

# Publication Report



## **Cancer Waiting Times in Scotland**

**January to March 2015**

**Publication date – 30 June 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 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 31 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 recently carried out a consultation on this publication to get users feedback on the format, content and timeliness of the publication. A summary report of the results and any future changes will be available on the ISD website by 24 July 2015 at <http://www.isdscotland.org/Health-Topics/Waiting-Times/News/> .

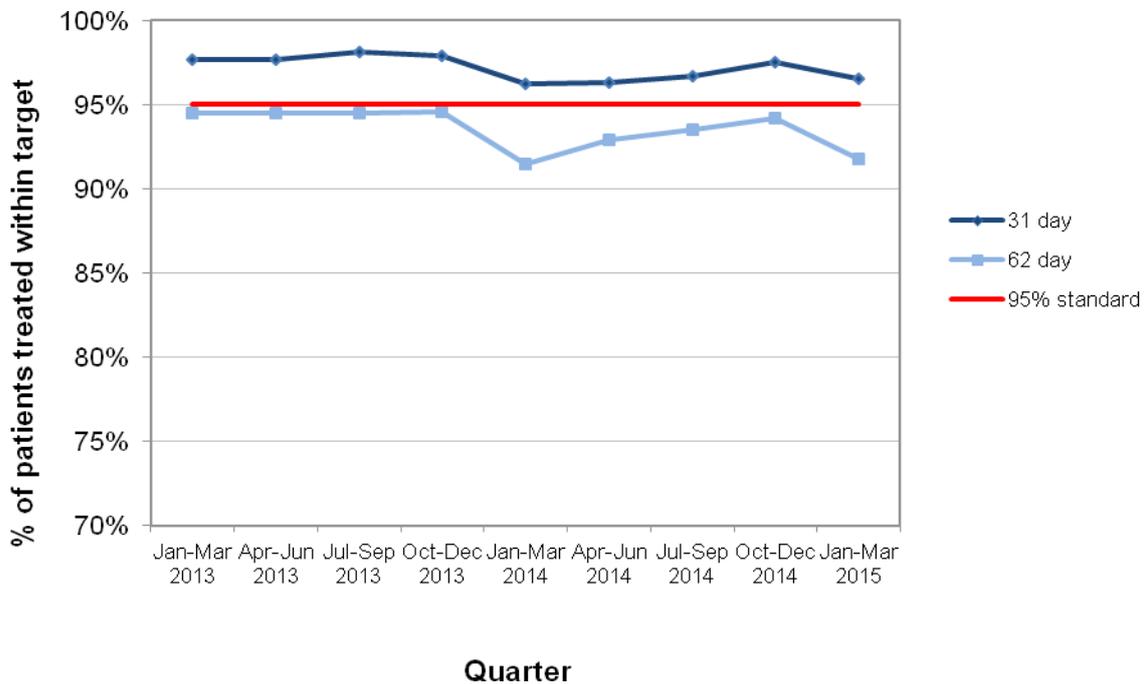
## Key points

In the period January to March 2015:

- Across Scotland, 91.8% of patients started treatment within 62 days of urgent referral with suspicion of cancer. This compares to 94.2% in the period October to December 2014.
- 96.5% of patients started treatment within 31 days of decision to treat, regardless of the route of referral. This compares to 97.5% in the period October to December 2014.
- 99.5% of the patients that were urgently referred with a suspicion of cancer from the breast screening programme, 100% from the cervical screening programme, and 82.5% from the colorectal screening programme were seen within 62 days of referral.
- Across all cancer types, 4 out of 14\* NHS Boards (NHS Dumfries & Galloway, NHS Highland, NHS Lanarkshire and NHS Orkney) met the 95% standard for starting treatment within 62 days of urgent referral with a suspicion of cancer. This is three less NHS Boards meeting the standard than in the period October to December 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



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 January to March 2015, alongside data from the previous four quarters.

During the period January to March 2015, 91.8% 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 a decrease from the preceding period October – December 2014 (94.2%).

