

**Type:** Change Request  
**Reference:** 1589  
**Version No:** 1.0  
**Subject:** National Cancer Waiting Times Monitoring Data Set Version 2.0  
**Effective Date:** 1 April 2018  
**Reason for Change:** Change to Information Standards  
**Publication Date:** 22 September 2017

## Background:

The National Cancer Waiting Times Monitoring Data Set Version 1.0 was approved by the Standardisation Committee for Care Information (SCCI) as [SCCI0147: National Cancer Waiting Times Monitoring Data Set](#).

A number of changes have been identified since the last version, and the National Cancer Waiting Times Monitoring Data Set Version 2.0 includes:

- New items to reflect:
  - The Cancer Faster Diagnosis Standard and
  - Inter-provider transfers
- Amendments to National Code values and descriptions
- New and retirement of Data Items
- Changes to Organisation and Organisation Site Code Data Items to reflect changes to organisation reference data maintained and published by the Organisation Data Service, as defined by [SCCI0090: Health and Social Care Organisation Reference Data](#).

To support the Information Standard, this Change Request:

- Updates the NHS Data Model and Dictionary to make changes to the National Cancer Waiting Times Monitoring Data Set
- Provides a link to the Technology Reference Data Update Distribution Service (TRUD) for download of the National Cancer Waiting Times Monitoring Data Set XML Schema Version 2.0.

Please note that the National Cancer Waiting Times Monitoring Data Set XML Schema Version 2.0 only contains NHS Data Model and Dictionary Data Element names and XML Schema names. There is no validation of Format/Length or National Codes included in the XML Schema.

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](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

[IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES DIAGRAM](#) Changed Diagram

[SERVICE REQUEST DIAGRAM](#) Changed Diagram

### Data Set

[NATIONAL CANCER WAITING TIMES MONITORING DATA SET](#) Changed Description, Dataset

### Supporting Information

[ACTIVE MONITORING](#) Changed Description

[CANCER CARE PLAN](#) Changed Description

[CANCER CARE SPELL](#) Changed Description

[CANCER CARE SPELL DELAY](#) Changed Description

[CANCER FASTER DIAGNOSIS PATHWAY](#) New Supporting Information

[CANCER FASTER DIAGNOSIS PATHWAY END DATE](#) New Supporting Information

[CANCER PATHWAY](#) New Supporting Information

[CANCER RECURRENCE](#) New Supporting Information

[CANCER REFERRAL TO TREATMENT PERIOD](#) Changed Description

[CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) renamed from [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) Changed Name, Description, Dataset

[CANCER TREATMENT PERIOD](#) Changed Description

[CANCER TREATMENT PERIOD START DATE](#) renamed from [CANCER TREATMENT PERIOD START DATE](#) Changed Name, Description, Dataset

[CLINICAL DATA SETS MESSAGE DOCUMENTATION](#) Changed Description

[CLINICAL DATA SETS MESSAGE DOCUMENTATION MENU](#) Changed Description

[CONSULTANT UPGRADE](#) New Supporting Information

[CONSULTANT UPGRADE DATE](#) Changed Description

[DECISION TO TREAT](#) New Supporting Information

<a href="#">FIRST DEFINITIVE TREATMENT</a>	Changed Description
<a href="#">NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW</a>	Changed Description, Dataset
<a href="#">NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS</a>	Changed Description, Dataset
<a href="#">SCREENING SERVICE</a>	New Supporting Information
<a href="#">TREATMENT START DATE (CANCER)</a> renamed from <a href="#">TREATMENT START DATE FOR CANCER</a>	Changed Name, Description, Dataset
<a href="#">XML SCHEMA TRUD DOWNLOAD</a>	Changed Dataset
<b>Class Definitions</b>	
<a href="#">ACTIVITY GROUP</a>	Changed Attributes
<a href="#">PATIENT DIAGNOSIS</a>	Changed Attributes
<a href="#">PATIENT PATHWAY</a>	Changed Attributes, Dataset
<a href="#">REFERRAL DELAY</a>	Changed Description, Attributes
<b>Attribute Definitions</b>	
<a href="#">ACTIVITY DATE</a>	Changed Dataset
<a href="#">ACTIVITY DATE TYPE</a>	Changed Description
<a href="#">CANCER CARE SPELL DELAY REASON</a> renamed from <a href="#">DELAY REASON TO TREATMENT FOR CANCER</a>	Changed Name, Description, Dataset
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT</a> renamed from <a href="#">DELAY REASON COMMENT</a>	Changed Name, Description, Dataset
<a href="#">CANCER FASTER DIAGNOSIS PATHWAY END REASON</a>	New Attribute
<a href="#">CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON</a>	New Attribute
<a href="#">CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS</a>	Changed Description, Dataset
<a href="#">CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER</a>	New Attribute
<a href="#">CANCER TREATMENT EVENT TYPE</a>	Changed Description, Dataset
<a href="#">CANCER TREATMENT MODALITY</a>	Changed Description, Dataset
<a href="#">CARE PROFESSIONAL TYPE CODE</a>	Changed Description, Dataset
<a href="#">CLINICAL CLASSIFICATION CODE</a>	Changed Dataset
<a href="#">CLINICAL TRIAL INDICATOR</a>	Changed Description, Dataset
<a href="#">DECISION TO REFER DATE</a>	Changed Dataset
<a href="#">DECISION TO TREAT DATE</a>	Changed Description
<a href="#">DELAY REASON INDICATOR (RETIRED)</a> renamed from <a href="#">DELAY REASON INDICATOR</a>	Changed Name, Description, status to Retired
<a href="#">DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS (RETIRED)</a> renamed from <a href="#">DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS</a>	Changed Name, Description, Dataset, status to Retired
<a href="#">METASTATIC SITE</a>	Changed Dataset
<a href="#">METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY</a>	New Attribute
<a href="#">MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR</a>	Changed Description, Dataset
<a href="#">NHS NUMBER</a>	Changed Dataset
<a href="#">ORGANISATION CODE</a>	Changed Dataset
<a href="#">ORGANISATION IDENTIFIER</a>	Changed Dataset
<a href="#">ORGANISATION SITE CODE</a>	Changed Dataset
<a href="#">PATIENT PATHWAY IDENTIFIER</a>	Changed Dataset
<a href="#">PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY</a>	New Attribute
<a href="#">PRIORITY TYPE</a>	Changed Dataset
<a href="#">RADIOTHERAPY INTENT</a>	Changed Description, Dataset
<a href="#">RADIOTHERAPY PRIORITY</a>	Changed Dataset
<a href="#">REFERRAL REQUEST RECEIVED DATE</a>	Changed Description, Dataset
<a href="#">SERVICE REQUEST DATE</a>	Changed Dataset
<a href="#">SERVICE TYPE</a>	Changed Description
<a href="#">SOURCE OF REFERRAL FOR OUT-PATIENTS</a>	Changed Dataset
<a href="#">TUMOUR OR LESION LATERALITY</a>	Changed Dataset
<a href="#">TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE</a>	Changed Description, Dataset
<a href="#">WAITING TIME ADJUSTMENT REASON</a>	Changed Description, Dataset
<b>Data Elements</b>	
<a href="#">CANCER CARE SETTING (TREATMENT)</a>	

<a href="#">CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)</a>	renamed from <a href="#">DELAY REASON (CONSULTANT UPGRADE)</a>	Changed Description, Dataset
<a href="#">CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)</a>	renamed from <a href="#">DELAY REASON (DECISION TO TREATMENT)</a>	Changed Name, Description, Dataset
<a href="#">CANCER CARE SPELL DELAY REASON (FIRST SEEN)</a>	renamed from <a href="#">DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)</a>	Changed Name, Description, linked Attribute, Dataset
<a href="#">CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>		New Data Element
<a href="#">CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)</a>	renamed from <a href="#">DELAY REASON REFERRAL TO TREATMENT (CANCER)</a>	Changed Name, Description, Dataset
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)</a>	renamed from <a href="#">DELAY REASON COMMENT (CONSULTANT UPGRADE)</a>	Changed Name, Description, Dataset
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)</a>	renamed from <a href="#">DELAY REASON COMMENT (DECISION TO TREATMENT)</a>	Changed Name, Description, Dataset
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)</a>	renamed from <a href="#">DELAY REASON COMMENT (FIRST SEEN)</a>	Changed Name, Description, Dataset
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>		New Data Element
<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)</a>	renamed from <a href="#">DELAY REASON COMMENT (REFERRAL TO TREATMENT)</a>	Changed Name, Description, Dataset
<a href="#">CANCER FASTER DIAGNOSIS PATHWAY END DATE</a>		New Data Element
<a href="#">CANCER FASTER DIAGNOSIS PATHWAY END REASON</a>		New Data Element
<a href="#">CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON</a>		New Data Element
<a href="#">CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS</a>		Changed Dataset
<a href="#">CANCER REFERRAL TO TREATMENT PERIOD START DATE</a>		Changed Description, linked Attribute, Dataset
<a href="#">CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)</a>		New Data Element
<a href="#">CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)</a>		New Data Element
<a href="#">CANCER TREATMENT EVENT TYPE</a>		Changed Dataset
<a href="#">CANCER TREATMENT MODALITY</a>		Changed Dataset
<a href="#">CANCER TREATMENT PERIOD START DATE</a>		Changed Description, linked Attribute, Dataset
<a href="#">CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>		New Data Element
<a href="#">CLINICAL TRIAL INDICATOR</a>		Changed Description, Dataset
<a href="#">CONSULTANT UPGRADE DATE</a>		Changed Dataset
<a href="#">DATE FIRST SEEN</a>		Changed Description, Dataset
<a href="#">DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)</a>		Changed Description, Dataset
<a href="#">METASTATIC SITE</a>		Changed Description, Dataset
<a href="#">METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)</a>		New Data Element
<a href="#">MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR</a>	renamed from <a href="#">MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR</a>	Changed Name, Dataset
<a href="#">MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)</a>		Changed Description, Dataset
<a href="#">NHS NUMBER</a>		Changed Dataset
<a href="#">NHS NUMBER STATUS INDICATOR CODE</a>		Changed Dataset
<a href="#">ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)</a>		Changed Dataset
<a href="#">ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)</a>		Changed Dataset
<a href="#">ORGANISATION IDENTIFIER (RECEIVING)</a>		Changed Dataset
<a href="#">ORGANISATION IDENTIFIER (REFERRING)</a>		Changed Dataset
<a href="#">ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)</a>		New Data Element
<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)</a>		Changed Description, Dataset
<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)</a>		Changed Description, Dataset
<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)</a>		Changed Description, Dataset
<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)</a>		Changed Description, Dataset
<a href="#">PATIENT PATHWAY IDENTIFIER</a>		Changed Dataset
<a href="#">PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)</a>		New Data Element
<a href="#">PRIMARY DIAGNOSIS (ICD)</a>		Changed Dataset
<a href="#">PRIORITY TYPE CODE</a>		Changed Dataset
<a href="#">RADIOTHERAPY INTENT</a>		Changed Dataset
<a href="#">RADIOTHERAPY PRIORITY</a>		Changed Dataset
<a href="#">REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)</a>		Changed Description, Dataset

<a href="#">SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)</a>	Changed Description, Dataset
<a href="#">SITE CODE (OF PROVIDER CANCER DECISION TO TREAT) (RETIRED)</a> renamed from <a href="#">SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)</a>	Changed Name, Description, linked Attribute, Dataset, status to Retired
<a href="#">SITE CODE (OF PROVIDER CANCER TREATMENT START DATE) (RETIRED)</a> renamed from <a href="#">SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)</a>	Changed Name, Description, linked Attribute, Dataset, status to Retired
<a href="#">SITE CODE (OF PROVIDER CONSULTANT UPGRADE) (RETIRED)</a> renamed from <a href="#">SITE CODE (OF PROVIDER CONSULTANT UPGRADE)</a>	Changed Name, Description, linked Attribute, Dataset, status to Retired
<a href="#">SITE CODE (OF PROVIDER FIRST SEEN) (RETIRED)</a> renamed from <a href="#">SITE CODE (OF PROVIDER FIRST SEEN)</a>	Changed Name, Description, linked Attribute, Dataset, status to Retired
<a href="#">SOURCE OF REFERRAL FOR OUT-PATIENTS TREATMENT START DATE (CANCER)</a>	Changed Dataset
<a href="#">TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE)</a>	Changed Description, linked Attribute, Dataset
<a href="#">TUMOUR LATERALITY</a>	Changed Description, linked Attribute
<a href="#">TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE</a>	Changed Dataset
<a href="#">WAITING TIME ADJUSTMENT (FIRST SEEN)</a>	Changed Dataset
<a href="#">WAITING TIME ADJUSTMENT (TREATMENT)</a>	Changed Description, Dataset
<a href="#">WAITING TIME ADJUSTMENT REASON (FIRST SEEN)</a>	Changed Description, Dataset
<a href="#">WAITING TIME ADJUSTMENT REASON (TREATMENT)</a>	Changed Description, Dataset
<b>XML Schema Constraint</b>	
<a href="#">NATIONAL CANCER WAITING TIMES MONITORING DATA SET XML SCHEMA CONSTRAINTS (RETIRED)</a> renamed from <a href="#">NATIONAL CANCER WAITING TIMES MONITORING DATA SET XML SCHEMA CONSTRAINTS</a>	Changed Name, Description, Dataset, status to Retired

**Date:** 22 September 2017

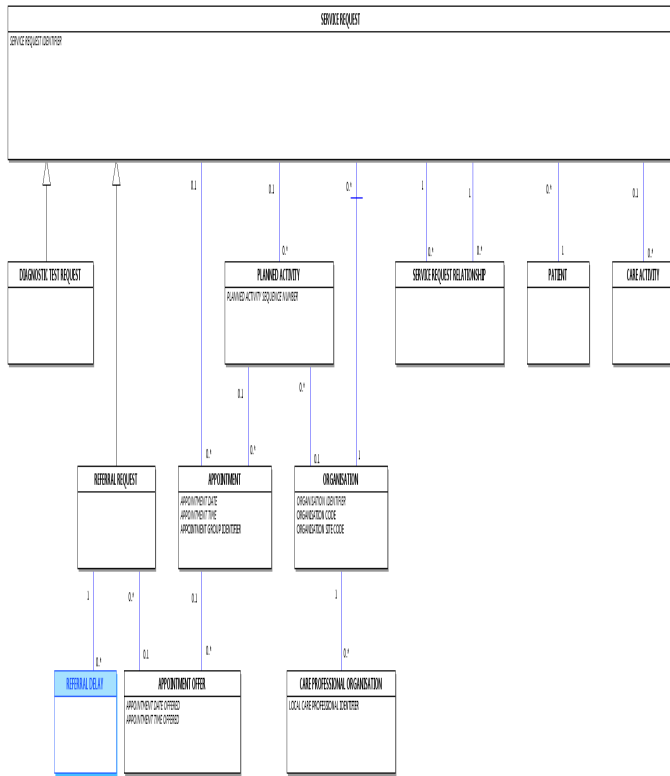
**Sponsor:** Morfydd Williams, Programme Director – Cancer Transformation Programme, NHS England

**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.



**SERVICE REQUEST DIAGRAM**

Change to Diagram: Changed Diagram



**NATIONAL CANCER WAITING TIMES MONITORING DATA SET**

Change to Data Set: Changed Description, Dataset

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

See [Patient Pathway Scenarios](#), for the seven scenarios which show: For a "Full Screen" view, click [National Cancer Waiting Times Monitoring Data Set](#).

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

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

- ~~the data items required for a range of health care scenarios and~~
- ~~information on how records will be validated to ensure these scenarios have been correctly reported.~~
- the 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. The Mandatory or Required (M/R/O) column indicates the recommendation for the inclusion of data.

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

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

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

PATIENT AND PATHWAY IDENTIFICATION	
To carry Patient and Pathway details. One occurrence of this group is required.	
M/R	Data Set Data Elements
M/R/O	Data Set Data Elements

M	<a href="#">NHS NUMBER</a>
M	<a href="#">NHS NUMBER STATUS INDICATOR CODE</a>
R	<a href="#">PATIENT PATHWAY IDENTIFIER</a>
R	<a href="#">ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)</a>
R	<a href="#">ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)</a>

#### 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
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To carry Outpatient Services details.

One occurrence of this group is permitted.

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

#### MULTIDISCIPLINARY TEAM ACTIVITY

To carry Multidisciplinary Team Activity details.

One occurrence of this group is required.

M/R	Data Set Data Elements
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R	<a href="#">MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR</a>
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To carry Multidisciplinary Team Activity details.

One occurrence of this group is permitted.

M/R/O	Data Set Data Elements
R	<a href="#">MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR</a>
R	<a href="#">MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)</a>

#### PATIENT STATUS AND DIAGNOSIS

To carry Patient Status and Diagnosis details.

One occurrence of this group is required.

M/R	Data Set Data Elements
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M/R/O	Data Set Data Elements
M	<a href="#">CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS</a>
R	<a href="#">PRIMARY DIAGNOSIS (ICD)</a>
R	<a href="#">METASTATIC SITE</a>
R	<a href="#">TUMOUR LATERALITY</a>
R	<a href="#">CANCER TREATMENT PERIOD START DATE</a>
R	<a href="#">SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)</a>
R	<a href="#">REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)</a>
R	<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)</a>
R	<a href="#">SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)</a>
R	<a href="#">REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)</a>
R	<a href="#">ORGANISATION IDENTIFIER (REFERRING)</a>
R	<a href="#">ORGANISATION IDENTIFIER (RECEIVING)</a>
R	<a href="#">CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)</a>
R	<a href="#">CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)</a>
R	<a href="#">CANCER FASTER DIAGNOSIS PATHWAY END REASON</a>

R	<a href="#">PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)</a>
R	<a href="#">CANCER FASTER DIAGNOSIS PATHWAY END DATE</a>
R	<a href="#">CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>
O	<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>
R	<a href="#">CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON</a>
O	<a href="#">CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</a>
O	<a href="#">METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)</a>
R	<a href="#">ORGANISATION SITE IDENTIFIER (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)</a>

<b>TREATMENT EVENTS</b>
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<b>To carry Treatment Event details.</b>	
One occurrence of this group is required if applicable to the scenario.	
M/R	Data Set Data Elements
<b>To carry Treatment Event details.</b>	
One occurrence of this group is permitted.	
M/R/O	Data Set Data Elements
R	<a href="#">TREATMENT START DATE (CANCER)</a>
R	<a href="#">SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)</a>
R	<a href="#">ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)</a>
R	<a href="#">CANCER TREATMENT EVENT TYPE</a>
R	<a href="#">CANCER TREATMENT MODALITY</a>
R	<a href="#">CLINICAL TRIAL INDICATOR</a>
R	<a href="#">CANCER CARE SETTING (TREATMENT)</a>
R	<a href="#">RADIOTHERAPY INTENT</a>
R	<a href="#">RADIOTHERAPY PRIORITY</a>
R	<a href="#">DELAY REASON (DECISION TO TREATMENT)</a>
R	<a href="#">DELAY REASON COMMENT (DECISION TO TREATMENT)</a>
R	<a href="#">CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)</a>
O	<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)</a>
R	<a href="#">WAITING TIME ADJUSTMENT (TREATMENT)</a>
R	<a href="#">WAITING TIME ADJUSTMENT REASON (TREATMENT)</a>
R	<a href="#">DELAY REASON REFERRAL TO TREATMENT (CANCER)</a>
R	<a href="#">DELAY REASON COMMENT (REFERRAL TO TREATMENT)</a>
R	<a href="#">DELAY REASON (CONSULTANT UPGRADE)</a>
R	<a href="#">DELAY REASON COMMENT (CONSULTANT UPGRADE)</a>
R	<a href="#">CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)</a>
O	<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)</a>
R	<a href="#">CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)</a>
O	<a href="#">CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)</a>

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**ACTIVE MONITORING**

Change to Supporting Information: Changed Description

[Active Monitoring](#) is an [ACTIVITY GROUP](#).

