



Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients Q1 2020/21 Key Points - Provider Based - Final

Background

The document *Improving Outcomes: A Strategy for Cancer*, 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 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' 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.

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

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digital_assets/documents/digitalasse/dh_103431.pdf

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

Analysis

A summary of the cancer waiting times performance in quarter one 2020/21 against published operational standards and for specific cancers is outlined below. For footnotes covering specific data quality issues for given providers, please see the monthly provider workbooks.

Quarter One statistics are on an updated methodology reflecting updates to the cancer waiting times guidance and dataset. 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). The changes will affect the scope and definition of the official statistics on cancer waiting times. The effect nationally is less than 0.1% for volume, and 0.02 percentage points or less for performance.

All cancer two week wait

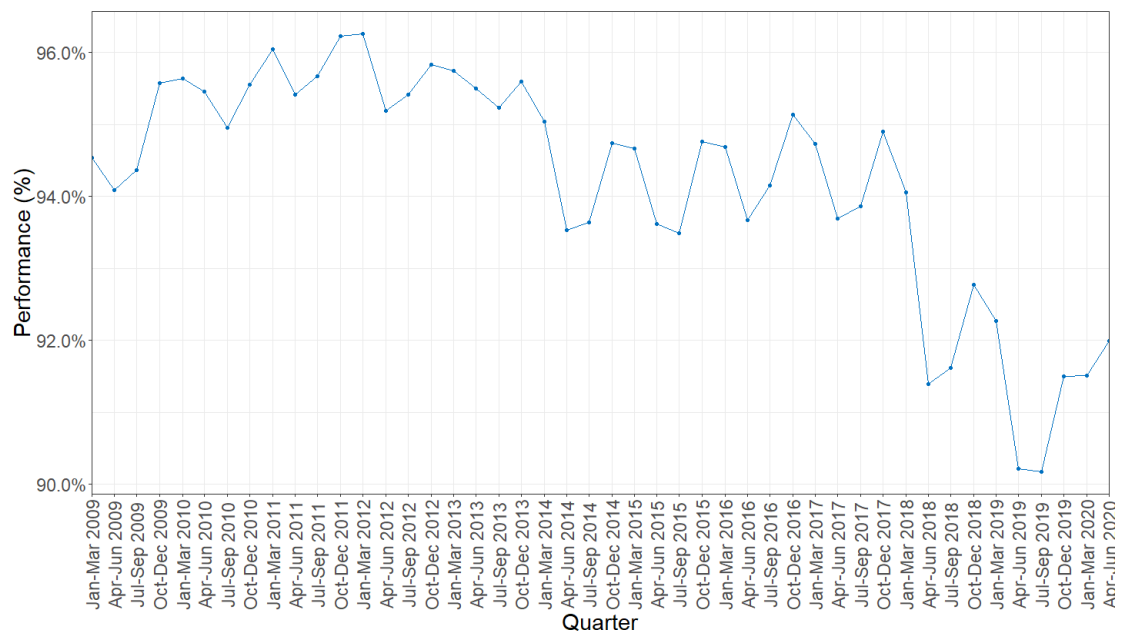
A patient should wait a maximum of two weeks to see a specialist after being urgently referred with suspected cancer. The operational standard specifies that 93% of patients should be seen within this time.

In quarter one 2020/21, 340,315 patients were seen by specialists after an urgent referral for suspected cancer. 92% of these patients were seen within 14 days of referral, compared to 91.5% in Q4 2019-20, and 90.2% in Q1 2019/20.

Details of providers performance are given in the detailed workbooks accompanying this document.

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)

