Information Services Division

Publication Report

NHS
National
Services
Scotland

Child and Adolescent Mental Health Services Waiting Times in NHSScotland

Quarter ending 31 March 2016

Publication date – 7 June 2016

An Official Statistics Publication for Scotland

Contents

Introduction

This publication contains information about how long children and young people waited for mental health services provided by the NHS in Scotland. This information has been published quarterly since August 2012. The information in this publication covers the period January to March 2016, with figures from January to March 2015, April to June 2015, July to September 2015 and October to December 2015 for reference. Five quarters worth of data is included in the Excel files.

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

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

The Scottish Government requires the NHS in Scotland to measure the time people wait for treatment and this includes people waiting for CAMH services. The Scottish Government has set a standard for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for specialist CAMH services from December 2014. This publication includes separate tables showing distribution of waits split into 0-18, 19-35, 36-52 and 53+ weeks.

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

Key points

During the quarter ending March 2016,

- 4,436 children and young people started treatment at CAMH services in Scotland which is similar to the previous quarter (4,483) and then higher than the same period the previous year (4,269).

- 84.2% were seen within 18 weeks and half started their treatment within eight weeks. This compares with 76.1% in the previous quarter and 78.9% in the same period the previous year.

- The 18 week standard was met by eight Boards (NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lanarkshire, NHS Orkney, NHS Tayside and NHS Western Isles).

- Across Scotland, 11.6% of patients referred to CAMH services did not attend their first appointment, compared to 13.1% in previous quarter and 10.7% for the same period in 2015.

Workforce information for CAMH services is published at the same time as waiting times information. The key points from the latest CAMHS Workforce publication are:

- In 2009, the Scottish Government committed central funding to expand the CAMHS workforce of NHSScotland.

- Data released in the CAMHS Workforce publication show that since 30 September 2009 the CAMHS workforce in NHSScotland has risen from 764.6 WTE (883 headcount) in September 2009 to 993.5 WTE (1,154 headcount) as at 31 March 2016.

- NHS Scotland CAMHS vary in the age of population served. In some areas services are provided up to 16 only; while others offer services up to 18 years. This has significant implications for workforce requirements.

Results and Commentary

How long people waited to start their treatment

This section shows waiting times for patients who started their treatment during the period January to March 2016. Appendix A2 provides NHS Board level information on the completeness of the data and any data quality issues to be aware of.

During January to March 2016 (see Table 1):

- 4,436 children and young people started their treatment at CAMH services in Scotland, compared to 4,483 in the previous quarter and 4,269 during the same period in 2015.

- Using adjusted waits where available, 84.2% of people seen by a CAMH service started their treatment within 18 weeks of being referred, compared to 76.1% in the previous quarter and 78.9% in the same period in 2015. Within the current quarter half started their treatment within eight weeks.

- In the NHS Boards that are able to report unadjusted waits, 80.7% of people seen by a CAMH service started their treatment within 18 weeks of being referred, compared to 72.5% in the previous quarter and 75.1% in the same period in 2015. Within the current quarter half started their treatment within ten weeks.

During the latest quarter (January to March 2016), there has been an increase in people seen within 18 weeks. Prior to this, the trend had been relatively stable for the previous year (Chart 1).

Information by NHS Board is shown in Table 2 and Chart 2.

Table 1. Waiting times for people who started their treatment between January 2015 and March 2016 by quarter, NHS Scotland.

Quarter	People seen	With adjustments[1]		Unadjusted[2]	
		Seen within 18 weeks (%)	Average (median) wait (weeks)	Seen within 18 weeks (%)	Average (median) wait (weeks)
Jan to Mar 2015	4,269	78.9	9	75.1	10
Apr to Jun 2015	4,463	76.7	9	73.0	11
Jul to Sep 2015	4,239	73.1	9	69.0	11
Oct to Dec 2015	4,483	76.1	8	72.5	9
Jan to Mar 2016	4,436	84.2	8	80.7	10

Notes

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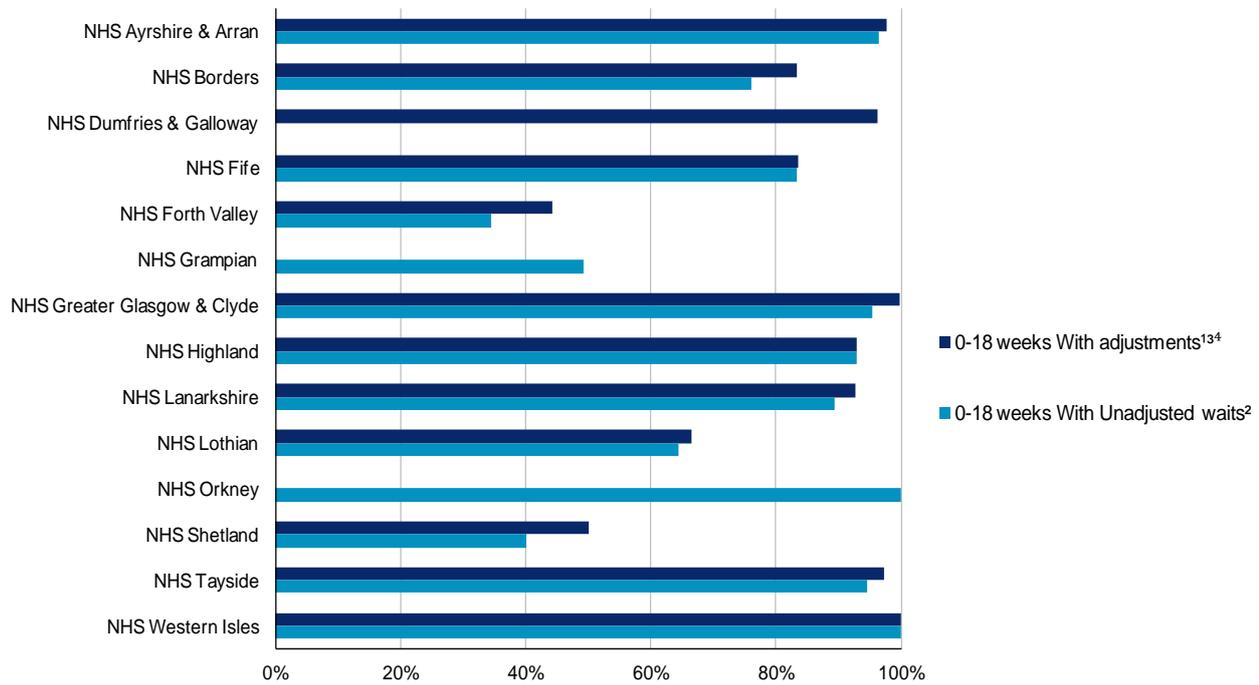2. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.

