

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

**West Yorkshire and Harrogate**

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

May 2019

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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 lung 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 lung (C34) 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: lung cancer - West Yorkshire and Harrogate (2013-2017)

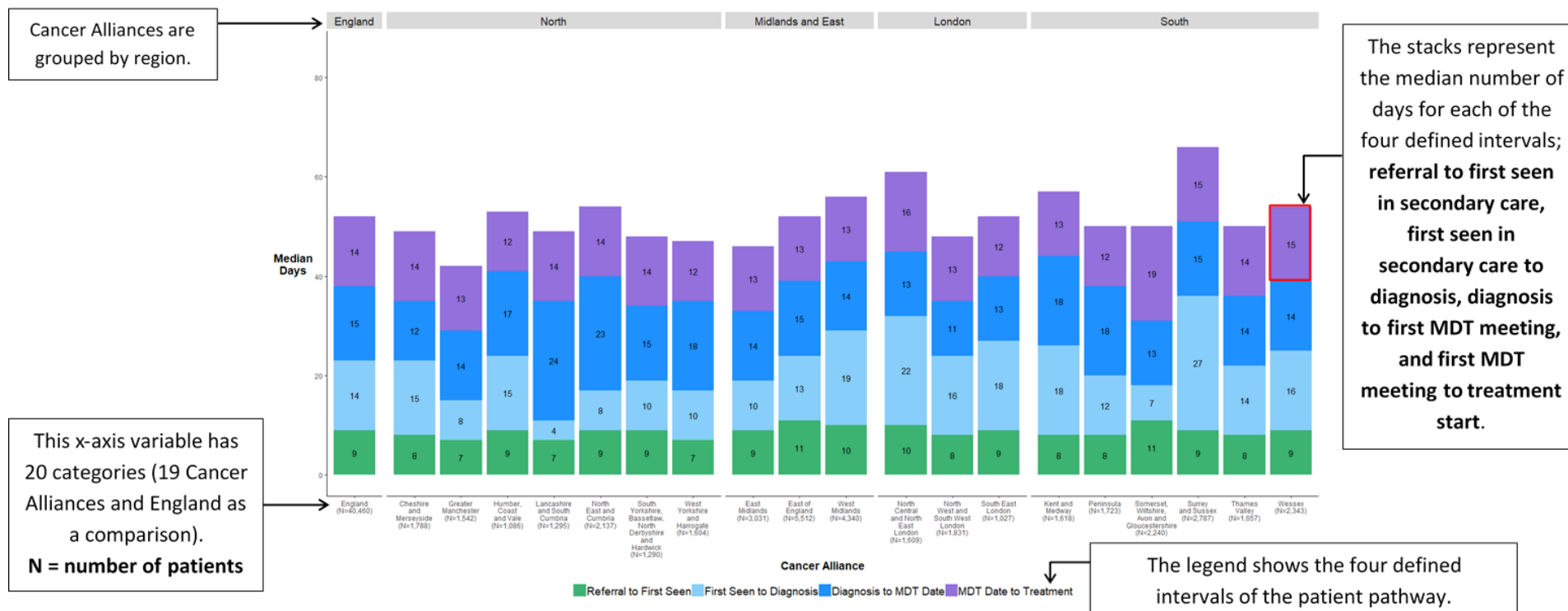
Variable	Sources used	2013		2014		2015		2016		2017	
		Patient count (N)	Completeness (%)	Patient count (N)	Completeness (%)	Patient count (N)	Completeness (%)	Patient count (N)	Completeness (%)	Patient count (N)	Completeness (%)
<b>Analysis cohort</b>	PHE national cancer registration data	1,958	100.0	1,948	100.0	1,926	100.0	1,997	100.0	2,034	100.0
<b>Referral date</b>	Cancer Waiting Times database	1,262	64.5	1,184	60.8	1,289	66.9	1,240	62.1	1,148	56.4
<b>First seen date</b>	Cancer Waiting Times database	1,269	64.8	1,091	56.0	1,198	62.2	1,248	62.5	1,202	59.1
<b>Diagnosis date</b>	Derived from PHE's national cancer registration data <sup>1</sup>	1,958	100.0	1,948	100.0	1,926	100.0	1,997	100.0	2,034	100.0
<b>MDT date</b>	Cancer Waiting Times database, Cancer Care Plan database	1,698	86.7	1,684	86.5	1,620	84.1	1,656	82.9	1,675	82.4
<b>Treatment start date</b>	Cancer Waiting Times database	1,602	81.8	1,578	81.0	1,558	80.9	1,593	79.8	1,598	78.6

- 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.

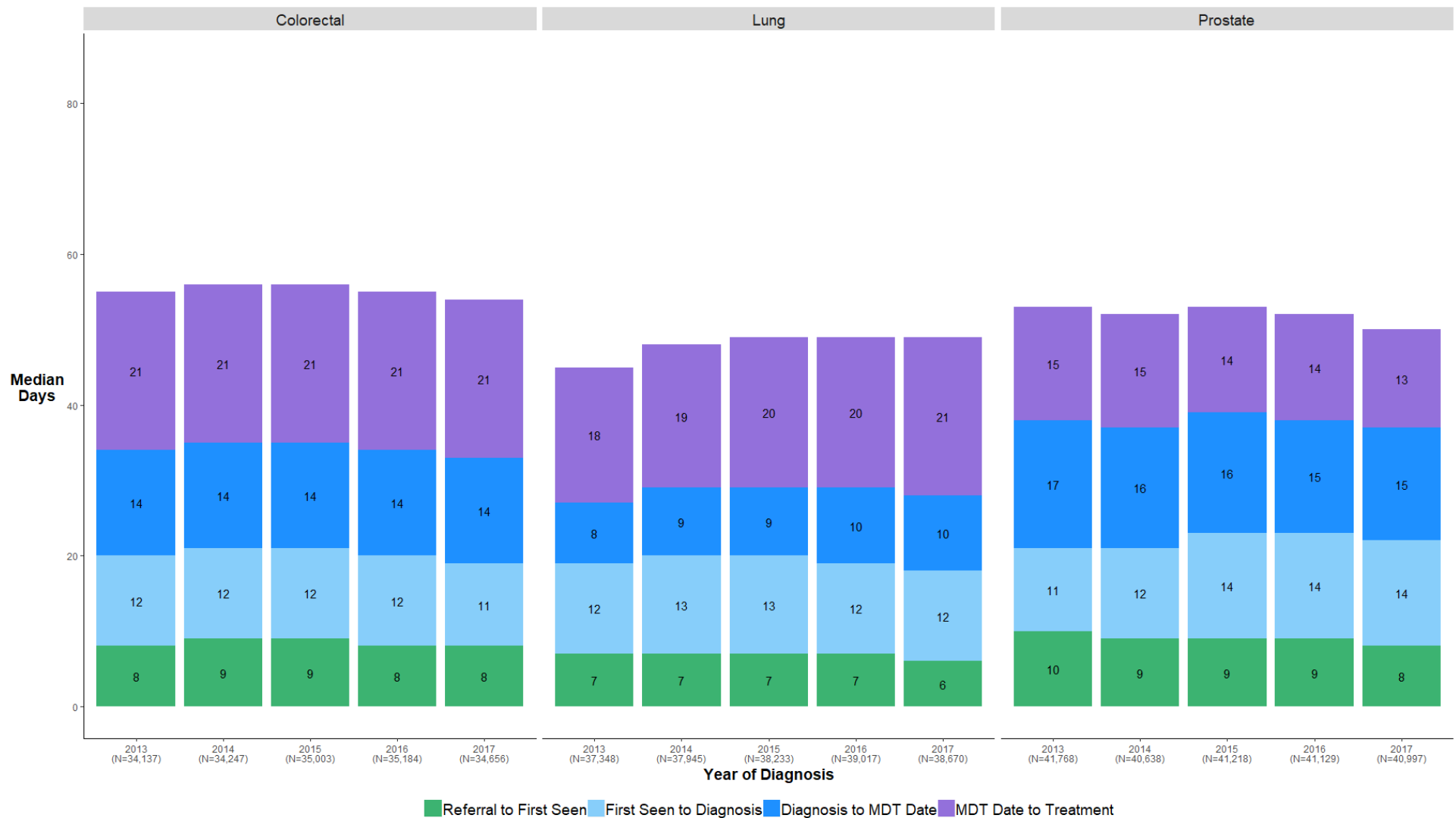
**Below is an example graph displaying variation in the median number of days taken from referral to first treatment received for prostate cancer, stratified by the defined intervals of the pathway and Cancer Alliances in 2016.**



