

Planning Objective 4a

Planned Care and Cancer Recovery

Strategic Development and Operational Delivery Committee

21 December 2023

Purpose

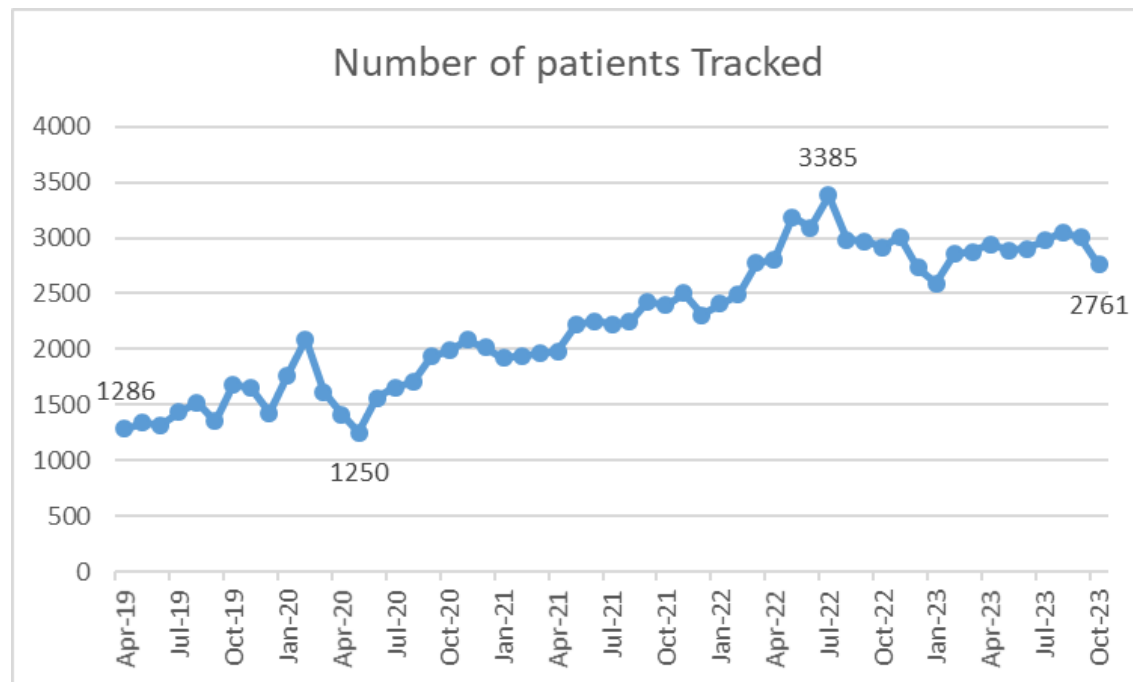
The purpose of this slide presentation is to provide assurance to the Committee of plans in place to deliver Planning Objective 4a in relation to **Single Cancer Pathway Recovery**, and progress achieved to date

Single Cancer Pathway Recovery

Overview

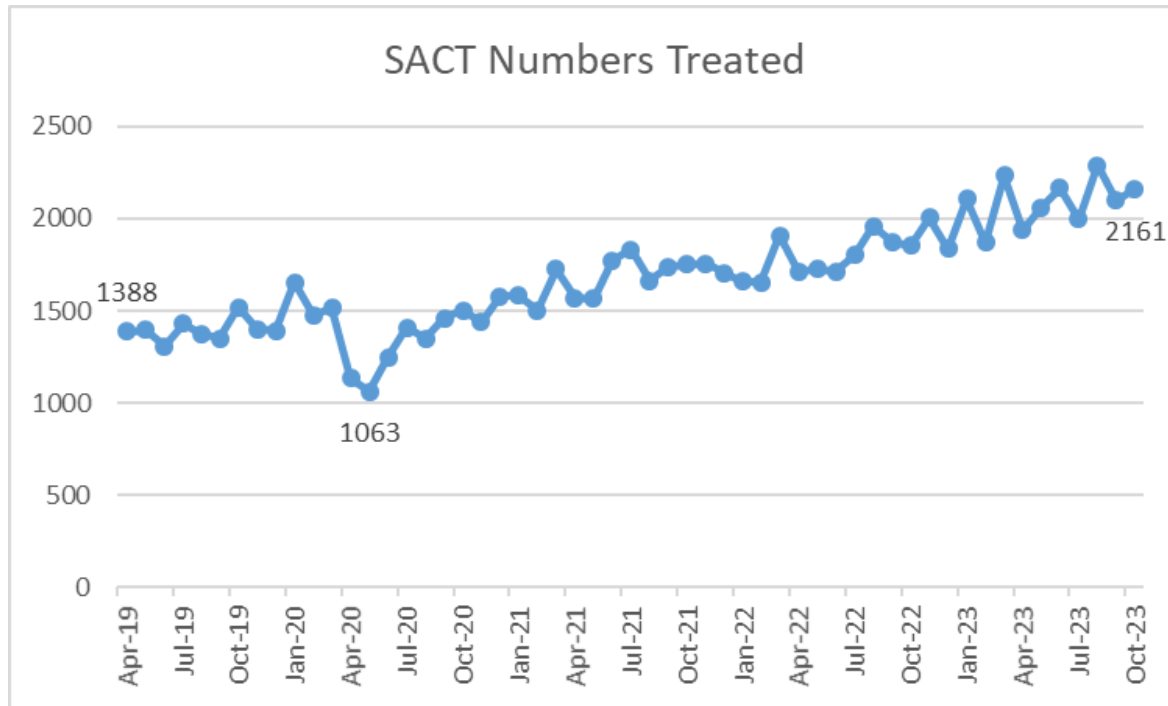
- Key challenges with the **front end** of the pathways in Urology, Lower Gastrointestinal (LGI), Upper Gastrointestinal (UGI) and Gynaecology (Gynae).
- The key focus is on the **backlog** reduction- live tracking of backlog patients, both 62+ days and 52-62 days.
- Improvement and trajectory plans in place for **every** tumour site.
- Working towards **sustainability** within key tumour sites, utilising the 85th percentile of demand.
- Key **capacity challenges** remain in Endoscopy and Radiology.
- Treatments provided within Hywel Dda University Health Board (HDDUHB) are **above** pre-COVID-19 levels for both surgery and Systematic Anti-Cancer Therapy (SACT).

