

Dear

**FREEDOM OF INFORMATION – SLEEP SERVICE**

I write in response to your request for information in relation to the Lothian Sleep Service.

Question:

- (a) The total number of face-to-face (or zoom/video) patient appointments conducted by each consultant within the Lothian Sleep Service for each of the past three financial years (2022/23, 2023/24, 2024/25 to date), broken down by individual consultant.

Answer:

NHS Lothian extracted attended outpatient appointments from TrakCare for the relevant clinic templates and excluded appointment types explicitly coded as telephone. TrakCare does not consistently distinguish face-to-face from video/zoom within the remaining clinic codes; therefore, the figures below represent attended non-telephone appointments (including any video appointments recorded within face-to-face clinic templates).

Doctor	2022/23	2023/24	2024/25
A	3	2	2
B	130	324	205
C	206	388	422
D	0	36	Left DSM
E	23	65	253
F	2	Retired	Retired
G	Vacant post	Vacant post	37
H	Vacant post	Vacant post	155
Total	364	815	1,074

Question:

- (b) The average waiting time from referral to first appointment for patients referred to the Lothian Sleep Service for each of the past three financial years.

## Answer:

NHS Lothian does not hold a single “average waiting time from referral to first appointment” metric for the Lothian Sleep Service that can be reported for each of the past three financial years. Pathways vary (e.g., some referrals are triaged directly to diagnostics; others are triaged to clinic), and the first “appointment” may represent different stages (clinic assessment, home sleep study, inpatient study, or treatment set-up).

For context, a service snapshot presented internally in April 2025 recorded the following indicative waits (weeks) for key pathway steps:

Pathway step (April 2025 snapshot)	Indicative wait
Urgent inpatient polysomnography (vPSG/PSG)	84 weeks
Routine inpatient polysomnography (vPSG/PSG)	135 weeks
Home Sleep Study (HSAT)	25 weeks
Routine CPAP/APAP set-up	72 weeks

## Question:

(c) The average waiting time from first appointment to follow-up appointment for patients within the Lothian Sleep Service for each of the past three financial years.

## Answer:

NHS Lothian does not hold an “average waiting time from first appointment to follow-up appointment” metric for each of the past three financial years for the Lothian Sleep Service. Follow-up intervals are clinically determined and vary substantially by condition and pathway (e.g., ventilation follow-up, hypersomnolence pathways, OSA diagnostic-to-treatment pathway).

For context, where a patient’s first attendance is a diagnostic assessment for suspected obstructive sleep apnoea and treatment is recommended, the subsequent APAP/CPAP set-up has been subject to extended waits; internal service reporting in 2025 described a median routine APAP wait of 88 weeks (July 2025).

## Question:

(d) The number of patients currently on the waiting list for the Lothian Sleep Service, and the longest current wait time. A segregation by patient area (e.g. Borders and Lothian patients and any other areas serviced).

## Answer:

At the time of data extraction for this response, 771 patients were recorded on the opt-in waiting list. A further 269 patients had an appointment booked.

Segregation by patient area (opt-in waiting list):

Ayrshire & Arran:	5<
Borders:	54
Fife:	206
Forth Valley:	5<
Lothian:	504
Tayside:	5<

To protect the identity of the individuals involved any figure of 5 or less has not been shown in the table above. Since we do not have their consent to release this data from their records, the information is exempt under section 38(1)(b) of the Freedom of Information (Scotland) Act i.e. to provide it would breach the Data Protection Act (2018).

The longest current waits vary by pathway. For example, a service snapshot in April 2025 recorded an indicative wait of 135 weeks for routine inpatient polysomnography. In July 2025, the routine APAP waiting list was reported as approximately 1,200 patients with a median wait of 88 weeks. Waiting list prioritisation is determined by clinical urgency and referral date; postcode is not used as a criterion.

Question:

(e) The number of patient appointments cancelled by the service (as distinct from patient-initiated cancellations) for each of the past three financial years.

Answer:

The number of appointments recorded in TrakCare as cancelled by the service:

2022/23	1,216
2023/24	1,261
2024/25	1,414

Please note: these figures represent cancellation events recorded in TrakCare and may include cancellations associated with booking errors or rescheduling; a single patient may have more than one cancellation recorded.

Question:

Workforce Capacity and Deployment

(f) The staffing establishment for the Lothian Sleep Service (consultant, nursing, administrative) compared to actual staffing levels (whole-time equivalents) for each of the past three financial years.

Answer:

NHS Lothian holds staff establishment and WTE information within corporate HR systems. The Department of Sleep Medicine does not hold a consolidated year-by-year breakdown of

establishment versus in-post WTE for the past three financial years within a single service-level document.

Locally held information describing workforce pressures includes: (i) APAP patient helpline activity requiring 2–3 Band 3 WTE to manage approximately 90 calls/day (70–80% non-clinical); and (ii) reports of loss of 2 physiologists, 1 Band 3 and 1 nurse without replacement discussed at a 2025 business meeting.

Question:

- (g) The number of programmed activities (PAs) or sessions allocated to the Lothian Sleep Service by each consultant, and the proportion of those PAs dedicated to direct clinical care versus other activities. How much time is worked offsite?

Answer:

Consultant job plans are held within NHS Lothian. The Department does not hold a single collated record showing, for each consultant and for each of the past three financial years, the number of PAs allocated to the Lothian Sleep Service and the split of direct clinical care versus other activities. Job plans include personal data and, where requested at an individual level, may be subject to exemption under section 38(1)(b) of FOISA (personal information).

Overall, the medical workforce supporting the Lothian Sleep Service comprises one Specialty Doctor and five Consultants. Across their job plans, they hold approximately 20 programmed activities (PAs) per week, with only a proportion allocated to Sleep Medicine; the remainder supports other services including respiratory medicine, neurology and intensive care.

