

Ref: FOI/2025/11254

Date Received: 26th November 2025

Response Due: 29th December 2025

Date: 9th January 2026

Dear Sir/Madam

With reference to your request for information received on 26th November 2025, I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information you have requested. A response to each part of your request is provided below.

In your request you asked:

I am writing to request the following information under the Freedom of Information Act 2000. Please provide data for the period 1 January 2024 to 31 December 2024, unless otherwise specified.

Straight to Test (STT) Colonoscopy

- 1. Does the Trust provide Straight to Test (STT) colonoscopy services for the suspected cancer referral pathway?**

Yes, patients are referred in from their GP to either LGI2www or UGI2ww. Any IDA patients who have been referred to RDS 2ww are then redirected to appropriate service by the RDS 2ww team.

- 2. If STT, are they spoken to first in a clinic appointment or are they sent straight to colonoscopy without discussion?**

We try to contact each patient by phone at point of triage, this is not an appointment. If we cannot contact a patient, we will request the appropriate investigations and send a letter to the patient with our contact details, this is to avoid delay on the pathway.

Iron Deficiency Anaemia (IDA) Pathway

- 1. Does the Trust have a specific iron deficiency anaemia (IDA) Faster Diagnostic Pathway (FDP)?**

Yes

- **If not, please confirm which pathway IDA patients are referred to (e.g., Lower GI, Upper GI, Gastroenterology, or Colorectal).**

N/A

- **If yes, which speciality manages this?**

LGI 2ww have their own IDA pathway, IDAs are managed by LGI (surgery) and UGI (medicine). IDA referrals cross over between specialities depending on the presentation such as colorectal, gastroenterology, urology and gynaecology and haematology.

2. Number of referrals to the IDA pathway (01/01/2024 – 31/12/2024).

The Trust is unable to provide this data as it is not recorded centrally.

3. Number of colorectal cancers diagnosed via the IDA pathway (01/01/2024 – 31/12/2024).

The Trust is unable to provide this data as it is not recorded centrally.

4. Number of IDA pathway patients seen by the Colorectal team (01/01/2024 – 31/12/2024).

The Trust is unable to provide this data as it is not recorded centrally.

Number of IDA pathway patients seen by the Gastroenterology team (01/01/2024 – 31/12/2024).

The Trust is unable to provide this data as it is not recorded centrally.

5. Do patients with IDA with positive FIT go to the IDA pathway or the lower GI pathway?

IDAs can be referred into LGI or UGI. We do not need a FIT if a patient has IDA.

Lower GI Suspected Cancer Pathway

1. Total number of Lower GI suspected cancer referrals (01/01/2024 – 31/12/2024).

Month Of Referral	Referrals - 2 Week
Jan-24	314
Feb-24	335
Mar-24	289
Apr-24	310
May-24	346
Jun-24	305
Jul-24	331
Aug-24	300
Sep-24	303
Oct-24	367
Nov-24	350
Dec-24	313

2. Number of cancers diagnosed on the Lower GI suspected cancer referral pathway, categorised by *site-specific cancer*, including (but not limited to):

- **Colorectal**
- **Small bowel**
- **NTE (Neuroendocrine)**
- **Gastric**
- **Oesophageal**
- **Any other relevant categories**

