Systemic Anti-Cancer Therapy Dataset (SACT) frequently asked questions

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Section A – SACT general FAQs

A.1 What is SACT?

A national collection of all cancer chemotherapy in the NHS in England commenced in April 2012. This is in line with the requirements of the Department of Health's policy document, Improving Outcomes: A Strategy for Cancer (January 2011). The Systemic Anti-Cancer Therapy (SACT) Information Standard defines the framework within which the data will be collected and analysed.

A.2 Is it mandatory?

From the 1st April 2012 the collection and timely submission of the SACT dataset became mandatory for all NHS trusts in England with phased implementation up to April 2014. Since then, submission of monthly SACT data with 100% field completion has been required.

A.3 What is the purpose of the SACT dataset?

This is an important initiative with a wide range of benefits in terms of demonstrating current clinical management in cancer chemotherapy. It is used both in providing and commissioning chemotherapy. It supports patients and their clinical teams in choosing appropriate care based on accurate knowledge of current practice and the corresponding benefits and toxicities of treatment. The SACT dataset also provides an analytical function which makes regular clinically approved reports available to key stakeholders.

The SACT team is the central collation point for all data submissions in England, and is responsible for management and quality assurance of the data and the provision of support to submitting units.

A.4 How does the SACT relate to other data collection?

The SACT dataset is intended to integrate with the other clinical NHS datasets enabling a complete patient pathway to be recorded relating to treatment outcomes. NCRAS has linked cancer incidence data to HES and similar processes can be applied to radiotherapy and chemotherapy.

A.5 Does SACT need separate patient consent or is it already covered under the cancer registries?

SACT providers do not need to get specific consent from patients in order to submit patient identifiable SACT data to the dataset as it is covered by the same governance rules as the National Cancer Registration and Analysis Service. All cancer registration data falls under the same Section 251 of the NHS Act 2006 allowing its transfer for agreed purposes to the NCRAS.

The NHS Health Research Authority has confirmed that reporting of patient identifiable data to the SACT dataset is covered by the National Cancer Registration and Analysis Service existing support under the Health Service (Control of Patient Information) Regulations 2002. Reported data will be managed by the SACT team, which is part of the National Cancer Registration and Analysis Service, where there is expertise in managing large volumes of confidential data. In compliance with the fair processing requirement within the Data Protection Act 2018, and

General Data Protection Regulation (GDPR) 2016. Provider organisations are expected to inform patients of this purpose for reporting their information and of the potential use of the information for service development, analysis and statistical research.

More information can be found in the ISB SACT standard specification.

A.6 Can we collect this data if we don't have an e-Prescribing system?

All trusts are contractually obliged to procure an e-Prescribing system by NHSE. The SACT dataset is designed to be collected in combination with an e-Prescribing system. Higher data quality and greater efficiency of data collection is achieved by using these two systems in combination.

There are a number of trusts who are able to upload detailed patient data without the use of e-Prescribing systems. Demographic data and basic information on chemotherapy delivery is already collected for commissioning purposes. A variety of electronic patient management systems are capable of providing information on the regimen and number of cycles given however an e-Prescribing system provides the additional functionality of recording each drug administration. Please contact the SACT team for best practice and support and guidance on implementing an e-Prescribing system (SACT @phe.gov.uk).

A.7 What do we need to do?

All trusts have now set up systems to submit data to SACT. Trusts are required to submit SACT data monthly. Further work is needed to ensure regular submissions. Guidance is provided on the SACT website: www.chemodataset.nhs.uk and trusts can contact the SACT team for further assistance.

A.8 Is there any financial support available?

There is no dedicated financial support available but the SACT team is working with system suppliers to develop generic reporting processes which will be available to users of the main systems.

SACT targets were included as part of the MO CQUIN 2017-2018 and financial rewards were available for meeting SACT data quality and completeness targets in this period.

A.9 What support is available to trusts and sites?

The SACT Helpdesk team offer support to anyone uploading, validating and submitting data. The SACT team also offer on-site data liaison visits to trusts, providing the opportunity to discuss challenges and identify how we can help to overcome any issues. We are also setting up an online forum for users to raise queries as well as learn and share best practice with other trusts. The SACT website (www.chemodataset.nhs.uk/) provides general background and details of the support available. Any queries or visit requests should be sent to SACT@phe.gov.uk.

A.10 Will the dataset change?

The SACT Information Standard is scheduled to be updated in 2019. The revised dataset has been developed following extensive consultation with clinicians, SACT uploaders and NHSE and is currently in review. We anticipate the dataset will be approved by March 2019 and trusts will start uploading the new dataset September 2019. We will work with trusts March-September to ensure any necessary system changes are implemented and to train users for the new dataset.

A.11 We prescribe chemotherapy for patients and this is delivered in their homes by a private provider. Should we be reporting this activity?

Yes, we would expect the trusts to be responsible for submitting data to SACT as they prescribe it. At the point of prescribing chemotherapy most of the SACT data should be available. Confirmation of delivery from the private provider would be needed. As with other chemo, the trust consultant team should decide when to amend or stop treatment.

A.12 There are several SACT websites, what are they all for?

1. **Main SACT website** (www.chemodataset.nhs.uk)
   - The main SACT website contains useful background information and training resources for the SACT dataset.
   - It also contains links to the other sites detailed below.

2. **SACT portal, registration site** (nww.cancerstats.nhs.uk/users/sign_in)
   - New users can register for the SACT upload portal through CancerStats.
   - If you are already registered on CancerStats and required access to the SACT upload portal please contact the SACT team (SACT@phe.gov.uk) and we can add SACT portal access to your existing account.
   - This site is accessible to users with an NHS net email.

3. **SACT upload portal** (nww.api.encore.nhs.uk/users/sign_in)
   - Users can access the portal to upload SACT data each month.
   - Users should log in using your CancerStats account log in details. (See #2 for how to set up a CancerStats log in).
   - This site is accessible to users with an NHS net email.

4. **SACT reports** (cancerstats.ndrs.nhs.uk)
   - SACT reports are available through CancerStats2.
   - Users will need to set up a separate registration on the CancerStats2 homepage to access SACT reports
   - This site is accessible to users with an NHS net email.

A.13 I have been contacted by the SACT team to submit missing data for patients treated through the CDF I have been contacted by the SACT team and asked to submit data for patients treated through the CDF. Why?

