Highlight Report

Variation in performance on the Faster Diagnosis pathway

September 2025

CANCER RESEARCH UK

NDRS
NATIONAL DISEASE REGISTRATION SERVICE

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Contents

About this document

Reference

This report should be referred to as follows:

Cancer Research UK - National Disease Registration Service Partnership. Highlight report: Variation in performance on the Faster Diagnosis pathway. Published September 2025.

It is a summary of a full report, available here.

Authors

This summary is provided by the Evidence and Implementation Department at Cancer Research UK and staff from the National Disease Registration Service (part of NHS England).

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We are grateful to the many organisations across the UK which collect, analyse, and share the data which we use, and to the patients and public who consent for their data to be used. Find out more about the sources which are essential for our statistics here https://www.cancerresearchuk.org/health-professional/cancer-statistics/cancer-stats-explained/data-collection-implications.

About Cancer Research UK

We're the world's leading cancer charity dedicated to saving and improving lives through research. We fund research into the prevention, detection and treatment of more than 200 types of cancer through the work of over 4,000 scientists, doctors and nurses. In the last 50 years, we've helped double cancer survival in the UK and our research has played a role in more than half of the world's essential cancer drugs. Our vision is a world where everybody lives longer, better lives, free from the fear of cancer.

Background

The Faster Diagnosis Standard (FDS) was introduced by NHS England in 2021 to replace the Two-Week Wait (2WW) standard as a cancer waiting times (CWT) metric. The 2WW monitored the time from urgent suspected cancer referral to first outpatient appointment whereas the FDS monitors to the end of the diagnostic pathway.[1] The FDS replaced the 2WW in October 2023.

The FDS standard sets a target of 28 days from an urgent referral on suspicion of cancer to the patient receiving a communication of a cancer diagnosis or ruling out of cancer. The operational target is set at 75% of patients meeting the standard and performance against this target has been monitored since October 2021.[2,3] The target is set to rise to 80% by March 2026.[4]

In February 2024 the target was met for the first time nationally and it has been met in a further 12 months since (up to June 2025 data). Historically, it has not been possible to see who is benefitting most from this improved performance. This is because CWT statistics published by NHS England did not provide a breakdown of performance by whether the patients are diagnosed with cancer, or have cancer ruled out[5]. This report is the first to analyse this breakdown over time and by referral type.

Around 6% of urgent suspected cancer referrals result in a cancer diagnosis, and delayed diagnosis can potentially impact treatment options, patient fitness, anxiety and experience, and patient outcomes.[6]

This analysis, conducted in partnership with the National Disease Registration Service, part of NHS England, looks at performance between the groups dependent on their referral outcomes. FDS performance, median waiting length and proportion waiting each week post-referral were analysed along with results for the different suspected cancer sites/groups.

