

# What is the National Cancer Waiting Times Monitoring Data Set v2.0?

Please direct any technical queries about CWT 2.0 to [cancer-waits@dh.gsi.gov.uk](mailto:cancer-waits@dh.gsi.gov.uk)

# What is the NCWTMDS v2.0?



- The dataset consists of 54 data items (previously 42), capturing the key events and descriptors of cancer waiting times pathways
- 24 existing data items
- 16 changes to data items
  - Data item changes to align with the data dictionary and/or COSD
  - Data item changes required to be consistent with SCCI0090 Health and Social Care Organisation Reference Data
- 14 new data items
  - 9 items for Faster Diagnosis Standard
  - 5 items on Inter-Provider Transfers (IPTs)
- 2 data items retired
  - Metastatic site
  - Radiotherapy intent

Details at:

[http://content.digital.nhs.uk/  
isce/publication/dcb0147](http://content.digital.nhs.uk/isce/publication/dcb0147)

# Breach Allocation and IPTs

- Activity from 1 July 2018 will be reported against the rules outlined in the *Breach Allocation Guidance, 2016*.
- This will enable a consistent national approach to breaches, compliance, and patient allocation for the 62 day standard.
- The *2016 Guidance* was designed to promote collaboration and provide a more refined approach to allocating breaches and successes of the 62 day standard
- Functionality in the new CWT system will support:
  1. **Inter-Provider Transfers (IPTs)**
  2. **Breach allocation**

# Inter-Provider Transfers

- **Inter-Provider Transfer date in the new CWT system is when:**
  - A referral request is received, alongside;
  - Locally agreed minimum clinical information
- An IPT should be completed when another provider is involved in a patient's diagnosis or staging part of the pathway, as well as transfer to treatment

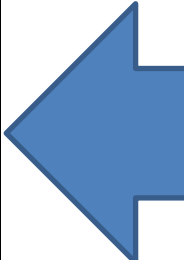
**Example patient pathway: A – B – A - C**

A patient is referred to provider A for their first outpatient appointment and is then referred to provider B for diagnostic tests. The patient is referred back to provider A for diagnosis and then to provider C for treatment.

# Breach Allocation

We are implementing national reporting of scenarios outlined in the 2016 *Breach Allocation Guidance*

| Scenario | Referral timeframe | Total timeframe                                     | Allocation  |
|----------|--------------------|---|---|
| 1        | > 38 days          | ≤ 62 days   | 100% of success allocated to the treating provider  |
| 2        | ≤ 38 days          | ≤ 62 days   | 50% of success allocated to the referring provider and 50% allocated to the treating provider |
| 3        | ≤ 38 days          | >62 days  | 100% of breach allocated to the treating provider   |
| 4        | > 38 days          | > 62 days, but treating trust treats within 24 days | 100% of breach allocated to the referring provider  |
| 5        | > 38 days          | > 62 days and treating trust treats in >24 days     | 50% of breach allocated to the referring provider and 50% allocated to the treating provider  |



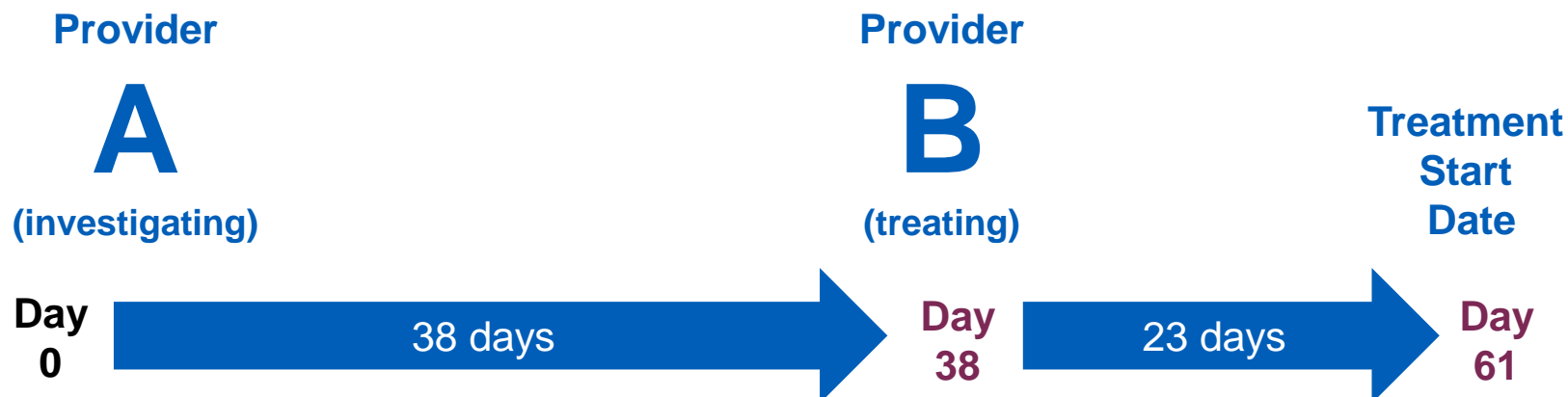
Referring and treating providers still share in success if a patient is referred before day 38 but a treating provider doesn't begin treatment in 24 days

# Breach Allocation

- Patients will be allocated according to the outcome of the breach allocation scenario, e.g. *In scenario 1, 100% success was allocated to the treating provider, therefore 1 patient will be allocated to that provider*
- To supplement this approach, we are introducing reporting for the two elements of the pathway: 38 day and 24 day activity. Not a new standard. This is alongside 62 day activity reporting.
- **Multi-provider scenarios:** where there is more than one investigating provider patients will not be allocated to any more than 2 providers overall. Breach rules will allocate the patient consistently.

