

Where the CCG is on addressing the 62 day target on cancer services

Oversight and Scrutiny Committee Update

Summary

- 62 Day Standard Cancer Performance in the Staffordshire CCGs

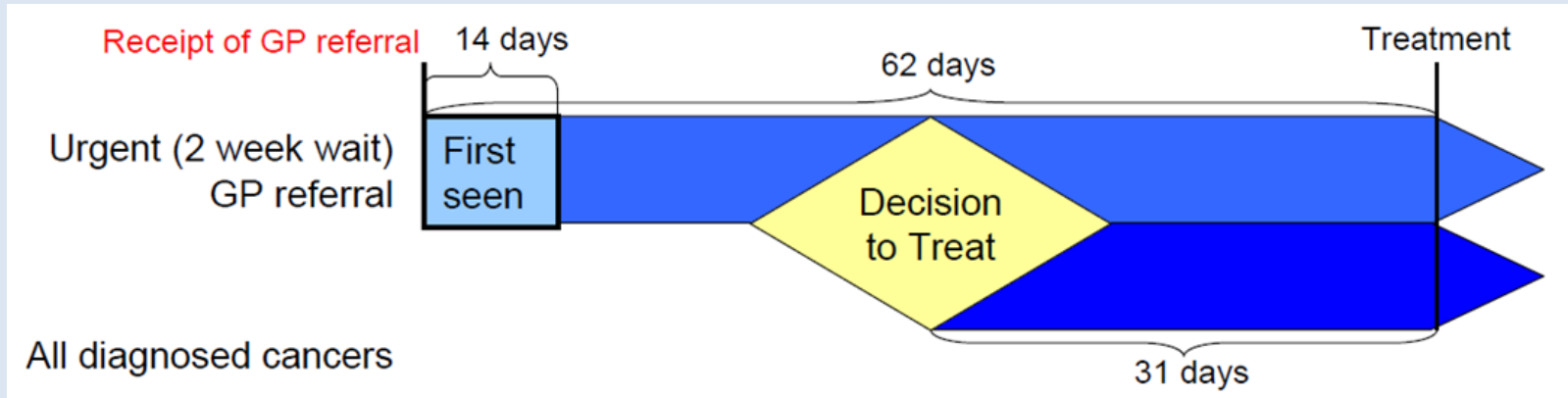
- Challenges to delivery of 62 day Referral to Treatment Cancer Standard
 - Referral to Diagnosis
 - Diagnosis to Treatment
 - Workforce

- Plan for recovery of the 62 Day Standard
 - West Midlands Region Wide Plan
 - Local Recovery Actions

- Next Steps

62 Day Cancer Standard Definition

- The 62 day standard refers to the total pathway length – the number of patients beginning their first definitive treatment within two months of suspected cancer.



- All cancer waiting times service standards (both from the Cancer Plan and the Cancer Reform Strategy) are monitored through the revised National Cancer Waiting Times Database.
- CCGs are performance managed on all waiting times and there is particular focus on the 62 day standard from urgent GP referral for suspected cancer to first treatment.
- Nationally, trusts have struggled to meet the 62 day waiting time standard.
- From 2020 the standards will be strengthened, and organisations will be expected to give a diagnosis of cancer or other condition within 28 days of referral.

62 Day Standard Cancer Performance in the Staffordshire CCGs

Cannock Chase

Cancer Standard	Target	2018/2019													2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD
Cancer 62 day Standard	85%	74.29%	73.68%	65.12%	63.89%	70.00%	48.15%	87.88%	77.27%	64.29%	66.67%	70.00%	62.07%	68.82%	52.38%	59.09%	70.00%	61.64%

Stafford & Surrounds

Cancer Standard	Target	2018/2019													2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD
Cancer 62 day Standard	85%	92.11%	76.92%	82.14%	77.08%	78.38%	72.92%	85.00%	72.50%	80.95%	68.00%	81.82%	87.50%	79.18%	77.55%	68.29%	77.27%	74.63%

SeS&SP

Cancer Standard	Target	2018/2019													2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD
Cancer 62 day Standard	85%	93.18%	76.92%	80.77%	70.37%	74.51%	84.48%	86.27%	82.81%	89.36%	70.59%	76.19%	68.75%	79.53%	66.00%	88.64%	65.38%	72.60%

East Staffordshire

Cancer Standard	Target	2018/2019													2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD
Cancer 62 day Standard	85%	91.67%	77.78%	86.36%	77.14%	78.95%	96.30%	76.00%	68.00%	65.63%	70.27%	80.00%	56.52%	77.35%	92.31%	80.65%	76.47%	82.42%

