Cancer Waiting Times in NHSScotland
1 July to 30 September 2018
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.

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Find out more about the Code of Practice at:

Find out more about National Statistics at:
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</tbody>
</table>
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 2018, 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 2018.

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 July to September 2018:

- 81.4% of patients started treatment within the 62 day standard at Scotland level, a decrease from 84.6% in the previous quarter.
- The 62 day standard was met by two NHS Boards: NHS Borders and NHS Lanarkshire.
- 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 July to September 2018:

- 95.1% of patients started treatment within the 31 day standard at Scotland level, which is a slight increase from 95.0% in the previous quarter.
- The 31 day standard was met by nine of 15 NHS Boards: NHS Ayrshire & Arran, NHS Borders, NHS Fife, NHS Forth Valley, NHS Golden Jubilee National Hospital, NHS Lanarkshire, NHS Orkney, NHS Shetland and NHS Western Isles.
- Eight of the 10 reported cancer types met the 31 day standard: cervical, colorectal, head & neck, lung, lymphoma, melanoma, ovarian and upper GI. Breast and 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

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¹ Figures based on data snapshot (11/11/2018).
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 July to September 2018 alongside data from the previous four quarters.

There were 3,776 eligible referrals within the 62-day standard in the period July to September 2018, an increase of 388 (11.5%) on the same period in 2017.

81.4% 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 84.6% in the previous quarter April to June 2018.

In the period July to September 2018, two NHS Boards met the 62 day standard, NHS Borders (95.4%) and NHS Lanarkshire (95.7%).

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

In the same period, 95.3% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer, an increase from 90.5% in the previous quarter; 89.7% of referrals from the cervical screening programme started treatment within 62 days of referral, an increase from 60.0% in the previous quarter; 39.5% of referrals from the colorectal screening programme started treatment within 62 days of referral, a decrease from 63.0% in the previous quarter (Table 1b).

During the period July to September 2018, the median wait between the date of receipt of referral and the first cancer treatment was 44 days; 90.0% of patients waited 81 days or less (90th percentile). This compares to a median of 42 days and 90.0% of patients waited 75 days or less during April to June 2018.

Further detail can be found in the attached spreadsheets (Table 1).
Table 1a. Performance against the 62 day standard: all cancer types\(^1\), by NHS Board and Regional Cancer Network

Period of treatment: 1 July to 30 September 2018\(^2\)

<table>
<thead>
<tr>
<th>Area of receipt of referral</th>
<th>Number of eligible referrals</th>
<th>% treated within 62 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Scotland</td>
<td>3,776</td>
<td>81.4</td>
</tr>
<tr>
<td>NOSCAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>849</td>
<td>79.4</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>359</td>
<td>76.6</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>210</td>
<td>79.0</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>7</td>
<td>85.7</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>10</td>
<td>70.0</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>242</td>
<td>83.5</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>21</td>
<td>85.7</td>
</tr>
<tr>
<td>SCAN</td>
<td>1,014</td>
<td>82.8</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Borders</td>
<td>87</td>
<td>95.4</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>95</td>
<td>86.3</td>
</tr>
<tr>
<td>NHS Fife(^3)</td>
<td>263</td>
<td>83.3</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>569</td>
<td>80.1</td>
</tr>
<tr>
<td>WOSCAN</td>
<td>1,913</td>
<td>81.4</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>275</td>
<td>84.7</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>288</td>
<td>79.5</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde(^3)</td>
<td>1,021</td>
<td>76.5</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>329</td>
<td>95.7</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.
3. Following data snapshot (11/11/2018) NHS Fife & NHS Greater Glasgow & Clyde reported changes, therefore the figures should read as 262 & 83.2% and 1,026 & 76.6% respectively. Please see appendix 2 for further details.
Chart 1a: Number of referrals and performance against the 62 day standard: for all cancer types\(^1\), by NHS Board and Regional Cancer Network

Period of treatment: 1 July to 30 September 2018\(^2\)

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.
3. Following data snapshot (11/11/2018) NHS Fife & NHS Greater Glasgow & Clyde reported changes, therefore the figures should read as 262 & 83.2% and 1,026 & 76.6% respectively. Please see appendix 2 for further details.
Table 1b: Performance in NHSScotland against the 62 day standard, by cancer type\(^1\) (including screened positive patients)

