



# **Waiting Times for Suspected and Diagnosed Cancer Patients**

*2016-17 Annual Report*

# Waiting Times for Suspected and Diagnosed Cancer Patients

*2016-17 Annual Report*

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First published: 9<sup>th</sup> June 2017

Published to NHS England website, in electronic PDF format only.

<http://www.england.nhs.uk/statistics/statistical-work-areas/>

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# 1 Introduction and Performance Summary

1.1 This report presents a summary of the statistics on Waiting Times for Suspected and Diagnosed Cancer Patients within the English NHS for the period 2016-17. These data are an aggregate version of the provider-based quarterly statistics available on the NHS England website at: <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/provider-based-cancer-waiting-times-statistics/>

1.2 An overall summary of the performance for 2016-17, against the nine cancer measures, can be seen in table 1.1 below.

Table 1.1: Overall performance against the nine published cancer waiting times standards in 2016-17, for the quarterly provider-based data set.

Waiting Times Measure	2016/17 Performance	Operational Standard
Two week wait for all cancers	94.4%	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected) <sup>1</sup>	93.4%	93%
One Month (31-day) diagnosis to first treatment wait for all cancers	97.6%	96%
31-day wait for second or subsequent treatment: anti-cancer drug treatments	99.3%	98%
31-day wait for second or subsequent treatment: surgery	95.4%	94%
31-day wait for second or subsequent treatment: radiotherapy treatments <sup>2</sup>	97.3%	94%
62-day wait for first treatment following an urgent GP referral for all cancers	82.0%	85%
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	91.8%	90%
62-day wait for first treatment following consultant upgrade of urgency of a referral to first treatment	89.3%	N/A

1.3 In a review 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), confirmed that the cancer waiting time standards should be retained. This was reflected in Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21.

1.4 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,

<sup>1</sup>Data for this standard was first published for Q4 2009-10

<sup>2</sup>Data for this standard was first published for Q4 2010-11.

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NHS England has published 'operational standards' (performance thresholds)<sup>3</sup> 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). These standards are shown in Table 1.1 above.

- 1.5 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.
- 1.6 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](mailto: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<sup>4</sup>.*

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<sup>3</sup>[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/documents/digitalasset/dh\\_103431.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_103431.pdf)

<sup>4</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213787/dh\\_123395.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213787/dh_123395.pdf)

## 2 Provider-based statistics

2.1 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.

### 2.2 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 2.1: Activity and performance of the two week wait standard for all cancer.

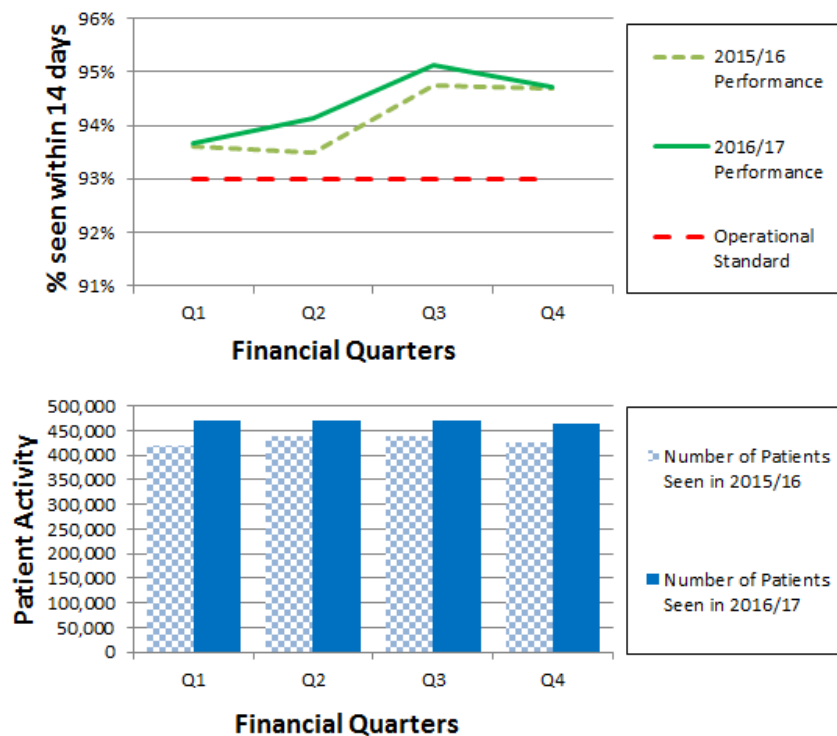
Care Setting	Number of patients 2016-17	% seen within 14 days	
		2016-17	2015-16
All Care	1,876,819	94.4	94.1

Table 2.2: Activity and performance of the two week wait standard for different cancer sites in 2016/17. The two week wait operational standard was met for all suspected cancer sites except for Suspected Upper Gastrointestinal Cancers.

