

WELSH HEALTH CIRCULAR



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Status: Action

Title: Monthly data collection of cancer waiting times to start of definitive treatment

For Action by:

Chief Executives: NHS Trusts
Welsh Health Information Managers

Action required:

See paragraph 3.

For Information to: see Distribution List.

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Dear Colleague

Summary

1. This circular informs NHS Trusts of the requirements of a new monthly data collection by the National Assembly for Wales (NAW) of how long cancer patients wait from:
 - a) receipt of referral at the hospital to start of definitive treatment for newly diagnosed cancer patients that have been referred as urgent suspected cancer (USC) and confirmed as urgent by the specialist;
 - b) diagnosis to start of definitive treatment for newly diagnosed cancer patients not included as USC referrals.
2. Trusts are advised that they are no longer required to submit quarterly returns relating to the previous SaFF target of 'urgent referrals with a suspected diagnosis of cancer should be seen within 10 working days of receipt by the hospital of the referral' with immediate effect.

Action Required

3. To ensure that the data are returned to the NAW:
 - a) every month in accordance within the timetable given in Annex A;
 - b) the specification given in Annex B, C and D;
 - c) organisation codes specified in Annex E;
 - d) in accordance with the definitions and guidance specified in WHC(2004)067 – Definitions to support the Cancer Waiting Times SaFF Target and in Annex F.

Background

4. WHC(2004)067 stated that the SaFF target for 2004/05 was
"By the end of September 2004 each Trust to have a system in place to report quarterly, thereafter to Regional Offices on how long cancer patients wait from:
 - a) receipt of referral at the hospital to start of definitive treatment for newly diagnosed cancer patients that have been referred as urgent suspected cancer (USC) and confirmed as urgent by the specialist;
 - b) diagnosis to start of definitive treatment for newly diagnosed cancer patients not included as USC referrals."
5. The Head of the Health and Social Care Department, Mrs Ann Lloyd, has requested that due to the high profile nature of cancer waiting times, Trusts are now required to submit monthly reports to the NAW rather than report quarterly to Regional Offices as stated in the SaFF target for 2004/05.
6. In October 2004, WHC(2004)067 – 'Definitions to support the Cancer Waiting Times SaFF Target' was issued to provide clarification on the terminology within this target to ensure consistency across Trusts when reporting the new cancer waiting times.

7. The SaFF target for 2005/06 sets out the new waiting times for cancer, in line with the new Cancer Waiting Times Standards for Definitive Treatment (at the time of writing, this has not yet been published). The new target waiting times are as follows:
 - a) Newly diagnosed cancer patients that have been referred as USC and confirmed as urgent by the specialist to start definitive treatment within 2 months from receipt of referral at the hospital.
 - b) Newly diagnosed cancer patients not included as USC referrals to start definitive treatment within 1 month of diagnosis.
8. The target date for Trusts to comply with this SaFF target is 31st December 2006. However, in order for the NAW to monitor Trusts progress towards the 2005/06 target, Trusts will be required to submit a monthly return to the NAW starting from May 2005 relating to April 2005 cancer waiting times.

Submission of data

9. The data required in the monthly submission should adhere to the definitions given in WHC(2004)067 – ‘Definitions to support the Cancer Waiting Times SaFF Target’ and in Annex F which summarises the information given in WHC(2004)067. Periods where the patient is unavailable for treatment (for social or medical reasons), then the patient should be suspended from the waiting list for the time they are unavailable.
10. Details of the timetable for monthly returns, information requirements, the file layouts and procedures for electronic submission can be found in Annex A, B, C and D.
11. Queries relating to the content of this guidance should be forwarded to:

Helen Spyrou
Health Statistics & Analysis Unit,
National Assembly Government,
Cathays Park,
Cardiff, CF10 3NQ. Telephone: 029 2080 1268
12. Electronic copies of the monitoring forms in Annex C and D can be obtained by e-mailing:
stats.health@wales.gsi.gov.uk
13. The information obtained via this data collection will be published in September 2005, subject to compliance with agreed data standards.
14. Trusts will no longer be required to submit quarterly data to Regional Offices as stated in the cancer SaFF target for 2004/05.
15. The NAW recommends that all Trusts should use CANISC as the tool to capture and report the required data on cancer waiting times.

Cancer 10 Day Wait Quarterly Data Collection

15. WHC(2002)01 – ‘Collection of Information on Waiting Times for Cancer Patients from January 2002’ specified the data requirements for the submission of cancer waiting times for the following CSCG Minimum Cancer Service Target for 2001/02

“Urgent referrals with a suspected diagnosis of cancer should be seen within 10 working days of receipt by the hospital of the referral”.

