge for individual members of staff. Have you done anything to understand patient experience of outpatient clinics and made improvements as a result? This could be by: • working with community health councils or other patient representatives; • analysing patient complaints; and • gathering feedback from booking centre staff.

The main issues	Key questions to ask	Prompts that may help you understand the issue in more detail
Are you managing outpatient appointments effectively?	Do you know whether outpatients are being managed appropriately whilst they wait?	Are the referral to treatment rules being applied appropriately? Are patient records validated regularly to check compliance with the rules? Are patients contacted to make sure they still require treatment? Are there regular training programmes to ensure staff know how to apply the rules? Does Internal Audit review adherence to the referral to treatment rules? Are letters to patients reviewed to ensure that they reflect the current likely waiting times? Are there appropriate arrangements to review and manage risk to long waiting patients? Are patient records reviewed by consultants? Is there contact with patients to check whether their health has deteriorated? Is this by letter, telephone or face to face? Are patient complaints reviewed to see if patients' health is deteriorating as a result of long waiting times?
Are you considering ways to address the risk of 'over-treatment'?	Do you have a clear and properly applied policy on procedures known to be of limited effectiveness for some patients?	Do you know which procedures may be of limited value to some patients? Do you know how many of these procedures are carried out at the health board? Do you know how this compares to intervention rates across Wales? Do you have a clear policy setting out when these procedures can be done? Do you monitor compliance with the policy? Is compliance improving/rates of intervention falling? Do you know the reasons behind non-compliance? What is being done to improve compliance?
	Do you understand and manage variation in clinical intervention rates?	Do you track rates of intervention across procedures and compare between: • Clinicians within your health board? • Your health board and other health bodies in Wales and beyond? • Is there clear challenge to clinicians – from managers and clinical peers – on rates of intervention?
	Are you developing ways to involve patients in decisions about their own treatment to avoid unnecessary procedures?	Are you engaging clinicians on the potential benefits of greater patient involvement in decision making? Are you making available tools, like decision-making frameworks and advice leaflets, to support clinicians to involve patients?

The main issues	Key questions to ask	Prompts that may help you understand the issue in more detail
Are you managing theatre capacity effectively?	Are theatres as efficient as they can be?	Has the health board improved the way theatre lists are planned to prevent late starts, last-minute disruption and cancellations? Has the health board reduced the proportion of operations cancelled at short notice by the hospital and by patients?
Are you managing patients' stay in hospital efficiently and effectively?	Do you have a clear and consistent approach to helping patients recover as quickly as possible?	Do you use lifestyle management programmes such as smoking cessation or weight management to improve patients' health before they are listed for surgery in order to speed up and improve recovery? Do you use enhanced recovery after surgery methods consistently across the health board?
	Have you worked to ensure patients are discharged from hospital appropriately and without delay?	Are you working with social services to reduce delayed transfers of care? Have you done anything to make process improvements, such as early identification of discharge date, timing of ward rounds and ensuring medication is available?
If there are initiatives to make better use of existing capacity are they making a difference?	Is there evidence to show the outcomes of these initiatives?	Have initiatives created capacity to see more patients? If not, why not? Are there other benefits such as improved patient experience?
	Are they isolated pockets of good practice or are they being employed across the health board?	Is there a clear mechanism for sharing learning within the health board (and from beyond)? Is there evidence of ideas being spread and adopted/ adapted in different parts of the health board?

7 Copies of the full report on *NHS Waiting Times for Elective Care in Wales, NHS Waiting Times for Elective Care in Wales – Technical Report* and *Compendium of Good and Promising Practice* can be downloaded from the Wales Audit Office website at www.wao.gov.uk.

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