Analysis of 62-day pathways using 2017-2018 Cancer Waiting Times data for colorectal, lung and prostate cancers

North Central and North East London, by clinical commisioning group

Produced by the Cancer Alliance Data, Evidence and Analysis Service

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Public Health England

NHS England

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Background

Aims: to provide Cancer Alliances with analysis of pathways with a 62-day[1] Cancer Waiting Times (CWT) record for colorectal, lung and prostate cancers. This is to enable Alliances to support:

- ▶ implementation of the best practice times pathways; and
- ▶ meeting 62-day CWT operational standards.

The work is also aimed at helping Cancer Alliances understand where variations are occurring across clinical commisioning groups (CCGs) within their Cancer Alliance, as well as understanding pathway variation between tumour sites and referral priority types.

Cancer Alliances are encouraged to use the analysis to identify best practice and to investigate significant variations where appropriate.

This work is produced by the Cancer Alliance Data, Evidence and Analysis Service (CADEAS), a partnership between NHS England and Public Health England. It builds on work previously carried out by RM Partners for the three Cancer Vanguard sites.

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[1] The 62 day CWT target states that 85% of patients who are urgently referred by their GP for suspected cancer must have their first definitive treatment within 62 days.

Methodology

This analysis uses CWT dataset records for patients diagnosed with colorectal (C18-C20), lung (C34) or prostate (C61) cancers and resident in a CCG in North Central and North East London[2]. Patients were assigned to this Cancer Alliance based on their CCG record. For all patients in the England cohort, 98.44% had a recorded CCG and therefore could be assigned to a Cancer Alliance. Only patients on a 62-day pathway were included in this analysis[3].

Only records with a first treatment date recorded between 1st April 2017 and 31st March 2018 were included.

The work is segmented by:

- ▶ Cancer type
- ▶ CCG
- ▶ Days from referral to first treatment
- ▶ First treatment modality recieved

Two CWT adjustments have been included in the time taken from referral to first treatment calculations, in line with CWT official statistics[4].

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[2] Please note that a small proportion of patients (0%) have multiple CWT records; this is due to patients being diagnosed with more than one tumour or having multiple CWT data submissions for the same tumour.

[3] Please note that patients with a CWT record account for approximately 80% of those diagnosed with cancer in England.

[4] National Cancer Waiting Times Monitoring Dataset Guidance - Version 9.0 (pg.47)

Methodology (cont.)

Cancer Alliances will receive a national report for England segmented by Cancer Alliance and three local reports segmented by:

- ▶ Resident CCG
- ▶ Treatment trust
- ▶ Trust first seen

This report should be read in conjunction with the guidance document.

Data completeness in the cohort for North Central and North East London was 100% in the treatment trust field.

Caveats:

- ▶ This is operational data to be used for operational decision making and for this reason has not been casemix adjusted.
- ▶ Caution should be taken when interpreting results with small cohorts as small numbers can lead to variation and unreliability of data. In cases where there are five or fewer patients, the patient number is recorded as <6.

Summary of key findings

A total of 1901 patients were included in the analysis for North Central and North East London for 2017/18 (26% colorectal; 20% lung; and 54% prostate cancers). NHS Havering CCG had the highest number of cancer cases with a CWT record in 2017/18 (slide 7).

The three most common first treatment modalities received for colorectal cancers are surgery, chemoradiotherapy and palliative care only; surgery, chemotherapy and palliative care only for lung cancer; and hormonal therapy, active monitoring and surgery for prostate cancers (slides 12-14, 19-21 and 26-28).

There is variation in days from a referral to first treatment received across CCGs even for the same tumour site, same referral priority type and same treatment type. This may be due to stage at diagnosis and patient characteristics. It is important to note that a shorter pathway may not always be associated with better outcomes. Further analysis will be carried out to examine variation by stage at diagnosis and patient characteristics using linked datasets.