**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**

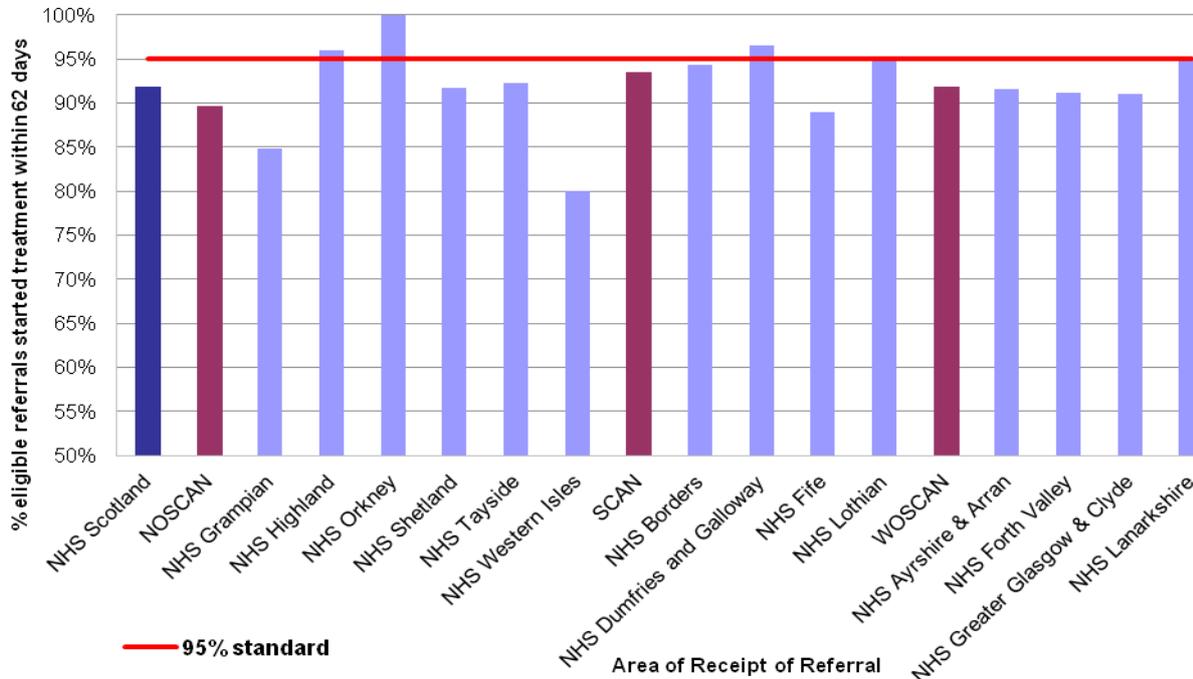
**Period of treatment: 1 January – 31 March 2015**

<b>Area of receipt of referral</b>	<b>%</b>
<b>NHSScotland</b>	<b>91.8%</b>
<b>North of Scotland Cancer Network (NOSCAN) Total</b>	<b>89.7%</b>
NHS Grampian	84.9%
NHS Highland	96.0%
NHS Orkney	100.0%
NHS Shetland	91.7%
NHS Tayside	92.3%
NHS Western Isles	80.0%
<b>South East Scotland Cancer Network (SCAN) Total</b>	<b>93.5%</b>
NHS Borders	94.4%
NHS Dumfries & Galloway	96.6%
NHS Fife	89.0%
NHS Lothian	94.7%
<b>West of Scotland Cancer Network (WOSCAN) Total</b>	<b>91.9%</b>
NHS Ayrshire & Arran	91.6%
NHS Forth Valley	91.2%
NHS Greater Glasgow & Clyde	91.0%
NHS Lanarkshire	95.3%

\*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 January – 31 March 2015**



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 January to March 2015, 4 NHS Boards met the 62-day standard. The 10 Boards that did not meet it were NHS Grampian, NHS Shetland, NHS Tayside, NHS Western Isles, NHS Borders, NHS Fife, NHS Lothian, NHS Ayrshire & Arran, NHS Forth Valley 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 January to March 2015, 99.5% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer (Table 1b, Chart 1b), compared to 98.6% in the previous quarter. 100% of referrals from the cervical screening programme started treatment within 62 days of referral, this is the same as the previous quarter. The percentage of patients referred from the colorectal screening programme was 82.5% seen within 62 days of referral compared to 87.8% in the previous quarter.

