

# Reducing NHS waiting times for elective care

Public Accounts Committee call for evidence

Yorkshire Cancer Research response, June 2025

## About Yorkshire Cancer Research

1. Yorkshire is one of the regions which is the hardest hit by cancer. Every week, 600 people in Yorkshire are diagnosed with cancer and people in the region are more likely to have their lives cut short by cancer than almost anywhere else in England.
2. Yorkshire Cancer Research is dedicated to changing this. The Charity funds pioneering research and services to prevent, diagnose and treat cancer more effectively. In doing so, the Charity aims to reduce cancer incidence, cancer deaths and years lost to cancer, both in Yorkshire and beyond.

## Introduction

1. In this written evidence, Yorkshire Cancer Research describes elective care waiting times in Yorkshire, evaluates the impact of delays in treatment and proposes recommendations to reduce waiting times in elective care.

## Elective care waiting times in Yorkshire

1. The NHS constitutional standard is for 92% of patients to begin treatment within 18 weeks. However, figures show that in Yorkshire, 63.3% met this standard by March 2025, which is slightly higher than the England average at 59.8%.<sup>1</sup> As few as 48.1% of referrals met the standard in some parts of Yorkshire. This standard was last achieved nationally in 2015/16.
2. Although the 92% target was last met in 2015/16 in England, the percentage of referrals whose wait was within 18 weeks was 79.7% in March 2020, before dropping to its lowest ever point of 46.8% in July 2020. Standards have not recovered to pre-pandemic levels following the sharp decrease seen during lockdown restrictions.
3. Average waiting times in Yorkshire are around 11.3 weeks but are as high as 18.1 weeks in some parts of the region.<sup>1</sup>

4. As of March 2025, the Charity estimates that there were nearly 500,000 people in Yorkshire waiting for treatment. Some people are on several referral pathways meaning that there was a total of 580,503 incomplete referral pathways in the region. Of these people, more than 4 in 5 (83.5%) were waiting for a decision to be admitted for care.<sup>1</sup>
5. Nearly 4 in 10 (36.7%) have already been waiting more than 18 weeks to receive care and around 1 in every 50 (1.8%) have been waiting more than a year. This means that there are an estimated 9,000 people in our region who have been on waiting lists for treatment for more than 1 year.<sup>1</sup>
6. If a GP suspects someone's symptoms may be cancer related, they will be referred onto the Urgent Suspected Cancer pathway, meaning that if a cancer is found 85% of people should start treatment within two months of a referral. If a GP does not initially suspect a patient's symptoms are related to cancer, they will be referred through the elective care pathway, with much longer waiting times. However, thousands of cancers will still be diagnosed through the elective care pathway. Although 38.8% of cancers are diagnosed through the Urgent Suspected Cancer pathway, a fifth (21.8%) of cancers diagnosed began with a GP referral, with a further tenth (11.1%) beginning through routes which could have been initiated by GP referral.<sup>2</sup> People who are eventually diagnosed through these routes did not originally have cancer suspected by their GP.
7. Previous analysis has estimated that approximately 0.4% of referrals to treatment on the elective care pathway will result in a cancer diagnosis.<sup>3</sup> This means that of the 1.8 million new referrals to treatment every year in Yorkshire, there could be nearly 7,000 people who will eventually receive a cancer diagnosis and treatment but are not suspected to have cancer at the time of referral. Treatment will take an average of 3 months to begin following referral to treatment, compared to the Cancer Waiting Times pathway aim of beginning treatment within two months of referral.

## Recommendations to reduce NHS waiting times for elective care

1. In March 2025, the National Audit Office published a report evaluating NHS England's management of elective care transformation programmes.<sup>4</sup> It described NHS England's *Reforming elective care for patients plan* as an "opportunity" to learn from previous transformation programmes and deliver upon NHS England's commitments to reduce waiting times.<sup>5</sup>
2. NHS England's *Reforming elective care for patients plan* identifies reforming the delivery of elective care as a key strategic focus, through working more productively and consistently to deliver more elective care.<sup>5</sup> Within this strategic focus, NHS England states that it will optimise surgical pathways through the more effective use of perioperative care. One of the ways that this will be achieved is by working through Cancer Alliances to support improvements in cancer prehabilitation.

