Cancer Waiting Times in NHSScotland

1 April to 30 June 2018

25 September 2018
This is a National Statistics Publication

National Statistics status means that the official statistics meet the highest standards of trustworthiness, quality and public value. They are identified by the quality mark shown above.

They comply with the Code of Practice for statistics and are awarded National Statistics status following an assessment by the UK Statistics Authority’s regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
Contents

Introduction .............................................................................................................................................3
Main Points .............................................................................................................................................5
Results and Commentary ......................................................................................................................6
  Performance against the 62 day standard: Time from urgent referral with a suspicion of cancer, to first cancer treatment .........................................................................................................................6
  Exclusions and Waiting Time Adjustments (62 day standard) ..........................................................11
  Performance against the 31 day standard: Time from the date of decision to treat to first cancer treatment ........................................................................................................................................12
  Exclusions and Waiting Times Adjustments (31 day standard) ..........................................................17
Glossary ..................................................................................................................................................18
List of Tables ........................................................................................................................................20
Contact ................................................................................................................................................21
Further Information ...............................................................................................................................21
Rate this publication .............................................................................................................................21
Appendices ..........................................................................................................................................22
  Appendix 1 – Background information ..............................................................................................22
  Appendix 2 – Data Quality ....................................................................................................................23
  Appendix 3 – Publication Metadata ...................................................................................................30
  Appendix 3 – Early access details ........................................................................................................35
  Appendix 4 – ISD and Official Statistics ..............................................................................................36
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 on the Cancer Waiting Times section of our website. 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 and oesophago-gastric)
- 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 2017, based on date of first treatment, and identifies type of treatment by tumour site and whether an adjustment can be applied. Guidance is available on the Cancer Waiting Times web pages. This may affect the comparison of waiting times before and after 1 April 2017.

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. Previously released information can be revised to reflect ongoing work by NHS Boards to improve data quality. 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.

In May 2018, the Scottish Government published a Clinical Review of Cancer Waiting Times Standards in Scotland, it is available at http://www.gov.scot/Publications/2018/05/4685/0
Main Points

The **62 Day Standard** states 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 April to June 2018:

- 84.6% of patients started treatment within the 62 day standard, a decrease from 85.0% in the previous quarter.
- The 62 day standard was met by three NHS Boards: NHS Dumfries & Galloway, NHS Lanarkshire and NHS Western Isles.
- None of the 10 reported cancer types met the 62 day standard.

The **31 Day Standard** states that 95% of all patients will wait no more than 31 days from decision to treat to first cancer treatment. In the period April to June 2018:

- The 31 day standard was met this quarter. 95.0% of patients started treatment within the 31 day standard, which is an increase from 93.5% 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 Golden Jubilee National Hospital, NHS Lanarkshire, NHS Orkney, NHS Shetland, NHS Tayside and NHS Western Isles.
- Nine of the 10 reported cancer types met the 31 day standard: breast, cervical, colorectal, head & neck, lung, lymphoma, melanoma, ovarian and upper GI. Urological did not meet the 31 day standard.

Also view the Cancer Waiting Times [infographic summary](#).

**Figure 1: NHS Scotland performance against the 62 and 31 day standards**

1. Figures based on data snapshot (18/08/2018).
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 April to June 2018 alongside data from the previous four quarters.

There were 3,664 eligible referrals within the 62-day standard in the period April to June 2018, an increase of 172 (4.9%) on the same period in 2017.

84.6% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral (Table 1a), a decrease from 85.0% in the previous quarter January to March 2018.

In the period April to June 2018, three NHS Boards met the 62 day standard, NHS Dumfries & Galloway (95.3%), NHS Lanarkshire (96.7%) and NHS Western Isles (100%).

In the period April to June 2018, the 62 day standard was not met by any of the 10 reported cancer types (Table 1b).

In the same period, 90.5% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer, an decrease from 94.6% in the previous quarter; 60% of referrals from the cervical screening programme started treatment within 62 days of referral, a decrease from 80.0% in the previous quarter; 63.0% of referrals from the colorectal screening programme started treatment within 62 days of referral, a decrease from 73.8% in the previous quarter (Table 1b).

