

Median pathway analysis by patient demographics, cancer stage and route to diagnosis, for colorectal cancer (2013-2017)

Somerset, Wiltshire, Avon and Gloucestershire

Produced by the Cancer Alliance Data, Evidence and Analysis Service, a partnership between NHS England and NHS Improvement & Public Health England

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Purpose of work

Aim: to provide Cancer Alliances with in-depth analysis of the median time taken for different intervals of the patient pathway (referral, first seen in secondary care, diagnosis, first MDT meeting and treatment start).

What does it tell a Cancer Alliance?

The analysis informs Cancer Alliances of variation in time from referral to first treatment by socio-demographic factors, routes to diagnosis and geography for patients diagnosed with colorectal cancer (2013-2017). Cancer Alliances are provided with pathway data for all 19 Cancer Alliances with an England benchmark, and for their respective CCGs and trusts.

How should a Cancer Alliance use the data?

Cancer Alliances can use the data to identify variation, investigate differences as appropriate and develop local strategies to address health inequalities. Cancer Alliances can also use the analysis to identify best practice that can be shared for faster diagnosis and to improve patient experience. Analysis from this project should be considered in conjunction with other related analyses (see below).

Link to strategic priorities in cancer programme

This work supports the strategic priorities outlined in the NHS [Long Term Plan](#) (3.57) of faster diagnosis and reducing health inequalities.

Purpose of work (cont.)

Related work

This is one of two strategic projects the Cancer Alliance Data, Evidence and Analysis Service (CADEAS) has undertaken on pathway lengths. The first project '[Analysis of 62-day pathways using 2017/2018 Cancer Waiting Times data for colorectal, lung and prostate cancers](#)' was published in December 2018. Both projects look at the time taken from referral to first treatment for those diagnosed with colorectal, lung and prostate cancers. The first project used the Cancer Waiting Times dataset only. This project covers all incidence of cancer and provides granular demographic data by linking the Cancer Waiting Times dataset to the Cancer Registry. The data are therefore more comprehensive but less timely and includes cases diagnosed up to 31 Dec 2017.

Other related work:

[Routes to diagnosis](#)

Acknowledgements

This work is produced by CADEAS, a partnership between NHS England and NHS Improvement & Public Health England. It builds on work previously carried out by the NCRAS-TCST (National Cancer Registration and Analysis Service - Transforming Cancer Services Team for London) Partnership.

We would like to thank patients and clinicians who provide the information that is collected by the NHS as part of patients' cancer care.

Methodology

This analysis uses linked Cancer Registry, Cancer Care Plan and Cancer Waiting Times (CWT) datasets for patients aged twenty years or older, diagnosed with colorectal (C18-C20) cancer.

The median time taken between the different intervals in the pathway has been calculated and segmented by the following:

- Year of diagnosis
- Sex
- Stage at diagnosis
- Age at diagnosis
- Ethnicity
- Income domain quintile

Cancer cases diagnosed until the end of 2016 can now be linked to the route to diagnosis. Further analysis can therefore be carried out on the median pathways for those diagnosed with cancer through the 62-day pathway and other routes.

A supplementary report will be provided with analysis of the median pathways for patients diagnosed through a Two Week Wait referral (TWW) compared with all other routes to diagnosis.

As outlined in the [National Cancer Waiting Times Monitoring Dataset Guidance](#), the two CWT adjustments; first seen adjustment (2.4) and treatment adjustment (4.19), have been included in the median time taken calculations, in line with CWT official statistics.

Methodology (cont.)

Cancer Alliances will receive reports presented at the following geographical levels:

- England
- Cancer Alliance
- Resident CCG
- Diagnosis Trust

Caveats:

1. Figures for Cancer Alliances as a whole are derived from their respective CCGs.
2. 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 less than six patients, the patient number is recorded as <6.
3. Please note that the median pathway length from referral to first treatment may not be the same as the sum of the median lengths for each pathway interval.

Data completeness: colorectal cancer - Somerset, Wiltshire, Avon and Gloucestershire (2013-2017)

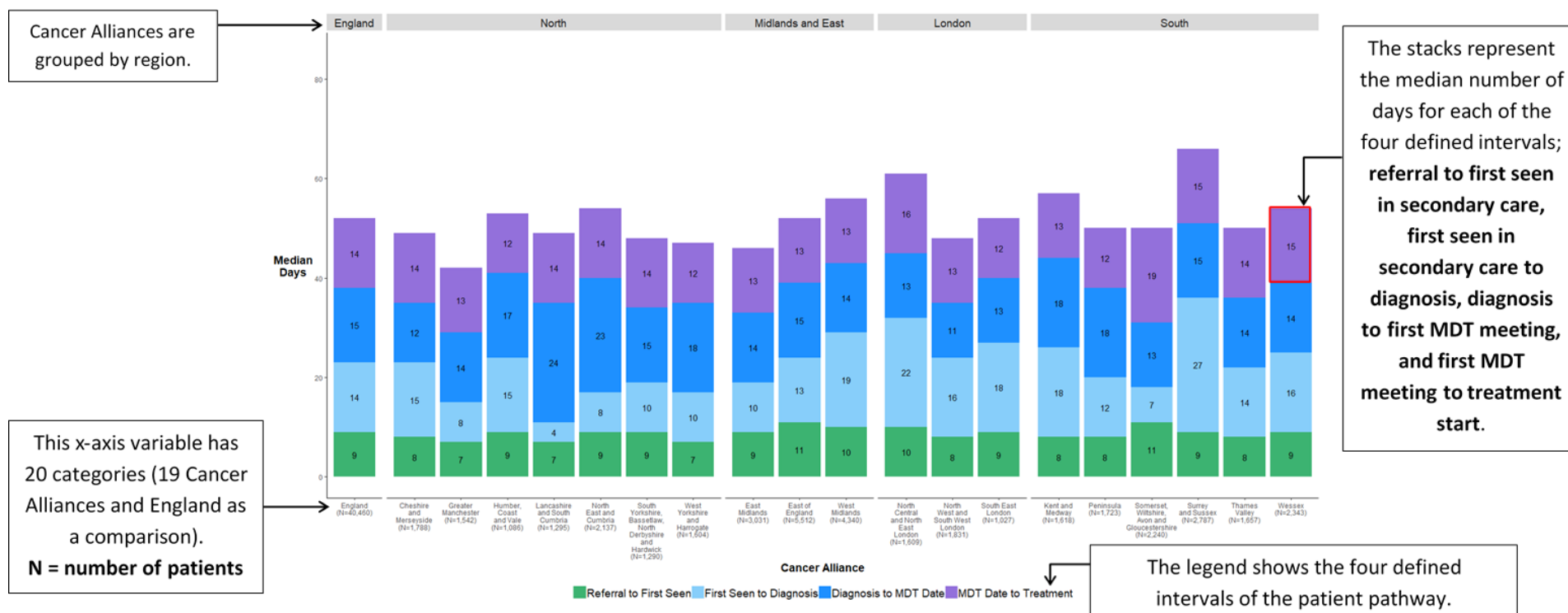
Variable	Sources used	2013		2014		2015		2016		2017	
		Patient count (N)	Completeness (%)	Patient count (N)	Completeness (%)	Patient count (N)	Completeness (%)	Patient count (N)	Completeness (%)	Patient count (N)	Completeness (%)
Analysis cohort	PHE national cancer registration data	1,952	100.0	1,901	100.0	2,043	100.0	1,998	100.0	1,890	100.0
Referral date	Cancer Waiting Times database	1,306	66.9	1,305	68.7	1,417	69.4	1,418	71.0	1,375	72.8
First seen date	Cancer Waiting Times database	1,293	66.2	1,301	68.4	1,400	68.5	1,381	69.1	1,338	70.8
Diagnosis date	Derived from PHE's national cancer registration data ¹	1,952	100.0	1,901	100.0	2,043	100.0	1,998	100.0	1,890	100.0
MDT date	Cancer Waiting Times database, Cancer Care Plan database	1,698	87.0	1,676	88.2	1,811	88.6	1,809	90.5	1,711	90.5
Treatment start date	Cancer Waiting Times database	1,540	78.9	1,516	79.8	1,648	80.7	1,606	80.4	1,530	81.0

- The cancer registry derives the diagnosis date from the following events in order of prioritisation: first histological/ cytological confirmation of the malignancy, the first admission to hospital because of the malignancy, and when a patient is evaluated in outpatient clinic.
- Records identified as **Death Certificate Only** are not included in this analysis - figures will therefore not reflect those published in National Statistics.
 - Due to data completeness, the count of patients will differ in any given interval of the patient pathway and therefore, any labels detailing patient counts are those for the pathway as a whole i.e. patients diagnosed.

How to interpret the graphs

The patient pathway has been stratified into four intervals; **referral to first seen in secondary care, first seen in secondary care to diagnosis, diagnosis to first MDT meeting, and first MDT meeting to treatment start** - each graph is presented as stacked column bar charts and the figures within the bars show the median number of days for each interval of the pathway.

Below is an example graph displaying variation in the median number of days taken from referral to first treatment received for prostate cancer, stratified by the defined intervals of the pathway and Cancer Alliances in 2016.