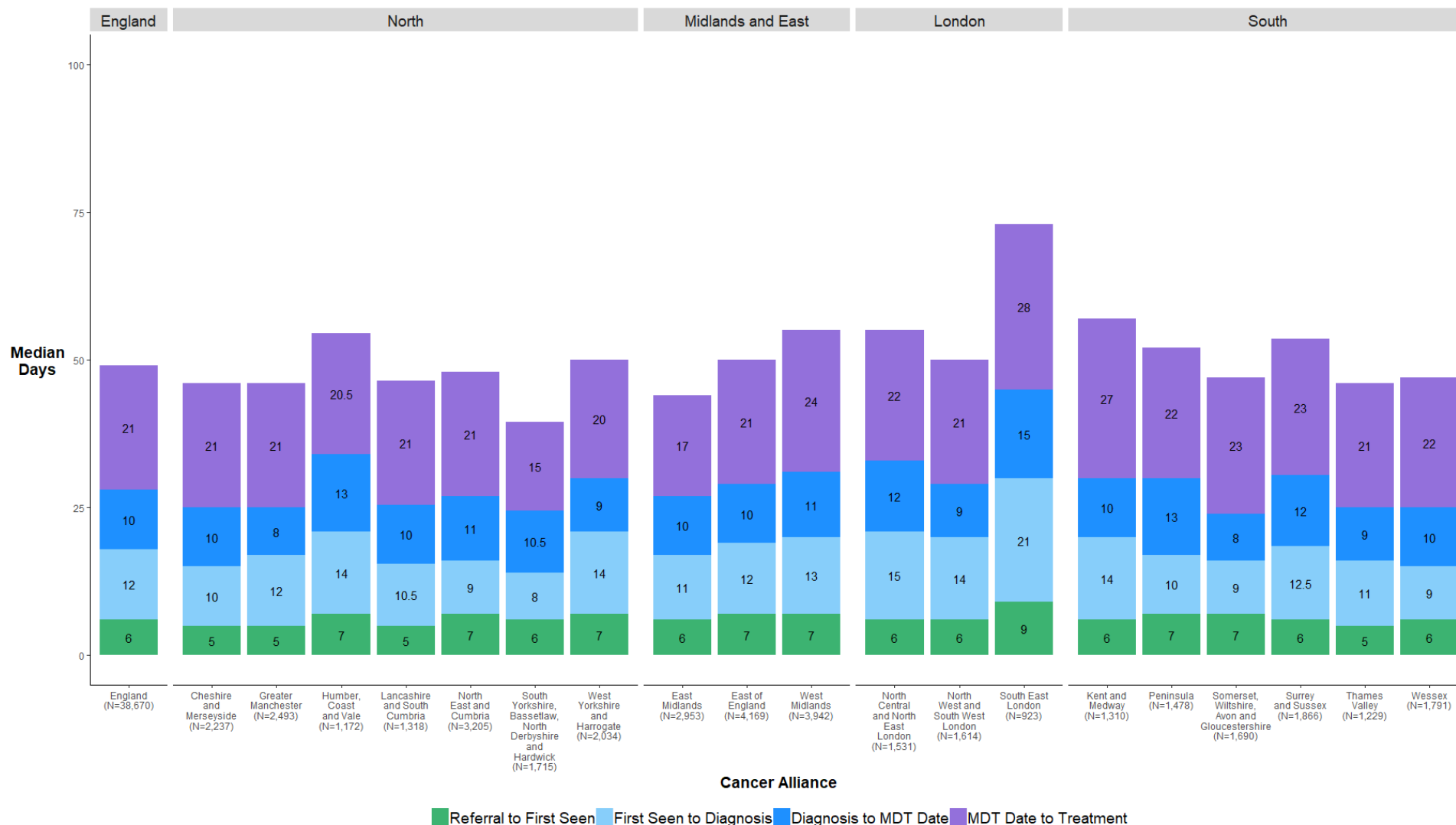


# Overview

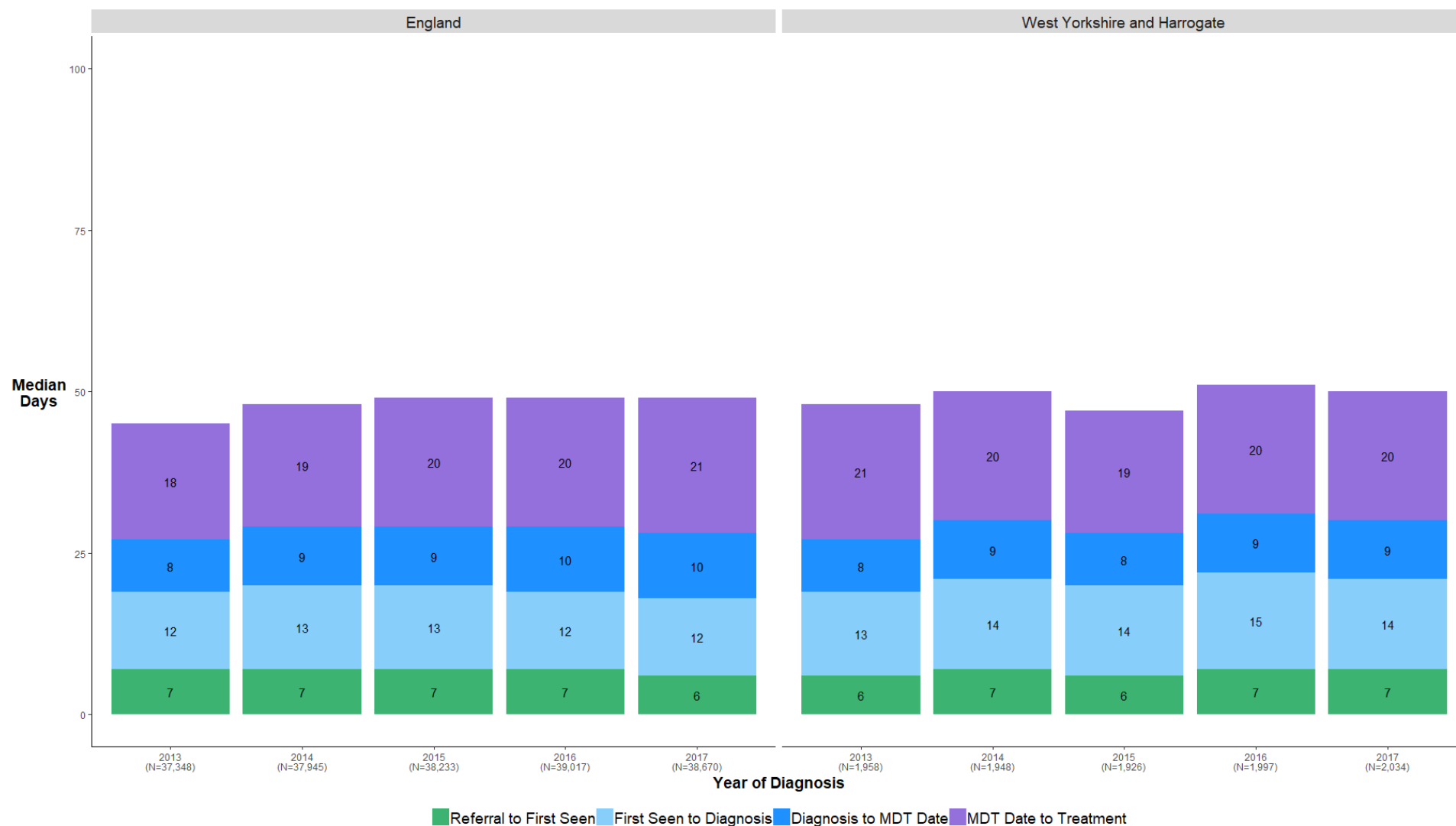
# National Overview: median days from referral to treatment, for colorectal, lung and prostate cancers, by year of diagnosis (2013-2017)



