



FOLKETINGET
STATSREVISORERNE



FOLKETINGET
RIGSREVISIONEN

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Extract from Rigsrevisionen's report
submitted to the Public Accounts Committee

Maximum waiting time for cancer patients

1. Introduction and conclusion

1.1. Purpose and conclusion

1. This report concerns the extent to which the Danish regions and the Danish Ministry of the Interior and Health's uphold cancer patients' statutory right to treatment within a specified time frame, commonly referred to as maximum waiting time.

2. According to the Danish Health Authority, cancer is the most common cause of death in Denmark and around 45,000 Danes are diagnosed with cancer every year. Since 1987, when the Danish Health Authority introduced systematic monitoring of new cases, cancer cases have increased. According to the Danish Health Authority, prompt treatment is frequently imperative for the patients' prospects of recovery. The maximum waiting time is intended to guarantee that in the event of suspicion of cancer or a diagnosis of cancer, assessment and treatment can be initiated promptly.

Cancer patients are entitled to begin treatment within 28 days after they have been referred for treatment. Furthermore, treatment must begin maximum 14 days after the patient has agreed to the treatment. If the patient agrees to commence treatment after the maximum waiting time limit, the region is required to inform the patient of the potential health consequences of postponing treatment.

If a region is unable to begin treatment within the specified time limit, the region is required to provide the patient with treatment in another facility, like a hospital in another region, a private hospital or a hospital abroad, where treatment can be initiated within the maximum waiting time. If this option is not available to the region, and if the patient requests this option, the Danish Health Authority will take over the responsibility for referring the patient to treatment. The explanatory notes to the Danish Health Act impose an obligation on the Danish Health Authority to monitor the resources available for treatment in Denmark and its neighbouring countries.

3. According to the Ministry of the Interior and Health, expenses for cancer treatment amounted to around DKK 12 billion in 2022, thereby accounting for 14 % of the total expenses for treatment at the national hospitals.

Regions

Since 2007, Denmark has been divided into five regions, whose main responsibility is healthcare.

Maximum waiting time

Maximum waiting time is specified in section 88 of the Danish Health Act and in the *Government order on maximum waiting time for treatment of cancer and certain conditions in relation to ischaemic heart diseases*.

Exceptions to the rule of maximum waiting time

The maximum waiting time are not applicable to the following types of cancer:

- cancer diseases requiring a bone marrow transplant;
- skin cancer that is not caused by a birthmark;
- trials and experimental treatments.



Robot-assisted cancer surgery

Photo: Ritzau Scanpix

Earlier reports on waiting time for treatment of cancer published by Rigsrevisionen

2002: Report on waiting time in the hospital sector (no 1/2002)

2007: Report on maximum waiting time for cancer treatment (no 5/2007)

2012: Report on objectives, results and follow-up on cancer treatment (no 5/2011)

2018: Cancer patients' access to cancer services (no 7/2018).

4. In a previous report, published in 2018, the Danish Public Accounts Committee criticized the regions' failure to comply with the rules set for maximum waiting time. The members of the committee found it unsatisfactory that a significant number of patients were not provided with an assessment or treatment of their cancer in accordance with the legal requirements. The Public Accounts Committee also noted that the then Ministry of Health and the Elderly's monitoring of compliance with the maximum waiting time was based on incomplete data provided by the regions.

The minister for health at the time informed Rigsrevisionen that the ministry would follow up on the regions' initiatives and procedures to ensure compliance with the rules on maximum waiting time. In a memorandum dated May 2022, Rigsrevisionen concluded that this aspect of the case could be closed. The decision was made solely on the basis of the information provided by the ministry and not due to a recent data-driven study carried out by Rigsrevisionen.

5. In March 2023, Danmarks Radio (national broadcasting company) wrote about 293 patients with advanced intestinal cancer who had not been treated at the Aarhus University Hospital within the maximum waiting time. The minister for the interior and health asked the regions to check whether cancer patients had been treated in accordance with the maximum waiting time. The regions were instructed to have particular focus on whether the patients had been informed correctly about their rights and had been offered treatment at other hospitals in Denmark or abroad, if the region was unable to comply with the time limit.

