

Optimising Cancer Pathways

KPMG point of view
2023

Cancer pathways in the NHS

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Solving the issues with cancer waiting times in the UK is not an easy challenge. Whilst the NHS looks to provide high standards of care including prompt referral, accurate diagnosis, multidisciplinary care and effective treatment, a patient's pathway through these stages can be complex, with the price of any delays obviously impacting the resulting patient outcome.

Wait times for patients

Even before the Covid-19 pandemic, performance against cancer wait time standards had been gradually deteriorating, with key targets missed for several years and UK survival rates poorer than comparably developed nations. Referrals, and the time before a patient sees a consultant, have increased. The target percentage of patients receiving treatment within two months of those referrals hasn't been met since Q3 2013/14 – nearly a decade ago – and more recent performance has been the worst since records began. This has been exacerbated by the backlog of referrals due to the pandemic, in addition to workforce and capacity issues which are affecting the NHS more widely.

The drive to improve these statistics – and, it must be remembered, the associated outcomes – is ongoing. Over £390m has been allocated to Cancer Alliances in the past few years to improve statistics and recovery rates. Consultation is in progress regarding simplification of the nine existing targets to three (including the Faster Diagnosis Standard), aiming to help focus performance monitoring on the areas which really make a difference. Meanwhile, a new pathway aims to provide a structured means for those with non-specific symptoms to receive quicker diagnosis and treatment, hopefully leading to better outcomes, and recently introduced Rapid Diagnostic Centres are aiming to reduce bottlenecks during the diagnosis stage of a patient's journey.

However, a number of complex and interrelated issues still remain. The workforce is understaffed across all roles, and there are competing demands from non-cancer services for capacity across all stages of the cancer journey.

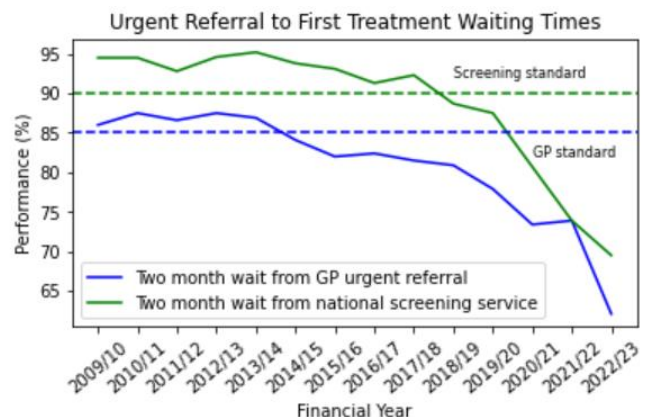
61%

Patients receiving treatment within 62 days of referral, compared to 86% a decade ago.

Last time target was met for surgery 31 day wait times

Q1 2018

An estimated 30,000 additional cancer cases per year in the most deprived areas show the scale of the health inequalities impact we face, whilst demographic changes and worthwhile efforts for earlier diagnosis will increase referrals further. Despite investment, funding settlements have not kept pace with demand, and even with sufficient funding, the data picture allowing analysis of where best to spend is often incomplete.



Multiple factors behind the decline

As mentioned above, the drivers of growing waiting lists and declining wait time performances are due to a number of complex factors. However, these factors are all worsened by suboptimal use of data:

Exacerbated by suboptimal use of data



Increased demand for cancer diagnosis and treatment services. More than 3 million **cancer referrals and over 300,000 cancer treatments** in 2022, higher than pre-pandemic, and **highest on record**.



Shortage of healthcare professionals, such as oncologists, radiologists, and nurses. **33% gap** in consultant **radiologists** and **40,000 shortfall** in nurses.



Health Inequalities
30,000 more cancer cases per year in the **most deprived areas** of the UK. Cancer is **diagnosed later** and **survival rates are worse**.

NHS challenges in data use

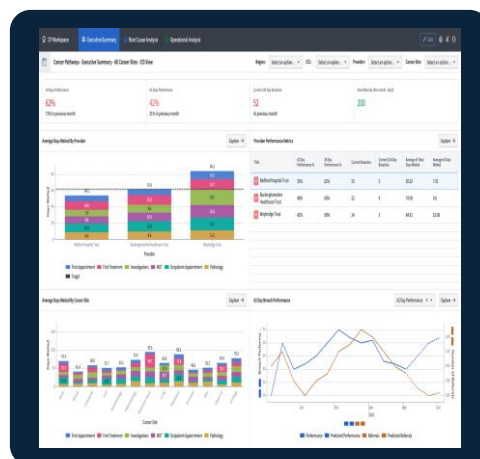
While our healthcare systems collect granular data in huge volumes, and the pandemic actually led to higher quality cancer data collection, this hasn't necessarily been capitalised upon. The NHS reports recurrent issues in terms of managing and optimising cancer pathways:

- Cancer tracking is a very **manual and time-intensive** process. Reports, ad-hoc analysis and preparation of mandatory reporting submissions can take hours.
- Adapting to **frequently changing targets and approaches** often requires entirely new analyses, whilst monitoring adherence to best practice pathways or best outcome pathways is often onerous.
- Understanding the impact of **health inequalities** on the patient population and outcomes is difficult.
- **Disparate systems** make pathway tracking harder and holistic analysis more complex.
- The **lack of an aggregated real-time view** of performance, demand and capacity increases the time taken to pinpoint areas of emerging concern, limits effectiveness of strategic oversight, and makes timely interventions more difficult. Decisions are **reactive rather than proactive**.
- **Data silos** lead to difficulties optimising system-wide efficiency.
- **Data incompleteness and inaccuracy** can result in misleading analysis and statistics.

How can we help?

Providers will vary greatly in their foundations and gaps for data and analytics for cancer pathways. Wherever the need, our services can help. We have developed a Cancer Pathways Management Tool that serves as a single source of truth for all end-to-end patient journeys. Hosted on a cloud platform, the solution provides proactive cancer management through data integration, validation and automated and configurable alerts. We also specialise in strategic workforce planning, BI maturity assessments, data strategy, and analytics capability development - all critical factors in holistic optimisation of cancer pathways.

Track real-time performance	Identify whole-system performance to a provider, patient and sub-specialty level. Explore delay causes, pre-empt breaches, and collaborate on interventions.
Speed up analysis	Spot pathways most impacting performance against best practice. Automate submissions and reporting. Benefit from a system which adapts in line with changing targets.
Model demand and capacity	Plan using demand and capacity forecasts, and combine with our Strategic Workforce Planner to assess skill mix.
Analyse health inequalities	Overlay anonymised pathway data with key cancer inequality indicators to understand where interventions will be most effective.
Validate data	Flag and fix data quality issues or missing patient records which lead to skewed statistics.



[Click here to watch the demo](#)



Tom Binstead

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Tom is a statistician by background and an expert in population health analytics, with 22+ years of experience working in healthcare data and analytics, including 16 years developing and delivering population health solutions for the NHS. Tom holds a diploma in Health Information Science and a degree in Mathematical Statistics & Operational Research.



Lexi Latapi-Dean

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Lexi is an experienced Data Solution Architect who began her career in the NHS and has spent 10 years in the front-line public sector. With a detailed understanding of the current Cancer management landscape, including the specific difficulties faced in Cancer pathways management, she is able to combine this with considerable technical expertise to design and build solutions which aim to put patient care at the heart of every decision.



Carsten Adams

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Carsten is an experienced consultant and expert in patient level costing and NHS strategic workforce planning, having acted as lead analytics consultant across multiple ICS- and provider-level demand & capacity modelling engagements. Carsten holds a master degree in International Business Management and Economics.

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