

ANNEX B - summary of responses

Are you filling this in for a group or organisation - what are they called?	Are you filling this in for a group or organisation - what is your role	Do you support the preferred option either in whole or in part?	Do you support the preferred option either in whole or in part - further details	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data - further details.	Option supported
NHS Trust	Business Intelligence Manager	Yes, in part	I can see the Preferred Option as the one to seem equally fair to the different parts of the process, however, considering queries pertaining to the Return only come from the DH Unify Team and not our Commissioners, I wonder how much time they need (especially as they have less time for MAR and that is not an issue), and know that other Providers struggle with the 13th working day deadline. Since completing these Returns in 2008, I have never received a query from Commissioners, only the DH Unify Team. XXX NHS Trust won't have an issue with the 11th working day deadline as validation is sent out daily and month-end position is always finalised before then.	Yes	Option 3
NHS Trust	Head of Performance & Management Information	Yes, in part	It will have a negative effect on data quality if the Provider's time is reduced further but I believe it could be achieved. In my view its the Commissioners window that should be reduced more. In all my years of reporting and managing RTT, I have never received a query from Commissioners about the RTT returns so we need to question what value this step is adding to the process???	Yes	Option 2
NHS Trust	Information Analyst	No	We barely have enough time to validate our data with the current timescales. We have over 20,000 patient pathways on any given month and anomalies appearing on a daily basis that need to be validated. Would prefer Option 2, why do commissioners need 10 working days? They don't validate pathways	No	Not enough time to employ staff to validate the data Option 2
NHS Trust	Head of Performance and Analysis	No	Bringing forward the provider deadline by two days is likely to cause us significant problems. A large amount of local validation is required in advance of preparing the Unify submission (e.g. reviewing and checking a large number of patient pathways to ensure clock stops are recorded correctly etc.).	No	See above. We would struggle to meet the new deadline. Option 2
NHS Trust	Information Manager	Yes, in whole		Yes	Option 3
NHS Trust	Head of Information Services	Yes, in whole	Option 3 supported	Yes	Option 3
NHS Trust	Information Manager	Yes, in part	We have just rewritten our processes, to be inline with billing (day 6), give 2 days for validation and 2 days for sign off. therefore the earliest we can submit is 10 working days after the end of the month.	Yes	If pushed we could change processes Option 3
NHS Trust	Head of Information	Yes, in part	It will put some additional pressure on the Trust to ensure that all of the validation is completed by the 11th working day, but this is something that we should be able to achieve.	Yes	Option 3
NHS Trust	Head of Performance	Yes, in part	I believe that the commissioners could sign off the data much quicker, but as the core information provider we still need time to ensure that data is accurate and validated this often taking us up to the reporting deadline "How many Trusts upload this data to UNIFY before the deadline?" - our role is significantly more complex than the commissioners in this process.	No	We already have a significant amount of resource working on validation and would need to increase this to move the deadline forward - does the DH really wish to increase admin costs at this time? Option 2
NHS Trust	Information Manager	No	We rely on clinical coding to identify admitted clockstops. Since this is not done until after the patient is discharged, we already find it quite a tight timescale to adhere to. If the deadline for this return was to be brought forward we would need to move towards local manual clockstop coding for all admissions on an RTT pathway, which would have resource implications for us. In addition we have thorough validation on our monthly clockstops and a reduction in the time we have to do this (by over a third of the time currently allowed after month-end) would introduce a greater risk to inaccurate data being submitted	No	We would probably manage to change existing processes within this timescale, but would massively struggle to implement the new processes that would be required to capture all admitted clockstops. Not clear/not given

Are you filling this in for a group or organisation - what are they called?	Are you filling this in for a group or organisation - what is your role	Do you support the preferred option either in whole or in part?	Do you support the preferred option either in whole or in part - further details	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data - further details.	Option supported
NHS Trust	Analyst	Yes, in whole		Yes		Option 3
