****

**Cancer Waiting Times (CWT) V12.1 Launch**

**Communication Briefing – 14.04.25**

CWT V12.1 launched Wednesday 09 April 2025. There are a range of changes and updates to the published guidance. Those providing stronger emphasis to existing guidance to make interpretation less ambiguous are for immediate implementation, as they do not ‘change’ the guidance.

Changes to the guidance are for implementation 01 July 2025. This means for that some patients, their 62 day RTT clock will have commenced under the existing guidance, but their treatment will be subject to the new guidance if they are treated beyond 01 July.

The following table summarises the areas where the wording has been altered to reduce ambiguity, and therefore for immediate implementation.

|  |  |  |
| --- | --- | --- |
| Pathway Section | Number | Item |
| Faster Diagnosis Standard Specifics | 2.27 | Updated guidance on Urgent Suspected Cancer referrals where the patient is initially seen in a community hub, confirming that the patient’s clock has started, and that data needs to be submitted for this activity. |
| Faster Diagnosis Standard Specifics | 2.2.12, 2.2.13, 2.2.17 | Incorporation of existing annex to guidance around recording of Lung Screening (previously known as Targeted Lung Health Checks) as Screening referrals added into main guidance. |
| Faster Diagnosis Standard Specifics | 2.2.16 | Additional guidance added in to record patients who decline a diagnostic on a Bowel Screening pathway but subsequently opt back in to pathway  Although this is listed as a clarification, this is locally interpreted as a change and will be picked up with National Cancer Team and through the forthcoming Access Policy. **GM Trusts are asked NOT to make changes to practice presently.** |
| Faster Diagnosis Standard Specifics | 2.4.2 | Additional guidance added on application of interval scanning, including the specific example covering Prostate PSA monitoring. |
| Tumour Specific | 5.10.1 | Additional wording added for what would count as a first attendance for tele-dermatology, including an appointment in secondary care where a dermoscopic image/photo is taken by a trained healthcare professional. |

The following section summarises the new changes which are applicable from 01 July 25.

|  |  |  |
| --- | --- | --- |
| Pathway Section | Number | Item |
| Faster Diagnosis Standard Specifics | 2.2.1 | A new requirement that systems should have processes in place to accept direct referrals from the Independent Sector where a patient meets criteria for an Urgent Suspected Cancer referral. 2 |
| Faster Diagnosis Standard Specifics | 2.3.1 | Adaption of national rules around referral management. More flexibility for Breast Symptomatic referrals to allow for more clinically appropriate alternatives, whilst patients remaining on the pathway continue to have the standards applied to them.  **Guidance will be provided by GM Cancer to ensure patient pathways offer parity across GM. Trusts are asked not to plan changes without this.** |
| Faster Diagnosis Standard Specifics | 2.3.5 | Rewording of Advice and Guidance section, to make clearer that this service should not be used for Urgent Suspected Cancer referrals given the clinical urgency. However, removal of this requirement for Breast Symptomatic referrals, to allow more flexibility in development in local services for these patients. **(see above)** |
| Faster Diagnosis Standard Specifics | 2.3.6 | DNA adjustment guidance updated, so that a patient who has not taken the required preparation is not recorded as a DNA. In addition, this adjustment can now only be applied where a patient has either booked their appointment through the E-RS or an alternative booking system directly, agreed an appointment by phone or where several unsuccessful attempts have been made by phone, by post where at least a week’s notice is given. **The GM cancer access policy will cover this.** |
| Treatment Standard Specifics | 3.8 | Addition of Rectal Spacer prior to radiotherapy as an enabling treatment, and additional wording for existing colostomy guidance. |
| Treatment Standard Specifics | 3.10.5 | Clarification on active monitoring guidance, making it clearer that it cannot apply where a pathway is progressing with the intention of treatment being delivered. |
| Treatment Standard Specifics | 3.10.6 | Updated Prostate cancer guidance around active monitoring to reflect Cambridge Prognosis Classification. |
| Treatment Standard Specifics | 3.19 | Update to patient choice adjustment, to apply to when patients choose to have treatment after a specific date or where they are offered a date within 31 days and decline this. |
| Referral/Upgrade to first treatment standard specifics | 4.3.4 | Additional scenarios where consultant update would apply automatically, to where a trust radiology or pathology system flags a patient as suspicious of or with confirmed cancer, where an interval scan is abnormal or where a patient through bowel screening who initially declines all diagnostics opts at a later point to progress their pathway. |
| Referral/Upgrade to first treatment standard specifics | 4.3.5 | Additional guidance added on how to record 62 day and 31-day pathways where a patient is diagnosed with multiple primaries on the same pathway. |
| Referral/Upgrade to first treatment standard specifics | 4.6.2 | Additional guidance around inter-provider transfer recording, including the scenarios where a provider is not notified a patient is on an active 62-day pathway. |
| Tumour specific | 5.12.4 | Guidance around bladder cancer updated, so the Mitomycin now never counts as a First Definitive Treatment. |

The management of Breast Symptomatic referrals, and the bladder cancer guidance (related to Mitomycin) are the most substantial changes in the way in which we deliver and count pathways in CWT.