

# Publication Report



## **Cancer Waiting Times in NHSScotland**

**July to September 2015**

**Publication date – 15 December 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 standard 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 standard 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 standards 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 July to September 2015:

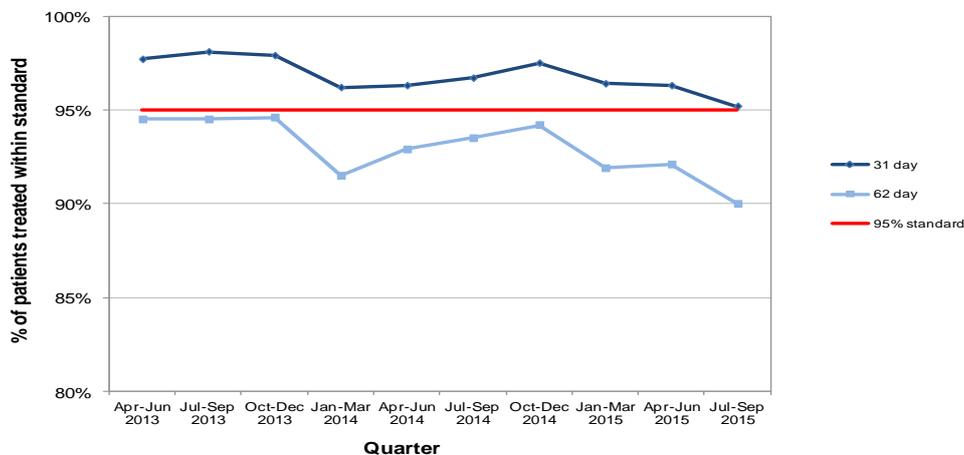
The **62 Day Standard** is that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment.

- In the quarter ending 30 September 2015, 90.0% of patients started treatment within the 62 day standard. This is a reduction compared to 92.1% in the previous quarter.
- The 62-day standard was met by four NHS Boards in the quarter ending 30 September 2015. This compares to eight NHS Boards meeting the standard in the previous quarter.
- During the quarter ending the 30 September 2015, two of the ten cancer types successfully met the 95% standard – they were breast (97.3%) and melanoma (96.9%).

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 September 2015, 95.2% (95.3%)<sup>1</sup> of patients started treatment within this standard. This is a slight reduction to the figure for the previous quarter (96.3%). The standard was met by 11 NHS Boards\*. The NHS Boards who did not meet the standard were - NHS Grampian (92.3%), NHS Highland (94.5%), NHS Tayside (91.5%) and NHS Greater Glasgow and Clyde (94.0%)
- Eight of the main cancer types met the 31 day standard. 86.5% of patients waiting to be treated for urological cancers were treated within 31 days - this is a reduction on the previous quarter which was 89.8%. The other cancer type below the standard was head and neck (94.1%).

### 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)

1. NHS Tayside identified an issue with their data where duplicates had not been removed; the figure in brackets (95.3%) is what the NHSScotland percentage would be taking these issues into account.

\*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.

## 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 July to September 2015, alongside data from the previous four quarters.

During the period July to September 2015, 90.0% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral (Table 1a, Chart 1a). This is a decrease from the preceding period April to June 2015 (92.1%).

