

Health and Social Care Information Centre

NHS Data Model and Dictionary Service

Type:	Change Request
Reference:	1300
Version No:	1.0
Subject:	Updates to the National Cancer Waiting Times Monitoring Data Set and introduction of the XML Schema
Effective Date:	1 April 2016
Reason for Change:	Change to Data Standards
Publication Date:	26 October 2015

Background:

Changes to the National Cancer Waiting Times Monitoring Data Set from July 2012 were approved by the Information Standards Board for Health and Social Care as [ISB 0147 Amd 23/2011](#).

The documentation stated:

"The ability to transmit the data to the Cancer Waiting Times Database in XML format will be introduced from Autumn 2012 with the current CSV upload function being discontinued from Autumn 2013 by Information Standards Notice [ISB 0147 Amd 6/2012](#)."

The timing of the changes has been adjusted; the XML Schema will be introduced from 1 October 2016 and the current csv upload function discontinued from 1 April 2017.

This Change Request updates the NHS Data Model and Dictionary as follows to support the Information Standard:

- Add two new Data Elements to the National Cancer Waiting Times Monitoring Data Set; NHS NUMBER STATUS INDICATOR CODE and REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)
- Makes changes to the National Cancer Waiting Times Monitoring Data Set structure to support the XML Schema from 1 October 2016.

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: http://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:

Diagrams

ACTIVITY DIAGRAM	Changed Diagram
CANCER OUTCOMES AND SERVICES DIAGRAM	Changed Diagram
CHILD AND ADOLESCENT MENTAL HEALTH SERVICES SECONDARY USES DIAGRAM	Changed Diagram
CHILDREN AND YOUNG PEOPLE'S HEALTH SERVICES DIAGRAM	Changed Diagram
HIV AND AIDS DIAGRAM	Changed Diagram
IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DIAGRAM	Changed Diagram
MATERNITY SERVICES DIAGRAM	Changed Diagram
NATIONAL JOINT REGISTRY DIAGRAM	Changed Diagram
PATIENT PATHWAY DIAGRAM	Changed Diagram
RADIOTHERAPY DIAGRAM	Changed Diagram

SYSTEMIC ANTI-CANCER THERAPY DIAGRAM	Changed Diagram
Data Set	
NATIONAL CANCER WAITING TIMES MONITORING DATA SET	Changed Description
Supporting Information	
CANCER REFERRAL TO TREATMENT PERIOD	Changed Description
CANCER TREATMENT PERIOD	Changed Description
CLINICAL DATA SETS MESSAGE DOCUMENTATION	Changed Description
CLINICAL DATA SETS MESSAGE DOCUMENTATION MENU	Changed Description
CONSULTANT UPGRADE DATE	Changed Description
FIRST DEFINITIVE TREATMENT	Changed Dataset
HEALTH CARE PROVIDER	Changed Dataset
MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)	Changed Dataset
NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW	Changed Description, Dataset
NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS	New Supporting Information
SCREENING PROGRAMME	Changed Dataset
XML SCHEMA TRUD DOWNLOAD	Changed Description, Dataset
Class Definitions	
ACTIVITY GROUP	Changed Attributes
CLINICAL INTERVENTION	Changed Attributes
PATIENT	Changed Dataset
PATIENT PATHWAY	Changed Dataset
REFERRAL REQUEST	Changed Dataset
Attribute Definitions	
ACTIVITY DATE	Changed Dataset
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	Changed Description, Dataset
CANCER REFERRAL TO TREATMENT PERIOD START DATE	Changed Dataset
CANCER SPECIALIST REFERRAL DATE (RETIRED) renamed from CANCER SPECIALIST REFERRAL DATE	Changed Description, status to Retired, Name
CANCER TREATMENT EVENT TYPE	Changed Dataset
CANCER TREATMENT MODALITY	Changed Dataset
CANCER TREATMENT PERIOD START DATE	Changed Dataset
CLINICAL CLASSIFICATION CODE	Changed Dataset
CLINICAL TRIAL INDICATOR	Changed Dataset
DECISION TO REFER DATE	Changed Dataset
DELAY REASON COMMENT	Changed Description, Dataset
DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS	Changed Dataset
DELAY REASON TO TREATMENT FOR CANCER	Changed Dataset
FIRST CANCER DIAGNOSTIC TEST (RETIRED) renamed from FIRST CANCER DIAGNOSTIC TEST	Changed Description, status to Retired, Name
METASTATIC SITE	Changed Dataset
MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR	Changed Dataset
NHS NUMBER	Changed Dataset
ORGANISATION CODE	Changed Dataset
ORGANISATION SITE CODE	Changed Dataset
PATIENT PATHWAY IDENTIFIER	Changed Dataset
PRIORITY TYPE	Changed Dataset
RADIOTHERAPY INTENT	Changed Description, Dataset
RADIOTHERAPY PRIORITY	Changed Dataset
SOURCE OF REFERRAL FOR OUT-PATIENTS	Changed Dataset
TREATMENT START DATE FOR CANCER	Changed Description, Dataset

TUMOUR OR LESION LATERALITY	Changed Dataset
TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE	Changed Dataset
WAITING TIME ADJUSTMENT REASON	Changed Dataset

Data Elements

CANCER CARE SETTING (TREATMENT)	Changed Description, Dataset
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	Changed Dataset
CANCER REFERRAL TO TREATMENT PERIOD START DATE	Changed Dataset
CANCER TREATMENT EVENT TYPE	Changed Dataset
CANCER TREATMENT MODALITY	Changed Dataset
CANCER TREATMENT PERIOD START DATE	Changed Dataset
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
DELAY REASON (CONSULTANT UPGRADE)	Changed Dataset
DELAY REASON (DECISION TO TREATMENT)	Changed Dataset
DELAY REASON COMMENT (CONSULTANT UPGRADE)	Changed Dataset
DELAY REASON COMMENT (DECISION TO TREATMENT)	Changed Dataset
DELAY REASON COMMENT (FIRST SEEN)	Changed Dataset
DELAY REASON COMMENT (REFERRAL TO TREATMENT)	Changed Description, Dataset
DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)	Changed Dataset
DELAY REASON REFERRAL TO TREATMENT (CANCER)	Changed Description, Dataset
METASTATIC SITE	Changed Dataset
MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)	Changed Dataset
MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR	Changed Dataset
NHS NUMBER	Changed Dataset
NHS NUMBER STATUS INDICATOR CODE	Changed Dataset
ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)	Changed Dataset
PATIENT PATHWAY IDENTIFIER	Changed Dataset
PRIMARY DIAGNOSIS (ICD)	Changed Dataset
PRIORITY TYPE CODE	Changed Dataset
RADIOTHERAPY INTENT	Changed Dataset
RADIOTHERAPY PRIORITY	Changed Description, Dataset
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)	Changed Dataset
SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)	Changed Dataset
SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)	Changed Dataset
SITE CODE (OF PROVIDER CONSULTANT UPGRADE)	Changed Dataset
SITE CODE (OF PROVIDER FIRST SEEN)	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 Description, Dataset
WAITING TIME ADJUSTMENT (TREATMENT)	Changed Description, Dataset
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	Changed Dataset
WAITING TIME ADJUSTMENT REASON (TREATMENT)	Changed Description, Dataset

XML Schema Constraint

NATIONAL CANCER WAITING TIMES MONITORING DATA SET XML SCHEMA CONSTRAINTS	New XML Schema Constraint
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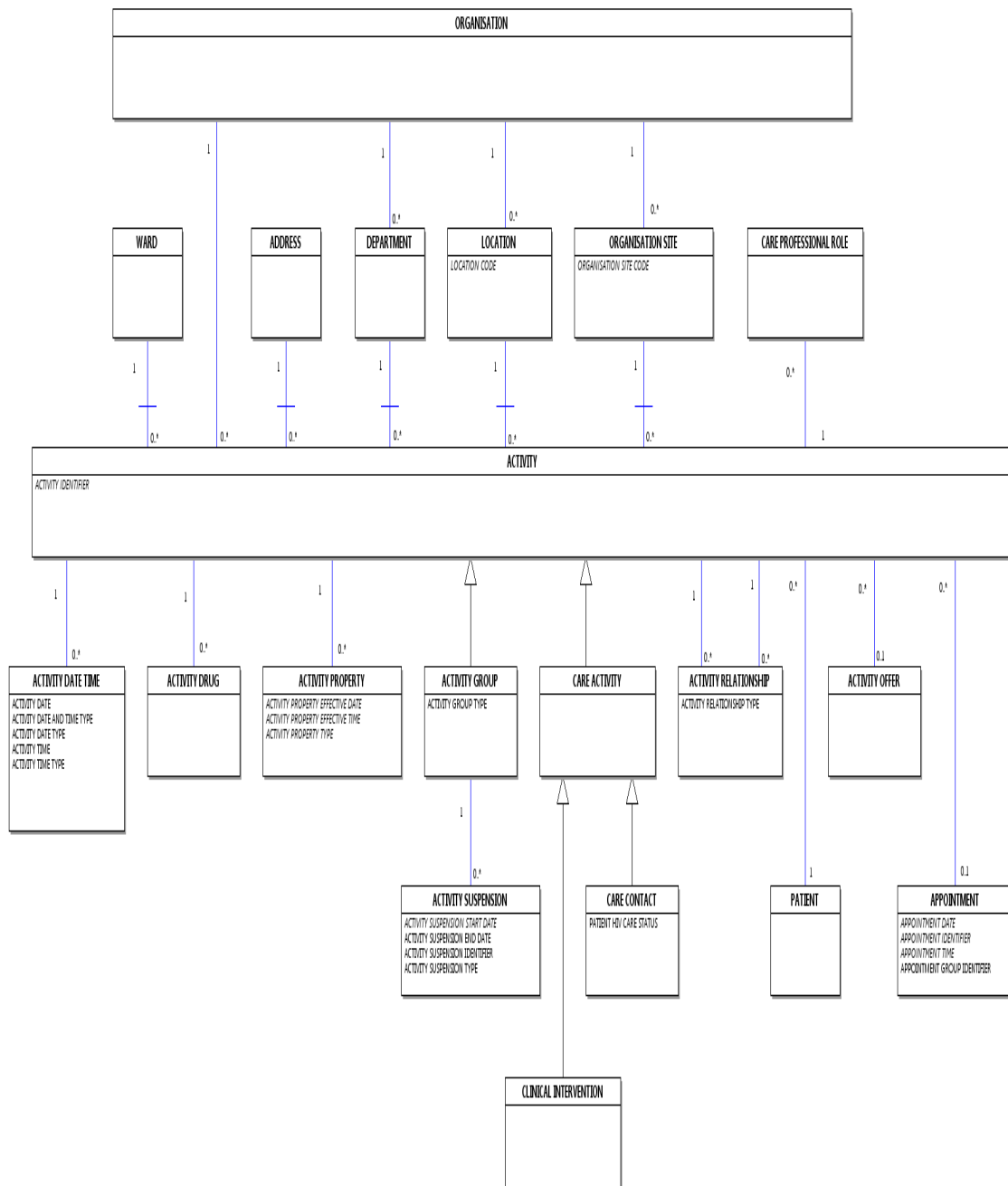
Date: 26 October 2015

Sponsor: Sean Duffy, National Clinical Director for Cancer Services, NHS England

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.

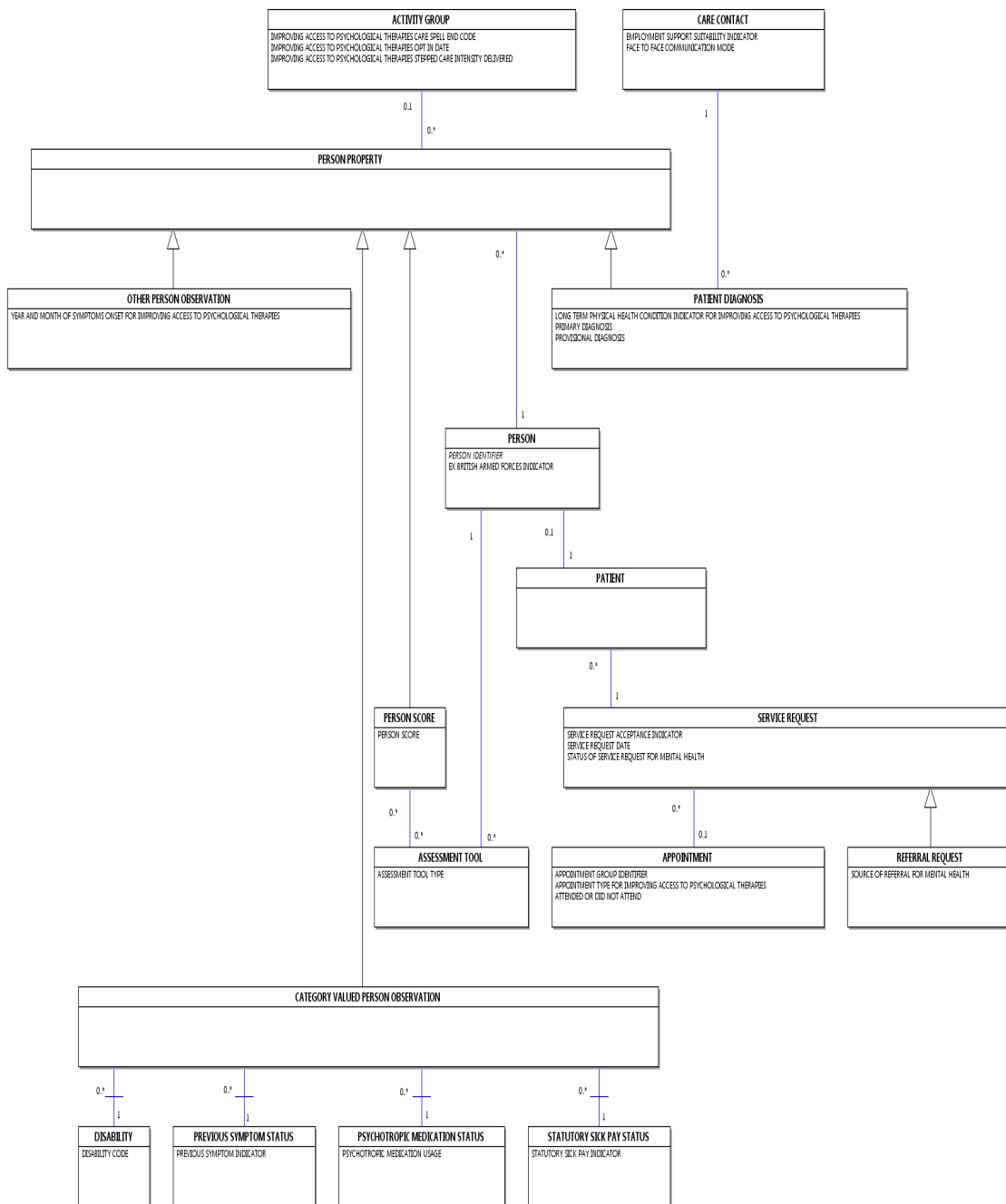
ACTIVITY DIAGRAM

Change to Diagram: Changed Diagram



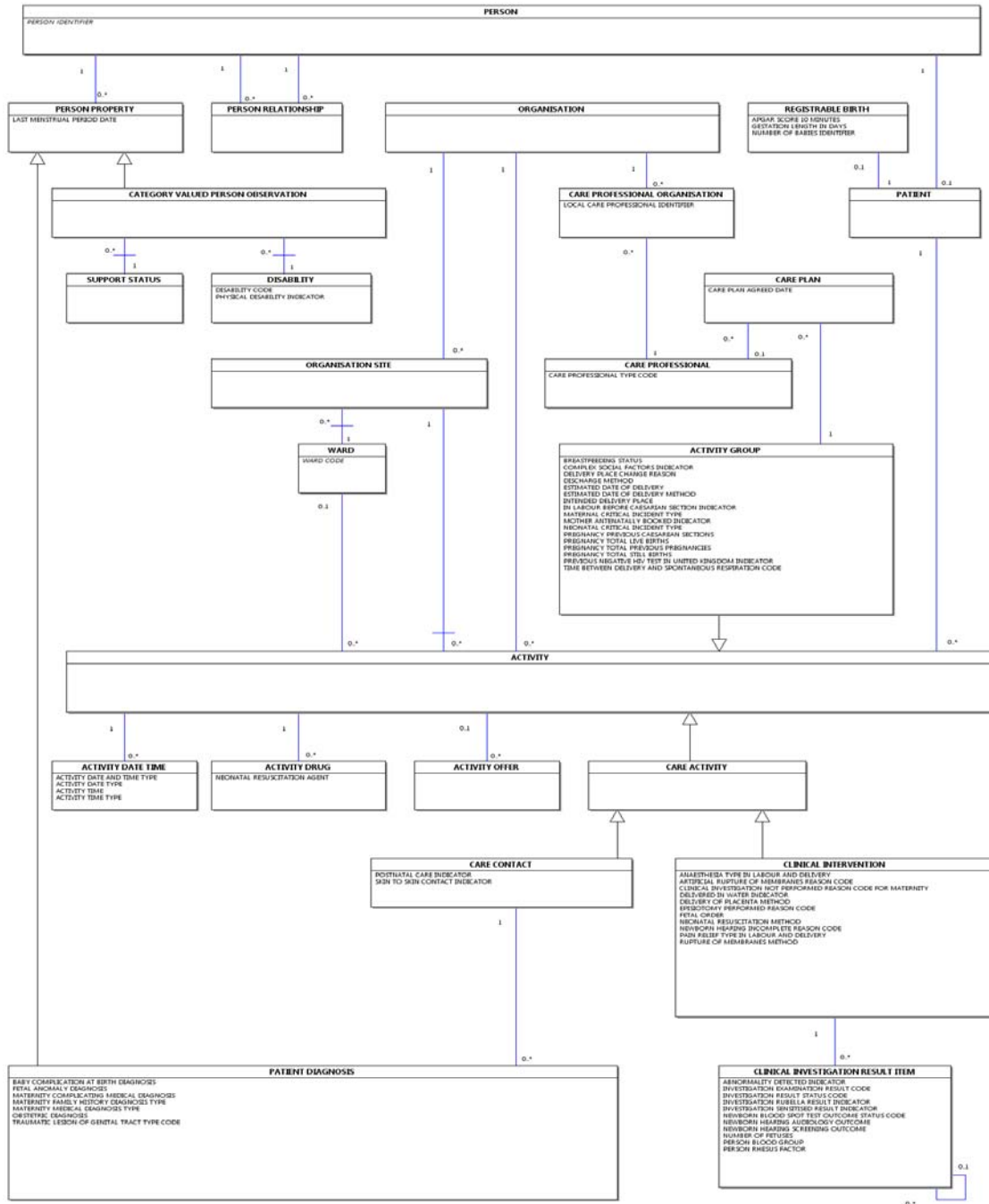
IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DIAGRAM

