



Public Health
England

Protecting and improving the nation's health

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

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Main findings

Emergency presentation is an important predictor of cancer outcomes.

A presentation for cancer by each patient is their first attendance at a hospital for their cancer. The presentation is classed as an emergency if they attend Accident & Emergency for their cancer through several admissions routes, for example, on the advice of their GP or as a self-referral.

The latest quarterly figures for emergency presentations of cancer, at national, Cancer Alliance and Clinical Commissioning Group (CCG) level, show that:

April to June 2020

The number of cancer patients seen in hospital for a new cancer in England dropped from 68,793 in January to March 2020 to 46,223 in April to June 2020.

The primary cause was a drop in non-emergency presentations (56,725 in January to March; 33,564 in April to June 2020). The number of emergency presentations (12,659) was slightly lower than the numbers seen in April to June in previous years.

Together, this caused a steep increase in the proportion of emergency presentations from 17.5% in January to March 2020 to 27.4% in April to June 2020.

July to September 2020

The number of patients seen in hospital for a new cancer diagnosis then increased in July to September 2020 to 60,665, though this was still lower than the number of patients presenting in January to March 2020.

The emergency and non-emergency presentations increased by 1,807 and 12,635 respectively. The number of emergency presentations (14,466) was higher than the number seen in any quarter during the last 5 years.

This caused the proportion of emergency presentations to fall to 23.8%.

Trends

In England, the annual average proportion of cancer patients who first present as an emergency has been gradually falling over the last five years. Since the first national COVID-19 lockdown in March 2020, the level of emergency presentations is at a higher percentage than any quarter during the previous five years.

Across the 135 CCGs, the proportion of patients first presenting as an emergency varied from 16.5% to 34.9% in the most recent quarter (July to September 2020), with an interquartile range* of 4.8% (from 21.8% to 26.7%). The largest and smallest percentages reported may reflect how the COVID-19 pandemic varied locally, causing differences in the services offered to and used by patients as well as the true level of emergency presentations.

Over the last 5 years reported (between October 2015 and September 2020) the proportion of cancer patients presenting as an emergency has fallen for 41 CCGs, and either risen or remained unchanged for 94 CCGs. Before the COVID-19 national lockdown the proportion of emergency presentations had been falling for the majority of CCGs.

At a Cancer Alliance level, the proportion of cancer patients who first presented as an emergency in the most recent quarter (July to September 2020) varied from 19.5% to 27.2%, with an interquartile range^{1*} of 2.1% (from 22.4% to 24.5%)

Summary

The proportion of all patients with malignant cancer (excluding non-melanoma skin cancer) who present as an emergency is presented at CCG level, by Cancer Alliance, and nationally, both quarterly and with a 1-year rolling average.

The number of emergency presentations and non-emergency presentations is also presented.

The most recently available results are for July to September 2020 (financial year Q2, 2020 to 2021), with trends available from October to December 2015 (Q3).