# Breach Allocation and IPTs

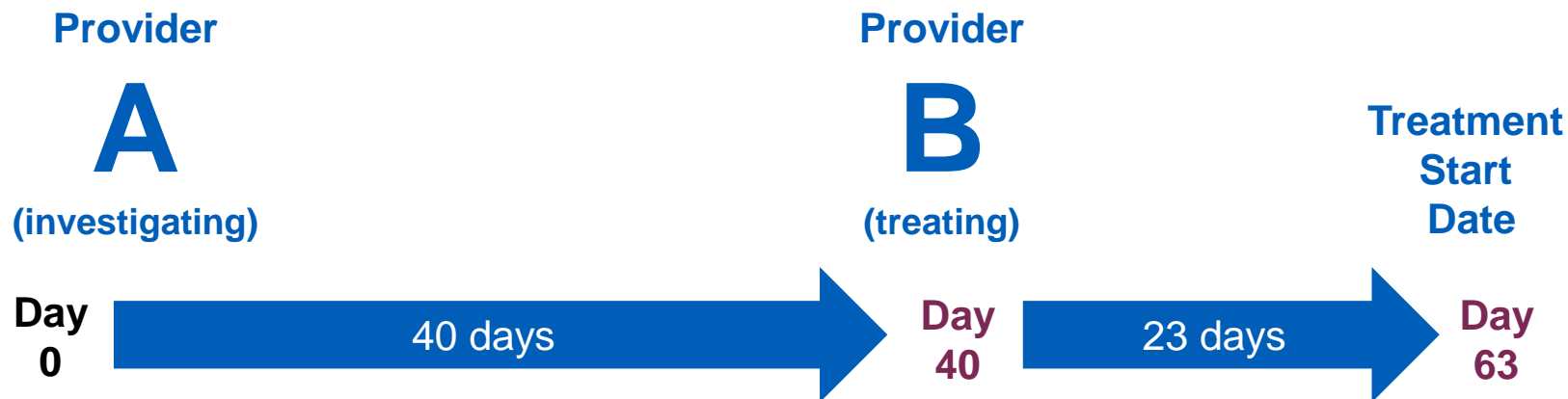
## Example 1



In this example, **the success would be split equally between providers A and B**, as provider A diagnosed and transferred to the treating provider within 38 days, provider B treated within 24 days, and the pathway was a success overall.

# Breach Allocation and IPTs

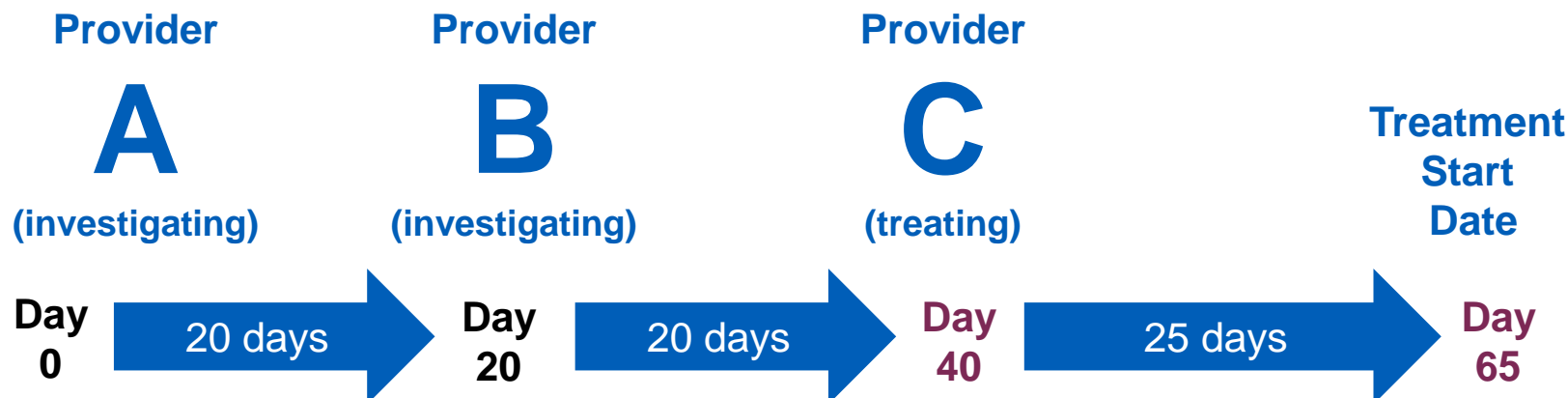
## Example 2



In this example, **the full breach would be allocated to provider A**, as the 38 day part of the pathway breached, and provider B treated in less than 24 days.

