



Waiting Times for Suspected and Diagnosed Cancer Patients

2018-19 Annual Report

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2018-19 Annual Report

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1 Introduction and Performance Summary

- 1.1.1 This report presents a summary of the statistics on Waiting Times for Suspected and Diagnosed Cancer Patients within the English NHS for the period 2018-19. This data is an aggregate version of the provider-based revised final statistics available on the NHS England website in monthly format at <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-prov-cwt/2018-19-monthly-provider-cancer-waiting-times-statistics/> and in quarterly format at <https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/quarterly-prov-cwt/2018-19-quarterly-provider-based-cancer-waiting-times-statistics/>
- 1.2 An overall summary of the performance for 2018-19, 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 2018-19, for the revised final data set.

Waiting Times Measure	2018/19 Performance	Operational Standard
Two week wait for all cancers	92.0%	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected) ¹	85.8%	93%
One Month (31-day) diagnosis to first treatment wait for all cancers	96.8%	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	93.2%	94%
31-day wait for second or subsequent treatment: radiotherapy treatments ²	97.1%	94%
62-day wait for first treatment following an urgent GP referral for all cancers	79.1%	85%
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	88.1%	90%
62-day wait for first treatment following consultant upgrade of urgency of a referral to first treatment	85.2%	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. The cancer waiting times standards were a deliverable in the NHS planning guidance 2018/19 '[Refreshing NHS Plans for 2018/19](#)'.

¹Data for this standard was first published for Q4 2009-10

²Data for this standard was first published for Q4 2010-11.

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- 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, NHS England published 'operational standards' (performance thresholds) 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 england.cancerwaitsdata@nhs.net 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 waits³.

³https://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.

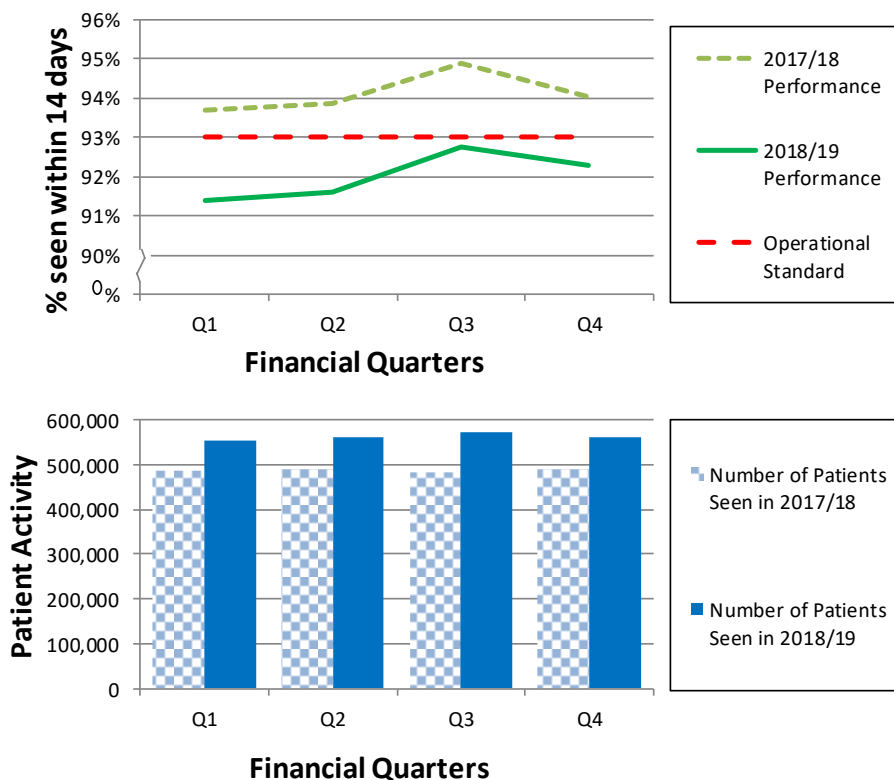
Table 2.1: Activity and performance of the two week wait standard for all cancer.

