Cancer Waiting Times
Reports – GFOCW

Report Specification Part 3:
Commissioner Reports 2 Week Wait
Document management

Revision History

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Summary of Changes</th>
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Reviewers

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<table>
<thead>
<tr>
<th>Reviewer name</th>
<th>Title / Responsibility</th>
<th>Date</th>
<th>Version</th>
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<tbody>
<tr>
<td>Graham Ambrose</td>
<td>Service Delivery Manager</td>
<td>30/11/16</td>
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Approved by

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Glossary of Terms

See SSD SDO Glossary of Terms: DOC-00533

Q:\SSD CSS\Live\Service Management\SSD Service Delivery and Operations Glossary of Terms

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1 Introduction

1.1 Purpose of Document

The main purpose of this document is to specify the Cancer Waiting Times (CWT) Reports available with the Going Further on Cancer Waits (GFOCW) programme. It gives an overview of the CWT reporting process and details each report with screen layouts. It also introduces the user groups that need access to the reports, describes their roles, the relationships between them, and lists which reports each can access.

2 System Objectives

The NHS Cancer Reform Strategy for England (CRS), published by the Department of Health (DH) in December 2007 builds on the progress made since the publication of the NHS Cancer Plan in year 2000. It sets a clear direction for cancer services for the next five years and shows how by 2012 our cancer services can and should become among the best in the world.

As part of these directives, the DH set standards in terms of waiting times for patients with suspected cancer or breast symptoms to ensure that they are first seen by a specialist and have the opportunity of starting treatment in a timely manner.

In order to monitor how well the DH standards are being met, a series of reports have been engineered to show achieved wait times against standard wait times and national averages, with exception reporting on a patient by patient basis.
3 Background to GFOCW

Going Further on Cancer Waits (GFOCW) is a programme set up in response to the CRS published in 2007 and is an extension to the Cancer Waits programme, which was set up as a response to the NHS Cancer Plan and delivered in 2002.

Business requirements were drawn up by the Department of Health (DH) and handed to NHS Connecting for Health to execute an IT solution to expand on the existing reporting system set up for the Cancer Waits programme. More information can be found in the Guide to GFOCWs (see ref 6 of ‘related documents’).

This document specifies reports for the combined solution.
4 Overview of Cancer Waiting Times: Main Business Processes

Going Further On Cancer Waits will:

- Enhance the CWT-Db system so that it can support the Going Further On Cancer Waits (GFOCW) standards contained within the Cancer Reform Strategy (CRS).
- Continue to monitor the waiting times standards introduced by the NHS Cancer Plan.
- Support the full expanded dataset introduced by DSCN 20/2008, which includes an overlap to the Radiotherapy Minimum Dataset introduced by DSCN 22/2008.
- Monitor cancer waiting times in a manner that is interoperable and compatible with the local monitoring system that has been introduced to cover the 18-week referral to treatment period.

More background on Business Processes can be obtained by reading the Department of Health’s output specification.
5 Overview of Reports

5.1 Introduction

CWT reports report on statistics for cancer and breast symptoms in England on a monthly and quarterly basis. They will be automatically generated and made available 26 working days after the end of any month or quarter. They are version controlled and not subject to amendment after they have been generated.

For Acute Provider users only, reports are available in “preview” format (with suitable warnings about data quality) prior to the generation of the version controlled reports.

Reports will be produced for Acute Providers, PCT Commissioners, SHAs and Cancer Networks. These user groups will be granted access to the reports through the ‘Open Exeter’ application where they can be viewed and printed on demand.

5.2 Relationships between Report User Groups

The relationships between the Dept of Health, SHAs, Cancer Networks, PCT Commissioners and Providers are shown in the diagram below.
6 User Roles and Functionality

6.1 Introduction

Reports are produced for the following user groups:

<table>
<thead>
<tr>
<th>User Group</th>
<th>Report Access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Providers</td>
<td>Can only view Provider reports</td>
</tr>
<tr>
<td>Primary Care Trusts (Commissioners)</td>
<td>Can view Provider and Commissioner reports</td>
</tr>
<tr>
<td>Cancer Networks</td>
<td>Can view Provider and Commissioner reports (in their area)</td>
</tr>
<tr>
<td>SHAs (Strategic Health Authority)</td>
<td>Can view Provider and Commissioner reports (in their area)</td>
</tr>
</tbody>
</table>

The access to reports is not automatic. Access to reports via the 'Open Exeter' system must be applied for and an authentication form submitted to the Caldicott Guardian.

6.2 Acute Provider

6.2.1 Acute Provider Role

A provider is an establishment providing the patients care. Providers are often referred to as Trusts or Acute Trusts, Acute Care Trusts or ACTs. ‘Acute Provider’ is a term coined by the Department of Health to include the following:

- Acute NHS Trusts
- Acute NHS Foundation Trusts
- NHS Primary Care Trusts
- NHS Care Trusts
- NHS Treatment Centres
- Private and Independent Care Providers (with ODS codes and NHSnet connectivity)
- Private and Independent Screening Service Providers (with ODS codes and NHSnet connectivity).

**Note:** NHS Primary Care Trusts are Commissioners, but there are a few who are also providers.

6.2.2 Acute Provider Report Access

The Acute Providers will be able to view their own reports to see data on the patients they have either seen for the first time (in the case of 2 week wait reports) or first treated (in the case of 31 or 62 day reports) on a patient care pathway.

Acute Providers will not be permitted to view statistics on other providers, and hence will not be able to view Commissioner Reports, as these give information on other providers.
The Provider Reports available are listed in Appendix B ‘Provider reports accessible by Acute Providers’.

Some reports should be available in “preview” format for all Acute Providers, with suitable warnings about data quality, prior to the generation of the version controlled reports.

### 6.3 PCT Commissioner

#### 6.3.1 Commissioner Role

Primary Care Trusts (PCTs) plan, purchase and monitor services, and are responsible for the health of patients within a certain geographical area. The PCTs are funded to cover health care needs of their patients. Within this budget, the PCTs commissions health care services for their patients from providers (see section on Acute Providers above).

#### 6.3.2 Commissioner Report Access

Users with the PCT commissioner level of Role Based Access Control (RBAC) authorisation will receive two sets of reports.

The first set of reports will be copies of the complete provider reports for any provider which their registered population is treated at. Access to this level of reporting is to be continued to enable the management of service level agreements (SLAs).

The PCT will be able to access a subset of Acute Provider reports as listed in Appendix C ‘Provider reports accessible by PCTs’.

PCT access to these Provider Reports should continue to be granted, based on a temporary mapping table held within the CWT-Db that identifies where a PCT is commissioning care within each reporting period, based upon the PCT code within the patient record.

In addition to the Acute Provider reports, the PCT will be able to access Commissioner based reports as listed in Appendix D ‘Commissioner reports accessible by PCTs’. These are generated for each PCT using the demographic detail as a permanent mapping table.

### 6.4 Strategic Health Authorities (SHAs)

#### 6.4.1 SHA Role

The primary functions of the SHAs are to provide oversight, strategic leadership, organisation and workforce development, and to ensure local systems operate effectively and deliver improved performance. Within the NHS, SHAs will maintain the overall performance management role, and this will continue to be reflected in the reports they have authorisation to view under RBAC.

#### 6.4.2 SHA Report Access

In this role, the SHA user will need to be able to access a subset of Acute Provider reports as per appendix E, and a subset of PCT Commissioner Reports as per appendix F. These reports should be made available to SHAs on the basis of the organisational responsibilities and mapping tables produced by the ODS.
6.5 Cancer Networks

The document *A Policy Framework For Commissioning Cancer Services* (1995) recommended the introduction of cancer networks as an organisational model to support the provision and development of services. Details of the required management arrangements for these networks were published in the *Manual of Cancer Service Standards* (2001).

6.5.1 Cancer Network Role

Cancer networks bring together providers and commissioners to work collaboratively as a system, to plan and deliver high quality cancer services for a given population. The aim is to:

- Improve the quality of treatment and care provided to cancer patients by ensuring that cancer care is consistent and provided by professionals with expertise in treating specific cancers.
- Improve access to appropriate high quality services.
- Improve outcomes (reduce the number of deaths from cancer and increase survival).
- Improve patient experience.

Networks are based around 'patient pathways'. Patient pathways are the route patients will take through the health care system from their first contact with an NHS member of staff (usually their GP), through referral, diagnosis and completion of their treatment.

The majority of cancer pathways cross three or more organisational boundaries, for example GPs, District General Hospitals and specialist cancer centres. They require the services of cancer centres for highly specialised surgery, complex chemotherapy or radiotherapy.

More background can be found in the following website:

- [http://www.gmccn.nhs.uk/hp/AboutGMCCN/Why](http://www.gmccn.nhs.uk/hp/AboutGMCCN/Why)

6.5.2 Cancer Network Report Access

Cancer Network Specific reports are the same as SHA ones but use different mapping tables.

The Cancer Network users will need to be able to access:

- a subset of Acute Provider reports as per appendix E; and
- a subset of PCT Commissioner reports as per appendix F.

These reports should be made available to Cancer Networks on the basis of the organisational responsibilities and mapping tables produced by the ODS.

In addition to these reports, the Cancer Network will require access to an aggregate summary for each line; the summary reports are as per appendix H.
7 Report Classification

There are two basic types of report available:

- Provider based reports; assessment of CWT for those bodies providing care, e.g. hospitals.
- Commissioner based reports: CWT assessment for bodies commissioning care.

These reports can be classified further as:

- Two Week Wait Reports – show performance over the referral to first seen period
- 31 Day Treatment Reports – show performance over the diagnosis to treatment period
- 62 Day Standard Reports – show performance over the referral to treatment period
- Management non-standard related reports.

7.1 Report Specification Documentation

The report specifications have been broken down into six individual documents:

- Report Specification Part 1: Provider Reports 2 Week Wait
- Report Specification Part 2: Provider Reports 31 Day Treatment
- Report Specification Part 3: Commissioner Reports 2 Week Wait
- Report Specification Part 4: Commissioner Reports 31 Day Treatment

7.2 Data Views

For Provider reports, the view of the data will always be the same.

For Commissioner Reports, there will be a different view of data on the report depending on which type of organisation (i.e. PCT, SHA or Cancer Network) is viewing it, though all will follow the same basic layout and construction. Providers will not be able to view these reports at all.

7.3 Report Prefixes

The report prefixes will be classified as follows (where * is a wildcard denoting an incremental number):

<table>
<thead>
<tr>
<th>Report Prefix (1st digits)</th>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Report Prefix (1st digits)</td>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-----------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1.* to 5.*</td>
<td>Provider based Reports</td>
<td>Can be viewed by providers to see data on the patients they have either seen for the first time (in the case of 2 week wait reports) or first treated (in the case of 31 or 62 day reports) along a care path (treatment pathway). Some reports can be viewed by ACTs, SHAs and Cancer Networks.</td>
</tr>
<tr>
<td>6.* to 10.*</td>
<td>Commissioner based Reports</td>
<td>Reports based on PCTs geographical area where the patient lives. Cannot be viewed by Providers.</td>
</tr>
<tr>
<td>11.*</td>
<td>SHA Provider based and Commissioner based reports</td>
<td>This report category houses both Provider based and Commissioner based reports delivered from the SHA’s point of interest. The Provider reports deliver summary statistics for all trusts/providers (the terms are synonymous) in the SHA’s organisational area, according to a mapping table (SHAToProvider) which will give all the trusts within an SHA. The Commissioner reports deliver summary statistics for all PCTs in the SHA’s organisational area. The care paths on the Waiting Times table store both PCT and SHA.</td>
</tr>
<tr>
<td>12.*</td>
<td>Cancer Network Provider based and Commissioner based reports</td>
<td>This report category houses both Provider based and commissioner based reports delivered from the Cancer Networks point of interest. The Commissioner reports deliver summary statistics for all PCTs in the Cancer Networks organisational area. A mapping table (CNToProvider) will give all the PCTs within a Cancer Network. The Provider reports deliver summary statistics for all trusts/providers (the terms are synonymous) in the Cancer Networks organisational area, according to a mapping table (CNToProvider) which will give all the trusts within a Cancer Network.</td>
</tr>
<tr>
<td>Report Prefix (1st digits)</td>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------</td>
<td>-------------</td>
</tr>
<tr>
<td>13.*</td>
<td>62 Day Provider based Management reports</td>
<td>A non-standard report showing performance over the referral to diagnosis period.</td>
</tr>
<tr>
<td>14.*</td>
<td>62 Day Commissioner based Management reports</td>
<td>A non-standard report showing performance over the referral to diagnosis period.</td>
</tr>
<tr>
<td>15.*</td>
<td>62 Day referred Breast Symptoms</td>
<td>Provider Breast Symptoms reports.</td>
</tr>
<tr>
<td>16.*</td>
<td>62 Day referred Breast Symptoms</td>
<td>Commissioner Breast Symptoms reports.</td>
</tr>
</tbody>
</table>

### 7.4 Report Extraction and Generation

Monthly reports are generated on the 26th working day after the last day of the month to be extracted. Hence statistics are always at least a month old when they are produced. Quarterly reports are produced on the 26th working day after the end of March, June, September and December. The quarter ending March is termed the first quarter by NHS Connecting for Health, whereas the DH terms the same period Quarter 4.

