

Psychological Therapies Waiting Times In NHSScotland

Quarter ending 31 March 2016

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Introduction

This publication contains information about how long people waited to start treatment for Psychological Therapies provided by the NHS in Scotland. This information has been published quarterly since August 2013. The information in this publication covers the period January to March 2016, with figures from the last 4 quarters for reference.

Psychological Therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The standard applies specifically to Psychological Therapies for treatment of a mental illness or disorder.

The Scottish Government requires the NHS in Scotland to measure the time people wait for treatment and this includes people waiting for Psychological Therapies. 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 Psychological Therapies from December 2014. Following the conclusion of previously planned work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies standard should be delivered for at least 90% of patients.

This standard includes Psychological Therapies as defined above. These include Psychological Therapies listed in 'The Matrix: A guide to delivering evidence based Psychological Therapies in Scotland' at www.nes.scot.nhs.uk and also those not listed but which clinicians decide are the most appropriate treatment to meet a patient's needs. The standard applies: where the therapy is delivered to individuals or groups on a face-to-face basis, by staff trained to recognised standards, operating under appropriate supervision, in dedicated/ focused sessions; where the therapy is delivered through family, health and/or care staff who are being trained or supported to deliver a particular intervention to a named patient/client; to all ages (including CAMH services); in inpatient as well as community settings; in physical health settings where there is associated mental illness such as depression or anxiety, for example chronic pain and cancer; for substance misuse where there is associated mental illness; and for learning disabilities where there is associated mental illness.

The systems for collecting data locally are still being developed, and as a result, some people who had treatment for Psychological Therapies are not included in this publication. However, the information in this publication does give a good indication of waiting times in most areas of Scotland. The volume of information we have been able to collect from NHS Boards has increased each quarter and we expect this to continue to increase in coming months. The Psychological Therapies HEAT Standard, Guidance and Scenarios document was updated in March 2014 to reinforce clarity for Boards on the scope of the standard and how to interpret a wide range of scenarios. The revised guidance was issued to Boards and made available on the ISD website at <http://www.isdscotland.org/Health-Topics/Waiting-Times/Psychological-Therapies/>

This publication also includes information on Psychological Therapy referrals and waiting times for people aged 65 and over.

Key points

- Waiting times information for Psychological Therapies are developmental. NHS Boards are working with ISD and the Scottish Government to improve the consistency and completeness of the information. 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 Psychological Therapies from December 2014. The standard should be delivered for at least 90% of patients.

For the quarter ending March 2016:

- 13,451 people started treatment for Psychological Therapies in Scotland, 82.8% of which were seen within 18 weeks. Half of the patients started their treatment within 7 weeks. The trend of patients seen within 18 weeks has remained relatively stable over the last five quarters.
- Five NHS Boards met the standard of treating 90% of patients referred within 18 weeks - these were NHS Greater Glasgow & Clyde, NHS Highland (based on 30% of patients seen due to system issues), NHS Lanarkshire, NHS Shetland and NHS Western Isles.
- Improving access to services for older people is a key element of the mental health strategy. 747 people aged 65 and over started treatment for Psychological Therapies in this quarter and 88.1% were seen within 18 weeks.

How long people waited to start their treatment

This section shows waiting times for patients who started their treatment during the period January-March 2016, with previous quarters data for reference. This information is still developmental. NHS Boards are working with ISD and the Scottish Government to improve the consistency and completeness of the information.

During the period January – March 2016 (see Table 1):

- 13,451 people started their treatment for Psychological Therapies in Scotland, in comparison to 13,126 for quarter ending December 2015 and 11,659 for the quarter ending March 2015.
- Using adjusted waits where available, 82.8% of people seen for Psychological Therapies started their treatment within 18 weeks of being referred, this is slightly less than the previous quarter (October to December 2015) of 83.5%, for both quarters half of all people seen started their treatment within seven weeks. Furthermore, 82.8% of people seen started their treatment within 18 weeks of being referred for the January to March 2015 quarter and half started their treatment within eight weeks.
- Using unadjusted waits, 79.2% of people seen for Psychological Therapies started their treatment within 18 weeks of being referred this is slightly less than the previous quarter (October to December 2015) of 79.7% but is the same as for the January to March 2015 quarter. For the latest quarter half of all people seen started their treatment within nine weeks this is a slight increase on the October to December 2015 quarter (eight weeks) but a slight decrease on the January to March 2015 quarter (ten weeks).

Chart 1 shows the percentage of people seen within 18 weeks split by quarter for the last five quarters. Information by NHS Board is shown in Tables 2 and 3 and Chart 2. While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable. We expect to be able to make more accurate comparisons by NHS Boards in future publications.

Table 1. Waiting times for people who started their treatment in January 2015 – March 2016, NHS Scotland^{1,2,3}

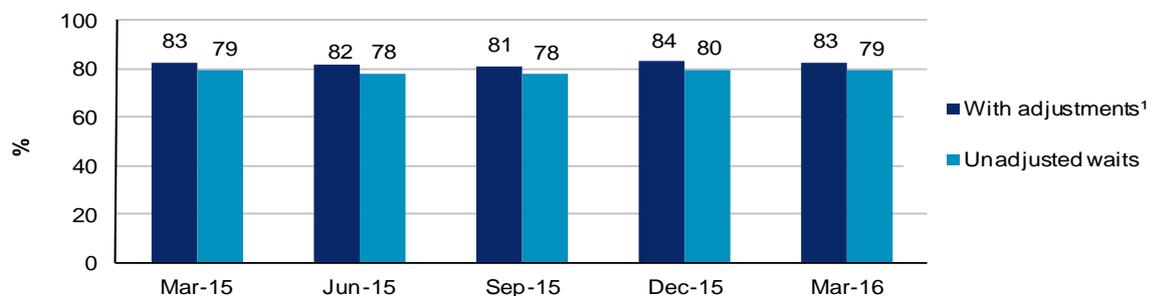
Quarter	With adjustments ^{1,2,3}				Unadjusted		
	People seen	Seen within 18 weeks (number)	Seen within 18 weeks (%)	Average (median) wait (weeks)	Seen within 18 weeks (number)	Seen within 18 weeks (%)	Average (median) wait (weeks)
Jan to Mar 2015	11,659	9,649	82.8	8	9,239	79.2	10
Apr to Jun 2015	12,599	10,288	81.7	8	9,856	78.2	10
Jul to Sep 2015	13,077	10,609	81.1	7	10,173	77.8	9
Oct to Dec 2015	13,126	10,963	83.5	7	10,460	79.7	8
Jan to Mar 2016	13,451	11,133	82.8	7	10,652	79.2	9

Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney data is not available.
3. For details of adjustments see Table 2.

