



NHS Wales cancer waiting times: 2016-17

21 December 2017
SFR 186/2017

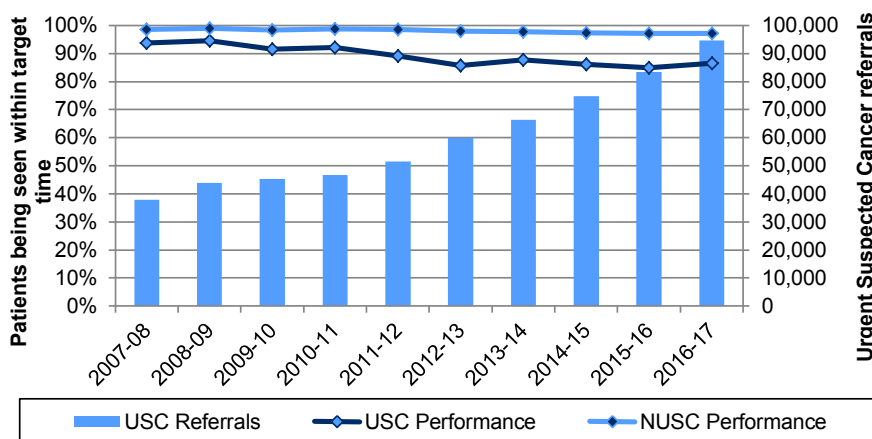
This is the first in a new series of annual statistical releases, which show information on meeting cancer standards, which are part of the [NHS Wales Delivery Framework 2016-17](#). The targets relating to cancer are:

- 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 for 2016-17:

- 86.5 per cent of patients newly diagnosed with cancer via the urgent suspected cancer route started definitive treatment within the target time of 62 days.
- 97.2 per cent of patients who were newly diagnosed with cancer not via the urgent route started definitive treatment within the target time of 31 days.
- Urgent suspected cancer referrals have increased by 150.3 per cent between 2007-08 and 2016-17.

Chart 1: Numbers of urgent suspected cancer referrals, and average annual performance for both USC and NUSC cancer pathways, 2007-08 onwards



Source: Cancer waiting times data, Welsh local health boards

About this release

The statistics include data on cancer waiting times reported by local health boards (LHBs) in Wales for 2016-17.

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

A recurrence of an original primary cancer at a secondary site is not included in this data collection, and so is not published here.

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Section 1: Patients diagnosed via the urgent suspected cancer route

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.

[Chart 1](#) shows that the percentage of patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment within 62 days was around the low to mid 90s between 2007-08 and 2010-11. It has since been below 90 per cent, however the number of people referred to the service who then began treatment increased by 70.7 per cent over the same period.

Table 1: Percentage of patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment within the target time during 2016-17, by month, by five most common tumour sites

	Cancer site					All tumour sites
	Urological	Skin	Breast	Lung	Lower Gastrointestinal	
Monthly Charts (a)						
April 2016	84.7	99.0	96.5	83.8	74.4	86.7
May 2016	90.2	98.2	95.9	87.1	69.6	88.6
June 2016	90.0	97.1	96.5	86.8	74.0	86.5
July 2016	79.7	99.2	94.4	84.3	68.3	85.7
August 2016	90.5	95.8	90.3	83.1	70.1	85.6
September 2016	85.7	96.7	92.1	83.3	55.9	83.8
October 2016	88.8	96.6	93.3	78.5	63.8	85.7
November 2016	87.6	97.5	96.2	81.2	63.8	86.6
December 2016	86.5	96.6	94.1	85.2	78.8	86.0
January 2017	87.6	98.5	93.9	88.2	67.9	87.0
February 2017	90.0	97.8	91.8	84.3	71.2	86.8
March 2017	90.4	99.2	94.3	89.6	78.4	89.3

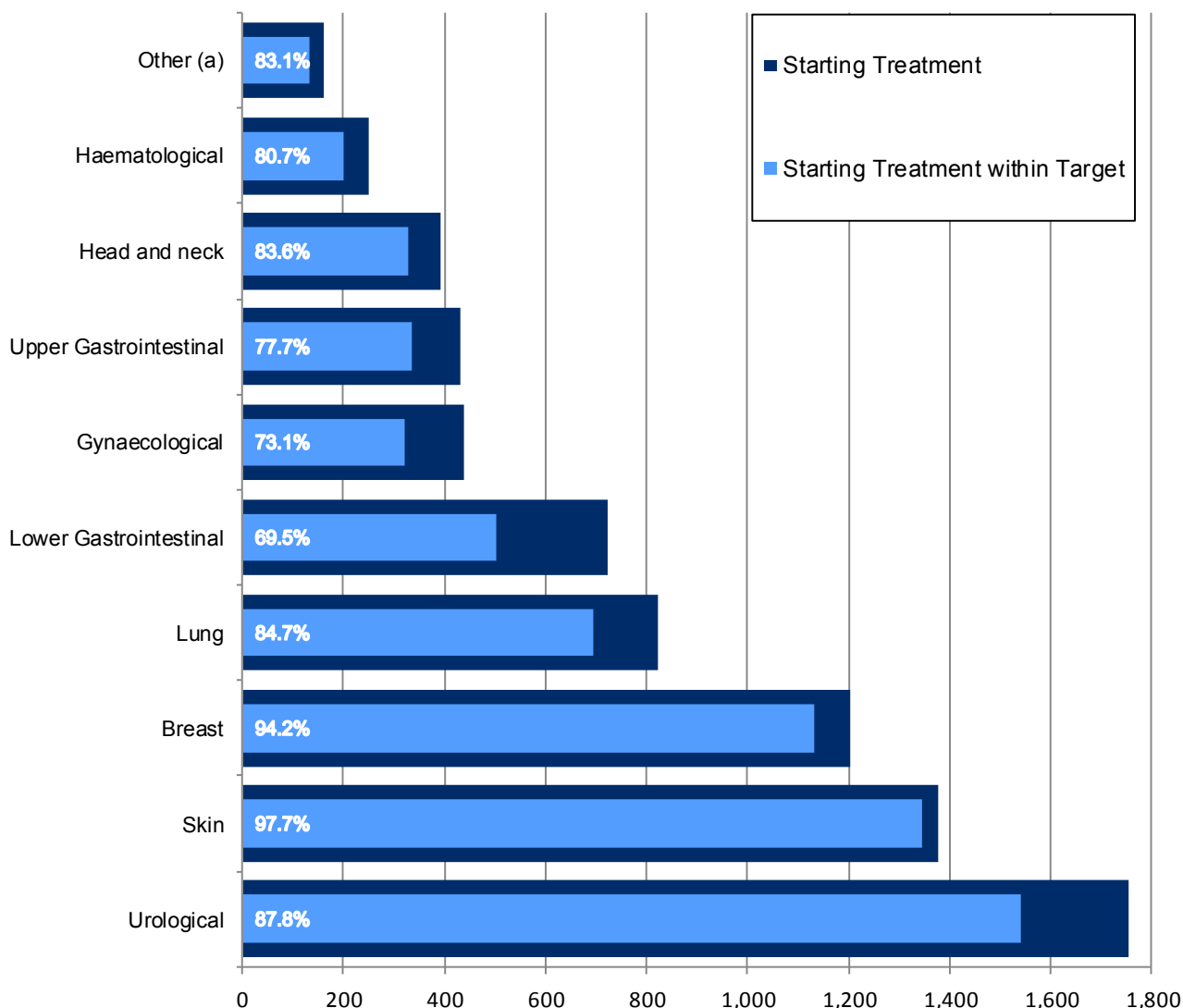
Source: Cancer waiting times data, Welsh local health boards