# Breach Allocation and IPTs

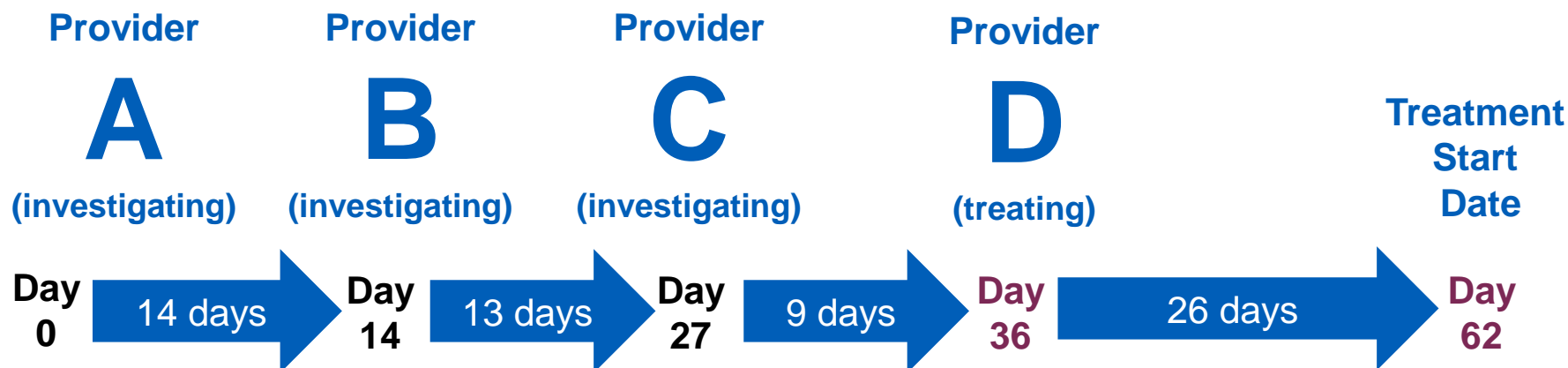
## Example 3



In this example, **the breach would be split equally between providers B and C**, as provider B was the second provider in a tied scenario where the patient was transferred to the treating provider after day 38, and provider C began treatment after day 24.

# Breach Allocation and IPTs

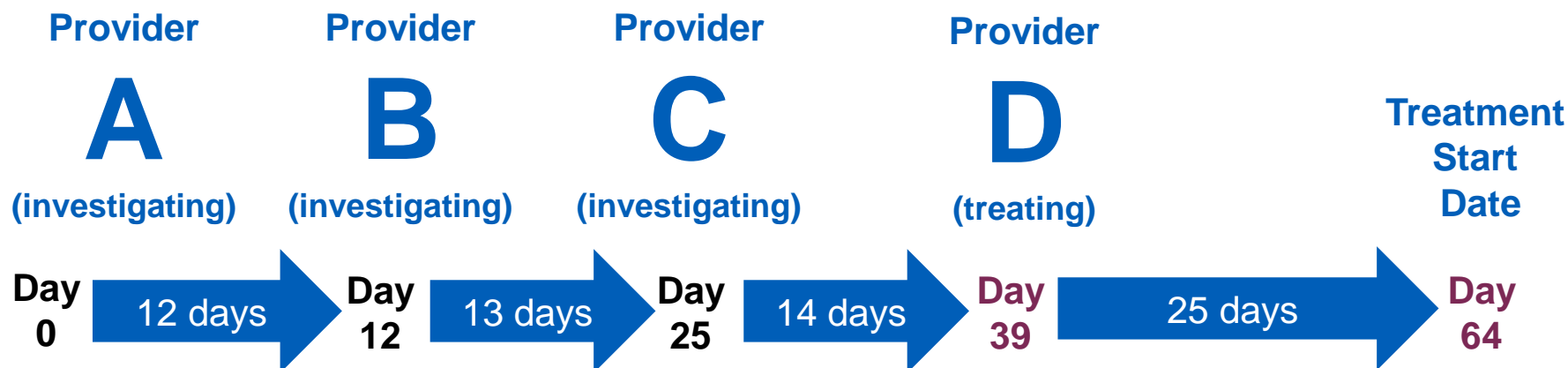
## Example 4



In this example, **the success would be split equally between provider C and provider D**, as the pathway overall did not breach, the 38 day part of the pathway did not breach and provider C took the shortest time to refer on the patient.

# Breach Allocation and IPTs

## Example 5



In this example, **the breach would be split equally between provider C and provider D**, as the pathway overall breached, the 38 day part of the pathway breached, with provider C taking the longest time to refer on the patient. Providers A and B avoided a breach as they referred in a shorter time than Provider C.

