

# Publication Report



## **Cancer Waiting Times in Scotland**

**April to June 2015**

**Publication date – 29 September 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](#).

## Key points

In the period April to June 2015:

The **62 Day Standard** is that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment.

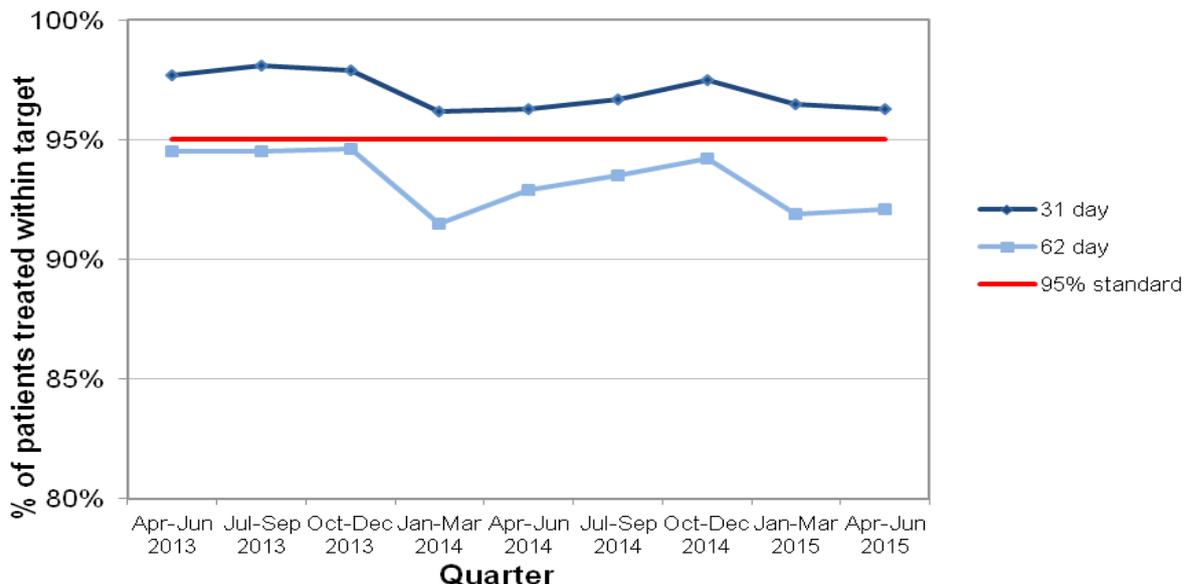
- In the quarter ending 30 June 2015, 92.1% of patients started treatment within the 62 day standard. This is similar to the 91.9% in the previous quarter.
- The 62-day standard was met by eight NHS Boards in the quarter ending 30 June 2015. This compares to four NHS Boards meeting the standard in the previous quarter.
- During the quarter ending the 30 June 2015, three of the ten cancer types successfully met the 95% target – they were breast (97.5%), lymphoma (96.2%) and ovarian (97.1%).

The **31 Day Standard** is that 95% of all patients will wait no more than 31 days from decision to treat to first cancer treatment.

- In the quarter ending 30 June 2015, 96.3% of patients started treatment within this standard. This is similar to the figure for the previous quarter (96.5%). The standard was met by 13 NHS Boards\*. The NHS Boards who did not meet the target were - NHS Grampian (92.7%) and NHS Highland (94.5%).
- Nine of the main cancer types met the 31 day standard. 89.9% of patients waiting to be treated for urological cancers were treated within 31 days - this is consistent with the previous quarter.

\*Golden Jubilee National Hospital is only able to supply data for the 31 day standard as they are not in a position to refer patients but are involved in the treatment stage.

### NHSScotland-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 April to June 2015, alongside data from the previous four quarters.

During the period April to June 2015, 92.1% 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 small increase from the preceding period January to March 2015 (91.9%).