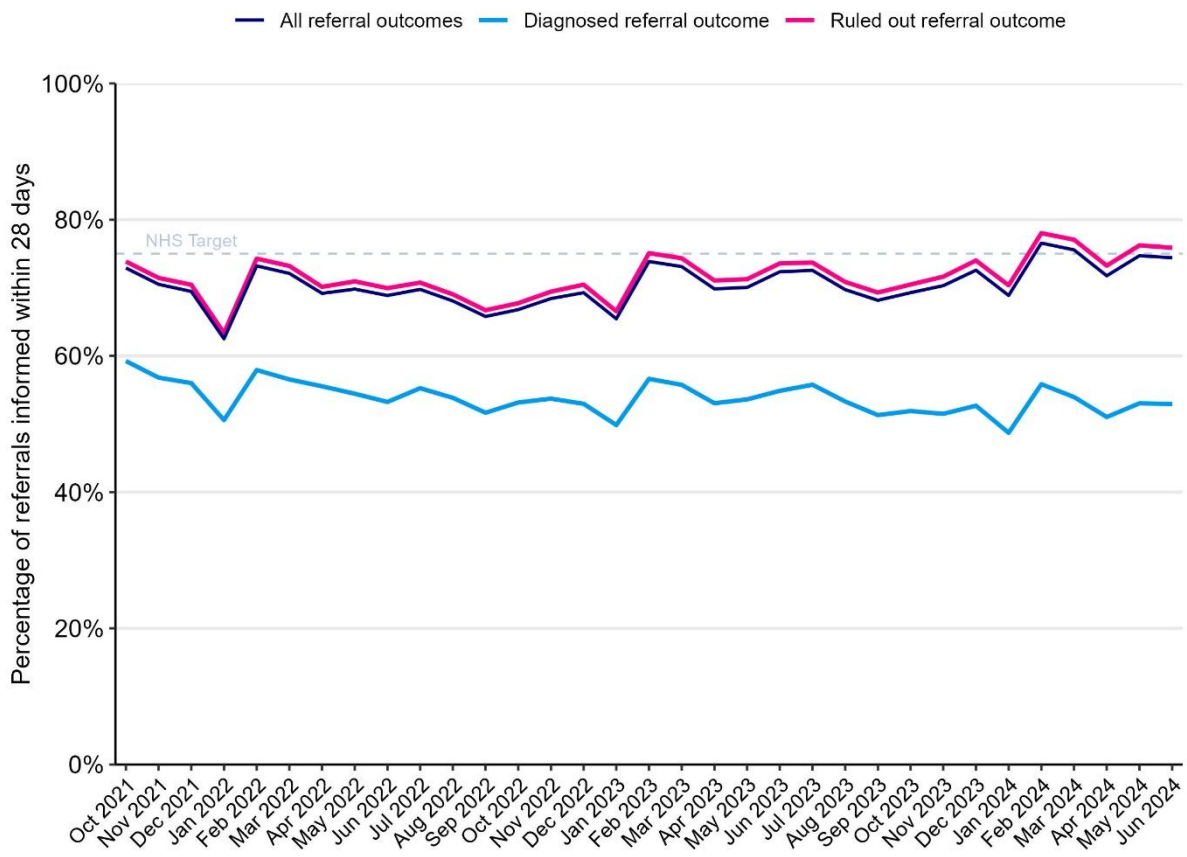
Identifying variation in performance between patients who go on to be diagnosed with cancer and those that don't is important to try and understand the challenges of a timely diagnosis. This would build on evidence of avoidable delays in the current diagnostic pathway.[7]

Results

Overall Performance

- Over 8.1 million referrals were recorded on the Faster Diagnosis pathway, for almost 6.7 million patients between October 2021 and June 2024.
- Overall, performance against the target was 53.8% for those who went on to be diagnosed with cancer compared with 71.7% for those that had cancer ruled out. For all patients on the FDS pathway combined, 70.6% received an outcome within 28 days.

Figure 1: FDS performance for all suspected cancer referral types over time by referral outcome (Report Figure 3)



- Whilst there was improvement in overall performance (70.9%[1] to 73.6%[2]) and for those with cancer ruled out (71.9%[1] to 75.1%[2]), there was a decrease in performance for those diagnosed with cancer (57.3%[1] to 52.3%). The gap in

