

# **Psychological Therapies Waiting Times In NHSScotland**

**Quarter ending 31 December 2016**

**Publication date – 7 March 2017**

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## Introduction

This publication contains information about how long people waited to start treatment for Psychological Therapies provided by the NHS in Scotland. This information has been published quarterly since August 2013. The information in this publication covers the period October to December 2016, with figures from the last 4 quarters for reference.

Psychological Therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The standard applies specifically to Psychological Therapies for treatment of a mental illness or disorder.

The Scottish Government requires the NHS in Scotland to measure the time people wait for treatment and this includes people waiting for Psychological Therapies. The Scottish Government has set a standard for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. Following the conclusion of previously planned work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies standard should be delivered for at least 90% of patients.

This standard includes Psychological Therapies as defined above. These include Psychological Therapies listed in 'The Matrix: A guide to delivering evidence based Psychological Therapies in Scotland' at [www.nes.scot.nhs.uk](http://www.nes.scot.nhs.uk) and also those not listed but which clinicians decide are the most appropriate treatment to meet a patient's needs. The standard applies: where the therapy is delivered to individuals or groups on a face-to-face basis, by staff trained to recognised standards, operating under appropriate supervision, in dedicated/ focused sessions; where the therapy is delivered through family, health and/or care staff who are being trained or supported to deliver a particular intervention to a named patient/client; to all ages (including CAMH services); in inpatient as well as community settings; in physical health settings where there is associated mental illness such as depression or anxiety, for example chronic pain and cancer; for substance misuse where there is associated mental illness; and for learning disabilities where there is associated mental illness.

This publication also includes information on Psychological Therapy referrals and waiting times for people aged 65 and over.

The systems for collecting data locally are still being developed, and as a result, some people who had treatment for Psychological Therapies are not included in this publication. However, the information in this publication does give a good indication of waiting times in most areas of Scotland. The volume of information we have been able to collect from NHS Boards has increased each quarter and we expect this to continue to increase in coming months. The Psychological Therapies HEAT Standard, Guidance and Scenarios document was updated in March 2014 to reinforce clarity for Boards on the scope of the standard and how to interpret a wide range of scenarios. The revised guidance was issued to Boards and made available on the ISD website at <http://www.isdscotland.org/Health-Topics/Waiting-Times/Psychological-Therapies/>

There will be differences in the measures used and collection methods of Psychological Therapies waiting times statistics, as well as differences in service structures between the administrations. The different datasets will not be strictly comparable.

Users need to carefully read the publications when making comparisons.

More information on the data quality can be found in A2-Data Quality, pages 26-38 of this publication.

## Main points

- Waiting times information for Psychological Therapies are developmental. NHS Boards are working with ISD and the Scottish Government to improve the consistency and completeness of the information. The Scottish Government has set a standard for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014. The standard should be delivered for at least 90% of patients.

For the quarter ending December 2016:

- 11,234 people started treatment for Psychological Therapies in Scotland which is an increase from the previous quarter (11,164) and a decrease from quarter ending December 2015 (13,161).
- Just under eight out of ten (77.5%) patients were seen within 18 weeks which compares with 79.6% in the previous quarter and 83.5% for the quarter ending December 2015.
- Two NHS Boards met the standard of treating 90% of patients referred within 18 weeks - these were NHS Lanarkshire and NHS Western Isles. Data completeness for NHS Greater Glasgow and Clyde and NHS Highland are below 50% due to IT system changes; no conclusions can be drawn from their data. Revised figures will be published on completion of IT changes, therefore, Scotland figures will change.
- 580 people aged 65 and over started treatment for Psychological Therapies in this quarter and 87.9% were seen within 18 weeks which is a decrease from the previous quarter (617) and quarter ending December 2015 (704).

## How long people waited to start their treatment

This section shows waiting times for patients who started their treatment during the period October to December 2016, with previous quarters data for reference. This information is still developmental. NHS Boards are working with ISD and the Scottish Government to improve the consistency and completeness of the information.

During the period October to December 2016 (see [Table 1](#)):

- 11,234 people started their treatment for Psychological Therapies in Scotland, in comparison to 11,164 for quarter ending September 2016 and 13,161 for the quarter ending December 2015.
- Using adjusted waits where available, 77.5% of people seen for Psychological Therapies started their treatment within 18 weeks of being referred, this is slightly less than the previous quarter (July to September 2016) of 79.6%, for quarter ending December 2016. Half of all people seen started their treatment within eight weeks which is the same as the previous quarter. Furthermore, 83.5% of people seen started their treatment within 18 weeks of being referred for the October to December 2015 quarter and half started their treatment within seven weeks.
- Using unadjusted waits, 74.2% of people seen for Psychological Therapies started their treatment within 18 weeks of being referred this is less than the previous quarter (July to September 2016) of 75.9% and also less than the October to December 2015 quarter (79.7%). For quarter ending December 2016 half of all people seen started their treatment within nine weeks which is less than the July to September 2016 quarter (ten weeks) and slightly more than the October to December 2015 quarter (eight weeks).

**Table 1. Waiting times for people who started their treatment in October 2015 – December 2016, NHS Scotland<sup>1,2,3,4,5,6,7</sup>**

Quarter <sup>4</sup>	With adjustments <sup>1,2,3</sup>				Unadjusted		
	People seen	Seen within 18 weeks (number)	Seen within 18 weeks (%)	Average (median) wait (weeks)	Seen within 18 weeks (number)	Seen within 18 weeks (%)	Average (median) wait (weeks)
Oct to Dec 2015	13,161	10,996	83.5	7	10,493	79.7	8
Jan to Mar 2016	13,556	11,226	82.8	7	10,745	79.3	9
Apr to Jun 2016	12,820	10,417	81.3	8	9,998	78.0	10
Jul to Sep 2016	11,164	8,882	79.6	8	8,475	75.9	10
Oct to Dec 2016	11,234	8,708	77.5	8	8,333	74.2	9

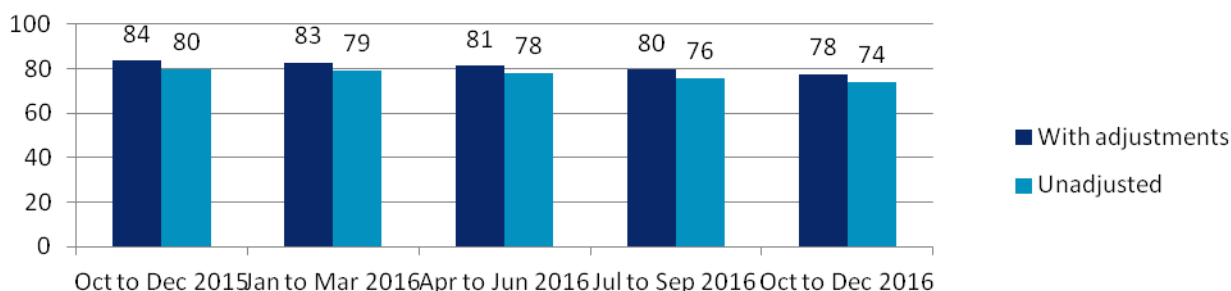
Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney data is not available.
3. For details of adjustments see Table 2.
4. Patients seen data for NHS Highland are estimated to be 30% complete up to June 2016, 50% complete from July 2016 and approximately 35% complete from December 2016, due to system issues.
5. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete.
6. NHS Greater Glasgow & Clyde has resubmitted September 2016 data.
7. NHS Grampian has resubmitted data from June to September 2016.

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

[Chart 1](#) shows the percentage of people seen within 18 weeks split by quarter for the last five quarters. Information by NHS Board is shown in [Tables 2](#) and [3](#) and [Chart 2](#). While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable. We expect to be able to make more accurate comparisons by NHS Boards in future publications.

**Chart 1. Percentage of people who started their treatment within 18 weeks, NHS Scotland<sup>1,2,3,4,5,6,7</sup>, quarters ending December 2015 to December 2016**

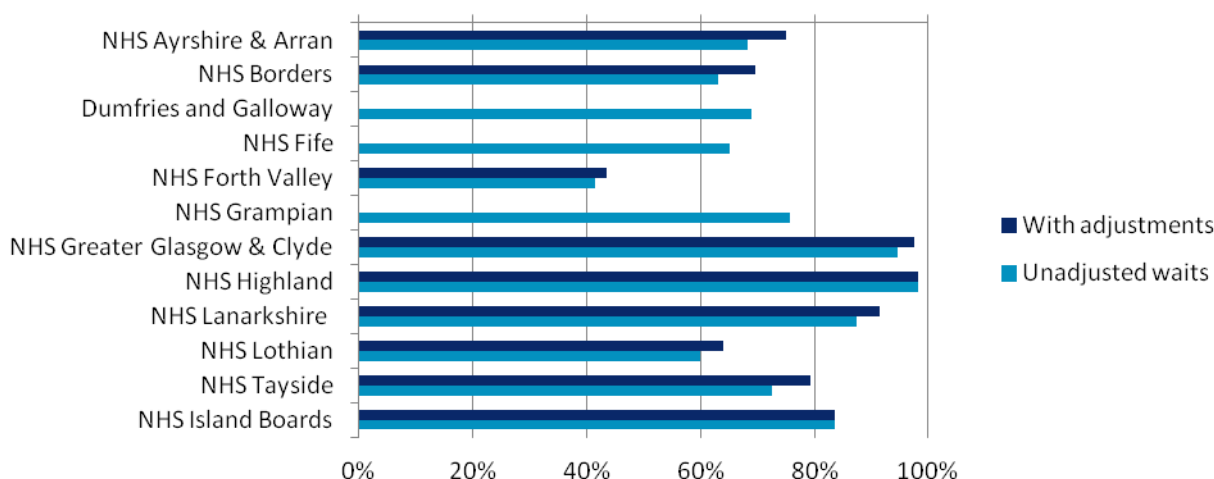


**Notes**

1. Scotland level adjusted data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney data is not available.
3. For details of adjustments see Table 2.
4. Patients seen data for NHS Highland are estimated to be 30% complete up to June 2016, 50% complete from July 2016 and approximately 35% complete from December 2016, due to system issues.
5. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete.
6. NHS Greater Glasgow & Clyde has resubmitted September 2016 data.
7. NHS Grampian has resubmitted data from June to September 2016.

