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# Cancer Waiting Times Reports – GFOCW

## Report Specification Part 1: Provider Reports 2 Week Wait

# Document management

## Revision History

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## Reviewers

This document must be reviewed by the following people:

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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

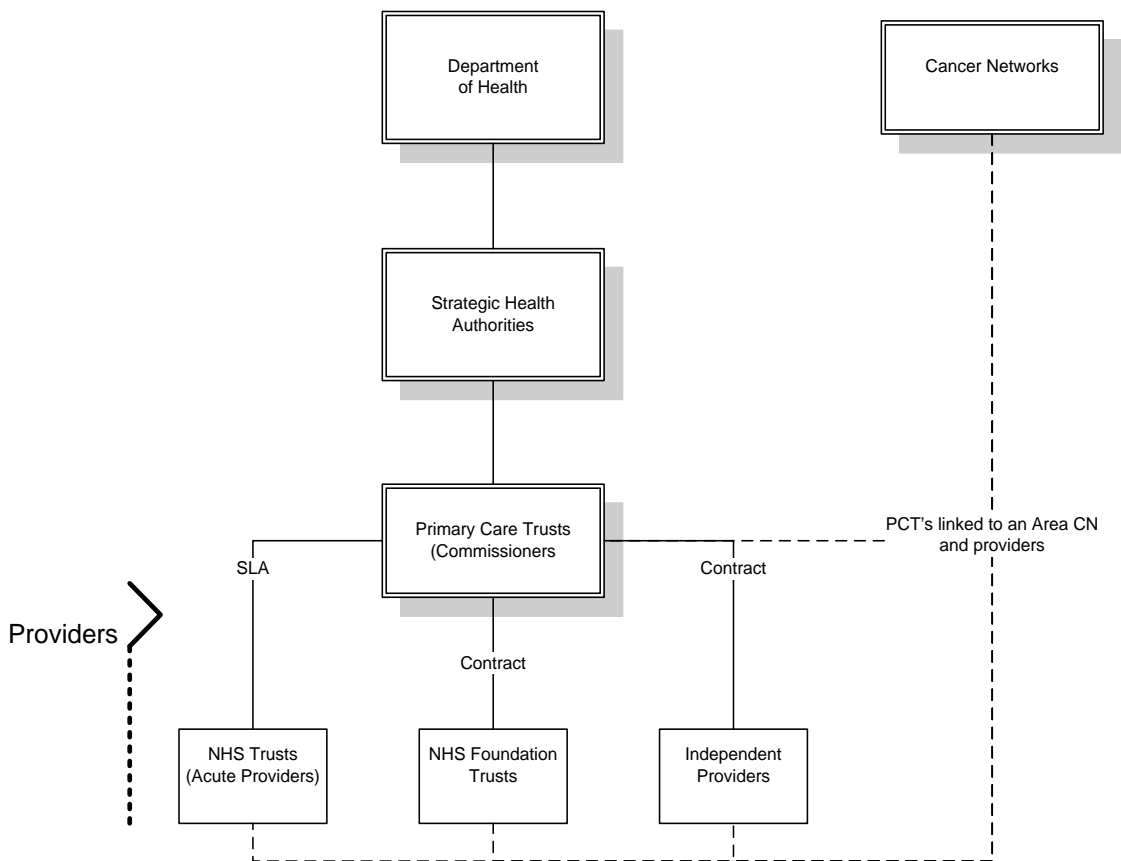
CWT reports report on statistics for cancer and breast symptoms in England on a monthly and quarterly basis. They will be automatically generated and made available 26 working days after the end of any month or quarter. They are version controlled and not subject to amendment after they have been generated.

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:

User Group	Report Access
Acute Providers	Can only view Provider reports
Primary Care Trusts (Commissioners)	Can view Provider and Commissioner reports
Cancer Networks	Can view Provider and Commissioner reports (in their area)
SHAs (Strategic Health Authority)	Can view Provider and Commissioner reports (in their area)

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>

### 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
- Report Specification Part 5: Provider Reports 62 Day Standard
- Report Specification Part 6: Commissioner Reports 62 Day Standard.

### 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):

Report Prefix (1st digits)	Category	Description
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Report Prefix (1st digits)	Category	Description
1.* to 5.*	Provider based Reports	<p>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).</p> <p>Some reports can be viewed by ACTs, SHAs and Cancer Networks.</p>
6.* to 10.*	Commissioner based Reports	<p>Reports based on PCTs geographical area where the patient lives. Cannot be viewed by Providers.</p>
11.*	SHA Provider based and Commissioner based reports	<p>This report category houses both Provider based and Commissioner based reports delivered from the SHA's point of interest.</p> <p>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.</p> <p>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.</p>
12.*	Cancer Network Provider based and Commissioner based reports	<p>This report category houses both Provider based and commissioner based reports delivered from the Cancer Networks point of interest.</p> <p>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.</p> <p>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.</p>

Report Prefix (1st digits)	Category	Description
13.*	62 Day Provider based Management reports	A non-standard report showing performance over the referral to diagnosis period.
14.*	62 Day Commissioner based Management reports	A non-standard report showing performance over the referral to diagnosis period.
15.*	62 Day referred Breast Symptoms	Provider Breast Symptoms reports.
16.*	62 Day referred Breast Symptoms	Commissioner Breast Symptoms reports.

## 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

#### **SHAToProvider**

#### **CNToProvider**

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 Provider Reports: 2 Week Wait

### 8.1 Acute Provider Reports

Acute Provider reports show summary statistics for the patients the provider has either:

- seen for the first time (in the case of 2 week wait reports); or
- treated (in the case of 31 and 62 day reports) on a care path.

Non-standard Management reports are also available.