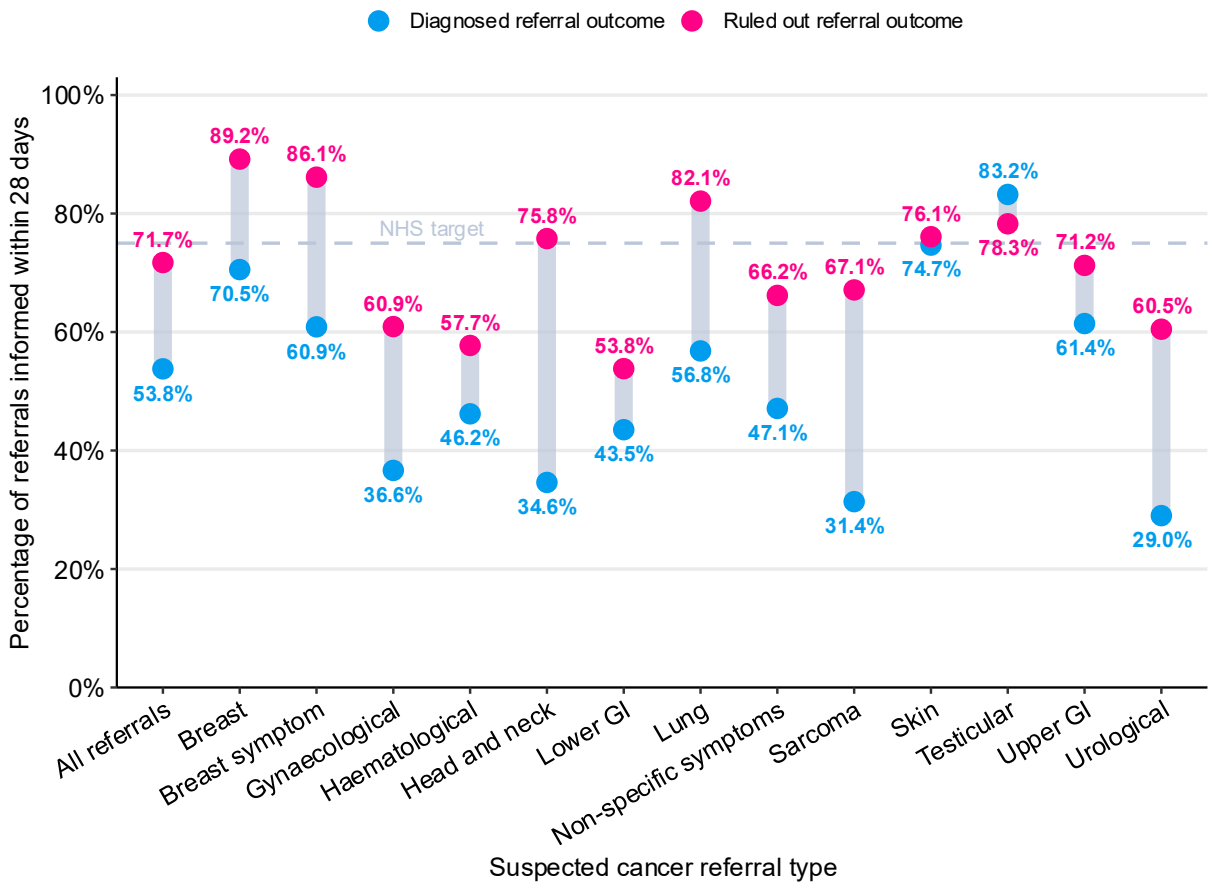
[1] Oct- Dec 2021
[2]April – June 2024

performance between the two groups therefore increased over the time period.

- This suggests that while there has been positive progress in the FDS performance target being met in most months over the last year of data, this is driven predominantly by improvements for people who have cancer ruled out, rather than improvements across all referral outcomes.

Performance by referral type

Figure 2: Average FDS performance by referral outcome and suspected cancer referral type (Report Figure 2), October 2021 to June 2024

