



Waiting Times for Suspected and Diagnosed Cancer Patients

2020-21 Annual Report

Waiting Times for Suspected and Diagnosed Cancer Patients

2020-21 Annual Report

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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 2020-21. 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/>

1.2 An overall summary of the performance for 2020-21, 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 2020-21, for the revised final data set.

Waiting Times Measure	2020/21 Performance	Operational Standard
Two week wait for all cancers	88.7%	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected) ¹	76.0%	93%
One Month (31-day) diagnosis to first treatment wait for all cancers	95.0%	96%
31-day wait for second or subsequent treatment: anti-cancer drug treatments	99.1%	98%
31-day wait for second or subsequent treatment: surgery	88.0%	94%
31-day wait for second or subsequent treatment: radiotherapy treatments ²	96.6%	94%
62-day wait for first treatment following an urgent GP referral for all cancers	74.3%	85%
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	75.1%	90%
62-day wait for first treatment following consultant upgrade of urgency of a referral to first treatment	82.5%	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.

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

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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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.

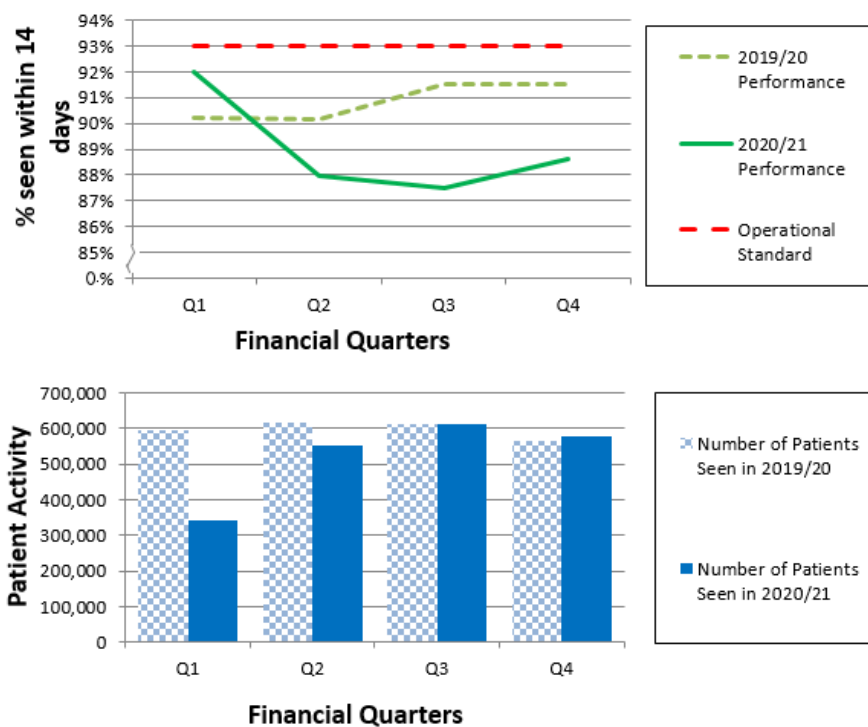
Care Setting		% seen within 14 days	
		2020-21	2019-20
All Care	2,080,673	88.7	90.8

Table 2.2: Activity and performance of the two week wait standard for different cancer sites in 2020/21.

Cancer Report Group	Total number of patients seen	% seen within 14 days
All Cancers	2,080,673	88.7
Suspected Acute Leukaemia	322	95.0
Suspected Brain/Central Nervous System Tumours	8,612	95.7
Suspected Breast Cancer	425,386	80.8
Suspected Children's Cancer	8,282	92.5
Suspected Gynaecological Cancer	199,597	92.9
Suspected Haematological Malignancies (Excluding Acute Leukaemia)	19,486	95.9
Suspected Head & Neck Cancer	205,649	94.8
Suspected Lower Gastrointestinal Cancer	377,163	88.9
Suspected Lung Cancer	42,563	95.0
Suspected Other Cancer	3,124	91.8
Suspected Sarcoma	10,442	90.9
Suspected Skin Cancer	422,772	89.9
Suspected Testicular Cancer	10,608	96.3
Suspected Upper Gastrointestinal Cancer	177,681	84.9
Suspected Urological Malignancies (Excluding Testicular Cancer)	168,986	93.1

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Figure 2.1: The national quarterly activity and performance of urgent GP referrals for suspected cancer. Data from 2020/21 is compared against 2019/20.



