



DEBATE PACK

Number CBP-2018-0105, 30 April 2018

NHS Cancer Targets

Summary

This House of Commons Library Debate Pack briefing has been prepared in advance of a debate entitled “NHS Cancer Targets”. This will be led by Mr John Baron MP and will take place in Westminster Hall at 2.30pm on Tuesday 1st May 2018.

This Debate Pack contains background information, as well as press and parliamentary material, in addition to further reading suggestions which Members may find useful when preparing for this debate.

In 2015, the Independent Cancer Taskforce published [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020](#). This new Cancer Strategy for England recommended the introduction of a new 28-day diagnostic waiting target to replace the existing 14-day standard. In response, the Government committed to introducing the 28-day standard by 2020, as well as up to an additional £300 million more in funding on diagnostics to help meet the target. Much of the recent debate on cancer targets in England has been how best to promote improved outcomes through cancer targets.

This Debate Pack contains the latest statistics for cancer waiting times in England, based on the most recent [NHS England figures](#). It also contains information and statistics on the cancer waiting times standards for Scotland, Wales, and Northern Ireland.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

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1. Cancer targets (England)

The current NHS England cancer targets are as follows:

Two-week (14 day) targets from referral to specialist

- A maximum two-week wait to see a specialist for all patients referred with suspected cancer symptoms (target: 93%).
- A maximum two-week wait to see a specialist for all patients referred for investigation of breast symptoms, even if cancer is not initially suspected (target: 93%).

One-month (31 day) targets from diagnosis to treatment

- A maximum one month (31-day) wait from the date a decision to treat is made to the first definitive treatment for all cancers (target: 96%).
- A maximum 31-day wait for subsequent treatment where the treatment is surgery (target: 94%).
- A maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy (target: 94%).
- A maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen (target: 98%).

Two-month (62 day) targets from referral to treatment

- A maximum two month (62-day) wait from urgent referral for suspected cancer to the first definitive treatment for all cancers (target: 85%).
- A maximum 62-day wait from referral from an NHS cancer screening service to the first definitive treatment for cancer (target: 90%).
- A maximum 62-day wait for the first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) (no target).

The two-week (14 day) target is currently being replaced by a new standard for a diagnosis of cancer to be confirmed or excluded, and the results communicated to the patient, within 28 days of GP referral. This is intended to be rolled out fully by 2020.

1.1 Policy developments on cancer targets

In September 2000, the previous Labour Government published [The NHS Cancer Plan: A plan for investment, A plan for reform](#), which set out a series of new targets to reduce waiting at all stages of the care pathway.

This followed the introduction in April 1999 of a maximum two week wait for an outpatient appointment in urgent cases of suspected breast

cancer. The Cancer Plan announced this would be rolled out for urgent cases of all cancers by December 2000.

It also set the proposed timescales for the new targets:

- Maximum one month wait from urgent GP referral to treatment guaranteed for children's and testicular cancers and acute leukaemia by 2001
- Maximum one month wait from diagnosis to treatment for breast cancer by 2001
- Maximum one month wait from diagnosis to treatment rolled out for all cancers by 2005
- Maximum two month wait from urgent GP referral to treatment for breast cancer by 2002
- Maximum two month wait from urgent GP referral to treatment rolled out for all cancers by 2005.¹

Although the Cancer Plan planned to roll out these targets by 2005, it did not expect them to be met until 2008, following further investment in the workforce and additional NHS reforms.

The 2007 [Cancer Reform Strategy](#) expanded the 14 days (two week), 31 days (one month) and 62 days (two months) targets to cover more cancer patients:

The 31-day standard wait from diagnosis to treatment was to be extended to all cancer treatments. Previously, it only covered first treatment, which the Strategy noted excluded particular treatment types:

Also, the 31 day standard only applies to the first treatments for cancer. It therefore does not cover second or third treatments when patients require several treatments in sequence, for example radiotherapy after surgery, nor does it apply to patients requiring treatment for recurrence of cancer.²

The Strategy also extended the 62-day standard wait from urgent GP referral to treatment to cover urgent referral through other channels, such as national screening programmes and hospital specialists. In addition, the 14-day target for suspected breast cancer waits for first outpatient appointment was expanded to cover:

All patients referred to a specialist with breast symptoms, even if cancer is not suspected.

In 2009, the Government published the [NHS Constitution](#), setting out a range of legal rights for patients with regards to NHS care. In March 2010, the Constitution was updated to include a legal right to be seen by a cancer specialist within a maximum of two weeks from GP referral

¹ NHS, [The NHS Cancer Plan: A plan for investment, A plan for reform](#), September 2000, p11

² NHS, [Cancer Reform Strategy](#), December 2007, p57

for urgent cases, where cancer is suspected.³ As set out in the [Handbook to the NHS Constitution](#), where this is not possible, commissioners must take all reasonable steps to offer a suitable alternative provider.

Following the 2010 General Election, the [Coalition Agreement](#) set out a commitment to improve cancer survival rates. As part of this, the Coalition Government commissioned a [review of the Cancer Reform Strategy](#). The review stated that:

As part of this review, the current set of waiting time standards have been revisited to ensure they retain clinical justification and remain appropriate. This was in line with the Coalition Government's commitment to focus on outcomes rather than process targets, except where the latter are clinically justified.⁴

It concluded that it did not see a basis for changing the current waiting time targets:

The output of all the activities undertaken in this review suggests that cancer waiting time standards continue to fulfil their initial aims, which are to ensure continued progress to achieving cancer outcomes and meeting the needs of patients and their families by guaranteeing timely access to diagnostic investigation and treatment for cancer. There remains strong support for cancer waiting times across all stakeholder groups, including patients and clinicians.

There is not sufficient justification to support the discontinuation of the cancer waiting time standards for any of the patient groups currently covered without ensuring that alternative arrangements are in place to ensure that timely access to diagnosis and treatment can be sustained across the NHS. The current cancer waiting time standards continue to support both clinical outcomes and patient benefits.⁵

Based on the review, the 2010-2015 cancer strategy [Improving Outcomes: A Strategy for Cancer](#) stated that the targets would be retained:

Although it is impossible to quantify whether the targets have led to improvements in cancer survival, almost everyone we consulted felt that the targets had reduced patient anxiety related to delays in being assessed, diagnosed with and treated for cancer.⁶

³ This legal requirement on NHS providers to meet the target is currently set out in regulation 52 of the [National Health Service Commissioning Board and Clinical Commissioning Groups \(Responsibilities and Standing Rules\) Regulations 2012](#), SI 2012/2996

⁴ Department of Health, [Review of Cancer Waiting Times Standards](#), 2011

⁵ *Ibid.*, p16

⁶ Department of Health, [Improving Outcomes: A Strategy for Cancer](#), 2011, p88

The [2010 Labour manifesto](#) had called for a new legally binding target of a right to cancer test results within one week of referral. This was not taken up by the Coalition Government:

Lord Wills: My Lords, the Minister has just accepted that early diagnosis is key to the survival rates for cancer. Can he confirm that his Government is indeed scrapping the Labour Government's commitment to reduce to one week the wait time for test results for cancer? If he can confirm that, does he seriously believe that extending the prescribed time for diagnosis results is going to help the health outcomes of those living with cancer?

Earl Howe: My Lords, there is no question but that timely diagnosis of cancer is extremely important. I do not think that anyone would argue with that. However, we believe that there may be more cost-effective ways of improving access to diagnosis than just imposing a blanket prescription—which, incidentally, has a very high price tag attached. The spending review settlement includes funding for improving early diagnosis in the context of the cancer reform strategy that we are reviewing, and we will set out our plans on that in more detail later in the year.⁷

In 2015, the Independent Cancer Taskforce published, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020](#). General information on the strategy can be found in the Commons Library debate pack, [Cancer Strategy](#) (February 2018).

With regards to cancer targets, the Strategy recommended the introduction of a new 28-day diagnostic waiting target to replace the existing 14-day standard:

By the end of 2015, NHS England should develop the rules for a new metric for earlier diagnosis measurable at CCG level. Patients referred for testing by a GP, because of symptoms or clinical judgement, should either be definitively diagnosed with cancer or cancer excluded and this result should be communicated to the patient within four weeks. The ambition should be that CCGs achieve this target for 95% of patients by 2020, with 50% definitively diagnosed or cancer excluded within 2 weeks. Once this new metric is embedded, CCGs and providers should be permitted to phase out the urgent referral (2-week) pathway.⁸

In order to improve accountability for Clinical Commissioning Groups (CCGs) and NHS providers, the Strategy also recommended the development of a cancer dashboard, including the following metrics:

- Proportion of patients receiving a diagnosis as per the new target set out above (CCGs);

⁷ [HL Deb 26 October 2010, cc1127-8](#)

⁸ Independent Cancer Taskforce, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020](#), July 2015, p33

- Proportion of patients meeting 31-day and 62-day cancer waiting targets (CCGs and NHS providers); and
- One-year survival rates.