The system is shut down whilst the reports are being generated, so that data cannot be altered by users during the processing.

Input to the extraction process is the Waiting Times core DB table. This table is comprised of patient care paths. The Waiting Times core DB table accumulates in size by approx 400,000 records a quarter and this is expected to increase with the breast symptom standard implementation from 1st January 2010. 1.5 million new records have been uploaded between January 2009 (when the system went live) and March 2010. Performance is not an issue, and patient enquiries can be answered without having to resort to extra processing.

Extractions are made from the Waiting Times core database table according to date first seen for 2 Week Wait reports, and treatment date for 31 and 62 day reports falling within the reporting month (and quarter if due).

After the extraction, the report generation process begins.

The report generation process populates report tables with all the information required to build the reports they service. National statistics are accumulated and populated on separate Natstats tables and Breach reporting tables are also built separately for exception reporting, though some reports share one table with report detail and national statistics combined, for example, the 2 week wait management reports. A Relationship table tying reports to the report tables they access is documented in ‘Report Tables’ (related document 7).

Statistics for Providers, Commissioners and national statistics are controlled by job reportrundates_create in live and reportrundates_create_test in the test system. This calls individual data creation procedures 2WWP, 2WWC, 31DayP, 31DayC, 62DayP and 62DayC. Each procedure is allowed to finish before the next procedure is summoned.
Data is sourced from each relevant patient record on the Waiting Times extract, the ODS, the PDS/SDS and a range of CWT look-up tables to build report tables with sufficient information required to furnish the range of reports which depend upon it. Descriptions etc are sourced using CWT look-up tables and any calculations are performed and the results stored on the report tables, so that when future requests to view a report are received, the report can be built on demand simply by looking at the report tables. This streamlines the time taken to build a report on the screen.

Each report table stores successive monthly and quarterly information, growing in size, and is keyed so that the correct information is retrieved for the month or quarter specified.

The CWT look-up tables are documented in the system specification appendices (ref 3 of related documents). ID should be used from the core table to match ID on appropriate look-up table.

The ODS (Organisational Data Service) holds Master data mapping which PCTs belong to which SHAs. It is used to obtain details of providers and provider sites.

The PDS (Patient Demographic System) is the National system holding health data for every patient in England and Wales.

The SDS (Spine Directory System) is interrogated to find patients’ PCTs and Dates of Birth (to see if child) etc. The SHA can be determined from the PCT.

No hardcopy reports are printed automatically when they are generated, but prints can be obtained on demand in the CWT system subject to the correct access authority.

Only the report generation process writes to the report tables, so they effectively have read-only access at any other time.

### 7.5 Reports Structure

Provider reports display information grouped by Acute Provider. For Strategic Health Authorities and Cancer Networks a list of their own providers is presented to enable them to select individual reports.

Commissioner reports display information grouped by PCT. For Strategic Health Authorities and Cancer Networks the report will display a summary section showing the totals for all Primary Care Trusts within their own geographical area followed by a section for each individual PCT.

As a general rule, wherever a report is broken into admitted care and non-admitted care each section will show all three categories – admitted care, non-admitted care and all care. Exceptions are only shown within admitted care or non-admitted care and are only shown at the summary level of a report (i.e. ‘All Cancers’).

Exception reporting (also known as breach reporting) is produced for all but Management non-standard reports, and will be included as a separate section within the related reports. These show standard slippage at patient level with the wait time and reason the standard has not been met.

### 7.6 Reports Data Mapping

Reports are divided into two types:

- Provider reports identify trusts which have been used for first patient consultation or for first treatment.
• Commissioner reports identify trusts where the patient is resident.

7.6.1 Provider Report Access

7.6.1.1 Acute Trust User Access

On selecting a report from the report menu, a subset of data is selected from the report tables where the criteria specified for the report selected is satisfied, and where the date held on the dataset falls within the period selected on the report menu. In addition, the Organisation Code of the Acute Trust is matched against the provider id held on each care path record.

7.6.1.2 Primary Care Trust Access

On selecting a report from the report menu, the User is presented with a drop down menu listing Acute Trust providers where a service was provided to one of the PCTs patients within the period selected. The user is therefore required to select the relevant report at the Acute Trust provider level. This will result in the exactly the same report being created as for the Acute Trust User, based on the same data and selection criteria.

7.6.1.3 Cancer Network and Strategic Health Authority User Access

Where a Strategic Health Authority User or a Cancer Network User accesses the reports menu and selects a report, they are also presented with a drop down menu listing acute providers within their own geographical area. Each of the users is therefore required to select the relevant report at the Acute Trust provider level and will view the same report as seen by the Acute Trust User.

7.6.2 Commissioner Report Access

These reports differ from the provider reports as they are not relevant to the Acute Trust level. The reports at Strategic Health Authority and Cancer Network level contain data for every PCT within their own geographical area. The information presented at each user level is therefore presented in the same way but differs in content.

7.6.2.1 Acute Trust User Access

Commissioner reports are not accessible by Acute Trust Users.

7.6.2.2 Primary Care Trust Access

On selecting a report from the report menu a subset of data is selected from the report tables where the criteria specified for the report is satisfied and where the date held on the dataset falls within the period selected on the report menu. In addition the organisation code of the Primary Care Trust is matched against the Primary Care Trust id held on each care path record.

7.6.2.3 Cancer Network and Strategic Health Authority User Access

Users will get a report, as above, for each PCT within their own geographical area. In addition there will be a report for All Trusts summing the totals for each individual PCT.
7.6.3 Mapping Tables

7.6.3.1 Mapping Tables for Provider Reports

<table>
<thead>
<tr>
<th>SHAToProvider</th>
<th>CNToProvider</th>
</tr>
</thead>
</table>

The table mapping for the Acute Trust report above links the Organisation Code entered on the report with the relevant provider id held on each care path record. The relevant provider id will be the first seen id for 2 Week Wait reports, the first treated id for 31 day reports and either of these for 62 day reports.

To identify the relevant providers the following mapping applies:

For Primary Care Trust users the Organisation Code entered on the report is linked with the relevant provider id held on the report tables via the Primary Code Trust Id held on the care path record.

For Strategic Health Authority users the Organisation Code entered on the report is linked with the relevant provider id held on the report tables via the SHAToProvider link.

For Cancer Network users the Organisation Code entered on the report is linked with the relevant provider id held on the report tables via the CNToProvider link.

7.6.3.2 Mapping Tables for Commissioner Reports

**CNToPCT**

The table mapping for the Primary Care Trust report above links the Organisation Code entered on the report with the Primary Code Trust Id held on the care path record.

The table mapping for the Strategic Health Authority report above links the Organisation Code entered on the report with the Primary Code Trust Id held on the care path record.

The table mapping for the Cancer Network report above links the Organisation Code entered on the report with the Primary Code Trust Id held on the care path record.
8 Commissioner Reports

PCT Commissioner Reports show summary data on their patients which have been seen for the first time on a care plan (in the case of 2 week wait reports), or treated (in the case of 31 and 62 day reports) on a care path.

The following report types will be produced for Primary Care Trusts (PCTs) and will be available on a monthly and quarterly basis:

- Two week Wait
- 31 Day Treatment
- 61 Day Standard
- Management reports (non-standard related).

These reports are to have the same construction as the equivalent Acute Provider reports, except that they should not be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN or TREATMENT START DATE (CANCER). Instead these reports should be based around the PCT where the patient is registered (as derived from PDS/SDS during the record creation).

Where these reports are further broken down, it will be by provider ORGANISATION CODE at either DATE FIRST SEEN or TREATMENT START DATE (CANCER).

Commissioner based reports will need to be routinely generated and made available to users with the appropriate level of access.

The entire list of Commissioner reports available to PCTs are listed in Appendix D.

Acute Providers will not have access to any PCT Commissioner based reports, but SHAs and Cancer Networks should be permitted access to view some Commissioner based reports as listed in Appendix F. SHA and CN users will see a different view of the data in these reports, with individual sections for each PCT within their area, together with a summary displaying an accumulation of all totals.

8.1 PCT Commissioner Reports – 2 Week Wait

PCT Commissioner reports show summary data on their patients which have been seen for the first time on a care plan within the time period specified (monthly or quarterly) in the Open Exeter System.

PCT users will need to be able to access (subject to access authority) the following 2 Week Wait reports:

- Report 6.1 – the Commissioner based Cancer Two Week Wait
- Report 6.2 – the Commissioner based Breast Symptom Two Week Wait
- Report 6.3 – the Commissioner based Cancer Two Week Wait with Provider
- Report 6.4 – the Commissioner based Breast Symptom Two Week Wait with Provider
- Report 6.5 – the Commissioner based Two Week Wait Referral Management Report.
8.1.1 Report 6.1 – Commissioner based Cancer Two Week Wait

This report provides statistics for the PCT on General Medical Practitioner and General Dental Practitioner referrals honoured for suspected cancer with regard to the 2 week wait standard set by the DH.

It is the PCT equivalent of Acute Provider report 1.1, without the median wait time.

The commissioner report 6.1 is based upon where the patient lives, whereas the Provider report 1.1 is based on where the patient is first seen.

8.1.1.1 Description

The purpose of this report is to monitor how well the PCT is meeting the 2 week wait standard between receipt of urgent referral by GPs (GMPs or GDPs) for suspected cancer and the patient being seen by an appropriate specialist.

The report presents statistics accumulated from the PCT’s patients who have had an initial consultation with a specialist for suspected cancer within the time period specified (a given month or quarter year).

It provides totals of: patients first seen during the period, those meeting the 14 day standard, and buckets those that don’t: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives PCT performance in percentage terms along with the national average. All these statistics are to be broken down by suspected tumour type.

An exception report is to highlight late consultations on a patient by patient basis, showing how many wait days occurred, the reason for the delay and the cancer type suspected.

8.1.1.2 Report Availability

This report is available to:

- PCT Commissioners
- Strategic Health Authority Users
- Cancer Network.

8.1.1.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

- Any patient record with PRIORITY TYPE of ‘3’ (two week wait).
- SOURCE OF REFERRAL FOR OUTPATIENTS of either ‘3’ (general medical practitioner) or ‘92’ (general dental practitioner).
- Patients with an URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE of anything except ‘16’ (Breast symptoms-cancer not initially suspected).

8.1.1.4 Report Generation

This report should be based around the PCT where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:
### Item

<table>
<thead>
<tr>
<th>Tumour Type</th>
<th>Description from CancerReferralType look-up table. (Only suspected cancer at this stage).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen for a care path within the reporting period. A care path is identified with NHS no./date first seen.</td>
</tr>
<tr>
<td>Wait Days</td>
<td>(FIRST_SEEN minus CANCER_REFERRAL_TO_TREATMENT_PERIOD_START_DATE) minus WAITING_TIME_ADJUSTMENT_FIRST_SEEN</td>
</tr>
<tr>
<td>Seen within 14 days (Within standard)</td>
<td>Wait Days &lt;= 14</td>
</tr>
<tr>
<td>PCT % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%). Total patients seen within standard for PCT / Total referrals seen for PCT * 100.</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%). National patient total first seen on or within standard / National total treated * 100.</td>
</tr>
</tbody>
</table>

**Note:** all aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type at report detail line level.

### 8.1.1.5 Report Tables

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in 'Report Tables' (related document 7).

