
Mark Pont, Assessment Programme Lead

Scott Heald
Director of Data and Digital Innovation and Head of Profession for Statistics
Public Health Scotland
(by email)

21 September 2023

Dear Scott

Inpatients, day cases and new outpatients statistics in Scotland

We recently completed our compliance check of Public Health Scotland (PHS) [Inpatients, day cases and new outpatients statistics](#) against the Code of Practice for Statistics. The statistics are published quarterly and were designated as National Statistics in 2017. They provide important data showing waiting times to be seen as a new outpatient or admitted for treatment as an inpatient or day case in Scotland. I am pleased to confirm that these statistics should continue to be designated as National Statistics. Following your request, we carried out this review as a part of a broader evaluation of NHS waiting times statistics in Scotland published by PHS, including the recently published [Assessment of Accident and Emergency \(A&E\) Activity Statistics in Scotland](#).

We are pleased to report that we found a number of positive features to highlight during our review, including the following:

- The value of the statistics is enhanced by the [Waiting Times open-source data platform](#) which is innovative as it consists of a series of 'open' records for people still waiting for treatment and 'closed' records when people are removed from the waiting lists alongside a helpful data dictionary to define the labels.
- It is clear that careful consideration has been given to the timeliness of production based on the quality checks required of the data. To ensure that the team has time to quality assure the statistics and they are as robust as possible, the statistics are published quarterly. There is a management information (MI) dashboard available with around 100 users spread across Scottish Government, the Centre for Sustainable Delivery and all NHS boards. This dashboard was designed at the beginning of the pandemic and continues to be updated weekly with live unverified data to help inform local and national planning decisions on planned care waits.
- The Waiting Times Information Group – a governance group that meets regularly to discuss these statistics – is a good example of user engagement, as it comprises representatives from NHS boards and Scottish Government.

The group discusses data supply, definitions, guidance and publication plans ensuring these major users are aware of any developments of the statistics.

- We note that large revisions in the data are helpfully quantified, and explanations are provided in the quality assurance section of the statistics report, enabling users to understand the effects of them.

There are, however, some areas that you and the team should consider that would enhance the trustworthiness, quality and value of these statistics. These are:

- The data used to compile the relevant waiting data episodes are housed within the [Waiting Times Datamart](#). There are sound data collection procedures and a culture of continuous improvement in both the NHS boards and PHS to improve data quality. We consider that it would benefit users if there was further transparency of these data flows, for example, the inclusion of a short summary of how the data are transferred into the datamart, and how errors are rectified by the NHS boards and PHS.
- We understand that PHS is planning to undertake a wider user consultation of all its statistical outputs. We think that consulting a wider range of users will help to develop these statistics further, for example, in evaluating the length and format of reports.
- Some of the PHS documentation is linked to the historical ISD Scotland website which can be confusing for users. We appreciate that work is ongoing to improve the PHS website, so it would be helpful if the ISD documents could be reviewed and the links could be updated. An example of this is the [Statistical Revisions Policy](#) which was last updated in 2010.
- So that users can be confident that the data meets their needs, we suggest that you explain more clearly any uncertainty within these data. This is in common with a suggestion we made to the A&E statistics team in our recent assessment, so we recommend that your teams work together to share good practice and eliminate any duplication of effort.

Recently there has been considerable press coverage focusing on comparing elective waiting times across England, Scotland and Wales. It is important that the public understand the extent to which the nations' statistics are or are not comparable and the reasons why. We are pleased that you are collaborating with the [UK Health Statistics Steering Group](#) to determine what can and cannot be compared and ensure that the appropriate caveats are communicated.

I would like to thank your team for its positive engagement with us during this review. Please do not hesitate to get in touch if you would like to discuss any aspects of this letter. I am copying this letter to Peter Martin, Service Manager, Public Health Scotland.

Yours sincerely



Mark Pont
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