

Cancer Waits in 2023: A Year in Review

20 June 2024



Cancer Focus Northern Ireland's mission is to support local people on their cancer journey. We work to reduce the risk, impact, and outcomes of all cancers.

2023 saw some of the worse cancer waiting times on record in Northern Ireland. In the last quarter of 2023, 7 in 10 people waited longer than two months to start treatment after urgent referral for suspect cancer. And that statistic only captures "urgent" referrals, not others whose symptoms may become urgent while they sit deprioritized on even longer waits.

Catching and addressing cancers early is critical to getting good outcomes and less-invasive treatments. This is good for not only the patients, but also for the sustainability of our health services. As a charity dedicated to supporting local people on their cancer journey, we know all too well the devastating impact cancer can have on someone's life and on that of their loved ones. Diagnoses and treatments entail significant stress. Every delay only makes this stress worse.

These are not just statistics, but people – and 1 in 2 of us will get cancer in our lifetimes. As a society, we should be able to trust that we would have access to timely treatment. The 2023 waiting times show that we are not there – for the health of Northern Ireland, that needs to change.

Richard Spratt
CEO
Cancer Focus Northern Ireland
E. richardspratt@cancerfocusni.org



Background:

Every quarter, the Northern Ireland Department of Health provides updated statistics on the cancer waiting times across the five Health and Social Care (HSC) Trusts in NI. These statistics are tracked and reported on against three targets:¹

- “At least 98% of patients diagnosed with cancer should receive their first definitive treatment within 31 days of a decision to treat.
- At least 95% of patients urgently referred by a GP with a suspected cancer should begin their first definitive treatment within 62 days.
- All urgent breast cancer referrals should be seen within 14 days.”

In 2023, these targets were consistently missed. Only the following percentage of patients were seen within the target timeframes:²

	Jan-Mar	Apr-June	July-Sept	Oct-Dec ³
31-Day Target	87.8%	87.9%	87.9%	89.1%
62-Day Target	34.8%	36.9%	34.0%	30.0%
14-Day Target (Breast Cancer Only)	84.2%	70.2%	52.9%	40.5%

Moreover, the waits in 2023 are some of the worst on record. They continue downward trends that date to at least 2012.

The failure to provide timely treatment and the deterioration of the waiting times is particularly evident with the 62-Day Target, which measures time to treatment from urgent referral. In the last few months of 2023, only 30.0% of patients were seen within the 62-Day Target; this is down from 36.9% in April-June 2023, 41.0% in Jan-Mar 2022, 60% in July-Sept 2020, 70% in Jan-Mar 2018, 83.3% in July-Sept 2013, and 90.5% in Jan-Mar 2010.⁴

2023 Insights:

Throughout 2023, the 31-Day Target (which measures time between decision to treat and first definitive treatment) remains relatively consistent and close to the goal, which is good. However, the 62-Day Target (which measures time from urgent referral for suspected cancer to first definitive treatment) and the extreme deterioration of the 14-Day Target (which measures time from urgent referral for suspected breast cancer to consultation with a specialist) are cause for significant concern.

As of the final quarter of 2023, 70% of patients urgently referred for cancer are waiting longer than 62 days (2 months) to start treatment, and 60% of urgent breast cancer referrals are waiting longer than 2 weeks for follow-up with a specialist. These waits are too long: each delay represents an opportunity for cancer to grow and spread, increasing patient health risks and the complexity of care, not to mention additional patient stress.⁵

Unfortunately, these waits – although alarming in themselves – are not the full story. The statistics only ‘start the clock’ *after* someone has gotten a GP referral, which can be after symptoms have developed and are worsening.



Only 3 in 10 people urgently referred for suspect cancer start treatment within 2 months.



Only 4 in 10 people urgently referred for suspect breast cancer get seen by a specialist within 2 weeks.

¹ NISRA, NI Cancer Waiting Times.

² NISRA, NI Cancer Waiting Times.

