

Equality Impact Assessment for the NHS Scotland Waiting Times Guidance: November 2023

February 2026

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Title of Policy: NHS Scotland Waiting Times Guidance: November 2023

Summary of aims and desired outcomes of Policy:

The NHS Scotland Waiting Times Guidance: November 2023 updates the 2012 guidance and supports Health Boards to deliver national waiting times standards. It aims to ensure people waiting for outpatient appointments, diagnostic tests and treatment are managed fairly and consistently across NHS Scotland. The review modernises the guidance for referred patients and aligns with Scottish Government commitments to reduce waiting times through service redesign and strengthened regional and national working.

Directorate: Chief Operating Officer

Division: Health and Social Care Performance and Delivery

Team: Planned Care Policy

Executive summary

The Equality Act 2010 at section 149(1) requires public authorities to have due regard to eliminating discrimination, advancing equality of opportunity, and fostering good relations under the Public Sector Equality Duty (PSED). The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 require public authorities to assess and review policies and practices against these three needs. To meet this obligation, the Scottish Government promotes a mainstreaming approach to equality, ensuring that the impact of its policies, programmes, and legislation, on people with protected characteristics is assessed across all areas and levels.

The Scottish Government has undertaken a national Equality Impact Assessment (EQIA) of the revised NHS Scotland Waiting Times Guidance: November 2023. This report summarises the findings, considering impacts on age, disability, gender reassignment, sex, pregnancy and maternity, marriage and civil partnership, race, religion or belief, and sexual orientation. The guidance applies universally to all NHS Scotland Health Boards and all patients on inpatient/day case, diagnostic and new outpatient waiting lists for planned care, upholding the founding principle of the NHS of fair and equal access at the point of need.

The [NHS Scotland Waiting Times Guidance](#) was updated in November 2023 to provide guidance for Health Boards to assist them in the delivery of the national waiting times standards. This followed a review in collaboration with key groups, including Health Boards and Public Health Scotland (PHS), and included patient input via a Gathering Views exercise carried out by Healthcare Improvement Scotland (HIS). The updated guidance replaces the previous 2012 publication and continues to ensure that patients who are waiting for an outpatient appointment, diagnostic test or treatment are managed fairly and consistently across NHS Scotland and takes account of service improvements.

The changes made align with our commitment to deliver sustained improvements and reductions to waiting times through service redesign, as well as enhanced regional and national working across NHS Scotland.

The EQIA evaluates how the updated guidance may affect different population groups, both positively and negatively, and therefore subsequently recognises the proactive duty to promote equality as well as mitigate risks. A full EQIA was required because the policy affects a large number of people, involves multiple protected characteristics, and has potential for both positive and negative impacts.

Key areas assessed, due to changes from the 2012 guidance, include:

- **Implied acceptance** will affect new outpatients' waiting times clock, with an increased 10-day deadline (based on patient engagement) and should be considered a reasonable offer.
- **New rules about how to adjust overall waiting time calculations** for patients who do not attend their appointment or are unavailable for appointments for personal or clinical reasons are incorporated into the guidance.
- **GPs and other referring clinicians to be copied into patient communications at agreed points along the patient journey** so all parties are aware of the patient's next steps, and GPs can provide advice and support accordingly.
- **Communications** can be in any form that the patient has consented to, including via telephone, electronically or by post. Health Boards are also encouraged to maximise use of digital services for appointments.
- **Waiting list validation** is incorporated into the guidance and should be embedded throughout the patient pathway. Details on the National Elective Coordination Unit (NECU) has also been included in the guidance.
- **Patient Focussed Booking** timescales have been extended (based on patient engagement) to allow patients a longer period of time to arrange appointments. The process now allows 14 calendar days (previously 7 calendar days) to respond to the initial communication before a reminder is issued and a further 7 calendar days is given to respond. Treatment Time Guarantee (TTG) patients must then be offered an appointment and the reasonable offers guidance followed. For new outpatients, a clinical review must take place to determine next steps if the patient does not make an appointment within the 21-calendar day timescale.
- Guidance on **Active Clinical Referral Triage (ACRT)** has been included and should be incorporated into business-as-usual processes for NHS Boards as they manage referrals.
- Greater clarity is set out in the guidance on what constitutes a **reasonable offer**: An offer of appointment from a Health Board to a patient is reasonable:
 - if at least 10 calendar days' notice is given (previously 7 calendar days);
 - if the appointment is at any location across Scotland deemed clinically appropriate for the patient's needs;
 - if the patient consents to the mode of contact used to communicate the offer (e.g. video, phone call);
 - if a date is provided, not just location;
 - if the consequences of refusing a reasonable offer are clearly explained;

