Consultation on the first publication of Psychological Therapies Waiting Time Statistics

Summary feedback report

Information Services Division (ISD)
NHS National Services Scotland

August 2013
Introduction

This document summarises the responses received from a consultation that was recently carried out on the proposed content and format of the first publication of Psychological Therapies waiting times. The consultation was carried out through a published document that was emailed to NHS Board and Scottish Government contacts, users of the Psychological Therapies newsletter and was made available on the ISD website at http://www.isdscotland.org/Health-Topics/Waiting-Times/. A link to the consultation was also sent out via the NSS twitter account. The consultation lasted for a four week period that finished on 8 July 2013.

We would like to thank those who took the time to respond to the consultation and provide valuable feedback. Details of the feedback we received are provided in this report, along with our final recommendations for the first publication and for future publications.

The first publication of Psychological Therapies waiting times will be on Tuesday 27 August 2013.

Background

The HEAT target aims to deliver faster access to mental health services by delivering 26 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (CAMHS) from March 2013; reducing to 18 weeks from December 2014; and 18 weeks referral to treatment for Psychological Therapies from December 2014.

Information about how long children and young people waited for CAMH Services has been published quarterly since August 2012. For the Psychological Therapies part of the target, ISD and the Scottish Government’s Psychological Therapies Implementation and Monitoring Group agreed to publish Psychological Therapies waiting times information quarterly in advance of the target delivery from December 2014. The first publication will be on Tuesday 27 August 2013 and this will include data for April, May and June 2013.
## Summary of recommendations

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<th>Consultation proposal</th>
<th>Final recommendation</th>
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<tr>
<td>1. Presentation of adjusted and unadjusted waiting times information</td>
<td>Separate tables will be presented for adjusted and unadjusted waiting times. Tables and charts for adjusted waiting times will include unadjusted figures where adjusted figures are not available yet, to allow us to estimate a Scotland figure. Unadjusted tables and charts will include unadjusted data only. ISD will continue to work with Boards to get both adjusted and unadjusted data from them. The publication will make it clear that NHS Boards are still developing their systems to be able to make all the appropriate adjustments to waiting times for psychological therapies. ISD will also carry out a piece of work to find out if Boards are adjusting data consistently.</td>
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<tr>
<td>2. Questions on tables and charts for information on how long people waited to start their treatment</td>
<td>The publication will initially present information for the time bands 0-18 weeks and over 18 weeks to allow progress towards the HEAT target to be monitored while NHS Boards are still developing this information. The median and 90th percentile will also be included to look at the distribution of wait. The tables will include both the numbers and percentages. ISD will look at adding in further time bands in separate table/charts in future publications. The publication will make it clear that the data is still at an early stage of development while NHS Boards are continuing to develop their systems to collect Psychological Therapies waiting times information. The publication report will include a data quality section that will include information on the completeness of the data but also a note of any data quality issues ISD are aware of that may affect NHS Board comparisons. ISD are also going to carry out a piece of work to check what services Boards are including in their data submission. At the moment the aggregate data submission does not ask information on services</td>
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### 3. Questions on tables and charts for information on people waiting at the end of the month

As in section 2 above, the publication will initially present information for the time bands 0-18 weeks and over 18 weeks. ISD will look at adding in further time bands in separate table/charts in future publications. The tables will include both the numbers and percentages.

### 4. Questions on future developments

Psychological Therapies information is currently collected from NHS Boards at an aggregate level in an excel template. It would not be manageable to collect all the suggested information at this stage in an aggregate template.

ISD will revise the submission template to collect information on referrals. We will also liaise with NHS Boards to find out if it would be feasible to submit separate spreadsheets for waiting times for all ages and for aged 65+. ISD are aware that some NHS Boards are still developing their systems to provide the current data collection. Therefore any changes will be introduced gradually and NHS Boards will be given time to develop the information.

The data would need to be collected at patient level to collect information on gender, ethnicity and deprivation. At present, there are no plans to collect data at patient level.

The initial publication will include information for April to June 2013. Subsequent publications will include information for six months. Once the data completeness has improved we could include longer term trends.

We will be asking Boards about their data completeness as part of the quality assurance process the data goes through prior to publication. Any information NHS Boards provide us with will be included in the data quality section of the publication.
Summary of responses

ISD received 11 responses to the consultation. Eight responses were received from NHS Boards, two from the Scottish Government and one from a professional organisation.

1. While NHS Boards are developing their information to be able to submit both adjusted and unadjusted information, the information would be presented as follows:

Adjusted waiting times
Tables and charts presenting information on adjusted waiting times would use adjusted information where available. Unadjusted information would be used where NHS Boards are not able to calculate adjusted waiting times yet. Tables and charts would clearly state which NHS Boards have provided adjusted and unadjusted information.

Unadjusted waiting times
Tables and charts would include information on unadjusted waiting times only.

Seven responders said they had no concerns or agreed with proposal. The comments below were provided:

Two responders highlighted that they are still developing systems to be able to report adjusted waiting times. Two responders highlighted a concern that adjusted data may not be directly comparable across Boards if Boards are adjusting differently. Two responders said there needs to be more explanation/clearer guidance on the different types of adjustments.