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

Table 1 provides a breakdown of performance by the five most common USC cancer tumour sites. It shows performance against the target for patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment within 62 days of referral, by the site of the cancer tumour.

- Performance varied from 55.9 per cent of lower gastrointestinal patients starting treatment within 62 days of referral in September 2016, to 99.2 per cent of skin patients starting treatment within the target in July 2016 and March 2017.
- Skin and breast cancers have been over 90 per cent for the whole of 2016-17, above the average for all USC sites.
- Lower gastrointestinal generally has worse performance than the average of all USC tumour sites, being below 75 per cent in each month of 2016-17.

Chart 2: Numbers of patients starting treatment, and those who did so within the target time for urgent suspected cancer and percentages by tumour site 2016-17 (a)



Source: Cancer waiting times data, Welsh local health boards

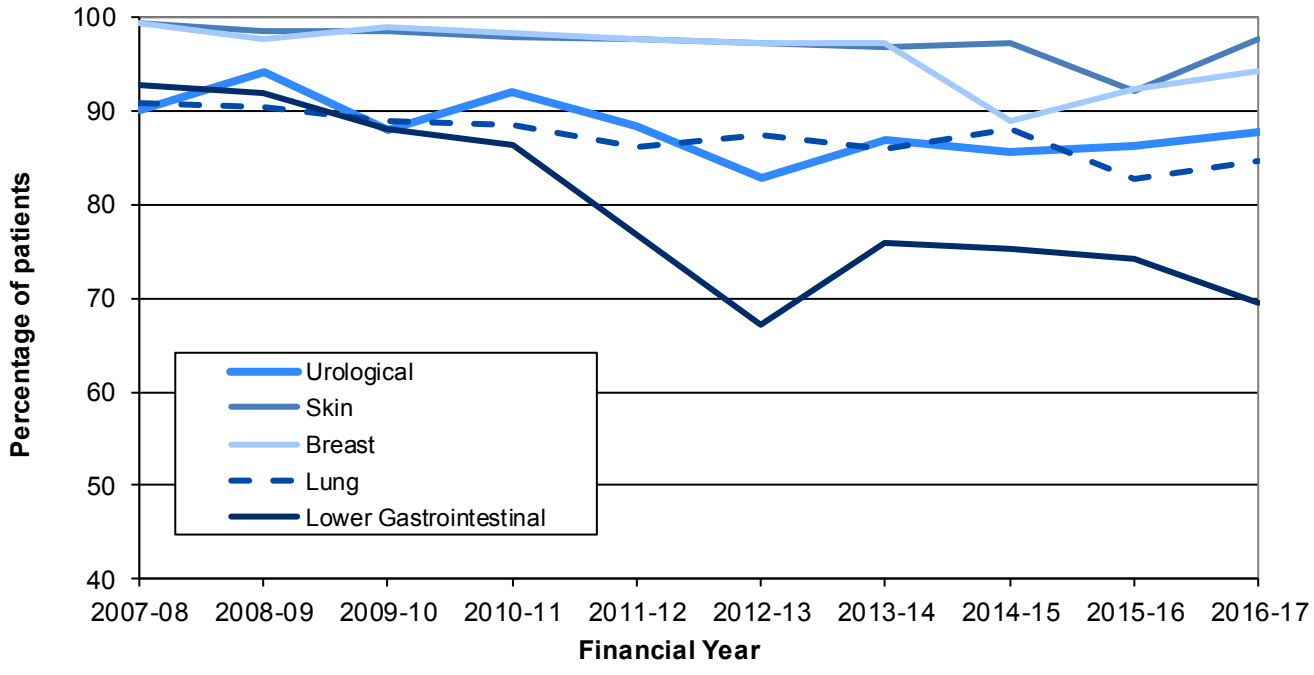
(a) Other contains Sarcoma, Brain/CNS, Acute Leukaemia, Children's cancer and other types of cancer.

Chart 2 shows the total number of patients who have been confirmed urgent by a specialist and those who began definitive treatment in 62 days and average performance for 2016-17 by site.

The chart shows that:

- The top 5 cancers (Urological, Skin, Breast, Lung and Lower Gastrointestinal) made up 77.9 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) account for only 2.1 per cent of all patients starting treatment via the urgent suspected cancer route.
- Performance ranged from 69.5 per cent for lower gastrointestinal cancers to 97.7 per cent for skin cancer.

Chart 3: Percentage of patients diagnosed with cancer via the urgent suspected cancer route starting treatment within the target time, by tumour site, 2007-08 onwards (a)



*Please note this chart does not start at zero

Source: Cancer waiting times data, Welsh local health boards

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

Chart 3 shows performance against the 62 day target, broken down by tumour site, from the year ending March 2008 onwards. The sites chosen had the most patients starting treatment in the latest financial year.

Of the selected tumour sites:

- Lower gastrointestinal has had the lowest percentage of patients starting treatment within the target time since 2009-10. The percentage declined from 2010-11 to a low of just under 70 per cent in 2012-13. After subsequently increasing to about 75 per cent in 2013-14, it has since declined overall.
- Patients diagnosed with skin cancer have regularly been the most likely to start treatment within 62 days, followed closely by breast cancer.

