

WELSH INFORMATION STANDARDS BOARD

DSC Notice:	DSCN 2019 / 01
Date of Issue:	8 th January 2019

Ministerial / Official Letter: N/A	Subject: Single Suspected Cancer Pathway
Sponsor: Olivia Shorrocks, Head of Major Conditions (Performance), Welsh Government	
Implementation Date: With immediate effect	

DATA STANDARDS CHANGE NOTICE

A Data Standards Change Notice (DSCN) is an information mandate for a new or revised information standard.

This DSCN was approved by the Welsh Information Standards Board (WISB) at its meeting on 19th December 2018

WISB Reference: ISRN 2018 / 011

Summary:

To implement a Single Cancer Pathway (SCP) measuring waits for patients suspected of having a new primary cancer from point of suspicion through to start of first definitive treatment.

Data sets / returns affected:

This is a new standard, although it should be noted that measures defined here run concurrently with existing 'Urgent Suspected Cancer' (USC) and non-Urgent Suspected Cancer (nUSC) performance monitoring, switching to formal dual reporting of the SCP from 1st June 2019, with the first formal reporting being undertaken in August 2019 for June activity.

Please address enquiries about this Data Standards Change Notice to the Data Standards Team in NHS Wales Informatics Service

E-mail: data.standards@wales.nhs.uk / Tel: 029 2050 2539

The Welsh Information Standards Board is responsible for appraising information standards. Submission documents and WISB Outcomes relating to the approval of this standard can be found at:

<http://howis.wales.nhs.uk/sites3/page.cfm?orgid=742&pid=24632>

DATA STANDARDS CHANGE NOTICE

Introduction

There are currently two cancer waiting time standards in Wales.

- Patients referred from primary care with symptoms suggestive of cancer (also known as 'urgent suspected cancer' patients or USCs) must be treated within 62 days of receipt of referral
- Patients referred by other means e.g. emergency admissions, routine referrals where cancer was not suspected, referrals from screening services etc. (otherwise known as non-USCs) must be treated within 31 days of decision to treat; decision to treat is defined as the date the patient agrees their treatment plan with a clinician.

Work over a number of years identified that some patients experienced significant waits on the current non-Urgent Suspected Cancer (nUSC) pathway prior to the decision to treat. As a result of this work, the all-Wales Cancer Implementation Group recommended that all patients suspected of having a new primary cancer be put on a single cancer pathway (SCP) regardless of their entry point onto the pathway. This includes patients who have had a previous cancer and are now suspected of having a different primary (a new) cancer.

The Cabinet Secretary for Health and Social Services announced in November 2017 his intention to instruct all health boards to formally develop implementation plans for the SCP. He requested that all health boards should formally shadow report all patients suspected of having cancer from 1st January 2018, alongside existing USC and nUSC pathways, switching to formal dual reporting from June 2019. It was agreed by the Cancer Implementation Group that 62 days is the appropriate length of the pathway for cancer from suspicion to treatment.

Description of Change

To introduce the Single Cancer Pathway (SCP) and outcome measure as described in the Information Specification below.

Data Dictionary Version

Where applicable, this DSCN reflects changes introduced by DSCN and/or DDCN since the release of version 4.9 of the NHS Wales Data Dictionary.

The changes introduced by such DSCNs will be published in version 4.10 of the NHS Wales Data Dictionary.

Actions Required

Local Health Boards / Trusts:

- Ensure that local processes and system updates are in place to meet the reporting requirements as described in this DSCN.

NWIS:

- Develop and deliver the functionality necessary to enable the integration of tracker 7 with WPAS.
- Ensure that this standard is incorporated into the ongoing developments of WPAS.

Welsh Government Delivery & Performance Division:

- On an annual basis, make the form for SCP Outcome Measures Reporting Data Collection available to health boards to complete, and notify them of the deadline for the submission of data.
- Ensure that guidance to assist designation of the date for entry onto the SCP is available for health boards to access, and notify them of any changes to this guidance.

Information Specification

All cancer patients should be tracked from point of suspicion to treatment within 62 days regardless of their entry point onto the pathway. Unless otherwise specified in the “single suspected cancer pathway definitions” document (Appendix B), the rules and guidance are the same as those applicable to the existing USC pathway.

Health boards are required to enter all patients suspected of having a **new primary** cancer onto SCP. This includes patients who have had a previous cancer and are now suspected of having a different primary (a new) cancer. For SCP, the clock start point for all patients is the point of suspicion. The main entry points onto the pathway are defined in the “single suspected cancer pathway definitions” document.

Alongside implementation of the SCP operational waiting list management process, health boards are also required to provide monthly data on waiting times for patients on the a cancer pathway. This information should be captured in the SCP pro forma (defined in Appendix B). This pro forma also includes a section for reporting against the existing USC and nUSC pathways for comparison purposes; however, health boards are required to continue to provide the existing USC and nUSC reports separately.

