



NHS Wales cancer waiting times, 2017-18

13 December 2018
SB 79/2018

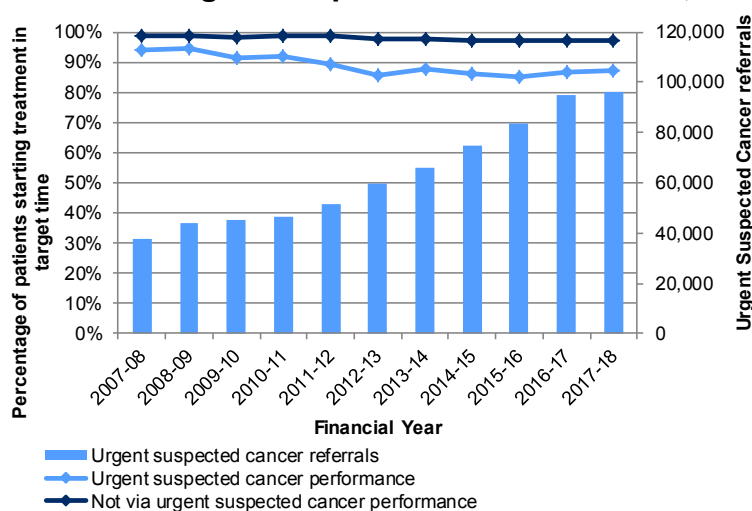
This annual statistical bulletin shows information on cancer waiting times, which are part of the [NHS Wales Delivery Framework 2017-18](#). The targets relating to cancer are:

- At least 95 per cent of patients diagnosed with cancer, via the urgent suspected cancer route will start definitive treatment within 62 days of receipt of referral.
- At least 98 per cent of patients newly diagnosed with cancer, not via the urgent route will start definitive treatment within 31 days of diagnosis (regardless of the referral route).

Key points

- 87.2 per cent of patients newly diagnosed with cancer via the urgent suspected cancer route started definitive treatment within the target time of 62 days. This is the highest since 2013-14. The number of patients starting treatment has increased by 21.1 per cent since then, but fell slightly in the most recent year.
- 97.3 per cent of patients newly diagnosed with cancer not via the urgent route started definitive treatment within the target time of 31 days. This is broadly similar to the last four years, whilst the number of patients starting treatment has fallen slightly.
- Urgent suspected cancer referrals have increased by more than two-and-a-half times between 2007-08 and 2017-18.

Chart 1: Annual performance for both cancer pathways and the number of urgent suspected cancer referrals, 2007-08 onwards



Source: Cancer waiting times data, Welsh local health boards

About this bulletin

The statistics include data on cancer waiting times reported by local health boards in Wales for 2017-18.

They show summary information on all patients who have been newly diagnosed with cancer and started definitive treatment during the year.

This information is published monthly along with other key indicators as part of the [NHS Activity and Performance Summary](#). Interactive visuals are updated monthly in this [dashboard](#).

The data behind this bulletin is available on [StatsWales](#).

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Introduction

Patients with cancer are split into two distinct groups (in line with Cancer Standards):

Those referred via urgent suspected cancer route

This group includes patients referred from primary care (e.g. by a GP) to a hospital as urgent with suspected cancer, which is then confirmed as urgent by the consultant or a designated member of the Multi Disciplinary Team. The standards state that all patients newly diagnosed with cancer via the urgent suspected cancer route should start definitive treatment within 62 days of receipt of referral at the hospital.

Those not referred via urgent suspected cancer route

This group includes all other patients with cancer (regardless of their referral route), not already included as an urgent suspected cancer referral e.g. via Accident and Emergency or via a surprise finding on an investigation for something else. Patients newly diagnosed with cancer not via the urgent suspected cancer route should start definitive treatment within 31 days of diagnosis.

All information relates to patients newly diagnosed with cancer. A recurrence of the original primary cancer at a secondary site is not included within the data collection. However, if a patient has another primary cancer this will be included.

Six out of the seven Welsh local health boards report information. Powys Teaching University health board does not provide acute cancer services so is not included. Information on residents from Powys treated in Wales is included in the reports from other local health boards where they are referred as urgent suspected cancer or where they receive a diagnosis of cancer.

The data is collected for thirteen different cancer tumour sites and an 'other' category as shown below¹:

Acute leukaemia	Lung
Brain/Central Nervous System	Sarcoma
Breast	Skin (<i>Malignant Melanoma and squamous cell carcinoma only. Excludes Basal cell carcinomas</i>)
Gynaecological	Upper gastrointestinal
Haematological (<i>excludes acute leukaemia</i>)	Urological
Head and neck	Children's cancer (those under 16 years of age at time of first treatment)
Lower gastrointestinal	Other (<i>all other cancers not mentioned above</i>)

This information is published monthly as part of the [NHS Activity and Performance Summary](#). Interactive visuals are updated monthly in this [dashboard](#). The data informing this bulletin is available on [StatsWales](#).

¹ These are groupings of ICD10 codes (diagnosis codes from the International Classification of Diseases and Health Related Problems, tenth revision)

The analysis focuses on Activity and Performance in the 2017-18 financial year and includes analysis for the 12 months collectively and individually. The analysis also shows long term trend data for Wales from 2007-08 and local health board data is shown from 2010-11. Data is available from 2005-06 on StatsWales.

Summary

Patients diagnosed via the urgent suspected cancer route

Activity

- In 2017-18, 96,353 patients were confirmed as urgent suspected cancer, an increase of 1.8 per cent (1,727 more patients) from the previous year.
- 7,444 patients started treatment in 2017-18, a decrease of 1.5 per cent (110 fewer patients) from the previous year.

Performance

- In 2017-18, 87.2 per cent of patients newly diagnosed with cancer via the urgent suspected cancer route started treatment within 62 days of receipt of referral, an increase of 0.6 percentage points from 2016-17 and the highest it has been since 2013-14.
- Of all the urgent suspected cancer tumour sites, skin cancer patients had the highest percentage starting treatment within the target time in 2017-18 at 97.5 per cent – the only site that met the 95 per cent target over the year. Gynaecological cancer patients had the lowest percentage starting within the target time at 74.4 per cent.
- Performance for 2017-18 varied from 81.2 per cent of patients starting treatment within 62 days at Abertawe Bro Morgannwg, to 91.1 per cent at Hywel Dda. The 95 per cent target was not met by any local health board for the year, however the target was met in July 2017 by Cardiff and Vale.

Patients not diagnosed via the urgent suspected cancer route

Activity

- In 2017-18, 9,253 patients started treatment not via the urgent suspected cancer route, a decrease of 4.1 per cent (394 fewer patients) from the previous year.

Performance

- In 2017-18, 97.3 per cent of patients newly diagnosed with cancer not via the urgent suspected cancer route started treatment within 31 days of diagnosis, a marginal increase of 0.1 percentage points from 2016-17.
- Of all the cancer tumour sites, the target was met for patients with skin, lung, haematological, upper gastrointestinal, head and neck and other cancers in 2017-18. Gynaecological cancer had the lowest performance at 94.2 per cent of patients starting treatment within 31 days.

- Performance for 2017-18 ranged from 94.9 per cent of patients starting treatment within 31 days at Abertawe Bro Morgannwg to 98.7 per cent at Cwm Taf. Three health boards met the target over 2017-18: Cwm Taf, Betsi Cadwaladr and Cardiff and Vale. Although the remaining three health boards did not meet the target over 2017-18, they did meet the target in certain months during 2017-18.