In the period January to March 2015, the 62-day standard was not met for cervical (screened excluded), colorectal, head & neck, lung, 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)**

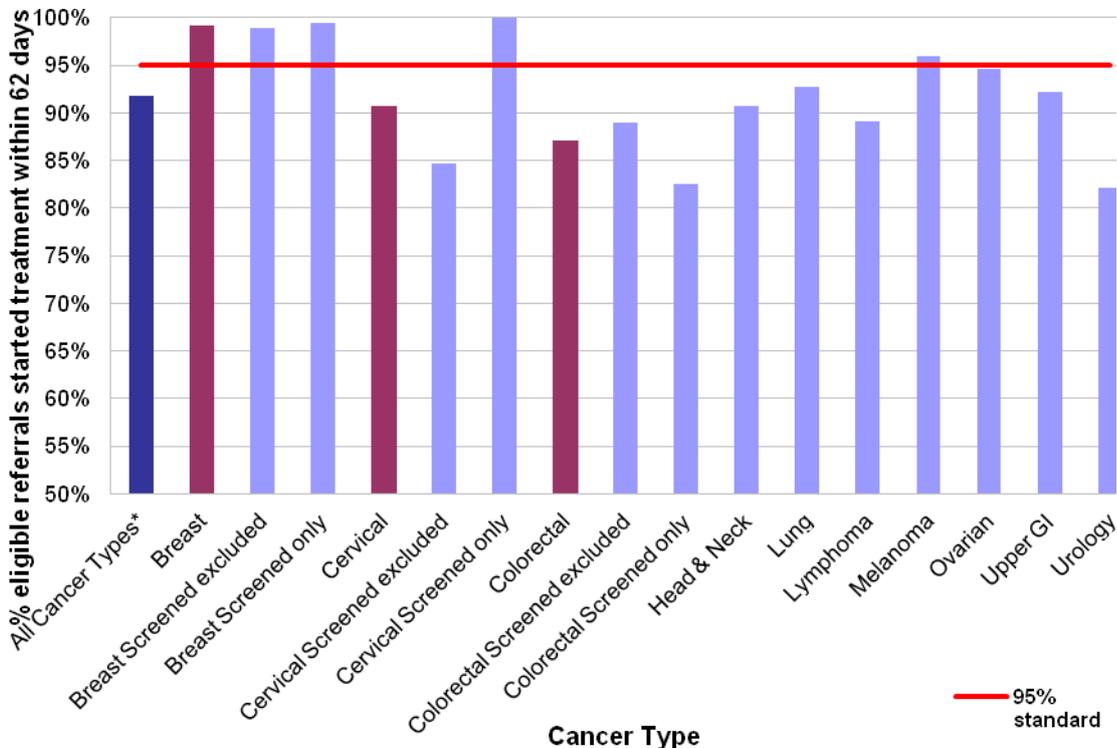
**Period of treatment: 1 January – 31 March 2015**

<b>Cancer Type</b>	<b>%</b>
<b>All Cancer types*</b>	<b>91.8%</b>
Breast	99.1%
Breast Screened excluded	98.9%
Breast Screened only	99.5%
Cervical	90.7%
Cervical Screened excluded	84.6%
Cervical Screened only	100.0%
Colorectal	87.2%
Colorectal Screened excluded	89.0%
Colorectal Screened only	82.5%
Head and Neck	90.7%
Lung	92.7%
Lymphoma	89.1%
Melanoma	96.0%
Ovarian	94.5%
Upper GI	92.2%
Urology	82.1%

\*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 January - 31 March 2015**



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 38 days; 90% of all eligible patients were treated within 62 days of urgent referral with a suspicion of cancer. The median wait is similar to the previous quarters.

### Exclusions and Waiting Times Adjustments (62-day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland during January - March 2015, 107 (3.4%) 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 January to March 2015, there were 406 occurrences of patient unavailability and 743 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 January to March 2015.

96.5% 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 97.5% 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**

