Cancer Waiting Times in NHSScotland
1 April to 30 June 2019

24 September 2019
This is a National Statistics Publication

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

The UK Statistics Authority has designated these statistics as National Statistics signifying compliance with the Code of Practice for Statistics.

Once statistics have been designated as National Statistics, it is a statutory requirement that the Code of Practice shall continue to be observed.

The statistics last underwent a full assessment by the Office for Statistics Regulation (OSR) against the Code of Practice in May 2013. The OSR is the regulatory arm of the UK Statistics Authority.

Find out more about the Code of Practice at:

Find out more about National Statistics at:
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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 urgent 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

Some NHS Boards may have non-standard technologies; these are technologies which are not accessible to all users. In terms of reporting against the 31-day standard, this is considered inequitable for those NHS Boards that provide these additional services and have
the burden of responsibility for providing first treatment for meeting the 31-day standard. Therefore, 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 latest review is still underway.

A 5% tolerance level is applied to these standards (i.e. 95% meeting the waiting time standard rather than 100%), 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, 95th 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 by a primary care clinician
- screened positive patients referred through a national cancer screening programme
- direct referrals 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)

will wait a maximum of 62 days from referral to first cancer treatment. In the period April to June 2019:

- 82.4% 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 three NHS Boards: NHS Borders, NHS Lanarkshire, and NHS Orkney. For the Boards that did not meet the standard, performance ranged from 74.1% (NHS Lothian) to 92.3% (NHS Shetland).
- None of the 10 reported cancer types met the 62-day standard.

The **31-day standard** states that 95% of all patients will wait no more than 31 days from decision to treat to first cancer treatment. In the period April to June 2019:

- 94.7% of patients started treatment within the 31-day standard, a decrease from 94.9% in the previous quarter.
- The 31-day standard was met by 11 NHS Boards; The Boards that did not meet the standard were NHS Fife (93.0%), NHS Lothian (93.2%), NHS Greater Glasgow & Clyde (93.4%) and NHS Grampian (93.8%).
- Seven of the 10 reported cancer types met the 31-day standard; those that did not were breast, colorectal, and urological.

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

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

![Figure 1: NHS Scotland performance against the 62 and 31-day standards](#)

1. Figures based on data snapshot (28/08/2019).
Results and Commentary

Performance against the 62-day standard

The 62-day waiting times standard from urgent receipt of referral to start of treatment for newly diagnosed primary cancers 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

The quarterly statistics within this publication relate to the period April to June 2019 and are presented alongside data from the previous four quarters.

There were 3,907 eligible referrals for the 62-day standard in the period April to June 2019, an increase of 242 (6.6%) on the same period in 2018.

82.4% of eligible referrals started their first cancer treatment within 62 days of referral, an increase from 81.4% in the previous quarter January to March 2019.

In the period April to June 2019, three NHS Boards met the 62-day standard: NHS Borders (97.5%), NHS Lanarkshire (95.1%), and NHS Orkney (100%).

In the period April to June 2019, the 62-day standard was not met nationally for any of the 10 reported cancer types.

Cancer screening performance against the standard is as follows:

**Screened positive breast cancer patients**: 92.5% started treatment within 62 days of referral, an increase from 89.8% in the previous quarter.

**Cervical screening programme**: 79.3% of referrals started treatment within 62 days of referral, a decrease from 89.3% in the previous quarter.

**Colorectal screening programme**: 41.1% of referrals started treatment within 62 days of referral, an increase from 35.9% in the previous quarter.

During the period April to June 2019, half the patients received their first cancer treatment (median wait) within 43 days of referral whilst 95 percent of patients received their first cancer treatment within 104 days; the comparable figures for the previous quarter are 43 days and 111 days respectively.

