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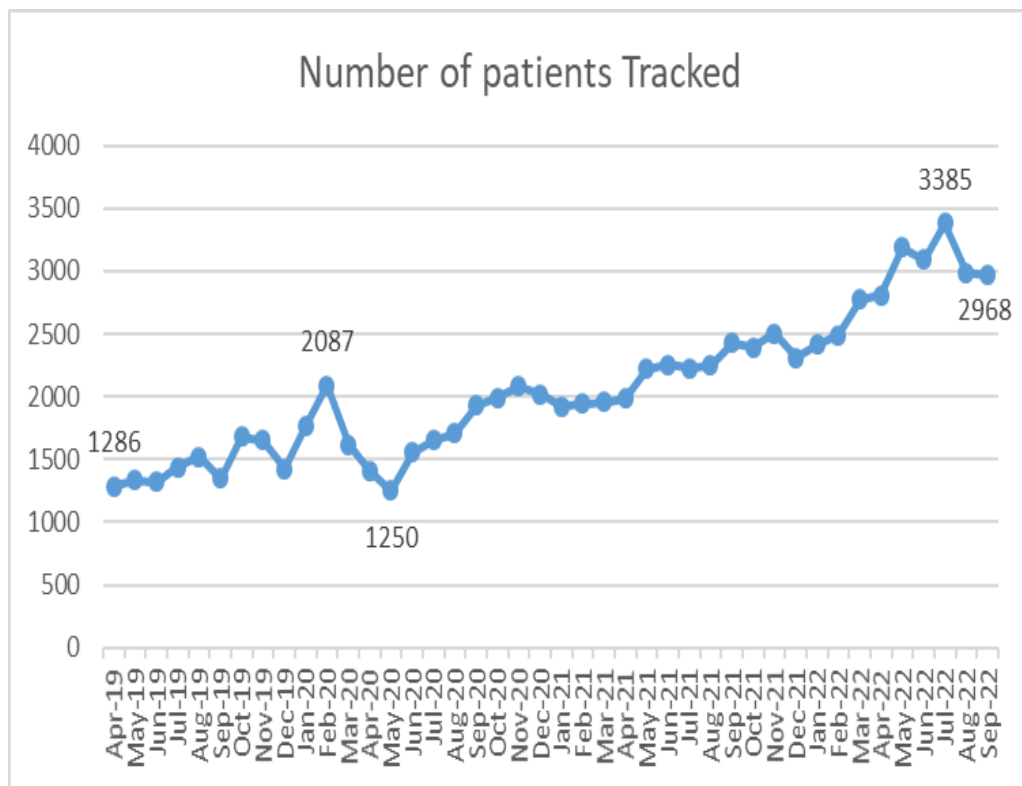
# Quality Statement Cancer Services

# Situation

- Key challenges with the **front end** of the pathways in Urology, Lower Gastrointestinal (LGI), Upper Gastrointestinal (UGI) and Gynaecology.
- The key focus is on the **backlog** reduction- live tracking of backlog patients, both 62 days plus and 52-62.
- Improvement and trajectory plans in place for **every** tumour site.
- Working towards **sustainability** within key tumour sites, utilising the 85<sup>th</sup> percentile of demand.
- Key **risks** remain in Endoscopy and Radiology.
- Treatments provided within HDUHB are **above** pre COVID-19 levels for both surgery and Systemic Anti Cancer Therapy (SACT).