Number of Patients on Pathway April 2019 – October 2023



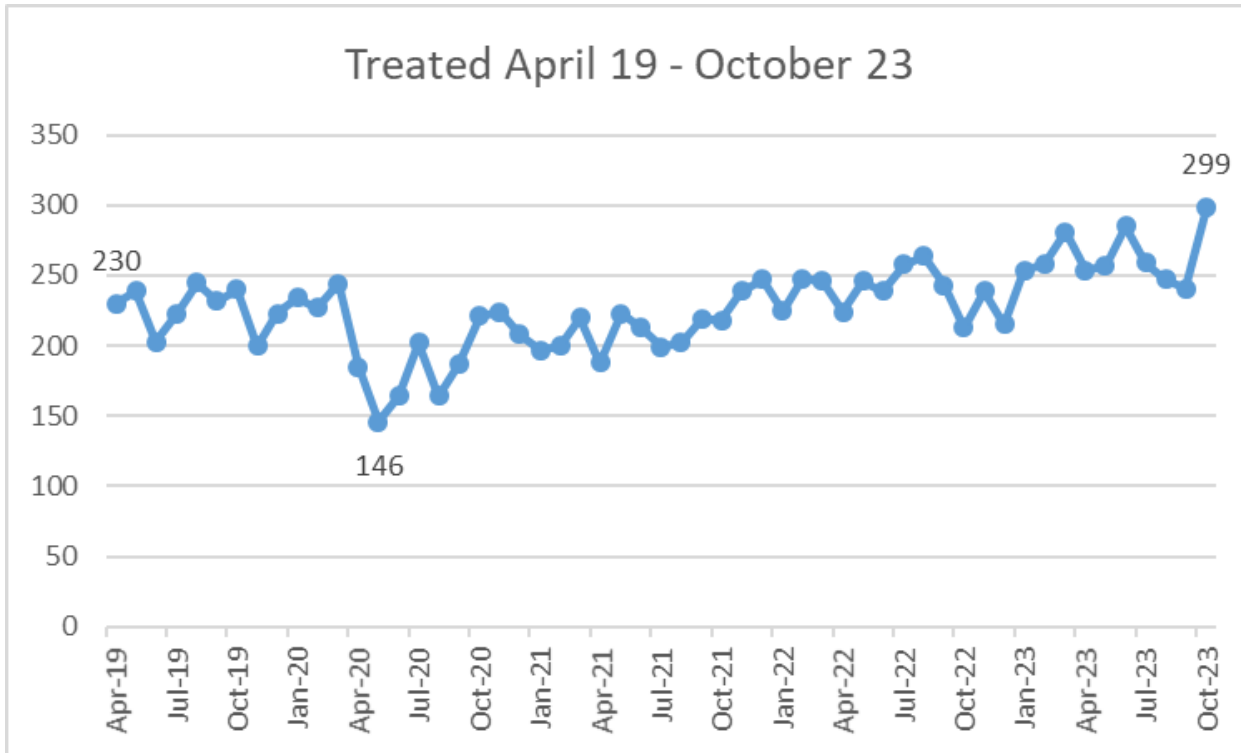
- The changes from Urgent Suspected Cancer (USC) / Non-Urgent Suspected Cancer (NUSC) to Single Cancer Pathway (SCP) in Feb 2020 saw an increase in the number of patients being tracked on the pathway.
- There are now more patients entering the pathway than in February 2020.

SACT Treatments April 2019 – October 2023



- SACT treatment demand exceeds the pre COVID-19 period.

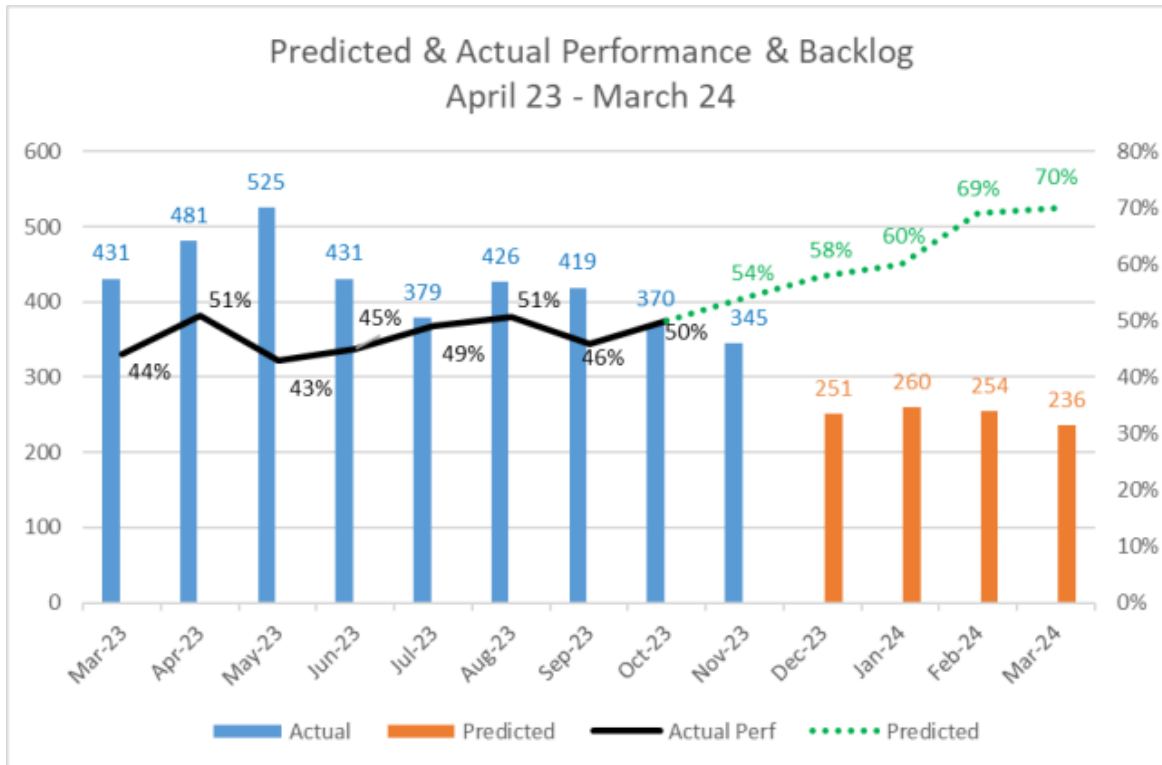
Treated April 2019 – October 2023



- Treatments are back in line and slightly above pre COVID-19 levels.

Backlog and Performance

March 2023– April 2024



Performance in October 2023 was 50%

Lower than predicted performance in the last three months has been driven by high number of patients treated beyond target in a number of specialties, particularly in Urology, LGI and Skin cancers.

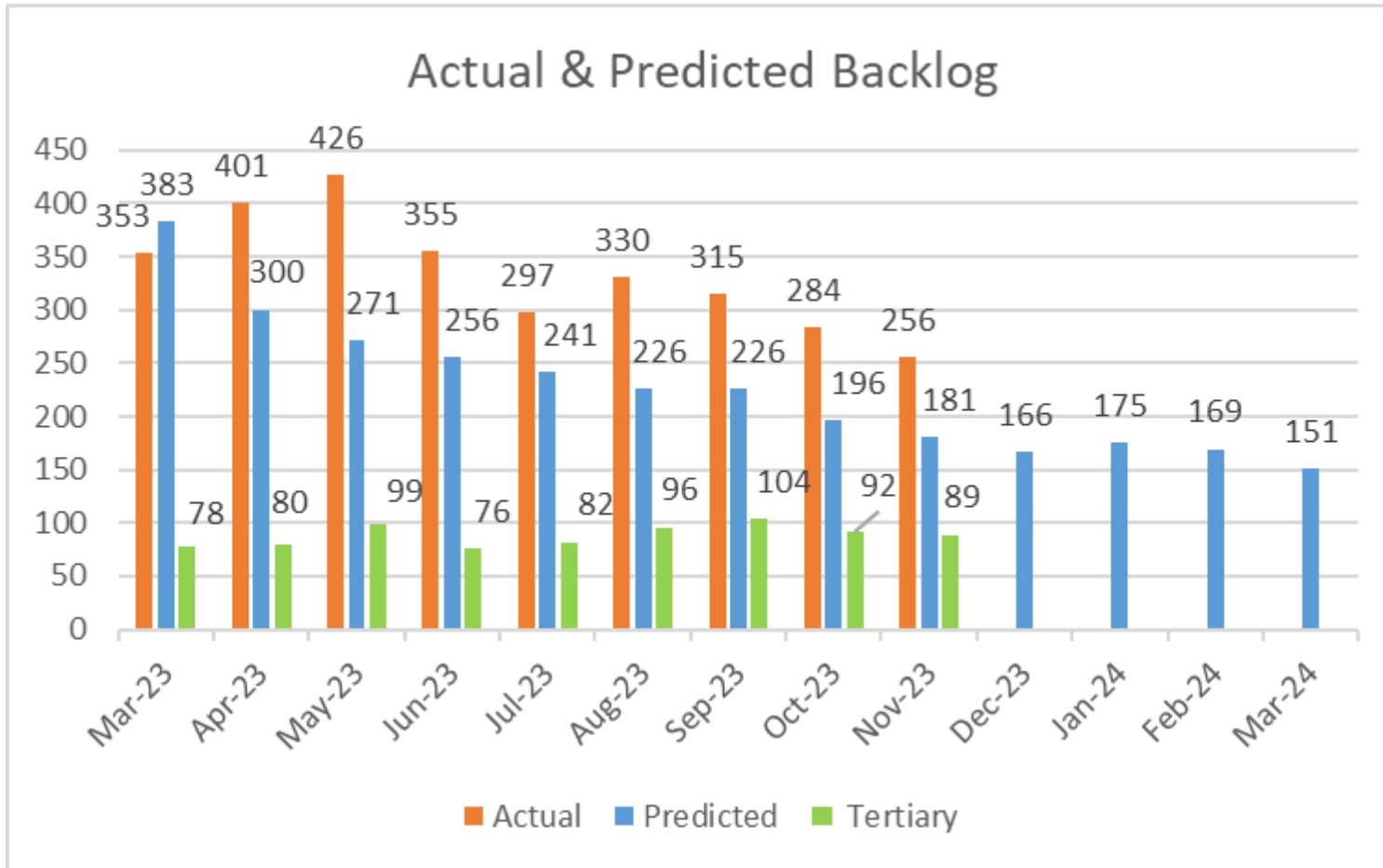
Performance is predicted to improve over the next six months as backlog decreases and component waiting times for each tumour site improves.

