

Publication Report



New Cancer Waiting Times to September 2011

Quarterly update of New Cancer Waiting Times statistics

Publication date - 20 December 2011

Contents

Contents.....	1
About ISD.....	2
Official Statistics.....	2
Introduction	3
Key points	5
Results and Commentary.....	6
Performance against the 62-day target	6
Performance against the 31-day target	11
Glossary.....	16
List of Tables.....	18
Contact.....	19
Further Information.....	19
Appendix	20
A1 – Background Information	20
A2 – Publication Metadata (including revisions details).....	21
A3 – Early Access details (including Pre-Release Access)	25

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](#).

Introduction

In October 2008, the Scottish Government (SG) published [Better Cancer Care - An Action Plan](#), where it announced it would:

- Extend the 62-day urgent referral to treatment target to include screened positive and all patients referred urgently with a suspicion of cancer.
- Introduce a new 31-day target for all patients diagnosed with cancer (whatever their route of referral) from decision to treat to treatment.

The action plan states that these new targets are to be delivered by October – December 2011. A 5% tolerance level is applied to these targets, as for some patients it may not be clinically appropriate for treatment to begin within target. Therefore, by October – December 2011, 95% of all eligible patients should wait no longer than 31 or 62 days.

The New Cancer Waiting Times (NCWT) team, within the Information Services Division, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland's performance against these targets and provide a wide range of users with faster access to the statistics they need.

To remain relevant to the changing set of targets, the cancer waiting times statistics previously published by ISD were replaced with a series of new figures in June 2010. A consultation document was produced and summarised ISD's proposals for the new series of official statistics. The consultation period lasted just over 10 weeks, and details of the consultation results can be found in these [Summary Feedback Report](#) and [Detailed Feedback Report](#) documents.

The new cancer waiting times targets are applicable to adult (over 16 at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer; and performance is monitored on the following cancer types:

- Breast
- Colorectal
- Head & Neck
- Lung
- Lymphoma
- Ovarian
- Melanoma
- Upper Gastro-Intestinal (hepato-pancreato-biliary (HPB) and oesophago-gastric (OG))
- Urological (prostate, bladder, other)
- Cervical

These statistics replace reporting against the old cancer waiting times targets. It is important to highlight that some patients who would have been excluded from the old targets are now included and have waiting times adjustments applied to take into account

periods of patient unavailability and/or medical suspensions. Therefore, comparisons should not be made between the old and new statistics. For information on reporting against the previous cancer waiting times targets please go to the [Historical](#) pages of our website. Previous quarterly reports have been published by the Scottish Government and can be found at <http://www.scotland.gov.uk/Topics/Health/health/cancer/waiting-times>.

This publication presents information for the period July - September 2011 (Quarter 3 - 2011) on the new 62-day target for patients urgently referred with a suspicion of cancer to first cancer treatment, and the new 31-day target for patients regardless of the route of referral from date of decision to treat to first cancer treatment. This is the fourth quarterly publication release that includes all cervical cancer patients; and the fifth publication release that includes screened positive patients in both the new 31-day and 62-day targets. These statistics will continue to be published on a quarterly basis. This is the fourth quarter that includes the full cohort of cancer patients; therefore direct comparisons can be made between quarters from Quarter 4 2010.

When making comparisons across Scotland, it should be noted that in Island NHS Boards there may be a substantial quarter-on-quarter fluctuation in the percentage of patients that started treatment within 62/31 days, which may represent the pathway of only one or two patients. Therefore, many of the NHS Board key findings relate only to mainland NHS Boards and are indicated as such. Due to the effects of small numbers, 90th percentiles have only been calculated where there are forty or more eligible patients within a population.

NHS Boards have reported that some data are not yet finalised and may be subject to change in future publications. However, this publication is considered to give a reasonable reflection of the current position. Details of differences between the published figures and current local NHS Board understanding are shown in the footnotes of the publication tables. The quality of these statistics is considered to be fit for publication; any data quality aspects are described in the publication. Previously released information has been revised to reflect ongoing work by NHS Boards to improve data quality. Overall, the revised figures for Scotland remain relatively unchanged when compared to the previous quarters published. Specific information on data quality and accuracy is listed within the [Data Quality](#) section of the website.

The new 31 and 62-day targets are both included as performance measures in HEAT. Further information on the HEAT Performance Measures can be found on the [ISD NHSScotland Performance HEAT web pages](#) and the [Scottish Government Scotland Performs HEAT web pages](#).

Key points

During the period July - September 2011:

- 96.7% of patients started treatment within 62 days of urgent referral with suspicion of cancer; an increase of 1.1 percentage points compared to the period April - June 2011. Within the same period, 97.9% of patients started treatment within 31 days of decision to treat (regardless of the route of referral); an increase of 0.4 percentage points compared to the period April - June 2011. The target, for both the 31-day and 62-day, set by the Scottish Government is 95% by October – December 2011.
- For all cancer types combined, NHS Borders reported that 98.6% of patients started treatment within 62 days, the highest of the mainland NHS Boards in Scotland. The lowest proportion of patients that started treatment within 62 days was found in NHS Grampian, with 91.3%. Aside from Island Boards and the Golden Jubilee, the highest proportion of patients that started treatment within 31 days was found in NHS Borders and NHS Ayrshire & Arran, with 100%; the lowest proportion was found in NHS Forth Valley, with 95%.
- The highest proportion of patients that started treatment within 62 days of urgent referral with suspicion of cancer were screened positive breast cancer patients, with 99.6%; the lowest proportion of were non-screened cervical patients, with 84.6%. The highest proportion of patients that started treatment within 31 days of date decision to treat were screened positive cervical and lymphoma patients with 100%; the lowest proportion were urology patients, with 94.3%.
- The highest maximum wait from urgent referral with suspicion of cancer to treatment was 145 days; this occurred in NHS Grampian. The highest maximum wait in days relating to the 31 day target occurred in NHS Lothian, with a wait of 112 days.
- 3.7% of the 62-day target cohort and 2.3% of the 31-day target cohort were excluded from the performance calculations due to clinical reasons, or the patient died before treatment or refused all treatment. Waiting times adjustments have been applied to both sets of statistics to take into account periods of patient unavailability and medical suspensions. Within Scotland, there were 460 occurrences of patient unavailability and 506 occurrences of medical suspension within the 62-day target cohort. Corresponding figures for the 31-day target cohort were 267 occurrences of patient unavailability and 247 occurrences of medical suspensions.

Results and Commentary

Performance against the 62-day target

Urgent referral with a suspicion of cancer to first cancer treatment waiting times

The 62-day target performance relates to the time between urgent referral with suspicion of cancer (including screened positive and all cervical cancer patients) to first cancer treatment. The quarterly statistics within this publication relate to the period July – September 2011. The percentages of all urgently referred patients with a suspicion of cancer that started treatment within 62 days are shown in the following tables and charts.

Table 1a. Performance against the 62-day target from receipt of an urgent referral with suspicion of cancer to first cancer treatment: all cancer types*, by NHS Board and regional Cancer Network

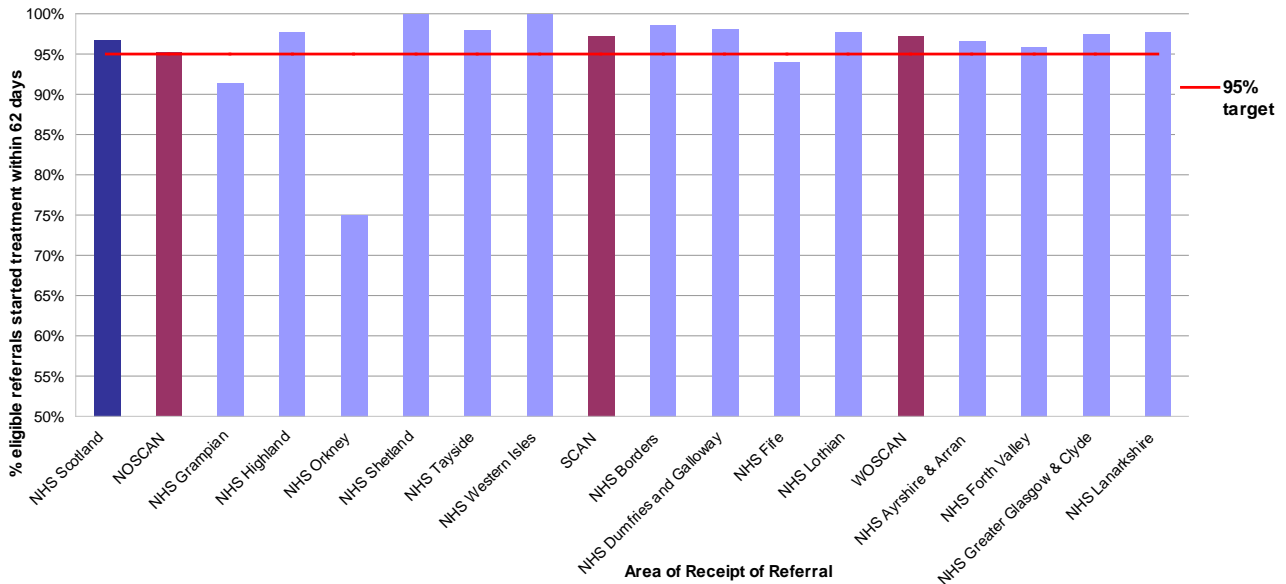
Period of treatment: 1 July 2011 - 30 September 2011

Area of receipt of referral	Percentage that started treatment with 62 days
NHSScotland	96.7
North of Scotland Cancer Network (NOSCAN) Total	95.2
NHS Grampian	91.3
NHS Highland	97.7
NHS Orkney	75.0
NHS Shetland	100.0
NHS Tayside	98.0
NHS Western Isles	100.0
South East Scotland Cancer Network (SCAN) Total	97.2
NHS Borders	98.6
NHS Dumfries & Galloway	98.1
NHS Fife	94.0
NHS Lothian	97.8
West of Scotland Cancer Network (WOSCAN) Total	97.2
NHS Ayrshire & Arran	96.6
NHS Forth Valley	95.9
NHS Greater Glasgow & Clyde	97.5
NHS Lanarkshire	97.7

* All cancer types for which data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Chart 1a. Performance against the 62-day target from receipt of an urgent referral with suspicion of cancer to first cancer treatment: for all cancer types*, by NHS Board and regional Cancer Network

Period of treatment: 1 July 2011 - 30 September 2011



* All cancer types for which data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

- During the period July - September 2011, 96.7% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral; an increase of 1.1 percentage points compared to the period April - June 2011. The corresponding figures for NOSCAN, SCAN and WOSCAN during July – September 2011 were 95.2%, 97.2% and 97.2% respectively. The target set by the Scottish Government is 95% by October – December 2011.
- For all cancer types combined, NHS Borders reported that 98.6% of patients started treatment within 62 days, the highest of the mainland NHS Boards in Scotland. The lowest proportion of patients that started treatment within 62 days was found in NHS Grampian, with 91.3%.