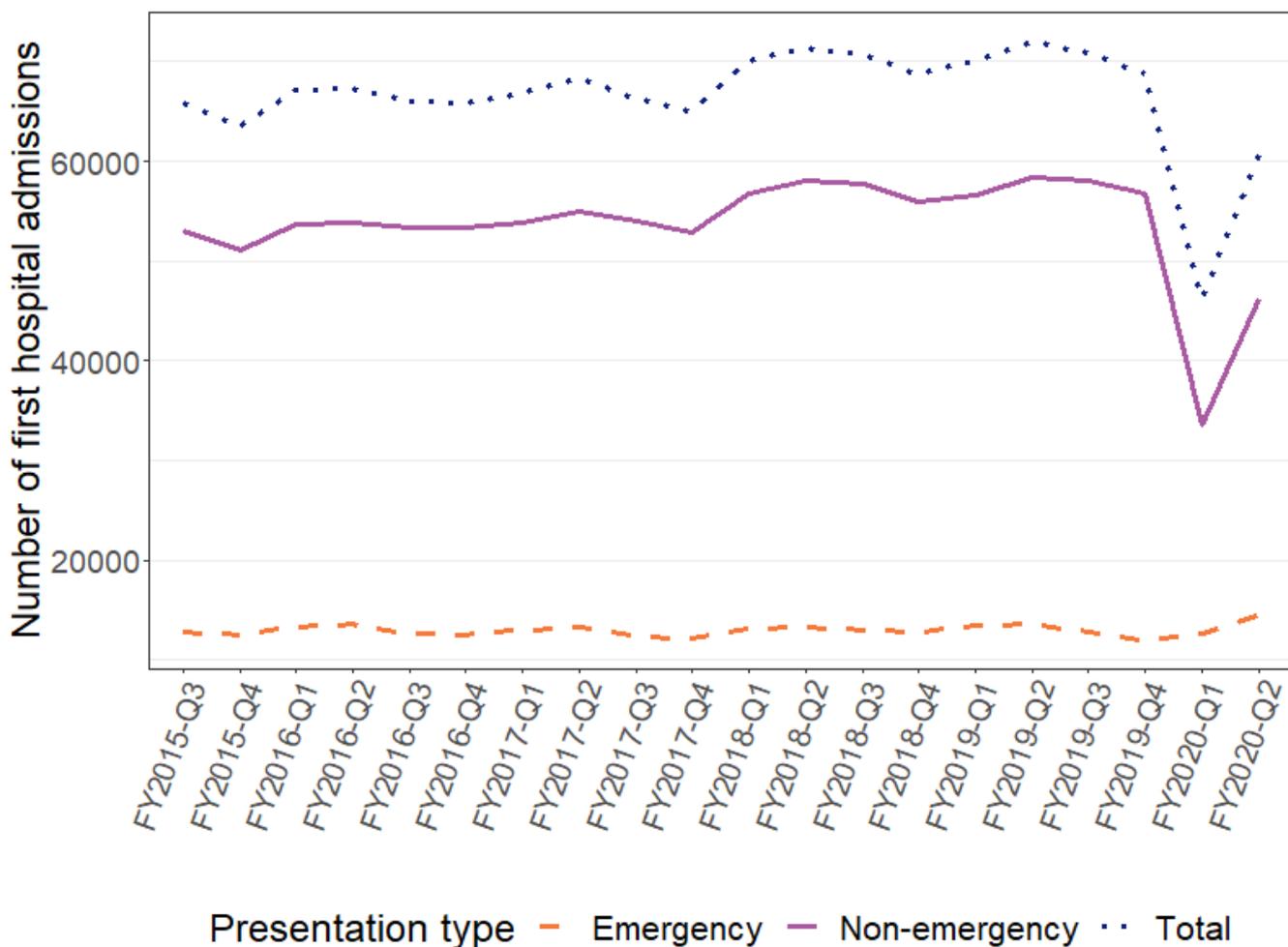
The accompanying spreadsheets present the proportion of all patients with malignant cancer (excluding non-melanoma skin cancer) who present as an emergency.

Cancer outcome metrics on the National Cancer Registration and Analysis service

Figure 1 shows the quarterly numbers of emergency, non-emergency and total presentations for England. In April to June 2020 (FY2020 to 2021 Q1), the figure shows a steep drop off in non-emergency presentations which recovers slightly in July to September 2020.

¹ 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).

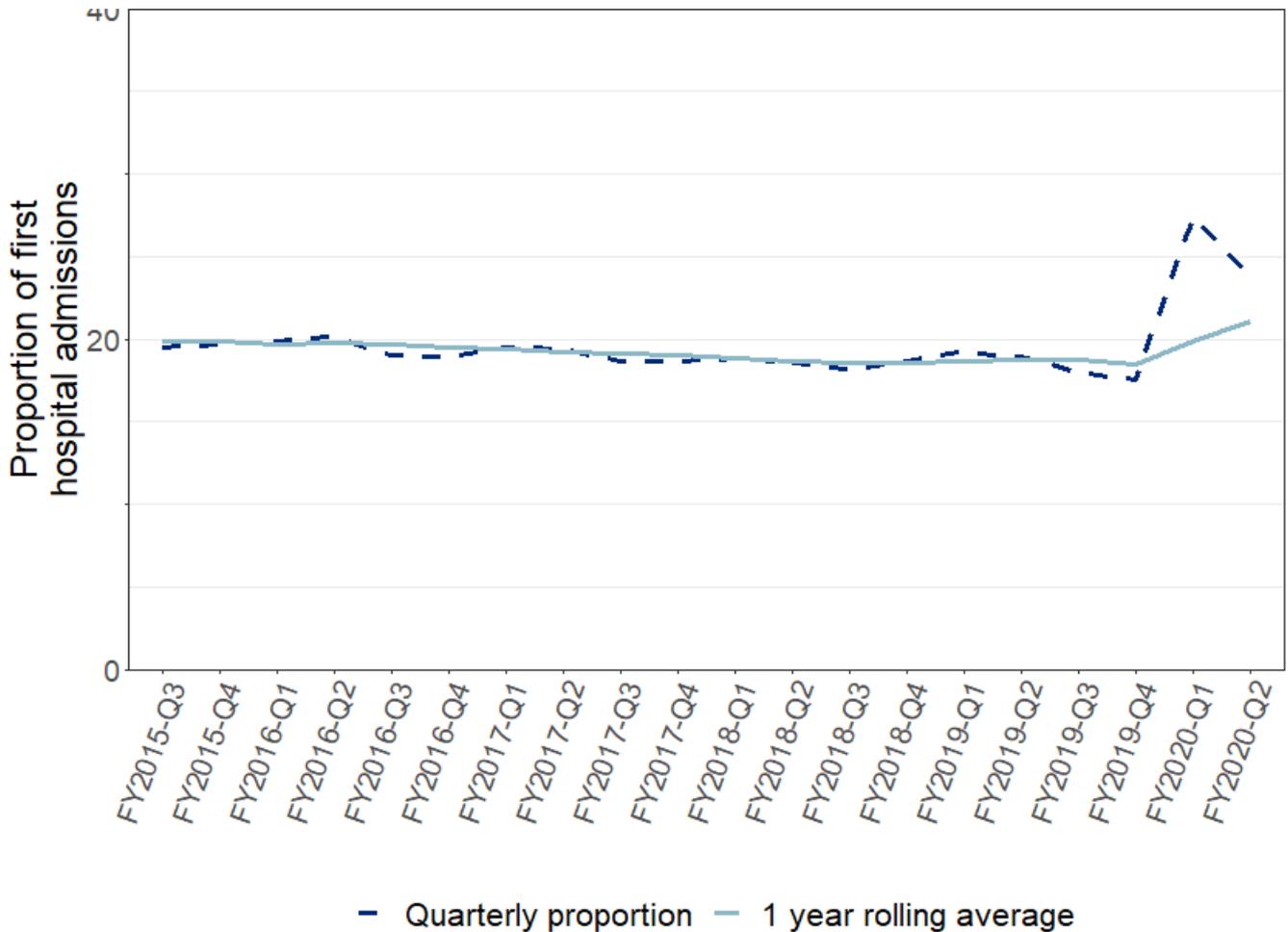
Figure1. Trend in the number of first hospital cancer admissions for England