[The Government's response](#) to the strategy committed to introducing the 28-day standard by 2020, in addition to an additional £300 million more in funding on diagnostics to help meet the target.⁹

In 2016, five sites (NHS trusts in Bournemouth, East Lancashire, Ipswich, Kingston and Leeds) began piloting the 28-day standard across six cancer pathways - gynaecology, urology, head and neck, lung, lower and upper gastrointestinal.¹⁰

The cancer dashboard was launched in May 2016. This debate's sponsor, Mr John Baron MP, has argued that the information on one-year survival rates is a move towards more outcome-focused targets:

Mr John Baron (Basildon and Billericay) (Con)

T2. The recently introduced one-year cancer survival rate indicator is a beacon of light in a system still too focused on process targets. What more can the Government do to hold underperforming clinical commissioning groups to account for that outcome indicator, given that we are still failing to catch up with international averages when it comes to our survival rates? [908612]

The Parliamentary Under-Secretary of State for Health (David Mowat)

My hon. Friend is right to say that we now publish one-year survival rates for every CCG in the country, and I agree that that is a beacon of light and a transformative step. It also shows differences of more than 10% between the best and the worst, which is unacceptable. The transparency itself will bring improvement, but we have also recently established 16 cancer alliances, whose sole job is to roll out best practice and investigate and bear down on poor performance.¹¹

1.2 Waiting time targets and outcomes

As the previous section sets out, much of the recent debate on cancer targets within Government has been how best to promote improved outcomes through cancer targets.

The Coalition Government argued that greater focus should be on outcomes measures, such as survival rates rather than waiting times. However, others, such as former Labour Health Minister Baroness Thornton, have argued that waiting times targets are the best way to

⁹ ['From 2020, people with suspected cancer will be diagnosed faster'](#), *Department of Health press release*, 13 September 2015

¹⁰ NHS England, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17](#), October 2017, p31

¹¹ [PQ 908612, 7 February 2017](#)

achieve this, as “We know that the quicker cancer can be detected, the better the likely outcomes.”¹²

A 2017 report by researchers from the London School of Hygiene & Tropical Medicine, [The impact of cancer waiting times on survival for selected cancers in England, 2009-2013](#), looked in more detail into the link between waiting time targets and survival rate outcomes.¹³

This found for a number of patients the so-called waiting time paradox, or the ‘sicker quicker effect’. For example, one-year net survival was lower among colorectal, lung and ovarian cancer patients who had received treatment within 31 days, than amongst those who had waited longer than 31 days. The report argued that this is likely due to conditions related to how ill the patient is:

- Treatment with palliative intent is given earlier in time
- Treatment with potentially curative intent requires more time for additional investigations and planning.

In broader terms, beyond direct analysis of the survival rate data, the report argued that the waiting times targets cut down on very large delays, which would impact negatively on survival.

¹² [HL Deb 26 October 2010. c1126](#)

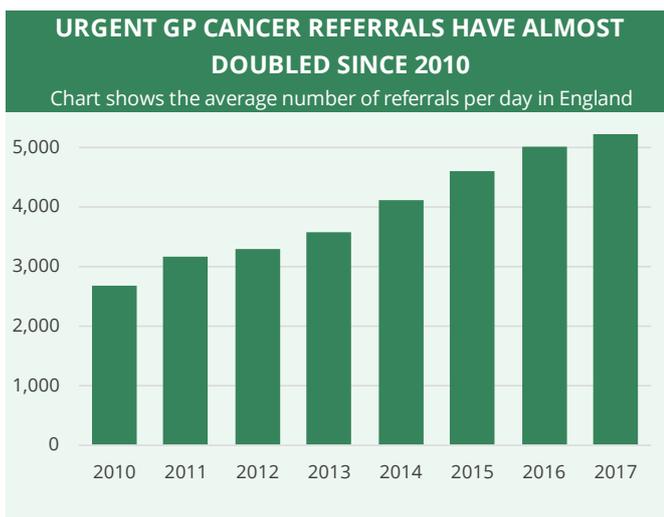
¹³ For the full report on the impact of national cancer policies on survival trends in England between 1996 and 2013, see A. Exarchakou et al., [‘Impact of national cancer policies on cancer survival trends and socioeconomic inequalities in England, 1996-2013: population based study’](#), *British Medical Journal*, 2018

2. Cancer waiting times statistics for England

Trends for three key cancer waiting times targets are outlined below. NHS England publishes information for several other targets, which can be browsed [here](#).

Waiting times for a first consultant appointment after an urgent GP referral for cancer (*waiting time standard: 14 days from urgent GP referral to first consultant appointment*)

In 2017 there were 1.91 million urgent GP referrals for suspected cancer – around 5,230 per day. This is 4.5% higher than in 2016 and 50% higher than 2012. In February 2018, 95% of these patients had their first consultant appointment within two weeks of referral – above the target of 93%. This target has been met in all but two months over the past eight years.



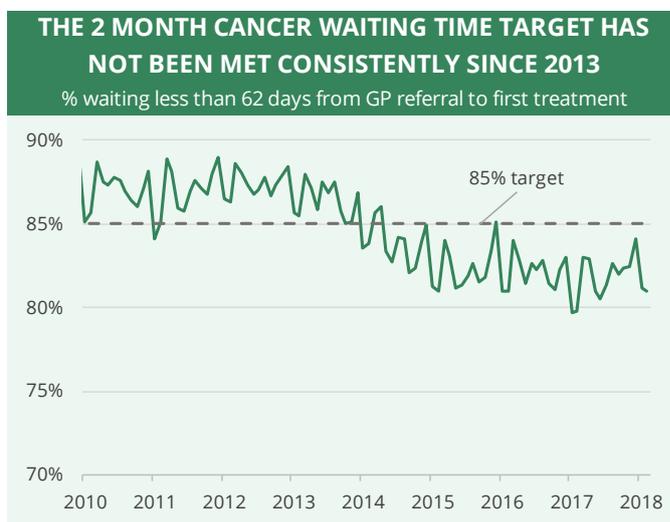
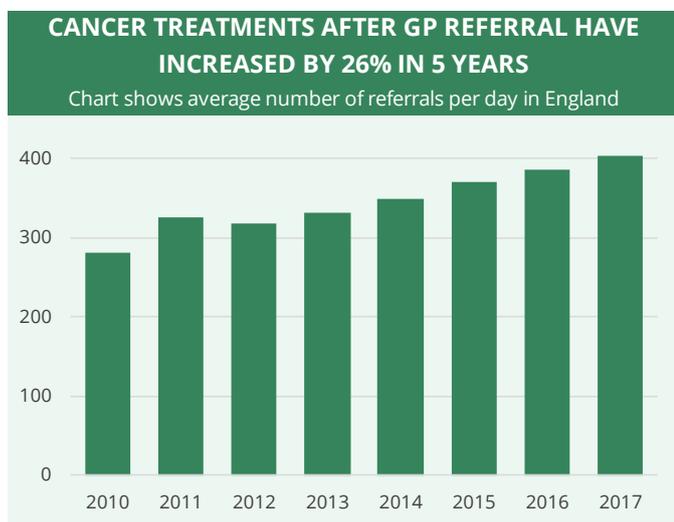
Waiting times for a first treatment for cancer after a decision to treat (*waiting time standard: 31 days between decision to treat and first treatment*)

In 2017, 289,000 patients had a first treatment for cancer – an average of 792 per day. This is 2% higher than in 2016, and 13.4% higher than in 2012. In February 2018, 97.6% of patients were treated within 31 days of a decision to treat – above the target of 96%.

