

Michael Shanks MP  
Minister for Energy  
Member for Rutherglen  
House of Commons  
(via email)

13 January 2026

Dear Mr Shanks,

I am writing to you regarding a [post and video](#) you shared on X.com about waiting lists in Scotland, following concerns raised with the Office for Statistics Regulation (OSR), the regulatory arm of the UK Statistics Authority (the Authority).

OSR investigated the following three claims:

1. That waiting lists have been altered (via “clock resets” - where a patient’s waiting times clock is reset to zero during their wait) to make the numbers look better than they are.
2. That “if you’ve been waiting for an appointment, for some reason, the first date you’re given, you’re not able to make, well the clock gets reset”, and that this reduces waiting lists even though those patients are still awaiting treatment.
3. That over 12,000 people were waiting over two years for an NHS appointment in Scotland, and that in England, there were 168.

In 2023 the Scottish Government introduced new [guidance on calculating waiting times](#). The guidance included new rules about “clock resets” and how they impact the calculation of waiting times. Public Health Scotland (PHS) produces monthly [accredited official statistics on stage of treatment waiting times](#) for inpatients, day cases and new outpatients. After two years of work with Scottish health boards to implement the new guidance, PHS updated how it calculates waiting times in October 2025. In its recent official statistics, and an accompanying [blog](#), PHS explained that under the new rules, waiting times estimates are marginally shorter than was previously the case.

In relation to the first claim about alterations to waiting lists, it is not for the Authority to comment on Scottish Government policy decisions such as the changes to waiting times guidance. However, we are satisfied with the way that PHS has implemented this. We consider that the change to waiting times calculations in its official statistics complies with the Code of Practice for Statistics, is appropriate, and supports user understanding. PHS [wrote to OSR](#) in August, notifying it of the upcoming change, and [OSR responded](#) supporting this decision.

In relation to the second claim, the Scottish Government's 2023 guidance states that the clock can only be reset if a patient does not attend an agreed appointment, or following the refusal of two or more [reasonable offers of appointments](#). These clock resets do not impact total waiting list sizes, as explained by PHS in its [impact assessment](#), which says that "waiting list sizes (ongoing waits) are unaffected by the revised guidance".

In relation to the third claim, sources for the numbers were not cited together with the post on X.com as we would normally expect under the [Standards for the Public Use of Statistics, Data and Wider Analysis](#). You later confirmed to us that the numbers come from PHS's official statistics on waiting times and NHS England's official statistics on referral to treatment waiting times. The total of people waiting over two years for treatment in Scotland was created by adding together the number of ongoing waits longer than 104 weeks for a new outpatient appointment, and the number of ongoing waits longer than 104 weeks for an inpatient or day case admission.

These two numbers should not be added together. This is because the same person could be waiting for both an outpatient appointment and an inpatient or day case admission. As PHS explains in its publication, "to avoid overestimating...the number of ongoing waits should not be added together".

It is also important to note that waiting lists in both Scotland and England, are reported for treatment 'pathways', not patients. This means that the figures could include the same person more than once if they are waiting for more than one treatment and do not necessarily represent the total number of people waiting. This issue was further explored by PHS in a [blog last month](#).

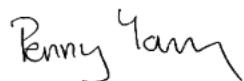
We know that many users want to be able to compare NHS performance across the UK and that it is frustrating for them when they are unable to do so. We therefore support and encourage efforts to produce more comparable data where possible. In this case, however, producers have explained that for planned care, different healthcare policies, commissioning processes and patient data systems make it particularly challenging.

The ONS published [work on the UK comparability of waiting times statistics](#) in July 2024 that highlights differences in data collections and definitions across the UK. These include differing policies between Scotland and England, for example on consultant vs non-consultant led pathways, clock stops and adjustments and transfers to and from private settings. Due to these differences, the ONS and producers of health statistics across the UK are clear that [their data cannot be used to make direct comparisons](#) of waiting lists between nations in this way. ONS does advise that it can be helpful to compare trends in waiting times statistics between England and Wales, and separately between Scotland and Northern Ireland, because the systems and compilation of statistics in these nations, while still

different, is most comparable. OSR has asked PHS to make this clearer in its regular publications.

Waiting times are of high public interest across the UK and it is vital that statistics about them are used appropriately to support public debate. We accept that the public and users will be frustrated about the limitations in comparability. But to uphold public confidence in statistics, we encourage you to ensure statements containing statistics are presented clearly and with sufficient context to avoid the potential for people to be misled.

Yours sincerely,

A handwritten signature in black ink that reads "Penny Young". The signature is fluid and cursive, with "Penny" on the top line and "Young" on the bottom line.

**Penny Young**  
**Deputy Chair**