Waiting Times for Suspected and Diagnosed Cancer Patients

2019-20 Annual Report

Waiting Times for Suspected and Diagnosed Cancer Patients

2019-20 Annual Report

Prepared by Joshua Richardson, Ana Rita Ubaldo, David Dai and Paul McDonnell

Contents

1 Introduction and Performance Summary

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 2018-19. This data is an aggregate version of the provider-based revised final statistics available on the NHS England website in monthly format at https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

1.2   An overall summary of the performance for 2019-20, against the nine cancer measures, can be seen in table 1.1 below.

Table 1.1: Overall performance against the nine published cancer waiting times standards in 2019-20, for the revised final data set.

Waiting Times Measure	2019/20 Performance	Operational Standard
Two week wait for all cancers	**90.8%**	**93%**
Two week wait for symptomatic breast patients (where cancer was not initially suspected)[1]	**83.7%**	**93%**
One Month (31-day) diagnosis to first treatment wait for all cancers	**96.0%**	**96%**
31-day wait for second or subsequent treatment: anti-cancer drug treatments	**99.1%**	**98%**
31-day wait for second or subsequent treatment: surgery	**91.3%**	**94%**
31-day wait for second or subsequent treatment: radiotherapy treatments[2]	**96.4%**	**94%**
62-day wait for first treatment following an urgent GP referral for all cancers	**77.2%**	**85%**
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	**84.6%**	**90%**
62-day wait for first treatment following consultant upgrade of urgency of a referral to first treatment	**82.3%**	**N/A**

1.3   In a review of cancer waiting times standards conducted in the summer of 2010 by Professor Sir Mike Richards it was found that shorter waiting times can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. Shorter waiting times can also help to ease patient anxiety and improve experience. Improving Outcomes: A Strategy for Cancer (January 2011), confirmed that the cancer waiting time standards should be retained. The cancer waiting times standards were a deliverable in the NHS planning guidance 2019/20.

1.4   These standards, 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

---

[1]Data for this standard was first published for Q4 2009-10
[2]Data for this standard was first published for Q4 2010-11.

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 and NHS Improvement published 'operational standards' (performance thresholds) 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). These standards are shown in Table 1.1 above.

1.5 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.

1.6 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. 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 england.cancerwaitsdata@nhs.net or in writing at:

> Cancer Waiting Times Team
> NHS England and NHS Improvement
> Room 5E15, Quarry House
> Quarry Hill
> Leeds
> LS2 7UE
> Great Britain

Note: the last standard concerning a consultant decision to upgrade the priority of a patient does not have an operational standard, see para 47.1 of the review of cancer waits[3].

---

[3]https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213787/dh_123395.pdf

2 Provider-based statistics

2.1   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. 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 Statistics.

2.2   Two week wait for all cancer – (Operational Standard = 93%)

This standard covers patients seen by a specialist following an urgent GP referral for suspected cancer. The operational standard states that 93% of patients should be seen within 14 days of the referral.

Table 2.1: Activity and performance of the two week wait standard for all cancer.

Care Setting	Number of patients 2018-19	% seen within 14 days	
		2019-20	2018-19
All Care	**2,386,815**	**90.8**	**92.0**

Table 2.2: Activity and performance of the two week wait standard for different cancer sites in 2019/20.

Cancer Report Group	Total number of patients seen	% seen within 14 days
All Cancers	**2,386,815**	**90.8**
Suspected Acute Leukaemia	**239**	**95.8**
Suspected Brain/Central Nervous System Tumours	**10,455**	**95.0**
Suspected Breast Cancer	**435,253**	**88.7**
Suspected Children's Cancer	**9,988**	**92.8**
Suspected Gynaecological Cancer	**213,773**	**93.3**
Suspected Haematological Malignancies (Excluding Acute Leukaemia)	**21,962**	**95.1**
Suspected Head & Neck Cancer	**228,482**	**94.5**
Suspected Lower Gastrointestinal Cancer	**443,534**	**86.9**
Suspected Lung Cancer	**65,749**	**95.0**
Suspected Other Cancer	**2,677**	**91.8**
Suspected Sarcoma	**12,456**	**90.0**
Suspected Skin Cancer	**509,668**	**90.8**
Suspected Testicular Cancer	**11,272**	**96.7**
Suspected Upper Gastrointestinal Cancer	**196,714**	**91.0**
Suspected Urological Malignancies (Excluding Testicular Cancer)	**224,593**	**94.3**