Change to Diagram: Changed Diagram



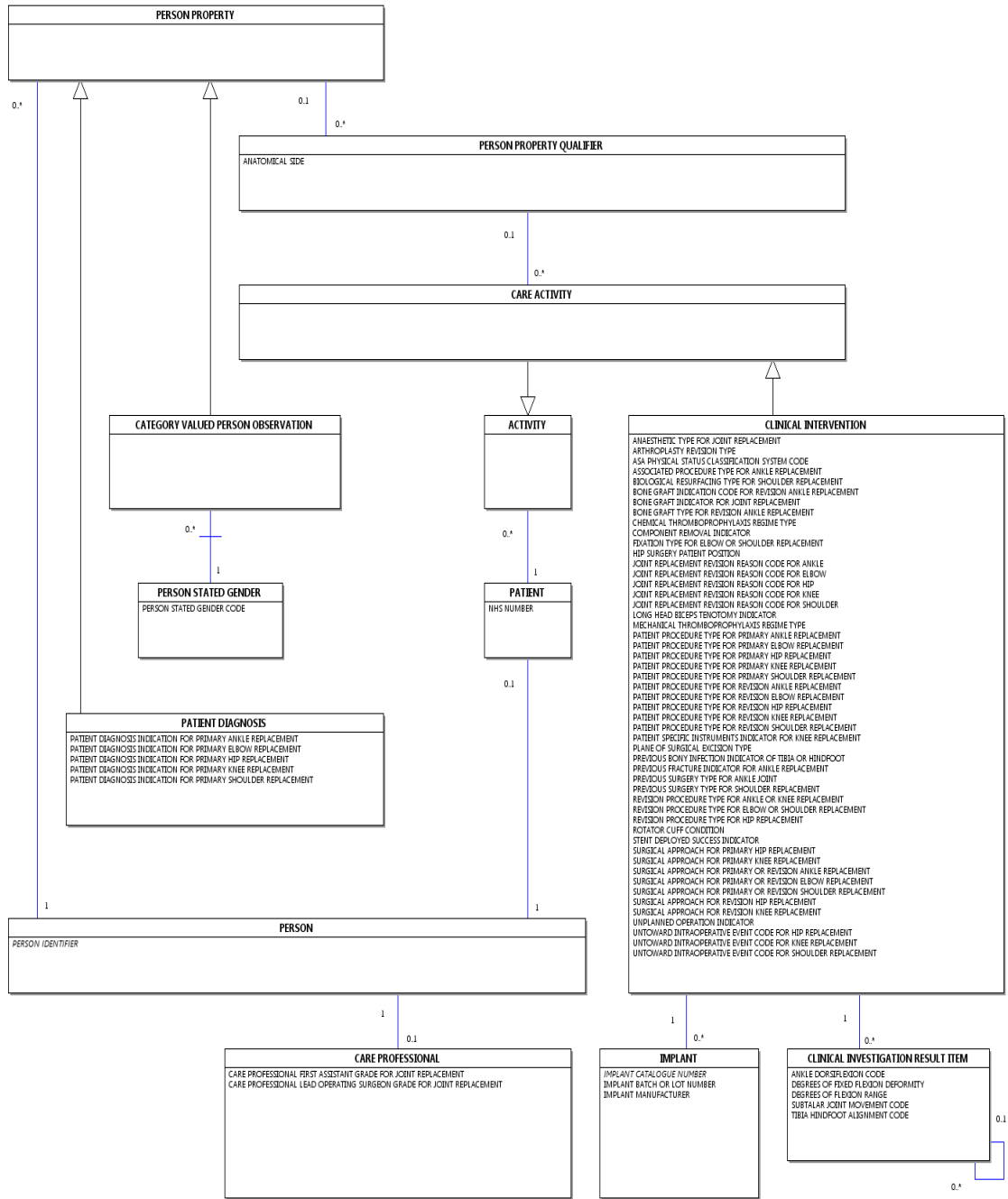
MATERNITY SERVICES DIAGRAM

Change to Diagram: Changed Diagram



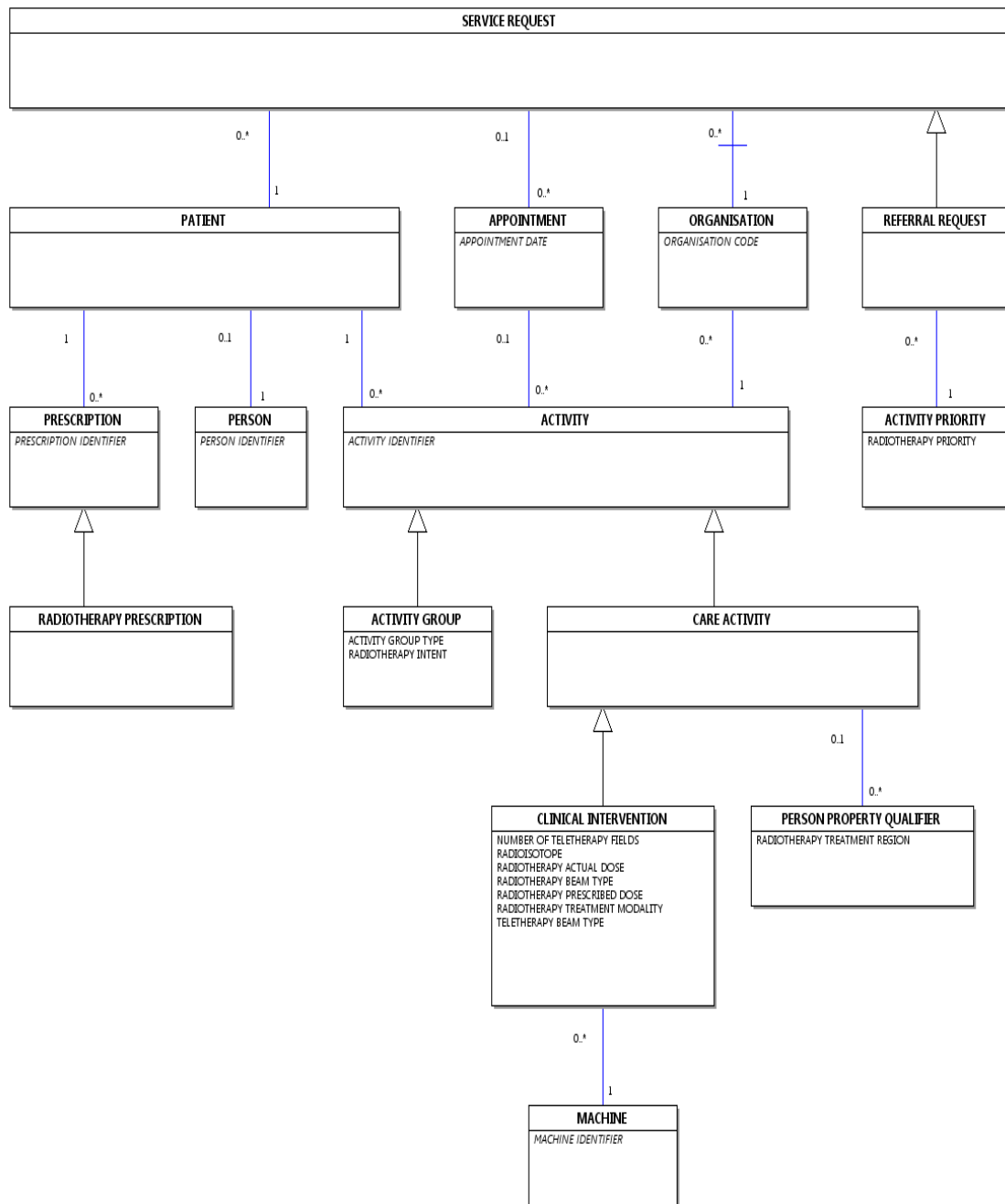
NATIONAL JOINT REGISTRY DIAGRAM

Change to Diagram: Changed Diagram



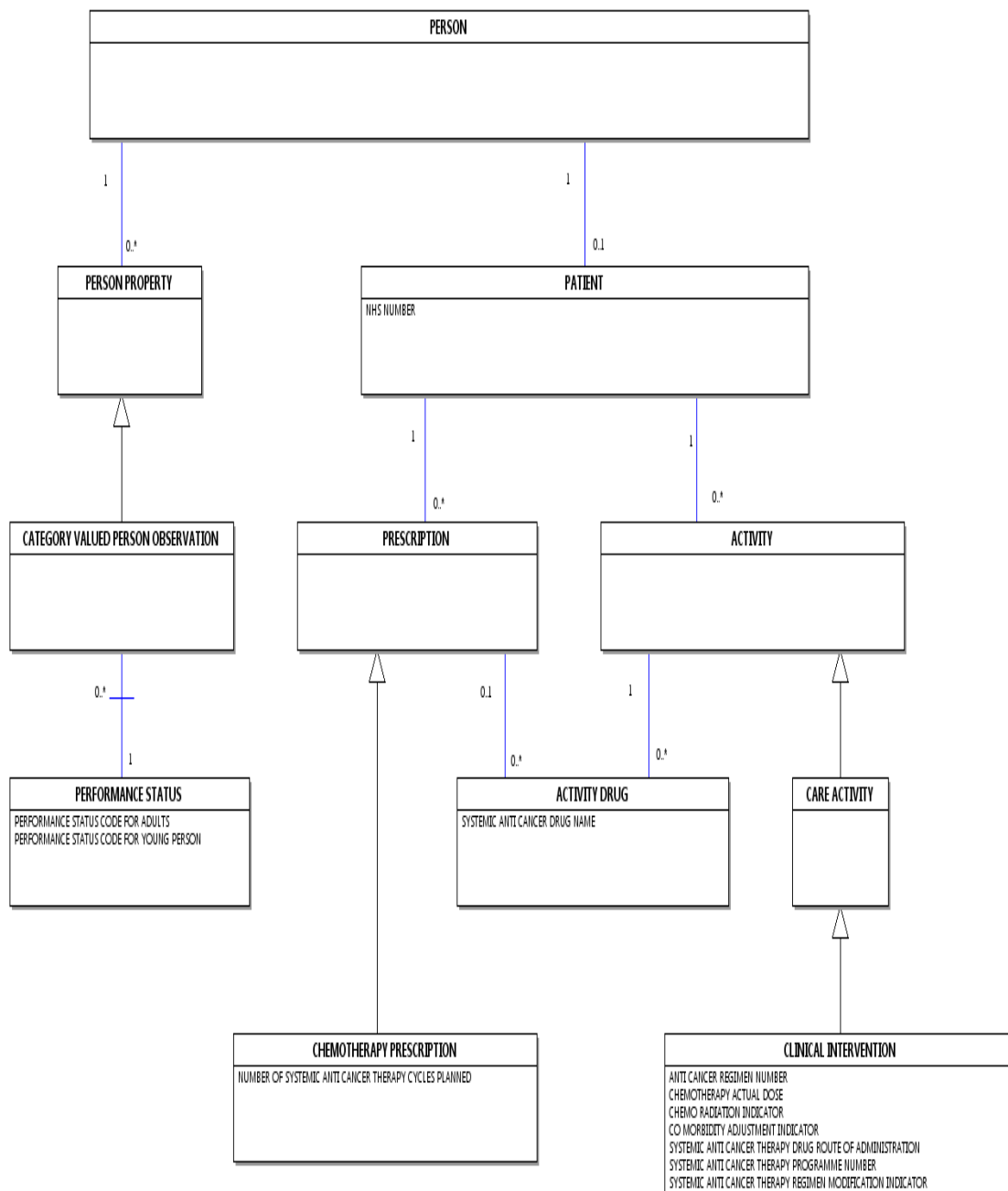
RADIOTHERAPY DIAGRAM

Change to Diagram: Changed Diagram



SYSTEMIC ANTI-CANCER THERAPY DIAGRAM

Change to Diagram: Changed Diagram



NATIONAL CANCER WAITING TIMES MONITORING DATA SET

Change to Data Set: Changed Description

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

The seven columns in the table show which data items are required for a range of health care scenarios: **See Patient Pathway Scenarios, for the seven scenarios which show:**

- **Scenario 1:**
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 the Cancer [Screening Programme](#)
- **Scenario 2:**
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 the Cancer [Screening Programme](#)
- **Scenario 3:**
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from the Cancer [Screening Programme](#)
- **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](#)
- **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](#)
- **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](#)
- **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](#) list.
- **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) 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.

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

For guidance on the XML Schema constraints, see the [National Cancer Waiting Times Monitoring Data Set XML Schema Constraints](#).

Data-Item	Scenarios						
	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
NHS NUMBER	M	M	M	M	M	M	M
PATIENT PATHWAY IDENTIFIER	M	M*	M*	M*	M*	M*	M*
ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)	M	M*	M*	M*	M*	M*	M*
DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)	M*	N/A	N/A	N/A	N/A	Ø	N/A
SOURCE OF REFERRAL FOR OUT PATIENTS	M	N/A	N/A	M	N/A	Ø	N/A
PRIORITY TYPE CODE	M	N/A	N/A	M	N/A	Ø	N/A
CANCER REFERRAL TO TREATMENT PERIOD START DATE	M	M	N/A	Ø	N/A	Ø	N/A

TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE	M	N/A	N/A	N/A	N/A	0	N/A
CONSULTANT UPGRADE DATE	N/A	N/A	N/A	M	N/A	0	N/A
SITE CODE (OF PROVIDER CONSULTANT UPGRADE)	N/A	N/A	N/A	M	N/A	0	N/A
DATE FIRST SEEN	M	N/A	N/A	M	N/A	0	N/A
SITE CODE (OF PROVIDER FIRST SEEN)	M	N/A	N/A	M	N/A	N/A	N/A
WAITING TIME ADJUSTMENT (FIRST SEEN)	M*	N/A	N/A	0*	N/A	N/A	N/A
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	M*	N/A	N/A	0*	N/A	N/A	N/A
DELAY REASON COMMENT (FIRST SEEN)	M*	N/A	N/A	M*	N/A	N/A	N/A
DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)	M*	N/A	N/A	N/A	N/A	N/A	N/A
MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR	M*	M*	M*	M*	M*	M*	M*
MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)	M*	M*	M*	M*	M*	M*	M*
CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	M	M	M	M	M	M	M
PRIMARY DIAGNOSIS (ICD)	N/A	M	M	M	M	M	M
TUMOUR LATERALITY	N/A	M	M	M	M	M	M
CANCER TREATMENT EVENT TYPE	N/A	M	M	M	M	M	M
METASTATIC SITE	N/A	M*	M*	M*	M*	M*	M*
SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)	M*	M	M	M	M	M	M
CANCER TREATMENT PERIOD START DATE	N/A	M	M	M	M	M	M
TREATMENT START DATE (CANCER)	N/A	M	M	M	M	M	M
CANCER TREATMENT MODALITY	N/A	M	M	M	M	M	M
CANCER CARE SETTING (TREATMENT)	N/A	M	M	M	M	M	M
CLINICAL TRIAL INDICATOR	N/A	M	M	M	M	M	M
SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)	N/A	M	M	M	M	M	M
RADIOTHERAPY PRIORITY	N/A	M*	M*	M*	M*	M*	M*
RADIOTHERAPY INTENT	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON COMMENT (DECISION TO TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON (DECISION TO TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT (TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT REASON (TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON COMMENT (REFERRAL TO TREATMENT)	N/A	M*	N/A	M*	N/A	0*	N/A
DELAY REASON REFERRAL TO TREATMENT (CANCER)	N/A	M*	N/A	M*	N/A	0*	N/A
DELAY REASON COMMENT (CONSULTANT UPGRADE)	N/A	M*	N/A	M*	N/A	0*	N/A
DELAY REASON (CONSULTANT UPGRADE)	N/A	M*	N/A	M*	N/A	0*	N/A

PATIENT AND PATHWAY IDENTIFICATION

To carry Patient and Pathway details.
One occurrence of this group is required.

