

Cancer Waits The Approach in the South West

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National Headlines

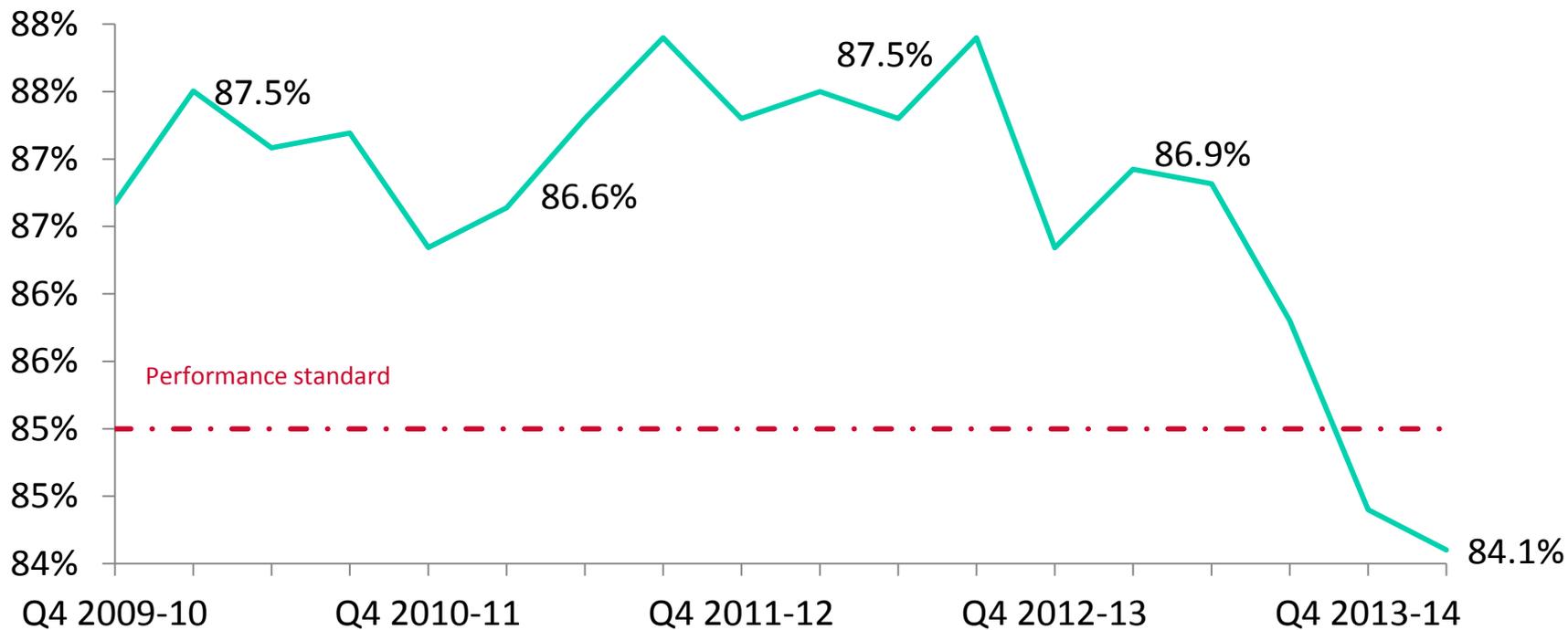
The 62 day cancer standard is that 85% of patients receive treatment for their cancer within 62 days of an urgent GP referral.

Headlines:

- 62 day cancer performance has been on a marked downward trajectory over the past six quarters, and is projected to continue failing without intervention.
- Initial high level analysis shows there are no “general” factors which explain the gradual deterioration
- Analysis of unpublished management data shows the primary driver of longer waits within the 62 day pathway is the “middle” stage in between a patient’s first appointment and the decision to treat.
- Sharing of patients between trusts is a deteriorating factor but is not the dominant or sole effect.

