

Publication Report



Child and Adolescent Mental Health Services Waiting Times in NHSScotland

Quarter ending 30 June 2015

Publication date – 25 August 2015

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Introduction

This publication contains information about how long children and young people waited for mental health services provided by the NHS in Scotland. This information has been published quarterly since August 2012. The information in this publication covers the period April to June 2015, with figures from January to March 2015 for reference. One year worth of data is included in the Excel files.

The NHS in Scotland provides mental health services for children and young people with a wide range of mental health conditions including Attention Deficit Hyperactivity Disorder (ADHD), anxiety, behaviour problems, depression and early onset psychosis.

This treatment is provided through Child and Adolescent Mental Health (CAMH) services. These services, which are mainly outpatient and community based, are provided by a range of staff including psychiatrists, mental health nurses, clinical psychologists, child psychotherapists, occupational therapists and other allied health professionals.

The Scottish Government requires the NHS in Scotland to measure the time people wait for treatment and this includes people waiting for CAMH services. The Scottish Government has set a target for the NHS in Scotland to deliver a maximum wait of 26 weeks from a patient's referral to treatment for specialist CAMH services from March 2013, reducing to 18 weeks from December 2014. Information for both targets are included in the report.

Following the conclusion of previously planned work on a tolerance level for CAMH service waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the CAMH services target should be delivered for at least 90% of patients.

Now that the 18 week target is live and this publication includes separate tables showing distribution of waits split into 0-18, 19-35, 36-52 and 53+ weeks, ISD have agreed with the Scottish Government that the tables showing waits of 0-26, 26+ weeks can be removed from the November 2015 publication. If you have any objection to this can you please let ISD know by 22 September by emailing NSS.CAMH@nhs.net.

Key points

- During the quarter ending June 2015, over 4,400 children and young people started treatment at CAMH services in Scotland, an increase of 175 (4.1%) compared to quarter end March 2015. Of these, 85.2% were seen within 26 weeks and 76.6% were seen within 18 weeks. Half started their treatment within nine weeks.
- During the quarter ending June 2015, 10 Boards met the 26 week HEAT target and four did not (NHS Fife, NHS Forth Valley, NHS Lothian and NHS Tayside). The 18 week HEAT target was met by six Boards and not by eight (NHS Borders, NHS Fife, NHS Forth Valley, NHS Grampian, NHS Lanarkshire, NHS Lothian, NHS Shetland and NHS Tayside).
- Across Scotland, 12.7% of patients referred to CAMH services did not attend their first appointment. These patients may still be on the waiting list. NHS Boards may reset the patients waiting times clock to zero or send back to referring clinician, where it is reasonable and clinically appropriate.

Workforce information for CAMH services is published at the same time as waiting times information. The key points from the latest [CAMHS Workforce publication](#) indicate:

- In 2009, the Scottish Government committed central funding to expand the CAMHS workforce of NHSScotland.
- Data released in the CAMHS Workforce publication show that since 30 September 2009 the CAMHS workforce in NHSScotland has risen from 764.6 WTE (883 headcount) in September 2009 to 979.5 WTE (1134 headcount) as at 30 June 2015.
- NHSScotland CAMHS vary in the age of population served. In some areas services are provided up to 16 only; while others offer services up to 18 years. This has significant implications for workforce requirements.

Results and Commentary

How long people waited to start their treatment

This section shows waiting times for patients who started their treatment during the period April to June 2015. Appendix A2 provides NHS Board level information on the completeness of the data and any data quality issues to be aware of.

During April - June 2015 (see Table 1):

- Over 4,400 children and young people started their treatment at CAMH services in Scotland.
- Using adjusted waits where available, 85.2% of people seen by a CAMH service started their treatment within 26 weeks and 76.6% were seen within 18 weeks of being referred. Half started their treatment within nine weeks.
- In the NHS Boards that are able to report unadjusted waits, 83.9% of people seen by a CAMH service started their treatment within 26 weeks and 72.9% started their treatment within 18 weeks of being referred. Half started their treatment within eleven weeks.

There has been no change in the percentage of people seen within 26 weeks (adjusted figures) this quarter compared to the quarter January – March 2015. There has been a slight reduction in the percentage of people seen within 18 weeks (Chart 1).

Information by NHS Board is shown in Tables 2 and 3 and Charts 2 and 3.

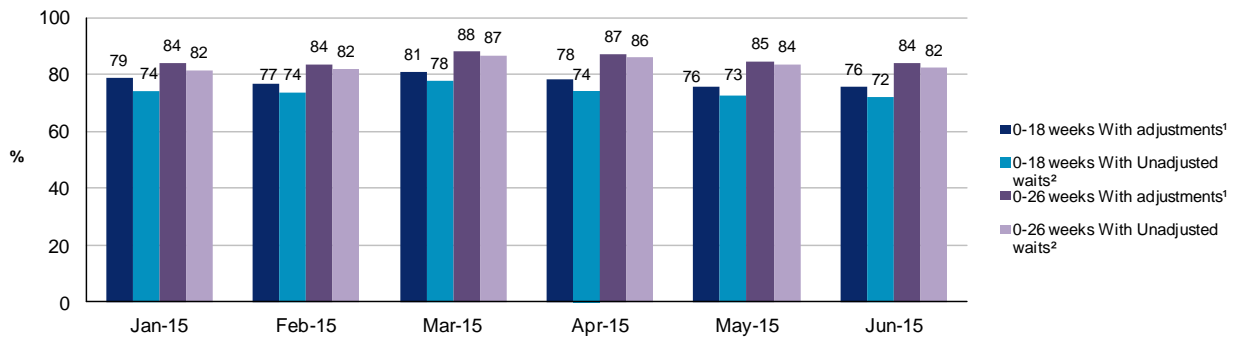
Table 1. Waiting times for people who started their treatment in April to June 2015, NHS Scotland.

Month	With adjustments ^{1,3}				Unadjusted ^{2,3}		
	People seen	Seen within 18 weeks (%)	Seen within 26 weeks (%)	Average (median) wait (weeks)	Seen within 18 weeks (%)	Seen within 26 weeks (%)	Average (median) wait (weeks)
Apr-15	1,445	78.5%	87.0%	8	73.9%	85.9%	10
May-15	1,476	75.9%	84.6%	9	72.6%	83.6%	11
Jun-15	1,523	75.6%	84.1%	9	72.1%	82.3%	11
Total	4,444	76.6%	85.2%	9	72.9%	83.9%	11

Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 2 (page 7).
2. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.
3. Excludes NHS Orkney data for the month of June 2015.
4. Excludes NHS Shetland data for the months of April and May 2015.

