What are these statistics?

The Cancer Waiting Times statistics show data on the waiting times reported by Welsh Local Health Boards on a monthly and quarterly basis for the April 2012 data onwards. Prior to this, quarterly data only was published.

For April 2012 data onwards:
- on a quarterly basis, we publish a statistical first release, which will bring together the data for the previous three months as well as quarterly figures. It will include details of any issues that arose for the previous two months’ data regarding revisions and any relevant information related to quality.
- for the two months in between the quarters, we publish a brief monthly html headline on our website with key facts and limited commentary and a link to the tables in StatsWales. The headline will include details of any revisions to the previous month’s data or any relevant information related to quality.
(See Section on ‘Publication and revisions’ for more details.)

These statistics include all patients with cancer, regardless of area of residence, who have started NHS-funded definitive treatment in the reporting period. This does not include Welsh patients with cancer receiving treatment at private hospitals or at NHS hospitals outside Wales.

All information relates to patients newly diagnosed with cancer. A recurrence of the original primary cancer at a secondary site is not included within the data collection. However, if a patient has another primary cancer this will be included.

The start of the cancer waiting time is the date upon which the decision to treat was confirmed between a designated member of the multi disciplinary team (MDT) and the patient.

Multi disciplinary team (MDT) - The MDT brings together people who are experts in different areas of medicine and care, and who meet to discuss the diagnosis, treatment and care of individual patients. The MDT is responsible for:
- Working out the treatment plan;
- Deciding on further tests;
- Making appropriate referrals to specialist services;
- Making sure the team has all the necessary members; and
- Collecting information and keeping good records.
In the release, patients with cancer are split into two distinct groups (in line with Cancer Standards):

- **Those referred via Urgent Suspected Cancer route**
  This group includes patients referred from primary care (e.g. by a GP) to a hospital as urgent with suspected cancer, which is then confirmed as urgent by the consultant or a designated member of the MDT. The standards state that all patients newly diagnosed with cancer via the Urgent Suspected Cancer route should start definitive treatment within 62 days of receipt of referral at the hospital.

- **Those not referred via Urgent Suspected Cancer route**
  This group includes all other patients with cancer (regardless of their referral route), not already included as an Urgent Suspected Cancer referral. Patients newly diagnosed with cancer not via the Urgent Suspected Cancer route should start definitive treatment within 31 days of diagnosis.

The first definitive treatment is agreed with the clinician responsible for the patient's management plan, and may not necessarily be the first planned treatment decided upon by the MDT. Examples of treatment are surgery, radiotherapy, chemotherapy, specialist palliative care, and active monitoring.

For each patient, calculation of the waiting time follows guidelines for suspension or removal from the waiting list. For example, a patient may be suspended from the waiting list for medical reasons such as being unfit to undergo the treatment, or for social reasons such as going overseas for a period of time.

Information is reported by six out of the seven Welsh Local Health Boards, as Powys Teaching LHB does not provide acute services. Information on residents from Powys treated in Wales is included in the reports from other Local Health Boards where they are referred as Urgent Suspected Cancer or where they receive a diagnosis of cancer. The information is published for thirteen different cancer tumour sites and an ‘other’ category.

**Cancer tumour sites** are groupings of ICD10 codes (diagnosis codes from the International Classification of Diseases and Health Related Problems, tenth revision). The cancer tumour sites used in this release are:

- Acute leukaemia
- Brain/Central Nervous System
- Breast
- Gynaecological
- Haematological (excludes acute leukaemia)
- Head and neck
- Lower gastrointestinal
- Lung
- Sarcoma
- Skin *(Malignant Melanoma and squamous cell carcinoma only. Excludes Basal cell carcinomas)*
- Upper gastrointestinal
- Urological
- Children’s cancer (those under 16 years of age at time of first treatment)
- Other *(all other cancers not mentioned above)*
Users and uses

An understanding of trends in waiting times is crucial for those involved in planning and decision making at the national and local level.

We believe the key users of these statistics are:

- Ministers and their advisors;
- Assembly members and Members Research Service in the National Assembly for Wales;
- Officials within the Department for Health, Social Services and Children at Welsh Government;
- NHS Wales;
- Students, academics and universities;
- Cancer Networks;
- Other areas of the Welsh Government;
- Other government departments;
- Media; and
- Individual citizens.

The statistics are used in a variety of ways. Some examples of these include:

- Advice to Ministers and briefings on the latest performance across Wales against the two cancer waiting times targets;
- To assess, manage and monitor NHS Wales performance against targets;
- To inform service improvement projects for areas of focus and opportunities for quality improvement (e.g. the Delivery Support Unit works with LHBs to understand their performance against the targets for cancer tumour sites. If performance is poor in one LHB and another LHB has performed well, then these LHBs would be encouraged to work together to help improve performance and the service overall);
- By NHS Local Health Boards, to benchmark themselves against other Local Health Boards;
- To contribute to news articles on waiting times in Wales;
- To help determine the service the public may receive from NHS Wales.

