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. Public Health Scotland (PHS) 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 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 October 2019, 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.

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.

Only those patients which have started their first treatment are included in this publication, as such the effects of the coronavirus pandemic are not yet apparent.

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 January to March 2020:
  - 84.7% of patients started treatment within the 62-day standard, an increase from 83.7% in the previous quarter.
  - The 62-day standard was met by two NHS Boards: NHS Lanarkshire and NHS Borders. For the Boards that did not meet the standard, performance ranged from 71.4% (NHS Orkney) to 92.2% (NHS Ayrshire & Arran and NHS Tayside).
  - Two of the 10 reported cancer types met the 62-day standard: Ovarian and Breast.

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 January to March 2020:

- 96.1% of patients started treatment within the 31-day standard, a decrease from 96.5% in the previous quarter.
- The 31-day standard was met by 12 NHS Boards. The Boards that did not meet the standard were NHS Highland (93.1%), Golden Jubilee National Hospital (86.7%) and NHS Shetland (84.6%).
- Seven of the 10 reported cancer types met the 31-day standard; colorectal, urological and cervical did not.
- 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](chart.png)

1. Figures based on data snapshot (28/05/2020).
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 January to March 2020 and are presented alongside data from the previous four quarters.

There were 3,833 eligible referrals for the 62-day standard in the period January to March 2020, an increase of 3.6% on the same period in 2019.

84.7% of eligible referrals started their first cancer treatment within 62 days of referral, an increase from 83.7% in the previous quarter October to December 2019.

In the period January to March 2020, two NHS Boards met the 62-day standard: NHS Lanarkshire and NHS Borders.

In the period January to March 2020, the 62-day standard was met nationally by two of the 10 reported cancer types: Ovarian and Breast.

Cancer screening performance against the standard is as follows:

*Screened positive breast cancer patients:* 97.3% started treatment within 62 days of referral, an increase from 94.8% in the previous quarter.

*Cervical screening programme:* 77.8% of referrals started treatment within 62 days of referral, a decrease from 86.4% in the previous quarter.

*Colorectal screening programme:* 65.5% of referrals started treatment within 62 days of referral, an increase from 45.4% in the previous quarter.

During the period January to March 2020, half the patients received their first cancer treatment (median wait) within 41 days of referral whilst 95 percent of patients received their first cancer treatment within 96 days; the comparable figures for the previous quarter are 43 days and 103 days respectively.

Further detail can be found in the Excel file [Compliance to standard](#).
Figure 2: 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 January to 31 March 2020\(^2\)**

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 (28/05/2020).
Figure 3: Number of referrals and performance against the 62-day standard, by cancer type\(^1\) (split by screened positive patients)

**Period of treatment: 1 January to 31 March 2020\(^2\)**

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 (28/05/2020).
Exclusions and Waiting Time Adjustments (62-day standard)

During the period January to March 2020, of all eligible referrals against the 62-day standard, 91 (2%) were excluded from the standard performance calculations due to the patient being deemed a clinically complex case by the lead clinician, 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 January to March 2020, there were 1,851 adjustments made to the waiting times - 645 instances of patient unavailability and 1,206 instances of medical suspension. Further detail can be found in the Excel file Exclusions and waiting times adjustments.
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 6,461 eligible referrals within the 31-day standard in the period January to March 2020, an increase of 3.5% on the same period in 2019.

96.1% of eligible patients had their first cancer treatment within 31 days of a decision to treat, a decrease from 96.5% in the previous quarter.

In the period January to March 2020, 12 of the 14 NHS Boards met the 31-day standard. NHS Highland (93.1%), NHS Shetland (84.6%) and Golden Jubilee National Hospital (87.6%) did not.

In the period January to March 2020, seven of the 10 reported cancer types met the 31-day standard; cervical, colorectal and urological did not.

Cancer screening performance against the standard is as follows:

*Screened positive breast cancer patients*: 94.3% started treatment within 31 days from the date of decision to treat, an increase from 93.0% in the previous quarter.

*Cervical screening programme*: 88.9% of referrals started treatment within 31 days from the date of decision to treat, a decrease from 100% in the previous quarter.

*Colorectal screening programme*: 91.2% of referrals started treatment within 31 days from the date of decision to treat, an increase from 89.9% in the previous quarter.

During the period January to March 2020, half the patients received their first cancer treatment (median wait) within 4 days of the date of decision to treat whilst 95 percent of patients received their first cancer treatment within 30 days; the comparable figures for the previous quarter are 6 days and 30 days respectively.

