

Type: Change Request
Reference: 1716
Version No: 1.0
Subject: National Cancer Waiting Times Monitoring Data Set Version 2.1
Effective Date: 1 October 2020
Reason for Change: Change to Information Standards
Publication Date: 1 April 2020

Background:

The National Cancer Waiting Times Monitoring Data Set Version 2 was approved by the Data Coordination Board (DCB) as: [DCB0147: National Cancer Waiting Times Monitoring Data Set](#).

A number of changes have been identified since the last version, and the National Cancer Waiting Times Monitoring Data Set Version 2.1 includes:

- Amendments to National Code values and descriptions
- New Data Items
- Retirement of Data Items
- Removal of items that are collected in the Cancer Outcomes and Services and Radiotherapy Data Sets.

To support the Information Standard, this Change Request:

- Updates the NHS Data Model and Dictionary to introduce National Cancer Waiting Times Monitoring Data Set Version 2.1
- Provides a link to the Technology Reference Data Update Distribution Service (TRUD) for download of the National Cancer Waiting Times Monitoring Data Set XML Schema Version 2.1.

To view a demonstration on "How to Read an NHS Data Model and Dictionary Change Request", visit the NHS Data Model and Dictionary help pages at: https://www.datadictionary.nhs.uk/Flash_Files/changerequest.htm.

Note: if the web page does not open, please copy the link and paste into the web browser.

Summary of changes:

Data Set

[NATIONAL CANCER WAITING TIMES MONITORING DATA SET](#)

Changed Dataset,
Description

Supporting Information

[NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW](#)

Changed Dataset,
Description

[NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS](#)

Changed Dataset,
Description

[RAPID DIAGNOSTIC CENTRE](#)

New Supporting Information

[RAPID DIAGNOSTIC CENTRE PATHWAY](#)

New Supporting Information

[XML SCHEMA TRUD DOWNLOAD](#)

Changed Dataset

Class Definitions

[CARE PLAN](#)

Changed Attributes

[CATEGORY VALUED PERSON OBSERVATION](#)

Changed Attributes

[PATIENT PATHWAY](#)

Changed Attributes, Dataset

[REFERRAL REQUEST](#)

Changed Attributes

Attribute Definitions

[ACTIVITY DATE](#)

Changed Dataset

[ACTIVITY DURATION](#)

Changed Dataset

[CANCER CARE SETTING FOR TREATMENT](#)

Changed Dataset

[CANCER CARE SPELL DELAY REASON](#)

Changed Dataset

[CANCER CARE SPELL DELAY REASON COMMENT](#)

Changed Dataset,
Description

CANCER DIAGNOSTIC REFERRAL ROUTE	New Attribute
CANCER FASTER DIAGNOSIS PATHWAY END REASON	Changed Dataset, Description
CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON	Changed Dataset, Description
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	Changed Dataset, Description
CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER	Changed Dataset
CANCER TREATMENT EVENT TYPE	Changed Dataset, Description
CANCER TREATMENT MODALITY	Changed Dataset, Description
CARE PROFESSIONAL TYPE	Changed Dataset
CLINICAL CLASSIFICATION CODE	Changed Dataset
CLINICAL TRIAL INDICATOR	Changed Dataset
DECISION TO REFER DATE	Changed Dataset
METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY	Changed Dataset
MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR (RETIRED) renamed from MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR	Changed Name, status to Retired, Dataset, Description
NHS NUMBER	Changed Dataset
NHS NUMBER STATUS INDICATOR CODE	Changed Dataset
ORGANISATION IDENTIFIER	Changed Dataset
PATIENT PATHWAY IDENTIFIER	Changed Dataset
PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY	Changed Dataset
PRIORITY TYPE	Changed Dataset, Description
PROSTATE CANCER CLINICAL RISK CATEGORY	New Attribute
RADIOTHERAPY PRIORITY	Changed Dataset
RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR	New Attribute
REFERRAL REQUEST RECEIVED DATE	Changed Dataset
SERVICE REQUEST DATE	Changed Dataset
SOURCE OF REFERRAL FOR OUT-PATIENTS	Changed Dataset
TUMOUR OR LESION LATERALITY	Changed Dataset
TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE	Changed Dataset, Description
WAITING TIME ADJUSTMENT REASON	Changed Dataset, Description
Data Elements	
CANCER CARE SETTING (TREATMENT)	Changed Dataset
CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)	Changed Dataset
CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)	Changed Dataset
CANCER CARE SPELL DELAY REASON (FIRST SEEN)	Changed Dataset
CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	Changed Dataset
CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)	Changed Dataset
CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)	Changed Dataset
CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)	Changed Dataset
CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)	Changed Dataset
CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	Changed Dataset
CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)	Changed Dataset
CANCER DIAGNOSTIC REFERRAL ROUTE	New Data Element
CANCER FASTER DIAGNOSIS PATHWAY END DATE	Changed Dataset
CANCER FASTER DIAGNOSIS PATHWAY END REASON	Changed Dataset
CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON	Changed Dataset
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	Changed Dataset
CANCER REFERRAL TO TREATMENT PERIOD START DATE	Changed Dataset
CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)	Changed Dataset
CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)	Changed Dataset
CANCER TREATMENT EVENT TYPE	Changed Dataset
CANCER TREATMENT MODALITY	Changed Dataset

CANCER TREATMENT PERIOD START DATE	Changed Dataset
CARE PROFESSIONAL TYPE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY) renamed	Changed Name, Dataset
from CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	
CLINICAL TRIAL INDICATOR	Changed Dataset
CONSULTANT UPGRADE DATE	Changed Dataset
DATE FIRST SEEN	Changed Dataset
DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)	Changed Dataset
METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)	Changed Dataset
MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR (RETIRED) renamed	Changed Name, linked
from MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR	Attribute, status to Retired, Dataset, Description
MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)	Changed Dataset
NHS NUMBER	Changed Dataset
NHS NUMBER STATUS INDICATOR CODE	Changed Dataset
ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)	Changed Dataset
ORGANISATION IDENTIFIER (RECEIVING)	Changed Dataset
ORGANISATION IDENTIFIER (REFERRING)	Changed Dataset
ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)	Changed Dataset
ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)	Changed Dataset
ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)	Changed Dataset
ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)	Changed Dataset
ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)	Changed Dataset
PATIENT PATHWAY IDENTIFIER	Changed Dataset
PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)	Changed Dataset
PRIMARY DIAGNOSIS (ICD)	Changed Dataset
PRIORITY TYPE CODE	Changed Dataset
PROSTATE CANCER CLINICAL RISK CATEGORY	New Data Element
RADIOTHERAPY PRIORITY	Changed Dataset, Description
RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR	New Data Element
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)	Changed Dataset
SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)	Changed Dataset
SOURCE OF REFERRAL FOR OUT-PATIENTS	Changed Dataset
TREATMENT START DATE (CANCER)	Changed Dataset
TUMOUR LATERALITY	Changed Dataset
TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE	Changed Dataset
WAITING TIME ADJUSTMENT (FIRST SEEN)	Changed Dataset, Description
WAITING TIME ADJUSTMENT (TREATMENT)	Changed Dataset
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	Changed Dataset, Description
WAITING TIME ADJUSTMENT REASON (TREATMENT)	Changed Dataset, Description
<u>XML Schema Constraint</u>	
NATIONAL CANCER WAITING TIMES MONITORING DATA SET CONSTRAINTS	New XML Schema Constraint

Date: 1 April 2020

Sponsor: Cally Palmer, National Cancer Director, NHS England and NHS Improvement

Note: New text is shown with a blue background. Deleted text is crossed out. Retired text is shown in grey. Within the Diagrams deleted classes and relationships are red, changed items are blue and new items are green.

NATIONAL CANCER WAITING TIMES MONITORING DATA SET

Change to Data Set: Changed Dataset, Description

[National Cancer Waiting Times Monitoring Data Set Overview](#)

For a "Full Screen" view, click [National Cancer Waiting Times Monitoring Data Set](#).

In the "Full Screen" view, to return to the "Data Set" view, click the browser "back" button.

See [Patient Pathway Scenarios](#), for the scenarios which show:

- the data items required for a range of health care scenarios and
- information on how records will be validated to ensure these scenarios have been correctly reported.

The Mandatory or Required (M/R/O) column indicates the recommendation for the inclusion of data.

- M = Mandatory: this data element is mandatory and the technical process (e.g. submission of the data set, production of output etc.) cannot be completed without this data element being present
- R = Required: NHS business processes cannot be delivered without this data element. Required data elements may not be applicable to all [PATIENT PATHWAYS](#), see [Patient Pathway Scenarios](#) for further details
- O = Optional: the inclusion of this data element is optional as required for local purposes.

For guidance on downloading the XML Schema, see [XML Schema TRUD Download](#).

PATIENT AND PATHWAY IDENTIFICATION

To carry Patient and Pathway details. One occurrence of this group is required.	
M/R/O	Data Set Data Elements
M	NHS NUMBER
M	NHS NUMBER STATUS INDICATOR CODE
R	PATIENT PATHWAY IDENTIFIER
R	ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)

OUTPATIENT SERVICES

To carry Outpatient Services details. One occurrence of this group is permitted.	
M/R/O	Data Set Data Elements
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	ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)
R	DATE FIRST SEEN
R	ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)
R	WAITING TIME ADJUSTMENT (FIRST SEEN)
R	WAITING TIME ADJUSTMENT REASON (FIRST SEEN)
R	CANCER CARE SPELL DELAY REASON (FIRST SEEN)
O	CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)
R	CANCER DIAGNOSTIC REFERRAL ROUTE
R	RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR

MULTIDISCIPLINARY TEAM ACTIVITY

To carry Multidisciplinary Team Activity details. One occurrence of this group is permitted.	
M/R/O	Data Set Data Elements
R	MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR
R	MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)

PATIENT STATUS AND DIAGNOSIS

To carry Patient Status and Diagnosis details. One occurrence of this group is required.	
M/R/O	Data Set Data Elements
M	CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS

R	PRIMARY DIAGNOSIS (ICD)
R	TUMOUR LATERALITY
R	CANCER TREATMENT PERIOD START DATE
R	ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)
R	SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)
R	REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)
R	ORGANISATION IDENTIFIER (REFERRING)
R	ORGANISATION IDENTIFIER (RECEIVING)
R	CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)
R	CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)
R	REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) Multiple occurrences of this item are permitted
R	PROSTATE CANCER CLINICAL RISK CATEGORY
R	CANCER FASTER DIAGNOSIS PATHWAY END REASON
R	PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)
R	CANCER FASTER DIAGNOSIS PATHWAY END DATE
R	CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)
O	CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)
R	CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON
Ø	CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)
Ø	METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)
O	CARE PROFESSIONAL TYPE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)
O	METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)
R	ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)
R	SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) Multiple occurrences of this item are permitted
R	ORGANISATION IDENTIFIER (REFERRING) Multiple occurrences of this item are permitted
R	ORGANISATION IDENTIFIER (RECEIVING) Multiple occurrences of this item are permitted
O	CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) Multiple occurrences of this item are permitted
O	CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) Multiple occurrences of this item are permitted

TREATMENT EVENTS

To carry Treatment Event details.
One occurrence of this group is permitted.

M/R/O	Data Set Data Elements
R	TREATMENT START DATE (CANCER)
R	ORGANISATION SITE IDENTIFIER (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 PRIORITY
R	CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)
O	CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)
R	WAITING TIME ADJUSTMENT (TREATMENT)
R	WAITING TIME ADJUSTMENT REASON (TREATMENT)
R	CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)
O	CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)
R	CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)
O	CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)

Introduction:

The information in the [National Cancer Waiting Times Monitoring Data Set](#) is required to provide details on cancer [SERVICES](#) in England. This enables the performance monitoring of [Health Care Providers](#) and [Clinical Commissioning Groups](#) in order to maintain and increase standards across England.

Cancer Waiting Times data relates to: Cancer Waiting Times data relates to the waiting time requirements outlined in the:

- the waiting time requirements outlined in the '[NHS Cancer Plan \(2000\)](#)' and the '[Cancer Reform Strategy \(2007\)](#)' and
- a performance standard that [PATIENTS](#) should wait no longer than 28 days from initial referral by a [GENERAL PRACTITIONER](#) to diagnosis or ruling out of cancer (the 28 Day Faster Diagnosis Standard) introduced by the Independent Cancer Taskforce, '[Achieving World Class Cancer Outcomes](#)':
- '[NHS Cancer Plan \(2000\)](#)'
- '[Cancer Reform Strategy \(2007\)](#)'
- '[Improving Outcomes: A Strategy for Cancer \(2011\)](#)' and
- '[Achieving World-Class Cancer Outcomes: Taking the strategy forward \(2016\)](#)'.

The '[Cancer Reform Strategy \(2007\)](#)' introduced new and changed commitments in terms of service standards for cancer [PATIENTS](#) that must be met. A Review of Cancer Waiting Times Standards was carried out by the [Department of Health and Social Care](#) and published alongside '[Improving Outcomes: A Strategy for Cancer \(2011\)](#)'. The [National Cancer Waiting Times Monitoring Data Set](#) supports waiting times which are defined on the [NHS Digital](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).