**Chart 2. Percentage of people who started their treatment within 18 weeks by NHS Board, October to December 2016<sup>1,2,3,4</sup>**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*



**Notes**

1. For details of adjustments see Table 2.
2. NHS Orkney data is not available.
3. Patients seen data for NHS Highland are estimated to be 30% complete up to June 2016, 50% complete from July 2016 and approximately 35% complete from December 2016, due to system issues.
4. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete.

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

**Table 2. Waiting times (with adjustments<sup>1</sup>) for people who started their treatment in October to December 2016 by NHS Board**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

NHS Board of Treatment	People seen	People seen within 18 weeks (Number)	People seen within 18 weeks (%)	Average (median) wait (weeks)	Waiting time adjustments <sup>1</sup>
Scotland <sup>2,3,4,5</sup>	11,234	8,708	77.5	8	..
NHS Ayrshire & Arran	1,508	1,131	75.0	7	NA, U
NHS Borders	174	121	69.5	8	NA, U, RO
NHS Dumfries & Galloway	666	460	69.1	9	Unadjusted
NHS Fife	953	621	65.2	9	Unadjusted
NHS Forth Valley	596	259	43.5	23	NA, U
NHS Grampian	940	712	75.7	1	Unadjusted
NHS Greater Glasgow & Clyde <sup>5</sup>	1,530	1,491	97.5	5	NA
NHS Highland <sup>3</sup>	457	449	98.2	4	NA,U, RO
NHS Lanarkshire	1,722	1,575	91.5	8	NA,U, RO
NHS Lothian	1,598	1,023	64.0	13	NA, U, RO
NHS Tayside	1,035	820	79.2	11	NA, U, RO
NHS Island Boards <sup>4</sup>	55	46	83.6	3	..

Notes

.. Data not available

\* Data has had disclosure control applied to protect patient confidentiality.

1. Waiting time adjustments:

NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.

U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.

RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.

For further information see page 27.

2. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.

3. Patients seen data for NHS Highland are estimated to be 30% complete up to June 2016, 50% complete from July 2016 and approximately 35% complete from December 2016, due to system issues.

4. NHS Orkney data is not available. NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers

5. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete.

Further information by NHS Board can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-38.



**Table 3. Unadjusted waiting times for people who started their treatment in October – December 2016 by NHS Board**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

NHS Board of Treatment	People seen	People seen within 18 weeks (Number)	People seen within 18 weeks (%)	Average (median) wait (weeks)
Scotland <sup>1,2,3</sup>	11,234	8,333	74.2	9
NHS Ayrshire & Arran	1,508	1,029	68.2	10
NHS Borders	174	110	63.2	12
NHS Dumfries & Galloway	666	460	69.1	9
NHS Fife	953	621	65.2	9
NHS Forth Valley	596	248	41.6	24
NHS Grampian	940	712	75.7	1
NHS Greater Glasgow & Clyde <sup>3</sup>	1,530	1,447	94.6	5
NHS Highland <sup>1</sup>	457	449	98.2	4
NHS Lanarkshire	1,722	1,504	87.3	10
NHS Lothian	1,598	957	59.9	15
NHS Tayside	1,035	750	72.5	15
NHS Island Boards <sup>2</sup>	55	46	83.6	3

Notes

.. Data not available

\* Data has had disclosure control applied to protect patient confidentiality.

1. Patients seen data for NHS Highland are estimated to be 30% complete up to June 2016, 50% complete from July 2016 and approximately 35% complete from December 2016, due to system issues.
2. NHS Orkney data is not available. NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.
3. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete.

Further information by NHS Board can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

## People waiting at the end of the quarter

This section presents a summary of waiting times information for Psychological Therapies for people who are waiting at the end of quarter month.

This is a useful measure for managers of these services as it can help them take early action to ensure that patient waits do not exceed the standard. However this measure does not show how long people actually wait before they received care.

This information is still developmental. NHS Boards are working with ISD and the Scottish Government to improve the consistency and completeness of the information.

At the end of December 2016 ([Table 4](#)):

- 20,195 people were waiting to start treatment for Psychological Therapies in Scotland, this is an increase on quarter end September 2016 (18,225) and on the December 2015 quarter end (18,298).
- Using adjusted waits where available, 14,984 (74.2%) people had been waiting less than 18 weeks, this is an increase on the quarter end September 2016 figure of 13,549 (74.3%) and on the December 2015 quarter end figure of 14,963 (81.8%).
- Using unadjusted waits 14,592 (72.3%) people had been waiting less than 18 weeks, this is an increase on the quarter end September 2016 figure of 13,178 (72.3%) and on the quarter end December 2015 figure of 14,533 (79.4%).

**Table 4. Waiting times for people waiting at the end of the quarter in Scotland<sup>1,2,3,4,5</sup>**

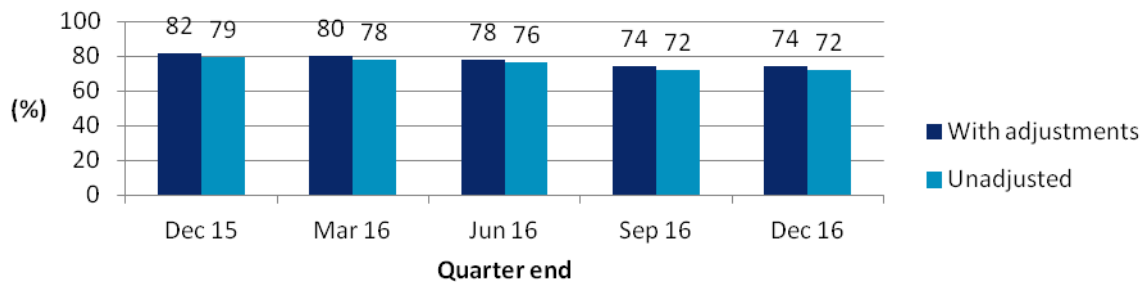
Quarter End	Total People Waiting	With adjustments <sup>1,2,3</sup>		Unadjusted <sup>2,3</sup>	
		Waiting less than 18 weeks (Number)	Waiting less than 18 weeks (%)	Waiting less than 18 weeks (Number)	Waiting less than 18 weeks (%)
Dec 15	18,298	14,963	81.8	14,533	79.4
Mar 16	18,331	14,689	80.1	14,288	77.9
Jun 16	18,048	14,073	78.0	13,775	76.3
Sep 16	18,225	13,549	74.3	13,178	72.3
Dec 16	20,195	14,984	74.2	14,592	72.3

Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney data is not available.
3. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete.
4. NHS Grampian has resubmitted data from June to September 2016.
5. NHS Greater Glasgow & Clyde has resubmitted September 2016 data.

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

**Chart 3. Percentage of people waiting less than 18 weeks, NHS Scotland<sup>1,2,3,4,5,6</sup>, October 2015 - December 2016**



**Notes**

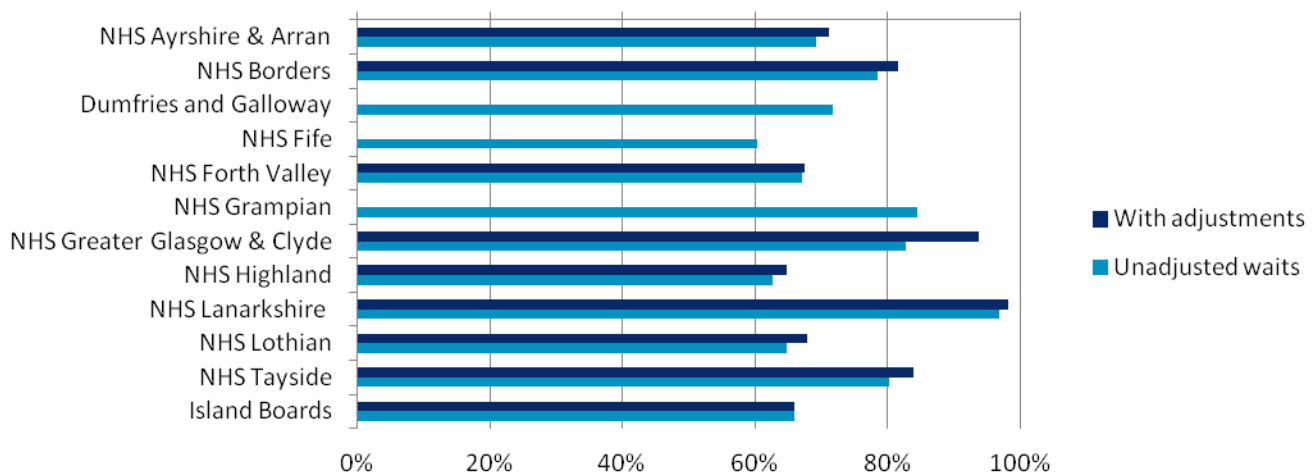
1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 5.
3. NHS Orkney data is not available.
4. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete
5. NHS Grampian has resubmitted data from June to September 2016.
6. NHS Greater Glasgow & Clyde has resubmitted September 2016 data.

