

Waiting Times for Suspected and Diagnosed Cancer Patients

2012-13 Annual Report



Waiting Times for Suspected and Diagnosed Cancer Patients

2012-13 Annual Report

Prepared by Edward Aveyard, Chris Pottage, Paul McDonnell and Mark Svenson

© Crown copyright 2013

First published: 19th July 2013

Published to NHS England website, in electronic PDF format only.

<http://www.england.nhs.uk/statistics/statistical-work-areas/>

Contents

Contents	2
Summary	3
Waiting Times for Suspected and Diagnosed Cancer Patients	7
1.0 Introduction	5
2.0 Methodology	8
Part I – Provider-based statistics	9
3.0 Provider-based 2012-13 annual performance.....	9
4.0 Provider-based time-series analysis	13
PART II – Commissioner-based statistics	21
5.0 Commissioner-based 2012-13 annual performance	21
6.0 Commissioner-based time-series analysis.....	22
Annex A Glossary of terms.....	27

Summary

This report presents the fourth publication of an annual summary of the Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients within the English NHS, and covers the period April 2012 to March 2013.

The provider-based data include all patients treated by the English NHS, including those patients from Wales and those where a commissioning organisation could not be identified from their patient records. In this annual summary, we have included summaries of commissioner-based data. The commissioner-based statistics included within this report are not designated as National Statistics as they have not yet been assessed by the UK Statistics Authority. NHS England's view is that these statistics are robust and have been produced to a suitable standard; they are included here to give extra context. The commissioner-based summaries in this report show the levels of activity and details of waiting times for patients whose care was commissioned by primary care organisations within the English NHS.

These data are an aggregate summary of those provider and commissioner based quarterly statistics available on the NHS England website at: <http://www.england.nhs.uk/statistics/cancer-waiting-times/>

However, some of the totals presented within this report may differ slightly from the previously published statistics due to further efforts to improve the accuracy of these analyses since the original publication.

The key points of the provider based annual data are:

All cancer two week wait

- In 2012-13, 95.5% of patients urgently referred for suspected cancer by their GP were seen by a specialist within 14 days of referral.

Two week wait for symptomatic breast patients (cancer not initially suspected)

- In 2012-13, 95.5% of patients urgently referred by their GP with exhibited breast symptoms (where cancer was not initially suspected) were seen by a specialist within 14 days of referral.

31-day (diagnosis to first treatment) wait for all cancers

- In 2012-13, 98.4% of patients receiving their first definitive treatment for cancer began that treatment within 31 days.
- 99.2% of patients receiving first definitive treatment for breast cancer in 2012-13 began their treatment within 31 days of diagnosis.

62-day (urgent GP referral to first treatment) wait: all cancers

- In 2012-13, 87.2% of patients receiving first treatment for cancer following an urgent GP referral for suspected cancer began treatment within 62 days of referral.
- 97.7% of patients receiving first treatment for breast cancer following an urgent GP referral for suspected cancer started their treatment within 62 days of referral in 2010-11.

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

62-day wait for first treatment following referral from an NHS cancer screening service: all cancers

- In 2012-13, 95.1% of patients receiving first definitive treatment for cancer following referral from an NHS cancer screening service began treatment within 62 days of that referral.

62-day wait for first treatment from consultant upgrade

- In 2012-13, 93.2% of patients who received first treatment for cancer following a consultant's decision to upgrade their priority began treatment within 62 days of that decision.

31-day wait for second or subsequent treatment

- In 2012-13, 97.4% of patients waited 31 days or less for second or subsequent treatment, where the treatment modality was surgery.
- In 2012-13, 99.7% of patients waited 31 days or less for second or subsequent treatment, where the treatment modality was an anti-cancer drug regimen.
- In 2012-13, 98.0% of patients waited 31 days or less for second or subsequent treatment, where the treatment modality was a course of radiotherapy.

The key points of the commissioner based annual data are:

NOTE - the commissioner-based official statistics below are not designated as National Statistics as they have not yet been assessed by the UK Statistics Authority. NHS England's view is that these statistics are robust and have been produced to a suitable standard; they are included here to give extra context.

All cancer two week wait

- In 2012-13, 95.5% patients urgently referred for suspected cancer by their GP were seen by a specialist within two weeks of referral.

Two week wait for symptomatic breast patients (where cancer was not initially suspected)

- In 2012-13, 95.5% patients urgently referred for breast symptoms (where cancer was not initially suspected) were seen within two weeks of that referral.

One Month (diagnosis to first treatment) wait for all cancers

- In 2012-13, 98.3% patients receiving their first definitive treatment for cancer began that treatment within one month (31 days) of being informed of their diagnosis and agreeing a care plan.

Two Month (urgent GP referral to first treatment) wait: all cancers

- In 2012-13, 87.1% patients receiving their first definitive treatment for cancer following an urgent GP referral for suspected cancer began their treatment within two months (62 days) of that referral.

62-day wait for first treatment following referral from an NHS cancer screening service: all cancers

- In 2012-13, 95.1% patients receiving first definitive treatment for cancer following referral from an NHS cancer screening service began their treatment within 62 days of that referral.

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

62-day wait for first treatment from consultant upgrade

- In 2012-13, 92.8% patients who received first treatment for cancer following a consultant's decision to upgrade their priority began treatment within 62 days of that decision.

31-day wait for second or subsequent treatment

- In 2012-13, 97.3% of patients waited 31 days or less for a second or subsequent treatment, where the treatment modality was surgery.
- In 2012-13, 99.7% of patients waited 31 days or less for a second or subsequent treatment, where the treatment modality was an anti-cancer drug regimen.
- In 2012-13, 97.9% of patients waited 31 days or less for a second or subsequent treatment, where the treatment modality was a course of radiotherapy.

Please note, as explained previously some of the figures may differ from the provider-based data shown above. This is because commissioner level data does not include those patients receiving treatment in English providers who are not registered at a GP Practice in England. The provider-based statistics remain the most complete assessment of NHS activity.

Waiting Times for Suspected and Diagnosed Cancer Patients

1.0 Introduction

- 1.1 This report presents a summary of the Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients within the English NHS for the period 2012-13. These data are an aggregate version of those provider based quarterly statistics available on the NHS England website at:

<http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/> .

However, there may be some discrepancies between the statistics contained within this report and the previous quarterly publications, owing to further efforts to clean the dataset and present a more accurate analysis since individual quarters were published.

- 1.2 Improving Outcomes: A Strategy for Cancer(January 2011)¹, confirmed that the cancer waiting time standards should be retained, consequently they were identified within the Operating Framework for the NHS in England for 2012-13² (the period contained within this report) and Everyone Counts: Planning for Patients 2013/14³. The continued requirement to meet maximum waiting times for cancer services followed a review of the evidence base supporting cancer waiting times, undertaken by Professor Sir Mike Richards in the summer of 2010. This Review of Cancer Waiting Times Standards⁴ found that shorter waiting times can lead to earlier diagnosis, quicker treatment, a lower

¹http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123394.pdf

²http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131360

³<http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf>

⁴http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_123395.pdf

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

risk of complications, an enhanced patient experience and improved cancer outcomes. Shorter waiting times can help to ease patient anxiety and improve experience.

- 1.3 These waiting times standards for cancer services, as with all monitored waiting times standards, are not expected to be met in all cases by the NHS. At any one time, there will be a number of patients who are not available for treatment within a waiting time standard because: they elect to delay their treatment (patient choice), are unfit for their treatment, or it would be clinically inappropriate to treat them within the standard time. To account for this, NHS England has published 'operational standards' (performance thresholds)⁵ that set the expected level of performance based on case mix, clinical requirements, potential numbers of patients unfit for treatment or electing to delay treatment (patient choice). The published operational standards for cancer waiting times are:

Waiting Times Measure	Operational Standard
Two month (62-day) (urgent GP referral to first treatment) wait : all cancers	85%
62-day wait for first treatment following referral from an NHS cancer screening service: all cancers	90%
One Month (31-day)diagnosis to first treatment wait for all cancers	96%
31-day wait for second or subsequent treatment: anti-cancer drug treatments	98%
31-day wait for second or subsequent treatment: surgery	94%
31-day wait for second or subsequent treatment: radiotherapy treatments ⁶	94%
All cancer two week wait	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected)	93%

- 1.4 The operational standards detailed above are based on 'all cancers' and take into account patient choice and other influencing factors. There will be variations between different tumour types. These variations are the result of differences in the types of tests a patient requires to confirm a diagnosis of cancer for each tumour group, the complexities of that treatment and the different choices those patients might make about their treatment.
- 1.5 The provider-based set of statistics has been formally assessed for compliance with the Code of Practice for Official Statistics, and has been designated as National Statistics⁷.
- 1.6 The commissioner-based set of official statistics included within this report are not designated as National Statistics as they have not yet been assessed by the UK Statistics Authority. NHS England's view is that these statistics are robust and have been produced to a suitable standard. They are included here to give extra context.
- 1.7 The Government Statistical Service (GSS) statistician responsible for producing the data in this report is Mark Svenson, who can be contacted at the address or e-mail given below.

⁵http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digit_103431.pdf

⁶This standard was implemented from December 2010, and data was first published in Q4 2010-11.

⁷<http://www.statisticsauthority.gov.uk/assessment/assessment/assessment-reports/confirmation-of-designation-letters/letter-of-confirmation-as-national-statistics---assessment-report-43.pdf>

**Waiting Times for Suspected and Diagnosed Cancer Patients
2012-13 Annual Report**

- 1.8 This is the fourth publication of an annual summary report on Cancer Waiting Times. The production of this annual report provides additional analysis and commentary on the statistics, and has been provided in order to aid interpretation of these statistics by users. If you have any feedback on the content of the publication, or would like any more information about the statistics themselves, please let us know at cancer-waits@dh.gsi.gov.uk or in writing at:

Cancer Waiting Times Team
NHS England
Room 8E28, Quarry House
Quarry Hill
Leeds
LS2 7UE
Great Britain

2.0 Methodology

- 2.1 These aggregate statistics are derived from patient records held on the Cancer Waiting Times Database (CWT-Db) in the format specified by the National Cancer Waiting Times Monitoring Dataset (NCWTMDS), full details of which can be found at: http://www.datadictionary.nhs.uk/data_dictionary/messages/clinical_data_sets/data_sets/national_cancer_waiting_times_monitoring_data_set_fr.asp?shownav=1
- 2.2 For the quarterly publication of Cancer Waiting Times statistics; following the 25th working day after the end of each quarter the CWT-Db provides NHS England with aggregated and anonymised extracts of the validated data on two-week wait periods, 31-day periods and 62-day referral to treatment periods for publication and reporting purposes. Prior to publication, NHS England analysts follow a set process to ensure that the published statistics are as accurate as possible. These statistics are either aggregated using the provider organisation details contained within the patient record or details of the registered primary care organisation, which can also be sourced from this patient record.
- 2.3 The national levels of activity and performance reported within this summary for commissioned services may differ from the equivalent provider based statistical summaries. This is because these commissioner-based statistics only include those patients who can be traced back to an English commissioner using their NHS Number. As a result, the national calculated performance levels may differ slightly between the two datasets. As these commissioner (Primary Care Trust) based statistics are derived from those data submitted by the providers of NHS cancer services, the provider based national statistics on waiting times for suspected and diagnosed cancer patients remain the most complete assessment of the performance of the English NHS.
- 2.4 It is not possible to alter any aggregate extract after it has been generated by the CWT-Db. This is because these data will have already been disseminated within the NHS as part of an automated process at the same time that the automated aggregate extract was generated. The CWT-Db will already have reported details of any activity to the NHS provider, the commissioning PCT and SHA, the local SHA (if different) and the local cancer network. These automated reports cannot be altered to ensure consistency of information throughout the NHS and version control.
- 2.5 If an error is discovered after the automated processes of the CWT-Db have generated aggregate statistics for publication, the usual practice of the NHS England is to add a caveat or note explaining the inconsistency to the foot of the relevant data table within the quarterly publications.
- 2.6 Further documents outlining the methodology, including the revisions policy, and issues around security and confidentiality, can be found here: <http://www.england.nhs.uk/statistics/cancer-waiting-times/>