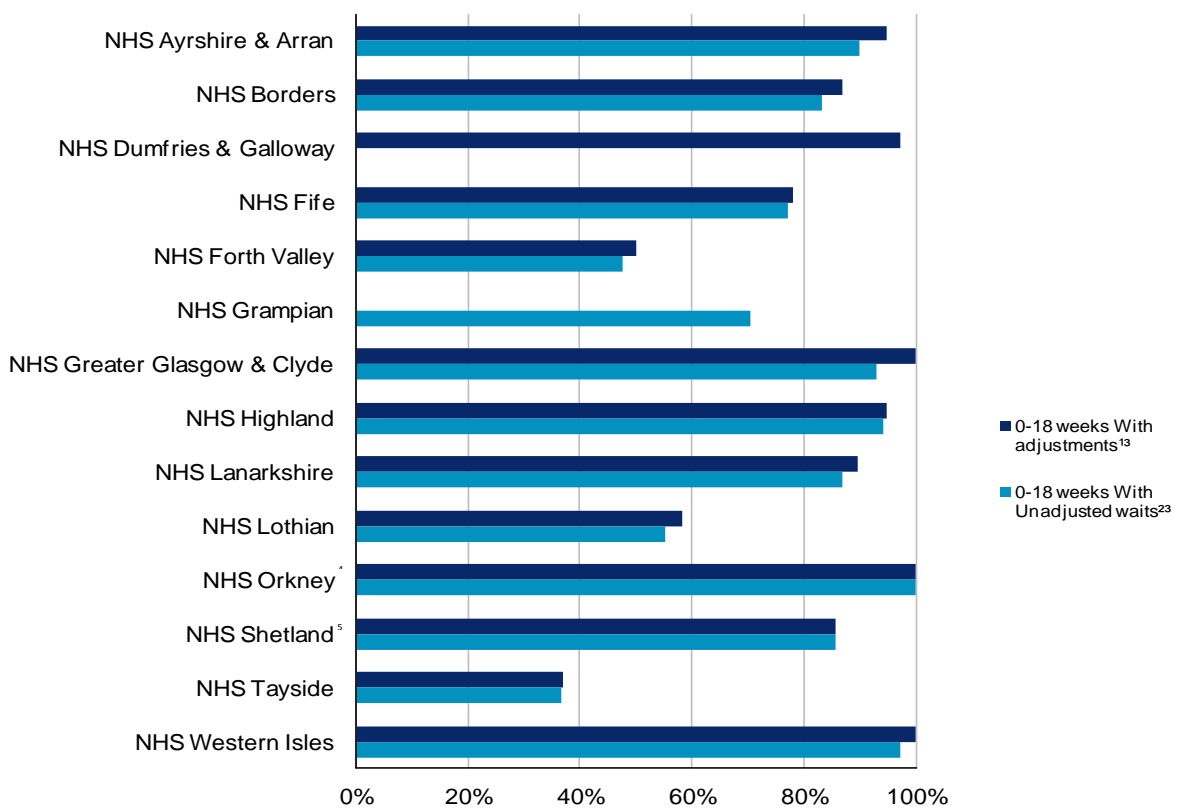
Chart 1. Percentage of people who started their treatment within both 18 and 26 weeks, NHS Scotland, January to June 2015.



Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 2 (page 7).
2. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.

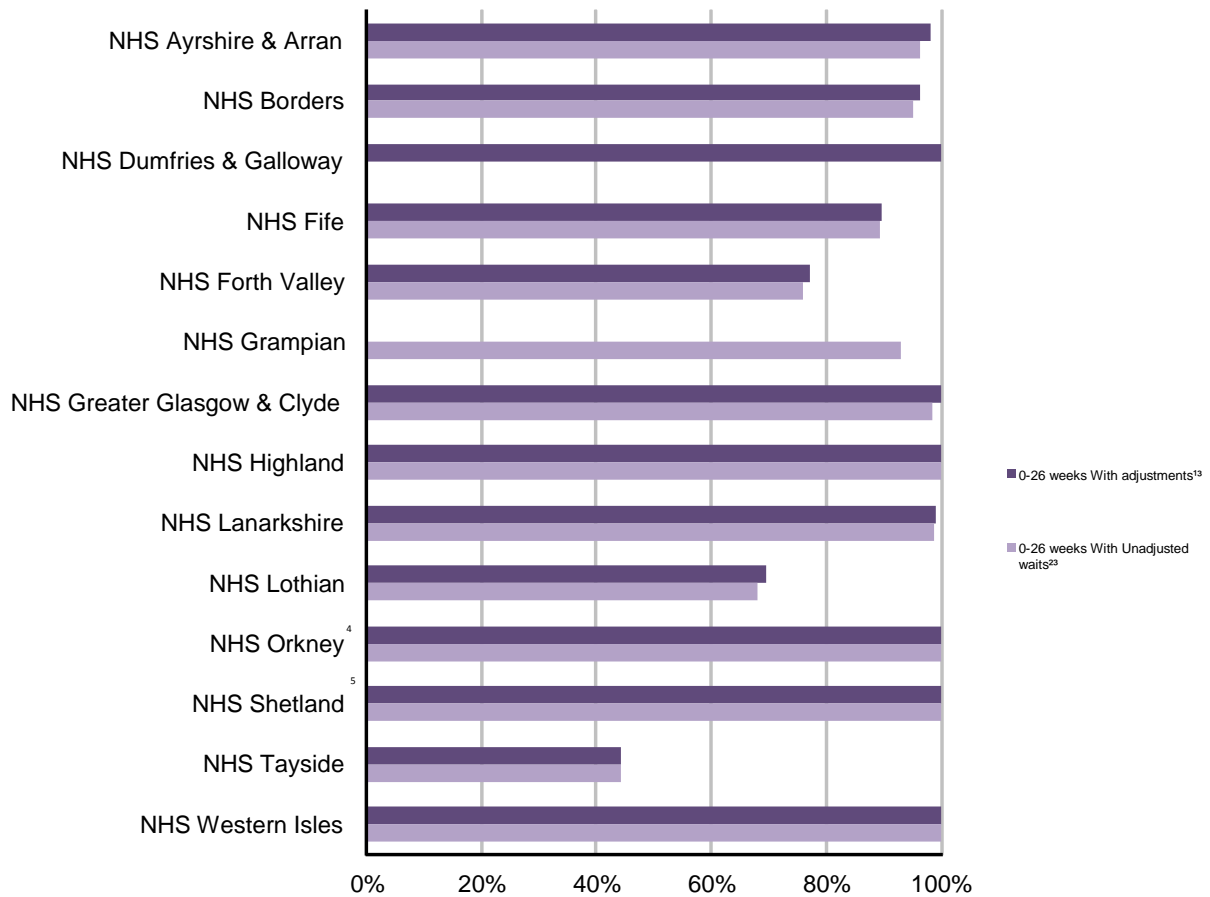
Chart 2. Percentage of people who started their treatment within 18 weeks by NHS Board, April to June 2015



Notes

1. Adjusted waits are only included where Boards are able to provide these. For details of adjustments see Table 2 (page 7).
2. NHS Dumfries & Galloway are unable to provide unadjusted waits.
3. NHS Grampian are unable to provide adjusted waits, NHS Grampian advised that the difference between their adjusted and unadjusted waits is minimal.
4. NHS Orkney supplied Adjusted and Unadjusted data for May 2015 and were unable to provide data for the month of June 2015.
5. NHS Shetland unable to provide data for April and May 2015.

Chart 3. Percentage of people who started their treatment within 26 weeks by NHS Board, April to June 2015



Notes

- Adjusted waits are only included where Boards are able to provide these. For details of adjustments see Table 2 (page 7).
- NHS Dumfries & Galloway are unable to provide unadjusted waits.
- NHS Grampian are unable to provide adjusted waits, NHS Grampian advised that the difference between their adjusted and unadjusted waits is minimal.
- NHS Orkney supplied Adjusted and Unadjusted data May 2015 and were unable to provide data for the month of June 2015.
- NHS Shetland unable to provide data during the months of April and May 2015.

Information on data quality and data completeness at NHS Board level is available on pages 26-31 in Appendix A2.

