

Widespread Clinical Support For Reforming NHS Cancer Standards To Speed Up Diagnosis For Patients

Thousands of people referred for urgent cancer checks every month are set to be diagnosed and treated sooner, as the NHS reforms its cancer standards to reflect what matters most to patients and to align with modern clinical practice.

Developed by clinical experts and supported by leading cancer charities, there will be three cancer standards, which combine all of the previous standards and cover additional patients.

The NHS currently has ten performance standards for cancer, including the Faster Diagnosis Standard introduced in April 2021, but following rigorous consultation and engagement, the government has agreed these targets will be consolidated into three key standards:

- the 28-Day Faster Diagnosis Standard (FDS) which means 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.
- the 62-day referral to treatment standard which means patients who have been referred for suspected cancer from any source and go on to receive a diagnosis should start treatment within 62 days of their referral.
- the 31-day decision to treat to treatment standard which means 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.

In line with the recommendation of the 2015 Independent Cancer Taskforce, government has approved that the outdated two week wait target will be replaced with the Faster Diagnosis Standard from October.

GPs will still refer people with suspected cancer in the same way, but the focus will rightly be on getting people diagnosed or cancer ruled out within 28 days, rather than simply getting a first appointment.

In the last year, over two million patients with suspected cancer were diagnosed or received the all-clear within 28 days.

The faster diagnosis standard means NHS services can embrace greater use of new innovations and technology for diagnosing and treating patients.

It supports newer ways of testing where patients with suspected cancer do not necessarily need an appointment first, such as straight to test pathways, remote consultations, and advances in technology like using artificial intelligence and teledermatology to help diagnose skin cancers from photographs in a matter of seconds.

The three agreed standards, which will come into effect from October, have been identified as the best measures to ensure patients are being seen and treated as quickly as possible, and to provide a clear focus for NHS trusts delivering vital care.

Professor Peter Johnson, NHS National Clinical Director for Cancer, said: “It is a testament to the hard work of NHS staff that we are seeing and treating record numbers of patients for cancer, and diagnosing people at an earlier stage than ever before, giving them the best chance of survival.

“On top of delivering record checks and treatments, staff have also made significant progress bringing down the longest waits, but we want to ensure even more patients are being diagnosed and treated as early as possible following referral.

“These modified standards will provide a clear focus for how to achieve this, and the faster diagnosis standard already being used across the country will mean more patients will benefit from a speedier diagnosis or the all clear within a month, helping to relieve anxieties or enabling treatment to start sooner.

“Catching cancers early saves lives and these three standards have been agreed by leading cancer experts, with the support of cancer charities and clinicians, as the best way for the NHS to ensure patients are diagnosed and able to start treatment quickly.”

Professor Sir Stephen Powis, national NHS medical director said: “The NHS is already catching more cancers at an earlier stage, when they are easier to treat, than ever before and the faster diagnosis standard will allow us to build on this excellent progress – it aims to ensure that patients get the all clear or a definitive diagnosis within 28 days.

“The updated ambitions will mean the NHS can be even more focused on outcomes for patients, rather than just appointment times and it’s yet another example of the NHS bringing cancer care into the modern era of care.

“NHS staff are already embracing the best innovations for the benefit of patients and these streamlined measures support newer ways of testing and will allow us to continue to make the most of the latest advances in technology.”

Health Minister, Will Quince said: “The biggest factor in people surviving cancer is the stage at which they are diagnosed. We have listened to the advice from clinical experts and NHS England to reform cancer standards which will speed up diagnosis for patients.

“Thanks to the hard work of NHS staff, we’ve delivered record numbers of cancer checks, meaning almost three million people have received care in the last 12 months that could save their lives.

“We are making progress to deliver on our priority to cut waiting lists, there are record numbers of staff working in the NHS, and we have recently announced our Long-Term Workforce Plan to ensure people get the care they need quicker.”

Twice the number of patients are receiving potentially lifesaving NHS cancer checks in England now than they were a decade ago.