[Chart 3](#) shows the percentage of people waiting less than 18 weeks, split by quarter end, for the last five quarters.

Information by NHS Board is shown in [Chart 4](#) and [Tables 5](#) and [6](#).

**Chart 4. Percentage of people waiting less than 18 weeks by NHS Board<sup>1,2,3</sup>, 31 December 2016**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*



**Notes**

1. For details of adjustments see Table 5.
2. NHS Orkney data is not available. NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.
3. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

**Table 5. Waiting times (with adjustments<sup>1</sup>) for people waiting at 31 December 2016 by NHS Board**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

NHS Board of treatment	Total People Waiting	Waiting less than 18 weeks (Number)	Waiting less than 18 weeks (%)	Waiting time adjustments <sup>1</sup>
NHS Scotland <sup>2,3,5</sup>	20,195	14,984	74.2%	..
NHS Ayrshire & Arran	2,374	1,690	71.2%	NA, U
NHS Borders	400	326	81.5%	NA, U, RO
NHS Dumfries & Galloway	974	698	71.7%	Unadjusted
NHS Fife	3,010	1,819	60.4%	Unadjusted
NHS Forth Valley	1,640	1,108	67.6%	NA, U
NHS Grampian	1,172	990	84.5%	Unadjusted
NHS Greater Glasgow & Clyde <sup>4</sup>	549	515	93.8%	NA
NHS Highland	1,445	935	64.7%	NA, U, RO
NHS Lanarkshire	2,412	2,370	98.3%	NA, U, RO
NHS Lothian	4,154	2,817	67.8%	NA
NHS Tayside	1,980	1,660	83.8%	NA, U, RO
NHS Island Boards <sup>3</sup>	85	56	65.9%	..

Notes

.. Data not available

1. Waiting time adjustments:

NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.

U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.

RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.

For further information see page 27.

2. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.

3. NHS Orkney data is not available. NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.

4. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete

Further information by NHS Board can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

**Table 6. Unadjusted waiting times for people waiting at 31 December 2016 by NHS Board**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

NHS Board of treatment	Total People Waiting	Waiting less than 18 weeks (Number)	Waiting less than 18 weeks (%)
NHS Scotland <sup>1,2</sup>	20,195	14,592	72.3%
NHS Ayrshire & Arran	2,374	1,645	69.3%
NHS Borders	400	314	78.5%
NHS Dumfries & Galloway	974	698	71.7%
NHS Fife	3,010	1,819	60.4%
NHS Forth Valley	1,640	1,101	67.1%
NHS Grampian	1,172	990	84.5%
NHS Greater Glasgow & Clyde <sup>2</sup>	549	454	82.7%
NHS Highland	1,445	904	62.6%
NHS Lanarkshire	2,412	2,334	96.8%
NHS Lothian	4,154	2,687	64.7%
NHS Tayside	1,980	1,590	80.3%
NHS Island Boards <sup>1</sup>	85	56	65.9%

Notes

.. Data not available

1. NHS Orkney data is not available. NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.
2. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete

Further information by NHS Board can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

### Number of people referred for Psychological Therapies

This section has information on how many people are referred for Psychological Therapies. Waiting lists can build up where demand for services exceeds the capacity of that service, so the number of referrals is a key measure for managing waiting times. This information is still developmental.

There are considerable variations in service structures across NHS Boards, and therefore a number of different referral pathways for people seeking to access Psychological Therapies.

In some areas referrals are made directly into discrete Psychological Therapies services, and it is relatively straightforward for Boards to report the numbers of referrals for Psychological Therapies, the date of receipt of referral and the date of commencement of treatment.

In other areas, however, there are no discrete Psychological Therapies services and Psychological Therapy is delivered, by appropriately trained staff, from within more generic Mental Health teams. These teams generally have a single point for receipt of referrals, and a subsequent process for allocation to a psychological therapist. In this case the date of receipt of referral is the date the referral is received by the Mental Health Team. These teams will require a process by which to identify those patients referred on for a Psychological Therapy and to record the commencement of therapy.

While NHS Boards are developing their systems, Board figures may not be directly comparable. Information on what referrals have been reported for each Board is detailed in the data quality section on pages 26-38.

A rejected referral is where the request is deemed as not appropriate.

The numbers of referrals for the quarter October – December 2016 by NHS Board are shown in [Table 7](#).

**Table 7. Referrals for Psychological Therapies<sup>1</sup> by NHS Board, October to December 2016**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

NHS Board of Treatment	All referrals		Referrals excluding rejected referrals <sup>4</sup>	
	Number of referrals	Referrals per 1,000 people	Number of referrals	Referrals per 1,000 people
NHS Scotland <sup>1,2,3,4,5</sup>	25,405	4.8	23,409	4.4
NHS Ayrshire & Arran <sup>2</sup>	3,344	9.0	2,300	6.2
NHS Borders	308	2.7	303	2.7
NHS Dumfries & Galloway	976	6.5	943	6.3
NHS Fife	2,060	5.6	1,967	5.4
NHS Forth Valley	910	3.0	872	2.9
NHS Grampian <sup>4</sup>	1,516	2.6	1,516	2.6
NHS Greater Glasgow & Clyde <sup>3,4</sup>	6,376	5.6	6,376	5.6
NHS Highland	1,300	4.1	1,289	4.0
NHS Lanarkshire	3,614	5.5	3,144	4.8
NHS Lothian	3,124	3.6	3,086	3.6
NHS Orkney <sup>5</sup>	..	..	..	..
NHS Shetland	82	3.5	80	3.4
NHS Tayside	1,780	4.3	1,518	3.7
NHS Western Isles	15	0.6	15	0.6

Notes

.. Data not available

1. As explained on page 13 some Boards are unable to separate out referrals to Psychological Therapies from all mental health referrals.
2. NHS Ayrshire & Arran currently provide all referrals to MH but are working on separating out referrals to Psychological Therapies.
3. NHS Greater Glasgow & Clyde are unable to separate out referrals to Psychological Therapies only due to the structure of their MH departments. This is explained further in the data quality section, pages 26-37.
4. NHS Grampian and NHS Greater Glasgow & Clyde are currently unable to provide the number of referrals rejected. Therefore these data will be over estimated.
5. NHS Orkney data is not available.

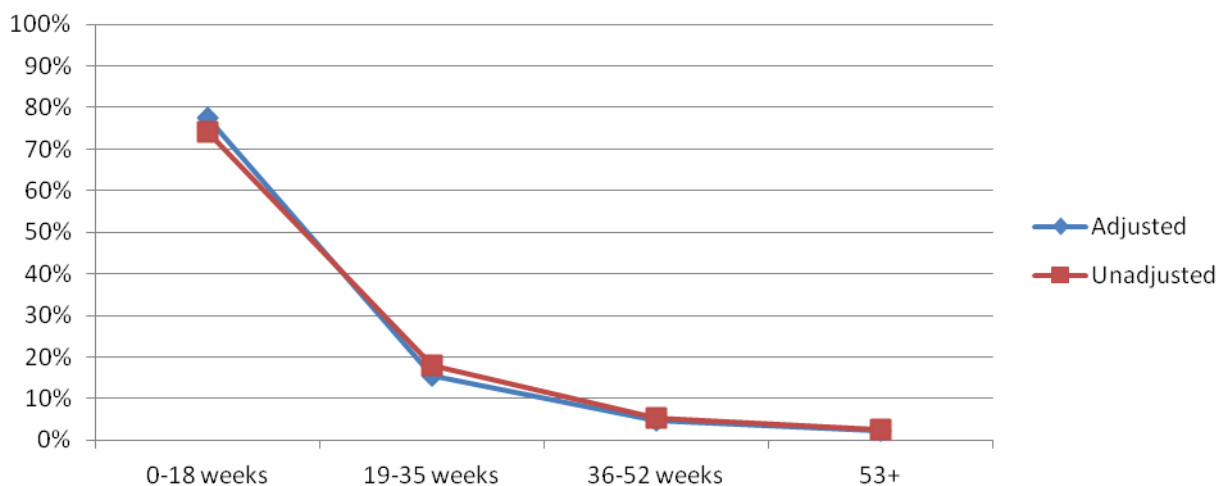
Further information on referrals for the current and last four quarters can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

## Distribution of wait

[Chart 5](#) and [Table 8](#) presents distribution information for patients who started their treatment during the quarter October to December 2016. [Chart 5](#) incorporates both adjusted and unadjusted data and shows the percentage of patients in relation to the number of weeks waited for treatment. [Table 8](#) is adjusted data and shows the percentage of patients in wait time band by NHS Board.

**Chart 5. NHS Scotland <sup>1,2,3</sup>: Distribution of completed waits (adjusted<sup>4</sup> and unadjusted) during the quarter October to December 2016.**



### Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney data is not available.
3. Patients seen data for NHS Highland are estimated to be 30% complete up to June 2016, 50% complete from July 2016 and approximately 35% complete from December 2016, due to system issues.
4. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete
5. For details of adjustments see Table 5.

