Waiting Times for Suspected and Diagnosed Cancer Patients

2014-15 Annual Report

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Contents

1 Summary

The overall performance for 2014-15, against the nine cancer measures, is set out below for the provider data set.

1.1　Two week waits

In 2014-15, the percentage of patients who were seen by a specialist within 14 days of being urgently referred for suspected cancer by their GP was 94.2%

In 2014-15, the percentage of patients who were seen by a specialist within 14 days of being urgently referred by their GP with exhibited breast symptoms (where cancer was not initially suspected) was 93.3%. By quarter, performance was below the operational standard of 93% for the first quarter of 2014-15 but above this standard in the other three quarters of 2014-15.

1.2　31-day waits for first treatment for all cancers

In 2014-15, the percentage of patients receiving a first definitive treatment for cancer who began that treatment within 31 days was 97.7%

1.3　31-day waits for second or subsequent treatment for all cancers

In 2014-15, the percentage of patients receiving subsequent treatment for cancer where the treatment modality was surgery began that treatment within 31 days was 95.7%

In 2014-15, the percentage of patients receiving subsequent treatment for cancer where the treatment modality was an anti-cancer drug regimen began that treatment within 31 days was 99.6%

In 2014-15, the percentage of patients receiving subsequent treatment for cancer where the treatment modality was radiotherapy began that treatment within 31 days was 97.5%

1.4　62-day waits for all cancers

In 2014-15, the percentage of patients who received a first treatment for cancer within 62 days following an urgent GP referral for suspected cancer was 83.4%. By quarter, performance was below the operational standard of 85% for all quarters in 2014-15.

In 2014-15, the percentage of patients who received a first treatment for cancer within 62 days following referral from a NHS cancer screening service was 93.2%

In 2014-15, the percentage of patients who received a first treatment for cancer within 62 days following a consultant decision to upgrade their priority was 89.9%

2 Introduction

2.1   This report presents a summary of the Statistics on Waiting Times for Suspected and Diagnosed Cancer Patients within the English NHS for the period 2014-15. These data are an aggregate version of those provider based quarterly statistics available on the NHS England website at: http://www.england.nhs.uk/statistics/category/statistics/provider-waiting-cancer/. There may be some discrepancies between the statistics contained within this report and the previous quarterly publications, owing to further efforts to clean the dataset and present a more accurate analysis since individual quarters were published.

2.1.1   In a review[1] of cancer waiting times standards conducted in the summer of 2010 by Professor Sir Mike Richards it was found that shorter waiting times can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. Shorter waiting times can also help to ease patient anxiety and improve experience. Improving Outcomes: A Strategy for Cancer(January 2011)[2], confirmed that the cancer waiting time standards should be retained, consequently they were identified within the Operating Framework for the NHS in England for 2013-14[3], Everyone Counts: Planning for Patients 2014/15[4] and Everyone Counts: Planning for Patients 2014/15 to 2018/19[5].

2.2   These standards, as with all monitored waiting times standards, are not expected to be met in all cases by the NHS. At any one time, there will be a number of patients who are not available for treatment within a waiting time standard because: they elect to delay their treatment (patient choice), are unfit for their treatment, or it would be clinically inappropriate to treat them within the standard time. To account for this, NHS England has published 'operational standards' (performance thresholds)[6] that set the expected level of performance based on case mix, clinical requirements, potential numbers of patients unfit for treatment or electing to delay treatment (patient choice). The published operational standards for cancer waiting times are:

Waiting Times Measure	Operational Standard
Two week wait for all cancers	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected)[7]	93%
One Month (31-day) diagnosis to first treatment wait for all cancers	96%
31-day wait for second or subsequent treatment: anti-cancer drug treatments	98%
31-day wait for second or subsequent treatment: surgery	94%
31-day wait for second or subsequent treatment: radiotherapy treatments[8]	94%

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[1] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213787/dh_123395.pdf

[2] https://www.gov.uk/government/publications/the-national-cancer-strategy

[3] https://www.gov.uk/government/publications/the-operating-framework-for-the-nhs-in-england-2013-14

[4] http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf

[5] http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid.pdf

[6] http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103431.pdf

[7] Data for this standard was first published for Q4 2009-10

[8] Data for this standard was first published for Q4 2010-11.

Waiting Times Measure	Operational Standard
62-day wait for first treatment following an urgent GP referral for all cancers	85%
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	90%

2.3   The operational standards detailed above are based on 'all cancers' and take into account patient choice and other influencing factors.   There will be variations between different tumour types. These variations are the result of differences in the types of tests a patient requires to confirm a diagnosis of cancer for each tumour group, the complexities of that treatment and the different choices those patients might make about their treatment.

2.4   The Government Statistical Service (GSS) statistician responsible for producing the data in this report is Mark Svenson, who can be contacted at the address or e-mail given below. If you have any feedback on the content of the publication, or would like any more information about the statistics themselves, please let us know at cancer-waits@dh.gsi.gov.uk or in writing at:

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Note: the last standard concerning a consultant decision to upgrade the priority of a patient does not have an operational standard, see para 47.1 of the review of cancer waits[9].

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[9] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213787/dh_123395.pdf

3 Methodology

3.1   These aggregate statistics are derived from patient records held on the Cancer Waiting Times Database (CWT-Db) in the format specified by the National Cancer Waiting Times Monitoring Dataset (NCWTMDS), full details of which can be found at: http://www.datadictionary.nhs.uk/data_dictionary/messages/clinical_data_sets/data_sets/national_cancer_waiting_times_monitoring_data_set_fr.asp?shownav=1

3.2   For the quarterly publication of Cancer Waiting Times statistics; following the 25th working day after the end of each quarter the CWT-Db provides NHS England with aggregated and anonymised extracts of the validated data on two-week wait periods, 31-day periods and 62-day referral to treatment periods for publication and reporting purposes. Prior to publication, NHS England analysts follow a set process to ensure that the published statistics are as accurate as possible. These statistics are either aggregated using the provider organisation details contained within the patient record or details of the registered primary care organisation, which can also be sourced from this patient record.