Table 2. Waiting times (with adjustments) for people who started their treatment in April to June 2015 by NHS Board

NHS Board of Treatment	People seen	People seen within		Average (median) wait (weeks)	Waiting time adjustments ¹
		18 weeks (%)	26 weeks (%)		
NHS Scotland²	4,444	76.6	85.2	9	-
NHS Ayrshire & Arran	236	94.9	98.3	7	NA, U
NHS Borders	168	86.9	96.4	3	NA, U, RO
NHS Dumfries & Galloway	104	97.1	100.0	7	NA, U, RO
NHS Fife	339	78.2	89.7	6	NA
NHS Forth Valley	220	50.0	77.3	18	NA, U
NHS Grampian	347	70.6	93.1	15	Unadjusted
NHS Greater Glasgow & Clyde	1,094	100.0	100.0	6	NA, U
NHS Highland ³	119	95.0	100.0	7	NA, U, RO
NHS Lanarkshire	463	89.6	99.1	7	NA, U, RO
NHS Lothian	757	58.3	69.5	16	NA, U
NHS Tayside	545	36.9	44.4	35	NA, U, RO
NHS Island Boards ^{4,5}	52	98.1	100.0	4	-

Notes

- Waiting time adjustments:
NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.
U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.
RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.
For further information see page 27.
- Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. NHS Grampian advised that the difference between their adjusted and unadjusted waits is minimal.
- Patients seen data for NHS Highland only includes Tier 2 services at the moment. This is due to delays in the relevant data being extracted in usable form from the new patient management system.
- NHS Orkney have been unable to supply data for the month of June 2015.
- NHS Shetland have been unable to supply data for the months of April and May 2015.
- NHS Orkney, NHS Shetland and NHS Western Isles have been combined where applicable to prevent disclosure numbers.

In the quarter April to June 2015, at least 90% of people were seen within 26 weeks in all NHS Boards except for NHS Fife (89.7%), NHS Forth Valley (77.3%), NHS Lothian (69.5%) and NHS Tayside (44.4%). At least 90% of people were seen within 18 weeks in all NHS Boards except for NHS Borders (86.9%), NHS Fife (78.2%), NHS Forth Valley (50%), NHS Grampian (70.6%), NHS Lanarkshire (89.6%), NHS Lothian (58.3%), NHS Shetland (85.7%) and NHS Tayside (36.9%).

Further information by NHS Board and for the last 4 quarters can be found [here](#).

Table 3. Unadjusted waiting times for people who started their treatment in April to June 2015

NHS Board of Treatment	People seen	People seen within		Average (median) wait (weeks)
		18 weeks (%)	26 weeks (%)	
NHS Scotland¹	4,340	72.9	83.9	11
NHS Ayrshire & Arran	236	89.8	96.2	7
NHS Borders	168	83.3	95.2	5
NHS Dumfries & Galloway	..	..	..	..
NHS Fife	339	77.3	89.4	7
NHS Forth Valley	220	47.7	75.9	19
NHS Grampian	347	70.6	93.1	15
NHS Greater Glasgow & Clyde	1,094	93.0	98.4	9
NHS Highland ²	119	94.1	100.0	7
NHS Lanarkshire	463	87.0	98.9	8
NHS Lothian	757	55.1	67.9	17
NHS Tayside	545	36.5	44.2	35
NHS Island Boards ^{3,4}	52	96.2	100.0	5

Notes

.. Data not available

1. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.
2. Patients seen data for NHS Highland only includes Tier 2 services at the moment. This is due to delays in the relevant data being extracted in usable form from the new patient management system.
3. NHS Shetland have been unable to supply data for the months of April and May 2015.
4. NHS Orkney have been unable to supply data for the month of June 2015
5. NHS Orkney, NHS Shetland and NHS Western Isles have been combined where applicable to prevent disclosive numbers.

Further information by NHS Board and for the last 4 quarters can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-31 in Appendix A2.

People waiting at the end of the month

This section presents a summary of waiting times information for CAMH services for people who are waiting at the end of each month. This is a useful measure for managers of these services as it can help them take early action to ensure that patient waits do not exceed the target. However, this measure does not show how long people actually wait before they received care.

Appendix A2 provides NHS Board level information on the completeness of the data and any data quality issues to be aware of.

At the end of June 2015 (Table 4):

- Over 6,500 people were waiting to start treatment at CAMH services in Scotland.
- Using adjusted waits where available, 90.9% of people had been waiting for less than 26 weeks (598 people were waiting over 26 weeks) and 80.0% of people had been waiting for less than 18 weeks (1,311 people were waiting over 18 weeks).
- For the NHS Boards that are able to report unadjusted waits, 90.0% of people had been waiting for less than 26 weeks (647 people were waiting over 26 weeks) and 77.8% of people had been waiting for less than 18 weeks (1,432 people were waiting over 18 weeks).

The percentage of patients waiting over 18 and 26 weeks has been relatively stable over the last six months (Chart 4). Information by NHS Board is shown in Charts 5 and 6 and Tables 5 and 6.

Table 4. Waiting times for people waiting at the end of the month in Scotland.

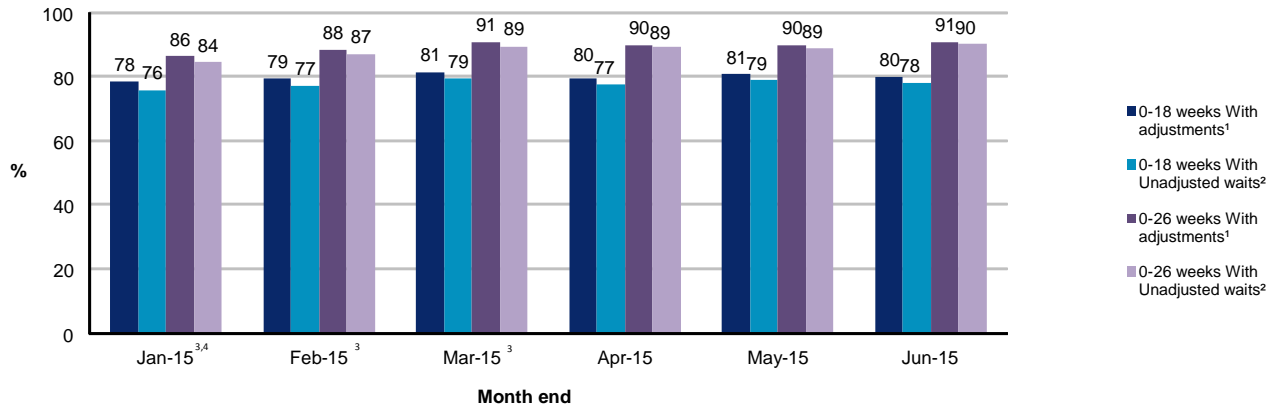
Month End	Total People Waiting	With adjustments ¹		Unadjusted ²	
		Less than 18 weeks	Less than 26 weeks	Less than 18 weeks	Less than 26 weeks
		(%)	(%)	(%)	(%)
Apr-15	6,649	79.6%	89.9%	77.4%	89.1%
May-15	6,604	80.6%	89.8%	78.8%	88.8%
Jun-15	6,539	80.0%	90.9%	77.8%	90.0%

Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 5 (page 12).
2. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.
3. NHS Orkney have been unable to submit data for the month of June 2015
4. NHS Shetland have been unable to submit data for the months of April and May 2015.

Information on data quality and data completeness at NHS Board level is available on pages 26-31 in Appendix A2.

