Faster Diagnosis Standard performance by referral outcome

Data brief

November 2026

CANCER RESEARCH UK

Together we are beating cancer

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About this document

Reference

This report should be referred to as follows:

Cancer Research UK, 2026. **Faster Diagnosis Standard performance by referral outcome**.

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Acknowledgements

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, diagnosis and treatment of more than 200 types of cancer through the work of over 6,000 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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Cancer Research UK is a registered charity England and Wales (1089464), Scotland (SC041666), the Isle of Man (1103) and Jersey (247).

Key insights

The Faster Diagnosis Standard (FDS) was introduced in 2021, measuring the time from urgent cancer referral to when the person is told they do or do not have cancer. This analysis explores differences in FDS performance between people who are diagnosed with cancer and those who have cancer ruled out.

- In the latest quarter, July – September 2026, 78.0% people received a cancer diagnosis or had cancer ruled out within 28 days of a suspected cancer referral, against an FDS target of 80%.
- 79.5% of people who had cancer ruled out were informed within 28 days.
- Of people who were ultimately diagnosed with cancer, only 56.2% received their diagnosis within 28 days. This is 23.8 percentage points short of the 80% target.

- Improvements in overall performance have been primarily driven by improvements in performance for people who have cancer ruled out.
- In the latest 12 months (October 2025 – September 2026), FDS performance was 55.4% for referrals that resulted in a cancer diagnosis, only 0.4 percentage points higher than performance in the previous year.
- In comparison, in the latest 12 months, FDS performance was 79.1% for referrals where cancer was ruled out, an increase of 1.1 percentage points to the previous year.

- In the latest 12 months (October 2025 – September 2026), for suspected cancer types:
    - Sarcoma and urological cancer referrals had the lowest performance among referrals that resulted in a cancer diagnosis (30.7% and 31.7%, respectively).
    - Head and neck cancer referrals showed the largest difference between performance for referrals that resulted in a cancer diagnosis (35.9%) and those where cancer was ruled out (78.9%), a difference of 43.0 percentage points.
    - Urological cancer referrals saw the largest improvement in performance among referrals that resulted in a cancer diagnosis (+2.9 percentage points) compared with the previous year. Breast cancer referrals saw the biggest drop in performance for people who went on to be diagnosed with cancer (-4.2 percentage points).

Introduction

The Faster Diagnosis Standard (FDS) was introduced by NHS England in 2021 [1], replacing the Two Week Wait pathway. It measures the time from an urgent cancer referral to the end of the diagnostic pathway, either a cancer diagnosis or cancer being ruled out. Urgent referrals include people receiving an urgent GP referral for suspected cancer, an urgent breast referral or an urgent referral from one of the national cancer screening programmes. From October 2021, NHS England initially set an operational target for 75% of people to have cancer diagnosed or ruled out within 28 days of their urgent referral. In March 2026, this target increased to 80% [2].

In 2025, we published our **Faster Diagnosis Standard (FDS): Variation in performance on the Faster Diagnosis pathway** report, which showed that FDS performance was higher for referrals where cancer was ruled out than for those resulting in a cancer diagnosis [3]. Following publication of this report, NHS England began publishing quarterly breakdowns of FDS performance for people who were diagnosed with cancer and people who had cancer ruled out.

This analysis provides an update on trends and explores differences in FDS performance between these two groups using the latest data, published on 12 November 2026 [4]. Data were extracted from the NHS England Cancer Waiting Times dataset for all referrals on the FDS pathway that received a referral outcome between October 2021 and September 2026. Analyses were conducted for all eligible referrals combined and for selected suspected cancer sites. Due to the low volume of referrals, suspected brain or central nervous system tumours, suspected children's cancer, suspected acute leukaemia, other suspected cancer, and missing or invalid referral types were not analysed separately.