Figure 2.1: The national quarterly activity and performance of urgent GP referrals for suspected cancer. Data from 2019/20 is compared against 2018/19.
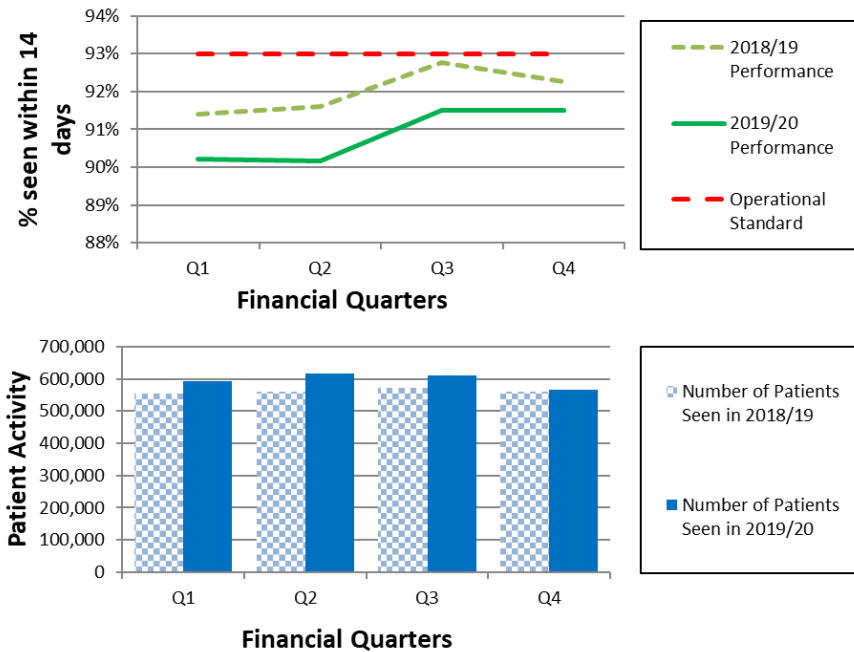
Summary

The total number of patients seen as part of the two week wait standard increased by 5.9%% on a working day adjusted basis in 2019/20 compared with 2018/19. The performance for this standard followed a similar seasonal pattern in 2018/19 as the previous year.

2.3 Two week wait for symptomatic breast patients (where cancer was not initially suspected) – (Operational Standard = 93%)

This standard covers patients seen by a specialist following an urgent GP symptomatic breast referral where cancer was not initially suspected. The operational standard states that 93% of patients should be seen within 14 days of the referral.

Table 2.3: Activity and performance of the two week wait standard for symptomatic breast patients.

Care Setting	Number of patients 2019-20	% seen within 14 days	
		2019-20	2018-19
All Care	**176,807**	**83.7**	**85.8**

Figure 2.2: The national quarterly activity and performance for urgent GP referrals for breast symptoms (where cancer was not initially suspected). Data from 2019/20 is compared against 2018/19.
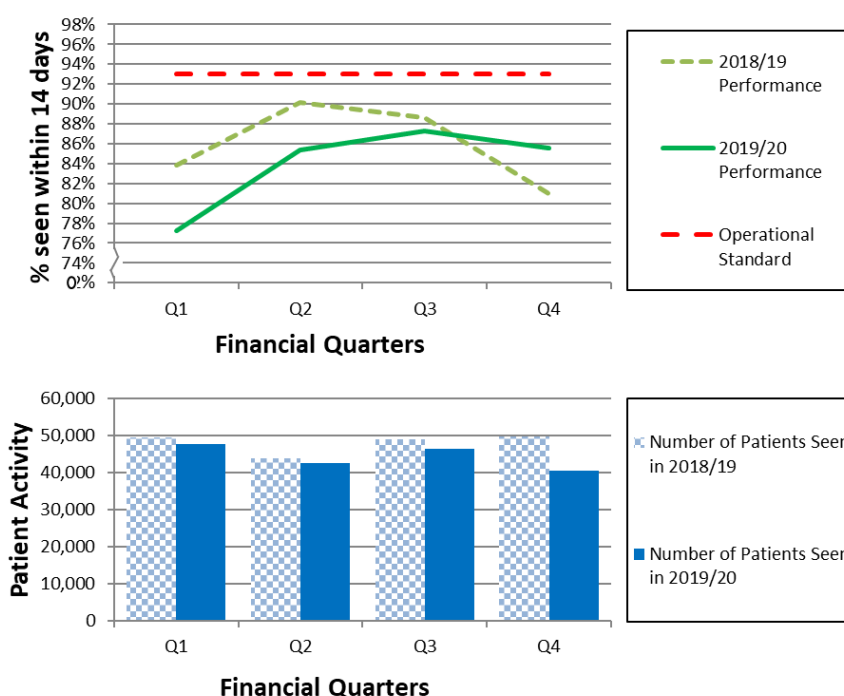
Summary

A total decrease in referrals of 8.2.% on a working day adjusted basis occurred in 2019/20 compared with 2018/19. The percentage of patients referred onto the two week wait with breast symptoms (but where cancer is not suspected) that were seen within two weeks increased sharply from Q1 to Q2, after which performance remained relatively stable. This operational standard was missed in all four quarters.

