

Cancer Waiting Times in NHSScotland

October to 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](#).

Main points

In the period October to December 2015:

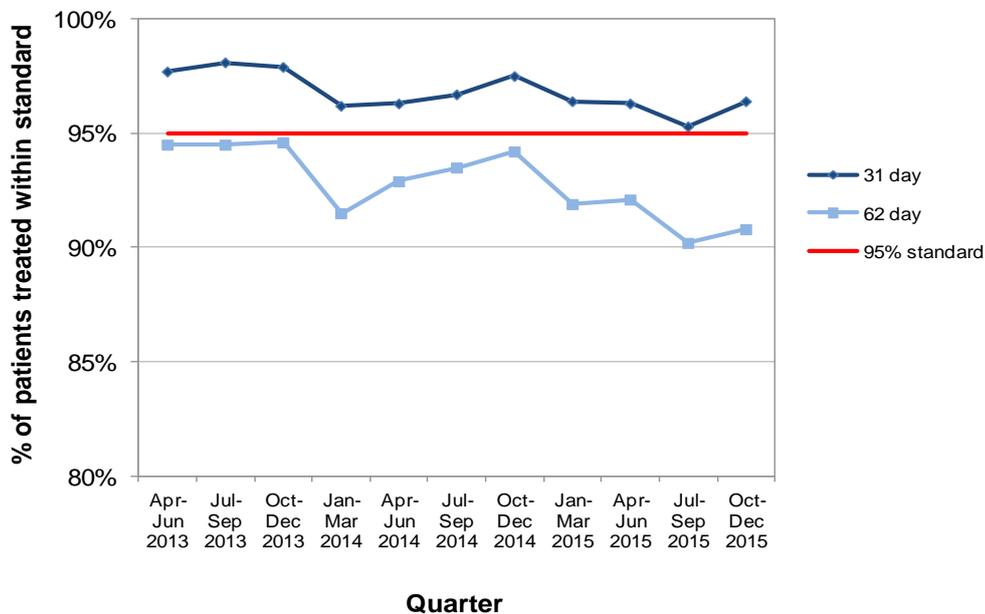
The **62 Day Standard** is that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment.

- 90.8% of patients started treatment within the 62 day standard. This is a 0.6% point increase compared to last quarter.
- The 62 day standard was met by three NHS Boards (NHS Borders, NHS Dumfries & Galloway and NHS Lanarkshire).
- Two of the ten cancer types successfully met the 95% standard – melanoma (96.4%) and ovarian (97.3%).

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.

- 96.4% of patients started treatment within this standard. This is a 1.1% point increase to the previous quarter. The standard was met by all NHS Boards.
- Nine of the 10 reported cancer types met the 31 day standard. Although 90.2% of patients waiting were treated within 31 days for urological cancer; this has increased by 3.1% point to the previous quarter.

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)

**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 October to December 2015 alongside data from the previous four quarters.

During the period October to December 2015, 90.8% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral (Table 1a, Chart 1a). This is an increase from the preceding period July to September 2015 (90.2%).

Table 1a. Performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment: all cancer types*, by NHS Board and Regional Cancer Network

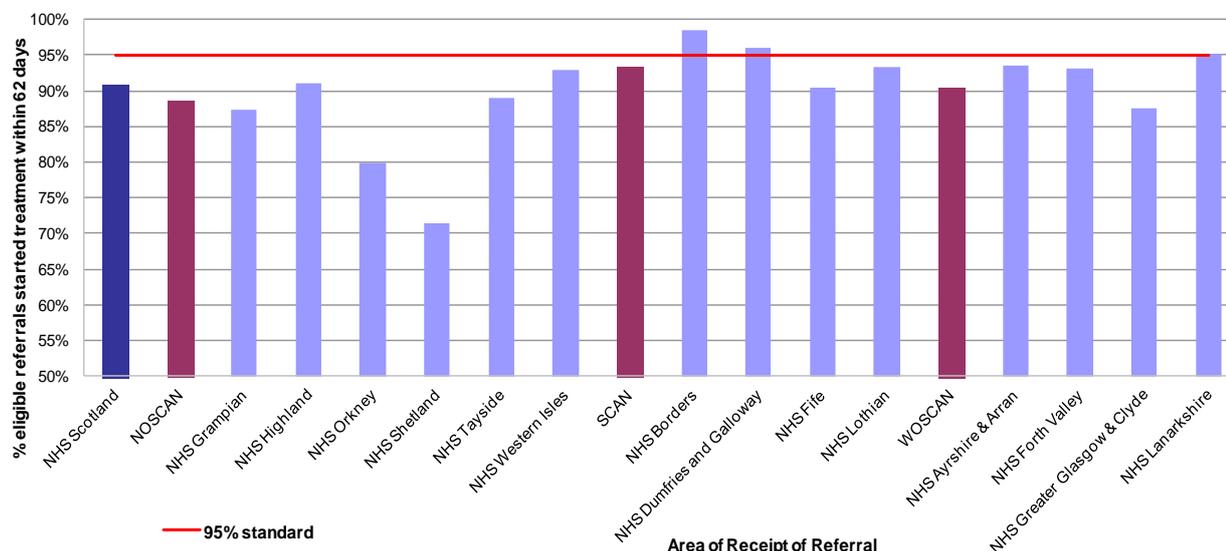
Period of treatment: 1 October to 31 December 2015