M/R	Data Set Data Elements
M	<u>NHS NUMBER</u>
M	<u>NHS NUMBER STATUS INDICATOR CODE</u>
R	<u>PATIENT PATHWAY IDENTIFIER</u>
R	<u>ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)</u>

OUTPATIENT SERVICES

To carry Outpatient Services details.
One occurrence of this group is required if applicable to the scenario.

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

MULTIDISCIPLINARY TEAM ACTIVITY

To carry Multidisciplinary Team Activity details.
One occurrence of this group is required.

M/R	Data Set Data Elements
R	<u>MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR</u>
R	<u>MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)</u>

PATIENT STATUS AND DIAGNOSIS

To carry Patient Status and Diagnosis details.
One occurrence of this group is required.

M/R	Data Set Data Elements
M	<u>CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS</u>
R	<u>PRIMARY DIAGNOSIS (ICD)</u>
R	<u>METASTATIC SITE</u>
R	<u>TUMOUR LATERALITY</u>
R	<u>CANCER TREATMENT PERIOD START DATE</u>
R	<u>SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)</u>
R	<u>REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)</u>

TREATMENT EVENTS

To carry Treatment Event details.
One occurrence of this group is required if applicable to the scenario.

M/R	Data Set Data Elements
R	TREATMENT START DATE (CANCER)
R	SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)
R	CANCER TREATMENT EVENT TYPE
R	CANCER TREATMENT MODALITY
R	CLINICAL TRIAL INDICATOR
R	CANCER CARE SETTING (TREATMENT)
R	RADIOTHERAPY INTENT
R	RADIOTHERAPY PRIORITY
R	DELAY REASON (DECISION TO TREATMENT)
R	DELAY REASON COMMENT (DECISION TO TREATMENT)
R	WAITING TIME ADJUSTMENT (TREATMENT)
R	WAITING TIME ADJUSTMENT REASON (TREATMENT)
R	DELAY REASON REFERRAL TO TREATMENT (CANCER)
R	DELAY REASON COMMENT (REFERRAL TO TREATMENT)
R	DELAY REASON (CONSULTANT UPGRADE)
R	DELAY REASON COMMENT (CONSULTANT UPGRADE)

NATIONAL CANCER WAITING TIMES MONITORING DATA SET

Change to Data Set: Changed Description

- Changed Description

CANCER REFERRAL TO TREATMENT PERIOD

Change to Supporting Information: Changed Description

A [Cancer Referral To Treatment Period](#) is a [REFERRAL TO TREATMENT PERIOD](#).

The service standard for referral to treatment for cancer is that the [PATIENT](#) must receive [First Definitive Treatment](#) within 62 days (or 31 days for Acute Leukaemia, testicular, and children's cancers), rather than within [18 Weeks](#).

A [PATIENT](#) will have a [Cancer Referral To Treatment Period](#) in the following circumstances:

- The [PATIENT](#) was referred to secondary care with suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#), where the [PRIORITY TYPE](#) of the [SERVICE REQUEST](#) was National Code 'Two Week Wait'
- The [PATIENT](#) was referred to secondary care and cancer was not initially suspected, but was subsequently diagnosed, and the [PATIENT](#) was referred on to an appropriate specialist

A [Cancer Referral To Treatment Period](#) is the period of time between [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and either:

- the [TREATMENT START DATE FOR CANCER](#), where a [PATIENT](#) diagnosed with a cancer condition (see the [Department of Health](#) guidance at [Cancer Waiting Times Documentation and Links](#)) receives [First Definitive Treatment](#), or

- the [TREATMENT START DATE FOR CANCER](#), where a [PATIENT](#) diagnosed with a cancer condition (see [Cancer Waiting Times - Useful Documentation and Links](#)) receives [First Definitive Treatment](#), or
- the [DATE FIRST SEEN](#) where a [PATIENT](#), although referred with suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#), is subsequently diagnosed with a non-cancer condition (even if the non-cancer diagnosis is confirmed after the [DATE FIRST SEEN](#)), or
- the [DATE](#) the [PATIENT](#) declines [First Definitive Treatment](#), or
- the [DATE](#) that [Active Monitoring](#) (as a [First Definitive Treatment](#)) starts.

A [Cancer Referral To Treatment Period](#) does NOT complete automatically if the [PATIENT](#) does not attend the first [APPOINTMENT](#) during the [Cancer Referral To Treatment Period](#). [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) is used to align waiting times monitoring with the service standard for [18 Weeks](#).

Information recorded for a [Cancer Referral To Treatment Period](#) includes:

[CANCER REFERRAL TO TREATMENT PERIOD START DATE](#)

CANCER TREATMENT PERIOD

Change to Supporting Information: Changed Description

A [Cancer Treatment Period](#) is an [ACTIVITY GROUP](#).

~~A [Cancer Treatment Period](#) is initiated when a decision to treat for a cancer condition (see [Department of Health](#) guidance at [Cancer Waiting Times Documentation and Links](#)) is made, and ends when the [PATIENT](#) receives the [Planned Cancer Treatment](#) specified in the [Cancer Care Plan](#) covering the [PATIENTS](#) condition.~~ A [Cancer Treatment Period](#) is initiated when a decision to treat for a cancer condition is made, and ends when the [PATIENT](#) receives the [Planned Cancer Treatment](#) specified in the [Cancer Care Plan](#) covering the [PATIENTS](#) condition. This is the same as [TREATMENT START DATE FOR CANCER](#). (See [Cancer Waiting Times - Useful Documentation and Links](#)).

~~If the [PATIENT](#) receives several different types of treatment within the same [Cancer Care Plan](#) (e.g. surgery, followed by [Chemotherapy](#), followed by radiotherapy), then each stage has its own [Cancer Treatment Period](#) of 31 days between [DECISION TO TREAT DATE](#) (or [EARLIEST CLINICALLY APPROPRIATE DATE](#)), and [TREATMENT START DATE FOR CANCER](#).~~ If the [PATIENT](#) receives several different types of treatment within the same [Cancer Care Plan](#) (e.g. surgery, followed by [Chemotherapy](#), followed by [Radiotherapy](#)), then each stage has its own [Cancer Treatment Period](#) of 31 days between [DECISION TO TREAT DATE](#) (or [EARLIEST CLINICALLY APPROPRIATE DATE](#)), and [TREATMENT START DATE FOR CANCER](#).

[CANCER CARE SETTING \(TREATMENT\)](#) is used to derive whether a waiting time adjustment between [CANCER TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE FOR CANCER](#) may be recorded in [WAITING TIME ADJUSTMENT \(TREATMENT\)](#).

Information recorded for a [Cancer Treatment Period](#) includes:

- [CANCER TREATMENT PERIOD START DATE](#)
- [TREATMENT START DATE FOR CANCER](#)
- [CANCER TREATMENT EVENT TYPE](#)
- [RADIO THERAPY INTENT](#)
- [RADIO THERAPY PRIORITY](#)

CLINICAL DATA SETS MESSAGE DOCUMENTATION

Change to Supporting Information: Changed Description

XML Schema Download:

- [XML Schema TRUD Download](#)

XML Schema Constraints:

- [Cancer Outcomes and Services Data Set XML Schema Constraints](#)
- [Diagnostic Imaging Data Set XML Schema Constraints](#)
- [HIV and AIDS Reporting Data Set XML Schema Constraints](#)
- [National Cancer Waiting Times Monitoring Data Set XML Schema Constraints](#)
- [NHS Health Checks Data Set XML Schema Constraints](#)
- [Systemic Anti-Cancer Therapy Data Set XML Schema Constraints](#)

CLINICAL DATA SETS MESSAGE DOCUMENTATION MENU

Change to Supporting Information: Changed Description

[Clinical Data Sets Menu](#)

XML Schema Download:

- [XML Schema TRUD Download](#)

XML Schema Constraints:

- [Cancer Outcomes and Services](#)
- [Diagnostic Imaging](#)
- [HIV and AIDS](#)
- [National Cancer Waiting Times Monitoring](#)
- [NHS Health Checks](#)
- [Systemic Anti-Cancer Therapy](#)

CONSULTANT UPGRADE DATE

Change to Supporting Information: Changed Description

A [Consultant Upgrade Date](#) is an [ACTIVITY DATE TIME](#).

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

The [Consultant Upgrade Date](#) should only be recorded when the [PRIORITY TYPE](#) of the original [SERVICE REQUEST](#) was not National Code 'Two Week Wait'.

Consultant upgrades are not allowed for [PATIENTS](#) who were urgently referred with suspected cancer from an NHS Cancer [Screening Programme](#) (where the [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) was National Code 'referral from a National [Screening Programme](#)', and the [PRIORITY TYPE](#) of the [SERVICE REQUEST](#) was National Code 'Urgent'. Therefore a [Consultant Upgrade Date](#) cannot be recorded in these circumstances.

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

The [Consultant Upgrade Date](#) must also be on or before the [Multidisciplinary Team Discussion Date \(Cancer\)](#) (if recorded).

-

be on or before the [DECISION TO TREAT DATE](#) (if recorded)

- also be on or before the [Multidisciplinary Team Discussion Date \(Cancer\)](#) (if recorded).

FIRST DEFINITIVE TREATMENT

Change to Supporting Information: Changed Dataset

[First Definitive Treatment](#) is the first [CLINICAL INTERVENTION](#) intended to manage a [PATIENT](#)'s disease, condition or injury and avoid further [CLINICAL INTERVENTIONS](#). What constitutes [First Definitive Treatment](#) is a matter of clinical judgement in consultation with others, where appropriate, including the [PATIENT](#).

Further guidance on ending [REFERRAL TO TREATMENT PERIODS](#) and first treatments.

Undertaking a procedure is not necessarily in itself the end of a [REFERRAL TO TREATMENT PERIOD](#). For example, outpatient or day case diagnostic [CARE ACTIVITIES](#) prior to admission for treatment do not represent the end of the period and, in these cases, are part of the diagnostic process rather than the start of treatment.

Commencement of medication as an outpatient can be the end of a [REFERRAL TO TREATMENT PERIOD](#), if it is intended as the [First Definitive Treatment](#). However, [CARE PROFESSIONALS](#) often begin to manage a [PATIENT](#)'s condition in advance of the first actual treatment taking place, for example by giving pain relief before a surgical procedure takes place. In these cases, the [REFERRAL TO TREATMENT PERIOD END DATE](#) is when the [First Definitive Treatment](#) (in this example, surgery) has started.

In [NHS Allied Health Professional Services \(Referral To Treatment Measurement\)](#), [CLINICAL INTERVENTIONS](#) are often the [First Definitive Treatment](#). However, it may be judged that other elements of [PATIENT](#) care constitute [First Definitive Treatment](#), for example the giving of advice. If there is any doubt, the key determining factors are

- what does the Allied Health Professional responsible for the [PATIENT](#)'s care consider the start of treatment to be?
- when does the [PATIENT](#) perceive their treatment to have started?

Other [CARE ACTIVITIES](#) that may end a [REFERRAL TO TREATMENT PERIOD](#) as [First Definitive Treatment](#) include:

- the fitting of a medical device where a [CONSULTANT](#) decides that treatment consists of fitting a medical device. This is the date of the actual fitting of the device rather than the point at which the [PATIENT](#) is measured for the device.
- the date of a therapeutic procedure where it is intended as diagnostic but the [CARE PROFESSIONAL](#) makes a decision to undertake a therapeutic procedure at the same time. In this example, it may count as a start of treatment and as such, the period will end.
- the date for less intensive treatment and medical management such as [Palliative Care](#) that may be attempted before moving on to invasive procedures and treatment or may be the only treatment. In such cases, the first treatment that is intended to manage a [PATIENT](#)'s disease, condition or injury will end that particular [REFERRAL TO TREATMENT PERIOD](#). Should the [PATIENT](#) at some later stage require more 'aggressive' treatment then the decision to treat would start a new [REFERRAL TO TREATMENT PERIOD](#).

HEALTH CARE PROVIDER

Change to Supporting Information: Changed Dataset

A [Health Care Provider](#) is an [ORGANISATION](#).

A [Health Care Provider](#) is an [ORGANISATION](#) acting as a direct provider of health care [SERVICES](#).

A [Health Care Provider](#) is a legal entity, or a sub-set of a legal entity, which may provide health care under [NHS SERVICE AGREEMENTS](#); it may operate on one or more sites within and outside hospitals.

This definition covers [Local Authorities](#) with social care responsibilities working in cooperation with an NHS [Health Care Provider](#) on nationally targeted and prioritised care as delivered within [Care Spells](#). Lead responsibility for such care may be solely led by one [Health Care Provider](#) or jointly shared by two or more [Health Care Providers](#) each of which must share equal responsibility.

The following [ORGANISATIONS](#) may act as [Health Care Providers](#):

- [GP Practice](#)
- [NHS Trust](#)
- [NHS Foundation Trust](#)
- Registered non-NHS Provider (e.g. [Independent Provider](#), [Independent Sector Healthcare Provider](#) etc)
- Unregistered non-NHS Provider
- [Care Trust](#)
- [Local Authorities](#) with social care responsibilities
- Other agencies

MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)

Change to Supporting Information: Changed Dataset

A [Multidisciplinary Team Discussion Date \(Cancer\)](#) is an [ACTIVITY DATE TIME](#).

A [Multidisciplinary Team Discussion Date \(Cancer\)](#) is the date on which the [PATIENT](#)'s [Cancer Care Plan](#) was discussed at a [Multidisciplinary Team Meeting](#) and a treatment planning decision was made.

This may include more than one relevant option for treatment and will normally be before the date of the [First Definitive Treatment](#).

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

NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW

Change to Supporting Information: Changed Description, Dataset

IntroductionIntroduction:

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 published alongside [Improving Outcomes: A Strategy for Cancer \(2011\)](#). ~~Following this review it was confirmed in Improving Outcomes: A Strategy for Cancer that:~~

[Following this review it was confirmed in Improving Outcomes: A Strategy for Cancer that:](#)

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

~~This updated version of the [National Cancer Waiting Times Monitoring Data Set](#) therefore supports the continued management and monitoring of the following waiting times:~~ [This updated version of 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 [GP](#) referral for suspected cancer to [DATE FIRST SEEN](#) by a specialist for all suspected cancers

- A maximum one month (31-day) wait from diagnosis ([CANCER TREATMENT PERIOD START DATE](#)) to [First Definitive Treatment](#) for all cancers
- A maximum two month (62-day) wait from urgent [GP](#) referral for suspected cancer to [First Definitive Treatment](#) for all cancers
- A maximum one month (31-day) wait from urgent [GP](#) 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 a cancer [Screening Programme](#) to first treatment for all cancers
- A maximum 62-day wait from a [CONSULTANTS](#) decision to upgrade the urgency of a [PATIENT](#) they suspect to have cancer to first treatment for all cancers
- A maximum 31-day wait for all subsequent treatments for new cases of primary and recurrent cancer where an [Anti Cancer Drug Regimen](#), surgery or [Radiotherapy](#) is the chosen [CANCER TREATMENT MODALITY](#);
- A maximum 62-day wait from referral from a 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](#).

[Information Standards Notice ISB 0147 Amd 23/2011](#) revised the [National Cancer Waiting Times Monitoring Data Set](#) published in [Data Set Change Notice 20/2008](#), which previously expanded upon and superseded [Data Set Change Notice 22/2002](#), the original data set used by the Cancer Waiting Times Database for central data capture to support performance management and commissioning of cancer services. **Patient Pathway Scenarios:**

Treatment 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.

The treatment scenarios listed on the [National Cancer Waiting Times Monitoring Data Set](#) (scenarios two to seven) are to be used to manage the collection of data for all [PATIENTS](#) with cancer. Cancer for the purpose of this data collection exercise is defined using the [International Classification of Diseases \(ICD\)](#) codes. Data must be collected and transmitted as specified for all [PATIENTS](#) with a [PRIMARY DIAGNOSIS](#) within the range C00 to C97 or D05, or a secondary or metastatic disease linked to the original [PRIMARY DIAGNOSIS \(ICD\)](#) within this range (excluding categories relating to non-melanoma skin cancer). A full list of the [International Classification of Diseases \(ICD\)](#) diagnosis codes the Cancer Waiting Times Database will accept is available at: [Cancer Waiting Times - Useful Documentation and Links](#). Cancer for the purpose of this data collection exercise is defined using the [International Classification of Diseases \(ICD\)](#) codes. Data for [Patient Pathway Scenarios](#) two to seven must be collected and transmitted as specified for all [PATIENTS](#) with a [PRIMARY DIAGNOSIS](#) within the range C00 to C97 or D05, or a secondary or metastatic disease linked to the original [PRIMARY DIAGNOSIS \(ICD\)](#) within this range (excluding categories relating to non-melanoma skin cancer).

