NHS England

National Cancer Waiting Times Monitoring Data Set V 1.2: Specification

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Description	This specification defines the National Cancer Waiting Times Monitoring Data Set V 1.2 and highlights the effect of the current developments as set out in SCCI0147 Amd 7/2015. This supports the implementation of these changes which come into effect from the 1st April 2016.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	Implementation of two data items and XML schema according to SCCI 0147 Amd 7/2015
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Contact Details for further information	Cancer Waiting Times Team Quarry House Leeds LS2 7UE cancer-waits@dh.gsi.gov.uk http://www.hscic.gov.uk/isce/publication/scci0147

Document Status

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National Cancer Waiting Times Monitoring Data Set v1.2: Specification

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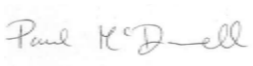
Prepared by: Jonathan Pearson

Amendment History:

Version	Date	Amendment History
0.1	14 September 2011	First draft for comment
0.2	14 September 2011	2nd development draft
0.3	15 September 2011	3rd draft, incorporating discussions about data set validation
0.4	22 September 2011	4th draft, incorporating updated detail around the migration to XML following conference call with James Burleigh
0.5	22 September 2011	Draft for internal review and reconciliation to Data Dictionary change paper
0.6	28 September 2011	Updated document including comments from internal review, policy context and updated risk register
0.7	28 September 2011	Draft for further internal review and review by expert group
1.0	05 October 2011	Final for approval
1.1	25 November 2011	Redraft post appraisal
1.2	02 December 2011	2nd redraft post appraisal
1.3	12 December 2011	Cleared for resubmission to ISB
1.4	13 December 2011	Reformatted final version
1.5	29 December 2011	Amends org codes as requested by DD Team.
2.0	04 January 2012	Final for resubmission
3.0	25 March 2015	First draft of review and update
3.1	30 March 2015	Draft for further internal review
3.2	26 May 2015	Final
3.3	03 July 2015	Final – Tense Amendment

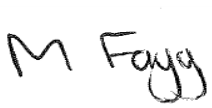
Reviewers:

This document must be reviewed by the following:

Name	Signature	Title / Responsibility	Date	Version
Paul McDonnell		Senior Manager - Analytical Services (Operations)	03/07/15	3.3

Approvals:

This document must be approved by the following:

Name	Signature	Title / Responsibility	Date	Version
Matt Fagg		Deputy Director – Reducing Premature Mortality	03/07/15	3.3

SCCI Standardisation Committee for Care Information

This information standard (SCCI0147) has been approved for publication by NHS England under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Standardisation Committee for Care Information (SCCI), a sub-group of the National Information Board.

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Implementation guidance.

An Information Standards Notice (SCCI0147 Amd 7/2015) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the HSCIC website.

Date of publication 30 October 2015.

Contents

1 Overview

The Cancer Reform Strategy (2007) introduced new and changed commitments in terms of national requirements for cancer waiting times. A *Review of Cancer Waiting Times Standards* was carried out by the Department of Health and published alongside *Improving Outcomes: A Strategy for Cancer* (2011). Following this review it was confirmed in *Improving Outcomes: A Strategy for Cancer* that:

> "*overall, cancer waiting time standards should be retained. Shorter waiting times can help to ease patient anxiety and, at best, can lead to earlier diagnosis, quicker treatment, a lower risk of complications, an enhanced patient experience and improved cancer outcomes. The current cancer waiting times standards will therefore be retained.*"

This updated version of the National Cancer Waiting Times Monitoring Data Set (NCWTMDS) is detailed in this specification document and supports the continued management and monitoring of the following waiting times standards:

A maximum two week wait from an urgent GP referral for suspected cancer to DATE FIRST SEEN by a specialist for all suspected cancers;
A maximum one month (31-day) wait from diagnosis (CANCER TREATMENT PERIOD START DATE) to first definitive treatment for all cancers;
A maximum two month (62-day) wait from urgent GP referral for suspected cancer to first definitive treatment all cancers;
A maximum one month wait from urgent GP referral for suspected cancer to first definitive treatment for children's and testicular cancers and acute leukaemia;
A maximum 62-day wait from referral from a cancer Screening Programme to first treatment for all cancers;
A maximum 62-day wait from a CONSULTANTS decision to upgrade the urgency of a PATIENT they suspect to have cancer to first treatment for all cancers;
A maximum 31-day wait for all subsequent treatments for new cases of primary and recurrent cancer where an anti-cancer drug regimen, surgery or radiotherapy is the chosen CANCER TREATMENT MODALITY;
A maximum two week wait from referral for breast symptoms (where cancer is not initially suspected) to DATE FIRST SEEN.

The NCWTMDS was previously updated in July 2012 (see Amd 23/2011) to support better coding of the circumstances in which a patient elects to delay their care and other operational delays to patient pathways. Amd 23/2011 also introduced enhanced coding of treatment modalities and standardised data items to allow the future introduction of XML transmission of the NCWTMDS to the Cancer Waiting Times Database (CWT-Db). This enhanced specification introduces the new operational XML schema and two new data items for use from 01 April 2016.

1.1 Summary

The table below contains a summary of the information standard.

Standard	
Standard Number	SCCI0147
Title	National Cancer Waiting Times Monitoring Data Set
Description	The National Cancer Waiting Times Monitoring Data Set (NCWTMDS) is used by the NHS and Department of Health to: Monitor timed pathways of care for cancer patients; Manage pathways of care for cancer patients; Performance manage elective services for cancer patients; Report against the requirements of the NHS Operating Framework for cancer waiting times; Support the right to access cancer services within the NHS Constitution (The Two week Wait); Produce national, official and local statistics for cancer patients; and Support investment planning for cancer services.
Applies to	All Providers (Acute Trusts (both foundation and non-foundation), Clinical Commissioning Groups, Care Trusts and contracted independent sector providers) delivering cancer outpatient, cancer screening or cancer treatment services.
Release	
Release Number	Amd 07/2015
Title	National Cancer Waiting Times Monitoring Data Set v 1.2
Description	The NCWTMDS collects and monitors data related to the standards set for cancer care in the Handbook to the NHS constitution (pages 29 and 30). The data is collected directly from NHS England providers on a monthly basis. The data flows through and is managed by the collection service Open Exeter. NHS England is provided with a monthly extract of anonymised data which is used to produce official quarterly reports and monthly management reports. Currently the data submitted to the NCWTMDS is in CSV format. NHS England proposes that this procedure is changed to XML submission via this release. NHS England also proposes two new data items to be included in the NCWTMDS via this release. The first item is the date that a referral request is received for inter provider transfers entitled “REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)”. This is to be collected in order to provide more clarity for the transferral procedure and more information on the diagnostic part of the pathway. The second new data item is the status of the NHS number of each record entitled “NHS NUMBER STATUS INDICATOR CODE” as recommended by the data dictionary in order to give greater detail to the quality of data collected. This would affect all the providers (data submitters) included within the English NHS cohort (approximately 146) as well as a those private providers commissioned to provide NHS services. The changes will be implemented by

	Open Exeter who host the NCWTMDS. The IT system suppliers (approximately 15) will need to work with the provided specification to create the necessary changes to the data submissions. The process to make these changes requires an ISN to be issued so NHS England are working with the Development Support Service, Data Dictionary and Burden Assessment team at the HSCIC to fulfil and meet all required assurances. NHS England is also working in line with the Cancer Outcomes and Services Dataset to ensure consistency.
Implementation Start Date	01-October-2015
Implementation Completion Date	01-April-2016

1.2 Benefits of Developments

The move to XML schema conforms to the preferred technical solution for the public sector and NHS for data transfers.

The development of the REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) provides a standardised date for the transfer of patients between providers and in doing so improves transparency in the accountability for delivering timely care where patients are transferred between providers. Thus, this is a key enabler to productive discussions to improve patient pathways. This measure has been developed in line with the recommendation of the National Clinical Director for Cancer and the Cancer Waiting Times Taskforce.

The NHS number status indicator code allows local validation with the benefit of reducing incorrect patient records and can also be used to qualify the data quality of the data set.

1.3 Controlled Documents

Document Reference	Document Name
NCWTMDS 002	National Cancer Waiting Times Monitoring Data Set Change Specification
	National Cancer Waiting Times Monitoring Data Set Change Guidance
CR1258	NHS Data Model and Dictionary Change Request: Changes to the National Cancer Waiting Times Monitoring Data Set
SCCI0147 Amd 7/2015	Information Standards Notice

1.4 Guidance

The main communications for the on-going implementation and business as usual running of the cancer waiting times database are through the HSCIC Cancer Waiting Times – Useful Documentation and Links website:
http://systems.hscic.gov.uk/ssd/cancerwaiting/documentation

The new data items are described in the "Cancer Waiting Times: A Guide" which has been updated from version 8 to version 8.1. An updated guide, version 9, is currently underway and expected to be published in autumn 2015.

Document Reference	Name
NCWTMDS 026	Cancer Waiting Times: A Guide – Version 8.0 (Valid till July 2015)
NCWTMDS 026	Cancer Waiting Times: A Guide – Version 8.1 (Valid from July 2015)

1.5 Related Standards

Reference	Title
SCCI0111	Radiotherapy Data Set
SCCI1521	Cancer Outcomes and Services Dataset
ISB 0112	Inter-Provider Transfer Administrative Minimum Data Set
ISB 0095	Referral to Treatment Waiting Times
SCCI0021	International Classification of Diseases

2 Specification

2.1 Information Specification

2.1.1 Overview of Data Item Requirements

The NCWTMDS has been updated to include an XML format message schema to be used in returning these data to the CWT-Db. The following groups of Mandatory (M) and Required (R) data elements are returns to the CWT-Db as applicable:

Patient and Pathway Identification

This grouping within the NCWTMDS provides patient and pathway details. In the NCWTMDS XML message schema only one occurrence of this group is required.

M	NHS NUMBER
M	NHS NUMBER STATUS INDICATOR CODE
R	PATIENT PATHWAY IDENTIFIER
R	ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)

Outpatient Services

This grouping within the NCWTMDS covers outpatient service details.
In the NCWTMDS XML message schema only one occurrence of this group is required if applicable to the scenario being used (see 2.1.2).

R	SOURCE OF REFERRAL FOR OUT-PATIENTS
R	PRIORITY TYPE CODE
R	DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)
R	CANCER REFERRAL TO TREATMENT PERIOD START DATE
R	TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE
R	CONSULTANT UPGRADE DATE
R	SITE CODE (OF PROVIDER CONSULTANT UPGRADE)
R	DATE FIRST SEEN
R	SITE CODE (OF PROVIDER FIRST SEEN)
R	WAITING TIME ADJUSTMENT (FIRST SEEN)
R	WAITING TIME ADJUSTMENT REASON (FIRST SEEN)
R	DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)
R	DELAY REASON COMMENT (FIRST SEEN)

Multi-Disciplinary Team Activity

This grouping within the NCWTMDS covers the activities of Multi-disciplinary Teams. In the NCWTMDS XML message schema only one occurrence of this group is required.

R	MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR
R	MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)

Patient Status and Diagnosis

This grouping within the NCWTMDS provides details on the status and diagnoses of a patient. In the NCWTMDS XML message schema only one occurrence of this group is required.

M	CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS
R	PRIMARY DIAGNOSIS (ICD)
R	METASTATIC SITE
R	TUMOUR LATERALITY
R	CANCER TREATMENT PERIOD START DATE
R	SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)

Treatment Events

This grouping within the NCWTMDS provides details on any treatment delivered. In the NCWTMDS XML message schema only one occurrence of this group is required if applicable to the scenario being used (see 2.1.2).