The Provider reports should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN or TREATMENT START DATE (CANCER).

Provider reports will need to be routinely generated and made available to users with the appropriate level of access. Some provider reports may also be viewed by PCTs, SHAs and Cancer Networks as well as the providers themselves, as listed in Appendices B, C and E.

The following report types will be produced and will be available on a monthly and quarterly basis:

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

**Note:** this document contains details on the two week wait reports. The provider reports for 31-day treatment and 61 day standard are detailed in the following documents:

- *CWT Reports: GFOCW Part 2 – Provider Reports 31 Day Treatment*
- *CWT Reports: GFOCW Part 5 – Provider Reports 62 Day Standard.*

### 8.2 Acute Provider Reports – 2 Week Wait

Provider reports show summary data on the patients the provider has seen for the first time on a care plan within the time period specified (monthly or quarterly) in the Open Exeter System.

Users within the provider setting will need to be able to access (subject to access authority) the following reports:

- Report 1.1 – Provider based Cancer Two Week Wait.
- Report 1.2 – Provider based Breast Symptom Two Week Wait.
- Report 1.3 – Provider based Cancer Two Week Wait with Residence.
- Report 1.4 – Provider based Breast symptom Two Week Wait with Residence.
- Report 1.5 – Provider based Two Week Wait Referral Management Report.

## 8.2.1 Report 1.1 – Provider Based Cancer Two Week Wait

This report provides statistics for the Provider 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.

### 8.2.1.1 Description

The purpose of this report is to monitor how well the provider is meeting the 2 week wait standard between receipt of urgent referral for suspected cancer by the GP (GMP or GDP) and the patient being seen by a specialist.

In GFOCW, Referrals can also be booked by NHS cancer screening programmes or urgent upgrade by consultant whilst the patient is being tended. These are not shown in this report as 2ww Cancer reports are monitoring patients who had already encountered a problem, whereas referrals made by the NHS cancer screening programme and urgent upgrades by a consultant whilst the patient is tended were not a direct result of a patient's complaint.

The report presents statistics accumulated from 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, then buckets those that don't: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives a median wait time and the provider's performance in percentage terms along with the national average. All these statistics are broken down by suspected tumour type.

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

### 8.2.1.2 Report Availability

This report is available to:

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

### 8.2.1.3 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).

### 8.2.1.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Only suspected cancer at this stage).
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
% meeting standard for Provider	To be displayed with 1 decimal place (i.e. xx.x%)  Total patients seen within standard for provider / Total referrals seen for provider * 100
Median wait	Collate all waiting times in an array in ascending value, removing any duplicate values. The middle value is the median. If there is an even number of values, then there is no single middle value, so take the mean of the two middle values by adding the 2 values together and dividing by 2.
National % meeting standard	To be displayed with 1 decimal place (i.e. xx.x%)  National total of patients seen within standard for all providers / National total of referrals seen for all providers * 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 at report detail line level.

### 8.2.1.5 Report Tables

The report will be built for display by sourcing data on Provider statistics, National statistics and Breaches. No calculations are required at this stage – values can just be transferred.

The following tables store data for the report:

Report Data Table	Nat Stats Table	Breaches Table
ReportMth2WW	ReportMth2WWNatStatsProvider	ReportMth2WWBreaches
ReportQtr2WW	ReportQtr2WWNatStatsProvider	ReportQtr2WWBreaches

See report layout below. (The Exception report has been cropped).

National Cancer Waiting Times System Report	
Report Name	1.1 - Cancer Two Week Wait
Report For	Acute Care Trust : RJ8 - CORNWALL PARTNERSHIP NHS TRUST
Period	From: 01 April 2009
	To: 30 June 2009

Tumour Type	Total referrals seen during the period	Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days	% meeting standard	Median wait	National % meeting standard
Suspected brain/central nervous system tumours	168	96	0	72	0	0	57.1	3	57.1
Suspected children's cancer	9	7	0	2	0	0	77.8	3	80
<b>Totals</b>	<b>177</b>	<b>103</b>	<b>0</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>58.2</b>		<b>60</b>

**Exception Reports**

Tumour Type	Patient CWT Ref	Wait Days	Report
Suspected brain/central nervous system tumours	3507859	21	90 Days
Suspected brain/central nervous system tumours	3507826	21	90 Days
Suspected brain/central nervous system tumours	3507846	21	90 Days
Suspected brain/central nervous system tumours	3507857	21	90 Days
Suspected brain/central nervous system tumours	3507519	21	90 Days
Suspected brain/central nervous system tumours	3507527	21	90 Days
Suspected brain/central nervous system tumours	3507968	21	90 Days
Suspected brain/central nervous system tumours	3507978	21	90 Days
Suspected children's cancer	3507533	20	63 to 90 Days
Suspected children's cancer	3507564	20	63 to 90 Days
Suspected brain/central nervous system tumours	3507810	20	Greater 91 Days
Suspected brain/central nervous system tumours	3507969	20	Greater 91 Days
Suspected brain/central nervous system tumours	3507960	20	Greater 91 Days
Suspected brain/central nervous system tumours	3507581	20	Greater 91 Days
Suspected brain/central nervous system tumours	3507944	21	90 Days
Suspected brain/central nervous system tumours	3507487	21	90 Days
Suspected brain/central nervous system tumours	3507497	21	90 Days
Suspected brain/central nervous system tumours	3507506	21	90 Days
Suspected brain/central nervous system tumours	3507568	21	90 Days
Suspected brain/central nervous system tumours	3507578	21	90 Days
Suspected brain/central nervous system tumours	3507480	21	90 Days
Suspected brain/central nervous system tumours	3507959	21	90 Days
Suspected brain/central nervous system tumours	3507874	20	Greater 91 Days
Suspected brain/central nervous system tumours	3507847	20	Greater 91 Days
Suspected brain/central nervous system tumours	3507827	20	Greater 91 Days
Suspected brain/central nervous system tumours	3507484	20	Greater 91 Days
Suspected brain/central nervous system tumours	3507518	20	63 to 90 Days
Suspected brain/central nervous system tumours	3507526	20	63 to 90 Days
Suspected brain/central nervous system tumours	3507542	20	63 to 90 Days

## 8.2.2 Report 1.2 – Provider Based Breast Symptom Two Week Wait

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

The report is the same as report 1.1 (Provider based Cancer Two Week Wait) but the patient selection criteria is different.

