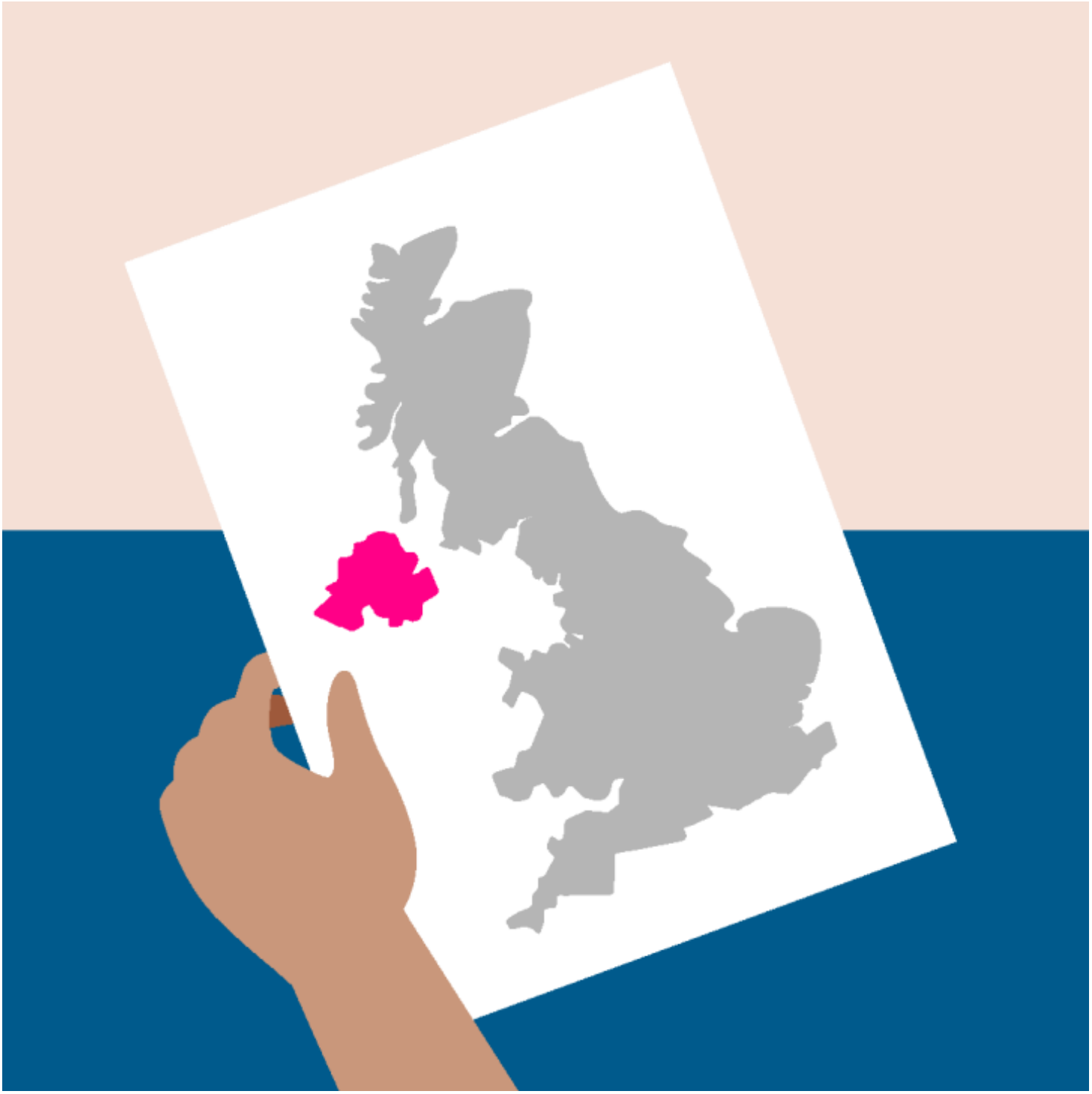


No time to wait

Cancer Research UK position on the risk to patients from long waits for cancer diagnosis and treatment in Northern Ireland

CANCER RESEARCH UK

Together we are beating cancer

Contents

Contents 2

Foreword 4

Executive summary 5

Glossary 6

Long waits for cancer care risk patient harm 7

Waits for cancer care are getting worse 8

- Worsening waits cannot be fully explained by rising demand 9
- Waiting times are unacceptably long 10
- Currently available data likely obscures even longer waits for patients 12
- Performance varies, but waiting times are long everywhere 14

More must be done to protect cancer patients now 15

- Current measures will not meet the challenge 15
- Northern Ireland needs a cancer turnaround programme 15
- Defining a crisis response 17
- More data is needed to understand the situation 18

References 19

Appendix 22

Reference

This report should be referred to as follows:

Cancer Research UK. No time to wait: Cancer Research UK position on the risk to patients from long waits for cancer diagnosis and treatment in Northern Ireland. Published January 2026.

Authors

Produced by the Policy, Information and Communications directorate, Cancer Research UK, January 2026.

Comments, questions or feedback to NorthernIrelandPA@cancer.org.uk.

Acknowledgements

We offer our thanks and gratitude to the people affected by cancer in Northern Ireland who have kindly shared their experiences with us.

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 around 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.

Foreword

Each year, around 10,300 people in Northern Ireland are diagnosed with cancer [1]. Each diagnosis is a life changed, a family affected, a community impacted.

Over recent decades, cancer survival rates have increased dramatically, reflecting major advances in diagnosis and treatment. Amazing, dedicated staff across Health and Social Care (HSC) work tirelessly every day to provide the best possible care to patients, reflected in the very positive experience people affected by cancer have of their care in HSC [2].

