



England

Cancer Waiting Times overview

October 2023






History of review of Cancer Waiting Times standards

Classification: Official

Publication approval reference: PAR1320



Clinically-led review of NHS cancer standards

Models of care and measurement

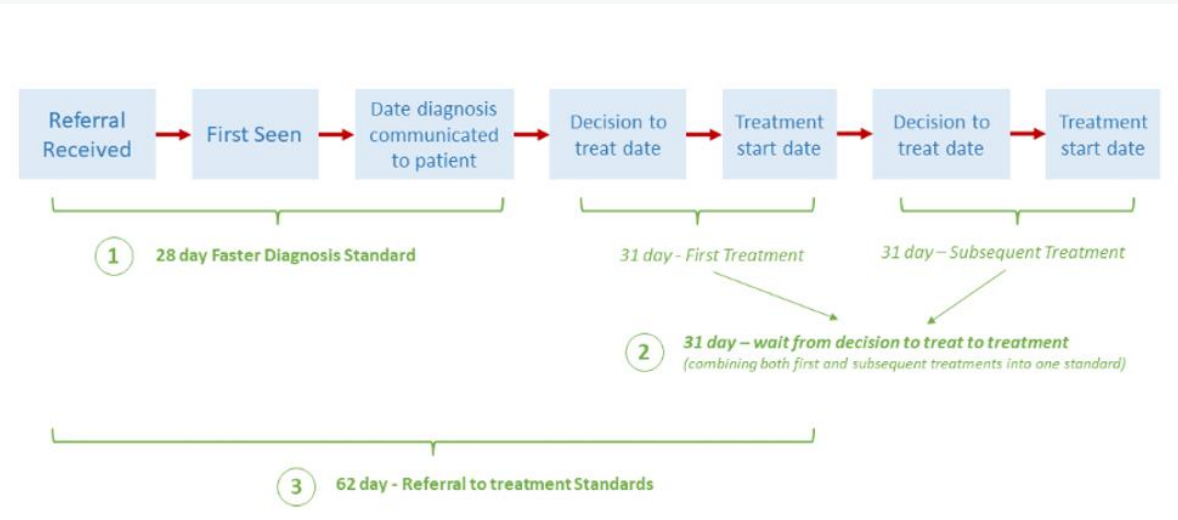
9th March 2022

- In June 2018, the government asked Professor Steve Powis, Medical Director for NHS England, to review access standards for cancer to ensure they measure what matters most to patients and in optimising clinical outcomes. This review built on the recommendations of the 2015 Independent Cancer Taskforce to provide the first comprehensive look at England’s Cancer Waiting Times standards in a decade.
- The review was overseen by an oversight group comprising the chairs and presidents of many of the prominent Royal Colleges, as well as clinical representatives from the major cancer charities. Detailed proposals were considered by an expert clinical panel, drawing on expertise from the Cancer Alliances and cancer services across the country, and chaired by Professor Peter Johnson, National Clinical Director for cancer.
- The review comprised a period of stakeholder engagement, followed by development of detailed proposals, testing of key elements of those proposals and a further consultation on the final recommendations. Due to the COVID-19 pandemic, the review was paused in March 2020.
- A [report setting out the final proposals was published in spring 2022](#) and a consultation was held. This briefing sets out the proposed changes and anticipated impact.



The CWT changes will simplify the existing standards from ten to three covering the whole cancer pathway

- Cancer currently has ten separate performance standards. NHS England proposes to simplify and modernise the existing ten cancer standards. This means consolidating the cancer standards the NHS measures and is held accountable for to three:
 - **the 28 Day Faster Diagnosis Standard**
 - **one headline 62 day referral to treatment standard**
 - **one headline 31 day decision to treat to treatment standard**
- This includes:
 - Removing the Two Week Wait standard which requires all cancer referrals to be 'seen' within two weeks and replacing it with the Faster Diagnosis Standard **(with an initial performance target of 75%)**.
 - Combining together three 62 day targets applying to GP referral, screening and consultant upgrade into a single standard **(retaining the headline 85% performance target)**
 - Combining together four 31 day targets applying to first treatment and each of three possible subsequent treatments into a single standard **(retaining the headline 96% performance target)**
- As part of this process the intention is to **publish more granular information on the current standards**, including tumour type and treatment modalities individually within the publication.
- We also intend to start to publish the >62 day backlog figures, currently published as management information for the whole of England, by individual provider.
- **All changes will be implemented from 1st October 2023**





And alongside the announcement we are providing further clarity on the requirements to demonstrate progress against these in the coming years