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

Chart 1. Percentage of people who started their treatment within 18 weeks, NHS Scotland^{1,2,3}, quarters ending March 2015 to March 2016

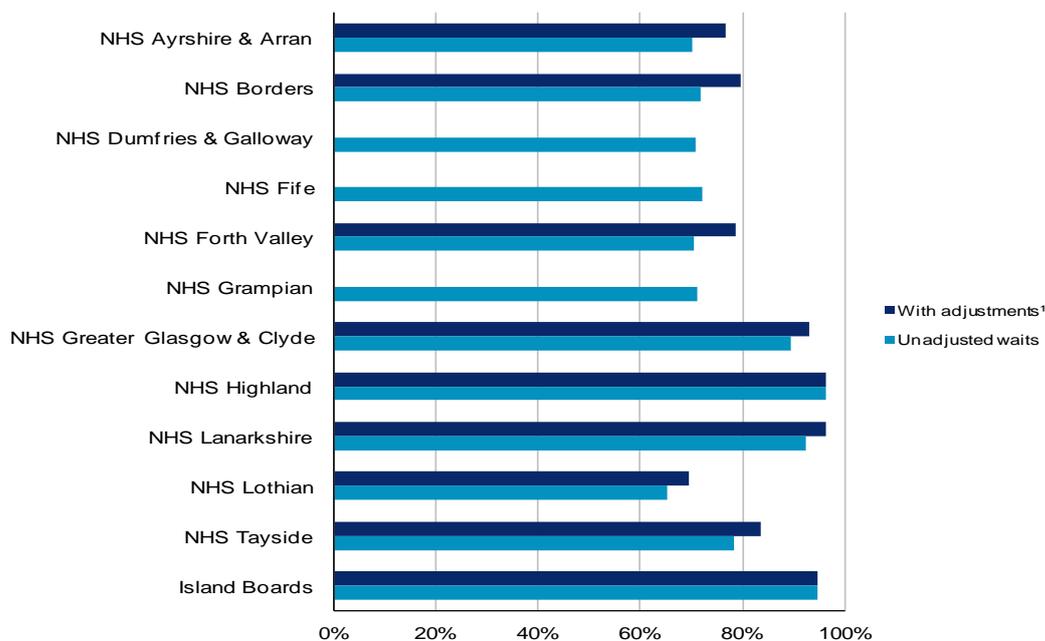


Notes

1. Scotland level adjusted data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney data is not available from July 2015 to March 2016.
3. For details of adjustments see Table 2.

Chart 2. Percentage of people who started their treatment within 18 weeks by NHS Board, January - March 2016^{1,2}

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.



Notes

1. For details of adjustments see Table 2.
2. NHS Orkney data is not available.

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

Table 2. Waiting times (with adjustments¹) for people who started their treatment in January – March 2016 by NHS Board

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

NHS Board of Treatment	People seen	People seen within 18 weeks (Number)	People seen within 18 weeks (%)	Average (median) wait (weeks)	Waiting time adjustments ¹
Scotland ^{2,3,4}	13,451	11,133	82.8	7	..
NHS Ayrshire & Arran	1,604	1,229	76.6	9	NA, U
NHS Borders	192	153	79.7	11	NA, U, RO
NHS Dumfries & Galloway	752	532	70.7	9	Unadjusted
NHS Fife	1,110	799	72.0	8	Unadjusted
NHS Forth Valley	607	478	78.7	12	NA, U
NHS Grampian	947	674	71.2	10	Unadjusted
NHS Greater Glasgow & Clyde	3,054	2,840	93.0	5	NA
NHS Highland ³	419	403	96.2	5	NA,U, RO
NHS Lanarkshire	1,906	1,839	96.5	8	NA,U, RO
NHS Lothian	1,521	1,057	69.5	11	NA, U, RO
NHS Tayside	1,242	1,037	83.5	9	NA, U, RO
NHS Island Boards ^{4,5}	97	92	94.8	3	..

Notes

.. Data not available

* Data has had disclosure control applied to protect patient confidentiality.

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 25.

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

3. Patients seen data for NHS Highland are estimated to be 30% complete at the moment. This is due to delays in the relevant data being extracted in usable form from the new patient management system.

4. NHS Orkney data is not available.

5. NHS Orkney, NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.

Further information by NHS Board can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

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

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

NHS Board of Treatment	People seen	People seen within 18 weeks (Number)	People seen within 18 weeks (%)	Average (median) wait (weeks)
Scotland ^{1,2}	13,451	10,652	79.2	9
NHS Ayrshire & Arran	1,604	1,124	70.1	12
NHS Borders	192	138	71.9	14
NHS Dumfries & Galloway	752	532	70.7	9
NHS Fife	1,110	799	72.0	8
NHS Forth Valley	607	428	70.5	14
NHS Grampian	947	674	71.2	10
NHS Greater Glasgow & Clyde	3,054	2,733	89.5	6
NHS Highland ¹	419	403	96.2	5
NHS Lanarkshire	1,906	1,764	92.5	10
NHS Lothian	1,521	991	65.2	13
NHS Tayside	1,242	974	78.4	13
NHS Island Boards ^{2,3}	97	92	94.8	3

Notes

.. Data not available

* Data has had disclosure control applied to protect patient confidentiality.

1. Patients seen data for NHS Highland are estimated to be 30% complete at the moment. This is due to delays in the relevant data being extracted in usable form from the new patient management system.
2. NHS Orkney data is not available.
3. NHS Orkney, NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.

Further information by NHS Board can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

People waiting at the end of the quarter

This section presents a summary of waiting times information for Psychological Therapies for people who are waiting at the end of quarter month.

This is a useful measure for managers of these services as it can help them take early action to ensure that patient waits do not exceed the standard. However this measure does not show how long people actually wait before they received care.

This information is still developmental. NHS Boards are working with ISD and the Scottish Government to improve the consistency and completeness of the information.

At the end of March 2016 (Table 4):

- 18,547 people were waiting to start treatment for Psychological Therapies in Scotland, this is a slight decrease on quarter end December 2015 (18,551) but is an increase on the March 2015 quarter end (17,530).
- Using adjusted waits where available, 80.3% (14,896) of these had been waiting less than 18 weeks, this is a decrease on quarter end December 2015 of 81.9% (15,187) but an increase on the March 2015 quarter end of 79.4% (13,917).
- Using unadjusted waits, 78.2% (14,495) of these had been waiting less than 18 weeks, this is a decrease on quarter end December 2015 of 79.5% (14,757) but an increase on the March 2015 quarter end of 77.0% (13,497).

Chart 3 shows the percentage of people waiting less than 18 weeks, split by quarter end, for the last five quarters.

Information by NHS Board is shown in Tables 5 and 6 and Chart 4. While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable. We expect to be able to make more accurate comparisons by NHS Board in future publications.

Table 4. Waiting times for people waiting at the end of the quarter in Scotland^{1,2}

