NHS Wales Cancer Waiting Times

What are these statistics?

The cancer waiting times statistics show data on the waiting times reported by Welsh local health boards on a monthly basis. The waiting times are recorded for three pathways; patients on the urgent suspected cancer pathway, patients not on the urgent suspected cancer pathway and all patients with suspected cancer (the single cancer pathway).

From December 2017 onwards:

Data on cancer waiting times has been published in an annual report, rather than a quarterly statistical release.

As well as the annual report, we publish a brief monthly statistical first release with updates to NHS Activity and Performance statistics including cancer waiting times. This includes a link to tables in StatsWales. The release includes details of any revisions to the previous month's data or any relevant information related to quality.

See Section on 'Publication and revisions' for more details.

From June 2019 onwards:

A new cancer data collection has been introduced. The single cancer pathway is published alongside the urgent suspected cancer pathway and the not via the urgent suspected cancer pathway. The data will be published for the first time in August 2019 in the monthly NHS Activity and Performance summary.

Patients with cancer are split into two distinct groups (in line with Cancer Standards):

Those referred via Urgent Suspected Cancer route

This group includes patients referred from primary care (e.g. by a GP) to a hospital as urgent with suspected cancer, which is then confirmed as urgent by the consultant or a designated member of the multi disciplinary team (MDT). The standards state that all patients newly diagnosed with cancer via the Urgent Suspected Cancer route should start definitive treatment within 62 days of receipt of referral at the hospital.

Those not referred via Urgent Suspected Cancer route

This group includes all other patients with cancer (regardless of their referral route), not already included as an Urgent Suspected Cancer referral (e.g. via Accident and Emergency or through an investigation for a different condition). Patients newly diagnosed with cancer not via the Urgent Suspected Cancer route should start definitive treatment within 31 days of diagnosis.

From June 2019, all patients who have suspected cancer are included on the single suspected cancer pathway. This includes all patients previously included on the other two pathways, and all patients with an initial suspicion who have not yet had a diagnosis. The first data will be published in August 2019.

Single cancer pathway

The new single cancer pathway will start from the point a patient is suspected of having cancer, rather than when the cancer is confirmed, as is currently the case for some cancer patients. It is intended that treatment should start no later than 62 days from the point of suspicion.

This new pathway will be reported alongside the current measures, for more information and updates when they are available, see the monthly activity and performance release.

Statistics on patients on the urgent pathway and patients not on the urgent pathway:

The statistics include all patients with cancer, regardless of area of residence, who have started NHS-funded definitive treatment in the reporting period. This does not include Welsh patients with cancer receiving treatment at private hospitals or at NHS hospitals outside Wales.

Patients are reported against the health board they were originally referred to. That health board is always responsible for monitoring the patient's progress and therefore reports on it, for example:

- a patient is referred to local health board A and is treated at local health board A. On these occasions local health board A is responsible for monitoring the process; or
- a patient is referred to local health board A, but is treated in local health board B. On this occasion local health board A is referring to B for treatment, and therefore, local health board A "owns the wait" and hence reports for that patient.

All information relates to patients newly diagnosed with cancer. A recurrence of the original primary cancer at a secondary site is not included within the data collection. However, if a patient has another primary cancer this will be included.

The start of the cancer waiting time is the date upon which the decision to treat was confirmed between a designated member of the multi disciplinary team (MDT) and the patient.

Multi disciplinary team (MDT) - The MDT brings together people who are experts in different areas of medicine and care, and who meet to discuss the diagnosis, treatment and care of individual patients. The MDT is responsible for:

- working out the treatment plan;
- deciding on further tests;
- making appropriate referrals to specialist services;
- making sure the team has all the necessary members; and
- collecting information and keeping good records.

The first definitive treatment is agreed with the clinician responsible for the patient's management plan, and may not necessarily be the first planned treatment decided upon by the MDT. Examples of treatment are surgery, radiotherapy, chemotherapy, specialist palliative care, and active monitoring.

For each patient, calculation of the waiting time follows guidelines for suspension or removal from the waiting list. For example, a patient may be suspended from the waiting list for medical reasons such as being unfit to undergo the treatment, or for social reasons such as going overseas for a period of time.

Information is reported by six out of the seven Welsh local health boards, as Powys does not provide acute services. Information on residents from Powys treated in Wales is included in the reports from other local health boards where they are referred as Urgent Suspected Cancer or where they receive a diagnosis of cancer. The information is published for thirteen different cancer tumour sites and an 'other' category.