Chart 1. Percentage of people who started their treatment within 18 weeks by quarter, NHS Scotland, January 2015 to March 2016
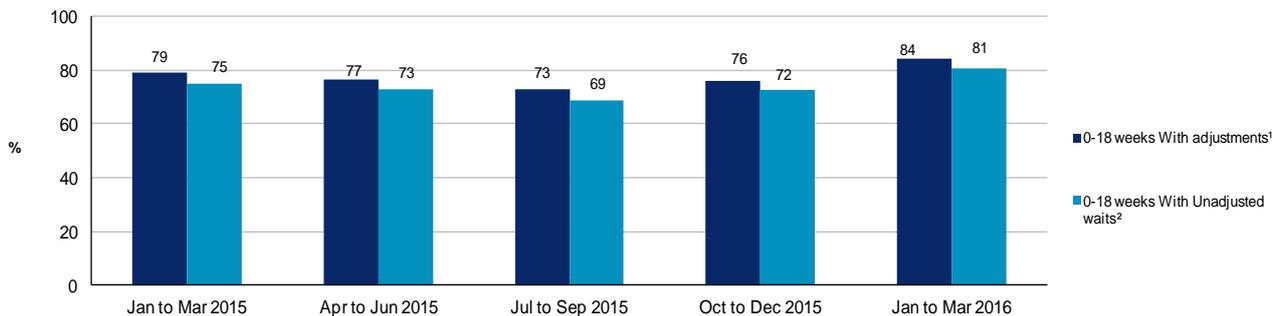
Notes
1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
   For details of adjustments see Table 2 (page 7).
2. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.

Chart 2. Percentage of people who started their treatment within 18 weeks by NHS Board, January to March 2016, by NHS Board of Treatment

Notes

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

Table 2. Waiting times (with adjustments[1]) for people who started their treatment in January to March 2016, by NHS Board of Treatment

NHS Board of Treatment	Total number of people seen	People seen with 18 weeks (%)	Average (median) wait (weeks)	Waiting time adjustments[1]
NHS Scotland[2]	4,436	84.2	8	-
NHS Ayrshire & Arran	302	97.7	7	NA, U
NHS Borders	180	83.3	5	NA, U, RO
NHS Dumfries & Galloway	105	96.2	8	NA, U, RO
NHS Fife	341	83.6	7	NA
NHS Forth Valley	267	44.2	20	NA, U
NHS Grampian	346	49.1	19	Unadjusted
NHS Greater Glasgow & Clyde	1,022	99.8	7	NA, U
NHS Highland[3]	98	92.9	4	NA, U, RO
NHS Lanarkshire	504	92.7	8	NA, U, RO
NHS Lothian	634	66.6	12	NA, U, RO
NHS Orkney	15	100.0	1	Unadjusted
NHS Shetland	10	50.0	17	NA, U
NHS Tayside	570	97.4	7	NA, U, RO
NHS Western Isles	42	100.0	4	NA,RO

Notes:

1. Waiting time adjustments:
    NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.
    U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.
    RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.
    For further information see page 26.
2. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. NHS Grampian advised that the difference between their adjusted and unadjusted waits is minimal.
3. Patients seen data for NHS Highland only includes Tier 2 services at the moment. This is due to delays in the relevant data being extracted in usable form from the new patient management system.

In the quarter January to March 2016, at least 90% of people met the standard and were seen within 18 weeks in eight NHS Boards. NHS Borders (83.3%), NHS Fife (83.6%), NHS Forth Valley (44.2%), NHS Grampian (49.1%), NHS Lothian (66.6%) and NHS Shetland (50.0%) did not meet the standard.

Further information by NHS Board and for the last 5 quarters can be found here.