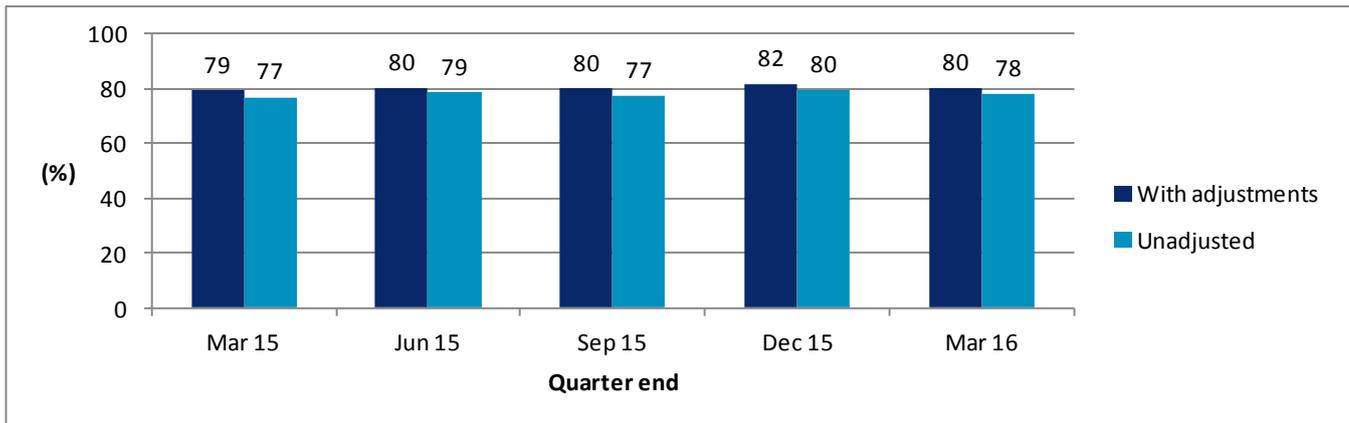
Quarter End	Total People Waiting	With adjustments ^{1,2}		Unadjusted ²	
		Waiting less than 18 weeks (Number)	Waiting less than 18 weeks (%)	Waiting less than 18 weeks (Number)	Waiting less than 18 weeks (%)
Mar 2015	17,530	13,917	79.4	13,497	77.0
Jun 2015	17,642	14,163	80.3	13,850	78.5
Sep 2015	16,757	13,411	80.0	12,966	77.4
Dec 2015	18,551	15,187	81.9	14,757	79.5
Mar 2016	18,547	14,896	80.3	14,495	78.2

Notes

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

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

**Chart 3. Percentage of people waiting less than 18 weeks, NHS Scotland^{1,2,3},
March 2015 - March 2016**

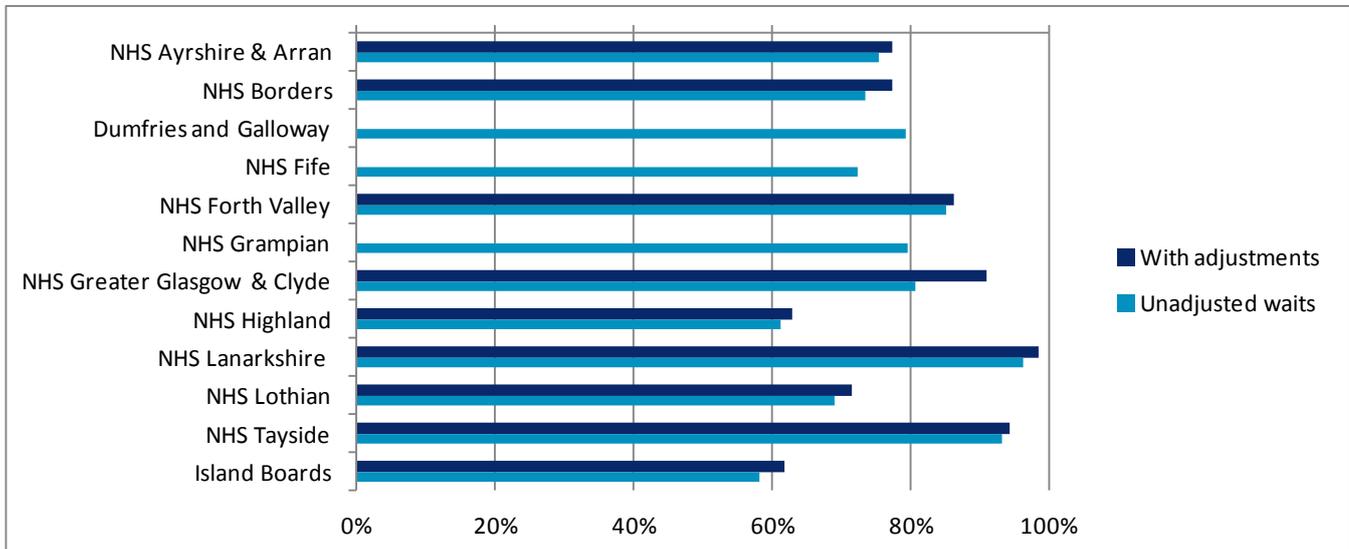


Notes

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

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

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.



Notes

1. NHS Orkney, NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.
2. NHS Orkney data is not available.
3. For details of adjustments see Table 5.

Information on data quality and data completeness at NHS Board level is available on pages 28-33.

Table 5. Waiting times (with adjustments¹) for people waiting at 31 March 2016 by NHS Board

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

NHS Board of treatment	Total People Waiting	Waiting less than 18 weeks (Number)	Waiting less than 18 weeks (%)	Waiting time adjustments ¹
NHS Scotland ^{2,4}	18,547	14,896	80.3%	..
NHS Ayrshire & Arran	2,570	1,990	77.4%	NA, U
NHS Borders	351	272	77.5%	NA, U, RO
NHS Dumfries & Galloway	777	617	79.4%	Unadjusted
NHS Fife	2,447	1,774	72.5%	Unadjusted
NHS Forth Valley	1,219	1,052	86.3%	NA, U
NHS Grampian	1,196	954	79.8%	Unadjusted
NHS Greater Glasgow & Clyde	1,430	1,304	91.2%	NA
NHS Highland	1,257	791	62.9%	NA, U, RO
NHS Lanarkshire	2,142	2,112	98.6%	NA, U, RO
NHS Lothian	3,548	2,537	71.5%	NA
NHS Tayside	1,526	1,441	94.4%	NA, U, RO
NHS Island Boards ^{3,4}	84	52	61.9%	..

Notes

.. Data not available

1. Waiting time adjustments:

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

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

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

For further information see page 25.

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

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

4. NHS Orkney data is not available.

Further information by NHS Board can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

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

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

NHS Board of treatment	Total People Waiting	Waiting less than 18 weeks (Number)	Waiting less than 18 weeks (%)
NHS Scotland ²	18,547	14,495	78.2%
NHS Ayrshire & Arran	2,570	1,941	75.5%
NHS Borders	351	258	73.5%
NHS Dumfries & Galloway	777	617	79.4%
NHS Fife	2,447	1,774	72.5%
NHS Forth Valley	1,219	1,040	85.3%
NHS Grampian	1,196	954	79.8%
NHS Greater Glasgow & Clyde	1,430	1,156	80.8%
NHS Highland	1,257	770	61.3%
NHS Lanarkshire	2,142	2,065	96.4%
NHS Lothian	3,548	2,448	69.0%
NHS Tayside	1,526	1,423	93.3%
NHS Island Boards ^{1,2}	84	49	58.3%

Notes

.. Data not available

1. NHS Orkney, NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.
2. NHS Orkney data is not available.

Further information by NHS Board can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

Number of people referred for Psychological Therapies

This section has information on how many people are referred for Psychological Therapies. 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. This information is still developmental.

There are considerable variations in service structures across NHS Boards, and therefore a number of different referral pathways for people seeking to access Psychological Therapies.

In some areas referrals are made directly into discrete Psychological Therapies services, and it is relatively straightforward for Boards to report the numbers of referrals for Psychological Therapies, the date of receipt of referral and the date of commencement of treatment.

In other areas, however, there are no discrete Psychological Therapies services and Psychological Therapy is delivered, by appropriately trained staff, from within more generic Mental Health teams. These teams generally have a single point for receipt of referrals, and a subsequent process for allocation to a psychological therapist. In this case the date of receipt of referral is the date the referral is received by the Mental Health Team. These teams will require a process by which to identify those patients referred on for a Psychological Therapy and to record the commencement of therapy.