Area of receipt of referral	%
NHSScotland	90.8%
North of Scotland Cancer Network (NOSCAN) Total	88.6%
NHS Grampian	87.3%
NHS Highland	91.0%
NHS Orkney	80.0%
NHS Shetland	71.4%
NHS Tayside	89.0%
NHS Western Isles	92.9%
South East Scotland Cancer Network (SCAN) Total	93.3%
NHS Borders	98.6%
NHS Dumfries & Galloway	96.0%
NHS Fife	90.4%
NHS Lothian	93.3%
West of Scotland Cancer Network (WOSCAN) Total	90.5%
NHS Ayrshire & Arran	93.6%
NHS Forth Valley	93.0%
NHS Greater Glasgow & Clyde	87.5%
NHS Lanarkshire	95.3%

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

Chart 1a. Performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment: for all cancer types*, by NHS Board and Regional Cancer Network

Period of treatment: 1 October to 31 December 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 October to December 2015, three NHS Boards met the 62 day standard. The 11 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, NHS Greater Glasgow & Clyde and NHS Forth Valley.

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

In October to December 2015, 96.6% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer (Table 1b, Chart 1b), compared to 97.7% in the previous quarter. 90.0% of referrals from the cervical screening programme started treatment within 62 days of referral, compared to 94.1% in the previous quarter. The percentage of patients referred from the colorectal screening programme was 79.3% seen within 62 days of referral compared to 71.7% in the previous quarter.

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

Information for each NHS Board split by cancer type can be found at Excel [Table 1a](#) and [Table 1b](#).

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

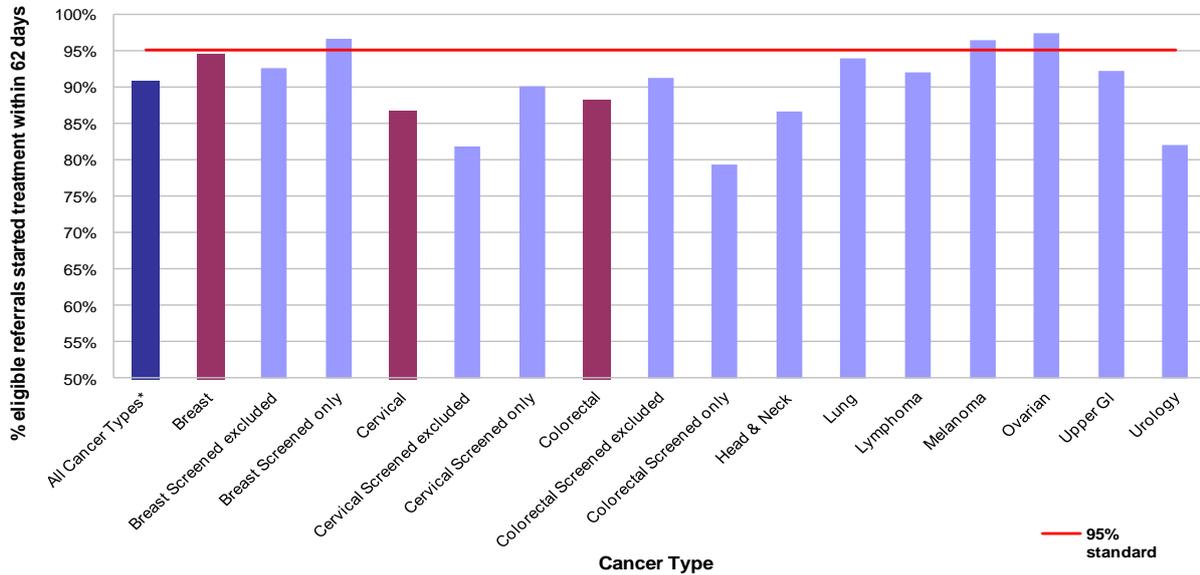
Period of treatment: 1 October to 31 December 2015