### 8.2.2.1 Description

The purpose of this report is to monitor how well the provider is 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 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 meeting the 14 day standard, then buckets those that don't: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives a median wait time and the 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 how many wait days occurred, the reason for the delay and Tumour type.

### 8.2.2.2 Report Availability

This report is available to:

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

### 8.2.2.3 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.

### 8.2.2.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
------	--------

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Cancer not suspected at this stage).
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
% meeting standard for Provider	To be displayed with 1 decimal place (i.e. xx.x%)  Total patients seen within standard for provider / Total referrals seen for provider * 100
Median wait	Collate all waiting times in an array in ascending value, removing any duplicate values. The middle value is the median. If there is an even number of values, then there is no single middle value, so take the mean of the two middle values by adding the 2 values together and dividing by 2.
National % meeting standard	To be displayed with 1 decimal place (i.e. xx.x%)  National total of patients seen within standard for all providers / National total of referrals seen for all providers * 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 at report detail line level.

### 8.2.2.5 Report Tables

The report will be built for display by sourcing data on Provider, National statistics and Breach tables. No calculations are required at this stage – values can just be transferred.

The following tables store data for the report.

Report Data Table	Nat Stats Table	Breaches Table
ReportMth2WWBreach	ReportMth2WWNatStatsProvider	ReportMth2WWBreastBreaches
ReportQtr2WWBreaches	ReportQtr2WWNatStatsProvider	ReportQtr2WWBreastBreaches

See report layout below. (The Exception report has been cropped here to save space).

National Cancer Waiting Times System Report									
Report Name	1.2 - Breast Symptom Two Week Wait								
Report For	Acute Care Trust : RJ8 - CORNWALL PARTNERSHIP NHS TRUST								
Period	From:	01 April 2009							
	To:	30 June 2009							

Tumour Type	Total referrals seen during the period	Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days	% meeting standard	Median wait	National % meeting standard
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	51	47	0	4	0	0	92.2	5	95.6
<b>Totals</b>	<b>51</b>	<b>47</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>92.2</b>		<b>95.6</b>

**Exception Reports**

Tumour Type	Patient CWT Ref	Wait Days	Report
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	3507534	21	90 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	3507565	21	90 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	3507566	20	Greater 91 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	3507535	20	Greater 91 Days

## 8.2.3 Report 1.3 – Provider-based Cancer Two Week Wait with Residence

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

The report is the same as Report 1.1 (the Cancer Two Week Wait Report), except that the data is broken down by the PCT of residence, and the report is divided into sections by suspected tumour type. The median wait is not required for report 1.3.

### 8.2.3.1 Description

The purpose of this report is for the Acute Provider to monitor how well they are meeting the 2 week wait standard (set by the DH) between receipt of urgent referrals from GPs (GMP or GDP) for suspected cancer and the date patients are initially seen by a specialist. Furthermore, this report gives them the ability to analyse the figures by PCT of residence (where the patients are registered as derived from PDS/SDS during the record creation).

Statistics are accumulated from patients having an initial consultation with a specialist for suspected cancer within the time period specified (for a given month or quarter year).

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

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

### 8.2.3.2 Report Availability

This report is only available to Acute Providers.

### 8.2.3.3 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).

### 8.2.3.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
PCT of residence	From care path table (Waiting Times) table
Tumour Type	Description from CancerReferralType look-up table. (Only suspected cancer at this stage).
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
% meeting standard for Provider	To be displayed with 1 decimal place (i.e. xx.x%) Total patients seen within standard for provider / Total referrals seen for provider * 100
National % meeting standard	To be displayed with 1 decimal place (i.e. xx.x%) National total of patients seen within standard for all providers / National total of referrals seen for all providers * 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 PCT at report detail line level.

### 8.2.3.5 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.

National Cancer Waiting Times System Report								
Report Name	1.3 - Cancer Two Week Wait with Residence							
Report For	Acute Care Trust : SEE - NORTH SHEFFIELD PCT							
Period	From:	01 April 2009						
	To:	30 June 2009						
<b>Tumour Type: Suspected children's cancer</b>								
Primary Care Trust	Total referrals during the period	Referrals received within the period					% meeting standard	National % meeting standard
		Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days		
SA2 - NORWICH PCT	1	1	0	0	0	0	100	80
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>80</b>
<b>Tumour Type: Suspected lung cancer</b>								
Primary Care Trust	Total referrals during the period	Referrals received within the period					% meeting standard	National % meeting standard
		Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days		
SA2 - NORWICH PCT	4	4	0	0	0	0	100	100
<b>Total</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>100</b>
<b>Tumour Type: Suspected skin cancer</b>								
Primary Care Trust	Total referrals during the period	Referrals received within the period					% meeting standard	National % meeting standard
		Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days		
SA2 - NORWICH PCT	2	2	0	0	0	0	100	100
<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>100</b>
<b>All Tumour Types</b>								
Primary Care Trust	Total referrals during the period	Referrals received within the period					% meeting standard	National % meeting standard
		Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days		
SA2 - NORWICH PCT	7	7	0	0	0	0	100	59.8
<b>Total</b>	<b>7</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>59.8</b>
<b>Exception Reports</b>								
No exceptions								

## 8.2.4 Report 1.4 – Provider based Breast symptom Two Week Wait with Residence

This report provides statistics for the Provider on *all* referrals for Breast Symptoms covered by the 2 week wait standard, broken down by PCT.