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

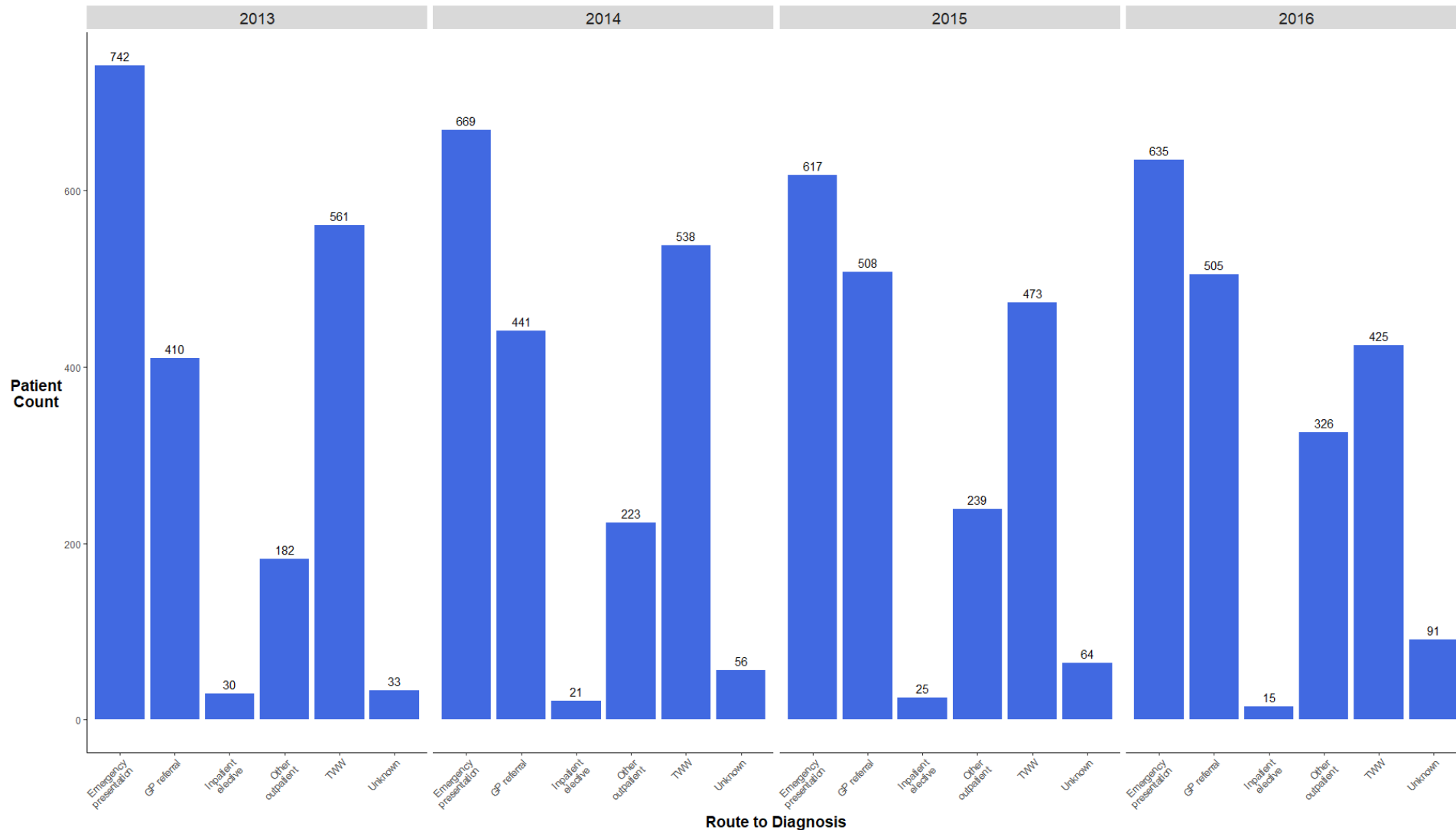


# Lung cancer: median days from referral to treatment, by year of diagnosis (2013-2017)

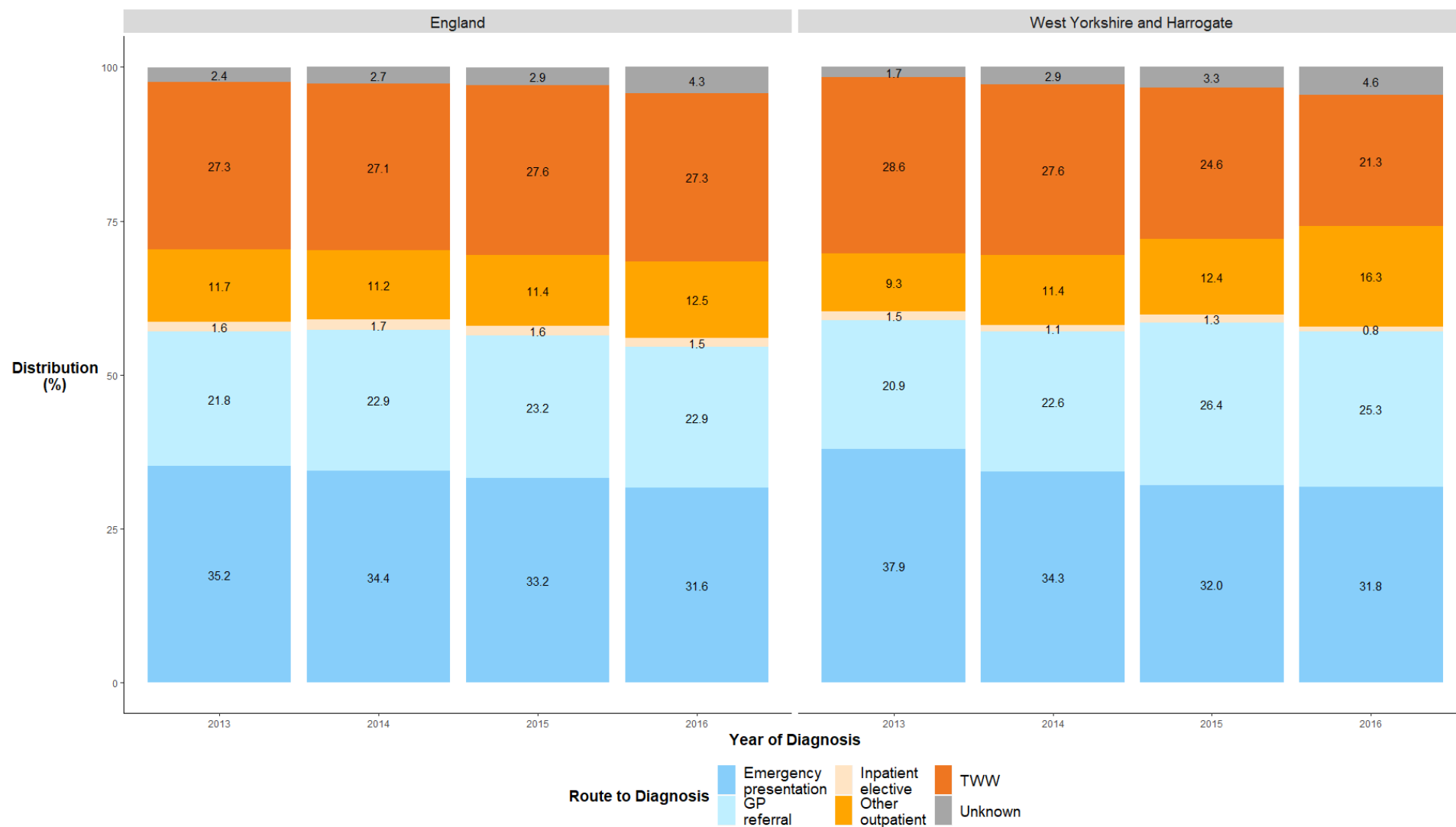


## Route to diagnosis

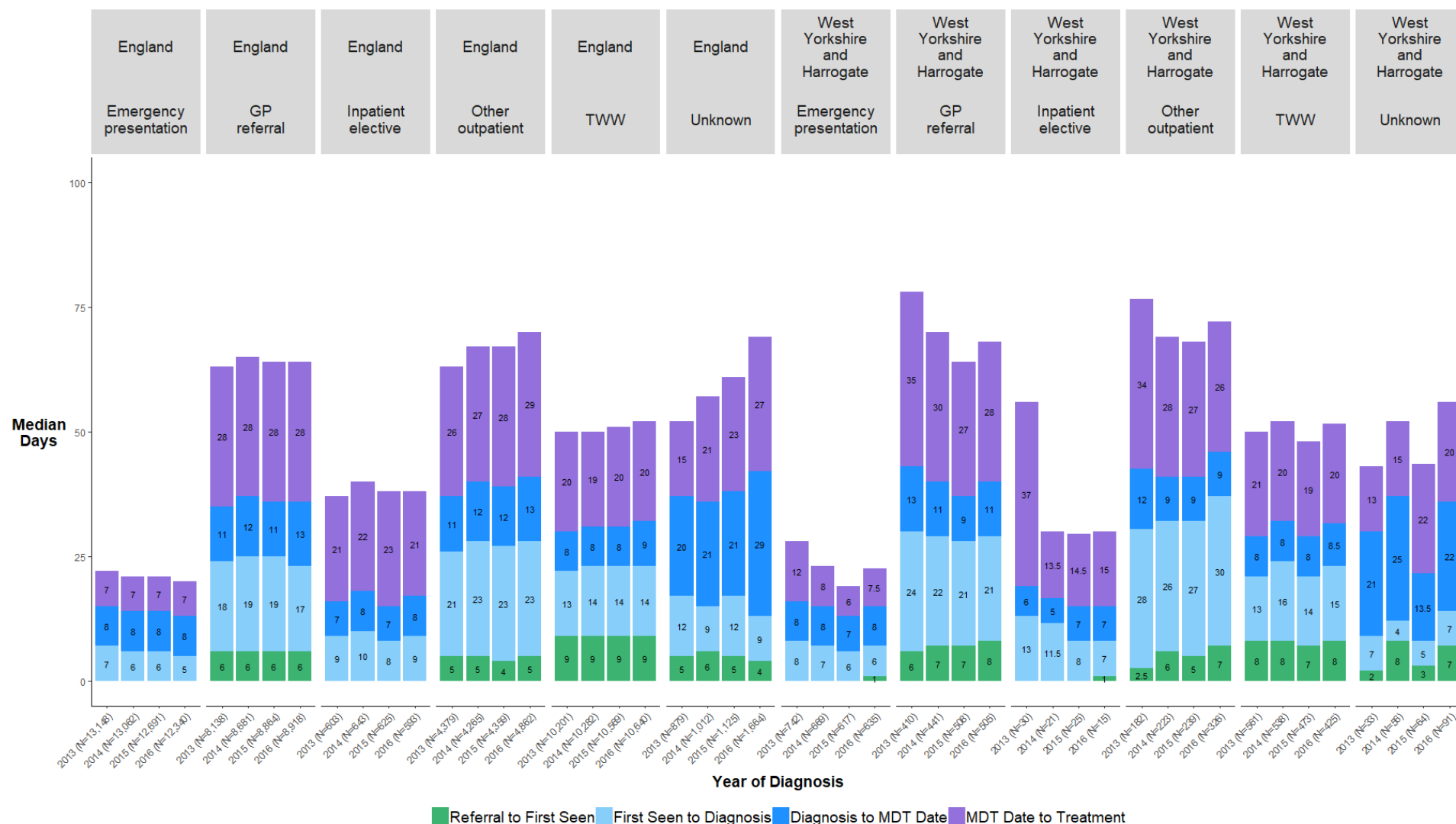
# Lung cancer: patient counts, by route to diagnosis (2013-2016)



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



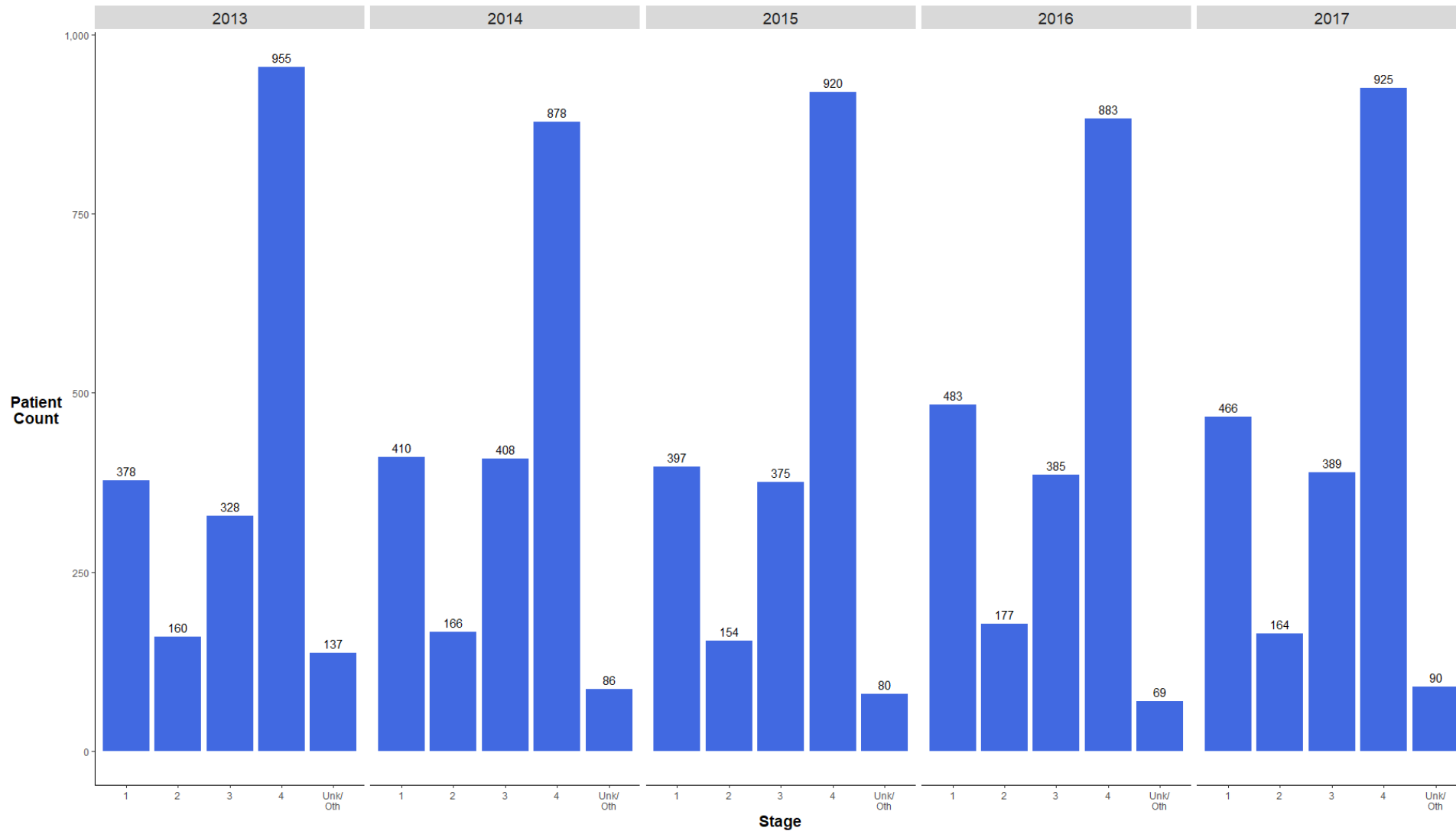
# Lung cancer: median days from referral to treatment, by route to diagnosis (2013-2016)