Cancer Type	%
All Cancer types*	90.8%
Breast	94.4%
Breast Screened excluded	92.5%
Breast Screened only	96.6%
Cervical	86.5%
Cervical Screened excluded	81.8%
Cervical Screened only	90.0%
Colorectal	88.1%
Colorectal Screened excluded	91.3%
Colorectal Screened only	79.3%
Head and Neck	86.6%
Lung	93.9%
Lymphoma	92.0%
Melanoma	96.4%
Ovarian	97.3%
Upper GI	92.2%
Urology	81.9%

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

Period of treatment: 1 October to 31 December 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. -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 October to December 2015, 110 (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 remained the same compared to the previous quarter. 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 October to December 2015, there were 506 occurrences of patient unavailability and 808 occurrences of medical suspension. Further detail can be found in Excel [Table 5](#).

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

The 31 day standard applies to all eligible patients, regardless of the route of referral. The quarterly statistics within this publication relate to October to December 2015.

96.4% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a, Chart 2a), an increase from 95.3% in the previous quarter.

Table 2a. Performance against the 31 day standard for all patients with a decision to treat that then went on to start treatment within 31 days of that decision: for all cancer types*, by NHS Board and Regional Cancer Network

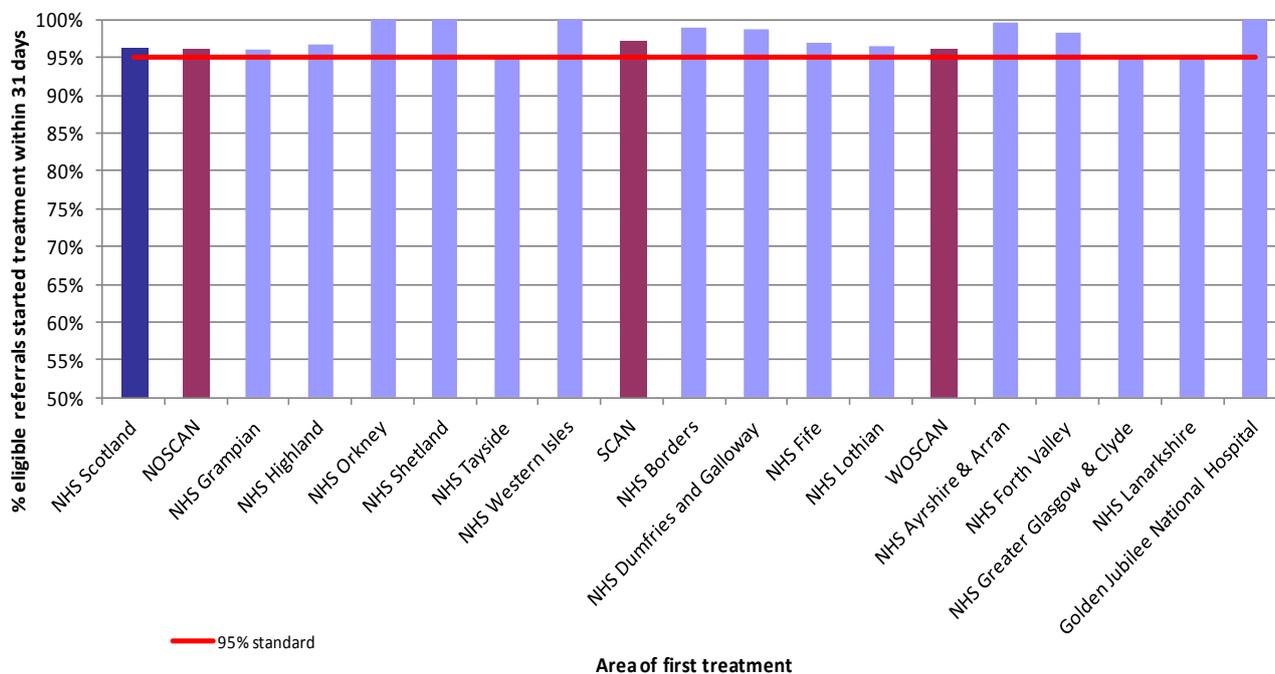
Period of treatment: 1 October to 31 December 2015

Area of first treatment	%
NHSScotland	96.4%
North of Scotland Cancer Network (NOSCAN) Total	96.0%
NHS Grampian	96.1%
NHS Highland	96.8%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	95.2%
NHS Western Isles	100.0%
South East Scotland Cancer Network (SCAN) Total	97.1%
NHS Borders	99.0%
NHS Dumfries & Galloway	98.7%
NHS Fife	97.0%
NHS Lothian	96.6%
West of Scotland Cancer Network (WOSCAN) Total	96.1%
NHS Ayrshire & Arran	99.7%
NHS Forth Valley	98.3%
NHS Greater Glasgow & Clyde	95.1%
NHS Lanarkshire	95.5%
National Waiting Times Centre	100.0%
Golden Jubilee National Hospital	100.0%

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

Chart 2a. Performance against the 31 day standard for all patients with a decision to treat that then went on to start treatment within 31 days of that decision: for all cancer types*, by NHS Board and Regional Cancer Network

Period of treatment: 1 October to 31 December 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 October to December 2015, all of the 15 NHS Boards met the 31 day standard.