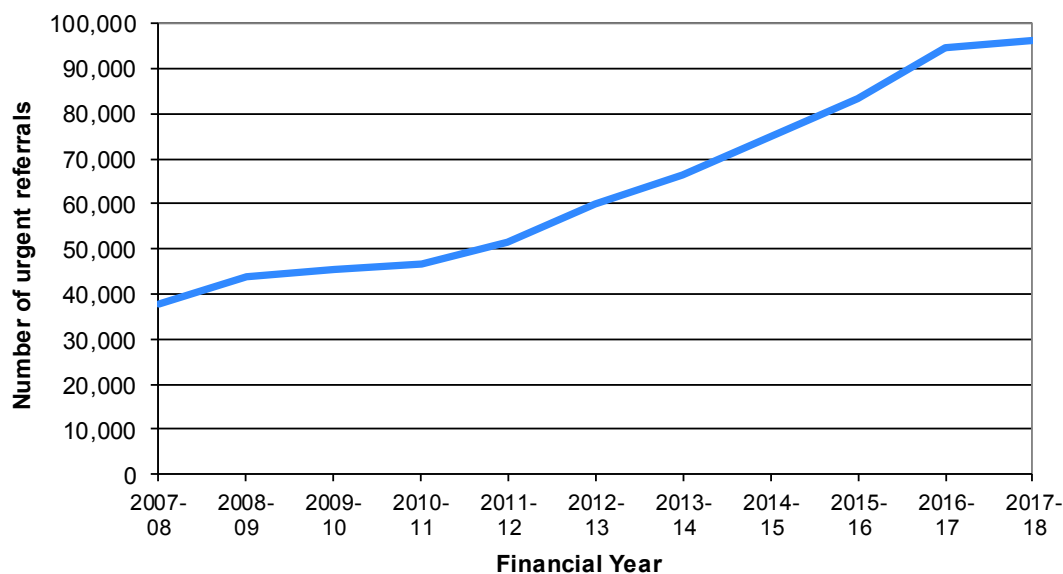
Section 1: Patients diagnosed via the urgent suspected cancer route²

This section contains information on patients who have been referred from primary care as urgent with suspected cancer, which is then confirmed as urgent by the consultant or a designated member of the multi disciplinary team.

Activity

This information provides additional contextual information for users to aid understanding on the performance of the health service in Wales.

Chart 2: Number of patients confirmed by a specialist as urgent suspected cancer by financial year, 2007-08 onwards



Source: Cancer waiting times data, Welsh local health boards

Chart 2 shows the number of patients referred from primary care as urgent suspected cancer who are then confirmed as urgent suspected cancer by a specialist, for 2007-08 onwards. Not all of these patients will go on to have treatment, as further tests might show that they do not have cancer.

Latest data

In 2017-18, 96,353 patients were referred as having urgent suspected cancer.

Annual change

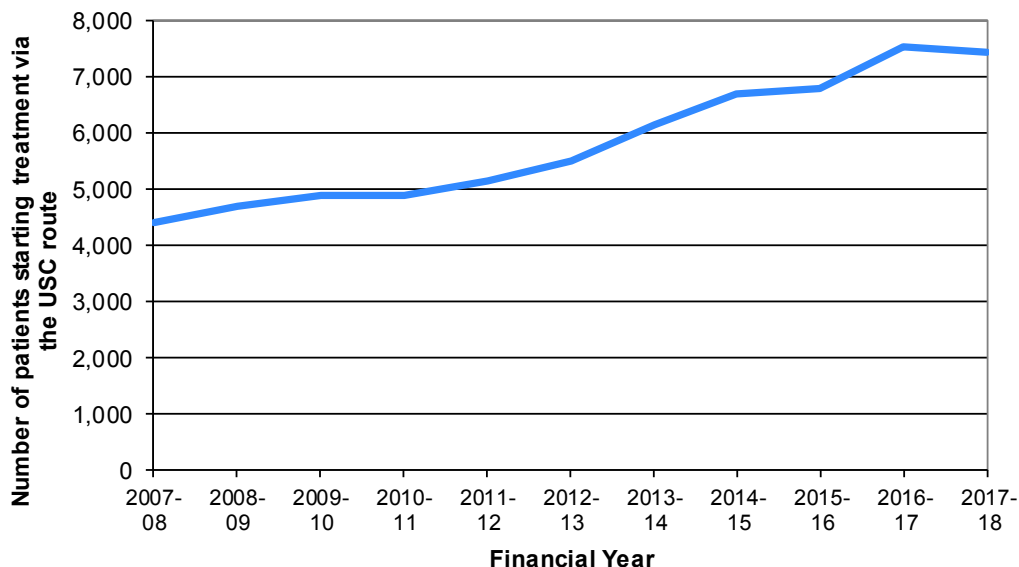
In 2017-18, the number of patients referred as having urgent suspected cancer increased by 1.8 per cent (1,727 more patients) compared with 2016-17.

² Figures for the upper and lower gastrointestinal tumour sites have been underreported prior to April 2015 at Cardiff and Vale University, for patients confirmed as urgent suspected cancer. Cardiff and Vale are unable to backdate and resolve this issue.

10-year change

In 2017-18, the number of patients referred as having urgent suspected cancer increased by 154.8 per cent (58,544 more patients) compared with 2007-08.

Chart 3: Number of patients starting treatment via the urgent suspected cancer route by financial year, 2007-08 onwards



Source: Cancer waiting times data, Welsh local health boards

Chart 3 shows the number of patients starting treatment via the urgent suspected cancer route, for 2007-08 onwards. The number of patients starting treatment will be lower than the number of referrals, since not all patients referred as having urgent suspected cancer will go on to have treatment as further tests might show that they do not have cancer.

Latest data

In 2017-18, 7,444 patients started treatment.

Annual change

In 2017-18, the number of patients starting treatment decreased by 1.5 per cent (110 fewer patients) compared to the previous year.

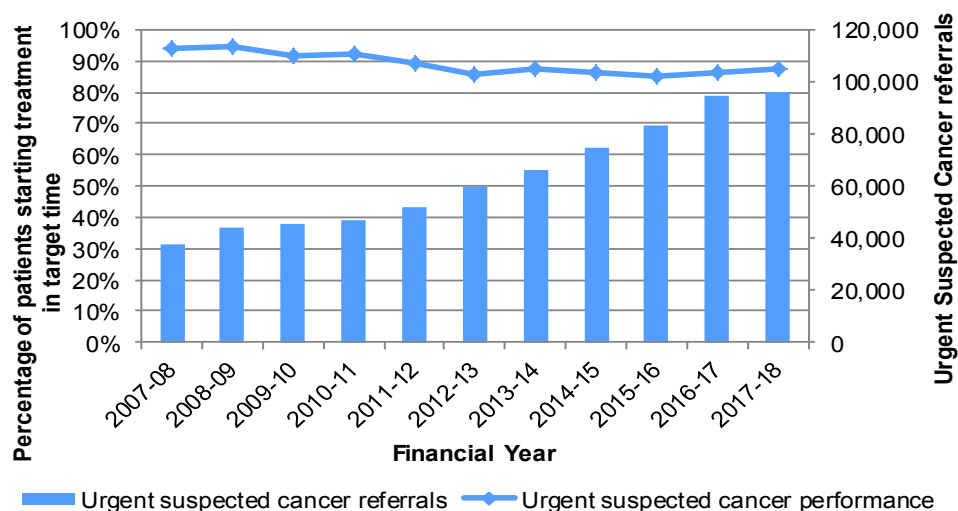
10-year change

In 2017-18, the number of patients starting treatment increased by 68.2 per cent (3,019 more patients) compared to 2007-08.

Performance

This section reports on the performance of the health service in Wales against the urgent suspected cancer pathway target.

Chart 4: Percentage of patients starting treatment within the target time via the urgent suspected cancer pathway and number of urgent suspected cancer referrals, 2007-08 onwards



Source: Cancer waiting times data, Welsh local health boards

Chart 4 shows the percentage of patients starting treatment within the target time, for those newly diagnosed with cancer via the urgent suspected cancer route and the number of urgent suspected cancer referrals by financial year, 2007-08 onwards.

Latest data

In 2017-18, 87.2 per cent of patients starting treatment via the urgent suspected cancer route started treatment within 62 days of receipt of referral.

Annual Change

This was an increase of 0.6 percentage points from 2016-17 and the highest it has been since 2013-14.

10-year change

Overall, performance has decreased since 2007-08. Performances increased to a high of 94.5 per cent in 2008-09 but the percentage of patients starting treatment on target has been below 90 per cent since 2011-12. Since 2007-08, the number of urgent suspected cancer referrals has increased by more than two-and-a-half times.