However, this new report from Cancer Research UK shows that for far too many people, the impact of a cancer diagnosis is compounded by unacceptably long waits to get the tests and treatments they need.

Those of us in the cancer community have seen that for over a decade key cancer waiting time targets have been missed and waits have continued to get longer. Only around one in three patients begin treatment within 62 days – for those waiting longer, many face waits of months.

We have seen what this means for patients. We know that timely cancer care is critical, and delays create avoidable anxiety and stress for people and their loved ones affected by cancer. For some the long delays may contribute to limiting their treatment options.

Given the scale of the challenge, the Northern Ireland Cancer Charities Coalition welcomes this new report from Cancer Research UK. Not only does it reflect the impact of long waits for cancer care, but it also charts a course forwards. And it reflects a desire shared across the whole cancer community to work with the Department of Health (DoH), Health and Social Care Trusts and staff across HSC to implement the solutions patients so desperately need.

The Northern Ireland Executive must now build on current efforts to address unacceptable cancer waiting times and reduce the risk of harm facing too many patients today. The cancer community in Northern Ireland stands ready to work with them to deliver change.

Northern Ireland Cancer Charities Coalition

Executive summary

- **Despite the hard work of staff across Health and Social Care (HSC), too many patients in Northern Ireland experience unacceptable waits for cancer diagnosis and treatment.** Northern Ireland's cancer waits are by far the worst in the UK, worsening steadily over the last 16 years.
- **With waiting times so long, Cancer Research UK is concerned that some patients may be coming to harm.** Long waits can result in patients becoming sicker, or limit their treatment options. In the worst cases, some patients may be dying unnecessarily.
- **Around 30,700 people in Northern Ireland will start treatment following a red flag referral over the next five years, and these patients make up only a third of patients diagnosed with cancer each year.**
- **The Northern Ireland Executive needs to develop a crisis response and stabilisation plan for cancer** to eliminate unnecessary risks of harm from delays and focus on reducing the total number of patients still waiting for cancer care. With a heightened response at policy, trust and service level, including clear and transparent commitments to improvement, the negative impact on cancer outcomes can be reduced. A relatively small investment to support the transformation required will ensure larger recovery funding for clinical capacity is spent more effectively.
- **Patient safety must be the overriding concern.** Cancer Research UK recognise and support ongoing work towards longer term goals on elective care and HSC reset in Northern Ireland. But a more targeted turnaround approach would better address the urgent crisis state in cancer services. The Department of Health needs to temporarily move focus in a planned way from the current waiting time metric and publicly prioritise reducing the number of long waiters.
- **Cancer Research UK is deeply committed to improving cancer outcomes in Northern Ireland.** We appreciate the spirit of dialogue with the Minister and officials in HSC over the last year and want that to continue, working together to ensure that everyone affected by cancer in Northern Ireland gets the timely care they need.

Glossary

Cancer waiting time targets in Northern Ireland

62-day target

At least 95% of patients referred by a GP with a red flag referral for suspected cancer should begin their **first definitive treatment within 62 days**.

31-day target

At least 98% of patients diagnosed with cancer should receive their **first definitive treatment within 31 days** of an agreed treatment plan, recorded as 'decision to treat' (DTT).

14-day breast cancer target

All red flag breast cancer referrals should be **seen within 14 days**.

Long waiters & cancer backlogs

Cancer backlog

The total number of patients waiting at a given point in time, longer than ministerial targets (>62 days) to begin treatment. This could be in reference to a particular patient cohort, a particular HSC Trust's patient list, or all patients in Northern Ireland.

Long waiter

Any patient waiting longer than 62 days to begin treatment following a red flag referral.

Long waits for cancer care risk patient harm

Cancer Research UK is deeply concerned that the long waits many patients in Northern Ireland are experiencing may be affecting their prognosis.

In the three months to September 2025, 30.1% of patients started treatment within 62 days of a red flag referral in Northern Ireland; a far lower proportion than in England or Scotland [3–6]. We know that waits for diagnosis and treatment can impact patients' mental and physical health, well-being, experience of care and treatment options [7–9].

If a patient's disease is progressing quickly, long delays can be the difference between a cancer that can be treated with intention to cure, and one which, even with the best treatment, can only be managed. Cancer treatments can be physically demanding, and if a patient becomes more unwell during a long wait, they may not be able to take up, or withstand, the full course of the best possible treatment. One modelling study published in the British Medical Journal estimated that a four-week delay to receiving cancer surgery leads to a 6-8% increased risk of death [10].

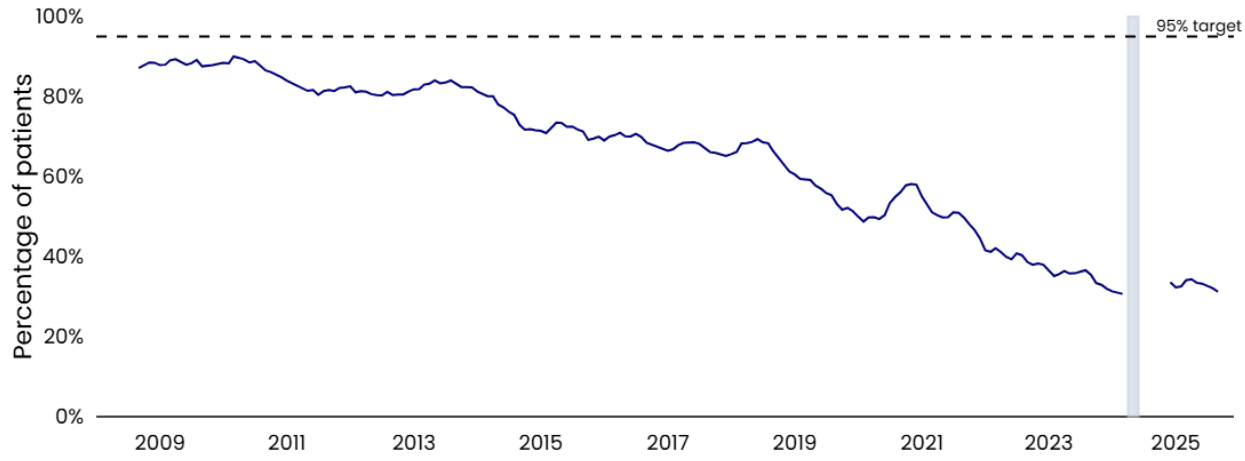
Long delays (pre-referral) can also contribute to situations where more people present in an emergency setting [11], which is linked to later stage diagnosis, poorer outcomes and worse patient experience compared to other routes to diagnosis [12–14]. Between 2018–2021, when waiting times were shorter than they are now, almost a quarter (23%) of cancer patients in Northern Ireland presented as an emergency [15].