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

In the period October to December 2015, 92.0% of screened positive breast cancer patients started treatment within 31 days of decision to treat (Table 2b, Chart 2b), compared to 94.2% 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 94.3%, compared to 93.9% in the previous quarter.

In the period October to December 2015, the 31 day standard was not met at the Scotland-level for referrals through the breast & colorectal screening programme and urology cancer type (Table 2b, Chart 2b).

Information for each NHS Board split by cancer type can be found at Excel [Table 2a](#) and [Table 2b](#).

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

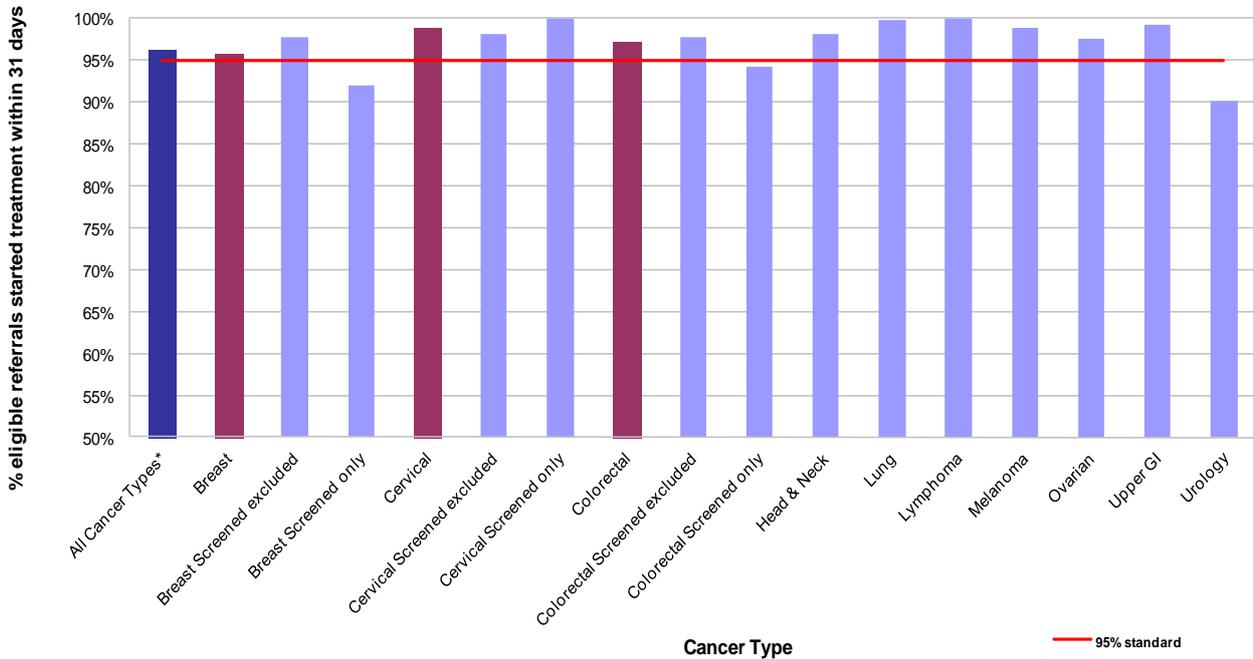
Period of treatment: 1 October to 31 December 2015

Cancer Type	%
All Cancer types*	96.4%
Breast	95.8%
Breast Screened excluded	97.8%
Breast Screened only	92.0%
Cervical	98.8%
Cervical Screened excluded	98.2%
Cervical Screened only	100.0%
Colorectal	97.2%
Colorectal Screened excluded	97.7%
Colorectal Screened only	94.3%
Head and Neck	98.2%
Lung	99.9%
Lymphoma	100.0%
Melanoma	98.8%
Ovarian	97.6%
Upper GI	99.3%
Urology	90.2%

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

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

Period of treatment: 1 October to 31 December 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 October to December 2015, the median wait between the date of decision to treat and the first cancer treatment was 6 days; 90.0% of patients waited 26 days or less. These figures are similar to previous quarters' data.