The [National Cancer Waiting Times Monitoring Data Set](#) supports the continued management and monitoring of the following waiting times:

- A maximum two week wait from an urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to [DATE FIRST SEEN](#) by a specialist for all suspected cancers
- A maximum 28 day wait from an urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to having cancer either diagnosed or ruled out ([CANCER FASTER DIAGNOSIS PATHWAY END DATE](#)), or [DECISION TO TREAT DATE](#), whichever comes first, for all suspected cancers
- A maximum 28 day wait from referral for breast symptoms (where cancer is not initially suspected) to having cancer either diagnosed or ruled out ([CANCER FASTER DIAGNOSIS PATHWAY END DATE](#)), or [DECISION TO TREAT DATE](#), whichever comes first, for all suspected cancers
- A maximum 28 day wait from a referral to an Assessment [CLINIC OR FACILITY](#) following the identification of an abnormality by an NHS Cancer [Screening Service](#) to having cancer either diagnosed or ruled out ([CANCER FASTER DIAGNOSIS PATHWAY END DATE](#)), or [DECISION TO TREAT DATE](#), whichever comes first, 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 [GENERAL PRACTITIONER](#) referral for suspected cancer to [First Definitive Treatment](#) for all cancers
- A maximum one month (31 day) wait from urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to [First Definitive Treatment](#) for children's cancers, testicular cancers and acute leukaemia
- A maximum 62 day wait from referral from an NHS Cancer [Screening Programme](#) to [First Definitive 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 Definitive 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](#).

Patient Pathway Scenarios:

The [Patient Pathway Scenarios](#) for the [National Cancer Waiting Times Monitoring Data Set](#) are to be used to manage the collection of data for all [PATIENTS](#) suspected of having, or diagnosed with cancer.

Transmission:

- Data can be transmitted to the Cancer Waiting Times System through any of three routes:
 - Bulk upload via an XML file
 - Bulk upload via a CSV file
 - Single record entry through the Cancer Waiting Times Submission portal
- The specification for CSV upload file is detailed in the '[National Cancer Waiting Times User Manual](#)' available on the [NHS Digital](#) website
- Data for XML submission will be formatted into an XML file as per [Technology Reference Data Update Distribution \(TRUD\)](#) at: [NHS Data Model and Dictionary: DD XML Schemas](#)
- Once data is transmitted to the Cancer Waiting Times system it will undergo further validation. Details of this validation is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

Further guidance:

- Further guidance relating to the [National Cancer Waiting Times Monitoring Data Set](#) is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).
- Queries regarding the [National Cancer Waiting Times Monitoring Data Set](#) should be addressed to england.cancerwaitsdata@nhs.net.

Change to Supporting Information: Changed Dataset, Description

[National Cancer Waiting Times Monitoring Data Set](#)

Concept of Operation and Patient Pathway Scenarios:

The [National Cancer Waiting Times Monitoring Data Set](#) is a generic data set designed to support the monitoring of waiting times for a variety of different pathways of cancer care. For the purpose of this data collection cancer is defined using the [International Classification of Diseases \(ICD\)](#) codes. The full list of [International Classification of Diseases \(ICD\)](#) diagnosis codes is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

Collection and submission of the [National Cancer Waiting Times Monitoring Data Set](#) is to be managed according to the maximum waiting time and information requirements of the pathway of care for each individual [PATIENT](#). These requirements for providers of cancer [SERVICES](#) to return data to the Cancer Waiting Times Database are defined using different scenarios.

- **Scenario 1a:**
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 1b:**
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- ~~**Scenario 1c:**
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#)~~
- **Scenario 1c:**
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a direct access diagnostic test result that suggested an urgent suspected cancer referral with [PRIORITY TYPE](#) 'Two Week Wait' was required, and where a locally agreed escalation process to secondary care has been followed (as defined in [National Cancer Waiting Times Monitoring Data Set - A Guide](#)), where the [PATIENT](#) has not had the [Decision To Treat](#), and has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter provider transfers are in progress.
- **Scenario 1d:**
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has had the [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 1e:**
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). The [Health Care Provider](#) sends the [PATIENT](#) to another [Health Care Provider](#), that is, makes an inter-provider transfer.
- **Scenario 1f:**
The [Health Care Provider](#) receiving an inter-provider transfer of a [PATIENT](#), where the [PATIENT](#) is first seen at a different [Health Care Provider](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). The [Health Care Provider](#) then subsequently sends the [PATIENT](#) to another [Health Care Provider](#), that is, makes a further inter-provider transfer.
- **Scenario 1g:**
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 2a:**
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer [Screening Programme](#), and where the [PATIENT](#) has had the [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 2b:**
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following an inter-provider transfer, and where the [PATIENT](#) has had the [Decision To Treat](#), and has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#).
- ~~**Scenario 2c:**
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following an inter-provider transfer, and where the [PATIENT](#) has had the [Decision To Treat](#), and has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#).~~
- **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 where an urgent referral is from an NHS Cancer [Screening Programme](#). No inter-provider transfers are in progress.

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 where an urgent referral is from an NHS Cancer [Screening Programme](#). No inter-provider transfers are in progress.

Scenario 4:

The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a consultant upgrade onto a 62 day [PATIENT PATHWAY](#). No inter-provider transfers are in progress.

Scenario 5:

The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a consultant upgrade onto a 62 day [PATIENT PATHWAY](#). No inter-provider transfers are in progress.

Scenario 6:

The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different **PRIORITY TYPE**. No inter-provider transfers are in progress.

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**. No inter-provider transfers are in progress.

The columns in the table below show which data items are required for a range of health care scenarios:

Data Set Notation:

- M = Mandatory:** the Standard Contract Schedule 5 requires NHS provider [Organisations](#) to submit this information on a monthly basis. [NHS England](#) require 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 was applicable to them. [NHS England](#) require the data to be submitted 25 working days after the end of each month or quarter.
- M = Mandatory:** the Standard Contract Schedule 5 requires NHS provider [Organisations](#) to submit this information on a monthly basis. [NHS England](#) and [NHS Improvement](#) require the data to be submitted a number of working days after the end of each month or quarter. This submission schedule is set out on the NHS Digital website at: [Cancer Waiting Times Data Collection \(CWT\)](#).
- 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 was applicable to them. [NHS England](#) and [NHS Improvement](#) require the data to be submitted a number of working days after the end of each month or quarter. This submission schedule is set out on the NHS Digital website at: [Cancer Waiting Times Data Collection \(CWT\)](#).
- O = Optional**
- O* = Optional if applicable:** These optional fields should only be populated if they relate to the [PATIENT PATHWAY](#) identified in the scenarios and the conditions required for their use are met.
- N/A = Not Applicable**

Note: Inter-Provider Transfers:

- # First transfer involving the [Health Care Provider](#)
- ## Second transfer involving the [Health Care Provider](#). There can be up to ten inter-provider transfers involving many [Organisations](#), but an individual [Organisation](#) can only be involved in two transfers of a [PATIENT](#).

Data Item	Scenario 1a	Scenario 1b	Scenario 1c	Scenario 1d	Scenario 1e	Scenario 1f	Scenario 1g	Scenario 2a	Scenario 2b	Scenario 2c	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
NHS NUMBER	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
NHS NUMBER STATUS INDICATOR CODE	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
PATIENT PATHWAY IDENTIFIER	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*	M*
ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*	M*
SOURCE OF REFERRAL FOR OUT-PATIENTS	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	M	N/A	O	N/A
PRIORITY TYPE CODE	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	M	N/A	O	N/A
DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	N/A	N/A	O	N/A
CANCER REFERRAL TO TREATMENT PERIOD START DATE	M	M	M	M	M	N/A	M	M	N/A	N/A	N/A	O	N/A	O	N/A
	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	O	N/A

TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE															
CONSULTANT UPGRADE DATE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	0	N/A
ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	0	N/A
DATE FIRST SEEN	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	M	N/A	0	N/A
ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A
WAITING TIME ADJUSTMENT (FIRST SEEN)	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	0*	N/A	N/A	N/A
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	0*	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON (FIRST SEEN)	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)	0*	0*	0*	0*	0*	N/A	0*	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*
MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*	M*
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
PRIMARY DIAGNOSIS (ICD)	N/A	M*	M*	M*	N/A	N/A	N/A	M	M	M	M	M	M	M	M
TUMOUR LATERALITY	N/A	M*	M*	M*	N/A	N/A	N/A	M	M	M	M	M	M	M	M
CANCER TREATMENT PERIOD START DATE	N/A	N/A	M	M	N/A	N/A	N/A	M	M	M	M	M	M	M	M
ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)	N/A	N/A	M	M	N/A	N/A	N/A	M	M	M	M	M	M	M	M
SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) #	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
REFERRAL REQUEST RECEIVED DATE (INTER- PROVIDER TRANSFER) #	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	M	M	N/A	N/A	N/A	N/A	N/A
ORGANISATION IDENTIFIER (REFERRING) #	N/A	N/A	N/A	N/A	M	M	N/A	N/A	M	M	N/A	N/A	N/A	N/A	N/A
	N/A	N/A	N/A	N/A	M	M	N/A	N/A	M	M	N/A	N/A	N/A	N/A	N/A

ORGANISATION IDENTIFIER (RECEIVING) #															
CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) #	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) #	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	M	M	N/A	N/A	N/A	N/A	N/A
SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) ##	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) ##	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ORGANISATION IDENTIFIER (REFERRING) ##	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ORGANISATION IDENTIFIER (RECEIVING) ##	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) ##	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) ##	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
CANCER FASTER DIAGNOSIS PATHWAY END REASON	N/A	M	N/A	M	N/A	N/A	M	M	M	N/A	M*	N/A	N/A	N/A	N/A
PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)	N/A	M	N/A	M	N/A	N/A	N/A	M	M	N/A	N/A	N/A	N/A	N/A	N/A
CANCER FASTER DIAGNOSIS PATHWAY END DATE	N/A	M	N/A	M	N/A	N/A	M	M	M	N/A	M*	N/A	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	N/A	M*	N/A	M*	N/A	N/A	N/A	M*	M*	N/A	N/A	N/A	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A	N/A
CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	M*	N/A	N/A	N/A	N/A
CARE PROFESSIONAL TYPE CODE	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A	N/A

(OUTCOME COMMUNICATION (CANCER FASTER DIAGNOSIS PATHWAY))															
METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)	N/A	Q*	N/A	Q*	N/A	N/A	N/A	Q*	Q*	N/A	N/A	N/A	N/A	N/A	N/A
ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)	N/A	M	N/A	M	N/A	N/A	M	M	M	N/A	M*	N/A	N/A	N/A	N/A
TREATMENT START DATE (CANCER)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
CANCER TREATMENT EVENT TYPE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
CANCER TREATMENT MODALITY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
CLINICAL TRIAL INDICATOR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
CANCER CARE SETTING (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
RADIOTHERAPY PRIORITY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*	M*
CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*	M*
CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Q*	Q*	Q*	Q*	Q*	Q*	Q*	Q*
WAITING TIME ADJUSTMENT (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT REASON (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*	M*
CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	N/A	M*	N/A	Q*	N/A
CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Q*	Q*	Q*	N/A	Q*	Q*	Q*	N/A
CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	N/A	Q*	N/A
CANCER CARE SPELL DELAY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	Q*	N/A	Q*	N/A

<u>REASON COMMENT (CONSULTANT UPGRADE)</u>														
Data Item	Scenario 1a	Scenario 1b	Scenario 1c	Scenario 1d	Scenario 1e	Scenario 1f	Scenario 1g	Scenario 2a	Scenario 2b	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
<u>NHS NUMBER</u>	M	M	M	M	M	M	M	M	M	M	M	M	M	M
<u>NHS NUMBER STATUS INDICATOR CODE</u>	M	M	M	M	M	M	M	M	M	M	M	M	M	M
<u>PATIENT PATHWAY IDENTIFIER</u>	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*
<u>ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)</u>	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*
<u>SOURCE OF REFERRAL FOR OUT-PATIENTS</u>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
<u>PRIORITY TYPE CODE</u>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
<u>DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)</u>	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	N/A	O	N/A
<u>CANCER REFERRAL TO TREATMENT PERIOD START DATE</u>	M	M	M	M	M	N/A	M	M	N/A	N/A	O	N/A	O	N/A
<u>TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE</u>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	N/A	O	N/A
<u>CONSULTANT UPGRADE DATE</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	O	N/A
<u>ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	O	N/A
<u>DATE FIRST SEEN</u>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	O	N/A
<u>ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)</u>	M	M	M	M	M	N/A	M	N/A	N/A	N/A	M	N/A	N/A	N/A
<u>WAITING TIME ADJUSTMENT (FIRST SEEN)</u>	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	O*	N/A	N/A	N/A
<u>WAITING TIME ADJUSTMENT REASON (FIRST SEEN)</u>	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	O*	N/A	N/A	N/A
<u>CANCER CARE SPELL DELAY REASON (FIRST SEEN)</u>	M*	M*	M*	M*	M*	N/A	M*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)</u>	O*	O*	O*	O*	O*	N/A	O*	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>CANCER DIAGNOSTIC REFERRAL ROUTE</u>	O*	O*	M*	O*	O*	N/A	O*	O*	N/A	N/A	N/A	N/A	O*	N/A
<u>RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR</u>	O*	O*	O*	O*	O*	N/A	O*	O*	N/A	N/A	N/A	N/A	O*	N/A
<u>CANCER OR SYMPTOMATIC</u>	M	M	M	M	M	M	M	M	M	M	M	M	M	M

