

Publication Report



New Cancer Waiting Times to December 2011

Quarterly update of New Cancer Waiting Times statistics

Publication date - 27 March 2012

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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 (to be delivered by December 2011).
- Introduce a new 31-day target for all patients diagnosed with cancer (whatever their route of referral) from decision to treat to treatment (to be delivered by 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 Cancer Waiting Times (CWT) team, within the Information Services Division (ISD), 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.

When the targets included in '[Better Cancer – An Action Plan](#)' were launched, the existing cancer waiting times statistics at that time were replaced with a new series of 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. For information on reporting against the previous cancer waiting times targets please go to the [Historical](#) pages of our website. Previous quarterly reports were published by the Scottish Government and can be found at <http://www.scotland.gov.uk/Topics/Health/health/cancer/waiting-times>.

The cancer waiting times targets set out in '[Better Cancer – An Action Plan](#)' 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

This publication presents information for the period October – December 2011 (Quarter 4 - 2011) on the 62-day target for patients urgently referred with a suspicion of cancer to first cancer treatment, and the 31-day target for patients regardless of the route of referral from date of decision to treat to first cancer treatment. This will be the last publication measuring performance against these targets; these targets will be considered as [National Standards](#) from 1st April 2012. Statistics will continue to be published on a quarterly basis measuring performance against the [National Standards](#).

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 31 and 62-day targets are both included as performance measures in HEAT for data up to 31st December 2011. 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

- The target, that 95% of all eligible patients should wait no longer than 31 or 62 days, has been achieved in the timescale agreed by the Scottish Government (by December 2011).

During the period October - December 2011:

- 96.9% of patients started treatment within 62 days of urgent referral with suspicion of cancer; an increase of 0.2 percentage points compared to the period July - September 2011. Within the same period, 98.2% of patients started treatment within 31 days of decision to treat (regardless of the route of referral); an increase of 0.2 percentage points compared to the period July - September 2011.
- For all cancer types combined, NHS Dumfries & Galloway reported that 100% 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 92.2%. 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 Dumfries & Galloway, with 100%; the lowest proportion was found in NHS Grampian, with 93.9%.
- 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 99.8%; the lowest proportion of were non-screened cervical patients, with 85.7%. The highest proportion of patients that started treatment within 31 days of date decision to treat were cervical and lymphoma patients with 100%; the lowest proportion were urology patients, with 94.7%.
- The highest maximum wait from urgent referral with suspicion of cancer to treatment was 195 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 83 days.
- 3.3% 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 466 occurrences of patient unavailability and 500 occurrences of medical suspension within the 62-day target cohort. Corresponding figures for the 31-day target cohort were 211 occurrences of patient unavailability and 281 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 October – December 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

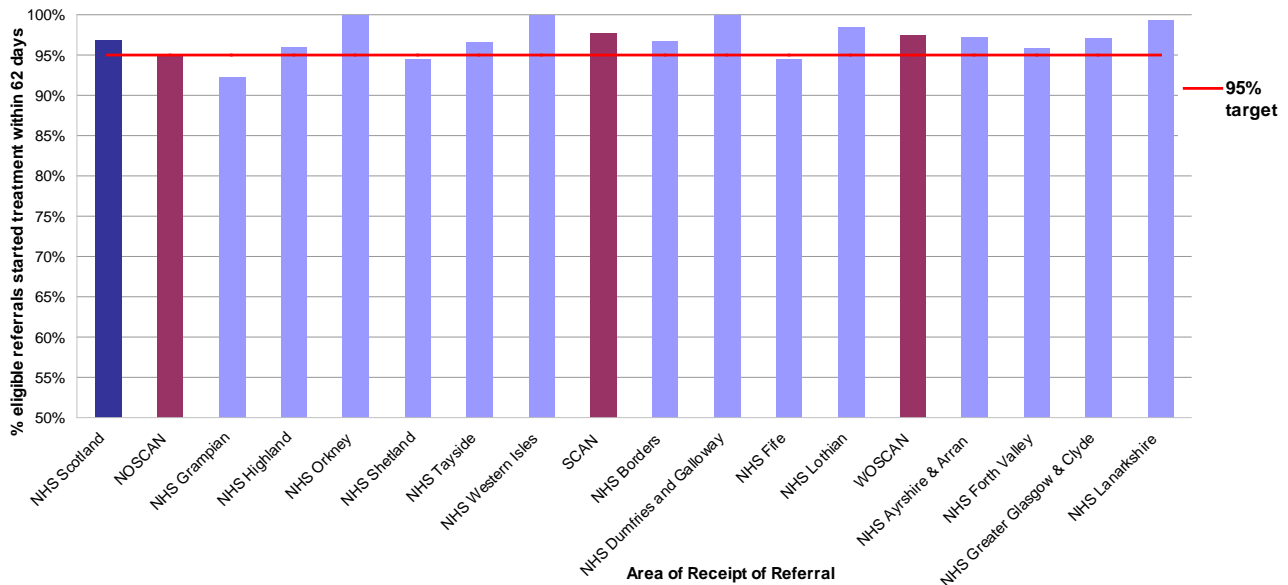
Period of treatment: 1 October 2011 – 31 December 2011