Table 2: Percentage of patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment during 2016-17, 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 2016	87.7	91.0	81.9	89.8	92.7	79.8	86.7	
May 2016	90.8	88.8	84.2	94.1	90.4	85.5	88.6	
June 2016	91.6	82.7	85.2	92.6	84.3	82.1	86.5	
July 2016	88.7	80.6	78.3	94.2	91.2	85.9	85.7	
August 2016	89.1	86.2	80.4	91.5	82.4	87.9	85.6	
September 2016	87.3	87.6	78.2	81.3	84.6	82.3	83.8	
October 2016	87.2	88.7	88.6	78.3	82.3	84.5	85.7	
November 2016	91.8	91.5	84.5	86.8	82.4	82.8	86.6	
December 2016	88.3	92.1	83.6	87.8	84.9	80.5	86.0	
January 2017	88.1	91.0	84.0	90.3	88.0	83.0	87.0	
February 2017	87.8	91.1	79.5	90.4	89.2	84.6	86.8	
March 2017	92.5	90.7	79.1	85.7	92.0	95.4	89.3	

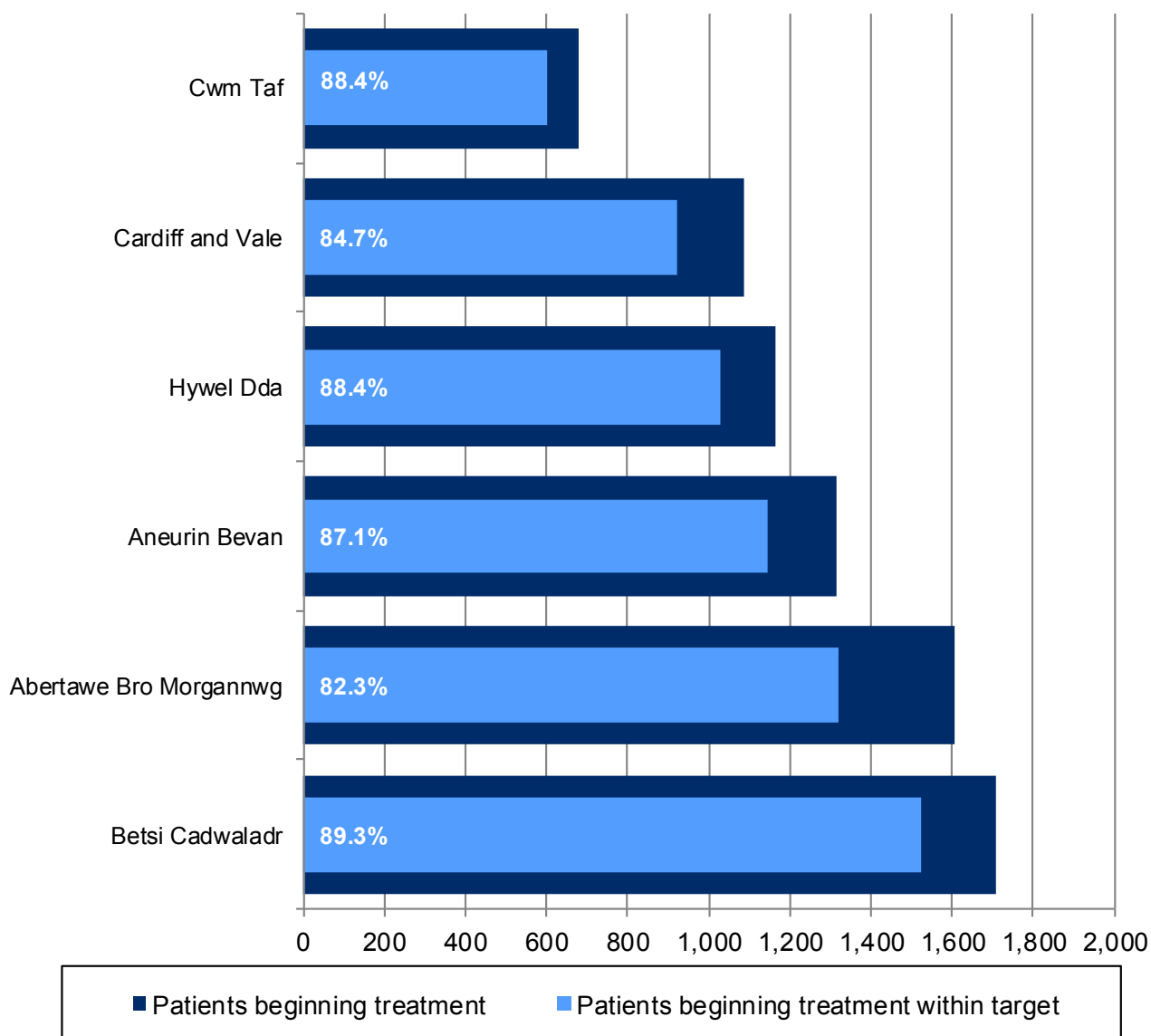
Source: Cancer waiting times data, Welsh local health boards

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

Table 2 provides a more detailed breakdown of the data by local health board (LHB). It shows performance against the target for patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment within 62 days of referral by LHB throughout 2016-17.

- Performance ranged from 78.2 per cent of patients in Abertawe Bro Morgannwg University Health Board in September 2016 starting treatment within 62 days of referral to 95.4 per cent of patients in Cardiff and Vale University Health Board in March 2017. None of the LHBs achieved compliance of 95 per cent or more in this year, however Cardiff and Vale did meet the target in March 2017.

Chart 4: Total patients starting treatment and those starting within 62 day target for urgent suspected cancer and percentage within target by LHB provider, 2016-17