Health boards are required to shadow report on SCP via the pro forma with formal dual reporting alongside the existing nUSC/USC data from 1st June 2019, with publication of the first report August 2019. Formal dual reporting continues until there is sufficient confidence in the SCP data, with a review scheduled to be undertaken in June 2020.

Health boards are required to report on all patients referred into services they provide following a suspicion of cancer for SCP, as per previous reporting requirements for nUSC/USC defined in Welsh Health Circular 2004 (067)¹ and subsequent guidance. Cross border patients (i.e. referred into services outside of Wales) are excluded from SCP reports until such time when this information is available from NHS Digital, but no later than January 2020.

¹ <http://www.wales.nhs.uk/sites3/Documents/362/whc-2004-067-e.pdf>

Appendix A: Table reflecting areas that are impacted as a result of this DSCN

The following table shows where there are changes to the scope and/or definitions of applicable data sets, data items, terms and other associated areas that are linked with the changes documented within this DSCN.

Each data definition type is listed in alphabetical order and is shown in the sequence in which it appears in this DSCN.

Data Definition Type	Name	New/Retired/ Changed	Page Number
Aggregate Proforma	Single Suspected Cancer Pathway Measures	New	6

Appendix B: Highlighted changes to be made to the NHS Wales Data Dictionary

Changes to the NHS Wales Data Dictionary are detailed below, with new text being highlighted in **blue** and deletions are shown with a ~~strikethrough~~. The text shaded in **grey** shows existing text copied from the NHS Wales Data Dictionary.

Single Suspected Cancer Pathway Measures

Guidelines and Return Submission Details

The information required relates to all patients on the single Suspected Cancer Pathway, with additional fields to provide summary information from existing USC and nUSC performance monitoring, for comparison.

Patients are to be recorded from point of suspicion as defined in the guidance document Single Suspected Cancer Pathway Definitions – pathway start date:
<http://www.walescanet.wales.nhs.uk/scp-key-documents>

Health boards are to provide one completed template per month. Templates to be submitted to the Welsh Government alongside existing USC and nUSC reports: <https://afonwales.org.uk/>

The latest version of each form is available on the Wales Cancer Network website:
<http://www.walescanet.wales.nhs.uk/scp-key-documents>

Any further queries regarding the data collection forms should be directed to the Delivery & Performance Division, Welsh Government, on 03000 258871, or e-mail via HSS.Performance@gov.wales.

Information Requirements

Definitions: General

Term	Definition
Point of suspicion of cancer	<p>All patients suspected of having a new primary cancer will be entered onto the pathway. This includes patients who have had a previous cancer and are now suspected of having a different primary (a new) cancer.</p> <p>All patients on the SCP are to be recorded from point of suspicion as defined in the guidance document Single Suspected Cancer Pathway Definitions – pathway start date http://www.walescanet.wales.nhs.uk/scp-key-documents</p>
With suspensions/Without suspensions	<p>RTT Guidelines define a suspension as:</p> <p><i>A period during which the cancer clock is paused due to the patient being unavailable or medically unfit due to a co-morbidity to proceed to the next stage of the pathway.</i></p> <p>It is important to be able to identify patient waits with and without suspensions; consequently reports should include those with and without suspensions applied. Initially it will be difficult to record suspensions for those patients on the nUSC pathway prior to a decision to treat. While systems are developed to capture all suspensions along the pathway it is expected that all patient waits be recorded with suspensions as per existing USC and nUSC reporting.</p> <p>As health boards progress with the implementation of the single cancer pathway and move from retrospective reporting to prospective reporting, suspensions prior to the decision to treat should be captured.</p>

Definitions: Measures – USC, nUSC and SCP Performance

1 Treated by USC-nUSC	
Measure	Definition
USC Pathway:	Information should be copied from the dataset used to complete the existing pro forma <i>Monthly Cancer Target Monitoring Form - Urgent Suspected Cancer</i>
Treated in target with suspensions	This is the total treated in target recorded for the month in column <i>Number of newly diagnosed cancer patients starting first definitive treatment this month AND within 62 days from receipt of referral</i> - suspensions to be applied as per existing RTT and supplementary national guidance.
Treated in target without suspensions	This is the total treated in target recorded for the month in column <i>Number of newly diagnosed cancer patients starting first definitive treatment this month AND within 62 days from receipt of referral</i>
Total treated	This is the total recorded for the month in column <i>Total number of newly diagnosed cancer patients starting first definitive treatment this month.</i>
nUSC Pathway:	Information should be copied from the dataset used to complete the existing pro forma <i>Monthly Cancer Target Monitoring Form - 'Non' Urgent Suspected Cancer</i>
Treated in target with suspensions	This is the total treated in target recorded for the month in column <i>Number of newly diagnosed cancer patients starting first definitive treatment this month AND within 31 days of diagnosis</i> – suspensions to be applied as per existing RTT and supplementary national guidance.
Treated in target without suspensions	This is the total treated in target recorded for the month in column <i>Number of newly diagnosed cancer patients starting first definitive treatment this month AND within 31 days of diagnosis</i>
Total treated	This is the total recorded for the month in column <i>Total number of newly diagnosed cancer patients starting first definitive treatment this month.</i>

Single Cancer Pathway:	
Treated in target with suspensions	The total number of patients who began treatment within target in the month within 62 days from the point of suspicion. Suspensions to be applied as per existing RTT and supplementary national guidance.
Treated in target without suspensions	The total number of patients who began treatment within target in the month within 62 days from the point of suspicion.
Total treated	The total number of patients treated in the month that were referred onto the SCP including those that exceeded the 62 day target. There is not an expectation for the number of referrals to correspond with the numbers treated in any particular month.