During the period April to June 2018, the median wait between the date of receipt of referral and the first cancer treatment was 42 days; 90.0% of patients waited 75 days or less. This compares to a median of 43 days and 90.0% of patients waited 74 days or less during January to March 2018.

Further detail can be found in the attached spreadsheets (Table 1).
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\(^1\), by NHS Board and Regional Cancer Network

Period of treatment: 1 April to 30 June 2018\(^2\)

<table>
<thead>
<tr>
<th>Area of receipt of referral</th>
<th>Number of eligible referrals(^1)</th>
<th>% treated within 62 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Scotland</td>
<td>3,664</td>
<td>84.6</td>
</tr>
<tr>
<td>NOSCAN Total</td>
<td>908</td>
<td>83.4</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>420</td>
<td>81.9</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>212</td>
<td>84.0</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>8</td>
<td>87.5</td>
</tr>
<tr>
<td>NHS Shetland(^3)</td>
<td>15</td>
<td>66.7</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>238</td>
<td>85.3</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>15</td>
<td>100.0</td>
</tr>
<tr>
<td>SCAN Total</td>
<td>937</td>
<td>86.4</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>79</td>
<td>94.9</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>106</td>
<td>95.3</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>224</td>
<td>87.1</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>528</td>
<td>83.1</td>
</tr>
<tr>
<td>WOSCAN Total</td>
<td>1,819</td>
<td>84.2</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>263</td>
<td>88.6</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>242</td>
<td>81.4</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>953</td>
<td>78.9</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>361</td>
<td>96.7</td>
</tr>
</tbody>
</table>

Source: ISD

---

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.
2. Figures based on data snapshot (18/08/2018).
3. Following data snapshot (18/08/2018) NHS Shetland reported that the number of eligible referrals should read 16, not 15, with 68.8% treated within the 62 day standard, not 66.7%. This does not affect the percentage for NOSCAN or Scotland.
Chart 1a: Number of referrals and performance against the 62 day standard from receipt of an urgent referral with suspicion of cancer to first cancer treatment: for all cancer types¹, by NHS Board and Regional Cancer Network

Period of treatment: 1 April to 30 June 2018²

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.
2. Figures based on data snapshot (18/08/2018).
3. Following data snapshot (18/08/2018) NHS Shetland reported that the number of eligible referrals should read 16, not 15, with 68.8% treated within the 62 day standard, not 66.7%. This does not affect the percentage for NOSCAN or Scotland.
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\(^1\) (including screened positive patients)

Period of treatment: 1 April to 30 June 2018\(^2\)

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>Number of eligible referrals</th>
<th>% treated within 62 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer Types*</td>
<td>3,664</td>
<td>84.6</td>
</tr>
<tr>
<td>All Cancer Types* (screened excluded)</td>
<td>3,074</td>
<td>85.0</td>
</tr>
<tr>
<td>All Cancer Types* (screened only)</td>
<td>590</td>
<td>82.0</td>
</tr>
<tr>
<td>Breast</td>
<td>921</td>
<td>92.3</td>
</tr>
<tr>
<td>Breast (screened excluded)</td>
<td>511</td>
<td>93.7</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>410</td>
<td>90.5</td>
</tr>
<tr>
<td>Cervical</td>
<td>34</td>
<td>61.8</td>
</tr>
<tr>
<td>Cervical (screened excluded)</td>
<td>19</td>
<td>63.2</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>15</td>
<td>60.0</td>
</tr>
<tr>
<td>Colorectal</td>
<td>547</td>
<td>76.1</td>
</tr>
<tr>
<td>Colorectal (screened excluded)</td>
<td>382</td>
<td>81.7</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>165</td>
<td>63.0</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>139</td>
<td>80.6</td>
</tr>
<tr>
<td>Lung</td>
<td>573</td>
<td>89.0</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>112</td>
<td>93.8</td>
</tr>
<tr>
<td>Melanoma</td>
<td>195</td>
<td>92.3</td>
</tr>
<tr>
<td>Ovarian(^3)</td>
<td>79</td>
<td>87.3</td>
</tr>
<tr>
<td>Upper GI</td>
<td>398</td>
<td>88.9</td>
</tr>
<tr>
<td>Urological</td>
<td>666</td>
<td>72.2</td>
</tr>
</tbody>
</table>