**Period of treatment: 1 July to 30 September 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(^1)</td>
<td>3,776</td>
<td>81.4</td>
</tr>
<tr>
<td>All Cancer Types (screened excluded)</td>
<td>3,145</td>
<td>81.7</td>
</tr>
<tr>
<td>All Cancer Types (screened only)</td>
<td>631</td>
<td>79.9</td>
</tr>
<tr>
<td>Breast</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast (screened excluded)</td>
<td>530</td>
<td>90.9</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>430</td>
<td>95.3</td>
</tr>
<tr>
<td>Cervical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cervical (screened excluded)</td>
<td>26</td>
<td>50.0</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>29</td>
<td>89.7</td>
</tr>
<tr>
<td>Colorectal(^3)</td>
<td>555</td>
<td>67.9</td>
</tr>
<tr>
<td>Colorectal (screened excluded)(^3)</td>
<td>385</td>
<td>80.5</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>172</td>
<td>39.5</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lung(^3)</td>
<td>604</td>
<td>86.6</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>107</td>
<td>86.0</td>
</tr>
<tr>
<td>Melanoma</td>
<td>184</td>
<td>88.0</td>
</tr>
<tr>
<td>Ovarian(^3)</td>
<td>72</td>
<td>84.7</td>
</tr>
<tr>
<td>Upper GI</td>
<td>375</td>
<td>87.7</td>
</tr>
<tr>
<td>Urological(^3)</td>
<td>710</td>
<td>65.4</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.
3. Following data snapshot (11/11/2018) some boards advised changes which have impacted on some of Scotland’s performance figures. They should read as follows: Colorectal 68.3%, Colorectal (screened excluded) 81.1%, Lung 86.5%, Ovarian 84.9% & Urological 65.3%. Please see appendix 2 for further details.
Chart 1b: Number of referrals and performance in NHSScotland against the 62 day standard, by cancer type\(^1\) (including screened positive patients)

**Period of treatment: 1 July to 30 September 2018\(^2\)**

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.
3. Following data snapshot (11/11/2018) some boards advised changes which have impacted on some of Scotland’s performance figures. They should read as follows: Colorectal 68.3%, Colorectal (screened excluded) 81.1%, Lung 86.5%, Ovarian 84.9% & Urological 65.3%. Please see appendix 2 for further details.
Exclusions and Waiting Time Adjustments (62 day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland during July to September 2018, 114 (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 July to September 2018, there were 628 instances of patient unavailability and 1,117 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 July to September 2018.

There were 6,282 eligible referrals within the 31-day standard in the period July to September 2018, an increase of 390 (6.6%) on the same period in 2017.

95.1% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a), a slight increase from 95.0% in the previous quarter.

In the period July to September 2018, nine of the 15 NHS Boards met the 31 day standard. The six that did not were NHS Dumfries & Galloway, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland, NHS Lothian and NHS Tayside.

In the period July to September 2018, eight of the ten cancer types met the 31 day standard at the Scotland-level. The cancer types that did not were breast and urological (Table 2b).

In July to September 2018, 91.6% of screened positive breast cancer patients started treatment within 31 days of a decision to treat, an increase from 89.8% in the previous quarter; 100% of referrals from the cervical screening programme started treatment within 31 days of a decision to treat, the same as in the previous quarter; 94.9% of referrals from the colorectal screening programme started treatment within 31 days of a decision to treat, a slight increase from 94.6% in the previous quarter (Table 2b).

During the period July to September 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 the same as the previous quarters’ data.

Further detail can be found in the attached spreadsheets (Table 1).
Table 2a. Performance against the 31 day standard: all cancer types\(^1\), by NHS Board and Regional Cancer Network