Waiting times for first treatments for cancer after an urgent GP referral (*waiting time standard: 62 days between GP referral and first treatment*)

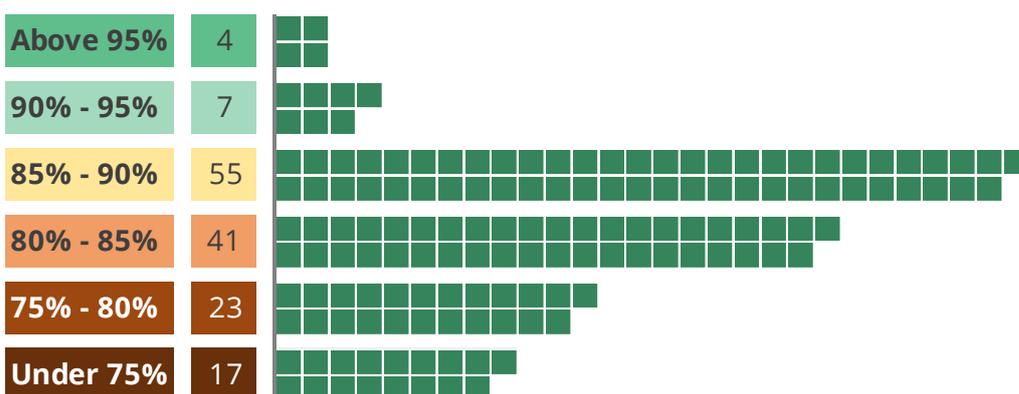
In 2017, 147,000 patients were treated for cancer after having been urgently referred by their GP. This is 4.1% higher than in 2016, and

26.4% higher than in 2012. In February 2018, 81.0% of patients were treated within 62 days of urgent GP referral. The target of 85% has been missed for all but one month since April 2014, as the chart below (right) shows.



Although the national target is not being met, performance differs across the country. The chart below shows the number of trusts in each performance band. Trusts with less than 100 patient pathways in 2017 are excluded.

85% of patients treated for cancer after being urgently referred by a GP should start treatment in 62 days.
THIS TARGET WAS MISSED AT 81 TRUSTS IN 2017



The table below shows the ten trusts with the lowest performance on the 62-day measure in 2017. Trusts with very small numbers of patients treated are excluded.

LOWEST PERFORMANCE AGAINST 85% TARGET

% WAITING UNDER 62 DAYS AFTER GP REFERRAL, 2017

The Clatterbridge Cancer Centre NHSFT	61%
Guy's & St Thomas' NHSFT	67%
University College London Hospitals NHSFT	68%
The Christie NHSFT	68%
Basildon & Thurrock University Hospitals NHSFT	70%
University Hospitals Birmingham NHSFT	70%
United Lincolnshire Hospitals NHST	70%
Maidstone & Tunbridge Wells NHST	71%
East & North Hertfordshire NHST	72%
Worcestershire Acute Hospitals NHST	72%

Data source: NHS England, [Cancer Waiting Times Statistics](#)

3. Devolved nations

3.1 Scotland

The NHS in Scotland has two cancer waiting times standards:

Maximum 31-day wait: Patients starting first treatment within 31 days from decision to treat (95% target).

Maximum 62-day wait: Patients starting treatment within 62 days of receipt of urgent referral with suspicion of cancer (95% target).

The most recent [Information Services Division \(ISD\) data](#) publication on performance against the standards provides data (March 2018) provides data back to September 2014.

The 62-day standard has not been met in any quarter during this period, and the 31-day standard has not been met since the quarter ending June 2016.

For the quarter ending December 2017, national performance against the 31 -day standard was 94.5%, and against the 62-day standard was 87.1%.

3.2 Wales

The NHS in Wales has two cancer waiting times standards, as set out in the [NHS Wales Delivery Framework and Reporting Guidance 2018-2019](#):

Maximum 31-day wait: Patients newly diagnosed with cancer, not via the urgent route, starting definitive treatment (98% target).

Maximum 62-day wait: Patients newly diagnosed with cancer, via the urgent suspected cancer route, starting definitive treatment (95% target).

The [StatsWales page on cancer waiting](#) has data going back to December 2009.

The 62-day standard has not been met in any quarter during this period. For the quarter ending December 2017, national performance against the 62-day standard was 88.4%

For the most recent quarter for which data is available on the 31-day standard, ending September 2017, this target had been met, with national performance at 98.1%.

3.3 Northern Ireland

Northern Ireland has three cancer waiting targets:

Maximum 14-day wait: Patients with an urgent referral for suspected breast cancer receiving first assessment with a breast cancer specialist (100% target).

Maximum 31-day wait: Patients receiving first definitive treatment within 31 days of a cancer diagnosis and decision to treat (98% target).

Maximum 62-day wait: Patients beginning their first treatment for cancer within 62 days following an urgent GP referral for suspected cancer (95% target).

The most recent [Department of Health data publication](#) has performance data up to December 2017.

In December 2017, performance against the 14-day standard was 80.7%, and the 100% target was last achieved in October 2014.

Performance against the 31-day standard was 92.2% for December 2017, and the 98% target was last achieved in December 2013.

In December 2017, performance against the 62-day standard was 66.4%, and the 95% target has not been achieved since before April 2008, when available data begins. The best performing month was December 2008, with a figure of 92.7%

4. Parliamentary material

4.1 Written Parliamentary Questions

- [Diseases: Screening](#)

Asked by: Lamb, Norman | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care what information his Department holds on levels of (a) breast cancer, (b) bowel cancer, (c) cervical cancer, (d) diabetic eye, (e) abdominal aortic aneurysm and (f) fetal anomaly screening in each year since those NHS screening programmes were introduced.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

The National Health Service Breast Screening Programme began in 1988. Data on the levels of Breast screening from 2004 to 2016 is available at:

<https://digital.nhs.uk/data-and-information/publications/statistical/breast-screening-programme>

Data outside this time period are not available in the format requested.

The NHS Cervical Screening Programme began in 1988. Data on the levels of Cervical screening from 2004 to 2016 are available at:

<https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-programme>

Data outside this time period are not available in the format requested.

The NHS Bowel Cancer Screening Programme started in 2006. Data for years 2016/17 are available in the following table. Data outside this time period are not available in the format requested.

NHS bowel cancer screening data for 2016/17

Indicator	Period	Rate for England
Persons, 60-69, screened for bowel cancer within six months of invitation (Uptake, %)	2016/17	57%
Persons, 60-69, screened for bowel cancer in the last 30 months (2.5 year coverage, %)	2016/17	57.4%

Source: <https://fingertips.phe.org.uk/search/cancer>

The NHS Diabetic Eye Screening Programme began in 2007. Data for 2016/17 (by clinical commissioning group/region) are available here:

<https://fingertips.phe.org.uk/search/DIABETIC%20EYE#page/3/gid/1/pat/46/par/E39000030/ati/152/are/E38000010/iid/92874/age/1/sex/4>

Data outside this time period are not available in the format requested.

The NHS Abdominal Aortic Aneurysm Screening Programme started in 2009. Data on coverage for 2016/17 (by region) are available here:

<https://fingertips.phe.org.uk/search/Abdominal%20aortoa#pat/15/ati/6/par/E92000001>

Data outside this time period are not available in the format requested.

The NHS Foetal Anomaly Screening Programme began in 2001. Data for 2016/17 are available in the Annual KPI data: April 2016 to March 2017 document here:

<https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-and-briefings-2016-to-2017>

A copy is attached. Data outside this time period are not available in the format requested.

25 Apr 2018 | Written questions | Answered | House of Commons | 136921

Date tabled: 20 Apr 2018 | **Date for answer:** 25 Apr 2018 | **Date answered:** 25 Apr 2018

Attachment: Foetal Anomaly Screening Programme data

- [Breast Cancer: Screening](#)

Asked by: Allin-Khan, Dr Rosena | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what steps he is taking to tackle the falling rates of breast cancer screening across England, in patients aged between 50 and 70 years old.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

The commissioning and provision of screening, outlined in the national service specification for breast screening, requires providers to work with local authorities and other stakeholders to develop plans to address uptake and inequalities. Breast screening services promote uptake by engaging with practices ahead of screening in their area, providing practices with up-to-date information about the programme and notifying them of the final outcomes of screening invitations for each of their patients.

Commissioners work with providers to ensure that letters and invitations have been endorsed by general practitioners. Providers have systems in place to ensure women who do not respond are provided with an opportunity not to miss screening by sending second timed appointments, ensuring that women are invited every three years and have tailored information available for particular groups of women, for example those with learning difficulties. Further information is available here:

<https://www.england.nhs.uk/wp-content/uploads/2017/04/service-spec-24.pdf>

18 Apr 2018 | Written questions | Answered | House of Commons | 135636

Date tabled: 13 Apr 2018 | **Date for answer:** 18 Apr 2018 | **Date answered:** 18 Apr 2018

- [Haematological Cancer](#)

Asked by: Smith, Henry | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 19 March 2018 to Question 132100, on Haematological Cancer, whether he or NHS England plan to publish information on the work of multidisciplinary diagnostic centres before December 2018.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The 10 multidisciplinary diagnostic centres or 'rapid assessment and diagnostic centres' have been described in the Progress Report on the cancer strategy published by NHS England in October 2017 at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2017/10/national-cancer-transformation-programme-2016-17-progress.pdf>

The evaluation of the centres is being undertaken by the Accelerate, Co-ordinate, Evaluate Partnership, which will publish its final report in December 2018.