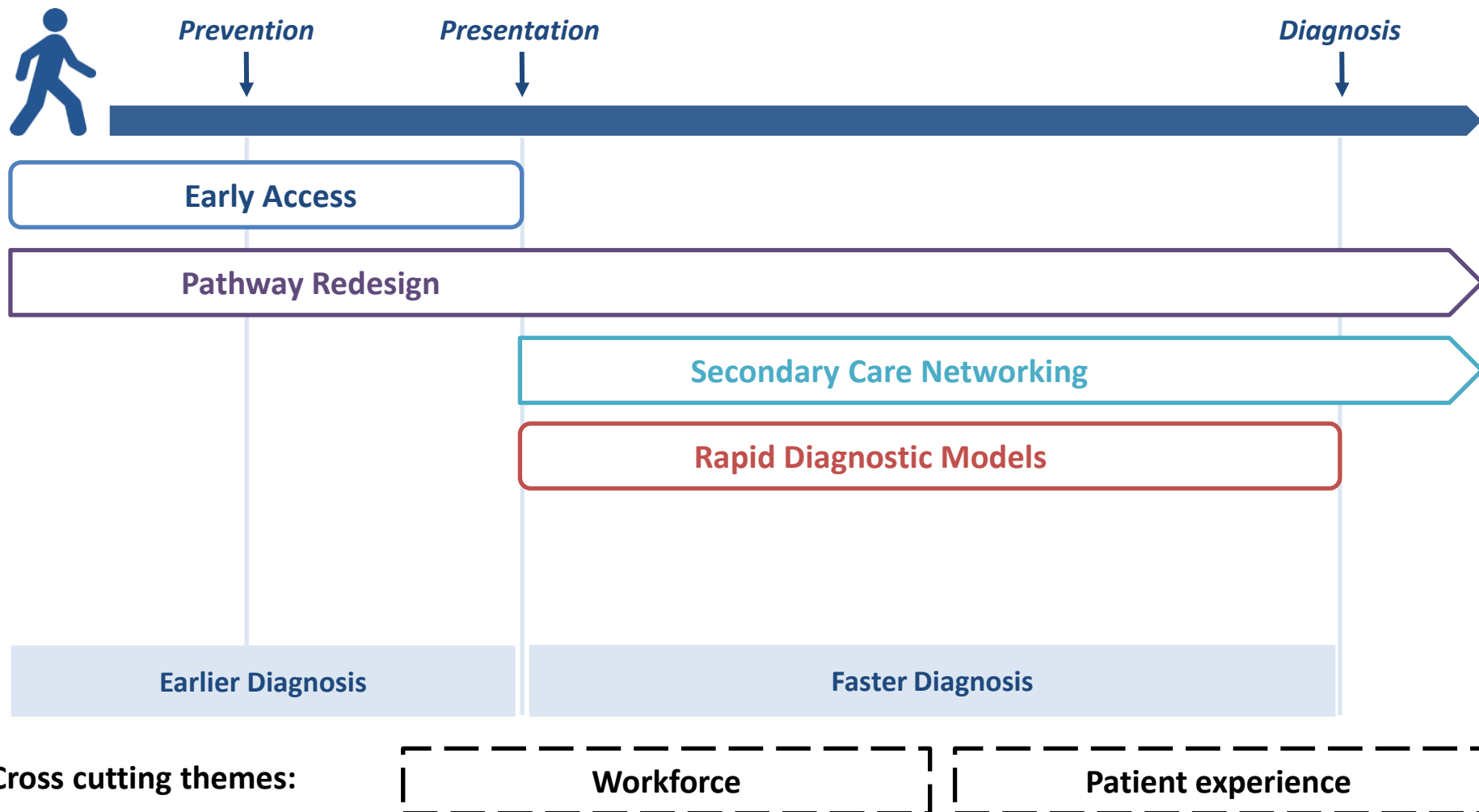
# **The Cancer Programme & the 28 day Faster Diagnosis Standard**

Please direct any queries about the National Cancer Programme or the 28 day FDS to [england.cancerpolicy@nhs.net](mailto:england.cancerpolicy@nhs.net)

# What are we saying?

- We are making radical changes, as part of a five-year plan to improve NHS cancer services
- We're already making rapid progress – but know there is more to do
- We're on track to make long term changes that will put NHS cancer services up with the best in the world.

# Driving early and fast diagnosis



# What is the 28 day FDS?

- New standard implemented in response to the Cancer Taskforce recommendations

*“...patients should receive a definitive diagnosis or ruling out of cancer within 28 days of a referral”*
- Standard will apply to all patients referred on a two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms), and to patients referred urgently through a cancer screening programme.

# Faster Diagnosis Standard

## East Lancashire Hospital

*Explored Pathways:* Upper GI and Lung

*Key Implementation:* Endoweb clinical system used in Endoscopy amended to now capture patient informed

## Kingston Hospital

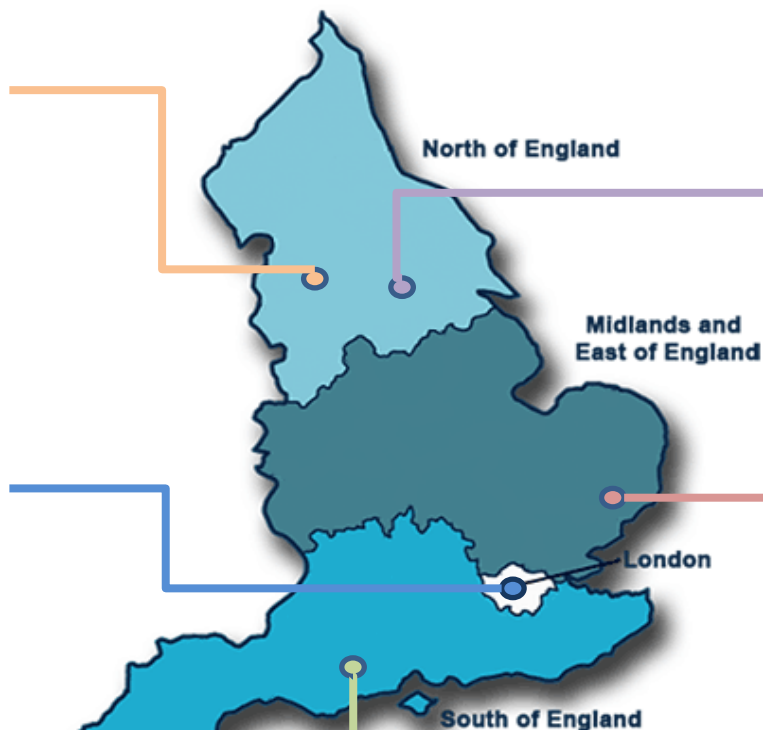
*Explored Pathways:* Upper GI, Lower GI and Endometrial

*Key Implementation:* STT and one-stop-shop service in place for gynaecology patients

