



Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients Q2 2013-14 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 “Everyone Counts: Planning for Patients 2013/14”.

These statistics for Quarter 2 2013-14 (July to September 2013) relate to those waiting time requirements, introduced by the NHS Cancer Plan (2000) and the Cancer Reform Strategy (2007), which are retained in “Everyone Counts: Planning for Patients 2013/14”.

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 varying combinations 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

Statistics for Colchester Hospital University NHS Foundation Trust are as entered in the Cancer Waiting Times Database. There are on-going investigations into data quality for this Trust. More details can be found here: <http://www.england.nhs.uk/2013/11/26/hospital-uni-review/>

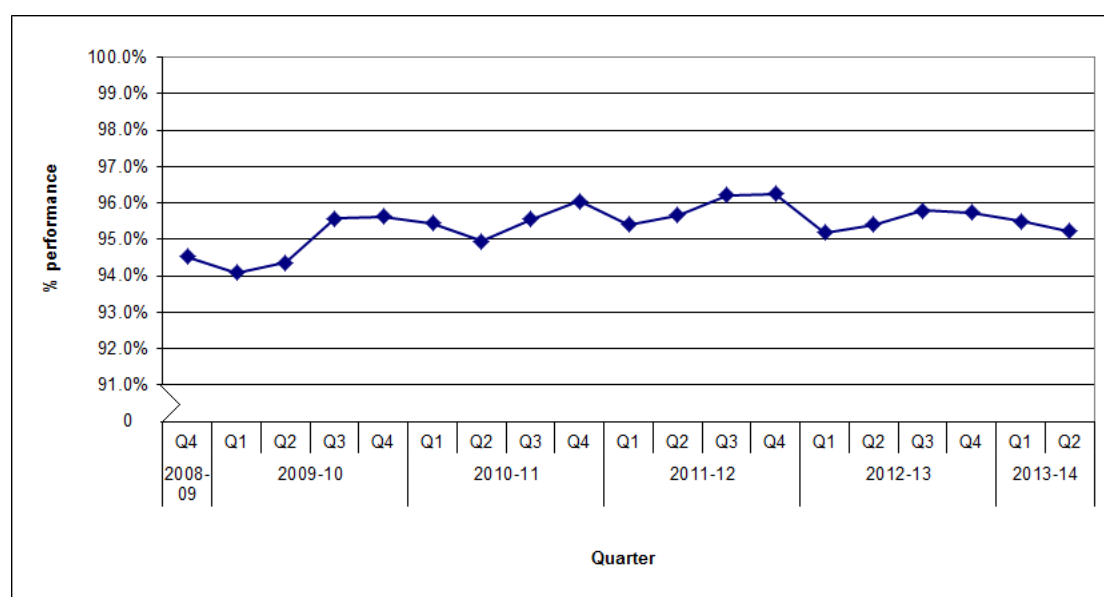
Analysis

A summary of the cancer waiting times performance in Quarter 2 2013-14 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 2 2013-14, 345,480 patients were seen by specialists after an urgent GP referral for suspected cancer. 95.2% of these patients were seen within 14 days of referral, compared to 95.5% in Quarter 1 2013-14.
- The proportion of patients seen within 14 days varies by provider. Out of 161 providers that treated five or more patients, 154 saw at least 93% of patients within 14 days.
- In the same period in 2012-13, 95.4% of patients were seen within 14 days. A graph of the trend in reported performance over time is shown below:

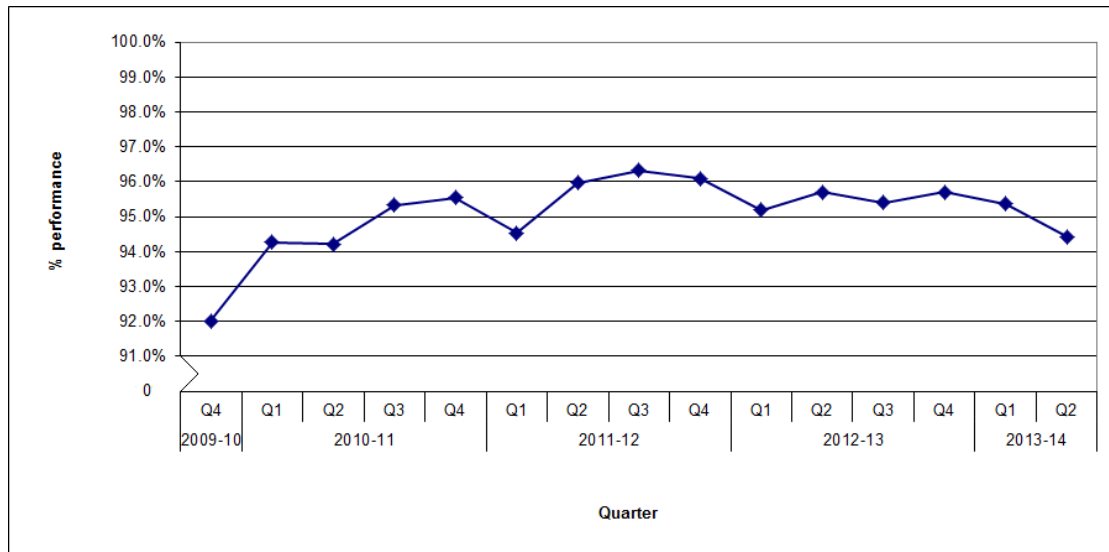
Figure 1: Proportion of cancer patients seen within 14 days of referral



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, 51,778 patients with exhibited breast symptoms, where cancer was not initially suspected, were seen between July and September 2013 after being urgently referred. Of these, 94.4% were seen within 14 days, compared to 95.4% between April and June 2013.
- The proportion of patients seen within 14 days varied amongst providers from 68.8% to 99.6%. 112 out of 140 providers met the operational 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:

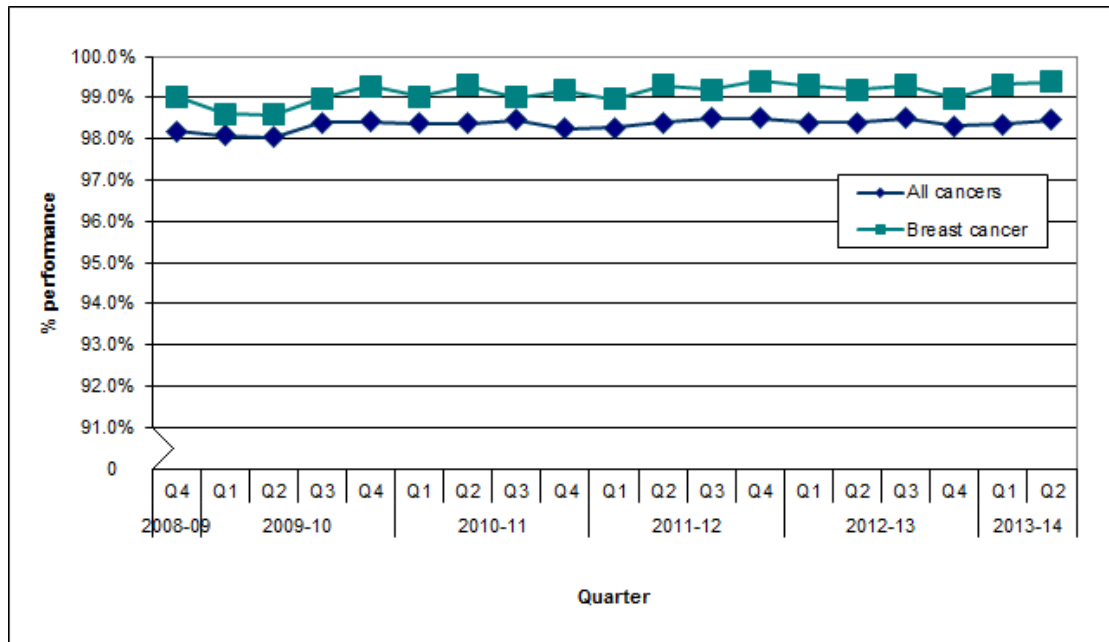
Figure 2: Proportion of patients seen within 14 days of referral for breast symptoms, where cancer is not initially suspected



