



Accelerate, Coordinate, Evaluate (ACE) Programme

Variation in cancer waiting times for NHS trusts in England

A summary for lower GI cancers

An NHS England initiative supported by Cancer Research UK and Macmillan Cancer Support

Variation in cancer waiting times for NHS trusts in England – a summary for lower GI cancers

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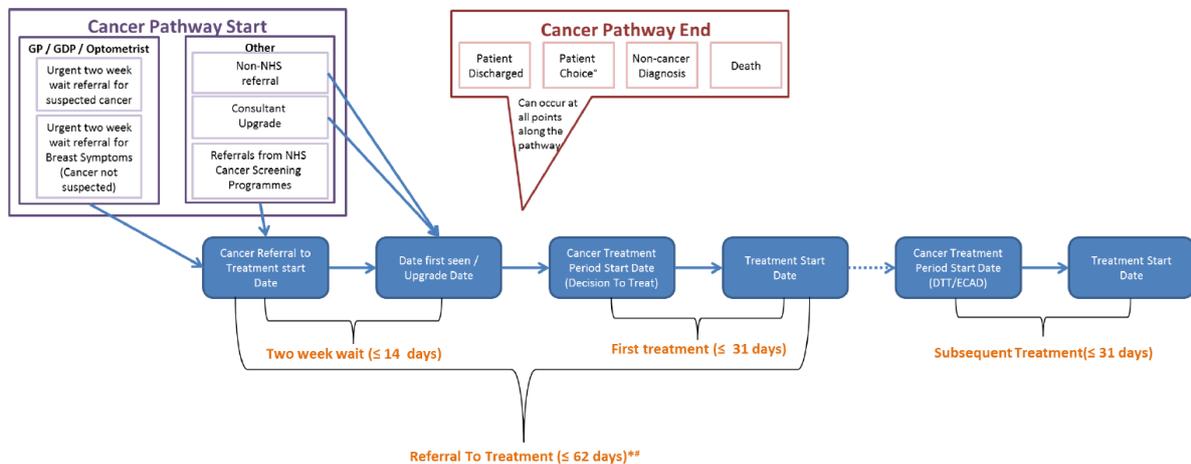
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When a patient is diagnosed with cancer they will have spent some time in the healthcare system already. In general, before their cancer diagnosis, a patient may have waited to see a specialist following symptomatic referral by their GP, or following attendance at a screening centre for having a potential cancer, and waited for relevant investigations and tests. The pathway can of course be different for everyone, and this can depend heavily on their [route to diagnosis](#).

The Department of Health sets maximum cancer waiting time standards for NHS providers in England to meet, aiming to facilitate a shorter diagnostic period for cancer patients.

Figure 1 The Cancer Waiting Times Pathways



Source: National Cancer Waiting Times Monitoring Dataset Guidance – Version 9.0

Data about cancer waiting times are collected routinely in the NHS – All cancer waiting times standards are monitored through the National Cancer Waiting Times Monitoring Dataset (NCWTMDS) which is an information standard applicable to all cancer services providers funded by the NHS in England. Data is sent to the collection service, Open Exeter, and NHS England are given a monthly extract of anonymised data which is used to produce official quarterly reports and monthly management reports. These reports are used for performance reporting. It is difficult to use them to understand variation in waiting times as data is presented by volume and percentage of meeting national targets, rather than how long patients spend on each part of the pathway.

The data summarised in this document have been used by the ACE Programme to explore the average time it takes for patients in each trust to see a specialist or have a diagnostic test, receive a diagnosis for lower GI cancer and have a treatment decision made, and to start their treatment.

Variation in these waiting times is outlined below, although the reasons behind any variation cannot be understood from the current data.

2. Two week wait referrals

A 'two week wait' (2WW) referral (formally urgent GP referral for suspected cancer to be seen by a specialist) starts when a provider receives a referral (usually made by a GP) due to a suspicion a patient may have cancer. In accordance with the standard set by government, 96% of all patients with a 2WW referral must be seen by a specialist within two weeks of their referral for suspected cancer.

For all suspected cancers approximately 8% of people referred via a 2WW referral will have cancer¹.

The '2WW' ends when the patient is seen for the first time by a consultant (or member of their team), or in a diagnostic clinic, or goes 'straight to test', such as a colonoscopy. It aims to speed up any resulting diagnoses for patients presenting with symptoms of suspected cancer. New NICE suspected cancer referral guidelines introduced in June 2015 aim to bring the 2WW conversion lower.

