CAMHS Waiting Times: Data Quality

Child and Adolescent Mental Health Services (CAMHS) waiting times data have been collected nationally since January 2010, although initially data were very incomplete and of poor quality. There have been significant improvements in data quality and completeness over time.

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 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 and this cannot 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 these. The Health Boards discuss the data at team, management and performance meetings.

Age of Service Provision

NHSScotland CAMHS vary in the age of population served. In some areas services are provided up to 16 only; while others offer services up to 18 years.
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 CAMHS 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 CAMHS, 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 CAMHS 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. Unadjusted waiting times are available for all NHS Boards except for one.

The [Summary Report on the Application of NHS Scotland Waiting Times Guidance](#) provides more explanation on the main adjustments that are made to waiting times for CAMHS.

The [CAMHS guidance and scenarios](#) document provides more information and guidance on the recording of waiting times.
Adjusted and Unadjusted Waiting Times

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 “New Ways” 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 CAMHS. 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.

*With the exception NHS Dumfries & Galloway, all NHS Boards which adjust data also report unadjusted waiting times.*

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Adjustments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Borders</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Fife</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Grampian</td>
<td>No adjusted data submitted</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Highland</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Lothian</td>
<td>Up to date of breach (18 weeks)</td>
</tr>
<tr>
<td>Orkney</td>
<td>No adjusted data submitted</td>
</tr>
<tr>
<td>Shetland</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Tayside</td>
<td>Up to date of treatment</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Up to date of treatment or breach (12 weeks) whichever comes first</td>
</tr>
</tbody>
</table>
Referral to Treatment Calculation

A small number of NHS Boards are not able to calculate the waiting times from referral to treatment. However, in almost all cases these Boards are using the second appointment as a proxy for treatment, which is the guidance given by Scottish Government. Information on which NHS Boards are still developing their systems for this is detailed in the NHS Board level data quality issues.

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Referral to Treatment measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Borders</td>
<td>No proxy used, however 1st appointment is usually when treatment commences</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>1st appointment proxy used for Child Psychology</td>
</tr>
<tr>
<td></td>
<td>2nd appointment proxy used for CAMH Services</td>
</tr>
<tr>
<td>Fife</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Grampian</td>
<td>1st or 2nd appointment – at clinicians discretion</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>2nd appointment</td>
</tr>
<tr>
<td>Highland</td>
<td>1st appointment proxy used for Tier 2 services</td>
</tr>
<tr>
<td></td>
<td>Tier 3 services – no proxy used</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Lothian</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Orkney</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Shetland</td>
<td>No proxy used</td>
</tr>
<tr>
<td>Tayside</td>
<td>1st appointment but advised this is not a proxy measure</td>
</tr>
<tr>
<td>Western Isles</td>
<td>No proxy used</td>
</tr>
</tbody>
</table>
Tiers of Service

The data submission should include service provision from tiers 2, 3 and 4 (descriptions in the accompanying ‘CAMHS Tier Model’ appendix). Some NHS Boards are not able to report on all tiers, this may be because they do not provide services which fall under a particular tier or because they are still developing their systems to incorporate all tiers. This is detailed in the NHS Board level data quality issues.

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Tiers of Service Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>2, 3</td>
</tr>
<tr>
<td>Borders</td>
<td>3, 4 - Tier 2 collated separately(commissioned services)</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Fife</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>2, 3 - No Tier 4 service</td>
</tr>
<tr>
<td>Grampian</td>
<td>3, 4</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>3, 4 - No Tier 2 referrals for CAMHS</td>
</tr>
<tr>
<td>Highland</td>
<td>2, 3 - NHS Tayside provide Tier 4 services</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>2, 3 - No Tier 4 cases</td>
</tr>
<tr>
<td>Lothian</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Orkney</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Shetland</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Tayside</td>
<td>2, 3, 4</td>
</tr>
<tr>
<td>Western Isles</td>
<td>2, 3</td>
</tr>
</tbody>
</table>
Criteria for non-attendance

The data submission includes a section on non-attendance; people who did not attend (DNA) their first contact appointment (descriptions in the glossary section, pages 18/19). NHS Boards have been having issues with identifying only DNA’s; the table below identifies the different definitions used. The Data Management Team is working closely with NHS Boards to improve consistency in the recording of non-attendance (DNA).

