



Subset of Daily UEC SitRep Report: Elective cancellations collection

Frequently asked questions

10 February 2021

Cancellations

1. What elective cancellations are included?

For this specific return, elective cancellations should be limited to those specialties and pathways where the priority codes (P1-6) are captured. This will be further limited to those within the **surgical admitted waiting list**.

If a procedure is undertaken in an outpatient setting or treatment room, without admission to a bed or day case trolley, this should be coded as an outpatient procedure and therefore not included.

For chemotherapy and radiotherapy, these should be counted irrespective of type of elective inpatient (and so include regular attenders) and should also include outpatients.

2. Should we include all operations cancelled by the trust for non-clinical reasons, or just COVID-related cancellations?

You should include all operations cancelled by the trust for non-clinical reasons, up to 14 days prior to and including the date of surgery. Non-clinical reasons are as defined in the Quarterly Cancelled Elective Operations collection. If a patient has more than one booking cancelled, you should count all cancellations.

If the admission is different to the date of surgery, the cancellation is reported on the day of the intended operation.

3. Should we include cases where a cancellation occurred within 14 days of the To Come In (TCI) date, but this was because an earlier TCI date was given?

If an earlier TCI date has been agreed with the patient, then it should not be counted as a cancellation. If an operation is cancelled within 14 days, and the patient is offered but **does not** accept an earlier date, then the cancellation should be counted.

If the patient **does** accept an earlier TCI date, and the admission is subsequently cancelled by the trust for non-clinical reasons, then only this cancellation is reported.

Priority codes/prioritisation process

4. Is there a protocol for recording patients who have not been assigned a P code?

All acute hospitals are expected to manage their surgical waiting list with priority codes, as part of the mandated Clinical Stratification Programme. The categories are based on the prioritisation tool produced by the Federation of Surgical Specialty Associations (FSSA).

If a priority code has yet to be assigned then you should draw on other information about clinical urgency (eg the type of procedure and FSSA prioritisation, or other clinical information about the patient's planned treatment) to allocate priority codes to those patients.

The Toolkit link can be found here :

https://fssa.org.uk/userfiles/pages/files/covid19/prioritisation_master_02_02_21.pdf

Priority (P) codes 1 to 4 are defined as:

P1 < 72 hours

P2 < 1 month

P3 < 3 months

P4 >= 3 months

Data submission

5. If a change is required to the data following further quality checks, can this be changed in the Daily UEC SitRep submission?

Yes. Trusts have up to **14 days** from submission date to amend the UEC daily sitrep.

Cancer treatment and cancellations

6. What cancer treatment should we report as part of this return?

The Cancer Waiting Times (CWT) guidance definitions (<https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/cancerwaitingtimescwt>) can be used to define what is considered as a treatment for cancer. Though there will be some patients for whom it is not known if they have cancer until the pathology is available, in these cases the patient should be included if they are having surgery due to the assumption or possibility of cancer.

7. When more than one dose of chemotherapy or radiotherapy is cancelled within a course of treatment, do we include all the instances of cancelled treatments, or only the first treatment?

You should include the first cancellation which occurred anywhere during the course of treatment.

8. What type of setting is included to report chemotherapy and radiotherapy data?

For chemotherapy and radiotherapy, all cancellations should be counted, irrespective of elective admission type. So do include all settings, such as outpatients, day units and admissions (day case, elective ordinary and regular attendances).

9. Should we include cancelled diagnostic procedures for suspected cancer patients, eg cancelled hysteroscopies?

No – you would only include procedures where the intention is to remove or debulk a cancer tumour (or on an assumption that the tumour is cancerous, pending confirmation via pathology following surgery). You would not include procedures in the cancer metric that are considered only for diagnostic intent.

10. Should we include a surgical procedure on a diagnostic pathway for investigations for cancer (but not yet diagnosed)?

You would include all cancellations for cancer treatments in line with the CWT guidance – so not diagnostics. The only addition to this would be patients who were being admitted on the assumption or likelihood that cancer is a diagnosis; but this will not be known for sure until pathology following surgery.

Data quality examples

Below are examples of data issues that can occur with this submission. Please note, the tables below are how sitrep data is viewed by NHS England and NHS Improvement, not how the data is submitted.

- Surgical cancer cancellations **are a subset** of total elective cancellations, ie they should always be less than or equal to total cancellations:

		Cancellations						Cancer cancellations		
Region	Org Name	Total	P1	P2	P3	P4	Total admissions (P1-P4)	P1 surgical	P2 surgical	
INCORRECT	XXX	YYY	15	1	5	5	4	52	0	15
CORRECTED	XXX	YYY	15	1	5	5	4	52	0	4

- If there is nil activity, a 0 should be entered in the field; do not enter '-' or leave the field blank:

		Cancellations						Cancer cancellations		
Region	Org Name	Total	P1	P2	P3	P4	Total admissions (P1-P4)	P1 surgical	P2 surgical	
INCORRECT	XXX	YYY	12	5	7	-	-	52	0	-
CORRECTED	XXX	YYY	12	5	7	0	0	52	0	0

- A missing submission is where all fields are blank (reports after a submission as a '-');

		Cancellations						Cancer cancellations		
Region	Org Name	Total	P1	P2	P3	P4	Total admissions (P1-P4)	P1 surgical	P2 surgical	
INCORRECT	XXX	YYY	-	-	-	-	-	-	-	-