M	REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)
R	TREATMENT START DATE (CANCER)
R	SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)
R	CANCER TREATMENT EVENT TYPE
R	CANCER TREATMENT MODALITY
R	CLINICAL TRIAL INDICATOR
R	CANCER CARE SETTING (TREATMENT)
R	RADIOTHERAPY INTENT
R	RADIOTHERAPY PRIORITY
R	DELAY REASON (DECISION TO TREATMENT)
R	DELAY REASON COMMENT (DECISION TO TREATMENT)
R	WAITING TIME ADJUSTMENT (TREATMENT)
R	WAITING TIME ADJUSTMENT REASON (TREATMENT)
R	DELAY REASON REFERRAL TO TREATMENT (CANCER)
R	DELAY REASON COMMENT (REFERRAL TO TREATMENT)
R	DELAY REASON (CONSULTANT UPGRADE)
R	DELAY REASON COMMENT (CONSULTANT UPGRADE

2.1.2 Application of the NCWTMDS

The NCWTMDS applies to the different national requirements for cancer waiting times in slightly different forms depending on the business requirements for managing, monitoring

and commissioning services that meet the specified maximum waiting time. The application of the NCWTMDS is defined by a range of scenarios which cover all or part of the patient pathway within the waiting times periods (two week, 31 day and 62 day). The seven columns in the following table show which data items are required for this range of health care scenarios:

Scenario 1	The Health Care Provider where the PATIENT is first seen following a REFERRAL REQUEST with a PRIORITY TYPE of 'Two Week Wait', or an urgent referral from a Cancer Screening Programme;
Scenario 2	The Health Care Provider where the PATIENT receives their First Definitive Treatment for cancer following a REFERRAL REQUEST with PRIORITY TYPE 'Two Week Wait', or an urgent referral from a Cancer Screening Programme;
Scenario 3	The Health Care Provider where the PATIENT receives second or subsequent treatment for cancer following a REFERRAL REQUEST with PRIORITY TYPE 'Two Week Wait', or an urgent referral from a Cancer Screening Programme;
Scenario 4	The Health Care Provider where the PATIENT receives their First Definitive Treatment for cancer following a consultant upgrade onto the 62 day PATIENT PATHWAY;
Scenario 5	The Health Care Provider where the PATIENT receives second or subsequent treatment for cancer following a consultant upgrade onto the 62 day PATIENT PATHWAY;
Scenario 6	The Health Care Provider where the PATIENT receives their First Definitive Treatment for cancer following a REFERRAL REQUEST from another SOURCE OF REFERRAL FOR OUT-PATIENTS or a different PRIORITY TYPE;
Scenario 7	The Health Care Provider where the PATIENT receives second or subsequent treatment for cancer following a REFERRAL REQUEST from another SOURCE OF REFERRAL FOR OUT-PATIENTS or a different PRIORITY TYPE.

Whether a specific data item is required in the specific scenario is illustrated by the following codes within the table:

M = Mandatory	The Standard Contract Schedule 5 requires NHS provider ORGANISATIONS to submit this information on a monthly basis. NHS England requires the data to be submitted 25 working days after the end of each month or quarter.

M* = Mandatory if applicable	The Standard Contract Schedule 5 requires NHS provider ORGANISATIONS to submit this information on a monthly basis, where collection of the item is applicable to them. NHS England requires the data to be submitted 25 working days after the end of each month or quarter.
O = Optional	The data item is optional
O* = Optional if applicable	These optional fields are only populated if they relate to the PATIENT PATHWAY identified in scenarios 1 to 7 and the conditions required for their use are met.
N/A = Not Applicable	The data item does not apply in this instance

Data Item	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
NHS NUMBER	M	M	M	M	M	M	M
NHS NUMBER STATUS INDICATOR CODE	M	M	M	M	M	M	M
PATIENT PATHWAY IDENTIFIER	M	M*	M*	M*	M*	M*	M*
ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)	M	M*	M*	M*	M*	M*	M*
DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)	M*	N/A	N/A	N/A	N/A	O	N/A
SOURCE OF REFERRAL FOR OUT-PATIENTS	M	N/A	N/A	M	N/A	O	N/A
PRIORITY TYPE CODE	M	N/A	N/A	M	N/A	O	N/A
CANCER REFERRAL TO TREATMENT PERIOD START DATE	M	M	N/A	O	N/A	O	N/A
TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE	M	N/A	N/A	N/A	N/A	O	N/A
CONSULTANT UPGRADE DATE	N/A	N/A	N/A	M	N/A	O	N/A
SITE CODE (OF PROVIDER CONSULTANT UPGRADE)	N/A	N/A	N/A	M	N/A	O	N/A
DATE FIRST SEEN	M	N/A	N/A	M	N/A	O	N/A
SITE CODE (OF PROVIDER FIRST SEEN)	M	N/A	N/A	M	N/A	N/A	N/A
WAITING TIME ADJUSTMENT (FIRST SEEN)	M*	N/A	N/A	O*	N/A	N/A	N/A

Data Item	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	M*	N/A	N/A	O*	N/A	N/A	N/A
DELAY REASON COMMENT (FIRST SEEN)	M*	N/A	N/A	M*	N/A	N/A	N/A
DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)	M*	N/A	N/A	N/A	N/A	N/A	N/A
MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR	M*	M*	M*	M*	M*	M*	M*
MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)	M*	M*	M*	M*	M*	M*	M*
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	M	M	M	M	M	M	M
PRIMARY DIAGNOSIS (ICD)	N/A	M	M	M	M	M	M
TUMOUR LATERALITY	N/A	M	M	M	M	M	M
CANCER TREATMENT EVENT TYPE	N/A	M	M	M	M	M	M
METASTATIC SITE	N/A	M*	M*	M*	M*	M*	M*
SITE CODE (OF PROVIDER DECISION TO TREAT (CANCER))	M*	M	M	M	M	M	M
CANCER TREATMENT PERIOD START DATE	N/A	M	M	M	M	M	M
TREATMENT START DATE (CANCER)	N/A	M	M	M	M	M	M
CANCER TREATMENT MODALITY	N/A	M	M	M	M	M	M
CANCER CARE SETTING (TREATMENT)	N/A	M	M	M	M	M	M
CLINICAL TRIAL INDICATOR	N/A	M	M	M	M	M	M
SITE CODE (OF PROVIDER TREATMENT START DATE (CANCER))	N/A	M	M	M	M	M	M
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)	N/A	M*	M*	M*	M*	M*	M*
RADIOTHERAPY PRIORITY	N/A	M*	M*	M*	M*	M*	M*
RADIOTHERAPY INTENT	N/A	M*	M*	M*	M*	M*	M*

Data Item	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
DELAY REASON COMMENT (DECISION TO TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON (DECISION TO TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT (TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT REASON (TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON COMMENT (REFERRAL TO TREATMENT)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON REFERRAL TO TREATMENT (CANCER)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON COMMENT (CONSULTANT UPGRADE)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON (CONSULTANT UPGRADE)	N/A	M*	N/A	M*	N/A	O*	N/A

2.1.3 Patient Cohort/Scope

The treatment scenarios listed above (scenarios two to seven) are used to manage the collection of data for all patients with cancer. Cancer for the purpose of this data collection exercise is defined using the International Classification of Diseases 10th Revision (ICD-10). Data are collected and transmitted as specified for all patients with a PRIMARY DIAGNOSIS within the range C00 to C97 or D05, or a secondary diagnosis linked to the original primary within this range. A full list of the ICD-10 diagnosis codes the Cancer Waiting Times Database will accept is available at: Cancer Waiting Times - Useful Documentation and Links

When entering data for patients with a diagnosis coded within ICD-10 C44.0 to C44.9 it is important that patients diagnosed with Basal Cell Carcinoma are excluded from the data set as they are not covered by the cancer waiting times standards. Cancer types that are not to be entered onto the system are defined by the morphology code of the particular neoplasm type as ICD-10 section C44 is classified by affected body area, e.g. C44.1 Skin of Eyelid.

The table below specifies cancer types/sites to be excluded from the data set:

Specified Neoplasm	ICD-10 Classification	Morphology Code
Basal Cell Carcinoma	C44	M8090/3
Multicentric Basal Cell Carcinoma	C44	M8091/3
Basal Cell Carcinoma, Morphoea	C44	M8092/3
Basal Cell Carcinoma, Fibroepithelial	C44	M8093/3
Basosquamos Carcinoma	C44	M8094/3
Metatypical Carcinoma	C44	M8095/3

Specified Neoplasm	ICD-10 Classification	Morphology Code
Pilomatrix Carcinoma	C44	M8110/3

If there is any problem removing a single neoplasm type from your data set based upon the above information please consult the Basal Cell Neoplasm's section of ICD-10, which can be found under morphology codes M809-M811. No information for any patient diagnosed with a neoplasm that is contained within this section should be entered onto the system.

2.1.4 Submission Deadline

Patient records are submitted to the Cancer Waiting Times Database (CWT-Db). The CWT-Db is an open system, with no specification of when an NHS provider might enter these data onto that system. However, NHS providers returning these data must ensure that all records, as defined in sections 2.1.1 and 2.1.2, are present, complete and validated by 1700 hours on the 25th working day after the end of a reporting period (reporting periods close at the end of each month and quarter). Forthcoming deadline dates are published for CWT-Db users by the Health and Social Care Information Centre here: http://systems.hscic.gov.uk/ssd/cancerwaiting/prop_reports.

Users are advised to enter these data to the CWT-Db in advance of the deadline date to allow for the investigation of validation failures and to provide adequate time to fully validate these data. Standardised data quality tools are available within the secure CWT-Db environment to support this.

2.1.5 Data Items

NHS NUMBER	Existing Item	an10

The NHS NUMBER, the primary identifier of a PERSON, is a unique identifier for a PATIENT within the NHS in England and Wales.

This will not vary by any ORGANISATION of which a PERSON is a PATIENT.

It is mandatory to record the NHS NUMBER. There are exceptions, such as Accident and Emergency care, sexual health and major incidents, as defined in existing national policies.

The NHS NUMBER is 10 numeric digits in length. The tenth digit is a check digit used to confirm its validity.

NHS NUMBER STATUS INDICATOR CODE	New Item	An2

The NHS NUMBER STATUS INDICATOR CODE, is a code which indicates what checks have been conducted on the “NHS NUMBER” submitted. The intension of including this data item is to increase the data quality of the data set and ensure that the NHS NUMBER is not entered in error. The permitted national codes that can populate this field are:

01 Number present and verified

02 Number present but not traced
03 Trace required
04 Trace attempted - No match or multiple match found
05 Trace needs to be resolved - (NHS Number or PATIENT detail conflict)
06 Trace in progress
07 Number not present and trace not required
08 Trace postponed (baby under six weeks old)

PATIENT PATHWAY IDENTIFIER	Existing Item	an20

An identifier, which together with the ORGANISATION CODE of the issuer, uniquely identifies a PATIENT PATHWAY.

This is a specific type of the attribute ACTIVITY IDENTIFIER.

Where a pathway is initiated by a SERVICE REQUEST using the Choose and Book system, the PATIENT PATHWAY will be uniquely identified by the Unique Booking Reference Number (UBRN) of the first referral and the ORGANISATION CODE of NHS England which is X09.

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.

ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)	Existing Item	Max an5

ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER) is the same as attribute ORGANISATION CODE.

ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER) is the ORGANISATION CODE of the ORGANISATION issuing the PATIENT PATHWAY IDENTIFIER.

Where Choose and Book has been used, the ORGANISATION CODE for HSCIC (X09) should be used.

DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)	Existing Item	an10 CCYY-MM-DD

DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS) is the DATE on which a decision was made to refer the PATIENT to Secondary Care with either suspected cancer, or as an urgent symptomatic breast referral.

This DATE may be one of the following:

The DATE on the letter, proforma or email from the GENERAL MEDICAL PRACTITIONER or GENERAL DENTAL PRACTITIONER

The START DATE (HOSPITAL PROVIDER SPELL) where the PATIENT was admitted as an emergency
The APPOINTMENT DATE of the first Out-Patient Appointment, if the referral was a self-referral
The DATE on the recall letter for PATIENTS recalled following a routine Screening Programme APPOINTMENT.

DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS) is optional within the National Cancer Waiting Times Monitoring Data Set as it may not be available to the Health Care Provider if the initial SERVICE REQUEST to secondary care was made via the Choose and Book system.

SOURCE OF REFERRAL FOR OUT-PATIENTS	Existing Item	an2

A classification which is used to identify the source of referral of each Consultant Out-Patient Episode.

National Codes:

Initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

- 01 following an emergency admission
- 02 following a Domiciliary Consultation
- 10 following an Accident and Emergency Attendance (including Minor Injuries Units and Walk In Centres)
- 11 other - initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

Not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

- 03 referral from a GENERAL MEDICAL PRACTITIONER
- 92 referral from a GENERAL DENTAL PRACTITIONER
- 12 referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)
- 04 referral from an Accident and Emergency Department (including Minor Injuries Units and Walk In Centres)
- 05 referral from a CONSULTANT, other than in an Accident and Emergency Department
- 06 self-referral
- 07 referral from a Prosthetist
- 13 referral from a Specialist NURSE (Secondary Care)
- 14 referral from an Allied Health Professional
- 15 referral from an OPTOMETRIST
- 16 referral from an Orthoptist
- 17 referral from a National Screening Programme
- 93 referral from a Community Dental Service
- 97 other - not initiated by the CONSULTANT responsible for the Consultant Out-Patient Episode

Note: The classification has been listed in logical sequence rather than numeric order.

Where a PATIENT is referred by a GENERAL PRACTITIONER acting in the capacity of a General Practitioner with a Special Interest (GPwSI), National Code 12 - 'referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI)' should be used.

Where a PATIENT is referred by that GENERAL PRACTITIONER acting in their capacity as an ordinary GENERAL MEDICAL PRACTITIONER, or as an ordinary GENERAL DENTAL PRACTITIONER, National Code 03 - referral from a GENERAL MEDICAL PRACTITIONER or National Code 92 - referral from a GENERAL DENTAL PRACTITIONER should be used as appropriate.

Two Week Wait Referrals made by Specialist NURSES in Primary Care, under the authority of the GENERAL MEDICAL PRACTITIONER leading their team, should continue to be classified as referrals from the GENERAL PRACTITIONER (National Code 03 - referral from a GENERAL MEDICAL PRACTITIONER). Referrals from Specialist NURSES in Secondary Care should be classified as National Code 13 - referral from a Specialist Nurse (Secondary Care).

PRIORITY TYPE CODE	Existing Item	An1

The priority of a request for services; in the case of services to be provided by a CONSULTANT, it is as assessed by or on behalf of the CONSULTANT.

Priority Type 'Urgent' should be used where the request for services is defined as clinically urgent, but it does not fall under the criteria for 'Two Week Wait' (see below).

Priority Type 'Two Week Wait' should be used where either:

the request for services meets the criteria for an urgent GENERAL PRACTITIONER referral for suspected cancer. These referrals should be made in accordance with the National Institute for Health and Care Excellence (NICE) clinical guidelines on referral for suspected cancer. For further information, see the NICE guidance.

or

the PATIENT has been referred urgently for breast symptoms, but the referral does not meet the criteria for urgent GENERAL PRACTITIONER referrals for suspected cancer

National Codes:

1 Routine
2 Urgent
3 Two Week Wait

CANCER REFERRAL TO TREATMENT PERIOD START DATE	Existing Item	an10 CCYY-MM-DD

The Start Date of a Cancer Referral To Treatment Period. This is a specific type of the attribute ACTIVITY DATE. A CANCER REFERRAL TO TREATMENT PERIOD START DATE will be one of the following:

The REFERRAL REQUEST RECEIVED DATE of the SERVICE REQUEST to secondary care by a GENERAL MEDICAL PRACTITIONER or GENERAL DENTAL PRACTITIONER where the PRIORITY TYPE CODE of the SERVICE REQUEST was National Code 3 - Two Week Wait

The ORIGINAL REFERRAL REQUEST RECEIVED DATE for the initial SERVICE REQUEST to secondary care where the PATIENT was subsequently upgraded onto a Cancer PATIENT PATHWAY. The CONSULTANT UPGRADE DATE will also be recorded, as this is the DATE used to calculate the start of the two month (62 day) waiting time target for PATIENTS who have been upgraded to a cancer pathway.

The REFERRAL REQUEST RECEIVED DATE for the SERVICE REQUEST into secondary care when the PATIENT was referred urgently for 'breast symptoms' (the PRIORITY TYPE CODE of the SERVICE REQUEST is recorded as National Code 3 - Two Week Wait)

The REFERRAL REQUEST RECEIVED DATE for the SERVICE REQUEST to an Assessment Clinic following the identification of an abnormality by an NHS Cancer Screening Service (the PRIORITY TYPE CODE of the SERVICE REQUEST is recorded as National Code 2 - Urgent)

The ORIGINAL REFERRAL REQUEST RECEIVED DATE for the initial SERVICE REQUEST to secondary care by an NHS Cancer Screening Service, where the PRIORITY TYPE CODE of the SERVICE REQUEST is recorded as National Code 1 - Routine, and where the PATIENT was subsequently upgraded onto a Cancer PATIENT PATHWAY. The CONSULTANT UPGRADE DATE will also be recorded.

Note that for a SERVICE REQUEST received from the Choose and Book system, the referral is received when the PATIENT's Unique Booking Reference Number (UBRN) is used to book the first out-patient appointment slot (i.e. converted). See REFERRAL REQUEST RECEIVED DATE.

TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE	Existing Item	an2

The site where cancer is suspected by the GENERAL MEDICAL PRACTITIONER or GENERAL DENTAL PRACTITIONER on referral, or, for PATIENTS who are upgraded to an urgent breast

cancer PATIENT PATHWAY, identifies that the PATIENT was initially referred on the basis of exhibited (non-cancer) breast symptoms.

National Codes:

01	Suspected breast cancer
02	Suspected children's cancer (see note 1)
03	Suspected lung cancer
04	Suspected haematological malignancies excluding acute leukaemia
05	Suspected acute leukaemia
06	Suspected upper gastrointestinal cancers
07	Suspected lower gastrointestinal cancers
08	Suspected skin cancers
09	Suspected gynaecological cancers
10	Suspected brain or central nervous system tumours
11	Suspected urological cancers (excluding testicular)
12	Suspected testicular cancer
13	Suspected head and neck cancers
14	Suspected sarcomas
15	Other suspected cancer
16	Exhibited (non-cancer) breast symptoms - cancer not initially suspected (see note 2)

Note 1: For monitoring of the cancer Two Week Wait standard, a child is defined as under the age of 16 years at the CANCER REFERRAL TO TREATMENT PERIOD START DATE.

Note 2: National Code 16 - Exhibited (non-cancer) breast symptoms - cancer not initially suspected is only to be used where a PATIENT has been referred on the basis of exhibited breast symptoms, but those symptoms do not place the PATIENT within the scope of the referral guidelines that specify that an urgent referral for suspected cancer from a GENERAL MEDICAL PRACTITIONER or GENERAL DENTAL PRACTITIONER must be made.

CONSULTANT UPGRADE DATE	Existing Item	an10 CCYY-MM-DD

Consultant Upgrade Date is an ACTIVITY DATE TIME.

Consultant Upgrade Date is the DATE that the CONSULTANT responsible for the care of the PATIENT (or an authorised member of the CONSULTANT team as defined by local policy) decided that the PATIENT should be upgraded onto an urgent Cancer PATIENT PATHWAY.

The Consultant Upgrade Date should only be recorded when the PRIORITY TYPE CODE of the original SERVICE REQUEST was not National Code 3 - 'Two Week Wait'.

Consultant upgrades are not allowed for PATIENTS who were urgently referred with suspected cancer from an NHS Cancer Screening Programme (where the SOURCE OF

REFERRAL FOR OUT-PATIENTS was National Code 17 - referral from a National Screening Programme, and the PRIORITY TYPE CODE of the SERVICE REQUEST was National Code 2 - Urgent). Therefore a Consultant Upgrade Date cannot be recorded in these circumstances.

The Consultant Upgrade Date must be on or before the DECISION TO TREAT DATE (if recorded).

The Consultant Upgrade Date must also be on or before the MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER) (if recorded).

SITE CODE (OF PROVIDER CONSULTANT UPGRADE)	Existing Item	an5

SITE CODE (OF PROVIDER CONSULTANT UPGRADE) is the same as attribute ORGANISATION SITE CODE.

SITE CODE (OF PROVIDER CONSULTANT UPGRADE) is the ORGANISATION SITE CODE of the ORGANISATION acting as Health Care Provider when a decision is made to upgrade the PATIENT to an urgent Cancer PATIENT PATHWAY.

The decision to upgrade must be made by a CONSULTANT or an authorised member of the CONSULTANTS team (subject to local agreement). See Consultant Upgrade Date for further guidance.

DATE FIRST SEEN	Existing Item	an10 CCYY-MM-DD

DATE FIRST SEEN is the date that the PATIENT is first seen in the Trust that receives the first referral. This data element is mandatory for PATIENTS referred urgently by their GENERAL PRACTITIONER for suspected cancer but can also be applied to other PATIENTS.

The date will be one of the following, whichever is the earliest SERVICE relating to the REFERRAL REQUEST:

- first Out-Patient Appointment; this is the Attendance Date of the first Out-Patient Attendance Consultant
- first diagnostic procedure if this precedes the first Out-Patient Appointment; this is the first Clinical Intervention Date of the Imaging or Radiodiagnostic Event or CLINICAL INTERVENTION
- first seen as an emergency; this is the Start Date of the Hospital Provider Spell or the Arrival Date of the Accident and Emergency Attendance
- The date the PATIENT was first seen following referral (or recall) from (or by) a Screening Unit

Date First Seen may not be the same as FIRST SEEN BY SPECIALIST DATE (CANCER) which records the first time the PATIENT sees an appropriate specialist in cancer care.

SITE CODE (OF PROVIDER FIRST SEEN)	Existing Item	an5

SITE CODE (OF PROVIDER FIRST SEEN) is the same as the attribute ORGANISATION SITE CODE.

This is the ORGANISATION SITE CODE of the ORGANISATION acting as a Health Care Provider where the PATIENT is first seen. That is the Health Care Provider at the first Out-Patient Attendance Consultant, Imaging or Radiodiagnostic Event, CLINICAL INTERVENTION, Hospital Provider Spell, Accident and Emergency Attendance or Screening Test whichever is the earlier SERVICE related to the initial REFERRAL REQUEST.

This may be the same Health Care Provider as for SITE CODE (OF PROVIDER FIRST CANCER SPECIALIST) if the PATIENT was first seen by the appropriate specialist for cancer.

The code may be derived automatically by NHS IT systems.

WAITING TIME ADJUSTMENT (FIRST SEEN)	Existing Item	n3

This records the number of days that should be removed from the derived waiting time between the CANCER REFERRAL TO TREATMENT PERIOD START DATE and DATE FIRST SEEN.

Adjustments are only permissible when a PATIENT does not attend an Out-Patient Appointment or arrives late and could not be seen. Guidance on calculating the number of days which may be deducted from the waiting time is available in Department of Health guidance at Cancer Waiting Times Documentation and Links.

WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	Existing Item	an1

WAITING TIME ADJUSTMENT REASON (FIRST SEEN) is the same as the attribute WAITING TIME ADJUSTMENT REASON.

This is mandatory, whenever an adjustment is appropriate as calculated and recorded by WAITING TIME ADJUSTMENT (FIRST SEEN). It is the prime reason for the adjustment and where there is more than one adjustment applicable, this should be the reason for the longest calculated adjustment days.

