

Cancer Waiting Times in NHSScotland

January to March 2016

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Introduction

Waiting times are important to patients and are a measure of how the NHS is responding to demand for services. Measuring and regular reporting of waiting times highlight where there are delays in the system and enables monitoring of the effectiveness of NHSScotland's performance. Information Services Division (ISD) Scotland continues to be committed to improving the information on waiting times along with our key stakeholders, the NHS Boards and the Scottish Government.

This publication focuses on the two current cancer waiting times standards:

- 62 day standard from receipt of referral to start of treatment for newly diagnosed primary cancers. This applies to:
 - Patients urgently referred with a suspicion of cancer by a primary care clinician
 - Screened positive patients referred through a national cancer screening programme
 - Direct referral to hospital (for example, self-referral to A&E)
- 31 day standard from decision to treat to start of treatment for newly diagnosed primary cancers (whatever their route of referral).

Information for the 62 day standard is presented by NHS Board area of receipt of referral and information for the 31 day standard is presented by NHS Board of area of first treatment.

Details about previous cancer waiting times standards can be found [here](#). The cancer waiting times standards are applicable to adult (over 16 years of age at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. Performance is monitored on the following cancer types:

- Breast
- Colorectal
- Head & neck
- Lung
- Lymphoma
- Ovarian
- Melanoma
- Upper Gastro-Intestinal (hepato-pancreato-biliary (HPB) and oesophago-gastric (OG))
- Urological (prostate, bladder, other)
- Cervical

A Non-Standard Technology is where highly specialised treatments by tumour site are not available in all three of the regional cancer networks. Such treatments cannot always be provided in all 3 regions from the outset due to a combination of factors, and where this occurs waiting times adjustments can be made to the waiting time for the patient. The list of current Non-Standard Technologies and the adjustments that can be made is reviewed periodically. The list was last reviewed with effect from 1 April 2014, based on date of first treatment, and identifies type of treatment by tumour site and whether an adjustment can be applied.

The link to the guidance is available here <http://www.isdscotland.org/Health-Topics/Waiting-Times/Cancer/Guidance/>. The cancer types affected by this review are head & neck, upper

GI, and urology. This may affect the comparison of waiting times before and after 1 April 2014.

The 5% tolerance level (i.e. 95% rather than 100%) is applied to these standards, as for some patients, it may not be clinically appropriate for treatment to begin within the standard's time.

When making comparisons across Scotland, it should be noted that in smaller NHS Boards, particularly Island Boards, substantial quarter-on-quarter fluctuations in the percentage of patients that started treatment may represent the pathway of only one or two patients. Further, 90th percentiles have only been calculated where there are forty or more eligible patients within a population, due to the statistical aberration resulting from percentiles based on very small numbers.

Some data may not yet be finalised by NHS Boards and may be subject to change in future publications. However, this publication is considered to give a reasonable reflection of the current position. The quality of these statistics is considered to be fit for publication, and data quality aspects are described in the publication. Previously released information can be revised to reflect ongoing work by NHS Boards to improve data quality. Overall, the revised figures for Scotland remain relatively unchanged when compared to the previous quarters published. Specific information on data quality and accuracy is listed within the Data Quality section in Appendix 2. Information on any revisions to previously published figures is provided in the Revisions relevant to this publication section of the metadata in Appendix 3.

Previous 31 and 62 day standards are both included as performance measures in HEAT for data up to 31 December 2011. Further information on the HEAT Performance Measures can be found on the [ISD NHSScotland Performance LDP web pages](#) and the [Scottish Government Scotland Performs LDP web pages](#).

Key points

In the period January to March 2016:

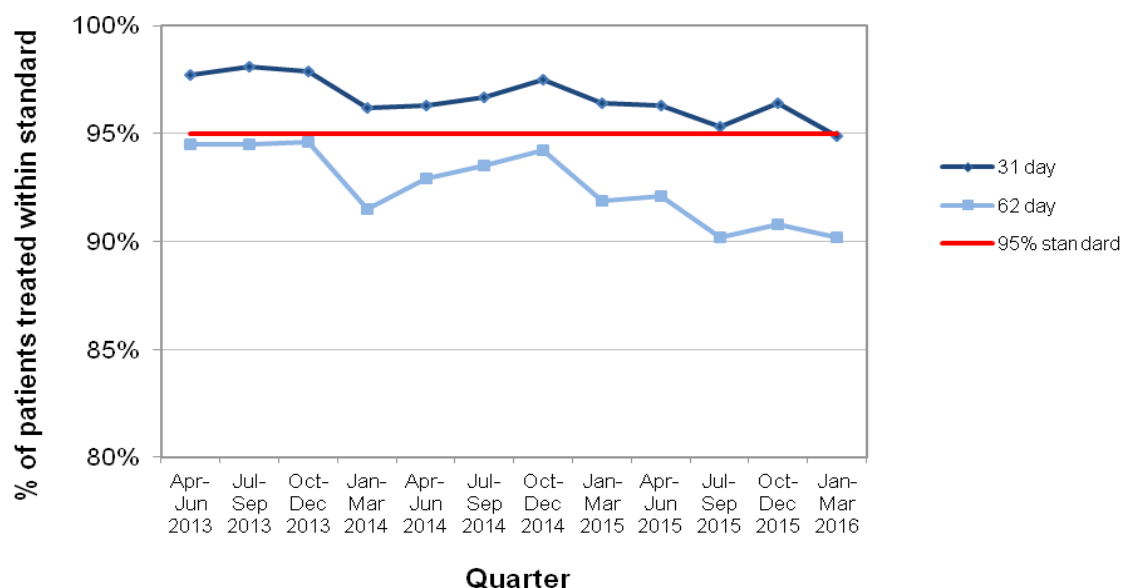
The **62 Day Standard** is that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment.