NHS Trust	Data Standards Analyst	No	Our preference is for Option 2. The Commissioner sign-off deadline should be brought forward. As noted, this would be inline with the Monthly Activity return. Provider workload for preparation of the dataset for both RTT returns is large, intensive and time consuming. Any reduction in time allowed at this stage will have a negative impact on our data quality. In our Trust's case, the commissioners have never had cause to question our submissions at their validation stage, as our intention is to submit data right first time. Any reduction in the time allowed for the data preparation stage would be the wrong choice, it's the most crucial stage of the process and should be given priority in your decision making.	No	Staff changes that coincide with your proposed implementation date would increase the risk of the submitted data but being to our Trust's normal high standard, especially if the amount of time allowed for preparation is reduced.	Option 2
NHS Trust	Information Officer	Yes, in part	The proposal doesn't say how this would be implemented, just that the publication would be brought forward. Currently commissioners have two weeks after the provider deadline to sign off, there is then another two weeks until publication. Is it possible to change both these periods to one week, enabling the publication date to be brought forward by two weeks without affecting the provider deadline. If commissioners are to have a shorter validation period then providers shouldn't be allowed to submit/resubmit after the provider deadline unless commissioners are notified.	Not Answered		Other suggestion
NHS Trust	Performance Information Analyst	Yes, in part	There would be no objection to shortening the time between submission and publication	No	Underlying structures and procedures would have to be altered; the time this would take would depend in part on how far forward the submission was moved	Not clear/not given
NHS Trust	Head of Information	Yes, in whole		Yes		Option 3
NHS Trust	Information Manager	Yes, in whole		Yes		Option 3
NHS Trust	Head of Performance Improvement	Yes, in whole		Not Answered		Option 3
NHS Trust	Developer	Yes, in whole		Yes		Option 3
NHS Trust	Head Of Information and Contracts	Yes, in part	The Trust supports the reduction of both Commissioner and NHS england reduction in time, but cannot support the reduction in provider time.	No	We would have to make serious process and system changes to meet a reduced deadline that would take several months to implement.	Option 2
NHS Trust	Assistant Director of Information	No	Prefer Option 2	No	Not if the time is reduced for providers to validate and submit data.	Option 2
NHS Trust	Head of Information Analysis	No	We wouldn't support moving the provider deadline more than 2 days earlier but would suggest that 1 day forward would be a better balance with 2 from commissioners and 2 from DH.	Yes	Depends of which option is chosen. If provider deadline didn't change (option A) then there is no change. Other options bring the deadline forward.	Other suggestion
NHS Trust	Information Analyst	Yes, in part	Prefer Option 3 to Option 1. We would regularly be at risk of failing to meet the deadline described in option 1 with our current processes. Working at a provider, I can't really comment on option 2, whether commissioners need 10 days to sign-off.	Yes	(Yes to the change described in Option 3)	Option 3
NHS Trust	Head of Information	Yes, in part	Our preferred option is Option 2 because in our experience the Commissioners have never queried anything in our submission - suggesting that none of the local CCGs look at it - or PCTs before them. If Option 3 was adopted then we would want more time taken off the Commissioners and none from Providers, There is a huge amount of validation work that has to take place each month so cutting the deadline could jeopardise the accuracy.	Yes		Option 2

Are you filling this in for a group or organisation - what are they called?	Are you filling this in for a group or organisation - what is your role	Do you support the preferred option either in whole or in part?	Do you support the preferred option either in whole or in part - further details	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data - further details.	Option supported
NHS Trust	Information Services Manager	No	We believe that in shortening the stage to submit would mean that it would be more likely that revisions will need to be made.	Yes		Option 2
NHS Trust	Head of Information Services	Yes, in part	If the submission timeline is to be shortened then the preferred option (option 3) is best, however as a provider we have increasing pressures to provide a wide variety of data, both locally, nationally and to our commissioners. This will add further pressure to an already stretched system.	Yes	I think we could, but with the caveat that there will be more pressure on our colleagues in operational roles to check and validate the data in a shortened timeframe	Option 3
