

Cancer Waiting Times in NHSScotland

October to December 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 where the signs and symptoms are consistent with the cancer diagnosed as per the Scottish Referral Guidelines e.g. 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

Non-standard technologies are technologies which are not accessible to all users. This is considered inequitable and penalises those NHS Boards that provide additional services and have the burden of responsibility for providing first treatment for meeting the 31-day standard. 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 annually. The list was last reviewed with effect from 1 April 2016, 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 urological. This may affect the comparison of waiting times before and after 1 April 2016.

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 March 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](#).

Main points

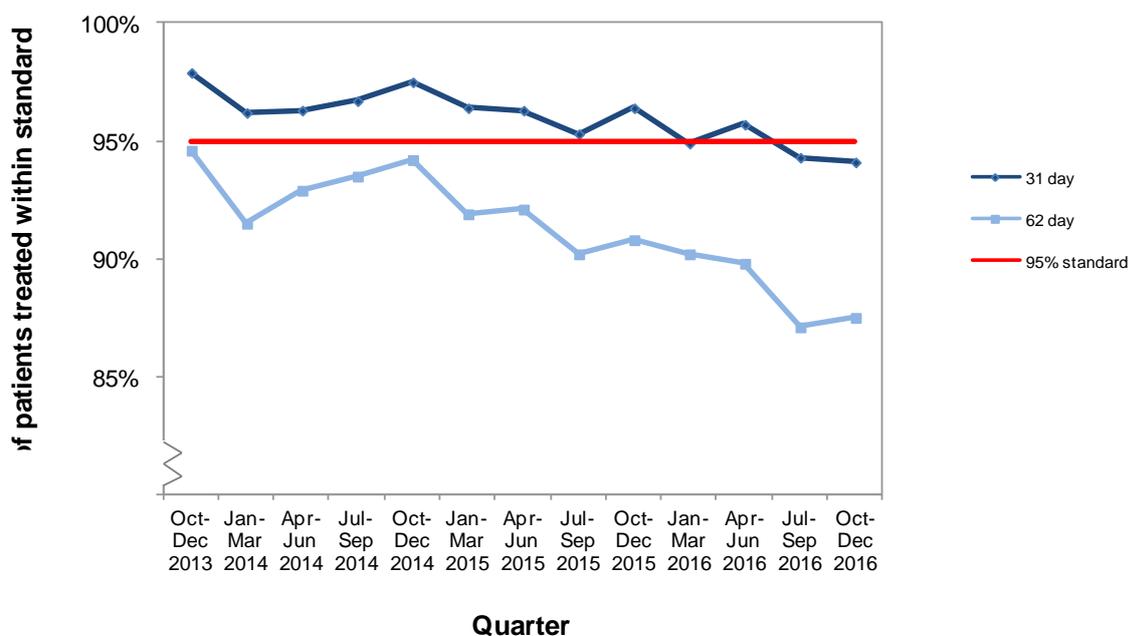
The **62 Day Standard** is that 95% of patients urgently referred with a suspicion of cancer will wait a maximum of 62 days from referral to first cancer treatment. In the period October to December 2016:

- 87.5% of patients started treatment within the 62 day standard, an increase from 87.1% in the previous quarter.
- The 62 day standard was met by five* NHS Boards (NHS Borders, NHS Dumfries & Galloway, NHS Lanarkshire, NHS Orkney and NHS Shetland).
- None of the ten cancer types successfully met the 95% standard.

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. In the period October to December 2016:

- 94.1% of patients started treatment within the 31 day standard, a decrease from 94.3% in 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).
- Eight of the 10 reported cancer types met the 31 day standard. In the period October to December 2016, 94.6% of patients with breast cancer were treated within 31 days of date of decision to treat. This has increased slightly from 93.3% in the previous quarter. In the period October to December 2016, 82.5% of patients with urological cancer were treated within 31 days of date of decision to treat. This has decreased from 85.0% in the previous quarter.