BREAST REFERRAL PATIENT STATUS														
PRIMARY DIAGNOSIS (ICD)	N/A	M*	N/A	M*	N/A	N/A	N/A	M	M	M	M	M	M	M
TUMOUR LATERALITY	N/A	M*	N/A	M*	N/A	N/A	N/A	M	M	M	M	M	M	M
CANCER TREATMENT PERIOD START DATE	N/A	N/A	N/A	M	N/A	N/A	N/A	M	M	M	M	M	M	M
ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)	N/A	N/A	N/A	M	N/A	N/A	N/A	M	M	M	M	M	M	M
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) #	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A
PROSTATE CANCER CLINICAL RISK CATEGORY	M*	M*	M*	M*	M*	N/A	M*	M*	M*	M*	M*	M*	M*	M*
CANCER FASTER DIAGNOSIS PATHWAY END REASON	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A
PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)	N/A	M	N/A	M	N/A	N/A	N/A	M	M	N/A	N/A	N/A	N/A	N/A
CANCER FASTER DIAGNOSIS PATHWAY END DATE	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	N/A	M*	N/A	M*	N/A	N/A	N/A	M*	M*	N/A	N/A	N/A	N/A	N/A
CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A
CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON	N/A	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	M*	N/A	N/A	N/A	N/A
CARE PROFESSIONAL TYPE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A
METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)	N/A	O*	N/A	O*	N/A	N/A	N/A	O*	O*	N/A	N/A	N/A	N/A	N/A
ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS)	N/A	M	N/A	M	N/A	N/A	M	M	M	M*	N/A	N/A	N/A	N/A

<u>PATHWAY END DATE)</u>														
<u>SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) #</u>	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>ORGANISATION IDENTIFIER (REFERRING) #</u>	N/A	N/A	N/A	N/A	M	M	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A
<u>ORGANISATION IDENTIFIER (RECEIVING) #</u>	N/A	N/A	N/A	N/A	M	M	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A
<u>CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) #</u>	N/A	N/A	N/A	N/A	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) #</u>	N/A	N/A	N/A	N/A	N/A	O	N/A	N/A	O	N/A	N/A	N/A	N/A	N/A
<u>REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER) ##</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER) ##</u>	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>ORGANISATION IDENTIFIER (REFERRING) ##</u>	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>ORGANISATION IDENTIFIER (RECEIVING) ##</u>	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER) ##</u>	N/A	N/A	N/A	N/A	N/A	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER) ##</u>	N/A	N/A	N/A	N/A	N/A	O	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<u>TREATMENT START DATE (CANCER)</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<u>ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<u>CANCER TREATMENT EVENT TYPE</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<u>CANCER TREATMENT MODALITY</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<u>CLINICAL TRIAL INDICATOR</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<u>CANCER CARE SETTING (TREATMENT)</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M
<u>CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)</u>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*
	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	O*	O*	O*	O*	O*	O*

CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)														
WAITING TIME ADJUSTMENT (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT REASON (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*
CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	N/A	M*	N/A	O*	N/A
CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	O*	N/A	O*	O*	O*	N/A
CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	N/A	O*	N/A
CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	N/A	O*	N/A

Full details of the validation rules and processes are available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

RAPID DIAGNOSTIC CENTRE

Change to Supporting Information: New Supporting Information

A [Rapid Diagnostic Centre](#) is an [Organisation](#).

A [Rapid Diagnostic Centre](#) is designed to speed up cancer diagnosis, aiming to present many [PATIENTS](#) with test results the very same day.

The [NHS Five Year Forward View Next Steps](#) document called for the introduction of new multidisciplinary [Rapid Diagnostic Centres](#) across England.

[GENERAL PRACTITIONERS](#), hospital doctors, radiologists and other [CARE PROFESSIONALS](#) can refer [PATIENTS](#) to the [Rapid Diagnostic Centres](#) if they suspect cancer and a clinical [Multidisciplinary Team](#) undertakes the necessary investigations all at the same time and in the same place.

For further information on [Rapid Diagnostic Centres](#), see the [NHS England](#) website at: [Diagnosing cancer earlier and faster](#).

This supporting information is also known by these names:

Context	Alias
plural	Rapid Diagnostic Centres

RAPID DIAGNOSTIC CENTRE PATHWAY

Change to Supporting Information: New Supporting Information

A [Rapid Diagnostic Centre Pathway](#) is a [Cancer Pathway](#).

A [Rapid Diagnostic Centre Pathway](#) is a [Cancer Pathway](#) that is carried out in a [Rapid Diagnostic Centre](#).

This supporting information is also known by these names:

Context	Alias
plural	Rapid Diagnostic Centre Pathways

XML SCHEMA TRUD DOWNLOAD

Change to Supporting Information: Changed Dataset

Background:

XML Schemas and Release Notes can be downloaded from [Technology Reference Data Update Distribution \(TRUD\)](#).

In order to access the XML Schemas and Release Notes on [Technology Reference Data Update Distribution \(TRUD\)](#), users will be required to:

- Create a [TRUD](#) account at: [TRUD: Account Creation](#) (if an account does not currently exist. This only has to be done once to access any XML Schema)
- Log into [TRUD](#) at: [TRUD: Log in](#)
- Access [NHS Data Model and Dictionary: DD XML Schemas](#) and subscribe to the XML Schema to be downloaded
- Accept the licence and request the subscription (an email will be sent immediately to confirm that the request has been accepted and the files can be downloaded, which avoids any delays)
- Once the "Subscription accepted" email has been received, download the zip file from [NHS Data Model and Dictionary: DD XML Schemas](#).

Once an XML Schema has been added to [TRUD](#), users who have subscribed to that item will be automatically notified by email of any updates to that area, for example, new versions, retirements etc.

XML Schema Download:

XML Schemas and Release Notes for the following Data Sets in the NHS Data Model and Dictionary can be downloaded from [Technology Reference Data Update Distribution \(TRUD\)](#) at: [NHS Data Model and Dictionary: DD XML Schemas](#).

- [Cancer Outcomes and Services Data Set \(COSDS\)](#)
- [Community Services Data Set \(CSDS\)](#)
- [Commissioning Data Set \(CDS\) V6-2](#)
- [Commissioning Data Set \(CDS\) V6-2-1](#)
- [Commissioning Data Set \(CDS\) V6-2-2](#)
- [CDS V6-2-2 Type 011 - Emergency Care Commissioning Data Set](#)
- [Diagnostic Imaging Data Set \(DIDS\)](#)
- [HIV and AIDS Reporting Data Set \(HARS\)](#)
- [Information Sharing to Tackle Violence Minimum Data Set \(ISTVDS\)](#)
- [Maternity Services Data Set \(MSDS\)](#)
- [National Cancer Waiting Times Monitoring Data Set \(NCWTMDS\)](#)

For supplementary information on the XML Schema Publication and Download, see the [NHS Data Model and Dictionary Service](#) part of the [NHS Digital](#) website at: [Policies: XML Schema Publication and Download guidance](#).

CARE PLAN

Change to Class: Changed Attributes

Attributes of this Class are:

K CARE PLAN IDENTIFIER
 CANCER CARE PLAN INTENT
 CARE PLAN AGREED BY
 CARE PLAN TYPE
 CARE PLAN TYPE FOR COMMUNITY CARE
 CARE PLAN TYPE FOR MENTAL HEALTH
 CHILD PROTECTION PLAN INDICATION CODE
 CHILD PROTECTION PLAN REASON CODE
 DISCHARGE PLAN AGREED BY
 INTENDED DELIVERY PLACE
 MATERNITY PERSONALISED CARE PLAN INDICATOR
~~MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR~~
 MULTIDISCIPLINARY TEAM MEETING CANCER CARE PLAN DISCUSSION TYPE
 MULTIDISCIPLINARY TEAM MEETING CANCER CARE PLAN NOT DISCUSSED INDICATION CODE
 MULTIDISCIPLINARY TEAM MEETING TYPE FOR CANCER
 NO CANCER TREATMENT REASON

CATEGORY VALUED PERSON OBSERVATION

Change to Class: Changed Attributes

Attributes of this Class are:

AGE BAND AT SMOKING QUIT DATE
ALCOHOL USE ASSESSED AS PROBLEMATIC INDICATOR FOR SEXUAL HEALTH SERVICE
ALCOHOL USE ASSESSED INDICATOR FOR SEXUAL HEALTH SERVICE
BABY FIRST FEED BREAST MILK STATUS
BREASTFEEDING STATUS
BREAST SCREENING HIGH RISK CATEGORY
CATEGORY VALUED PERSON OBSERVATION TYPE
COMPLEX SOCIAL FACTORS INDICATOR
EMPLOYMENT STATUS
EMPLOYMENT SUPPORT SUITABILITY INDICATOR
ESTIMATED DATE OF DELIVERY METHOD
FAMILIAL CANCER SYNDROME INDICATOR
FEMALE GENITAL MUTILATION AGE CATEGORY
FREE PRESCRIPTIONS INDICATOR
HIV POSITIVE PARTNERS IN THE LAST THREE MONTHS INDICATOR FOR PENETRATIVE SEX MALE SAME SEX PARTNERS
IN LABOUR BEFORE CAESARIAN SECTION INDICATOR
MENTAL CATEGORY
MENTAL HEALTH ACT 2007 MENTAL CATEGORY
OFFENCE HISTORY INDICATION CODE
PARTNER NOTIFICATION CONSULTATION INDICATOR FOR SEXUAL HEALTH SERVICE
PATIENT EXPOSURE TO HIV
PERSON RISK FACTOR FOR SEXUALLY TRANSMITTED INFECTION
PRE EXPOSURE PROPHYLAXIS ELIGIBILITY REASON
PRE EXPOSURE PROPHYLAXIS STOPPED REASON
PREGNANCY INDICATOR FOR HIV
PREGNANCY STATUS
PREVIOUS NEGATIVE HIV TEST INDICATOR
PROSTATE CANCER CLINICAL RISK CATEGORY
SOCIAL WORKER CARE INDICATOR FOR HIV
TIME BETWEEN DELIVERY AND SPONTANEOUS RESPIRATION CODE
WEEKLY HOURS WORKED
YOUNG CARER INDICATOR

PATIENT PATHWAY

Change to Class: Changed Attributes, Dataset
A subtype of [ACTIVITY GROUP](#).

The specific route that a particular [PATIENT](#) takes from the first [REFERRAL REQUEST RECEIVED DATE](#) of a [SERVICE REQUEST](#) or the [ACTIVITY DATE](#) of the first emergency [ACTIVITY](#) where there is no related [SERVICE REQUEST](#).

Where a [PATIENT](#) has more than one referral for unrelated clinical reasons, each referral will have its own [PATIENT PATHWAY](#).

The start of the [PATIENT PATHWAY](#) may start the first [REFERRAL TO TREATMENT PERIOD](#) although there may be a number of subsequent [REFERRAL TO TREATMENT PERIODS](#).

For a particular [PATIENT PATHWAY](#), there may not be a related [REFERRAL TO TREATMENT PERIOD](#) if treatment starts immediately such as an emergency admission.

A [PATIENT PATHWAY](#) will continue for chronic or recurrent conditions and it will also continue even if the [PATIENT](#) declines treatment as they may have treatment for the same condition at a future date.

PATIENT PATHWAY

Change to Class: Changed Attributes, Dataset

Attributes of this Class are:

K PATIENT PATHWAY IDENTIFIER
CANCER FASTER DIAGNOSIS PATHWAY END REASON
CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON
CANCER TREATMENT EVENT TYPE
RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR
WAITING TIME MEASUREMENT TYPE

REFERRAL REQUEST

Change to Class: Changed Attributes

Attributes of this Class are:

BENIGN THERAPEUTIC OPERATION INDICATOR
CANCER DIAGNOSTIC REFERRAL ROUTE
COMMISSIONER REFERENCE NUMBER
REASON FOR REFERRAL TO COMMUNITY CARE
REASON FOR REFERRAL TO MENTAL HEALTH
REFERRAL CLOSURE REASON
REFERRAL REJECTION REASON
REFERRAL REQUEST RECEIVED DATE
REFERRAL REQUEST RECEIVED TIME
SCREENING REFERRAL SOURCE
SERVICE TYPE REQUESTED
SOURCE OF REFERRAL FOR A and E
SOURCE OF REFERRAL FOR COMMUNITY
SOURCE OF REFERRAL FOR FEMALE GENITAL MUTILATION
SOURCE OF REFERRAL FOR MATERNITY
SOURCE OF REFERRAL FOR MENTAL HEALTH
SOURCE OF REFERRAL FOR OUT-PATIENTS
TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE

ACTIVITY DATE

Change to Attribute: Changed Dataset

The date, month, year and century, or any combination of these elements, that is of relevance to an [ACTIVITY](#).