## Royal Bournemouth and Christchurch Hospital

*Explored Pathways:* Colorectal, Lung and Urology

*Key Implementation:* Nurse led triage system for colorectal



## Leeds Teaching Hospital

*Explored Pathways:* Head + Neck, Urology and Gynaecology

*Key Implementation:* Piloting STT hysteroscopy and nurse-led triage

## Ipswich Hospital Trust

*Explored Pathways:* Lower GI and Gynaecology

*Key Implementation:* STT and 2WW referral forms amendments

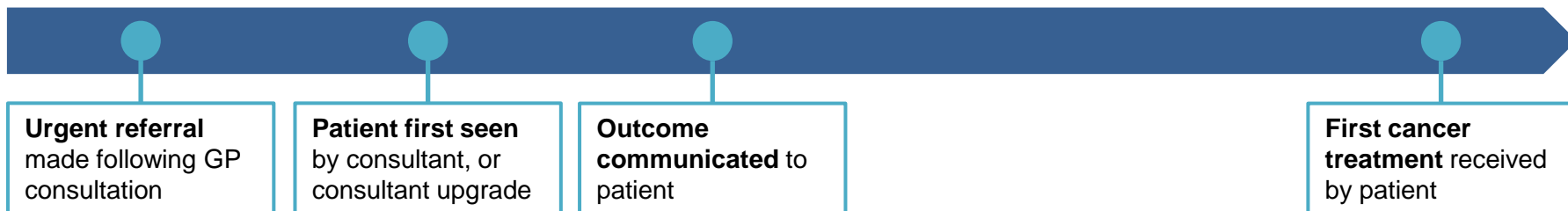
# We are learning



- **Awareness campaigns** targeting the public, patients, primary care
- **Responsibility of GP** to inform patients they are on a cancer pathway
- **Engaging with the patient** to ensure they attend
- **Alternative options** for GP's to access

- **Diagnostic capacity and flow** – particularly histopathology and radiology
- **Virtual clinics, straight to test pathways, one-stop services** with a focus on the first 7 days

- **Template letters** to evidence when the patient is informed
- **Administrative processes** to track the date and mode of communication for the non-cancer patients



Urgent 2ww ( $\leq 14$  days)

Faster diagnosis standard ( $\leq 28$  days)

Referral to treatment ( $\leq 62$  days)