For certain drugs are funded through the CDF, SACT data is analysed to answer areas of uncertainty raised by NICE committees. This analysis is used to inform the final approval decision. As such, it is essential we have high quality and completeness for CDF treatment data. Where we are missing key information for patients treated with CDF drugs the SACT team may contact you to request retrospective submission of data.

Section B – SACT data inclusion

B.1 What treatments should be included in the SACT return?

The scope of the SACT dataset covers all treatments that have an anti-cancer effect relating to chemotherapy, this can include the following

- Hormones and bisphosphonates
- Oral chemotherapy
- BCG / intravesical chemotherapy
- Targeted therapies / biological therapies

B.2 Should we include any anti-cancer treatments given as part of surgery in SACT returns?

- **Hyperthermic Intraperitoneal Chemotherapy (HIPEC)**
  Yes. It's a small market but used in specialised units for pseudomyxoma peritonei and for primary peritoneal malignancies. There is some systemic absorption (low) but it is chemotherapy so should be captured.

- **Chemotherapy wafer implants (Gliadel wafers)**
  Yes. This treatment is within the original scope of SACT and should be captured

- **Transcatheter arterial chemoembolization (TACE)**
  Yes. This treatment is within the original scope of SACT and should be captured

B.3 Can you clarify how we report oral chemotherapy?

All oral chemotherapy should be included in the SACT data capture. It has been agreed by all parties involved in the governance of the SACT dataset that we should receive the data from e-Prescribing systems for the **drugs dispensed**, on the **dispensing date** and the **total dosage dispensed**.

We have no accurate way of ensuring we capture the **administered dose** and this is accepted.

B.4 Can you clarify how we report bladder washouts?

We appreciate that bladder washouts are not treatment given under the banner of systemic therapy; however, this is still a chemotherapy drug that is administered to have an anti-cancer effect and therefore falls under the wider remit of SACT.

There have been an increasing number of trusts reporting that bladder washouts are very difficult to capture especially on e-Prescribing systems. The dataset is currently undergoing an internal review and bladder washouts have been highlighted for further investigation. For this reason, our current advice to trusts is to send the bladder washout data if they have it available but not to focus new processes on collecting the data until we have released further guidance.

SACT PORTAL

A webinar explaining the SACT data upload portal and registration process for the SACT portal is available on the SACT website (www.chemodataset.nhs.uk/).

Please note a new SACT portal was implemented June 2018. FAQs refer to the "old portal" (pre-June 2018) and "new portal" (June 2018 onwards).

Section C – Registration - SACT portal

C.1 How do I register as a user for the new SACT upload portal?

Users are able to register for the new portal through CancerStats (nww.cancerstats.nhs.uk/users/sign_in)

Please request access to the SACT portal when registering. If you are a regimen mapper please request access to map regimens when registering.

The SACT team will then undertake a verification process to ensure the request for access has the appropriate authority to support it and will provide access to the upload portal.

C.2 Where do I go to access the SACT portal?

Access to the SACT portal is through the following link (nww.api.encore.nhs.uk/users/sign_in)
Please log in using your CancerStats account log in details (see C.1).

C.3 I have registered on CancerStats already – do I need to register again for the portal?

No. We can add SACT access to your existing CancerStats account. Please let the Helpdesk (SACT@phe.gov.uk) know the level of access you require (uploaded, regimen mapper) and we'll make the amendment.

C.4 I've logged onto CancerStats however there isn't any link to SACT that I can see?

The link to the SACT portal is separate to CancerStats. To access the SACT portal, please log in to the portal via the link below using your CancerStats account log in details. **SACT upload portal link:** nww.api.encore.nhs.uk/users/sign_in

C.5 I am registered to upload RTDS data. Is the new SACT upload process similar to how RTDS works?

Yes, it will be the same upload process for SACT and RTDS. We will update your account to add SACT access as well as RTDS. Please make sure you correctly select SACT or RTDS in the drop down when uploading your files.

C.6 Can I submit the file, approve and map regimens?

Yes. If you'd like to do this, please specify that you'd like upload and regimen mapping access when you register for the new portal. We have removed the requirement for a separate approval step.

In the new portal when you submit the file you are approving it.

C.7 Can I have access for multiple trusts?

Yes, if you upload / map regimens for multiple trusts we can give you this access. Please let us know the trusts / access level and we'll add them to your account.

Section D – Deadlines - SACT portal

D.1 What are the deadlines for uploading and approving our data?

All chemotherapy providers are required to upload their chemotherapy activity each month. The SACT team offer two upload schedules, **1 month** (formerly 2 weeks) or **2 months** (formerly 6 weeks). Trusts can chose whether they want to implement the 1 month or 2 month schedule.

1 month schedule

- Users can upload their data anytime in the **1 month following SACT activity**.
    - In this time users must resolve any critical and local errors in the file
    - Final upload (with all errors resolved) must be completed by 9pm on the **last day of the month**.
    - Any chemotherapy providers that have not submitted their activity by that date will be recorded as non-conformance (see B.6)
- Users have **1st-15th** of the following month to map any regimens
- From **16th to the end of the month**, all regimen queries must be resolved and the file must be submitted
- These deadlines are summarised below:

Date	Process
Month 1	SACT treatment activity
Month 2: By end of month	File containing patient data must be uploaded to the portal All errors on the file must be resolved
Month 3: By 15th	Regimen mapping must be completed
Month 3: By end of month	All regimen mapping queries must be resolved and file must be submitted

2 month schedule

- Users can upload their data anytime in the **2 months** following SACT activity.
- The rest of the schedule is the same as the 1 month schedule
- These deadlines are summarised below:

Date	Process
Month 1	SACT treatment activity
Month 3: By end of month	File containing patient data must be uploaded to the portal All errors on the file must be resolved
Month 4: By 15th	Regimen mapping must be completed
Month 4: By end of month	All regimen queries must be resolved and file must be submitted

D.2 Do you offer extensions on the deadlines?

The SACT team will no longer accept extensions after the above deadlines so please ensure you have a sufficient number of registered users who are able to upload and map regimens should the main uploader/mapper be absent.

D.3 Can I change to the 2 month schedule?

Yes, if you'd like to change schedule please let the Helpdesk know (SACT @phe.gov.uk).

D.4 Do you accept re-submission of data?

The SACT team will not accept re-submission of data from past months. We encourage users to maximise the quality and completeness of their data by the deadlines detailed above.

Re-submission of data may occasionally be permitted in extenuating circumstances. Please contact the help desk (SACT@phe.gov.uk) if you feel this may be necessary. Where data is resubmitted we cannot guarantee that it will be included in SACT reports.