Cancer Report Group	Total number of patients seen	% seen within 14 days
<b>All Cancers</b>	<b>1,876,819</b>	<b>94.4</b>
Suspected Acute Leukaemia	185	96.2
Suspected Brain/Central Nervous System Tumours	10,110	94.9
Suspected Breast Cancer	333,195	95.4
Suspected Children's Cancer	9,447	95.1
Suspected Gynaecological Cancer	171,412	95.5
Suspected Haematological Malignancies (Excluding Acute Leukaemia)	17,927	96.1
Suspected Head & Neck Cancer	177,474	95.8
Suspected Lower Gastrointestinal Cancer	302,643	93.1
Suspected Lung Cancer	64,850	96.1
Suspected Other Cancer	2,073	94.5
Suspected Sarcoma	10,524	94.7
Suspected Skin Cancer	373,953	93.5
Suspected Testicular Cancer	10,512	97.2
Suspected Upper Gastrointestinal Cancer	190,418	92.8
Suspected Urological Malignancies (Excluding Testicular Cancer)	202,096	94.9

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Figure 2.1: The national quarterly activity and performance of urgent GP referrals for suspected cancer. Data from 2016/17 is compared against 2015/16.



**Summary**

The total number of patients seen as part of the two week wait standard increased by 8.7% in 2016/17 compared with 2015/16. The performance for this standard followed a similar trend and remained at a similar level to that seen in 2015/16 throughout the year, with noticeably better performance in Q2 and Q3 in 2016/17.

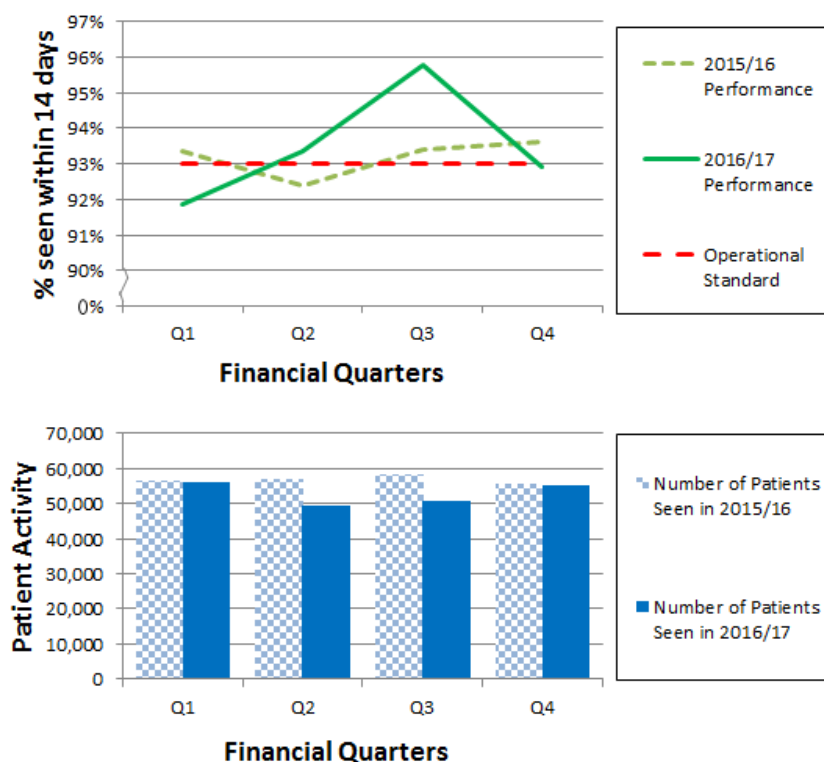
## 2.3 Two week wait for symptomatic breast patients (where cancer was not initially suspected) – (Operational Standard = 93%)

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

Care Setting	Number of patients 2016-17	% seen within 14 days	
		2016-17	2015-16
All Care	210,906	93.4	93.2

Figure 2.2: The national quarterly activity and performance for urgent GP referrals for breast symptoms (where cancer was not initially suspected). Data from 2016/17 is compared against 2015/16.