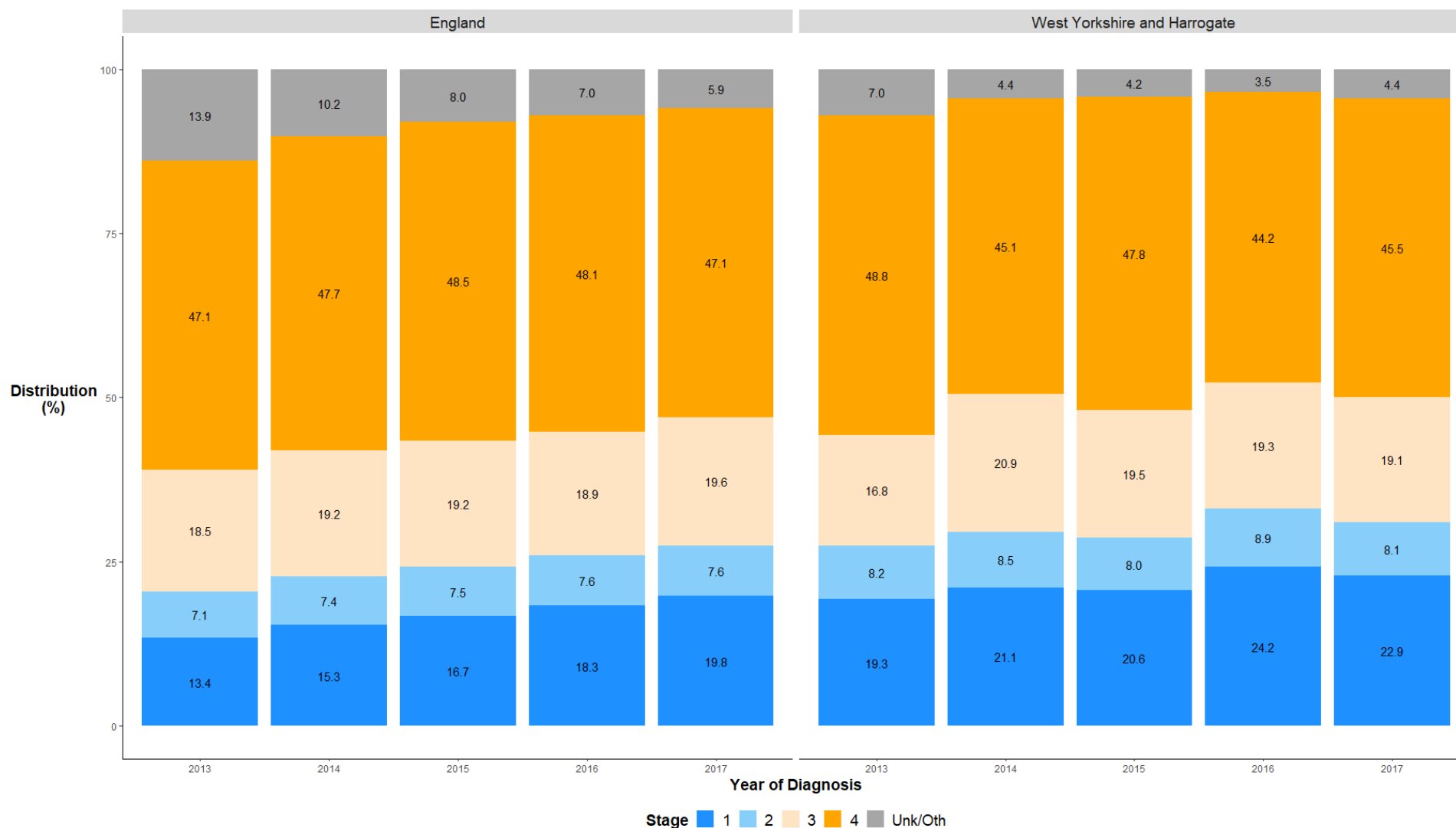


## Stage at diagnosis

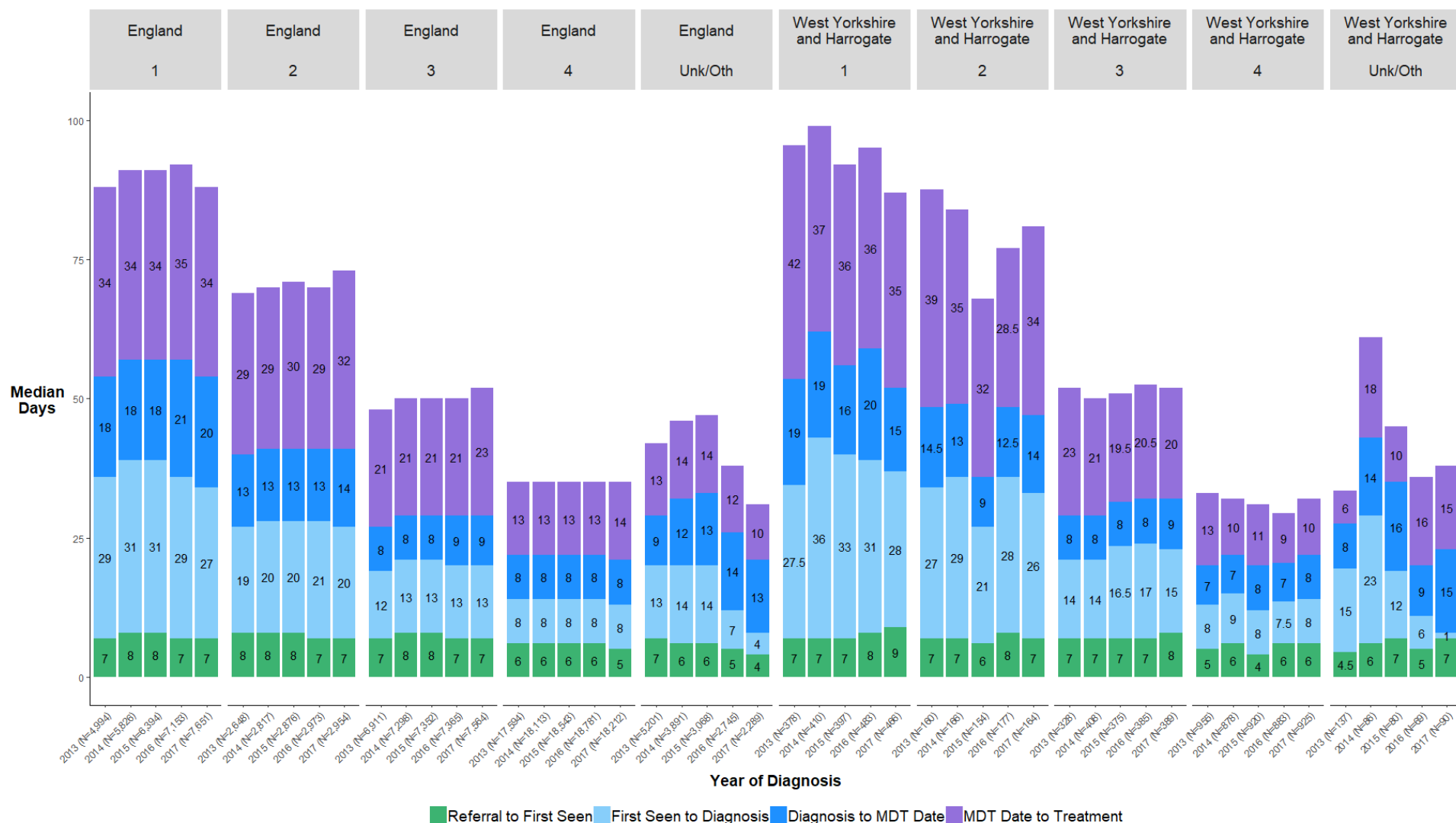
# Lung cancer: patient counts, by stage at diagnosis (2013-2017)