**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**

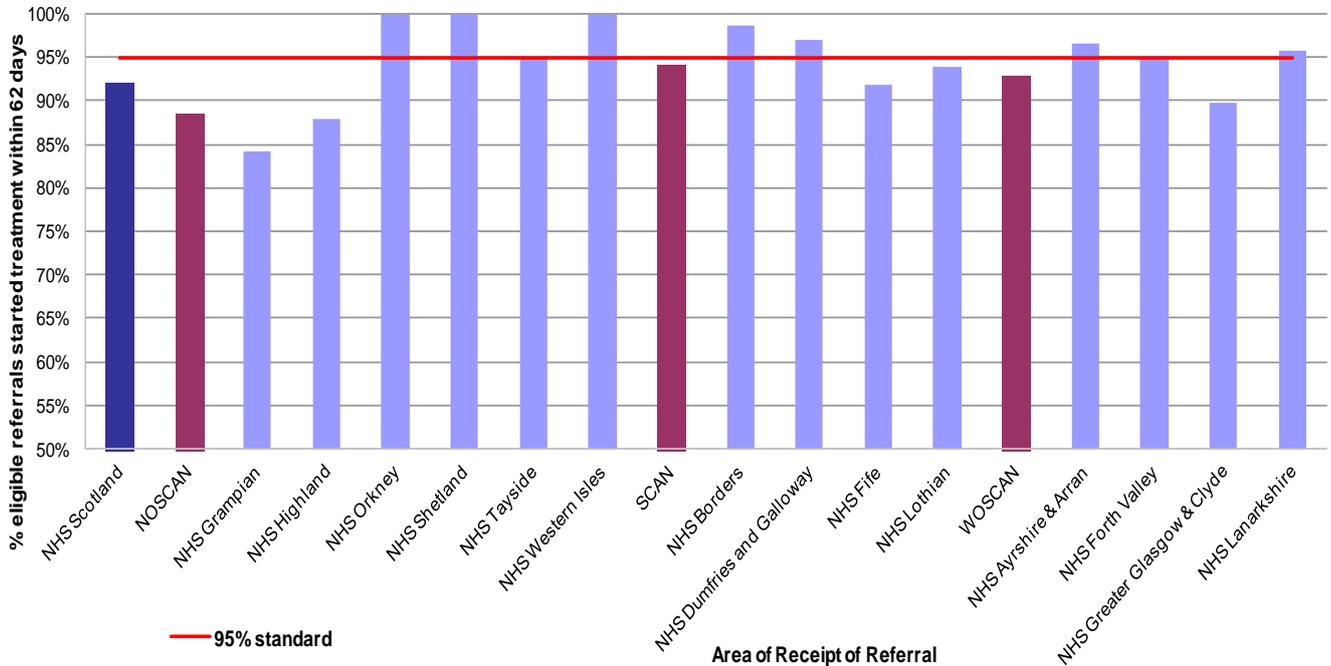
**Period of treatment: 1 April to 30 June 2015**

<b>Area of receipt of referral</b>	<b>%</b>
<b>NHSScotland</b>	<b>92.1%</b>
<b>North of Scotland Cancer Network (NOSCAN) Total</b>	<b>88.5%</b>
NHS Grampian	84.2%
NHS Highland	88.0%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	94.9%
NHS Western Isles	100.0%
<b>South East Scotland Cancer Network (SCAN) Total</b>	<b>94.1%</b>
NHS Borders	98.6%
NHS Dumfries & Galloway	96.9%
NHS Fife	91.8%
NHS Lothian	93.9%
<b>West of Scotland Cancer Network (WOSCAN) Total</b>	<b>92.9%</b>
NHS Ayrshire & Arran	96.6%
NHS Forth Valley	95.2%
NHS Greater Glasgow & Clyde	89.8%
NHS Lanarkshire	95.9%

\*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 April to 30 June 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 April to June 2015, 8 NHS Boards met the 62-day standard. The 6 NHS Boards that did not were NHS Grampian, NHS Highland, NHS Tayside, NHS Fife, NHS Lothian 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 April to June 2015, 97.2% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer (Table 1b, Chart 1b), compared to 99.5% in the previous quarter. 94.1% of referrals from the cervical screening programme started treatment within 62 days of referral, compared to 100% in the previous quarter. The percentage of patients referred from the colorectal screening programme was 77.8% seen within 62 days of referral compared to 83.2% in the previous quarter.

