All-Party Parliamentary Group
on Vulnerable Groups
to Pandemics

COVID-19'S IMPACT ON THE MEDICALLY VULNERABLE

ICS PERFORMANCE: CANCER TREATMENT-PATHWAY STANDARDS.

BACKLOG OF CANCER CARE

The most commonly reported issue submitted to the APPG on Vulnerable Groups to Pandemic's inquiry was the delays to and cancellation of elective therapeutic and diagnostic procedures.

Cancer patients represent one of the largest medically vulnerable groups. The continuation of urgent referrals to specialist consultants during pandemics is vital to prevent cancer prognoses worsening and becoming increasingly life threatening.

One of the NHS standards for the cancer treatment pathway requires there to be no more than 2 weeks between an urgent GP referral and the first meeting with a consultant.

By comparing performance data on this standard for patients across England pre and during the pandemic we begin to see the impact on cancer patients. This also provides an indication of the problems faced by other vulnerable groups.

To clearly highlight any patterns, we have presented the data in two heatmaps:[1]

1. **Consultation deficit:** The reduction in the overall number of patients seen by a consultant following an urgent GP referral (as a percentage of the pre-covid total).
2. **Referral efficiency:** The percentage point decrease in number of people seen within the 2 week wait standard.

398,390

fewer cancer patients were seen by consultants following an urgent GP referral during Covid-19 (compared to the previous year).

9,615 fewer patients

on average, were seen within 2 weeks per ICS

only 60%

of expected cancer surgery was completed in mid-2020.[2]

2028 + 2033

are the predicted dates for clearing the backlog of elective care for chemotherapy and radiotherapy respectively.[3]

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1 'Cancer Waiting Times – Commissioner Time Series Apr 2011 – Aug 2021', NHS Statistics. Available online: https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/.
2 Cancer Research UK, 'Over 2 million people in backlog for cancer care', Press release (June 2020). Available online: https://news.cancerresearchuk.org/2020/06/01/over-2-million-people-in-backlog-for-cancer-care/]
3 'It could take until 2033 to clear cancer treatment backlog in England, finds IPPR and CF', IPPR, 24th September 2021. Accessible online: https://www.ippr.org/news-and-media/press-releases/it-could-take-until-2033-to-clear-cancer-treatment-backlog-in-england-finds-ippr-and-cf.

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CONSULTATION DEFICIT HEATMAP

- This heatmap shows that in **all ICSs, fewer cancer patients saw a consultant (following an urgent GP referral)** during the pandemic (compared to the previous year).
- Generally, cancer patients in the south of England were less likely to see a consultant.
- The **greatest reductions in number of consultations were in the West Midlands, the South West, and London.**