The report is the same as Report 1.2 (Provider Based Breast Symptom Two Week Wait), except that this report breaks the statistics down by PCT where care has been commissioned from.

### 8.2.4.1 Description

The purpose of this report is for the Acute Providers to monitor how well they are meeting the 2 week wait standard (set by the DH) between receipt of referral for Breast Symptoms, and patients being seen by a specialist. Furthermore, this report gives them the ability to analyse the figures by PCT of residence (where the patients are registered as derived from PDS/SDS during the record creation).

Statistics are accumulated from patients having 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 meeting the 14 day standard, then buckets those that don't into: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives the provider's performance in percentage terms along with the national average. All these statistics are broken down by PCT of residence and are presented in sections by suspected tumour type.

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

The totals should match those of Report 1.2.

#### 8.2.4.2 Report Availability

This report is only available to Acute Providers.

#### 8.2.4.3 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.

#### 8.2.4.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
PCT of residence	From care path table (Waiting Times) table
Tumour Type	Description from CancerReferralType look-up table. (Cancer not suspected at this stage).
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
% meeting standard for Provider	To be displayed with 1 decimal place (i.e. xx.x%) Total patients seen within standard for provider / Total referrals seen for provider * 100
Median wait	Collate all waiting times in an array in ascending value, removing any duplicate values. The middle value is the median. If there is an even number of values, then there is no single middle value, so take the mean of the two middle values by adding the 2 values together and dividing by 2.

Item	Source
National % meeting standard	To be displayed with 1 decimal place (i.e. xx.x%) National total of patients seen within standard for all providers / National total of referrals seen for all providers * 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 PCT at report detail line level.

### 8.2.4.5 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.

National Cancer Waiting Times System Report							
Report Name	1.4 - Breast Symptom Two Week Wait with Residence						
Report For	Acute Care Trust : REM - AINTREE UNIVERSITY HOSPITALS NHS FOUNDATION TRUST						
Period	From:	01 April 2009					
	To:	30 June 2009					

Tumour Type: Exhibited (non-cancer) breast symptoms - cancer not initially suspected								
Primary Care Trust	Total referrals during the period	Referrals received within the period					% meeting standard	National % meeting standard
		Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days		
SA1 - NEW FOREST PCT	24	24	0	0	0	0	100	95.6
SA2 - NORWICH PCT	12	12	0	0	0	0	100	95.6
<b>Total</b>	<b>36</b>	<b>36</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>100</b>	<b>95.6</b>

**Exception Reports**  
No exceptions

## 8.2.5 Report 1.5 – Provider based Two Week Wait Referral Management Report

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

### 8.2.5.1 Description

The purpose of this report is to provide statistics to support the local performance management of all 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 two dates on a care path that relate to the referral. 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 the provider's 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, for each PCT of Residence, Total Referrals Seen is presented, followed by total referrals received: 'Within 24 hours', 'Within 2-4 Days', 'Within 5-7 Days', 'After 7 days', and 'provider % performance' and 'National % performance'.

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.

### 8.2.5.2 Report Availability

This report is available to:

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

### 8.2.5.3 Patient Selection Criteria

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).
- 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.

#### 8.2.5.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Only suspected cancer at this stage).
PCT of Residence	From care path table (Waiting Times) 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.

Item	Source
Wait Days	Elapsed time between 'decision to refer' and 'referral received' (in days) (CANCER REFERRAL TO TREATMENT PERIOD START DATE minus DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) expressed in days.
Referral received within 24 hours (Management expectation)	"24 hours" is classified as being the end of the next calendar day.
% meeting standard for Provider	To be displayed with 1 decimal place (i.e. xx.x%) Total referrals received within management expectation by Provider / Total number of patients referred to Provider * 100
National % meeting standard	To be displayed with 1 decimal place (i.e. xx.x%) National total of referrals received within management expectation / National total of referrals received * 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 PCT at report detail line level.

### 8.2.5.5 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	1.5 - Two Week Wait Referral Management
Report For	Acute Care Trust : RJ8 - CORNWALL PARTNERSHIP NHS TRUST
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.

Tumour Type: Suspected brain/central nervous system tumours		Referrals received within the period				% performance	National
PCT of Residence	Total Referrals Seen	Within 24 hours	Within 2-4 days	Within 5-7 days	After 7 days	% performance	% performance
SA1 - NEW FOREST PCT	168	0	48	0	120	0	0
<b>Total</b>	<b>168</b>	<b>0</b>	<b>48</b>	<b>0</b>	<b>120</b>	<b>0</b>	<b>0</b>

Tumour Type: Suspected children's cancer		Referrals received within the period				% performance	National
PCT of Residence	Total Referrals Seen	Within 24 hours	Within 2-4 days	Within 5-7 days	After 7 days	% performance	% performance
SA1 - NEW FOREST PCT	9	0	4	0	5	0	50
<b>Total</b>	<b>9</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>50</b>

All Tumour Types		Referrals received within the period				% performance	National
PCT of Residence	Total Referrals Seen	Within 24 hours	Within 2-4 days	Within 5-7 days	After 7 days	% performance	% performance
SA1 - NEW FOREST PCT	177	0	52	0	125	0	16.1
<b>Total</b>	<b>177</b>	<b>0</b>	<b>52</b>	<b>0</b>	<b>125</b>	<b>0</b>	<b>16.1</b>

Tumour Type: Exhibited (non-cancer) breast symptoms - cancer not initially suspected		Referrals received within the period				% performance	National
PCT of Residence	Total Referrals Seen	Within 24 hours	Within 2-4 days	Within 5-7 days	After 7 days	% performance	% performance
SA1 - NEW FOREST PCT	51	24	23	0	4	47.1	69
<b>Total</b>	<b>51</b>	<b>24</b>	<b>23</b>	<b>0</b>	<b>4</b>	<b>47.1</b>	<b>69</b>



## 8.3 SHA Provider Reports

SHA (Strategic Health Authority) Provider reports are based on reports for Acute Providers.