Further detail can be found in the attached spreadsheets (**Table 1**).
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 April to 30 June 2019\(^2\)

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 (28/08/2019).
Chart 1b: Number of referrals and performance in NHSScotland against the 62-day standard, by cancer type\(^1\) (split by screened positive patients)

**Period of treatment: 1 April to 30 June 2019\(^2\)**

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>Number of Eligible Referrals</th>
<th>% Treated within Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast</td>
<td>90.3</td>
<td>88.3</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>92.5</td>
<td>68.8</td>
</tr>
<tr>
<td>Cervical</td>
<td>79.3</td>
<td>68.2</td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>80.4</td>
<td>52.6</td>
</tr>
<tr>
<td>Colorectal</td>
<td>85.2</td>
<td>41.4</td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>88.6</td>
<td>80.4</td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>87.7</td>
<td>79.8</td>
</tr>
<tr>
<td>Lung</td>
<td>92.1</td>
<td>85.2</td>
</tr>
<tr>
<td>Lymphoma</td>
<td>94.3</td>
<td>68.7</td>
</tr>
<tr>
<td>Melanoma</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Ovarian</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Upper GI</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Urological</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

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 (28/08/2019).

Some NHS Boards have provided information on reasons for longer waits for colorectal screened patients. This is included under [data quality & service issues.](#)
Exclusions and Waiting Time Adjustments (62-day standard)

During the period April to June 2019, of all eligible referrals against the 62-day standard, 132 (3\%) were excluded from the standard performance calculations due to clinical reasons, or because the patient died before treatment or refused all treatment.

As part of a patient’s treatment pathway there can be delays outwith the NHS Board’s control, and in these cases waiting times adjustments can be made to discount periods of patient unavailability and medical suspensions. These adjustments can be made in cases where the patient did not attend an appointment, cancelled an appointment, deferred an appointment, or was suffering from a short term illness. There are other patient-induced suspension and medical suspension which may be applied.

During April to June 2019, there were 1,775 adjustments made to the waiting times - 564 instances of patient unavailability and 1,211 instances of medical suspension. Further detail can be found in Table 3.
Performance against the 31-day standard

The 31-day waiting times standard from the date of decision to treat to first cancer treatment applies to all eligible patients, regardless of the route of referral.

There were 6,582 eligible referrals within the 31-day standard in the period April to June 2019, an increase of 485 (8.0%) on the same period in 2018.

94.7% of eligible patients had their first cancer treatment within 31 days of a decision to treat, a decrease from 94.9% in the previous quarter.

In the period April to June 2019, 11 of the 15 NHS Boards met the 31-day standard. The four that did not were NHS Grampian (93.8%), NHS Greater Glasgow & Clyde (93.4%), NHS Lothian (93.2%), and NHS Fife (93.0%).

In the period April to June 2019, seven of the ten cancer types met the 31-day standard at the Scotland level. The cancer types that did not were breast, colorectal, and urological.

Cancer screening performance against the standard is as follows:

Screened positive breast cancer patients: 87.4% started treatment within 31 days from the date of decision, an increase from 85.8% in the previous quarter.

Cervical screening programme: 96.6% of referrals started treatment within 31 days from the date of decision, an increase from 92.9% in the previous quarter.

Colorectal screening programme: 93.1% of referrals started treatment within 31 days from the date of decision, a decrease from 94.8% in the previous quarter.

During the period April to June 2019, half the patients received their first cancer treatment (median wait) within 6 days of the date of decision to treat whilst 95 percent of patients received their first cancer treatment within 32 days; the comparable figures for the previous quarter are 5 days and 32 days respectively.

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

Period of treatment: 1 April to 30 June 2019\(^2\)

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 (28/08/2019).
Chart 2b: Number of referrals and performance in NHSScotland against the 31-day standard, by cancer type¹ (split by screened positive patients)

Period of treatment: 1 April to 30 June 2019²

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 (28/08/2019).
Exclusions and Waiting Times Adjustments (31-day standard)

In the period April to June 2019, 134 (2%) referrals 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.

As part of a patient’s treatment pathway there can be delays outwith the NHS Board’s control, and in these cases waiting times adjustments can be made to discount periods of patient unavailability and medical suspensions. These adjustments can be made in cases where the patient did not attend an appointment, cancelled an appointment, deferred an appointment, or was suffering from a short term illness. There are other patient-induced suspension and medical suspension which may be applied.