### Summary

A total decrease in referrals of 7.6% occurred in 2016/17 compared with 2015/16. Overall, the performance showed a high level of variability throughout the year, with the operational standard being met in two of the four quarters. The percentage of patients referred onto the two week wait with breast symptoms (but where cancer is not suspected) that were seen within two weeks increased sharply from Q1 to Q3, after which performance then fell in Q4.



## 2.4 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 treated within 31 days of the decision to treat date.

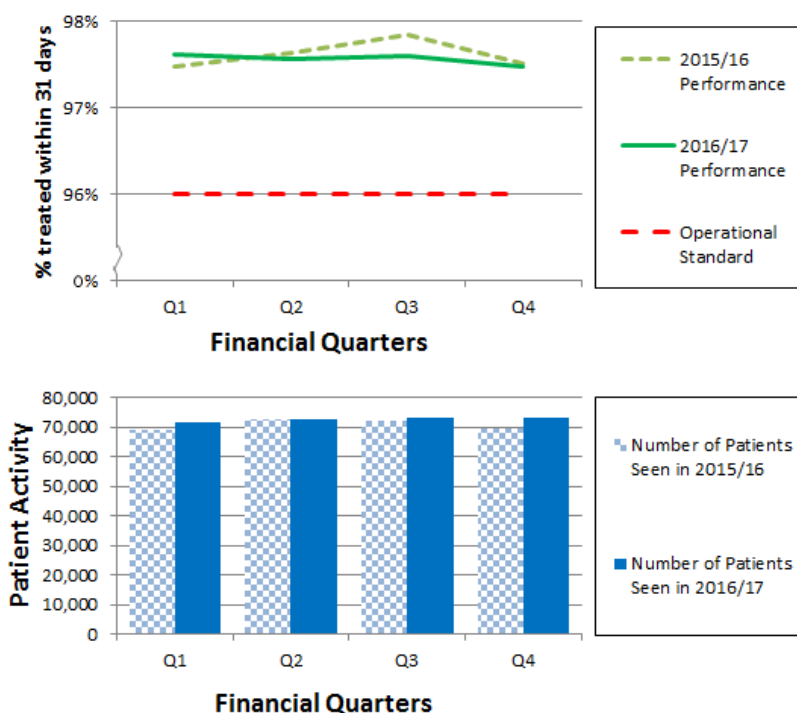
Table 2.4: Activity and performance of the one month wait standard for first cancer treatment.

Care Setting	Number of patients 2016-17	% treated within 31 days	
		2016-17	2015-16
<b>All Care</b>	<b>289,916</b>	97.6	97.6
<b>Admitted Care</b>	<b>189,146</b>	96.7	96.8
<b>Non-Admitted Care</b>	<b>100,770</b>	99.1	99.2

Table 2.5: Activity and performance of the one month wait standard for different cancer sites in 2016/17. The one month operational standard was met for all suspected cancer sites except for Urological Malignancies.

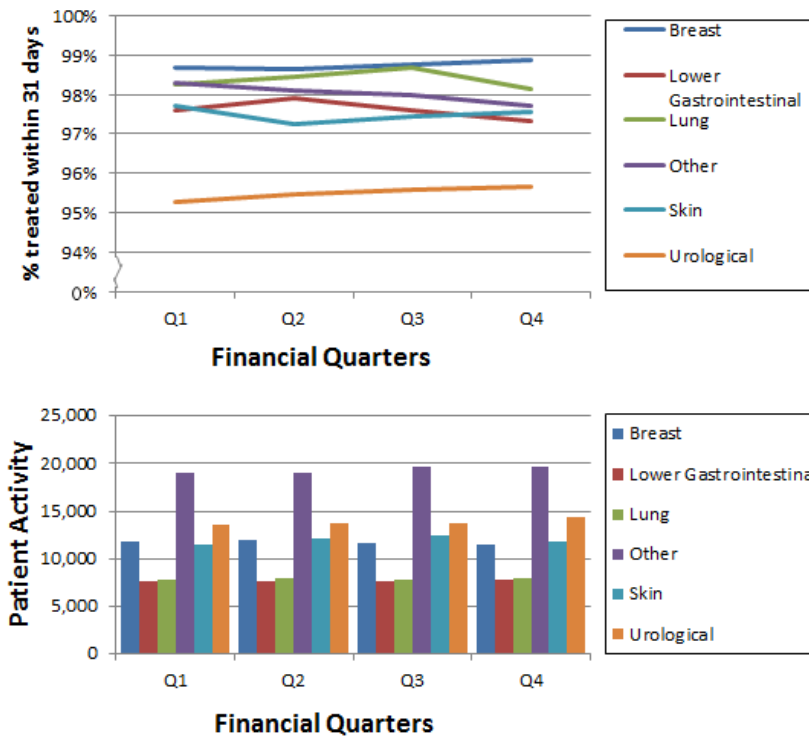
Cancer Report Group	Total number of patients treated	% seen within 31 days
<b>All Cancers</b>	<b>289,916</b>	<b>97.6</b>
Breast Cancer	46,841	98.7
Lower Gastrointestinal Cancer	30,688	97.6
Lung Cancer	31,708	98.4
Other Cancer	77,377	98.0
Skin Cancer	47,919	97.5
Urological Malignancies	55,383	95.5

