Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients Q2 2018/19 Key Points – Commissioner Based – Provisional

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 included in "Delivering the Forward View: NHS Shared Planning Guidance 2016/17 – 2020/21".

These statistics for quarter two 2018/19 (July to September 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'[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.

The difference between the commissioner and provider data releases

The national levels of activity and performance within this summary and release of commissioner-based statistics on waiting times for suspected and diagnosed cancer patients may differ from the equivalent provider-based national statistics on cancer waiting times.

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 (Clinical Commissioning Groups) 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

[1] https://www.gov.uk/government/publications/the-national-cancer-strategy

[2] http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103431.pdf

patients (published at the same time as these statistics) remain the most complete assessment of the performance of the English NHS for Q2 2018/19.

Data Quality

These commissioner-based statistics on waiting times for suspected and diagnosed cancer patients are derived from the information made available by providers of NHS services by identifying the commissioning CCGs of all patients via their NHS Number. This means that any significant errors within the provider-based statistics (published at the same time as these statistics) will be reflected in these data for local commissioners.

Analysis

A summary of the cancer waiting times performance in quarter two 2018/19 against published operational standards and for specific cancers is outlined below. Unless otherwise stated, the number of commissioners 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 specific commissioners, please see the main quarterly commissioner workbooks.

All cancer two week wait

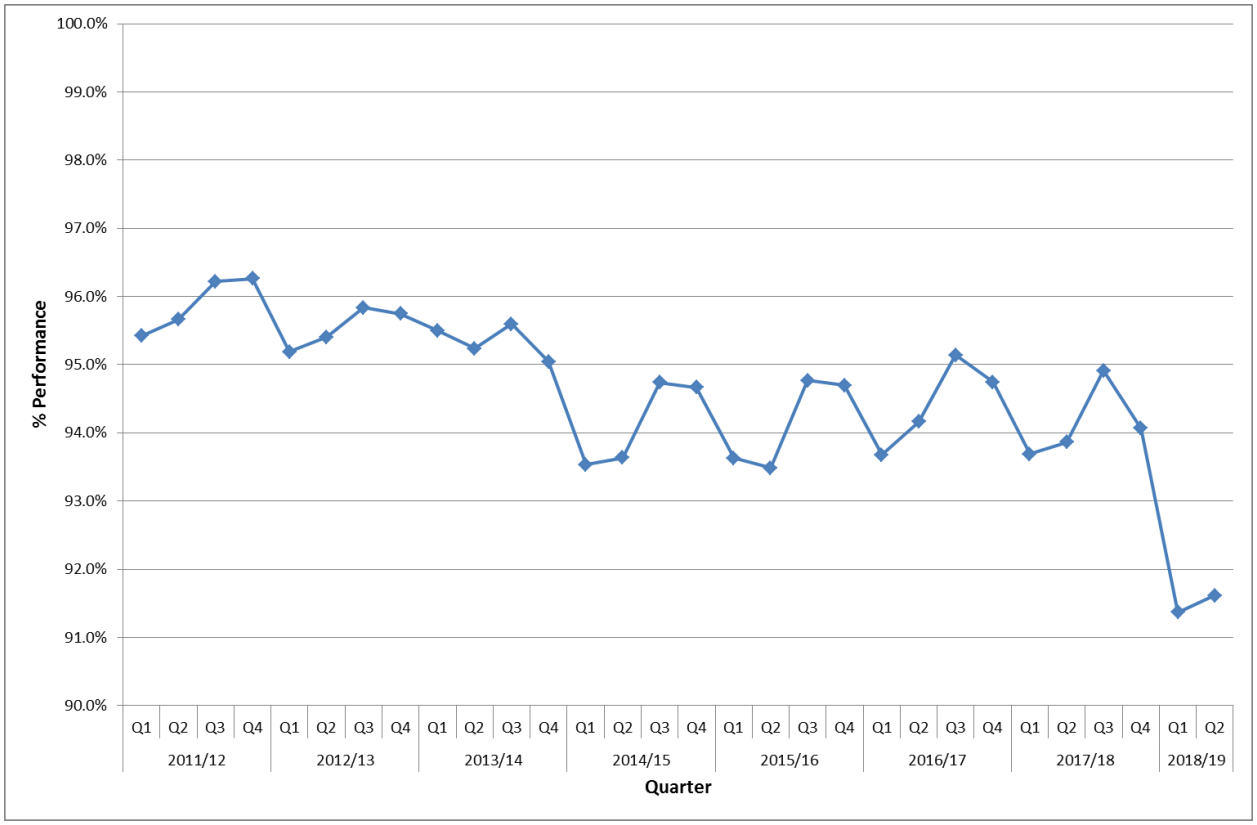
- A patient should wait a maximum of two weeks to see a specialist after being urgently referred with suspected cancer by their GP. The operational standard specifies that 93% of patients should be seen within this time.

