Cancer Waiting Times in NHSScotland

1 October to 31 December 2018

Publication date
26 March 2019
This is a National Statistics Publication

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Introduction

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

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

- **62 day standard** from receipt of referral to start of treatment for newly diagnosed primary cancers. This applies to:
  - Patients urgently referred with a suspicion of cancer by a primary care clinician
  - Screened positive patients referred through a national cancer screening programme
  - Direct referral to hospital where the signs and symptoms are consistent with the cancer diagnosed as per the Scottish Referral Guidelines e.g. self-referral to A&E

- **31 day standard** from decision to treat to start of treatment for newly diagnosed primary cancers (whatever their route of referral).

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

Details about previous cancer waiting times standards can be found 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 October to December 2018:

- 82.7% of patients started treatment within the 62 day standard, an increase from 81.4% in the previous quarter.
- The 62 day standard was met by one NHS Board: NHS Lanarkshire.
- One of the 10 reported cancer types met the 62 day standard: lymphoma.

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 October to December 2018:

- 94.9% of patients started treatment within the 31 day standard, which is a decrease from 95.2% in the previous quarter.
- The 31 day standard was met by nine of the 15 NHS Boards: NHS Ayrshire & Arran, NHS Borders, NHS Dumfries & Galloway, NHS Fife, NHS Golden Jubilee National Hospital, NHS Lanarkshire, NHS Lothian, 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 standards¹**

1. Figures based on data snapshot (18/02/2019).
Results and Commentary

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

The 62 day waiting time standard from referral to first cancer treatment is applied to all patients referred urgently with a suspicion of cancer and for screened-positive patients. The quarterly statistics within this publication relate to the period October to December 2018 alongside data from the previous four quarters.

There were 3,791 eligible referrals within the 62-day standard in the period October to December 2018, an increase of 398 (11.7%) on the same period in 2017.

82.7% of eligible patients who were urgently referred with a suspicion of cancer started their first cancer treatment within 62 days of referral (Table 1a), an increase from 81.4% in the previous quarter July to September 2018.

In the period October to December 2018, one NHS Board met the 62 day standard: NHS Lanarkshire (95.2%).

In the period October to December 2018, the 62 day standard was met by one of the 10 reported cancer types: lymphoma (96.1%) (Table 1b).

In the same period, 93.7% of screened positive breast cancer patients started treatment within 62 days of urgent referral with suspicion of cancer, a decrease from 95.3% in the previous quarter; 53.1% of referrals from the cervical screening programme started treatment within 62 days of referral, decrease from 89.7% in the previous quarter; 41.6% of referrals from the colorectal screening programme started treatment within 62 days of referral, an increase from 39.5% in the previous quarter (Table 1b).

During the period October to December 2018, the median wait between the date of receipt of referral and the first cancer treatment was 43 days; 90.0% of patients waited 82 days or less. This compares to a median of 44 days and 90.0% of patients waited 81 days or less during July to September 2018.

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

**Period of treatment: 1 October to 31 December 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><strong>NHS Scotland</strong></td>
<td>3,791</td>
<td>82.7</td>
</tr>
<tr>
<td>NOSCAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>910</td>
<td>81.4</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>402</td>
<td>80.1</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>208</td>
<td>83.7</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>14</td>
<td>85.7</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>19</td>
<td>78.9</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>251</td>
<td>82.1</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>16</td>
<td>75.0</td>
</tr>
<tr>
<td>SCAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>996</td>
<td>85.0</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>76</td>
<td>94.7</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>108</td>
<td>93.5</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>233</td>
<td>87.1</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>579</td>
<td>81.3</td>
</tr>
<tr>
<td>WOSCAN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1,885</td>
<td>82.0</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>309</td>
<td>83.5</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>234</td>
<td>81.2</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>1,009</td>
<td>77.4</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>333</td>
<td>95.2</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 (18/02/2019).
Chart 1a: Number of referrals and performance against the 62 day standard: for all cancer types¹, by NHS Board and Regional Cancer Network

Period of treatment: 1 October to 31 December 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 (18/02/2019).
Table 1b: Performance in NHSScotland against the 62 day standard, by cancer type\(^1\) (including screened positive patients)