Figure 2.3: The national quarterly activity and performance for the 31-day standard from a decision to treat to first treatment. Data from 2016/17 is compared against 2015/16.



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Figure 2.4: The national quarterly activity and performance for the 31-day standard from a decision to treat to first treatment by cancer site.



**Summary**

The total number of patients recorded under the 31-day standard for first treatments increased by 2.9% in 2016/17 compared with 2015/16. Urological cancers remain the largest individual cancer in terms of number of patients being treated.

Performance remained above the operational standard across the year, remaining at a consistent level across each of the four reported quarters in 2016/17.

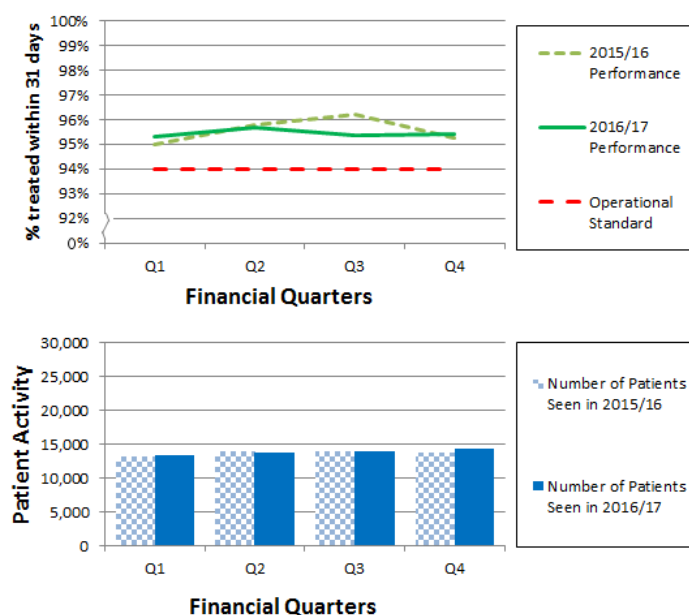
## 2.5 31-day waits for subsequent treatments for all cancers

This standard covers patients starting a subsequent treatment for a new primary cancer. The operational standard states that 98% of patients should be treated 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 2.6: Activity and performance of the one month wait standard for subsequent cancer treatments.

Care Setting	Number of patients 2016-17	% treated within 31 days	
		2016-17	2015-16
<b>Surgery (Operational Standard = 94%)</b>			
All Care	55,620	95.4	95.6
Admitted Care	53,397	95.4	95.6
Non-Admitted Care	2,223	95.1	95.7
<b>Anti-Cancer Drug Regimen (Operational Standard = 98%)</b>			
All Care	94,289	99.3	99.5
Admitted Care	54,033	99.2	99.4
Non-Admitted Care	40,256	99.5	99.6
<b>Radiotherapy (Operational Standard = 94%)</b>			
All Care	95,836	97.3	97.6
Admitted Care	10,976	97.5	98.1
Non-Admitted Care	84,860	97.2	97.6

Figure 2.5: 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 surgery. Data from 2016/17 is compared against 2015/16.



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Figure 2.6: 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 2016/17 is compared against 2015/16.