The data submission should include service provision from tiers 2, 3 and 4 (descriptions of all tiers can be found in the glossary). Some NHS Boards are not able to report on all tiers, this may be because they do not provide services which fall under a particular tier or because they are still developing their systems to incorporate all tiers. This is detailed in the NHS Board level data quality issues.

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Tiers of Service Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayrshire &amp; Arran</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Borders</td>
<td>Patients that do not attend and those who cancel on the day</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service (from June 2018)</td>
</tr>
<tr>
<td>Fife</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Grampian</td>
<td>Do not report DNA’s at present</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Highland</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Lanarkshire</td>
<td>Patients who do not attend</td>
</tr>
<tr>
<td>Lothian</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
<tr>
<td>Orkney</td>
<td>Patients who do not attend and those who cancel on the day</td>
</tr>
<tr>
<td>Shetland</td>
<td>Only on the day non-attendees</td>
</tr>
<tr>
<td>Tayside</td>
<td>Only on the day non-attendees</td>
</tr>
<tr>
<td>Western Isles</td>
<td>Patients who have failed to attend an appointment and have not made contact with the service</td>
</tr>
</tbody>
</table>

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 Quality Issues by NHS Board

This section details specific data quality issues for each NHS Board and provides information on any completeness issues.

**NHS Ayrshire & Arran**

The Board estimate their data for both patients seen and patients waiting to be approximately 98.0% complete for the quarter ending September 2019.

The Board have advised us that they have had a number of vacancies (with delays to the recruitment process) and internal moves within the service which will affect the number of people being seen over the period and will have an impact on compliance during 2019/2020. Whilst the majority of posts have now been appointed there is a period of induction for newly qualified staff before allocation of caseloads.

The Board do not use a proxy measure for referral to treatment; treatment started is determined by the clinician.

The Board submit data for tiers 2 and 3. They commission Tier 4 Service with NHS Glasgow & Clyde; this is not included in the return. They also provide Tier 4 (intensive support) for urgent community patients.

The Board are in the process of migrating their data collection systems onto the TrakCare Patient Management System. Monthly returns will continue to be extracted from the database until confidence in the quality of data from TrakCare is assured.

Adjustments are made up to treatment; however the databases do not record reasonable offers therefore no adjustments are made if a patient declines 2 or more appointment dates.

The Board have advised us that historically DNA’s did have an impact on waiting times which informed the decision to implement ‘Opt In’. This has both reduced the DNA rate and improved the teams ability to reallocate cancelled appointments. Analysis would need to be undertaken to fully understand the reasoning behind DNA rates and what measures can be taken to address any cross cutting themes. The teams do not think the length of wait affects attendance rate.

The Board have advised us that the criteria used to calculate DNA activity is only for patients who have failed to attend an appointment and have not made contact with the service prior to or have made contact after the allocated appointment time.

The Board are able to identify referrals that have been signposted to more appropriate services i.e. Social Care but in the majority of rejected referrals, the referral is returned to referrer.

For the number of open cases the Health Board have confirmed that they include all open cases, counting each patient once regardless of how many clinician caseloads they may be on.

**NHS Borders**

The data completeness for both patients seen and patients waiting is estimated to be 95% for the quarter ending September 2019.

The Board do not use a proxy measure for referral to treatment, 1st appointment is usually when treatment commences and is a clinical decision.

The Board submit data for tiers 3 and 4 (which is not a separate team). They do not have Tier 2 as these are commissioned services.

Adjustments are made up to date of treatment.
NHS Borders have advised that DNA’s do have an impact on waiting times as these appointments could be used for patients on the waiting list. If a patient fails to attend they class as this as a DNA, they also include those who cancel on the day.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

The Board have recruited one W.T.E Clinical psychologists who joined board in October 2019.

