Publication Report

Cancer Waiting Times in Scotland

October to December 2014

Publication date – 31st March 2015

An Official Statistics Publication for Scotland

Contents

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 NHSScotland'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.

This publication focuses on the two current cancer waiting times standards:

- 62-day target from receipt of referral to start of treatment for newly diagnosed primary cancers. This applies to:

  - Patients urgently referred with a suspicion of cancer by a primary care clinician

  - Screened positive patients referred through a national cancer screening programme

  - Direct referral to hospital (for example, self-referral to A&E)

- 31-day target from decision to treat to start of treatment for newly diagnosed primary cancers (whatever their route of referral).

Information for the 62-day standard is presented by NHS Board area of receipt of referral and information for the 31-day standard is presented by NHS Board of area of first treatment.

Details about previous cancer waiting times standards can be found here. The cancer waiting times standards are applicable to adult (over 16 years of age at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. 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

A Non-Standard Technology is where highly specialised treatments by tumour site are not available in all three of the regional cancer networks. Such treatments cannot always be provided in all 3 regions from the outset due to a combination of factors, and where this occurs, waiting times adjustments can be made to the waiting time for the patient. The list of current Non-Standard Technologies and the adjustments that can be made is reviewed periodically. The list was last reviewed with effect from 1 April 2014, based on date of first treatment, and identifies type of treatment by tumour site and whether an adjustment can be applied.

The link to the guidance is available here http://www.isdscotland.org/Health-Topics/Waiting-Times/Cancer/Guidance/. The cancer types affected by this review are head & neck, upper

GI, and urology. This may affect the comparison of waiting times before and after 1 April 2014.

The 5% tolerance level (i.e. 95% rather than 100%) is applied to these standards, as for some patients, it may not be clinically appropriate for treatment to begin within the standard's time.

When making comparisons across Scotland, it should be noted that in smaller NHS Boards, particularly Island Boards, substantial quarter-on-quarter fluctuations in the percentage of patients that started treatment may represent the pathway of only one or two patients. Further, 90th percentiles have only been calculated where there are forty or more eligible patients within a population, due to the statistical aberration resulting from percentiles based on very small numbers.

Some data may not yet be finalised by NHS Boards and may be subject to change in future publications. However, this publication is considered to give a reasonable reflection of the current position. The quality of these statistics is considered to be fit for publication, and data quality aspects are described in the publication. Previously released information can be 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 in Appendix 2. Information on any revisions to previously published figures is provided in the Revisions relevant to this publication section of the metadata in Appendix 3.

Previous 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.

ISD are carrying out a consultation on this publication to get users feedback on the format, content and timeliness of the publication. The consultation will be open from late March till 15 May at http://www.isdscotland.org/Health-Topics/Waiting-Times/News/ .

Key points

In the period October - December 2014:

- Across Scotland, 94.2% of patients started treatment within 62 days of urgent referral with suspicion of cancer. This compares to 93.5% in the period July - September 2014.

- 97.5% of patients started treatment within 31 days of decision to treat, regardless of the route of referral. This compares to 96.7% in the period July - September 2014.

- 98.6% of the patients that were urgently referred with a suspicion of cancer from the breast screening programme, 100% from the cervical screening programme, and 87.8% from the colorectal screening programme were seen within 62 days of referral.

- Across all cancer types, 7 out of 14* NHS Boards (NHS Borders, NHS Dumfries & Galloway, NHS Forth Valley, NHS Lanarkshire, NHS Lothian, NHS Tayside, NHS Western Isles) met the 95% standard for starting treatment within 62 days of urgent referral with a suspicion of cancer. This is one more NHS Board meeting the standard than in the period July – September 2014.

- All NHS Boards met the 95% standard for starting treatment within 31 days of decision to treat.

*Golden Jubilee National Hospital is included for 31-day standard, but not for 62-day standard.

