DCB0147

Amd 89/2016

National Cancer Waiting Times Monitoring Data Set V 2.0: Change Specification

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Description	This change specification sets out the background, reason and impact of the changes to the National Cancer Waiting Times Monitoring Data Set as stated in DCB0147 Amd 89/2016. This supports the implementation of these changes, which come into effect from the 1st April 2018.
Cross Reference	N/A
Superseded Docs (if applicable)	N/A
Action Required	Implementation of 14 additional data items, 16 data item changes and 2 data item removals; submission to new Cancer Waiting Times system, according to DCB0147 Amd 89/2016
Timing / Deadlines (if applicable)	**By 01 April 2018**
Contact Details for further information	Cancer Waiting Times Team Skipton House London SE1 6LH cancer-waits@dh.gsi.gov.uk http://content.digital.nhs.uk/isce/publication/DCB0147

Document Status

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National Cancer Waiting Times Monitoring Data Set v2.0: Change Specification

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Version	Date	Amendment History
0.1	March 2017	Initial Draft
1.0	April 2017	Draft
2.0	May 2017	Updated
3.0	June 2017	Revised
3.1	July 2017	Revised
3.2	July 2017	Revised (for consultation)
3.3	August 2017	FINAL

Reviewers:

This document must be reviewed by the following:

Name	Signature	Title / Responsibility	Date	Version
Jana Witt		Project Manager CWT, NHS England	18/08/2017	3.3
Nicola Dawes		Section Head for Secondary Care Development Team, NHS Digital	18/08/2017	3.3
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Approvals:

This document must be approved by the following:

Name	Signature	Title / Responsibility	Date	Version
Jo Cottam		SRO NHS England	18/08/2017	3.3
David Bryant		SRO NHS Digital		3.3

Data Coordination Board

This information standard (DCB0147) has been approved for publication by the Department of Health under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Coordination Board (DCB), a sub-group of the Digital Delivery Board.

This information standard comprises the following documents:

- Requirements Specification
- Implementation Guidance
- Change Specification.

An Information Standards Notice (DCB0147 Amd 89/2016) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled versions of these documents can be found on the NHS Digital website. Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 5 October 2017

1. Overview

Name of Standard

National Cancer Waiting Times Monitoring Data Set (NCWTMDS)

Sponsor

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Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities

2. Background, Context and Summary

The National Cancer Waiting Times Monitoring Data Set (NCWTMDS) collects and monitors data related to the operational standards set for cancer care in the Handbook to the NHS Constitution (pages 31 to 34). The data is collected directly from English NHS providers (Trusts) on a monthly basis. The data flows through and is managed by the collection service Open Exeter who provide the current system.

Current system capability	New requirements
The current system supports the monitoring of the following cancer waiting times operational standards: - Two week wait - 31 day wait - 62 day wait	NHS England is introducing a new operational standard to the current set of standards, which will monitor compliance with a new policy that patients should receive a diagnosis of, or ruling out of, cancer within 28 days of an initial GP referral following recommendations from the Cancer Task Force in 2015.
The current system determines whether a particular patient pathway has complied with, or is in breach of, the applicable operational standards. In the cases of a pathway being shared by multiple providers, the current system allocates breaches only to those providers responsible for the start of the pathway and the end of the pathway, regardless of how many providers are involved and which provider contributed most to the breach.	There is a requirement to introduce new data items and methodology to implement the breach allocation policy, published in 2016, nationally. This requires the collection of additional information around inter-provider transfers (IPT).

The technology that the current system is built on is now out of date and cannot support the new requirements outlined above. Therefore a replacement Cancer Waiting Times System is being built. This system is being developed and rolled out by NHS Digital within the Digital Delivery Centre and the new system will not be supported or managed through Open Exeter.