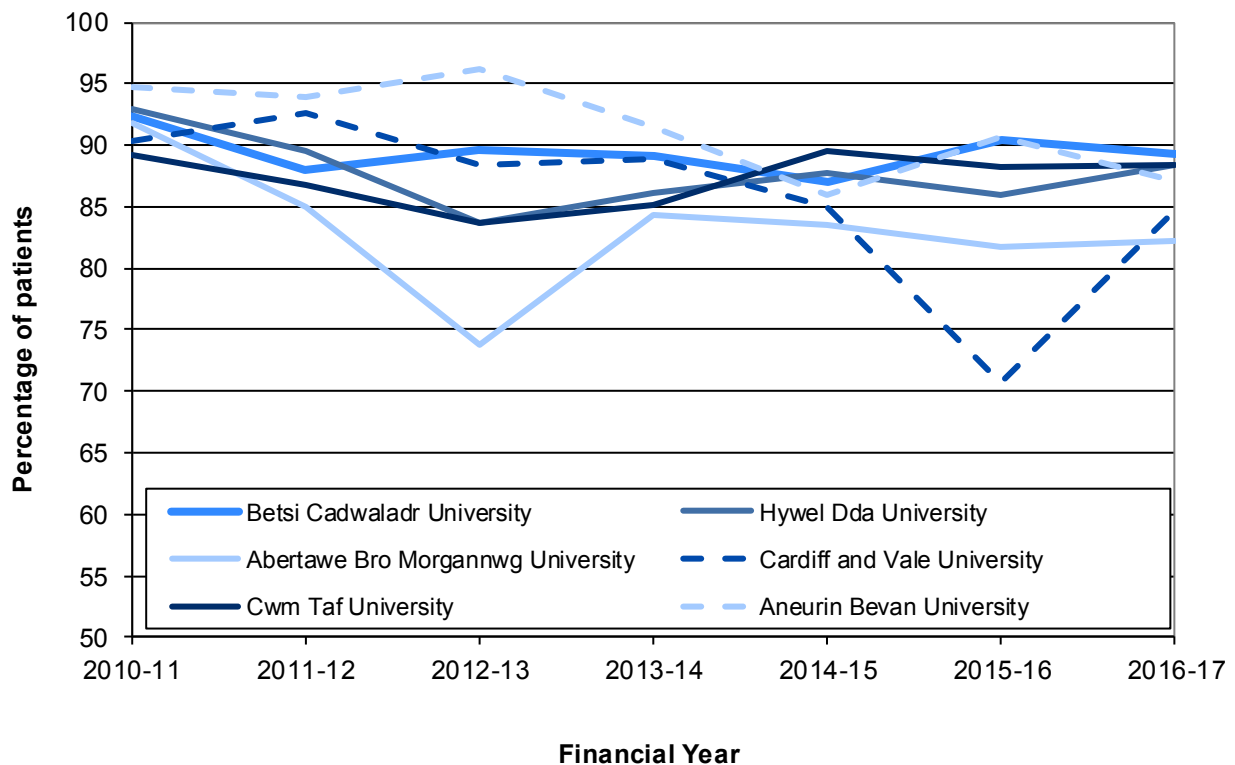
Source: Cancer waiting times data, Welsh local health boards

Chart 4 shows the total number of patients to start treatment via the urgent suspected cancer route, and those starting within the 62 day target as well as average performance for 2016-17, by LHB.

The chart shows that:

- Betsi Cadwaladr has the most patients beginning treatment in 2016-17, having 22.6 per cent of patients starting treatment via the urgent suspected cancer pathway.
- Cwm Taf has the least patients beginning treatment in 2016-17, accounting for only 9.0 per cent of patients starting treatment via the urgent suspected cancer pathway.
- Performance varied from 82.3 per cent beginning treatment within 62 days at Abertawe Bro Morgannwg, to 89.3 per cent beginning within target time at Betsi Cadwaladr.

Chart 5: Percentage of patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment within the target time, by LHB, 2010-11 onwards (a)



*Please note this chart does not start at zero

Source: Cancer waiting times data, Welsh local health boards

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

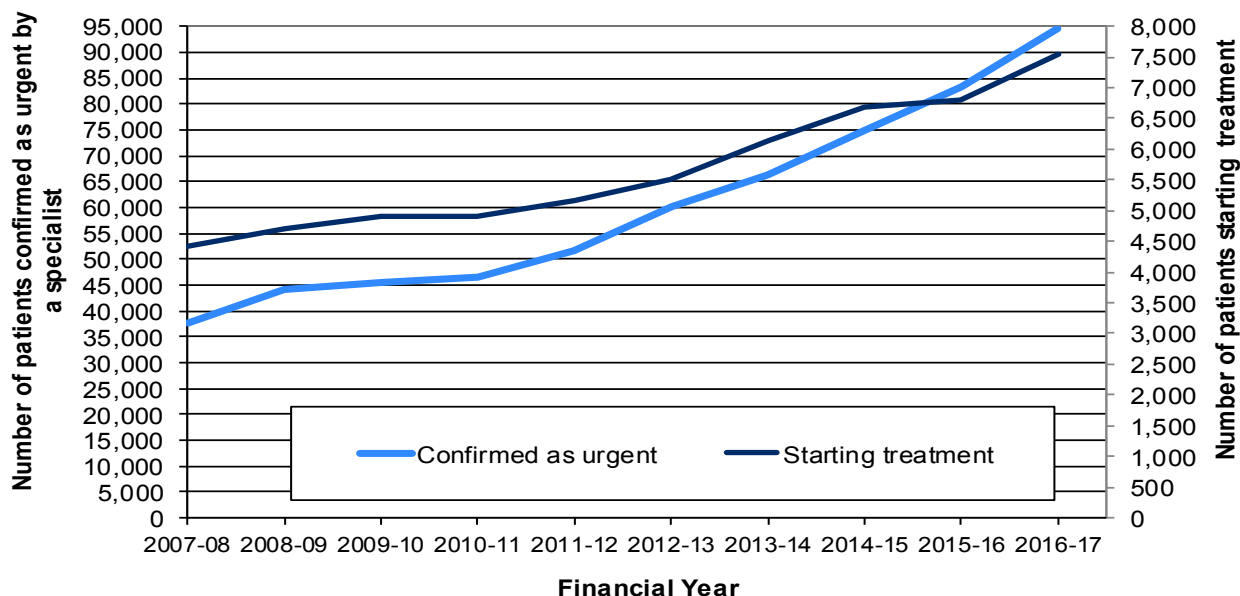
Chart 5 shows performance against the target for patients newly diagnosed with cancer via the urgent suspected cancer route starting treatment within 62 days of referral by LHB, 2010-11 onwards.

- The 95 per cent target was last met by a health board in 2012-13, when Aneurin Bevan had 96.2 per cent of patients begin treatment within target however it has not been met since over a whole year. However as noted earlier the target has been met for individual months for some health boards.
- Cardiff and Vale University Health Board has had the lowest percentage of patients starting treatment within target time of all the health boards since 2014-15, it has however has seen an improvements in 2016-17 and best performance in March 2017 meeting the target at 95.4 per cent.
- There is no discernable trend at any of the health boards, with the performance fluctuating each year, however generally performance exceeds 80 per cent of patients being seen in target time.

Referrals confirmed as urgent suspected cancer¹

The following chart presents information on the numbers of patients referred from primary care as urgent suspected cancer who are then confirmed as urgent suspected cancer. Not all of these patients will go on to have treatment, as further tests might show that they do not have cancer. 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 6: Number of patients confirmed by a specialist as urgent suspected cancer, quarter ending March 2007 onwards



Source: Cancer waiting times data, Welsh local health boards

Chart 6 shows the number of urgent suspected cancer referrals received and confirmed as urgent suspected cancer by a specialist and the number of patients starting treatment via the urgent suspected cancer route, 2007-08 onwards.