[Active Monitoring](#) will commence when a decision is made (and agreed with the [PATIENT](#)) that it is clinically appropriate to start a period of monitoring, possibly whilst the [PATIENT](#) receives symptomatic support, but without any specific or significant [CLINICAL INTERVENTION](#) at this stage. [Active Monitoring](#) may be initiated by either a [CARE PROFESSIONAL](#) or a [PATIENT](#). The start of [Active Monitoring](#) will end a [REFERRAL TO TREATMENT PERIOD](#).

During [Active Monitoring](#) the [PATIENT](#) will remain under the care of a [CONSULTANT](#) or [NHS Allied Health Professional Service \(Referral To Treatment Measurement\)](#) although the [GENERAL PRACTITIONER](#) will be updated with the progress of their [PATIENT](#).

If a decision to treat is made during [Active Monitoring](#), this will end the [Active Monitoring](#) and will start a new [REFERRAL TO TREATMENT PERIOD](#) - see [REFERRAL TO TREATMENT PERIOD START DATE](#). If a Decision To Treat is made during [Active Monitoring](#), this will end the [Active Monitoring](#) and will start a new [REFERRAL TO TREATMENT PERIOD](#); see [REFERRAL TO TREATMENT PERIOD START DATE](#).

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**CANCER CARE PLAN**

Change to Supporting Information: Changed Description

A [Cancer Care Plan](#) is a [CARE PLAN](#).

A [CARE PLAN](#) developed within a [Cancer Care Spell](#). There should be at least one [Planned Cancer Treatment](#) recorded within a [Cancer Care Plan](#). A [Cancer Care Plan](#) is a [CARE PLAN](#) developed within a [Cancer Care Spell](#).

There should be at least one [Planned Cancer Treatment](#) recorded within a [Cancer Care Plan](#).

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#### CANCER CARE SPELL

Change to Supporting Information: Changed Description

A [Cancer Care Spell](#) is an [ACTIVITY GROUP](#).

The period of time during which a [PATIENT](#) who has been diagnosed as suffering from a single site primary cancer or, in the case of particular skin cancers, one or more [Lesions](#) may receive care. A [Cancer Care Spell](#) is the period of time during which a [PATIENT](#) who has been diagnosed as suffering from a single site primary cancer or, in the case of particular skin cancers, one or more [Lesions](#) may receive care.

The [Cancer Care Spell](#) starts on the date of the [REFERRAL REQUEST](#) from any source to a specialist team. It ends when the [PATIENT](#) dies. The [Cancer Care Spell](#):

- starts on the [DATE](#) of the [REFERRAL REQUEST](#) from any source to a specialist team
- ends when the [PATIENT](#) dies.

A recurrence of the original primary cancer at a secondary site is part of the same [Cancer Care Spell](#).

If a [PATIENT](#) has another primary cancer this will be a new [Cancer Care Spell](#).

The [Cancer Care Spell](#) may only involve diagnostic procedures leading to a diagnosis, for example in cases where the [PATIENT](#) refuses treatment, or it may include treatment and follow-up.

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#### CANCER CARE SPELL DELAY

Change to Supporting Information: Changed Description

A [Cancer Care Spell Delay](#) is a [REFERRAL DELAY](#).

A [Cancer Care Spell Delay](#) is a delay in either an [Out Patient Appointment](#) or treatment for suspected cancer after a referral has been received. A [Cancer Care Spell Delay](#) is a delay experienced during a [Cancer Care Spell](#).

A [Cancer Care Spell Delay](#) should be recorded for each delay. The [Cancer Care Spell Delays](#) for cancer waiting time service standards, as specified in the [National Cancer Waiting Times Monitoring Data Set](#) requirements are the delay between:

- [Cancer Referral To Treatment Period Start Date](#) and [DATE FIRST SEEN](#), where [PRIORITY TYPE](#) is National Code '*Two Week Wait*'
- [Cancer Referral To Treatment Period Start Date](#) and [Treatment Start Date \(Cancer\)](#), where [PRIORITY TYPE](#) is National Code '*Two Week Wait*' and [CANCER TREATMENT EVENT TYPE](#) is National Code '*First Definitive Treatment for a new primary cancer*' or '*First treatment for metastatic disease following an unknown primary cancer*'
- [Cancer Referral To Treatment Period Start Date](#) and [Treatment Start Date \(Cancer\)](#), where [PRIORITY TYPE](#) is National Code '*Urgent*' and [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) is National Code '*Referral from a National Screening Programme*' and [CANCER TREATMENT EVENT TYPE](#) is National Code '*First Definitive Treatment for a new primary cancer*'
- [Cancer Treatment Period Start Date](#) and [Treatment Start Date \(Cancer\)](#), where [CANCER TREATMENT EVENT TYPE](#) is National Code '*First Definitive Treatment for a new primary cancer*' or '*First treatment for metastatic disease following an unknown primary cancer*'
- [Consultant Upgrade Date](#) and [Treatment Start Date \(Cancer\)](#), where [CANCER TREATMENT EVENT TYPE](#) is National Code '*First Definitive Treatment for a new primary cancer*' or '*First treatment for metastatic disease following an unknown primary cancer*'
- [Cancer Treatment Period Start Date](#) and [Treatment Start Date \(Cancer\)](#), where [CANCER TREATMENT EVENT TYPE](#) is NOT National Code '*First Definitive Treatment for a new primary cancer*' OR '*First treatment for metastatic disease following an unknown primary cancer*'

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#### CANCER FASTER DIAGNOSIS PATHWAY

Change to Supporting Information: New Supporting Information

A [Cancer Faster Diagnosis Pathway](#) is a [Cancer Pathway](#).

A [Cancer Faster Diagnosis Pathway](#) is the first part of a [Cancer Pathway](#).

A [Cancer Faster Diagnosis Pathway](#) describes:

- the period of time from an initial [REFERRAL REQUEST RECEIVED DATE](#) for suspected cancer to having cancer either diagnosed or ruled out or
- reaching a [Decision To Treat](#), whichever comes first.

During this time, the **PATIENT** may be recorded as having multiple **Out-Patient Appointments**, **Imaging or Radiodiagnostic Events** and inter-provider transfers.

**This supporting information is also known by these names:**

Context	Alias
plural	Cancer Faster Diagnosis Pathways

**CANCER FASTER DIAGNOSIS PATHWAY END DATE**

Change to Supporting Information: New Supporting Information

A **Cancer Faster Diagnosis Pathway End Date** is an **ACTIVITY DATE TIME**.

A **Cancer Faster Diagnosis Pathway End Date** is either the **DATE** when the **PATIENT**:

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

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

**This supporting information is also known by these names:**

Context	Alias
plural	Cancer Faster Diagnosis Pathway End Dates

**CANCER PATHWAY**

Change to Supporting Information: New Supporting Information

A **Cancer Pathway** is a **PATIENT PATHWAY**.

A **Cancer Pathway** is the **PATIENT**'s journey from the initial suspicion of cancer through **Clinical Investigations**, **PATIENT DIAGNOSIS** and treatment.

This could be by:

- Initial referral to a hospital specialist by the **PATIENT**'s **GENERAL PRACTITIONER**
- Assessment in an **Accident and Emergency Department**
- Assessment when the **PATIENT** is already in the hospital system with an acute illness or an earlier **PATIENT DIAGNOSIS**
- Identification through one of the **Screening Programmes**.

For the following data sets, types of **Cancer Pathway** include:

- **Cancer Outcomes and Services Data Set:**
  - Primary Cancer Pathway
  - Non Primary Cancer Pathway.
- **National Cancer Waiting Times Monitoring Data Set:**
  - **Cancer Faster Diagnosis Pathway**.

**This supporting information is also known by these names:**

Context	Alias
plural	Cancer Pathways

**CANCER RECURRENCE**

Change to Supporting Information: New Supporting Information

A **Cancer Recurrence** is a **MALIGNANT ABNORMALITY**.

**Cancer Recurrence** is when cancer returns after treatment.

For further information on **Cancer Recurrence**, see the **National Cancer Institute website**.

**This supporting information is also known by these names:**

Context	Alias
alsoknownas	Recurrent Cancer
plural	Cancer Recurrences
fullname	Recurrence of Cancer

#### 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 with suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#), where the [PRIORITY TYPE](#) is 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: A [Cancer Referral To Treatment Period](#) is the period of time between [Cancer Referral To Treatment Period Start Date](#) and either the:

- the [TREATMENT START DATE FOR CANCER](#), where a [PATIENT](#) diagnosed with a cancer condition (see [Cancer Waiting Times](#)) 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.
- [Treatment Start Date \(Cancer\)](#), where a [PATIENT](#) diagnosed with a cancer condition receives [First Definitive Treatment](#)
- [CANCER FASTER DIAGNOSIS PATHWAY END DATE](#) where a [PATIENT](#) referred with suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#) has cancer ruled out
- [DATE](#) the [PATIENT](#) declines [First Definitive Treatment](#), or
- [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](#). [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) is used to align waiting times monitoring with the service standard for [18 Weeks](#).

#### CANCER REFERRAL TO TREATMENT PERIOD START DATE, renamed from CANCER REFERRAL TO TREATMENT PERIOD START DATE

Change to Supporting Information: Changed Name, Description, 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](#) is an [ACTIVITY DATE TIME](#).

A [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) will be one of the following: A [Cancer Referral To Treatment Period Start Date](#) is the [Start Date](#) of a [Cancer Referral To Treatment Period](#).

A [Cancer Referral To Treatment Period Start Date](#) will be one of the following:

- The [REFERRAL REQUEST RECEIVED DATE](#) of the [SERVICE REQUEST](#) to secondary care by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#) where the [PRIORITY TYPE](#) 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.
- The [REFERRAL REQUEST RECEIVED DATE](#) of the [SERVICE REQUEST](#):
  - to secondary care by a [GENERAL MEDICAL PRACTITIONER](#) or [GENERAL DENTAL PRACTITIONER](#) where the [PRIORITY TYPE](#) is National Code 'Two Week Wait' \*
  - to secondary care where the [PATIENT](#) was subsequently upgraded onto a Cancer Pathway. The [CONSULTANT UPGRADE DATE](#) will also be recorded, as this is the [DATE](#) used to calculate the start of the two month (62 day) waiting time target for [PATIENTS](#) who have been upgraded to a Cancer Pathway
  - into secondary care when the [PATIENT](#) was referred urgently for 'breast symptoms', where the [PRIORITY TYPE](#) is National Code 'Two Week Wait' \*

- to an Assessment Clinic following the identification of an abnormality by an NHS Cancer Screening Service, where the PRIORITY TYPE is National Code 'Urgent' \*
- The ORIGINAL REFERRAL REQUEST RECEIVED DATE for the initial SERVICE REQUEST to secondary care by an NHS Cancer Screening Service, where the PRIORITY TYPE is National Code 'Routine', and where the PATIENT was subsequently upgraded onto a Cancer Pathway. The CONSULTANT UPGRADE DATE will also be recorded.

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\_Notes:

- \* The start of the Cancer Faster Diagnosis Pathway will be the Cancer Referral To Treatment Period Start Date for the items annotated.

For a SERVICE REQUEST received from the Choose and Book system, the referral is received when the PATIENT's Unique Booking Reference Number (UBRN) is used to book the first Out-Patient Appointment slot (i.e. converted). See REFERRAL REQUEST RECEIVED DATE.

#### CANCER REFERRAL TO TREATMENT PERIOD START DATE, renamed from CANCER REFERRAL TO TREATMENT PERIOD START DATE

Change to Supporting Information: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Attributes.C.CANCER\_REFERRAL\_TO\_TREATMENT\_PERIOD\_START\_DATE to Data\_Dictionary.NHS\_Business\_Definitions.C.Cancer\_Referral\_To\_Treatment\_Period\_Start\_Date
- Changed Description
- null

#### 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 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). 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 (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. The full list of International Classification of Diseases (ICD) diagnosis codes is available on the NHS Digital website at: Cancer Waiting Times.

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). 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 (Cancer).

CANCER CARE SETTING (TREATMENT) is used to derive whether a waiting time adjustment between Cancer Treatment Period Start Date and Treatment Start Date (Cancer) may be recorded in WAITING TIME ADJUSTMENT (TREATMENT).

#### CANCER TREATMENT PERIOD START DATE, renamed from CANCER TREATMENT PERIOD START DATE

Change to Supporting Information: Changed Name, Description, Dataset

The DATE when a Cancer Treatment Period is started. A Cancer Treatment Period Start Date is an ACTIVITY DATE TIME.

The CANCER TREATMENT PERIOD START DATE will be either: A Cancer Treatment Period Start Date is the Start Date of a Cancer Treatment Period.

A Cancer Treatment Period Start Date will be either:

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

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**CANCER TREATMENT PERIOD START DATE\_ renamed from CANCER TREATMENT PERIOD START DATE**

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Change to Supporting Information: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Attributes.C.CANCER\_TREATMENT\_PERIOD\_START\_DATE to Data\_Dictionary.NHS\_Business\_Definitions.C.Cancer\_Treatment\_Period\_Start\_Date
  - Changed Description
  - null
- 

**CLINICAL DATA SETS MESSAGE DOCUMENTATION**

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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**

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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**

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Change to Supporting Information: New Supporting Information

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

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

[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](#) National Code is 'referral from a National [Screening Programme](#)' and
- the [PRIORITY TYPE](#) is National Code 'Urgent'.

This supporting information is also known by these names:

Context	Alias
plural	<a href="#">Consultant Upgrades</a>

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**CONSULTANT UPGRADE DATE**

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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](#). A [Consultant Upgrade Date](#) is the [DATE](#) of the [Consultant Upgrade](#).

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:

The [Consultant Upgrade Date](#) must:

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

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#### DECISION TO TREAT

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Change to Supporting Information: New Supporting Information

A [Decision To Treat](#) is related to a [PLANNED ACTIVITY](#).

A [Decision To Treat](#) is made when it is decided that the [PATIENT](#) requires a specific treatment.

This supporting information is also known by these names:

Context	Alias
plural	Decisions To Treat

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#### FIRST DEFINITIVE TREATMENT

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Change to Supporting Information: Changed Description

[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](#).

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. For example, outpatient or day case diagnostic [CARE ACTIVITIES](#) prior to admission for treatment do not represent the end of the [REFERRAL TO TREATMENT 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: 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: Other [CARE ACTIVITIES](#) that may end a [REFERRAL TO TREATMENT PERIOD](#) as [First Definitive Treatment](#) include the:

- 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](#).

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

**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

**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**

**DATE** **Active Monitoring** commenced.

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## NATIONAL CANCER WAITING TIMES MONITORING DATA SET OVERVIEW

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Change to Supporting Information: Changed Description, Dataset

### Introduction:

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

Following this review it was confirmed in **Improving Outcomes: A Strategy for Cancer** that **Cancer Waiting Times** data relates to:

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

*"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."* 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)**'.

This updated version of the **National Cancer Waiting Times Monitoring Data Set** supports the continued management and monitoring of the following waiting times: 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 Definitive Treatment** for all cancers
- A maximum two week wait from an urgent **GENERAL PRACTITIONER** referral for suspected cancer to **DATE FIRST SEEN** by a specialist for all suspected cancers
- A maximum 28 day wait from an urgent **GENERAL PRACTITIONER** referral for suspected cancer to having cancer either diagnosed or ruled out (**CANCER FASTER DIAGNOSIS PATHWAY END DATE**), or **DECISION TO TREAT DATE**, whichever comes first, for all suspected cancers
- A maximum 28 day wait from referral for breast symptoms (where cancer is not initially suspected) to having cancer either diagnosed or ruled out (**CANCER FASTER DIAGNOSIS PATHWAY END DATE**), or **DECISION TO TREAT DATE**, whichever comes first, for all suspected cancers
- A maximum 28 day wait from a referral to an **Assessment CLINIC OR FACILITY** following the identification of an abnormality by an **NHS Cancer Screening Service** to having cancer either diagnosed or ruled out (**CANCER FASTER DIAGNOSIS PATHWAY END DATE**), or **DECISION TO TREAT DATE**, whichever comes first, for all suspected cancers
- A maximum one month (31-day) wait from diagnosis (**Cancer Treatment Period Start Date**) to **First Definitive Treatment** for all cancers
- A maximum two month (62-day) wait from urgent **GENERAL PRACTITIONER** referral for suspected cancer to **First Definitive Treatment** for all cancers
- A maximum one month (31-day) wait from urgent **GENERAL PRACTITIONER** referral for suspected cancer to **First Definitive Treatment** for children's cancers, testicular cancers and acute leukaemia
- A maximum 62-day wait from referral from an **NHS Cancer Screening Programme** to **First Definitive Treatment** for all cancers
- A maximum 62-day wait from a **CONSULTANTS** decision to upgrade the urgency of a **PATIENT** they suspect to have cancer to **First Definitive Treatment** for all cancers
- A maximum 31-day wait for all subsequent treatments for new cases of primary and recurrent cancer where an **Anti-Cancer Drug Regimen**, surgery or **Radiotherapy** is the chosen **CANCER TREATMENT MODALITY**
- A maximum 31-day wait for all subsequent treatments for new cases of primary and **Recurrent Cancer** where an **Anti-Cancer Drug Regimen**, surgery or **Radiotherapy** is the chosen **CANCER TREATMENT MODALITY**
- A maximum two week wait from referral for breast symptoms (where cancer is not initially suspected) to **DATE FIRST SEEN**.

### Patient Pathway Scenarios:

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

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 C07 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](#).

#### When reporting patient records to the Cancer Waiting Times Database:

- 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](#).