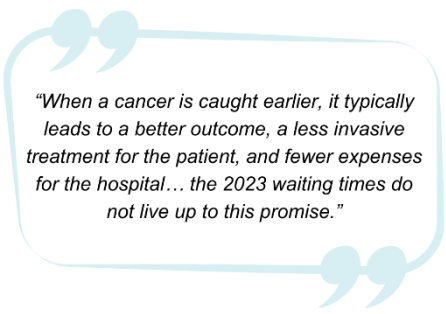
³ Data for Oct-Dec 2023 does not include the South Eastern Trust in light of the roll-out of encompass, a new digital health record system.

⁴ NISRA, NI Cancer Waiting Times.

⁵ Cancer Focus Northern Ireland, “Cancer Focus NI warns of health risks...”, 28 Sept 2023.

Moreover, the statistics do not include patients waiting for follow-up care after a cancer diagnosis and treatment, even if the patients present symptoms of a cancer recurrence.⁶

While anecdotal evidence suggests “exemplary” cancer care (medically) in Northern Ireland, there is a frustration and challenge in getting patients into the health system to get diagnosed and start treatments.⁷ The 2023 Cancer Waiting Time statistics corroborate that there is a problem with time to a diagnosis. Upon diagnoses, patients usually start treatment within a month (31-Day Target); however, there are significant delays when the statistics monitor from urgent referral (62-Day Target), indicating a slow-down in diagnostics. This is also seen with the deterioration of the Breast Cancer 14-Day Target in 2023 and in the diagnostic waiting time data for NI, which in December 2023 showed that 60.5% of people were waiting longer than 9 weeks (and 33.9% of people longer than 26 weeks) for a diagnostic test.⁸



“When a cancer is caught earlier, it typically leads to a better outcome, a less invasive treatment for the patient, and fewer expenses for the hospital... the 2023 waiting times do not live up to this promise.”

With cancer, early detection is critical. When a cancer is caught earlier, it typically leads to a better outcome, a less invasive treatment for the patient, and fewer expenses for the hospital. Screening programmes continue to provide vital opportunities for early detection, but pathways

also need to be in place to encourage and support self-referrals to GPs if cancer symptoms emerge. Then, upon referral for suspected cancer, patients should be guaranteed access to timely treatment; again, this is better for both the patient (physically and psychologically), as well as for the sustainability of the Health Service. The 2023 waiting times do not live up to this promise.

Solutions:

One challenging aspect of the cancer waiting times is the cancer backlog, which was made even worse by the Covid-19 pandemic.⁹ Currently, people are being added to the waiting lists faster than people are being removed from them (which usually follows the start of treatment). As a result, there is a long “queue” of people who are waiting for diagnoses and treatments, who need to be seen before anyone with a new referral will be advanced. Moreover, cancer incidence is on-track to double by 2040, especially in light of the aging population in Northern Ireland.¹⁰ As a result, the cancer “queue” keeps growing, and the waiting times continue to get worse.

There needs to be investment to “clear” the cancer waiting times and get everyone seen. Even if there is the machinery and space in Northern Ireland to do this, there might not be the staff – or, equally, the ability to remunerate staff – for the hours needed to provide diagnoses and treatments. Investment is needed to create this capacity: most importantly, resourcing is needed in HSC staff, but also potentially in private sector and cross-border collaborations.

In addition to clearing the waiting time backlog, transformations are needed to deliver care more efficiently and effectively, such that the waiting times can return to their targets. Many opportunities to improve cancer care are identified by the Northern Ireland Cancer Strategy 2022-2032. Unfortunately, this Strategy has been sitting largely unfunded and unimplemented since its launch. The strategy needs to be resourced to deliver on its ambitious and life-changing goals.

Recommendations for Improving the Cancer Waiting Times

- Fully resource and implement the NI Cancer Strategy.
- Establish and maintain multi-year health budgets.
- Strengthen regional coordination.
- Clear the cancer backlog.
- Invest in cancer prevention.

