

Publication Report



18 Weeks Referral to Treatment

Quarter end – 31 December 2014

Publication date – 24 February 2015

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Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demand for services. Measuring and regular reporting of waiting times highlight where there are delays in the system and enables monitoring of the effectiveness of NHS Scotland's performance. Information Services Division (ISD) Scotland continues to be committed to improving the information on waiting times along with our key stakeholders, the NHS Boards and the Scottish Government.

The 18 Weeks Referral to Treatment (RTT) Standard is different from previous and other wait time targets such as The [Patient Rights \(Scotland\) Act 2011](#) which established a 12 weeks Treatment Time Guarantee for eligible patients who are due to receive planned inpatient or day case treatment from 01 October 2012. Further information on this can be found within the [Stage of Treatment](#) report published by ISD.

The 18 Weeks Referral to Treatment (RTT) standard does not focus on a single stage of treatment, e.g. the time from referral to first outpatient appointment, or the time from being added to the waiting list until treatment starts; the 18 weeks standard applies to the whole pathway from a referral up until the point where each patient is actually treated. This means that the RTT is dependent on [Stage of Treatment](#) and [Diagnostics](#) performance which are both published by ISD.

The 18 Weeks RTT Standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks. This percentage allows, for example, the relatively small proportion of cases where it is not clinically appropriate for the patient to be seen and treated within 18 weeks and also to take account of any exceptional increase in demand for secondary care services.

ISD receives monthly aggregated 18 weeks RTT data from each NHS Board and so patient-level information cannot be systematically validated by ISD. The derivation of the figures and data accuracy is carried out by individual NHS Boards in collaboration with ISD. Further information can be found in the [Data Quality](#) section of this report.

For further information on this data and detail on UK comparison please refer to the [Background Information](#) of this report.

About this Release

This release details the 18 Weeks Referral to Treatment (RTT) statistics to 31 December 2014 for NHS Scotland. Figures for NHS Highland are excluded from this publication due to continued national reporting problems following the implementation of their new patient management system in March 2014. Therefore references to NHS Scotland do not include NHS Highland figures and hence direct comparisons with previous publications are not advised. For more information please see the Data Quality section .

Key points

- In December 2014, across NHS Scotland (excluding NHS Highland), 89.2% of patients who's 18 Weeks RTT journey could be fully measured, were reported as being seen within 18 weeks, which is a slight decrease when compared to the amended previous publication (after the removal of NHS Highland) for September 2014 of 90.1%. The figures for October and November 2014 are 89.8% and 88.4% respectively.
- In December 2014, 9 of the fourteen NHS Boards met the 90.0% standard; 5 NHS Boards did not, NHS Ayrshire and Arran, NHS Fife, NHS Forth Valley, NHS Grampian and NHS Lothian, who achieved 82.8%, 86.7%, 89.7%, 84.9% and 86.3% respectively.
- In December 2014, a total of 100,939 of patient journeys eligible under the 18 Weeks RTT standard were identified. The waiting time could be fully measured for 93,616 of these patients (92.7%). It was not possible to calculate the waiting time fully for 7,323 patients due to the complexity of linking individual patient journeys.

Results and Commentary

This publication details NHS Scotland's and NHS Boards results for the period January 2011 to December 2014 against the national standard (excluding NHS Highland, see caveat above).

The complete patient journey from referral to treatment can be difficult to measure as a patient's pathway may involve more than one hospital, or treatment out with the NHS Board. The Unique Care Pathway Numbers (UCPN) is designed to link all the stages of the patient journey, allowing the determination of their wait. The Clinical Outcome Code Recording (COCR) which indicates the status of the patient journey after every outpatient appointment is also being used to aid the determination of the full patient journey.

