



Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients Q4 2012-13 Key Points – Provider Based

Background

The document *Improving Outcomes: A Strategy for Cancer*¹, and its accompanying *Review of Cancer Waiting Times Standards* (January 2011) recommended that the current waiting time requirements for cancer should be retained. It was identified that shorter waiting times can help to ease patient anxiety and, at best, may lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. The maximum waiting times requirements for cancer are therefore included in the Operating Framework for the NHS in England for 2012-13.

These statistics for Quarter 4 2012-13 (January to March 2013) relate to those waiting time requirements, introduced by the NHS Cancer Plan (2000) and the Cancer Reform Strategy (2007), which are retained in the Operating Framework for the NHS in England for 2012-13.

As with other waiting times commitments, 100% achievement is not expected. For any given period, 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. Therefore, 'operational standards'² account for the proportion of patients that cannot be seen within the identified timeframe. Additionally, variation in results by trust may come about due to different population structures in the different areas, differences in the case-mix of patients' being seen in the area, and differing levels of patient choice.

National Statistics

Following an independent assessment undertaken in 2010, 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, meaning the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

¹ http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_123371

² http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/Dearcolleagueletters/DH_103436

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed. To support this, the Department has reviewed the level of detail available in these statistics, and concluded that further detail can be published as explained in the next section.

Data Quality

Owing to technical problems, Chelsea & Westminster Hospital NHS Foundation Trust have limited data for seven of the nine measures. In these cases, the results only cover January and February 2013, as the upload of data for March 2013 was unsuccessful. They have a smaller sample size for these measures than we would normally expect for a Trust of their size. However, on the measures "All cancer two-week wait" and "Two-month (62 day) referral to treatment wait", data for this Trust cover January, February and March 2013, and their sample size is what we would normally expect.

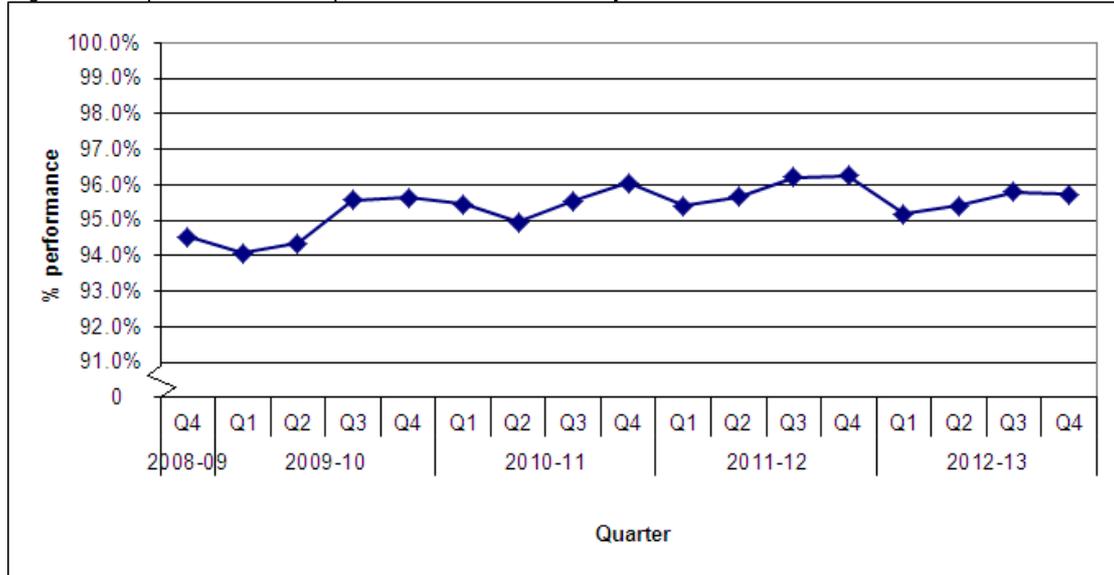
Analysis

A summary of the cancer waiting times performance in Quarter 4 2012-13 against published operational standards and for specific cancers is outlined below.