October overall backlog decreased by 25 from previous month.

Growth during August and September was almost exclusively due to challenges within the Skin pathway caused by the transition between one insourcing company and another and capacity not meeting demand during Q1 and early part of Q2 which is now resolved.

Plans are now in place to recover Skins position across first Outpatient Appointment (OPA), diagnostics and treatment.

Predicted and Actual Backlog Improvement Overall

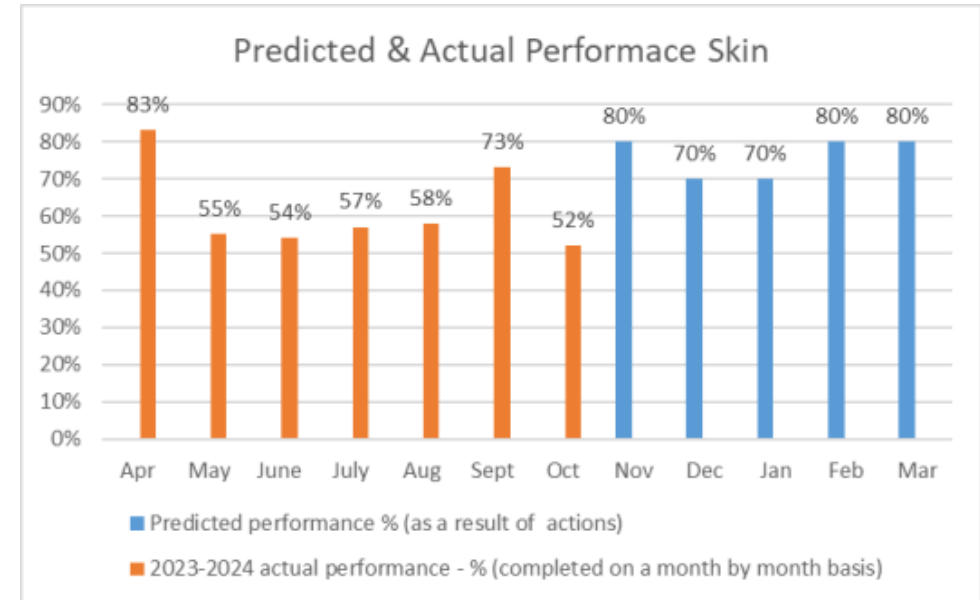
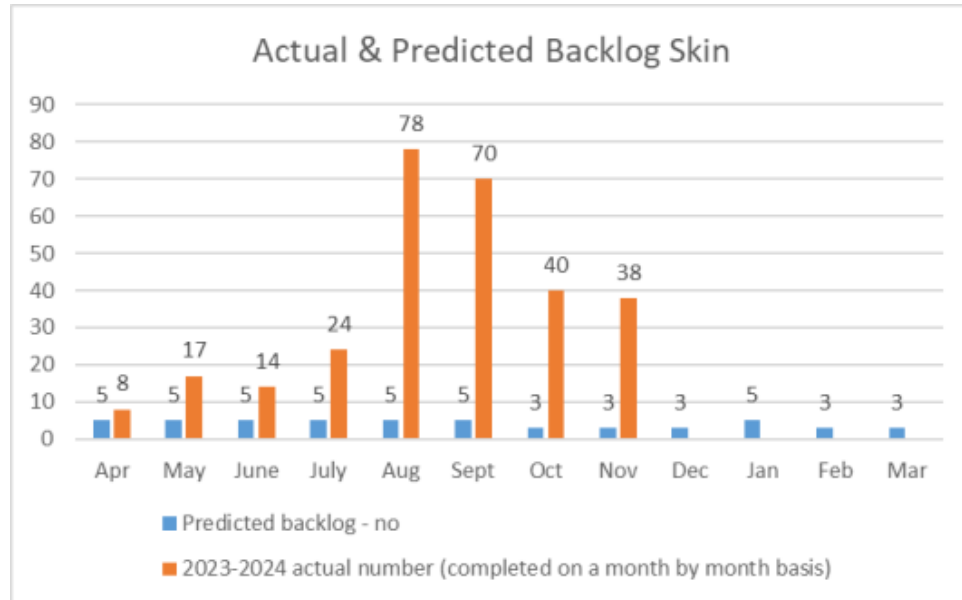


Summary of Longer Waiting Backlog Patients (63 day and 104+ day)

	Mar 23 Actual		Apr 23 Actual		May 23 Actual		June 23 Actual		July 23 Actual		Aug 23 Actual		Sept 23 Actual		Oct 23 Actual	
	63-103	104+	63-103	104+	63-103	104+	63-103	104+	63-103	104+	63-103	104+	63-103	104+	63-103	104+
Head and neck	3	1	5	1	4	3	6	4	5	3	5	3	4	1	3	2
Upper GI	9	12	16	11	19	10	17	5	10	5	21	5	17	9	13	9
Lower GI	73	30	88	29	90	38	75	24	55	18	60	20	65	19	49	23
Lung	27	29	37	29	35	34	22	31	26	23	21	17	24	13	22	9
Skin (exc BCC)	12	4	11	4	24	6	14	7	24	10	84	5	61	17	36	14
Breast	10	3	9	3	5	3	8	4	1	4	8	3	10	1	1	5
Gynaecological	16	15	24	13	30	17	21	12	18	8	21	12	24	15	21	17
Urological	81	89	108	73	109	77	81	77	66	74	49	71	63	50	68	64
Haematological (exc acute leukaemia)	2	6	8	5	4	5	5	6	7	6	6	2	9	2	7	1
Brain CNS	0	0	0	0	1	0	3	0	2	1	0	1	2	1	5	0
Other	2	2	1	0	2	0	0	2	1	2	0	1	1	1	0	1
Sarcoma	0	2	0	0	0	0	0	2	3	2	0	3	2	2	1	1
UKP	3	0	3	3	3	3	3	2	2	3	4	4	3	3	1	3
Total	238	193	310	171	329	196	255	176	220	159	279	147	285	134	227	149
Overall Backlog	431		481		525		431		379		426		419		376	