3.3   The national levels of activity and performance reported within this summary for commissioned services may differ from the equivalent provider based statistical summaries. This is because these commissioner-based statistics only include those patients who can be traced back to an English commissioner using their NHS Number. As a result, the national calculated performance levels may differ slightly between the two datasets. As these commissioner (Clinical Commissioning Groups) based statistics are derived from those data submitted by the providers of NHS cancer services, the provider based national statistics on waiting times for suspected and diagnosed cancer patients remain the most complete assessment of the performance of the English NHS.

3.4   It is not possible to alter any aggregate extract after it has been generated by the CWT-Db. This is because these data will have already been disseminated within the NHS as part of an automated process at the same time that the automated aggregate extract was generated. The CWT-Db will already have reported details of any activity to the NHS provider, the commissioning CCG and Area Teams, the local Area Team (if different) and the local cancer network. These automated reports cannot be altered to ensure consistency of information throughout the NHS and version control.

3.5   If an error is discovered after the automated processes of the CWT-Db have generated aggregate statistics for publication, the usual practice of the NHS England is to add a caveat or note explaining the inconsistency to the foot of the relevant data table within the quarterly publications.

3.6   Further documents outlining the methodology, including the revisions policy, and issues around security and confidentiality, can be found here: http://www.england.nhs.uk/statistics/cancer-waiting-times/

4 Provider-based statistics

4.1   The provider-based data include all patients treated by the English NHS, including those patients from Wales and those where a commissioning organisation could not be identified from their patient records. The provider-based set of statistics has been formally assessed for compliance with the Code of Practice for Official Statistics, and has been designated as National Statistics.

4.2   Two week wait for all cancer – (Operational Standard = 93%)

This standard covers patients seen by a specialist following an urgent GP referral for suspected cancer. The operational standard states that 93% of patients should be seen within 14 days of the referral.

Table 4.1: Activity and performance of the two week wait standard for all cancer.

| Care Setting	Number of patients 2014-15	% seen within 14 days	
		2014-15	2013-14
All Care	**1,549,694**	**94.2**	**95.3**

Table 4.2: Activity and performance of the two week wait standard for different cancer sites in 2014/15. The two week wait operational standard was met for all suspected cancer sites.

Cancer Report Group	Total number of patients seen	% seen within 14 days
All Cancers	**1,549,694**	**94.2**
Suspected Acute Leukaemia	271	94.1
Suspected Brain/Central Nervous System Tumours	8,363	96.3
Suspected Breast Cancer	275,840	95.0
Suspected Children's Cancer	7,104	94.3
Suspected Gynaecological Cancer	141,728	95.1
Suspected Haematological Malignancies (Excluding Acute Leukaemia)	13,567	96.2
Suspected Head & Neck Cancer	143,402	95.7
Suspected Lower Gastrointestinal Cancer	240,767	93.5
Suspected Lung Cancer	57,583	96.2
Suspected Other Cancer	2,519	95.2
Suspected Sarcoma	7,401	94.2
Suspected Skin Cancer	290,847	93.1
Suspected Testicular Cancer	8,878	97.0
Suspected Upper Gastrointestinal Cancer	171,712	92.1
Suspected Urological Malignancies (Excluding Testicular Cancer)	179,712	94.3

Figure 4.1: The national quarterly activity and performance of urgent GP referrals for suspected cancer. Data from 2014/15 is compared against 2013/14.
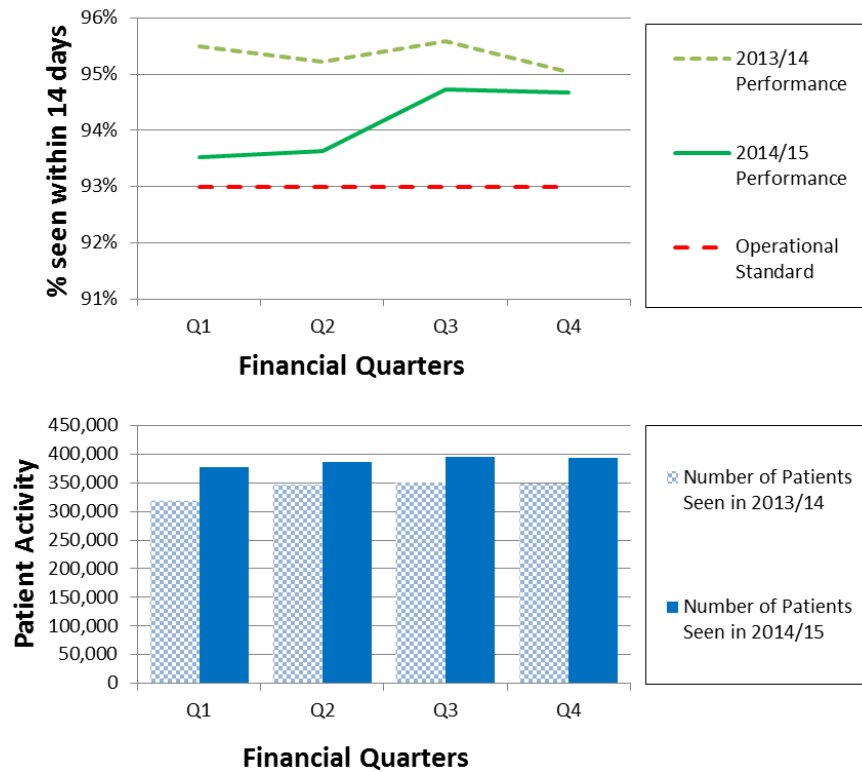
Summary

The number of patients which are included in the two week wait standard continued to increase at a constant rate. A total increase of 13.8% occurred, compared with 2013/14. The performance showed a large drop from Q4 2013/14 to Q1 2014/15 but then increased throughout the rest of the year back to a similar level to 2013/14.