The chart shows that:

- There has been an overall increase in both measures since the 2007-08. The rate of increase has been greater for those confirmed as urgent suspected cancer, which has increased by 150.3 per cent since 2007-08, compared to an increase of 70.7 per cent in the number starting treatment over the same period.

¹ Cardiff and Vale University Health Board have recently informed us that some of the historical figures they have provided for the number of patients confirmed as urgent suspected cancer may not be accurate. Specifically, figures for the upper and lower gastrointestinal tumour sites have been underreported prior to April 2015. We are currently investigating the issue with the health board who hope to resubmit the data before the next annual update.

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.

[Chart 1](#) shows that 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, fluctuating around 98 and 99 per cent from 2007-08 to 2012-13 and generally meeting the target. Since then it has been between 96 per cent and 98 per cent each year. In 2016-17 it was 97.2 per cent.

Table 3: Percentage of patients newly diagnosed with cancer NOT via the urgent suspected cancer route starting treatment during 2016-17, by month, by 5 most common cancer sites

Monthly Charts (a)	Cancer site					All Tumour Sites
	Breast	Urological	Lung	Lower Gastrointestinal	Skin	
April 2016	95.8	94.2	95.3	94.0	100.0	96.7
May 2016	96.3	96.3	99.0	99.1	100.0	98.3
June 2016	97.9	94.9	93.7	98.3	98.7	97.4
July 2016	98.2	96.5	95.3	97.4	96.1	96.7
August 2016	98.3	97.7	96.5	100.0	99.0	97.5
September 2016	94.2	99.3	92.4	98.0(b)	99.0	96.9
October 2016	97.3	94.1	97.1	97.4	100.0	97.3
November 2016	97.1	97.4	94.6	93.5	97.6	96.8
December 2016	99.1	93.3	95.5	95.1	100.0	97.1
January 2017	96.0	97.4	93.5	96.4	98.9	96.8
February 2017	98.9	95.1	92.8	97.5	100.0	97.0
March 2017	98.7	96.2	99.2	99.0	98.9	97.6

Source: Cancer waiting times data, Welsh local health boards

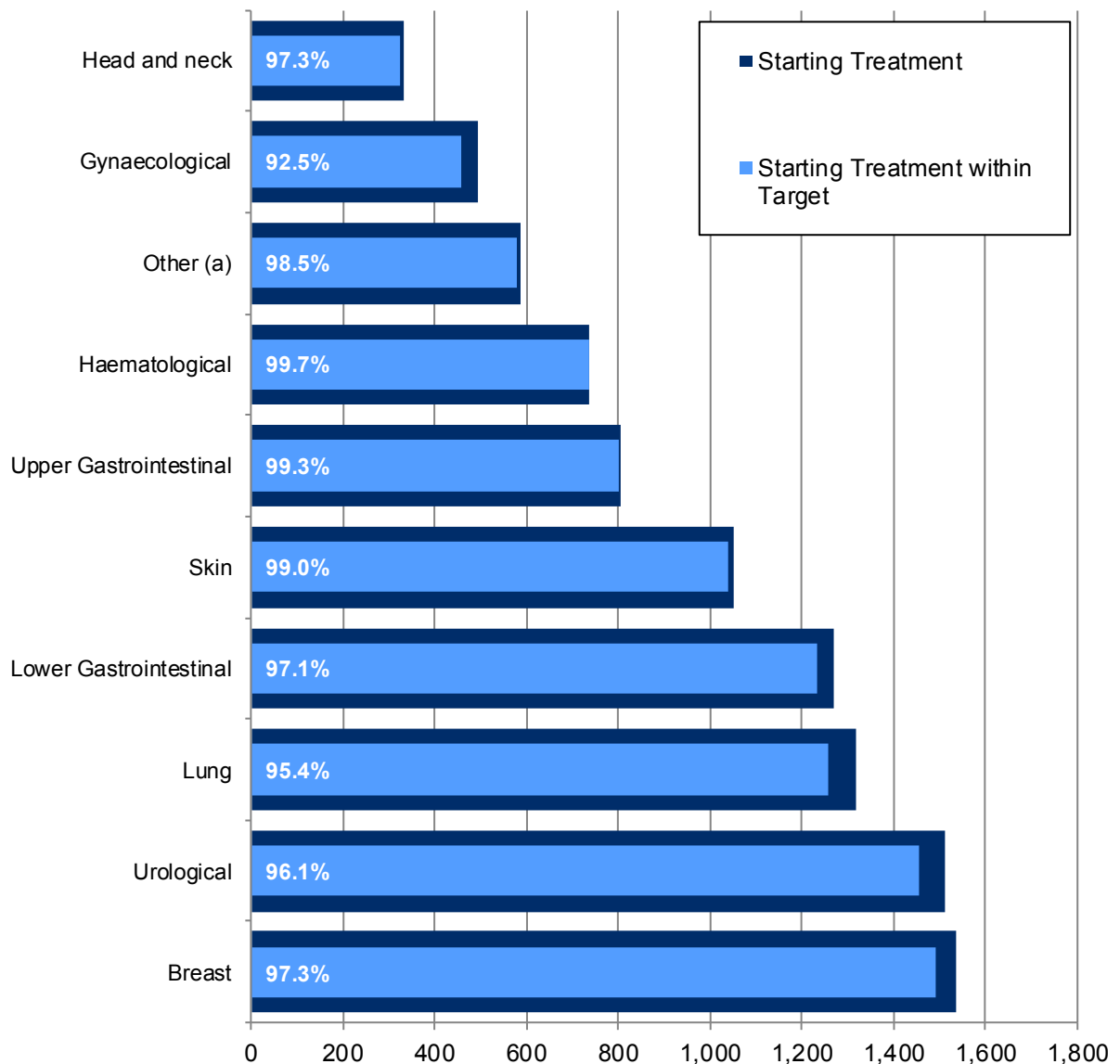
(a) The vertical axis is the same for all charts.

(b) This month appears to have hit the target; however this is due to rounding with the actual value 97.95. Therefore the target was narrowly missed for this tumour site and month.

Table 3 provides monthly performance by cancer tumour site (five most common sites) for those patients newly diagnosed with cancer NOT via the urgent suspected cancer route starting treatment within 31 days of diagnosis.

- 100 per cent compliance was met for lower gastrointestinal cancers in August 2016 and for skin in April, May, October and December 2016 as well as February 2017.
- The lowest performance was for lung cancer in September 2016, at 92.4 per cent of patients starting treatment within 31 days.
- The target was met for patients with Skin cancer in all but 2 months, July and November 2016.