All cancer two week wait

- A patient should wait a maximum of two weeks to see a specialist after being urgently referred with suspected cancer by their GP. The operational standard specifies that 93% of patients should be seen within this time.
- In Quarter 4 2012-13, 297,100 patients were seen by specialists after an urgent GP referral for suspected cancer. 95.7% of these patients were seen within 14 days of referral, compared to 95.8% in Quarter 3 2012-13.
- The proportion of patients seen within 14 days varies by provider. All except six out of 169 providers saw at least 93%, and only two of the providers saw less than 90% of patients within 14 days.
- In the same period in 2011-12, 96.3% of patients were seen within 14 days. A graph of the trend in reported performance over time is shown below:

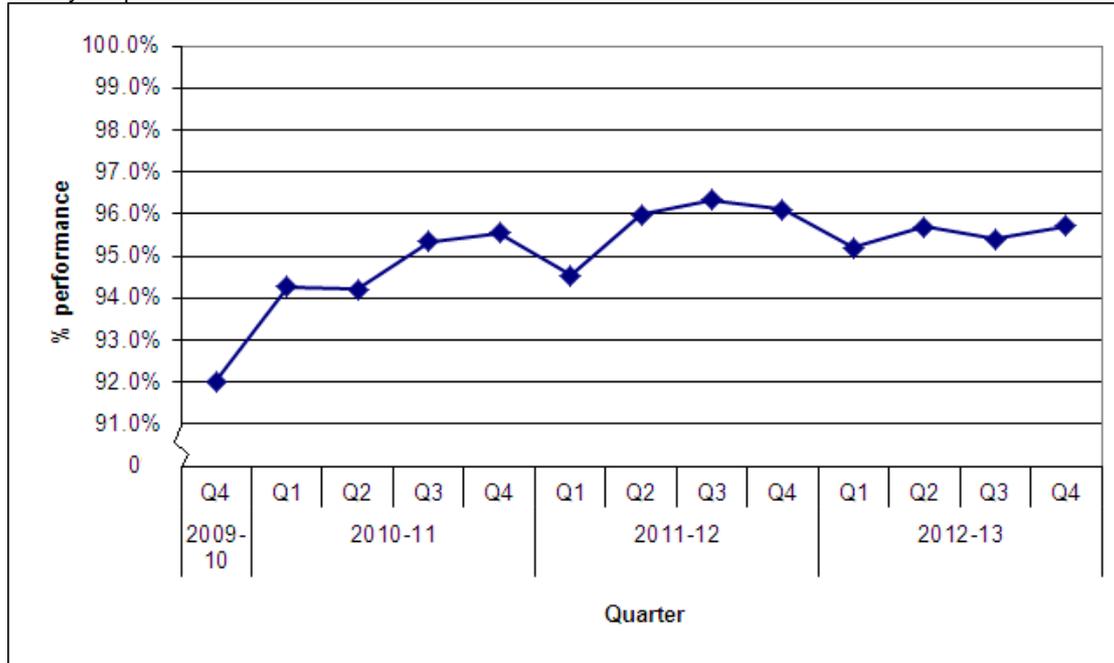
Figure 1: Proportion of cancer patients seen within 14 days of referral



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

- Those patients urgently referred with breast symptoms (where cancer was not initially suspected) should experience a maximum waiting time of two weeks to see a specialist. The operational standard for this measure is 93%
- In total, 50,173 patients with exhibited breast symptoms, where cancer was not initially suspected, were seen between January and March 2013 after being urgently referred. Of these, 95.7% were seen within 14 days, compared to 95.4% between October and December 2012.
- The proportion of patients seen within 14 days varied from 85.1% to 100.0% by provider – 92.9% of providers met the operation standard of 93% of patients being seen within 14 days.
- This maximum waiting time requirement was introduced from Q4 2009-10, when 92.0% of patients were seen within 2 weeks of referral. A graph of the trends over time is shown below:

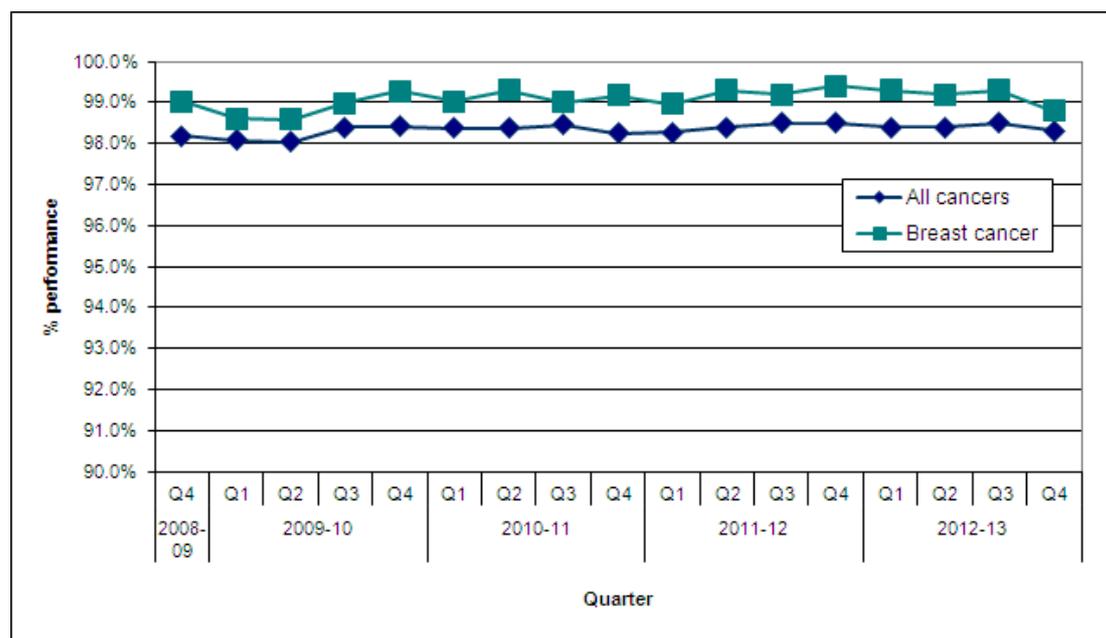
Figure 2: Proportion of patients seen within 14 days of referral for breast symptoms, where cancer is not initially suspected



One Month (31-day) diagnosis to first treatment wait

- Patients should experience a maximum wait of one month (31 days) between receiving their 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 measure is 96%.
- In Quarter 4 2012-13, 62,690 patients began a first definitive treatment for cancer. 98.3% of these patients started that treatment within 31 days. This proportion is lower for admitted patients (97.8%) than for non-admitted patients (99.3%).
- The proportion of patients treated within 31 days of diagnosis varies from 94.0% to 100.0% by provider (the second lowest proportion being 94.2%) – all except two providers treated at least 96% of patients within 31 days of diagnosis. In the same period in 2011-12, 98.5% of patients with all cancers received first definitive treatment within 31 days, a graph showing the trends over time is shown below:

Figure 3: Proportion of patients waiting 31 days or less for first treatment following diagnosis



One Month (31-day) diagnosis to first treatment wait by cancer type

- In Quarter 4 2012-13, 62,690 patients began a first definitive treatment for cancer. The proportion of patients treated within 31 days of diagnosis for various cancer types is as follows:
 - Breast cancers – 99.0% of patients began treatment within 31 days of diagnosis
 - Lung cancers – 98.5%
 - Lower gastrointestinal cancers – 98.7%
 - Urological cancers – 96.9%
 - Skin cancers – 98.1%