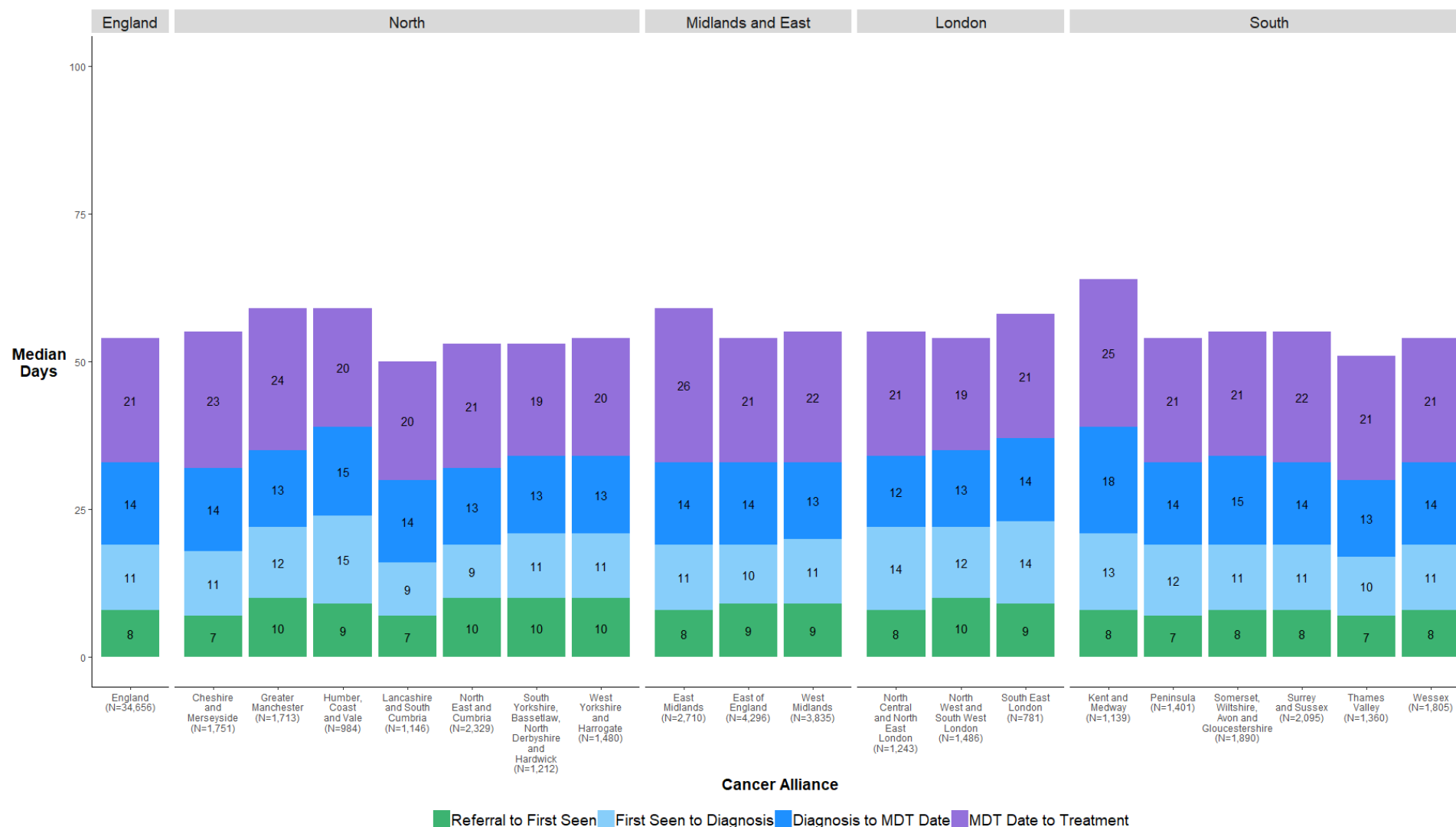


Overview

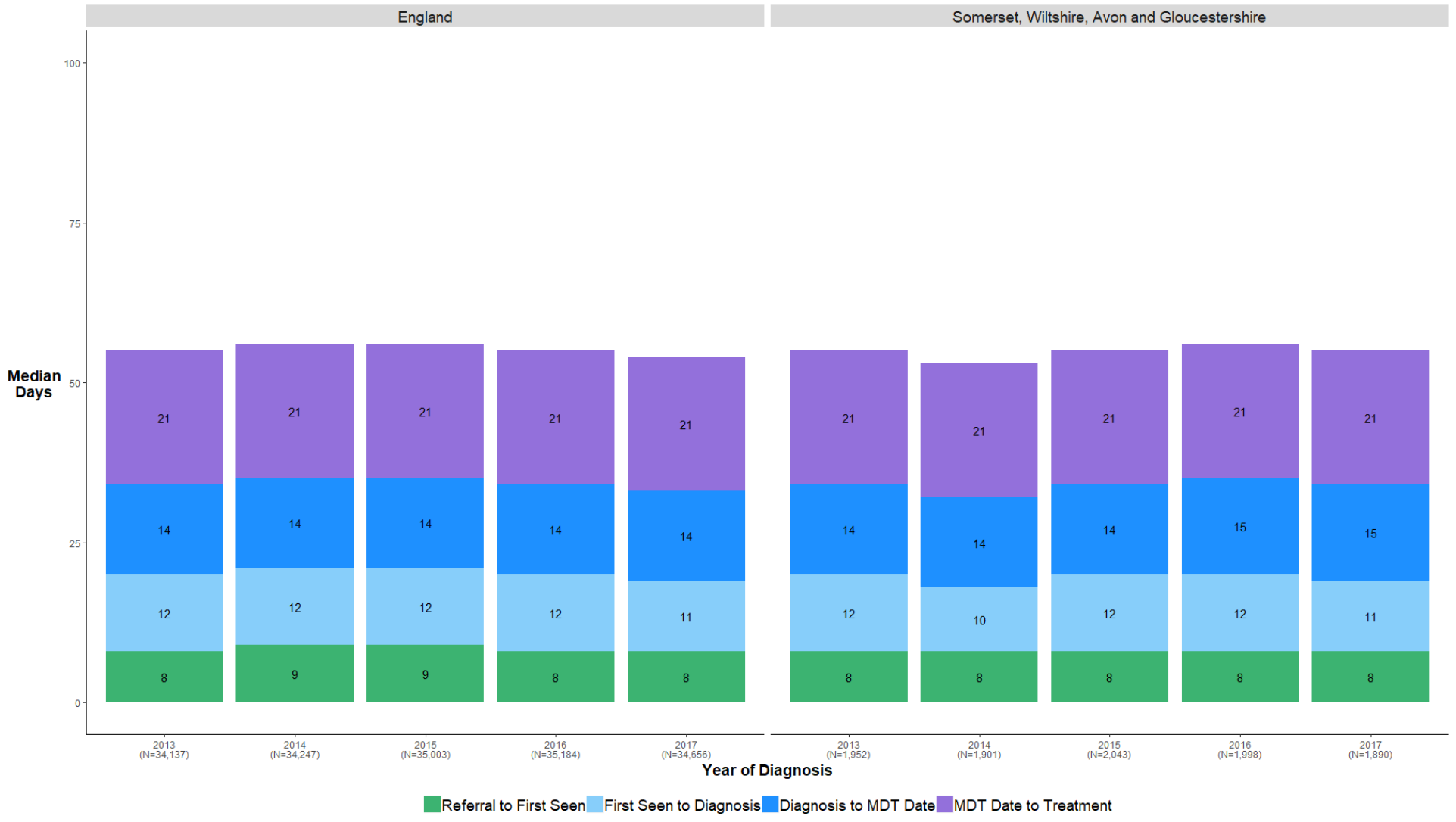
National Overview: median days from referral to treatment, for colorectal, lung and prostate cancers, by year of diagnosis (2013-2017)



Colorectal cancer: median days from referral to treatment, by Cancer Alliance (2017)

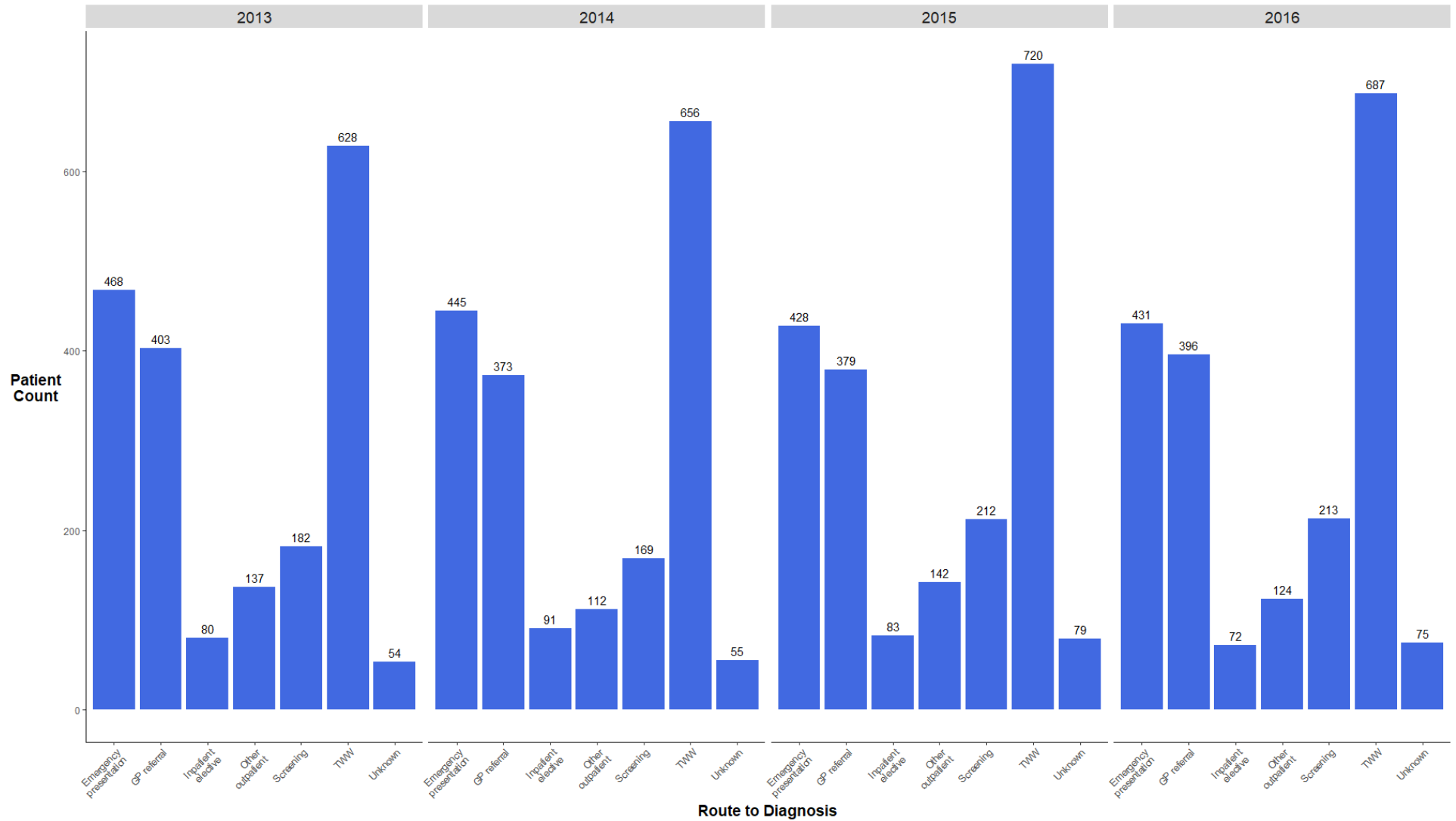


Colorectal cancer: median days from referral to treatment, by year of diagnosis (2013-2017)