Table 1b. Performance in NHS Scotland against the 62-day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment, by cancer type (including screened positive patients)

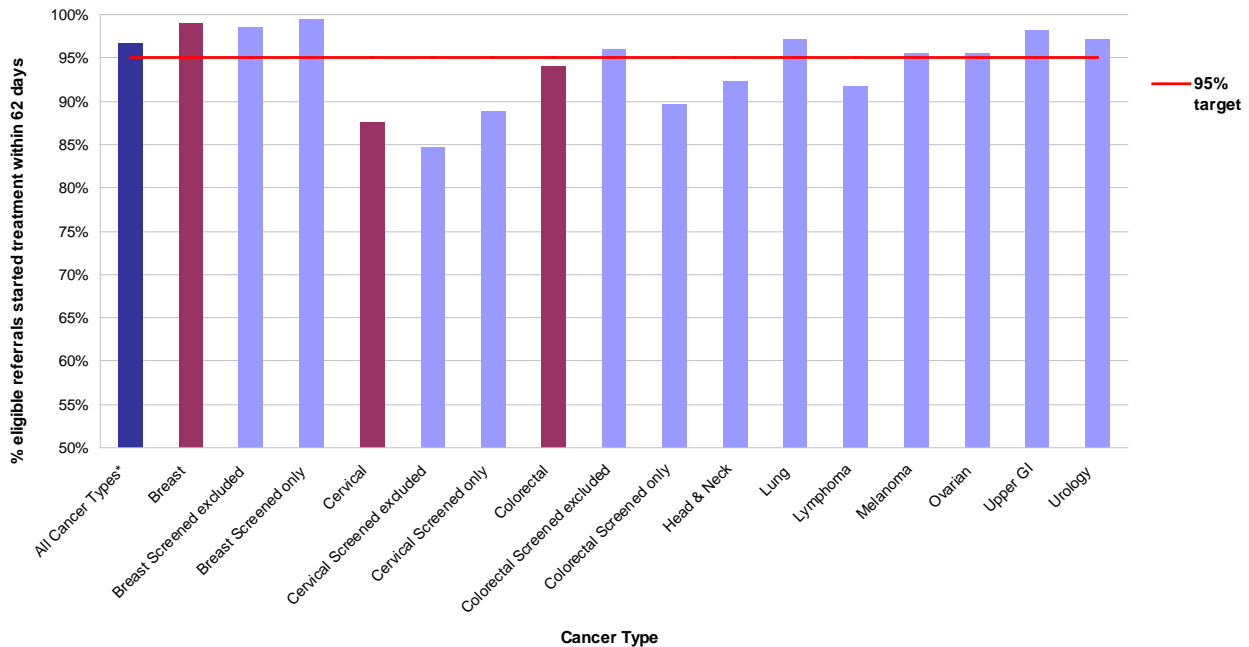
Period of treatment: 1 July 2011 - 30 September 2011

Cancer Type	Percentage that started treatment with 62 days
All Cancer types*	96.7
Breast	99.1
Breast Screened excluded	98.5
Breast Screened only	99.6
Cervical	87.5
Cervical Screened excluded	84.6
Cervical Screened only	88.9
Colorectal	94.1
Colorectal Screened excluded	96.0
Colorectal Screened only	89.7
Head and Neck	92.3
Lung	97.0
Lymphoma	91.8
Melanoma	95.5
Ovarian	95.6
Upper GI	98.3
Urology	97.1

* All cancer types for which data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Chart 1b. Performance in NHS Scotland against the 62-day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment, by cancer type (including screened positive patients)

Period of treatment: 1 July 2011 - 30 September 2011



* All cancer types for which data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

- During the period July - September 2011, 99.6% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer. The lowest proportion of patients that started treatment within 62 days were non-screened cervical patients, with 84.6%. It is worth noting that the number of non-screened cervical patients is small; there were only 13 eligible referrals of which two did not meet the target.

Maximum and Median Waits (62-day)

- The highest maximum wait from urgent referral with suspicion of cancer to treatment was 145 days; this occurred in NHS Grampian. Although Grampian reported the highest maximum wait, 90 percent of this NHS Board’s patients waited 60 days or less from urgent referral with a suspicion of cancer to first cancer treatment.
- For Scotland, the median wait was 35 days and the 90th percentile was 58 days.

Distribution of waits (62-day)

- During the period July - September 2011, 23.6% of eligible referrals were treated within 0-20 days, 38.6% within 21-41 days, 34.6% within 42-62 days, 2.2% within 63-83 days, and 1.1% in over 84 days. Overall, just over 60% of patients were treated within 41 days from urgent referral with suspicion of cancer.