National Headlines

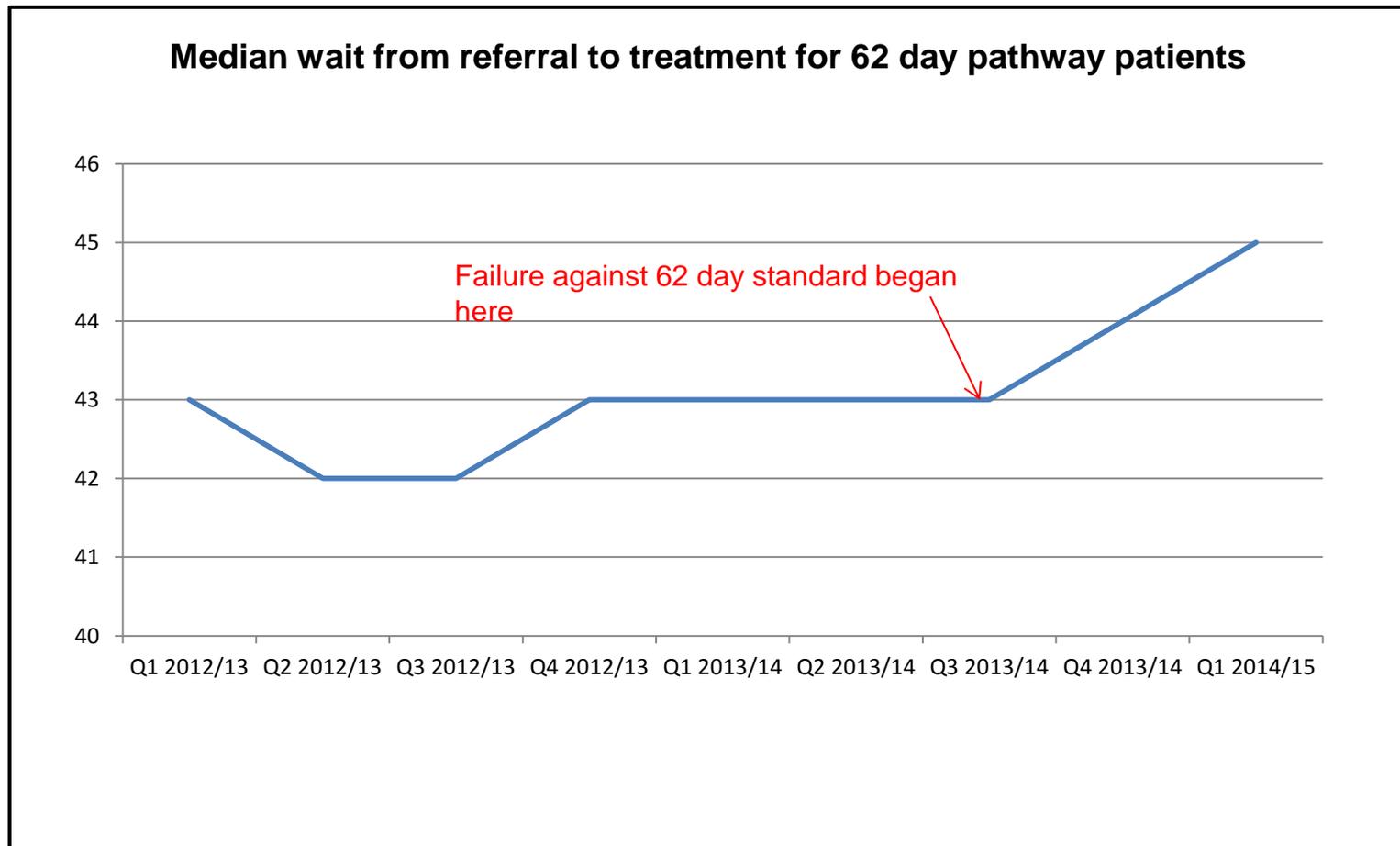
62 Day Performance Q4 2009/10 - Q1 2014/15