North Staffordshire

Cancer Standard	Target	2018/2019													2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD
Cancer 62 day Standard	85%	80.00%	79.73%	87.10%	87.67%	89.71%	81.48%	80.65%	80.95%	92.06%	73.68%	79.03%	81.48%	83.00%	62.07%	76.56%	68.85%	69.40%

Stoke-on-Trent

Cancer Standard - 2018/2019	Target	2018/2019													2019/20			
		M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12	YTD	M1	M2	M3	YTD
Cancer 62 day Standard	85%	80.88%	88.37%	90.00%	85.71%	78.67%	89.55%	81.01%	78.79%	86.44%	68.12%	70.00%	81.43%	81.87%	73.21%	72.06%	73.53%	72.92%

- Overall 62 day standard performance has seen a decline in 2019/20 across the 6 CCGs, compared to 2018/19.
- However, there is some evidence that performance is starting to improve into M3 and anticipating further improvements into July 2019 (M4) based on unvalidated data.

62 Day Standard Cancer Performance

West Midlands Cancer Alliance Trusts table below for comparison. The Trusts that Staffordshire CCG's patients mainly use are all Red, except Dudley.

Trust	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Total Treatments May-19	% of Alliance Treatments	Total Treatments Apr-19
Birmingham Women's and Children's Hospital	100%	100%	83.3%	63.6%	100%	90.0%	100%	87.5%	69.2%	86.7%	84.6%	72.7%	5.5	0.4%	6.5
George Eliot Hospital	85.5%	71.4%	78.8%	66.7%	72.7%	76.7%	82.2%	69.2%	87.5%	76.9%	84.1%	73.2%	35.5	2.6%	34.5
Sandwell and West Birmingham Hospital	90.9%	87.8%	86.6%	84.7%	89.1%	85.5%	85.8%	84.1%	84.1%	86.9%	85.8%	90.6%	69.5	5.2%	67
Shrewsbury and Telford Hospital	82.6%	86.0%	80.5%	84.1%	74.9%	82.2%	86.1%	67.2%	66.4%	70.9%	72.1%	74.5%	162.5	12.1%	157.5
South Warwickshire Hospital	77.1%	78.6%	77.5%	83.5%	75.5%	75.8%	84.0%	74.1%	82.9%	81.9%	81.5%	81.3%	67	5.0%	67.5
The Dudley Group	80.2%	85.6%	79.5%	80.1%	85.8%	75.4%	85.5%	77.9%	90.0%	88.3%	87.4%	85.7%	94.5	7.0%	95
The Robert Jones and Agnes Hunt Orthopedic Hospital	66.7%	50.0%	0.0%	0.0%	60.0%	100%	66.7%	50.0%	100%	100%	100%	100%	2	0.1%	0.5
The Royal Orthopedic Hospital	100%	81.8%	57.1%	80.0%	100%	53.8%	0.0%	75.0%	85.7%	91.7%	100%	72.7%	5.5	0.4%	3
The Royal Wolverhampton Hospital	65.3%	61.2%	59.0%	57.7%	75.4%	60.4%	67.0%	61.4%	53.8%	63.4%	54.7%	68.4%	93.5	7.0%	107
University Hospital Birmingham	86.3%	84.0%	79.0%	83.1%	80.8%	76.4%	81.6%	73.2%	77.3%	72.1%	70.1%	70.1%	231	17.2%	264
University Hospitals Coventry and Warwickshire	85.3%	84.7%	86.2%	71.4%	82.4%	83.2%	81.5%	84.1%	75.9%	76.4%	87.3%	85.9%	131	9.8%	114
University Hospitals of North Midlands	86.0%	86.2%	82.8%	84.7%	82.2%	77.2%	87.6%	68.7%	77.5%	83.1%	70.2%	73.0%	177.5	13.2%	169.5
Walsall	86.7%	85.2%	81.4%	86.5%	85.5%	88.5%	97.8%	86.5%	85.2%	80.4%	80.9%	67.7%	48	3.6%	44.5
Worcester Acute Hospitals	72.1%	73.2%	78.2%	70.3%	69.2%	78.0%	72.0%	61.8%	67.9%	71.1%	68.1%	70.3%	158.5	11.8%	180.5
Wye Valley	88.0%	87.7%	83.8%	79.0%	73.6%	80.7%	77.1%	78.4%	75.0%	83.0%	81.7%	82.0%	61	4.5%	57.5
Total	81.6%	80.8%	78.9%	77.8%	78.3%	77.3%	81.0%	71.7%	74.0%	75.4%	74.1%	75.4%	1342.5	100%	1368.5