# Number of Patients on Pathway

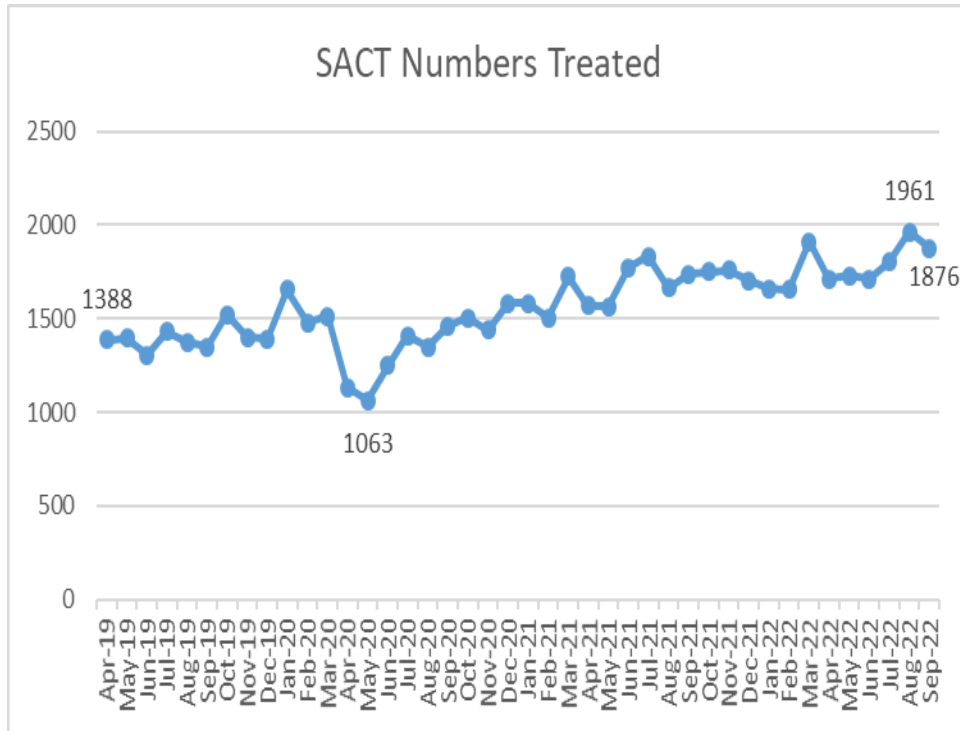
## April 19 – September 22



- The changes from Unsuspected Cancer (USC)/ Not Urgent Suspected Cancer (NUSC) to the Single Cancer Pathway (SCP) in Feb 2020 saw an increase in the number of patients being tracked on the pathway.
- There are now 1298 more patients entering the pathway than in February 2020
- Increased demand Vs re-categorisation?