**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 July to 30 September 2015**

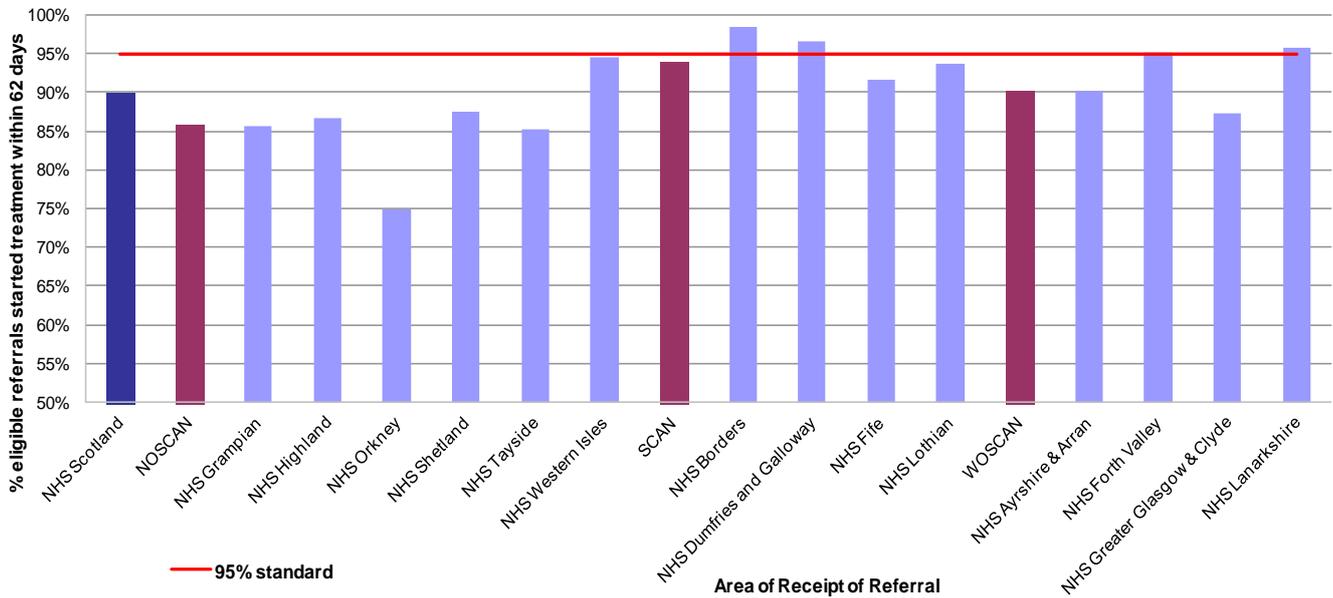
<b>Area of receipt of referral</b>	<b>%</b>
<b>NHSScotland</b>	<b>90.0%</b>
<b>North of Scotland Cancer Network (NOSCAN) Total</b>	<b>85.9%</b>
NHS Grampian	85.7%
NHS Highland	86.7%
NHS Orkney	75.0%
NHS Shetland	87.5%
NHS Tayside <sup>1</sup>	85.3%
NHS Western Isles	94.4%
<b>South East Scotland Cancer Network (SCAN) Total</b>	<b>94.0%</b>
NHS Borders	98.5%
NHS Dumfries & Galloway	96.6%
NHS Fife	91.7%
NHS Lothian	93.7%
<b>West of Scotland Cancer Network (WOSCAN) Total</b>	<b>90.3%</b>
NHS Ayrshire & Arran	90.1%
NHS Forth Valley	95.2%
NHS Greater Glasgow & Clyde	87.3%
NHS Lanarkshire	95.8%

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

1. NHS Tayside identified an issue with their data where duplicates had not been removed; whilst this does not affect the "NHSScotland" percentage it would change the NHS Tayside percentage from 85.3% to 85.5%.

**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 July to 30 September 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 July to September 2015, four NHS Boards met the 62-day standard. The 10 NHS Boards that did not were NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside, NHS Western Isles, NHS Fife, NHS Lothian, NHS Ayrshire & Arran, and NHS Greater Glasgow & Clyde.

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

In July to September 2015, 97.4% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer (Table 1b, Chart 1b), compared to 97.2% in the previous quarter. 94.1% of referrals from the cervical screening programme started treatment within 62 days of referral, compared to 94.7% in the previous quarter. The percentage of patients referred from the colorectal screening programme was 71.7% seen within 62 days of referral compared to 77.8% in the previous quarter.

In the period July to September 2015, the 62-day standard was not met for cervical screened excluded, colorectal, head & neck, lung, lymphoma, ovarian, upper GI or urology cancer types (Table 1b, Chart 1b).