- o at short notice if accepted by patient.

Some of these changes may impact patients based on age, disability, gender and race, with possible further detriment linked to sex in relation to waiting list validation and booking processes. While not a protected characteristic in and of itself, individuals with limited English proficiency may also experience challenges if communications are not fully understood.

There was extensive input from stakeholders throughout the development of the updated waiting times guidance, which included territorial Health Boards, PHS, and patient input. Following publication, the review team sought further engagement with third party organisations that represent groups with protected characteristics; however, responses were limited, with only one external response received. The EQIA therefore draws on existing literature, internal policy discussions, the aforementioned input from territorial Health Boards, and patient feedback gathered through HIS during policy development.

The review found that the policy will benefit all patients by allowing more time to respond to offers of appointments and treatment and enabling alternative communication methods tailored to patient preferences, thus improving equality of opportunity. While potential negative impacts were identified for four protected characteristics, mitigations are embedded in the guidance, including requirements for accessible communication and clinical review before removal from pathways. Significant work was undertaken during policy design to identify and address risks, and the policy is not considered directly or indirectly discriminatory.

The review team also welcomes the continued work of the Waiting Times Query Group, which includes PHS and Health Boards. This group meets monthly to address implementation queries, ensuring patient needs and equality considerations remain central as new issues arise.

Background

The NHS Scotland Waiting Times Guidance: November 2023, updated from 2012, supports delivery of the following national standards:

- **18 weeks Referral to Treatment** for 90% of patients.
- **12 weeks** for new outpatient appointments for 95% of patients.
- **6 weeks** for the 8 key diagnostic tests and investigations.
- The **12 week Treatment Time Guarantee (TTG)** as set out in the **Patient Rights (Scotland) Act 2011**.

The guidance should be read in conjunction with:

- [The Patient Rights \(Scotland\) Act \(2011\)](#)
- [The Patient Rights \(Treatment Time Guarantee\) \(Scotland\) Regulations \(2012\)](#)
- [The Patient Rights \(Treatment Time Guarantee\)\(Scotland\)\(No 2\) Directions \(2022\)](#)
- [NHSScotland: national access policy - gov.scot \(2023\)](#)

The 2023 guidance is intended for NHS Scotland staff responsible for recording and managing waiting time standards and aims to benefit patients and their families, Health Boards, National Treatment Centres (including NHS Golden Jubilee) and clinicians /clinical teams.

The fundamental principle behind the guidance is to ensure that patients who are waiting for appointments, diagnostic tests and treatment are managed fairly and consistently across NHS Scotland. The revised guidance applies universally to all Health Boards, all patients waiting for inpatient/day case treatment, a diagnostic tests or a new outpatient appointment, with the intention of upholding the founding principles of the NHS of fair and equal access. It also aligns with the Scottish Government's commitment in the Operational Improvement Plan to deliver sustained improvements and reductions in waiting times through service redesign and enhanced regional and national collaboration.

The guidance embeds Realistic Medicine principles, promotes informed choices and reduces unnecessary appointments through digital tools: Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR). It also requires Health Boards to adopt a three-stage waiting list validation process as business as usual. These changes aim to support patients to make informed decisions about their care, alleviate pressures on Health Boards, reduce unnecessary appointments, and ensure patients have access to the right treatment at the right time.