Source: ISD

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.
2. Figures based on data snapshot (18/08/2018).
3. Following data snapshot (18/08/2018) it was reported that the number of eligible referrals for ovarian cancer type should read as 80, not 79, with 87.5% treated within the 62 day standard, not 87.3%.
Chart 1b: Number of referrals and 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 type¹ (including screened positive patients)

Period of treatment: 1 April to 30 June 2018²

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.
2. Figures based on data snapshot (18/08/2018).
3. Following data snapshot (18/08/2018) it was reported that the number of eligible referrals for ovarian cancer type should read as 80, not 79, with 87.5% treated within the 62 day standard, not 87.3%.
Exclusions and Waiting Time Adjustments (62 day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland during April to June 2018, 103 (3%) were excluded from the standard performance calculations due to clinical reasons, or because the patient died before treatment or refused all treatment.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. During April to June 2018, there were 509 instances of patient unavailability and 1057 instances of medical suspension. Further detail can be found in Table 3.
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 April to June 2018.

There were 6,094 eligible referrals within the 31-day standard in the period April to June 2018, an increase of 163 (2.7%) on the same period in 2017.

95.0% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a), an increase from 93.5% in the previous quarter.

In the period April to June 2018, 11 of the 15 NHS Boards met the 31 day standard. The four that did not were NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland and NHS Lothian.

In the period April to June 2018, nine of the ten cancer types met the 31 day standard at the Scotland-level. The cancer type that did not was urological (Table 2b).

In April to June 2018, 89.8% of screened positive breast cancer patients started treatment within 31 days of a decision to treat, an increase from 86.6% in the previous quarter; 100% of referrals from the cervical screening programme started treatment within 31 days of a decision to treat, an increase from 93.3% in the previous quarter; 94.6% of referrals from the colorectal screening programme started treatment within 31 days of a decision to treat, a decrease from 95.1% in the previous quarter (Table 2b).

During the period April to June 2018, 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 the previous quarters' data.

Further detail can be found in the attached spreadsheets (Table 1).
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\(^1\), by NHS Board and Regional Cancer Network

**Period of treatment: 1 April to 30 June 2018\(^2\)**

<table>
<thead>
<tr>
<th>Area of first treatment</th>
<th>Number of eligible referrals</th>
<th>% treated within 31 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NHS Scotland</strong></td>
<td>6,094</td>
<td>95.0</td>
</tr>
<tr>
<td><strong>NOSCAN</strong> Total</td>
<td>1,611</td>
<td>93.8</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>744</td>
<td>92.7</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>328</td>
<td>93.6</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>3</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>12</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>514</td>
<td>95.1</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>10</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>SCAN</strong> Total</td>
<td>1,572</td>
<td>94.2</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>102</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>167</td>
<td>98.2</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>306</td>
<td>96.1</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>997</td>
<td>92.4</td>
</tr>
<tr>
<td><strong>WOSCAN</strong> Total</td>
<td>2,819</td>
<td>96.0</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>325</td>
<td>98.8</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>293</td>
<td>98.0</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde(^3)</td>
<td>1,680</td>
<td>94.2</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>521</td>
<td>99.0</td>
</tr>
<tr>
<td><strong>Golden Jubilee National Hospital</strong></td>
<td>92</td>
<td>100.0</td>
</tr>
<tr>
<td>Golden Jubilee National Hospital</td>
<td>92</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: ISD

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.
2. Figures based on data snapshot (18/08/2018).
3. Due to an error identified by NHS Greater Glasgow & Clyde following data snapshot (18/08/2018), the percentage of eligible referrals treated within the 31 day standard for all cancer types should read as 94.3%, not 94.2%. The percentage treated within the 31 day standard for WOSCAN should read as 96.1%, not 96%. This does not affect the Scotland percentage.
Chart 2a: Number of referrals and 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 types¹, by NHS Board and Regional Cancer Network

Period of treatment: 1 April to 30 June 2018²

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.
2. Figures based on data snapshot (18/08/2018).
3. Due to an error identified by NHS Greater Glasgow & Clyde following data snapshot (18/08/2018), the percentage of eligible referrals treated within the 31 day standard for all cancer types should read as 94.3%, not 94.2%. The percentage treated within the 31 day standard for WOSCAN should read as 96.1%, not 96%.
Table 2b: Performance in NHSScotland against the 31 day standard from receipt of an urgent referral with a suspicion of cancer to first cancer treatment, by cancer type\(^1\) (including screened positive patients)