The specific nature of the [ACTIVITY DATE](#) will be identified by the [ACTIVITY DATE TYPE](#).

ACTIVITY DURATION

Change to Attribute: Changed Dataset

The duration of an [ACTIVITY](#).

CANCER CARE SETTING FOR TREATMENT

Change to Attribute: Changed Dataset

The type of care setting where the cancer care, relating to the [TREATMENT START DATE \(CANCER\)](#), took place.

Where the cancer 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 'Ordinary Admission') and a day case admission (where [PATIENT CLASSIFICATION](#) is National Code 'Day case admission').

National Codes:

- 01 Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Ordinary admission')
- 02 Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Day case admission')
- 03 Cancer treatment delivered in an Out-patient setting

CANCER CARE SPELL DELAY REASON

Change to Attribute: Changed Dataset

The reason why a [Cancer Care Spell Delay](#) occurred.

This could be the delay between the:

- [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 \(CANCER\)](#)
- [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and the [DATE FIRST SEEN](#), where the [PRIORITY TYPE](#) is National Code 'Two Week Wait'
- [CANCER FASTER DIAGNOSIS PATHWAY END DATE](#) and the [PATIENT](#) being advised of the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#).

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 |
| 04 | Elective cancellation (for non-medical reason) for treatment in an admitted care setting |
| 05 | Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting |
| 06 | Delay to diagnostic test or treatment planning (Retired 1 July 2012) |
| 07 | Complex diagnostic pathway (many, or complex, diagnostic tests required) |
| 08 | Delay due to referral between Trusts (Retired 1 July 2012) |
| 10 | Treatment delayed for medical reasons (PATIENT unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting |
| 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) |
| 14 | PATIENT Did Not Attend treatment APPOINTMENT |
| 16 | PATIENT Choice (PATIENT declined or cancelled an offered APPOINTMENT DATE for treatment) |
| 17 | PATIENT choice delay relating to first Out-Patient 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) |
| 21 | PATIENT failed to present for elective treatment (choice) in an admitted care setting |
| 22 | PATIENT care not commissioned by the NHS in England (waiting time standard does not apply) for treatment in an admitted care setting |
| 23 | Equipment breakdown |
| 24 | Inconclusive diagnostic result |
| 25 | Health Care Provider unable to make contact with PATIENT by telephone |
| 26 | PATIENT choice (PATIENT declined or cancelled an offered APPOINTMENT DATE for follow up APPOINTMENT) |
| 97 | Other reason (not listed) |
| 98 | Other reason (Retired 1 April 2018) |
| 99 | Other reason (Retired 1 July 2012) |

CANCER CARE SPELL DELAY REASON COMMENT

Change to Attribute: Changed Dataset, Description

A comment why a [CANCER CARE SPELL DELAY REASON](#) was experienced.

~~This can be recorded for:~~ This can be recorded for each breach of service standards after any patient pauses have been taken into account. The standards for which a [CANCER CARE SPELL DELAY REASON COMMENT](#) can be given are defined on the [NHS Digital](#) website at: [Cancer Waiting Times Data Collection \(CWT\)](#).

- each breach of existing service standards (introduced by the '[NHS Cancer Plan \(2000\)](#)')
- the extended service standards (as specified within the '[Cancer Reform Strategy \(2007\)](#)') and
- the 28 Day Faster Diagnosis Standard (introduced by the independent Cancer Taskforce '[Achieving World-Class Cancer Outcomes](#)')

after any patient pauses have been taken into account.

The standards for which a [CANCER CARE SPELL DELAY REASON COMMENT](#) can be given are:

- maximum two week wait** for an urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to [DATE FIRST SEEN](#) for all suspected cancers
- maximum 28 day wait for an urgent [GENERAL PRACTITIONER](#) referral or referral for suspected cancer from an NHS Cancer [Screening Programme](#) for suspected cancer, where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is National Code 'Diagnosis of cancer' or 'Ruling out of cancer'
- maximum 28 day wait for an urgent [GENERAL PRACTITIONER](#) referral, referral for breast symptoms (where cancer is not initially suspected) or referral for suspected cancer from an NHS Cancer [Screening Programme](#) for suspected cancer, where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is National Code 'Diagnosis of cancer' or 'Ruling out of cancer'
- maximum one month** wait from urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to [First Definitive Treatment](#) for testicular cancer, acute leukaemia and children's cancer (under 16 years of age at date of [First Definitive Treatment](#))*
- maximum two month wait** from urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to [First Definitive Treatment](#) for all cancers
- maximum one month wait** from [CANCER TREATMENT PERIOD START DATE \(DECISION TO TREAT DATE\)](#) to [First Definitive Treatment](#) for all cancers
- maximum 31 day wait from [CANCER TREATMENT PERIOD START DATE \(DECISION TO TREAT DATE or EARLIEST CLINICALLY APPROPRIATE DATE\)](#) to the start of second or subsequent treatment for all cancers, where the [CANCER TREATMENT MODALITY](#) is National Code '[Chemoradiotherapy](#)', '[Teletherapy \(Beam Radiation excluding Proton Therapy\)](#)', '[Brachytherapy](#)' or '[Proton Therapy](#)'
- maximum 31 day wait from [CANCER TREATMENT PERIOD START DATE \(DECISION TO TREAT DATE or EARLIEST CLINICALLY APPROPRIATE DATE\)](#) to start of second or subsequent treatment for all cancers where the [CANCER TREATMENT MODALITY](#) is National Code 'Surgery'
- maximum 31 day wait from [CANCER TREATMENT PERIOD START DATE \(DECISION TO TREAT DATE or EARLIEST CLINICALLY APPROPRIATE DATE\)](#) to start of second or subsequent treatment for all cancers where the [CANCER TREATMENT MODALITY](#) is National Code '[Anti-Cancer Drug Regimen \(Cytotoxic Chemotherapy\)](#)', '[Anti-Cancer Drug Regimen \(Hormone Therapy\)](#)', '[Anti-Cancer Drug Regimen \(Immunotherapy\)](#)' or '[Anti-Cancer Drug Regimen \(other\)](#)'
- maximum 31 day wait from [CANCER TREATMENT PERIOD START DATE \(DECISION TO TREAT DATE or EARLIEST CLINICALLY APPROPRIATE DATE\)](#) to start of second or subsequent treatment for all cancers where the [CANCER TREATMENT MODALITY](#) is other than National Code 'Surgery', '[Anti-Cancer Drug Regimen](#)', '[Chemoradiotherapy](#)', '[Teletherapy \(Beam Radiation excluding Proton Therapy\)](#)', '[Brachytherapy](#)' or '[Proton Therapy](#)'
- maximum 62 day wait from referral for suspected cancer from an NHS Cancer [Screening Programme](#) to [First Definitive Treatment](#) for breast, bowel and cervical cancers*
- maximum 62 day wait from a decision to upgrade the priority of a [PATIENT](#) by a [CONSULTANT](#) (or authorised member of a [CONSULTANT](#) team) to [First Definitive Treatment](#)
- maximum two week wait** for an urgent referral for breast symptoms (where cancer is not initially suspected) to [DATE FIRST SEEN](#).

Notes:

* Breast, bowel, cervical and testicular cancer and acute leukaemia are defined by [International Classification of Diseases \(ICD\)](#) diagnosis codes. The full list of diagnosis codes can be found on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

** For the performance management and the requirement to record a [CANCER CARE SPELL DELAY REASON COMMENT](#) for the above service standards, the following standardised time periods have been identified:

Time Period	Number of Calendar Days
Two Weeks	44
Twenty Eight Days	28
One Month	31
Two Months	62
Time Period	Number of Calendar Days
Two Weeks	14
Twenty Eight Days	28
One Month	31
Two Months	62

CANCER DIAGNOSTIC REFERRAL ROUTE

Change to Attribute: New Attribute

The diagnostic referral route for PATIENTS for the [National Cancer Waiting Times Monitoring Data Set](#).

For further information on the NG12 guideline, see the National Institute for Health and Care Excellence (NICE) website at: [Suspected cancer: recognition and referral: NICE guideline \[NG12\]](#) .

National Codes:

- 01 [Abnormal diagnostics result following a NICE guidance NG12 referral to a direct access diagnostics service](#)

02 Other (not listed)

This attribute is also known by these names:

Context	Alias
plural	CANCER DIAGNOSTIC REFERRAL ROUTES

CANCER DIAGNOSTIC REFERRAL ROUTE

Change to Attribute: New Attribute

CANCER DIAGNOSTIC REFERRAL ROUTE

Data Elements:

CANCER DIAGNOSTIC REFERRAL ROUTE

CANCER FASTER DIAGNOSIS PATHWAY END REASON

Change to Attribute: Changed Dataset, Description

The reason for the end of the [Cancer Faster Diagnosis Pathway](#).

National Codes:

- 01 Diagnosis of cancer
- 02 Ruling out of cancer
- 03 Excluded from the [Cancer Faster Diagnosis Pathway](#)
- 04 [Interval scanning](#)

CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON

Change to Attribute: Changed Dataset, Description

The reason for excluding the [PATIENT](#) from the [Cancer Faster Diagnosis Pathway](#), where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is National Code 'Excluded from the [Cancer Faster Diagnosis Pathway](#)'.

National Codes:

- 01 [PATIENT](#) died before diagnosis communicated
- 02 [PATIENT](#) declined all diagnostic investigations
- 03 [PATIENT](#) declined all [APPOINTMENTS](#)
- 04 [PATIENT](#) opted for private diagnostics ([PATIENT](#) may come back for NHS funded treatment)
- 05 Repeated Did Not Attend (DNA)/[PATIENT](#)-triggered multiple cancellations
- 06 [PATIENT](#) ineligible for NHS funded treatment
- 07 [PATIENT](#) opted not to continue with [Cancer Faster Diagnosis Pathway](#)
- 07 [PATIENT](#) opted not to continue with Cancer Faster Diagnosis Pathway (Retired 1 October 2020)

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS

Change to Attribute: Changed Dataset, Description

The status of a [REFERRAL REQUEST](#) for a [PATIENT](#) referred with a suspected cancer, or referred with breast symptoms with cancer not originally suspected.

~~For the [Cancer Outcomes and Services Data Set](#), [CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) can be recorded for all [PATIENTS](#) (regardless of the referral route).~~ For the [Cancer Outcomes and Services Data Set](#), [CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) can be recorded for all [PATIENTS](#) (regardless of the referral route).

- For the [National Cancer Waiting Times Monitoring Data Set](#),
 - [CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) is the status of a [REFERRAL REQUEST](#) for a [PATIENT](#):
 - referred with a suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#), [GENERAL DENTAL PRACTITIONER](#), [OPTOMETRIST](#) or NHS [Screening Service](#)
 - referred from any [CARE PROFESSIONAL](#) with breast symptoms where cancer was not originally suspected or upgraded onto the 62 day period.

- Where a diagnosis of cancer is subsequently made, data on [First Definitive Treatment](#) and subsequent treatments should be recorded for [PATIENTS](#) receiving NHS funded treatment in England.
 - NHS funded treatment in England refers to [Health Care Provider Organisations](#) within England who are treating [PATIENTS](#) with cancer who may have been referred from outside England (where the [PATIENTS](#) have [NHS NUMBERS](#) which exist on the [Personal Demographics Service](#) and which can be used within the [National Cancer Waiting Times Monitoring Data Set](#) for transmission purposes).
- Where [PATIENTS](#) with a diagnosis of cancer do NOT receive NHS funded treatment in England, or where the diagnosed condition is not within the [NHS England](#) list of cancer conditions, further data need not be collected. The full list of conditions can be found on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

The National Codes have 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). This National Code should only be used when the [TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE](#) is National Code 'Exhibited (non-cancer) breast symptoms - cancer not initially suspected.'
- 03 No new cancer diagnosis identified by the [Health Care Provider](#)
- 10 Diagnosis of new cancer confirmed - NHS funded first treatment not yet planned
- 11 Diagnosis of new cancer confirmed - NHS funded first treatment planned
- 07 Diagnosis of new cancer confirmed - no NHS funded treatment planned
- 08 First NHS funded treatment commenced
- 12 Diagnosis of new cancer confirmed - subsequent NHS funded treatment not yet planned
- 13 Diagnosis of new cancer confirmed - subsequent NHS funded treatment planned
- 21 Subsequent NHS funded treatment commenced
- 15 Suspected [Recurrent Cancer](#)
- 16 Diagnosis of [Recurrent Cancer](#) confirmed - first NHS funded treatment not yet planned
- 17 Diagnosis of [Recurrent Cancer](#) confirmed - NHS funded first treatment planned
- 18 Diagnosis of [Recurrent Cancer](#) confirmed - no NHS funded treatment planned
- 19 Diagnosis of [Recurrent Cancer](#) confirmed - subsequent NHS funded treatment not yet planned
- 20 Diagnosis of [Recurrent Cancer](#) confirmed - subsequent NHS funded treatment planned
- 22 [Recurrent Cancer](#) NHS funded treatment commenced
- 23 Suspected [Cancer Transformation](#)
- 24 Diagnosis of [Cancer Transformation](#) confirmed - NHS funded first treatment not yet planned
- 25 Diagnosis of [Cancer Transformation](#) confirmed - NHS funded first treatment planned
- 26 Diagnosis of [Cancer Transformation](#) confirmed - no NHS funded treatment planned
- 27 Diagnosis of [Cancer Transformation](#) confirmed - subsequent NHS funded treatment not yet planned
- 28 Diagnosis of [Cancer Transformation](#) confirmed - subsequent NHS funded treatment planned
- 29 [Cancer Transformation](#) NHS funded treatment commenced
- 30 Suspected [Cancer Progression](#)
- 31 Diagnosis of [Cancer Progression](#) confirmed - NHS funded first treatment not yet planned
- 32 Diagnosis of [Cancer Progression](#) confirmed - NHS funded first treatment planned
- 33 Diagnosis of [Cancer Progression](#) confirmed - no NHS funded treatment planned
- 34 Diagnosis of [Cancer Progression](#) confirmed - subsequent NHS funded treatment not yet planned
- 35 Diagnosis of [Cancer Progression](#) confirmed - subsequent NHS funded treatment planned
- 36 [Cancer Progression](#) NHS funded treatment commenced

CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER

Change to Attribute: Changed Dataset

The reason that a [PATIENT](#) was transferred to another [Health Care Provider](#) as part of the inter-provider transfer during a [Cancer Care Spell](#).