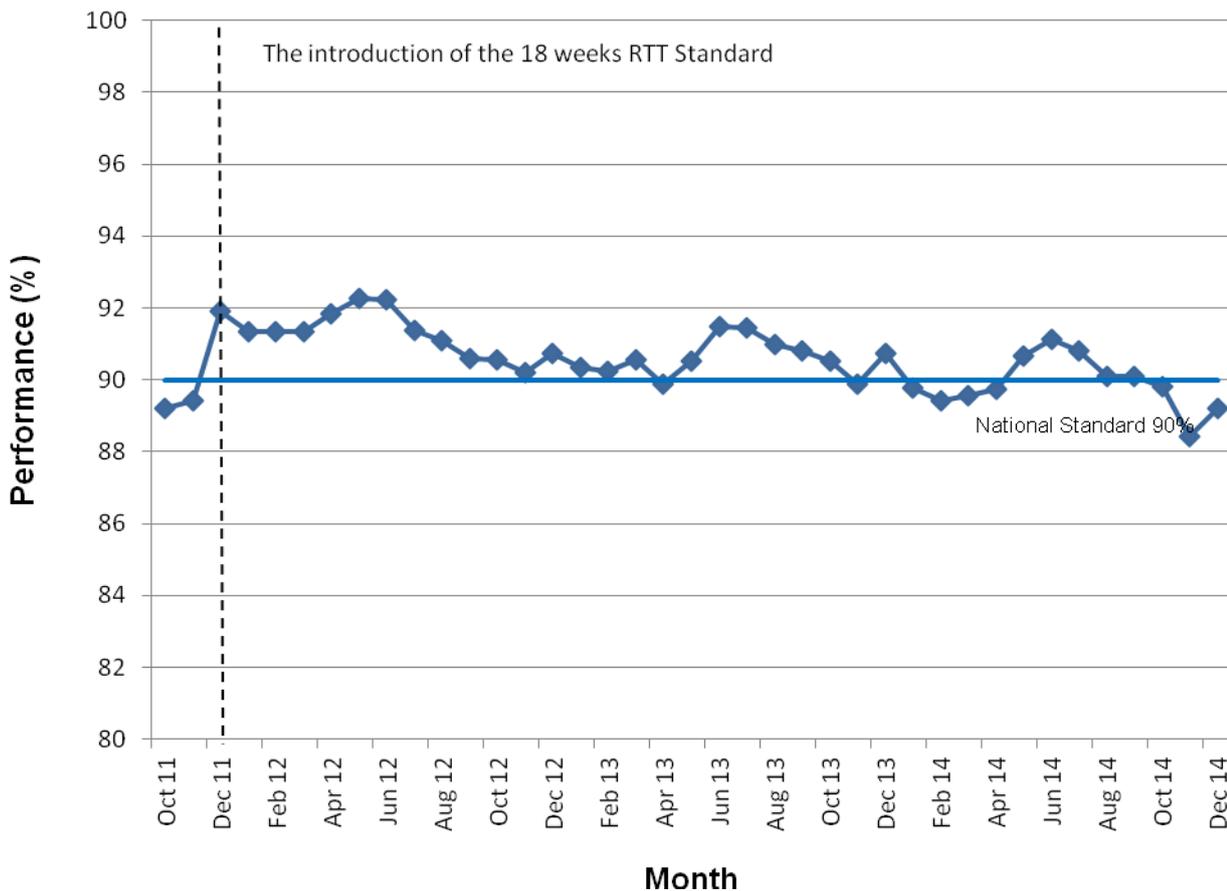
NHS Boards are actively working with ISD and the Scottish Government to improve the consistency and completeness of these data. NHS Boards are in the process of fully implementing upgrades to their systems to improve their data collection, ultimately to provide patient specific detail to the waiting time warehouse.

Patient Journeys within the 18 Weeks Standard

In December 2014, across NHS Scotland, 89.2% of patients whose 18 Weeks RTT journey could be fully measured, were reported as being seen within 18 weeks, compared to the amended previous publications (after the removal of NHS Highland) for September 2014 and December 2013 of 90.1% and 90.7% respectively. The figures for October and November 2014 were 89.8% and 88.4% compared to October and November 2013 figures of 90.5% and 89.9% respectively.

Chart 1 shows the monthly performance of measurable patient journeys completed within 18 weeks for NHS Scotland (excluding NHS Highland) from October 2011 to December 2014, compared to the National Standard. Chart 1 illustrates that between December 2011 and December 2014 NHS Scotland has met the 90.0% national standard on all but seven occasions.

Chart 1: NHS Scotland (excluding NHS Highland) 18 weeks RTT performance October 2011 – December 2014



To see this detail at NHS Board level please see [Chart 1a](#).