Count of patients with a CWT record included in the analysis, by CCG and cancer type (2017/18)

COLORECTAL CANCER

Colorectal cancer: variation in days from a referral to first treatment received, by CCG (2017/18)
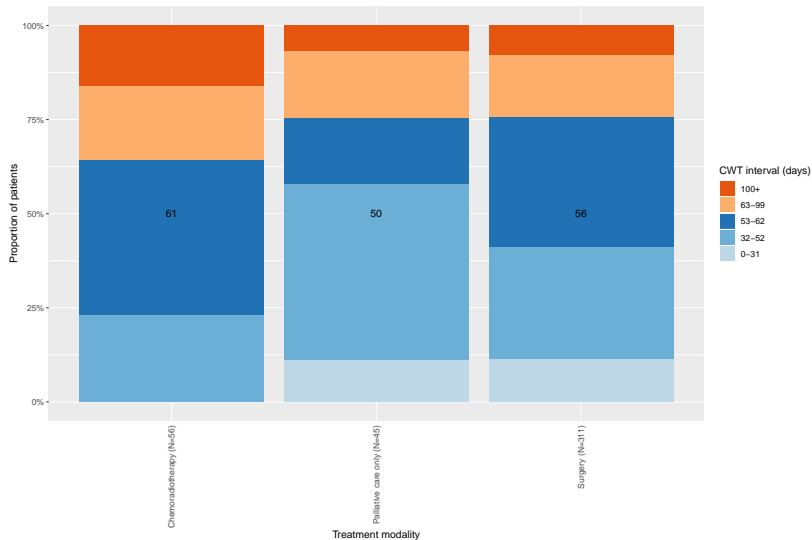

Figures within the bars represent the median values for each group.

Colorectal cancer: variation in first treatment modality received, by CCG (2017/18)
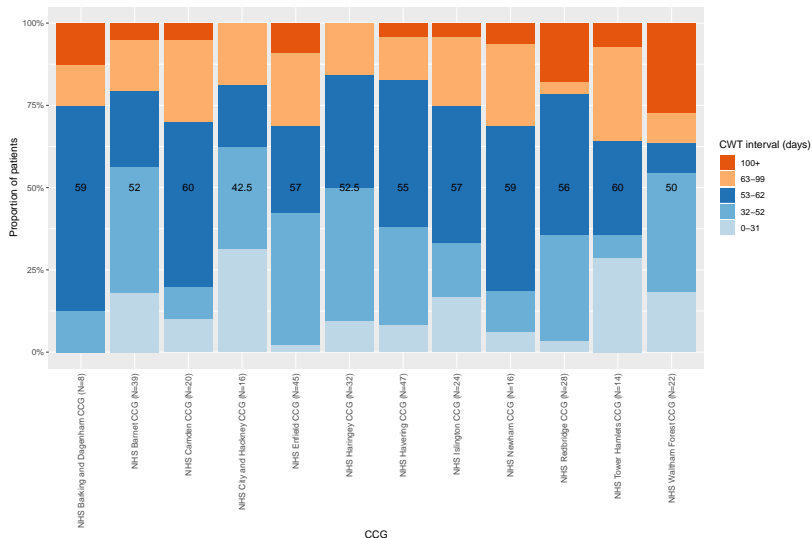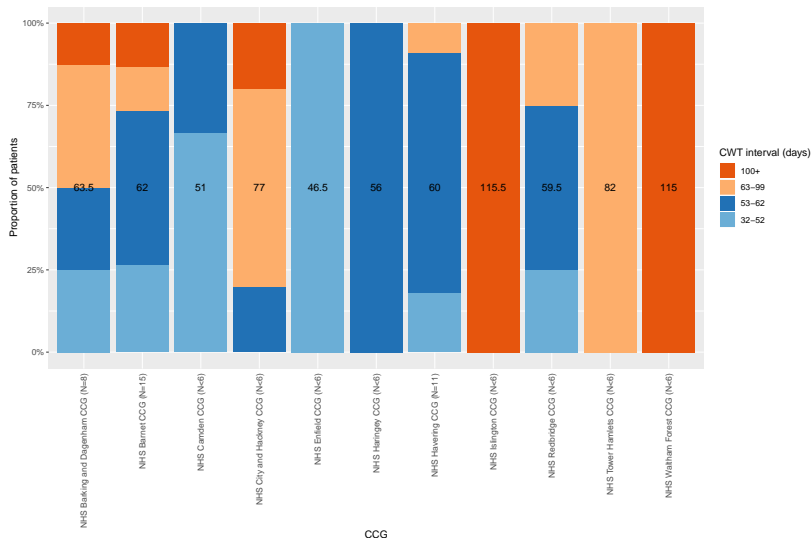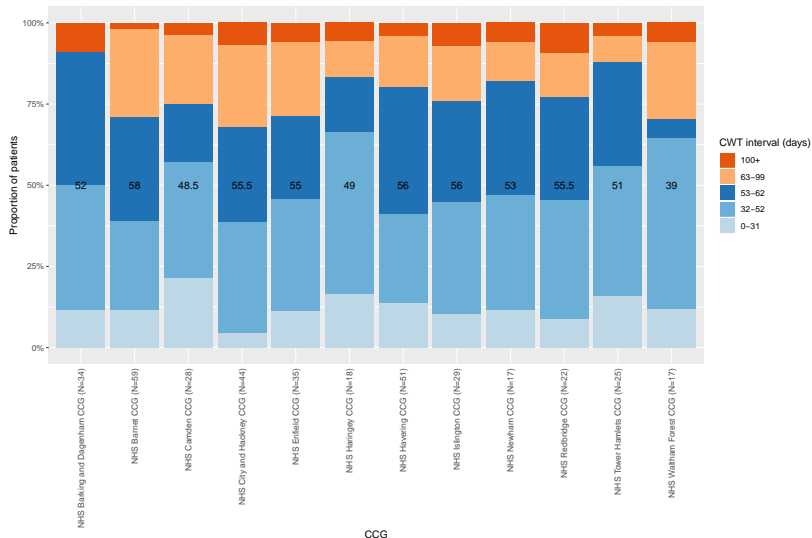
Colorectal cancer: variation in days from a referral to first treatment received, by the three most common treatment modalities (2017/18)