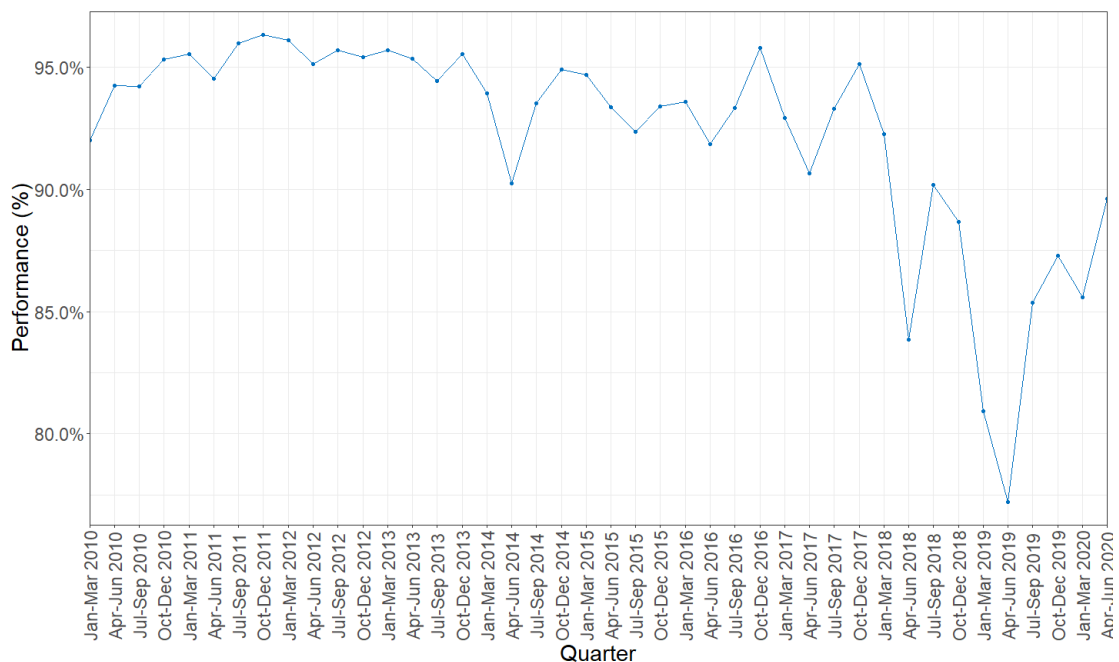
Those patients urgently referred with breast symptoms (where cancer was not initially suspected) should experience a maximum waiting time of two weeks to see a specialist. This maximum waiting time requirement was introduced in quarter four 2009/10, when 92% of patients were seen within 2 weeks of referral. The operational standard for this measure is 93%

In total, 17,747 patients with exhibited breast symptoms, where cancer was not initially suspected, were seen in quarter one 2020/21. Of these 89.6% were seen within 14 days, compared to 85.6% in Q4 2019-20, and 77.2% in Q1 2019/20.

Details of providers performance are given in the detailed workbooks accompanying this document.

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%.

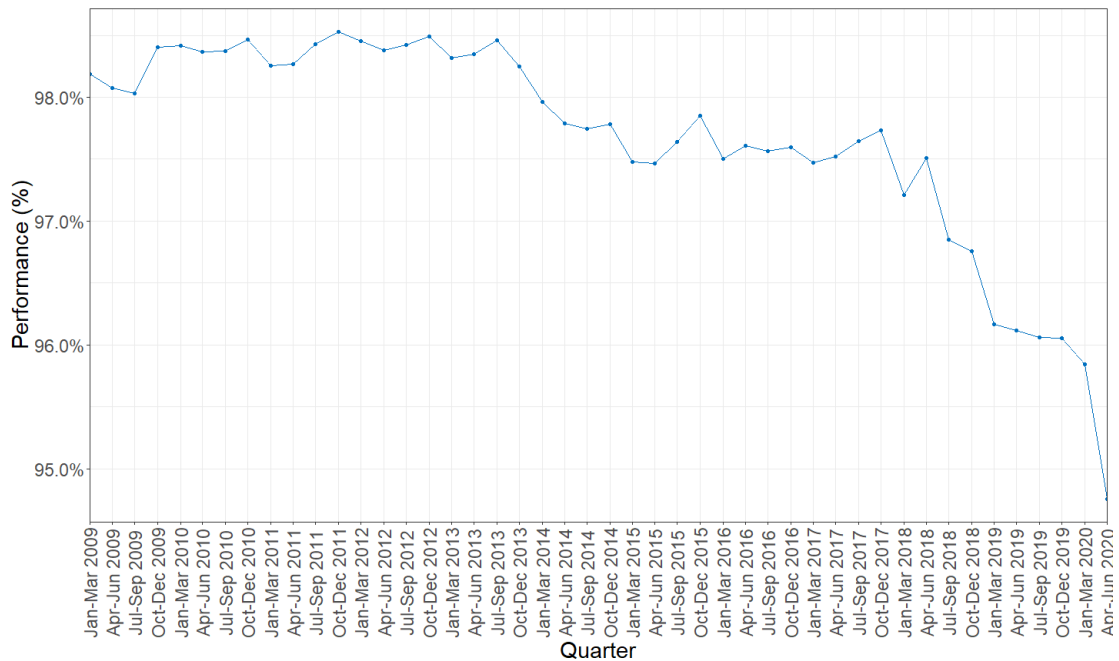
In quarter one 2020/21, 56,707 patients began a first definitive treatment for cancer. 94.8% of these patients started that treatment within 31 days, compared to 95.8% in Q4 2019-20, and 96.1% in Q1 2019/20.