- 90.2% of patients started treatment within the 62 day standard. This is a 0.6% point decrease compared to last quarter.
- The 62 day standard was met by three NHS Boards (NHS Borders, NHS Dumfries & Galloway and NHS Lanarkshire).
- Two of the ten cancer types successfully met the 95% standard – breast (95.9%) and melanoma (95.0%).

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

- 94.9% of patients started treatment within this standard. This is a 1.5% point decrease compared to the previous quarter.
- The 31 day standard was met by 11 of 15 NHS Boards (NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Fife, NHS Forth Valley, NHS Highland, NHS Lanarkshire, NHS Orkney, NHS Shetland, NHS Western Isles and NHS Golden Jubilee National Hospital).
- Nine of the 10 reported cancer types met the 31 day standard. 85.1% of patients waiting were treated within 31 days for urological cancer; this has decreased by 5.1% point from the previous quarter.

NHSScotland level performance against the 62 day and 31 day standards



Please note that the vertical axis on this chart does not start at the origin (zero)

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

Results and Commentary

Performance against the 62 day standard: Time from urgent referral with a suspicion of cancer, to first cancer treatment

The 62 day waiting time standard from referral to first cancer treatment is applied to all patients referred urgently with a suspicion of cancer and for screened-positive patients. The quarterly statistics within this publication relate to the period January to March 2016 alongside data from the previous four quarters.

During the period January to March 2016, 90.2% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral (Table 1a, Chart 1a). This is a decrease from the preceding period October to December 2015 (90.8%).

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

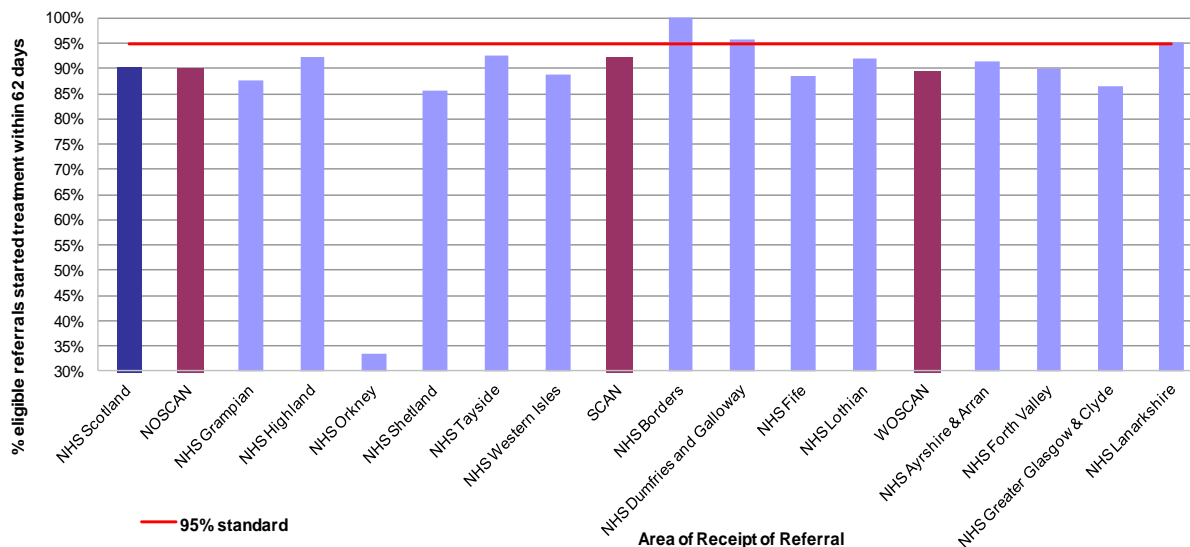
Period of treatment: 1 January to 31 March 2016

| Area of receipt of referral | % |
|--|--------------|
| NHSScotland | 90.2% |
| | |
| North of Scotland Cancer Network (NOSCAN) Total | 89.9% |
| NHS Grampian | 87.7% |
| NHS Highland | 92.4% |
| NHS Orkney | 33.3% |
| NHS Shetland | 85.7% |
| NHS Tayside | 92.6% |
| NHS Western Isles | 88.9% |
| | |
| South East Scotland Cancer Network (SCAN) Total | 92.3% |
| NHS Borders | 100.0% |
| NHS Dumfries & Galloway | 95.7% |
| NHS Fife | 88.6% |
| NHS Lothian | 92.0% |
| | |
| West of Scotland Cancer Network (WOSCAN) Total | 89.3% |
| NHS Ayrshire & Arran | 91.5% |
| NHS Forth Valley | 90.1% |
| NHS Greater Glasgow & Clyde | 86.6% |
| NHS Lanarkshire | 95.3% |

