

Date 03/02/2026  
Your Ref  
Our Ref 11009

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Dear

## FREEDOM OF INFORMATION – PATIENT MOVES

I write in response to your request for information in relation to patient moves.

Question:

1. The internal process for referring a patient from one clinical department to another within NHS Lothian; and specifically
2. The internal process for referral to Ophthalmology; and
3. The internal process for referral to Neurosurgery within the Department of Clinical Neurosciences (or its current equivalent).
  - This includes (where held), but is not limited to:
    - Any written policies, standard operating procedures (SOPs), guidance notes, referral pathways, flowcharts, or internal criteria that describe how clinicians initiate and process such referrals;
    - Any documents that set out who is authorised to make internal referrals, how those referrals are triaged, and how urgency or priority is determined.
    - If some of this information is held within a single overarching document, I would be happy to receive that in place of multiple separate documents.

Answer:

I am advised that there are no specific standard operating procedure (SOP) or policies in relation to this. As per Section 17 of the Freedom of Information Scotland) Act 2002 we do not hold the specific information requested.

Referrals between teams are done / performed as part of Good Clinical Care / Duties and Clinical Administration.

As per GMC guidance -

[https://www.gmc-uk.org/cdn/documents/gmc-guidance-for-doctors---delegation-and-referral\\_pdf-58834134.pdf](https://www.gmc-uk.org/cdn/documents/gmc-guidance-for-doctors---delegation-and-referral_pdf-58834134.pdf)

This information is exempt under Section 25 of the Freedom of Information (Scotland) Act 2002 - Information otherwise accessible

(1) Information which the applicant can reasonably obtain other than by requesting it under section 1(1) is exempt information.

Please also see detail and links taken from our intranet page.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at [www.itspublicknowledge.info/Appeal](http://www.itspublicknowledge.info/Appeal). If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: <https://org.nhsllothian.scot/FOI/Pages/default.aspx>

Yours sincerely

**ALISON MACDONALD**  
**Executive Director, Nursing**  
Cc: Chief Executive  
Enc.

## **Standard Operating Procedures**

As of 28 January 2026, NHS Lothian have implemented the updated waiting times guidance published by the Scottish Government (SG) on 4 December 2023. This guidance ensures waiting lists and appointments are managed fairly and consistently across Scotland.

These pages outline the Standard Operating Procedures that have been developed in line with the 2023 Waiting Times Guidance to ensure there is a consistent approach to the management of referrals and waiting lists across NHS Lothian. This document also defines the accountabilities and responsibilities of all those involved in waiting list management processes.

### Responsibilities

All staff involved in the administrative aspects of the patient's treatment and all clinicians delivering treatment must understand and ensure that their practices are consistent with the content of this policy and ensure that systems are in place to support effective waiting list management.

### Training

Several courses have been developed to provide staff with training on scheduled care waiting times SOPs. These courses will provide staff with a solid understanding of the waiting times guidance and how this applies to their daily work. All staff involved in waiting list booking and management are required to complete the Turas module on an annual basis.

### Escalation Process

Health Records and Service Managers should ensure that an escalation process is in place for administrative staff to raise issues relating to waiting lists including capacity.

The Waiting Times Governance Team can also always be contacted with any questions or concerns. Contact information can be found [here](#).

### Training

#### Waiting Times Guidance Training

The training courses below have been developed to provide staff with a solid understanding of national waiting times guidance and how this applies to their daily work.

#### Turas Learn

A module focusing on waiting times guidance for all areas of scheduled care (including Acute, Mental Health and AHP services) has been developed on Turas Learn. Please note that this

course only covers general guidance and not how to use Trak (see Trak Training below).  
Completion of the Turas Learn module is mandatory and must be completed yearly by:

all staff who book appointments, arrive/DNA appointments, make appointment offers, add patients to a waiting list, remove patients from a waiting list, apply unavailability, process cancellations/DNA's

Managers who have oversight of staff involved in waiting list management

Staff/managers who have access to the Process Monitoring Scheduled Care Dashboards

Staff who book/cancel 'return' appointments only are encouraged to complete the Turas Learn module which provides a good overview of the whole patient journey

The SOPs for Waiting List Management course is booked via Turas Learn and can be found using the following link: [SOPs for Waiting List Management](#).

Alternatively, login to Turas Learn:

Use the search function and enter "SOPs" or "Waiting List" or " SOPs for Waiting List Management"

From the Turas Learn home screen:

Under the "Recommended" section --> click NHS Lothian : list of all learning sites

Click Continuing Professional Development (CPD)

Click Legal, Governance and Compliance

Scroll to the bottom of the screen --> click SOPs for Waiting List Management

#### Face-to-Face

Training is available for all members of staff who would like to learn more about the key principles of waiting times guidance. Please use the links below to enroll in an online Teams session.\*

Each session includes a presentation and time for questions at the end. Please note that a minimum of 5 attendees is required for a session to proceed. If this requirement is not met, staff enrolled in the session will receive a cancellation notice 24 hours prior to the session.

March 2026

Date	Session Title	Experience Level	Length
10:00 am-11:30 pm,	5 March 2026		

General Waiting Times Guidance Training

All staff who book appointments or manage WLs

1.5 hours

10:30 am-12 pm, 11 March 2026

## General Waiting Times Guidance Training

All staff who book appointments or manage WLs

1.5 hours

\*In-person sessions may be scheduled if required. Please contact Siri Schoonderbeek for further details.

## Face-to-Face Mini Training Sessions

We are currently developing a series of mini training sessions to complement and reinforce our general training sessions. These mini sessions will allow us to concentrate on more complex topics within the umbrella of Waiting Times Guidance. Sessions are limited to under one hour in length and are appropriate for all who have completed general training.