Care Setting	Number of patients 2018-19	% seen within 14 days	
		2018-19	2017-18
All Care	2,245,524	92.0	94.1

Table 2.2: Activity and performance of the two week wait standard for different cancer sites in 2018/19. The two week wait operational standard was not met for Suspected Breast, Suspected Children's, Suspected Lower Gastrointestinal Cancer, Suspected Other, Suspected Sarcoma, Suspected Skin and Suspected Upper Gastrointestinal Cancers.

Cancer Report Group	Total number of patients seen	% seen within 14 days
All Cancers	2,245,524	92.0
Suspected Acute Leukaemia	225	94.2
Suspected Brain/Central Nervous System Tumours	10,115	94.9
Suspected Breast Cancer	418,017	89.6
Suspected Children's Cancer	9,915	92.95
Suspected Gynaecological Cancer	201,625	94.2
Suspected Haematological Malignancies (Excluding Acute Leukaemia)	21,004	96.0
Suspected Head & Neck Cancer	207,501	95.5
Suspected Lower Gastrointestinal Cancer	396,589	89.6
Suspected Lung Cancer	63,148	95.6
Suspected Other Cancer	2,047	90.7
Suspected Sarcoma	11,820	89.6
Suspected Skin Cancer	469,575	92.6
Suspected Testicular Cancer	11,814	96.7
Suspected Upper Gastrointestinal Cancer	190,928	91.1
Suspected Urological Malignancies (Excluding Testicular Cancer)	231,201	93.5

Figure 2.1: The national quarterly activity and performance of urgent GP referrals for suspected cancer. Data from 2018/19 is compared against 2017/18.



Summary

The total number of patients seen as part of the two week wait standard increased by 14.4% on a working day adjusted basis in 2018/19 compared with 2017/18. The performance for this standard followed a similar seasonal pattern in 2018/19 as the previous year.

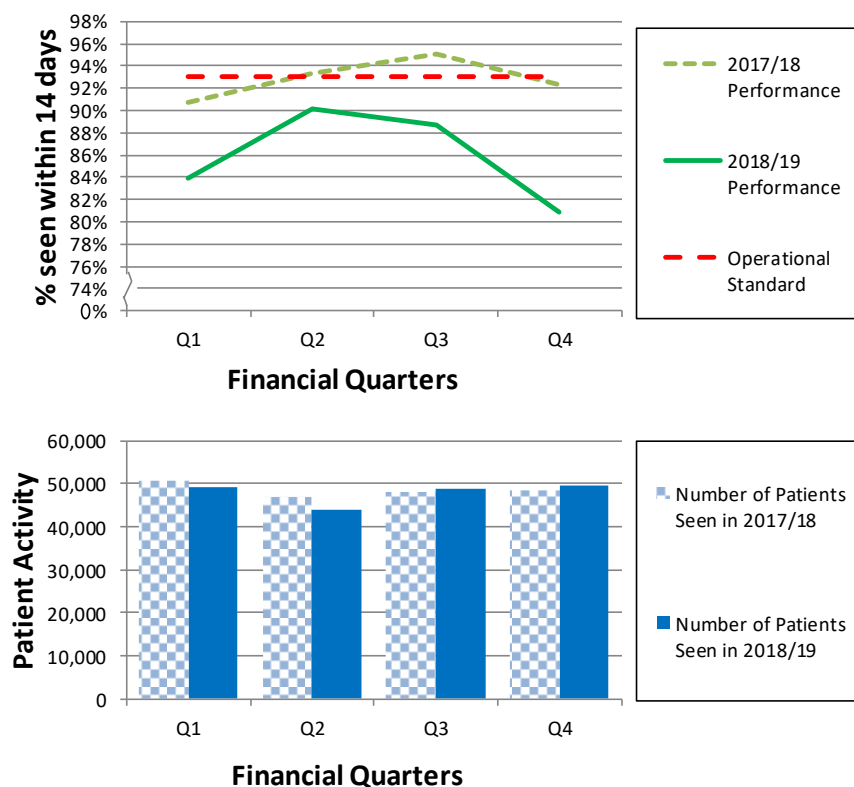
2.3 Two week wait for symptomatic breast patients (where cancer was not initially suspected) – (Operational Standard = 93%)