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

**Table 1b. Performance in NHSScotland against the 62-day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment, by cancer type (including screened positive patients)**

**Period of treatment: 1 July to 30 September 2015**

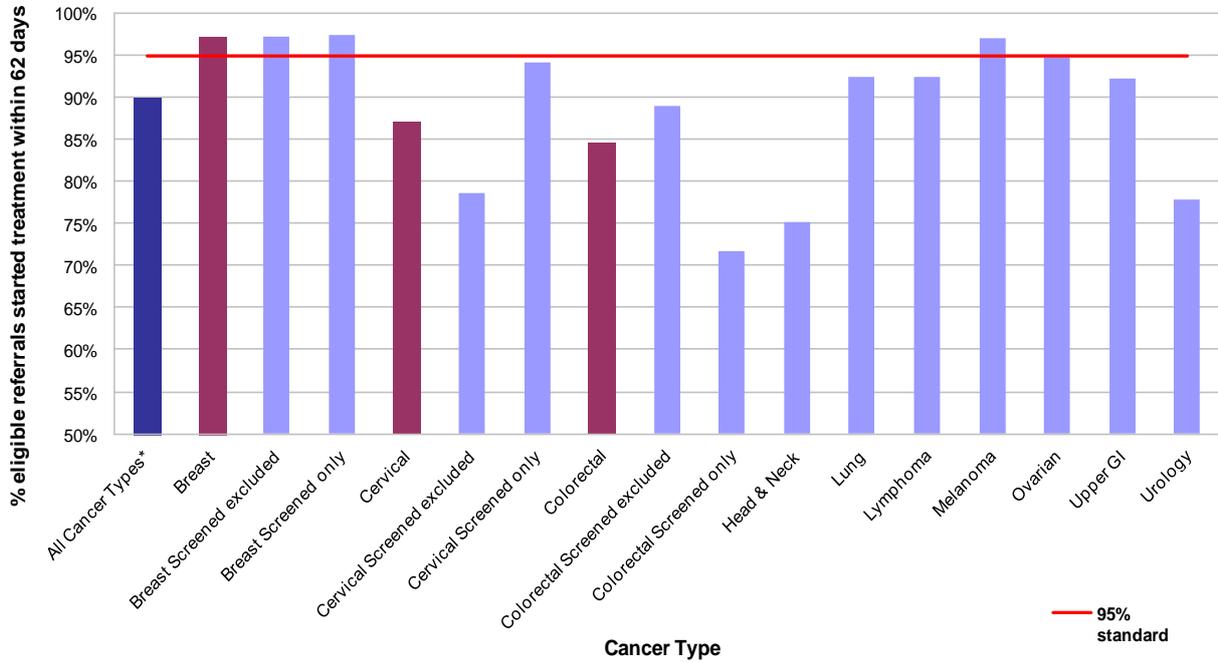
<b>Cancer Type</b>	<b>%</b>
<b>All Cancer types*</b>	<b>90.0%</b>
Breast	97.3%
Breast Screened excluded	97.2%
Breast Screened only	97.4%
Cervical	87.1%
Cervical Screened excluded	78.6%
Cervical Screened only	94.1%
Colorectal	84.5%
Colorectal Screened excluded	88.9%
Colorectal Screened only	71.7%
Head and Neck	75.2%
Lung	92.3%
Lymphoma	92.4%
Melanoma	96.9%
Ovarian	94.8%
Upper GI	92.2%
Urology <sup>1</sup>	77.9%

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

1. NHS Tayside identified an issue with their data where duplicates had not been removed; whilst this does not affect the "All Cancer type" percentage it would change the Urology percentage from 77.9% to 78.0%.

**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 July to 30 September 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 39 days; 90.0% of all eligible patients were treated within 63 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 July to September 2015, 104 (3.3%) 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 decreased 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 July to September 2015, there were 523 occurrences of patient unavailability and 798 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 July to September 2015.

95.2% (95.3%)<sup>1</sup> 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 96.3% in the previous quarter.

1. NHS Tayside identified an issue with their data where duplicates had not been removed; the figure in brackets (95.3%) is what the NHSScotland percentage would be taking these issues into account.

