Information Services Division

Publication Report

NHS
National
Services
Scotland

Child and Adolescent Mental Health Services Waiting Times in NHSScotland

Quarter ending 30 September 2016

Publication date – 6 December 2016

An Official Statistics Publication for Scotland

Contents

Introduction

This publication contains information about how long children and young people waited for mental health services provided by the NHS in Scotland. This information has been published quarterly since August 2012. The information in this publication covers the period July to September 2016, with figures from the last 4 quarters for reference. Five quarters worth of data is included in the Excel files.

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

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

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

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

There will be differences in the measures used and collection methods of CAMH services waiting times statistics, as well as differences in service structures between the administrations. Therefore, user needs to carefully read the notes in the publications if making comparisons between them.

More information on the data quality can be found in A2-Data Quality, pages 25-33 of this publication.

Key points

During the quarter ending September 2016:

- 4,025 children and young people started treatment at Child and Adolescent Mental Health Services (CAMHS) in Scotland which is a decrease from the previous quarter (4,642) and quarter ending September 2015 (4,239).

- Nearly eight out of 10 (78.8%) were seen within 18 weeks and half started their treatment within ten weeks. This compares with 77.6% in the previous quarter and 73.1% for the quarter ending September 2015.

- The 18 week standard was met by six Boards (NHS Borders, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde, NHS Orkney, NHS Tayside and NHS Western Isles). NHS Highland* achieved the 18-week standard however the data submitted to ISD does not represent 100% of patients seen in the month due to data quality issues

- Across Scotland, over one in eight (13.4%) patients referred to CAMHS did not attend their first appointment, this compares with 13.1% in the previous quarter and 14.5% in the quarter ending September 2015.

* Due to data quality issues, the reported figure for NHS Highland does not represent 100% of Tier 2 patients seen in month. Further information on Data Quality can be found here

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

- In 2009, the Scottish Government committed central funding to expand the CAMHS workforce of NHSScotland.
- Data released in the CAMHS Workforce publication show that since 30 September 2009 the CAMHS workforce in NHSScotland has risen from 764.6 WTE (883 headcount) in September 2009 to 981.8 WTE (1147 headcount) as at 30 September 2016.
- NHS Scotland CAMHS vary in the age of population served. In some areas services are provided up to 16 only; while others offer services up to 18 years. This has significant implications for workforce requirements.

Results and Commentary

How long people waited to start their treatment

This section shows waiting times for patients who started their treatment during the period July to September 2016.

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

During July to September 2016 (see Table 1):

- 4,025 children and young people started their treatment at CAMH services in Scotland, this is a decrease compared to 4,642 children in the previous quarter and 4,239 children during the same period in 2015.

- Using adjusted waits where available, 78.8% of people seen by a CAMH service started their treatment within 18 weeks of being referred, compared to 77.6% in the previous quarter and 73.1% in the same period in 2015. Within the current quarter half started their treatment within ten weeks.

- In the NHS Boards that are able to report unadjusted waits 73.9% of people seen by a CAMH service started their treatment within 18 weeks of being referred, compared to 73.6% in the previous quarter and 69.0% in the same period in 2015. Within the current quarter half started their treatment within thirteen weeks.

The trend has been relatively stable for the percentage of people seen within 18 weeks, with the exception of a slight increase for the January to March 2016 quarter (Chart 1).

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

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

Quarter	People seen	With adjustments[1]		Unadjusted[2]	
		Seen within 18 weeks (%)	Average (median) wait (weeks)	Seen within 18 weeks (%)	Average (median) wait (weeks)
Jul to Sep 2015	4,239	73.1	9	69.0	11
Oct to Dec 2015	4,505	76.2	8	72.7	9
Jan to Mar 2016	4,496	84.4	8	81.0	10
Apr to Jun 2016	4,642	77.6	10	73.6	13
Jul to Sep 2016	4,025	78.8	10	73.9	13

Notes

1.   Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
     For details of adjustments see Table 2 (page 7).
2.   Excludes NHS Dumfries & Galloway where unadjusted waits are not available.
3.   NHS Orkney have been unable to submit data for September 2016.

Chart 1. Percentage of people who started their treatment within 18 weeks by quarter, NHS Scotland, July 2015 to September 2016
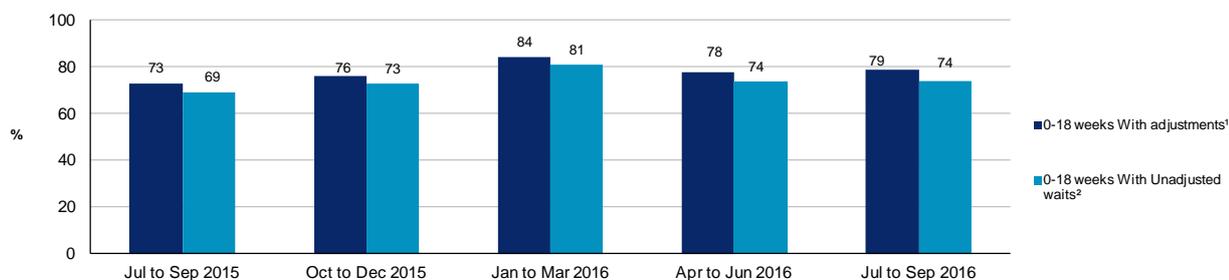
Notes