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 2018-19	% seen within 14 days	
		2018-19	2017-18
All Care	191,768	85.8	92.8

Figure 2.2: The national quarterly activity and performance for urgent GP referrals for breast symptoms (where cancer was not initially suspected). Data from 2018/19 is compared against 2017/18.



Summary

A total decrease in referrals of 1.9% on a working day adjusted basis occurred in 2018/19 compared with 2017/18. Overall, the performance showed a high level of variability throughout the year, with the operational standard being missed in all 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 Q2, after which performance then fell in Q3 and 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 2018-19	% treated within 31 days	
		2018-19	2017-18
All Care	313,525	96.8	97.5
Admitted Care	201,338	95.7	96.8
Non-Admitted Care	112,187	98.9	98.9

Table 2.5: Activity and performance of the one month wait standard for different cancer sites in 2018/19. 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
All Cancers	313,525	96.8
Breast Cancer	48,989	98.2
Lower Gastrointestinal Cancer	32,443	97.3
Lung Cancer	33,585	98.4
Other Cancer	79,968	97.6
Skin Cancer	53,304	97.2
Urological Malignancies	65,236	93.5

Figure 2.3: The national revised final activity and performance for the 31-day standard from a decision to treat to first treatment. Data from 2018/19 is compared against 2017/18.

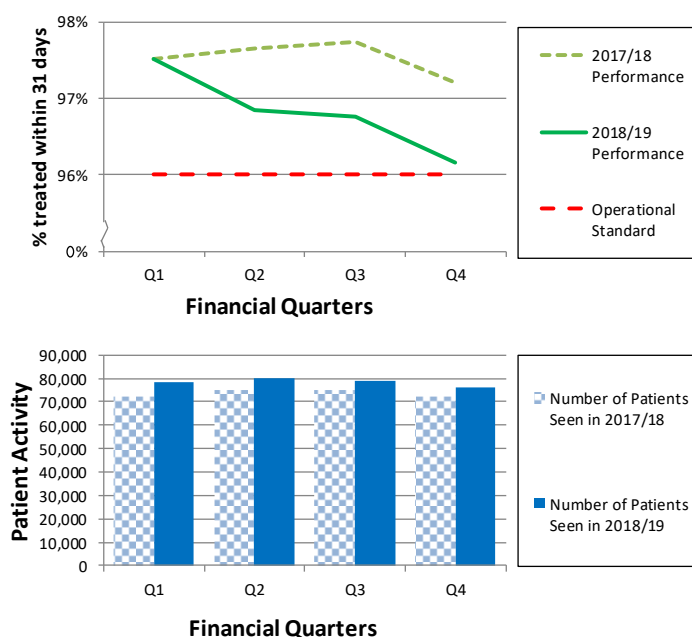
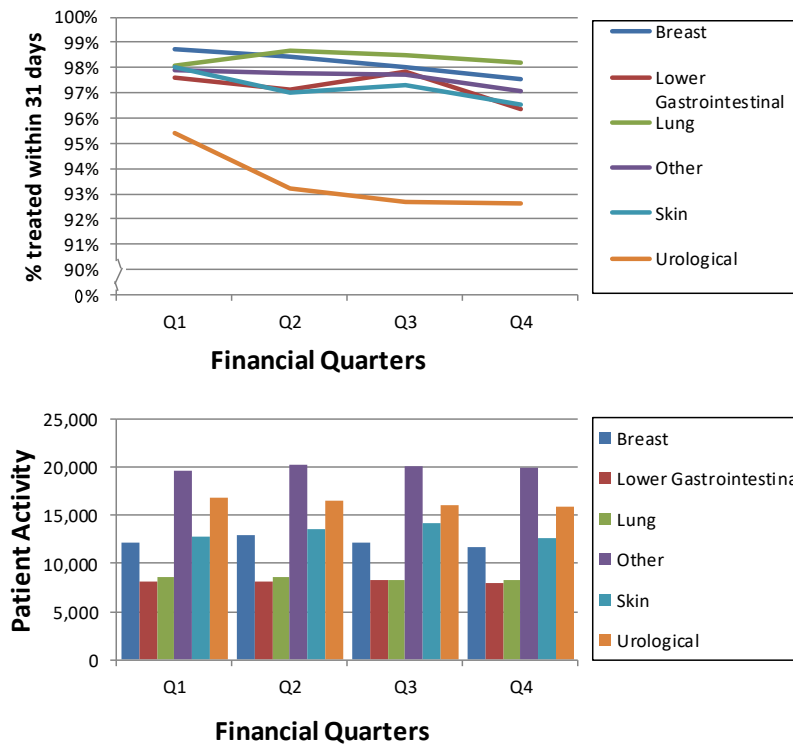