Scotland-level performance against the 62-day and 31-day standards

Quarter
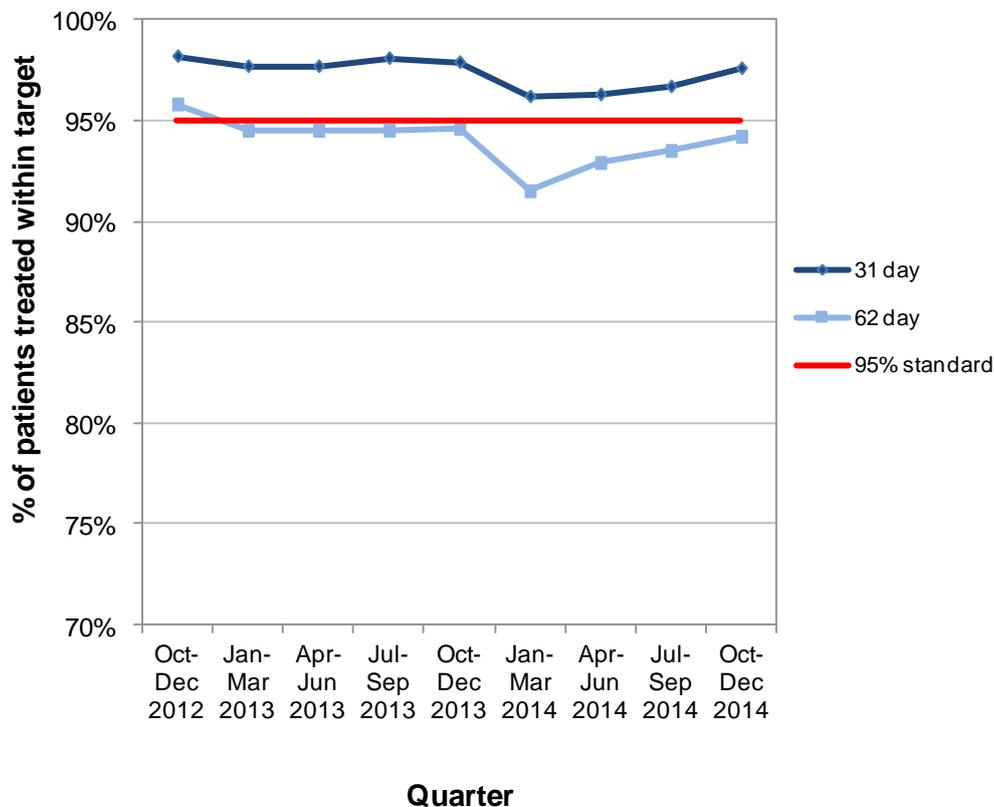
Please note that the vertical axis on this chart does not start at the origin (zero).

Results and Commentary

Performance against the 62-day standard: Time from urgent referral with a suspicion of cancer, to first cancer treatment

The 62-day waiting time standard from referral to first cancer treatment is applied to all patients referred urgently with a suspicion of cancer and for screened-positive patients. The quarterly statistics within this publication relate to the period October - December 2014, alongside data from the previous four quarters.

During the period October - December 2014, 94.2% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral (Table 1a, Chart 1a). This is an increase from the preceding period July – September 2014 (93.5%).

Table 1a. Performance against the 62-day standard 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 – 31 December 2014

Area of receipt of referral	%
NHSScotland	**94.2%**
North of Scotland Cancer Network (NOSCAN) Total	**93.0%**
NHS Grampian	89.6%
NHS Highland	94.2%
NHS Orkney	50.0%
NHS Shetland	94.4%
NHS Tayside	97.0%
NHS Western Isles	100.0%
South East Scotland Cancer Network (SCAN) Total	**95.2%**
NHS Borders	97.5%
NHS Dumfries & Galloway	96.6%
NHS Fife	92.1%
NHS Lothian	95.6%
West of Scotland Cancer Network (WOSCAN) Total	**94.2%**
NHS Ayrshire & Arran	93.7%
NHS Forth Valley	95.4%
NHS Greater Glasgow & Clyde	93.7%
NHS Lanarkshire	95.6%

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

Chart 1a. Performance against the 62-day standard 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
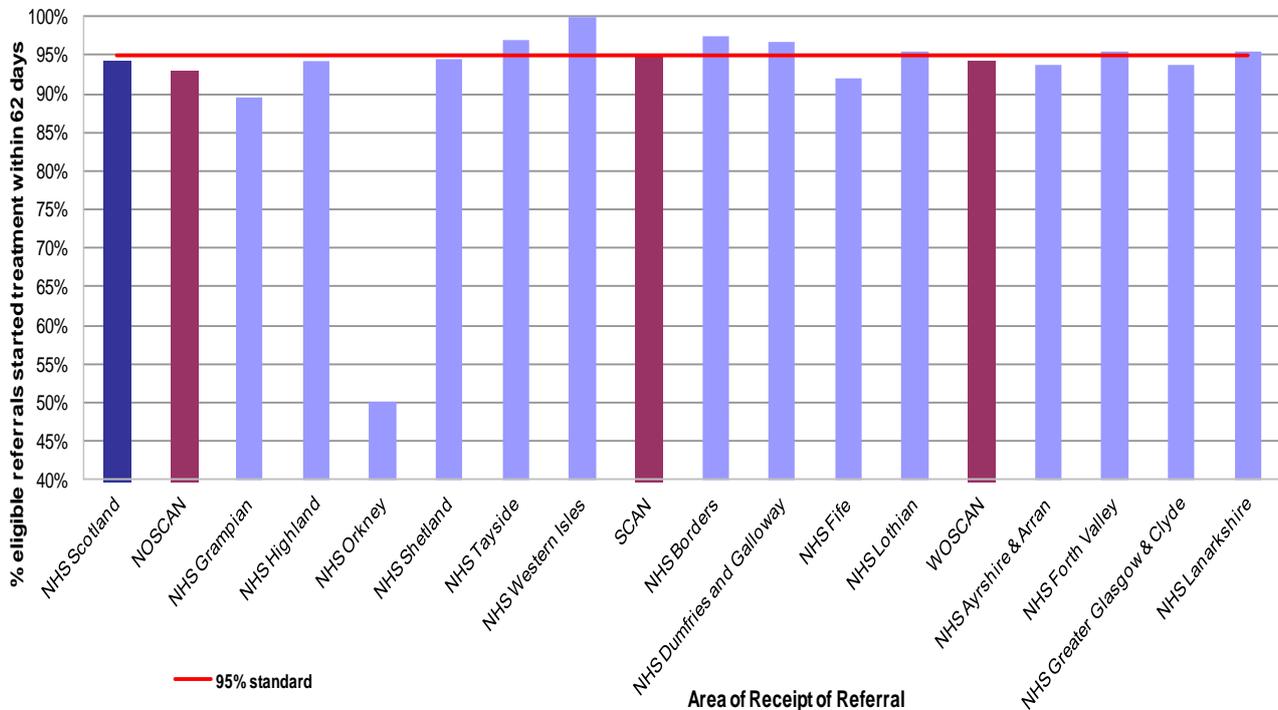
Period of treatment: 1 October – 31 December 2014

