

- To:
- NHS trust and NHS foundation trust:
    - chief executives
    - medical directors
  - Regional:
    - directors
    - medical directors

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

**1 December 2022**

Dear Colleagues,

## Help with validating waiting lists

Validation is well established as one of the key elements of our elective recovery plan. It has benefits for patients in that they receive communication while waiting for care (the [good patient communication guide](#) should be used for best practice). They will have touch points with their trust team where they will be able to discuss changes to their condition, so teams can ensure that they are on the right pathway to receive the best care and treatment for their needs. This will result in a better patient experience. Any changes to a pathway will be a clinical decision and communicated with the patient. For providers it gives confidence in relation to accuracy of waiting lists, that all patients on a waiting list need to be there, and it ensures the most efficient use of staff time and resources.

Following the letters sent out on 16 August 2022 in relation to [guidance on delivering the validation of non-admitted \(outpatient\) waiting lists to support the identification of patients suitable for mutual aid](#) and also the [winter resilience letter](#) from 18 October 2022, the national elective recovery and transformation team have developed a toolkit – saved on the [NHS website](#) and [FutureNHS](#) – to support regions, systems and providers in implementing validation, with examples and case studies that focus on the value of digital validation.

We are encouraging trusts to build on the good practice undertaken as part of the Super September Action on Outpatients initiatives. Examples from regions include:

- focused engagement with new patients on relevant waiting lists via text messaging, letter or direct telephone to validate patient waiting lists across relevant outpatient specialties
- waiting list validation for some specialties by calling and sending texts to patients to validate if referral still required, to discuss options of transfer to ISPs, reassure patients on current waiting times if need to remain, advise on expedited process if patient believes their condition has deteriorated or signposted to alternative support (if available and appropriate)
- waiting list validation across all of community podiatry patients waiting, using traditional administrative and new digital methods
- contacting patients who have waited more than 38 weeks for a first outpatient appointment. As part of this review the patient received a text message asking them to complete a short questionnaire regarding their appointment to help with waiting list stratification and to qualify the patients' needs (for those cohorts of patient who have waited the longest)
- an initiative to improve the organisation's waiting list management through new training packages. This will enable a skilled workforce to conduct effective validation of waiting lists and support how the patients who want and need treatment are managed in the interim.

If you have any queries about the above, please email [england.nationalecrtp@nhs.net](mailto:england.nationalecrtp@nhs.net).

Yours sincerely,

A handwritten signature in black ink, appearing to read 'P Doyle', is centered within a light gray rectangular box.

**Paul Doyle**

National Programme Director for Elective Recovery