In the period April to June 2015, the 62-day standard was not met for cervical, colorectal, head & neck, lung, melanoma, 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)**

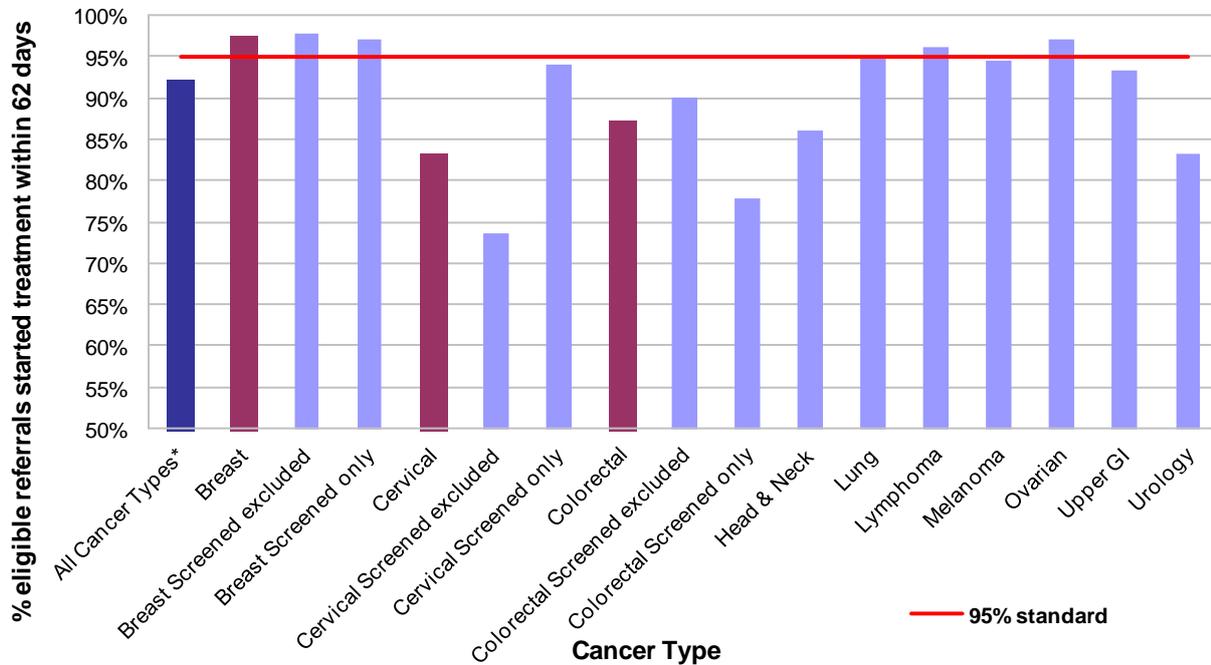
**Period of treatment: 1 April to 30 June 2015**

<b>Cancer Type</b>	<b>%</b>
<b>All Cancer types*</b>	<b>92.1%</b>
Breast	97.5%
Breast Screened excluded	97.8%
Breast Screened only	97.2%
Cervical	83.3%
Cervical Screened excluded	73.7%
Cervical Screened only	94.1%
Colorectal	87.1%
Colorectal Screened excluded	90.0%
Colorectal Screened only	77.8%
Head and Neck	86.0%
Lung	94.8%
Lymphoma	96.2%
Melanoma	94.6%
Ovarian	97.1%
Upper GI	93.3%
Urology	83.3%

\*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 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 April to 30 June 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 37 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 previous quarters.

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

Of all urgent referrals with a suspicion of cancer submitted in Scotland during April to June 2015, 133 (4.1%) 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 increased slightly compared to previous quarters. Though, 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 April to June 2015, there were 427 occurrences of patient unavailability and 782 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 April to June 2015.