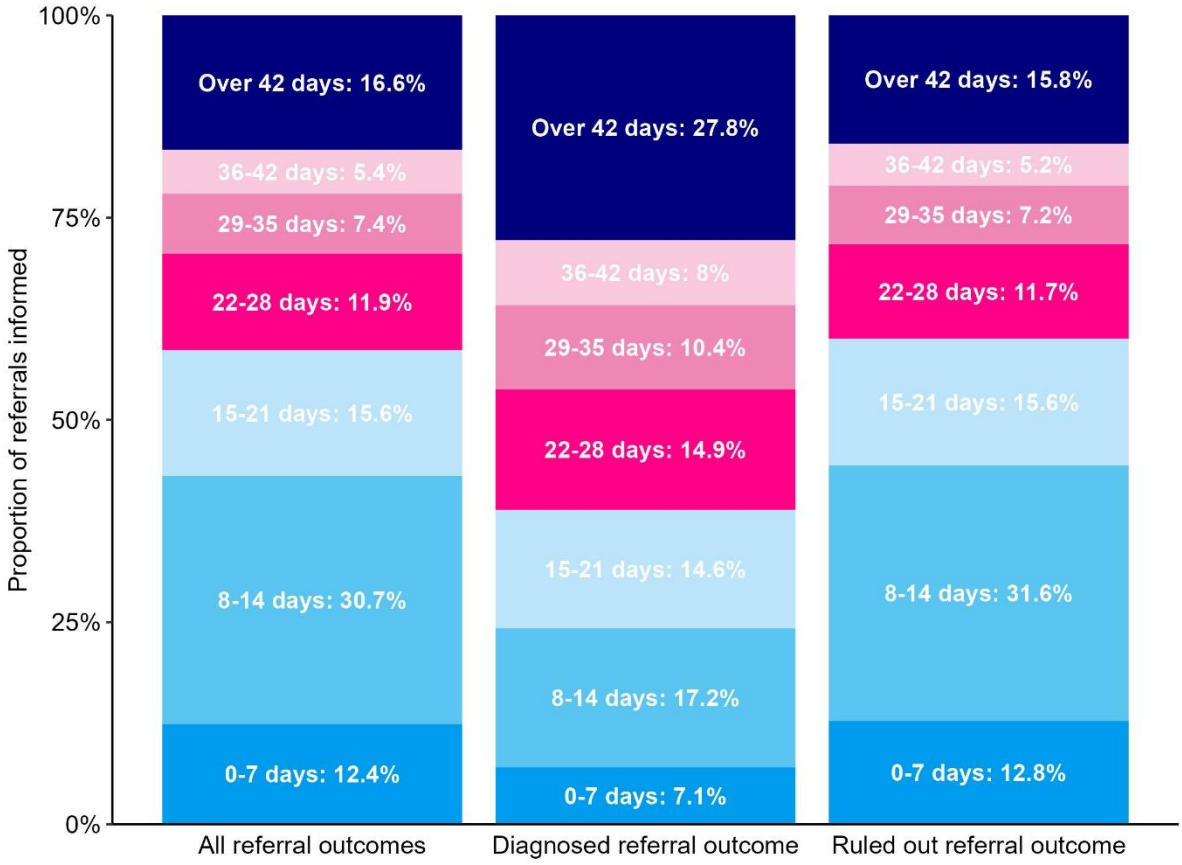


- For referral types that resulted in a cancer diagnosis, only testicular cancer referrals exceeded the 75% target at 83.2%. Testicular referrals were also the only referral type where diagnosed referrals had higher performance than ruled-out referrals.
- The target was very close to being met for skin cancer referrals that resulted in a cancer diagnosis (74.7%), which was similar in performance to those who had cancer ruled out (76.1%)
- Other referral types had consistently lower average performance for people diagnosed with cancer, compared to those who has cancer ruled out. This varied from around 7 in 10 breast cancer referrals to nearly 3 in 10 urological cancer referrals.

- Seven groups/sites had an average of less than 50% of diagnosed referrals being informed within 28 days: non-specific symptoms (47.1%), haematological (46.2%), lower GI (43.5%), gynaecological (36.6%), head and neck (34.6%), sarcoma (31.4%), and urological (29.0%).
- Head and neck cancer referrals had the largest difference between performance for diagnosed and ruled out referrals. There was a 41.2 percentage point difference in performance between the two referral outcomes.