NHSScotland 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.

** Figures based on data snapshot (22/02/17).

Results and Commentary

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

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

During the period October to December 2016, 87.5% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral ([Table 1a](#), [Chart 1a](#)). This is an increase from 87.1% in the previous period July to September 2016.

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

Period of treatment: 1 October to 31 December 2016

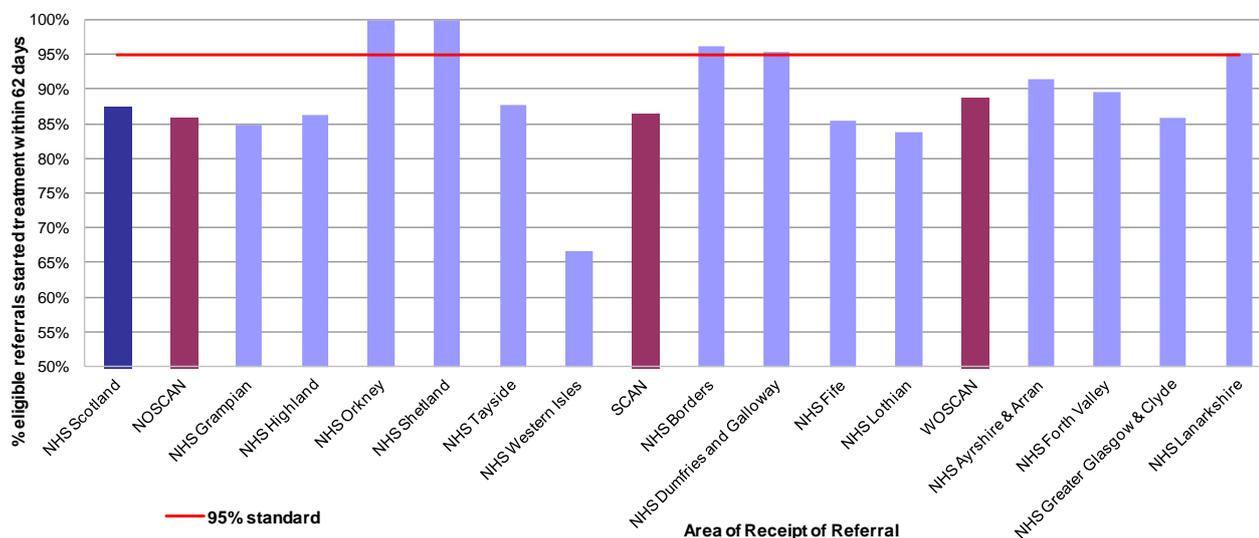
Area of receipt of referral	%
NHSScotland	87.5%
North of Scotland Cancer Network (NOSCAN) Total	85.9%
NHS Grampian	84.8%
NHS Highland	86.2%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	87.7%
NHS Western Isles	66.7%
South East Scotland Cancer Network (SCAN) Total	86.5%
NHS Borders	96.2%
NHS Dumfries & Galloway	95.4%
NHS Fife	85.5%
NHS Lothian	83.8%
West of Scotland Cancer Network (WOSCAN) Total	88.8%
NHS Ayrshire & Arran	91.4%
NHS Forth Valley	89.5%
NHS Greater Glasgow & Clyde	85.9%
NHS Lanarkshire	95.1%

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

** Figures based on data snapshot (22/02/17).

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

Period of treatment: 1 October to 31 December 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.

** Figures based on data snapshot (22/02/17).

In the period October to December 2016, five NHS Boards met the 62 day standard, NHS Borders, NHS Dumfries & Galloway, NHS Lanarkshire, NHS Orkney and NHS Shetland.

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 at the end of this report includes information provided by NHS Boards on reasons for large changes in numbers or unusual patterns in the data or changes in trends.