This proportion of patients that began first definitive treatment within 31 days was lower for admitted patients (92.2%) than for non-admitted patients (98.4%).

Details of providers performance are given in the detailed workbooks accompanying this document.

A graph of the trend in reported performance 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 one 2020/21, 56,707 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 - 93.7%
- Lung cancers - 97.2%
- Lower gastrointestinal cancers - 93.2%
- Urological cancers - 92.1%
- Skin cancers – 94.0%

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%.

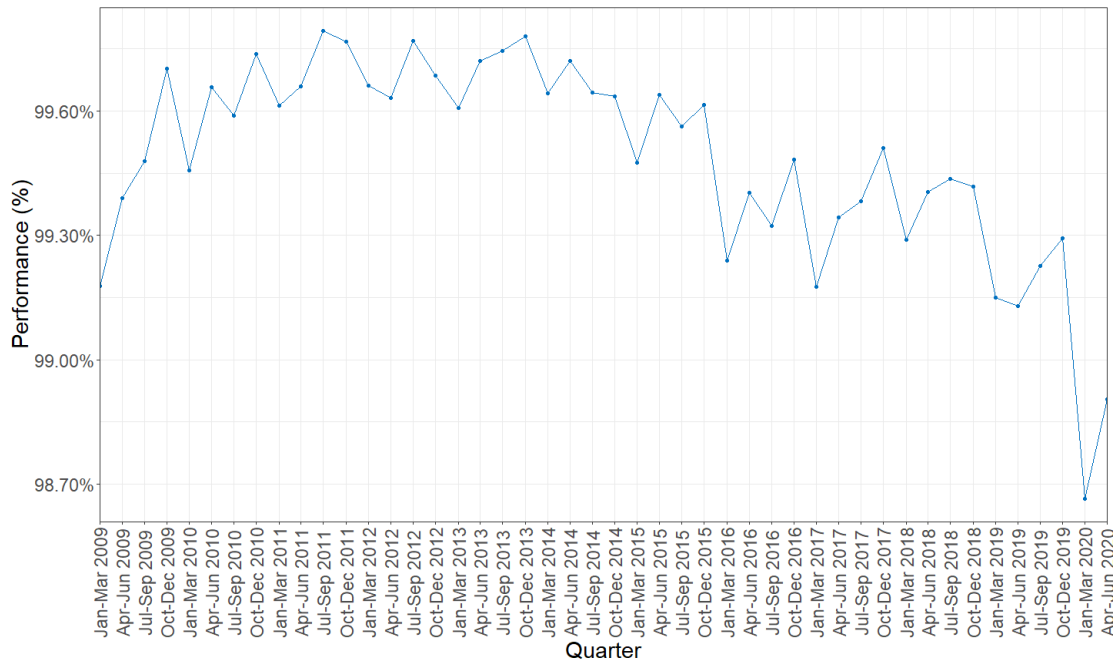
In quarter one 2020/21, 98.9% of patients receiving an anti-cancer drug regimen waited 31 days or less for that second or subsequent treatment, compared to 98.7% in Q4 2019-20, and 99.1% in Q1 2019/20.

The proportion of patients in quarter one 2020/21, waiting 31 days or less for a subsequent anti-cancer drug treatment was lower for admitted patients (98.5%) than for non-admitted patients (99.4%).

Details of providers performance are given in the detailed workbooks accompanying this document.