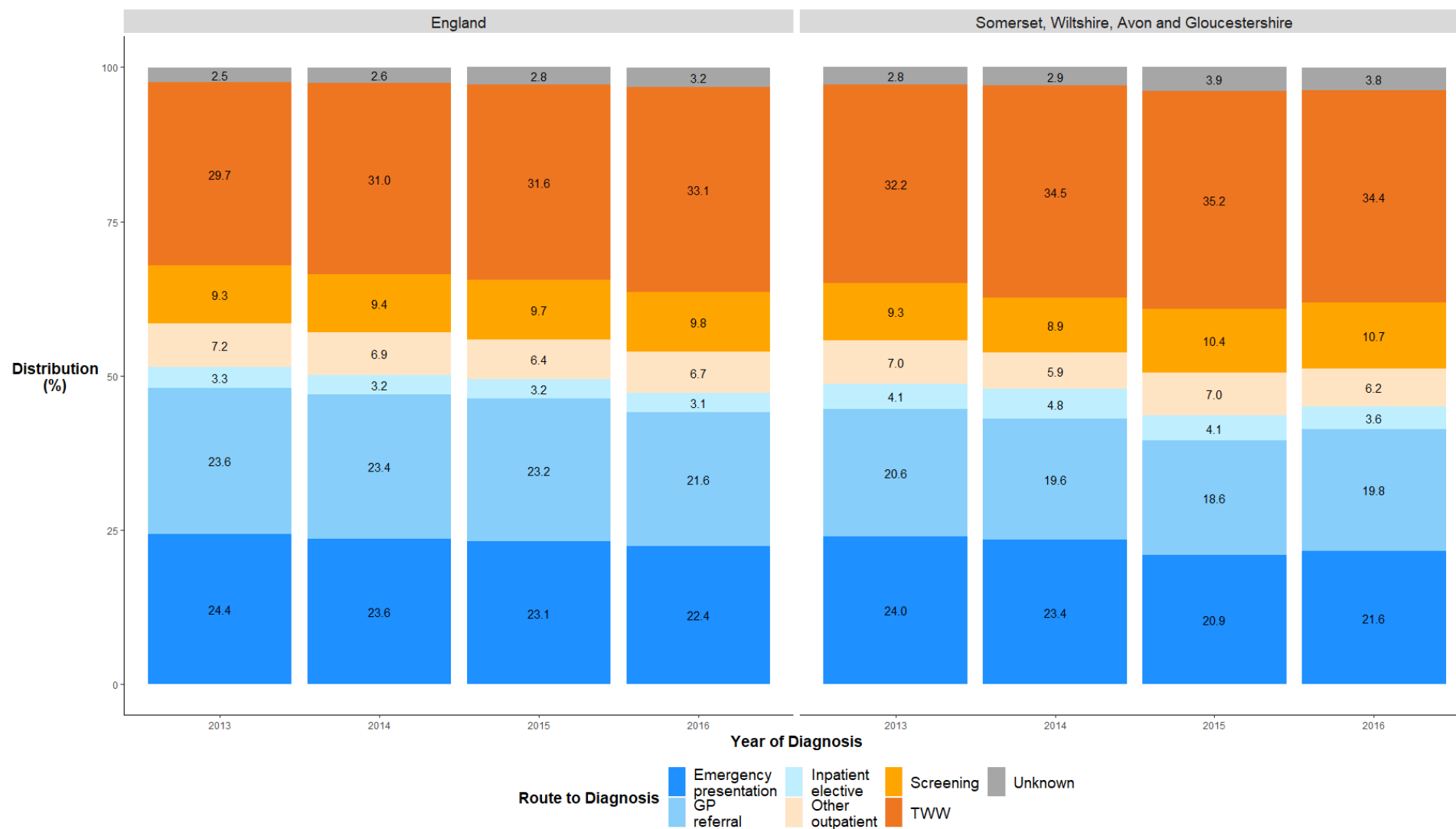


Route to diagnosis

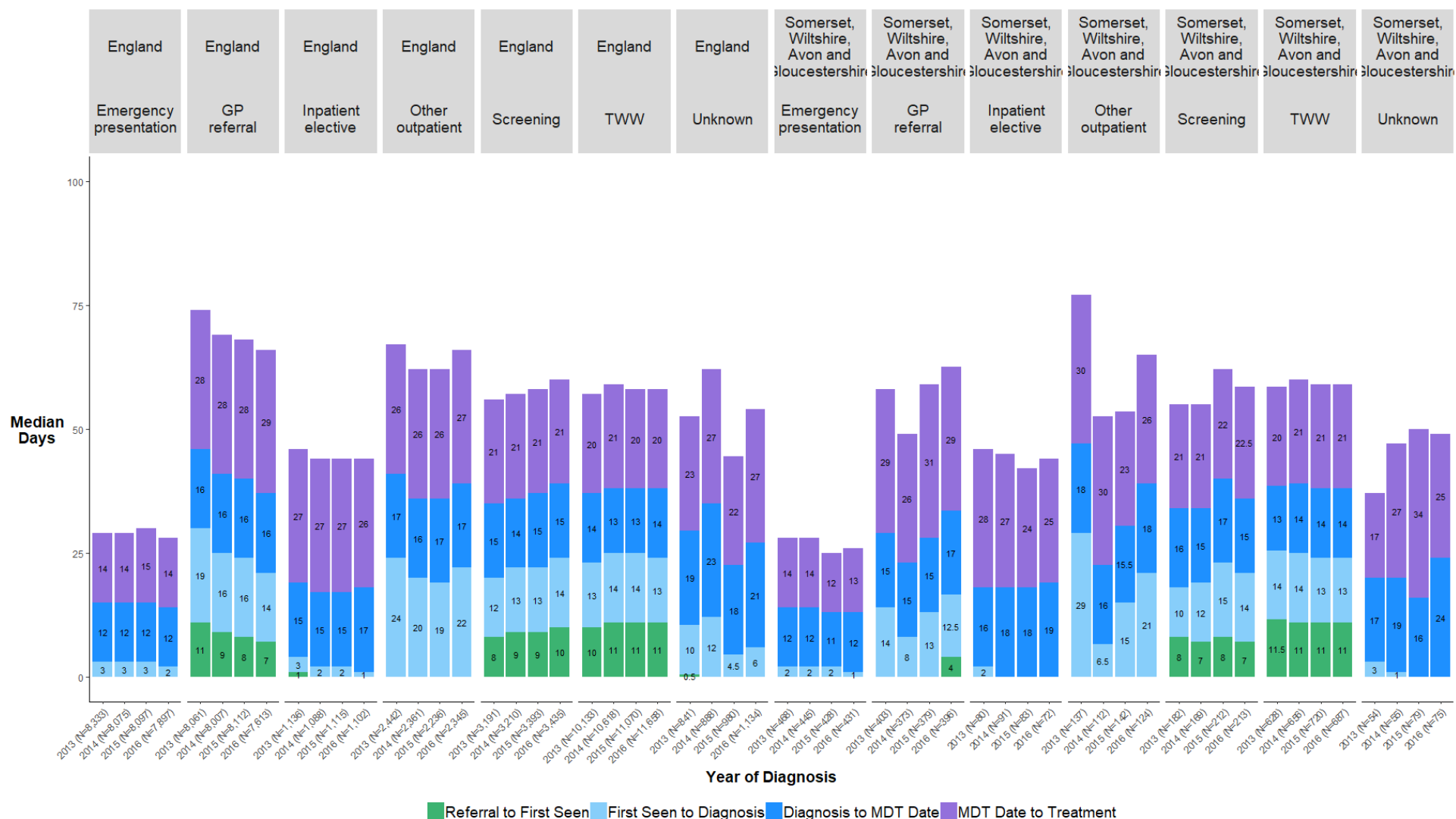
Colorectal cancer: patient counts, by route to diagnosis (2013-2016)



Colorectal cancer: distribution of patients, by route to diagnosis (2013-2016)

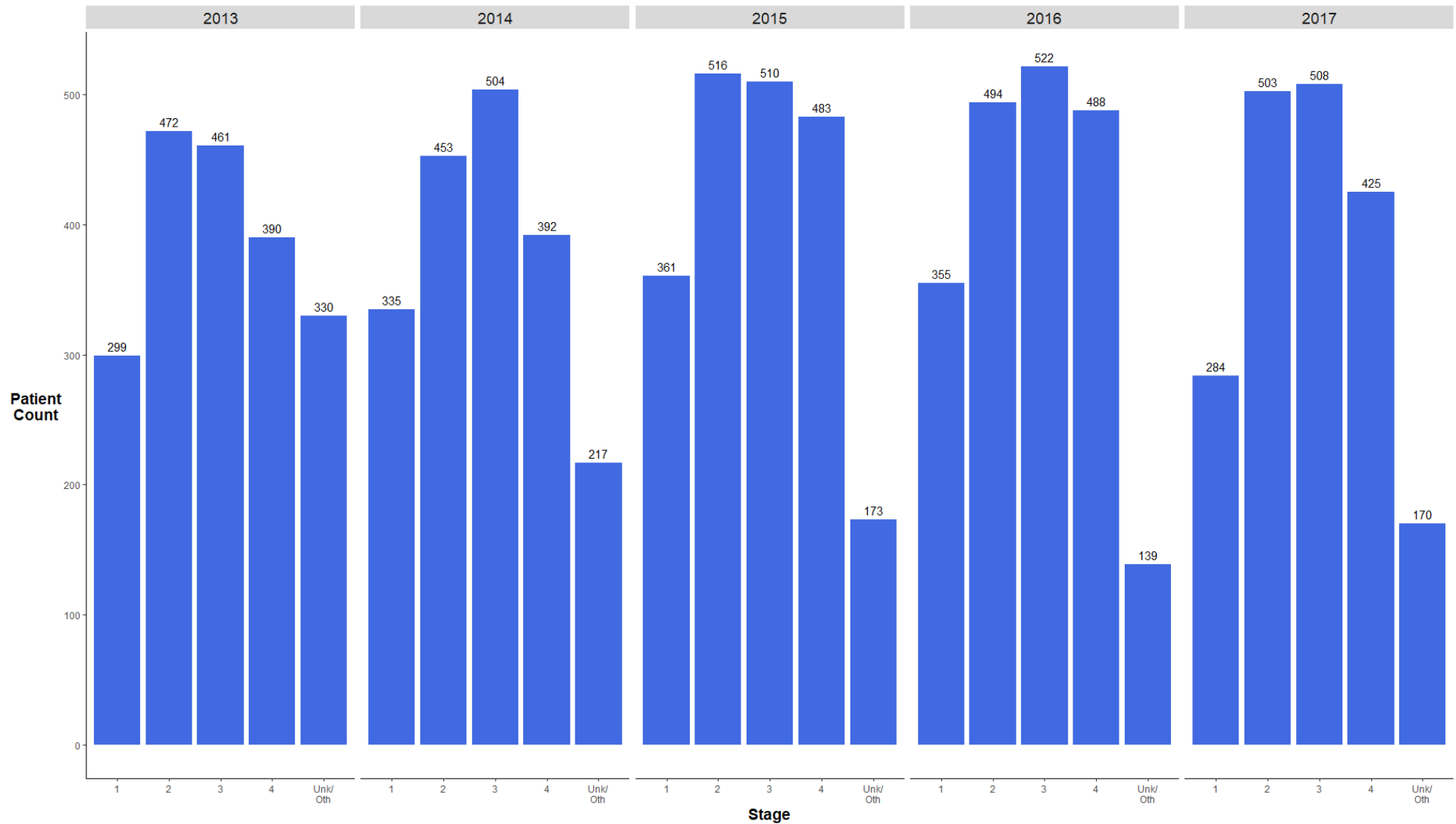


Colorectal cancer: median days from referral to treatment, by route to diagnosis (2013-2016)

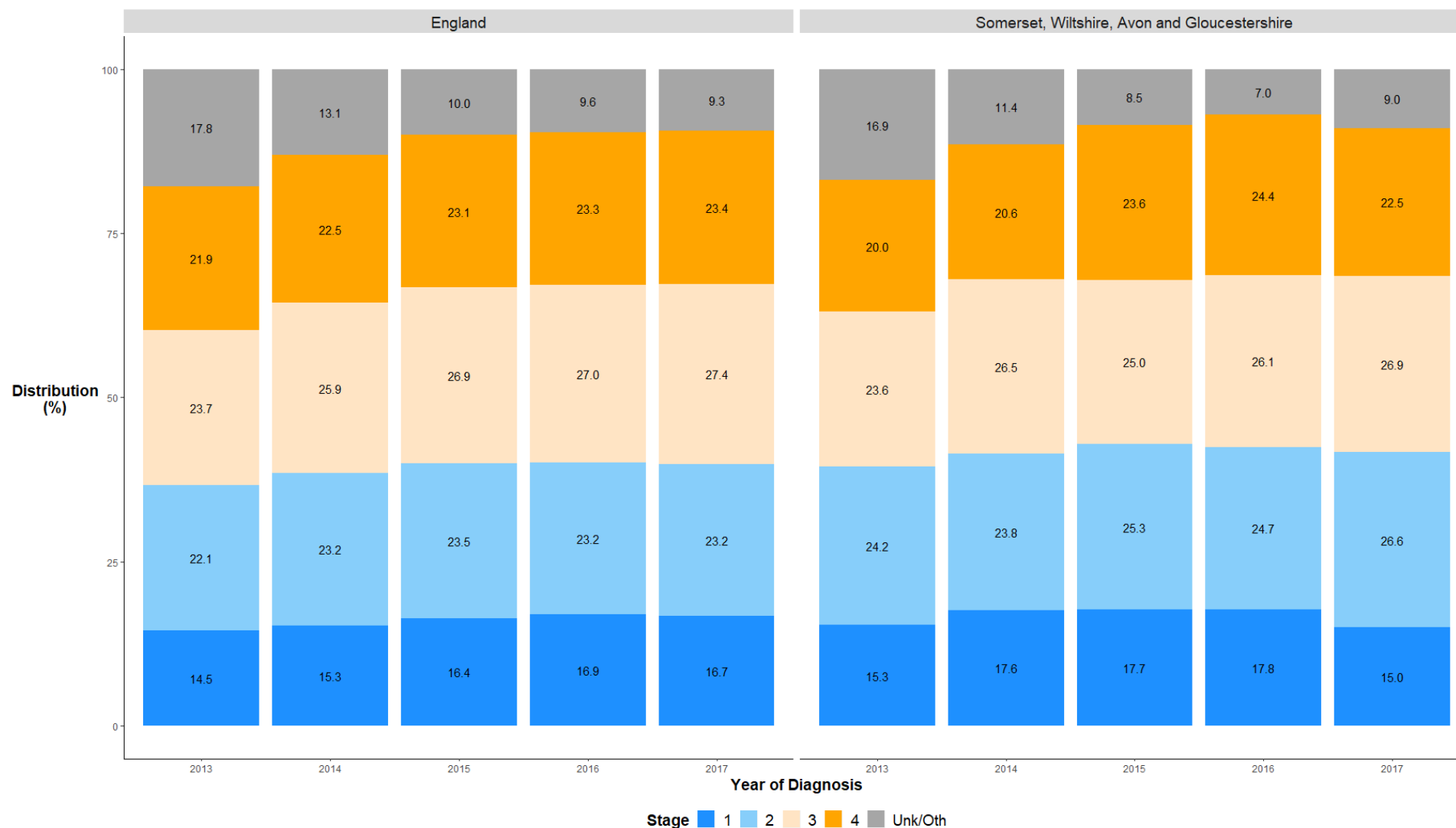


Stage at diagnosis

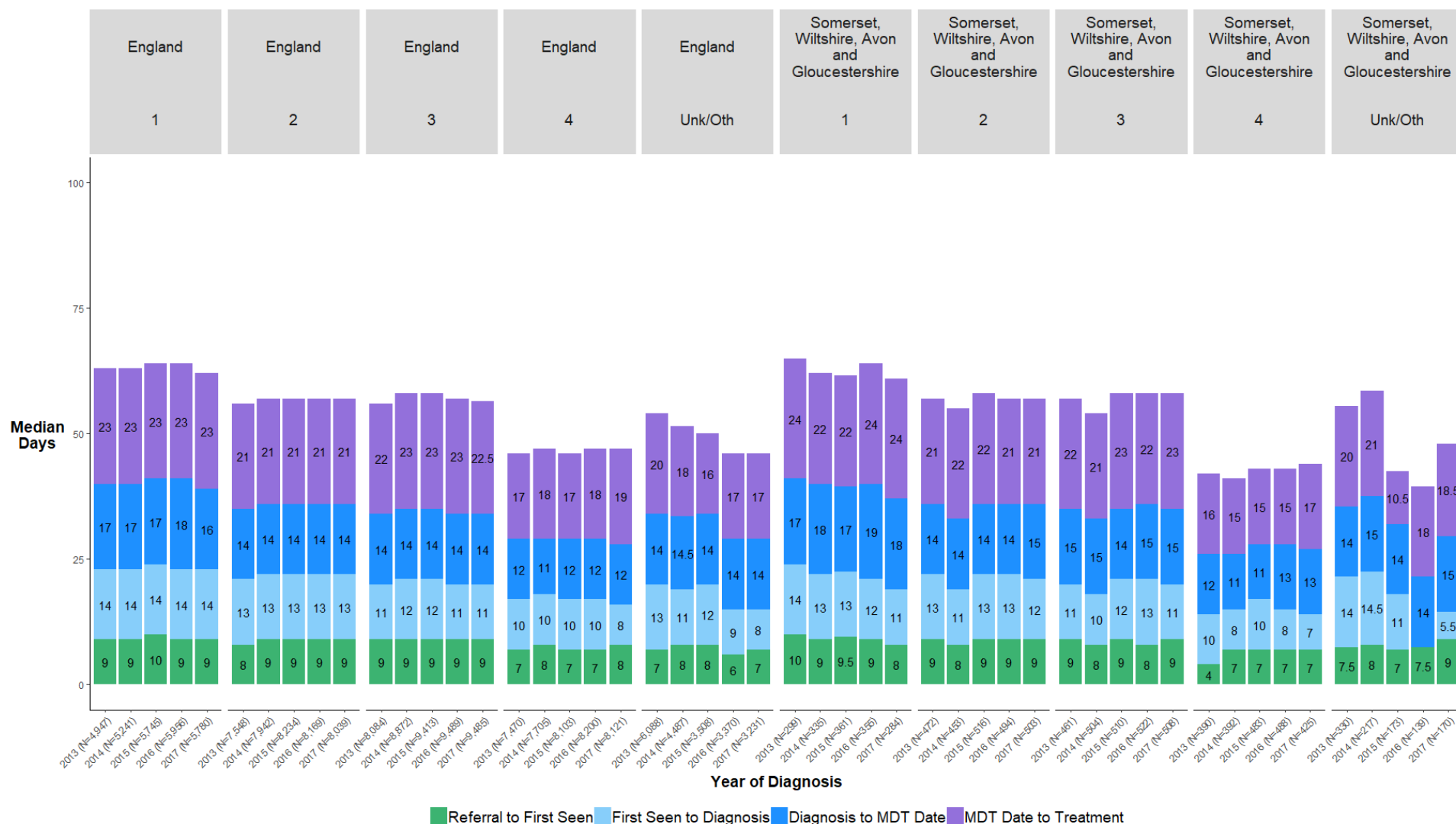
Colorectal cancer: patient counts, by stage at diagnosis (2013-2017)