**Period of treatment: 1 April to 30 June 2018\(^2\)**

<table>
<thead>
<tr>
<th>Cancer type</th>
<th>Number of eligible referrals</th>
<th>% treated within 31 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Cancer Types*</td>
<td>6,094</td>
<td>95.0</td>
</tr>
<tr>
<td>All Cancer Types* (screened excluded)</td>
<td>5,501</td>
<td>95.4</td>
</tr>
<tr>
<td>All Cancer Types* (screened only)</td>
<td>593</td>
<td>91.4</td>
</tr>
<tr>
<td>Breast</td>
<td>1,227</td>
<td>95.4</td>
</tr>
<tr>
<td>Breast (screened excluded)</td>
<td>817</td>
<td>98.3</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>410</td>
<td>89.8</td>
</tr>
<tr>
<td>Cervical(^3)</td>
<td>57</td>
<td>96.5</td>
</tr>
<tr>
<td>Cervical (screened excluded)(^3)</td>
<td>41</td>
<td>95.1</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>16</td>
<td>100.0</td>
</tr>
<tr>
<td>Colorectal</td>
<td>809</td>
<td>95.6</td>
</tr>
<tr>
<td>Colorectal (screened excluded)</td>
<td>642</td>
<td>95.8</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>167</td>
<td>94.6</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>277</td>
<td>96.0</td>
</tr>
<tr>
<td>Lung</td>
<td>1,001</td>
<td>97.3</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>267</td>
<td>99.6</td>
</tr>
<tr>
<td>Melanoma</td>
<td>353</td>
<td>97.7</td>
</tr>
<tr>
<td>Ovarian</td>
<td>113</td>
<td>95.6</td>
</tr>
<tr>
<td>Upper GI</td>
<td>647</td>
<td>99.4</td>
</tr>
<tr>
<td>Urological</td>
<td>1,343</td>
<td>88.6</td>
</tr>
</tbody>
</table>

**Source: ISD**

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.
2. Figures based on data snapshot (18/08/2018).
3. Due to an error identified by NHS Greater Glasgow & Clyde following data snapshot (18/08/2018), the percentage of eligible referrals treated within the 31 day standard for Cervical cancer type should read 98.2%, not 96.5%. Similarly, the percentage for Cervical (screened excluded) should read as 97.6%, not 95.1%.
Chart 2b: Number of referrals and 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 type¹ (including screened positive patients)

Period of treatment: 1 April to 30 June 2018²

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.
2. Figures based on data snapshot (18/08/2018).
3. Due to an error identified by NHS Greater Glasgow & Clyde following data snapshot (18/08/2018), the percentage of eligible referrals treated within the 31 day standard for Cervical cancer type should read 98.2%, not 96.5%. Similarly, the percentage for Cervical (screened excluded) should read as 97.6%, not 95.1%.

---

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.
2. Figures based on data snapshot (18/08/2018).
3. Due to an error identified by NHS Greater Glasgow & Clyde following data snapshot (18/08/2018), the percentage of eligible referrals treated within the 31 day standard for Cervical cancer type should read 98.2%, not 96.5%. Similarly, the percentage for Cervical (screened excluded) should read as 97.6%, not 95.1%.
Exclusions and Waiting Times Adjustments (31 day standard)

In the period April to June 2018, 124 (2%) 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.

Waiting times adjustments are applied to take into account periods of patient unavailability and medical suspensions. In the period April to June 2018, there were 186 occurrences of patient unavailability and 419 occurrences of medical suspension. Further detail can be found in Table 3.
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 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.
## List of Tables

<table>
<thead>
<tr>
<th>File name</th>
<th>File and size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compliance to standard</td>
<td>Excel 590 Kb</td>
</tr>
<tr>
<td>Distribution of waits</td>
<td>Excel 1,316 Kb</td>
</tr>
<tr>
<td>Exclusion and waiting times adjustments</td>
<td>Excel 139 Kb</td>
</tr>
<tr>
<td>Trend chart</td>
<td>Excel 1,357 Kb</td>
</tr>
</tbody>
</table>
Contact