Summary

The total number of patients seen as part of the two week wait standard decreased by 12.5% on a working day adjusted basis in 2020/21 compared with 2019/20. The performance for this standard did not follow a similar seasonal pattern in 2019/20 as the previous year.

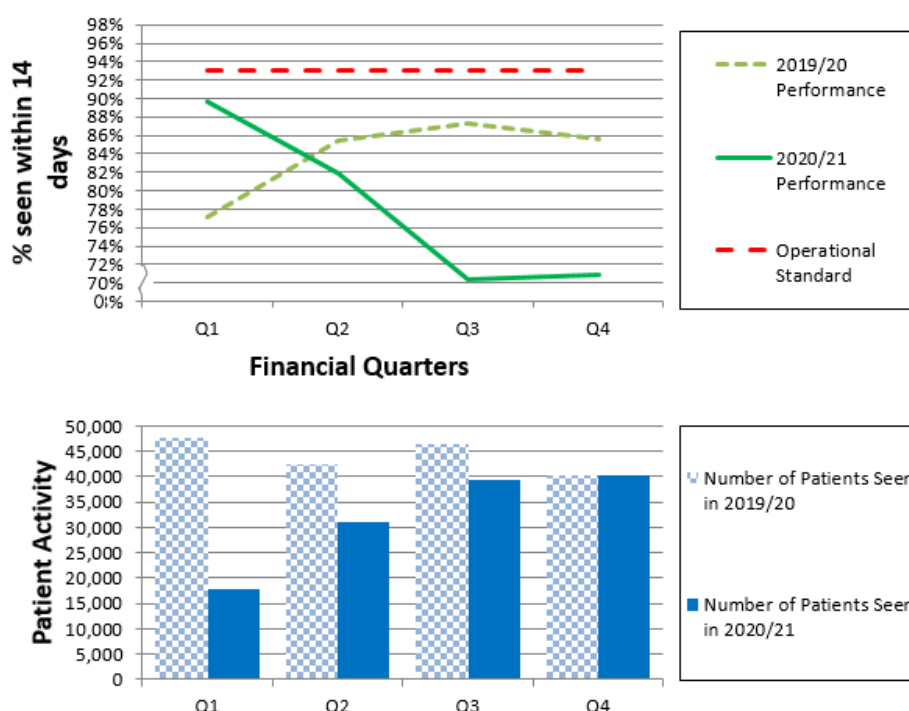
2.3 Two week wait for symptomatic breast patients (where cancer was not initially suspected) – (Operational Standard = 93%)

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 2020-21	% seen within 14 days	
		2020-21	2019-20
All Care	128,364	76.0	83.7

Figure 2.2: The national quarterly activity and performance for urgent GP referrals seen for breast symptoms (where cancer was not initially suspected). Data from 2020/21 is compared against 2019/20.



Summary

A total decrease in referrals seen of 27.1% on a working day adjusted basis occurred in 2020/21 compared with 2019/20. 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 decreased sharply from Q1 to Q2 and from Q2 to Q3, after which performance remained relatively stable.

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 2020-21	% treated within 31 days	
		2020-21	2019-20
All Care	275,553	95.0	96.0
Admitted Care	169,736	92.6	94.6
Non-Admitted Care	105,817	98.8	98.6

Table 2.5: Activity and performance of the one month wait standard for different cancer sites in 2020/21. The percentage of patients treated within 31 days for lung cancer and other cancer were above 96%.

Cancer Report Group	Total number of patients treated	% seen within 31 days
All Cancers	275,553	95.0
Breast Cancer	38,298	95.3
Lower Gastrointestinal Cancer	30,518	93.3
Lung Cancer	30,974	97.0
Other Cancer	76,206	96.6
Skin Cancer	51,752	94.0
Urological Malignancies	47,805	92.9

Figure 2.3: The national activity and performance for the 31-day standard from a decision to treat to first treatment. Data from 2020/21 is compared against 2019/20.