Figure 2.4: The national quarterly activity and performance for the 31-day standard from a decision to treat to first treatment by cancer site.



Summary

The total number of patients recorded under the 31-day standard for first treatments increased by 5.6% on a working day adjusted basis in 2018/19 compared with 2017/18. Urological cancers remain the largest individual cancer in terms of number of patients being treated.

Performance remained above the operational standard across the year, while still decreasing throughout the year across each of the four reported quarters in 2018/19.

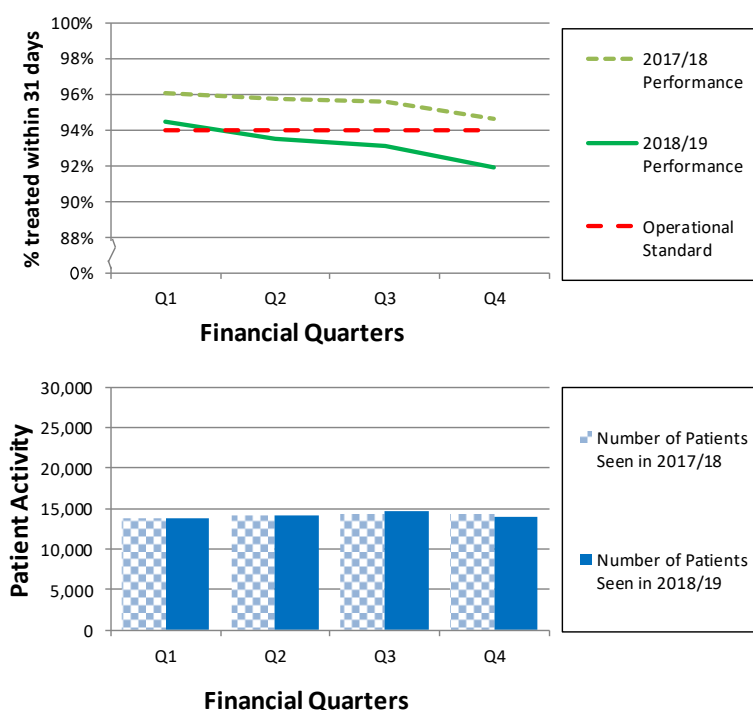
2.5 31-day waits for subsequent treatments for all cancers

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 2018-19	% treated within 31 days	
		2018-19	2017-18
Surgery (Operational Standard = 94%)			
All Care	56,404	93.2	95.5
Admitted Care	54,164	93.2	95.5
Non-Admitted Care	2,240	94.0	96.0
Anti-Cancer Drug Regimen (Operational Standard = 98%)			
All Care	96,913	99.3	99.4
Admitted Care	57,805	99.2	99.2
Non-Admitted Care	39,108	99.6	99.6
Radiotherapy (Operational Standard = 94%)			
All Care	99,609	97.1	97.1
Admitted Care	13,829	96.8	97.0
Non-Admitted Care	85,780	97.1	97.1

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 2018/19 is compared against 2017/18.