4.3 Two week wait for symptomatic breast patients (where cancer was not initially suspected) – (Operational Standard = 93%)

This standard covers patients seen by a specialist following an urgent GP symptomatic breast referral where cancer was not initially suspected. The operational standard states that 93% of patients should be seen within 14 days of the referral.

Table 4.3: Activity and performance of the two week wait standard for symptomatic breast patients.

Care Setting	Number of patients 2014-15	% seen within 14 days	
		2014-15	2013-14
All Care	**229,331**	**93.3**	**94.8**

Figure 4.2: The national quarterly activity and performance for urgent GP referrals for breast symptoms (where cancer was not initially suspected). Data from 2014/15 is compared against 2013/14.
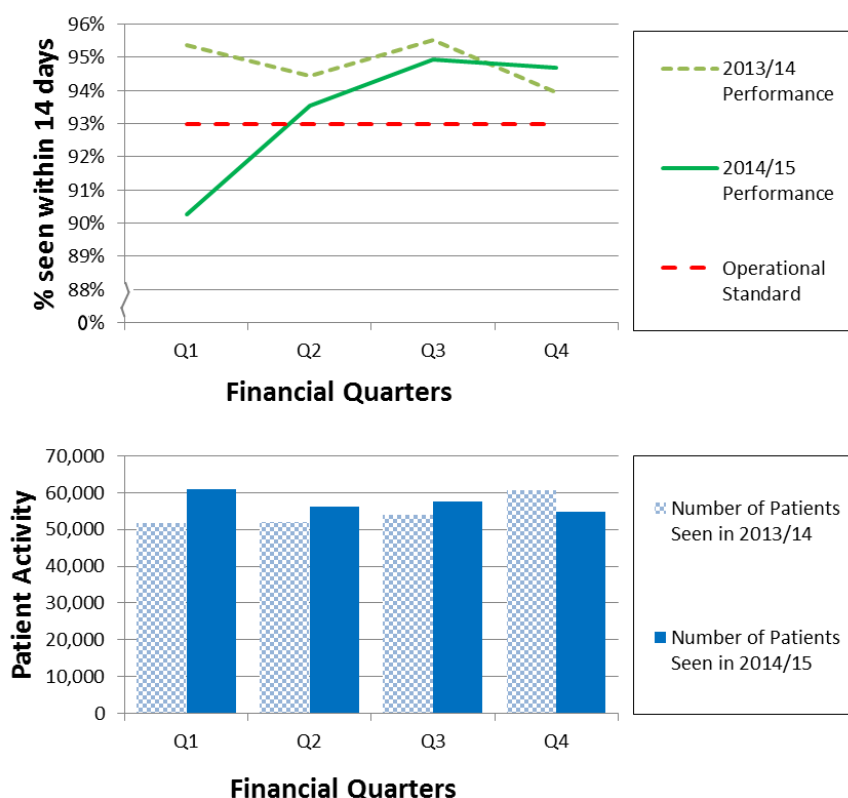
Summary
The number of patients referred onto the two week wait with breast symptoms (but where cancer is not suspected) peaked in Q1 2014/15 and then decreased throughout the rest of the year. The performance reflected this increase in activity showing a low performance in Q1 2014/15 but the increasing throughout the rest of the year.

4.4   31-day waits for first treatment – (Operational Standard = 96%)

This standard covers patients starting a first definitive treatment for a new primary cancer. The operational standard states that 96% of patients should be seen within 31 days of the decision to treat date.

Table 4.4: Activity and performance of the one month wait standard for first cancer treatment.

Care Setting	Number of patients 2014-15	% seen within 31 days	
		2014-15	2013-14
All Care	**272,755**	97.7	98.3
Admitted Care	**182,363**	96.9	97.7
Non-Admitted Care	**90,392**	99.2	99.4

Table 4.5: Activity and performance of the one month wait standard for different cancer sites in 2014/15. The one month operational standard was met for all suspected cancer sites.

Cancer Report Group	Total number of patients seen	% seen within 31 days
All Cancers	**272,755**	**97.7**
Breast Cancer	46,432	98.8
Lower Gastrointestinal Cancer	29,201	98.1
Lung Cancer	29,637	98.4
Other Cancer	74,087	98.3
Skin Cancer	41,381	97.6
Urological Malignancies	52,017	95.3