3. New system capability

In addition to delivering capability to collect data around the 28 Day Faster Diagnosis Standard and IPT, the new system will also introduce the following new or enhanced features:

- Tighter data validations that will improve the quality of the data
- Tighter information governance on access to records and enhanced role-based access around who can see and change which records
- Compliance with patient opt-out policies (following on from “Type 2 Objections” which could not be implemented in the existing system)

- Submitter dashboards that will provide ‘right time’ information on a provider’s submissions, for example, counts of records with outstanding issues or missing data items
- Notifications and alerts when a provider’s record is updated by another user to allow proactive management of shared care records
- Flexible user driven analytics tool that will allow users to construct and save their own queries

The new system will also support the following existing functionality:

- Upload of data via CSV file, XML file or on-screen entry
- On-screen editing of existing records
- Error messages and validation issue reports
- Record search functionality
- Record level export (identifiable or anonymised as appropriate)
- Record audit functionality
- Aggregate reporting and exports

NHS England has worked with the Cancer Outcomes and Services Dataset developer to ensure consistency between the two collections.

4. Summary of system changes

The following table describes the system changes and reasons:

Ref	As Is	Migration Path / Change	To Be	Reason for Change
F01	Data validated as per existing data specification	New data specification issued with conformance date for implementation	Data validated against new data specification; details on the new validation rules will be in the user manual available at: https://digital.nhs.uk/cancer-waiting-times	New validation rules will be required for new data items. The previous system also has some weaknesses with cross field validations where appropriate dates within the data can be used to strengthen the validation.
F02	Search for records by NHS number and then edit on screen	Introduce role based access controls	Can only view and edit records on screen for patients you are providing care for	In the existing system any user can search for an NHS number and view and edit any resulting matching records. This is not Information Governance best practice, so an enhanced role based access model will be introduced that will prevent users from viewing and editing records if they are not involved in that patient's care.
F03	Type 2 Objections are not complied with in record level extracts	Include functionality that allows Patient Opt-Out policies to be complied with where required	System is compliant with National Opt-Out policies	Type 2 Objections (where a patient has requested that their confidential information is not used beyond their own care and treatment) are not complied with in record level extracts currently. The new system will be fully compliant with National Opt-Out policies.
F04	No dashboarding capability. Submitters have to view static reports or extracts to understand their position re breaches / outstanding issues	Provide dashboards via the submission webpage to users who are on supported browsers (IE11 or above or equivalent)	Submitters can view summary of submissions from dashboard	Summary of submissions (i.e. number of records submitted by month, number of records requiring attention or some action, number of breaches per standard etc.) available on the submission site will reduce the current burden of NHS providers having to download records and summaries from the existing system and manipulate elsewhere to answer these types of questions.

F05	Download record level data and reconcile against local system to identify where other users have changed or added to records for your patients	Provide notifications (via web interface or email) to alert user to changes to records they have an interest in	Users are alerted when a record has changed	There is a requirement to improve collaborative working where a patient's care is shared between multiple providers. Providing notifications when a record has changed allows users to be more proactive and removes the need to download record level data to be reconciled with local systems to identify changes, thereby reducing burden on submitters
F06	Static inflexible reporting functionality	Change to user driven analytics and dashboards	Decommission redundant static reports and record level extracts where needs can be met through flexible reporting tool	A more flexible user driven reporting tool, that allows queries to be built and saved will remove the need for some of the static reports and record level extracts in the current system. This will reduce the amount of record level information leaving the system and allow users to get the data they need more easily thus reducing burden.

5. Summary of data set changes

Total number of data items in this release:	54
Number of new items added (since last release):	14
Number of items amended (since last release):	16
Number of items retired (since last release):	2

6. Data set changes

The table from page 8 describes the changes to the data items collected in the NCWTMDS; please refer to Appendix 1 for further details of the changes and definitions of the new data items being collected.