Data Set Notation: A full list of the [International Classification of Diseases \(ICD\)](#) diagnosis codes the Cancer Waiting Times Database will accept is available at: [Cancer Waiting Times - Useful Documentation and Links](#).

- **M – Mandatory:** the Standard Contract Schedule 5 requires NHS provider [ORGANISATIONS](#) to submit this information on a monthly basis. The [Department of Health](#) 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. The [Department of Health](#) require the data to be submitted 25 working days after the end of each month or quarter.
- **O – Optional**

- **0* = Optional if applicable:** These optional fields should only be populated if they relate to the [PATIENT PATHWAY](#) identified in scenarios 1 to 7 and the conditions required for their use are met.
- **N/A = Not Applicable**

ReportingWhen reporting patient records to the Cancer Waiting Times Database:

Cancer Waiting Times Database

The existing Cancer Waiting Times Database has been upgraded to support the collection of data outlined in [Information Standards Notice ISB 0147 Amd 23/2011](#). The revision to the [National Cancer Waiting Times Monitoring Data Set](#) outlined in [Information Standards Notice ISB 0147 Amd 23/2011](#) increases the level of granularity and transparency around patient choice delays and improve the reporting of cancer treatment.

Patient level information

- The Trust first seeing a [PATIENT](#) in a particular month or quarter is responsible for ensuring that the mandated data fields, up to [DATE FIRST SEEN](#), are complete on the database by the national deadline.
- The Trust first seeing a [PATIENT](#) in a particular month or quarter is responsible for ensuring that the mandated and required data fields, up to [DATE FIRST SEEN](#), are complete on the database by the national deadline.
- The Trust first treating or giving subsequent treatment to a [PATIENT](#) in a particular month or quarter is responsible for ensuring that the mandated data fields on that [PATIENT](#) are complete on the database by the national deadline.
- Data to be complete and validated 25 working days after the [REPORTING PERIOD END DATE](#), either month or quarter
- Specified dates are available at: [Cancer Waiting Times – Useful Documentation and Links](#).
- Specified dates are available at: [Cancer Waiting Times - Useful Documentation and Links](#).

How the data set is transmittedTransmission:

- Information can be entered either manually through the Cancer Waiting Times Record screen (as an individual record) or via the available batch upload function.
- The specification for the csv upload file is detailed in the 'National Cancer Waiting Times User Manual' available at: [Cancer Waiting Times - Useful Documentation and Links](#).
- Further information relating to the data items required for the seven scenarios can be found at [Patient Pathway Scenarios](#).
- The ability to transmit the data to the Cancer Waiting Times Database in XML format will be introduced from 1 October 2016 with the current csv upload function being discontinued from 1 April 2017. Data for submission will be formatted into an XML file as per the [Technology Reference Data Update Distribution Service \(TRUD\)](#) page at: [NHS Data Model and Dictionary: DD XML Schemas](#).

Information can be entered either manually through the Cancer Waiting Times Record screen or via the upload function. The specification for the upload file is detailed in the 'National Cancer Waiting Times User Manual' available at: [Cancer Waiting Times – Useful Documentation and Links](#).

Security and Confidentiality:

The upload function will retain the current CSV functionality, however the current NHS standard for the transmission of data sets is XML. The ability to transmit the data to the Cancer Waiting Times Database in XML format will be introduced from Autumn 2012 with the current CSV upload function being discontinued from Autumn 2013 by [Information Standards Notice ISB 0147 Amd 6/2012](#). Security and confidentiality information to accompany the collection of this information is available at: [Cancer Waiting Times - Useful Documentation and Links](#).

Security and ConfidentialityFurther guidance:

Security and confidentiality information to accompany the collection of this information is available at: [Cancer Waiting Times – Useful Documentation and Links](#).

Further guidance

~~Further guidance has been produced by the [Department of Health](#) and is available at: [Cancer Waiting Times - Useful Documentation and Links](#).~~

~~Any additional queries regarding the [National Cancer Waiting Times Monitoring Data Set](#) should be addressed to CANCER-WAITS@dh.gsi.gov.uk.~~

- Further guidance is available at: [Cancer Waiting Times - Useful Documentation and Links](#).
- Any additional queries regarding the [National Cancer Waiting Times Monitoring Data Set](#) should be addressed to CANCER-WAITS@dh.gsi.gov.uk.

NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS

Change to Supporting Information: New Supporting Information

[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. Data must be collected and transmitted as specified for all [PATIENTS](#) with a [PRIMARY DIAGNOSIS](#) within the range C00 to C97 or D05, or a secondary or metastatic disease linked to the original [PRIMARY DIAGNOSIS \(ICD\)](#) within this range (excluding categories relating to non-melanoma skin cancer). A full list of the [International Classification of Diseases \(ICD\)](#) diagnosis codes the Cancer Waiting Times Database will accept is available at: [Cancer Waiting Times - Useful Documentation and Links](#).

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 seven different scenarios.

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

- **Scenario 1:**
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 the [Cancer Screening Programme](#)
- **Scenario 2:**
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 the [Cancer Screening Programme](#)
- **Scenario 3:**
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE 'Two Week Wait'](#), or where an urgent referral is from the [Cancer Screening Programme](#)
- **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](#)
- **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](#)
- **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](#)
- **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 list.

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.
- **O = Optional**
- **O* = Optional if applicable:** These optional fields should only be populated if they relate to the PATIENT PATHWAY identified in scenarios 1 to 7 and the conditions required for their use are met.
- **N/A = Not Applicable**

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

PRIMARY DIAGNOSIS (ICD)	N/A	M	M	M	M	M	M
METASTATIC SITE	N/A	M*	M*	M*	M*	M*	M*
TUMOUR LATERALITY	N/A	M	M	M	M	M	M
CANCER TREATMENT PERIOD START DATE	N/A	M	M	M	M	M	M
SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)	M*	M	M	M	M	M	M
REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)	N/A	M*	M*	M*	M*	M*	M*
TREATMENT START DATE (CANCER)	N/A	M	M	M	M	M	M
SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)	N/A	M	M	M	M	M	M
CANCER TREATMENT EVENT TYPE	N/A	M	M	M	M	M	M
CANCER TREATMENT MODALITY	N/A	M	M	M	M	M	M
CLINICAL TRIAL INDICATOR	N/A	M	M	M	M	M	M
CANCER CARE SETTING (TREATMENT)	N/A	M	M	M	M	M	M
RADIOTHERAPY INTENT	N/A	M*	M*	M*	M*	M*	M*
RADIOTHERAPY PRIORITY	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON (DECISION TO TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON COMMENT (DECISION TO TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT (TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT REASON (TREATMENT)	N/A	M*	M*	M*	M*	M*	M*
DELAY REASON REFERRAL TO TREATMENT (CANCER)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON COMMENT (REFERRAL TO TREATMENT)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON (CONSULTANT UPGRADE)	N/A	M*	N/A	M*	N/A	O*	N/A
DELAY REASON COMMENT (CONSULTANT UPGRADE)	N/A	M*	N/A	M*	N/A	O*	N/A

Full details of the validation rules and processes are available at [Cancer Waiting Times - Useful Documentation and Links](#).

SCREENING PROGRAMME

Change to Supporting Information: Changed Dataset

[Screening Programme](#) is a [HEALTH PROGRAMME](#).

A programme directed towards the detection of a specific disease or condition in a target group: for example:

- cervical cancer in women of a particular age group
- hypertension in adults of a particular age group or
- hearing impairment in school children.

Screening makes the use of tests which can be applied rapidly to apparently well [PERSONS](#) as a means of distinguishing those who probably have the condition from those who probably do not.

XML SCHEMA TRUD DOWNLOAD

Change to Supporting Information: Changed Description, Dataset

Background:

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

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

- Create a [TRUD](#) account at: [TRUD Welcome to the Technology Reference data Update Distribution site](#) (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 the [Technology Reference Data Update Distribution Service \(TRUD\)](#) at: [NHS Data Model and Dictionary: DD XML Schemas](#).

- [Cancer Outcomes and Services Data Set \(COSDS\)](#)
- [Children and Young People's Health Services Data Set \(CYPHS\)](#)
- [Commissioning Data Set \(CDS\)](#)
- [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 \(NCWTMDS\)](#)
- [NHS Health Checks Data Set \(NHSHC\)](#)
- [Systemic Anti-Cancer Therapy Data Set \(SACT\)](#)

For supplementary information on the XML Schema Publication and Download, see the [NHS Data Model and Dictionary website](#).

ACTIVITY GROUP

Change to Class: Changed Attributes

Attributes of this Class are:

A and E INCIDENT LOCATION TYPE
A and E PATIENT GROUP
ACTIVITY GROUP TYPE
ADMISSION METHOD
ASSAULT METHOD
BABY FIRST FEED BREAST MILK STATUS
BREASTFEEDING STATUS

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS
CANCER REFERRAL TO TREATMENT PERIOD START DATE
CANCER SCREENING STATUS
~~CANCER SPECIALIST REFERRAL DATE~~
CANCER TREATMENT INTENT
CANCER TREATMENT PERIOD START DATE
CARE PROGRAMME APPROACH LEVEL
CARE PROGRAMME APPROACH REVIEW ABUSE QUESTION ASKED INDICATOR
CARER RESIDENT INDICATION CODE FOR NATIONAL NEONATAL DATA SET
CHILD AND ADOLESCENT MENTAL HEALTH INTERVENTION TYPE
CHILDREN TEENAGERS AND YOUNG ADULTS AGE CATEGORY
COMPLEX SOCIAL FACTORS INDICATOR
DAUGHTER BORN AT THIS ENCOUNTER INDICATOR
DELIVERY PLACE CHANGE REASON
DISCHARGE DESTINATION
DISCHARGED TO HOSPITAL AT HOME SERVICE INDICATOR
DISCHARGE FROM MENTAL HEALTH SERVICE REASON
DISCHARGE METHOD
ESTIMATED DATE OF DELIVERY
ESTIMATED DATE OF DELIVERY METHOD
FEMALE GENITAL MUTILATION AGE CATEGORY
FIRST REGULAR DAY OR NIGHT ADMISSION
IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES CARE SPELL END CODE
IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES OPT IN DATE
IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES STEPPED CARE INTENSITY DELIVERED
IN LABOUR BEFORE CAESARIAN SECTION INDICATOR
INTENDED DELIVERY PLACE
INTRAVESICAL CHEMOTHERAPY RECEIVED INDICATOR
INTRAVESICAL IMMUNOTHERAPY RECEIVED INDICATOR
KEY WORKER SEEN INDICATOR
LENGTH OF STAY ADJUSTMENT
LENGTH OF STAY ADJUSTMENT REASON
MATERNAL CRITICAL INCIDENT TYPE
MECONIUM PRESENT IN LIQUOR INDICATOR
MENTAL HEALTH ABSOLUTE DISCHARGE END METHOD
MENTAL HEALTH CONDITIONAL DISCHARGE END REASON
MENTAL HEALTH DELAYED DISCHARGE ATTRIBUTABLE TO INDICATION CODE
MENTAL HEALTH DELAYED DISCHARGE REASON
MONITORING INTENT
MOTHER ANTENATALLY BOOKED INDICATOR
NEONATAL CRITICAL INCIDENT TYPE
NEONATAL LEVEL OF CARE
NON SMOKING CONFIRMATION STATUS AT 4 WEEKS
ORGAN OR TISSUE UNSUITABLE ORGAN CODE RENAL TRANSPLANT
OUTCOME AT 4 WEEK FOLLOW-UP
PAEDIATRIC NEPHROLOGY REGISTRY STATUS CODE
PALLIATIVE CARE SPECIALIST SEEN INDICATOR
PALLIATIVE TREATMENT REASON CODE FOR UPPER GASTROINTESTINAL
PATIENT CLASSIFICATION
PATIENT RECEIVING ONE TO ONE NURSING CARE INDICATOR
PHARMACOTHERAPY STOP SMOKING AID RECEIVED
PREGNANCY OUTCOME CODE
PREGNANCY PREVIOUS CAESAREAN SECTIONS
PREGNANCY TOTAL LIVE BIRTHS
PREGNANCY TOTAL PREVIOUS LOSSES LESS THAN 24 WEEKS

PREGNANCY TOTAL PREVIOUS PREGNANCIES
PREGNANCY TOTAL STILL BIRTHS
PREVIOUS NEGATIVE HIV TEST IN UNITED KINGDOM INDICATOR
RADIOTHERAPY INTENT
RENAL DIALYSIS SCHEDULE TYPE
SMOKING QUIT DATE
SOURCE OF ADMISSION
SUPERVISED COMMUNITY TREATMENT END REASON
TIME BETWEEN DELIVERY AND SPONTANEOUS RESPIRATION CODE
TREATMENT START DATE FOR CANCER

CLINICAL INTERVENTION

Change to Class: Changed Attributes

Attributes of this Class are:

ABDOMINAL XRAY PERFORMED REASON
ABDOMINAL XRAY PERFORMED TO INVESTIGATE ABDOMINAL SIGNS INDICATOR
ABLATIVE THERAPY TYPE
ACCIDENT AND EMERGENCY INVESTIGATION
ACCIDENT AND EMERGENCY TREATMENT
ANAESTHESIA TYPE IN LABOUR AND DELIVERY
ANAESTHETIC METHOD TYPE FOR DIALYSIS ACCESS CONSTRUCTION
ANAESTHETIC TYPE FOR JOINT REPLACEMENT
ANTI CANCER REGIMEN NUMBER
ARTERIOVENOUS GRAFT MATERIAL TYPE
ARTHROPLASTY REVISION TYPE
ARTIFICIAL RUPTURE OF MEMBRANES REASON CODE
ASA PHYSICAL STATUS CLASSIFICATION SYSTEM CODE
ASSOCIATED PROCEDURE TYPE FOR ANKLE REPLACEMENT
BILIARY STENT INSERTION REASON
BIOLOGICAL RESURFACING TYPE FOR SHOULDER REPLACEMENT
BLOOD FLOW RATE
BLOOD TRANSFUSION PRODUCT TYPE
BLOOD TRANSFUSION TYPE
BLOOD TRANSFUSION UNITS TRANSFUSED
BONE GRAFT INDICATION CODE FOR REVISION ANKLE REPLACEMENT
BONE GRAFT INDICATOR FOR JOINT REPLACEMENT
BONE GRAFT TYPE FOR REVISION ANKLE REPLACEMENT
BRACHYTHERAPY TYPE
BREAST ASSESSMENT OUTCOME
BREAST SCREENING TEST OUTCOME
CANCER IMAGING MODALITY
CANCER TREATMENT MODALITY
CHEMICAL THROMBOPROPHYLAXIS REGIME TYPE
CHEMO RADIATION INDICATOR
CHEMOTHERAPY ACTUAL DOSE
CHEST DRAIN IN SITU INDICATOR
CLINICAL INTERVENTION TYPE
CLINICAL INVESTIGATION NOT PERFORMED REASON CODE FOR MATERNITY
CO MORBIDITY ADJUSTMENT INDICATOR
COMPLICATION TYPE FOR RENAL DIALYSIS ACCESS
COMPONENT REMOVAL INDICATOR
CONTINUOUS INFUSION OF PULMONARY VASODILATOR RECEIVED INDICATOR
CONTINUOUS POSITIVE AIRWAY PRESSURE DELIVERY MODE

CONTRACEPTION METHOD STATUS
CYTOLOGY SCREENING ACTION TYPE
DEINFIBULATION UNDERTAKEN REASON
DELIVERED IN WATER INDICATOR
DELIVERY INSTRUMENT TYPE
DELIVERY OF PLACENTA METHOD
DRUG ADMINISTRATION DURATION
DRUG ADMINISTRATION STATUS
DRUG DAYS SUPPLY
DRUG DOSAGE AND ADMIN SPECIFICATION
DRUG IDENTIFICATION
DRUG INFORMATION COMMENT
DRUG INFORMATION TYPE
DRUG QUANTITY SUPPLIED
DRUG REGIMEN ACRONYM
DRUG TREATMENT INTENT
ENDOSCOPIC OR RADIOLOGICAL COMPLICATION TYPE
ENDOSCOPIC PROCEDURE TYPE
ENTERAL FEEDING METHOD
ENTERAL FEED TYPE GIVEN
EPISIOTOMY PERFORMED REASON CODE
EXCISION TYPE
FETAL ORDER
FIRST DEFINITIVE TREATMENT PROVIDED
~~FIRST DIAGNOSTIC TEST~~
FIXATION TYPE FOR ELBOW OR SHOULDER REPLACEMENT
FORMULA MILK OR MILK FORTIFIER TYPE
FRACTION NUMBER
HIP SURGERY PATIENT POSITION
IMAGE GUIDED SURGERY INDICATOR
IMAGING ANATOMICAL SITE
IMAGING INTERVENTION INDICATOR
IMAGING MODALITY
IMAGING OR RADIODIAGNOSTIC EVENT INDICATION CODE FOR RENAL CARE
INFECTION CULTURE TEST INDICATOR
INTERVENTION SESSION TYPE
INTRAPARTUM ANTIBIOTICS GIVEN INDICATOR
JOINT REPLACEMENT REVISION REASON CODE FOR ANKLE
JOINT REPLACEMENT REVISION REASON CODE FOR ELBOW
JOINT REPLACEMENT REVISION REASON CODE FOR HIP
JOINT REPLACEMENT REVISION REASON CODE FOR KNEE
JOINT REPLACEMENT REVISION REASON CODE FOR SHOULDER
KIDNEY TRANSPLANTED CODE
LABOUR FIRST STAGE LENGTH
LABOUR OR DELIVERY ONSET METHOD
LABOUR SECOND STAGE LENGTH
LAPAROTOMY FOR NECROTISING ENTEROCOLITIS INDICATION CODE
LONG HEAD BICEPS TENOTOMY INDICATOR
MARGIN INVOLVED INDICATION CODE
MECHANICAL THROMBOPROPHYLAXIS REGIME TYPE
MENTAL HEALTH INTERVENTION CODE
MINIMALLY INVASIVE SURGERY INDICATOR
MORE THAN THREE RECTAL WASHOUTS RECEIVED INDICATOR
NEOADJUVANT THERAPY INDICATOR
NEONATAL RESUSCITATION METHOD