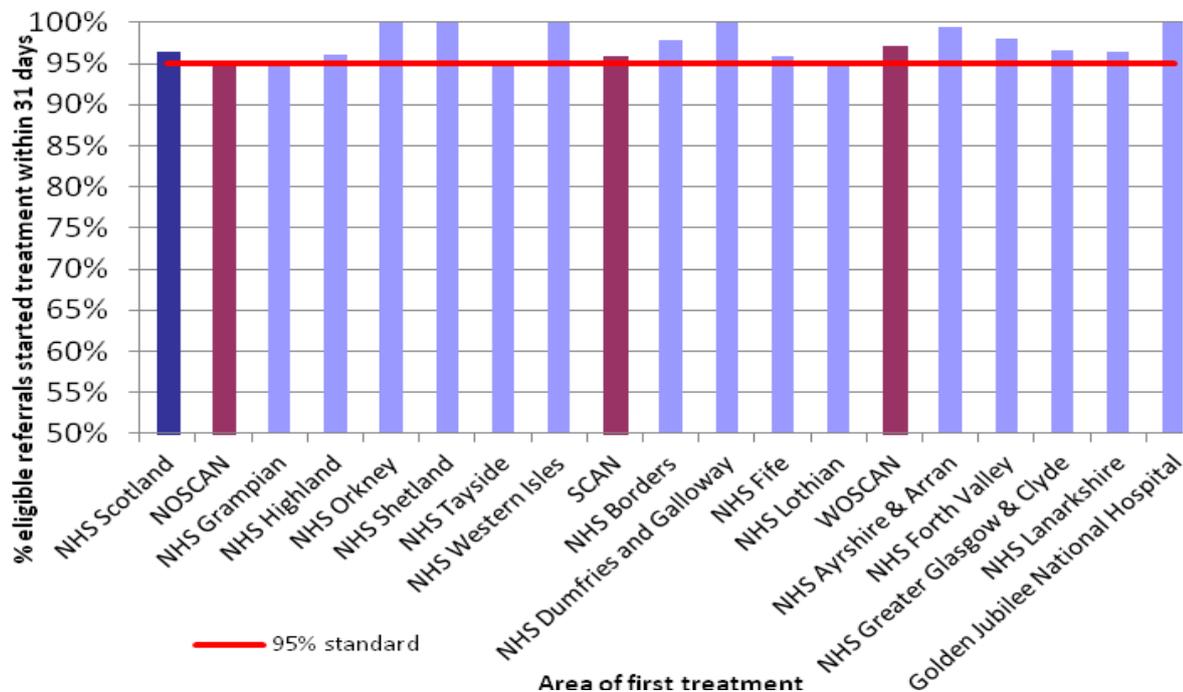
**Period of treatment: 1 January – 31 March 2015**

<b>Area of first treatment</b>	<b>%</b>
<b>NHSScotland</b>	<b>96.5%</b>
<b>North of Scotland Cancer Network (NOSCAN) Total</b>	<b>95.4%</b>
NHS Grampian	95.0%
NHS Highland	96.0%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	95.3%
NHS Western Isles	100.0%
<b>South East Scotland Cancer Network (SCAN) Total</b>	<b>96.0%</b>
NHS Borders	97.8%
NHS Dumfries & Galloway	100.0%
NHS Fife	96.0%
NHS Lothian	95.2%
<b>West of Scotland Cancer Network (WOSCAN) Total</b>	<b>97.1%</b>
NHS Ayrshire & Arran	99.5%
NHS Forth Valley	98.0%
NHS Greater Glasgow & Clyde	96.6%
NHS Lanarkshire	96.5%
<b>National Waiting Times Centre</b>	<b>100.0%</b>
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 January – 31 March 2015**



**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 January to March 2015, 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 January to March 2015, 97.3% of screened positive breast cancer patients started treatment within 31 days of decision to treat (Table 2b, Chart 2b), compared to 98.3% in the previous quarter. 100% of referrals from the cervical screening programme started treatment within 31 days of the decision to treat compared to 97.5% 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 96.1%, compared to 99.3% in the previous quarter.

In the period January to March 2015, the 31-day standard was not met at the Scotland-level for referrals through the urology cancer type (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)**