The difference is that Acute Provider reports present data related to an individual Acute Provider, while the SHA Provider reports accumulate data for every Acute Provider providing care on behalf of the SHA. No median wait times are shown on SHA reports.

## 8.4 SHA Provider Reports – 2 Week Wait

In addition to accessing the 2 Week Wait provider reports listed in appendix E, 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 – SHA Provider Total Cancer Two Week Wait.
- Report 11.2 – SHA Provider Total Breast Symptom Two Week Wait.
- Report 11.3 – SHA Provider Total Two Week Wait Referral Management.

These reports are based on reports for Acute Providers. The difference is that the Acute Provider Reports present data for one Acute Provider, while the SHA provider reports accumulate data for every Acute Provider within the SHA.

### 8.4.1 Report 11.1 – SHA Provider Total Cancer Two Week Wait

This report provides statistics for First Seen Providers providing care on behalf of the SHA 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 1.1. The difference in the reports is that report 1.1 presents data related to an individual Acute Trust, while this report accumulates data for every Acute Trust within the Strategic Health Authority. Median wait and national figures are not provided here.

#### 8.4.1.1 Description

The purpose of this report is to monitor how well the providers are meeting the 2 week wait standard between receipt of urgent referral for suspected cancer by the GP (GMP or GMP), and the patient being seen by a specialist.

The report presents statistics accumulated from the SHA 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, then buckets those that don't: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives provider performance in percentage terms. All these statistics are broken down by suspected tumour type.

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

### 8.4.1.2 Report Availability

This report is only available to Strategic Health Authority Users.

### 8.4.1.3 Patient Selection Criteria

Report statistics will include all patients the providers have 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).

### 8.4.1.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the providers at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Only suspected cancer at this stage).
Total referrals seen	Sum of all patients first seen within the reporting period for all providers used by SHA. 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
% meeting standard (for all providers used by SHA)	To be displayed with 1 decimal place (i.e. xx.x%) Total patients seen within standard for all providers used by SHA / Total referrals seen by providers used by SHA * 100
First Seen Trust (for exception reporting)	ORGANISATION CODE of the provider at DATE FIRST SEEN

**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.

### 8.4.1.5 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).

National Cancer Waiting Times System Report	
Report Name	11.1 - SHA Provider Total Cancer Two Week Wait
Report For	Strategic Health Authority : Q39 - SOUTH WEST STRATEGIC HEALTH AUTHORITY
Period	From: 01 April 2009
	To: 30 June 2009

Tumour Type	Total referrals seen during the period	Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days	% meeting standard
Suspected brain/central nervous system tumours	168	96	0	72	0	0	57.1
Suspected children's cancer	9	7	0	2	0	0	77.8
<b>Totals</b>	<b>177</b>	<b>103</b>	<b>0</b>	<b>74</b>	<b>0</b>	<b>0</b>	<b>58.2</b>

**Exception Reports**

Tumour Type	First Seen Trust	Patient CWT Ref	Wait Days	Report
Suspected children's cancer	RJ8	3507533	20	63 to 90 Days
Suspected children's cancer	RJ8	3507564	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507969	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507581	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507960	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507498	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507507	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507569	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507579	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507552	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507900	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507885	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507914	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507924	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507934	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507945	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507488	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507484	20	Greater 91 Days
Suspected brain/central nervous system tumours	RJ8	3507518	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507526	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507542	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507468	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507550	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507898	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507908	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507912	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507922	20	63 to 90 Days
Suspected brain/central nervous system tumours	RJ8	3507968	21	90 Days
Suspected brain/central nervous system tumours	RJ8	3507959	21	90 Days
Suspected brain/central nervous system tumours	RJ8	3507978	21	90 Days

## 8.4.2 Report 11.2 – SHA Provider Total Breast Symptom Two Week Wait

This report provides statistics for First Seen Providers providing care on behalf of the SHA with regard to the 2 week wait standard on all referrals for breast symptoms where cancer was not initially suspected.

The report is based on report 1.2. The difference in the reports is that report 1.2 presents data related to an individual Acute Trust, while this report accumulates data for every Acute Trust within the Strategic Health Authority. Median wait and national figures are not provided here.

### 8.4.2.1 Description

The purpose of this report is to monitor how well the providers 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 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 meeting the 14 day standard, then buckets those that don't: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives provider performance in percentage terms. All these statistics are broken down by suspected tumour type.

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

### 8.4.2.2 Report Availability

This report is only available to Strategic Health Authority Users.

### 8.4.2.3 Patient Selection Criteria

Report statistics will include all patients the providers have 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.