We understand outcomes may need to be submitted retrospectively and are working with trusts to develop an outcomes-specific upload to capture this information.

D.5 What are the implications of not submitting a full monthly dataset and are there any financial penalties if we are not fully compliant?

The SACT ISB standard schedule stipulates that all trusts should be fully compliant in submitting SACT data by April 2014. From October 2013 the submission of SACT data has been included in the NHS standard contract for all trusts and from 2019 SACT targets included in the MO CQUIN (2017-2018) will also be included.

Commissioners will have access to trust SACT reports on data quality and completeness. Commissioners will then be in a position to asses individual trust performance in relation to SACT data submission and apply the necessary measures.

Non-compliant trusts will also be identified to NCRAS and NHSE through the SACT non-compliance escalation process.

If you anticipate any barriers to full SACT compliance or delays in submitting your data, please ensure you send the SACT team regular updates outlining your current situation. Please include the reasons for not submitting full data, your plans to address this and the associated timescales.

In these cases we will not initiate the SACT escalation process and will communicate with commissioners to explain the situation. We can then work with you to implement your plans to achieve SACT compliance.

Additional Information:
Not all data items will be relevant to all treatments, at any given point. This may be due to:

- The field is not relevant, for example: Morphology is not captured for a given diagnosis.
- The event has not happened or a treatment that has not reached an outcome for example: The patient is in the middle of a course of treatment, consequently no date of final treatment will be available. Date of death should only be completed when you have a confirmed death.

The SACT team, NCRAS and commissioners are aware of the progressive nature of the data and that at any given point in time not all fields will be available for a given patient and therefore cannot be submitted at that same point in time.

D.6 What are the implications if our Trust does not submit all our chemotherapy activity data

The scope of the SACT dataset is to report all your trust chemotherapy activity and this forms part of the ISB standard and NHSE standard contract.

Failure to submit all SACT data will result in the SACT escalation process for non-compliance (as described in D.5 and documented on the SACT website)

SACT data is used to evaluate treatment patterns and identify treatment inequalities and differences in outcomes. This information is invaluable for trusts and commissioners to help drive improvements in patient care but is dependent high completeness in SACT data submissions.

SACT data is also used to evaluate of treatments in the CDF. Submission of SACT data is a pre-requisite for access to CDF treatments as detailed in the CDF guidelines and is essential for the accurate evaluation of these treatments, ultimately informing NICE committee decisions.

Section E – Upload - SACT portal

E.1 How secure is our data going to be and how is it going to be transferred?

The data will be held securely by the SACT and team within the National Cancer Registration and Analysis Service (NCRAS) which holds Section 251 approval of the Social and Healthcare Act status. The data will be uploaded to our systems via a secure portal which includes SHA256 encryption. The portal will be accessible to identified users via a secure N3 connection. Users will be allocated specific access rights according to their role. This is an extension of processes already in use for the submission of person identifiable data for datasets across the NHS.

E.2 I've entered an incorrect date range or comment. How do I change these?

If you'd like to change the date range or the note you've added, you can click the 'Reload' button and re-upload the file. The system will remember any mappings you've done on the first version.

E.3 I uploaded my file but now it has disappeared and I get an error message when I try to upload another one. Can you help?

Please could you send a screen grab of what you see when you try to upload a new file? There will be a batch id on it that we need to know in order to resolve the issue.

Your file hasn't gone through, but you can upload again once we've removed the initial batch. There's a glitch in the system that sometimes it will cache a file when you try to upload another one that reads as identical. We'll let you know once the error has been resolved.

E.4 Can I upload under separate hospitals?

On the new portal, all files are uploaded under the trust name – there is no option to upload under hospital. You are still able to upload multiple files, and use the separate hospital codes on your submissions. It would be helpful if you could add details of which file you are uploading in the 'notes' section.

Please note all files submitted from a trust must have the same date format / header row.

E.5 I'm getting 'drug name – can't be blank' and 'administration date - can't be blank' errors on my report. How do I correct these errors?

Drug name and administration date are now required for the file to pass the upload process. To correct the error, please complete the fields and reload the file.

E.6 I've got a date format / header row error – what does this mean?

On the new portal, all trusts have a mapping for date format / header row. This means that all files uploaded by that trust have to have the same date format / header row. We can change the mapping on request, but you can't vary the date format or header row between files. To resolve the error, please change the date format / header row on your file and reload. If you're not able to do this, please contact the Helpdesk.

E.7 What's the difference between a local and a critical error?

Critical errors are those that require your file to be amended and reloaded, for example date sequence errors or missing mandatory fields. Local errors can be corrected on the existing file by mapping on the portal, for example ICD10 codes or GP practice codes.

E.8 I'm getting an invalid code error on GP code / consultant GMC code, but the web link says the codes are valid.

This could be a format error, so the code could be appearing as invalid as there is a space before / after the code. Try mapping the code to itself, and checking that there are no extra spaces.

If this doesn't resolve the problem, please contact the Helpdesk and we'll check whether the code is valid and if so we'll add it to the list of valid codes.

E.9 Are there any changes to the layout of the CSV upload file in the new portal?

No, your file should be in exactly the same format in the new and old portal. It should be a .csv file, not an Excel file.

E.10 Are all data validations performed on upload the same in the new and old portal?

Yes, most of the validations in the new portal are the same as the old portal. The only change is that now drug name and administration date are mandatory fields – you cannot upload without both these fields complete on all records.

E.11 I've uploaded my file, but I can't see the green submit button. How do I submit my file?

You only see the green submit button once all the errors have been resolved and all the regimens mapped and approved. To see details of your errors / regimen mappings, please click 'batch report'. You can download details of the error by clicking 'click to download all'.

E.12 If we wish to upload new outcomes data for historic administration records how can we do this?

We are in the process of developing the portal to allow trusts to upload a smaller extract containing outcomes data only. At present the new portal will not accept any extract that is not in the standard SACT format. The SACT team are working with e-Prescribing systems to make this outcomes extract available and will look to implement it by the end of 2018.

E.13 Does the error report on the new portal show which row the error is in, as was the case with the old portal?

Currently the error report does not show you what row the error is on. To help you locate the error, the report does tell you the patients' NHS numbers and other useful information including the field value. If you have any problems finding the error, please contact the Helpdesk.