1.   Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
     For details of adjustments see Table 2 (page 7).
2.   Excludes NHS Dumfries & Galloway where unadjusted waits are not available.
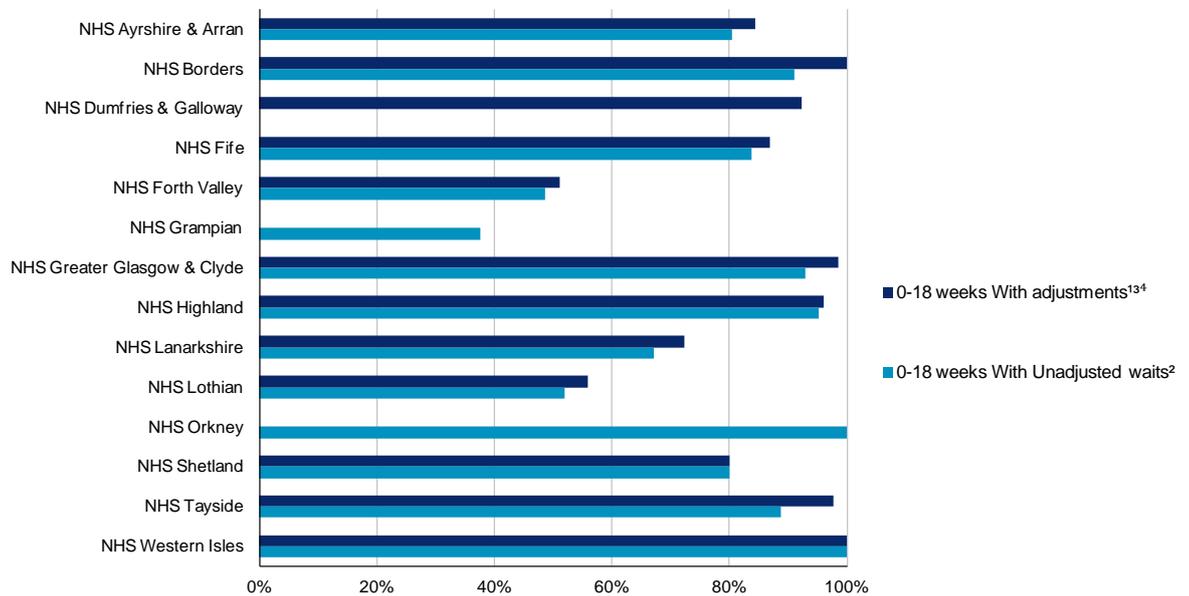3.   NHS Orkney have been unable to submit data for September 2016.

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

Notes

1. Adjusted waits are only included where Boards are able to provide these. For details of adjustments see Table 2 (page 7).
2. NHS Dumfries & Galloway are unable to provide unadjusted data.
3. NHS Grampian are unable to provide adjusted data, NHS Grampian advised that the difference between their adjusted and unadjusted waits is minimal.
4. NHS Orkney are unable to provide adjusted data and have been unable to submit data for September 2016.
5. Due to data quality issues, the reported figure for NHS Highland does not represent 100% of Tier 2 patients seen in month.

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

NHS Board of Treatment	Total number of people seen	People seen with 18 weeks (%)	Average (median) wait (weeks)	Waiting time adjustments[1]
NHS Scotland[2]	4,025	78.8	10	-
NHS Ayrshire & Arran	250	84.4	10	NA, U
NHS Borders	179	100.0	3	NA, U, RO
NHS Dumfries & Galloway	90	92.2	10	NA, U, RO
NHS Fife	266	86.8	7	NA
NHS Forth Valley	358	51.1	18	NA, U
NHS Grampian	269	37.6	21	Unadjusted
NHS Greater Glasgow & Clyde	972	98.6	7	NA, U, RO
NHS Highland[3]	123	95.9	1	NA, U, RO
NHS Lanarkshire	448	72.3	10	NA, U, RO
NHS Lothian	622	55.8	15	NA, U, RO
NHS Tayside	390	97.7	16	NA, U, RO
NHS Island Boards[4,5]	58	94.8	4	..

Notes:
1. Waiting time adjustments:
   NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.
   U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.
   RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.
   For further information see page 26.
2. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. NHS Grampian advised that the difference between their adjusted and unadjusted waits is minimal.
3. Due to data quality issues, the reported figure for NHS Highland does not represent 100% of Tier 2 patients seen in month.
4. NHS Orkney have been unable to submit data for September 2016
5. NHS Orkney, NHS Shetland and NHS Western Isles are combined due to small numbers and disclosure reasons

In the quarter July to September 2016, at least 90% of people met the standard and were seen within 18 weeks in seven NHS Boards. The following did not meet the standard NHS Ayrshire & Arran (84.4%), NHS Fife (86.8%), NHS Forth Valley (51.1%), NHS Grampian (37.6%), NHS Lanarkshire (72.3%), NHS Lothian (55.8%) and NHS Shetland (80.0%).

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

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

NHS Board of Treatment	Total number of people seen	People seen within 18 weeks (%)	Average (median) wait (weeks)
NHS Scotland[1]	3,935	73.9	13
NHS Ayrshire & Arran	250	80.4	11
NHS Borders	179	91.1	10
NHS Dumfries & Galloway	..	..	..
NHS Fife	266	83.8	7
NHS Forth Valley	358	48.6	19
NHS Grampian	269	37.5	21
NHS Greater Glasgow & Clyde	972	93.0	10
NHS Highland[2]	123	95.1	1
NHS Lanarkshire	448	67.2	14
NHS Lothian	622	51.9	18
NHS Tayside	390	88.7	17
NHS Island Boards[3,4]	58	94.8	4

Notes

.. Data not available

1. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.
2. Due to data quality issues, the reported figure for NHS Highland does not represent 100% of Tier 2 patients seen in month.
3. NHS Orkney have been unable to submit data for September 2016
4. NHS Orkney, NHS Shetland and NHS Western Isles are combined due to small numbers and disclosure reasons

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

Information on data quality and data completeness at NHS Board level is available on pages 25-33 in Appendix A2.

People waiting at the end of the quarter

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

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

At the end of September 2016 (Table 4):

- 5,858 people were waiting to start treatment at CAMH services in Scotland. This compares to 6,794 at the end of the previous quarter and 6,141 during the same period in 2015.

- Using adjusted waits where available, 80.2% of people had been waiting for less than 18 weeks (1,161 people were waiting over 18 weeks). This compares to 81.4% waiting for less than 18 weeks at the end of the previous quarter and 75.1% at the end of the same quarter in 2015.