Area of receipt of referral	Percentage that started treatment with 62 days
NHSScotland	96.9
North of Scotland Cancer Network (NOSCAN) Total	94.8
NHS Grampian	92.2
NHS Highland	96.1
NHS Orkney	100.0
NHS Shetland	94.4
NHS Tayside	96.6
NHS Western Isles	100.0
South East Scotland Cancer Network (SCAN) Total	97.7
NHS Borders	96.7
NHS Dumfries & Galloway	100.0
NHS Fife	94.5
NHS Lothian	98.5
West of Scotland Cancer Network (WOSCAN) Total	97.4
NHS Ayrshire & Arran	97.3
NHS Forth Valley	95.9
NHS Greater Glasgow & Clyde	97.0
NHS Lanarkshire	99.3

* 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 October 2011 - 31 December 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 October - December 2011, 96.9% 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 0.2 percentage points compared to the period July - September 2011. The corresponding figures for NOSCAN, SCAN and WOSCAN during October – December 2011 were 94.8%, 97.7% and 97.4% respectively.
- For all cancer types combined, NHS Dumfries & Galloway reported that 100% 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 92.2%.

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)

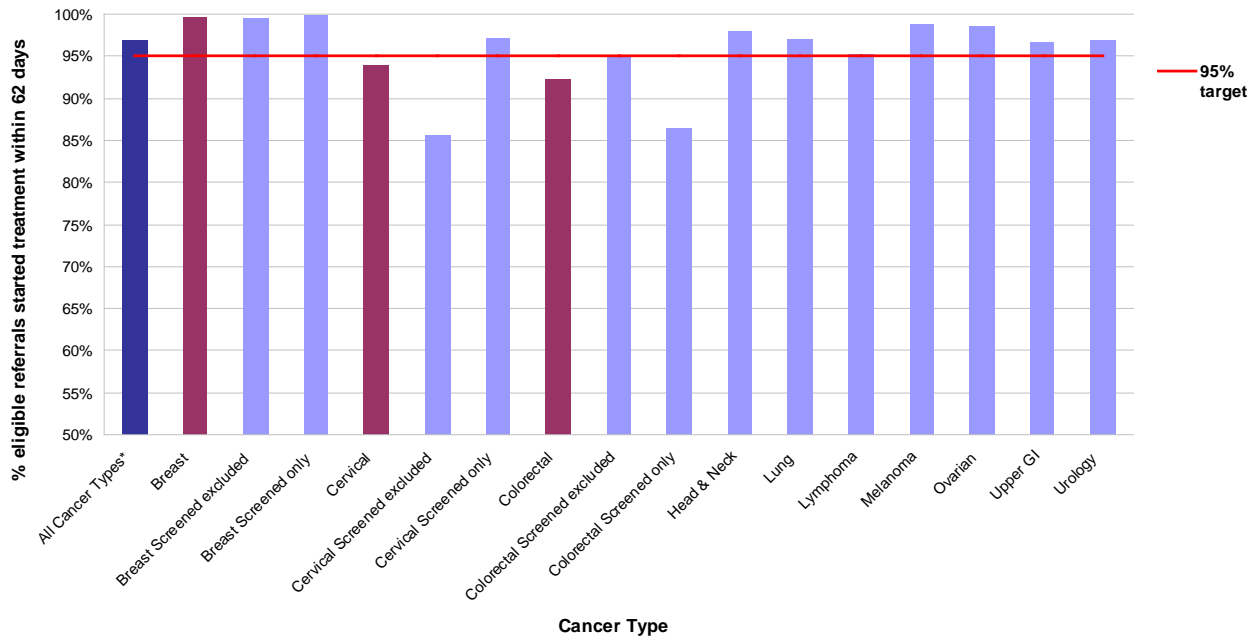
Period of treatment: 1 October 2011 - 31 December 2011