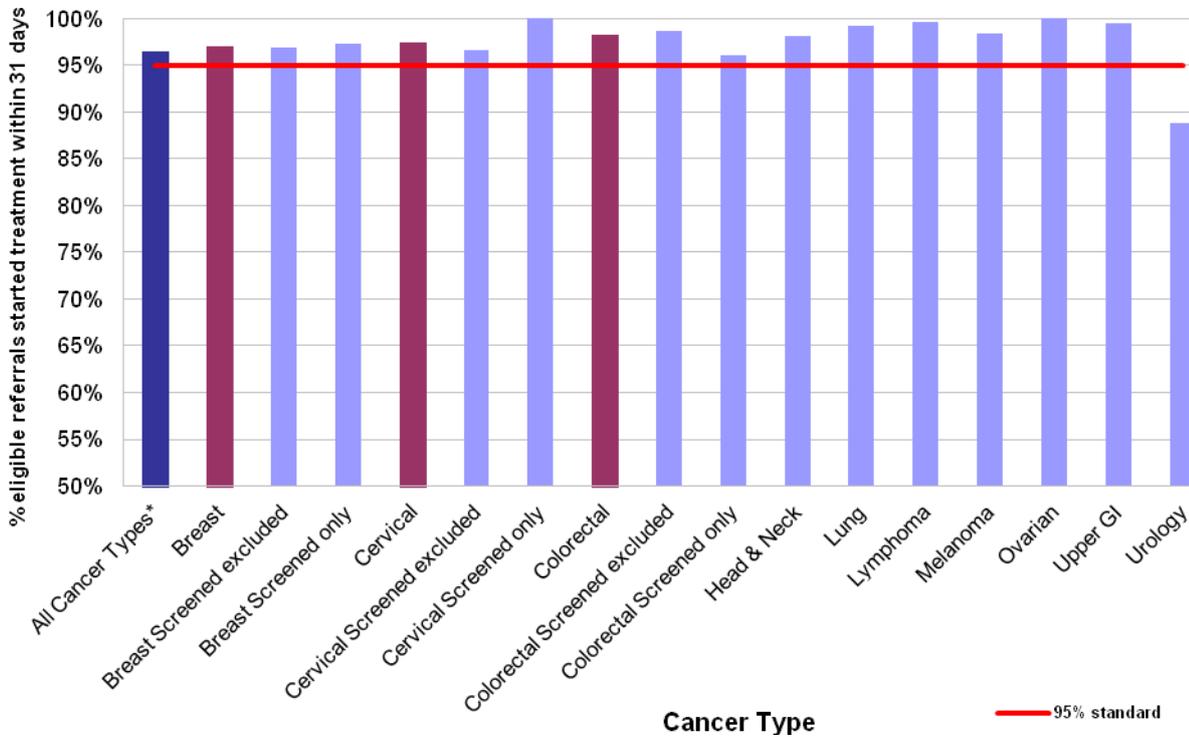
**Period of treatment: 1 January -31 March 2015**

<b>Cancer Type</b>	<b>%</b>
<b>All Cancer types*</b>	<b>96.5%</b>
Breast	97.1%
Breast Screened excluded	97.0%
Breast Screened only	97.3%
Cervical	97.4%
Cervical Screened excluded	96.7%
Cervical Screened only	100.0%
Colorectal	98.2%
Colorectal Screened excluded	98.7%
Colorectal Screened only	96.1%
Head and Neck	98.1%
Lung	99.2%
Lymphoma	99.6%
Melanoma	98.4%
Ovarian	100.0%
Upper GI	99.4%
Urology	88.8%

\* 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 January – 31 March 2015**



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 January to March 2015, the [median wait](#) between the date of decision to treat and the first cancer treatment was 6 days; 90% of patients waited 26 days or less. These figures are similar to previous quarters' data.

**Exclusions and Waiting Times Adjustments (31-day standard)**

123 (2.2%) 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 have remained fairly stable over the last five quarters, therefore 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 January to March 2015, there were 196 occurrences of patient unavailability and 326 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	<a href="#">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</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [806kb]
1b	<a href="#">Performance against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [831kb]
Fig. 1	<a href="#">Distribution of waits against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [545kb]
1c	<a href="#">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</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [851kb]
1d	<a href="#">Trend performance against the 62-day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment by indicator type</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [839kb]
2a	<a href="#">Performance against the 31-day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [720kb]
2b	<a href="#">Performance against the 31-day standard from date decision to treat to first cancer treatment by Cancer Type</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [725kb]
Fig.2	<a href="#">Distribution of waits against the 31-day standard from date decision to treat to first cancer treatment</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [542kb]
2c	<a href="#">Trend performance against the 31-day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [744kb]
2d	<a href="#">Trend performance against the 31-day standard from date decision to treat to first cancer treatment by indicator type</a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [700kb]

3	<a href="#"><u>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</u></a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [852kb]
4	<a href="#"><u>Distribution of waits against the 31-day standard from date decision to treat to first cancer treatment by Cancer Type</u></a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [730kb]
5	<a href="#"><u>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</u></a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [660kb]
6	<a href="#"><u>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</u></a>	Quarterly information from 1 January 2014 - 31 March 2015	Excel [497kb]

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## Further Information

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

## Rate this publication

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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 the Board noted that the breaches were due to a number of reasons including delays to the PET scan, delays to appointments and subsequent surgery being performed out with the Board. There were also cases of patient unavailability. Delays to oncology outpatients and referral to appointments were also noted.