DELAY REASON COMMENT (FIRST SEEN)	Existing Item	Max an255

DELAY REASON COMMENT (FIRST SEEN) is the same as the attribute DELAY REASON COMMENT.
This data item is mandatory when applicable in the National Cancer Waiting Times Monitoring Data Set. It is applicable and must be recorded if the existing standards were breached (after any adjustments have been made).

It is the free text comment that describes why the maximum two week wait from CANCER REFERRAL TO TREATMENT PERIOD START DATE to DATE FIRST SEEN (less WAITING TIME ADJUSTMENT (FIRST SEEN)) could not be met.

See DATE FIRST SEEN for guidance on determining the appropriate first seen date.

If DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS) is recorded as National Code 98 'Other reason' then DELAY REASON COMMENT (FIRST SEEN) must explain the full reason for the delay.

DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)	Existing Item	an2

The reason why a delay occurred between the CANCER REFERRAL TO TREATMENT PERIOD START DATE and the DATE FIRST SEEN, when the PRIORITY TYPE of the SERVICE REQUEST was National Code 3 - Two Week Wait.

This is the reason why the Health Care Provider was unable to provide an APPOINTMENT DATE within the service standard of two weeks.

National Codes:

01	Clinic cancellation
02	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
03	Administrative delay
05	Patient unavailable (the patient has declined the opportunity to be seen within two weeks prior to any appointment being offered)
06	Patient declines (the patient declines all appointment dates offered within two weeks)
07	Patient cancellation (the patient cancels their booked appointment)
08	Patient care not commissioned by the English NHS (waiting time standard does not apply)
98	Other reason

Notes

National Code 03: ‘Administrative delay’ should not be used to record delays linked to a ‘Did Not Attend’ (DNA) event where a waiting time adjustment has been entered into the patient record.

If National Code 98 - Other reason is used, further detail must be recorded for the precise cause of the delay, within DELAY REASON COMMENT (FIRST SEEN).

National Code 08 - Patient care not commissioned by the English NHS (waiting time standard does not apply) should only be used in instances where the non-English administration has commissioned a two week wait service, i.e. the PRIORITY TYPE CODE of the SERVICE REQUEST was National Code 3 - Two Week Wait, but the

patient was not seen within two weeks. This is to allow for different commissioning arrangements to be supported by local administrative and clinical systems

MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR	Existing Item	an1

The MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR should be recorded as follows:

National Codes:

A The PATIENT was discussed at a MULTIDISCIPLINARY TEAM meeting
B The PATIENT was not discussed at a MULTIDISCIPLINARY TEAM meeting

Note 1: When used in the National Cancer Waiting Times Monitoring Data Set, this records whether a Cancer Care Plan for the patient was discussed at a Multidisciplinary Team Meeting.

Note 2: When used in the National Cancer Waiting Times Monitoring Data Set, the MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR will usually relate to a MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER) that is before the commencement of treatment, however it is recognised that this is not possible in all clinical circumstances.

MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)	Existing Item	an10 CCYY-MM-DD

MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER) is the same as attribute MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER).

The date on which the PATIENT's Cancer Care Plan was discussed at a Multidisciplinary Team Meeting and a treatment planning decision was made.
This may include more than one relevant option for treatment and will normally be before the date of the First Definitive Treatment.

Where the PATIENT receives their first treatment as an emergency it may be after the first treatment date. The treatment planning decision may differ from the treatment which is subsequently agreed with the PATIENT.

If the treatment planning decision was not made at a Multidisciplinary Team Meeting this item should not be recorded.

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	Existing Item	an2

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS is recorded to enable tracking of the status of REFERRAL REQUESTS for PATIENTS referred with a suspected cancer, or referred with breast symptoms with cancer not originally suspected.

Where a diagnosis of cancer is subsequently made, data on First Definitive Treatment and subsequent treatments should be recorded for PATIENTS receiving treatment within the NHS in England. English NHS in this context refers to Health Care Provider ORGANISATIONS within England who are treating PATIENTS with cancer (where the PATIENTS have NHS NUMBERS which exist on the Patient Demographic Service database, and which can be used within the National Cancer Waiting Times Monitoring Data Set for transmission purposes) who may have been referred from outside England.

Where PATIENTS with a diagnosis of cancer do NOT receive treatment within the NHS in England, or where the diagnosed condition is not within the Department of Health list of cancer conditions, further data need not be collected.

The classification has been listed in logical sequence rather than numeric order.

National Codes:

14	Suspected primary cancer
09	Under investigation following symptomatic referral, cancer not suspected (breast referrals only) (see note 1)
03	No new cancer diagnosis identified by the Healthcare Provider
10	Diagnosis of new cancer confirmed - first treatment not yet planned
11	Diagnosis of new cancer confirmed - English NHS first treatment planned
07	Diagnosis of cancer confirmed - no English NHS treatment planned
08	First treatment commenced (English NHS only)
12	Diagnosis of new cancer confirmed - subsequent treatment not yet planned
13	Diagnosis of new cancer confirmed - subsequent English NHS treatment planned
21	Subsequent treatment commenced (English NHS only)
15	Suspected recurrent cancer
16	Diagnosis of recurrent cancer confirmed - first treatment not yet planned
17	Diagnosis of recurrent cancer confirmed - English NHS first treatment planned
18	Diagnosis of recurrent cancer confirmed - no English NHS treatment planned
19	Diagnosis of recurrent cancer confirmed - subsequent treatment not yet planned
20	Diagnosis of recurrent cancer confirmed - subsequent English NHS treatment planned

Note 1: National Code 09 - Under investigation following symptomatic referral, cancer not suspected (breast referrals only) should only be used when the TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE is National Code 16 - Exhibited (non-cancer) breast symptoms - cancer not initially suspected.

PRIMARY DIAGNOSIS (ICD)	Existing Item	an6

Record the cancer diagnosis that represents the main cancer site for which the patient is receiving care. If more than one primary site exists, then each primary site generates a new cancer care spell.

TUMOUR LATERALITY	Existing Item	an1

A classification of the position of a tumour within a PATIENT.

National Codes:

L	Left
R	Right
M	Midline
B	Bilateral

CANCER TREATMENT EVENT TYPE	Existing Item	an2

A classification of the stage of treatment reached during a Cancer PATIENT PATHWAY for primary, recurrent or metastatic cancer.

National Codes:

01	First Definitive Treatment for a new primary cancer
02	Second or subsequent treatment for a new primary cancer
03	Treatment for a local recurrence of a primary cancer
04	Treatment for a regional recurrence of cancer
05	Treatment for a distant recurrence of cancer (metastatic disease)
06	Treatment for multiple recurrence of cancer (local and/or regional and/or distant)
07	First treatment for metastatic disease following an unknown primary
08	Second or subsequent treatment for metastatic disease following an unknown primary
09	Treatment for relapse of primary cancer (second or subsequent)
10	Treatment for progression of primary cancer (second or subsequent)

METASTATIC SITE	Existing Item	an2

The site of the metastatic disease.

It is used to identify metastatic disease relating to the PRIMARY DIAGNOSIS (ICD).

National Codes:

02	Brain
03	Liver

04 Lung
06 Multiple metastatic sites
08 Skin
09 Distant lymph nodes
10 Bone (excluding bone marrow)
11 Bone marrow
99 Other metastatic site
07 Unknown metastatic site

Note: For the National Cancer Waiting Times Monitoring Data Set the METASTATIC SITE to be recorded is a current diagnosis at the point of treatment.

SITE CODE (OF PROVIDER DECISION TO TREAT (CANCER))	Existing Item	an5

SITE CODE (OF PROVIDER DECISION TO TREAT (CANCER)) is the same as the attribute ORGANISATION SITE CODE.

This is the ORGANISATION SITE CODE of the ORGANISATION acting as Health Care Provider where the decision to treat the PATIENT was made which initiated a Cancer Care Plan with one or more Planned Cancer Treatments.

The Planned Cancer Treatment may be planned and provided by a different Health Care Provider.

The code may be derived automatically by NHS IT systems

CANCER TREATMENT PERIOD START DATE	Existing Item	an10 CCYY-MM-DD

The DATE when a Cancer Treatment Period is started.

The CANCER TREATMENT PERIOD START DATE will be either:

the DECISION TO TREAT DATE - the DATE that a PATIENT agrees a treatment plan for either first or subsequent treatments within a Cancer Care Plan. An individual PATIENT may have multiple DECISION TO TREAT DATES; or

the EARLIEST CLINICALLY APPROPRIATE DATE - where there is no new DECISION TO TREAT DATE, but there has been a previously agreed and clinically appropriate period of delay. In this case the subsequent ACTIVITY may not be the final treatment, but could be the next APPOINTMENT which deals with the planning of subsequent treatments.

TREATMENT START DATE (CANCER)	Existing Item	an10

		CCYY-MM-DD

This is the Start Date of the first, second or subsequent cancer treatment given to a PATIENT who is receiving care for a cancer condition, with a PRIMARY DIAGNOSIS (ICD) code within the range C00 to C97 or D05 as defined by the Department of Health (see Department of Health guidance at Cancer Waiting Times Documentation and Links).

If the CANCER TREATMENT MODALITY given is National Code 01 - Surgery, the TREATMENT START DATE (CANCER) is the same as START DATE (HOSPITAL PROVIDER SPELL) of the related admission.

TREATMENT START DATE (CANCER) is also the END DATE of a Cancer Treatment Period.

A Cancer Referral To Treatment Period will end on the same date as the TREATMENT START DATE (CANCER) where First Definitive Treatment is given, unless cancer was discounted when the PATIENT was first seen (in which case the Cancer Referral To Treatment Period is ended at DATE FIRST SEEN).

If a PATIENT declines all treatment (CANCER TREATMENT MODALITY is recorded as National Code 98 - All treatment declined) then the TREATMENT START DATE (CANCER) should be recorded as the DATE upon which the PATIENT made this decision.

CANCER TREATMENT MODALITY	Existing Item	an2

The type of treatment or care that was delivered in a Cancer Treatment Period.

National Codes:

01	Surgery
02	Anti-cancer drug regimen (Cytotoxic Chemotherapy)
03	Anti-cancer drug regimen (Hormone Therapy)
04	Chemoradiotherapy
05	Teletherapy (Beam Radiation excluding Proton Therapy)
06	Brachytherapy
07	Specialist Palliative Care
08	Active Monitoring (excluding non-specialist Palliative Care)
09	Non-specialist Palliative Care (excluding Active Monitoring)
10	Radio Frequency Ablation (RFA)
11	High Intensity Focussed Ultrasound (HIFU)
12	Cryotherapy
13	Proton Therapy
14	Anti-cancer drug regimen (other)
15	Anti-cancer drug regimen (Immunotherapy)
16	Light Therapy (including Photodynamic Therapy and Psoralen and Ultra Violet A (PUVA))

17 Hyperbaric Oxygen Therapy
19 Radioisotope Therapy (including Radioiodine)
20 Laser Treatment (including Argon Beam therapy)
21 Biological Therapies (excluding Immunotherapy)
22 Radiosurgery
97 Other Treatment
98 All treatment declined

Notes:

National Code 07, Specialist Palliative Care, should only be used where care is being delivered under the management of a consultant in palliative medicine.

National Code 09, Non-specialist Palliative Care (excluding Active Monitoring) is only to be used where the treatment consists of palliative care not under the management of a consultant in palliative medicine.

National Code 09 , Non-specialist Palliative Care (excluding Active Monitoring) should only be used to record a course of treatment where there is no intention to offer a future course of treatment other than those contained within National Codes 07, 08 or 09 at the time the care plan is agreed between clinician and patient. This type of care is sometimes referred to as 'best supportive care' within NHS services.

CANCER CARE SETTING (TREATMENT)	Existing Item	an2

CANCER CARE SETTING (TREATMENT) is the type of care setting where the cancer care relating to the TREATMENT START DATE (CANCER) took place.