See layout below. (The Exception report has been cropped here to save space).
### National Cancer Waiting Times System Report

<table>
<thead>
<tr>
<th>Tumour Type</th>
<th>Total referrals seen during the period</th>
<th>Seen within 14 days</th>
<th>Seen 15 to 16 days</th>
<th>Seen 17 to 21 days</th>
<th>Seen 22 to 28 days</th>
<th>Seen after 28 days</th>
<th>% meeting standard</th>
<th>National % meeting standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>160</td>
<td>96</td>
<td>0</td>
<td>72</td>
<td>0</td>
<td>0</td>
<td>57.1</td>
<td>57.1</td>
</tr>
<tr>
<td>Suspected childhood cancer</td>
<td>9</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>77.8</td>
<td>80</td>
</tr>
<tr>
<td>All Cancers</td>
<td>177</td>
<td>103</td>
<td>0</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>58.2</td>
<td>60</td>
</tr>
</tbody>
</table>

### Exception Reports

<table>
<thead>
<tr>
<th>Tumour Type</th>
<th>Patient Ref CWT</th>
<th>Wait Days</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191769</td>
<td>21</td>
<td>90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191768</td>
<td>21</td>
<td>90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191766</td>
<td>21</td>
<td>90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191767</td>
<td>21</td>
<td>90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191769</td>
<td>21</td>
<td>90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191768</td>
<td>21</td>
<td>90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191769</td>
<td>21</td>
<td>90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191762</td>
<td>28</td>
<td>63 to 90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191764</td>
<td>28</td>
<td>63 to 90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191769</td>
<td>28</td>
<td>Greater than 91 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191767</td>
<td>26</td>
<td>Greater than 91 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191766</td>
<td>26</td>
<td>Greater than 91 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191761</td>
<td>26</td>
<td>Greater than 91 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191762</td>
<td>20</td>
<td>63 to 90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191767</td>
<td>20</td>
<td>63 to 90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191769</td>
<td>20</td>
<td>63 to 90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191768</td>
<td>20</td>
<td>63 to 90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191762</td>
<td>20</td>
<td>63 to 90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191763</td>
<td>20</td>
<td>63 to 90 Days</td>
</tr>
<tr>
<td>Suspected brain/benign nervous system tumours</td>
<td>191762</td>
<td>20</td>
<td>63 to 90 Days</td>
</tr>
</tbody>
</table>
8.1.2 Report 6.2 – Commissioner Based Breast Symptom Two Week Wait

This report provides statistics for the PCT with regard to the 2 week wait standard on all referrals honoured for breast symptoms where cancer was not initially suspected.

It is the PCT equivalent of Acute Provider report 1.2, without the median wait time.

The commissioner report 6.2 is based upon where the patient lives, whereas the Provider report 1.2 is based on where the patient is first seen.

8.1.2.1 Description

The purpose of this report is to monitor how well the PCT is meeting the 2 week wait standard (set by the DH) between receipt of referral for Breast Symptoms, and being seen by an appropriate specialist.

The report presents statistics accumulated from the PCT’s patients having had an initial consultation with a specialist for breast symptoms (Cancer not initially suspected) within the time period specified (for a given month or quarter year).

It provides totals of: patients first seen during the period, those that meet the 14 day standard, and buckets those that don’t: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives the PCT’s performance in percentage terms along with the national average.

An exception report is to highlight late consultations on a patient by patient basis, showing how many wait days occurred and the reason for the delay.

8.1.2.2 Report Availability

This report is available to:

- PCT Commissioners
- Strategic Health Authority Users
- Cancer Network.

8.1.2.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

- Patient record with PRIORITY TYPE of ‘3’ (two week wait).
- Patients with an URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE code of ‘16’ (Breast symptoms-cancer not initially suspected).
- SOURCE OF REFERRAL FOR OUTPATIENTS can be any value.

8.1.2.4 Report Generation

This report should be based around the PCT where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:
<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (cancer not suspected at this stage).</td>
</tr>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen for a care path within the reporting period.</td>
</tr>
<tr>
<td></td>
<td>A care path is identified with NHS no./date first seen.</td>
</tr>
<tr>
<td>Wait Days</td>
<td>(FIRST_SEEN minus CANCER_REFERRAL_TO_TREATMENT_PERIOD_START_DATE) minus WAITING_TIME_ADJUSTMENT_FIRST_SEEN</td>
</tr>
<tr>
<td>Seen within 14 days (Within standard)</td>
<td>Wait Days &lt;= 14</td>
</tr>
<tr>
<td>PCT % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td></td>
<td>Total patients seen within standard for PCT / Total referrals seen for PCT * 100.</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td></td>
<td>National patient total first seen on or within standard / National total treated * 100.</td>
</tr>
</tbody>
</table>

**Note:** all aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type at report detail line level.

### 8.1.2.5 Report Tables

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in 'Report Tables' (related document 7).

See report layout below.
8.1.3 Report 6.3 – Commissioner Based Cancer Two Week Wait with Provider

This report provides statistics on Providers the PCT has commissioned care from with regard to the 2 week wait standard on referrals (made by General Medical Practitioners and General Dental Practitioners only) honoured for suspected cancer.

This is based on report figures for 6.1 but providing a break down by where patients were first seen.

8.1.3.1 Description

The purpose of this report is to monitor how well the Providers that the PCT is placing its patients with are meeting the 2 week wait standard (set by the DH) between receipt of referral for suspected cancer, and being seen by a specialist.

The report presents statistics accumulated from the PCT's patients having had an initial consultation with a specialist for suspected cancer within the time period specified (for a given month or quarter year).

The report is split into sections by tumour type, with an aggregated total section 'All Tumour Types'.

Each section lists the providers who have seen the patients from the PCT’s residential area (first seen providers), with summary statistics for patients: total referrals during the period, meeting the 2 week wait standard, and buckets those that don’t: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives a provider’s performance in percentage terms along with the national average.

An exception report is to highlight late consultations on a patient by patient basis, showing ‘first seen’ provider, tumour type, how many wait days occurred and the reason for the delay.

The final totals should be the same as on report 6.1.

8.1.3.2 Report Availability

This report is only available to PCT Commissioners.

8.1.3.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

- Any patient record with PRIORITY TYPE of ‘3’ (two week wait).
- SOURCE OF REFERRAL FOR OUTPATIENTS of either ‘3’ (general medical practitioner) or ‘92’ (general dental practitioner).
- Patients with an URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE of anything except ‘16’ (Breast symptoms-cancer not initially suspected).

8.1.3.4 Report Generation

Same as 6.1 but more granularity, that is, split down by where patient first seen.
This report should be based around the PCT where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (Only suspected cancer at this stage).</td>
</tr>
<tr>
<td>First Seen Provider</td>
<td>Provider ORGANISATION CODE at DATE FIRST SEEN.</td>
</tr>
</tbody>
</table>
| Total referrals seen        | Sum of all patients first seen for a care path within the reporting period.  
A care path is identified with NHS no./date first seen. |
| Wait Days                   | (FIRST_SEEN minus CANCER_REFERRAL_TO_TREATMENT_PERIOD_START_DATE) minus WAITING_TIME_ADJUSTMENT_FIRST_SEEN |
| Seen within 14 days (Within standard) | Wait Days <= 14                                                   |
| PCT % meeting standard      | To be displayed with 1 decimal place (i.e. xx.x%).  
Total patients seen within standard for PCT / Total referrals seen for PCT * 100. |
| National % meeting standard | To be displayed with 1 decimal place (i.e. xx.x%).  
National patient total first seen on or within standard / National total treated * 100. |

**Note:** all aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type and First Seen Provider at report detail line level.

**8.1.3.5 Report Tables**

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in 'Report Tables' (related document 7).

See layout below. (The Exception report has been cropped here to save space).
### Tumour Type: Suspected brain/central nervous system tumours

<table>
<thead>
<tr>
<th>First Seen Provider</th>
<th>Total referrals during the period</th>
<th>Seen within 14 days</th>
<th>Seen 15 to 16 days</th>
<th>Seen 17 to 21 days</th>
<th>Seen 22 to 28 days</th>
<th>Seen after 28 days</th>
<th>% meeting standard</th>
<th>% meeting standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROB - CORNWALL PARTNERSHIP NHS TRUST</td>
<td>168</td>
<td>96</td>
<td>0</td>
<td>72</td>
<td>0</td>
<td>0</td>
<td>57.1</td>
<td>57.1</td>
</tr>
<tr>
<td>Total</td>
<td>168</td>
<td>96</td>
<td>0</td>
<td>72</td>
<td>0</td>
<td>0</td>
<td>57.1</td>
<td>57.1</td>
</tr>
</tbody>
</table>

### Tumour Type: Suspected children's cancer

<table>
<thead>
<tr>
<th>First Seen Provider</th>
<th>Total referrals during the period</th>
<th>Seen within 14 days</th>
<th>Seen 15 to 28 days</th>
<th>Seen after 28 days</th>
<th>% meeting standard</th>
<th>% meeting standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROB - CORNWALL PARTNERSHIP NHS TRUST</td>
<td>9</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>77.8</td>
</tr>
<tr>
<td>Total</td>
<td>9</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>77.8</td>
</tr>
</tbody>
</table>

### All Tumour Types

<table>
<thead>
<tr>
<th>First Seen Provider</th>
<th>Total referrals during the period</th>
<th>Seen within 14 days</th>
<th>Seen 15 to 16 days</th>
<th>Seen 17 to 21 days</th>
<th>Seen 22 to 28 days</th>
<th>Seen after 28 days</th>
<th>% meeting standard</th>
<th>% meeting standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROB - CORNWALL PARTNERSHIP NHS TRUST</td>
<td>177</td>
<td>109</td>
<td>0</td>
<td>74</td>
<td>0</td>
<td>0</td>
<td>59.2</td>
<td>60</td>
</tr>
<tr>
<td>Total</td>
<td>177</td>
<td>109</td>
<td>0</td>
<td>74</td>
<td>0</td>
<td>0</td>
<td>59.2</td>
<td>60</td>
</tr>
</tbody>
</table>

### Exception Reports

<table>
<thead>
<tr>
<th>First Seen Provider</th>
<th>Tumour Type</th>
<th>Patient</th>
<th>ORT Ref</th>
<th>Wait Days</th>
<th>Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307859</td>
<td>21</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307862</td>
<td>21</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307864</td>
<td>21</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307857</td>
<td>21</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307859</td>
<td>21</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307867</td>
<td>21</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307869</td>
<td>21</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307870</td>
<td>21</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307860</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307852</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307853</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307874</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307876</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307878</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307880</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307872</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307874</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307876</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307878</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307880</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected brain/central nervous system tumours</td>
<td>307882</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected children's cancer</td>
<td>307533</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
<tr>
<td>A.13</td>
<td>Suspected children's cancer</td>
<td>307564</td>
<td>20</td>
<td>Greater</td>
<td></td>
</tr>
</tbody>
</table>
8.1.4 Report 6.4 – Commissioner Based Breast Symptom Two Week Wait with Provider

This report provides statistics on Providers that the PCT has commissioned care from with regard to the 2 week wait standard on all referrals honoured for breast symptoms where cancer was not initially suspected.

This is based on report figures for 6.2, but provides a break down by where patients were first seen.

8.1.4.1 Description

The purpose of this report is to monitor how well the providers that the PCT are placing their patients with are meeting the 2 week wait standard (set by the DH) between receipt of referral for Breast Symptoms, and being seen by a specialist.

The report presents statistics accumulated from the PCT’s patients having had an initial consultation with a specialist for breast symptoms (Cancer not initially suspected) within the time period specified (for a given month or quarter year).

There is a section listing the first seen providers who have seen the patients from the PCT’s residential area, broken down by summary stats for patients: total referrals during the period, meeting the 2 week wait standard, and buckets those that don’t: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives a provider’s performance in percentage terms along with the national average. The totals of each statistic group are shown at the bottom of the section.

An exception report is to highlight late consultations on a patient by patient basis, showing first seen provider, how many wait days occurred and the reason for the delay.

The final totals should be the same as on report 6.2.

8.1.4.2 Report Availability

This report is only available to PCT Commissioners.

8.1.4.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

- Patient record with PRIORITY TYPE of ‘3’ (two week wait).
- Patients with URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE code of ‘16’ (Breast symptoms-cancer not initially suspected).
- SOURCE OF REFERRAL FOR OUTPATIENTS can be any value.

8.1.4.4 Report Generation

Same as 6.2 but more granularity; split down by where patient first seen.

This report should be based around the PCT where the patient is registered, as derived from PDS/SDS during the record creation, and broken down by provider ORGANISATION CODE at DATE FIRST SEEN, according to the Patient Selection Criteria above and the following calculations:
<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (Only suspected</td>
</tr>
<tr>
<td></td>
<td>cancer at this stage.)</td>
</tr>
<tr>
<td>First Seen Provider</td>
<td>Provider ORGANISATION CODE at DATE FIRST SEEN.</td>
</tr>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen for a care path within the reporting</td>
</tr>
<tr>
<td></td>
<td>period.</td>
</tr>
<tr>
<td></td>
<td>A care path is identified with NHS no./date first seen.</td>
</tr>
<tr>
<td>Wait Days</td>
<td>(FIRST_SEEN minus</td>
</tr>
<tr>
<td></td>
<td>CANCER_REFERRAL_TO_TREATMENT_PERIOD_START_DATE) minus WAITING_TIME_ADJUSTMENT_FIRST_SEEN</td>
</tr>
<tr>
<td>Seen within 14 days (Within</td>
<td>Wait Days &lt;= 14</td>
</tr>
<tr>
<td>standard)</td>
<td></td>
</tr>
<tr>
<td>PCT % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td></td>
<td>Total patients seen within standard for PCT / Total referrals seen for</td>
</tr>
<tr>
<td></td>
<td>PCT * 100.</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td></td>
<td>National patient total first seen on or within standard / National total</td>
</tr>
<tr>
<td></td>
<td>treated * 100.</td>
</tr>
</tbody>
</table>

**Note:** all aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type and First Seen Provider at report detail line level.