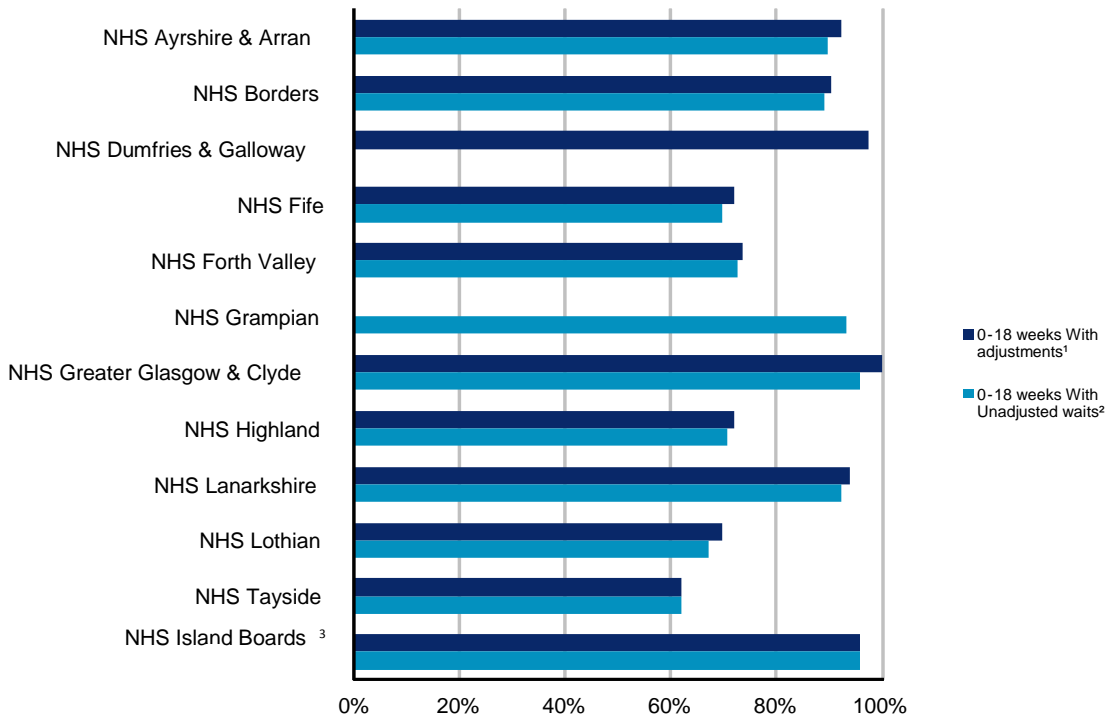
Chart 4. Percentage of people waiting less than both 18 and 26 weeks, NHS Scotland, January to June 2015



Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 5 (page 12).
2. NHS Dumfries & Galloway are unable to provide unadjusted waits.
3. NHS Shetland unable to provide data for the months April and May 2015.
4. NHS Orkney unable to provide data for June 2015.

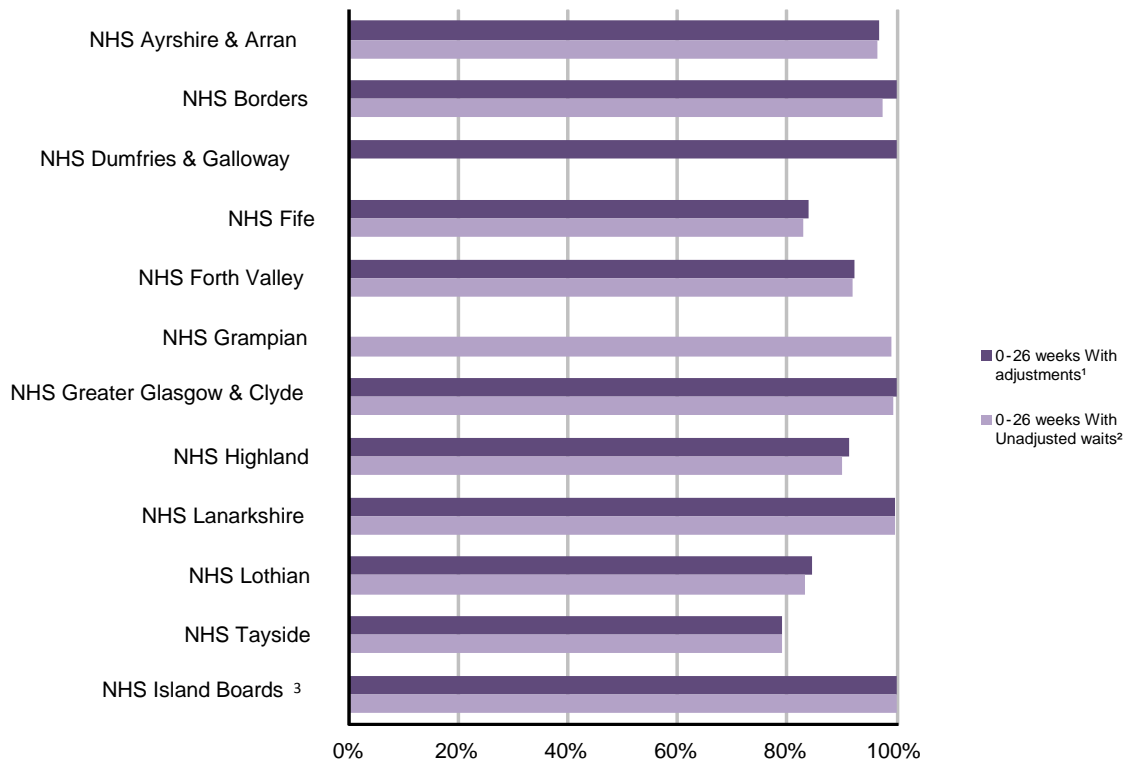
Chart 5. Percentage of people waiting less than 18 weeks by NHS Board, as at 30 June 2015



Notes

1. Adjusted waits are only included where Boards are able to provide these. For details of adjustments see Table 5 (page 12).
2. NHS Dumfries & Galloway are unable to provide unadjusted waits.
3. NHS Orkney, NHS Shetland and NHS Western Isles data are combined where applicable to prevent disclosive numbers.
4. NHS Orkney unable to provide data for June 2015.

Chart 6. Percentage of people waiting less than 26 weeks by NHS Board, as at 30th June 2015



Notes

1. Adjusted waits are only included where Boards are able to provide these.
2. For details of adjustments see Table 5 (page 12). NHS Dumfries & Galloway are unable to provide unadjusted waits.
3. NHS Orkney, NHS Shetland and NHS Western Isles data are combined where applicable to prevent disclosive numbers.
4. NHS Orkney unable to provide data for June 2015.

Information on data quality and data completeness at NHS Board level is available on pages 26-31 in Appendix A2.

Table 5. Waiting times (with adjustments) for people waiting at 30 June 2015 by NHS Board

NHS Board of treatment	Total People Waiting	Less than 18 weeks (%)	Less than 26 weeks (%)	Waiting time adjustments ¹
NHS Scotland²	6,539	80.0%	90.9%	..
NHS Ayrshire & Arran	224	92.4%	96.9%	NA, U
NHS Borders	146	90.4%	100.0%	NA, U, RO
NHS Dumfries & Galloway	81	97.5%	100.0%	NA, U, RO
NHS Fife	580	71.9%	83.8%	NA
NHS Forth Valley	468	73.7%	92.3%	NA, U
NHS Grampian	741	93.3%	99.1%	Unadjusted
NHS Greater Glasgow & Clyde	870	100.0%	100.0%	NA, U
NHS Highland	373	72.1%	91.2%	NA, U, RO
NHS Lanarkshire	547	94.0%	99.8%	NA, U, RO
NHS Lothian	1,708	69.8%	84.7%	NA, U
NHS Tayside	752	61.8%	79.0%	NA, U, RO
NHS Island Boards ^{3,4}	49	95.9%	100.0%	..

Notes

.. Data not available

1. Waiting time adjustments:

NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.

U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.

RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.

For further information see page 27.

2. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.

3. NHS Orkney, NHS Shetland and NHS Western Isles data are combined where applicable to prevent disclosive numbers.

4. NHS Orkney unable to provide data for June 2015.

Further information by NHS Board and for the last 4 quarters can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-31 in Appendix A2.