16. As this target has been replaced by the SaFF target for 2005/06 relating to cancer waiting times to start of definitive treatment, the quarterly flow of cancer 10 day wait data to the NAW is no longer required. Therefore, Trusts are advised that they are no longer required to supply this data with immediate effect.

Clearance

17. This Circular has been drafted by the Welsh Assembly's Resources Directorate of the Health and Social Care Department in collaboration with the Statistical Directorate.

Yours sincerely

Dr Christine Daws
Director of Resources
Health and Social Care Department

Timetable for the monthly collection of cancer waiting times

Each NHS Trust will provide 2 monitoring forms (relating to 1a) and 1b) in the summary) relating to the previous month to the National Assembly for Wales no later than the last working day of the month.

2005/06 timetable for the return of cancer waiting times

Cancer waiting times for the month ending:	Return due no later than:
30 April 2005	Tuesday 31 May 2005
31 May 2005	Thursday 30 June 2005
30 June 2005	Friday 29 July 2005
31 July 2005	Wednesday 31 August 2005
31 August 2005	Friday 30 September 2005
30 September 2005	Monday 31 October 2005
31 October 2005	Wednesday 30 November 2005
30 November 2005	Friday 30 December 2005
31 December 2005	Tuesday 31 January 2006
31 January 2006	Tuesday 28 February 2006
28 February 2006	Friday 31 March 2006
31 March 2006	Friday 28 April 2006

Monthly Cancer Target Monitoring Form – Urgent Suspected Cancer

ANNEX C

Month ending ▼

Trust Name ▼

Please enter contact name and telephone number

	Total number of urgent suspected cancer referrals received this month and confirmed urgent by the specialist ^(g) .	Number of newly diagnosed cancer patients ^(a) starting first definitive treatment this month AND within 62 days from receipt of referral.	Number of newly diagnosed cancer patients ^(a) starting first definitive treatment this month, NOT within 62 days from receipt of referral.				Total number of newly diagnosed cancer patients ^(a) starting first definitive treatment this month.	Number of newly diagnosed cancer patients ^(a) who have NOT YET RECEIVED FIRST DEFINITIVE TREATMENT at the end of this month ^(b) .
			But within 69 days from receipt of referral.	But between 70 and 79 days from receipt of referral.	But between 80 and 93 days from receipt of referral.	But after 93 days from receipt of referral.		
Tumour site:	Col. (1)	Col. (2)	Col. (3)	Col. (4)	Col. (5)	Col. (6)	Col. (7) = Total Cols. (2) to (6)	Col. (8)
Head and Neck								
Upper Gastrointestinal								
Lower Gastrointestinal								
Lung								
Sarcoma								
Skin ^(c)								
Brain/CNS								
Breast								
Gynaecological								
Urological								
Haematological ^(d)								
Acute Leukaemia								
Children's cancer ^(e)								
Other ^(f)								

(a) Patients who have been referred as urgent suspected cancer and confirmed as urgent by the specialist.

(b) This should include all patients waiting, irrespective of when they were referred.

(c) Malignant Melanoma and squamous cell carcinoma only. Basal cell carcinomas to be excluded.

(d) Excluding acute leukaemia.

(e) All patients under 16 years of age at date of first definitive treatment.

(f) All other cancers not mentioned above.

(g) Include any non-urgent suspected cancer referrals from primary care, which is subsequently identified as being urgent suspected cancer by the consultant.

Monthly Cancer Target Monitoring Form – ‘Non’-Urgent Suspected Cancer

ANNEX D

Month ending ▼
 Trust Name ▼

Please enter contact name and telephone number

	Total number of new cancer patients diagnosed this month, not included as urgent suspected cancer referrals.	Number of newly diagnosed cancer patients ^(a) starting first definitive treatment this month AND within 31 days of diagnosis.	Number of newly diagnosed cancer patients ^(a) starting first definitive treatment this month, NOT within 31 days of diagnosis.				Total number of newly diagnosed cancer patients ^(a) starting first definitive treatment this month.	Number of newly diagnosed cancer patients ^(a) who have NOT YET RECEIVED FIRST DEFINITIVE TREATMENT at the end of this month ^(b) .
			But within 38 days of diagnosis.	But between 39 and 48 days of diagnosis.	But between 49 and 62 days of diagnosis.	But after 62 days of diagnosis.		
Tumour site:	Col. (1)	Col. (2)	Col. (3)	Col. (4)	Col. (5)	Col. (6)	Col. (7) = Total Cols. (2) to (6)	Col. (8)
Head and Neck								
Upper Gastrointestinal								
Lower Gastrointestinal								
Lung								
Sarcoma								
Skin ^(c)								
Brain/CNS								
Breast								
Gynaecological								
Urological								
Haematological ^(d)								
Acute Leukaemia								
Children’s cancer ^(e)								
Other ^(f)								

(a) Not included as urgent suspected cancer referrals.

