
Improving Cancer Care Timelines in North London



Timely access to diagnosis and treatment is critical for improving cancer outcomes. In North London, three tumour pathways—sarcoma, head and neck, and urological cancers—have been analysed to understand delays in treatment initiation. These pathways often require coordination across multiple hospitals, which introduces complexity and potential for inefficiency. Through the use of operational data and visualisation methods, researchers have sought to identify the key factors affecting the time from referral to treatment, with the goal of enhancing the overall efficiency of cancer care.

Cross-Site Coordination and Pathway Bottlenecks

One of the most prominent challenges observed in the analysis is the transfer of patients between hospital sites. While sarcoma patients were more likely to be treated at a single specialist centre, a significant proportion of head and neck and urological cancer patients received care across multiple institutions. This cross-site care was associated with increased likelihood of breaching the NHS's 28-day Faster Diagnosis Standard (FDS). For instance, 43% of diagnosed sarcoma patients and 29% of patients with head and neck or urological cancers experienced such multi-site pathways.

Sankey diagrams visualising the patient journey reveal that transitions between diagnostic milestones often exceed target timelines, particularly after the first appointment. While the median time from referral to the first appointment generally fell within the two-week target, the interval between the first appointment and confirmation of diagnosis (FDS) frequently extended beyond the 28-day threshold. Among patients with confirmed diagnoses, median FDS times exceeded the standard across all three tumour types, underscoring the need for better coordination of diagnostic and treatment planning services.

Operational and Demographic Factors Affecting Timeliness

Several operational and demographic variables were found to correlate with delayed diagnosis. In the sarcoma pathway, patients were significantly more likely to breach the FDS if their initial appointment occurred on a Sunday. This may relate to limited diagnostic services available on weekends, preventing prompt follow-up actions such as imaging or laboratory tests. Conversely, patients seen on Fridays, when multidisciplinary team meetings are typically held, were more likely to receive timely diagnoses.

Communication methods also played a role. For sarcoma patients, receiving a diagnosis by letter was linked with higher rates of FDS breaches, while those contacted by telephone were more likely to stay within target timelines. In contrast, head and neck cancer patients who received results via email had higher breach rates, suggesting communication logistics can affect patient progression through the pathway.

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Socioeconomic deprivation emerged as a significant variable for head and neck and urological cancers. Patients from more deprived backgrounds were more likely to breach FDS targets, potentially due to challenges such as limited access to transport, financial constraints or lower health literacy. Age also had a varying effect, with younger patients generally less likely to breach, though the pattern differed across cancer types.

Implications for System Redesign and Future Interventions

Findings from the analysis point to a systemic need for enhanced oversight and real-time visibility across the cancer care pathway. The absence

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of a unified platform to monitor patient movement across institutions limits the ability of managers to identify and respond to inefficiencies. Implementing integrated data systems and ensuring availability of key diagnostic services across the week could mitigate many of the delays observed.

Moreover, the analysis showed that once patients fall behind at any stage—such as breaching the two-week wait or FDS targets—they are increasingly likely to also breach the subsequent 62-day treatment start target. This cascade effect underscores the importance of early intervention and continuous monitoring.

Efforts to restructure patient pathways—especially for head and neck cancers—have shown promise in improving outcomes without increasing costs. Addressing delays through targeted redesign, informed by the data-driven insights from this study, could enhance service delivery. However, the complexity of healthcare systems, limited resources and organisational inertia present substantial implementation challenges. Multidisciplinary collaboration and alignment with NHS strategic goals will be crucial for translating these insights into practice.

The North London study demonstrates how operational analytics can uncover critical inefficiencies in cancer care pathways. By examining real-world data across multiple institutions, the analysis identifies key demographic, temporal and communication-related factors associated with treatment delays. Streamlining care coordination, enhancing communication strategies and addressing socioeconomic disparities are vital to improving cancer care efficiency. Leveraging operational data offers a powerful route to not only identify bottlenecks but also to inform future interventions aimed at equitable and timely patient care.

Source: [Healthcare Analytics](#)

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