Section F – Regimen Mapping - SACT portal

F.1 I have regimen errors but I can't see the 'Regimen Map' button.

Only users who are requested access to map regimens will see the 'regimen map' button. Other users are only able to upload data. If you need to map regimens, please let us know and we can add this to your account.

F.2 I'm concerned that the changes in the regimen mapping process won't allow me enough time to meet the deadlines.

The deadlines have been significantly extended to allow for more time to complete data upload and regimen mapping.

The upload deadline has been moved to the end of **month 1** (1 month schedule) following activity or end of **month 2** (2 month schedule) following activity, so trusts have 4 or 8 weeks to upload a file and resolve errors. There is then an additional month allowed to map regimens and resolve any mapping queries.

We've allowed extra time to cover annual leave and sick absence. Mapping once a month as you currently do will be fine for the new deadlines. The SACT Helpdesk will send reminders before any deadlines; however, if you're likely to be unavailable for mapping for longer periods, it might be helpful if a second person registers for mapping access.

F.3 The staff member responsible for uploading the file has no in-depth knowledge of new regimens. Under the new process, does it mean the regimen mapper needs to sit with the staff member when uploading the file?

Data upload and regimen mapping do not have to take place at the same time. The uploader can upload the file but leave the regimen mapping. The mapper can log in and map the regimens at a convenient time. Once regimens have been mapped, the mapper or the uploader can submit the file. The deadlines have been extended to allow extra time for this.

F.4 Can we still map by drug those regimens that don't have a national name?

The map to drug section isn't available on the new portal – the only option is to map to the OPCS+ regimen list. If you have a regimen that you can't map to the list, please click the 'Helpdesk Request' button and detail the regimen you'd like to map to. We'll then either direct you to the existing regimen on the list or add it as a new regimen.

F.5 Can we still map to 'trial unspecified'?

Yes, the regimen list is the same as before. If you have a trial that is not on the list, please map to 'trial unspecified'.

F.6 Will there be an email to the person uploading once the mapping has been completed / approved? i.e. once the file is ready for submission?

The portal doesn't currently send automated emails once the mapping has been completed and approved, so we recommend that trusts organise this process internally. The Helpdesk will send reminders as before if a file hasn't been submitted and the deadline is approaching.

F.7 I've mapped my regimens but still can't see the green button to submit the file.

The regimen mappings must be approved by the SACT pharmacists before the file can be submitted. This usually takes no more than a couple of days. Once the mappings have been approved, the green button will appear and you can submit your file.

Section G – Approvals / Reports - SACT portal

G.1 How will I approve my file on the new portal?

The approval stage and approval deadline has been combined with the file submission. You'll be able to view approval reports as before, but there's no separate deadline for approval, so once the file is submitted, it's approved as well.

G.2 Is there an approval screen where I can see submission figures?

Yes, there is an approval report but this is accessible only via a single-use password. This password will be generated by the uploader when they upload the file – the uploader must take a note of the password in order to download the report. If the uploader doesn't record the password, they will have to reload the file in order to generate a new one. The Helpdesk does not have access to the passwords or the approval reports.

G.3 There's only one month's data on my approval report – previously I could see three months' worth. How can I see more periods?

The new approval report is calculated from the current upload file. The previous report was run from the dataset itself rather than an individual file, so you could see multiple periods. We would advise trusts to save a copy of each approval report if you would like to see a comparison to previous months. The SACT team are developing reports on CancerStats2 which will show these data over time.

G.4 Can we submit more than a single file in the same month

Yes some providers submit multiple files e.g. oral chemotherapy or paediatric data on a separate file. All files submitted from the same trust must have a header row in the same format. All files must contain the mandatory items for each file to pass the data upload checker. All files should only contain 1 month of data.

G.5 Can you clarify the difference between "Mandatory" and "Required"

Items marked as mandatory will need to be present in a file for the file to pass the data checker on upload. The SACT dataset went into full implementation on April 2014 and all data items are required. Data completeness and quality will be recorded for all 43 dataset items. We appreciate that submission of some data items may be dependent on the type of treatment and where the patient is in their treatment pathway.

Section H – SACT reports

H.1 What reports are available using SACT data?

The SACT team share reports with trusts though CancerStats2 (CS2) (cancerstats.ndrs.nhs.uk). CS2 provides an interactive platform which allows users to explore reports, filter data and interrogate supporting detail as required. All reports are updated on a rolling monthly basis and can be filtered by the user to show the relevant date range. CS2 is accessible to users with an NHS net email account. Users must register on the CS2 home page and request access to SACT data.

The following reports are currently available on CS2:

1. **MO CQUIN data completeness, activity and submissions reports:** Document trust performance against SACT targets for data quality and completeness in the MO CQUIN (2017-2018).
   These targets will be included in the NHSE standard contract 2019, and the SACT team will continue to report trust performance to support trusts to meet contractual obligations.
2. **Dose banding report:** Captures drug dosing information and highlights administration inside and outside national dose bands
3. **CTYA reporting suite**: Shows patient numbers and patterns of treatment for this patient group

We will shortly be launching the following reports on CS2.

4. **SACT routine reporting suite:** this report was formerly circulated as a static pdf to trusts. In future an interactive version of the report will be available on CS2. The report captures key patterns and use of SACT across NHSE trusts and includes detail such as number of patients receiving treatment for each tumour group, number/proportions of regimens reported by treatment intent and tumour group, and information on patient performance status.
5. **Data Quality report:** this report will replace the data quality and completeness reports previously available through the old SACT portal. These reports will show trust performance against the national average. The report will show how much valid, useable data has been submitted.
6. **CDF patient reports:** SACT data is used to evaluate treatments in the new CDF. Consequently high data completeness and quality is particularly critical for these treatments. The CDF report compares Bluteq applications and the SACT dataset and highlights patients missing from SACT or with incomplete data. It is designed to help trusts submit high quality data for CDF patients.

H.2 How do we tell whether our data is improving, and which items we need to focus on?

There are several reports prepared by SACT analysts to allow trusts to review data quality and completeness. These reports are available through CancerStats2 (CS2) and can be accessed by users with an NHS net email account. Users must register on the CS2 home page.

The SACT MO CQUIN reports shows data quality and completeness for key data items. These reports include time trends which document trust performance against targets since January 2017.

The SACT team are building more comprehensive data quality and completeness reports which will be available on CS2 in the near future. These reports will be similar to data quality and completeness reports available on the old portal but will give users greater flexibility to interrogate the data and identify areas requiring improvement.