Cancer Research UK projects that around 30,700 people in Northern Ireland will start treatment following a red flag referral for suspected cancer over the next five years [16]. It is vital that action is taken, so that these patients will receive diagnosis and treatment without unnecessary delays and risks to their outcomes.

Waits for cancer care are getting worse

In the last 5 years, around 15,400 patients in Northern Ireland started treatment outside of the 62-day target [17]. If performance remains as it is now, around 20,000 people won't start their treatment within the 62-day target over the next five years compared to if the target was consistently being met [18].

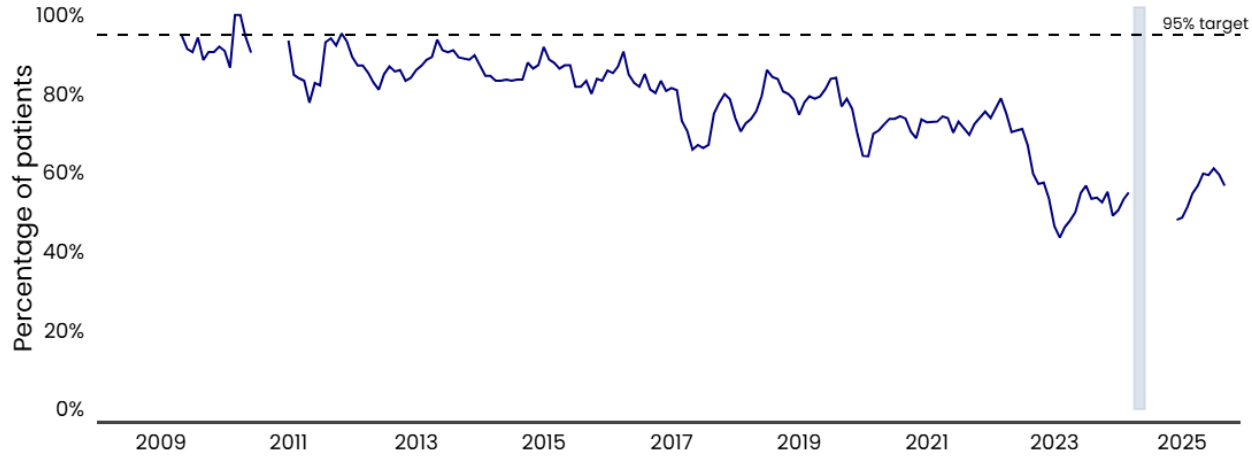
Percentage of patients starting treatment within 62 days following a red flag referral
Northern Ireland, All recorded cancers



Data shown represents a 6-month rolling average.
Grey box denotes where NI-wide monthly data is not available for quarter ending June 2024

Performance varies across cancer sites, but no individual cancer site is meeting the target. Latest quarterly performance for some cancer sites falls below the average for all cancers combined, such as lower gastrointestinal (29.9%) and gynaecological (20.0%) cancers. Haematological cancers are an example where disease is sometimes very aggressive, and delays to treatment can have a big impact on a patient's prognosis [19,20]. 62-day performance for these cancers currently stands at 57.1%, indicating a potentially substantial risk to some patients' outcomes, though we also note and welcome the commitment in the NI Cancer Strategy to establish a Northern Ireland integrated haematological diagnostics service (Action 16).

Percentage of haematological cancer patients starting treatment within 62 days following a red flag referral
Northern Ireland



Data shown represents a 6-month rolling average.
Grey box denotes where NI-wide monthly data is not available for quarter ending June 2024

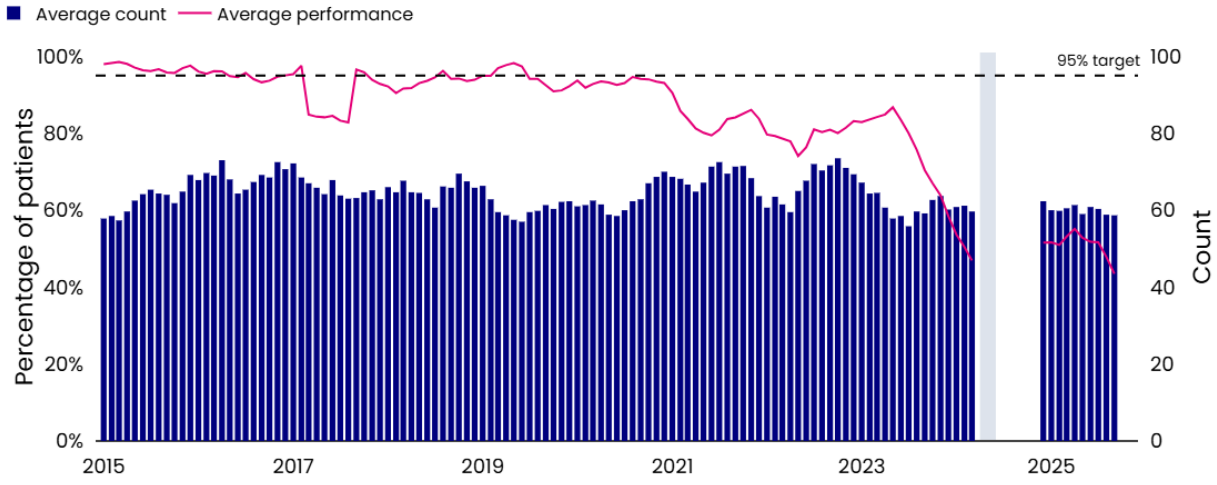
Worsening waits cannot be fully explained by rising demand