Cases were also identified where the referral was initially not suspicious of cancer.

The Lung pathway is challenging due to the number of investigations. There are no significant capacity issues, but any small delays to investigations or clinic appointments can result in a breach.

Breaches were also noted as being clinically complex and waiting times adjustments have been applied.

For the 31 and 62-day targets causes of breach were where surgery was postponed.

### **NHS Borders**

#### **Accuracy Issues**

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

#### **General/Service Issues**

The main reason for breaches of the 62-day and 31-day standards were delayed due to waits for surgery out of area. Also mentioned for the case of the 62-day breaches was the unavailability of ITU beds.

### **NHS Dumfries and Galloway**

#### **Accuracy Issues**

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

### **General/Service Issues**

For the 31-day standard no comments provided. However, for the 62-day standard breaches were accounted for by waits for surgery out of the area.

### **NHS Fife**

#### **Accuracy Issues**

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

#### **General/Service Issues**

The Board note that Christmas and New Year period was challenging causing delays to appointments and investigations them.

The board also note that there were issues with the PET equipment and lack of resources in pathology and other investigative services causing further breaches.

They have continuing issues within the urology service due to surgical capacity.

The Board note that main cause of breach is lack of capacity and resources. 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 has identified issues over the festive period with investigating cases and treating patients with regards to there 62 day breaches. This occurred in Cervical screened excluded and Colorectal screened excluded.

The board have also advised of a review within the Head & Neck pathway, within this area issues included being referred between specialties and delays with the post and letters not being received.

NHS Forth Valley also noted a problem with theatre availability and capacity in the oncology clinic.

### **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:*

Additional evening and weekend outpatient clinics and Endoscopy lists are continuing to help increase capacity and reduce the wait time. Endoscopy waiting times for Urgent suspicion cancer patients are now within the required 2 weeks.

Capacity within Urology for Lap Nephrectomies and Lap Radical Prostatectomies is limited as only 2 Consultants can perform this procedure at NHS Grampian. There was additional pressure due to out of area Lap Radical Prostatectomies and a surge in patients requiring Nephrectomies. Additional Friday lists have been put in place to address the additional demand.

Demand and capacity work within the booking team is ongoing to maximise current capacity.

Reasons for breaches include waits for diagnostic tests, waits for staging scans, reduced capacity due to vacancies, cases where the Board were initially not suspicious of cancer and cases where patients are often initially referred to other specialties and are transferred late on a 62 day pathway.

#### *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.

They note the performance against the 31 day target has dipped below the 95% for the first time in almost a year. Improvement work continues to ensure that in future the target is met and sustained.

### **NHS Greater Glasgow & Clyde**

#### **Accuracy Issues**

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

#### **General/Service Issues**

The Board commented that the pathways were adversely affected by public holidays over festive period.

The 62-day pathway was apparently challenging for cervical, colorectal, head and neck, lung, urology and upper GI cancer patients, due to the number of investigations they may have to undergo and the potential treatment options available.

The 31- day pathway was met despite challenges within Breast Screened only and urology patients. The Board have commented that as with the 62-day pathway the festive period had an impact on this quarter's breaches, as well as continuing capacity issues.

### **NHS Highland**

#### **Accuracy Issues**

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

#### **General/Service Issues**

The 62-day pathway has been a challenge due to staff shortages in the colorectal department however new staff appointments and a prioritisation of USC referrals is expected to improve matters. Within Urology, additional WLI activity is underway for both clinics and theatre in order to minimise the waits pending the appointment of a sixth (additional) Urologist

The 31-day breaches have been the result of a one off increase in demand.

The lack of sufficient sub specialists in H&N Oncology has resulted in this delay.

### **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. The Board noted that all services the deal with Colorectal and Ovarian cancer patients are under review. The Board also note the Urology also remains a challenge.

It must be also noted that theatre lists were cancelled due to the festive period.

### **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 is disappointed to not have met the 62-day standard and notes particular pressures in urological cancers.

NHS Lothian has instituted an intensive improvement programme for colorectal cancers and notes that performance improved significantly in the month of March, as a result of this programme. Additional scope capacity is currently coming on-line to support the diagnostic pathway.

NHS Lothian notes that the urology service receives referrals from across the country for laparoscopic radical prostatectomy, where across the country there is a significant imbalance of capacity and demand. This affects all elements of the urology service. SGHD

are aware of the issues and is working closely with regional planning groups and NHS Lothian to try to resolve.