Until the new reports are available, trusts will still be able to download data quality and completeness reports to May 2018 from the old SACT portal.

H.3 Where can I find the Data Completeness / Data Quality report previously available on the SACT portal?

The SACT team are building new versions of the Data Completeness / Quality reports which will be available on the CancerStats2 website in the near future. These reports will be similar to data quality and completeness reports available on the old portal but will give users greater flexibility to interrogate the data and identify areas requiring improvement.

Until the new reports are available, trusts will still be able to download data quality and completeness reports to May 2018 from the old SACT portal.

Section I - FAQs for SACT data fields

1. NHS Number (This is a mandatory field)

1.1 What is a valid NHS Number?

A valid NHS Number must be 10 digits long (numbers only) and must pass the MOD 11 check. An algorithm is incorporated into the validation engine of the portal which undertakes this check. The check is explained in the NHS data dictionary:
http://www.datadictionary.nhs.uk/version2/data_dictionary/data_field_notes/n/nhs_number_de.asp
For Scottish patients treated in England the CHI patient identifier for Scotland is acceptable

2. Date of birth (This is a mandatory field)

2.1 The dates on my submission do not match the report on the SACT portal

We accept the following date formats:

- **CCYY/MM/DD**
- **DD/MM/CCYY**
- **CCYY-MM-DD**
- **DD-MM-CCYY**

Each trust must have a default date format and therefore all files must contain the agreed format. This format must be used throughout the entire file and for all subsequent uploads. Files that do not have consistent formatting will fail to upload.

3. Gender current (This is a mandatory field)

3.1 No FAQs have been posted against this field.

4. Ethnicity

4.1 The national item appears to use code 99 for unknown. Please advise if this will be accepted by SACT.
Yes. 99 is the correct code.

	White
A	White British
B	White Irish
C	Any other White background
	Mixed
D	White and Black Caribbean
E	White and Black African
F	White and Asian
G	**Any other mixed background**
	Asian or Asian British
H	Indian
J	Pakistani
K	Bangladeshi
L	Any other Asian background
	Black or Black British
M	Caribbean
N	African
P	Any other Black background
	Chinese or Other Ethnic Group
R	Chinese
S	Any other ethnic group
Z	Not stated
99	**Unknown**

5. Patient postcode (This is a mandatory field)

5.1 My patient does not have a postcode what should I record in this field?
If patients do not have a postcode please record a dummy postcode for this field e.g. ZZ99 9ZZ

6. Registered GP practice

6.1 No FAQs have been posted against this field.

7. Consultant GMC code

7.1 My consultant code only has 7 numerical digits
We except codes with or without the leading ‘C’ prefix as all our patients are treated by clinicians only. The code will be accepted as either a7 or an8. This is because the dataset accepts codes with or without the C prefix.

The GMC field is validated against the General Medical Council registration list. The General Medical Council only has a 7 digit numerical registration number for each member; however the NHSE data dictionary states that this dataset item must include a prefix of ‘C’ to denote ‘clinician’.

8. Consultant specialty code

8.1 No FAQs have been posted against this field

9. Organisation code of provider

9.1 What code should we use and what happens if we change the code?
The ISB has indicated that the codes you should use are AN3 or AN5 codes, the trust code and hospital site codes respectively. The codes you use must be valid codes listed in the NHSE list of codes and are cross-referenced to a validation list on the SACT portal which records providers who use SACT.

9.2 The user guidance refers to an AN3 code list for non NHS providers (eg. Home care delivery). Please can you provide a copy of this code list if available?
At the moment we only expect NHS providers to be identified. Private and other providers are subject to future work.
Homecare, funded through the NHS, should be captured in trust uploads even if it is delivered by private providers.

10. Primary diagnosis (ICD 10)

10.1 Where a patient has more than one diagnosis (e.g. breast and ovarian) being treated by the same chemotherapy regimen, how do we expect to see this reported within the SACT extract?
Patients may well have a current and historic diagnosis; in this case obviously the current active disease is the relevant one. In the very rare circumstance of two cancers requiring treatment at the same time, the regimen chosen will prioritise one diagnosis and this is the one to record. For example, there is little or no overlap between the drug regimens used to treat breast and ovarian cancer so the drug regimen recorded will indicate which cancer is being treated.

10.2 Items 10-12 (Primary Diagnosis, Morphology, Stage of Disease). Please can you confirm *"Where a patient has more than one current cancer diagnosis the diagnosis recorded is the one relevant to the treatment being given"*?
The statement is correct; a programme of treatment and its constituent regimens will be given for a specific tumour. If a patient has a second diagnosis requiring treatment, this requires a new programme to be commenced.

10.3 How do we submit patients with myeloproliferative disorders who are on cancer drugs but they don't have C-code?
These cancer types are registrable cancers and therefore treatments should be included in SACT submissions. These should be submitted as D codes when included in SACT submissions

10.4 Please can you confirm if 3 digits are acceptable or if 4 is essential. i.e. Can I use C34 for all lung cancer or do we need to state where in the lung C341 as shown below.
The ISB guidance and data standard indicate that the diagnosis ICD–10 codes are mandatory. Whilst the detail is not defined, it does indicate that the purpose

of the field is to allow analysis by tumour groups or tumour sites. As with any data, the more detailed the data the more detailed the outputs and analysis can be. Providing us with the 3 digit code for example, C34 for lung is not sufficient for some of our current analyses and consequently if you were to simply supply us with C34, your trust would only appear on analyses relating to All Lung and would not appear on analyses relating to the sites listed below:

C34	**Malignant neoplasm of bronchus and lung**
C340	**Malignant neoplasm: Main bronchus**
C341	**Malignant neoplasm: Upper lobe, bronchus or lung**
C342	**Malignant neoplasm: Middle lobe, bronchus or lung**
C343	**Malignant neoplasm: Lower lobe, bronchus or lung**

The data currently being received from sites which have implemented e-Prescribing systems contains the 4 digit code where it is applicable, and allows more detailed analyses. In addition, we have consulted with several pharmacists who agree that the detailed ICD 10 provides a much better opportunity to look at specific treatments and outcomes. Interestingly, we found a number of trusts are using their own SACT extracts for analysis and the ICD 10 code is of particular importance in obtaining detailed information and activity against diagnosis.

Finally, based on our experience with other datasets, if the process is set up to collect more detailed data, as and when commissioners develop initiatives to increase the level of detail collected in primary diagnosis there will be no requirement for action by the trust. The more granular data will already be collected.

