



# Patient Panel into New Cancer Wait Times Standard

With North East London Cancer Alliance

**healthwatch**  
City of London

# New Measures

On Wednesday 8, November we held a Patient Panel on the New Cancer Wait Times Standard and the effects it will have on patients in the City and North East London.

From the 1 October 2023, changes have been made to cancer waiting times with the two weeks wait standard being removed and the remaining waiting times standards to be rationalised into three core measures. These core measures include, faster diagnosis standard, a 62 day referral to treatment and 31 day decision to treatment.

These new measures that have come in place may seem confusing for those in our community and may raise many questions in how this will affect your cancer journey, so we were joined by Wayne Douglas, who is the lead for diagnosis and treatment at the NHS North East London Cancer Alliance, who explained these changes and answered questions and any of the concerns that came up when discussing the new changes.

## **What are new cancer wait times standard?**

The new cancer wait times standard surrounds three standards which are a combination of all previous ten performance standards, these three standards are

### **28 Day Faster Diagnosis Standard**

If your GP believes you may have cancer, this could either be through a routine screening or in another way, they will refer you for an urgent cancer check and you should know whether you have cancer or not within **28 days**

### **31 Day decision to treat to treatment standard**

If you are then diagnosed with cancer and have made a decision on what your treatment type will be, you should start that treatment within **31 days**

### **62 Day referral to treatment standard**

If you have been referred by your GP to whether you have cancer through any route, and then receive a diagnosis, you should start your treatment within **62 days** of that initial referral

## **The NHS will also have a roadmap to improve performance against these standards of care, these are**

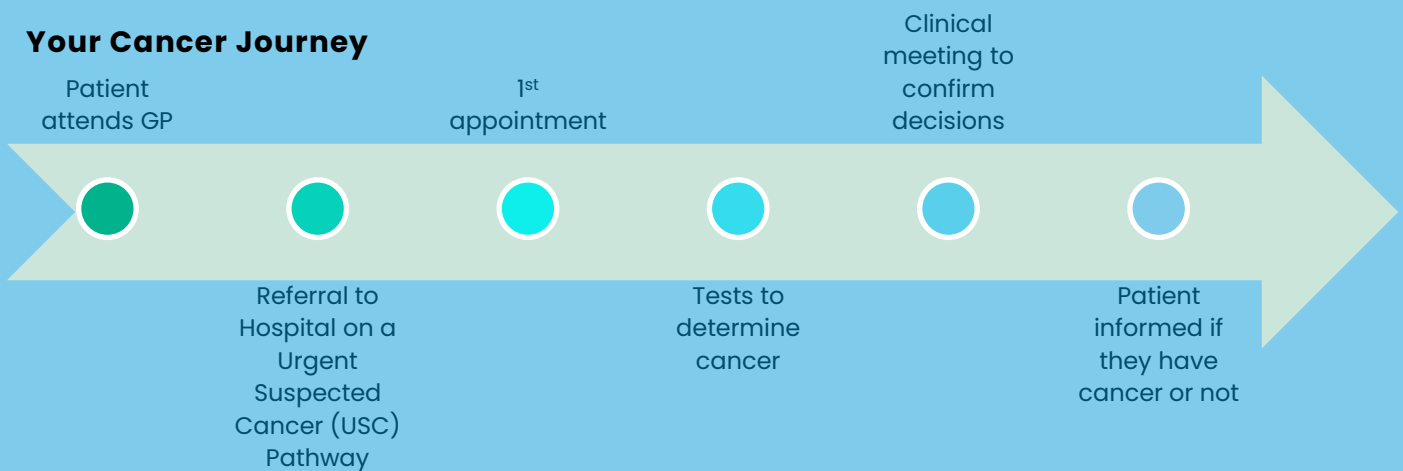
Increasing the number of patients starting treatment within 62 days, with an initial target of 70 percent of patients by March 2024

NHS to ensure 75 percent of patients are diagnosed or have cancer ruled out within 28 days of a referral by March 2024, and an increased target of 80 percent will be introduced in 2025 and 2026