Further detail can be found in the Excel file [Compliance to standard](#).
Figure 4: Number of referrals and performance against the 31-day standard: for all cancer types¹, by NHS Board and Regional Cancer Network

Period of treatment: 1 January to 31 March 2020²

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 (28/05/2020)
Figure 4: Number of referrals and performance against the 31-day standard, by cancer type\(^1\) (split by screened positive patients)

**Period of treatment:** 1 January to 31 March 2020\(^2\)

<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>963</td>
<td>97.4%</td>
</tr>
<tr>
<td>Breast (screened only)</td>
<td>97.4</td>
<td></td>
</tr>
<tr>
<td>Cervical</td>
<td>94.3</td>
<td></td>
</tr>
<tr>
<td>Cervical (screened only)</td>
<td>90.3</td>
<td></td>
</tr>
<tr>
<td>Colorectal</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Colorectal (screened only)</td>
<td>90.9</td>
<td></td>
</tr>
<tr>
<td>Head &amp; Neck</td>
<td>94.1</td>
<td></td>
</tr>
<tr>
<td>Lung</td>
<td>91.2</td>
<td></td>
</tr>
<tr>
<td>Lung (screened only)</td>
<td>98.4</td>
<td></td>
</tr>
<tr>
<td>Lymphoma</td>
<td>98.0</td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>99.3</td>
<td></td>
</tr>
<tr>
<td>Ovarian</td>
<td>100.0</td>
<td></td>
</tr>
<tr>
<td>Melanoma</td>
<td>99.2</td>
<td></td>
</tr>
<tr>
<td>Upper GI</td>
<td>93.5</td>
<td></td>
</tr>
<tr>
<td>Urological</td>
<td>98.4</td>
<td></td>
</tr>
<tr>
<td>Urological (screened only)</td>
<td>98.0</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 (28/05/2020)
Exclusions and Waiting Times Adjustments (31-day standard)

In the period January to March 2020, 93 (1%) referrals were excluded from the 31-day standard performance calculations due to the patient being deemed a clinically complex case by the lead clinician, 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 January to March 2020, there were 843 adjustments made to the waiting times – 184 instances of patient unavailability and 659 instances of medical suspension. Further detail can be found in the Excel file Exclusions and waiting times adjustments.
Glossary

Eligible referral (62-day) Urgent referral submitted with a suspicion of cancer by a GP or GDP, or direct referral to hospital (self, GP, or NHS 24 referral to A&E or other), or referral from a National Cancer Screening Programme, excluding patients who had a clinically complex pathway, who died before treatment or refused treatment.

Eligible referral (31-day) All referrals (urgent and non-urgent) submitted from all sources (regardless of route of referral), excluding patients who had a clinically complex pathway, who died before treatment or refused treatment.

Exclusion Patients who had a particularly complex clinical pathway, died before treatment or who refused treatment.

GP/GDP Practitioner /General dental practitioner

Median wait The middle value of (Referral to Treatment days for 62-day standard or date of Decision to Treat to Treatment days for 31-day standard), with half of patients waiting less than that time, and half waiting more than that time. Medians are only calculated when there are three or more eligible patients.

Medical Suspension 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.

Non-urgent referrals Referrals submitted where the source of referral is “GP/GDP referral other” or “Other”.

NCA The North Cancer Alliance.

Percentile 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.

Referral A request to a care professional, team, service or organisation to provide appropriate care to a patient/client. A referral may be made by a person, team, service or organisation on behalf of a patient/client, or a patient/client may refer him/herself.

SCAN South East Scotland CAncer Network.

Total referrals submitted All referrals (urgent and non-urgent) submitted from all sources, i.e. regardless of the route of referral.
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<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 requiring treatment before cancer treatment could be started). Waiting Times adjustments are not made when delays are caused by hospital operational circumstances.</td>
</tr>
<tr>
<td>WOSCAN</td>
<td>West of Scotland CANcer Network.</td>
</tr>
</tbody>
</table>
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Further Information

Further Information can be found on the PHS website.
For more information on Cancer Waiting Times see the Cancer Waiting Times section of our website. For related topics, please see the Waiting Times pages.
The next release of this publication will be 29 September 2020.

Open data

Data from this publication is available to download from the Scottish Health and Social Care Open Data Portal.

Rate this publication

Let us know what you think about this publication via. the link at the bottom of this publication page on the PHS website.
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 PHS. PHS 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 PHS 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
No issues reported.

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
   Covid19 - all areas affected by staff isolation/absence but no impact noted on cancer performance.
2) Equipment issues
   No issues reported.
3) Facilities issues
   Covid19 - all clinical areas affected by changes to capacity and red/green separation but no impact noted on cancer performance.
4) Pathways issues
   Screening programmes halted
   Colonoscopy and endoscopy procedures cancelled other than emergencies.
5) Other general services issues
   Impact of Covid19 overall but Urgent and UCS (Urgent Cancer is Suspected referrals) outpatients continue as far as possible.