Cancer Type	Percentage that started treatment with 62 days
All Cancer types*	96.9
Breast	99.6
Breast Screened excluded	99.4
Breast Screened only	99.8
Cervical	93.9
Cervical Screened excluded	85.7
Cervical Screened only	97.1
Colorectal	92.2
Colorectal Screened excluded	94.9
Colorectal Screened only	86.5
Head and Neck	98.0
Lung	97.0
Lymphoma	95.2
Melanoma	98.9
Ovarian	98.6
Upper GI	96.8
Urology	96.8

* 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 October 2011 - 31 December 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 October - December 2011, 99.8% 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 85.7%. It is worth noting that the number of non-screened cervical patients is small; there were only 14 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 195 days; this occurred in NHS Grampian. Although Grampian reported the highest maximum wait, 90 percent of this NHS Board's patients waited 61 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 October - December 2011, 24.3% of eligible referrals were treated within 0-20 days, 37.9% within 21-41 days, 34.6% within 42-62 days, 2.2% within 63-83 days, and 1.0% 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, 104 (3.3%) 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 7.5%; NHS Borders reported no exclusions.
- Waiting times adjustments have been applied to take into account periods of patient unavailability and medical suspensions. During the period October - December 2011; 466 occurrences of patient unavailability and 500 occurrences of medical suspension accounted for all waiting times adjustments. The median adjustment for the patient and medical categories were 18 and 21 days respectively.
- Aside from the Island NHS Boards, NHS Greater Glasgow & Clyde had the highest proportion of patient unavailability adjustments, with 22.2% of their eligible referrals; NHS Borders had the lowest with 6.7%. The corresponding figures for medical suspension adjustments showed that NHS Forth Valley were the highest with 23.3%, whilst NHS Greater Glasgow were the lowest with 10.9%.

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 October - December 2011. The percentages of all patients with a decision to treat during October - December 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

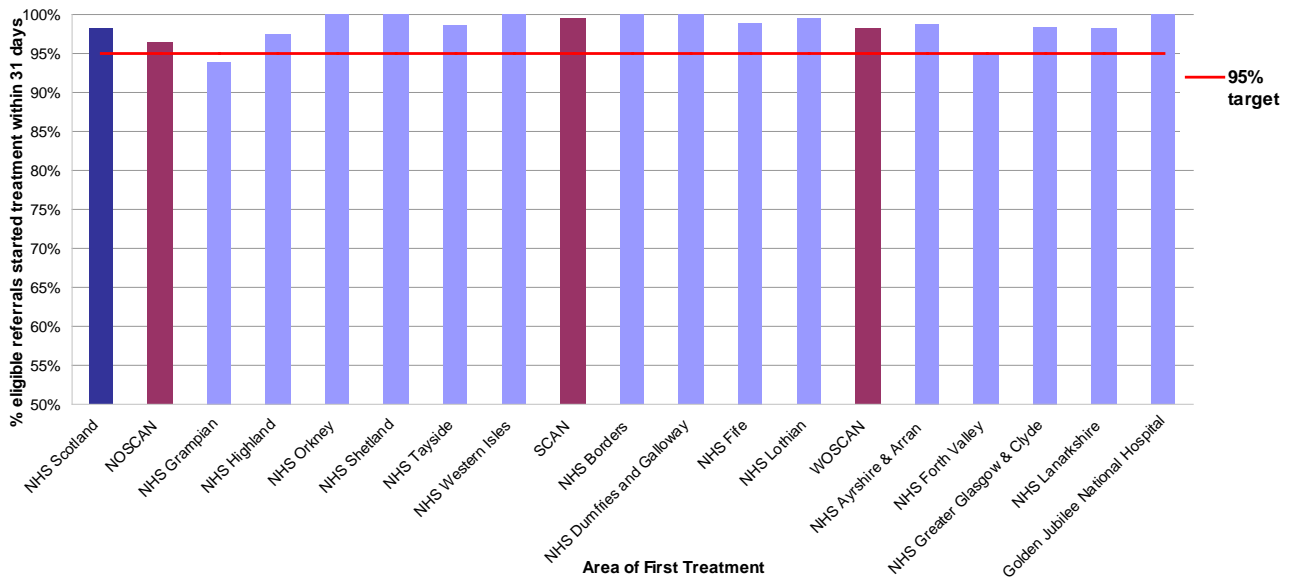
Period of treatment: 1 October – 31 December 2011