Source: NHS England provider based quarterly cancer waiting times

National Trend

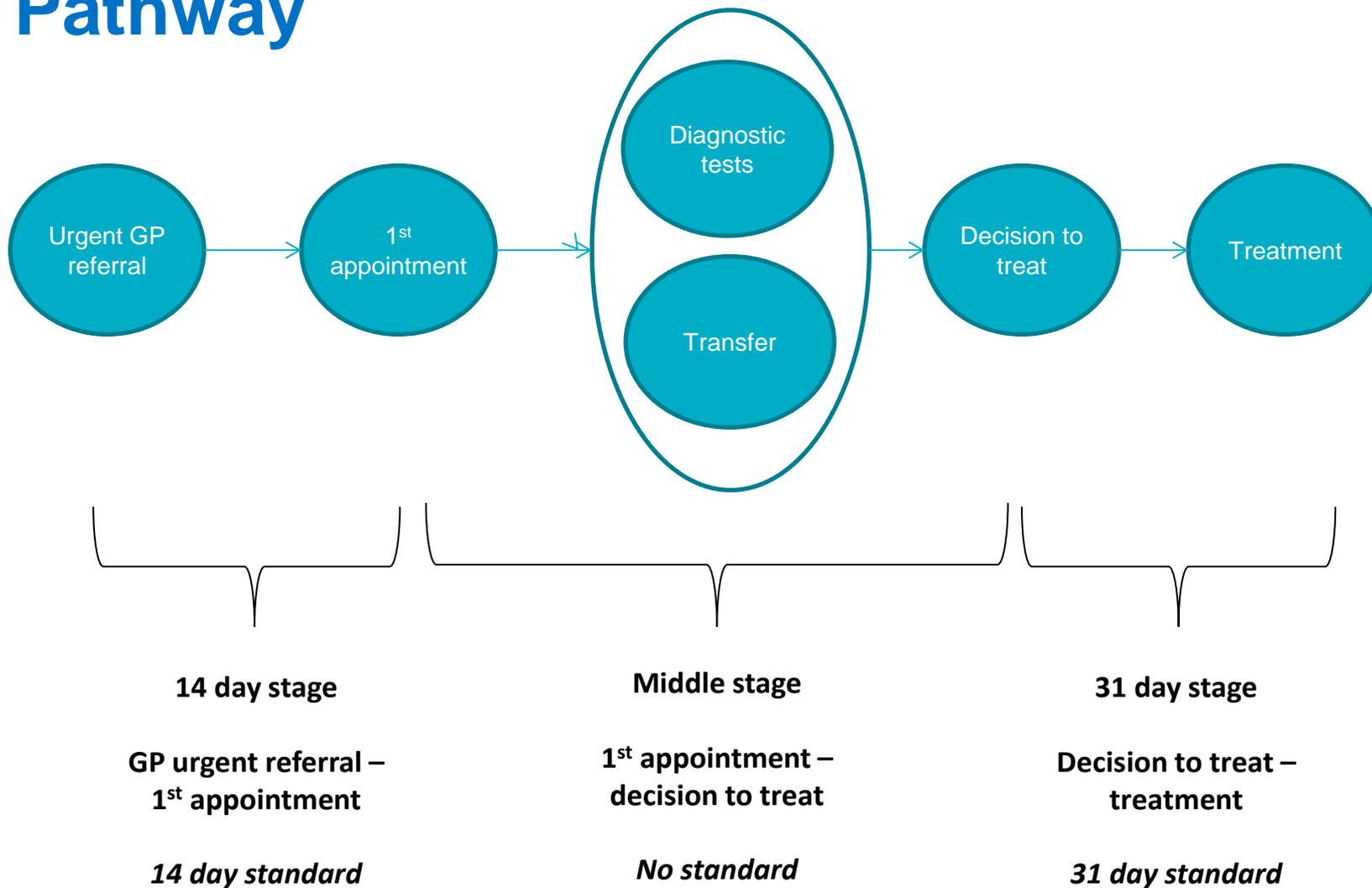
- The trend is one of decline over six quarters (beginning Q4 12/13) rather than sudden deterioration in Q4 13/14.



General National Factors

- Chemotherapy & Radiotherapy show similar decline to Surgery, suggesting elective & emergency pressure on inpatient capacity are not driving performance.
- No regional patterns - deterioration is widespread
- Generalised deterioration by tumour. Although Urology has declined quicker
- Casemix of tumour types has remained relatively stable, suggesting decline cannot be linked to fluctuations in 'quick to treat' tumours (e.g. breast) or 'slow to treat' tumours (e.g. urology).

The Component Parts of the 62 Day Pathway



Different pathway phases

- Adding up the median days for each element of the pathway, in Q4 2013/14 the average pathway is the longest it has been in recent years. The increase has been mainly due to increased waits at 'middle' stage of the pathway, with small increases at the 14 day stage and (only recently) the 31 day stage.
- The (significantly) longer waits in the middle stage can be attributed to a variety of local diagnostic pathway issues, but with no national themes emerging.
- Repeating the analysis by tumour group shows the change in the middle phase is concentrated on three tumour types in particular.

Tumour Group		Increase in (weighted mean) wait Q1 2013/14 - Q1 2014/15 (Days)*		
		Referral to first appointment (14 day stage)	First appointment to decision to treat (middle stage)	Decision to treat to treatment (31 day stage)
Tumour groups passing 62-day standard	Breast	+1	+0.5	0
	Skin	+0.5	0	+0.5
Tumour groups failing 62- day standard	Lower GI	+0.5	+3	+0.5
	Lung	0	+2	+0.5
	Urological	0	+2.5	0

Patients Shared Between Multiple Trusts (Inter Trust Transfers ITT)

Shared patients have longer pathways, accounting for 32% of breaches despite only making up 14% of the total caseload.