2.4   31-day waits for first treatment – (Operational Standard = 96%)

This standard covers patients starting a first definitive treatment for a new primary cancer. The operational standard states that 96% of patients should be treated within 31 days of the decision to treat date.

Table 2.4: Activity and performance of the one month wait standard for first cancer treatment.

Care Setting	Number of patients 2019-20	% treated within 31 days	
		2019-20	2018-19
All Care	316,588	96.0	96.8
Admitted Care	202,665	94.6	95.7
Non-Admitted Care	113,923	98.6	98.9

Table 2.5: Activity and performance of the one month wait standard for different cancer sites in 2019/20.

Cancer Report Group	Total number of patients treated	% seen within 31 days
All Cancers	**316,588**	**96.0**
Breast Cancer	49,938	97.3
Lower Gastrointestinal Cancer	34,125	96.3
Lung Cancer	33,883	97.4
Other Cancer	81,213	96.9
Skin Cancer	54,688	95.4
Urological Malignancies	62,741	93.5

Figure 2.3: The national revised final activity and performance for the 31-day standard from a decision to treat to first treatment. Data from 2019/20 is compared against 2018/19.
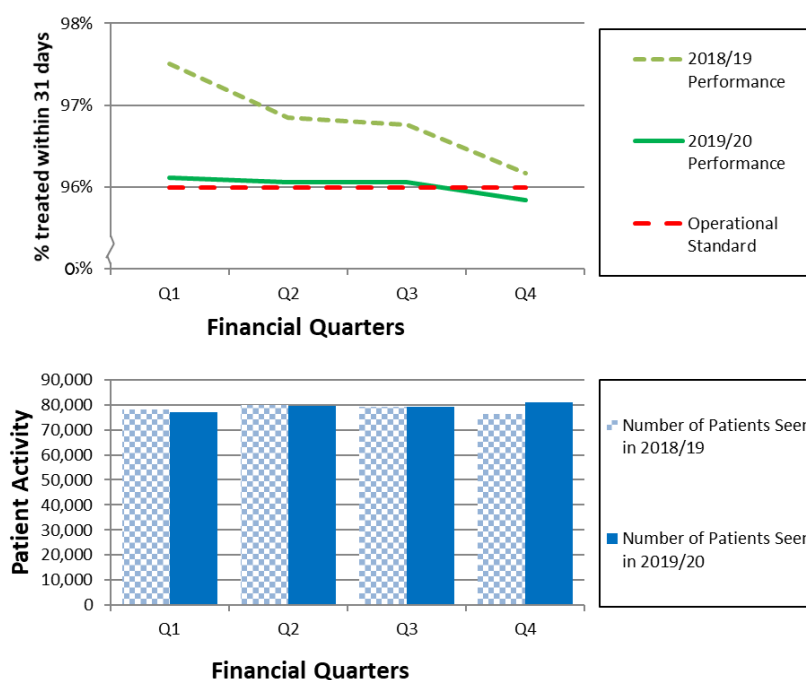
Figure 2.4: The national quarterly activity and performance for the 31-day standard from a decision to treat to first treatment by cancer site.
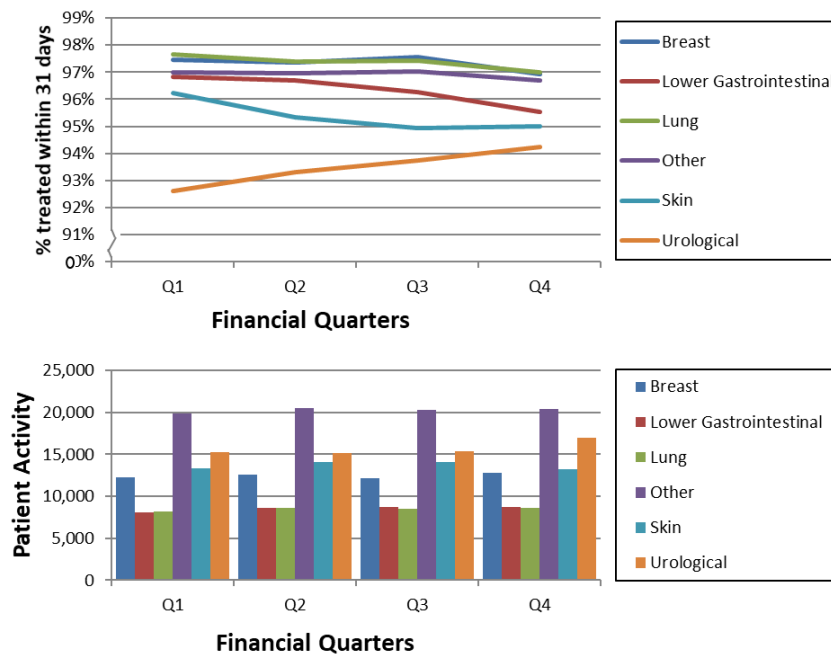
Summary