Colorectal cancer: distribution of patients, by stage at diagnosis (2013-2017)

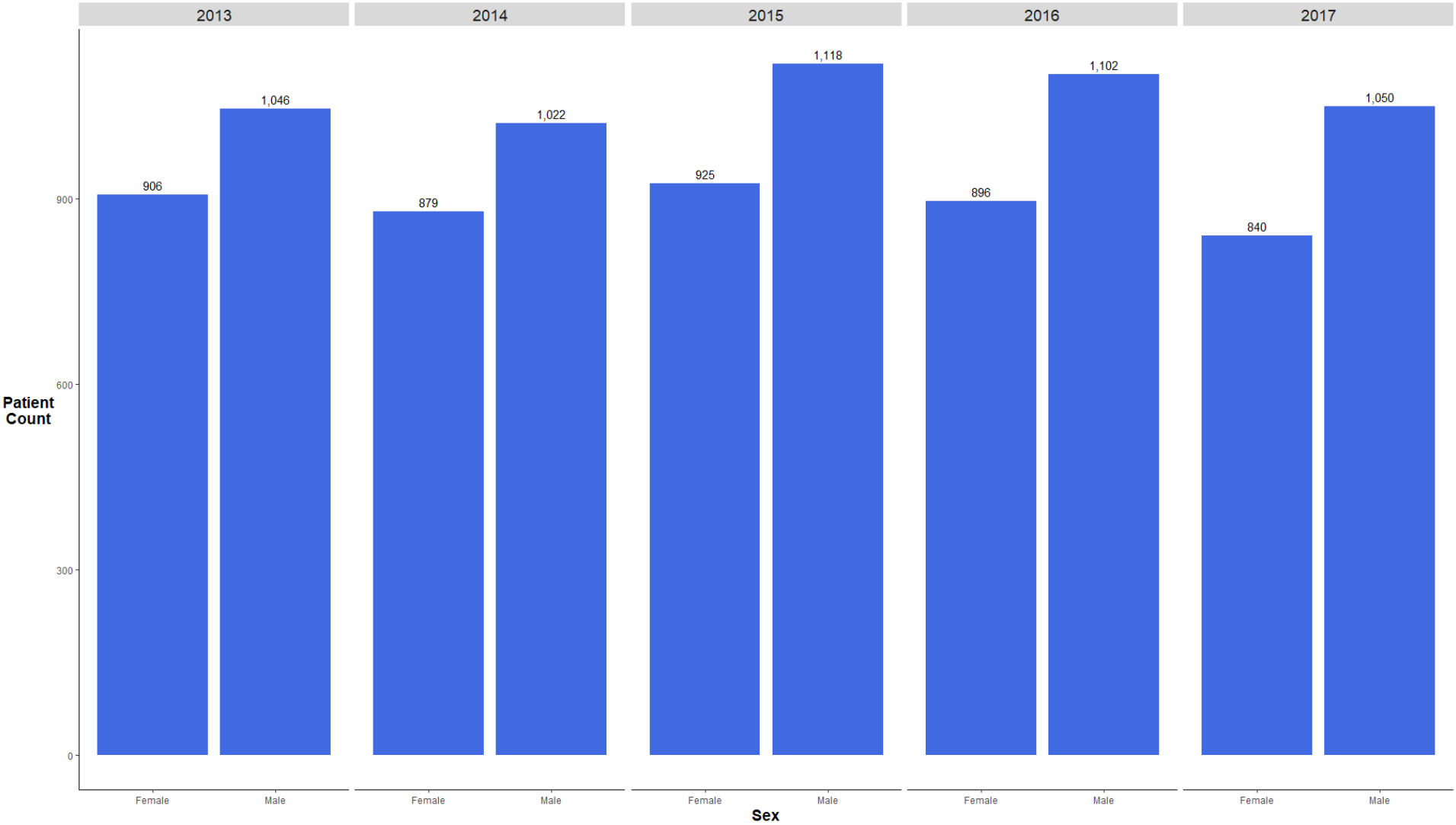


Colorectal cancer: median days from referral to treatment, by stage at diagnosis (2013-2017)

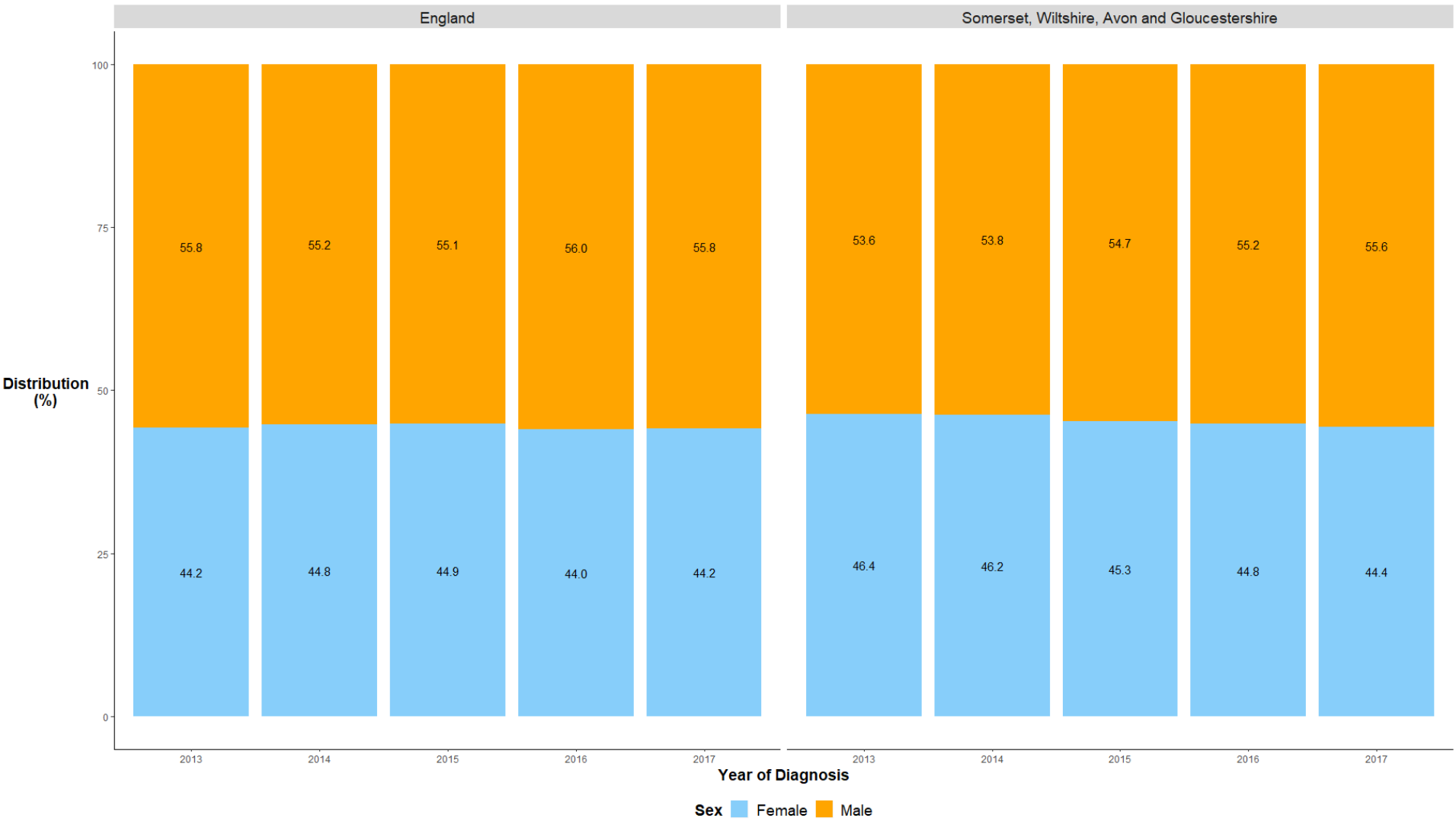


Sex

Colorectal cancer: patient counts, by sex (2013-2017)



Colorectal cancer: distribution of patients, by sex (2013-2017)

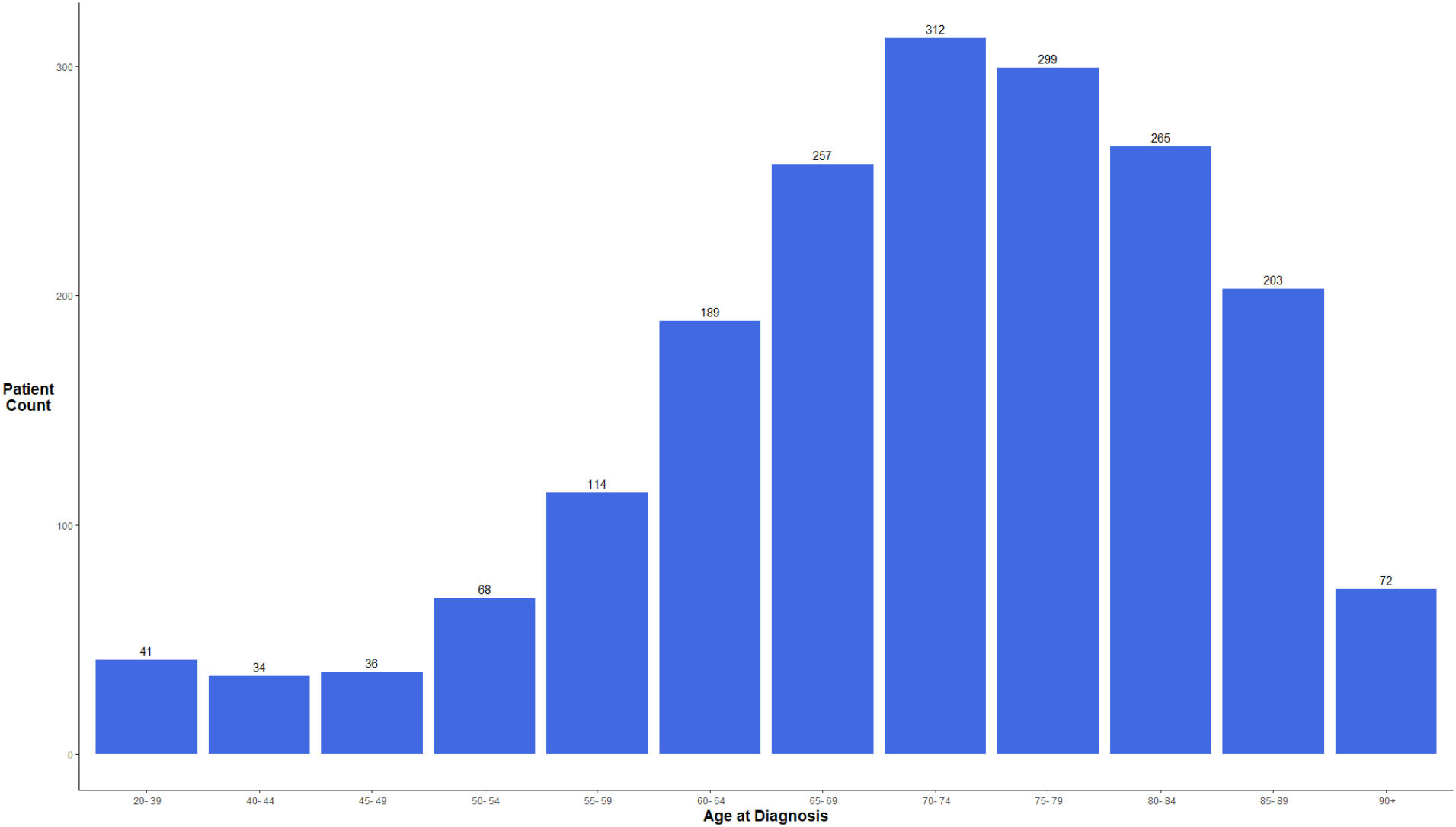


Colorectal cancer: median days from referral to treatment, by sex (2013-2017)