In the period April to June 2019, there were 843 adjustments made to the waiting times - 217 instances of patient unavailability and 626 instances 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>Medical Suspension</td>
<td>Medical suspension are used when an additional and necessary pre-treatment step is required, or when a step in the pathway has to be delayed because an unacceptable risk would be incurred if that step were to take place within a fixed time period.</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>NCA</td>
<td>The North Cancer Alliance.</td>
</tr>
<tr>
<td>Percentile</td>
<td>The value of a variable below which a certain percent of observations fall. For example, the 95th percentile is the value (referral-to-treatment days) below which 95 percent of the waits may be found. The 50th percentile is also known as the median. 95th 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</td>
</tr>
</tbody>
</table>
referral from a National Cancer Screening Programme.

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

WOSCAN  West of Scotland CAncer Network.
# List of Tables

<table>
<thead>
<tr>
<th>File name</th>
<th>File and size</th>
</tr>
</thead>
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<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 17 December 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
Figures give a complete and accurate account. Low numbers account for % figures for Colorectal and Urology.

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
Minor quality issues are being picked up due to the number of new starts in MDT trackers and Co-ordinators.

NHS Greater Glasgow & Clyde
No issues reported.

NHS Highland
No issues reported.

NHS Lanarkshire
No issues reported.
Information Services Division

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**

   Summer annual leave necessitates cross cover of tracking for different tumour types which is done as timely as possible but some tracking may not be closed off promptly when treatment is complete within target.

2) **Equipment issues**

   CT scanner was non operational for two days in August - patients scanned by clinical priority for planned and unscheduled care.

3) **Facilities issues**

   Challenging bed capacity across sites but no resulting cancellations of patients on cancer pathways.

4) **Pathways issues**

   Colorectal screening pathway - delays to pre-assessment and delay to colonoscopy - work ongoing to address administrative processes and endoscopy room capacity.

   Breast pathway - clinic capacity over peak summer annual leave period; breast consultant vacancy and capacity challenges in breast radiology being addressed locally.

5) **Other general services issues**

   No issues reported.

**NHS Borders**

1) **Staffing issues**

   Staffing issues within NHS Borders account for the one breach for NHS Borders Urology figures.

2) **Equipment issues**

   No issues reported.

3) **Facilities issues**

   Capacity issues within NHS Borders account for long waits to Colonoscopy for the one colorectal breach

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**
   Continuing high number of bowel screening referrals are causing capacity challenges. Extra colonoscopy lists arranged for August and September to help manage this.

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

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

NHS Fife

1) **Staffing issues**
   Consultant retirement in breast has impacted on performance. A cross Board plan is in place which has reduced the number of breaches. Renal surgery delays due to a sole operator and increased numbers. Locum operator is now in place to reduce waits to surgery. Staffing issues in histopathology has resulted in delays to reporting turnaround times.

2) **Equipment issues**
   Delay to PET due to FDG contrast issues outwith Fife has resulted in delays within the pathway.

3) **Facilities issues**
   Delays to specialist radiotherapy outwith Fife have impacted on the lung pathway.

4) **Pathways issues**
   Routine staging and investigations contribute to beaches due to the number of necessary steps involved on the patient pathway without significant delay particularly for breast, cervical and lung for this quarter.

5) **Other general services issues**
   No issues reported.
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 have now moved towards joint Breast radiology appointments with NHS Lanarkshire and interviews are being taken place soon. The shortage of radiologists has also resulted in the waits for images to be reported to increase. NHS Lanarkshire is supporting NHS Forth Valley in the provision of a Head & Neck Consultant to assist with their ENT Service. Currently have vacancies within the pathology department which can impact on the turnaround time for reports however they are prioritising cancer patients.

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 e.g. 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 demand for endoscopy which has resulted in a longer wait for colonoscopy. Forth Valley are in the process of implementing QFit for the symptomatic patients.

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

Lung Pathway: The respiratory team are currently reviewing their process of appointing the referrals to try and reduce the wait to be seen by introducing advance vetting for the Suspected lung cancer referrals. 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 standard 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**
   Currently we do not have enough specialist nurses to cope with the demand of out-patients and diagnostics. Pathology has 3 vacancies - 2 have now been filled with another hopefully being appointed in Dec. We continue to run waiting list initiative sessions to cope with demand. Vacancies in radiology and increasing demand - results in challenges in delivering waiting times for cancer patients. We also have a colorectal surgeon on sick leave that we have been unable to cover with a locum.