Question:

- (h) Any workforce planning documents, capacity assessments, or job plans relevant to the Lothian Sleep Service produced in the past three years.

Answer:

NHS Lothian has produced internal capacity and service planning materials for the Sleep Service. Examples include service presentations and business meeting papers covering waiting times, pathway redesign and capacity pressures (e.g., “Future of the Sleep Service”, May 2025; “DSM Business Meeting”, August 2025). Individual consultant job plans are held separately and are not routinely disclosed for the reasons set out in (g).

Question:

- (i) Details of any vacancies within the Lothian Sleep Service and the duration for which posts have remained unfilled.

Answer:

Vacancy information is held within NHS Lothian recruitment systems. Locally held records from 2025 business meeting papers note the following recent recruitment activity:



- Band 5 Physiology Trainee: advertised; 26 applicants (reported as under/overqualified); interviews not progressed.
- Band 5 Nurse: appointed December 2026.
- Band 3: appointed January 2026.

Question:

(j) Any efficiency metrics, key performance indicators (KPIs), or productivity measures used to assess the performance of the Lothian Sleep Service.

Answer:

The Sleep Service uses a range of operational indicators to monitor performance and pressures. Examples referenced in service papers include:

- Waiting list size and waiting times for key pathways (e.g., inpatient PSG/vPSG, HSAT, routine CPAP/APAP; routine APAP waiting list ~1,200 patients with median wait 88 weeks reported July 2025).
- DNA and cancellation volumes (see (e) and (k); DNA rate referenced internally as >20% for non-urgent APAP waits).
- Patient contact demand (e.g., 10–12 patient calls per week regarding APAP delays; ~20 formal written complaints since July 2024 regarding delay in treatment; 5–6 requests per week from GPs/professionals to expedite).

Question:

(k) The DNA (did not attend) rate for the Lothian Sleep Service for each of the past three financial years.

Answer:

The following are the numbers of appointments recorded in TrakCare as “did not attend” for each financial year:

2022/23:	1,436
2023/24:	1,401
2024/25:	1,484

These are counts of DNA events rather than a percentage “rate”. A DNA percentage would require the denominator (total booked appointments by clinic template) to be calculated for each year.

Question:

(l) The average number of patients seen per clinic session within the Lothian Sleep Service.

## Answer:

The typical face-to-face consultant clinic template is 6 patients per session. Nursing/physiology clinics (e.g., APAP education) may vary depending on the model in use i.e. complex patients, new or follow-ups, education.

## Question:

(m) Any benchmarking data comparing the Lothian Sleep Service's performance against other NHS Scotland sleep services or national standards.

## Answer:

Benchmarking information has been collated within service business case papers, including comparative APAP waiting list positions across Scottish Boards. For example, a July 2025 paper cited the following longest APAP waits:

Board / service	Patients awaiting APAP (reported)	Longest APAP wait (reported)
NHS Lothian (routine APAP waiting list)	1,220	88 weeks (maximum) / 45 weeks (median reported in paper)
GGC South	440	82 weeks
GGC North	21	12 weeks
GGC NVH	75	26 weeks
NHS Tayside	10	6 weeks

NHS Lothian also participates in national improvement work through the Scottish Government Centre for Sustainable Delivery (CfSD) Sleep Apnoea Improvement Group, including development of regional and national pathway models.

## Question:

(n) Details of any measures implemented to reduce waiting times within the Lothian Sleep Service over the past three years, including any business cases submitted for additional resources.

## Answer:

Examples of measures and service changes implemented or piloted to reduce waiting times include:

- Business case submission for routine APAP funding (July 2025), including modelling to treat 80 routine APAP set-ups per month and reduce the waiting list; routine APAP funding had been suspended in November 2024 due to financial pressures.
- "Test of change" programme (from July–September 2025) to increase APAP capacity, validate the waiting list (with approximately 10% of patients removed as no longer requiring APAP or having sourced devices), and utilise available clinic rooms for nurse/physiology-led APAP education clinics (5–6 patients per clinic).

- Implementation of a revised APAP compliance review pathway including 4-week telephone review and 3-month AirView compliance check with discharge of low-risk non-compliant patients and face-to-face review for high-risk non-compliant patients.
- Temporary cessation of non-urgent sleep studies (including HSAT) during September–November 2025 to redeploy staff to APAP education delivery and to increase capacity for MSLT/MWT testing (to address prolonged waits).
- Equipment optimisation/rationalisation work (e.g., structured recovery of unused APAP devices and improved remote monitoring connectivity) to support capacity and safety.
- Regional service redesign work to transition uncomplicated OSA diagnostics and treatment to local Boards from June 2026, with phased repatriation of stable APAP patients (2026–2027), enabling NHS Lothian to focus on complex cases.

Question:

- (o) Any internal reports, audits, service reviews, or quality improvement initiatives conducted regarding the performance or capacity of the Lothian Sleep Service over the past three financial years.

Answer:

Examples of internal review and quality improvement activity include:

- APAP compliance pathway development with an explicit plan to audit the impact of discharging persistently non-adherent low-risk patients at 3 months (business meeting actions May 2025).
- Review and validation of MSLT/MWT waiting lists against departmental protocol, including removal of inappropriate cases and reconfiguration of test capacity (reported July–August 2025).
- Routine APAP waiting list validation and associated standard letters/processes to reduce DNAs and improve throughput (test of change, 2025).
- Rationalisation of APAP equipment processes and updated standard correspondence to improve returns/monitoring and reduce avoidable contacts (2025).

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

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Cc: Chief Executive