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

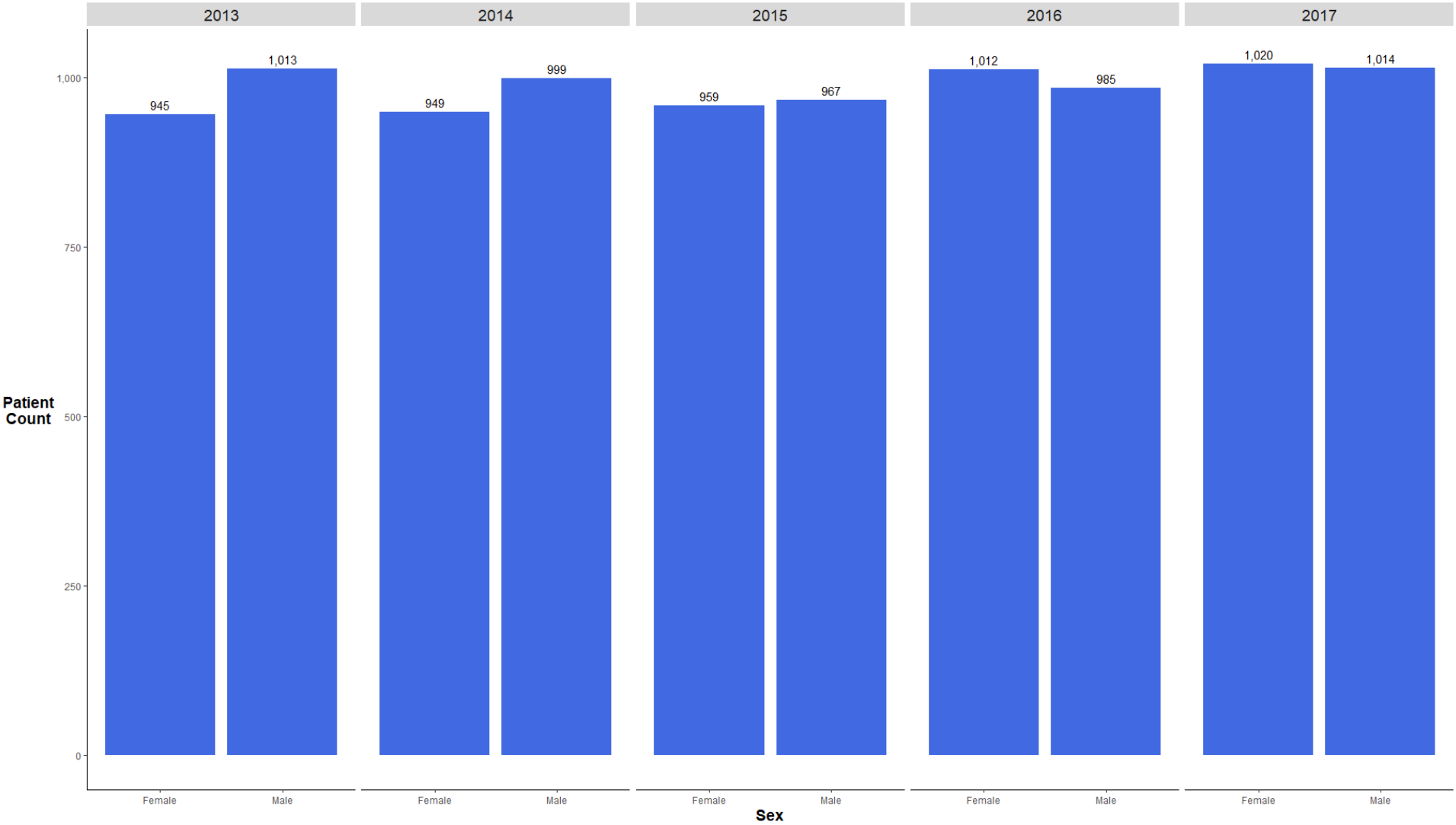


# Lung cancer: median days from referral to treatment, by stage at diagnosis (2013-2017)

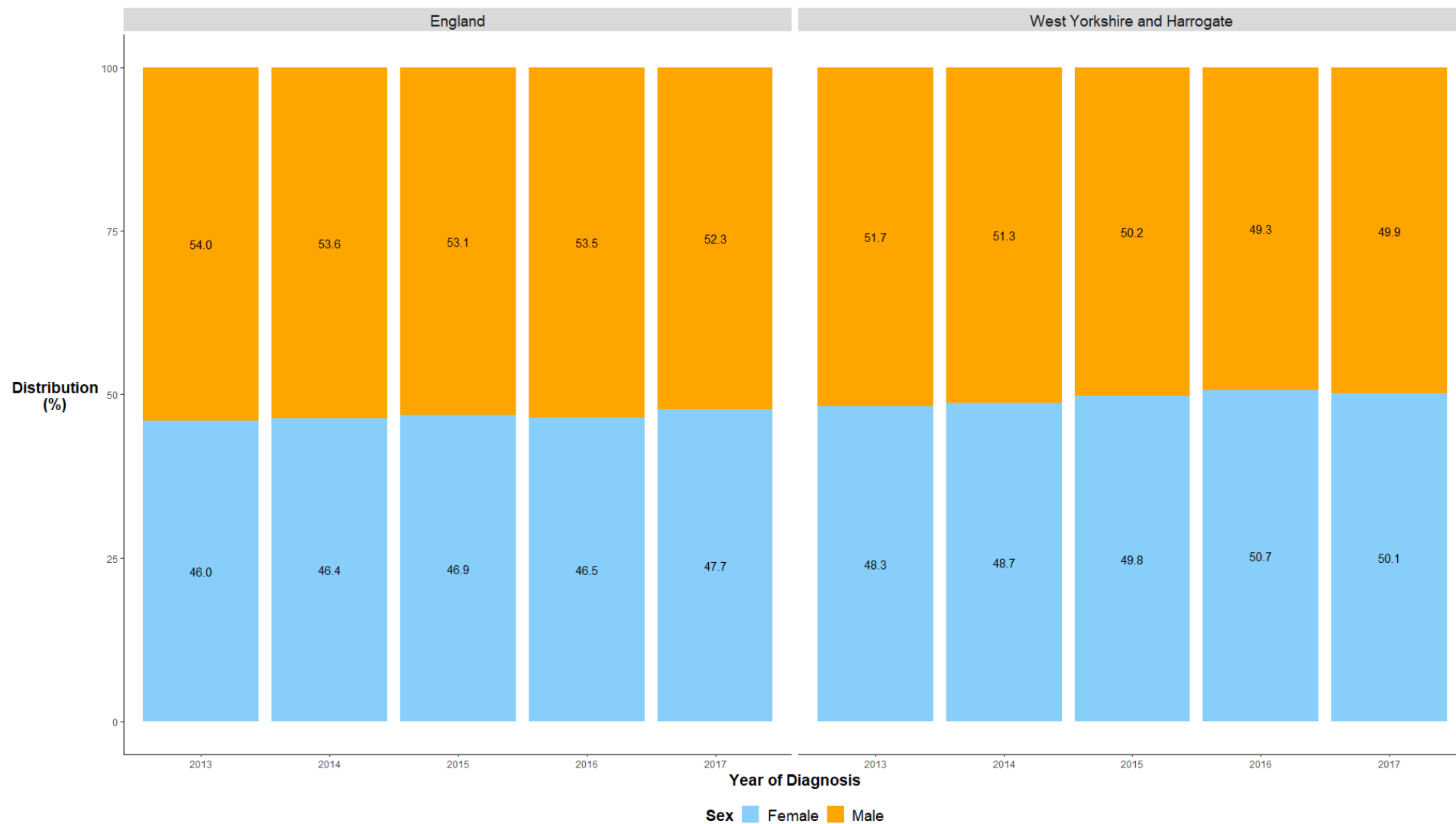


**Sex**

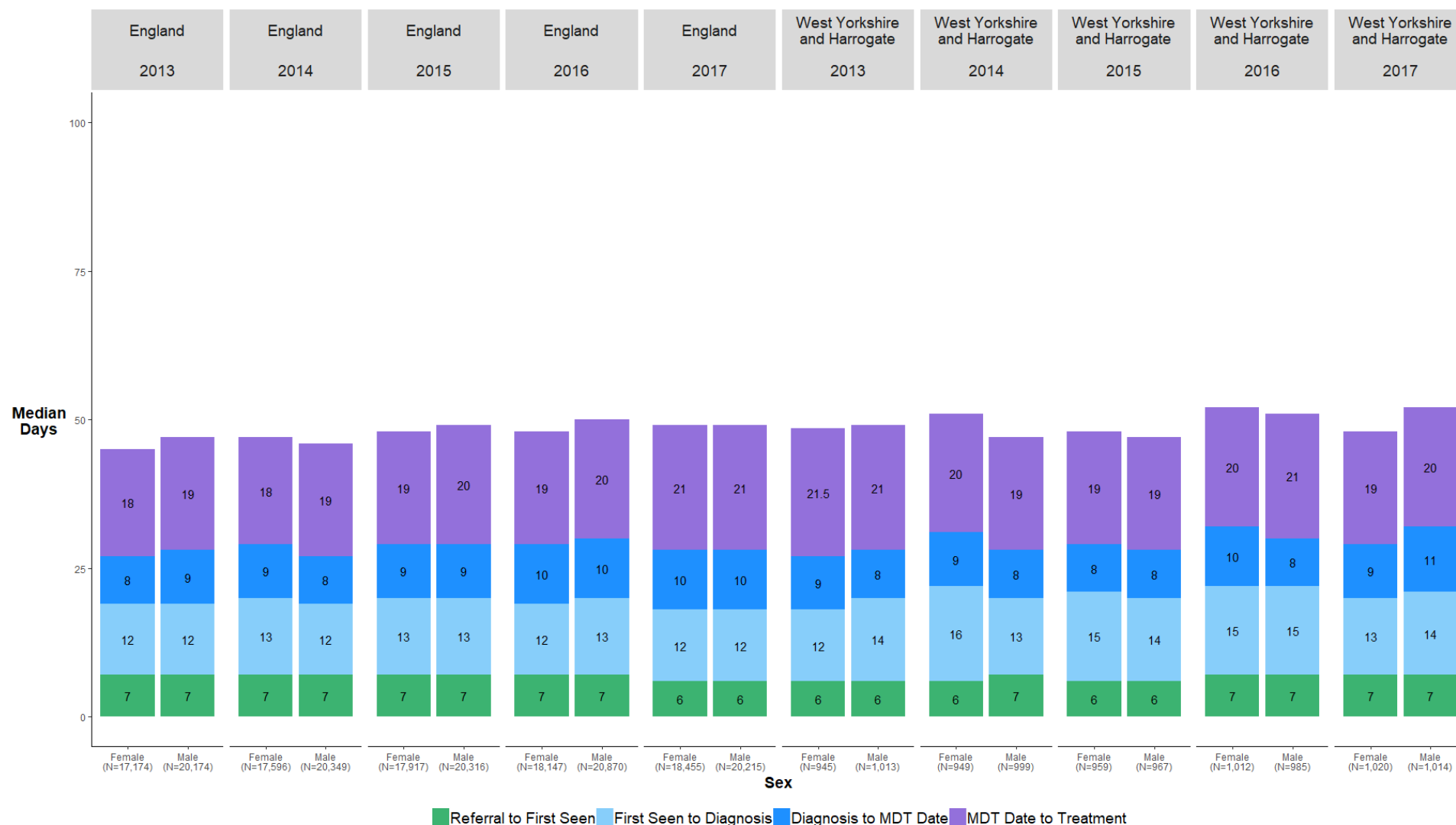
# Lung cancer: patient counts, by sex (2013-2017)



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



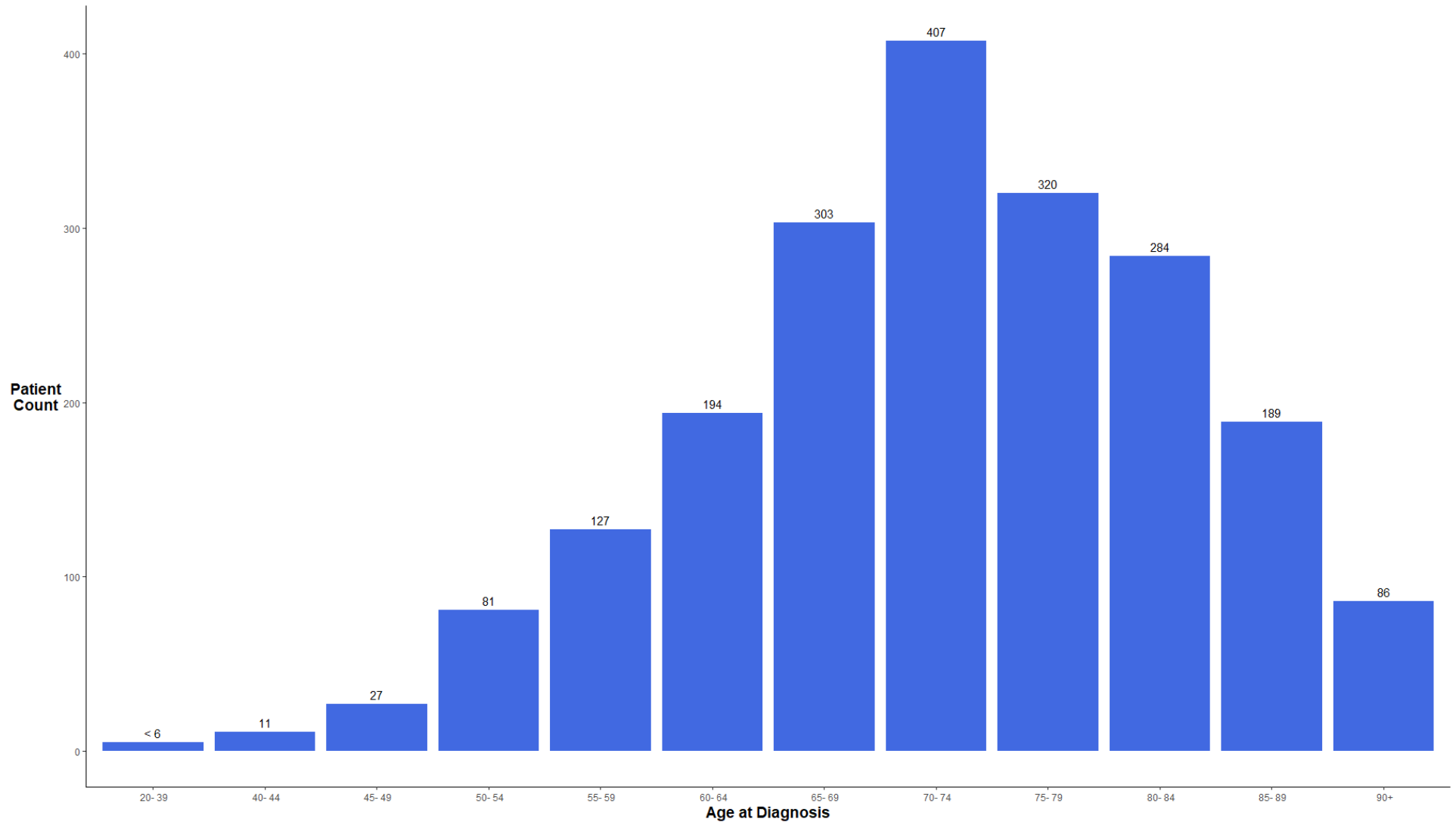
# Lung cancer: median days from referral to treatment, by sex (2013-2017)