#### Transmission:

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

#### Security and Confidentiality:

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

#### Further guidance:

- Further guidance is available at: [Cancer Waiting Times](#).
- Any additional queries regarding the [National Cancer Waiting Times Monitoring Data Set](#) should be addressed to [CANCER-WAITS@dh.gsi.gov.uk](mailto:CANCER-WAITS@dh.gsi.gov.uk).
- Further guidance relating to the [National Cancer Waiting Times Monitoring Data Set](#) is available on the NHS Digital website at: [Cancer Waiting Times](#).
- Queries regarding the [National Cancer Waiting Times Monitoring Data Set](#) should be addressed to [CANCER-WAITS@dh.gsi.gov.uk](mailto:CANCER-WAITS@dh.gsi.gov.uk).

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#### NATIONAL CANCER WAITING TIMES MONITORING DATA SET SCENARIOS

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Change to Supporting Information: Changed Description, Dataset

[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](#). The full list of [International Classification of Diseases \(ICD\)](#) diagnosis codes is available on the NHS Digital website at: [Cancer Waiting Times](#).

Collection and submission of the [National Cancer Waiting Times Monitoring Data Set](#) is to be managed according to the maximum waiting time and information requirements of the pathway of care for each individual [PATIENT](#). These requirements for providers of cancer [SERVICES](#) to return data to the Cancer Waiting Times Database are defined using seven different scenarios. These requirements for providers of cancer [SERVICES](#) to return data to the Cancer Waiting Times Database are defined using 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.
- **Scenario 1a:**  
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer Screening Programme, and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 1b:**  
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer Screening Programme, and where the [PATIENT](#) has not had a [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 1c:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer Screening Programme.
- **Scenario 1d:**  
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer Screening Programme, and where the [PATIENT](#) has had the [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 1e:**  
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer Screening Programme, and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). The [Health Care Provider](#) sends the [PATIENT](#) to another [Health Care Provider](#), that is, makes an inter-provider transfer.
- **Scenario 1f:**  
The [Health Care Provider](#) receiving an inter-provider transfer of a [PATIENT](#), where the [PATIENT](#) is first seen at a different [Health Care Provider](#), and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). The [Health Care Provider](#) then subsequently sends the [PATIENT](#) to another [Health Care Provider](#), that is, makes a further inter-provider transfer.
- **Scenario 1g:**  
The [Health Care Provider](#) where the [PATIENT](#) is first seen following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer Screening Programme, and where the [PATIENT](#) has not had a [Decision To Treat](#), has not had the diagnosis outcome communicated, and the [PATIENT](#) has been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 2a:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer Screening Programme, and where the [PATIENT](#) has had the [Decision To Treat](#), has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#). No inter-provider transfers are in progress.
- **Scenario 2b:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following an inter-provider transfer, and where the [PATIENT](#) has had the [Decision To Treat](#), and has had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#).
- **Scenario 2c:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following an inter-provider transfer, and where the [PATIENT](#) has had the [Decision To Treat](#), and has not had the diagnosis outcome communicated, and the [PATIENT](#) has not been excluded from the [Cancer Faster Diagnosis Pathway](#).
- **Scenario 3:**  
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) with [PRIORITY TYPE](#) 'Two Week Wait', or where an urgent referral is from an NHS Cancer Screening Programme. No inter-provider transfers are in progress.
- **Scenario 4:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a consultant upgrade onto a 62 day [PATIENT PATHWAY](#). No inter-provider transfers are in progress.
- **Scenario 5:**  
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a consultant upgrade onto a 62 day [PATIENT PATHWAY](#). No inter-provider transfers are in progress.
- **Scenario 6:**  
The [Health Care Provider](#) where the [PATIENT](#) receives [First Definitive Treatment](#) for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different [PRIORITY TYPE](#). No inter-provider transfers are in progress.
- **Scenario 7:**  
The [Health Care Provider](#) where the [PATIENT](#) receives second or subsequent treatment for cancer following a [REFERRAL REQUEST](#) from another [SOURCE OF REFERRAL FOR OUT-PATIENTS](#) or a different [PRIORITY TYPE](#). No inter-provider transfers are in progress.

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

**Data Set Notation:**

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

- **M\* = Mandatory if applicable:** the Standard Contract Schedule 5 requires NHS provider [Organisations](#) to submit this information on a monthly basis, where collection of the item was applicable to them. [NHS England](#) require the data to be submitted 25 working days after the end of each month or quarter.
- **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.
- **O\* = Optional if applicable:** These optional fields should only be populated if they relate to the [PATIENT PATHWAY](#) identified in the scenarios and the conditions required for their use are met.
- **N/A = Not Applicable**

**Note: Inter-Provider Transfers:**

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

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

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

Data Item	Scenarios														
	Scenario 1a	Scenario 1b	Scenario 1c	Scenario 1d	Scenario 1e	Scenario 1f	Scenario 1g	Scenario 2a	Scenario 2b	Scenario 2c	Scenario 3	Scenario 4	Scenario 5	Scenario 6	Scenario 7
NHS NUMBER	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
NHS NUMBER STATUS INDICATOR CODE	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
PATIENT PATHWAY IDENTIFIER	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*	M*
ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)	M	M	M	M	M	M	M	M*	M*	M*	M*	M*	M*	M*	M*
SOURCE OF REFERRAL FOR OUT-PATIENTS	M	M	M	M	M	N/A	M	N/A	N/A	N/A	N/A	M	N/A	O	N/A

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

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

CANCER TREATMENT EVENT TYPE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
CANCER TREATMENT MODALITY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
CLINICAL TRIAL INDICATOR	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
CANCER CARE SETTING (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M	M	M	M	M	M	M	M
RADIOTHERAPY PRIORITY	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*	M*
CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*	M*
CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	O*	O*	O*	O*	O*	O*	O*
WAITING TIME ADJUSTMENT (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*	M*
WAITING TIME ADJUSTMENT REASON (TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	M*	M*	M*	M*	M*
CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	M*	M*	N/A	M*	N/A	O*	N/A
CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	O*	O*	N/A	O*	O*	O*	N/A
CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	M*	N/A	O*	N/A
CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	O*	N/A	O*	N/A

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

**SCREENING SERVICE**

Change to Supporting Information: New Supporting Information

A Screening Service is a [SERVICE](#).

A Screening Service is a [SERVICE](#) in which members of a defined population are offered a [Screening Test](#) to identify individuals who have risk factors or early stages of disease.

For further information on the [Screening Tests](#) carried out by a [Screening Service](#), see the [Department of Health](#) part of the gov.uk website at: [NHS population screening explained](#).

This supporting information is also known by these names:

Context	Alias
plural	Screening Services

**TREATMENT START DATE (CANCER)** renamed from TREATMENT START DATE FOR CANCER

Change to Supporting Information: Changed Name, 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. A [Treatment Start Date \(Cancer\)](#) is an [ACTIVITY DATE TIME](#).

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

[TREATMENT START DATE FOR CANCER](#) is also the [END DATE](#) of a [Cancer Treatment Period](#). If the [CANCER TREATMENT MODALITY](#) is recorded as National Code 'Surgery', the [Treatment Start Date \(Cancer\)](#) is the same as [START DATE \(HOSPITAL PROVIDER SPELL\)](#) of the related admission.

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](#)). [Treatment Start Date \(Cancer\)](#) is also the [END DATE](#) of a [Cancer Referral To Treatment Period](#).

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

For the [National Cancer Waiting Times Monitoring Data Set](#), [TREATMENT START DATE FOR CANCER](#) is 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](#)). If a [PATIENT](#) declines all treatment and the [CANCER TREATMENT MODALITY](#) is recorded as National Code 'All treatment declined', then the [Treatment Start Date \(Cancer\)](#) should be recorded as the [DATE](#) upon which the [PATIENT](#) made this decision.

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

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#### TREATMENT START DATE (CANCER) renamed from TREATMENT START DATE FOR CANCER

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Change to Supporting Information: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Attributes.T.Tran.TREATMENT\_START\_DATE\_FOR\_CANCER to Data\_Dictionary.NHS\_Business\_Definitions.T.Treatment\_Start\_Date\_(Cancer)
- Changed Description
- null

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#### XML SCHEMA TRUD DOWNLOAD

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Change to Supporting Information: Changed Dataset

#### Background:

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

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

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

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

#### XML Schema Download:

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

- [Cancer Outcomes and Services Data Set \(COSDS\)](#)
- [Community Services Data Set \(CSDS\)](#)
- [Commissioning Data Set \(CDS\) V6-2](#)
- [CDS V6-2-1 Type 011 - Emergency Care Commissioning Data Set](#)
- [Diagnostic Imaging Data Set \(DIDS\)](#)
- [HIV and AIDS Reporting Data Set \(HARS\)](#)
- [Information Sharing to Tackle Violence Minimum Data Set \(ISTVDS\)](#)
- [Maternity Services Data Set \(MSDS\)](#)
- [National Cancer Waiting Times Monitoring Data Set \(NCWTMSD\)](#)
- [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 Service](#) part of the [NHS Digital](#) website at: [Policies: XML Schema Publication and Download guidance](#).

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#### ACTIVITY GROUP

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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 TRANSFER REASON FOR INTER PROVIDER TRANSFER  
CANCER TREATMENT INTENT  
~~CANCER TREATMENT PERIOD START DATE~~  
CARE PROGRAMME APPROACH REVIEW ABUSE QUESTION ASKED INDICATOR  
CARER RESIDENT INDICATION CODE FOR NATIONAL NEONATAL DATA SET  
CHILDREN TEENAGERS AND YOUNG ADULTS AGE CATEGORY  
COMMUNITY TREATMENT ORDER END REASON  
COMPLEX SOCIAL FACTORS INDICATOR  
DAUGHTER BORN AT THIS ENCOUNTER INDICATOR  
DELIVERY PLACE CHANGE REASON  
DISCHARGE DESTINATION  
DISCHARGED TO HOSPITAL AT HOME SERVICE INDICATOR  
DISCHARGE METHOD  
EMERGENCY CARE ATTENDANCE CATEGORY  
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 RESPONSIBILITY  
MENTAL HEALTH CONDITIONAL DISCHARGE END REASON  
MENTAL HEALTH DELAYED DISCHARGE ATTRIBUTABLE TO INDICATION CODE  
MENTAL HEALTH DELAYED DISCHARGE REASON  
METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY  
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 INDICATOR

RADIOTHERAPY INTENT  
RENAL DIALYSIS SCHEDULE TYPE  
SMOKING QUIT DATE  
SOURCE OF ADMISSION  
TIME BETWEEN DELIVERY AND SPONTANEOUS RESPIRATION CODE  
~~TREATMENT START DATE FOR CANCER~~

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#### PATIENT DIAGNOSIS

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Change to Class: Changed Attributes

*Attributes of this Class are:*

ACCIDENT AND EMERGENCY DIAGNOSIS  
BABY COMPLICATION AT BIRTH DIAGNOSIS  
BASIS OF DIAGNOSIS FOR CANCER  
BREAST CANCER INVASIVE STATUS  
CEREBRAL PALSY TYPE CODE FOR NATIONAL NEONATAL DATA SET  
CYTOMEGALOVIRUS DISEASE CODE  
DIABETES TYPE FOR RENAL CARE  
DIAGNOSIS SCHEME IN USE  
FEMALE GENITAL MUTILATION TYPE 4 CODE  
FETAL ANOMALY DIAGNOSIS  
HISTOLOGY CONFIRMED NECROTISING ENTEROCOLITIS FOLLOWING LAPAROTOMY INDICATOR  
HISTORY OF FEMALE GENITAL MUTILATION INDICATOR  
HYPOXIC ISCHEMIC ENCEPHALOTHAPY GRADE  
LIFE THREATENING SYMPTOMS AT DIAGNOSIS INDICATOR  
LONG TERM PHYSICAL HEALTH CONDITION INDICATOR FOR IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES  
MATERNITY COMPLICATING MEDICAL DIAGNOSIS  
MATERNITY FAMILY HISTORY DIAGNOSIS TYPE  
MATERNITY MEDICAL DIAGNOSIS TYPE  
NEONATAL ABSTINENCE SYNDROME OBSERVED INDICATOR  
NEONATAL DIAGNOSIS  
OBSTETRIC DIAGNOSIS  
OTHER MYELODYSPLASIA SYMPTOMS AT DIAGNOSIS  
PATIENT DIAGNOSIS CODING SIGNIFICANCE  
PATIENT DIAGNOSIS INDICATION FOR PRIMARY ANKLE REPLACEMENT  
PATIENT DIAGNOSIS INDICATION FOR PRIMARY ELBOW REPLACEMENT  
PATIENT DIAGNOSIS INDICATION FOR PRIMARY HIP REPLACEMENT  
PATIENT DIAGNOSIS INDICATION FOR PRIMARY KNEE REPLACEMENT  
PATIENT DIAGNOSIS INDICATION FOR PRIMARY SHOULDER REPLACEMENT  
PATIENT DIAGNOSIS INDICATOR  
PATIENT DIAGNOSIS TYPE FOR NHS HEALTH CHECK  
POST HAEMORRHAGIC HYDROCEPHALUS OBSERVED DURING CRANIAL ULTRASOUND SCAN INDICATOR  
PRESENT ON ADMISSION INDICATOR  
**PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY**  
PRIMARY DIAGNOSIS  
PROVISIONAL DIAGNOSIS  
RENAL DONOR DIAGNOSIS TYPE  
RENAL LIVING DONOR DIAGNOSIS TYPE  
RENAL PAEDIATRIC DIAGNOSIS TYPE  
RENAL RECIPIENT CARDIOVASCULAR COMPLICATION TYPE  
RENAL RECIPIENT DIAGNOSIS TYPE  
SEIZURE OCCURRED INDICATOR  
SEPSIS SUSPECTED INDICATOR  
SKIN CANCER LESION DIAGNOSIS  
TRAUMATIC LESION OF GENITAL TRACT TYPE CODE  
TUMOUR OR LESION LATERALITY

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#### PATIENT PATHWAY

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

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

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

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

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

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

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#### PATIENT PATHWAY

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Change to Class: Changed Attributes, Dataset

Attributes of this Class are:

K            PATIENT PATHWAY IDENTIFIER  
              [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#)  
              [CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON](#)  
              WAITING TIME MEASUREMENT TYPE

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#### REFERRAL DELAY

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Change to Class: Changed Description, Attributes

A delay in either an [Out-Patient Appointment](#) or treatment after a [REFERRAL REQUEST](#) has been received. A [REFERRAL DELAY](#) should be recorded for each delay.

A [REFERRAL DELAY](#) should be recorded for each delay.

[REFERRAL DELAYS](#) include:

- [Cancer Care Spell Delay](#)

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#### REFERRAL DELAY

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Change to Class: Changed Description, Attributes

Attributes of this Class are:

~~DELAY REASON COMMENT~~  
[CANCER CARE SPELL DELAY REASON](#)  
~~DELAY REASON INDICATOR~~  
[CANCER CARE SPELL DELAY REASON COMMENT](#)  
~~DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS~~  
~~DELAY REASON TO TREATMENT FOR CANCER~~  
WAITING TIME ADJUSTMENT REASON

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#### ACTIVITY DATE

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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](#).

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#### ACTIVITY DATE TYPE

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Change to Attribute: Changed Description

The type of date that defines the usage with regard to the [ACTIVITY](#).

An [ACTIVITY](#) may have many dates associated with it but may only have one date of a particular type.

National Codes:

- 001    Angiogram Date (Retired July 2012)
- 002    [Arrival Date At Accident and Emergency Department](#)
- 003    Breast Assessment Date (Retired 1 January 2013)
- 004    [Cancer Dental Assessment Date](#)
- 005    Colorectal or Stoma Nurse Seen Date (Retired 1 January 2013)
- 006    Coronary Angiography Date (Retired July 2012)

007 [Care Programme Approach Review Date](#)  
008 Date Biopsy Taken (Retired 01 April 2014)  
009 [Discharge Date](#)  
010 [Discharge Ready Date](#)  
011 [End Date](#)  
012 Event Date (Retired July 2012)  
013 Expected Delivery Date (Retired September 2012)  
014 [First Antenatal Assessment Date](#)  
015 Full Postnatal Examination Date (Retired September 2012)  
016 Initial Patient Contact Date (Retired July 2012)  
017 Investigation Transfer Date (Retired July 2012)  
018 Intrauterine Device Application Date (Retired September 2012)  
019 Intrauterine Device Fitted Date (Retired September 2012)  
020 [Last Dosage Date](#)  
021 Mental Health Care Assessment Date (Retired September 2012)  
022 Miscarriage Date (Retired September 2012)  
023 [Pathology Result Due Date](#)  
024 [Patient Informed Biopsy Result Date](#)  
025 Patient Informed Of Outcome Date (Retired September 2012)  
026 [Smoking Quit Date](#)  
027 Review Planned Date (Retired 01 April 2014)  
028 Screening Result Date (Retired 01 April 2014)  
029 [Screening Result Sent Date](#)  
030 Specialist Palliative Care Date (Retired 01 April 2014)  
031 [Start Date](#)  
032 [Cancer Symptoms First Noted Date](#)  
033 [Attendance Date](#)  
034 [Clinical Intervention Date](#)  
035 Immunisation Completion Date (Retired 01 September 2015)  
036 [Clinical Status Assessment Date](#)  
037 Dose Given Date (Retired September 2012)  
038 Test Date (Retired September 2012)  
039 [Contact Date](#)  
040 [Appointment Date](#)  
041 [Primary Procedure Date](#)  
042 Second Operation Date (Retired 01 April 2014)  
043 [Speech and Language Assessment Date](#)  
044 Third Operation Date (Retired 01 April 2014)  
045 [Date First Seen](#)  
046 Statutory Assessment Date (Retired 01 January 2016)  
047 [Screening Test Date](#)  
048 Genitourinary Care Contact Date (Retired January 2014)  
049 [Consultant Upgrade Date](#)  
101 Referral Closure Date (Community Care) (Retired 01 September 2015)  
102 Discharge Letter Issued Date (Community Care) (Retired 01 September 2015)  
103 [Systemic Anti-Cancer Therapy Administration Date](#)  
104 [Procedure Date](#)  
105 [Immunisation Date](#)  
106 [Antenatal Appointment Date](#)  
107 [Antenatal Booking Appointment Date](#)  
108 [Pregnancy First Contact Date](#)  
109 [Screening Test Information Given Date](#)  
110 [Assessment Date For Transplant Suitability](#)  
111 [Accident and Emergency Initial Assessment Date](#)  
112 [Accident and Emergency Date Seen For Treatment](#)  
113 [Accident and Emergency Attendance Conclusion Date](#)  
114 [Accident and Emergency Departure Date](#)  
115 [Clinical Assessment Date](#)  
116 [Imaging or Radiodiagnostic Event Date](#)  
117 [Neonatal Critical Care Daily Care Date](#)  
118 [Two Year Neonatal Outcomes Assessment Date](#)  
119 [Date of Pregnancy Outcome \(Current Fetus\)](#)  
120 [Neonatal Critical Incident Date](#)  
121 [American Joint Committee on Cancer Stage Date](#)  
122 [Ann Arbor Stage Date](#)  
123 [Barcelona Clinic Liver Cancer Stage Date](#)  
124 [Binet Stage Date](#)  
125 [Chang Staging System Stage Date](#)  
126 [Clinical Stage Date \(Pancreatic Cancer\)](#)  
127 [Final Figo Stage Date](#)  
128 [Holistic Needs Assessment Completed Date](#)