In December 2014 9 out of the fourteen NHS Boards met the 90.0% target for patient journeys that could be measured, five NHS Boards did not. They were NHS Ayrshire and Arran, NHS Fife, NHS Forth Valley, NHS Grampian and NHS Lothian, who achieved 82.8%, 86.7%, 89.7% 84.9% and 86.3% respectively.

NHS Highland figures are excluded from the entirety of this publication, however the latest figures for Scotland with NHS Highland included can be found in the November 2014 18 Weeks Referral To Treatment [Publication](#)

The November Publication shows that in September 2014, the Scotland figure including NHS Highland for the percentage of patients reported as being seen within 18 weeks was 90.1% (for those whose 18 Weeks RTT journey could be fully measured).

Linkage

To calculate an individual patient's whole journey waiting time, it is necessary for NHS Boards to link all the stages of the patient's journey from initial referral to the start of treatment, recording all delays. In December 2014, a total of 100,939 patient journeys eligible under the 18 Weeks RTT Standard were identified. It was not possible to calculate the waiting time fully for 7,323 patient journeys. The waiting time could be measured fully for 93,616 patient journeys (92.7%) compared to 93.2% in December 2013.

Table 1: NHS Scotland (excluding NHS Highland). Patient journeys within 18 weeks and patient journeys that could be fully measured, for October 2014 to December 2014

Month	Patient journeys within 18 weeks (%)	Number of patient journeys within 18 weeks	Number of patient journeys over 18 weeks	Number of unknown waits	Patient journeys that could be fully measured (%)
October 2014	89.8	91,974	10,432	8,065	92.7
November 2014	88.4	87,046	11,394	7,606	92.8
December 2014	89.2	83,527	10,089	7,323	92.7

A trend of the number of patient journeys within 18 weeks and the percentage of patient journeys that could be fully measured by NHS Boards are shown in [Table 2](#).

NHS Boards continue to work towards improving the linkage to reduce the number of unknown waits. In December 2014, 7.3% of patient journeys eligible under the 18 weeks RTT standard could not be fully measured hence the performance against the standard is based on only 92.7% of all identified patients, this compares to 6.8% that could not be fully measured in December 2013.

**Chart 2: NHS Scotland- Percentage of patients whose journey could be fully measured (Linkage)
October 2011- December 2014**