Figures within the bars represent the median values for each group.

Colorectal cancer and **surgery**: variation in days from a referral to first treatment received, by CCG (2017/18)

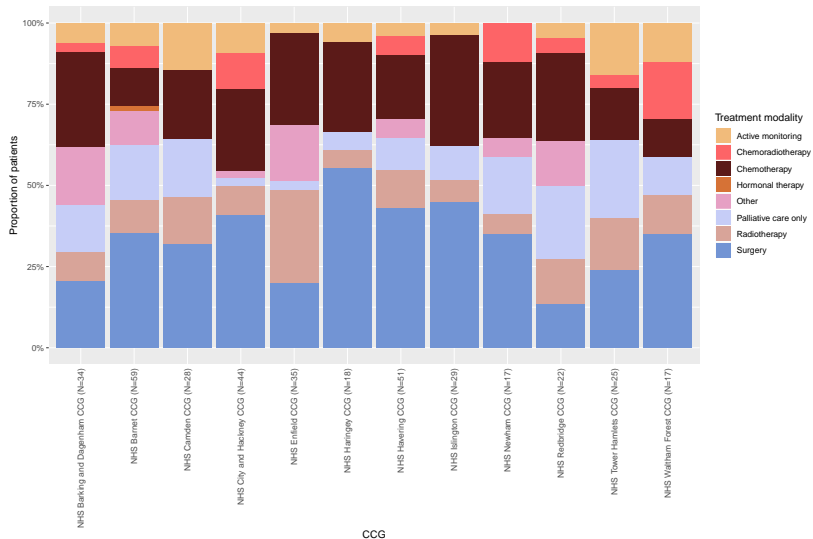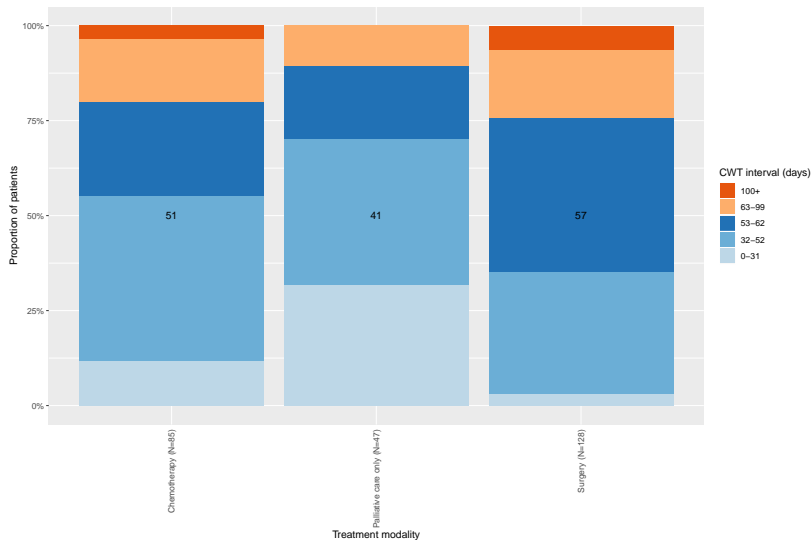Figures within the bars represent the median values for each group.