Part I – Provider-based statistics

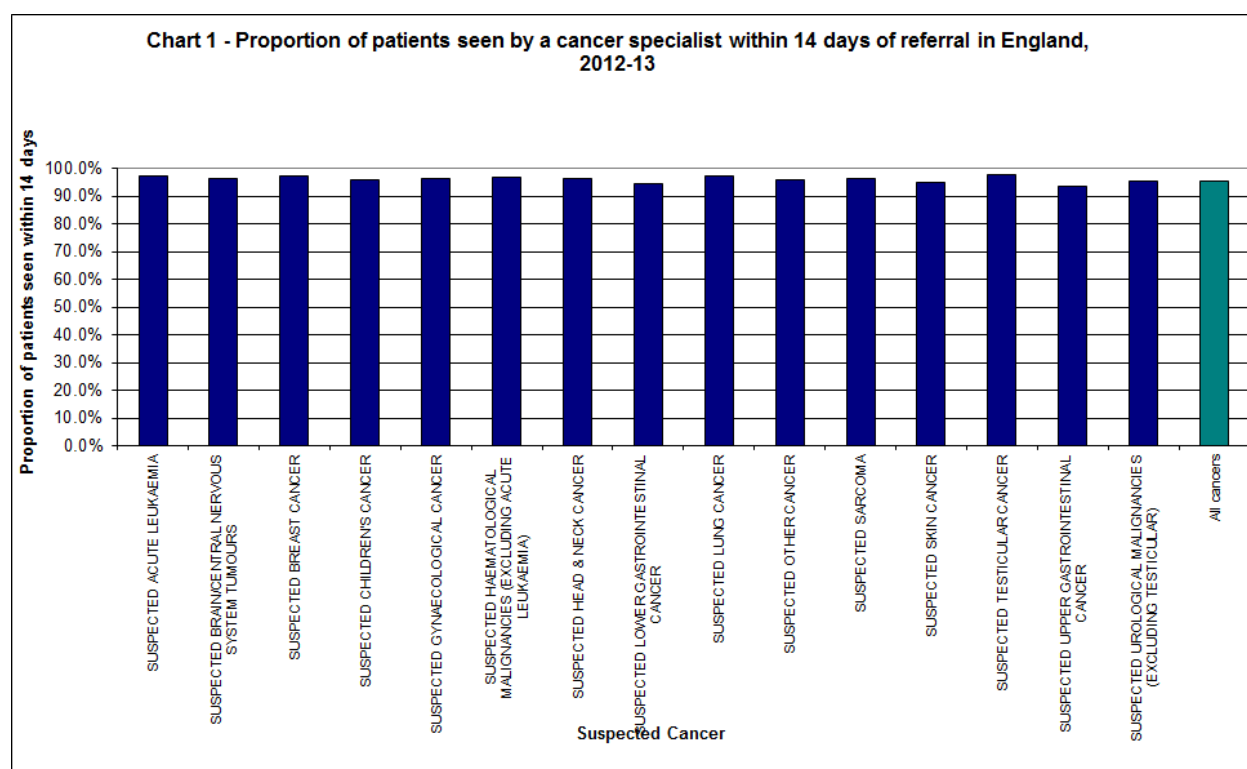
Part I of this report presents the validated results of the monitoring of waiting times for cancer services in England during the period April 2012 to March 2013, followed by a time-series analysis for the provider-based statistics.

3.0 Provider-based 2012-13 annual performance

All cancer two week wait

3.1 In 2012-13, 1,220,177 patients were seen by a specialist following an urgent GP referral⁸ for suspected cancer. 95.5% of these patients were seen within two weeks (14 days) of referral.

3.2 Chart 1 shows aggregate performance for 2012-13 against the two week waiting times standard by suspected cancer type. This shows that in 2012-13, the operational standard (93%) was met for all types of suspected cancer. The proportion of patients seen within 14 days ranged from 93.5% for patients with suspected upper gastrointestinal cancers to 97.8% for patients with suspected testicular leukaemia.



Two week wait for symptomatic breast patients (cancer not initially suspected)

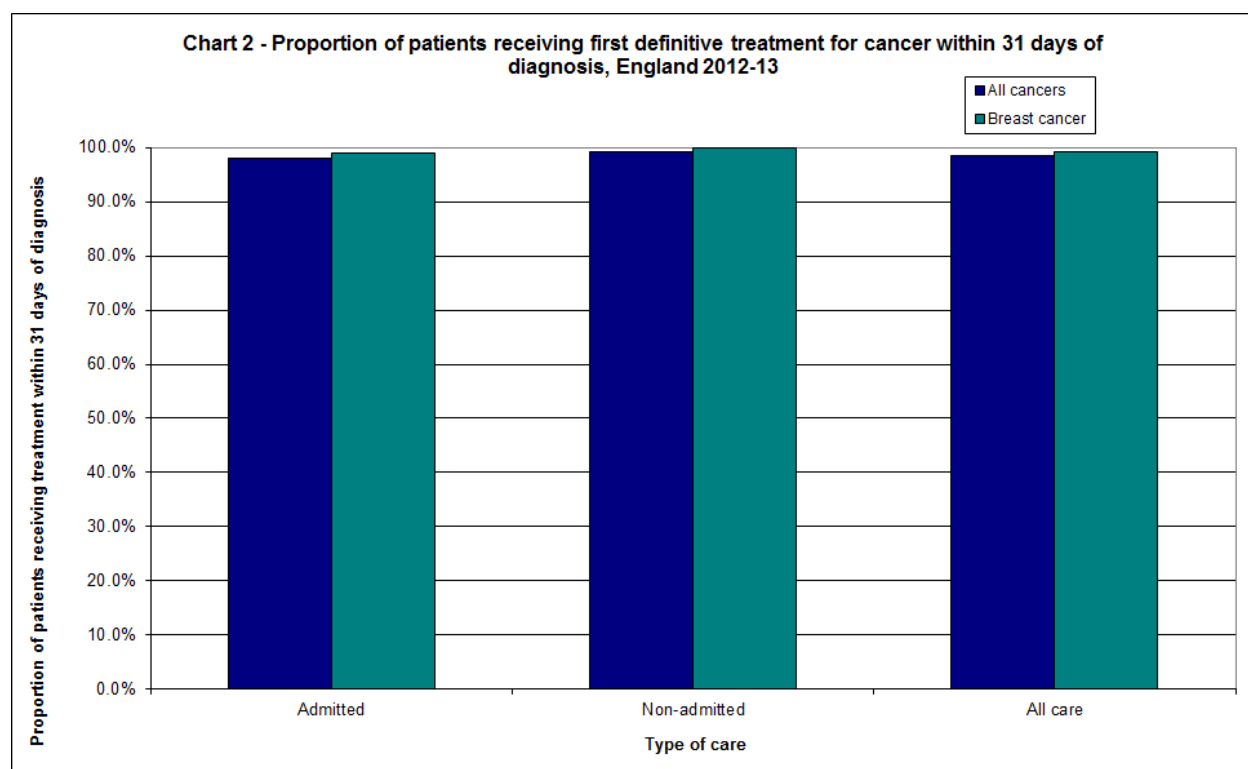
3.3 In 2012-13, 194,718 patients who exhibited breast symptoms that were not initially suggestive of cancer were seen in clinic after being urgently referred for breast symptoms. Of these, 95.5% were seen within two weeks (14 days) of referral.

⁸ GP referrals include those from both General Medical Practitioners (GMP) and General Dental Practitioners (GDP)

One Month (diagnosis to treatment) wait for first treatment

3.4 In 2012-13, 258,627 patients received their first definitive treatment for a new primary cancer within the English NHS. Of these, 98.4% began that treatment within one month (31 days) of being informed of their diagnosis and agreeing their care plan with a clinician. This proportion is slightly less for admitted patients (97.9%) than for non-admitted patients (99.3%)⁹.

3.5 Of these patients, 42,601 were receiving first definitive treatment for breast cancer. 99.2% of patients being treated for breast cancers waited one month (31 days) or less for this first treatment. Chart 2 shows performance against the one month waiting time standard for first definitive treatment for admitted and non-admitted patients for all cancers¹⁰ and breast cancer.



Two month (urgent GP referral to first treatment) wait: all cancers

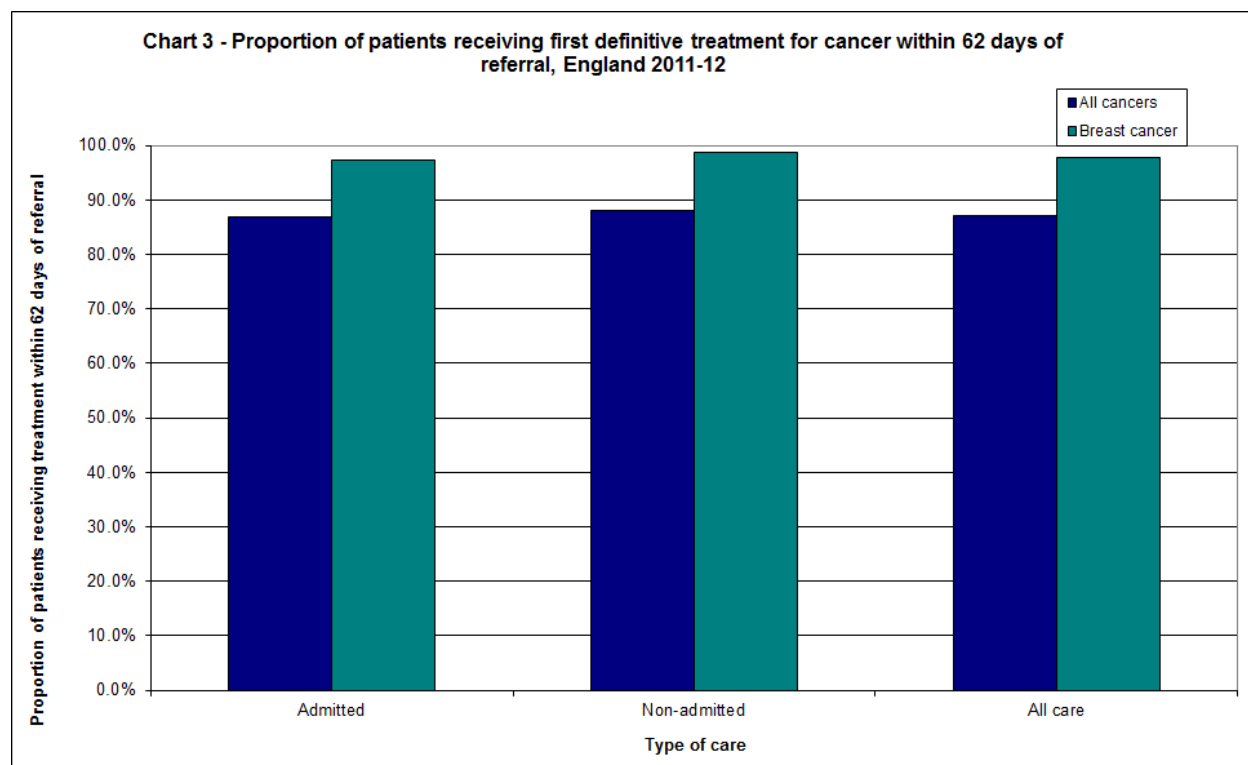
3.6 In 2012-13, 117,937 patients were diagnosed with and received first definitive treatment for cancer following an urgent GP referral for suspected cancer. 87.2% of these patients began this first treatment within two months (62 days) of that initial referral. This proportion is slightly higher for non-admitted patients (88.0%) than for admitted patients (86.8%).

