

Delivering 62 days in a Complex Landscape

- A view from a smaller organisation

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Similar Patients, Similar Issues

Similar Patients, Similar Issues: Diagnostic Pathways

All Standard Pathways Lead to Radiology (and often Endoscopy)!

	Breast	Colorectal	Lung	Upper GI	Prostate
USS	√			√	√
CT		√	√	√	
MRI		√			√
PET			√	√	
Targeted biopsy	√		√		√
“scope”		√	√	√	

Similar Patients, Similar Issues: Patient Choice

Across whole 62 day pathway

Impact on rest of pathway

Single reason for failure of 2ww standards

Patient understanding of referral and implications – often attends first appointment on own.

Is cancellation higher in direct to test?



Variation to developing clinical practice – treatment in outpatient settings

Guidance different to what happens at treatment end

Complexity of treatments – Choices to make.

The background features a large, faint, light-colored 'Y' and a circular graphic composed of colored segments, similar to the logo. A blue horizontal bar is at the bottom of the slide.

Similar Patients, Different Issues

Similar Patients, Different Issues:

Demographics of Cancer.....is NOT all in One Place



In the body

Or in

The Hospital



Similar Patients, Different Issues:

Tertiary Referrals.....Have to please everyone (and not all stay!)

NBT: Urology
Neuro
EBUS

PET Scan via In Health

UHBT: OG / Gastric
HPB
Lung
Some H&N



MPH: Gynae
RT
Some H&N

RD&E: Some H&N
Some Gynae

Huge variation in practice across trusts :

- High demands on information
- No consistency within same trust
- Little recognition that some patients are returned to referring trusts (landed with late whole breaches)
- Application of information and guidance
- Return of information?!!

Similar Patients, Different Issues:

Workforce.....Skills, Flexibility and Competing Agenda's

Services for some specialities often brought in



- Fixed sessions
- 42 wks. cover
- Wander off!

Smaller cohort of practitioners skilled in particular procedure



- Sub specialisation
- Single handed personnel with particular skill (diagnostic radiology as example)

Competition for additional space



- Endoscopy as example – awareness campaign + expansion of bowel screening
- In – patient theatre lists for those procedures usually carried out in day theatre (skin as example)

Similar Patients, Similar but some Different Issues:

Conclusion:

Patients and Pathways not providers

- Evolving but not new – need to agree key dates and work to them
- Patients are referred with co-morbidities, pathways need to reflect this
- Focus on tertiary referrals alone will not solve national position

Is the National Guidance still fit for purpose

- Patient choice!
- Changing demographics

Capacity Planning

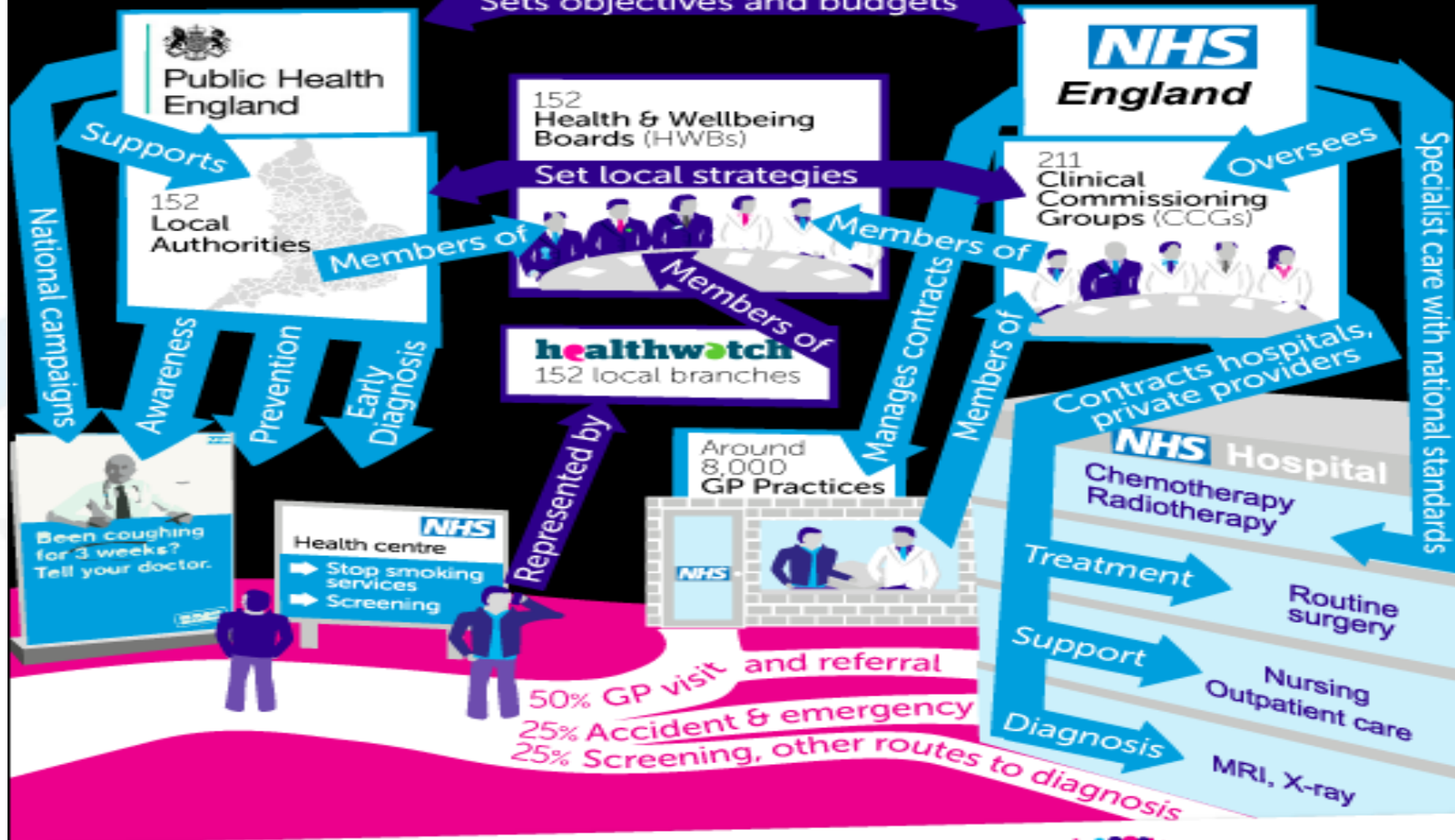
- Endoscopy as example – awareness campaign + expansion of bowel screening

Its not been made easy..... →

Prevention and awareness



Diagnosis and treatment



A cancer patient's journey through the new NHS in England



CANCER RESEARCH UK

Discuss?!