Table 3. Unadjusted waiting times for people who started their treatment in January to March 2016 by NHS Board of Treatment

NHS Board of Treatment	Total number of people seen	People seen within 18 weeks (%)	Average (median) wait (weeks)
NHS Scotland[1]	4,331	80.7	10
NHS Ayrshire & Arran	302	96.4	7
NHS Borders	180	76.1	11
NHS Dumfries & Galloway	..	..	..
NHS Fife	341	83.3	8
NHS Forth Valley	267	34.5	22
NHS Grampian	346	49.1	19
NHS Greater Glasgow & Clyde	1,022	95.3	9
NHS Highland[2]	98	92.9	5
NHS Lanarkshire	504	89.3	11
NHS Lothian	634	64.4	14
NHS Orkney	15	100.0	1
NHS Shetland	10	40.0	42
NHS Tayside	570	94.6	9
NHS Western Isles	42	100.0	4

Notes

.. Data not available

1. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.
2. Patients seen data for NHS Highland only includes Tier 2 services at the moment. This is due to delays in the relevant data being extracted in usable form from the new patient management system.

Further information by NHS Board and for the last 5 quarters can be found here.

Information on data quality and data completeness at NHS Board level is available on pages 25-31 in Appendix A2.

People waiting at the end of the quarter

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

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

At the end of March 2016: (Table 4):
- 6,836 people were waiting to start treatment at CAMH services in Scotland. This compares to 6,756 at the end of the previous quarter and 6,867 at the end of March 2015.

- Using adjusted waits where available, 79.7% of people had been waiting for less than 18 weeks (1,387 people were waiting over 18 weeks). This compares to 84.2% waiting for less than 18 weeks as at the end of the previous quarter and 81.5% as at the end of March 2015.

- For the NHS Boards that are able to report unadjusted waits, 77.1% of people had been waiting for less than 18 weeks (1,538 people were waiting over 18 weeks). This compares to 82.4% waiting for less than 18 weeks as at the end of the previous quarter and 79.2% as at the end of March 2015.

The percentage of patients waiting over 18 weeks has increased in the latest quarter. Prior to this the trend had been gradually increasing (Chart 3). Information by NHS Board is shown in Chart 4 and Table 5.

### Table 4. Waiting times for people waiting at quarter end in Scotland.

Quarter End	Total People Waiting	With adjustments[1] Less than 18 weeks (%)	Unadjusted[2] Less than 18 weeks (%)
March 2015	6,867	81.5%	79.2%
June 2015	6,519	79.9%	77.8%
September 2015	6,141	75.1%	72.9%
December 2015	6,756	84.2%	82.4%
March 2016	6,836	79.7%	77.1%

Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 5 (page 10).
2. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.

Information on data quality and data completeness at NHS Board level is available on pages 25-31 in Appendix A2.

Chart 3. Percentage of people waiting less than 18 weeks at quarter end, NHS Scotland[3], March 2015 to March 2016
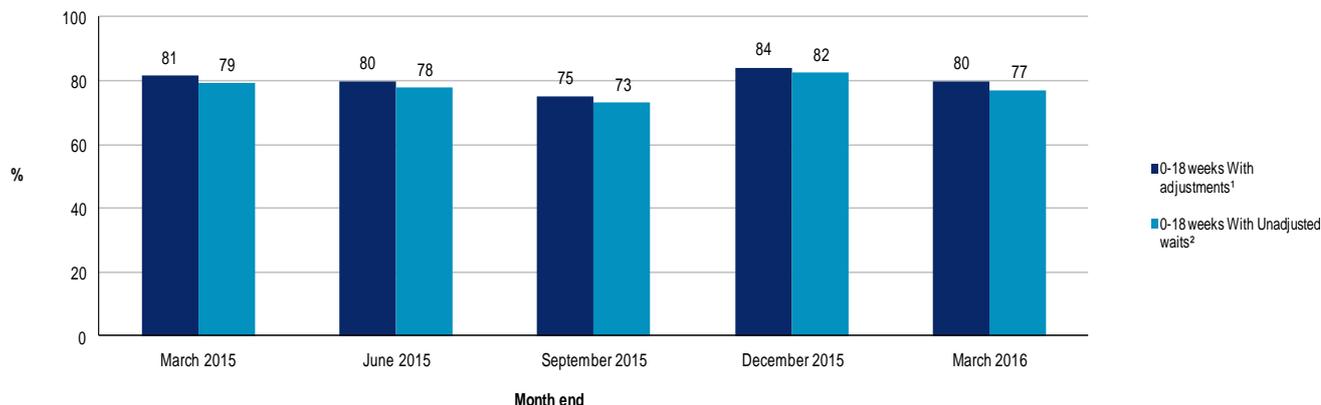
Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 5 (page 11).
2. NHS Dumfries & Galloway are unable to provide unadjusted waits.