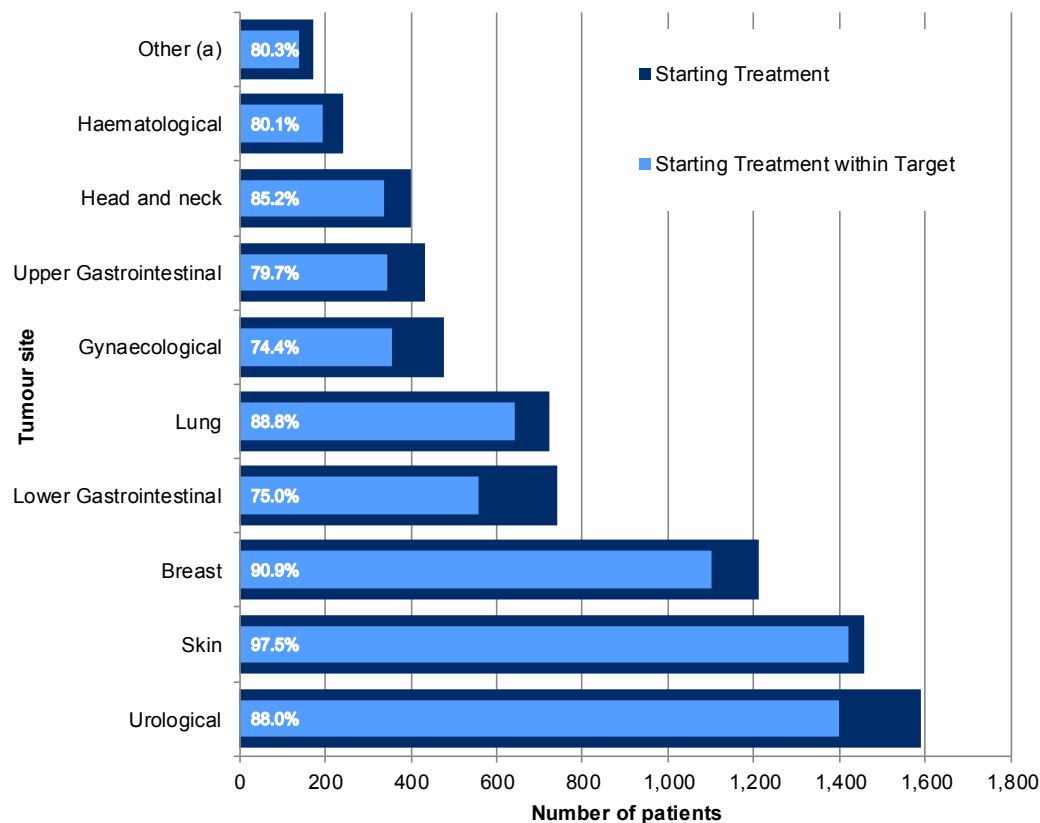
Table 1: Percentage of patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment within the target time during 2017-18, by month, by five most common tumour sites

Monthly Charts (a)	Cancer site					All tumour sites
	Urological	Skin	Breast	Lower Gastrointestinal	Lung	
April 2017	90.7	100.0	93.3	80.8	83.9	89.3
May 2017	88.1	98.3	87.3	69.6	85.7	85.8
June 2017	82.9	95.6	81.3	76.3	87.0	83.8
July 2017	87.4	100.0	90.1	80.3	93.4	88.4
August 2017	87.7	95.5	97.3	70.6	94.2	87.4
September 2017	84.0	95.3	90.1	68.3	93.1	85.5
October 2017	87.6	98.4	91.7	75.0	87.3	87.4
November 2017	91.6	97.5	96.5	73.8	91.5	90.2
December 2017	88.1	97.5	93.8	77.0	88.0	87.2
January 2018	89.2	96.7	83.5	77.2	83.6	85.3
February 2018	92.1	96.5	95.3	68.9	88.5	87.0
March 2018	86.0	100.0	92.9	81.4	87.7	88.7

(a) The vertical axis is the same for all charts.

Source: Cancer waiting times data, Welsh local health boards

Chart 5: Number of patients starting treatment, and those who did so within the target time for urgent suspected cancer by tumour site 2017-18



Source: Cancer waiting times data, Welsh local health boards

(a) Other contains Sarcoma, Brain/CNS, Acute Leukaemia, Children's cancer and other types of cancer.

Table 1 and Chart 5 show the percentage of patients starting treatment within the target time of 62 days by urgent suspected cancer tumour site (in Table 1 it is by the five most common sites). Chart 5 also shows the total number of patients who started treatment in 2017-18 and the number starting treatment within the target time. Note that Table 1 shows monthly data for 2017-18 and Chart 5 shows data for 2017-18 overall.

The data is shown over time by financial year in [Chart 6](#).

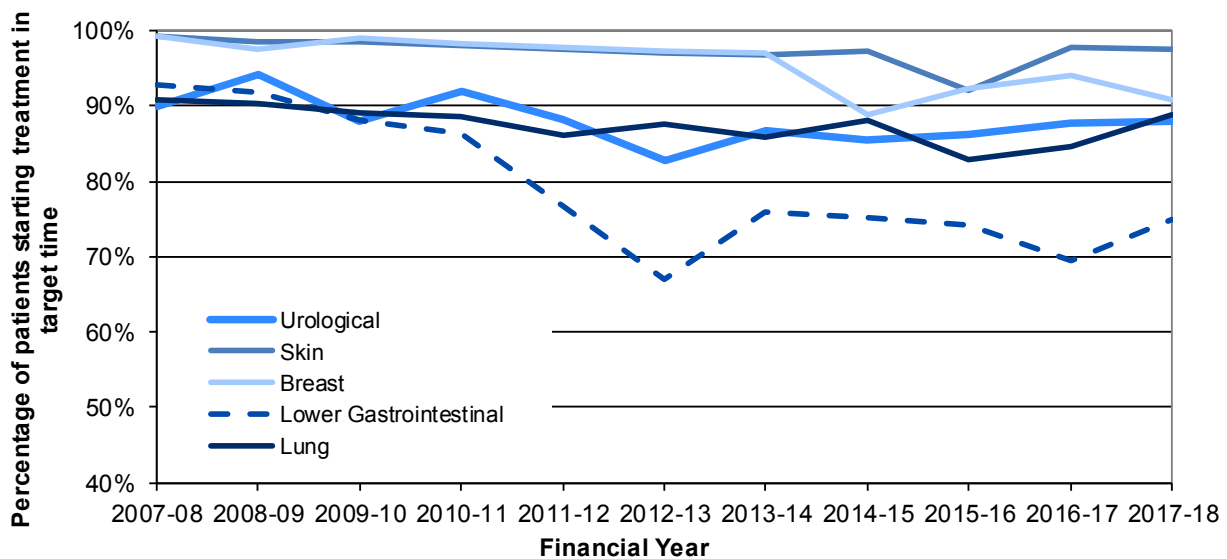
Summary

Of the five most common urgent suspected cancer tumour sites, performance varied from 68.3 per cent of lower gastrointestinal patients starting treatment within 62 days of referral in September 2017 to all skin cancer patients starting treatment within target in April 2017, July 2017 and March 2018. The 95 per cent target was met in all months for skin cancer patients.

Of all the urgent suspected cancer tumour sites, performance was highest for skin cancer patients in 2017-18. The target was met for the year overall (see [Chart 5](#)) and for every month in 2017-18 (see [Table 1](#)). Performance in 2017-18 was lowest for gynaecological cancer patients at 74.4 per cent. Although the target was not met for breast cancer for the year overall (see [Chart 5](#)), it was met in August 2017, November 2017 and February 2018 (see [Table 1](#)). All of the five most common cancer sites had performance above the average of all urgent suspected cancer sites over the year, with the exception of lower gastrointestinal (75.0 per cent of patients started treatment within target time).