Exclusions and Waiting Times Adjustments (62-day)

- Of all urgent referrals with a suspicion of cancer submitted in Scotland, 116 (3.7%) were excluded from the target performance calculations due to clinical reasons or because the patient died before treatment or refused all treatment.
- Of the mainland NHS Boards, NHS Lanarkshire had the highest exclusion rate with 7.1%; NHS Highland reported the lowest exclusion rate with 0.6%.
- Waiting times adjustments have been applied to take into account periods of patient unavailability and medical suspensions. During the period July - September 2011; 460 occurrences of patient unavailability and 506 occurrences of medical suspension accounted for all waiting times adjustments. The median adjustment for the patient and medical categories were 17 and 21 days respectively.
- Aside from the Island NHS Boards, NHS Greater Glasgow & Clyde had the highest proportion of patient unavailability adjustments, with 22.4% of their eligible referrals; NHS Borders had the lowest with 6.8%. The corresponding figures for medical suspension adjustments showed that NHS Highland were the highest with 25.6%, whilst NHS Borders were the lowest with 9.6%.

Performance against the 31-day target

Date of decision to treat to first cancer treatment waiting times

The 31-day target performance relates to the time between the decision to treat (regardless of the route of referral) to first cancer treatment (including screened positive and all cervical cancer patients). The quarterly statistics within this publication relate to period July - September 2011. The percentages of all patients with a decision to treat during July - September 2011, that then went on to start treatment within 31-days of that decision, are shown in the following tables and charts.

Table 2a. Performance against the 31-day target of all patients with a decision to treat that then went on to start treatment within 31-days of that decision: for all cancer types*, by NHS Board and regional cancer Network

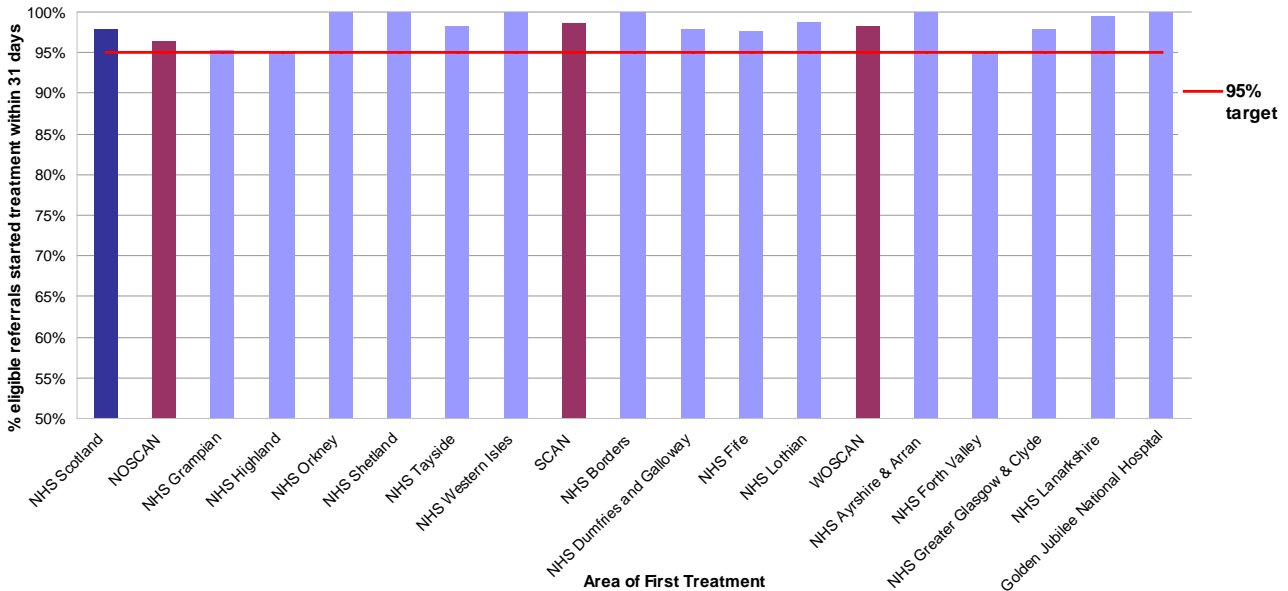
Period of treatment: 1 July 2011 - 30 September 2011

Area of first treatment	Percentage that started treatment with 31 days
NHSScotland	97.9
North of Scotland Cancer Network (NOSCAN) Total	96.4
NHS Grampian	95.4
NHS Highland	95.1
NHS Orkney	100.0
NHS Shetland	100.0
NHS Tayside	98.3
NHS Western Isles	100.0
South East Scotland Cancer Network (SCAN) Total	98.6
NHS Borders	100.0
NHS Dumfries & Galloway	98.0
NHS Fife	97.6
NHS Lothian	98.8
West of Scotland Cancer Network (WOSCAN) Total	98.2
NHS Ayrshire & Arran	100.0
NHS Forth Valley	95.0
NHS Greater Glasgow & Clyde	98.0
NHS Lanarkshire	99.5
National Waiting Times Centre	100.0
Golden Jubilee National Hospital	100.0

* All cancer types for which data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Chart 2a. Performance against the 31-day target of all patients with a decision to treat that then went on to start treatment within 31-days of that decision: for all cancer types*, by NHS Board and regional cancer Network

Period of treatment: 1 July 2011 - 30 September 2011



* All cancer types for which data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

- During July - September 2011, 97.9% of eligible patients (regardless of the route of referral) who had a decision to treat had their first cancer treatment within 31 days of referral; an increase of 0.4 percentage points compared to the period April - June 2011. The corresponding figures for NOSCAN, SCAN and WOSCAN were 96.4%, 98.6% and 98.2% respectively. The target set by the Scottish Government is 95% by October – December 2011.
- For all cancer types combined, aside from the Island NHS Boards and the Golden Jubilee, the highest proportion of patients that started treatment within 31 days was found in NHS Borders and NHS Ayrshire & Arran, with 100%; the lowest proportion was found in NHS Forth Valley, with 95%.