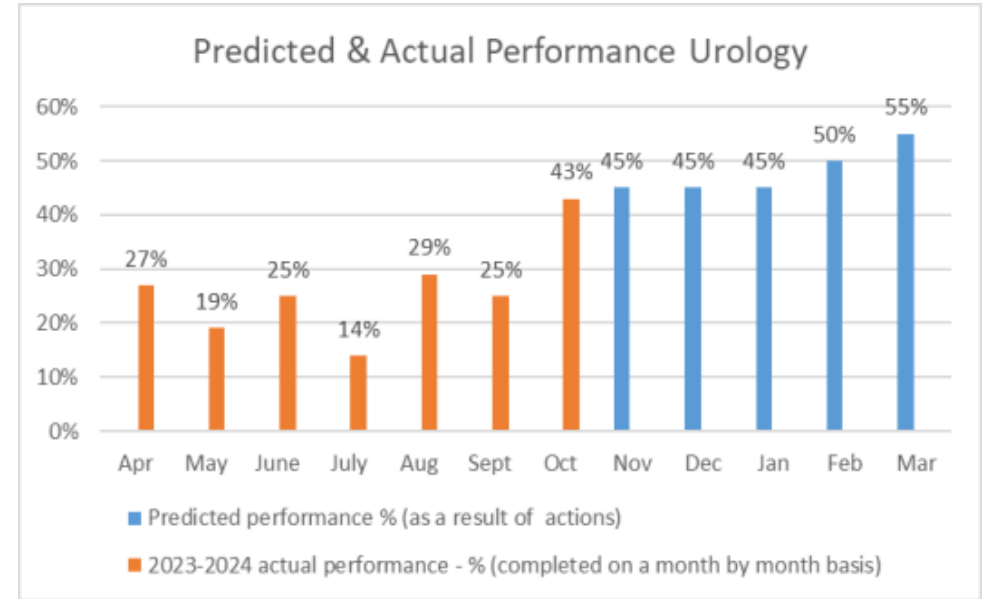
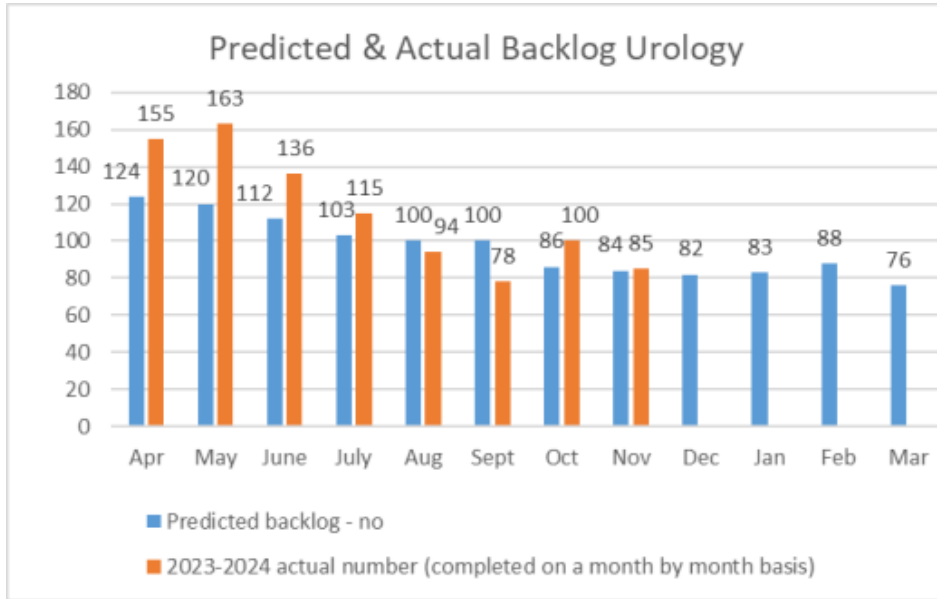
- Urology pathway show the greatest volume of longer waiting patients compared to other specialties although volumes are beginning to improve with the Urology improvement plan.
- Majority of 104+ days backlog patients following complex local and/or tertiary investigative pathways.

Tumour Pathway Focus: Skin



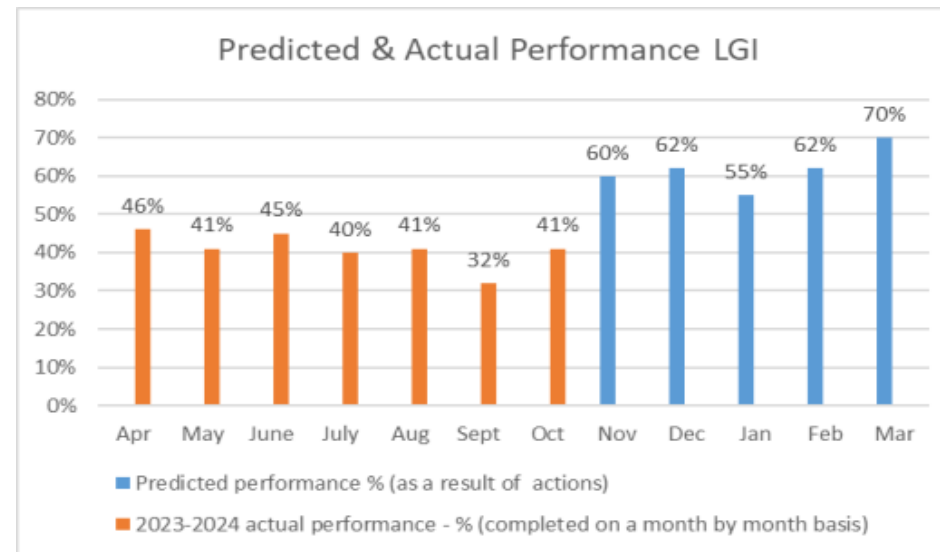
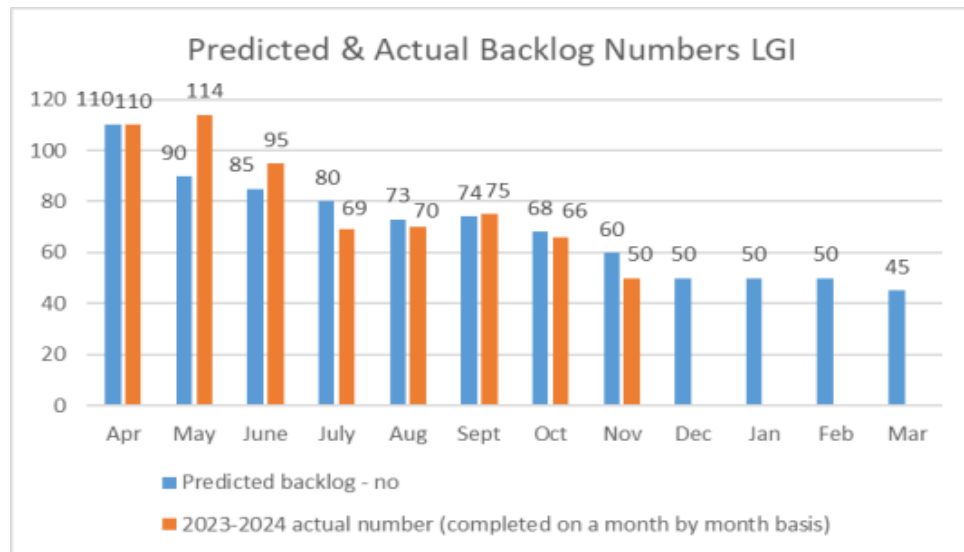
- Challenges within the Skin pathway caused by the transition between one insourcing company and another and capacity not meeting demand in Q1 and early part of Q2 which is now resolved.
- Increased capacity to deliver 110 OPA slots from 31 July 23 to reduce backlog. Overall Volumes at first OPA have **decreased from 402 to 283** in Q2. With further decrease to 200 at the end of October. Patients waiting in excess of 14 days has decreased from 273 to 94 in Q2 with a further decrease to 75 at end of October.
- Plans in place to increase diagnostic and treatment capacity from 48 slots to 84 slots per week from 8 September 2023 to continue until March 2024. Diagnostic and treatment volumes are reducing and on course for full recovery at the end of Q3. Plans are monitored via quarterly Planning and Monitoring Tool.