- For the NHS Boards that are able to report unadjusted waits, 77.2% of people had been waiting for less than 18 weeks (1,322 people were waiting over 18 weeks). This compares to 78.5% waiting for less than 18 weeks at the end of the previous quarter and 72.9% at the end of the same quarter in 2015.

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

Quarter End	Total People Waiting	With adjustments[1] Less than 18 weeks (%)	Unadjusted[2] Less than 18 weeks (%)
September 2015	6,141	75.1%	72.9%
December 2015	6,513	83.8%	82.0%
March 2016	6,624	79.2%	76.4%
June 2016	6,794	81.4%	78.5%
September 2016	5,858	80.2%	77.2%

Notes

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available. For details of adjustments see Table 5 (page 10).
2. Excludes NHS Dumfries & Galloway where unadjusted waits are not available.
3. NHS Orkney have been unable to submit data for September 2016

Information on data quality and data completeness at NHS Board level is available on pages 25-33 in Appendix A2.

Chart 3. Percentage of people waiting less than 18 weeks at quarter end, NHS Scotland[1,2], September 2015 to September 2016[3]
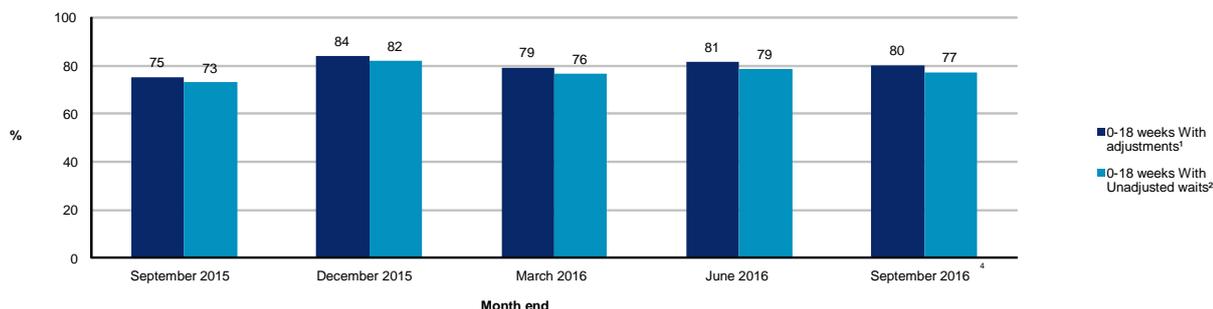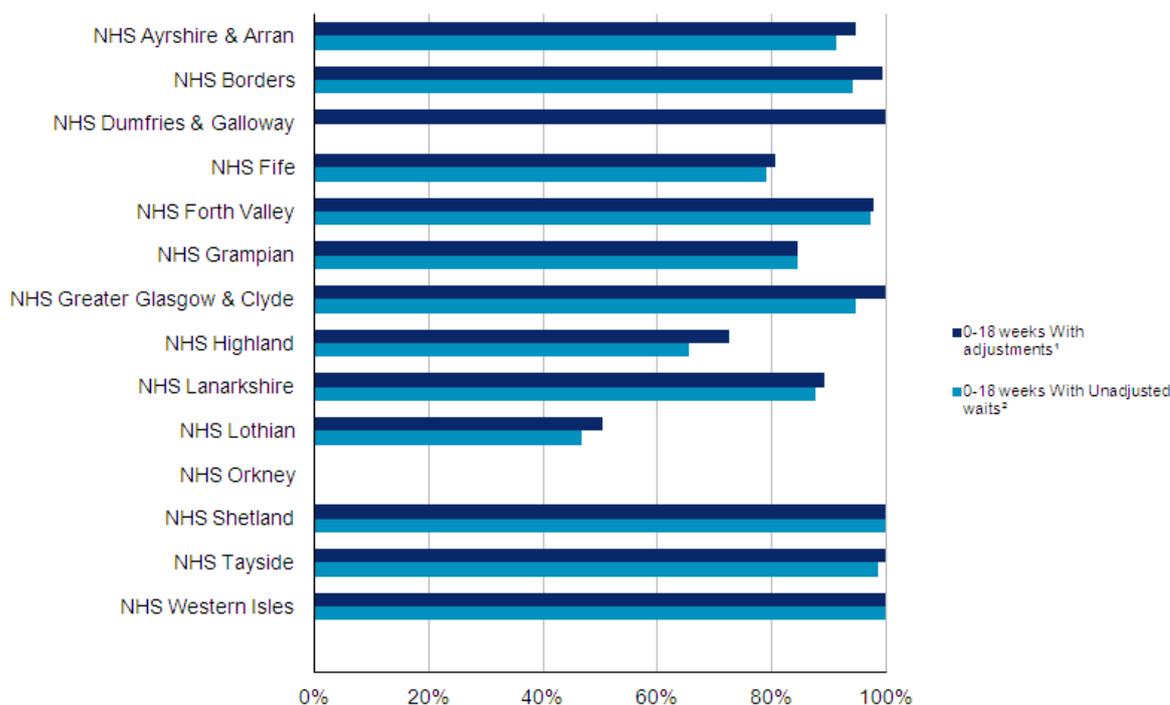

Notes
1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
   For details of adjustments see Table 5 (page 11).
2. NHS Dumfries & Galloway are unable to provide unadjusted waits
3. NHS Orkney have been unable to submit data for September 2016

The percentage of patients waiting more than 18 weeks has increased in the latest quarter. Information by NHS Board is shown in Chart 4 and Table 5.