**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 July to 30 September 2015**

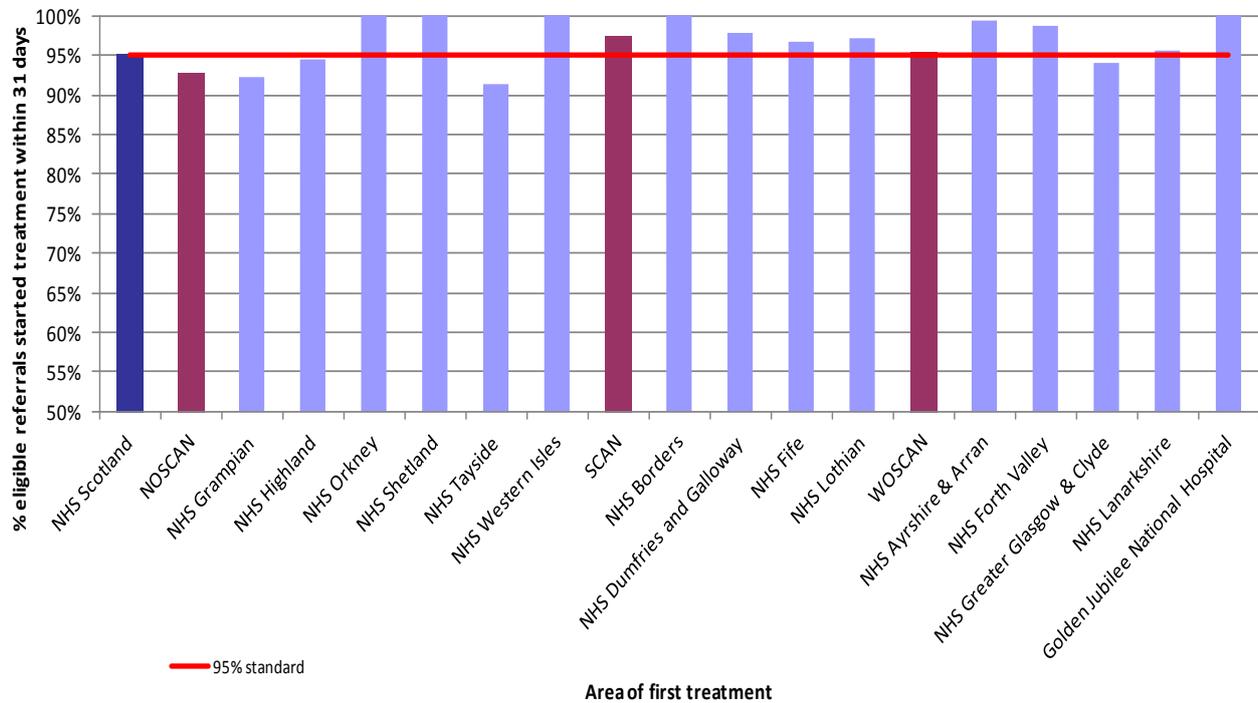
<b>Area of first treatment</b>	<b>%</b>
<b>NHSScotland<sup>1</sup></b>	<b>95.2%</b>
<b>North of Scotland Cancer Network (NOSCAN) Total</b>	<b>92.7%</b>
NHS Grampian	92.3%
NHS Highland	94.5%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside <sup>1</sup>	91.5%
NHS Western Isles	100.0%
<b>South East Scotland Cancer Network (SCAN) Total</b>	<b>97.3%</b>
NHS Borders	100.0%
NHS Dumfries & Galloway	97.9%
NHS Fife	96.7%
NHS Lothian	97.1%
<b>West of Scotland Cancer Network (WOSCAN) Total</b>	<b>95.3%</b>
NHS Ayrshire & Arran	99.4%
NHS Forth Valley	98.7%
NHS Greater Glasgow & Clyde	94.0%
NHS Lanarkshire	95.6%
<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.

1. NHS Tayside identified an issue with their data where duplicates had not been removed; this would change the "NHSScotland" percentage from 95.2% to 95.3%, it would also change the NHS Tayside percentage from 91.5% to 92.2%.

**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 July to 30 September 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 July to September 2015, 11 of the 15 NHS Boards met the 31-day standard. The four that did not were NHS Grampian, NHS Highland, NHS Tayside, and NHS Greater Glasgow & Clyde.

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 July to September 2015, 93.6% of screened positive breast cancer patients started treatment within 31 days of decision to treat (Table 2b, Chart 2b), compared to 94.6% 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 93.9%, compared to 96.6% in the previous quarter.