Cancer tumour sites are groupings of ICD10 codes (diagnosis codes from the International Classification of Diseases and Health Related Problems, tenth revision). The cancer tumour sites used in this release are:

- Acute leukaemia
- Brain/Central Nervous System
- Breast
- Gynaecological
- Haematological *(excludes acute leukaemia)*
- Head and neck
- Lower gastrointestinal
- Lung
- Sarcoma
- Skin *(Malignant Melanoma and squamous cell carcinoma only. Excludes Basal cell carcinomas)*
- Upper gastrointestinal
- Urological
- Children's cancer (those under 16 years of age at time of first treatment)
- Other *(all other cancers not mentioned above)*

Further information and definitions can be found in the Welsh Health Circular document.

Statistics on patients on the single suspected cancer pathway

The statistics include all patients who have suspected cancer. The pathway measures the time from the point of suspicion to the start of treatment.

All patients who receive their first definitive treatment within Wales should be included in these figures. While there are discussions ongoing with NHS Digital regarding obtaining the necessary information for cross border patients, we will exclude all patients who receive their first definitive treatment outside of Wales. Health boards are still expected to manage and report informally on these patients to Welsh Government however, they should be excluded from these reports.

As per existing guidelines for USC and NUSC the health board where the patient is initially referred is responsible for reporting the cancer waiting times for that patient.

That health board is always responsible for monitoring the patient's progress and therefore reports on it, for example:

- a patient is referred to local health board A and is treated at local health board A. On these occasions local health board A is responsible for monitoring the process.
- a patient is referred to local health board A, but is treated in local health board B. On this occasion local health board A is referring to B for treatment, and therefore, local health board A "owns the wait" and hence reports for that patient.

In the first instance, the following data will be published:

Total entering pathway: The clock starts when a patient enters the pathway with suspected cancer.

The point of suspicion is defined this this document: Point of suspicion definitions

Total starting treatment: The total number of patients treated in the month who were referred onto the pathway since 1 January 2018 including those that exceeded the 62 day target. There is no expectation for the number of referrals to correspond with the numbers treated in any particular month.

Total starting treatment in target: The total number of patients who began treatment within the target time in the month (within 62 days from the point of suspicion). Only patients referred onto the pathway since 1 January 2018 are included.

Performance is currently published with suspensions included, to increase comparability between the new and old pathways. Suspensions data is only complete for patients also on the urgent suspected cancer pathway. The way health boards record suspensions for patients not on the urgent suspected pathway is currently inconsistent: overall, suspensions prior to decision to treat are not being recorded; however, some health boards are adding in suspensions prior to decision to treat where it is obvious from the patient notes but some health board are not adding any. The impact should be small but currently, there is no way of telling without asking health boards to manually check all NUSC patients retrospectively.

Tumour site data will not be published initially but will be added to the data when data quality is consistent.

Information is reported by all health boards. Powys does not provide acute services but return information on patients who have entered the pathway with a suspicion of cancer. If a patient starts treatment, they are included against the health board they are referred to.

For more information on the single cancer pathway, please refer to the single cancer pathway key documents.

Users and uses

An understanding of trends in waiting times is crucial for those involved in planning and decision making at the national and local level.

We believe the key users of these statistics are:

- Ministers and their advisors;
- Assembly members and Members Research Service in the National Assembly for Wales;
- officials within the Department for Health and Social Services at Welsh Government;
- NHS Wales;
- students, academics and universities;
- cancer networks;
- other areas of the Welsh Government;
- other government departments;
- media; and
- individual citizens.

The statistics are used in a variety of ways. Some examples include:

- advice to Ministers and briefings on the latest performance across Wales against the three cancer waiting times targets;
- to assess, manage and monitor NHS Wales performance against targets;
- to inform service improvement projects for areas of focus and opportunities for quality improvement (for example, the Delivery Support Unit works with health boards to understand their performance against the targets for cancer tumour sites. If performance is poor in one health board and another health board has performed well, then these health boards would be encouraged to work together to help improve performance and the service overall);
- by NHS local health boards, to benchmark themselves against each other;
- to contribute to news articles on waiting times in Wales; and
- to help determine the service the public may receive from NHS Wales.

If you are a user and do not feel the above list adequately covers you please let us know by contacting: stats.healthinfo@gov.wales

Strengths and Limitations of the data

Strengths

The information is processed and published monthly (on StatsWales, in a summary first release on our website and via interactive visuals on a dashboard on our website) and annually (in a statistical report) and in an ordered manner to enable users to see the statistics when they are current and of greatest interest.

Outputs have a clear focus on Wales and have been developed to meet the internal and external user need in Wales. Information is provided by health boards (on a monthly and annual basis) and by tumour site (on an annual basis). Figures and percentages are both published. Our annual report provides an opportunity to show more context around the data and analyse the overall trends over the whole year rather than quarter-to-quarter.