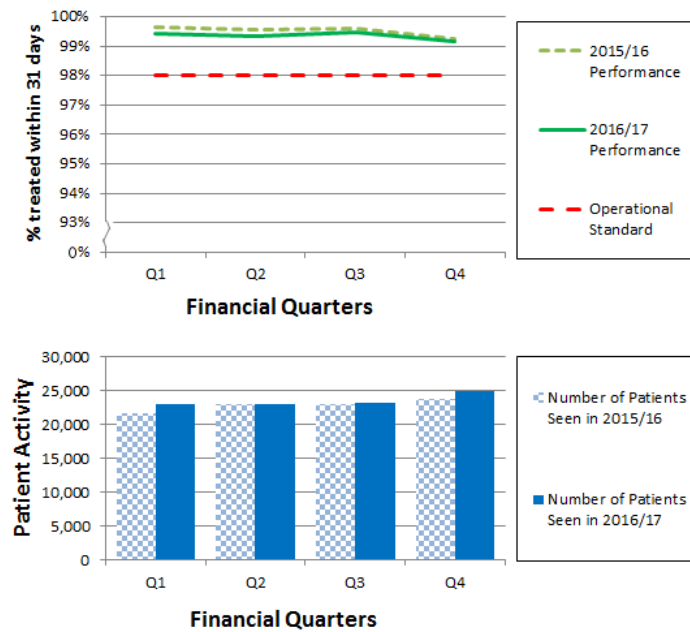
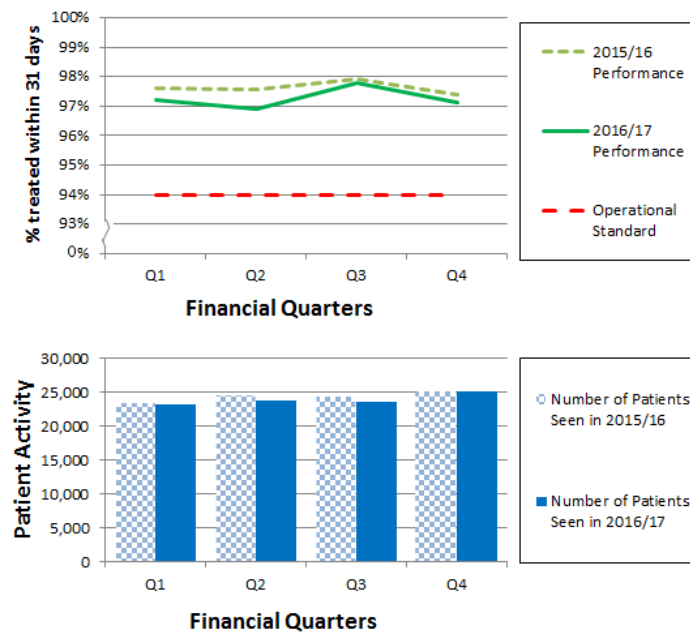


Figure 2.7: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is radiotherapy. Data from 2016/17 is compared against 2015/16.



**Summary**

Performance against the operational standards for anti-cancer drug regimen, radiotherapy and surgery subsequent treatments was relatively consistent throughout the year, showing a similar pattern and remaining at a similar level to that seen in 2015/16 for all three operational standards.

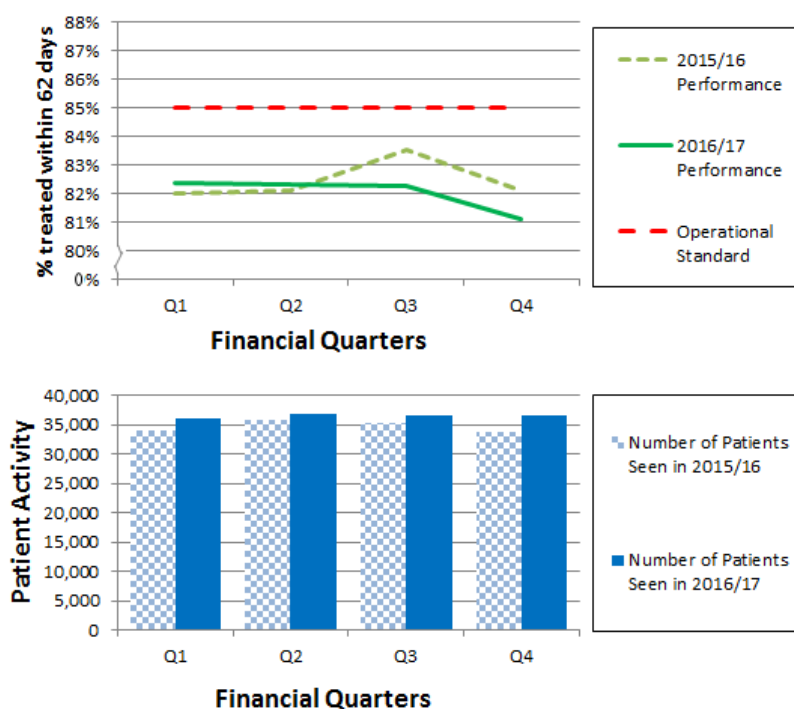
## 2.6 62-day wait for first treatment following an urgent GP referral – (Operational Standard = 85%)

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 receive a first definitive anti-cancer treatment within 62 days of the urgent referral date.