Period of treatment: 1 July to 30 September 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></td>
<td></td>
</tr>
<tr>
<td>NOSCAN Total</td>
<td>1,504</td>
<td>92.7</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>643</td>
<td>90.5</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>329</td>
<td>94.2</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>6</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>17</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>496</td>
<td>94.0</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>13</td>
<td>100.0</td>
</tr>
<tr>
<td><strong>SCAN Total</strong></td>
<td>1,665</td>
<td>95.0</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>106</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>158</td>
<td>94.9</td>
</tr>
<tr>
<td>NHS Fife(^3)</td>
<td>335</td>
<td>95.5</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>1,066</td>
<td>94.3</td>
</tr>
<tr>
<td><strong>WOSCAN Total</strong></td>
<td>2,985</td>
<td>96.3</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>336</td>
<td>99.1</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>332</td>
<td>96.7</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde(^3)</td>
<td>1,801</td>
<td>94.8</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>516</td>
<td>99.2</td>
</tr>
<tr>
<td><strong>Golden Jubilee National Hospital</strong></td>
<td><strong>128</strong></td>
<td><strong>99.2</strong></td>
</tr>
<tr>
<td>Golden Jubilee National Hospital(^3)</td>
<td>128</td>
<td>99.2</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.
3. Following data snapshot (11/11/2018) the following changes were reported: NHS Fife number of eligible referrals should read as 334, NHS Greater Glasgow and Clyde number of eligible referrals should read as 1,797 (94.9%) and Golden Jubilee National Hospital number of eligible referrals should read as 100%.
Chart 2a: Number of referrals and performance against the 31 day standard: all cancer types\(^1\), by NHS Board and Regional Cancer Network

Period of treatment: 1 July to 30 September 2018\(^2\)

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.
3. Following data snapshot (11/11/2018) the following changes were reported: NHS Fife number of eligible referrals should read as 334, NHS Greater Glasgow and Clyde number of eligible referrals should read as 1,797 (94.9%) and Golden Jubilee National Hospital number of eligible referrals should read as 100%. Please see appendix 2 for further details.
Table 2b: Performance in NHSScotland against the 31 day standard, by cancer type¹ (including screened positive patients)

**Period of treatment: 1 July to 30 September 2018²**

<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 Types¹</td>
<td>6,282</td>
<td>95.1</td>
</tr>
<tr>
<td>All Cancer Types (screened excluded)</td>
<td>5,645</td>
<td>95.4</td>
</tr>
<tr>
<td>All Cancer Types (screened only)</td>
<td>637</td>
<td>92.9</td>
</tr>
<tr>
<td>Breast</td>
<td>1,294</td>
<td>94.7</td>
</tr>
<tr>
<td>Breast (screened excluded)</td>
<td>863</td>
<td>96.2</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>431</td>
<td>91.6</td>
</tr>
<tr>
<td>Cervical</td>
<td>77</td>
<td>100.0</td>
</tr>
<tr>
<td>Cervical (screened excluded)</td>
<td>48</td>
<td>100.0</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>29</td>
<td>100.0</td>
</tr>
<tr>
<td>Colorectal³</td>
<td>826</td>
<td>96.0</td>
</tr>
<tr>
<td>Colorectal (screened excluded)⁴</td>
<td>649</td>
<td>96.3</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>177</td>
<td>94.9</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>320</td>
<td>97.8</td>
</tr>
<tr>
<td>Lung³</td>
<td>1,045</td>
<td>97.5</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>255</td>
<td>99.6</td>
</tr>
<tr>
<td>Melanoma</td>
<td>337</td>
<td>96.7</td>
</tr>
<tr>
<td>Ovarian</td>
<td>112</td>
<td>98.2</td>
</tr>
<tr>
<td>Upper GI</td>
<td>589</td>
<td>99.3</td>
</tr>
<tr>
<td>Urological</td>
<td>1,427</td>
<td>89.3</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.
3. Following data snapshot (11/11/2018) some boards advised changes which have impacted on some of Scotland’s performance figures. They should read as follows: Colorectal 96.1%, Colorectal (screened excluded) 96.5%, Lung 97.6%. Please see appendix 2 for further details.
Chart 2b: Number of referrals and performance in NHSScotland against the 31 day standard, by cancer type¹ (including screened positive patients)

Period of treatment: 1 July to 30 September 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.
3. Following data snapshot (11/11/2018) some boards advised changes which have impacted on some of Scotland’s performance figures. They should read as follows: Colorectal 96.1%, Colorectal (screened excluded) 96.5%, Lung 97.6%. Please see appendix 2 for further details.
Exclusions and Waiting Times Adjustments (31 day standard)