96.3% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a, Chart 2a), a small decrease from 96.5% 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**

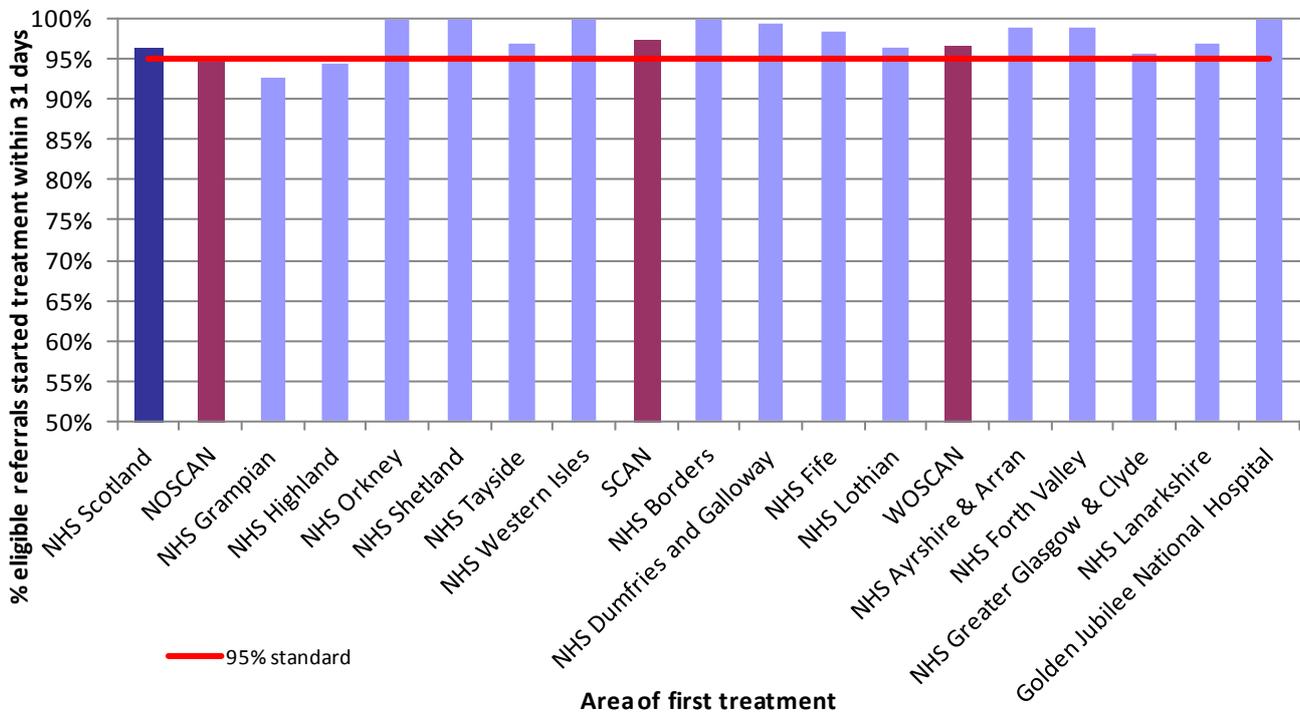
**Period of treatment: 1 April to 30 June 2015**

<b>Area of first treatment</b>	<b>%</b>
<b>NHSScotland</b>	<b>96.3%</b>
<b>North of Scotland Cancer Network (NOSCAN) Total</b>	<b>94.6%</b>
NHS Grampian	92.7%
NHS Highland	94.5%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	96.9%
NHS Western Isles	100.0%
<b>South East Scotland Cancer Network (SCAN) Total</b>	<b>97.3%</b>
NHS Borders	100.0%
NHS Dumfries & Galloway	99.3%
NHS Fife	98.4%
NHS Lothian	96.5%
<b>West of Scotland Cancer Network (WOSCAN) Total</b>	<b>96.6%</b>
NHS Ayrshire & Arran	99.0%
NHS Forth Valley	98.9%
NHS Greater Glasgow & Clyde	95.5%
NHS Lanarkshire	96.8%
<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 April to 30 June 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 April to June 2015, 13 of the 15 NHS Boards met the 31-day standard. The two that did not were NHS Grampian and NHS Highland.