### 8.4.2.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Cancer not suspected at this stage).

Item	Source
Total referrals seen	Sum of all patients first seen within the reporting period for all providers used by SHA.  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
% meeting standard (for all providers used by SHA)	To be displayed with 1 decimal place (i.e. xx.x%)  Total patients seen within standard for all providers used by SHA / Total referrals seen for all providers used by SHA * 100
First Seen Trust (for exception reporting)	ORGANISATION CODE of the provider at DATE FIRST SEEN

**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.

### 8.4.2.5 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).

National Cancer Waiting Times System Report	
Report Name	11.2 - SHA Provider Total Breast Symptom Two Week Wait
Report For	Strategic Health Authority : Q39 - SOUTH WEST STRATEGIC HEALTH AUTHORITY
Period	From: 01 April 2009 To: 30 June 2009

Tumour Type	Total referrals seen during the period	Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days	% meeting standard
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	51	47	0	4	0	0	92.2
<b>Totals</b>	<b>51</b>	<b>47</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>92.2</b>

#### Exception Reports

Tumour Type	First Seen Trust	Patient CWT Ref	Wait Days	Report
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	RJ8	3507535	20	Greater 91 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	RJ8	3507566	20	Greater 91 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	RJ8	3507534	21	90 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	RJ8	3507565	21	90 Days

## 8.4.3 Report 11.3 – SHA Provider Total Two Week Wait Referral Management Report

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

The report is based on report 1.5. The difference in the reports is that report 1.5 presents data related to an individual Acute Provider, while this report accumulates data for every Provider providing care on behalf of the SHA, and does not need to break the data into sections by PCT of residence

### 8.4.3.1 Description

The purpose of this report is to provide statistics to support the local performance management of all referrals reaching the Provider, the timing of which is no longer monitored within the two week wait.

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 two dates on a care path that relate to the referral. 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 the 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 'provider % 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.

### 8.4.3.2 Report Availability

This report is only available to Strategic Health Authority Users.

### 8.4.3.3 Patient Selection Criteria

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).
- 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.

#### 8.4.3.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Only suspected cancer at this stage).
Total referrals seen	Sum of all patients first seen within the reporting period for all providers used by SHA.  A care path is identified with NHS no./date first seen
Wait Days	Elapsed time between 'decision to refer' and 'referral received' (in days) (CANCER REFERRAL TO TREATMENT PERIOD START DATE minus DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) expressed in days.
Referral received within 24 hours (Management expectation)	"24 hours" is classified as being the end of the next calendar day.

Item	Source
% meeting standard (for all providers used by SHA)	To be displayed with 1 decimal place (i.e. xx.x%) Total of referrals received within management expectation for all providers used by SHA / total of referrals received for all providers used by SHA * 100
National % meeting standard	To be displayed with 1 decimal place (i.e. xx.x%) National total of referrals received within management expectation / National total of referrals received * 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 at report detail line level.

### 8.4.3.5 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).

National Cancer Waiting Times System Report							
Report Name	11.3 - SHA Provider Total Two Week Wait Referral Management						
Report For	Strategic Health Authority : Q39 - SOUTH WEST STRATEGIC HEALTH AUTHORITY						
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.							
Type	Total Referrals Seen	Referrals received within the period				% performance	National % performance
		Within 24 hours	Within 2-4 days	Within 5-7 days	After 7 days		
Suspected brain/central nervous system tumours	167	0	48	0	119	0	0
Suspected children's cancer	9	0	4	0	5	0	50
<b>Total</b>	<b>176</b>	<b>0</b>	<b>52</b>	<b>0</b>	<b>124</b>	<b>0</b>	<b>16.2</b>

Type	Total Referrals Seen	Referrals received within the period				% performance	National % performance
		Within 24 hours	Within 2-4 days	Within 5-7 days	After 7 days		
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	51	24	23	0	4	47.1	69
<b>Total</b>	<b>51</b>	<b>24</b>	<b>23</b>	<b>0</b>	<b>4</b>	<b>47.1</b>	<b>69</b>



## 8.5 Network Provider Reports

Cancer Network Provider reports are based on reports for Acute Providers. The difference is that Acute Provider reports present data related to an individual Acute Provider, while the Network Provider reports accumulate data for every Acute Provider within the Network.

No median wait times are shown on Cancer Network Provider reports.

## 8.6 Network Provider Reports – 2 Week Wait

In addition to accessing the provider 2 Week Wait reports listed in appendix E, the Cancer Networks 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.

These reports are based on reports for Acute Providers.

The difference is that the Acute Provider Reports present data for one Acute Provider, while the Network provider reports accumulate data for every Acute Provider within the Network.

### 8.6.1 Report 12.1 – Network Provider Total Cancer Two Week Wait

This report provides statistics for the Providers within the Cancer Network 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 1.1. The difference in the reports is that report 1.1 presents data related to an individual Acute Provider, while this report accumulates data for every Acute Provider within the Network. Median wait and national figures are not provided here.

#### 8.6.1.1 Description

The purpose of this report is to monitor how well the Providers within the Cancer Network are meeting the 2 week wait standard between receipt of urgent referral for suspected cancer by the GP (GMP or GDP), and the patient being seen by a specialist.

In GFOWC, Referrals can also be made by NHS cancer screening programmes or urgent upgrade by consultant whilst under the care of an NHS provider. These are not shown in this report as 2ww Cancer reports are monitoring patients who had already encountered a problem, whereas referrals made by the NHS cancer screening programme and urgent upgrades by a consultant whilst the patient is tended were not a direct result of a patient's complaint.

The report presents statistics accumulated from 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, then buckets those that don't: 15-16 days, 17-21 days, 22-28 days and longer than 28 days.

It gives provider performance in percentage terms. All these statistics are broken down by suspected tumour type.

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

### 8.6.1.2 Report Availability

This report is only available to Cancer Networks.

