Summary of responses to Cancer Waiting Times publication

A consultation was carried out on the format, content and timeliness of the Cancer waiting times publication. The consultation document was made available on the ISD website from late March 2015, open for responses until Friday 15 May 2015. An email was sent out to all Cancer waiting times contacts and a message was also sent out via Twitter, advising the consultation was open. ISD gave users the option of either discussing the consultation via phone or sending in a written response.

ISD received 7 responses (via completed questionnaires, telephone calls). Six responses came from NHS Boards and one from the Scottish Government. ISD would like to thank those who provided feedback; this will be used to ensure the information meets users’ needs.

A summary of (1) the proposed future changes and (2) NHS Board & SG responses received, is provided is below.

Proposed changes to future publications

Following the receipt of customer feedback and to ensure that we continue to meet customer needs, the following changes are proposed:

Improvements to current publication:

- Rationalise number of excel tables incorporating tables a to d into one table with drop down options
- More user friendly navigation
- More comparisons between NHS Boards
- Include note to acknowledge impact of closeness to England for some NHS Boards
- Review usefulness of Figures 1 & 2
- Include more trend information
- Review publication content against current MMI to ensure appropriate information is published

New ways in which data will be made available:

- Create a dashboard for cancer waiting times in tableau. This is In line with other waiting times publications and is part of PHI’s smart publishing improvement programme to increase the value and impact of outputs.
Summary of responses received to the 2015 consultation

1 Presentation

Do you have any comments on the publication report? Are the tables, charts, text easy to interpret?

- Easy to follow / not overly complex / no issue interpreting data (3 responses)
- Like the charts, publication provided good clear indicators & the table and chart formats are good. Thought the median and averages information useful.
- Five month at the beginning of the reports useful but scale could do with changing to show more detail, otherwise clear and useful.
- Appear to be millions of them – they are cumbersome and complex and sometimes it takes a long time to get to what you are looking for but overall they are good.
- Small numbers sway overall position (small board)
- Easy to understand, not too long and not too short, key points very useful, like to see the comparisons to other boards.

Do you have any comments on the excel files? Are the tables and charts easy to interpret, navigate through?

- Because they are already in receipt of the MMI report find that there is no need for the excel files – they also mentioned that they thought the tables were useful, clear and relevant. And it is useful to compare between the boards.
- Repetitive – no ability to drill down and provide details on the different type of cancer dealt with.
- Liked the excel tables and in particular the tables that details the wait time adjustments
- They are clear enough and table they will use again & refer too (Good useful).
- Sometimes hard to find things in first place within both the publication and ISD web pages. Is there scope for Annual publication?
- They queried whether all the tables were needed and it was hard to navigate – however unable to say what could be got rid of.
- No comments on the excel files, but like to use the charts within the report

Are there any other ways you would like to see the information presented, eg. maps, infographics, using web pages?

- Liked the format as is (3 responses)
- Yes – web pages like ACAdeme would be helpful, however many people prefer reports.
- Source of referrals – this could go into the MMI and need not necessarily be published. A&E etc – would be helpful, referral trends of boards, Scotland level figures as well. It would be good to give a cause v effect whether it be due to: national initiatives, different referral pathways.
- Pretty good presentation - the rate of population would be more meaningful (per 1000) – can’t tell how they are doing by board – good to compare against Scotland but on a local level tells them what they already know.
- No, like the Publication as is but would like the smaller boards excluded – when the press get hold of the figures and publish them due to the small number the outcomes are often swayed.
2 Content

Tables a-d for both standards contain the same information but in different formats. Are the different formats required each quarter or would annually be sufficient?

- They considered these to be clear and were fine as is – however felt that the ascertainment data/information pointless as the figures are easily swayed with being so near the border to England and a large number of patients being referred to Carlisle.
- Tables a & b are helpful to have quarterly. Table c & d would be useful annually.
- Annually would be sufficient
- Liked the tables for a-d
- Quarterly is useful and the detail is helpful – it would be helpful to see the annual figures as well as the quarterly to get the bigger picture.
- Annual basis with a monthly breakdown along with a systematic breakdown of Board issues
- Who is the customer Board or SG/Public?
- Don’t need all the information all of the time?
- Quarterly be fine from on respect but cannot use it for management – too late to solve problems – they do that in-house on a weekly basis
- Annually would be enough

Do you find Fig 1 and Fig 2 (distribution of wait) useful, and is the information easy to interpret?

- They considered these to be very in depth but of little use to anyone
- Figure 2 is useful though more so for the notes as opposed the actual Chart, particularly like the reference to the exclusion information
- Only interested in Figure 2 – but thought it was clear and concise.
- Fine, easy enough to understand and interrupt. Good to see anomalies however it would to be good to see board against board
- Trend performance charts/distribution of waits. Small boards tended to skew the overall picture – small number numbers – high percentages – this often makes it very difficult to interpret the results. Useful to compare with other boards
- No don’t use and appear quite confusing.

Do you find Tables 3 and 4 (distribution of wait) useful, and is the information easy to interpret?

- Yes (6 responses)
- Useful for comparison information.
- Interested on details of the median wait.
- Yes, in particular the number of referrals.

Do you find Tables 5 and 6 (exclusions and adjustments) useful, and is the information easy to interpret?

- Yes (6 responses)
- Useful for comparison information
- Interested on details of the patient/medical adjustments.
• After purchasing a new CT scanner they anticipated that this would enable them to reduce the time in which people had to wait for diagnostic procedures to be complete.
• Yes and very useful – again comparison with other boards

Information for the last five quarters are included, would more trend information be useful?
• Yes it would be interesting to see the previous year for seasonal variation.
• Good as is – but it would be useful to have a trend chart
• Trend information is useful. It’s good to see as long of a period as possible. Things have changed a lot since the inception of CWT.
• Yes trend info would be useful at board level especially as detailed above with the impact of the CT scanner improving performance and exclusions, but once again felt that due to the small number the context is missing and there may be a need for further explanation.
• Small numbers skew the %’s

Is there any new information that would be useful to include in the publication (eg. information on type of first treatment, figures by age groups)
• Including more information in the publication would require more explanation and complicate the report.
• Age Group (2 responses)
• Type of first treatment would be of use.
• In the development of the pathways, there have been many changes and when looking at trends to anticipate upcoming problems, due to new technology, this is difficult. Good to see national figures as well as local and to see if in line with others.
• It would be useful to see queries from Government
• A chart going back over a couple of years would be useful
• Having the type of first treatment breakdown in the quarterly, as it is currently in the MMI.

3 Frequency

How frequent do you think this information should be published (eg. monthly, quarterly, annually)?
• Happy as is (4 responses). Quarterly as the numbers treated can be small for certain cancers and there can be variation from month to month. Monthly would be too much and very similar to what they already had in the MMI, and if was annually they would find it difficult to maintain the quarterly targets, quarterly fits in well.
• Monthly may make the report more relevant – with an annual trend at the end of the financial year
• All 3, although data can change between one period and the next and therefore there should be caution about publishing. Quarterly and Annually would be ok to be published to a public audience.
If more frequent than the current quarterly publication, would a smaller subset of tables be sufficient more frequent (eg. tables 1a, 2a) than have a larger annual publication?

- Yes but would be less useful.
- The subset would in the report have been useful
- They have access to the MMI data
- No, no need

Is the information in the publication timely enough?

- Yes (6 responses)
- The timeliness of data – the period of time between the third MMI of a quarter, and the respective quarterly publication. Could this gap be reduced?