North West London

21.1% reduction

Shropshire and Telford and Wrenkin

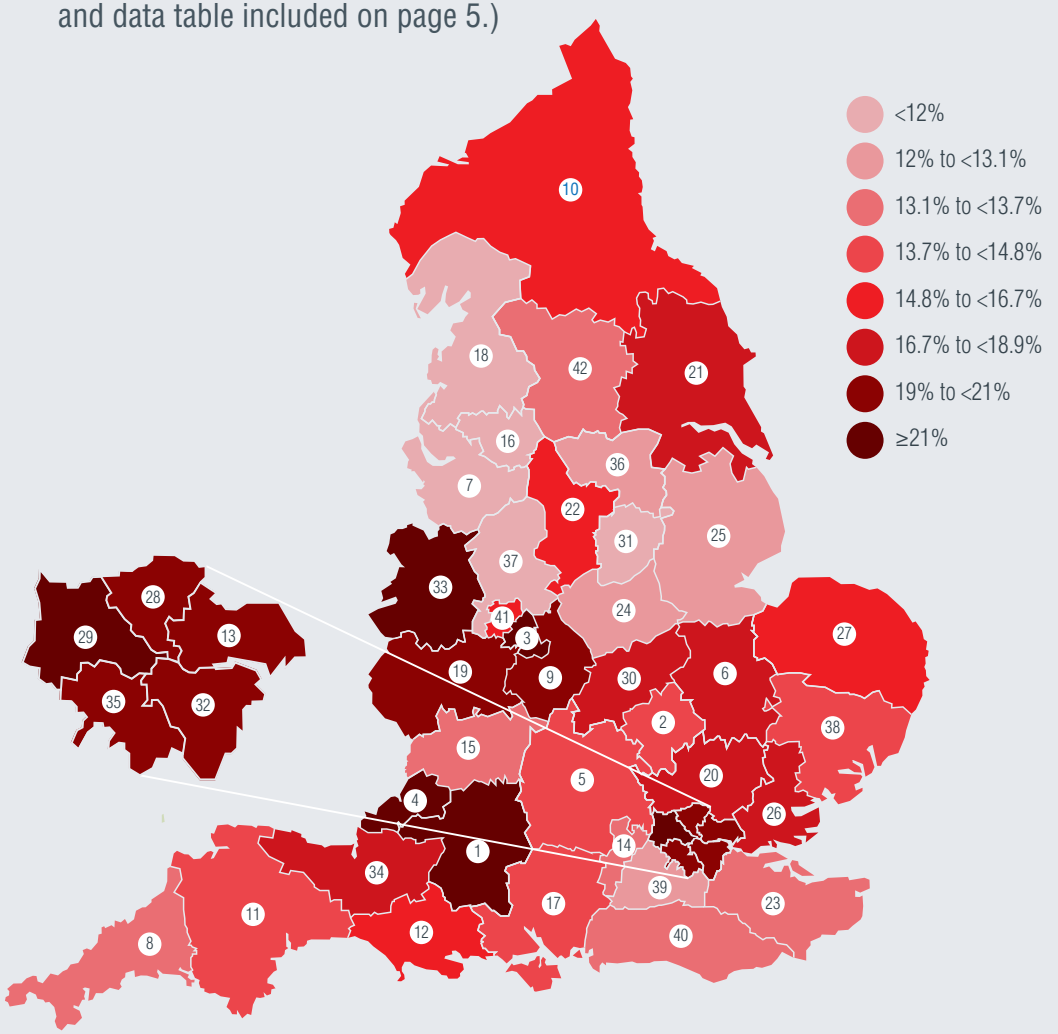
24.2% reduction

Bristol, North Somerset and South Gloucestershire

21.9% reduction

CONSULTATION DEFICIT

The reduction in the overall number of patients seen by a consultant following an urgent GP referral (as a percentage of the pre-covid total). (Full ICS map key and data table included on page 5.)



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REFERRAL EFFICIENCY HEATMAP

- This heatmap shows how successful ICSs were in seeing patients within the 2 week wait standard during Covid-19 compared to the previous year.
- The **ICSs in the North, South West, and the middle of the country (near large metropolitan areas) generally had most reduced efficiency.**

Buckinghamshire, Oxfordshire, and Berkshire West

4.7% point reduction
(10,794 patients)

Greater Manchester

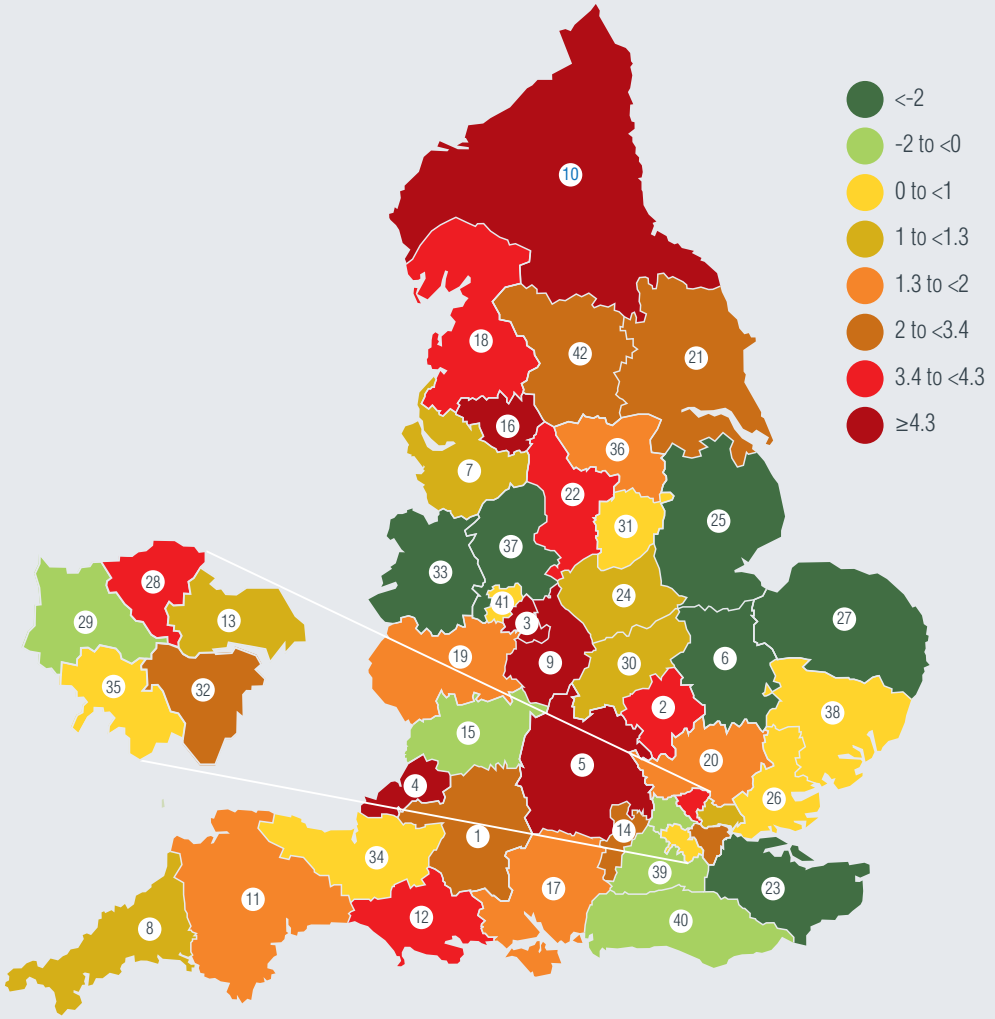
4.5% point reduction
(18,209 patients)