### 8.6.1.3 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).

### 8.6.1.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Only suspected cancer at this stage).
Total referrals seen	Sum of all patients first seen within the reporting period for all providers used in Network.  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
% meeting standard (for all providers used in Network)	To be displayed with 1 decimal place (i.e. xx.x%)  Total patients seen within standard for all providers used in Network / Total referrals seen for all providers used in Network * 100
First Seen Trust (for exception reporting)	ORGANISATION CODE of the provider at DATE FIRST SEEN

**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.

### 8.6.1.5 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. Exception report unabridged:

National Cancer Waiting Times System Report							
Report Name	12.1 - Network Provider Total Cancer Two Week Wait						
Report For	Cancer Network : N31 - Central South Coast Cancer Network						
Period	From:	01 April 2009					
	To:	30 June 2009					
Tumour Type	Total referrals seen during the period	Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days	% meeting standard
Suspected brain/central nervous system tumours	167	96	0	71	0	0	57.5
Suspected children's cancer	9	7	0	2	0	0	77.8
<b>Totals</b>	<b>176</b>	<b>103</b>	<b>0</b>	<b>73</b>	<b>0</b>	<b>0</b>	<b>58.5</b>
Exception Reports							
Tumour Type	First Seen Trust	Patient CWT Ref	Wait Days	Report			
Suspected children's cancer	RJ8	3507533	20	63 to 90 Days			
Suspected children's cancer	RJ8	3507564	20	63 to 90 Days			
Suspected brain/central nervous system tumours	RJ8	3507960	20	Greater 91 Days			
Suspected brain/central nervous system tumours	RJ8	3507862	20	63 to 90 Days			
Suspected brain/central nervous system tumours	RJ8	3507520	20	Greater 91 Days			
Suspected brain/central nervous system tumours	RJ8	3507968	21	90 Days			

## 8.6.2 Report 12.2 – Network Provider Total Breast Symptom Two Week Wait

This report discloses statistics for the Providers within the Cancer Network with regard to the 2 week wait standard on *all* urgent referrals made for breast symptoms where cancer was not initially suspected.

The report is based on report 1.2. The difference in the reports is that report 1.2 presents data related to an individual Acute Provider, while this report accumulates data for every Acute Provider within the Network. Median wait and national figures are not provided here.

### 8.6.2.1 Description

The purpose of this report is to monitor how well the Providers within the Cancer Network 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 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 meeting the 14 day standard, then buckets those that don't: 15-16 days, 17-21 days, 22-28 days and longer than 28 days. It gives provider performance in percentage terms. All these statistics are broken down by suspected tumour type.

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

### 8.6.2.2 Report Availability

This report is only available to Cancer Network Users.

### 8.6.2.3 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.

### 8.6.2.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Cancer not suspected at this stage).

Item	Source
Total referrals seen	Sum of all patients first seen within the reporting period for all providers used in Network.  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
% meeting standard (for all providers used in Network)	To be displayed with 1 decimal place (i.e. xx.x%)  Total patients seen within standard for all providers used in Network / Total referrals seen for all providers used in Network * 100
First Seen Trust (for exception reporting)	ORGANISATION CODE of the provider at DATE FIRST SEEN

**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.

### 8.6.2.5 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 the report layout below:

National Cancer Waiting Times System Report							
Report Name	12.2 - Network Provider Total Breast Symptom Two Week Wait						
Report For	Cancer Network : N31 - Central South Coast Cancer Network						
Period	From:	01 April 2009					
	To:	30 June 2009					

Tumour Type	Total referrals seen during the period	Seen within 14 days	Seen 15 to 16 days	Seen 17 to 21 days	Seen 22 to 28 days	Seen after 28 days	% meeting standard
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	51	47	0	4	0	0	92.2
<b>Totals</b>	<b>51</b>	<b>47</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>92.2</b>

**Exception Reports**

Tumour Type	First Seen Trust	Patient CWT Ref	Wait Days	Report
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	RJ8	3507535	20	Greater 91 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	RJ8	3507566	20	Greater 91 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	RJ8	3507534	21	90 Days
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	RJ8	3507565	21	90 Days

## 8.6.3 Report 12.3 – Network Provider Total Two Week Wait Referral Management Report

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

The report is based on report 1.5. The difference in the reports is that report 1.5 presents data related to an individual Acute Provider, while this report accumulates data for every Acute Provider within the Network, and does not need to break the data into sections by PCT of residence

### 8.6.3.1 Description

The purpose of this report is to provide statistics to support the local performance management of all 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 two dates on a care path that relate to the referral. 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 the provider's 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', and 'provider % 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.

### 8.6.3.2 Report Availability

This report is only available to Cancer Network Users.

### 8.6.3.3 Patient Selection Criteria

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).
- 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.

#### 8.6.3.4 Report Generation

The report should be generated based around the ORGANISATION CODE of the provider at DATE FIRST SEEN according to the Patient Selection Criteria above within the period and the following calculations:

Item	Source
Tumour Type	Description from CancerReferralType look-up table. (Only suspected cancer at this stage).
Total referrals seen	Sum of all patients first seen within the reporting period for all providers used by Network.  A care path is identified with NHS no./date first seen
Wait Days	Elapsed time between 'decision to refer' and 'referral received' (in days) (CANCER REFERRAL TO TREATMENT PERIOD START DATE minus DECISION TO REFER DATE (CANCER AND BREAST SYMPTOMS) expressed in days.

Item	Source
Referral received within 24 hours (Management expectation)	“24 hours” is classified as being the end of the next calendar day.
% meeting standard (for all providers used by Network)	To be displayed with 1 decimal place (i.e. xx.x%) Total of referrals received within management expectation for all providers used by Network / total of referrals received for all providers used by Network * 100
National % meeting standard	To be displayed with 1 decimal place (i.e. xx.x%) National total of referrals received within management expectation / National total of referrals received * 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 PCT at report detail line level.

