

Research report:

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NHS DELAYS OF APPOINTMENT

The National Health Service (NHS) is a fundamental sector of healthcare organisation in UK, and it provides important services to millions of patients in England. However, in recent years, the NHS has faced significant challenges, particularly regarding the appointment delays in patients. Their aim is to do research and to investigate the causes of these delays and how it can be effectively as well as to offer possible solutions that can change patients access to timely health care. And moreover, to help patients to get assistant of well-being of health issues.

The major problem of the NHS in UK is experiencing the worst performance against waiting times since pandemic year 2019. This has brought the highest proportion of cancer patients waiting more than 3 to 4 hours in A and E department ever since. Infact this has caused a lot of issues in the society as whole. This has cause depression and anxiety issues in cancer patient lifestyle. So many cancers patients are on waiting list of getting specialist appointments for years without getting it and it has cause them developing mental issues and others are dying of their sickness. Currently, the demand for treatment has increased as compared before and it has cause major disturbances to non-urgent patients and its need to investigate workforce and facilities at the NHS sectors.

Ongoing Pressures: Some factors of ongoing pressures are the tight infection control estimate and how it rises continuously. The demand of it is another factor. Hospitals and GP in UK must be able to address unfair elective waits for class of cancer patients as well as minority to work with it as NEW DATA published this year shows “Those from

deprived area of these circumstances/ situations and those from Asian /Africa or Asian British background are more likely to wait longer than any other group”. Dealing with this problem about the health inequalities should be the heart of NHS plan.

1: Shortage of workforce: Workforce shortages pressures are another factor.

Pressures and shortages count to the difficulty in reducing numbers of patients on the waiting list.

2: Ongoing pressures: Some factor of the ongoing pressure is the tight infection control level and how much it continued rising.

Targeting the treatment of cancer patients within the 30 days of urgent GP referral has not been met over 4 years, and research evidence shows that most of the cancer patients experiencing many more week's delays in getting hospital appointment.

Infact, there are cancer patients who needs very urgent treatment than the NHS has the capacity to offer services. It will require more sustainable funding for and Social Care sector to do something about it by employing more nurses and doctors and to get more facilities at the hospital, and moreover, to invest in building more hospitals and social care sector for staff to get time and space to demonstrate their skills to reach patients' needs of their wellbeing.

Obviously, the cancer patient's appointment delays remain a big issue with the hospital treatment waiting list of over 5.50 million cases as data shows. This indicates the years of insufficient growth of shortage of workforce and facilities. This pressure is escalating rapidly in Uk hospitals, and it cause so many issues for the daily lifestyle of patients.

However, the data highlight cancer patients are on waiting list for treatment are significate a big issue. Many parts of UK cancer patients waiting more than the usual 60 days target since. Recently, in July 2025, the data shows only 50% of cancer patients started treatment within three months even only urgent/emergency referral and yet there are more cancer patients waiting longer than target.

Diagnostic delays:

Diagnostic tests waiting: Waiting for the diagnosis tests, scan and any other tests lead to the contribution to all delays and it can also be the biopsy, and some causes which can leads to mortality of the patients if their appointment declined, cancellation or reschedule to longer periods. Those who neglect or extend period can be at risk of immortality.

Conducting research on delays in cancer patient's appointments is very important for so many reasons. It will help create a plan to improve services e.g. Quality care, facilities and workforce development. Research could potentially limit the death of cancer patient in UK.

Three relevant information sources:

1: The impact on patient's outcomes: Early diagnosis and treatment can reduce the risk of mortality in cancer care. And delays can worsen the health outcomes of them. Research can show how these can affect patients' well-being.

2: Urgent referrals: How the NHS will put the referrals on priority to be seen by a specialist. However, CATCHUP with Cancer Campaign: In July 2024 warns NHS that “the data emphasise the urgent referrals needs to be taken seriously for cancer patients”.

3: Purpose of the Research: The primary purpose of the research is to identify the underlying circumstances that contribute to appointment delays within the NHS sector. By investigating or doing research helps to know the workforce shortages, operational inefficiencies. It provides the comprehensive information of the situation.

Quantitative Overview:

Quantitative research involves systematic numerical information gathering quantitatively data and performing statistical mathematical. It could be useful when looking to compare data.

1: Numerical Data: To utilizes numerical data that can be calculated.

2: Structured Methods: Apply structure tools e.g. interview questionnaires, surveys, literature and experiments on data collection.

3: Objective Analysis: To focus on the measurement of object and observe its components and apply statistical analysis to clarify the outcome.

Qualitative Overview:

It is the involvement of non-numerical satisficing on focusing on credible sources, one or few sources that are trusted and contain enough information which can be used.

1: Unstructured Methods: To improvise important interview questions. Ask questions on interview that are predetermined.

2: Depth Understanding: Aim is to get deep understanding of the chosen topic and the fact of some information from the data on qualitative.

3: Subjective Analysis:

To go on the content which gives more explanations and understandings or analysis content from the data source.

Choice (Mixed Method:)

The reason why I chose mixed methodologies for research because I needed to gather information, data, statistic from quantitative research methods and compare and with the qualitative too I needed to gather as much credible information as possible.

Information that has been source of approves from the credible source or from credible web site or book or whatever.

Primary and secondary data collection are the basic way of gathering information.

Obviously, the secondary data is the one I choose because it gives the information that has already been analysed and existing data from different sources.

The evidence points to the conclusion is that I did get most of my information from NHS app which I quote:

(Data published, by Meghana Pandith's England Co-National Medical Director Secondary Care), said "Despite another huge wave of demand across NHS services,

today's data suggests that reform and the hard work of staff is helping to buck the seasonal trend”.

Radiotherapy UK Chair, Prof. Pat Price, has responded to the latest NHSE cancer patient waiting list data, which was released on Thursday 10 October this year, said:

The longer period of delays of cancer patients alarming reveals by the Analysis from Radiotherapy Department UK says:” Although improving early and rapid diagnosis is essential, countless patients in UK still endure a four-week delay before their treatment.

To sum up, the content of this essay, the delays of cancer patients' appointment and how it affects them mentally, emotional and even cause immortality. Meanwhile, diagnostic test is another factor, appointment for specialist, urgent referrals delays and moreover timely diagnosis, cancellation or extended period of appointment all leads to anxiety, depression etc.

This report has analysed the reasons of cancer patients delays. It shows on the health care data that there are a lot of pressures and the shortages of workforce, facilities and many more. Many articles and Professors have talked about the delays and the impact of it and how they can solve the issue.

However, this year 2025 the GBC News said, “The government is taken measures to reform the fundamental requirement to resolve the situation of NHS UK system to meet the health plan”. Also, he wants to make sure to progress the workforce and facilities increased and the number of waiting list decreases.

PROFESSOR HABIB NAQVI, Chief Executive of the NAS RACE and HEALTH OBSERVATORY, said “Age, sex and ethnicity and any other features is going to be publicate on waiting list data, and it is a good ideal to make more visible for ethnic health inequities”.