Where the care is delivered during a Hospital Provider Spell, distinction is made between care delivered as part of an ordinary admission (where the PATIENT CLASSIFICATION is National Code 1 - Ordinary Admission) and a day case admission (where PATIENT CLASSIFICATION is National Code 2 - Day case admission).

National Codes:

01 Cancer treatment delivered as part of a Hospital Provider Spell (where PATIENT CLASSIFICATION is National code 1 - Ordinary admission)
02 Cancer treatment delivered as part of a Hospital Provider Spell (where PATIENT CLASSIFICATION is National Code 2 - Day case admission)
03 Cancer treatment delivered in an Out-patient setting
04 Cancer treatment delivered in another care setting

CLINICAL TRIAL INDICATOR	Existing Item	an2

CLINICAL TRIAL INDICATOR is used to record whether an individual episode of care within a Cancer Care Spell is being delivered to a PATIENT as part of a CLINICAL TRIAL.

National Codes:

01 PATIENT is taking part in a CLINICAL TRIAL
02 PATIENT is not taking part in a CLINICAL TRIAL

SITE CODE (OF PROVIDER TREATMENT START DATE (CANCER))	Existing Item	an5

SITE CODE (OF PROVIDER TREATMENT START DATE (CANCER)) is the same as the attribute ORGANISATION SITE CODE.

This is the ORGANISATION SITE CODE of the Health Care Provider at which a PATIENT with a PRIMARY DIAGNOSIS (ICD) within the list of cancer diagnoses defined by the Department of Health (see Department of Health guidance at Cancer Waiting Times Documentation and Links), receives the first cancer treatment in their Cancer Treatment Period.

This is the SITE CODE of the ORGANISATION where the TREATMENT START DATE (CANCER) is recorded.

REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)	New Item	an10 CCYY-MM-DD

The "REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)" is the date of the last transfer of a patient to the provider that starts the first definitive treatment.

This field is populated by the date in the local patient administration service with the same name. For any patient who during their cancer care sees two or more providers, this field should be populated. If the patient goes to more than two providers this field is only populated with the last transfer to the provider starting the first definitive treatment. Some example scenarios are shown:

Example 1: Patient referred to Provider A. The patient has their first outpatient appointment with a consultant, is diagnosed and treated at Provider A. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is left blank.

Example 2: Patient referred to Provider A. The patient has their first outpatient appointment with a consultant and is diagnosed at Provider A. A decision to refer the patient to Provider B is made on the 1st April. The referral letter/request is sent on the 2nd April. Provider B receives the referral letter/request on the 3rd April. The patient is admitted for treatment on the 7th April at Provider B. Finally the patient is given a first definitive treatment on the 25th April at Provider B. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is set to the 3rd April by Provider B.

Example 3: Patient referred to Provider A. The patient has their first outpatient appointment at Provider A but is then referred to Provider B. Provider B then performs diagnostic tests before referring the patient back to Provider A. Provider A then diagnoses the patient and refers them to Provider C. Provider C receives the referral request on the 3rd April. Provider C goes on to start a first definitive treatment. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is set to the 3rd April by Provider C."

Example 4: Patient referred to Provider A. Provider begins diagnostics and refers to Provider B on 2nd April for a discussion at specialist MDT. Following MDT discussion, Provider A must

organise further tests on the patient. The patient is then referred again to Provider B on 20th April with the results of the tests. Provider B then completes investigations and treats the patient. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is set to the 20th April by Provider B.

Who is responsible for completing this field?

The responsibility for completion of this field is with the provider starting the first definitive treatment. Providers should try to agree dates prior to upload but If the referring provider disagrees with the date the treating provider submits then they should contact the treating provider to see if there has been a mistake.

RADIOTHERAPY PRIORITY	Existing Item	an1

This is the priority for this Radiotherapy Treatment Course as classified by the requesting clinician.

National Codes:

E	Emergency (treatment required within 24 hours)
U	Urgent (to include the Royal College of Radiologists Category I)
R	Routine (to include the Royal College of Radiologists Category II)
D	Elective delay (Treatment delayed for reason)

For further information on the Royal College of Radiologists Categories see the Royal College of Radiologists website.

Use in the National Cancer Waiting Times Monitoring Data Set:

RADIOTHERAPY PRIORITY must be recorded where the CANCER TREATMENT MODALITY is National Code 05 - Teletherapy (Beam radiation excluding Proton Therapy).

RADIOTHERAPY INTENT	Existing Item	an2

This is the intent of the delivered beam radiation for PATIENTS with a cancer PRIMARY DIAGNOSIS (ICD) within the range C00 to C97 or D05, as defined by the Department of Health (see Department of Health guidance at Cancer Waiting Times Documentation and Links), where the CANCER TREATMENT MODALITY recorded is National Code 05 - Teletherapy (Beam radiation excluding Proton Therapy).

National Codes:

01	Palliative
02	Anti-cancer
03	Other

DELAY REASON COMMENT (DECISION TO TREATMENT)	Existing Item	Max an255

DELAY REASON COMMENT (DECISION TO TREATMENT) is the same as the attribute DELAY REASON COMMENT.

This data item is mandatory when applicable in the National Cancer Waiting Times Monitoring Data Set. It is applicable and must be recorded if the existing 31-day standard (for referral to treatment) has been breached (after any days adjustments allowed in WAITING TIME ADJUSTMENT (TREATMENT) have been removed). It is the free text comment that describes why the maximum 31 day wait from CANCER TREATMENT PERIOD START DATE to TREATMENT START DATE (CANCER) could not be met.

If DELAY REASON (DECISION TO TREATMENT) is recorded as National Code 98 'Other reason' then DELAY REASON COMMENT (DECISION TO TREATMENT) must explain the full reason for the delay.

DELAY REASON (DECISION TO TREATMENT)	Existing Item	an2

DELAY REASON (DECISION TO TREATMENT) is the same as the attribute DELAY REASON TO TREATMENT (CANCER).

A DELAY REASON (DECISION TO TREATMENT) must be present in the National Cancer Waiting Times Monitoring Data Set where a Cancer Care Spell Delay with a DELAY REASON TO TREATMENT (CANCER) exists.

This data can also be recorded locally for prospective PATIENTS where a full histological diagnosis confirming cancer is not yet available.

WAITING TIME ADJUSTMENT (TREATMENT)	Existing Item	n3

This records the number of days that should be removed from the derived waiting time between CANCER TREATMENT PERIOD START DATE and TREATMENT START DATE (CANCER).

The recording of this data item is mandatory for all tumours, regardless of whether a national service standard is in place.

Adjustments are allowed in the following circumstances:

> When a patient pause is initiated because the PATIENT is unavailable for treatment for a specified period because of family commitments, holidays, or other (non-clinical) reasons

WAITING TIME ADJUSTMENT (TREATMENT) should only be recorded where CANCER CARE SETTING (TREATMENT) is:

> National Code 01 - Cancer treatment delivered as part of a Hospital Provider Spell (where PATIENT CLASSIFICATION is National Code - 1 Ordinary admission); or

National Code 02 - Cancer treatment delivered as part of a Hospital Provider Spell (where PATIENT CLASSIFICATION is National Code 2 - Day case admission).

WAITING TIME ADJUSTMENT REASON (TREATMENT)	Existing Item	an1

WAITING TIME ADJUSTMENT REASON (TREATMENT) is the same as the attribute WAITING TIME ADJUSTMENT REASON.

This is mandatory, whenever an adjustment is appropriate as calculated and recorded by WAITING TIME ADJUSTMENT (TREATMENT). It is the prime reason for the adjustment and where there is more than one adjustment applicable, this should be the reason for the longest calculated adjustment days.

WAITING TIME ADJUSTMENT REASON (TREATMENT) should only be recorded where CANCER CARE SETTING (TREATMENT) is National Code 01 - Cancer treatment delivered as part of an Hospital Provider Spell (where PATIENT CLASSIFICATION is National Code 1 - Ordinary admission) or National Code 02 - Cancer treatment delivered as part of a Hospital Provider Spell (where PATIENT CLASSIFICATION is National Code 2 - Day case admission).

DELAY REASON COMMENT (REFERRAL TO TREATMENT)	Existing Item	Max an255

DELAY REASON COMMENT (REFERRAL TO TREATMENT) is the same as the attribute DELAY REASON COMMENT.

This data item is mandatory when applicable in the National Cancer Waiting Times Monitoring Data Set. It is applicable and must be recorded if the existing standards were breached (after any adjustments have been made).

It is the free text comment that describes why the specified maximum 62 day wait from CANCER REFERRAL TO TREATMENT PERIOD START DATE to the TREATMENT START DATE (CANCER), less any adjustments recorded by WAITING TIME ADJUSTMENT (FIRST SEEN) and WAITING TIME ADJUSTMENT (DECISION TO TREAT) and WAITING TIME ADJUSTMENT (TREATMENT), could not be met.

DELAY REASON REFERRAL TO TREATMENT (CANCER)	Existing Item	an2

DELAY REASON REFERRAL TO TREATMENT (CANCER) is the same as attribute DELAY REASON TO TREATMENT (CANCER).

It is an optional data element and should only be present if a Cancer Care Spell Delay with a DELAY REASON TO TREATMENT (CANCER) has been recorded where the DELAY REASON INDICATOR is classification b. 'delay between urgent GP referral and date of first definitive treatment'.

DELAY REASON COMMENT (CONSULTANT UPGRADE)	Existing Item	an255

DELAY REASON COMMENT (CONSULTANT UPGRADE) is the same as attribute DELAY REASON COMMENT.

This data item is mandatory when applicable in the National Cancer Waiting Times Monitoring Data Set. It is applicable and must be recorded if the existing 62 day standard (for referral to treatment) has been breached (after any days adjustments allowed in WAITING TIME ADJUSTMENT (TREATMENT) have been removed). It is the free text comment that describes why there was a delay experienced between the Consultant Upgrade Date and the TREATMENT START DATE (CANCER).

If DELAY REASON (CONSULTANT UPGRADE) is recorded as National Code 98 'Other reason' then DELAY REASON COMMENT (CONSULTANT UPGRADE) must explain the full reason for the delay.

DELAY REASON (CONSULTANT UPGRADE)	Existing Item	an2

DELAY REASON COMMENT (CONSULTANT UPGRADE) is the same as attribute DELAY REASON TO TREATMENT (CANCER).

A DELAY REASON (DECISION TO TREATMENT) must be present in the National Cancer Waiting Times Monitoring Data Set where a Cancer Care Spell Delay with a DELAY REASON TO TREATMENT (CANCER) exists.

DELAY REASON TO TREATMENT (CANCER)	Existing Item	an2

The reason why a Cancer Care Spell Delay was experienced with regard to a Cancer Care Spell.

The national codes to be used are the same for delays between:

CANCER REFERRAL TO TREATMENT PERIOD START DATE and TREATMENT START DATE (CANCER)
DECISION TO TREAT DATE and TREATMENT START DATE (CANCER)
CONSULTANT UPGRADE DATE and TREATMENT START DATE (CANCER).

This is the reason why the Health Care Provider was unable to offer a DATE within the service standard (31 days between DECISION TO TREAT DATE and TREATMENT START DATE (CANCER), and CONSULTANT UPGRADE DATE and TREATMENT START DATE (CANCER); or 62 days between the CANCER REFERRAL TO TREATMENT PERIOD START DATE and TREATMENT START DATE (CANCER)).

