

FOI REF: 25/853

16<sup>th</sup> January 2026

Eastbourne District General Hospital

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## FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

**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.**

### 1. Straight to Test (STT) Colonoscopy

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

[Yes.](#)

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

[Triaged for fitness for STT colonoscopy and booked STT if fit.](#)

### 2. Iron Deficiency Anaemia (IDA) Pathway

- 2.1 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).**

[Not applicable.](#)

- If yes, which speciality manages this?**

[General Surgery.](#)

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

639.

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

East Sussex Healthcare NHS Trust (ESHT) does not centrally record the number of colorectal cancers diagnosed via the IDA pathway. To enable the Trust to provide this information it would require a manual review of all patient records who had been referred to Haematology, General Surgery and Gastroenterology and then cross referenced across different systems, which we estimate would take over 18 hours. We are therefore applying Section 12(1) to this part of your request.

Section 12(1) of the Act allows a public authority to refuse to comply with a request for information if the authority estimates that the cost of compliance would exceed the 'appropriate limit', as defined by the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004 (the Regulations). These state that this cost limit is £450 for public authorities which are not part of central government or the armed forces. The costs are calculated at £25 per hour per person regardless of the rate of pay, which means that the limit will be exceeded if the work involved would exceed 18 hours. The Trust estimates that the cost of complying with this request would significantly exceed the above limit.

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

Section 12(1) applied, please see explanation above.

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

Section 12(1) applied, please see explanation above.

**2.6 Do patients with IDA with positive FIT go to the IDA pathway or the lower GI pathway?**

Patients go to the lower GI Pathway.

**3. Lower GI Suspected Cancer Pathway**

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

26 Lower GI and Liver suspected cancer referrals.

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

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

Please see attached document - FOI 25-853 Response Q3.2.

**4. Colorectal Surgery Activity**

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

6034.

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

The average waiting time for a Lower GI 2-week-wait (2WW) referral to first appointment is 10 days.

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

The average waiting time for an urgent outpatient referral to Colorectal Surgery is 2-3 weeks.

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

The average waiting time for a non-urgent outpatient referral to Colorectal Surgery is 8-10 weeks.

**5. Inflammatory Bowel Disease (IBD)**

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

Patients referred and investigated on the lower GI Faster Diagnostic Pathway will have their cancer diagnosis record on the cancer system.

ESHT does not centrally record patients diagnosed with inflammatory bowel disease (IBD) through the Lower GI Faster Diagnostic Pathway. To enable the Trust to provide this information it would require a manual review of all patient records, which we estimate would take over 18 hours. We are therefore applying Section 12(1) to this part of your request.

Section 12(1) of the Act allows a public authority to refuse to comply with a request for information if the authority estimates that the cost of compliance would exceed the 'appropriate limit', as defined by the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004 (the Regulations). These state that this cost limit is £450 for public authorities which are not part of central government or the armed forces. The costs are calculated at £25 per hour per person regardless of the rate of pay, which means that the limit will be exceeded if the work involved would exceed 18 hours. The Trust estimates that the cost of complying with this request would significantly exceed the above limit.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department ([esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

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

Telephone: 0303 123 1113

Yours sincerely

Freedom of Information Department  
[esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)

FOI 25/853 - East Sussex Healthcare NHS Trust

Q3.2 - Cancer Register - Type 07 Urgent Suspected Lower Gastrointestinal Cancer - Date of Decision to Refer 01.01.24 to 31.12.24													
Referral Type/Outcome/Malignancy	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL
<b>Suspected Lower Gastrointestinal Cancers</b>	<b>436</b>	<b>458</b>	<b>416</b>	<b>509</b>	<b>433</b>	<b>391</b>	<b>455</b>	<b>435</b>	<b>434</b>	<b>438</b>	<b>468</b>	<b>418</b>	<b>5291</b>
<b>No Diagnosis Recorded</b>		<b>3</b>	<b>1</b>	<b>1</b>		<b>1</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>	<b>10</b>
<b>Non Cancer</b>	<b>424</b>	<b>432</b>	<b>386</b>	<b>486</b>	<b>409</b>	<b>371</b>	<b>433</b>	<b>417</b>	<b>411</b>	<b>417</b>	<b>444</b>	<b>393</b>	<b>5023</b>
<b>Primary</b>	<b>12</b>	<b>23</b>	<b>29</b>	<b>21</b>	<b>24</b>	<b>18</b>	<b>22</b>	<b>17</b>	<b>22</b>	<b>20</b>	<b>23</b>	<b>24</b>	<b>255</b>
Malignant neoplasm of anus and anal canal	1	1	-	-	3	1	3	1	2	1	3	-	16
Malignant neoplasm of breast	-	-	-	-	-	1	-	-	-	-	1	-	2
Malignant neoplasm of bronchus and lung	1	1	1	-	2	1	1	-	1	-	-	-	8
Malignant neoplasm of colon	6	7	13	12	14	7	12	9	9	13	9	16	127
Malignant neoplasm of gallbladder	-	-	-	1	-	-	-	-	-	-	-	-	1
Malignant neoplasm of kidney, except renal pelvis	-	-	-	1	-	2	1	-	1	-	-	1	6
Malignant neoplasm of oesophagus	-	1	1	1	-	-	1	1	-	-	-	1	6
Malignant neoplasm of ovary	-	1	-	-	-	-	-	-	1	-	-	-	2
Malignant neoplasm of pancreas	-	-	-	-	-	-	-	-	1	-	-	-	1
Malignant neoplasm of prostate	-	-	-	-	-	1	-	-	-	-	-	-	1
Malignant neoplasm of rectosigmoid junction	-	1	-	-	-	-	-	1	1	2	1	-	6
Malignant neoplasm of rectum	3	11	10	4	3	3	3	5	5	2	7	5	61
Malignant neoplasm of retroperitoneum and peritoneum	-	-	-	1	1	-	-	-	-	-	-	-	2
Malignant neoplasm of small intestine	-	-	-	1	-	-	1	-	1	-	1	-	4
Malignant neoplasm of vulva	1	-	-	-	-	-	-	-	-	-	-	-	1
Multiple myeloma and malignant plasma cell neoplasms	-	-	1	-	-	-	-	-	-	-	1	-	2
Neoplasm of uncertain or unknown behaviour or urinary organs	-	-	1	-	-	1	-	-	-	1	-	-	3
Non-follicular lymphoma	-	-	-	-	1	1	-	-	-	1	-	-	3
Sec malignant neoplasm of respiratory and digestive organs	-	-	1	-	-	-	-	-	-	-	-	1	2
Secondary malignant neoplasm of other and unspecified sites	-	-	1	-	-	-	-	-	-	-	-	-	1
<b>Recurrence</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>
Malignant neoplasm of colon	-	-	-	1	-	-	-	-	-	-	-	-	1
Non-follicular lymphoma	-	-	-	-	-	1	-	-	-	-	-	-	1
Sec malignant neoplasm of respiratory and digestive organs	-	-	-	-	-	-	-	-	-	-	1	-	1
<b>GRAND TOTAL</b>	<b>436</b>	<b>458</b>	<b>416</b>	<b>509</b>	<b>433</b>	<b>391</b>	<b>455</b>	<b>435</b>	<b>434</b>	<b>438</b>	<b>468</b>	<b>418</b>	<b>5291</b>