The numbers of patients referred with suspected cancer, and the number then requiring cancer treatment, are increasing in every UK nation [21]. This increasing demand is one of the key drivers of cancer waiting time performance – the number of people in Northern Ireland starting treatment per month after red flag referral has more than doubled between 2008 and 2025 [22].

However, rises in both referrals and patients starting treatment have been predicted and are consistent across all UK nations, and have not led to such a steep decline in waiting times performance in England and Scotland (Wales measures waiting times differently).

Increases in demand cannot explain all drops in performance. Despite breast cancer treatment demand remaining largely stable in recent years, the proportion of patients starting treatment on time has dramatically decreased since 2023. Importantly, this decrease occurred before the transition to the regionalised breast waiting list.

Number of breast cancer patients starting treatment following a red flag referral and proportion treated within 62 days of a red flag referral
Northern Ireland, 2015-2025



Data shown represents a 6-month rolling average for count and performance.
Grey box denotes where NI-wide monthly data is not available for quarter ending June 2024

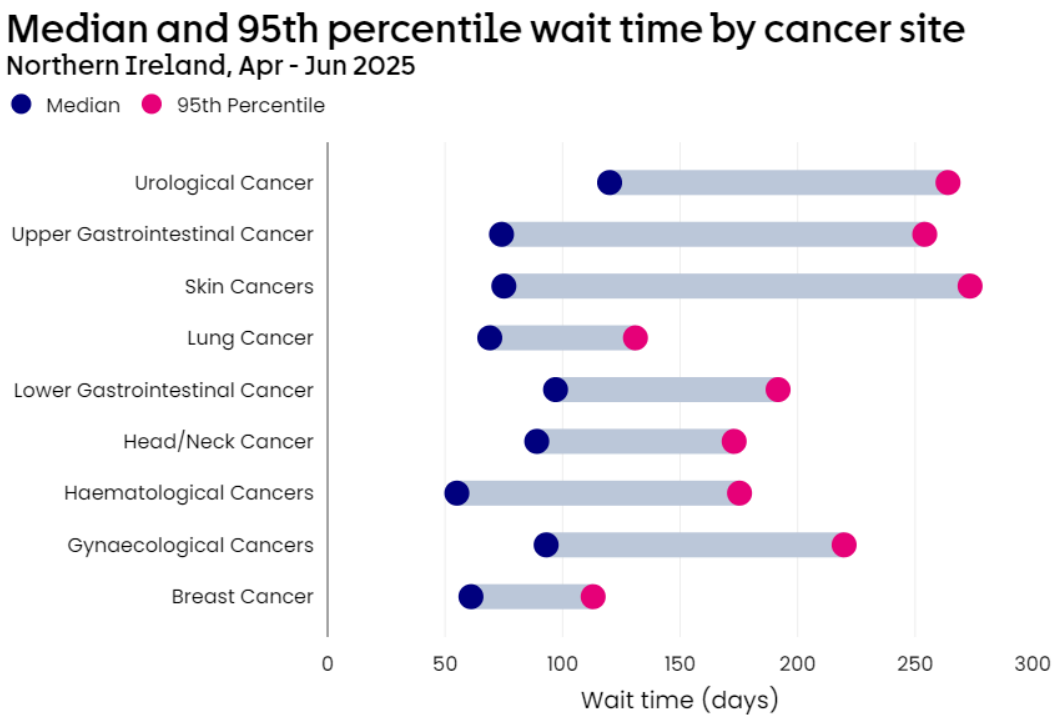
Without urgent action to address the long waits too many cancer patients in Northern Ireland are experiencing now, expected increases in cancer incidence will only compound the challenges facing Health and Social Care (HSC) cancer services today and widen the gap between Northern Ireland and other UK nations.

