Early Diagnosis Measures

Both one-year survival and 62-day waiting time operational standard exist to ensure and encourage timely diagnosis and access to cancer treatments. They are recognised as key measures as they are both featured in the CCG improvement and assessment framework (CCG IAF). The CCG IAF was established to enable CCGs and their local health systems drive improvement, and there are four cancer-specific indicators in total:

- Cancers diagnosed at early stage
- People with urgent GP referral having first definitive treatment for cancer within 62 days of referral
- One-year survival from all cancers
- Cancer patient experience

One-year survival can offer a helpful overview of outcomes, whereas the 62-day standard acts as a barometer for how cancer services are coping in ‘real-time’. This more responsive measure is vital if we are to understand and overcome obstacles within the pathway.

Cancer waiting times can provide a timely indication of the capacity and demand for cancer services. For example, since the beginning of 2014, the 62-day waiting time standard has been breached consistently. It is concerning that in 2015-16, over 24,000 people waited longer than two months to start treatment, and this trend is not showing signs of improvement. Between April and October this year, around 13,000 people waited longer than 2 months to start cancer treatment after an urgent GP referral.

Other cancer waiting times standards are not being breached (14 days to see a specialist following GP referral nor is the 31-day target for the period between ‘decision to treat’ (see Figure 2 below) and treatment). This suggests the 62-day wait target is breached due to a ‘diagnostic bottle neck’ as
the delays occur between seeing a specialist and being diagnosed – which all points to a problem with diagnostic capacity. In future this diagnostic period will be measured, as NHS England is piloting the new 28-day target, which measures the time between urgent referral and patients receiving a definitive diagnosis.

**In the future, we will need to do more tests**

With an ageing population, we are likely to see rising cancer incidence and more patients: by 2035 there will be 500,000 people diagnosed with cancer each year in the UK.\(^1\) The combination of an ageing and growing population, plus welcome efforts to improve earlier diagnosis through more referrals, means we will need to do more tests in future. For example, by 2020 the NHS will need to perform 44% more endoscopies than are currently being carried out.\(^2\) This means an extra 750,000 procedures per year. Resolving issues with diagnostic capacity is crucial if we’re to diagnose cancer earlier.

International comparisons show that UK GPs were less likely to say they’d either send patients for tests, or refer them to a specialist at their first appointment, than GPs from other nations.\(^3\) This might partly explain why there are international differences in cancer survival.

To address this, update referral guidelines from NICE were introduced in England in 2015. These changed the threshold used for referral, so that people should be referred for tests when evidence suggests they have symptoms with at least a three in 100 chance of being cancer. These guidelines are welcome, but it is essential there is enough capacity in diagnostic services to meet the increased amount of testing that successful use of NICE guidelines will bring.

**Diagnostic workforce**

Waiting times have increased and the services which deliver cancer tests are struggling to keep up with existing demand. Cancer Research UK has commissioned research (Imaging\(^4\), Endoscopy\(^5\), Pathology\(^6\)) on the capacity and demand for diagnostic services and these reports show we will need to train and employ more health professionals involved in delivering and interpreting cancer tests.
**Workforce planning**

With an existing shortfall in staff, urgent action needs to be taken now to ‘future proof’ the NHS workforce to ensure it is adequately equipped to deal with rising demand.

- Cancer Research UK welcomes Health Education England’s (HEE) ongoing review of the cancer workforce, including capacity issues. Cancer Research UK believes that HEE must publish this review by **March 2017**, ensuring that charities, professional bodies and patients are engaged in its development.
- Ensure that outcomes from the cancer workforce review are reflected in the HEE Commissioning Plans for 2017/18, so any changes to medical school places or speciality training allocations can be implemented now. This should include a commitment to train more **radiologists, radiographers, endoscopists and cellular pathologists**.
- Cancer alliances must ensure that accurate and comprehensive information about current and future workforce needs are inputted into Local Education and Training Boards. Without accurate and comprehensive workforce data and modelling based on patient demand now and in the future, health bodies will be unable to plan for the needs of patients.
- Providers must factor in projected increase in demand for services in future years in their budgets and reporting of staff vacancies.

**Multi-disciplinary diagnostic centres**

The English Cancer Strategy recommends testing Multi-disciplinary Diagnostic Centres (MDCs) as an effective way to diagnose some people earlier. Patients who display vague symptoms that indicate several possible (typically rarer) cancers currently don’t have an effective referral pathway.

**HOW MDCs COULD IMPROVE EARLY CANCER DIAGNOSIS**
Consequently, this may lead to patients ‘bouncing’ between tests and primary care, leading to delays in diagnosis and subsequently poor outcomes.

MDCs are being tested through the **Accelerate, Coordinate, Evaluate (ACE) Programme**. The ACE Programme is an NHS England initiative, supported by Cancer Research UK and Macmillan Cancer Support and will run across England for 3 years until 2019. ACE will assess MDCs’ effectiveness at
- shifting from late to early diagnosis
- reducing the number of emergency diagnoses
- improving patient experience.

We would welcome the opportunity to work with you in order to implement some of the changes needed to diagnose cancer earlier. If you have any questions, please do not hesitate to contact Teresa Rae Morton, Public Affairs Officer at teresarae.morton@cancer.org.uk or call 020 3469 8066.

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