The table on the following page details the patients who started their treatment by Board.



**Table 8. Distribution of wait (adjusted<sup>1</sup>) for people who started their treatment in October to December 2016, by NHS Board**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland <sup>1,2,3,4</sup>	77.5	15.4	4.8	2.3
NHS Ayrshire & Arran	75.0	17.2	6.2	1.6
NHS Borders	69.5	13.2	13.2	4.0
NHS Dumfries & Galloway	69.1	22.4	8.6	-
NHS Fife	65.2	17.5	9.2	8.1
NHS Forth Valley	43.5	51.5	5.0	-
NHS Grampian	75.7	22.1	2.1	-
NHS Greater Glasgow & Clyde <sup>4</sup>	97.5	2.2	0.1	0.3
NHS Highland <sup>2</sup>	98.2	1.5	-	0.2
NHS Lanarkshire	91.5	8.5	-	-
NHS Lothian	64.0	14.9	11.8	9.3
NHS Tayside	79.2	17.6	3.1	0.1
NHS Island Boards <sup>3</sup>	83.6	10.9	3.6	1.8

Notes

.. Data not available

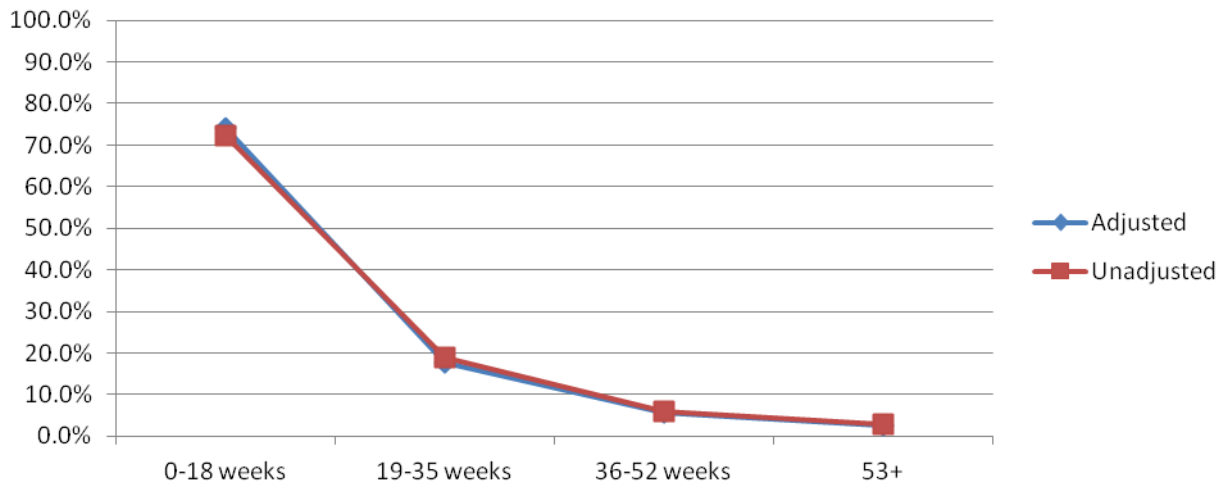
‘-’ denotes zero

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available, for details of adjustments see Table 5.
2. Patients seen data for NHS Highland are estimated to be 30% complete up to June 2016, 50% complete from July 2016 and approximately 35% complete from December 2016, due to system issues.
3. NHS Orkney data is not available. NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.
4. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete

Further information on the distribution of wait can be found [here](#).

[Chart 6](#) and [Table 9](#) presents distribution information for patients who are waiting to start their treatment as at the end of December 2016. [Chart 6](#) incorporates both adjusted and unadjusted data and shows the percentage of patients in relation to the number of weeks they have been waiting for treatment. [Table 9](#) is adjusted data and shows the percentage of patients in wait time bands by NHS Board.

**Chart 6. NHS Scotland<sup>1,2,3</sup> : Distribution of patients waiting for treatment (adjusted<sup>4</sup> and unadjusted) as at 31 December 2016.**



#### Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney data is not available.
3. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete
4. For details of adjustments see Table 5.

**Table 9. Distribution of wait (adjusted<sup>1</sup>) for people waiting at 31 December 2016, by NHS Board**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland <sup>1,2,3</sup>	74.2	17.6	5.5	2.7
NHS Ayrshire & Arran	71.2	20.9	6.3	1.6
NHS Borders	81.5	14.3	3.3	1.0
NHS Dumfries & Galloway	71.7	21.0	7.3	-
NHS Fife	60.4	22.2	11.4	6.0
NHS Forth Valley	67.6	30.8	1.6	-
NHS Grampian	84.5	13.8	1.5	0.2
NHS Greater Glasgow & Clyde <sup>3</sup>	93.8	5.6	0.4	0.2
NHS Highland	64.7	17.9	8.0	9.5
NHS Lanarkshire	98.3	1.7	-	-
NHS Lothian	67.8	20.1	8.3	3.8
NHS Tayside	83.8	14.9	1.3	-
NHS Island Boards <sup>2</sup>	65.9	4.7	3.5	25.9

Notes

- .. Data not available
- '-' denotes zero

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available, for details of adjustments see Table 5.
2. NHS Orkney data is not available. NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.
3. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete.

Further information on the distribution of wait can be found [here](#).

## People aged 65 and over

This publication includes information on referrals and waiting times for Psychological Therapies treatment for people aged 65 and over. This information has only been shown at quarter level due to small numbers and the potential for disclosure.

The numbers of referrals for people aged 65 and over for the quarter October to December 2016 by NHS Board are shown in [Table 10](#).

**Table 10. Referrals for Psychological Therapies<sup>1</sup> for people aged 65 and over by NHS Board, October to December 2016**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

NHS Board of Treatment	All referrals		Referrals excluding rejected referrals <sup>5</sup>	
	Number of referrals	Referrals per 1,000 people	Number of referrals	Referrals per 1,000 people
NHS Scotland <sup>1</sup>	1,126	1.2	1,088	1.1
NHS Ayrshire & Arran <sup>2</sup>	46	0.6	34	0.4
NHS Borders <sup>3</sup>	*	0.3	*	0.3
NHS Dumfries & Galloway	96	2.7	94	2.6
NHS Fife	57	0.8	56	0.8
NHS Forth Valley	45	0.8	44	0.8
NHS Grampian <sup>4</sup>	27	0.3	27	0.3
NHS Greater Glasgow & Clyde <sup>4,5</sup>	268	1.4	268	1.4
NHS Highland	31	0.4	29	0.4
NHS Lanarkshire	164	1.5	164	1.5
NHS Lothian	205	1.5	203	1.5
NHS Tayside	176	2.1	159	1.9
NHS Island Boards <sup>6</sup>	*	0.4	*	0.4

### Notes

.. Data not available

\* Data has had disclosure control applied to protect patient confidentiality.

1. As explained on page 14 some Boards are unable to separate out referrals to Psychological Therapies from all mental health referrals.
2. NHS Ayrshire & Arran currently provide all referrals to MH but are working on separating out referrals to Psychological Therapies.
3. NHS Borders data is based on people aged 70 and over.
4. NHS Greater Glasgow & Clyde are unable to separate out referrals to Psychological Therapies only due to the structure of their MH departments. This is explained further in the data quality section on page 30.
5. NHS Grampian and NHS Greater Glasgow & Clyde are currently unable to provide the number of referrals rejected. Therefore these data will be over estimated.
6. NHS Orkney data is not available. NHS Shetland and NHS Western Isles are combined to prevent disclosure numbers.

[Table 11](#) shows quarterly waiting times for patients aged 65 and over that started their treatment from October 2015 to December 2016.

**Table 11. Waiting times (with adjustments<sup>1,4</sup>) for people aged 65 and over that started their treatment during the last five quarters, NHS Scotland<sup>2,3,5</sup>.**

*While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.*

Quarter	People seen	Seen within 18 weeks (number)	Seen within 18 weeks (%)	Average (median) wait (weeks)
Oct to Dec 2015	704	618	87.8	7
Jan to Mar 2016	762	670	87.9	5
Apr to Jun 2016	709	618	87.2	7
Jul to Sep 2016	617	556	90.1	7
Oct to Dec 2016	580	510	87.9	7

Notes

.. Data not available

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Borders data is based on people aged 70 and over.
3. NHS Orkney data is not available.
4. NHS Grampian has resubmitted data from June to September 2016.
5. NHS Greater Glasgow & Clyde October to December 2016 is estimated to be 20-30% complete
6. For details of adjustments see Table 2

When comparing the current quarter to the previous quarter there has been a decrease in the number of people seen (aged 65 and over) from 617 to 580 and also a decrease in the percentage of patients seen within 18 weeks, from 90.1% to 87.9%. The median wait has remained at 7 weeks.

Further information on referrals for the last five quarters can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-38.