Table 6. Unadjusted waiting times for people waiting at 30 June 2015 by NHS Board

NHS Board of treatment	Total People Waiting	Less than 18 weeks (%)	Less than 26 weeks (%)
NHS Scotland¹	6,459	77.8%	90.0%
NHS Ayrshire & Arran	224	89.7%	96.4%
NHS Borders	147	89.1%	97.3%
NHS Dumfries & Galloway ¹	..	..	..
NHS Fife	580	69.7%	82.8%
NHS Forth Valley	468	72.7%	91.9%
NHS Grampian	741	93.3%	99.1%
NHS Greater Glasgow & Clyde	870	95.7%	99.3%
NHS Highland	373	70.8%	90.1%
NHS Lanarkshire	547	92.3%	99.8%
NHS Lothian	1,708	67.1%	83.1%
NHS Tayside	752	61.8%	79.0%
NHS Island Boards ²	49	95.9%	100.0%

Notes

.. Data not available

1. NHS Dumfries & Galloway are unable to provide unadjusted waits
2. NHS Orkney, NHS Shetland and NHS Western Isles data are combined where applicable to prevent disclosive numbers.
3. NHS Orkney unable to provide data for June 2015.

Further information by NHS Board and for the last 4 quarters can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-31 in Appendix A2.

Number of people referred to CAMH Services

This section has information on how many children and young people are referred to CAMH services. Waiting lists can build up where demand for services exceeds the capacity of that service, so the number of referrals is a key measure for managing waiting times.

During the period April to June 2015, almost 7,100 children and young people were referred to CAMH services. The numbers of referrals by NHS Board are shown in Table 7.

It is not possible to give a direct comparison of referral rates across NHS Boards as CAMH services vary in the age of population served. Some areas provide services for all those under 18, while others offer services to those over 16 only if they are in full time education (for more detail see the 'Age of Service Provision' section in the [Workforce Publication](#)). The 'referrals per 1,000 people under 18' gives an indication of the relative differences in demand.

Table 7. Referrals to CAMH services by NHS Board, April to June 2015

NHS Board	All referrals		Referrals excluding rejected referrals	
	Number of referrals	Referrals per 1,000 people under 18	Number of referrals	Referrals per 1,000 people under 18
NHS Scotland	7,077	7.3	5,698	5.8
NHS Ayrshire & Arran	406	5.6	322	4.4
NHS Borders	172	7.9	149	6.8
NHS Dumfries & Galloway	257	9.1	221	7.8
NHS Fife	539	7.4	477	6.5
NHS Forth Valley	432	7.1	373	6.1
NHS Grampian	774	7.0	646	5.9
NHS Greater Glasgow & Clyde	1,815	7.7	1,201	5.1
NHS Highland	..	..	..	..
NHS Lanarkshire	707	5.9	627	5.3
NHS Lothian	1,316	8.1	1,207	7.5
NHS Orkney ¹	8	1.9	8	1.9
NHS Shetland	..	..	..	..
NHS Tayside	612	7.8	428	5.5
NHS Western Isles	39	7.5	39	7.5

Notes

.. Data not available

1. NHS Orkney unable to provide data for June 2015.

Further information on referrals for the last 4 quarters can be found [here](#).

Non-attendances for CAMH Services

Table 8 shows the percentage of people who did not attend (DNA) their first contact appointment for CAMH services.

During the quarter April to June 2015 the 'did not attend rate' was 12.7%.

Table 8. Non-attendance for CAMH services by NHS Board, April – June 2015

NHS Board	Number of first contact appointments	Number of DNAs	Total of first contact appointments and DNAs	Percentage of DNAs for first contact appointments
NHS Scotland	5,342	776	6,118	12.7%
NHS Ayrshire & Arran	301	37	338	10.9%
NHS Borders	231	29	260	11.2%
NHS Dumfries & Galloway	180	34	214	15.9%
NHS Fife	575	67	642	10.4%
NHS Forth Valley	239	31	270	11.5%
NHS Grampian	440	37	477	7.8%
NHS Greater Glasgow & Clyde	1,145	229	1,374	16.7%
NHS Highland	280	33	313	10.5%
NHS Lanarkshire	489	94	583	16.1%
NHS Lothian	1,280	159	1,439	11.0%
NHS Tayside	130	21	151	13.9%
NHS Island Boards ^{1,2,3}	52	5	57	8.8%

Notes

DNA – Did not attend

.. Data not available

1. NHS Shetland unable to provide data for April and May 2015.

2. NHS Orkney, NHS Shetland and NHS Western Isles have been combined where applicable to prevent disclosure numbers.

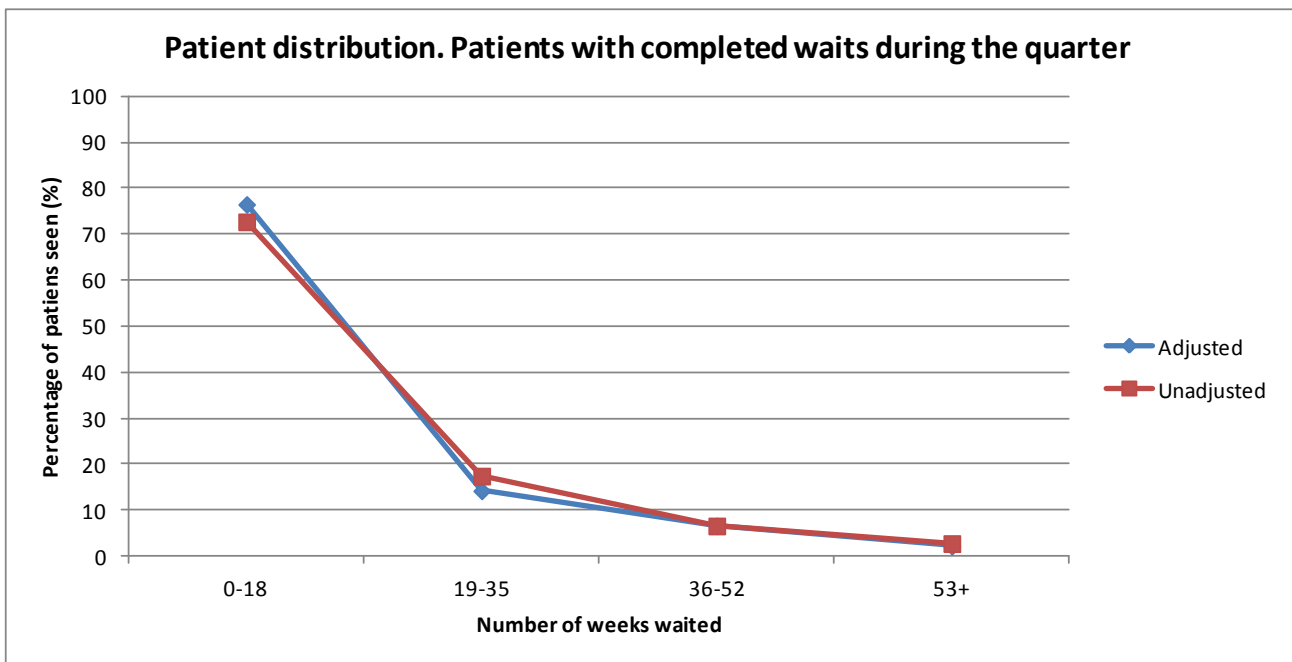
3. NHS Orkney unable to provide data for June 2015.

Further information on DNAs for the last three quarters can be found [here](#).

Distribution of wait

Chart 7 and Table 8 presents distribution information for patients who started their treatment during the quarter April to June 2015. Chart 7 incorporates both adjusted and unadjusted data and shows the percentage of patients in relation to the number of weeks waited for treatment. Table 8 is adjusted data and shows the percentage of patients in wait time band by NHS Board.

Chart 7. NHS Scotland¹: Distribution of completed waits (adjusted² and unadjusted) during the quarter April to June 2015.



Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 5.
3. NHS Shetland unable to provide data for April and May 2015.
4. NHS Orkney unable to provide data for June 2015.

Table 9. Distribution of wait (adjusted) for people who started their treatment in April to June 2015, by NHS Board.