In the period July to September 2018, 136 (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 July to September 2018, there were 234 occurrences of patient unavailability and 453 occurrences of medical suspension. Further detail can be found in Table 3.
### Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible referral (62 day)</td>
<td>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&amp;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.</td>
</tr>
<tr>
<td>Eligible referral (31 day)</td>
<td>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.</td>
</tr>
<tr>
<td>Exclusion</td>
<td>Patients who had a particularly complex clinical pathway, died before treatment or who refused treatment.</td>
</tr>
<tr>
<td>GP/GDP</td>
<td>Practitioner /General dental practitioner</td>
</tr>
<tr>
<td>Median wait</td>
<td>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.</td>
</tr>
<tr>
<td>Non-urgent referrals</td>
<td>Referrals submitted where the source of referral is “GP/GDP referral other” or “Other”.</td>
</tr>
<tr>
<td>NOSCAN</td>
<td>North of Scotland CAncer Network.</td>
</tr>
<tr>
<td>Percentile</td>
<td>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.</td>
</tr>
<tr>
<td>Referral</td>
<td>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.</td>
</tr>
<tr>
<td>SCAN</td>
<td>South East Scotland CAncer Network.</td>
</tr>
<tr>
<td>Total referrals submitted</td>
<td>All referrals (urgent and non-urgent) submitted from all sources, i.e. regardless of the route of referral.</td>
</tr>
<tr>
<td>Upper GI</td>
<td>Upper Gastrointestinal.</td>
</tr>
<tr>
<td>Urgent referral</td>
<td>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&amp;E or other), or referral from a National Cancer Screening Programme.</td>
</tr>
<tr>
<td>Waiting times adjustment</td>
<td>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</td>
</tr>
</tbody>
</table>
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

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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 26 March 2019.

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
No issues reported.

NHS Borders
No issues reported.

NHS Dumfries and Galloway
No issues reported.

NHS Fife
Following data snapshot it was identified that one lung case was a duplicate and was removed from both standards. Figures should read as 88.4% for lung, not 88.6% and 83.2% for NHS Fife overall performance, not 83.3%. These changes have impacted on the percentage treated for lung cancer type for Scotland for the 31 day standard only. Figures should read as 97.6% treated within 31 days for lung cancer type, not 97.5%.

NHS Forth Valley
One breast cancer (screened excluded) case has been identified which was also submitted by another board. Therefore, following data snapshot, it was removed from the Forth Valley 31day figures. Figures should read as 95.9% for breast (screened excluded), not 96.0%, and 96.0% for breast, not 96.1%. This does not affect the overall performance figure for NHS Forth Valley, or NHS Scotland figures.

NHS Golden Jubilee National Hospital
A data quality issue was identified in relation to the number of eligible referrals that started treatment within 31 days for lung cancer - it should read as 127 not 126, with 100% being treated within the 31 day standard, not 99.2%. The change relates to a Lung cancer patient who had unavailability waiting time adjustment added to their overall wait therefore making them treated within the 31 day target. These changes have impacted on the overall percentage for NHS Golden Jubilee National Hospital which should read as 100%, as well as impacting on the percentage treated for lung cancer type for Scotland for the 31 day
standard. Figures should read as 97.6% treated within 31 days for lung cancer type, not 97.5%.

**NHS Grampian**
No issues reported.

**NHS Greater Glasgow & Clyde**
Some updates since submission which have changed the figures slightly. Full updates will be reflected next quarter but in summary:

For 62-day:

Overall figure for eligible 62 day cases is now 1,026 of which 786 met the standard, so percentage met is 76.6%.
- Colorectal: number of eligible referrals is now 137 of which 87 met the standard (63.5%).
- Head & Neck: number of eligible referrals is now 41 of which 35 met the standard (83.4%).
- Lung: number of eligible referrals is now 155 of which 129 met the standard (83.2%).
- Ovarian: number of eligible referrals is now 18 of which 18 met the standard, the percentage remains at 100%.
- Urological: number of eligible referrals is now 204 of which 104 met the standard (51.0%).

For 31-day:

Overall figure for eligible 31 day cases is now 1,797 of which 1706 met the standard, so percentage met is 94.9%. Longest wait is now 69 days.
- Colorectal: number of eligible referrals is now 212 of which 205 met the standard (97.6%).
- Head & Neck: number of eligible referrals is now 108 of which 106 met the standard (98.1%).
- Lung: number of eligible referrals is now 294 of which 280 met the standard (95.2%).
- Melanoma: number of eligible referrals is now 90 of which 88 met the standard, the percentage remains at 97.8%.
- Ovarian: number of eligible referrals is now 42 of which 42 met the standard, the percentage remains at 100%.
- Urological: number of eligible referrals is now 424 of which 396 met the standard (93.4%).