In the period July to September 2015, the 31-day standard was not met at the Scotland-level for referrals through the breast & colorectal screening programme, head & neck 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)**

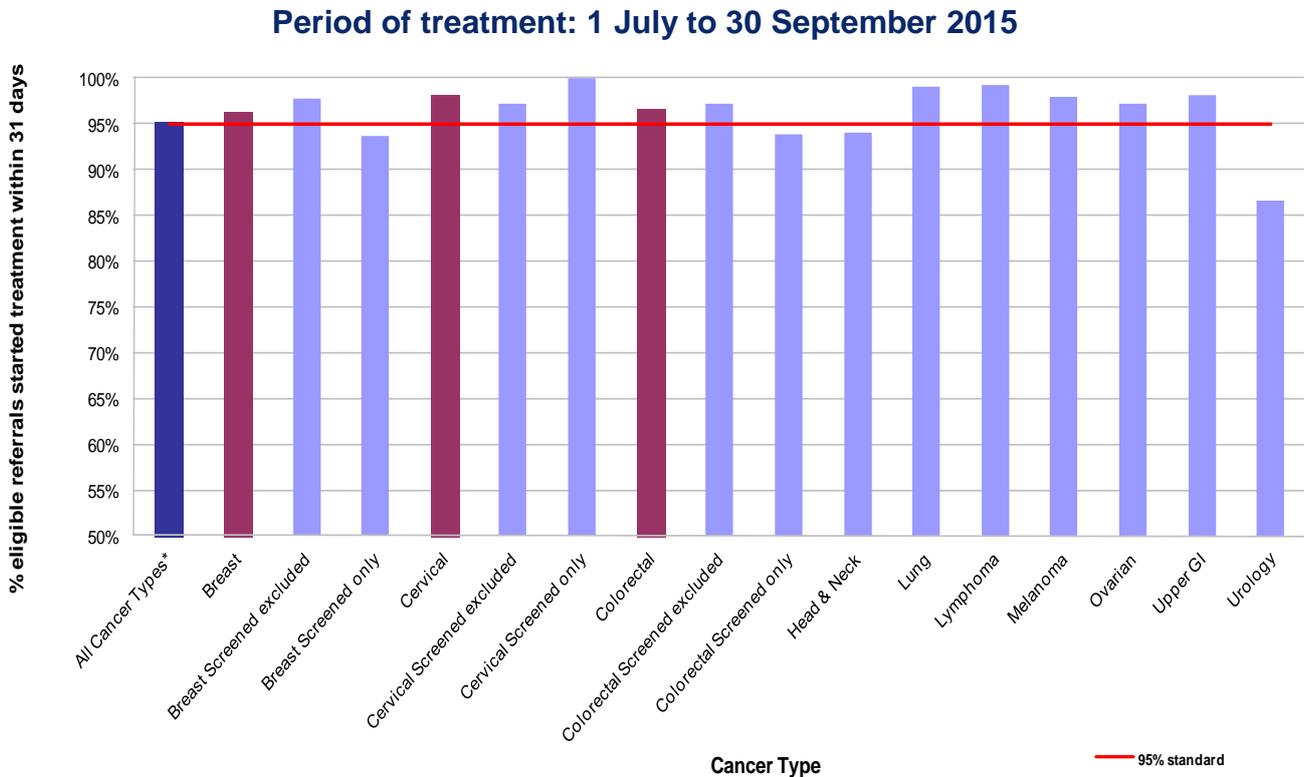
**Period of treatment: 1 July to 30 September 2015**

<b>Cancer Type</b>	<b>%</b>
<b>All Cancer types*<sup>1</sup></b>	<b>95.2%</b>
Breast	96.3%
Breast Screened excluded	97.7%
Breast Screened only	93.6%
Cervical	98.1%
Cervical Screened excluded	97.3%
Cervical Screened only	100.0%
Colorectal	96.7%
Colorectal Screened excluded	97.2%
Colorectal Screened only	93.9%
Head and Neck <sup>1</sup>	94.1%
Lung	99.0%
Lymphoma	99.2%
Melanoma	97.9%
Ovarian	97.3%
Upper GI	98.2%
Urology <sup>1</sup>	86.5%

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

1. NHS Tayside identified an issue with their data where duplicates had not been removed; this would change the "All Cancer type" percentage from 95.2% to 95.3%, it would also change the Head and Neck percentage from 94.1% to 94.4% and the Urology percentage from 86.5% to 86.8%.

