

NORTHERN IRELAND WAITING TIME STATISTICS: CANCER WAITING TIMES July - September 2011

This statistics release gives details of the waiting times for patients accessing cancer services at hospitals in Northern Ireland during July, August and September 2011. It details information on (i) the waiting times for a first assessment with a breast cancer specialist following an urgent referral for suspect breast cancer; (ii) the waiting times for cancer treatment following a decision to treat being taken; and (iii) reports on performance against the 2011/12 Ministerial target that 95% of patients should begin their first treatment for cancer within 62 days following an urgent GP referral for suspect cancer. All data are provided by Health and Social Care Trust, and, where applicable, by Tumour Site.

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Cancer Waiting Times in Northern Ireland

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Background

The data contained within this release relates to waiting times for cancer services in Northern Ireland in July, August and September 2011, and reports on the performance of Health and Social Care Trusts against the 2011/12 Ministerial target for treatment for cancer following an urgent GP referral for suspect cancer.

Key Points

- In the month of July 2011, 97.3% of patients waiting for a first assessment with a breast cancer specialist following an urgent breast cancer referral, were seen within 14 days. There were 99.9% and 99.6% of patients seen within 14 days in the months of August and September 2011 respectively (Table 7).
- A total of 98.1% of patients in July 2011 were treated within 31 days of a decision to treat being taken. The percentage of patients treated within 31 days was 97.6% in August and 98.3% in September 2011 (Table 8).
- The 2011/12 Ministerial target relating to waiting times for treatment following an urgent GP referral for suspect cancer requires that 95% of patients should begin their first treatment within 62 days of referral. In July 2011, 78.9% of patients were treated within 62 days, with 82.9% treated within 62 days in August, and 83.3% in September 2011 (Table 10).

Reader Information

Purpose	Details information on the waiting times for cancer services in Northern Ireland, and reports on the performance of Health and Social Care Trusts in Northern Ireland, measured against the 2011/12 Ministerial target for treatment for cancer following an urgent GP referral for suspect cancer.
Authors	Kerry McColgan, Rodney Redmond, Laura Smyth.
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Statistical Quality	Information detailed in this release has been quality assured with HSC Trusts prior to release.
Target audience	DHSSPS, Chief Executives of the Health and Social Care (HSC) Board and Trusts in Northern Ireland, health care professionals, academics, Health & Social Care stakeholders, media and general public.
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Hospital Information Branch (HIB)

Hospital Information Branch is responsible for the collection, quality assurance, analysis and publication of timely and accurate information derived from a wide range of statistical information returns supplied by the Health & Social Care (HSC) Trusts and the HSC Board. Statistical information is collected routinely from a variety of electronic patient level administrative systems and pre-defined EXCEL survey return templates.

The Head of the Branch is the Principal Statistician, Mrs. Laura Smyth. The Branch aims to present information in a meaningful way and provide advice on its uses to customers in the HSC Committee, Professional Advisory Groups, policy branches within the DHSSPS, other Health organisations, academia, private sector organisations, charity/voluntary organisations as well as the general public. The statistical information collected is used to contribute to major exercises such as reporting on the performance of the HSC system, other comparative performance exercises, target setting and monitoring, development of service frameworks as well as policy formulation and evaluation. In addition, the information is used in response to a significantly high volume of Parliamentary / Assembly questions and ad-hoc queries each year.

Information is disseminated through a number of key statistical publications, including: Inpatient Activity, Outpatient Activity, Emergency Care, Mental Health & Learning Disability and Waiting Time Statistics (Inpatient, Outpatient, Diagnostics and Cancer). A detailed list of these publications is available from:

Website: http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats.htm

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Technical Notes

This statistics release presents information on the waiting times for patients accessing cancer services at HSC Trusts in Northern Ireland, and reports on the performance of Health and Social Care Trusts against the 2011/12 Ministerial target for treatment for cancer following an urgent GP referral for suspect cancer. All data are presented by Health and Social Care Trust, and where applicable, by tumour site.

Data Collection

- The information presented in this bulletin derives from the Departmental Return SDR 2 and the Cancer Patient Pathway System (CaPPS).

Data providers are supplied with technical guidance documents outlining the methodologies that should be used in the collection, reporting and validation of each of these data returns. These documents can be accessed at the following link:

http://www.dhsspsni.gov.uk/index/stats_research/hospital-stats/hib_guidance_manuals.htm

Rounding

Percentages have been rounded to one decimal place and as a consequence some percentages may not sum to 100.

Data Quality

All information presented in this bulletin has been validated and quality assured by HSC Trusts prior to publication. For Departmental Returns, HSC Trusts are given a set period of time to submit the information to HIB. Data sourced from the Cancer Patient Pathway System are extracted two months after the end of each quarter to give HSC Trusts sufficient time to update their information. Following submission/extraction, HIB perform a series of validation checks to verify the number of patients waiting over the target and to highlight any inaccuracies in the data. Queries arising from validation checks are presented to HSC Trusts for clarification and if required returns may be amended and/or re-submitted, and changes made to the Cancer Patient Pathway System.

Main Uses of Data

Data contained in this release are published primarily to provide an indication of HSC performance. They allow the general public and the DHSSPS Health Committee to assess the performance of the DHSSPS, the HSC Board and HSC Trusts in providing timely access to cancer services in Northern Ireland. These data also provide policy makers with the necessary information to formulate and evaluate cancer services and are helpful in assessing the effectiveness of resource allocation in providing services that are fully responsive to patients needs. Additionally, cancer waiting time information is used to inform the media, special interest groups and academics, and by the DHSSPS to respond to parliamentary / assembly questions and ad hoc queries from the public. An additional aim of this publication is to make cancer waiting times information publicly available to those people using health services in Northern Ireland. Further advice on uses for these data is outlined in Appendix 2 of this publication.

Waiting Time Information Elsewhere in the United Kingdom

While it is our intention to direct users to waiting time information elsewhere in the UK, users should be aware that cancer waiting times in other administrations are not always measured in a comparable manner to those in Northern Ireland. Details of the cancer waiting times published elsewhere in the UK can be found as detailed below.