While NHS Boards are developing their systems, Board figures may not be directly comparable. Information on what referrals have been reported for each Board is detailed in the data quality section on pages 26-34.

A rejected referral is where the request is deemed as not appropriate.

The numbers of referrals for the quarter January to March 2016 by NHS Board are shown in Table 7.

Table 7. Referrals for Psychological Therapies¹ by NHS Board, January to March 2016

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

NHS Board of Treatment	All referrals		Referrals excluding rejected referrals ⁴	
	Number of referrals	Referrals per 1,000 people	Number of referrals	Referrals per 1,000 people
NHS Scotland ^{1,2,3,4,5}	35,288	6.6	33,434	6.3
NHS Ayrshire & Arran ²	3,731	10.1	2,752	7.4
NHS Borders	256	2.2	250	2.2
NHS Dumfries & Galloway	1,007	6.7	976	6.5
NHS Fife	2,259	6.2	2,107	5.7
NHS Forth Valley	984	3.3	968	3.2
NHS Grampian ⁴	1,435	2.5	1,435	2.5
NHS Greater Glasgow & Clyde ^{3,4}	16,281	14.2	16,281	14.2
NHS Highland	1,381	4.3	1,343	4.2
NHS Lanarkshire	3,717	5.7	3,329	5.1
NHS Lothian	2,852	3.3	2,808	3.3
NHS Orkney ⁵
NHS Shetland	119	5.1	119	5.1
NHS Tayside	1,248	3.0	1,048	2.5
NHS Western Isles	18	0.7	18	0.7

Notes

.. Data not available

1. As explained in page 13 some Boards are unable to separate out referrals to Psychological Therapies from all mental health referrals.
2. NHS Ayrshire & Arran currently provide all referrals to MH but are working on separating out referrals to Psychological Therapies.
3. NHS Greater Glasgow & Clyde are unable to separate out referrals to Psychological Therapies only due to the structure of their MH departments. This is explained further in the data quality section on page 30.
4. NHS Grampian and NHS Greater Glasgow & Clyde are currently unable to provide the number of referrals rejected. Therefore this number will be over estimated.
5. NHS Orkney data is not available.

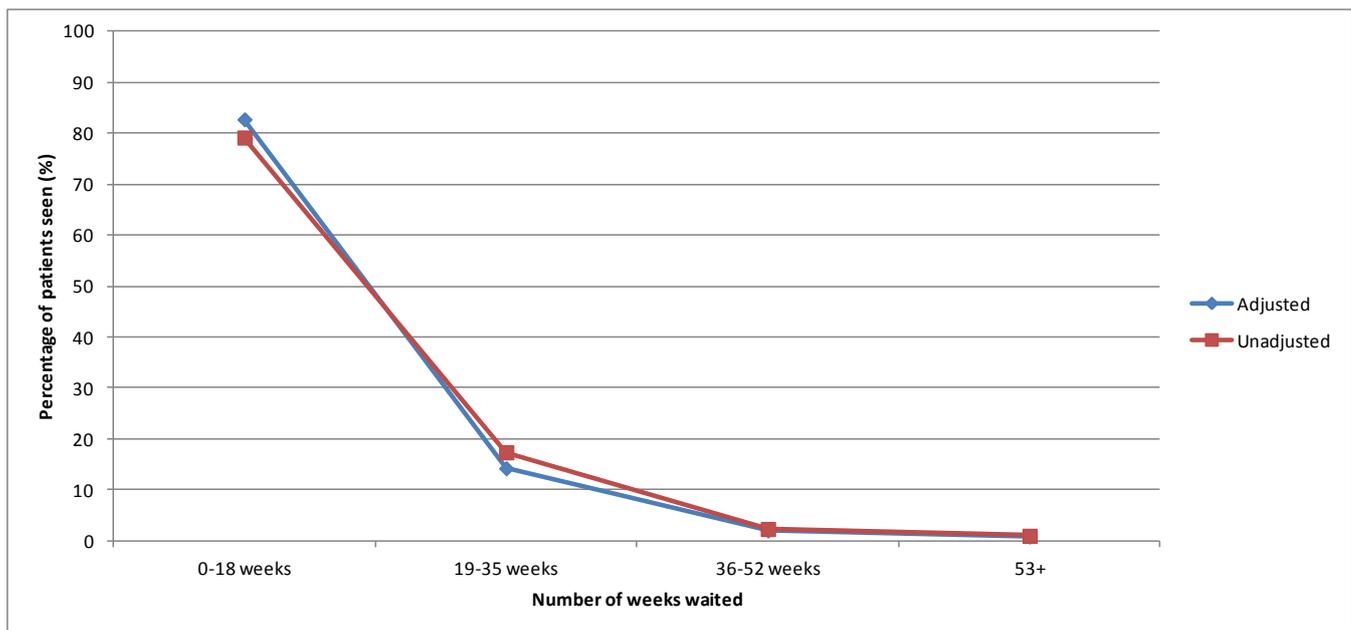
Further information on referrals for the last two quarters can be found [here](#).

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

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 and shows the percentage of patients in wait time band by NHS Board.

Chart 5. NHS Scotland ^{1,2}: Distribution of completed waits (adjusted³ 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. NHS Orkney data is not available.
3. For details of adjustments see Table 5.

The table below details the patients who started their treatment by Board.

Table 8. Distribution of wait (adjusted¹) for people who started their treatment in January to March 2016, by NHS Board

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland ¹	82.8	14.3	2.1	0.9
NHS Ayrshire & Arran	76.6	20.0	2.2	1.1
NHS Borders	79.7	18.8	1.6	-
NHS Dumfries & Galloway	70.7	26.1	3.2	-
NHS Fife	72.0	18.6	7.4	2.1
NHS Forth Valley	78.7	21.1	0.2	-
NHS Grampian	71.2	26.0	2.7	0.1
NHS Greater Glasgow & Clyde	93.0	6.9	-	0.1
NHS Highland	96.2	3.8	-	-
NHS Lanarkshire	96.5	3.5	0.1	-
NHS Lothian	69.5	18.9	6.8	4.8
NHS Tayside	83.5	16.4	0.1	-
NHS Island Boards ^{2,3}	94.8	2.1	2.1	1.0