Challenges to delivery of 62 Day Referral to Treatment Cancer Standard

CCG / STP

- There is a national drive to diagnose cancer earlier and reduce emergency diagnosis. NHSE/NHSI outline that the referral increase in part reflects improvements in referral practice by GPs, and this is vital to deliver the ambition in the NHS Long Term Plan (LTP) to “diagnose 75% of cancers at stages 1 and 2.” There is also a programme to increase community and society awareness of symptoms that should lead to more GP appointments. *Note that increased referrals reflect NICE guidance on referring patients into the 2 week pathway and that primary care are following best practice or that patients and the community are more aware of early cancer symptoms or both. The increase in referrals should lead to improvements in stage 1 and 2 at diagnosis and reductions in emergency presentation of cancer over the next two to three years. These are key to better survival of cancer.*
- The significant increase in referrals have however added much pressure into the system. There is particular pressure on diagnostic capacity (e.g. CT and MRI) required to sustainably deliver the improved pathways for the main cancer types in line with the timed steps and national waiting time targets.
- The Pension Tax rule is deterring Clinical staff from overtime shifts, reducing the workforce.
- There is a national shortage of key workers that are integral to the cancer pathway. These include radiologists and clinical oncologists.

Provider Specific Issues

- The 62 day cancer performance issues are principally with RWT, UHNM and UHDB

UHNM

- **Diagnostic pathway** - The majority of the breaches relate to the time taken in the diagnostic part of the pathway. Almost all the performance shortfalls relate directly or indirectly to mismatch between demand and capacity in the diagnostic part of the cancer pathways. Key to sustained achievement of 62 day target sits with improving the capacity in the diagnostic parts of the pathway.
- **Medical workforce** – UHNM have a number of Medical vacancies – two Clinical Oncologists (Gynae) and (Urology and Upper GI). The closing date for the recent recruitment was July with no applicants.
- Specialities most impacted:
 - **Breast** - Referrals have significantly increased adding pressure into the system with the number of breast 2 week wait referrals amongst the highest ever. In May, 3,038 referrals were received which is the highest figure seen by the Trust. The Trust was also short of one specialist breast radiologist in April 2019;
 - **Colorectal** – Extended time in the diagnostic phase of the pathway contributes to underperformance;
 - **Urology** – Diagnostic delays (Transrectal Ultrasound Guided Biopsy and Flexible sigmoidoscopy), increased demand for template biopsies (a gold standard prostate cancer biopsy) (stand-alone consultant service), capacity for robotic surgery cases. Outpatient clinic letter typing backlog.
- A number of histology results are outstanding which may yield more treatments.

Challenges to delivery of 62 Day Referral to Treatment Cancer Standard

Provider Specific Issues

UHDB

- The Trust received an enforcement notice from NHS Improvement due to failure to deliver the 62 day standard cancer standard and failure to deliver key elements of the improvement plan against the expected timelines. The Intensive Support Team undertook a 2 day review on 15th and 16th May 2019 to provide a thorough review of the work being done to improve the performance against the 62 day standard.
- The growth in referrals at Trust level is significantly higher than the planned 4% in the improvement trajectory agreed with NHSI and the CCG and although the Trust is able to maintain the average waiting time for an outpatient appointment in most areas, there is significant pressure being placed on diagnostic capacity which has grown by 11% across radiology and over 20% in MRI and Ultrasound for cancer scans.
- There has been an overall increase of 26.57% in referrals from February to April 2019.
- Specialities most impacted:
 - Delays continue with oncology capacity within **upper GI** and **urology** due to demand and workforce issues.
 - **Urology**: robotic capacity remains an issue due to increased referrals with a number of patients opting to have robotic surgery.
 - UHDB report delays for the **lower GI** speciality due to an issue where GPs are sending in incomplete referrals.
- Workforce - Delayed start date for locum oncologist caused some appointment delays and has compounded capacity issues. Two new locum oncologists are not having as big an impact as expected as they have been completing follow up appointments as well as treating new patients.
- Capacity concerns at the Burton site for CT and MRI appointments.