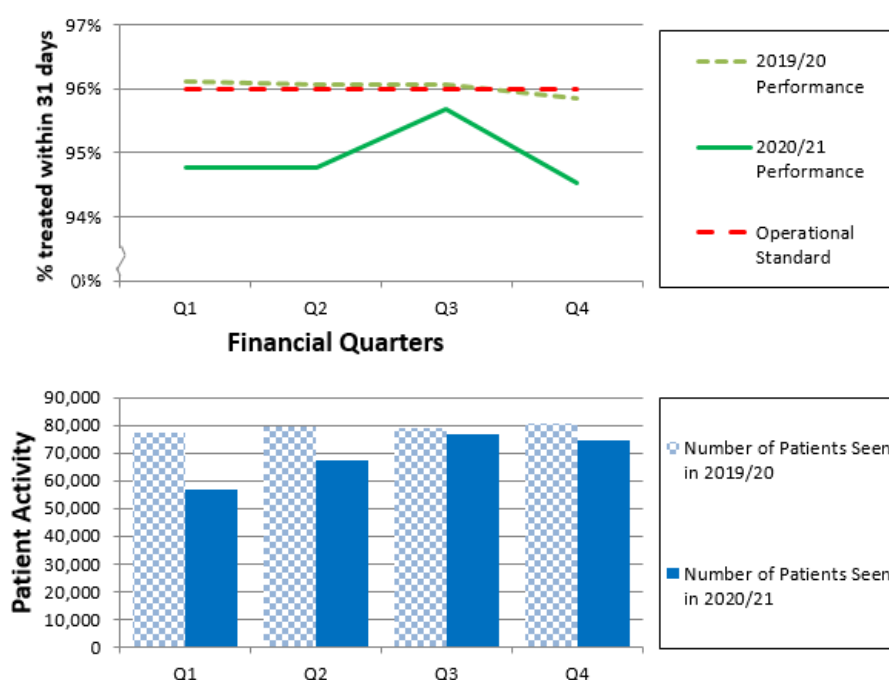
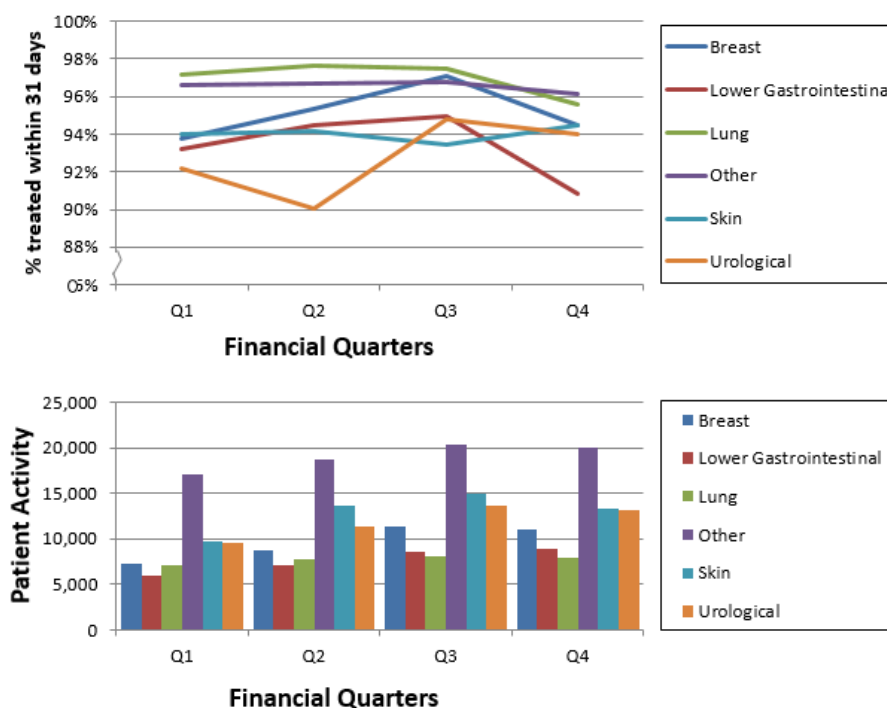


Figure 2.4: The national quarterly activity and performance for the 31-day standard from a decision to treat to first treatment by cancer site.



Summary

The total number of patients recorded under the 31-day standard for first treatments decreased by 10.9% on a working day adjusted basis in 2020/21 compared with 2019/20. Skin cancers were the largest individual cancer in terms of number of patients being treated.

