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/ effect upon 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 (Unscheduled Care/Elective)

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 – June 20/21

	Jan	Feb	Mar	Apr	May	June
2020	65%	71%	73%	63%	73%	71%
2021	49%	56%	59%	59%	60%	58%

The table below shows the overall percentage of patients informed within 28 days by tumour site for Jan to June 21.

	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
All referrals	49%	56%	59%	59%	60%	58%
Head and neck	63%	74%	61%	74%	68%	72%
Upper GI	55%	51%	55%	57%	54%	53%
Lower GI	28%	43%	33%	33%	45%	41%
Lung	53%	50%	58%	54%	67%	57%
Sarcoma	67%	33%	0	100%	0%	100%
Skin (exc BCC)	75%	90%	90%	87%	87%	81%
Brain/CNS	67%	70%	60%	67%	38%	88%
Breast	84%	81%	93%	90%	84%	82%
Gynaecological	61%	63%	65%	68%	56%	62%
Urological	23%	36%	34%	41%	46%	46%
Haematological (exc acute leukaemia)	45%	68%	64%	41%	52%	48%
Acute leukaemia	50%	67%	100%	0		
Children's	0	50%	0	0	50%	
Other	75%	58%	50%	44%	81%	58%

SCP Performance Monitoring Cont'd

- Comparison of Performance Jan – June 20/21 without suspensions

	2020		2021	
	With	Without	With	Without
Jan		56%		68%
Feb		55%		66%
March		67%		72.3%
April		61%		68%
May		64%		72%
June		76%		67%

The National Cancer Pathway Review Framework

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 with 'long waits' on a cancer pathway.
- The framework aims to provide assurance in the pathway through root cause analysis of the process and to provide a process for avoidance of unwarranted delays and a 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.
- These patients will then be discussed at a Pathway Review meeting within 3 months of the date of the definitive treatment. Clinical teams will be notified of the date of discussion in order to attend the meeting.

Pathway Review Group Membership

- Cancer Lead Clinician – Jegadish Mathias
- Medical Director (Chair) – Phil Kloer
- Lead Cancer Nurse - Gina Beard
- Patient Safety Team - TBC
- Cancer Services Managers - Lisa Humphrey/ Debra Bennett/ Jayne Mainwaring
- Quality & Safety AMD – Subhamay Ghosh
- Primary Care – TBC

Co-opted Members

- Consultant
- CNS
- Service Delivery Manager
- Oncologist
- Diagnostic General Managers & Lead Clinicians.

Breaches January – June 21

	Jan-21		Feb-21		Mar-21		Apr-21		May-21		Jun-21	
Tumour site	63 - 103 Days	104+ Days	63 - 103 Days	104+ Days	63 - 103 Days	104+ Days	63 - 103 Days	104+ Days	63 - 103 Day	104+ Days	63 - 103 Da	104+ Days
Brain CNS							1					
Breast	3		3		3			1	2		2	
Childrens										1		
H&N	2		1	2	1	1			1	1	2	
Gynae	8	2		2	1		4	2	6	3	3	4
Haem	2		2		3				1		3	
Lung	6	3	3	5	2	1	5	4	4	1	4	1
LGI	5	1	7	8	8	16	7	6	6	2	10	4
Other	1										2	
Sarcoma									1			
Skin	6	1	1	1	1		2		2		3	
UKP				1	1				1	1		1 (H&N)
UGI	2	1	8	2	3	1	4		2	4	10	4
Urology	15	6	13	9	9	10	9	15	18	6	6	11
Total	**51**	**15**	**38**	**30**	**32**	**29**	**32**	**28**	**44**	**19**	**45**	**25**

Rapid Diagnosis Clinic (RDC)

- The Health Board is in the process of setting up a pilot Rapid Diagnosis Clinic (RDC).
- The purpose of a RDC is to help achieve an earlier diagnosis of cancer, in patients who do not meet the site-specific Urgent Suspected Cancer (USC) referral criteria. Such patients present with non-specific but concerning symptoms, which do not indicate a likely primary tumour site. The RDC criteria include 'softer' signs and symptoms.
- The Rapid Diagnosis Service will provide GPs with the opportunity to refer patients with serious non-specific symptoms, where they suspect the patient may have cancer. As per NICE guidance (NG12), patients with 'red flag' symptoms, should however, be referred using the appropriate USC pathway.
- The clinics are to start in September 2021.
- Funding for the 12 months of the pilot has been secured from the Wales Cancer Network.
- A business case is being developed for future funding, with a view to a phased approach across the Health Board.