The staffing compliment within the Nursing Team has been supplemented by 2 Whole Time Equivalents who have progressed to Band 6 since starting in their development role. W.T.E Band 5 ADHD nurse is currently being developed into the ADHD Team

The Board are reliant on manual inputting to excel sheets for submission of the data as their IT system was not fit for purpose. With a standalone spreadsheet system for reporting there is increased potential for error, NHS Borders has been actively working on these issues and are currently piloting a new system from October 2019. The plan is that this will change their reporting and minimise potential for error. NHS Borders is hoping to have the new system verified and working well by January 2019 including CAMHS and CAMHS PT activity, with systems in place to check the quality and accuracy of data.

For the number of open cases the Health Board have confirmed that they include all open cases, counting each patient once regardless of how many clinician caseloads they may be on.

NHS Borders have shown an increase in performance for this quarter, this improvement has come about based on a number of aspects; staffing, the compliment of nursing, psychological staff increasing and an extra half session of Medic time, the decision making of senior management to provide/manager funds for these addition posts/commitments. Also the provision of software and admin support to undertake inputting of data from assessment tool (Connors), the provision of opt-in clinics across the area has had a positive impact on DNA and patient choice, the endeavour and hard work of the Team to work to capacity increasing the quantity of initial assessments being undertaken and the ongoing support from our MHAIST analyst has be a key element in us delivering this improvement.

**NHS Dumfries & Galloway**

The Board estimate their data completeness for the quarter ending September 2019 to be 100% for both patients seen and waiting.

In NHS Dumfries and Galloway Child Psychology is a separate and distinct service to the CAMH services, as such data is recorded on different systems, Topas for CAMH services (which is adjusted data) and Access for Child Psychology (which is unadjusted data). The Board are not able to provide information on unadjusted waits for CAMH service. The two sets of data are also measured differently, for Child Psychology a proxy of first appointment is used to measure treatment and for CAMH services a proxy of 2nd appointment is used. As some patients will be open to both the CAMH and Child Psychology services there would also be an issue with double counting if they were to attempt to merge the data therefore only information for CAMH services are included in this publication. As all CAMH service data is included in the return the data completeness for CAMHS is 100%. The Child Psychology activity is recorded in the Psychological Therapies Waiting Times publication.

The Board submit data for tiers 2, 3 and 4.

Adjustments are made up to date of treatment.
NHS Dumfries and Galloway have advised us that DNA’s impact upon waiting times as they primarily seem to be people who do book back into a first appointment slot (as opposed to not being seen at all) so one person has effectively used two first appointments.

Until June 2018 NHS Dumfries & Galloway included patients that cancelled on the day in their DNA figures, they now only include those who do not attend and have not contacted the Health Board.

NHS Dumfries & Galloway are monitoring rejected referrals and believe it is possible through this to understand reasons for rejection, and any advice given to referrer. In NHS Dumfries & Galloway, CAMHS is required to “reject a referral” in order to refer on to Psychology if they are the more appropriate service.

**NHS Fife**

The Board estimate their data for both patients seen and patients waiting to be approximately 95% complete for the quarter ending September 2019. The Board are continuing to work with their staff group to improve data completeness. Work is on going to ensure that TrakCare captures all clinical appointments. They are focusing on 1st appointments as these impact on RTT.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4.

Submissions up to March 2017 - adjustments are made up to date of treatment. Submissions from April 2017 to January 2018 comprise of unadjusted data only due to migration to TrakCare. From February 2018 the Board have submitted adjusted data for patients waiting, and from July 2018 have included adjustments for patients seen. The Board will continue to report adjusted data for patients waiting and patients seen going forward.

NHS Fife has advised that that they believe DNA’s do have an impact on waiting times. Any patient who does not attend is counted as a DNA regardless of notice. This does not include cancellations.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

For the caseload figures the Board has confirmed that they count each patient once.

**NHS Forth Valley**

*NHS Forth Valley CAMHS patient information systems migrated to Trakcare during last quarter. A few systems issues remain that continue to affect the accuracy of the data being reported.*

The Board estimate their data completeness for both patients seen and patients waiting to be 100% for the quarter ending September 2019. They have advised us that patients seen is dependent on clinicians inputting all their contacts and recording correct outcome codes. The only % patients seen but not reported will be those where clinicians haven’t yet added their contacts.

The Board do not use a proxy measure for referral to treatment; treatment started is determined by the clinician.