A graph of the trend in reported performance 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



31-day wait 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%.

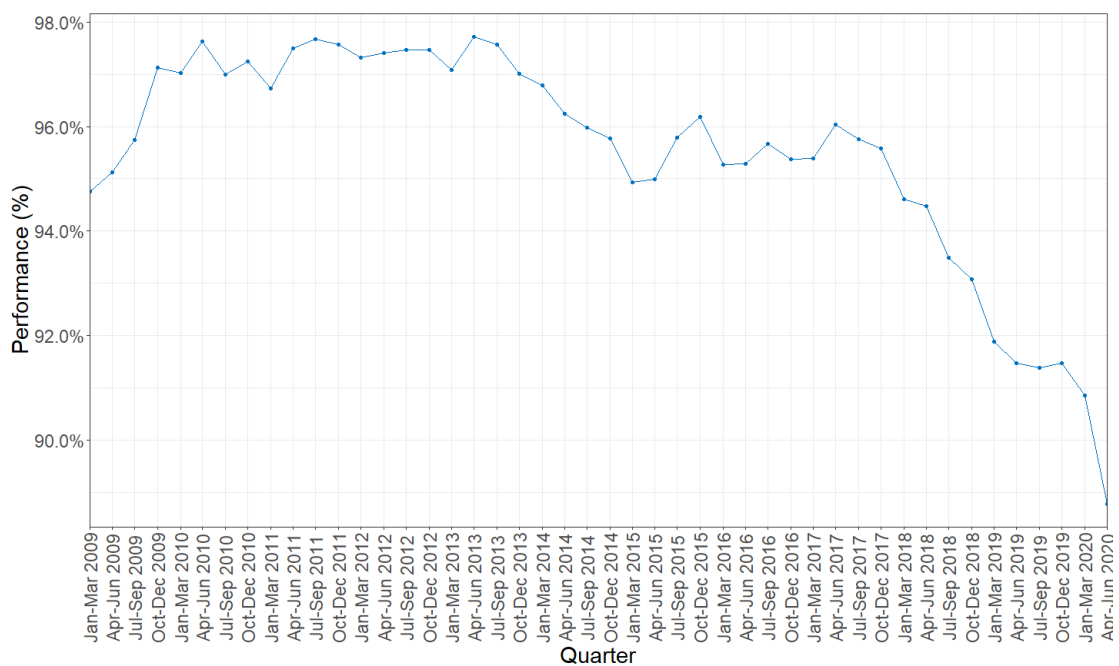
In quarter one 2020/21, 88.8% of patients waited 31 days or less for their second or subsequent treatment, compared to 90.8% in Q4 2019-20, and 91.5% in Q1 2019/20.

The proportion of patients in quarter one 2020/21, waiting 31 days or less was lower for admitted patients (88.5%) than for non-admitted patients (93.1%).

Details of providers performance are given in the detailed workbooks accompanying this document.

A graph of the trend in reported performance over time is shown below:

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



31-day wait for second or subsequent treatment Radiotherapy

Patients should experience a maximum wait of 31 days for a second or subsequent surgical treatment. The operational standard for this measure is 94%.