## Glossary

<b>Psychological Therapies</b>	Psychological Therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The standard applies specifically to Psychological Therapies for treatment of a mental illness or disorder.
<b>Rejected Referrals</b>	Where the request to a healthcare professional or to an organisation to provide appropriate healthcare to a patient is deemed as not appropriate.
<b>Start of treatment</b>	This is when treatment starts or the person is removed from the waiting list. Not all people who are referred for Psychological Therapies go on to have treatment. Some people attend an assessment appointment, need no further treatment, and so are removed from the waiting list. Some people are offered treatment, but decide not to go ahead.
<b>Adjusted waiting time</b>	This is how long a person waited after taking into account any periods they were unavailable and any appointments that they missed or rearranged. The adjustments are described on Page 27. If a person has no periods of unavailability and attends on the first date that they accept, then no adjustments are made and their adjusted waiting time is the same as their unadjusted waiting time.
<b>Unadjusted waiting time</b>	The total time from the date the referral was received by the service to the date treatment commenced.
<b>Median</b>	This is the time period (number of weeks) that half of the patients seen started treatment within.
<b>90<sup>th</sup> Percentile</b>	This is the time period (number of weeks) that 90% of the patients seen started treatment within.
<b>HEAT standards</b>	A set of standards agreed between the Scottish Government and NHS Scotland relating to Health Improvement, Efficiency, Access or Treatment (HEAT).

## List of Tables

Table No.	Name	Time period	File & size
1	<a href="#"><u>Adjusted Completed waits for people seen</u></a>	October 2015 to December 2016	Excel [739kb]
2	<a href="#"><u>Unadjusted Completed waits for people seen</u></a>	October 2015 to December 2016	Excel [815kb]
3	<a href="#"><u>Adjusted Waiting times for people waiting</u></a>	October 2015 to December 2016	Excel [351kb]
4	<a href="#"><u>Unadjusted waiting times for people waiting</u></a>	October 2015 to December 2016	Excel [808kb]
5	<a href="#"><u>Adjusted Completed waits patient distribution</u></a>	October 2015 to December 2016	Excel [364kb]
6	<a href="#"><u>Unadjusted waiting times patient distribution</u></a>	October 2015 to December 2016	Excel [852kb]
7	<a href="#"><u>Referrals</u></a>	October 2015 to December 2016	Excel [341kb]
8	<a href="#"><u>Patients aged 65 and over</u></a>	October 2015 to December 2016	Excel [1,261kb]

Note: in order to view the tables to full effect, your macro security settings will need to be set to medium. To change macro security settings use Tools, Macro, Security - set security level to Medium and re-open the report.

## Contact

**Santiago Nieva**  
Information Analyst  
[j.nieva@nhs.net](mailto:j.nieva@nhs.net)  
0131 275 7186

**Alex Chandler**  
Senior Information Analyst  
[alex.chandler@nhs.net](mailto:alex.chandler@nhs.net)  
0131 314 1201

**Mhairi Boyd**  
Senior Information Analyst  
[mhairi.boyd@nhs.net](mailto:mhairi.boyd@nhs.net)  
0131 275 6079

**Michelle Kirkpatrick**  
Principal Information Analyst  
[michelle.kirkpatrick@nhs.net](mailto:michelle.kirkpatrick@nhs.net)  
0131 275 6458

**Psychological Therapies Waiting Times Team**  
[NSS.isdpsychtherapies@nhs.net](mailto:NSS.isdpsychtherapies@nhs.net)

## Further Information

Further information can be found on the [ISD website](#)

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## Appendix

### A1 – Background Information

#### Data collection

When the Psychological Therapies data collection was first set up, the IT systems across NHS Boards were not set up to collect the data at patient level. Therefore, it was agreed to collect aggregate level data. NHS Boards submit aggregate level data to ISD in an Excel template. The template has evolved over time. The current template is set up to collect information on patients who waited during the month and information on patients waiting at the end of each month. This information (number of people) is collected in weekly time bands to allow calculation of the median and 90<sup>th</sup> percentile. A separate Excel sheet is set up for adjusted and unadjusted waits.

#### Why are waiting times important?

The Scottish Government is committed to delivering faster access to Psychological Therapies for those with mental illness or disorder. Patients and clinicians have identified access to therapies as a key service improvement to better meet their needs and expectations. Psychological Therapies have an important role in helping people with mental health problems, who should have access to effective treatment, both physical and psychological. It is generally accepted that these therapies can have demonstrable benefit in reducing distress, symptoms, risk of harm to self or others, health related quality of life and return to work. The Scottish Government recognises that delivering faster access is a significant and complex challenge, and sees the standard as an opportunity to drive local service redesign informed by evidence.

#### Mental Health Policy and Standards

The Mental Health Strategy is set within the context of the NHS Scotland Quality Strategy <http://www.scotland.gov.uk/Publications/2010/05/10102307/0> which sets out three quality ambitions that care must be person-centred, safe and effective.

Developments in mental health care have been driven by a series of reports and policy recommendations:

In April 2011, a [HEAT Target](#) for Psychological Therapies was introduced. This target (now a standard) is that no person will wait longer than 18 weeks from referral to treatment for Psychological Therapies from December 2014. Following the conclusion of previously planned work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies standard should be delivered for at least 90% of patients.

In August 2012, the [Mental Health Strategy for Scotland: 2012-2015](#) was produced. This document sets the policy direction for the next four years and includes a commitment to achieving and maintaining waiting times standards.

In November 2012, the Scottish Government issued the [Summary Report on the Application of NHSScotland Waiting Times Guidance](#).

### **Child & Adolescent Mental Health (CAMH) Services Waiting Times**

Waiting times for [CAMH Services](#) are also published this quarter.

### **Workforce Information**

The [Psychology Workforce Planning Project](#) was initiated in 2001 and is a collaboration between NHS Education for Scotland (NES) and ISD.

Scottish Government asked Healthcare Improvement Scotland to lead a programme of work to improve access to Psychological Therapies. ISD are a partner in this programme of work providing data, analytical and intelligence support working closely with NHS Boards.

<http://www.isdscotland.org/Health-Topics/Mental-Health/MHAIST/>

## A2 – Data Quality

Psychological Therapies waiting times data have been collected nationally since April 2011, although initially data were very incomplete and of poor quality. There have been significant improvements in data quality and completeness over time, but some systems for collecting data locally are still at an early stage of development, and as a result, the data are not yet complete. Over the coming months, we expect the quality and completeness of data to continue to improve.

This section provides information on the quality and completeness of data supplied by NHS Boards to ISD. As part of the quality assurance process for this publication ISD has asked Boards to provide information on any data quality and completeness issues that may affect interpretation of the statistics. ISD will routinely ask NHS Boards for updates on these issues and this information will be used to determine if the data remain as developmental.

ISD also routinely seeks clarification from NHS Boards amongst other things where there may be large changes in numbers, unusual patterns in the data or changes in trends. These changes may be influenced by a variety of factors including service changes/reconfiguration or data recording changes.

### **Health Board Accuracy**

ISD only receive aggregated data from each Health Board, this can not be thoroughly validated by ISD. Derivations of the figures and data accuracy are matters for the individual Health Boards. There is a great variation in who compiles the data in Health Boards from administrative staff and information analysts to service managers. The Health Boards do check the data to be submitted but again this varies from daily checks of the Waiting Times data to weekly or monthly checks. Checks prior to submission are carried out by a range of people; Managers, Clinical Directors and Heads of Service. Some of the submitting Health Boards have a Standard Operating Procedure (SOP) to assist them in the compilation of the data, others are compiling theses. The Health Boards discuss the data at team, management and performance meetings.

### Adjustment of waiting times

Waiting times for most NHS services are worked out using a calculation that takes into account any periods a person is unavailable and missed or cancelled appointments. These are referred to as adjustments. Some NHS Boards are not able to make all the appropriate adjustments to waiting times for Psychological Therapies so we have included information on what adjustments each NHS Board has made.

Waiting time adjustments allow fair reporting of waiting times which have been affected by factors outside the NHS Board's control. However, the timing of appointments is always based on clinical need. For Psychological Therapies services, resetting the waiting time to zero is done for reporting purposes only and does not impact on the timing of any further appointments.

The main adjustments that are made to Psychological Therapies waiting times are:

- If a person is unavailable (for example on holiday), the period for which they are unavailable is subtracted from their total waiting time.
- If a person does not attend an appointment and has to be given another, their waiting time is reset to zero.
- If a person rearranges an appointment, their waiting time is reset to zero on the day they contact the service to rearrange their appointment.
- If a person is offered several appointments and declines them all, their waiting time is reset to zero. NHS Boards report that this happens very rarely as most appointments are agreed by telephone.

This report also shows unadjusted waiting times. These are the actual times people have waited. The Scottish Government have agreed that the HEAT standard will be measured using adjusted waiting times. Where NHS Boards are still developing systems to adjust waiting times for Psychological Therapies, their unadjusted waits have been used to estimate the Scotland figure. The [Summary Report on the Application of NHS Scotland Waiting Times Guidance](#) provides more explanation on the main adjustments that are made to Psychological Therapies waiting times.

## Adjusted and unadjusted waiting times

It is not possible to report nationally consistent data at Scotland level due to the differences in adjustments made to waiting times across the NHS Boards.

When the HEAT standard was announced, NHS Boards were asked to adjust waiting times where patients were unavailable or did not attend an appointment and had to be given another. This calculation of wait is used in other NHS services such as inpatients, outpatients and audiology.

Some NHS Boards developed systems to enable this calculation for Psychological Therapies. However, not all systems are able to make all the appropriate adjustments, so all data which includes adjusted figures also includes information about what adjustments have been applied.

NHS Boards are also asked to provide unadjusted waiting times. These are the actual times people have waited. All NHS Boards providing data are able to provide unadjusted waiting times.