Area of first treatment	Percentage that started treatment with 31 days
NHSScotland	98.2
North of Scotland Cancer Network (NOSCAN) Total	96.5
NHS Grampian	93.9
NHS Highland	97.6
NHS Orkney	100.0
NHS Shetland	100.0
NHS Tayside	98.5
NHS Western Isles	100.0
South East Scotland Cancer Network (SCAN) Total	99.5
NHS Borders	100.0
NHS Dumfries & Galloway	100.0
NHS Fife	98.9
NHS Lothian	99.5
West of Scotland Cancer Network (WOSCAN) Total	98.2
NHS Ayrshire & Arran	98.8
NHS Forth Valley	95.1
NHS Greater Glasgow & Clyde	98.4
NHS Lanarkshire	98.2
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 October – 31 December 2011



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

- During October - December 2011, 98.2% 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 0.2 percentage points compared to the period July - September 2011. The corresponding figures for NOSCAN, SCAN and WOSCAN were 96.5%, 99.5% and 98.2% respectively.
- 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 Dumfries & Galloway, with 100%; the lowest proportion was found in NHS Grampian, with 93.9%.

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)

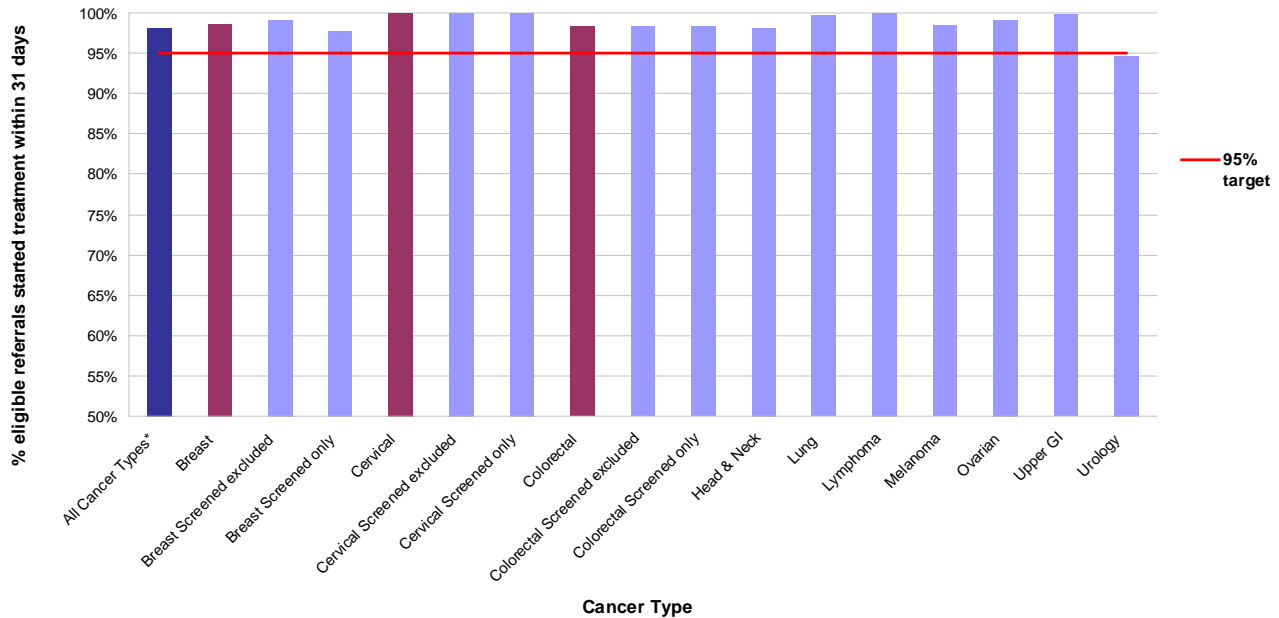
Period of treatment: 1 October – 31 December 2011

Cancer Type	Percentage that started treatment with 31 days
All Cancer types*	98.2
Breast	98.6
Breast Screened excluded	99.1
Breast Screened only	97.8
Cervical	100.0
Cervical Screened excluded	100.0
Cervical Screened only	100.0
Colorectal	98.3
Colorectal Screened excluded	98.3
Colorectal Screened only	98.3
Head and Neck	98.0
Lung	99.6
Lymphoma	100.0
Melanoma	98.5
Ovarian	99.1
Upper GI	99.8
Urology	94.7

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

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 October – 31 December 2011



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

- 100% of screened positive cervical, non-screened positive cervical and lymphoma patients started treatment within 31 days of decision to treat; compared to 94.7% 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 83 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 October - December 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 October - December 2011, 75.2% of eligible referrals were treated within 0-15 days, 22.9% within 16-31 days, 1.3% within 32-47 days and 0.5% were treated in over 48 days from decision to treat. Overall, over three quarters of patients started treatment within 15 days of date decision to treat.