Alongside the modified standards, the NHS is setting out a roadmap to recovering performance and achieving these standards of care, with a strong focus on treating people within 62 days of a referral and more ambitious targets for meeting the 28-day faster diagnosis standards over the next two years.

The NHS has made significant progress in reducing the number of people waiting longest for treatment or to have their cancer ruled out by 13,000 patients since last summer (21,000 now compared with 33,950 on 19 September 2022).

Now the covid backlog has been significantly reduced and the NHS is on track to continue bringing this down, the focus will also be on increasing the number of patients starting treatment within 62 days.

NHS providers will also be expected to ensure three quarters (75%) of patients are diagnosed or have cancer ruled out within 28 days of a referral, and a tougher ambition of 80% will be introduced in 2025/26.

To meet the increasing demand for cancer services, the NHS is investing £2.3 billion to expand diagnostics services and £1.5 billion for treatment over the coming years.

Local NHS services have expanded their diagnostic capabilities through one stop shops for tests, mobile clinics, accelerating the rolling out of ‘teledermatology’ services and created cancer symptom hotlines, to ensure people are diagnosed and treated as early as possible to give them a much better chance of beating the disease.

Since 2021, NHS England has rolled out more than 100 community diagnostic centres (CDCs) across England to offer more scans, checks and operations as soon as possible. Latest data shows that CDCs have carried over four million additional checks for cancer and other major diseases.

As part of plans to see and treat people for cancer as early as possible, hospitals have also been asked to work towards a 10-day turnaround when delivering diagnostic test results to patients who have received an urgent referral for suspected cancer.

Alongside the updated standards, the NHS has also committed to publishing a more detailed breakdown of the cancer statistics each month, increasing the number of cancer types for which separate data are published. Statistics on performance against the old standards will continue to be collected.

Genevieve Edwards, Chief Executive for Bowel Cancer UK, said: “It’s good news for bowel cancer services that NHS England will now use the faster diagnostic standard, ensuring the way we monitor and measure cancer pathways are fit for the future. It means that within 28 days of being referred by their GP for further investigations, patients should have a bowel cancer diagnosis or have bowel cancer ruled out

“This change will also help NHS policymakers and the government to identify parts of the country that may need extra support and funding to improve waiting times and speed up diagnosis.”

Dr Tom Roques, The Royal College of Radiologists Vice President of Clinical Oncology, said: “The ability to analyse cancer performance across the country is vital, allowing us to benchmark performance, spot particular areas of concern and take action. We welcome this modernisation of cancer waiting times standards into three major standards, which are meaningful to patients and clear to all.

“It is reassuring that we will still be able to look at more granular aspects of cancer performance, including waits for subsequent treatment by treatment modality, and that NHS England will publish more breakdowns by cancer site. We hope a continued focus on cancer outcomes will contribute to improvements in cancer performance, for the benefit of all patients.”

Jacob Lant, chief executive of National Voices said: “Shifting the focus to the amount of time it takes to diagnose someone, and then the time it takes to actually start treatment, provides much more meaningful measures of performance from a patient perspective. The key now will be to show patients and the wider public a clear trajectory of improvement over time that sees the NHS not just meet but exceed the new target and ensure everyone gets the care they need.”

Dr Emma Kipps, a Medical Oncologist for Breast Cancer at the Royal Marsden, and Clinical Director of RM Partners Cancer Alliance, said: “These changes will better enable a focus on outcomes – the old two week wait metric simply measured the proportion of patients who were seen within two weeks of a referral to a cancer pathway. What patients really want is a standard that ensures they will be seen, investigated, and diagnosed as quickly as possible so that treatment for their cancer can start.

“Best practice already for suspected breast cancer is for patients to go straight to a one-stop shop clinic for same-day examination, mammogram and, where needed, biopsy within 10 days, so the old two-week-wait measure is outdated.”