Figure 4.3: The national quarterly activity and performance for the 31-day standard from a decision to treat to first treatment. Data from 2014/15 is compared against 2013/14.
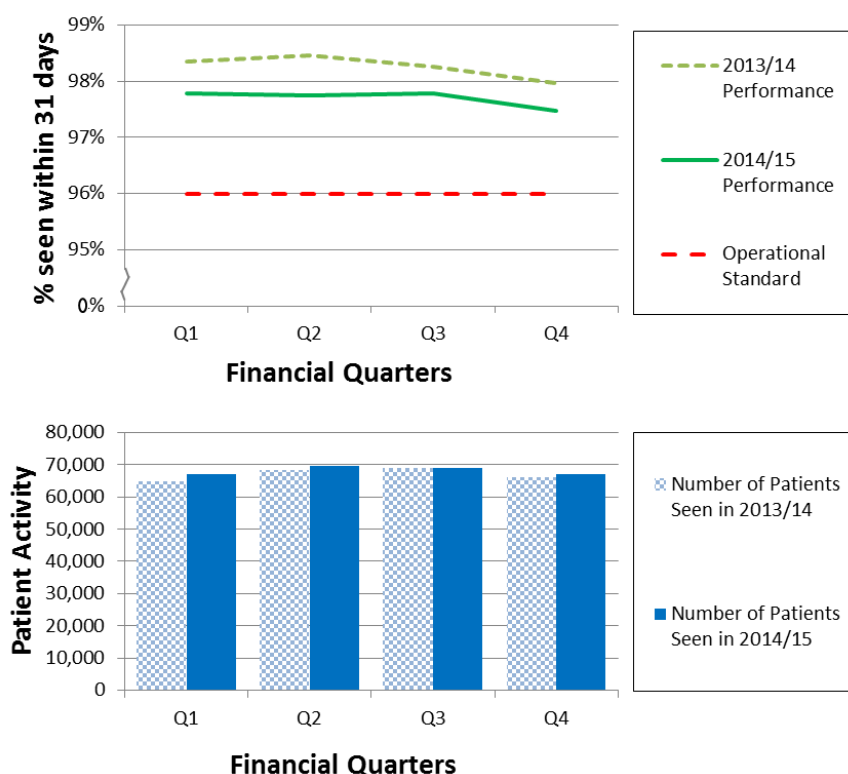
Figure 4.4: The national quarterly activity and performance for the 31-day standard from a decision to treat to first treatment by cancer site.
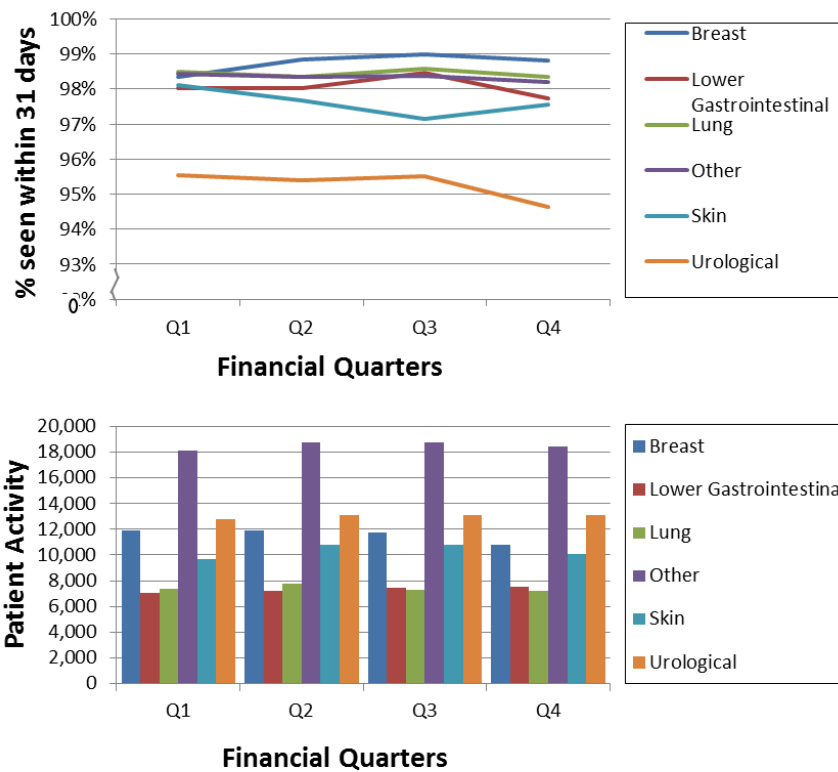
Summary

The 31-day standard for first treatments saw an increase of 1.9% activity compared with 2013/14. No individual cancer site is seen to be increasing significantly more than the others. Urological cancers remain the largest individual cancer in terms of number of patients being treated.

Although the performance remained above the operational standard, it was lower than the previous year and shows a slow decreasing trend. The performance of every individual cancer site remained above the standard for every quarter in 2014/15.
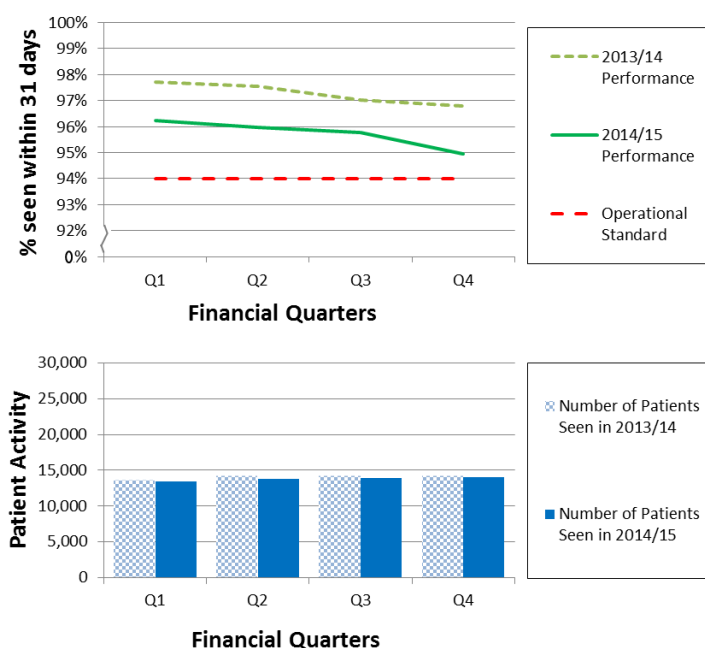
4.5   31-day waits for subsequent treatments for all cancers

This standard covers patients starting a subsequent treatment for a new primary cancer. The operational standard states that 98% of patients should be seen within 31 days of the decision to treat date where the treatment is an anti-cancer drug regime, 94% where the treatment is radiotherapy and 94% where the treatment is surgery.

Table 4.6: Activity and performance of the one month wait standard for subsequent cancer treatments.

Care Setting	Number of patients 2014-15	% seen within 31 days 2014-15	% seen within 31 days 2013-14
Surgery (Operational Standard = 94%)			
All Care	55,134	95.7	97.3
Admitted Care	53,251	95.7	97.3
Non-Admitted Care	1,883	96.9	97.6
Anti-Cancer Drug Regimen (Operational Standard = 98%)			
All Care	86,316	99.6	99.7
Admitted Care	51,779	99.6	99.7
Non-Admitted Care	34,537	99.7	99.7
Radiotherapy (Operational Standard = 94%)			
All Care	96,588	97.5	97.6
Admitted Care	11,145	98.2	98.6
Non-Admitted Care	85,443	97.4	97.5

Figure 4.5: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is <u>surgery</u>. Data from 2014/15 is compared against 2013/14.