The Scope of the EQIA

A full EQIA was undertaken because the Waiting Times Guidance 2023 affects a large number of people, impacts people of multiple protected characteristics, and has potential for both positive and negative effects.

The protected characteristics as defined in the Equality Act 2010 are:

- Age
- Disability
- Sex
- Pregnancy and maternity

- Gender reassignment
- Sexual Orientation
- Race
- Marriage and civil partnership
- Religion/Belief

The EQIA assessed potential impacts on individuals with protected characteristics as defined in the Equality Act 2010, and is mindful of the three needs of the PSED:

(a) Eliminate discrimination, harassment, victimisation and any other prohibited conduct.

The updated guidance promotes consistent and equitable application, reducing opportunities for unlawful discrimination.

(b) Advance equality of opportunity between people who share a protected characteristic and those who do not.

The policy expands communication options, revises booking processes, and improves access to cross-boundary treatment, therefore increasing overall accessibility. Equality of opportunity will also be enhanced as centres with greater capacity can offer services to patients across Scotland, improving equity of access.

(c) Foster good relations between people who share a protected characteristic and those who do not.

Consent-based communication formats and clinically appropriate reasonable offers, help build trust and transparency throughout the patient journey. Supporting documents such as the National Access Policy and patient information materials complement the guidance. The overall effect of this will have a positive impact on fostering good relations.

Engagement included Health Boards, PHS, and patient input. Although additional information was requested from stakeholders, responses were limited. The EQIA therefore draws on qualitative analysis of available documentation and internal policy expertise. Where negative impacts were identified, mitigations have been incorporated to eliminate or reduce these risks.

Key Findings

Data gaps

Lack of stakeholder information

Following the publication of the updated guidance, the review team sought feedback from third party organisations that represent groups with protected characteristics.

Specifically, stakeholders were asked to indicate any positive or negative impacts that may impact the demographic they represent, and were asked to consider the following questions when formulating a response:

1. Has there been any positive impacts on this demographic since the implementation of the [NHSScotland Waiting Times Guidance](#) (2012), and what recommendations do you suggest Health Boards should consider when implementing the revised NHS Waiting Times Guidance (2023)?
2. Has there been any negative impacts on this demographic since the implementation of the NHS Waiting Times Guidance (2012), and what can the revised NHS Waiting Times Guidance (2023) implement to mitigate these negative impacts?
3. Would this demographic be affected positively or negatively by the way they are contacted by the Board?
4. Would there be barriers to this demographic attending appointments a) locally and b) outside of their local areas?
5. Are there any barriers which may prevent this demographic accepting appointments?
6. Could you provide any additional data or source material to support the answers provided.

However, despite efforts to gather feedback from stakeholders, responses were limited. As a result, the information contained in this EQIA relies primarily on internal Scottish Government sources, feedback gathered through the initial development of the guidance, and published research. We acknowledge this lack of additional input is unfortunate; though, it should be noted that the development of the revised guidance involved broad engagement with NHS Scotland Health Boards, PHS and patients, including a Gathering Views exercise led by HIS. Throughout these engagements, and the development of the 2023 Guidance, equality impacts were discussed extensively.

Impact of specific changes

To inform the assessment, the review draws on broad research which explores patient experiences of accessing NHS services. It was not possible to identify literature specifically reflecting the policy changes introduced in the updated waiting times guidance; therefore, proxy measures such as patient experience of admission and 'did not attend' (DNA) rates were considered in the analysis.

Intersectional impacts

The review team acknowledge that public health policies sometimes have unexpected effects which have the potential to affect people differently. This review has concentrated its analysis on the impact of the NHS Scotland Waiting Times Guidance: November 2023 update on people with protected characteristics;

however, the review team recognise that a thorough analysis of protected characteristics must include elements of intersectionality if it is to go beyond a singular understanding of the experiences of protected groups.

While there is a wealth of existing research on the particular forms of advantage and disadvantage that individuals who embody multiple forms of protected characteristics experience, the extent to which the existing intersectional literature reviewed had direct applicability to the guidance policy was limited.