Dr Anne Rigg, Consultant medical oncologist and medical director for cancer and surgery at Guy’s and St Thomas’ NHS Foundation Trust, said: “I welcome this alignment of the cancer standards into the three elements that matter most to patients: timely diagnosis or being given the all clear; starting their first anti-cancer treatment promptly; and streamlined access to subsequent treatments that they require. This is a much needed modernisation and takes into account the views of patients, charities and health professionals. Early diagnosis and speedy treatment of cancer does matter and allows patients to benefit from excellent recent innovations in cancer care.”

Dr Jesme Fox, medical director of the Roy Castle Lung Cancer Foundation, said: “When it comes to lung cancer, people need to get diagnosed as quickly as possible and start treatment swiftly. We know the anguish patients and their families can endure waiting for results - every day feels like a lifetime - so we welcome any new measures that focus on reducing that agonising wait, getting a diagnosis and setting patients on the right treatment path sooner.”

Jane Lyons, CEO of Cancer52, said: "It can take multiple tests to reach a cancer diagnosis for many rare and less common cancers so introducing a new Faster Diagnosis Standard that makes that process quicker is the right thing to do.

"It is also extremely welcome news that the NHS will improve the cancer waiting time statistics it publishes each month to provide a more thorough breakdown by cancer type, something that as a rare and less common cancer community we have been calling for."

Dr Richard Roope, Cancer Advisor for RCGP, said: "The changes in the NHS England cancer standards will simplify the monitoring of the time taken to reach a cancer diagnosis and starting of treatment for those diagnosed with cancer. These changes reflect the increasing variety of routes to investigations, which include 'straight to test'. The changes also reflect what matters to patients and their families - the outcomes, rather than measuring the process, which has been the case previously."

Sir Harpal Kumar, who chaired the Cancer Taskforce in 2015, said: "Through extensive consultation, the independent cancer taskforce which I chaired in 2015 concluded that what mattered most to patients was outcomes and reducing the anxiety of waiting for a result. This should therefore be the focus of cancer metrics. We recommended that every patient should receive a definitive cancer diagnosis or cancer ruled out as quickly as possible, and that the vast majority of patients should receive this result within 4 weeks of a GP deciding to refer for investigation.

"I am delighted to see that the Faster Diagnosis Standard has now been implemented. It will be warmly welcomed by patients and NHS cancer teams, and will enable the phasing out of the two-week wait metric once fully embedded. With GPs referring more patients for urgent cancer checks, this focus on driving towards outcomes matters now more than ever."

Professor Sir Mike Richards, National Cancer Director when the current Cancer Waiting Times standards were introduced, and current chair of the UK National Screening Committee said: "When we introduced the Two Week Wait standard in the early 2000s, it was the first performance standard of its type for cancer. It has played an important role, but I'm pleased to support the move to focus on the new Faster Diagnosis Standard as a more outcomes-focused measure that better reflects how clinical practice has evolved over the last twenty years and avoid some of the perverse incentives that have emerged over time."

Dr Amelia Randle, Clinical Director for Somerset, Wiltshire, Avon & Gloucestershire Cancer Alliance, said: "Being referred for a suspected cancer is an uncertain and worrying time for people, many of whom will not be diagnosed with cancer. Since the introduction of the 28-day Faster Diagnosis Standard I have been better able to discuss with patients what to expect and the timescales involved – getting a speedy diagnosis is what matters to them so this is a much more relevant measure than the two-week wait. Those who do need treatment have had a co-ordinated start to their journey and are able to access high-quality, compassionate care in a timely way."

Dr Stephen Keohane, Consultant Dermatologist and NHS National Clinical Lead for Skin Cancer, said: "This is a welcome move that can help focus on outcomes and get people referred with suspected skin cancer diagnosed faster. Tele-dermatology is rapidly changing assessment of skin lesions, meaning many patients who don't have cancer can avoid hospital altogether. Moving away from the out-dated two-week-wait standard to enable us to use technology to triage effectively and get people diagnosed quickly is crucial to meeting the challenge of record high levels of referrals and increasing numbers of skin cancers."

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