Colorectal cancer and **chemoradiotherapy**: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.

Colorectal cancer and **palliative care only**: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.

LUNG CANCER

Lung cancer: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.

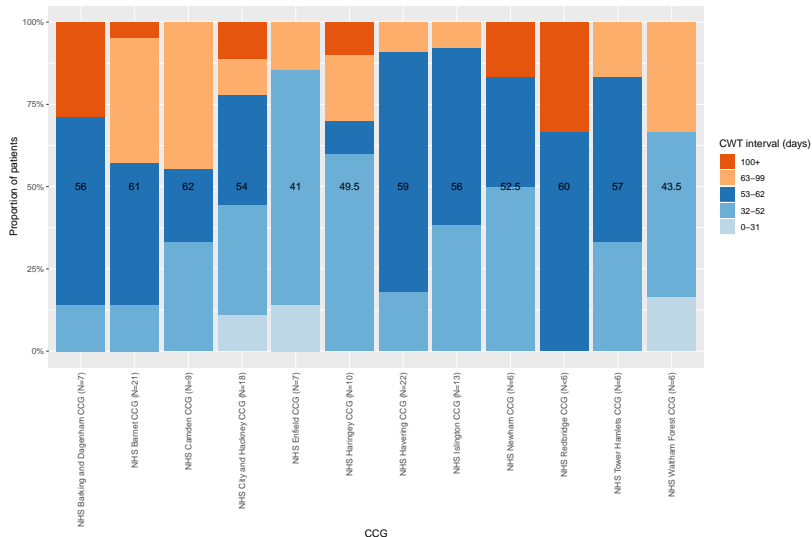# Lung cancer: variation in first treatment modality received, by CCG (2017/18)

