Surrey and Sussex Healthcare
NHS Trust

Trust Headquarters
East Surrey Hospital
Canada Avenue
Redhill
RH1 5RH

Tel: 01737 768511
www.sash.nhs.uk

Our ref: 4473

2 January 2018

Freedom of information request

I am writing in response to your request for information which has been handled under the Freedom of Information Act 2000 (FOIA).

Your questions and our response are below.

Firstly, in days what is the a) average and b) longest a single patient has waited to receive a First Consultant Appointment following a GP Urgent Referral (two week target) in calendar year 2017 (Year to Date), 2016, 2015, 2010 and 2009

Calendar Year	Average number of days patients waited to receive a First Consultant Appointment following a GP Urgent Referral (2 week target)	Number of GP Urgent Referral (2 week target) received during the year
2017 (Year to Date)	10.0	16673
2016	9.8	16792
2015	10.0	14662
2010	10.3	8165
2009	13.5	7777

For patients treated by SaSH

Calendar Year	Average number of days patients waited for a First Treatment for Cancer following a Decision to Treat (31 days target)	Number of patients receiving first treatment at SaSH
2017 (Year to Date)	10.9	1641
2016	11.4	1765
2015	10.4	1694
2010	9.6	1517
2009	11.0	1439

Secondly, in days what is the a) average and b) longest a single patient has waited for a First Treatment for Cancer following a Decision to Treat (31 days target) in calendar year 2017 (Year to Date), 2016, 2015, 2010 and 2009.

Thirdly, in days what is the a) average and b) longest a single patient has waited for a First Treatment for Cancer following a GP Urgent Referral (62 days target) in calendar year 2017 (Year to Date), 2016, 2015, 2010 and 2009.

Calendar Year	Average number of days patients waited to receive a First Treatment for Cancer following a GP Urgent Referral (62 days target)	Number of patients receiving first treatment as a result of referral to SaSH
2017 (Year to Date)	40.9	980
2016	41.2	1005
2015	42.9	918
2010	39.8	841
2009	38.5	765

Please note we have provided the details of average waiting times for all the years requested and in addition details of the volumes of patients referred and treated – allowing the performance to be reviewed in parallel with service demands.

We feel it would be inappropriate to provide data of any individual patient pathways (the ‘maximums’ requested) as only specialist analysis of these cases could determine the real reasons for any delays and there is the likelihood that such information could be used out of context by anyone receiving such data without having seen patient specific information.

Patient pathways can be very complex with the reasons for extended durations being accountable to mixtures of patient choice, definitive clinical diagnosis and availability of associated clinical services.