Period of treatment: 1 October to 31 December 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>3,791</td>
<td>82.7</td>
</tr>
<tr>
<td>All Cancer Types(^1) (screened excluded)</td>
<td>3,136</td>
<td>83.7</td>
</tr>
<tr>
<td>All Cancer Types(^1) (screened only)</td>
<td>655</td>
<td>77.6</td>
</tr>
<tr>
<td>Breast</td>
<td>959</td>
<td>91.9</td>
</tr>
<tr>
<td>Breast (screened excluded)</td>
<td>514</td>
<td>90.3</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>445</td>
<td>93.7</td>
</tr>
<tr>
<td>Cervical</td>
<td>58</td>
<td>60.3</td>
</tr>
<tr>
<td>Cervical (screened excluded)</td>
<td>26</td>
<td>69.2</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>32</td>
<td>53.1</td>
</tr>
<tr>
<td>Colorectal</td>
<td>578</td>
<td>67.5</td>
</tr>
<tr>
<td>Colorectal (screened excluded)</td>
<td>400</td>
<td>79.0</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>178</td>
<td>41.6</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>142</td>
<td>88.0</td>
</tr>
<tr>
<td>Lung</td>
<td>639</td>
<td>90.6</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>103</td>
<td>96.1</td>
</tr>
<tr>
<td>Melanoma</td>
<td>160</td>
<td>84.4</td>
</tr>
<tr>
<td>Ovarian</td>
<td>63</td>
<td>85.7</td>
</tr>
<tr>
<td>Upper GI</td>
<td>384</td>
<td>89.6</td>
</tr>
<tr>
<td>Urological</td>
<td>705</td>
<td>69.8</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 (18/02/2019).
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 October to 31 December 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.

2. Figures based on data snapshot (18/02/2019).
Exclusions and Waiting Time Adjustments (62 day standard)

Of all urgent referrals with a suspicion of cancer submitted in Scotland during October to December 2018, 106 (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 October to December 2018, there were 595 instances of patient unavailability and 1,115 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.

There were 6,454 eligible referrals within the 31-day standard in the period October to December 2018, an increase of 559 (9.5%) on the same period in 2017.

94.9% of eligible patients who had a decision to treat had their first cancer treatment within 31 days of referral (Table 2a), a decrease from 95.2% in the previous quarter.

In the period October to December 2018, nine of the 15 NHS Boards met the 31 day standard. The six that did not were NHS Forth Valley, NHS Grampian, NHS Greater Glasgow & Clyde, NHS Highland, NHS Orkney and NHS Tayside.

In the period October to December 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 October to December 2018, 91.5% of screened positive breast cancer patients started treatment within 31 days of a decision to treat, a slight decrease from 91.6% 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; 93.5% of referrals from the colorectal screening programme started treatment within 31 days of a decision to treat, a decrease from 94.9% in the previous quarter (Table 2b).

During the period October to December 2018, the median wait between the date of decision to treat and the first cancer treatment was 5 days; 90.0% of patients waited 27 days or less. This compares to a median of 6 days and 90.0% of patients waited 27 days or less during July to September 2018.

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

<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>NHS Scotland</td>
<td>6,454</td>
<td>94.9</td>
</tr>
<tr>
<td>NOSCAN Total</td>
<td>1,626</td>
<td>91.5</td>
</tr>
<tr>
<td>NHS Grampian</td>
<td>735</td>
<td>90.1</td>
</tr>
<tr>
<td>NHS Highland</td>
<td>328</td>
<td>94.5</td>
</tr>
<tr>
<td>NHS Orkney</td>
<td>9</td>
<td>88.9</td>
</tr>
<tr>
<td>NHS Shetland</td>
<td>23</td>
<td>95.7</td>
</tr>
<tr>
<td>NHS Tayside</td>
<td>523</td>
<td>91.2</td>
</tr>
<tr>
<td>NHS Western Isles</td>
<td>8</td>
<td>100.0</td>
</tr>
<tr>
<td>SCAN Total</td>
<td>1,723</td>
<td>96.1</td>
</tr>
<tr>
<td>NHS Borders</td>
<td>88</td>
<td>100.0</td>
</tr>
<tr>
<td>NHS Dumfries &amp; Galloway</td>
<td>178</td>
<td>98.3</td>
</tr>
<tr>
<td>NHS Fife</td>
<td>340</td>
<td>95.6</td>
</tr>
<tr>
<td>NHS Lothian</td>
<td>1,117</td>
<td>95.6</td>
</tr>
<tr>
<td>WOSCAN Total</td>
<td>3,016</td>
<td>95.9</td>
</tr>
<tr>
<td>NHS Ayrshire &amp; Arran</td>
<td>365</td>
<td>99.5</td>
</tr>
<tr>
<td>NHS Forth Valley</td>
<td>285</td>
<td>94.7</td>
</tr>
<tr>
<td>NHS Greater Glasgow &amp; Clyde</td>
<td>1,847</td>
<td>94.4</td>
</tr>
<tr>
<td>NHS Lanarkshire</td>
<td>519</td>
<td>99.0</td>
</tr>
<tr>
<td>Golden Jubilee National Hospital</td>
<td>89</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 (18/02/2019).
Chart 2a: Number of referrals and performance against the 31 day standard: for all cancer types, by NHS Board and Regional Cancer Network

Period of treatment: 1 October to 31 December 2018

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 (18/02/2019).
Table 2b: Performance in NHSScotland against the 31 day standard, by cancer type¹ (including screened positive patients)