2) **Equipment issues**
   Bone scanner was broken for three weeks. PET scanner was down for a week.

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

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

5) **Other general services issues**
   Access to theatres continues to be an issue for colorectal and urology patients. We have managed to arrange additional theatre sessions at weekends primarily for colorectal.

**NHS Greater Glasgow & Clyde**

1) **Staffing issues**
   Vacancies within radiology have impacted waiting times, in particular breast waiting times. Actions have been taken to increase capacity.
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. Increased capacity for bowel screening colonoscopy has now been implemented.

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

**NHS Highland**

   No feedback returned.

**NHS Lanarkshire**

1) **Staffing issues**
   Anaesthetic cover has impacted on colorectal pathway for surgery however short term situation within this quarter.

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

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

4) **Pathways issues**
   Ovarian pathway has impacted on performance for NHS Lanarkshire for the 62-day standard. This is due to patients being required to go to Glasgow to the Regional service for surgery. Regional challenges around workforce are impacting on timely management and delivery of treatment. Some patients are waiting up to 6 weeks.

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**

Single breach in the quarter due to availability of NHS Grampian Consultant Urologist to perform surgery.

**NHS Tayside**

1) **Staffing issues**

No issues reported.

2) **Equipment issues**

NHS Tayside continues to experience issues with the supply and delivery of the isotope required for PET scans and as a result a number of these scans were delayed.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

NHS Tayside has gradually increased the number of lung patients being given SABR treatment, a treatment which takes a significant time to deliver. Additionally, sending lung patients for surgery in adjoining boards continues to cause delays while patients are re-assessed.

5) **Other general services issues**

No issues reported.

**NHS Western Isles**

1) **Staffing issues**

No issues reported.

2) **Equipment issues**

No issues reported.

3) **Facilities issues**

No issues reported.

4) **Pathways issues**

No issues reported.

5) **Other general services issues**

No issues reported.
### Appendix 3 – Publication Metadata

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication title</strong></td>
<td>Cancer Waiting Times in Scotland: April to June 2019.</td>
</tr>
<tr>
<td><strong>Description</strong></td>
<td>Quarterly update of Cancer Waiting Times statistics for the 62 day standard for patients urgently referred with a suspicion of cancer to first cancer treatment and for the 31 day standard for patients regardless of the route of referral from date decision to treat to first cancer treatment. Includes data presented by NHS Board, Cancer Network and Cancer Type to 31 December 2018.</td>
</tr>
<tr>
<td><strong>Theme</strong></td>
<td>Health and Social Care</td>
</tr>
<tr>
<td><strong>Topic</strong></td>
<td>Service Access</td>
</tr>
<tr>
<td><strong>Format</strong></td>
<td>Excel workbooks and PDF</td>
</tr>
<tr>
<td><strong>Data source(s)</strong></td>
<td>Cancer Waiting Times (CWT) data are collected by cancer trackers and administrative staff (including medical secretaries) across NHSScotland, and are based on locally available information drawn from sources such as patient administrative systems, laboratory systems, and medical records across the country; which are then recorded onto the NHS Boards’ Tracking systems. Data are submitted to ISD on a monthly and quarterly basis, and are validated and loaded onto the Cancer Waiting Times database to allow data interrogation and reporting. Further information can be found on the Background and Data Quality pages of the CWT website.</td>
</tr>
<tr>
<td><strong>Date that data are acquired</strong></td>
<td>18 May 2019</td>
</tr>
<tr>
<td><strong>Release date</strong></td>
<td>24 September 2019</td>
</tr>
<tr>
<td><strong>Frequency</strong></td>
<td>Quarterly</td>
</tr>
<tr>
<td><strong>Timeframe of data and timeliness</strong></td>
<td>The publication includes data for the last five quarters and covers the time period 1 April 2017 to 30 June 2019.</td>
</tr>
<tr>
<td><strong>Continuity of data</strong></td>
<td>To remain relevant to the changing set of targets (as published in Better Cancer Care - An Action Plan), the cancer waiting times statistics published previously by ISD were replaced with a new series of figures. The first set of these new figures relating to these targets were first published in June 2010. 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, 95th percentiles have only been calculated where there are forty or more eligible patients within a population.</td>
</tr>
<tr>
<td><strong>Revisions statement</strong></td>
<td>Figures contained within each publication may also be subject to change in future publications. See ISD Statistical Revisions Policy.</td>
</tr>
<tr>
<td><strong>Revisions relevant to this publication</strong></td>
<td>Following the data snapshot, if NHS Boards discover that data submitted for publication is incorrect, or that data is missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be footnoted within the current publication. Figures contained within each publication may also be subject to change in future publications, as submissions may be updated to reflect a more accurate and complete set of data submissions.</td>
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</tbody>
</table>
**Concepts and definitions**