It is nonetheless recognised that while the NHS Scotland Waiting Times Guidance: November 2023 provides formal equality to all patients on an inpatient/day case, diagnostic or new outpatient waiting list, intersecting systems of power do not operate independently from one another but come together to shape lived experiences of inclusion and access. This can potentially lead to the exclusion of certain individuals, including in access to public services.

Future EQIA reviews of the NHS Scotland Waiting Times Guidance: November 2023 should be intentional in seeking out intersectional perspectives, which should be informed by the lived experiences of all those on inpatient/day case, diagnostic or new outpatient waiting lists across NHS Scotland. Therefore, a more pluralistic perspective should be considered in subsequent reviews to ensure a greater understanding of the disparities in the experience of patients across Scotland as a direct result of the intersectional axes.

Overall findings

The review found that increasing the reasonable offer period from 7 to 10 calendar days advances equality of opportunity as it gives patients more time to respond to appointment offers. A reasonable offers package is the offer of two or more different dates of appointment for each stage of the patient's pathway.

Communications can now be delivered through any method consented to by the patient, including digital formats and paper copies, which helps safeguard against digital exclusion.

The updated 'Additional Support Needs' section of the guidance sets a clear standard for accessible communication for patients requiring extra support. In addition, patients are protected from administrative removal from pathways because a clinical review is required before any such action is taken. This provides a safety net for non-responses. The implementation of ACRT further supports clinical prioritisation and enables earlier decision-making.

Age

The review found no evidence that the policy would affect individuals positively or negatively on age grounds in terms of eliminating unlawful discrimination or fostering good relations between different age groups.

In relation to advancing equality of opportunity, both positive and negative impacts were identified. Patients with memory or cognitive impairments, which are typically associated with older aged individuals, may struggle to contact a Patient focussed Booking (PfB) office and arrange an appointment. PfB is a system that requires additional actions from patients, where failure to respond results in no appointment being offered, could be considered discriminatory on the grounds of age.

To mitigate this, the reasonable offer period has been extended from 7 to 10 calendar days, ensuring postal communications are received and patients have time to respond. This helps to address patient concerns regarding post arriving too late to allow patients to attend their appointments. Patients can now receive appointment offers through any communication method they have consented to, including digital formats and paper copies. This change aims to prevent digital exclusion by ensuring consent for alternative communication methods. The guidance also includes specific mitigations, stating that all communication with patients, including PfB, must be provided in a format appropriate to their needs, as outlined in the 'Additional Support Needs' section.

Whilst there was no direct policy change in the updated guidance in relation to the adjustments to patients' clocks for non-attendance at NHS appointment, the potential impact of Did Not Attend (DNA) and Could Not Attend (CNA) guidance was considered by the review team. This was considered in deference to the related updates in the Guidance regarding adjustments to waiting times clocks for periods of medical or personal unavailability. This decision was made based on the supposition that there are reasonable grounds to assume a relationship between DNA and CNA and medical or personal unavailability in some cases.

In terms of advancing opportunity, the review team found the DNA guidance could have a negative impact as non-attendance varies significantly by age, with younger adults generally demonstrating higher DNA rates than older populations. This may be due to younger patients experiencing competing demands such as employment, education, and caring responsibilities, which can affect their ability to attend scheduled appointments.

To ensure any referrals back to Primary Care are appropriate, the guidance states a clinical review must take place by the receiving service within the Health Board, prior to any patient being removed from a waiting list. This will ensure that patients will only be referred back to Primary Care if it is considered clinically appropriate to do so.

Disability

The review found no evidence that the policy would affect individuals positively or negatively on disability grounds in terms of eliminating unlawful discrimination or fostering good relations between disabled and non-disabled people.

In relation to advancing equality of opportunity, both positive and negative impacts were identified. Patients with impairments of brain function, such as cognitive difficulties or learning disabilities, may lack the capacity to contact a Patient focussed Booking (PFB) office to arrange an appointment. A system which requires additional actions from patients, and where failure to respond results in no appointment being offered, could be considered discriminatory on the grounds of disability.