⁶ Cancer Focus Northern Ireland, “Time is running out for cancer patients...”, 11 Jan 2024.

⁷ Cancer Focus NI conversations with cancer patients in NI.

⁸ NISRA, NI Cancer Waiting Times Oct-Dec 2023; NISRA, NI Diagnostic Waiting Times Dec 2023.

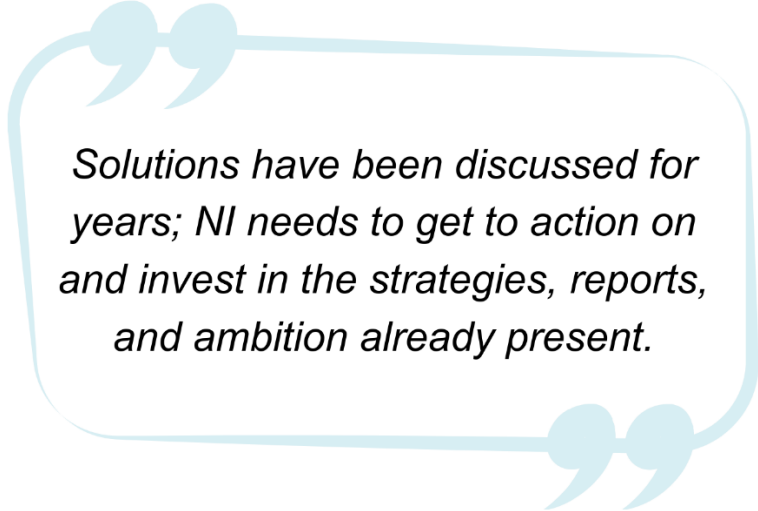
⁹ Bennett et al. (NI Cancer Registry), “Impact of COVID-19 on cancer incidence, presentation, diagnosis, treatment and survival in Northern Ireland,” Intl. Journal of Cancer, 24 Jan 2024.

¹⁰ Cancer Strategy for Northern 2022-2032.

Investment is also needed in cancer prevention. An estimated 40% of cancers could be prevented;¹¹ by raising awareness of cancer risk factors and facilitating healthy habits, NI could get ahead of future deterioration of waiting times by reducing the incidence of cancer. This is especially important considering that cancer rates are set to double by 2040,¹² which will add even more strain to our health resources and waiting times.

Fortunately, there are some solutions that are already geared to help. The Rapid Diagnosis Centres, piloted this year in the Northern and Southern Trusts, are accelerating diagnoses and pathways for people with vague symptoms that could be cancer. Mole-mapping, piloted this year in the South Eastern Trust, is facilitating the detection and diagnosis of dangerous skin cancers. In the coming years, both these programmes are set to expand and improve cancer diagnosis across Northern Ireland.

However, there is more we can do, and much more we need to do. At a baseline, establishing and maintaining a multi-year health budget would enable long-term planning, which would support initiatives to maximise resources. Regional coordination could also help, to optimise best practices and appointment availability across NI. Solutions have been discussed for years; NI needs to get to action on and invest in the strategies, reports, and ambition already present.



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¹¹ Ibid.

¹² Ibid.

Appendix I: Cancer Waiting Time Statistics by Tumour Site (31- and 62- Day Targets)

According to Q4 2023 data,¹³ for the 31-Day Target (time to treatment from decision to treat), the largest delays are in gynaecological, urological, and skin cancers (*bold line represents target of 98%*):

Tumour Site	Total Treated	% within 31 Days
Gynaecological Cancers	143	72.0%
Urological Cancer	466	82.2%
Skin Cancers	248	87.5%
Upper Gastrointestinal Cancer	203	89.2%
Lower Gastrointestinal Cancer	259	89.6%
Breast Cancer	327	92.4%
Head/Neck Cancer	113	95.6%
Lung Cancer	276	95.7%
Other	38	97.4%
Haematological Cancers	170	98.8%
Brain/Central Nervous System	29	100.0%
Sarcomas	9	100.0%