10.5 What is the correct format for the submission of ICD 10 codes?

The Cancer registry standard requires that the ICD 10 code be submitted in full, where possible, BUT without the full stop. For example: where the code is C34.8 the submitted code should be C348. Where codes on the WHO list contain an "X" suffix, this should also be included, for example: C61.X should be submitted as C61X.

10.6 Do you accept any other codes than C codes?

Yes we do accept both C and D codes for Cancer, we also accept E85 – E859 for Amyloidosis

11. Morphology

11.1 The guidance isn't completely clear – is the Morphology code mandatory where the ICD10 code has already been entered?

ICD10 code is a mandatory field and must be submitted. Morphology is required where relevant for diagnosis and treatment.

11.2 Item 11 (Morphology). Please can you provide a list of the relevant codes and meanings that will be accepted for this item and the formatting that the six characters should follow as other datasets use a 7 character format of M**/*.**

The codes are available from WHO - http://www.who.int/classifications/icd/en/. The codes are presented in the format similar to 8000/9. The data submission in this case should be 80009.

12. Stage of disease

12.1 Do you just accept TNM or all disease staging? e.g. Ann Arbor for Hodgkin's Lymphoma

We are expecting TNM, Figo or Dukes staging. However, we will accept conventions for staging which are relevant to other treatments for examples see list below.

12.2 Is it likely that with the haematology regimens there may be a requirement for prognostic index in the future as more move to including IPI/FLIPI etc.? (We currently have Ann Arbour and Binet in ChemoCare but not much else for haematology and there is only one field.)

The concept of the SACT dataset is that it is primarily to record details of chemotherapy given and supporting fields are those which are relevant to most specialty areas. Most specialties have data such as prognostic indices which are unique to the specialty and these will be recorded in the Cancer Outcomes and Services Dataset (COSD), launched in 2013. Functionally the SACT dataset forms part of the COSD and it is planned that data will be merged for reporting. The link to the COSD is on the NCIN website:
http://www.ncin.org.uk/collecting_and_using_data/data_collection/cosd

12.3 Since this item can contain a TNM, FIGO or Dukes staging, please clarify how the coding system used should be identified in the 5 character field, and what data should be used if more than one staging type is recorded.

Only one code will be accepted.

- **TNM is the preferred code**
- FIGO is specific and accepted for gynaecological cancers
- Dukes is specific and accepted for colorectal cancers
- Ann Arbor is accepted for haematological malignancies

Examples of the codes and how they should to be recorded are shown below. However sites are responsible for ensuring that they obtain the full and most up to date codes for inclusion in their systems.

TNM staging

Codes should be provided without the T, N or M prefixes for TNM. Where the metastasis has a letter suffix, this should not be included. For example where a staging code for Metastatic prostate cancer code is T4aN2bM1b, the code submitted should read 4a1a1 (we would trim the suffix for the metastasis).

Dukes staging

List the code A, B, C, C1, C2 or D.

Figo staging

List the stage in numerical form followed by the appropriate letter where required.

For example: Stage II, submit 2
Stage IIIA, submit 3A
Stage IA2, submit 1A2

Ann Arbor

Roman numerals need to be converted to Arabic numerals for example III to 3. Where an alphabetic suffix exists, use the corresponding letter example: IVA to 4A

Binet

A, B or C

ISS

Roman numerals need to be converted to Arabic numerals e.g. III to 3.

12.4 The comments section specifies that the staging could be that at the decision to treat or the final pre-treatment value. Which should be supplied in preference? Should this be identified in the data somehow?

The final pre-treatment is the preferred stage. Any more detailed analysis of treatment by stage will link to the Cancer Outcomes and Services dataset.

It is not necessary to specify when the staging assessment was made. We will assume data submitted is final pre-treatment staging.

13. Programme/ Line of Treatment number

13.1 Is there any possibility of some sample guidance?

The programme number / line of treatment is a number for the overall treatment. The simplest explanation is:

- A programme of chemotherapy may have one or more regimens of treatment
- Each regimen may contain one or more cycles of administration.
- A new programme is commenced when the **intent of treatment changes** e.g. adjuvant to palliative.

A copy of the data structure is available from the Helpdesk.

13.2 While our system is modified to comply with the guidance for programmes/ regimens/ cycles, we will have to generate some of the IDs within our extraction queries. What would be the consequences of any numbering issues arising from this?

We have identified this as a potential issue, the ideal data should provide each patient with a sequential programme number, within which there is a sequential regimen number starting at 1 for each programme, and within each regimen there should be a series of cycles with sequential numbers starting at 1 for each regimen. Whilst your system is modified to comply with the SACT, you should aim to generate numbers in sequence for cycles and regimens as much as possible. We are addressing these issues in future revisions to the dataset.

14. Regimen number

14.1 See above.

15. Intent of treatment

15.1 The national item appears to use code 9 for unknown. Please advise if this will be accepted by SACT.

While this code is included in the NHS data dictionary, we would expect all SACT returns to have the intent recorded by MDT or chemo group meeting before treating a patient. This is one of the keys fields for the SACT reporting/ outputs. To improve the quality and value of SACT reporting and analysis we encourage all trusts to submit a treatment intent where possible. Please see below for codes accepted.

A target for 0% treatment intent code 9/ unknown was included in the MO CQUIN 2017/18. From 2019, this target forms part of the NHSE standard contract.

15.2 Can we have further understanding of this data field please, in particular for Haematology patients

This is in relation to the intent of treatment of the regimen, and is not drug specific. You are able to select from the codes listed on the guidance –
A – Adjuvant, N – Neo-Adjuvant, C – Curative, P – Palliative, D – Disease Modification

The D – Code has been added specifically in response for a code which relates Haematology.

15.3 What is the definition of disease modification?

This is defined as “an anticipated clinical improvement of at least a year’s duration”. Many current treatment programmes are intended to control cancer, often for many years without the expectation of eradicating the disease. These situations were not covered adequately by the previous options for intent.

16. Regimen

16.1 Are we required to submit regimens in a standard form?

SACT does not require trusts to change existing practice or change local regimen names. Regimen names must refer to a single identifiable regimen, i.e. ‘bucket codes’ must not be used. A bucket code is a code that refers to more than one regimen, e.g. ‘Chemotherapy’.