The five most common cancers (Urological, Skin, Breast, Lower Gastrointestinal and Lung) made up 76.9 per cent of patients starting treatment via the urgent suspected cancer route. The least common types of cancer (Sarcoma, Brain/CNS, Acute Leukaemia, Children's Cancer and Other) accounted for 2.3 per cent of all patients starting treatment via the urgent suspected cancer route.

Chart 6: Percentage of patients diagnosed with cancer via the urgent suspected cancer route starting treatment within the target time, by tumour site and financial year, 2007-08 onwards¹



Source: Cancer waiting times data, Welsh local health boards

*Please note this chart does not start at zero

¹The selected tumour sites had the most patients starting treatment in the latest financial year.

Chart 6 shows performance against the 62-day target for the five tumour sites with the most patients starting treatment in the latest financial year, from 2007-08 onwards.

Latest data

See [Chart 5](#).

Annual change

In 2017-18, there was an increase in the number of patients starting treatment within target time for lower gastrointestinal, lung and urological tumour sites compared with 2016-17. However, there was a decrease in the percentage of breast and skin cancer patients starting treatment in target time.

5-year change

Compared with 2012-13, there has been an increase in performance for most of the five most common tumour sites. Lower gastrointestinal and urological sites had the largest increase of 7.9 and 5.2 percentage points respectively (these sites also had the lowest performance in 2012-13 out of the last 10 years). There was a decrease in the percentage of breast cancer patients starting treatment in the target time of 6.3 percentage points.

10-year change

Compared with 2007-08, performance has decreased across all of the five most common sites. Performance for lower gastrointestinal has decreased the most from 92.8 percent in 2007-08 to 75.0 per cent in 2017-18, a decrease of 17.8 percentage points.

Lower gastrointestinal cancer patients have had the lowest percentage starting treatment within the target time since 2009-10. Patients diagnosed with skin and breast cancers have regularly been the most likely to start treatment within 62 days.

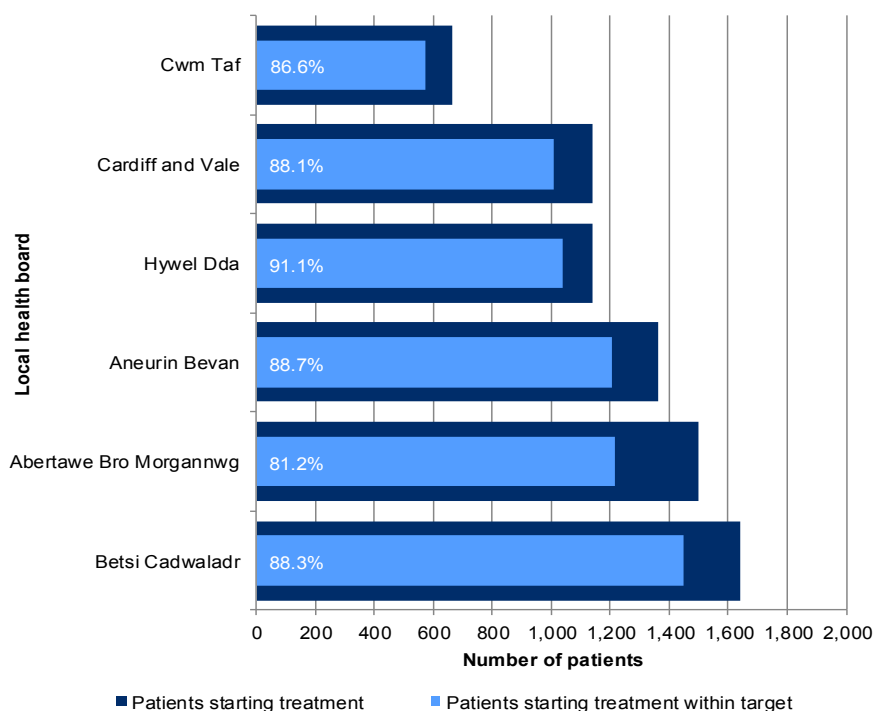
Table 2: Percentage of patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment during 2017-18, by month, by local health board ^(a)

	Local Health Board						Wales
	Betsi Cadwaladr University	Hywel Dda University	Abertawe Bro Morgannwg University	Cwm Taf University	Aneurin Bevan University	Cardiff and Vale University	
Monthly Charts (a)							
April 2017	90.4	94.6	86.7	85.5	86.3	90.5	89.3
May 2017	88.8	90.8	73.5	91.1	84.9	91.8	85.8
June 2017	89.4	92.8	72.7	81.4	82.2	85.1	83.8
July 2017	92.0	93.7	76.5	84.7	90.3	95.7	88.4
August 2017	89.2	91.1	80.1	83.3	91.1	88.3	87.4
September 2017	86.5	92.6	79.3	85.0	87.5	83.5	85.5
October 2017	88.4	87.3	85.1	84.7	86.7	91.0	87.4
November 2017	87.5	93.9	89.1	94.2	90.6	89.7	90.2
December 2017	88.0	90.1	82.4	87.3	89.9	85.7	87.2
January 2018	86.3	85.9	79.3	88.0	87.2	86.8	85.3
February 2018	86.6	89.2	82.6	84.3	94.7	82.1	87.0
March 2018	86.7	90.3	88.1	90.4	92.0	87.0	88.7

(a) The vertical axis is the same for all charts.

Source: Cancer waiting times data, Welsh local health boards

Chart 7: Number of patients starting treatment and those who did so within the target time for urgent suspected cancer, by local health board provider, 2017-18



Source: Cancer waiting times data, Welsh local health boards

Table 2 and Chart 7 show the percentage of patients starting treatment within the target time of 62 days by local health board. Chart 7 also shows the total number of patients who started treatment in 2017-18 and the number starting treatment within the target time. Note that Table 2 shows monthly data for 2017-18 and Chart 7 shows data for 2017-18 overall.

The data is shown over time by financial year in [Chart 8](#).

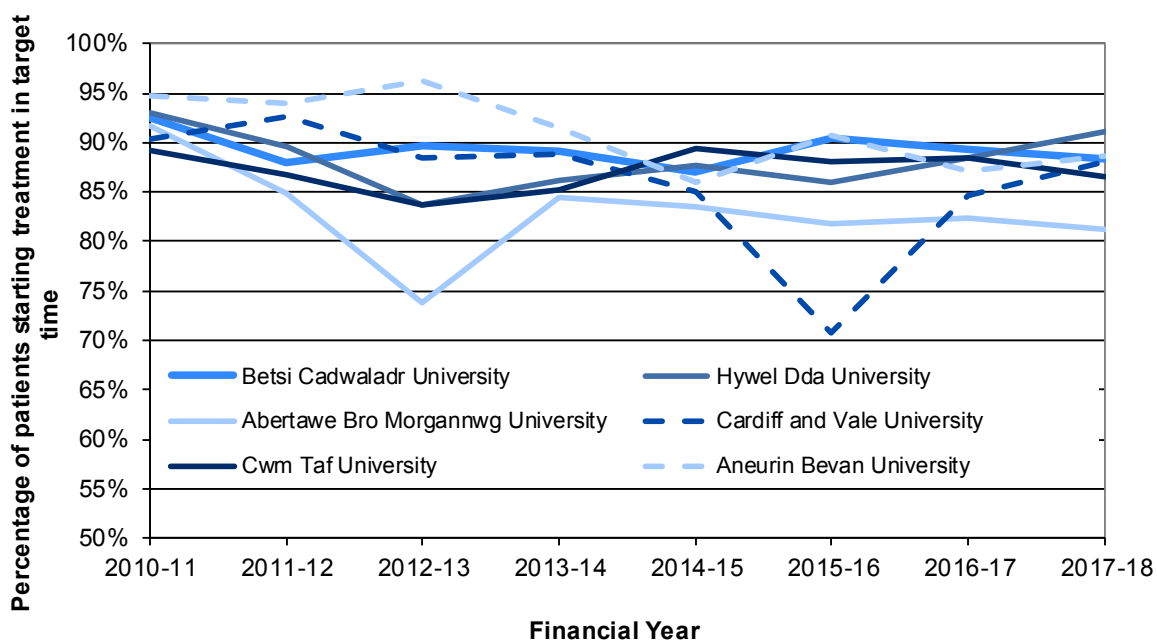
Summary

Monthly performance was highest at Cardiff and Vale University in July 2017, with 95.7 per cent of patients starting treatment within the target time. Performance was lowest at Abertawe Bro Morgannwg University in June 2017, with 72.7 per cent of patients starting treatment within the target time. None of the local health boards achieved the monthly compliance of 95 per cent or more, with the exception of Cardiff and Vale who met the target in July 2017.