England

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomedataandstatistics/HospitalWaitingTimesandListStatistics/CancerWaitingTimes/DH_077389

Scotland

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2011-12-20/2011-12-20-NCWT-Report.pdf?36033266783>

Wales

<http://wales.gov.uk/topics/statistics/headlines/health2011/1112071/?lang=en>

An Official Statistics Publication

These statistics are produced to a high professional standard as set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference. As we want to engage with users of our statistics, we invite you to feedback your comments on this publication to:

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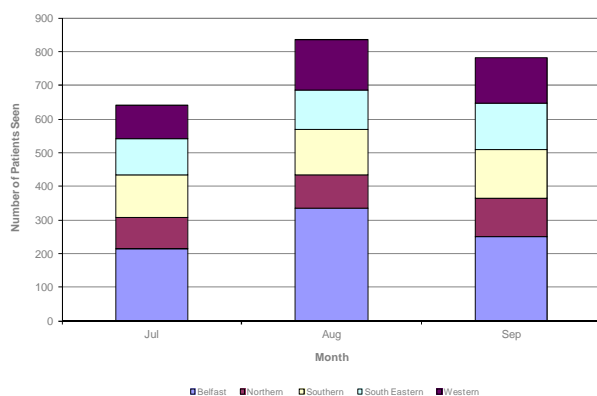
Tel: (028) 90 522506

Northern Ireland Cancer Waiting Times

Number of Patients Seen for a First Assessment with a Breast Cancer Specialist¹

Figure 1 and Table 7 reports on the total number of people seen by a breast cancer specialist following an urgent referral for suspect breast cancer in the months of July, August and September 2011, by HSC Trust.

Figure 1: Number of patients seen for a first assessment with a breast cancer specialist following an urgent referral for suspect breast cancer by HSC Trust: July to September 2011



In July 2011, a total of 640 patients were first seen by a breast cancer specialist following an urgent referral for suspect breast cancer. The greatest number of patients, a third (33.4%, 214), were seen in the Belfast HSC Trust, who saw the greatest proportion of patients in each of the other two months also.

The total number of patients seen rose substantially to 837 in August 2011.

¹ See Table 7 for full reporting on the waiting times for first assessment with a breast cancer specialist. See Explanatory Notes 1-4.

All HSC Trusts saw increases in the number of patients seen in this month compared to July 2011, with the greatest proportional increases being in the Belfast HSC Trust, who saw 336 patients in August compared to 214 in July, and the Western HSC Trust who saw 152 and 99 patients in these months respectively.

There was then a slight decrease in September 2011 in the number of patients seen in Northern Ireland as a whole, with 783 patients seen. The Western HSC Trust experienced a slight drop in the number of patients seen from August, falling from 152 to 137, but the greatest decrease was in the Belfast HSC Trust, who saw 251 patients in September compared to 336 in August 2011. Conversely, the Northern, Southern and South Eastern HSC Trusts all saw a small increase in the number of patients seen compared to both July and August.

Percentage of Patients Seen Within 14 days for a First Assessment with a Breast Cancer Specialist by HSC Trust¹

During July 2011, 97.3% of patients given an urgent referral for suspect breast cancer were seen within 14 days. There were 17 patients who were not seen within 14 days, eleven of whom were within the Southern HSC Trust, five of whom were in the Belfast HSC Trust, and one who was within the South Eastern HSC Trust (Table 1).

During the month of August 2011, 99.9% of patients were seen within 14 days. The one patient who was not seen within 14 days was in the Belfast HSC Trust.

During September 2011, 99.6% of patients were seen within 14 days. Of the three patients who were not seen within 14 days, all were within the Belfast HSC Trust.

Table 1: Percentage of patients seen within 14 days by a breast cancer specialist following an urgent referral for suspect breast cancer in Health and Social Care Trusts in Northern Ireland: July to September 2011

	Percentage (%) seen within 14 days		
	Jul	Aug	Sep
Belfast	97.7	99.7	98.8
Northern	100.0	100.0	100.0
Southern	91.2	100.0	100.0
South Eastern	99.1	100.0	100.0
Western	100.0	100.0	100.0
Northern Ireland	97.3	99.9	99.6

Waiting Times for a First Assessment with a Breast Cancer Specialist – Monthly Trends¹

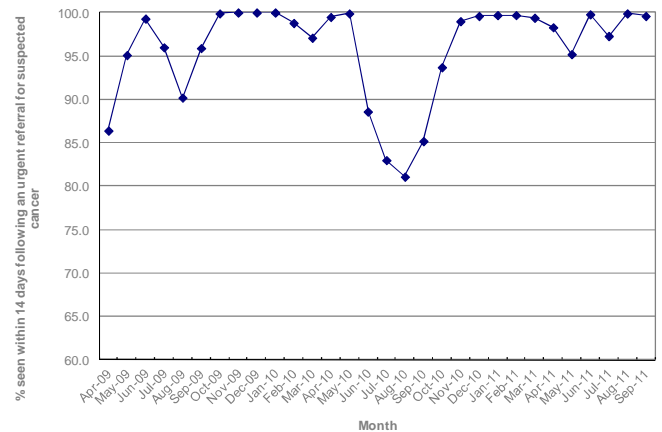
Figure 2 shows the monthly trends in the percentage of patients seen within 14 days from April 2009 to September 2011.

In the months between April 2009 to September 2009 there was considerable variation in the percentage of patients seen within 14 days with an improvement in performance in the first three months, followed by a deterioration in the waiting time position, and then another subsequent improvement.

The waiting time position then largely stabilised with 100% of patients being seen by a breast cancer specialist within 14 days in the months of October 2009 to January 2010. However, performance began to decline once again beginning in June

2010, with the waiting time position reaching its lowest point ever in August 2010, with only 81.1% of patients seen within 14 days. This was largely due to the deterioration in the Western HSC Trust's performance. However, since September 2010 the percentage of patients seen within 14 days has markedly improved, peaking at 99.9% of patients seen within 14 days in August 2011.

Figure 2: Percentage of patients seen by a breast cancer specialist within 14 days following an urgent referral for suspect breast cancer – Monthly Trends: April 2009 to September 2011



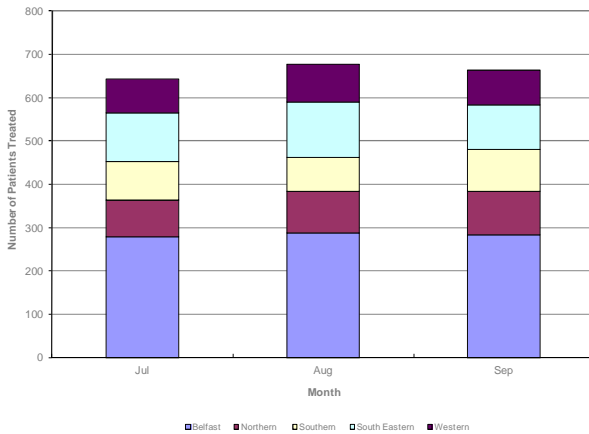
Number of Patients Treated following a Decision to Treat²

Figure 3 and Table 8 shows the number of people who received their first definitive treatment for cancer in the months of July, August and September 2011, irrespective of the source or status of their referral, by HSC Trust.

¹ See Table 7 for full reporting on the waiting times for first assessment with a breast cancer specialist. See Explanatory Notes 1-4.

² See Tables 8 and 9 for full reporting on the waiting times for treatment following a decision to treat. See Explanatory Notes 1 & 5-7.