National Codes:

- 01 Diagnosis
- 02 Staging
- 03 Second Opinion
- 04 Primary Treatment
- 05 Subsequent Treatment

CANCER TREATMENT EVENT TYPE

Change to Attribute: Changed Dataset, Description

The treatment event reached during a [Cancer Pathway](#).

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 Cancer](#)
- 08 Second or subsequent treatment for metastatic disease following an unknown [Primary Cancer](#)
- 09 Treatment for relapse of [Primary Cancer](#) (second or subsequent)
- 40 ~~Treatment for progression of [Primary Cancer](#) (second or subsequent)~~
- 10 Treatment for [Cancer Progression of Primary Cancer](#) (second or subsequent)
- 11 Treatment for [Cancer Transformation of Primary Cancer](#) (second or subsequent)
- 12 First treatment for metastatic disease following a known [Primary Cancer](#)

CANCER TREATMENT MODALITY

Change to Attribute: Changed Dataset, Description

The type of treatment or care which was delivered during a [Cancer Treatment Period](#).

National Codes:

- 04 ~~Surgery~~
- 01 [Surgery](#) (Retired 1 October 2020)
- 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 [Radiofrequency Ablation](#) (RFA)
- 11 [High Intensity Focused 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 Ultraviolet A Therapy](#) (PUVA))
- 17 [Hyperbaric Oxygen Therapy](#)
- 18 Other Treatment (Retired 1 July 2012)
- 19 [Radioisotope Therapy](#) (including Radioiodine)
- 20 [Laser Treatment](#) (including Argon Beam therapy)
- 21 [Biological Therapies](#) (excluding [Immunotherapy](#))
- 22 [Radiosurgery](#)
- 23 [Surgery](#) (excluding enabling treatment)
- 24 [Surgery](#) (enabling treatment)
- 97 Other treatment (not listed)
- 98 All treatment declined

Notes:

- National Code '[Specialist Palliative Care](#)', should only be used where care is being delivered under the management of a [CONSULTANT](#) in Palliative Medicine.
- National Code '[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 '[Non-Specialist Palliative Care](#) (excluding [Active Monitoring](#))' should only be used to record an [ACTIVITY](#) 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 the [CARE PROFESSIONAL](#) and [PATIENT](#). This type of care is sometimes referred to as 'best supportive care' within NHS services.

CARE PROFESSIONAL TYPE

Change to Attribute: Changed Dataset

The type of [CARE PROFESSIONAL](#).

National Codes:

010	Arts Therapist (Art, Music and Drama Therapists)
020	Biomedical Scientist
030	Chiropodist / Podiatrist
040	Chiropractor
050	Clinical Scientist
060	CONSULTANT
070	Clinical Dental Technician
080	Dental Hygienist
090	Dental Nurse
100	Dental Technician
110	Dental Therapist
120	Orthodontic Therapist
130	Dietitian
140	Dispensing Optician
150	GENERAL DENTAL PRACTITIONER
160	GENERAL MEDICAL PRACTITIONER
170	MIDWIFE
180	NURSE
190	Occupational Therapist
200	Operating Department Practitioner
210	OPHTHALMIC MEDICAL PRACTITIONER
220	OPTOMETRIST
230	Orthoptist
240	Orthotist
250	Osteopath
260	Paramedic
270	Pharmacist
280	Physiotherapist
290	Practitioner Psychologist
300	Prosthetist
310	Radiographer
320	Specialist Community Public Health Nurse: Family Health Nurse
330	Specialist Community Public Health Nurse: Health Visitor
340	Specialist Community Public Health Nurse: Occupational Health Nurse
350	Specialist Community Public Health Nurse: School Nurse
360	Speech and Language Therapist
370	Hearing Aid Dispenser
380	Pharmacy Technician
390	Social Worker in England
400	Improving Access to Psychological Therapies Care Professional
XXX	Other (not listed)

CLINICAL CLASSIFICATION CODE

Change to Attribute: Changed Dataset

A unique clinical classification identifier for a [CODED CLINICAL ENTRY](#).

This could be [OPCS Classification of Interventions and Procedures \(OPCS-4\)](#) codes or [International Classification of Diseases \(ICD\)](#) codes.

See [Clinical Coding](#) for further information about the types of [CODED CLINICAL ENTRIES](#).

CLINICAL TRIAL INDICATOR

Change to Attribute: Changed Dataset

An indication of whether an individual episode of care 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](#)

DECISION TO REFER DATE

Change to Attribute: Changed Dataset

The date that a decision was made, by or on behalf of a [CARE PROFESSIONAL](#), to refer a [PATIENT](#) to a particular [Health Care Provider](#) as a [SERVICE REQUEST](#).

METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY

Change to Attribute: Changed Dataset

The method of communication used to inform the [PATIENT](#) of the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#).

National Codes:

- 01 Face to face communication
- 02 Telephone call
- 03 Email
- 04 Letter
- 98 Other (not listed)

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR (RETIRED)_ renamed from MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR

Change to Attribute: Changed Name, status to Retired, Dataset, Description

An indication of whether the [PATIENT](#)'s [Cancer Care Plan](#) was discussed at a [Multidisciplinary Team Meeting](#). **This item has been retired from the NHS Data Model and Dictionary.**

National Codes: **The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.**

- A The [PATIENT](#)'s [Cancer Care Plan](#) was discussed at a [Multidisciplinary Team Meeting](#)
- B The [PATIENT](#)'s [Cancer Care Plan](#) was not discussed at a [Multidisciplinary Team Meeting](#)

For the [National Cancer Waiting Times Monitoring Data Set](#), [MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED 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. **Access to this version can be obtained by emailing information.standards@nhs.net with "NHS Data Model and Dictionary - Archive Request" in the email subject line.**

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR (RETIRED)_ renamed from MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR

Change to Attribute: Changed Name, status to Retired, Dataset, Description

- Changed Name from Data_Dictionary.Attributes.M.Mi.MULTIDISCIPLINARY_TEAM_CANCER_CARE_PLAN_DISCUSSED_INDICATOR to Retired.Data_Dictionary.Attributes.M.MULTIDISCIPLINARY_TEAM_CANCER_CARE_PLAN_DISCUSSED_INDICATOR
- Retired MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR
- null
- Changed Description

NHS NUMBER

Change to Attribute: Changed Dataset

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. The check digit is validated using the Modulus 11 algorithm and the use of this algorithm is mandatory. There are 5 steps in the validation of the check digit:

Step 1 Multiply each of the first nine digits by a weighting factor as follows:

Digit Position

(starting from the left) Factor:

1	10
2	9
3	8
4	7
5	6
6	5
7	4
8	3
9	2

Step 2 Add the results of each multiplication together.

Step 3 Divide the total by 11 and establish the remainder.

Step 4 Subtract the remainder from 11 to give the check digit.

If the result is 11 then a check digit of 0 is used. If the result is 10 then the [NHS NUMBER](#) is invalid and not used.

Step 5 Check the remainder matches the check digit. If it does not, the [NHS NUMBER](#) is invalid.

Further guidance is available from the [NHS Digital](#) website at: [NHS Number](#).

Note:

This was [e-GIF](#) approved for use in NHS England.

[e-GIF](#) and the [Government Data Standards Catalogue](#) **have been archived** and are available for reference only.

NHS NUMBER STATUS INDICATOR CODE

Change to Attribute: Changed Dataset

The trace status of the [NHS NUMBER](#).

Note:

- National Code 08 'Trace postponed (baby under six weeks old)' is **not** valid for the [Improving Access to Psychological Therapies Data Set](#), [Maternity Services Data Set](#) and [Mental Health Services Data Set](#).

National Codes:

- 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)

ORGANISATION IDENTIFIER

Change to Attribute: Changed Dataset

A unique identifier for an [ORGANISATION](#).

Note:

- [ORGANISATION IDENTIFIERS](#) are governed by the fundamental standard for "Health and Social Care Organisation Reference Data" (HSC Org Ref Data).
- The standard only relates to [ORGANISATION IDENTIFIERS](#) which are maintained and published by the [Organisation Data Service \(ODS\)](#). See [Health and Social Care Organisation Reference Data](#).

The Format/Length of a published code for an:

- [Organisation](#) is min an3 max an8
- [Organisation Site](#) is min an5 max an9.

[ORGANISATION CODE](#) will be replaced with [ORGANISATION IDENTIFIER](#), which is the most recent approved national information standard to describe the required definition.

PATIENT PATHWAY IDENTIFIER

Change to Attribute: Changed Dataset

An identifier, which together with the [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) 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 [Choose and Book](#) 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](#) / [ORGANISATION IDENTIFIER](#) will uniquely identify the [PATIENT PATHWAY](#).

PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY

Change to Attribute: Changed Dataset

The primary cancer site communicated to the [PATIENT](#) on the [CANCER FASTER DIAGNOSIS PATHWAY END DATE](#) where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is National Code '*Diagnosis of cancer*'.

National Codes:

- 01 Breast
- 02 Children's
- 03 Lung
- 04 Haematological (Excluding Acute Leukaemia)
- 05 Acute leukaemia
- 06 Upper Gastrointestinal
- 07 Lower Gastrointestinal
- 08 Skin
- 09 Gynaecological
- 10 Brain/Central Nervous System
- 11 Urological (Excluding Testicular and Prostate)
- 12 Testicular
- 13 Head and Neck
- 14 Sarcoma
- 15 Metastatic disease of unknown primary
- 16 Prostate
- 17 Thyroid

- 18 Hepatobiliary
- 19 Pancreatic
- 20 Neuroendocrine tumour (NET)
- 98 Other (not listed)

PRIORITY TYPE

Change to Attribute: Changed Dataset, Description

The priority of a [SERVICE REQUEST](#).

In the case of [SERVICES](#) to be provided by a [CONSULTANT](#), it is as assessed by or on behalf of the [CONSULTANT](#).

- [PRIORITY TYPE](#) National Code 'Urgent' should be used where the [SERVICE REQUEST](#) is defined as clinically urgent, but it does not fall under the criteria for 'Two Week Wait' (see below).

- [PRIORITY TYPE](#) National Code 'Two Week Wait' should be used where either:
 - the [SERVICE REQUEST](#) 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 [National Institute for Health and Care Excellence](#) website at: [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.

- [PRIORITY TYPE](#) National Code 'Two Week Wait' should be used where either:
 - the [SERVICE REQUEST](#) meets the criteria for an urgent 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 [National Institute for Health and Care Excellence](#) website at: [NICE guidance](#).
 - or
 - the [PATIENT](#) has been referred urgently for breast symptoms, but the referral does not meet the criteria for urgent referrals for suspected cancer.

National Codes:

- 1 Routine
- 2 Urgent
- 3 Two Week Wait

PROSTATE CANCER CLINICAL RISK CATEGORY

Change to Attribute: New Attribute

The clinical risk of prostate cancer as defined by the [CARE PROFESSIONAL](#).

- 01 Low risk
- 02 Low-intermediate risk
- 03 High-intermediate risk
- 04 High risk

This attribute is also known by these names:

Context	Alias
plural	PROSTATE CANCER CLINICAL RISK CATEGORIES

PROSTATE CANCER CLINICAL RISK CATEGORY

Change to Attribute: New Attribute

PROSTATE CANCER CLINICAL RISK CATEGORY

Data Elements:

PROSTATE CANCER CLINICAL RISK CATEGORY

RADIOTHERAPY PRIORITY

Change to Attribute: Changed Dataset

The priority for the [Radiotherapy Treatment Course](#) as classified by the requesting clinician.

For the [Radiotherapy Data Set](#), this is the priority of the [Radiotherapy Episode](#).

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.

RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR

Change to Attribute: New Attribute

An indication of whether the [Rapid Diagnostic Centre Pathway](#) is compliant with the [Rapid Diagnostic Centres Vision and 2019/20 Implementation Specification](#).