In October to December 2016, 94.6% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer ([Table 1b](#), [Chart 1b](#)), compared to 93.6% in the previous quarter. 95.0% of referrals from the cervical screening programme started treatment within 62 days of referral, compared to 64.3% in the previous quarter. 78.3% of referrals from the colorectal screening programme started treatment within 62 days of referral, compared to 71.7% in the previous quarter.

In the period October to December 2016, the 62 day standard was not met for any of the cancer types recorded ([Table 1b](#), [Chart 1b](#)).

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

Period of treatment: 1 October to 31 December 2016**

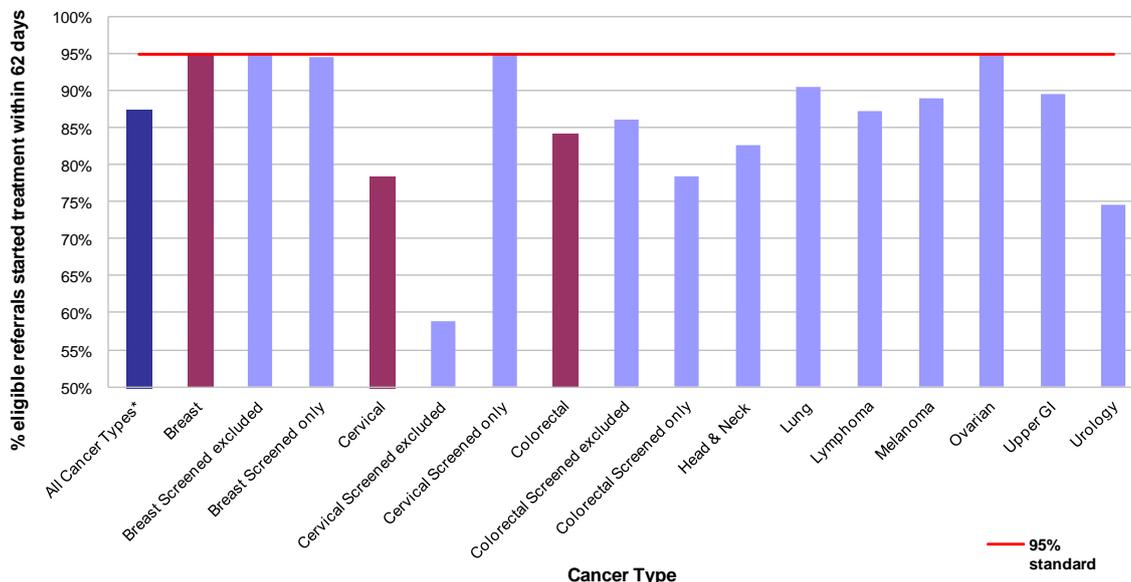
Cancer Type	%
All Cancer types*	87.5%
Breast	94.8%
Breast Screened excluded	95.1%
Breast Screened only	94.6%
Cervical	78.4%
Cervical Screened excluded	58.8%
Cervical Screened only	95.0%
Colorectal	84.1%
Colorectal Screened excluded	86.0%
Colorectal Screened only	78.3%
Head and Neck	82.7%
Lung	90.4%
Lymphoma	87.3%
Melanoma	88.9%
Ovarian	94.7%
Upper GI	89.5%
Urological	74.7%

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

** Figures based on data snapshot (22/02/17).

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

Period of treatment: 1 October to 31 December 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

** Figures based on data snapshot (22/02/17).

During the period October to December 2016, the median wait between the date of receipt of referral and the first cancer treatment was 40 days; 90.0% of patients waited 67 days or less. These figures are similar to previous quarters' data.

Exclusions and Waiting Times Adjustments (62 day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland during October to December 2016, 103 (3.1%) 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 decreased from 3.7% from the previous quarter, though this has had little impact on the performance against the 62 day standard for Scotland.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. During October to December 2016, there were 470 instances of patient unavailability and 887 occurrences of medical suspension. Further detail can be found in Excel [Table 5](#).