Please note that the vertical axis on this chart does not start at the origin (zero)

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

In the period October – December 2014, 7 NHS Boards met the 62-day standard. The 7 Boards that did not meet it were NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Fife, NHS Ayrshire & Arran, and NHS Greater Glasgow & Clyde.

Variations in the percentage of patients seen within the 62-day standard result from a combination of hospital capacity and patient circumstances. The Data Quality section in Appendix 2 (page 20) of this report includes information provided by NHS Boards on reasons for large changes in numbers or unusual patterns in the data or changes in trends.

In October - December 2014, 98.6% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer (Table 1b, Chart 1b), compared to 98.7% in the previous quarter. 100% of referrals from the cervical screening programme started treatment within 62 days of referral, compared to 95.8% in the previous quarter. The percentage of patients referred from the colorectal screening programme was 87.8% seen within 62 days of referral compared to 88.4% in the previous quarter.

In the period October - December 2014, the 62-day standard was not met for cervical (screened excluded), colorectal, head & neck, lymphoma, ovarian, upper GI or urology cancer types (Table 1b, Chart 1b).

Information for each NHS Board split by cancer type can be found in tables 1a and 1b.

Table 1b. Performance in NHSScotland against the 62-day standard 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 to 31 December 2014

Cancer Type	%
All Cancer types*	**94.2%**
Breast	98.1%
Breast Screened excluded	97.6%
Breast Screened only	98.6%
Cervical	98.2%
Cervical Screened excluded	94.4%
Cervical Screened only	100.0%
Colorectal	91.2%
Colorectal Screened excluded	92.6%
Colorectal Screened only	87.8%
Head and Neck	88.1%
Lung	96.0%
Lymphoma	92.5%
Melanoma	96.7%
Ovarian	93.0%
Upper GI	93.1%
Urology	89.0%

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

Chart 1b. Performance in NHSScotland against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment, by cancer type (including screened positive patients)
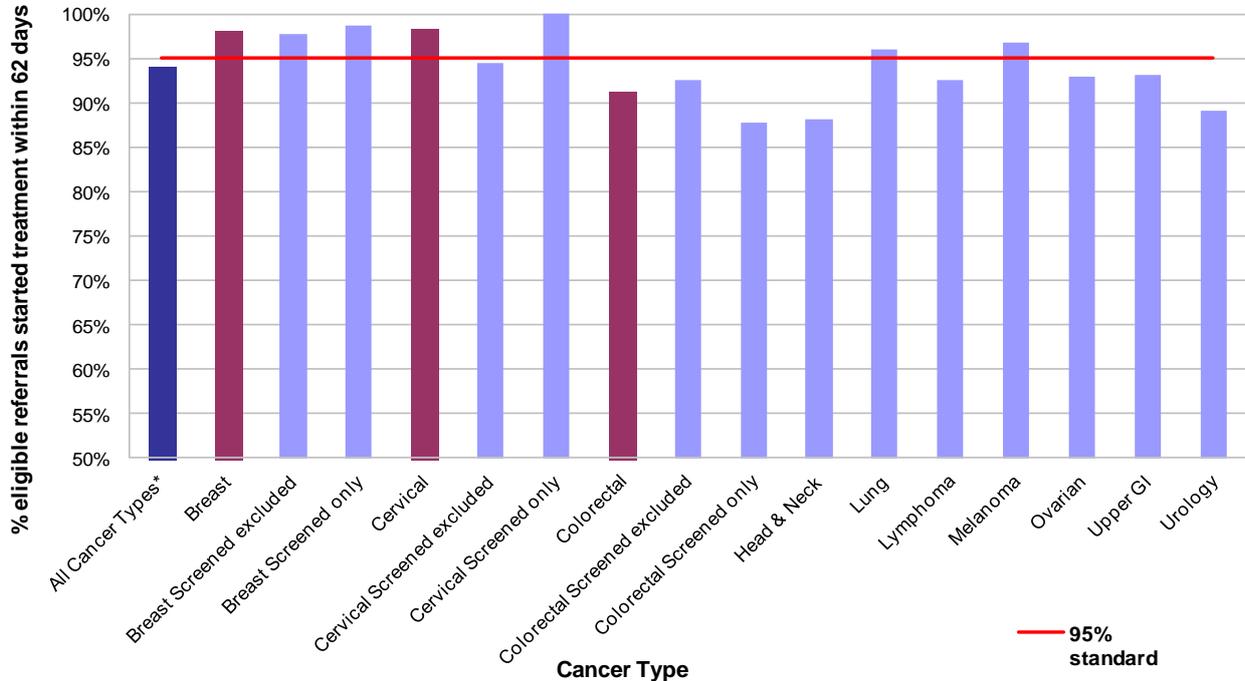
Period of treatment: 1 October to 31 December 2014