To address this, the guidance specifies that all communication with patients, including PFB, must be provided in a format appropriate to their needs, as outlined in the 'Additional Support Needs' section. This requirement ensures that reasonable adjustments are made so that disabled patients can access services equitably. Furthermore, the reasonable offer period has been extended from 7 to 10 calendar days, ensuring postal communications are received and patients have time to respond. Patients can now receive appointment offers through any communication method they have consented to, including digital formats and paper copies. This change aims to prevent digital exclusion by ensuring consent for alternative communication methods.

Evidence also shows that disabled people, including individuals with mental health conditions, are at increased risk of DNAs. Disabled people and those with long-term conditions may face significant structural barriers to attending appointments, including transport difficulties, physical accessibility issues, fatigue, pain, cognitive impairment, or reliance on carers. Therefore, adjustments to patients' clocks for non-attendance at NHS outpatient appointments could have a disproportionately negative impact on disabled people in terms of equality of opportunity.

To remediate this issue, the guidance states a clinical review must take place by the receiving service within the Health Board, prior to any patient being removed from a waiting list. This will ensure that patients will only be referred back to Primary Care if it is considered clinically appropriate to do so.

Gender reassignment

The review found no evidence that the policy would affect individuals positively or negatively on the grounds of gender reassignment in terms of eliminating unlawful discrimination or advancing equality of opportunity. However, a positive impact was identified in relation to fostering good relations.

Following the publication of the guidance, a Director's Letter was sent to NHS Board Chief Executives from Scottish Government in April 2024 specifying that the application of the 2023 Guidance extends to Gender Identity Clinics, and all four NHS Scotland clinics have been made aware of its application.

To strengthen transparency and monitoring, the Scottish Government has commissioned PHS to improve data reporting for gender identity services, establishing robust national systems for waiting times data collection, monitoring, and reporting.

Additionally, literature frequently cites a lack of communication during waiting periods as a source of uncertainty and distress for individuals awaiting Gender Identity Clinic appointments. The updated guidance addresses this by emphasising the importance of clear, accurate, and transparent communication at the start of the care journey, alongside expectations for waiting list validation and standard management principles.

Sex

The review found no evidence that the policy would affect individuals positively or negatively on the grounds of sex in terms of eliminating unlawful discrimination or fostering good relations between men and women. However, in relation to advancing equality of opportunity, both positive and negative impacts were identified.

All referrals undergo Active Clinical Referral Triage (ACRT) based on the information available at the time of referral, with a Senior Clinical Decision-maker determining whether it is reasonable and clinically appropriate for the patient to be seen in clinic. Research indicates that clinicians may sometimes dismiss women's symptoms, particularly in relation to reproductive health conditions, such as endometriosis. Mandating that all referrals to secondary care are triaged by a Senior Clinical Decision-maker could result in indirect discrimination if clinicians hold ingrained beliefs that women exaggerate symptoms, normalise reproductive pain, or lack understanding of reproductive conditions. This could lead to inappropriate referral back to primary care.

Through its design, ACRT is intended to improve services by responding more effectively when patients are referred to secondary care. A Senior Clinical Decision-maker reviews all the electronic patient records (including imaging and laboratory results), and triages the patient to the optimal, evidence-based, and locally agreed pathway. This process of enhanced vetting adds value to the initial management of the referral by providing patients with written clinical information, the opportunity to "opt-in" after considering the information provided (with no time limit), remote consultation with the most appropriate clinician, direct referral for investigations, and onward referral to the most appropriate service or speciality, if required.

Therefore, ACRT has the potential to improve patient care and reduce waiting times by eliminating unnecessary face-to-face attendances. For example, rather than patients waiting an unacceptable length of time for clinical information, this can be readily provided by other means such as a letter or virtual appointment.

By working more efficiently, time is automatically freed-up and can be reinvested into providing a higher quality of service for those patients who need to be seen face-to-face. Patients reviewed under ACRT may also be moved up a waiting list if the assessment determines they should be prioritised for urgent care or treatment.