Chart 7: Numbers of patients starting treatment, and those who did so within the target time for those NOT via the urgent suspected cancer route and performance by tumour site 2016-17 (a)



Source: Cancer waiting times data, Welsh local health boards

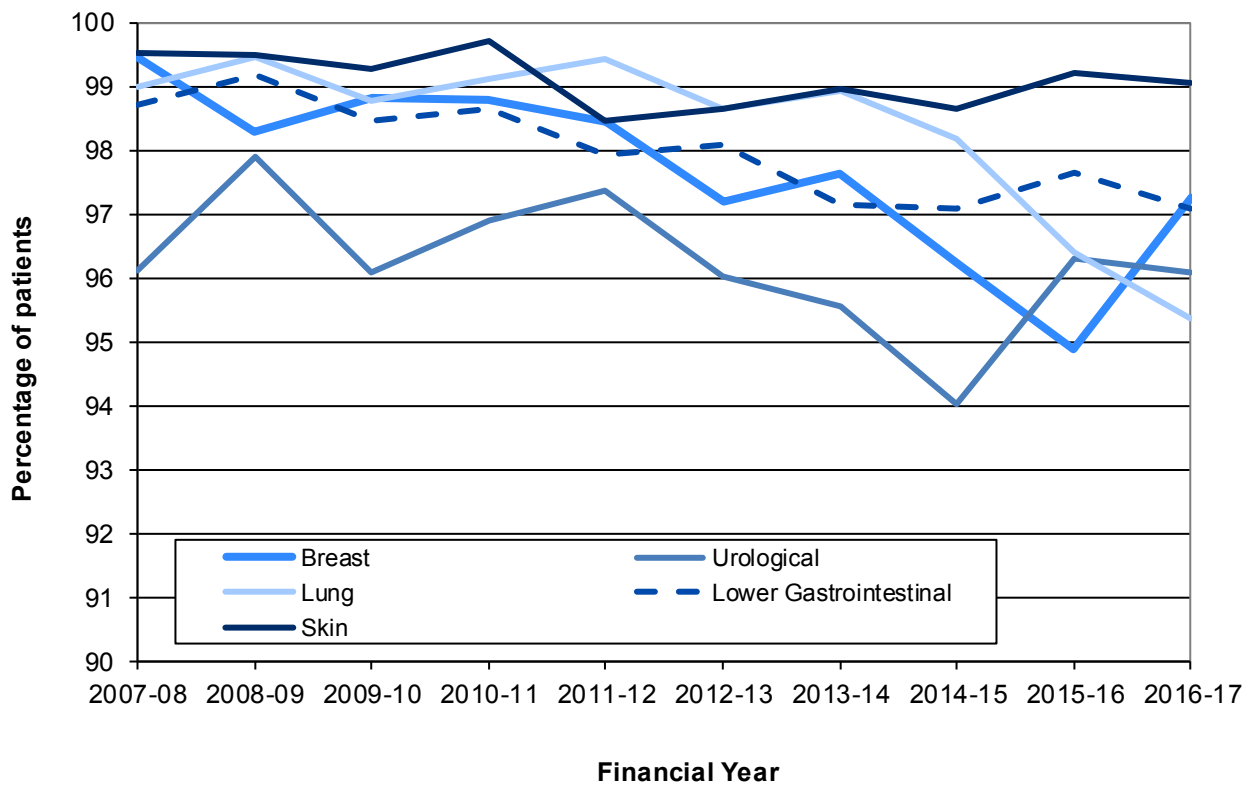
(a) Other contains Sarcoma, Brain/CNS, Acute Leukaemia, Children’s cancer and other types of cancer.

Chart 7 shows the total number of patients NOT from the urgent suspected cancer route starting treatment, and those within 31 days, as well as the average annual performance by site.

The chart shows that:

- The top 5 cancers (Breast, Urological, Lung, Lower Gastrointestinal and Skin) accounted for 69.3 per cent of patients starting treatment via the non-urgent suspected cancer route.
- Head and neck cancer accounted only for only 3.5 per cent of all patients starting treatment via the non-urgent suspected cancer route.
- Performance ranged from 92.5 per cent for Gynaecological to 99.7 per cent for Haematological.

Chart 8: Percentage of patients diagnosed with cancer not via the urgent suspected cancer route starting treatment within the target time, by tumour site, 2007-08 onwards (a)



***Please note this chart does not start at zero**

Source: Cancer waiting times data, Welsh local health boards

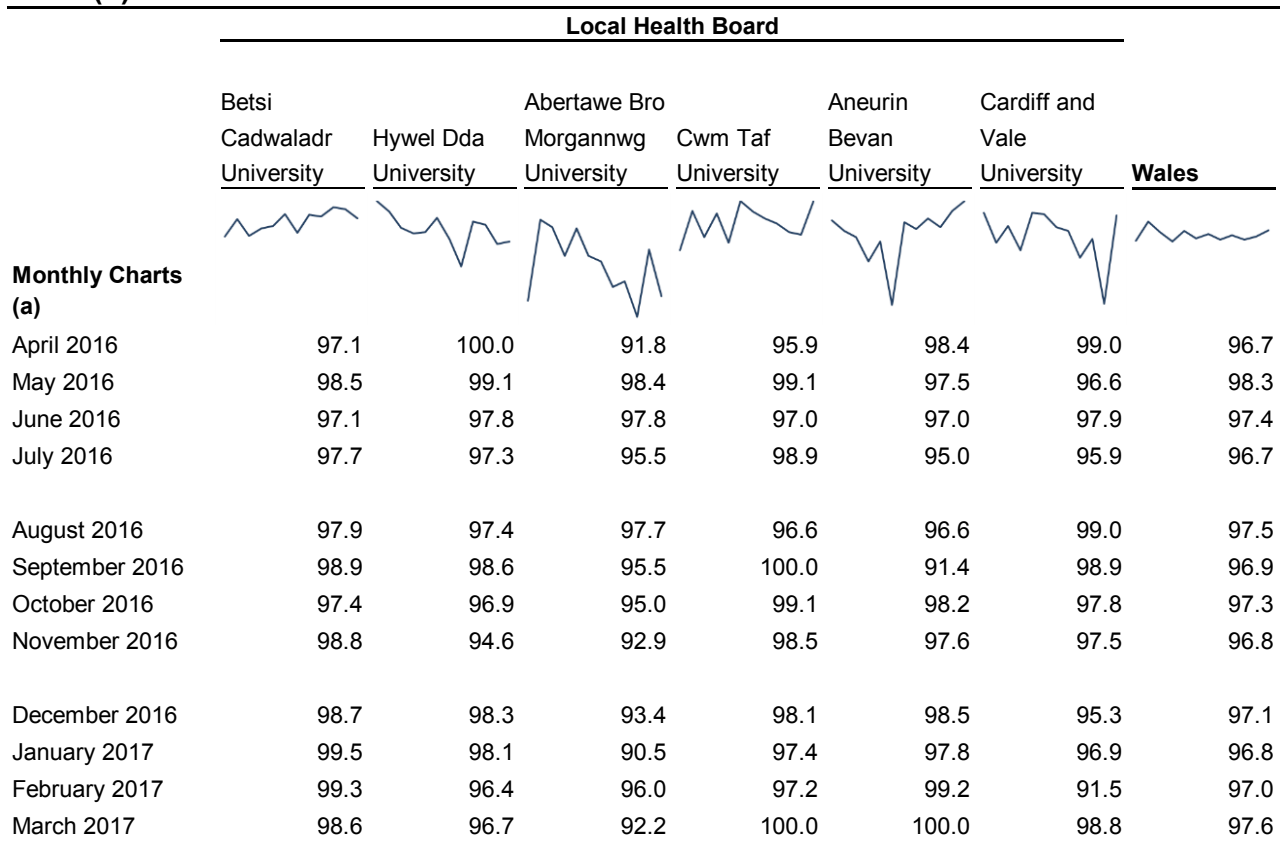
(a) The selected tumour sites had the most patients starting treatment in the financial year.

