Cancer Waiting Times: assessing progress towards the Government's commitment on the 62-day target

November 2026

CANCER RESEARCH UK

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Contents

About this document 3

Key insights 4

Introduction 5

Aims and objectives 7

Methods 8

Results 9

Discussion 13

Policy Recommendations 14

References 15

About this document

Reference

This report should be referred to as follows:

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Note: This report was originally published in October 2026 and was updated in November 2026 to use projected cancer incidence figures instead of projected cancer waiting times figures. This update has reduced the number of people monitored against the 62 day target, but has made minimal impact to projected performance.

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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.

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Key insights

The National Cancer Plan for England committed to meet all cancer waiting times targets, including the target for the 62-day standard, by March 2029. The NHS England Medium Term Planning Framework has set out interim targets to support trusts to achieve this goal. This analysis aimed to understand the current trends and improvement needed to meet the committed 62-day targets.

Our analysis estimates that around 1,090,000 people will start treatment for cancer following an urgent referral in England, between March 2026 and March 2029.*
If recent trends** in performance continue then:

- Performance is projected to reach only 77.6% by March 2029. This is 7.4 percentage points below the 85% standard. The March 2029 commitment would not be reached until July 2032, over 3 years late.
- To meet the interim targets and 85% standard in March 2029, around 46,900 additional people would need to start treatment within 62 days (or around an extra 1,300 people per month), on top of current projections.
- Performance would still need to improve by a further 2.5 percentage points per year, above current projections, to reach the 85% target by March 2029.

* Urgent referrals include urgent suspected cancer GP referrals, urgent screening referrals, and consultant upgrades. Breast symptomatic referrals are excluded from the analysis due to limitations in historical data availability. People starting treatment refers to a first definitive treatment for a newly diagnosed cancer.
Projections are based on continuation of recent trends in activity and performance and do not account for planned changes in capacity, funding, service delivery or policy that may affect future activity or performance.

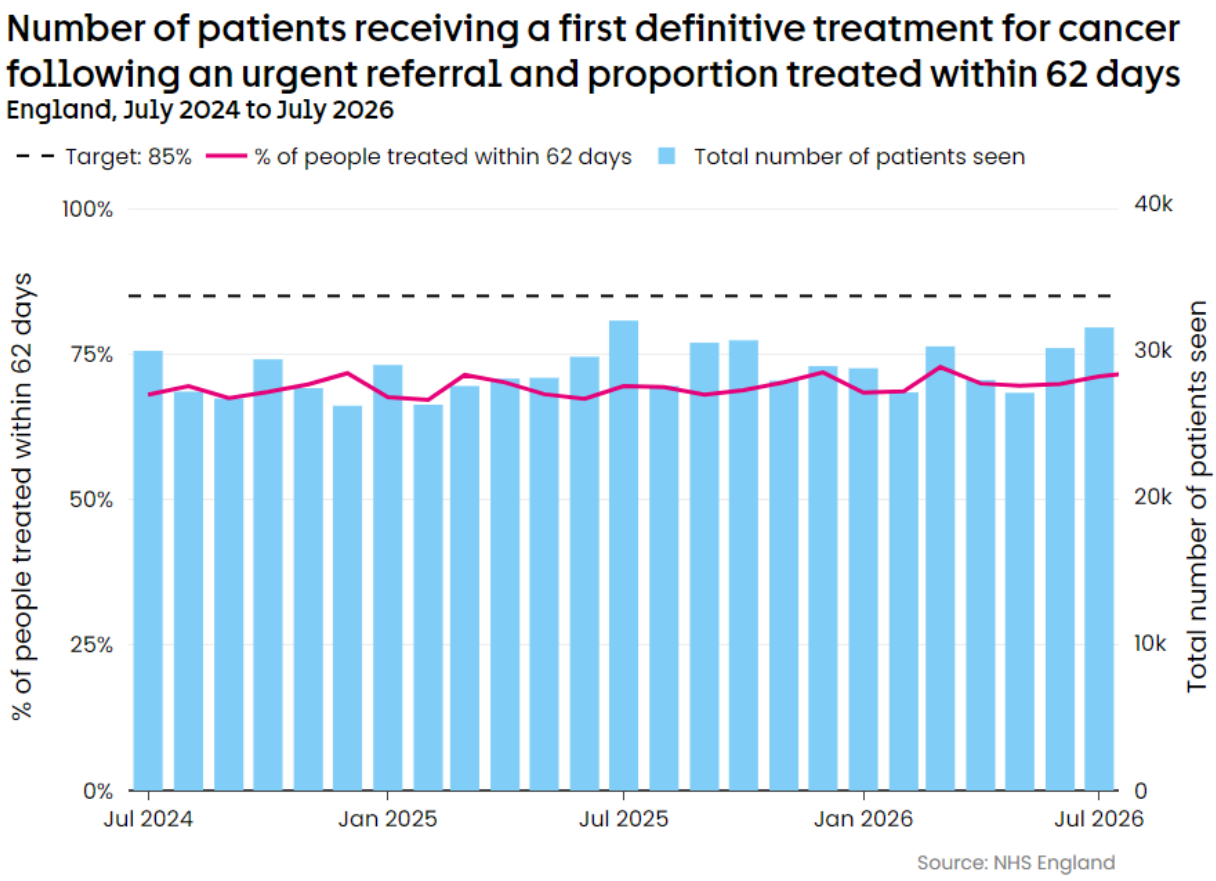
** "Recent trends" refer to the trend observed from September 2022 to March 2026, following the most recent change point identified by the model. Projections beyond March 2026 assume this trend continues unchanged.