Lung cancer: variation in days from a referral to first treatment received, by the three most common treatment modalities (2017/18)
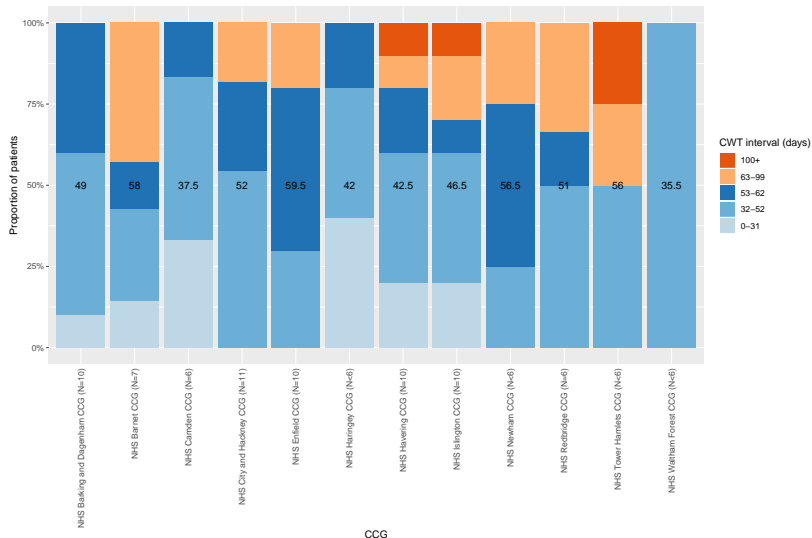
Figures within the bars represent the median values for each group.

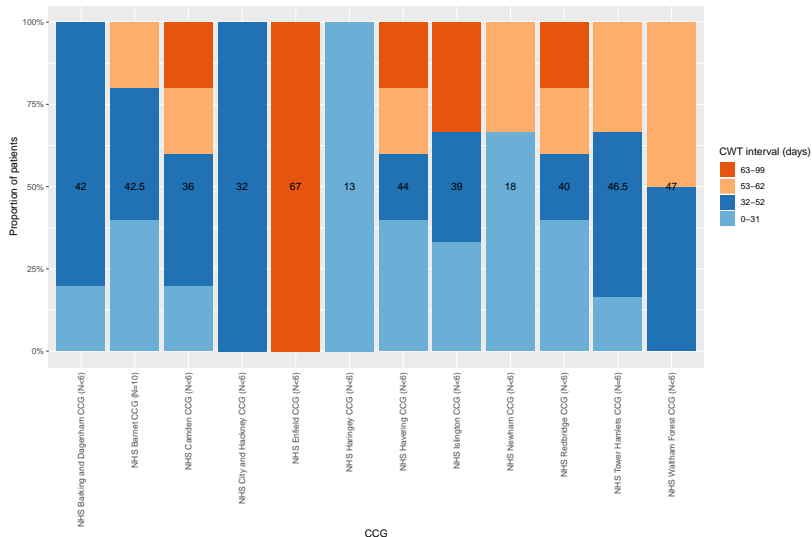# Lung cancer and surgery: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.
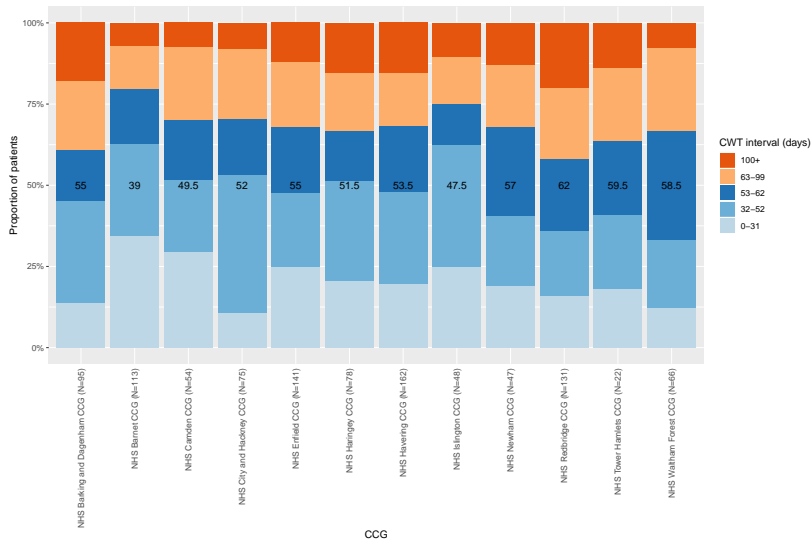
Lung cancer and chemotherapy: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.
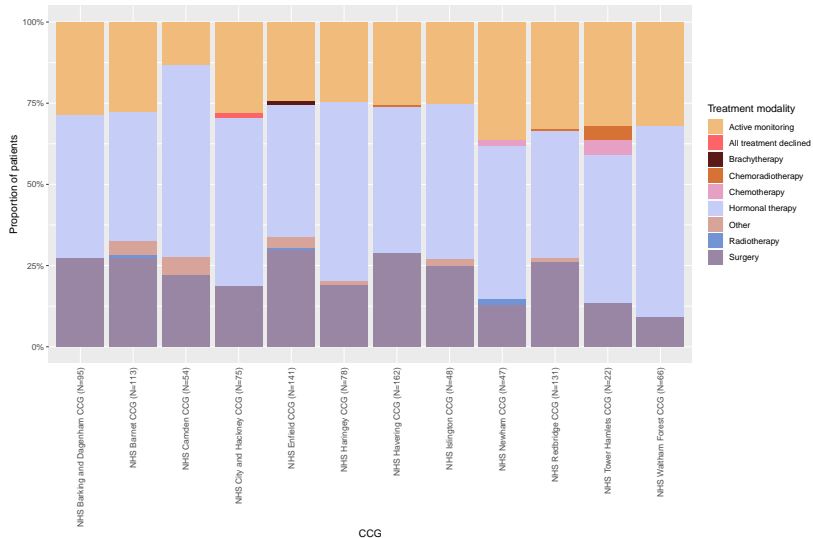
Lung cancer and **palliative care only**: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.