2.1 Data source and methodology

Cancer Waiting Times data for the 2WW referral route were obtained from the Cancer Waiting Times referrals data held by the National Cancer Registration and Analysis Service (NCRAS) in November 2015. Data relates to 2WW referrals in England for January to December 2014*.

To analyse conversion rates, Cancer Waiting Times referrals data was linked to the Cancer Waiting Times treatments data held by the NCRAS to calculate whether a referral linked to a diagnosis within four months following a referral for suspected cancer**.

Suppressions were applied to data for conversion rates and median waiting times where trusts had fewer than five referrals or five resulting cancers in 2014. These suppressions were minimal for suspected lower GI cancer referrals.

Extreme outliers have been excluded from the trust level data based on a multiple of the inter-quartile range of aggregate data for each relevant indicator. Due to the exclusion of outliers, numbers of trusts referred to in each of the points below may differ.

2.2 Findings

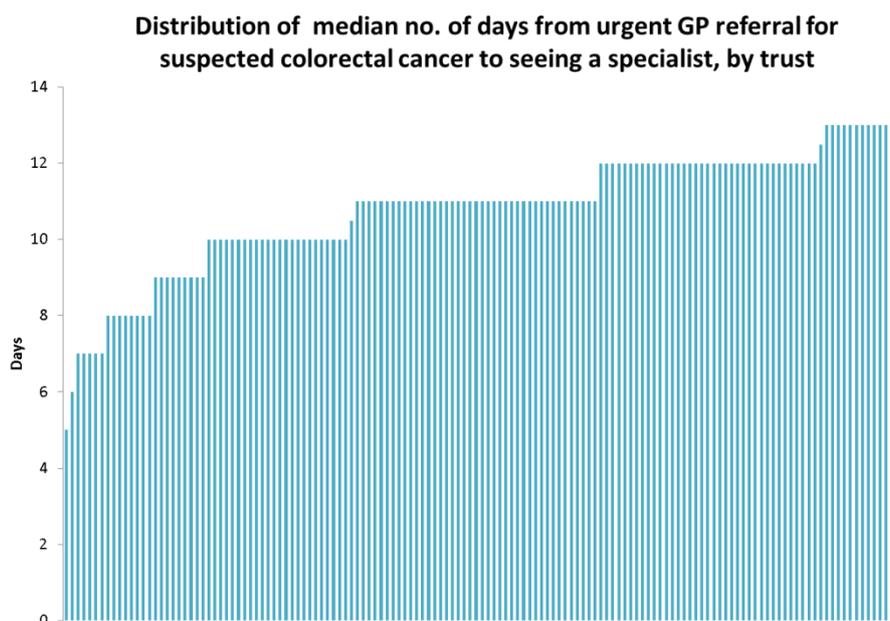
The findings here focus on the variation across trusts in England for 2WW referrals for suspected lower GI cancer during 2014.

- The median number of days from referral to a patient being seen by a specialist (for suspected lower GI cancer) for NHS trusts in England varies from 7 to 13 days among 139 trusts.
- Lower GI cancer conversion rates for NHS trusts in England (the percentage of cancer diagnoses resulting from 2WW referrals) vary from 2% to 9% among 137 trusts. Although variation is narrow, conversion rates for in this dataset indicate a low yield for diagnosing lower GI cancers.

There is also wide variation in the crude numbers of urgent referrals of suspected lower GI cancer for each trust. Some of this variation in number of referrals, median waiting times and conversion rates will be due to the difference in catchment populations and size or type of hospitals.

However, it will also be due to different pathways. For example where GPs have direct access to relevant tests in place one might expect that fewer patients will be sent as a 2WW referral, but that a higher conversion rate may be seen when they are.

| | Minimum | Maximum | Range |
|--|---------|---------|-------|
| Median number of days from referral for suspected lower GI cancer to seeing a specialist | 7 | 13 | 6 |
| Conversion rate | 2 | 9 | 7 |



Extreme outliers have been excluded from the trust level data based on a multiple of the inter-quartile range of aggregate data

3. 62 day operational standard

The Government also sets a 62 day operational standard for the length of time that patients with cancer or suspected cancer wait to be seen and treated in England. Trusts must meet this standard for 85% of referrals.