In this way, ACRT should benefit all patients, including women and girls, as it enhances clinical prioritisation, ensures patients are seen at the right time and the right place, and delivers a patient-focused approach for the management of referrals from primary care to secondary care.

The review also found that adjustments to patients' clocks for non-attendance at NHS appointments could have a negative impact based on sex in relation to advancing equality of opportunity. There was little consistency in the literature reviewed in terms of the gender balance of CNA and DNA, with some studies finding higher rates among females and other studies finding higher rates among males. In deference to this, and for the purposes of the EQIA, the potential impact of the guidance has been considered for both sexes.

Evidence identifies caring responsibilities as a key driver of DNAs and CNAs, particularly for women. According to the 2023-24 Carers Census, around three-quarters of unpaid carers in Scotland are female. Women continue to undertake a disproportionate share of unpaid caring responsibilities, including childcare, elder care, and caring for disabled family members. These responsibilities can significantly affect attendance at healthcare appointments, particularly where appointments are offered at short notice or lack flexibility.

Separately, the literature reviewed indicated that male gender is associated with increased likelihood of DNAs in some healthcare settings, particularly where this overlaps with socio-economic deprivation and minority ethnic groups. This is consistent with evidence that suggests men and some minority ethnic groups are less likely to engage proactively with healthcare services, including lower levels of help-seeking behaviour. This is often linked to work-related barriers, stigma, or perceptions of illness severity.

Without sensitivity to differential health-seeking behaviours, DNA policies may inadvertently penalise groups already less likely to engage with health services, thus reinforcing existing inequalities.

To mitigate this, the reasonable offer period has been extended to from 7 to 10 calendar days, giving individuals more time to respond. Patients can now receive

appointment offers through any communication method they have consented to, including digital formats and paper copies. This change aims to prevent digital exclusion by ensuring consent for alternative communication methods. The guidance also includes specific mitigations, stating that all communication with patients, including PfB, must be provided in a format appropriate to their needs, as outlined in the 'Additional Support Needs' section.

The guidance states a clinical review must take place by the receiving service within the Health Board, prior to any patient being removed from a waiting list. This will ensure that patients will only be referred back to Primary Care if it is considered clinically appropriate to do so.

Pregnancy and maternity

This policy does not apply to obstetric services as they are exempt from the Treatment Time Guarantee. Therefore, no changes have been made, and no consideration was required regarding direct or indirect discrimination, advancing equality of opportunity, or fostering good relations.

Race

The review found no evidence that the policy would affect individuals positively or negatively based on race and there was no indication of direct or indirect discrimination, nor any impact on promoting good relations.

Evidence does, however, suggest that men and some minority ethnic groups are less likely to engage proactively with healthcare services, including lower levels of help-seeking behaviour. This can manifest as delayed presentation, irregular attendance, or DNAs, particularly where services are perceived as inaccessible, culturally inappropriate, or difficult to navigate. Therefore, there may be negative impacts for minority ethnic patients, particularly where this intersects with socio-economic class and the male gender, in terms of advancing equality of opportunity.

To implement corrective actions, the guidance states a clinical review must take place by the receiving service within the Health Board, prior to any patient being removed from a waiting list. This will ensure that patients will only be referred back to Primary Care if it is considered clinically appropriate to do so.

Religion or belief

The review found no evidence that the policy would affect individuals positively or negatively based on religion or belief. No impacts were identified in relation to unlawful discrimination, equality of opportunity, or fostering good relations.

Marriage and civil partnership

The review found no evidence that the policy would affect individuals positively or negatively based on marriage or civil partnership. There is no indication of direct or indirect discrimination, nor any impact on equality of opportunity or good relations.

Sexual orientation

The review found no evidence that the policy would affect individuals positively or negatively based on sexual orientation. No impacts were identified in relation to unlawful discrimination, equality of opportunity, or fostering good relations.