**Psychological Therapies at a glance - Adjustments**

Health Board	Adjustments
Ayrshire & Arran	Up to date of treatment
Borders	Up to date of treatment
Dumfries & Galloway	No adjusted data submitted
Fife	No adjusted data submitted
Forth Valley	Up to date of breach (18 weeks)
Grampian	No adjusted data submitted
Greater Glasgow & Clyde	Up to date of treatment
Highland	Up to date of breach (18 weeks)
Lanarkshire	Up to date of breach (18 weeks)
Lothian	Up to 12 weeks for each stage of the pathway (assessment/treatment)
Orkney	No data submitted
Shetland	Up to date of treatment
Tayside	Up to date of treatment
Western Isles	Up to date of breach (18 weeks)

**Number of People Referred for Psychological Therapies**

Waiting lists can build up where demand for services exceeds the capacity of that service, so the number of referrals is a key measure for managing waiting times. There are considerable variations in service structures across NHS Boards, and therefore a number of different referral pathways for people seeking to access Psychological Therapies.

In some areas referrals are made directly into discrete Psychological Therapies services, and it is relatively straightforward for Boards to report the numbers of referrals for Psychological Therapies, the date of receipt of referral and the date of commencement of treatment. In other areas, however, there are no discrete Psychological Therapies services and Psychological Therapy is delivered, by appropriately trained staff, from within more generic Mental Health teams. These teams generally have a single point for receipt of referrals, and a subsequent process for allocation to a psychological therapist. In this case the date of receipt of referral is the date the referral is received by the Mental Health Team. These teams will require a process by which to identify those patients referred on for a Psychological Therapy and to record the commencement of therapy.

While NHS Boards are developing their systems, Board figures may not be directly comparable. Information on this by Board is included in the NHS Board level data quality issues section.

**Psychological Therapies at a glance – Referrals to Psychological Therapies**

Health Board	Referrals to Psychological Services
<b>Ayrshire &amp; Arran</b>	All referrals to Mental Health Service
<b>Borders</b>	Yes
<b>Dumfries &amp; Galloway</b>	Yes
<b>Fife</b>	Yes
<b>Forth Valley</b>	Yes
<b>Grampian</b>	Yes but are unable to record rejected referrals
<b>Greater Glasgow &amp; Clyde</b>	Combination of referrals for Psychological Therapies alone and all referrals to the Mental Health Service depending on the reporting service. They are unable to submit the number of rejected referrals.
<b>Highland</b>	Yes
<b>Lanarkshire</b>	Yes
<b>Lothian</b>	All referrals triaged from a mental health locality single referral point to services that deliver Psychological Therapies and referrals to services that deliver Psychological Therapies which accept direct referrals.
<b>Orkney</b>	No data submitted
<b>Shetland</b>	Yes
<b>Tayside</b>	Yes
<b>Western Isles</b>	Yes

**Referral to treatment calculation**

Some NHS Boards are not able to calculate the waiting times from referral to treatment yet. While systems are being developed to do this, they are using a proxy for treatment. The [Guidance and Scenarios HEAT standard](#) document advises Boards should use the second appointment as a proxy for treatment. Where Boards are still using assessment / first appointment as proxy for treatment their waiting times could increase once they are able to calculate referral to treatment. Information on which NHS Boards are still developing their systems for this is detailed in the NHS Board level data quality issues section.

**Psychological Therapies at a glance - Referral to Treatment measure**

Health Board	Referral to Treatment measure
Ayrshire & Arran	No proxy used
Borders	No proxy used
Dumfries & Galloway	2 weeks after the 1st appointment (this is 2 <sup>nd</sup> appointment) 1st appointment proxy used for Self Help Service
Fife	No proxy used
Forth Valley	No proxy used
Grampian	Adult Services - there is no assessment therefore treatment starts at the first appointment CAMHS - CAPA model - 2nd appointment (almost all cases have started treatment at this point a very small number may be undergoing specialist/more intensive assessment at this appointment)
Greater Glasgow & Clyde	2nd appointment for CAMHS activity
Highland	No proxy used for some services 1st appointment proxy used for others
Lanarkshire	No proxy used
Lothian	No proxy used
Orkney	No data submitted
Shetland	No proxy used
Tayside	No proxy used
Western Isles	No proxy used

**CAMH Services for Psychological Therapies**

Referrals for Psychological Therapies from CAMHS services are included as part of this standard as well as being included with the CAMHS standard. Not all Boards are including this information in their Psychological Therapies data yet. Information on this by Board is included in the NHS Board level data quality issues section.

**Psychological Therapies at a glance – Inclusion of CAMH PT Activity**

Health Board	Inclusion of CAMH PT Activity
Ayrshire & Arran	Yes
Borders	Yes
Dumfries & Galloway	Child Psychology is included, CAMH Services are not
Fife	Yes
Forth Valley	No
Grampian	All CAMHS activity
Greater Glasgow & Clyde	Yes
Highland	No
Lanarkshire	Yes for patients seen All CAMHS activity for patients waiting
Lothian	Yes
Orkney	No data submitted
Shetland	No CAMHS PT activity to record
Tayside	Yes
Western Isles	Yes

**Data completeness: common issues**

Waiting times data are extracted from local administration systems which are updated frequently with information about appointments, attendances, etc. This may lead to different reported numbers of patients seen or waiting depending on the date the data were extracted. However, any differences equate to a relatively small proportion of total numbers of patients seen or waiting.

**Data completeness**

While NHS Boards are developing their systems to report information on Psychological Therapies, some NHS Boards are not able to provide information for all services. Information on which services NHS Boards are not able to report on and an estimate of the percentage completeness is detailed in the NHS Board level data quality issues below if NHS Boards have provided ISD with this information during the quality assurance stage.



### Data quality issues by NHS Board

This section details specific data quality issues for each NHS Board and provides completeness estimates where there is data missing due to systems still being developed.

#### NHS Ayrshire & Arran

Data remains at an estimated 99% completion. Work continues to incorporate the missing services; addictions, inpatients and forensics into the return. The Board maintains the expectation that the level of Psychological activity within these services is minimal, and understands that patients are being treated within 18 weeks, and so their eventual inclusion is expected to have a negligible effect on the wider waiting times compliance.

NHS Ayrshire & Arran have developed a purpose built database to capture and record all RTT patient contact within Adult Mental Health Services. Data reported incorporates matrix-defined and non-matrix treatment for PCMHTs multidisciplinary staff, Psychological Services staff and OT's working within Adult Mental Health.

The database clearly identifies assessment and first treatment dates. If treatment commenced at assessment then this is a clinical decision and is recorded as such on the database upon the clinician's instruction.

Data is provided for children receiving or waiting to commence a Psychological Therapy within CAMHS, Community and Medical Paediatrics.

The Board are currently reporting all referrals to the Mental Health Service. Work is ongoing to ensure that the Board will be able to extract identified Psychological Therapy activity. Recent capacity constraints due to loss of dedicated analysts have resulted in a delay to this work.

Adjustments are made up to the first treatment appointment for non-attendance and periods of unavailability (infrequently) but the databases do not record reasonable offers so no adjustments are made if a patient declines 2 or more appointment dates.

#### NHS Borders

The Board estimate the data to be 100% complete.

The Board have to rely on manual inputting to excel sheets as their IT system is not fit for purpose. With a standalone spreadsheet system for reporting there is increased potential for error, but they now have systems in place to check the quality of data and are confident they are now reporting accurately.

CAMHS data is included for referrals for a Psychological Therapy.

The Board reports figures for referrals to Psychological Therapies only.

The Board records referral to treatment.

Adjustments are made up to date of treatment.

### **NHS Dumfries & Galloway**

The Board estimate the data to be approximately 97% complete.

From April 2014, the Board are using a proxy which will be 2 weeks after the 1<sup>st</sup> appointment (which is the normal for 2<sup>nd</sup> appointments for this Board) for all services except the self help team which will remain at 1<sup>st</sup> appointment being the start of treatment which is the norm for that service in NHS Dumfries & Galloway.

Currently data for CAMH services and Child Psychology are recorded on different systems; CAMH services is in Topas and Child Psychology in an Access-based patient management system. The CAMH services data are adjusted and the Child Psychology are unadjusted. The two sets of data are also measured differently, for Child Psychology a proxy of first appointment plus 2 weeks is used to measure treatment. Therefore, at present only information for Child Psychology is included in this publication, CAMH service activity is not included

The Board report on referrals to Psychology Services only.

The Board have had a few issues with IT systems communicating with each other. While monthly data reported is reasonably accurate this can threaten the integrity of the data e.g. discharges logged on Mandatory Data Set system were not communicating across to the Patient Management System from which they draw monthly data. When integrity threats are detected they put monitoring systems in place for the future.

The Board supply unadjusted data only. There is no current timescale for the submission of adjusted data due to development/decision of new IT system.

The Board is undergoing an overdue data-cleansing exercise due to loss of admin capacity earlier this year and compounded by a gap between an outgoing QuEST Assistant and the arrival of the new Assistant. An internal audit indicated that the number of waits are higher than they should be, resulting in inflated waiting time figures. The results of the audit are being fed back into the service to improve the data quality going forward. The speed of rectification of errors which are down to the IT system will depend upon availability of IT resource to inform the exercise.

### **NHS Fife**

The Board estimate the data to be approximately 90% complete.

From the August 2014 data the Board are measuring referral to treatment, prior to this they reported to 1<sup>st</sup> appointment as a proxy for treatment.

The reported data includes Psychology, CAMH Services, Computerised CBT and Day Hospital activity.