RWT

- RWT has had a dedicated 62 Day Cancer Standard Improvement Plan in place since 2018 when the Trust's performance across all cancer standards began to decline. This plan is intended to capture and describe the actions RWT are undertaking to meet the 62-day cancer standard at the earliest possible opportunity. This includes the jointly agreed actions with the IST, Cancer Alliance and Wolverhampton CCG.
- Referrals into the Trust are greater than the agreed values identified within the original recovery plan. The Trust, Host CCG, NHSE and West Midlands Cancer Alliance all agree that there is no single reason for the increase in referrals, and it is multifaceted.
- Certain specialties are receiving huge increases in referrals that are leading to delays – Urology, Upper GI, Breast (in some months).
- Diagnostic capacity is stretched – the Trust has needed to outsource work for both routine and reporting to cope with demand.
- Inability to recruit to key roles has impacted on available capacity (Radiography, Breast).

Plan for recovery of the 62 Day Standard

System approach to Recovery of the Standard

- The recovery plan is underpinned by four key areas for action as follows:
 - Ensuring the 10 High Impact Actions are being followed in marginally breaching Trusts.
 - Deploying Intensive Support Teams in Trusts with material breaches.
 - Making specific pathway improvements across all trusts in key tumour pathways with highest number of breaches (Lung, Prostate and Upper and Lower GI).
 - Establishing Rapid Diagnostic and Assessment Centres and implementing digital diagnostic services and networks across Alliance geographies.
- In order to support the delivery of these key actions to deliver the 62 day cancer standard, NHS England and NHS Improvement work with systems to establish rapid recovery teams for those Providers with the highest volume of breaches. Regional rapid recovery teams are trained and supported by NHS Improvement on the deployment of diagnostic tools and the implementation of the 10 High Impact Actions.
- Weekly conference calls have taken place between Host CCGs, NHSE, NHSI and West Midlands Cancer Alliance (WMCA) with those Trusts experiencing breaches (e.g. UHNM, RWT).
- The NHS Improvement regional team will review cancer referrals over the STP or Alliance patch, to consider whether the increased number of referrals requires further action or different approaches. The NHS Improvement Intensive Support Team and Regional team will also review potential actions across the system to improve collaboration and timeliness of referrals.
- NHS Improvement and NHS England are considering strategic investments along with other capital investment priorities, to assess whether there is scope to increase resources such as additional scanners and suites.
- Additional clinics are being set up at Trusts not achieving the standard. The impact of this is limited because of the consultant “pension and tax” issue which has been widely reported. Until this is resolved nationally, it should be noted that seeking extra lists is not going to be as effective as it has been in previous years in recovering performance or aligning capacity to demand as there is less willingness for the senior staff to volunteer to cover the extra lists.
- FIT (Faecal Immunochemistry Test) to detect blood in faeces for symptomatic patients. The WMCA have ratified the colorectal test (FIT test) for use in primary care – the CCGs and providers are reviewing an acceptable model to implement at Membership Boards through August and September. When these tests come in fewer patients will need colonoscopies.
- NHS Improvement and NHS England are doing a ‘deep-dive’ into Cancer Performance with a first meeting w.c. 16 September.
- The Staffordshire and Stoke-on-Trent System are developing a Cancer System Recovery Plan by the end of September.
- WMCA have asked that the system establish a dedicated Cancer Programme Board for Staffordshire. First meeting due in October 2019. Single forum providing system assurance across the whole Cancer agenda.