Once uploaded, local regimen names need to be mapped to a national standard list. This is a quick and easy process and can be done via the SACT online mapping tool. Pharmacists are usually the best people to do this. SACT uploads cannot be submitted until all regimens have been mapped. We allow 2 weeks following upload for trusts to map regimens and a further 2 weeks to resolve any mapping queries.

16.2 We are currently able to upload any text for the Regimen Name.

The SACT portal data checker will accept any text that is used in the Regimen column. On upload, all regimen names are checked to the OPCS+ list included on the portal. This list is a version of the OPCS Chemotherapy Regimen List, as

updated by SACT pharmacists to include new regimens, trials etc. If your local name for a particular regimen exactly matches the OPCS+ list, it will be automatically mapped via the portal. Regimen names that don't match the list will appear as new regimens on the batch report in the new portal. They can then be mapped by trust pharmacists. Once mapped, the portal will apply the mapping to the regimen name every time it subsequently appears.

16.3 What if I can't find the right regimen on the list?

Most regimens will be on the list. For SACT purposes, we don't need cycle or dose information in the regimen name as these will be included elsewhere on the upload. For example, FEC 75 and FEC 90 can both be mapped to FEC. We also don't need non-chemo drugs such as dexamethasone and prednisolone in the regimen names. If the regimen you're using is definitely not on the list please send a request to the helpdesk and we will work with the SACT pharmacists to confirm and update this.

16.4 What about trials?

Many trials appear on the OPCS+ list, so search for the trial name in the regimen section first. If the trial name is not there, you can map to 'Trial Unspecified'. There is a comments box available for you to enter the new trial name. Trials should be mapped to trial name rather than regimen / drug name.

16.5 I can't tell what this regimen is from the name we submitted.

If the regimen name as it appears on the mapping tool is truncated or unclear, the original patient / drug level data from your upload is available on the batch report. Please check the batch report for full details.

17. Height at start of regimen

17.1 What units should I use for height?

Height will need to be in meters only. A value of 136cm will need to be submitted as 1.36.

18. Weight at start of regimen

18.1 Do we need to record height and weight when it is not required to calculate the dose?

This is an ongoing discussion. The common practice is only to provide height and weight where the dose calculations require these values however there are discussions around whether it would be good practice to always record in order to correlate to outcomes. Currently height and weight are required for all SACT (IV and non-IV/oral) and targets were included in the MO CQUIN 2017/18.

19. Performance status at start of regimen

19.1 Since this could be coded with the WHO or Lansky coding systems, please clarify how the coding system should be identified since the value 0 has opposite meanings to each system.

The age of the patient determines what the value 0 means. We will carry out that determination based on the age of the patient. Clinicians will be expected to use

WHO codes for adults and Lansky for children. Please refer to page 31 of the SACT guidance document.
Please note also that the item is coded as AN1 or AN2 but needs to be AN3 for a Lansky value of 100.
In the future this item will be revised to clarify the data required.

19.2 Please can you provide applicable codes and meanings for the Lansky scale?
Please see Page 45 of the SACT user guidance on the SACT website.

19.3 If a patient is 16 at the start of a drug regimen and so has their performance status coded with the Lansky scale, but turns 17 during the course of the regimen, should any subsequent drug cycles have the performance status coded as WHO or Lansky for consistency?
If the programme begins when the patient is classified as a child, the patient remains a child until the end of the programme.

19.4 Can we supply code as – 9 Not Known
To avoid a conflict with "Code: 09 10%=No play", please do not submit "9". Leave this field blank if "Not Known".

20. Co-morbidity adjustment

20.1 No FAQs have been posted against this field.

21. Date decision to treat

21.1 The dates in my submission do not match the report in the SACT portal
We accept the following date formats:

- **CCYY/MM/DD**
- **DD/MM/CCYY**
- **CCYY-MM-DD**
- **DD-MM-CCYY**

Each trust must have a default date format and therefore all files must contain the agreed format. This format must be used throughout the entire file and for all subsequent uploads. Files that do not have consistent formatting will fail to upload.

21.2 Is this the date of first treatment?
This should be the date on which it was decided that the patients required a specific Planned Cancer Treatment. It normally reflects the date that the consultation between the patient and the clinician took place and a Planned Cancer Treatment was agreed.

22. Start date of regimen

22.1 The dates in my submission do not match the report in the SACT portal
We accept the following date formats:

- **CCYY/MM/DD**
- **DD/MM/CCYY**
- **CCYY-MM-DD**

- **DD-MM-CCYY**

Each trust must have a default date format and therefore all files must contain the agreed format. This format must be used throughout the entire file and for all subsequent uploads. Files that do not have consistent formatting will fail to upload.

22.2 The description identifies this as being related to each programme. However, the comments refer to each regimen. Please confirm that this should be recorded for each regimen.

This relates to the regimen only.

23. Clinical trial

23.1 No FAQs have been posted against this field.

24. Chemo-radiation

24.1 Is this "Yes" if RT is an integral part of treatment – "No" if the patient has received RT?

Correct. If RT is part of the treatment tick yes. If radiotherapy is independent of the SACT, tick no.

25. Number of cycles planned

25.1 We have set up our system to prompt investigations before continuation e.g. CHOP is set up as 4+2+2 so there are never 6 or 8 cycles scheduled at the outset. The decision point prompts scan after 4 and after 6. The same applies to ABVD, Gem Carbo etc.

"Planned cycles" refers to the cycles planned at the start of treatment. We expect these to change and we agree that this will initially show variation across sites. Please report the data available.

25.2 Do we include planned cycles for palliative and disease modification

No, planned cycles do not need to be included for palliative and disease modifying treatments.

26. Cycle number

26.1 Is there also an expectation for any patient part-way through their cycle that data is to be backdated to their 1st cycle?

No, that would not be practical for the trust. Where patients are part way through their programme, regimen or even cycles, simply record the data for activity in the relevant month. Over time, we expect to capture all patients as they start their treatment. In general we do not accept retrospective submission of data.

For patients receiving treatments funded through the CDF it is critical to capture all cycles. SACT data is used to inform areas of uncertainty for NICE committees and treatment duration is a key analysis. If you are aware data for early cycles is

missing for these patients please contact the Helpdesk. In these cases we may request that trusts retrospectively submit missing cycles.

26.2 Is there an expectation that cycle-related fields will be collected for all patients at every cycle, i.e. if a patient receives 6 cycles then this section should be competed 6 times?