Data collected about the operational standard can be broken down into different measurements ([More information can be found on the NCIN website](#)):

- The number of days from urgent GP referral to the date first seen by a specialist. The standard for this is set at 96% of patients to be seen in two weeks and is summarised in the previous section.
- The number of days from the date first seen by a specialist to the decision to treat date (diagnosis). This does not have a set standard and is not routinely reported.
- The number of days from the decision to treat (diagnosis) to the date of first treatment. The standard for this is set at 96% of patients to be diagnosed in 31 days. This standard also applies to diagnoses resulting from other routes, but these additional cases were not included in this report.
- The number of days from urgent GP referral to the date of first treatment. This is the full time period in terms of what is monitored using Cancer waiting Times data. The standard set for this is 85% of patients to be seen and treated in 62 days.
- The number of days from a consultant's decision to upgrade the urgency of a patient due to a suspicion of cancer to first treatment. Patients should be treated within 62 days but there is no set standard. This document does not include information about consultant upgrades, steps are currently being taken to investigate these data.
- The number of days from referral from screening service to the date of first treatment. The standard for this is set at 90% of patients to be seen and treated in 62 days. These data are no being investigated in this document.

3.1 Data source and methodology

Cancer Waiting Times data for the 62 day wait were provided by NHS England via the Open Exeter Database in December 2015. Data relates to cancer referrals between January and December 2014⁺.

Data were suppressed where available data for calculation of median waiting times were less than or equal to ten.

Extreme outliers have been excluded from the trust level data based on a multiple of the inter-quartile range of aggregate data for each relevant indicator. Due to the exclusion of outliers, numbers of trusts referred to in each of the points below may differ.

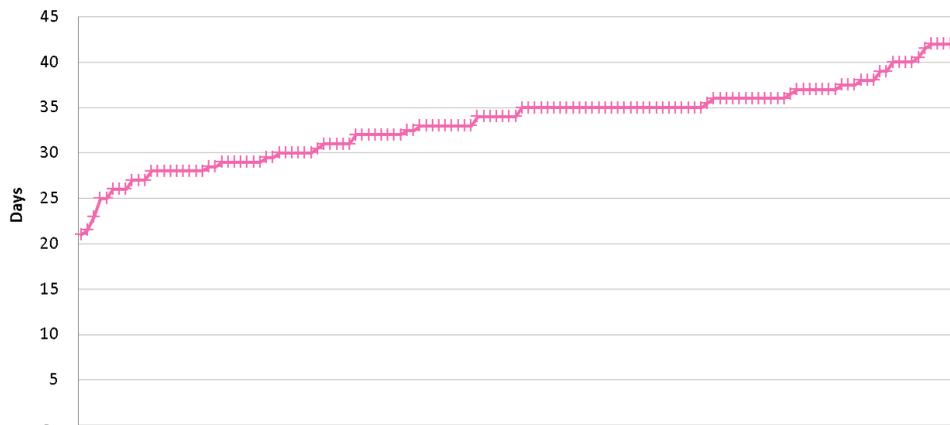
3.2 Findings

The findings here focus on the variation across trusts in England for the 62 day wait for treatment of lower GI cancer during 2014.

- The median number of days from the date first seen by a specialist to decision to treat (diagnosis) for NHS trusts in England varies from 21 to 42 days among 138 trusts.
- The median number of days from urgent GP referral to treatment start date for NHS trusts in England varies from 49 to 64 days among 132 trusts.

| | Minimum | Maximum | Range |
|---|---------|---------|-------|
| Median number of days from date first seen by a specialist and decision to treat lower GI cancer | 21 | 42 | 21 |
| Median number of days from urgent GP referral to treatment start date for lower GI cancer | 49 | 64 | 15 |

Distribution of median no. of days from date first seen by a specialist to the decision to treat (diagnosis) colorectal cancer, by trust



Extreme outliers have been excluded from the trust level data based on a multiple of the inter-quartile range of aggregate data

4. Notes and caveats

* These data are provided for information only and should not be published elsewhere. If there are any discrepancies with waiting time information published or provided by NHS England (including via OpenExeter), the NHS England results should be used. If you have any concerns about these results, please let us know.

** Existing data shows that more than 99% of diagnoses are recorded within four months of the referral.

+ These data are a cut taken at a different time to the usual CWT extracts and will not always be consistent with the published Open Exeter reports. Thus, these data should be used for intelligence and are not appropriate for use in performance monitoring.

5. Contact ACE

If you have any queries about ACE, please contact the team at: ACEteam@cancer.org.uk. In addition, you can visit our webpage: www.cruk.org/ace where we will publish news and reports.