



## **Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients Q4 2017/18 Key Points – Provider Based**

### **Background**

The document Improving Outcomes: A Strategy for Cancer<sup>1</sup>, 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 included in “Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21”.

These statistics for quarter four 2017/18 (January to March 2018) relate to those waiting time requirements, introduced by the NHS Cancer Plan (2000) and the Cancer Reform Strategy (2007), which are retained in “Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21”.

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’<sup>2</sup> 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.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

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<sup>1</sup><https://www.gov.uk/government/publications/the-national-cancer-strategy>

<sup>2</sup>[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_103431.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103431.pdf)

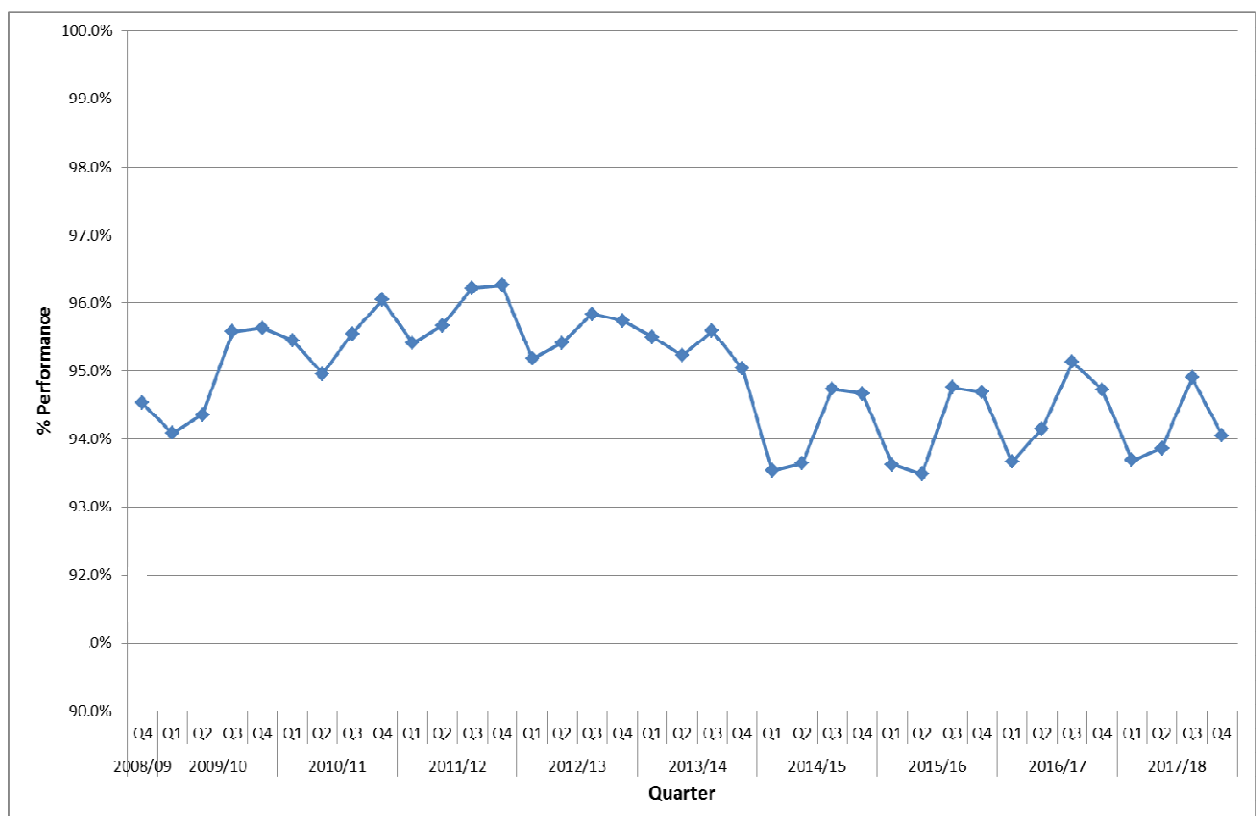
## **Analysis**

A summary of the cancer waiting times performance in quarter four 2017/18 against published operational standards and for specific cancers is outlined below. Unless otherwise stated, the number of providers stated to have passed or failed a given standard does not include discontinued organisations, unknown providers, or organisations with fewer than five records for that measure. Records for those trusts still count towards figures on national performance. For any other footnotes covering specific data quality issues for given providers, please see the main quarterly provider workbooks.