- In quarter two 2018/19, the performance reported within these commissioner-based statistics mirrors the provider-based figures, showing that 91.6% of these patients were seen within 14 days an urgent GP referral for suspected cancer. This compares to 91.4%in Q1 2018/19.

- The proportion of patients seen within 14 days varies by Clinical Commissioning Groups (CCG) from 68.0% to 99.0%. 112 CCG's saw at least 93% of patients within 14 days, out of 196 total.

- A graph showing the trend since the start of 2011-12 is displayed below:

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



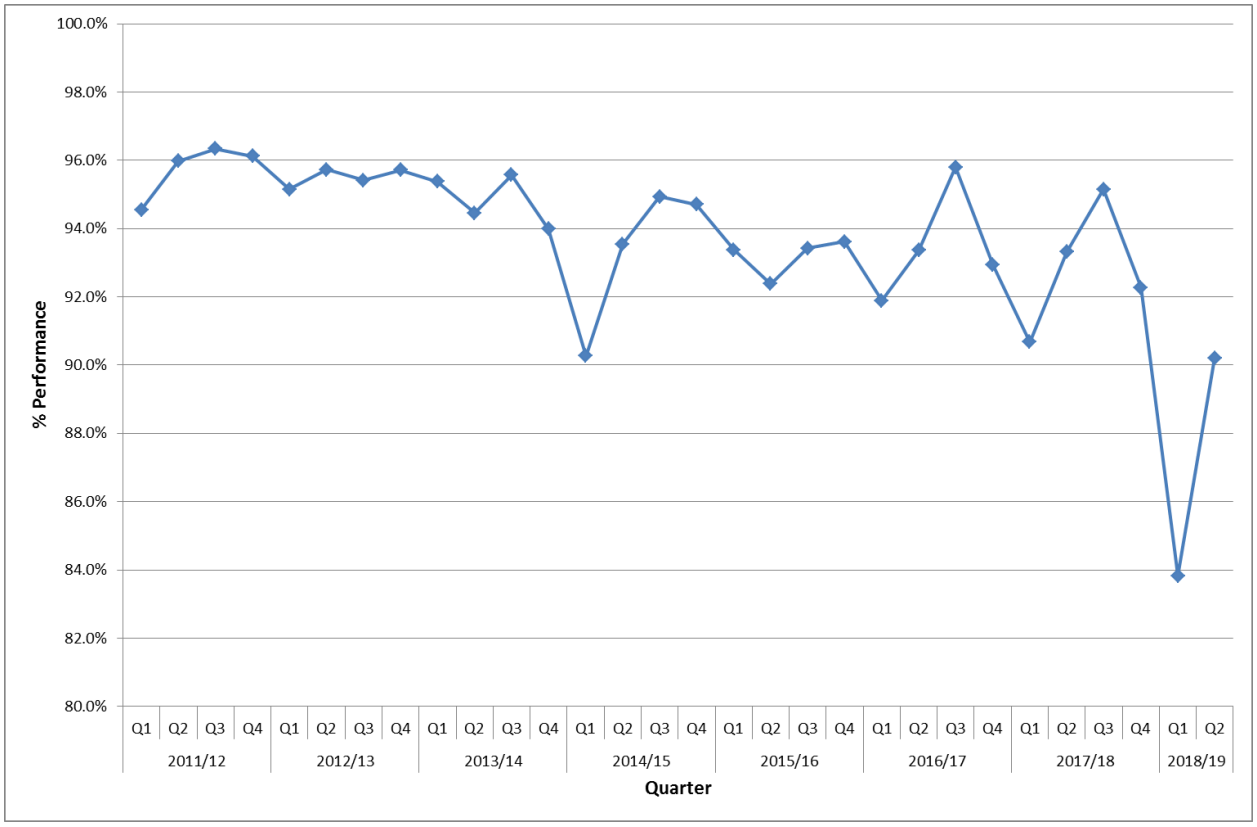
Two week wait for symptomatic breast patients (cancer not initially suspected)

- Patients can expect to experience a maximum waiting time of two weeks to be seen by a specialist when referred urgently with breast symptoms, where cancer was not initially suspected. The operational standard for this requirement is 93%

- In quarter two 2018/19, the percentage of people urgently referred for breast symptoms who were seen within two weeks of referral was 90.2%. This compares to 83.8% in Q1 2018/19.