⁹ Admitted patients refers to those patients who were admitted to hospital for treatment - this includes ordinary admissions and day cases; patients who were non-admitted refers to outpatient activity, and treatment in other care settings. All care is the sum of admitted and non-admitted patients.

¹⁰ See glossary for definition of "all cancers"

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

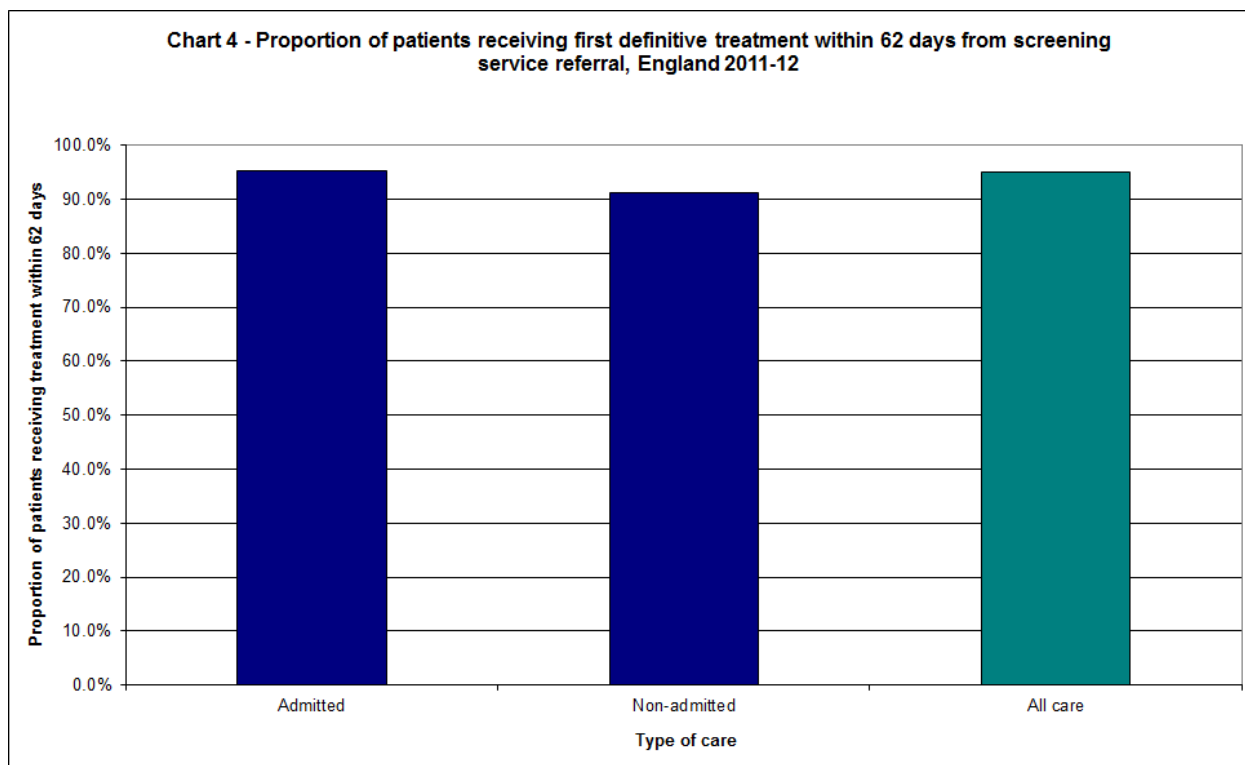
- 3.7 Of these patients, 20,517 received first definitive treatment for a breast cancer following an urgent GP referral, 97.7% of whom began treatment within two months (62 days) of the original urgent referral for suspected cancer. This proportion is lower for admitted patients (97.4%) than for non-admitted patients (98.8%). Chart 3 shows the proportion of patients receiving first treatment for all cancers and breast cancer within two months of referral.



62-day wait for first treatment following referral from an NHS cancer screening service: all cancers

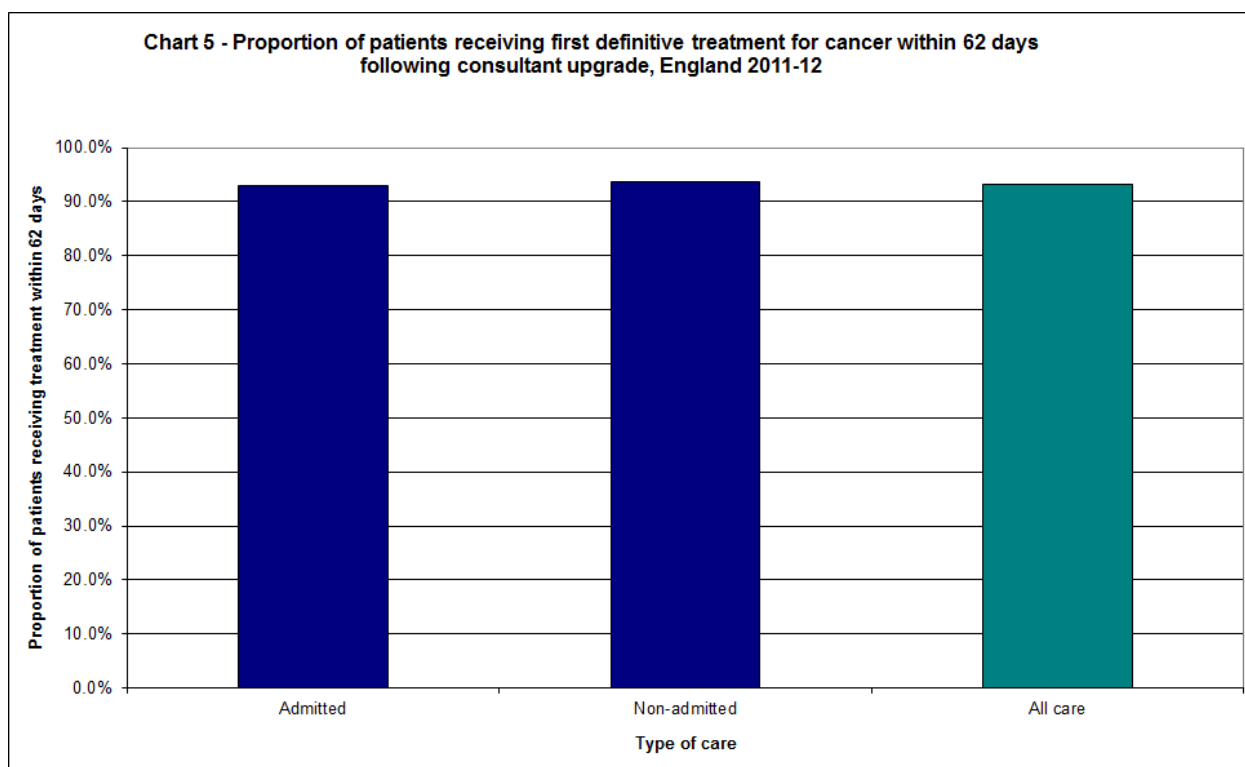
- 3.8 In 2012-13, 17,954 patients received first definitive treatment for cancer following a referral from an NHS cancer screening service. 95.1% of these patients began treatment within 62 days of this referral. The proportion beginning treatment within 62 days is higher for admitted patients (95.4%) than for non-admitted patients (91.2%). Chart 4 shows the breakdown for admitted and non-admitted patients.

**Waiting Times for Suspected and Diagnosed Cancer Patients
2012-13 Annual Report**



62-day wait for first treatment from consultant upgrade

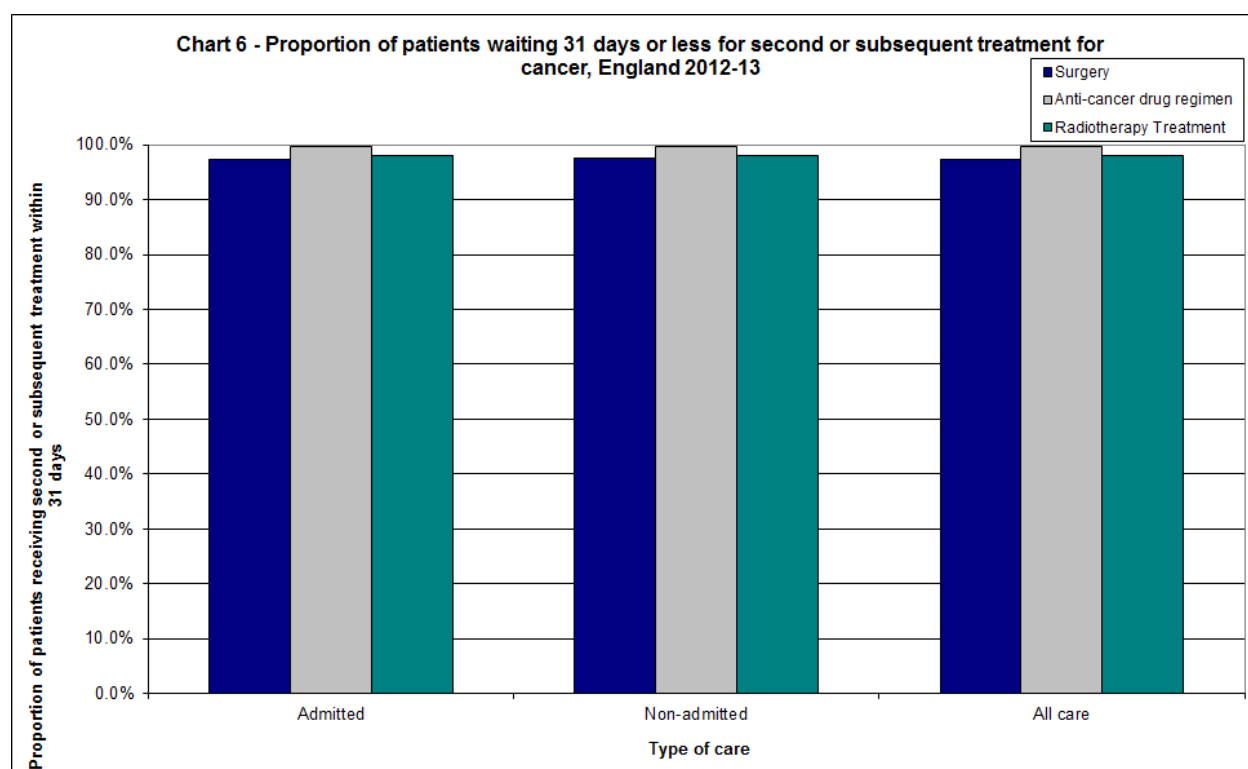
3.9 In 2012-13, 17,661 patients received first definitive treatment for cancer following a consultant's decision to upgrade their priority. 93.2% of these patients began treatment within 62 days of the consultant's decision. This proportion meeting the waiting time standard is slightly lower for admitted patients (93.0%) than for non-admitted patients (93.6%). Chart 5 shows the breakdown for admitted and non-admitted patients.



Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

31-day wait for second or subsequent treatment

- 3.10 In 2012-13, 55,500 patients received a second or subsequent surgical treatment for cancer. Of these patients, 97.4% waited 31 days or less to begin this treatment. This proportion is slightly higher for admitted patients (97.3%) than for non-admitted patients (97.6%).
- 3.11 In 2012-13, 82,894 patients received an anti-cancer drug regimen as a second or subsequent treatment. 99.7% of these patients waited 31 days or less to begin this course of treatment. This proportion is slightly lower for admitted patients (99.6%) than for non-admitted patients (99.7%).
- 3.12 In the same year, 96,553 patients received a second or subsequent radiotherapy treatment for cancer. 98.0% of these patients waited 31 days or less to begin this course of treatment. This proportion is slightly higher for admitted (98.1%) than for non-admitted patients (98.0%).
- 3.13 Chart 6 shows that the operational standards of 98% for patients on an anti-cancer drug regimen, and 94% for patients receiving surgery or radiotherapy treatment were met for both admitted and non-admitted patients in 2012-13.