**8.1.4.5 Report Tables**

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in ‘Report Tables’ (related document 7).

See report layout below.
8.1.5 Report 6.5 – Commissioner Based Two Week Wait Referral Management

This report monitors the local performance management of referrals for both suspected cancer patients and those with breast symptoms (Cancer not initially suspected).

This management report provides statistics on Providers the PCT has commissioned care from with regard to referrals honoured for both suspected cancer and breast symptoms.

It is the PCT equivalent of Acute Provider report 1.5.

The Provider report 1.5 is based on where the patient is first seen, whereas the commissioner report 6.5 is based upon where the patient lives.

8.1.5.1 Description

The purpose of this report is to provide statistics to support the local performance management of referrals, the timing of which is no longer monitored within the two week wait, following the move to align with 18-weeks.

The report highlights delays in the transfer of referrals. The period it measures is just before the 2 week wait standard period and the report is provided for local management purposes.

There are 2 referral dates on a patient care path. One is the date the referral was made (Decision to Refer date) and the second is the date the referral was received. These dates are compared to derive how many days it took to receive the referrals.

Statistics are accumulated from patients having an initial consultation with a specialist for either suspected cancer or Breast Symptoms (Cancer not initially suspected) within the time period specified (for a given month or quarter year).

The report is split into sections by suspected tumour type, with an aggregated total section. Breast symptom data will not be included in these sections, but reported in a separate section at the end of the report.

Within each section, there is a list of the providers who have seen the patients from the PCTs residential area (first seen providers) for the suspected cancer type, with summary stats for referrals: total referrals seen during the period, referrals received within 24 hours, 2-4 days, 5-7 days and longer than 7 days. It gives a PCT’s performance in percentage terms along with the national average.

The Decision to Refer date is not a mandatory data item for input. Records that don’t have it will appear on the standard 2ww reports but not on the 2ww management referral reports and this could cause confusion to users. Hence the following text is inserted between report heading and first section of the report.

Please note, the criteria for which records are selected for inclusion within this report uses optional data items, therefore the number of records represented may not be the same as within the two week wait performance reports.

This is a non-standard management report and hence does not require an exception report.

8.1.5.2 Report Availability

This report is available to:

• PCT Commissioners
8.1.5.3 Patient Selection Criteria

Patient selection criteria are the same as for the Provider equivalent report 1.5:

Patients to be included: Cancer Two Week Wait.
All of the following criteria must be met:

- Patient has a PRIORITY TYPE of ‘3’ (two week wait).
- URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE within the range ‘01’ to’15’ (suspected cancers).
- SOURCE OF REFERRAL FOR OUTPATIENTS can be any value.
- CANCER REFERRAL TO TREATMENT PERIOD START DATE (date the referral request was received) falls within the reporting period.
- DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) (Date referral requested) falls within the reporting period.
- DATE FIRST SEEN falls within the reporting period.

Patients to be included: Breast Symptom Two Week Wait.
All of the following criteria must be met:

- Patient has a PRIORITY TYPE of ‘3’ (two week wait).
- URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE of ’16’ (Breast symptoms-cancer not initially suspected).
- SOURCE OF REFERRAL FOR OUTPATIENTS can be any value.
- CANCER REFERRAL TO TREATMENT PERIOD START DATE (date the referral request was received) falls within the reporting period.
- DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) (Date referral requested) falls within the reporting period.
- DATE FIRST SEEN falls within the reporting period.

8.1.5.4 Report Generation

This report should be based around the PCT where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (Only suspected cancer at this stage).</td>
</tr>
<tr>
<td>Item</td>
<td>Source</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>First Seen Provider</td>
<td>Provider ORGANISATION CODE at DATE FIRST SEEN.</td>
</tr>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen for a care path within the reporting period. A care path is identified with NHS no./date first seen.</td>
</tr>
<tr>
<td>Wait Days</td>
<td>Elapsed time between ‘decision to refer’ and ‘referral received’. (CANCER REFERRAL TO TREATMENT PERIOD START DATE minus DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) expressed in days.</td>
</tr>
<tr>
<td>Referral received within 24 hours</td>
<td>“24 hours” is classified as being the end of the next calendar day.</td>
</tr>
<tr>
<td>(Management expectation)</td>
<td></td>
</tr>
<tr>
<td>% meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td>For PCT</td>
<td>Total referrals received within management expectation by PCT / Total number of patients referred by PCT * 100.</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td></td>
<td>National total of referrals received within management expectation / National total of patients referred * 100.</td>
</tr>
</tbody>
</table>

**Note:** all aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type and First Seen Provider at report detail line level.

### 8.1.5.5 Report Tables

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in ‘Report Tables’ (related document 7).

See report layout below.
### National Cancer Waiting Times System Report

**Report Name:** 6.5 - Two Week Wait Referral Management  
**Report For:** Primary Care Trust: S41 - NEW FOREST PCT  
**Period:** From: 01 April 2009  
**To:** 30 June 2009

Please note, the criteria for which records are selected for inclusion within this report uses optional data items, therefore the number of records represented may not be the same as within the two week wait performance reports.

<table>
<thead>
<tr>
<th>Tumour Type: Suspected acute leukaemia</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumour Type: Suspected brain/central nervous system tumours</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>180</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>180</td>
<td>0</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumour Type: Suspected breast cancer</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumour Type: Suspected children's cancer</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>15</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
<td>6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumour Type: Suspected haematological malignancies (excluding acute leukaemia)</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumour Type: Suspected lung cancer</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumour Type: Suspected upper gastrointestinal cancer</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All Tumour Types</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>R.B.C. CONSORTIAL PARTNERSHIP NHS TRUST</td>
<td>177</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>199</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumour Type: Exhibited (non-cancer) breast symptoms – cancer not initially suspected</th>
<th>Referrals received within the period</th>
<th>National % performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First Seen Provider</strong></td>
<td><strong>Total Referrals Seen</strong></td>
<td><strong>Within 24 hours</strong></td>
</tr>
<tr>
<td>REM - AIRFREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST</td>
<td>24</td>
<td>24</td>
</tr>
<tr>
<td>R.B.C. CONSORTIAL PARTNERSHIP NHS TRUST</td>
<td>51</td>
<td>24</td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>48</td>
</tr>
</tbody>
</table>
8.2 SHA Commissioner Reports

SHA (Strategic Health Authority) Commissioner reports are based on reports for PCT Commissioners.

The difference is that whilst the PCT Commissioner reports present data related to an individual PCT, SHA Commissioner reports accumulate data for every PCT within the SHA.

8.3 SHA Commissioner Reports – 2 Week Wait

SHAs should be permitted access to view a selection of PCT Commissioner based reports as listed in Appendix F. SHA users will see a different view of the data in these reports, with individual sections for each PCT within their area, together with a summary displaying an accumulation of all totals.

In addition to accessing these PCT Commissioner reports, the Strategic Health Authority will require access to an aggregate summary for each line. The following two week wait summary reports are accessible to SHAs only:

2 Week Wait – SHA Commissioner based:
- Report 11.20 – the SHA Commissioner Based Total Cancer Two Week Wait
- Report 11.21 – the SHA Commissioner Based Total Breast Symptom Two Week Wait
- Report 11.22 – the SHA Commissioner Based Total Two Week Wait Referral Management.

These reports are based on the PCT commissioner reports, the difference being that the PCT commissioner reports present data related to an individual PCT, while the SHA Commissioner reports accumulate data for every PCT within the Strategic Health Authority.

8.3.1 Report 11.20 – the SHA Commissioner Based Total Cancer Two Week Wait

This report provides statistics for the PCT on General Medical Practitioner and General Dental Practitioner referrals honoured for suspected cancer with regard to the 2 week wait standard set by the DH.

The report is based on report 6.1. The difference in the reports is that report 6.1 presents data related to an individual PCT, while this report accumulates data for every PCT within the SHA.

8.3.1.1 Description

The purpose of this report is to monitor how well the SHA is meeting the 2 week wait standard between receipt of urgent referral by GPs (GMPs or GDPs) for suspected cancer and the patient being seen by an appropriate specialist.

The report presents statistics accumulated from the SHA’s patients who have had an initial consultation with a specialist for suspected cancer within the time period specified (a given month or quarter year).

It provides totals of: patients first seen during the period, those meeting the 14 day standard, and buckets those that don’t: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It
gives SHA performance in percentage terms along with the national average. All these statistics are to be broken down by suspected tumour type.

An exception report is to highlight late consultations on a patient by patient basis, showing how many wait days occurred, the reason for the delay, cancer type suspected and PCT.

### 8.3.1.2 Report Availability

This report is only available to Strategic Health Authority Users.

### 8.3.1.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

- Any patient record with PRIORITY TYPE of ‘3’ (two week wait).
- SOURCE OF REFERRAL FOR OUTPATIENTS of either ‘3’ (general medical practitioner) or ‘92’ (general dental practitioner).
- Patients with an URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE of anything except ‘16’ (Breast symptoms-cancer not initially suspected).

### 8.3.1.4 Report Generation

This report should be based around the PCTs where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (Only suspected cancer at this stage.)</td>
</tr>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen within the reporting period for all PCTs within the SHA. A care path is identified with NHS no./date first seen.</td>
</tr>
<tr>
<td>Wait Days</td>
<td>(FIRST_SEEN minus CANCER_REFERRAL_TO_TREATMENT_PERIOD_START_DATE) minus WAITING_TIME_ADJUSTMENT_FIRST_SEEN</td>
</tr>
<tr>
<td>Seen within 14 days (Within standard)</td>
<td>Wait Days &lt;= 14</td>
</tr>
<tr>
<td>% meeting standard (for SHA)</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%). Total patients seen within standard for all PCTs within SHA / Total referrals seen for all PCTs within SHA * 100.</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%). National patient total seen within standard / National total of referrals seen * 100.</td>
</tr>
</tbody>
</table>
### Item Source

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCT of residence (for exception reporting)</td>
<td>PCT where the patient is registered, as derived from PDS/SDS during the record creation.</td>
</tr>
</tbody>
</table>

**Note:** all aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type at report detail line level.

#### 8.3.1.5 Report Tables

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in ‘Report Tables’ (related document 7).

See report layout below.
8.3.2 Report 11.21 – the SHA Commissioner Based Total Breast Symptom Two Week Wait

This report provides statistics on all referrals honoured for breast symptoms (where cancer was not initially suspected) with regard to the 2 week wait standard set by the DH for all PCTs in the SHA.

The report is based on PCT Commissioner report 6.2. The difference in the reports is that report 6.2 presents data related to an individual PCT, while this report accumulates data for every PCT within the SHA.

8.3.2.1 Description

The purpose of this report is to monitor how well the SHA is meeting the 2 week wait standard (set by the DH) between receipt of referral for Breast Symptoms, and being seen by an appropriate specialist.

The report presents statistics accumulated from the patients having had an initial consultation with a specialist for breast symptoms (Cancer not initially suspected) within the time period specified (for a given month or quarter year).

It provides totals of: patients first seen during the period, those that meet the 14 day standard, and buckets those that don’t: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives the SHA’s performance in percentage terms along with the national average.

An exception report is to highlight late consultations on a patient by patient basis, showing how many wait days occurred, the reason for the delay and PCT.

8.3.2.2 Report Availability

This report is only available to Strategic Health Authority Users.

8.3.2.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

- Patient record with PRIORITY TYPE of ‘3’ (two week wait).
- Patients with an URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE code of ‘16’ (Breast symptoms-cancer not initially suspected).
- SOURCE OF REFERRAL FOR OUTPATIENTS can be any value.

8.3.2.4 Report Generation

This report should be based around the PCT where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (Cancer not suspected at this stage.)</td>
</tr>
<tr>
<td>Item</td>
<td>Source</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen within the reporting period for all PCTs within the SHA. A care path is identified with NHS no./date first seen.</td>
</tr>
<tr>
<td>Wait Days</td>
<td>(FIRST_SEEN minus CANCER_REFERRAL_TO_TREATMENT_PERIOD_START_DATE) minus WAITING_TIME_ADJUSTMENT_FIRST_SEEN</td>
</tr>
<tr>
<td>Seen within 14 days (Within standard)</td>
<td>Wait Days &lt;= 14</td>
</tr>
<tr>
<td>% meeting standard (for SHA)</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td>PCT of residence (for exception reporting)</td>
<td>PCT where the patient is registered, as derived from PDS/SDS during the record creation.</td>
</tr>
</tbody>
</table>

**Note:** All aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type at report detail line level.

### 8.3.2.5 Report Tables

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A relationship table tying reports to the monthly and quarterly report tables they access is documented in 'Report Tables' (related document 7).