- In the past year, it has been necessary to prioritise reducing the size of the cancer 62 day backlog to a more sustainable level. This has had a necessary negative impact on headline performance. Once this is achieved, **operational focus will shift back to performance against the newly consolidated standards** (although the backlog will remain an important metric locally to ensure that performance gains are sustained)
- On the Faster Diagnosis Standard, in light of the significant investment in expanding diagnostic capacity, and in recognition of the intention to increase the level of performance ambition over time, the **performance standard will be increased to 80% by the end of 2025/26**
- **Specific reference to the expectation that breast & skin would performance 90%**
- On the new combined 62 days standard, there will be a target of **reaching 70% nationally by March 2024.**
- On the new combined 31 day standard there will be **no new commitments to specific levels of performance** this year or in future years.
- Further detail about future performance expectations will be set out through NHS Operational Planning Guidance

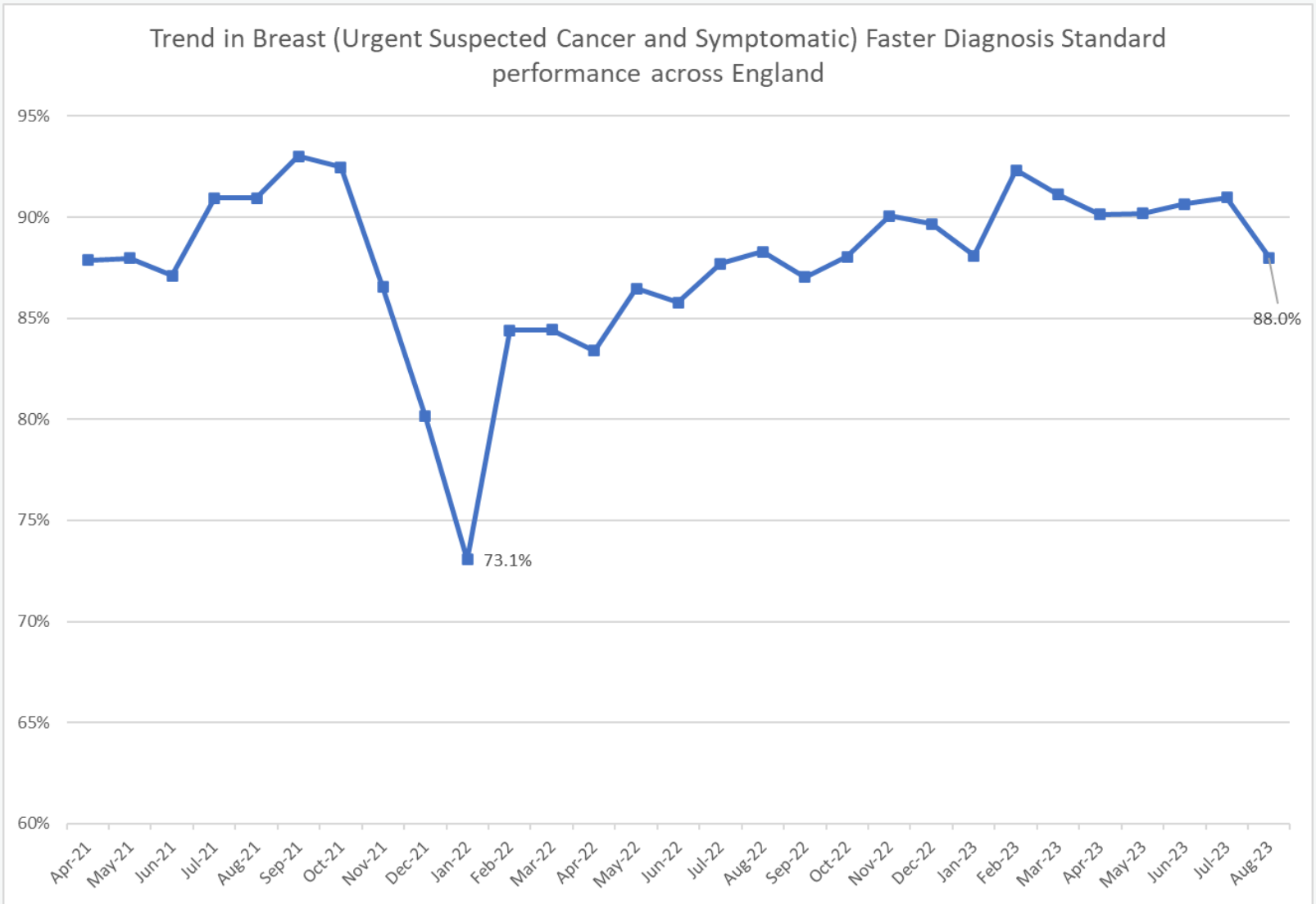


Planned publication changes

- Plan to continue to publish the 2 week wait volumes including time brackets to enable trends to continue to be reviewed.
- Current proposal for **both** provider and ICB level treatment publications:
 - For both 31 day and 62 day standards more granular tumour types (identified based on volumes – c.15 cases per ICB per month)
 - Breast
 - Gynaecology
 - Haematology (All other)
 - Haematology (Lymphoma)
 - Head & Neck
 - Lower GI
 - Lung
 - Other
 - Skin
 - Upper GI (Hepatobiliary)
 - Upper GI (Oesophago-gastric)
 - Urology (All other)
 - Urology (Prostate)
 - Separate publication splitting out treatment modality - Surgery/Radiotherapy/Drugs/Other
 - 62 day standard split by route - Urgent Suspected Cancer/Breast Symptomatic/Urgent Screening/Consultant Upgrade
 - 31 day standard split by First and Subsequent Treatment.
 - **Plan to withdraw Admitted/Non Admitted breakdown**



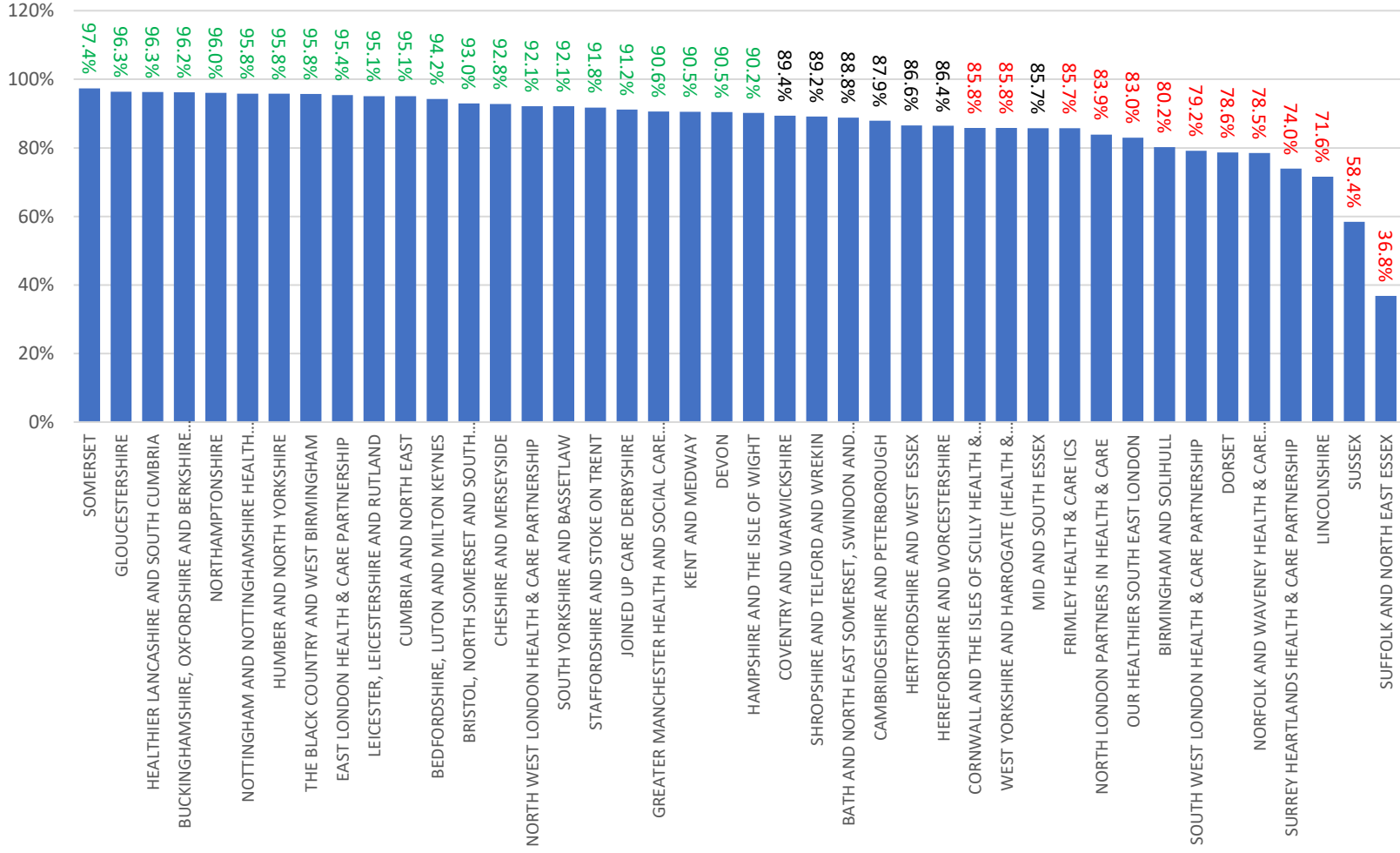
Faster Diagnosis Standard – Trend across England