Waiting times are unacceptably long

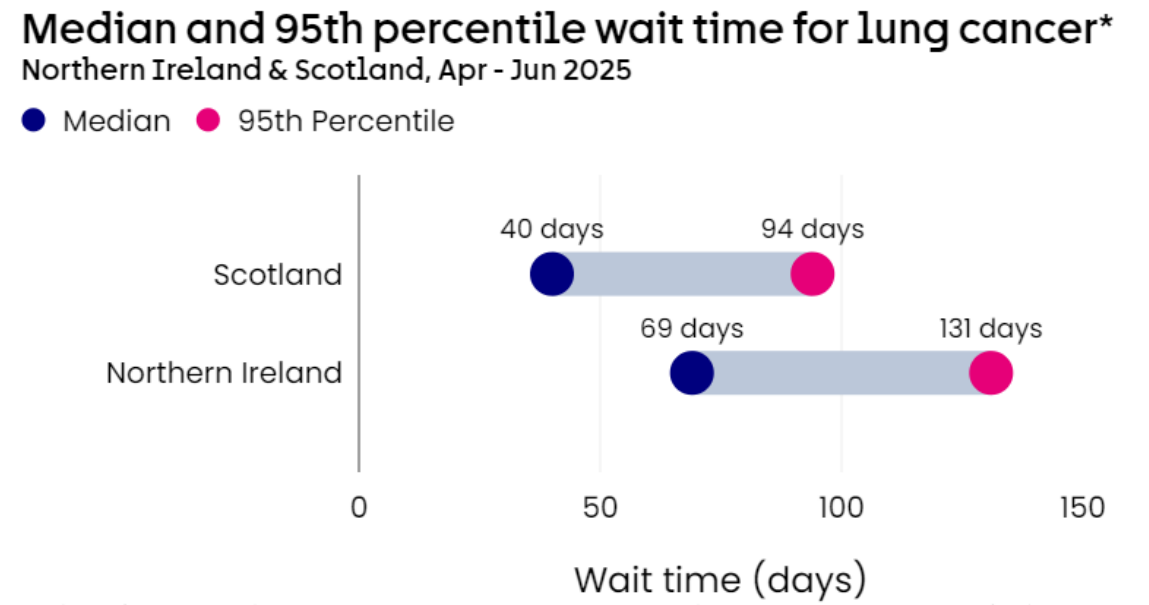
Statistics released by the Department of Health on November 27th 2025 give a snapshot of the median and 95th percentile waits to start treatment following a red flag referral for quarter April-June from 2019 to 2025 [23]. These metrics mean that half of patients waited longer than the median wait time, and 1 in 20 patients waited longer than the 95th percentile time.

This data highlights extreme waits that some patients are facing for diagnosis and treatment. In quarter ending June 2025, 1 in 20 patients waited in excess of 250 days for treatment for urological, upper gastrointestinal and skin cancers; 219.8 days for gynaecological cancers; and 191.7 days for lower gastrointestinal (including bowel) cancers.

People are also overall waiting longer to start treatment following a red flag referral compared to 6 years ago. For almost all recorded cancer sites, median waiting time to start treatment has increased between 2019 and 2025 (see data table in Appendix; [23]).



Lung cancer is the only site to have slightly improved median waiting times between 2019 and 2025, decreasing from 72 to 69 days, but this is still too long as timely diagnosis and treatment of patients with lung cancer is highly important for their outcomes, especially for patients eligible for surgery [24]. Comparing data from Scotland in the quarter ending June 2025 [25], patients diagnosed with lung cancer in Northern Ireland have far longer median wait times. The wider gap between the median and 95th percentile compared to Scotland also indicates that Northern Ireland has a larger proportion of patients experiencing longer delays.



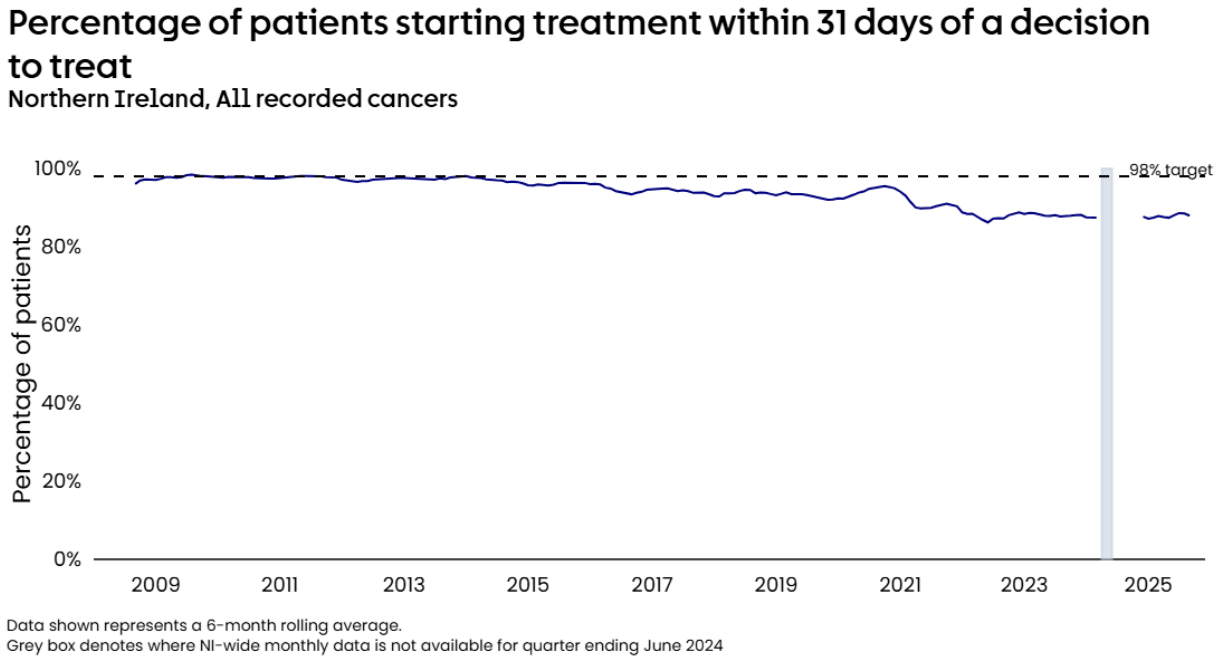
* Data is only for quarter ending June 2025. Both Northern Ireland and Scotland include ICD-10 C33-C34 as part of their lung cancer definition; Northern Ireland additionally include C38-C39 and C45. These additional codes comprise around 4% of cases when considering the combined group of C33-C34, C38-C39 and C45 (using 2018-2019, 2021 incidence data). Inclusion of these additional codes is unlikely to impact Northern Ireland's median and 95th percentile wait times for lung cancer.