Chart 8 shows the performance against the target broken down by tumour site, from 2007-08 onwards. The tumour sites shown had the most patients starting treatment during the latest financial year.

Of the selected tumour sites:

- None of the sites had an evident trend over time, as there is a high level of variation 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 selected tumour sites in every financial year covered by the chart.
- The 98 per cent target has never been missed in any financial year shown in the chart for those starting treatment for skin cancer. This tumour site was the only site to meet the target in the latest financial year, of the five most common cancer sites.
- For those starting treatment for breast cancer, the target has not been met since the 2011-12, but was met for some months within that period.

Table 4: Percentage of patients newly diagnosed with cancer NOT via the urgent suspected cancer route starting treatment during 2016-17, by month, by local health board (a)



Source: Cancer waiting times data, Welsh local health boards

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

Table 4 provides more detail of performance by LHB for those patients newly diagnosed with cancer NOT via the urgent suspected cancer route starting treatment within 31 days of diagnosis by month during 2016-17.

- Performance ranged from 90.5 per cent of patients in Abertawe Bro Morgannwg University Health Board during January 2017 starting treatment within 31 days of referral to all patients being seen within 31 days of referral at Hywel Dda University during April 2016, Cwm Taf University twice, both in September 2016 and March 2017 and Aneurin Bevan in March 2017.
- In 2016-17 performance was generally highest in Cwm Taf and Betsi Cadwaladr University Local Health Boards, but lowest in Abertawe Bro Morgannwg University Local Health Board.

Chart 9: Number of patients starting treatment and those within the 31 day target, NOT via the urgent suspected cancer route and average performance, by LHB provider, 2016-17