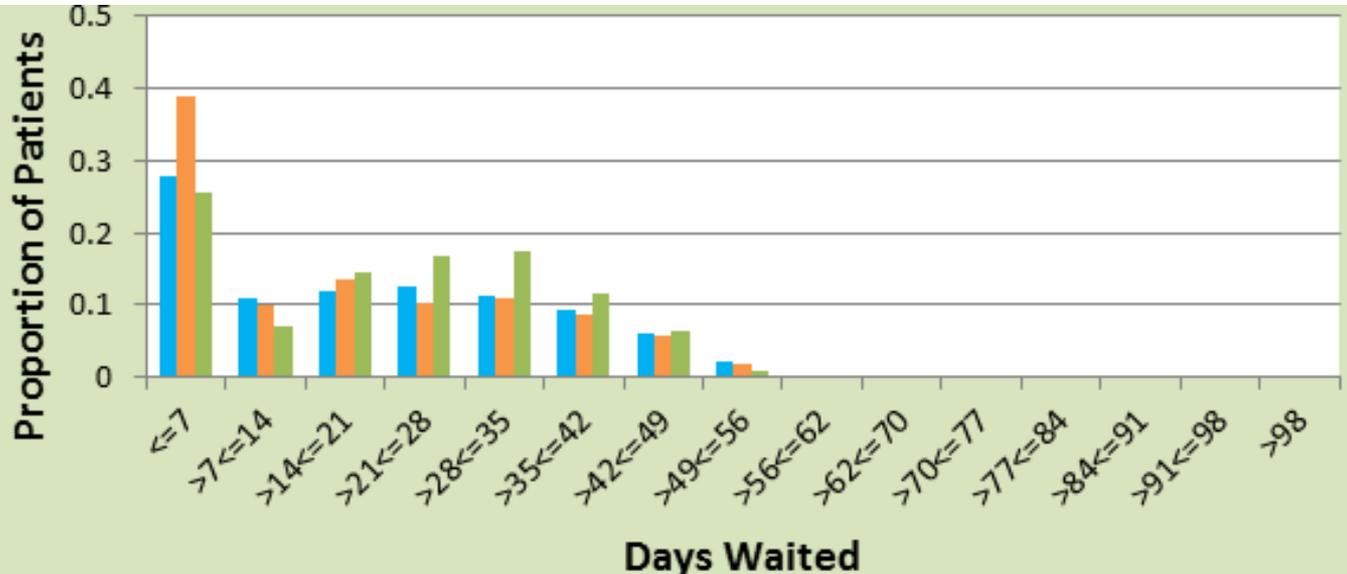
- The number of patients transferring has only risen 0.5% in the last 2 years.
- The waits in the ‘middle’ of the pathway are increasing equally for shared and non-shared patients
- Conclusion – the long pathway for shared patients has always been there but has previously been compensated by good performance for non-shared patients

- Monthly reports from office of National Cancer Director, Sean Duffy
 - **Scorecard**
 - All Cancer Waits
 - Timelines
 - **62 Day Themed Report**
 - Tumour reports
 - Parts of pathway
 - Inter trust connections map
 - Inter trust transfer graphs