National Codes:

Delays relating to diagnostic and pre-treatment events
01 Clinic cancellation

02 Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
03 Administrative delay
07 Complex diagnostic pathway (many, or complex, diagnostic tests required)
11 Diagnosis delayed for medical reasons (PATIENT unfit for diagnostic episode, excluding planned recovery period following diagnostic test)
13 Delay due to recovery after an invasive test (PATIENT DIAGNOSIS or treatment delayed due to planned recovery period following an invasive diagnostic test)
17 PATIENT choice delay relating to first outpatient APPOINTMENT
18 Health Care Provider initiated delay to diagnostic test or treatment planning
19 PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given
20 PATIENT Did Not Attend an APPOINTMENT for a diagnostic test or treatment planning event (no advance notice)
98 Other reason

Delays relating to treatment in an admitted care setting

04 Elective cancellation (for non-medical reason)
05 Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time)
10 Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test)
21 PATIENT failed to present for elective treatment (choice)
22 PATIENT care not commissioned by the English NHS (waiting time standard does not apply)
98 Other reason

Delays relating to treatment in a non-admitted care setting

01 Clinic cancellation
02 Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
10 Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test)
14 PATIENT Did Not Attend treatment APPOINTMENT
16 PATIENT Choice (PATIENT declined or cancelled an offered APPOINTMENT DATE for treatment)
22 PATIENT care not commissioned by the English NHS (waiting time standard does not apply)
98 Other reason

Notes:

If National Code 98 'Other reason' is used, the reason must be explained within DELAY REASON COMMENT (CONSULTANT UPGRADE), DELAY REASON COMMENT (REFERRAL TO TREATMENT) or DELAY REASON COMMENT (DECISION TO TREATMENT) as appropriate.

National Code 03 'Administrative delay' should not be used to record delays linked to a 'Did Not Attend' (DNA) event where a waiting time adjustment has been entered into the PATIENT record.

National Codes 04, 05, 15 and 22 can only be used where the treatment was delivered in an admitted care setting i.e. where the CANCER CARE SETTING (TREATMENT) is National Code 01 or 02.

National Codes 14 and 16 can only be used where the treatment was delivered in a non-admitted care setting i.e. where the CANCER CARE SETTING (TREATMENT) is National Code 03 or 04.

National Code 17 should only be used where DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS) is also present in the PATIENT record.

National Code 20 should not be used for any Did Not Attend (DNA) event relating to DATE FIRST SEEN. Events of this type should not constitute a delay as they can be accounted for by entering a value for WAITING TIME ADJUSTMENT (FIRST SEEN) in the PATIENT record.

National Codes 07, 11, 13,17,18,19 and 20 should only be used for Referral to Treatment type pathways, therefore these should not be used to record a value for DELAY REASON COMMENT (DECISION TO TREATMENT).

National Code 22 should only be used in instances where the non-English administration has commissioned a cancer service with similar 'target times' and data item attributes. This is to allow different commissioning arrangements to be supported by a single local administrative and clinical system.

If a delay to the pathway is due to an administrative delay in the transfer of a PATIENT from one Health Care Provider to another (an Inter-Provider Transfer or IPT) this should be recorded as National Code 03 'Administrative delay' with appropriate supporting detail given in either DELAY REASON COMMENT (REFERRAL TO TREATMENT) or DELAY REASON COMMENT (CONSULTANT UPGRADE).

WAITING TIME ADJUSTMENT REASON	Existing Item	an1

The prime reason for an adjustment to waiting time in the National Cancer Waiting Times Monitoring Data Set.

Where there is more than one adjustment applicable, this should be the reason for the longest adjustment.

National Codes:

Out-patient services

3 Did Not Attend Out-Patient Appointment where the ATTENDED OR DID NOT ATTEND is National Code 3 - Did Not Attend - no advance warning given or National Code 7 - Patient arrived late and could not be seen

9 No adjustment to waiting time

In-patient services

8 Patient pause - the PATIENT is paused on the ELECTIVE ADMISSION LIST because they have made themselves unavailable for treatment for a specified period (because of family reasons, holidays etc.)

9 No adjustment to waiting time

Notes:

Where there has been no adjustment to waiting time, default code 9 - no adjustment to waiting time should be used.

National code '3' (Did Not Attend) is only to be used, where applicable, within the field WAITING TIME ADJUSTMENT REASON (FIRST SEEN).

National code '8' (patient pause) cannot not be used, within the field WAITING TIME ADJUSTMENT REASON (FIRST SEEN) as a patient pause must be applied in relation to an OFFER OF ADMISSION for treatment.

2.2 Summary of Requirements and Conformance Criteria

The following requirements and conformance tests will be applied nationally by **NHS England**.

#	Requirement
1	NHS England MUST establish the legal basis, funding and business case for these changes.
2	NHS England MUST lead the project of implementing these changes
3	NHS England SHOULD make clear communications and guidance available for any party that is impacted by these changes.
4	NHS England MUST publish quarterly national statistics in line with the practice set out by the Office of National Statistics.
5	NHS England MUST conduct two sets of conformance tests within the implementation period in order to assess the level of success for these changes.
6	NHS England SHOULD asses the data quality and understanding of the changes once fully implemented.

This section describes the tests that can be measured to indicate that all the requirements are being conformed to.

#	Conformance Criteria
Relates to Requirement 5	In order to ensure that by 1st April 2016 the system is fully compliant a "Go / No Go" decision will be made by the end of February 2016. This decision will be based off the back of two conformance reports; the first to be completed by the 20th December 2015 and the second to be completed by the 20th February 2016. These conformance reports will look at two main aspects: - Firstly, is the proportion of data suppliers able to submit data by XML to Open Exeter above 90%? - Secondly, is the proportion of data suppliers able to submit data on the two new data items above 90%? The conformance reports will also seek feedback on the understanding of the two new data items and if the distributed guidance adequately covers the new data items. If a "No Go" decision is made due to the February conformance report giving a negative outcome due to the XML schema criteria failing then the 1st April deadline will remain for the two new data items and the one year dual running period for CSV and XML submissions will be reviewed and extended. If a "No Go" decision is made due to the February conformance report giving a negative outcome due to the new data items criteria failing then the 1st April deadline will need to be delayed depending upon how many providers are struggling to upload the required data. The dual running period between CSV and XML will continue to apply.
Relates to Requirement 6	NHS England will analyse the two new data item submissions for all Providers in April 2016. Every record is expected to have an NHS NUMBER STATUS INDICATOR CODE. Every record with a patient transfer is expected to have a record for the REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER). If these records are not present when mandatory for > 2% of records then NHS England will start a consultation with Providers in order to find the root cause of these discrepancies.
Relates to Requirement 6	All providers are expected to have ceased transmission of these data in CSV format and migrated to the new XML schema by 31st January 2017. This date is two months in advance of the 'sunset date' (1st April 2017) upon which the current CSV functionality will be withdrawn. Providers that have not transferred to the new system by this date will be asked to confirm the steps they are taking to ensure the implementation of XML based functionality in order to maintain the flow of the NCWTMDS.

In addition to these specific tests the data quality tools and validation within the CWT-Db will help assure local conformance and NHS England will carry out a full implementation review of both the definitional changes introduced by Amd 23/2011 and a second review specifically focussing on the introduction of XML format data transfer functionality in Amd 7/2015.

The following requirements and conformance tests will be applied nationally by **Open Exeter.**

#	Requirement
1	Open Exeter MUST implement the change from CSV to XML submissions into their collection system.
2	Open Exeter MUST have the ability to perform end to end live tests within the implementation period. If the end to end live tests indicates any problems, then Open Exeter MUST work with and support the data and IT system suppliers to fix and correct these errors.
3	Open Exeter SHOULD provide support to IT system suppliers and data submitters through published messages and e-mail consultation.
4	Open Exeter MUST control and enable the access of the NCWTMDS data.

The following requirements and conformance tests will be applied nationally by **IT System Suppliers.**

#	Requirement
1	The IT system suppliers MUST make the required changes to their systems to ensure that the two new data items can be submitted.
2	The IT system suppliers MUST work with Open Exeter to make the required changes to their systems so that the data can be submitted by the data suppliers to Open Exeter by XML submission.

The following requirements and conformance tests will be applied nationally by **Healthcare Organisations** (Data Suppliers) within NHS England.

#	Requirement
1	All NHS England Healthcare Organisations that provide cancer care covered by the monitored standards MUST fully conform to the prescribed changes and submit the necessary extra data on top of the currently collected data.
2	All NHS England Healthcare Organisations that provide cancer care covered by the monitored standards MUST prepare themselves during the six month implementation period to be able to submit data as an XML submission through their IT system suppliers.
3	All NHS England Healthcare Organisations that provide cancer care covered by the monitored standards MUST submit the required data by 25 working days after the

	calendar month that the activity was completed.
4	All NHS England Healthcare Organisations that provide cancer care covered by the monitored standards SHOULD check the quality of their submitted data by comparing the Open Exeter and NHS England reports with their own local systems.
5	All NHS England Healthcare Organisations that provide cancer care covered by the monitored standards SHOULD endeavour to understand the changes and contact Open Exeter or NHS England to ask any questions within a timely manner.

This section describes the tests that can be measured to indicate that all the requirements are being conformed to.

#	Conformance Criteria
Relating to requirement 1	All providers will be able to submit patient records to the CWT-Db to monitor all appropriate waiting times standards. All providers usually reporting >=5 cases per month will be expected to have a single case present in the aggregate downloads (for April 2016) made available to NHS England 25 working days after the end of April 2016 (available in June 2016)
Relating to requirement 1	All providers are expected to ensure all patient records are formatted as required by this change to the NCWTMDS, therefore able to pass validation during upload to the CWT-Db (all codes entered being current). To test this NHS England will compare reported case levels April 2016 to the previous year. Providers are expected to have reported case levels within understood variations.

3 Concept of Operation

This section describes how the NCWTMDS is used by a provider of cancer services.

3.1 Working Practices

3.1.1 Guidance Documentation

Complete guidance on how this information standard should be applied locally in managing patients against the cancer waiting times standards is available to the NHS in published guidance.

Document Name	Description
Cancer Waiting Times: A Guide	This is the main behavioural guidance document to support the use of the data set locally. The content of this document is based around specific patient scenarios, and how the policies on waiting times for cancer patients within the NHS relate to these scenarios, determining how the activity should be recorded using this data set.
National Cancer Waiting Times User Manual	This document is managed by Open Exeter and deals with the technical upload. This is updated as part of the work completed by Open Exeter for October 2015.

All guidance documentation, along with complete documentation for the CWT-Db and a complete set of PRIMARY DIAGNOSIS codes in ICD-10 format covered by (or excluded from) this data set is available to users in electronic format at:
http://systems.hscic.gov.uk/ssd/cancerwaiting/documentation

3.1.2 Guidance for Stakeholders

The following guidance is available to all the key stakeholders following the ISN issuing. This message will be repeated once the changes are confirmed by ISAS.

"The change to XML Schema does not affect any of the reporting of cancer waiting times unless an unknown error occurs.

The inclusion of the data item "NHS NUMBER STATUS INDICATOR CODE" has no effect on the reporting or monitored standards.

The inclusion of the data item "REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)" has no effect on the monitored standards. This data item provides management information about the date of the last transfer of a patient. This transfer date relates to when the provider that finally treats the patient receives the referral request for a patient transfer from another provider. This data item does not cover any patient transfer before the final one. In some cases patients will have their last transfer early on in their pathway (before being diagnosed) but this transfer will still count as the last one and be recorded in this data item."

3.1.3 Guidance for Healthcare Organisations (Data suppliers)

The following Guidance will be put up on the Open Exeter homepage at the same time as the official announcement in October 2015 giving a point of contact for any concerns. *"The change to XML schema is to align Cancer Waiting Times with other data sets and to enable quicker and smoother transfer of information around the NHS. If changing to XML schema is a concern or causes any problems you must contact the Open Exeter Helpdesk."*

The following guidance is included in the Cancer Waiting Times: A Guide – Version 8.1 and will be included in the update, version 9, due to be published in autumn 2015.