129	<a href="#">Intergroup Rhabdomyosarcoma Study Post Surgical Group Date</a>
130	International Neuroblastoma Staging System Date (Retired 01 April 2017)
131	<a href="#">Myeloma International Staging System Stage Date</a>
132	<a href="#">Modified Dukes Stage Date</a>
133	<a href="#">Multidisciplinary Team Discussion Date (Cancer)</a>
134	<a href="#">Multidisciplinary Team Meeting Date (Cancer)</a>
135	<a href="#">Murphy St Jude Stage Date</a>
136	Rai Stage Date (Retired 01 April 2017)
137	<a href="#">Retinoblastoma Assessment Date</a>
138	<a href="#">TNM Stage Grouping Date (Final Pretreatment)</a>
139	<a href="#">TNM Stage Grouping Date (Integrated)</a>
140	<a href="#">Wilms Tumour Stage Date</a>
141	<a href="#">Care Contact Cancellation Date</a>
142	<a href="#">Care Contact Date</a>
143	<a href="#">Child Protection Plan End Date</a>
144	<a href="#">Child Protection Plan Start Date</a>
145	<a href="#">Discharge Letter Issued Date (Mental Health and Community Care)</a>
146	<a href="#">Health Visitor First Antenatal Visit Date</a>
147	<a href="#">Infant Physical Examination Date</a>
148	<a href="#">Onward Referral Date</a>
149	<a href="#">Referral Closure Date</a>
150	<a href="#">Referral Rejection Date</a>
151	<a href="#">Replacement Appointment Booked Date</a>
152	<a href="#">Replacement Appointment Date Offered</a>
153	<a href="#">Service Discharge Date</a>
154	<a href="#">Date of Restrictive Intervention</a>
155	<a href="#">Indirect Activity Date</a>
156	Mental Health Crisis Plan Creation Date (Retired 01 April 2017)
157	Mental Health Crisis Plan Last Updated Date (Retired 01 April 2017)
158	<a href="#">Care Plan Agreed Date</a>
159	<a href="#">Care Plan Creation Date</a>
160	<a href="#">Care Plan Implementation Date</a>
161	<a href="#">Care Plan Last Updated Date</a>
162	<a href="#">Five Forensic Pathways Assessment Date</a>
163	<a href="#">International Neuroblastoma Risk Group Staging System Stage Date</a>
164	<a href="#">Stage Grouping Date (Testicular Cancer)</a>
165	<a href="#">Emergency Care Arrival Date</a>
166	<a href="#">Emergency Care Initial Assessment Date</a>
167	<a href="#">Emergency Care Date Seen For Treatment</a>
168	<a href="#">Emergency Care Attendance Conclusion Date</a>
169	<a href="#">Emergency Care Departure Date</a>
170	<a href="#">Injury Date</a>
171	<a href="#">Referred To Service Assessment Date</a>
	<a href="#">Cancer Faster Diagnosis Pathway End Date</a>
	<a href="#">Cancer Referral To Treatment Period Start Date</a>
	<a href="#">Cancer Treatment Period Start Date</a>
	<a href="#">Treatment Start Date (Cancer)</a>

Note: This list is not in alphabetical order.

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**CANCER CARE SPELL DELAY REASON, renamed from DELAY REASON TO TREATMENT FOR CANCER**

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Change to Attribute: Changed Name, Description, Dataset

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

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

- [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](#).
- Cancer Referral To Treatment Period Start Date and Treatment Start Date (Cancer)
- [DECISION TO TREAT DATE](#) and [Treatment Start Date \(Cancer\)](#)
- [Consultant Upgrade Date](#) and [Treatment Start Date \(Cancer\)](#)
- [Cancer Referral To Treatment Period Start Date](#) and the [Date First Seen](#), where the [PRIORITY TYPE](#) is National Code 'Two Week Wait'
- [Cancer Faster Diagnosis Pathway End Date](#) and the [PATIENT](#) being advised of the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#).

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'.

[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:

<b>Delays relating to diagnostic and pre-treatment events</b>	
01	Clinic cancellation
02	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this <a href="#">PATIENT</a> )
03	Administrative delay
04	Elective cancellation (for non-medical reason) for treatment in an admitted care setting
05	Elective capacity inadequate ( <a href="#">PATIENT</a> unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
06	Delay to diagnostic test or treatment planning (Retired 1 July 2012)
07	Complex diagnostic pathway (many, or complex, diagnostic tests required)
08	Delay due to referral between Trusts (Retired 1 July 2012)
10	Treatment delayed for medical reasons ( <a href="#">PATIENT</a> unfit for treatment episode, excluding planned recovery period following diagnostic test) in an admitted care setting
11	Diagnosis delayed for medical reasons ( <a href="#">PATIENT</a> unfit for diagnostic episode, excluding planned recovery period following diagnostic test)
13	Delay due to recovery after an invasive test ( <a href="#">PATIENT DIAGNOSIS</a> or treatment delayed due to planned recovery period following an invasive diagnostic test)
47	<a href="#">PATIENT</a> choice delay relating to first outpatient <a href="#">APPOINTMENT</a>
14	<a href="#">PATIENT</a> Did Not Attend treatment <a href="#">APPOINTMENT</a>
16	<a href="#">PATIENT</a> Choice ( <a href="#">PATIENT</a> declined or cancelled an offered <a href="#">Appointment Date</a> for treatment)
17	<a href="#">PATIENT</a> choice delay relating to first Out-Patient <a href="#">Appointment</a>
18	<a href="#">Health Care Provider</a> initiated delay to diagnostic test or treatment planning
19	<a href="#">PATIENT</a> initiated (choice) delay to diagnostic test or treatment planning, advance notice given
20	<a href="#">PATIENT</a> Did Not Attend an <a href="#">APPOINTMENT</a> for a diagnostic test or treatment planning event (no advance notice)
98	Other reason
<b>Delays relating to treatment in an admitted care setting</b>	
04	Elective cancellation (for non-medical reason)
05	Elective capacity inadequate ( <a href="#">PATIENT</a> 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 ( <a href="#">PATIENT</a> unfit for treatment episode, excluding planned recovery period following diagnostic test)
21	<a href="#">PATIENT</a> failed to present for elective treatment (choice)
22	<a href="#">PATIENT</a> care not commissioned by the English NHS (waiting time standard does not apply)
98	Other reason
<b>Delays relating to treatment in a non-admitted care setting</b>	
01	Clinic cancellation
02	Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this <a href="#">PATIENT</a> )
10	Treatment delayed for medical reasons ( <a href="#">PATIENT</a> unfit for treatment episode, excluding planned recovery period following diagnostic test)
14	<a href="#">PATIENT</a> Did Not Attend treatment <a href="#">APPOINTMENT</a>
16	<a href="#">PATIENT</a> Choice ( <a href="#">PATIENT</a> declined or cancelled an offered <a href="#">APPOINTMENT DATE</a> for treatment)
22	<a href="#">PATIENT</a> care not commissioned by the English NHS (waiting time standard does not apply)
98	Other reason
21	<a href="#">PATIENT</a> failed to present for elective treatment (choice) in an admitted care setting
22	<a href="#">PATIENT</a> care not commissioned by the NHS in England (waiting time standard does not apply) for treatment in an admitted care setting
23	Equipment breakdown
24	Inconclusive diagnostic result
25	<a href="#">Health Care Provider</a> unable to make contact with <a href="#">PATIENT</a> by telephone
26	<a href="#">PATIENT</a> choice ( <a href="#">PATIENT</a> declined or cancelled an offered <a href="#">Appointment Date</a> for follow up <a href="#">APPOINTMENT</a> )
97	Other reason (not listed)
98	Other reason (Retired 1 April 2018)
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 \(CONSULTANT UPGRADE\)](#).

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#### CANCER CARE SPELL DELAY REASON, renamed from DELAY REASON TO TREATMENT FOR CANCER

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Change to Attribute: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Attributes.D.Dec.DELAY\_REASON\_TO\_TREATMENT\_FOR\_CANCER to Data\_Dictionary.Attributes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON
- Changed Description
- null

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#### CANCER CARE SPELL DELAY REASON COMMENT, renamed from DELAY REASON COMMENT

---

Change to Attribute: Changed Name, Description, Dataset

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

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. This can be recorded for:

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

The standards for which a [DELAY REASON COMMENT](#) must be given are: after any patient pauses have been taken into account.

- 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 and acute leukaemia are defined by ICD-10 coding – see [Cancer Waiting Times](#). The standards for which a [CANCER CARE SPELL DELAY REASON COMMENT](#) can be given are:

- maximum two week wait\*\* for an urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to [Date First Seen](#) for all suspected cancers
- maximum 28 day wait for an urgent [GENERAL PRACTITIONER](#) referral or referral for suspected cancer from an NHS Cancer [Screening Programme](#) for suspected cancer, where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is National Code '[Diagnosis of cancer](#)' or '[Ruling out of cancer](#)'
- maximum 28 day wait for an urgent [GENERAL PRACTITIONER](#) referral, referral for breast symptoms (where cancer is not initially suspected) or referral for suspected cancer from an NHS Cancer [Screening Programme](#) for suspected cancer, where the [CANCER FASTER DIAGNOSIS PATHWAY END REASON](#) is National Code '[Diagnosis of cancer](#)' or '[Ruling out of cancer](#)'
- maximum one month\*\* wait from urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to [First Definitive Treatment](#) for testicular cancer, acute leukaemia and children's cancer (under 16 years of age at date of [First Definitive Treatment](#))\*
- maximum two month wait\*\* from urgent [GENERAL PRACTITIONER](#) referral for suspected cancer to [First Definitive Treatment](#) for all cancers
- maximum one month wait\*\* from [Cancer Treatment Period Start Date \(DECISION TO TREAT DATE\)](#) to [First Definitive Treatment](#) for all cancers
- maximum 31-day wait from [Cancer Treatment Period Start Date \(DECISION TO TREAT DATE\)](#) or [EARLIEST CLINICALLY APPROPRIATE DATE](#) to the start of second or subsequent treatment for all cancers, where the [CANCER TREATMENT MODALITY](#) is National Code '[Chemoradiotherapy](#)', '[Teletherapy \(Beam Radiation excluding Proton Therapy\)](#)', '[Brachytherapy](#)' or '[Proton Therapy](#)'

- maximum 31-day wait from Cancer Treatment Period Start Date (DECISION TO TREAT DATE or EARLIEST CLINICALLY APPROPRIATE DATE) to start of second or subsequent treatment for all cancers where the CANCER TREATMENT MODALITY is 'Surgery'
- maximum 31-day wait from Cancer Treatment Period Start Date (DECISION TO TREAT DATE or EARLIEST CLINICALLY APPROPRIATE DATE) to start of second or subsequent treatment for all cancers where the CANCER TREATMENT MODALITY is National Code 'Anti-Cancer Drug Regimen (Cytotoxic Chemotherapy)', 'Anti-Cancer Drug Regimen (Hormone Therapy)', 'Anti-Cancer Drug Regimen (Immunotherapy)' or 'Anti-Cancer Drug Regimen (other)'
- maximum 31-day wait from Cancer Treatment Period Start Date (DECISION TO TREAT DATE or EARLIEST CLINICALLY APPROPRIATE DATE) to start of second or subsequent treatment for all cancers where the CANCER TREATMENT MODALITY is other than 'Surgery', 'Anti-Cancer Drug Regimen', 'Chemoradiotherapy', 'Teletherapy (Beam Radiation excluding Proton Therapy)', 'Brachytherapy' or 'Proton Therapy'
- maximum 62-day wait from referral for suspected cancer from an NHS Cancer Screening Programme to First Definitive Treatment for breast, bowel and cervical cancers\*
- maximum 62-day wait from a decision to upgrade the priority of a PATIENT by a CONSULTANT (or authorised member of a CONSULTANT team) to First Definitive Treatment
- maximum two week wait\*\* for an urgent referral for breast symptoms (where cancer is not initially suspected) to DATE FIRST SEEN.

\*\* 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: Notes:

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

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

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

#### CANCER CARE SPELL DELAY REASON COMMENT, renamed from DELAY REASON COMMENT

Change to Attribute: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Attributes.D.Dec.DELAY\_REASON\_COMMENT to Data\_Dictionary.Attributes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_COMMENT
- Changed Description
- null

#### CANCER FASTER DIAGNOSIS PATHWAY END REASON

Change to Attribute: New Attribute

The reason for the end of the Cancer Faster Diagnosis Pathway.

National Codes:

- 01 Diagnosis of cancer
- 02 Ruling out of cancer
- 03 Excluded from the Cancer Faster Diagnosis Pathway

This attribute is also known by these names:

Context	Alias
plural	CANCER FASTER DIAGNOSIS PATHWAY END REASONS

#### CANCER FASTER DIAGNOSIS PATHWAY END REASON

Change to Attribute: New Attribute

#### CANCER FASTER DIAGNOSIS PATHWAY END REASON

Data Elements:

CANCER FASTER DIAGNOSIS PATHWAY END REASON
--

#### CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON

Change to Attribute: New Attribute

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

National Codes:

- 01 PATIENT died before diagnosis communicated

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

This attribute is also known by these names:

Context	Alias
plural	CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASONS

#### CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON

Change to Attribute: New Attribute

### CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON

Data Elements:

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

- For the [National Cancer Waiting Times Monitoring Data Set](#),
  - [CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS](#) is the status of a [REFERRAL REQUEST](#) for a [PATIENT](#):
    - referred with a suspected cancer by a [GENERAL MEDICAL PRACTITIONER](#), [GENERAL DENTAL PRACTITIONER](#), [OPTOMETRIST](#) or NHS Screening Service
    - referred from any [CARE PROFESSIONAL](#) with breast symptoms where cancer was not originally suspected or upgraded onto the 62 day period.
  - Where a diagnosis of cancer is subsequently made, data on [First Definitive Treatment](#) and subsequent treatments should be recorded for [PATIENTS](#) receiving NHS funded treatment in England.
    - NHS funded treatment in England refers to [Health Care Provider Organisations](#) within England who are treating [PATIENTS](#) with cancer who may have been referred from outside England (where the [PATIENTS](#) have [NHS NUMBERS](#) which exist on the [Personal Demographics Service](#) and which can be used within the [National Cancer Waiting Times Monitoring Data Set](#) for transmission purposes).
  - Where [PATIENTS](#) with a diagnosis of cancer do NOT receive NHS funded treatment in England, or where the diagnosed condition is not within the [NHS England](#) list of cancer conditions, further data need not be collected. The full list of conditions can be found on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

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 Organisation](#) 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 at: [Cancer Waiting Times](#).

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](#)), 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) \*
- 03 No new cancer diagnosis identified by the [Health Care Provider](#)
- 40 ~~Diagnosis of new cancer confirmed – first treatment not yet planned~~
- 41 ~~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)~~
- 45 ~~Suspected recurrent cancer~~
- 46 ~~Diagnosis of recurrent cancer confirmed – first treatment not yet planned~~
- 47 ~~Diagnosis of recurrent cancer confirmed – English NHS first treatment planned~~

- 48 ~~Diagnosis of recurrent cancer confirmed – no English NHS treatment planned~~
- 49 ~~Diagnosis of recurrent cancer confirmed – subsequent treatment not yet planned~~
- 20 ~~Diagnosis of recurrent cancer confirmed – subsequent English NHS treatment planned~~
- 10 ~~Diagnosis of new cancer confirmed - NHS funded first treatment not yet planned~~
- 11 ~~Diagnosis of new cancer confirmed - NHS funded first treatment planned~~
- 07 ~~Diagnosis of new cancer confirmed - no NHS funded treatment planned~~
- 08 ~~First NHS funded treatment commenced~~
- 12 ~~Diagnosis of new cancer confirmed - subsequent NHS funded treatment not yet planned~~
- 13 ~~Diagnosis of new cancer confirmed - subsequent NHS funded treatment planned~~
- 21 ~~Subsequent NHS funded treatment commenced~~
- 15 ~~Suspected Recurrent Cancer~~
- 16 ~~Diagnosis of Recurrent Cancer confirmed - first NHS funded treatment not yet planned~~
- 17 ~~Diagnosis of Recurrent Cancer confirmed - NHS funded first treatment planned~~
- 18 ~~Diagnosis of Recurrent Cancer confirmed - no NHS funded treatment planned~~
- 19 ~~Diagnosis of Recurrent Cancer confirmed - subsequent NHS funded treatment not yet planned~~
- 20 ~~Diagnosis of Recurrent Cancer confirmed - subsequent NHS funded treatment planned~~

\* 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 '~~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 '~~Exhibited (non-cancer) breast symptoms - cancer not initially suspected~~'.

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**CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER**

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Change to Attribute: New Attribute

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

National Codes:

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

This attribute is also known by these names:

Context	Alias
plural	CANCER TRANSFER REASONS FOR INTER-PROVIDER TRANSFER

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**CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER**

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Change to Attribute: New Attribute

**CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER**

Data Elements:

<u>CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)</u>
<u>CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)</u>

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**CANCER TREATMENT EVENT TYPE**

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Change to Attribute: Changed Description, Dataset

The stage of treatment reached during a Cancer PATIENT PATHWAY for primary, recurrent or metastatic cancer. The treatment event reached during a Cancer Pathway.