**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)**



**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 July to September 2015, the median wait between the date of decision to treat and the first cancer treatment was 7 days; 90.0% of patients waited 27 days or less. These figures are similar to previous quarters' data.

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

In the period July to September 2015, 116 (2.0%) 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 numbers of exclusions have decreased slightly from the previous quarter, though 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 July to September 2015, there were 267 occurrences of patient unavailability and 344 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 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 July 2014 - 30 September 2015	Excel [497kb]

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## Further Information

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

## NHS Performs

A selection of information from this publication is included in [NHS Performs](#). NHS Performs is a website that brings together a range of information on how hospitals and NHS Boards within NHSScotland are performing.

## Rate this publication

Please [provide feedback](#) on this publication to help us improve our services.

## 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.

Please note that due to data quality issues data for NHS Lothian is subject to change for the quarter ending September 2015.

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.

Within the cancer type of melanoma it was noted that a number of boards had acquired negative waits – although this would not effect the performance.

### NHS Ayrshire & Arran

#### Accuracy Issues

Figures give a complete and accurate account of data submitted for the publication. Resubmissions were made for the 31 and 62 day standard for Q2 2015.

#### General/Service Issues

Full breach analysis has been carried out and any issues have been highlighted to Senior Management Team and Scottish Government through weekly reporting.

Reasons for breaches were given as capacity pressures and vacancies in consultant post.

### NHS Borders

#### Accuracy Issues

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

#### General/Service Issues

**61 days** - The breaches were noted as correct.

**31 days** - No comments required.

### NHS Dumfries and Galloway

#### Accuracy Issues

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

#### General/Service Issues

The fluctuations in the figures for both the 62 day and 31 day positions have been as a result of the small numbers treated within the quarter. The Board state that they have understood and have analysed the pathways for learning and improvement within the board and they also continue to work towards improving pathways and communication with other boards.

## **NHS Fife**

### **Accuracy Issues**

Figures give a complete and accurate account of data submitted for the publication, the Board have stated that they are consistent with the previous quarter (Q2) and an improvement on Q1 – they also noted none of the patients experienced excessive waits.

### **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 note that steps are being taken to rectify the situation; the Health Board has stated that although they are not officially clinically complex cases pathways have by necessity become prolonged. 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 – however resubmissions have been made for the 31 day standard (for Q2 & Q1 2015 data) and 62 day standard (for Q1 2015 data).

### **General/Service Issues**

#### ***62-day and 31-day breaches:***

The arrival of a GI Consultant has reduced the waits for scopes for screening patients. A further vacancy is yet to be filled for both an Oncology Consultant (in the interim Locums are to be put in place).

Further delays were caused by capacity issues and waits for scopes and other diagnostic tests and a Band 3 Nurse has recently been recruited to ease the staffing issues.

A number of the breaches reported were also affected by problems with administration.

## **NHS Greater Glasgow & Clyde**

### **Accuracy Issues**

Figures give a complete and accurate account of data submitted for the publication. Resubmissions were made for the 31 and 62 day standard for Q2 2015.

### **General/Service Issues**

No comments provided, although.

## **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**

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

### **General/Service Issues**

The board noted that it was experiencing problems with the front end of the Colorectal Pathway. They have received extra money for more scope lists & should see an improvement.

Within the service that deals with Ovarian cancer a review is underway.

The colorectal and urology services have advised that the breaches were due to pressure on theatre time required for Surgery and the services are working on a resolution.

The melanoma service is also current under review after delays in excision biopsies.

## **NHS Lothian**

### **Accuracy Issues**

Due to data quality issues data for NHS Lothian is subject to change for the quarter ending September 2015.

### **General/Service Issues**

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

The Board is disappointed to not have met the 62-day standard and notes the particular pressures in urological cancers, which have been the major obstacle to delivering the standard.