Table 2.7: Activity and performance of the two month wait standard for all cancer sites.<sup>5</sup>

Care Setting	Number of patients 2016-17	% treated within 62 days	
		2016-17	2015-16
<b>All Care</b>	<b>146,080.5</b>	82.0	82.4
<b>Admitted Care</b>	89,667.5	81.2	81.5
<b>Non-Admitted Care</b>	56,413	83.3	83.9

Figure 2.8: The national quarterly activity and performance for the 62-day standard from an urgent GP referral to a first definitive treatment. Data from 2016/17 is compared against 2015/16.

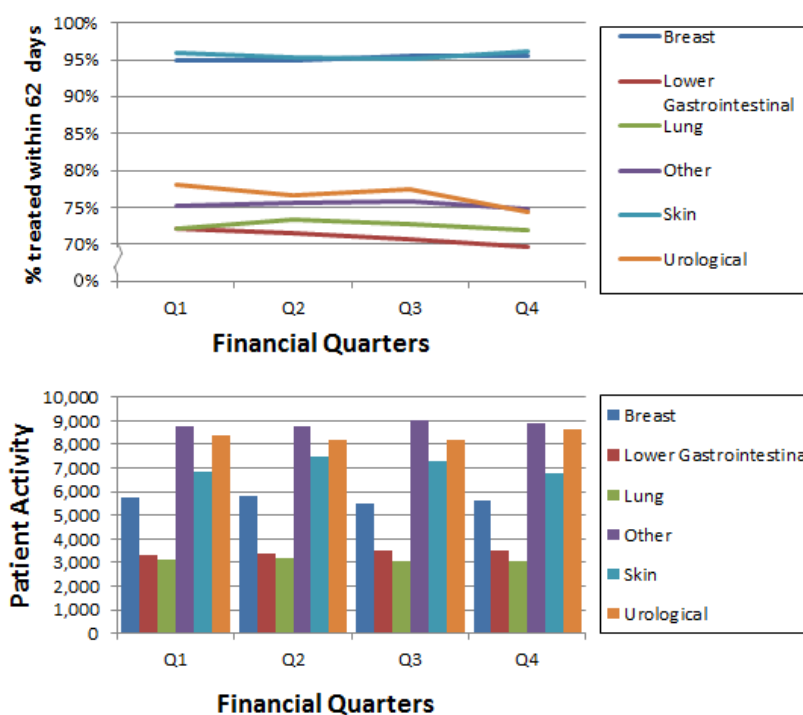


<sup>5</sup> For instances in which the reported provider-based national totals do not equal a whole number for the 62-day Cancer Waiting Times standard (e.g. figures for the total number of patients treated showing a total that includes .5 patients), this is due to the fact that data from non-English providers that may share patients with English providers are excluded from this England-based provider level summary.

Table 2.8: Activity and performance of the two month wait standard for different cancer sites in 2016/17.

Cancer Report Group	Total number of patients treated	% treated within 62 days
<b>All Cancers</b>	<b>146,080.5</b>	<b>82.0</b>
Breast Cancer	22,666.5	95.2
Lower Gastrointestinal Cancer	13,743	71.0
Lung Cancer	12,494	72.5
Other Cancer	35,424	75.4
Skin Cancer	28,362	95.6
Urological Malignancies	33,391	76.6

Figure 2.9: 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 as part of the 62-day standard increased by 5.7% in 2016/17 compared with 2015/16.