Period of treatment: 1 October to 31 December 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>6,454</td>
<td>94.9</td>
</tr>
<tr>
<td>All Cancer Types¹ (screened excluded)</td>
<td>5,793</td>
<td>95.1</td>
</tr>
<tr>
<td>All Cancer Types¹ (screened only)</td>
<td>661</td>
<td>92.4</td>
</tr>
<tr>
<td>Breast</td>
<td>1,288</td>
<td>94.4</td>
</tr>
<tr>
<td>Breast (screened excluded)</td>
<td>843</td>
<td>96.0</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>445</td>
<td>91.5</td>
</tr>
<tr>
<td>Cervical</td>
<td>82</td>
<td>97.6</td>
</tr>
<tr>
<td>Cervical (screened excluded)</td>
<td>50</td>
<td>96.0</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>32</td>
<td>100.0</td>
</tr>
<tr>
<td>Colorectal</td>
<td>872</td>
<td>95.9</td>
</tr>
<tr>
<td>Colorectal (screened excluded)</td>
<td>688</td>
<td>96.5</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>184</td>
<td>93.5</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>296</td>
<td>98.3</td>
</tr>
<tr>
<td>Lung</td>
<td>1,150</td>
<td>96.3</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>288</td>
<td>99.3</td>
</tr>
<tr>
<td>Melanoma</td>
<td>313</td>
<td>97.1</td>
</tr>
<tr>
<td>Ovarian</td>
<td>116</td>
<td>97.4</td>
</tr>
<tr>
<td>Upper GI</td>
<td>605</td>
<td>99.3</td>
</tr>
<tr>
<td>Urological</td>
<td>1,444</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.
² Figures based on data snapshot (18/02/2019).
Chart 2b: Number of referrals and performance in NHSScotland against the 31 day standard, by cancer type\(^1\) (including screened positive patients)

Period of treatment: 1 October to 31 December 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.

2. Figures based on data snapshot (18/02/2019).
Exclusions and Waiting Times Adjustments (31 day standard)

In the period October to December 2018, 107 (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 October to December 2018, there were 193 occurrences of patient unavailability and 522 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>
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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 592 Kb</td>
</tr>
<tr>
<td>Distribution of waits</td>
<td>Excel 1,326 Kb</td>
</tr>
<tr>
<td>Exclusion and waiting times adjustments</td>
<td>Excel 138 Kb</td>
</tr>
<tr>
<td>Trend chart</td>
<td>Excel 1,497 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 25 June 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.

a) Data Quality Issues

NHS Ayrshire & Arran
No issues reported.

NHS Borders
No issues reported.

NHS Dumfries and Galloway
No issues reported.

NHS Fife
No issues reported.

NHS Forth Valley
No issues reported.

NHS Golden Jubilee National Hospital
No issues reported.

NHS Grampian
Significant input has gone in to working with MDT co-ordinators / trackers to ensure their understanding and implementation of data and definitions. We would expect to see an increase in our waiting time adjustments.

NHS Greater Glasgow & Clyde
No issues reported.

NHS Highland
No comments provided.

NHS Lanarkshire
No issues reported.
NHS Lothian
No issues reported.

NHS Orkney
No issues reported.

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
   No issues reported.

2) Equipment issues
   No issues reported.

3) Facilities issues
   Delay to CT guided biopsy at Crosshouse - 45 days (radiology capacity).

4) Pathways issues
   Time to pre-assessment for bowel screening and overall endoscopy capacity.
   Breast and gynae cancer - if treatment is mastectomy with reconstruction/gynae central surgery at Glasgow Royal Infirmary - there is a potential delay with treatment in Greater Glasgow & Clyde.

5) Other general services issues
   Public holidays over the festive period and in February for school holidays, and vacancies in breast and ENT head and neck consultant. Challenges in radiology to support additional breast clinics.

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**
   
   No issues reported.

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

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

4) **Pathways issues**
   
   Continued development of local multi-parametric MRI reporting has impacted on prostate patients’ pathways. This work will be complete by June and a new pathway will be implemented at that time.

5) **Other general services issues**
   
   Ongoing high numbers of bowel screening referrals are affecting colonoscopy waiting times and clinic capacity.

**NHS Fife**

1) **Staffing issues**
   
   Delays to renal surgery due to sole surgeon performing laparoscopic nephrectomy together with an increase in patient numbers. Additional theatre sessions at weekend secured.
   
   Nursing and anaesthetic capacity within theatres impacts on availability of theatre sessions.

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

3) **Facilities issues**
   
   Lack of capacity for gynaecology first outpatient appointments due to increases in referrals and consultant sickness. Waiting List Initiatives increased surgical demand.
   
   Forward planning and capacity management exercise underway.
   
   Delays to diagnostic investigations for prostate patients.
   