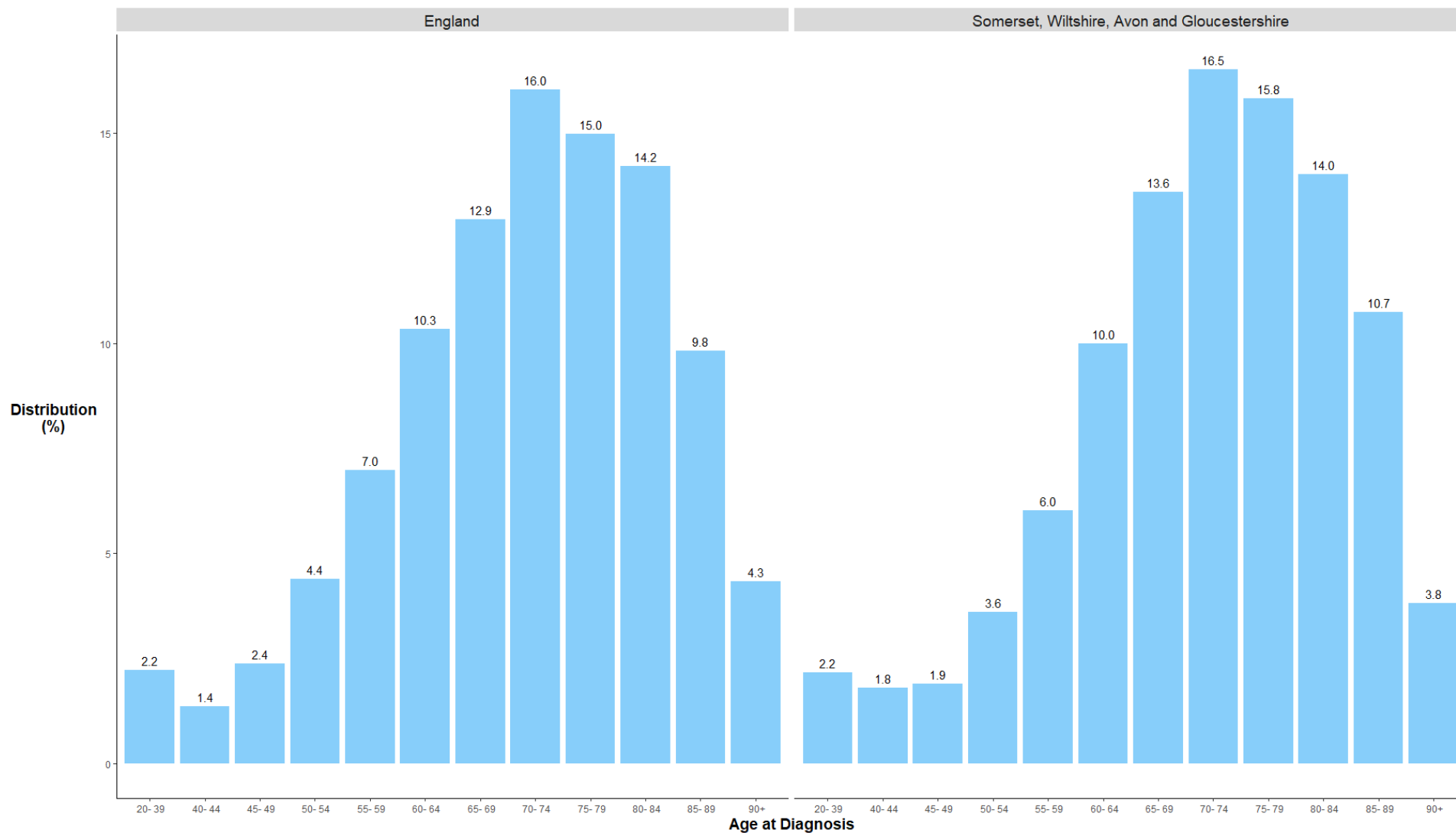


Age at diagnosis

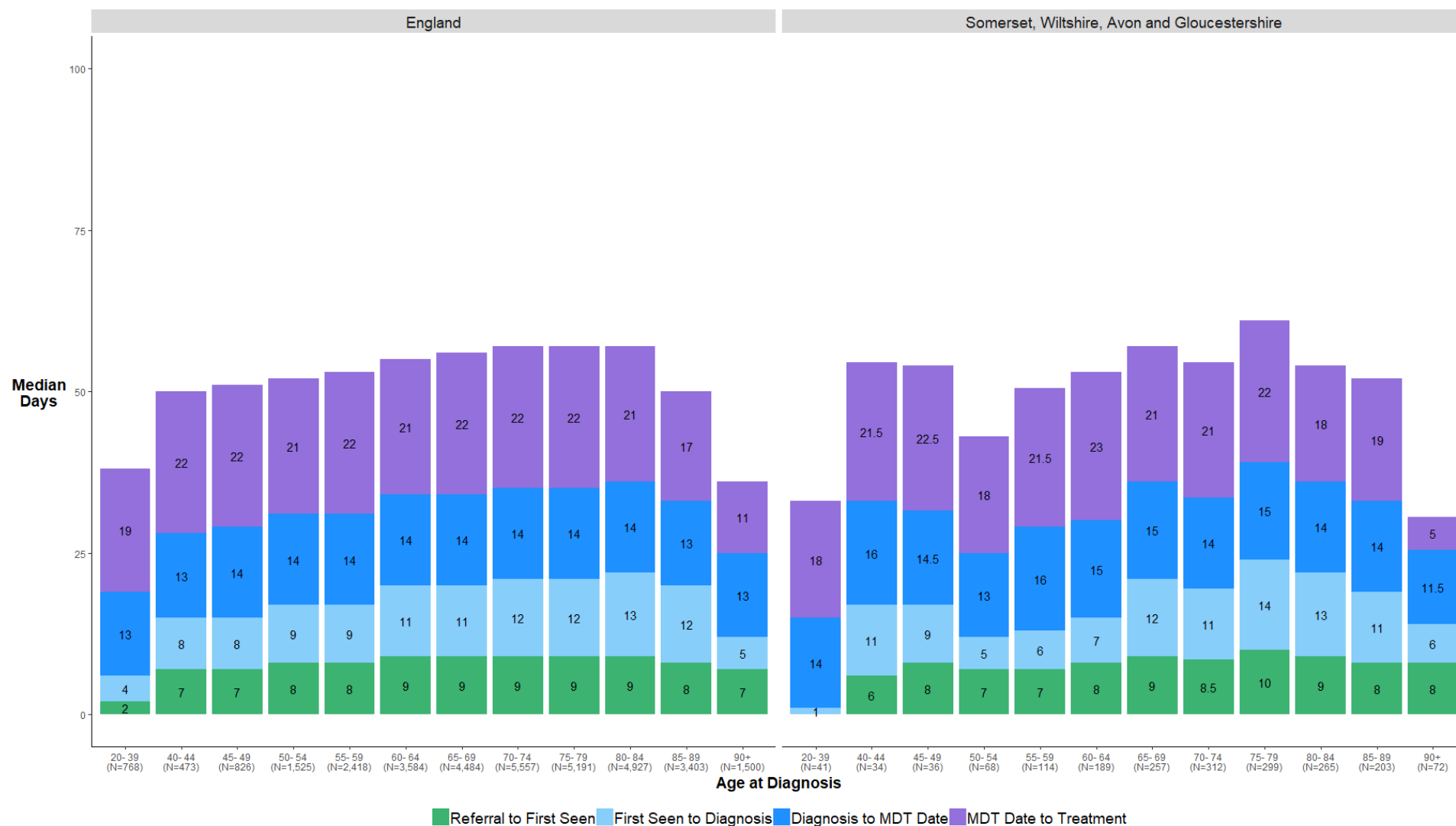
Colorectal cancer: patient counts, by age at diagnosis (2017)



Colorectal cancer: distribution of patients, by age at diagnosis (2017)

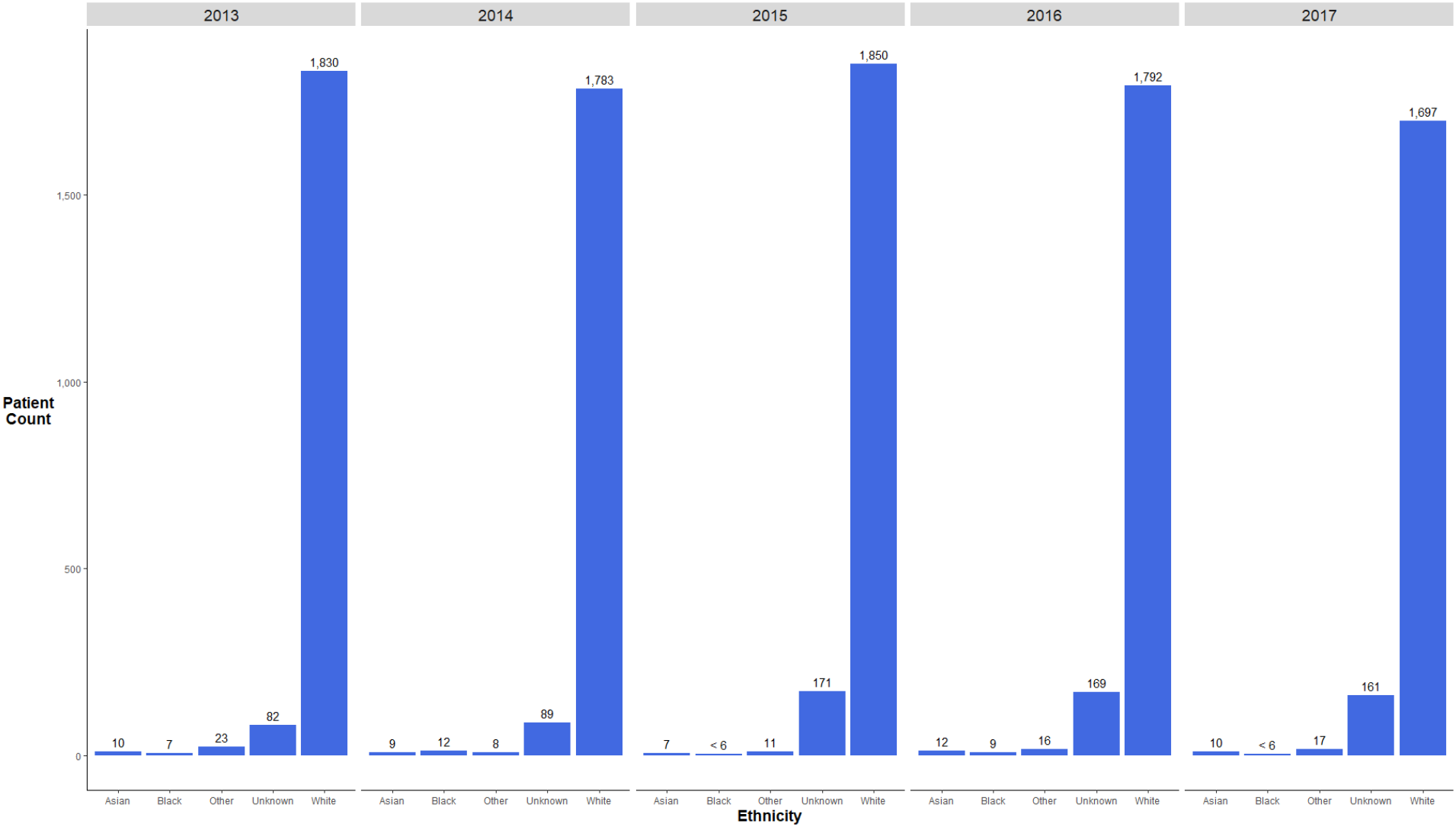


Colorectal cancer: median days from referral to treatment, by age at diagnosis (2017)