Figure 3: Number of patients receiving a first definitive treatment for cancer following a decision to treat, by HSC Trust: July to September 2011



There were a total of 644 patients who received treatment for cancer in July 2011. Over four tenths (43.3%, 279) of these were seen in the Belfast HSC Trust, who treated the largest proportion of patients in all three months.

The number of patients treated in Northern Ireland as a whole rose to 678 in August 2011. There was a small decrease in the number of patients treated in the Southern HSC Trust (78 patients seen in August compared to 89 in July), whilst all other HSC Trusts saw slight increases from the number of people treated the previous month.

The total number treated then dropped slightly to 663 in September 2011. The largest proportional increase was in the Southern HSC Trust, who saw 96 patients in September 2011 compared to 78 in August. Conversely, the South Eastern HSC Trust treated their lowest number of patients (104), in September 2011 out of all three months.

Percentage of Patients Treated Within 31 days following a Decision to Treat, by HSC Trust²

During the month of July 2011, 644 patients commenced treatment for cancer following a decision to treat being taken, with 632 (98.1%) treated within 31 days. Of the 12 patients that waited longer than 31 days, eight were in the Belfast HSC Trust, two were in the Western HSC Trust, one was in the Southern HSC Trust, and one was in the South Eastern HSC Trust.

In August 2011, 662 (97.6%) of the total 678 patients were treated within 31 days. Of the 16 patients that were not treated within 31 days, seven were in the Belfast HSC Trust, five were in the South Eastern HSC Trust, two were in the Western HSC Trust, one was in the Northern HSC Trust, and one was in the Southern HSC Trust.

In September 2011, 652 (98.3%) of the total 663 patients were treated within 31 days of a decision to treat being taken. Of the 11 patients that waited longer than 31 days for treatment, six were in the Belfast HSC Trust, four were in the South Eastern HSC Trust, and one was in the Southern HSC Trust.

²See Tables 8 and 9 for full reporting on the waiting times for treatment following a decision to treat. See Explanatory Notes 1 & 5-7.

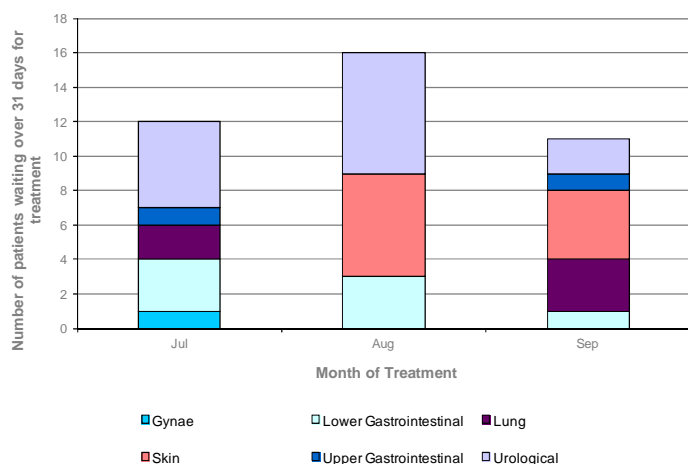
Table 2: Percentage of patients receiving a first definitive treatment for cancer within 31 days following a decision to treat, by HSC Trust: July to September 2011

	Percentage (%) treated within 31 days of a decision to treat being taken		
	Jul	Aug	Sep
Belfast	97.1	97.6	97.9
Northern	100.0	99.0	100.0
Southern	98.9	98.7	99.0
South Eastern	99.1	96.1	96.2
Western	97.5	97.7	100.0
Northern Ireland	98.1	97.6	98.3

Percentage of Patients Treated Within 31 days following a Decision to Treat, by Tumour Site²

Figure 4 and Tables 3 & 9 together report on the waiting times for treatment following a decision to treat being taken by tumour site, for the months of July, August and September 2011.

Figure 4: Number of patients waiting over 31 days for treatment following a decision to treat, by tumour site: July to September 2011



During July 2011, 12 patients waited longer than 31 days for treatment following a decision to treat being taken. Of these, five were diagnosed with urological cancer, three with lower gastrointestinal cancer, two with lung cancer, one with gynaecological cancer, and one with upper gastrointestinal cancer.

In August 2011, 16 of the total 678 patients were not treated within 31 days, of which seven had a diagnosis of urological cancer, six with skin cancer, and three with lower gastrointestinal cancer.

In September 2011, four of the 11 patients waiting longer than 31 days had skin cancer, three had lung cancer, two had urological cancer, one had lower gastrointestinal cancer, and one had upper gastrointestinal cancer.

Table 3: Percentage of patients receiving a first definitive treatment for cancer within 31 days following a decision to treat, by tumour site: July to September 2011

Cancer Site	Percentage (%) treated within 31 days of a decision to treat being taken		
	Jul	Aug	Sep
Brain Central Tumour	100.0	100.0	100.0
Breast Cancer	100.0	100.0	100.0
Gynae Cancers	97.8	100.0	100.0
Haematological Cancers	100.0	100.0	100.0
Head/Neck Cancer	100.0	100.0	100.0
Lower Gastrointestinal Cancer	96.5	96.8	98.8
Lung Cancer	97.8	100.0	96.2
Sarcomas	100.0	100.0	100.0
Skin Cancers	100.0	93.3	96.0
Upper Gastrointestinal Cancer	98.0	100.0	98.0
Urological Cancer	95.8	93.8	98.5
Other	100.0	100.0	100.0
Northern Ireland	98.1	97.6	98.3

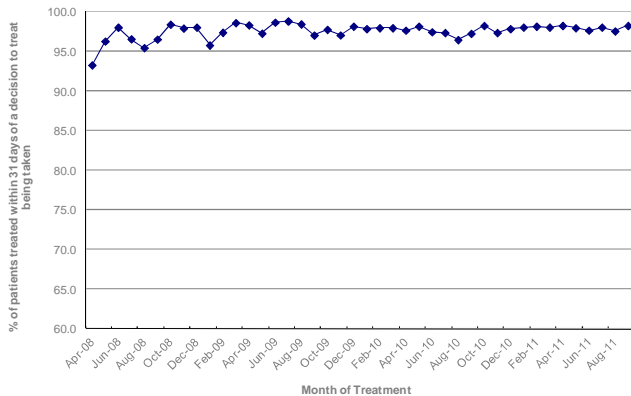
²See Tables 8 and 9 for full reporting on the waiting times for treatment following a decision to treat. See Explanatory Notes 1 & 5-7.

Patients Waiting for Treatment following a Decision to Treat – Monthly Trends²

Figure 5 shows the monthly trends in the percentage of patients treated within 31 days of a decision to treat being taken, from April 2008 to September 2011.