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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 2018/19 is compared against 2017/18.

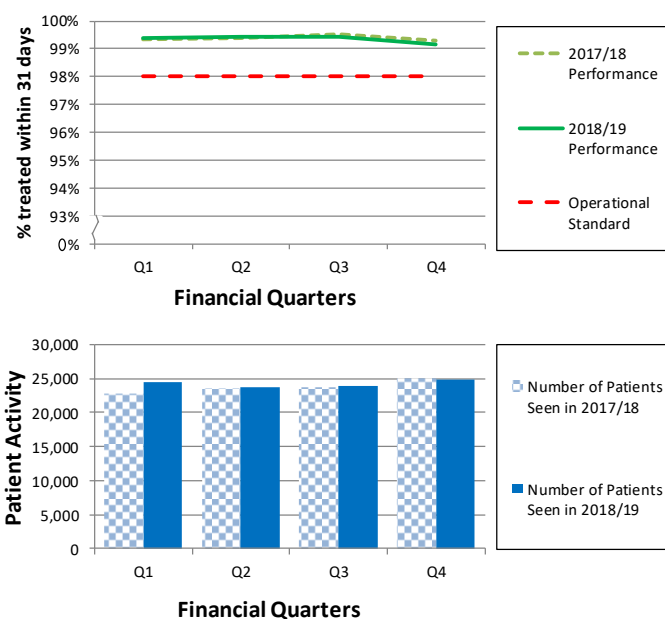
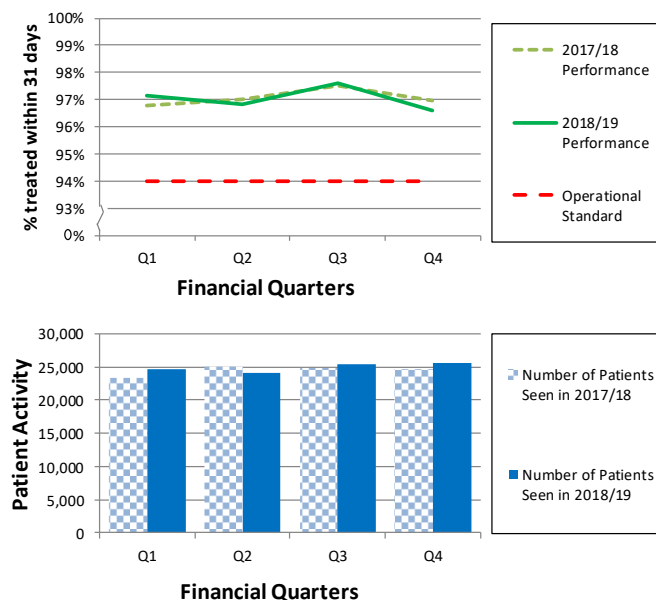


Figure 2.7: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is radiotherapy. Data from 2018/19 is compared against 2017/18.



Summary

Performance against the operational standards for anti-cancer drug regimen and radiotherapy subsequent treatments was relatively consistent throughout the year, showing a similar pattern and remaining at a similar level to that seen in 2017/18. Surgery performance was up in the first quarter of 2018/19, before falling in the remaining three quarters. The anti-cancer drug regimen and radiotherapy operational standards were achieved in 2018/19, but the surgery operational standard was not.