Caroline Martin, Information Analyst
Population Health
Phone: 0141 282 2062
Email: caroline.martin3@nhs.net

Cavan Gallagher, Information Analyst
Population Health
Phone: 0141 282 2061
Email: cavan.gallagher@nhs.net

Andrew Deas, Principal Information Analyst
Population Health
Phone: 0131 275 7030
Email: andrew.deas@nhs.net

Cancer Waiting Times Team
NSS.ISDCancerWaitsNew@nhs.net

Further Information

Further Information can be found on the ISD website. For more information on Cancer Waiting Times see the Cancer Waiting Times section of our website. Published Cancer Waiting Times data is now available to access via the open data website. For related topics, please see the Waiting Times pages.

The next release of this publication will be 18 December 2018.

Rate this publication

Please provide feedback on this publication to help us improve our services.
Appendices

Appendix 1 – 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. Only patients with a valid CHI number can be submitted. 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.
Appendix 2 – Data Quality & Service Issues

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.

It should also be noted that the information received from NHS Boards after snapshot do not affect the overall percentages achieving either the 31 or 62 day standards for NHS Scotland.

a) Data Quality Issues

**NHS Ayrshire & Arran**

Summer annual leave has had an impact on updating tracking database as timeously as possible. Trackers cross cover but volume of work is such that keeping the system updated is challenging.

**NHS Borders**

Figures are a complete and accurate account. Low numbers account for % figures for Breast, Head & Neck and Urology cancer types.

**NHS Dumfries and Galloway**

No issues reported.

**NHS Fife**

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

**NHS Forth Valley**

Figures give a accurate account of the data available at time of submission.

**NHS Golden Jubilee National Hospital**

No issues reported.

**NHS Grampian**

No issues reported for Q2 April – June 2018.

Resubmission affecting the 31 day standard for Q1 January – March 2018 as published on 26/06/2018 advised. A lung cancer case was removed; correct figures for Q1 2018 are reflected in this Quarter’s accompanying data tables.

**NHS Greater Glasgow & Clyde**

One case has been identified which was submitted by another board and had treatment in NHS GGC which has incorrect DDT recorded.
It is a Cervical (Screened Excluded) case and with amended DDT would no longer breach 31-day standard.

Once this data item is amended, the figures for 31-Day Standard would be as follow:

Cervical (Screened Excluded) - Number of eligible referrals = 19, Number of eligible referrals that started treatment within 31 days = 19, % treated within 31 days = 100%, Maximum wait (Days) = 31.

All Cancer Types - Number of eligible referrals = 1680, Number of eligible referrals that started treatment within 31 days = 1584, % treated within 31 days = 94.3%, Maximum wait (Days) = 90.

All Cancer Types (Screened Excluded) - Number of eligible referrals = 1511, Number of eligible referrals that started treatment within 31 days = 1447, % treated within 31 days = 95.8%, Maximum wait (Days) = 90.

A revision affecting the 31 day standard for Q1 January – March 2018 as included in the footnotes of last quarter’s report published on 26/06/2018 has not yet been resubmitted. A head & neck cancer case was to be removed; correct figures for Q1 2018 will be reflected in next quarter’s accompanying data tables.

**NHS Highland**
No comments provided.

**NHS Lanarkshire**
No issues reported.

**NHS Lothian**
No issues reported.

**NHS Orkney**
No issues reported.

**NHS Shetland**
In June, an ovarian cancer case was incorrectly included in the NHS Grampian data. On investigation it was decided this should have been included in the Shetland data. This alters 62 day performance to 68.8%. This is not an ongoing issue.

**NHS Tayside**
No issues reported.

**NHS Western Isles**
No issues reported.
b) General Service Issues

NHS Ayrshire & Arran

1) **Staffing issues**
   Ongoing challenges with radiology staffing. Summer annual leave has some impact but workload planned as carefully as possible to minimise delays.

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
   Gynaecology referrals to NHS Greater Glasgow & Clyde central surgery – 62-day pathway breaches despite early referral up from NHS Ayrshire & Arran.