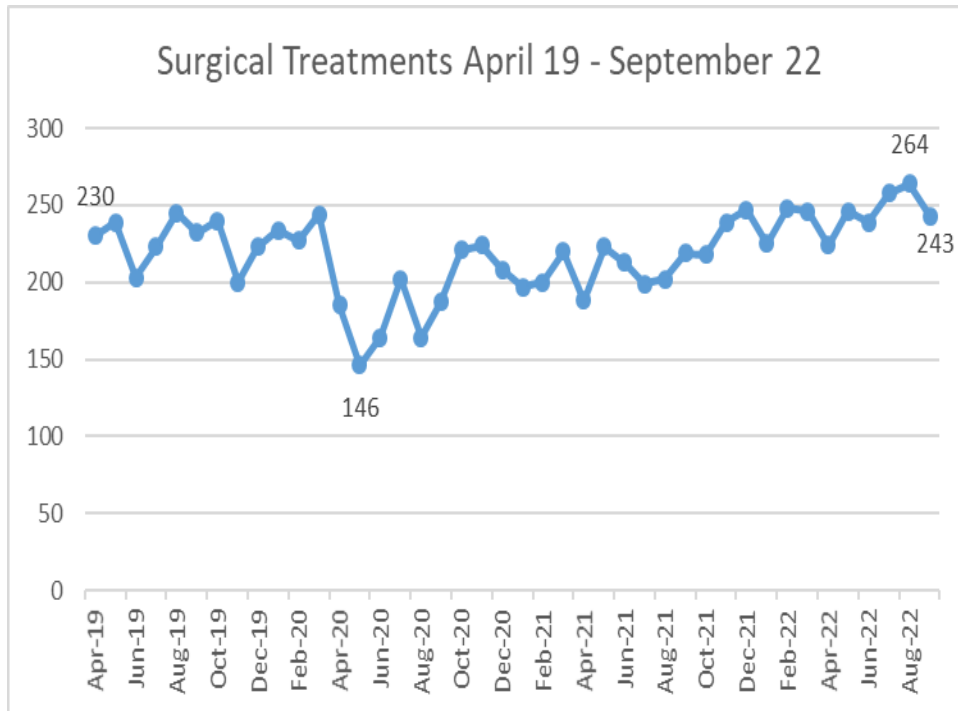
# SACT Treatments

## April 19 – September 22



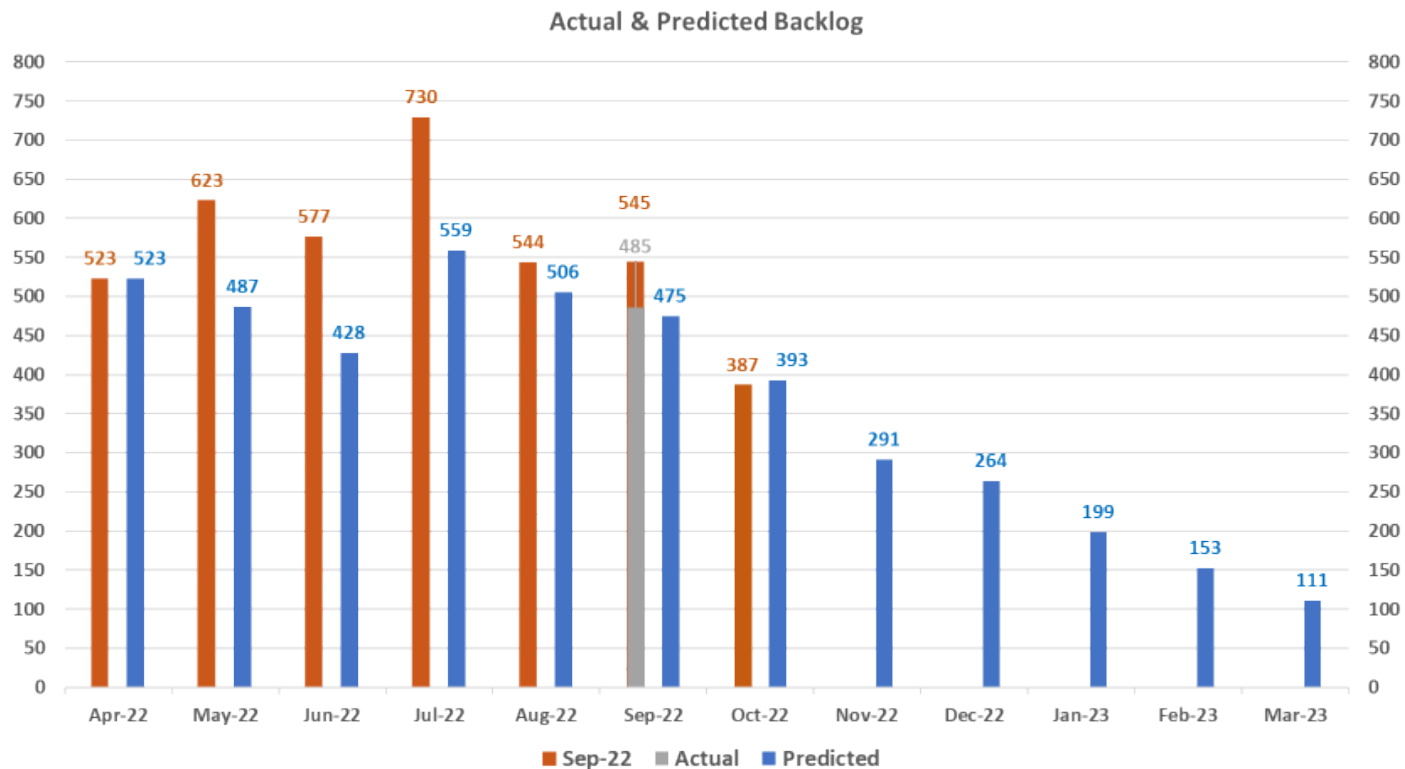
- SACT treatment demand exceeds the pre COVID-19 period