Cumbria and North East

8.5% point reduction
(26,848 patients)

REFERRAL EFFICIENCY

The percentage point decrease in number of people seen within the 2 week wait standard. (Full ICS map key and data table included on page 5.)



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FINDINGS

DISRUPTION TO CANCER TREATMENT PATHWAY

- The heatmaps show the reductions, between the year before and the year during the pandemic, in the number of consultations carried out and the proportion of these conducted within 2 weeks of a GP referral. They also highlight the **regional disparities** of these impacts.
- In a future pandemic, patients with undiagnosed or untreated cancers will have an increased vulnerability.
- It would be expected be expected that those ICSs with a larger decrease in referrals would see a greater proportion of those referred within the 2 week wait standard. This was the case in certain ICSs such as Shropshire and Telford and Wrenkin (33), Norfolk, and North West London (29).
- However, in some ICSs both the number of consultations and proportion of those seen within 2 weeks reduced. For example, Cumbria and North East (10), Bristol, North Somerset and South Gloucestershire (4), and Dorset (12). This is concerning as, **even with reduced patient throughput, more patients faced increased delays when receiving consultation appointments.**

THE ISSUE

- Missed or delayed referrals and diagnoses of cancer patients could cause their diseases to worsen. Not only would this increase the amount of care necessary post-pandemic but would likely also reduce the success of any intervention.
- In pandemics, undiagnosed or untreated cancers make patients even more vulnerable to viruses.
- Slow referrals **increase the backlog of care** after a pandemic. This impacts all health and care services.

NEXT STEPS

This analysis raises some important issues and questions about the continuation of diagnoses and referrals for vulnerable groups. These need to better understood, and acted upon, to prepare for any future pandemic or other health outbreak.

- Why was there a blanket decline across England in number of consultations for cancer patients during the pandemic?
- Why was there a greater reduction in the proportion of those referred in some regions?
- Why did some ICSs have a decrease in the proportion of patients seen successfully within 2 weeks even with a reduced number being referred?

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ICS MAP KEY AND DATA

A		B	C
1	Bath and North East Somerset, Swindon and Wiltshire	91.9	2.2
2	Bedfordshire, Luton and Milton Keynes	13.7	4.2
3	Birmingham and Solihull	21.4	24.5
4	Bristol, North Somerset and South Gloucestershire	21.9	6
5	Buckinghamshire, Oxfordshire and Berkshire West	13.9	4.7
6	Cambridgeshire and Peterborough	17.5	-4.4
7	Cheshire and Merseyside	11.2	1
8	Cornwall and the Isles of Scilly	13	1
9	Coventry and Warwickshire	19	4.3
10	Cumbria and North East	15.3	8.5
11	Devon	14.7	1.3
12	Dorset	14.8	3.4
13	East London	19.6	1.2
14	Frimley	13.6	2.1
15	Gloucestershire	13.1	-1.9
16	Greater Manchester	11.7	4.5
17	Hampshire and the Isle of Wight	14.7	1.7
18	Lancashire and South Cumbria	8.8	3.7
19	Herefordshire and Worcestershire	20.8	1.5
20	Hertfordshire and West Essex	16.7	1.6
21	Humber, Coast and Vale	17.7	3.1
22	Derbyshire	16.4	3.5
23	Kent and Medway	13.5	-2.8
24	Leicester, Leicestershire and Rutland	12.3	1
25	Lincolnshire	12.6	-2.7
26	Mid and South Essex	17.1	0.4
27	Norfolk and Waveney	16.3	-1.3
28	North London	20	4
29	North West London	21.1	-1.3
30	Northamptonshire	17.4	1.2
31	Nottingham and Nottinghamshire	9.9	0.3
32	South East London	19	2.5
33	Shropshire and Telford and Wrekin	24.2	-2.4
34	Somerset	18.9	0.3
35	South West London	19.4	0
36	South Yorkshire and Bassetlaw	12.2	1.5
37	Staffordshire and Stoke on Trent	11.6	-3.9
38	Suffolk and North East Essex	14.1	0.4
39	Surrey Heartlands	12.1	-1.2
40	Sussex and East Surrey	13.5	-0.8
41	The Black Country and West Birmingham	16	0.3
42	West Yorkshire and Harrogate	13.6	3.3

A Integrated care system
B Reduction in urgent referrals (% of pre-covid total)
C Reduction in patients seen within 2 weeks wait standard (percentage point)

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