Exclusions and Waiting Times Adjustments (31-day)

- 129 (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 5.9%; NHS Borders reported no exclusions.
- Waiting times adjustments have been applied to take into account periods of patient unavailability and medical suspensions. In the period October - December 2011 there were 211 occurrences of patient unavailability and 281 occurrences of medical suspension. The corresponding median adjustments for both patient and medical categories were 18 and 20 days respectively.
- Aside from Island NHS Boards and the Golden Jubilee, NHS Lothian had the highest proportion of patient unavailability adjustments with 6.2% out of all eligible referrals (urgent and non-urgent); whilst NHS Borders reported no adjustments for patient unavailability. The corresponding figures for medical suspension adjustments showed that NHS Lothian had the highest proportion with 10.3%, whilst NHS Ayrshire & Arran reported the lowest with 1.8%.

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 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 October 2010 - 31 December 2011	Excel [793kb]
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 October 2010 - 31 December 2011	Excel [807kb]
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 October 2010 - 31 December 2011	Excel [538kb]
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 October 2010 - 31 December 2011	Excel [834kb]
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 October 2010 - 31 December 2011	Excel [820kb]
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 October 2010 - 31 December 2011	Excel [703 kb]
2b	Performance against the 31-day target from date decision to treat to first cancer treatment by Cancer Type	Quarterly information from 1 October 2010 - 31 December 2011	Excel [708kb]
Fig.2	Distribution of waits against the 31-day target from date decision to treat to first cancer treatment	Quarterly information from 1 October 2010 - 31 December 2011	Excel [526kb]
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 October 2010 - 31 December 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 October 2010 - 31 December 2011	Excel [670kb]
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 October 2010 - 31 December 2011	Excel [837kb]
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	October 2010 - 31 December 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 October 2010 - 31 December 2011	Excel [638kb]
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 October 2010 - 31 December 2011	Excel [474kb]

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Further Information

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

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Appendix

A1 – Background Information

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 Cancer Waiting Times database to allow data interrogation and reporting for publication by ISD on a quarterly basis.

Performance against the targets set out in '[Better Cancer – An Action Plan](#)' was achieved by December 2011; the timescale agreed by the Scottish Government. These targets are considered as [National Standards](#) from 1st April 2012 and will continue to be monitored on a monthly and quarterly basis.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	New Cancer Waiting Times to December 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 31 December 2011.
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks and PDF
Data source(s)	Cancer Waiting Times (CWT) 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 Cancer Waiting Times database to allow data interrogation and reporting for publication. Further information can be found on the Background and Data Quality pages of the CWT website.
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 CWT website for more information.
Release date	27 March 2012
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 these targets were first published in June 2010. The table below* provides information on the various target cohorts

	<p>and their date of first publication.</p> <p>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>
Revisions Statement	<p>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</p>
Revisions relevant to this publication	<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>
Concepts and definitions	<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 Cancer Waiting Times Data and Definitions Manual. This manual, and further information, is available within the Guidance section of the website.</p>
Relevance and key uses of the statistics	<p>The CWT 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>
Accuracy	<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. Details of all FFP exercises can be found here. Case ascertainment is assessed each quarter for the 31-day target/standard. The latest figures can be found within Tables 2a and 2b in the list of tables above.</p> <p>ISD regularly carry out data quality exercises to ensure that data is recorded in an accurate and consistent manner across NHS Scotland. Information on these exercises can be found on the Data Quality section of the website. ISD Cancer Waiting Times recently undertook a data quality project to assure that</p>

	<p>data submitted for Bowel Screening patients is recorded accurately and consistently. A paper highlighting the outcome of this project can be found here.</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, and within the Data Quality section of the CWT 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</p>

	Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days, 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	20 th December 2011
Next published	26 th June 2012
Date of first publication	29th June 2010
Help email	nss.isdcancerwaitsnew@nhs.net

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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 and Social Care Directorates (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 and Social Care Directorates (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 and Social Care 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