Currently available data likely obscures even longer waits for patients

The 62-day target only reports on patients diagnosed through a red flag referral or a GP routine referral subsequently reclassified as urgent by a cancer specialist; only around 34% of patients were diagnosed this way in the years 2018-2021 [26]. Other routes to diagnosis include screening, routine referrals or emergency presentations.

There is currently no publicly available data on how long patients diagnosed through these other routes are waiting for diagnosis and treatment. Based on our understanding of how these routes to diagnosis are managed, it is a reasonable assumption that most waits on these pathways would likely be even longer than with a red flag referral.

31-day performance is measured from an agreed treatment plan, recorded as a Decision to Treat (DTT), to the patient receiving treatment. This standard is set at 98% because once a cancer is diagnosed it should be treated quickly. This standard was not met in the quarter to September 2025 (88.0%) – and hasn't been met since December 2013.



But patients with a confirmed cancer diagnosis may also experience waits before a treatment plan is decided, and DTT recorded. This wait will not be captured in 31-day performance. Without this data, and when 62-day performance covering the

whole pathway is so poor, we unfortunately cannot be sure that patients with confirmed cancer are receiving treatment quickly enough.

Sinéad's story: Waiting for a treatment plan

Sinéad* is a 41-year-old small business owner and mother of three children aged 4, 10 and 13.

In mid-2025, not long after setting up her own business, Sinéad's GP gave her a red flag referral for suspected cancer after she approached them with concerns about a lump in her armpit.

More than 8 weeks after her referral – a period marked with having to make multiple calls to chase an appointment with a breast assessment clinic – Sinéad was diagnosed with triple negative breast cancer, an aggressive and fast-moving type of cancer.

She then faced over 5 weeks of delays until she finally began treatment. But most of that period was spent waiting for a treatment plan while having further tests, each of which required waits for the test and for the results. That period isn't captured in the 31-day treatment target which only begins when a decision to treat is made.

So, despite Sinéad experiencing an unacceptably long wait for treatment given her disease, her case would have been recorded as meeting the 31-day standard – hitting the target but missing the point.

Once her treatment plan was agreed, Sinéad's treatment began soon after. Her cancer was assessed as not suitable for treatment to cure the disease. Instead, she has begun palliative chemotherapy treatment.

Throughout her journey, she experienced not just delays but services struggling to cope, with wider holistic care needs like emotional support and follow up lacking or missing, being left to navigate the complicated system alone.

Sinéad is now focusing on spending as much time with her family and keeping her business going around her treatment, for as long as she can.

In total, Sinéad waited 112 days from her GP red flag referral to begin treatment. The target is 62 days.

** Name changed to protect their identity*

Performance varies, but waiting times are long everywhere

We know that there is variation in 62-day and 31-day performance across the five Health and Social Care Trusts. For example, in the quarter ending September 2025, 62-day performance ranged from 25.3% to 36.9% across Trusts. This could be explained by differences in the type of service provision, for example, such as with the vague symptom Rapid Diagnostic Clinics in Southern and Northern Trusts, and several treatment services at the Northern Ireland Cancer Centre in Belfast and North West Cancer Centre in the Western Trust. It could also reflect differences in case mix between trusts, where the complexity and types of cancer cases can affect waiting time performance. Trusts that see a higher proportion of complex cases often require more diagnostic steps, specialist input and multi-modality treatment planning, which can make meeting waiting time targets more challenging.

Importantly however, no Trust is currently meeting the 62-day or 31-day standards for any cancer site.

More must be done to protect cancer patients now

Current measures will not meet the challenge

HSC in Northern Ireland faces significant challenges in need of long-term solutions. However, attention must focus on immediate action to protect patient safety. We are concerned that there is not currently a demonstrable focus on immediate safety risks to cancer patients.

We recognise the steps that the Northern Ireland Executive and Department of Health are taking to improve health system sustainability and performance against the operational standards. In a highly resource constrained environment, we welcome the up to £215 million committed to elective care initiatives in 2025/26, including £85 million for funding towards red flag cancer pathways [27], though note with concern that the Minister has indicated that some of this targeted funding has been redirected to addressing budget deficits [28].

There are also several positive shifts set out in the 2025 HSC Reset Plan, including further efforts on prevention and public health, developing and implementing a neighbourhood health model and a greater focus on reducing unwarranted clinical variation [29]. But these are longer term transformational aims which, though important to progress, will not address the immediate risk of harm to cancer patients with nearly the urgency required.

We recognise that the Department of Health and Trusts are treating long cancer waits as a priority. However, this situation demands even more concerted and focussed action to protect cancer outcomes in Northern Ireland now.

Northern Ireland needs a cancer turnaround programme

Cancer Research UK believes that the Northern Ireland Executive needs to develop a crisis response and stabilisation plan for cancer for the next 12 months. The plan should aim to end unnecessary risks to patient outcomes due to too long waits, and substantially reduce the backlog of cancer patients waiting too long for diagnosis and treatment.

Services facing similar crises across the UK have successfully delivered emergency intensive support and turnaround programmes [30,31], which can serve as a template for action.

This plan must be delivered by leadership empowered to direct change, informed by a robust data-led approach, and driven into practice across all 5 Trusts, with a coalition united around minimising harm to patients caused by long waits. We believe that with a top-to-bottom and all of Northern Ireland response, major improvements can be made through a relatively small investment in transformation support.

In the immediate term, taking action to protect safety must focus on reducing the number of people still waiting for diagnosis and treatment. In the short term, a decline in reported 62-day performance should be expected, as those long waiting patients are treated. This is necessary in pursuit of an approach which will minimise harms caused by long waits. The Department of Health should continue to monitor 62-day and 31-day performance, but focus must shift to different metrics:

1. Total number of people waiting over 62 days to start treatment
2. Median and 95th percentile waiting times from referral to DTT and cancer treatment

Trusts should submit trajectories by tumour site for improvement against these metrics and be held accountable for delivery.

