GIG CYMRU NHS WALES
Bwrdd Iechyd Hywel Dda Health Board

Risk 633 Single Cancer Pathway

Situation

There is a risk of the UHB not being able to meet the 75% Single Cancer Pathway (SCP) target by March 2022.

This is caused by the lack of capacity to meet the expected increase in demand for diagnostics, reduced capacity for local surgery, and treatment delays at tertiary centre.

This could lead to an impact/affect on meeting patient expectations in regard to timely access for appropriate treatment, adverse publicity/reduction in stakeholder confidence, and increased scrutiny/escalation from Welsh Government (WG).

Due to the current COVID-19 situation, the current risk score is 12.

Background

Cancer Waiting Time (CWT) targets were first introduced as part of the Service and Financial Framework (SaFF) targets in 2004/5 (Urgent Suspected Cancer/Non Urgent Suspected Cancer)

-Since the original CWT targets were introduced, a Single Suspected Cancer Pathway (SCP) has been developed and formally reported on from June 2019.

On 18th November 2020, the Minister for Health and Social Services issued a written statement with regards to the progress of the SCP.

Health Boards will only report against the SCP and will no longer report the previous measures.

The SCP will not include any adjustments however, it will be reported as a real wait.

Background (cont'd)

Starting performance measure until March 2022 will be 75%, with the performance measure being revised upwards in subsequent years (80% year 2, 85% thereafter).

All patients are to be diagnosed and informed whether cancer was diagnosed or ruled out within 28 days of the pathway start date (the date on which the patient is informed). This increase in demand has a significant impact on Radiology, Pathology and Endoscopy capacity.

Patients should receive their first definitive treatment 28 days from their Date of Decision to Treat.

All patients are to begin treatment within 62 days from the point of suspicion to first definitive treatment.

SCP 28 day Performance Monitoring

The percentage of people informed within 28 days January – Nov 2019/2020

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov
2019	93%	84%	62%	70%	71%	77%	74%	70%	66%	60%	69%
2020	65%	71%	73%	63%	73%	71%	70%	67%	63%	66%	63%

The table below shows the overall percentage of patients that received their surgery within 28 days from the Date of Decision to Treat by tumour site for Jan and November 2020.

Tumour Site	Number of Patients	Percentage
Childrens	2/2	100%
Haem	1/1	100%
UKP	2/2	100%
Skin	267/299	89.30%
Breast	158/178	88.80%
LGI	122/141	87%
UGI	9/12	75%
Other	3/4	75%
Lung	19/27	70.40%
Brain CNS	7/11	63.60%
Sarcoma	5/8	62.50%
H&N	11/18	61.10%
Gynae	51/106	48.10%
Urology	58/132	43.90%
Overall	715/941	79.80%

SCP Performance Monitoring Cont'd

- Comparison of Performance Jan – Nov 2019/2020 with and without suspensions

	2019		2020	
	With	Without	With	Without
Jan	76%	61%	72%	56%
Feb	77%	61%	73%	55%
Mar	79%	66%	79%	67%
April	84%	68%	74%	61%
May	79%	63%	73%	64%
June	85%	72%	80%	76%
July	77%	62%	79%	71%
Aug	77%	64%	81%	74%
Sept	67%	58%	74%	67%
Oct	75%	62%	71%	63%
Nov	75%	65%	74%	67%

Additional Changes Introduced in 2020

- Data Standards Change Notice (DSCN)
- Reporting Approach

Additional Changes Considered for 2021

The National Cancer Harm Review Framework is being considered.

- A national framework for cancer harm reviews within NHS Wales is proposed, which considers the management of risks arising from, or associated to, ‘long waits’ on a cancer pathway.
- The framework aims to provide assurance of the pathway through root cause analysis of the process and provide a process for avoidance of unwarranted delays and mechanism for pathway improvement.
- Cancer patients with a first definitive treatment of over 104 days, will have a case-note review to ensure avoidable clinical and non-clinical factors can be identified and separated from clinically appropriate management.

Additional Changes Considered for 2021

A harm review group will agree whether harm has been caused, and if so, to what degree. Clinical experts will be co-opted onto the group as required. The group will also make recommendations for remedial action required as a result of the review. This may include reporting through to existing statutory governance arrangements of the care provider through “Quality and safety” structures and the “Putting things Right” policy.

The health board Lead Cancer Clinician is liaising with the Medical Director and Lead for Quality & Safety to discuss the health board framework.