NHS Board	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland¹	76.6	14.3	6.7	2.3
NHS Ayrshire & Arran	94.9	4.7	0.4	-
NHS Borders	86.9	13.1	-	-
NHS Dumfries & Galloway	97.1	2.9	-	-
NHS Fife	78.2	15.0	3.0	3.8
NHS Forth Valley	50.0	48.2	1.8	-
NHS Grampian	70.6	29.1	0.3	-
NHS Greater Glasgow & Clyde	100.0	-	-	-
NHS Highland	95.0	5.0	-	-
NHS Lanarkshire	89.6	10.4	-	-
NHS Lothian	58.3	28.3	11.9	1.6
NHS Tayside	36.9	13.6	35.4	14.1
NHS Island Boards ^{2,3,4}	98.1	1.9	-	-

Notes

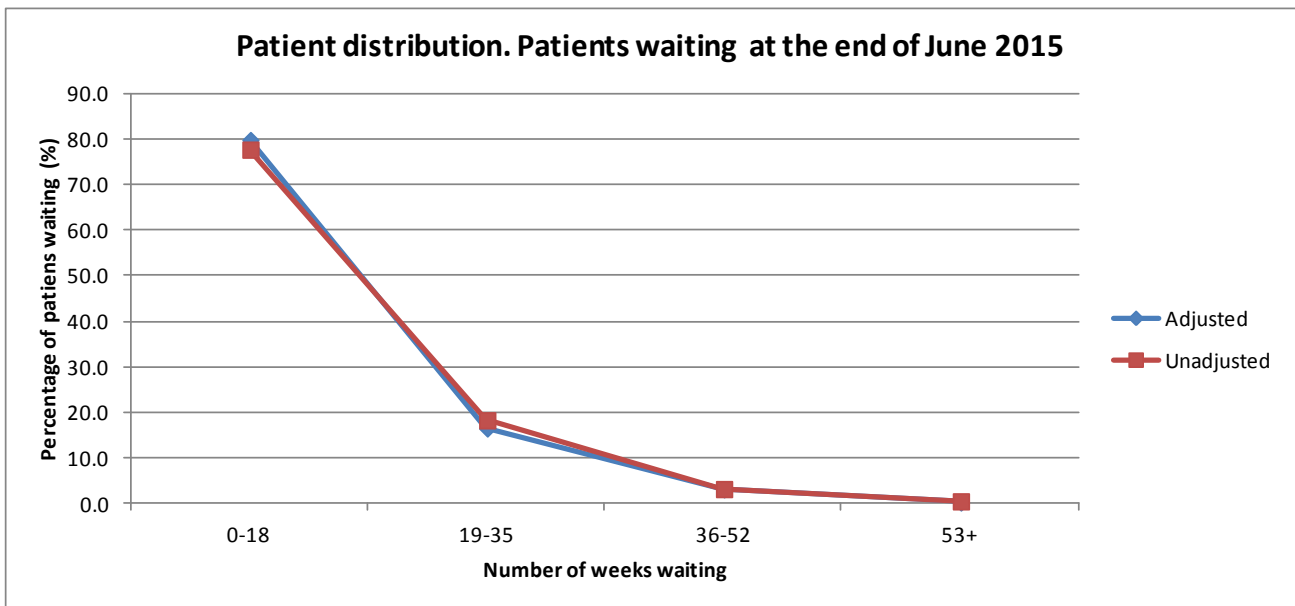
.. Data not available

- denotes zero

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney, NHS Shetland and NHS Western Isles have been combined where applicable to prevent disclosive numbers.
3. NHS Shetland unable to provide data for April and May 2015.
4. NHS Orkney unable to provide data for June 2015.

Chart 8 and Table 10 presents distribution information for patients who are waiting to start their treatment as at the end of June 2015. Chart 8 incorporates both adjusted and unadjusted data and shows the percentage of patients in relation to the number of weeks they have been waiting for treatment. Table 10 is adjusted data and shows the percentage of patients in wait time band by NHS Board.

Chart 8. NHS Scotland¹: Distribution of patients waiting for treatment (adjusted² and unadjusted) as at end of June 2015.



Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 5.
3. NHS Orkney unable to provide data for June 2015.

Table 10. Distribution of wait (adjusted) for people waiting at 30 June 2015, by NHS Board

NHS Board	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland¹	80.0	16.6	3.2	0.3
NHS Ayrshire & Arran	92.4	5.4	0.9	1.3
NHS Borders	90.4	9.6	-	-
NHS Dumfries & Galloway	97.5	2.5	-	-
NHS Fife	71.9	20.2	6.0	1.9
NHS Forth Valley	73.7	25.0	0.9	0.4
NHS Grampian	93.3	6.7	-	-
NHS Greater Glasgow & Clyde	100.0	-	-	-
NHS Highland	72.1	25.2	2.1	0.5
NHS Lanarkshire	94.0	6.0	-	-
NHS Lothian	69.8	25.0	5.2	0.1
NHS Tayside	61.8	28.6	9.4	0.1
NHS Island Boards ^{2,3}	95.9	4.1	-	-

Notes

.. Data not available

- denotes zero

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney, NHS Shetland and NHS Western Isles are combined where applicable to prevent disclosive numbers.
3. NHS Orkney unable to provide data for June 2015.

Further information on the distribution of wait can be found [here](#).

Glossary

Adjusted waiting time	This is how long a person waited after taking into account any periods they were unavailable and any appointments that they missed or rearranged. The adjustments are described on page 27. If a person has no periods of unavailability and attends on the first date that they accept, then no adjustments are made and their adjusted waiting time is the same as their unadjusted waiting time.
CAMH services	Child and Adolescent Mental Health (CAMH) services provided by NHS Scotland. Services are provided by teams of clinicians including psychiatrists, mental health nurses, clinical psychologists, occupational therapists and other allied health professionals. These services are based mainly in outpatient clinics and in the community.
Children and young people	The people served by CAMH services. Some areas provide services for all those under 18, while others offer services to those over 16 only if they are in full time education (for more detail see the 'Age of Service Provision' section in the Workforce Publication).
HEAT targets	A set of targets agreed between the Scottish Government and NHS Scotland relating to Health Improvement, Efficiency, Access or Treatment (HEAT).
Rejected Referral	Where a request to a healthcare professional or to an organisation to provide appropriate healthcare to a patient is deemed as not appropriate.
Start of treatment	When treatment starts or the person is removed from the waiting list. Not all people who are referred to a CAMH service go on to have treatment. Some people attend an assessment appointment, need no further treatment and so are removed from the waiting list. Some people are offered treatment but decide not to go ahead.
Tiers of service provision	<p>Tier 2 – Mental Health Practitioners at this level tend to be CAMH services specialists working in community and primary care settings, in uni-disciplinary teams (although many will also work as part of tier 3 services). They can include, mental health professionals employed to deliver primary mental health work, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs requiring specialist intervention.</p> <p>Tier 3 – This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders. Team members are likely to include child and adolescent</p>

psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and art, music and drama therapists.

Tier 4 – Essential tertiary level services such as intensive outreach services, day units and inpatient units. These are generally services for the small number of patients who are deemed to be at the greatest risk (of rapidly declining mental health or serious self injury) and/or who require a period of intensive input for the purpose of assessment and/or treatment. Team members will come from the same professional groups as listed for tier 3. The clinical responsibility for overseeing the assessment, treatment and care for each tier 4 patient is likely to lie with a consultant child and adolescent psychiatrist or clinical psychologist.

Unadjusted waiting time

The total time from the date the referral was received by the CAMH service to the date treatment commenced.

