

17 September 2026

Spinal Cord Injury Waiting List

I would be grateful if you could provide the following information for the three financial years 2023/24, 2024/25 and 2025/26, where available. If information is held for a different reporting period, please provide the closest equivalent period and state the period used.

Waiting lists and access to follow-up

1. Please provide the number of patients on waiting lists for: routine spinal cord injury follow-up;

- **specialist spinal cord injury outpatient clinics;**
- **rehabilitation;**
- **other planned spinal cord injury-related clinical review, as at 31 March 2024, 31 March 2025 and 31 March 2026, or the nearest available dates.**

Spinal cord injury clinics include rehabilitation. There are currently 998 patients on a spinal cord injury outpatient clinic.

2. For each relevant waiting list, please provide the number of patients waiting:

- **less than 4 weeks; 35 patients**
- **4–12 weeks; 68 patients**
- **13–26 weeks; 143 patients**
- **27–52 weeks; 186 patients**
- **more than 52 weeks. 566 patients**

3. Please provide the longest recorded waiting time for each relevant waiting list at each of the above dates.

Longest waiting time 21st Jan 2022

4. Please provide the average or median waiting time for each relevant waiting list, if routinely recorded.

509 days or 1.4 years

17 September 2026

5. Please provide any policy, protocol or guidance used to determine the clinical priority of patients waiting for follow-up, rehabilitation or specialist review.

For follow up – Patients are added to spinal cord injury outpatient waiting list for medical review. We don't have a policy or documented protocol for follow up.

For admission for Rehabilitation – Patients are placed on internal inpatient waiting list held at ward level. Consultant reviews weekly and advises who is next for admission based on this waiting list

The patients are generally accepted in line with the BSPRM publication 'Standards for Specialist Rehabilitation of Spinal Cord Injury 2022'. Please see attachment.

For specialist review- New outpatient referrals are placed on the next available new patient outpatient appointment. We don't have a policy or documented protocol for specialist review.

6. Please state whether the centre uses any formal scoring, triage, prioritisation or risk-stratification system to determine which patients are seen first.

If such a system exists, please provide:

- the name of the system;
- the criteria used;
- any scoring framework or categories;
- the policy or guidance governing its use.

No formal system used. As above if patients have suitable pathology and need for admission to SCIU, they are added to the inpatient waiting list. All patients referred are seen as soon as possible in the acute hospital/at the next clinical session the reviewing consultant has.

7. Please state whether patients can be escalated or prioritised because of deterioration in physical function, bladder/bowel function, pressure injury, pain, psychological need, loss of independence or other clinical factors, and provide any recorded criteria or guidance governing this process.

Under Section 1(1)(a) of the Freedom of Information Act 2000, the Trust can confirm that it does not hold the information requested as there is not a recorded criteria for this.

Inpatients referred are reviewed shortly after referral. There is one consultant session a week in the acute setting to do so. Outpatients will be prioritised review depending on known clinical need.