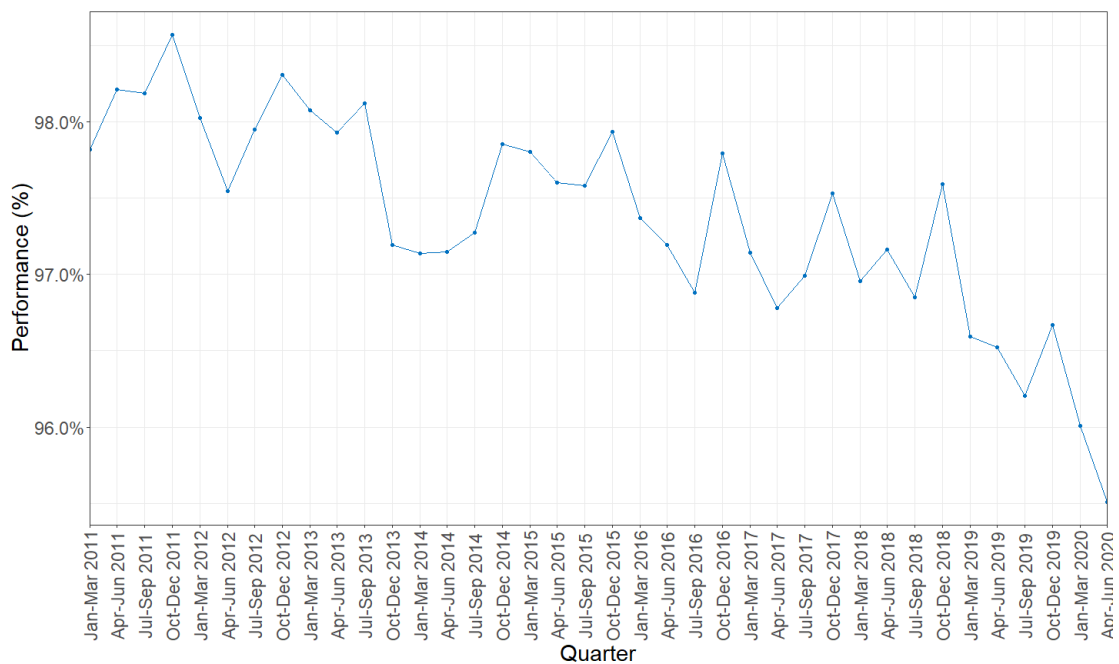
In quarter one 2020/21, 95.5% of patients waited 31 days or less for their second or subsequent treatment, compared to 96.0% in Q4 2019-20, and 96.5% in Q1 2019/20.

The proportion of patients in quarter one 2020/21, waiting 31 days or less was lower for admitted patients (94.8%) than for non-admitted patients (95.7%).

Details of providers performance are given in the detailed workbooks accompanying this document.

A graph of the trend in reported performance 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 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.

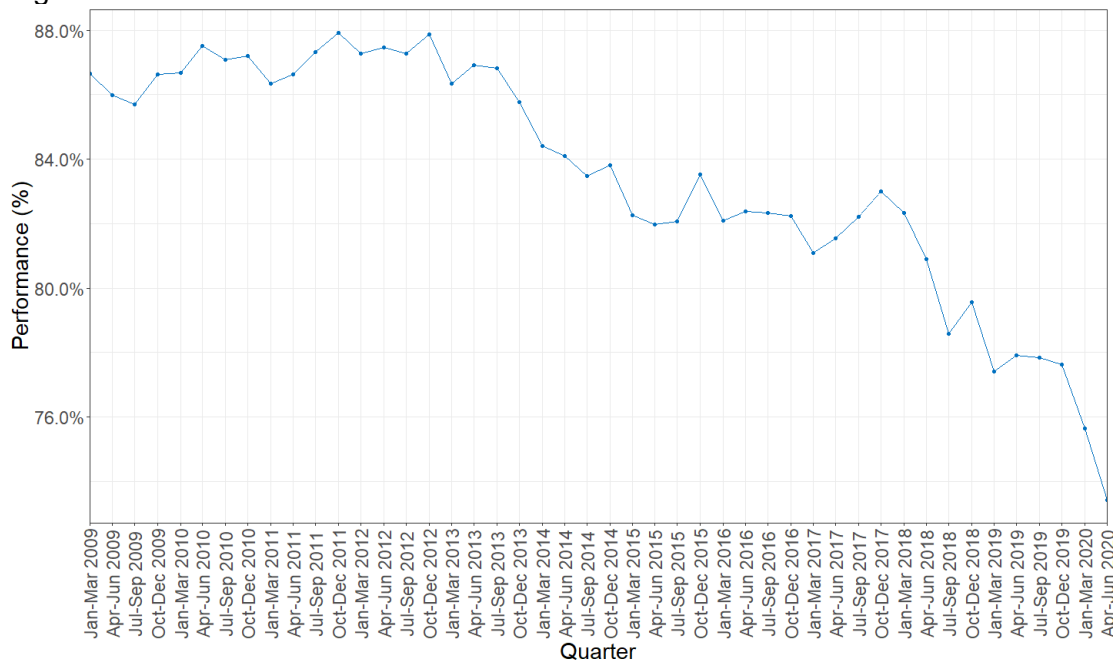
In quarter one 2020/21, 29,646 patients began first definitive treatment for cancer following an urgent referral. 73.4% of these patients were treated within 62 days (two months) of referral, compared to 75.6% in Q4 2019-20, and 77.9% in Q1 2019/20.

