



NHS cancer waiting time standards

NHS England has published new cancer waiting time standards to speed up diagnosis and treatment for patients, which come into effect from 1 October 2023.

The NHS has until now had ten performance standards for cancer. Following a rigorous consultation and support of leading cancer charities and clinicians, there will now be three cancer standards, which combine all of the previous standards and cover additional patients. These are:

28 Day Faster Diagnosis Standard	62-day referral to treatment standard	31-day decision to treat to treatment standard
Patients with suspected cancer who are referred for urgent cancer checks from a GP, screening programme or other route should be diagnosed or have cancer ruled out within 28 days.	Patients who have been referred for suspected cancer via any route and go on to receive a diagnosis should start treatment within 62 days of their referral.	All patients who have a cancer diagnosis, and who have had a decision made on their first or subsequent treatment, should then start that treatment within 31 days.
This means the removal of the Two Week Wait standard, which required a first appointment within two weeks, to focus on outcome over process.	This combines the Urgent Suspected Cancer GP referral, Urgent Screening and Consultant Upgrade 62-day standards, so patients receive equal focus and priority regardless of how they enter the pathway.	This combines the first and subsequent treatment 31-day standards, so patients receive equal focus and priority regardless of their treatment type.

The NHS is also setting out a roadmap to improving performance against these standards of care following the pandemic. This includes:

	Increasing the number of patients starting treatment within 62 days, with an initial target of 70% of patients by March 2024.
	NHS trusts to ensure 75% of patients are diagnosed or have cancer ruled out within 28 days of a referral by March 2024, and an increased target of 80% will be introduced in 2025/26.

There was widespread support from NHS staff, patient groups and cancer charities to these proposals in last year's consultations. The proposed standards are in line with recommendations made by the Independent Cancer Taskforce in 2015 and the subsequent clinical review which was started in 2018. They are more in line with the requirements of modern cancer care, with a greater focus on outcomes and ensuring equitable access to care.

A new set of Cancer Waiting Times technical guidance has been published to support the changes.

Improvements to data publication

Cancer statistics will still be published by NHS England monthly. Once the changes are in place, the published figures will cover the three new standards. At the same time as these standards come into effect, we will revise and improve the publishing of monthly cancer waiting time statistics to provide a more complete breakdown by different types of cancer. We will commence a consultation on the nature of these changes soon.

What will be different for NHS staff?

Shifting to the Faster Diagnosis Standard means we are focused on the outcome of a referral, not the process. GPs will still refer people with suspected cancer in the same way, but the focus will be on getting people diagnosed or cancer ruled out within 28 days, rather than simply getting a first appointment. The changes will also give clinicians greater flexibility to adopt new technologies such as remote image review and AI, and modern working practices such as One-Stop-Shops and Straight-to-Test.

What will be different for patients?

These changes will still set the same high-performance bar for the same groups of patients as were covered by the previous standards and will increase the number and proportion of patients covered by the standards. They are designed to focus on two clear goals: achieving the fastest possible diagnosis, and for those who are diagnosed and require treatment, ensuring they receive treatment as quickly as possible. The new standards will also put all patients on a level playing field, regardless of the origin of their referral.