Source: National Cancer Registration and Analysis Service, Public Health England

Figure 2 shows the quarterly proportion of emergency presentations and the rolling yearly proportion of emergency presentations for England.

Figure 2. Trend in the proportion of first hospital cancer admissions that are emergencies for England



Source: National Cancer Registration and Analysis Service, Public Health England

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 via emergency route as a proxy for emergency diagnosis. This method allows for more rapid reporting of this metric. The **Rapid cancer registration dataset**, which provides a quicker indicative source of cancer data, can also provide an alternative view on the data.

Notes on interpretation

The first COVID-19 lockdown began in England on 23 March 2020. Data from April to June 2020 are therefore likely to be influenced by the following potential factors:

1. The number of new diagnoses will be affected by changes in patient behaviour, with fewer people thought to be reporting possible cancer symptoms. Decreases were seen during the initial lockdown period in the numbers of **GP appointments** and of **people urgently referred** for suspected cancer. With people encouraged to continue reporting worrying symptoms to their doctor and doctors encouraged to refer patients as usual, **the number of referrals increased over subsequent periods although remaining lower than usual for several months**. Clinical guidance have also been provided to maximise the **safety of patients** with cancer and **requiring cancer treatments** during the COVID-19 pandemic.
2. The number of patients diagnosed with cancer is likely affected by additional pressures on imaging capacity or endoscopy due to increased use related to COVID-19 or reduced overall capacity resulting from additional infection control measures, for example, the potential aerosol generation from endoscopy procedures.
3. For breast, colorectal and cervical cancers, the number of new cancer diagnoses will be affected by a reduction in screening activity, particularly during the initial peak of the COVID-19 pandemic and with the return to normal levels taking a varying amount of time across the country and by screening programme.

There are some cancers where emergency presentation may be the most appropriate route to diagnosis, for example, for children where the first symptom of underlying cancer is likely to result in an emergency presentation.

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 indicator is not adjusted to take account of factors that could influence the health of patients in an area. In particular, regions with an older population can expect to see a larger number of emergency presentations. Regions 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.

Definition of indicator

A first presentation is considered an emergency if the method of admission is either:

- Emergency: via Accident and Emergency (A&E)
- Emergency: via general practitioner
- Emergency: via Bed Bureau
- Emergency: via other means including A&E department of another trust.

'Emergency: via consultant outpatient clinic' is not considered an Emergency Presentation. This is because the patient was already within a secondary care setting when referred to the inpatient appointment and therefore the patient's entry into secondary care is unlikely to be an emergency. Patients that present as 'Emergency: via consultant outpatient clinic' are included in the denominator.

The denominator is all tumours identified from Admitted Patient Care Hospital Episode Statistics (HES). The diagnosis codes in HES may not always include references to cancer for care that is not thought to be related to a cancer diagnosis at the time it was given. This means the metric may not include all tumours registered in [the National Cancer Registration Dataset](#) and the results presented here may differ from publicly available results such as [Routes to Diagnosis](#). For full details of the methodology, please refer to the [specifications of the Emergency Presentations metric](#).

Further information

You can download a document [detailing the data sources and methodology used to create the emergency presentations indicator](#).

Other background information includes:

- [Cancer Outcome Metrics](#)
- [Routes to Diagnosis](#)
- [Independent Cancer Taskforce Strategy](#)

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