Recommendations and Conclusion

Overall conclusions

This review was conducted more than a year after the implementation of NHS Scotland Waiting Times Guidance: November 2023. Significant work was undertaken during the policy design stage to identify potential negative impacts and mitigate them prior to publication. As a result, the policy is not considered directly or indirectly discriminatory, and any identified risks have been addressed within the guidance.

During the 2023 review, a Waiting Times Query Group was established, which was led by PHS. This group provides clarity on specialist areas and ensures Health Boards implement the policy consistently and in line with the principle of patient equity across Scotland. The group continues to meet regularly and engages with the Scottish Government on a monthly basis to address queries as they arise.

The EQIA process enabled the policy team to consider the needs of different patient groups and the wider community, assessing both positive and negative impacts. The most valuable input from patients and Health Boards was gathered during the wider consultation process which was undertaken during policy development.

Overall, the review found that the policy should benefit all patients by advancing equality of opportunity by allowing more time to respond to a reasonable offer and enabling the use of alternative communication methods, subject to patient consent. This flexibility ensures patients receive appointment offers in a format suited to their needs and preferences. The assessment identified a potential positive impact on gender reassignment, and potential negative impacts on age, disability, race and sex. Where potential negative impacts were identified, the policy includes mitigations to address these areas effectively.

Recommendations / Mitigations

As part of the review, several recommendations were identified for Health Boards to consider when conducting their own equality impact assessments. Boards should ensure that all communication, including Patient focussed Booking (PfB), complies with the 'Additional Support Needs' section of the guidance. Additional consideration should be given to patients with memory impairments, cognitive difficulties, or learning disabilities, as these factors may affect their ability to respond within the required timescales. The guidance has been developed with these considerations in mind.

Patients should not be removed from a clinical pathway without a clinical review under any circumstances. This provides a safety net for those who did not attend (DNA) or have a number of appointments they could not attend (CNA). This will ensure that patients will only be referred back to Primary Care if it is considered clinically appropriate to do so.

We expected that all Health Boards complete and publish their own equality impact assessments for the implementation of the Waiting Times Guidance to confirm that negative impacts have not arisen locally.

The review did not include an EQIA assessment of Active Clinical Referral Triage (ACRT). A potential impact for women and girls was noted in relation to the potential for deprioritisation or inappropriate referral back to primary care due to bias or 'medical misogyny.' Boards may wish to assess ACRT as part of their own equality impact assessments to mitigate any potential impacts. It should be noted that the ACRT policy is not directly or indirectly discriminatory, and where possible, negative impacts have been addressed within the guidance.

The policy and its implementation will continue to be monitored during 2026/27 through monthly meetings between Health Boards and the Waiting Times Coordinator at PHS, with reports provided to the Scottish Government. The Scottish Government will remain actively engaged in these discussions to ensure outcomes align with the principles of equity and do not disadvantage any individuals or groups.

A further EQIA is recommended when the policy is next reviewed.

Annex 1 – Definitions

Active Clinical Referral Triage

Active Clinical Referral Triage (ACRT) aims to ensure that all referrals to secondary care are triaged by a senior clinical healthcare professional to ensure that patients are allocated to the most appropriate pathway to meet their individual needs.

This can include providing patients with information regarding their condition and potential treatment options, supporting informed decision making and ownership of care for patients accessing services, known more commonly as “Opt In”.

Other potential options include attending a virtual clinic through technology enabled care, ordering relevant investigations prior to review, appointment to waiting lists for procedures to be carried out and attendance at clinics to discuss the various treatments options with an appropriate healthcare professional in an out-patient setting.

[Click here to find out more about Active Clinical Referral Triage.](#)

Patient Initiated Review

Patient Initiated Review (PIR) aims to reduce the “routine” follow-up of patients. Examples for symptomatic breast services includes follow-up mammograms following treatment for breast cancer and patients being informed of results without having to attend an out-patient clinic (where appropriate).

PIR has been embedded in delivery of symptomatic breast services over the past few years and will continue to be the model for service delivery going forward.

[Click here to find out more about Patient Initiated Review.](#)



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