PROSTATE CANCER

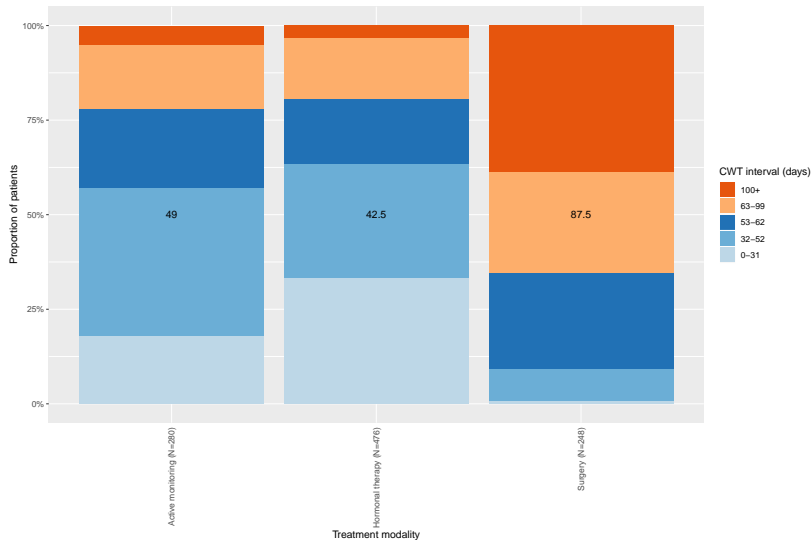# Prostate cancer: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.