### 8.6.3.5 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 the report layout below:

National Cancer Waiting Times System Report							
Report Name	12.3 - Network Provider Total Two Week Wait Referral Management						
Report For	Cancer Network : N31 - Central South Coast Cancer Network						
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.							
Type	Total Referrals Seen	Referrals received within the period				% performance	National % performance
		Within 24 hours	Within 2-4 days	Within 5-7 days	After 7 days		
Suspected brain/central nervous system tumours	167	0	48	0	119	0	0
Suspected children's cancer	9	0	4	0	5	0	50
<b>Total</b>	<b>176</b>	<b>0</b>	<b>52</b>	<b>0</b>	<b>124</b>	<b>0</b>	<b>16.2</b>

Type	Total Referrals Seen	Referrals received within the period				% performance	National % performance
		Within 24 hours	Within 2-4 days	Within 5-7 days	After 7 days		
Exhibited (non-cancer) breast symptoms - cancer not initially suspected	51	24	23	0	4	47.1	69
<b>Total</b>	<b>51</b>	<b>24</b>	<b>23</b>	<b>0</b>	<b>4</b>	<b>47.1</b>	<b>69</b>



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

Term	Expansion	Description
ACT	Acute Care Trust	Health Care Provider. Known as a Provider.  Often 'Acute Care Trust' is shortened to 'Acute Trust'.
Acute Provider	Provider of Health Care to patients	<ul style="list-style-type: none"> <li>• Acute NHS Trusts</li> <li>• Acute NHS Foundation Trusts</li> <li>• NHS Primary Care Trusts</li> <li>• NHS Care Trusts</li> <li>• NHS Treatment Centres</li> <li>• Independent Care Providers and Private Screening Service Providers.</li> </ul>
Choose and Book	System where patient can choose where and when seen	Patient chooses a consultant depending on own set of priorities.
CN	Cancer Network	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.
Commissioner		Primary Care Trusts (PCTs) are often called Commissioners, as a PCT commissions the services.
CRS	Cancer Reform Strategy	Policy document published by the DH in 2007.  "The NHS Cancer Reform Strategy for England (CRS), published in December 2007 builds on the progress made since the publication of the NHS Cancer Plan in 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."

<b>Term</b>	<b>Expansion</b>	<b>Description</b>
CWT	Cancer Waiting Times	Standards set by the DH for cancer diagnosis, assessment and treatment of patients residing in England.
DH	Department of Health	Accountable to the Parliament and the public.
DNA	Did Not Attend	This records the reason why a patient did not attend an out-patient clinic when an appointment had been made.
DSCN	Data Set Change Notification	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.
DTT	Decision To Treat	
GFOCW	Going Further On Cancer Waits	Extension to the Cancer Waits programme.
GP	General Practitioner	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.
Independent Providers		Have contract with commissioners.
ISB (HaSC)	Information Standards Board For Health and Social Care	<p>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.</p> <p>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.</p>

<b>Term</b>	<b>Expansion</b>	<b>Description</b>
Median	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.	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.
NCAT	National Cancer Action Team	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.
NCIN	National Cancer Intelligence Network	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.
NCRI	National Cancer Research Institute	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.
NCWT	National Cancer Waiting Times	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.

Term	Expansion	Description
NHS Trusts		Do not have contract with PCT Commissioners. Have Service Level Agreement instead, which is not legally binding. These also talk to the DH.
NHS Foundation Trusts	A hospital which has been allowed autonomy and is outside control of the DH.	Have own regulator and can be shut down if they break contract set by PCT commissioners.
ODS	Organisational Data Service	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).
Open Exeter	NHS system portal for various IT applications, accessible depending on user profile	The CWT application and database is accessible via the Open Exeter browser. Applications for use by users must be channelled through the Caldicott Guardian.
Pathway Identifier	Supports patient across all organisations	20 chars: patient code plus org. code plus identifier. X09 is Connecting for Health.
Patient Pathway		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.
PCT	Primary Care Trust	Also called Commissioners.  Receive money from the DH and commission services. Sometimes they also provide care.  Statutorily responsible to their SHA.
PDS / SDS	Patient Demographic System / Spine Directory System	The PDS is National system holding health data for every patient in England and Wales.  SDS interrogated to find patients PCT and DOB (to see if child) etc.  The SHA can be determined from the PCT.

<b>Term</b>	<b>Expansion</b>	<b>Description</b>
PPI	Patient Pathway Identifier	<p>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.</p> <p>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.</p>
QMCW	Quarterly Monitoring of Cancer Waits	<p>A ROCR (see below) approved return for collating the quarterly performance of the urgent (two week) standard.</p> <p>Discontinued in 2003.</p>
RBAC	Role Based Access Control	A mechanism whereby the functions an authorised user can access within a computer system are restricted to the needs of their specific job role.
Referral		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.
ROCR	Review Of Central Returns	A body which assesses and quantifies the burden of data collection upon the NHS.
Section 251 security Policy	Other committees which hold NHS number	NHS numbers are encrypted. They are pseudanomised with algorithm to work out original NHS Number.
SHA	Strategic Health Authority	Must meet health needs of population. Talks to the DH.
Treatment Modality	Treatment Type	

Term	Expansion	Description
UBRN	Unique Booking Reference No.	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.
2ww	Two Week Wait	Legacy called this “Urgent GP Referral to Date First Seen”. For all cancers now, plus any breast symptoms.

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)
- Report 11.43 – SHA Provider Based Total 62-Day From Symptomatic Breast Referral (Tumour) Report 62-Day From Symptomatic Breast Referral (Treatment Group) Report
- Report 11.44 – SHA Provider Based Total 62-Day From Symptomatic Breast Referral (Tumour) Report 62-Day From Symptomatic Breast Referral (Treatment) Report

## 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)
- Report 12.44 – Network Provider Based Total 62-Day From Symptomatic Breast Referral (Tumour) Report 62-Day From Symptomatic Breast Referral (Treatment).