**31-day breaches**

As with the 62-day standard, NHS Lothian is aware of pressures in Urology, which accounts for 33 of the 46 breaches. This equates to a negative impact of approximately 4% on NHS Lothian's performance. NHS Lothian is nonetheless pleased to see the standard has been met.

NHS Lothian has instituted an intensive improvement programme for colorectal cancers.

**NHS Orkney**

**Accuracy Issues**

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

**General/Service Issues**

No comments required.

**NHS Shetland**

**Accuracy Issues**

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

**General/Service Issues**

The Board has been in discussion over the noted 62-day breach with the waiting times group and cancer lead team meeting and remedial actions are being worked on.

**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**

62-day pathway The Board confirmed that due to small numbers reported, 8 patients achieved target, 2 patients breached. The Board noted that they also depend on other health boards to provide 1st treatment.

31-day pathway no comments required.

### A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Cancer Waiting Times in Scotland: January to March 2015.
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 March 2015.
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 <a href="#">Background</a> and <a href="#">Data Quality</a> 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 <a href="#">submission timetable</a> on the <a href="#">Guidance</a> page of the CWT website for more information.
Release date	30 June 2015
Frequency	Quarterly
Timeframe of data and timeliness	The publication includes data for the last five quarters, 1 January 2014 to 31 March 2015
Continuity of data	<p>To remain relevant to the changing set of targets (as published in <a href="#">Better Cancer Care - An Action Plan</a>), 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.</p> <p>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.</p> <p>When making comparisons across Scotland, it should be noted that some areas reported on contain small numbers. For example, in</p>

	<p>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 <a href="#">ISD Statistical Revisions Policy</a>.</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> <p>Detail of revisions to this publication: There are no major revisions to this publication.</p>
Concepts and definitions	<p>Performance against the targets set out in <i>Better Cancer Care – An Action Plan</i> 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 <a href="#">Guidance</a> 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 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.</p>
Accuracy	<p>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 <a href="#">can be found here</a>. 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.</p> <p>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 <a href="#">Data Quality</a> 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</p>

	<p>consistently. A paper highlighting the outcome of this project <a href="#">can be found here</a>.</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. Information on data quality, service issues and accuracy specific to this publication can be found in Appendix 2.</p> <p>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 <a href="#">can be found here</a>.</p>
<p>Completeness</p>	<p>A patient will be excluded from reporting against the Cancer Waiting Times standards for the following reasons:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. The patient died before treatment</li> <li>3. The patient refused all treatment</li> <li>4. The patient was deemed a clinically complex case by the lead cancer clinician of the responsible NHS Board</li> </ol>
<p>Comparability</p>	<p>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.</p> <p>England:  <a href="http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/">http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/</a></p> <p>Northern Ireland  <a href="http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes.htm">http://www.dhsspsni.gov.uk/index/statistics/hospital/waitingtimes.htm</a></p> <p>Wales  <a href="http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-times/?lang=en">http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-times/?lang=en</a></p>
<p>Accessibility</p>	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a>.</p>
<p>Coherence and clarity</p>	<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</p>

	<p>Network level, broken down by quarter.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. All tables are printer friendly.</li> <li>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.</li> <li>4. Key data presented graphically.</li> <li>5. Tables use drop down menus to display data by a single Board, Regional Cancer Network, Quarter and Cancer Type.</li> </ol>
Value type and unit of measurement	<p>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.</p>
Disclosure	<p>The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.</p>
Official Statistics designation	<p>These statistics are classed as official statistics.</p>
UK Statistics Authority Assessment	<p>Awaiting assessment by the UK Statistics Authority.</p>
Last published	<p>31 March 2015</p>
Next published	<p>29<sup>th</sup> September 2015</p>
Date of first publication	<p>25<sup>th</sup> June 2010</p>
Help email	<p><a href="mailto:nss.isdcancerwaitsnew@nhs.net">nss.isdcancerwaitsnew@nhs.net</a></p>
Date form completed	<p>17<sup>th</sup> June 2015</p>

\*

<b>Target Cohort</b>	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
<b>First Publication</b>	Quarter 1 (January - March 2010) on 29 <sup>th</sup> June 2010	Quarter 2 (April - June 2010 ) on 28 <sup>th</sup> September 2010	Quarter 3 (July - September 2010) on 21 <sup>st</sup> December 2010	Quarter 4 (October - December 2010) on 29 <sup>th</sup> 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](#).