(b) This should include all patients waiting, irrespective of when they were referred.

(c) Malignant Melanoma and squamous cell carcinoma only. Basal cell carcinomas to be excluded.

(d) Excluding acute leukaemia.

(e) All patients under 16 years of age at date of first definitive treatment.

(f) All other cancers not mentioned above.

List of NHS Trust codes after re-configuration at April 2000

	Trust Code	NHS Trust
1	RVD	Bro Morgannwg
2	RWM	Cardiff and Vale
3	RVA	Carmarthenshire
4	RKU	Ceredigion and Mid Wales
5	RT8	Conwy and Denbighshire
6	RVF	Gwent Healthcare
7	RT9	North East Wales
8	RRS	North Glamorgan
9	RT7	North West Wales
10	RR6	Pembrokeshire and Derwen
11	RVE	Pontypridd and Rhondda
12	6C4	Powys Local Health Board
13	RVC	Swansea

Definitions for monthly data collection of cancer waiting times to start of definitive treatment

(For detailed definitions and guidance please see WHC (2004)067 – ‘Definitions to support the Cancer Waiting Times SaFF Target’)

The SaFF target monitors how long cancer patients wait from:

- a) receipt of referral at the hospital to start of definitive treatment for newly diagnosed cancer patients that have been referred as urgent suspected cancer (USC) and confirmed as urgent by the specialist;
- b) diagnosis to start of definitive treatment for newly diagnosed cancer patients not included as USC referrals.

It should be noted that (a) applies to referrals from primary care, and (b) applies to all patients, regardless of referral route (including those patients who are diagnosed through the screening services) and not already included as urgent referrals with suspected cancer from primary care i.e. not already included in (a).

Which patients to include in the data submission

The SaFF target relates only to all newly diagnosed cancer patients (excluding skin cancer basal cell carcinomas).

A recurrence of the original primary cancer at a secondary site should not be included within the reporting.

If a patient has another primary cancer this should be included within the reporting with the following exceptions:

- Squamous cell carcinoma – most patients have a single lesion at presentation but a significant number will get more primaries over a period of time. Only one cancer care episode (i.e. one record) should be recorded for all these.
- Kaposi’s sarcoma – a new cancer care episode should be started for each Kaposi sarcoma diagnosed.
- Malignant melanoma – a new cancer care episode should be started for each malignant melanoma diagnosed.
- Cutaneous lymphomas – a new cancer care episode should be started for each cutaneous lymphoma diagnosed.

Who should be counted

The information in the monthly monitoring should relate to those patients who were treated during the reference month in columns 2 to 6 and those still awaiting treatment in column 8.

Where a non urgent referral is received from primary care, which is subsequently identified as being an urgent suspected cancer case by the consultant, the patient should be monitored according to the SaFF target part (a).

Death whilst on the waiting list means the patient is effectively removed from the waiting list, and therefore should not be reported on this form.

Calculation of waiting time

The waiting time measured in calendar days will start from the day the referral is received by the Trust (SaFF target part (a)), or from diagnosis (SaFF target part (b)) and end on the day the patient starts their definitive treatment. The date of receipt of referral is the day the referral is received by the Trust. This is day zero. Examples of different scenarios can be found in WHC(2004)067.

Date of decision to treat

For data collection purposes, the date from which to measure the diagnosis is defined as:

'The date upon which the decision to treat was confirmed between a designated member of the MDT and the patient.'

It is recommended that as part of the MDT discussion around a proposed treatment plan a date is identified at which consultation with the patient can take place, confirming the treatment plan. The date of consultation should be recorded as the decision to treat date.

Breast Test Wales will collect the 'decision to treat date' for screen-detected breast cancers in the 'Date Results Given' field on the NBSS system against the appropriate diagnostic test. This can then be made available electronically with the NHS number to the treating Trust for matching against first treatment date. Trust will need to ensure that they approach screening services for a suitable file of information on a monthly basis. Dr Diane Brook, Head of Information Screening Services on 029 2078 7815 or WHTN: 1896 7815 can be contacted in the first instance.

When is the start of definitive treatment

The first definitive treatment should be agreed with the clinician responsible for the patient's management plan. This will be a clinical judgement.

The treatment date may be any of the following, "first treatment" refers to the first definitive treatment and may not necessarily be the first planned treatment decided upon by the MDT. If a patient is admitted as an emergency and undergoes immediate surgery, this could be classed as

the first definitive treatment, with cancer confirmed on the histology as a result of this surgery. In this case the Date of First Treatment would be earlier than the diagnosis. This will result in a negative wait that is always shown as zero.