If you are a user and do not feel the above list adequately covers you please let us know by contacting via stats.healthinfo@wales.gsi.gov.uk

Strengths and Limitations of the data

Strengths

- The information is processed and published monthly (on StatsWales and in a headline on our website) and quarterly (on StatsWales and in a Statistical Release) and in an ordered manner to enable users to see the statistics when they are current and of greatest interest.
- Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. Information is provided by LHB (on a monthly and quarterly basis) and by tumour site (on a quarterly basis). Figures and percentages are both published.
- Efficient use has been made of administrative data sources to produce outputs. The administrative source for this is CANISC (Cancer Information System Cymru), a national centralised database that presents cancer patient care records across Wales.
- Detailed statistics are provided via our StatsWales website.

Limitations

- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately. We encourage users to link with this Quality Report and/or the Statistical First Release/headline to gain more background.
- There is no mapped data.
Because of the devolved administrations and differing policy, there is less scope for direct UK comparisons (see ‘Coherence’ later in the document).

The monthly headline data has limited commentary.

**Data processing cycle**

**Data collection**

The Health Statistics and Analysis Unit within the Welsh Government receive two completed monthly cancer target monitoring forms from the Local Health Boards. One form is for urgent suspected cancer and the other for non-urgent suspected cancer. These contain the number of newly referred or diagnosed patients and the number treated within the targets by cancer site.

**Validation and verification**

The Health Statistics and Analysis Unit upload the data received on a monthly basis, and the data processing system ensures that data is not missing. Further validation and verification checks are then done on a monthly basis, including checking trends in the data. Any abnormalities in the data are noted and these are raised with the Local Health Boards. This allows Local Health Boards to check, correct or comment on their data and to provide contextual information where unexpected changes have occurred. For the quarterly publication, we then aggregate the monthly data to quarterly data, check this has been done correctly and again check trends.

**Publication and Revisions**

The statistics published by the Health Statistics and Analysis Unit are produced by summarising the information provided by the Local Health Boards.

Prior to April 2012 data, quarterly data only was published in a statistical first release and on StatsWales.

The table below gives an overview of what has been published and when, for the April 2012 data onwards.

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<th>Month 1</th>
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On a quarterly basis, we publish a statistical first release, which brings together data for the three months as well as quarterly figures. It includes details of any issues that arose for the previous two months’ data regarding revisions or any relevant information related to quality. We also publish a headline and StatsWales tables. There is also a link from the headline page and within the Statistical Release to this quality report.

For the two months in between the quarters, we publish a brief monthly html headline on our website with key facts and limited commentary. This headline includes details of any revisions to the previous month’s data or any relevant information related to quality. There is also a link from the headline page to the StatsWales tables, this quality report and the quarterly statistical release.
Producing the release (on a quarterly basis) and headline (on a quarterly and monthly basis) is a semi automated process but key points and commentary are produced separately. The information in the release and the headline is checked against the data supplied. The information presented in StatsWales is produced automatically.

The data for the latest month and quarter is published as provisional and may be revised in future updates of the release. This is to enable Local Health Boards to submit revised data if they carry out further validation following submission.

For the quarterly and monthly data, notes at the end of the release inform the users whether the outputs have been revised or not. For the monthly data, there is also a section in the headline on the website that will inform users whether there have been any revisions and the likely impact of these. We will also give an indication of the size of the revision between the latest and previous release of the data. Revisions to data occur for a number of reasons, late returned data, incorrect estimates or revised back data.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government’s Revisions, Errors and Postponements arrangements.

**Disclosure and confidentiality**

Following our latest disclosure risk assessment we believe that the likelihood of identification of an individual patient from the data that we publish is very low, without other information about the patient already being known. Therefore we no longer suppress small values (previously we suppressed instances of fewer than three individuals at a LHB or tumour site level).

This is in-line with England, Scotland and the Northern Ireland cancer waiting times releases.

We adhere to our statement on confidentiality and data access, issued in conformance with the requirements set out in Principle 5: Confidentiality of the Code of Practice for Official Statistics.

**Quality**

Health Statistics and Analysis Unit adhere to a quality strategy and this is in line with Principle 4 of the Code of Practice for Official Statistics.

Specifically, the list below details the six dimensions of the European Statistical System and how we adhere to them:

**Relevance**

_The degree to which the statistical product meets user needs for both coverage and content._

The statistics cover all aspects of cancer waiting times and are used as the measure of performance against national targets for the NHS Wales – see front page of the release for information on the targets. Other interests and uses of this data are outlined above.