Figure 4.6: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is an anti-cancer drug regimen. Data from 2014/15 is compared against 2013/14.
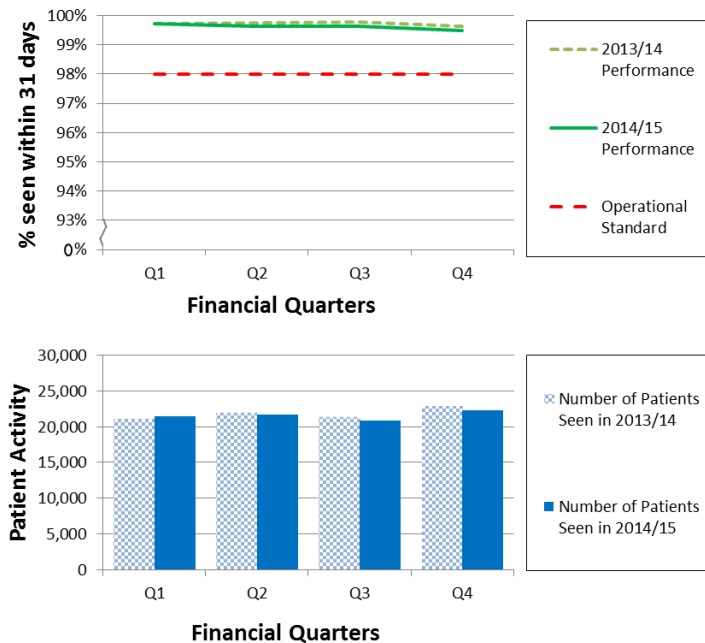

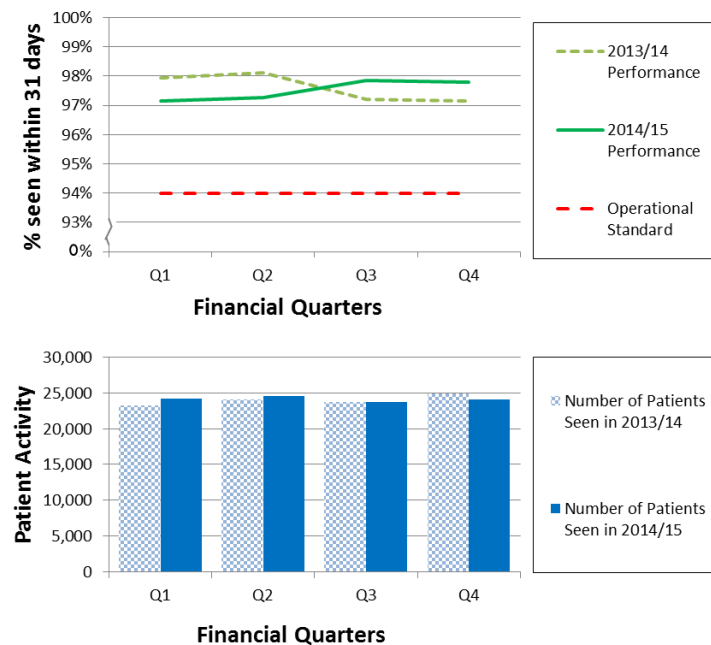Figure 4.7: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is radiotherapy. Data from 2014/15 is compared against 2013/14.

Summary

While the performance of anti-cancer drug regimen and radiotherapy subsequent treatments remains high, surgery has shown a continual decreasing trend throughout 2014/15.

4.6   62-day wait for first treatment following an urgent GP referral – (Operational Standard = 85%)

This standard covers patients starting a first definitive treatment for a new primary cancer following an urgent GP referral for suspected cancer. The operational standard states that 85% of patients should be seen within 62 days of the referral date.

Table 4.7: Activity and performance of the two month wait standard for all cancer sites.

Care Setting	Number of patients 2014-15	% seen within 62 days	
		2014-15	2013-14
All Care	**130,380**	83.4	86.0
Admitted Care	81,710	82.5	85.3
Non-Admitted Care	48,670	84.9	87.0

Table 4.8: Activity and performance of the two month wait standard for different cancer sites in 2014/15.

Cancer Report Group	Total number of patients seen	% seen within 62 days
All Cancers	**130,380**	**83.4**
Breast Cancer	22,045	95.9
Lower Gastrointestinal Cancer	12,260	73.3
Lung Cancer	12,026	75.3
Other Cancer	31,808	77.9
Skin Cancer	23,109	95.4
Urological Malignancies	29,132	78.0