Exclusions and Waiting Times Adjustments (31 day standard)

In the period October to December 2015, 138 (2.4%) 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 increased 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 October to December 2015, there were 213 occurrences of patient unavailability and 353 occurrences of medical suspension. Further detail can be found in [Table 6](#).

Glossary

Eligible referral (62 day) – urgent referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP, or NHS 24 referral to A&E or other), or referral from a National Cancer Screening Programme, excluding patients who had a clinically complex pathway, who died before treatment or refused treatment.

Eligible referral (31 day) - all referrals (urgent and non-urgent) submitted from all sources (regardless of route of referral), excluding patients who had a clinically complex pathway, who died before treatment or refused treatment.

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

Median wait – the middle value of (Referral to Treatment days for 62 day standard or date of Decision to Treat to Treatment days for 31 day standard), with half of patients waiting less than that time, and half waiting more than that time. Medians are only calculated when there are three or more eligible patients.

Non-urgent referrals – referrals submitted where the source of referral is GP/GDP referral other or Other.

NOSCAN – North of Scotland CAncer Network.

Percentile – the value of a variable below which a certain percent of observations fall. For example, the 90th percentile is the value (referral-to-treatment days) below which 90 percent of the waits may be found. The 50th percentile is also known as the median. 90th percentiles have only been calculated when there are forty or more eligible patients.

Referral – a request to a care professional, team, service, or organisation to provide appropriate care to a patient/client. A referral may be made by a person, team, service, or organisation on behalf of a patient/client, or a patient/client may refer him/herself.

SCAN – South East Scotland CAncer Network.

Total referrals submitted – all referrals (urgent and non-urgent) submitted from all sources, i.e. regardless of the route of referral.

Upper GI – Upper Gastrointestinal.

Urgent referral – referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP or NHS 24 referral to A&E or other), or referral from a National Cancer Screening Programme.

Waiting times adjustment – an adjustment (in days) applied to take into account periods of patient unavailability (e.g. because the patient did not attend an appointment) and/or medical suspension (e.g. the patient had another condition requiring treatment before cancer treatment could be started). Waiting Times adjustments are not made when delays are caused by hospital operational circumstances.

WOSCAN – West of Scotland CAncer Network.

Further information on Cancer Waiting Times Data & Definitions can be found on the [Guidance](#) section of the website.

In addition, further details are also available in the ISD Data Dictionary of the Data [Definitions and References](#) section of the ISD website.

List of Tables

Table No.	Name	Time period	File & size
1a	Performance against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October 2014 – 31 December 2015	Excel [806kb]
1b	Performance against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type	Quarterly information from 1 October 2014 – 31 December 2015	Excel [831kb]
Fig. 1	Distribution of waits against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment	Quarterly information from 1 October 2014 – 31 December 2015	Excel [545kb]
1c	Trend performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October 2014 – 31 December 2015	Excel [851kb]
1d	Trend performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment by indicator type	Quarterly information from 1 October 2014 – 31 December 2015	Excel [839kb]
2a	Performance against the 31 day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October 2014 – 31 December 2015	Excel [720kb]
2b	Performance against the 31 day standard from date decision to treat to first cancer treatment by Cancer Type	Quarterly information from 1 October 2014 – 31 December 2015	Excel [725kb]
Fig.2	Distribution of waits against the 31 day standard from date decision to treat to first cancer treatment	Quarterly information from 1 October 2014 – 31 December 2015	Excel [542kb]
2c	Trend performance against the 31 day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October 2014 – 31 December 2015	Excel [744kb]
2d	Trend performance against the 31 day standard from date decision to treat to first cancer treatment by indicator type	Quarterly information from 1 October 2014 – 31 December 2015	Excel [700kb]

3	<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>	Quarterly information from 1 October 2014 – 31 December 2015	Excel [852kb]
4	<u>Distribution of waits against the 31 day standard from date decision to treat to first cancer treatment by Cancer Type</u>	Quarterly information from 1 October 2014 – 31 December 2015	Excel [730kb]
5	<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>	Quarterly information from 1 October 2014 – 31 December 2015	Excel [660kb]
6	<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>	Quarterly information from 1 October 2014 – 31 December 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.

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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.

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

NHS Ayrshire & Arran

Accuracy Issues

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

General/Service Issues

Measures are being put in place to cover leave and minimise impact on urgent referrals. However, capacity pressures are still occurring despite additional clinics and lists being set up.

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 - The breaches were noted as correct.