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 2 2013-14, 68,154 patients began a first definitive treatment for cancer. 98.5% of these patients started that treatment within 31 days. This proportion is lower for admitted patients (97.9%) than for non-admitted patients (99.5%).
- The proportion of patients treated within 31 days of diagnosis varies from 95.6% to 100.0% by provider – all but three providers treated at least 96% of patients within 31 days of diagnosis. In the same period in 2012-13, 98.4% 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

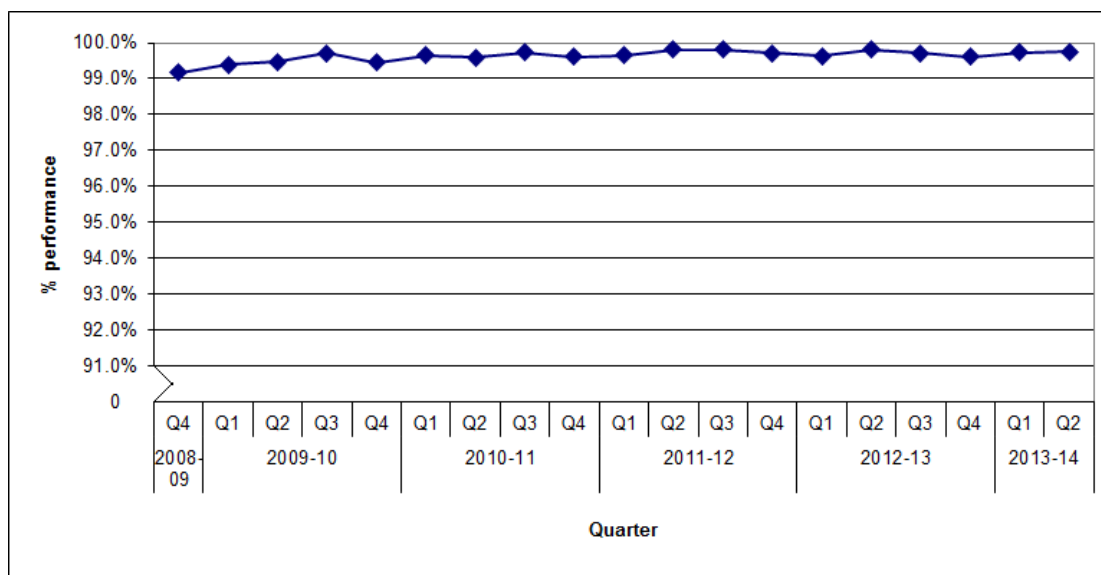
- In Quarter 2 2013-14, 68,154 patients began a first definitive treatment for cancer. The proportion of patients treated within 31 days of diagnosis for various cancer types is as follows:
 - Breast cancers – 99.4%
 - Lung cancers – 98.7%
 - Lower gastrointestinal cancers – 98.5%
 - Urological cancers – 97.2%
 - Skin cancers – 98.5%

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 2 2013-14, 99.7% of patients receiving an anti-cancer drug regimen waited 31 days or less for that second or subsequent treatment. This proportion was similar for both admitted (99.8%) and non-admitted patients (99.7%).
- The proportion of patients waiting for 31 days or less varies from 97.8% to 100.0% by provider. Only one provider did not meet the target of treating at least 98% within 31 days.
- In the same period in 2012-13, 99.8% of patients waited 31 days or less, and a graph showing the trends over time is shown below:

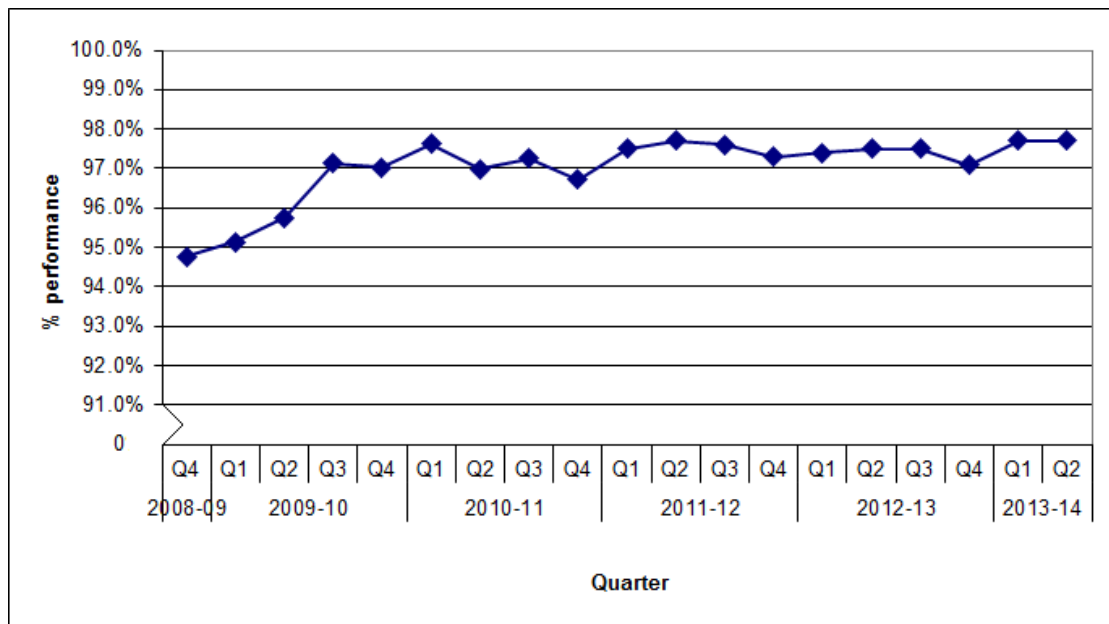
Figure 4: Proportion of patients on an anti-cancer drug regimen waiting 31 days or less for second or subsequent treatment



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 2 2013-14, 97.7% of patients waited 31 days or less for their second or subsequent treatment. This proportion was very similar for both admitted and non-admitted patients (both 97.7%), although there were only 530 non-admitted cases.
- The proportion of patients waiting 31 days varies from 91.3% to 100.0% by provider. All but seven providers treated at least 94% of patients within 31 days.
- This is a continuation of the 97.7% recorded in Quarter 1 2013-14. In Q2 in 2012-13, 97.5% of patients waited 31 days or less. A graph of the trends over time is shown below:

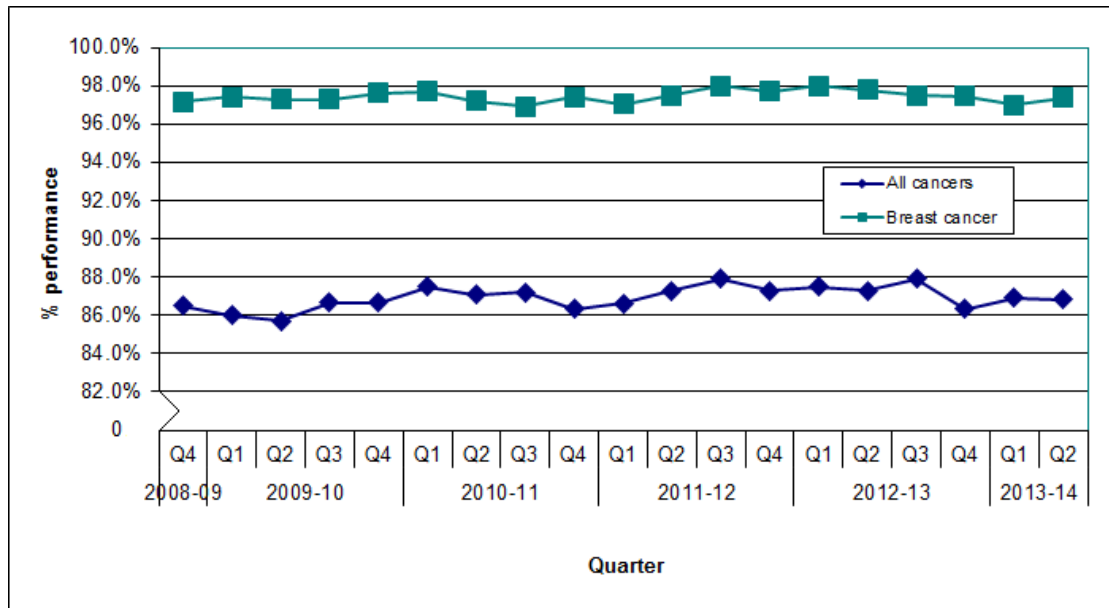
Figure 5: Proportion of patients receiving surgery waiting 31 days or less for second or subsequent treatment



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 2 2013-14, 98.1% of patients waited 31 days or less for the second or subsequent treatment, compared to 97.9% in Q1 2013-14. This proportion was higher for admitted patients (98.8%) than for non-admitted patients (98.0%).
- The proportion of patients waiting 31 days varies from 91.2% to 100.0% by provider, and all but one provider treated at least 94% of patients within 31 days (excluding providers that treated fewer than five patients).

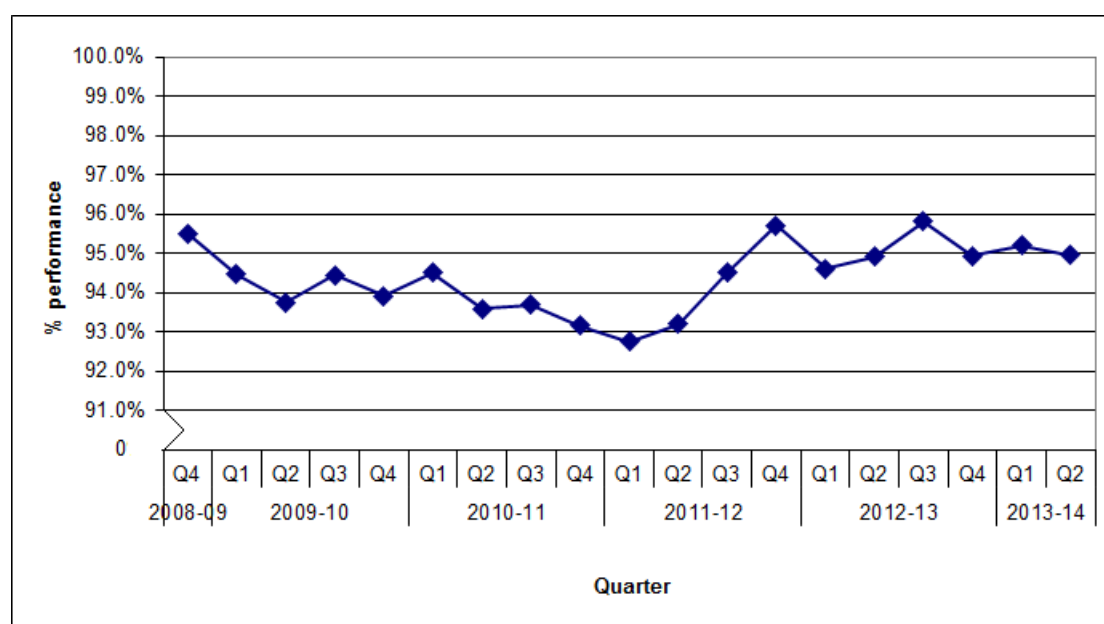
Figure 6: Proportion of patients waiting 31 days or less for second or subsequent treatment, where the treatment is radiotherapy



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 2 2013-14, 32,095 patients began first definitive treatment for cancer following an urgent GP referral. 86.8% of these patients were treated within 62 days (two months) of referral. This proportion was lower for admitted patients (86.1%) than for those were not admitted (88.0%).
- 38 out of 159 providers failed to meet the operational standard for this requirement (excluding providers that treated fewer than five patients).