Risks and Mitigation Cancer

- Radiology Capacity
- Endoscopy Capacity
- FIT 10
- Pathology
- Surgery Waits
- Tertiary Capacity
- Radiotherapy

	Risks	Mitigations
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.	Activity has increased but still remains below previous levels due to the capacity issues and is on average 90%. This is due to staff working additional hours/ overtime etc. This will probably decrease during the summer period due to annual leave. Investigating current capacity for diagnostics to ensure a 7 day turnaround as per the National Optimal Pathways; Implementing a SCP Diagnostics Group to identify the investigation bottlenecks, and how we can address them going forward;
Endoscopy	Prior to the second outbreak of COVID-19, capacity was at 46% for gastroenterology and 50% overall. FIT 10	Currently capacity is at 71%. This is due to the introduction of the green pathway which will see capacity increase further to 81% as more endoscopists become available. 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. This has significantly cut back on the number of patients requiring Endoscopy or any further investigations.
Pathology	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.	Cellular Pathology is currently meeting the 10 day turnaround for the majority of USC cases, due to the impact of COVID-19, resulting in decreased demand on the service.
Tertiary Waits	Tertiary (specialist) centre capacity pressures at Swansea Bay University Health Board continue to compromise the service; Radiotherapy	Continuing to escalate concerns regarding tertiary centre capacity and associated delay 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 day. 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 June 2020 – June 2021.

Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
1248	1409	1349	1459	1504	1439	1580	1583	1502	1725	1568	1564	1771

Risks and Mitigation (cont'd)
Cancer

Informatics

A Cancer Data Dashboard is required within the Health Board, to enable the clinical teams to identify the bottle necks in the pathway in order to address them.

Cancer Services, Informatics and Welsh Government will work together over the next 3 months to design and implement.

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 2021	1st April - 30th June 2021	Totals
Person Living with or beyond Cancer	329	251	580
Spouse or partner	77	83	160
Realative or Friend	79	90	169
Health Care professional	321	380	701
Social care professional	58	42	100
Carer	69	54	123
Brief Visit	1	1	2
Other	121	98	219
TOTAL CONTACTS TO SERVICE	1055	999	2054

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 and 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 added risk of COVID-19, calls were likely to be more complex, therefore the need to avoid unnecessary admission was 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.

Allied Health Professional (AHP) Support for Cancer Patients – Update July 2021

- Proposal for a Prehabilitation through to Rehabilitation Programme with the aim of improving the health and wellbeing of our patients from the point of suspicion of cancer, for both short (access to treatment, recovery) and longer term (survival, wellbeing, improved quality of life) outcome benefits.
- Development of a Fiberoptic Endoscopic Evaluation of Swallowing (FEES) service by Specialist SLT team. Providing a safe, effective and valid means of evaluating Head & Neck cancer patients with dysphagia or aspiration, or both. FEES optimally manages individuals with dysphagia by determining the safest and least restrictive level of oral intake, implementation of appropriate compensatory techniques, and identification of a dysphagia rehabilitation plan, reducing rates of aspiration pneumonia.
- Ongoing outpatient NG placement service for low risk UGI & HNC patients support by Dietetics & Nutrition CNS - reducing pressure on acute services by reducing inpatient admissions.

Improvement Actions

- Increase diagnostic capacity to address required levels of activity to support the SCP (Radiology, Pathology & Endoscopy). As of 7th June 21, due to the introduction of Green pathway, capacity increased to 71% from 53% previously. This will increase once more Endoscopists come on board. Timeline to be agreed.
- A piece of work looking at the 7-Day Turnaround for Diagnostics in line with the National Optimal Pathways is currently being carried out.
- 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.
- Development of a Cancer Dashboard for clinical use.

Recommendation

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

To take assurance in the mitigating actions in place.

To take assurance that the current performance trajectory is above the 1% improvement per month predicted, and if continued, will enable the 75 % target to be met by March 2022.