

INFORMATION  
ANALYSIS  
DIRECTORATE



# Northern Ireland

## Waiting Time Statistics:

### Supporting Documentation for Cancer Waiting Times Publication



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

[www.health-ni.gov.uk](http://www.health-ni.gov.uk)

## Introduction

The information detailed in this release is published primarily to provide an indication of HSC Trust performance. It allows the general public and the NI Assembly Health Committee to assess the performance of the DoH, HSC Board and HSC Trusts in providing timely access to hospital services in Northern Ireland.

Data contained in this release relate to waiting times for patients accessing cancer services in HSC Trusts; and waiting times to be seen for a first assessment with a breast cancer specialist in HSC Trusts in Northern Ireland. The latest release and data are available to view or download from the following link: <https://www.health-ni.gov.uk/articles/cancer-waiting-times>

Supporting information on definitions, how to use the data and technical guidance are detailed within this document.

### **Section 1: Hospital Information Branch**

### **Section 2: Technical Guidance**

### **Section 3: Definitions**

### **Section 4: Guidance on Using the Data**

## Section 1: Hospital Information Branch (HIB)

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Branch aims to present information in a meaningful way and provide advice on its uses to customers in Professional Advisory Groups, policy branches within the DoH, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary/ Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics, Cancer and Emergency Care). A detailed list of these publications is available from:

**Website:** <https://www.health-ni.gov.uk/topics/doh-statistics-and-research>

## Section 2: Technical Notes

This statistics release presents information on the waiting times for patients accessing cancer services at HSC Trusts in Northern Ireland, and reports on the performance of HSC Trusts against the 2016/17 Ministerial targets for treatment for cancer and urgent breast cancer referrals. All data are presented by HSC Trust and, where applicable, by tumour site.

### Data Collection

The information presented in this bulletin derives from the Cancer Patient Pathway System (CaPPS), Departmental Return SDR 2 and Patient Administration System (PAS).

Data providers are supplied with technical guidance documents outlining methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed at the following link:

<https://www.health-ni.gov.uk/articles/cancer-waiting-times>

### Rounding

Percentages have been rounded to one decimal place and, as a consequence, some percentages may not sum to 100.

### Data Quality

All information presented in this bulletin has been validated and quality assured by HSC Trusts prior to publication. For Departmental Returns, HSC Trusts are given a set period of time to submit the information to HIB. Data sourced from the Cancer Patient Pathway System are extracted two months after the end of each quarter to give HSC Trusts sufficient time to update their information. Following submission/extraction, HIB perform a series of validation checks to verify the number of patients waiting over the target and to highlight any inaccuracies in the data. Queries arising from validation checks are presented to HSC Trusts for clarification and, if required, returns may be amended and/or re-submitted, and changes made to the CaPPS.

Information on new suspect breast cancer referrals provided by HSC Trusts is not National Statistics but has been validated and quality assured by HSC Trusts prior to publication. Currently the Department is in the process of refining validation processes for these data, which should therefore be treated with caution. However, they have been published to help provide users with some contextual information in relation to the Ministerial Target relating to breast cancer waiting times.

### Main Uses of Data

Data contained in this release are published primarily to provide an indication of HSC performance. They allow the general public and the DoH Health Committee to assess the performance of the DoH, HSC Board and HSC Trusts in providing timely access to cancer services in Northern Ireland. These data also provide policy makers with the necessary information to formulate and evaluate cancer services and are helpful in assessing the effectiveness of resource allocation in providing services that are fully responsive to patients' needs. Additionally, cancer waiting times information is used to inform the media, special interest groups and academics, and by the DoH to respond to parliamentary / assembly questions. An additional aim of this publication is to make cancer waiting

times information publicly available to those people using health services in Northern Ireland. Further advice on uses for these data is outlined in Section 4.

### **Cancer Waiting Time Information Elsewhere in the United Kingdom**

While it is our intention to direct users to waiting time information elsewhere in the UK, users should be aware that cancer waiting times in other administrations are not always measured in a comparable manner to those in Northern Ireland. Details of the cancer waiting times published elsewhere in the UK can be found as detailed below.

**England-** <http://www.england.nhs.uk/statistics/tag/cancer/>

**Scotland-** <http://www.isdscotland.org/Health-Topics/Waiting-Times/Cancer/>

**Wales-** <http://wales.gov.uk/statistics-and-research/nhs-cancer-waiting-times/?lang=en>

### **A National Statistics Publication**

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is the Department of Health's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Further information on the Code of Practice for National Statistics is available at:

<http://www.statisticsauthority.gov.uk/assessment/code-of-practice/>.