Please note that the vertical axis on this chart does not start at the origin (zero)

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

Across all of Scotland, the median wait was 37 days; 90% of all eligible patients were treated within 60 days of urgent referral with a suspicion of cancer. The median wait has reduced slightly from previous quarters.

Exclusions and Waiting Times Adjustments (62-day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland during October - December 2014, 121 (3.8%) were excluded from the standard performance calculations due to clinical reasons, or because the patient died before treatment, or refused all treatment.

The number of exclusions has remained relatively stable over the last five quarters. Therefore, this has had little impact on the performance against the 62-day standard for Scotland.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. During October - December 2014, there were 509 occurrences of patient unavailability and 607 occurrences of medical suspension. Further detail can be found in Table 5.

Performance against the 31-day standard: Time from the date of decision to treat to first cancer treatment

The 31-day standard applies to all eligible patients, regardless of the route of referral. The quarterly statistics within this publication relate to October – December 2014.

97.5% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a, Chart 2a), compared to 96.7% in the previous quarter.

Table 2a. Performance against the 31-day standard for 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 2014

Area of first treatment	%
NHSScotland	**97.5%**
North of Scotland Cancer Network (NOSCAN) Total	**97.1%**
NHS Grampian	98.3%
NHS Highland	95.8%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	96.4%
NHS Western Isles	100.0%
South East Scotland Cancer Network (SCAN) Total	**97.4%**
NHS Borders	100.0%
NHS Dumfries & Galloway	99.4%
NHS Fife	96.3%
NHS Lothian	97.0%
West of Scotland Cancer Network (WOSCAN) Total	**97.8%**
NHS Ayrshire & Arran	99.4%
NHS Forth Valley	98.5%
NHS Greater Glasgow & Clyde	97.1%
NHS Lanarkshire	98.7%
National Waiting Times Centre	**100.0%**
Golden Jubilee National Hospital	100.0%

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

Chart 2a. Performance against the 31-day standard for 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
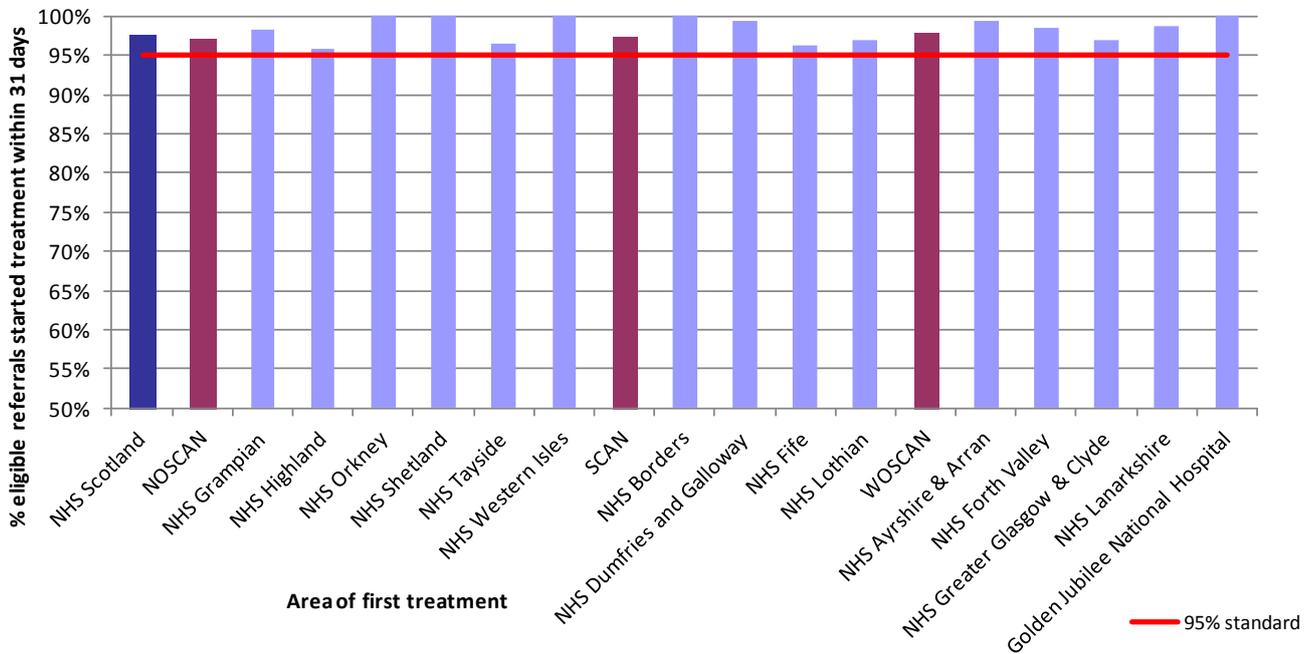
Period of treatment: 1 October – 31 December 2014

Please note that the vertical axis on this chart does not start at the origin (zero)

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

In the period October - December 2014, all NHS Boards met the 31-day standard.