Performance for 2017-18 overall varied in local health boards from 81.2 per cent of patients starting treatment, doing so within the target time at Abertawe Bro Morgannwg, to 91.1 per cent at Hywel Dda (see [Chart 7](#)). None of the health boards met the target in 2017-18 overall.

Betsi Cadwaladr had the most patients starting treatment in 2017-18, with 22.0 per cent of all urgent suspected cancer patients. Cwm Taf had the least patients starting treatment in 2017-18, with 8.9 per cent of patients starting treatment via the urgent suspected cancer pathway.

Chart 8: Percentage of patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment within the target time, by local health board and financial year, 2010-11 onwards ^(a)



Source: Cancer waiting times data, Welsh local healthboards

*Please note this chart does not start at zero

(a) Data is shown for 2010-11 onwards as the current health boards came into existence in October 2009

Chart 8 shows the percentage of patients starting treatment within the target time via the urgent suspected cancer route by local health board, 2010-11 onwards.

Latest data

See [Chart 7](#).

Annual change

In 2017-18, performance increased in three health boards compared with 2016-17. The percentage of patients starting treatment in target time increased at Cardiff and Vale (by 3.4 percentage points), Hywel Dda (by 2.7 percentage points) and Aneurin Bevan (by 1.6 percentage points). However, performance decreased at Cwm Taf (by 1.8 percentage points), Abertawe Bro Morgannwg (by 1.1 percentage points) and Betsi Cadwaladr (by 0.9 percentage points).

Change since 2010-11

Performance has generally decreased across all local health boards between 2010-11 and 2017-18, with Abertawe Bro Morgannwg having the largest decrease of 10.5 percentage points.

Performance has fluctuated each year. In general, performance exceeds 80 per cent of patients starting treatment within the target time.

The 95 per cent target was last met by a health board for the year as a whole in 2012-13, when Aneurin Bevan had 96.2 per cent of patients starting treatment doing so within the target time.

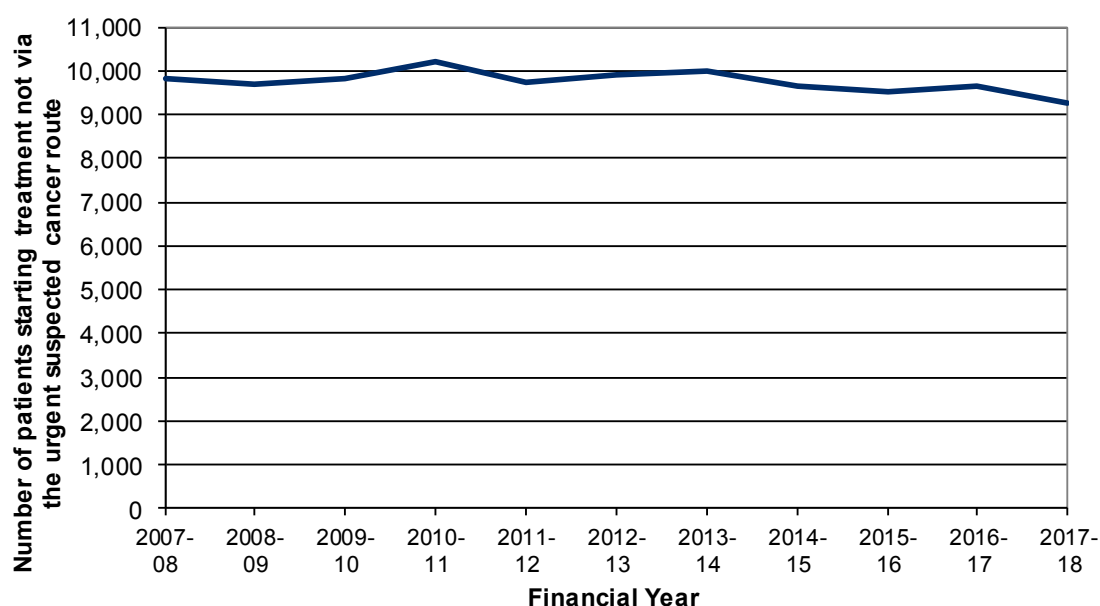
Section 2: Patients not diagnosed via the urgent suspected cancer route

The information in this section relates to patients with cancer (regardless of their referral route), not already included as an urgent suspected cancer referral.

Activity

This information has been included to provide additional contextual information for users to aid understanding on the performance of the health service in Wales.

Chart 9: Number of patients starting treatment not via the urgent suspected cancer route by financial year, 2007-08 onwards



Source: Cancer waiting times data, Welsh local health boards

The number of patients starting treatment not via the urgent suspected cancer route is shown in Chart 9.

Latest data

In 2017-18, 9,253 patients not referred via the urgent suspected cancer route started treatment.

Annual change

In 2017-18, the number of patients starting treatment decreased by 4.1 per cent (394 fewer patients) compared to the previous year.

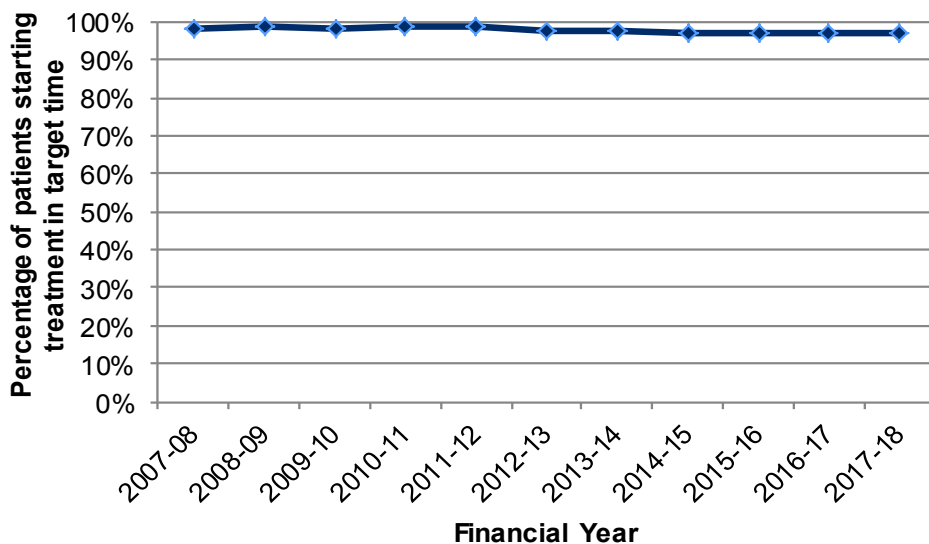
10-year change

There has been a slight decrease in the number of patients starting treatment not via the urgent suspected cancer route since 2007-08. There were 579 fewer patients in 2017-18 compared to 2007-08, a decrease of 5.9 per cent. The number has generally been between 9,000 and 10,000 for the last ten years.

Performance

This section reports on the performance of the health service in Wales against the target for those not on the urgent suspected cancer pathway.

Chart 10: Percentage of patients starting treatment within the target time not via the urgent suspected cancer pathway, 2007-08 onwards



Source: Cancer waiting times data, Welsh local health boards

Chart 10 shows the percentage of patients starting treatment within the target time not via the urgent suspected cancer route by financial year, 2007-08 onwards.

Latest Data

In 2017-18, 97.3 per cent of patients newly diagnosed with cancer not via the urgent suspected cancer route started treatment within 31 days of diagnosis.

Annual Change

Performance increased marginally by 0.1 percentage points from 2016-17.