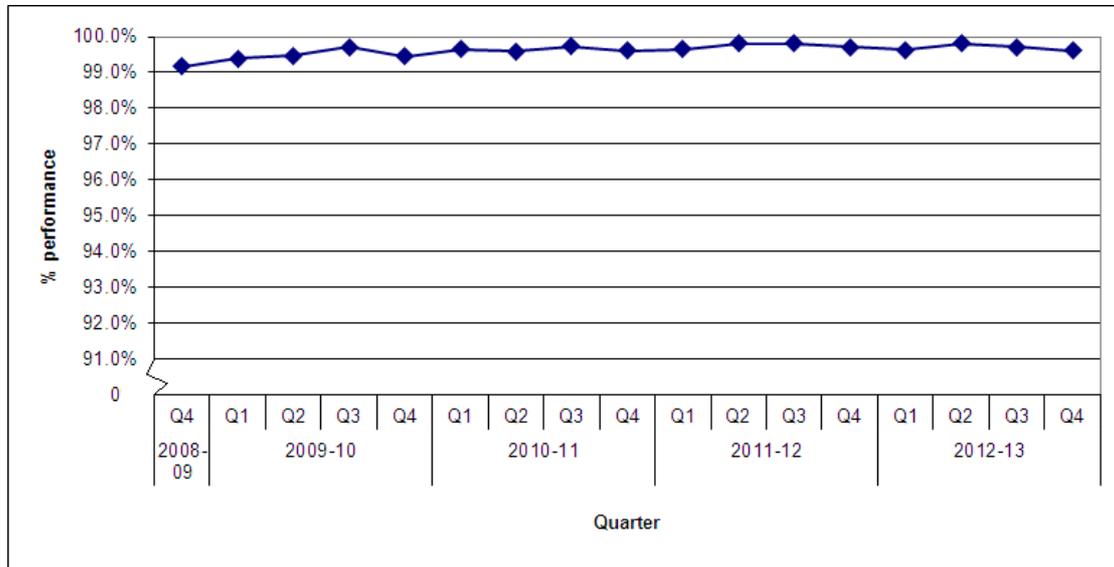
31-day wait for second or subsequent treatment

Anti-cancer drug treatments

- Patients should experience 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%.
- In Quarter 4 2012-13, 99.6% of patients receiving an anti-cancer drug regimen waited 31 days or less for that second or subsequent treatment. This proportion was slightly higher for non-admitted patients (99.7%) than for admitted patients (99.6%).
- The proportion of patients waiting for 31 days or less varies from 95.6% to 100.0% by provider – all except two providers treated at least 98% within 31 days.

- In the same period in 2011-12, 99.7% of patients waited 31 days or less, and a graph showing the trends over time is shown below:

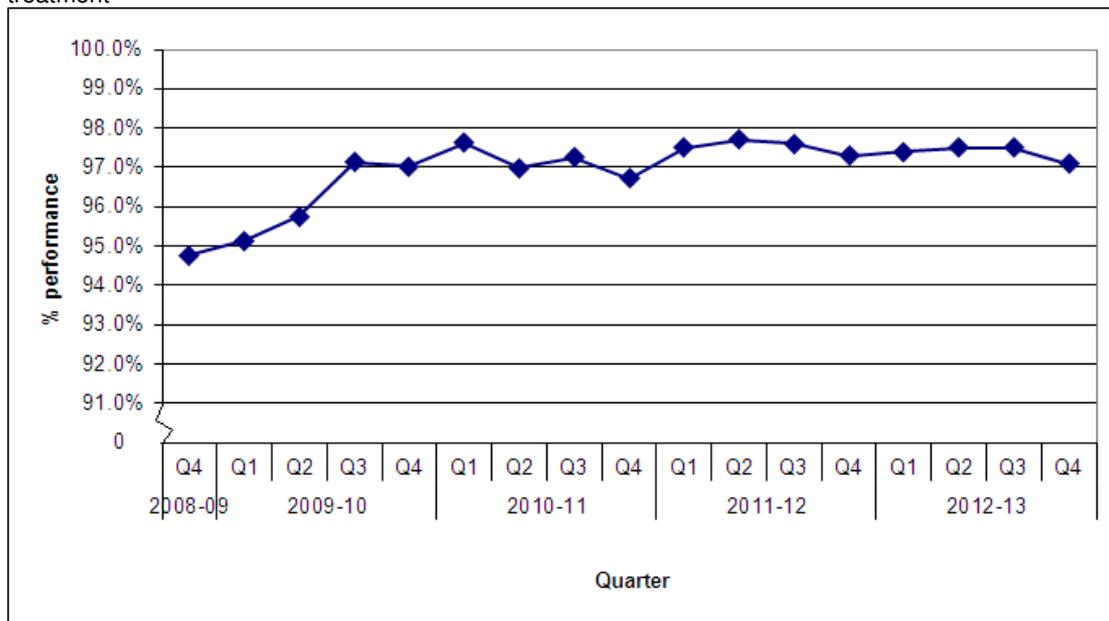
Figure 4: Proportion of patients on an anti-cancer drug regimen waiting 31 days or less for second or subsequent treatment