National Codes:

Y	Yes - the Rapid Diagnostic Centre Pathway is compliant
N	No - the Rapid Diagnostic Centre Pathway is not compliant

This attribute is also known by these names:

Context	Alias
plural	RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATORS

RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR

Change to Attribute: New Attribute

RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR

Data Elements:

RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR
--

REFERRAL REQUEST RECEIVED DATE

Change to Attribute: Changed Dataset

The date the [REFERRAL REQUEST](#) was received by the [Health Care Provider](#).

The waiting time for a first [Out-Patient Appointment](#) should be calculated from the date when the [REFERRAL REQUEST](#) is received.

- For electronic [REFERRAL REQUESTS](#) the [REFERRAL REQUEST RECEIVED DATE](#) is the date the [REFERRAL REQUEST](#) is received electronically by the [Health Care Provider](#)
- For [Choose and Book](#), 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).

Where an electronic [REFERRAL REQUEST](#) made through Choose and Book is rejected by the chosen provider, the [ORIGINAL REFERRAL REQUEST RECEIVED DATE](#) should be used when the [PATIENT](#) is subsequently re-referred to another service, so that [PATIENTS](#) are not unfairly disadvantaged when their waiting time calculations are made.

In the circumstance that a [PATIENT](#) calls the national [Choose and Book](#) Appointments Line and an [APPOINTMENT SLOT](#) is not available with the chosen [Health Care Provider](#), the national [Choose and Book](#) Appointments Line will electronically forward the [REFERRAL REQUEST](#) details to the chosen [Health Care Provider](#) so the [Health Care Provider](#) can liaise directly with the [PATIENT](#) to arrange their [Out-Patient Appointment](#). The

[REFERRAL REQUEST RECEIVED DATE](#) will be the date that the [Health Care Provider](#) receives electronic notification from the national [Choose and Book](#) Appointments Line that the [PATIENT](#) has experienced slot unavailability. (Note that this is NOT the date that the [Health Care Provider](#) opens or actions the electronic notification).

For written [REFERRAL REQUESTS](#) letters must be opened and date stamped on the day of receipt. It is this date that must be entered on any Patient Administration System (PAS) or similar system, not the date on which the information is fed into the system if this is later than the date of receipt.

If the [REFERRAL REQUEST](#) takes the form of a phone call followed by a letter, record the date when the letter arrives. If there is no following letter, the date of the verbal request should be recorded.

SERVICE REQUEST DATE

Change to Attribute: Changed Dataset

The date a [SERVICE REQUEST](#) for an [APPOINTMENT](#) was made and recorded.

SOURCE OF REFERRAL FOR OUT-PATIENTS

Change to Attribute: Changed Dataset

The source of referral of each [Consultant Out-Patient Episode](#).

Note: National Code 12 'referral from a [General Practitioner with an Extended Role \(GPwER\)](#) or [Dentist with Enhanced Skills \(DES\)](#)' has been updated in [Data Dictionary Change Notice 1752 "Practitioners with a Special Interest Name Change"](#). The Data Set specifications that contain this item will be updated in the next version of the Information Standard where it is not already correct.

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 an Extended Role \(GPwER\)](#) or [Dentist with Enhanced Skills \(DES\)](#)
- 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 an Extended Role \(GPwER\)](#), National Code 12 'referral from a [General Practitioner with an Extended Role \(GPwER\)](#) or [Dentist with Enhanced Skills \(DES\)](#)' 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)*.

TUMOUR OR LESION LATERALITY

Change to Attribute: Changed Dataset

An indication of the:

- side of the body for a [Tumour](#) relating to paired organs within a [PATIENT](#) or
- radiologically determined laterality of the [Lesion\(s\)](#).

National Codes:

L	Left
R	Right
M	Midline
B	Bilateral

TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE

Change to Attribute: Changed Dataset, Description

The site where cancer is suspected:

- by the [GENERAL MEDICAL PRACTITIONER](#), [GENERAL DENTAL PRACTITIONER](#) or [OPTOMETRIST](#) referring the [PATIENT](#) where the [PRIORITY TYPE](#) is National Code "Two Week Wait".
- which is used to identify [PATIENTS](#) being referred on the basis of exhibited (non-cancer) breast symptoms from any [CARE PROFESSIONAL](#).

National Codes:

01	Suspected breast cancer
02	Suspected children's cancer. For monitoring of the cancer Two Week Wait and 28 Day Faster Diagnosis standards, a child is defined as under the age of 16 years at the CANCER REFERRAL TO TREATMENT PERIOD START DATE
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
45	Other suspected cancer (not listed)
15	Other suspected cancer (not listed) (Retired 1 October 2020)
16	Exhibited (non-cancer) breast symptoms - cancer not initially suspected. This National Code 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.
17	Suspected cancer - non-specific symptoms
18	Other suspected cancer (not listed)

WAITING TIME ADJUSTMENT REASON

Change to Attribute: Changed Dataset, Description

The prime reason for an adjustment to waiting time for 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 'Did Not Attend - no advance warning given' or National Code 'PATIENT arrived late and could not be seen'

- 3 Did Not Attend APPOINTMENT: where the ATTENDED OR DID NOT ATTEND is National Code 'Did Not Attend - no advance warning given' or National Code 'PATIENT arrived late and could not be seen'
- 6 Egg harvesting: where a delay is caused for egg harvesting
- 7 Clinically urgent treatment of another condition: where a delay is caused for a clinically urgent treating condition
- 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

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, National Code 'No adjustment to waiting time' should be used.
- National Code 'Did Not Attend Out-Patient Appointment' is only to be used, where applicable, within WAITING TIME ADJUSTMENT REASON (FIRST SEEN).
- National Code 'Patient pause' cannot be used within WAITING TIME ADJUSTMENT REASON (FIRST SEEN) as a patient pause can only be applied in relation to an OFFER OF ADMISSION for treatment.
- National Code 'Did Not Attend APPOINTMENT' is only to be used, where applicable, within WAITING TIME ADJUSTMENT REASON (FIRST SEEN). The care setting can be out-patient or admitted-patient setting.
- National Code 'Patient pause' cannot be used within WAITING TIME ADJUSTMENT REASON (FIRST SEEN) as a patient pause can only be applied in relation to an for treatment. The care setting can be out-patient or admitted-patient setting.

CANCER CARE SETTING (TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER CARE SETTING FOR TREATMENT
Default Codes:	99 - Unknown (Not Recorded)

Notes:

[CANCER CARE SETTING \(TREATMENT\)](#) is the same as attribute [CANCER CARE SETTING FOR TREATMENT](#).

CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER CARE SPELL DELAY REASON
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON \(CONSULTANT UPGRADE\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON](#).

[CANCER CARE SPELL DELAY REASON \(CONSULTANT UPGRADE\)](#) is the reason why a [Cancer Care Spell Delay](#) occurred when a [Consultant Upgrade](#) took place.

CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER CARE SPELL DELAY REASON
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON \(DECISION TO TREATMENT\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON](#).

[CANCER CARE SPELL DELAY REASON \(DECISION TO TREATMENT\)](#) is the reason why a [Cancer Care Spell Delay](#) occurred between the [DECISION TO TREAT DATE](#) and [TREATMENT START DATE \(CANCER\)](#).

CANCER CARE SPELL DELAY REASON (FIRST SEEN)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON \(FIRST SEEN\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON](#).

[CANCER CARE SPELL DELAY REASON](#) is the reason why a [Cancer Care Spell Delay](#) occurred between the [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and the [DATE FIRST SEEN](#), when the [PRIORITY TYPE](#) is National Code 'Two Week Wait'.

Permitted 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
- 17 [PATIENT](#) choice delay relating to first [Out-Patient Appointment](#)
- 22 [PATIENT](#) care not commissioned by the NHS in England (waiting time standard does not apply) for treatment in an admitted care setting
- 97 Other reason (not listed)

CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON \(OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON](#).

[CANCER CARE SPELL DELAY REASON \(OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the reason why a [Cancer Care Spell Delay](#) occurred, where the [Health Care Provider](#) was unable to communicate the outcome of the [Cancer Faster Diagnosis Pathway](#) to the [PATIENT](#) within the service standard of 28 days.

Permitted 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
- 04 Elective cancellation (for non-medical reason) for treatment in an admitted care setting
- 05 Elective capacity inadequate ([PATIENT](#) unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
- 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)
- 14 [PATIENT](#) Did Not Attend treatment [APPOINTMENT](#)
- 17 [PATIENT](#) choice delay relating to first [Out-Patient 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)
- 22 [PATIENT](#) care not commissioned by the NHS in England (waiting time standard does not apply) for treatment in an admitted care setting
- 23 Equipment breakdown
- 24 Inconclusive diagnostic result
- 25 [Health Care Provider](#) unable to make contact with [PATIENT](#) by telephone
- 26 [PATIENT](#) choice ([PATIENT](#) declined or cancelled an offered [APPOINTMENT DATE](#) for follow up [APPOINTMENT](#))
- 97 Other reason (not listed)

CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER CARE SPELL DELAY REASON
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON \(REFERRAL TO TREATMENT\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON](#).

[CANCER CARE SPELL DELAY REASON \(REFERRAL TO TREATMENT\)](#) is the reason why a [Cancer Care Spell Delay](#) occurred between the [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE \(CANCER\)](#), less any adjustments recorded by [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) and [WAITING TIME ADJUSTMENT \(TREATMENT\)](#).

CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)

Change to Data Element: Changed Dataset

Format/Length:	max an255
National Codes:	
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON COMMENT \(CONSULTANT UPGRADE\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON COMMENT](#).

[CANCER CARE SPELL DELAY REASON COMMENT \(CONSULTANT UPGRADE\)](#) is the free text comment that describes why a [Cancer Care Spell Delay](#) occurred:

- when a [Consultant Upgrade](#) took place and
 - where the [CANCER CARE SPELL DELAY REASON](#) is National Code 'Other reason (not listed)' or any additional supporting information is required .
-

CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	max an255
National Codes:	
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON COMMENT \(DECISION TO TREATMENT\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON COMMENT](#).

[CANCER CARE SPELL DELAY REASON COMMENT \(DECISION TO TREATMENT\)](#) is the free text comment that describes why a [Cancer Care Spell Delay](#) occurred:

- between the [DECISION TO TREAT DATE](#) and [TREATMENT START DATE \(CANCER\)](#) and
 - where the [CANCER CARE SPELL DELAY REASON](#) is National Code 'Other reason (not listed)' or any additional supporting information is required.
-

CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)

Change to Data Element: Changed Dataset

Format/Length:	max an255
National Codes:	
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON COMMENT \(FIRST SEEN\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON COMMENT](#).

[CANCER CARE SPELL DELAY REASON COMMENT \(FIRST SEEN\)](#) is the free text comment field to describe why a [Cancer Care Spell Delay](#) occurred:

- between the [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and the [DATE FIRST SEEN](#) and
- where the:

- [PRIORITY_TYPE](#) is National Code 'Two Week Wait' and
- [CANCER CARE SPELL DELAY REASON](#) is National Code 'Other reason (not listed)' or any additional supporting information is required .

CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)

Change to Data Element: Changed Dataset

Format/Length:	max an255
National Codes:	
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON COMMENT \(OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON COMMENT](#).

[CANCER CARE SPELL DELAY REASON COMMENT \(OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the free text comment that describes why a [Cancer Care Spell Delay](#) occurred where the:

- [Health Care Provider](#) was unable to communicate the outcome of the [Cancer Faster Diagnosis Pathway](#) to the [PATIENT](#) within the service standard of 28 days and
- [CANCER CARE SPELL DELAY REASON](#) is National Code 'Other reason (not listed)' or any additional supporting information is required.

CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	max an255
National Codes:	
Default Codes:	

Notes:

[CANCER CARE SPELL DELAY REASON COMMENT \(REFERRAL TO TREATMENT\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON COMMENT](#).

[CANCER CARE SPELL DELAY REASON COMMENT \(REFERRAL TO TREATMENT\)](#) is the free text comment field to describe why a [Cancer Care Spell Delay](#) occurred:

- between the [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE \(CANCER\)](#) and
- less any adjustments recorded by [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) and [WAITING TIME ADJUSTMENT \(TREATMENT\)](#) and
- where the [CANCER CARE SPELL DELAY REASON](#) is National Code 'Other reason (not listed)' or any additional supporting information is required.

CANCER DIAGNOSTIC REFERRAL ROUTE

Change to Data Element: New Data Element

Format/Length:	an2
National Codes:	See CANCER DIAGNOSTIC REFERRAL ROUTE
Default Codes:	

Notes:

[CANCER DIAGNOSTIC REFERRAL ROUTE](#) is the same as attribute [CANCER DIAGNOSTIC REFERRAL ROUTE](#).

This data element is also known by these names:

Context	Alias
plural	CANCER DIAGNOSTIC REFERRAL ROUTES

CANCER DIAGNOSTIC REFERRAL ROUTE

Change to Data Element: New Data Element

CANCER DIAGNOSTIC REFERRAL ROUTE
Attribute:
CANCER DIAGNOSTIC REFERRAL ROUTE

CANCER FASTER DIAGNOSIS PATHWAY END DATE

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[CANCER FASTER DIAGNOSIS PATHWAY END DATE](#) is the same as [ACTIVITY DATE](#), where the [ACTIVITY DATE TYPE](#) is National Code '[End Date](#)'.