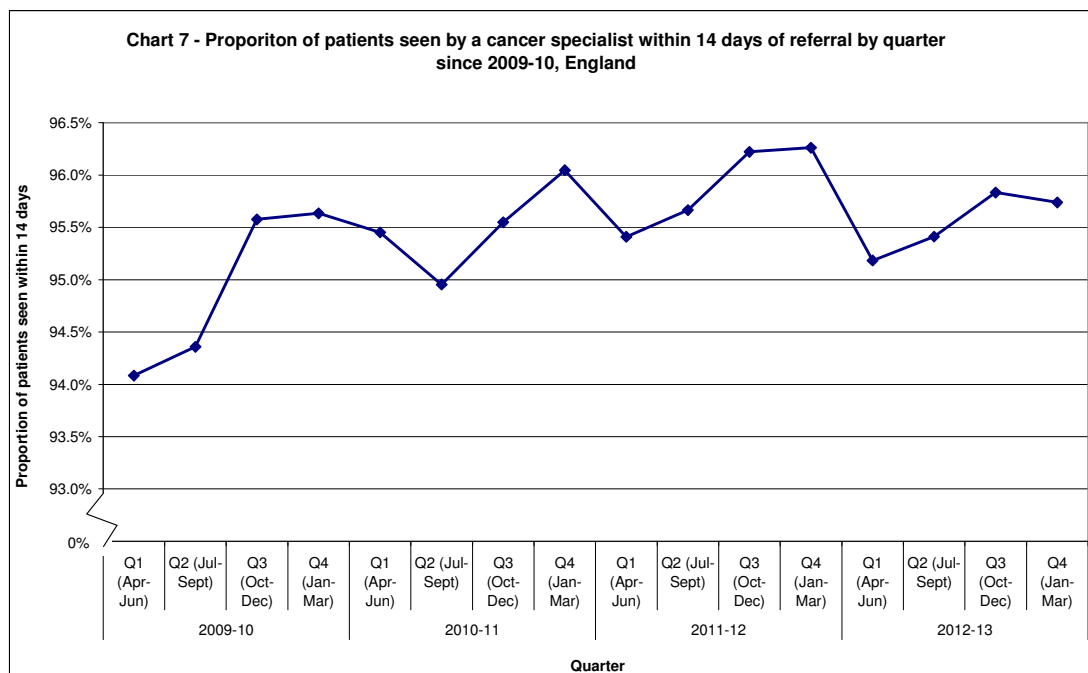


4.0 Provider-based time-series analysis

All cancer two week wait

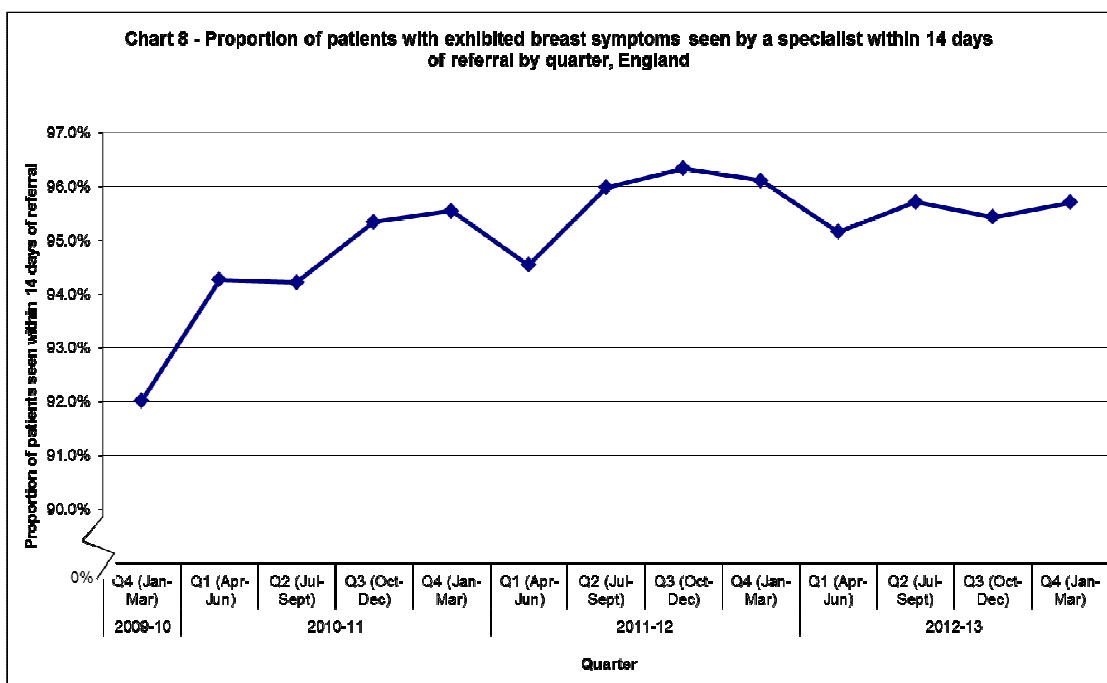
- 4.1 Since Quarter 1 2009-10, there has been an increase in the proportion of patients seen by a specialist within two weeks (14 days) of an urgent referral for suspected cancer each quarter, rising from 94.1% to 95.7%. However, there has been a decrease since the end of 2011-12, when the percentage was 96.3%. Chart 7 illustrates quarterly performance from 2009-10 to 2012-13.

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report



Two week wait for symptomatic breast patients (cancer not initially suspected)

4.2 Since Quarter 4 2009-10, when these data were first published, the proportion of patients with exhibited, non-cancer, breast symptoms seen by a specialist within 14 days of referral has increased from 92% to 95.7%. Chart 8 shows the performance over time.

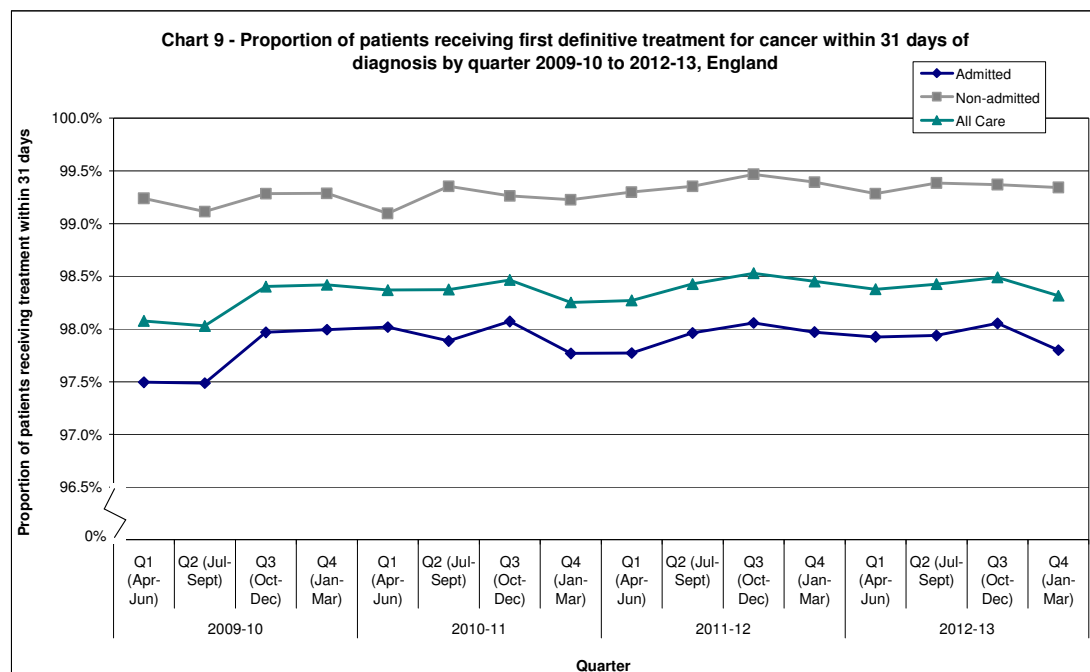


Note: the time series shown in chart 8 differs from the equivalent chart in the 2011-12 annual report. This is because the chart in the 2011-12 report was based on incorrect figures.

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

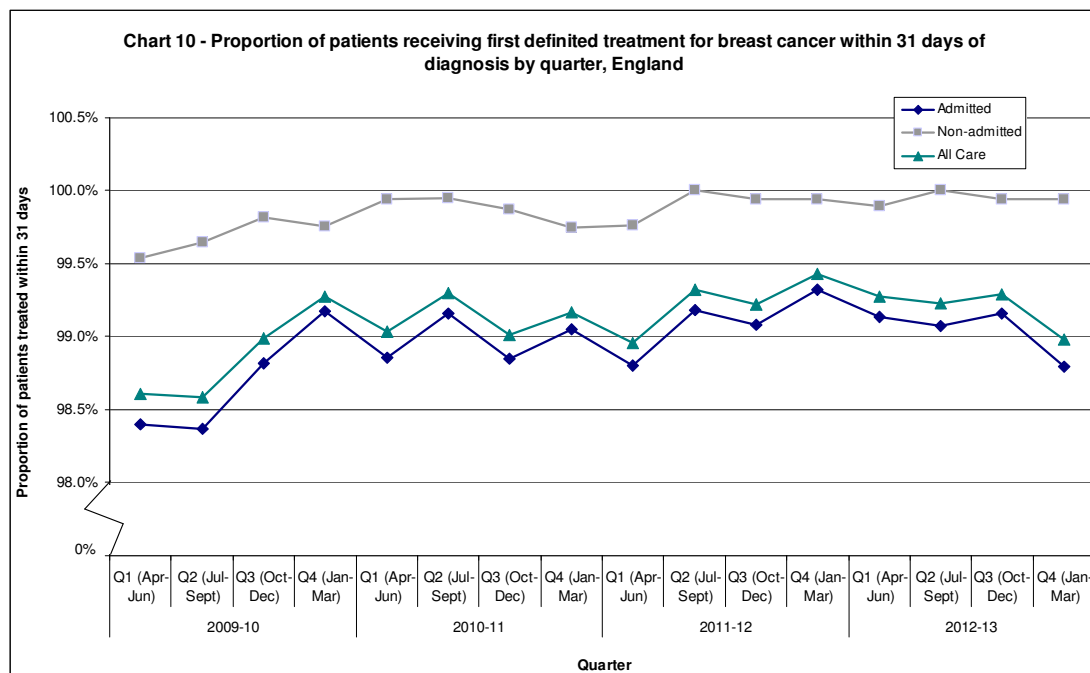
One month (diagnosis to first treatment), wait for cancer

4.3 The proportion of patients receiving first definitive treatment for cancer within one month (31 days) of receiving their diagnosis and agreeing a package of care is consistently lower for those who are admitted for treatment compared to those who receive treatment in a non-admitted environment. For all patients the proportion of patients receiving first definitive treatment for cancer within one month has remained reasonably consistent at between 98.0% and 98.5%. This is illustrated below (Chart 9):



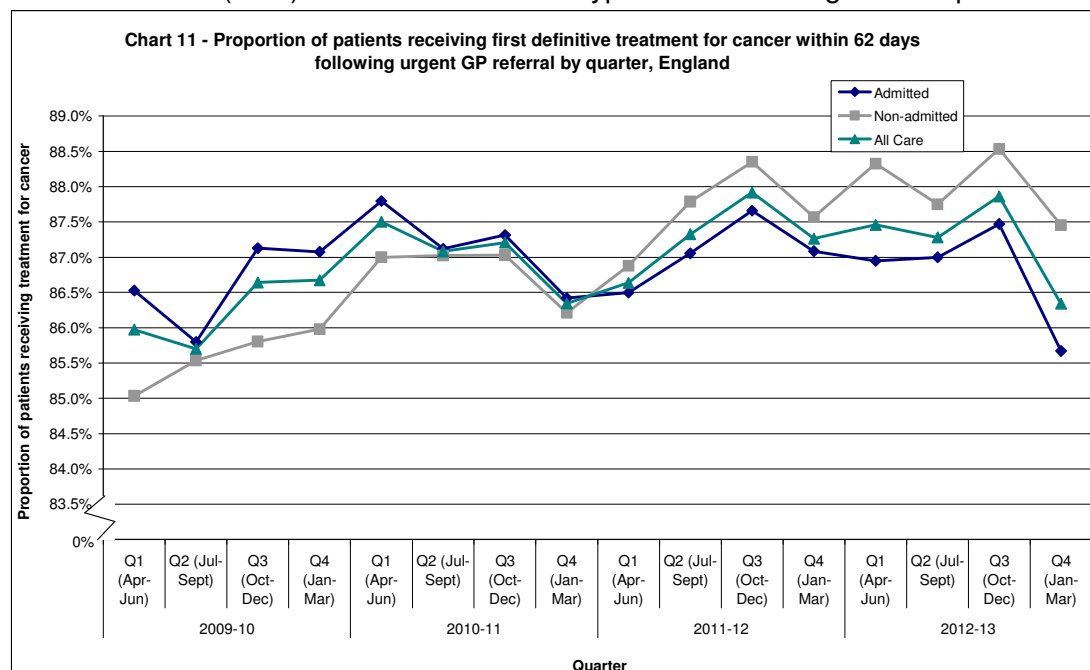
4.4 For patients receiving first definitive treatment for breast cancer, a higher proportion of patients who are not admitted to hospital are treated within 31 days of diagnosis and agreement of their care plan than those who are admitted. For all patients receiving treatment for breast cancer, the proportion waiting 31 days or less following diagnosis increased from 98.6% to 99.3% over 2009-10, and remained between 99.0% and 99.4% in 2010-11 and 2012-13. This breakdown is illustrated in Chart 10.