Introduction

Cancer Waiting Times (CWT) standards in England set out the timelines within which patients should expect to receive care, with performance targets for the percentage of patients who receive care within these timelines[1]. These standards aim to ensure that patients are diagnosed and begin treatment as quickly as possible, which can lead to improved outcomes and patient experience.

NHS England's 62-day CWT target states that at least 85% of patients should start their first cancer treatment within 62 days of an urgent suspected cancer GP referral, breast symptomatic referral, urgent screening referral, or consultant upgrade. However, this target has not been achieved nationally since December 2015, though prior to October 2023 this target only referred treatments following an urgent suspected cancer referrals from GPs[1].

Figure 1: Number of patients receiving first definitive treatment for cancer following an urgent referral and the proportion treated within 62 days. England, July 2024 to July 2026.



NHS England's 25/26 priorities and operational planning guidance set out an interim target of 75% of people beginning treatment within 62-days of an eligible referral[3]. This was expanded upon in the Medium Term Planning Framework from 2025, which highlighted the need for increased diagnostic activity to support improvements in cancer waiting time standards[2]. It set out performance targets for the 62-day standard, stating that all trusts should achieve at least 80% performance by March 2027 and sustain performance of 85% by March 2029. This commitment was then reinforced by the National Cancer Plan (NCP), published by the Government in February 2026, which also pledged to meet all CWT targets by March 2029[4].

From October 2023, there has been an improvement in performance against the 62-day standard, but in recent months it has plateaued at around 70%[1], remaining substantially below both the national standard and the improvement trajectory set out by NHS England. This analysis projects performance over the next three years and estimates the additional improvement required to achieve the 85% target by March 2029.

Aims and objectives

1. **Objective 1: Based on the recent rate of performance improvement, assess whether the interim targets and commitment to achieving 85% performance in March 2029 target will be met. If not, estimate how many additional people would need to be treated to meet the targets.**

   This projects 62-day performance to March 2029 based on recent trends, to assess whether the 85% target set out in the National Cancer Plan will be achieved. It estimates the gap between projected performance and interim and March 2029 targets, and quantifies the additional number of people who would need to be treated within 62 days to achieve interim targets and 85% performance by March 2029.