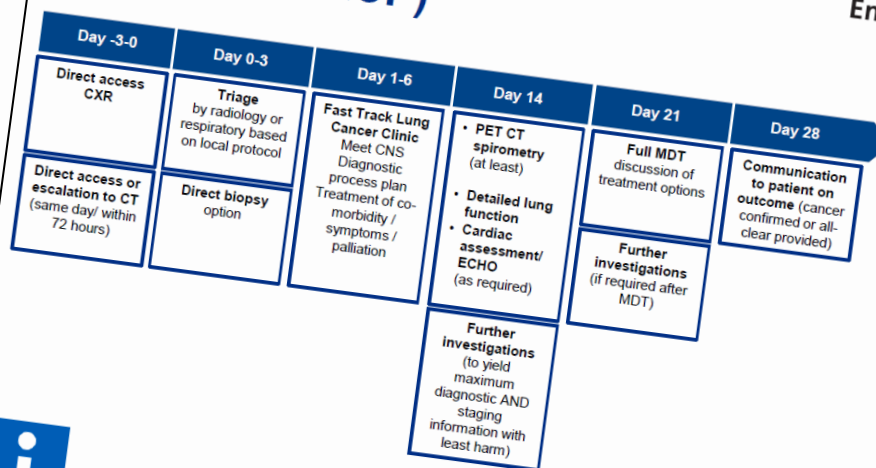
# Best practice timed clinical pathways

## These slides include:

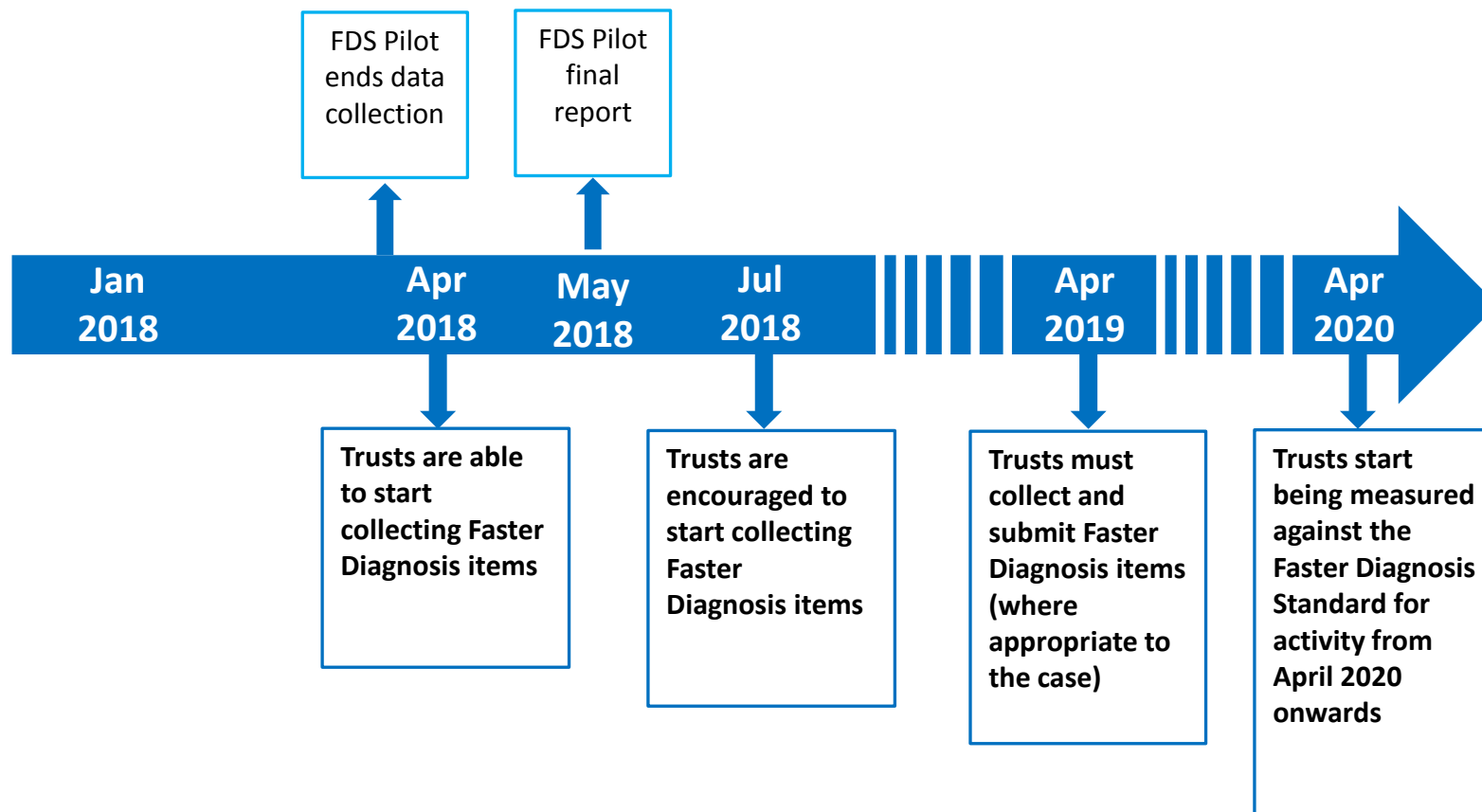
-  Information on best practice / optimal timed pathways
-  Checklists to support initial implementation
-  Views of faster pathways in development
-  Lessons learned from the Cancer Vanguard
-  Resources to support implementation

[www.england.nhs.uk](http://www.england.nhs.uk)