- The proportion of patients seen within 14 days varies from 26.2% to 100.0% by CCG. Out of 196 CCGs, 112 met the operational standard by seeing at least 93% of patients within 14 days. A graph showing the trend since the start of 2011-12 is shown below:

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



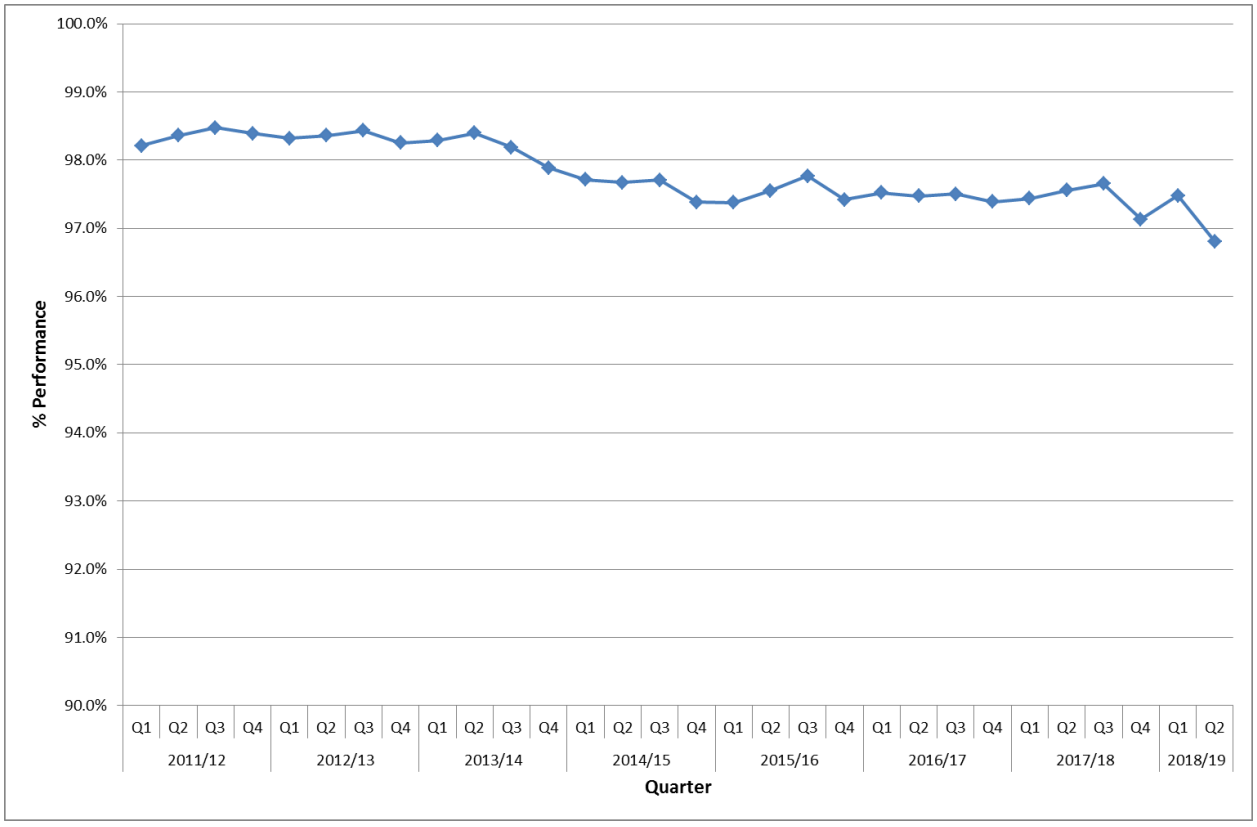
One Month (31-day) diagnosis to first treatment wait

- The requirement is for a maximum waiting time 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 measure is 96%.

- In quarter two 2018/19, the percentage of patients who began first treatment within 31 days of diagnosis was 96.8%. The corresponding figure for Q1 2018/19 was 97.5%.