See report layout below.
8.3.3 Report 11.22 – the SHA Commissioner Based Total Two Week Wait Referral Management

This report monitors the local performance management of referrals for both suspected cancer patients and those with breast symptoms (Cancer not initially suspected) at SHA Commissioner level.

The report is based on report 6.5 which reports data for one PCT. Report 11.22 presents statistics on accumulated totals for every PCT within the SHA.

8.3.3.1 Description

The purpose of this report is to provide statistics to support the local performance management of referrals, the timing of which is no longer monitored within the two week wait, following the move to align with 18-weeks.

The report highlights delays in the transfer of referrals. The period it measures is just before the 2 week wait standard period and the report is provided for local management purposes.

There are 2 referral dates on a patient care path. One is the date the referral was made (Decision to Refer date) and the second is the date the referral was received. These dates are compared to derive how many days it took to receive the referrals.

Statistics are accumulated from patients having an initial consultation with a specialist for either suspected cancer or Breast Symptoms (Cancer not initially suspected) within the time period specified (for a given month or quarter year).

There are 2 sections to the report. The first shows aggregated data for suspected cancer and the second shows aggregated data for Breast symptoms (cancer not initially suspected).

Within each section, Total Referrals Seen is presented, followed by total referrals received: ‘Within 24 hours’, ‘Within 2-4 Days’, ‘Within 5-7 Days’, ‘After 7 days’, with ‘% performance’ and ‘National % performance’. These totals are broken down by suspected tumour type.
The Decision to Refer date is not a mandatory data item for input. Records that don’t have it will appear on the standard 2ww reports but not on the 2ww management referral reports and this could cause confusion to users. Hence the following text is inserted between report heading and first section of the report.

*Please note, the criteria for which records are selected for inclusion within this report uses optional data items, therefore the number of records represented may not be the same as within the two week wait performance reports.*

This is a non-standard management report and hence does not require an exception report.

### 8.3.3.2 Report Availability

This report is only available to Strategic Health Authority Users.

### 8.3.3.3 Patient Selection Criteria

Patient selection criteria are the same as for the Provider equivalent report 1.5:

**Patients to be included: Cancer Two Week Wait.**

All of the following criteria must be met:

- Patient has a PRIORITY TYPE of ‘3’ (two week wait).

- URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE within the range ‘01’ to’15’ (suspected cancers).

- SOURCE OF REFERRAL FOR OUTPATIENTS can be any value.

- CANCER REFERRAL TO TREATMENT PERIOD START DATE (date the referral request was received) falls within the reporting period.

- DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) (Date referral requested) falls within the reporting period.

- DATE FIRST SEEN falls within the reporting period.

**Patients to be included: Breast Symptom Two Week Wait.**

All of the following criteria must be met:

- Patient has a PRIORITY TYPE of ‘3’ (two week wait).

- URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE of ‘16’ (Breast symptoms-cancer not initially suspected).

- SOURCE OF REFERRAL FOR OUTPATIENTS can be any value.

- CANCER REFERRAL TO TREATMENT PERIOD START DATE (date the referral request was received) falls within the reporting period.

- DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) (Date referral requested) falls within the reporting period.

- DATE FIRST SEEN falls within the reporting period.
8.3.3.4 Report Generation

This report should be based around the PCT where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (Only suspected cancer at this stage.)</td>
</tr>
<tr>
<td>First Seen Provider</td>
<td>Provider ORGANISATION CODE at DATE FIRST SEEN.</td>
</tr>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen within the reporting period for all PCTs within the SHA.</td>
</tr>
<tr>
<td>Wait Days</td>
<td>Elapsed time between ‘decision to refer’ and ‘referral received’.</td>
</tr>
<tr>
<td></td>
<td>(CANCER REFERRAL TO TREATMENT PERIOD START DATE minus DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) expressed in days.</td>
</tr>
<tr>
<td>Referral received within 24 hours (Management expectation)</td>
<td>“24 hours” is classified as being the end of the next calendar day.</td>
</tr>
<tr>
<td>% meeting standard For SHA</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td></td>
<td>Total referrals received within management expectation for SHA / Total number of patients referred for SHA * 100.</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%).</td>
</tr>
<tr>
<td></td>
<td>National total of referrals received within management expectation / National total of patients referred * 100.</td>
</tr>
</tbody>
</table>

Note: all aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type and First Seen Provider at report detail line level.

8.3.3.5 Report Tables

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in ‘Report Tables’ (related document 7).

See report layout below.
Please note, the criteria for which records are selected for inclusion within this report uses optional data items, therefore the number of records represented may not be the same as within the two week wait performance reports.

<table>
<thead>
<tr>
<th>Type</th>
<th>Total Referrals Seen</th>
<th>Total Referrals Seem</th>
<th>Within 24 hours</th>
<th>Within 2-4 days</th>
<th>Within 5-7 days</th>
<th>After 7 days</th>
<th>% performance</th>
<th>% performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspected acute leukaemia</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Suspected brain/central nervous system tumours</td>
<td>100</td>
<td>0</td>
<td>48</td>
<td>0</td>
<td>120</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Suspected breast cancer</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Suspected children's cancer</td>
<td>15</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>5</td>
<td>4</td>
<td>100</td>
<td>50</td>
</tr>
<tr>
<td>Suspected haematological malignancies (excluding acute leukaemia)</td>
<td>4</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Suspected larynx cancer</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Suspected upper gastrointestinal cancer</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>199</td>
<td>22</td>
<td>52</td>
<td>0</td>
<td>125</td>
<td>0</td>
<td>11.1</td>
<td>16.1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type</th>
<th>Total Referrals Seen</th>
<th>Total Referrals Seem</th>
<th>Within 24 hours</th>
<th>Within 2-4 days</th>
<th>Within 5-7 days</th>
<th>After 7 days</th>
<th>% performance</th>
<th>% performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excluded (non-cancer) breast symptoms - cancer not initially suspected</td>
<td>75</td>
<td>46</td>
<td>23</td>
<td>0</td>
<td>4</td>
<td>64</td>
<td>69</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>75</td>
<td>46</td>
<td>23</td>
<td>0</td>
<td>4</td>
<td>64</td>
<td>69</td>
<td></td>
</tr>
</tbody>
</table>
8.4 Network Commissioner Reports

Network Commissioner Reports are based on reports for PCT Commissioners. The difference is that whilst the PCT Commissioner Reports present data related to an individual PCT, Network Commissioner Reports accumulate data for every PCT within the Cancer Network.

8.5 Network Commissioner Reports – 2 Week Wait

Cancer Networks should be permitted access to view a selection of PCT Commissioner based reports as listed in Appendix F. Cancer Network users will see a different view of the data in these reports, with individual sections for each PCT within their area, together with a summary displaying an accumulation of all totals.

In addition to accessing these PCT Commissioner reports, the Cancer Network will require access to an aggregate summary for each line. The following two week wait summary reports are accessible to Cancer Networks only:

2 Week Wait – Network Commissioner based:

- Report 12.20 – Network Commissioner Based Total Cancer Two Week Wait
- Report 12.21 – Network Commissioner Based Total Breast Symptom Two Week Wait
- Report 12.22 – Network Commissioner Based Total Two Week Wait Referral Management.

These reports are based on the PCT commissioner reports, the difference being that the PCT commissioner reports present data related to an individual PCT, while the Network Commissioner reports accumulate data for every PCT within the Cancer Network.

8.5.1 Report 12.20 – Network Commissioner Based Total Cancer Two Week Wait

This report provides statistics on General Medical Practitioner and General Dental Practitioner referrals honoured for suspected cancer with regard to the 2 week wait standard set by the DH for all PCTs in the network.

The report is based on report 6.1. The difference in the reports is that report 6.1 presents data related to an individual PCT, while this report accumulates data for every PCT within the boundaries of the Cancer Network.

8.5.1.1 Description

The purpose of this report is to monitor how well PCTs in the Network are meeting the 2 week wait standard between receipt of urgent referral by GPs (GMPs or GDPs) for suspected cancer and the patient being seen by an appropriate specialist.

The report presents statistics accumulated from all PCT’s patients within the Cancer Network who have had an initial consultation with a specialist for suspected cancer within the time period specified (a given month or quarter year).

It provides totals of: patients first seen during the period, those meeting the 14 day standard, and buckets those that don’t: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It
gives PCT performance in percentage terms along with the national average. All these statistics are to be broken down by suspected tumour type.

An exception report is to highlight late consultations on a patient by patient basis, showing how many wait days occurred, the reason for the delay, cancer type suspected and PCT.

8.5.1.2 Report Availability

This report is only available to Cancer Network users.

8.5.1.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

- Any patient record with PRIORITY TYPE of ‘3’ (two week wait).
- SOURCE OF REFERRAL FOR OUTPATIENTS of either ‘3’ (general medical practitioner) or ‘92’ (general dental practitioner).
- Patients with an URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE of anything except ‘16’ (Breast symptoms-cancer not initially suspected).

8.5.1.4 Report Generation

This report should be based around the PCTs where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (Only suspected cancer at this stage.)</td>
</tr>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen within the reporting period for all PCTs within the Network. A care path is identified with NHS no./date first seen.</td>
</tr>
<tr>
<td>Wait Days</td>
<td>(FIRST_SEEN minus CANCER_REFERRAL_TO_TREATMENT_PERIOD_START_DATE) minus WAITING_TIME_ADJUSTMENT_FIRST_SEEN</td>
</tr>
<tr>
<td>Seen within 14 days (Within standard)</td>
<td>Wait Days &lt;= 14</td>
</tr>
<tr>
<td>% meeting standard (for Network)</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%). Total patients seen within standard for all PCTs within the Network / Total referrals seen for all PCTs within the Network * 100.</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%). National patient total seen within standard / National referral total seen * 100.</td>
</tr>
</tbody>
</table>
Note: all aggregate figures above are calculated and held at a finer granularity level for reporting. Here aggregate figures need to be split by tumour type at report detail line level.

8.5.1.5 Report Tables

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in ‘Report Tables’ (related document 7).

See report layout below.
8.5.2 Report 12.21 – Network Commissioner Based Total Breast Symptom Two Week Wait

This report provides statistics with regard to the 2 week wait standard (for the Cancer Network) on referrals honoured for breast symptoms where cancer was not initially suspected.

8.5.2.1 Description

The purpose of this report is to monitor how well the PCTs within the Network are meeting the 2 week wait standard (set by the DH) between receipt of referral for Breast Symptoms, and being seen by an appropriate specialist.

The report presents statistics accumulated from patients having had an initial consultation with a specialist for breast symptoms (Cancer not initially suspected) within the time period specified (for a given month or quarter year).

The report provides total referrals first seen within the reporting period, totals of those that meet the 14 day standard, and buckets those that don’t: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives the PCT performance in percentage terms along with the national average. All these statistics are broken down by suspected tumour type.

An exception report is to highlight late consultations on a patient by patient basis, showing how many wait days occurred, the reason for the delay and the tumour type suspected.

This report is based on report 6.2. This report presents statistics on accumulated totals for every PCT within the network followed by exception conditions. Report 6.2 presents the same data and in addition presents data separately for each individual PCT within the network.

8.5.2.2 Report Availability

This report is available to Cancer Network users only.

8.5.2.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

- Patient record with PRIORITY TYPE of ‘3’ (two week wait).
- Patients with URGENT CANCER OR SYMPTOMATIC REFERRAL TYPE code of ‘16’ (Breast symptoms-cancer not initially suspected).
- SOURCE OF REFERRAL FOR OUTPATIENTS can be any value.