## National Optimal Lung Cancer Pathway (NOLCP)



# FDS timescales

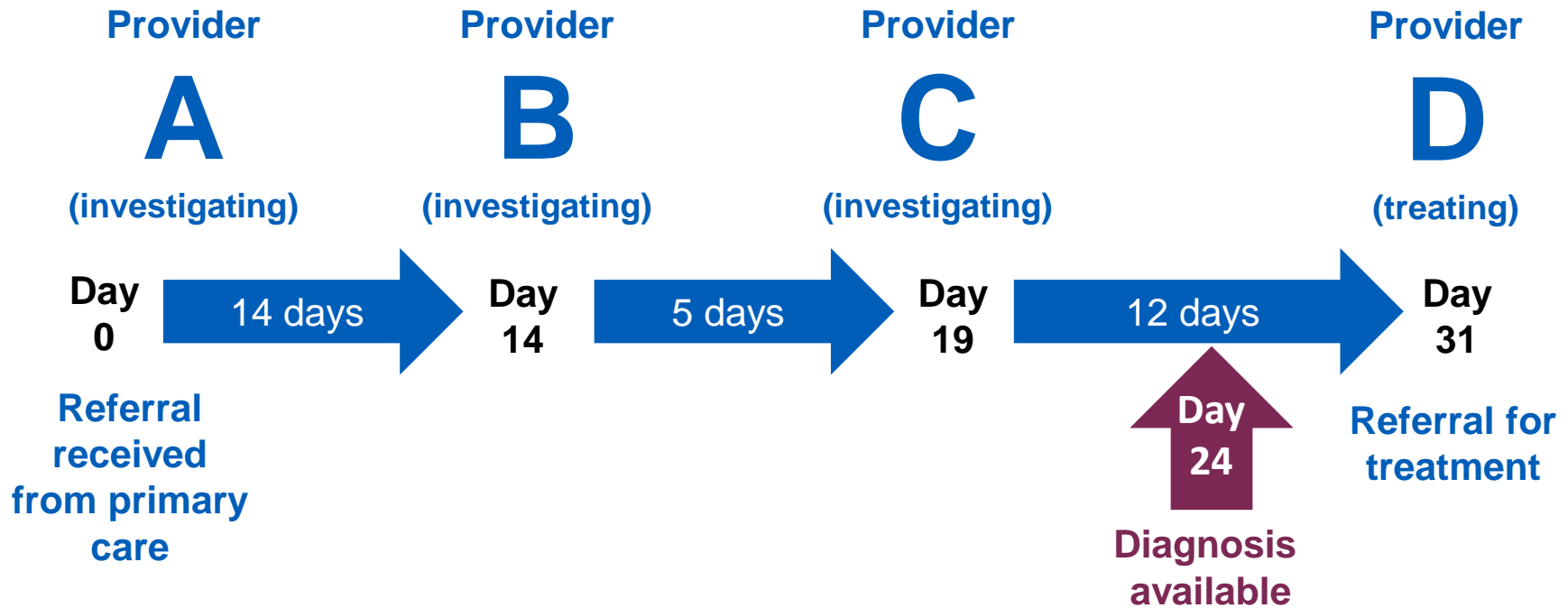


# FDS within CWT Data

## What data will providers be asked to collect?

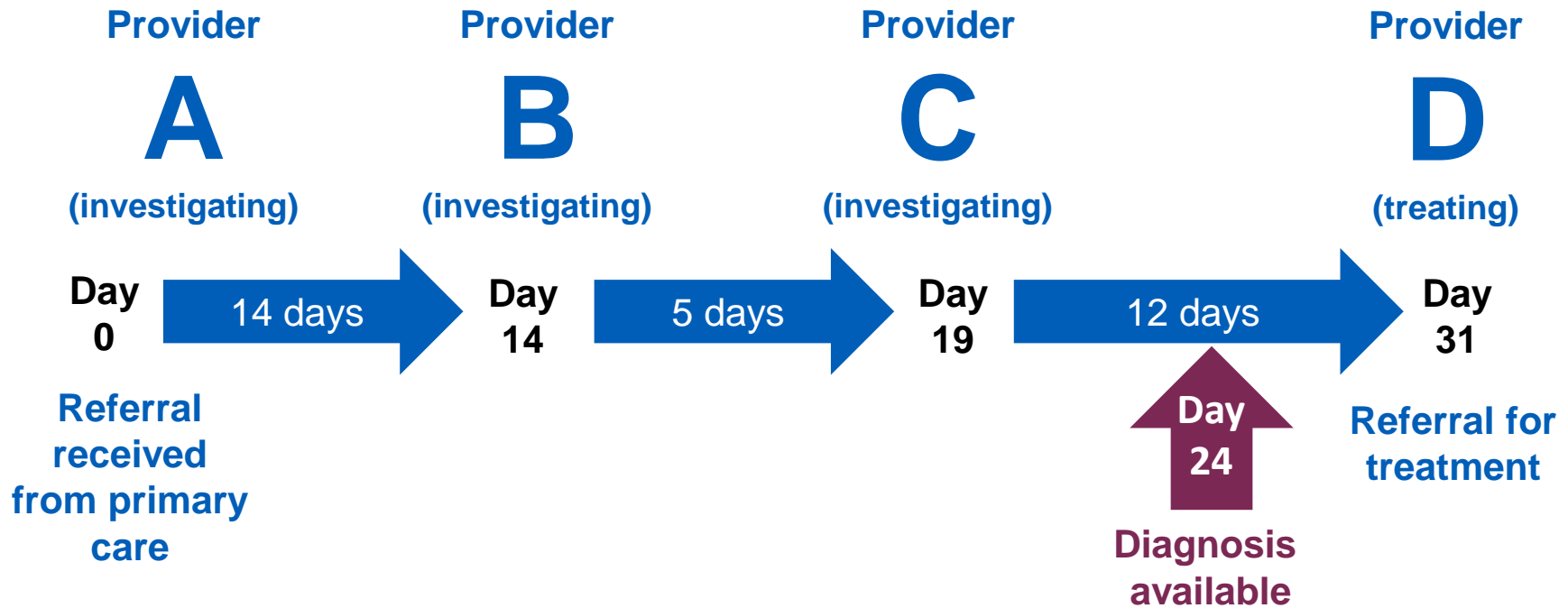
- The 'clock start' date is the receipt of referral.
- The 'clock stop' date is when the patient is informed of either a cancer diagnosis or the ruling out of cancer.
- The patients in scope are patients referred by their GP on a 2WW (suspicion of cancer or with breast cancer symptoms), or patients referred urgently from a cancer screening programme.
- 9 new data items to be collected for the Faster Diagnosis Standard.

# Faster Diagnosis Standard Quiz



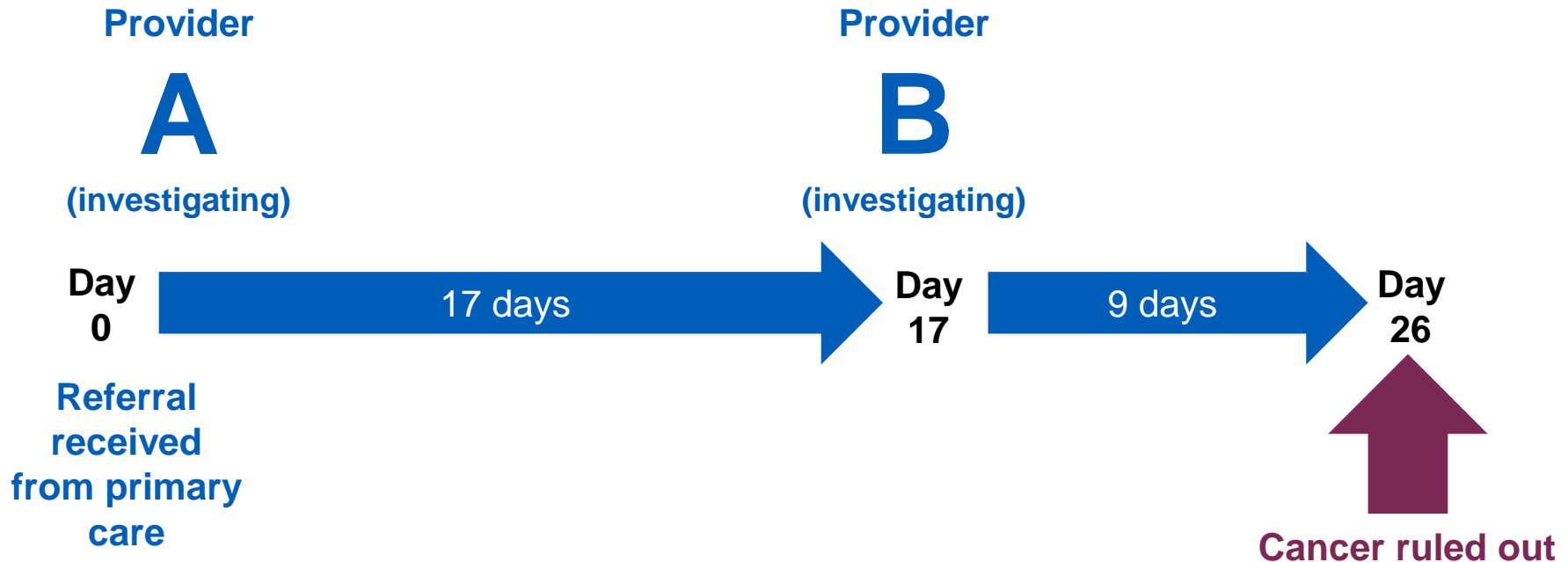
- Which provider completes the Cancer Referral to Treatment Period Start Date?
- Which provider is responsible for communicating the diagnosis to the patient?
- Which provider completes the Cancer Faster Diagnosis Pathway End Date?