The total number of patients recorded under the 31-day standard for first treatments decreased by 0.6% on a working day adjusted basis in 2019/20 compared with 2018/19. Urological cancers remain the largest individual cancer in terms of number of patients being treated.

Performance remained above the operational standard until the fourth quarter, remaining stable in the remaining quarters of 2019/20.
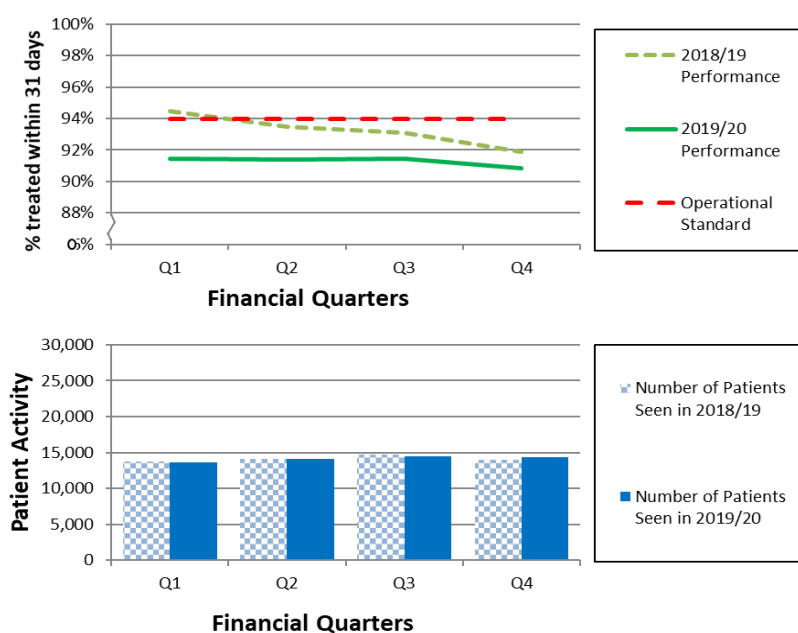
2.5   31-day waits for subsequent treatments for all cancers

This standard covers patients starting a subsequent treatment for a new primary cancer. The operational standard states that 98% of patients should be treated within 31 days of the decision to treat date where the treatment is an anti-cancer drug regime, 94% where the treatment is radiotherapy and 94% where the treatment is surgery.

Table 2.6: Activity and performance of the one month wait standard for subsequent cancer treatments.

Care Setting	Number of patients 2019-20	% treated within 31 days 2019-20	% treated within 31 days 2018-19
Surgery (Operational Standard = 94%)			
All Care	56,466	91.3	93.2
Admitted Care	53,895	91.2	93.2
Non-Admitted Care	2,571	93.4	94.0
Anti-Cancer Drug Regimen (Operational Standard = 98%)			
All Care	98,063	99.1	99.3
Admitted Care	59,889	98.8	99.2
Non-Admitted Care	38,174	99.4	99.6
Radiotherapy (Operational Standard = 94%)			
All Care	99,695	96.4	97.1
Admitted Care	16,836	96.5	96.8
Non-Admitted Care	82,859	96.3	97.1

Figure 2.5: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is <u>surgery</u>. Data from 2019/20 is compared against 2018/19.