2. **Objective 2: Based on the current rate of performance improvement, what additional improvement is needed to meet the 85% target**.

   This estimates the additional annual performance improvement needed, above that currently projected, to close the gap to the 85% standard.

3. **Objective 3: Based on average current performance, what rate of annual improvement is needed to meet the target.**

   Performance against the 62-day target in 2026 continued a little under the projected level. Given that performance against the 62-day target has remained at around 70% in 2026, what annual improvement in performance would be required to reach the 85% target by March 2029?

Methods

Projected performance for March 2026 to March 2029 was developed using monthly NHS England Cancer Waiting Times data covering October 2009 to March 2026. The data refer to the proportion of people starting a first definitive treatment for a newly diagnosed cancer within 62 days of an eligible referral. The model uses data from the following referral routes: consultant upgrade, urgent suspected cancer referral, and urgent cancer screening programme referral. Breast symptomatic screening referrals were excluded because comparable data were not available prior to October 2023. These referrals account for less than 0.5% of all patients on the 62-day pathway each month.

A segmented regression was used to model historical performance trends and identify points where the trend changed over time. Separate trend segments were estimated between these change points. Future performance was projected from March 2026 onwards by extending the trend observed between September 2022 and March 2026, the most recent segment identified by the model.

Performance projections were combined with cancer incidence projections[5] to estimate how the number of people on the 62 day pathway would increase in future, and estimate the number of patients starting treatment on time. Data from 2025 and 2026 (incomplete year) shows that the volume of people on the 62-day pathway was approximately 97% of the projected cancer incidence for those years. Incidence projections were therefore adjusted to 97% to estimate the future number of people on the 62-day pathway, before applying the projected performance to determine the number of people starting treatment on time.

The additional improvement in numbers of patients required to be treated on time to achieve the interim NHS targets and 2029 85% commitment was calculated for the two scenarios using (i) projected performance from March 2026 based on recent trends and (ii) performance remaining at the same level as the October 2025-March 2026 average performance.

Finally, the additional annual percentage point improvement needed to meet the 85% target was calculated. For this, a linear improvement path was constructed from recent performance level to the target of 85% in March 2029. Performance was assumed to increase by a constant amount each month over the time period. This scenario represents the level of performance improvement required to achieve the national target. The required performance path was compared with (i)

projected performance from March 2026 based on recent trends and (ii) a scenario in which performance remained at the most recently reported performance in July 2026.

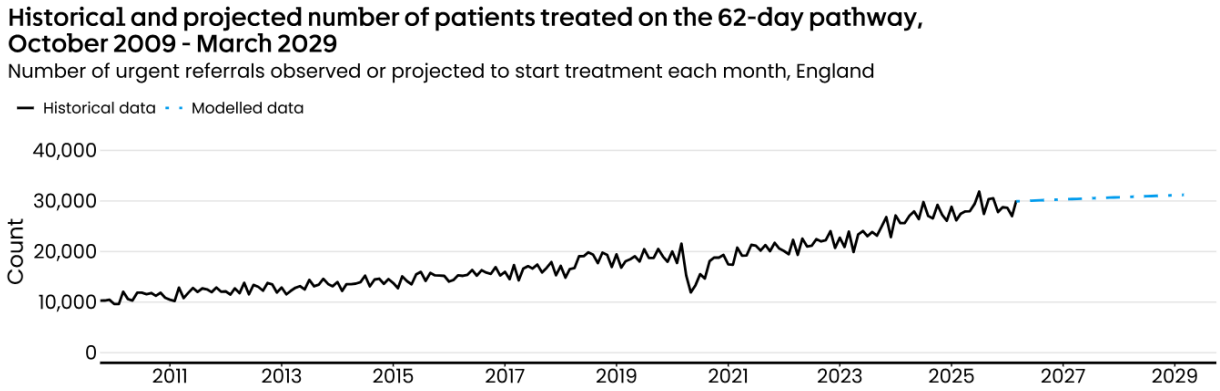
Analysis was conducted in R (version 4.5.0).