Table 2b. Performance in NHS Scotland against the 31-day target of all patients with a decision to treat that then went on to start treatment within 31-days of that decision, by Cancer Type (including screened positive patients)

Period of treatment: 1 July 2011 - 30 September 2011

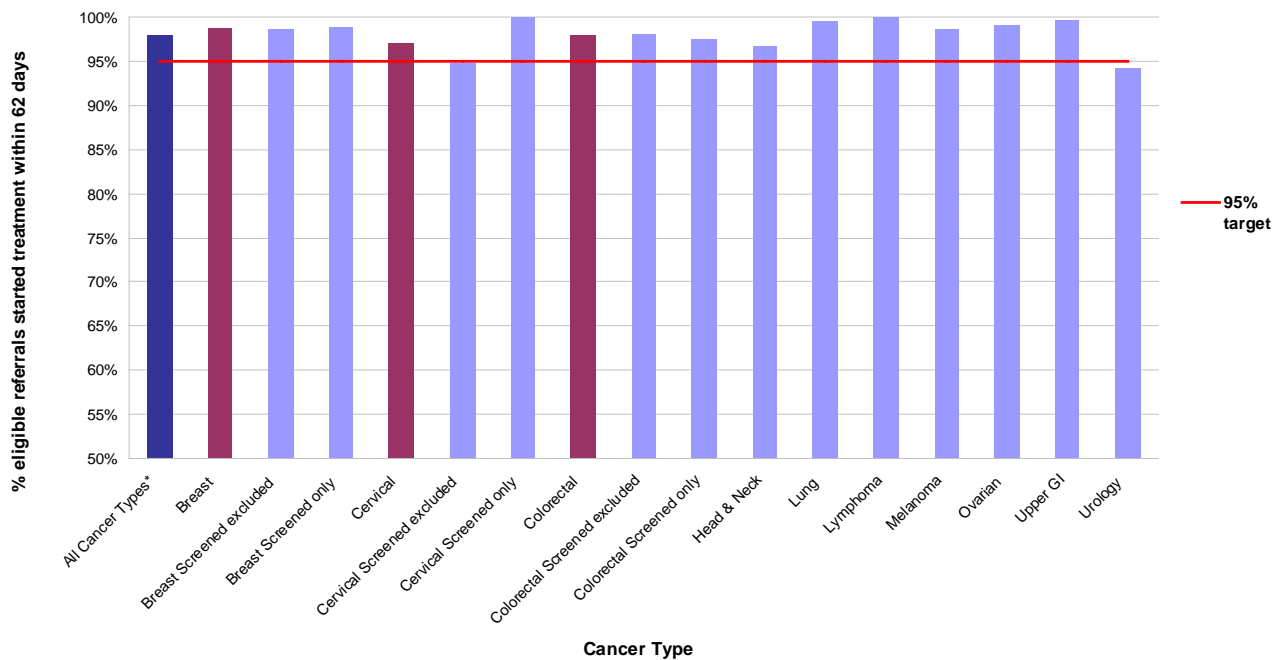
Cancer Type	Percentage that started treatment with 31 days
All Cancer types*	97.9
Breast	98.7
Breast Screened excluded	98.7
Breast Screened only	98.9
Cervical	97.0
Cervical Screened excluded	94.9
Cervical Screened only	100.0
Colorectal	98.0
Colorectal Screened excluded	98.1
Colorectal Screened only	97.5
Head and Neck	96.7
Lung	99.5
Lymphoma	100.0
Melanoma	98.6
Ovarian	99.0
Upper GI	99.6
Urology	94.3

* All cancer types for which data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Data is incomplete due to an IT snapshot/submission error. According to local systems, the NHS Greater Glasgow & Clyde percentage treated within target (July - September 2011) for Head and Neck is 95.3%. The resulting NHS Scotland and WOSCAN figure is 97.1% and 96.3% respectively. The updated/revised figures will be reflected in the next publication.

Chart 2b. Performance in NHS Scotland against the 31-day target of all patients with a decision to treat that then went on to start treatment within 31-days of that decision, by Cancer Type (including screened positive patients)

Period of treatment: 1 July 2011 - 30 September 2011



*All cancer types for which data are recorded: breast, cervical, colorectal, head and neck, lung, lymphoma, melanoma, ovarian, upper GI, and urological.

Data is incomplete due to an IT snapshot/submission error. According to local systems, the NHS Greater Glasgow & Clyde percentage treated within target (July - September 2011) for Head and Neck is 95.3%. The resulting NHS Scotland and WOSCAN figure is 97.1% and 96.3% respectively. The updated/revised figures will be reflected in the next publication.

- 100% of screened positive cervical and lymphoma patients started treatment within 31 days of decision to treat; compared to 94.3% of urology patients.

Maximum and Median Waits (31-day)

- The highest maximum wait from date of decision to treat to first cancer treatment was found in NHS Lothian, with a wait of 112 days. Although NHS Lothian reported the highest maximum wait; 90 percent of this NHS Board’s patients waited 27 days or less from date of decision to treat to first cancer treatment.
- During the period July - September 2011, the median wait was 6 days and the 90th percentile wait was 25 days; similar to previous quarters.