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 the period April to June 2015, 94.6% of screened positive breast cancer patients started treatment within 31 days of decision to treat (Table 2b, Chart 2b), compared to 97.3% in the previous quarter. 100% of referrals from the cervical screening programme started treatment within 31 days of the decision to treat, this is the same as 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 96.6%, compared to 96.1% in the previous quarter.

In the period April to June 2015, the 31-day standard was not met at the Scotland-level for referrals through the breast screening programme and 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)**

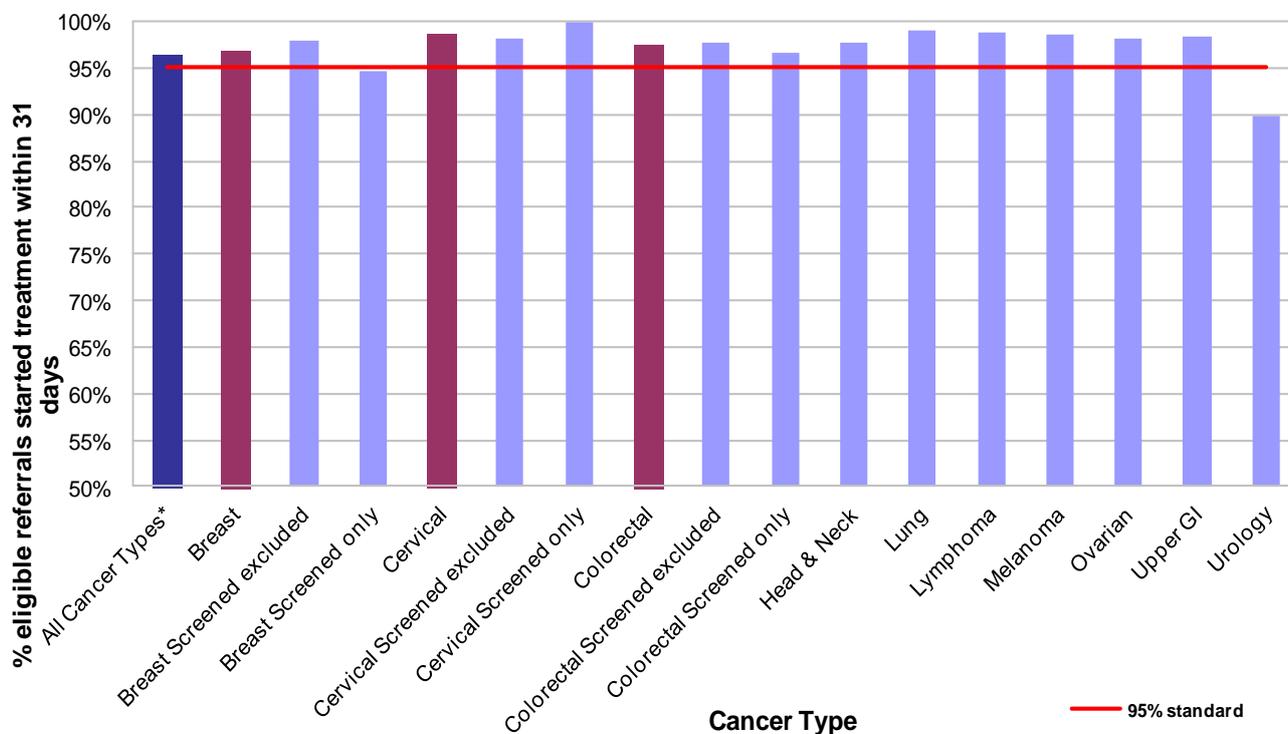
**Period of treatment: 1 April to 30 June 2015**