# Surgical Treatments April 19 – September 22



- Surgical treatments are back in line and slightly above pre COVID-19 levels

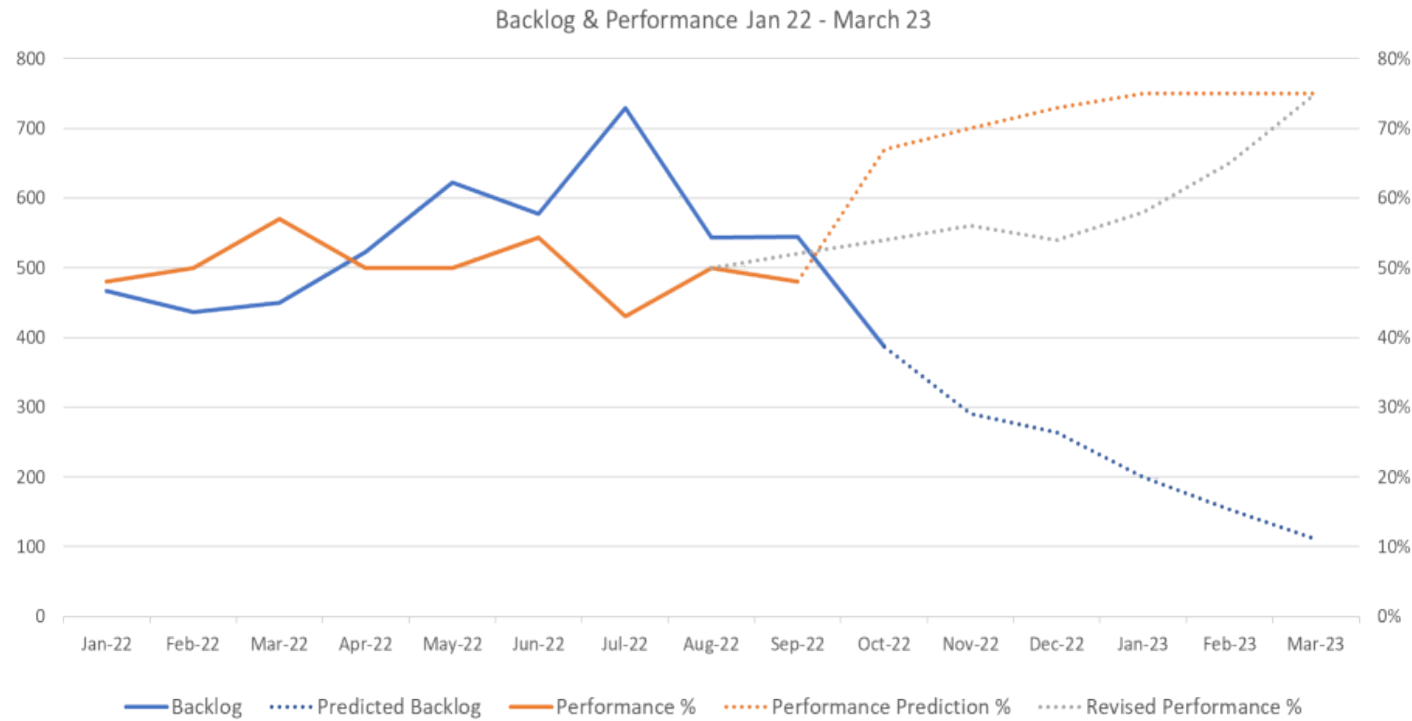
# Predicted & Actual Backlog Improvement Overall



- July backlog growth - delay in Radiology reporting.
- August backlog significantly improved.
- September core backlog improved with (exception small cohort of skin patients).
- October core backlog reduced by 158 patients
- Diagnostic capacity presents challenge to 100% backlog eradication 2022/23
- NB not all backlog patients will become breaches on the SCP.

# Backlog & Performance

## January 22 – March 23



- Revised performance profile
- Accounts for backlog reduction and impact on performance.