Efficient use has been made of administrative data sources to produce outputs. The administrative source for this is CANISC (Cancer Information System Cymru), a national centralised database that presents cancer patient care records across Wales.

Detailed statistics are provided via our StatsWales website.

Limitations

The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately. We encourage users to link with this Quality Report and/or the Statistical First Release/Bulletin to gain more background.

There is no mapped data.

Because of the devolved administrations and differing policy, there is less scope for direct UK comparisons (see ‘Coherence’ later in the document).

The monthly headline data has limited commentary.

Data processing cycle

Data collection

The Health, Social Services and Population Statistics team within the Welsh Government receive three completed monthly cancer target monitoring forms from the health boards.

One form is for patients referred via the urgent suspected cancer route, one for patients not referred via the urgent suspected cancer route and one for all patients with suspected cancer.

Validation and verification

The Health, Social Services and Population Statistics team upload the data received on a monthly basis, and the data processing system ensures that data is not missing. Further validation and verification checks are then done on a monthly basis, including checking trends in the data. Any abnormalities in the data are noted and these are raised with health boards. This allows health boards to check, correct or comment on their data and to provide contextual information where unexpected changes have occurred. For the annual publication, monthly data is aggregated to annual data, and this process is checked.

Publication and revisions

The statistics published by the Health, Social Services and Population Statistics team are produced by summarising the information provided by the health boards.

On an annual basis, we publish a detailed statistical report, which brings together data for the previous year. It includes details of any issues that arose over the year regarding revisions or any relevant information related to quality. We also publish a headline. There is also a link from the headline page and within the statistical report to this quality report.

Each month, we publish a brief monthly update as part of the NHS activity and performance summary on our website with key facts and limited commentary. This includes details of any revisions to the previous month's data or any relevant information related to quality. There is also a link from the headline page and within the statistical release to the StatsWales tables, this quality report and the annual statistical bulletin.

Producing the release and headline is a semi automated process but key points and commentary are produced separately. The information in the release and the headline is checked against the data supplied. The information presented in StatsWales is produced using an automated process.

In the rare case of any revisions to the data, these will be noted in the monthly summary update and in the information accompanying StatsWales tables. This is to enable local health boards to submit revised data if they carry out further validation following submission.

Prior to April 2012 data, quarterly data only was published in a statistical first release and on StatsWales.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's Revisions, Errors and Postponements arrangements.

Disclosure and confidentiality

Following our latest disclosure risk assessment we believe that the likelihood of identification of an individual patient from the data that we publish is very low, without other information about the patient already being known. Therefore, we no longer suppress small values (previously we suppressed instances of fewer than three individuals at a health board or tumour site level).

This is in-line with rules used by England, Scotland and the Northern Ireland in their cancer waiting times releases.

We adhere to our statement on confidentiality and data access, issued in conformance with the requirements set out in trust pillar: T6 - Data governance - Code of Practice for Statistics

Quality

Health, Social Services and Population Statistics team adhere to a quality strategy and this is in line with the Code of Practice for Statistics.

Specifically, the list below details the six dimensions of the European Statistical System and how we adhere to them:

Relevance

The degree to which the statistical product meets user needs for both coverage and content.

The statistics cover all aspects of cancer waiting times and are used as the measure of performance against national targets for the NHS Wales – see the release/bulletin for information on the targets. Other interests and uses of this data are outlined above.

We encourage users of the statistics to contact us to let us know how they use the data. It would not be possible to provide tables to meet all user needs, but the tables published in the bulletin and StatsWales aim to answer the common questions.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant.

Accuracy

The closeness between an estimated result and an (unknown) true value.

Accuracy can be broken down into sampling and non-sampling error. Non-sampling error includes areas such as coverage error, non-response error, measurement error, processing error.

This is an established collection based on 100% data i.e. not a sample.

For most months, all local health boards are able to supply data and as such, no estimation of the figures is needed. Where estimates are used, because a health board is unable to supply data for a particular month, this is clearly outlined with the data.

We have not yet investigated non-sampling errors, however processing errors could occur where clerks in hospitals incorrectly input data into their administrative systems, or measurement errors could occur from staff in hospitals having different interpretations of definitions. To reduce non-sampling errors, standards and guidance are provided about the data collections, to try to ensure that health boards submit information according to the agreed specification. Standards relating to this data collection have been reviewed and passed by the Information Standards Board. Where non-sampling error affects the data, we provide full information for users to allow them to make informed judgements on the quality of the statistics, particularly if there are limitations.