Chart 4. Percentage of people waiting less than 18 weeks by NHS Board of Treatment, as at 30 September 2016

Notes
1. Adjusted waits are only included where Boards are able to provide these.
   For details of adjustments see Table 5 (page 11).
2. NHS Dumfries & Galloway are unable to provide unadjusted waits.
3. NHS Orkney have been unable to submit data for September 2016

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Table 5. Waiting times (with adjustments[1]) for people waiting as at 30 September 2016 by NHS Board of Treatment

NHS Board of Treatment	Total People Waiting	Less than 18 weeks (%)	Waiting time adjustments[1]
NHS Scotland[2]	5,858	80.2%	-
NHS Ayrshire & Arran	352	94.6%	NA, U
NHS Borders	140	99.3%	NA, U, RO
NHS Dumfries & Galloway	72	100.0%	NA, U, RO
NHS Fife	538	80.7%	NA
NHS Forth Valley	332	97.9%	NA, U
NHS Grampian	656	84.5%	Unadjusted
NHS Greater Glasgow & Clyde	861	99.9%	NA, U, RO
NHS Highland	223	72.6%	NA, U, RO
NHS Lanarkshire	512	89.3%	NA, U, RO
NHS Lothian	1,629	50.3%	NA, U, RO
NHS Tayside	521	99.8%	NA, U, RO
NHS Island Boards[3,4]	22	100.0%	..

Notes

.. Data not available

- Denotes zero

1. Waiting time adjustments:
   NA: Non Attendance. Waiting time may be reset if a person misses or rearranges an appointment.
   U: Unavailability. Time a person is unavailable may be subtracted from the waiting time.
   RO: Refuses Reasonable Offer. Waiting time may be reset if a person declines 2 or more dates.
   For further information see page 26.
2. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
3. NHS Orkney, NHS Shetland and NHS Western Isles are combined due to small numbers and disclosure reasons
4. NHS Orkney have been unable to submit data for September 2016

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

Information on data quality and data completeness at NHS Board level is available on pages 25-33 in Appendix A2.

Table 6. Unadjusted waiting times for people waiting as at 30 September 2016 by NHS Board of Treatment

NHS Board of Treatment	Total People Waiting	Less than 18 weeks (%)
NHS Scotland	5,786	77.2%
NHS Ayrshire & Arran	352	91.2%
NHS Borders	140	94.3%
NHS Dumfries & Galloway[1]	..	..
NHS Fife	538	79.2%
NHS Forth Valley	332	97.3%
NHS Grampian	656	84.5%
NHS Greater Glasgow & Clyde	861	94.8%
NHS Highland	223	65.5%
NHS Lanarkshire	512	87.7%
NHS Lothian	1,629	46.7%
NHS Tayside	521	98.7%
NHS Island Boards[2,3]	22	100.0%

Notes

.. Data not available

- Denotes zero

1. NHS Dumfries & Galloway are unable to provide unadjusted waits
2. NHS Orkney, NHS Shetland and NHS Western Isles are combined due to small numbers and disclosure reasons
3. NHS Orkney have been unable to submit data for September 2016

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

Information on data quality and data completeness at NHS Board level is available on pages 25-33 in Appendix A2.

Number of people referred to CAMH Services

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

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

Table 7. Referrals to CAMH services by NHS Board of Treatment, July to September 2016

NHS Board of Treatment	All referrals		Referrals excluding rejected referrals	
	Number of referrals	Referrals per 1,000 people under 18	Number of referrals	Referrals per 1,000 people under 18
NHS Scotland	**7,153**	6.9	**5,518**	5.3
NHS Ayrshire & Arran	466	6.5	380	5.3
NHS Borders	175	8.1	132	6.1
NHS Dumfries & Galloway	210	7.7	163	6.0
NHS Fife	638	8.8	552	7.6
NHS Forth Valley	410	6.8	332	5.5
NHS Grampian	601	5.4	462	4.1
NHS Greater Glasgow & Clyde	1,595	7.3	1,055	4.8
NHS Highland	371	6.1	358	5.9
NHS Lanarkshire	731	5.4	581	4.3
NHS Lothian	1,315	8.0	1,028	6.3
NHS Tayside	586	7.5	420	5.4
NHS Island Boards[1,2]	55	4	55	4

Notes

1. NHS Orkney, NHS Shetland and NHS Western Isles are combined due to small numbers and disclosure reasons
2. NHS Orkney have been unable to submit data for September 2016

During the period July to September 2016, 7,153 children and young people were referred to CAMH services with 5,518 accepted. This compares to 8,218 (6,557 accepted) in the previous quarter and 6,732 (5,502 accepted) during the same period in 2015. Referrals to CAMHS

services have increased by 6.3% since the same period in 2015. Further information on referrals for the last 5 quarters can be found here.

Non-attendances for CAMH Services

Table 8 shows the percentage of people who did not attend (DNA) their first contact appointment for CAMH services.

During the quarter July to September 2016 the 'did not attend rate' was 13.4%. This compares to 13.1% in the previous quarter and 14.5% in the same period in 2015.

Table 8. Non-attendance for CAMH services by NHS Board of Treatment, July to September 2016

NHS Board of Treatment	Number of first contact appointments	Number of DNAs	Total of first contact appointments and DNAs	Percentage of DNAs for first contact appointments
NHS Scotland	**4,464**	**691**	**5,155**	**13.4%**
NHS Ayrshire & Arran	304	37	341	10.9%
NHS Borders	220	27	247	10.9%
NHS Dumfries & Galloway	154	26	180	14.4%
NHS Fife	437	63	500	12.6%
NHS Forth Valley	343	58	401	14.5%
NHS Grampian[3]	..	..	..	..
NHS Greater Glasgow & Clyde	983	184	1,167	15.8%
NHS Highland	329	51	380	13.4%
NHS Lanarkshire	503	73	576	12.7%
NHS Lothian	783	109	892	12.2%
NHS Tayside	341	60	401	15.0%
NHS Island Boards[1,2]	67	3	70	4.3%