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 for quarter four have been as a result of the small numbers treated within the quarter. We have analysed the pathways for learning and improvement within the board and we 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

General/Service Issues

62 days

Consultant sickness, equipment failure and admin errors were noted, together with patient delays at OPA's – pathways have been reviewed in attempts to minimise breaches. Where the pathway is regarded as complex routine staging and investigation have created a noted challenge.

There has been a review of TRUS waiting list management which has resulted in a reduction in waits.

31 days

Breaches were noted due to delays to surgery and theatre capacity. Some treatments are performed by specialist surgeons and can be subject to delays when on leave, etc.

NHS Forth Valley

Accuracy Issues

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

General/Service Issues

62 days

An increase in breaches was noted due to the number of necessary steps involved. These are not clinically complex cases, but the standard pathways have changed (sometimes significantly) since these targets were initially established. Although we can exclude clinically complex cases from the analysis we cannot make any adjustments to these cases where pathways have by necessity become prolonged.

The Colorectal breaches are due to demand issues with endoscopy and theatre. We continue to review and redesign pathways to improve the efficient utilisation of available capacity.

Breaches were also noted due to capacity issues and PET scan delays.

31 days

Breaches were noted due to capacity and demand issues.

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

62 days

NHS Grampian advise that for quarter 4 2015 their local system gives 74.1% for colorectal screened excluded compared to 72% which was submitted to ISD and 47.1% for colorectal screened only compared to 52.6% . Also note that NHS Grampian advise that for quarter 3 2015 their local system gives 76.5% for colorectal screened excluded compared to 77.1% which was submitted to ISD and 15.4% for colorectal screened only compared to 8.3% . The Board plan to resubmit the updated data and this will be included in a future publication.

31 days

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

General/Service Issues

62 days

Breaches were noted due to capacity issues. These were due to a consultant vacancy, lack of nursing staff and scopes and reduced theatre capacity. A number of breaches reported were also affected by administration problems.

In order to resolve the backlog due to the GI consultant vacancy, a weekend list has been added. A local focus group continues to monitor the booking process and length of wait for scope and implement changes when required. In order to Locums are in place to help ease pressure whilst awaiting Oncology consultant to start. A band 3 nurse is to be recruited to help with the staffing issues within the Urology service and additional scopes are ordered.

31 days

Improvement work continues on known capacity issues to ensure that the 31 day target is achieved and maintained. This has resulted in an overall decrease in the number of breaches and reduced maximum wait compared with the previous quarter.

NHS Greater Glasgow & Clyde

Accuracy Issues

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

General/Service Issues

62 days

Breaches for Breast Screened excluded were noted due to capacity issues.

Breaches for Breast Screened only, Colorectal Screened excluded, Colorectal Screened only, Head and Neck, Upper GI and Urology were due to multiple investigations taking place.

The maximum wait of 88 days related to a case undergoing radiotherapy as first treatment.

31 days

Breaches for Breast Screened excluded and Breast Screened only were related to cases where inpatient admission was initially required.

Breaches for Head and Neck were due to a case in which first treatment was laser excision.

Breaches for Upper GI were due to a case undergoing microwave ablation, a procedure which is currently being considered for inclusion in the non-standard technologies category.

Breaches for Urology were due to a case in which first treatment was laparoscopic prostatectomy.

NHS Highland

No comments given.

NHS Lanarkshire

Accuracy Issues

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

General/Service Issues

62 days

Services with breaches are under review.

31 days

Breaches for Colorectal Screened excluded patients were due to consultant on annual leave.

NHS Lothian

Accuracy Issues

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

General/Service Issues

62 days

The Board is disappointed to not have met the 62 day standard and notes particular pressures in urological cancers, detailed below and understood by Scottish Government Health Department, which have been the major obstacle to delivering the standard.

There has been a slight improvement in 62 day performance compared with last quarter although this remains below target. The Urology patients have experienced significant delays due to limited surgeon capacity in both the renal and prostate pathways. Capacity within the LRP service was reduced by 50% due to one surgeon ceasing LRP surgery on medical grounds. In addition, the renal service reduced by one surgeon (capacity for 2 patients per week) when a consultant relocated to England. The patient who experienced the longest wait experienced a delay due to capacity issues.

Colorectal Screened excluded 62 day performance has been impacted by ongoing challenges in Endoscopy and outpatient capacity resulting in an increase in delays to decision to treat. In addition the decline in 31 day performance has impacted on the 62 day figure. The service has experienced an increase in delays from decision to treat to treatment due to limited capacity with specific surgeons. The Clinical Director is working

closely with the service to try and manage the distribution of patients amongst the surgeons to prevent delays. The patient who was recorded as the longest wait was initially downgraded at the point of clinical triage. As a result of this their first appointment was not booked within the prescribed 14 day timescale. Following the patients diagnosis they received treatment within 2 weeks.