4) **Pathways issues**
   Availability of CT and MRI on the same day at Ayr Hospital can affect colorectal pathway. Radiology department is addressing this with an aim to be able to provide slots on the same day wherever possible.

5) **Other general services issues**
   Consultant recruitment is challenging in diagnostics and in some surgical specialities with vacancies. The existing team is picking up the workload as much as possible.

NHS Borders

1) **Staffing issues**
   Waiting Time management decisions taken to delay surgery in order to organise an extra day of outpatient appointments to see 20 urgent suspicion of cancer referrals.

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
   No issues reported.

4) **Pathways issues**
   No issues reported.

5) **Other general services issues**
   Adverse weather caused cancellation by patients of initial outpatient appointment on the day of appointment. Normally a Waiting Time Adjustment (WTA) would be applied for patients cancelling their appointment but a decision was taken not to apply WTA as a management decision was later taken to cancel all appointments that day. Police advice was for no one to travel unless absolutely necessary.

NHS Dumfries and Galloway

1) **Staffing issues**
   No issues reported.

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
No issues reported.

4) **Pathways issues**
   Change to MRI pre biopsy for prostate patients has had a significant impact on the pathway. Increase in bowel screening referrals has also impacted although this will mainly affect quarter 3.

5) **Other general services issues**
   No issues reported.

**NHS Fife**

1) **Staffing issues**
   Delays in performing laparoscopic nephrectomy in Fife during periods of annual leave, together with staffing issues within the urology team and a vacancy within the cardiothoracic surgery service out with Fife contributed to breaches.

2) **Equipment issues**
   The replacement of diagnostic equipment resulted in a backlog of appointments in Urology.

3) **Facilities issues**
   No issues reported.

4) **Pathways issues**
   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 in gastrointestinal, cervical, head & neck and lung cancers. Carrying out MRI before transrectal ultrasound (TRUS) diagnostic investigation and no longer applying a waiting time adjustment for stereotactic ablative radiotherapy (SABR), which has a longer planning process than standard radiotherapy, contributed to the breaches.

5) **Other general services issues**
   Lack of capacity for post-multidisciplinary team meeting outpatient appointment for urological-oncology patients and delays to surgery for bladder and gynaecology patients together with increased referrals into the gastrointestinal service and lung oncology has contributed to breaches. Adverse weather was a further factor.

**NHS Forth Valley**

1) **Staffing issues**
   NHS Forth Valley is facing ongoing recruitment challenges to radiology which has an impact on all services particularly the breast service, where we are exploring a joint radiology service with NHS Lanarkshire.

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
   No issues reported.

4) **Pathways issues**
The clinical and management teams continue to review and redesign cancer pathways to address particular areas of challenge eg waits to first appointment in respiratory and dermatology, waits for radiological investigations, waits for urology and colorectal diagnostics, waits for surgery.

Colorectal and bowel screening pathway: Similar to the rest of Scotland, we have experienced a 74% increase in bowel screening referrals which has had an impact on the wait for colonoscopy.

Urology pathway: NHS Forth Valley continues to work closely with NHS Greater Glasgow & Clyde to mitigate delays in urology oncology appointments and surgery.

Head and neck pathway: NHS Forth Valley are working alongside NHS Lanarkshire to diagnose and treat these patients which has resulted in patients waiting slightly longer than the 62 Day standard, some of which links to workforce challenges around the ear, nose and throat specialty.

5) Other general services issues
   No issues reported

NHS Golden Jubilee National Hospital

1) Staffing issues
   No issues reported.

2) Equipment issues
   No issues reported.

3) Facilities issues
   No issues reported.

4) Pathways issues
   No issues reported.

5) Other general services issues
   No issues reported.

NHS Grampian

1) Staffing issues
   Urology and colorectal areas are under-staffed in consultant workforce, against agreed establishments this quarter.

2) Equipment issues
   No issues reported.

3) Facilities issues
   No issues reported.

4) Pathways issues
   No issues reported.

5) Other general services issues
Overall theatre access remains challenging in terms of available and suitably qualified workforce. The new Bowel Screening Programme continues to impact on overall capacity.

**NHS Greater Glasgow & Clyde**

1) **Staffing issues**
   Radiologist vacancies, which remain unfilled despite ongoing recruitment, have impacted on pathways, in particular breast pathways. It is recognised that there is a national shortage of radiologists at present.