- The proportion of patients treated within 31 days of diagnosis varies from 86.5% to 100.0% by Clinical Commissioning Groups. 140 out of 196 CCGs met the operational standard, treating 96% of patients within 31 days of diagnosis. A graph showing the trend since the start of 2011-12 is shown below

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



31-day wait for second or subsequent treatment

Anti-cancer drug treatments

- The requirement 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%.

- In quarter two 2018/19, 99.4% of patients waited 31 days or less for their second or subsequent treatment, compared to 99.4% in Q1 2018/19.

- The proportion of patients waiting for 31 days or less varies from 94.1% to 100.0% by CCG. 182 CCGs out of 196 treated at least 98% of patients within 31 days.

Surgery

- The commitment states that there should be a maximum wait of 31 days for a second or subsequent surgical treatment. The operational standard for this requirement is 94%.

- In quarter two 2018/19, 93.5% of patients waited 31 days or less for their second or subsequent treatment, compared to 94.4% of patients in Q1 2018/19.

- The proportion of patients waiting 31 days or less varies from 76.6% to 100.0% by CCG. 115 of the 196 CCGs treated at least 94% of patients within 31 days.

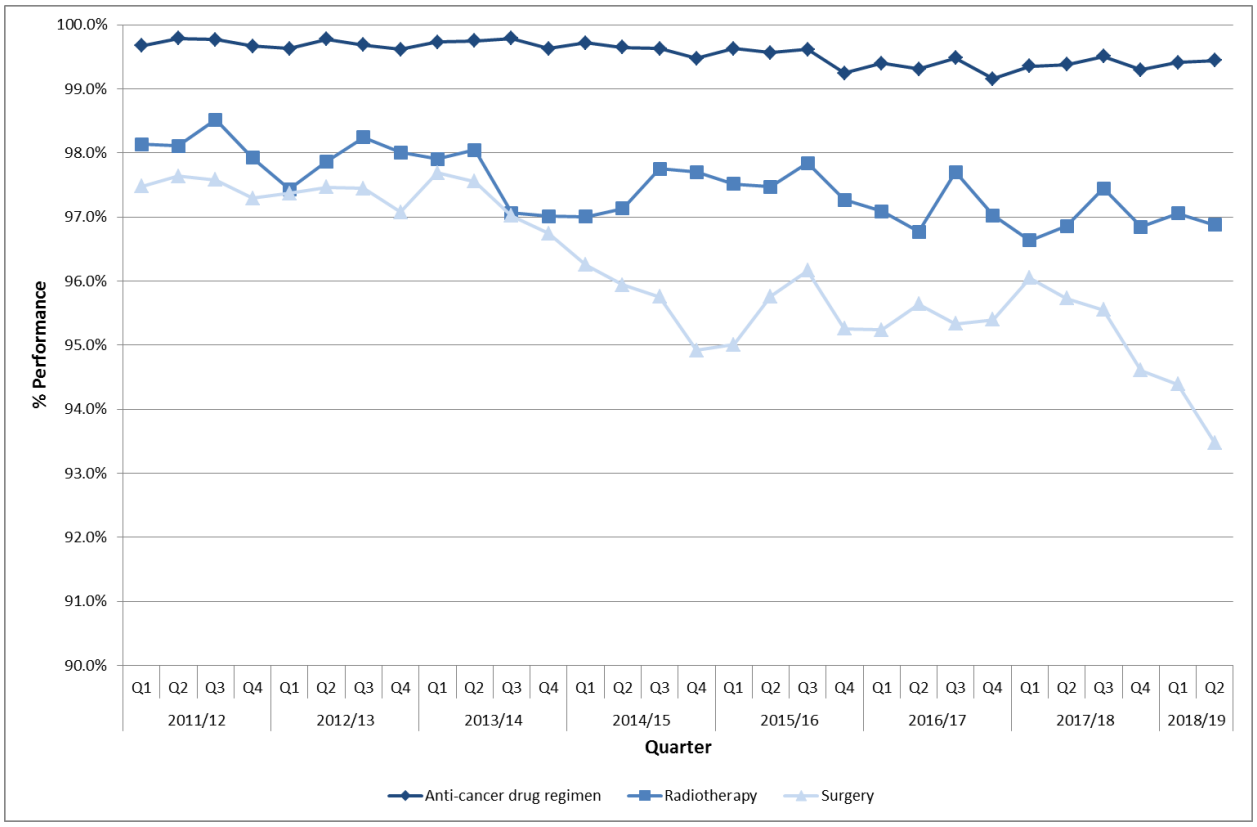
Radiotherapy

- This requirement sets out that there should be 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 is 94%.