NHS Borders
1) Staffing issues
   No issues reported.
2) Equipment issues
   No issues reported.
3) **Facilities issues**

Capacity issues account for wait to Colonoscopy for Colonoscopy breaches. Capacity issues account for wait to appointments and investigations at various stages for Prostate 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**

No issues reported.

4) **Pathways issues**

Backlog of prostate MRI reporting (now resolved).

5) **Other general services issues**

No issues reported.

**NHS Fife**

1) **Staffing issues**

Delay to thoracic surgery outwith Fife.

Specialist consultants can introduce delays as single practitioners in Urology

Vacancies in Dermatology contributed to the melanoma breaches

Maternity leave in Oncology resulted in longer waits to outpatient appointment

Increase in referral of patients for SACT within the breast service delayed chemotherapy.

2) **Equipment issues**

Delays to PET outwith Fife has resulted in delays in pathways
Facilities issues
No issues reported.

Pathways issues
Routine staging and investigations contribute to breaches due to the number of necessary steps involved in the pathway without significant delay for this quarter.

Other general services issues
No issues reported.

**NHS Forth Valley**

Staffing issues
The pathology department had 2 vacancies during the reporting period, one was filled in February and the other post will be filled in the autumn. These vacancies can impact on the turnaround time for reports however the department is prioritising the cancer patients. NHS Lanarkshire is supporting NHS Forth Valley in the provision of a Head & Neck Consultant to assist with their ENT Service.

Equipment issues
There was a national recall of some TRUS biopsy guns which affected some of the patients who were treated within this quarter.

Facilities issues
No issues reported.

Pathways issues
The Clinical & management teams continue to review and redesign cancer pathways where possible to improve their 62 Day Target percentage and address particular areas of challenge eg waits to first appointment in Dermatology, waits for Colorectal diagnostics (Colonoscopy, CT colonoscopy) and waits for surgery locally and external (lung surgery at the Golden Jubilee ).

**Urology Pathway:** NHS Forth Valley continue to review and streamline the prostate pathway as this is the tumour site where the most breachers are recorded. This quarter saw longer waits in outpatients and TRUS biopsy. NHS Forth Valley also continues to work closely with NHS Greater Glasgow & Clyde to mitigate delays in Urology oncology appointments and RALP surgery.

**Colorectal & Bowel screening Pathway:** This is the quarter FIT was implemented for the symptomatic patients.

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**
   Yes, lack of medical, nursing and radiology staff due to national shortages. Main services effected - Urology, Colorectal. Not enough capacity for colorectal screening despite extensive use of the Independent Sector

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

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

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

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

NHS Greater Glasgow & Clyde

1) **Staffing issues**
   Absences and vacancies within urology services have impacted performance.

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

3) Facilities issues
No issues reported.

4) Pathways issues
No issues reported.

5) Other general services issues
The 31-day figures for January - March 2020 show a slight decrease in the number of patients treated within the quarter compared to previous quarters. Due to the COVID-19 pandemic, some treatments (mainly surgery C20 and endoscopic therapy) which were scheduled for the last few weeks of March were postponed.

NHS Highland
No comments provided.

NHS Lanarkshire
1) Staffing issues
Staffing issues at Regional PET centre in Greater Glasgow & Clyde impacted on timely reporting. 10-12 day delay to reporting that impacted on timely MDT discussion within the Upper GI pathway that is already a challenging pathway due to care requirements.

2) Equipment issues
No issues reported.

3) Facilities issues
MRI delays continue in booking and reporting due to the demand on the service. 60% increase in MRI at Wishaw as a result of Prostate Pathway improvement work to introduce MRI pre biopsy. This is recognised as the Gold standard for patient experience and will result in a more targeted biopsy when required.

4) Pathways issues
Ongoing scope capacity issues 4 week delay. However, service working through waiting list initiatives & improving.

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**
   Urologist was due to come up to Shetland from Grampian to perform surgery but following injury the date had to be moved and arrangements for alternative urologist. This resulted in one 31-day breach.
2) **Equipment issues**
   No issues reported.

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

4) **Pathways issues**
   The change to the prostate pathway of having MRI pre biopsy has made the pathway very difficult to deliver. MRI and reporting is done in Grampian and the wait for this is an ongoing issue. Urological surgery, in this case nephrectomies, has a long wait whether patients are added to waiting list in Grampian or urologist comes up to Shetland to perform and this an ongoing issue.

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

**NHS Tayside**

1) **Staffing issues**
   Radiologist capacity for the Lung MDT remains an issue due to vacancy.

2) **Equipment issues**
   NHS Tayside continues to experience issues due to the out-of-country cyclotron machinery used to produce 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**
   Sending Lung patients for surgery in adjoining boards continues to cause delays while patients are re-assessed. Reconstruction cases in Breast also cause delays due to the need for joint consultations.