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

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

Period of treatment: 1 January to 31 March 2016



Please note that the vertical axis on this chart does not start at the origin (zero)

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

In the period January to March 2016, three NHS Boards met the 62 day standard. The 11 NHS Boards that did not were NHS Grampian, NHS Highland, NHS Orkney, NHS Shetland, NHS Tayside, NHS Western Isles, NHS Fife, NHS Lothian, NHS Ayrshire & Arran, NHS Greater Glasgow & Clyde and NHS Forth Valley.

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

In January to March 2016, 96.4% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer (Table 1b, Chart 1b), compared to 96.6% in the previous quarter. 88.0% of referrals from the cervical screening programme started treatment within 62 days of referral, compared to 90.0% in the previous quarter. The percentage of patients referred from the colorectal screening programme was 79.6% seen within 62 days of referral compared to 79.3% in the previous quarter.

In the period January to March 2016, the 62 day standard was not met for cervical, colorectal, head & neck, lung, lymphoma, ovarian, upper GI or urology cancer types (Table 1b, Chart 1b).

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

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

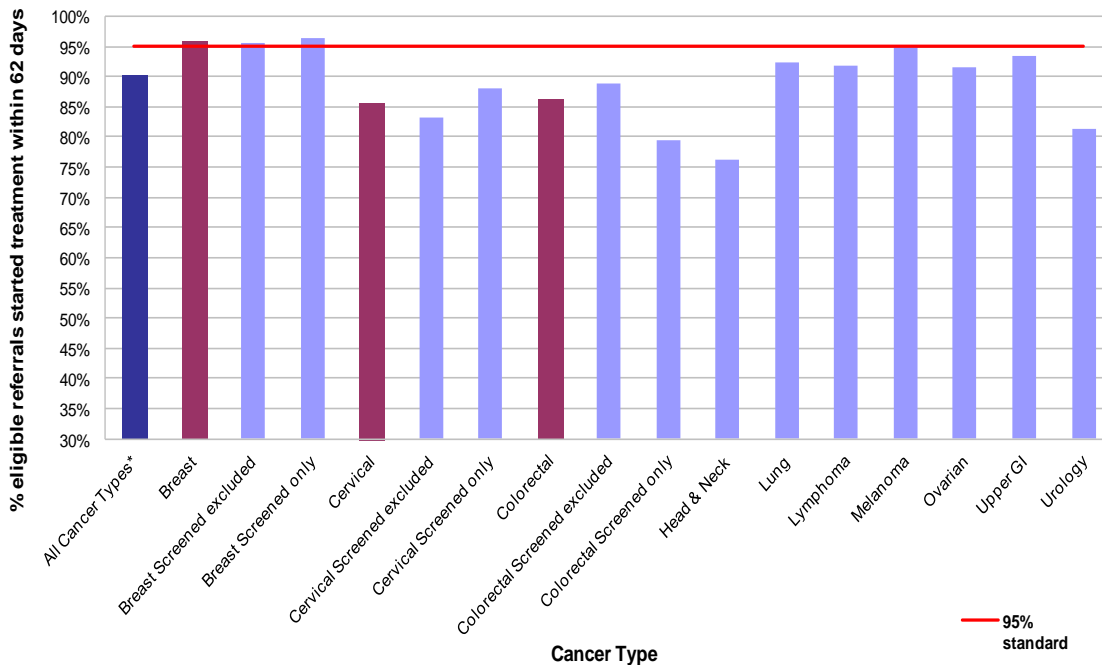
Period of treatment: 1 January to 31 March 2016

| Cancer Type | % |
|------------------------------|--------------|
| All Cancer types* | 90.2% |
| Breast | 95.9% |
| Breast Screened excluded | 95.5% |
| Breast Screened only | 96.4% |
| Cervical | 85.7% |
| Cervical Screened excluded | 83.3% |
| Cervical Screened only | 88.0% |
| Colorectal | 86.2% |
| Colorectal Screened excluded | 89.0% |
| Colorectal Screened only | 79.6% |
| Head and Neck | 76.2% |
| Lung | 92.4% |
| Lymphoma | 92.0% |
| Melanoma | 95.0% |
| Ovarian | 91.7% |
| Upper GI | 93.4% |
| Urology | 81.3% |

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

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

Period of treatment: 1 January to 31 March 2016



Please note that the vertical axis on this chart does not start at the origin (zero)

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

Across all of Scotland, the median wait was 40 days. The median wait has gradually increased over the last five quarters.

Exclusions and Waiting Times Adjustments (62 day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland during January to March 2016, 122 (3.8%) were excluded from the standard performance calculations due to clinical reasons, or because the patient died before treatment, or refused all treatment.