2) **Equipment issues**
   No issues reported. However, in general, there is increasing demand on PET-CT across the region and it is recognised that further investment in these areas would help ensure timely access in the future. National bids have been submitted for replacement imaging kit.

3) **Facilities issues**
   No issues reported. Cancer patients are prioritised.

4) **Pathways issues**
   The 62-day target remains challenging for some upper gastrointestinal and lung patients due to the number of investigations they undergo to ensure that the optimal treatment is offered.

   Changes in the pathway for prostate patients, such as pre-biopsy MRI and targeted prostate biopsies, implemented in line with clinical evidence, have had an impact on pathways.

   There has been a significant increase in the number of bowel screening referrals.

5) **Other general services issues**
   No issues reported.

**NHS Highland**

No comments provided.

**NHS Lanarkshire**

1) **Staffing issues**
   No issues reported.

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
   No issues reported.

4) **Pathways issues**
   The introduction of the faecal immunochemical test (FIT) is causing an adverse effect on the colonoscopy pathway. NHS Lanarkshire has submitted a bid to the Scottish Government for additional funding to support additional scope sessions.
5) **Other general services issues**
   No issues reported.

**NHS Lothian**

1) **Staffing issues**
   Consultant Radiologists
   Endoscopy pressures

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
   No issues reported.

4) **Pathways issues**
   Yes – there is a cancer pathway review project pending.

5) **Other general services issues**
   No issues reported.

**NHS Orkney**

1) **Staffing issues**
   No issues reported.

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
   Difficulties in securing theatre capacity may have contributed to the breach

4) **Pathways issues**
   No issues reported.

5) **Other general services issues**
   No issues reported.

**NHS Shetland**

1) **Staffing issues**
   Of the five 62 day breaches, one was due to annual leave in NHS Shetland which delayed diagnosis and put the eventual wait at 67 days.

2) **Equipment issues**
   No issues reported.

3) **Facilities issues**
   No issues reported.

4) **Pathways issues**
   No issues reported.
5) **Other general services issues**

NHS Shetland is reliant on NHS Grampian for a significant proportion of diagnostics, staging and treatment. Four of the five breaches were affected by waits for Grampian services; oncology appointments or treatment and robotic surgery waits.

**NHS Tayside**

1) **Staffing issues**

Urology prostate performance has been impacted by waits due to shortage of surgeons able to perform laparoscopic prostatectomy. Additionally, due to a temporary shortage of radiologists, there was a restriction to the number of radiology assessments per multidisciplinary team meeting for this site, which has now ended.

2) **Equipment issues**

No issues reported.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

Performance at a number of sites has been impacted by waits for first clinic, or first diagnostic. Colorectal, urology and lung teams are taking steps to improve booking times, or increase availability of clinics.

5) **Other general services issues**

No issues reported.

**NHS Western Isles**

1) **Staffing issues**

No issues reported.

2) **Equipment issues**

No issues reported.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

No issues reported.

5) **Other general services issues**

No issues reported.
# Appendix 3 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>Cancer Waiting Times in Scotland: April to June 2018.</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>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 2017.</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Service Access</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks and PDF</td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>18 August 2018</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>25 September 2018</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>The publication includes data for the last five quarters and covers the time period 1 April 2017 to 30 June 2018</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>To remain relevant to the changing set of targets (as published in Better Cancer Care - An Action Plan), the cancer waiting times statistics published previously by ISD were replaced with a new series of figures. The first set of these new figures relating to these targets were first published in June 2010. The table below provides information on the various target cohorts and their date of first publication. Performance against these targets was achieved by 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. When making comparisons across Scotland, it should be noted that some areas reported on contain small numbers. For example, in Island NHS Boards there may be a substantial quarter-on-quarter fluctuation in the percentage of patients that started treatment within 62/31 days, which may represent the pathway of only one or two patients. Due to the effects of small numbers, 90th percentiles have only been calculated where there are forty or more eligible patients within a population.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</td>
</tr>
<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>Following the data snapshot, 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 footnoted 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.</td>
</tr>
</tbody>
</table>
data submissions.