Variations in the percentage of patients seen within the 31-day standard result from a combination of hospital capacity and patient circumstances. The Data Quality section in Appendix 2 (page 20) of this report includes information provided by NHS Boards on reasons for large changes in numbers or unusual patterns in the data or changes in trends.

In October – December 2014, 98.3% of screened positive breast cancer patients started treatment within 31 days of decision to treat (Table 2b, Chart 2b), compared to 92.9% in the previous quarter. 97.5% of referrals from the cervical screening programme started treatment within 31 days of the decision to treat, compared to 100% in the previous quarter. The percentage of patients referred from the colorectal screening programme who started treatment within 31 days of decision to treat was 99.3%, compared to 98.0% in the previous quarter.

In the period October – December 2014, the 31-day standard was not met at the Scotland-level for referrals through the cervical screening excluded or urology cancer types (Table 2b, Chart 2b).

Information for each NHS Board split by cancer type can be found in tables 2a and 2b.

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

Period of treatment: 1 October - December 2014

Cancer Type	%
All Cancer types*	**97.5%**
Breast	98.9%
Breast Screened excluded	99.2%
Breast Screened only	98.3%
Cervical	95.3%
Cervical Screened excluded	93.5%
Cervical Screened only	97.5%
Colorectal	98.8%
Colorectal Screened excluded	98.7%
Colorectal Screened only	99.3%
Head and Neck	97.4%
Lung	99.7%
Lymphoma	100.0%
Melanoma	97.5%
Ovarian	97.5%
Upper GI	99.0%
Urology	92.2%

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

Chart 2b. Performance in NHSScotland against the 31-day standard for all patients with a decision to treat that went on to start treatment within 31 days of decision, by Cancer Type (including screened positive patients)
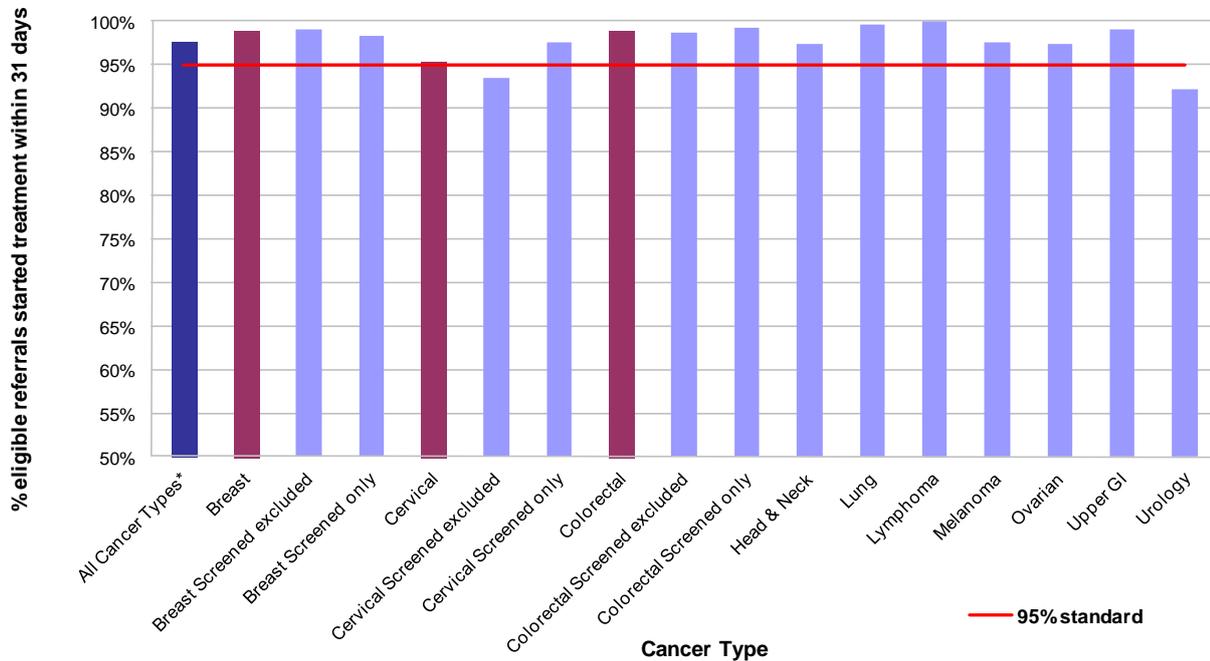
Period of treatment: 1 October – 31 December 2014

Please note that the vertical axis on this chart does not start at the origin (zero)

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

During the period October – December 2014, the median wait between the date of decision to treat and the first cancer treatment was 6 days; 90% of patients waited 25 days or less. These figures are similar to previous quarters' data.