Results

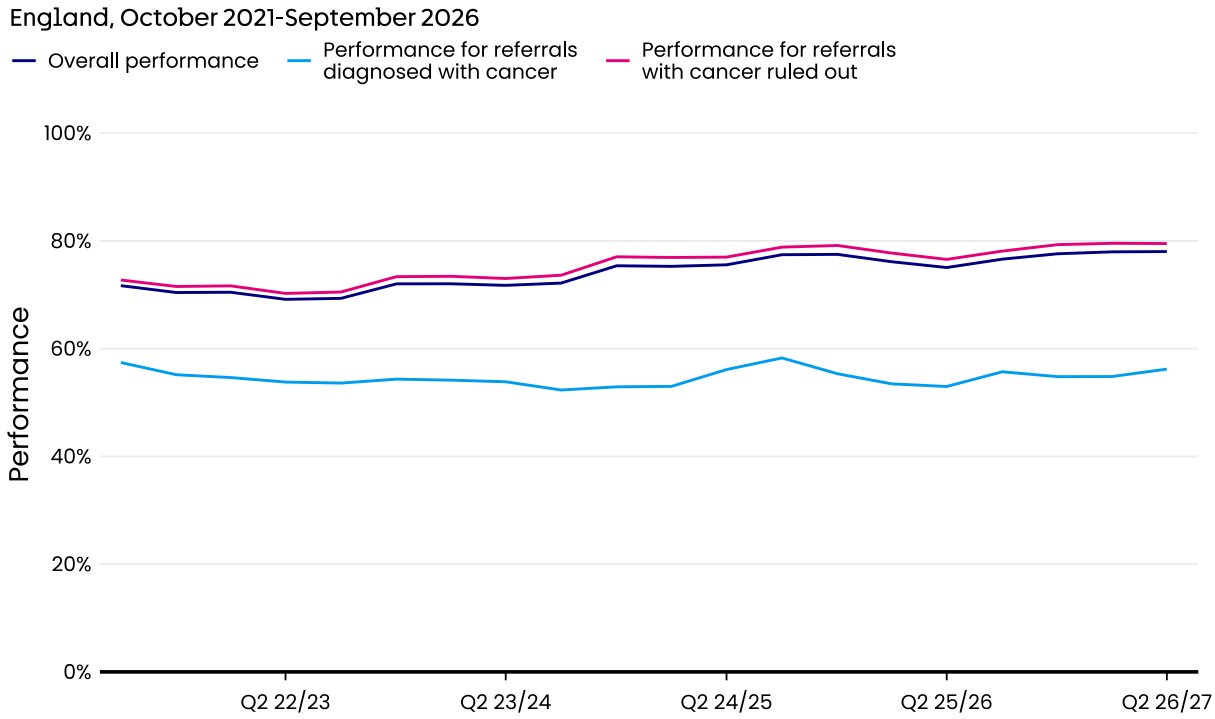
All cancers analysis

In the latest quarter (July – September 2026), overall FDS performance was 78.0%. This is 2.0 percentage points short of the 80% FDS target. However, this predominantly reflects performance for referrals where cancer was ruled out (79.5%, which is 0.5 percentage points below the target). For people diagnosed with cancer (6.0% of referrals), performance was 56.2%, which is 23.8 percentage points short of the target. This highlights the importance of the breakdown by referral outcome: overall performance alone does not reflect the experience for people ultimately diagnosed with cancer, where patients are waiting too long for their cancer diagnosis.

FDS performance has improved for referrals where cancer was ruled out, but it has remained relatively static for those where cancer was diagnosed. Across the latest 12 months (October 2025 – September 2026), performance for referrals where cancer was ruled out was 79.1%, compared to 78.0% in the previous 12 months (October 2024 – September 2025). For referrals that resulted in a cancer diagnosis, FDS performance was 55.4%, compared with 55.0% in the previous 12 months. Figure 1 shows a widening gap between the two referral outcomes since the FDS was introduced; performance for referrals where cancer was ruled out has risen steadily, while performance for people diagnosed with cancer has decreased. Throughout, overall performance is close to the ruled-out performance, and so overall improvement primarily reflects progress for that referral group rather than for those diagnosed.