Performance remained below the operational standard throughout the year, with performance being the highest in the third quarter of 2020/21.

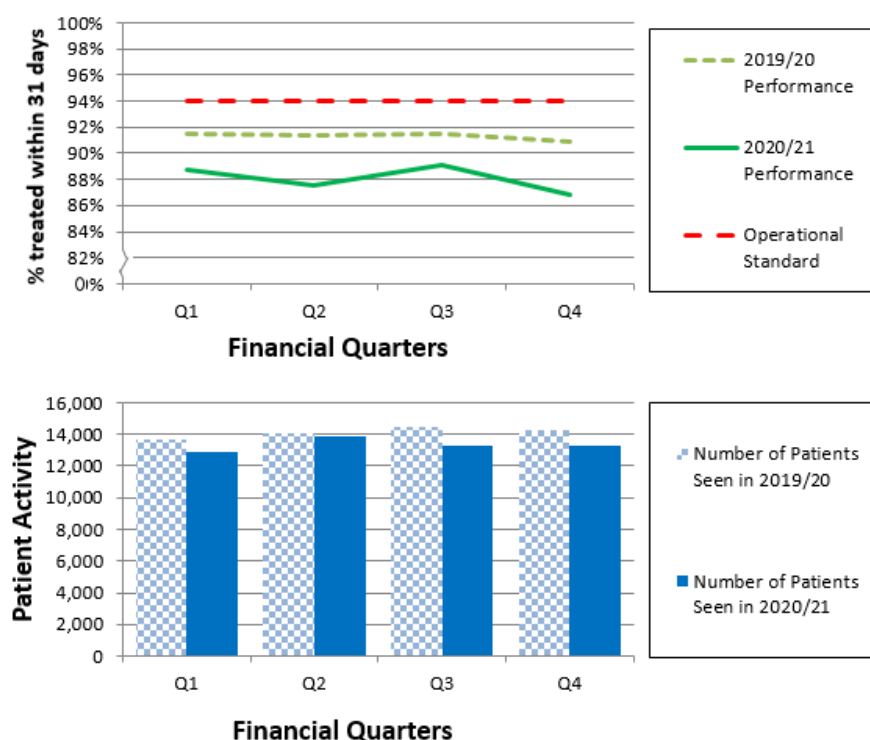
2.5 31-day waits for subsequent treatments for all cancers

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	% treated within 31 days	
	2020-21	2020-21	2019-20
Surgery (Operational Standard = 94%)			
All Care	53,283	88.0	91.3
Admitted Care	50,393	87.7	91.2
Non-Admitted Care	2,890	93.6	93.4
Anti-Cancer Drug Regimen (Operational Standard = 98%)			
All Care	89,655	99.1	99.1
Admitted Care	54,205	98.8	98.8
Non-Admitted Care	35,450	99.5	99.4
Radiotherapy (Operational Standard = 94%)			
All Care	89,987	96.6	96.4
Admitted Care	15,372	96.2	96.5
Non-Admitted Care	74,615	96.7	96.3

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 2020/21 is compared against 2019/20.



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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 2020/21 is compared against 2019/20.