<b>Cancer Type</b>	<b>%</b>
<b>All Cancer types*</b>	<b>96.3%</b>
Breast	96.9%
Breast Screened excluded	98.0%
Breast Screened only	94.6%
Cervical	98.6%
Cervical Screened excluded	98.2%
Cervical Screened only	100.0%
Colorectal	97.5%
Colorectal Screened excluded	97.7%
Colorectal Screened only	96.6%
Head and Neck	97.8%
Lung	99.1%
Lymphoma	98.7%
Melanoma	98.7%
Ovarian	98.2%
Upper GI	98.3%
Urology	89.9%

\* 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 April to 30 June 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 April to June 2015, the median wait between the date of decision to treat and the first cancer treatment was 6 days; 90% of patients waited 27 days or less. These figures are similar to previous quarters' data.

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

130 (2.3%) 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 April to June 2015, there were 179 occurrences of patient unavailability and 384 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 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 April 2014 - 30 June 2015	Excel [497kb]

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## Further Information

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

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## Appendix

### A1 – Background Information

#### Data Collection and guidance

Cancer Waiting Times data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, which are then recorded onto the NHS Boards' cancer tracking systems.

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

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

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

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

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

## **A2 – Data Quality**

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

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

### **NHS Ayrshire & Arran**

#### **Accuracy Issues**

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

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

No comments provided.

### **NHS Borders**

#### **Accuracy Issues**

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

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

No comments provided.

### **NHS Dumfries and Galloway**

#### **Accuracy Issues**

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

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

The Board advised that for the 62-day standard it was noted that regional discussions are being held to review capacity for this service.

### **NHS Fife**

#### **Accuracy Issues**

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

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

The Board note that main cause of breach is lack of capacity and resources in oncology.

## **NHS Forth Valley**

### **Accuracy Issues**

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

### **General/Service Issues**

NHS Forth Valley notes that the breaches have been identified and where possible meetings are being held to address the issues noted. A locum oncologist has been appointed to aid in the Urology waiting time and this is proving effective.

Breaches were also due to initial investigations taking time and the subsequent treatment taking time to organise.

## **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:***

Ongoing capacity issues within Oncology due to vacancies. New Consultant recently appointed and due to commence in post in August with Locums being used to cover gaps where possible. Further delays were caused by capacity issues and waits for scopes and other diagnostic tests. Also mentioned were the absence of the MDT Co-ordinators who was on annual leave. Two MDT assistants are now in post to cover holidays and sickness leave.

Further pressure has been placed on the service due to picking up cases from NHS Highland for Lap Radical Prostatectomies and a surge in demand for patients requiring Lap Nephrectomies.

#### ***31-day breaches:***

The issues for urology are explained under the 62-standard issues.

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%. Improvement work continues to ensure that in future the target is met and sustained.

## **NHS Greater Glasgow & Clyde**

### **Accuracy Issues**

The Board have advised that two lung cases were coded with Urgency & Source of referral GP/GDP when they should have been included in the 62-day cohort. Both cases met the 62-day target. Therefore amended figures overall for eligible referrals for 62-day target should be 766 with 688 cases meeting target. Overall percentage (89.8%) is unchanged. This will be revised for future publications.

### **General/Service Issues**

There was a slight impact on pathways relating to the transition of patients onto the revised clinical models through the migration and new organisational structure within NHS GG&C following the opening of the new Queen Elizabeth University Hospital. This effected both the 62 day and 31 day standard.

Reasons for delays highlighted by the Boards were: the requirement of inpatient admission for treatment due to clinical factors and patients requiring multiple investigations. 62-day target remains challenging for some Upper GI patients due to the number of investigations patients undergo to ensure the most appropriate treatment is offered, and for urology due to capacity issues in diagnostic, surgical and oncology aspects.

The 31-day target also remains a challenge for urology due to capacity issues.

## **NHS Highland**

### **Accuracy Issues**

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

### **General/Service Issues**

No comments provided

## **NHS Lanarkshire**

### **Accuracy Issues**

The Board highlighted that one Melanoma patient that was recorded as breaching the 62-standard should not have been reported against the 62-day target. This will be revised for future publications.

### **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 that deal with Colorectal and Urology cancer patients are continuing to be under review.

