NHS
Coventry and Warwickshire
Integrated Care Board

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Private and Confidential
Ms Manuela Perteghella MP

Sent by email - manuela.perteghella.mp@parliament.uk

Our Ref: CWICB0879

13 March 2025

Dear Ms Perteghella,

RE: Cancer Treatment Delays and Budget Changes

I am writing in response to your correspondence addressed to Mr Phil Johns, Chief Executive, of 27 February 2025. You have described your concern on behalf of your constituents that there are delays in cancer treatment pathways across acute Trusts within Coventry and Warwickshire (and specifically Stratford Upon Avon). You have asked the Integrated Care Board (ICB) to comment on these delays, including the cause and to address your concerns that there are planned cuts to cancer treatment budgets. I hope that the following information is helpful and addresses the issues raised.

Planned changes to budgets for cancer treatment

I would like to reassure you that Cancer Treatment remains a priority for the ICB, and there are no plans to reduce cancer treatment budgets. The Integrated Care System as commissioners of services are working closely with West Midlands Cancer Alliance and Regional Cancer Teams to prioritise funding bids, ensuring that extra funding supports improvements in challenged pathways and increases capacity to deliver the new national performance targets. By the end of March 2026, the Cancer Waiting Times Standards are to achieve 80% for the 28-day Faster Diagnosis Standard, 96% for the 31-day treatment standard and 75% for the 62-day referral to treatment standard. The system will closely track any funding allocated to ensure it is having a demonstratable impact on delivering the required cancer performance improvement, including access to treatment, and highlighting risks and opportunities as appropriate.

Treatment Delays

You have referenced constituents of Stratford-on-Avon experiencing significant delays to their cancer treatment. In some cases, delays being as long as seven weeks. In the latest reported data of December 2024, Coventry and Warwickshire delivered 96.8% of cancer treatments within 31 days (against a national target of 96.0%). By treatment type, 97.5% received their surgery within 31 days, 99.3% received their chemotherapy within 31 days and 92.3% of patients received their radiotherapy within 31 days. Where patients do experience delays this may be due to clinical complexity or the requirement for limited specialist clinical expertise.

According to the above figures, we recognise that access to Radiotherapy falls below the 96.0% target however can confirm that performance at George Eliot Hospital (GEH) for this treatment is 100% and 98.5% at University Hospitals Coventry and Warwickshire NHS Trust (UHCW). To address this variance we are working with all providers and regional teams to improve equity of access to treatment across our system.

There is a focus on improving Cancer waiting times across the system. All providers are currently working through their operational annual planning trajectories and detailing their expected improvements in performance during 2025/26. The ICB meets with providers on a fortnightly basis for assurance on performance against plans and to ensure opportunities for improvement are realised and actioned. The ICB also supports a systemwide mutual aid approach, identifying opportunities for treatment across all Acute Providers to support equity of access to treatment where appropriate.

In addition, the ICB are working on a number of programmes to work towards improved performance across cancer pathways in Coventry and Warwickshire, including (but not limited to):

- Gynaecology Programme – systemwide and collaborative approach with ICS Gynaecology Clinical Network in place by Oct-25.
- Breast Programme – ensure breast pain pathway in place where not already by Mar-26, reviewing and aligning with Women's Health Hubs.
- Urology Programme –Cancer transformation sub-group from the Urology Area Network and look at implementation of joint Urology and Oncology clinic.
- Skin Programme – By Mar-26, demonstratable improvement towards achievement of National Target of 50% of all Dermatology USC referrals to be seen on a tele-dermatology pathway.
- GI Programme LGI & FIT – Reviewing FIT uptake data and implement improvement plan with Primary Care and support practices with tailored interventions to increase use of FIT.
- NSS Programme –Refine and continue audit of NSS pathway and use of FIT and improve GP/patient understanding of pathway.
- Head and Neck Programme – Work with WMCA to review referral forms with the intention of a West-Midlands-wide form to reduce local variations and improve referral quality, working closely with Primary Care colleagues in C&W to deliver this.

I hope you will find my letter a satisfactory response to your enquiry and that assurance is provided of our continued commitment to delivering and improving cancer treatment across Coventry and Warwickshire, if you have any further questions, please do not hesitate to contact us.

Yours sincerely,

PP.

Phil Johns
Chief Executive