



## Cancer patients who present as an emergency in England, by CCG and Cancer Alliance

### Main findings

The latest quarterly emergency presentations of cancer figures, at national and CCG level, show that:

- between October to December 2017, of 65,587 cancer patients first presenting at hospital in England, 12,164 (18.5%) presented as an emergency; this represents a decrease from the previous quarter (July to September 2017) when the proportion was 19.2%
- in England, the annual average proportion of cancer patients who first presented as an emergency has gradually fallen over the last five years reported, from 20.4% in January to December 2013 to 19.0% in January to December 2017
- at Clinical Commissioning Group (CCG) level, there was an approximate threefold variation in the proportion of cancer patients who first presented as an emergency in the most recent quarter (September to December 2017); across the 207 CCGs the proportion varied from 10.2% to 28.5%, with an interquartile range\* of 16.5% to 20.6%
- over the last five years reported (between January to December 2013 and January to December 2017), the proportion of cancer patients presenting as an emergency has fallen for 148 CCGs, and either risen or remained unchanged for 59 CCGs
- at a Cancer Alliance level the proportion of cancer patients who first presented as an emergency in the most recent quarter (September to December 2017) varied from 16.4% to 20.7%, with an interquartile range\* of 17.9% to 19.3%

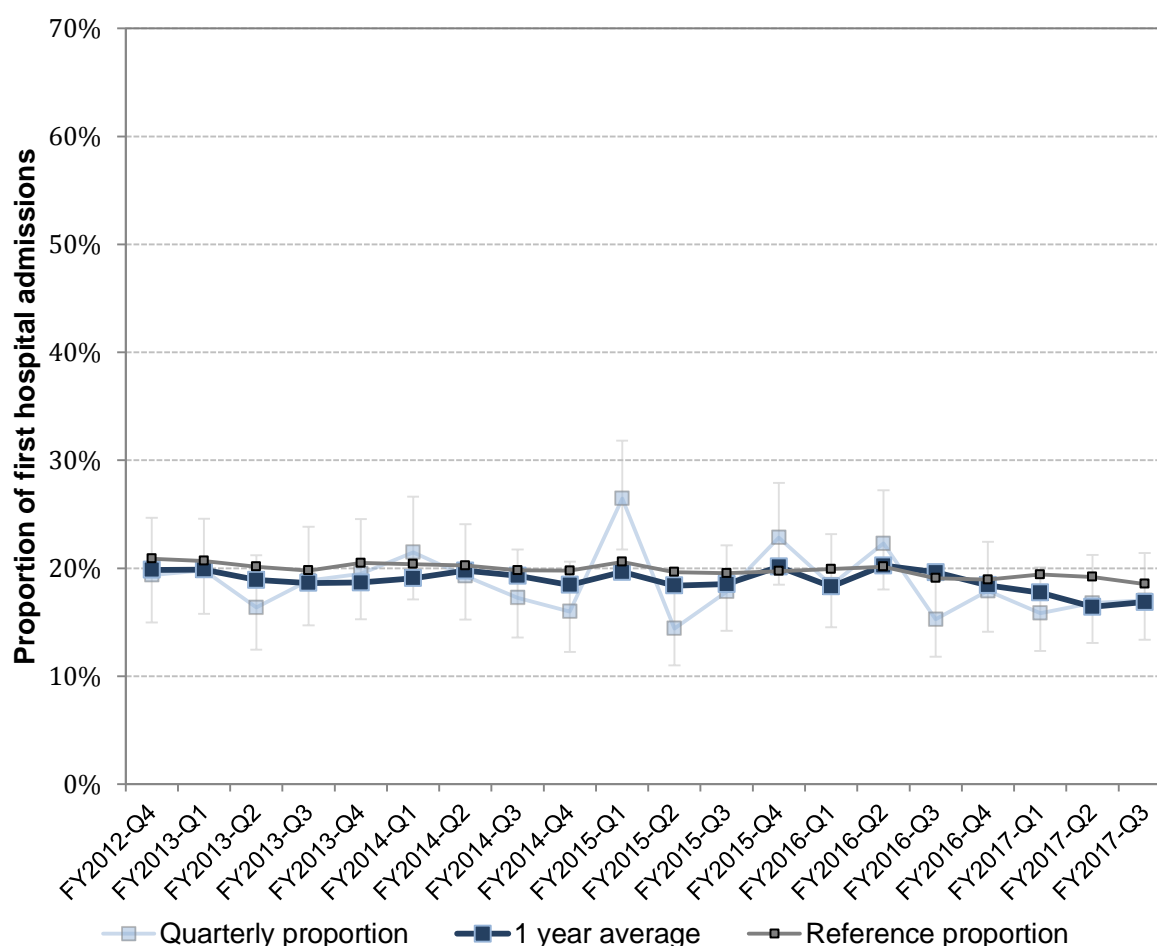
\*The interquartile range describes the distribution of values from the 25% to 75% percentile, and therefore covers half of the range in values around the median (average).