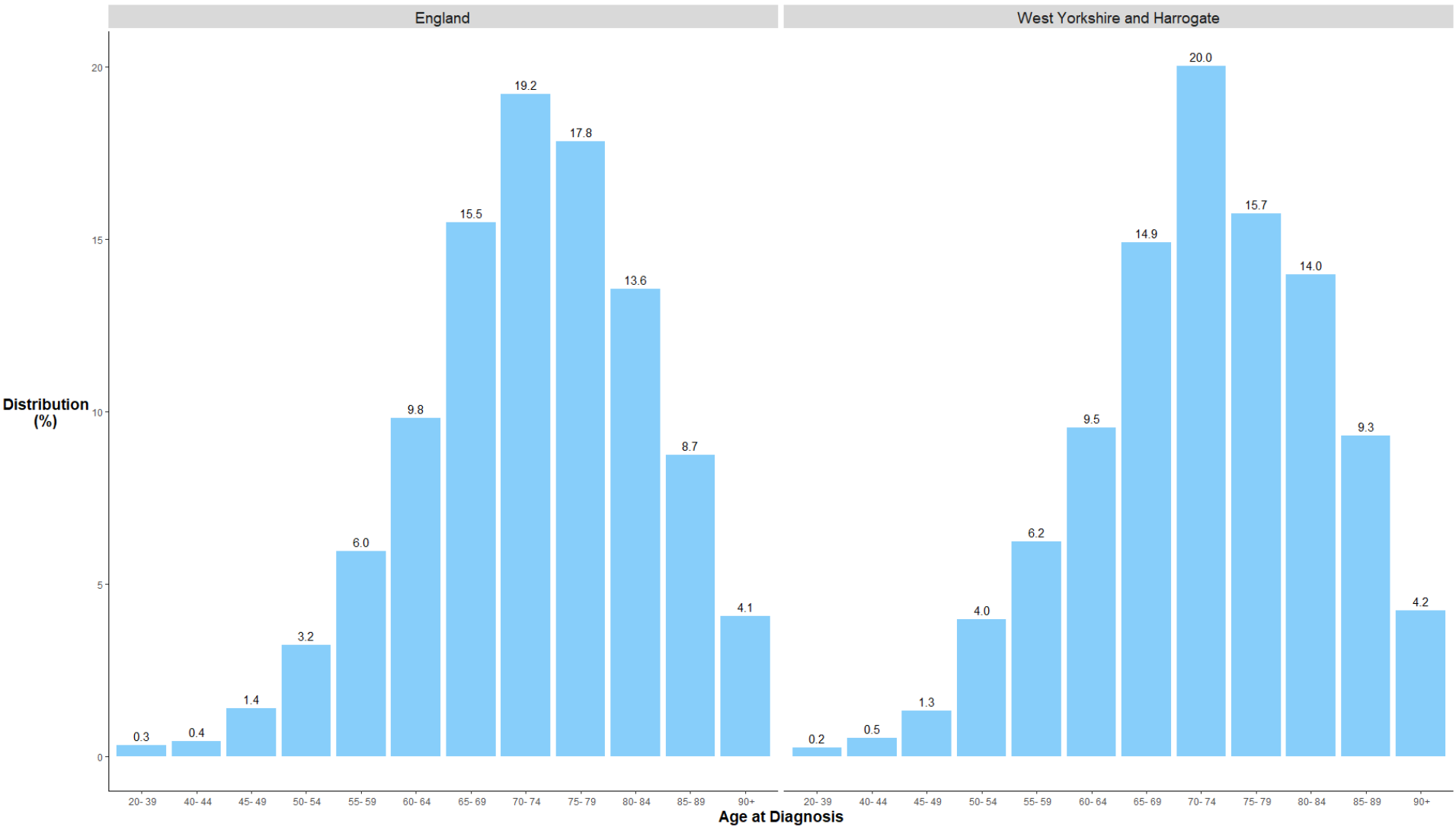


## **Age at diagnosis**

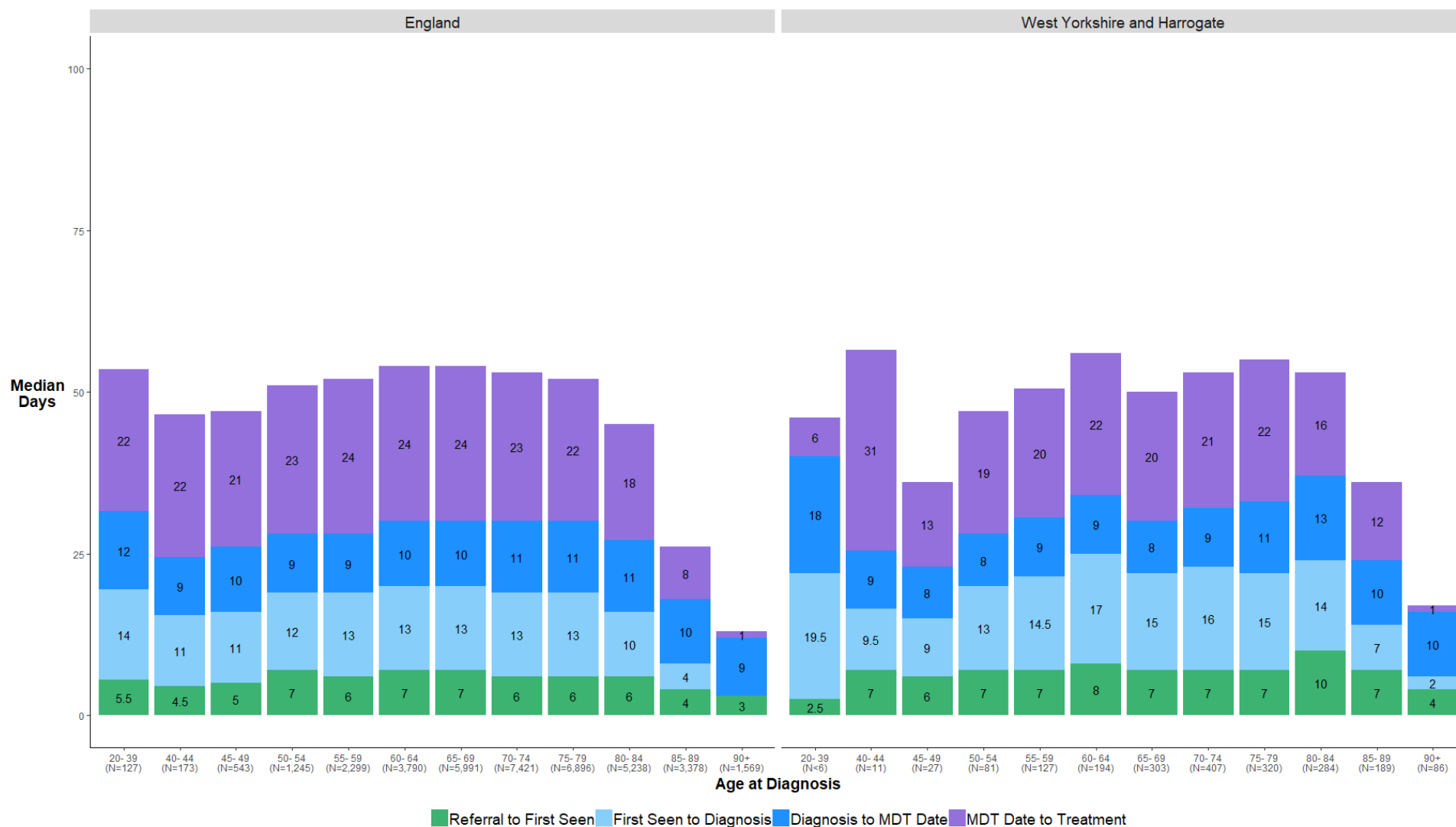
## Lung cancer: patient counts, by age at diagnosis (2017)