List of Tables

Table No.	Name	Time period	File & size
1	Adjusted Completed waits for people seen	Jul 2014- June 2015	Excel [883kb]
2	Unadjusted Completed waits for people seen	Jul 2014- June 2015	Excel [868kb]
3	Adjusted Waiting times for people waiting	Jul 2014- June 2015	Excel [875kb]
4	Unadjusted waiting times for people waiting	Jul 2014- June 2015	Excel [859kb]
5	Referrals	Jul 2014- June 2015	Excel [149kb]
6	Distribution of wait – adjusted waits	Jul 2014- June 2015	Excel [149kb]
7	Distribution of wait – unadjusted waits	Jul 2014- June 2015	Excel [149kb]
8	Did not attend (DNA) and first contact appointments	Jul 2014- June 2015	Excel [400kb]

Note: in order to view the tables to full effect, your macro security settings will need to be set to medium. To change macro security settings use Tools, Macro, Security - set security level to Medium and re-open the report.

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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

When the CAMH services data collection was first set up, the IT systems across NHS Boards were not set up to collect the data at patient level. Therefore, it was agreed to collect aggregate level data. The IT systems have developed since this work started and some of this information is now collected on Boards patient management systems; however, there are still some services where the information is still collected by NHS Boards in Excel.

NHS Boards collate and submit aggregate level data to ISD in an Excel template. The template has evolved over time. The current template is set up to collect information on patients who waited during the month and information on patients waiting at the end of each month. This information (number of people) is collected in weekly time bands to allow calculation of the median and 90th percentile. A separate Excel sheet is set up for adjusted and unadjusted waits.

ISD have programs set up to combine the Board information into one file. Since this is aggregate level data, the analysis involves aggregating the numbers and calculating percentages waiting/waited and medians/percentiles. ISD also carry out quality assurance to sense check the data and liaise with NHS Boards to resolve any queries.

Why are waiting times important?

The main function of CAMH services is to develop and deliver services for those children and young people (and their parents and carers) who are experiencing the most serious mental health problems. They also have an important role in supporting the mental health capability of the wider network of children's services.

Delivery of good quality CAMH services depends on timely access to healthcare. Early action is more likely to result in full recovery and, in the case of children and young people, minimises the impact on other aspects of their development, such as their education, so improving their wider social development outcomes.

Mental Health Policy and Targets

Developments in mental health care have been driven by a series of reports and policy recommendations:

[The Scottish Needs Assessment Programme \(SNAP\) Report on Child and Adolescent Mental Health](#) (2003) highlighted the importance of CAMH services and the need for development of these services within Scotland.

[Mental Health of Children and Young People: A Framework for Promotion, Prevention and Care](#) (Scottish Executive, 2005) set the policy direction and a commitment to developing these services.

A [HEAT target](#) for CAMH services was set in April 2010. The target is that no child or young person will wait longer than 26 weeks from referral to treatment in a specialist CAMH service from March 2013, reducing to 18 weeks from December 2014. Following the conclusion of previously planned work on a tolerance level for CAMH services waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the CAMH services target should be delivered for at least 90% of patients.

The [Mental Health Strategy for Scotland: 2012-2015](#) (2012) sets the policy direction for the next four years and includes a commitment to achieving and maintaining waiting times targets.

Psychological Therapies Waiting Times

Waiting times for [Psychological Therapies](#) are also published this quarter.

Workforce Information

[CAMH Workforce Information](#) presents the latest information on numbers of clinical staff working in CAMH services.

A2 – Data Quality

CAMH services waiting times data have been collected nationally since January 2010, although initially data were very incomplete and of poor quality. There have been significant improvements in data quality and completeness over time. For this publication the developmental label has been removed since ISD now feel the data completeness and recording is robust enough.

This section provides information on the quality and completeness of data supplied by NHS Boards to ISD. As part of the quality assurance process for this publication, ISD has asked Boards to provide information on any data quality and completeness issues that may affect interpretation of the statistics.

ISD also routinely seeks clarification from NHS Boards amongst 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.

Adjustment of waiting times

Waiting times for most NHS services are worked out using a calculation that takes into account any periods a person is unavailable and missed or cancelled appointments. These are referred to as adjustments. Some NHS Boards are not able to make all the appropriate adjustments to waiting times for CAMH services so we have included information on what adjustments each NHS Board has made.

Waiting time adjustments allow fair reporting of waiting times which have been affected by factors outside the NHS Board's control. However, the timing of appointments is always based on clinical need. For CAMH services, resetting the waiting time to zero is done for reporting purposes only and does not impact on the timing of any further appointments.

The main adjustments that are made to CAMH services waiting times are:

- If a person is unavailable (for example on holiday), the period for which they are unavailable is subtracted from their total waiting time.
- If a person does not attend an appointment and has to be given another, their waiting time is reset to zero.
- If a person rearranges an appointment, their waiting time is reset to zero on the day they contact the service to rearrange their appointment.
- If a person is offered several appointments and declines them all, their waiting time is reset to zero. NHS Boards report that this happens very rarely as most appointments are agreed by telephone.

This report also shows unadjusted waiting times. These are the actual times people have waited. Unadjusted waiting times are available for all NHS Boards except for one.

The [Summary Report on the Application of NHS Scotland Waiting Times Guidance](#) provides more explanation on the main adjustments that are made to waiting times for CAMH services.

Adjusted and unadjusted waiting times

When the HEAT target was announced, NHS Boards were asked to adjust waiting times where patients were unavailable or did not attend an appointment and had to be given another. This "New Ways" calculation of wait is used in other NHS services such as inpatients, outpatients and audiology.

Some NHS Boards developed systems to enable this calculation for CAMH services. However, not all systems are able to make all the appropriate adjustments, so all data which includes adjusted figures also includes information about what adjustments have been applied.

With the exception NHS Dumfries & Galloway, all NHS Boards which adjust data also report unadjusted waiting times.

Referral to treatment calculation

A small number of NHS Boards are not able to calculate the waiting times from referral to treatment. However, in almost all cases these Boards are using the second appointment as a proxy for treatment, which is the guidance given by Scottish Government. Information on which NHS Boards are still developing their systems for this is detailed in the NHS Board level data quality issues.

Tiers of service provision

The data submission should include service provision from tiers 2, 3 and 4 (descriptions in the glossary section, pages 16/17). Some NHS Boards are not able to report on all tiers, this may be because they do not provide services which fall under a particular tier or because they are still developing their systems to incorporate all tiers. This is detailed in the NHS Board level data quality issues.

Data completeness: common issues

Waiting times data are extracted from local administration systems which are updated frequently with information about appointments, attendances, etc. This may lead to different reported numbers of patients seen or waiting depending on the date the data were extracted. However, any differences equate to a relatively small proportion of total numbers of patients seen or waiting.

Data quality issues by NHS Board

This section details specific data quality issues for each NHS Board and provides information on any completeness issues.

NHS Ayrshire & Arran

The Board estimate the data to be 100% complete.

The Board do not use a proxy measure for referral to treatment; treatment started is determined by the clinician and recorded by the waiting list co-ordinator.

The Board submit data for tiers 2, 3. They commission Tier 4 Service with NHS Glasgow & Clyde, this is not included in the return. They also provide Tier 4 (intensive support) for urgent community patients.

The Board are in the process of migrating their data collection systems onto the TrakCare Patient Management System. This is currently being piloted in the North locality team, with a view to widespread roll out within the next few months. Data will continue to be recorded on the existing bespoke database for the purpose of cross-checking accuracy. Monthly returns will continue to be extracted from the database until confidence in the quality of data from TrakCare is assured.

NHS Borders

The Board estimate the data to be 100% complete.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 3 and 4 (which is not a separate team). Tier 2 data is collated separately, as these are commissioned services.

NHS Dumfries & Galloway

Currently, data for CAMH services and Child Psychology are recorded on different systems, Topas for CAMH services and Access for Child Psychology. The CAMH services data are adjusted and the Child Psychology are unadjusted. The Board are not able to provide information on unadjusted waits for CAMH service. The two sets of data are also measured differently, for Child Psychology a proxy of first appointment is used to measure treatment and for CAMH services a proxy of 2nd appointment is used. Therefore only information for CAMH services is included in this publication.