Diagnosis	Primary	Recurrence	Benign
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C171 - Malignant neoplasm of small intestine, jejunum	1	0	0
C172 - Malignant neoplasm of small intestine, ileum	2	0	0
C179 - Malignant neoplasm of small intestine, unspecified	2	0	0
C180 - Malignant neoplasm of caecum	20	0	0
C181 - Malignant neoplasm of appendix	6	0	0
C182 - Malignant neoplasm of ascending colon	36	0	0
C183 - Malignant neoplasm of hepatic flexure	7	0	0
C184 - Malignant neoplasm of transverse colon	14	0	0
C185 - Malignant neoplasm of splenic flexure	4	0	0
C186 - Malignant neoplasm of descending colon	9	0	0
C187 - Malignant neoplasm of sigmoid colon	42	1	0
C189 - Malignant neoplasm of colon, unspecified	1	0	0
C19X - Malignant neoplasm of rectosigmoid junction	7	0	0
C20X - Malignant neoplasm of rectum	48	2	0
C210 - Malignant neoplasm of anus, unspecified	3	0	0
C211 - Malignant neoplasm of anal canal	6	1	0
C218 - Malig neo, overlapping lesion of rectum, anus and anal canal	2	0	0
C482 - Malignant neoplasm of peritoneum, unsp	1	0	0
C784 - Secondary malignant neoplasm of small intestine	0	3	0
C851 - Oth & unsp types non-Hodgkin B-cell lymphoma, unsp	1	0	0
D013 - Carcinoma in situ anus and anal canal	2	0	0
D017 - Carcinoma in situ other specified digestive organs	1	0	0
D120 - Benign neoplasm of caecum	8	0	48
D121 - Benign neoplasm of appendix	2	0	1
D122 - Benign neoplasm of ascending colon	4	0	36
D123 - Benign neoplasm of transverse colon	6	0	37
D124 - Benign neoplasm of descending colon	2	0	18
D125 - Benign neoplasm of sigmoid colon	9	0	34
D126 - Benign neoplasm of colon, unspecified	7	0	3
D127 - Benign neoplasm of rectosigmoid junction	2	0	6
D128 - Benign neoplasm of rectum	6	0	29
D129 - Benign neoplasm of anus and anal canal	0	0	1
D373 - Neoplasm uncert / unkn behav appendix	1	0	0
D374 - Neoplasm uncert / unkn behav colon	3	0	0
D375 - Neoplasm uncert / unkn behav rectum	2	0	0
D487 - Neoplasm uncert or unknown behaviour of oth spec sites	1	0	0
TOTAL	268	7	213

Colorectal Surgery Activity

- Total number of referrals to Colorectal Surgery (not including lower GI cancer referrals) (01/01/2024 – 31/12/2024).**

Month Of Referral	Referrals - Urgent	Referrals - Routine
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Jan-24	35	167
Feb-24	32	189
Mar-24	48	197
Apr-24	35	211
May-24	50	165
Jun-24	37	169
Jul-24	34	177
Aug-24	46	166
Sep-24	39	190
Oct-24	51	212
Nov-24	55	189
Dec-24	45	174

2. Average waiting time for a Lower GI 2-week-wait (2WW) referral to first appointment.

Month/Year	Average Wait Time to 1st Attendance Days - 2WW
Jan-24	8.59
Feb-24	11.58
Mar-24	9.01
Apr-24	10.78
May-24	10.75
Jun-24	11.28
Jul-24	12.04
Aug-24	14.39
Sep-24	16.70
Oct-24	15.19
Nov-24	14.40
Dec-24	17.88

3. Average waiting time for an *urgent* outpatient referral to Colorectal Surgery.

91.80 days as of Dec 2025

4. Average waiting time for a *non-urgent* outpatient referral to Colorectal Surgery.

Requested clarification for “which waiting time? referral to 1st appointment, referral to first definitive treatment, referral to admitted surgery or other measure? Also is this current waiting time or trend over time?”

Reply - Current waiting time from referral to the service to 1st appointment please
97.85 days as of Dec 2025

Inflammatory Bowel Disease (IBD)

How many patients were diagnosed with inflammatory bowel disease (IBD) through the Lower GI Faster Diagnostic Pathway?

The Trust is unable to provide this data as it is not recorded centrally.

If you are not entirely satisfied with this response, please do not hesitate to contact the Information Governance Department via the email address provided. If we do not hear from you within 40 days, we will assume that we have been able to accommodate your request under the Freedom of Information Act 2000.

Yours sincerely,



Hazel Hendriksen
Director of Operations – Specialist Services & Surgery Division

PLEASE NOTE:

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you should write to: Information Governance Department, Wrightington, Wigan and Leigh NHS Foundation Trust, Suite 9, Buckingham Row, Brick Kiln Lane, Wigan, WN1 1XX.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision at:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire, SK9 5AF

Helpline number: 0303 123 111