Figure 4.8: The national quarterly activity and performance for the 62-day standard from an urgent GP referral to a first definitive treatment. Data from 2014/15 is compared against 2013/14.
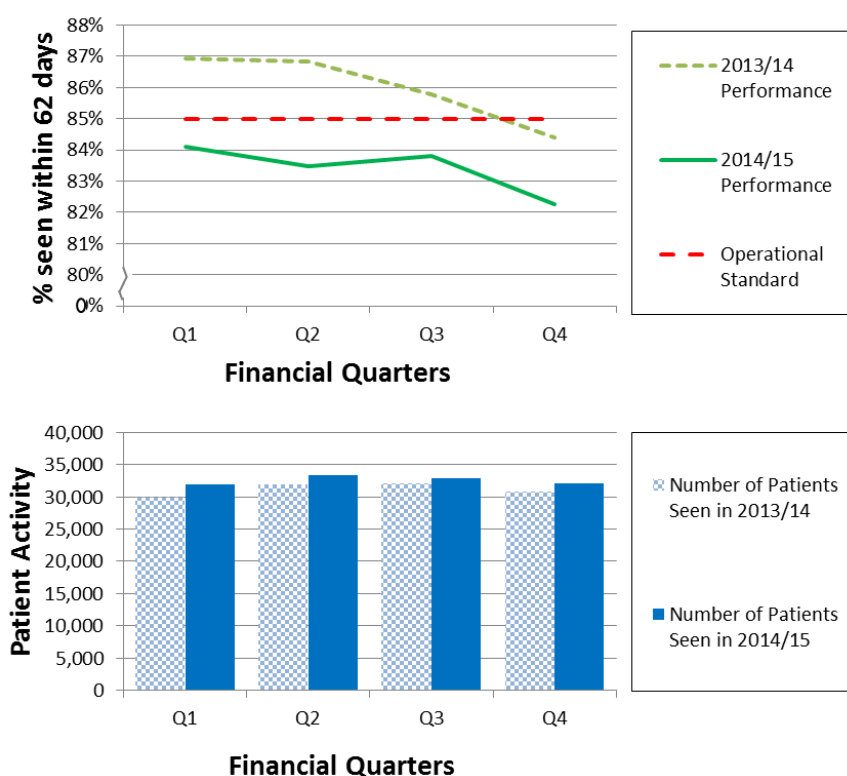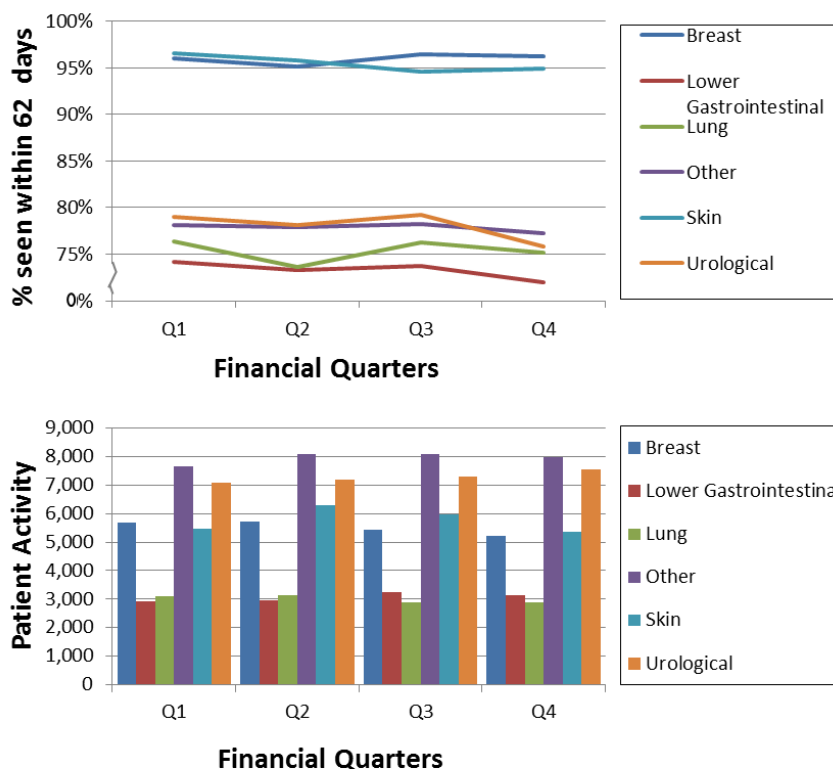
Figure 4.9: The national quarterly activity and performance for the 62-day standard from an urgent GP referral to a first definitive treatment by cancer site.

Summary

The number of patients recorded under the 62-day standard increased by 4.1% from 2013/14 to 2014/15. No specific cancer site was responsible for this but rather a general increase across all cancers.

The performance was below the operational standard for all four quarters in 2014/15 and continues to show a decreasing trend.

The performance for individual cancers showed that breast and skin cancers remained high and constant whereas urological and lower gastrointestinal cancers had large decreases.
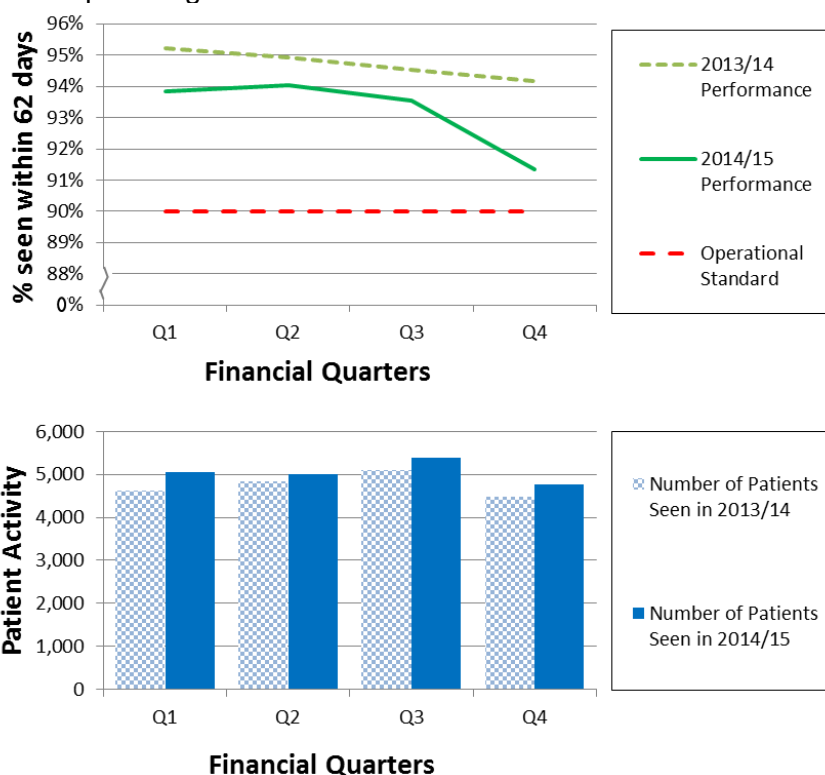
4.7 62-day wait for first treatment following referral from an NHS cancer screening service for all cancers – (Operational Standard = 90%)

Table 4.9 shows the performance of admitted verses non-admitted care and compare this to the data from 2013-14.