10-year trend

The long-term trend for the percentage of patients newly diagnosed with cancer not via the urgent route starting treatment within 31 days has been fairly static. Performance stayed between around 98 and 99 per cent from 2007-08 to 2012-13, generally meeting the target. From 2013-14 onwards performance decreased to between 97 per cent and 98 per cent each year.

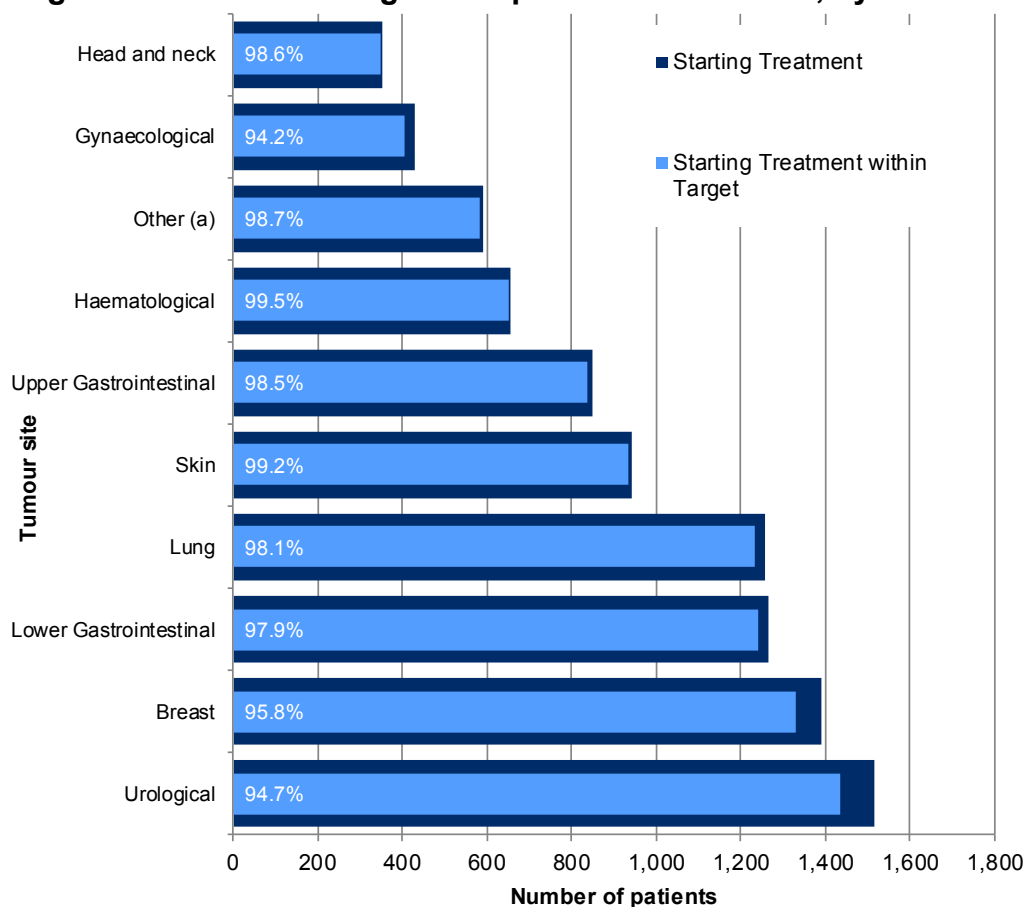
Table 3: Percentage of patients newly diagnosed with cancer not via the urgent suspected cancer route starting treatment during 2017-18, by month, by the five most common cancer sites

Monthly Charts (a)	Cancer site					All Tumour Sites
	Urological	Breast	Lower Gastrointestinal	Lung	Skin	
April 2017	95.5	98.9	99.1	100.0	98.4	98.3
May 2017	93.8	94.6	98.0	98.0	100.0	97.2
June 2017	86.7	97.2	98.2	95.0	100.0	96.4
July 2017	95.2	97.8	98.3	98.2	97.5	98.0
August 2017	95.8	99.0	100.0	98.9	98.8	98.3
September 2017	97.1	99.2	96.6	99.0	100.0	98.1
October 2017	95.6	91.1	99.1	95.9	97.3	96.6
November 2017	96.8	97.5	98.3	100.0	97.7	98.0
December 2017	94.7	91.7	98.0	99.0	100.0	96.8
January 2018	93.4	87.3	99.0	99.1	100.0	95.7
February 2018	98.2	97.1	96.5	98.2	100.0	97.5
March 2018	94.2	100.0	94.3	95.8	100.0	96.7

(a) The vertical axis is the same for all charts.

Source: Cancer waiting times data, Welsh local health boards

Chart 11: Number of patients starting treatment, and those who did so within the target time not via the urgent suspected cancer route, by tumour site 2017-18 (a)



Source: Cancer waiting times data, Welsh local health boards

(a) Other contains Sarcoma, Brain/CNS, Acute Leukaemia, Children's cancer and other types of cancer.

Table 3 and Chart 11 show the percentage of patients starting treatment within the target time of 31 days by tumour site (in Table 3 it is by the five most common sites). Chart 11 also shows the total number of patients who started treatment in 2017-18 and the number starting treatment within the target time. Note that Table 3 shows monthly data for 2017-18 and Chart 11 shows data for 2017-18 overall.

The data is shown over time by financial year in [Chart 12](#).

Summary

In over half the months of 2017-18, all skin cancer patients started treatment within 31 days of diagnosis. This was the case in two months for lung cancer patients and for one month each for breast and lower gastrointestinal cancer patients. The lowest monthly performance was for urological cancer in June 2017, with 86.7 per cent of patients starting treatment within target. See [Table 3](#).

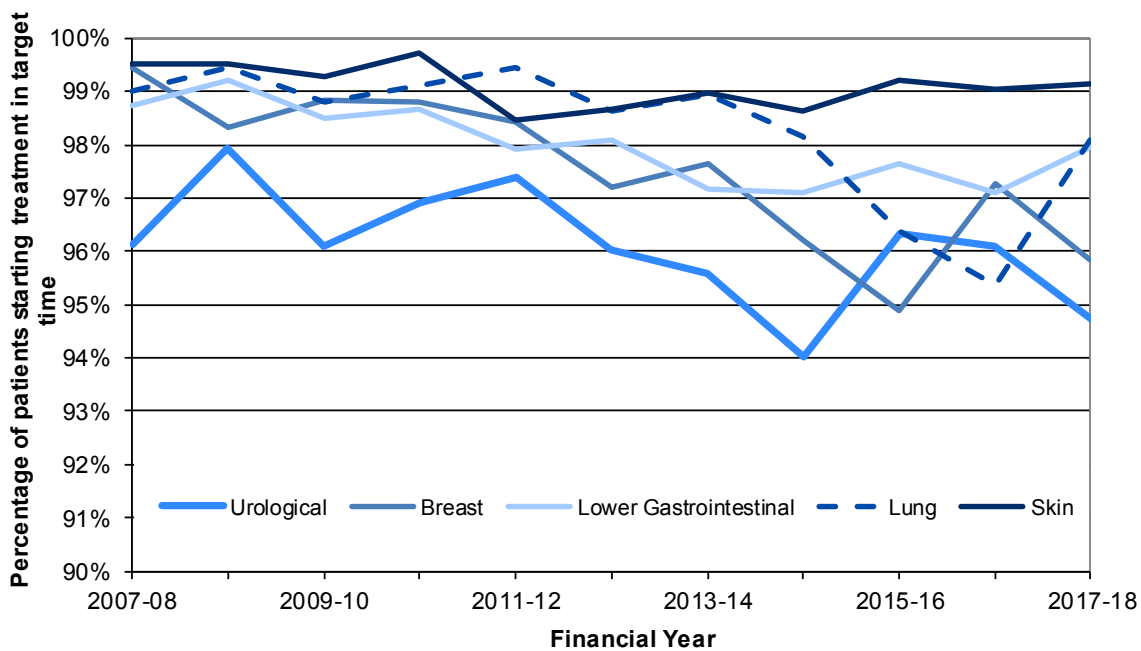
Performance over the year was lowest for gynaecological cancer at 94.2 per cent of patients starting treatment within 31 days. The target was met for patients with skin, lung, haematological, upper gastrointestinal, head and neck and other cancers in 2017-18. Although the target was met for skin cancer in 2017-18, performance was below target in July, October and November. Likewise, performance for lung cancer was below target in June, October and March despite the target being met over the year.