Tumour Pathway Focus: Urology



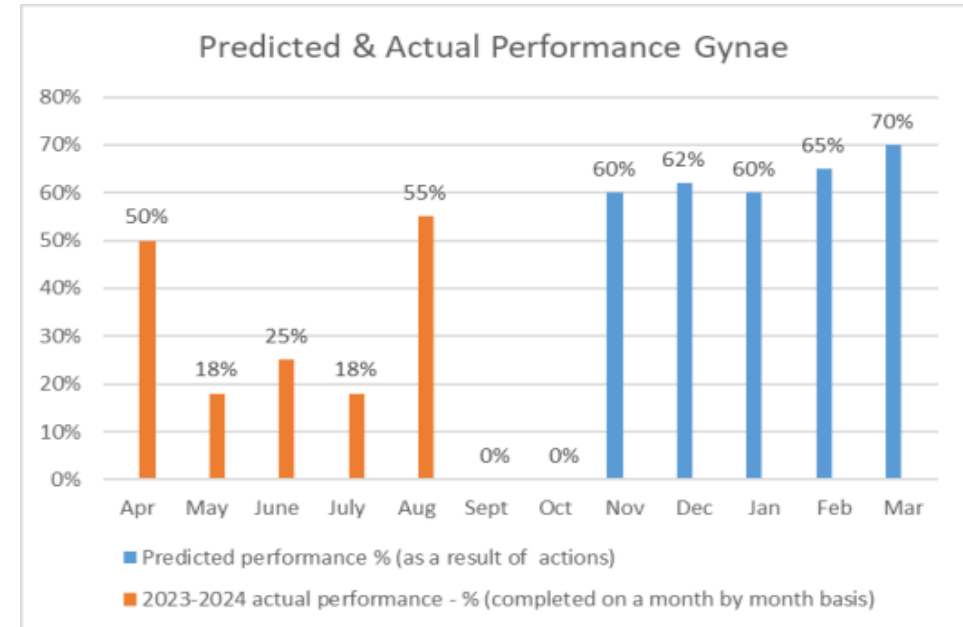
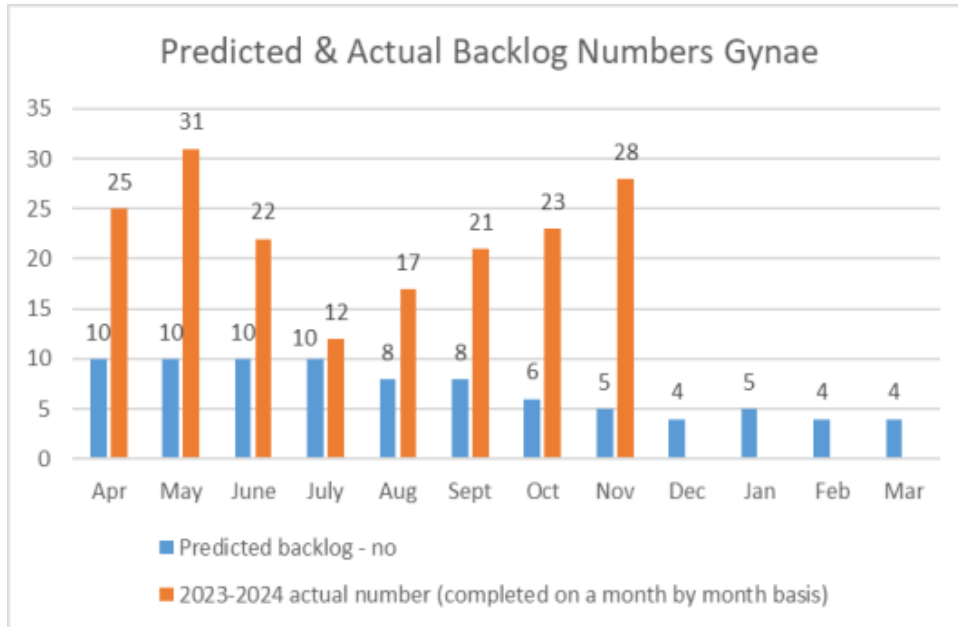
- Outpatient Department (OPD) and treatment capacity in balance.
- Diagnostic improvement trajectory in place until March 2024.
- Active tracking of diagnostic backlog improvement plan in place monitored via quarterly Planning And Monitoring Tool.

Tumour Pathway Focus: LGI



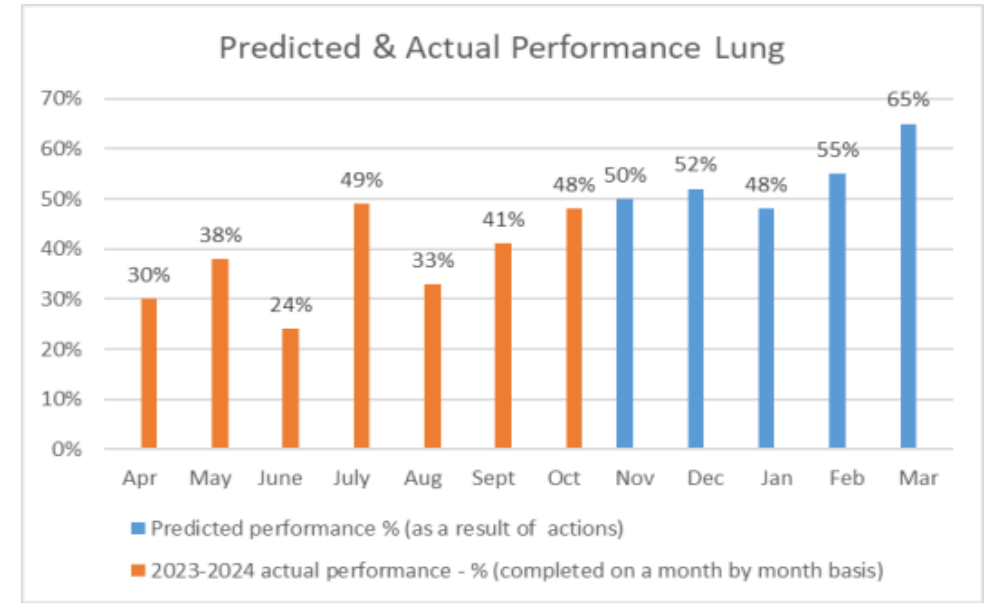
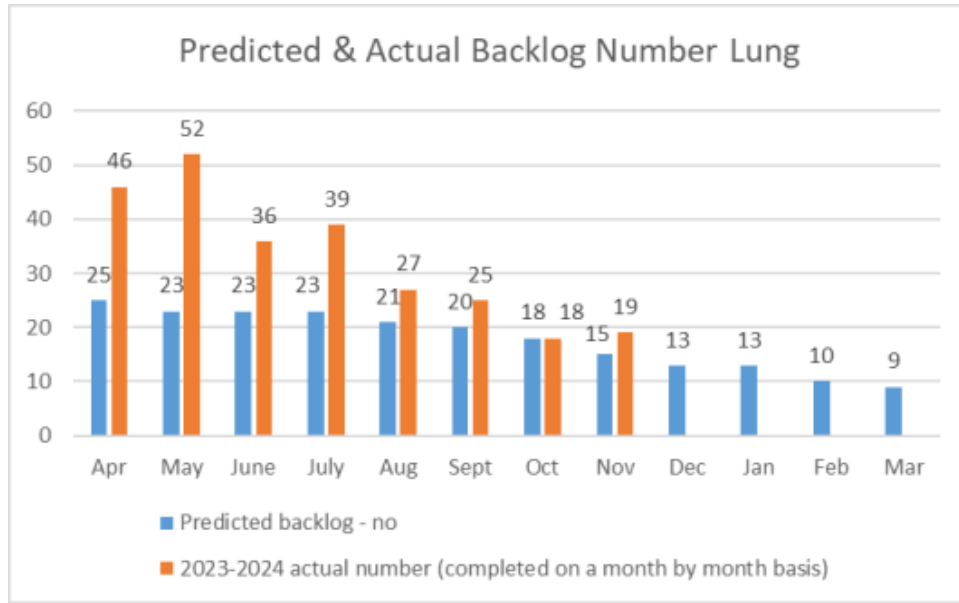
- Faecal immunochemical test (FIT) role out to Primary Care on 5 April 2023 has resulted in a 30% reduction in demand for first OPA. Overall waiting list volume and patients waiting in excess of 14 days have significantly reduced during that period.
- Manual removals required of duplicates due to FIT pathway until solution Digital Health And Care Wales (DHCW).
- Additional capacity remains in place within Endoscopy. Endoscopy team have made plans to improve efficiency and productivity which commenced on 15 October 2023. Overall waiting list volume has reduced by 151 patients.
- Improvement Cymru and NHS Executive support re straight to test, accelerated imaging and Endoscopy efficiency improvements. Same day access from Endoscopy to Computed Tomography (CT) (same day staging) week commencing 4 September 2023. Early data suggests successful reduction in the patient journey from three weeks to same day in that cohort.