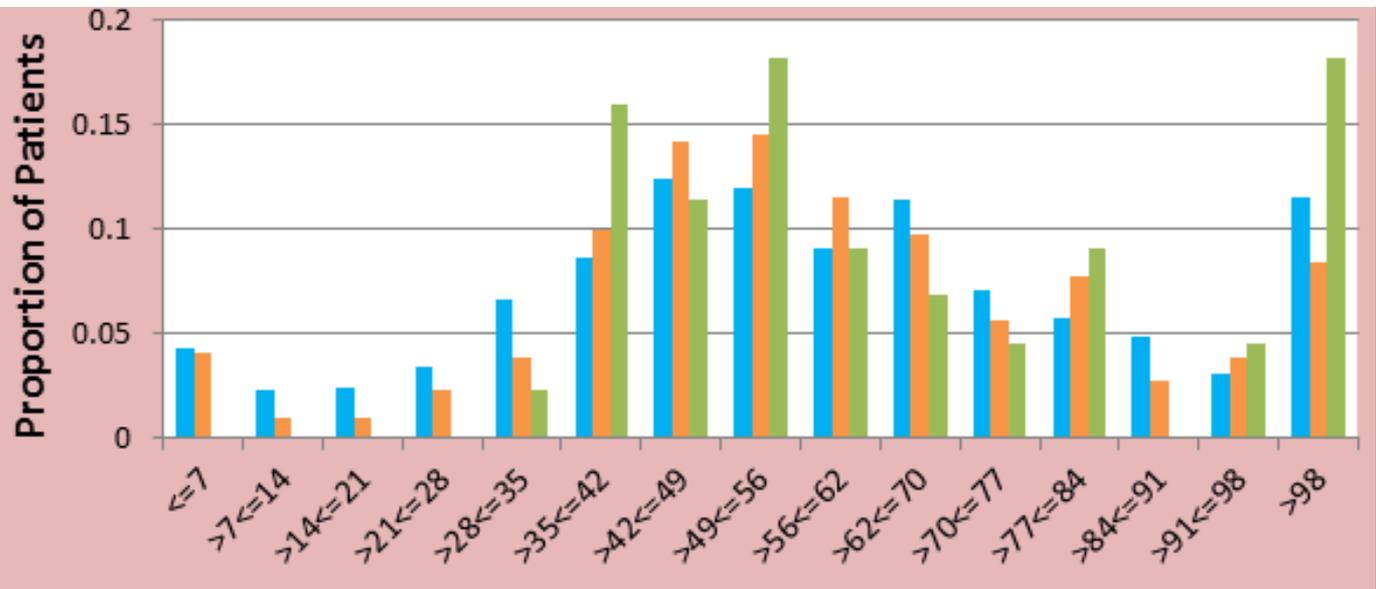
Good tools for finding local issues

National Data – Themed report

Diagnostic Delay

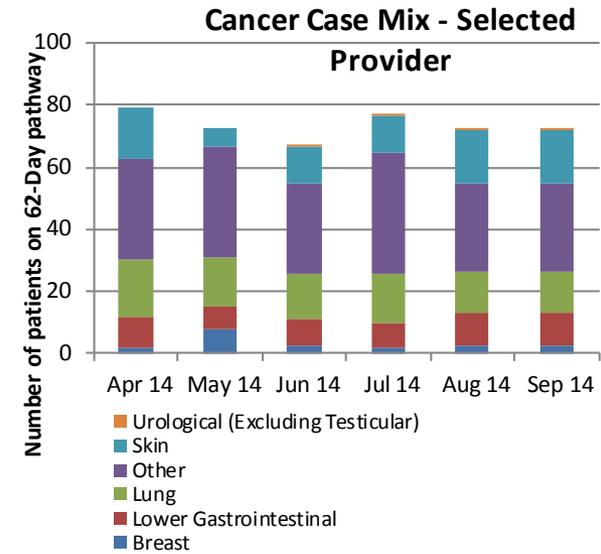
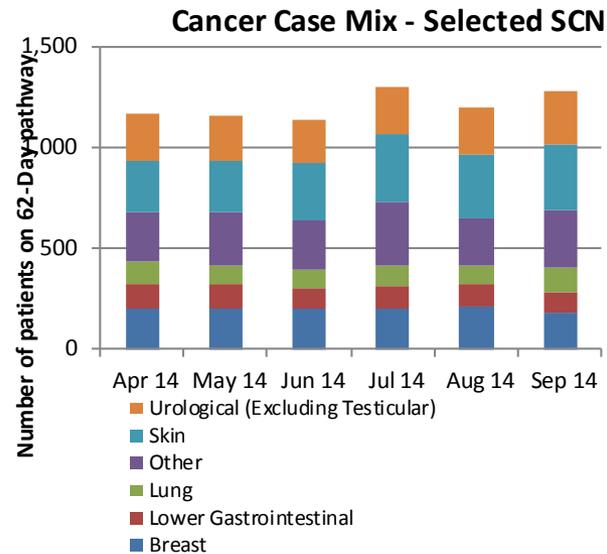
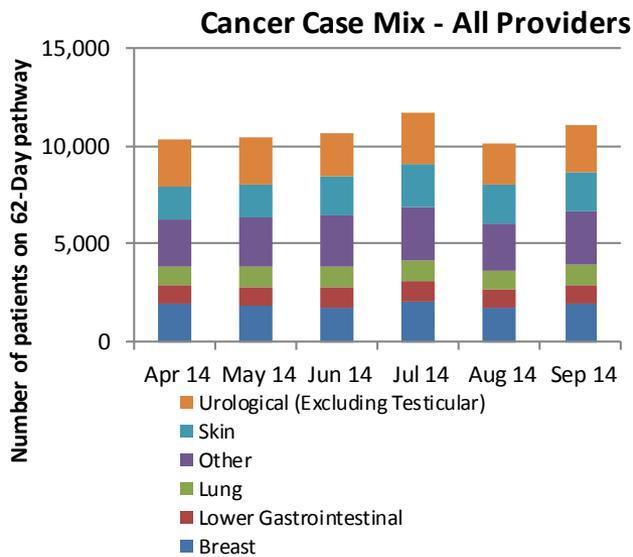