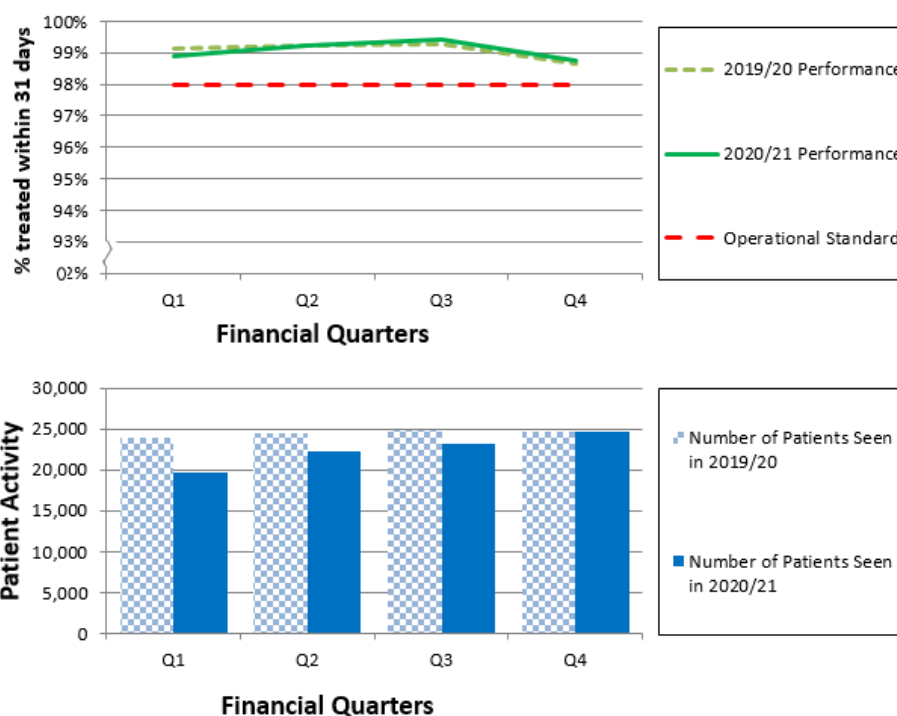
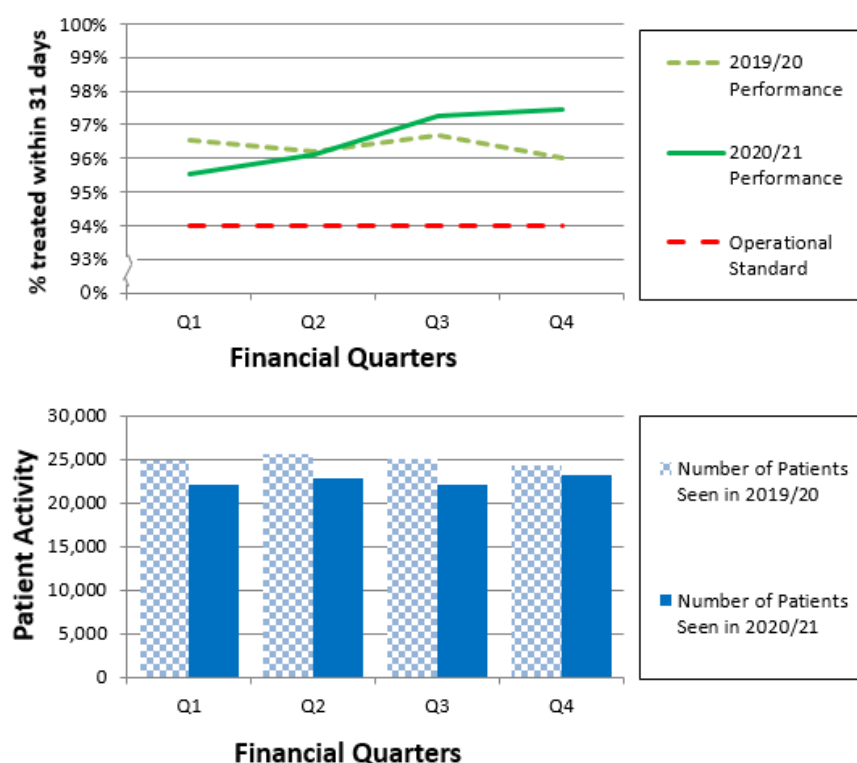


Figure 2.7: The national quarterly activity and performance for the 31-day standard from a decision to treat to a subsequent treatment where the treatment modality is radiotherapy. Data from 2020/21 is compared against 2019/20.



Summary

Performance against the operational standards for surgery subsequent treatments was consistently below that seen in 2019/20. Performance against the operational standards for anti-cancer drug regimen subsequent treatments was relatively consistent throughout the year, showing a similar pattern and remaining at a similar level to that seen in 2019/20. Radiotherapy performance started below that seen in 2019/20 but increased each quarter and becoming higher than 2019/20 by quarter three.