## 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 four 2017/18, 489,282 patients were seen by specialists after an urgent GP referral for suspected cancer. 94.1% of these patients were seen within 14 days of referral, compared to 94.9% in Q3 2017/18, and 94.7% in Q4 2016/17.
- The proportion of patients seen within 14 days varies by provider. Out of 157 providers that saw five or more patients, 127 saw at least 93% of patients within 14 days.
- A graph of the trend in reported performance over time is shown below:

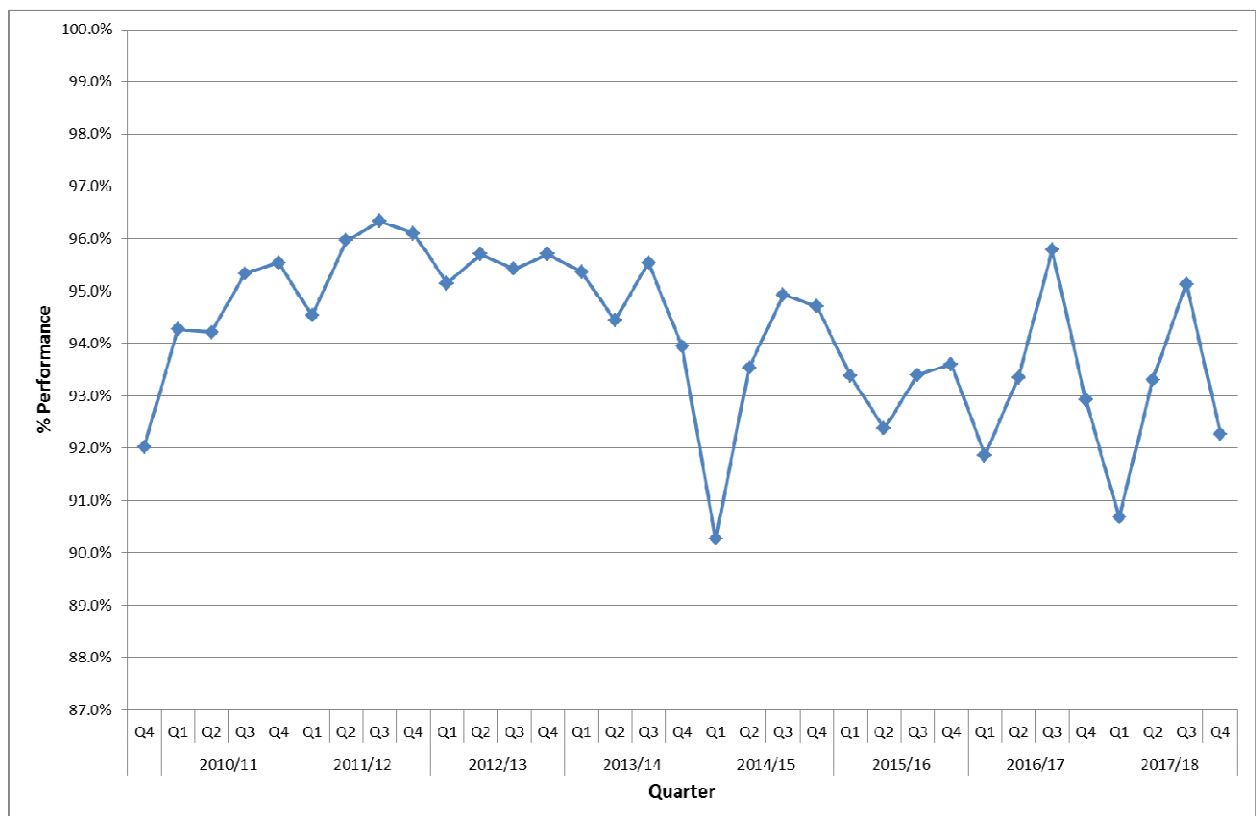
Figure 1: Proportion of cancer patients seen within 14 days of referral



