Dear Colleague

**RE: Operational Standards for the Cancer Waiting Times Commitments**

As you know, the Government’s Cancer Reform Strategy, which was published in December 2007, outlined a significant programme to improve cancer services, further with the aim being to make the services provided by the NHS amongst the best in the world by 2012.

One of the specific aims of the Cancer Reform Strategy was to ensure that more patients benefited from the success of the existing cancer waiting times standards by extending these commitments. Alongside the introduction of the new commitments from the Cancer Reform Strategy, a decision was taken to align the monitoring of cancer waiting times with the existing 18 weeks data collection, the new commitments and the changes to the reporting methodology are explained in Annex A and B.

Operational standards were previously set for the existing commitments from the NHS Cancer Plan. However, the change of reporting methodology means that the operational standards used previously for the assessment of the 31-day and 62-day commitments (98% and 95% respectively) are no longer suitable for use within the NHS. The Department made a commitment to produce revised operational standards to take account of these developments.

The new operational standards will, as previously, take into consideration that for any given period there will be a number of patients who are not available for treatment within a waiting time standard because: they elect to delay their treatment (patient choice), are unfit for their treatment or it would be clinically inappropriate to treat them within the standard time.

I would therefore like to advise you of the new operational standards that will be applied to the existing commitments and those introduced by the Cancer Reform Strategy:
Commitment
(As specified in published National Statistics data - where applicable)

<table>
<thead>
<tr>
<th>Operational Standard</th>
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</thead>
<tbody>
<tr>
<td>62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers</td>
<td>85%</td>
</tr>
<tr>
<td>62-Day Wait For First Treatment From Consultant Screening Service Referral: All Cancers</td>
<td>90%</td>
</tr>
<tr>
<td>31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers</td>
<td>96%</td>
</tr>
<tr>
<td>31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments</td>
<td>98%</td>
</tr>
<tr>
<td>31-Day Wait For Second Or Subsequent Treatment: Surgery</td>
<td>94%</td>
</tr>
<tr>
<td>31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments</td>
<td>94%</td>
</tr>
<tr>
<td>All Cancer Two Week Wait</td>
<td>93%</td>
</tr>
<tr>
<td>Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)</td>
<td>93%</td>
</tr>
</tbody>
</table>

Details of the methodology used to calculate these standards can be found in Annex C.

An operational standard for the commitment of a maximum wait of 62 days for first treatment for those patients who are upgraded with a suspicion of cancer by the consultant responsible for their care has not been provided. This is because not enough patients have benefited from the implementation of this service yet to provide enough data for a robust calculation of an operational standard. This work will be undertaken as soon as this is possible.

The Department of Health will use these operational standards as part of the assessment of deliverables with the NHS Operating Framework, and in our work to support the implementation of the Cancer Reform Strategy within the NHS. We would also recommend that these operational standards be used locally within the NHS to inform the development of services and the monitoring of Service Level Agreements. These operational standards will be shared with the Care Quality Commission to inform the development of indicators and scoring systems within the assessments they carry out.

As future service developments are implemented it may be necessary to revise these operational standards.

Yours sincerely

[Signature]

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ANNEX A

Cancer waiting times commitments introduced by the NHS Cancer Plan and the Cancer Reform Strategy.

NHS Cancer Plan Commitments:

The NHS Cancer Plan, published in September 2000 gave the following commitments in relation to access to cancer services:

- a maximum wait of two weeks to see a specialist after being urgently referred with suspected cancer by a GP;
- a maximum wait of one month from diagnosis to first treatment for all cancers; and
- a maximum wait of two months from an urgent GP referral for suspected cancer to first treatment.

Cancer Reform Strategy Commitments:

In order to ensure that more people benefit from better access to cancer services the Cancer Reform Strategy, published in December 2007, gave extended cancer waiting times commitments. These new commitments are:

- a maximum wait of two weeks for those patients referred urgently with breast symptoms, where cancer is not initially suspected (to be implemented from December 2009);
- a maximum wait of 31 days for a second or subsequent treatment, where the treatment is surgery (implemented from 31 December 2008);
- a maximum wait of 31 days for a second or subsequent treatment, where the treatment is an anti-cancer drug regimen (implemented from 31 December 2008);
- a maximum wait of 31 days for a second or subsequent treatment, where the treatment is radiotherapy (to be implemented from December 2010);
- a maximum wait of 62 days for first treatment for those patients referred from an NHS cancer screening service (implemented from 31 December 2008); and
- a maximum wait of 62 days for first treatment for those patients who are upgraded onto a fast track pathway with a suspicion of cancer by the consultant responsible for their care (implemented from 31 December 2008).
Annex B

Method for Calculating Elapsed Time in a Cancer Waiting Times Period

It was recognised that supporting the implementation of the extended waiting times commitments within the Cancer Reform Strategy meant that data would have to be collected for a much larger volume of patients and episodes. In order to minimise this burden upon NHS providers it was decided to take the opportunity afforded by this development to align with the existing 18 weeks data collection.

Under this simplified process, cancer treatment providers no longer have to collect information about suspensions arising from patients’ unfitness for treatment or from their taking time to think about and discuss their various treatment options. This updated data collection process therefore:

- makes the calculation of waiting times more meaningful for patients by aligning it more fully with their actual experience;
- overtime reduces the burden on the NHS of collecting data, particularly of data that is not used for clinical purposes;
- streamlines the data collection process for treatment providers;
- brings cancer waiting times data into the mainstream of NHS performance data processes;
- supports patient choice and clinical autonomy (not every patient wants to be treated within the standard time, and not every patient can be); and
- helps deliver a service that better meets patients’ expectations.
Annex C

Overview of the methodology Used for Calculating the Operational Standards

These operational standards were calculated using statistics collected in quarter three 2008/09 which gave accurate information detailing levels of patient choice or medical suspensions and current monitoring statistics (including performance levels and admission rates by tumour type and modality).

Where insufficient numbers of patient records relation to second or subsequent treatment existed activity statistics from 2008/09 relating to first treatment activity have been used as a proxy.

Advice on the levels of complex individual cases where the commitments should not be met for clinical reasons was also factored into the modelling.

The appropriateness of these operational standards was considered by the Going Further On Cancer Waits Advisory Group, which includes representatives from stakeholder organisations and the clinical community.