Figure 2.6: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is an anti-cancer drug regimen. Data from 2019/20 is compared against 2018/19.
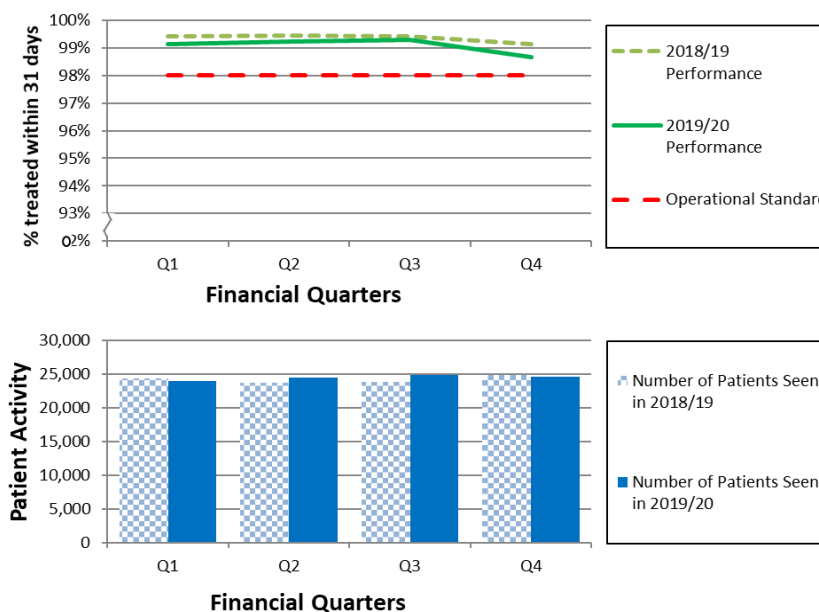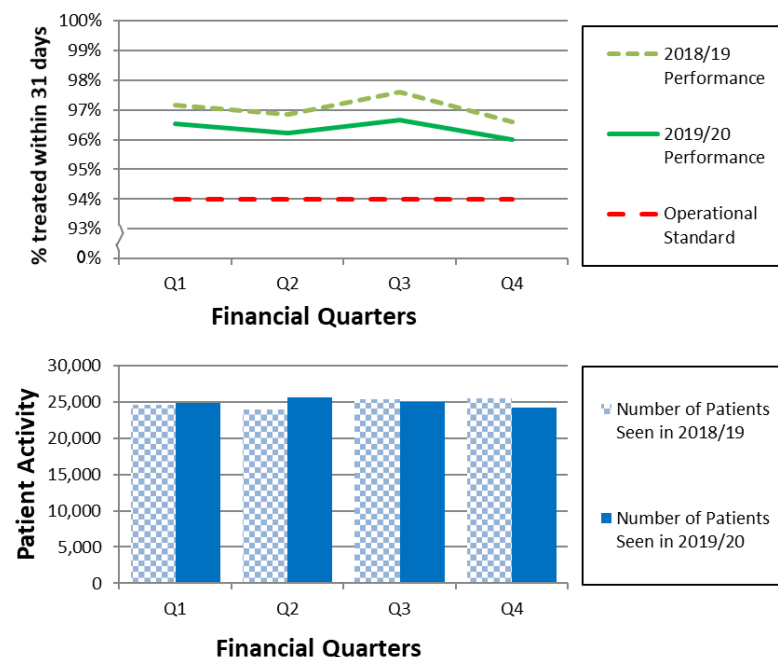

Figure 2.7: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is radiotherapy. Data from 2019/20 is compared against 2018/19.

Summary

Performance against the operational standards for surgery, anti-cancer drug regimen and radiotherapy subsequent treatments was relatively consistent throughout the year, showing a similar pattern and remaining at a similar level to that seen in 2018/19. . The anti-cancer drug regimen and radiotherapy operational standards were achieved in 2019/20, but the surgery operational standard was not.

2.6 62-day wait for first treatment following an urgent GP referral – (Operational Standard = 85%)

This standard covers patients starting a first definitive treatment for a new primary cancer following an urgent GP referral for suspected cancer. The operational standard states that 85% of patients should receive a first definitive anti-cancer treatment within 62 days of the urgent referral date.

Table 2.7: Activity and performance of the two month wait standard for all cancer sites.[4]

Care Setting	Number of patients 2018-19	% treated within 62 days	
		2019-20	2018-19
All Care	167,101	77.2	79.1
Admitted Care	100,492	76.1	78.4
Non-Admitted Care	66,609	79.0	80.2