## Some of the issues surrounding the old pathway were that there was

- No focus on what patients wanted to know just a focus on patients having an appointment
- No results for patients and additional tests were still required

## Your Cancer Journey



## Phase 1: Cancer Diagnosis

You will first receive your results from either your GP, hospital consultant or practice nurse and ensure you understand what your results mean. You will then receive a

- Treatment Plan: this will be based on what best works for you regarding your treatment, it will also include timelines and support
- Holistic Needs Assessment: this assessment is a simple questionnaire that can help highlight the issues most important to you and helps to create your care and support plan
- Personalised care and support plan: this plan provides your personal health and wellbeing information and support. The plan also has information on connecting with other people who are going through similar journeys and information on how you can talk to your family and friends
- Prehabilitation: your prehabilitation will be able to provide you with services to improve your mental health and wellbeing, your diet and fitness and helps you have the best change of recovery through being as healthy as possible before you start your treatments

## Phase 2: Treatment

In phase two, you will receive your treatment, this should begin within two months of your cancer diagnosis. In your treatment, there will be a focus on

- Reducing the impact of treatment: you will be supported in helping you experience the side effects that are common of cancer treatment

- Connection with others: through your treatment you will be able to attend health and wellbeing events, this can help you connect with others who can directly understand what you're going through
- Psychosocial support: this support provides access to services and activities that help improve your health and wellbeing, including counselling, group support and spiritual support

### **Phase 3: Post Treatment**

Once your treatment is completed you will still receive support. Your post treatment phase includes

- End of treatment Holistic Needs Assessment: this is a follow up survey that gives you the opportunity to highlight what your most important issues and concerns are
- Treatment Summary: your summary will be done by cancer professionals in the hospital where your treatment is taking place, once a significant phase of your cancer treatment is completed. The summary will go into the treatment, the potential side effects and the signs and symptoms that will reoccur
- Rehabilitation: once your treatment is completed, your rehabilitation will be able to help and promote your physical and mental health and wellbeing
- Follow up Treatment Plan: your Follow up Treatment Plan, is completely personalised to your experience with cancer and focuses on how to reduce the chance of your cancer returning, this includes regular surveillance scans and testing, the ability to rapidly access your cancer team and information on the signs and symptoms that your cancer has returned
- National Cancer Patient Experience Survey: once you finished your treatment and have been discharged from hospital, you maybe invited to take part in a survey to give your feedback on how you have found the care provided to you by the NHS.

It is important to note that all residents in north east London who are living with cancer should have equal access to high quality care that has been personalised for each patients needs.

### **Questions and Concerns surrounding these new measures**

Questions and concerns surrounding the new measures and existing care came up throughout the session, these included being able to access care in your local area specifically when treating specialised cancers, stigma surrounding cancer in the community and for elderly patients, there were concerns raised about a lack of care and prioritised treatment.

Wayne spoke through these concerns, surrounding access to treatment in your local area, especially when treating specialised cancers that are less common, often patients will have to travel far to access that those treatments. Wayne spoke on how the NHS is trying to increase locally accessible treatment options for patients.

There was also concerns surrounding stigma in the community surrounding cancer which reduces the amount of people who will get tested and receive treatment. The NHS is working

with local community groups to reduce this stigma surrounding cancer, an example of this is going to local events and speaking directly to community members. The NHS is also aware that those who access the NHS less frequently are less likely to attend screenings or appointments and that there is continued work from the NHS to engage with those in the community who are less likely to use the NHS services.

Concerns were raised surrounding elderly care and the sense of a lack of prioritised treatment and if there will be treatment available to older people in the future. These concerns stemmed from England's COVID-19 response and the recent enquiry into those matters surrounding a lack of care towards the elderly in our communities. Wayne spoke on how this was not the sentiments of the NHS and that all of individuals, no matter age, gender, race, disability, sexual orientation and religion have equal access to NHS services.

### **For more information**

If you are looking for more information into the new Cancer Wait Times Standard and the current guidance please visit <https://www.england.nhs.uk/wp-content/uploads/2023/08/PRN00654-national-cancer-waiting-times-monitoring-dataset-guidance-v12.pdf>



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