Ref	As Is	Migration Path / Change	To Be	Reason for Change
CWT101	Not currently collected	Add new data item to data set	New data item called CANCER FASTER DIAGNOSIS PATHWAY END REASON	New data item required to support the monitoring of performance against the 28 Day Faster Diagnosis Standard
CWT102	Not currently collected	Add new data item to data set	New data item called PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)	As above
CWT103	Not currently collected	Add new data item to data set	New data item called CANCER FASTER DIAGNOSIS PATHWAY END DATE	As above
CWT104	Not currently collected	Add new data item to data set	New data item called CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	As above
CWT105	Not currently collected	Add new data item to data set	New data item called CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY) This item is optional	As above
CWT106	Not currently collected	Add new data item to data set	New data item called CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON	As above
CWT107	Not currently collected	Add new data item to data set	New data item called CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)	As above

			This item is optional	
CWT108	Not currently collected	Add new data item to data set	New data item called METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY) This item is optional	As above
CWT109	Not currently collected	Add new data item to data set	New data item called ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS END)	As above
CWT201	Not currently collected	Add new data item to data set	New data item called SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)	New data item required to support breach allocation in the cases of multi-provider shared care. For each transfer a new record detailing the IPT information is expected to be submitted by the receiving organisation. This will be explained more fully in the Implementation Guidance published with the CWT Information Standard and in User Guidance documentation.
CWT203	Not currently collected	Add new data item to data set	New data item called ORGANISATION IDENTIFIER (REFERRING)	As above
CWT204	Not currently collected	Add new data item to data set	New data item called ORGANISATION IDENTIFIER (RECEIVING)	As above
CWT205	Not currently collected	Add new data item to data set	New data item called CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)	As above
CWT206	Not currently collected	Add new data item to data set	New data item called CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)	As above
CWT008	CANCER REFERRAL TO TREATMENT	This data item has been updated to identify it as the	CANCER REFERRAL TO TREATMENT PERIOD START DATE	This data item has been updated to identify it as the start of the Cancer Faster Diagnosis

	PERIOD START DATE	start of the Cancer Faster Diagnosis Pathway		Pathway
CWT004	ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)	Data item name changed	Data item name changed to ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER	Data item name changes required to be consistent with SCCI0090 Health and Social Care Organisation Reference Data
CWT011	SITE CODE (OF PROVIDER CONSULTANT UPGRADE)	Data item name changed	Data item name changed to ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE	As above
CWT013	SITE CODE (OF PROVIDER FIRST SEEN)	Data item name changed	Data item name changed to ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)	As above
CWT024	SITE CODE (OF PROVIDER DECISION TO TREAT (CANCER))	Data item name changed	Data item name changed to ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)	As above
CWT027	SITE CODE (OF PROVIDER TREATMENT START DATE (CANCER))	Data item name changed	Data item name changed to ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)	As above
CWT016	DELAY REASON REFERRAL TO FIRST SEEN	Data item name changed	Data item name changed to: CANCER CARE SPELL DELAY REASON (FIRST SEEN)	Data item name changes to align with COSD, or at the request of the data dictionary team

	(CANCER OR BREAST SYMPTOMS)			
CWT017	DELAY REASON COMMENT (FIRST SEEN)	Data item name changed	Data item name changed to CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN) This item was made optional	As above
CWT018	MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR	Data item name changed and national code changed	Data item name changed to MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR National codes updated (minor wording change)	As above
CWT020	CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS	National codes changed	National codes updated to consistently use the term 'NHS funded'	As above
CWT033	DELAY REASON (DECISION TO TREATMENT)	Data item name changed	Data item name changed to CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)	As above
CWT034	DELAY REASON COMMENT (DECISION TO TREATMENT)	Data item name changed	Data item name changed to CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT) This item was made optional	As above

CWT037	DELAY REASON REFERRAL TO TREATMENT (CANCER)	Data item name changed	Data item name changed to CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)	As above
CWT038	DELAY REASON COMMENT (REFERRAL TO TREATMENT)	Data item name changed	Data item name changed to CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT) This item was made optional	As above
CWT039	DELAY REASON (CONSULTANT UPGRADE)	Data item name changed	Data item name changed to CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)	As above
CWT040	DELAY REASON COMMENT (CONSULTANT UPGRADE)	Data item name changed	Data item name changed to CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE) This item was made optional	As above
X01	METASTATIC SITE	To be removed from data set	No information collected in CWT	Item already collected in COSD and add no value to the CWT collection.
X02	RADIOTHERAPY INTENT	To be removed from data set	No information collected in CWT	Item already collected in COSD and add no value to the CWT collection.

7. Impact and Implications

These changes affect the monthly cancer waiting times data return to be submitted by all NHS Providers in England.