# Faster Diagnosis Standard Quiz



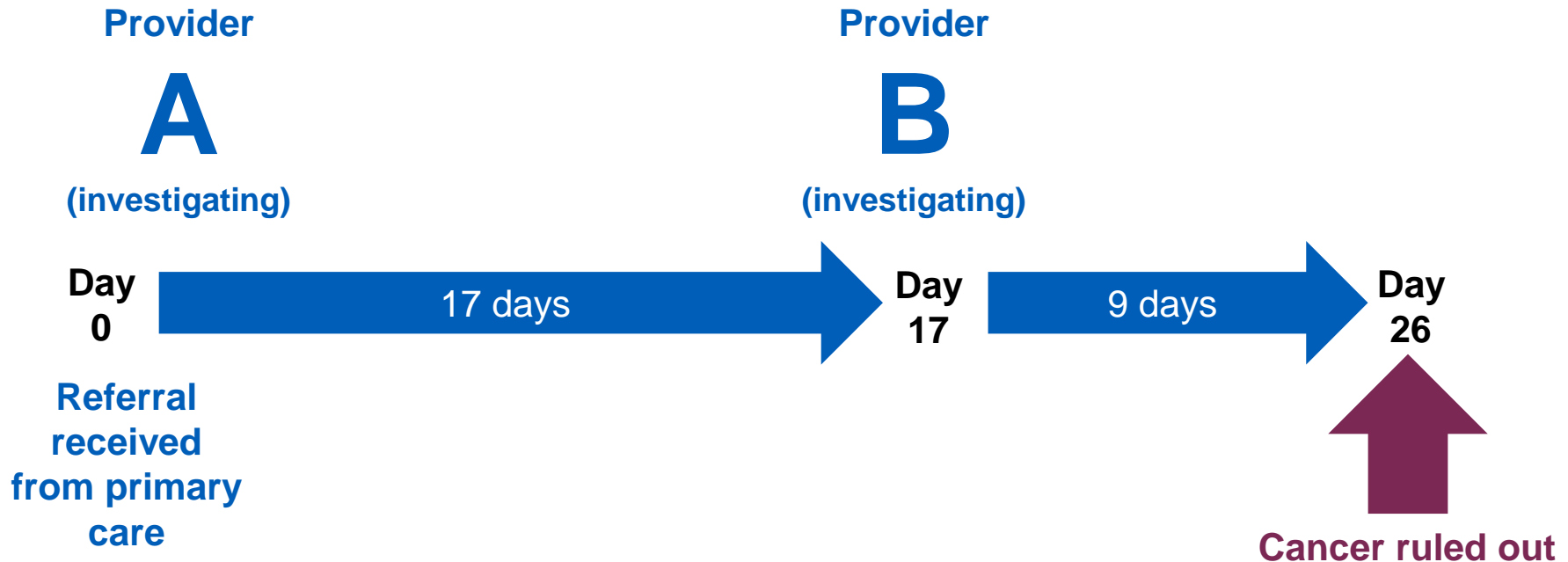
Cancer Referral to Treatment Period Start Date is completed by provider A, **all other items relating to the 28 day FDS are completed by provider C**, as that is the provider responsible for communicating the outcome to the patient.

# Faster Diagnosis Standard Quiz



- Which provider completes the Date First Seen?
- Which provider is responsible for communicating the diagnosis to the patient?
- If the ruling out of cancer is communicated more than 28 days after day of referral, which provider would complete the Cancer Care Spell Delay Reason (Outcome Communicated)?

# Faster Diagnosis Standard Quiz



Date First Seen is completed by provider A, **all other items relating to the 28 day FDS are completed by provider B**, as that is the provider responsible for communicating the outcome to the patient.

# FOR FURTHER SUPPORT

- Please direct any queries about implementation and local support to your Cancer Alliance or regional lead;
- Please direct any technical queries about CWT 2.0 to [cancer-waits@dh.gsi.gov.uk](mailto:cancer-waits@dh.gsi.gov.uk); and
- Please direct any queries about the National Cancer Programme or the 28 day FDS to [england.cancerpolicy@nhs.net](mailto:england.cancerpolicy@nhs.net)