Surgery

- Patients should experience a maximum wait of 31 days for a second or subsequent surgical treatment. The operational standard for this measure is 94%.
- In Quarter 4 2012-13, 97.1% of patients waited 31 days or less for their second or subsequent treatment. This proportion was slightly higher for non-admitted patients (97.6%) than for admitted patients (97.1%), although there were only 498 non-admitted cases.
- The proportion of patients waiting 31 days varies from 76.9% to 100.0% by provider. All but ten providers treated at least 94% of patients within 31 days.
- This is a drop from 97.5% in Q3 2012-13. In Q4 in 2011-12, 97.3% of patients waited 31 days or less. A graph of the trends over time is shown below:

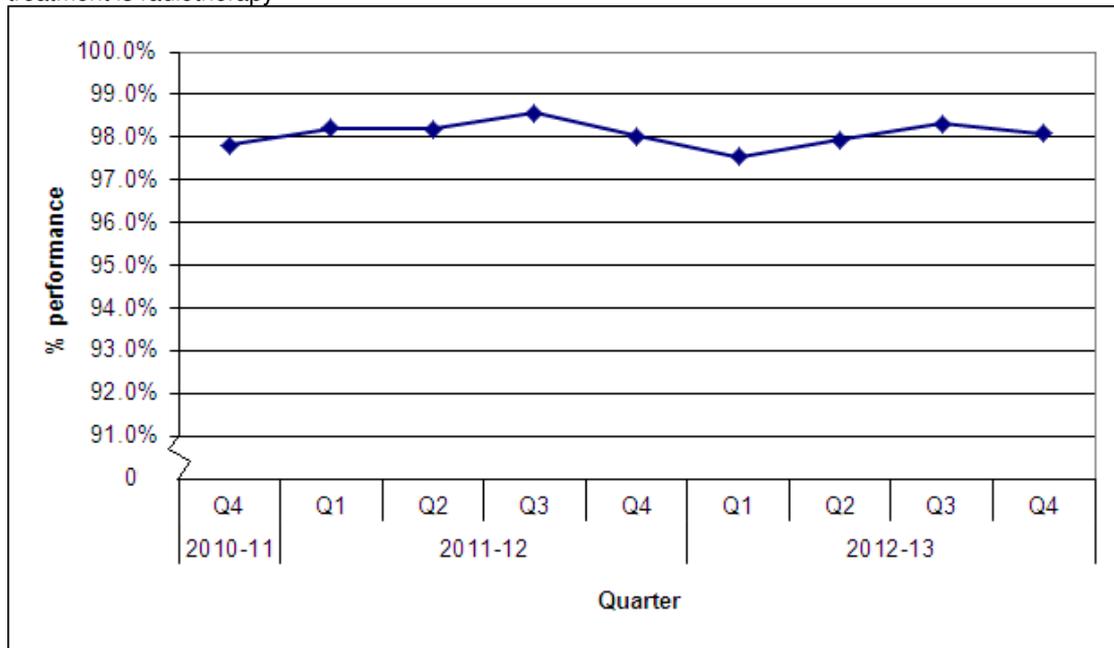
Figure 5: Proportion of patients receiving surgery waiting 31 days or less for second or subsequent treatment