Notes

.. Data not available

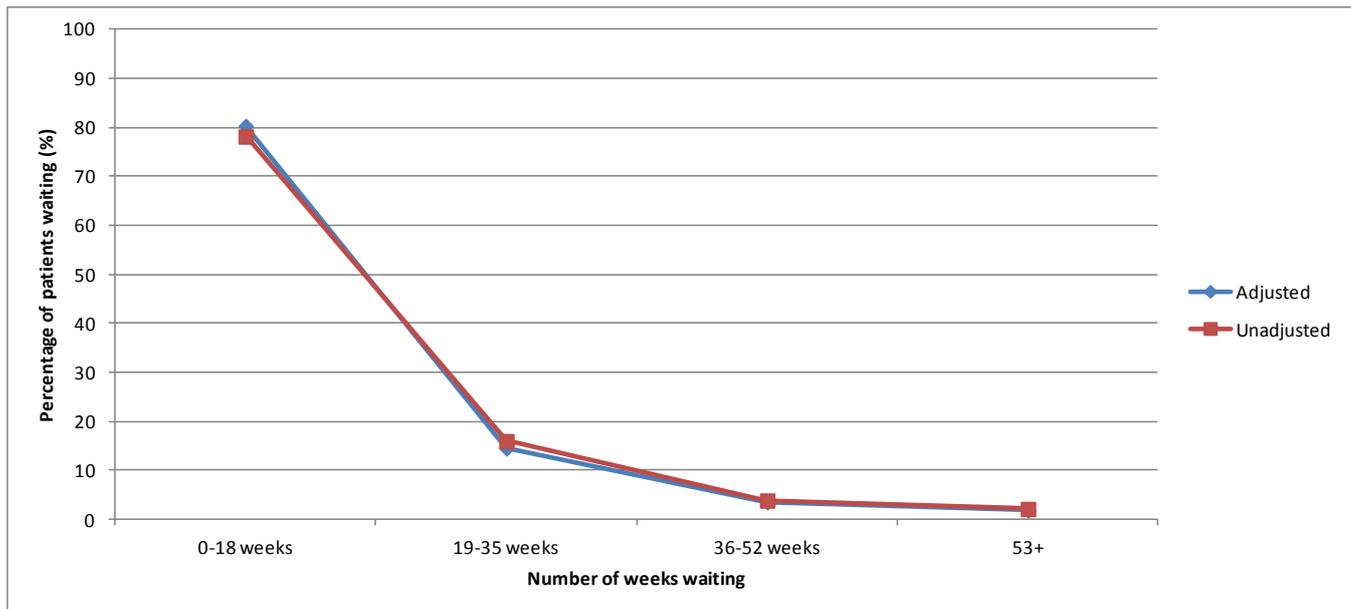
'-' denotes zero

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

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

Chart 6 and Table 9 presents distribution information for patients who are waiting to start their treatment as at the end of December 2015. 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 9 is adjusted data and shows the percentage of patients in wait time bands by NHS Board.

Chart 6. NHS Scotland^{1,2} : Distribution of patients waiting for treatment (adjusted³ and unadjusted) as at 31 March 2016.



Notes

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

Table 9. Distribution of wait (adjusted¹) for people waiting at 31 March 2016, by NHS Board

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland ^{1,3}	80.3	14.5	3.4	1.8
NHS Ayrshire & Arran	77.4	16.7	4.0	1.9
NHS Borders	77.5	20.5	1.4	0.6
NHS Dumfries & Galloway	79.4	20.1	0.4	0.1
NHS Fife	72.5	18.3	5.6	3.6
NHS Forth Valley	86.3	13.6	0.1	-
NHS Grampian	79.8	18.6	1.4	0.2
NHS Greater Glasgow & Clyde	91.2	8.3	0.4	0.1
NHS Highland	62.9	22.7	9.1	5.3
NHS Lanarkshire	98.6	1.4	-	-
NHS Lothian	71.5	18.6	6.7	3.2
NHS Tayside	94.4	5.4	0.2	-
NHS Island Boards ^{2,3}	61.9	15.5	8.3	14.3

Notes

- .. Data not available
- '-' denotes zero

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

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

People aged 65 and over

This publication includes information on referrals and waiting times for Psychological Therapies treatment for people aged 65 and over. This information has only been shown at quarter level due to small numbers and the potential for disclosure.

The numbers of referrals for people aged 65 and over for the quarter January to March 2016 by NHS Board are shown in Table 11.

Table 11. Referrals for Psychological Therapies¹ for people aged 65 and over by NHS Board, January to March 2016

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

NHS Board of Treatment	All referrals		Referrals excluding rejected referrals ⁴	
	Number of referrals	Referrals per 1,000 people	Number of referrals	Referrals per 1,000 people
NHS Scotland ¹	2,942	3.1	2,907	3.0
NHS Ayrshire & Arran ²	48	0.6	34	0.4
NHS Borders	11	0.4	11	0.4
NHS Dumfries & Galloway	68	1.9	65	1.8
NHS Fife	61	0.9	61	0.9
NHS Forth Valley	57	1.1	57	1.1
NHS Grampian ⁴	*	0.1	*	0.1
NHS Greater Glasgow & Clyde ^{3,4}	2,355	12.6	2,355	12.6
NHS Highland	63	0.9	62	0.9
NHS Lanarkshire	118	1.0	115	1.0
NHS Lothian	89	0.7	89	0.7
NHS Tayside	63	0.8	49	0.6
NHS Island Boards ^{5,6}	*	0.0	*	0.0

Notes

.. Data not available

* Data has had disclosure control applied to protect patient confidentiality.

1. As explained in page 13 some Boards are unable to separate out referrals to Psychological Therapies from all mental health referrals.
2. NHS Ayrshire & Arran currently provide all referrals to MH but are working on separating out referrals to Psychological Therapies.
3. NHS Greater Glasgow & Clyde are unable to separate out referrals to Psychological Therapies only due to the structure of their MH departments. This is explained further in the data quality section on page 31.
4. NHS Grampian and NHS Greater Glasgow & Clyde are currently unable to provide the number of referrals rejected. Therefore this number will be over estimated.
5. NHS Orkney, NHS Shetland and NHS Western Isles are combined to prevent disclosive numbers.
6. NHS Orkney data is not available.

Table 12 shows waiting times for patients aged 65 and over who started their treatment during the period October 2015 to March 2016.

Table 12. Waiting times (with adjustments^{1,3}) for people aged 65 and over that started their treatment during the last two quarters, NHSScotland².

While NHS Boards are developing their systems to improve the completeness and consistency of these data, NHS Board figures may not be directly comparable.

Quarter	People seen	Seen within 18 weeks (number)	Seen within 18 weeks (%)	Average (median) wait (weeks)
January – March 2016	747	658	88.1	6
October – December 2015	704	618	87.8	7
July – September 2015	731	658	90.0	6
April – June 2015	709	639	90.1	7
January – March 2015	625	572	91.5	6

Notes

.. Data not available

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney data is not available from July to December 2015.
3. For details of adjustments see Table 2.

When comparing the current quarter to the previous quarter there has been an increase in the number of people seen (aged 65 and over) from 704 to 747 and an increase in those seen within 18 weeks, from 87.8% to 88.1%. At the same time the median wait has decreased to 6 weeks from 7 weeks.

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

Information on data quality and data completeness at NHS Board level is available on pages 26-34.

Glossary

Psychological Therapies	Psychological Therapies refer to a range of interventions, based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships in order to relieve distress and to improve functioning. The standard applies specifically to Psychological Therapies for treatment of a mental illness or disorder.
Rejected Referrals	Where the request to a healthcare professional or to an organisation to provide appropriate healthcare to a patient is deemed as not appropriate.
Start of treatment	This is when treatment starts or the person is removed from the waiting list. Not all people who are referred for Psychological Therapies 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.
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.
Unadjusted waiting time	The total time from the date the referral was received by the service to the date treatment commenced.
Median	This is the time period (number of weeks) that half of the patients seen started treatment within.
90th Percentile	This is the time period (number of weeks) that 90% of the patients seen started treatment within.
HEAT standards	A set of standards agreed between the Scottish Government and NHS Scotland relating to Health Improvement, Efficiency, Access or Treatment (HEAT).