## 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. This maximum waiting time requirement was introduced in quarter four 2009/10, when 92% of patients were seen within 2 weeks of referral. The operational standard for this measure is 93%
- In total, 48,470 patients with exhibited breast symptoms, where cancer was not initially suspected, were seen in quarter four 2017/18 after being urgently referred. Of these, 92.3% were seen within 14 days, compared to 95.1% in Q3 2017/18, and 92.9% in Q4 2016/17.
- The proportion of patients seen within 14 days varies amongst providers from 51.2% to 100.0%. 45 providers missed the operational standard of 93% of patients being seen within 14 days.
- A graph of the trend in reported performance over time is shown below:

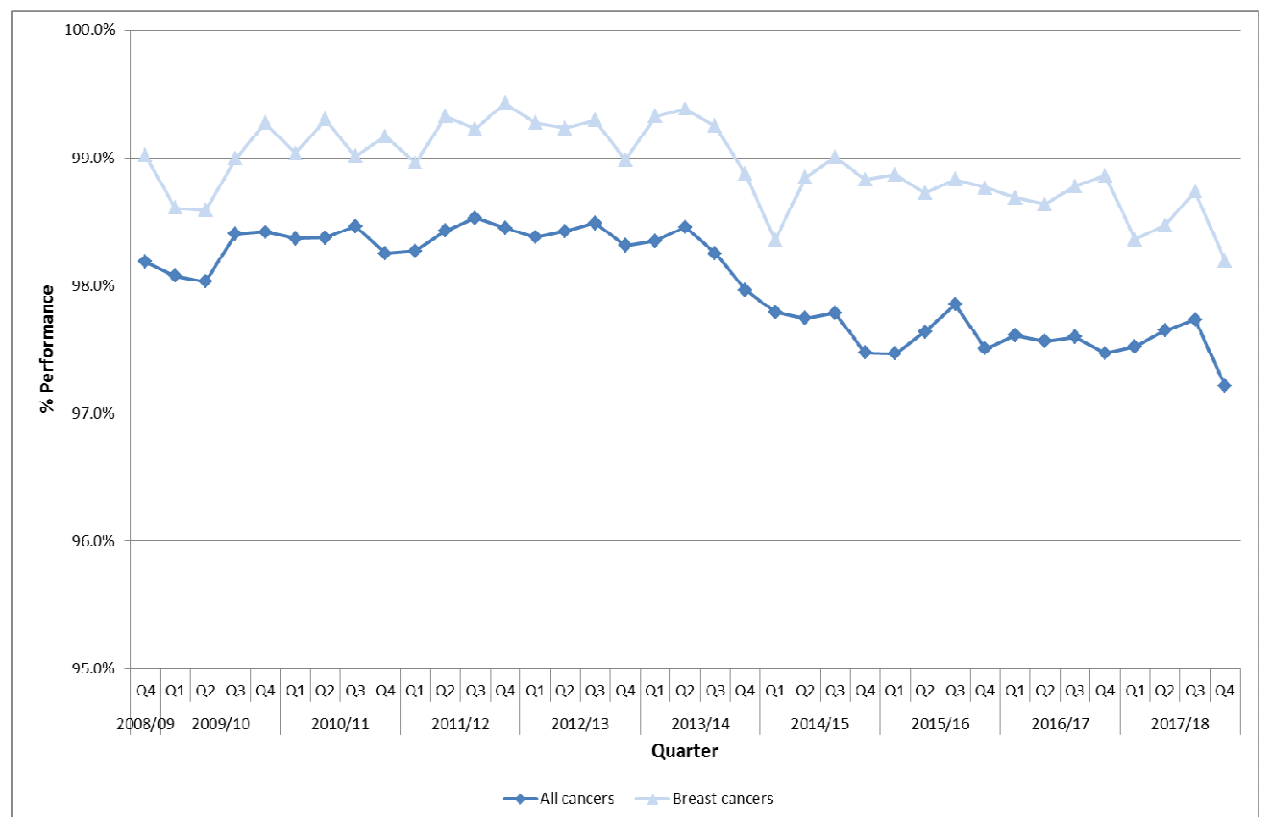
Figure 2: Proportion of patients seen within 14 days of referral for breast symptoms, where cancer is not initially suspected



### 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 four 2017/18, 72,431 patients began a first definitive treatment for cancer. 97.2% of these patients started that treatment within 31 days, compared to 97.7% for Q3 2017/18 and 97.5% from Q4 2016/17.
- This proportion of patients that began first definitive treatment within 31 days was lower for admitted patients (96.4%) than for non-admitted patients (98.8%).
- The proportion of patients treated within 31 days of diagnosis at providers which treated at least 5 patients varies from 65.4% to 100.0% by provider – all but 26 providers treated at least 96% of patients within 31 days of diagnosis.
- 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**