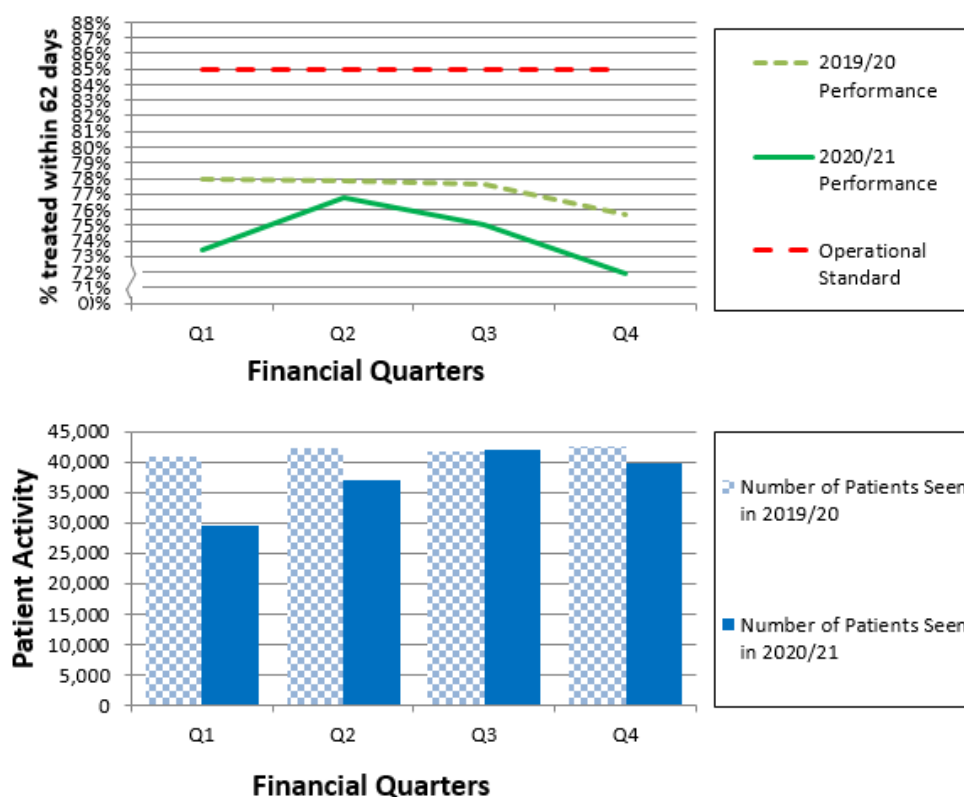
2.6 62-day wait for first treatment following an urgent GP referral – (Operational Standard = 85%)

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 2020-21	% treated within 62 days	
		2020-21	2019-20
All Care	148,280	74.3	77.2
Admitted Care	88,267	72.0	76.1
Non-Admitted Care	60,013	77.8	79.0

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 2020/21 is compared against 2019/20.



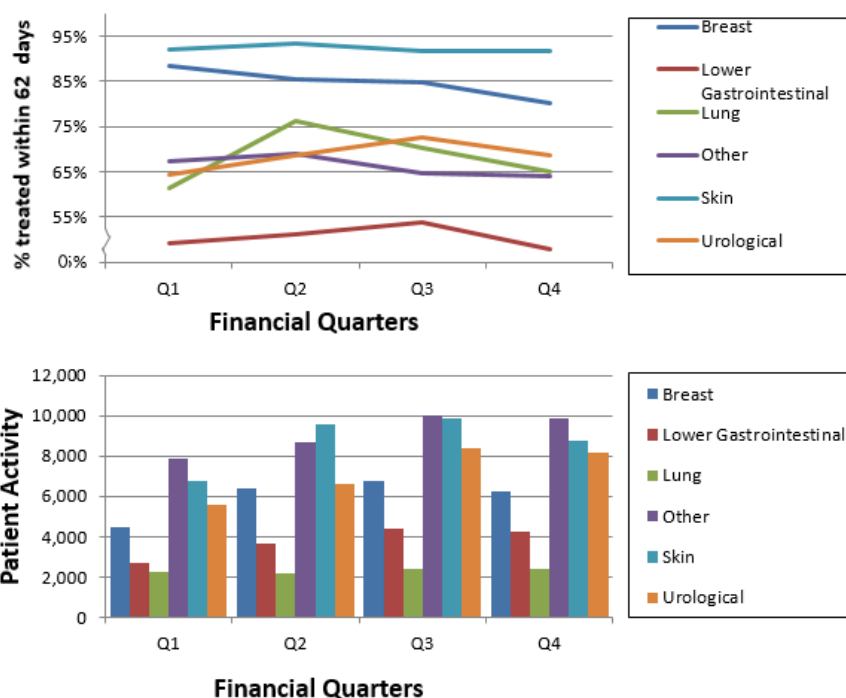
⁴ For instances in which the reported provider-based national totals do not equal a whole number for the 62-day Cancer Waiting Times standard (e.g. figures for the total number of patients treated showing a total that includes .5 patients), this is due to the fact that data from non-English providers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

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Table 2.8: Activity and performance of the two month wait standard for different cancer sites in 2020/21.