Chart 4. Percentage of people waiting less than 18 weeks by NHS Board of Treatment, as at 31 March 2016
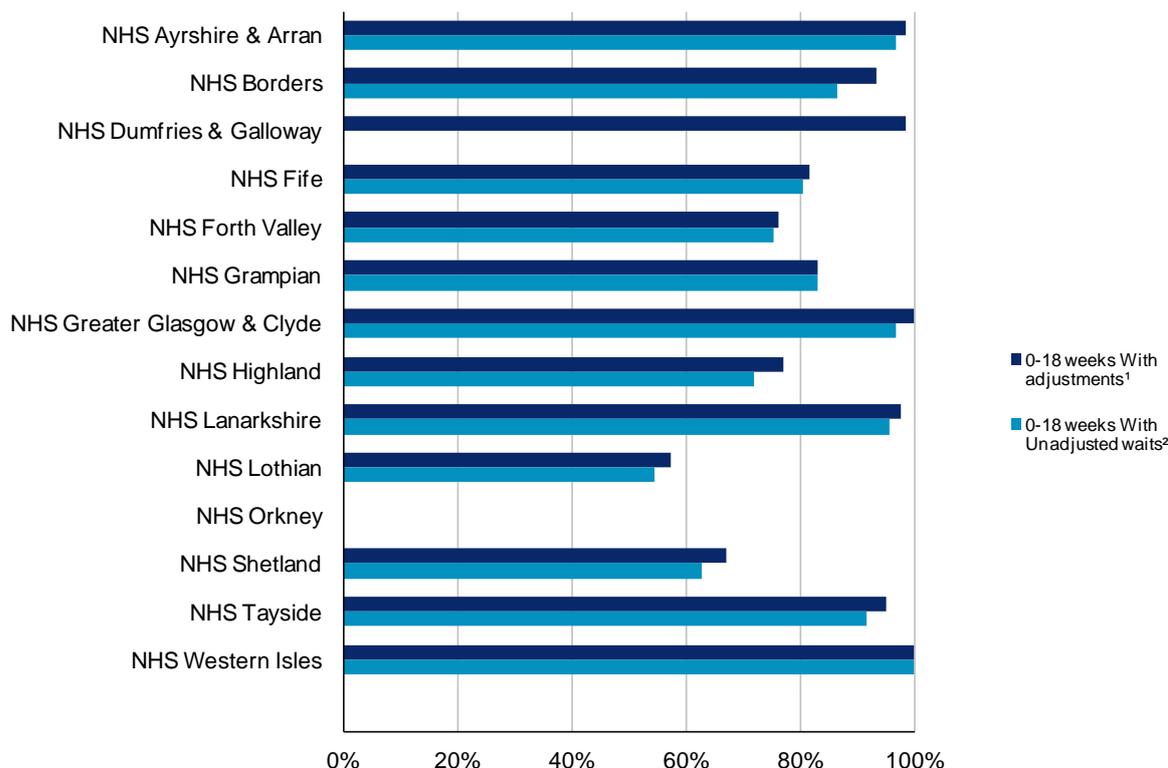
Notes

1. Adjusted waits are only included where Boards are able to provide these. For details of adjustments see Table 5 (page 11).
2. NHS Dumfries & Galloway are unable to provide unadjusted waits.

Table 5. Waiting times (with adjustments) for people waiting as at 31 March 2016 by NHS Board of Treatment

NHS Board of Treatment	Total People Waiting	Less than 18 weeks (%)	Waiting time adjustments[1]
NHS Scotland[2]	6,836	79.7%	-
NHS Ayrshire & Arran	298	98.3%	NA, U
NHS Borders	149	93.3%	NA, U, RO
NHS Dumfries & Galloway	123	98.4%	NA, U, RO
NHS Fife	569	81.5%	NA
NHS Forth Valley	548	76.3%	NA, U
NHS Grampian	860	83.0%	Unadjusted
NHS Greater Glasgow & Clyde	1,005	100.0%	NA, U
NHS Highland	278	77.0%	NA, U, RO
NHS Lanarkshire	751	97.6%	NA, U, RO
NHS Lothian	2,078	57.3%	NA, U, RO
NHS Orkney	-	-	Unadjusted
NHS Shetland	35	62.9%	NA, U
NHS Tayside	132	95.5%	NA, U, RO
NHS Western Isles	10	100.0%	NA, RO

Notes

.. Data not available

- Denotes zero

1. Waiting time adjustments:
   NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.
   U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.
   RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.
   For further information see page 26.
2. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.

Further information by NHS Board and for the last 5 quarters can be found here.

Information on data quality and data completeness at NHS Board level is available on pages 25-31 in Appendix A2.

Table 6. Unadjusted waiting times for people waiting as at 31 March 2016 by NHS Board of Treatment

NHS Board of Treatment	Total People Waiting	Less than 18 weeks (%)
NHS Scotland	6,713	77.1%
NHS Ayrshire & Arran	298	96.6%
NHS Borders	149	86.6%
NHS Dumfries & Galloway[1]	..	..
NHS Fife	569	80.3%
NHS Forth Valley	548	75.4%
NHS Grampian	860	83.0%
NHS Greater Glasgow & Clyde	1,005	96.8%
NHS Highland	278	71.9%
NHS Lanarkshire	751	95.5%
NHS Lothian	2,078	54.4%
NHS Orkney	-	-
NHS Shetland	35	62.9%
NHS Tayside	132	91.7%
NHS Western Isles	10	100.0%

Notes

.. Data not available

- Denotes zero

1. NHS Dumfries & Galloway are unable to provide unadjusted waits
    .

Further information by NHS Board and for the last 5 quarters can be found here.

Information on data quality and data completeness at NHS Board level is available on pages 25-31 in Appendix A2.

Number of people referred to CAMH Services

This section has information on how many children and young people are referred to CAMH services. Waiting lists can build up where demand for services exceeds the capacity of that service, so the number of referrals is a key measure for managing waiting times.The numbers of referrals by NHS Board are shown in Table 7.