Figure 2.8: The national quarterly activity and performance for the 62-day standard from an urgent GP referral to a first definitive treatment. Data from 2019/20 is compared against 2018/19.
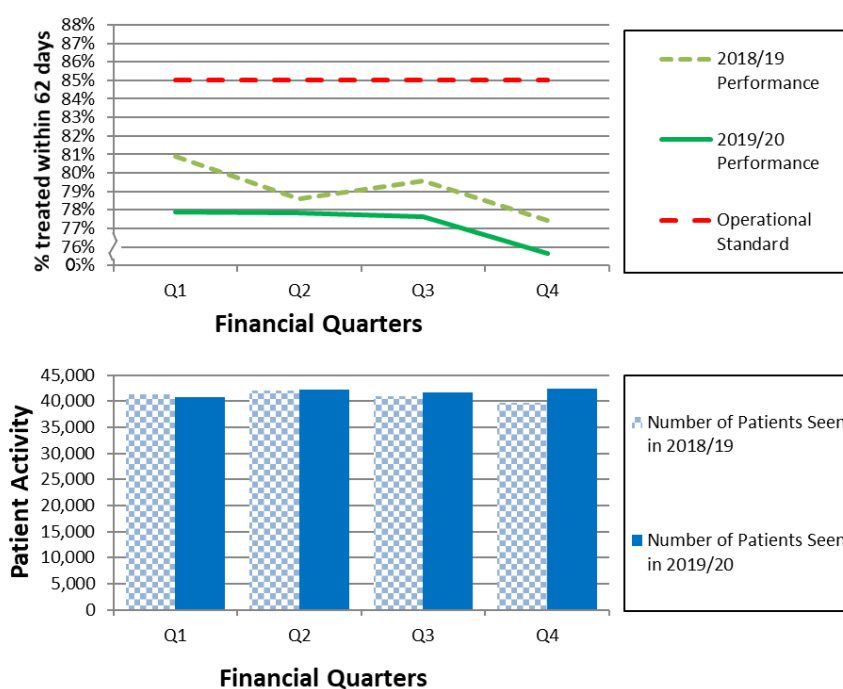
[4] For instances in which the reported provider-based national totals do not equal a whole number for the 62-day Cancer Waiting Times standard (e.g. figures for the total number of patients treated showing a total that includes .5 patients), this is due to the fact that data from non-English providers that may share patients with English providers are excluded from this England-based provider level summary.

Table 2.8: Activity and performance of the two month wait standard for different cancer sites in 2019/20.

Cancer Report Group	Total number of patients treated	% treated within 62 days
All Cancers	**167,101**	**77.2**
Breast Cancer	25,052	89.4
Lower Gastrointestinal Cancer	16,354	66.7
Lung Cancer	11,834	66.3
Other Cancer	38,667	68.8
Skin Cancer	35,132	93.8
Urological Malignancies	40,062	70.8

Figure 2.9: The national quarterly activity and performance for the 62-day standard from an urgent GP referral to a first definitive treatment by cancer site.
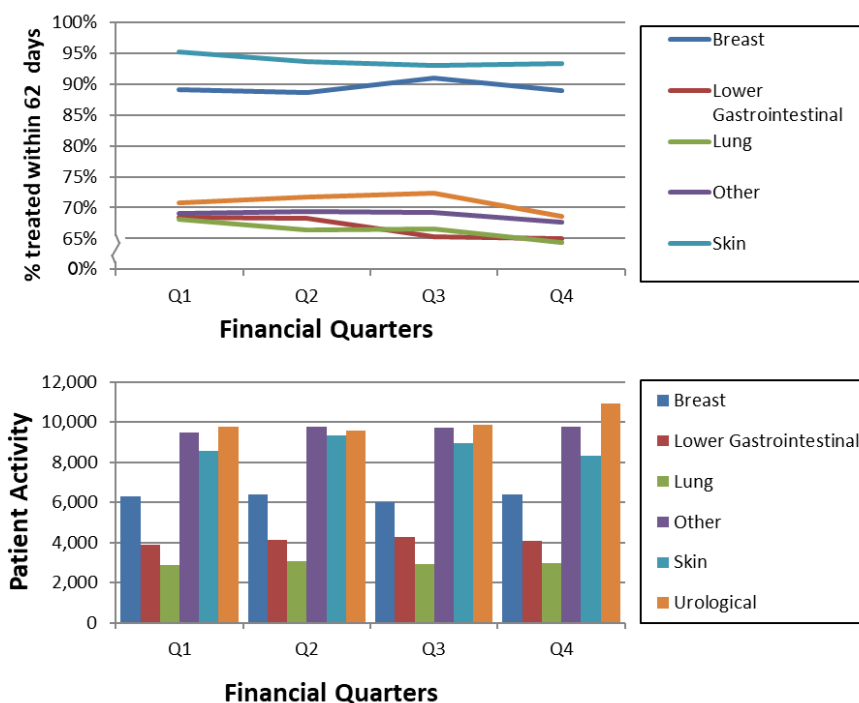
Summary

The number of patients recorded as part of the 62-day standard decreased by 1.5% on a working day adjusted basis in 2019/20 compared with 2018/19.