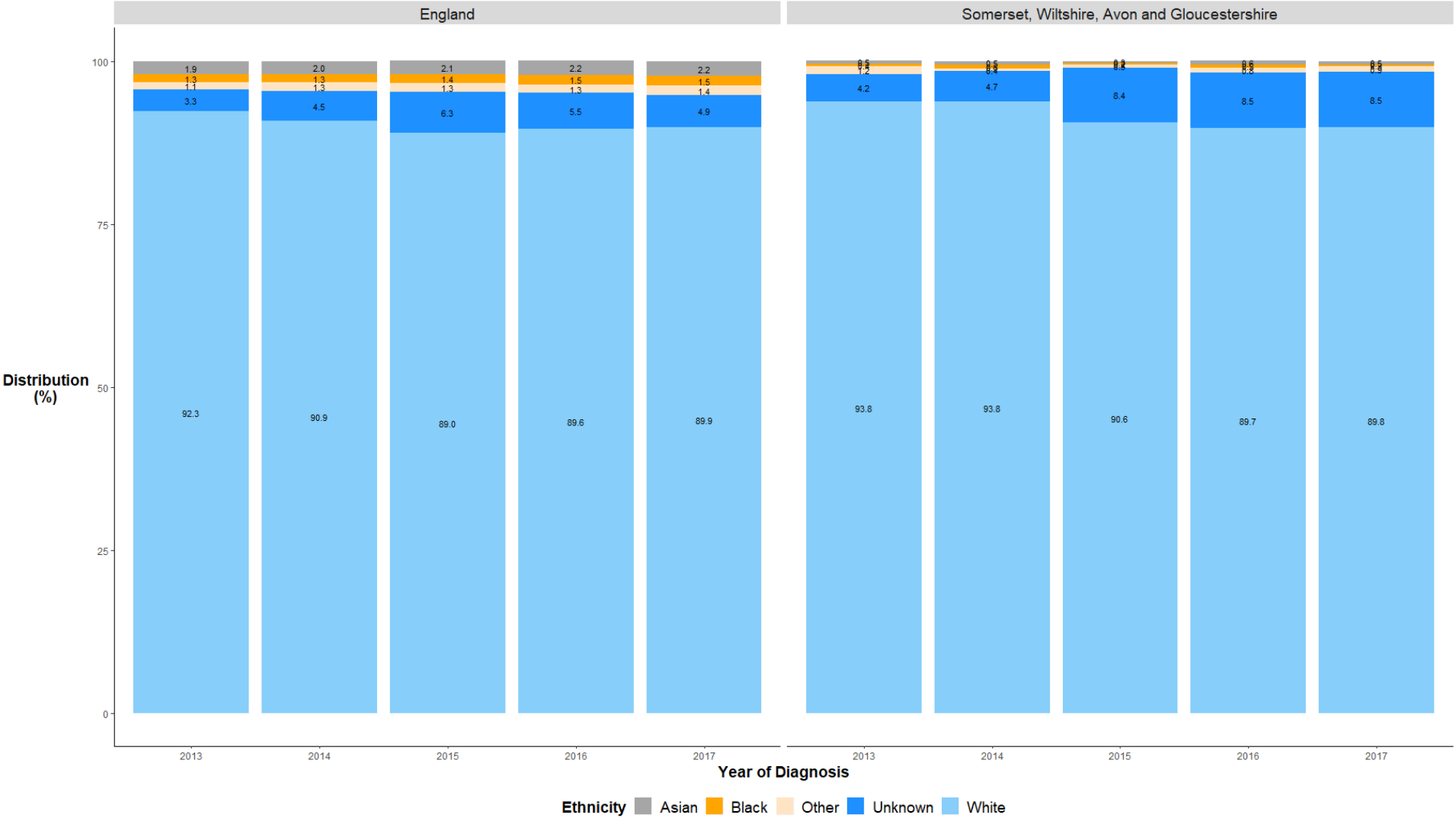


Ethnicity

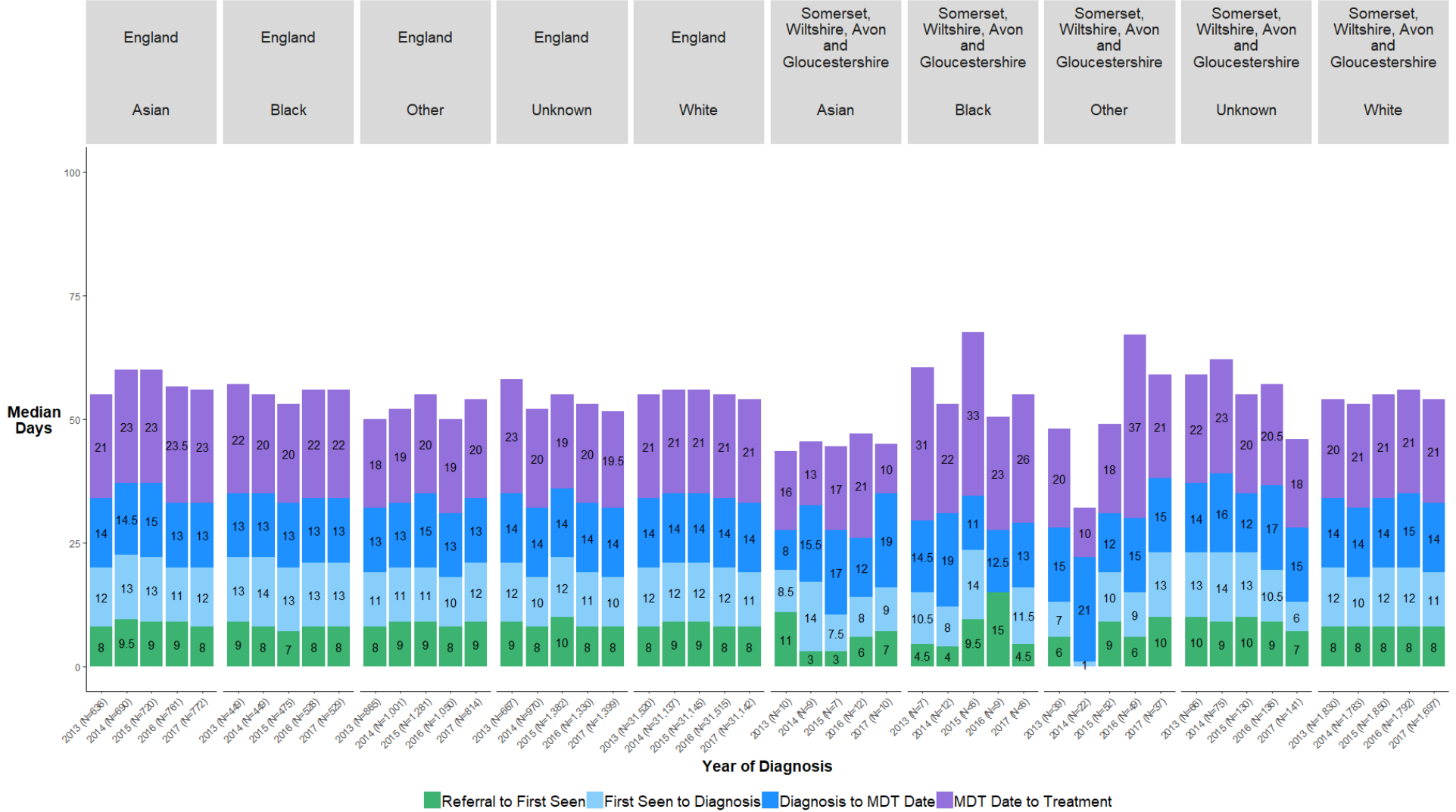
Colorectal cancer: patient counts, by ethnicity (2013-2017)



Colorectal cancer: distribution of patients, by ethnicity (2013-2017)

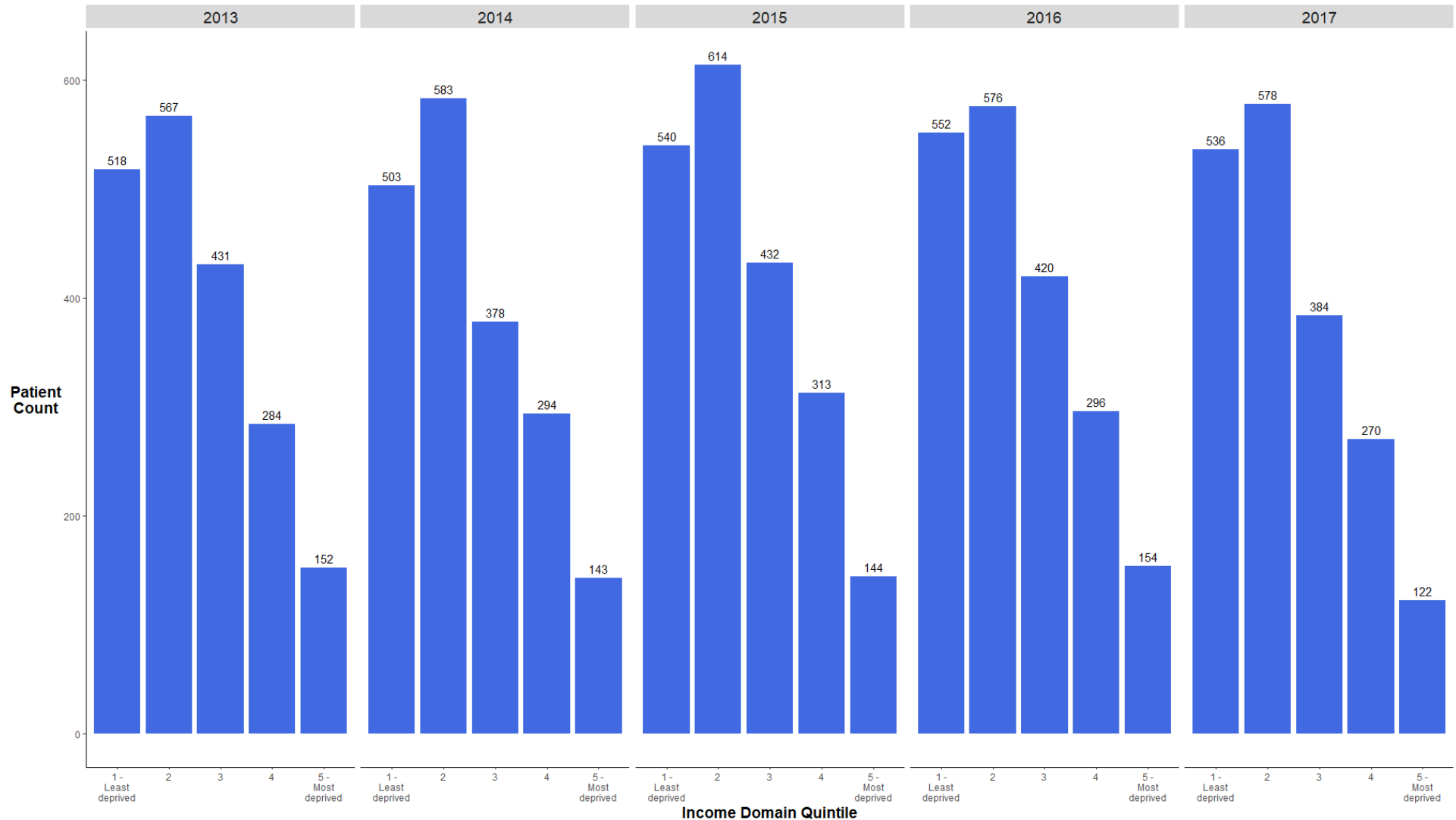


Colorectal cancer: median days from referral to treatment, by ethnicity (2013-2017)