Distribution of waits (31-day)

- During the period July - September 2011, 73.5% of eligible referrals were treated within 0-15 days, 24.4% within 16-31 days, 1.5% within 32-47 days and 0.5% were treated in over 48 days from decision to treat. Overall, almost three quarters of patients started treatment within 15 days of date decision to treat.

Exclusions and Waiting Times Adjustments (31-day)

- 127 (2.3%) of patients were excluded from the 31-day target performance calculations due to clinical reasons or because the patient died before treatment or refused all treatment.
- Of the mainland NHS Boards, NHS Lanarkshire had the highest exclusion rate with 5.5%; NHS Borders, NHS Dumfries & Galloway and NHS Highland reported no exclusions.
- Waiting times adjustments have been applied to take into account periods of patient unavailability and medical suspensions. In the period July - September 2011 there were 267 occurrences of patient unavailability and 247 occurrences of medical suspension. The corresponding median adjustments for both patient and medical categories were 18 and 15 days respectively.
- Aside from Island NHS Boards and the Golden Jubilee, NHS Lothian had the highest proportion of patient unavailability adjustments with 7.2% out of all eligible referrals (urgent and non-urgent); whilst NHS Borders reported one (1%) patient unavailability adjustment. The corresponding figures for medical suspension adjustments showed that NHS Lothian had the highest proportion with 8.2%, whilst NHS Ayrshire & Arran reported the lowest with 0.9%.

Glossary

Eligible referral (62 day) – urgent referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP or NHS24 referral to A&E or other), or referral from a National Cancer Screening Programme; excluding patients who had a clinically complex pathway, died before treatment or who refused treatment.

Eligible referral (31 day) - all referrals (urgent and non-urgent) submitted from all sources (regardless of route of referral), excluding patients who had a clinically complex pathway, died before treatment or who refused treatment.

Exclusion – patients who had a particularly complex clinical pathway, died before treatment or who refused treatment.

Gynae-cervical – Gynaecological cervical.

Gynae-ovarian – Gynaecological ovarian.

Maximum wait (62 day) – the largest value of referral to treatment days.

Maximum wait (31 day) - the largest value of date decision to treat to treatment days.

Median adjustment – the middle value of waiting time adjustment days. Medians are only calculated where there are three or more waiting times adjustments.

Median wait (62 day) – the middle value of referral to treatment days. Medians are only calculated where there are three or more eligible patients.

Median wait (31 day) – the middle value of date decision to treat to treatment days. Medians have only been calculated where there are three or more eligible patients.

Non-urgent referrals – referrals submitted where the source of referral is GP/GDP referral other or Other.

NOSCAN – North of Scotland CAncer Network.

Percentile (62 day) – the value of a variable below which a certain percent of observations fall. For example, the 90th percentile is the value (referral to treatment days) below which 90 percent of the waits may be found. The 50th percentile is also known as the median. 90th percentiles have only been calculated where there are forty or more eligible patients.

Percentile (31 day) – the percentile is the value of a variable below which a certain percent of observations fall. For example, the 90th percentile is the value (days from decision to treat to date of first treatment) below which 90 percent of the waits may be found. The 50th percentile is also known as the median. 90th percentiles have only been calculated where there are forty or more eligible patients.

Referral – a request to a care professional, team, service or organisation to provide appropriate care to a patient/client. A referral may be made by a person, team, service or organisation on behalf of a patient/client, or a patient/client may refer him/herself.

SCAN – South East Scotland CAncer Network.

Total referrals submitted (Urgent & Non-urgent referrals) – all referrals (urgent and non-urgent) submitted from all sources i.e. regardless of the route of referral.

Upper GI – Upper Gastrointestinal.

Urgent referral – referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP or NHS24 referral to A&E or other), or referral from a National Cancer Screening Programme.

Waiting times adjustment – an adjustment (in days) applied to take into account periods of patient unavailability (e.g. because the patient did not attend an appointment) and/or medical suspension (e.g. the patient had another condition requiring treatment before cancer treatment could be started). Waiting Times adjustments are not made when delays are caused by hospital operational circumstances.

WOSCAN – West of Scotland CAncer Network.

Further information on New Cancer Waiting Times Data & Definitions can be found on the [Guidance](#) section of the website.

In addition, further details are also available in the ISD Data Dictionary part of the Data [Definitions and References](#) section of the ISD website.

List of Tables

Table No.	Name	Time period	File & size
1a	Performance against the 62-day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by NHS Board and regional Cancer Network	Quarterly information from 1 July 2010 - 30 September 2011	Excel [719kb]
1b	Performance against the 62-day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type	Quarterly information from 1 July 2010 - 30 September 2011	Excel [730kb]
Fig. 1	Distribution of waits against the 62-day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment	Quarterly information from 1 July 2010 - 30 September 2011	Excel [534kb]
1c	Trend performance against the 62-day target from receipt of an urgent referral with suspicion of cancer to first cancer treatment by NHS Board and regional Cancer Network	Quarterly information from 1 July 2010 - 30 September 2011	Excel [761kb]
1d	Trend performance against the 62-day target from receipt of an urgent referral with suspicion of cancer to first cancer treatment by indicator type	Quarterly information from 1 July 2010 - 30 September 2011	Excel [746kb]
2a	Performance against the 31-day target from date decision to treat to first cancer treatment by NHS Board and regional Cancer Network	Quarterly information from 1 July 2010 - 30 September 2011	Excel [700 kb]
2b	Performance against the 31-day target from date decision to treat to first cancer treatment by Cancer Type	Quarterly information from 1 July 2010 - 30 September 2011	Excel [713kb]
Fig.2	Distribution of waits against the 31-day target from date decision to treat to first cancer treatment	Quarterly information from 1 July 2010 - 30 September 2011	Excel [524kb]
2c	Trend performance against the 31-day target from date decision to treat to first cancer treatment by NHS Board and regional Cancer Network	Quarterly information from 1 July 2010 - 30 September 2011	Excel [703kb]
2d	Trend performance against the 31-day target from date decision to treat to first cancer treatment by indicator type	Quarterly information from 1 July 2010 - 30 September 2011	Excel [671kb]
3	Distribution of waits against the 62-day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type	Quarterly information from 1 July 2010 - 30 September 2011	Excel [791kb]
4	Distribution of waits against the 31-day target from date decision to treat to first cancer	Quarterly information from 1	Excel [702kb]