**NHS Highland**
No comments provided.

**NHS Lanarkshire**
No issues reported.

**NHS Lothian**
No issues reported.

**NHS Orkney**
No issues reported.
Information Services Division

NHS Shetland
No issues reported.

NHS Tayside
No issues reported.

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

**NHS Ayrshire & Arran**

1) **Staffing issues**
   - Challenges in diagnostics particularly breast radiology. Additional clinics to address demand unable to be supported.

2) **Equipment issues**
   - Delay to PET scan in NHS Greater Glasgow & Clyde - isotope supply.

3) **Facilities issues**
   - No cancellations due to bed capacity issues.

4) **Pathways issues**
   - Delay to first outpatient appointment for colorectal and breast urgent suspicion of cancer patients. Delay to central surgery in NHS Greater Glasgow & Clyde for gynaecological cancers.

5) **Other general services issues**
   - Late additions to Multi Disciplinary Team (MDT) lists and increasing volume of patients to be discussed on MDTs.

**NHS Borders**

1) **Staffing issues**
   - Staffing issues out with NHS Borders account for wait to surgery for prostate patients.

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

3) **Facilities issues**
   - Capacity issues account for long wait to colonoscopy for colorectal patients. Capacity issues out with NHS Borders account for wait to surgery for prostate patients.

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

5) **Other general services issues**
   - No issues reported.
NHS Dumfries and Galloway

1) **Staffing issues**
   Short term challenges in obtaining locum radiologists have had an impact on CT/MRI reporting times.

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

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

4) **Pathways issues**
   The changes to pre biopsy Multi Parametric MRI for prostate cancer have affected waiting times as patients require additional MDT discussion. We are working with NHS Lothian to provide additional support to our local radiologists to allow them to report these scans (presently all are outsourced). The significant increase in bowel screening referrals has had an impact on bowel visualisation capacity. Additional weekend colonoscopy sessions have been running to provide additional capacity.

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

NHS Fife

1) **Staffing issues**
   Consultant annual leave and sickness contributed to breaches in breast.

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

3) **Facilities issues**
   Increasing numbers of patients being treated are impacting on theatre capacity for urology. Increasing waits to oncology due to high referral numbers.

4) **Pathways issues**
   Patients are breaching the target due to the number of necessary steps involved on the pathway without significant delay at any step and can be attributed to some breaches.

5) **Other general services issues**
   Lack of capacity for diagnostic investigations and post MDT outpatient appointments for urology oncology patients.
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. NHS Lanarkshire is also providing NHS Forth Valley with a Head & Neck Consultant to assist with their ENT Service.

2) **Equipment issues**

No issues reported.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

The clinical & management teams continue to review and redesign cancer pathways where possible to address particular areas of challenge eg waits to first appointment in respiratory & dermatology and waits for urology & colorectal diagnostics, waits for surgery.

Colorectal & bowel screening pathway: similar to the rest of Scotland we have experienced an 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 & 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 days, some which links to workforce challenges around ENT.

Lung Pathway: The removal of certain treatments from the non-standard technologies list means a waiting times adjustment can no longer be applied for treatments like SABR which has a longer planning process than standard radiotherapy and this has resulted in more breachers. The other teams are reviewing their pathway and making changes where possible to improve their 62 day target percentage.

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**
   
   NHS Grampian continues to operate with a significant number of nursing vacancies. These impact on all services but in particular with regard to theatre access.

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 Greater Glasgow & Clyde**

1) **Staffing issues**
   
   Vacancies within radiology have impacted waiting times, in particular breast waiting times.

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

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

Increase in bowel screening referrals since introduction of FIT has created significant pressure on diagnostic bowel screening colonoscopy and increased waiting time for this procedure.

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**

No issues reported.

5) **Other general services issues**

No issues reported.

**NHS Lothian**

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 Orkney**

1) **Staffing issues**

One patient breached (Upper GI). Patient treated out with Orkney. NHS Highland reported capacity issues.

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 Shetland**

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**

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

1) **Staffing issues**

Urology prostate performance continues to be impacted due to having only one surgeon that can perform laparoscopic prostatectomy’s.