The FDS target increased to 80% in March 2026. If the target had been consistently met over the last 6 months, an additional 33,100 people would have received a diagnosis or had cancer ruled out within 28 days. A timely outcome is particularly important for people who go on to be diagnosed with cancer to prevent delays to treatment. If the 80% target could have been met specifically for referrals resulting in a cancer diagnosis, around 25,400 additional people would have received a diagnosis within 28 days over the last 6 months.

Figure 1: Faster diagnosis standard performance by referral outcome



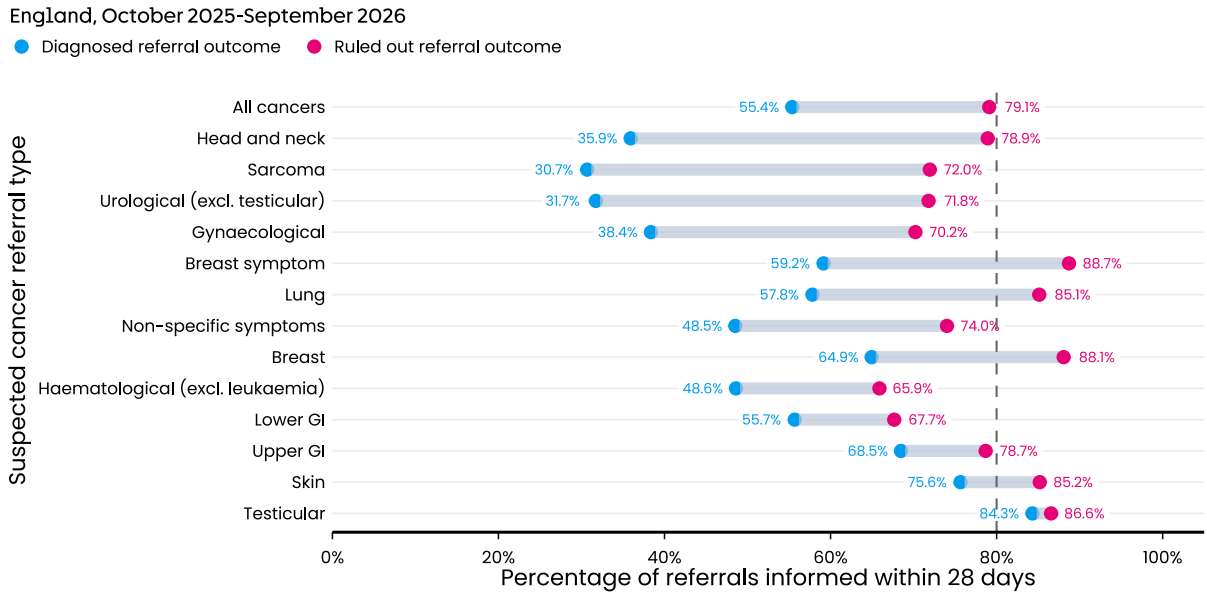
Analysis by suspected cancer site

Across the latest 12 months (October 2025 – September 2026), among referrals that resulted in a cancer diagnosis, the lowest FDS performance was observed for suspected sarcoma and suspected urological cancer referrals, with 30.7% and 31.7% of patients informed of their diagnosis within 28 days, respectively (see Figure 2). Testicular cancer was the only suspected cancer site to exceed the 80% NHS target over this period, with 84.3% of referrals receiving a diagnosis within 28 days.

Among FDS referrals where cancer was ruled out, performance ranged from 65.9% for haematological referrals to 88.7% for breast symptoms (cancer not initially suspected) referrals. Only five suspected cancer sites exceeded the 80% NHS target for referrals where cancer was ruled out: breast, breast symptoms (cancer not initially suspected), testicular, lung and skin.