	treatment by Cancer Type	July 2010 - 30 September 2011	
5	Exclusions and waiting times adjustments against the 62-day target from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by NHS Board and regional Cancer Network	Quarterly information from 1 July 2010 - 30 September 2011	Excel [602kb]
6	Exclusions and waiting times adjustments against the 31-day target from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 July 2010 - 30 September 2011	Excel [474kb]

Contact

Kirsty Anderson

Principal Information Analyst

kirstyanderson@nhs.net

0141 275 2243

Donna Mikolajczak

Senior Information Analyst

donna.mikolajczak@nhs.net

0141 282 2083

Alan Finlayson

Waiting Times Programme Principal

alan.finlayson@nhs.net

0131 275 6271

New Cancer Waiting Times Team

NSS.ISDCancerWaitsNew@nhs.net

Further Information

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

Rate this publication

[Click here](#) to provide feedback and rate this publication.

Appendix

A1 – Background Information

New Cancer Waiting Times data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, which are then recorded onto the NHS Boards' Tracking systems. Monthly and quarterly submissions of data recorded on these systems are submitted to ISD, validated and loaded onto the New Cancer Waiting Times database to allow data interrogation and reporting for publication by ISD on a quarterly basis.

It should be noted that aspects of the new cancer waiting times definitions, such as the reclassification of exclusion categories and waiting times adjustments, are new concepts that are still being embedded fully at service level. Further information on New Cancer Waiting Times Data & Definitions can be found on the [Guidance](#) section of the website.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	New Cancer Waiting Times to September 2011.
Description	Quarterly update of New Cancer Waiting Times statistics for the 62-day target for patients urgently referred with a suspicion of cancer to first cancer treatment; and for the 31-day target for patients regardless of the route of referral from date decision to treat to first cancer treatment. Includes data presented by NHS Board, Cancer Network and Cancer Type to 30 September 2011.
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks and PDF
Data source(s)	New Cancer Waiting Times data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, and are based on locally available information drawn from sources such as patient administrative systems, laboratory systems, and medical records across the country; which are then recorded onto the NHS Boards' Tracking systems. Data are submitted to ISD on a monthly and quarterly basis, and are validated and loaded onto the New Cancer Waiting Times database to allow data interrogation and reporting for publication. Further information can be found on the Background pages of the NCWT website, within the Data Management and Data Recording sections.
Date that data is acquired	Deadline for data submission is around the 20th of each month. Submissions can be made at any time up to the publication submission deadline. Please see the submission timetable on the Guidance page of the NCWT website for more information.
Release date	20 December 2011
Frequency	Quarterly
Timeframe of data and timeliness	Data from 1st January 2010 to date. There have been no delays in reporting. Information on old cancer waiting times is available on the Scottish Government website from October 2004 until March 2009: http://www.scotland.gov.uk/Topics/Health/health/cancer/waiting-times Information on old cancer waiting times is available on the Historical pages of the ISD website from April 2009 until December 2009.
Continuity of data	To remain relevant to the changing set of targets (as published in Better Cancer Care - An Action Plan), the cancer waiting times statistics published previously by ISD were replaced with a new series of figures. The first set of these new figures relating to the new targets were first published in June 2010.

	<p>The table below* provides information on the various target cohorts and their date of first publication.</p> <p>It also important to highlight that some patients who would have been excluded in the old targets are now included and have waiting times adjustments applied to take into account periods of patient unavailability and/or medical suspensions. For these reasons, comparisons should not be made between the old and new statistics. When making comparisons across Scotland, it should be noted that some areas reported on contain small numbers. For example, in Island NHS Boards there may be a substantial quarter-on-quarter fluctuation in the percentage of patients that started treatment within 62/31 days, which may represent the pathway of only one or two patients. Due to the effects of small numbers, 90th percentiles have only been calculated where there are forty or more eligible patients within a population.</p>
<p>Revisions Statement</p>	<p>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</p>
<p>Revisions relevant to this publication</p>	<p>If NHS Boards discover that data submitted for publication is incorrect, or that data is missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future publications as submissions may be updated to reflect a more accurate and complete set of data submissions.</p>
<p>Concepts and definitions</p>	<p>The cancer waiting times targets are applicable to adult (over 16 at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. To be included, the cancer type must fit into one of the listed cancer types in the New Cancer Targets Definitions Manual. This manual, and further information, is available within the Guidance section of the website.</p>
<p>Relevance and key uses of the statistics</p>	<p>The NCWT team, within ISD, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland’s performance against the targets outlined in Better Cancer Care – An Action Plan. 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 targets.</p>
<p>Accuracy</p>	<p>The quality of these statistics is considered to be fit for publication; any data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62-day target. These exercises have shown that completeness of the 62-day target is within an acceptable range and is fit for publication. Case ascertainment has been assessed for the 31-day target from April 2010, and includes screened positive patients from July 2010, and all cervical</p>