The Board submit data for tier 2 (since August 2015) and tier 3 including iCAMHS which from June 2018 they have been able to identify and report separately. The data identified from both tier 2 and iCAMHS is being used internally to evaluate and inform service improvement and redesign. Although FV Intensive CAMHS (iCAMHS) went live at the end of May 2018, the Board have always saw and reported data on intensive interventions and services as part of their specialist CAMHS data.
In NHS Forth Valley adjustments are made up to date of breach (18 weeks).
The Board have advised they believe DNA’s to have an impact on waiting times. Short notice
cancellations are not included in their DNA submissions.

NHS Forth Valley has implemented a central vetting system with a view to applying their Referral
Criteria more consistently with less variation. They have stated that qualitative data around
rejected referrals continues to highlight that a large portion of referrals rejected by CAMHS are
signposted to agencies or services more suitable for the patient.

In NHS Forth Valley clinical activity continues to be focused on seeing patients waiting the longest
i.e. seeing patients in date order, which has an adverse affect on RTT performance.

NHS Grampian

The Board estimate their data for both patients seen and patients waiting to be approximately
100% complete for the quarter ending September 2019.

Up to the end of August 2019, the Board identified the second appointment or partnership
appointment (CAPA) as the start of treatment as per Referral to Treatment Standard. They have
advised us that formulation, treatment planning and self help is all offered at Choice appointments.
However, the clock was not being stopped if those patients are offered a second appointment
(Partnership) appointment. The service is now fully implementing the revised national waiting times
guidance document which states that clinician's discretion should be used when determining when
treatment starts. Treatment starting is therefore defined and recorded as either the first or second
appointment based on clinical judgment.

The Board have advised us that they will now be able to provide information on adjusted waits for
all months going forward. They have identified that the numbers involved are very small.
The Board submit data for tiers 3 and 4.

The Board remain unable to submit DNA data; they are working with the new data analyst to
measure this going forward. The Board hope to be able to measure DNA data for next quarter.

The board has collected rejected referral data since July 2019 on an internal database. Previous to
July 2019 The Board did not maintain a database/electronic record of what happens with rejected
referrals.

The service has now moved into the new building which has helped with capacity and flow of
clinical work. 7 posts are at advert this month. Short-term funding has
continued to affect recruitment and retention within the service.

Some staff have left to go to posts where permanent funding is in place or to the central belt where
there is more flexibility to move between posts. It is hard to recruit to short term posts in Aberdeen
as staff are often required to relocate as it is too far to travel on a daily basis.

For the caseload figures the Board has confirmed that they count each patient once, regardless of
how many clinicians are involved.

The service has now completed its redesign and is now reporting on 0-18 years, as opposed to
separate child and adolescent reporting. This also includes Learning Disabilities.
NHS Greater Glasgow and Clyde

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending September 2019.

As per the guidance, the Board use a proxy measure of 2nd appointment to indicate treatment started.

NHS Greater Glasgow & Clyde submit data for tiers 3 and 4. They do not hold tier 2 referrals in CAMH services although CAMH services provide input and support to partner agencies to provide this level of service.

Adjustments are made up to date of treatment.

The Board have no evidence to suggest that DNA’s impact directly on waiting times when New Ways Guidance is applied. However, when considering unadjusted waiting figures, DNA’s would result with the recording of longer waits for treatment and would potentially cause a breach in the RTT LDP Standard. DNAs are included in the figures when an appointment is missed without notice. Last minute cancellations are recorded as ‘Cancelled by Patient’ and data is available.

The Board have advised us that standard procedure for inappropriate referrals is to signpost to an appropriate service.

The overtime clinics that assisted with the backlog of referrals have been paused at the moment and a CAMHS Operational Group has been established with a series of action points designed to address the waiting list. This work is ongoing and the Board will monitor progress over the coming months.

NHS Greater Glasgow & Clyde CAMHS have informed us that October 2018 and November 2018 presented them with the highest demand it has experienced since they began collecting the data. This increase in demand has continued with February and March 2019 also being amongst the highest demanding months the HB has experienced. Alongside an unexpected and exceptional increase in demand, the reduction in rejection referrals and reduction in DNAs have had a significant impact on the CAMHS workforce and its capacity. They are currently working with all CAMHS Teams to ensure all children and young people are seen as quickly as possible.