Despite an improvement within Colorectal screened excluded from the previous quarter further work is required to ensure the target is achieved. Delays to the service include where referrals made were not highlighted as urgent with a suspicion of cancer.

The pressures with the screened pathway did not relate specifically to the bowel cancer screening process. Bowel cancer screening patients are consistently scoped within a maximum of 2 weeks from referral. The delays this quarter related to the wider pathway constraints, in CT and operating capacity. The service continuously reviews the capacity for the whole consultant team to explore transfer of patients to minimise delays.

Within Ovarian cancer an issue with access to rapid Access Clinics due to paper referrals being sent between sites causing unnecessary delay. The service has changed this process and this will ensure that all patients are given access to the earliest possible appointment.

The Upper GI notes that “The service has experienced capacity issues due to vacancies at consultant level and difficulty in recruiting into substantive posts. 2 locums have recently been sourced and it is hoped that this will address the capacity issues.

The urology service continues to face significant challenges in relation to both the prostate and renal pathways due to demands on the service. This has resulted in an increase in patients breaching this quarter. Reasons for breaches include the impact of the downgrading of referrals and the service continues to seek guidance on the application of referral downgrades.

Comments made with regards to the Lymphoma service noted that due to the low number of patients any breach would have an impact on the performance.

### **31-day breaches**

As with the 62-day standard, NHS Lothian is aware of pressures in Urology, which accounts for the majority of the breaches. NHS Lothian is nonetheless pleased to see the standard has been met.

The service connected with the colorectal screened excluded patients was pleased to note an improvement in performance compared with the previous quarter and sustained delivery of 95%. They cite breaches due to theatre capacity for the surgeon.

The service connected with the colorectal screened only confirmed that it was reassuring to note an improvement in performance from last quarter however the service recognises that further work is required. Breaches were due to consultant capacity.

Within the ovarian service there are more complex cases, requiring extended operating times and joint operators which has resulted in fewer cases being carried out within core oncology operating time. Service discussion and redesign has allocated an additional fortnightly theatre list to the oncology team to help manage demand.

The Urology service continues to experience significant challenge in capacity to treat patients 31 days from DTT. The issues with LRP capacity are well understood by the Board.

## **NHS Orkney**

### **Accuracy Issues**

Figures give a complete and accurate account of data submitted for the publication, although data was resubmitted for Q1 2015 – 62 day standard.

### **General/Service Issues**

The colorectal patients who breached were treated in Grampian and were delayed commencing radiotherapy treatment.

## **NHS Shetland**

### **Accuracy Issues**

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

### **General/Service Issues**

The board noted that they “have small numbers and that 2/16 patients missed the 62-day target due to delays in starting chemo radiotherapy in NHS Grampian. This has been escalated locally and regionally in line with their cancer waiting times procedures. NHS Grampian fed back that they are aware of capacity issues within radiotherapy, particularly relating to rectal cancers, which they are currently working on resolving”.

## **NHS Tayside**

### **Accuracy and General/Service Issues**

NHS Tayside are able to provide data on the specific pathways (Head & Neck, Lymphoma, Melanoma, Testes, Leukaemia, Ovarian and Cervical), for both the 31 day and 62 day standards, from January 2015. This data had been missing from previous publications due to system problems in NHS Tayside. The Board collated this information manually.

NHS Tayside have a small number of duplicates within the Quarter 3 data within head & neck and urology cancer types due a late submission with the August 2015 data, they were unable to remove them prior to snapshot. The removal of these duplicates would have the following effect:

62-day standard:

NHS Tayside percentage against the 62-day standard would increase from 85.3% to 85.5%, the NHSScotland percentage would remain unchanged.

Urology percentage against the 62-day would increase from 77.9% to 78.0%, the “All cancer types” percentage would remain unchanged.

31-day standard:

NHS Tayside percentage against the 31-day standard would increase from 91.5% to 92.2%, the NHSScotland percentage would increase from 95.2% to 95.3%.

Head and Neck percentage against the 31-day standard would increase from 94.1% to 94.4%, Urology would increase from 86.5% to 86.8% and the “All cancer types” percentage would increase from 95.2% to 95.3%.