One responder said they have a slight preference to have the adjusted table without including unadjusted figures, however realise that there is a need to do this to get a Scotland figure. One responder said adjusted and unadjusted data should be presented separately with a note of which Boards are included in each.

Final recommendation:
Separate tables will be presented for adjusted and unadjusted waiting times. Tables and charts for adjusted waiting times will include unadjusted figures where adjusted figures are not available yet, to allow us to estimate a Scotland figure. Unadjusted tables and charts will include unadjusted data only.

ISD will continue to work with Boards to get both adjusted and unadjusted data from them. The publication will make it clear that NHS Boards are still developing their systems to be able to make all the appropriate adjustments to waiting times for psychological therapies. ISD will also carry out a piece of work to find out if Boards are adjusting data consistently.

2. Questions on tables and charts for information on how long people waited to start their treatment. Do you agree with the suggested presentation? The waiting times would be presented as 0-18 weeks and over 18 weeks. Should any other time bands be included? Do you have any concerns?

Seven responders said they had no concerns or agreed with the proposal for this section. The comments below were provided:
Four responders said other time bands would also be useful. The time bands suggested varied across the responses, for example, over 26 weeks and over 52 weeks; 0-9 weeks; 18-26 weeks and over 26 weeks; or, 0-12, 12-18, 18-26 and 26+.

Two responders commented on the general presentation of the tables, the column titles and the tables only including percentages for those within 18 weeks, they said numbers and percentages should be included.

Two responders expressed a concern that at the moment some NHS Boards are using different end points to measure the waiting times, date of assessment instead of date of treatment. This is due to NHS Boards still developing systems. One of these responders also asked whether all Boards are including the same list of services in their data.

**Final recommendation:**
The publication will initially present information for the time bands 0-18 weeks and over 18 weeks to allow progress towards the HEAT target to be monitored while NHS Boards are still developing this information. The median and 90th percentile will also be included to look at the distribution of wait. The tables will include both the numbers and percentages.

ISD will look at adding in further time bands in separate table/charts in future publications.

The publication will make it clear that the data is still at an early stage of development while NHS Boards are continuing to develop their systems to collect Psychological Therapies waiting times information. The publication report will include a data quality section that will include information on the completeness of the data but also a note of any data quality issues ISD are aware of that may affect NHS Board comparisons.

ISD are also going to carry out a piece of work to check what services Boards are including in their data submission. At the moment the aggregate data submission does not ask information on services included. The data quality section of the publication will include NHS Board level caveats, for example if an NHS Board is still using date of assessment as a proxy for date of treatment while their systems continue to be developed.

3. **Questions on tables and charts for information on people waiting at the end of the month. Do you agree with the suggested presentation? The waiting times would be presented as 0-18 weeks and over 18 weeks. Should any other time bands be included? Do you have any concerns?**

Seven responders said they had no concerns or agreed with the proposal for this section. The comments below were provided:

Three responders said other time bands would also be useful.

Two responders commented on the general presentation of the tables, the column titles and the tables only including percentages for those within 18 weeks, they said numbers and percentages should be included.

One responder said the publication should ask readers to note the impact of ongoing service improvement work and waiting times initiatives that can increase the proportion of those waiting over a certain time period.
Final recommendation:
As in section 2 above, the publication will initially present information for the time bands 0-18 weeks and over 18 weeks. ISD will look at adding in further time bands in separate table/charts in future publications. The tables will include both the numbers and percentages.

4. Questions on future developments

The consultation asked users for comments on any other information that would be useful to collect.

Seven responders provided comments on further information that would be useful to collect. All responders said information on referrals should be collected.

One responder asked for information on the number of people assessed and the number offered treatment.

One responder asked if both the number of referrals received and accepted could be collected.

One responder asked if trend information could be shown.

Two responders asked if information by age could be shown, particularly for aged 65+. One of these responders highlighted that there are two commitments in the Mental Health Strategy that access to Psychological Therapies for older people will be monitored.

Two responders asked if information by gender, ethnicity or deprivation could be collected.

One responder asked if Boards would be given time to prepare to collect any new information.

One responder suggested the Psychological Therapies excel submission template should ask Boards to provide more information on the completeness of their data.

Final recommendation:
Psychological Therapies information is currently collected from NHS Boards at an aggregate level in an excel template. It would not be manageable to collect all the suggested information at this stage in an aggregate template.

ISD will revise the submission template to collect information on referrals. We will also liaise with NHS Boards to find out if it would be feasible to submit separate spreadsheets for waiting times for all ages and for aged 65+. ISD are aware that some NHS Boards are still developing their systems to provide the current data collection. Therefore any changes will be introduced gradually and NHS Boards will be given time to develop the information.

The data would need to be collected at patient level to collect information on gender, ethnicity and deprivation. At present, there are no plans to collect data at patient level.

The initial publication will include information for April to June 2013. Subsequent publications will include information for six months. Once the data completeness has improved we could include longer term trends.
We will be asking Boards about their data completeness as part of the quality assurance process the data goes through prior to publication. Any information NHS Boards provide us with will be included in the data quality section of the publication.