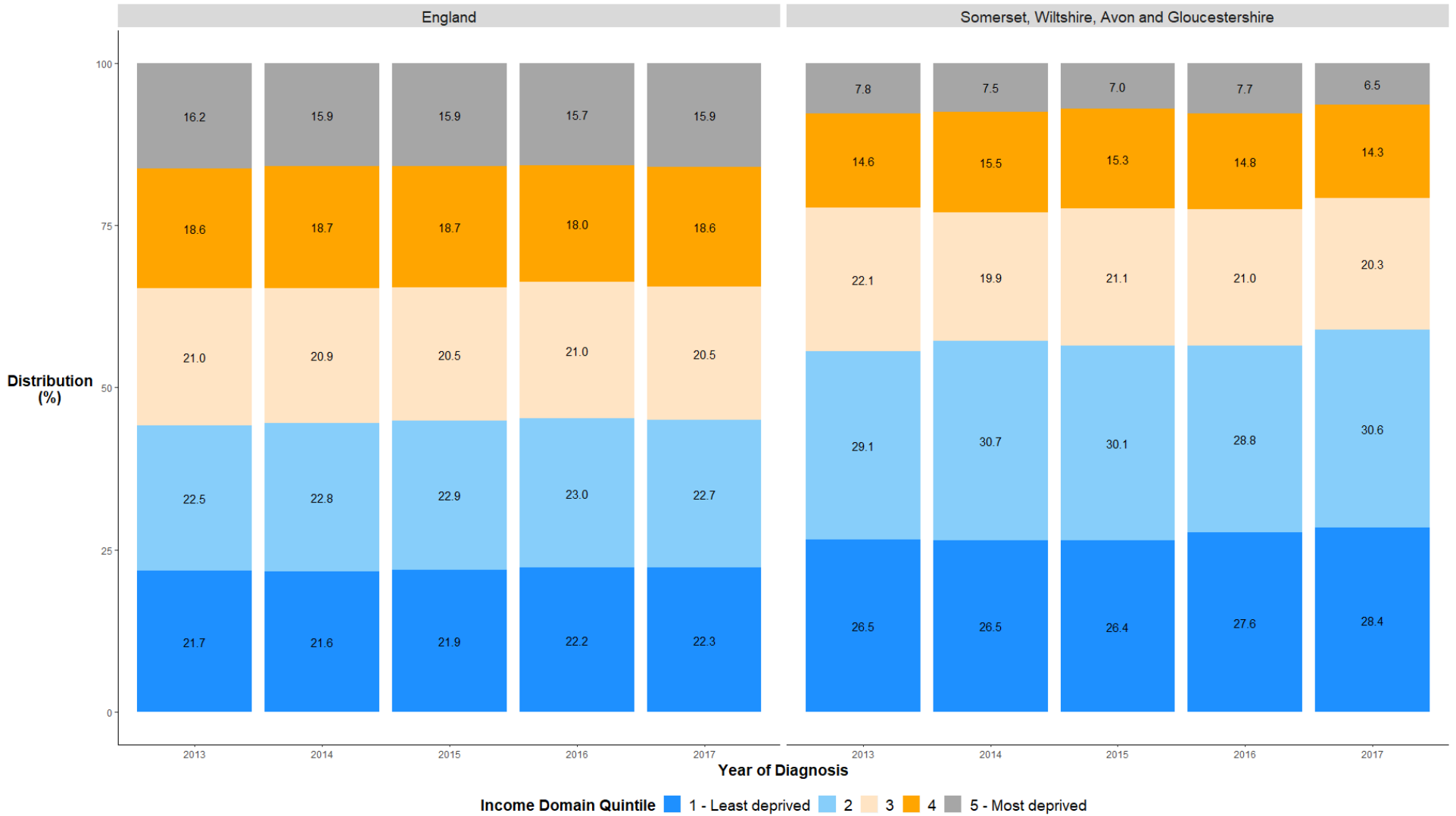


Income Domain Quintile

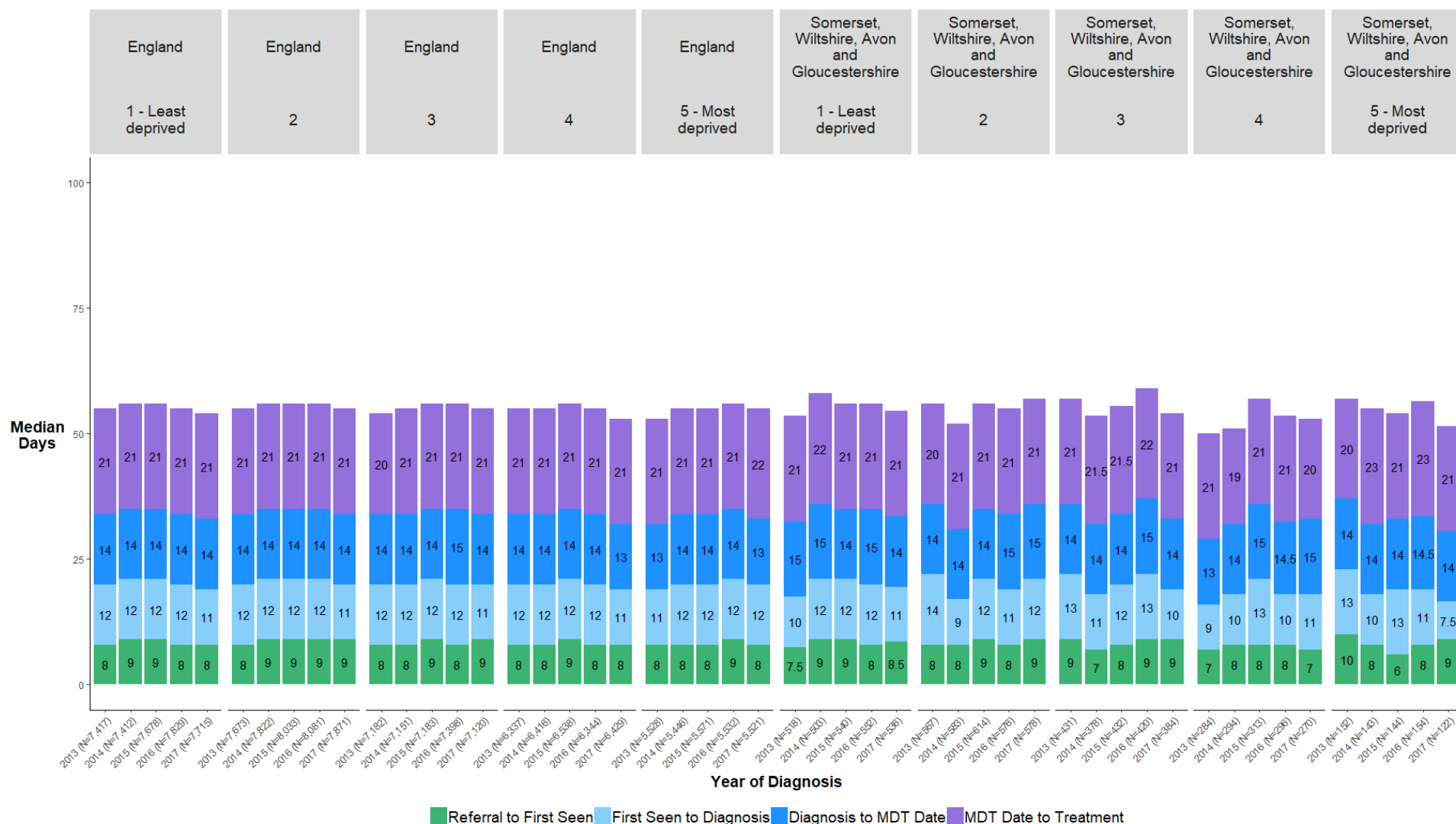
Colorectal cancer: patient counts, by income domain quintile (2013-2017)



Colorectal cancer: distribution of patients, by income domain quintile (2013-2017)

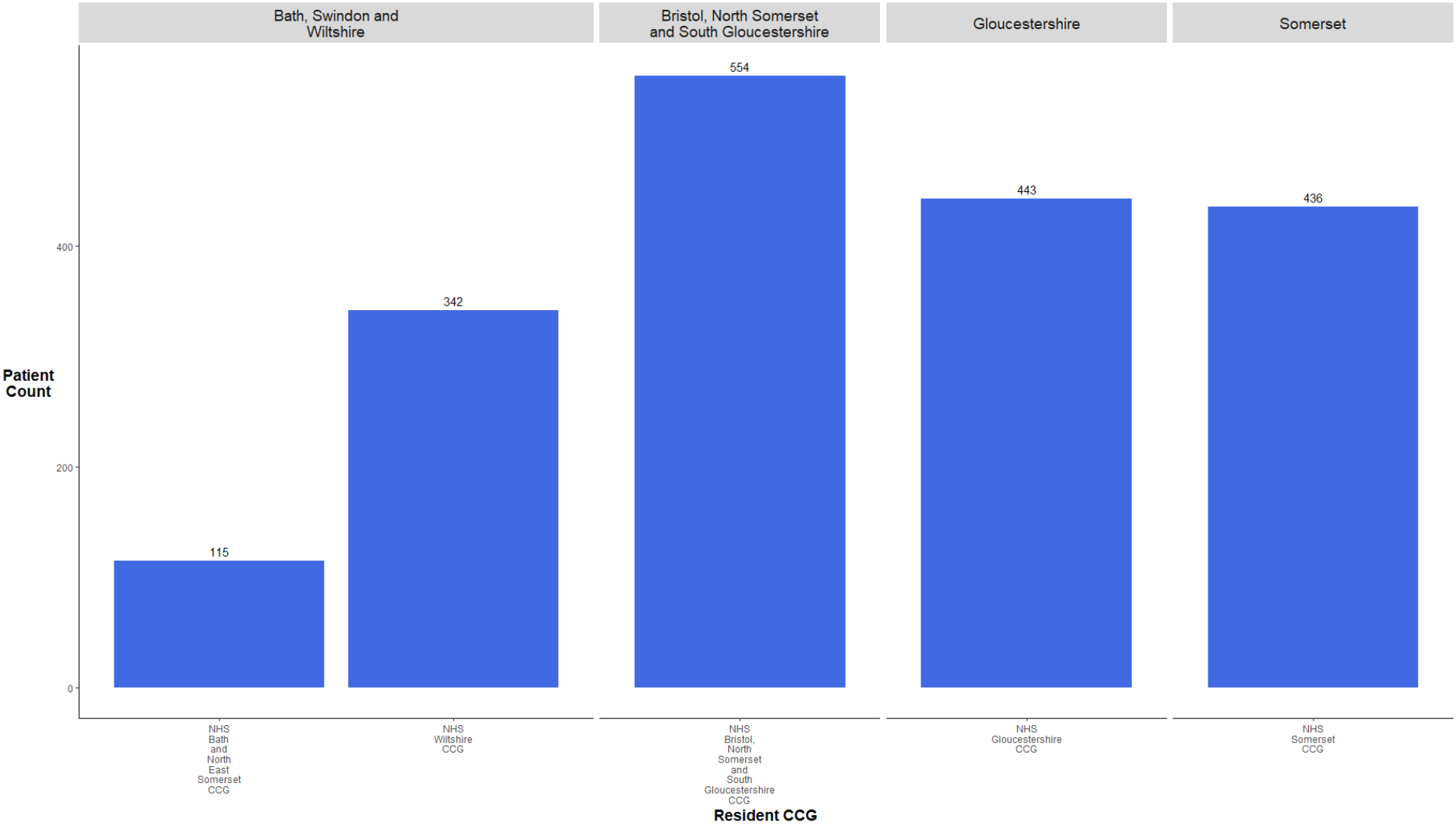


Colorectal cancer: median days from referral to treatment, by income domain quintile (2013-2017)