We encourage users of the statistics to contact us to let us know how they use the data. It would not be possible to provide tables to meet all user needs, but the tables published in the release and StatsWales aim to answer the common questions.
We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

**Accuracy**

*The closeness between an estimated result and an (unknown) true value.*

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error, processing error.

This is an established collection based on 100% data i.e. not a sample.

For most months, all Local Health Boards are able to supply data and as such no estimation of the figures is needed. Where estimates are used, because an LHB is unable to supply data for a particular month, this is clearly outlined with the data.

We haven’t yet investigated non-sampling errors, however processing errors could occur where clerks in hospitals incorrectly input data into their administrative systems, or measurement errors could occur from staff in hospitals having different interpretations of definitions. To reduce non-sampling errors, standards and guidance are provided about the data collections, to try to ensure that LHBs submit information according to the agreed specification. Standards relating to this data collection have been reviewed and passed by the Information Standards Board. Where non-sampling error affects the data, we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations.

All our outputs include information on coverage, timing and geography.

There are quality assurance procedures in place to understand and explain movements in the data and to check that the computer system is calculating the published statistics correctly.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government’s Revisions, Errors and Postponements arrangements.

**Timeliness and punctuality**

*Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.*

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the Upcoming Calendar. Furthermore, should the need arise to postpone an output this would follow the Welsh Government’s Revisions, Errors and Postponements arrangements.

We publish releases as soon as practical after the relevant time period and, in April 2012, carried out a review of the timeliness of the statistics and the potential for data being published more frequently. Quarterly data was published about two months after the reference date – we brought this forward by a week for the quarter ending June 2012. This still allows for the validation by Local Health Boards and the Health Statistics and Analysis Unit. We have also started publishing monthly data from April 2012 data onwards and this is published around two months after the reference date.
Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The quarterly statistics are published in a Statistical Release, a headline on our website and in StatsWales and the monthly statistics are published in a headline on our website and in StatsWales in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases (quarterly data) and headlines (monthly data) are also published on the National Statistics Publication Hub. We also publicise the outputs on Twitter. All outputs are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and they adhere to the Welsh Government’s accessibility policy. Furthermore, all our headlines are published in Welsh and English. Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release/headline or via stats.healthinfo@wales.gsi.gov.uk

Comparability

The degree to which data can be agreed over both time and domain.

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Agreed standards and definitions within Wales provide assurance that the data is consistent across as Local Health Boards.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon, are similar.

Every month the data are all collected from the same sources and adhere to the national standard: they will also be coherent within and across organisations. Where there are changes in definitions or scope, we clearly note this in the release (for the quarterly data) and on the headline page (for the monthly data) and add appropriate caveats to the data.

Other UK countries also measure cancer waiting times. However, the outputs differ in different countries because they are designed to help monitor policies that have been developed separately by each government. Further investigation would be needed to establish whether the definitional differences have a significant impact on the comparability of the data.

England


Guidance on operational standards for cancer waiting times commitments can be found below: http://systems.hscic.gov.uk/ssd/cancerwaiting/cwtguide8-1.pdf
Scotland

In Scotland, the statistics are collected and published on a quarterly basis by Information Services Division (ISD) Scotland - [http://www.isdscotland.org/Health-Topics/Waiting-Times/Cancer/](http://www.isdscotland.org/Health-Topics/Waiting-Times/Cancer/)

The set of cancer waiting targets in Scotland are as follows, both with a 5% tolerance level (i.e. the stated waiting time must be met for 95% of all patients covered by the target):

- 62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups (any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist; any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical); and any direct referral to hospital (for example self-referral to A&E))
- 31-day target from decision to treat until first treatment for all cancers, no matter how patients are referred.

Northern Ireland

In Northern Ireland, the statistics are published on a quarterly basis by the Department of Health, Social Services and Public Safety (DHSSPS) - [http://www.dhsspsni.gov.uk/cancer-waiting-times](http://www.dhsspsni.gov.uk/cancer-waiting-times)

The 2014/15 Ministerial target states that 95% of patients should begin their first treatment for cancer within 62 days following an urgent GP referral for suspect cancer.

Dissemination

All the data is of sufficient quality following the checking outlined above to justify publication. On a quarterly basis, the high level messages are published on the first page of the relevant release and high level tables are included in the release. On a monthly basis, the high level messages are published on a headline page on our website. All the actual data provided (monthly and quarterly) is published on our interactive website [StatsWales](http://www.statswales.wales.nhs.uk).

Evaluation

Please send your feedback on the statistics and this quality report to [stats.healthinfo@wales.gsi.gov.uk](mailto:stats.healthinfo@wales.gsi.gov.uk)

Produced by: Knowledge & Analytical Services, Welsh Government
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