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

Table 7. Referrals to CAMH services by NHS Board of Treatment, January to March 2015

NHS Board of Treatment	All referrals		Referrals excluding rejected referrals	
	Number of referrals	Referrals per 1,000 people under 18	Number of referrals	Referrals per 1,000 people under 18
NHS Scotland	**8,879**	**8.6**	**7,204**	**7.0**
NHS Ayrshire & Arran	593	8.3	507	7.1
NHS Borders	179	8.3	155	7.2
NHS Dumfries & Galloway	311	11.4	250	9.1
NHS Fife	666	9.2	568	7.8
NHS Forth Valley	489	8.1	388	6.4
NHS Grampian	795	7.1	697	6.3
NHS Greater Glasgow & Clyde	1,984	9.1	1,270	5.8
NHS Highland	409	6.7	400	6.5
NHS Lanarkshire	1,003	7.5	850	6.3
NHS Lothian	1,688	10.3	1,521	9.3
NHS Orkney	13	3.2	13	3.2
NHS Shetland	16	3.3	16	3.3
NHS Tayside	684	8.8	520	6.7
NHS Western Isles	49	9.7	49	9.7

During the period January to March 2016, 8,879 children and young people were referred to CAMH services with 7,204 accepted. This compares to 8,440 (6,888 accepted) in the previous quarter and 7,966 (6,472 accepted) during the same period in 2015. Referrals to CAMHS services have increased since the same period in 2015. Further information on referrals for the last 5 quarters can be found here.

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Distribution of wait

Chart 5 and Table 8 presents distribution information for patients who started their treatment during the quarter January to March 2016. Chart 5 incorporates both adjusted and unadjusted data and shows the percentage of patients in relation to the number of weeks waited for treatment. Table 8 is adjusted data only and shows the percentage of patients in wait time bands by NHS Board.

Chart 5. NHS Scotland[1]: Distribution of completed waits (adjusted[2] and unadjusted) during the quarter January to March 2016.
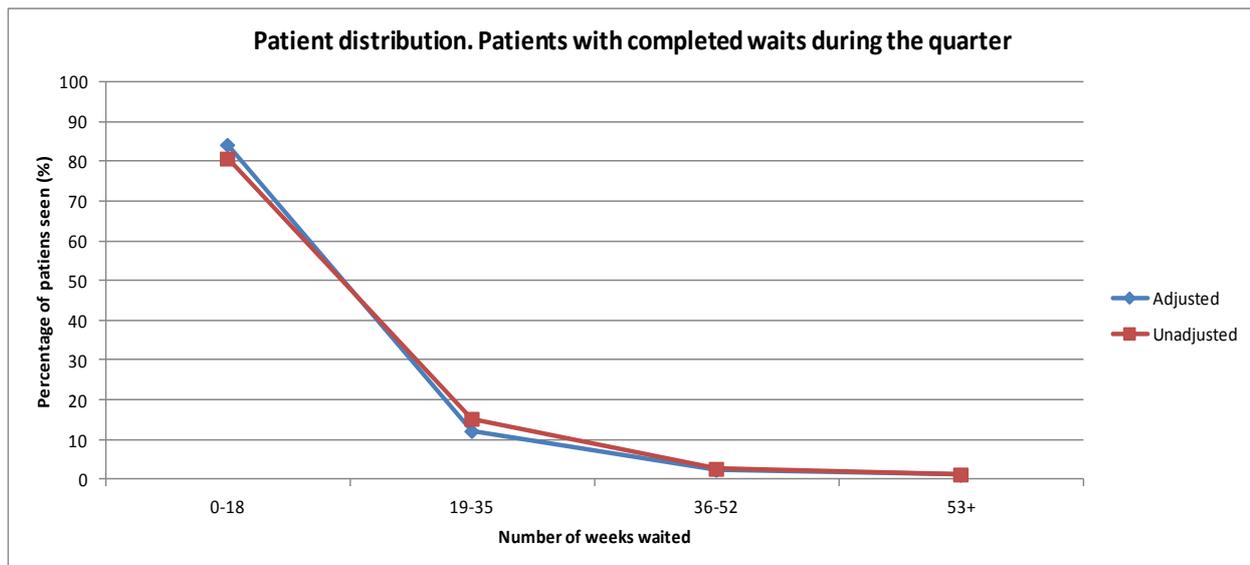
Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 5.

The table below details the distribution of wait for patients who started their treatment by Board.

Table 9. Distribution of wait (adjusted) for people who started their treatment in January to March 2016, by NHS Board of Treatment.