The number of exclusions has increased 0.5% point compared to the previous quarter. Though, this has had little impact on the performance against the 62 day standard for Scotland.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. During January to March 2016, there were 438 occurrences of patient unavailability and 813 occurrences of medical suspension. Further detail can be found in Excel [Table 5](#).

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

The 31 day standard applies to all eligible patients, regardless of the route of referral. The quarterly statistics within this publication relate to January to March 2016.

94.9% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a, Chart 2a), a decrease from 96.4% in the previous quarter.

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

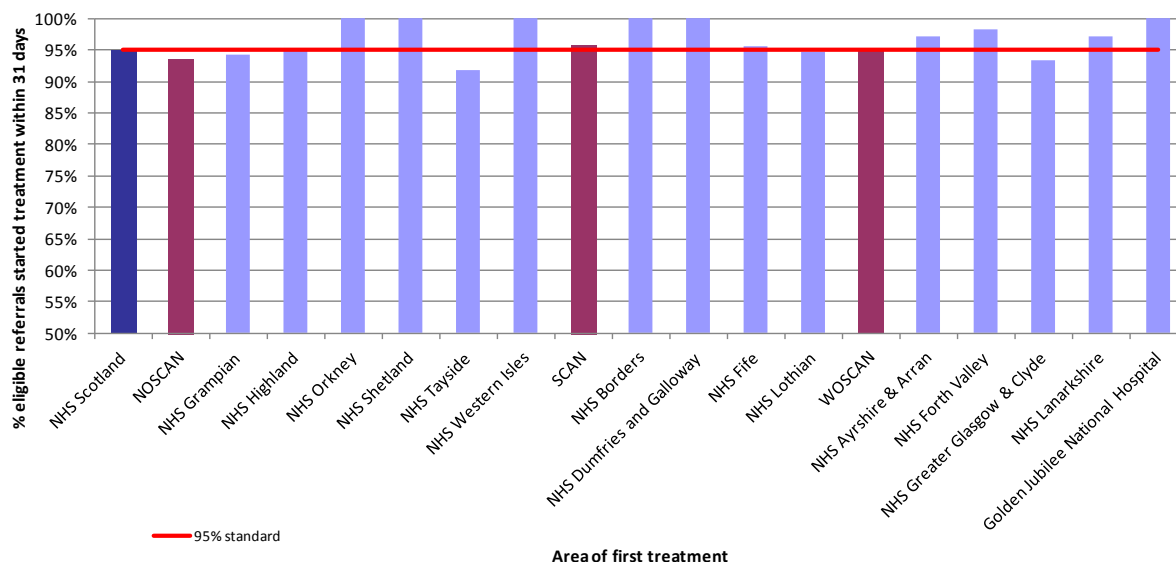
Period of treatment: 1 January to 31 March 2016

| Area of first treatment | % |
|--|---------------|
| NHSScotland | 94.9% |
| | |
| North of Scotland Cancer Network (NOSCAN) Total | 93.6% |
| NHS Grampian | 94.2% |
| NHS Highland | 95.1% |
| NHS Orkney | 100.0% |
| NHS Shetland | 100.0% |
| NHS Tayside | 91.7% |
| NHS Western Isles | 100.0% |
| | |
| South East Scotland Cancer Network (SCAN) Total | 95.8% |
| NHS Borders | 100.0% |
| NHS Dumfries & Galloway | 100.0% |
| NHS Fife | 95.6% |
| NHS Lothian | 94.8% |
| | |
| West of Scotland Cancer Network (WOSCAN) Total | 94.9% |
| NHS Ayrshire & Arran | 97.2% |
| NHS Forth Valley | 98.3% |
| NHS Greater Glasgow & Clyde | 93.4% |
| NHS Lanarkshire | 97.3% |
| | |
| National Waiting Times Centre | 100.0% |
| Golden Jubilee National Hospital | 100.0% |

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

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

Period of treatment: 1 January to 31 March 2016



Please note that the vertical axis on this chart does not start at the origin (zero)

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

In the period January to March 2016, 11 of the 15 NHS Boards met the 31 day standard. The four that did not were NHS Grampian, NHS Tayside, NHS Lothian and NHS Greater Glasgow & Clyde.

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

In the period January to March 2016, 90.9% of screened positive breast cancer patients started treatment within 31 days of decision to treat (Table 2b, Chart 2b), compared to 92.0% in the previous quarter. 100% of referrals from the cervical screening programme started treatment within 31 days of the decision to treat. This is the same as in the previous quarter. The percentage of patients referred from the colorectal screening programme who started treatment within 31 days of decision to treat was 94.2%, compared to 94.3% in the previous quarter.

In the period January to March 2016, the 31 day standard was not met at the Scotland-level for referrals through the breast & colorectal screening programme and urology cancer type (Table 2b, Chart 2b).