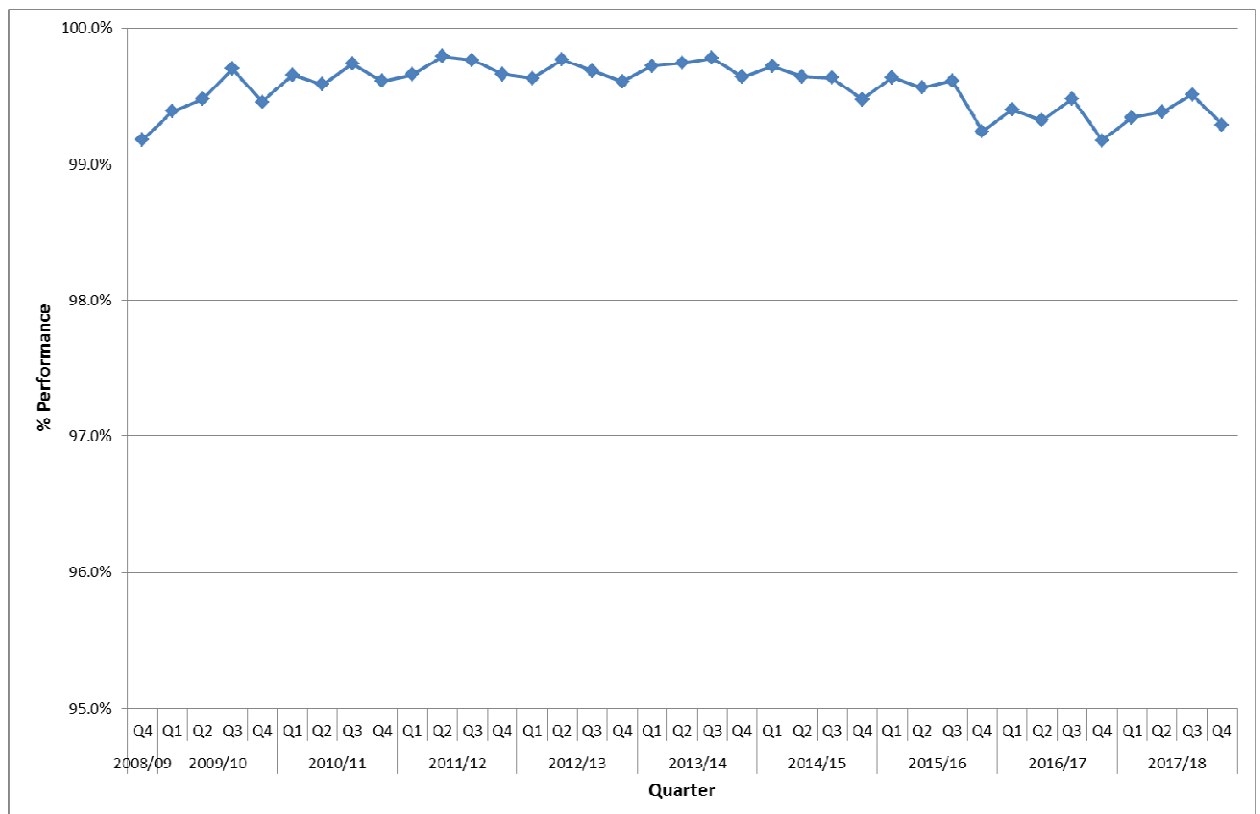
- In quarter four 2017/18, 72,431 patients began a first definitive treatment for cancer. The proportion of patients treated within 31 days of diagnosis for various cancer types is as follows:
  - Breast cancers – 98.2%
  - Lung cancers – 97.7%
  - Lower gastrointestinal cancers – 97.3%
  - Urological cancers – 95.6%
  - Skin cancers – 97.1%

### 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 four 2017/18, 99.3% of patients receiving an anti-cancer drug regimen waited 31 days or less for that second or subsequent treatment, compared to 99.5% in Q3 2017/18 and 99.2% in Q4 2016/17.
- The proportion of patients in quarter four 2017/18, waiting 31 days or less for a subsequent anti-cancer drug treatment was lower for admitted patients (99.0%) than non-admitted patients (99.6%)
- The proportion of patients waiting for 31 days or less varies from 90.0% to 100.0% by provider. 11 providers did not meet the target of treating at least 98% within 31 days.
- A graph showing the trends over time is shown below:

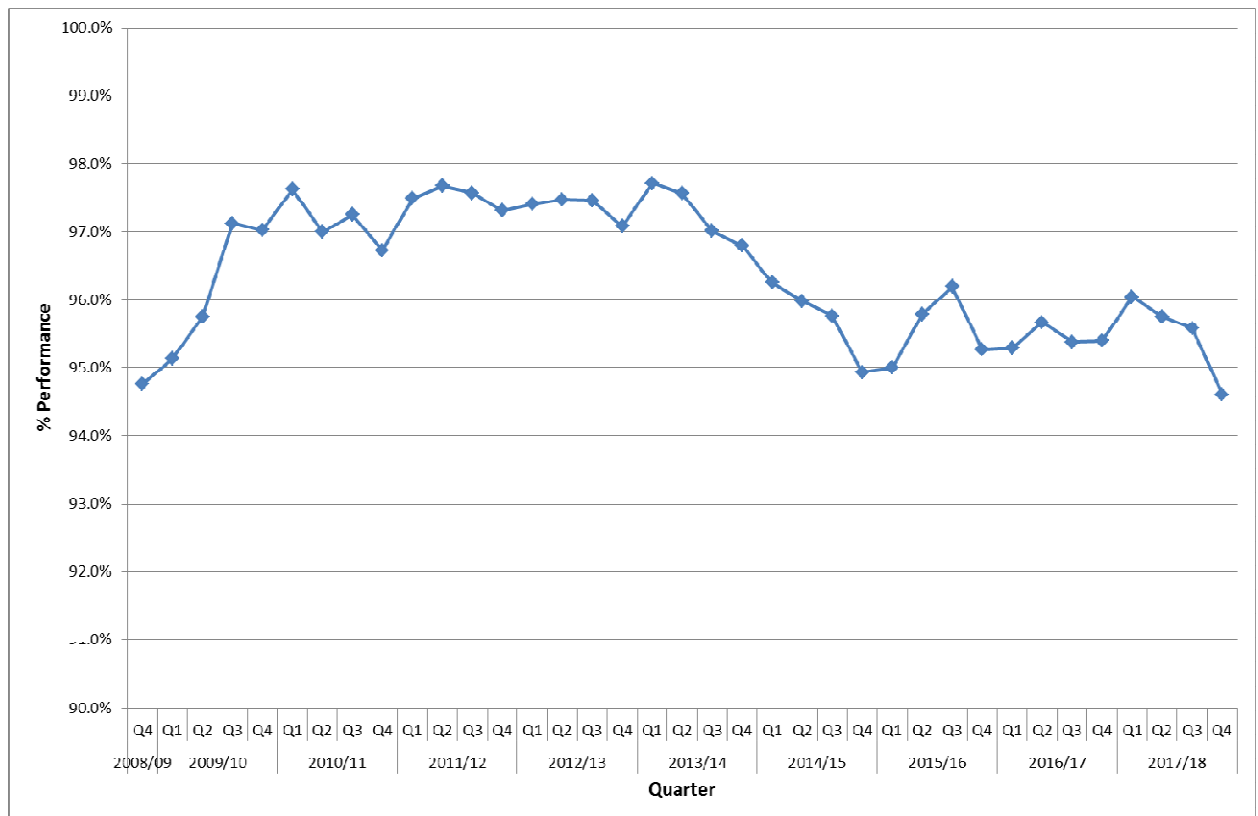
Figure 4: Proportion of patients on an anti-cancer drug regimen waiting 31 days or less for second or subsequent treatment



## 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 four 2017/18, 94.6% of patients waited 31 days or less for their second or subsequent treatment, compared to 95.6% in Q3 2017/18 and 95.4% of patients in Q4 2016/17.
- The proportion of patients in quarter four 2017/18 waiting 31 days or less was lower for admitted patients (94.5%) than non-admitted patients (96.2%).
- The proportion of patients waiting 31 days or less varies from 77.4% to 100.0% by provider. All but 31 providers treated at least 94% of patients within 31 days.
- 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