The percentage of patients treated within 31 days, following a decision to treat, has fluctuated slightly over the years, but has never fallen below 95%, except in April 2008, the first month that the waiting time position was reported. Performance continues to remain fairly stable throughout 2011.

Figure 5: Percentage of patients treated within 31 days of a decision to treat – Monthly Trends: April 2008 to September 2011



Number of Patients Treated following an Urgent GP referral for Suspect Cancer (62 day Ministerial target)³

Figure 6 and Table 10 shows the number of people receiving their first definitive treatment for cancer in the months of July, August and September 2011, following an urgent GP referral for suspect cancer, by HSC Trust.

In July 2011, 218 patients were treated for cancer following an urgent GP referral for suspect cancer, across Northern Ireland. Over half of all patients were treated in either the Belfast or South Eastern HSC Trusts (53.9%, 117.5), who treated approximately this proportion in each of the other two months.

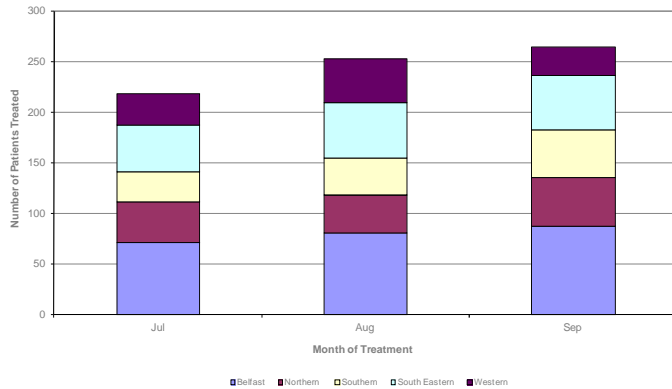
The number of patients treated following an urgent GP referral increased in September 2011 to 252. All HSC Trusts saw increases in the number of patients treated (with the exception of the Northern HSC Trust who saw a negligible decrease in the number of patients treated, from 40.5 in July 2011 to 37.5 in August 2011). However, the greatest proportional increases between the months of July and August were in the Southern HSC Trust (37.0 patients treated in August compared to 29.0 in July) and the Western HSC Trust (43.0 patients treated in August compared to 31.0 in August).

There was then a further, small, increase in the number of patients treated in September 2011 (264). Three of the five HSC Trusts (Belfast, Northern and Southern) treated the highest number of patients in this month out of all three months (87.0, 48.0 and 47.5 respectively). The number of patients treated in the Western HSC Trust dropped to 28.0, a figure more comparable to that of July 2011 (31.0), whilst there was only a minor decrease in the South Eastern HSC Trust.

²See Tables 8 and 9 for full reporting on the waiting times for treatment following a decision to treat. See Explanatory Notes 1 & 5-7.

³See Tables 10 and 11 for full reporting on the 62 day target for treatment following an urgent GP referral for suspect cancer. See Explanatory Notes 1 & 8-13.

Figure 6: Number of patients receiving a first definitive treatment for cancer following an urgent GP referral for suspect cancer: July to September 2011



Percentage of Patients Treated Within 62 days following an Urgent GP referral for Suspect Cancer by Health and Social Care Trust³

The 2011/12 Ministerial target relating to waiting times for treatment following an urgent GP referral for suspect cancer requires that from April 2011, 95% of patients should begin their first treatment within 62 days.

Table 4: HSC Trust Performance against the 62 day 2011/12 Ministerial target: July to September 2011

HSC Trust	Target Achieved?		
	Jul	Aug	Sep
Belfast	No	No	No
Northern	No	Yes	No
Southern	No	No	No
South Eastern	No	No	No
Western	No	No	No
Northern Ireland	No	No	No

The 2011/12 Ministerial target was not met for Northern Ireland as a whole during the months of July, August and September 2011.

All HSC Trusts failed to meet the target in each of the three months, except the Northern HSC Trust who met the target in August 2011. It was only marginally missed by the South Eastern HSC Trust in that same month.

Table 5: Percentage of patients receiving a first definitive treatment for cancer following an urgent GP referral for suspect cancer by HSC Trust: July to September 2011

	Percentage (%) Treated within 62 days from Receipt of Referral		
	Jul	Aug	Sep
Belfast	69.0	78.1	77.6
Northern	84.0	96.0	88.5
Southern	77.6	77.0	87.4
South Eastern	88.2	93.6	87.9
Western	82.3	72.1	76.8
Northern Ireland	78.9	82.9	83.3

During the month of July 2011, of the 218 patients that commenced treatment for cancer following an urgent referral for suspect cancer (including routine referrals subsequently reclassified as urgent by a cancer specialist), 172 (78.9%) were treated within 62 days. Of the 46 patients that were not treated within 62 days, there were the equivalent of 22.0 in the Belfast HSC Trust, 6.5 in the Northern HSC Trust, 6.5 in the Southern HSC Trust, 5.5 in the South Eastern HSC Trust, and 5.5 in the Western HSC Trust.

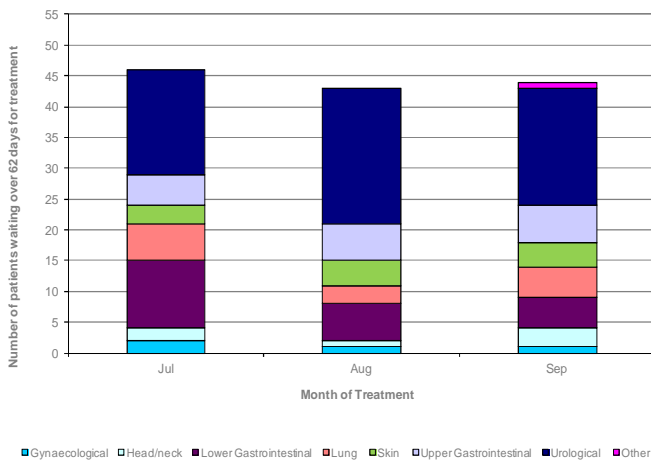
In August 2011, 209 (82.9%) of a total of 252 patients were treated within 62 days. Of the 43 patients that were not treated within 62 days, there was the equivalent of 17.5 in the Belfast HSC Trust, 12.0 in the Western HSC Trust, 8.5 in the Southern HSC Trust, 3.5 in the South Eastern HSC Trust and 1.5 in the Northern HSC Trust.

In September 2011, 220 (83.3%) out of 264 patients were treated within 62 days. Of the 44 patients that weren't treated within 62 days, the equivalent of 19.5 were in the Belfast HSC Trust, 6.5 in the South Eastern HSC Trust, 6.5 in the Western HSC Trust, 6.0 in the Southern HSC Trust, and 5.5 in the Northern HSC Trust.

Percentage of Patients Treated Within 62 days following an Urgent GP referral for Suspect Cancer by Tumour Site³

Figure 7 and Tables 6 & 11 together report the waiting times by tumour site during the months of July, August and September 2011.

