Health Scrutiny Panel

21st March 2019

Report title	Cancer Services
Report of:	Gwen Nuttall Chief Operating Officer
Portfolio	Public Health and Wellbeing

Recommendation(s) for action or decision:

The Health Scrutiny Panel is recommended to:

Note the report

1.0 Introduction

1.1 The Royal Wolverhampton NHS Trust (RWT) has not consistently delivered the GP referral 62-day cancer standard. This report provides an update on the key issues and actions being taken to improve the position.

2.0 Background

2.1 RWT is a level 2 tertiary Cancer centre accepting referrals from the Black Country and beyond. We offer appointments for all cancer sites and are able to provide Radiotherapy, Chemotherapy and surgical interventions. Agreed clinical pathways are in place with all local providers and patients are frequently referred to RWT for more complex treatment following diagnostics and assessment at other centres.

Similar to most Tertiary cancer centres, achieving the 62-day cancer standard remains a constant challenge. Nationally, the 62-day cancer target has not been hit since December 2015, the pressures seen across the country are similar to those experienced at RWT.

In order to improve performance, the Trust has developed a Recovery Action Plan with Wolverhampton Clinical Commissioning Group (CCG) and has sought the support of the national cancer Intensive Support Team (IST) and the West Midlands Cancer Alliance Team. Their support has identified some opportunities for improvement and identified significant capacity constraints, it has also demonstrated the good processes and pathways currently in place.

Actions within the recovery plan continually seek to identify potential improvements across all pathways. However, the key issues that drive under-performance are:

1. Late Tertiary referrals
2. Growth in referrals (spikes in certain specialties)
3. Capacity Constraints at RWT

Tertiary Referrals

As a level 2 cancer centre, a number of patients get referred into RWT for more complex treatment. We also provide advanced surgical techniques and offer patients surgical options that are unavailable at other sites. This includes robotic procedures for Urology and Gynaecology patients. This results in a number of referrals into the Trust for patients who have already commenced their cancer pathway.

We have seen an increase in the number of tertiary referrals and a delay in the timeliness in which these are received. This means that we are receiving a number of referrals late. Lateness is defined by the National Cancer waiting times as received after day 38. In 2017/18 63% of tertiary referrals were received after day 38, we have seen this increase to 66% in 2018/19.

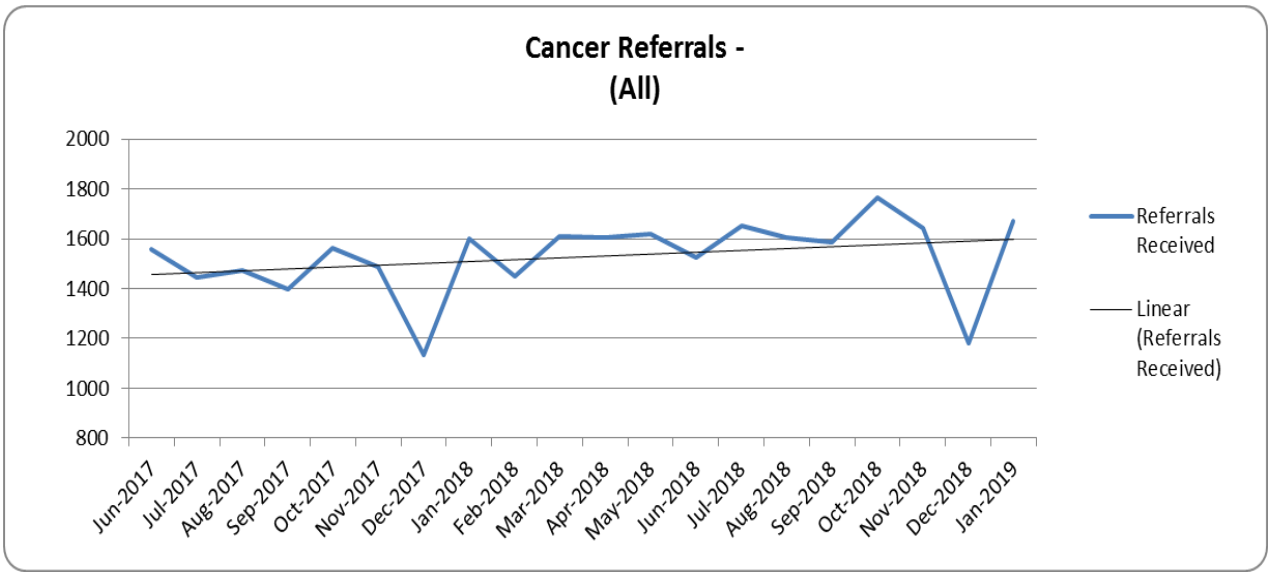
Tertiary Referral Numbers

Total Number Tertiary Referrals Received		Tertiary Referrals Received After Day 38	
17/18 (Apr-Feb)	18/19 (Apr-Feb)	17/18 (Apr-Feb)	18/19 (Apr-Feb)
161	218	102	143

With the support of the Cancer Alliance, we have recently undertaken a review of the tertiary referral process adopted by all providers. As a result of this, referrals are only accepted into the Trust once all relevant clinical patient information has been received; this enables us to discuss appropriate patients within our Multi-Disciplinary Team (MDT) meeting and ensures that the correct method of care is implemented. This should result in a more streamlined patient pathway and reduced delays for patients.