Plan for recovery of the 62 Day Standard

Local approach to Recovery of the Standard

UHNM

- UHNM have a Cancer Recovery Programme in place. High impact action plan in place, agreed by Trust Board. Cancer Services Strategy Group in place with all clinical leads in attendance, overseeing the recovery plan.
- The Trust's Clinical/directorate management teams are continuing to improve cancer pathways in line with best practice to ensure further improvement in performance. The key area of focus is reducing the time to diagnosis to 28 days. As this is a new standard the Trust are in the process of shadow monitoring against the 28 day standard from April 2019, this data will not be available until June 2020.
- Best practice pathways are being developed. UHNM is in the midst of deep dive / gap analysis. They are on track with the plan to be able to offer the best practice pathway to most colorectal patients by end Q4 however although this will improve efficiency and throughput, the timed steps in the pathway depend on demand and capacity being aligned. Based on current demand this is not the case. To deliver the best practice pathways and achieve the timed steps it is likely that additional capacity will be needed (or demand reduced).
- Various speciality specific actions are underway:
 - **Histology:** Alternative options have been explored to improve capacity, including overseas recruitment with 2 potential candidates identified. Successful recruitment to a new Speciality Doctor and Consultant posts with a start date June/July 2019;
 - **Urology:** Implementation of best practice pathways (Prostate). Look at additional capacity for TRUS & FLEXI to support demand on a permanent basis. Consultant started 29th July 2019;
 - **Locum clinical oncologist** (Urology and Upper GI) appointed from July interviews. Due to start 4th November;
 - **Upper GI:** Teams to review the possibility of joint surgery/oncology clinics (September 2019) and implementation of best practice pathways (March 2019);
 - **Colorectal:** Increase resource to support Patient Tracking List (PTL);
 - **Breast:** Consultant Breast Radiologist due to start on 1st September.
- Training event planned for primary care to support appropriate use of pathway (September 2019).
- UHNM adjust capacity to address increases in 2 week wait referrals through either additional clinics or flipping clinics or parts of clinics from non-cancer RTT activity to cancer activity.
- Strong operational grip and use of pathway trackers plus frequent reviews of patients potentially breaching. Provider focus is on a number of key steps, especially 1st appointment in 7 days and 7 day turnaround on diagnostics. Delivery of this tends to be challenged by month on month increases in 2 week wait referrals.

Plan for recovery of the 62 Day Standard

Local approach to Recovery of the Standard

UHDB

- The CCG has followed the host's process and a RAP to cover the whole of UHDB has now been agreed by the host. This will be supported by monthly cancer calls between UHDB, NHSI/E, Derby CCG and East Staffordshire CCG to discuss progress against actions.
- UHDB have undergone a Trust wide review of all cancer services with NHSI/E. The Intensive Support team will work with the Trust to agree formal objectives and undertake progress reviews at least six weekly with the Trust executive sponsor, usually the COO. Actions/progress will be updated to the cancer programme board on a regular basis.
- UHDB are undertaking a wider review of the MDT and patient tracking processes as a response to the significant increase in referrals to ensure there is the correct infrastructure to quickly diagnose and discuss patients – September 2019.
- Oncology capacity has been partially resolved with the commencement of a second clinical oncology locum. This has reduced waits for oncology outpatient appointments in Urology from 7-8 weeks to less than 14 days. The impact on performance should be seen by the end of November 2019.
- Progressing opportunity of medical oncologist available via the university possibly able to start before January 2020. The Trust will be advertising for a medical locum by the end of July 2019.
- Additional capacity has been created and routine referrals and in patient activity delayed to prioritise cancer activity which has impacted on the RTT figure – September 2019.
- Urology - Robotic capacity - facilitating extra urology lists where possible. 2nd robot is planned – January 2020.
- Lead Cancer Commissioner attends the Derby Cancer Board meeting and is engaged with the Trust Cancer lead to monitor performance.
- East Staffordshire CCG in collaboration with South Derbyshire CCG have agreed a recovery trajectory plan with NHSI/E for UHDB during 2019/20. Bi-monthly performance calls will take place to monitor the trajectories.

Plan for recovery of the 62 Day Standard

Local approach to Recovery of the Standard

RWT

- RWT has a full Cancer Recovery Plan setting out the key actions required to improve performance.
- The Trust has appointed three additional radiologists to reduce the backlog, these will commence in post from the 11th June 2019. The Trust will also be running 2 additional clinics in line with the commencement of the Radiologists on the 11th June 2019.
- A plan has been developed to allow RWT and Wolverhampton CCG to implement targeted referral diversion of 2ww suspected breast cancer referrals to neighbouring Trusts to improve waiting times for patients. By reducing demand going in to RWT the plan should enable the Trust to improve its performance.
- Allocation of the 62 day target cases to specific radiologists.
- Clinical fellow has been appointed and started in post to provide capacity and reporting support.
- The Trust has produced a cancer mapping tool, which is best practice on how to refer patients. A video is to be located on the Trust website for GP's to follow.
- The Host CCG and Trust have held a number of question and answer events for Wolverhampton GP's in relation to cancer performance and wait times as a whole.

Next Steps

- Auditing the conversion rate for referrals from primary care by September 2019 (*Note in 2015 NICE published new and updated guidelines on early diagnosis of cancer. This placed more focus on diagnosis of cancer on primary care and reduced the threshold for referral from 5% to 3%. This has led to an increase in referral under the 2 week waiting list requirement*).
- Developing a Cancer Plan as part of the Staffordshire and Stoke-on-Trent Recovery Plan.
- Establishing a dedicated Cancer Programme Board for Staffordshire and Stoke-on-Trent.