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

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

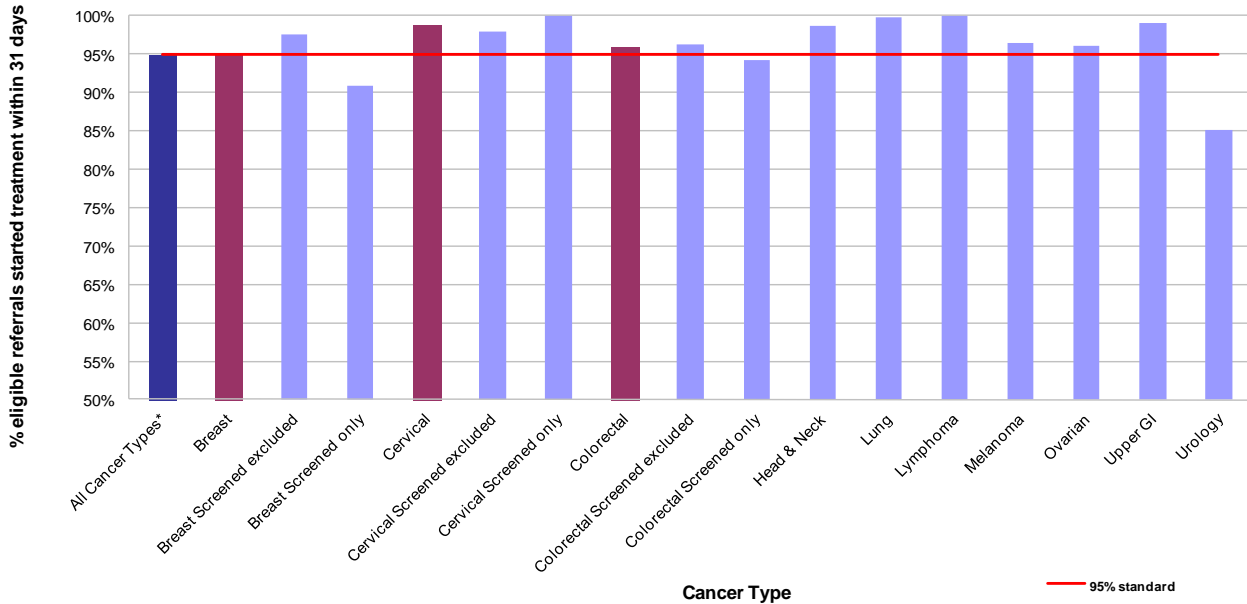
Period of treatment: 1 January to 31 March 2016

| Cancer Type | % |
|------------------------------|--------------|
| All Cancer types* | 94.9% |
| Breast | 95.3% |
| Breast Screened excluded | 97.6% |
| Breast Screened only | 90.9% |
| Cervical | 98.6% |
| Cervical Screened excluded | 97.9% |
| Cervical Screened only | 100.0% |
| Colorectal | 95.9% |
| Colorectal Screened excluded | 96.3% |
| Colorectal Screened only | 94.2% |
| Head and Neck | 98.8% |
| Lung | 99.8% |
| Lymphoma | 100.0% |
| Melanoma | 96.6% |
| Ovarian | 96.1% |
| Upper GI | 99.1% |
| Urology | 85.1% |

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

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

Period of treatment: 1 January to 31 March 2016



Please note that the vertical axis on this chart does not start at the origin (zero)

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

During the period January to March 2016, the median wait between the date of decision to treat and the first cancer treatment was 6 days; 90.0% of patients waited 27 days or less. These figures are similar to previous quarters' data.

Exclusions and Waiting Times Adjustments (31 day standard)

In the period January to March 2016, 136 (2.4%) patients were excluded from the 31 day standard performance calculations due to clinical reasons, or because the patient either died before treatment, or refused all treatment.

The percentage of exclusions is the same as the previous quarter, and this has had little impact on the performance against the 31 day standard for Scotland.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. In the period January to March 2016, there were 176 occurrences of patient unavailability and 346 occurrences of medical suspension. Further detail can be found in [Table 6](#).

Glossary

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

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

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

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

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

NOSCAN – North of Scotland CAncer Network.

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

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

SCAN – South East Scotland CAncer Network.

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

Upper GI – Upper Gastrointestinal.

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

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

WOSCAN – West of Scotland CAncer Network.

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

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

List of Tables

| Table No. | Name | Time period | File & size |
|-----------|--|---|---------------|
| 1a | Performance against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by NHS Board and Regional Cancer Network | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [806kb] |
| 1b | Performance against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [831kb] |
| Fig. 1 | Distribution of waits against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [545kb] |
| 1c | Trend performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment by NHS Board and Regional Cancer Network | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [851kb] |
| 1d | Trend performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment by indicator type | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [839kb] |
| 2a | Performance against the 31 day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [720kb] |
| 2b | Performance against the 31 day standard from date decision to treat to first cancer treatment by Cancer Type | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [725kb] |
| Fig.2 | Distribution of waits against the 31 day standard from date decision to treat to first cancer treatment | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [542kb] |
| 2c | Trend performance against the 31 day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [744kb] |
| 2d | Trend performance against the 31 day standard from date decision to treat to first cancer treatment by indicator type | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [700kb] |

| | | | |
|---|--|---|---------------|
| 3 | <u>Distribution of waits against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type</u> | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [852kb] |
| 4 | <u>Distribution of waits against the 31 day standard from date decision to treat to first cancer treatment by Cancer Type</u> | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [730kb] |
| 5 | <u>Exclusions and waiting times adjustments against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by NHS Board and Regional Cancer Network</u> | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [660kb] |
| 6 | <u>Exclusions and waiting times adjustments against the 31 day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network</u> | Quarterly information from 1 January 2015 – 31 March 2016 | Excel [497kb] |