Risks and Mitigation - Cancer

Radiology

- At the start of the pandemic, Radiology activity was reduced to 50 % across the health board due to a reduction in capacity from infection control measures and the directive to undertake USC and urgent patients only .
- The table below demonstrates activity has increased but still remains below previous levels due to the capacity issues and is on average 60%

	July 2019	April2020	July2020	Nov 2020
CT	5065	1874	3296	3401
MRI	1857	441	936	1061
Ultrasound	5966	2529	3994	3600
Plain film	14991	5176	9711	10500

- The increase in activity has been supported by the acquisition of additional temporary CT scanners and the willingness of staff to undertake additional hours. However, staffing remains a problem and locum cover is difficult to source.
- The waits for USC and urgent scans increased due to the issues described, however they currently sit at below 2 weeks on most sites with patients moving across the health board if appropriate.
- Weekly lists are received from the Cancer Tracking team for all those patients who are waiting more than 2 weeks for any radiology investigation.

Risks and Mitigation (cont'd)
Cancer

Endoscopy

Prior to the second outbreak of COVID-19, capacity was at 46% for gastroenterology and 50% overall. The National Endoscopy Programme has stated that endoscopy units across Wales should be running at between 40%-50% capacity.

All P1 (Cancer) patients are being prioritised. Due to the current COVID-19 situation, the service has been reduced, with one site being closed completely for P1 endoscopy, the other sites having to pick up additional referrals and staff being deployed resulting in Endoscopy running at 26% capacity. Guidance issued by the National Endoscopy Programme is in direct conflict. The service has been centralised to Glangwili General Hospital (GGH) for the past month, with plans to reintroduce service on all sites by March 2021 in line with the surgery recovery plan.

A snap shot of December 2020 P1 data shows that:

- 14% of patients were dated in 7 days.
- 38% of patients were dated in 2 weeks (10 working day)
- 48 % of patients were dated within 2-3 weeks (15 working days)

The breaching figure is a reflection of the above. Previously, all P1 were dated within 14 days.

Weekly lists are received from the Cancer Tracking Team for all those patients that are waiting more than 2 weeks for any Endoscopy investigation.

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.

FIT Testing 20.1.21

- KITs sent out 1717
- Results 85%
- Outstanding less than 1%
- Discharged 33%
- Endoscopy 17%
- Further investigation 11%

Risks and Mitigation (cont'd)
Cancer

Pathology

Cellular Pathology is currently meeting the 10 day turnaround for the majority of cases, due to the impact of COVID-19, resulting in decreased demand on the service. Resulting recovery plans will increase demand on this service and the risk to this target will increase until additional Consultant Cellular Pathologists can be recruited.

The health board's current Consultant establishment is:

- 2 WTE Substantive Consultants
- 3 WTE NHS locum Consultants
- 1 WTE Agency locum Consultant
- 3 WTE Consultant vacancies

Risks and Mitigation (cont'd)
Cancer

Surgery Waits

As at 18th January 2021, 131 patients are awaiting surgery. 26 of these patients are on a tertiary pathway; 24 have been dated for surgery; and a further 81 patients are awaiting dates for surgery locally.

A pause on all elective cancer surgery for 4 weeks from 21st December 2020 will impact further on delays and individual patient waits.

There is limited documented evidence of harm or adverse incident reported to date in relation to delays as a coincidence of COVID-19 during the 4 week pause on Elective Cancer Surgery.

Risks and Mitigation (cont'd)
Cancer

Tertiary Patient Waits

As of the end of December 2020, the number of patients on a tertiary cancer pathway increased to 92 patients. These patients are at different stages of their pathways with some awaiting Multidisciplinary Team (MDT) discussion, some an Outpatient Appointment (OPA) with the tertiary consultant, and some awaiting their definitive treatment. Some pathways are being redirected to alternative tertiary centres.

Currently, there is a 3-4 week delay for Urology and Thoracic OPA. There are delays for surgery: 2 weeks for Gynaecology; 4 weeks for Thoracic; and 6-8 weeks for Urology surgery. There is also a 3-4 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 21-28 days from seeing one of our consultants, unless there is a planned delay (chemo, hormones etc).

Urgent palliative patient wait time is 0-14 days

Emergency wait time is 0-48 hours.

Risks and Mitigation (cont'd)
Cancer

Systemic Anti-Cancer Therapy (SACT)

- OPA Oncology clinics are being held via telephone consultation and virtually where needed; supported by the Oncology CNS team.
- Chemotherapy/ SACT is currently administered on all 4 hospital sites.
- All 6 levels of SACT continue to be administered.
- Current wait for chemotherapy is 15 days across the health board sites.
- The table below shows the number of patients receiving SACT January – December 2020.

Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20
1655	1477	1514	1132	1063	1248	1409	1349	1459	1504	1439	1580

Patient Experience

Data from helpline

At the start of the pandemic, a 9am-5pm helpline for concerned cancer patients was set up in the Oncology unit at Withybush General Hospital (WGH), supported by the Oncology Clinical Nurse Specialist (CNS) Team in terms of ensuring the advice given continues to be valid and up to date. A patient information leaflet for cancer patients, including helpline numbers, has been developed and widely circulated.

	1st January - 31st March 2020	1st April - 30th June 2020	1st July- 30th September 2020	1st October - 31st December 2020	Totals
Person who has cancer	41	285	368	279	973
Person who had cancer	10	37	36	37	120
Carer	8	110	114	83	315
Health Care professional	47	401	383	403	1234
Social care professional	7	44	75	37	163
Family	23	119	105	64	311
Friend	3	10	11	18	42
General Public	6	14	20	22	62
Other	16	124	159	164	463
TOTAL CONTACTS TO SERVICE	161	1144	1271	1107	3683

Patient Experience Feedback

- A service user commented that Cancer Information and Support Services (CISS) coordinator *had become a very important link in a short space of time.*
- *Thank you for being so understanding.*
- *CISS staff have gone 'above & beyond to help support me'. Thank you so much.*
- Young carer: *I'm feeling less angry now after speaking to you*.
- *Thank you so much for your support, it's been invaluable and I'm so grateful to you, I'm sure I'll be in contact with you sometime in the future, the Macmillan buddy is so friendly and l appreciate her contribution during this difficult and stressful time for me.*

Patient Experience (Cont'd)

Arrangements for maintaining contact with patients.

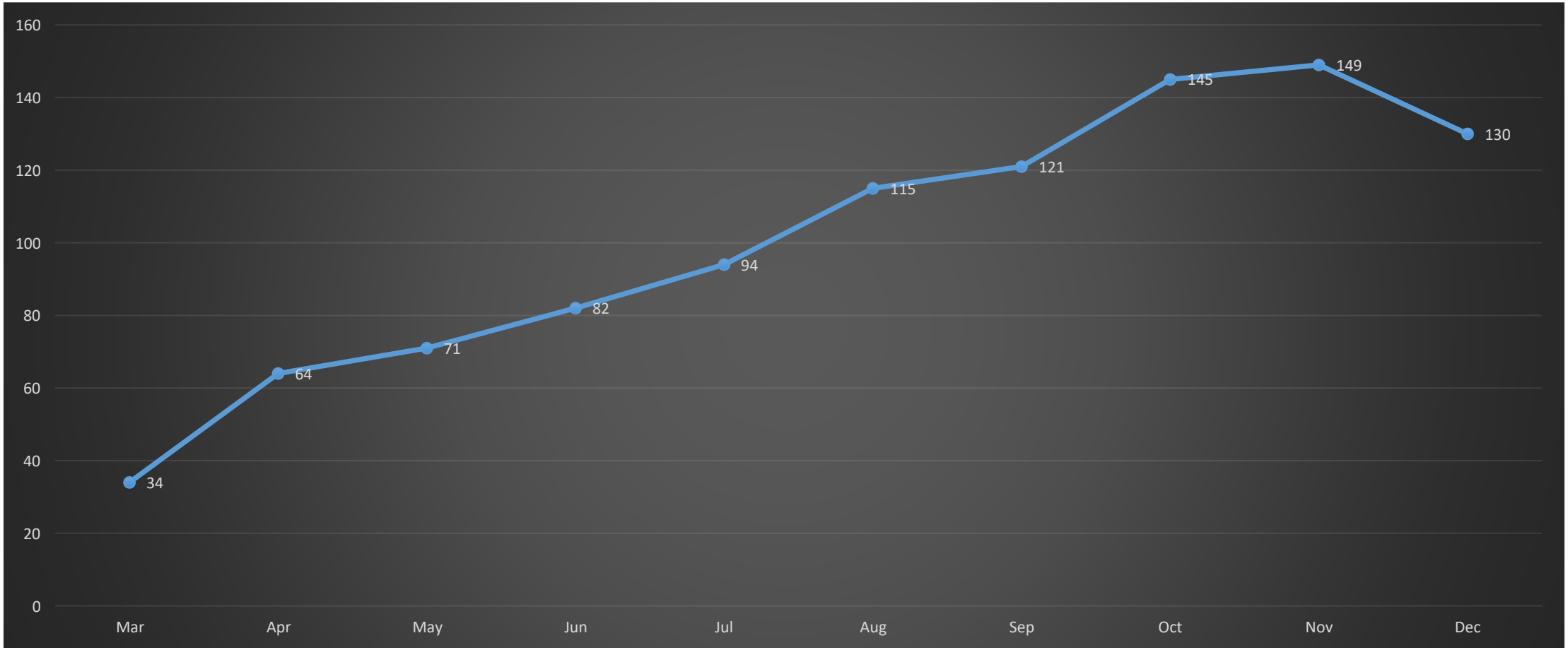
Where treatment has been suspended due to COVID-19, patients are being reviewed every 4 weeks by the Tumour Site CNS to ensure that they have not developed any further symptoms and to check on their general wellbeing.