Cancer Report Group	Total number of patients treated	% treated within 62 days
All Cancers	148,280	74.3
Breast Cancer	23,879	84.5
Lower Gastrointestinal Cancer	15,053	50.6
Lung Cancer	9,201	68.0
Other Cancer	36,461	66.1
Skin Cancer	34,952	92.2
Urological Malignancies	28,734	68.9

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 decreased by 12.6% on a working day adjusted basis in 1 compared with 2019/20.

As in the previous year, the overall performance was below the operational standard for all four quarters in 2020/21. Performance was down on the previous year in all four quarters.

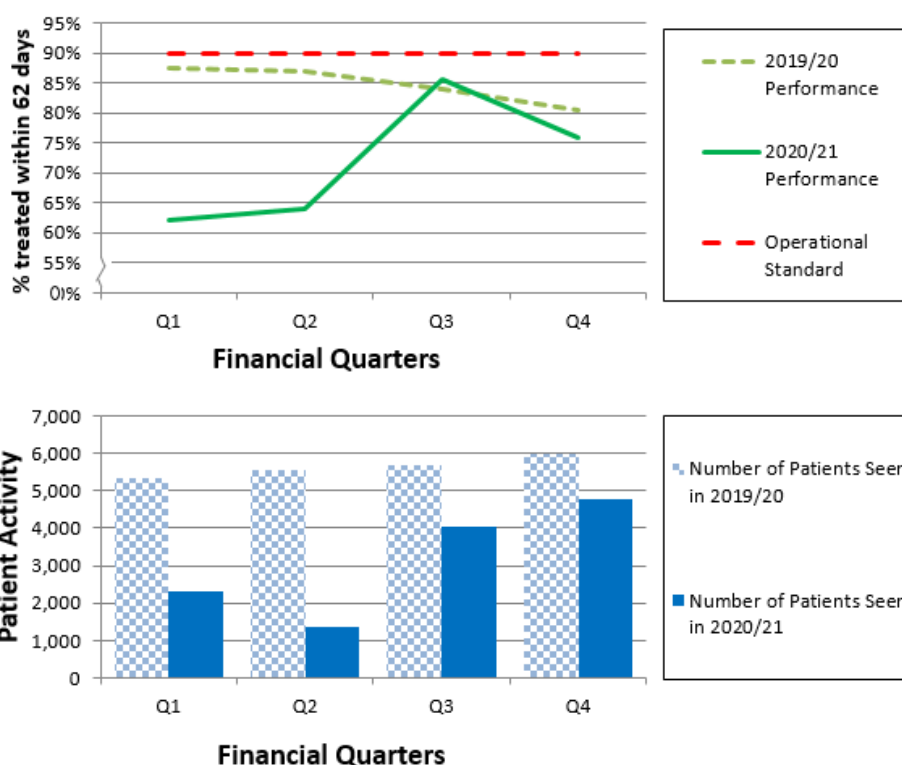
2.7 62-day wait for first treatment following referral from an NHS cancer screening service for all cancers – (Operational Standard = 90%)

Table 2.9 shows the performance of admitted versus non-admitted care in 2020-21 and compares this to the data from 2019-20.

Care Setting	Number of patients 2020-21	% treated within 62 days	
		2020-21	2019-20
All Care	12,486	75.1	84.6
Admitted Care	10,815	74.3	84.7
Non-Admitted Care	1,671	80.0	83.6

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 2020/21 is compared against 2019/20.