8.5.2.4 Report Generation

The report will be generated according to the Patient Selection Criteria above and the following calculations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Referral Type in CancerReferralType look-up table. (Only suspected at this stage.)</td>
</tr>
<tr>
<td>Item</td>
<td>Source</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td>Wait Period (in days)</td>
<td>((\text{FIRST_SEEN} \text{ minus } \text{CANCER_REFERRAL_TO_TREATMENT_PERIOD_START_DATE}) \text{ minus } \text{WAITING_TIME_ADJUSTMENT_FIRST_SEEN}))</td>
</tr>
<tr>
<td>Seen within 14 days (Within standard)</td>
<td>Wait period (\leq 14) days</td>
</tr>
<tr>
<td>Total referrals seen</td>
<td>Sum of all patients first seen for a care path within the reporting period. A care path is identified with NHS no./date first seen.</td>
</tr>
<tr>
<td>PCT % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%). Total patients within standard for PCT / Total referrals seen for PCT (\times 100).</td>
</tr>
<tr>
<td>National % meeting standard</td>
<td>To be displayed with 1 decimal place (i.e. xx.x%). Total patients within standard / Total referrals seen (\times 100). Where numerator and denominator are found on the appropriate Natstats table.</td>
</tr>
</tbody>
</table>

### 8.5.2.5 Report Tables

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in ‘Report Tables’ (related document 7).
8.5.3 Report 12.22 – Network Commissioner Based Total Two Week Wait Referral Management

This report monitors the local performance management of GP (GMP or GDP) referrals for both suspected cancer patients and those with breast symptoms (Cancer not initially suspected).

Source of referral unconfirmed.

This management report provides statistics on Providers the PCT has commissioned care from with regard to referrals honoured for both suspected cancer and breast symptoms.

8.5.3.1 Description

The purpose of this report is to provide statistics to support the local performance management of GP referrals, the timing of which is no longer monitored within the two week wait, following the move to align with 18-weeks.

The report highlights any problems in the transfer of referrals made by the GP (GMP or GDP) which should be received by a provider within 24 hours in order to make the 2 week standards achievable.

There are 2 referral dates on a patient care path. One is the date the referral was made by the GP and the second is the date the referral was received. These dates are compared to derive how many days it took to receive the referrals.

Statistics are accumulated from patients having an initial consultation with a specialist for either suspected cancer or Breast Symptoms (Cancer not initially suspected) within the time period specified (for a given month or quarter year).

The report is made up of several sections: one for each suspected tumour type, one for summary figures for all tumour types, and one for referrals following breast symptoms.

Within each section, there is a list of the providers who have seen the patients from the PCTs residential area (first seen providers) for that category, with summary stats for referrals: total referrals seen during the period, referrals seen within 24 hours, 2-4 days, 5-7 days and longer than 7 days. It gives a provider’s performance in percentage terms along with the national average.

The Decision to Refer date is not a mandatory data item for input. Records that don’t have it will appear on the standard 2ww reports but not on the 2ww management referral reports and this could cause confusion to users. Hence the following text is inserted between report heading and first section of the report.

‘Please note, the criteria for which records are selected for inclusion within this report uses optional data items, therefore the number of records represented may not be the same as within the two week wait performance reports’.

This is a non-standard management report and hence does not require an exception report.

This report is based on report 6.5. This report presents statistics on accumulated totals for every PCT within the network followed by exception conditions. Report 6.5 presents the same data and in addition presents data separately for each individual PCT within the network.

8.5.3.2 Report Availability

This report is available to Cancer Network users only.
8.5.3.3 Patient Selection Criteria

Report statistics will include all patients the provider has seen for the first time on a care path within the selected reporting period matching ALL criteria below:

Section 1: Cancer Two Week Wait:

- Patient has a PRIORITY TYPE of ‘3’ (two week wait).
- REFERRAL TYPE within the range ‘01’ to ‘15’ (suspected cancers).
- CANCER REFERRAL TO TREATMENT PERIOD START DATE (date the referral request was received) falls within the reporting period or is absent.
- DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) (Date GP decided to refer) falls within the reporting period.
- DATE FIRST SEEN falls within the reporting period.

Section 2: Breast Symptom Two Week Wait:

- Patient has a PRIORITY TYPE of ‘3’ (two week wait).
- REFERRAL TYPE of ‘16’ (Breast Symptoms).
- CANCER REFERRAL TO TREATMENT PERIOD START DATE (date the referral request was received) falls within the reporting period or is absent.
- DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) (Date GP decided to refer) falls within the reporting period.
- DATE FIRST SEEN falls within the reporting period.

8.5.3.4 Report Generation

This report should be based around the PCT where the patient is registered, as derived from PDS/SDS during the record creation according to the Patient Selection Criteria above and the following calculations:

<table>
<thead>
<tr>
<th>Item</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tumour Type</td>
<td>Description from CancerReferralType look-up table. (Only suspected at this stage.)</td>
</tr>
<tr>
<td>Elapsed time between ‘decision to refer’ and ‘referral received’ (in days)</td>
<td>(CANCER REFERRAL TO TREATMENT PERIOD START DATE minus DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) expressed in days.)</td>
</tr>
</tbody>
</table>
### Item | Source
--- | ---
Referral received within 24 hours (Management expectation) | “24 hours” is classified as being the end of the next calendar day.
Total referrals seen | Sum of all patients first seen for a care path within the reporting period.
% meeting standard | To be displayed with 1 decimal place (i.e. xx.x%).
National % meeting standard | Total referrals received within management expectation / Total number of patients referred by GP * 100.
PCT | From care path table (Waiting Times) table.

**8.5.3.5 Report Tables**

The report will be built for display by sourcing data from report tables. No calculations are required for display; values can just be transferred.

A Relationship table tying reports to the monthly and quarterly report tables they access is documented in ‘Report Tables’ (related document 7).
In this section you will find a glossary of terms, information on where to get help with the application and a bibliography of useful resources and links.

**Appendix A: Glossary of Terms**

<table>
<thead>
<tr>
<th>Term</th>
<th>Expansion</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>Acute Care Trust</td>
<td>Health Care Provider. Known as a Provider. Often ‘Acute Care Trust’ is shortened to ‘Acute Trust’.</td>
</tr>
<tr>
<td>Acute Provider</td>
<td>Provider of Health Care to patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Acute NHS Trusts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Acute NHS Foundation Trusts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NHS Primary Care Trusts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NHS Care Trusts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• NHS Treatment Centres</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Independent Care Providers and Private Screening Service Providers.</td>
</tr>
<tr>
<td>Choose and Book</td>
<td>System where patient can choose where and when seen</td>
<td>Patient chooses a consultant depending on own set of priorities.</td>
</tr>
<tr>
<td>CN</td>
<td>Cancer Network</td>
<td>Cancer Networks bring together Providers and Commissioners to work collaboratively as a system, to plan and deliver high quality cancer services for a given population.</td>
</tr>
<tr>
<td>Commissioner</td>
<td></td>
<td>Primary Care Trusts (PCTs) are often called Commissioners, as a PCT commissions the services.</td>
</tr>
<tr>
<td>Term</td>
<td>Expansion</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-----------</td>
<td>-------------</td>
</tr>
<tr>
<td>DH</td>
<td>Department of Health</td>
<td>Accountable to the Parliament and the public.</td>
</tr>
<tr>
<td>DNA</td>
<td>Did Not Attend</td>
<td>This records the reason why a patient did not attend an out-patient clinic when an appointment had been made.</td>
</tr>
<tr>
<td>DSCN</td>
<td>Data Set Change Notification</td>
<td>The mechanism for introducing an information requirement or information standard to which the NHS, those with whom it commissions services and its IT system suppliers must conform.</td>
</tr>
<tr>
<td>DTT</td>
<td>Decision To Treat</td>
<td></td>
</tr>
<tr>
<td>GFOCW</td>
<td>Going Further On Cancer Waits</td>
<td>Extension to the Cancer Waits programme.</td>
</tr>
<tr>
<td>GP</td>
<td>General Practitioner</td>
<td>A health care practitioner qualified for general practice, providing health care for a particular organisation. A general practitioner may act as either a general medical practitioner or a general dental practitioner.</td>
</tr>
<tr>
<td>Independent Providers</td>
<td></td>
<td>Have contract with commissioners.</td>
</tr>
<tr>
<td>Term</td>
<td>Expansion</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>ISB (HaSC)</td>
<td>Information Standards Board For Health and Social Care</td>
<td>The Information Standards Board for Health and Social Care (ISB) in England is tasked with the independent assurance and approval of information standards for adoption by the NHS and social care. The scope of the Information Standards Board for Health and Social Care includes all information standards within the Department of Health, NHS, adult social care and those required to support approved sharing and communication with other agencies where NHS information infrastructure and systems are to be used.</td>
</tr>
<tr>
<td>Median</td>
<td>A type of average. In statistics, the Median is a number that separates the lowest-value half and the highest-value half of a range of values when arranged in ascending order. The Median provides a better average than the Mean when the data distribution is skewed.</td>
<td>The median of a finite list of numbers can be found by arranging all the observations from lowest value to highest value and picking the middle one. If there is an even number of observations, then there is no single middle value, so one often takes the mean of the two middle values by adding the 2 values together and dividing by 2.</td>
</tr>
<tr>
<td>NCAT</td>
<td>National Cancer Action Team</td>
<td>The National Cancer Action Team (NCAT) is a national team that reports to the National Cancer Director. Its role is to support the NHS and facilitate the implementation of the Cancer Reform Strategy. It works closely alongside the Cancer Policy Team in the Department of Health and with the NHS Cancer Networks.</td>
</tr>
<tr>
<td>NCIN</td>
<td>National Cancer Intelligence Network</td>
<td>The NCIN was launched in June 2008 to bring together cancer registries, clinical champions, health service researchers and a range of other interested parties (including the Office for National Statistics; National Clinical Audit Support Programme; NHS Information Centre) under the auspices of the NCRI.</td>
</tr>
<tr>
<td>Term</td>
<td>Expansion</td>
<td>Description</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>NCRI</td>
<td>National Cancer Research Institute</td>
<td>The NCRI is a UK-wide partnership between the DH, charity and industry which promotes co-operation in cancer research among the 21 member organisations for the benefit of patients, the public and the scientific community.</td>
</tr>
<tr>
<td>NCWT</td>
<td>National Cancer Waiting Times</td>
<td>A system which allows Trusts to record data used to monitor cancer waiting times standards and to support the Cancer Services collaborative service improvement projects.</td>
</tr>
<tr>
<td>NHS Trusts</td>
<td></td>
<td>Do not have contract with PCT Commissioners. Have Service Level Agreement instead, which is not legally binding. These also talk to the DH.</td>
</tr>
<tr>
<td>NHS Foundation Trusts</td>
<td>A hospital which has been allowed autonomy and is outside control of the DH.</td>
<td>Have own regulator and can be shut down if they break contract set by PCT commissioners.</td>
</tr>
<tr>
<td>ODS</td>
<td>Organisational Data Service</td>
<td>Responsible for national policy and standards for organisation and practitioner codes, which form part of the NHS data standards. Previously known as the National Administrative Codes Service (NACS).</td>
</tr>
<tr>
<td>Open Exeter</td>
<td>NHS system portal for various IT applications, accessible depending on user profile</td>
<td>The CWT application and database is accessible via the Open Exeter browser. Applications for use by users must be channelled through the Caldicott Guardian.</td>
</tr>
<tr>
<td>Pathway Identifier</td>
<td>Supports patient across all organisations</td>
<td>20 chars: patient code plus org. code plus identifier. X09 is Connecting for Health.</td>
</tr>
<tr>
<td>Patient Pathway</td>
<td></td>
<td>The specific route that a particular patient takes from the first referral request received date of a service request or the activity date of the first emergency activity where there is no related service request.</td>
</tr>
<tr>
<td>Term</td>
<td>Expansion</td>
<td>Description</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
<td>Also called Commissioners.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Receive money from the DH and commission services. Sometimes they also provide care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Statutorily responsible to their SHA.</td>
</tr>
<tr>
<td>PDS / SDS</td>
<td>Patient Demographic System / Spine Directory System</td>
<td>The PDS is National system holding health data for every patient in England and Wales.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>SDS interrogated to find patients PCT and DOB (to see if child) etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The SHA can be determined from the PCT.</td>
</tr>
<tr>
<td>PPI</td>
<td>Patient Pathway Identifier</td>
<td>Where a pathway is initiated by a service request using the Choose and Book system, the patient pathway (see above) will be uniquely identified by the Unique Booking Reference Number (UBRN – see below) of the first referral and the organisation code of NHS Connecting for Health which is X09.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Where the pathway is initiated by some other method, the patient pathway identifier will be allocated by the organisation receiving the service request which together with that organisation's organisation code will uniquely identify the patient pathway.</td>
</tr>
<tr>
<td>QMCW</td>
<td>Quarterly Monitoring of Cancer Waits</td>
<td>A ROCR (see below) approved return for collating the quarterly performance of the urgent (two week) standard.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discontinued in 2003.</td>
</tr>
<tr>
<td>RBAC</td>
<td>Role Based Access Control</td>
<td>A mechanism whereby the functions an authorised user can access within a computer system are restricted to the needs of their specific job role.</td>
</tr>
<tr>
<td>Term</td>
<td>Expansion</td>
<td>Description</td>
</tr>
<tr>
<td>---------------------</td>
<td>----------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Referral</td>
<td></td>
<td>This is a request for a care service, other than a specific diagnostic investigation or procedure, to be provided for a patient. This includes patient self-referrals for an appointment to see or be in contact with a care professional of an organisation.</td>
</tr>
<tr>
<td>ROCR</td>
<td>Review Of Central Returns</td>
<td>A body which assesses and quantifies the burden of data collection upon the NHS.</td>
</tr>
<tr>
<td>Section 251 security Policy</td>
<td>Other committees which hold NHS number</td>
<td>NHS numbers are encrypted. They are pseudanomised with algorithm to work out original NHS Number.</td>
</tr>
<tr>
<td>SHA</td>
<td>Strategic Health Authority</td>
<td>Must meet health needs of population. Talks to the DH.</td>
</tr>
<tr>
<td>Treatment Modality</td>
<td>Treatment Type</td>
<td></td>
</tr>
<tr>
<td>UBRN</td>
<td>Unique Booking Reference No.</td>
<td>Comes from Choose and Book system. The GP gives a patient a UBRN to use when booking an appointment over the internet, or to quote if phone up and book. It will form part of the PPI.</td>
</tr>
<tr>
<td>2ww</td>
<td>Two Week Wait</td>
<td>Legacy called this “Urgent GP Referral to Date First Seen”. For all cancers now, plus any breast symptoms.</td>
</tr>
</tbody>
</table>