Figure 7: Number of patients waiting over 62 days for treatment following an urgent GP referral for suspect cancer, by tumour site: July to September 2011



During the month of July 2011, 46 of the 218 patients waited longer than 62 days for treatment following an urgent GP referral for suspect cancer. There were 17 of these patients who were diagnosed with urological cancer, 11 with lower gastrointestinal cancer, six with lung cancer, five with upper gastrointestinal cancer, three with skin cancer, two with gynaecological cancer, and two with head/neck cancer.

During August 2011, of the 43 patients who waited longer than 62 days, 22 were diagnosed with urological cancer, six with lower gastrointestinal cancer, six with upper gastrointestinal cancer, four with skin cancer, three with lung cancer, one with gynaecological cancer, and one with head/neck cancer.

There were 44 patients that were not treated within 62 days of receipt of an urgent GP referral during the month of September 2011. Of these patients, 19 were diagnosed with urological cancer, six with upper gastrointestinal cancer, five with lower gastrointestinal cancer, five with lung cancer, four with skin cancer, three with head/neck cancer, one with gynaecological cancer, and one with a cancer classified as 'Other'.

Table 6: Percentage of patients receiving a first definitive treatment for cancer within 62 days following an urgent GP referral for suspect cancer by tumour site: July to September 2011

	Percentage (%) treated within 62 days from Receipt of Referral		
	Jul	Aug	Sep
Brain Central Tumour	N/A	N/A	N/A
Breast Cancer	100.0	100.0	100.0
Gynae Cancers	88.2	94.1	93.8
Haematological Cancers	100.0	100.0	100.0
Head/Neck Cancer	71.4	88.9	72.7
Lower Gastrointestinal Cancer	38.9	80.0	76.2
Lung Cancer	82.4	89.3	73.7
Sarcomas	N/A	N/A	0.0
Skin Cancers	93.2	89.5	91.8
Upper Gastrointestinal Cancer	44.4	50.0	53.8
Urological Cancer	63.0	56.0	67.8
Other	100.0	100.0	80.0
Northern Ireland	78.9	82.9	83.3

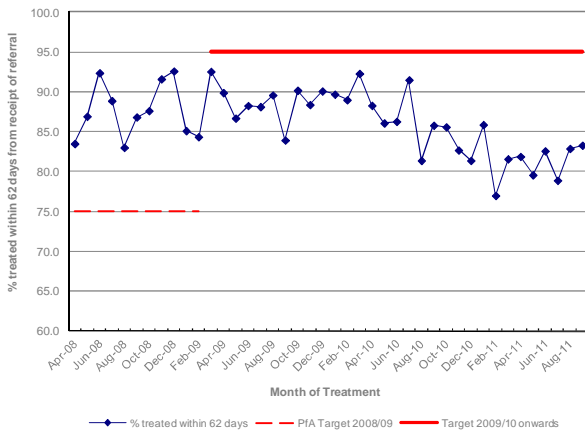
³ See Tables 10 and 11 for full reporting on the 62 day target for treatment following an urgent GP referral for suspect cancer. See Explanatory Notes 1 & 8-13.

Waiting Times for Treatment following an Urgent GP referral for Suspect Cancer Trends – Monthly Trends³

The reporting of the 62 day waiting time target began in April 2008.

Figure 8 shows the monthly trends in the percentage of patients treated within 62 days following an urgent GP referral for suspect cancer from April 2008 to September 2011.

Figure 8: Percentage of patients treated within 62 days following an urgent GP referral for suspect cancer – Monthly Trends April 2008 to September 2011



Reporting of a target for treatment following an urgent GP referral for suspect cancer began in April 2008 and until July 2010 the percentage of patients seen within 62 days fluctuated between 83% and 93%, with no consistent trends emerging. However, from July 2010 the waiting time position has deteriorated, reaching its all-time lowest point in February 2011, with only 77.0% of patients seen within 62 days. Performance against the target has shown only minimal improvement in the subsequent months.

Moreover, Northern Ireland as a whole has never met the performance target since it was increased in April 2009 from

75% to 95% of patients being seen within 62 days following an urgent GP referral for suspect cancer.

Cancer Waiting Times presented by HSC Trust

Cancer waiting times have been presented by HSC Trust. These are not necessarily the HSC Trust to which the patient was referred, or the nearest HSC Trust to the patient's residence, for in the case of numerous cancer services, treatments are provided at specialist centres such as the regional cancer centre for Northern Ireland at the Belfast HSC Trust. Users should therefore be cautious in how they use these data. For example, they should not be used to calculate the total number of patients treated per head of the population within each HSC Trust area.

³See Tables 10 and 11 for full reporting on the 62 day target for treatment following an urgent GP referral for suspect cancer. See Explanatory Notes 1 & 8-13.

Table 7 Reporting on the waiting times from referral to a first assessment with a breast cancer specialist in Health and Social Care Trusts in Northern Ireland⁴

	No. of patients first seen by a breast cancer specialist following an urgent referral for suspect cancer								
	No. that waited 14 days or less			Total			Percentage (%)		
	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
Belfast	209	335	248	214	336	251	97.7	99.7	98.8
Northern	95	98	114	95	98	114	100.0	100.0	100.0
Southern	114	135	144	125	135	144	91.2	100.0	100.0
South Eastern	106	116	137	107	116	137	99.1	100.0	100.0
Western	99	152	137	99	152	137	100.0	100.0	100.0
Northern Ireland	623	836	780	640	837	783	97.3	99.9	99.6

Source: Departmental Return SDR 2.

⁴ Refer to Explanatory Notes – points 1–4.

Table 8 Reporting on the waiting times from decision to treat to treatment for all cancers in Health and Social Care Trusts in Northern Ireland⁵

	No. of patients first treated for Cancer								
	Treated within 31 days of a decision to treat being taken			Total			Percentage (%)		
	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
Belfast	271	281	276	279	288	282	97.1	97.6	97.9
Northern	85	96	102	85	97	102	100.0	99.0	100.0
Southern	88	77	95	89	78	96	98.9	98.7	99.0
South Eastern	111	122	100	112	127	104	99.1	96.1	96.2
Western	77	86	79	79	88	79	97.5	97.7	100.0
Northern Ireland	632	662	652	644	678	663	98.1	97.6	98.3

Source: Cancer Patient Pathway System (CaPPS)

⁵ Refer to Explanatory Notes – points 1& 5-7.