NHS Trust	Performance & Data Quality Manager	No	The preferred option specifies that providers must bring forward their submission dates by 2 working days. This is unrealistic for the XX Trust and the data completeness and data quality of our submissions will be compromised. Specifically, in addition to compromising breach validation this would also impact our reporting for completed pathways. Delays in information being available to us via external organisations and our own electronic patient records would mean less time to request and chase information necessary to complete 18 week reports in time for the submission.	No	This does not provide adequate time for the required process changes to be made. Data quality and completeness would be compromised.	Not clear/not given
NHS Trust	Directorate Information Analyst	No	The current deadline by which Providers have to submit their RTT data returns is already very challenging, and not always achievable - because such a vast amount of data has to be validated, and sometimes re-validated. Sign-off from senior Managers prior to submission is also required. Reducing the turnaround time for this submission by 5 days would certainly be impossible to achieve. Reducing the turnaround time for providers by 2 days would make a tight timescale even more difficult to achieve.	No	Option 1 - We don't believe it would be possible to submit this return by a reduced submission deadline of 5 days. Option 2 - As a Provider Organisation, we are unaffected by this proposal. Option 3 - Any reduction in time for providers will be difficult to accommodate, so our preference is option 2. However, option 3 may be achievable.	Option 2
NHS Trust	Head of Business Informatics	No	I am voting for Option Two - as shortening the provider deadline will cause more delays, as providers will submit late (a number already do). As someone who previously worked within a Shared Service and a PCT/CCG, I do not understand why two weeks are needed by the Commissioners to collate the return. Option 3 would threaten the completeness of RTT data and cause NHS England issues in undertaking their part of the process - so this is not preferred.	Not Answered	I have concerns as to these timescales as stated above.	Option 2
NHS Trust	Senior Information Analyst	Yes, in whole		Yes		Option 3
NHS Trust	Information Analyst	Yes, in whole		Yes		Option 3
NHS Trust	Head of Performance Assurance & Business Intelligence	Yes, in part	Only supported if the decision is to reduce the time available to commissioners to review and sign-off the data.	No	Not if the decision is that the Trust would have less time to submit validated RTT information. This would impact on both data quality and performance.	Option 2
NHS Trust	Information Analyst	Yes, in whole		Yes		Option 3
NHS Trust	Information Manager	No	XX Trust do not support any option that would lead to a reduction in the number of days providers have to submit the data after the final day of the reference period.	No	It is unlikely we would be able to suitably validate, quality assure, and sign off the submission in the timescales suggested.	Option 2

Are you filling this in for a group or organisation - what are they called?	Are you filling this in for a group or organisation - what is your role	Do you support the preferred option either in whole or in part?	Do you support the preferred option either in whole or in part - further details	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data - further details.	Option supported
NHS Trust	Corporate Information Analyst	No	The services in the trust need as long as possible to carry out validation. Currently validation continues up to the morning of the 13th working day.	No	Services would still need up to the 13th working day to validate to information.	Option 2
NHS Trust	Information Services Manager	No	Operational management inform the addition time is required to allow clinics to be outcomed, pathways validated and clocks updated accordingly.	Yes		Not clear/not given
NHS Trust	Head of Information Services	No	The recommendation to shorten reporting timescales is understood, but now does not seem a sensible time to introduce. The main reasons are a)Provider trusts are still putting significant resources and time into validating their monthly RTT and shortening this timeframe is likely to result in less accurate positions and an increased resource burden and costs for acute trusts b)The RTT is being extended to include AHP, which is an added level of complexity, involving changes to systems, volumes, quality assurance and reporting. We would propose that any proposal for shortening should be revisited once the new RTT processes have been established. Ie, in 12 months time. c)If the timescales are reduced we would like to see much further flexibility in and the relaxation of the rules around resubmissions of data to account for corrections and a more accurate position. Some kind of flex/freeze element to the submission should also be considered.	Yes		Not clear/not given