Whilst the target was not met for urological and breast cancers overall in 2017-18, it was met in individual months (1 and 4 months respectively). Lower gastrointestinal cancer was slightly below the 98 per cent target although the target was met in 9 of 12 months – see [Table 3](#).

The five most common cancers (Urological, Breast, Lower Gastrointestinal, Lung and Skin) accounted for 68.9 per cent of patients starting treatment not via the urgent suspected cancer route. Head and neck cancer accounted for 3.8 per cent of all patients starting treatment not via the urgent suspected cancer route.

Looking at the cancer sites other than the top five, the majority (4 of 5) met the 98 per cent target over the whole year.

Chart 12: Percentage of patients diagnosed with cancer not via the urgent suspected cancer route starting treatment within the target time, by tumour site and financial year, 2007-08 onwards ^(a)



Source: Cancer waiting times data, Welsh local health boards

*Please note this chart does not start at zero

(a) The selected tumour sites had the most patients starting treatment in the financial year.

Chart 12 shows performance against the target for the five tumour sites with the most patients starting treatment in the latest financial year, from 2007-08 onwards.

Latest data

See [Chart 11](#).

Annual change

Compared with 2016-17, lung cancer had the largest annual increase (of 2.7 percentage points). Lower gastrointestinal and skin cancers also increased over the year. However, urological and breast cancers both decreased over the year (with a decrease of 1.4 percentage points each).

Change since 2007-08

Compared with 2007-08, performance has decreased across the five most common cancer sites, with breast cancer having the largest decrease (3.6 percentage points) and skin cancer having the smallest decrease (0.4 percentage points).

There is variation from year to year, though the percentage of patients starting treatment within the target time has remained over 94 per cent for each of the selected tumour sites in every financial year since 2007-08.

The target has been met for patients with skin cancer every year over the last ten years. Conversely, the 98 per cent target was missed in every financial year for urological cancer patients.

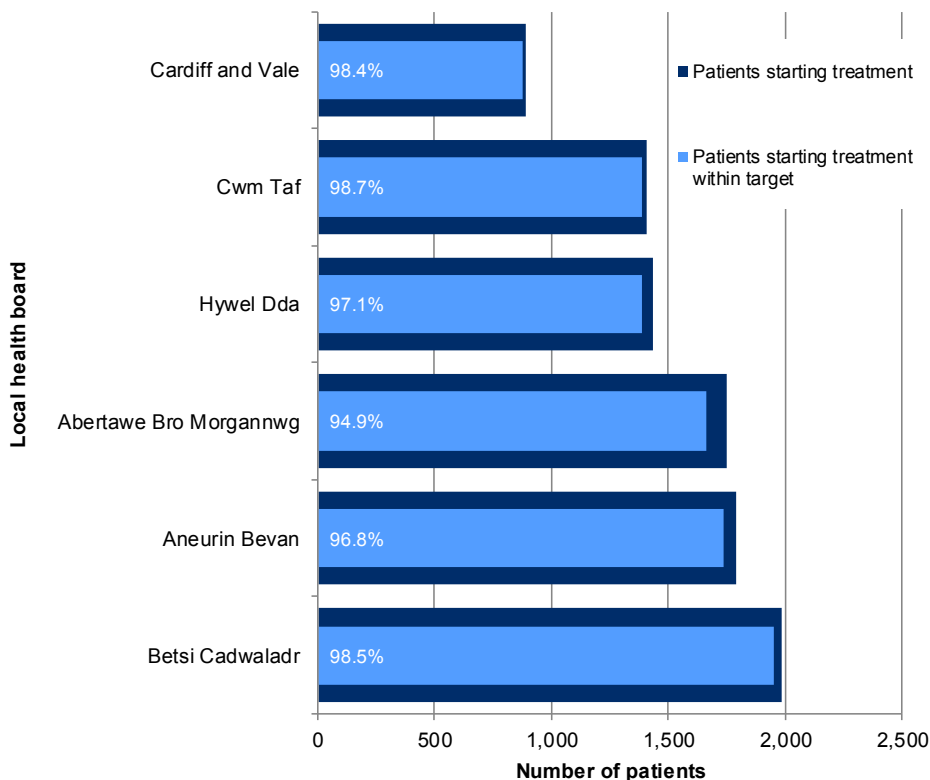
Table 4: Percentage of patients newly diagnosed with cancer not via the urgent suspected cancer route starting treatment during 2017-18, by month, by local health board

	Local Health Board						
	Betsi Cadwaladr University	Hywel Dda University	Abertawe Bro Morgannwg University	Cwm Taf University	Aneurin Bevan University	Cardiff and Vale University	Wales
Monthly Charts (a)							
April 2017	98.2	100.0	95.4	99.1	98.4	98.5	98.3
May 2017	97.1	96.6	93.8	99.2	98.1	98.9	97.2
June 2017	97.7	98.4	93.1	96.1	96.3	97.6	96.4
July 2017	98.2	97.8	96.9	99.2	97.1	100.0	98.0
August 2017	98.8	98.2	96.2	97.9	99.3	100.0	98.3
September 2017	98.9	98.1	97.5	100.0	97.9	94.2	98.1
October 2017	98.1	97.4	95.0	98.4	93.5	100.0	96.6
November 2017	98.9	98.5	98.8	99.3	94.6	98.8	98.0
December 2017	99.3	94.3	94.0	100.0	95.4	98.8	96.8
January 2018	98.9	96.2	90.8	97.6	94.5	98.2	95.7
February 2018	99.3	95.1	93.7	99.2	98.7	100.0	97.5
March 2018	98.5	93.9	93.3	99.0	99.3	95.5	96.7

(a) The vertical axis is the same for all charts.

Source: Cancer waiting times data, Welsh local health boards

Chart 13: Number of patients starting treatment and those who did so within the target time, not via the urgent suspected cancer route, by local health board provider, 2017-18



Source: Cancer waiting times data, Welsh local health boards

Table 4 and Chart 13 show the percentage of patients starting treatment within the target time of 31 days by local health board. Chart 13 also shows the total number of patients who started treatment in 2017-18 and the number starting treatment within the target time. Note that Table 4 shows monthly data for 2017-18 and Chart 13 shows data for 2017-18 overall.

The data is shown over time by financial year in [Chart 14](#).