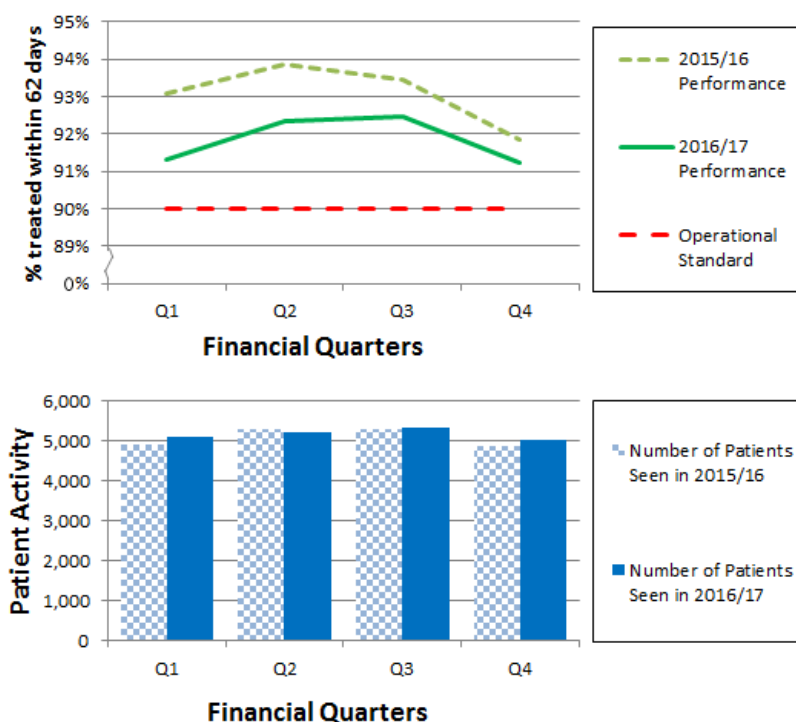
As in the previous year, the overall performance was below the operational standard for all four quarters in 2016/17. Whilst performance in Q1 and Q2 remained at a similar level to that seen in 2015/16, there was a drop in performance compared with the previous year for both Q3 and Q4. The performance seen for individual cancers showed that breast and skin cancers remained high, with all of the other cancers remaining comparatively low in terms of performance across the year, which is consistent with historic patterns.

## 2.7 62-day wait for first treatment following referral from an NHS cancer screening service for all cancers – (Operational Standard = 90%)

Table 2.9 shows the performance of admitted versus non-admitted care and compares this to the data from 2015-16.

Care Setting	Number of patients 2016-17	% treated within 62 days	
		2016-17	2015-16
<b>All Care</b>	<b>20,666</b>	91.8	93.1
<b>Admitted Care</b>	18,969	92.0	93.3
<b>Non-Admitted Care</b>	1,697	89.9	89.8

Figure 2.10: 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 2016/17 is compared against 2015/16.



### Summary

The total number of patients recorded under the 62-day standard which were referred from a national screening programme increased by 1.2% in 2016/17 compared with 2015/16.

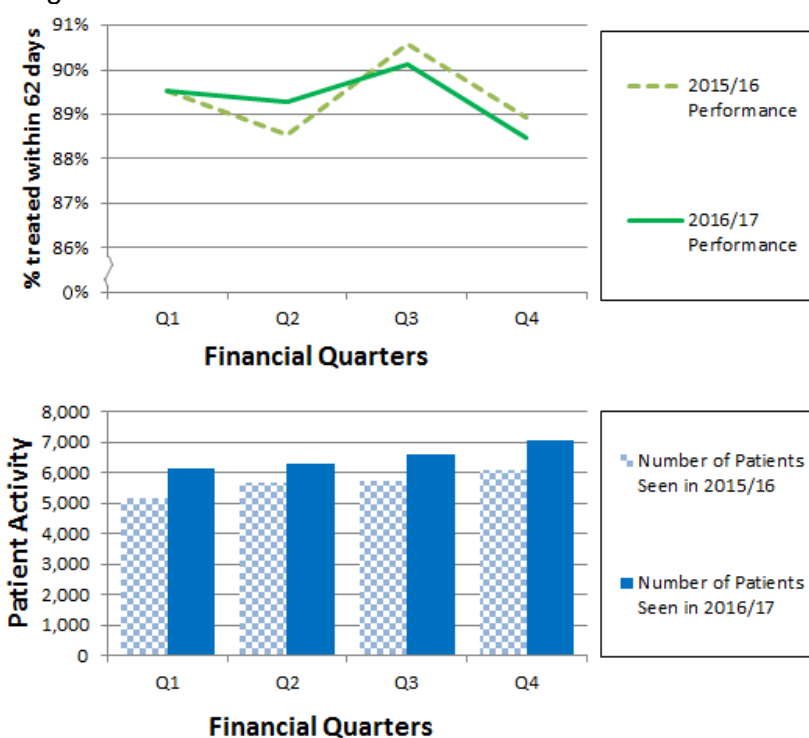
Whilst performance remained above the operational standard in each quarter, and showed a similar pattern to 2015/16 throughout the year, the overall level of performance against the operational standard was lower than that seen in the previous year for each individual quarter.

## 2.8 62-day wait for first treatment following a consultant decision to upgrade the case priority for all cancers – (Operational Standard = N/A)

Table 2.10 shows the performance of admitted versus non-admitted care and compare this to the data from 2015-16.