A list of those who received 24-hour pre-release access to this publication is available at:

<https://www.health-ni.gov.uk/articles/cancer-waiting-times>

### **Contact Information**

As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to: [statistics@health-ni.gov.uk](mailto:statistics@health-ni.gov.uk)

## Section 3: Definitions

### **Date of referral**

This is the date on which a referral is received by the Health and Social Care Trust from a General Practitioner.

### **Decision to treat**

Decision to treat date is the date on which it was decided that the patient should receive treatment for cancer. This is the date that the consultation between the patient and the clinician took place and a treatment plan was agreed.

### **Date of first definitive treatment**

The date of the first definitive treatment is normally the date on which a first intervention which is intended to remove or shrink the tumour occurs. A first definitive treatment can relate to surgery, drug therapy (chemotherapy, biological therapy or hormone therapy), radiotherapy, specialist palliative care (SPC) and active monitoring.

### **Date of first appointment with a breast specialist**

This is the date on which the patient attends a first appointment with a breast specialist in order to be assessed for suspected breast cancer. An appointment with a breast specialist is an appointment with a consultant, a member of his/her firm or locum for such a member in respect of one referral.

### **Completed waiting time**

This is measured from the date an initial suspected urgent cancer referral is first received in a Provider Trust (the date on which the referral is date stamped, irrespective of the format in which the referral is received) and ends on the date that the patient received their first definitive treatment for cancer. The patient's waiting time should be adjusted by removing the period of time for which they were suspended out of the overall waiting time.

### **Length of wait**

#### **Waiting Time for Cancer Treatment following an Urgent GP referral for Suspect cancer**

Measured from the date an initial urgent suspect cancer referral is first received in a Provider HSC Trust, and ends on the date the patient receives their first definitive treatment for cancer. Adjustments are made to the completed waiting time in the event of a patient cancelling or self-deferring treatment or as a result of suspension for either medical or social reasons.

#### **Waiting Time for cancer treatment following a decision to treat**

Measured from the date a decision was taken to treat a patient for cancer and ends on the date the patient received their first definitive treatment for cancer. Adjustments are made to the completed waiting time in the event of a patient cancelling or self-deferring treatment or as a result of suspension for either medical or social reasons.

#### **Waiting Time for cancer treatment following an urgent referral for breast cancer**

Measured from the date an initial breast cancer referral is first received by the Provider HSC Trust, and ends on the date that the patient attended their first outpatient appointment with a breast cancer specialist. Adjustments are made to the completed waiting time in the event of a patient not attending their appointment, cancelling or self-deferring treatment, or as a result of suspension for either medical or social reasons.

## **Tumour Site**

The primary tumour site for which the patient has received treatment.

## **Suspensions**

A patient may be suspended from a waiting list for medical or social reasons. The patients waiting time should be adjusted by removing the period of time for which they were suspended out of the overall waiting time.

(i) A patient can be suspended for social reasons:

- When a patient has other commitments they wish to pursue prior to treatment or investigation (e.g. Holiday).
- When a patient requests a period of time to think (e.g. to decide on treatment options).
- When a patient requests a second opinion before making a decision on treatment. (The clock does not stop if the clinician requires a second opinion).

(ii) A patient can't be suspended for social reasons:

- When a patient chooses a treatment with a longer waiting time (e.g. radiotherapy rather than surgery).
- When an admission date has been agreed, unless the date is later than normal due to the need to resolve other medical problems prior to treatment.

(iii) A patient can be suspended for medical reasons:

- When a patient is unavailable for admission for a period of time due to another medical condition that needs to be resolved.
- When a patient is unavailable for a diagnostic or staging test or treatment due to another medical condition that needs to be resolved (e.g. reduce weight).

(iv) A patient can't be suspended for medical reasons:

- When the trust is unable to offer treatment within the required timescales.
- When the patient requires repeat biopsies or scans because of uncertainty the first time round.
- When there is genuine clinical uncertainty about the patient's diagnosis and the clinician elects to observe the patient over a period of time.
- When an admission date has been agreed, unless the date is later than normal due to the need to resolve other medical problems prior to treatment.

## **Specialty**

A specialty is a particular branch of medicine or surgery. Each consultant is assigned a main specialty from a list recognised by the Royal Colleges and Faculties. Information is recorded against the specialty of the treating consultant.



