NHS

Cancer Waiting Times, July 2020 - Provider Based - Provisional
The latest monthly Official Statistics on waiting times for suspected and diagnosed cancer patients accessing NHS services, produced by NHS England and NHS Improvement, were released on 10/09/2020 according to the arrangements approved by the UK Statistics Authority. The July statistics are on an updated methodology as detailed in Annex B.

Waiting Times for Cancer Services - July 2020

The key results for outpatient services and first definitive treatments show that, in England, during the period July 2020:

Two week Wait:
- 90.4% of people were seen by a specialist within two weeks of an urgent referral for suspected cancer (92.5% in June 2020)
- 86.4% of people urgently referred for breast symptoms (where cancer was not initially suspected) were seen within two weeks of referral (90.6% in June 2020)

One month (31-day) wait from diagnosis to first definitive treatment:
- 95.1% of people treated began first definitive treatment within 31 days of receiving their diagnosis, all cancers (93.7% in June 2020)
- 95.0% of people treated for breast cancer began first definitive treatment within 31 days of receiving their diagnosis (91.1% in June 2020)
- 98.1% of people treated for lung cancers began first definitive treatment within 31 days of receiving their diagnosis (97.6% in June 2020)
- 95.3% of people treated for lower gastrointestinal cancers began first definitive treatment within 31 days of receiving their diagnosis (92.5% in June 2020)
- 88.6% of people treated for urological cancers began first definitive treatment within 31 days of receiving their diagnosis (87.0% in June 2020)
- 95.4% of people treated for skin cancers began first definitive treatment within 31 days of receiving their diagnosis (95.4% in June 2020)

Two month (62-day) wait from urgent referral to first definitive treatment:
- 78.4% of people treated began first definitive treatment within 62 days of being urgently referred for suspected cancer, all cancers (75.2% in June 2020)
- 87.0% of people treated for breast cancers received first definitive treatment within 62 days of being urgently referred for suspected cancer (87.9% in June 2020)
- 76.9% of people treated for lung cancers received first definitive treatment within 62 days of being urgently referred for suspected cancer (62.8% in June 2020)

- 52.5% of people treated for lower gastrointestinal cancers received first definitive treatment within 62 days of being urgently referred for suspected cancer (48.2% in June 2020)
- 66.5% of people treated for urological cancers (excluding testicular cancer) received first definitive treatment within 62 days of being urgently referred for suspected cancer (56.4% in June 2020)
- 94.4% of people treated for skin cancers received first definitive treatment within 62 days of being urgently referred for suspected cancer (93.9% in June 2020)

62-day wait extensions
- 85.2% of patients began first definitive treatment within 62 days of a consultant's decision to upgrade their priority, all cancers (82.3% in June 2020)
- 25.4% of people began first definitive treatment for cancer within 62 days of referral from an NHS cancer screening service, all cancers (12.9% in June 2020)

The key results for waiting times for second or subsequent treatment show that, in England, during the period July 2020:

31-day wait for subsequent treatment
- 87.9% of people began treatment within 31 days where the subsequent treatment was surgery (86.8% in June 2020)
- 99.3% of people began treatment within 31 days where the subsequent treatment was an anti-cancer drug regimen (98.7% in June 2020)
- 96.0% of people began treatment within 31 days where the subsequent treatment was a course of radiotherapy (94.9% in June 2020)

More analyses are published as part of this statistical release on the NHS website.

https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

Contact address and email

You can obtain further details about the statistics published in this section or comment on the section by contacting the following address:

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Annex A: Missing and partial returns

Assura East Riding LLP (NYT) did not make a submission of CWT Data for Two Week Wait From Urgent Referral to First Consultant Appointment, One Month Wait from a Decision to Treat to a First Treatment, One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Surgery), Two Month Wait from Urgent Referral to a First Treatment for Cancer, and Two Month Wait Following a Consultant Upgrade to a First Treatment for Cancer.

DMC Community Outpatient Services (NCN) did not make a submission of CWT Data for Two Week Wait From Urgent Referral to First Consultant Appointment, One Month Wait from a Decision to Treat to a First Treatment, One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Surgery), Two Month Wait from Urgent Referral to a First Treatment for Cancer, and Two Month Wait Following a Consultant Upgrade to a First Treatment for Cancer.

The combined estimated shortfall of these missing and partial submissions on national activity volumes is given in the table below. The estimated impact on national performance is very small (for all measures it was 0.2 percentage points or less).

We are working with the providers concerned to resolve the issues and we will be publishing revisions later in the year.

Standard	Estimated shortfall in activity
Two Week Wait From Urgent Referral to First Consultant Appointment	0.16%
Two Week Wait Breast Symptomatic (where cancer not initially suspected) From Urgent Referral to First Consultant Appointment	0.00%
One Month Wait from a Decision to Treat to a First Treatment for Cancer	0.17%
One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Anti-Cancer Drug Regimen)	0.00%
One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Radiotherapy)	0.00%
One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Surgery)	0.27%
Two Month Wait from Urgent Referral to a First Treatment for Cancer	0.44%
Two Month Wait from a National Screening Service to a First Treatment for Cancer	0.62%
Two Month Wait Following a Consultant Upgrade to a First Treatment for Cancer	0.00%

Annex B: Updates to CWT Guidance (v.11.0) and dataset (v2.1)

The guidance for cancer waiting times is being updated to version 11.0. The National Cancer Waiting Times Monitoring dataset is being updated from version 2.0 to 2.1. These changes are detailed in the published Information standard (**DCB0147**).