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report



Two month (urgent GP referral to first treatment) wait: all cancers

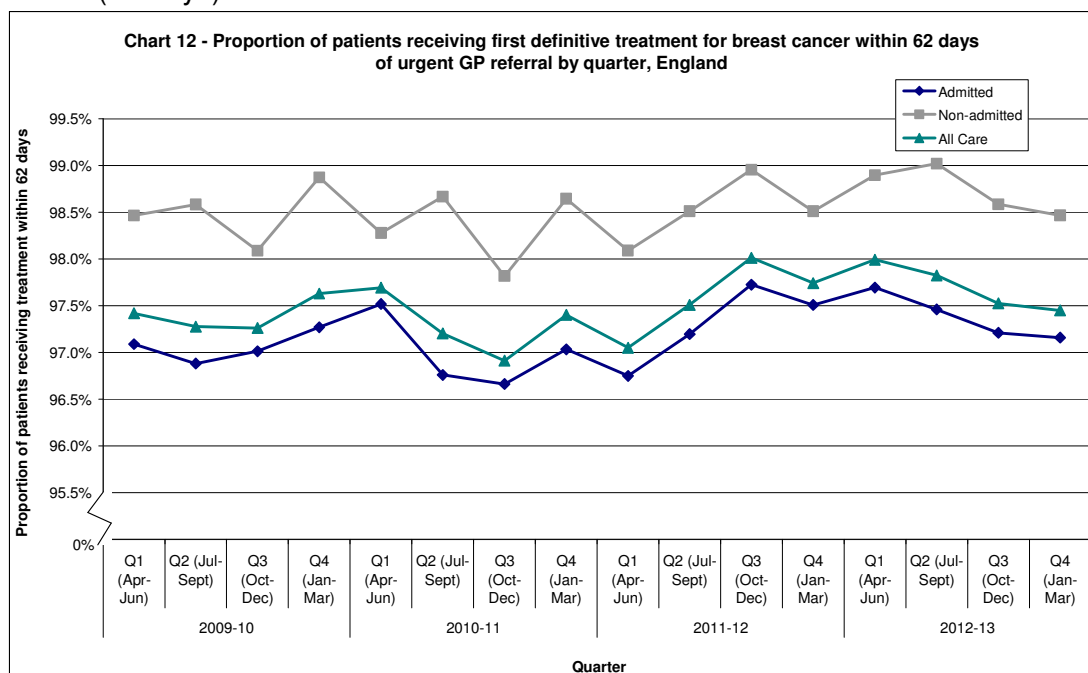
- 4.5 The proportion of patients receiving first definitive treatment for cancer within two months (62 days) of an urgent GP referral for suspected cancer followed a pattern where it was consistently higher for those who are admitted for treatment compared to those who received treatment in a non-admitted setting between 2009-10 and 2010-11. However, this trend reversed during 2011-12 and 2012-13. Chart 11 shows that the operational standard (85%) was sustained for all types of care throughout the period 2009 to 2013.



- 4.6 For patients receiving first definitive treatment for breast cancer following an urgent GP referral for suspected cancer, a higher proportion of patients who are not receiving their

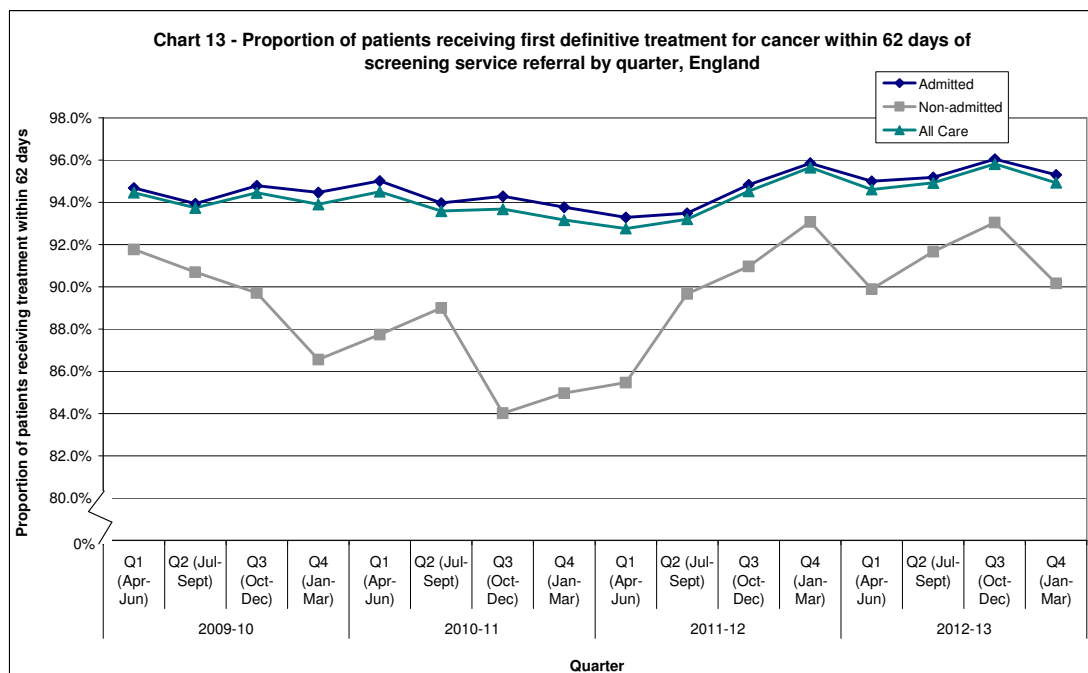
Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

first definitive treatment following an admission to hospital are treated within two months (62-days) than those who are admitted. This can be seen in Chart 12.



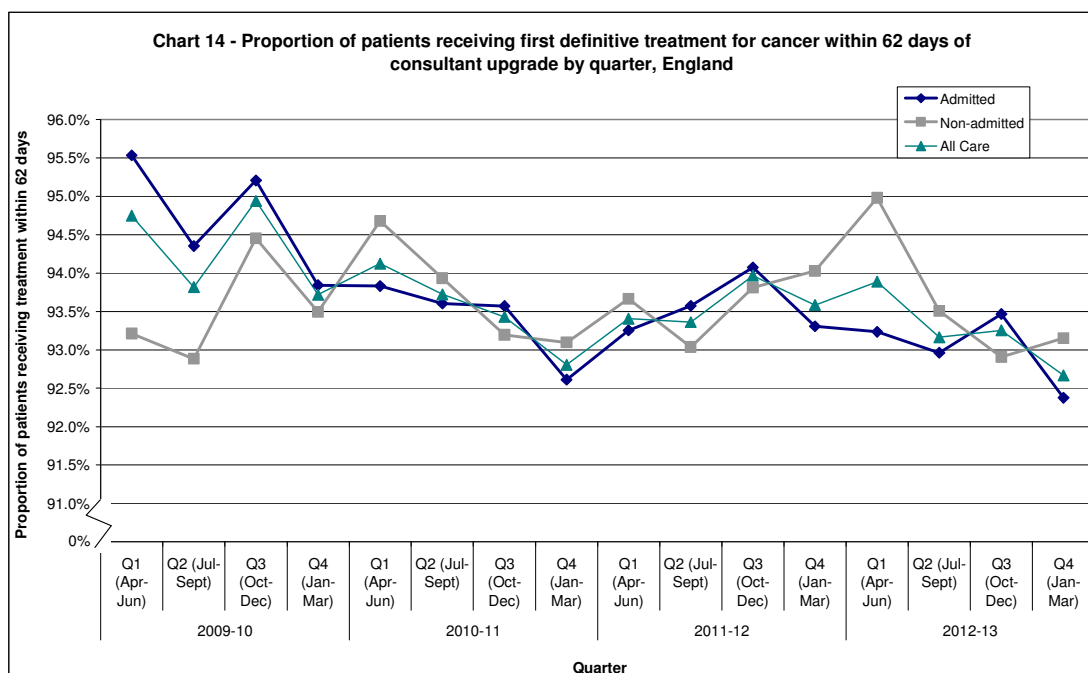
62-day wait for first treatment following referral from an NHS cancer screening service: all cancers
4.7 The proportion of patients receiving first definitive treatment for cancer within 62 days of a referral from an NHS cancer screening service is consistently higher for those who are admitted than those who receive treatment in a without being admitted (i.e. as an outpatient). Regarding the distribution treatment delivery between an admitted and non-admitted setting, the proportion of patients receiving treatment without being admitted had been presenting a downward trend from 2009-10 to 2010-11, but increased during 2011-12 and remained constant during 2012-13. This can be seen in Chart 13.

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report



62-day wait for first treatment from consultant upgrade

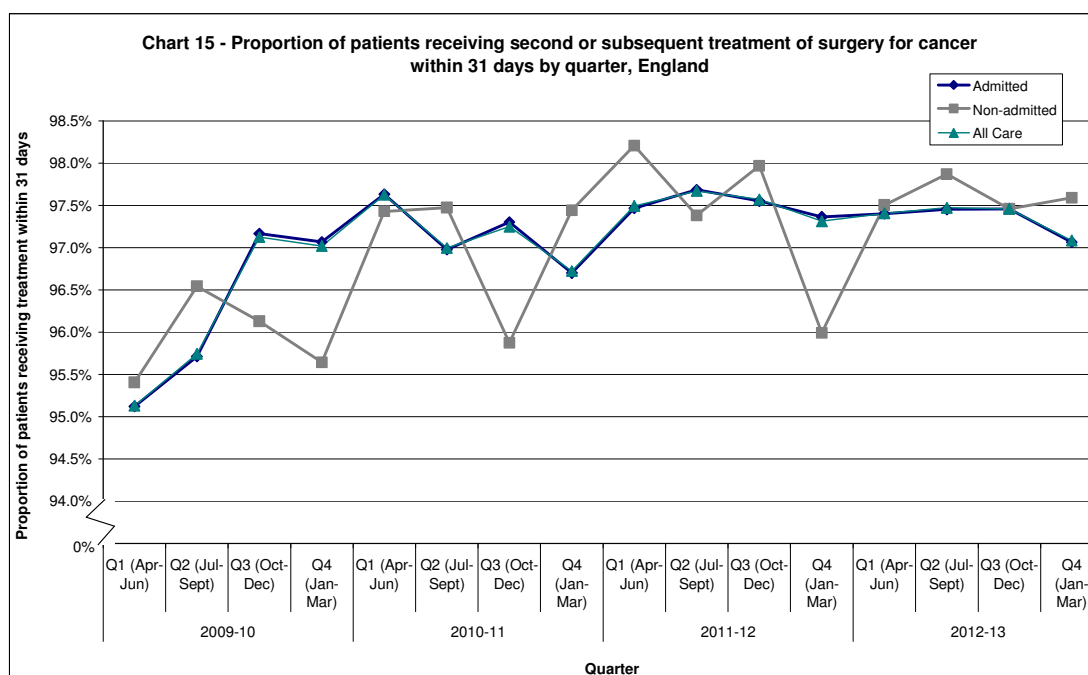
4.8 The proportion of patients receiving first definitive treatment for cancer within 62 days of a consultant's decision to upgrade their priority has fallen from 2009/10 to 2012/13, i.e. a greater proportion of patients are being seen outside the 62-day window. It should also be noted that the number of patients receiving first definitive treatment for cancer following consultant upgrade has increased by 76%, from 2,309 in Q1 2009-10 to 4,057 in Q4 2012-13.