Waiting time interval analysis

Figure 3: Proportion of FDS referrals informed of referral outcome by wait interval category (Report Figure 6), October 2021 to June 2024



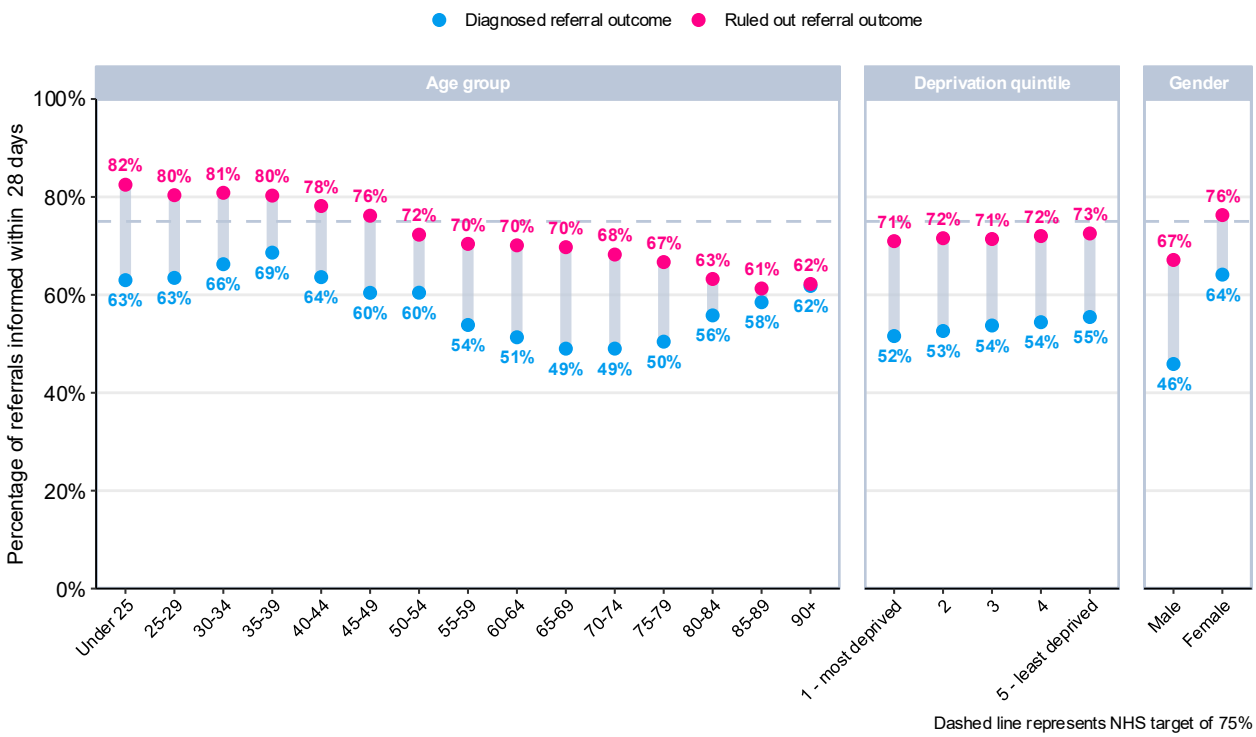
- Nearly a quarter (24.3%) of referrals leading to diagnoses received this within 2 weeks. For referrals who have cancer ruled out, nearly twice this proportion (44.4%) are informed within 2 weeks
- More than 1 in 4 referrals who went on to be diagnosed with cancer (27.8%) waited over 42 days for an outcome. There is variation in performance by suspected cancer site.

Table 1: proportion of FDS referrals waiting 14 days or less or over 42 days, by site, October 2021- June 2024