Notes

DNA – Did not attend
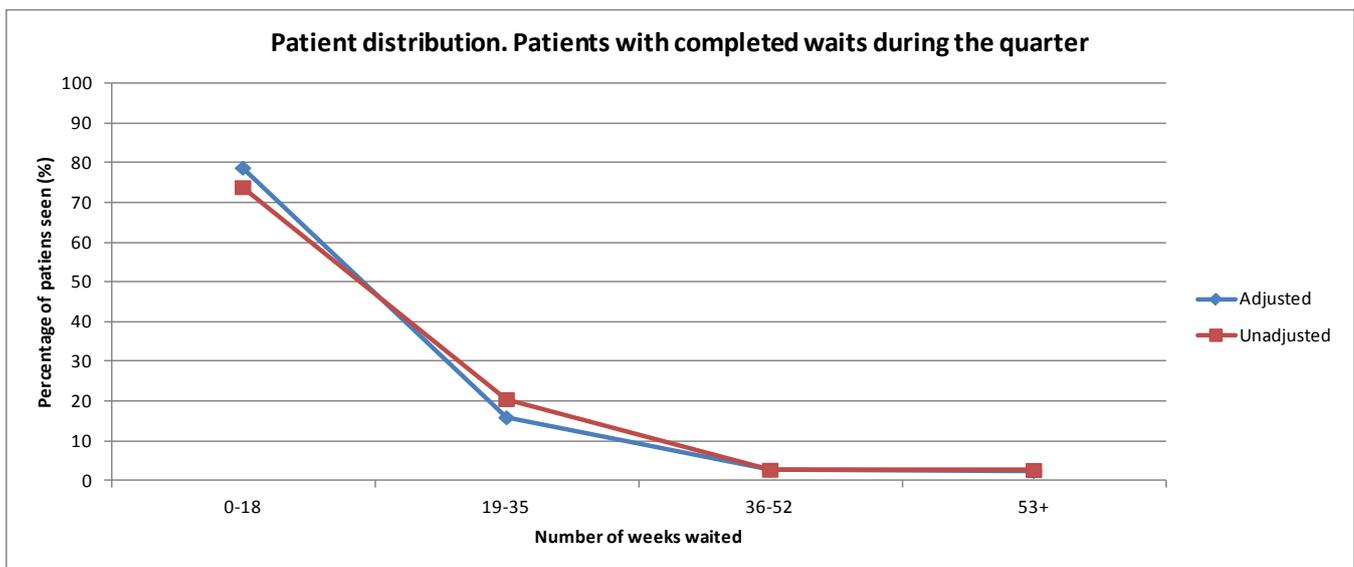.. Data not available
- Denotes zero

1. NHS Orkney, NHS Shetland and NHS Western Isles are combined due to small numbers and disclosure reasons
2. NHS Orkney have been unable to submit data for September 2016
3. NHS Grampian are unable to provide this data at present

Further information on DNAs for the last 5 quarters can be found here.

Distribution of wait

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

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

Patient distribution. Patients with completed waits during the quarter

Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 5.
3. NHS Orkney have been unable to submit data for September 2016

Table 9 on the following page details the distribution of wait for patients who started their treatment by Board.

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

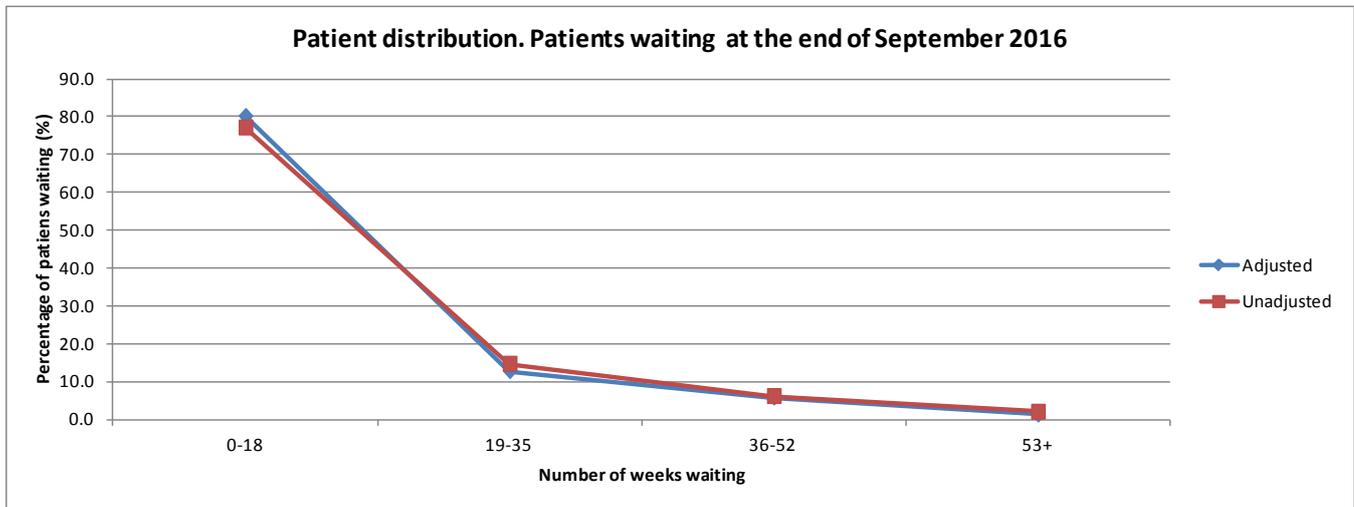| NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland[1]	78.8	16.0	2.7	2.5
NHS Ayrshire & Arran	84.4	14.8	0.8	-
NHS Borders	100.0	-	-	-
NHS Dumfries & Galloway	92.2	7.8	-	-
NHS Fife	86.8	12.8	0.4	-
NHS Forth Valley	51.1	48.9	-	-
NHS Grampian	37.6	61.0	1.5	-
NHS Greater Glasgow & Clyde	98.6	1.4	-	-
NHS Highland	95.9	3.3	0.8	-
NHS Lanarkshire	72.3	26.8	0.9	-
NHS Lothian	55.8	12.4	15.8	16.1
NHS Orkney[2]	..	..	..	..
NHS Shetland	80.0	20.0	-	-
NHS Tayside	97.7	2.3	-	-
NHS Western Isles	100.0	-	-	-

Notes
.. Data not available
'-' denotes zero

1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney have been unable to submit data for September 2016

The latest quarter shows a decrease in the number of patients who waited over a year, 100 (2.5%) compared to the previous quarter of 147 (3.2%) but an increase compared to the same period in 2015, 22 (0.5%).