29 Mar 2018 | Written questions | Answered | House of Commons | 134294

Date tabled: 26 Mar 2018 | **Date for answer:** 28 Mar 2018 | **Date answered:** 29 Mar 2018

- [Brain: Tumours](#)

Asked by: Docherty, Leo | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to (a) increase public awareness of the symptoms of brain tumours and (b) promote early diagnoses of that condition.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

There is currently a major £130 million investment in the modernisation of radiotherapy equipment in England. Combined with new approaches to surgery, it is hoped that around 6,000 brain tumour patients a year will benefit from effective but less invasive treatments.

Improving early diagnosis of all cancer is a priority for this Government however we recognise that diagnosis of brain tumours can present certain challenges in general practice. As such, we support the work of HeadSmart in increasing awareness of symptoms that might be brain cancer. As well as making the National Health Service in England aware of the benefits of HeadSmart we have highlighted its benefits with

Directors of Public Health, health visitors and school nurses, to encourage their use by professionals in signposting to specialist advice if needed. Further information is available at:

<https://www.headsmart.org.uk/>

NHS England has confirmed £200 million of transformation funding over the next two years, to encourage local areas to find new and innovative ways to diagnose cancer earlier. NHS England's Accelerate, Co-ordinate, Evaluate (ACE) programme is testing innovative ways of diagnosing cancer earlier, with ACE Wave 2 piloting multi-disciplinary diagnostic centres for patients with vague or non-specific symptoms, such as brain cancers.

Finally, the government has committed its support to the newly established Less Survivable Cancers Taskforce. The Taskforce is a radical new taskforce representing cancers with stubbornly poor survival rates, specifically lung, liver, brain, oesophageal, pancreatic and stomach cancers. Although cancer survival rates are at an all-time high, these cancers all have a five-year survival rate of less than 20%. The Taskforce calls for the changes required in research, diagnosis, treatment and care to level up the less survivable cancers with those where great progress has been made.

28 Mar 2018 | Written questions | Answered | House of Commons | 134302

Date tabled: 26 Mar 2018 | **Date for answer:** 28 Mar 2018 | **Date answered:** 28 Mar 2018

- [Breast Cancer](#)

Asked by: Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, with reference to the report by the APPG on Breast Cancer, A Mixed Picture: An Inquiry into Geographical Inequalities and Breast Cancer, what steps he is taking to reduce inequalities in breast cancer outcomes across the UK; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

NHS England is committed to transforming cancer care for all cancers, including breast cancer, across the country, and to reducing inequality and promoting equity of access to services. The report recommends improving the use of data: NHS England and Public Health England (PHE) have set up the Cancer Alliance Data, Evidence and Analysis Service, to help drive evidence-based local decisions in the delivery of improved cancer outcomes, using a whole pathway and cross-organisational approach.

On workforce, NHS England is working closely with Health Education England (HEE) following publication in December of the cancer

workforce plan, and Cancer Alliances will work with their local HEE offices and regional teams to produce local plans.

On early diagnosis, PHE has launched the 'Be Clear on Cancer' Campaign to raise awareness of specific symptoms and encourage those with symptoms to visit their doctor. The latest campaign, launched on 22 February, focuses on breast cancer in people aged over 70.

To improve the uptake of screening, we are continuing to invest in initiatives to help ensure equality of access, including through locally targeted interventions. PHE has produced a new 'Breast screening: easy guide', and this, along with other initiatives such as text and general practitioner reminders, are examples of some of the ways which we are getting the information through to women so they can decide whether screening is right for them.

13 Mar 2018 | Written questions | Answered | House of Commons | 131735

Date tabled: 08 Mar 2018 | **Date for answer:** 13 Mar 2018 | **Date answered:** 13 Mar 2018

- [Wirral University Teaching Hospital NHS Foundation Trust](#)

Asked by: Field, Frank | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, how many operations at Wirral University Teaching Hospital NHS Foundation Trust have been (a) postponed and (b) cancelled in the most recent three months for which data is available.

Answering member: Stephen Barclay | **Party:** Conservative Party | **Department:** Department of Health and Social Care

This information is not available in the format requested. NHS England publishes quarterly performance data on the number of last minute elective operations cancelled for non-clinical reasons.

This can be accessed via NHS England's statistical work areas webpage at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/cancelled-ops-data/>

The National Emergency Pressures Panel (NEPP) met on 2 January 2018 and recommended that non-urgent operations be deferred until 31 January 2018 to increase capacity for emergency cases. NEPP's recommendations to trusts were clear that cancer operations and procedures where deferral would lead to a deterioration in the patient's condition were not in scope and should continue as planned.

NHS England and NHS Improvement will undertake a review of the arrangements and interventions undertaken this winter, including the recommendations issued by NEPP on the deferment of patients' routine elective treatment. For those patients who have not had new

appointments, cancelled operations should be rescheduled at the earliest opportunity, taking into account patients' clinical need.

08 Mar 2018 | Written questions | Answered | House of Commons | 130424

Date tabled: 28 Feb 2018 | **Date for answer:** 05 Mar 2018 | **Date answered:** 08 Mar 2018

- [Cancer: Screening](#)

Asked by: Ashworth, Jonathan | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, what the average waiting time was for cancer test results in each hospital trust in England in 2009-10 and each subsequent year.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

Data is not available in the format requested.

NHS England publishes monthly performance data against the waiting times standards for diagnostic tests and the waiting times of people referred by their general practitioner with suspected cancer or breast symptoms and those subsequently diagnosed with and treated for cancer. This information is available at the following links:

<https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/>

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

Performance data on diagnostic tests include Magnetic Resonance Imaging scans and the other key tests (chest x-ray to aid in diagnosing lung cancer; non-obstetric ultrasound to support the diagnosis of ovarian cancers; flexible sigmoidoscopy/colonoscopy to support the diagnosis of bowel cancer), however many of the tests also have wider clinical uses.

07 Mar 2018 | Written questions | Answered | House of Commons | 130199

Date tabled: 27 Feb 2018 | **Date for answer:** 01 Mar 2018 | **Date answered:** 07 Mar 2018

- [Brain: Tumours](#)

Asked by: Amesbury, Mike | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what assessment he has made of the link between early diagnosis of brain tumours following MRI scans and cancer survival rates; and what steps his Department is taking to improve the early detection of such tumours.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

Cancerous brain tumours are difficult to diagnose and often require immediate treatment. Adults with suspected brain and central nervous system cancers are urgently referred for an MRI scan of the brain for assessment¹. For diagnosed patients, the survival statistics are:

- 14% of patients survive for ten years or more;
- 19% of patients survive for five years or more; and
- 40% of patients survive for one year or more.

Earlier diagnosis is a key priority for NHS England. We are investing £200 million in transformation funding for earlier diagnosis and better post-treatment care and support for cancer patients.

The National Cancer Programme has established a number of initiatives to support ambitions of improving earlier diagnosis including:

- The Accelerate, Coordinate, Evaluate (ACE) programme tests a new, multi-disciplinary diagnostic centre approach to diagnosing patients. The model is focussed on patients with vague or unclear but concerning symptoms, to ensure they receive a diagnosis as quickly as possible; and
- The Faster Diagnosis Standard aims to ensure that patients that are referred for an investigation with a suspicion of cancer, including brain tumours, are diagnosed or have cancer ruled out within 28 days, and we are continuing to move towards national implementation, with a new measurement system going live in hospitals from 1 April 2018.

The Government is also supportive of HeadSmart, a United Kingdom-wide campaign to reduce diagnosis times of childhood brain tumours. The campaign aims to raise national awareness of the common signs and symptoms of a brain tumour in children and young people by equipping parents, the public and healthcare professionals with the information they need.

Finally, last week the Government announced a package, alongside Cancer Research UK and Brain Tumour Research, to boost research and investment into brain tumours. We will commit £20 million, through the National Institute for Health Research (NIHR), over the next five years – with the aim of doubling this amount once new high-quality research proposals become available. Cancer Research UK has also confirmed £25 million over five years in major research centres and programmes dedicated to brain tumours. This research will make new discoveries that the NIHR can then translate into treatments for patients.