NEONATAL RESUSCITATION METHOD FOR NATIONAL NEONATAL DATA SET
NEPHRECTOMY TYPE
NEURODEVELOPMENTAL ASSESSMENT ALREADY TAKEN INDICATOR
NEWBORN HEARING INCOMPLETE REASON CODE
NEWBORN HEARING SCREENING TEST TYPE
NITRIC OXIDE GIVEN INDICATOR
NUMBER OF TELETHERAPY FIELDS
OBSERVATION SCHEME IN USE
OPPORTUNISTIC SCREENING TYPE
PAIN RELIEF TYPE IN LABOUR AND DELIVERY
PARENTAL CONSENT TO ADMINISTER VITAMIN K INDICATOR
PARENTAL CONSENT TO POST MORTEM INDICATOR
PARENTERAL NUTRITION RECEIVED INDICATOR
PATHOLOGY INVESTIGATION PRIORITY
PATHOLOGY RESULT REPORTED DATE
PATIENT PROCEDURE PERFORMED INDICATOR
PATIENT PROCEDURE TYPE FOR PRIMARY ANKLE REPLACEMENT
PATIENT PROCEDURE TYPE FOR PRIMARY ELBOW REPLACEMENT
PATIENT PROCEDURE TYPE FOR PRIMARY HIP REPLACEMENT
PATIENT PROCEDURE TYPE FOR PRIMARY KNEE REPLACEMENT
PATIENT PROCEDURE TYPE FOR PRIMARY SHOULDER REPLACEMENT
PATIENT PROCEDURE TYPE FOR REVISION ANKLE REPLACEMENT
PATIENT PROCEDURE TYPE FOR REVISION ELBOW REPLACEMENT
PATIENT PROCEDURE TYPE FOR REVISION HIP REPLACEMENT
PATIENT PROCEDURE TYPE FOR REVISION KNEE REPLACEMENT
PATIENT PROCEDURE TYPE FOR REVISION SHOULDER REPLACEMENT
PATIENT SPECIFIC INSTRUMENTS INDICATOR FOR KNEE REPLACEMENT
PERFORATIONS OR SEROSAL INVOLVEMENT INDICATION CODE
PERITONEAL DIALYSIS CATHETER INSERTION TECHNIQUE
PERITONEAL DIALYSIS CATHETER TYPE
PERITONEAL DIALYSIS TREATMENT REGIME
PLANE OF SURGICAL EXCISION TYPE
PLANNED TREATMENT CHANGE REASON
POST MORTEM CARRIED OUT INDICATOR
POST MORTEM CONFIRMED NECROTISING ENTEROCOLITIS DIAGNOSIS INDICATOR
POST MORTEM TYPE
PREVIOUS BONY INFECTION INDICATOR OF TIBIA OR HINDFOOT
PREVIOUS FRACTURE INDICATOR FOR ANKLE REPLACEMENT
PREVIOUS SURGERY TYPE FOR ANKLE JOINT
PREVIOUS SURGERY TYPE FOR SHOULDER REPLACEMENT
PRINCIPAL DIAGNOSTIC IMAGING TYPE
PROCEDURE RENAL DIALYSIS ACCESS REPAIR OR REVISION TYPE
PROCEDURE SCHEME IN USE
PROCEDURE SIDE RENAL DIALYSIS ACCESS CONSTRUCTION CODE
PROCEDURE SITE RENAL DIALYSIS ACCESS CONSTRUCTION CODE
RADIOISOTOPE
RADIOLOGICAL PROCEDURE TYPE
RADIOTHERAPY ACTUAL DOSE
RADIOTHERAPY BEAM TYPE
RADIOTHERAPY PRESCRIBED DOSE
RADIOTHERAPY TREATMENT MODALITY
REMOVAL REASON TYPE FOR DIALYSIS ACCESS
RENAL DIALYSIS ACCESS TYPE
RENAL TRANSPLANT FAILURE CAUSE CODE
RENAL TREATMENT MODALITY CHANGE REASON CODE

RENAL TREATMENT MODALITY CODE
RENAL TREATMENT PRIMARY SUPERVISION CODE
REPLOGLE TUBE IN SITU INDICATOR
RESPIRATORY SUPPORT DEVICE TYPE FOR NATIONAL NEONATAL DATA SET
RESPIRATORY SUPPORT MODE FOR NATIONAL NEONATAL DATA SET
RESULT SENT DIRECT
RETINOPATHY OF PREMATURITY SCREENING OUTCOME STATUS CODE
REVISION PROCEDURE TYPE FOR ANKLE OR KNEE REPLACEMENT
REVISION PROCEDURE TYPE FOR ELBOW OR SHOULDER REPLACEMENT
REVISION PROCEDURE TYPE FOR HIP REPLACEMENT
ROTATOR CUFF CONDITION
RUPTURE OF MEMBRANES METHOD
SARCOMA SURGICAL MARGIN
SENTINEL LYMPH NODE BIOPSY TYPE
SIGNIFICANT MATERNAL PYREXIA IN LABOUR INDICATOR
STEM CELL INFUSION DONOR TYPE
STEM CELL INFUSION SOURCE CODE
STENT DEPLOYED SUCCESS INDICATOR
STEROIDS GIVEN DURING PREGNANCY TO MATURE FETAL LUNGS INDICATOR
STOMA PRESENT INDICATOR
SURFACTANT GIVEN INDICATOR
SURGICAL ACCESS TYPE
SURGICAL ACCESS TYPE FOR THORACIC
SURGICAL APPROACH FOR PRIMARY HIP REPLACEMENT
SURGICAL APPROACH FOR PRIMARY KNEE REPLACEMENT
SURGICAL APPROACH FOR PRIMARY OR REVISION ANKLE REPLACEMENT
SURGICAL APPROACH FOR PRIMARY OR REVISION ELBOW REPLACEMENT
SURGICAL APPROACH FOR PRIMARY OR REVISION SHOULDER REPLACEMENT
SURGICAL APPROACH FOR REVISION HIP REPLACEMENT
SURGICAL APPROACH FOR REVISION KNEE REPLACEMENT
SURGICAL COMPLICATION TYPE
SURGICAL PALLIATION TYPE
SURGICAL VOICE RESTORATION PERMANENT VALVE REMOVAL REASON
SYSTEMIC ANTI CANCER THERAPY DRUG ROUTE OF ADMINISTRATION
SYSTEMIC ANTI CANCER THERAPY PROGRAMME NUMBER
SYSTEMIC ANTI CANCER THERAPY REGIMEN MODIFICATION INDICATOR
TELEOTHERAPY BEAM TYPE
TRACHEOSTOMY TUBE IN SITU INDICATOR
TREATMENT TYPE FOR NECROTISING ENTEROCOLITIS
TREATMENT TYPE FOR PATENT DUCTUS ARTERIOSUS
UNPLANNED OPERATION INDICATOR
UNTOWARD INTRAOPERATIVE EVENT CODE FOR ANKLE REPLACEMENT
UNTOWARD INTRAOPERATIVE EVENT CODE FOR ELBOW REPLACEMENT
UNTOWARD INTRAOPERATIVE EVENT CODE FOR HIP REPLACEMENT
UNTOWARD INTRAOPERATIVE EVENT CODE FOR KNEE REPLACEMENT
UNTOWARD INTRAOPERATIVE EVENT CODE FOR SHOULDER REPLACEMENT
VASCULAR LINE TYPE IN SITU
VISUAL INSPECTION CONFIRMED NECROTISING ENTEROCOLITIS DURING LAPAROTOMY
INDICATOR
VITAMIN K ADMINISTERED INDICATOR
VITAMIN K ROUTE OF ADMINISTRATION

PATIENT

Change to Class: Changed Dataset

A [PATIENT](#) is a [PERSON](#) with a specific disease or condition who receives treatment from a [Health Care Provider](#) or any [REGISTRABLE BIRTH](#).

It is an entry on the [PATIENT](#) master index.

This will be a [PERSON](#), which includes [Neonates](#), who use a [Hospital Bed](#) in order to receive clinical care/treatment or someone attending an [Out-Patient Clinic](#), [Day Care Facility](#), etc.

It will also include people in the community receiving care under a specific [NHS SERVICE AGREEMENT](#) forming part of 'nursing care in the community'. This also includes [PATIENTS](#) on the [ELECTIVE ADMISSION LIST](#) who are awaiting [Elective Admission](#).

PATIENT PATHWAY

Change to Class: Changed 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.

REFERRAL REQUEST

Change to Class: Changed Dataset

A subtype of [SERVICE REQUEST](#).

This is a request for a care service, other than a specific diagnostic investigation or procedure, to be provided for a [PATIENT](#). This includes [PATIENT](#) self-referrals for an [APPOINTMENT](#) to see or be in contact with a [CARE PROFESSIONAL](#) of an [ORGANISATION](#).

If there is a verbal request this would normally be confirmed by written request, and these should be processed as one referral. An electronic message is treated as a written referral.

Where the [REFERRAL REQUEST](#) relates to a booking system, the [PATIENT](#) is given the choice of when to attend or be in contact. For full booking, the [PATIENT](#) is offered a date within one working day of the referral or [DECISION TO ADMIT](#).

ACTIVITY DATE

Change to Attribute: Changed Dataset

Any [DATE](#) that is of relevance to an [ACTIVITY](#).

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

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS

Change to Attribute: Changed Description, Dataset

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

Where a diagnosis of cancer is subsequently made, data on [First Definitive Treatment](#) and subsequent treatments should be recorded for [PATIENTS](#) receiving treatment within the NHS in England.

English NHS in this context refers to [Health Care Provider ORGANISATIONS](#) within England who are treating [PATIENTS](#) with cancer (where the [PATIENTS](#) have [NHS NUMBERS](#) which exist on the Patient Demographic Service database, and which can be used within the [National Cancer Waiting Times Monitoring Data Set](#) for transmission purposes) who may have been referred from outside England.

~~Further details can be found in [Department of Health](#) guidance at [Cancer Waiting Times Documentation and Links](#).~~ Further details can be found at: [Cancer Waiting Times - Useful Documentation and Links](#).

~~Where [PATIENTS](#) with a diagnosis of cancer do NOT receive treatment within the NHS in England, or where the diagnosed condition is not within the [Department of Health](#) list of cancer conditions (see [Department of Health](#) guidance at [Cancer Waiting Times Documentation and Links](#)), further data need not be collected.~~ Where [PATIENTS](#) with a diagnosis of cancer do NOT receive treatment within the NHS in England, or where the diagnosed condition is not within the [NHS England](#) list of cancer conditions (see [Cancer Waiting Times - Useful Documentation and Links](#)), further data need not be collected.

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

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

only be used when the [TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE](#) is National Code 16 'Exhibited (non-cancer) breast symptoms - cancer not initially suspected.'

CANCER REFERRAL TO TREATMENT PERIOD START DATE

Change to Attribute: Changed Dataset

The [Start Date](#) of a [Cancer Referral To Treatment Period](#). This is a specific type of the attribute [ACTIVITY DATE](#).

A [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) will be one of the following:

- The [REFERRAL REQUEST RECEIVED DATE](#) of the [SERVICE REQUEST](#) to secondary care by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#) where the [PRIORITY TYPE](#) of the [SERVICE REQUEST](#) was National Code 3 - *Two Week Wait*
- The [ORIGINAL REFERRAL REQUEST RECEIVED DATE](#) for the initial [SERVICE REQUEST](#) to secondary care where the [PATIENT](#) was subsequently upgraded onto a Cancer [PATIENT PATHWAY](#). The [CONSULTANT UPGRADE DATE](#) will also be recorded, as this is the [DATE](#) used to calculate the start of the two month (62 day) waiting time target for [PATIENTS](#) who have been upgraded to a cancer pathway.
- The [REFERRAL REQUEST RECEIVED DATE](#) for the [SERVICE REQUEST](#) into secondary care when the [PATIENT](#) was referred urgently for 'breast symptoms' (the [PRIORITY TYPE](#) of the [SERVICE REQUEST](#) is recorded as National Code 3 - *Two Week Wait*)
- The [REFERRAL REQUEST RECEIVED DATE](#) for the [SERVICE REQUEST](#) to an Assessment Clinic following the identification of an abnormality by an NHS Cancer Screening Service (the [PRIORITY TYPE](#) of the [SERVICE REQUEST](#) is recorded as National Code 2 - *Urgent*)
- The [ORIGINAL REFERRAL REQUEST RECEIVED DATE](#) for the initial [SERVICE REQUEST](#) to secondary care by an NHS Cancer Screening Service, where the [PRIORITY TYPE](#) of the [SERVICE REQUEST](#) is recorded as National Code 1 - *Routine*, and where the [PATIENT](#) was subsequently upgraded onto a Cancer [PATIENT PATHWAY](#). The [CONSULTANT UPGRADE DATE](#) will also be recorded.

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

CANCER SPECIALIST REFERRAL DATE (RETIRED) ~~renamed from~~ CANCER SPECIALIST REFERRAL DATE

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

The ~~date on which the decision was made to refer a [PATIENT](#) with suspected cancer to an appropriate cancer specialist.~~ **This item has been retired from the NHS Data Model and Dictionary.**

An ~~appropriate cancer specialist is the [PERSON](#) who is most able to progress the diagnosis of the primary [Tumour](#).~~ **The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.**

This ~~date will be one of the following:~~ **Access to this version can be obtained by emailing information.standards@hscic.gov.uk with "NHS Data Model and Dictionary - Archive Request" in the email subject line.**

- ~~The date on which the referral was made~~
- ~~The date of the letter or fax from [GENERAL PRACTITIONER](#) or other hospital department~~
- ~~The date of phone call from referring [GENERAL PRACTITIONER](#) or other hospital department~~
- ~~The date of cross-referral where the [PATIENT](#) is already in hospital.~~

CANCER SPECIALIST REFERRAL DATE (RETIRED), renamed from CANCER SPECIALIST REFERRAL DATE

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

- Changed Description
 - Retired CANCER SPECIALIST REFERRAL DATE
 - Changed Name from Data_Dictionary.Attributes.C.CANCER_SPECIALIST_REFERRAL_DATE to Retired.Data_Dictionary.Attributes.C.CANCER_SPECIALIST_REFERRAL_DATE
-

CANCER TREATMENT EVENT TYPE

Change to Attribute: Changed Dataset

The stage of treatment reached during a Cancer [PATIENT PATHWAY](#) for primary, recurrent or metastatic cancer.

National Codes:

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

CANCER TREATMENT MODALITY

Change to Attribute: Changed Dataset

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

National Codes:

- 01 Surgery
- 02 [Anti-Cancer Drug Regimen](#) ([Cytotoxic Chemotherapy](#))
- 03 [Anti-Cancer Drug Regimen](#) ([Hormone Therapy](#))
- 04 [Chemoradiotherapy](#)
- 05 [Teletherapy](#) (Beam Radiation excluding [Proton Therapy](#))
- 06 [Brachytherapy](#)
- 07 [Specialist Palliative Care](#)
- 08 [Active Monitoring](#) (excluding [Non-Specialist Palliative Care](#))
- 09 [Non-Specialist Palliative Care](#) (excluding [Active Monitoring](#))
- 10 [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](#)

- 97 Other treatment
- 98 All treatment declined

Notes:

- National Code 07 '[Specialist Palliative Care](#)', should only be used where care is being delivered under the management of a [CONSULTANT](#) in Palliative Medicine.
- National Code 09 '[Non-Specialist Palliative Care \(excluding Active Monitoring\)](#)' is only to be used where the treatment consists of [Palliative Care](#) not under the management of a [CONSULTANT](#) in Palliative Medicine.
- National Code 09 '[Non-Specialist Palliative Care \(excluding Active Monitoring\)](#)' should only be used to record 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 clinician and [PATIENT](#). This type of care is sometimes referred to as 'best supportive care' within NHS services.

CANCER TREATMENT PERIOD START DATE

Change to Attribute: Changed Dataset

The [DATE](#) when a [Cancer Treatment Period](#) is started.