Care Setting	Number of patients 2014-15	% seen within 62 days	
		2014-15	2013-14
All Care	20,247	93.2	94.7
Admitted Care	187,33	93.6	95.1
Non-Admitted Care	1,514	89.1	90.0

Figure 4.10: The national quarterly activity and performance for the 62-day standard from a NHS cancer screening service referral to a first definitive treatment. Data from 2014/15 is compared against 2013/14.
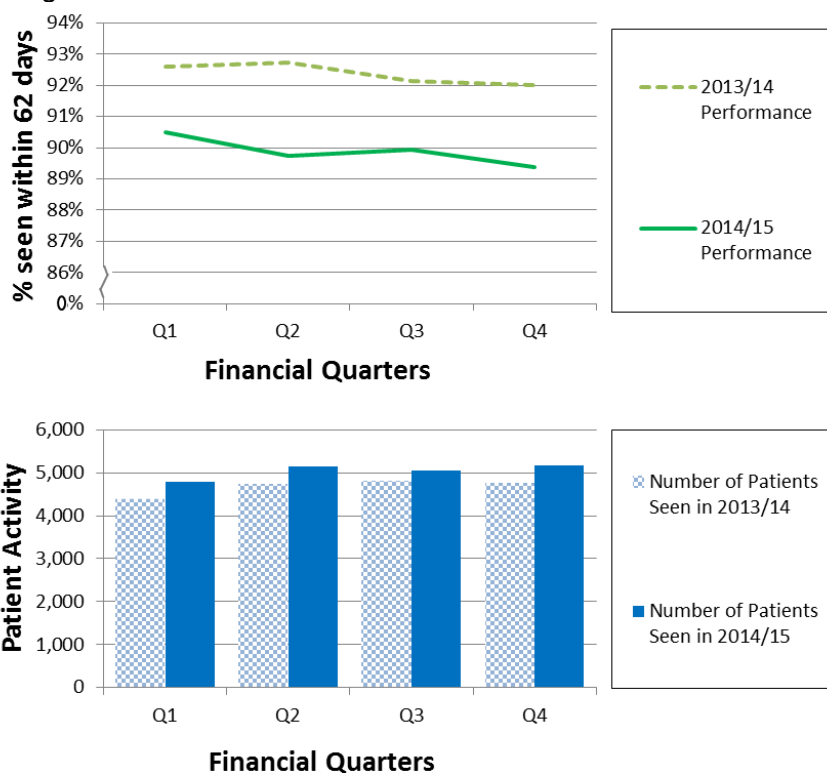
Summary

Patients recorded under the 62-day standard which were referred from a national screening programme saw a slight increase in patient numbers and a lower performance than 2014/15. A large drop in the performance was seen in Q4 2014/15.

4.8   62-day wait for first treatment following a consultant decision to upgrade the case priority for all cancers – (Operational Standard = n/a)

Table 4.10 shows the performance of admitted verses non-admitted care and compare this to the data from 2013-14.

Care Setting	Number of patients 2014-15	% seen within 62 days	
		2014-15	2013-14
All Care	**20,178**	**89.9**	**92.4**
Admitted Care	12,678	89.7	92.5
Non-Admitted Care	7,500	90.2	92.1

Figure 4.11: The national quarterly activity and performance for the 62-day standard from a consultant upgrade to a first definitive treatment. Data from 2014/15 is compared against 2013/14.

Summary

Patients recorded under the 62-day standard which were upgraded by a consultant onto the 62-day pathway saw a small increase in patient numbers. A large drop in performance compared to 2013/14 is seen for every quarter. No standard is set for this waiting time.

Annex A Commissioner-based statistics

A1   The overall performance for 2014-15, against the nine cancer standards is set out below for the commissioner data set.

A2   Please note: some of the commissioner-based figures may differ from the provider-based figures. This is because commissioner level data does not include those patients receiving treatment in English providers who are not registered at a GP Practice in England. The provider-based statistics remain the most complete assessment of NHS activity. The commissioner-based official statistics below are not designated as National Statistics as they have not yet been assessed by the UK Statistics Authority. NHS England's view is that these statistics are robust and have been produced to a suitable standard; they are included here to give extra context.

A4   **Two week waits**
In 2014-15, the percentage of patients who were seen by a specialist within 14 days of being urgently referred for suspected cancer by their GP was 94.2%

In 2014-15, the percentage of patients who were seen by a specialist within 14 days of being urgently referred by their GP with exhibited breast symptoms (where cancer was not initially suspected) was 93.3%

A5   **31-day waits for first treatment for all cancers**
In 2014-15, the percentage of patients receiving a first definitive treatment for cancer began that treatment within 31 days was 97.6%

A6   **31-day waits for second or subsequent treatment for all cancers**
In 2014-15, the percentage of patients receiving subsequent treatment for cancer where the treatment modality was surgery began that treatment within 31 days was 95.7%

In 2014-15, the percentage of patients receiving subsequent treatment for cancer where the treatment modality was an anti-cancer drug regimen began that treatment within 31 days was 99.6%

In 2014-15, the percentage of patients receiving subsequent treatment for cancer where the treatment modality was radiotherapy began that treatment within 31 days was 97.4%

A7   **62-day waits for all cancers**
In 2014-15, the percentage of patients who received a first treatment for cancer within 62 days following an urgent GP referral for suspected cancer was 83.2%

In 2014-15, the percentage of patients who received a first treatment for cancer within 62 days following referral from a NHS cancer screening service was 93.2%

In 2014-15, the percentage of patients who received a first treatment for cancer within 62 days following a consultant decision to upgrade their priority was 89.2%

Annex B Glossary of terms

B1   These are the definitions used for the purposes of compiling these statistics on waiting times for suspected and diagnosed cancer patients:

B2   **Admitted Care**
A patient receives treatment following an admission. The admission will be either a 'day-case' admission, where the time in hospital does not involve an overnight stay or an 'ordinary admission'.