National Codes:

- 01 First Definitive Treatment for a new primary cancer
- 02 Second or subsequent treatment for a new primary cancer
- 03 Treatment for a local recurrence of a primary cancer
- 04 ~~Treatment for a regional recurrence of cancer~~
- 05 ~~Treatment for a distant recurrence of cancer (metastatic disease)~~
- 06 ~~Treatment for multiple recurrence of cancer (local and/or regional and/or distant)~~
- 07 ~~First treatment for metastatic disease following an unknown primary~~
- 08 ~~Second or subsequent treatment for metastatic disease following an unknown primary~~
- 04 Treatment for a regional Recurrence of Cancer
- 05 Treatment for a distant Recurrence of Cancer (metastatic disease)

- 06 Treatment for multiple [Recurrence of Cancer](#) (local and/or regional and/or distant)
- 07 First treatment for metastatic disease following an unknown primary cancer
- 08 Second or subsequent treatment for metastatic disease following an unknown primary cancer
- 09 Treatment for relapse of primary cancer (second or subsequent)
- 10 Treatment for progression of primary cancer (second or subsequent)

#### CANCER TREATMENT MODALITY

Change to Attribute: Changed Description, Dataset

The type of treatment or care which was delivered in a [Cancer Treatment Period](#). The type of treatment or care which was delivered during 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~~
- 97 [Other treatment \(not listed\)](#)
- 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.
- National Code '[Specialist Palliative Care](#)', should only be used where care is being delivered under the management of a [CONSULTANT](#) in Palliative Medicine.
- National Code '[Non-Specialist Palliative Care \(excluding Active Monitoring\)](#)' is only to be used where the treatment consists of [Palliative Care](#) not under the management of a [CONSULTANT](#) in Palliative Medicine.
- National Code '[Non-Specialist Palliative Care \(excluding Active Monitoring\)](#)' should only be used to record an [ACTIVITY](#) where there is no intention to offer a future course of treatment other than those contained within National Codes 07, 08 or 09 at the time the [CARE PLAN](#) is agreed between clinician and [PATIENT](#). This type of care is sometimes referred to as 'best supportive care' within NHS services.

#### CARE PROFESSIONAL TYPE CODE

Change to Attribute: Changed Description, Dataset

The type of [CARE PROFESSIONAL](#).

National Codes:

- 010 [Arts Therapist](#) (Art, Music and Drama Therapists)
- 020 [Biomedical Scientist](#)
- 030 [Chiropodist / Podiatrist](#)
- 040 [Chiropractor](#)
- 050 [Clinical Scientist](#)

060	<a href="#">CONSULTANT</a>
070	<a href="#">Clinical Dental Technician</a>
080	<a href="#">Dental Hygienist</a>
090	<a href="#">Dental Nurse</a>
100	<a href="#">Dental Technician</a>
110	<a href="#">Dental Therapist</a>
120	<a href="#">Orthodontic Therapist</a>
130	<a href="#">Dietitian</a>
140	<a href="#">Dispensing Optician</a>
150	<a href="#">GENERAL DENTAL PRACTITIONER</a>
160	<a href="#">GENERAL MEDICAL PRACTITIONER</a>
170	<a href="#">MIDWIFE</a>
180	<a href="#">NURSE</a>
190	<a href="#">Occupational Therapist</a>
200	<a href="#">Operating Department Practitioner</a>
210	<a href="#">OPHTHALMIC MEDICAL PRACTITIONER</a>
220	<a href="#">OPTOMETRIST</a>
230	<a href="#">Orthoptist</a>
240	<a href="#">Orthotist</a>
250	<a href="#">Osteopath</a>
260	<a href="#">Paramedic</a>
270	<a href="#">Pharmacist</a>
280	<a href="#">Physiotherapist</a>
290	<a href="#">Practitioner Psychologist</a>
300	<a href="#">Prosthetist</a>
310	<a href="#">Radiographer</a>
320	<a href="#">Specialist Community Public Health Nurse: Family Health Nurse</a>
330	<a href="#">Specialist Community Public Health Nurse: Health Visitor</a>
340	<a href="#">Specialist Community Public Health Nurse: Occupational Health Nurse</a>
350	<a href="#">Specialist Community Public Health Nurse: School Nurse</a>
360	<a href="#">Speech and Language Therapist</a>
370	<a href="#">Hearing Aid Dispenser</a>
380	<a href="#">Pharmacy Technician</a>
390	<a href="#">Social Worker</a> in England
XXX	<del>Other</del>
XXX	Other (not listed)

---

#### CLINICAL CLASSIFICATION CODE

---

Change to Attribute: Changed Dataset

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

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

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

---

#### CLINICAL TRIAL INDICATOR

---

Change to Attribute: Changed Description, 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](#). An indication of whether an individual episode of care is being delivered to a [PATIENT](#) as part of a [CLINICAL TRIAL](#).

National Codes:

- 01 [PATIENT](#) is taking part in a [CLINICAL TRIAL](#)
- 02 [PATIENT](#) is not taking part in a [CLINICAL TRIAL](#)

---

#### DECISION TO REFER DATE

---

Change to Attribute: Changed Dataset

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

---

#### DECISION TO TREAT DATE

---

Change to Attribute: Changed Description

The date on which it was decided that the [PATIENT](#) required a specific treatment. The [DATE](#) on which a [Decision To Treat](#) is made.

For cancer data sets, this is the date that the consultation between the [PATIENT](#) and the clinician took place and a [Planned Cancer Treatment](#) was agreed. For the cancer data sets, the [DECISION TO TREAT DATE](#) is the [DATE](#) that the consultation between the [PATIENT](#) and the clinician took place and a [Planned Cancer Treatment](#) was agreed.

---

DELAY REASON INDICATOR (RETIRED)\_ renamed from DELAY REASON INDICATOR

---

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

A classification of the delay periods for cancer waiting time service standards, as specified in the [National Cancer Waiting Times Monitoring Data Set](#) requirements. 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. delay between [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and [DATE FIRST SEEN](#), where [PRIORITY TYPE](#) is National Code 3 'Two Week Wait'
- b. delay between [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE FOR CANCER](#), where [PRIORITY TYPE](#) is National Code 3 'Two Week Wait' and [CANCER TREATMENT EVENT TYPE](#) is National Code 01 'First Definitive Treatment for a new primary cancer' or 07 'First treatment for metastatic disease following an unknown primary'
- c. delay between [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE FOR CANCER](#), where [PRIORITY TYPE](#) is National Code 2 'Urgent' and [SOURCE OF REFERRAL FOR OUT PATIENTS](#) is National Code 17 'Referral from a National Screening Programme' and [CANCER TREATMENT EVENT TYPE](#) is National Code 01 'First Definitive Treatment for a new primary cancer'
- d. delay between [CANCER TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE FOR CANCER](#), where [CANCER TREATMENT EVENT TYPE](#) is National Code 01 'First Definitive Treatment for a new primary cancer' or 07 'First treatment for metastatic disease following an unknown primary'
- e. delay between [CONSULTANT UPGRADE DATE](#) and [TREATMENT START DATE FOR CANCER](#), where [CANCER TREATMENT EVENT TYPE](#) is National Code 01 'First Definitive Treatment for a new primary cancer' or 07 'First treatment for metastatic disease following an unknown primary'
- f. delay between [CANCER TREATMENT PERIOD START DATE](#) and [TREATMENT START DATE FOR CANCER](#), where [CANCER TREATMENT EVENT TYPE](#) is NOT National Code 01 'First Definitive Treatment for a new primary cancer' OR 07 'First treatment for metastatic disease following an unknown primary'

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

---

DELAY REASON INDICATOR (RETIRED)\_ renamed from DELAY REASON INDICATOR

---

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

- Changed Name from Data\_Dictionary.Attributes.D.Dec.DELAY\_REASON\_INDICATOR to Retired.Data\_Dictionary.Attributes.D.DELAY\_REASON\_INDICATOR
- Changed Description
- Retired DELAY REASON INDICATOR

---

DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS (RETIRED)\_ renamed from DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS

---

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

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 item has been retired from the NHS Data Model and Dictionary.

This is the reason why the [Health Care Provider](#) was unable to provide an [APPOINTMENT DATE](#) within the service standard of two weeks. The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.

**National Codes:** Access to this version can be obtained by emailing [information.standards@nhs.net](mailto:information.standards@nhs.net) with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

- 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 REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS (RETIRED)** renamed from DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS

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

- Changed Name from Data\_Dictionary.Attributes.D.Dec.DELAY\_REASON\_REFERRAL\_TO\_FIRST\_SEEN\_FOR\_CANCER\_OR\_BREAST\_SYMPTOMS to Retired.Data\_Dictionary.Attributes.D.DELAY\_REASON\_REFERRAL\_TO\_FIRST\_SEEN\_FOR\_CANCER\_OR\_BREAST\_SYMPTOMS
- Changed Description to null
- Retired DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS

**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

**METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY**

Change to Attribute: New Attribute

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

National Codes:

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

This attribute is also known by these names:

Context	Alias
plural	METHODS OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY

**METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY**

Change to Attribute: New Attribute

**METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY**

Data Elements:

METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)
--

## MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR

Change to Attribute: Changed Description, Dataset

An indication of whether the [PATIENT's CARE PLAN](#) was discussed at a [Multidisciplinary Team Meeting](#). An indication of whether the [PATIENT's Cancer 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](#)
- A The [PATIENT's Cancer Care Plan](#) was discussed at a [Multidisciplinary Team Meeting](#)
- B The [PATIENT's Cancer Care Plan](#) was not discussed at a [Multidisciplinary Team Meeting](#)

**Notes:** For the [National Cancer Waiting Times Monitoring Data Set](#), [MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR](#) will usually relate to a [MULTIDISCIPLINARY TEAM DISCUSSION DATE \(CANCER\)](#) that is before the commencement of treatment. However it is recognised that this is not possible in all clinical circumstances.

- 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 [NHS Digital](#) website at: [NHS Number](#).

Note:

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

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

**ORGANISATION CODE**

Change to Attribute: Changed Dataset

**ORGANISATION CODE** will be replaced with **ORGANISATION IDENTIFIER**, which is the most recent approved national information standard to describe the required definition.

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 [Technology Reference Data Update Distribution \(TRUD\)](#)
- [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
<b>Format</b>	a/n	a/n	a/n	a/n	a/n	a/n	a/n	a/n
<b>A Frame</b>	Organisation Type Identifier	Organisation Identifier						
<b>B Frame</b>	Organisation Type Identifier			Organisation Identifier				
<b>C Frame</b>	Organisation Type Identifier	Organisation Identifier						
<b>D Frame</b>	Organisation Type Identifier	Organisation Identifier						
<b>E Frame</b>	Organisation Identifier							
<b>F Frame</b>	Organisation Type Identifier	Organisation Identifier						
<b>G Frame</b>	Organisation Type Identifier	Practice Identifier						
<b>H Frame</b>	Organisation Type Identifier		Organisation Identifier					
<b>I Frame</b>	Organisation Type Identifier		Organisation Identifier					
<b>K Frame</b>	Organisation Identifier							

<b>L Frame</b>	Organisation Type Identifier	Organisation Identifier	Organisation Type Identifier			
<b>M Frame</b>	Organisation and Organisation Type Identifier					
<b>N Frame</b>	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
<a href="#">Education Establishment</a>	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:

<a href="#">Commissioning Support Unit (CSU)</a> /	e.g. 0AA
<a href="#">Data Services for Commissioners Regional Office (DSCRO)</a>	
High Level Health Geography, e.g. <a href="#">NHS England (Region Local Office)</a>	e.g. Q72
<a href="#">Local Health Board (Wales)</a>	e.g. 7A1
<a href="#">NHS Trust</a>	e.g. RH8
<a href="#">Justice Organisation</a>	e.g. VAA

**E Frame:**

**Example**

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

- K = Organisation Identifier

Note: [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

e.g.CA0A

[Optical Headquarters](#)

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

e.g. YF1

Government Department

e.g. XDA

[Independent Sector Healthcare Provider \(ISHP\)](#) (where the 2nd character is alpha)

e.g. NV7

National Application Service Provider

e.g. YEA

[Other Statutory Authority \(OSA\)](#)

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](#).*

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**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		
	<a href="#">See Coding Frames Table</a>										
Application Service Provider	B	Y	G	M	A-9	A-9				<a href="#">ODS</a>	E.g. YGM01
Booking Management System (BMS) Call Centre Establishment	H	Y	F	A-9						<a href="#">ODS</a>	E.g. YF1
Cancer Network	H	N	0-9	A-9						<a href="#">ODS</a>	E.g. N01
Cancer Registry	A	Y	0-9	0-9	0-9	0-9				<a href="#">ODS</a>	E.g. Y0401  <b>All Cancer Registries in England are now part of the <a href="#">National Cancer Registration and Analysis Service</a></b>
<a href="#">Care Home</a> Headquarters	F	A, C or D	A-9	A-9	A-9					<a href="#">ODS</a>	E.g. CA0A
<a href="#">Care Trust (CT)</a>	D	T	A-Y	A-Y						<a href="#">ODS</a>	E.g. TAK
<a href="#">Clinical Commissioning Group (CCG)</a>	M	0-9	0-9	A-Y						<a href="#">ODS</a>	E.g. 12A
Clinical Network	B	Y	D	G	A-9	A-9				<a href="#">ODS</a>	E.g. YDG01
	D	0	A-Y	A-Y						<a href="#">ODS</a>	E.g. 0AA

<a href="#">Commissioning Support Unit (CSU) / Data Services for Commissioners Regional Office (DSCRO)</a>											
<a href="#">Dental Practice</a> - England and Wales	G	V	0-9	0-9	0-9	0-9	0-9			<a href="#">NHS Dental Services</a>	E.g. V20052
<a href="#">Education Establishment</a>	B	Y	D	F	A-9	A-9				<a href="#">ODS</a>	E.g. YDF01
Executive Agency	N/A <a href="#">See Note 1</a>	X	0-9	0-9						<a href="#">ODS</a>	E.g. X09
Executive Agency Programme	N/A <a href="#">See Note 1</a>	X	0-9	0-9	0-9	0-9	0-9			<a href="#">ODS</a>	First three characters denote Executive Agency  E.g. X09001
Government Department	H	X	A-Y	A-Y						<a href="#">ODS</a>	E.g. XDA
<a href="#">Government Office Region (GOR)</a>	E	A-Y								<a href="#">ONS</a>	E.g. K  <b>Government Office Regions (GORs) closed 31 March 2011 - from 1 April 2011 referred to as <a href="#">Regions</a></b>
GP Abeyance and Dispersal <a href="#">GP Practice</a>	N	G	7	8	0-9	0-9	0-9	0-9	0-9	<a href="#">ODS</a>	E.g. G7817414
<a href="#">GP Practices</a> in England and Wales	G	A-H, J-N, P, W & Y	0-9	0-9	0-9	0-9	0-9			<a href="#">NHS Prescription Services</a>	Char 1 = W for Welsh <a href="#">GP Practice</a> .  All other values represent <a href="#">GP Practices</a> in England.  <b>Note: from 2003, ALL newly allocated Practice Codes in England begin with a Y</b>  E.g. Y00001
<a href="#">Justice Organisation</a>	D	V or W	A-Y	A-9						<a href="#">ODS</a>	E.g. VAA
High Level Health Geography, e.g. <a href="#">NHS England (Region Local Office)</a>	D	Q	A-9	A-9						<a href="#">ODS</a>	E.g. Q72
	H		A-Y							<a href="#">ODS</a>	E.g. NV7

<a href="#">Independent Sector Healthcare Provider (ISHP)</a>		A, B, D, G, I, K, L, M, N, O, S, U, V, W		A-Y, 0-9							
<a href="#">Local Authority (LA)</a>	M	0-9	0-9	0-9					<a href="#">ODS</a>	E.g. 000	
<a href="#">Local Health Board (Wales)</a>	B	7	A-9	A-9					<a href="#">ODS</a>	E.g. 7A1	
Local Service Provider (LSP)	B	L	S	P	0-9	0-9			<a href="#">ODS</a>	E.g. LSP01	
Military Hospital	B	X	M	D	A-9	A-9			<a href="#">ODS</a>	E.g.XMDA1	
National Application Service Provider	H	Y	E	A-9					<a href="#">ODS</a>	E.g. YEA	
National Groupings (England)	H	Y	5	0-9					<a href="#">ODS</a>	E.g. Y51	
NHS Support Agency	B	Y	D	D	A-9	A-9			<a href="#">ODS</a>	E.g. YDD01	
<a href="#">NHS Trust</a>	D	R	A-9	A-9					<a href="#">ODS</a>	E.g. RH8	
<a href="#">NHS Wales Informatics Service (NWIS)</a>	K	W	0	0					<a href="#">ODS</a>	<b>Only one organisation of this type exists for Wales</b> E.g. W00	
Non NHS Organisation ( <a href="#">Independent Provider</a> )	A	8	A-Y	A-9	0-9	0-9			<a href="#">ODS</a>	E.g. 8HA03	
Northern Ireland Health & Social Care Board	N/A	Z	B	0	0	1			<a href="#">ODS</a>	E.g. ZB001	
Northern Ireland Health & Social Care Trust	I	Z	T	0-9	0-9	0-9			<a href="#">ODS</a>	E.g. ZT001	
<a href="#">Northern Ireland Local Commissioning Group</a>	L	Z	C	0	0-9	0			Department for Health, Social Services and Public Safety (DHSSPS), Northern Ireland	E.g. ZC010 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 <a href="#">Office for National Statistics</a> in the <a href="#">NHS Postcode Directory</a> ), zeros can	

											be omitted and fits under the H frame: E.g. ZC1. Guidance on the use of Northern Ireland codes can be found in <a href="#">Data Set Change Notice 19/2009</a> .
<a href="#">Optical Headquarters</a>	F	T	0-9	A-9	A-9					<a href="#">ODS</a>	E.g. T1A1
<a href="#">Other Statutory Authority (OSA)</a>	H	X	0-9	0-9						<a href="#">ODS</a>	E.g. X16
<a href="#">Pharmacy</a>	A	F	A-Y	A-9	A-9	A-9				<a href="#">ODS</a>	E.g. FA002
<a href="#">Pharmacy Headquarters</a>	F	P	A-9	A-9	A-9					<a href="#">ODS</a>	E.g. P001
<a href="#">Primary Care Trust (PCT)</a>	D	5	A-9	A-9						<a href="#">ODS</a>	E.g. 5CT <b>All Primary Care Trusts closed 31 March 2013</b>
Prison Health Service	B	Y	D	E	A-9	A-9				<a href="#">ODS</a>	E.g. YDE01
<a href="#">School</a>	C	E	E	A-9	A-9	A-9	A-9	A-9	A-9	<a href="#">Department for Education and ODS</a>	E.g. EE134290
<a href="#">Special Health Authority (SpHA)</a>	I	T	1	0-9	0-9	0				<a href="#">ODS</a>	E.g. T1150
<a href="#">Strategic Health Authority (SHA)</a>	D	Q	A-9	A-9						<a href="#">ODS</a>	E.g. Q30 <b>All Strategic Health Authorities in England closed 31 March 2013</b>
Welsh Assembly	D	W	0-9	0-9						<a href="#">ODS</a>	E.g. W01
Welsh Health Commission	A	W	0-9	0-9	A-Y	A-Y				<a href="#">ODS</a>	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	<a href="#">NHS Prescription Services</a>	
GP Practice - Guernsey	G	U	E	0-9	0-9	0-9	<a href="#">NHS Prescription Services</a>	
GP Practice - Isle of Man (IOM)	Y	0-9	0-9	0-9	0-9	0-9	<a href="#">NHS Prescription Services</a>	

GP Practice - Jersey	J	E	R	0-9	0-9	0-9	<a href="#">NHS Prescription Services</a>	
<a href="#">Primary Healthcare Directorate (Isle of Man)</a>	Y	K	A-9				<a href="#">ODS</a>	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).