The [CANCER TREATMENT PERIOD START DATE](#) will be either:

- the [DECISION TO TREAT DATE](#) - the [DATE](#) that a [PATIENT](#) agrees a treatment plan for either first or subsequent treatments within a [Cancer Care Plan](#). An individual [PATIENT](#) may have multiple [DECISION TO TREAT DATES](#); or
- the [EARLIEST CLINICALLY APPROPRIATE DATE](#) - where there is no new [DECISION TO TREAT DATE](#), but there has been a previously agreed and clinically appropriate period of delay. In this case the subsequent [ACTIVITY](#) may not be the final treatment, but could be the next [APPOINTMENT](#) which deals with the planning of subsequent treatments.

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

[CLINICAL TRIAL INDICATOR](#) is used to record 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](#).

DELAY REASON COMMENT

Change to Attribute: Changed Description, Dataset

A comment on the reason why a [Cancer Care Spell Delay](#) was experienced with regard to a [Cancer Care Spell](#).

This must be recorded for each breach of existing service standards (introduced by the NHS Cancer Plan (2000)) and the extended service standards (as specified within the Cancer Reform Strategy (2007)) after any patient pauses have been taken into account.

The standards for which a [DELAY REASON COMMENT](#) must 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 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 [Radiotherapy \(Teletherapy, Brachytherapy or Proton Therapy\)](#)
- 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 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 an [Anti-Cancer Drug Regimen \(Cytotoxic Chemotherapy, Hormone Therapy, Immunotherapy or other drug regimen\)](#)
- 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 [Anti-Cancer Drug Regimen](#), surgery or [Radiotherapy](#).
- 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](#).

* ~~Breast, bowel, cervical and testicular cancer, along with acute leukaemia are defined by ICD-10 coding—see [Department of Health](#) guidance at [Cancer Waiting Times Documentation and Links](#).~~ Breast, bowel, cervical and testicular cancer and acute leukaemia are defined by ICD-10 coding - see [Cancer Waiting Times - Useful Documentation and Links](#).

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

Time Period	Number of Calendar Days
Two Weeks	14
One Month	31
Two Months	62

DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS

Change to Attribute: Changed Dataset

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

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

National Codes:

- 01 Clinic cancellation
- 02 Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this [PATIENT](#))
- 03 Administrative delay
- 04 Referral not received within 24 hours (Retired 1 July 2012)
- 05 [PATIENT](#) unavailable (the [PATIENT](#) has declined the opportunity to be seen within two weeks prior to any [APPOINTMENT](#) being offered)
- 06 [PATIENT](#) declines (the [PATIENT](#) declines all [APPOINTMENT](#) dates offered within two weeks)
- 07 [PATIENT](#) cancellation (the [PATIENT](#) cancels their booked [APPOINTMENT](#))
- 08 [PATIENT](#) care not commissioned by the English NHS (waiting time standard does not apply)
- 98 Other reason
- 99 Other reason (Retired 1 July 2012)

Notes:

- National Code 03 'Administrative delay' should not be used to record delays linked to a 'Did Not Attend' (DNA) event where a waiting time adjustment has been entered into the [PATIENT](#) record.
- If National Code 98 'Other reason' is used, further detail must be recorded for the precise cause of the delay, within [DELAY REASON COMMENT \(FIRST SEEN\)](#).
- National Code 08 '[PATIENT](#) care not commissioned by the English NHS (waiting time standard does not apply)' should only be used in instances where the non-English administration has commissioned a two week wait service, i.e. the [PRIORITY TYPE](#) of the [SERVICE REQUEST](#) was National Code 03 'Two Week Wait', but the [PATIENT](#) was not seen within two weeks. This is to allow for different commissioning arrangements to be supported by local administrative and clinical systems.

DELAY REASON TO TREATMENT FOR CANCER

Change to Attribute: Changed Dataset

The reason why a [Cancer Care Spell Delay](#) was experienced with regard to a [Cancer Care Spell](#).

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

- [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE FOR CANCER](#)
- [DECISION TO TREAT DATE](#) and [TREATMENT START DATE FOR CANCER](#)
- [CONSULTANT UPGRADE DATE](#) and [TREATMENT START DATE FOR CANCER](#).

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

National Codes:

Delays relating to diagnostic and pre-treatment events

Delays relating to diagnostic and pre-treatment events

- 01 Clinic cancellation
- 02 Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this [PATIENT](#))
- 03 Administrative delay
- 07 Complex diagnostic pathway (many, or complex, diagnostic tests required)
- 08 Delay due to referral between Trusts (Retired 1 July 2012)
- 11 Diagnosis delayed for medical reasons ([PATIENT](#) unfit for diagnostic episode, excluding planned recovery period following diagnostic test)
- 13 Delay due to recovery after an invasive test ([PATIENT DIAGNOSIS](#) or treatment delayed due to planned recovery period following an invasive diagnostic test)
- 17 [PATIENT](#) choice delay relating to first outpatient [APPOINTMENT](#)
- 18 [Health Care Provider](#) initiated delay to diagnostic test or treatment planning
- 19 [PATIENT](#) initiated (choice) delay to diagnostic test or treatment planning, advance notice given
- 20 [PATIENT](#) Did Not Attend an [APPOINTMENT](#) for a diagnostic test or treatment planning event (no advance notice)
- 98 Other reason

Delays relating to treatment in an admitted care setting

- 04 Elective cancellation (for non-medical reason)
- 05 Elective capacity inadequate ([PATIENT](#) unable to be scheduled for treatment within standard time)
- 06 Delay to diagnostic test or treatment planning (Retired 1 July 2012)
- 10 Treatment delayed for medical reasons ([PATIENT](#) unfit for treatment episode, excluding planned recovery period following diagnostic test)
- 21 [PATIENT](#) failed to present for elective treatment (choice)
- 22 [PATIENT](#) care not commissioned by the English NHS (waiting time standard does not apply)
- 98 Other reason

Delays relating to treatment in a non-admitted care setting

- 01 Clinic cancellation
- 02 Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this [PATIENT](#))
- 10 Treatment delayed for medical reasons ([PATIENT](#) unfit for treatment episode, excluding planned recovery period following diagnostic test)
- 14 [PATIENT](#) Did Not Attend treatment [APPOINTMENT](#)
- 16 [PATIENT](#) Choice ([PATIENT](#) declined or cancelled an offered [APPOINTMENT DATE](#) for treatment)
- 22 [PATIENT](#) care not commissioned by the English NHS (waiting time standard does not apply)
- 98 Other reason
- 99 Other reason (Retired 1 July 2012)

Notes:

- If National Code 98 'Other reason' is used, the reason must be explained within [DELAY REASON COMMENT \(CONSULTANT UPGRADE\)](#), [DELAY REASON COMMENT \(REFERRAL TO TREATMENT\)](#) or [DELAY REASON COMMENT \(DECISION TO TREATMENT\)](#) as appropriate.
- National Code 03 'Administrative delay' should not be used to record delays linked to a 'Did Not Attend' (DNA) event where a waiting time adjustment has been entered into the [PATIENT](#) record.
- National Codes 04, 05 and 21 can only be used where the treatment was delivered in an admitted care setting i.e. where the [CANCER CARE SETTING \(TREATMENT\)](#) is National Code 01 or 02.
- National Codes 14 and 16 can only be used where the treatment was delivered in a non-admitted care setting i.e. where the [CANCER CARE SETTING \(TREATMENT\)](#) is National Code 03 or 04.
- National Code 17 should only be used where [DELAY REASON REFERRAL TO FIRST SEEN \(CANCER OR BREAST SYMPTOMS\)](#) is also present in the [PATIENT](#) record.
- National Code 20 should not be used for any Did Not Attend (DNA) event relating to [DATE FIRST SEEN](#). Events of this type should not constitute a delay as they can be accounted for by entering a value for [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) in the [PATIENT](#) record.
- National Codes 07, 11, 13, 17, 18, 19 and 20 should only be used for Referral to Treatment type pathways, therefore these should not be used to record a value for [DELAY REASON COMMENT \(DECISION TO TREATMENT\)](#).
- National Code 22 '[PATIENT](#) care not commissioned by the English NHS (waiting time standard does not apply)' should only be used in instances where the non-English administration has commissioned a cancer service with similar 'target times' and data item attributes. This is to allow different commissioning arrangements to be supported by a single local administrative and clinical system.

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

FIRST CANCER DIAGNOSTIC TEST (RETIRED)_ renamed from FIRST CANCER DIAGNOSTIC TEST

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

An indicator of the first major [CLINICAL INTERVENTION](#) for the diagnosis of cancer. This is the test that moves the level of suspicion of cancer from "possible or probable (based on history, clinical examination or blood count) to "highly probable or certain". It does not refer to the first intervention undergone, prior to referral to hospital, such as a blood count, chest x ray or blood tests of liver function. **This item has been retired from the NHS Data Model and Dictionary.**

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

- a. first diagnostic test
- b. not first diagnostic test

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

FIRST CANCER DIAGNOSTIC TEST (RETIRED)_ renamed from FIRST CANCER DIAGNOSTIC TEST

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

- Changed Description
- Retired FIRST CANCER DIAGNOSTIC TEST
- Changed Name from Data_Dictionary.Attributes.F.FIRST_CANCER_DIAGNOSTIC_TEST to Retired.Data_Dictionary.Attributes.F.FIRST_CANCER_DIAGNOSTIC_TEST

METASTATIC SITE

Change to Attribute: Changed Dataset

The site of the metastatic disease.

It is used to identify metastatic disease relating to the [PRIMARY DIAGNOSIS \(ICD\)](#).

National Codes:

- 01 Bone (Retired 1 July 2012)
- 02 Brain
- 03 Liver
- 04 Lung
- 05 Other metastatic site (Retired 1 July 2012)
- 06 Multiple metastatic sites
- 07 Unknown metastatic site
- 08 Skin
- 09 Distant lymph nodes
- 10 Bone (excluding Bone Marrow)
- 11 Bone marrow
- 99 Other metastatic site

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR

Change to Attribute: Changed Dataset

An indication of whether the [PATIENT](#)'s [CARE PLAN](#) was discussed at a [Multidisciplinary Team Meeting](#).

National Codes:

- A The [PATIENT](#) was discussed at a [Multidisciplinary Team Meeting](#)
- B The [PATIENT](#) was not discussed at a [Multidisciplinary Team Meeting](#)

Notes:

- When used in the [National Cancer Waiting Times Monitoring Data Set](#):
 - this records whether a [Cancer Care Plan](#) for the [PATIENT](#) was discussed at a [Multidisciplinary Team Meeting](#);
 - the [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.

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 [Health and Social Care Information Centre website](#).

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.

ORGANISATION CODE

Change to Attribute: Changed Dataset

An [ORGANISATION CODE](#) is a code which identifies an [ORGANISATION](#) uniquely.

[ORGANISATION CODES](#) are managed by:

- [Organisation Data Service \(ODS\)](#)
- [NHS Prescription Services](#)
- [NHS Dental Services](#).

Notes:

- [Organisation Data Service](#) codes can be downloaded:
 - from the [Organisation Data Service website](#) and
 - via files issued by the [Technology Reference Data Update Distribution Service \(TRUD\)](#)
- [Organisation Data Service](#) contact details can be found at [Contact Details](#).

ORGANISATION CODING FRAMES

- All NHS [ORGANISATIONS](#) are coded using coding frames, as shown in the tables below:

Character Position	1	2	3	4	5	6	7	8
Format	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n
A Frame	Organisation Type Identifier	Organisation Identifier						
B Frame	Organisation Type Identifier			Organisation Identifier				
C Frame		Organisation Identifier						

	Organisation Type Identifier							
D Frame	Organisation Type Identifier	Organisation Identifier						
E Frame	Organisation Identifier							
F Frame	Organisation Type Identifier	Organisation Identifier						
G Frame	Organisation Type Identifier	Practice Identifier						
H Frame	Organisation Type Identifier	Organisation Identifier						
I Frame	Organisation Type Identifier	Organisation Identifier						
K Frame	Organisation Identifier							
L Frame	Organisation Type Identifier	Organisation Identifier	Organisation Type Identifier					
M Frame	Organisation and Organisation Type Identifier							
N Frame	Organisation Type Identifier	Organisation Identifier						

A Frame:

Example

Non NHS Organisation ([Independent Provider](#)) e.g. 8HA03

- 8 = Organisation Type Identifier
- Remainder = Organisation Identifier

B Frame:

Example

Local Service Provider e.g. LSP01

- LSP = Organisation Type Identifier
- 01 = Organisation Identifier

Also:

Application Service Provider	e.g. YGM01
Education Establishment	e.g. YDF01
NHS Support Agency	e.g. YDD01

C Frame:

Example

[School](#) e.g. EE134290

- EE = Organisation Type Identifier
 - Remainder = Organisation Identifier
-

D Frame:

Example

[Care Trust](#) e.g. TAK

- T = Organisation Type Identifier
- AK = Organisation Identifier

Also:

Commissioning Support Unit (CSU) / Data Management and Integration Centre (DMIC) / Data Services for Commissioners Regional Office (DSCRO)	e.g. 0AA
High Level Health Geography, e.g. NHS England Region (Geography)	e.g. Q72
Local Health Board (Wales)	e.g. 7A1
NHS Trust	e.g. RH8
Justice Organisation	e.g. VAA

E Frame:

Example

[Government Office Region \(GOR\)](#) e.g. K

- K = Organisation Identifier

Note: [ORGANISATION TYPE](#) of [Government Office Region \(GOR\)](#) is identified by a one character code; no other one character code exists.

F Frame:

Example

[Pharmacy](#) Headquarters e.g. P001

- P = Organisation Type Identifier
- 001 = Organisation Identifier

Also:

[Care Home](#) Headquarters
[Optical Headquarters](#)

e.g. CA0A
e.g. T1A1

G Frame:

Example

[GP Practices](#) in England and Wales e.g. Y00001

- Y = Organisation Type Identifier
- 00001 = Practice Identifier

Also:

[Dental Practice](#)

e.g. V20052

H Frame:

Example

Cancer Network e.g. N01

- N0 (where the 2nd character is numeric and not alpha) = Organisation Type Identifier
- 1 = Organisation Identifier

Also:

Booking Management System (BMS) Call Centre Establishment
Government Department
[Independent Sector Healthcare Provider \(ISHP\)](#) (where the 2nd character is alpha)
National Application Service Provider
[Other Statutory Authority \(OSA\)](#)

e.g. YF1
e.g. XDA
e.g. NV7
e.g. YEA
e.g. X16

I Frame:

Example

[Special Health Authority \(SpHA\)](#) e.g. T1150

- T1 = Organisation Type Identifier
 - 150 = Organisation Identifier
-

K Frame:

Example

[NHS Wales Informatics Service](#) e.g. W00

- W00 = Organisation Identifier
-

L Frame:

Example

[Northern Ireland Local Commissioning Group](#) e.g. ZC010

- Characters 1-3 (ZC0) AND character 5 (0) = Organisation Type Identifier
- Character 4 = Organisation Identifier

Note: this is a 5 character method of displaying [Northern Ireland Local Commissioning Group](#) identifiers. Characters 3 and 5 are 'fillers'. If a 3 character code is required (as used by the [Office for National Statistics](#) in the [NHS Postcode Directory](#)) zeros can be omitted, e.g. ZC1.

The 3 character method of displaying the [Northern Ireland Local Commissioning Group](#) identifiers fit under the H Frame.

Guidance on the use of Northern Ireland codes can be found in [Data Set Change Notice 19/2009](#).

M Frame:

Example

[Clinical Commissioning Group \(CCG\)](#) e.g. 12A

- 12A = Organisation and Organisation Type Identifier

Also:

[Local Authority](#)

e.g.000

N Frame:

Example

GP Abeyance and Dispersal [GP Practice](#) e.g. G7817414

- G78 = Organisation Type Identifier
- 17414 = Organisation Identifier

The structure and format of [ORGANISATION CODES](#) maintained by the [Organisation Data Service](#), [NHS Prescription Services](#), [NHS Dental Services](#) and other agencies are detailed in the tables below.