The proportion of patients in quarter one 2020/21, first definitive treatment within 62 days was lower for admitted patients (72.7%) than for non-admitted patients (74.5%).

Details of providers performance are given in the detailed workbooks accompanying this document.

A graph of the trend in reported performance over time is shown below:

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



One Month (62-day) diagnosis to first treatment wait by cancer type

In quarter one 2020/21, 29,646 patients began first definitive treatment for cancer following an urgent referral. The proportion of patients treated within 62 days of an urgent referral for various cancer types is as follows:

- Breast cancers - 88.3%
- Lung cancers - 61.3%
- Lower gastrointestinal cancers - 49.1%
- Urological cancers - 64.3%
- Skin cancers - 91.9%

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.

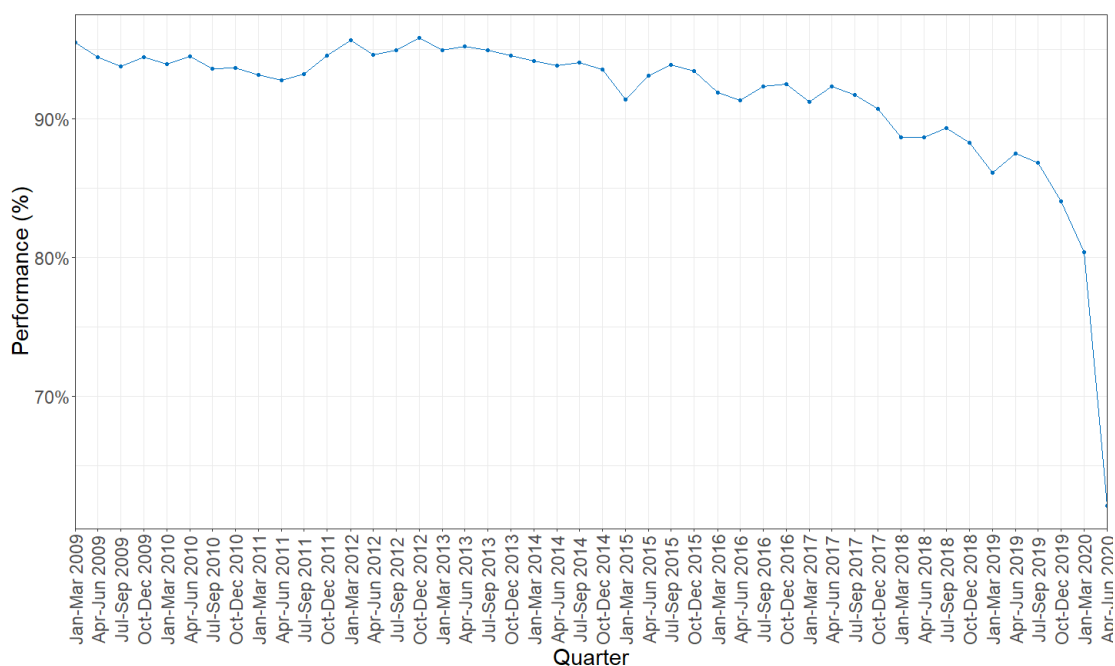
In quarter one 2020/21, 2,324 patients began first definitive treatment for cancer following referral from a consultant screening service. 62.1% of these patients were treated within 62 days (two months) of referral, compared to 80.4% in Q4 2019-20, and 87.5% in Q1 2019/20.

The proportion of patients in quarter one 2020/21, first definitive treatment within 62 days was lower for admitted patients (57.6%) than for non-admitted patients (77.5%).

Details of providers performance are given in the detailed workbooks accompanying this document.

A graph of the trend in reported performance 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 one 2020/21, 8,570 people began first treatment following a consultant's decision to upgrade a patient's priority. 80.6% of these patients started treatment within 62 days of upgrade, compared to 81.2% in Q4 2019-20, and 82.9% in Q1 2019/20.

Details of providers performance are given in the detailed workbooks accompanying this document.

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 yet been developed.