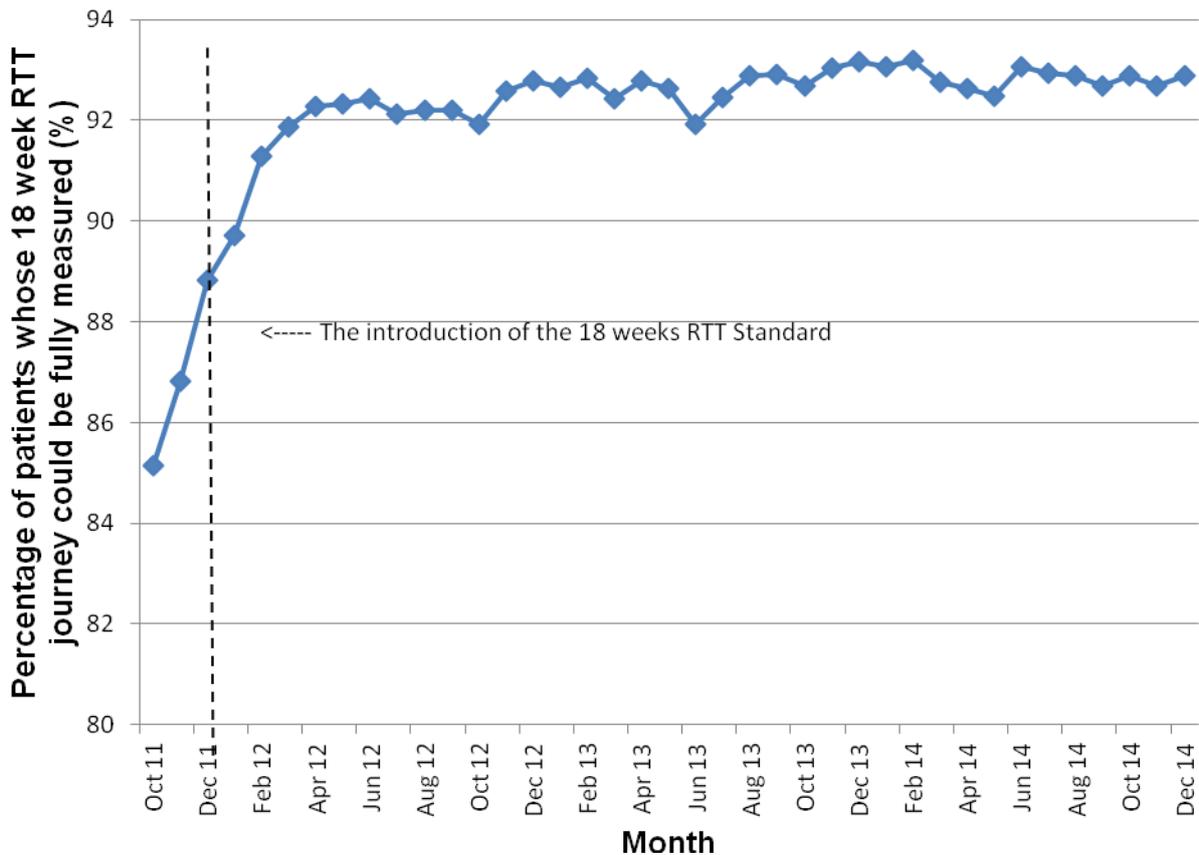


Chart 2 shows the percentage of patients whose journey could be fully measured across NHS Scotland (excluding NHS Highland) since October 2011.

The number of unknown waits does not affect the percentage of patient journeys within the 18 weeks standard as the performance calculation only includes patient journeys that can be fully linked. If linkage was 100% i.e. unknown waits could be fully measured, the performance against the standard for December 2014 would lie between 82.8 % and 90.0 %, depending on whether these patients were treated within 18 weeks or not.

Four NHS Boards reported in December 2014 that all eligible 18 weeks RTT patients can be fully measured, i.e. 100% linkage, they are NHS Forth Valley, NHS Lanarkshire, NHS Shetland and NHS Western Isles. In some cases it may not be possible to fully link a pathway due to complexities, tertiary treatments and multiple pathways at the same time.

Glossary

Patient journey: A patient's 18 Weeks RTT journey begins with the receipt of referral for treatment and ends with the start of treatment.

Patient journeys that could be fully measured: Those patient journeys where it has been possible for the NHS Board treating the patient to link all stages of the patient's journey from the initial referral to the start of treatment.

NHS Board of Treatment: The NHS Board in which treatment starts.

Number of patient journeys within 18 weeks: The number of patient journeys where the start of treatment was within 18 weeks (126 days or less) of the initial referral, minus any periods of patient unavailability.

Number of patient journeys over 18 weeks: The number of patient journeys where the start of treatment was over 18 weeks (greater than 126 days) from the initial referral, minus any periods of patient unavailability.

Patient unavailability: Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or patient advised reasons.

Unique Care Pathway Number (UCPN): A unique number allocated to all new referrals, to enable identification of patient journeys and the linking of all the stages in the patient's journey.

Clinical Outcome Code Recording (COCR): COCR indicates the status of the patient's journey after every Outpatient appointment.

List of Tables

Table No.	Name	Time period	File & size
Chart 1a	NHS Board Performance	October 2011- December 2014	Excel [2205kb]
Table 2	18 Weeks RTT Performance and Linkage by NHS Board	January 2011- December 2014	Excel [70kb]

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Further Information

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

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Appendix

A1 – Background Information

History

Better Health Better Care was published by the Scottish Government in December 2007 which set out a commitment:

"the 18 week Referral To Treatment (RTT) standard will address the whole patient care pathway, from receipt of a GP referral, up to the point at which each patient is actually admitted to hospital for treatment".

The 18 Weeks Referral to Treatment (18 Weeks RTT) Standard builds on previous waiting time targets, which set maximum waiting times for stages of treatment, for first outpatient consultation, diagnostic tests and for inpatient and day case treatment. 18 Weeks RTT focuses on the entire patient journey from the initial referral to the start of treatment, including for the first time treatment undertaken in an outpatient setting, and promotes a holistic approach to providing clinically effective, safe and efficient care in a timely manner.

The responsibility for delivering the 18 Weeks RTT Standard lies with the NHS Board who receives the initial referral, as this NHS Board will be responsible for agreeing with the patient and relevant clinicians the most appropriate pathway of care. In some cases patients may be initially referred to one NHS Board and then have an onward referral to another NHS Board for treatment.