ORGANISATION CODES TABLES

Table 1: CODING FORMATS FOR ORGANISATIONS IN ENGLAND AND WALES

Organisation Type	Frame Type	Character Position								Code allocated by:	Notes/Comments
		1	2	3	4	5	6	7	8		
	See Coding Frames Table										
Application Service Provider	B	Y	G	M	A-9	A-9				ODS	E.g. YGM01
Booking Management System (BMS) Call Centre Establishment	H	Y	F	A-9						ODS	E.g. YF1

Cancer Network	H	N	0-9	A-9						ODS	E.g. N01
Cancer Registry	A	Y	0-9	0-9	0-9	0-9				ODS	E.g. Y0401
Care Home Headquarters	F	A, C or D	A-9	A-9	A-9					ODS	E.g. CA0A
Care Trust (CT)	D	T	A-Y	A-Y						ODS	E.g. TAK
Clinical Commissioning Group (CCG)	M	0-9	0-9	A-Y						ODS	E.g. 12A
Clinical Network	B	Y	D	G	A-9	A-9				ODS	E.g. YDG01
Commissioning Support Unit (CSU) / Data Management and Integration Centre (DMIC) / Data Services for Commissioners Regional Office (DSCRO)	D	0	A-Y	A-Y						ODS	E.g. 0AA
Dental Practice - England and Wales	G	V	0-9	0-9	0-9	0-9	0-9			NHS Dental Services	E.g. V20052
Education Establishment	B	Y	D	F	A-9	A-9				ODS	E.g. YDF01
Executive Agency	N/A See Note 1	X	0-9	0-9						ODS	E.g. X09
Executive Agency Programme	N/A See Note 1	X	0-9	0-9	0-9	0-9	0-9			ODS	First three characters denote Executive Agency E.g. X09001
Government Department	H	X	A-Y	A-Y						ODS	E.g. XDA

Government Office Region (GOR)	E	A-Y								ONS	E.g. K Government Office Regions (GORs) closed 31 March 2011 - from 1 April 2011 referred to as Regions
GP Abeyance and Dispersal GP Practice	N	G	7	8	0-9	0-9	0-9	0-9	0-9	ODS	E.g. G7817414
GP Practices in England and Wales	G	A-H, J-N, P, W & Y	0-9	0-9	0-9	0-9	0-9			NHS Prescription Services	Char 1 = W for Welsh GP Practice . All other values represent GP Practices in England. Note: from 2003, ALL newly allocated Practice Codes in England begin with a Y E.g. Y00001
Justice Organisation	D	V or W	A-Y	A-9						ODS	E.g. VAA
High Level Health Geography, e.g. NHS England Region (Geography)	D	Q	A-9	A-9						ODS	E.g. Q72
Independent Sector Healthcare Provider (ISHP)	H	A, B, D, G, I, K, L, M, N, O, S, U, V, W	A-Y	A-Y, 0-9						ODS	E.g. NV7
Local Authority (LA)	M	0-9	0-9	0-9						ODS	E.g. 000

Local Health Board (Wales)	B	7	A-9	A-9					ODS	E.g. 7A1
Local Service Provider (LSP)	B	L	S	P	0-9	0-9			ODS	E.g. LSP01
Military Hospital	B	X	M	D	A-9	A-9			ODS	E.g.XMDA1
National Application Service Provider	H	Y	E	A-9					ODS	E.g. YEA
National Groupings (England)	H	Y	5	0-9					ODS	E.g. Y51
NHS Support Agency	B	Y	D	D	A-9	A-9			ODS	E.g. YDD01
NHS Trust	D	R	A-9	A-9					ODS	E.g. RH8
NHS Wales Informatics Service (NWIS)	K	W	0	0					ODS	Only one organisation of this type exists for Wales E.g. W00
Non NHS Organisation (Independent Provider)	A	8	A-Y	A-9	0-9	0-9			ODS	E.g. 8HA03
Northern Ireland Health & Social Care Board	N/A	Z	B	0	0	1			ODS	E.g. ZB001
Northern Ireland Health & Social Care Trust	I	Z	T	0-9	0-9	0-9			ODS	E.g. ZT001
Northern Ireland Local	L	Z	C	0	0-9	0			Department for Health, Social	E.g. ZC010

Commissioning Group										Services and Public Safety (DHSSPS), Northern Ireland	Note that characters 3 and 5 are 'fillers' to create a 5 character code. If a 3 character code is required (as used by the Office for National Statistics in the NHS Postcode Directory), zeros can be omitted and fits under the H frame: E.g. ZC1. <i>Guidance on the use of Northern Ireland codes can be found in Data Set Change Notice 19/2009.</i>
Optical Headquarters	F	T	0-9	A-9	A-9					ODS	E.g. T1A1
Other Statutory Authority (OSA)	H	X	0-9	0-9						ODS	E.g. X16
Pharmacy	A	F	A-Y	A-9	A-9	A-9				ODS	E.g. FA002
Pharmacy Headquarters	F	P	A-9	A-9	A-9					ODS	E.g. P001
Primary Care Trust (PCT)	D	5	A-9	A-9						ODS	E.g. 5CT All Primary Care Trusts closed 31 March 2013
Prison Health Service	B	Y	D	E	A-9	A-9				ODS	E.g. YDE01
School	C	E	E	A-9	A-9	A-9	A-9	A-9	A-9	Department for Education and ODS	E.g. EE134290
Special Health Authority (SpHA)	I	T	1	0-9	0-9	0				ODS	E.g. T1150

Strategic Health Authority (SHA)	D	Q	A-9	A-9						ODS	E.g. Q30 All Strategic Health Authorities in England closed 31 March 2013
Welsh Assembly	D	W	0-9	0-9						ODS	E.g. W01
Welsh Health Commission	A	W	0-9	0-9	A-Y	A-Y				ODS	E.g. W01HC

Notes:

- Codes for Executive Agency, Executive Agency Programme, Executive Agency Site and Executive Agency Programme Department do not easily fit into the coding frames as shown above and are therefore not included. This is due to their unusual structure in that there are more hierarchical 'tiers' than with other organisations.

Executive Agency and Executive Agency Programme are both considered Organisation level entities, although each Programme does have a relationship to an Executive Agency. Executive Agency codes are three characters long. Executive Agency Programme codes are six, and their first three characters are the same as the Executive Agency they are associated to.

Department codes of eight characters long can then be allocated underneath a Programme code (sharing the first six characters). Executive Agency Site codes of five characters long can be allocated under an Executive Agency code (and share the first three characters).

- A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity). This applies to all [ORGANISATION CODES](#) in the Coding Format Table above except [Independent Sector Healthcare Providers \(ISHP\)](#).

Table 2: CODING FORMATS FOR ORGANISATIONS IN SCOTLAND

Scottish [ORGANISATION CODES](#) are supplied by the Information Standards Directorate (ISD) from NHS Scotland and published by the [Organisation Data Service](#).

Organisation Type	Character Position						Code allocated by:	Notes/Comments
	1	2	3	4	5	6		
GP Practice - Scotland	S	0-9	0-9	0-9	0-9	0-9	NHS	
Scottish GP Fundholder	S	A-Z	B	0-9	0-9		ISD, Scotland	2nd character identifies the Health Board the GPFH reports to. 3rd character (always B) shows GPFH status.

Scottish Health Agency	S	D	0-9	0-9	0-9		ISD, Scotland	2nd character (D) identifies Scottish Office agencies
Scottish Health Board	S	A-Z	9	9	9		ISD, Scotland	
Scottish Provider	S	A-Z	A,C,D	0-9	0-9		ISD, Scotland	2nd character identifies the Health Board the organisation reports to. 3rd character identifies the organisation type: A= Health Unit C = Hospital Trust D = Nursing Home

Table 3: CODING FORMATS for ORGANISATIONS in OTHER HOME COUNTRIES

Organisation Type	Character Position						Code allocated by:	Notes/Comments
	1	2	3	4	5	6		
GP Practice - Alderney	A	L	D	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Guernsey	G	U	E	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Isle of Man (IOM)	Y	0-9	0-9	0-9	0-9	0-9	NHS Prescription Services	
GP Practice - Jersey	J	E	R	0-9	0-9	0-9	NHS Prescription Services	
Primary Healthcare Directorate (Isle of Man)	Y	K	A-9				ODS	E.g. YK1

Note: A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity).

ORGANISATION SITE CODE

Change to Attribute: Changed Dataset

An [ORGANISATION SITE CODE](#) is a code which identifies an [ORGANISATION SITE](#) uniquely.

Note: Only [ORGANISATION SITE CODES](#) which have been notified to and issued by the [Organisation Data Service](#) may be used.

Notes:

- [Organisation Data Service](#) codes can be downloaded:
 - from the [Organisation Data Service website](#) and
 - via files issued by the [Technology Reference Data Update Distribution Service \(TRUD\)](#)
- [Organisation Data Service](#) contact details can be found at [Contact Details](#).

ORGANISATION SITE CODING FRAMES

- All NHS [ORGANISATION SITES](#) are coded using coding frames, as shown in the tables below:

Character Position	1	2	3	4	5	6	7	8	9
Format	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n
A Frame	Organisation Type Identifier			Organisation Identifier		Site or Sub-Division Identifier			
B Frame	Organisation Type Identifier	Organisation Identifier		Site or Sub-Division Identifier					
C Frame	Organisation Type Identifier		Organisation Identifier	Site or Sub-Division Identifier					
D Frame	Organisation Type Identifier	Practice Identifier					Branch Surgery Identifier		
F Frame	Organisation Type Identifier	Organisation Identifier							

H Frame	Organisation Type Identifier	Organisation Identifier				
I Frame	Organisation Type Identifier	Organisation Identifier				
J Frame	Organisation Type Identifier	Organisation Identifier				
K Frame	Organisation and Organisation Type Identifier	Organisation Site Identifier				
L Frame	Organisation Type Identifier <i>and</i> Site or Sub-Division Identifier					

A Frame:

Example

Local Service Provider Site e.g. LSP0101

- LSP = Org Type Identifier
- 01 = Organisation Identifier
- 01 = Site or Sub-Division Identifier

B Frame:

Example

Care Trust Site e.g. TAK01

- T = Organisation Type Identifier
- AK = Organisation Identifier
- 01 = Site or Sub-Division Identifier

Also:

Government Department Site	e.g. XDA01
High Level Health Geography Site, e.g. NHS England Region (Geography) site	e.g. Q7201
Local Authority Site	e.g. 000AA
Local Health Board (Wales) Site	e.g. 7A101
NHS Trust Site	e.g. RH802
Other Statutory Authority (OSA) Site	e.g. X1601
	e.g. Q3001

C Frame:

Example

[Independent Sector Healthcare Provider \(ISHP\)](#) Site e.g. NV701

- NV = Organisation Site Type Identifier
- 7 = Organisation Identifier
- 01 = Site or Sub-Division Identifier

D Frame

Example

[GP Practice](#) Branch Surgery: e.g. H81010002

- H (and length of code) = Organisation Identifier
 - 81010 = Organisation Identifier (parent GP Practice)
 - 002 = Branch Surgery Identifier
-

F Frame

Example

[Commissioning Support Unit](#) Site: e.g. 0AA01

- 0 = Organisation Type Identifier
 - AA01 = Organisation Identifier
-

H Frame

Example

Prison: e.g. YDE01

- YDE = Organisation Type Identifier
 - 01 = Site or Sub-Division Identifier
-

I Frame

Example

[Optical Site](#): e.g. TP01A

- TP = Organisation Type Identifier
 - 01A = Site or Sub-Division Identifier
-

J Frame

Example

[Care Home](#) Site: e.g. VN01A

- VN = Organisation Type Identifier
- 01A = Site or Sub-Division Identifier

Also:

Health Observatory e.g. XP001
[Primary Healthcare Directorate \(Isle of Man\)](#) Site e.g. YK101

K Frame

Example

[Clinical Commissioning Group \(CCG\)](#) Site e.g. 11AAA - 99YZZ

- 11A = Organisation and Organisation Type Identifier
 - AA = Organisation Site Identifier
-

L Frame

Example

[Special Health Authority \(SpHA\)](#) Site: e.g. T115A

- T115A – Organisation Type Identifier *and* Site or Sub-Division Identifier

The structure and format of [ORGANISATION SITE CODES](#) maintained by the [Organisation Data Service](#), [NHS Prescription Services](#) and other agencies are detailed in the tables below.

NHS ORGANISATION SITE CODES TABLES

Coding Formats

Table 1: CODING FORMATS FOR ORGANISATION SITES IN ENGLAND AND WALES

Organisation Site Type	Frame Type	Character Position									Code allocated by:	Notes/Comments
	See Coding Frames Table	1	2	3	4	5	6	7	8	9		
Care Home Site	J	V	L, M or N	A-9	A-9	A-9					ODS	E.g. VN01A, VM01A, VL01A
Care Trust Site	B	T	A-Y	A-Y	A-9	A-9					ODS	First three characters denote owning Care Trust E.g. TAK01
Clinical Commissioning Group (CCG) Site	K	0-9	0-9	A-Y	A-Y	A-Y					ODS	First three characters denote owning Clinical Commissioning Group E.g. 11AAA - 99YZZ
Commissioning Support Unit (CSU) Site	F	0	A-Y	A-Y	A-9	A-9					ODS	E.g. 0AA01
Executive Agency Site	N/A See Note	X	0-9	0-9	0-9	0-9					ODS	First three characters denote Executive Agency

												E.g. X0901
Government Department Site	B	X	A-Y	A-Y	0-9	0-9					ODS	First three characters denote Government Department E.g. XDA01
GP Practice Branch Surgery - England and Wales	D	A-H, J-N, P, W & Y	0-9	0-9	0-9	0-9	0-9	0-9	0-9	0-9	ODS	First 6 characters denote parent practice. Char 1 = W for Welsh GP Practice . All other values represent English GP Practices E.g. H81010002
Health Observatory	J	X	P	0-9	0-9	0-9					ODS	E.g. XP001
High Level Health Geography Site, e.g. NHS England Region (Geography) site	B	Q	A-9	A-9	A-9	A-9					ODS	E.g. Q7201
Independent Sector Healthcare Provider (ISHP) Site	C	A, B, D, G, I, K, L, M, N, O, S, U, V, W	A-Y	A-Y, 0-9	A-Y, 0-9	A-Y, 0-9					ODS	First three characters denote owning Independent Sector Healthcare Provider (ISHP) E.g. NV701 Note: The A-Y range includes all letters except Z
Local Authority (LA) Site	B	0-9	0-9	0-9	A-Z	A-Z					ODS	First three characters denote parent Local Authority E.g. 000AA
Local Health Board (Wales) Site	B	7	A-9	A-9	A-9	A-9					ODS	First three characters denote owning NHS Trust

												E.g. 7A101
Local Service Provider Site	A	L	S	P	0-9	0-9	0-9	0-9			ODS	First five characters denote owning Local Service Provider E.g. LSP0101
NHS Trust Site	B	R	A-9	A-9	A-9	A-9					ODS	First three characters denote owning NHS Trust E.g. RH802
Optical Site	I	T	P or Q	0-9	A-9	A-9					ODS	E.g. TP01A, TQ01A
Other Statutory Authority (OSA) Site	B	X	0-9	0-9	0-9	0-9					ODS	First three characters denote owning Other Statutory Authority E.g. X1601
Primary Care Trust (PCT) Site	B	5	A-9	A-9	A-9	A-9					ODS	First three characters denote owning Primary Care Trust E.g. 5CT49 All Primary Care Trusts closed 31 March 2013
Special Health Authority (SpHA) Site	L	T	1	0-9	0-9	A-Y, 1-9					ODS	The characters do NOT denote any ownership. E.g. T115A
Strategic Health Authority (SHA) Site	B	Q	A-9	A-9	A-9	A-9					ODS	First three characters denote owning SHA Trust E.g. Q3001 All Strategic Health Authorities closed 31 March 2013 - from 1 April 2013 referred to as High Level Health Geography Site

Note: Codes for Executive Agency, Executive Agency Programme, Executive Agency Site and Executive Agency Programme Department do not easily fit into the coding frames as shown above and are therefore not included. This is due to their unusual structure in that there are more hierarchical 'tiers' than with other organisations.

Executive Agency and Executive Agency Programme are both considered Organisation level entities, although each Programme does have a relationship to an Executive Agency. Executive Agency codes are three characters long. Executive Agency Programme codes are six, and their first three characters are the same as the Executive Agency they are associated to.

Department codes of eight characters long can then be allocated underneath a Programme code (sharing the first six characters). Executive Agency Site codes of five characters long can be allocated under an Executive Agency code (and share the first three characters).

Note: A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity). This applies to all [ORGANISATION SITE CODES](#) in the Coding Format Table above except [Independent Sector Healthcare Provider \(ISHP\)](#) sites.

Table 2: CODING FORMATS FOR ORGANISATION SITES IN OTHER HOME COUNTRIES

Organisation Site Type	Frame Type	Character Position									Code allocated by:	Notes/Comments
		1	2	3	4	5	6	7	8	9		
	See Coding Frames Table											
Primary Healthcare Directorate (Isle of Man) Site	J	Y	K	A-9	A-9	A-9					ODS	E.g. YK101

Note: A-9 indicates that characters A-Z and 0-9 are valid: except B, I, O, S, U and Z (to avoid ambiguity).

PATIENT PATHWAY IDENTIFIER

Change to Attribute: Changed Dataset

An identifier, which together with the [ORGANISATION CODE](#) of the issuer, uniquely identifies a [PATIENT PATHWAY](#).

This is a specific type of the attribute [ACTIVITY IDENTIFIER](#).

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

PRIORITY TYPE

Change to Attribute: Changed Dataset

The priority of a request for [SERVICES](#); in the case of [SERVICES](#) to be provided by a [CONSULTANT](#), it is as assessed by or on behalf of the [CONSULTANT](#).

- Priority Type 'Urgent' should be used where the request for [SERVICES](#) is defined as clinically urgent, but it does not fall under the criteria for 'Two Week Wait' (see below).
- Priority Type 'Two Week Wait' should be used where either:
 - the request for [SERVICES](#) meets the criteria for an urgent [GENERAL PRACTITIONER](#) referral for suspected cancer. These referrals should be made in accordance with the [National Institute for Health and Care Excellence \(NICE\)](#) clinical guidelines on referral for suspected cancer. For further information, see the [NICE guidance](#).
 - or**
 - the [PATIENT](#) has been referred urgently for breast symptoms, but the referral does not meet the criteria for urgent [GENERAL PRACTITIONER](#) referrals for suspected cancer.