Exclusions and Waiting Times Adjustments (31-day standard)

143 (2.5%) patients were excluded from the 31-day standard performance calculations due to clinical reasons, or because the patient either died before treatment, or refused all treatment.

The number of exclusions has increased over the last five quarters from 2.1% in October to December 2013 to 2.5% in October to December 2014, this has had little impact on the performance against the 31-day standard for Scotland.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. In the period October – December 2014, there were 288 occurrences of patient unavailability and 282 occurrences of medical suspension. Further detail can be found in Table 6.

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 NHS 24 referral to A&E or other), or referral from a National Cancer Screening Programme, excluding patients who had a clinically complex pathway, who died before treatment or 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, who died before treatment or refused treatment.

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

Median wait – the middle value of (Referral to Treatment days for 62-day standard or date of Decision to Treat to Treatment days for 31-day standard), with half of patients waiting less than that time, and half waiting more than that time. Medians are only calculated when 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 – 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 when 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 – 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 NHS 24 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 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 standard 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 2013 - 31 December 2014	Excel [806kb]
1b	Performance against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type	Quarterly information from 1 October 2013 - 31 December 2014	Excel [831kb]
Fig. 1	Distribution of waits against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment	Quarterly information from 1 October 2013 - 31 December 2014	Excel [545kb]
1c	Trend performance against the 62-day standard 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 2013 - 31 December 2014	Excel [851kb]
1d	Trend performance against the 62-day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment by indicator type	Quarterly information from 1 October 2013 - 31 December 2014	Excel [839kb]
2a	Performance against the 31-day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October 2013 - 31 December 2014	Excel [720kb]
2b	Performance against the 31-day standard from date decision to treat to first cancer treatment by Cancer Type	Quarterly information from 1 October 2013 - 31 December 2014	Excel [725kb]
Fig.2	Distribution of waits against the 31-day standard from date decision to treat to first cancer treatment	Quarterly information from 1 October 2013 - 31 December 2014	Excel [542kb]
2c	Trend performance against the 31-day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October 2013 - 31 December 2014	Excel [744kb]
2d	Trend performance against the 31-day standard from date decision to treat to first cancer treatment by indicator type	Quarterly information from 1 October 2013 - 31 December 2014	Excel [700kb]

3	Distribution of waits against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type	Quarterly information from 1 October 2013 – 31 December 2014	Excel [852kb]
4	Distribution of waits against the 31-day standard from date decision to treat to first cancer treatment by Cancer Type	Quarterly information from 1 October 2013 - 31 December 2014	Excel [730kb]
5	Exclusions and waiting times adjustments against the 62-day standard 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 2013 - 31 December 2014	Excel [660kb]
6	Exclusions and waiting times adjustments against the 31-day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October 2013 - 31 December 2014	Excel [497kb]

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Further Information

Further information can be found on the ISD website

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Appendix

A1 – Background Information

Data Collection and guidance

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' cancer tracking systems.

Each NHS Board submits a monthly file which contains episode-level records for each newly diagnosed primary cancer referral, which began treatment in the previous calendar month, for which they were the Board of receipt of referral. Each record contains demographic information about the patient; key time points in the pathway (date of receipt of referral, date of decision to treat and date of first treatment); information on diagnosis and treatment; main reason for any adjustments to the waiting time; and, main reason for any breaches of the 62- and 31-day standard.

The adjusted waiting time in days and the total of any waiting times adjustments in days is calculated by NHS Boards for each record. Each record also contains a flag whether it meets any of the exclusion criteria (complex clinical pathway, died before treatment or who refused treatment).

Each quarter NHS Boards can resubmit monthly data to allow the most up to date information to be used for publication. This information is then validated and loaded onto the Cancer Waiting Times database to allow data interrogation and reporting.

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

The Cancer Waiting Times Data and Definitions Manual is currently being reviewed to identify comparability with other sets of access definitions. This may result in future changes to the publication.

A2 – Data Quality

This section provides information on the quality of data supplied by NHS Boards to ISD. ISD routinely seeks clarification from NHS Boards among other things where there may be large changes in numbers, unusual patterns in the data or changes in trends. These changes may be influenced by a variety of factors, including service changes/reconfiguration or data recording changes. The information below highlights where NHS Boards have provided comments on their data quality to ISD for this publication at the quality assurance stage.

It should be noted that in some cases where the 62- or 31-day standards have not been met for some cancer types this is partially due to small number of cases within individual Boards.

NHS Ayrshire & Arran

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

For the 62-day target referral to Glasgow for treatment resulted in some cases of breach and long waits. Following a review of the booking system there were delays for an interim period. All urgent and UCS patients are now booked within 4 weeks of referral. Other causes of breach were delays to decision to treat due to staging investigations and delays to initial appointments.

For the 31 and 62-day targets causes of breach were where surgery was postponed and where the referral was initially not suspicious of cancer.

NHS Borders

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

The main reason for breach of the 62-day standard was due to delayed waits for surgery out of area.