[CANCER FASTER DIAGNOSIS PATHWAY END DATE](#) is either the date when the [PATIENT](#):

- is informed of the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#), where the National Code is either '[Diagnosis of cancer](#)' or '[Ruling out of cancer](#)'
- is excluded from the [Cancer Faster Diagnosis Pathway](#), where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is National Code is '[Excluded from the Cancer Faster Diagnosis Pathway](#)'.

Note: where a [Decision To Treat](#) is made before the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is recorded, then the end of the [Cancer Faster Diagnosis Pathway](#) is the [DECISION TO TREAT DATE](#).

CANCER FASTER DIAGNOSIS PATHWAY END REASON

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See CANCER FASTER DIAGNOSIS PATHWAY END REASON
Default Codes:	

Notes:

[CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is the same as attribute [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#).

CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON
Default Codes:	

Notes:

[CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON](#) is the same as attribute [CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON](#).

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS
Default Codes:	

Notes:

[CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) is the same as attribute [CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#).

CANCER REFERRAL TO TREATMENT PERIOD START DATE

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) is the same as attribute [ACTIVITY DATE](#), where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the [Cancer Referral To Treatment Period](#).

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](#) is National Code 'Two Week Wait'*
 - to secondary care where the [PATIENT](#) was subsequently upgraded onto a [Cancer 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](#)
 - into secondary care when the [PATIENT](#) was referred urgently for 'breast symptoms', where the [PRIORITY TYPE](#) is National Code 'Two Week Wait'*
 - to an Assessment Clinic following the identification of an abnormality by an NHS Cancer [Screening Service](#), where the [PRIORITY TYPE](#) is National Code '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](#) is National Code 'Routine', and where the [PATIENT](#) was subsequently upgraded onto a [Cancer Pathway](#). The [CONSULTANT UPGRADE DATE](#) will also be recorded.

Notes:

- * The start of the [Cancer Faster Diagnosis Pathway](#) will be the [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) for the items annotated.
- 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](#).

CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER
Default Codes:	99 - Not Known (Not Recorded)

Notes:

[CANCER TRANSFER RECEIVING REASON \(INTER-PROVIDER TRANSFER\)](#) is the same as attribute [CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER](#).

[CANCER TRANSFER RECEIVING REASON \(INTER-PROVIDER TRANSFER\)](#) is the [CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER](#) for the [Organisation](#) that is receiving the [PATIENT](#) from another [Health Care Provider](#) as part of the inter-provider transfer during a [Cancer Care Spell](#).

CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER
Default Codes:	99 - Not Known (Not Recorded)

Notes:

[CANCER TRANSFER REFERRING REASON \(INTER-PROVIDER TRANSFER\)](#) is the same as attribute [CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER](#).

[CANCER TRANSFER REFERRING REASON \(INTER-PROVIDER TRANSFER\)](#) is the [CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER](#) for the [Organisation](#) that is referring the [PATIENT](#) to another [Health Care Provider](#) as part of the inter-provider transfer during a [Cancer Care Spell](#).

CANCER TREATMENT EVENT TYPE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER TREATMENT EVENT TYPE
Default Codes:	

Notes:

[CANCER TREATMENT EVENT TYPE](#) is the same as attribute [CANCER TREATMENT EVENT TYPE](#).

CANCER TREATMENT MODALITY

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CANCER TREATMENT MODALITY

Default Codes:

Notes:

[CANCER TREATMENT MODALITY](#) is the same as attribute [CANCER TREATMENT MODALITY](#).

CANCER TREATMENT PERIOD START DATE

Change to Data Element: Changed Dataset

Format/Length: an10 CCYY-MM-DD
National Codes:
Default Codes:

Notes:

[CANCER TREATMENT PERIOD START DATE](#) is the same as attribute [ACTIVITY DATE](#), where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of the [Cancer Treatment Period](#).

A [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.

CARE PROFESSIONAL TYPE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY), renamed from CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)

Change to Data Element: Changed Name, Dataset

Format/Length: an3
National Codes:
Default Codes:

Notes:

[CARE PROFESSIONAL TYPE CODE \(OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the same as attribute [CARE PROFESSIONAL TYPE](#). [CARE PROFESSIONAL TYPE \(OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the same as attribute [CARE PROFESSIONAL TYPE](#).

~~[CARE PROFESSIONAL TYPE CODE \(OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the [CARE PROFESSIONAL TYPE](#) of the [CARE PROFESSIONAL](#) communicating the cancer diagnosis outcome to the [PATIENT](#), where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) in National Code '[Diagnosis of cancer](#)' or '[Ruling out of cancer](#)'. [CARE PROFESSIONAL TYPE \(OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the [CARE PROFESSIONAL TYPE](#) of the [CARE PROFESSIONAL](#) communicating the cancer diagnosis outcome to the [PATIENT](#), where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) in National Code '[Diagnosis of cancer](#)' or '[Ruling out of cancer](#)'.~~

Permitted National Codes:

- | | |
|-----|---|
| 060 | CONSULTANT |
| 150 | GENERAL DENTAL PRACTITIONER |
| 160 | GENERAL MEDICAL PRACTITIONER |
| 180 | NURSE |
| 210 | OPHTHALMIC MEDICAL PRACTITIONER |
| 220 | OPTOMETRIST |
| 310 | Radiographer |
| XXX | Other (not listed) |

CARE PROFESSIONAL TYPE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY), renamed from CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)

Change to Data Element: Changed Name, Dataset

- Changed Name from Data_Dictionary.Data_Field_Notes.C.Care.CARE_PROFESSIONAL_TYPE_CODE_(OUTCOME_COMMUNICATION_CAN_CER_FASTER_DIAGNOSIS_PATHWAY) to

Data_Dictionary.Data_Field_Notes.C.Care.CARE_PROFESSIONAL_TYPE_
(OUTCOME_COMMUNICATION_CANCER_FASTER_DIAGNOSIS_PATHWAY)

- null

CLINICAL TRIAL INDICATOR

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CLINICAL TRIAL INDICATOR
Default Codes:	99 - Not Known (Not Recorded)

Notes:

[CLINICAL TRIAL INDICATOR](#) is the same as attribute [CLINICAL TRIAL INDICATOR](#).

For the [Systemic Anti-Cancer Therapy Data Set](#), [CLINICAL TRIAL INDICATOR](#) identifies if a [PATIENT](#) is currently in an active [Systemic Anti-Cancer Therapy CLINICAL TRIAL](#).

CONSULTANT UPGRADE DATE

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[CONSULTANT UPGRADE DATE](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Consultant Upgrade Date](#)'.

DATE FIRST SEEN

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[DATE FIRST SEEN](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Care Contact Date](#)'.

[DATE FIRST SEEN](#) is the date that the [PATIENT](#) is first seen in the Trust that receives the first referral.

[DATE FIRST SEEN](#) 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 At Accident and Emergency Department](#) 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](#) for the:

- [National Cancer Waiting Times Monitoring Data Set](#) is:
 - the date when the [PATIENT](#) is seen for the first time by a [CONSULTANT](#) (or member of their team) or in a clinic following receipt of the [REFERRAL REQUEST](#).
- [HIV and AIDS Reporting Data Set](#) is:
 - the date the [PATIENT](#) was first seen for Human Immunodeficiency Virus (HIV) care at a [HIV Clinic Attendance](#) at the current [Health Care Provider](#).

DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[DECISION TO REFER DATE \(CANCER OR BREAST SYMPTOMS\)](#) is the same as attribute [DECISION TO REFER DATE](#).

[DECISION TO REFER DATE \(CANCER OR BREAST SYMPTOMS\)](#) is the date on which:

- a [GENERAL MEDICAL PRACTITIONER](#), [GENERAL DENTAL PRACTITIONER](#) or [OPTOMETRIST](#) decides to refer a [PATIENT](#) urgently to secondary care with suspected cancer
- any [CARE PROFESSIONAL](#) decides to make a referral to secondary care for breast symptoms where cancer is not suspected
- a [Screening Service](#) decides to urgently refer a [PATIENT](#) with suspected cancer
- a [Consultant Upgrade](#) takes place.

METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY
Default Codes:	

Notes:

[METHOD OF COMMUNICATION \(END OF CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the same as attribute [METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY](#).

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR (RETIRED),_ renamed from MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR

Change to Data Element: Changed Name, linked Attribute, status to Retired, Dataset, Description

Format/Length:	an4
National Codes:	See MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR
Default Codes:	

Notes:

~~[MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR](#) is the same as attribute [MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR](#). This item has been retired from the NHS Data Model and Dictionary.~~

The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.

Access to this version can be obtained by emailing information.standards@nhs.net with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR (RETIRED),_ renamed from MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR

Change to Data Element: Changed Name, linked Attribute, status to Retired, Dataset, Description

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR	
Attribute:	MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR (RETIRED),_ renamed from MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR

Change to Data Element: Changed Name, linked Attribute, status to Retired, Dataset, Description

- Changed Name from Data_Dictionary.Data_Field_Notes.M.Mo.MULTIDISCIPLINARY_TEAM_CAN_CARE_PLAN_DISCUSSED_INDICATOR to Retired.Data_Dictionary.Data_Field_Notes.M.MULTIDISCIPLINARY_TEAM_CAN_CARE_PLAN_DISCUSSED_INDICATOR
- null
- Retired MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR
- null
- Changed Description

MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[MULTIDISCIPLINARY TEAM DISCUSSION DATE \(CANCER\)](#) is the same as attribute [ACTIVITY DATE](#) where the [ACTIVITY DATE TYPE](#) is National Code '[Multidisciplinary Team Discussion Date \(Cancer\)](#)'.

NHS NUMBER

Change to Data Element: Changed Dataset

Format/Length:	n10
National Codes:	
Default Codes:	

Notes:

[NHS NUMBER](#) is the same as attribute [NHS NUMBER](#).

For the [AIDC for Patient Identification Data Set](#), [NHS NUMBER](#) must be displayed in accordance with the [NHS Common User Interface Information Standard - NHS Number Input and Display \(ISB 1504\)](#).

NHS NUMBER STATUS INDICATOR CODE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See NHS NUMBER STATUS INDICATOR CODE
Default Codes:	

Notes:

[NHS NUMBER STATUS INDICATOR CODE](#) is the same as attribute [NHS NUMBER STATUS INDICATOR CODE](#).

ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	

Notes:

[ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) issuing the [PATIENT PATHWAY IDENTIFIER](#).

Where [Choose and Book](#) has been used, the [ORGANISATION IDENTIFIER](#) X09 should be used.

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then [ORGANISATION CODE \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

[ORGANISATION CODE \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#) will be replaced with [ORGANISATION IDENTIFIER \(PATIENT PATHWAY IDENTIFIER ISSUER\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (RECEIVING)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	

Notes:

[ORGANISATION IDENTIFIER \(RECEIVING\)](#) is the same as the attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(RECEIVING\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) that is receiving the [PATIENT](#) from another [Health Care Provider](#).

[ORGANISATION CODE \(RECEIVING\)](#) will be replaced with [ORGANISATION IDENTIFIER \(RECEIVING\)](#), when it has been approved for use in national information standards.

ORGANISATION IDENTIFIER (REFERRING)

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an6
National Codes:	
ODS Default Codes:	X99998 - Referring ORGANISATION IDENTIFIER not applicable
	X99999 - Referring ORGANISATION IDENTIFIER not known

Notes:

[ORGANISATION IDENTIFIER \(REFERRING\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION IDENTIFIER \(REFERRING\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation](#) from which the referral is made, such as a [GP Practice](#), [NHS Trust](#) or [NHS Foundation Trust](#).

This information is essential for managing service agreements which are based on patterns of referral.

[REFERRING ORGANISATION CODE](#) will be replaced with [ORGANISATION IDENTIFIER \(REFERRING\)](#), when it has been approved for use in national information standards.

ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes:	89999 - Non-NHS UK Provider where no ORGANISATION IDENTIFIER has been issued
	89997 - Non-UK Provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(OF CANCER FASTER DIAGNOSIS PATHWAY END DATE\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(OF CANCER FASTER DIAGNOSIS PATHWAY END DATE\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation Site](#) acting as [Health Care Provider](#) where the [CANCER FASTER DIAGNOSIS PATHWAY END DATE](#) is recorded.

ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes:	89999 - Non-NHS UK Provider where no ORGANISATION IDENTIFIER has been issued
	89997 - Non-UK Provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER CANCER DECISION TO TREAT\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER CANCER DECISION TO TREAT\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation Site](#) 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](#).

ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes:	89999 - Non-NHS UK Provider where no ORGANISATION IDENTIFIER has been issued 89997 - Non-UK Provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER CANCER TREATMENT START DATE\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER CANCER TREATMENT START DATE\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation Site](#) where the [TREATMENT START DATE \(CANCER\)](#) is recorded.

ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes:	89999 - Non-NHS UK Provider where no ORGANISATION IDENTIFIER has been issued 89997 - Non-UK Provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER CONSULTANT UPGRADE\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER CONSULTANT UPGRADE\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation Site](#) 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).

ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)

Change to Data Element: Changed Dataset

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes:	89999 - Non-NHS UK Provider where no ORGANISATION IDENTIFIER has been issued 89997 - Non-UK Provider where no ORGANISATION IDENTIFIER has been issued

Notes:

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER FIRST SEEN\)](#) is the same as attribute [ORGANISATION IDENTIFIER](#).

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER FIRST SEEN\)](#) is the [ORGANISATION IDENTIFIER](#) of the [Organisation Site](#) of the [Health Care Provider](#) at the first contact with the [PATIENT](#).

For the [National Cancer Waiting Times Monitoring Data Set](#) this may be the:

- [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](#).

[ORGANISATION SITE IDENTIFIER \(OF PROVIDER FIRST SEEN\)](#) may be the same [Health Care Provider](#) as for [ORGANISATION SITE IDENTIFIER \(OF PROVIDER FIRST CANCER SPECIALIST\)](#) if the [PATIENT](#) was first seen by the appropriate specialist for cancer.

PATIENT PATHWAY IDENTIFIER

Change to Data Element: Changed Dataset

Format/Length:	an20
National Codes:	
Default Codes:	

Notes:

[PATIENT PATHWAY IDENTIFIER](#) is the same as [PATIENT PATHWAY IDENTIFIER](#).

Use in Commissioning Data Set version 6-0 onwards

If the Commissioning Data Set record relates to a [Referral To Treatment Period Included In Referral To Treatment Consultant-Led Waiting Times Measurement](#), and is of the following Commissioning Data Set Types:

- [CDS V6-2 Type 020 - Outpatient Commissioning Data Set](#)
- [CDS V6-2 Type 130 - Admitted Patient Care - Finished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 190 - Admitted Patient Care - Unfinished General Episode Commissioning Data Set](#)
- [CDS V6-2 Type 030 - Elective Admission List - End of Period Census \(Standard\) Commissioning Data Set](#)
- [CDS V6-2 Type 060 - Elective Admission List - Event During Period \(Add\) Commissioning Data Set](#)
- [CDS V6-2 Type 070 - Elective Admission List - Event During Period \(Remove\) Commissioning Data Set](#)
- [CDS V6-2 Type 080 - Elective Admission List - Event During Period \(Offer\) Commissioning Data Set](#)

then either [UNIQUE BOOKING REFERENCE NUMBER \(CONVERTED\)](#) or [PATIENT PATHWAY IDENTIFIER](#) must be present in the Commissioning Data Set PATIENT PATHWAY Data Group.

PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY
Default Codes:	

Notes:

[PRIMARY CANCER SITE \(CANCER FASTER DIAGNOSIS PATHWAY\)](#) is the same as attribute [PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY](#).

PRIMARY DIAGNOSIS (ICD)

Change to Data Element: Changed Dataset

Format/Length:	See ICD-10 CODE
National Codes:	
Default Codes:	

Notes:

[PRIMARY DIAGNOSIS \(ICD\)](#) is the same as attribute [CLINICAL CLASSIFICATION CODE](#).

[PRIMARY DIAGNOSIS \(ICD\)](#) is the [International Classification of Diseases \(ICD\)](#) code used to identify the [PRIMARY DIAGNOSIS](#).

[PRIMARY DIAGNOSIS \(ICD\)](#) is used by the [Secondary Uses Service](#) to derive the [Healthcare Resource Group 4](#). Failure to correctly populate this data element is likely to result in an incorrect [Healthcare Resource Group](#), usually associated with lower levels of healthcare resource.

For further information, please refer to the [NHS Digital](#) website at: [Payment by Results Guidance](#).

Note:

- The format/length of this Data Element has been corrected as a result of the work undertaken for the development of the Coding Strategy.
- The data set specifications of the data sets that contain this Data Element will be updated in the next version of the information standard where it is not already correct.

PRIORITY TYPE CODE

Change to Data Element: Changed Dataset

Format/Length:	an1
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National Codes: See [PRIORITY TYPE](#)
Default Codes:

Notes:

[PRIORITY TYPE CODE](#) is the same as attribute [PRIORITY TYPE](#).

[PRIORITY TYPE CODES](#) can be defined more precisely if this is needed for local purposes, as long as the classifications can be mapped back to the National Codes.

PROSTATE CANCER CLINICAL RISK CATEGORY

Change to Data Element: New Data Element

Format/Length: an2
National Codes: See [PROSTATE CANCER CLINICAL RISK CATEGORY](#)
Default Codes:

Notes:

[PROSTATE CANCER CLINICAL RISK CATEGORY](#) is the same as attribute [PROSTATE CANCER CLINICAL RISK CATEGORY](#).

This data element is also known by these names:

Context	Alias
plural	PROSTATE CANCER CLINICAL RISK CATEGORIES

PROSTATE CANCER CLINICAL RISK CATEGORY

Change to Data Element: New Data Element

PROSTATE CANCER CLINICAL RISK CATEGORY

Attribute:

[PROSTATE CANCER CLINICAL RISK CATEGORY](#)

RADIOTHERAPY PRIORITY

Change to Data Element: Changed Dataset, Description

Format/Length: an1
National Codes: See [RADIOTHERAPY PRIORITY](#)
Default Codes:

Notes:

[RADIOTHERAPY PRIORITY](#) is the same as attribute [RADIOTHERAPY PRIORITY](#).

For the [National Cancer Waiting Times Monitoring Data Set](#), [RADIOTHERAPY PRIORITY](#) must be recorded where the [CANCER TREATMENT MODALITY](#) is National Code ["Teletherapy \(Beam radiation excluding Proton Therapy\)"](#).

RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR

Change to Data Element: New Data Element

Format/Length: an1
National Codes: See [RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR](#)
Default Codes:

Notes:

[RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR](#) is the same as attribute [RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR](#).

This data element is also known by these names:

Context	Alias
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RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR

Change to Data Element: New Data Element

RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR

Attribute:

RAPID DIAGNOSTIC CENTRE PATHWAY COMPLIANCE INDICATOR

REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[REFERRAL REQUEST RECEIVED DATE \(INTER-PROVIDER TRANSFER\)](#) is the [REFERRAL REQUEST RECEIVED DATE](#) for an inter-provider transfer of a [PATIENT](#) from one [Health Care Provider](#) to another.

[REFERRAL REQUEST RECEIVED DATE \(INTER-PROVIDER TRANSFER\)](#) is the date the [Organisation](#) where the [PATIENT](#) is being transferred to, received the [SERVICE REQUEST](#) from the referring [Organisation](#).

SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[SERVICE REQUESTED DATE \(INTER-PROVIDER TRANSFER\)](#) is the same as attribute [SERVICE REQUEST DATE](#).

[SERVICE REQUESTED DATE \(INTER-PROVIDER TRANSFER\)](#) is the [SERVICE REQUEST DATE](#) for an inter-provider transfer of a [PATIENT](#) from one [Health Care Provider](#) to another.

[SERVICE REQUESTED DATE \(INTER-PROVIDER TRANSFER\)](#) is the date the referring [Health Care Provider](#) raised a [SERVICE REQUEST](#).

SOURCE OF REFERRAL FOR OUT-PATIENTS

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See SOURCE OF REFERRAL FOR OUT-PATIENTS
Default Codes:	

Notes:

[SOURCE OF REFERRAL FOR OUT-PATIENTS](#) is the same as attribute [SOURCE OF REFERRAL FOR OUT-PATIENTS](#).

TREATMENT START DATE (CANCER)

Change to Data Element: Changed Dataset

Format/Length:	an10 CCYY-MM-DD
National Codes:	
Default Codes:	

Notes:

[TREATMENT START DATE \(CANCER\)](#) is the same as attribute [ACTIVITY DATE](#), where the [ACTIVITY DATE TYPE](#) is National Code '[Start Date](#)' of a [CLINICAL INTERVENTION](#).

[TREATMENT START DATE \(CANCER\)](#) is the [Start Date](#) of the first, second or subsequent cancer treatment given to a [PATIENT](#) who is receiving care for a cancer condition.

If the [CANCER TREATMENT MODALITY](#) is recorded as National Code '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 Referral To 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 and the [CANCER TREATMENT MODALITY](#) is recorded as National Code 'All treatment declined', then the [TREATMENT START DATE \(CANCER\)](#) should be recorded as the date upon which the [PATIENT](#) made this decision.

For the [National Cancer Waiting Times Monitoring Data Set](#), [TREATMENT START DATE \(CANCER\)](#) is for a cancer condition with a [PRIMARY DIAGNOSIS \(ICD\)](#) code defined by [NHS England](#). The full list of diagnosis codes can be found on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

TUMOUR LATERALITY

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See TUMOUR OR LESION LATERALITY
Default Codes:	8 - Not Applicable 9 - Not Known (Not Recorded)

Notes:

[TUMOUR LATERALITY](#) is the same as attribute [TUMOUR OR LESION LATERALITY](#).

[TUMOUR LATERALITY](#) identifies the side of the body for a [Tumour](#) relating to paired organs within a [PATIENT](#).

TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE
Default Codes:	

Notes:

[TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE](#) is the same as attribute [TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE](#).

WAITING TIME ADJUSTMENT (FIRST SEEN)

Change to Data Element: Changed Dataset, Description

Format/Length:	max n3
National Codes:	
Default Codes:	

Notes:

[WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) records the number of days that should be removed from the calculated waiting time for the two week wait period, the 28 day period and potentially the 62 day period (if cancer is confirmed), i.e. between receipt of the referral or decision of [Consultant Upgrade](#) (recorded as [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) or [CONSULTANT UPGRADE DATE](#)) and the [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. Adjustments are only permissible when a [PATIENT](#) does not attend an [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 on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

WAITING TIME ADJUSTMENT (TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	max n3
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National Codes:
Default Codes:

Notes:

[WAITING TIME ADJUSTMENT \(TREATMENT\)](#) 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 FOR TREATMENT](#) is:

- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#)' (where [PATIENT CLASSIFICATION](#) is National Code 'Ordinary admission') or
- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#)' (where [PATIENT CLASSIFICATION](#) is National Code 'Day case admission').

Guidance on calculating the number of days which may be removed from the waiting time is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

WAITING TIME ADJUSTMENT REASON (FIRST SEEN)

Change to Data Element: Changed Dataset, Description

Format/Length:	an1
National Codes:	See WAITING TIME ADJUSTMENT REASON
National Codes:	
Default Codes:	

Notes:

[WAITING TIME ADJUSTMENT REASON \(FIRST SEEN\)](#) is the same as attribute [WAITING TIME ADJUSTMENT REASON](#).

[WAITING TIME ADJUSTMENT REASON \(FIRST SEEN\)](#) is the reason for an adjustment to a waiting time prior to the [DATE FIRST SEEN](#).

If there is more than one adjustment applicable, [WAITING TIME ADJUSTMENT REASON \(FIRST SEEN\)](#) should be the reason for the longest calculated adjustment days.

[WAITING TIME ADJUSTMENT REASON \(FIRST SEEN\)](#) is mandatory, whenever an adjustment is appropriate as calculated and recorded by [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#).

Permitted National Codes:

- | | |
|---|--|
| 3 | Did Not Attend APPOINTMENT: where the ATTENDED OR DID NOT ATTEND is National Code 'Did Not Attend - no advance warning given' or National Code ' PATIENT arrived late and could not be seen' |
| 9 | No adjustment to waiting time |

WAITING TIME ADJUSTMENT REASON (TREATMENT)

Change to Data Element: Changed Dataset, Description

Format/Length:	an1
National Codes:	See WAITING TIME ADJUSTMENT REASON
Default Codes:	

Notes:

[WAITING TIME ADJUSTMENT REASON \(TREATMENT\)](#) is the same as attribute [WAITING TIME ADJUSTMENT REASON](#).

[WAITING TIME ADJUSTMENT REASON \(TREATMENT\)](#) 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 FOR TREATMENT](#) is:

- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Ordinary admission') or
- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Day case admission').

Permitted National Codes:

- 6 Egg harvesting: where a delay is caused for egg harvesting
- 7 Clinically urgent treatment of another condition: where a delay is caused for a clinically urgent treating condition
- 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

NATIONAL CANCER WAITING TIMES MONITORING DATA SET CONSTRAINTS

Change to XML Schema Constraint: New XML Schema Constraint

Data set constraints applied to the [National Cancer Waiting Times Monitoring Data Set](#).

Data Element	XML Schema Format/Length	Allowed Values	Range	Pattern Match	Reason / Comment / XML Choice
PATIENT PATHWAY IDENTIFIER	min an1 max an20	None	None	None	Existing Format/Length is max an20. Unable to change this as it is used in other data sets. XML Schema allows min an1 max an20
ORGANISATION IDENTIFIER (REFERRING)	min an3 max an5	Removed	None	None	Default codes not enumerated in the XML Schema. an6 is not applicable for the National Cancer Waiting Times Monitoring Data Set .

For enquiries about this Change Request, please email information.standards@nhs.net