National Codes:

- | | |
|---|---------------|
| 1 | Routine |
| 2 | Urgent |
| 3 | Two Week Wait |

RADIOTHERAPY INTENT

Change to Attribute: Changed Description, Dataset

~~The intent of the delivered beam radiation for [PATIENTS](#) with a cancer [PRIMARY DIAGNOSIS \(ICD\)](#), as defined by the [Department of Health](#) (see the [Department of Health](#) guidance at [Cancer Waiting Times Documentation and Links](#)), where the [CANCER TREATMENT MODALITY](#) recorded is National Code 05 '[Teletherapy \(Beam Radiation excluding Proton Therapy\)](#)'.~~ The intent of the delivered beam radiation for [PATIENTS](#) with a cancer [PRIMARY DIAGNOSIS \(ICD\)](#), as defined by NHS England (see [Cancer Waiting Times - Useful Documentation and Links](#)), where the [CANCER TREATMENT MODALITY](#) recorded is National Code '[Teletherapy \(Beam Radiation excluding Proton Therapy\)](#)'.

National Codes:

- | | |
|----|-------------|
| 01 | Palliative |
| 02 | Anti-cancer |
| 03 | Other |

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.

SOURCE OF REFERRAL FOR OUT-PATIENTS

Change to Attribute: Changed Dataset

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

National Codes:

Initiated by the [CONSULTANT](#) responsible for the [Consultant Out-Patient Episode](#)

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

Not initiated by the [CONSULTANT](#) responsible for the [Consultant Out-Patient Episode](#)

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

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

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

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

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

TREATMENT START DATE FOR CANCER

Change to Attribute: Changed Description, Dataset

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

If the [CANCER TREATMENT MODALITY](#) given is National Code 01 *Surgery*, the [TREATMENT START DATE FOR CANCER](#) is the same as [START DATE \(HOSPITAL PROVIDER SPELL\)](#) of the related admission. If the [CANCER TREATMENT MODALITY](#) given is National Code 'Surgery', the [TREATMENT START DATE FOR CANCER](#) is the same as [START DATE \(HOSPITAL PROVIDER SPELL\)](#) of the related admission.

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

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

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

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

The site where cancer is suspected by the [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#) on referral, or, for [PATIENTS](#) who are upgraded to an urgent breast cancer [PATIENT PATHWAY](#), identifies that the [PATIENT](#) was initially referred on the basis of exhibited (non-cancer) breast symptoms.

National Codes:

- 01 Suspected breast cancer
- 02 Suspected children's cancer (see note 1)
- 03 Suspected lung cancer
- 04 Suspected haematological malignancies excluding acute leukaemia

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

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

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

WAITING TIME ADJUSTMENT REASON

Change to Attribute: Changed Dataset

The prime reason for an adjustment to waiting time in the [National Cancer Waiting Times Monitoring Data Set](#).

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

National Codes:

Out-patient services

- 3 Did Not Attend [Out-Patient Appointment](#):
Where the [ATTENDED OR DID NOT ATTEND](#) is National Code 3 'Did Not Attend - no advance warning given' or National Code 7 '[PATIENT](#) arrived late and could not be seen'
- 9 No adjustment to waiting time

In-patient services

- 8 Patient pause:
The [PATIENT](#) is paused on the [ELECTIVE ADMISSION LIST](#) because they have made themselves unavailable for treatment for a specified period (because of family reasons, holidays etc)
- 9 No adjustment to waiting time

Notes:

- Where there has been no adjustment to waiting time, National code 9 '*No adjustment to waiting time*' should be used.
- National code 3 is only to be used, where applicable, within [WAITING TIME ADJUSTMENT REASON \(FIRST SEEN\)](#).
- National code 8 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.

CANCER CARE SETTING (TREATMENT)

Change to Data Element: Changed Description, Dataset

Format/Length:	an2
National Codes:	
Default Codes:	99 - Unknown

Notes:

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

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

For the [Cancer Outcomes and Services Data Set](#), default code '99 - Unknown' indicates "Not Recorded".

Permitted National Codes:

- 01 ~~Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 1 'Ordinary admission')~~
- 02 ~~Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 2 'Day case admission')~~
- 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
- 04 Cancer treatment delivered in another care setting

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:	See DATE
National Codes:	
Default Codes:	

Notes:

[CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) is the same as attribute [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#).

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:	See DATE
National Codes:	
Default Codes:	

Notes:

[CANCER TREATMENT PERIOD START DATE](#) is the same as attribute [CANCER TREATMENT PERIOD START DATE](#).

CLINICAL TRIAL INDICATOR

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See CLINICAL TRIAL INDICATOR
Default Codes:	99 - Unknown

Notes:

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

For the [Systemic Anti-Cancer Therapy Data Set](#), this identifies if a [PATIENT](#)'s [Chemotherapy](#) treatment is within a [CLINICAL TRIAL](#).

For the [HIV and AIDS Reporting Data Set](#), default code '99 - Unknown' is not valid.

For the [Cancer Outcomes and Services Data Set](#), default code '99 - Unknown' indicates "Not Recorded".

CONSULTANT UPGRADE DATE

Change to Data Element: Changed Dataset

Format/Length:	See DATE
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:	See DATE
National Codes:	

Default Codes:

Notes:

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

For the [National Cancer Waiting Times Monitoring Data Set](#) and [Cancer Outcomes and Services Data Set](#), [DATE FIRST SEEN](#):

- is mandatory for [PATIENTS](#) referred urgently by their [GENERAL PRACTITIONER](#) for suspected cancer but can also be applied to other [PATIENTS](#)
- may not be the same as [DATE FIRST SEEN \(CANCER SPECIALIST\)](#) which records the first time the [PATIENT](#) sees an appropriate specialist in cancer care.

For the [HIV and AIDS Reporting Data Set](#), [DATE FIRST SEEN](#) is the [DATE](#) the [PATIENT](#) was first seen for Human Immunodeficiency Virus (HIV) care in the [HIV Service](#) at a [HIV Clinic Attendance](#).

DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)

Change to Data Element: Changed Dataset

Format/Length:	See DATE
National Codes:	
Default Codes:	

Notes:

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

This [DATE](#) may be one of the following:

- The [DATE](#) on the letter, proforma or email from the [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#)
- The [START DATE \(HOSPITAL PROVIDER SPELL\)](#) where the [PATIENT](#) was admitted as an emergency
- The [APPOINTMENT DATE](#) of the first [Out-Patient Appointment](#), if the referral was a self-referral
- The [DATE](#) on the recall letter for [PATIENTS](#) recalled following a routine [Screening Programme APPOINTMENT](#).

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

DELAY REASON (CONSULTANT UPGRADE)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See DELAY REASON TO TREATMENT FOR CANCER
Default Codes:	

Notes:

[DELAY REASON COMMENT \(CONSULTANT UPGRADE\)](#) is the same as attribute [DELAY REASON TO TREATMENT FOR CANCER](#).

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

DELAY REASON (DECISION TO TREATMENT)

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See DELAY REASON TO TREATMENT FOR CANCER
Default Codes:	

Notes:

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

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

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

DELAY REASON COMMENT (CONSULTANT UPGRADE)

Change to Data Element: Changed Dataset

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

Notes:

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

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

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

DELAY REASON COMMENT (DECISION TO TREATMENT)

Change to Data Element: Changed Dataset

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

Notes:

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

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

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

DELAY REASON COMMENT (FIRST SEEN)

Change to Data Element: Changed Dataset

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

Notes:

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

[DELAY REASON COMMENT \(FIRST SEEN\)](#) is mandatory when applicable in the [National Cancer Waiting Times Monitoring Data Set](#). It is applicable and must be recorded if the existing standards were breached (after any adjustments have been made).

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

See [DATE FIRST SEEN](#) for guidance on determining the appropriate first seen date.

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

DELAY REASON COMMENT (REFERRAL TO TREATMENT)

Change to Data Element: Changed Description, Dataset

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

Notes:

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

[DELAY REASON COMMENT \(REFERRAL TO TREATMENT\)](#) is mandatory when applicable in the [National Cancer Waiting Times Monitoring Data Set](#). It is applicable and must be recorded if the existing standards were breached (after any adjustments have been made).

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

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

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS
Default Codes:	

Notes:

[DELAY REASON REFERRAL TO FIRST SEEN \(CANCER OR BREAST SYMPTOMS\)](#) is the same as attribute [DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS](#).

DELAY REASON REFERRAL TO TREATMENT (CANCER)

Change to Data Element: Changed Description, Dataset

Format/Length:	an2
National Codes:	See DELAY REASON TO TREATMENT FOR CANCER
Default Codes:	

Notes:

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

~~[DELAY REASON REFERRAL TO TREATMENT \(CANCER\)](#) is an optional data element and should only be present in the [National Cancer Waiting Times Monitoring Data Set](#) if a [Cancer Care Spell Delay](#) with a [DELAY REASON TO TREATMENT FOR CANCER](#) has been recorded where the [DELAY REASON INDICATOR](#) is classification b. 'delay between urgent GP referral and date of [First Definitive Treatment](#)'.~~ [DELAY REASON REFERRAL TO TREATMENT \(CANCER\)](#) is an optional data element and should only be present in the [National Cancer Waiting Times Monitoring Data Set](#) if a [Cancer Care Spell Delay](#) with a [DELAY REASON TO TREATMENT FOR CANCER](#) has been recorded where the [DELAY REASON INDICATOR](#) is classification 'delay between urgent GP referral and date of [First Definitive Treatment](#)'.

METASTATIC SITE

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See METASTATIC SITE
Default Codes:	

Notes:

[METASTATIC SITE](#) is the same as attribute [METASTATIC SITE](#).

For the:

- [National Cancer Waiting Times Monitoring Data Set](#), this is the [METASTATIC SITE](#) at the point of treatment
- [Cancer Outcomes and Services Data Set](#), this is the [METASTATIC SITE](#) at the time of [PATIENT DIAGNOSIS](#).

MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)

Change to Data Element: Changed Dataset

Format/Length:	See DATE
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 \(Cancer\)](#)'.

Note: If the treatment planning decision was not made at a [Multidisciplinary Team Meeting](#) this item should not be recorded.

MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR
Default Codes:	

Notes:

[MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR](#) is the same as attribute [MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR](#).

NHS NUMBER

Change to Data Element: Changed Dataset

Format/Length:	n10
HES Item:	NEWNHSNO
National Codes:	See NHS NUMBER
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:	
Default Codes:	

Notes:

Permitted 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 CODE (PATIENT PATHWAY IDENTIFIER ISSUER)

Change to Data Element: Changed Dataset

Format/Length:	max an5
HES Item:	
National Codes:	
Default Codes:	

Notes:

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

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

Where [Choose and Book](#) has been used, the [ORGANISATION CODE](#) 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.

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 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 [Secondary Uses Service Guidance](#) page.

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
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.

RADIOTHERAPY INTENT

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See RADIOTHERAPY INTENT
Default Codes:	99 - Unknown (Not Recorded)

Notes:

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

RADIOTHERAPY PRIORITY

Change to Data Element: Changed Description, Dataset

Format/Length:	an1
National Codes:	See RADIOTHERAPY PRIORITY

Default Codes:

Notes:

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

For the ~~National Cancer Waiting Times Monitoring Data Set~~, [RADIOOTHERAPY PRIORITY](#) must be recorded where the ~~CANCER TREATMENT MODALITY~~ is National Code 05 '~~Teletherapy~~ (~~Beam radiation excluding Proton Therapy~~)'. For the National Cancer Waiting Times Monitoring Data Set, [RADIOOTHERAPY PRIORITY](#) must be recorded where the [CANCER TREATMENT MODALITY](#) is National Code '[Teletherapy](#) ([Beam radiation excluding Proton Therapy](#))'.

REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)

Change to Data Element: Changed Dataset

Format/Length:	See DATE
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](#).

SITE CODE (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 SITE CODE has been issued
	89997 - Non-UK Provider where no ORGANISATION SITE CODE has been issued

Notes:

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

[SITE CODE \(OF PROVIDER CANCER DECISION TO TREAT\)](#) is the [ORGANISATION SITE CODE](#) of the [ORGANISATION](#) acting as [Health Care Provider](#) where the decision to treat the [PATIENT](#) was made which initiated a [Cancer Care Plan](#) with one or more [Planned Cancer Treatments](#).

The [Planned Cancer Treatment](#) may be planned and provided by a different [Health Care Provider](#).

SITE CODE (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 SITE CODE has been issued
	89997 - Non-UK Provider where no ORGANISATION SITE CODE has been issued

Notes:

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

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

SITE CODE (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 SITE CODE has been issued
	89997 - Non-UK Provider where no ORGANISATION SITE CODE has been issued

Notes:

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

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

The decision to upgrade must be made by a [CONSULTANT](#) or an authorised member of the [CONSULTANTS](#) team (subject to local agreement).

SITE CODE (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 SITE CODE has been issued
	89997 - Non-UK Provider where no ORGANISATION SITE CODE has been issued

Notes:

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

[SITE CODE \(OF PROVIDER FIRST SEEN\)](#) is the [ORGANISATION SITE CODE](#) 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](#).

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

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:	See DATE
National Codes:	
Default Codes:	

Notes:

[TREATMENT START DATE \(CANCER\)](#) is the same as attribute [TREATMENT START DATE FOR CANCER](#).

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 Description, Dataset

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 derived waiting time between the [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and [DATE FIRST SEEN](#).

Adjustments are only permissible when a [PATIENT](#) does not attend an [Out-Patient Appointment](#) or arrives late and could not be seen.

~~Guidance on calculating the number of days which may be deducted from the waiting time is available in [Department of Health](#) guidance at [Cancer Waiting Times Documentation and Links](#). Guidance on calculating the number of days which may be deducted from the waiting time is at: [Cancer Waiting Times - Useful Documentation and Links](#).~~

WAITING TIME ADJUSTMENT (TREATMENT)

Change to Data Element: Changed Description, Dataset

Format/Length:	max n3
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 FOR CANCER](#).

The recording of this data item is mandatory for all [Tumours](#), regardless of whether a national service standard is in place.

Adjustments are allowed in the following circumstances:

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

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

- National Code 01 '~~Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 1 'Ordinary admission') or~~
- National Code 02 '~~Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 2 'Day case admission').~~
- 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 in [Department of Health](#) guidance at [Cancer Waiting Times Documentation and Links](#). Guidance on calculating the number of days which may be removed from the waiting time is available at: [Cancer Waiting Times - Useful Documentation and Links](#).~~

WAITING TIME ADJUSTMENT REASON (FIRST SEEN)

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See WAITING TIME ADJUSTMENT REASON
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 mandatory, whenever an adjustment is appropriate as calculated and recorded by [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#). It is the prime reason for the adjustment and where there is more than one adjustment applicable, this should be the reason for the longest calculated adjustment days.

WAITING TIME ADJUSTMENT REASON (TREATMENT)

Change to Data Element: Changed Description, Dataset

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 \(TREATMENT\)](#) is:

- ~~National Code 01 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 1 'Ordinary admission') or~~
- ~~National Code 02 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 2 'Day case admission').~~
- 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').

NATIONAL CANCER WAITING TIMES MONITORING DATA SET XML SCHEMA CONSTRAINTS

Change to XML Schema Constraint: New XML Schema Constraint

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

The "Allowed Values" column indicates the NHS Data Model and Dictionary National Codes and Default Codes present in the XML Schema:

- None = The National Codes and Default Codes are included in the XML Schema
 - Removed = The National Codes and Default Codes are not included in the XML Schema.
-

Data Element	XML Schema Format/Length	Allowed Values	Range	Pattern Match	Reason / Comment / XML Choice
DELAY REASON (DECISION TO TREATMENT)	None	01,02,03,04,05,10,14,16,21,22,98	None	None	National Codes 07, 11, 13, 17, 18, 19 and 20 not applicable - removed
ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)	min an3 max an12	None	None	None	Field size extended to future proof for ODS ORGANISATION CODE changes
SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)	min an3 max an12	Removed	None	None	Field size extended to future proof for ODS ORGANISATION SITE CODE changes
SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)	min an3 max an12	Removed	None	None	Field size extended to future proof for ODS ORGANISATION SITE CODE changes
SITE CODE (OF PROVIDER CONSULTANT UPGRADE)	min an3 max an12	Removed	None	None	Field size extended to future proof for ODS ORGANISATION SITE CODE changes
SITE CODE (OF PROVIDER FIRST SEEN)	min an3 max an12	Removed	None	None	Field size extended to future proof for ODS ORGANISATION SITE CODE changes
WAITING TIME ADJUSTMENT REASON (FIRST SEEN)	None	3,9	None	None	National Code 8 not applicable - removed
WAITING TIME ADJUSTMENT REASON (TREATMENT)	None	8,9	None	None	National Code 3 not applicable - removed

For enquiries about this Change Request, please email information.standards@hscic.gov.uk