# Risks and Mitigation Cancer

## **Radiology**

- Activity is higher than pre pandemic in most modalities particularly Computerised Tomography (CT) due to an increase in scanners. This has been achieved by staff working additional hours/overtime and reliance on long term high cost locums.
- Glangwili Hospital (GH) have managed to recruit into one of their two vacancies who will start in Jan. GGH have also got two locums who are providing long day staffing Mon-Fri for the next few months.
- Extra lists being undertaken at GH which are USC patients from Bronglais Hospital (BH) due to their scanner replacement. The CT Box at Withybush Hospital (WH) is being used as a second scanner for outpatients when staffing allows so they can increase their capacity.
- The current scan wait for USC CT is 2 weeks, MRI is 2-3 weeks, and for USS 2 weeks.
- 20.4% of patients were dated in 7 days.
- 35.5% of patients were dated in 2 weeks (14 working days)
- Weekly lists are received from the Cancer Tracking team for all those patients who are waiting more than 1 week for any radiology investigation.



# Risks and Mitigation (cont'd)

## Cancer

### **Endoscopy**

- Capacity in Endoscopy continues at 90% in comparison to pre COVID-19 levels. Plans for further endoscopist in WGH and PPH to increase capacity further.
- Colorectal surgeons continue to undertake stage 4 work and have not yet returned to their pre COVID endoscopy lists.
- There is potentially another Gastroenterologist post commencing in PPH January 2023.
- Nurse staffing challenges continue in BH and WH with agency nurses used to fill the deficit.

A snap shot of September 2022 P1 data shows that:

- 13% of patients were dated in 7 days.
- 50% of patients were dated in 2 weeks (14 working days)
- P1 patients being dated between 7-21 days.

# Risks and Mitigation (cont'd)

## Cancer

### **FIT10 Screening**

As per the Wales Bowel Cancer Initiative, the use of FIT10 screening in the management of USC patients on a colorectal pathway was implemented in June 2020.

A Straight to FIT test is being implemented within the health board, where depending on the result of the FIT test, as to whether an Outpatient Appointment (OPA) or any further investigations are required, which will reduce the pathway by 14 days. The FIT initiative is due to be rolled out to primary care by the endoscopy service by April 2023.

#### FIT Testing Jan 22 – Sept 22

	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Number of Kits	291	640	1087	1401	1799	2239	2737	3177	3691
Results	46%	63%	74%	75%	81%	83%	82%	83%	83%
Discharged	3%	7%	11%	16%	18%	19%	22%	22%	21%
Endoscopy	11%	15%	17%	21%	22%	22%	24%	23%	23%
Further Investigations	37%	36%	30%	25%	19%	17%	22%	26%	27%
OPA	9%	17%	22%	23%	23%	21%	23%	23%	22%
Non Responders	2%	5%	10%	7%	8%	9%	9%	9%	10%

# Risks and Mitigation (cont'd)

## Cancer

### **Pathology**

- Current Mitigation
  - Introduced an in lieu of locum process where existing consultants report cases outside of contracted sessions to manage excess demand on service.
- Long Term Mitigation
  - Consolidate Cell Pathology Service across the South West Region at the Pathology Centre of Excellence. Introducing innovative modern technology such as Digital Pathology and Artificial Intelligence, reducing time undertaken to review cases and allowing cases to reviewed across the region and elsewhere.
  - New innovation and consolidation of services should attract consultant staff to area to meet demands on service.

# Risks and Mitigation (cont'd)

## Cancer

### **Surgery Waits**

As at 24 October 2022, 153 patients are awaiting surgery. 34 of these patients are on a tertiary pathway; 98 have been dated for surgery; and a further 21 patients are awaiting dates for surgery locally.

BH and WH Green elective pathways have been re-established. A plan for pre COVID-19 theatre capacity to return for all hospital sites is currently at 75%.

# Risks and Mitigation (cont'd)

## Cancer

### **Tertiary Patient Waits**

As at the end of September 2022, the number of patients on a tertiary cancer pathway was 90 patients. These patients are at different stages of their pathways with some awaiting Multidisciplinary Team (MDT) discussion, some an OPA with the tertiary consultant, and some awaiting their definitive treatment. Some pathways are being redirected to alternative tertiary centres.