List of Tables

Table No.	Name	Time period	File & size
1	Adjusted Completed waits for people seen	Jan 2015 to March 2016	Excel [739kb]
2	Unadjusted Completed waits for people seen	Jan 2015 to March 2016	Excel [815kb]
3	Adjusted Waiting times for people waiting	Jan 2015 to March 2016	Excel [351kb]
4	Unadjusted waiting times for people waiting	Jan 2015 to March 2016	Excel [808kb]
5	Adjusted Completed waits patient distribution	Jan 2015 to March 2016	Excel [364kb]
6	Unadjusted waiting times patient distribution	Jan 2015 to March 2016	Excel [852kb]
7	Referrals	Jan 2015 to March 2016	Excel [341kb]
8	Patients aged 65 and over	Jan 2015 to March 2016	Excel [1,261kb]

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 Psychological Therapies 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. NHS Boards 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.

Why are waiting times important?

The Scottish Government is committed to delivering faster access to Psychological Therapies for those with mental illness or disorder. Patients and clinicians have identified access to therapies as a key service improvement to better meet their needs and expectations. Psychological Therapies have an important role in helping people with mental health problems, who should have access to effective treatment, both physical and psychological. It is generally accepted that these therapies can have demonstrable benefit in reducing distress, symptoms, risk of harm to self or others, health related quality of life and return to work. The Scottish Government recognises that delivering faster access is a significant and complex challenge, and sees the standard as an opportunity to drive local service redesign informed by evidence.

Mental Health Policy and Standards

The Mental Health Strategy is set within the context of the NHS Scotland Quality Strategy <http://www.scotland.gov.uk/Publications/2010/05/10102307/0> which sets out three quality ambitions that care must be person-centred, safe and effective.

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

In April 2011, a [HEAT Target](#) for Psychological Therapies was introduced. This target (now a standard) is that no person will wait longer than 18 weeks from referral to treatment for Psychological Therapies from December 2014. Following the conclusion of previously planned work on a tolerance level for Psychological Therapies waiting times and engagement with NHS Boards and other stakeholders, the Scottish Government has determined that the Psychological Therapies standard should be delivered for at least 90% of patients.

In August 2012, the [Mental Health Strategy for Scotland: 2012-2015](#) was produced. This document sets the policy direction for the next four years and includes a commitment to achieving and maintaining waiting times standards.

In November 2012, the Scottish Government issued the [Summary Report on the Application of NHSScotland Waiting Times Guidance](#).

Child & Adolescent Mental Health (CAMH) Services Waiting Times

Waiting times for [CAMH Services](#) are also published this quarter.

Workforce Information

The [Psychology Workforce Planning Project](#) was initiated in 2001 and is a collaboration between NHS Education for Scotland (NES) and ISD.

A2 – Data Quality

Psychological Therapies waiting times data have been collected nationally since April 2011, although initially data were very incomplete and of poor quality. There have been significant improvements in data quality and completeness over time, but some systems for collecting data locally are still at an early stage of development, and as a result, the data are not yet complete. Over the coming months, we expect the quality and completeness of data to continue to improve.

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 will routinely ask NHS Boards for updates on these issues and this information will be used to determine if the data remain as developmental.

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 Psychological Therapies 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 Psychological Therapies 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 Psychological Therapies 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. The Scottish Government have agreed that the HEAT standard will be measured using adjusted waiting times. Where NHS Boards are still developing systems to adjust waiting times for Psychological Therapies, their unadjusted waits have been used to estimate the Scotland figure.

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

Adjusted and unadjusted waiting times

It is not possible to report nationally consistent data at Scotland level due to the differences in adjustments made to waiting times across the NHS Boards.

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 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 Psychological Therapies. 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.

NHS Boards are also asked to provide unadjusted waiting times. These are the actual times people have waited. All NHS Boards providing data are able to provide unadjusted waiting times.

Referral to treatment calculation

Some NHS Boards are not able to calculate the waiting times from referral to treatment yet. While systems are being developed to do this, they are using a proxy for treatment. The [Guidance and Scenarios HEAT standard](#) document advises Boards should use the second appointment as a proxy for treatment. Where Boards are still using assessment / first appointment as proxy for treatment their waiting times could increase once they are able to calculate referral to treatment. Information on which NHS Boards are still developing their systems for this is detailed in the NHS Board level data quality issues.

CAMH Services for Psychological Therapies

Referrals for Psychological Therapies from CAMHS services are included as part of this standard as well as being included with the CAMHS standard. Not all Boards are including this information in their Psychological Therapies data yet. Information on this by Board is included in the data quality section.

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 completeness

While NHS Boards are developing their systems to report information on Psychological Therapies, some NHS Boards are not able to provide information for all services. Information on which services NHS Boards are not able to report on and an estimate of the percentage completeness is detailed in the NHS Board level data quality issues below if NHS Boards have provided ISD with this information during the quality assurance stage.

Data quality issues by NHS Board

This section details specific data quality issues for each NHS Board and provides completeness estimates where there is data missing due to systems still being developed.

NHS Ayrshire & Arran

Data remains at an estimated 99% completion. Work continues to incorporate the missing services; addictions, inpatients and forensics into the return. The Board maintains the expectation that the level of Psychological activity within these services is minimal, and understands that patients are being treated within 18 weeks, and so their eventual inclusion is expected to have a negligible effect on the wider waiting times compliance.

NHS Ayrshire & Arran have developed a purpose built database to capture and record all RTT patient contact within Adult Mental Health Services. Data reported incorporates matrix-defined and non-matrix treatment for PCMHTs multidisciplinary staff, Psychological Services staff and OT's working within Adult Mental Health.

The database clearly identifies assessment and first treatment dates. If treatment commenced at assessment then this is a clinical decision and is recorded as such on the database upon the clinician's instruction.

Data is provided for Children receiving or waiting to commence a Psychological Therapy within CAMHS, Community and Medical Paediatrics.

The Board are currently reporting all referrals to the Mental Health Service. Work is ongoing to ensure that the Board will be able to extract identified Psychological Therapy activity. Recent capacity constraints due to loss of dedicated analysts have resulted in a delay to this work.

NHS Borders

The Board estimate the data to be 100% complete.

The Board have to rely on manual inputting to excel sheets as their IT system is not fit for purpose. With a standalone spreadsheet system for reporting there is increased potential for error, but they now have systems in place to check the quality of data and are confident they are now reporting accurately.

CAMHS data is included for referrals for a Psychological Therapy.

The Board reports figures for referrals to Psychological Therapies only.

The Board records referral to treatment.

NHS Dumfries & Galloway

The Board estimate the data to be approximately 97% complete.

The Board supply unadjusted data only. There is no current timescale for the submission of adjusted data due to development/decision of new IT system.

From April 2014, the Board are using a proxy which will be 2 weeks after the 1st appointment (which is the normal for 2nd appointments for this Board) for all services except the self help team which will remain at 1st appointment being the start of treatment which is the norm for that service in NHS Dumfries & Galloway.

Currently, data for CAMH services and Child Psychology are recorded on different systems; CAMH services are in Topas and Child Psychology in an Access-based patient management

system. The CAMH services data are adjusted and the Child Psychology is unadjusted. The two sets of data are also measured differently. For Child Psychology a proxy of second appointment is used to measure treatment. Therefore, at present, only information for Child Psychology is included in this publication. Therefore CAMHS service activity is not included.

The Board report on referrals to Psychology Services only.

The Board have had a few issues with a new IT system for recording clinician activity, these have now been resolved and they are confident the data will be more accurate from the July 2015 submission. Work is ongoing around verifying data to ensure accuracy.

NHS Fife

The Board estimate the data to be approximately 90% complete.

From the August 2014 data the Board are measuring referral to treatment, prior to this they reported to 1st appointment as a proxy for treatment.