NHS Trust	Corporate Information and Project Manager	No	Our view is that we would not support the preferred option (reduction in 2 days for both providers and commissioners) either in whole or in part. Due to the large number of clock stops and validations we meet the current working day 13 deadline with very little time to spare. Our opinion is that we would support option 2 – reduce the commissioner signoff from 10 working days to 5 working days. It's difficult to understand why commissioners need 10 working days to signoff all their provider returns as they only collate data. They cannot change the data themselves and they don't submit any of their own data. Our question would be, how many submissions are rejected/changed following initial submission by providers? In the 6 years of submitting to Unify, we've only received one query from a Commissioner before their signoff. Looking at the whole process of submitting RTT data in terms of inputs, processing and value added to the overall process, then this mostly happens at the Provider stage We work very closely with our Commissioners in providing Performance summaries of our 18 week position immediately after UNIFY sign-off	No	As stated in our response to question 4, it would be extremely difficult to almost immediately make any changes to the timing of our RTT return, due to the volume of data checks and processing involved at the Provider stage	Option 2
NHS Trust	Principal Information Analyst	No	We need sufficient time for the data to be validated by the services and pulling the deadline forward would impact on quality	Yes		Not clear/not given

Are you filling this in for a group or organisation - what are they called?	Are you filling this in for a group or organisation - what is your role	Do you support the preferred option either in whole or in part?	Do you support the preferred option either in whole or in part - further details	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data - further details.	Option supported
NHS Trust	Assistant Director, Performance and Information	No	Trusts must take responsibility for submitted accurate information. The preferred option risks having a greater number of late submissions which should be a concern - the ideal is to limit the number of late submission and drive the expectation that the provider should be submitting accurate information. This takes time and so by reducing the time for provider validation, you run the risk of increased re-submissions also. The options paper does not provide the percentage of commissioners that ask providers to resubmit but I would expect this number to be very low. Option 2 aligns the RTT return with other statutory reporting requirements which seems sensible. If there are objections from commissioners the question that needs to be asked is what checks are they doing and why do these checks not form part of the provider's pre-submission checks.	Yes	Whilst I expect all trusts could meet this timeframe, the accuracy of the submissions will be impacted and the potential for late submissions to ensure providers have enough time to validate fully will increase.	Option 2
NHS Trust	Information Analyst	Yes, in part	Validation of RTT data is complex and time consuming, if the monthly deadline is brought forward this will require additional Trust resource to meet revised deadline and will put data quality in jeopardy. Given the recent audit commission report we would suggest that this is a risk for all organisations. If this is enforced then option 3 would share the impact across all parties. Although as a provider, the reduced timeframe applies both at the initial provision of data and also a reduction in the time to respond to any queries from commissioners.	Yes		Not clear/not given
NHS Trust	Performance Information Manager	Yes, in whole		Yes		Option 3
NHS Trust	Senior Information Analyst	Yes, in whole		Yes		Option 3
NHS Trust	Head of Information	No	Bringing the submission date forward by 1 week will on occasion conflict with our current reporting timetable whereby the performance figures go the board prior to submission.	No	See previous answer	Not clear/not given
NHS Trust	Information Analyst	No	We currently always manage to upload the RTT return by the deadline date, but only just!! If the submission date was made 2 days earlier this would not allow us time for the data to be validated by the directorates.	No	If the submission date was made 2 days earlier this would not allow us time for the data to be validated by the directorates, therefore we would not meet the return due date.	Option 2
NHS Trust	Head of Performance	No	providers need more time to collect / validate this data, CCG's should loose the extra time	No	we do not have the resource to move the time table forward	Option 2
NHS Trust	Assistant Director Information	-	I strongly feel Option 2 - (commissioner deadline forward 5 days) is the one to go with. Providers need as much time as possible to validate this highly complex data and run data checks. We currently get virtuallyly no queries from the commissioners re data and I'm sure this is because we validate to such a great extent. Option 3 would put greater pressure on providers and probably reduce the quality of the data reported.	Not Answered		Option 2
NHS England	Assurance and Delivery Manager	Yes, in part	If the public preparation stage could be shortened by a further day, the date for publication would end up being the same as option 2.	Not Answered		Other suggestion
NHS England	Assurance and Delivery Manager	Yes, in whole		Yes		Option 3
NHS England	Assurance Officer	Yes, in whole		Yes		Option 3