5) **Other general services issues**
   COVID-19 has presented challenges to NHS Tayside, particularly in the provision of endoscopy. NHS Tayside has been able to maintain treatment for cancer patients, however capacity for endoscopy has been significantly impacted as a consequence of room cleaning times and PPE requirements. This has had limited impact of the waiting times reported for this quarter but will have an impact on the 62-day pathway moving forwards.
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>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 March 2020.</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 PHS on a monthly and quarterly basis, and are validated and loaded onto the Cancer Waiting Times database to allow data interrogation and reporting. Further information can be found on the Background and Data Quality pages of the CWT website.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>28 May 2020</td>
</tr>
<tr>
<td>Release date</td>
<td>30 June 2020</td>
</tr>
<tr>
<td>Frequency</td>
<td>Quarterly</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>The publication includes data for the last five quarters and covers the time period 1 January 2019 to 31 March 2020.</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>To remain relevant to the changing set of targets (as published in Better Cancer Care - An Action Plan), the cancer waiting times statistics published previously by PHS 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>Revisions statement</td>
<td>Figures contained within each publication may also be subject to change in future publications. See PHS Statistical Revisions Policy.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>Following the data snapshot, if NHS Boards discover that data submitted for publication is incorrect, or that data is missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be footnoted within the current publication. Figures contained within each publication may also be subject to change in future publications, as submissions may be updated to reflect a more accurate and complete set of data submissions.</td>
</tr>
</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 PHS, 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. The CWT team, within PHS, 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 PHS 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 Table 1 in the list of tables above PHS 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, PHS 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 PHS 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 PHS 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
<table>
<thead>
<tr>
<th>Comparability</th>
<th>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: <a href="http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/">http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/</a> Northern Ireland: <a href="https://www.health-ni.gov.uk/articles/cancer-waiting-times">https://www.health-ni.gov.uk/articles/cancer-waiting-times</a> Wales: <a href="http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-times/?lang=en">http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-times/?lang=en</a> 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. <a href="https://gss.civilservice.gov.uk/health-waiting-time-statistics/">https://gss.civilservice.gov.uk/health-waiting-time-statistics/</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accessibility</td>
<td>It is the policy of PHS Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Coherence and clarity</td>
<td>Statistics are presented within Excel spreadsheets and PDF. Performance data are reported on a national, NHS Board and Regional Cancer Network level, broken down by cancer type and quarter. Distribution of waits data are reported on a National level by cancer type and quarter. Exclusions and Adjustments are reported for All Cancer Types at national, NHS Board and Regional Cancer Network level, broken down by quarter. Further features to aid clarity: 1. Performance data, Distribution of Waits, and Exclusions and Adjustments are available in separate tables to enable users to select a single measure for analysis. 2. All tables are printer friendly. 3. All Scotland and All Cancer Types data for the latest quarter are presented first, with the option to view spreadsheets down to Board, Cancer Type level by quarter. 4. Key data presented graphically. 5. Tables use drop down menus to display data by a single Board, Regional Cancer Network, Quarter and Cancer Type.</td>
</tr>
<tr>
<td>Value type and unit of measurement</td>
<td>Distribution of waits (%) for NHS Scotland and all Cancer Types combined. Distribution of waits (%) for NHS Scotland 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 NHS Scotland, NHS Board and Regional Cancer Network. Trends in performance for all Cancer Types combined at NHS Scotland, 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 NHS Scotland, NHS Board and Regional Cancer Network level for all cancer types combined.</td>
</tr>
<tr>
<td>Disclosure</td>
<td>The PHS protocol on Statistical Disclosure Protocol is followed.</td>
</tr>
<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>31 March 2020</td>
</tr>
<tr>
<td>Next published</td>
<td>29 September 2020</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>29 June 2010</td>
</tr>
<tr>
<td>Help email</td>
<td><a href="mailto:phs.cancerwaitsnew@nhs.net">phs.cancerwaitsnew@nhs.net</a></td>
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<tr>
<td>Date form completed</td>
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</tr>
</tbody>
</table>
Appendix 4 – Early access details

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", PHS 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

Early Access for Management Information
These statistics will also have been made available to those who needed access to ‘management information’, ie as part of the delivery of health and care:

Early Access for Quality Assurance
These statistics will also have been made available to those who needed access to help quality assure the publication:
Appendix 5 – PHS and Official Statistics

About Public Health Scotland (PHS)

PHS is a knowledge-based and intelligence driven organisation with a critical reliance on data and information to enable it to be an independent voice for the public’s health, leading collaboratively and effectively across the Scottish public health system, accountable at local and national levels, and providing leadership and focus for achieving better health and wellbeing outcomes for the population. Our statistics comply with the Code of Practice for Statistics in terms of trustworthiness, high quality and public value. This also means that we keep data secure at all stages, through collection, processing, analysis and output production, and adhere to the ‘five safes’.