Breast (Urgent Suspected Cancer & Symptomatic) referral, Faster Diagnosis Standard Standard performance by ICB – August 2023

Breast (Urgent Suspected Cancer & Symptomatic) referral Faster Diagnosis Standard performance by ICB - August 2023



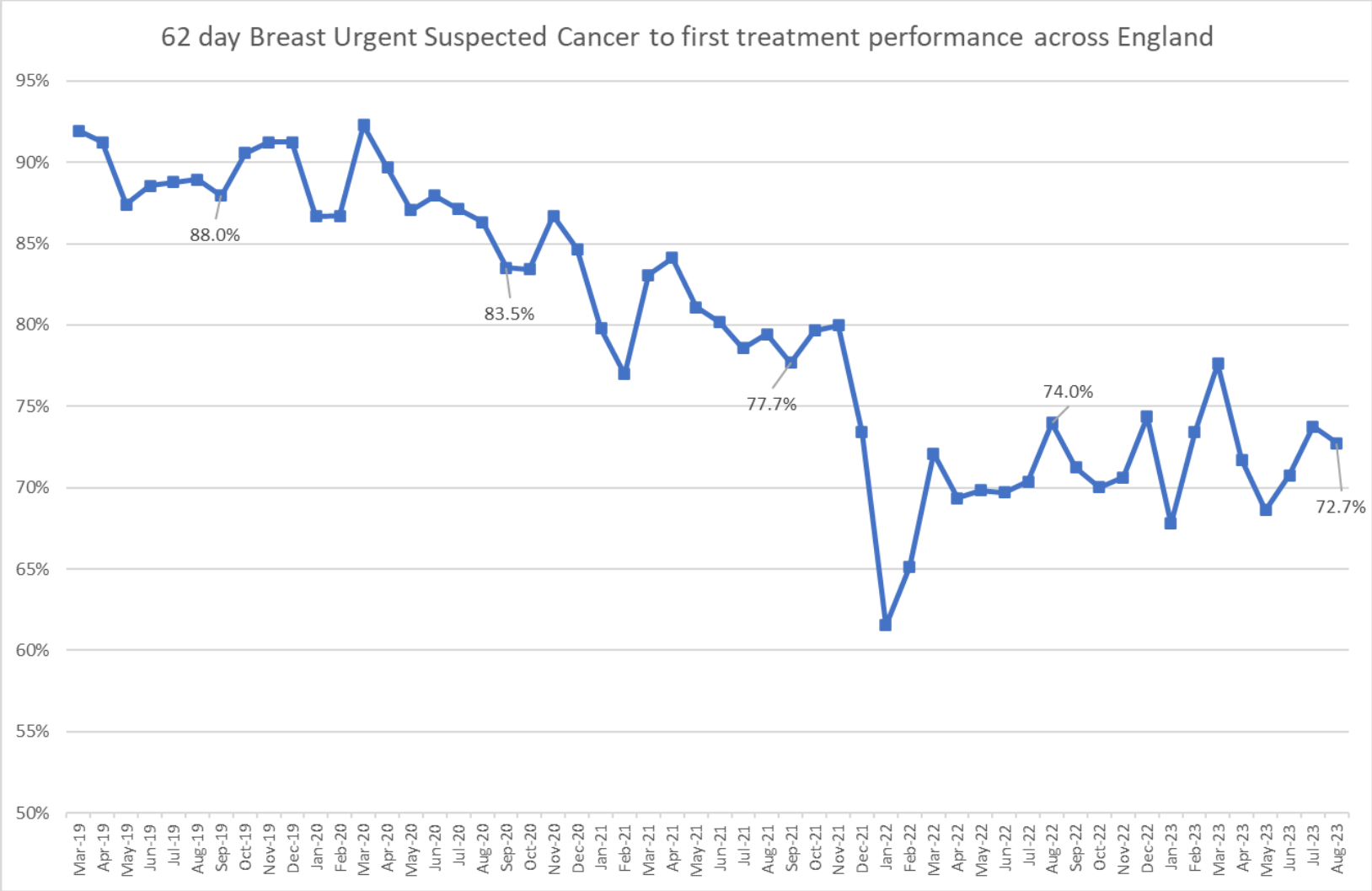
RAG rating used - 95% confidence interval)

Green = FDS performance significantly higher than rest of England

Red = FDS performance significantly lower than rest of England



62 day Urgent Suspected Cancer referral to 1st treatment standard – Trend across England





62 day Urgent Suspected Cancer referral to 1st treatment standard – Variation by System