Treated in 62 days



Not Treated in 62 days

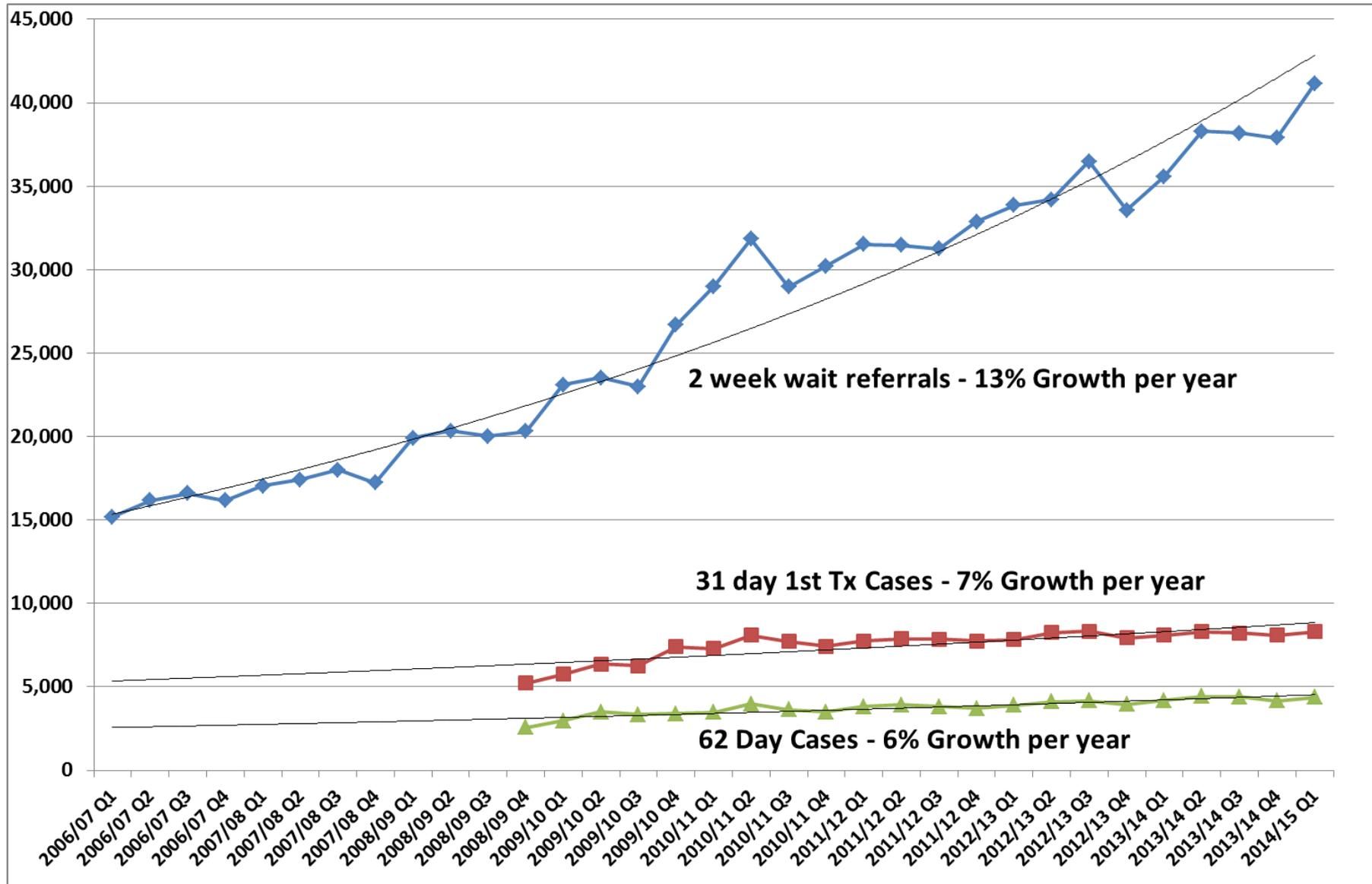
National Data – Themed report



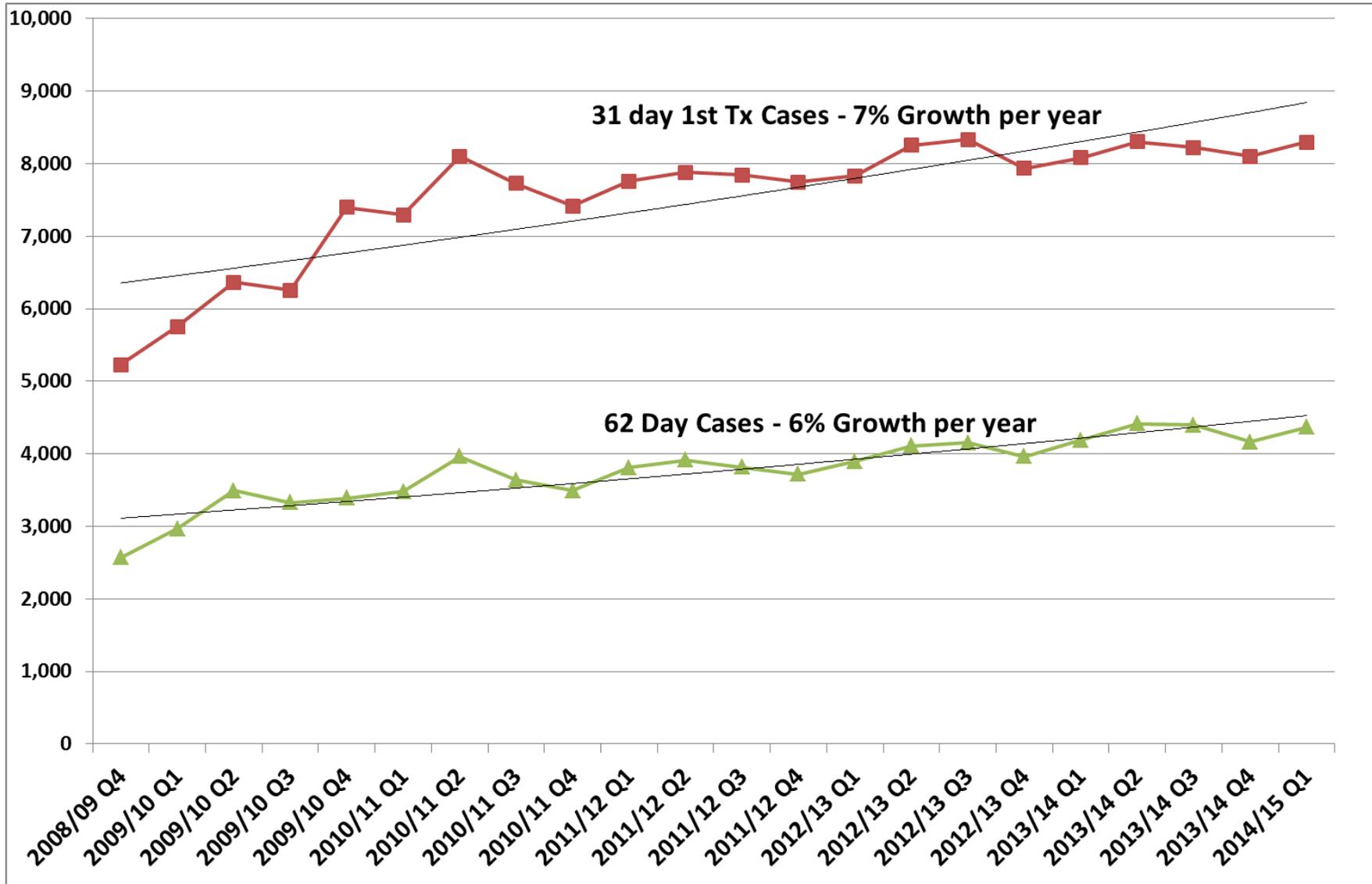
**University Hospital
Bristol**

South West Information

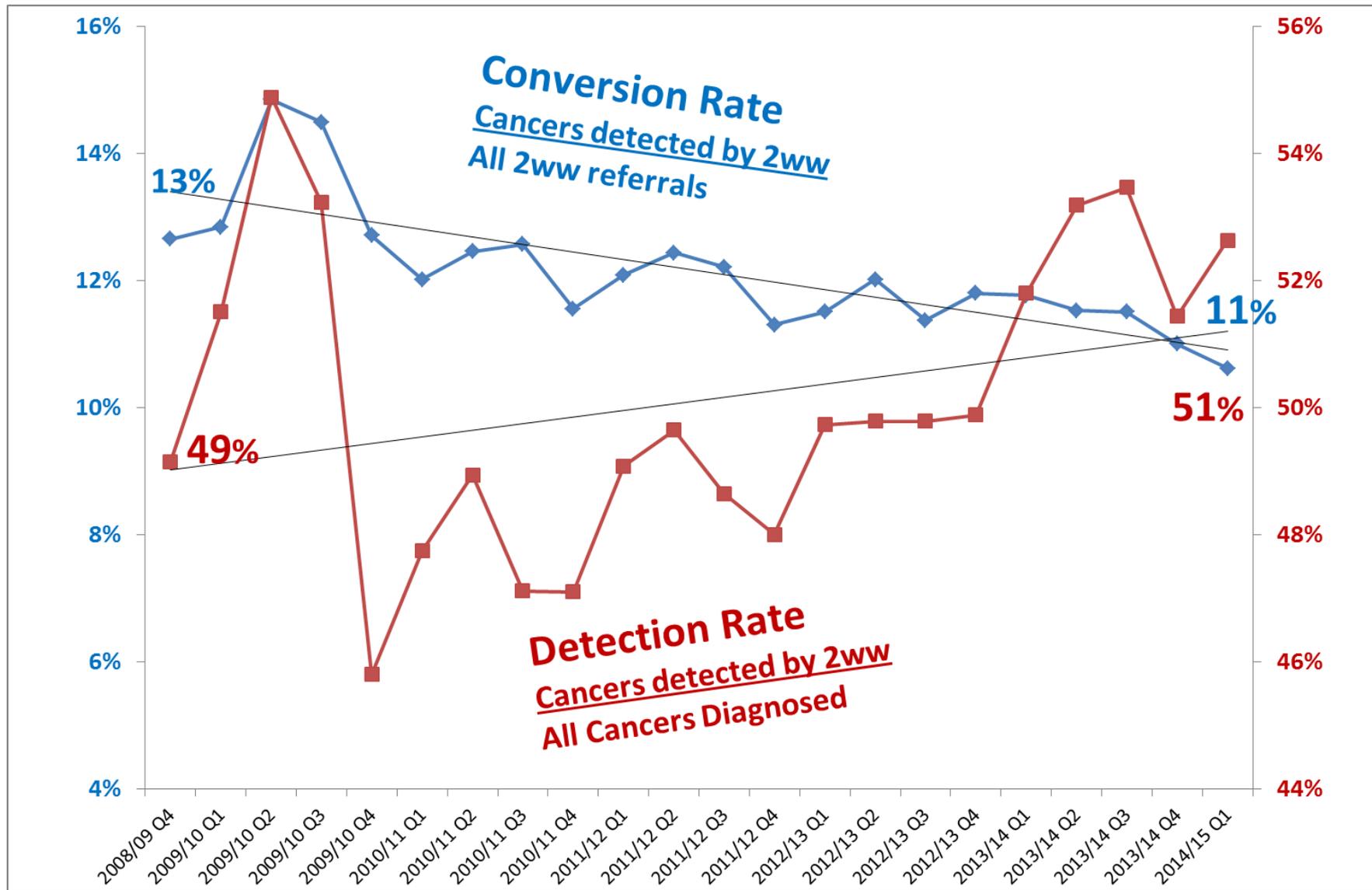
South West Growth in Referrals



South West Growth in Cancer Cases



South West Conversion & Detection Rates



Summary of Issues

England

- Small increase in median time in start and end of pathways
- Larger increase in median time for diagnostic part of pathway

South West

- Increase in demand per year
 - Urgent referrals 13%, 62 day cases 6%, 31 day cases 7%
- Inter trust referrals have a lower performance but issues lie at both referring and receiving providers
- A small number of tumours contribute a large proportion of breaches
- Radiotherapy needs more investigating. National reports do not have treatment modality analysis

Proposed Actions

The Process

- We all use the national **Scorecard** and **Themed Report**
- Providers are asked to write a single report each month
- This report is sent to CCG and shared with NHS England (all elements), Monitor & Trust Development Authority
- CCG write single report in response, with input from all
- Therefore format of report needs agreeing – to meet needs of all parties

Objective

- Consistent understanding, reduced duplication and confusion.
- Clear Actions

Proposed Actions

Treating Patients Faster

Supported by South West Cancer Network

- Improve method for communicating inter trust referrals between providers
- Consistently record breach reasons
- Prioritise the following pathways for review and adoption of a South West best practice pathway (with agreed timescales)
 - Prostate
 - Lung
 - Head & Neck
- ACE Programme for Colorectal Cancer to include 62 days in its objectives
- **? MORE**

Proposed Actions Treating Patients Faster

CCG & Providers Directly

- Diagnostic Capacity
- **? MORE**