Performance against the targets set out in *Better Cancer Care – An Action Plan* was achieved by March 2011; the timescale agreed by the Scottish Government. These targets are considered as National Standards from 1st April 2012 and continue to be published on a quarterly basis. The cancer waiting times standards are applicable to adult (over 16 at date of diagnosis) NHSScotland patients with a newly diagnosed primary cancer. To be included, the cancer type must fit into one of the listed cancer types in the Cancer Waiting Times Data and Definitions Manual. This manual, and further information, is available within the Guidance section of the website.

**Relevance and key uses of the statistics**

The CWT team, within ISD, works in partnership with the SG Cancer Performance Support Team and NHS Boards to measure NHSScotland's performance against current Cancer Waiting Times Standards. Other uses of the data include: support of NHS Boards, researchers, charities, media, and public, and to fulfil Freedom of Information requests and Parliamentary Questions.

**Accuracy**

The quality of these statistics is considered fit for publication; data quality aspects are described within each publication. Fitness for publication exercises have been carried out by ISD for the 62 day performance and have shown that completeness of the 62 day cohort is within an acceptable range and is fit for publication. Details of all FFP exercises can be found here. Case ascertainment is assessed each quarter for the 31 day standard. The latest figures can be found within Tables 1 in the list of tables above.

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

Responsibility for collating and submitting the data to ISD lies with the NHS Board that received the patient's initial referral to secondary care. Information on data quality, service issues and accuracy specific to this publication can be found in Appendix 2.

The Data Quality Assurance team within ISD carry out data quality exercises on cancer waiting times data. A report of the results from the latest exercise can be found here.

**Completeness**

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

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

1. The patient chooses to have any part of their pathway out with NHSScotland. If this is before the decision to treat, they will be excluded from the 62 day standard; if after the decision to treat, they will be excluded from both standards.
2. The patient died before treatment
3. The patient refused all treatment
4. The patient was deemed a clinically complex case by the lead cancer clinician of the responsible NHS Board.
## Comparability

Links to Cancer waiting time information published in England, Wales and Northern Ireland can be found below. There will be differences in the measures used and collection methods of cancer waiting times statistics, as well as differences in service structures between the administrations. Users need to carefully read the publications when making comparisons. Each of the four countries has measures for 62 and 31 days, however, the inclusion criteria, start/stop dates and cancer types included are not consistent across all 4 countries.

**England:**

**Northern Ireland:**

**Wales:**

Health waiting time statistics – technical differences between the four UK countries. Statisticians in all four home nations have collaborated as part of the ‘UK Comparative Waiting Times Group’. The aim of the group is to look across published health statistics, in particular waiting times, and compile a comparison of (i) what is measured in each country, (ii) how the statistics are similar and (iii) where they have key differences.


## 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), 95th 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.

<table>
<thead>
<tr>
<th>Disclosure</th>
<th>The ISD protocol on Statistical Disclosure Protocol is followed.</th>
</tr>
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<tbody>
<tr>
<td>Official Statistics designation</td>
<td>These statistics are classed as national statistics.</td>
</tr>
<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>25 June 2019</td>
</tr>
<tr>
<td>Next published</td>
<td>17 December 2019</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>29 June 2010</td>
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<tr>
<td>Help email</td>
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</tr>
<tr>
<td>Date form completed</td>
<td>30 May 2019</td>
</tr>
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</table>
Appendix 3 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Appendix 4 – ISD and Official Statistics

About ISD
Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics
Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.