Definitions and guidance for 18 Weeks RTT have been developed to help ensure that each patient's journey is measured fairly and consistently. Further details can be found on the [18 weeks RTT website](#).

Data Use

After the production of monthly management reports and the quarterly publication, a number of other uses can occur. These include:

Information requests for a variety of customers, e.g. research charities; public or private companies.

Freedom of information requests.

Health intelligence work - used along side other waiting times information to build up a picture of an NHS Boards performance or to look into capacity issues. Assisting NHS Boards management of their local waiting lists.

Parliamentary questions.

Other Targets & Standards

The 18 Weeks RTT Standard is part of a variety of targets and standards set by the Scottish Government around waiting times. While 18 weeks RTT covers the full patient pathway, there is a standard specifically around diagnostics, focussing on 8 key diagnostic

tests. For the stage of treatment part of the pathway, there is a guarantee for inpatients and day cases and a standard for new outpatient appointments. Details on each of these, and other waiting times guarantee/standards that ISD publish, are available within the Support Documentation [web page](#).

Further detail about all NHS Scotland targets/standards can be found at the Scottish Government's Scotland Performs [website](#).

What is a UCPN?

The Unique Care Pathway Number (UCPN) is being rolled out in IT systems across Scotland to identify individual patient journeys, along with codes for outcomes following clinical consultations (Clinic Outcome Code recording, COCR). A UCPN is a unique number that should be allocated to all new referrals and will identify patient journeys in and across NHS Boards. COCR indicates the 'status' of a patient's journey after every outpatient appointment, i.e. whether treatment has started or not. UCPN and COCR will facilitate the linking of all stages of the patient's journey and the measurement of the 18 Weeks RTT waiting time. NHS Boards are at various stages of implementing changes.

Data Limitations

The 18 Weeks RTT data submitted to ISD is not at patient level, but an aggregated return from NHS Boards. The derivation of these data and their accuracy is a matter for individual NHS Boards. Whilst it is not possible for ISD to fully validate the underlying data, ISD are developing and refining methods to compare the submitted data to data previously reported for management information purposes and to other ISD data sources. NHS Boards are working with ISD and the Scottish Government to update systems in order to further improve the whole pathway information capture and data submission to support the measuring and reporting against the 18 Weeks RTT Standard. A group of representatives from NHS Boards, Scottish Government and ISD meet on a regular basis to look at new ways to improve data submission and ease the burden on NHS Boards workloads.

Since the data is sent to ISD at an aggregate level a distribution of the data is not possible. ISD only hold data on the number of patient journeys that are less than 18 weeks, over 18 weeks, over 26 weeks for key specialties, and unknown waits.

Due to the constraints in current hospital information systems in linking all stages of a patient's journey to measure their waiting time, these statistics are presented on NHS Board of Treatment i.e. the NHS Board where the patient's treatment was started. NHS Boards are in the process of fully implementing upgrades to their systems to improve the data collection.

Some caution should be exercised in using and interpreting these data at this developmental stage. Until the linking together of all stages of a patient's journey is improved through the upgrades to hospital information systems and the use of UCPN and COCR, these data should be considered provisional and data quality notes should be taken into consideration.

Calculation & Exclusions

The 18 weeks RTT clock start is the date when the referral is received by the Health Board and the clock stop is the date the treatment commences. A clock adjustment may occur for the following reasons (where it is reasonable and clinically appropriate):

The patient has given the Health Board reasonable notice that they cannot attend an appointment.

Where the patient is unable to attend or did not attend an appointment.

Where the patient refuses a reasonable offer.

Periods of time when the patient is unavailable for treatment i.e. on holiday, or medically not fit for treatment. These periods do not count towards the calculation of the patient's waiting time.

Referrals to the following services for some specific procedures are currently excluded from the 18 Weeks RTT and therefore do not trigger waiting-time clock starts:

Direct referrals to Allied Health Professionals (AHP's). However, AHP's may deliver services that are part of the overall waiting time standard e.g. as part of a consultant led service;

Assisted conception services;

Dental treatment provided by undergraduate dental students;

Designated national specialist service for Scoliosis;

Direct access referrals to Diagnostics services where the referral is not part of a 'straight to Test' referral pathway as there is no transfer of clinical responsibility to the consultant-led team;

Exceptional Aesthetic Procedures which have been specifically excluded in the CEL 27 (2011) Adult Exception Aesthetic Referral Protocol;

Homoeopathy;

Obstetrics;

Organ and Tissues transplant;

Mental health Services.