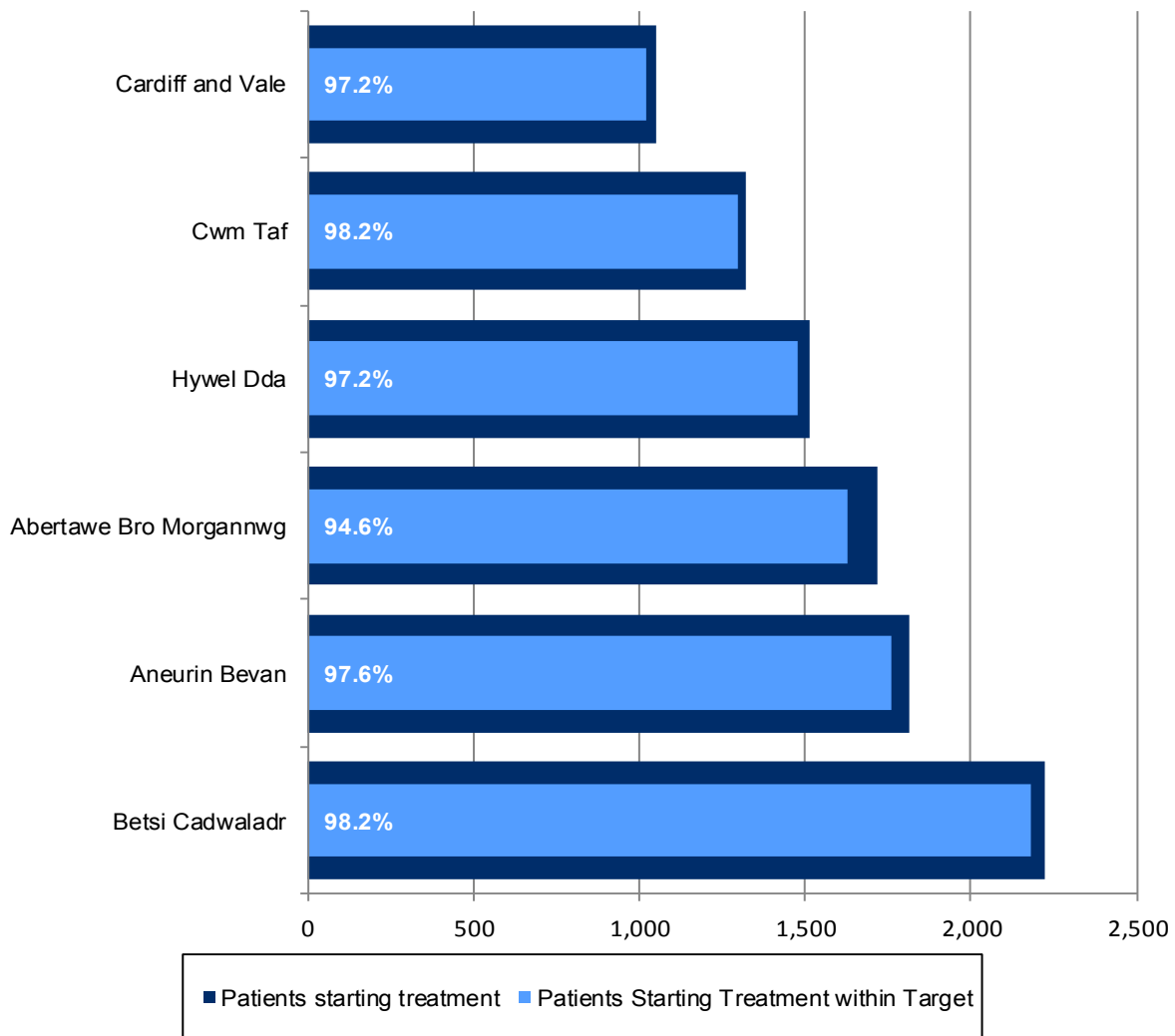
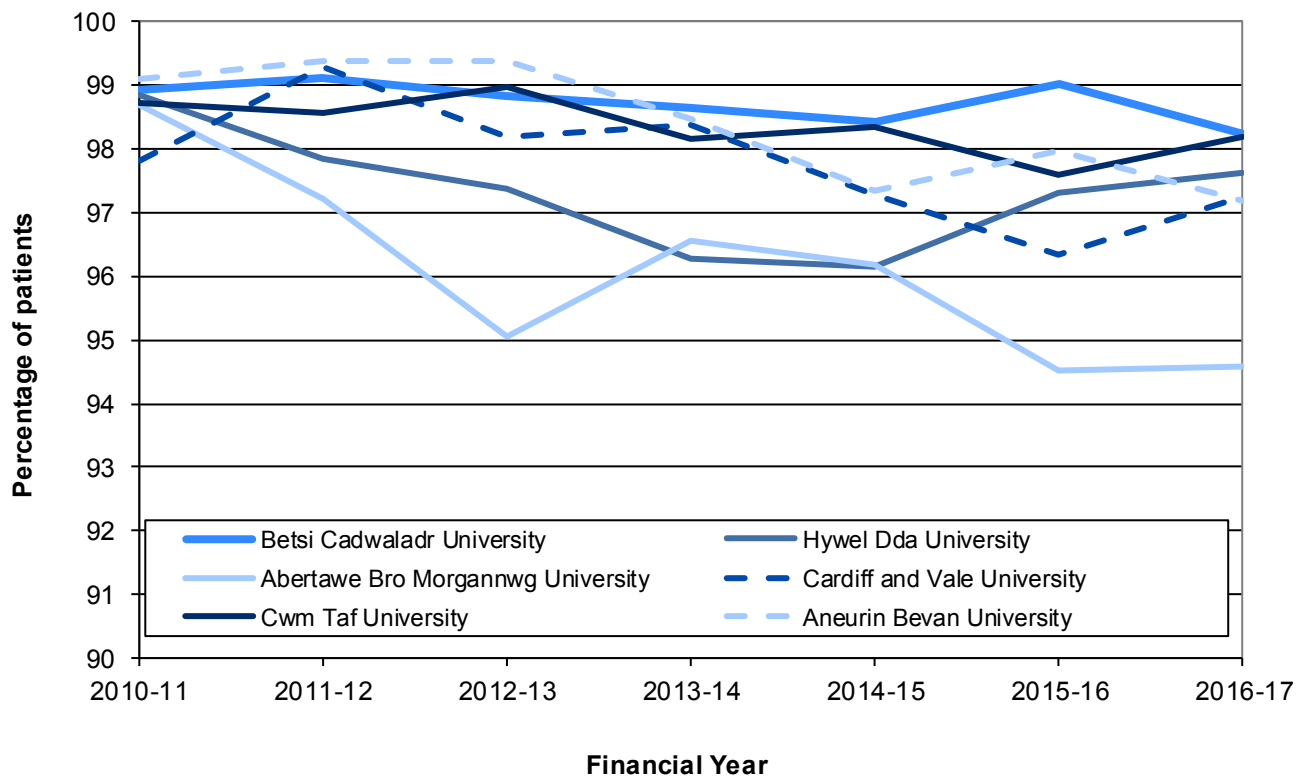


Chart 9 shows the total number of patients to start treatment NOT via the urgent suspected cancer route, and those starting within the 31 day target as well as average performance for 2016-17, by LHB.

The chart shows that:

- Betsi Cadwaladr had the most patients beginning treatment NOT via the urgent suspected cancer route, accounting for 23.0 per cent of all patients in Wales from the non-urgent suspected cancer routes in 2016-17.
- Cardiff and Vale had the least patients beginning treatment NOT via the urgent suspected cancer route, accounting for 10.9 per cent of all patients in Wales from the non-urgent suspected cancer routes in 2016-17.
- Performance ranged from 94.6 at Abertawe Bro Morgannwg to 98.2 per cent seen by Cwm Taf and Betsi Cadwaladr. Both Betsi Cadwaladr and Cwm Taf met the target over the whole year on average for non-urgent suspected cancer waiting times.

Chart 10: Percentage of patients newly diagnosed with cancer NOT via the urgent suspected cancer route starting treatment within the target time, by LHB, 2010-11 onwards (a)



***Please note this chart does not start at zero**

Source: Cancer waiting times data, Welsh local health boards

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

Chart 10 shows performance against the target for patients newly diagnosed with cancer not via the urgent suspected cancer route starting treatment within 31 days of referral by LHB, 2010-11 onwards.

- There is no discernible trend for any of the health boards, with 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 covered by the chart.
- The best performance against the 31 day target has been Betsi Cadwaladr University Health Board, which has met the target in every financial year covered by the chart.
- Abertawe Bro Morgannwg University Health Board has consistently had the lowest percentage of patients starting treatment within 31 days in recent years.

Key quality information

We publish 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.

In the release, patients with cancer are split into two distinct groups (in line with cancer standards):

Those referred via the 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 the urgent suspected cancer route

This group includes patients with cancer (regardless of their referral route), not already included as an urgent suspected cancer referral. Patients newly diagnosed with cancer not via the urgent suspected cancer route should start definitive treatment within 31 days of diagnosis.

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; and
- 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 LHBs to understand their performance against the targets for cancer tumour sites. If performance is poor in one LHB and another LHB has performed well, then these LHBs 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.
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- 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

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 the Welsh Government's [Revisions, errors and postponements](#) arrangements.

Cardiff and Vale University Health Board have recently informed us that some of the historical figures they have provided for the number of patients confirmed as urgent suspected cancer may not be accurate. Specifically, figures for the upper and lower gastrointestinal tumour sites have been underreported prior to April 2015. We are currently investigating the issue with the health board who hope to resubmit the data before the next quarterly update.

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. This is the first in the new series of annual releases relating to cancer waiting times. 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 Welsh Government's [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

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 Official 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 Official 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

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 2018 (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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