

**CANCER WAITS – DELIVERING THE NHS MANDATE**

Friday, 14 November 2014

**ACTIONS Draft 2**

**1. Information & Commissioning**

<b>Immediate Actions</b>	<b>Lead</b>	<b>Comment</b>
Develop information on growth in demand by tumour and treatment modality	SCN	
Review diagnostic reporting delays (i.e. time from scan/biopsy to report).	SCN	
CCGs to have lead on Cancer	CCGs	
Produce SW statement to discourage individual case reviews that attempt to assess individual outcome impact of late treatment. Use of existing morbidity and mortality reviews to be encouraged.	SCN	
Nominate the Cancer Mangers and Lead Nurse meetings to lead on implementation of actions to deliver cancer waits	SCN	
Agree definition of complex patient	Trusts	
<b>Medium Term Actions</b>		
Creation of predictive tools to support planning (mathematical modelling).	SCN	
More robust and cancer specific planning in contracted activity. Acknowledge that cancer demand will look different to other areas of activity. Allow for in year adjustments	CCGs	
Diagnostic capacity strategy across the South West – based on demand & capacity analysis and growth – with long term solutions.	CCGs	
Implement national Cancer Survivorship Initiative – which includes a reduction in routine follow up – to release clinic capacity for new referrals	CCGs	

**2. Reporting**

<b>Immediate Actions</b>	<b>Lead</b>	<b>Comment</b>
Single monthly report from each provider, timeframe for feedback on report	NHS England Area Teams	
Establish process for agreeing and revising report content	NHS England Area Teams	
Communicate process of reporting and review to all	NHS England Area Teams	
Agree roles & responsibilities for all parties	NHS England	

	Area Teams	
Use reports from National Cancer Director's Office as basis for assessment of immediate performance (existing validated quarterly performance still will be used as final position)	NHS England Area Teams	

### 3. Primary Care

Immediate Actions	Lead	Comment
Review new draft NICE 2ww referral guidance for impact and agree implementation plan	SCN	
<ul style="list-style-type: none"> <li>End faxed 2ww referrals – replace with National e-referrals system (or other electronic route).</li> <li>Agree approach for dentists.</li> <li>Review pros and cons of direct booking.</li> </ul>	SCN	
Support & educate GPs to ensure good quality referrals <ul style="list-style-type: none"> <li>Revise information required from GPs in light of revised referral guidance</li> <li>Patients to be informed they are being referred to exclude cancer</li> <li>Require referrals to state patients is ready and willing to be seen in 2 weeks</li> </ul>	CCGs	
Targeted support to practices with low diagnosis rates	CCGs	

### 4. Initial assessment & diagnostics

Immediate Actions	Lead	Comment
Ask Specialised Commissioning to deliver shorter waits for PET scanning. <ul style="list-style-type: none"> <li>referral to report within 7 days with shorter waits for some tumours and flexibility for quicker scans for specific patients</li> <li>Remove delays for referring trusts in getting RSAC approval on referrals</li> </ul>	SCN	
Set up meeting with Radiologists to discuss solution to diagnostic delays including: <ul style="list-style-type: none"> <li>potential for grouping radiologists into networks to support multiple providers</li> <li>Ability of PACS to allow off site reporting</li> </ul>	SCN	
Set up meeting with Histopathologists to discuss solution to diagnostic delays including: <ul style="list-style-type: none"> <li>potential for grouping histopathologists into networks to support multiple providers)</li> <li>Ability to transport specimens appropriately</li> </ul>	SCN	
<b>Medium Term Actions</b>		
Review use of 'straight to test' in appropriate pathways e.g. colorectal	Trusts	
Review use of Nurse led clinics in pathways where appropriate <ul style="list-style-type: none"> <li>CCGs to agree payment mechanisms where not covered by tariff</li> </ul>	Trusts, CCGs	
Agree and implement local 7 day target for 2 week referrals prioritising certain specialties (lung, prostate, head & neck &	CCGs	

colorectal). Performance standard to remain as set nationally		
Develop on demand (or hot) clinics in acute oncology	SCN Acute Oncology Group	
Review diagnostic capacity, access for GPs and role of alternative providers	CCGs	

## 5. Pathways

Medium Term Actions	Lead	Comment
Develop timed best practice pathways, prioritising <ul style="list-style-type: none"> <li>Lung</li> <li>Oesophago-gastric</li> <li>Prostate</li> <li>Head &amp; Neck</li> <li>Colorectal</li> </ul> <p>*NB many breaches are caused by patients who have complex pathways (ie do not follow standard) so may not be improved by revising standard pathway</p>	SCN	
Review possibility of protocols enabling further diagnostics to be booked in straightforward cases without going to MDT, where clinically appropriate. Put in place 'shadow booking' processes to enable treatments to commence promptly after MDT decisions, where clinically appropriate.	Trusts, Network Site Specific Groups	
Design Early identification systems for complex patients and patients off track	Trusts	
Ensure robust and flexible video-conferencing is available to support timely decision making	Trusts, SCN	
Implement consistent process for communication of Inter trust referrals	SCN	

## 6. Recommendations for improving national policy

Immediate Actions	Lead	Comment
Agree national (if not South West) access policy. To include <ul style="list-style-type: none"> <li>guidance to allow pauses to be applied when patients Did Not Attend and cancel treatments (with fixed parameters and rules as per choice)</li> <li>Responsibility of GPs for referrals of specified quality</li> </ul>	SCN	
Revise guidance to simplify (without making standard easier)	SCN	
Revise guidance to remove disincentive to change care setting from admitted (where pauses can be applied ) to OP (where no pauses are allowed)	SCN	
Revise guidance to allow for medical deferral pauses, with appropriate rules and safeguards	SCN	
Be Clear on Cancer Campaign agreed in time to influence contract planning for the year in which the impact will be felt	SCN	
Ask how much of the tolerance in the standards is expected to be due to Patient Choice – and what can be done if trusts experience higher levels of patient choice	SCN	
Ask for consideration of thresholds in light of Trusts with complex casemixes	SCN	