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

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

Patient distribution. Patients waiting at the end of September 2016

Notes

1. Scotland level adjusted information includes unadjusted waits for NHS Boards where adjusted waits are not available.
2. For details of adjustments see Table 5
3. NHS Orkney have been unable to submit data for September 2016

Table 10. Distribution of wait (adjusted) for people waiting as at 30 September 2016, by NHS Board of Treatment

NHS Board of Treatment	Wait time band (adjusted wait)			
	0-18 weeks (%)	19-35 weeks (%)	36-52 weeks (%)	53+ weeks (%)
NHS Scotland[1]	*80.2*	*12.8*	*5.8*	*1.3*
NHS Ayrshire & Arran	*94.6*	*5.1*	*0.3*	*-*
NHS Borders	*99.3*	*0.7*	*-*	*-*
NHS Dumfries & Galloway	*100.0*	*-*	*-*	*-*
NHS Fife	*80.7*	*13.4*	*2.8*	*3.2*
NHS Forth Valley	*97.9*	*2.1*	*-*	*-*
NHS Grampian	*84.5*	*15.1*	*0.5*	*-*
NHS Greater Glasgow & Clyde	*99.9*	*0.1*	*-*	*-*
NHS Highland	*72.7*	*20.2*	*5.4*	*1.8*
NHS Lanarkshire	*89.3*	*10.7*	*-*	*-*
NHS Lothian	*50.3*	*27.6*	*18.9*	*3.3*
NHS Orkney[2]	*..*	*..*	*..*	*..*
NHS Shetland	*100.0*	*-*	*-*	*-*
NHS Tayside	*99.8*	*0.2*	*-*	*-*
NHS Western Isles	*100.0*	*-*	*-*	*-*

Notes
.. Data not available
'-' denotes zero
1. Scotland level data include unadjusted waits for NHS Boards where adjusted waits are not available.
2. NHS Orkney have been unable to submit data for September 2016

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

Glossary

Adjusted waiting time	This is how long a person waited after taking into account any periods they were unavailable and any appointments that they missed or rearranged. The adjustments are described on page 26. If a person has no periods of unavailability and attends on the first date that they accept, then no adjustments are made and their adjusted waiting time is the same as their unadjusted waiting time.
CAMH services	Child and Adolescent Mental Health (CAMH) services provided by NHS Scotland. Services are provided by teams of clinicians including psychiatrists, mental health nurses, clinical psychologists, occupational therapists and other allied health professionals. These services are based mainly in outpatient clinics and in the community.
Children and young people	The people served by CAMH services. Some areas provide services for all those under 18, while others offer services to those over 16 only if they are in full time education (for more detail see the 'Age of Service Provision' section in the Workforce Publication).
Did Not Attend (DNA)	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment.
HEAT standards	A set of standards agreed between the Scottish Government and NHS Scotland relating to Health Improvement, Efficiency, Access or Treatment (HEAT).
Rejected Referral	Where a request to a healthcare professional or to an organisation to provide appropriate healthcare to a patient is deemed as not appropriate.
Start of treatment	When treatment starts or the person is removed from the waiting list. Not all people who are referred to a CAMH service go on to have treatment. Some people attend an assessment appointment, need no further treatment and so are removed from the waiting list. Some people are offered treatment but decide not to go ahead.
Tiers of service provision	Tier 2 – Mental Health Practitioners at this level tend to be CAMH services specialists working in community and primary care settings, in multi-disciplinary teams (although many will also work as part of tier 3 services). They can include, mental health professionals employed to deliver primary mental health work, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs requiring specialist intervention.

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

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

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

List of Tables

Table No.	Name	Time period	File & size
1	Adjusted Completed waits for people seen	July 2015 – Sep 2016	Excel [382kb]
2	Unadjusted Completed waits for people seen	July 2015 – Sep 2016	Excel [185kb]
3	Adjusted Waiting times for people waiting	July 2015 – Sep 2016	Excel [359kb]
4	Unadjusted waiting times for people waiting	July 2015 – Sep 2016	Excel [184kb]
5	Referrals	July 2015 – Sep 2016	Excel [129kb]
6	Distribution of wait – adjusted waits	July 2015 – Sep 2016	Excel [246kb]
7	Distribution of wait – unadjusted waits	July 2015 – Sep 2016	Excel [345kb]
8	Did not attend (DNA) and first contact appointments	July 2015 – Sep 2016	Excel [407kb]

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

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Further Information

Further information can be found on the ISD website

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Appendix

A1 – Background Information

Data collection

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

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

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

Why are waiting times important?

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

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

Mental Health Policy and Standards

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

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

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

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

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

Psychological Therapies Waiting Times

Waiting times for Psychological Therapies are also published this quarter.

Workforce Information

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

A2 – Data Quality

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

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

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

Health Board Accuracy

ISD only receive aggregated data from each Health Board, this can not be thoroughly validated by ISD. Derivations of the figures and data accuracy are matters for the individual Health Boards. There is a great variation in who compiles the data in Health Boards from administrative staff and information analysts to service managers. The Health Boards do check the data to be submitted but again this varies from daily checks of the Waiting Times data to weekly or monthly checks. Checks prior to submission are carried out by a range of people; Managers, Clinical Directors and Heads of Service. Some of the submitting Health Boards have a Standard Operating Procedure (SOP) to assist them in the compilation of the data, others are compiling theses. The Health Boards discuss the data at team, management and performance meetings.

Adjustment of waiting times

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

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

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

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

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

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

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

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

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

Adjusted and unadjusted waiting times

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

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

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

Where applicable; more detailed information is available in the 'data quality issues by NHS Board' section, starting on page 30.