The patient with the longest wait for Colorectal Screened only experienced delays because they did not attend their initial appointment and were subsequently not re-booked within the correct timescale.

Breaches for Head and Neck were due to capacity issues.

Breaches for Upper GI were due to a complex pathway not being excluded correctly and delays to PET scans. A new PET scanner is hoped to reduce any further delays.

31 days

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 is working continuously with the remaining surgeons to facilitate additional theatre sessions to minimise the delays whilst recognising the already significant workload of the remaining surgeons. The Urology service has appointment 2 additional consultants who are due to commence in post in Spring 2016. One is an established renal cancer surgeon therefore improvement in performance is anticipated later in the year. In the interim, the current Renal Cancer Surgeon is taking an additional weekly theatre session to meet demand. The patient who experienced the longest wait was delayed due to the waiting time for a LRP procedure.

The service recognises the decline in 31 day performance this quarter for Colorectal Screened only. In addition to the ongoing demands of the new cancer patients, the service has experienced an increase in the volume of patients requiring complex procedures for recurrent cancer. This has impacted on theatre and surgeon capacity. The clinical director is working very closely with the service team to build flexibility into the theatre matrix to minimise delays. The patient who experienced the longest wait was listed for surgery with a specific surgeon and was delayed due to the surgeons' limited capacity.

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

62 days

One breach having a bigger impact on the overall percentage due to numbers.

31 days

Most of the 62 day standard patients that were referred into Orkney were treated in Aberdeen so therefore are included in the Grampian 31 day report.

NHS Shetland

Accuracy Issues

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

General/Service Issues

62 days

A breach for Breast Screened excluded required surgery which cannot be done in Shetland. During October all of the breast surgeons, including a locum, were on leave and they could not arrange surgery within the 62 days. This was discussed with Grampian and they acknowledged the problem. It should not be an ongoing issue.

A breach for Head and Neck was due to a complex pathway. There were delays here due to limited capacity. Head and Neck is a pathway that we will continue to experience problems with due to the nature of a visiting service and what we believe are national shortages in Head Neck surgical capacity.

Our numbers are small and it is not unusual to see large fluctuations in periods as small as a quarter.

31 days

Our numbers are small and it is not unusual to see large fluctuations in periods as small as a quarter

This quarter saw a larger than normal proportion of patients treated in Grampian so these would appear in their 31 day target, not ours.

NHS Tayside

Accuracy Issues

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

General/Service Issues

62 days

We have been carrying out an accuracy audit of the entry of USC Referrals and Routine Referrals which reduced the number of 62 day eligible referrals

31 days

No comments.

NHS Western Isles

Accuracy Issues

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

General/Service Issues

No comments.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Cancer Waiting Times in Scotland: October to December 2015.
Description	Quarterly update of Cancer Waiting Times statistics for the 62 day standard for patients urgently referred with a suspicion of cancer to first cancer treatment and for the 31 day standard for patients regardless of the route of referral from date decision to treat to first cancer treatment. Includes data presented by NHS Board, Cancer Network and Cancer Type to 31 December 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 Background and Data Quality pages of the CWT website.
Date that data are acquired	Deadline for data submission is around the 20th of each month. Submissions can be made at any time up to the publication submission deadline. Please see the submission timetable on the Guidance page of the CWT website for more information.
Release date	29 March 2016
Frequency	Quarterly
Timeframe of data and timeliness	The publication includes data for the last five quarters, 1 October 2014 to 31 December 2015
Continuity of data	To remain relevant to the changing set of targets (as published in Better Cancer Care - An Action Plan), the cancer waiting times statistics published previously by ISD were replaced with a new series of figures. The first set of these new figures relating to these targets were first published in June 2010. The table below* provides information on the various target cohorts and their date of first publication. Performance against these targets was achieved by December 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April

	<p>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 ISD Statistical Revisions Policy.</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 Lothian - July to September 2015 data with regards to the number of eligible referrals and eligible referrals starting treatment within 62 days (96 and 92 respectively) this increases the comparative percentage from 93.7% to 94.2%. The cancer types affected were breast, cervical, head & neck, melanoma, ovarian upper GI and urology.</p> <p>NHS Tayside - July to September 2015 data with regards to the number of eligible referrals and eligible referrals starting treatment within 62 days (15) this increases the comparative percentage from 85.3% to 86.1%. All cancer types were affected.</p> <p>NHSScotland - July to September 2015 has increased by 0.2% to 90.2%.</p> <p>31 day standard:</p> <p>NHS Fife, NHS Forth Valley and NHS Grampian resubmitted July to September 2015 data.</p> <p>NHS Lothian - July to September 2015 data with regards to the number of eligible referrals and eligible referrals starting treatment within 31 days (153 and 151 respectively) this increases the comparative percentage from 97.1% to 97.4%. The cancer types effected were breast, cervical, head & neck, lung, melanoma, ovarian upper GI and urology.</p> <p>NHS Tayside - July to September 2015 data with regards to the number of eligible referrals and eligible referrals starting treatment within 31 days (22) this increases the comparative</p>