The relative focus on different pathways must be determined by cancer clinical leaders. More weight could be given to pathways facing the greatest challenges, where patients are at the greatest risk of harm from extensive delays to diagnosis and treatment, and in taking steps to make sure that no patients fall through the cracks in the process.

The cancer strategy includes actions to review current operational standards, including the implementation of a 28-day Faster Diagnosis Standard (FDS) from red flag referral to cancer being diagnosed or ruled out. As the large majority of patients with red flag referrals have cancer ruled out, we are concerned this target could draw focus away from reducing harms of long waits for people with cancer. While this is an important part of the patient pathway to measure, it is not appropriate to implement this in the immediate term whilst waits are so long, and patients with cancer are at risk of harm.

Defining a crisis response

Cancer Research UK has looked at what's worked well in other similar situations and is working to build on the framework for turnaround that was presented to MLAs in July 2025. It will be crucial to identify and build on good practice and expertise already in place across Northern Ireland to deliver this approach.

The framework presented to MLAs in 2025 is summarised below:

Leadership for recovery	Break down organisational boundaries and diagnose and challenge poor performance.
Accurate demand and capacity analysis	Map demand and capacity against steps in cancer pathways. Identify gaps for investment or process improvement.
Target improvement and investment based on analysis	Guide action based on demand/capacity analysis.
Individual patient tracking	Systems tracking and reporting on individual patients at every step. Clear accountability for the next step in each patient's pathway.
Holding systems accountable for recovery	Setting / suspending targets as appropriate to the needs of turnaround. Agree plausible trajectories for improvement by trust and specialty.
Clinical prioritisation	Focus at all levels on prioritising patients most in need to reduce harm and protect outcomes.
Implement best practice pathways and targeted innovation	Based on challenges identified, implement clinical pathways and innovations with focus on managing demand.
Sustainability plan	Agreed criteria for moving back into BAU management of cancer services.

Even without significant new investment, a short-term plan that focuses on patient outcomes by demonstrably and fully implementing these actions should deliver meaningful improvements and a basis for longer term actions. Focusing on the cancer patients at highest risk could also offer valuable learnings to develop best practice and drive value for money in wider elective recovery.

As a leading voice for patients in Norther Ireland, Cancer Research UK will continue to draw attention to this pressing issue, and urge focus above all on patient outcomes. We stand ready to support the Northern Ireland Executive in the difficult decisions which must be taken now to protect cancer patients.

More data is needed to understand the situation

Some data points should be routinely published so that there is a transparent view of the scale and severity of the current cancer waiting time situation.

The following data should be available for all cancers combined, and for each individual Trust and cancer site:

- To understand the scale of the backlog, the total numbers of patients currently waiting on open pathways:

Days since red flag referral	With red flag referral without DTT	With DTT waiting for treatment
0-62		
63-104		
104-146		
>146		

- To understand how many patients are waiting for how long, the median and 95th percentile wait of patients receiving DTT and starting cancer treatment from their red flag referral. A snapshot of this data for the quarter ending June from 2019–2025 was published in response to a question tabled by Philip McGuigan MLA.
- Most patients receiving cancer treatment are referred through a route other than red flag, such as routine referrals, screening or emergency presentation. Information is needed on how these waits for diagnosis and treatment are measured, and how long these patients are waiting.

References

1 Northern Ireland Cancer Registry, Queen's University Belfast. Cancer incidence and survival statistics for Northern Ireland: 1993-2022. All cancers combined excluding non-melanoma skin cancer (ICD-10 C00-C97 excl C44). 2023. https://www.qub.ac.uk/research-centres/nicr/CancerInformation/official-statistics/

2 Action Cancer, Queen's University Belfast. The Cancer Journey: Your Experience Initial Findings. 2024. https://actioncancer.org/cancerjourney/

3 Northern Ireland Department of Health. Cancer waiting times. 2026. https://www.health-ni.gov.uk/articles/cancer-waiting-times

4 NHS England. Cancer Waiting Times. 2026. https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/

5 Public Health Scotland. Cancer waiting times. 2025. https://www.publichealthscotland.scot/publications/show-all-releases?id=20467

6 Wales uses the Suspected Cancer Pathway (SCP), which measures the time from the point at which cancer is first suspected (for example, when a GP refers a patient, requests an urgent test or an abnormal screening result is found) through to the start of first treatment. The Wales SCP includes all patients with a new suspicion of cancer, regardless of whether the referral was urgent, non-urgent or came through another route. In the other UK nations, the 62-day standard applies only to patients referred through red-flag/urgent or "suspected cancer" pathways (including screening) and does not include patients diagnosed via non-urgent or incidental routes.