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Further Information

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

NHS Performs

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

Rate this publication

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

Appendix

A1 – Background Information

Data Collection and guidance

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

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

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

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

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

In March 2016 the Scottish Government published [Beating Cancer: Ambition and Action](#).

A2 – Data Quality

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

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

NHS Ayrshire & Arran

Accuracy Issues

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

General/Service Issues

62 days

Breaches were due to clinical downgrading, delays to complex surgery and delays with endoscopies.

31 days

Breaches were due to delays to complex surgery and consultant sick leave.

NHS Borders

Accuracy Issues

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

General/Service Issues

61 days - The breaches were noted as correct.

31 days - The breaches were noted as correct.

NHS Dumfries and Galloway

Accuracy Issues

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

General/Service Issues

The fluctuations in the figures for the 62 day positions for quarter four have been as a result of the small numbers treated within the quarter. We are continuing to work with NHS Lothian to ensure optimal pathways.

31 days - The breaches were noted as correct.

NHS Fife

Accuracy Issues

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

General/Service Issues

62 days

Delays in Lung were due to multiple steps in the pathway.
Delays in Ovarian and Urology were due to challenges with surgical capacity.
Delays in Head and Neck reflects small numbers.

31 days

Lack of surgical capacity was the main reason for delay.

NHS Forth Valley

Accuracy Issues

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

General/Service Issues

62 days

An increasing number of patients are breaching the target due to the number of necessary steps involved on the pathway without significant delay at any step. The standard pathways have changed (sometimes significantly) since these targets were initially established.

Although we can exclude clinically complex cases from analysis we cannot make any adjustments to these cases where pathways have by necessity become prolonged.

NHS Forth Valley are continuing to experience an increase in demand in Colorectal and are experiencing capacity issues, with patients waiting between 18-22 days for a colonoscopy. Discussion is ongoing with endoscopy on ways to reduce the wait. The Colorectal cancer team are reviewing their vetting practice and re-prioritising referrals. We continue to review and redesign pathways to improve the efficient utilisation of available capacity.

The PET scan is now an accepted step in the standard Lung cancer pathway but adds an additional 10-14 days to the pathway. The Standard Lung Pathway from being seen by the oncologist to starting radiotherapy is 4 weeks, however the new emerging technologies have limited number of slots available for this type of radiotherapy so can take longer to arrange.

Delays in Urology were due to capacity issues.

31 days

All breaches were due to the festive break and treatments commencing in the New Year.

NHS Golden Jubilee Hospital

Accuracy Issues

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

General/Service Issues

No comments required.

NHS Grampian

Accuracy Issues

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

General/Service Issues

62 days

Delays are due to consultant vacancy and screening capacity. Weekend lists have been added in to resolve the backlog. A local focus group continues to monitor the booking process and length of wait for scope and implement changes when required and we are attempting to clear the backlog by end of June 2016.

Delay for Urology due to theatre capacity issues and increasing waits due to lack of nursing staff and scopes. Funding identified for band 2 post, which is to be transferred and recruited to. This will help with overall staffing and capacity issues, with additional scopes now ordered and in use.

The maximum wait for Cervical Screened excluded patient was due to reduced capacity over Christmas and New Year.

The maximum wait for Colorectal patients was due to wait for scope.

The maximum wait for the Head & Neck patient was due to an administration error.

The maximum wait for Lung was due to the wait for a diagnostic scan.

The maximum wait for Lymphoma and Melanoma was due to suspicion of cancer very late in their pathway.

The maximum wait for Urology patients was due to the wait for surgery.

31 days

Improved monitoring and service redesign work continues on known capacity issues to ensure that the 31 day target is achieved and maintained.

The maximum wait for Colorectal patients was due to the wait for surgery.

The maximum wait for Urology patients was due to the wait for robotic surgery.

NHS Greater Glasgow & Clyde

Accuracy Issues

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

General/Service Issues

62 days

Pathways were adversely affected by public holidays over festive period.

Maximum wait for Breast was due to a patient who required multiple investigations prior to treatment.

The decrease in performance in Colorectal was a decrease in performance for bowel screening pathways, which saw performance decrease to 69%.

The decrease in performance for Head & Neck was due to a high demand on pre-diagnosis steps.

The 62-day pathway is a challenge for some Lung and Upper GI patients due to the number of investigations they undergo to ensure the most appropriate treatment is offered.

31 days

Pathways were adversely affected by public holidays over festive period.

NHS Highland

No comments provided.