During the implementation and transfer period (time to develop the changes and get used to the new business as usual) an initial burden exists. Users will have to learn how to use, and get the best out of, the new functionality. However, once the use of the new functionality is embedded within local processes, the overall net burden of the collection in comparison to the previous system may be reduced.

Submitters using internet browsers older than IE11 (or alternative equivalents) will not be able to use the new analytical tool functionality or view submitter dashboards, as these features require more modern browsers. These users will still be able to submit data to CWT and download data and reports from CWT through a basic interface, but they will not be able to benefit from the enhanced features of the new system without upgrading to a more modern browser.

A separate and specific consultation and burden assessment carried out between June and August 2017 indicated that there will be some increase in burden associated with the collection of new data items. While the new data items had been designed to create the smallest burden possible, and where applicable, use well-established data dictionary items, changes were made in response to the consultation and burden assessment to reduce burden further. These included making all free text 'delay reason comment' fields optional, as well as aligning national codes for CWT102 more closely with existing codes.

NHS England and NHS Digital will identify changes to requirements for third party software suppliers. Where, possible, required changes to third party systems will be avoided, but as there is a requirement to add new data items, change existing data item names and remove some redundant data items, it is inevitable that system suppliers will need to make changes to export routines within the systems they supply to providers. A new schema will be required for XML submitters and a new template for CSV submitters.

8. Supporting Documents

Ref	Reference	Title
1	http://www.england.nhs.uk/2013/03/26/nhs-constitution/	Handbook to the NHS Constitution
2	https://www.england.nhs.uk/wp-content/uploads/2016/05/cancer-strategy.pdf	Achieving World Class Cancer Outcomes

9. Related Collections

This data set is strongly related to the Cancer Outcomes and Services Data set (COSD). COSD specifies the secondary uses information required by the Department of Health for the purposes of assessing the implementation of the

Cancer Reform Strategy (CRS). It supports local and national comparisons of performance and service activity, which enable local organisations to assess their progress towards implementation of the CRS. Additionally, the output supports commissioning and service development through the provision of relevant information on service delivery and outcomes.

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

Guidance for Stakeholders and Data Set Users

The following guidance will be made available to all stakeholders:

- Implementation Guidance (published alongside Information Standards Notice)
- National Cancer Waiting Times Monitoring Data Set – A Guide
- Cancer Waiting Times – User Manual

Breach allocation will be implemented in line with policy published in March 2016 (https://www.england.nhs.uk/wp-content/uploads/2016/03/cancr-brch-allocatn-guid-2016.pdf). Practical implementation at a local level will require that new data items relating to the dates and nature of inter-provider transfers are completed and submitted. This information will be used within the Cancer Waiting Times system reporting function to allocate breaches of cancer waiting times standards.

In their report *Achieving World-Class Cancer Outcomes*, the independent Cancer Taskforce recommended that by 2020 patients should receive a diagnosis or ruling out of cancer within 28 days of initial referral by a GP. The performance standard is being tested in five sites across the country and this will inform the level at which the performance standard will be set.

We will be developing specific guidance to the NHS on the implementation of the 28 Faster Diagnosis Standard and will update this section once it has been produced.

The new system and dataset will be implemented from April 2018; however, providers **will not be assessed for compliance on delivery of diagnosis within 28 days for their patients from this point**. Instead, the first phase of national rollout of the standard will begin at this point and will focus on consolidation of the data collection required to monitor the new standard. Providers will not be required to collect new data items relating to the Faster Diagnosis Standard until April 2019, and will not be performance managed against the new Faster Diagnosis Standard until 2020 (see section 3.1.7 in Specification). This is to allow time for data collection processes and practices to be established. The threshold for compliance with the standard is still to be confirmed[1], and compliance against that threshold will be required from 2020. The new standard is currently being tested in five areas across the country. Once completed, data and evaluation from this test phase will be available to support full implementation.

[1] The Independent Cancer Taskforce recommended a threshold of 95%, which is being tested through the piloting of the standard. The final threshold will be confirmed once it has been assured as being clinically appropriate