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#### ORGANISATION IDENTIFIER

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Change to Attribute: Changed Dataset

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

Note:

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

The Format/Length of a published code for an:

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

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

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#### ORGANISATION SITE CODE

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Change to Attribute: Changed Dataset

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

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 [Technology Reference Data Update Distribution \(TRUD\)](#)
- [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					

<b>D Frame</b>	Organisation Type Identifier	Practice Identifier	Branch Surgery Identifier				
<b>F Frame</b>	Organisation Type Identifier	Organisation Identifier					
<b>H Frame</b>	Organisation Type Identifier	Organisation Identifier					
<b>I Frame</b>	Organisation Type Identifier	Organisation Identifier					
<b>J Frame</b>	Organisation Type Identifier	Organisation Identifier					
<b>K Frame</b>	Organisation and Organisation Type Identifier	Organisation Site Identifier					
<b>L Frame</b>	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. <a href="#">NHS England (Region Local Office)</a> site	e.g. Q7201
<a href="#">Local Authority</a> Site	e.g. 000AA
<a href="#">Local Health Board (Wales)</a> Site	e.g. 7A101
<a href="#">NHS Trust</a> Site	e.g. RH802
<a href="#">Other Statutory Authority (OSA)</a> 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
<a href="#">Primary Healthcare Directorate (Isle of Man)</a> Site	e.g. YK101

**K Frame****Example**

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

- 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
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	<a href="#">See Coding Frames Table</a>	1	2	3	4	5	6	7	8	9		
<a href="#">Care Home</a> Site	J	V	L, M or N	A-9	A-9	A-9					<a href="#">ODS</a>	E.g. VN01A, VM01A, VL01A
<a href="#">Care Trust</a> Site	B	T	A-Y	A-Y	A-9	A-9					<a href="#">ODS</a>	First three characters denote owning <a href="#">Care Trust</a> E.g. TAK01
<a href="#">Clinical Commissioning Group (CCG)</a> Site	K	0-9	0-9	A-Y	A-Y	A-Y					<a href="#">ODS</a>	First three characters denote owning <a href="#">Clinical Commissioning Group</a> E.g. 11AAA - 99YZZ
<a href="#">Commissioning Support Unit (CSU)</a> Site	F	0	A-Y	A-Y	A-9	A-9					<a href="#">ODS</a>	E.g. 0AA01
Executive Agency Site	N/A <a href="#">See Note</a>	X	0-9	0-9	0-9	0-9					<a href="#">ODS</a>	First three characters denote Executive Agency E.g. X0901
Government Department Site	B	X	A-Y	A-Y	0-9	0-9					<a href="#">ODS</a>	First three characters denote Government Department E.g. XDA01
<a href="#">GP Practice</a> 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	<a href="#">ODS</a>	First 6 characters denote parent practice. Char 1 = W for Welsh <a href="#">GP Practice</a> .  All other values represent English <a href="#">GP Practices</a> E.g. H81010002
Health Observatory	J	X	P	0-9	0-9	0-9					<a href="#">ODS</a>	E.g. XP001
High Level Health Geography Site, e.g. <a href="#">NHS England (Region Local Office)</a> site	B	Q	A-9	A-9	A-9	A-9					<a href="#">ODS</a>	E.g. Q7201
	C		A-Y								<a href="#">ODS</a>	

<a href="#">Independent Sector Healthcare Provider (ISHP) Site</a>		A, B, D, G, I, K, L, M, N, O, S, U, V, W		A-Y, 0-9	A-Y, 0-9	A-Y, 0-9						First three characters denote owning <a href="#">Independent Sector Healthcare Provider (ISHP)</a>  E.g. NV701  Note: The A-Y range includes all letters except Z
<a href="#">Local Authority (LA) Site</a>	B	0-9	0-9	0-9	A-Z	A-Z					<a href="#">ODS</a>	First three characters denote parent <a href="#">Local Authority</a>  E.g. 000AA
<a href="#">Local Health Board (Wales) Site</a>	B	7	A-9	A-9	A-9	A-9					<a href="#">ODS</a>	First three characters denote owning <a href="#">NHS Trust</a>  E.g. 7A101
Local Service Provider Site	A	L	S	P	0-9	0-9	0-9	0-9			<a href="#">ODS</a>	First five characters denote owning Local Service Provider  E.g. LSP0101
<a href="#">NHS Trust Site</a>	B	R	A-9	A-9	A-9	A-9					<a href="#">ODS</a>	First three characters denote owning <a href="#">NHS Trust</a>  E.g. RH802
<a href="#">Optical Site</a>	I	T	P or Q	0-9	A-9	A-9					<a href="#">ODS</a>	E.g. TP01A, TQ01A
<a href="#">Other Statutory Authority (OSA) Site</a>	B	X	0-9	0-9	0-9	0-9					<a href="#">ODS</a>	First three characters denote owning <a href="#">Other Statutory Authority</a>  E.g. X1601
<a href="#">Primary Care Trust (PCT) Site</a>	B	5	A-9	A-9	A-9	A-9					<a href="#">ODS</a>	First three characters denote owning <a href="#">Primary Care Trust</a>  E.g. 5CT49  <b>All <a href="#">Primary Care Trusts</a> closed 31 March 2013</b>
<a href="#">Special Health Authority (SpHA) Site</a>	L	T	1	0-9	0-9	A-Y, 1-9					<a href="#">ODS</a>	The characters do <b>NOT</b> denote any ownership.  E.g. T115A

<a href="#">Strategic Health Authority (SHA) Site</a>	B	Q	A-9	A-9	A-9	A-9							<a href="#">ODS</a>	First three characters denote owning <a href="#">SHA</a> Trust  E.g. Q3001  <b>All <a href="#">Strategic Health Authorities</a> closed 31 March 2013 - from 1 April 2013 referred to as High Level Health Geography Site</b>
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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			
	<a href="#">See Coding Frames Table</a>												
<a href="#">Primary Healthcare Directorate (Isle of Man) Site</a>	J	Y	K	A-9	A-9	A-9						<a href="#">ODS</a>	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](#) / [ORGANISATION IDENTIFIER](#) of the issuer, uniquely identifies a [PATIENT PATHWAY](#).

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

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

Where the pathway is initiated by some other method, the [PATIENT PATHWAY IDENTIFIER](#) will be allocated by the [Organisation](#) receiving the [SERVICE REQUEST](#) which together with that [Organisation's](#) [ORGANISATION CODE](#) / [ORGANISATION IDENTIFIER](#) will uniquely identify the [PATIENT PATHWAY](#).

**PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY**

Change to Attribute: New Attribute

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

**National Codes:**

01 Breast

- 02 Children's
- 03 Lung
- 04 Haematological (Excluding Acute Leukaemia)
- 05 Acute leukaemia
- 06 Upper Gastrointestinal
- 07 Lower Gastrointestinal
- 08 Skin
- 09 Gynaecological
- 10 Brain/Central Nervous System
- 11 Urological (Excluding Testicular and Prostate)
- 12 Testicular
- 13 Head and Neck
- 14 Sarcoma
- 15 Metastatic disease of unknown primary
- 16 Prostate
- 17 Thyroid
- 18 Hepatobiliary
- 19 Pancreatic
- 20 Neuroendocrine tumour (NET)
- 98 Other (not listed)

This attribute is also known by these names:

Context	Alias
plural	PRIMARY CANCER SITES FOR CANCER FASTER DIGNOSIS PATHWAY

**PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY**

Change to Attribute: New Attribute

**PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY**

Data Elements:

PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)
---

**PRIORITY TYPE**

Change to Attribute: Changed Dataset

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

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

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

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 [NHS England](#) (see [Cancer Waiting Times](#)), where the [CANCER TREATMENT MODALITY](#) recorded is National Code '[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](#) where the [CANCER TREATMENT MODALITY](#) recorded is National Code:

- '[Chemoradiotherapy](#)'
- '[Teletherapy \(Beam Radiation excluding Proton Therapy\)](#)'

- ['Brachytherapy'](#) or
- ['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.

#### REFERRAL REQUEST RECEIVED DATE

Change to Attribute: Changed Description, Dataset

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

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

- For electronic [REFERRAL REQUESTS](#) the [REFERRAL REQUEST RECEIVED DATE](#) is the date the [REFERRAL REQUEST](#) is received electronically by the [Health Care Provider](#)
- For [Choose and Book](#), the referral is received when the [PATIENT](#)'s Unique Booking Reference Number (UBRN) is used to book the first [Out-Patient Appointment](#) slot (i.e. converted).

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

In the circumstance that a [PATIENT](#) calls the national [Choose and Book](#) Appointments Line and an [APPOINTMENT SLOT](#) is not available with the chosen [Health Care Provider](#), the national [Choose and Book](#) Appointments Line will electronically forward the [REFERRAL REQUEST](#) details to the chosen [Health Care Provider](#) so the [Health Care Provider](#) can liaise directly with the [PATIENT](#) to arrange their [Out-Patient Appointment](#). The [REFERRAL REQUEST RECEIVED DATE](#) will be the date that the [Health Care Provider](#) receives electronic notification from the national [Choose and Book](#) Appointments Line that the [PATIENT](#) has experienced slot unavailability. (Note that this is NOT the date that the [Health Care Provider](#) opens or actions the electronic notification).

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

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

#### SERVICE REQUEST DATE

Change to Attribute: Changed Dataset

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

#### SERVICE TYPE

Change to Attribute: Changed Description

The type of [SERVICE](#).

*National Codes:*

01	<a href="#">Ambulance Service</a>
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- 02 [Cancer Service](#)
- 03 [Community Health Service](#)
- 04 [Consultant Led Service](#)
- 05 [Direct Access Service](#)
- 06 Enhanced Sexual Health Service (Retired November 2014)
- 07 [HIV Service](#)
- 08 [Hospital At Home Service](#)
- 09 [Improving Access to Psychological Therapies Service](#)
- 10 [Interface Service](#)
- 11 [Non-Consultant Led Service](#)
- 12 Professional Staff Group Service (Retired 01 January 2016)
- 13 [Sexual and Reproductive Health Service](#)
- 14 [Stop Smoking Service](#)
- 15 Contraceptive Service (Retired 01 April 2014)
- 16 [Radiotherapy Service](#)
- 17 [Sexual Health Service](#)
- 18 [Mental Health Service](#)
- 19 [Regional Clinical Genetics Service](#)
- [Screening Service](#)

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#### SOURCE OF REFERRAL FOR OUT-PATIENTS

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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 \(Secondary Care\)](#)*.

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#### TUMOUR OR LESION LATERALITY

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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 Description, 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. The site where cancer is suspected:

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

National Codes:

- 01 Suspected breast cancer
- 02 ~~Suspected children's cancer (see note 1)~~
- 02 Suspected children's cancer \*
- 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)
- 15 Other suspected cancer (not listed)
- 16 Exhibited (non-cancer) breast symptoms - cancer not initially suspected \*\*

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](#). Notes:

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.

\* For monitoring of the cancer Two Week Wait and 28 Day Faster Diagnosis standards, a child is defined as under the age of 16 years at the [Cancer Referral To Treatment Period Start Date](#)

\*\* National Code ~~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 Description, Dataset

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

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

National Codes:

- Out-patient services**
- 3 Did Not Attend [Out Patient Appointment](#):  
Where the [ATTENDED OR DID NOT ATTEND](#) is National Code 3 'Did Not Attend – no advance warning given' or National Code 7 '[PATIENT](#) arrived late and could not be seen'
- 3

**Did Not Attend Out-Patient Appointment:**

Where the **ATTENDED OR DID NOT ATTEND** is National Code '*Did Not Attend - no advance warning given*' or National Code '*PATIENT arrived late and could not be seen*'

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)

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.
- Where there has been no adjustment to waiting time, National Code '*No adjustment to waiting time*' should be used.
- National Code '*Did Not Attend Out-Patient Appointment*' is only to be used, where applicable, within **WAITING TIME ADJUSTMENT REASON (FIRST SEEN)**.
- National Code '*Patient pause*' cannot be used within **WAITING TIME ADJUSTMENT REASON (FIRST SEEN)** as a patient pause can only be applied in relation to an **OFFER OF ADMISSION** for treatment.

---

**CANCER CARE SETTING (TREATMENT)**

Change to Data Element: Changed Description, Dataset

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

**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. **CANCER CARE SETTING (TREATMENT)** is the type of care setting where the cancer care relating to the **Treatment Start Date (Cancer)** took place.

Where the care is delivered during a **Hospital Provider Spell**, distinction is made between care delivered as part of an ordinary admission (where the **PATIENT CLASSIFICATION** is National Code '*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 '*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 CARE SPELL DELAY REASON (CONSULTANT UPGRADE)**, renamed from **DELAY REASON (CONSULTANT UPGRADE)**

Change to Data Element: Changed Name, Description, Dataset

Format/Length:	an2
National Codes:	See <b>DELAY REASON TO TREATMENT FOR CANCER</b>
National Codes:	See <b>CANCER CARE SPELL DELAY REASON</b>
Default Codes:	

**Notes:**

**DELAY REASON (CONSULTANT UPGRADE)** is the same as attribute **DELAY REASON TO TREATMENT FOR CANCER**. **CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)** is the same as attribute **CANCER CARE SPELL DELAY REASON**.

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

**CANCER CARE SPELL DELAY REASON (CONSULTANT UPGRADE)**, renamed from DELAY REASON (CONSULTANT UPGRADE)

Change to Data Element: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.D.Del.DELAY\_REASON\_(CONSULTANT\_UPGRADE) to Data\_Dictionary.Data\_Field\_Notes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_(CONSULTANT\_UPGRADE)
- Changed Description
- null

**CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)**, renamed from DELAY REASON (DECISION TO TREATMENT)

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

Format/Length:	an2
National Codes:	See <a href="#">DELAY REASON TO TREATMENT FOR CANCER</a>
National Codes:	See <a href="#">CANCER CARE SPELL DELAY REASON</a>
Default Codes:	

**Notes:**

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

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

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

**CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)**, renamed from DELAY REASON (DECISION TO TREATMENT)

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

<b>DELAY REASON (DECISION TO TREATMENT)</b>	<b>CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT)</b>	CANCER CARE SPELL DELAY REASON (DECISION TO TREATMENT) renamed from DELAY REASON (DECISION TO TREATMENT)
<b>Attribute:</b>		
<a href="#">DELAY REASON TO TREATMENT FOR CANCER</a>		
<a href="#">CANCER CARE SPELL DELAY REASON</a>		

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

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.D.Del.DELAY\_REASON\_(DECISION\_TO\_TREATMENT) to Data\_Dictionary.Data\_Field\_Notes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_(DECISION\_TO\_TREATMENT)
- Changed Description
- null
- null

**CANCER CARE SPELL DELAY REASON (FIRST SEEN)**, renamed from DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)

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

Format/Length:	an2
National Codes:	See <a href="#">DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS</a>
National Codes:	
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](#). [CANCER CARE SPELL DELAY REASON \(FIRST SEEN\)](#) is the same as attribute [CANCER CARE SPELL DELAY REASON](#). [CANCER CARE SPELL DELAY REASON](#) is the reason why a [Cancer Care Spell Delay](#) occurred between the [Cancer Referral To Treatment Period Start Date](#) and the [Date First Seen](#), when the [PRIORITY TYPE](#) is National Code *Two Week Wait*.

**Permitted National Codes:**

- 01 Clinic cancellation
- 02 Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
- 03 Administrative delay
- 17 PATIENT choice delay relating to first Out-Patient Appointment
- 22 PATIENT care not commissioned by the NHS in England (waiting time standard does not apply) for treatment in an admitted care setting
- 97 Other reason (not listed)

**CANCER CARE SPELL DELAY REASON (FIRST SEEN)\_renamed from DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)**

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

<b>DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)</b>	CANCER CARE SPELL DELAY REASON (FIRST SEEN)_renamed from DELAY REASON REFERRAL TO FIRST SEEN (CANCER OR BREAST SYMPTOMS)
<b>CANCER CARE SPELL DELAY REASON (FIRST SEEN)</b>	
<b>Attribute:</b>	
DELAY REASON REFERRAL TO FIRST SEEN FOR CANCER OR BREAST SYMPTOMS	
CANCER CARE SPELL DELAY REASON	Change to Data Element: Changed

Name, Description, linked Attribute, Dataset

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.D.DeI.DELAY\_REASON\_REFERRAL\_TO\_FIRST\_SEEN\_(CANCER\_OR\_BREAST\_SYMPTOMS) to Data\_Dictionary.Data\_Field\_Notes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_(FIRST\_SEEN)
- Changed Description
- null
- null

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

Change to Data Element: New Data Element

Format/Length:	an2
National Codes:	
Default Codes:	

**Notes:**

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

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

**Permitted National Codes:**

- 01 Clinic cancellation
- 02 Out-patient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this PATIENT)
- 03 Administrative delay
- 04 Elective cancellation (for non-medical reason) for treatment in an admitted care setting
- 05 Elective capacity inadequate (PATIENT unable to be scheduled for treatment within standard time) for treatment in an admitted care setting
- 07 Complex diagnostic pathway (many, or complex, diagnostic tests required)
- 11 Diagnosis delayed for medical reasons (PATIENT unfit for diagnostic episode, excluding planned recovery period following diagnostic test)
- 13 Delay due to recovery after an invasive test (PATIENT DIAGNOSIS or treatment delayed due to planned recovery period following an invasive diagnostic test)
- 14 PATIENT Did Not Attend treatment APPOINTMENT
- 17 PATIENT choice delay relating to first Out-Patient Appointment
- 18 Health Care Provider initiated delay to diagnostic test or treatment planning
- 19 PATIENT initiated (choice) delay to diagnostic test or treatment planning, advance notice given
- 20 PATIENT Did Not Attend an APPOINTMENT for a diagnostic test or treatment planning event (no advance notice)
- 22 PATIENT care not commissioned by the NHS in England (waiting time standard does not apply) for treatment in an admitted care setting
- 23 Equipment breakdown
- 24 Inconclusive diagnostic result
- 25 Health Care Provider unable to make contact with PATIENT by telephone
- 26 PATIENT choice (PATIENT declined or cancelled an offered Appointment Date for follow up APPOINTMENT)
- 97 Other reason (not listed)

**This data element is also known by these names:**

Context	Alias
plural	CANCER CARE SPELL DELAY REASONS (OUTCOME COMMUNICATION FASTER DIAGNOSIS PATHWAY)

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

Change to Data Element: New Data Element

<b>CANCER CARE SPELL DELAY REASON (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)</b>
<b>Attribute:</b>
CANCER CARE SPELL DELAY REASON

---

CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT), renamed from DELAY REASON REFERRAL TO TREATMENT (CANCER)

---

Change to Data Element: Changed Name, Description, Dataset

Format/Length:	an2
National Codes:	See <a href="#">DELAY REASON TO TREATMENT FOR CANCER</a>
National Codes:	See <a href="#">CANCER CARE SPELL DELAY REASON</a>
Default Codes:	

**Notes:**

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

[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'*. [CANCER CARE SPELL DELAY REASON \(REFERRAL TO TREATMENT\)](#) is the reason why a [Cancer Care Spell Delay](#) occurred between the [Cancer Referral To Treatment Period Start Date](#) and [Treatment Start Date \(Cancer\)](#), less any adjustments recorded by [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) and [WAITING TIME ADJUSTMENT \(TREATMENT\)](#).