As in the previous year, the overall performance was below the operational standard for all four quarters in 2019/20. Performance was down on the previous year in all four quarters.
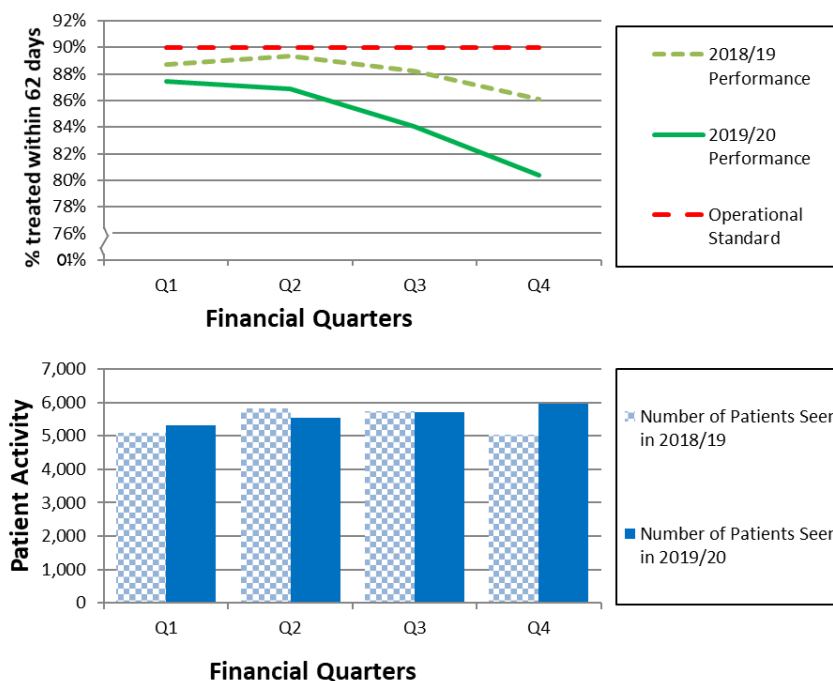
2.7 62-day wait for first treatment following referral from an NHS cancer screening service for all cancers – (Operational Standard = 90%)

Table 2.9 shows the performance of admitted versus non-admitted care in 2019-20 and compares this to the data from 2018-19.

Care Setting	Number of patients 2019-20	% treated within 62 days	
		2019-20	2018-19
All Care	22,507	84.6	88.1
Admitted Care	20,186	84.7	88.4
Non-Admitted Care	2,321	83.6	85.3

Figure 2.10: The national quarterly activity and performance for the 62-day standard from an English NHS cancer screening service referral to a first definitive treatment.

Data from 2019/20 is compared against 2018/19.

Summary

The total number of patients recorded under the 62-day standard which were referred from a national screening programme decreased by 3.4% on a working day adjusted basis in 2019/20 compared with 2018/19.

2.8   62-day wait for first treatment following a consultant decision to upgrade the case priority for all cancers – (Operational Standard = N/A)

Table 2.10 shows the performance of admitted versus non-admitted care and compares this to the data from 2018-19.

Care Setting	Number of patients 2019-20	% treated within 62 days	
		2019-20	2018-19
All Care	40,709	82.3	85.2
Admitted Care	24,249	82.4	85.6
Non-Admitted Care	16,460	82.1	84.5

Figure 2.11: The national quarterly activity and performance for the 62-day standard from a consultant upgrade to a first definitive treatment. Data from 2019/20 is compared against 2018/19.
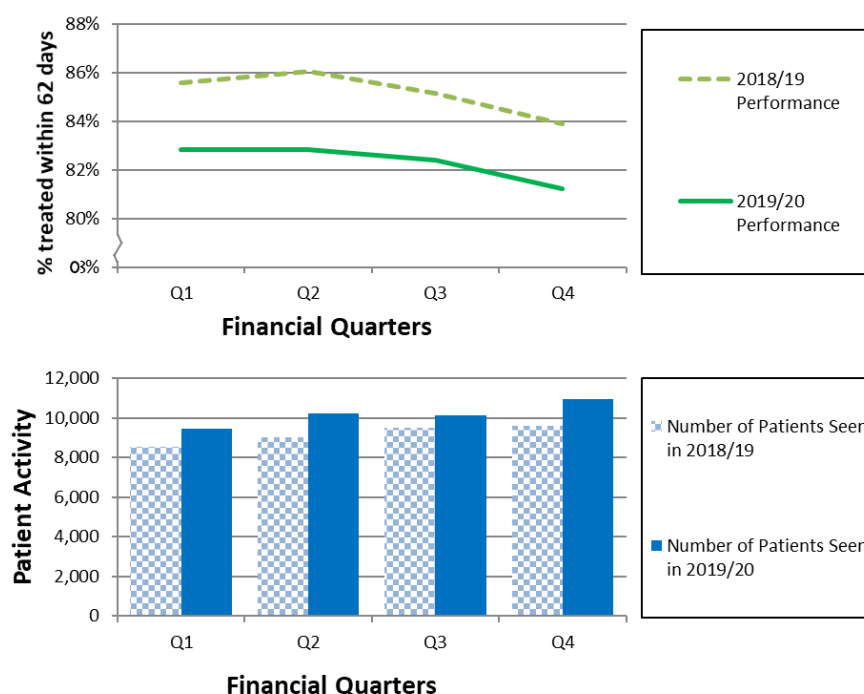
Summary
The total number of patients recorded under the 62-day standard which were upgraded by a consultant onto the 62-day pathway increased by 10.7% on a working day adjusted basis in 2019/20 compared with 2018/19. A significant drop in performance compared to 2018/19 was seen for all quarters. No operational standard is set for this waiting time.