Notes:

¹National Institute for Health and Care Excellence –

<https://www.nice.org.uk/guidance/ng12/chapter/1-recommendations-organised-by-site-of-cancer#brain-and-central-nervous-system-cancers>

2Cancer Research UK - <http://www.cancerresearchuk.org/health-professional/cancer-statistics/statistics-by-cancer-type/brain-other-cns-and-intracranial-tumours#heading-Zero>

26 Feb 2018 | Written questions | Answered | House of Commons | 128883

Date tabled: 21 Feb 2018 | **Date for answer:** 26 Feb 2018 | **Date answered:** 26 Feb 2018

- [Cancer](#)

Asked by: Dakin, Nic | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, with reference to page 22 of Next Steps On The NHS Five Year Forward View, published in March 2017, what the evidential basis is for the statements that (a) an estimated 7000+ more people surviving cancer after successful NHS cancer treatment compared to three years prior and (b) within two years, more than 5000 extra people a year will survive cancer as compared to now.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The survival projections are based on the one-year survival figures in the Office for National Statistics publication of the Clinical Commissioning Group Cancer Survival Index. One-year survival for all cancers was measured for patients diagnosed between 2010 and 2014 and followed up 2015. Further information can be found at the following link:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/indexofcancersurvivalforclinicalcommissioninggroupsinengland/adultsdiagnosed1999to2014andfollowedupto2015>

26 Feb 2018 | Written questions | Answered | House of Commons | 127294

Date tabled: 07 Feb 2018 | **Date for answer:** 20 Feb 2018 | **Date answered:** 26 Feb 2018

- [Prostate Cancer](#)

Asked by: Dodds, Nigel | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the reasons for the increase in the number of men dying as a result of prostate cancer.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Prostate cancer is a disease that mainly affects men over the age of 55 and the numbers of men diagnosed has increased due to the ageing population. Increased use of the prostate specific antigen blood test in

primary care over the last two decades has also resulted in more men being referred to secondary care and an increase in diagnoses of prostate cancer. Cancer survival is now at an all-time high in England and five-year survival for prostate cancer is 88.3%, higher than for most other cancers. NHS England continues to support effective new treatments and diagnostics and implement the ambitious independent Cancer Taskforce strategy and is working closely with leading clinical experts and Prostate Cancer UK to bring the latest research on this disease into practice. Targeted work is also being undertaken to ensure prostate cancer is diagnosed quickly and that everyone receives the best care wherever they live across the country.

26 Feb 2018 | Written questions | Answered | House of Commons | 127147

Date tabled: 07 Feb 2018 | **Date for answer:** 20 Feb 2018 | **Date answered:** 26 Feb 2018

- [Surgery: Waiting Lists](#)

Asked by: Lamb, Norman | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, how many operations were (a) cancelled and (b) postponed for patients with (i) cancer, (ii) heart disease (iii) other surgeries categorised as urgent in December 2017 and January 2018.

Answering member: Stephen Barclay | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The National Emergency Pressures Panel (NEPP) met on 2 January 2018 and recommended that non-urgent operations be deferred until 31 January 2018 to increase capacity for emergency cases. NEPP's recommendations to trusts were clear that cancer operations and procedures where deferral would lead to a deterioration in the patient's condition were not in scope and should continue as planned.

NHS England and NHS Improvement will undertake a review of the arrangements and interventions undertaken this winter, including the recommendations issued by NEPP on the deferment of patients' routine elective treatment. For those patients who have not had new appointments, cancelled operations should be rescheduled at the earliest opportunity, taking into account patients' clinical need.

The Government has supported the National Health Service to manage winter pressures with £337 million additional funding.

01 Mar 2018 | Written questions | Answered | House of Commons | 129337

Date tabled: 22 Feb 2018 | **Date for answer:** 26 Feb 2018 | **Date answered:** 01 Mar 2018

- [Lung Cancer: Diagnosis](#)

Asked by: Coaker, Vernon | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to improve the early diagnosis of lung cancer; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

NHS England has made £200 million transformation funding available over two years to drive earlier diagnosis and support people living with and beyond cancer.

A number of initiatives are in place to improve early diagnosis of cancer, including lung cancer:

- NHE England is implementing the nationally agreed rapid assessment and diagnostic pathways for lung, prostate and colorectal cancers, ensuring that patients get timely access to the latest diagnosis and treatment.

- Public Health England ran a national Be Clear On Cancer respiratory symptoms campaign from April to August 2017, focusing on the symptoms of persistent cough and breathlessness. The campaign covered lung cancer along with other conditions such as heart disease and other lung disease. Further information is available at:

<https://campaignresources.phe.gov.uk/resources/campaigns/16-be-clear-on-cancer/overview>

- NHS England is also trialling new ways of diagnosing cancers faster and earlier, including through pilot programmes offering low dose computed tomography scanning based on an assessment of lung cancer risk in clinical commissioning groups with low lung cancer survival rates.

22 Feb 2018 | Written questions | Answered | House of Commons | 128009

Date tabled: 19 Feb 2018 | **Date for answer:** 22 Feb 2018 | **Date answered:** 22 Feb 2018

- [Cervical Cancer: Screening](#)

Asked by: Amess, Sir David | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, what steps are being taken to minimise the waiting time for cervical screening test results.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

Cervical screening turnaround time is a quality measure and allows the National Health Service to understand how fast processes are working. The measure is that at least 98% of screening results letters for women who have attended for their cervical screen should be received within 14 days from the date of the screening appointment.

Presently there is a delay in some areas for some women who are waiting to receive the results from their cervical screening test, due to a forthcoming change to the national cervical screening pathway where cytology (which is currently the first test performed on all screening samples) will be replaced by the end of 2019 by a new more automated test than currently; primary human papillomavirus (HPV) screening. This new HPV test brings added benefits for women and will prevent more cases of cervical cancer.

Once this new test is implemented the requirement for cytology workforce will reduce. This is already impacting the services as retention of the workforce becomes more difficult.

The NHS is putting in place solutions to reduce the time it is taking for women to receive their results, such as establishing a national mitigation plan to provide more capacity ahead of the new primary HPV test being implemented. Equally, local commissioning teams are working with their cervical screening providers to put in place local strategies to improve the turnaround time for women to receive results in their areas.

22 Feb 2018 | Written questions | Answered | House of Commons | 127934

Date tabled: 19 Feb 2018 | **Date for answer:** 22 Feb 2018 | **Date answered:** 22 Feb 2018

- [Haematological Cancer](#)

Asked by: Smith, Henry | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, with reference to the most recent results of the National Cancer Patient Experience Survey, what steps (a) his Department and (b) NHS England are taking to improve the training for healthcare professionals to ensure that people with blood cancer understand their diagnosis.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

Health Education England, alongside NHS England, has recently published the Cancer Workforce plan, which sets out the steps to transform the cancer workforce in line with the independent cancer taskforce recommendations. This will aim to improve patient outcomes and deliver a better patient experience across all tumour types, including haematological cancers. The report sets out the plan for improving the training of healthcare professionals, as well as recruitment and retention plans. The report can be found at:

<https://www.hee.nhs.uk/news-blogs-events/hee-news/health-education-england-unveils-plan-transform-future-nhs-cancer-workforce>

08 Feb 2018 | Written questions | Answered | House of Commons | 126785

Date tabled: 06 Feb 2018 | **Date for answer:** 08 Feb 2018 | **Date answered:** 08 Feb 2018

- [Cervical Cancer: Screening](#)

Asked by: De Piero, Gloria | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, what the timetable is for the publication of the most recent data on smear test uptake in the UK.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

The National Health Service Cervical Screening Programme measures coverage rather than smear test uptake rate. Data are provided by NHS Digital and are available at:

<https://digital.nhs.uk/catalogue/PUB30134>

General practice/clinical commissioning group level coverage is available at:

<http://digital.nhs.uk/catalogue/PUB24229>

30 Jan 2018 | Written questions | Answered | House of Commons | 124165

Date tabled: 22 Jan 2018 | **Date for answer:** 24 Jan 2018 | **Date answered:** 30 Jan 2018

- [Cancer: Medical Treatments](#)

Asked by: Berger, Luciana | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health and Social Care, how many hospitals have met the national cancer waiting time standard for commencing chemotherapy treatment within 31 days of a clinical decision having been made in the latest period for which figures are available.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health and Social Care

132 out of 139 National Health Service trusts reporting activity in November 2017 (latest data available) met the 98% standard of delivering an anti-cancer drug regimen within one month of a decision to treat.

NHS England publishes quarterly performance data on cancer waiting times standards, along with monthly provisional statistics which can be accessed at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

16 Jan 2018 | Written questions | Answered | House of Commons | 122318

Date tabled: 11 Jan 2018 | **Date for answer:** 16 Jan 2018 | **Date answered:** 16 Jan 2018

- [Cancer: Oxfordshire](#)

Asked by: Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure compliance with the national cancer waiting time standard in Oxfordshire; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

Oxford University Hospital NHS Foundation Trust is currently meeting seven out of the eight national cancer waiting times standards. Oxford Clinical Commissioning Group is working with Oxford University Hospitals NHS Foundation Trust to improve waiting times performance and ensure national standards are met, including the 62-day cancer standard.