Radiotherapy

- Patients should experience a maximum wait of 31 days for a second or subsequent treatment if that treatment is a course of radiotherapy. The operational standard for this requirement is 94%.
- In Quarter 4 2012-13, 98.1% of patients waited 31 days or less for the second or subsequent treatment, compared to 98.3% in Q3 2012-13. This proportion was slightly higher for non-admitted patients (98.1%) than for admitted patients (97.9%).
- The proportion of patients waiting 31 days varies from 93.8% to 100.0% by provider. All except one provider treated at least 94% of patients within 31 days.

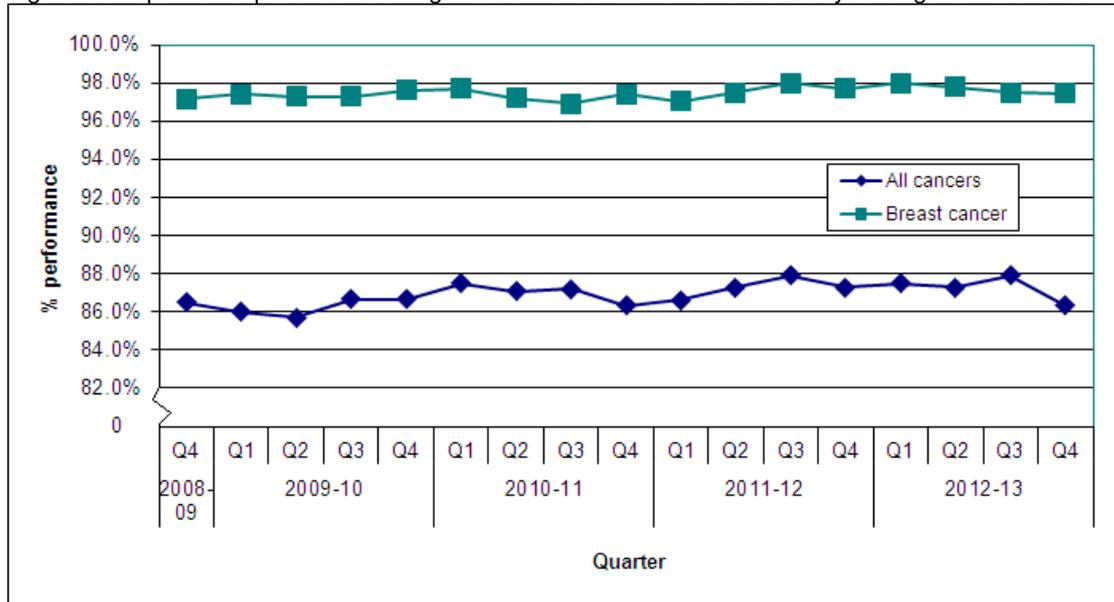
Figure 6: Proportion of patients waiting 31 days or less for second or subsequent treatment, where the treatment is radiotherapy



Two Month (62-day) urgent GP referral first treatment wait

- The operational standard for this requirement specifies that 85% of patients should wait a maximum of 62 days to begin their first definitive treatment following an urgent referral for suspected cancer from their GP.
- In Quarter 4 2012-13, 28,475 patients began first definitive treatment for cancer following an urgent GP referral. 86.3% of these patients were treated within 62 days (two months) of referral. This proportion was lower for admitted patients (85.7%) than for those were not admitted (87.5%).