Detail of revisions to this publication:

**62 day standard**
- Percentage treated within the standard for NHS Orkney has been revised to 92.3%, rather than 91.7% as reported last quarter.
- Percentage treated within the standard for NHS Dumfries & Galloway has been revised to 95.0%, rather than 94.9% as reported last quarter.
- Percentage treated within the standard for SCAN has been revised to 88.8%, rather than 88.7% as reported last quarter.
- Percentage treated within the standard for Lymphoma cancer type has been revised to 91.7%, rather than 91.6% as reported last quarter.

**31 day standard**
- Percentage treated within the standard for NHS Lanarkshire has been revised to 99.4%, rather than 99.2% as reported last quarter.
- Percentage treated within the standard for WOSCAN has been revised to 94.9%, rather than 94.8% as reported last quarter.
- Percentage treated within the standard for All Cancer Types (Screened only) has been revised to 96.5%, rather than 96.4% as reported last quarter.
- Percentage treated within the standard for Colorectal cancer types has been revised to 95.1%, rather than 94.4% as reported last quarter.
- The following number of eligible referrals have been revised from what was published for last quarter, though revisions do not impact on the percentage treated:
  - Grampian – 646, revised from 647
  - NOSCAN – 1559, revised from 1560
  - Scotland – 5836, revised from 5837
  - Lung Cancer – 1020, revised from 1021
  - All Cancer Types – 5836, revised from 5837

**Concepts and definitions**
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 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.

**Relevance and key uses of the statistics**
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.

**Accuracy**
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 1 in the list of tables above.
ISD regularly carries out data quality exercises to ensure that data is recorded in an accurate and consistent manner across NHSScotland. Information on these exercises can be found on the Data Quality section of the website. In early 2012, ISD Cancer Waiting Times undertook a data quality project to assure that data submitted for Bowel Screening patients is recorded accurately and consistently. A paper highlighting the outcome of this project can be found here.

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.

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.

Completeness

Patients will only be included in the database if they have a valid CHI number.

A patient will be excluded from reporting against the Cancer Waiting Times standards for the following reasons:

1. The patient chooses to have any part of their pathway out with 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

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.

England:

Northern Ireland:
https://www.health-ni.gov.uk/articles/cancer-waiting-times

Wales:

Health waiting time statistics – technical differences between the four UK countries.
Statisticians in all four home nations have collaborated as part of the 'UK Comparative Waiting Times Group'. The aim of the group is to look across published health statistics, in particular waiting times, and compile a comparison of (i) what is measured in each country; (ii) how the statistics are similar and (iii) where they have key differences.
<table>
<thead>
<tr>
<th><strong>Accessibility</strong></th>
<th>It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="https://gss.civilservice.gov.uk/health-waiting-time-statistics/">published guidelines</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Coherence and clarity</strong></td>
<td>Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a national, NHS Board and Regional Cancer Network level, broken down by cancer type and quarter. Distribution of waits data are reported on a National level by cancer type and quarter. Exclusions and Adjustments are reported for All Cancer Types at national, NHS Board and Regional Cancer Network level, broken down by quarter. Further features to aid clarity: 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.</td>
</tr>
<tr>
<td><strong>Value type and unit of measurement</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Official Statistics designation</strong></td>
<td>These statistics are classed as national statistics.</td>
</tr>
<tr>
<td><strong>UK Statistics Authority Assessment</strong></td>
<td>Assessed by UK Statistics Authority as part of the <a href="https://gss.civilservice.gov.uk/health-waiting-time-statistics/">Statistics on NHS Waiting Times in Scotland</a> report.</td>
</tr>
<tr>
<td><strong>Last published</strong></td>
<td>26 June 2018</td>
</tr>
<tr>
<td><strong>Next published</strong></td>
<td>18 December 2018</td>
</tr>
<tr>
<td><strong>Date of first publication</strong></td>
<td>25 June 2010</td>
</tr>
<tr>
<td><strong>Help email</strong></td>
<td><a href="mailto:nss.isdcancerwaitsnew@nhs.net">nss.isdcancerwaitsnew@nhs.net</a></td>
</tr>
<tr>
<td><strong>Date form completed</strong></td>
<td>30 August 2018</td>
</tr>
</tbody>
</table>
Appendix 3 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is 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
Appendix 4 – 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](#).