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

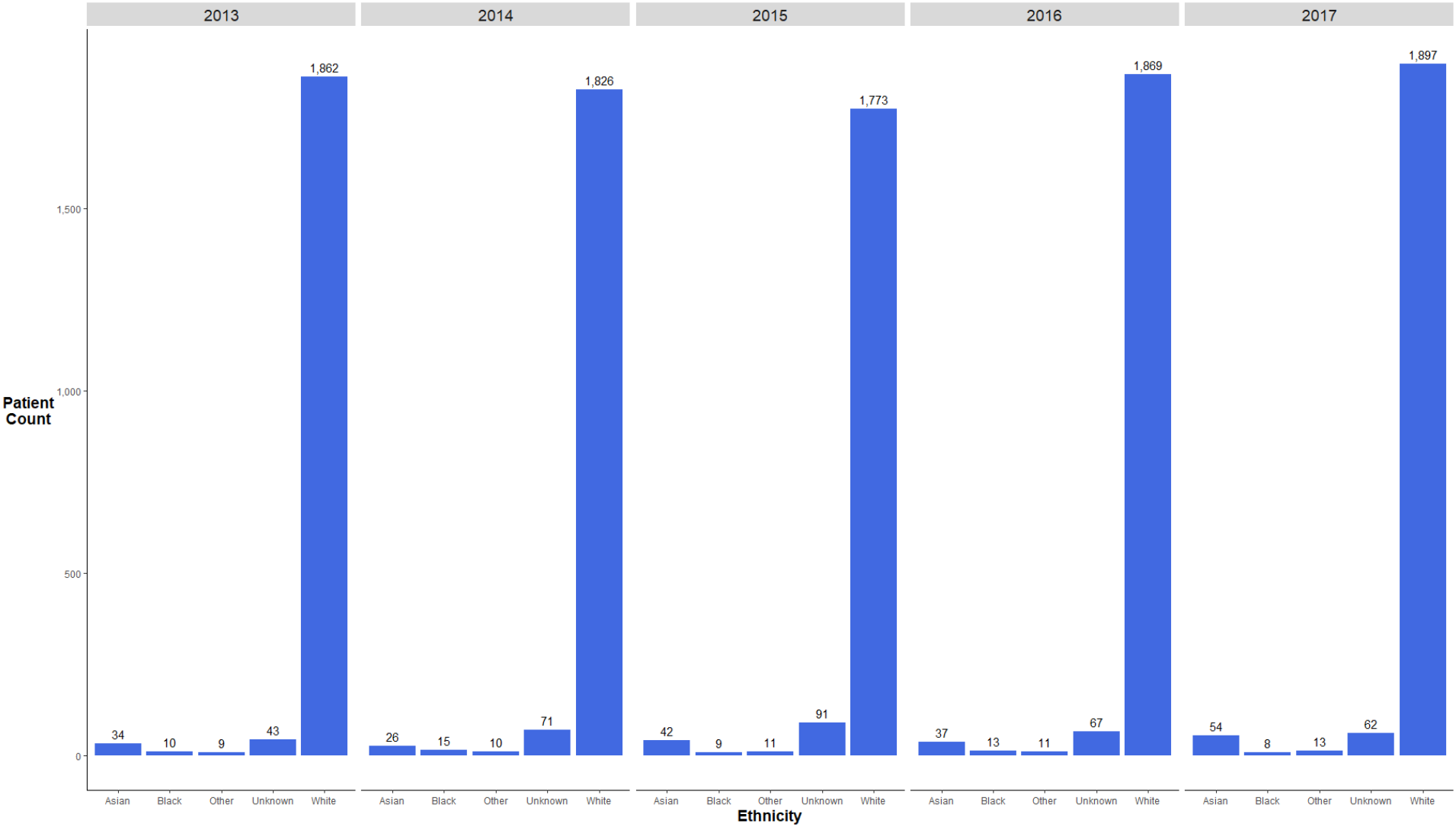


# Lung cancer: median days from referral to treatment, by age at diagnosis (2017)

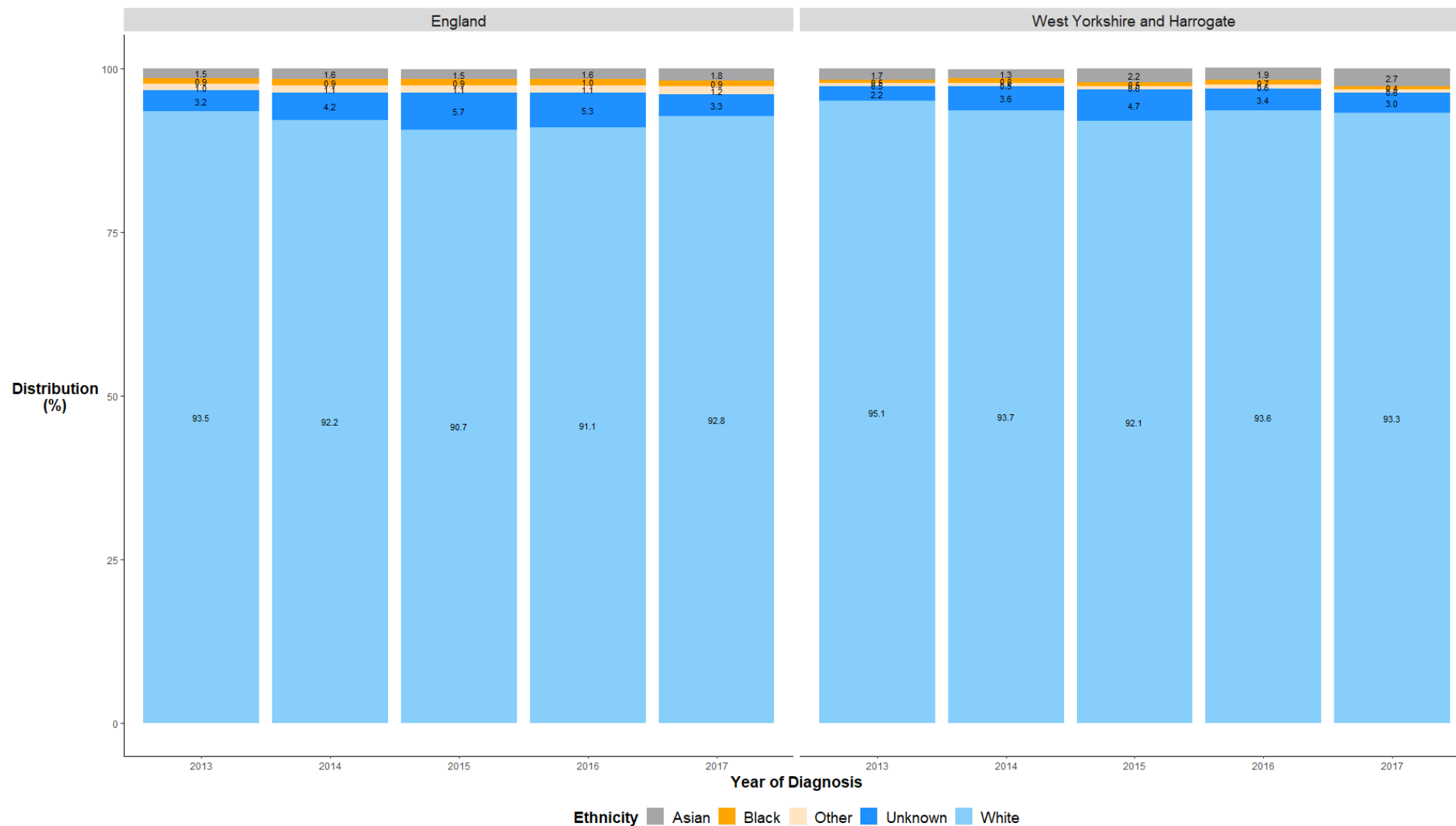


# Ethnicity

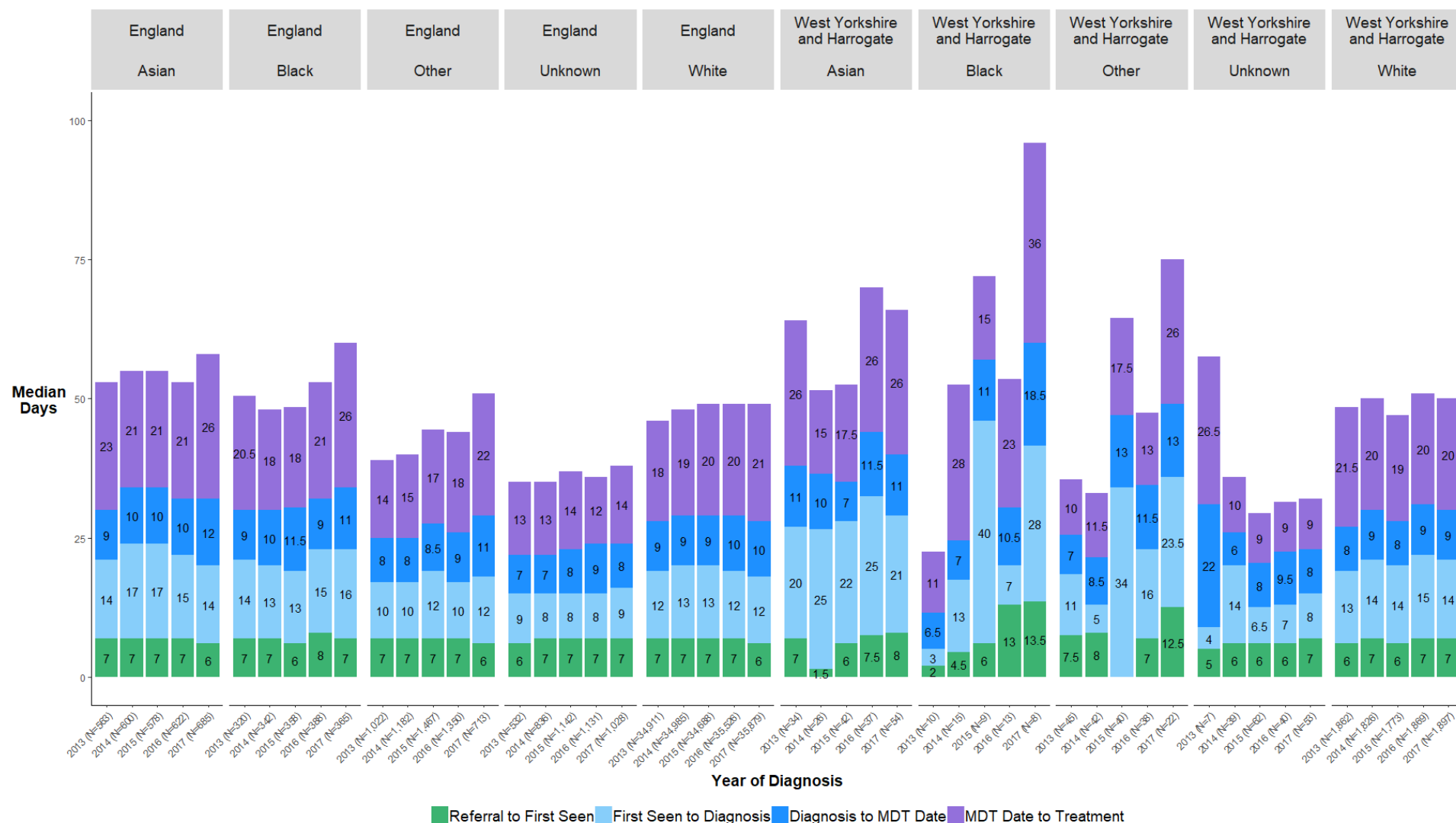
# Lung cancer: patient counts, by ethnicity (2013-2017)



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



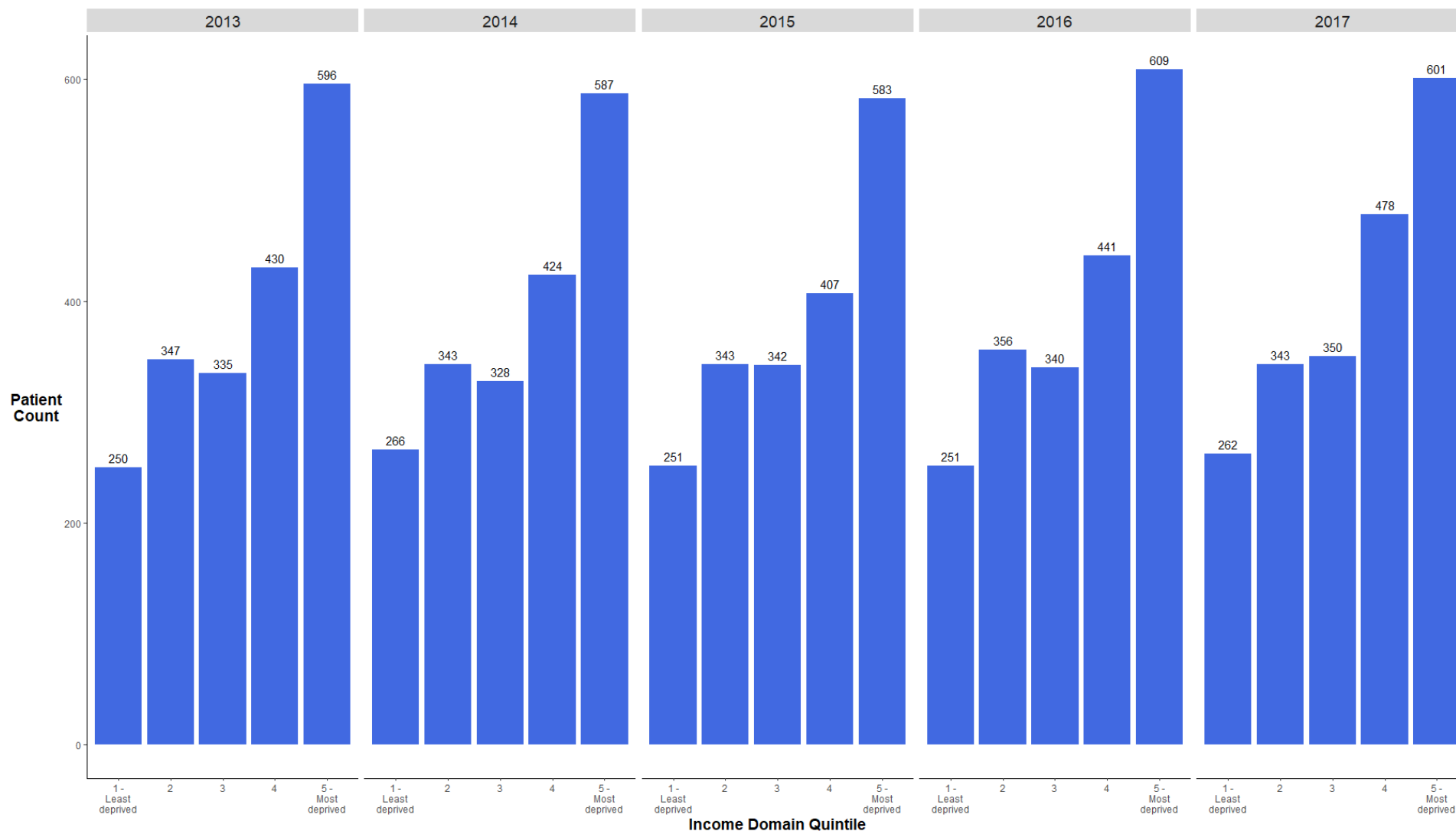
# Lung cancer: median days from referral to treatment, by ethnicity (2013-2017)