Results

People starting first definitive treatment

The model estimates there will be around 1,090,000 people starting a first definitive treatment for a newly diagnosed cancer following an urgent referral between March 2026 and March 2029. The number of patients starting treatment each month is projected to continue increasing, from around 29,000 in March 2026 to around 30,200 by March 2029, as seen in Figure 2.

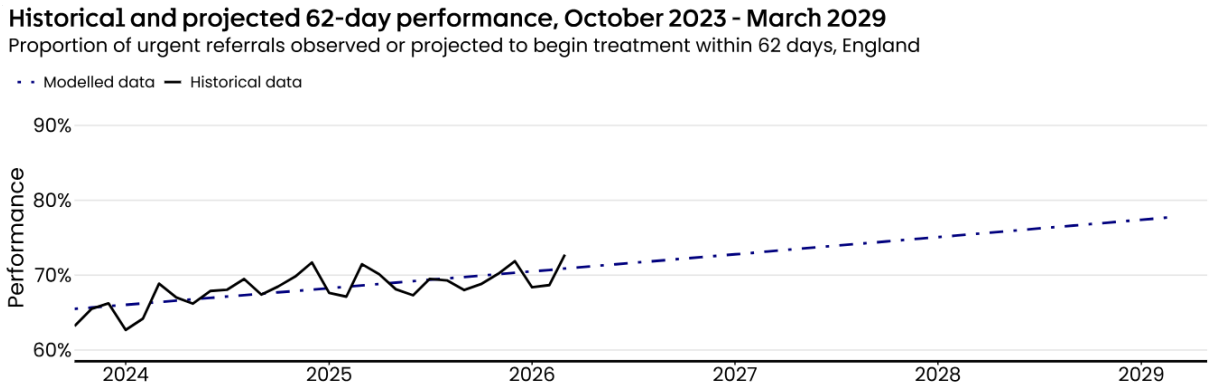
Figure 2: Historical and modelled number of patients treated each month on the 62-day pathway.



Scenario 1: Maintaining recent improvement

Performance against the 62-day cancer waiting times standard was declining until September 2022, after which performance began improving. In October 2023, changes were made to the standard and the referral types included. The projections show the trend since that point continuing until March 2029 (see Figure 2).

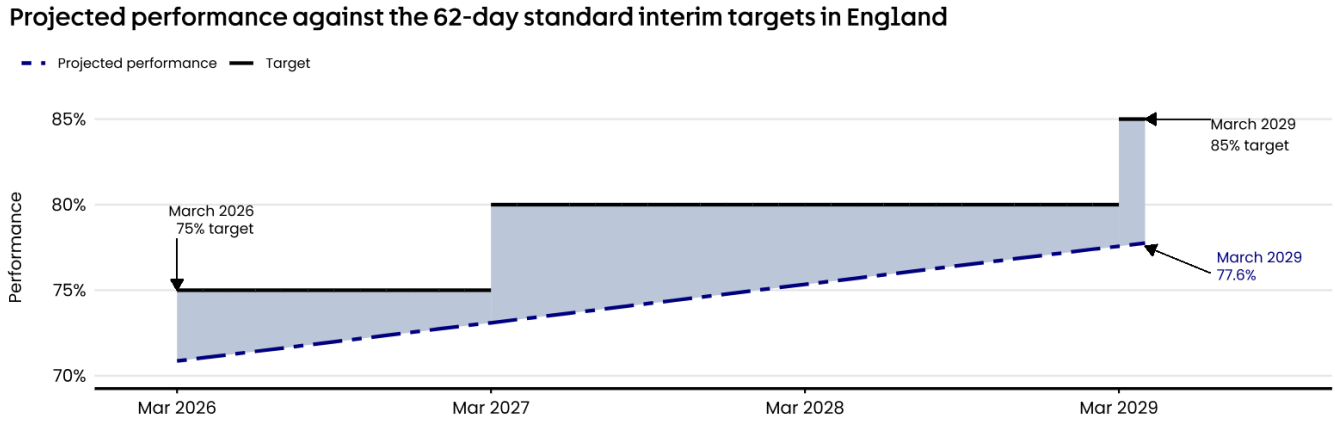
Figure 2: Historical and modelled monthly 62-day performance