These changes are being implemented from July 2020 (that is for July 2020 data published in September), and are expected to be fully implemented across all providers by November 2020 (that is for November 2020 data published in January).

The changes will affect the scope and definition of the official statistics on cancer waiting times. Changes were proposed following widespread consultation with patient and clinical groups, and refined and agreed by a clinical panel, with the aim of ensuring that the rules for Cancer Waiting Times as far as possible do not penalise best clinical practice and patient preferences. Intelligence on the expected effect of the changes when fully implemented are given in Table A. Table B quantifies the effect of these changes in July 2020 nationally. We will report on the effect each month to November as the new guidance is implemented across providers.

The updates to the guidance are:

1. Introduces new rules around the management of low and low-intermediate risk prostate cancer and the recording of active monitoring
2. Updates Trans Urethral Resection of Bladder Tumour (TURBT), to only count as a first definitive treatment where the tumour is effectively removed.
3. Updates permitted enabling treatments based on updated clinical advice
4. Expands use of direct access diagnostics direct triage resulting in an urgent referral from suspected lung and oesophago-gastric cancers to all suspected cancer types
5. Provides new guidance around recording of chimeric antigen receptor (CAR) T-cell therapy
6. Expansion of the current patient choice treatment adjustment to now apply to both admitted and non-admitted care
7. New treatment adjustments for egg harvesting and clinically urgent treatment of another condition.
8. Now allows treatment of a metastatic site for a known primary to count as a first definitive treatment.
9. Introduces guidance around recording of non-specific symptom referrals.

10. Expands the scope of referrers, of urgent suspected cancer referrals to include any referrer, in addition to GP, GDP, Optometrist where this is locally agreed.

The updates to the dataset which directly affect the categories used in the official statistics are:

11. Introduce new categories for Two Week Wait Referral Type of: 17 - Suspected cancer - non-specific symptoms; and 18 - Other suspected cancer (not listed). Where 17 - Suspected cancer - non-specific symptoms will be used to filter out referrals.
12. Introduce new categories for treatment modality of: 23 - Surgery (excluding enabling treatment); and 24 - Surgery (enabling treatment).

Table A

Waiting Times Standard	Related Updates	Expected Effect
Two Week Wait	4, 9, 10, 11	Update 10 is expected to increase volumes of Two Week Wait referrals. 9 may result in some referrals being excluded which were previously reported. 11 means that the nature of 'other' is changing definition.
Two Week Wait Breast Symptomatic		
31 Day First Treatment	6, 7, 8	6 and 7 are expected to reduce the reported waiting time. Note, the scale of the effect of clinically urgent treatment of another condition adjustments will be influenced by the volume of patients who's care has been affected by the COVID-19 pandemic. However, this would only apply to people who needed treatment for COVID prior to treating their cancer which is expected to be a small number. 8 increases the volume of first treatments.
31 Day Subsequent Treatment Anti Cancer Drug Regimen	6, 7	6 and 7 are expected to reduce the reported waiting time in the same way as that for 31 Day First Treatments.
31 Day Subsequent Treatment Surgery	6, 7, 12	6 and 7 are expected to reduce the reported waiting time in the same way as that for 31 Day First

		Treatments.
31 Day Subsequent Treatment for Radiotherapy	6, 7	6 and 7 are expected to reduce the reported waiting time in the same way as that for 31 Day First Treatments.
62 Day Urgent Referral	4, 6, 7, 8, 9, 10	Update 10 is expected to increase volumes of Two Week Wait referrals, therefore may result in more treatments on this pathway. 9 may result in some referrals being excluded which were previously reported, therefore may reduce the number of treatments. 6 and 7 are expected to reduce the reported waiting time in the same way as that for 31 Day First Treatments. 8 increases the volume of first treatments.
62 Day Screening	6, 7, 8	6 and 7 are expected to reduce the reported waiting time in the same way as that for 31 Day First Treatments. 8 increases the volume of first treatments.
62 Day Consultant Upgrade (no Standard currently in place)	6, 7, 8	6 and 7 are expected to reduce the reported waiting time in the same way as that for 31 Day First Treatments. 8 increases the volume of first treatments.

Table B

Standard	% difference in the number seen/treated (Updated method – Previous method)/Previous method	% point difference in performance Updated method – Previous method
Two Week Wait from Urgent Referral to First Consultant Appointment	0.10%	0.00%
Two Week Wait Breast Symptomatic (where cancer not initially suspected) From Urgent Referral to First Consultant Appointment	0.00%	0.00%
One Month Wait from a Decision to Treat to a First Treatment for Cancer	0.12%	0.02%
One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Anti-Cancer Drug Regimen)	0.06%	0.00%
One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Radiotherapy)	0.04%	0.05%
One Month Wait from a Decision to Treat to a Subsequent Treatment for Cancer (Surgery)	0.02%	0.02%
Two Month Wait from Urgent Referral to a First Treatment for Cancer	0.22%	0.06%
Two Month Wait from a National Screening Service to a First Treatment for Cancer	0.00%	0.00%
Two Month Wait Following a Consultant Upgrade to a First Treatment for Cancer	0.12%	-0.04%