Table 1: Glossary of Terms

Appendix B: Provider Reports Accessible by Acute Providers

Two Week Wait:
- Report 1.1 – the Cancer Two Week Wait
- Report 1.2 – the Breast Symptom Two Week Wait
- Report 1.3 – the Cancer Two Week Wait Report With Residence
- Report 1.4 – the Breast symptom Two Week Wait Report With Residence
- Report 1.5 – the Two Week Wait Referral Management

31 Day Treatment:
• Report 2.1 – the 31-Day First Treatment (Tumour)
• Report 2.2 – the 31-Day First Treatment (Treatment Group)
• Report 2.3 – the 31-Day First Treatment (Treatment)
• Report 2.4 – the 31-Day First Treatment (Tumour) Report With Residence
• Report 2.5 – the 31-Day First Treatment (Treatment Group) Report With Residence
• Report 2.6 – the 31-Day First Treatment (Treatment) Report With Residence
• Report 2.7 – the 31-Day Subsequent Treatment (Tumour)
• Report 2.8 – the 31-Day Subsequent Treatment (Treatment Group)
• Report 2.9 – the 31-Day Subsequent Treatment (Treatment)
• Report 2.10 – the 31-Day Subsequent Treatment (Tumour) Report With Residence
• Report 2.11 – the 31-Day Subsequent Treatment (Treatment Group) Report With Residence
• Report 2.12 – the 31-Day Subsequent Treatment (Treatment) Report With Residence

62 Day Standard:
• Report 3.1 – the Cancer Plan 62-Day Standard (Tumour)
• Report 3.2 – the Cancer Plan 62-Day Standard (Treatment Group)
• Report 3.3 – the Cancer Plan 62-Day Standard (Treatment)
• Report 3.4 – the Cancer Plan 62-Day Standard (Tumour) Report With Residence
• Report 3.5 – the Cancer Plan 62-Day Standard (Treatment Group) Report With Residence
• Report 3.6 – the Cancer Plan 62-Day Standard (Treatment) Report With Residence
• Report 3.7 – the Cancer Plan 31-Day Rare Cancer Standard
• Report 3.8 – the Cancer Plan 31-Day Rare Cancer Standard Report With Residence
• Report 4.1 – the CRS 62-Day Screening Standard (Tumour)
• Report 4.2 – the CRS 62-Day Screening Standard (Treatment Group)
• Report 4.3 – the CRS 62-day Screening Standard (Treatment)
• Report 4.4 – the CRS 62-Day Screening Standard (Tumour) Report With Residence
• Report 4.5 – CRS 62-Day Screening Standard (Treatment Group) Report With Residence
• Report 4.6 – the CRS 62-day Screening Standard (Treatment) Report With Residence
• Report 5.1 – the CRS 62-Day Upgrade Standard (Tumour)
• Report 5.2 – the CRS 62-Day Upgrade Standard (Treatment Group)
• Report 5.3 – the CRS 62-day Upgrade Standard (Treatment)
• Report 5.4 – the CRS 62-Day Upgrade Standard (Tumour) Report With Residence
• Report 5.5 – the CRS 62-Day Upgrade Standard (Treatment Group) Report With Residence
• Report 5.6 – the CRS 62-day Upgrade Standard (Treatment) Report With Residence

Provider Management Reports:
• Report 13.1 – The Referral to Decision to Treat Report (Tumour)
• Report 13.2 – The Referral to Decision to Treat Report (Treatment)

62 Day referred Breast Symptoms:
• Report 15.1 – the 62-Day From Symptomatic Breast Referral (Tumour)
• Report 15.2 – the 62-Day From Symptomatic Breast Referral (Treatment Group)
• Report 15.3 – the 62-Day From Symptomatic Breast Referral (Treatment)
• Report 15.4 – the 62-Day From Symptomatic Breast Referral Report With Residence
• Report 15.5 – the Cancer Plan 62-Day Standard (Treatment Group) Report With Residence
• Report 15.6 – the 62-Day From Symptomatic Breast Referral (Treatment) With Residence

Appendix C: Provider Reports Accessible by PCTs

Two Week Wait:
• Report 1.1 – the Cancer Two Week Wait
• Report 1.2 – the Breast Symptom Two Week Wait
• Report 1.5 – the Two Week Wait Referral Management

31 Day Treatment:
• Report 2.1 – the 31-Day First Treatment (Tumour)
• Report 2.2 – the 31-Day First Treatment (Treatment Group)
• Report 2.3 – the 31-Day First Treatment (Treatment)
• Report 2.7 – the 31-Day Subsequent Treatment (Tumour)
• Report 2.8 – the 31-Day Subsequent Treatment (Treatment Group)
• Report 2.9 – the 31-Day Subsequent Treatment (Treatment)

62 Day Standard:
• Report 3.1 – the Cancer Plan 62-Day Standard (Tumour)
• Report 3.2 – the Cancer Plan 62-Day Standard (Treatment Group)
• Report 3.3 – the Cancer Plan 62-Day Standard (Treatment)
• Report 3.7 – the Cancer Plan 31-Day Rare Cancer Standard
• Report 4.1 – the CRS 62-Day Screening Standard (Tumour)
• Report 4.2 – the CRS 62-Day Screening Standard (Treatment Group)
• Report 4.3 – the CRS 62-day Screening Standard (Treatment)
• Report 5.1 – the CRS 62-Day Upgrade Standard (Tumour)
• Report 5.2 – the CRS 62-Day Upgrade Standard (Treatment Group)
• Report 5.3 – the CRS 62-day Upgrade Standard (Treatment)

Provider Management Reports:
• Report 13.1 – the Referral to Decision to Treat Report (Tumour)
• Report 13.2 – the Referral to Decision to Treat Report (Treatment)

62 Day Referred Breast Symptoms:
• Report 15.1 – the 62-Day From Symptomatic Breast Referral (Tumour)
• Report 15.2 – the 62-Day From Symptomatic Breast Referral (Treatment Group)
• Report 15.3 – the 62-Day From Symptomatic Breast Referral (Treatment)

Appendix D: Commissioner-based Reports Accessible by PCTs

In addition to the Acute Provider reports, the following commissioner based reports are required for PCTs.

Two Week Wait:
• Report 6.1 – Commissioner Based Cancer Two Week Wait
• Report 6.2 – Commissioner Based Breast Symptom Two Week Wait
• Report 6.3 – Commissioner Based Cancer Two Week Wait With Provider
• Report 6.4 – Commissioner Based Breast Symptom Two Week Wait with Provider
• Report 6.5 – Commissioner Based Two Week Wait Referral Management Report

31 Day Treatment:
• Report 7.1 – Commissioner Based 31-Day First Treatment (Tumour)
• Report 7.2 – Commissioner Based 31-Day First Treatment (Treatment Group)
• Report 7.3 – Commissioner Based 31-Day First Treatment (Treatment)
• Report 7.4 – Commissioner Based 31-Day First Treatment (Tumour) With Provider
• Report 7.5 – Commissioner Based 31-Day First Treatment (Treatment Group) With Provider
• Report 7.6 – Commissioner Based 31-Day First Treatment (Treatment) With Provider
• Report 7.7 – Commissioner Based 31-Day Subsequent Treatment (Tumour)
• Report 7.8 – Commissioner Based 31-Day Subsequent Treatment (Treatment Group)
• Report 7.9 – Commissioner Based 31-Day Subsequent Treatment (Treatment)
• Report 7.10 – Commissioner Based 31-Day Subsequent Treatment (Tumour) With Provider
• Report 7.11 – Commissioner Based 31-Day Subsequent Treatment (Treatment Group) With Provider
• Report 7.12 – Commissioner Based 31-Day Subsequent Treatment (Treatment) With Provider

62 Day Standard:
• Report 8.1 – Commissioner Based Cancer Plan 62-Day Standard (Tumour)
• Report 8.2 – Commissioner Based Cancer Plan 62-Day Standard (Treatment Group)
• Report 8.3 – Commissioner Based Cancer Plan 62-Day Standard (Treatment)
• Report 8.4 – Commissioner Based Cancer Plan 62-Day Standard (Tumour) With Provider
• Report 8.5 – Commissioner Based Cancer Plan 62-Day Standard (Treatment Group) With Provider
• Report 8.6 – Commissioner Based Cancer Plan 62-Day Standard (Treatment) With Provider
• Report 8.7 – Commissioner Based Cancer Plan 31-Day Rare Cancer Standard Report
• Report 8.8 – Commissioner Based Cancer Plan 31-Day Rare Cancer Standard With Provider
• Report 9.1 – Commissioner Based CRS 62-Day Screening Standard (Tumour)
• Report 9.2 – Commissioner Based CRS 62-Day Screening Standard (Treatment Group)
• Report 9.3 – Commissioner Based CRS 62-day Screening Standard (Treatment)
• Report 9.4 – Commissioner Based CRS 62-Day Screening Standard (Tumour) With Provider
• Report 9.5 – Commissioner Based CRS 62-Day Screening Standard (Treatment Group) With Provider
• Report 9.6 – Commissioner Based CRS 62-day Screening Standard (Treatment) With Provider
• Report 10.1 – Commissioner Based CRS 62-Day Upgrade Standard (Tumour)
• Report 10.2 – Commissioner Based CRS 62-Day Upgrade Standard (Treatment Group)
• Report 10.3 – Commissioner Based CRS 62-day Upgrade Standard (Treatment)
• Report 10.4 – Commissioner Based CRS 62-Day Upgrade Standard (Tumour) With Provider
• Report 10.5 – Commissioner Based CRS 62-Day Upgrade Standard (Treatment Group) With Provider
• Report 10.6 – Commissioner Based CRS 62-day Upgrade Standard (Treatment) With Provider

Provider Management Reports:
• Report 14.1 – Referral to Decision to Treat Report (Tumour)
• Report 14.2 – Referral to Decision to Treat Report (Treatment)

62 Day Referred Breast Symptoms:
• Report 16.1 – Commissioner Based 62-Day From Symptomatic Breast Referral (Tumour)
• Report 16.2 – Commissioner Based 62-Day From Symptomatic Breast Referral (Treatment Group)
• Report 16.3 – Commissioner 62-Day From Symptomatic Breast Referral (Treatment)
• Report 16.4 – Commissioner Based 62-Day From Symptomatic Breast Referral (Tumour) With Provider
• Report 16.5 – Commissioner Based 62-Day From Symptomatic Breast Referral (Treatment Group) With Provider
• Report 16.6 – Commissioner 62-Day From Symptomatic Breast Referral (Treatment) With Provider
Appendix E: Provider Reports Available to SHAs and Cancer Networks

Provider reports accessible by Strategic Health Authorities and Cancer Networks are as follows. Provider treatment modality reports for 31 day treatment and 62 day standard reports are not available.