- In quarter two 2018/19, 96.9% of patients waited 31 days or less for the second or subsequent treatment, compared to 97.1% in Q1 2018/19.

- The proportion of patients waiting 31 days varies from 77.5% to 100.0% by CCG. 168 out of 196 CCGs treated at least 94% of patients within 31 days.

Figure 4: Proportion of patients receiving drug regimen, surgery and radiotherapy waiting 31 days or less for second or subsequent treatment



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

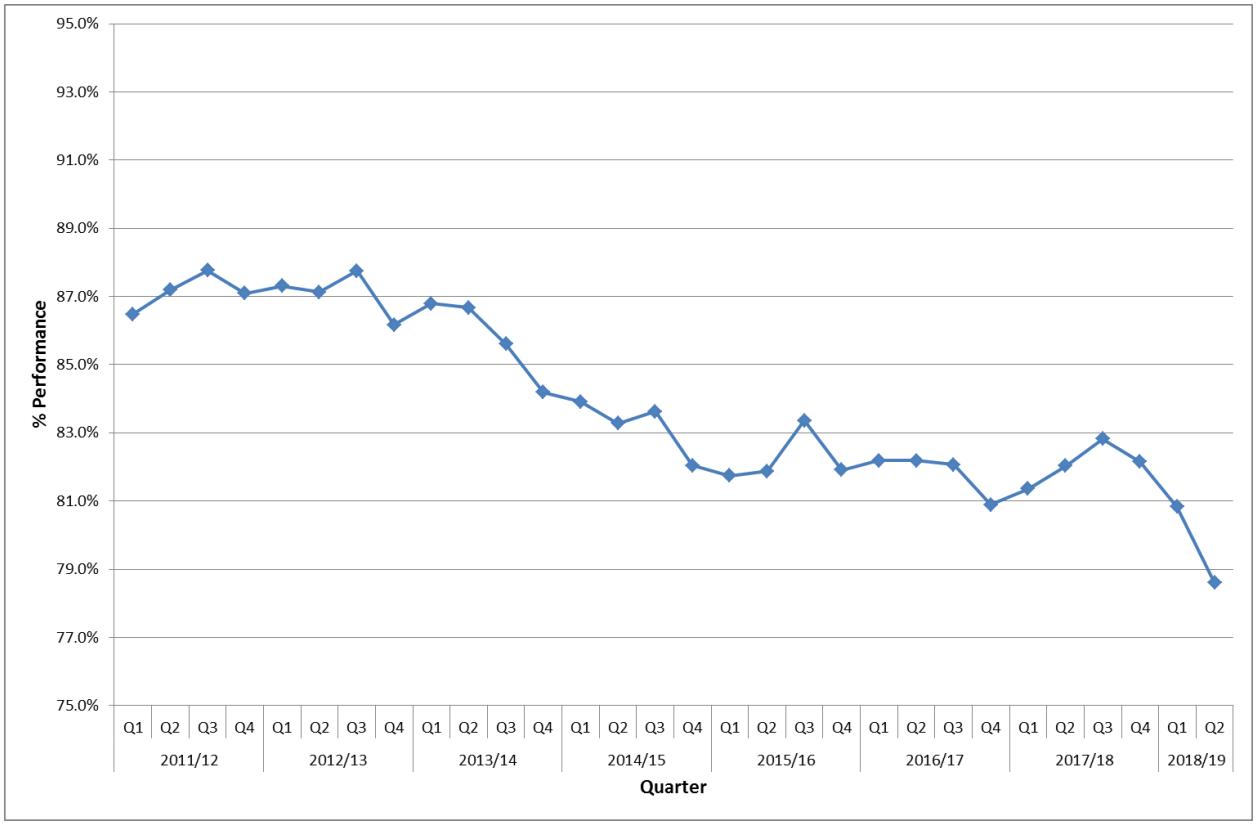
- The operational standard for this measure specifies that 85% of patients should wait a maximum of 62 days to begin first definitive treatment following an urgent referral for suspected cancer from their GP.

- In quarter two 2018/19, 78.6% of patients who began first definitive treatment for cancer did so within 62 days of an urgent GP referral for suspected cancer. This is compared to 80.8% of patients in the previous quarter.

- The proportion of patients commencing their first definitive treatment within 62 days varies from 52.9% to 94.4% by Commissioner.