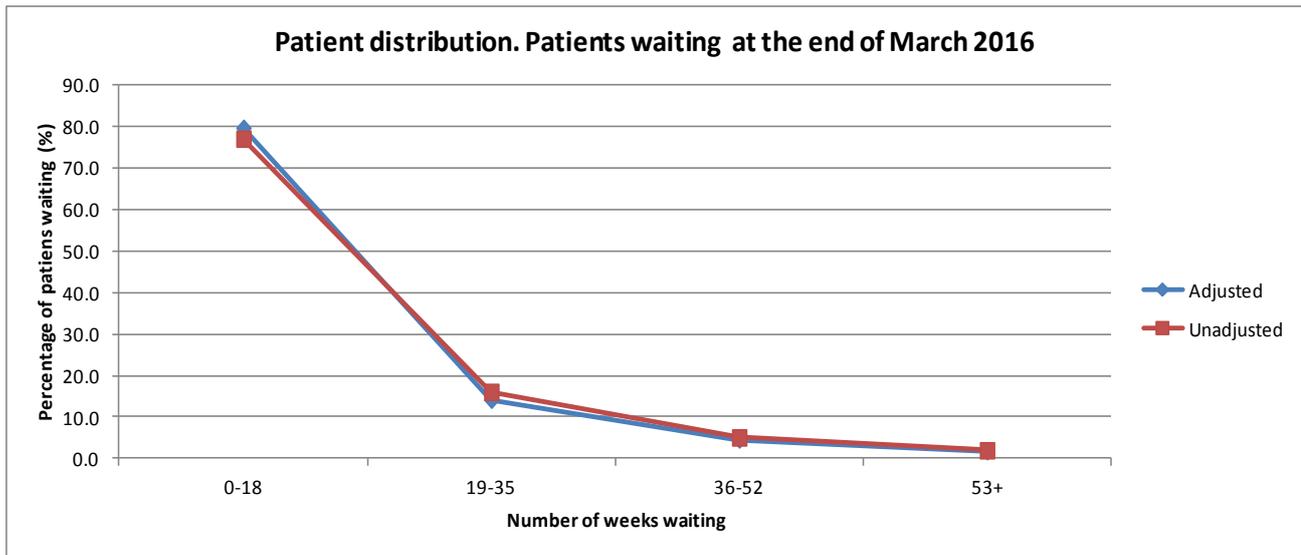| NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland[1]	**84.2**	**12.2**	**2.4**	**1.2**
NHS Ayrshire & Arran	97.7	2.3	-	-
NHS Borders	83.3	15.6	1.1	-
NHS Dumfries & Galloway	96.2	3.8	-	-
NHS Fife	83.6	13.8	2.4	0.3
NHS Forth Valley	44.2	55.1	0.8	-
NHS Grampian	49.1	48.3	2.6	-
NHS Greater Glasgow & Clyde	99.8	0.2	-	-
NHS Highland	92.9	7.1	-	-
NHS Lanarkshire	92.7	7.3	-	-
NHS Lothian	66.6	13.1	12.5	7.9
NHS Orkney	100.0	-	-	-
NHS Shetland	50.0	-	40.0	10.0
NHS Tayside	97.4	2.1	0.5	-
NHS Western Isles	100.0	-	-	-

Notes
.. Data not available
'-' denotes zero

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

The latest quarter shows an increase in the number of patients who waited over a year, 52 (1.2%) compared to the previous quarter of 16 (0.4%). However, there has been a reduction compared to the same period in 2015 compared to this time last year, 268 (6.3%).

Chart 6 and Table 10 presents distribution information for patients who are waiting to start their treatment as at the end of March 2016. Chart 6 incorporates both adjusted and unadjusted data and shows the percentage of patients in relation to the number of weeks they have been waiting for treatment. Table 10 is adjusted data only and shows the percentage of patients in wait time bands by NHS Board.

Chart 6. NHS Scotland[1,3]: Distribution of patients waiting for treatment (adjusted[2] and unadjusted) at quarter end March 2016.

Patient distribution. Patients waiting at the end of March 2016

Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 5.

Table 10. Distribution of wait (adjusted) for people waiting as at 31 March 2015, by NHS Board of Treatment

NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland[1]	79.7	14.1	4.5	1.7
NHS Ayrshire & Arran	98.3	1.7	-	-
NHS Borders	93.3	6.7	-	-
NHS Dumfries & Galloway	98.4	1.6	-	-
NHS Fife	81.6	13.5	2.6	2.3
NHS Forth Valley	76.3	23.7	-	-
NHS Grampian	83.0	16.7	0.1	0.1
NHS Greater Glasgow & Clyde	100.0	-	-	-
NHS Highland	77.0	18.7	2.9	1.4
NHS Lanarkshire	97.6	2.4	-	
NHS Lothian	57.3	24.5	13.6	4.7
NHS Orkney	-	-	-	-
NHS Shetland	62.9	34.3	2.9	-
NHS Tayside	95.5	4.6	-	-
NHS Western Isle	100.0	-	-	-

Notes
.. Data not available
'-' denotes zero
1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.

Further information on the distribution of wait can be found here.

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Glossary

Adjusted waiting time
This is how long a person waited after taking into account any periods they were unavailable and any appointments that they missed or rearranged. The adjustments are described on page 26. If a person has no periods of unavailability and attends on the first date that they accept, then no adjustments are made and their adjusted waiting time is the same as their unadjusted waiting time.

CAMH services
Child and Adolescent Mental Health (CAMH) services provided by NHS Scotland. Services are provided by teams of clinicians including psychiatrists, mental health nurses, clinical psychologists, occupational therapists and other allied health professionals. These services are based mainly in outpatient clinics and in the community.

Children and young people
The people served by CAMH services. Some areas provide services for all those under 18, while others offer services to those over 16 only if they are in full time education (for more detail see the 'Age of Service Provision' section in the Workforce Publication).

HEAT standards
A set of standards agreed between the Scottish Government and NHS Scotland relating to Health Improvement, Efficiency, Access or Treatment (HEAT).

Rejected Referral
Where a request to a healthcare professional or to an organisation to provide appropriate healthcare to a patient is deemed as not appropriate.

Start of treatment
When treatment starts or the person is removed from the waiting list. Not all people who are referred to a CAMH service go on to have treatment. Some people attend an assessment appointment, need no further treatment and so are removed from the waiting list. Some people are offered treatment but decide not to go ahead.

Tiers of service provision
Tier 2 – Mental Health Practitioners at this level tend to be CAMH services specialists working in community and primary care settings, in multi-disciplinary teams (although many will also work as part of tier 3 services). They can include, mental health professionals employed to deliver primary mental health work, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs requiring specialist intervention.

Tier 3 – This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders. Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child

psychotherapists, occupational therapists and art, music and drama therapists.