We currently offer the following topics:

Removal From the Waiting List (contact Siri Schoonderbeek directly)  
Slides used in these session can be found here.

## Referrals

 [Inside Look - Referrals.pdf](#)

Referrals fall into the following categories:

- Open referrals to pooled waiting lists in a given specialty – where only the specialty is named on the referral but no specific clinician.
- Clinician specific referrals – where a clinician is named on the referral letter.
- Referrals to a team with multi-disciplinary professionals.

Referrers should be encouraged to refer to a specialty or team, not an individual as this allows greater flexibility when booking the patient's appointment. It is recognised that some referrals are appropriately sent to a specific Clinician because a specialist opinion is required.

The referral can be sent to NHS Lothian in a number of ways:

- Electronically via SCI Gateway/Trak/other PAS
- Paper referrals
- Self referral by the patient in a few services.

All referrals should be added to the Patient Administration System by the next working day after the referral has been received.

Regardless of type of referral or method of receipt, **Active Clinical Referral Triage (ACRT)** should be used to determine the correct pathway and priority for the patient. Every referral must be marked as 'routine' or 'urgent' as part of the triage process. This must be done within **7 days** of receipt of referral. This is to ensure that the patient is processed with the appropriate priority and their waiting time's clock is calculated correctly.

#### Updating/Upgrading Referrals

In some cases, the information on an existing referral (and waiting list entry) will need to be updated. Additionally, a patient's clinical status may have worsened requiring them to be seen/treated more urgently. The following are examples of how to handle referral updates/upgrades:

1. **Second Referral from GP:** a new referral is received from a GP for the same specialty and reason for referral as a previous referral (and existing waiting list entry).
  - a. **Update of Information:**
    1. Update the first waiting list entry with any new information
    2. All original dates will be honoured
    3. Any second WL entry that may have been created when the second referral was received should be removed and a note included
  - b. **Update of Priority from Routine to Urgent:**
    1. Update referrer priority (change from routine to urgent) on the original referral
    2. All original dates will be honoured
    3. Any second WL entry that may have been created when the second referral was received should be removed and a note included
  - c. **Update of Priority to Urgent Suspicion of Cancer:**
    1. Update referrer priority (change from routine to **urgent suspicion of cancer**) on the original referral
    2. All original dates will be honoured
    3. Any second WL entry that may have been created when the second referral was received should be removed and a note included
    4. Begin tracking the patient on a **62 day pathway** as of the date of the **second** referral (use second referral as the source/priority of referral)
2. **Consultant Upgrades Referral:** a NHS Lothian consultant reviews an existing referral/waiting list entry and upgrades the priority.

a. Update of Priority from Routine to Urgent:

1. Update priority (change from routine to urgent) on the original referral
2. All original dates will be honoured
3. A second WL entry should **NOT** be created

b. Update of Priority to **Urgent Suspicion of Cancer**:

1. Update priority (change from routine to **62 day wait**) on the original referral
2. All original dates will be honoured
3. A second WL entry should **NOT** be created
4. Patient should be seen as quickly as possible
5. Patient will **NOT** be tracked on a 62 day pathway as they will **ONLY** be tracked on a **31 day pathway** if they are diagnosed with cancer

National Definitions

Health Board of Initial Receipt of Referral - The Health Board that receives the initial referral for the patient. In some cases, a patient may be transferred more than once in their treatment journey.

Health Board of Residence - The Health Board in the area of which a patient permanently resides.

Health Board of Treatment - The Health Board that treats the patient.

## REFERRALS

The patient's journey with NHS Lothian begins with receipt of a referral. It is critical that these are processed quickly and correctly to ensure the patient is seen when clinically appropriate.

Further details can be found [here](#).

Type of Referral	Referral Method	Referral Dates
<p><b>Pooled referrals</b> – where a referral comes into a specialty or team and is added to a pooled list where the patient could see any clinician</p> <p><b>Clinician specific referrals</b> - where a clinician is named on the referral letter</p> <p><i>Referrers should refer to a pooled list (not an individual clinician) as this allows flexibility in booking and generally means the patient will be seen more quickly.</i></p> <p><i>It is recognised that some referrals are appropriately sent to a specific clinician for a specialist opinion. However, patients should only be assigned to specific clinicians when clinically necessary.</i></p>	<p>Referrals are received in a number of ways:</p> <ol style="list-style-type: none"><li>1. Electronic - via SCI Gateway/Trak/other PAS</li><li>2. Paper referrals – generally consultant to consultant referrals</li><li>3. Self-referrals – only permitted in some Services</li></ol> <p>Regardless of type of referral or method of receipt, every referral must be:</p> <ul style="list-style-type: none"><li>• Stamped with the date the referral was received by NHS Lothian</li><li>• Entered on the PAS by the next working day following receipt</li><li>• Marked as 'routine' or 'urgent' as part of the triage process</li></ul>	<p><b>Date referral received</b> – the waiting time clock for outpatients begins on the date the referral is received by NHS Lothian:</p> <ul style="list-style-type: none"><li>• It is critical this date is noted correctly either electronically or stamped on paper referrals</li><li>• If the referral has come to the wrong team and needs to be transferred, the original date is honoured and the patient is <b>NOT</b> expected to wait longer</li></ul> <p><b>Triaging</b> – all referrals should be reviewed by a clinician within 7 days of receipt to ensure the patient is marked with the appropriate priority and seen when clinically appropriate.</p>

Further information can be found by visiting the Waiting Times [website](#).

Any questions can be directed to:

- [Siri Schoonderbeek](#), Waiting Times Governance Training & Support
- [Ashley Orton](#), Waiting Times Governance Assistant Programme Manager
- [Amanda Kirkpatrick](#), Waiting Times Governance Programme Manager