Table 9 Reporting on the waiting times from decision to treat to treatment, by tumour site⁶

Cancer Site	No. of patients first treated for Cancer								
	Treated within 31 days of a decision to treat being taken			Total			Percentage (%)		
	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
Brain Central Tumour	5	4	6	5	4	6	100.0	100.0	100.0
Breast Cancer	93	105	113	93	105	113	100.0	100.0	100.0
Gynae Cancers	44	40	35	45	40	35	97.8	100.0	100.0
Haematological Cancers	40	56	34	40	56	34	100.0	100.0	100.0
Head/Neck Cancer	25	27	23	25	27	23	100.0	100.0	100.0
Lower Gastrointestinal Cancer	83	91	79	86	94	80	96.5	96.8	98.8
Lung Cancer	89	86	75	91	86	78	97.8	100.0	96.2
Sarcomas	2	8	2	2	8	2	100.0	100.0	100.0
Skin Cancers	80	84	95	80	90	99	100.0	93.3	96.0
Upper Gastrointestinal Cancer	50	46	50	51	46	51	98.0	100.0	98.0
Urological Cancer	115	105	128	120	112	130	95.8	93.8	98.5
Other	6	10	12	6	10	12	100.0	100.0	100.0
Northern Ireland	632	662	652	644	678	663	98.1	97.6	98.3

Source: Cancer Patient Pathway System (CaPPS)

⁶Refer to Explanatory Notes – points 1, 5-7 & 14.

Table 10 Reporting on the 62 day waiting time target from an urgent GP referral for suspect cancer to treatment, for all cancers in Health and Social Care Trusts in Northern Ireland⁷

	No. of patients first treated for Cancer following an urgent GP referral for Suspected Cancer								
	Treated within 62 days from receipt of Referral			Total			Percentage (%)		
	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
Belfast	49.0	62.5	67.5	71.0	80.0	87.0	69.0	78.1	77.6
Northern	34.0	36.0	42.5	40.5	37.5	48.0	84.0	96.0	88.5
Southern	22.5	28.5	41.5	29.0	37.0	47.5	77.6	77.0	87.4
South Eastern	41.0	51.0	47.0	46.5	54.5	53.5	88.2	93.6	87.9
Western	25.5	31.0	21.5	31.0	43.0	28.0	82.3	72.1	76.8
Northern Ireland	172	209	220	218	252	264	78.9	82.9	83.3

Source: Cancer Patient Pathway System (CaPPS)

⁷Refer to Explanatory Notes – points 1, 8-13.

Table 11 Reporting on the 62 day waiting time target from an urgent GP referral for suspect cancer to treatment, by tumour site⁸

Cancer Site	No. of patients first treated for Cancer following an urgent GP referral for Suspected Cancer								
	Treated within 62 days from receipt of Referral			Total			Percentage (%)		
	Jul	Aug	Sep	Jul	Aug	Sep	Jul	Aug	Sep
Brain Central Tumour	0	0	0	0	0	0	N/A	N/A	N/A
Breast Cancer	37	59	64	37	59	64	100.0	100.0	100.0
Gynae Cancers	15	16	15	17	17	16	88.2	94.1	93.8
Haematological Cancers	4	5	7	4	5	7	100.0	100.0	100.0
Head/Neck Cancer	5	8	8	7	9	11	71.4	88.9	72.7
Lower Gastrointestinal Cancer	7	24	16	18	30	21	38.9	80.0	76.2
Lung Cancer	28	25	14	34	28	19	82.4	89.3	73.7
Sarcomas	0	0	0	0	0	0	N/A	N/A	N/A
Skin Cancers	41	34	45	44	38	49	93.2	89.5	91.8
Upper Gastrointestinal Cancer	4	6	7	9	12	13	44.4	50.0	53.8
Urological Cancer	29	28	40	46	50	59	63.0	56.0	67.8
Other	2	4	4	2	4	5	100.0	100.0	80.0
Northern Ireland	172	209	220	218	252	264	78.9	82.9	83.3

Source: Cancer Patient Pathway System (CaPPS)

⁸Refer to Explanatory Notes – points 1 & 8-14.

Appendix 1: Explanatory Notes

1. The sources for the data contained in this release are the Departmental Return SDR2 and the Cancer Patient Pathway System (CaPPS).
2. Data contained in Tables 1 and 7 relates to all urgent referrals (excluding those that have been reclassified as routine by the breast specialist) for suspect breast cancer, and routine referrals that have subsequently been reclassified as urgent by a breast specialist, and that were first seen during the months of July, August and September 2011. Figures also include all patients living outside Northern Ireland and all privately funded patients waiting for treatment in Health and Social Care hospitals.
3. The completed waiting time in Tables 1 and 7 is measured from the date an initial breast cancer referral is first received by the Provider HSC Trust, and ends on the date that the patient attended their first outpatient appointment with a breast cancer specialist. Adjustments are made to the completed waiting time in the event of a patient cancelling or failing to attend a first outpatient appointment.
4. Figures provided in Tables 1 and 7 reflect all urgent referrals for breast cancer both from GP's and other practitioners.
5. Data contained in Tables 2, 3, 8 and 9 relate to patients who received a first definitive treatment for cancer (having been given an 'International Classification of Diseases 10' diagnosis) during the months of July, August and September 2011, irrespective of their source of referral. Data include treatment for all cancers, with the exception of basal cell carcinoma. Figures also include all patients living outside Northern Ireland and all privately funded patients waiting for treatment in Health and Social Care hospitals. Patients that have not been given an ICD 10 diagnosis are excluded.
6. The completed waiting time in Tables 2, 3, 8 and 9 is measured from the date a decision was taken to treat a patient for cancer and ends on the date the patient received their first definitive treatment for cancer. Adjustments are made to the completed waiting time in the event of a patient cancelling or self-deferring treatment or as a result of suspension for either medical or social reasons.
7. Tables 3 and 9 reflect the number of patients that were treated in 31 days or less for each tumour site. Tumour sites are an aggregation of applicable ICD 10 codes.
8. Data contained in Tables 4, 5, 6, 10 and 11 relate to all patients who received a first definitive treatment for cancer (having been given an ICD 10 diagnosis) during the months of July, August and September 2011, following an urgent referral for suspect cancer from a General Practitioner, and routine GP referrals that have subsequently been reclassified as urgent by a cancer specialist. Data relate to urgent GP referrals for all cancer with the exception of basal cell carcinoma. Figures also include all patients living outside Northern Ireland and all privately funded patients waiting for treatment in Health and Social Care hospitals. Referrals from sources other than a GP, routine referrals from a GP and patients who have not been given an ICD 10 diagnosis are excluded.
9. The completed waiting time in Tables 4, 5, 6, 10 and 11 is measured from the date an initial urgent referral for suspect cancer from a GP is received by the Provider Health and Social Care Trust and ends on the date the patient received their first definitive treatment for cancer. Adjustments are made to the completed waiting time in the event of a patient cancelling or self deferring treatment or as a result of suspension for either medical or social reasons.
10. The measurement of a patient's waiting time in Tables 4, 5, 6, 10 and 11, from an initial urgent GP referral to first definitive treatment, includes cases in which a patient was initially referred to a particular Health and Social Trust for consultant assessment but was then subsequently transferred to another Health and Social Care Trust for treatment. In such cases, the responsibility for reporting that patient is shared, with 0.5 allocated to the Trust where the patient was first seen for assessment and 0.5 to the Trust of first treatment. For example, if a patient is initially referred for assessment in the South Eastern HSC Trust and is then transferred to the Belfast HSC Trust where they receive treatment 50 days after their initial GP referral, both the South Eastern and Belfast

HSC Trusts will both report 0.5 of a patient waiting less than 62 days. Similarly, if such a patient waited over 62 days for treatment, both the Trust where the patient was first seen and the Trust where the patient was first treated would report 0.5 of a patient waiting more than 62 days.