Patient Experience (Cont'd)

Triage Line

- A 24/7 Triage line for acutely unwell cancer patients 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.)
- From 2015 until March 2020, day time triage calls were taken by each local respective Hywel Dda SACT unit between the hours of 9am and 5pm. Follow up calls for patients who may have contacted the out of hours line overnight/weekend were also made by the local SACT nursing teams. Out of hours triage is currently provided by Swansea Bay UHB.
- When the global pandemic hit in March 2020, the Cancer Services Management Team shifted the day time triage line to the Acute Oncology Service. It was recognised that, with the addition of the risk of COVID-19, calls were likely to be more complex, therefore, the need to avoid unnecessary admission heightened and the concerns of people with cancer raised. One number was set up for the whole health board, and calls are now taken by one oncology nurse across all sites. Data on call numbers, reasons for the calls and outcomes have been collected since March 2020.

Triage Calls per Month



Feedback

- “Feeling well supported at home after having chemo treatment”
- “There is more time for a follow up call, it’s less rushed”
- “Useful to get advice from Triageline without needing to ring the GP”
- “Compared to calling a busy chemo unit, feel there is more time to be listened to with less distractions”

Allied Health Professional (AHP) Support for Cancer Patients

- Development of Lifestyle information for cancer patients waiting for treatment – advice to support wellbeing and reduce extent of deconditioning whilst isolating / shielding at home .
- Earlier AHP assessment and intervention to enhance Colorectal cancer pathway since relocation of surgery to Prince Philip Hospital (PPH).
- Reduced endoscopy capacity resulted in delayed or cancelled Percutaneous endoscopic gastrostomy (PEG) placements for patients requiring a prophylactic tube prior to head and neck cancer. Changes in Dietetic and Nutrition CNS management has enabled prophylactic nasogastric (NG) feeding tubes to ensure patients still receive tube placements in a timely manner and avoid delaying access to oncology treatment. Patients on the Upper Gastrointestinal (UGI) cancer pathway requiring a reactive NG tube either prior to or during oncology treatment have historically required them to be an inpatient. Low risk patients are now managed in the outpatient setting to reduce the pressure on acute services and reduce risks to patients of an inpatient stay
- Training and education under taken by the Oncology Clinical Lead Occupational Therapy & Physiotherapy to upskill the wider AHP workforce on red flag symptoms for cancer patients. training was supported by the Acute Oncology Service (AOS) team

Cancer Related Patient Complaints & Incidents during COVID-19

Between 1st March - 4th June 2020, four COVID-19 related patient complaints were received within the health board.

A further four complaints were received between July and December 2020. These were not COVID-19 related and are currently ongoing.

Between 1st March - 4th June 2020, there were six cancer not-COVID-19 incidents recorded on DATIX.

Between July and December 2020, a further six incidents were recorded on DATIX. Two were not patient related; the other four were in relation communication, medication taken incorrectly, infection control issue and a patient fall.

Improvement Actions

- Increase surgical capacity during recovery phase.
- Increase diagnostic capacity to address required levels of activity to support the SCP (Radiology, Pathology & Endoscopy).
- As per the Wales Bowel Cancer Initiative, continue the use of FIT10 screening in the management of USC patients on a colorectal pathway.
- Continue to work on the implementation of the National Optimal Pathways.
- Cancer Tracking Team to continue to proactively track patients through their treatment pathways via the Welsh Patient Administration System (WPAS) tracking module, working in partnership with all the supporting services and clinical teams.
- Continue to work closely with tertiary providers to address tertiary centre delays.
- Continue with the Cancer Helpline to support cancer patients, relatives and any health care professionals.

Recommendation

To note the impact that COVID-19 is having on cancer pathways.

To take assurance of the mitigating actions in place.

To consider the risk that the introduction of routine planned care may impact the ability to meet the required target of 75% by March 2022.