NHS Dumfries and Galloway

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

No comments provided.

NHS Fife

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

The Board note that October was a challenging month for them. They achieved the target in November and December.

They have continuing issues within the urology service due to surgical capacity. A contributing factor is due to a change in clinical practice resulting in an increased number of patients having prostate surgery.

 The Board note that main cause of breach is lack of capacity due to leave, vacancies, and/or lack of cover. Other causes include increased amounts of surgery as treatment, which can extend wait time, and also, patients waiting for treatment in other Health Boards.

NHS Forth Valley

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

NHS Forth Valley are continuing to experience demand issues with endoscopy outpatients appointments, theatre, and oncology. They continue to work on utilising the capacity more efficiently.

NHS Forth Valley are experiencing demand issues with clinic/photo-triage capacity. The photo-triage clinics have been reviewed and redesigned, providing improved capacity.

The upper GI pathway is currently under review. Discussions have taken place with the Beatson Oncology Centre with regards to oncology capacity and plans are being implemented to address the capacity issue.

NHS Forth Valley are still experiencing demand issues with the oncology clinic. NHS Forth Valley are in discussions with the Beatson around the challenges.

Breaches also occurred when a PET scanner broke down and where the referral was initially not suspicious of cancer.

NHS Golden Jubilee Hospital

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

No comments required.

NHS Grampian

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

62-day breaches:

Challenges continue within the Colorectal Service for Outpatients and Diagnostic test. Additional evening and weekend Outpatient clinics and Endoscopy lists are continuing to help increase capacity and reduce the wait time.

The colorectal service has developed and is currently implementing a process whereby Emergency Admissions with a diagnosis of cancer are highlighted to the MDT coordinators as soon as possible so that potential delays in their pathway can be highlighted and action can be taken immediately.

Breaches also occurred for the colorectal, ovarian, upper GI and head and neck 62-day targets due to reduced staff capacity.

31-day breaches:

The Board note that there has been much improvement in their delivery against this standard this quarter. This is linked to a project that is strengthening systems within the Board.

Breaches occurred in cases where the referral was initially not suspicious of cancer, where there were challenges in pre-assessment services and theatre capacity, where there were delays for complex surgery, and where there were waits for procedures from other departments.

NHS Greater Glasgow & Clyde

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

The Board have advised that since the data was submitted, a patient-induced waiting times adjustment (thinking time) has now been applied. One case that was reported as breaching the 31-day target at the time of data submission has been updated and is no longer a breach. This will be reflected in the next publication.

General/Service Issues

The Board advised that their figures are showing improvement compared to July to September 2014.

The 62-day pathway can be challenging for some lung, prostate, urology and upper GI cancer patients, due to the number of investigations they may have to undergo and the potential treatment options available. These pathways are showing continuous improvement and work will continue to secure further improvement. The Board also provided reasons why patients may have breached, for example:

Patients, who present at A&E, may be referred to outpatient clinics for further tests, as it may not be apparent at the A&E attendance that they symptoms are caused by cancer; further tests are required.

NHS Highland

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

No comments were provided.

NHS Lanarkshire

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

The Board note that 62-day and 31-day targets were breached due to delays in scheduling initial appointments and pressure on theatre time. Medical divisions have been informed.

NHS Lothian

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication

General/Service Issues

62-day breaches:

The Board highlighted that there performance has been maintained at over 95% in the last 3 quarters and they are continually working towards improving services where there are capacity issues – mainly colorectal and urology services.

31-day breaches

The primary issue in Urology is capacity to accommodate the nephrectomy and prostatectomy patients. In spite of the surgeons undertaking additional lists throughout the quarter to try and minimise delays for patients there has remained a problem.

The service has experienced an increased demand from Boards out with Lothian (and SCAN region) which has added to the waiting time for surgery and this is being discussed at a regional level.

Delays due medical reasons affected 62-day melanoma and ovarian targets.

There have been significant challenges in relation to managing demand/capacity which impacted on performance against the 62-day cervical, colorectal and melanoma targets.

Due to the extent of the surgical delays a small amount of capacity was accessed in the independent sector to try and minimise delays.

NHS Orkney

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

The Board has identified that breaches in the 62-day target are where the patients are treated out with NHS Orkney.

NHS Shetland

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

The Board has identified a bottleneck where patients wait to be seen by visiting specialties/clinics. They are working on ways to streamline this practice.

NHS Tayside

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

No comments provided.

NHS Western Isles

Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication.