The Occupational Therapy Service had been trialling an electronic record system, this has led to missing data in referrals, people waiting and people seen over the past few months. The Board have advised us that this involves small numbers.

From October 2014 CAMHS Psychological Therapy activity is included.

The Board report on referrals for Psychological Therapies only.

The Board are unable to provide adjusted waits at present, as this relies on an improved IT system. Testing commenced within the psychology service but not yet validated. Other services are still unable to adjust waits The reported data includes Psychology, CAMH Services, Computerised CBT and Day Hospital activity.

### **NHS Forth Valley**

The Board currently report on the three main psychological therapy specialist services – Adult Psychology, Dynamic Psychotherapy and Behavioural Psychotherapy. Changes have now been made to the Board data collection systems to allow the separation of CAMHS PTs activity from other CAMHS activity, and this is being trialled within the service as of 13 February. This will allow the inclusion of CAMHS PTs activity within the PTs submission from 1 April 2017.

All 3 specialties reported on measure referral to treatment.

The Board reports figures for referrals to Psychological Therapies only.

Adjustments are made up to date of breach (18 weeks).

### **NHS Grampian**

The Board supply unadjusted data only. Their current standalone system cannot record adjusted figures. They hope to migrate to TRAK in 2017 however it is to be piloted in a smaller service first.

All services are included so they have 100% of areas reporting, whilst there are known data quality issues that they are actively working to resolve these should not affect the submitted data. The Primary Care Psychological Therapists are based in GP Surgeries who do not have access to NHS Grampian Mental Health & Learning Disability Services Standalone System. System Analysts, Project Manager and Senior Clinicians are actively trying to clarify how to capture this data.

The Board include all CAMHS activity as all but a very small number of detailed cases result in a Psychological Therapy.

For Adult Services there is no assessment therefore treatment starts at the first appointment. The Board identify the second appointment or partnership appointment for all CAMHS cases as the start of treatment as defined through the CAPA model.

The Board reports figures for referrals to Psychological Therapies however are unable to submit the number of rejected referrals.

### **NHS Greater Glasgow & Clyde**

The Board estimate the data to be 20-30% complete for mental health. Their current patient information (PiMS) is being replaced by a new system (EMIS) in a phased rollout. Phase one of the rollout is due for completion by the end of 2016, with phase two starting in 2017. Prior to reporting on psychological therapies data from EMIS, they are trying to ensure the accuracy and completeness of the data being recorded, and its consistency with data recorded on PiMS. With this objective in mind, data quality checks are being developed to identify inconsistencies and anomalies in recording. During the phased rollout they will be looking to extract the PT data from EMIS with a view to report on the monthly ISD submission. They envisage having a first draft within the first 6 months of the implementation.

From November 2014 CAMHS Psychological Therapy activity is included.

The Board report a combination of 1) referrals for Psychological Therapies alone and 2) all referrals to the mental health service depending on the reporting service. They are unable to submit the number of rejected referrals.

### **NHS Greater Glasgow & Clyde (continued)**

NHS Greater Glasgow & Clyde (NHS GG&C) does not have discrete Psychological Therapy departments, but provides Psychological Therapies for the treatment of a mental illness or disorder as part of locality based Primary Care Mental Health teams, Community Mental Health teams and Specialist Mental Health teams. Therapies are delivered by Clinical Psychologists, Nurses, CBT Therapists and Occupational Therapists and Psychotherapists, working within those teams, who are trained and supervised to deliver a range of Psychological Therapies listed in the Matrix.

In NHS GG&C, the waiting time for access to Psychological Therapies, for newly referred patients, is counted from the date that the referral is received by the team (including self referrals to Primary Care Mental Health teams).

The waiting time for clients of non mental health services who have a need for a Psychological Therapy for treatment of a mental disorder identified, begins once the client is referred for therapy to the appropriate clinician within that team or to another team with a Psychological Therapy resource.

The Board have stated that the data is provided with a breakdown of age (65+) for all services except acute.

Adjustments are made up to date of treatment.

### **NHS Highland**

Data are not available until October 2014 due to the Board migrating to a new patient management system (from iSoft (PAS) to Trakcare (PMS)).

People seen (completed waits) – The Board cannot measure completed waits for all services yet due to difficulties in the implementation of the new PMS. It is expected that reporting of completed waits for Tier 3 will begin from February 2017. They estimate that approximately 36% of completed (treatment start) waits data is currently being reported.

Adjustments and clock resets for the patient being unavailable/not attending are made up to 18 weeks (date of breach). As at December 2016, 79% of patients waiting are adjusted in this way, the remaining 21% have had no adjustments made to their waiting time.

The following services report referral to treatment: CBT Northwest and Lochaber, Guided Self Help, Eating Disorders, PTSD, Personality Disorder Service and Occupational Health. First appointment is used as proxy for treatment in Northern NHS Highland and Argyll & Bute for the patients whose completed waits can be reported (who report referral to treatment).

CAMHS Psychological Therapies are not included in the return.

The Board submit figures for referrals to Psychological Therapies.

### **NHS Lanarkshire**

The Board estimate the data to be approximately 97% complete. They now include the Pain Management Service, TBI, and Stroke MCN service in their reporting. Work to include EVA services is ongoing.

From January 2015 the submission is based on data extracted from Trakcare. The Board are reassured that the data reported is accurate.

The Board include only referrals that are waiting for a Psychological Therapy.

Adjustments, up to 18 weeks, have been in place for Psychological Therapies on TrakCare since May 2014.

From January 2015 all CAMHS activity is included for patients waiting as it is not possible to extract only those referrals for psychological therapy. This is being reviewed, towards being able to provide only CAMHS PT waits. Only CAMHS PT activity is submitted for patients seen.

The Board records referral to treatment.

### **NHS Lothian**

Further services are still to be included in the submission (Inpatient Psychological Therapies Services, Forensic Services and Rehabilitation Services) the Board are awaiting the relevant changes in TRAK to allow reporting of psychological therapies activity from all relevant services. Data for Clinical Health Psychology, Neuropsychology and Guided Self Help services delivered by a 3rd sector organisation via an SLA are included from October 2015.

The Board apply adjustments for up to 12 weeks against each stage of the pathway. So, for those awaiting assessment and for those on the treatment stage adjustments are not applied after a 12 weeks wait. This is an interim arrangement and is liable to change.

NHS Lothian referral data for Psychological Therapies includes all referrals triaged from a mental health locality single referral point to services that deliver Psychological Therapies and referrals to services that deliver Psychological Therapies which accept direct referrals. The numbers of rejected referrals reported are from all these services which deliver Psychological Therapies.

The Board has included CAMHS Psychological Therapies in the return from July 2016.

The Board records referral to treatment.

The Board have advised us that capacity issues and data errors may have a slight impact on their data; however they are working to improve the detection and correction of such errors and overall data quality.

### **NHS Orkney**

The Board have advised us that, due to a new system implementation and staff shortages they have been unable to submit data from June 2015, prior to this they estimate the data is 100% complete.

The Board are making progress towards reporting waiting times data, subject to the quality of the extractions this data may be unadjusted. They have created a suite of basic audit reports actioned on a weekly basis, with others still to be implemented. They are aware more audit reports will be needed, which will be a future development when they test the PT scripts. Their CAMHS scripts form the basis of the PT scripts, and due to having known issues with the CAMHS scripts, the PT scripts also need to be amended.

Due to our PT service having more activity than the CAMHS service, we do anticipate more work, like audit reports, and possible script changes, to come.

The Board anticipates they will be in a position to submit PT data for Feb 2017 in March 2017, and previous missing months.

Trak does not have an assessment date field, meaning they have to try and work around this to script an assessment date and then the waiting time for this. They have tried to use the outcome codes to script for an assessment date, but this has been problematic due to the complex nature of trying to script an assessment date that does not exist from outcome codes, in the scenario that assessment and treatment commence at the first appt.

The Board are working on a solution to this going forward.

For the reported data:

From January 2015 the Board had submitted both adjusted and unadjusted data.

The Board does not include CAMHS Psychological Therapies in the return.

The Board records referral to treatment.

The Board includes all referrals waiting for a Psychological Therapy.

### **NHS Shetland**

The Board estimate the data to be nearly 100% complete.

The Board do not have any CAMHS Psychological Therapies activity. Activity will be recorded when clinicians are trained to deliver CAMHS PT's.

Data from March to May 2015 are unavailable due to moving to a new patient management system, the Board do not believe they will be able to submit this data in the future.

The Board records referral to treatment.

The Board includes all referrals waiting for a Psychological Therapy.

The Board have advised us that the provision of psychological therapies remains under review and the service is currently being restructured. During this period the service focused on assessments and validation of the waiting list and there has been an improvement in the staffing situation. Their consultant clinical psychologist is working on those cases with the longest waits to match resource to need.

Adjustments are made up to date of treatment.

### **NHS Tayside**

The Board estimate the data to be approximately 100% complete; however the Perth adult psychological therapies service has not been recording data from August 2016 due to issues with admin support.

The Board use the first appointment to measure start of treatment. The Board have advised that, for the majority of patients, treatment will commence at the first appointment, therefore this is not being used as a proxy. The instances where only an assessment may have occurred at first appointment would account for approximately 10% of recent activity, for these cases first appointment is used as a proxy for first treatment.

The Board have stated that the data includes referrals to the Multi-disciplinary Adult Psychotherapy Service which is separate and distinct from the Psychological Therapies Service.

CAMHS Psychological Therapy activity is included.