Achieving the unmet 62-day cancer standard is a key objective in the Government's Mandate to NHS England for 2017-18 and Next Steps on the NHS Five Year Forward View.

17 Jan 2018 | Written questions | Answered | House of Commons | 121972

Date tabled: 10 Jan 2018 | **Date for answer:** 15 Jan 2018 | **Date answered:** 17 Jan 2018

- [Nurses: Oxfordshire](#)

Asked by: Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health and Social Care, what assessment he has made of the reasons for shortages in chemotherapy nurses in Oxfordshire; and if he will make a statement.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

Oxford University Hospitals NHS Foundation Trust continues to meet operational standards for providing cancer care to its patients. The most recent figures for Q2 2017/18 show:

- Two Week Wait from GP Urgent Referral to First Consultant Appointment: 96.9% (operational standard 95%);
- One Month Wait from a Decision to Treat to a First Treatment for Cancer: 97.0% (operational standard 95%); and
- Two Month Wait from GP Urgent Referral to a First Treatment for Cancer: 85.1% (operational standard 85%).

We are committed to improving the capability and capacity of the cancer workforce in England. Health Education England (HEE) published its first ever Cancer Workforce Plan on 5 December 2017, setting out

plans to increase the numbers working in cancer care, speeding up diagnoses and treatment.

Macmillan Cancer Support are currently carrying out a Specialist Adult Cancer Nurse Census

to understand the current size and location of the specialist cancer nurse workforce. This will

enable HEE to develop a much more comprehensive picture of how many specialist nurses are working in cancer and what further action and investment might be required to ensure timely and good quality patient care and experience.

15 Jan 2018 | Written questions | Answered | House of Commons | 121973

Date tabled: 10 Jan 2018 | **Date for answer:** 15 Jan 2018 | **Date answered:** 15 Jan 2018

- [King's College Hospital](#)

Asked by: Harman, Ms Harriet | **Party:** Labour Party

To ask the Secretary of State for Health, what the average cancer treatment waiting time was at King's College Hospital Denmark Hill site in each of the last seven years.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health and Social Care

Data is not available in the format requested.

NHS England publishes quarterly performance data on cancer waiting times standards, along with monthly provisional statistics. This is published at trust level rather than by individual hospital site and can be accessed at:

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

08 Jan 2018 | Written questions | Answered | House of Commons | 120780

Date tabled: 20 Dec 2017 | **Date for answer:** 08 Jan 2018 | **Date answered:** 08 Jan 2018

- [Cancer: Finance](#)

Asked by: Ashworth, Jonathan | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, which Cancer Alliances have been created in England and how much funding has been allocated to each Cancer Alliance.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health

All Cancer Alliances have a delivery plan in place to deliver the recommendations of the independent Cancer Taskforce, and have

received core funding to establish themselves in an alliance structure. A further £200 million has been committed in transformation funding in 2017-18 and 2018-19 to support Cancer Alliances with a particular focus on finding new and innovative ways to diagnose cancer earlier, improving the care for those living with cancer and ensuring each cancer patient gets the right care for them. Cancer Alliances are receiving this transformation funding in phases over the course of 2017-18 based on the readiness of systems to take on the transformation work and the strength of their plans. The full investment in delivering the Cancer Strategy for England is set out in the two year progress report published in October 2017, which can be found at this link:

<https://www.england.nhs.uk/publication/achieving-world-class-cancer-outcomes/>

The Cancer Alliances in England are listed below.

North

Cheshire and Merseyside

Humber, Coast and Vale

Lancashire and South Cumbria

North East and Cumbria

South Yorkshire, Bassetlaw, North Derbyshire and Hardwick

West Yorkshire

Midlands and East

East of England

East Midlands

West Midlands

London

South East London

South

Kent and Medway

Peninsula

Somerset, Wiltshire, Avon and Gloucestershire

Surrey and Sussex

Thames Valley

Wessex

National Cancer Vanguard

Greater Manchester

North Central and North East London

North West and South West London

30 Nov 2017 | Written questions | Answered | House of Commons | 115987

Date tabled: 27 Nov 2017 | **Date for answer:** 30 Nov 2017 | **Date answered:** 30 Nov 2017

- [Clinical Commissioning Groups](#)

Asked by: Twigg, Derek | **Party:** Labour Party

To ask the Secretary of State for Health, which CCG's have experienced a reduction in the number of referrals in 2017-18; and by what (a) percentage and (b) number of cases each such CCG's referrals have so reduced.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

The information is not collected in the format requested and could only be obtained at disproportionate cost.

Official statistics are published by NHS England throughout the year for specific work areas, including consultant-led referral to treatment and cancer waiting times. The publication calendar can be accessed online.

This information is published at both provider and commissioner level and can be found at this link:

<https://www.england.nhs.uk/statistics/12-months-statistics-calendar/>

27 Nov 2017 | Written questions | Answered | House of Commons | 115209

Date tabled: 22 Nov 2017 | **Date for answer:** 27 Nov 2017 | **Date answered:** 27 Nov 2017

- [Endoscopy](#)

Asked by: Drew, Dr David | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what assessment he has made of his Department's capacity to fund the Health Education England's recommendations on cancer with specific reference to (a) workforce requirements on endoscopy and (b) accelerated training requirements for clinical endoscopy.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

NHS England has the funds necessary to improve cancer services over the next five years as part of the £8 billion funding increase in real terms by 2020-21 compared to 2015-16. The recommendations in the Cancer Strategy for England report, produced in July 2015 by the independent Cancer Taskforce give direction as to where these funds should be targeted.

The forthcoming Health Education England (HEE) cancer workforce plan will set out actions as recommended in the Cancer Strategy for England, including for endoscopy up to 2020/21. The plan will also consider future challenges beyond 2020/21.

HEE is currently training an additional 200 clinical endoscopists through the accelerated training programme by 2018. Projections estimate that this will equate to a further 225,000 procedures annually by 2020. HEE is committed to maintaining the clinical endoscopy workforce beyond 2018.

21 Nov 2017 | Written questions | Answered | House of Commons | 112705

Date tabled: 13 Nov 2017 | **Date for answer:** 15 Nov 2017 | **Date answered:** 21 Nov 2017

- [Colorectal Cancer](#)

Asked by: Donelan, Michelle | **Party:** Conservative Party

To ask the Secretary of State for Health, what steps his Department takes to monitor adherence to waiting-time standards for suspected bowel cancer.

Answering member: Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

Maintaining and improving patient access standards, including the eight cancer waiting times standards is a key objective of the Mandate to NHS England in 2017/18. NHS England has set out their approach to meeting and improving patient access standards in the 'Next steps on the NHS Five Year Forward View' which was produced in partnership with organisations including NHS Improvement.

The Department uses performance data published on a monthly basis by NHS England to monitor compliance with the cancer waiting times standards and there are robust processes in place to hold NHS England and NHS Improvement to account for performance and ensure compliance with the cancer standard is discussed in the course of this process.

The latest data for September 2017 showed that the National Health Service is meeting seven out of the eight cancer waiting times standards. The data can be accessed at the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

20 Nov 2017 | Written questions | Answered | House of Commons | 112383

Date tabled: 10 Nov 2017 | **Date for answer:** 14 Nov 2017 | **Date answered:** 20 Nov 2017

- [Cancer](#)

Asked by: McCabe, Steve | **Party:** Labour Party

To ask the Secretary of State for Health, what progress he has made on the implementation of the Cancer Strategy; and what resources from the public purse he has allocated for that implementation.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health

NHS England has confirmed funding of £607 million between 2017/18 and 2020/21 to support delivery of the Cancer Strategy for England. Progress on implementation and the full investment in delivering the strategy is set out in the Progress Report for 2016/17 published in October 2017 at:

<https://www.england.nhs.uk/wp-content/uploads/2017/10/national-cancer-transformation-programme-2016-17-progress.pdf>

14 Nov 2017 | Written questions | Answered | House of Commons | 111561

Date tabled: 06 Nov 2017 | **Date for answer:** 13 Nov 2017 | **Date answered:** 14 Nov 2017

- [Cancer: Finance](#)

Asked by: Tracey, Craig | **Party:** Conservative Party

To ask the Secretary of State for Health, what proportion of the Cancer Transformation Funding in 2017-18 has been provided to Cancer Alliances; and whether any remaining funding will be rolled over into the budget for 2018-19 in order to ensure that NHS England meets its cancer strategy funding commitments.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health

All Cancer Alliances have a delivery plan in place for the Cancer Taskforce recommendations. £200 million was committed in transformation funding to support Alliances with a particular focus on driving improvements in early diagnosis and quality of life over this and the next financial year. Cancer Alliances are starting to receive Transformation funding in phases over the course of this year based on the readiness of systems to take on the transformation work and the strength of their plans. The full investment in delivering the Cancer Taskforce strategy is set out in the One Year On report, and most recently in the Progress Report for 2016/17 published in October 2017 and is available at the following link:

<https://www.england.nhs.uk/wp-content/uploads/2017/10/national-cancer-transformation-programme-2016-17-progress.pdf>

08 Nov 2017 | Written questions | Answered | House of Commons | 111229

Date tabled: 02 Nov 2017 | **Date for answer:** 06 Nov 2017 | **Date answered:** 08 Nov 2017

- [Hospitals: Waiting Lists](#)

Asked by: Zeichner, Daniel | **Party:** Labour Party

To ask the Secretary of State for Health, whether point 2.33 on the use of minimum waits in his Department's Operating Framework for the NHS in England 2012-13 is still Government policy.