For further information on the guidance regarding waiting times please refer to the [Waiting Times Guidance](#) document produced by the Scottish Government.

Data collection and methods

Data is collected via a standard template that is submitted monthly by each Health Board. This standard template is populated, checked, verified and signed off by an authorised NHS Board colleague before being submitted to ISD.

After submission to ISD, the data is entered into the ISD Referral to Treatment database by Data Management. The data is then extracted from the database to produce Monthly Management Information Reports for the Health Boards who then check the data for accuracy. The reports are also shared with the Scottish Government. ISD, in partnership with the Health Boards look for unusual changes or patterns in the data which might indicate a data quality issue. Any potential anomalies are raised/discussed with the individual Health Board in order to verify the accuracy of the data or correct any problems.

The quarterly 18 Week RTT publication tables and charts are produced using the data from the ISD Referral to Treatment database. The tables and charts produced are checked by ISD and NHS Boards in order to ensure the quality and accuracy of the data. ISD keep a record of any data quality issues, and where appropriate, include them within the data quality section of the publication report.

Prior to publication, the data for each NHS Board is verified and signed off by the Chief Executive of that NHS Board. Data quality questions are asked and the summary of the responses to these can be found in the data quality section.

ISD are investigating ways in which the 18 Week RTT data submissions can be made more streamlined and efficient, including the potential to have submissions entered directly into the Waiting Times data warehouse. This is being taken forward as part of a wider piece of work across all waiting times submissions by the Waiting Times System Measurement & Reporting group to improve the flow of data into ISD.

UK Comparisons

Other parts of the UK also have targets for the Referral to Treatment pathway, however there are differences in how the time period is calculated and different lengths of targets, further details on other UK targets can be found on their website; [NHS England](#) , [NHS Wales](#) and [Health and Social Care in Northern Ireland](#).

A2 - Data Quality

NHS Ayrshire & Arran

Linkage involves matching CHI and Specialty, and looking back 12 months from the clock stops to find the clock starts.

NHS Ayrshire & Arran indicate that not all clock stops may be captured: in particular for clock stops following a diagnostic test that occur out-with the outpatient setting. The number of these patients is currently unknown.

The downturn in performance within specific specialties is linked to the 12 Week Stage of Treatment Waiting Times for Outpatients where NHS Ayrshire and Arran are experiencing longer waits to the first New Outpatient appointment. This is impacting upon 18 Weeks performance. The main reasons for the increase in waits is due to increased demand, shortage of capacity owing to reduced clinical sessions by current staff as a result of sickness absence. Additional sessions/clinics are being arranged to address this situation.

NHS Borders

UCPN is used to link clock starts to clock stops using Trakcare. Remaining unlinked specialties are matched using CHI and specialty. NHS Borders estimate that approximately 140 patients per month are not included in the overall performance figures against 18 Weeks because their clocks are stopped in Diagnostics and AHP services. Work is underway to transfer AHP services to TRAK, while Diagnostics services have yet to move to TRAK.

NHS Borders have arranged additional Gastroenterology clinics in February in response to a reduced RTT performance during December.

NHS Dumfries & Galloway

UCPN is used to link all stages of the patient's journey, looking back as far as possible.

NHS Dumfries & Galloway confirms the data submitted accurately identifies all patients on an 18 weeks RTT pathway.

NHS Fife

The Aridhia patient tracking system automatically links the stages of a patients journey in real-time.

NHS Fife indicates that the linkage process accurately captures over 90% of 18 week RTT pathways. There are a small number of pathways which have a clock stop within the community or during Radiology clinics which NHS Fife are unable to identify. The Board is working towards identifying all patients on an RTT journey and the roll out of the Tiara system should help bridge the gap.

NHS Forth Valley

UCPN is used to link the entire patient journey, recording the clock stops against the referral specialty.

NHS Forth Valley confirms the data submitted accurately identifies all patients on an 18 weeks RTT pathway.

NHS Grampian

UCPN is used to link clock starts to clock stops using Trakcare. Remaining unlinked specialties are matched using CHI and specialty.