Figure 7: Proportion of patients receiving first definitive treatment within 62 days of urgent GP referral



Two Month (62-day) urgent GP referral to first treatment wait by cancer type

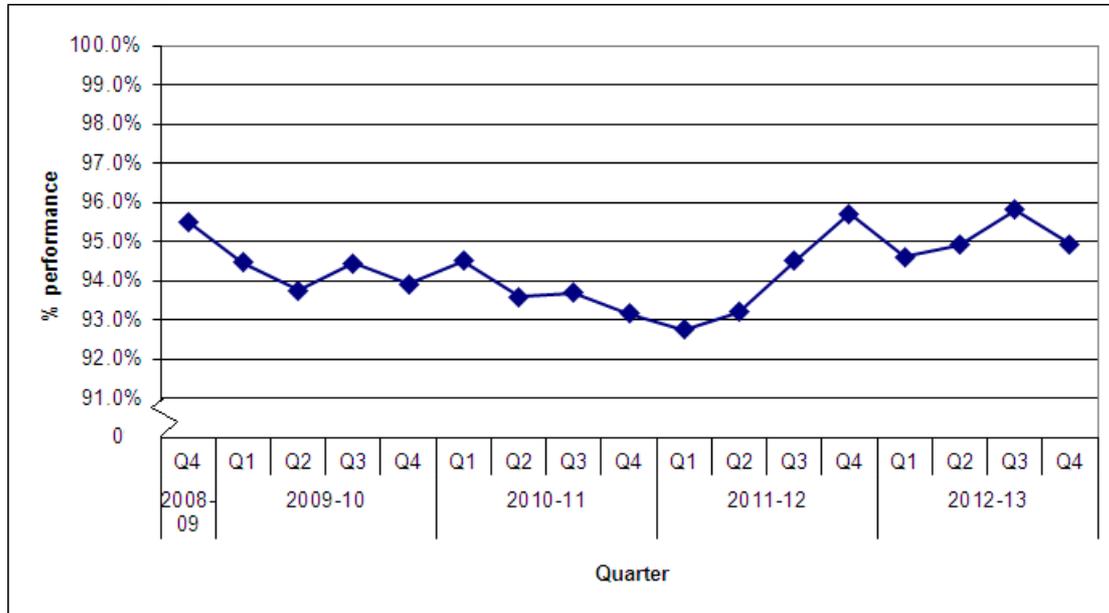
- In Quarter 4 2012-13, 28,475 patients began first definitive treatment for cancer following an urgent GP referral. The proportion of patients treated within 62 days of an urgent GP referral for various cancer types is as follows:
 - Breast cancers – 97.4% began treatment within 62 days of an urgent GP referral for suspected cancer
 - Lung cancers – 80.6%
 - Lower gastrointestinal cancers – 77.8%
 - Urological cancers (excluding testicular cancers) – 82.6%
 - Skin cancers – 96.6%

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

- The operational standard states that 90% of patients would wait a maximum of 62 days to begin first definitive treatment following referral from an NHS cancer screening service.
- Between January to March 2013, 4,237 patients began first definitive treatment for cancer following referral from a consultant screening service. 94.9% of these patients started treatment within 62 days of referral. This is higher for admitted patients (95.3%) than for non-admitted patients (90.2%).
- With around 85% of providers, the proportion of patients receiving first definitive treatment within 62 days was at least 90.0%.

- In the same period in 2011-12, 95.7% of patients received first definitive treatment within 62 days, and a graph showing the trends over time is shown below:

Figure 8: Proportion of patients receiving first definitive treatment within 62 days of consultant screening service referral



62-day wait for first treatment following a consultant's decision to upgrade a patient's priority: all cancers

- In Quarter 4 2012-13, 4,378 people began first treatment following a consultant's decision to upgrade a patient's priority. 92.7% of these patients started treatment within 62 days of upgrade. This is compared to 93.3% in Quarter 3 2012-13.
- The proportion of patients waiting 62 days varies from 0.0% to 100.0% by provider. The second lowest rate was 44.4%.

An operational standard for the maximum 62-day wait for first treatment for those patients who are upgraded with a suspicion of cancer by the consultant responsible for their care has not been developed. This is because the design and implementation of these services was left to local providers and not enough patients have benefited from consistently implemented services to provide the basis for a robust calculation of an operational standard.