Care Setting	Number of patients 2016-17	% treated within 62 days	
		2016-17	2015-16
<b>All Care</b>	<b>26,081</b>	<b>89.3</b>	<b>89.4</b>
<b>Admitted Care</b>	16,165	89.4	89.3
<b>Non-Admitted Care</b>	9,916	89.3	89.6

Figure 2.11: The national quarterly activity and performance for the 62-day standard from a consultant upgrade to a first definitive treatment. Data from 2016/17 is compared against 2015/16.



### Summary

The total number of patients recorded under the 62-day standard which were upgraded by a consultant onto the 62-day pathway increased by 14.9% in 2016/17 compared with 2015/16. Whilst an increase in performance was seen in Q3 compared with the previous quarter, a drop in performance compared to 2015/16 was seen for Q3 and Q4. No operational standard is set for this waiting time.



## Annex A Methodology

- 2.4 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: [National Cancer Waiting Times Monitoring Dataset](#)
- 2.4.1 For the quarterly publication of Cancer Waiting Times statistics; following the specified number of working days after the end of each quarter<sup>6</sup>, 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.
- 2.5 The national levels of activity and performance reported in this report are provider based and these may differ from commissioner based figures (given in Annex B). This is because the 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 the commissioner (Clinical Commissioning Groups) based statistics are derived from those data that are 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.
- 2.6 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, the DCO team and the SCN. These automated reports are not altered in order to ensure consistency of information throughout the NHS and version control.
- 2.7 If an error is discovered after the automated processes of the CWT-Db have generated aggregate statistics for publication, the usual practice of NHS England is to add a caveat or note explaining the inconsistency to the foot of the relevant data table within the quarterly publications.
- 2.8 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/>

## Annex B Commissioner-based statistics

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<sup>6</sup> <https://digital.nhs.uk/cancer-waiting-times/report-generation-dates>

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- B1 The overall performance for 2016-17, against the nine cancer standards is set out in Table B.1 below for the quarterly commissioner-based data set.
- B2 Please note: 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. For this reason, the Commissioner-based statistics were designated as official statistics upon assessment by the UK Statistics Authority. The commissioner-based statistics are included here for completeness.

Table B.1: overall performance against the nine cancer standards in 2016-17 for the quarterly commissioner-based data set.

Waiting Times Measure	2016/17 Performance	Operational Standard
Two week wait for all cancers	94.4%	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected) <sup>7</sup>	93.4%	93%
One Month (31-day) diagnosis to first treatment wait for all cancers	97.5%	96%
31-day wait for second or subsequent treatment: anti-cancer drug treatments	99.3%	98%
31-day wait for second or subsequent treatment: surgery	95.4%	94%
31-day wait for second or subsequent treatment: radiotherapy treatments <sup>8</sup>	97.1%	94%
62-day wait for first treatment following an urgent GP referral for all cancers	81.8%	85%
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	91.9%	90%
62-day wait for first treatment following consultant upgrade of urgency of a referral to first treatment	88.5%	N/A

<sup>7</sup>Data for this standard was first published for Q4 2009-10

<sup>8</sup>Data for this standard was first published for Q4 2010-11.

## Annex C Glossary of terms

- C1 These are the definitions used for the purposes of compiling these statistics on waiting times for suspected and diagnosed cancer patients:
- C2 **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'.
- C3 **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.
- C4 **All Care**  
All patients receiving treatment, either within the 'Admitted Care' or 'Non-Admitted Care' categories.
- C5 **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.
- C6 **Cancer**  
Within the statistics presented in this report, cancer is defined using the International Classification of Diseases 10<sup>th</sup> 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.
- C7 **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.
- C8 **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.
- C9 **Clinical Commissioning Group**  
For the data published in this report which includes information to 2016-17, a clinical commission group (CCG) is a group of GP Practices that are responsible for commissioning most health and care services for patients.
- C10 **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

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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 which can be traced to an English Commissioner. These statistics exclude patients from the other administrations within the UK and patients with unknown commissioners.

### C11 **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.

### C12 **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.

### C13 **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)

### C14 **NHS Cancer Screening Service**

A service providing population based screening for breast, cervical and bowel cancers

### C15 **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.

### C16 **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.

### C17 **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.

### C18 **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.

### C19 **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.

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- C20 Referral from an 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.
- C21 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.
- C22 Treatment start date**  
The date upon which the patient 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.
- C23 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.
- C24 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'.
- C25 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".
- C26 Year**  
These data are presented for an NHS business year that runs 01 April to 31 March