For the caseload figures the Board has confirmed that they count each patient once, regardless of how many clinicians are involved.

NHS Highland

The Board have highlighted an issue of over-reporting the number of rejected referrals for the past year or so, they estimate the over-reporting to be <10%. They plan to find a different way for this scenario to be recorded in order to eliminate the issue and hope to be able to resubmit this data by the end of November.

The Board estimate their data for patients seen and patients waiting to be approximately 100% complete for the quarter ending September 2019, they have two measures of completeness (1) does the record show if the patient arrived or not?, and (2) does the record indicate how the patient is to be followed up:

Measure (1) (percentage of new appointments with a status, as at date of submission) is 98% complete.

Measure (2) (percentage of new attended appointments with an outcome) is 86% complete.

The Service Planning Analyst identified an issue with adjusted patients seen (completed waits) data where not all patients are included in their adjusted extract, so whilst completed waits are currently being submitted, some are unadjusted; 31% percent were unadjusted in the quarter ending September 2019. This is the same issue as the one the Board has with Adult Psychology – this issue remains unresolved.
NHS Highland also intend to resubmit amended data (if necessary) as and when available; there are no timescales in place for this. Progress on this issue is slow due to work and capacity pressures both in Planning & Performance and Business Intelligence which provides the extracted data.

The Board have advised us that they submit waiting times for outpatient appointments for Tiers 2, 3 and 4 (they have a Network Liaison Nurse who works closely with NHS Tayside to support CAMHS patients at Tier 4 level in an outpatient setting). They do not provide inpatient care in NHS Highland for CAMHS patients.

For Tier 2 services NHS Highland identify the first appointment as start of treatment. For Tier 3 services the actual start of treatment as coded on TrakCare PMS is used to flag the start of treatment. This may not be the first appointment. Recording of clinic outcomes in Tier 3 is now being completed on time. There is a North of Scotland tier 4 service for inpatients which is provided by NHS Tayside (since February 2013).

Adjustments are made up to start of treatment for tier 2, 3 and 4.

The Board have advised us that they believe the DNA’s have an impact on the waiting times. Their DNA’s include only patients who do not attend.

The Board have advised us that they are able to report how many referrals have been rejected, and a removal reason for tier 3 and 4 data, not for tier 2. The Board have highlighted an issue of over-reporting the number of rejected referrals for the past year or so, they estimate the over-reporting to be <10%. They plan to find a different way for this scenario to be recorded in order to eliminate the issue and hope to be able to resubmit this data.

For the caseload figures NHS Highland has confirmed that they count each patient once, regardless of how many clinicians are involved.

**NHS Lanarkshire**

The Board estimate their data completeness for both patients seen and patients waiting to be 100% for the quarter ending September 2019.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2 and 3. Whilst the Board do have a tier 4 service, they currently do not have any cases that should be included in waiting times.

Adjustments are made up to 18 weeks; this has been in place for Psychological Therapies on TrakCare since May 2014.

The Board have advised us that they believe that the DNA’s do not have a significant impact upon waiting times. They only include DNA’s in their figures, last minute cancellations are not included. They have introduced a text reminder service in some teams for patients.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

For the caseload figures the Board count patients once (where known), they have stated that it is not apparent from the data if a patient was seen twice in any one month.

**NHS Lothian**

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending September 2019.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4 from April 2015.
In NHS Lothian adjustments are made up to date of breach (18 weeks); this is using a ‘stages of treatment’ approach - they are made where a patient does not attend or cancels an appointment where that appointment was offered and accepted within 6 weeks of referral or where a treatment appointment was offered and accepted within 12 weeks.

NHS Lothian believe DNA’s have an impact in relation to wasted capacity potentially resulting in lengthened treatment episodes and the resulting impact on capacity. Quality Improvement activity is taking place with respect to DNA’s and CNA’s within the CAMHS service. They only include DNA’s in their figures.

Where a referral is rejected by the Outpatient team the service will write to the GP suggesting alternative sources of support / advice as appropriate. Some rejected referrals may be re-directed to an alternative CAMHS service. They do not have data regarding outcomes.