## **NHS Western Isles**

### **Accuracy Issues**

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

### **General/Service Issues**

Due to the low numbers from NHS Western Isles, having only one breach means that they will always fail the target. Also, they are dependent on other health boards to provide 1st treatment for their patients.

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

Metadata Indicator	Description
Publication title	Cancer Waiting Times in Scotland: July to September 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 September 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	15 December 2015
Frequency	Quarterly
Timeframe of data and timeliness	The publication includes data for the last five quarters, 1 July 2014 to 30 September 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 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>
<p>Revisions statement</p>	<p>Figures contained within each publication may also be subject to change in future publications. See <a href="#">ISD Statistical Revisions Policy</a>.</p>
<p>Revisions relevant to this publication</p>	<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 April to June 2015 data.</p> <p>NHS Greater Glasgow and Clyde resubmitted April to June 2015 data.</p> <p>NHS Grampian resubmitted January to March 2015 data.</p> <p>NHS Orkney resubmitted January to March 2015 data.</p> <p>NHS Lanarkshire resubmitted April to June 2015 data with regards to the eligible referrals starting treatment within 62 days this increases the comparative percentage from 95.3% to 96.3%.</p> <p>NHS Tayside resubmitted:</p> <p>January to March 2015 data with regards to the number of eligible referrals and eligible referrals starting treatment within 62 days (24 and 21 respectively) this reduces the comparative percentage from 92.3% to 91.7%. The cancer types effected were cervical, head &amp; neck, melanoma and ovarian. The 62 day standard comparative percentage figure for NHSScotland in the period of January to March 2015 has reduced by 0.04% but this slight reduction doesn't affect the overall percentage 91.9%.</p> <p>April to June 2015 data with regards to the number of eligible referrals and eligible referrals starting treatment within 62 days (38 and 32 respectively) this reduces the comparative percentage from 94.9% to 93.2%. The cancer types effected were cervical, head &amp; neck, lymphoma, melanoma and ovarian. The 62 day standard comparative percentage figure for NHSScotland in the period of April to June 2015 has reduced by 0.03% but this slight reduction doesn't affect the overall percentage 92.1%.</p> <p>This data had been missing from previous publications due to system problems in NHS Tayside. The Board collated this</p>

	<p>information manually.</p> <p>31 day standard:</p> <p>NHS Ayrshire and Arran resubmitted April to June 2015 data.</p> <p>NHS Greater Glasgow and Clyde resubmitted April to June 2015 data.</p> <p>NHS Grampian resubmitted data in the periods of January to March 2015 and April to June 2015.</p> <p>NHS Tayside resubmitted:</p> <p>January to March 2015 data with regards to the number of eligible referrals and eligible referrals starting treatment within 31 days (69 and 63 respectively) this reduces the comparative percentage from 95.3% to 94.7%. The cancer types effected were cervical, head &amp; neck, lymphoma, melanoma and ovarian. The 31 day standard comparative percentage figure for NHSScotland in the period of January to March 2015 has reduced from 96.5% to 96.4%.</p> <p>April to June 2015 data with regards to the number of eligible referrals and eligible referrals starting treatment within 31 days (91 and 86 respectively) this reduces the comparative percentage from 96.6% to 96.5%. The cancer types effected were cervical, head &amp; neck, lymphoma, melanoma and ovarian. The 31 day standard comparative percentage figure for NHSScotland in the period of April to June 2015 has reduced by 0.02% but this slight reduction doesn't affect the overall percentage 96.3%.</p> <p>This data had been missing from previous publications due to system problems in NHS Tayside. The Board collated this information manually.</p>
<p>Concepts and definitions</p>	<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>
<p>Relevance and key uses of the statistics</p>	<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>
<p>Accuracy</p>	<p>The quality of these statistics is considered fit for publication; data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62-day performance and have shown that completeness of the 62-day</p>

	<p>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  <a href="http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-">http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-</a></p>

	<a href="#">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 <sup>th</sup> Setember2015
Next published	29 <sup>th</sup> March 2016
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	28 <sup>th</sup> November 2015
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<b>Standard 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

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## 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](#).

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.