3. Yorkshire Cancer Research's Active Together programme provides evidence based exercise, nutritional and psychological support before and after cancer treatment. The programme was developed by world-leading academics and clinicians at Sheffield Hallam University's Advanced Wellbeing Research Centre. The Active Together programme has supported more than 2,000 people following a cancer diagnosis within the community, at centres across Yorkshire.
4. An evaluation of the first two years of the service in Sheffield found that Active Together was associated with a 10% overall improvement in one year survival for people with bowel, lung and upper gastrointestinal cancers.<sup>6</sup>
5. Crucially, the service evaluation found that participation in the service resulted in reduced hospital stays.<sup>6</sup> Participants of Active Together spent an average of 0.66 fewer days in hospital overall and 0.65 fewer days in critical care, compared to those who declined to participate. The Active Together programme included patients with complex health needs such as those with pre-existing comorbidities, illustrating the programme's broad impact on participants health and wellbeing along with its ability to widen access to cancer surgery.
6. The comprehensive delivery of cancer prehabilitation and rehabilitation services could reduce waiting times by reducing hospital stays and therefore increasing the capacity for cancer treatment within the NHS, enabling more patients to be treated sooner. It is estimated that if the Active Together programme was rolled out to everyone in England with bowel, lung and upper gastrointestinal cancer, this would free up thousands of bed days each year.
7. Whilst previous guidance from NHS England's Cancer Alliance Planning Packs states that prehabilitation and to a lesser extent rehabilitation should be included as part of cancer care, the delivery of services varies significantly in practice. There are a limited number of services which are embedded within cancer care pathways and even fewer are commissioned by Integrated Care Boards.
8. Yorkshire Cancer Research recommends that multi-modal cancer prehabilitation and rehabilitation services are embedded in NHS cancer care pathways.
9. In addition, the Charity supports a system-wide shift to a longer-term approach to financial planning. This is aligned with the recent Committee of Public Accounts' report, which recommended a more long term, strategic approach to financial planning by the Department of Health and Social Care and NHS England.<sup>7</sup> This approach should ensure that funding is committed to activities which make the NHS fit for the future, including community healthcare programmes.

## References

1. England N. *Consultant-led Referral to Treatment Waiting Times Data 2024-25*. 2025. Accessed: 10/06/2025. Available from: <https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2024-25/#Mar25>
2. National Disease Registration Service. *Routes to Diagnosis*. 2024. Accessed: 13/03/2025. Available from: <https://digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub/cancer-routes-to-diagnosis>
3. Insource. *Estimating undiagnosed cancers on the RTT waiting list*. 2022. Accessed: 10/06/2025. Available from: <https://www.insource.co.uk/estimating-undiagnosed-cancers-on-the-rtt-waiting-list/>
4. National Audit Office. *NHS England's management of elective care transformation programmes*. 2025. Accessed: 29/05/2025. Available from: <https://www.nao.org.uk/wp-content/uploads/2025/03/nhs-englands-management-of-elective-care-transformation-programme.pdf>
5. Department of Health and Social Care, NHS England. *Reforming elective care for patients*. 2025. Accessed: 12/03/2025. Available from: <https://www.england.nhs.uk/wp-content/uploads/2023/04/reforming-elective-care-for-patients.pdf>
6. Sheffield Hallam University. *Active Together Service Evaluation*. 2024. Accessed: 23/01/2025. Available from: <https://www.shu.ac.uk/advanced-wellbeing-research-centre/projects/active-together>
7. Committee of Public Accounts. *NHS financial sustainability*. 2025. Accessed: 29/05/2025. Available from: <https://committees.parliament.uk/publications/46303/documents/233234/default/>