7 Fischer K. Cancer diagnosis: Young people, mental health and quality of life. NIHR Evid. 2023 https://doi.org/10.3310/nihrevidence_58749

8 Macmillan Cancer Support. Warning Signs: Challenges to delivering the Cancer Strategy in England by 2020. 2016. https://www.macmillan.org.uk/_images/warning-signs_tcm9-308400.pdf

9 Delayed diagnosis of cancer: a thematic review of general practice indemnity claims. NHS Resolut. 2025

10 Hanna TP, King WD, Thibodeau S, et al. Mortality due to cancer treatment delay: systematic review and meta-analysis. 2020 https://doi.org/10.1136/bmj.m4087

11 Swann R, Lyratzopoulos G, Rubin G, et al. The frequency, nature and impact of GP-assessed avoidable delays in a population-based cohort of cancer patients. Cancer Epidemiol. 2020;64:101617. https://doi.org/10.1016/j.canep.2019.101617

12 Swann R, Lyratzopoulos G, Rubin G, et al. Predictors and consequences of different pathways to emergency diagnosis of cancer in England: Evidence from linked national audit and cancer registration data. Cancer Epidemiol. 2024;92:102607. https://doi.org/10.1016/j.canep.2024.102607

13 McPhail S, Swann R, Johnson SA, et al. Risk factors and prognostic implications of diagnosis of cancer within 30 days after an emergency hospital admission (emergency presentation): an International Cancer Benchmarking Partnership (ICBP) population-based study. Lancet Oncol. 2022;23:587–600. https://doi.org/10.1016/S1470-2045(22)00127-9

14 Cancer Research UK. What do emergency presentations mean for cancer survival? 2022. https://news.cancerresearchuk.org/2022/04/07/emergency-presentations-what-are-they-and-what-do-they-mean-for-cancer-survival/

15 Northern Ireland Cancer Registry. Routes to diagnosis of cancer: Cancer diagnosed in 2018-2021. 2025. https://www.qub.ac.uk/research-centres/nicr/FileStore/PDF/Routes%20to%20diagnosis%20report.pdf

16 Calculated by the Cancer Intelligence team at Cancer Research UK (2026). Predicted patient volume was modelled by fitting a generalised linear model using 62-day patient volume data from May 2008 to September 2025 (excluding the 3-month period between April 2024 and June 2024 due to incomplete data) and applying the fitted model to the 5-year period from October 2025 to September 2030. Projected patient volume over this period was summed to give an estimate of the number of patients expected to be starting treatment following a red flag referral in Northern Ireland.

17 Calculated by the Cancer Intelligence team at Cancer Research UK (2026). Based on the total number of people who waited over 62 days to start treatment following a red flag referral between October 2020 to September 2025 in Northern Ireland. Complete Northern Ireland data is not available between April 2024 and June 2024 due to the ongoing rollout of Northern Ireland's new data infrastructure.

18 Calculated by the Cancer Intelligence team at Cancer Research UK (2026). Estimate is calculated by applying the latest 6-month average 62-day performance (31.2% between April to September 2025) to the predicted patient volume from October 2025 to September 2030 and summing to calculate the number of people who would not start treatment within 62 days if performance remains at the current level.

19 Leukaemia UK. Count Us In. 2025. https://www.leukaemiauk.org.uk/app/uploads/2025/09/Count-us-in-report-2025.pdf

20 Bloodwise. Delays Expected: The Current State of Blood Cancer Diagnosis in England. 2019. https://bcuk.cdn.ngo/documents/bloodwise-delayed-diagnosis-report_RlQgdp7.pdf

21 Cancer Research UK. Cancer Waiting Times & Diagnostic Activity Data Hub. https://crukcancerintelligence.shinyapps.io/CancerServicesWaitingTimes/

22 Calculated by the Cancer Intelligence team at Cancer Research UK (2026) comparing a monthly average of total people starting treatment following a red flag referral from April-September 2008 and April-September 2025.

23 Northern Ireland Assembly. AQW 35300/22-27. 2025. https://aims.niassembly.gov.uk/questions/printquestionsummary.aspx?docid=458691

24 Hall H, Tocock A, Burdett S, et al. Association between time-to-treatment and outcomes in non-small cell lung cancer: a systematic review. Thorax. 2022;77:762–768. https://doi.org/10.1136/thoraxjnl-2021-216865

25 Public Health Scotland. Cancer waiting times - 1 April to 30 June 2025. 2025. https://www.publichealthscotland.scot/publications/cancer-waiting-times/cancer-waiting-times-1-april-to-30-june-2025/

26 Northern Ireland Cancer Registry, Queen's University Belfast. Routes to diagnosis of cancer - cancer diagnosed in 2018-2020. 2024. https://www.qub.ac.uk/research-centres/nicr/FileStore/PDF/NIrelandReports/Routes%20to%20diagnosis%20report%202024-03-12_FINAL-compressed.pdf

27 Elective Care Framework - Restart, Recovery and Redesign | Department of Health. 2021. https://www.health-ni.gov.uk/publications/elective-care-framework-restart-recovery-and-redesign

28 BBC News. Waiting list money diverted to tackle health deficit, confirms minister. 2025. https://www.bbc.co.uk/news/articles/cev1r7ped87o

29 Northern Ireland Department of Health. Health and Social Care Reset plan. 2025. https://www.health-ni.gov.uk/publications/health-and-social-care-reset-plan

30 NHS Providers. Webinar: Recovering Cancer Performance. 2025. https://www.youtube.com/watch?v=VYgGtKrsAvY

31 NHS Interim Management and Support. Life on an NHS IMAS Assignment. https://www.nhsimas.nhs.uk/news-and-publications/case-study-archive/life-on-an-nhs-imas-assignment

Appendix

Median and 95th percentile wait times from GP referral to first definitive treatment for patients urgently referred by a GP with suspected cancer who began their first treatment in quarters ending June 2019 and June 2025, Northern Ireland [23]**.**

	Median wait (days)		95th percentile wait time (days)	
Cancer site	**2019**	**2025**	**2019**	**2025**
Breast cancer	38	61	58.4	113
Gynaecological cancers	69	93	136.6	219.8
Haematological cancers	33.5	55	105.4	175.3
Head/neck cancer	69	89	104.4	173
Lower gastrointestinal cancer	77.5	97	130.7	191.7
Lung cancer	72	69	10.2	131
Skin cancers	49	75	127	273.4
Upper gastrointestinal cancer	63.5	74	119.7	254.1
Urological cancer	95	120	217.6	264