## Section 4: Guidance on using the Data

### General guidance on using the data

The data contained in the publication are presented on a monthly basis. While seasonal impact should be minimal, it is advisable that data for the most recent months be compared with both the previous months (to gauge the most current direction of performance), and the same month in the previous year (to assess any seasonal impact).

### Cancer Waiting Times presented by HSC Trust

Cancer waiting times have been presented by HSC Trust. The Trust at which a patient receives treatment is not necessarily the Trust to which the patient was referred, or the nearest HSC Trust to the patient's residence, as, in the case of numerous cancer services, treatments are provided at specialist centres such as the regional cancer centre for Northern Ireland in the Belfast HSC Trust. Users should therefore be cautious in how they use these data. For example, they should not be used to calculate the total number of patients treated per head of the population within each HSC Trust area.

### Number of patients who commenced treatment for cancer following an urgent GP referral for suspect cancer

#### Description of data

Data on the number of patients within a Health Service hospital who commenced treatment for cancer at a Health and Social Care (HSC) Trust in Northern Ireland, following an urgent GP referral for suspect cancer being made. This also includes all patients living outside Northern Ireland and all privately funded patients treated in Health and Social Care hospitals in Northern Ireland. Referrals from sources other than a GP, routine referrals and patients who have not been given an ICD 10 diagnosis are excluded.

#### Data provider

Data on patients treated within HSC Trusts are sourced directly from the regional Cancer Patient Pathway System (CaPPS) via the HSC Data Warehouse.

#### Data quality assessment

Very good – data are derived from a single administrative system, the Cancer Patient Pathway System (CaPPS), at each HSC Trust. While data are extracted centrally by HIB, using a regionally consistent and agreed methodology, data providers have been given in-depth guidance outlining how these data are extracted and providing instructions for the validation and final clearance of data. Validation checks are employed as an integral part of the production process, with duplicate records, incomplete records and negative waiting times all being queried with the provider. Records for patients waiting more than 62 days for treatment, following an urgent GP referral for suspect cancer, are also validated with data providers to ensure accuracy. Any inaccuracies are corrected on CaPPS prior to final extraction. Data are returned to Trusts for final clearance prior to publication.

#### Guidance on using data

- Number of patients treated for cancer following an urgent GP referral for suspect cancer – these data relate to the total number of patients who commenced treatment for cancer having been urgently referred by a GP with suspect cancer, or who received a routine referral from a GP that was then subsequently reclassified as urgent by a cancer specialist. Treatment relates to surgery, drug therapy (chemotherapy, biological therapy or hormone therapy), radiotherapy, specialist palliative care (SPC) and active monitoring. These data should not be used as an indication of the number of patients who commenced treatment for cancer in Northern Ireland each month as they do not include all patients treated, but only those urgently referred by a GP to a HSC Trust with



suspect cancer. The figures do not include patients who were referred for a more routine condition but who following investigation were found to have cancer (these are known as incidental diagnoses). Please note the data do not relate to either the number of urgent GP referrals with suspect cancer who are currently on treatment, or the number of patients diagnosed with cancer during each month. The data do however provide a good indication of both quantifiable demand for cancer services from the primary care sector (General Practitioners) and the performance and management of cancer patients within the secondary care sector (i.e. HSC hospitals), as they measure the waiting time for treatment for patients who enter secondary care services with suspect cancer following an urgent GP referral.

- Number of patients who commenced treatment within 62 days of an urgent suspect cancer referral from a GP - this information relates to the number of patients who commenced treatment within 62 days of an urgent referral from a GP for suspect cancer being received by a HSC Trust (or who received a routine referral from a GP that was then subsequently reclassified as urgent by a cancer specialist). Explanatory note four explains how these waiting times are measured. This information relates to how long patients had waited to commence treatment following receipt of an urgent referral from a GP for suspect cancer (their completed wait), not the length of time they are currently waiting to commence treatment. Data on the length of time patients are currently waiting to commence treatment are not collected.
- Percentage of patients who commenced treatment within 62 days – this is the percentage of the total number of patients who commenced treatment in any given month, following receipt of an urgent referral from a GP for suspect cancer (or who received a routine referral from a GP that was then subsequently reclassified as urgent by a cancer specialist), who waited no longer than 62 days to commence their treatment. This information enables users to assess the performance of HSC Trusts against the Ministerial target requiring the HSC Board and HSC Trusts to ensure that at least 95% of patients commence cancer treatment within 62 days of receipt of an urgent referral from a GP for suspect cancer.
- Patients who commenced treatment and time waited by HSC Trust – patients will receive their treatment within a specific HSC Trust. While this will be the HSC Trust at which the decision to treat is taken, it is not necessarily the HSC Trust to which the patient was referred, or the nearest HSC Trust to the patient's residence. In the case of numerous cancer services, treatments are provided at specialist centres such as the regional cancer centre for Northern Ireland at the Belfast HSC Trust. In circumstances where a patient has been referred to one HSC Trust, and transferred for treatment to another (known as inter HSC Trust transfers), reporting of the patient will be split between the two HSC Trusts. Consequently these data do not necessarily relate to the total number of patients treated at each HSC Trust. A full explanation of the methodology used to report these waiting times by HSC Trust is outlined in explanatory note five of the publication. While users should therefore be cautious in how they use these data, the information is useful in gauging individual HSC Trust performance against the Ministerial target. Again, the data should not be used to assess the number of patients diagnosed with cancer, or who are currently being treated for cancer within each HSC Trust area.
- Patients who commenced treatment and time waited by tumour site – patients who commenced treatment for cancer will have previously been diagnosed with cancer and given an ICD 10 diagnosis. The ICD 10 code will relate to the specific type of cancer with which the patient has been diagnosed. ICD 10 codes have been aggregated upon clinical advice, creating a list of tumour sites, essentially the part of the body at which