The cycle number and start date of cycle are the only mandatory cycle fields. For the remainder of the fields, with the exception of weight at start of cycle (obtaining the weight may not always be possible or appropriate) we expect to receive the information for every cycle. These provide valuable information on the patient's suitability for further treatment.

27. Start date of cycle (This is a mandatory field)

27.1 The dates in my submission do not match the report in the SACT portal

We accept the following date formats:

- **CCYY/MM/DD**
- **DD/MM/CCYY**
- **CCYY-MM-DD**
- **DD-MM-CCYY**

Each trust must have a default date format and therefore all files must contain the agreed format. This format must be used throughout the entire file and for all subsequent uploads. Files that do not have consistent formatting will fail to upload.

28. Weight at start of cycle

28.1 Is there an expectation that this section of the dataset will be collected for all patients at each stage of their cycle?

Please see answer 26.2

29. Performance status at start of cycle

29.1 Is there an expectation that this section of the dataset will be collected for all patients at each stage of their cycle?

Please see answer 26.2

29.2 Can we supply code as – 9 Not Known

To avoid a conflict with "Code: 09 10%=No play", please do not submit "9". Leave this field blank if "Not Known".

30. OPCS procurement code

30.1 Is there an expectation that this section of the dataset will be collected for all patients at each stage of their cycle?

Please see answer 26.2

30.2 Please can you provide a list of the relevant codes and meanings for this item?

This is incorporated on the OPCS 4.6 file available from TRUD at https://isd.digital.nhs.uk/trud3/user/guest/group/0/home

30.3 Can you provide codes for Regimens that are not on current OPCS List?

The SACT team is not able to provide any codes that are not on the current OPCS list. This field should be left blank if no national code is available

31. Drug name (This is a mandatory field)

31.1 Should the SACT dataset include hormones and bisphosphonates?

We wish to receive all systemic anti-cancer drugs. Please note that anti-cancer drugs can include BCG, bisphosphonates, biological therapies and hormonal treatments. We do not require data on supportive care e.g. anti-emetics. If you submit these treatments we will accept them but they will be excluded from any analysis.

31.2 Please clarify if the drug-related data items (31-36) are uniquely identified within a given cycle by the drug name, the date of administration or a combination of both.

It is a combination of both. The items correspond to each relevant drug given within a cycle. Different drugs may be given on different days within the cycle and may have different administration dates.

31.3 Please can you provide a current list of the accepted drug names?

These are available from the current British National Formulary bnf.nice.org.uk/drug/ For drugs not yet in the BNF use the approved name. This will usually be the drug name used by the pharmacy.

31.4 Are you expecting reporting of intravesical chemo – e.g. BCG, mitomycin?

Yes, all anti-cancer drugs by any administration route are included in the SACT but local arrangements may be necessary to add these to the download

32. Actual dose per administration

32.1 The comments of this item state that the units will normally be milligrams but may sometimes be another unit. Please can you clarify how the units should be coded, as the item format is numerical only?

We will accept the dose entered by the clinician, using the correct number of decimal places to represent the dosage in mg to a maximum of 7 digits. Where drugs are in other units than milligrams, this will usually be specific to the drug and will be picked up at the analysis stage.

32.2 The field is n7 – not an7. What happens if numbers will are reported as mg, µg or g? Are you expecting all drugs to be reported as mg?

We would prefer all doses to be reported as **mg**, however we will accept the dose as given. For example, if you record µg for a particular dose for a drug which we know is administered in µg, we will correct it for analysis purposes. This will be one of the activities undertaken by the SACT team oncologist and pharmacist. This field will be revised for clarity in future versions of the dataset.

33. Administration route

33.1 No FAQs have been posted against this field.

34. Administration date (This is a mandatory field)

34.1 The dates in my submission do not match the report in the SACT portal

We accept the following date formats:

- **CCYY/MM/DD**
- **DD/MM/CCYY**
- **CCYY-MM-DD**
- **DD-MM-CCYY**

Each trust must have a default date format and therefore all files must contain the agreed format. This format must be used throughout the entire file and for all subsequent uploads. Files that do not have consistent formatting will fail to upload.

34.2 How do you record patients who are on a continuous prescription and drugs are self-administered at home?

In this case, we will not expect to receive administration dates. We would instead expect to receive a **dispensed date** for this prescription and you can either record the **total dose** (of all drugs prescribed) or a **single dose** – the system accepts both. This will be revised for clarity in future versions of the dataset

35. Organisation code of provider

35.1 Please can you confirm whether these items are relevant to each programme or each regimen?

The organisation code in item 9 is the provider responsible for initiating the programme. The provider code is also required at drug level, to capture cases where part or whole of subsequent cycles are given by different providers.

35.2 What code should we use and what happens if we change the code?

Please see answer 9.1

36. OPCS delivery code

36.1 Can you provide codes for Regimens that are not on the current OPCS List?

The SACT team is not able to provide any codes that are not on the current OPCS list. This field should be left blank if no national code is available.

37. Date of final treatment

37.1 We forecast when the final treatment will be, why have these records failed?

The SACT dataset does not accept any future dates. The SACT dataset requirement is for treatment event dates that have actually taken place.

38. Regimen modification – dose reduction

38.1 No FAQs have been posted against this field.

39. Regimen modification – time delay

39.1 No FAQs have been posted against this field.

40. Regimen modification – stopped early

40.1 This field may be difficult to interpret. We may submit 4 planned cycles for CHOP (item 25) before a decision point prompt. At this stage we may stop 4 but actually the plan was for 6 and the regimen was stopped early due to toxicity.

This field informs us that the treatment was stopped early. Taking into consideration the issue you have with the planned number of cycles, if you are then able and amend the planned number of cycles, the database merge process would update the original records. However, the information we are keen to obtain is whether or not the treatment was stopped early. Matching it against the planned vs. actual number of cycles is an issue we will deal with in time.

41. Regimen outcome summary

41.1 List of options

Please refer to page 59 of the SACT implementation user guide for the relevant code list.

42. Date of death

42.1 The dates in my submission do not match the report in the SACT portal

We accept the following date formats:

- **CCYY/MM/DD**
- **DD/MM/CCYY**
- **CCYY-MM-DD**
- **DD-MM-CCYY**

Each trust must have a default date format and therefore all files must contain the agreed format. This format must be used throughout the entire file and for all subsequent uploads. Files that do not have consistent formatting will fail to upload.

43. NHS number status indicator code

43.1 Why has this field been added?

This field is to bring the SACT in-line with other datasets e.g.COSD