11. The Ministerial target, for cancer waiting times, as detailed in the Schedule which is an addendum to the requirement set out in the body of the Department of Health, Social Services and Public Safety Commissioning Plan direction itself states that from April 2011, 95% of patients should begin their first treatment for cancer within 62 days following an urgent GP referral for suspect cancer. The Commissioning Plan direction will need to be read alongside the Indicators of Performance direction which will be issued later this year.
12. Between April 2008 and February 2009, the target relating to waiting time for treatment following an urgent GP referral for suspect cancer required that 'at least 75% of patients urgently referred with a suspect cancer should begin their first definitive treatment within 62 days of urgent GP referral'. From March 2009 onwards this target increased to 95% of patients. These different targets are reflected in the trend graph for the 62 day target (Figure 8).
13. Tables 6 and 11 reflect the number of patients that were treated in 62 days or less for each tumour site. Tumour sites are an aggregation of applicable ICD 10 codes.
14. Information on the grouping of ICD 10 codes by tumour site is available from Hospital Information Branch on request.
15. Information on waiting times for the months of October, November and December 2011 will be published on 29 March 2012.
16. Data contained within this publication are Official Statistics.

Appendix 2: Data in the publication

General guidance on using the data

The data contained in the publication are presented on a monthly basis. While seasonal impact should be minimal, it is advisable that data for the most recent months be compared with both the previous months (to gauge the most current direction of performance), and the same months in the previous year (to assess any seasonal impact).

Number of patients who attended a first assessment with a breast cancer specialist, following an urgent referral for suspect breast cancer

Description of data

Data on the number of health service patients who were seen for a first assessment with a breast cancer specialist following an urgent referral for suspect breast cancer, at a Health and Social Care (HSC) Trust in Northern Ireland.

Data provider

Data are sourced directly from HSC Trusts, via the Departmental Data Return SDR2.

Data quality assessment

Very good – data are derived from a single administrative system, the Patient Administration System (PAS), at each HSC Trust. Data providers have been given in-depth guidance providing instructions for recording, collection and submission of data. Data are returned to each provider for final clearance prior to publication.

Guidance on using data

- Number of patients seen by a breast cancer specialist following an urgent referral for suspect cancer – this relates to the number of patients who attended a first outpatient appointment, for assessment by a consultant who is a breast cancer specialist, at a HSC Trust in Northern Ireland. Data relates solely to patients who were referred as urgent with suspect breast cancer. All sources of referral are included, referrals from both General Practitioners and other medical professionals. The data do not relate to the number of patients who have been diagnosed with breast cancer, nor should it be used to estimate the number who commenced treatment for breast cancer – some of the patients included within these figures may not be subsequently diagnosed with breast cancer.
- Number of patients who waited 14 days or less for an assessment with a breast cancer specialist – this relates to the number of those urgently referred with suspect breast cancer who attended their assessment within 14 calendar days of the referral being received by the HSC Trust. Explanatory note three explains how these waiting times are measured. This information relates to how long patients had waited for their first assessment (their completed wait), not the length of time they are currently waiting for their first assessment. Data on the length of time these specific patients are currently waiting before attending their first outpatient appointment with a breast cancer specialist are not collected, although their current waiting time will be included within the overall outpatient waiting time data collected and published by the Department for all specialties.
- Percentage of patients seen within 14 days – this is the percentage of the total number of patients assessed in any given month, who waited no longer than 14 days for their assessment.
- Waiting times for a first assessment with a breast cancer specialist by HSC Trust – patients will be referred to a specific HSC Trust for assessment. Patients are reported by the HSC Trust responsible for the service to which the patient has been referred. This is not necessarily the nearest HSC Trust to the patient's residence, but will most likely be the HSC Trust within which the referrer i.e. the patient's GP is located.

Number of patients who commenced treatment for cancer following a decision to treat for cancer being taken

Description of data

Data on the number of health service patients who commenced treatment for cancer at a Health and Social Care (HSC) Trust in Northern Ireland, following a decision to treat for cancer being taken.

Data provider

Data on patients treated within HSC Trusts are sourced directly from the regional Cancer Patient Pathway System (CaPPS) via the HSC Data Warehouse.

Data quality assessment

Very good – data are derived from a single administrative system, the Cancer Patient Pathway System (CaPPS), at each HSC Trust. While data are extracted centrally by HIB, using a regionally consistent and agreed methodology, data providers have been given in-depth guidance outlining how these data are extracted and provided with instructions for the validation and final clearance of data. Validation checks are employed as an integral part of the production process, with duplicate records, incomplete records and negative waiting times all being queried with the provider. Records for patients waiting more than 31 days for treatment, following decision to treat being taken, are also validated with data providers to ensure accuracy. Any inaccuracies are corrected on CaPPS prior to final extraction. Data are returned to each provider for final clearance prior to publication.

Guidance on using data

- Number of patients treated for cancer following a decision to treat for cancer being taken – these data relate to the total number of patients who commenced treatment for cancer following a cancer specialist (as part of Multi Disciplinary Team) taking a decision to treat the patient for cancer. These data can be used as an indication of the number of patients who commenced treatment for cancer in Northern Ireland each month. Treatment relates to surgery, drug therapy (chemotherapy, biological therapy or hormone therapy), radiotherapy, specialist palliative care (SPC) and active monitoring. As they include all patients treated, they relate not only to patients referred to a HSC Trust with suspect cancer, but also patients who were referred for a more routine condition but who following investigation were found to have cancer (these are known as incidental diagnoses). The data do not relate to either the number of patients currently on treatment, or the number of patients diagnosed with cancer during each month.
- Number of patients who commenced treatment within 31 days of a decision to treat for cancer being taken – this information relates to the number of patients who commenced treatment within 31 days of the decision to treat for cancer being taken. Explanatory note six explains how these waiting times are measured. This information relates to how long patients had waited to commence treatment following a decision to treat being taken (their completed wait), not the length of time they are currently waiting to commence treatment. Data on the length of time these specific patients are currently waiting to commence treatment are not collected.
- Percentage of patients who commenced treatment within 31 days – this is the percentage of the total number of patients who commenced treatment in any given month, following a decision to treat being taken, who waited no longer than 31 days to commence their treatment.
- Waiting time for treatment by HSC Trust – patients will receive their treatment within a specific HSC Trust. While this will be the HSC Trust at which the decision to treat is taken, it is not necessarily the HSC Trust to which the patient was referred, or the nearest HSC Trust to the patient's residence, for in the case of numerous cancer services, treatments are provided at specialist centres such as the regional cancer centre for Northern Ireland at the Belfast HSC Trust. Users should therefore be cautious in how they use these data. For example, they should not be used to calculate the total number of patients treated per head of the population within each HSC Trust area, neither do they relate to the number of patients diagnosed with cancer within each HSC Trust area.