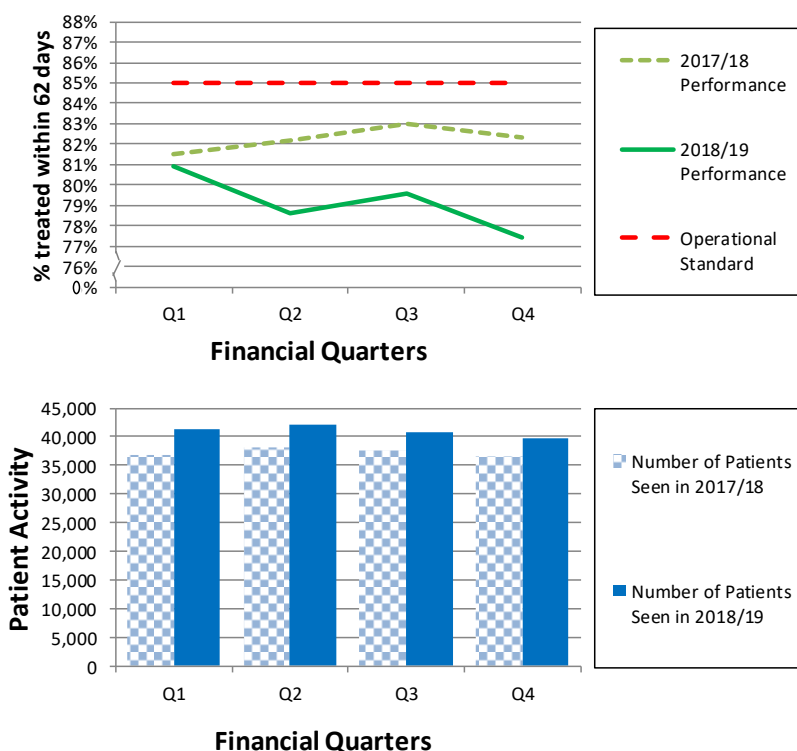
2.6 62-day wait for first treatment following an urgent GP referral – (Operational Standard = 85%)

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.⁴

Care Setting	Number of patients 2018-19	% treated within 62 days	
		2018-19	2017-18
All Care	163,932	79.1	82.3
Admitted Care	98,036	78.4	81.4
Non-Admitted Care	65,896	80.2	83.7

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 2018/19 is compared against 2017/18.

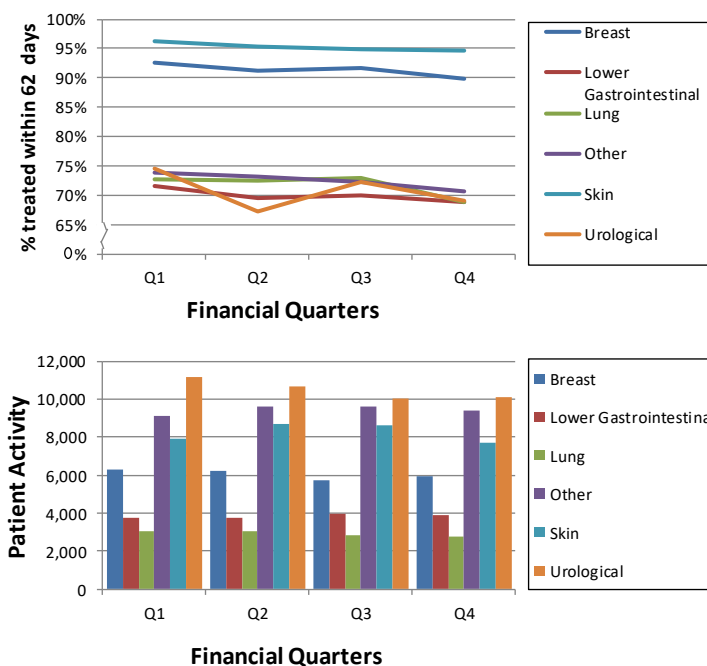


⁴ For instances in which the reported provider-based national totals do not equal a whole number for the 62-day Cancer Waiting Times standard (e.g. figures for the total number of patients treated showing a total that includes .5 patients), this is due to the fact that data from non-English providers 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 2018/19.