2) **Equipment issues**

No issues reported.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

A number of site’s performance 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**

Our endoscopic washers have been out of action since August 2018, this has led to a period where we were unable to schedule any elective endoscopy lists. We were able to secure external capacity at Golden Jubilee Hospital from October onwards, from August to October we had to use private hospitals which delayed several pathways. We expect to resume normal service in January 2019.

3) **Facilities issues**

Same response as provided for “Equipment issues”.

4) **Pathways issues**

Same response as provided for “Equipment issues”.

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>Publication title</td>
<td>Cancer Waiting Times in Scotland: July to September 2018.</td>
</tr>
<tr>
<td>Description</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 30 September 2018.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Service Access</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbooks and PDF</td>
</tr>
<tr>
<td>Data source(s)</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>Date that data are acquired</td>
<td>11 November 2018</td>
</tr>
<tr>
<td>Release date</td>
<td>18 December 2018</td>
</tr>
<tr>
<td>Frequency</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>The publication includes data for the last five quarters and covers the time period 1 July 2017 to 30 September 2018</td>
</tr>
<tr>
<td>Continuity of data</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. 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>Revisions statement</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>Revisions relevant to this publication</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 submissions.</td>
</tr>
<tr>
<td>Concept</td>
<td>Details</td>
</tr>
<tr>
<td>---------</td>
<td>---------</td>
</tr>
<tr>
<td><strong>Detail of revisions to this publication:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>62 day standard</strong></td>
<td>Percentage treated within the standard for NHS Grampian during Q2 2018 has been revised to 82.1%, rather than 81.9% as reported in the last publication (25/09/2018). Percentage treated within the standard for NHS Shetland during Q2 2018 has been revised to 68.8%, rather than 66.7% as reported in the last publication (25/09/2018). Percentage treated within the standard for NOSCAN during Q2 2018 has been revised to 83.5%, rather than 83.4% as reported in the last publication (25/09/2018).</td>
</tr>
<tr>
<td><strong>31 day standard</strong></td>
<td>Percentage treated within the standard for NHS Grampian has been revised to 92.9%, rather than 92.7% as reported in the last publication (25/09/2018). Percentage treated within the standard for NOSCAN has been revised to 93.9%, rather than 93.8% as reported in the last publication (25/09/2018). The number of eligible referrals for NHS Shetland has been revised to 13 from 12 as was reported in the last publications (25/09/2018), however this revision does not impact on the percentage treated.</td>
</tr>
<tr>
<td><strong>Concepts and definitions</strong></td>
<td>Performance against the targets set out in <em>Better Cancer Care – An Action Plan</em> 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 <strong>Guidance</strong> section of the website.</td>
</tr>
<tr>
<td><strong>Relevance and key uses of the statistics</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Accuracy</strong></td>
<td>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 <strong>Data Quality</strong> 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...</td>
</tr>
</tbody>
</table>
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.
| Northern Ireland: | https://www.health-ni.gov.uk/articles/cancer-waiting-times |
| 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. | https://gss.civilservice.gov.uk/health-waiting-time-statistics/ |

| Accessibility | It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines. |

| Coherence and clarity | 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.

| Value type and unit of measurement | Distribution of waits (%) for NHSScotland and all Cancer Types combined. Distribution of waits (%) for NHSScotland by Cancer Type. Number of eligible referrals, number and percentage of eligible referrals that started treatment within 62/31 days, Maximum Wait (Days), Median Wait (Days), 90th Percentile (Days) for NHSScotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHSScotland, NHS Board and Regional Cancer Network level. Total number of referrals submitted, number and % of exclusions, number of patient and medical delays, median waiting time adjustment (days) for patient and medical delays; at NHSScotland, NHS Board and Regional Cancer Network level for all cancer types combined. |

Disclosure
The ISD protocol on Statistical Disclosure Protocol is followed.

Official Statistics designation
These statistics are classed as national statistics.

UK Statistics Authority Assessment
Assessed by UK Statistics Authority as part of the Statistics on NHS Waiting Times in Scotland report.

Last published
25 September 2018

Next published
26 March 2018

Date of first publication
25 June 2010

Help email
nss.isdcancerwaitsnew@nhs.net

Date form completed
03 December 2018
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.