If performance continues to improve in line with recent trends, performance is projected to reach 77.6% by March 2029 (see Figure 3).

Around 281,000 people are projected not to start treatment within 62 days of an urgent referral between March 2026 and March 2029. To achieve the interim performance targets of 75% in 2026/27 and 80% in 2027/28 and 2028/29 would require around 46,900 of these patients to start treatment within 62 days between March 2026 and March 2029 (around an extra 1,300 patients each month).

Figure 3: Projected performance against the 62-day standard and interim targets (75% by March 2026, 80% by March 2027 and March 2028, and 85% by March 2029).

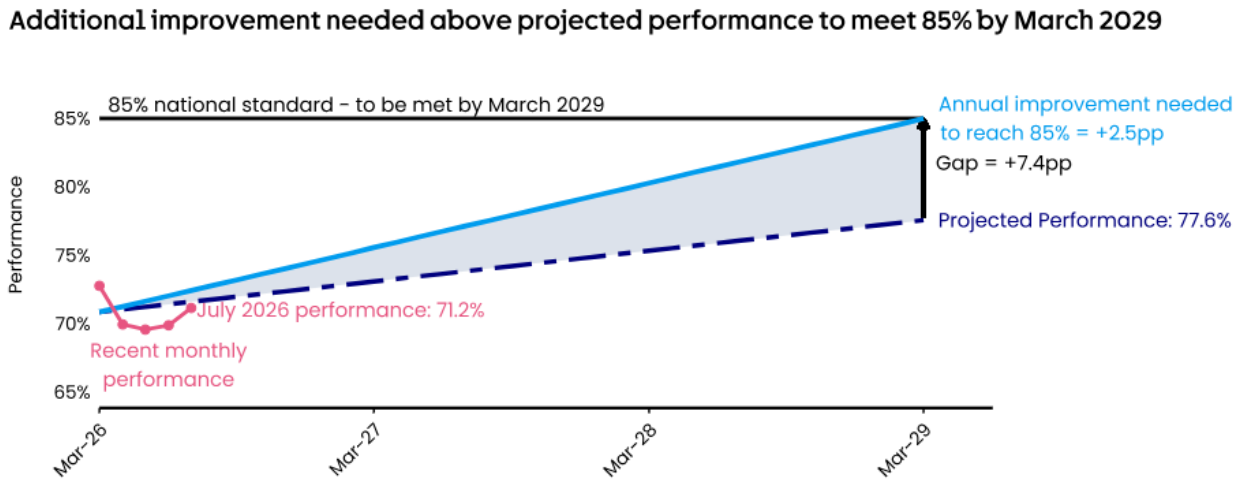


The current model projects performance of 77.6% by March 2029. This is an increase of 7.5 percentage points (pp) over three years from the 6-month rolling average performance in March 2026. If recent trends continue, the 75% interim target would be met in February 2028, 23 months behind the March 2026 target date. The 80% target would be met in May 2030, 38 months behind the March 2027 target date. The 85% target is projected to not be met until July 2032, over three years (40 months) after the commitment of March 2029.

Achieving the 85% target would require an additional improvement of 7.4pp, equivalent to increasing performance by nearly 2.5 pp each year above the projected trajectory (see Figure 4).

Since March 2026, performance has continued a little under the projected level, with 71.2% starting treatment in July 2026. The additional improvement required to meet the 2029 target is therefore now greater than projected from March.