Are you filling this in for a group or organisation - what are they called?	Are you filling this in for a group or organisation - what is your role	Do you support the preferred option either in whole or in part?	Do you support the preferred option either in whole or in part - further details	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data - further details.	Option supported
NHS England	Assurance and Delivery Officer	Yes, in whole		Not Answered		Option 3
NHS Community Trust	Information Analyst	No	The current IT provision at the trust is provided by a local acute trust. Our data is provided to us on a weekly basis, available on a Monday. Allowing operational staff a minimum of one week to update outcomes means that in some months we would not have access to our data until 13th/14th of the month. This month, due to late updates, the final figures will not be available until the 17th. Earlier submission may mean that in some returns the figures for the last week of the month may be missing.	No	We could submit a return, but it may be missing the last few days outcomes.	Not clear/not given
Independent provider	Performance Manager	No	As a provider organisation we consistently work right up until the deadline on working day 13, this is due to the amount of data validation required and with multiple data sources for the information.	Yes	We would be able to submit to meet the new timescales. however may require extensions from time to time to ensure our data is correct	Not clear/not given
Commissioning Support Unit	Data Management Lead	Yes, in part	I think that given the data is on Unify - where most of us download it, it would be useful to close the gap between the provider submission dates and the commissioner submission dates as by and large, there are not that many amendments / changes required between the commissioner approves the submission. This would be a few more working days for the Unify system to create a public view. It would also be useful to have the data completeness files split by commissioner/provider as this means we do not then have to use the CSV file to re-work the calculations done on the completed, incomplete, non-admitted files etc. RTT is, by and large, a very arduous and time consuming activity because of the volume of files and not all organisations have the skills/infrastructure to pull into a data warehouse to automate the reporting. It would seem eminently sensible to do something similar to the Atlas using all the statistics data from Unify so that most performance indicators can be easily picked out by selecting the relevant CCG/period/ etc. It is quite a burden to have x number of people across x number of providers, cogs, CSUs to be processing data to create basically the same performance reports/dashboards when this could be done once, at scale by the DoH/NHS England etc. The cost of all this burden could be saved and most performance teams and data teams can become better at doing what they should be doing as well as becoming more innovative.	No	Well, possibly - as long as the data itself doesn't change or the structure. My only worry is actually about the CCGs not understanding the change. We would possibly keep our existing scheduling with the CCGs anyway and this would give us more time to cleanly process and manage the production of performance reports.	Option 2
Commissioning Support Unit	Interim Performance Team Lead	Yes, in whole		Yes		Option 3
Commissioning Support Unit	Information Analyst / Customer Intelligence Support	Yes, in whole	The sooner we can receive the RTT information the better as this is used in our Monthly Board reporting for our customers. Getting the information sooner to improve the quality of the reporting.	Not Answered		Option 3
Commissioning Support Unit	Head of Performance & QIPP	Yes, in whole		Not Answered		Option 3
Clinical Commissioning Group	Planning & Performance Manager	Yes, in whole		Not Answered		Option 3
Clinical Commissioning Group	Senior Business Analyst	Yes, in part	See below (Further proposals)	Not Answered		Option 3

Are you filling this in for a group or organisation - what are they called?	Are you filling this in for a group or organisation - what is your role	Do you support the preferred option either in whole or in part?	Do you support the preferred option either in whole or in part - further details	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data - further details.	Option supported
Clinical Commissioning Group	Head of Business Management	Yes, in whole		Not Answered		Option 3
Clinical Commissioning Group	Senior Analyst	Yes, in whole		Yes		Option 3
Clinical Commissioning Group	Performance Manager	Yes, in whole		Not Answered		Option 3
Clinical Commissioning Group	Head of Information	Yes, in part	Squeezing the provider deadline could lead to more missing submissions. I would be happy with option 2.	No	We would have to amend our 2014/15 provider contract information schedule to contract for the revised provider submission date.	Option 2
Clinical Commissioning Group	Assistant Performance Manager	Yes, in whole		Not Answered		Option 3