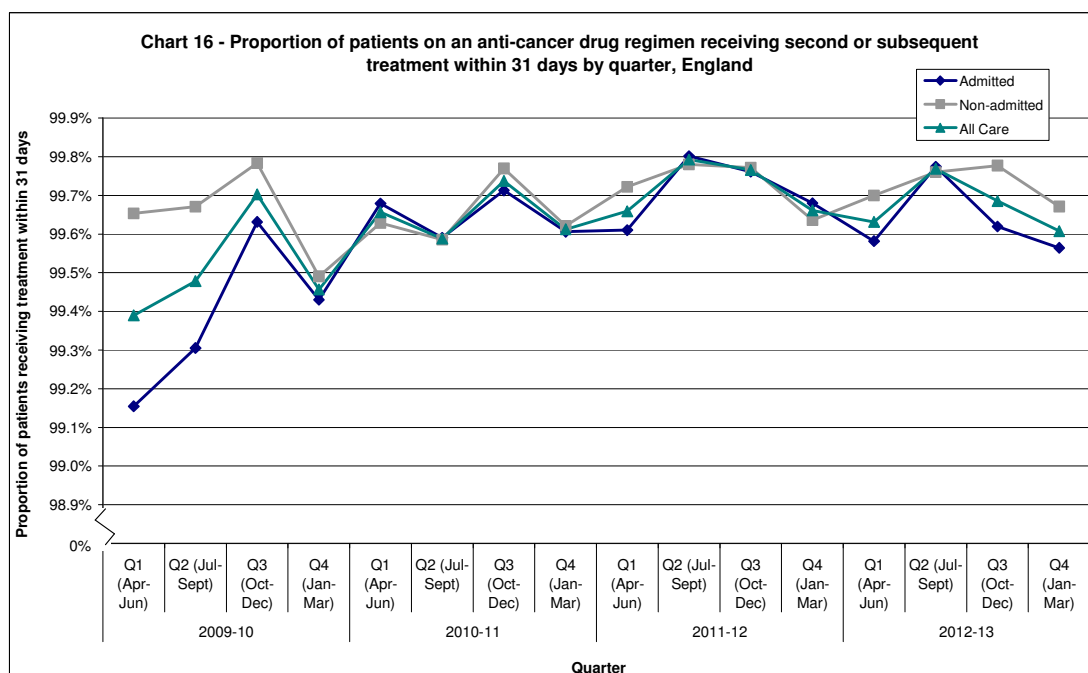
31-day wait for second or subsequent treatment

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

- 4.9 As shown in Chart 15, the proportion of patients receiving second or subsequent treatment for cancer within 31 days, where the treatment modality is surgery has steadily been increasing from 95.1% in Quarter 1 2009-10 to 97.1% in Quarter 4 2012-13.

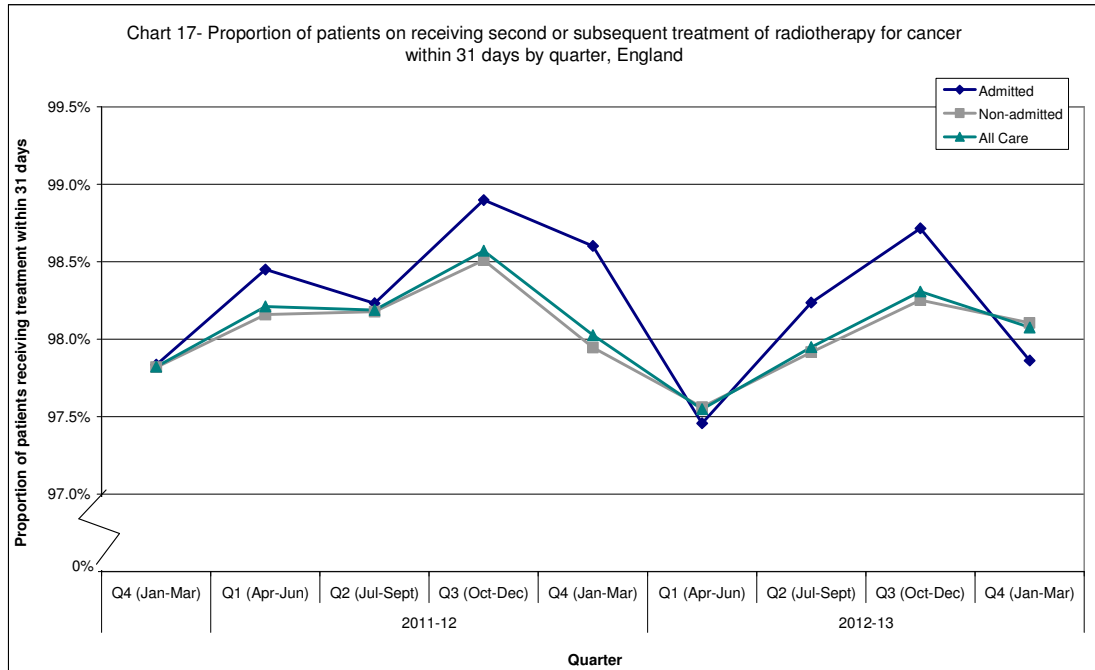


- 4.10 Chart 16 shows that, for patients receiving an anti-cancer drug regimen as their second or subsequent treatment, the proportion of patients receiving that second or subsequent treatment within 31 days have been sustained above the operational standard between 2009-10 and 2012-13.



**Waiting Times for Suspected and Diagnosed Cancer Patients
2012-13 Annual Report**

4.11 Chart 17 shows that, the proportion of patients receiving second or subsequent treatment for cancer within 31 days, where the treatment modality is radiotherapy, the figure has remained consistently above the operational standard of 94%. The trend only goes back to Q4 10/11 for radiotherapy as this is when the standard was implemented.



PART II – Commissioner-based statistics

Part II of this report presents the validated results of the monitoring of waiting times for cancer services in England during the period April 2012 to March 2013, followed by a time-series analysis for the commissioner-based statistics.

5.0 Commissioner-based 2012-13 annual performance

NOTE - the commissioner-based set of statistics included within this report are not designated as National Statistics as they have not yet been assessed by the UK Statistics Authority. NHS England's view is that these statistics are robust and have been produced to a suitable standard; they are included here to give extra context.

All cancer two week wait

- 5.1 In 2012-13, 1,206,587 patients were seen by a specialist following an urgent GP referral¹¹ for suspected cancer. 95.5% of these patients urgently referred for suspected cancer by their GP were seen by a specialist within two weeks of referral.
- 5.2 In 2012-13, 194,715 patients who exhibited breast symptoms that were not initially suggestive of cancer were seen in a clinic after being urgently referred for breast symptoms. 95.5% of these people were seen within two weeks of that referral.

One Month (diagnosis to first treatment) wait for all cancers

- 5.3 In 2012-13, 245,589 patients received their first definitive treatment for a new primary cancer within the English NHS. 98.3% of these people receiving their first definitive treatment for cancer began that treatment within one month (31 days) of being informed of their diagnosis and agreeing a care plan.

Two Month (urgent GP referral to first treatment) wait: all cancers

- 5.4 In 2012-13, 115,817 patients were diagnosed with and received first definitive treatment for cancer following an urgent GP referral for suspected cancer. 87.1% of these patients began their treatment within two months (62 days) of referral.

62-day wait for first treatment following referral from an NHS cancer screening service: all cancers

- 5.5 In 2012-13, 17,875 patients received first definitive treatment for cancer following a referral from an NHS cancer screening service. 94.0% of these patients began their treatment within 62 days of that referral.

62-day wait for first treatment from consultant upgrade

- 5.6 In 2012-13, 15,790 patients received first definitive treatment for cancer following a consultant's decision to upgrade their priority. 92.8% of these patients began treatment within 62 days of that decision.

31-day wait for second or subsequent treatment

- 5.7 In 2012-13, 54,237 patients received a second or subsequent surgical treatment for cancer. 97.3% of these patients waited 31 days or less for a second or subsequent treatment, where the treatment modality was surgery.

¹¹ GP referrals include those from both General Medical Practitioners (GMP) and General Dental Practitioners (GDP)

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

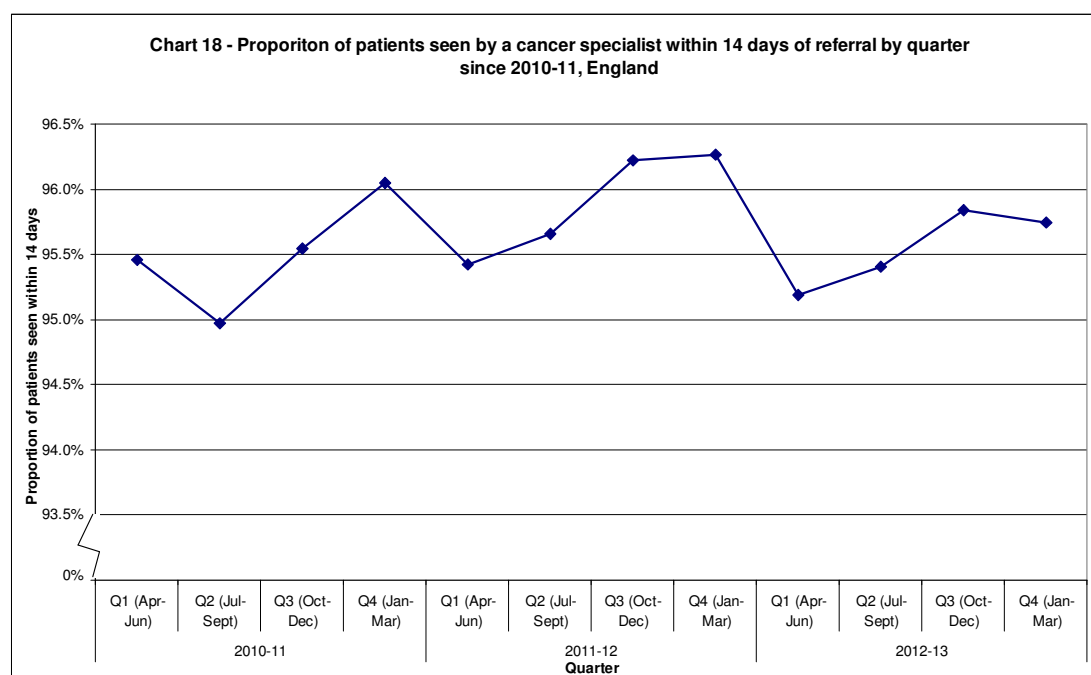
- 5.8 In 2012-13, 80,198 patients received an anti-cancer drug regimen as a second or subsequent treatment. 99.7% of these patients waited 31 days or less for a second or subsequent treatment, where the treatment modality was an anti-cancer drug regimen.
- 5.9 In the same year, 90,937 patients received a second or subsequent radiotherapy treatment for cancer. 97.9% of these patients waited 31 days or less for a second or subsequent treatment, where the treatment modality was a course of radiotherapy.