the cancer has occurred. These data relate to the length of time patients with each type of cancer waited for treatment following receipt of an urgent GP referral for suspect cancer. Again, they should not be used to estimate the number of patients diagnosed with each of these cancers, but do provide an indication of waiting time performance within the secondary care sector for different types of cancer.

## **Number of patients who commenced treatment for cancer following a decision to treat for cancer being taken**

### **Description of data**

Data on the number of patients within a Health Service hospital who commenced treatment for cancer at a Health and Social Care (HSC) Trust in Northern Ireland, following a decision to treat for cancer being taken. This includes all patients living outside Northern Ireland and all privately funded patients treated in Health and Social Care hospitals in Northern Ireland. Patients that have not been given an ICD 10 diagnosis are excluded.

### **Data provider**

Data on patients treated within HSC Trusts are sourced directly from the regional Cancer Patient Pathway System (CaPPS) via the HSC Data Warehouse.

### **Data quality assessment**

Very good – data are derived from a single administrative system, the Cancer Patient Pathway System (CaPPS), at each HSC Trust. While data are extracted centrally by HIB, using a regionally consistent and agreed methodology, data providers have been given in-depth guidance outlining how these data are extracted and provided with instructions for the validation and final clearance of data. Validation checks are employed as an integral part of the production process, with duplicate records, incomplete records and negative waiting times all being queried with the provider. Records for patients waiting more than 31 days for treatment, following decision to treat, are also validated with data providers to ensure accuracy. Any inaccuracies are corrected on CaPPS prior to final extraction. Data are returned to each provider for final clearance prior to publication.

### **Guidance on using data**

- Number of patients who commenced treatment for cancer following a decision to treat – these data relate to the total number of patients who commenced treatment for cancer following a cancer specialist (as part of a Multi Disciplinary Team) taking a decision to treat the patient for cancer. These data can be used as an indication of the number of patients who commenced treatment for cancer in Northern Ireland each month. Treatment relates to surgery, drug therapy (chemotherapy, biological therapy or hormone therapy), radiotherapy, specialist palliative care (SPC) and active monitoring. As they include all patients treated, they relate not only to patients referred to a HSC Trust with suspect cancer, but also patients who were referred for a more routine condition but who following investigation were found to have cancer (these are known as incidental diagnoses). The data do not relate to either the number of patients currently on treatment, or the number of patients diagnosed with cancer during each month.
- Number of patients who commenced treatment within 31 days of a decision to treat– this information relates to the number of patients who commenced treatment within 31 days of the decision to treat for cancer being taken. Explanatory note nine explains how these waiting times are measured. This information relates to how long patients had waited to commence treatment following a decision to treat being taken (their completed wait), not the length of time patients are currently waiting to commence treatment. Data on the length of time patients are currently waiting to commence treatment are not collected.