Cancer Report Group	Total number of patients treated	% treated within 62 days
All Cancers	163,932	79.1
Breast Cancer	24,179	91.4
Lower Gastrointestinal Cancer	15,383	70.0
Lung Cancer	11,726	71.8
Other Cancer	37,722	72.5
Skin Cancer	32,913	95.3
Urological Malignancies	42,009	70.8

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 9.1% on a working day adjusted basis in 2018/19 compared with 2017/18.

As in the previous year, the overall performance was below the operational standard for all four quarters in 2018/19. Performance was down on the previous year in all four quarters. All key tumour types had an overall decrease in performance over the course of the year in 2018/19.

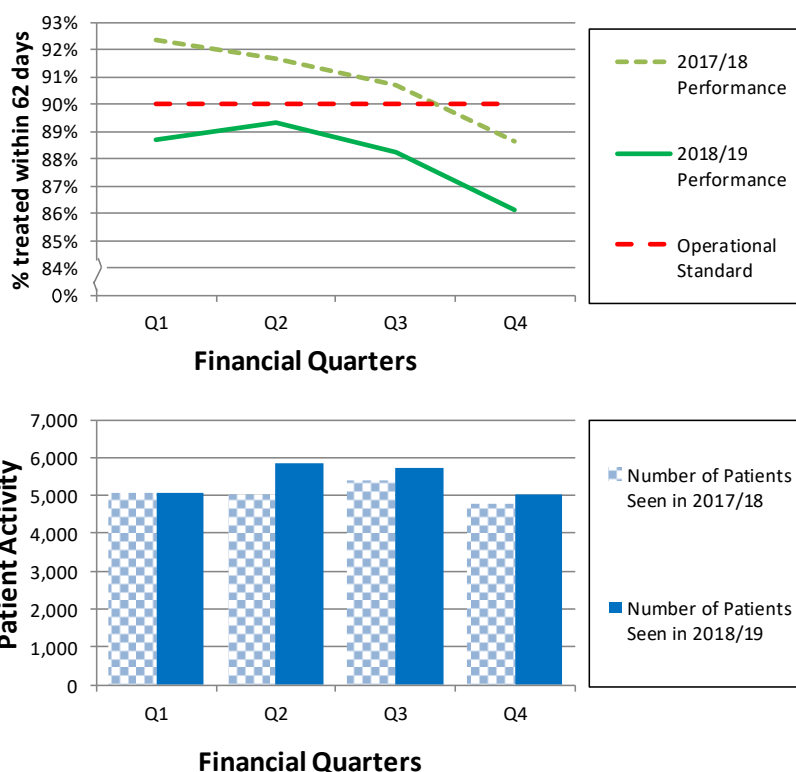
2.7 62-day wait for first treatment following referral from an NHS cancer screening service for all cancers – (Operational Standard = 90%)

Table 2.9 shows the performance of admitted versus non-admitted care in 2018-19 and compares this to the data from 2017-18.

Care Setting	Number of patients 2018-19	% treated within 62 days	
		2018-19	2017-18
All Care	21,676	88.1	90.9
Admitted Care	19,730	88.4	91.2
Non-Admitted Care	1,946	85.3	87.5

Figure 2.10: The national quarterly activity and performance for the 62-day standard from an English NHS cancer screening service referral to a first definitive treatment.

Data from 2018/19 is compared against 2017/18.



Summary

The total number of patients recorded under the 62-day standard which were referred from a national screening programme increased by 5.0% on a working day adjusted basis in 2018/19 compared with 2017/18.