NHS Lanarkshire

Accuracy Issues

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

General/Service Issues

62 days

We are currently struggling to get patients seen within pathway at the front end. This has been highlighted to service & they are reviewing it.

31 days

The breaches were noted as correct.

NHS Lothian

Accuracy Issues

The breach for Cervical 31 days was a reporting error. The Cervical performance was therefore 100%

General/Service Issues

62 days

Demand for Colorectal services continues to create challenges for the service which is working to bring down the waiting times.

The Head & Neck service was affected by lack of administrative/tracking support during the quarter, resulting in delays for escalations. This has now been addressed.

Delays in Melanoma was due to capacity pressures.

Pressures affecting Urology are well documented and in common with other NHS Boards in Scotland. There have been challenges in having sufficient surgical capacity to provide Laparoscopic Radical Prostatectomy's. This is due to reduced surgeon availability. In May 2016, NHS Lothian committed to the purchase of a surgical robot to support the delivery of a more sustainable urological service. The robot arrived on site at WGH in June and the

training programme will commence in July for the lead surgeon. NHS Lothian has been working with SCAN to review and develop the current escalation pathways for staff undertaking cancer tracker roles. These pathways are being implemented in the next quarter.

31 days

The breach for Cervical was a reporting error. The Cervical performance was therefore 100%
The delays were due to capacity issues.

NHS Orkney

Accuracy Issues

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

General/Service Issues

62 days

Fluctuations are due to small numbers. Delays in Urology were due to lack of theatre space.

31 days

No issues to highlight

NHS Shetland

Accuracy Issues

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

General/Service Issues

62 days

The Head & Neck pathway is one we will continue to struggle with, particularly if patients are initially vetted to be seen in the visiting ENT or Maxfax services by the clinicians in Grampian. All of the diagnostic, staging and treatment pathway is also managed by NHS Grampian, so we are dependent on them for meeting the waiting times.

31 days

No issues to highlight.

NHS Tayside

Accuracy Issues

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

General/Service Issues

61 days - The breaches were noted as correct.

31 days - The breaches were noted as correct.

NHS Western Isles

Accuracy Issues

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

General/Service Issues

61 days - The breaches were noted as correct.

31 days - The breaches were noted as correct.

A3 – Publication Metadata (including revisions details)

| Metadata Indicator | Description |
|----------------------------------|---|
| Publication title | Cancer Waiting Times in Scotland: January to March 2016. |
| Description | Quarterly update of Cancer Waiting Times statistics for the 62 day standard for patients urgently referred with a suspicion of cancer to first cancer treatment and for the 31 day standard for patients regardless of the route of referral from date decision to treat to first cancer treatment. Includes data presented by NHS Board, Cancer Network and Cancer Type to 31 March 2016. |
| Theme | Health and Social Care |
| Topic | Service Access |
| Format | Excel workbooks and PDF |
| Data source(s) | Cancer Waiting Times (CWT) data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, and are based on locally available information drawn from sources such as patient administrative systems, laboratory systems, and medical records across the country; which are then recorded onto the NHS Boards' Tracking systems. Data are submitted to ISD on a monthly and quarterly basis, and are validated and loaded onto the Cancer Waiting Times database to allow data interrogation and reporting. Further information can be found on the Background and Data Quality pages of the CWT website. |
| Date that data are acquired | Deadline for data submission is around the 20th of each month. Submissions can be made at any time up to the publication submission deadline. Please see the submission timetable on the Guidance page of the CWT website for more information. |
| Release date | 28 June 2016 |
| Frequency | Quarterly |
| Timeframe of data and timeliness | The publication includes data for the last five quarters, 1 January 2015 to 31 March 2016 |
| Continuity of data | To remain relevant to the changing set of targets (as published in Better Cancer Care - An Action Plan), the cancer waiting times statistics published previously by ISD were replaced with a new series of figures. The first set of these new figures relating to these targets were first published in June 2010. The table below* provides information on the various target cohorts and their date of first publication. Performance against these targets was achieved by December 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April |

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| | <p>2012 and continue to be published on a quarterly basis.</p> <p>When making comparisons across Scotland, it should be noted that some areas reported on contain small numbers. For example, in Island NHS Boards there may be a substantial quarter-on-quarter fluctuation in the percentage of patients that started treatment within 62/31 days, which may represent the pathway of only one or two patients. Due to the effects of small numbers, 90th percentiles have only been calculated where there are forty or more eligible patients within a population.</p> |
| Revisions statement | <p>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</p> |
| Revisions relevant to this publication | <p>If NHS Boards discover that data submitted for publication is incorrect, or that data is missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future publications, as submissions may be updated to reflect a more accurate and complete set of data submissions.</p> <p><i>There were no revisions to note when comparing this quarter to last quarter.</i></p> |
| Concepts and definitions | <p>Performance against the targets set out in <i>Better Cancer Care – An Action Plan</i> was achieved by December 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April 2012 and continue to be published on a quarterly basis. The cancer waiting times standards are applicable to adult (over 16 at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. To be included, the cancer type must fit into one of the listed cancer types in the Cancer Waiting Times Data and Definitions Manual. This manual, and further information, is available within the Guidance section of the website.</p> |
| Relevance and key uses of the statistics | <p>The CWT team, within ISD, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland’s performance against current Cancer Waiting Times Standards. Other uses of the data include: support of NHS Boards, researchers, charities, media, and public, and to fulfil Freedom of Information requests and Parliamentary Questions.</p> |
| Accuracy | <p>The quality of these statistics is considered fit for publication; data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62 day performance and have shown that completeness of the 62 day cohort is within an acceptable range and is fit for publication. Details of all FFP exercises can be found here. Case ascertainment is assessed each quarter for the 31 day</p> |