CAMHS at a glance - Adjustments

Health Board	Adjustments
Ayrshire & Arran	Up to date of treatment
Borders	Up to date of treatment
Dumfries & Galloway	Up to date of treatment
Fife	Up to date of treatment
Forth Valley	Up to date of treatment
Grampian	No adjusted data submitted
Greater Glasgow & Clyde	Up to date of treatment
Highland	Up to date of treatment
Lanarkshire	Up to date of treatment
Lothian	Up to date of breach (18 weeks)
Orkney	No data submitted
Shetland	Up to date of treatment
Tayside	Up to date of treatment
Western Isles	Up to date of treatment

Referral to treatment calculation

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

Where applicable; more detailed information is available in the 'data quality issues by NHS Board' section, starting on page 30.

CAMHS at a glance - Referral to Treatment measure

Health Board	Referral to Treatment measure
Ayrshire & Arran	No proxy used
Borders	No proxy used
Dumfries & Galloway	1st appointment proxy used for Child Psychology 2nd appointment proxy used for CAMH Services
Fife	No proxy used
Forth Valley	No proxy used
Grampian	CAPA model - 2nd appointment
Greater Glasgow & Clyde	2nd appointment
Highland	1st appointment proxy used for Tier 2 services 2nd appointment proxy used for Tier 3 services
Lanarkshire	No proxy used
Lothian	No proxy used
Orkney	No proxy used
Shetland	No proxy used
Tayside	1st appointment but advised this is not a proxy measure
Western Isles	No proxy used

Tiers of service provision

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

Where applicable; more detailed information is available in the 'data quality issues by NHS Board' section, starting on page 30.

CAMHS at a glance - Tiers of Service

Health Board	Tiers of Service Submitted
Ayrshire & Arran	2, 3
Borders	3, 4 - Tier 2 collated separately(commissioned services)
Dumfries & Galloway	2, 3, 4
Fife	2, 3 ,4
Forth Valley	2, 3 - No Tier 4 service
Grampian	2, 3, 4
Greater Glasgow & Clyde	3, 4 - No Tier 2 referrals for CAMHS
Highland	2, 3 - NHS Tayside provide Tier 4 services
Lanarkshire	2, 3 - No Tier 4 cases
Lothian	2, 3, 4
Orkney	2, 3, 4
Shetland	2, 3, 4
Tayside	2, 3, 4
Western Isles	2, 3

Data completeness: common issues

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

Data quality issues by NHS Board

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

NHS Ayrshire & Arran

The Board estimate the data to be 100% complete.

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

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

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

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

Adjustments are made up to treatment; however the databases do not record reasonable offers therefore no adjustments are made if a patient declines 2 or more appointment dates.

The Board have advised us that historically DNA's did have an impact on waiting times which informed the decision to implement 'Opt In'. Not only has this reduced the DNA rate but is has also improved the Teams ability to reallocate cancelled appointments.

NHS Borders

The Board estimate the data to be 100% complete.

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

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

Adjustments are made up to date of treatment.

The Board have advised that DNA's do have an impact on waiting times as these appointments could be used for patients on the waiting list.

NHS Dumfries & Galloway

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

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

Adjustments are made up to date of treatment.

The Board have advised us that DNA's impact upon waiting times as they primarily seem to be people who do book back into a first appointment slot (as opposed to not being seen at all) so one person has effectively used two first appointments.

NHS Fife

The Board estimate the data to be 100% complete.

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

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

Adjustments are made up to date of treatment.

The Board have advised that they believe DNA's do have an impact on waiting times.

NHS Forth Valley

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

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

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

Adjustments are made up until date of treatment.

The Board have advised they believe DNA's to have an impact on waiting times. They have now introduced a Patient Focused Booking model from 1st July 2016 to address this and to improve their DNA rate, significant early improvement was noted which was sustained over the quarter. The Board expect this improvement to continue.

NHS Grampian

The Board estimate the data to be 100% complete.

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

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

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

The Board have advised that they know from their CAPA stats that DNA's are not a having a major impact on their waiting times.

NHS Greater Glasgow and Clyde

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

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

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

Adjustments are made up to date of treatment.

The Board have no evidence to suggest that DNA's impact directly on waiting times when New Ways Guidance is applied. However, when considering unadjusted waiting figures, DNA's would result with the recording of longer waits for treatment and would potentially cause a breach in the RTT HEAT Target.

NHS Highland

Please note: Due to data quality issues, the reported figure for NHS Highland does not represent 100% of tier 2 patients seen in month.

NHS Highland commenced submitting patients waiting (ongoing waits) data from October 2014 after moving to a new patient management system. Only patients seen in month (completed waits) data for the tier 2 services are currently being submitted, due to delays in the relevant data being extracted in usable form from the new patient management system, they are not able to give timescales of when this data will be available. The Service is currently looking at ways of consistently recording Consultation appointments in Tiers 2 and 3. Currently not all Consultation appointments for these tiers are reported.

It is expected that reporting of completed waits for Tier 3 will begin from February 2017. The Board estimate that approximately 55% of completed (treatment start) waits data is currently being reported.

For tier 2 services the Board identify the first appointment as start of treatment. For tier 3 services the Board have been identifying the second appointment as the start of treatment; however since the move to PMS they should be able to identify the actual start of treatment. They have now implemented a Standard Operating Procedure for clinic outcome coding. This should make for cleaner, better reporting once extracts become available and will provide reliable reporting for operational management. The Tier 3 services reporting starting Feb-17 will be based on the actual start of treatment as recorded on the clinic outcome form. There is ongoing scrutiny of outcome completeness which will ensure accuracy of reporting.

The Board have highlighted an issue with completeness over the last 9 months; this is due to delays in the information being sent to the admin team and admin delays. They are actively working towards gaining 100% completion and are monitoring the issue. In the first quarter of 2016-17 outcome completeness was 95.5%, and in the second quarter of 2016-17 outcome completeness was 84.6%.

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

Adjustments are made up to start of treatment.