Section - Annex: National Cancer Data Set: Waiting Times Subset (NCWTMDS)/Patient Information

The "NHS NUMBER STATUS INDICATOR CODE" is a code which indicates what checks have been conducted on the "NHS NUMBER" submitted. This data item is intended to increase the data quality of the data set and ensure that the NHS NUMBER is not entered in error. The permitted national codes that can populate this field are:

01 Number present and verified
02 Number present but not traced
03 Trace required
04 Trace attempted - No match or multiple match found
05 Trace needs to be resolved - (NHS Number or PATIENT detail conflict)
06 Trace in progress
07 Number not present and trace not required
08 Trace postponed (baby under six weeks old)

Section – Treatments/Transfer to Treatment Date

The transfer of patients on a 62 day pathway between providers is called an Inter-Provider Transfer. The date when this occurs has in the past been ambiguous. In order to clarify this situation the REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) data item was introduced into CWT-Db in April 2016. This data item should only be populated for the last transfer in a patient's pathway prior to the first definitive treatment. In addition the guidance behind it can be used for all Inter-Provider Transfers even if they are not required to be recorded in the data base.

The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is populated by the date in the local patient administration service with the same name. This field should be populated for any patient who sees two or more providers during their cancer care. If a patient is transferred between more than two providers this field is only populated with the last transfer to the provider starting the first definitive treatment. Some example scenarios are shown:

Example 1: Patient referred to Provider A. The patient has their first outpatient appointment with a consultant, is diagnosed and treated at Provider A. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is left blank.

Example 2: Patient referred to Provider A. The patient has their first outpatient appointment with a consultant and is diagnosed at Provider A. A decision to refer the patient to Provider B is made on the 1st April. The referral letter/request is sent on the 2nd April. Provider B receives the referral letter/request on the 3rd April. The patient is admitted for treatment on the 7th April at Provider B. Finally the patient is given a first definitive treatment on the 25th April at Provider B. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is set to the 3rd April by Provider B.

Example 3: Patient referred to Provider A. The patient has their first outpatient appointment at Provider A but is then referred to Provider B. Provider B then performs diagnostic tests before referring the patient back to Provider A. Provider A then diagnoses the patient and refers them to Provider C. Provider C receives the referral request on the 3rd April. Provider C goes on to start a first definitive treatment. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is set to the 3rd April by Provider C."

Example 4: Patient referred to Provider A. Provider begins diagnostics and refers to Provider B on 2nd April for a discussion at specialist MDT. Following MDT discussion, Provider A must organise further tests on the patient. The patient is then referred again to Provider B on 20th April with the results of the tests. Provider B then completes investigations and treats the patient. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is set to the 20th April by Provider B.

Who is responsible for completing this field?

The responsibility for completion of this field is with the provider starting the first definitive treatment. If the referring provider disagrees with the date the treating provider submits then they should firstly contact the treating provider to see if there has been a mistake.

Section - Annex: National Cancer Data Set: Waiting Times Subset (NCWTMDS)/Dates

The "REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)" is the date of the last transfer of a patient to the provider that starts the first definitive treatment.

This field is populated by the date in the local patient administration service with the same name. For any patient who during their cancer care sees two or more providers, this field should be populated. If a patient is transferred between more than two providers this field is only populated with the last transfer to the provider starting the first definitive treatment. Some example scenarios are shown:

Example 1: Patient referred to Provider A. The patient has their first outpatient appointment with a consultant, is diagnosed and treated at Provider A. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is left blank.

Example 2: Patient referred to Provider A. The patient has their first outpatient appointment with a consultant and is diagnosed at Provider A. A decision to refer the patient to Provider B is made on the 1st April. The referral letter/request is sent on the 2nd April. Provider B receives the referral letter/request on the 3rd April. The patient is admitted for treatment on the 7th April at Provider B. Finally the patient is given a first definitive treatment on the 25th April at Provider B. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is the 3rd April and recorded by Provider B.

Example 3: Patient referred to Provider A. The patient has their first outpatient appointment at Provider A but is then referred to Provider B. Provider B then performs diagnostic tests and diagnoses the patient and refers them to Provider C. Provider C receives the referral request on the 3rd April. Provider C goes on to start a first definitive treatment. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is the 3rd April and recorded by Provider C.

Example 4: Patient referred to Provider A. Provider begins diagnostics and refers to Provider B on 2nd April for a discussion at specialist MDT. Following MDT discussion, Provider A must organise further tests on the patient. The patient is then referred again to Provider B on 20th April with the results of the tests. Provider B then completes investigations and treats the patient. The REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) is set to the 20th April by Provider B.

Who is responsible for completing this field?

The responsibility for completion of this field is with the provider starting the first definitive treatment. Providers should try to agree dates prior to upload but if the referring provider disagrees with the date the treating provider submits they should contact the treating provider to see if there has been a mistake.

3.1.4 Data Upload Schema Documentation

The changes to the NCWTMDS introduced by SCCI0147 have been implemented specifically to allow the transmission of these data in XML message format.

XML format messaging will become the primary format for the transmission of NCWTMDS records on 1st April 2017. The National Cancer Waiting Times Monitoring Data Set XML Schema is available to download here:
https://isd.hscic.gov.uk/trud3/user/guest/group/0/pack/36

Conformance with the new XML transmission standard will be formally tested in December 2015. Organisations who have not yet converted from CSV are expected to give a timetable for their transition. Organisations not in a position to be submitting data in XML format on 20th February 2016 will be considered non-conformant with this data standard.

To support the NHS in transitioning from the current CSV based submission system, including time to implement new technologies to support XML transmission, there will be dual running of the CSV based upload system and the new XML compatible platform until 31 March 2017. CSV format submissions should be as specified in CSV Upload Schema V1.5.3 available to NHS users at http://systems.hscic.gov.uk/ssd/cancerwaiting/documentation. Non-NHS staff developing systems to support collection of the NCWTMDS can request these details from Open Exeter

Any data transmitted in XML format to the CWT-Db is subject to the same validation criteria upon landing as is applied to upload of CSV format data or those entries made on-line via the 'Record Screen'.

3.2 Information Governance

3.2.1 Cancer Waiting Times Database Hosting

The NCWTMDS is transmitted, validated, stored and analysed within the CWT-Db. This NCWTMDS is accessed and managed through a series of secure web-enabled screens, currently providing the options of data entry either by direct entry or CSV upload, with XML functionality phased in following the changes to the data set. All of these processes are fully password protected via the Open Exeter system. As the system is hosted within the Exeter environment by the HSCIC it makes full use of the Secure Socket Layer (SSL) and encryption technologies employed by that portal.

3.2.2 Access to NCWTMDS Data within the CWT-Db

Access to all NCWTMDS data held within the CWT-Db, including identifiable and non-identifiable fields, is strictly managed via a system of Role Based Access Control (RBAC), with permissions granted to users on the basis of organisational needs.

The different RBAC levels can be summarised as follows:

- HSCIC Technical Support personnel – can access all parts of the system and the data stored in it in order to: assess and resolve support issues; undertake database maintenance functions; perform job scheduling and to undertake large data download activities as required.
- HSCIC System administrators – can access the Administration functions of the CWT-Db in order to undertake the activities of registration and password maintenance.
- Acute Provider users – can access the functions that deal with data set creation and amendment. This includes access to both the individual data set entry screen and the XML upload system. In addition, these users are granted access to the data extraction function in order to undertake data quality activities. This user level is fully identifiable in line with business needs. Acute provider users can also download aggregate (version controlled) reports on performance and compliance for dissemination within their organisations.
- Clinical Commissioning Groups users - can access anonymised downloads of patient level information and aggregate (version controlled) reports on performance and compliance for both their managed population and any provider they have performance management responsibilities for.
- Regions and Strategic Clinical Network users – can access anonymised downloads of patient level information and aggregate (version controlled) reports on performance and compliance for both their managed population and any provider they have performance management responsibilities for based on geographies and the organisational relationships published by the Organisation Data Service (ODS).
- NHS England staff – can access anonymised and aggregate data sets in order to publish Official and National Statistics to support public and parliamentary accountability; and
- Cancer Registries within the United Kingdom Association of Cancer Registries (UKACR) – have access to identifiable data for the purposes of cancer registration.

These RBAC levels are kept under review and reconsidered at any point additional CWT-Db functionality using this data set is made available to users. These levels of user access are correct at the time of publication.

3.2.3 Anonymisation

Within the RBAC structure described above, only those users defined in the HSCIC direction approval for the use of this data set have the access rights enabling them to view patient identifiers (NHS NUMBER). All other users see either aggregate data or a pseudonymised identifier.

Rather than pseudonymisation of the NHS NUMBER using an algorithm a system has been incorporated into the CWT-Db which assigns an anonymous nine-digit (an9) identifier to each unique NHS NUMBER entered into the system. This identifier, along with the record number (the internal primary key of the CWT-Db), is used in all anonymised outputs. This anonymous identifier was given a nine digit format to differentiate it from the NHS NUMBER. These identifiers are assigned sequentially as patient records are created on the system.

These anonymised identifiers are available to both commissioner and provider users and give a common frame of reference, supporting discussions on performance and Service Level Agreements (SLA) that do not include patient identifiers.

3.2.4 Permissions and Governance

The NCWTMDS is transmitted to and stored on the CWT-Db and is intended for use as a secondary data source, supporting the local management of patient pathways of care. These data are collected under licence from the Direction under section 254 of the Health and Social Care Act 2012, accompanied by the section 259 notice issued by HSCIC.

The data set collected retains all of the security and anonymisation practices previously agreed with the Confidentiality Advisory Group (CAG). Therefore no change has been created that will have an impact on the approval status of the ongoing data collection.

This revised data set has a reduced emphasis on using free text fields to analyse reasons for delays, providing more scope to use code structures within data items. It is anticipated that over time local use of the NCWTMDS will adapt to this more accurate coding structure, reducing the free-text detail within the data fields such as DELAY REASON COMMENT, thus lowering the chance of disclosure through free text description.

In the event of any organisational or structural change within the NHS, NHS England will continue to work with the CAG through the annual reapplication and evaluation process to ensure this data set remains secure, appropriate and in line with current best practice.

3.3 Clinical Governance

The NCWTMDS is not directly used for patient care and is only used for management purposes and/or secondary uses such as cancer registration and the production of national and official statistics.

3.4 Data Quality

Data quality in the current NCWTMDS is based around user validation, both locally prior to upload to the CWT-Db, and after upload via a set of tools provided by the HSCIC to support a

full data quality analysis of the submitted records. It is appropriate for this second phase of data quality analysis to happen after submission as the CWT-Db will merge patient level data from multiple providers to create a complete record relating to an entire patient pathway. This user-based validation is supported by a set of validation rules and record matching algorithms that are automated within the CWT-Db processes.

Data Quality assurance of the patient records conforming to the NCWTMDS can be broken down into three distinct phases: initial local validation, automated validation and post upload validation.

3.4.1 Initial Local Validation

Irrespective of the implementation of this change to the existing NCWTMDS these data will continue to be drawn from local systems where this data set (or data sets that contribute to the NCWTMDS) are used to manage patient care. The use of this data set within the CWT-Db and for commissioning and management purposes remains a secondary use of these data.

As these data are extracted from or derived from data sets on local management systems the basic validation will have already been undertaken to enable these data to be used locally. This local validation includes tracing the patient against the Personal Demographics Service (PDS) to ensure the correct NHS NUMBER is transmitted to the CWT-Db within the NCWTMDS.

3.4.2 Automated Validation – Single Field Checks (Stage 1)

When a user posts a record to the CWT-Db the first automated step taken is an initial validation check on the records in the upload file. Single field validation checks designed to ensure that codes included in fields are valid, e.g. NHS Number must be a valid 10 digit NHS number, are carried out at this point in the process. If any errors are found the CWT-Db displays these to the user who must correct the records at source, re-create and re-upload the file.

Following this first, simple, single field validation the file submitted by the user will be placed within an upload queue within the CWT-Db. Within the uploaded file two, more complex, single field validations are carried out:

> The NHS NUMBER must be in the correct format and all instances must be valid numbers that exist within PDS (the Personal Demographics Service), which is the master patient index for this system.
>
> All instances of ORGANISATION CODE within the submitted data must relate to valid registered organisations (at the time of the activity taking place) within the ODS organisation lists (including central organisation codes for national systems and private providers where applicable).