- 31 out of 196 CCGs treated at least 85% of patients within 62 days. A graph illustrating this trend since the start of 2011-12 is shown below:

Figure 5: Proportion of patients receiving first definitive treatment within 62 days of urgent GP referral



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.

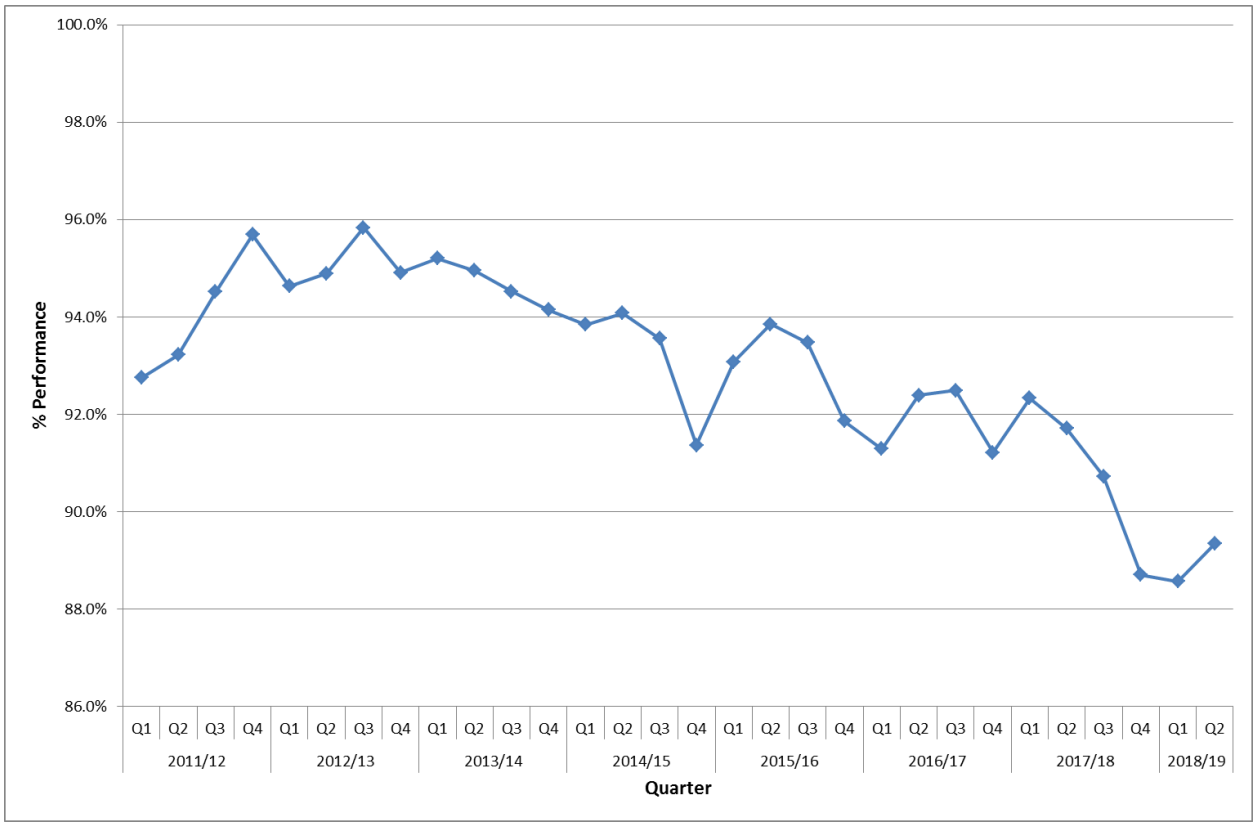
- In quarter two 2018/19, 89.3% of people began first treatment for cancer within 62 days of referral from an NHS cancer screening service, for all cancers. This is compared to 88.6% of patients in Q1 2018/19.

- The proportion of patients waiting 62 days varies from 45.5% to 100.0% by CCG (excluding CCGs with fewer than 5 patients).

- Out of 184 CCGs that treated five or more patients from screening referrals, the proportion of patients receiving first definitive treatment within 62 days was at least 90% in 113 cases.

- A graph showing the trends over time is shown below:

Figure 6: 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 two 2018/19, 8,711 people began first treatment following a consultant's decision to upgrade a patient's priority. 85.9% of these patients started treatment within 62 days of upgrade. This is compared to 85.3% in Q1 2018/19.

- The proportion of patients seen within 62 days of an upgrade varies between different providers, from 33.3% 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.