The regions and the Danish Health Authority's investigation into the case from Aarhus University Hospital in 2023 showed that, in spite of previously launched initiatives, the regions' obligation to act and inform the patients of their rights and document their actions was interpreted differently.

6. The purpose of this study is to assess whether the regions and the Ministry of the Interior and Health have ensured that the treatment of cancer patients begins in compliance with the rules on maximum waiting time. The report answers the following questions:

- Do cancer patients commence treatment within the maximum waiting time?
- Have the regions offered cancer patients referral to another hospital in Denmark or abroad, when they are unable to offer treatment within the maximum waiting time?
- Is the Ministry of the Interior and Health monitoring available resources for treatment at relevant facilities in Denmark and its neighbouring countries?
- Are there inequalities in the waiting time for cancer treatment depending on the socioeconomic status of the patients?

Rigsrevisionen took the initiative to do the study in April 2023.



Conclusion

The regions and the Ministry of the Interior and Health have failed to ensure that all cancer patients commence treatment in compliance with the rules on maximum waiting time. The regions have failed to ensure that all cancer patients are provided with treatment at another hospital, when the maximum waiting time have been exceeded, and the regions have failed to report all instances of non-compliance with the maximum waiting time to the Danish Health Authority. The ministry has not had solid information about the regions' compliance with the rules and the available treatment resources. As a result, cancer patients risk waiting for treatment for longer than is necessary.

Overall, Rigsrevisionen is highly dissatisfied with the inability of the regions and the Ministry of the Interior and Health to uphold the rights of the patients.

In the course of the study period, treatment did not begin within the waiting time limit for approx. 16,300 cancer patient pathways (14% of all pathways)

There are legitimate reasons for exceeding the maximum waiting time, such as the health of the patient or because the patient has wished to delay treatment. According to Rigsrevisionen there are no legitimate reasons for the delay in the commencement of treatment of patients in approx. 6,500 pathways.

The regions have failed to uphold the right of between 3,000 and 6,400 cancer patients to receive treatment at another hospital

The patients must be offered treatment at another hospital, if a region is unable to offer the patients treatment at one of the regional hospitals within the waiting time limit

Rigsrevisionen estimates that approx. 3,100 patients have not been offered treatment at another facility. The remaining approx. 3,300 patients have been offered an alternative, but the authorities involved have different interpretations of whether the offers made by the regions are complying with the statutory requirements.

The disagreement revolves around how specific an offer, the patient should receive. The regions' interpretation of the rules is that they are required to offer the patients the possibility of finding treatment at an alternative facility, whereas the Ministry of the Interior and Health believes that the regions must be able to present the patients with an actual offer of treatment within the specified waiting time. Based on the ministry's interpretation, the regions have failed to uphold the rights of approx. 6,400 patients. Based on the regions' interpretation, the number is approx. 3,100 patients.

In the period examined, the regions have reported to the Ministry of the Interior and Health that they have failed to uphold 745 patients' right to be offered treatment at another hospital. Depending on the interpretation of the rules, Rigsrevisionen's review indicates that the waiting time limit has been exceeded for four to eight times that number of patients. Thus, the reports filed by the regions have not been correct. Rigsrevisionen's report from 2018 also indicated that the rights of a significantly higher number of patients than reported were not upheld. Rigsrevisionen finds it highly unsatisfactory that a shared understanding of the rules has not been established and that the ministry, after five years, is still carrying out its monitoring based on inadequate data.

The Ministry of the Interior and Health has not met the requirements of the law regarding knowledge of available resources for treatment

No cancer patients were referred to the Danish Health Authority in the period from July 2019 to June 2023 to be offered treatment, according to the study. The Ministry of the Interior and Health has been unaware of the available resources for treatment at similar facilities in Denmark and its neighbouring countries, as required by the notes to the law. Rigsrevisionen has established that the patients' statutory right to be referred to the Danish Health Authority in order to commence treatment at another hospital within the maximum waiting time, is not being upheld in practice. This means that the patients might not receive the care prescribed in the Health Act and risk having to wait longer for treatment.

There was no evidence of inequality in the waiting time for treatment depending on the socioeconomic status of the patients, according to the study.