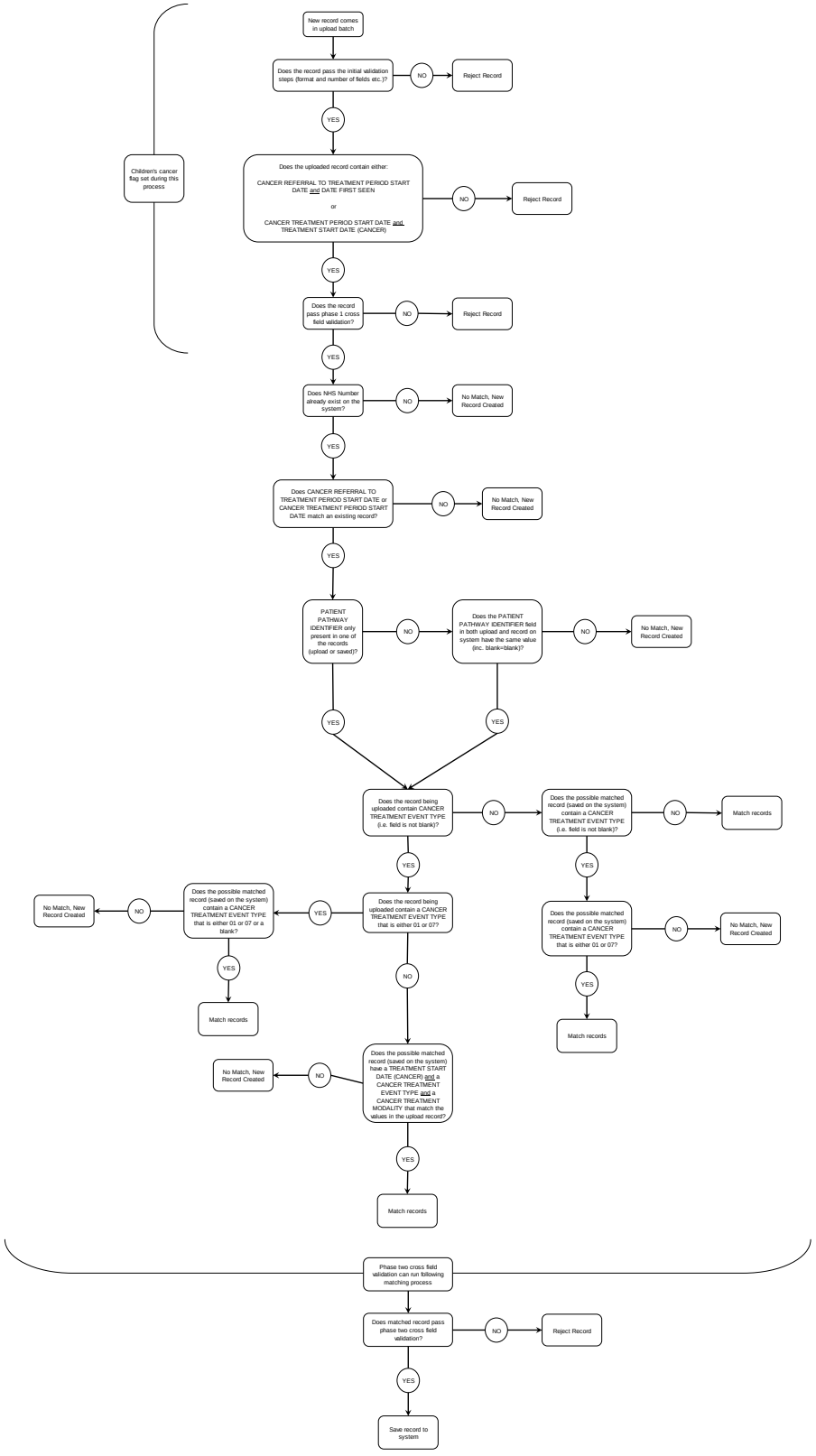
Individual records with errors are notified to the user. The remaining records are then processed through a cross field batch validation process and moved into the main database table if they pass.

3.4.3 Automated Validation – Cross Field Checks (Stage 2)

As uploaded records are processed from the upload queue in the CWT-Db more complex validations are carried out. These are broken down into two phases of validation. Phase one of the cross field validation contains those validation rules that can be applied to an uploaded record that conforms to one of the scenarios listed in section 2.1.1 of this document. These are simpler cross field validations that only use data items contained within the uploaded record. Examples of these include:

> If PRIORITY TYPE CODE is '3' (Two Week Wait) then CANCER REFERRAL TO TREATMENT PERIOD START DATE must not be blank;
>
> If present, DECISION TO REFER (CANCER AND BREAST SYMPTOMS) cannot be after CANCER REFERRAL TO TREATMENT PERIOD START DATE; and
>
> CANCER REFERRAL TO TREATMENT PERIOD START DATE cannot be after CONSULTANT UPGRADE DATE.

If a record passes all of the cross field validation checks carried out here in stage 1 the CWT-Db then seeks to match it to an existing record on the system. This may be to update existing centrally held data or for the purpose of merging an out-patient record for the two week wait (scenario 1) with that covering the patient's later treatment for cancer (scenario 2) to enable the entire 62-day period to be monitored. The following diagram explains the logic used to carry out this process:



Following the identification of a potential merger of any patient records the cross field validations carried out in phase one are repeated to ensure the record remains valid

following any update. Next, a new set of cross field validation checks (phase 2) is carried out. This second set of validation checks is more complex and include comparisons of data items that relate to entire patient pathways, not just those contained within the specific scenario data that is being uploaded. The data being validated at this phase may relate to a patient pathway that crosses multiple providers of care who may have each uploaded a specific part of the total data set. Examples of these validation rules include:

> If SOURCE OF REFERRAL FOR OUTPATIENTS is equal to '17' (Referral from a National Screening Programme) and PRIORITY TYPE CODE is equal to '2 (urgent)' or '3' (two week wait) then CONSULTANT UPGRADE DATE must be left blank; and
>
> If PRIORITY TYPE CODE is '3' (Two Week Wait) and the calculated period between CANCER REFERRAL TO TREATMENT PERIOD START DATE and TREATMENT START DATE (CANCER) is greater than 62 days ((after any adjustment to the calculated waiting time) DELAY REASON (REFERRAL TO TREATMENT) must not be blank.

If at this stage all validation rules applied to the uploaded data set are passed the record is saved onto the main data table of the CWT-Db, with any preceding version being saved to an audit file. This does not mean that the record has been fully validated, only that it has passed these specific data quality checks.

3.4.4 Post Upload Validation

After uploading the complete NCWTMDS to the CWT-Db but before the cut-off date 25 working days after the end of the reporting month or quarter, local NHS users will have completed the validation of their data. In this they are expected to ensure it has been both correctly entered into the central system and that the record matching process describe in section 3.4.3 has functioned as expected. To enable local users to carry out this task several tools are available to the local user. These tools are:

- A Download Function – This enables the local user to download the complete current patient record for any patient they have created on the CWT-Db. These data sets include both the proportion of the patient record relating to that provider and any activity relating to earlier or later, activity at other providers. This facilitates any local validation the provider wishes to carry out to assure their data. This is the most reliable form of validation provided as it does not rely on centrally defined queries which may miss minor, infrequent, inconsistencies.

- Draft Reports – These are made available to the provider prior to the 25th working day deadline and are based on the live data within the CWT-Db. They are only intended to give the user an indication of what their data will show following publication to identify significant variation from local understanding. They are not intended for reporting as the data set used is not version controlled; this is clearly notified to the user.

- The "Orphan Record" Query – This data quality tool is designed to identify patient records that have not been matched and merged by the CWT-Db using the algorithm illustrated in section 3.4.3. The records are identified based on a series of parameters including dates, timespans, referral types and NHS Number, and presented to the user. The user is then expected to take any relevant action prior to the 25th working day reporting deadline.

- The "Duplicate Record" Query – This data quality tool identifies possible duplicate records, created because inconsistent data did not allow correct matching and updating to the user. The user is then expected to take any relevant action prior to the 25th working day reporting deadline; and

- The "Missing Item" Query – The scenarios presented in the NCWTMDS specify which data items should be present and validated by 1700 on the 25th working day after the end of the reporting period. In validating this data set the CWT-Db recognises that the record structure is open and that these data must only be completed at the reporting deadline. This fits with local operational practices, where the complete set of clinical information may not be available on Patient Administration Systems, or a local cancer system, until significantly after any procedure has taken place. Examples of this include the full histologically verified PRIMARY DIAGNOSIS, reported using ICD-10. This data item is often delayed locally because it requires analysis by a pathology laboratory. In these cases the CWT-Db will allow some data items to follow at a later date, providing they are present by the deadline. This tool enables local users to confirm that the records are complete, with all data items specified in the NCWTMDS mandate present at the reporting deadline.

3.4.5 Audit

To support local assurance of the centrally held data set the CWT-Db provides an interactive audit function, this allows users to identify every change to the records for a specific individual. This is accessed within the secure Exeter environment by users in NHS providers and supplies both detailed field by field notes of revisions and an overview of when revisions are taking place.

4 Supporting Information

4.1 Technical Architecture

Currently the NCWTMDS is collected, managed, stored and analysed centrally within the secure environment of the CWT-Db. Previous sections of this document give specific details of some aspects of this system as it relates to governance, management and validation.

The CWT-Db is hosted nationally within the secure Exeter environment and allows providers with appropriate access rights to manage the use of the NCWTMDS to support service delivery and oversight. The NCWTMDS can then be accessed (as appropriate) by providers, regions, commissioners, strategic clinical networks and NHS England to provide reports and feedback on current levels of achievement and service provision.

As the patient moves through the stages of referral, diagnosis and treatment, data about the patient's care is collected. Whilst the decisions on how to collect this information and at what point to submit it for national analysis lies with the individual providers; the data items themselves, the deadlines for submission of the data and the way in which the submission should be made have been set out nationally.

In broad terms the CWT-Db system functionality can be broken down into two types of activity: the acceptance of NCWTMDS information at the data set level (including partial data sets) and the provision of analysis work carried out on the data.

4.2 Examples

For examples and scenarios of how this data standard is applied in relation NHS services, specific patient pathways or clinical events please see Cancer Waiting Times: A Guide v8.1 available to download at: Cancer Waiting Times Documentation and Links. This document explains how the data set should be used in all clinical circumstances for cancer patients within scope of this collection.

5 Glossary of Terms

These are the acronyms and common terms used within this specification document:

Term	Acronym	Definition
Department of Health	DH	
Confidentiality Advisory Group	CAG	
Comma Separated Value	CSV	The comma-separated value (CSV) format is a file format used to store tabular data in which numbers and text are stored in plain-text form. This is the current format for the transmission of this data set to the CWT-Db
Cancer Waiting Times Database	CWT-Db	The method of transmitting, storing, aggregating and controlling access to this data set.
Cancer Waiting Times Database User Group	CWT-UG	The expert user group for the CWT-Db who have helped develop this data set.
Cancer Outcomes and Services Dataset	COSD	The COSD is the national standard for reporting cancer in the NHS in England.
Information Governance	IG	Information governance is a framework or umbrella term. It informs the NHS and its partner organizations of the processes and procedures that it must have to ensure: patient confidentiality is respected; patient records are held in secure conditions; and information about patients is recorded clearly and accurately, so that it can be easily read and relied upon by providers of care.
National Cancer Waiting Times Monitoring Data Set	NCWTMDS	The data set used to manage and monitor cancer waiting times, the subject of this change request.

Term	Acronym	Definition
Extensible Markup Language	XML	Extensible Markup Language (XML) is a set of rules for encoding documents in machine-readable form. It is proposed as the new format to be introduced for the transmission of this data set to the CWT-Db.