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CANCER CARE SPELL DELAY REASON (REFERRAL TO TREATMENT), renamed from DELAY REASON REFERRAL TO TREATMENT (CANCER)

---

Change to Data Element: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.D.Del.DELAY\_REASON\_REFERRAL\_TO\_TREATMENT\_(CANCER) to Data\_Dictionary.Data\_Field\_Notes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_(REFERRAL\_TO\_TREATMENT)
- Changed Description
- null

---

CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE), renamed from DELAY REASON COMMENT (CONSULTANT UPGRADE)

---

Change to Data Element: Changed Name, Description, Dataset

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

**Notes:**

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

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.

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

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CANCER CARE SPELL DELAY REASON COMMENT (CONSULTANT UPGRADE), renamed from DELAY REASON COMMENT (CONSULTANT UPGRADE)

---

Change to Data Element: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.D.Del.DELAY\_REASON\_COMMENT\_(CONSULTANT\_UPGRADE) to Data\_Dictionary.Data\_Field\_Notes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_COMMENT\_(CONSULTANT\_UPGRADE)
- Changed Description
- null

---

CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT), renamed from DELAY REASON COMMENT (DECISION TO TREATMENT)

---

Change to Data Element: Changed Name, Description, Dataset

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

**Notes:**

~~[DELAY\\_REASON\\_COMMENT \(DECISION TO TREATMENT\)](#) is the same as attribute [DELAY\\_REASON\\_COMMENT\\_CANCER CARE SPELL DELAY REASON COMMENT \(DECISION TO TREATMENT\)](#) is the same as attribute [CANCER CARE SPELL 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. [CANCER CARE SPELL DELAY REASON COMMENT \(DECISION TO TREATMENT\)](#) is the free text comment that describes why a [Cancer Care Spell Delay](#) occurred:~~

~~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.~~

~~•  
between the [DECISION TO TREAT DATE](#) and [TREATMENT START DATE FOR CANCER](#) and~~

~~•  
where the [CANCER CARE SPELL DELAY REASON](#) is National Code 'Other reason (not listed)' or any additional supporting information is required.~~

---

**CANCER CARE SPELL DELAY REASON COMMENT (DECISION TO TREATMENT)**, renamed from **DELAY\_REASON\_COMMENT (DECISION TO TREATMENT)**

---

Change to Data Element: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.D.DeI.DELAY\_REASON\_COMMENT\_(DECISION\_TO\_TREATMENT) to Data\_Dictionary.Data\_Field\_Notes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_COMMENT\_(DECISION\_TO\_TREATMENT)
- Changed Description
- null

---

**CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)**, renamed from **DELAY\_REASON\_COMMENT (FIRST SEEN)**

---

Change to Data Element: Changed Name, Description, Dataset

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

**Notes:**

~~[DELAY\\_REASON\\_COMMENT \(FIRST SEEN\)](#) is the same as attribute [DELAY\\_REASON\\_COMMENT\\_CANCER CARE SPELL DELAY REASON COMMENT \(FIRST SEEN\)](#) is the same as attribute [CANCER CARE SPELL 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). [CANCER CARE SPELL DELAY REASON COMMENT \(FIRST SEEN\)](#) is the free text comment field to describe why a [Cancer Care Spell Delay](#) occurred:~~

~~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.~~

~~•  
between the [Cancer Referral To Treatment Period Start Date](#) and the [Date First Seen](#) and~~

~~•  
where the:~~

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

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**CANCER CARE SPELL DELAY REASON COMMENT (FIRST SEEN)**, renamed from **DELAY\_REASON\_COMMENT (FIRST SEEN)**

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Change to Data Element: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.D.DeI.DELAY\_REASON\_COMMENT\_(FIRST\_SEEN) to Data\_Dictionary.Data\_Field\_Notes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_COMMENT\_(FIRST\_SEEN)
- Changed Description
- null

---

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

---

Change to Data Element: New Data Element

Format/Length:	max an255
National Codes:	

Default Codes:

**Notes:**

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

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

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

**This data element is also known by these names:**

Context	Alias
plural	CANCER CARE SPELL DELAY REASON COMMENTS (OUTCOME COMMUNICATION FASTER DIAGNOSIS PATHWAY)

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

Change to Data Element: New Data Element

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

**Attribute:**

CANCER CARE SPELL DELAY REASON COMMENT

CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)\_renamed from DELAY REASON COMMENT (REFERRAL TO TREATMENT)

Change to Data Element: Changed Name, 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. CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT) is the same as attribute CANCER CARE SPELL 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). CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT) is the free text comment field to describe why a Cancer Care Spell Delay occurred:

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.

- between the Cancer Referral To Treatment Period Start Date and Treatment Start Date (Cancer) and
- less any adjustments recorded by WAITING TIME ADJUSTMENT (FIRST SEEN) and WAITING TIME ADJUSTMENT (TREATMENT) and
- where the CANCER CARE SPELL DELAY REASON is National Code '*Other reason (not listed)*' or any additional supporting information is required.

CANCER CARE SPELL DELAY REASON COMMENT (REFERRAL TO TREATMENT)\_renamed from DELAY REASON COMMENT (REFERRAL TO TREATMENT)

Change to Data Element: Changed Name, Description, Dataset

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.D.Del.DELAY\_REASON\_COMMENT\_(REFERRAL\_TO\_TREATMENT) to Data\_Dictionary.Data\_Field\_Notes.C.CANCER\_CARE\_SPELL\_DELAY\_REASON\_COMMENT\_(REFERRAL\_TO\_TREATMENT)
- Changed Description
- null

CANCER FASTER DIAGNOSIS PATHWAY END DATE

Change to Data Element: New Data Element

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

**Notes:**

CANCER FASTER DIAGNOSIS PATHWAY END DATE is the same as ACTIVITY DATE, where the ACTIVITY DATE TYPE is National Code 'Cancer Faster Diagnosis Pathway End Date'.

**This data element is also known by these names:**

Context	Alias
plural	CANCER FASTER DIAGNOSIS PATHWAY END DATES

CANCER FASTER DIAGNOSIS PATHWAY END DATE

Change to Data Element: New Data Element

**CANCER FASTER DIAGNOSIS PATHWAY END DATE**

**Attribute:**

ACTIVITY DATE

CANCER FASTER DIAGNOSIS PATHWAY END REASON

Change to Data Element: New Data Element

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

**Notes:**

CANCER FASTER DIAGNOSIS PATHWAY END REASON is the same as attribute CANCER FASTER DIAGNOSIS PATHWAY END REASON.

**This data element is also known by these names:**

Context	Alias
plural	CANCER FASTER DIAGNOSIS PATHWAY END REASONS

CANCER FASTER DIAGNOSIS PATHWAY END REASON

Change to Data Element: New Data Element

**CANCER FASTER DIAGNOSIS PATHWAY END REASON**

**Attribute:**

CANCER FASTER DIAGNOSIS PATHWAY END REASON

CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON

Change to Data Element: New Data Element

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

**Notes:**

CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON is the same as attribute CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON.

**This data element is also known by these names:**

Context	Alias
plural	CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASONS

CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON

Change to Data Element: New Data Element

**CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON**

**Attribute:**

CANCER FASTER DIAGNOSIS PATHWAY EXCLUSION REASON

CANCER OR SYMPTOMATIC BREAST REFERRAL PATIENT STATUS

Change to Data Element: Changed Dataset

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

Default Codes:

**Notes:**

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

**CANCER REFERRAL TO TREATMENT PERIOD START DATE**

Change to Data Element: Changed Description, linked Attribute, 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 REFERRAL TO TREATMENT PERIOD START DATE](#) is the same as attribute [ACTIVITY DATE](#), where the [ACTIVITY DATE TYPE](#) is National Code ['Cancer Referral To Treatment Period Start Date'](#).

**CANCER REFERRAL TO TREATMENT PERIOD START DATE**

Change to Data Element: Changed Description, linked Attribute, Dataset

**CANCER REFERRAL TO TREATMENT PERIOD START DATE**

**Attribute:**

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

[ACTIVITY DATE](#)

**CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)**

Change to Data Element: New Data Element

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

**Notes:**

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

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

**This data element is also known by these names:**

Context	Alias
plural	CANCER TRANSFER RECEIVING REASONS (INTER-PROVIDER TRANSFER)

**CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)**

Change to Data Element: New Data Element

**CANCER TRANSFER RECEIVING REASON (INTER-PROVIDER TRANSFER)**

**Attribute:**

[CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER](#)

**CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)**

Change to Data Element: New Data Element

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

**Notes:**

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

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

**This data element is also known by these names:**

Context	Alias
plural	CANCER TRANSFER REFERRING REASONS (INTER-PROVIDER TRANSFER)

**CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)**

Change to Data Element: New Data Element

**CANCER TRANSFER REFERRING REASON (INTER-PROVIDER TRANSFER)**

Attribute:

<a href="#">CANCER TRANSFER REASON FOR INTER-PROVIDER TRANSFER</a>
--

**CANCER TREATMENT EVENT TYPE**

Change to Data Element: Changed Dataset

Format/Length:	an2
National Codes:	See <a href="#">CANCER TREATMENT EVENT TYPE</a>
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 <a href="#">CANCER TREATMENT MODALITY</a>
Default Codes:	

Notes:

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

**CANCER TREATMENT PERIOD START DATE**

Change to Data Element: Changed Description, linked Attribute, Dataset

Format/Length:	See <a href="#">DATE</a>
National Codes:	
Default Codes:	

Notes:

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

**CANCER TREATMENT PERIOD START DATE**

Change to Data Element: Changed Description, linked Attribute, Dataset

**CANCER TREATMENT PERIOD START DATE**

Attribute:

<a href="#">CANCER TREATMENT PERIOD START DATE</a>
<a href="#">ACTIVITY DATE</a>

**CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)**

Change to Data Element: New Data Element

Format/Length:	an3
National Codes:	
Default Codes:	

Notes:

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

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

**Permitted National Codes:**

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

**This data element is also known by these names:**

Context	Alias
plural	CARE PROFESSIONAL TYPE CODES (CANCER FASTER DIAGNOSIS PATHWAY OUTCOME COMMUNICATION)

**CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)**

Change to Data Element: New Data Element

**CARE PROFESSIONAL TYPE CODE (OUTCOME COMMUNICATION CANCER FASTER DIAGNOSIS PATHWAY)**

**Attribute:**

CARE PROFESSIONAL TYPE CODE
-----------------------------

**CLINICAL TRIAL INDICATOR**

Change to Data Element: Changed Description, Dataset

Format/Length:	an2
National Codes:	See <a href="#">CLINICAL TRIAL INDICATOR</a>
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 [Systemic Anti-Cancer Therapy Data Set](#), [CLINICAL TRIAL INDICATOR](#) identifies if a [PATIENT](#)'s [Chemotherapy](#) treatment is within a [CLINICAL TRIAL](#).

Note: \* For the [Cancer Outcomes and Services Data Set](#), default code '99 - Unknown' indicates "Not Recorded". Note: \* For the [National Cancer Waiting Times Monitoring Data Set](#), default code '99 - Unknown' indicates "Not Recorded".

**CONSULTANT UPGRADE DATE**

Change to Data Element: Changed Dataset

Format/Length:	See <a href="#">DATE</a>
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 Description, Dataset

Format/Length:	See <a href="#">DATE</a>
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](#)-[DATE FIRST SEEN](#) for the:

- 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.

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

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 at a HIV Clinic Attendance at the current Health Care Provider.

**DECISION TO REFER DATE (CANCER OR BREAST SYMPTOMS)**

Change to Data Element: Changed Description, Dataset

Format/Length:	See <u>DATE</u>
National Codes:	
Default Codes:	

**Notes:**

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

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

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

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.

**METASTATIC SITE**

Change to Data Element: Changed Description, Dataset

Format/Length:	an2
National Codes:	See <u>METASTATIC SITE</u>
Default Codes:	

**Notes:**

METASTATIC SITE is the same as attribute METASTATIC SITE.

For the ~~For the~~ Cancer Outcomes and Services Data Set, METASTATIC SITE is the METASTATIC SITE at the time of PATIENT DIAGNOSIS.

- 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.

**METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)**

Change to Data Element: New Data Element

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

**Notes:**

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

**This data element is also known by these names:**

Context	Alias

plural | METHODS OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)

METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)

Change to Data Element: New Data Element

METHOD OF COMMUNICATION (END OF CANCER FASTER DIAGNOSIS PATHWAY)

Attribute:

METHOD OF COMMUNICATION FOR END OF CANCER FASTER DIAGNOSIS PATHWAY

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR, renamed from MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR

Change to Data Element: Changed Name, 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.~~ MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR is the same as attribute MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR.

MULTIDISCIPLINARY TEAM CANCER CARE PLAN DISCUSSED INDICATOR, renamed from MULTIDISCIPLINARY TEAM DISCUSSION INDICATOR

Change to Data Element: Changed Name, Dataset

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.M.Mo.MULTIDISCIPLINARY\_TEAM\_DISCUSSION\_INDICATOR to Data\_Dictionary.Data\_Field\_Notes.M.Mo.MULTIDISCIPLINARY\_TEAM\_CANCER\_CARE\_PLAN\_DISCUSSED\_INDICATOR
- null

MULTIDISCIPLINARY TEAM DISCUSSION DATE (CANCER)

Change to Data Element: Changed Description, 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.

NHS NUMBER

Change to Data Element: Changed Dataset

Format/Length: n10  
National Codes:  
Default Codes:

Notes:

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

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

NHS NUMBER STATUS INDICATOR CODE

Change to Data Element: Changed Dataset

Format/Length: an2  
National Codes:  
Default Codes:

Notes:

[NHS NUMBER STATUS INDICATOR CODE](#) is the trace status of the [NHS NUMBER](#).

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)**

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Change to Data Element: Changed Dataset

Format/Length:	max an5
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.

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

---

**ORGANISATION IDENTIFIER (PATIENT PATHWAY IDENTIFIER ISSUER)**

---

Change to Data Element: Changed Dataset

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

**Notes:**

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

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

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

**Use in Commissioning Data Set version 6-0 onwards**

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

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

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

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

---

**ORGANISATION IDENTIFIER (RECEIVING)**

---

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an5
National Codes:	
Default Codes:	ZZ201 - Not applicable (not discharged to another <a href="#">Organisation</a> ) *

**Notes:**

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

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

For the [National Neonatal Data Set - Episodic and Daily Care](#), this is the [ORGANISATION CODE](#) of the [Organisation](#) where a baby is transferred to on discharge from the neonatal critical care.

\* Note: default code ZZ201 is ONLY valid for the [National Neonatal Data Set - Episodic and Daily Care](#).

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

---

**ORGANISATION IDENTIFIER (REFERRING)**

---

Change to Data Element: Changed Dataset

Format/Length:	min an3 max an6
National Codes:	
ODS Default Codes:	X99998 - Referring <a href="#">ORGANISATION IDENTIFIER</a> not applicable X99999 - Referring <a href="#">ORGANISATION IDENTIFIER</a> not known

**Notes:**

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

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

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

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

---

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

---

Change to Data Element: New Data Element

Format/Length:	min an5 max an9
National Codes:	
ODS Default Codes:	89999 - Non-NHS UK Provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued 89997 - Non-UK Provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued

**Notes:**

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

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

**This data element is also known by these names:**

Context	Alias
plural	<a href="#">ORGANISATION SITE IDENTIFIERS (OF CANCER FASTER DIAGNOSIS PATHWAY END DATE)</a>

---

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

---

Change to Data Element: New Data Element

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

Attribute:

## ORGANISATION IDENTIFIER

### ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER DECISION TO TREAT)

Change to Data Element: Changed Description, Dataset

Format/Length:	min an5 max an9
National Codes:	
<a href="#">ODS Default Codes:</a>	89999 - Non-NHS UK Provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued 89997 - Non-UK Provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued

#### Notes:

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

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

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

~~[SITE CODE \(OF PROVIDER CANCER DECISION TO TREAT\)](#) will be replaced with [ORGANISATION SITE IDENTIFIER \(OF PROVIDER CANCER DECISION TO TREAT\)](#), when it has been approved for use in national information standards.~~

### ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE)

Change to Data Element: Changed Description, Dataset

Format/Length:	min an5 max an9
National Codes:	
<a href="#">ODS Default Codes:</a>	89999 - Non-NHS UK Provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued 89997 - Non-UK Provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued

#### Notes:

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

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

~~[SITE CODE \(OF PROVIDER CANCER TREATMENT START DATE\)](#) will be replaced with [ORGANISATION SITE IDENTIFIER \(OF PROVIDER CANCER DECISION TO TREAT\)](#), when it has been approved for use in national information standards.~~

### ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE)

Change to Data Element: Changed Description, Dataset

Format/Length:	min an5 max an9
National Codes:	
<a href="#">ODS Default Codes:</a>	89999 - Non-NHS UK Provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued 89997 - Non-UK Provider where no <a href="#">ORGANISATION IDENTIFIER</a> has been issued

#### Notes:

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

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

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

~~[SITE CODE \(OF PROVIDER CONSULTANT UPGRADE\)](#) will be replaced with [ORGANISATION SITE IDENTIFIER \(OF PROVIDER CONSULTANT UPGRADE\)](#), when it has been approved for use in national information standards.~~

### ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN)

Change to Data Element: Changed Description, Dataset

Format/Length:	min an5 max an9
National Codes:	

<u>ODS Default Codes:</u>	89999 - Non-NHS UK Provider where no <u>ORGANISATION IDENTIFIER</u> has been issued
	89997 - Non-UK Provider where no <u>ORGANISATION IDENTIFIER</u> has been issued

**Notes:**

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

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

For the National Cancer Waiting Times Monitoring Data Set this may be the:

- Out-Patient Attendance Consultant
- Imaging or Radiodiagnostic Event
- CLINICAL INTERVENTION
- Hospital Provider Spell
- Accident and Emergency Attendance or
- Screening Test

whichever is the earlier SERVICE related to the initial REFERRAL REQUEST.