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

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

List of Tables

Table No.	Name	Time period	File & size
1	Adjusted Completed waits for people seen	Jan 2015 – Mar 2016	Excel [526kb]
2	Unadjusted Completed waits for people seen	Jan 2015 – Mar 2016	Excel [276kb]
3	Adjusted Waiting times for people waiting	Jan 2015 – Mar 2016	Excel [365kb]
4	Unadjusted waiting times for people waiting	Jan 2015 – Mar 2016	Excel [405kb]
5	Referrals	Jan 2015 – Mar 2016	Excel [131kb]
6	Distribution of wait – adjusted waits	Jan 2015 – Mar 2016	Excel [257kb]
7	Distribution of wait – unadjusted waits	Jan 2015 – Mar 2016	Excel [488kb]
8	Did not attend (DNA) and first contact appointments	Jan 2015 – Mar 2016	Excel [416kb]

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

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Further Information

Further information can be found on the ISD website

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Appendix

A1 – Background Information

Data collection

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

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

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

Why are waiting times important?

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

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

Mental Health Policy and Standards

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

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

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

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

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

Psychological Therapies Waiting Times

Waiting times for Psychological Therapies are also published this quarter.

Workforce Information

CAMH Workforce Information presents the latest information on numbers of clinical staff working in CAMH services.

A2 – Data Quality

CAMH services waiting times data have been collected nationally since January 2010, although initially data were very incomplete and of poor quality. There have been significant improvements in data quality and completeness over time.

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

ISD also routinely seeks clarification from NHS Boards amongst other things where there may be large changes in numbers, unusual patterns in the data or changes in trends. These changes may be influenced by a variety of factors including service changes/reconfiguration or data recording changes.

Adjustment of waiting times

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

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

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

▪ If a person is unavailable (for example on holiday), the period for which they are unavailable is subtracted from their total waiting time.

▪ If a person does not attend an appointment and has to be given another, their waiting time is reset to zero.

▪ If a person rearranges an appointment, their waiting time is reset to zero on the day they contact the service to rearrange their appointment.

▪ If a person is offered several appointments and declines them all, their waiting time is reset to zero. NHS Boards report that this happens very rarely as most appointments are agreed by telephone.

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

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

Adjusted and unadjusted waiting times

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

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

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

Referral to treatment calculation

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

Tiers of service provision

The data submission should include service provision from tiers 2, 3 and 4 (descriptions in the glossary section, pages 18/19). Some NHS Boards are not able to report on all tiers, this may be because they do not provide services which fall under a particular tier or because they are still developing their systems to incorporate all tiers. This is detailed in the NHS Board level data quality issues.

Data completeness: common issues

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

Data quality issues by NHS Board

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

NHS Ayrshire & Arran

The Board estimate the data to be 100% complete.

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

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

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

From December 2015, the CAMHS service extended the age limit within its referral criteria to from 16 to 18 years.

NHS Borders

The Board estimate the data to be 100% complete.

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

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

NHS Dumfries & Galloway

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

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

NHS Fife

The Board estimate the data to be 100% complete.

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

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

NHS Forth Valley

The Board estimate the data to be 100% complete for tier 2 and 3 services.

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

The Board submit data for tier 2 (since August 2015) and tier 3; they do not have tier 4 services.

NHS Grampian

The Board estimate the data to be 100% complete.

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

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

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

NHS Greater Glasgow and Clyde

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

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

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

NHS Highland

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

For tier 2 services the Board identify the first appointment as start of treatment. For tier 3 services the Board have been identifying the second appointment as the start of treatment as defined through the CAPA model; however since the move to PMS they should be able to identify the actual start of treatment. They have now implemented a Standard Operating Procedure for clinic outcome coding. This should make for cleaner, better reporting once extracts become available and will provide reliable reporting for operational management.

The Board have highlighted an issue with completeness over the last 6 months; this is due to delays in the information being sent to the admin team and admin delays. They are actively working towards gaining 100% completion and are monitoring the issue. In 2014-15 outcome completeness was 96%, and in the first 3 quarters of 2015-16 outcome completeness was 95%.

There is a North of Scotland tier 4 service for inpatients which is provided by NHS Tayside (since February 2013).

NHS Lanarkshire

The Board estimate the data to be 100% complete.

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

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

NHS Lothian

The Board estimate the data submitted to be 100%.

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

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

NHS Orkney

The Board estimate their data to be 100% complete.

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

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

Due to complications with the implementation of Trak, data is not adjusted in the short term. Due to the move from Topas to Trak, various new reports, procedures, data quality checks and training are needed to supply data from Trak, which was implemented in mid June 2015, the Board have submitted data via manual extraction whilst work progresses with the new Trak system.

The Board are currently completing the CAMHS returns manually which is complex and time consuming.

NHS Shetland

The Board estimate the data to be 100% complete.

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

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

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

NHS Tayside

All CAMH service data comes directly from PAS and is 100% complete. The data is reviewed through a monthly data validation exercise which ensures all patients are appropriately recorded on the waiting list.

NHS Tayside have advised us that the attainment for the quarter end March 2016 improved because the majority of cases that had already breached before they attended were seen in the last few months of 2015, therefore the majority of activity from Jan to March 2016 were cases that were seen before breaching. In other words all cases were being seen in turn and once the longest waits had been dealt with they moved on to seeing shorter waits within their guarantee.

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

NHS Western Isles

The Board estimate the data to be 100% complete.