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

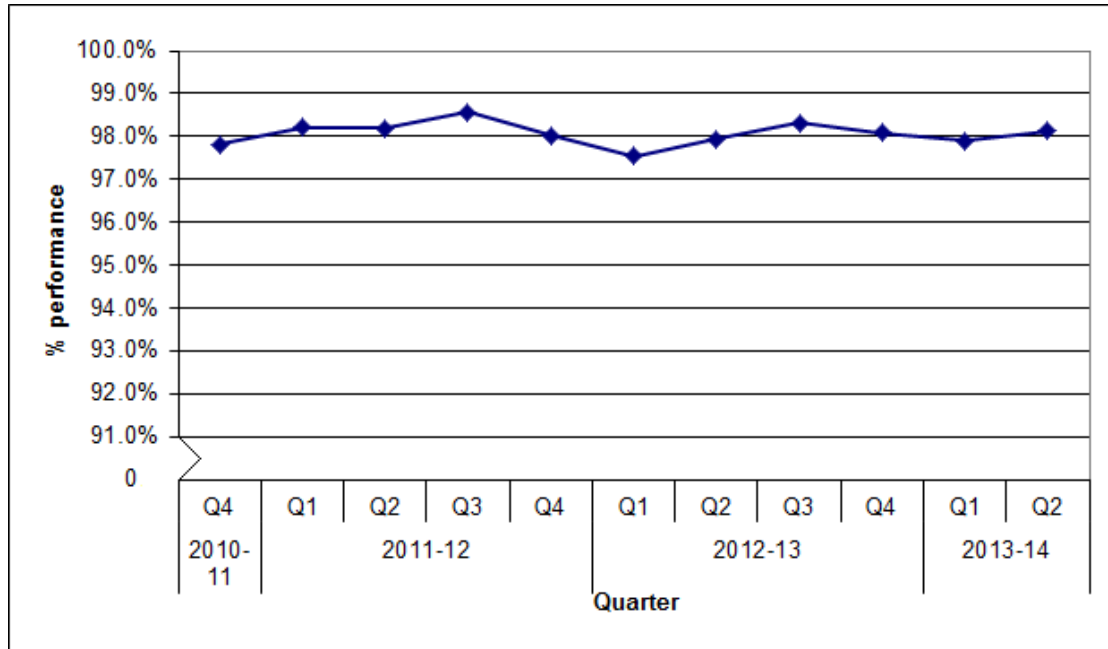
- In Quarter 2 2013-14, 32,095 patients began first definitive treatment for cancer following an urgent GP referral. The proportion of patients treated within 62 days of an urgent GP referral for various cancer types is as follows:
 - Breast cancers – 97.4% began treatment within 62 days of an urgent GP referral for suspected cancer
 - Lung cancers – 79.0%
 - Lower gastrointestinal cancers – 78.8%
 - Urological cancers (excluding testicular cancers) – 83.4%
 - Skin cancers – 97.3%

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 July and September 2013, 4,839 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 (89.7%).
- The proportion of patients receiving first definitive treatment within 62 days was at least 90.0% in 117 of the 129 providers that treated five or more patients.

- In the same period in 2012-13, 94.9% of patients received first definitive treatment within 62 days. 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 2 2013-14, 4,728 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 92.6% in Quarter 1 2013-14.
- Excluding providers with fewer than five patients, the rates varied from 45.5% to 100.0%.

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.