Please note, as explained previously some of the figures may differ from the provider-based data shown above. This is because commissioner level data does not include those patients receiving treatment in English providers who are not registered at Primary Care Trusts in England. The provider-based statistics remain the most complete assessment of NHS activity.

6.0 Commissioner-based time-series analysis

All cancer two week wait

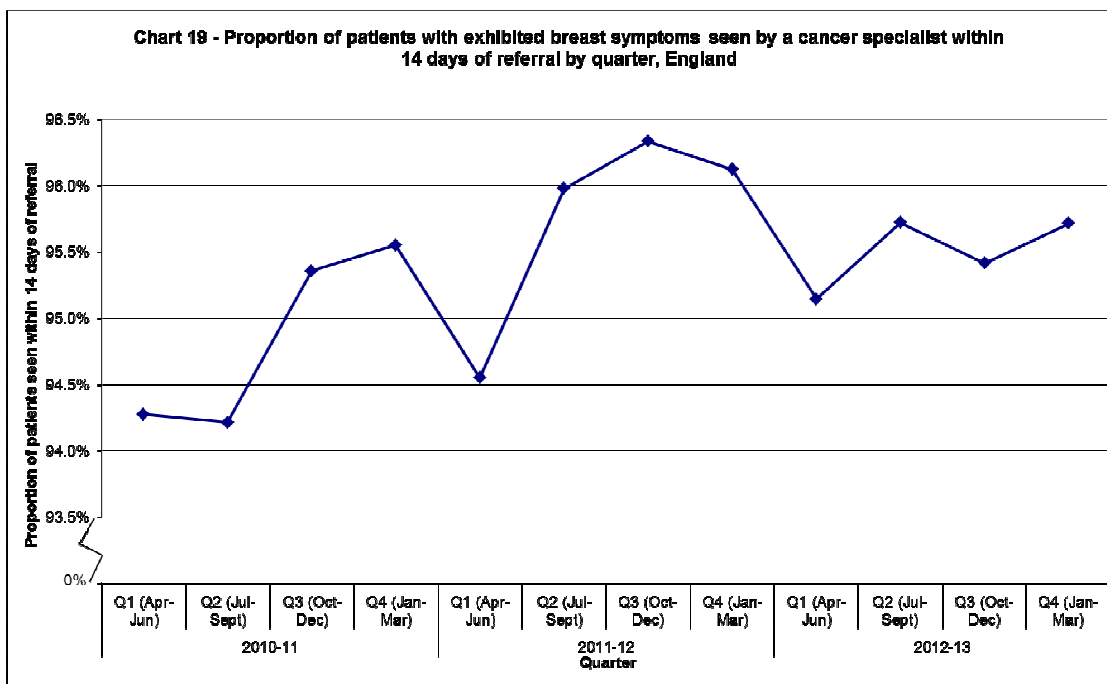
- 6.1 On a commissioner basis (only incorporating those patients who can be attributed to an English commissioner), the proportion of patients seen by a specialist within 14 days of an urgent referral for suspected cancer has increased from 95.5% in Q1 2010-11 to 95.7% in Q4 2012-13. The trend is shown in chart 18 below. The operational standard of 93% has been met throughout this period.



Two week wait for symptomatic breast patients (cancer not initially suspected)

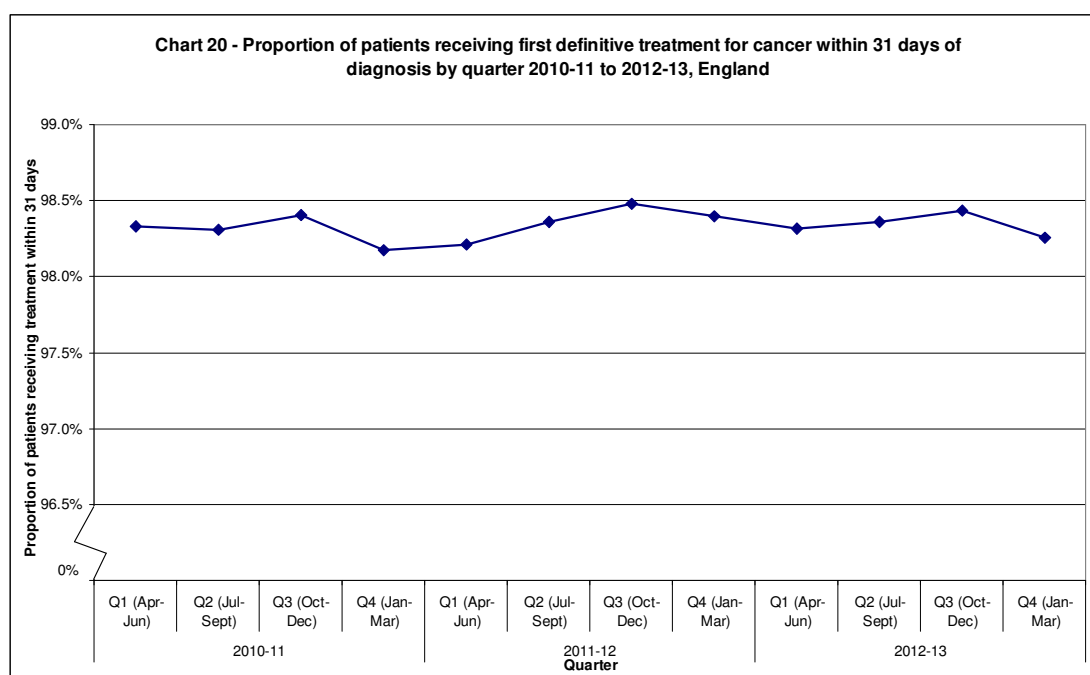
- 6.2 The commitment states that there should be a maximum waiting time of two weeks for those patients referred urgently with breast symptoms, where cancer was not initially suspected. The operational standard for this commitment is 93%. Chart 19 shows the proportion of patients seen by a specialist within two weeks (14 days) of referral has increased from 94.3% to 95.7%.

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report



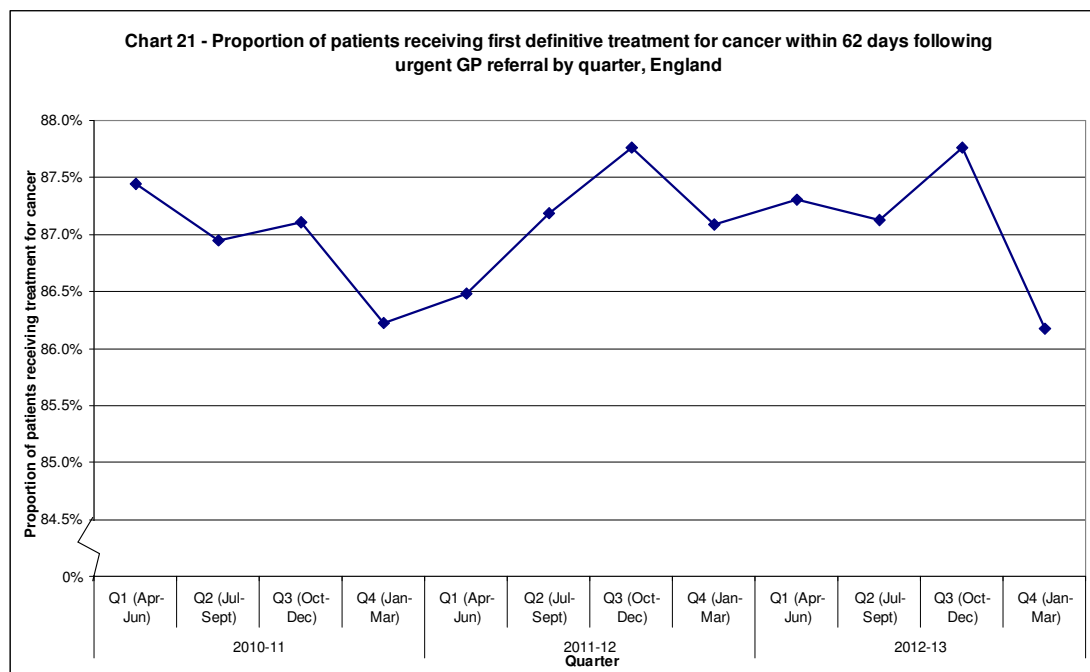
One Month (diagnosis to first treatment) wait for all cancers

6.3 The commitment states that there should be a maximum wait of One Month (31 days) between diagnosis and the start of first definitive treatment, for all cancers. This is measured from the point at which the patient is informed of a diagnosis of cancer and agrees their package of care. The operational standard for this commitment is 96%. In Quarter 4 2012-13, the percentage of patients who began their first treatment within 31 days of diagnosis, for all cancers was 98.3%. This standard was met throughout the period as shown in Chart 20.



Two Month (urgent GP referral to first treatment) wait: all cancers

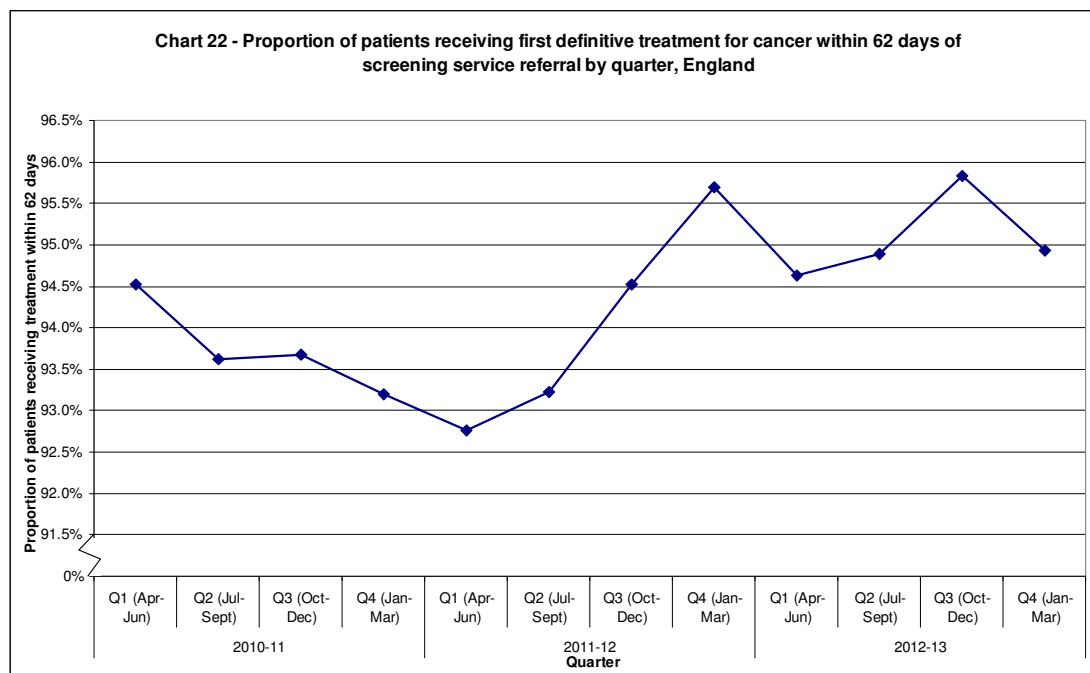
6.4 The operational standard for this commitment states that 85% of patients should wait a maximum of two months (62 days) to begin first definitive treatment following an urgent referral for suspected cancer from their GP. Chart 21 shows that for the past two financial years the proportion of patients remained between 86.2% and 87.8%, consistently above the operational standard.