Tumour Pathway Focus: Gynaecology



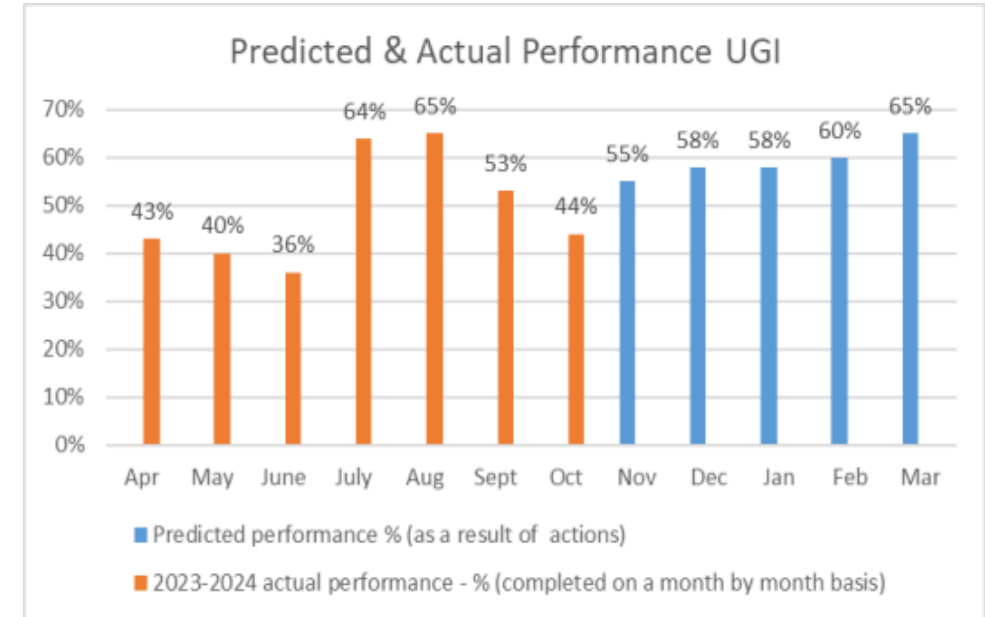
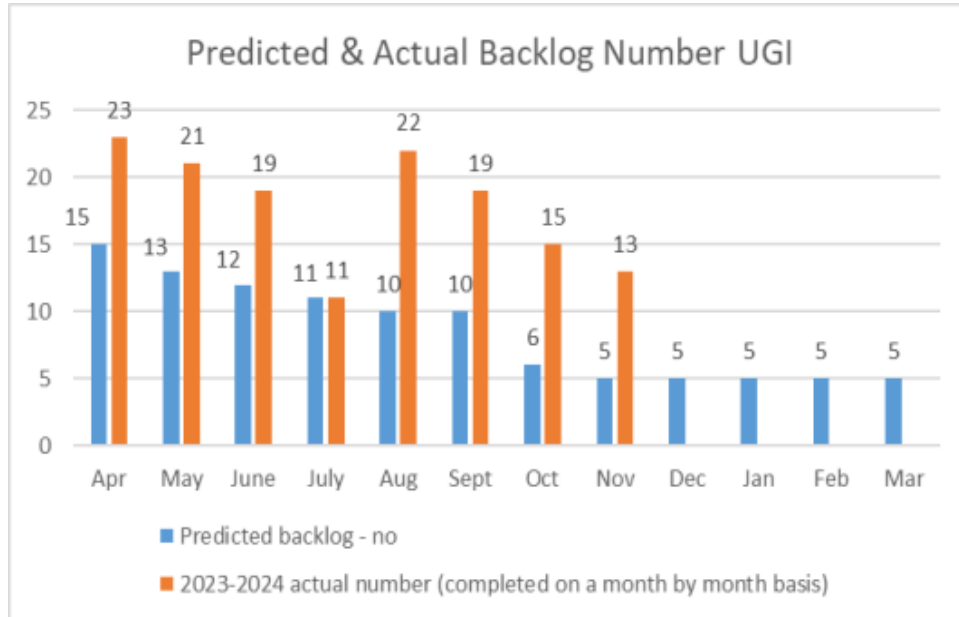
- Overall waiting list volume and patients waiting in excess of 14 days for OPA have reduced.
- Challenges in the diagnostic pathway during October 2023 has resulted in a small waiting list increase. Plans in place in December 2023 to increase capacity by an additional 12 patients per week.
- Challenges at treatment stage due to deteriorating tertiary position causing increase in backlog (15 awaiting treatment).
- Discussions in place with Swansea Bay University Health Board (SBUHB) to explore mutual aid. Alternative commissioning arrangements being explored.