The reported data includes Psychology, CAMH Services, Computerised CBT and Day Hospital activity.

The Occupational Therapy Service had been trialling an electronic record system, this has led to missing data in referrals, people waiting and people seen over the past few months. The Board have advised us that this involves small numbers.

The Board are unable to provide adjusted waits at present, as this relies on an improved IT system. There are developments working towards this but testing has not yet commenced to see if adjustment will be possible.

From October 2014 CAMHS Psychological Therapy activity is included.

The Board report on referrals for Psychological Therapies only.

NHS Forth Valley

The Board currently report on the three main psychological therapy specialist services – Adult Psychology, Dynamic Psychotherapy and Behavioural Psychotherapy. Work is ongoing between NHS Forth Valley and ISD to enable the Board to also include data regarding psychological therapies with children and young people.

All 3 specialties reported on measure referral to treatment.

The Board reports figures for referrals to Psychological Therapies only.

NHS Grampian

The Board supply unadjusted data only. Their current standalone system cannot record adjusted figures and they hope to migrate to TRAK by August 2016.

All services are included so they have 100% of areas reporting, whilst there are known data quality issues that they are actively working to resolve these should not affect the submitted data.

The Board include all CAMHS activity as very few of their CAMHS referrals do not result in a Psychological Therapy.

For Adult Services there is no assessment therefore treatment starts at the first appointment, for CAMHS treatment usually starts at the second appointment as there is an assessment, however for both it is the actual date of treatment that is recorded, no proxy is used.

The Board reports figures for referrals to Psychological Therapies however are unable to submit the number of rejected referrals.

NHS Greater Glasgow & Clyde

The Board estimate the data to be 85% complete. Their current patient information (PiMS) is being replaced by a new system (EMIS) in a phased rollout. Phase one of the rollout is due for completion by the end of 2016, with phase two starting in 2017. Prior to reporting on psychological therapies data from EMIS, they are trying to ensure the accuracy and completeness of the data being recorded, and its consistency with data recorded on PiMS. With this objective in mind, data quality checks are being developed to identify inconsistencies and anomalies in recording.

During the phased rollout they will be looking to extract the PT data from EMIS with a view to report on the monthly ISD submission. They envisage to have a first draft within the first 6 months of the implementation.

From November 2014 CAMHS Psychological Therapy activity is included.

The Board are unable to submit the number of rejected referrals.

The Board report a combination of 1) referrals for Psychological Therapies alone and 2) all referrals to the mental health service depending on the reporting service. They are unable to submit the number of rejected referrals.

NHS Greater Glasgow & Clyde (NHS GG&C) does not have discrete Psychological Therapy departments, but provides Psychological Therapies for the treatment of a mental illness or disorder as part of locality based Primary Care Mental Health teams, Community Mental Health teams and Specialist Mental Health teams. Therapies are delivered by Clinical Psychologists, Nurses, CBT Therapists and Occupational Therapists and Psychotherapists, working within those teams, who are trained and supervised to deliver a range of Psychological Therapies listed in the Matrix.

In NHS GG&C, the waiting time for access to Psychological Therapies, for newly referred patients, is counted from the date that the referral is received by the team (including self referrals to Primary Care Mental Health teams).

The waiting time for clients of non mental health services who have a need for a Psychological Therapy for treatment of a mental disorder identified, begins once the client is referred for therapy to the appropriate clinician within that team or to another team with a Psychological Therapy resource.

The Board have stated that the data is provided with a breakdown of age (65+) for all services except acute.

NHS Highland

Data are not available until October 2014 due to the Board migrating to a new patient management system (from iSoft (PAS) to Trakcare (PMS)).

People seen (completed waits) – The Board cannot measure completed waits for Psychological Therapies yet due to difficulties in getting a suitable extract from PMS, they report on 30% of patients seen.

Adjustments and clock resets for the patient being unavailable / not attending are made up 18 weeks (date of breach). At present, 79% of patients waiting are adjusted in this way, the remaining 21% have had no adjustments made to their waiting time.

The following services report referral to treatment: CBT Northwest and Lochaber, Guided Self Help, Eating Disorders, PTSD and Occupational Health. First appointment is used as proxy for treatment in Northern NHS Highland and Argyll & Bute for the majority of patients on the waiting list.

CAMHS Psychological Therapies are not included in the return.

The Board submit figures for referrals to Psychological Therapies.

NHS Lanarkshire

The Board estimate the data to be approximately 97% complete. Currently they do not collate data from Pain Management, and EVA (domestic abuse services). They continue to work with colleagues within the Acute Division towards getting access to waiting times data for TBI and Stroke Services. They are now able to include referrals to the Community Brain Injury Team (TBI) and Stroke Service data.

From January 2015 the submission is based on data extracted from Trakcare. The Board are reassured that the data reported is accurate.

The Board include only referrals that are waiting for a Psychological Therapy.

Adjustments, up to 18 weeks, have been in place for Psychological Therapies on TrakCare since May 2014.

From January 2015 all CAMHS activity is included. It is not currently possible to extract only those referrals for psychological therapy. This is being reviewed, towards being able to provide only CAMHS PT waits.

The Board records referral to treatment.

NHS Lothian

Further services are still to be included in the submission and the Board are awaiting the relevant changes in TRAK to allow reporting of psychological therapies activity from all relevant services. Services still to be included are Learning Disabilities, Inpatient Psychological Therapies Services, Perinatal and Forensic Services.

Data for Clinical Health Psychology, Neuropsychology and Guided Self Help services delivered by a 3rd sector organisation via an SLA are included from October 2015.

The Board are applying adjustments for up to 12 weeks against each stage of the pathway. So, for those awaiting assessment, adjustments are not applied after a 12 week wait and for those on the treatment stage adjustments are not applied after a 12 weeks wait. This is an interim arrangement and is liable to change.

Guided self help delivered by 3rd sector organisations governed by Service Level Agreements have not been included to date. They have included limited data from the 2 services providing GSH in this way.

NHS Lothian referral data for Psychological Therapies includes all referrals triaged from a mental health locality single referral point to services that deliver Psychological Therapies and referrals to services that deliver Psychological Therapies which accept direct referrals. The numbers of rejected referrals reported are from all these services which deliver Psychological Therapies.

The Board does not include CAMHS Psychological Therapies in the return; they are working with the service to include this as soon as possible.

The Board records referral to treatment.

The Board have advised us that issues relating to capacity and data errors may have a slight impact on their data; however they are working to improve the detection and correction of such errors and overall data quality.

NHS Orkney

The Board have advised us that, due to a new system implementation and staff shortages they have been unable to submit data from June 2015, prior to this they estimate the data is 100% complete.

From January 2015 the Board has submitted both adjusted and unadjusted data.

The Board does not include CAMHS Psychological Therapies in the return.

The Board records referral to treatment.

The Board includes all referrals waiting for a Psychological Therapy.

The Board anticipate being in a position to report waiting times data for the next publication (September 2016), however this data may be unadjusted only.

NHS Shetland

The Board estimate the data to be nearly 100% complete (with the exception of very small CAMHS numbers).

Data from March to May 2015 are unavailable due to moving to a new patient management system, the Board do not believe they will be able to submit this data in the future.

The Board records referral to treatment.

The Board includes all referrals waiting for a Psychological Therapy however some “unmet need referrals” are not being captured by their systems. Work is in hand to correct this issue.