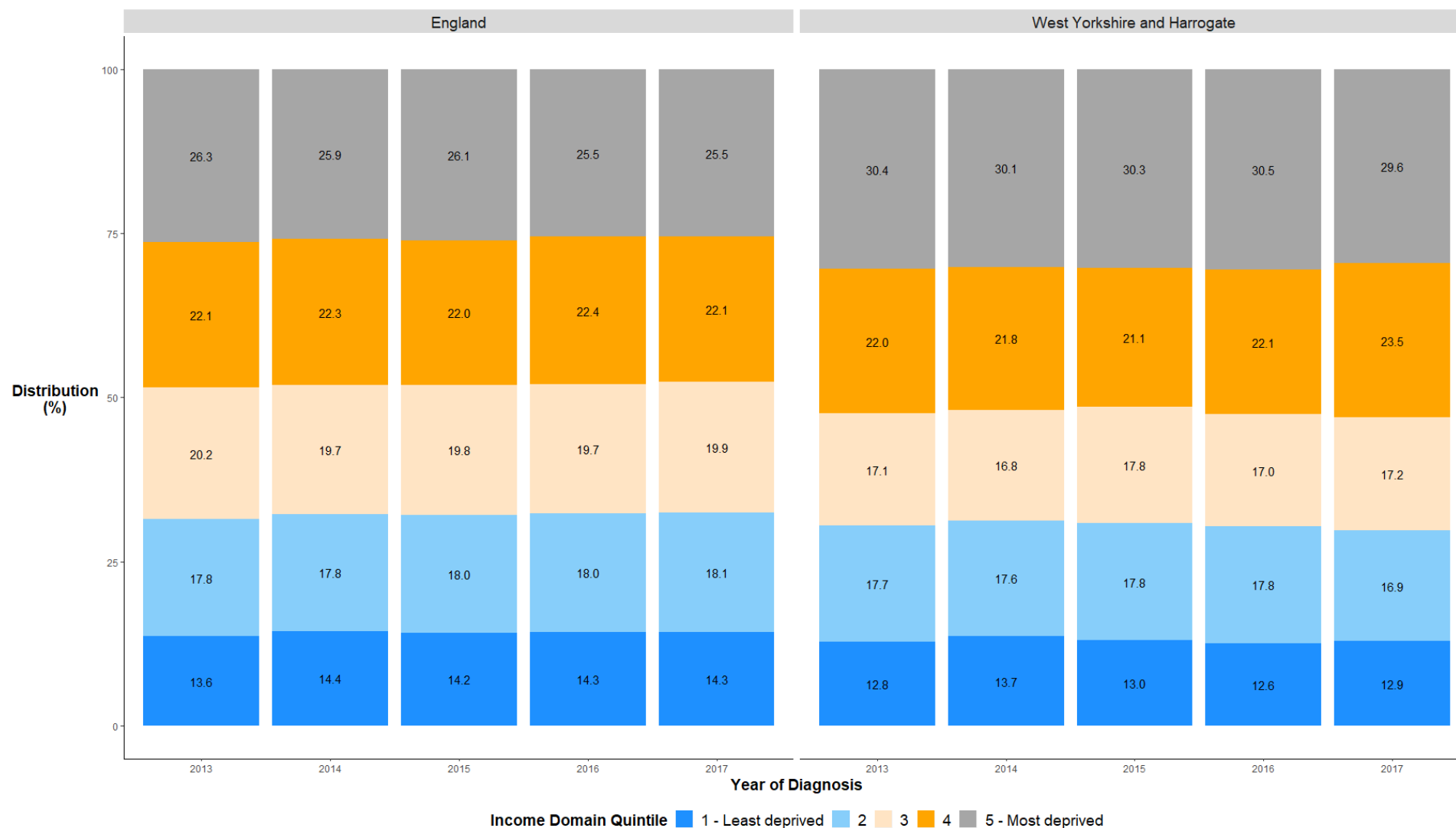


## Income Domain Quintile

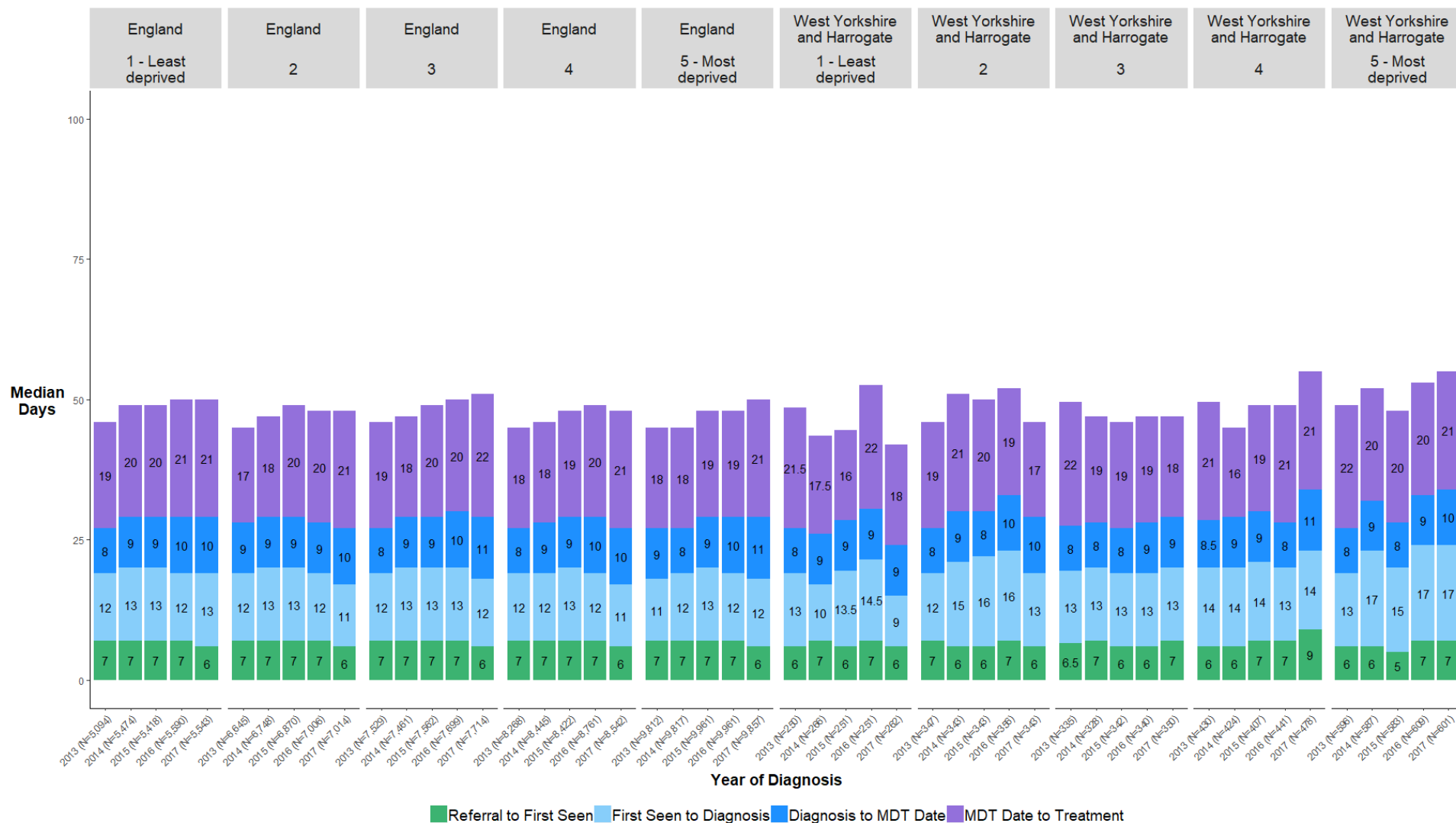
# Lung cancer: patient counts, by income domain quintile (2013-2017)



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

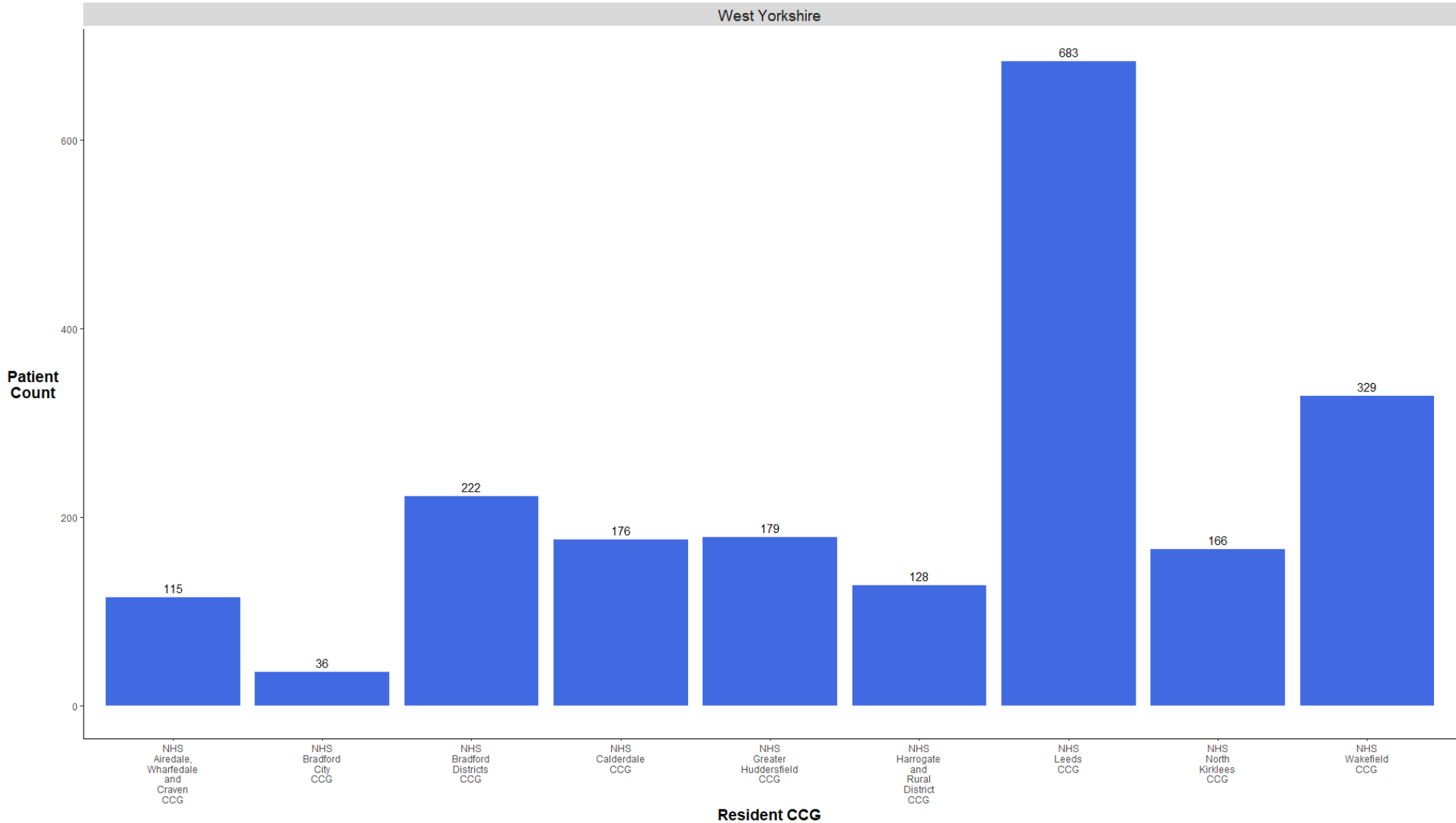


# Lung cancer: median days from referral to treatment, by income domain quintile (2013-2017)



## Resident CCG

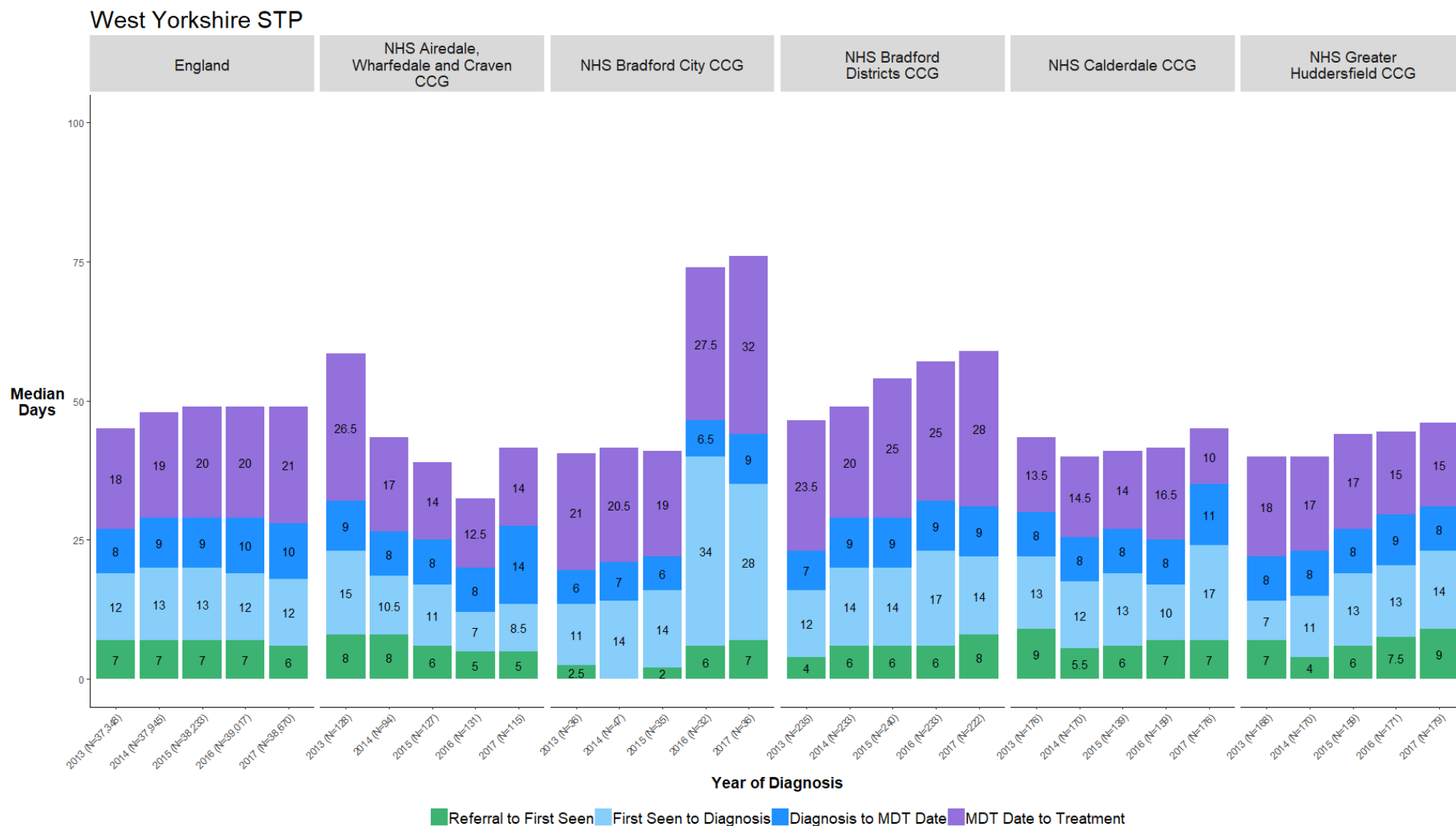
# Lung cancer: patient counts, by resident CCG (2017)



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



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





# West Yorkshire STP