The Board have advised us that they believe the DNA's have a slight impact on the waiting times.

NHS Lanarkshire

The Board estimate the data to be 100% complete.

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

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

Adjustments are made up to date of treatment.

The Board have advised us that they believe that the DNA's do not have a significant impact upon waiting times.

NHS Lothian

The Board estimate the data submitted to be 100%.

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

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

Adjustments are made up to date of breach (18 weeks); this is using a 'stages of treatment' approach - they are made where a patient does not attend or cancels an appointment where that appointment was offered and accepted within 6 weeks of referral or where a treatment appointment was offered and accepted within 12 weeks.

The Board believe DNA's have an impact in relation to wasted capacity potentially resulting in lengthened treatment episodes and the resulting impact on capacity. Quality Improvement activity is taking place with respect to DNA's and CNA's within the CAMHS service.

NHS Orkney

The Board are aware that not all data is being captured due to system and staffing issues, they are actively working to resolve these issues.

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

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

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

The Board are currently completing the CAMHS returns manually which is complex and time consuming, development work is starting to use data extract scripts.

NHS Shetland

The Board estimate the data to be 100% complete.

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

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

Adjustments are made up to date of treatment.

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

The Board do not believe DNA's have an impact on their waiting times.

NHS Tayside

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

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

The Board have advised us that NHS Tayside CAMHS, three locality teams, Angus, Dundee and Perth are continuing to test a revised model whereby patients are booked into Initial Treatment Appointments.

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

Adjustments are made up to date of treatment.

The Board have advised us that DNA's for new patients do not have an initial impact on immediate capacity required to meet waiting times however if patients opt to attend for a further appointment additional capacity must be found to accommodate the shifting demand that this creates. DNA's in relation to review appointments are wasteful in terms of clinical time and capacity that could have been utilised elsewhere in the service.

NHS Western Isles

The Board estimate the data to be 100% complete.

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

The Board submit data for tiers 2 and 3.

Adjustments are made up to date of treatment.

The Board believes that DNA's do impact on waiting times.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Child and Adolescent Mental Health Services Waiting Times http://www.isdscotland.org/Health-Topics/Waiting-Times/Child-and-Adolescent-Mental-Health/
Description	Monthly and quarterly summary of waiting times and waiting lists for Child and Adolescent Mental Health Services
Theme	Health and Social Care
Topic	Access and Waiting Times
Format	Excel workbooks
Data source(s)	Aggregate counts accredited and derived from individual NHS Scotland Boards are submitted monthly to ISD using a defined Excel template.
Date that data are acquired	Deadline for data submission is the 24th of each month, though files can be resubmitted up to 3 weeks before publication where the quality assurance process identifies differences with local figures.
Release date	The first Tuesday of the month for each publication
Frequency	Quarterly
Timeframe of data and timeliness	Data for the last five quarters are included.
Continuity of data	Information has been collected nationally since January 2010 with a revised dataset introduced in April 2012.
Revisions statement	Previously published waiting times are revised at each publication to reflect the latest available data submitted to ISD by the NHS Boards.
Revisions relevant to this publication	There have been no revisions to the previously published data.
Concepts and definitions	Definitions not contained in this report are available here.
Relevance and key uses of the statistics	Waiting times are important to patients and are a measure of how the NHS is responding to demands for services. Measuring and regular reporting of waiting times highlights where there are delays in the system and enables monitoring of the effectiveness of NHS performance throughout the country. The NHS in Scotland has been set a number of standards for maximum waiting times.

	Other uses of the data include information requests for a variety of customers, e.g. research charities; public companies; Freedom of Information requests; information support to Boards; health intelligence work; parliamentary questions and HEAT standards.
Accuracy	ISD only receives aggregate data from each NHS Board. Although aggregated data cannot be systematically validated by ISD, reported data are compared to previous figures and to expected trends. Derivation of the figures and data accuracy are matters for individual NHS Boards.
Completeness	100% of submitted data are used for analysis and publication.
Comparability	There will be differences in the measures used and collection methods of CAMH services waiting times statistics, as well as differences in service structures between the administrations. The different datasets will not be strictly comparable. Users need to carefully read the publications when making comparisons. Links to other CAMH services waiting time information published can be found below: England: http://www.hscic.gov.uk/catalogue/PUB20943 Providers began to submit Child and Adolescent Mental Health Services (CAMHS) data as part of the new Mental Health Services Data Set (MHSDS) from 1st February 2016. The MHSDS is a new data set, the HSCIC are currently publishing Mental Health Services Monthly Statistics as experimental statistics. As data coverage and completeness improves we plan to include experimental analysis of information about children's and young people's services, including information relating to waiting times for children and young people referred to treatment for an eating disorder. Northern Ireland: They have a Ministerial Target of 9 weeks for patients waiting. This information is not published and they do not have any referral to treatment data for CAMH services. Wales: http://wales.gov.uk/statistics-and-research/referral-to-treatment-times/?lang=en They have a standard for patients referred to Specialist Child and Adolescent Mental Health Services (CAMHS), assessment and any intervention plans required are to be

	initiated within 16 weeks.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.
Coherence and clarity	Key statistics for the latest quarter are linked to on the main Waiting Times page www.isdscotland.org/Health-Topics/Waiting-Times/.
	Statistics are presented within Excel spreadsheets. NHS Board and national figures are presented. Further features to aid clarity:
	1. Tables are printer friendly.
	2. Key data presented graphically.
Value type and unit of measurement	Number and percentage of patients seen, number and percentage of patients waiting, median and 90th percentile waits; by NHS Board.
	Patients who are referred and of those referrals that are accepted to CAMHs services by numbers and rates of population.
	First contact appointments are also now recorded as a number of patients and those who "did not attend" – this information includes the number of people and a percentage.
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Awaiting assessment
Last published	6 September 2016
Next published	7 March 2017
Date of first publication	28 August 2012
Help email	Nss.CAMH@nhs.net
Date form completed	23 August 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.