



# **National Cancer Waiting Times Monitoring Data Set V 1.2: Change Specification**

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<b>Document Purpose</b>	Implementation Support
<b>Document Name</b>	National Cancer Waiting Times Monitoring Data Set V 1.2: Change Specification
<b>Author</b>	Cancer Waiting Times Team
<b>Publication Date</b>	October 2015
<b>Target Audience</b>	NHS Cancer Service Managers and NHS Informatics Staff
<b>Additional Circulation List</b>	Cancer Network Directors and Information Leads
<b>Description</b>	<p>This change specification sets out the background, reason and impact of the change to the National Cancer Waiting Times Monitoring Data Set as stated in SCCI0147 Amd 7/2015.</p> <p>This supports the implementation of these changes which come into effect from the 1st April 2016.</p>
<b>Cross Reference</b>	N/A
<b>Superseded Docs (if applicable)</b>	N/A
<b>Action Required</b>	Implementation of two data items and XML schema according to SCCI 0147 Amd 7/2015
<b>Timing / Deadlines (if applicable)</b>	<b>By 01 April 2016</b>
<b>Contact Details for further information</b>	<p>Cancer Waiting Times Team</p> <p>Quarry House                      Leeds                      LS2 7UE                      cancer-waits@dh.gsi.gov.uk</p> <p><a href="http://www.hscic.gov.uk/isce/publication/scci0147">http://www.hscic.gov.uk/isce/publication/scci0147</a></p>
<b>Document Status</b>	<p>This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.</p>

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

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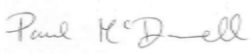
Prepared by: Jonathan Pearson

### Amendment History:

Version	Date	Amendment History
0.1	02/02/15	Initial Draft
1.0	07/05/15	Draft
1.2	26/05/15	Final
1.3	03/07/15	Final – Tense Amendment

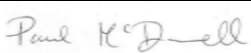
### Reviewers:

This document must be reviewed by the following:

Name	Signature	Title / Responsibility	Date	Version
Paul McDonnell		Senior Manager - Analytical Services (Operations)	03/07/15	1.3

### Approvals:

This document must be approved by the following:

Name	Signature	Title / Responsibility	Date	Version
Paul McDonnell		Senior Manager - Analytical Services (Operations)	03/07/15	1.3



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

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

This information standard comprises the following documents:

- Requirements Specification
- Change Specification
- Implementation guidance.

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

The controlled versions of these documents can be found on the [HSCIC website](#).

Date of publication 30 October 2015.

## 1 Overview

### 1.1 Name of Standard

National Cancer Waiting Times Monitoring Data Set (NCWTMDS)

#### Sponsor

Sean Duffy, National Clinical Director for Cancer, NHS England  
Medical Directorate  
FAO Joan Hetherington  
Quarry House  
Quarry Hill  
Leeds  
LS2 7UE  
0113 8250757

#### Developers

Cancer Waiting Times Team  
Quarry House  
Quarry Hill  
Leeds  
LS2 7UE  
[cancer-waits@nhs.net](mailto:cancer-waits@nhs.net)

Project manager: Paul McDonnell

## Background, Context and Summary

The NCWTMDS collects and monitors data related to the standards set for cancer care in the Handbook to the NHS constitution (pages 29 and 30). The data is collected directly from NHS England providers on a monthly basis. The data flows through and is managed by the collection service Open Exeter. NHS England is provided with a monthly extract of anonymised data which is used to produce official quarterly reports and monthly management reports.

Currently the data submitted to the NCWTMDS is in CSV format. NHS England has proposed that this procedure is changed to a XML submission. NHS England has also proposed two new data items to be included in the NCWTMDS.

The first item is the date that a referral request is received for inter provider transfers entitled "REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)". This is collected in order to provide more clarity for the transferral procedure and more information on the diagnostic part of the pathway.

The second new proposed data item is the status of the NHS number of each record entitled "NHS NUMBER STATUS INDICATOR CODE" as recommended by the data dictionary in order to give greater detail to the quality of data collected.

This will affect all the providers (data submitters) included within the NHS England cohort (approximately 146) as well as a few private providers commissioned to provide NHS services. The changes will be implemented by Open Exeter who host the NCWTMDS. The IT system suppliers (approximately 15) are working with Open Exeter to create the necessary changes to the data submissions.

NHS England is working with the Development Support Service, Data Dictionary and the Burden Assessment team at HSCIC to make the changes required for approval and sign off by SCCI. NHS England is working with the Cancer Outcomes and Services Dataset to ensure consistency.

## Summary of changes

As Is	Migration Path	To Be
CSV Submissions of data to NCWTMDS	Change to XML Schema	XML Submissions of data to NCWTMDS
Not Currently collected	Change to number of data items in data set	New data item called "REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)"
Not Currently collected	Change to number of data items in data set	New data item called "NHS NUMBER STATUS INDICATOR CODE"

## Reason for the change

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

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

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

## Impact and Implications

These changes affect the submissions to the established data set of all English NHS Providers.

During the implementation and transfer period (time to develop the changes and get used to the new business as usual) an initial burden exists. Apart from this initial setup burden the change to XML schema decreases the overall burden of the collection. This is consistent with other data collections and allows the transfer of data to flow more smoothly.

The new data items are designed to have the minimal impact possible as they use already well-established data dictionary items. The “NHS NUMBER STATUS INDICATOR CODE” is an automatically created code (generated/assigned when undertaking tracing against the Patient Administration Systems) and does not require additional burden from the data supplier apart from any errors it identifies. The “REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)” uses a data item already within the current Patient Administration Service (PAS) and is directly populated from this. An additional initial burden exists whilst the data suppliers implement the changes. This burden is mitigated through clear communications and guidance for the new data items.

## Supporting Documents

Ref	Reference	Title
1	<a href="http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Cancer/DH_091120">http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Healthcare/Cancer/DH_091120</a>	Cancer Reform Strategy
2	<a href="https://www.gov.uk/government/publications/the-national-cancer-strategy">https://www.gov.uk/government/publications/the-national-cancer-strategy</a>	Improving Outcomes: a Strategy for Cancer
3	<a href="http://www.england.nhs.uk/2013/03/26/nhs-constitution/">http://www.england.nhs.uk/2013/03/26/nhs-constitution/</a>	Handbook to the NHS Constitution

## Related Collections

This data set is strongly related to the Cancer Outcomes and Services Dataset (COSD). COSD specifies the secondary uses information required by the Department of Health for the purposes of assessing the implementation of the Cancer Reform Strategy (CRS). It supports local and national comparisons of performance and service activity which enables local organisations to assess their progress towards implementation of the CRS. Additionally the output supports commissioning and service development through the provision of relevant information on service delivery and outcomes.

All the data items held in the NCWTMDS are also held in COSD and any modifications are fully reflected in both data sets. The development team at COSD are aware of these changes and have been included in the discussions for this change to ensure they know what is occurring and had enough time to make required changes.

## Guidance for Stakeholders and Data Set Users

The following guidance is made available to all the key stakeholders when the ISN is issued. It explains that the impact for them will be minor.

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

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

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