	<p>patients from October 2010.</p> <p>Responsibility for collating and submitting the data to ISD lies with the NHS Board that received the patient's initial referral to secondary care. Details of differences between the published figures and current local NHS Board understanding are shown in the footnotes of the publication tables. Information on data quality, service issues and accuracy specific to this publication can be found in our Data Quality paper within the Data Quality section of the NCWT web pages.</p>
Completeness	<p>A patient will be excluded from reporting against the Cancer Waiting Times targets for the following reasons:</p> <ol style="list-style-type: none"> 1. The patient chooses to have any part of their pathway out with NHSScotland (if this is before the decision to treat they will be excluded from the 62-day target and if after the decision to treat they will be excluded from both targets) 2. The patient died before treatment 3. The patient refused all treatment 4. The patient was deemed a clinically complex case by the lead cancer clinician of the responsible NHS Board
Comparability	<p>Comparative cancer waiting times information is not possible at present using these data due to differences in definitions of waiting times for treatment across the four countries. Collaborative efforts by the health departments of the four countries to produce comparable figures on waiting times is currently underway by the UK Comparative Waiting Times Group.</p>
Accessibility	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a National, NHS Board and Regional Cancer Network level; broken down by Cancer type and quarter. Distribution of Waits data are reported on a National level by Cancer Type and quarter. Exclusions and Adjustments are reported for All Cancer Types at National, NHS Board and Regional Cancer Network level; broken down by quarter.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. Performance data, Distribution of Waits, and Exclusions and Adjustments are available in separate tables to enable users to select a single measure for analysis. 2. All tables are printer friendly. 3. All Scotland and All Cancer Types data for the latest quarter are presented first, with the option to view spreadsheets down to Board, Cancer Type level by quarter. 4. Key data presented graphically. 5. Tables use drop down menus to display data by a single Board, Regional Cancer Network, Quarter and Cancer Type.
Value type and unit of measure	<p>Distribution of waits (%) for NHS Scotland and all Cancer Types combined. Distribution of waits (%) for NHS Scotland by Cancer Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days,</p>

	Maximum Wait (Days), Median Wait (Days), 90th Percentile (Days) for NHS Scotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHS Scotland, NHS Board and Regional Cancer Network level. Total number of referrals submitted, number and % of exclusions, number of patient and medical delays, median waiting time adjustment (days) for patient and medical delays; at NHS Scotland, NHS Board and Regional Cancer Network level for all cancer types combined.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	These statistics are classed as official statistics.
UK Statistics Authority Assessment	These statistics are classed as official statistics, however due to their newness they have not yet been assessed by the UK Statistics Authority for compliance with the Code of Practice for Official Statistics. These statistics are awaiting assessment by the UK Statistics Authority.
Last published	27 th September 2011
Next published	27 th March 2012
Date of first publication	29th June 2010
Help email	nss.isdcancerwaitsnew@nhs.net

*

Target Cohort	New 62-day excluding screening and cervical patients	New 31-day excluding screening and cervical patients	New 31- and 62-day including screening but excluding non screened cervical patients	New 31- and 62-day including screening and all cervical patients
First Publication	Quarter 1 (January – March 2010) on 29 th June 2010	Quarter 2 (April – June 2010) on 28 th September 2010	Quarter 3 (July – September 2010) on 21 st December 2010	Quarter 4 (October – December 2010) on 29 th March 2011

A3 – 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 and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department (Analytical Services Division)
NHS Board Chief Executives
NHS Board Communication leads
Director, National Services Division (NSD)

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'management information', ie as part of the delivery of health and care:

Scottish Government CMO & Public Health Directorate (Policy Advisor - Screening)
Scottish Government Cancer Performance Support Team (CPST)
National Screening Coordinator, National Services Division (NSD)

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

NHS Board Contact staff

For publication on ISD homepage

Results Synopsis

- 96.7% of patients started treatment within 62 days of urgent referral with suspicion of cancer; an increase of 1.1 percentage points compared to the period April - June 2011. Within the same period, 97.9% of patients started treatment within 31 days of decision to treat (regardless of the route of referral); a rise of 0.4 percentage points compared to the period April - June 2011. The target, for both the 31-day and 62-day, set by the Scottish Government is 95% by October – December 2011.
- For all cancer types combined, NHS Borders reported that 98.6% of patients started treatment within 62 days, the highest of the mainland NHS Boards in Scotland. The lowest proportion of patients that started treatment within 62 days was found in NHS Grampian, with 91.3%. Aside from Island Boards and the Golden Jubilee, the highest proportion of patients that started treatment within 31 days was found in NHS Borders and NHS Ayrshire & Arran, with 100%; the lowest proportion was found in NHS Forth Valley, with 95%.

Not for publication Section

Sign-off

This form should be signed-off (electronically) by the relevant HoP/PP/HOG/AHoG.

Name: Alan Finlayson

Date: 24/11/2011

Template Version	Current at
V1.0	18 March 2011
V1.1	31 March 2011
V1.2	27 June 2011