	<p>percentage from 91.5% to 91.8%. All cancer types were effected.</p> <p>NHSScotland - July to September 2015 has increased by 0.1% to 95.3%.</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 Guidance section of the website.</p>
Relevance and key uses of the statistics	<p>The CWT team, within ISD, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland’s performance against current Cancer Waiting Times Standards. Other uses of the data include: support of NHS Boards, researchers, charities, media, and public, and to fulfil Freedom of Information requests and Parliamentary Questions.</p>
Accuracy	<p>The quality of these statistics is considered fit for publication; data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62 day performance and have shown that completeness of the 62 day cohort is within an acceptable range and is fit for publication. Details of all FFP exercises can be found here. Case ascertainment is assessed each quarter for the 31 day standard. The latest figures can be found within Tables 2a and 2b in the list of tables above.</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 Data Quality section of the website. In early 2012, ISD Cancer Waiting Times undertook a data quality project to assure that data submitted for Bowel Screening patients is recorded accurately and consistently. A paper highlighting the outcome of this project can be found here.</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 can be found here.</p>
Completeness	<p>A patient will be excluded from reporting against the Cancer</p>

	<p>Waiting Times standards for the following reasons:</p> <ol style="list-style-type: none"> 1. The patient chooses to have any part of their pathway outwith NHSScotland. If this is before the decision to treat, they will be excluded from the 62 day standard; if after the decision to treat, they will be excluded from both standards. 2. The patient died before treatment 3. The patient refused all treatment 4. The patient was deemed a clinically complex case by the lead cancer clinician of the responsible NHS Board
<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: http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/</p> <p>Northern Ireland https://www.dhsspsni.gov.uk/articles/cancer-waiting-times</p> <p>Wales http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-times/?lang=en</p>
<p>Accessibility</p>	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
<p>Coherence and clarity</p>	<p>Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a national, NHS Board and Regional Cancer Network level, broken down by cancer type and quarter. Distribution of waits data are reported on a National level by cancer type and quarter. Exclusions and Adjustments are reported for All Cancer Types at national, NHS Board and Regional Cancer Network level, broken down by quarter.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. Performance data, Distribution of Waits, and Exclusions and Adjustments are available in separate tables to enable users to select a single measure for analysis. 2. All tables are printer friendly. 3. All Scotland and All Cancer Types data for the latest quarter are presented first, with the option to view spreadsheets down to Board, Cancer Type level by quarter.

	<p>4. Key data presented graphically.</p> <p>5. Tables use drop down menus to display data by a single Board, Regional Cancer Network, Quarter and Cancer Type.</p>
Value type and unit of measurement	<p>Distribution of waits (%) for NHSScotland and all Cancer Types combined. Distribution of waits (%) for NHSScotland by Cancer Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days, Maximum Wait (Days), Median Wait (Days), 90th Percentile (Days) for NHSScotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHSScotland, NHS Board and Regional Cancer Network level. Total number of referrals submitted, number and % of exclusions, number of patient and medical delays, median waiting time adjustment (days) for patient and medical delays; at NHSScotland, NHS Board and Regional Cancer Network level for all cancer types combined.</p>
Disclosure	<p>The ISD protocol on Statistical Disclosure Protocol is followed.</p>
Official Statistics designation	<p>These statistics are classed as official statistics.</p>
UK Statistics Authority Assessment	<p>Awaiting assessment by the UK Statistics Authority.</p>
Last published	<p>15th December 2015</p>
Next published	<p>28th June 2016</p>
Date of first publication	<p>25th June 2010</p>
Help email	<p>nss.isdcancerwaitsnew@nhs.net</p>
Date form completed	<p>14th March 2016</p>

*

Standard Cohort	New 62 day excluding screening and cervical patients	New 31-day excluding screening and cervical patients	New 31- and 62 day including screening but excluding non screened cervical patients	New 31- and 62 day including screening and all cervical patients
First Publication	Quarter 1 (January - March 2010) on 29 th June 2010	Quarter 2 (April - June 2010) on 28 th September 2010	Quarter 3 (July - September 2010) on 21 st December 2010	Quarter 4 (October - December 2010) on 29 th 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)