## **NHS Lothian**

### **Accuracy Issues**

The Board advised that there was an error in the submission to ISD for the a Head & Neck pathway which took 116 days – this should be 85 days. This will be revised for future publications.

## **General/Service Issues**

### ***62-day breaches:***

The service continues to work with the Clinical Director to review options to improve flexibility within the consultant job plans and theatre capacity to ensure patients can be treated within the timeframe for Colorectal. Delays were also noted for access to the CT scanner.

The GI service are actively reviewing processes to improve both the tracking and proactive management of patients with cancer and those suspected of having cancer.

One resulted from an administrative error. The patient was not informed of the surgery date. This delayed treatment by 1 week. Processes have been reviewed to prevent this from happening again.

In urology, NHS Lothian continues to experience a challenge in managing the demand for laparoscopic radical prostatectomy treatment although there has been a minor improvement in overall performance. There remains a significant imbalance between capacity and demand and discussions are ongoing on a regional (and national) level about the opportunities to address this position.

### ***31-day breaches***

The Board noted that while the standard was met for Urology they recognises the significant work required to achieve compliance. It is anticipated that this will continue to be a challenge with ongoing issues relating to laparoscopic radical prostatectomy and nephrectomy demand and capacity imbalances.

## **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**

No comments required.

## **NHS Tayside**

### **Accuracy Issues**

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

NHS Tayside have experienced challenges with their waiting times reporting system which has resulted in an inability to report on specific pathways (Head & Neck, Lymphoma, Melanoma, Testes, Leukaemia, Ovarian and Cervical). There are small numbers through these pathways, however they predict performance would be slightly improved, since being included as breaches within these sites is rare. Tracking of these patients is maintained, however the Board do not have the ability to report on them from their waiting times system. Work is in hand to prepare an IT development to address this.

### **General/Service Issues**

No comments provided.

## **NHS Western Isles**

### **Accuracy Issues**

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

### **General/Service Issues**

No comments required.

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

Metadata Indicator	Description
Publication title	Cancer Waiting Times in Scotland: April to June 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 30 June 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	29 September 2015
Frequency	Quarterly
Timeframe of data and timeliness	The publication includes data for the last five quarters, 1 April 2014 to 30 June 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:</p> <p>62 day standard:</p> <p>NHS Ayrshire and Arran resubmitted January to March 2015 data. The 62 day standard comparative percentage figure for NHSScotland has increased from 91.8% to 91.9%.</p> <p>The 31 day standard:</p> <p>NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, and NHS Lanarkshire resubmitted January to March 2015 data. The 31 day standard comparative percentage figure for NHSScotland remains unchanged.</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</p>

	<p>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 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</p>

	<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>
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
Coherence and clarity	<p>Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a national, NHS Board and Regional Cancer Network level, broken down by cancer type and quarter. Distribution of waits data are reported on a National level by cancer type and quarter. Exclusions and Adjustments are reported for All Cancer Types at national, NHS Board and Regional Cancer Network level, broken down by quarter.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> <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	Distribution of waits (%) for NHSScotland and all Cancer Types combined. Distribution of waits (%) for NHSScotland by Cancer Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days, Maximum Wait (Days), Median Wait (Days), 90th Percentile (Days) for NHSScotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHSScotland, NHS Board and Regional Cancer Network level. Total number of referrals submitted, number and % of exclusions, number of patient and medical delays, median waiting time adjustment (days) for patient and medical delays; at NHSScotland, NHS Board and Regional Cancer Network level for all cancer types combined.
Disclosure	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
Official Statistics designation	These statistics are classed as official statistics.
UK Statistics Authority Assessment	Awaiting assessment by the UK Statistics Authority.
Last published	30 June 2015
Next published	15 <sup>th</sup> December 2015
Date of first publication	25 <sup>th</sup> June 2010

Help email	<a href="mailto:nss.isdcancerwaitsnew@nhs.net">nss.isdcancerwaitsnew@nhs.net</a>
Date form completed	9 <sup>th</sup> September 2015

\*

<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](#).