The Board have advised us that the provision of psychological therapies remains under review and the service is currently being restructured. During this period the service focused on assessments and validation of the waiting list and there has been an improvement in the staffing situation.

Due to difficulties with TRAK, the service developed its own Excel reporting spreadsheet. It is anticipated that adjusted waits will be reported from April 2016.

NHS Tayside

The Board estimate the data to be approximately 100% complete.

The Board use the first appointment to measure start of treatment. The Board have advised that, for the majority of patients, treatment will commence at the first appointment, therefore this is not being used as a proxy. The instances where only an assessment may have occurred at first appointment would account for approximately 10% of recent activity, for these cases first appointment is used as a proxy for first treatment.

The Board have stated that the data includes referrals to the Multi-disciplinary Adult Psychotherapy Service which is separate and distinct from the Psychological Therapies Service.

CAMHS Psychological Therapy activity is included.

The Board include all referrals to Psychological Therapies from the Psychological Therapies Services and the Multi-disciplinary Adult Psychotherapy Service which is a separate and distinct service.

NHS Western Isles

The Board estimate the data to be approximately 100% complete.

Adjustments are applied to the data up to time of treatment.

CAMHS Psychological Therapy activity is included.

The Board include only referrals to Psychological Therapies.

For most services provided by NHS Western Isles, referrals are electronic through their Referral Management System and are allocated directly to a clinician. The first appointment from this is classed as first treatment, there is no assessment stage, treatment will always start at the first appointment, and this is not being used as a proxy.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Psychological Therapies Waiting Times in Scotland http://www.isdscotland.org/Health-Topics/Waiting-Times/Psychological-Therapies/
Description	Monthly and quarterly summary of waiting times and waiting lists for Psychological Therapies
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 from January to March 2016, with figures from the previous 4 quarters for reference.
Continuity of data	Information has been collected nationally since April 2011 with a revised dataset introduced in April 2013. Monthly information is included in the report for the last six months.
Revisions statement	Previously published waiting times are revised at each publication to reflect the latest available data submitted to ISD by the NHS Boards.
Revisions relevant to this publication	<p>Wording has been updated on pages 3 and 31 of this report to highlight that NHS Highland report on only 30% of their patients seen data.</p> <p>NHS Forth Valley revised their May 2015 data, as prior to this publication (June 2016) only 6 months of data was published in the excel tables, this revision is relevant to the November 2015 publication. The changes pertain to the adjusted data. From this publication the 2014 mid year population figures have been used to calculate the referrals rates.</p> <p>Patients seen Quarter ending June 2015 NHS Forth Valley (+35) This has increased the NHS Forth Valley percentage of patients seen within 18 weeks by 2.4%. The median has reduced by 1</p>

week however the 90th percentile has remained the same. The NHSScotland percentage of patients seen within 18 weeks has increased by 0.1%. The median has reduced by 1 week however the 90th percentile has remained the same.

Patients seen aged 65 and over

Quarter ending June 2015

NHS Forth Valley (+8)

This has increased the NHS Forth Valley percentage of patients aged 65 and over seen within 18 weeks by 1.0%. The median has reduced by 2 weeks however the 90th percentile has remained the same. The NHSScotland percentage of patients seen within 18 weeks has increased by 0.2%. The median and 90th percentile have remained the same.

Patients waiting

Month ending May 2015

NHS Forth Valley (-163)

This has increased the NHS Forth Valley percentage of patients waiting within 18 weeks by 3.5%. The NHSScotland percentage of patients seen within 18 weeks has increased by 0.2%.

Referrals

Quarter ending June 2015

NHS Forth Valley (+26)

Changes to the referral rates are detailed in the tables below (due to change of population figures to calculate rates):

	All Referrals received	All Referrals less Referrals Rejected (where applicable)
	Jan-15 to Mar-15	
Scotland	+0.5	+0.5
NHS Ayrshire & Arran	-0.1	-0.1
NHS Forth Valley	+0.1	+0.1
NHS Greater Glasgow & Clyde	+0.1	+0.1
NHS Lothian		+0.1

	Apr-15 to Jun-15	
NHS Forth Valley		-0.1

	Jul-15 to Sept-15	
Scotland	+0.5	+0.4
NHS Greater Glasgow & Clyde	+0.1	+0.1
NHS Shetland	+0.1	

	Oct-15 to Dec-15	
Scotland		+0.1
NHS Ayrshire & Arran		-0.1
NHS Forth Valley		+0.1
NHS Lothian	+0.1	

Referrals aged 65 and over

Quarter ending June 2015

NHS Forth Valley (+4)

The 'all referrals' and the 'referrals excluding rejected referrals' per 1,000 people for NHS Forth Valley have increased by 0.1.

Changes to the referral rates are detailed in the tables below (due to change of population figures to calculate rates):

	All Referrals received	All Referrals less Referrals Rejected (where applicable)
Jan-15 to Mar-15		
Scotland	-0.1	-0.1
NHS Borders	-0.1	-0.1
NHS Dumfries & Galloway	-0.1	
NHS Greater Glasgow & Clyde	-0.3	-0.3
NHS Island Boards	+0.4	+0.3

Apr-15 to Jun-15		
NHS Forth Valley	+0.1	+0.1
NHS Island Boards	-0.2	-0.1

Jul-15 to Sept-15		
Scotland		-0.1
NHS Ayrshire & Arran	-0.1	
NHS Borders	-0.2	-0.2
NHS Dumfries & Galloway	-0.1	-0.1
NHS Greater Glasgow & Clyde	-0.2	-0.2
NHS Lanarkshire		-0.1

Oct-15 to Dec-15		
Scotland		-0.1
NHS Borders	-0.1	-0.1
NHS Dumfries & Galloway		-0.1
NHS Fife	-0.1	
NHS Greater Glasgow & Clyde	-0.2	-0.2
NHS Highland	-0.1	-0.1
NHS Lothian	-0.1	
NHS Island Boards	-0.1	-0.1

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

	<p>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.</p> <p>Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; Freedom of Information requests; information support to Boards; health intelligence work; parliamentary questions and HEAT standards.</p>
Accuracy	<p>These data are classified as developmental.</p> <p>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.</p>
Completeness	<p>100% of submitted data are used for analysis and publication.</p>
Comparability	<p>There will be differences in the measures used and collection methods of Psychological Therapies waiting times statistics, as well as differences in service structures between the administrations. Users need to carefully read the publications when making comparisons.</p> <p>Links to Psychological Therapies waiting time information can be found below:</p> <p>England: http://www.hscic.gov.uk/mentalhealth</p> <p>Northern Ireland: They do have a Ministerial Target of 13 weeks for patients waiting. This information is not published and they do not have any referral to treatment data for Psychological Therapies.</p> <p>Wales They do not have a waiting times target for Psychological Therapies currently.</p>
Accessibility	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>Key statistics for the latest quarter are linked to on the main Waiting Times page www.isdscotland.org/Health-Topics/Waiting-Times/.</p> <p>Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented. Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. Tables are printer friendly. 2. Key data presented graphically.
Value type and unit of	<p>Number and percentage of patients seen, number and</p>

measurement	percentage of patients waiting, median and 90 th percentile waits, number of patients referred, number of patients accepted (number referred minus number rejected) and referral rate per 1,000 population; by NHS Board.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	
Last published	23 February 2016
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Date of first publication	27 August 2013
Help email	NSS.isdPsychtherapies@nhs.net
Date form completed	23 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.