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

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

94.1% 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 94.3% in the previous quarter.

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

Period of treatment: 1 October to 31 December 2016**

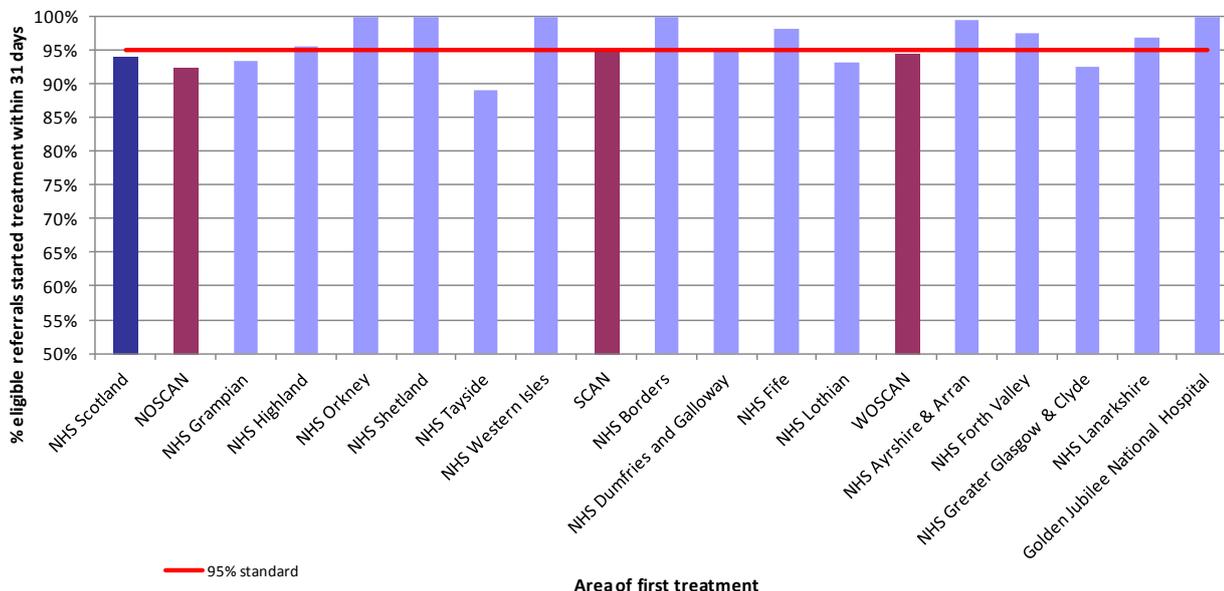
Area of first treatment	%
NHSScotland	94.1%
North of Scotland Cancer Network (NOSCAN) Total	92.3%
NHS Grampian	93.4%
NHS Highland	95.7%
NHS Orkney	100.0%
NHS Shetland	100.0%
NHS Tayside	89.0%
NHS Western Isles	100.0%
South East Scotland Cancer Network (SCAN) Total	94.8%
NHS Borders	100.0%
NHS Dumfries & Galloway	95.1%
NHS Fife	98.1%
NHS Lothian	93.2%
West of Scotland Cancer Network (WOSCAN) Total	94.6%
NHS Ayrshire & Arran**	99.4%
NHS Forth Valley	97.4%
NHS Greater Glasgow & Clyde	92.6%
NHS Lanarkshire	96.9%
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.

** Figures based on data snapshot (22/02/17).

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

Period of treatment: 1 October to 31 December 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.

** Figures based on data snapshot (22/02/17).

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

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 at the end 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 October to December 2016, 89.9% of screened positive breast cancer patients started treatment within 31 days of a decision to treat ([Table 2b](#), [Chart 2b](#)), compared to 88.8% in the previous quarter. 100% of referrals from the cervical screening programme started treatment within 31 days of a decision to treat, unchanged from the previous quarter. 92.6% of referrals from the colorectal screening programme started treatment within 31 days of a decision to treat, compared to 97.1% in the previous quarter.