Annex A Methodology

A1   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: National Cancer Waiting Times Monitoring Dataset

A2   For the quarterly publication of Cancer Waiting Times statistics; following the specified number of working days after the end of each quarter[5], the CWT-Db provides NHS England and NHS Improvement 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 and NHS Improvement analysts follow a set process to ensure that the published statistics are accurate. 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.

A3   The national levels of activity and performance reported in this report are provider based and these may differ from commissioner based figures (given in Annex B). This is because the 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 the commissioner (Clinical Commissioning Groups) based statistics are derived from those data that are 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.

A4   If an error is discovered after the automated processes of the CWT-Db have generated aggregate statistics for publication, the usual practice of NHS England and NHS Improvement is to add a caveat or note explaining the inconsistency to the foot of the relevant data table within the quarterly publications.

A5   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/

---

[5] https://digital.nhs.uk/cancer-waiting-times/report-generation-dates

Annex B Commissioner-based statistics

B1   The overall performance for 2019-20, against the nine cancer standards is set out in Table B.1 below for the quarterly commissioner-based data set.

B2   Please note: 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 (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 patients remain the most complete assessment of the performance of the English NHS. For this reason, the Commissioner-based statistics were designated as official statistics upon assessment by the UK Statistics Authority. The commissioner-based statistics are included here for completeness.

Table B.1: overall performance against the nine cancer standards in 2019-20 for the quarterly commissioner-based data set.

Waiting Times Measure	2019/20 Performance	Operational Standard
Two week wait for all cancers	90.8%	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected)[6]	83.7%	93%
One Month (31-day) diagnosis to first treatment wait for all cancers	96.0%	96%
31-day wait for second or subsequent treatment: anti-cancer drug treatments	99.1%	98%
31-day wait for second or subsequent treatment: surgery	92.4%	94%
31-day wait for second or subsequent treatment: radiotherapy treatments[7]	96.3%	94%
62-day wait for first treatment following an urgent GP referral for all cancers	77.3%	85%
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	84.6%	90%
62-day wait for first treatment following consultant upgrade of urgency of a referral to first treatment	82.2%	N/A

---

[6]Data for this standard was first published for Q4 2009-10
[7]Data for this standard was first published for Q4 2010-11.

Annex C Glossary of terms

C1   These are the definitions used for the purposes of compiling these statistics on waiting times for suspected and diagnosed cancer patients:

C2   **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'.

C3   **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.

C4   **All Care**
All patients receiving treatment, either within the 'Admitted Care' or 'Non-Admitted Care' categories.

C5   **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.

C6   **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.

C7   **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.

C8   **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.

C9   **Clinical Commissioning Group**
For the data published in this report which includes information to 2016-17, a clinical commission group (CCG) is a group of GP Practices that are responsible for commissioning most health and care services for patients.

C10 **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 which can be traced to an English Commissioner. These statistics exclude patients from the other administrations within the UK and patients with unknown commissioners.

C11 **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.

C12 **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.

C13 **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)

C14 **NHS Cancer Screening Service**
A service providing population based screening for breast, cervical and bowel cancers

C15 **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.

C16 **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.

C17 **Provider**
This is the organisation (NHS Trust, NHS Foundation Trust, Independent Healthcare Organisation or Clinical Commissioning Group) commissioned to provide cancer services by a patients local Clinical Commissioning Group.

C18 **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 CCG 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.

C19 **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.

C20 **Referral from an 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.

C21 **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.

C22 **Treatment start date**
The date upon which the patient 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.

C23 **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.

C24 **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'.

C25 **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".

C26 **Year**
These data are presented for an NHS business year that runs 01 April to 31 March.