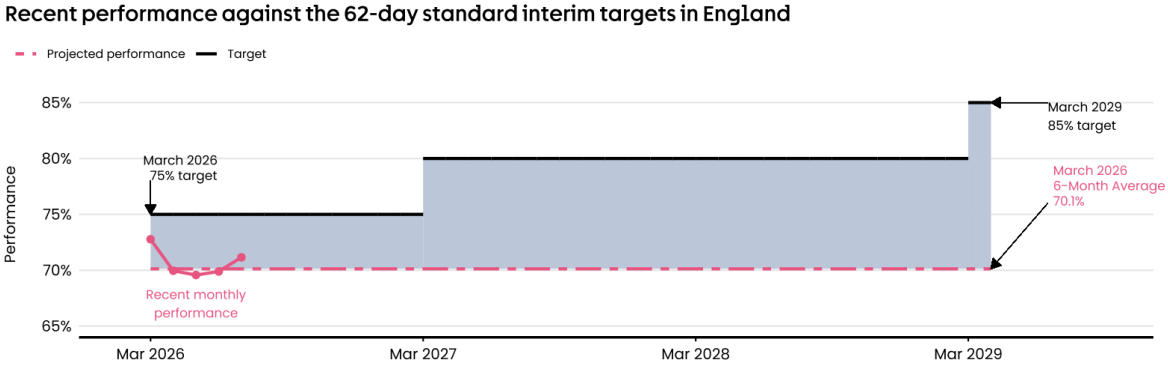
Figure 4: Additional improvement required above projected performance to achieve the 62-day standard of 85% by March 2029.



Scenario 2: Maintaining current performance

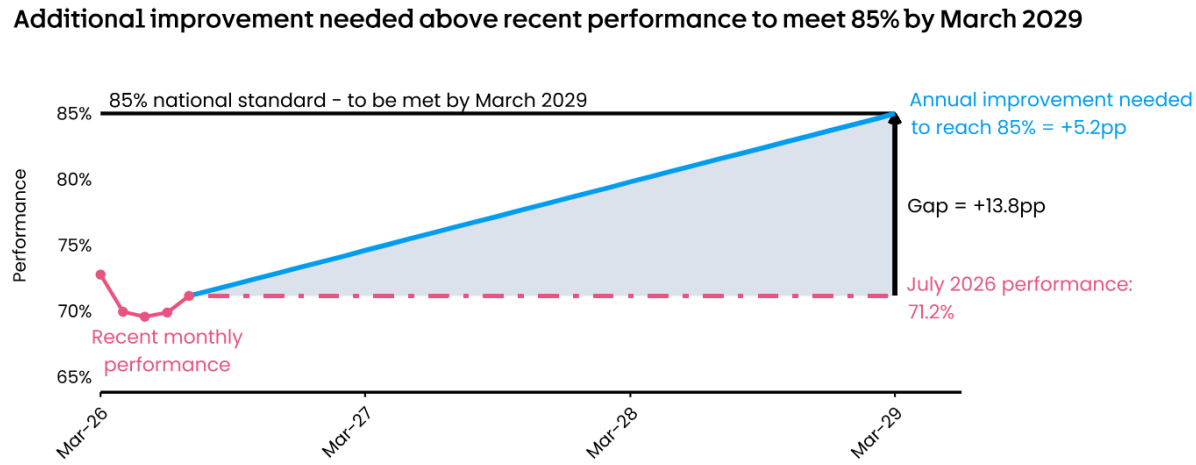
Average performance between October 2025 and March 2026 was 70.1%. Should we see no further improvement from this level (instead of rising as in our first scenario), we estimate around 91,800 fewer people would start treatment on time between March 2026 and March 2029 compared to if the targets were achieved (see Figure 5). This is around twice the additional patients compared to if performance continued as projected (46,900 additional people).