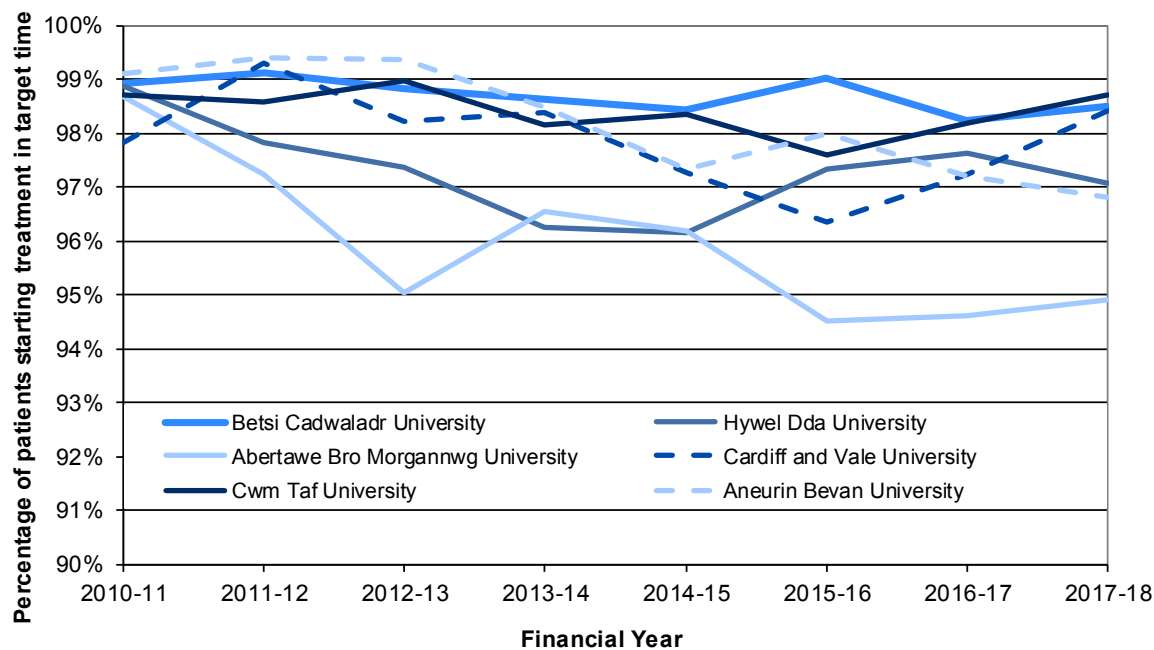
Summary

In four months of the year, all patients started treatment within 31 days of diagnosis at Cardiff and Vale; in two months, all patients were on target in Cwm Taf; and all patients were on target in Hywel Dda in one month (April 2017). The lowest performance was at Abertawe Bro Morgannwg University Health Board during January 2018, where 90.8 per cent of patients starting treatment within 31 days of diagnosis. There was a sharp decrease in performance at Hywel Dda over the year of 6.1 percentage points.

Performance for the year overall ranged from 94.9 per cent at Abertawe Bro Morgannwg to 98.7 per cent at Cwm Taf. Three health boards met the target for the year: Cwm Taf, Betsi Cadwaladr and Cardiff and Vale. Although the remaining three health boards did not meet the target, overall in 2017-18, it was met in individual months through the year (see [Table 4](#)).

Betsi Cadwaladr had the most patients beginning treatment not via the urgent suspected cancer route, with 21.4 per cent of these patients in Wales in 2017-18. Cardiff and Vale had the fewest patients beginning treatment not via the urgent suspected cancer route, with 9.6 per cent of all patients in Wales not from the urgent suspected cancer route in 2017-18.

Chart 14: Percentage of patients newly diagnosed with cancer not via the urgent suspected cancer route starting treatment within the target time, by local health board and financial year, 2010-11 onwards ^(a)



Source: Cancer waiting times data, Welsh local health boards

*Please note this chart does not start at zero

(a) Data is shown for 2010-11 onwards as the current health boards came into existence in October 2009

Chart 14 shows the percentage of patients starting treatment within the target time not via the urgent suspected cancer route by local health board, 2010-11 onwards.

Latest data

See [Chart 13](#).

Annual change

Compared with the previous year, there was an increase in performance at four local health boards (with the largest increase being at Cardiff and Vale of 1.2 percentage points). However, performance decreased at Hywel Dda and Aneurin Bevan (by 0.6 and 0.4 percentage points respectively).

Change since 2010-11

There was a decrease in performance in 4 out of 6 local health boards (with the largest decrease being at Abertawe Bro Morgannwg of 3.8 percentage points). Cardiff and Vale had an increase (of 0.6 percentage points), and Cwm Taf remained unchanged.

There is a high level of fluctuation each year. However, the percentage of patients diagnosed with cancer not via the urgent suspected cancer route starting treatment within the target time has remained over 94 per cent for each of the local health boards in every financial year since 2010-11. Betsi Cadwaladr University Health Board has met the target in every financial year since 2010-11. Abertawe Bro Morgannwg University Health Board has had the lowest percentage of patients starting treatment within 31 days in over half the years since 2010-11.

Key quality information

Welsh Government publishes a detailed [quality report](#) on NHS Cancer waiting times statistics that includes details of our users. The quality report includes information on definitions and coverage, as well as other aspects of quality such as timeliness, relevance and comparability, although some summary information is provided below. It also includes details and links to statistics measuring cancer waiting times in the rest of the UK.

Single Suspected Cancer Pathway

There will be upcoming changes to the cancer targets in the next financial year, with the introduction of a new Single Suspected Cancer Pathway. The new single cancer pathway will start from the point a patient is suspected of having cancer, rather than when the cancer is confirmed, as is currently the case for some cancer patients. It is intended that treatment should start no later than 62 days from the point of suspicion.

This new pathway will be reported alongside the current measures, for more information and updates when they are available, see the [monthly activity and performance release](#).

Relevance

Users and uses

An understanding of trends in waiting times is crucial for those involved in planning and decision making at the national and local level.

We believe the key users of these statistics are:

- Ministers and their advisors
- Assembly members and Members Research Service in the National Assembly for Wales
- Officials within the Department for Health, Social Services and Children at Welsh Government
- NHS Wales
- Students, academics and universities
- Cancer Networks
- Other areas of the Welsh Government
- Other government departments
- Media
- Individual citizens.

The statistics are used in a variety of ways. Some examples of these include:

- Advice to Ministers and briefings on the latest performance across Wales against the two cancer waiting times targets
- To assess, manage and monitor NHS Wales performance against targets

- To inform service improvement projects for areas of focus and opportunities for quality improvement (e.g. the Delivery Support Unit works with local health boards to understand their performance against the targets for cancer tumour sites. If performance is poor in one local health board and another local health board has performed well, then these local health boards would be encouraged to work together to help improve performance and the service overall)
- By NHS local health boards, to benchmark themselves against other local health boards
- To contribute to news articles on waiting times in Wales
- To help determine the service the public may receive from NHS Wales
- To contribute to news articles on waiting times in Wales
- To help determine the service the public may receive from NHS Wales.

If you are a user and do not feel the above list adequately covers you please let us know by contacting via stats.healthinfo@gov.wales.

Accuracy

Figures for the upper and lower gastrointestinal tumour sites have been underreported prior to April 2015 at Cardiff and Vale University, for patients confirmed as urgent suspected cancer. Cardiff and Vale are unable to backdate and resolve this issue.

Revisions

For the monthly data, notes at the end of the release inform the users whether the outputs have been revised or not. For the monthly data, there is also a section in the headline on the website that will inform users whether there have been any revisions and the likely impact of these. We will also give an indication of the size of the revision between the latest and previous release of the data. Revisions to data occur for a number of reasons, late returned data, incorrect estimates or revised back data.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with our [Revisions, errors and postponements](#) arrangements.

Timeliness and punctuality

Changes to the statistical release

From April 2017 we have been publishing our monthly NHS activity and performance statistics on one day, with annual rather than quarterly analytical releases. Please see the [Chief Statistician's update](#) for more information. We welcome feedback on the new look release as well as any further analysis that would be of interest.

We publish a monthly joint statistical release on our website with key facts and limited commentary. This headline includes details of any revisions to the previous month's data or any relevant information related to quality. There is also a link from the headline page to the StatsWales tables, the quality report and the annual statistical release.

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [upcoming calendar](#). Furthermore, should the need arise to postpone an output this would follow the our [Revisions, errors and postponements](#) arrangements.

We publish releases as soon as practical after the relevant time period and, in April 2012, carried out a review of the timeliness of the statistics and the potential for data being published more frequently. Quarterly data was published about two months after the reference date – we brought this forward by a week for the quarter ending June 2012. This still allows for the validation by local health boards and the Health Statistics and Analysis Unit. We have also been publishing monthly data from April 2012 data onwards and this is published around two months after the reference date.

Accessibility and clarity

See the [quality report](#) for more details.

Comparability and coherence

See the [quality report](#) for more details.

Disclosure

Following our latest disclosure risk assessment, we concluded that the likelihood of identification of an individual patient from the data that we publish is very low, without other information about the patient already being known. Therefore, we do not apply disclosure control. This is in line with England, Scotland and the Northern Ireland cancer waiting times releases.

National Statistics status

The [United Kingdom Statistics Authority](#) has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the [Code of Practice for Statistics](#).

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is Welsh Government's responsibility to maintain compliance with the standards expected of National Statistics. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

The document is available at:

<http://gov.wales/statistics-and-research/nhs-cancer-waiting-times/?lang=en>

Next update

December 2019 (Provisional).

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales.

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