Summary

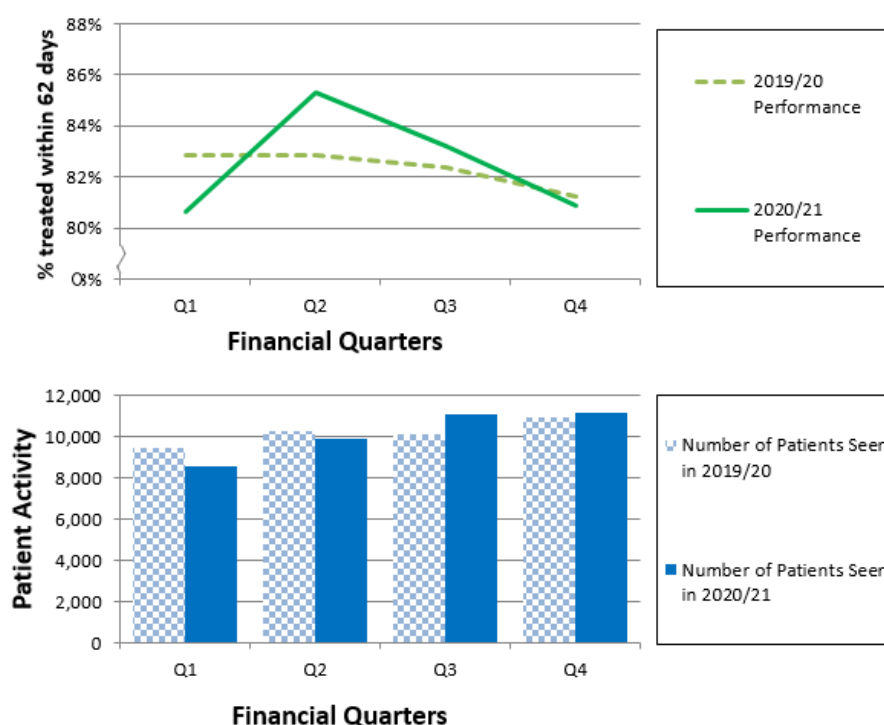
The total number of patients recorded under the 62-day standard which were referred from a national screening programme decreased by 44.3% on a working day adjusted basis in 2020/21 compared with 2019/20.

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 2019-20.

Care Setting	Number of patients 2020-21	% treated within 62 days	
		2020-21	2019-20
All Care	40,669	82.5	82.3
Admitted Care	23,032	81.6	82.4
Non-Admitted Care	17,637	83.8	82.1

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 2020/21 is compared against 2019/20.



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 0.3% on a working day adjusted basis in 2020/21 compared with 2019/20. There was a peak in performance at Q2 which was followed by a constant decrease in performance. No operational standard is set for this waiting time.

Annex A Methodology

A1 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](#)

A2 For the 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.

A3 The guidance for cancer waiting times has been updated to [version 11.0](#). The National Cancer Waiting Times Monitoring dataset has been updated from version 2.0 to 2.1. These changes are detailed in the published Information standard ([DCB0147](#)). These changes were implemented during July 2020/21. The changes affect the scope and definition of the official statistics on cancer waiting times. Changes were proposed following widespread consultation with patient and clinical groups, and refined and agreed by a clinical panel, with the aim of ensuring that the rules for Cancer Waiting Times as far as possible do not penalise best clinical practice and patient preferences. The effects of the changes were detailed in the monthly Statistical Press Releases available [here](#).

A4 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.

A5 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 note explaining the issue in the monthly provider workbook and statistical release, The release details the impact of the issue on the volumes and performance figures. Providers are informed of the issue, and can address via revisions.

A6 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>

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Annex B Commissioner-based statistics

- B1 The overall performance for 2020-21, 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 2020-21 for the quarterly commissioner-based data set.

Waiting Times Measure	2020/21 Performance	Operational Standard
Two week wait for all cancers	88.7%	93%
Two week wait for symptomatic breast patients (where cancer was not initially suspected) ⁶	76.0%	93%
One Month (31-day) diagnosis to first treatment wait for all cancers	95.0%	96%
31-day wait for second or subsequent treatment: anti-cancer drug treatments	99.1%	98%
31-day wait for second or subsequent treatment: surgery	88.0%	94%
31-day wait for second or subsequent treatment: radiotherapy treatments ⁷	96.6%	94%
62-day wait for first treatment following an urgent GP referral for all cancers	74.3%	85%
62-day wait for first treatment following referral from an NHS cancer screening service for all cancers	75.1%	90%
62-day wait for first treatment following consultant upgrade of urgency of a referral to first treatment	82.5%	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 commissioning group (CCG) is a group of GP Practices that are responsible for commissioning most health and care services for patients.

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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.