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

The Board submit data for tiers 2 and 3.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Child and Adolescent Mental Health Services Waiting Times http://www.isdscotland.org/Health-Topics/Waiting-Times/Child-and-Adolescent-Mental-Health/
Description	Monthly and quarterly summary of waiting times and waiting lists for Child and Adolescent Mental Health Services
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks
Data source(s)	Aggregate counts accredited and derived from individual NHS Scotland Boards are submitted monthly to ISD using a defined Excel template.
Date that data are acquired	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 3 weeks before publication where the quality assurance process identifies differences with local figures.
Release date	The first Tuesday of the month for each publication
Frequency	Quarterly
Timeframe of data and timeliness	Data for the last five quarters are included.
Continuity of data	Information has been collected nationally since January 2010 with a revised dataset introduced in April 2012.
Revisions statement	Previously published waiting times are revised at each publication to reflect the latest available data submitted to ISD by the NHS Boards.
Revisions relevant to this publication	NHS Orkney have revised their data since the last publication, they have provided missing data from June 2015. From July 2015 the data submitted is unadjusted. The number of cases involved for NHS Orkney is relatively small and the numbers need to be disclosed to prevent patient confidentiality. The changes have the following impact on the percentages: **People Seen** For all quarters NHS Orkney have seen 100% of patients within 18 weeks. Quarter ending June 2015 **adjusted data** – no impact on the percentage of people seen within 18 weeks for NHSScotland or on the average

median wait or 90th percentile for either NHS Orkney or NHSScotland.

unadjusted data – increased the NHSScotland total by 0.1% to 73.0%. The average median wait has decreased by 1 week for NHS Orkney but there is no change in the NHSScotland figure or in the 90th percentile for either NHS Orkney or NHSScotland.

Quarter ending September 2015
adjusted data – increased the NHSScotland total by 0.1% to 73.1%. The average median wait for NHS Orkney is 1 week and the 90th percentile is 8 weeks; there is no change for NHSScotland.

unadjusted data – increased the NHSScotland total by 0.1% to 69.0%. The average median wait for NHS Orkney is 1 week and the 90th percentile is 8 weeks; there is no change for NHSScotland.

Quarter ending December 2015
adjusted data – increased the NHSScotland total by 0.1% to 76.1%. The average median wait for NHS Orkney is 3 weeks and the 90th percentile is 5 weeks; there is no change for NHSScotland.

unadjusted data – increased the NHSScotland total by 0.1% to 72.5%. The average median wait for NHS Orkney is 3 weeks and the 90th percentile is 5 weeks; there is no change for NHSScotland.

People Waiting
For all months the numbers of patients waiting are within 18 weeks for NHS Orkney.

Month ending June 2015
Both adjusted and unadjusted data – no impact on the percentage of people waiting within 18 weeks for NHSScotland.

Month ending July 2015
unadjusted data – increased the NHSScotland total by 0.1% to 73.0%, it has had no impact on the adjusted NHS Scotland total.

Month ending August 2015
unadjusted data – no impact on the percentage of people waiting within 18 weeks for NHSScotland.
adjusted data – increased the NHSScotland total by 0.1% to 74.3%.

	Quarter ending September 2015: Percentage of DNA's for first contact appointments = 29.4% There has been no change in the percentage of DNA's for first contact appointments for NHSScotland. Quarter ending December 2015: Percentage of DNA's for first contact appointments = 8.7% There has been no change in the percentage of DNA's for first contact appointments for NHSScotland.
Concepts and definitions	Definitions not contained in this report are available here.
Relevance and key uses of the statistics	Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of standards for maximum waiting times. Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; Freedom of Information requests; information support to Boards; health intelligence work; parliamentary questions and HEAT standards.
Accuracy	ISD only receives aggregate data from each NHS Board. Although aggregated data cannot be systematically validated by ISD, reported data are compared to previous figures and to expected trends. Derivation of the figures and data accuracy are matters for individual NHS Boards.
Completeness	100% of submitted data are used for analysis and publication.
Comparability	There will be differences in the measures used and collection methods of CAMH services waiting times statistics, as well as differences in service structures between the administrations. The different datasets will not be strictly comparable. Users need to carefully read the publications when making comparisons. Links to other CAMH services waiting time information published can be found below: England: No data available at the moment in England. Monthly submission to the CAMH services dataset is due to start in Spring 2014. Northern Ireland:

	They have a Ministerial Target of 9 weeks for patients waiting. This information is not published and they do not have any referral to treatment data for CAMH services. Wales: http://wales.gov.uk/statistics-and-research/referral-to-treatment-times/?lang=en They have a standard for patients referred to Specialist Child and Adolescent Mental Health Services (CAMHS), assessment and any intervention plans required are to be initiated within 16 weeks.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	Key statistics for the latest quarter are linked to on the main Waiting Times page www.isdscotland.org/Health-Topics/Waiting-Times/. Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented. Further features to aid clarity: 1. Tables are printer friendly. 2. Key data presented graphically.
Value type and unit of measurement	Number and percentage of patients seen, number and percentage of patients waiting, median and 90th percentile waits; by NHS Board. Patients who are referred and of those referrals that are accepted to CAMHs services by numbers and rates of population. First contact appointments are also now recorded as a number of patients and those who "did not attend" – this information includes the number of people and a percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Awaiting assessment
Last published	23 February 2016
Next published	6 September 2016
Date of first publication	28 August 2012
Help email	Nss.CAMH@nhs.net
Date form completed	11 May 2016

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

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.