Two Week Wait:
- Report 1.1 – the Cancer Two Week Wait
- Report 1.2 – the Breast Symptom Two Week Wait
- Report 1.5 – the Two Week Wait Referral Management

31 Day Treatment:
- Report 2.1 – the 31-Day First Treatment (Tumour)
- Report 2.2 – the 31-Day First Treatment (Treatment Group)
- Report 2.7 – the 31-Day Subsequent Treatment (Tumour)
- Report 2.8 – the 31-Day Subsequent Treatment (Treatment Group)

62 Day Standard:
- Report 3.1 – the Cancer Plan 62-Day Standard (Tumour)
- Report 3.2 – the Cancer Plan 62-Day Standard (Treatment Group)
- Report 3.7 – the Cancer Plan 31-Day Rare Cancer Standard
- Report 4.1 – the CRS 62-Day Screening Standard (Tumour)
- Report 4.2 – the CRS 62-Day Screening Standard (Treatment Group)
- Report 5.1 – the CRS 62-Day Upgrade Standard (Tumour)
- Report 5.2 – the CRS 62-Day Upgrade Standard (Treatment Group)

62 Day Provider Management Reports:
- Report 13.1 – the Referral to Decision to Treat Report (Tumour)
- Report 13.2 – the Referral to Decision to Treat Report (Treatment)

62 Day Referred Breast Symptoms:
- Report 15.1 – the 62-Day From Symptomatic Breast Referral (Tumour)
- Report 15.2 – the 62-Day From Symptomatic Breast Referral (Treatment Group)
• Report 15.3 – the 62-Day From Symptomatic Breast Referral (Treatment)

Appendix F: Commissioner Reports Available to SHAs and Cancer Networks

Commissioner based reports accessible by Strategic Health Authorities and Cancer Networks are as follows. Provider treatment modality reports for 31 day treatment and 62 day standard reports are not available.

Two Week Wait:
• Report 6.1 – Commissioner Based Cancer Two Week Wait
• Report 6.2 – Commissioner Based Breast Symptom Two Week Wait
• Report 6.5 – Commissioner Based Two Week Wait Referral Management Report

31 Day Treatment:
• Report 7.1 – Commissioner Based 31-Day First Treatment (Tumour)
• Report 7.2 – Commissioner Based 31-Day First Treatment (Treatment Group)
• Report 7.7 – Commissioner Based 31-Day Subsequent Treatment (Tumour)
• Report 7.8 – Commissioner Based 31-Day Subsequent Treatment (Treatment Group)

62 Day Standard:
• Report 8.1 – Commissioner Based Cancer Plan 62-Day Standard (Tumour)
• Report 8.2 – Commissioner Based Cancer Plan 62-Day Standard (Treatment Group)
• Report 8.7 – Commissioner Based Cancer Plan 31-Day Rare Cancer Standard
• Report 9.1 – Commissioner Based CRS 62-Day Screening Standard (Tumour)
• Report 9.2 – Commissioner Based CRS 62-Day Screening Standard (Treatment Group)
• Report 10.1 – Commissioner Based CRS 62-Day Upgrade Standard (Tumour)
• Report 10.2 – Commissioner Based CRS 62-Day Upgrade Standard (Treatment Group)

62 Day Provider Management Reports:
• Report 14.1 – Referral to Decision to Treat Report (Tumour)
• Report 14.2 – Referral to Decision to Treat Report (Treatment)

62 Day Referred Breast Symptoms:
• Report 16.1 – Commissioner Based 62-Day From Symptomatic Breast Referral (Tumour)
• Report 16.2 – Commissioner Based 62-Day From Symptomatic Breast Referral (Treatment Group)
• Report 16.3 – Commissioner 62-Day From Symptomatic Breast Referral (Treatment)

Appendix G: Summary Reports Available to SHAs

In addition to access to the provider and commissioner reports in appendices E and F, the Strategic Health Authority will require access to an aggregate summary for each line. These summary reports are accessible to SHAs only:

2 Week Wait – SHA Provider:
• Report 11.1 – the SHA Provider Total Cancer Two Week Wait
• Report 11.2 – the SHA Provider Total Breast Symptom Two Week Wait
• Report 11.3 – the SHA Provider Total Two Week Wait Referral Management

31 Day Treatment – SHA Provider:
• Report 11.4 – the SHA Provider Total 31-Day First Treatment (Tumour)
• Report 11.5 – the SHA Provider Total 31-Day First Treatment (Treatment Group)
• Report 11.6 – the SHA Provider Total 31-Day First Treatment (Treatment)
• Report 11.7 – the SHA Provider Total 31-Day Subsequent Treatment (Tumour)
• Report 11.8 – the SHA Provider Total 31-Day Subsequent Treatment (Treatment Group)
• Report 11.9 – the SHA Provider Total 31-Day Subsequent Treatment (Treatment)

62 Day Standard – SHA Provider:
• Report 11.10 – the SHA Provider Total Cancer Plan 62-Day Standard (Tumour)
• Report 11.11 – the SHA Provider Total Cancer Plan 62-Day Standard (Treatment Group)
• Report 11.12 – the SHA Provider Total Cancer Plan 62-Day Standard (Treatment)
• Report 11.13 – the SHA Provider Total Cancer Plan 31-Day Rare Cancer Standard
• Report 11.14 – the SHA Provider Total CRS 62-Day Screening Standard (Tumour)
• Report 11.15 – the SHA Provider Total CRS 62-Day Screening Standard (Treatment Group)
• Report 11.16 – the SHA Provider Total CRS 62-day Screening Standard (Treatment)
• Report 11.17 – the SHA Provider Total CRS 62-Day Upgrade Standard (Tumour)
• Report 11.18 – the SHA Provider Total CRS 62-Day Upgrade Standard (Treatment Group)
• Report 11.19 – the SHA Provider Total CRS 62-day Upgrade Standard (Treatment)

2 Week Wait – SHA Commissioner based:
• Report 11.20 – the SHA Commissioner Based Total Cancer Two Week Wait
• Report 11.21 – the SHA Commissioner Based Total Breast Symptom Two Week Wait
• Report 11.22 – the SHA Commissioner Based Total Two Week Wait Referral Management

31 Day Treatment – SHA Commissioner based:
• Report 11.23 – SHA Commissioner Based Total 31-Day First Treatment (Tumour)
• Report 11.24 – SHA Commissioner Based Total 31-Day First Treatment (Treatment Group)
• Report 11.25 – SHA Commissioner Based Total 31-Day First Treatment (Treatment)
• Report 11.26 – SHA Commissioner Based Total 31-Day Subsequent Treatment (Tumour)
• Report 11.27 – SHA Commissioner Based Total 31-Day Subsequent Treatment (Treatment Group)
• Report 11.28 – SHA Commissioner Based Total 31-Day Subsequent Treatment (Treatment)

62 Day Standard – SHA Commissioner based:
• Report 11.29 – SHA Commissioner Based Total Cancer Plan 62-Day Standard (Tumour)
• Report 11.30 – SHA Commissioner Based Total Cancer Plan 62-Day Standard (Treatment Group)
• Report 11.31 – SHA Commissioner Based Total Cancer Plan 62-Day Standard (Treatment)
• Report 11.32 – SHA Commissioner Based Total Cancer Plan 31-Day Rare Cancer Standard
• Report 11.33 – SHA Commissioner Based Total CRS 62-Day Screening Standard (Tumour)
• Report 11.34 – SHA Commissioner Based Total CRS 62-Day Screening Standard (Treatment Group)
• Report 11.35 – SHA Commissioner Based Total CRS 62-day Screening Standard (Treatment)
• Report 11.36 – SHA Commissioner Based Total CRS 62-Day Upgrade Standard (Tumour)
• Report 11.37 – SHA Commissioner Based Total CRS 62-Day Upgrade Standard (Treatment Group)
• Report 11.38 – SHA Commissioner Based Total CRS 62-day Upgrade Standard (Treatment)

62 Day Referred Breast Symptoms – SHA Commissioner based:
• Report 11.39 – SHA Commissioner Based Total 62-Day From Symptomatic Breast Referral (Tumour)
• Report 11.40 – SHA Commissioner Based Total 62-Day From Symptomatic Breast Referral (Treatment Group)
• Report 11.41 – SHA Commissioner Based Total 62-Day From Symptomatic Breast Referral (Treatment)

62 Day Referred Breast Symptoms – SHA provider based:
• Report 11.42 – SHA Provider Based Total 62-Day From Symptomatic Breast Referral (Tumour)

Appendix H: Network Summary Reports Available to Cancer Networks

In addition to access to the provider and commissioner reports in Appendices E and F, the Cancer Network will require access to an aggregate summary for each line. These summary reports are accessible to cancer networks only:

2 Week Wait – Network Provider:
• Report 12.1 – Network Provider Total Cancer Two Week Wait
• Report 12.2 – Network Provider Total Breast Symptom Two Week Wait
• Report 12.3 – Network Provider Total Two Week Wait Referral Management

31 Day Treatment – Network Provider:
• Report 12.4 – Network Provider Total 31-Day First Treatment (Tumour)
• Report 12.5 – Network Provider Total 31-Day First Treatment (Treatment Group)
• Report 12.6 – Network Provider Total 31-Day First Treatment (Treatment)
• Report 12.7 – Network Provider Total 31-Day Subsequent Treatment (Tumour)
• Report 12.8 – Network Provider Total 31-Day Subsequent Treatment (Treatment Group)
• Report 12.9 – Network Provider Total 31-Day Subsequent Treatment (Treatment)

62 Day Standard – Network Provider:
• Report 12.10 – Network Provider Total Cancer Plan 62-Day Standard (Tumour)
• Report 12.11 – Network Provider Total Cancer Plan 62-Day Standard (Treatment Group)
• Report 12.12 – Network Provider Total Cancer Plan 62-Day Standard (Treatment)
• Report 12.13 – Network Provider Total Cancer Plan 31-Day Rare Cancer Standard
• Report 12.14 – Network Provider Total CRS 62-Day Screening Standard (Tumour)
• Report 12.15 – Network Provider Total CRS 62-Day Screening Standard (Treatment Group)
• Report 12.16 – Network Provider Total CRS 62-day Screening Standard (Treatment)
• Report 12.17 – Network Provider Total CRS 62-Day Upgrade Standard (Tumour)
• Report 12.18 – Network Provider Total CRS 62-Day Upgrade Standard (Treatment Group)
• Report 12.19 – Network Provider Total CRS 62-day Upgrade Standard (Treatment)

2 Week Wait – Network Commissioner based:
• Report 12.20 – Network Commissioner Based Total Cancer Two Week Wait
• Report 12.21 – Network Commissioner Based Total Breast Symptom Two Week Wait
• Report 12.22 – Network Commissioner Based Total Two Week Wait Referral Management

31 Day Treatment – Network Commissioner based:
• Report 12.23 – Network Commissioner Based Total 31-Day First Treatment (Tumour)
• Report 12.24 – Network Commissioner Based Total 31-Day First Treatment (Treatment Group)
• Report 12.25 – Network Commissioner Based Total 31-Day First Treatment (Treatment)
• Report 12.26 – Network Commissioner Based Total 31-Day Subsequent Treatment (Tumour)
• Report 12.27 – Network Commissioner Based Total 31-Day Subsequent Treatment (Treatment Group)

• Report 12.28 – Network Commissioner Based Total 31-Day Subsequent Treatment (Treatment)

62 Day Standard – Network Commissioner based:

• Report 12.29 – Network Commissioner Based Total Cancer Plan 62-Day Standard (Tumour)

• Report 12.30 – Network Commissioner Based Total Cancer Plan 62-Day Standard (Treatment Group)

• Report 12.31 – Network Commissioner Based Total Cancer Plan 62-Day Standard (Treatment)

• Report 12.32 – Network Commissioner Based Total Cancer Plan 31-Day Rare Cancer Standard

• Report 12.33 – Network Commissioner Based Total CRS 62-Day Screening Standard (Tumour)

• Report 12.34 – Network Commissioner Based Total CRS 62-Day Screening Standard (Treatment Group)

• Report 12.35 – Network Commissioner Based Total CRS 62-day Screening Standard (Treatment)

• Report 12.36 – Network Commissioner Based Total CRS 62-Day Upgrade Standard (Tumour)

• Report 12.37 – Network Commissioner Based Total CRS 62-Day Upgrade Standard (Treatment Group)

• Report 12.38 – Network Commissioner Based Total CRS 62-day Upgrade Standard (Treatment)

62 Day Referred Breast Symptoms – Network Commissioner based:

• Report 12.39 – Network Commissioner Based Total 62-Day From Symptomatic Breast Referral (Tumour)

• Report 12.40 – Network Commissioner Based Total 62-Day From Symptomatic Breast Referral (Treatment Group)

• Report 12.41 – Network Commissioner Based Total 62-Day From Symptomatic Breast Referral (Treatment)

62 Day Referred Breast Symptoms – Network provider based:

• Report 12.42 – Network Provider Based Total 62-Day From Symptomatic Breast Referral (Tumour)
• Report 12.43 – Network Provider Based Total 62-Day From Symptomatic Breast Referral (Tumour) Report 62-Day From Symptomatic Breast Referral (Treatment Group)