Answering member: Mr Philip Dunne | **Party:** Conservative Party |

Department: Department of Health

The NHS Operating Framework for 2012/13 that the Department published in November 2011 is no longer current. NHS Operating Planning and Contracting Guidance for 2017-19 is the current operating guidance. Patients are treated based on clinical assessment of priority.

There are two waiting times rights within the NHS Constitution. The first outlines that patients have a right to start consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions. If this is not possible, the clinical commissioning group or NHS England, which commissions and funds treatment, must take all reasonable steps to offer a suitable alternative provider, or if there is more than one, a range of suitable providers, that would be able to see or treat the patient more quickly than the provider to which they were referred. The second is that 93% of patients to have a maximum two week wait from urgent general practitioner referrals where cancer is suspected.

08 Nov 2017 | Written questions | Answered | House of Commons | 111047

Date tabled: 02 Nov 2017 | **Date for answer:** 06 Nov 2017 | **Date answered:** 08 Nov 2017

- [NHS: Vacancies](#)

Asked by: Dakin, Nic | **Party:** Labour Party

To ask the Secretary of State for Health, what recent estimate he has made of vacancies in the NHS diagnostic workforce; and what assessment he has made of the implications of that number of vacancies for (a) meeting cancer waiting time targets and (b) introducing FIT to bowel screening to the level planned.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health

The data on the number of vacancies in the National Health Service diagnostic workforce is not available centrally.

NHS Digital collects data on the number of advertised vacancies across the NHS. The NHS vacancy statistics for the period 1 April 2016 to 31 March 2017 shows there were 1,261 full-time equivalent vacancies with 'diagnostic' in the title.

The NHS is meeting six out of eight cancer waiting times standards (August 2017). This is despite 970,000 more people being urgently referred in 2016/17 compared to 2009/10 - an increase of 108%.

Specific work has been taking place on the recruitment of Clinical (non-medical) Endoscopists. Progress is on track to meet the target of 200 new non-medical Endoscopists by the end of 2018.

This work is taking place alongside a greater focus on the 62 day cancer waiting time target with investments in pathway coordinators and redesigned, quicker clinical pathways.

Public Health England, which leads the Faecal Immunochemical Test (FIT) screening programme, is working with Health Education England and others to understand the training and capacity demand deriving from the introduction of FIT in April 2018.

30 Oct 2017 | Written questions | Answered | House of Commons | 109563

Date tabled: 25 Oct 2017 | **Date for answer:** 30 Oct 2017 | **Date answered:** 30 Oct 2017

- [Cancer](#)

Asked by: Dakin, Nic | **Party:** Labour Party

To ask the Secretary of State for Health, what steps his Department is taking to ensure cancer waiting time targets are met.

Answering member: Steve Brine | **Party:** Conservative Party |

Department: Department of Health

The National Health Service is meeting six out of eight cancer waiting times standards (June 2017) including ensuring that 93% of patients are seen within two weeks of an urgent general practitioner referral and that 96% of patients receive their first treatment for cancer within 31 days of diagnosis. This is despite 970,000 more people being urgently referred in 2016/17 compared to 2009/10 - an increase of 108%.

Achieving the 62-day cancer standard is a key objective in the Government's Mandate to NHS England for 2017-18 and Next Steps on the NHS Five Year Forward View. NHS England and NHS Improvement are providing support and challenge to those trusts that need to improve their performance against this standard.

NHS England has confirmed £200 million of transformation funding to improve cancer services over the next two years. This includes encouraging local areas to find new and innovative ways to diagnose cancer earlier.

Cancer survival rates are at a record high and the NHS has estimated 7,000 more people are surviving cancer after successful NHS cancer treatment compared to three years ago.

14 Sep 2017 | Written questions | Answered | House of Commons | 9750

Date tabled: 11 Sep 2017 | **Date for answer:** 14 Sep 2017 | **Date answered:** 14 Sep 2017

- [Colorectal Cancer](#)

Asked by: Moran, Layla | **Party:** Liberal Democrats

To ask the Secretary of State for Health, what steps he is taking to ensure that there is sufficient resource and capacity to meet waiting time standards for colonoscopy and flexible sigmoidoscopy for suspected lower gastrointestinal cancer.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

NHS England and NHS Improvement regional teams are leading work to ensure that cancer waiting times standards are met. This involves continually assessing demand and capacity for diagnostic tests.

In December 2016, NHS England announced that £200 million would be made available to Cancer Alliances over the next two years (2017/18 and 2018/19) to support delivery, including of early diagnosis. Cancer Alliances will be the driving force to deliver transformation of cancer services locally bringing together senior leaders from the region to effectively make decisions on the management of resources.

Oxfordshire Clinical Commissioning Group carried out a procurement of local diagnostic services to enable wider provision in the community of colonoscopy, flexi-sigmoidoscopy and endoscopy services.

The majority of patients are being diagnosed and treated promptly against a backdrop of more people being referred and diagnosed than ever before. In 2016/17 the National Health Service carried out 21.4 million diagnostic tests, 7 million more than in 2010.

11 Sep 2017 | Written questions | Answered | House of Commons | 7684

Date tabled: 04 Sep 2017 | **Date for answer:** 06 Sep 2017 | **Date answered:** 11 Sep 2017

- [Cancer: Diagnosis](#)

Asked by: Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health, what steps are being taken to speed up the process of patients receiving cancer tests and diagnoses.

Answering member: Steve Brine | **Party:** Conservative Party |
Department: Department of Health

The independent Cancer Taskforce published the Cancer Strategy for England in July 2015. A major recommendation of the Strategy was a new cancer waiting times target that, by 2020, National Health Service cancer patients will be given a definitive diagnosis or the all clear within 28 days of being referred by a general practitioner. The Faster Diagnosis Standard is currently being tested in five local health economies. This project is being independently evaluated, with an interim evaluation report delivered in May 2017. A final report is due in May 2018, which will inform national roll-out.

20 Jul 2017 | Written questions | Answered | House of Commons | 5484

Date tabled: 17 Jul 2017 | **Date for answer:** 19 Jul 2017 | **Date answered:** 20 Jul 2017

- [Bladder Cancer](#)

Asked by: Austin, Ian | **Party:** Labour Party

To ask the Secretary of State for Health, what steps his Department is taking to accelerate the diagnosis of people with bladder cancer.

Answering member: David Mowat | **Party:** Conservative Party |

Department: Department of Health

In December 2016, NHS England announced that over £200 million will be made available to Cancer Alliances over the next two years to support earlier and faster diagnosis alongside measures to support people living with and beyond cancer. The Faster Diagnosis Standard to be rolled out across England by 2020, will ensure that every patient referred for an investigation with a suspicion of cancer is diagnosed or has cancer ruled out within 28 days. The Faster Diagnosis Standard aims to create a more patient-centred access standard for cancer, focussing Waiting Times measurements on what is most important to the patient.

Public Health England's Be Clear on Cancer 'Blood in Pee' campaign aims to raise public awareness of visible haematuria (blood in the urine) as a possible early symptom of bladder and kidney cancer and encourages individuals with those symptoms to go to the doctor as soon as possible. The campaigns used a variety of media to reach a wide audience and the messages were also targeted through the Health and Safety Executive networks to reach those people who having worked with certain occupational chemicals could be at a higher risk of bladder cancer.

A broader campaign approach has been developed to raise awareness of a range of abdominal symptoms that can indicate a wider number of cancers, including bladder, and also encouraged people to visit the doctor promptly with these symptoms. This regional pilot ran from 9 February until 31 March 2017 in the East and West Midlands.

The UK National Screening Committee last reviewed the evidence for bladder cancer in 2015 and concluded that screening should not be offered as a population screening programme because the test marker, urine dip stick, is not reliable. This would lead to large numbers of people being falsely identified as having cancer when they do not and exposing many people to unnecessary tests and procedures. The next review is scheduled in three years, 2018/19, or earlier in light of any new significant published evidence.