Definitions: Measures – SCP Performance ONLY

2 Treated by Tumour Site	
Treated in target with suspensions	As worksheet 1 'Treated by USC nUSC' but for SCP only and categorised by tumour site. The sum of the tumour categories in these columns should be equal to the <i>SCP Numbers Treated in Target with/without suspensions</i> figures in worksheet 1.
Treated in target without suspensions	
Total treated	As worksheet 1 'Treated by USC nUSC' but for SCP only and categorised by tumour site. The sum of the tumour categories in this column should be equal to the <i>SCP Total treated</i> figure in worksheet 1.
Percentage treated in target with suspensions	Autopopulated (Treated in target with suspensions/Total treated) x 100
Percentage treated in target without suspensions	Autopopulated (Treated in target without suspensions/Total treated) x 100

3 Entry onto Pathway	
Entered pathway	The total number of patients referred onto the single cancer pathway in the reporting month including those that are later downgraded or removed from the pathway, broken down by entry onto the pathway. These are patients starting from the point of suspicion as defined in Single Suspected Cancer Pathway Definitions – pathway start date http://www.walescanet.wales.nhs.uk/scp-key-documents . It is understood that all patients who are downgraded may not be captured at present until process changes are made. Until process changes are in place it is acceptable to use the date the patient record is downgraded (i.e. downgrade actioned on the system) as a proxy for the actual date of downgrade.

4 Treated by Entry onto Pathway	
Treated in target with suspensions	<p>This is the same cohort of patients as in worksheet 1 'Treated by USC nUSC' but for SCP only and categorised by source of entry onto the pathway. This is essential for understanding where the majority of patients are entering the pathway and which areas are problematic.</p> <p>For further guidance please contact the Cancer Network via the email address below: singlecancerpathway@wales.nhs.uk</p> <p>The sum of the pathway categories in these columns should be equal to the <i>SCP Numbers Treated in Target with/without suspensions</i> figures in worksheet 1.</p>
Treated in target without suspensions	
Total treated	
Percentage treated in target with suspensions	
Percentage treated in target without suspensions	
	As worksheet 1 'Treated by USC nUSC' but for SCP only and categorised by entry onto the pathway. The sum of the pathway categories in this columns should be equal to the <i>SCP Total treated</i> figure in worksheet 1.
	Autopopulated (Treated in target with suspensions/Total treated) x 100
	Autopopulated (Treated in target without suspensions/Total treated) x 100

5 Enter Pathway by Tumour Site	
Total number of patients entering the pathway	The total number of patients referred onto the single cancer pathway in the reporting month including those that are later downgraded or removed from the pathway, broken

	<p>down by tumour site. These are the same cohort of patients as Worksheet 3 'Entry onto pathway' but by tumour site. It is understood that all patients who are downgraded may not be captured at present until system changes are made. Until system changes are in place it is acceptable to use the date the patient record is downgraded (i.e. downgrade actioned on the system) as a proxy for the actual date of downgrade.</p>
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6 Informed Date by Tumour Site	
<p>Total with diagnosis informed date</p>	<p>This cohort consists of patients who have been informed of their confirmed diagnosis. This count is attempting to capture the date on which they were informed in the reporting month regardless of which month they entered the SCP or whether they have begun treatment or not. If current systems are unable to capture the date the patient is informed of their diagnosis then the decision to treat date or date the patient is downgraded should be used in the short term while work is progressed to make the necessary changes on systems.</p>
<p>Total with diagnosis informed date within 28 days</p>	<p>This cohort consists of patients who have been informed of their confirmed diagnosis. This count is attempting to capture the number of patients who were informed of their diagnosis within 28 days in the reporting month regardless of which month they entered the SCP or whether they have begun treatment or not. If current systems are unable to capture the date the patient is informed of their diagnosis then the decision to treat date or date the patient is downgraded should be used in the short term while work is progressed to make the necessary changes on systems.</p>
<p>Percentage with informed date within 28 days</p>	<p>This cohort consists of patients who have been informed of their confirmed diagnosis. This percentage is attempting to capture the number of patients who were informed of their diagnosis within 28 days in the reporting month regardless of which month they entered the SCP or whether they have begun treatment or not. Autopopulated (Total with end date within 28 days /Total with diagnosis end date) x 100</p>