Tumour Pathway Focus: Lung



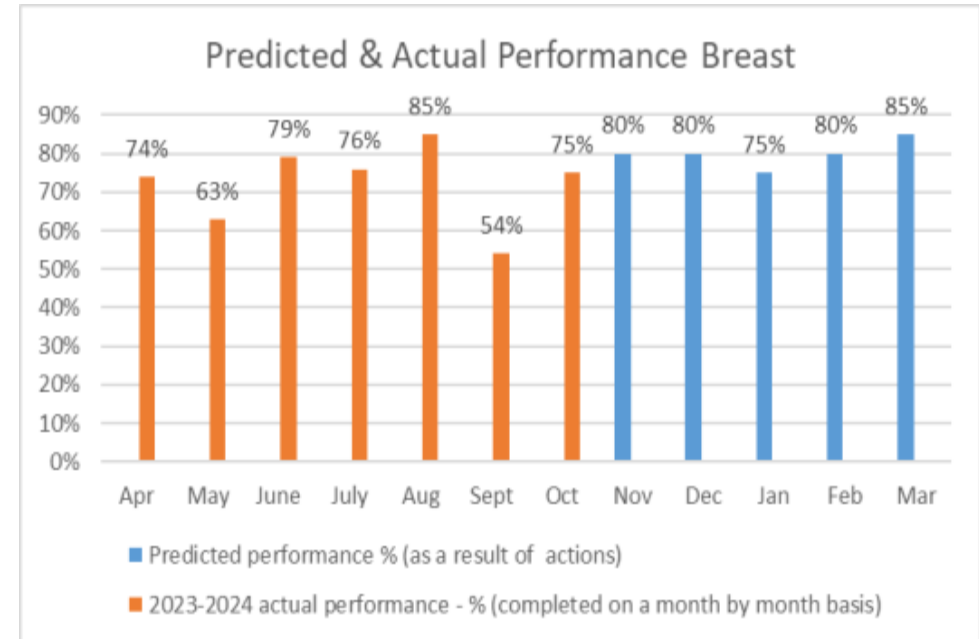
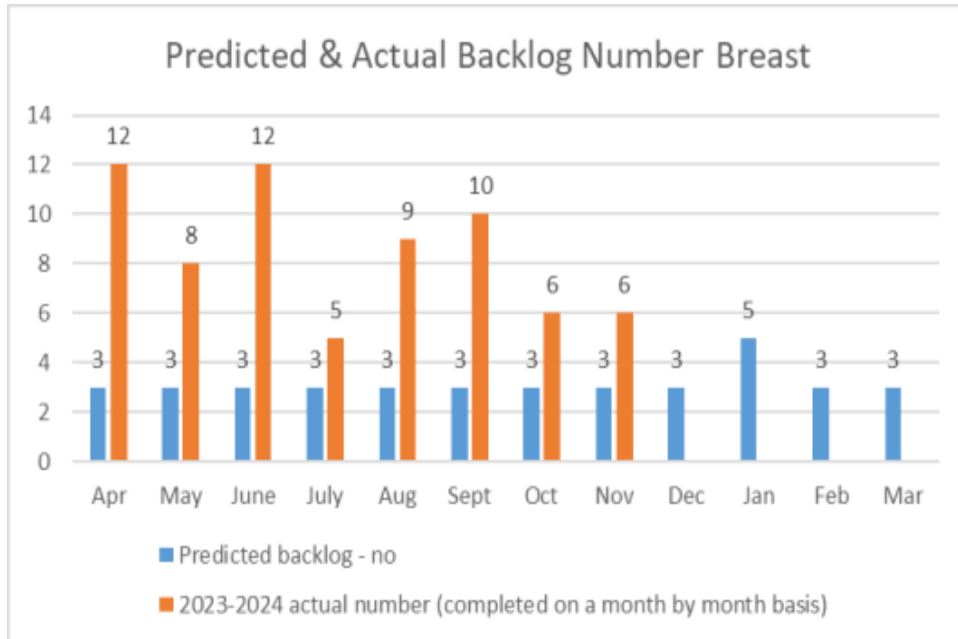
- OPA capacity meets demand
- Increased internal capacity for CT guided biopsy to address backlog in place.
- Overall diagnostic waiting list volume decreased
- Treatments provided within HDdUHB in balance.
- Residual backlog accounts for tertiary capacity risks (surgery and radiotherapy and Positron Emission Tomography (PET)).

Tumour Pathway Focus: UGI



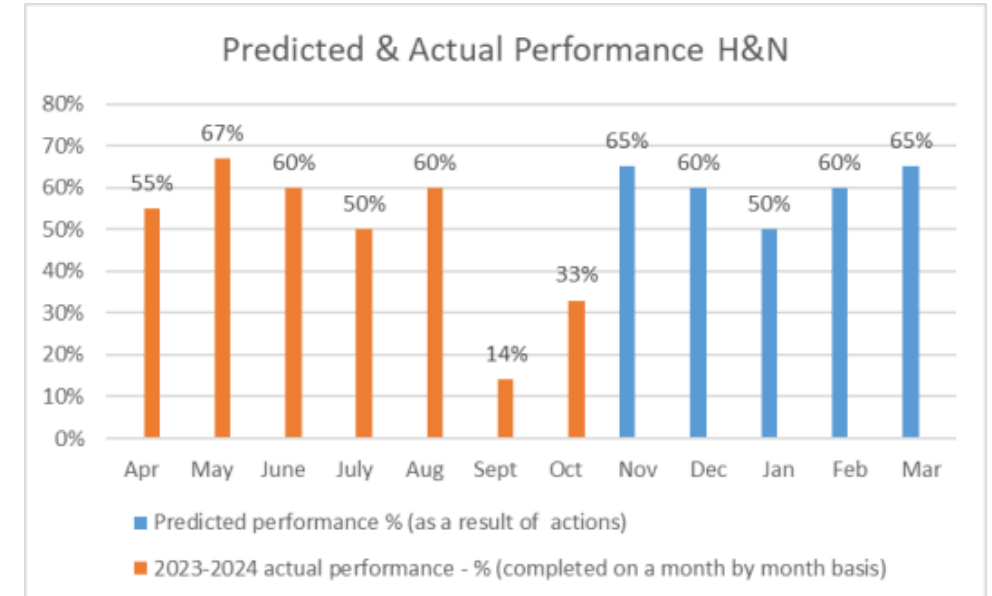
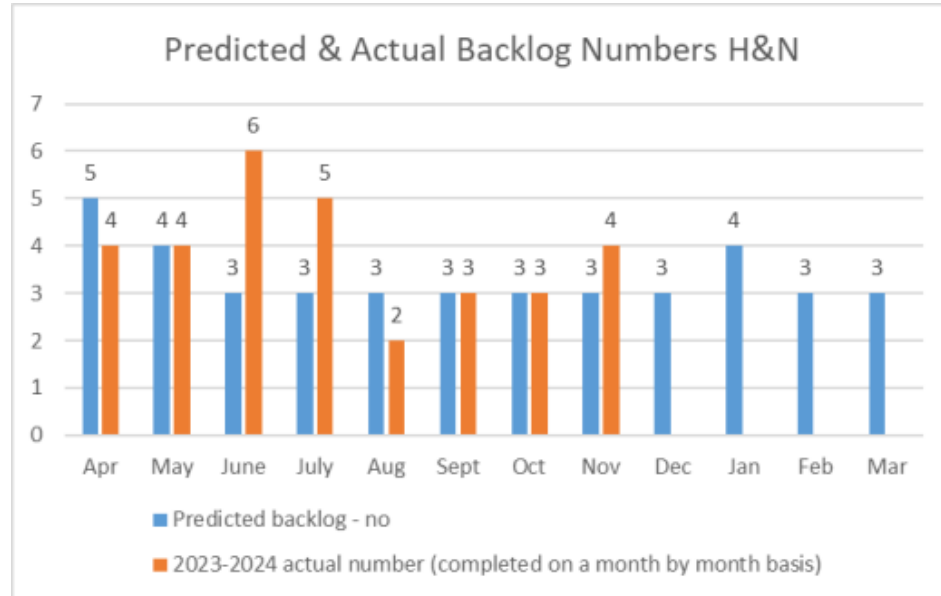
- FIT role out to primary care on 5 April 2023. has resulted in 30% reduction in demand for first OPA. Overall waiting list volume and patients waiting in excess of 14 days have significantly reduced during that period.
- Additional capacity remains in place within Endoscopy. Endoscopy team have made plans to improve efficiency and productivity which commenced on 15 October 2023. Overall waiting list volume has reduced by 151 patients.