	Diagnosed/Ruled out 14 days or less		Diagnosed/Ruled out over 42 days		Median waiting time (in days)	
Cancer Site	Cancer diagnosed	Cancer ruled out	Cancer diagnosed	Cancer ruled out	Cancer diagnosed	Cancer ruled out
All cancers	24.3%	44.4%	27.8%	15.8%	27	17
Breast	15.8%	58.9%	7.7%	3.9%	23	14
Breast Symptomatic	16.0%	56.6%	14.6%	5.5%	26	14
Gynecological	10.4%	32.4%	38.0%	21.5%	35	23
Haematological (excl. leukaemia)	23.8%	35.4%	30.1%	23.1%	31	25
Head and neck	12.8%	56.9%	39.1%	13.9%	36	14
Lower GI	14.1%	21.9%	34.0%	26.6%	32	27
Lung	29.5%	50.2%	24.3%	8.9%	25	14
Non-specific symptoms	16.5%	27.6%	32.2%	17.2%	30	22
Sarcoma	7.9%	39.9%	41.2%	19.2%	38	19
Skin	52.6%	54.0%	14.5%	15.4%	14	14
Testicular	64.4%	51.6%	10.0%	11.0%	12	14
Upper GI	27.9%	44.2%	21.3%	15.6%	23	17
Urological (excl. Testicular)	15.2%	32.0%	54.6%	23.1%	46	23

- More than 1 in 2 (54.6%) urological referrals that resulted in a cancer diagnosis waited over 42 days, this was the highest proportion of any cancer site
- Lower GI cancer referrals had the highest proportion of people waiting over 42 days to have cancer ruled out - more than 1 in 4 referrals (26.6%)
- Overall, the median waiting time from referral to outcome was 10 days longer for referrals that led to a cancer diagnosis (27 days), compared to where cancer was ruled out (17 days)
- For diagnosed referrals, urological cancers had the longest median waiting time (46 days) whilst testicular cancer had the shortest (12 days)
- Testicular cancer was the only site where the median waiting time was shorter for those whose went on to be diagnosed than those who had cancer ruled out, whilst the median waiting time was the same for skin cancer for both outcomes

Figure 4: Average FDS performance by referral outcome and age group, deprivation quintile or gender (Report Figure 8), October 2021 to June 2024



Demographic breakdown

The underlying case-mix within each referral type, and influence of other external factors, such as screening, were not adjusted for in the demographic analyses. Therefore, some of the demographic results may be driven by case-mix, for example, large referral volume differences between breast cancer referrals for males and females.

- The volume of referrals was higher for females, those aged 55 to 59 years and those living in the least deprived areas.
- For ruled-out referrals, FDS performance decreased with increasing age from 82% for those aged under 25 to 61% for those aged 85 to 89 years, whereas the pattern was more varied for diagnosed referrals, but was consistently below ruled-out FDS performance for each age group.
- For both FDS outcomes, FDS performance was higher for the least deprived areas compared to the most deprived areas.
- Females typically had higher performance than males for both FDS outcomes. Most suspected cancer referral types showed little variation between the genders, except diagnosed urological cancer referrals which had 21% lower FDS performance for male referrals.

A longer CRUK-NDRS Partnership report producing more in-depth analysis and breakdowns by patient characteristics accompanies this summary report.

Discussion

The proportion of patients referred who go on to be diagnosed with cancer and meet the Faster Diagnosis Standard is substantially lower than for those who meet the standard but have cancer ruled out. This pattern is observed across all referral types with the exception of testicular cancer referrals.

It is expected that diagnosing cancer necessitates a longer referral pathway due to additional testing in order to confirm the cancer diagnosis. This report confirms this but also highlights the gap between referral outcomes in FDS performance and length of waiting times both overall and between referral types.

Performance against the Faster Diagnostic Standard has improved, with the standard being met in the majority of months in the last year observed up to February 2024.[8] While this shows a positive trend of performance for those going on to have cancer ruled out, it also shows the value of analysing FDS performance by referral outcome as it identifies trends previously not visible due to aggregation in the national statistics.

For seven of the thirteen cancer sites/groups, less than half of all referred patients who went on to be diagnosed with cancer met the Faster Diagnosis Standard. Further assessment is needed for these pathways to identify how the diagnostic pathway could be improved to give more chance of meeting the standard.

NHS England publishing breakdowns nationally by these two categories (cancer diagnosed or ruled out) is helpful to monitor ongoing performance between the outcome groups, and we look forward to seeing the expansion to individual referral types, to facilitate more focus on where patients are waiting long times to receive a cancer diagnosis.

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