24 Apr 2017 | Written questions | Answered | House of Commons | 70443

Date tabled: 13 Apr 2017 | **Date for answer:** 19 Apr 2017 | **Date answered:** 24 Apr 2017

4.2 Oral Parliamentary Questions

- [Engagements](#)

Asked by: Emma Hardy (Kingston upon Hull West and Hessle) (Lab) |
Party: Labour Party

My constituent Hayley Crawley is receiving palliative care for bowel cancer, and she needs a specialist cancer drug that is available for other cancers. She waited for months to hear that her case for funding had been rejected by NHS England, and we are now waiting again for a reply to her appeal. Please will the Prime Minister write to NHS England to ensure that Hayley's case is treated as a priority?

Answered by: The Prime Minister | **Party:** Conservative Party |
Department: Prime Minister

Obviously I am aware that that will be causing distress to Hayley while she is waiting for the appeal decision, and I am sure that the Secretary of State for Health will look closely at the case that the hon. Lady has raised. We were of course able to introduce the Cancer Drugs Fund, which has allowed some patients to have access to drugs that would otherwise not be available, but I recognise the concern and distress from which the hon. Lady's constituent will be suffering while she waits for the decision.

22 Nov 2017 | Prime Minister's questions - Supplementary | Answered | House of Commons | House of Commons chamber | 631 c1044

Date answered: 22 Nov 2017

- [Shortage of Doctors: Medical Provision](#)

Asked by: Jonathan Ashworth | **Party:** Labour Party · Cooperative Party

So the Secretary of State does not agree with Simon Stevens. May I ask him about Simon Stevens's comments last week? He warned that if the underfunding continues, waiting lists will rise from 4 million to 5 million, cancer care will deteriorate, the mental health pledges the Secretary of State has committed to will not be met, and the 18-week target will be permanently abandoned. And is it not the case that if in next week's Budget the Chancellor does not allocate at least an extra £6 billion a year for the NHS, the right hon. Gentleman will have failed in his responsibility as Secretary of State?

Answered by: Mr Hunt | **Party:** Conservative Party | **Department:** Health

What Simon Stevens noticed, and we all noticed, was that when he came with this plan in 2014 Labour refused to back it, and in the 2015 election they refused to fund it—to the tune of the £5.5 billion more that the Conservatives were prepared to put in, but the hon. Gentleman's party refused to put in. He is quoting Simon Stevens, who also said that when the British economy sneezes, the NHS catches a cold—it will be far worse than a cold for the NHS if we have Labour's run on the pound.

14 Nov 2017 | Oral questions - Supplementary | Answered | House of Commons | House of Commons chamber | 631 c133

Date answered: 14 Nov 2017

4.3 Debates

- [Cancer Treatment](#) (HC Deb 19 April cc534-572)
- [Cancer Strategy](#) (HC Deb 22 February 2018 cc399-435)
- [NHS: Cancer Treatments](#) (HL Deb 25 January 2018 cc1168-1194)
- [Cancer Strategy](#) (HC Deb 8 December 2016 cc439-471)
- [Earlier Cancer Diagnosis: NHS Finances](#) (HC Deb 19 October 2016 cc441-468WH)

4.4 Early Day Motions

- [NHS FUNDING AND WAITING TIMES](#)

That this House recognises that the NHS in England is experiencing continued pressure on demand and performance with A&E attendances rising by 9.3 per cent over the last six years and that the number of people waiting for elective treatment has risen by 25 per cent in the last two years; is concerned that since 2009-10 the number of people forced to wait longer than four hours in A&E has more than quadrupled, with 1.8 million people waiting longer than four hours in A&E in 2015-16 and over 24,000 patients waited longer than two months to start urgent cancer treatment, and the two-month cancer target has not been met since December 2015; notes that under the last Labour Government between 2000-01 and 2004-05 average annual spending growth on the NHS was 8.8 per cent; further notes that this is higher than at any other time in the history of the NHS; regrets that the NHS is being asked to find £22 billion in savings by 2020; is further concerned that there are proposals for £270 million worth of cuts for the NHS across Coventry and Warwickshire over the next five years; and calls on the Government to ensure that the NHS is adequately funded to ensure that everyone is able to receive the healthcare that they deserve.

22 Mar 2018 | Early day motions | Open | House of Commons | 1109 (session 2017-19)

Primary sponsor: Cunningham, Jim | **Party:** Labour Party

Other sponsors: Shannon, Jim · Mearns, Ian · Rimmer, Marie · George, Ruth · Western, Matt

Number of signatures: 12

5. Press articles and notices

[NHS delays put thousands of bowel cancer patients at risk](#)

The Telegraph, 3 April 2018

[Check NHS cancer, A&E and operations targets in your area](#)

BBC News, 12 April 2018

[Prostate cancer: Four in 10 cases diagnosed late, charity says](#)

BBC News, 10 April 2018

[Thousands of Scots wait over target time for NHS cancer treatment](#)

The Scotsman, 27 March 2018

[Cancer care campaign has not improved survival rates](#)

The Times, 15 March 2018 [report on a study which looks at NHS attempts to improve cancer care over the last 20 years].

[Charities call for action over cancer waiting times](#)

BBC News, 27 February 2018 [a report on a call from cancer charities on the Scottish Government to act to reduce the length of time patients in Scotland have to wait for key diagnostic tests].

[Hospitals cancelling urgent surgery despite NHS bosses' orders](#)

The Guardian, 4 February 2018

[Cancer treatment targets missed again](#)

The Times, 13 December 2017 [a report on the latest NHS figures on cancer waiting times in Scotland].

[Single cancer waiting times target set for NHS Wales](#)

BBC News, 23 November 2017

[Cancer waiting time targets set to be scrapped in Wales](#)

Wales Online, 23 November 2017

[Sir Harry Burns advises scrapping NHS 18-week hospital target](#)

The Times, 16 November 2017 [report about recommendations made by the former chief medical officer for Scotland on NHS waiting time targets].

[NHS waits for cancer care, A&E and ops worsen across UK](#)

BBC News, 18 October 2017

[NI has never met key NHS cancer target](#)

BBC News, 18 October 2017 [about waiting time targets for cancer treatment in Northern Ireland, first introduced in April 2009].

[Cancer waiting times in Scotland 'worse than 10 years ago'](#)

BBC News, 26 September 2017

[NHS patients waiting for care reaches highest level since 2007](#)

The Independent, 10 August 2017

[Under-strain NHS fails to ensure cancer patients seen quickly enough](#)

The Guardian, 9 June 2017 [report on NHS figures showing a growing number of hospitals in England missing the two-week target for seeing specialist]

[A&E wait times steady but NHS Wales cancer targets behind](#)

BBC News, 20 April 2017

[NHS cancer treatment target in England missed for third consecutive year](#)

Cancer Research UK, 9 February 2017 [report on NHS figures which showed that the 62 day waiting time target for cancer patients in England had been missed at the end of 2016].

6. Further reading

6.1 Commons Library

- Commons Library Debate Pack briefing CDP-2018-0037, [Cancer Strategy](#), 19 February 2018
- Commons Library briefing SN02639, [Waiting times in England, Wales & Scotland: Social Indicators page](#), 27 November 2017
- Commons Library briefing CBP07533, [NHS Scotland Statistics](#), 15 March 2016
- Commons Library briefing SN06994, [NHS Wales Statistics](#), 2 March 2016

6.2 Reports

- Independent Cancer Taskforce, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020](#), July 2015
- NHS England, [Achieving World Class Cancer Outcomes: Taking the strategy forward](#), May 2016
- NHS England, [Achieving World-Class Cancer Outcomes: A Strategy for England 2015-2020 – Progress Report 2016-17](#), October 2017
- MacMillan Cancer Support, [Warning Signs: Challenges to delivering the Cancer Strategy for England by 2020](#), February 2017
- Scottish Government, [Beating Cancer: Ambition and Action](#), March 2016
- Welsh Government, [Cancer Delivery Plan for Wales 2016-2020](#), November 2016 (including an [annual statement of progress](#) published in November 2017)
- Northern Ireland Assembly Research and Information Services Research Paper, [Cancer: Northern Ireland](#), 28 June 2017

6.3 Stakeholder research and analysis

- A. Exarchakou et al., [‘Impact of national cancer policies on cancer survival trends and socioeconomic inequalities in England, 1996-2013: population based study’](#), *British Medical Journal*, March 2018
- Cancer Research UK, [England’s cancer strategy: what has changed in the last two years](#), 19 October 2017

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