

Updating the NHS cancer waiting time standards

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Since October 2023, the standards measuring waiting times for cancer diagnosis and treatment in England have been updated and simplified.¹

Arriving at a diagnosis and starting treatment promptly are crucial to ensuring the best outcomes for most types of cancer. At the same time, the great majority of people referred urgently for investigation of possible cancer will be found not to have it, and providing them with rapid reassurance is also important.

Ensuring that people with cancer, or suspected cancer, get prompt diagnosis and treatment is why the National Health Service (NHS) first introduced waiting time targets for cancer in 2000.² Over the last 24 years, these standards have been expanded, producing a complicated system, with NHS cancer care providers having to report against 10 different targets.

Some of these standards measured process rather than outcomes: for example, the requirement to offer a patient a first appointment within 2 weeks of an urgent suspected cancer referral did not address the consequent need to arrive at a timely diagnosis. None of the standards measured the length of time it took for patients without cancer to be reassured that they did not have it. As the number of such referrals has grown, on average by 10% per year over the last decade, with 2.9 million such referrals in England in 2023,³ some adjustments were needed.⁴

Following a consultation in 2022⁵ where the case for reform was supported by clinicians and cancer charities, the NHS in England has replaced the previous 10 standards with three:

- **Faster Diagnosis Standard:** a diagnosis or ruling out cancer within 28 days of urgent referral (initially set at 75%).
- **31-day Treatment Standard:** commence treatment within 31 days of a decision to treat all patients with cancer (set at 96%).

- **62-day Treatment Standard:** commence treatment within 62 days of referral or consultant upgrade (set at 85%)

It may seem anomalous that the 28 and 31 day standards do not add up to 62 days, or imply a very short time to complete staging, but the three standards, although clearly related, cover different cohorts and are intended to target differing priorities for performance. The individual targets set a maximum duration for specific parts of the pathway for those cohorts, rather than specifying the number of days a patient will wait. If the diagnostic process has taken substantially longer than anticipated, we expect providers to expedite treatment in order to meet the overall 62-day standard, now expanded to include those diagnosed via any route, not just those referred on an urgent pathway.

The new Faster Diagnosis Standard, which the Independent Cancer Taskforce⁶ recommended to replace the Two-Week standard, measures the whole diagnostic journey rather than the initial point of contact. It is intended to ensure that all those receiving a diagnosis of cancer are seen and investigated promptly, and covers the large majority of patients who are not diagnosed with cancer, alongside those who are.

It is important to note that there is no change to the way that general practitioners (GPs) should refer patients to urgent suspected cancer pathways.

The new standards should encourage innovations such as straight-to-test pathways, one-stop clinics and the use of technology such as artificial intelligence and remote image review. They should ensure that patients receive equal focus and priority whatever their point of entry, whether by GP referral, screening or consultant upgrade. They focus on the completion of diagnostic pathways and the start of treatment rather than the intermediate steps.

Making these changes will make it easier to use the statistics in a meaningful way.



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They will provide the information that patients and those organising services across the NHS need. Although formal reporting will be for the new standards, NHS England will continue to collect and make available data on the previous measures: our intention is that shifting to a smaller, more focused set of standards for the purpose of understanding overall performance and accountability will better direct that accountability, while giving providers, clinicians and commissioners flexibility to focus on the biggest challenges they face locally in delivering against these goals.

NHS England has also taken the opportunity to increase the level of detail included in the monthly Cancer Waiting Times data. Updated monthly publications began in December 2023, to allow clinicians, providers, patients, charities and other colleagues to see in greater detail how well trusts are performing against each measure.

The last decade has seen increasing pressure on cancer diagnostic and treatment services, with performance often falling short of the targets previously set. Recent investments in diagnostic services and the cancer workforce are intended to reverse this trend, and it is important to have the correct measures in place. The target for meeting the Faster Diagnosis Target will be gradually increased, from 75% now to 80% by 2026, and trusts have been asked to prioritise improving performance against the 62-day standard, with an interim target of 70% by March 2024, as we work towards meeting the 85% target once again.

There is no shortage of challenges. With an ageing population and increasing cancer incidence exerting continued pressure on an already stretched health system, the NHS has to cope with record-high demand. These new, simplified standards will help everyone to assess how effectively it is doing so.

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