Clinical Commissioning Group	Senior Information Analyst (Performance)	Yes, in part	I agree that the time in each stage can be reduced, except the initial deadline for providers, which I feel should be maintained as this gives providers more time to ensure that their submissions are correct in the 1st instance and therefore don't require any further amendments and revisions. To make the process work for the end user the timeline needs compressing by at least 10 working days rather than the 5 proposed. currently there is a yawning gap between provider and commissioner sign off and publication.	Not Answered		Other suggestion
Clinical Commissioning Group	Head of Performance & Governance	Yes, in whole		Not Answered		Option 3
Clinical Commissioning Group	AD for Contracts & Commissioning	Yes, in part	The publication date needs to be brought forward to at most one week after submission date	Not Answered		Not clear/not given
Clinical Commissioning Group	Head of Performance	Yes, in whole		Not Answered		Option 3
Clinical Commissioning Group	Head of Information and Performance	Yes, in part	Reducing the publication time is very welcome and to remove an element of time from each process element seems fair. However, information systems are or should be such that this data is available more quickly still. Given that providers can resubmit, upon commissioner 'uncollect' the time from month end to commissioner deadline could be reduced further. Further, providers know where they are on RTT performance on a day to day basis and their in-month position. The data is therefore available in almost real-time.	Not Answered		Other suggestion
Clinical Commissioning Group	Information Services Manager	Yes, in whole		Yes		Option 3
-		Yes, in part		Not Answered		Option 3
-		Yes, in whole		Not Answered		Option 3
-		No	I would prefer option 2 please: Option 2 – Take time out of the data validation stage. Bring the commissioner sign-off deadline forward five working days to the 18th working day after month end (with the provider deadline staying on the 13th working day).	No	In these times of difficulty in retaining admin staff we would have to increase our admin capacity to incorporate the preferred change. So option 2 please.	Option 2
-		Yes, in whole		Yes		Option 3

Are you filling this in for a group or organisation - what are they called?	Are you filling this in for a group or organisation - what is your role	Do you support the preferred option either in whole or in part?	Do you support the preferred option either in whole or in part - further details	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data	Subject to a decision being made by 14th March 2014 could you implement the change to the monthly timetable for April 2014 data (i.e. submission and sign-off of April 2014 data in May 2014)? - could you implement the change to the monthly timetable for April 2014 data - further details.	Option supported
-	Performance Manager	Yes, in part	I'm not opposed to shortening the reporting timescales (or submission times) however: I'm struggling to understand what operational/data managers wouldn't have access to this information locally - I assume only CCGs/commissioners and external bodies view the central collection information.	Yes		Option 3
-		Yes, in whole		Yes		Option 3
-	Senior Finance & Performance Manager	Yes, in whole		Yes		Option 3
-		No	I see little scope for removing time from providers - data quality would suffer	Yes	Yes, but data would not be so well validated	Not clear/not given
-	Information Department	Yes, in part	We agree that reducing the publication date is a valid point however we have got concerns that reducing the deadlines will result in the possibility of data validations being submitted in our returns and put extra pressure on an already busy department at the beginning of each month.	No	We think it would be hard to make this change at the end / start of a financial year as we are already under pressure to produce contractual information to tighter deadlines than in previous months throughout the year.	Not clear/not given
-	Associate Director for Cancer and Access Services	No	Reducing the time for providers will mean more providers miss the deadline. The processes required at month end to ensure the data is robust are lengthy and complicated. We try to do as much as possible in month but inevitably there is one big push at the end. Do not remove the time from the provider end it will cost more to provide or the data will not be sufficiently robust.	No	More resources would be required and as we have missed budget setting for 2014/15 these are not going to be provided.	Option 2
-		Yes, in whole	This will allow to have RTT information much quicker.	Yes		Option 3
-		No		No		Not clear/not given
-		No	They key pressure for us as an organisation is ensuring that the data for the respective RTT returns is appropriately validated, which involves working across multiple patient administration systems and therefore makes the process slightly more complicated. Our preference would therefore be the Option 2 which still allows for 13WD to validate at the provider-end.	No	Bringing the submission timetable forward would require additional resource to support, which would need to be recruited to and trained, and would take longer than the proposed timetable for implementation in May 2014.	Option 2
-		-	Preference: option 2	Not Answered		Option 2