In the period October to December 2016, the 31 day standard was not met at the Scotland-level for breast cancer or for urological cancer ([Table 2b](#), [Chart 2b](#)).

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

Period of treatment: 1 October to 31 December 2016**

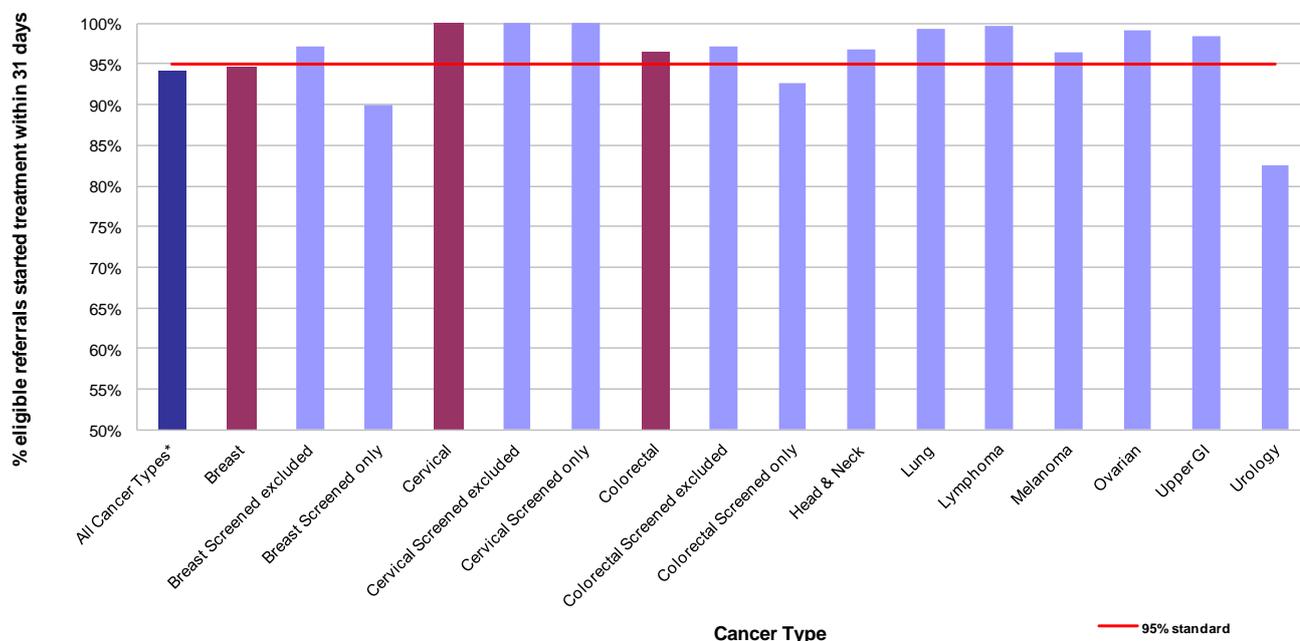
Cancer Type	%
All Cancer types*	94.1%
Breast	94.6%
Breast Screened excluded	97.2%
Breast Screened only	89.9%
Cervical	100.0%
Cervical Screened excluded	100.0%
Cervical Screened only	100.0%
Colorectal	96.5%
Colorectal Screened excluded	97.2%
Colorectal Screened only	92.6%
Head and Neck	96.7%
Lung	99.3%
Lymphoma	99.6%
Melanoma	96.5%
Ovarian	99.2%
Upper GI	98.4%
Urological	82.5%

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

** Figures based on data snapshot (22/02/17).

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

Period of treatment: 1 October to 30 December 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.