NHS Grampian has implemented additional clinic activity to tackle long waits for non-admitted Dermatology patients.

NHS Grampian has initiated a project to address the Restorative Dentistry performance issue. The project is at the design stage, but will be in the form of an intermediate tier of practitioners to remove a cohort of patients from requiring consultant delivered treatment. Additional fluctuation in Restorative Dentistry performance can be attributed to the changing contribution from university employees (academic consultants) at the Dental School where there remains a significant staffing difficulty.

NHS Greater Glasgow & Clyde

UCPN is used to link clock starts to clock stops using Trakcare. Remaining unlinked specialties are matched using CHI and specialty. NHS GG&C are currently undertaking a capacity planning exercise in order to address performance in relation to the 18 week standard.

NHS Greater Glasgow & Clyde confirms the data submitted accurately identifies all patients on an 18 week RTT pathway.

NHS Highland

NHS Highland continues to develop 18 Week RTT reporting within TRAK and is in the process of validating their local report. They are reviewing progress with Intersystems and local developers. NHS Highland indicates that they will be able to provide more accurate timescales of when the required submissions from March 2014 to December 2014 will be made once the validation and review process is complete.

NHS Lanarkshire

Linkage is achieved by extracting data from Trakcare and using a local system to automatically match CHI and Specialty/Sub-Specialty.

NHS Lanarkshire estimates around 500 patients per month whose clock stops following a Diagnostic test are not included within their RTT return.

NHS Lanarkshire have implemented different measures to reduce patient waiting times, these include the appointment of locums to cover leave and the setting up of a service redesign group.

NHS Lothian

Linking is achieved by extracting data from Trakcare. A May 2014 update to the system has resolved issues with clock stops occurring after 12 weeks (for TTG patients). Improvement of the 18 week pathway is seen as contingent on reduced outpatient and TTG waits. This

is an ongoing focus in NHS Lothian. The drop in 18 weeks RTT performance relates to the difficulties in outpatients during 2014 when patients were waiting longer than 12 weeks. These patients have subsequently been treated and as a result the delay in the outpatient setting is now impacting on admitted pathways.

As part of the monthly process for returns, patients identified with long journeys are provided to services in order that they are checked for data errors or events which occurred outside of new outpatient and TTG stages. Cardiothoracic services were not able to participate in these checks from August onwards, leading to a poorer performance being reported.

NHS Lothian indicate not all clock stops are adequately captured at present e.g. some patients receiving treatments by AHP's. In addition, no dental specialties at Edinburgh Royal Infirmary are being reported.

NHS Orkney

Linkage is achieved by using the patient management system, TOPAS, which assigns UCPN to new referrals.

NHS Orkney's returns, since June 2104, include physiotherapy clock stops.

There is a capacity issue within NHS Orkney for Trauma and Orthopaedic services. Previously these patients were referred to ARI however due to NHS Grampian's capacity issues NHS Orkney are unable to refer these patients at the moment.

NHS Shetland

Linkage is achieved by using the patient management system, Helix, which assigns UCPN to new referrals and allows the systematic linking of patient journeys. Where UCPN is not possible, individual patient journeys are manually linked.

NHS Shetland states the linkage methodology fails to record clock stops for diagnostic endoscopy patients when the investigation results in the patient's discharge. NHS Shetland also states that some outpatients may be missed in some areas of general surgery. This is estimated to be 100-150 clinic attendances per month which may or may not be a clock stop.

NHS Shetland has implemented a change to the ENT pathway to reduce waiting times for the consultant led service. Part of that work diverts ENT referrals where appropriate to Audiology. This has resulted in increased Audiology waiting times and decreased Audiology performance.

NHS Shetland note that no Non-Admitted Trauma and Orthopaedic performance activity was recorded for December 2014. Orthopaedics is a visiting service in Shetland and there was no visit during December 2014.

NHS Tayside

The tracking of patients and linking of their patients journeys is achieved in real time within TOPAS.

NHS Tayside confirms the data submitted accurately identifies all patients on an 18 week RTT pathway

NHS Tayside indicates that additional ENT clinics, including emergency clinics, have been set up in response to the slight decline in combined performance.

NHS Tayside has determined an outpatient capacity issue within the Gynaecology service. A review has identified where additional capacity for outpatient clinics can be released and where theatre efficiency over two hospital sites can be increased by the redesign and realignment of surgical work.

