

3. Clinical Prioritisation

3.1 Background to Clinical Prioritisation

In November 2020, the Scottish Government introduced a new Clinical Framework called 'Coronavirus (COVID-19): supporting elective care - clinical prioritisation framework'. This was as an interim measure to 'provide NHSScotland with clear guidance for prioritising elective care whilst ensuring appropriate COVID-19 safety and priority measures were in place'. This was at a time when elective care capacity was severely constrained by the pandemic and the backlog of patients requiring treatment was beginning to grow. The Framework became no longer applicable on 22 July 2022 when it was stood down by the Scottish Government. The reasoning behind this decision was to give Boards and clinicians full flexibility to manage their waiting lists with a focus on eliminating long waits as well as continuing to treat the most clinically urgent patients.

Whilst in operation, the Framework included guidance on how patients waiting for surgery should be prioritised, the aim being to encourage a consistent approach across services. This included the adoption of a categorisation of patients based on that used in guidance developed by the **Federation of Surgical Specialty Associations**. This categorisation is shown in the table below.

Table 5: Clinical prioritisation categories

Clinical prioritisation category	Timescale for treatment
Priority level 1a emergency	operation needed within 24 hours
Priority level 1b urgent	operation needed within 72 hours
Priority level 2 surgery	scheduled within 4 weeks
Priority level 3 surgery	scheduled within 12 weeks
Priority level 4 surgery	may be safely scheduled after 12 weeks

The FSSA guidance was developed at the request of NHS England in response to the 'COVID-19 crisis' and is designed to help clinicians prioritise patients waiting for