~~ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN) 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.~~ ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN) 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.

~~SITE CODE (OF PROVIDER FIRST SEEN) will be replaced with ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN), when it has been approved for use in national information standards.~~

**PATIENT PATHWAY IDENTIFIER**

Change to Data Element: Changed Dataset

Format/Length:	an20
National Codes:	
Default Codes:	

**Notes:**

PATIENT PATHWAY IDENTIFIER is the same as PATIENT PATHWAY IDENTIFIER.

**Use in Commissioning Data Set version 6-0 onwards**

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

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

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

**PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)**

Change to Data Element: New Data Element

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

**Notes:**

PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY) is the same as attribute PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY.

**This data element is also known by these names:**

Context	Alias
plural	PRIMARY CANCER SITES (CANCER FASTER DIAGNOSIS PATHWAY)

**PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)**

Change to Data Element: New Data Element

## PRIMARY CANCER SITE (CANCER FASTER DIAGNOSIS PATHWAY)

Attribute:

PRIMARY CANCER SITE FOR CANCER FASTER DIAGNOSIS PATHWAY

### PRIMARY DIAGNOSIS (ICD)

Change to Data Element: Changed Dataset

Format/Length: See [ICD-10 CODE](#)  
National Codes:  
Default Codes:

**Notes:**

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

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

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

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

**Note:**

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

### PRIORITY TYPE CODE

Change to Data Element: Changed Dataset

Format/Length: an1  
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 Dataset

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

**Notes:**

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

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

### REFERRAL REQUEST RECEIVED DATE (INTER-PROVIDER TRANSFER)

Change to Data Element: Changed Description, 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](#).~~ [REFERRAL\\_REQUEST\\_RECEIVED\\_DATE \(INTER-PROVIDER TRANSFER\)](#) is the [DATE](#) the [Organisation](#) where the [PATIENT](#) is being transferred to, received the [SERVICE\\_REQUEST](#) from the referring [Organisation](#).

**SERVICE REQUESTED DATE (INTER-PROVIDER TRANSFER)**

Change to Data Element: Changed Description, Dataset

Format/Length:	see <a href="#">DATE</a>
Format/Length:	See <a href="#">DATE</a>
National Codes:	
Default Codes:	

**Notes:**

~~This is the [SERVICE\\_REQUEST\\_DATE](#) for an inter-provider transfer of a [PATIENT](#) from one [Health Care Provider](#) to another. That is the date the referring [Health Care Provider](#) raised a [SERVICE\\_REQUEST](#).~~ [SERVICE\\_REQUESTED\\_DATE \(INTER-PROVIDER TRANSFER\)](#) is the same as attribute [SERVICE\\_REQUEST\\_DATE](#). [SERVICE\\_REQUESTED\\_DATE \(INTER-PROVIDER TRANSFER\)](#) is the [SERVICE\\_REQUEST\\_DATE](#) for an inter-provider transfer of a [PATIENT](#) from one [Health Care Provider](#) to another.

[SERVICE\\_REQUESTED\\_DATE \(INTER-PROVIDER TRANSFER\)](#) is the [DATE](#) the referring [Health Care Provider](#) raised a [SERVICE\\_REQUEST](#).

**SITE CODE (OF PROVIDER CANCER DECISION TO TREAT) (RETIRED)**, renamed from [SITE CODE \(OF PROVIDER CANCER DECISION TO TREAT\)](#)

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

Format/Length:	min an5 max an9
National Codes:	
<a href="#">ODS Default Codes:</a>	<del>80000 Non-NHS UK Provider where no <a href="#">ORGANISATION_SITE_CODE</a> has been issued</del> <del>80007 Non-UK Provider where no <a href="#">ORGANISATION_SITE_CODE</a> has been issued</del>

**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](#). This item has been retired from the NHS Data Model and Dictionary.~~

~~The [Planned Cancer Treatment](#) may be planned and provided by a different [Health Care Provider](#). The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.~~

~~[SITE\\_CODE \(OF PROVIDER CANCER DECISION TO TREAT\)](#) will be replaced with [ORGANISATION\\_SITE\\_IDENTIFIER \(OF PROVIDER CANCER DECISION TO TREAT\)](#), when it has been approved for use in national information standards. Access to this version can be obtained by emailing [information\\_standards@nhs.net](mailto:information_standards@nhs.net) with "NHS Data Model and Dictionary - Archive Request" in the email subject line.~~

**SITE CODE (OF PROVIDER CANCER DECISION TO TREAT) (RETIRED)**, renamed from [SITE CODE \(OF PROVIDER CANCER DECISION TO TREAT\)](#)

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

**SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)**

Attribute:

[ORGANISATION\\_SITE\\_CODE](#)

**SITE CODE (OF PROVIDER CANCER DECISION TO TREAT) (RETIRED)**, renamed from [SITE CODE \(OF PROVIDER CANCER DECISION TO TREAT\)](#)

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

- Changed Name from [Data\\_Dictionary.Data\\_Field\\_Notes.S.Site.SITE\\_CODE\\_\(OF\\_PROVIDER\\_CANCER\\_DECISION\\_TO\\_TREAT\)](#) to [Retired.Data\\_Dictionary.Data\\_Field\\_Notes.S.SITE\\_CODE\\_\(OF\\_PROVIDER\\_CANCER\\_DECISION\\_TO\\_TREAT\)](#)
- Changed Description
- null
- null
- Retired [SITE\\_CODE \(OF PROVIDER CANCER DECISION TO TREAT\)](#)

**SITE CODE (OF PROVIDER CANCER TREATMENT START DATE) (RETIRED)**, renamed from **SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)**

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

Format/Length:	min an5 max an9
National Codes:	
<u>ODS Default Codes:</u>	89999 – Non NHS UK Provider where no <u>ORGANISATION SITE CODE</u> has been issued 89997 – Non UK Provider where no <u>ORGANISATION SITE CODE</u> 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. **This item has been retired from the NHS Data Model and Dictionary.**

SITE CODE (OF PROVIDER CANCER TREATMENT START DATE) will be replaced with ORGANISATION SITE IDENTIFIER (OF PROVIDER CANCER TREATMENT START DATE), when it has been approved for use in national information standards. The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.

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

**SITE CODE (OF PROVIDER CANCER TREATMENT START DATE) (RETIRED)**, renamed from **SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)**

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

**SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)**

**Attribute:**

ORGANISATION SITE CODE

**SITE CODE (OF PROVIDER CANCER TREATMENT START DATE) (RETIRED)**, renamed from **SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)**

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

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.S.Site.SITE\_CODE\_(OF\_PROVIDER\_CANCR\_TREATMENT\_START\_DATE) to Retired.Data\_Dictionary.Data\_Field\_Notes.S.SITE\_CODE\_(OF\_PROVIDER\_CANCR\_TREATMENT\_START\_DATE)
- Changed Description
- null
- null
- Retired SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)

**SITE CODE (OF PROVIDER CONSULTANT UPGRADE) (RETIRED)**, renamed from **SITE CODE (OF PROVIDER CONSULTANT UPGRADE)**

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

Format/Length:	min an5 max an9
National Codes:	
<u>ODS Default Codes:</u>	89999 – Non NHS UK Provider where no <u>ORGANISATION SITE CODE</u> has been issued 89997 – Non UK Provider where no <u>ORGANISATION SITE CODE</u> 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. **This item has been retired from the NHS Data Model and Dictionary.**

The decision to upgrade must be made by a CONSULTANT or an authorised member of the CONSULTANTS team (subject to local agreement). **The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.**

SITE CODE (OF PROVIDER CONSULTANT UPGRADE) will be replaced with ORGANISATION SITE IDENTIFIER (OF PROVIDER CONSULTANT UPGRADE), when it has been approved for use in national information standards. Access to this version can be obtained by emailing [information.standards@nhs.net](mailto:information.standards@nhs.net) with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

**SITE CODE (OF PROVIDER CONSULTANT UPGRADE) (RETIRED)**, renamed from **SITE CODE (OF PROVIDER CONSULTANT UPGRADE)**

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

**SITE CODE (OF PROVIDER CONSULTANT UPGRADE)**

**Attribute:**

ORGANISATION SITE CODE

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**SITE CODE (OF PROVIDER CONSULTANT UPGRADE) (RETIRED), renamed from SITE CODE (OF PROVIDER CONSULTANT UPGRADE)**

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

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.S.Site.SITE\_CODE\_(OF\_PROVIDER\_CONSULTANT\_UPGRADE) to Retired.Data\_Dictionary.Data\_Field\_Notes.S.SITE\_CODE\_(OF\_PROVIDER\_CONSULTANT\_UPGRADE)
- Changed Description
- null
- null
- Retired SITE CODE (OF PROVIDER CONSULTANT UPGRADE)

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**SITE CODE (OF PROVIDER FIRST SEEN) (RETIRED), renamed from SITE CODE (OF PROVIDER FIRST SEEN)**

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

Format/Length:	min-an5-max-an9
National Codes:	
<u>ODS Default Codes:</u>	89999—Non NHS UK Provider where no <u>ORGANISATION SITE CODE</u> has been issued
	89907—Non UK Provider where no <u>ORGANISATION SITE CODE</u> 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. **This item has been retired from the NHS Data Model and Dictionary.**

For the National Cancer Waiting Times Monitoring Data Set this may be the: **The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.**

- 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.

SITE CODE (OF PROVIDER FIRST SEEN) will be replaced with ORGANISATION SITE IDENTIFIER (OF PROVIDER FIRST SEEN), when it has been approved for use in national information standards. Access to this version can be obtained by emailing [information\\_standards@nhs.net](mailto:information_standards@nhs.net) with "NHS Data Model and Dictionary - Archive Request" in the email subject line.

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**SITE CODE (OF PROVIDER FIRST SEEN) (RETIRED), renamed from SITE CODE (OF PROVIDER FIRST SEEN)**

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

**SITE CODE (OF PROVIDER FIRST SEEN)**

**Attribute:**

<u>ORGANISATION SITE CODE</u>
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**SITE CODE (OF PROVIDER FIRST SEEN) (RETIRED), renamed from SITE CODE (OF PROVIDER FIRST SEEN)**

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

- Changed Name from Data\_Dictionary.Data\_Field\_Notes.S.Site.SITE\_CODE\_(OF\_PROVIDER\_FIRST\_SEEN) to Retired.Data\_Dictionary.Data\_Field\_Notes.S.SITE\_CODE\_(OF\_PROVIDER\_FIRST\_SEEN)
- Changed Description
- null
- null
- Retired SITE CODE (OF PROVIDER FIRST SEEN)

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**SOURCE OF REFERRAL FOR OUT-PATIENTS**

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Change to Data Element: Changed Dataset

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

**Notes:**

SOURCE OF REFERRAL FOR OUT-PATIENTS is the same as attribute SOURCE OF REFERRAL FOR OUT-PATIENTS.

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TREATMENT START DATE (CANCER)

Change to Data Element: Changed Description, linked Attribute, Dataset

Format/Length:	See <a href="#">DATE</a>
National Codes:	
Default Codes:	

Notes:

~~TREATMENT START DATE (CANCER) is the same as attribute TREATMENT START DATE FOR CANCER.~~ TREATMENT START DATE (CANCER) is the same as attribute ACTIVITY DATE, where the ACTIVITY DATE TYPE is National Code 'Treatment Start Date (Cancer)'.

TREATMENT START DATE (CANCER)

Change to Data Element: Changed Description, linked Attribute, Dataset

**TREATMENT START DATE (CANCER)**

Attribute:

<a href="#">TREATMENT START DATE FOR CANCER</a>
<a href="#">ACTIVITY DATE</a>

TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE)

Change to Data Element: Changed Description, linked Attribute

Format/Length:	See <a href="#">DATE</a>
National Codes:	
Default Codes:	

Notes:

TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE) is the same as attribute TREATMENT START DATE FOR CANCER where the treatment is being undertaken as part of a Cancer Treatment Period, where the CANCER TREATMENT MODALITY is National Code 'Teletherapy' or 'Brachytherapy'. TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE) is the same as attribute ACTIVITY DATE, where the ACTIVITY DATE TYPE is National Code 'Treatment Start Date (Cancer)'.

TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE) is the Treatment Start Date (Cancer) where the treatment is being undertaken as part of a Cancer Treatment Period, where the CANCER TREATMENT MODALITY is National Code 'Teletherapy' or 'Brachytherapy'.

TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE) is the DATE that treatment for a PATIENT's condition using a RADIOOTHERAPY TREATMENT MODALITY started.

For the Radiotherapy Data Set, TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE) is the date the first Fraction of Radiotherapy was given to the PATIENT in the Radiotherapy Episode. For the Radiotherapy Data Set, TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE) is the DATE the first Fraction of Radiotherapy was given to the PATIENT in the Radiotherapy Episode.

TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE)

Change to Data Element: Changed Description, linked Attribute

**TREATMENT START DATE (RADIOTHERAPY TREATMENT EPISODE)**

Attribute:

<a href="#">TREATMENT START DATE FOR CANCER</a>
<a href="#">ACTIVITY DATE</a>

TUMOUR LATERALITY

Change to Data Element: Changed Dataset

Format/Length:	an1
National Codes:	See <a href="#">TUMOUR OR LESION LATERALITY</a>
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 <a href="#">TWO WEEK WAIT CANCER OR SYMPTOMATIC BREAST REFERRAL TYPE</a>
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](#). [WAITING TIME ADJUSTMENT \(FIRST SEEN\)](#) records the number of days that should be removed from the calculated waiting time for the two week wait period, the 28 day period and potentially the 62 day period (if cancer is confirmed), i.e. between receipt of the referral or decision of [Consultant Upgrade](#) (recorded as [CANCER REFERRAL TO TREATMENT PERIOD START DATE](#) or [CONSULTANT UPGRADE DATE](#)) and the [DATE FIRST SEEN](#).

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

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

**WAITING TIME ADJUSTMENT (TREATMENT)**

Change to Data Element: Changed 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](#). [WAITING TIME ADJUSTMENT \(TREATMENT\)](#) records the number of days that should be removed from the derived waiting time between [Cancer Treatment Period Start Date](#) and [Treatment Start Date \(Cancer\)](#).

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

Adjustments are allowed in the following circumstances:

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

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

- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Ordinary admission') or
- National Code 'Cancer treatment delivered as part of a [Hospital Provider Spell](#) (where [PATIENT CLASSIFICATION](#) is National Code 'Day case admission').
- 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 at: [Cancer Waiting Times](#). Guidance on calculating the number of days which may be removed from the waiting time is available on the [NHS Digital](#) website at: [Cancer Waiting Times](#).

**WAITING TIME ADJUSTMENT REASON (FIRST SEEN)**

Change to Data Element: Changed Description, Dataset

Format/Length:	an1
National Codes:	See <a href="#">WAITING TIME ADJUSTMENT REASON</a>
Default Codes:	

**Notes:**

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

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

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

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

Format/Length:	an1
National Codes:	See <a href="#">WAITING TIME ADJUSTMENT REASON</a>
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 '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 (RETIRED)**, renamed from NATIONAL CANCER WAITING TIMES MONITORING DATA SET XML SCHEMA CONSTRAINTS

Change to XML Schema Constraint: Changed Name, Description, Dataset, status to Retired

XML Schema constraints applied to the [National Cancer Waiting Times Monitoring Data Set](#). **This item has been retired from the NHS Data Model and Dictionary.**

The "Allowed Values" column indicates the NHS Data Model and Dictionary National Codes and Default Codes present in the XML Schema: **The last live version of this item is available in the ?????? release of the NHS Data Model and Dictionary.**

- 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
<a href="#">DELAY REASON (DECISION TO TREATMENT)</a>	None	01,02,03,04,05,10,14,16,21,22,98  Access to this version can be obtained by emailing <a href="mailto:information.standards@nhs.net">information.standards@nhs.net</a> with "NHS Data Model and Dictionary - Archive Request" in the email subject line.	None	None	National Codes 07, 11, 13, 17, 18, 19 and 20 not applicable – removed
<a href="#">ORGANISATION CODE (PATIENT PATHWAY IDENTIFIER ISSUER)</a>	min-an3-max-an12	None	None	None	Field size extended to future proof for <a href="#">ODS ORGANISATION CODE</a> changes
<a href="#">SITE CODE (OF PROVIDER CANCER DECISION TO TREAT)</a>	min-an3-max-an12	Removed	None	None	Field size extended to future proof for <a href="#">ODS ORGANISATION SITE CODE</a> changes
<a href="#">SITE CODE (OF PROVIDER CANCER TREATMENT START DATE)</a>	min-an3-max-an12	Removed	None	None	Field size extended to future proof for <a href="#">ODS ORGANISATION SITE CODE</a> changes
<a href="#">SITE CODE (OF PROVIDER CONSULTANT UPGRADE)</a>	min-an3-max-an12	Removed	None	None	Field size extended to future proof for <a href="#">ODS ORGANISATION SITE CODE</a> changes
<a href="#">SITE CODE (OF PROVIDER FIRST SEEN)</a>	min-an3-max-an12	Removed	None	None	Field size extended to future proof for <a href="#">ODS ORGANISATION SITE CODE</a> changes

<a href="#">WAITING TIME ADJUSTMENT REASON (FIRST SEEN)</a>	None	3,9	None	None	National Code 8 not applicable – removed
<a href="#">WAITING TIME ADJUSTMENT REASON (TREATMENT)</a>	None	8,9	None	None	National Code 3 not applicable – removed

**NATIONAL CANCER WAITING TIMES MONITORING DATA SET XML SCHEMA CONSTRAINTS (RETIRED), renamed from NATIONAL CANCER WAITING TIMES MONITORING DATA SET XML SCHEMA CONSTRAINTS**

Change to XML Schema Constraint: Changed Name, Description, Dataset, status to Retired

- Changed Name from Data\_Dictionary.Messages.Message\_Documentation.XML\_Schema\_Constraints.National\_Cancer\_Waiting\_Times\_Monitoring\_Data\_Set\_XML\_Sc to Retired.Data\_Dictionary.Messages.Message\_Documentation.National\_Cancer\_Waiting\_Times\_Monitoring\_Data\_Set\_XML\_Schema\_Constraints
- Changed Description
- null
- Retired National Cancer Waiting Times Monitoring Data Set XML Schema Constraints

For enquiries about this Change Request, please email [information.standards@nhs.net](mailto:information.standards@nhs.net)