Prostate cancer: variation in first treatment modality received, by CCG (2017/18)
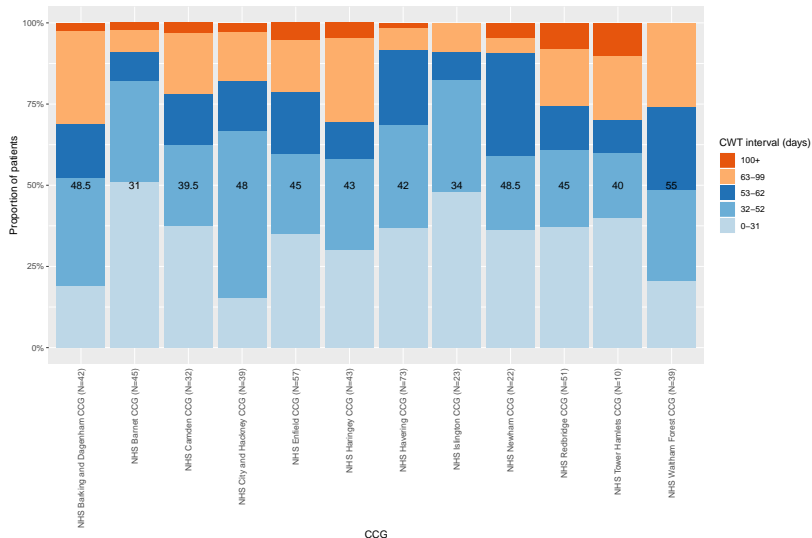
Prostate cancer: variation in days from a referral to first treatment received, by the three most common treatment modalities (2017/18)
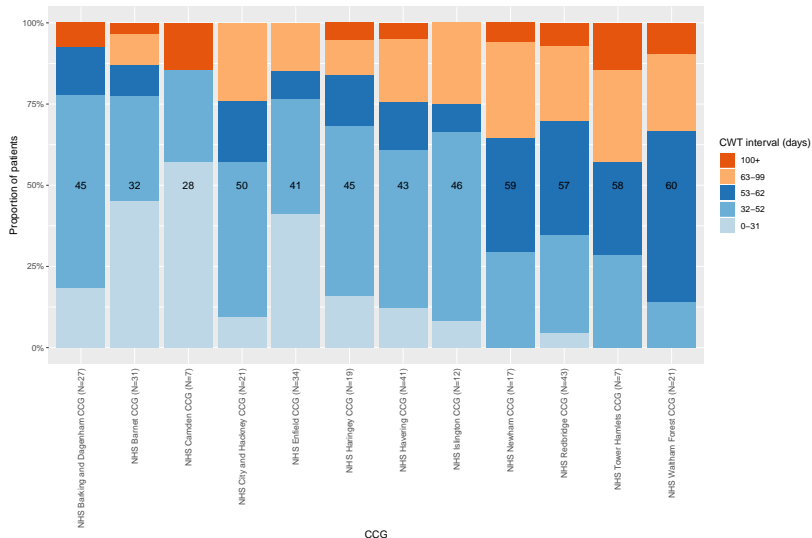

Figures within the bars represent the median values for each group.

Prostate cancer and **hormonal therapy**: variation in days from a referral to first treatment received, by CCG (2017/18)
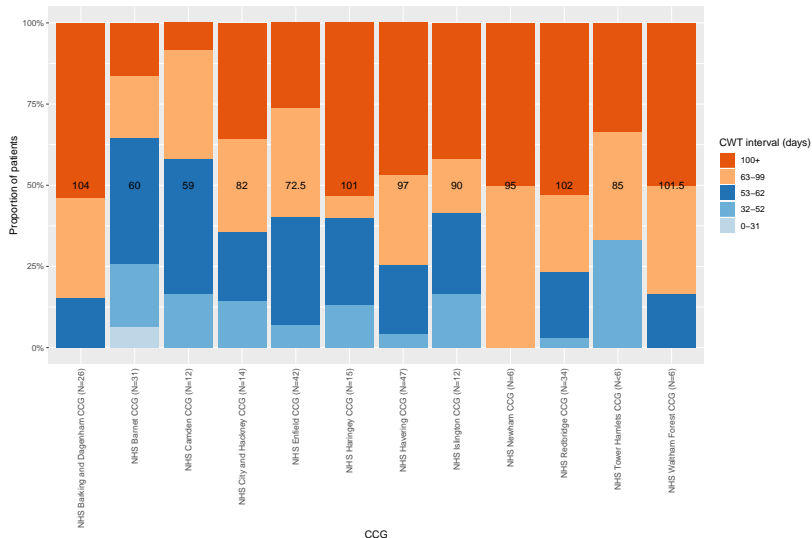

Figures within the bars represent the median values for each group.

Prostate cancer and **active monitoring**: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.

Prostate cancer and **surgery**: variation in days from a referral to first treatment received, by CCG (2017/18)

Figures within the bars represent the median values for each group.