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Re.

PQ37070/23: To ask the Minister for Health the number of people who are waiting more than sixty days for an urgent referral for cancer diagnosis.

Dear Deputy Bacik,

The National Cancer Control Programme (NCCP) collates a subset of summary (aggregate) data related to specific tumours, including data pertaining to rapid access services for people with suspected breast, lung and prostate cancer, and more limited data for a number of other tumour types.

The rapid access assessment services for Symptomatic Breast Disease (SBD) Clinics, Rapid Access Lung Clinics (RALC) and Rapid Access Prostate Clinics (RAPC) operate in each of the 8 designated cancer centres, with one additional breast satellite clinic, and provide a streamlined pathway to diagnostic evaluation and specialist review for these three major cancers. It is important to note that these are symptomatic patients being assessed for suspected cancer, the majority of whom will not be diagnosed with cancer.

All new patients attending symptomatic breast disease and rapid access lung and prostate cancer clinics are clinically assessed and undergo one or more diagnostic tests as clinically indicated.

The National Cancer Control Programme collect retrospective data on the time to first attendance for patients that are newly referred for suspected breast, lung and prostate cancer via the rapid access cancer assessment pathway.

For Q1 2023, the percentage of newly referred patients having first attendance at symptomatic breast disease clinics and triaged as urgent seen within 10 working days of receipt of referral at the cancer centre is 84.6% with 92.8% attending within 15 working days and 98.4% within 20 working days.

For Q1 2023, the percentage of newly referred patients having first attendance at rapid access lung clinics seen within 10 working days of receipt of referral at the cancer centre is 86.0% with 95.6% attending within 15 working days and 98.8% within 20 working days.

For Q1 2023, the percentage of newly referred patients having first attendance at rapid access prostate clinics seen within 20 working days of receipt of referral at the cancer centre is 87.0% with 91.9% attending within 30 working days and 92.5% within 40 working days.

Although a small number of patients are indicated as having attended beyond 21 working days (urgent breast and lung) and 40 working days (prostate) a significant number of these will be due to individual personal choice or for medical reasons and it is unlikely that anyone was seen more than 60 days from receipt of referral due to capacity constraints.

The National Cancer Control Programme do not collect time to attendance data on patients referred for other types of cancer.

The National Cancer Control Programme engage closely with Clinical teams across the cancer centres with regard to service challenges, service quality and prospects for service developments to improve patient pathways.

Yours sincerely



Patrick Cafferty
Assistant National Director
National Cancer Control Programme