General/Service Issues

No comments required.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Cancer Waiting Times in Scotland: October to December 2014.
Description	Quarterly update of Cancer Waiting Times statistics for the 62-day standard for patients urgently referred with a suspicion of cancer to first cancer treatment and for the 31-day standard 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 2014.
Theme	Health and Social Care
Topic	Service Access
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. Further information can be found on the Background and Data Quality pages of the CWT website.
Date that data are 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	31 March 2015
Frequency	Quarterly
Timeframe of data and timeliness	The publication includes data for the last five quarters, 1 October 2013 to 31 December 2014.
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 and their date of first publication.
	Performance against these targets was achieved by December 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April 2012 and continue to be published on a quarterly basis.
	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.
Revisions statement	Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.
Revisions relevant to this publication	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.
	Detail of revisions to this publications:
	NHS Lanarkshire and NHS Greater Glasgow & Clyde have revised previously published figures for January-June 2014. The number of cases involved is relatively small, particularly for Greater Glasgow & Clyde, and the changes have had no major impact on performance.
	NHS Lanarkshire have resubmitted all cancer waiting times data from Jan 2014 onwards. For January – March the number of eligible referrals for the 31-day standard increased from 355 to 379. The number of eligible referrals treated within 31 days increased from 339 to 363 and the overall percentage treated within 31 days changed from 95.5% to 95.8%. The number of eligible referrals for the 62-day standard increased from 249 to 265. The number of eligible referrals treated within 62 days increased from 239 to 255 and the overall percentage treated within 62 days changed from 96.0% to 96.2%.
	There were small increases of 1-3 patients to the number of referrals and patients seen for some cancer types but most changes didn't alter the performance against the 31-day standard or the 62-day standard. The percentage of eligible referrals treated within 31 days increased from 80.3% to 80.8% for urology cancers as a result of the resubmission of data. The percentage of eligible referrals treated within 62 days increased from 97.4% to 98.0% for colorectal cancers and from 95.2% to 95.3% for lung cancer as a result of the resubmission of data.
	For April – June 2014 the number of eligible referrals for the 31-day standard increased from 460 to 471. The number of eligible referrals treated within 31 days increased from 449 to 460 and the overall percentage treated within 31 days changed from 97.6% to 97.7%. The number of eligible referrals for the 62-day standard increased from 323 to 331. The number of eligible referrals treated within 62 days increased from 309 to 318 and the overall percentage treated within 62 days changed from 95.7% to 96.1%.

	There were small increases of 1-3 patients to the number of referrals and patients seen for some cancer types but most changes didn't alter the performance against the 31-day standard or the 62-day standard. The percentage of eligible referrals treated within 31 days increased from 90.5% to 90.6% for urology cancer as a result of the resubmission of data. The percentage of eligible referrals treated within 62 days increased from 96.3% to 96.6% for colorectal cancers and from 83.3% to 85.1% for urology cancer as a result of the resubmission of data.
Concepts and definitions	Performance against the targets set out in *Better Cancer Care – 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 continue to be published on a quarterly basis. The cancer waiting times standards 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.
Relevance and key uses of the statistics	The CWT team, within ISD, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland's performance against current Cancer Waiting Times Standards. Other uses of the data include: support of NHS Boards, researchers, charities, media, and public, and to fulfil Freedom of Information requests and Parliamentary Questions.
Accuracy	The quality of these statistics is considered fit for publication; data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62-day performance and have shown that completeness of the 62-day cohort 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 standard. The latest figures can be found within Tables 2a and 2b in the list of tables above.
	ISD regularly carries out data quality exercises to ensure that data is recorded in an accurate and consistent manner across NHSScotland. Information on these exercises can be found on the Data Quality section of the website. In early 2012, ISD Cancer Waiting Times undertook a data quality project to assure that data submitted for Bowel Screening patients is recorded accurately and consistently. A paper highlighting the outcome of this project can be found here.
	Responsibility for collating and submitting the data to ISD lies with the NHS Board that received the patient's initial referral to secondary care. Information on data quality, service issues and accuracy specific to this publication can be found in Appendix 2.
	The Data Quality Assurance team within ISD carry out data quality exercises on cancer waiting times data. A report of the results from the latest exercise can be found here.

Completeness	A patient will be excluded from reporting against the Cancer Waiting Times standards for the following reasons:
	1. The patient chooses to have any part of their pathway outwith NHSScotland. If this is before the decision to treat, they will be excluded from the 62-day standard; if after the decision to treat, they will be excluded from both standards.
	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	Links to Cancer waiting time information published in England, Wales and Northern Ireland can be found below. There will be differences in the measures used and collection methods of cancer waiting times statistics, as well as differences in service structures between the administrations. Users need to carefully read the publications when making comparisons. Each of the four countries has measures for 62 and 31 days, however, the inclusion criteria, start/stop dates and cancer types included are not consistent across all 4 countries.
	England:
	http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/
	Northern Ireland
	http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes.htm
	Wales
	http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-times/?lang=en
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	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.
	Further features to aid clarity:
	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 measurement	Distribution of waits (%) for NHSScotland and all Cancer Types combined. Distribution of waits (%) for NHSScotland by Cancer 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 NHSScotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHSScotland, 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 NHSScotland, 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	Awaiting assessment by the UK Statistics Authority.
Last published	16th December 2014
Next published	30th June 2015
Date of first publication	25th June 2010
Help email	nss.isdcancerwaitsnew@nhs.net
Date form completed	

*

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 29th June 2010	Quarter 2 (April - June 2010) on 28th September 2010	Quarter 3 (July - September 2010) on 21st December 2010	Quarter 4 (October - December 2010) on 29th March 2011

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

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 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 (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.