For the 62-Day Target (time to treatment from urgent referral), from the same Q4 2023 data,¹⁴ the largest delays are in lower gastrointestinal, head and neck, and urological cancers (*bold line represents target of 95%*):

Tumour Site	Total Treated	% within 62 Days
Lower Gastrointestinal Cancer	131	16.0%
Head/Neck Cancer	52	17.3%
Urological Cancer	327	18.7%
Gynaecological Cancers	73	20.5%
Upper Gastrointestinal Cancer	79	29.1%
Skin Cancers	154	37.7%
Lung Cancer	65	41.5%
Other	11	45.5%
Breast Cancer	139	54.7%
Haematological Cancers	44	61.4%
Brain/Central Nervous System	1	100.0%

¹³ NISRA, NI Cancer Waiting Times Oct-Dec 2023 [excludes SE Trust data due to encompass roll-out].

¹⁴ NISRA, NI Cancer Waiting Times Oct-Dec 2023 [excludes SE Trust data due to encompass roll-out].

Appendix II: Cancer Waiting Time Statistics by Health & Social Care (HSC) Trust

According to Q4 2023 data,¹⁵ waits are typically worse in the Belfast and Northern Trusts, and better in the Western Trust. South Eastern Trust data was excluded from these statistics given the encompass roll-out.

Q4 2023 (Oct-Dec): 31-Day Target, Decision to Treat → Treatment		
Trust	# of People	% Within Target
Belfast	1,132	82.8%
Northern	265	90.2%
South Eastern	[No data due to encompass roll-out]	
Southern	382	96.1%
Western	502	97.6%
Total	2,281	89.1%

Q4 2023 (Oct-Dec): 62-Day Target, Urgent Referral → Treatment		
Trust	# of People	% Within Target
Belfast	386	23.1%
Northern	157	24.5%
South Eastern	37	16.4%
Southern	210	36.2%
Western	287	39.6%
Total	1,076	30.0%

Q4 2023 (Oct-Dec): 14-Day Target, Urgent Breast Cancer Referral → Specialist Follow-Up		
Trust	# of People	% Within Target
Belfast	725	25.1%
Northern	834	7.8%
South Eastern	[No data due to encompass roll-out]	
Southern	640	22.3%
Western	847	99.8%
Total	3,046	40.5%

Note that the 62-Day target data, which measures from urgent referral to treatment, includes patients who were initially referred to one Trust for assessment and then transferred to another Trust for treatment. These patients are counted as being 50% from the assessment Trust and 50% from the treatment Trust. In light of such transfers, the 62-Day target data also reflects the 73 patients who were first seen at the SE Trust and then transferred elsewhere for treatment (73 patients counted at 50% in each relevant trust results in 36.5 patients counted for SE Trust in Q4 2023; this and the other 62-Day people figures were rounded to the nearest whole number for simplicity).¹⁶

Additionally note that the data bars (blue for number of people, yellow for percent within target) demonstrate data values comparatively to the other figures in the statistical set, with the longer bars representing higher values.

¹⁵ NISRA, NI Cancer Waiting Times Oct-Dec 2023.

¹⁶ NISRA, NI Cancer Waiting Times Oct-Dec 2023.

If you have any concerns about cancer
you can talk to one of our experienced
nurses on the Cancer Focus NI **FREE**
information and support Nurseline

0800 783 3339

Monday, Wednesday and Friday 9am - 1pm.
Calls are **free** and **confidential** from a landline.
nurseline@cancerfocusni.org



T: 028 9066 3281
E: policy@cancerfocusni.org
www.cancerfocusni.org

Cancer Focus Northern Ireland
40-44 Eglantine Avenue
Belfast BT9 6DX



Charity No: NIC 101307