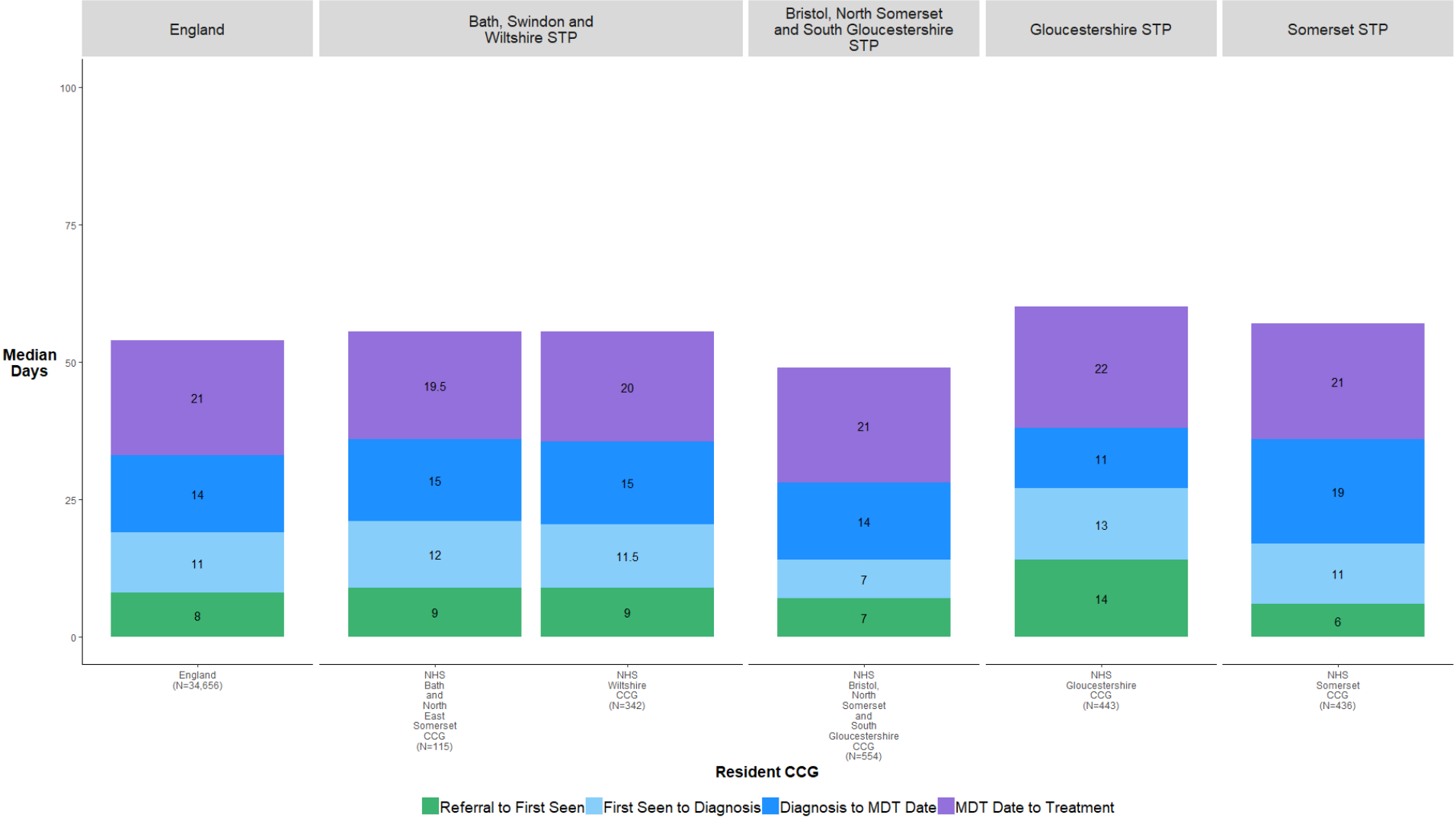


Resident CCG

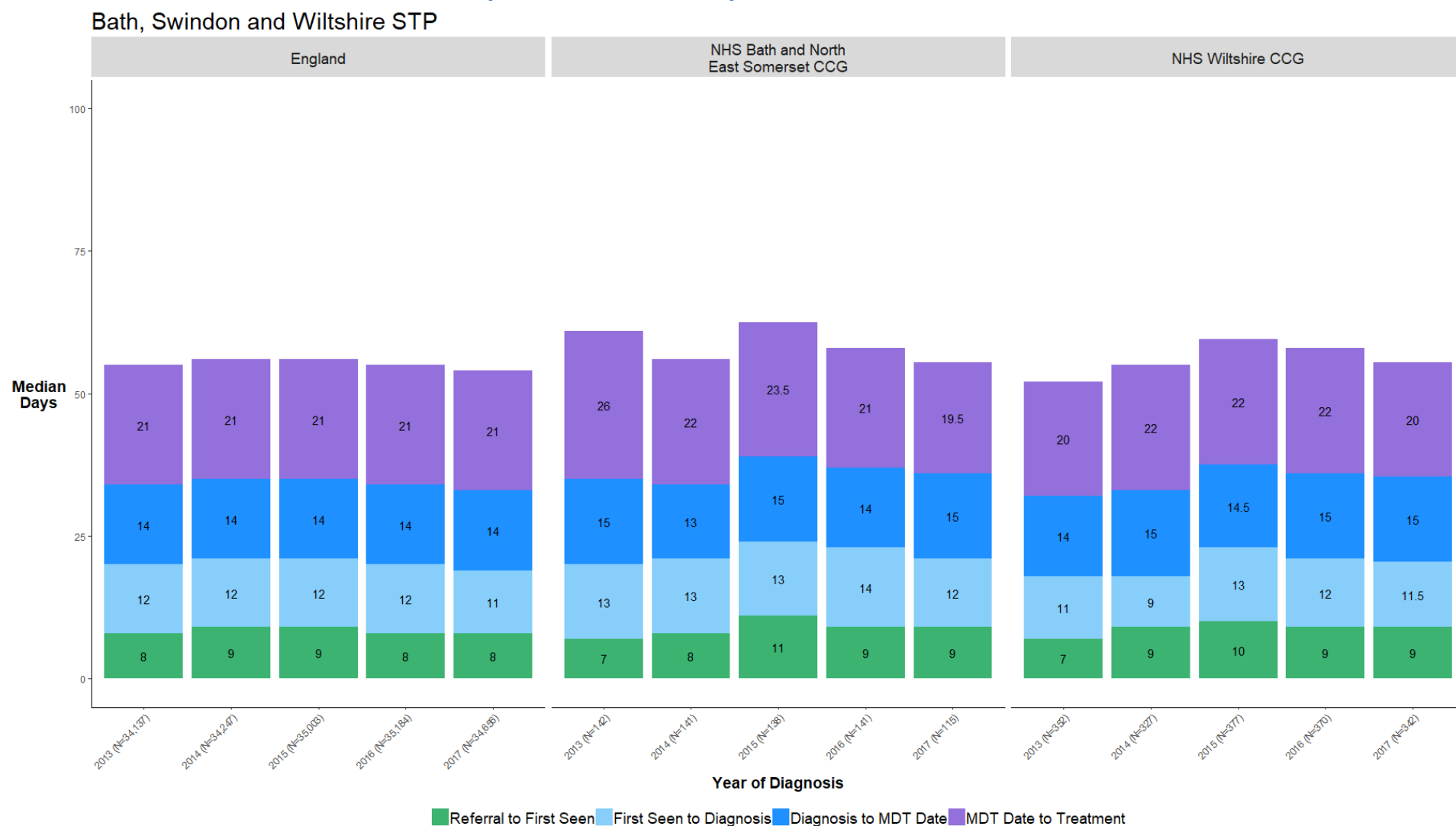
Colorectal cancer: patient counts, by resident CCG (2017)



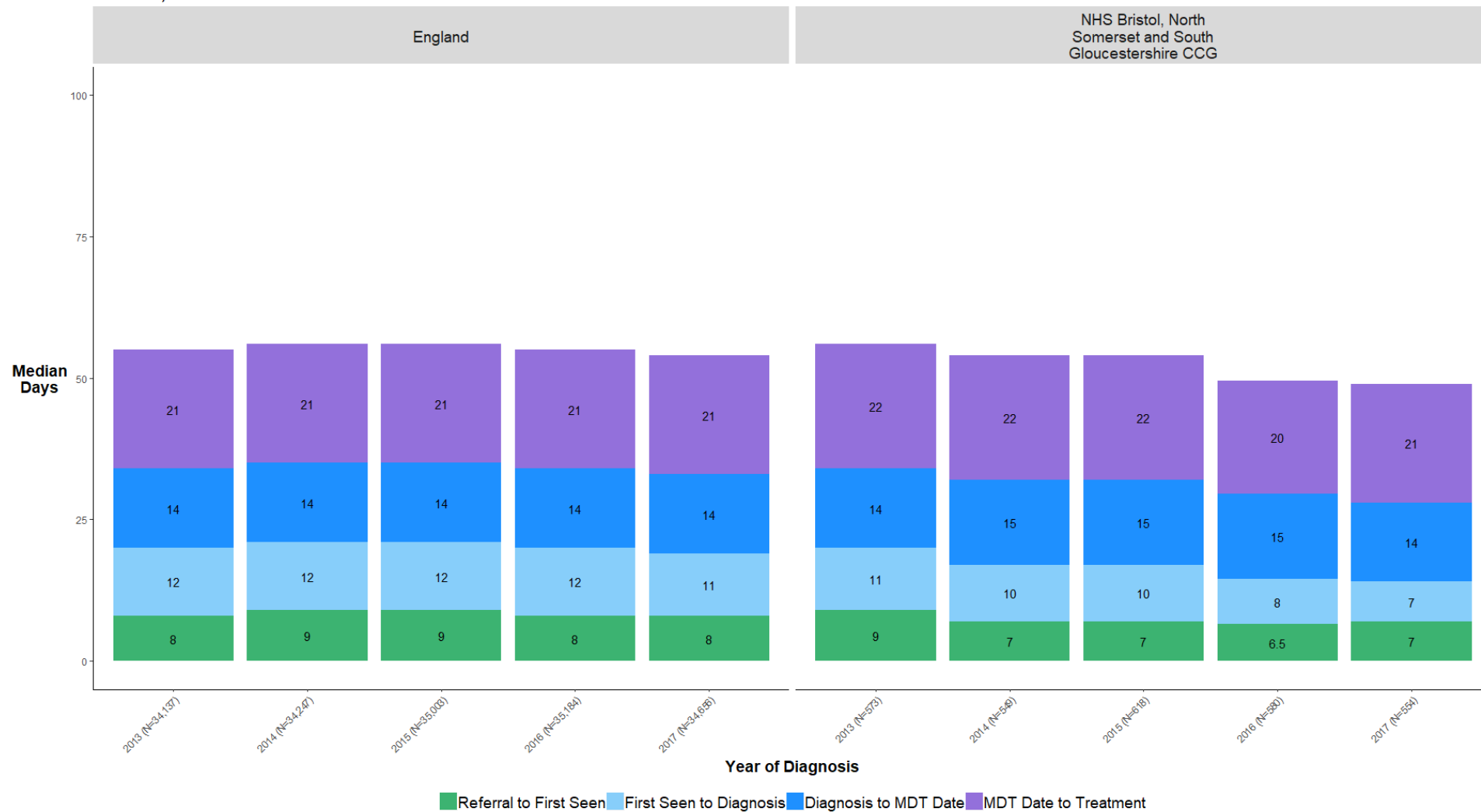
Colorectal cancer: median days from referral to treatment, by resident CCG (2017)



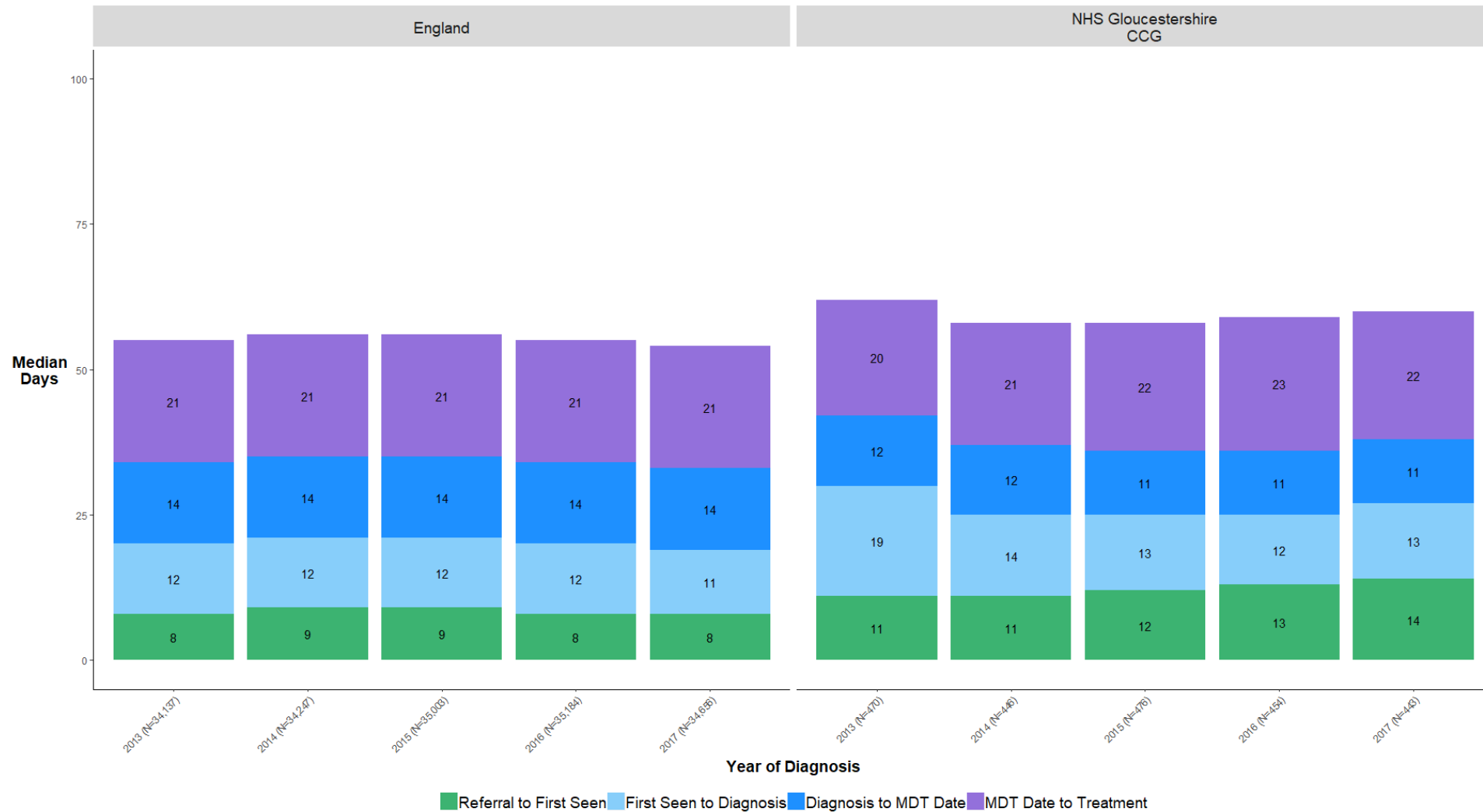
Colorectal cancer: median days from referral to treatment, by resident CCG and STP (2013-2017)



Bristol, North Somerset and South Gloucestershire STP



Gloucestershire STP



Somerset STP