Growth in Referrals

Within RWT we have seen an increase in our referrals year on year. Whilst growth is evidenced in all Tumour sites, we have seen the biggest sustained growth within Breast with consistent growth in Upper GI and Dermatology. The main referral source is from Wolverhampton CCG patients although we have seen an increase from Cannock, South East Staffordshire and Seisdon.



The recovery action plan was originally based on average referrals into the Trust of 1380. This figure had remained static for both 2016/17 and 2017/18. As can be seen from the data (above), referrals have been rising steadily since this point, averaging in excess of 1550 for 2018/19.

Of more concern is the spike in referrals at a specialty level. The Breast service has capacity to see 340 patients per month and runs additional lists at weekends (max 70 patients per month) to support short term increases, this has been a sustainable model in previous years. However, the level of growth this year has seen referrals average 414 for the year to date and hit nearly 500 in each of October, November and January.

Capacity Constraints

The consistent increase in referrals has created capacity constraints in a number of areas. This has led to increased waits for patients and an inability to deliver performance within expected standards. RWT has requested support from a number of external parties including the IST, Cancer Alliance and CCG to understand and manage demand; however, to date this has not resulted in any changes.

The pressure from demand has required us to provide more detailed modelling of the capacity requirements across the trust. This has allowed us to examine the delivery models we provide and resources we have to deliver these.

The IST has completed an in-depth demand and capacity review across most of our core specialties, including key pressure areas such as Breast Radiology and Endoscopy. As a result of this we have been able to fully understand the capacity constraints across the various cancer sites including the deficit in diagnosis capacity. Whilst detailed proposals have been received at specialty level, it is most pertinent to note that the biggest single areas of concern relate to breast and our diagnostic capacity. Given that every patient will require some, and most will need a number of diagnostic tests to determine the

extent of their cancer diagnosis, the lack of capacity in diagnostics will significantly impact on achieving the cancer standard for all sites.

The high level analysis produced by the IST draws the following conclusions based on historical data:

Service	Av. weekly capacity	Av. weekly demand	Sustainable range	Capacity gap per week
Radiology (CT)	105 hours	120 hours	132-145 hours	27-40 hours
Radiology (MRI)	251 hours	290 hours	308-338 hours	56-66 hours
Breast 2WW	75 slots	86 referrals	102-107 slots	27-32 slots

To support this demand in the short term we are continuing to outsource non-cancer diagnostic work to the private sector, this will enable the Trust to prioritise cancer suspicious work. It should also be noted that the Trust expects this capacity gap to increase over the coming months and future plans to address this shortfall should factor in any expected growth.

Alongside this, we are continuing to undertake pathway reviews to understand the pressure points and ensure that we have robust established pathways in place; this work has been completed in Head and Neck, Radiotherapy and Skin to date.

Actions

We are continuing to work closely with external bodies. The IST continue to provide support and have expanded the demand and capacity work to include colorectal and oncology services. They are supporting the roll out and education of the new cancer operational policy, helping to deliver training for all staff and are providing specialist in-depth training for the cancer services department.

Recruitment is underway in a number of areas to create additional capacity, including for Radiologists and Breast Consultants. However, it should be noted that there is a national shortage of qualified individuals and securing additional resource is not going to be easy.

Other key developments that are being implemented as a result of the cancer recovery plan include:

- A new diagnostic pathway has been implemented in Prostate as result of a service review, including straight to mpMRI (mpMRI is a special type of scan that creates a more detailed picture of the prostate than a standard MRI by combining up to 3

different types of scan). This is in line with the new national pathway to enable delivery of the 28 day faster diagnosis pathway

- Following the successful pilot in the colorectal pathway we are looking to roll out the triage and straight to test pathway in the next financial year

- Following pathway reviews we are booking ENT, MaxFax, Haematology and Urology 1st appointment within 7 days of referral

- As part of the Trust's Governance system and process there is a monthly harm review of patients who have waited over 62 days for their treatment. This is a joint clinical process led by the Trust Cancer lead, Dr Simon Grummet, with colleagues from the CCG

3.0 Impact on Health and Wellbeing Strategy Board Priorities

Which of the following top five priorities identified by the Health and Wellbeing Board will this report contribute towards achieving?

Wider Determinants of Health	☐
Alcohol and Drugs	☐
Dementia (early diagnosis)	☐
Mental Health (Diagnosis and Early Intervention)	☐
Urgent Care (Improving and Simplifying)	X

4.0 Decision/Supporting Information (including options)

5.0 Implications

Please detail any known implications in relation to this report:

- Financial implications
- Legal implications
- Equalities implications
- Environmental implications
- Human resources implications
- Corporate landlord implications
- Risks

6.0 Schedule of background papers

6.1 The background papers relating to this report can be inspected by contacting the report writer:

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