** Figures based on data snapshot (22/02/17).

During the period October to December 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 October to December 2016, 109 (1.9%) 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 number of exclusions has decreased from 2.4% from the previous quarter, though this has had little impact on the performance against the 31 day standard for Scotland.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. In the period October to December 2016, there were 165 occurrences of patient unavailability and 363 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.

GP/GDP – General practitioner /General dental practitioner

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

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

NOSCAN – North of Scotland CAncer Network.

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

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

SCAN – South East Scotland CAncer Network.

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

Upper GI – Upper Gastrointestinal.

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

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

WOSCAN – West of Scotland CAncer Network.

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

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

List of Tables

Table No.	Name	Time period	File & size
1a	Performance against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October – 31 December 2016	Excel [370kb]
1b	Performance against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type	Quarterly information from 1 October – 31 December 2016	Excel [372kb]
Fig. 1	Distribution of waits against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment	Quarterly information from 1 October – 31 December 2016	Excel [255kb]
1c	Trend performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October – 31 December 2016	Excel [372kb]
1d	Trend performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment by indicator type	Quarterly information from 1 October – 31 December 2016	Excel [370kb]
2a	Performance against the 31 day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October – 31 December 2016	Excel [285kb]
2b	Performance against the 31 day standard from date decision to treat to first cancer treatment by Cancer Type	Quarterly information from 1 October – 31 December 2016	Excel [312kb]
Fig.2	Distribution of waits against the 31 day standard from date decision to treat to first cancer treatment	Quarterly information from 1 October – 31 December 2016	Excel [246kb]
2c	Trend performance against the 31 day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network	Quarterly information from 1 October – 31 December 2016	Excel [306kb]
2d	Trend performance against the 31 day standard from date decision to treat to first cancer treatment by indicator type	Quarterly information from 1 October – 31 December 2016	Excel [297kb]
3	Distribution of waits against the 62 day	Quarterly	Excel

	<u>standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by Cancer Type</u>	information from 1 October – 31 December 2016	[400kb]
4	<u>Distribution of waits against the 31 day standard from date decision to treat to first cancer treatment by Cancer Type</u>	Quarterly information from 1 October – 31 December 2016	Excel [302kb]
5	<u>Exclusions and waiting times adjustments against the 62 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment by NHS Board and Regional Cancer Network</u>	Quarterly information from 1 October – 31 December 2016	Excel [291kb]
6	<u>Exclusions and waiting times adjustments against the 31 day standard from date decision to treat to first cancer treatment by NHS Board and Regional Cancer Network</u>	Quarterly information from 1 October – 31 December 2016	Excel [232kb]

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Further Information

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

NHS Performs

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

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Appendix

A1 – Background Information

Data Collection and guidance

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

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

The adjusted waiting time in days and the total of any waiting times adjustments in days is calculated by NHS Boards for each record. Each record also contains a flag for 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 March 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 June 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 for example 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

- **Data Quality**
Figures give a complete and accurate account of data submitted for the publication.

- **General/Service Issues**
62 days

Clinical management teams continue to address particular areas of challenge in the cancer pathway. These include waiting time for first outpatient appointment in a small number of specialties and waiting and turnaround times associated with diagnostic services.

NHS Borders

- **Data Quality**
Figures give a complete and accurate account of data submitted for the publication.

- **General/Service Issues**
62 days

The breaches were noted as correct, and associated with waits to colonoscopy or to surgery in Lothian.

NHS Dumfries and Galloway

- **Data Quality**
Figures give a complete and accurate account of data submitted for the publication.

- **General/Service Issues**
No comments provided.

NHS Fife

- **Data Quality**
Figures give a complete and accurate account of data submitted for the publication.

- **General/Service Issues**

62 days

NHS Fife continues to face capacity issues for Radiology and for Urology. Delays within the lung pathway are attributed to the necessary steps involved and to waits for imaging. Additional support is in place in Radiology and discussions with regional partners continue regarding sustainable radiology input. A detailed review of the urology pathway is underway and a review of the colorectal pathway has begun.