B3   **All Cancers**
The 'all cancer' line in these statistics is the sum of all the types of cancer (see below) covered by the data collection.

B4   **All Care**
All patients receiving treatment, either within the 'Admitted Care' or 'Non-Admitted Care' categories.

B5   **Anti-Cancer Drug Regimen**
This is treating a patient's cancer with curative intent. Types of anti-cancer drug treatment modality included within this wider classification include, cyto-toxic chemotherapy, immunotherapy, hormone therapy and other forms of drug treatment not identified in the previous three categories.

B6   **Cancer**
Within the statistics presented in this report, cancer is defined using the International Classification of Diseases 10th revision (ICD-10). This is a coded classification of disease. The code categories identified as being cancer for the purpose of monitoring waiting times for suspected and diagnosed cancer patients are C00 to C97 and D05.

B7   **Cancer referral to treatment period start date**
This is the date upon which the clock starts for monitoring of a cancer referral to treatment period. This is start point for the calculation of a patient waiting time for the two-week wait and the 62-day (two month) standards.

B8   **Cancer treatment period start date**
This is the date upon which the clock starts for the 31-day first and subsequent treatment standards. It is the date the patient is informed of their diagnosis *and* agrees their care plan.

For subsequent treatment events, if there is no new decision to treat, i.e. the care plan was agreed prior to the first treatment taking place, this date is taken as the Earliest Clinically Appropriate Date (ECAD), i.e. the earliest date it is clinically suitable for the patient to receive their second or subsequent treatment.

B9   **Clinical Commissioning Group**
For the data published in this report which includes information to 2014-15, a clinical commission group (CCG) is a type of NHS trust that managed the provision of primary care services in a specific area for a specific population, and commissions secondary care (hospital) services as required to meet the healthy needs of that population.

B10 **Commissioner Based**
Commissioner based statistics are where data are presented in a manner that only includes those patients whose care is commissioned by the English NHS. In the case of statistics covering waiting times for cancer service these statistics are derived from the patient records returned by NHS providers by identifying those patients registered with the English NHS. These statistics exclude patients from the other administrations within the UK.

B11 **Consultant Upgrade**
The consultant responsible for the care of the patient (or an authorised member of the consultant team as defined by local policy) decided that the patient should be upgraded onto an urgent cancer pathway.

B12 **General Practitioner (GP)**
A GP is a healthcare professional delivering primary health services, they may be either a General Medical Practitioner (GMP) or a General Dental Practitioner GDP). In the context of cancer waiting times both a GMP and GDP can initiate a two-week wait period with an urgent referral for suspected cancer.

B13 **Modality**
A treatment modality is the defined type of anti-cancer treatment a patient will be receiving. These can either be active anti-cancer treatments (for example teletherapy (beam radiation), surgery and cyto-toxic chemotherapy) or non-active (for example specialist palliative care or active monitoring)

B14 **NHS Cancer Screening Service**
A service providing population based screening for breast, cervical and bowel cancers

B15 **Non-Admitted Care**
A patient receives treatment following in a non-admitted setting. The treatment will be either in an outpatient clinic, a community setting or another non-admitted environment.

B16 **One month**
For the purpose of calculating performance in relation to waiting times for diagnosed cancer patients 'one month' is always taken to be 31 calendar days.

B17 **Provider**
This is the organisation (NHS Trust, NHS Foundation Trust, Independent Healthcare Organisation or Clinical Commissioning Group) commissioned to provide cancer services by a patients local Clinical Commissioning Group.

B18 **Provider Based**
Provider based statistics are where data are presented in a manner that identifies individual care providers. Patients are free to travel to any provider within the English NHS where their local CCG has commissioned services. Statistics of this type have no geographical basis and may include patients entering the English NHS from other administrative areas, e.g. Wales.

B19 **Rarer Cancers**

Rarer cancers are those with smaller numbers of cases. Within the publications of waiting times, statistics for suspected and diagnosed cancer patients 'rarer' cancers are defined as testicular cancer, acute leukaemia and children's cancers.

B20 **Referral From and NHS Screening Service**

Patients with suspected cancer identified by an NHS Cancer Screening Service will be referred to an appropriate specialist for further investigation. The receipt of this referral is considered a cancer referral to treatment period start date for the monitored 62-day period between referral from an NHS screening service and first definitive treatment.

B21 **Specialist**

The two-week wait ends at the point a patient is first seen by a specialist. A specialist is defined as: A registered healthcare professional working as a consultant or as part of a consultant led team, who specialises in the area of professional practice that is most appropriate for the diagnosis and treatment of the type of suspected cancer in question.

B22 **Treatment start date**

The date upon which the patients begins their first definitive or subsequent treatment for cancer. This is taken as the date of the treatment or the date of admission if the patient is admitted for surgery. This stops the waiting time clock.

B23 **Two months**

For the purpose of calculating performance in relation to waiting times for diagnosed cancer patients 'two months' is always taken to be 62 calendar days.

B24 **Two weeks**

For the purpose of calculating performance in relation to waiting times for suspected cancer patients 'two weeks' is always taken to be 14 calendar days, with the date of receipt of referral being 'day zero'.

B25 **Urgent GP Referral**

The two-week wait is initiated by the receipt of an urgent GP referral for suspected cancer. Within the NHS this is sometimes called a "two-week referral" or a "fast-track referral".

B26 **Year**

These data are presented for an NHS business year that runs 01 April to 31 March