- Percentage of patients who commenced treatment within 31 days – this is the percentage of the total number of patients who commenced treatment in any given month who waited no longer than 31 days to commence their treatment.
- Patients who commenced treatment and time waited by HSC Trust – patients will receive their treatment within a specific HSC Trust. While this will be the HSC Trust at which the decision to treat is taken, it is not necessarily the HSC Trust to which the patient was referred, or the nearest HSC Trust to the patient's residence, for in the case of numerous cancer services, treatments are provided at specialist centres such as the regional cancer centre for Northern Ireland at the Belfast HSC Trust. Users should therefore be cautious in how they use these data. For example, they should not be used to calculate the total number of patients treated per head of the population within each HSC Trust area, neither do they relate to the number of patients diagnosed with cancer within each HSC Trust area.
- Patients who commenced treatment and time waited by tumour site – patients who commenced treatment for cancer will have previously been diagnosed with cancer and given an ICD 10 diagnosis. The ICD 10 code will relate to the specific type of cancer with which the patient has been diagnosed. ICD 10 codes have been aggregated upon clinical advice, creating a list of tumour sites, essentially the part of the body at which the cancer has occurred. These data relate to the length of time patients with each type of cancer waited for treatment following a decision to treat. Again, they should not be used to estimate the number of patients diagnosed with each of these cancers, but do provide an indication of waiting time performance for different types of cancer.

## **Number of patients who attended a first assessment with a breast cancer specialist, following an urgent referral for suspect breast cancer**

### **Description of data**

Data on the number of patients within a Health Service hospital who were seen for a first assessment with a breast cancer specialist following an urgent referral for suspect breast cancer, at a Health and Social Care (HSC) Trust in Northern Ireland. This also includes patients living outside Northern Ireland and privately funded patients seen in Health and Social Care hospitals.

### **Data provider**

Data are sourced directly from HSC Trusts, via the Departmental Data Return SDR2.

### **Data quality assessment**

Very good – data are derived from a single administrative system, the Patient Administration System (PAS), at each HSC Trust. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. Data are returned to each provider for final clearance prior to publication.

### **Guidance on using data**

- Number of patients seen by a breast cancer specialist following an urgent referral for suspect cancer – this relates to the number of patients who attended a first outpatient appointment, for assessment by a consultant who is a breast cancer specialist, at a HSC Trust in Northern Ireland. Data relate solely to patients who were referred as urgent with suspect breast cancer. All sources of referral are included, urgent referrals from both General Practitioners and other medical professionals. The figures do not relate to the number of patients who have been diagnosed with breast cancer, nor should they be used to estimate the number who commenced treatment for breast

cancer – some of the patients included within these data may not be subsequently diagnosed with breast cancer.

- Number of patients who waited 14 days or less for an assessment with a breast cancer specialist – this relates to the number of those urgently referred with suspect breast cancer who attended or were offered an assessment within 14 calendar days of the referral being received by the HSC Trust. Explanatory note twelve explains how these waiting times are measured. This information relates to how long these patients waited for their first assessment (their completed wait), not the length of time patients are currently waiting for their first assessment. Data on the length of time patients are currently waiting for their first outpatient appointment with a breast cancer specialist are not collected, although they will be included within the overall outpatient waiting time data collected and published by the Department.
- Percentage of patients seen within 14 days – this is the percentage of the total number of patients assessed in any given month, who waited no longer than 14 days for their assessment. It also includes patients who were offered an appointment within 14 days but self-deferred.
- Number of patients seen and time waited for a first assessment with a breast cancer specialist by HSC Trust – patients will be referred to a specific HSC Trust for assessment. Patients are reported by the HSC Trust responsible for the service to which the patient has been referred. This is not necessarily the nearest HSC Trust to the patient's residence, but will most likely be the HSC Trust within which the referrer i.e. the patient's GP is located.

## **Number of referrals for suspect breast cancer**

### **Description of data**

Data on the number of patients receiving a referral for suspect breast cancer, to a Health and Social Care (HSC) Trust in Northern Ireland.

### **Data provider**

Data are sourced from Patient Administration System via the HSC Data Warehouse.

### **Data quality assessment**

Experimental statistics – data are derived from a single administrative system, the Patient Administration System (PAS), at each HSC Trust. Information on new suspect breast cancer referrals provided by HSC Trusts is not National Statistics but has been validated and quality assured by HSC Trusts prior to publication. Currently the Department is in the process of refining validation processes for these data, which should therefore be treated with caution.

### **Guidance on using data**

- Data relate solely to patients who were referred with suspect breast cancer. All sources of referral irrespective of their source of referral are included i.e. urgent and routine referrals from both General Practitioners and other medical professionals. The figures do not relate to the number of patients who have been diagnosed with breast cancer, nor should they be used to estimate the number who commenced treatment for breast cancer – some of the patients included within these data may not be subsequently diagnosed with breast cancer.

**Note**

It is advisable to look at the numbers behind any percentages in this bulletin, due to the small cohort.