

## **Kent and Medway Cancer Performance**

### **Introduction**

The NHS Constitution outlines what patients can expect and their rights when they are referred on a cancer diagnosis and treatment pathway.

Cancer waiting times (CWT) measure the NHS's performance against these national NHS Constitution Standards, as well as a number of other metrics.

The national cancer targets are as follows:

- 1) A maximum of two-weeks wait to see a specialist referred with cancer symptoms 93%
- 2) A maximum of two-week wait to see a specialist for all patients referred for investigation of breast symptoms ( even if cancer is not initially suspected) 93%
- 3) A maximum of 28 days from referral to diagnosis 75%
- 4) A maximum 31 days wait from the date a decision to treat is made to the first definitive treatments for all cancers 96%
- 5) A maximum 31 day for subsequent treatment where the treatment is anti-cancer drug regimen 98%
- 6) A maximum 31 day for subsequent treatment where the treatment is radiotherapy 94%
- 7) A maximum 31 day for subsequent treatment where the treatment is surgery 94%
- 8) A maximum 62 day wait from urgent referral to first definitive treatment 85%
- 9) A maximum 62 day wait from referral from a screening service to first definitive treatment 90%

Since the pandemic, there is also an increased focus on reducing the backlog of patients who are waiting over 62 days for treatment. As a guideline no more than 6% of the waiting list should be patients waiting over 62 days.

There is also the continued responsibility for the system to work towards achieving the aspirational ambitions of the Long Term plan which are:

- by 2028, nationally 55,000 more people each year will survive their cancer for five years or more; and
- by 2028, nationally 75% of people with cancer will be diagnosed at an early stage (stage one or two).

The aim being to improve quality of life outcomes, improves patient experience, reduce variation and reduce health inequalities.

## Cancer Performance in Kent and Medway Timeline

During the pandemic cancer service were protected and diagnosis and treatment continued. However, the numbers of patients referring themselves into services declined. The last 18 months have been focussed on recovery – with numbers of patients returning to healthcare seeking diagnosis and cancer treatment.

### Performance for April 2023

The most recently published cancer data is available at:

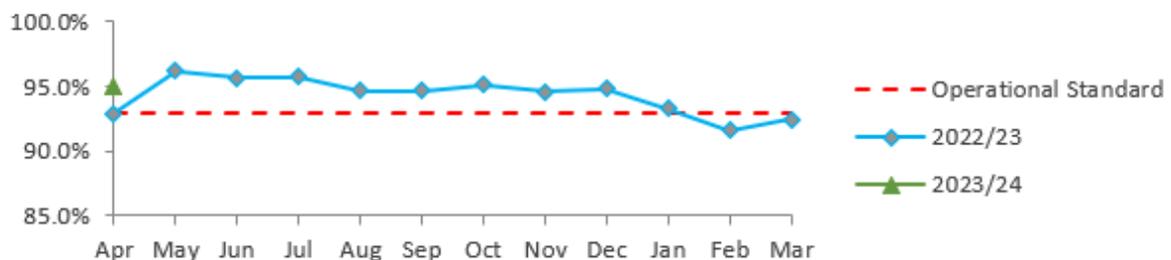
[Statistics » Commissioner-based Cancer Waiting Times for April 2023 – 24 \(Provisional\) \(england.nhs.uk\)](#)

### Two week wait

#### **A maximum of two-weeks wait to see a specialist referred with cancer symptoms**

Target	93%	Kent & Medway	95.03%	England	77.7%
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In total 8533 patients were seen, 8109 within 14 days. Referral numbers continue to recover following the pandemic, with notable growth in breast, colorectal and prostate cancer referrals.



#### **A maximum of two-week wait to see a specialist for all patients referred for investigation of breast symptoms (even if cancer is not initially suspected)**

Target	93%	Kent & Medway	93.5%	England	72.2%
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## **Diagnosis**

**A maximum of 28 days from referral to diagnosis 75%**

Target	75%	Kent & Medway	70.1%	England	N/A
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FDS is supported by the implementation of best practise timed pathways which are nationally devised timelines for each stage of the process from referral, through triage and testing, to informing the patient of their diagnosis.

There are timed pathways for Breast, Colorectal, Lung, Prostate, Gynae, Head and Neck and Oesophago-gastric and Skin cancers that the trusts are embedding into their ways of working. There has been transformational funding given to the trusts to be spent on additional staffing such as straight to test nurses for the triage elements. The Cancer Alliance and working with the Diagnostic and Pathology Networks to support faster diagnosis. An ICB-wide Endoscopy network is also in development.