Currently, there is a 4-5 week delay for Skin OPA. 2-3 weeks delay for Lung OPA and 2-3 delay for Thoracic surgery. Urology delays to surgery are around 6-8 weeks for Robotic surgery, and delay to Gynae surgery of around 6 weeks. There is also a 4-5 week wait for Radiotherapy/ Chemo-radiotherapy.

### **Radiotherapy**

Radiotherapy is provided by the Cancer Centre in Swansea, and for Stereotactic Body Radiotherapy (SBRT) at the Cancer Centre in Velindre.

#### Update from Radiotherapy Department, Singleton Hospital, Swansea.

- Routine patients and non-urgent palliative patients have a wait time of 14-21 days from seeing one of our consultants, unless there is a planned delay (chemo, hormones etc).
- Urgent palliative patient wait time is 0-7 days
- Emergency wait time is 0-48 hours.

# Risks and Mitigation (cont'd)

## Cancer

### **Informatics**

A cancer dashboard has been developed by Informatics with the support of Business Intelligence (BI) SCP funding from the Wales Cancer Network. This is now live with access for Cancer Services staff and Service Managers. This will allow MDTs to actively monitor tumour site specific patients on a SCP

Further development is continuing for the second phase, both from the Warehouse Development team and the Information Development team to include additional datasets such as additional Radiology data/EMS/LIMS etc. and possibly some more PII (TBC with the service and Warehouse Development team).

# Systemic Anti-cancer Treatment

Quality Statement 11

## Systemic Anti-Cancer Therapy (SACT) (Chemotherapy, Immunotherapy, Novel treatments)

- Treatment options are informed increasingly by developments in precision medicine, including genomics, leading to more lines of treatment availability and improved outcomes.
- The clinical team work closely with the Cancer Centre at SBUHB to build systems of work and infrastructure that are responsive to the introduction of new drugs within the Welsh Government directive of implementation within 60 days of release of Final Appraisal Determination (FAD) from NICE, ensuring equitable access to cancer drugs.
- Increases in treatment options, plus complexities of treatment regimes challenge treatment unit, and out patient clinic capacity - strategic business case being worked up with SBUHB and HDUHB to present to Welsh Government before the end of the year.
- SACT is administered on all 4 acute hospital sites in HDUHB.
- The table below shows the number of patients receiving SACT Sept 21 – Sept 22 across the health board.

Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
1739	1752	1757	1704	1659	1653	1910	1713	1727	1713	1801	1961	1876

# Cancer Workforce

Quality Statement 5

- Clinical and Medical Oncologists, medical physics and therapeutic radiographers are all employed by the South West Wales Cancer Centre and provide services to Hywel Dda University Health Board.
- Hywel Dda UHB have developed a strong non-medical team of Oncology Clinical Nurse Specialists, and Cancer Pharmacists to provide local, consistent support to the Oncology Service and to the Hywel Dda population.
- Hywel Dda UHB has a Cancer Key Worker Policy that supports consistency in the roles of the Clinical Nurse Specialist across tumour sites.
- Strong leadership for the cancer nursing teams is provided by a Lead Cancer Nurse and several Seniors Nurse Managers.
- Hywel Dda UHB cancer nurses are represented at an all Wales level.
- Hywel Dda UHB has a Therapies Lead for Cancer and this is a substantive post.



# Cancer Quality Statement 19: Pre-habilitation and rehabilitation are key parts of the cancer pathway; including application of making every contact count

Cancer treatment is challenging and the majority of people with cancer will experience compromised physical and cognitive function due to the treatments and their side effects. The negative impact of cancer treatment-related morbidity spans the trajectory of the individual’s lifespan – minimising quality of life, and can result in reduced survival.

Prehabilitation (interventions that prepare for anticipated stress and impairments for pending treatment(s)) and rehabilitation (interventions addressing impairments resulting from previous and/or concurrent treatment(s)) reduce the negative impact of treatment-related symptoms and improve function of individuals living with and beyond cancer.