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| | <p>standard. The latest figures can be found within Tables 2a and 2b in the list of tables above.</p> <p>ISD regularly carries out data quality exercises to ensure that data is recorded in an accurate and consistent manner across NHSScotland. Information on these exercises can be found on the Data Quality section of the website. In early 2012, ISD Cancer Waiting Times undertook a data quality project to assure that data submitted for Bowel Screening patients is recorded accurately and consistently. A paper highlighting the outcome of this project can be found here.</p> <p>Responsibility for collating and submitting the data to ISD lies with the NHS Board that received the patient's initial referral to secondary care. Information on data quality, service issues and accuracy specific to this publication can be found in Appendix 2.</p> <p>The Data Quality Assurance team within ISD carry out data quality exercises on cancer waiting times data. A report of the results from the latest exercise can be found here.</p> |
| <p>Completeness</p> | <p>A patient will be excluded from reporting against the Cancer Waiting Times standards for the following reasons:</p> <ol style="list-style-type: none"> 1. The patient chooses to have any part of their pathway outwith NHSScotland. If this is before the decision to treat, they will be excluded from the 62 day standard; if after the decision to treat, they will be excluded from both standards. 2. The patient died before treatment 3. The patient refused all treatment 4. The patient was deemed a clinically complex case by the lead cancer clinician of the responsible NHS Board |
| <p>Comparability</p> | <p>Links to Cancer waiting time information published in England, Wales and Northern Ireland can be found below. There will be differences in the measures used and collection methods of cancer waiting times statistics, as well as differences in service structures between the administrations. Users need to carefully read the publications when making comparisons. Each of the four countries has measures for 62 and 31 days, however, the inclusion criteria, start/stop dates and cancer types included are not consistent across all 4 countries.</p> <p>England: http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/</p> <p>Northern Ireland https://www.dhsspsni.gov.uk/articles/cancer-waiting-times</p> <p>Wales http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-times/?lang=en</p> |

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| Accessibility | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines . |
| Coherence and clarity | <p>Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a national, NHS Board and Regional Cancer Network level, broken down by cancer type and quarter. Distribution of waits data are reported on a National level by cancer type and quarter. Exclusions and Adjustments are reported for All Cancer Types at national, NHS Board and Regional Cancer Network level, broken down by quarter.</p> <p>Further features to aid clarity:</p> <ol style="list-style-type: none"> 1. Performance data, Distribution of Waits, and Exclusions and Adjustments are available in separate tables to enable users to select a single measure for analysis. 2. All tables are printer friendly. 3. All Scotland and All Cancer Types data for the latest quarter are presented first, with the option to view spreadsheets down to Board, Cancer Type level by quarter. 4. Key data presented graphically. 5. Tables use drop down menus to display data by a single Board, Regional Cancer Network, Quarter and Cancer Type. |
| Value type and unit of measurement | Distribution of waits (%) for NHSScotland and all Cancer Types combined. Distribution of waits (%) for NHSScotland by Cancer Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days, Maximum Wait (Days), Median Wait (Days), 90th Percentile (Days) for NHSScotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHSScotland, NHS Board and Regional Cancer Network level. Total number of referrals submitted, number and % of exclusions, number of patient and medical delays, median waiting time adjustment (days) for patient and medical delays; at NHSScotland, NHS Board and Regional Cancer Network level for all cancer types combined. |
| Disclosure | The ISD protocol on Statistical Disclosure Protocol is followed. |
| Official Statistics designation | These statistics are classed as official statistics. |
| UK Statistics Authority Assessment | Awaiting assessment by the UK Statistics Authority. |
| Last published | 29 th March 2016 |
| Next published | 27 th September 2016 |
| Date of first publication | 25 th June 2010 |
| Help email | nss.isdcancerwaitsnew@nhs.net |
| Date form completed | 14th June 2016 |

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| Standard Cohort | New 62 day excluding screening and cervical patients | New 31-day excluding screening and cervical patients | New 31- and 62 day including screening but excluding non screened cervical patients | New 31- and 62 day including screening and all cervical patients |
| First Publication | Quarter 1 (January - March 2010) on 29 th June 2010 | Quarter 2 (April - June 2010) on 28 th September 2010 | Quarter 3 (July - September 2010) on 21 st December 2010 | Quarter 4 (October - December 2010) on 29 th March 2011 |

A4 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

A5 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world, combining high quality, consistency, national coverage, and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

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