- Waiting time for treatment by tumour site – patients being treated for cancer will have previously been diagnosed with cancer and given an ‘International Classification of Disease 10’ diagnosis. The ICD 10 code will relate to the specific type of cancer the patient has been diagnosed with. ICD 10 codes have been aggregated upon clinical advice, creating a list of tumour sites, essentially the part of the body at which the cancer has occurred. These data relate to the length of time patients with each type of cancer waited for treatment following a decision to treat. Again, they should not be used to estimate the number of patients diagnosed with each of these cancers, but do provide an indication of waiting time performance for different types of cancer.

Number of patients who commenced treatment for cancer following an urgent GP referral for suspect cancer

Description of data

Data on the number of health service patients who commenced treatment for cancer at a Health and Social Care (HSC) Trust in Northern Ireland, following an urgent GP referral for suspect cancer being made.

Data provider

Data on patients treated within HSC Trusts are sourced directly from the regional Cancer Patient Pathway System (CaPPS) via the HSC Data Warehouse.

Data quality assessment

Very good – data are derived from a single administrative system, the Cancer Patient Pathway System (CaPPS), at each HSC Trust. While data are extracted centrally by HIB, using a regionally consistent and agreed methodology, data providers have been given in-depth guidance outlining how these data are extracted and providing instructions for the validation and final clearance of data. Validation checks are employed as an integral part of the production process, with duplicate records, incomplete records and negative waiting times all being queried with the provider. Records for patients waiting more than 62 days for treatment, following an urgent GP referral for suspect cancer, are also validated with data providers to ensure accuracy. Any inaccuracies are corrected on CaPPS prior to final extraction. Data are returned to each provider for final clearance prior to publication.

Guidance on using data

- Number of patients treated for cancer following a GP referral for suspect cancer – these data relate to the total number of patients who commenced treatment for cancer having been urgently referred by a GP with suspect cancer, or who received a routine referral from a GP that was then subsequently reclassified as urgent by a cancer specialist. Treatment relates to surgery, drug therapy (chemotherapy, biological therapy or hormone therapy), radiotherapy, specialist palliative care (SPC) and active monitoring. These data should not be used as an indication of the number of patients who commenced treatment for cancer in Northern Ireland each month as they do not include all patients treated, but only those who had initially been urgently referred by a GP to a HSC Trust with suspect cancer. ((It does not include patients who were referred for a more routine condition but who following investigation were found to have cancer (these are known as incidental diagnoses)). The data do not relate to either the number of patients urgently referred by a GP with suspect cancer, who are currently on treatment, or the number of patients diagnosed with cancer during each month. The data do provide a good indication of both quantifiable demand for cancer services from the primary care sector (General Practitioners) and the performance and management of cancer patients within the secondary care sector (i.e. HSC hospitals), as they measure the waiting time for treatment for patients who enter secondary care services with suspect cancer.

- Number of patients who commenced treatment within 62 days of an urgent suspect cancer referral from a GP - this information relates to the number of patients who commenced treatment within 62 days of an urgent referral from a GP for suspect cancer being received by a HSC Trust (or who received a routine referral from a GP that was then subsequently reclassified as urgent by a cancer specialist). Explanatory notes nine and ten explain how these waiting times are measured. This information relates to how long patients had waited to commence treatment following receipt of an urgent referral from a GP for suspect cancer (their completed wait), not the length of time they are currently waiting to commence treatment. Data on the length of time these specific patients are currently waiting to commence treatment are not collected.
- Percentage of patients who commenced treatment within 62 days – this is the percentage of the total number of patients who commenced treatment in any given month, following receipt of an urgent referral from a GP for suspect cancer (or who received a routine referral from a GP that was then subsequently reclassified as urgent by a cancer specialist), who waited no longer than 62 days to commence their treatment. This information enables users to assess the performance of HSC Trusts against the 2011/12 Ministerial target requiring the HSC Board and HSC Trusts to ensure that from April 2011, at least 95% of patients commence cancer treatment within 62 days of receipt of an urgent referral from a GP for suspect cancer.
- Waiting time for treatment by HSC Trust – patients will receive their treatment within a specific HSC Trust. While this will be the HSC Trust at which the decision to treat is taken, it is not necessarily the HSC Trust to which the patient was referred, or the nearest HSC Trust to the patient's residence, for in the case of numerous cancer services, treatments are provided at specialist centres such as the regional cancer centre for Northern Ireland at the Belfast HSC Trust. In circumstances where a patient has been referred to one HSC Trust, and transferred for treatment at another (known as inter HSC Trust transfers), reporting of the patient will be split between the two HSC Trusts. Consequently these data do not necessarily relate to the total number of patients treated at each HSC Trust. A full explanation of the methodology used to report these waiting times by HSC Trust is outlined in explanatory note ten of this publication. While users should therefore be cautious in how they use these data, they are useful in gauging individual HSC Trust performance against the 2011/12 Ministerial target. Again, they should not be used to assess the number of patients, initially urgently referred by a GP with suspect cancer, who were either diagnosed with cancer, or are currently being treated for cancer within each HSC Trust area.
- Waiting time for treatment by tumour site – patients being treated for cancer will have previously been diagnosed with cancer and given an 'International Classification of Disease 10' diagnosis. The ICD 10 code will relate to the specific type of cancer the patient has been diagnosed with. ICD 10 codes have been aggregated upon clinical advice, creating a list of tumour sites, essentially the part of the body at which the cancer has occurred. These data relate to the length of time patients with each type of cancer waited for treatment following receipt of an urgent GP referral for suspect cancer. Again, they should not be used to estimate the number of patients diagnosed with each of these cancers, but do provide an indication of waiting time performance within the secondary care sector for different types of cancer.

Further information on cancer waiting times in Northern Ireland, is available from:

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This Statistical bulletin and others published by Hospital Information Branch are available to download from the DHSSPS Internet site at:

Internet address: http://www.dhsspsni.gov.uk/index/stats_research/stats-activity_stats-2.htm