

## NHS England statistics and long-term plan

On Jan 7, 2019, NHS England published its plan for the next 10 years, which pledged to increase the proportion of patients diagnosed with cancer at stage one or two to 75% during this period, up from the current 52%. The plan promises investment in CT and MRI scanners, an expansion in genomic testing, and a commitment to register 1 million people for participation in health research by 2023–24. Notably, next year will see the introduction of a new standard aimed at ensuring that patients with suspected cancer receive a diagnosis within 28 days of referral.

Fulfilling these ambitions will be no small task, a fact that was underlined on Jan 10, when NHS England published its statistics on cancer waiting times for the second quarter of 2018–19. From July–September 2018, 91.6% of patients with suspected cancer saw a specialist within 2 weeks of urgent GP referral. NHS England had been meeting the operational standard for first specialist appointment of 93% until the first quarter of 2018–19.

“It just goes to show how much more difficult it is becoming to see the right people; the staff are just not available to see the referrals”, explained Matt Case (Cancer Research UK, London, UK). “It is very troubling; are patients being affected at an anxious and difficult time”, he added. In the second quarter of 2018–19, some 47 000 people in England did not see a specialist within the stipulated maximum of 2 weeks.

During the same quarter, 78.6% of patients with cancer began their treatment within 62 days of urgent referral from their GP. It means that, for 19 successive quarters, NHS England has missed its target of 85% patients starting treatment within 62 days of referral. The performance for July–September, 2018, was

the worst since the target was established. “In sheer numbers, the NHS is seeing more people, which is welcome because it indicates increasing referrals from primary care, but demand is outstripping supply”, commented Case.

NHS England aims to have 96% of patients with cancer start treatment within 31 days of diagnosis, a target that it is continuing to meet (although the rate is steadily decreasing). This finding suggests that the bottleneck occurs between GP referral and the decision to treat. “The problem is the lack of diagnostic capacity, principally not having enough staff to see the number of patients coming through”, explained Case.

The long-term plan contained few details about staffing levels. Instead, it pointed out that the issue will be addressed in the workforce implementation plan, which is expected later this year. The Royal College of Radiologists has estimated that the UK currently has a shortfall of 1004 full-time clinical radiologists. “We really need a commitment to training more radiologists. We are turning away three or four junior doctors for every training place in radiology; we have the capacity and the interest, we just need to fund the places”, commented Nicola Strickland (Royal College of Radiologists, London, UK).

Case welcomed NHS England’s pledge to ensure that from 2023–24, all smokers admitted to hospital in England will be offered tobacco treatment services, based on a model pioneered in Canada. The plan also outlined the intention to start rolling out rapid diagnostic centres, which are expected to eventually play a part in the diagnosis of all patients with suspected cancer in England, who will be able to self-refer to these centres. For prevention, the age at

which individuals are eligible for bowel cancer screening in England will be cut from 60 years to 50 years, lung health checks that have been successfully trialled in Liverpool and Manchester will be expanded with additional mobile lung CT scanners being sent to parts of the country that have lung cancer survival, and from September, 2019, all 12–13 year-old-boys will be offered the HPV vaccine.

“The aims of the plan are laudable— it is just what we need, but we will need the doctors to carry it out and the machines and the connectivity to make it possible”, said Strickland. Case added that if the 75% early-diagnosis target is to be attained, symptom awareness and access to GPs will have to be improved. “The most pressing issue remains staffing. At the moment, that is the big gap: we need a fully-funded, long-term plan to ensure that we have the staff to deliver diagnostic services”, Case told *The Lancet Oncology*.

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For the **NHS 10 year plan available** see <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

For the **NHS England statistics** see <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/quarterly-prov-cwt/2018-19-quarterly-provider-based-cancer-waiting-times-statistics/>



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