Extensive stakeholder engagement and scoping has been undertaken to review the provision of cancer rehabilitation services across HDUHB. This has identified:

- There is no dedicated multi modal Prehab service that encompass all recognised elements
- There is a lack of dedicated cancer rehabilitation pathways
- Access to, and capacity within therapies are variable, with majority of services already stretched beyond capacity to manage the ever-increasing demand
- Patient stories highlighted issues ranging from delays in referral to cancer rehabilitation services & inequity in access to therapy services across the HB

An Allied Health Professional (AHP) Cancer Lead has been appointed. Underpinned by service user involvement, the role is a strategic appointment to facilitate, enable and support Cancer & AHP services in the delivery of high quality, evidence-based care. Ensuring improvements in equity, efficiency and effectiveness of cancer rehabilitation services across the cancer treatment pathway and HB geographical boundaries. A few key projects underway are summarised below.

Projects	Cancer AHP Prehabilitation Programme - proof concept for a virtual service	P.A.C.T (Prostate Active Care Together) Virtual Service	Waiting well – developing digital resources for people at the point of suspicion of cancer
Progress	<ul style="list-style-type: none"> <li>• Phase 1 cancer pathways: UGI / Colorectal / Urology</li> <li>• Phase 2 pathways: Lung / Gynaecology</li> <li>• VBHC support agreed to understand economic and financial benefit of programme.</li> <li>• Prehab TEC bundle agreed as part of HB TEC project (BP monitor, pulse oximeter, weighing scales) to support virtual monitoring of high risk patients</li> </ul> <p>Demand: Aiming for 650 new patient/year referral rate when fully implemented</p>	<ul style="list-style-type: none"> <li>• Multi-disciplinary AHP service, supporting people with prostate cancer on hormone treatment</li> <li>• Fixed term funded project, funded by WG Out-patients transformation funds - resubmitted bid was successful for further funding until March 2023.</li> <li>• Provides holistic assessments to identify key area of risk, need and address modifiable factors – supporting engagement in self-management approaches.</li> </ul> <p>Patient feedback: <i>“I feel like the team saw me as a patient and really wanted to know who I was and what my needs were. I can't thank them enough for all their support over the last 6 months”.</i></p>	<ul style="list-style-type: none"> <li>• Fixed term funded project, funded by Wales Cancer network innovation fund for 1 year. Collaboration project with ABUHB</li> <li>• Project team consists of AHP Lead, Primary Care Lead, R,D&amp;I Lead, Amman Gwendraeth primary care cluster.</li> <li>• Project aim: To understand service users views on what information they are currently receiving / what would like to receive about healthy lifestyle behaviours at point of suspicion of cancer.</li> <li>• This information will be used to develop universal prehab information that can be provided by GP on referral in via SCP</li> </ul>
Risks & Issues	<ul style="list-style-type: none"> <li>• Workforce – difficulties to recruit to short term funded posts</li> <li>• Short term funding of PACT project – funding agreed for PACT until March 2023. Service will cease after March 2023 if no additional funding is made available</li> <li>• Currently, no coordinated whole system approach to provision of Prehabilitation</li> </ul>		

# Person- Centred Care

Quality Statement 16

## Macmillan Cancer Information and Support Service

- Initially funded by Macmillan, now mainstream funded substantive service within cancer services providing non-clinical support to anyone affected by a cancer diagnosis
- Serves the public as well as health care professionals responding to the specific needs of service users – focus on practical, emotional, financial needs.
- Includes a cancer helpline, initiated in response to pandemic – Monday- Friday 9-5pm

	Jan - Mar 22	April to June 22	Jul - Sept 22	Totals
Total Interactions	605	786	668	2059
Person living with or beyond cancer	281	351	257	889
Spouse or Partner	78	71	87	236
Relative or Friend	75	75	78	228
Health care Professional	114	180	167	461
Social care professional	25	26	22	73
Carer	2	4	3	9
Brief Visit	0	0	0	0
Other	30	74	49	153

