



Cancer Waiting Times, October 2024 - Provider Based - Provisional

Changes to Cancer Waiting Times Standards

Following a consultation on the cancer waiting times standards, NHS England had approval from government in August 2023 to implement changes to the standards from 1 October 2023.

In March 2022, NHS England published the recommendations for consultation. The [consultation paper](#) set out the proposed new standards, the rationale for the changes, and the evidence collected in support of those proposals. Annex B of the [consultation paper](#) showed the expected impact of the changes to performance standards.

In August 2023, NHS England published a [consultation response report](#).

The statistics on cancer waiting times have been updated to ensure that they follow the changed operating framework for cancer, and address responses to the consultation on disaggregation of the standards. The updates to the statistics are described in annex B of this statistical release.

The latest monthly Official Statistics on cancer waiting times produced by NHS England were released on 12/12/2024 according to the arrangements approved by the UK Statistics Authority.

The key results for England show that:

28-day Faster Diagnosis:

- 77.1% of people were told if they had cancer, or if cancer was definitively excluded within four weeks (28-days) of an urgent referral (74.8% in September 2024)

31-day Combined:

- 91.5% of people treated began first or subsequent treatment of cancer within 31 days of receiving a decision to treat/earliest clinically appropriate date (90.6% in September 2024)

62-day Combined:

- 68.2% of people treated began first definitive treatment of cancer within 62 days of an urgent suspected cancer referral, breast symptomatic referral, urgent screening referral or a consultant upgrade (67.3% in September 2024)

More analyses are published as part of this statistical release on the NHS website.

<https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/>

Contact address and email

You can obtain further details about the statistics published in this section or comment on the section by contacting the following address:

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Annex A: Missing and Partial Returns

Virgin Care Ltd (NQT) did not make a full submission of CWT Data for Urgent Suspected Cancer Referrals Seen at a First Outpatient Attendance and FDS.

The estimated shortfall of these missing and partial submissions on national activity volumes is given in the table below. The estimated impact on the three national performance standards is very small (on average it was 0.04 percentage points).

We are working with the providers concerned to resolve the issues and we will be publishing revisions later in the year.

Standard	Estimated shortfall in activity
Urgent Suspected Cancer Referrals Seen at a First Outpatient Attendance	0.02%
Urgent Breast Symptomatic Referrals Seen at a First Hospital Assessment	0.00%
Four Week (28-days) Wait from Urgent Referral to Patient Told they have Cancer, or Cancer is Definitively Excluded	0.02%
One Month (31-days) Wait from a Decision to Treat/Earliest Clinically Appropriate Date to First or Subsequent Treatment of Cancer	0.00%
Two Month (62-days) Wait from an Urgent Suspected Cancer or Breast Symptomatic Referral, or Urgent Screening Referral, or Consultant Upgrade to a First Definitive Treatment for Cancer	0.00%

Annex B: Update to cancer waiting times statistics

The updates to the cancer waiting times statistics are as follows:

- Outputs to give prominence to the headline statistics for the new waiting times standards.
- Maintain the statistics published on the 28 day Faster Diagnosis Standard.
- Include breakdowns of the new 31 and 62 day standards by variables which allow derivation of the old 31 and 62 day standards. That is, for the 31 day standard include breakdowns by treatment stage (first or subsequent) and modality (Anti-cancer drug regimen, Radiotherapy, Surgery, Other), and for the 62 day standard by source of referral (Urgent suspected cancer, Breast Symptomatic, Screening and Consultant Upgrade).
- Remove the breakdown by admitted and non admitted care from treatment standards.
- For the 31 and 62 day standards, provide a more granular tumour type breakdown for a range of cancers by sub dividing the categories currently published. Historic data for the new categories will not be available. The new classification will be such that the old classification for the current 31 first and 62 day urgent suspected cancer will be able to be derived from aggregation of the new categories to create a consistent time series. That is, adopt the following new categories: Lung, Breast, Skin, Lower Gastrointestinal, Prostate, Other Urological, Lymphoma, Other haematological, Oesophagus & Stomach, Hepatobiliary, Head & Neck, Gynaecological and other cancers.
- 31-day referral to treatment performance for acute leukaemia, children's and testicular cancers will no longer be published separately, as no performance standard has been applied to this report for some time and reported numbers are extremely small. Data for these cancers will continue to be included within the wider 62-day referral to treatment data.
- Continue to publish total numbers seen following an urgent suspected cancer referral and urgent referral where breast symptoms are exhibited but cancer is not initially suspected. Maintain the time waited bands as currently published for these measures, but cease publication of the % seen within 14 days which was the two week wait performance measure which is being removed from the operating framework.
- Publish further management information on the backlog.

NHS England will initially adopt an official statistics badge for all the updated statistical outputs, pending assessment by the Office for Statistics Regulation.