## Summary

The accompanying spreadsheets present the proportion of all patients with malignant cancer (excluding non-melanoma skin cancer) who present as an emergency at CCG level, by Cancer Alliance, and nationally, both quarterly and with a 1-year rolling average (which combines the result for the latest quarter with those from the previous three quarters). The most recently available results are for October to December 2017 (financial year Q3), with trends available from January to March 2013 (Q4).

[http://www.ncin.org.uk/cancer\\_type\\_and\\_topic\\_specific\\_work/topic\\_specific\\_work/cancer\\_outcome\\_metrics](http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics)

**Figure 1. Trend in the proportion of first hospital admissions that are emergencies in England (reference) and for an example CCG**



## Background

Emergency presentation is an important predictor of cancer outcomes: patients with cancers that present as an emergency suffer significantly worse outcomes. The **recent cancer**

**strategy for England** recommended that the proportion of emergency presentations should be regularly reported and reviewed. The metric estimates the proportion of emergency presentations using first admissions to hospital as a proxy for emergency diagnosis. This allows more rapid reporting.

### **Notes on interpretation**

There are some cancers, e.g. brain or children's cancers, where emergency presentation is likely to be the most appropriate route to diagnosis.

While a fall in emergency presentations may correlate with improved survival, this is not necessarily a direct cause and many other factors will be involved.

The denominator is all tumours identified from Admitted Patient Care Hospital Episode Statistics (HES) and therefore does not include all diagnosed tumours registered by the National Cancer Registration and Analysis Service (NCRAS). Consequently, the results presented here may differ from publicly available results such as **Routes to Diagnosis**.

The indicator is not adjusted for case-mix. In particular CCGs/Alliances with an older population can expect to see a larger number of emergency presentations. CCGs/Alliances with a larger number of lung cancers (due to smoking prevalence) or smaller number of breast cancers (due to broader socio-economic factors) can also expect to see a larger proportion of emergency presentations.

The number of cancer patients reported in each quarterly set of emergency presentation results can change over time, due to additional cancer registration information becoming available. As such, the historical quarterly percentages reported may also be subject to small changes.

Smaller numbers at CCG level will result in large variability in emergency presentations, and larger confidence intervals.

### **Further Information**

A document, further detailing the data sources and methodology used to create the emergency presentations indicator, is available to download here:

<http://www.ncin.org.uk/view?rid=3058>

Other background information is also available:

- Cancer Outcome Metrics:  
[http://www.ncin.org.uk/cancer\\_type\\_and\\_topic\\_specific\\_work/topic\\_specific\\_work/cancer\\_outcome\\_metrics](http://www.ncin.org.uk/cancer_type_and_topic_specific_work/topic_specific_work/cancer_outcome_metrics)

- Routes to Diagnosis: [http://www.ncin.org.uk/publications/routes\\_to\\_diagnosis](http://www.ncin.org.uk/publications/routes_to_diagnosis)
- Independent Cancer Taskforce Strategy:  
[http://www.cancerresearchuk.org/sites/default/files/achieving\\_world-class\\_cancer\\_outcomes\\_-\\_a\\_strategy\\_for\\_england\\_2015-2020.pdf](http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf)

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