Tumour Pathway Focus: Breast



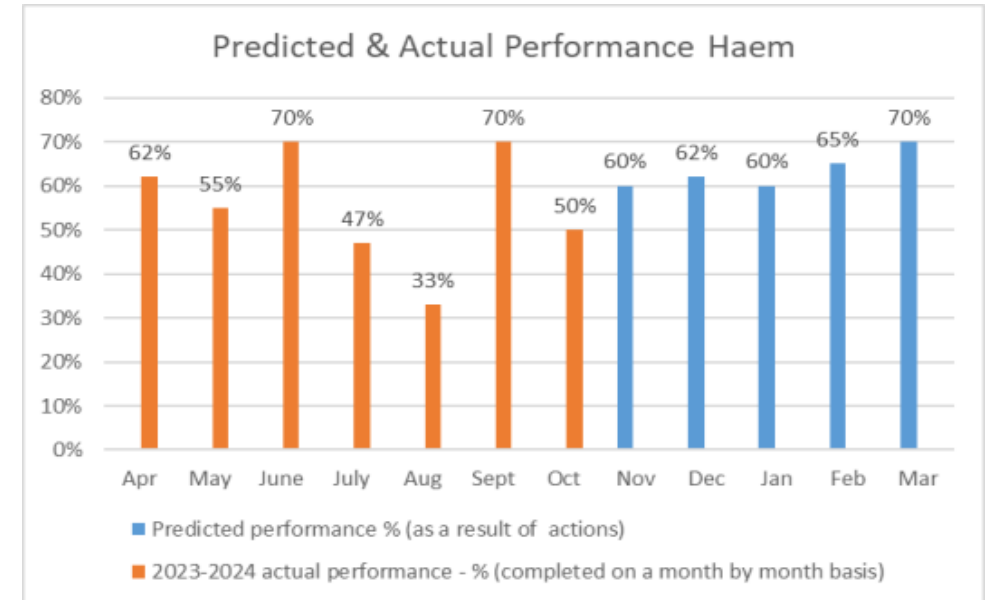
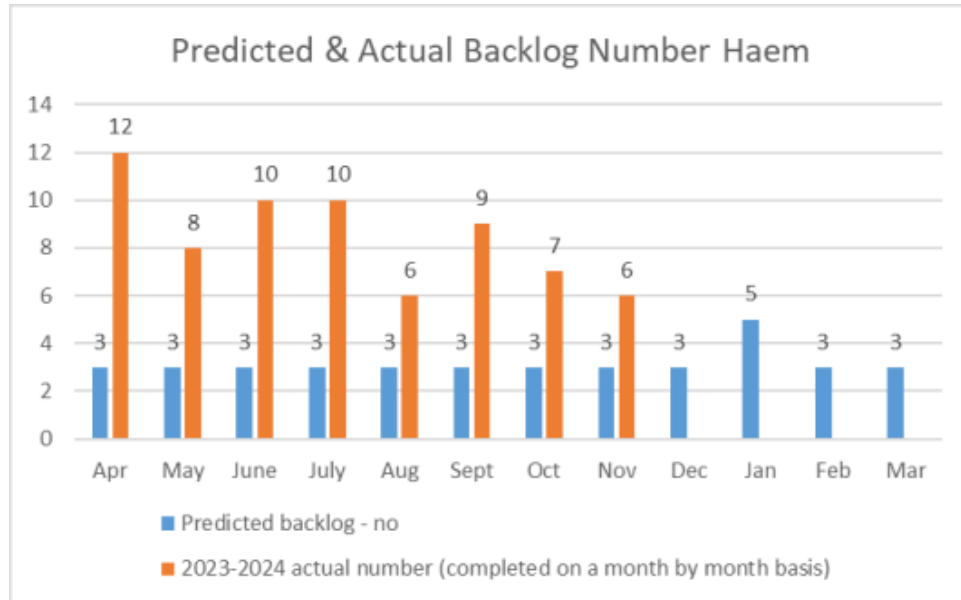
- One Stop Breast is pathway working well.
- Small increase in backlog will recover in December 2023.
- Residual backlog increased due to complexity and access to tertiary diagnostics.

Tumour Pathway Focus: Head and Neck



- Small treatment numbers which influence large swings in performance between months.
- Planned pathway enhancement - endoscopic laryngeal biopsy via Outpatients.
- Residual backlog due to complexity.

Tumour Pathway Focus: Haematology



- Backlog volumes influenced by complexity of patients who have been through other tumour sites.
- Backlog recovery plan in place.

Digital Pathology Innovation and Business Excellence (IBEX) Artificial Intelligence (AI)

- HDdUHB Cellular Pathology have recently become part of the IBEX programme where the use of artificial intelligence is used to aid diagnostics in Prostate cancer patients.
- Phase 1 of the pilot scheme undertaken by Betsi Cadwaladr UHB (BCUHB) and SBUHB was a huge success and has therefore resulted in the rest of the Welsh Health Boards participating in phase 2 as a National project.
- During phase 1, the use of AI helped increase the reporting rate of consultants as the software focuses the consultant's eye to areas of concern.
- By using the heat map technology it has resulted in a 37% productivity gain and a 27% reduction in diagnosis time.
- The use of this AI software also provides an improved safety and quality aspect to reporting as essentially every case put through the software is double scanned (by pathologist and computer).
- This AI software has produced a sensitivity rate of 98.4%, a specificity rate of 97.3% and has resulted in a significantly lower discrepancy rates using AI (4.84%) in comparison to just using a microscope (7.13%).
- Currently the IBEX programme is only looking at prostate cancers, however due to its huge success, there is scope to role this programme out to include cancer sites such as breast and GI in the future.

Digital Pathology IBEX Artificial Intelligence (Cont)

- HDdUHB is currently scanning all Gynae multi-disciplinary team (MDT) cases, meaning that these slide images can be reviewed and actioned the very same day. In comparison to the process prior to digital scanning where the glass slides would have to be packaged and sent via post to SBUHB, the turnaround times and ultimately the service the patient receives has significantly improved. Patients can be discussed at the first available MDT now, rather than delayed by a week or two due to the glass slides being in the post.
- Digital scanning has also cut down on the amount of time taken and the number of staff required to perform admin tasks such as finding slides, packaging, posting, receiving returned slides, filing, etc meaning staff can be utilised in other parts of the lab where the Health Board is short of staff and where their skills can be better utilised.

Optimal Pathways

- **Breast** currently in place. 1 stop clinics.
- Head and Neck currently in place. NB: CT neck lump capacity challenges.
- Six month pilot for a two step Rapid Diagnostic Centre (RDC) style clinic for suspected **Prostate** Cancer. Start date TBC.
- **Lung** in in place. NB CT Guided Biopsy challenges.
- **Gynaecology** – partially implemented for Post Menopausal Bleeding (PMB). Plans to establish an additional outpatient Hysteroscopy suite at the end of Q4.
- **LGI/UGI** - Primary Care FIT implemented 5 April 2023. Improvement Cymru and Delivery Unit (DU) support re straight to test, accelerated imaging and Endoscopy efficiency improvements. (improvement project team established April 2023).

Further Enablers

- Radiology In-sourcing solution for ultrasound expanded to multiple sites.
- Cancer dashboard developed with funding from the Wales Cancer Network (WCN).
- Single Cancer Pathway (SCP) Project Manager is mapping optimal pathway opportunities.
- Key challenge is seven day turnaround for diagnostics for all tumour sites.
- WCN have been supporting an improvement project in LGI since February 2023.

Support for Patients on Pathway

- Cancer Helpline housed within the Cancer Information and Support service for concerned patients, relatives, members of the public or healthcare professionals (Mon-Friday 10:00 -12:00 and 14:00 – 16:00).
- Cancer Information and Support Service also provides email access support, call back, outreach and onsite hubs in acute hospital sites.
- A Key Worker policy ensures that the expectations of the Key Worker role are clear and consistent for all patients on a cancer pathway across the Health Board.
- Support Worker roles in all main tumour site teams enhance patient key contact support and person-centred care.
- Welfare benefits advice and support.
- 24/7 Triage line for patients on treatment.

Cancer Workforce

- Clinical and Medical Oncologists, Medical Physics and Therapeutic Radiographers are all employed by the South West Wales Cancer Centre and provide services to HDdUHB.
- HDdUHB 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.
- HDdUHB has a Cancer Key Worker Policy that supports consistency in the roles of the clinical nurse specialists across tumour sites.
- Strong leadership for the Cancer nursing teams is provided by a Lead Cancer Nurse and several Senior Nurse Managers.
- HDdUHB Cancer nurses are represented at an all Wales level.
- HDdUHB has a therapies lead for Cancer and this is a substantive post.

Recommendation:

The Committee is asked to **RECEIVE ASSURANCE** from plans in place to deliver the Planning Objective 4a in relation to **Single Cancer Pathway Recovery**, and note progress achieved in recent months to reduce the volume of patients in the 62+ Day backlog.