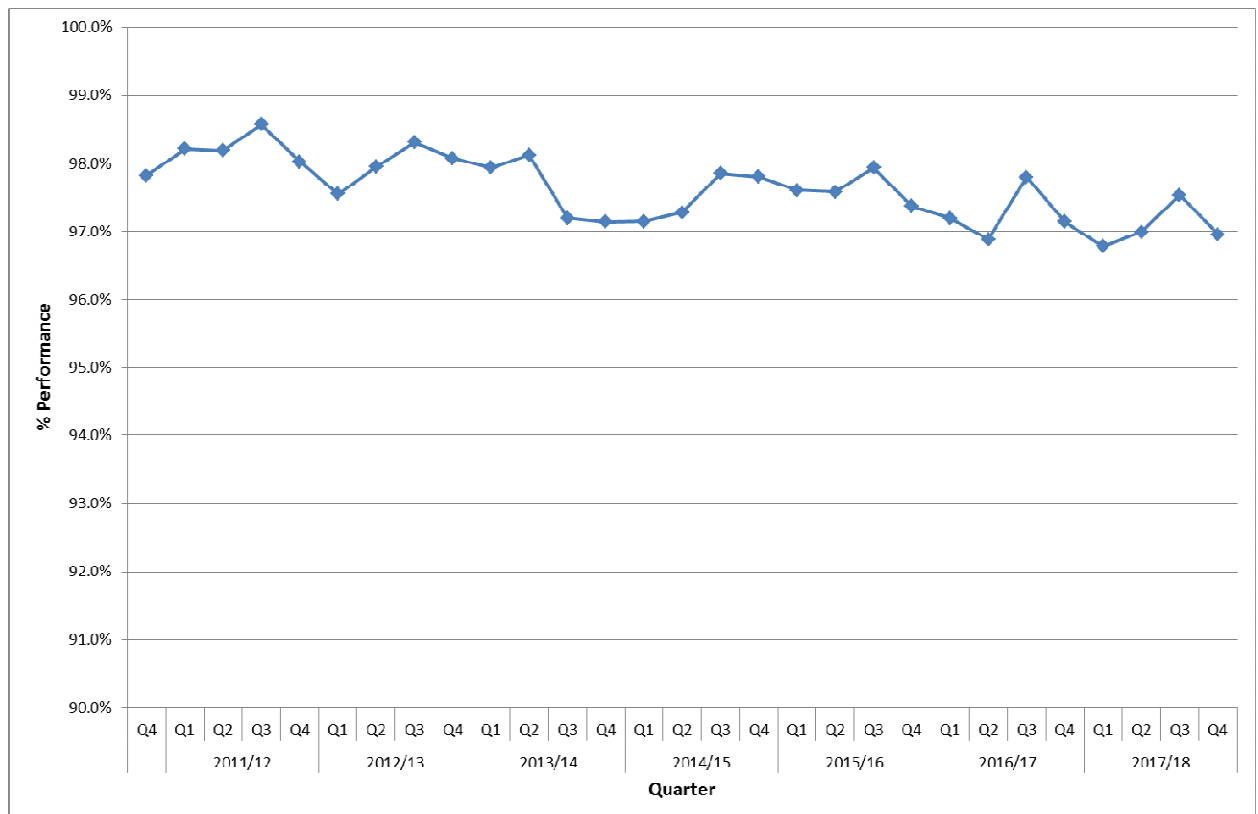




*Radiotherapy*

- 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 four 2017/18, 97.0% of patients waited 31 days or less for the second or subsequent treatment, compared to 97.5% in Q3 2017/18 and 97.1% in Q4 2016/17.
- The proportion of patients in quarter four 2017/18 receiving treatment within 31 days, was higher for admitted patients (97.3%) than for non-admitted patients (96.9%).
- The proportion of patients waiting 31 days varies from 66.9% to 100.0% by provider, and all but 3 treated at least 94% of patients within 31 days.
- A graph showing the trends over time is shown below:

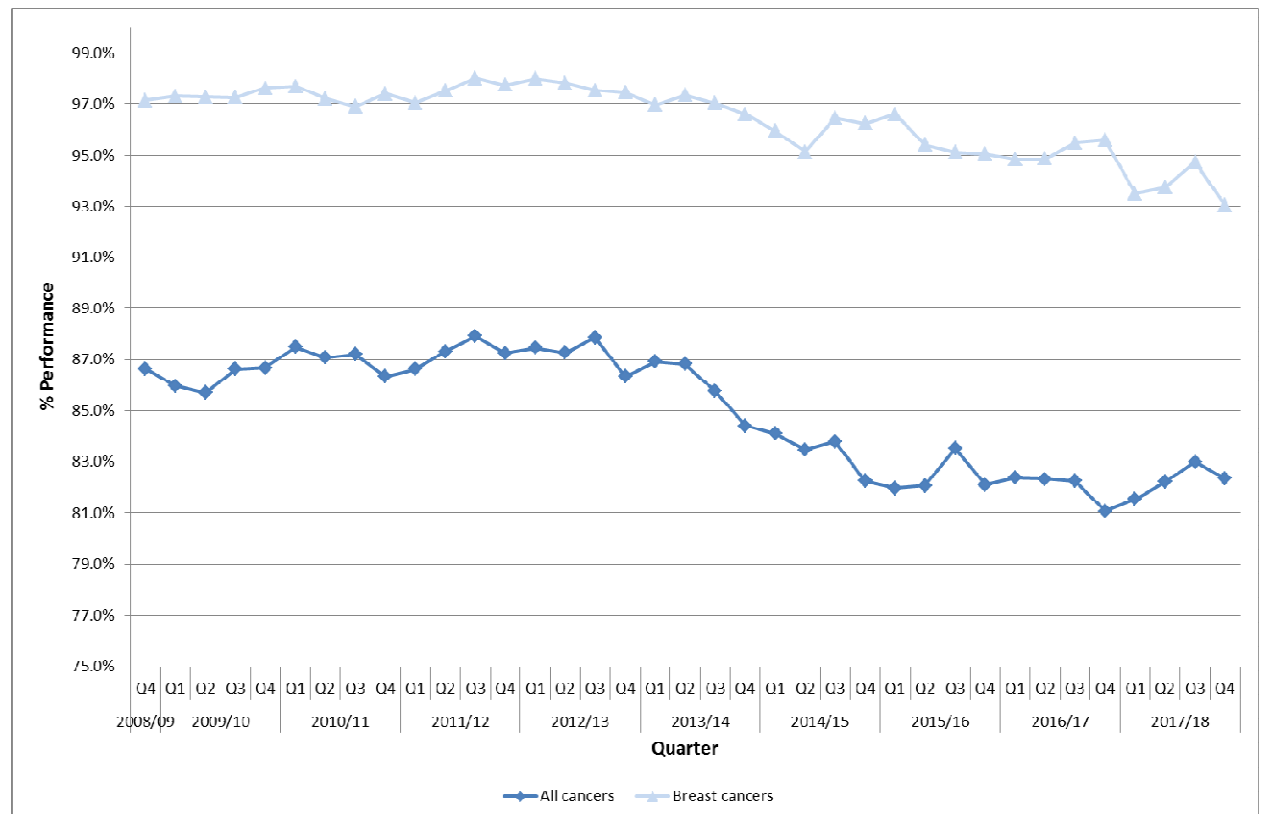
Figure 6: Proportion of patients waiting 31 days or less for second or subsequent treatment, where the treatment is radiotherapy



## 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 four 2017/18, 36,621 patients began first definitive treatment for cancer following an urgent GP referral. 82.3% of these patients were treated within 62 days (two months) of referral, compared to 83.0% in Q3 2017/18 81.1% in Q4 2016/17
- The proportion of patients in quarter four 2017/18 waiting 62 days or less was lower for admitted patients (81.7%) than for those were not admitted (83.4%).
- The national operational standard was breached in Q4 2017/18 by 2.7 percentage points. This is the seventeenth quarter that has breached in a row since Q4 2013-14 fell below the operational standard by 0.6 percentage points.
- Out of 154 providers which treated at least 5 patients, 79 failed to meet the operational standard for this requirement. The proportion of patients commencing their first definitive treatment within 62 days varies from 47.1% to 100.0% by provider.
- A graph showing the trends over time is shown below:

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



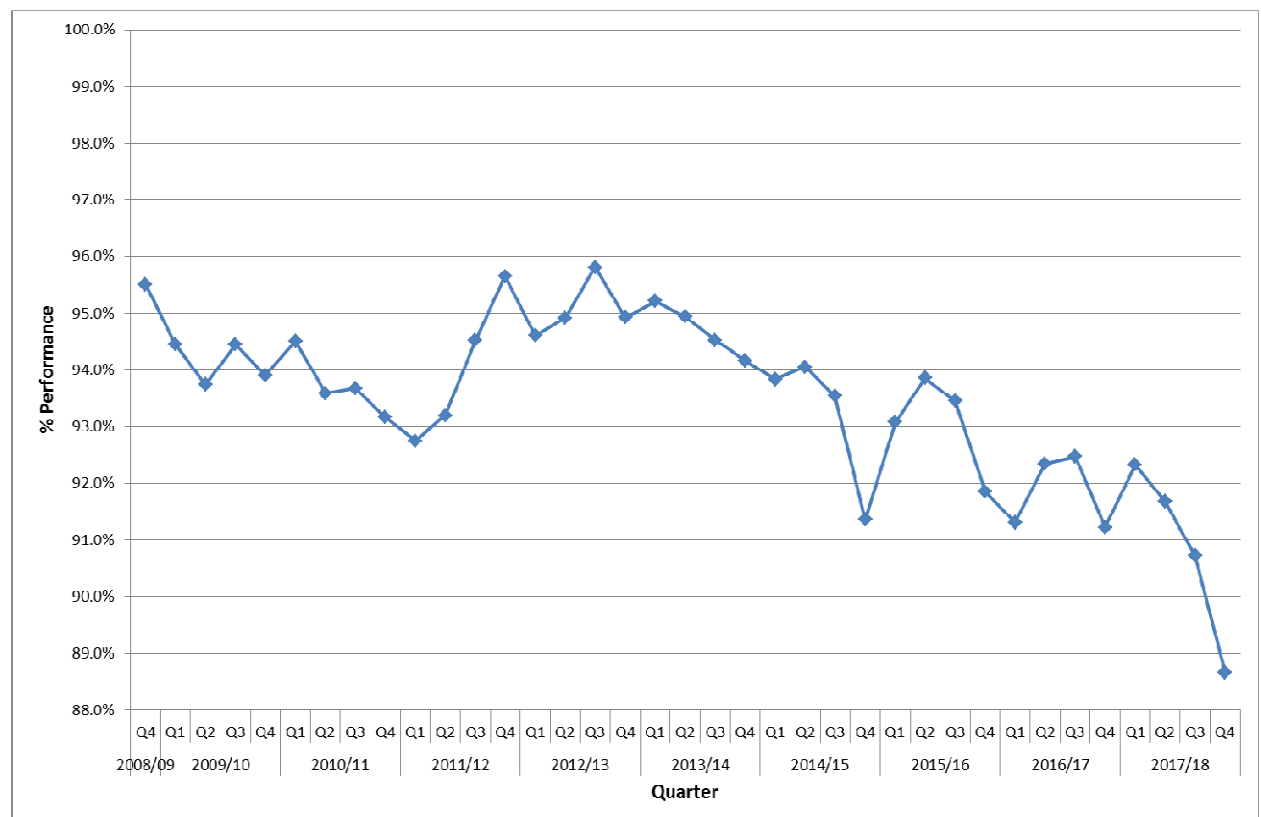
### **Two Month (62-day) urgent GP referral to first treatment wait by cancer type**

- In quarter four 2017/18, 36,621 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 – 93.0%
  - Lung cancers – 73.6%
  - Lower gastrointestinal cancers – 75.3%
  - Urological cancers (excluding testicular cancers) – 77.7%
  - Skin cancers – 95.6%

## 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.
- In quarter four 2017/18, 4,804 patients began first definitive treatment for cancer following referral from a consultant screening service. 88.7% of these patients started treatment within 62 days of referral, compared to 90.7% in Q3 2017/18 and 91.2% of patients in Q4 2016/17.
- This proportion of patients in quarter four 2017/18 receiving first definitive treatment within 62 days was higher for admitted patients (89.0%) than for non-admitted patients (84.1%).
- 71 out of 124 providers which treated at least 5 patients met the operational standard of 90%.
- 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 four 2017/18, 7,846 people began first treatment following a consultant's decision to upgrade a patient's priority. 87.1% of these patients started treatment within 62 days of upgrade. This is compared to 88.4% in Q3 2017/18 and 88.5% in Q4 2016/17.
- The proportion of patients seen within 62 days of an upgrade varies between different providers, from 53.8% 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.