In NHS Lothian there is a continued focus on treating CYP who have waited the longest and clear the backlog of CYP waiting over 18 weeks. A number of initiatives have taken place including managing demand via robust and consistent triage processes and improving attendance rates for New Patient appointments.

For the caseload figures the Board count each patient once. The data submitted only includes patients currently on a caseload. It does not include any patients who are only on an assessment or treatment waiting list.

**NHS Orkney**

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending September 2019.

The Board do not use a proxy measure for referral to treatment.

They are not able to provide information on adjusted waits; this will change in the future however there has been no progress so far due to staff shortages and focus being placed on the new dataset submission.

The Board submit data for tiers 2, 3 and 4.

The Board have advised us that they report on anything that is recorded by the clinician/admin as a DNA appt on Trak. It is dependent on what they enter on to Trak; people who do not attend or cancel on the day.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

The Board have stated that there has been an effort locally to tackle long waits within CAMHS however the loss of a member of staff has impacted on both the patients seen and waiting, bank staff are working additional hours where possible until a replacement is found. In the last two weeks an agency nurse has been working in CAMHS and the Board has also appointed a permanent CAMHS CPN who will be in post at the beginning of January 2020.

For the caseload figures the Board count each patient once.
NHS Shetland

The Board estimate their data for both patients seen and patients waiting to be approximately 100% complete for the quarter ending September 2019.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4.

Adjustments are made up to date of treatment.

NHS Shetland has been unable to submit data from March to May 2015 data due to migration to a new Patient Management System; they will be unable to submit this data in the future.

The Board do not believe DNA’s have an impact on their waiting times. The Board include only on the day non-attendees in their DNA figures.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services.

For the caseload figures the Board count each patient once.

NHS Tayside

*NHS Tayside has advised us that change to the reporting of Neurodevelopmental cases separately from CAMHS mental health requires caution in making comparisons with previous quarters data and in the calculation or rates of rejected referrals.*

Estimated data completeness for both patients seen and patients waiting for Quarter Ending September 2019 is 100%.

Data is not available from mid-June 2017 to October 2017 due to migration to a new patient management system; they have advised that they will not be able to submit data for the missing months.

The Board have advised us that they include only on the day non-attendees in their DNA figures.

The Board submit data for tier 3 and 4 services.

Adjustments are made up to date of treatment.

The Board have advised us that inappropriate referrals are referred back to the referrer with sign-posting to appropriate services where these are available.

The Board do not use a proxy measure for referral to treatment, 1st appointment is usually when treatment commences and is a clinical decision.

NHS Tayside currently has some challenges in staff recruitment consultant vacancies, and higher than usual levels of maternity leave resulting in reduced service capacity. The capacity available is therefore largely being targeted towards urgent referrals and patients who are actively engaged in a treatment pathway. This is subsequently resulting in a lower proportion of patients that have waited over 18 weeks being seen.

The overall caseload refers to individual open cases (recorded once no matter how many clinicians are involved with their care). The service is currently in the process of separating the mental health cases from the neurodevelopmental cases - this has been completed in relation to the waiting lists but not for cases open to the service, therefore the caseload figures includes both mental health and neurodevelopmental cases.
NHS Western Isles

The Board estimate their data for patients seen to be approximately 100% and for patients waiting to be approximately 89% complete for the quarter ending September 2019.

They have advised us that there have been a number of referrals & appointments in each of the quarter months where patient referral and/or appointment details are entered after the return is extracted and submitted. This is impacting on completeness rates. This is being monitored more closely and has been improving.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2 and 3.

Adjustments are made up to date of treatment or to breach (12 weeks) whichever comes first.

NHS Western Isles believes that DNA's do impact on waiting times. The Board have advised us that they only include DNA's in their figures, last minute cancellations are not included.

The Board have advised us that CAMHS referrals are now directed to Assessment Clinics. Up until now inappropriate referrals were referred back to the referrer.

Some issues were identified around appropriate use of RTT outcomes in TOPAS during March 2018 that were affecting data completeness. The Board are keeping a closer eye on use of RTT outcomes for treatment started and new patient assessment.

For the caseload figures NHS Western Isles count each patient once.