## **Treatment 31 day**

**A maximum 31 days wait from the date a decision to treat is made to the first definitive treatments for all cancers.**

Target	96%	Kent & Medway	96.2%	England	90.5%
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**A maximum 31 day for subsequent treatment where the treatment is anti-cancer drug regimen.**

Target	98%	Kent & Medway	98%	England	97.4%
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**A maximum 31 day for subsequent treatment where the treatment is radiotherapy.**

Target	94%	Kent & Medway	55.6%	England	86.3%
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As an intervention the Kent and Medway Cancer Alliance have provided additional funding to the Kent Oncology Centre to support increased staffing to improve performance.

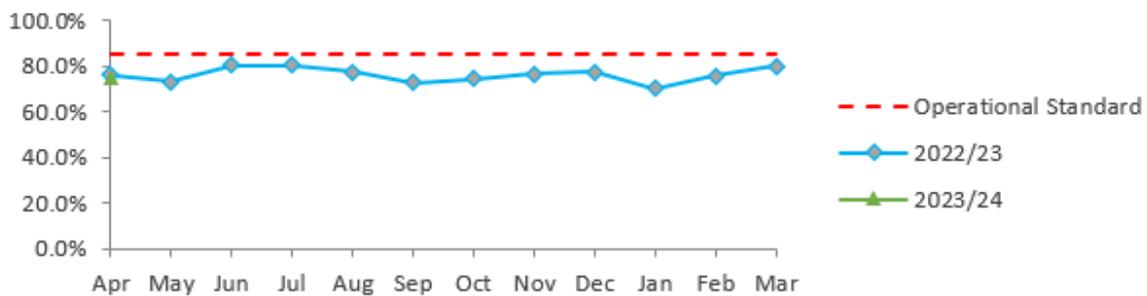
**A maximum 31 day for subsequent treatment where the treatment is surgery.**

Target	94%	Kent & Medway	89.2%	England	76.8%
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**62 Day Waits and Backlog**

**A maximum 62 day wait from urgent referral to first definitive treatment.**

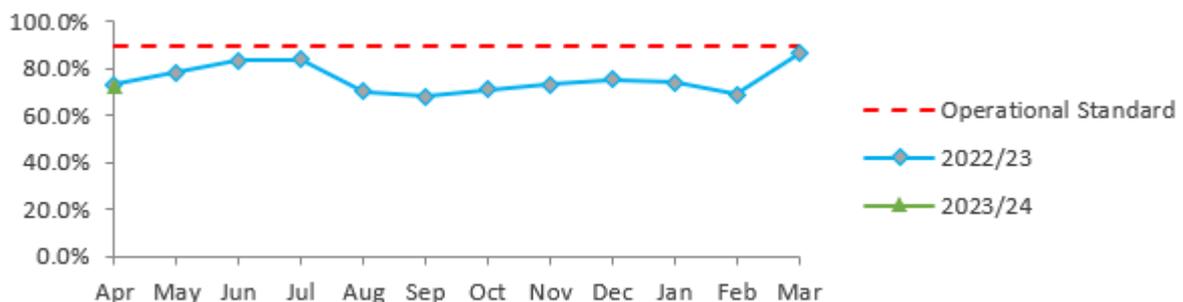
Target	85%	Kent & Medway	75.2%	England	61%
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Kent and Medway, although not meeting the standard have been one of the top performing areas at this metric for the past 18 months.

**A maximum 62 day wait from referral from a screening service to first definitive treatment.**

Target	90%	Kent & Medway	72.7%	England	67.8%
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Screening services have submitted a separate paper discussing performance, but we are collectively working on post-pandemic recovery for screening across breast, bowel and cervical cancers.

## **Patients waiting over 62 days (as % of waiting list).**

Target	6%	Kent & Medway	8.8%
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From January to March 2023 the overall backlog of patients started to decline but since April this has started to increase, particularly in Medway and East Kent Hospitals. The backlog position from April onwards has been further impacted by the extra Bank Holiday in May and strike action reducing services.

### **Issues to Highlight**

There is variation between the providers in Kent and Medway, which we are working to reduce through mutual aid, training, and additional funding.

Increase numbers of referrals coming in are putting pressure on diagnostic services required to triage the patients.

### **Successes**

We have carried out several initiatives including early diagnosis awareness with our Be Clear on Skin Cancer outreach campaign, early detection via the emerging Lung Health Check programme as well as providing additional psychological support and guidance on living well with and beyond a cancer diagnosis.

Kent and Medway are also involved in a range of trials for improving cancer diagnosis such the GRAIL trial which detects cancer signals in blood samples ([grail.com](http://grail.com)).

### **Conclusion**

Kent and Medway continue to work with the providers across primary and secondary care to support the needs of cancer patients.

### **Report Author**

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