31 days

The majority of delays were attributable to challenges with surgical capacity.

NHS Forth Valley

- **Data Quality**

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.

NHS Forth Valley are continuing to experience an increase in demand in Colorectal and are experiencing endoscopy capacity issues. Reviews to reduce the wait are ongoing. Extra theatres are sometimes available, however due to consultant's other clinical commitments it is not always possible to match consultant availability with the theatres available. NHS Forth Valley continues to review and redesign pathways to improve the efficient utilisation of available capacity.

Since the creation of the 62 day standard, PET has been introduced to the lung cancer pathway which can add up to 14 days to the patient's pathway. There are patients who have moved through the process from referral to treatment (without significant delay at any step) and fail the target because of the number of necessary steps involved.

Diagnostic capacity remains challenging in urology. Patients referred for robotic surgery are experiencing delays due to capacity issues.

31 days

Outpatient department capacity continues to be a challenge for melanoma.

NHS Golden Jubilee Hospital

- **Data Quality**

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

- **General/Service Issues**

No comments required.

NHS Grampian

- **Data Quality**

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

- **General/Service Issues**

62 days

Delays are partly attributable to staffing shortages, recruitment is ongoing. Delays for treatment are also related to patients awaiting complex treatments such as robotic surgery and SABR Radiotherapy. The Breast Service is back to full capacity from December 2016 and business case has been approved for additional Consultant post.

31 days

Delays for treatment are partly attributable to lack of theatre capacity. Delays for treatment are also related to patients awaiting complex treatments such as robotic surgery and SABR Radiotherapy.

NHS Greater Glasgow & Clyde

- **Data Quality**

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 for some cancer pathways. NHS Greater Glasgow and Clyde are also experiencing an increase in the number of referrals received and increased pressure on existing capacity. A number of actions have been identified to improve performance and an implementation plan is in place.

31 days

Main pressures for the 31-day target include surgical capacity for breast screening and complex urological surgery. A number of actions have been identified to improve performance and an implementation plan is in place.

NHS Highland

No comments provided.

NHS Lanarkshire

- **Data Quality**

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

- **General/Service Issues**

62 days

NHS Lanarkshire has been experiencing problems with the beginning of the colorectal pathway; both first clinic appointments and also getting patients in on time for scopes. This has been escalated to the service.

NHS Lanarkshire notes that due to the small number of patients treated for ovarian cancer, small numbers of breaches are more magnified. There are also problems with capacity at the post-menopausal bleeding clinic. This has been escalated to the service and is currently under review

There are continued problems with theatre capacity for Urology due to pressure on theatre and the time required for surgery. NHS Lanarkshire are working on a resolution.

31 days

All breaches were attributable to Surgery delays due to pressure on theatre and time required for surgery. NHS Lanarkshire are working on a resolution.

NHS Lothian

- **Data Quality**

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

- **General/Service Issues**

62 days

NHS Lothian remains concerned about the current 62 day performance. Urological and colorectal in particular continue to be challenging, and ongoing actions are in place to bring down waiting times and improve performance. These include redesign of pathways and increased focus on the need to escalate delays at an early stage in the patient's pathway.

31 days

NHS Lothian remains concerned about the current 31 day performance which is mainly attributed to delays to surgery for patients in Urology.

NHS Orkney

- **Data Quality**

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

- **General/Service Issues**

No comments required

NHS Shetland

- **Data Quality**
Figures give a complete and accurate account of data submitted for the publication.
- **General/Service Issues**
No issues to highlight.

NHS Tayside

No comments provided.

NHS Western Isles

- **Data Quality**
Figures give a complete and accurate account of data submitted for the publication.
- **General/Service Issues**
62 days
The breaches were acknowledged as correct but NHS Western Isles notes that due to the small number of patients, small numbers of breaches are more magnified. All of these breaches required further investigations and first treatment in mainland hospitals; hence their pathways are outwith the control of NHS Western Isles.