All our outputs include information on coverage, timing and geography.

There are quality assurance procedures in place to understand and explain movements in the data and to check that the computer system is calculating the published statistics correctly.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's Revisions, Errors and Postponements arrangements.

Timeliness and punctuality

Timeliness refers to the lapse of time between publication and the period to which the data refer. Punctuality refers to the time lag between the actual and planned dates of publication.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the Upcoming publications pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's Revisions, Errors and Postponements arrangements.

We published monthly data from April 2012 data onwards and this is published around two months after the reference date. The data is still updated monthly on StatsWales and in the combined NHS activity and performance summary, in addition to this an annual bulletin will be published as soon after the year end as possible, normally December as it needs to be scheduled in amongst other outputs.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format(s) in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The annual statistics are published in a Statistical Bulletin and in a headline on our website. The monthly statistics are published in a Statistical Release, a headline on our website, in StatsWales and via interactive visuals on a dashboard on our website. Statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise the outputs on Twitter. All outputs are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be analysed online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and they adhere to the Welsh Government's accessibility policy. Furthermore, all our headlines are published in Welsh and English. Further information regarding the statistics can be obtained by contacting the relevant staff detailed on the release/headline or via stats.healthinfo@gov.wales

Comparability

The degree to which data can be agreed over both time and domain.

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Agreed standards and definitions within Wales provide assurance that the data is consistent across local health boards.

Following the start of the data collection in April 2005, there were data quality issues (in relation to the reporting of tumour sites). Therefore, care should be taken when comparing data for months prior to 2007-08 with later months.

From quarter ending September 2005 to quarter ending September 2009: Data was collected for 13 cancer tumour sites and an "other" category. Results were published only for the sites judged to have data of sufficient quality, with more sites added as quality improved. It should be noted that

for many trusts, the number of tumour sites reported against has increased each quarter and therefore it is not advisable to make comparisons between quarters.

Early on in the data collection (quarter ending September 2005 to quarter ending December 2006), some trusts had problems submitting data for some cancer sites.

For more information, please see the metadata on StatsWales.

Coherence

The degree to which data that are derived from different sources or methods, but which refer to the same phenomenon, are similar.

Every month the data are all collected from the same sources and adhere to the national standard: they will be coherent within and across organisations. Where there are changes in definitions or scope, we clearly note this in the monthly release/annual bulletin and add appropriate caveats to the data.

Other UK countries also measure cancer waiting times. However, the outputs differ in different countries because they are designed to help monitor policies that have been developed separately by each government. Further investigation would be needed to establish whether the definitional differences have a significant impact on the comparability of the data.

England

In England, the statistics are published on a monthly basis by NHS England - NHS England - Cancer Waiting Times

Guidance on operational standards for cancer waiting times commitments can be found below: National Cancer Waiting Times Monitoring Data Set.

Scotland

In Scotland, the statistics are collected and published on a quarterly basis by Information Services Division (ISD) Scotland - ISD Scotland - Cancer Waiting Times.

The set of cancer waiting targets in Scotland are as follows, both with a 5% tolerance level (i.e. the stated waiting time must be met for 95% of all patients covered by the target):

62-day target from receipt of referral to treatment for all cancers. This applies to each of the following groups (any patients urgently referred with a suspicion of cancer by their primary care clinician (for example GP) or dentist; any screened-positive patients who are referred through a national cancer screening programme (breast, colorectal or cervical); and any direct referral to hospital (for example self-referral to A&E))

31-day target from decision to treat until first treatment for all cancers, no matter how patients are referred.

Northern Ireland

In Northern Ireland, the statistics are published on a quarterly basis by the Department of Health-- Northern Ireland - Cancer Waiting Times.

The draft 2018/19 Ministerial Target for cancer care services in Northern Ireland states that:

During 2018/19, all urgent breast cancer referrals should be seen within 14 days; at least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat; and at least 95% of patients urgently referred with a suspected cancer should begin their first definitive treatment within 62 days.

A more detailed analysis of the differences between the home nations can be found at the link below:

GSS - Health Waiting Time Statistics.

Dissemination

All the data is of sufficient quality following the checking outlined above to justify publication. On a monthly basis, the high level messages are published in a Statistical Release and on a headline page on our website. All the actual data provided is published on our interactive website StatsWales and data is published via interactive visuals on a dashboard on our website. On an annual basis, information about the financial year of reference and long term trends are published in a Statistical Bulletin.

Evaluation

Please send your feedback on the statistics and this quality report to stats.healthinfo@gov.wales.

Produced by: Knowledge & Analytical Services, Welsh Government

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