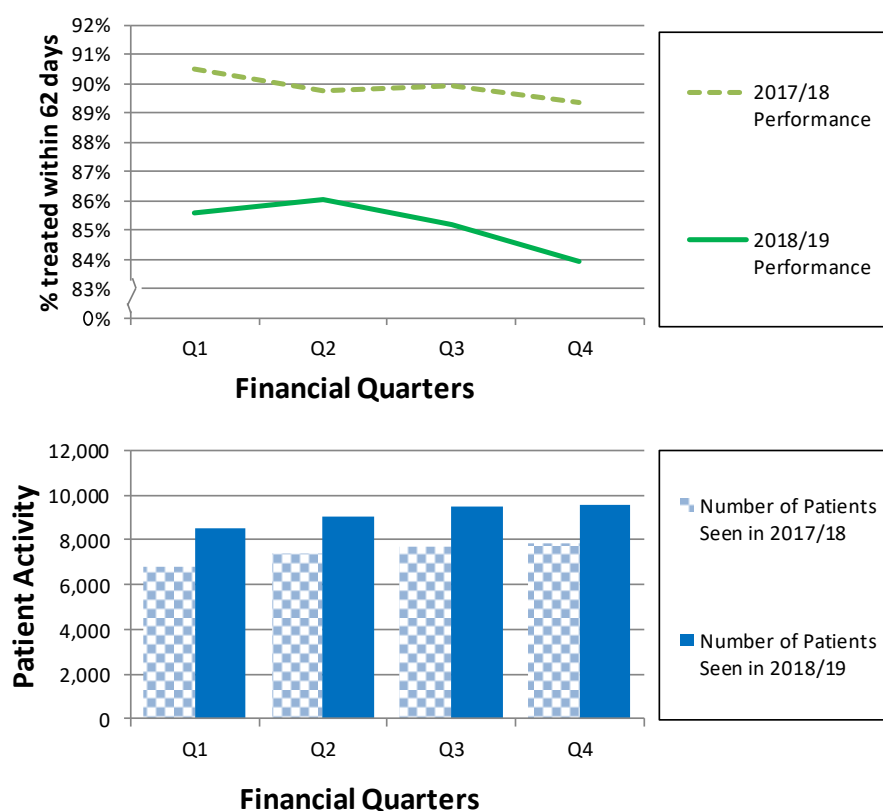
Performance in Q1 2018/19 was the same as Q4 2017/18, while Q2 performance in 2018/19 was higher than Q4 2017/18, before dropping through the remainder of the year.

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 compares this to the data from 2017-18.

Care Setting	Number of patients 2018-19	% treated within 62 days	
		2018-19	2017-18
All Care	36,631	85.2	87.9
Admitted Care	22,224	85.6	88.2
Non-Admitted Care	14,407	84.5	87.4

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 2018/19 is compared against 2017/18.



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 22.1% on a working day adjusted basis in 2018/19 compared with 2017/18. There was a slight increase in performance in Q2 compared with the previous quarter, a significant drop in performance compared to 2017/18 was seen for all quarters. 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 quarter⁵, the CWT-Db provides NHS England and NHS Improvement 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 and NHS Improvement 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, and other national and sub-national bodies. These automated reports are not altered in order to ensure consistency of information throughout the NHS and version control.
- 2.6.1 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 and NHS Improvement is to add a caveat or note explaining the inconsistency to the foot of the relevant data table within the quarterly publications.
- 2.7 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/>

⁵ <https://digital.nhs.uk/cancer-waiting-times/report-generation-dates>

Annex B Commissioner-based statistics

- B1 The overall performance for 2018-19, 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 2018-19 for the quarterly commissioner-based data set.

Waiting Times Measure	2018/19 Performance	Operational Standard
Two week wait for all cancers	92.0%	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected) ⁶	85.8%	93%
One Month (31-day) diagnosis to first treatment wait for all cancers	96.8%	96%
31-day wait for second or subsequent treatment: anti-cancer drug treatments	79.1%	98%
31-day wait for second or subsequent treatment: surgery	93.2%	94%
31-day wait for second or subsequent treatment: radiotherapy treatments ⁷	99.4%	94%
62-day wait for first treatment following an urgent GP referral for all cancers	97.0%	85%
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	88.1%	90%
62-day wait for first treatment following consultant upgrade of urgency of a referral to first treatment	85.1%	N/A

⁶Data for this standard was first published for Q4 2009-10

⁷Data 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 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.
- 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 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.