# Person-Centred Care (contd)

Quality Statements 16-19

## Cancer Treatment Helpline

- A 24/7 Cancer Treatment Helpline line is a triage line for acutely unwell cancer patients and has been a government mandate across the UK since 2015.
- The triage line has been shown to prevent unnecessary hospital admissions, as well as ensuring the most urgent oncological emergencies are identified early and life threatening toxicities of treatment or complications of cancer averted. (e.g. neutropenic sepsis, metastatic spinal cord compression etc.)
- Various models are in place across Wales. Since May 1<sup>st</sup> 2022 HDUHB has a dedicated 24/7 Cancer Treatment Helpline which sits within the Acute Oncology Nursing Team during the day, and Out of Hours call handlers overnight.
- In first quarter (May 1<sup>st</sup> – July 31<sup>st</sup> 2022)
  - Total Calls 772
  - Calls taken by Daytime 627 (Daytime triage made up 81% of the total calls)
  - Calls taken by Out Of Hours (OOH) 145 (19%)

# Acute Oncology

## Quality Statement 9

- Acute Oncology Clinical Nurse Specialists are now in post at each of the four acute hospital sites
- Acute Oncology has increased integration with Primary Care services through the engagement that has resulted from the Cancer Treatment Helpline Initiative
- Senior Nurse Manager for Oncology now in place and involved in an integrated service improvement project with Same Day Emergency Care (SDEC) team, initially at Withybush, to improve integration with acute services.
- Band 4 Acute Oncology Coordinator funded for 1 day per week for 1 year to deliver an interactive digital learning zone on health board intranet to facilitate improved awareness in clinical teams of the needs of the acutely unwell cancer patient.

# Rapid Diagnosis Clinic (RDC)

- The RDC Service within Hywel Dda was launched on the 6 October 2021
- Currently 1 clinic per week, with max 5 patients per clinic, based at Prince Philip Hospital, Llanelli.
- Each clinic is supported by either a Consultant or a GP, with Radiologist support. There is also a Clinical Nurse Specialist (CNS) to help run the clinics and support patients, along with a RDC Co-ordinator for administrative/secretarial support.
- Permanent funding has been secured to rollout the RDCs across all 3 counties via the IMTP process
- Potential sites have been looked at to assess whether space is available and if Radiology has capacity to support
- A project group has been set up and a project plan has been developed.

# Rapid Diagnosis Clinic (RDC) activity October 21 – September 22

- Total number of referrals = 251 patients
- 171 patients were accepted (68%)
- 15 cancer (Radiologically identified/red flagged) (9%)
- Breast, Gynaecology, Haematology, Lower GI, Upper GI, Urological
- 36 suspected but unconfirmed cancers, who remain on the diagnostic pathway that have been referred to the relevant speciality
- 18 significant non-cancer diagnosis

# Malignancy of Unknown Origin (MUO) Service

## Quality Statement 8

- 1 November Hywel Dda entered into a regional partnership with Swansea Bay University Health Board (SBUHB) to deliver a diagnostic service for patients diagnosed with a malignancy where the primary cancer has not been identified
- Regional weekly MUO MDT with SBUHB
  - Oncology provision from SBUHB
  - Specialist histology support from SBUHB
  - Hywel Dda Palliative Care input
  - Hywel Dda Radiology input
- Weekly MUO clinic in Hywel Dda (HB wide service located in Oncology Unit at Withybush Hospital)
  - Hywel Dda Physician as MUO clinical Lead
  - Hywel Dda Key Worker CNS and coordinator support

# Pathway Review Process for Patients Receiving Treatment 146+ Days

- Pathway Reviews for 146+ day patients are discussed at the Tumour Site Specific Business Meetings that take place during the year. This is a standing agenda item for all Business meetings where themes for the breaches can be looked at and discussed and that the services then look at plans to address/ improve the issues identified.
- To date no harm has been identified



# Recommendation

For QSEC take assurance of the mitigating actions in place.

For QSEC to take assurance that the Number of patients waiting in excess of 62 days (backlog) has reduced by 47% since July 22.

For QSEC to note that while current performance is variable whilst we address the backlog, we anticipate improvement from January 2023.