The shortfall of Neurosurgery Consultant numbers was resolved in October 2014 and the service has matched the monthly out-patient demand. The backlog of patients who have waited over 12 weeks has remained constant impacting the combined performance figures for this specialty. .

NHS Western Isles

Linkage is achieved by the referral management system within the Patient Administrative System, TOPAS. Referrals are received via SCI Gateway and an UCPN is generated for every referral. TOPAS then links each subsequent event to the UCPN e.g. appointments and admissions to create a patient pathway.

NHS Western Isles confirms the data submitted accurately identifies all patients on an 18 week RTT pathway.

Golden Jubilee National Hospital

Linkage is achieved by receiving a referral through SCI Gateway. Any outstanding or incomplete 18 week RTT data queries undergo an admin check, validating queries such as the 18 week status and target dates with the referring NHS Boards.

Golden Jubilee confirms the data submitted accurately identifies all patients on an 18 week RTT pathway.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	18 Weeks Referral To Treatment
Description	Monthly summaries of whole journey waiting times across NHS Scotland
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks and PDF
Data source(s)	Aggregate returns from individual NHS Boards are submitted monthly to ISD using a defined Excel template. These are derived from local systems and methods of linking whole pathways vary between Boards.
Date that data are acquired	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 1 week before publication where the quality assurance process identifies differences with local figures.
Release date	The last Tuesday of the month for each publication.
Frequency	Quarterly
Timeframe of data and timeliness	From 1 st January 2011 to 30 th September 2014.
Continuity of data	Quarterly data is comparable. Some caution should be taken when comparing figures as data is still currently developmental.
Revisions statement	No revisions have been made – if a NHS Boards informs ISD of any discrepancies regarding published data then they can revise their data, if this occurs ISD will inform the users of this publication.
Revisions relevant to this publication	If NHS boards discover that data submitted for publication is incorrect, or that data are 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 releases as submissions may be updated to reflect a more accurate and complete set of data.
Concepts and definitions	A release by the Scottish Government can be found on the 18 weeks RTT website .
Relevance and key uses of the statistics	Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights

	<p>where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times.</p> <p>Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; freedom of Information requests; information support to NHS Boards; health intelligence work; parliamentary questions and HEAT targets.</p>
Accuracy	These data are classified as developmental. ISD receives aggregate data from each NHS Board of Treatment, signed off as accurate by the Chief Executive.
Completeness	ISD is currently reviewing ways to compare these data against other sources including data submitted to the ISD national warehouse.
Comparability	The 18 Weeks Standard applies in England and Wales also. Methods of data collection vary, therefore until the data is out of development comparisons should be made cautiously.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	<p>Key statistics for the latest quarter are linked to on the main 18 weeks RTT web page of the publication. Statistics are presented within Excel spreadsheets. NHS Board and National figures are presented.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. All tables are printer friendly. 2. All Scotland summary data are presented first, with the option to view spreadsheets down to Board level. 3. Key data presented graphically.
Value type and unit of measurement	Count of clock stops over and under 18 weeks, percentage performance against 18 weeks and percentage of clock stops linked to clock starts.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Awaiting assessment by UK Statistics Authority.
UK Statistics Authority Assessment	Developmental data. Not yet undergone assessment by UK Statistics Authority.
Last published	Tuesday 25 th November 2014
Next published	Tuesday 26 th May 2015
Date of first publication	Tuesday 31 st May 2011
Help email	NSS.lisdWAITINGTIMES@nhs.net

Date form completed	
Aggregate RTT return	NHS Boards provide an aggregate RTT return at specialty level, monthly to ISD. These data are termed "under development" until data can be provided at patient level. When patient level data can be extracted from the national waiting times warehouse the revised report will be submitted to the United Kingdom Statistics Authority (UKSA) for review. ISD in partnership with the UKSA are working towards achieving a national statistics status for this publication. As the UKSA are implementing new methodology for assessing and ensuring the quality of administrative data, this review has been paused since March 2014

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

Pre-Release Access

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

Standard Pre-Release Access:

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

Early Access for Management Information

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

A5 – ISD and Official Statistics

About ISD

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

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHS Scotland and the Scottish Government and others, responsive to the needs of NHS Scotland 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 (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. 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](#).