62-day wait for first treatment following referral from an NHS cancer screening service: all cancers

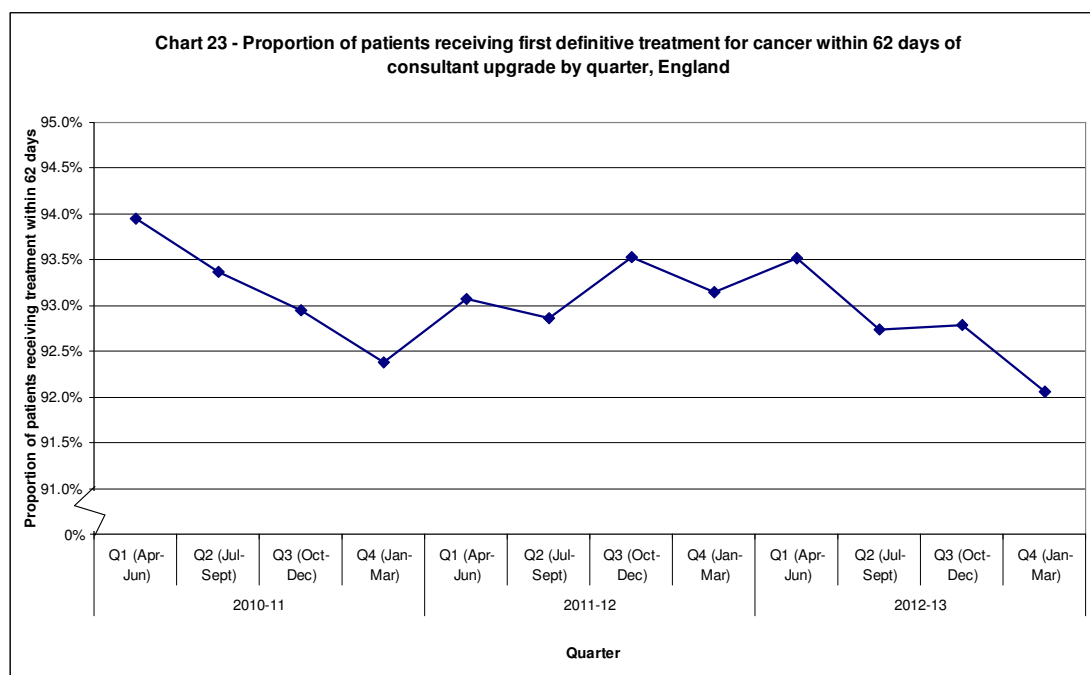
6.5 The operational standard for this requirement sets out that 90% of patients should wait a maximum of 62 days to begin first definitive treatment following referral from an NHS cancer screening service. Chart 22 shows that in 2010-11 the proportion of patients meeting this requirement experienced a slight downward trend from 94.5% in Q1 2010-11 to 92.8% in Q1 2011-12, and there was then a marked improvement through the remainder of 2011-12. The percentage remained fairly constant during 2012-13, with a high of 95.8% in Q3.

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report



62-day wait for first treatment from consultant upgrade

6.6 Chart 22 shows the proportion of patients receiving first definitive treatment for cancer within 62 days of a consultant's decision to upgrade their priority. Performance has declined since Q1 2010-11 and reached a low of 92.1% in Q4 2012-13.



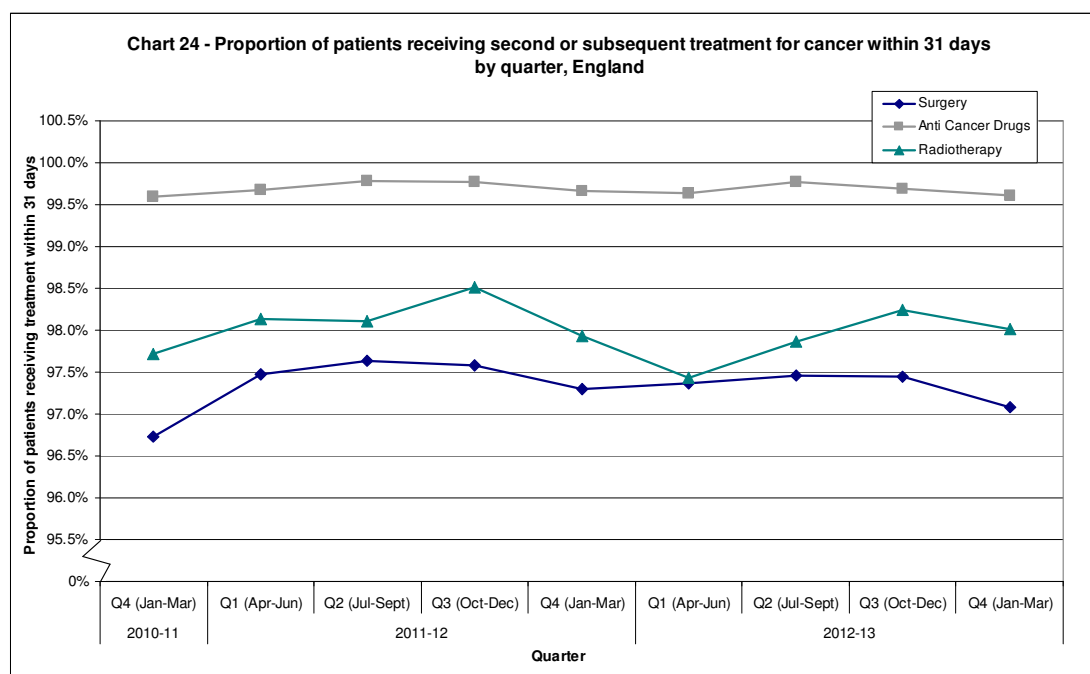
31-day wait for second or subsequent treatment

6.7 The commitment states that there should be a maximum wait of 31 days for a second or subsequent treatment. Where that treatment is an anti-cancer drug regimen, the operational standard is 98%. Between the periods 2010-11 and 2012-13, NHS performance against this requirement remain constant and above the operational

Waiting Times for Suspected and Diagnosed Cancer Patients 2012-13 Annual Report

standard. The proportion of patients meeting the maximum waiting time requirement ranged from 99.6% to 99.8%. This is shown in Chart 24, which shows all three types of subsequent interventions (surgical, and-cancer drug regimens and radiotherapy).

- 6.8 The NHS is expected to provide a maximum waiting time of 31 days for a second or subsequent surgical treatment. The operational standard for this commitment is 94%. The trend for surgical treatment, like that of the anti drug regimen, follows a steady trend between 2010-11 and 2012-13 as shown in Chart 23. This ranges from 96.7% to 97.6%, and is above the set operational standard.
- 6.9 Lastly, the NHS is expected to meet a maximum waiting time of 31 days for a second or subsequent treatment if that treatment is a course of radiotherapy. The operational standard for this commitment is 94%. The first release of statistics covering this waiting time requirement was for Quarter 4 2010-11. This was the first full period for which the NHS was expected to meet this maximum waiting time following its introduction on 31 December 2010.



Annex A Glossary of terms

These are the definitions used for the purposes of compiling these statistics on waiting times for suspected and diagnosed cancer patients:

Admitted Care

A patient receives treatment following an admission. The admission will be either a 'day-case' admission, where the time in hospital does not involve an overnight stay or an 'ordinary admission'.

All Cancers

The 'all cancer' line in these statistics is the sum of all the types of cancer (see below) covered by the data collection.

All Care

All patients receiving treatment, either within the 'Admitted Care' or 'Non-Admitted Care' categories.

Anti-Cancer Drug Regimen

This is treating a patient's cancer with curative intent. Types of anti-cancer drug treatment modality included within this wider classification include, cyto-toxic chemotherapy, immunotherapy, hormone therapy and other forms of drug treatment not identified in the previous three categories.

Cancer

Within the statistics presented in this report, cancer is defined using the International Classification of Diseases 10th revision (ICD-10). This is a coded classification of disease. The code categories identified as being cancer for the purpose of monitoring waiting times for suspected and diagnosed cancer patients are C00 to C97 and D05.

Cancer referral to treatment period start date

This is the date upon which the clock starts for monitoring of a cancer referral to treatment period. This is start point for the calculation of a patient waiting time for the two-week wait and the 62-day (two month) standards.

Commissioner Based

Commissioner based statistics are where data are presented in a manner that only includes those patients whose care is commissioned by the English NHS. In the case of statistics covering waiting times for cancer service these statistics are derived from the patient records returned by NHS providers by identifying those patients registered with the English NHS. These statistics exclude patients from the other administrations within the UK.

Consultant Upgrade

The consultant responsible for the care of the patient (or an authorised member of the consultant team as defined by local policy) decided that the patient should be upgraded onto an urgent cancer pathway.

Cancer treatment period start date

This is the date upon which the clock starts for the 31-day first and subsequent treatment standards. It is the date the patient is informed of their diagnosis *and* agrees their care plan.

For subsequent treatment events, if there is no new decision to treat, i.e. the care plan was agreed prior to the first treatment taking place, this date is taken as the Earliest Clinically Appropriate Date (ECAD), i.e. the earliest date it is clinically suitable for the patient to receive their second or subsequent treatment.

General Practitioner (GP)

A GP is a healthcare professional delivering primary health services, they may be either a General Medical Practitioner (GMP) or a General Dental Practitioner (GDP). In the context of cancer waiting times both a GMP and GDP can initiate a two-week wait period with an urgent referral for suspected cancer.

Modality

A treatment modality is the defined type of anti-cancer treatment a patient will be receiving. These can either be active anti-cancer treatments (for example teletherapy (beam radiation), surgery and cyto-toxic chemotherapy) or non-active (for example specialist palliative care or active monitoring)

NHS Cancer Screening Service

A service providing population based screening for breast, cervical and bowel cancers

Non-Admitted Care

A patient receives treatment following in a non-admitted setting. The treatment will be either in an outpatient clinic, a community setting or another non-admitted environment.

One month

For the purpose of calculating performance in relation to waiting times for diagnosed cancer patients 'one month' is always taken to be 31 calendar days.

Primary Care Trust

For the data published in this report which includes information to 2012-13, a Primary Care Trust (PCT) is a type of NHS trust that managed the provision of primary care services in a specific area for a specific population, and commissions secondary care (hospital) services as required to meet the healthy needs of that population.

Provider

This is the organisation (NHS Trust, NHS Foundation Trust, Independent Healthcare Organisation or Primary Care Trust) commissioned to provide cancer services by a patients local Primary Care Trust.

Provider Based

Provider based statistics are where data are presented in a manner that identifies individual care providers. Patients are free to travel to any provider within the English NHS where their local PCT has commissioned services. Statistics of this type have no geographical basis and may include patients entering the English NHS from other administrative areas, e.g. Wales.

Rarer Cancers

Rarer cancers are those with smaller numbers of cases. Within the publications of waiting times, statistics for suspected and diagnosed cancer patients 'rarer' cancers are defined as testicular cancer, acute leukaemia and children's cancers.

Referral From and NHS Screening Service

Patients with suspected cancer identified by an NHS Cancer Screening Service will be referred to an appropriate specialist for further investigation. The receipt of this referral is considered a cancer referral to treatment period start date for the monitored 62-day period between referral from an NHS screening service and first definitive treatment.

Specialist

The two-week wait ends at the point a patient is first seen by a specialist. A specialist is defined as: A registered healthcare professional working as a consultant or as part of a consultant led team, who specialises in the area of professional practice that is most appropriate for the diagnosis and treatment of the type of suspected cancer in question.

Treatment start date

The date upon which the patients begins their first definitive or subsequent treatment for cancer. This is taken as the date of the treatment or the date of admission if the patient is admitted for surgery. This stops the waiting time clock.

Two months

For the purpose of calculating performance in relation to waiting times for diagnosed cancer patients 'two months' is always taken to be 62 calendar days.

Two weeks

For the purpose of calculating performance in relation to waiting times for suspected cancer patients 'two weeks' is always taken to be 14 calendar days, with the date of receipt of referral being 'day zero'.

Urgent GP Referral

The two-week wait is initiated by the receipt of an urgent GP referral for suspected cancer. Within the NHS this is sometimes called a "two-week referral" or a "fast-track referral".

Year

These data are presented for an NHS business year that runs 01 April to 31 March