31 days
No comments required.

A3 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Cancer Waiting Times in Scotland: October to December 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 December 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 March 2017
Frequency	Quarterly
Timeframe of data and timeliness	The publication includes data for the last five quarters and covers the time period 1 October 2015 to 31 December 2016
Continuity of data	<p>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.</p> <p>Performance against these targets was achieved by March 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.</p> <p>When making comparisons across Scotland, it should be noted</p>

	<p>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>Detail of revisions to this publication: no revisions made.</p>
Concepts and definitions	<p>Performance against the targets set out in <i>Better Cancer Care – An Action Plan</i> was achieved by March 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April 2012 and continue to be published on a quarterly basis. The cancer waiting times standards are applicable to adult (over 16 at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. To be included, the cancer type must fit into one of the listed cancer types in the Cancer Waiting Times Data and Definitions Manual. This manual, and further information, is available within the Guidance section of the website.</p>
Relevance and key uses of the statistics	<p>The CWT team, within ISD, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland’s performance against current Cancer Waiting Times Standards. Other uses of the data include: support of NHS Boards, researchers, charities, media, and public, and to fulfil Freedom of Information requests and Parliamentary Questions.</p>
Accuracy	<p>The quality of these statistics is considered fit for publication; data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62 day performance and have shown that completeness of the 62 day cohort is within an acceptable range and is fit for publication. Details of all FFP exercises can be found here. Case ascertainment is assessed each quarter for the 31 day standard. The latest figures can be found within Tables 2a and 2b in the list of tables above.</p> <p>ISD regularly carries out data quality exercises to ensure that data is recorded in an accurate and consistent manner across</p>

	<p>NHSScotland. Information on these exercises can be found on the Data Quality section of the website. In early 2012, ISD Cancer Waiting Times undertook a data quality project to assure that data submitted for Bowel Screening patients is recorded accurately and consistently. A paper highlighting the outcome of this project can be found here.</p> <p>Responsibility for collating and submitting the data to ISD lies with the NHS Board that received the patient's initial referral to secondary care. Information on data quality, service issues and accuracy specific to this publication can be found in Appendix 2.</p> <p>The Data Quality Assurance team within ISD carry out data quality exercises on cancer waiting times data. A report of the results from the latest exercise can be found here.</p>
Completeness	<p>A patient will be excluded from reporting against the Cancer 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
Comparability	<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>
Accessibility	<p>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</p>
Coherence and clarity	<p>Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a national, NHS Board and</p>

	<p>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	<p>Distribution of waits (%) for NHSScotland and all Cancer Types combined. Distribution of waits (%) for NHSScotland by Cancer Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days, Maximum Wait (Days), Median Wait (Days), 90th Percentile (Days) for NHSScotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHSScotland, NHS Board and Regional Cancer Network level. Total number of referrals submitted, number and % of exclusions, number of patient and medical delays, median waiting time adjustment (days) for patient and medical delays; at NHSScotland, NHS Board and Regional Cancer Network level for all cancer types combined.</p>
Disclosure	<p>The ISD protocol on Statistical Disclosure Protocol is followed.</p>
Official Statistics designation	<p>These statistics are classed as official statistics.</p>
UK Statistics Authority Assessment	<p>Assessed by UK Statistics Authority as part of the Statistics on NHS Waiting Times in Scotland report.</p>
Last published	<p>13th December 2016</p>
Next published	<p>27th June 2017</p>
Date of first publication	<p>25th June 2010</p>
Help email	<p>nss.isdcancerwaitsnew@nhs.net</p>
Date form completed	<p>8th March 2017</p>

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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 (April - June 2010) on 29 th June 2010	Quarter 2 (April - June 2010) on 28 th September 2010	Quarter 3 (July - September 2010) on 21 st March 2010	Quarter 4 (January - March 2010) on 29 th June 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)