Figure 5: Recent performance against the 62-day standard and interim targets (75% by March 2026, 80% by March 2027 and March 2028, and 85% by March 2029).



Although some improvement was seen in July 2026, the rolling six-monthly average performance was still 70.4%. From the most recent July 2026 performance, achieving the 85% standard by March 2029 would require an improvement of 13.8 percentage points. This translates to annual performance improvement of around 5.2 percentage points each year (see Figure 6).

Figure 6: Additional improvement required above recent performance to achieve the 62-day standard of 85% by March 2029.



Discussion

The number of people diagnosed with cancer each year in the UK has passed 400,000 and is expected to pass half a million by 2040. This means that the number of people starting treatment for cancer will also continue to increase. We project in England alone, there will be around 1.09 million people starting a first definitive treatment over the next three years, following an urgent suspected cancer GP referral, urgent screening referral, or consultant upgrade.

The National Cancer Plan highlighted that the 62-day standard and its 85% target has not been met the since 2015, and committed to meeting the target by March 2029. However, our projections suggest that the current improvements being seen will fall short, and with increasing cancer incidence, means more people will not be seen within the target. We estimate that even if recent performance improvements continue, around 46,900 additional people would need to be treated within 62-days to meet the interim and final targets over the next three years.

Despite improvements in performance in 2025/26, the increasing number of cancer cases means that the number not being treated on time remains broadly unchanged. This all highlights the need for quicker improvements in 62-day performance, to reduce the number of people waiting longer than they should.

Key strengths of this analysis include the use of a segmented regression approach that identifies changes in historical performance trends and bases projections on the most recent observed trend. Combining projected performance with cancer incidence projections enabled estimation of future pathway activity and the number of people starting treatment within target. The projections assume that the performance trend observed between September 2022 and March 2026 continues beyond March 2026. They do not account for future changes in demand, capacity, workforce, funding, operational delivery, or policy, and should not be interpreted as predictions of future performance. The projections should therefore be interpreted as trend-based scenarios rather than predictions of future operational performance.

In conclusion, despite the NHS England Medium Term Planning Framework setting an interim target of 75%, recent months have seen little sign of improvement, with the July 2026 performance sitting at 71.2%. Our analysis indicates that future targets are likely to be missed given the substantial improvement required, and suggests greater resource or improvements are needed to meet the both the Medium Term Planning Framework interim targets and NCP commitments.

Policy Recommendations

There is a short window for the UK Government to correct the performance trajectory set out in this analysis and achieve the National Cancer Plan commitment to meet cancer waiting time targets by March 2029. Doing so is essential if the Government is to keep its promise to people affected by cancer.

To make meaningful improvements, the Government will need to guarantee greater operational focus and sufficient resources for cancer services.

It is good that the Government has used policy interventions like the NHS National Oversight Framework to make it clear that NHS organisations must meet cancer waiting times targets, and have emphasised the role of Cancer Alliances in supporting challenged Trusts[4]. However, further action is required to ensure that improving cancer operational performance is sufficiently prioritised alongside wider demands placed on the health service.

It is essential that the NHS is properly resourced with the staff and equipment needed to ensure that patients can get the care they need in a timely way. Improving the productivity of NHS services will help, but with rising numbers of people needing cancer treatment, there is a risk that the capacity released by improving productivity[6] will simply absorbed by providing the same levels of care to a bigger group of people. Meeting rising demand whilst also improving timeliness and quality of care will require a bigger response.

The National Cancer Plan highlights welcome capital investment in equipment and estates, and measures to be announced in the upcoming 10 Year Workforce Plan[7]. Nevertheless, it is important to note that the overall package is aimed at a broader set of services and targets than exclusively cancer[8]. Given competing demands on these resources, government will need to set out how wider investments will directly support cancer services. The next Spending Review, anticipated in early 2027, will be an important opportunity for Government to make the additional investments required to achieve cancer waiting time targets.

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