The Board submit data for tiers 2, 3 and 4.

NHS Fife

The Board estimate the data to be 100% complete.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4.

NHS Forth Valley

The Board estimate the data to be 100% complete for tier 3 services.

The Board do not use a proxy measure for referral to treatment; treatment started is determined by the clinician.

The Board submit data for tier 3; they do not have tier 4 services. They are working on the inclusion of tier 2 services.

Migration to Topas is complete; the Board are now working on validation.

NHS Grampian

The Board estimate the data to be 100% complete.

The Board identify the second appointment or partnership appointment as the start of treatment as defined through the CAPA model.

The Board are not able to provide information on adjusted waits. They have identified that the numbers involved are very small (single figures) where adjusted waits would apply.

The Board submit data for tiers 2, 3 and 4.

NHS Greater Glasgow and Clyde

The Board estimate the data to be 100% complete for all Tier 3 and 4 services.

As per the guidance, the Board use a proxy measure of 2nd appointment to indicate treatment started.

The Board submit data for tiers 3 and 4. They do not hold tier 2 referrals in CAMH services although CAMH services provide input and support to partner agencies to provide this level of service.

NHS Highland

NHS Highland commenced submitting patients not yet seen (ongoing waits) data from October 2014 after moving to a new patient management system. Only patients seen in month (completed waits) data for the tier 2 service are currently being submitted, due to delays in the relevant data being extracted in usable form from the new patient management system.

For tier 2 services, the Board identify the 1st appointment as start of treatment. For tier 3 services, the Board have been identifying the second appointment or partnership appointment as the start of treatment as defined through the CAPA model, however since the move to PMS they should be able to identify the actual start of treatment. They continue to work on a robust Standard Operating Procedure for clinic outcome coding, and are in the process of testing it. This should make for cleaner better reporting once extracts become available, and will provide reliable reporting for operational management.

The Board have highlighted an issue with completeness over the last 6 months, this is due to delays in the information being sent to the admin team and admin delays. They are actively working towards gaining 100% completion and are monitoring the issue.

There is a North of Scotland tier 4 service for inpatients which is provided by NHS Tayside (since February 2013) however the clinician providing this service has left and they are awaiting a replacement.

NHS Lanarkshire

The Board estimate the data to be 100% complete.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2 and 3. Whilst the Board do have a tier 4 service, they currently do not have any cases that should be included in waiting times.

NHS Lothian

NHS Lothian has submitted data from August 2014 after moving to a new Patient Management System (PMS), they are unable to submit the June and July 2014 data.

The Board estimate the data submitted to be 100%.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4 from April 2015.

NHS Orkney

The Board estimate the data to be 100% complete.

The Board do not use a proxy measure for referral to treatment.

The Board have submitted adjusted data from February 2015, however due to complications with the implementation of Trak data may not be adjusted in the short term. Due to the move from Topas to Trak, various new reports, procedures, data quality checks and training are needed to supply data from Trak, which was implemented in mid June 2015, the Board do expect to be able to submit the June 2015 data in the future.

The Board submit data for tiers 3 and 4; they do not have a tier 2 service.

NHS Shetland

The Board estimate the data to be 100% complete, for the data submitted.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4.

The Board have been unable to submit data from March to May 2015 data due to migration to a new Patient Management System; they will be unable to submit this data in the future.

NHS Tayside

All CAMH service data comes directly from PAS and is 100% complete.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2, 3 and 4 services.

NHS Western Isles

The Board estimate the data to be 100% complete.

The Board do not use a proxy measure for referral to treatment.

The Board submit data for tiers 2 and 3.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Child and Adolescent Mental Health Services Waiting Times http://www.isdscotland.org/Health-Topics/Waiting-Times/Child-and-Adolescent-Mental-Health/
Description	Monthly and quarterly summary of waiting times and waiting lists for Child and Adolescent Mental Health Services
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks
Data source(s)	Aggregate counts accredited and derived from individual NHS Scotland Boards are submitted monthly to ISD using a defined Excel template.
Date that data are acquired	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 3 weeks before publication where the quality assurance process identifies differences with local figures.
Release date	The last Tuesday of the month for each publication
Frequency	Quarterly
Timeframe of data and timeliness	Data for the last four quarters are included.
Continuity of data	Information has been collected nationally since January 2010 with a revised dataset introduced in April 2012.
Revisions statement	Previously published waiting times are revised at each publication to reflect the latest available data submitted to ISD by the NHS Boards.
Revisions relevant to this publication	<p>Both NHS Grampian and NHS Tayside have revised their non-attendance data since the last publication.</p> <p>The NHS Grampian figures are as detailed below: resubmissions were made taking the first contact appointments from 489 in the Oct – Dec 2014 data (as reported in the Jan – March 2015 to 611 for the same data in the current report. DNA's have increased by 51 and 60 respectively. This now provides us with a percentage of 10.8% compared to 9.4%. NHS Grampian have also resubmitted their DNA data for the Jan-Mar 2015 quarter from 450 to 491 for first contact appointments, and 35 to 43 for the DNA's. These changes provide a percentage of 8.1% compared to (previously reported) 7.2%.</p> <p>NHS Tayside have also revised the Jan – Mar 2015 first contact appointments which have reduced from 219 to 214</p>

	<p>giving a difference in the percentage from 11.7% to 11.9%. NHS Forth Valley first contact appointments and DNA figures have been removed for the Oct – Dec 2014 quarter due there being a possible discrepancy in the data. The DNA's were substantially higher than the first contact appointments.</p> <p>The report has been revised on page 15 where there was an error found in the narrative highlighting the months January to March 2015 instead of April to June 2015.</p>
Concepts and definitions	Definitions not contained in this report are available here .
Relevance and key uses of the statistics	<p>Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of targets for maximum waiting times.</p> <p>Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; Freedom of Information requests; information support to Boards; health intelligence work; parliamentary questions and HEAT targets.</p>
Accuracy	ISD only receives aggregate data from each NHS Board. Although aggregated data cannot be systematically validated by ISD, reported data are compared to previous figures and to expected trends. Derivation of the figures and data accuracy are matters for individual NHS Boards.
Completeness	100% of submitted data are used for analysis and publication.
Comparability	<p>There will be differences in the measures used and collection methods of CAMH services waiting times statistics, as well as differences in service structures between the administrations. The different datasets will not be strictly comparable.</p> <p>Users need to carefully read the publications when making comparisons.</p> <p>Links to other CAMH services waiting time information published can be found below:</p> <p>England:</p> <p>No data available at the moment in England. Monthly submission to the CAMH services dataset is due to start in Spring 2014.</p> <p>Northern Ireland:</p> <p>They have a Ministerial Target of 9 weeks for patients waiting. This information is not published and they do not</p>

	<p>have any referral to treatment data for CAMH services.</p> <p>Wales:</p> <p>http://wales.gov.uk/statistics-and-research/referral-to-treatment-times/?lang=en</p> <p>They have a standard for patients referred to Specialist Child and Adolescent Mental Health Services (CAMHS), assessment and any intervention plans required are to be initiated within 16 weeks.</p>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	<p>Key statistics for the latest quarter are linked to on the main Waiting Times page www.isdscotland.org/Health-Topics/Waiting-Times/.</p> <p>Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented. Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. Tables are printer friendly. 2. Key data presented graphically.
Value type and unit of measurement	Number and percentage of patients seen, number and percentage of patients waiting, median and 90 th percentile waits; by NHS Board.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Awaiting assessment
Last published	26 May 2015
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Date of first publication	28 August 2012
Help email	Nss.CAMH@nhs.net
Date form completed	12 August 2015

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.

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Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

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