   Delay to first outpatient appointments and surgery for breast patients attributed to previous consultant absences. Surgical activity outsourced.

4) **Pathways issues**
   
   Routine staging and investigations contributed to breaches due to the number of necessary steps involved on the pathway without significant delay at any step. Efforts are made to review and redesign challenging pathways.
5) **Other general services issues**

Patients treated with SABR and surgery out with Fife contributed to lung and cervical breaches.

**NHS Forth Valley**

1) **Staffing issues**

NHS Forth Valley’s is facing ongoing recruitment challenges to radiology which has an impact on all services particularly the breast service where we are moving towards 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. Currently have 2 vacancies within the pathology department which can impact on the turnaround time for reports.

2) **Equipment issues**

Delays to PET scan being carried out in NHS Greater Glasgow & Clyde due to lack of isotope.

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.

**Breast:** As mentioned above NHS Forth Valley are experiencing difficulties around radiology which is having an impact on both the diagnostic and theatre component of the patient's pathway.

**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 link 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 have significant number of nursing vacancies which from a cancer perspective is impacting on theatre access and activity. 2.0 WTE Consultant radiology vacancies currently - cover for the next 6 months by a locum

2) **Equipment issues**

No issues reported.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

As above lack of access to theatre sessions for Urology, Colorectal and Breast have led to patient failures. Utilising agency nurses in an attempt to increase capacity and have had some success resulting in additional capacity on Saturdays. Access to colonoscopy for bowel screening patients’ current wait 9 weeks as previously described. Private sector being used 5 days per week with additional sessions at weekends both Aberdeen Royal Infirmary and Elgin.
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**

Temporary closure of our decontamination unit affected waiting times. While all was done to ensure cancer patients were not rescheduled as a result of the closure, in some cases it was unavoidable due to the specialist equipment required. In addition, necessary repair of FDG (Isotope solution required for patients to take in advance of the scan) producing equipment and limited availability of FDG, both locally and nationally, delayed some patients undergoing PET-CT.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

Increase in Bowel Screening referrals since introduction of FIT (faecal immunochemical test) 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**

Issues at the PET centre in Glasgow with the supply of the Isotope solution required for patients to take in advance of the Scan. The resource issue with obtaining adequate supplies impacted on the timely appointing of patients within the 14 day waiting time. Four Gynaecology patients waiting longer than expected thus impacted on their pathway and progressing with definitive treatment plan.
3) **Facilities issues**

   Theatre pressure in October & November 2018 impacted on urology and the ability to undertake surgery within the time frame to prevent patients breaching their pathway.

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**

   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 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; clinic appointments or surgery waits.

**NHS Tayside**

1) **Staffing issues**

   NHS Tayside continues to experience challenges in achieving the standards for Urology Prostate due to only having one surgeon that can perform laparoscopic radical prostatectomy. Radiologist capacity for the Lung MDT is also reduced due to a vacancy.

2) **Equipment issues**

   NHS Tayside had a breakdown in the off-site cyclotron machinery used to produce the isotope required for PET scans. As a result, a number of these scans were delayed, however this is now resolved.

3) **Facilities issues**

   No issues reported.

4) **Pathways issues**

   No issues reported.

5) **Other general services issues**

   No issues reported.
NHS Western Isles

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

2) **Equipment issues**
   Technical issues with scope washers meant that we lost local services from August 2018 to current day. New equipment has been purchased, installed and awaiting final phase of commissioning. NHS Western Isles utilised capacity in NHS organisations and private hospitals for urgent cases.

3) **Facilities issues**
   Delays in scopes as mentioned above.

4) **Pathways issues**
   Delays in scopes as mentioned above.

5) **Other general services issues**
   No issues reported.
## Appendix 3 – Publication Metadata

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<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tr>
<td>Publication title</td>
<td>Cancer Waiting Times in Scotland: October to December 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 31 December 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>
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<td>Date that data are acquired</td>
<td>18 February 2019</td>
</tr>
<tr>
<td>Release date</td>
<td>26 March 2019</td>
</tr>
<tr>
<td>Frequency</td>
<td>Quarterly</td>
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<tr>
<td>Timeframe of data and timeliness</td>
<td>The publication includes data for the last five quarters and covers the time period 1 October 2017 to 31 December 2018.</td>
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<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>
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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.

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](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/](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.

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<td>These statistics are classed as national statistics.</td>
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<tr>
<td>UK Statistics Authority Assessment</td>
<td>Assessed by UK Statistics Authority as part of the Statistics on NHS Waiting Times in Scotland report.</td>
</tr>
<tr>
<td>Last published</td>
<td>18 December 2018</td>
</tr>
<tr>
<td>Next published</td>
<td>25 June 2019</td>
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<tr>
<td>Date of first publication</td>
<td>25 June 2010</td>
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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
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](http://www.isd.gov.uk).