The Board include all referrals to Psychological Therapies from the Psychological Therapies Services and the Multi-disciplinary Adult Psychotherapy Service which is a separate and distinct service.

Adjustments are made up to date of treatment - After a breach had occurred any unavailability would still be added to their PAS but it would not change the clock start date or breach date.

### **NHS Western Isles**

The Board estimate the data to be approximately 100% complete.

CAMHS Psychological Therapy activity is included.

The Board include only referrals to Psychological Therapies.

For most services provided by NHS Western Isles, referrals are electronic through their Referral Management System and are allocated directly to a clinician. The first appointment from this is classed as first treatment, there is no assessment stage, treatment will always start at the first appointment, and this is not being used as a proxy.

Adjustments are made up to date of breach (18 weeks).

## A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Psychological Therapies Waiting Times in Scotland <a href="http://www.isdscotland.org/Health-Topics/Waiting-Times/Psychological-Therapies/">http://www.isdscotland.org/Health-Topics/Waiting-Times/Psychological-Therapies/</a>
Description	Monthly and quarterly summary of waiting times and waiting lists for Psychological Therapies
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks
Data source(s)	Aggregate counts accredited and derived from individual NHS Scotland Boards are submitted monthly to ISD using a defined Excel template.
Date that data are acquired	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 3 weeks before publication where the quality assurance process identifies differences with local figures.
Release date	The first Tuesday of the month for each publication
Frequency	Quarterly
Timeframe of data and timeliness	Data from October to December 2016, with figures from the previous 4 quarters for reference.
Continuity of data	Information has been collected nationally since April 2011 with a revised dataset introduced in April 2013. A further revised dataset no includes monthly information is included in the report for the last fifteen months.
Revisions statement	Previously published waiting times are revised at each publication to reflect the latest available data submitted to ISD by the NHS Boards.
Revisions relevant to this publication	NHS Greater Glasgow & Clyde resubmitted September 2016 data; this affects patients waiting and patients seen. NHS Grampian revised previously published data from June 2016 to September 2016. As NHS Grampian submits only unadjusted data this is used in the absence of adjusted data. The changes to the adjusted data are:  <b>Patients seen</b> Quarter ending June 2016 NHS Grampian (+41) This has increased the NHS Grampian percentage of patients seen within 18 weeks by 0.8%. The median and 90 <sup>th</sup> percentile have remained the same. The NHSScotland percentage of patients seen within 18 weeks has increased by 0.1% however the median and 90 <sup>th</sup>



percentile has remained the same.

Quarter ending September 2016  
 NHS Grampian (+81)  
 NHS Greater Glasgow & Clyde (-55)  
 This has increased the NHS Grampian percentage of patients seen within 18 weeks by 2.0% however the median and 90<sup>th</sup> percentile has remained the same.  
 This has decreased the NHS Greater Glasgow & Clyde percentage of patients seen within 18 weeks by 0.1% however the median and 90<sup>th</sup> percentile has remained the same.  
 The NHSScotland percentage of patients seen within 18 weeks, median and 90<sup>th</sup> percentile has remained the same.

**Patients seen aged 65 and over**  
 Quarter ending June 2016  
 NHS Grampian (+7)  
 This has increased the NHS Grampian percentage of patients seen within 18 weeks aged 65 and over by (2.6%). The median has increased by 3 weeks and the 90<sup>th</sup> percentile has remained the same.  
 The NHS Scotland percentage of patients seen within 18 weeks aged 65 and over has increased by (0.2%). The median and 90<sup>th</sup> percentile have remained the same.

Quarter ending September 2016  
 NHS Grampian (+10)  
 This has decreased the NHS Grampian percentage of patients aged 65 and over seen within 18 weeks by 4.3%. The median has increased by 2 weeks and the 90<sup>th</sup> percentile has increased by 1 week.  
 The NHSScotland percentage of patients seen within 18 weeks has remained the same. The median and 90<sup>th</sup> percentile have remained the same.

**Patients waiting**  
 Month ending June 2016  
 NHS Grampian (-240)  
 This has decreased the NHS Grampian percentage of patients waiting within 18 weeks by 2.0%.  
 The NHSScotland percentage of patients waiting within 18 weeks has decreased by 0.2%.

Month ending July 2016  
 NHS Grampian (-188)  
 This has decreased the NHS Grampian percentage of patients waiting within 18 weeks by 4.0%.  
 The NHSScotland percentage of patients waiting within 18 weeks has decreased by 0.3%.

Month ending August 2016  
 NHS Grampian (-155)  
 This has decreased the NHS Grampian percentage of

patients waiting within 18 weeks by 2.9%.  
 The NHSScotland percentage of patients waiting within 18 weeks has decreased by 0.2%.  
 Month ending September 2016  
 NHS Grampian (-132)  
 This has decreased the NHS Grampian percentage of patients waiting within 18 weeks by 2.1%.  
 NHS Greater Glasgow & Clyde (-232)  
 This has increased the NHS Greater Glasgow & Clyde percentage of patients waiting within 18 weeks by 1.7%.  
 The NHSScotland percentage of patients waiting within 18 weeks has decreased by 0.4%.

**Patients waiting aged 65 and over**  
 Month ending June 2016  
 NHS Grampian (+4)  
 This has increased the NHS Grampian percentage of patients waiting within 18 weeks by 14.3%. The NHSScotland percentage of patients waiting within 18 weeks has increased by 0.3%.  
 Month ending July 2016  
 NHS Grampian (no change to total)  
 Whilst there has been no change to the overall total of patients waiting over 65+ there has been a change to the number waiting within 18 weeks (-1). This has decreased the NHS Grampian percentage of patients waiting within 18 weeks by 14.3%. The NHSScotland percentage of patients waiting within 18 weeks has decreased by 0.1%.  
 Month ending August 2016  
 NHS Grampian (+7)  
 This has decreased the NHS Grampian percentage of patients waiting within 18 weeks by 16.7%. The NHSScotland percentage of patients waiting within 18 weeks has decreased by 0.1%.  
 Month ending September 2016  
 NHS Grampian (+4)  
 This has increased the NHS Grampian percentage of patients waiting within 18 weeks by 23.3%. The NHSScotland percentage of patients waiting within 18 weeks has increased by 0.3%.

**Referrals** - NHS Grampian are unable to submit figures on rejected referrals.  
 Quarter ending June 2016  
 NHS Grampian (+14)  
 This has had no impact on the referral rates for either NHS Grampian or NHS Scotland.  
 Quarter ending September 2016  
 NHS Grampian (+47)  
 This has increased the referral rates for NHS Grampian and NHS Scotland by 0.1.

	<p><b>Referrals (aged 65+)</b> - NHS Grampian are unable to submit figures on rejected referrals.          Quarter ending June 2016          NHS Grampian (+5)          This has increased the referral rates for NHS Grampian by 0.1 and has decreased the referral rate for NHS Scotland by 0.1.          Quarter ending September 2016          NHS Grampian (+10)          This has increased the referral rates for NHS Grampian by 0.1 but has had no impact on the referral rates for NHS Scotland.</p>
<p>Concepts and definitions</p>	<p>Definitions not contained in this report are available <a href="#">here</a>.</p>
<p>Relevance and key uses of the statistics</p>	<p>Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of standards for maximum waiting times.</p> <p>Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; Freedom of Information requests; information support to Boards; health intelligence work; parliamentary questions and HEAT standards.</p>
<p>Accuracy</p>	<p>These data are classified as developmental.</p> <p>ISD only receives aggregate data from each NHS Board. Although aggregated data cannot be systematically validated by ISD, reported data are compared to previous figures and to expected trends. Derivation of the figures and data accuracy are matters for individual NHS Boards.</p>
<p>Completeness</p>	<p>100% of submitted data are used for analysis and publication.</p>
<p>Comparability</p>	<p>There will be differences in the measures used and collection methods of Psychological Therapies waiting times statistics, as well as differences in service structures between the administrations. Users need to carefully read the publications when making comparisons.</p> <p>Links to Psychological Therapies waiting time information can be found below:</p> <p>England:  <a href="http://www.hscic.gov.uk/mentalhealth">http://www.hscic.gov.uk/mentalhealth</a></p> <p>Northern Ireland:</p>

	<p>They do have a Ministerial Target of 13 weeks for patients waiting. This information is not published and they do not have any referral to treatment data for Psychological Therapies.</p> <p>Wales</p> <p>They do not have a waiting times target for Psychological Therapies currently.</p>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	<p>Key statistics for the latest quarter are linked to on the main Waiting Times page <a href="http://www.isdscotland.org/Health-Topics/Waiting-Times/">www.isdscotland.org/Health-Topics/Waiting-Times/</a>.</p> <p>Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented. Further features to aid clarity:</p> <ol style="list-style-type: none"> <li>1. Tables are printer friendly.</li> <li>2. Key data presented graphically.</li> </ol>
Value type and unit of measurement	Number and percentage of patients seen, number and percentage of patients waiting, median and 90 <sup>th</sup> percentile waits, number of patients referred, number of patients accepted (number referred minus number rejected) and referral rate per 1,000 population; by NHS Board.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	
Last published	6 December 2016
Next published	7 June 2017
Date of first publication	27 August 2013
Help email	NSS.isdPsychtherapies@nhs.net
Date form completed	

## **A4 – Early Access details (including Pre-Release Access)**

### **Pre-Release Access**

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

### **Standard Pre-Release Access:**

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

## A5 – ISD and Official Statistics

### About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

### Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.