Head and neck referrals showed the largest difference in FDS performance between referrals that resulted in a cancer diagnosis (35.9%) and those where cancer was ruled out (78.9%), at 43.0 percentage points. Testicular referrals showed the smallest difference, at 2.3 percentage points (84.3% diagnosed, 86.6% ruled out).

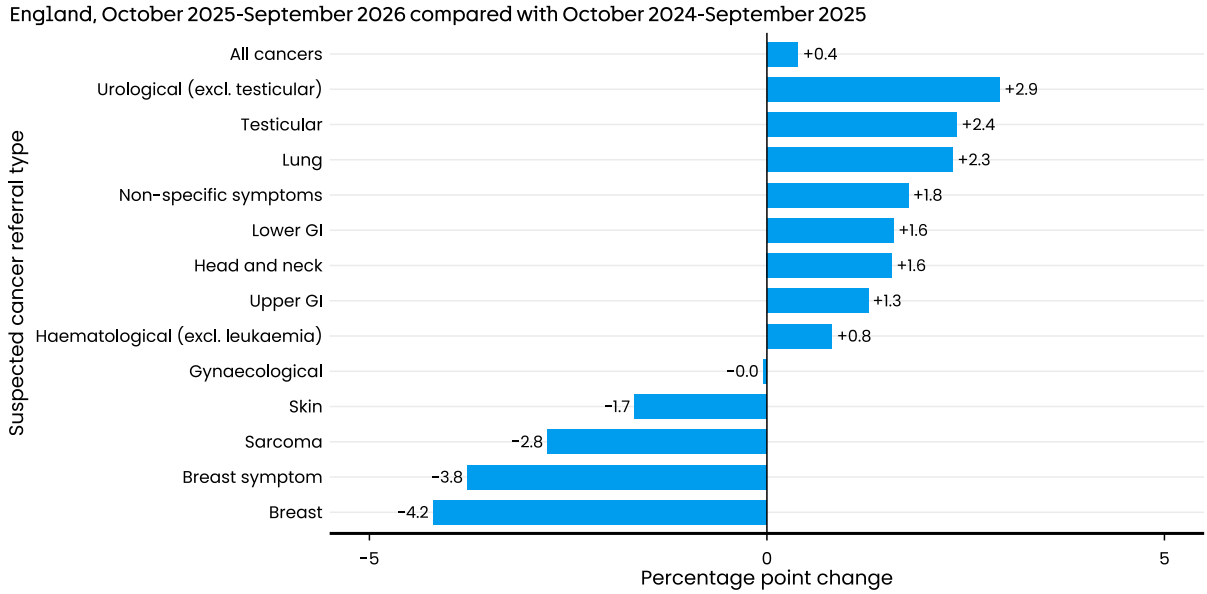
Figure 2: Average FDS performance by suspected cancer referral type and referral outcome



Note: Dashed line represents the current FDS target of 80%. The target was 75% from October 2025 to February 2026 and increased to 80% in March 2026.
Breast symptom referrals include exhibited non-cancer breast symptoms where cancer is not initially suspected.

In the latest 12 months, FDS performance for urological cancer referrals that resulted in a diagnosis improved by 2.9 percentage points compared with the previous year, representing the largest increase across all referral types (see Figure 3). In contrast, breast cancer referrals experienced the largest reduction in performance, decreasing by 4.2 percentage points.

Figure 3: Change in FDS performance for people diagnosed with cancer, by suspected cancer referral type



Breast symptom referrals include exhibited non-cancer breast symptoms where cancer is not initially suspected.

References

1 NHS England. **NHS Cancer Programme: Faster Diagnosis Framework**. 28 November 2022.

2 NHS England. **2025/26 priorities and operational planning guidance**. 30 January 2025.

3 Cancer Research UK. **Faster Diagnosis Standard (FDS): Variation in performance on the Faster Diagnosis pathway**. September 2025.

4 NHS England. **Cancer Waiting Times for 2026-2027 Q2 (Provisional)**. 12 November 2026.