**Sustaining Cancer Waiting Times
through Effective Pathway Management.**

Effective
Evidence Based
Pathway Design

Prospective
Patient
Management
and Navigation

Robust Data
Information and
Administrative
Systems

Produced in association with The National Cancer Waits Project
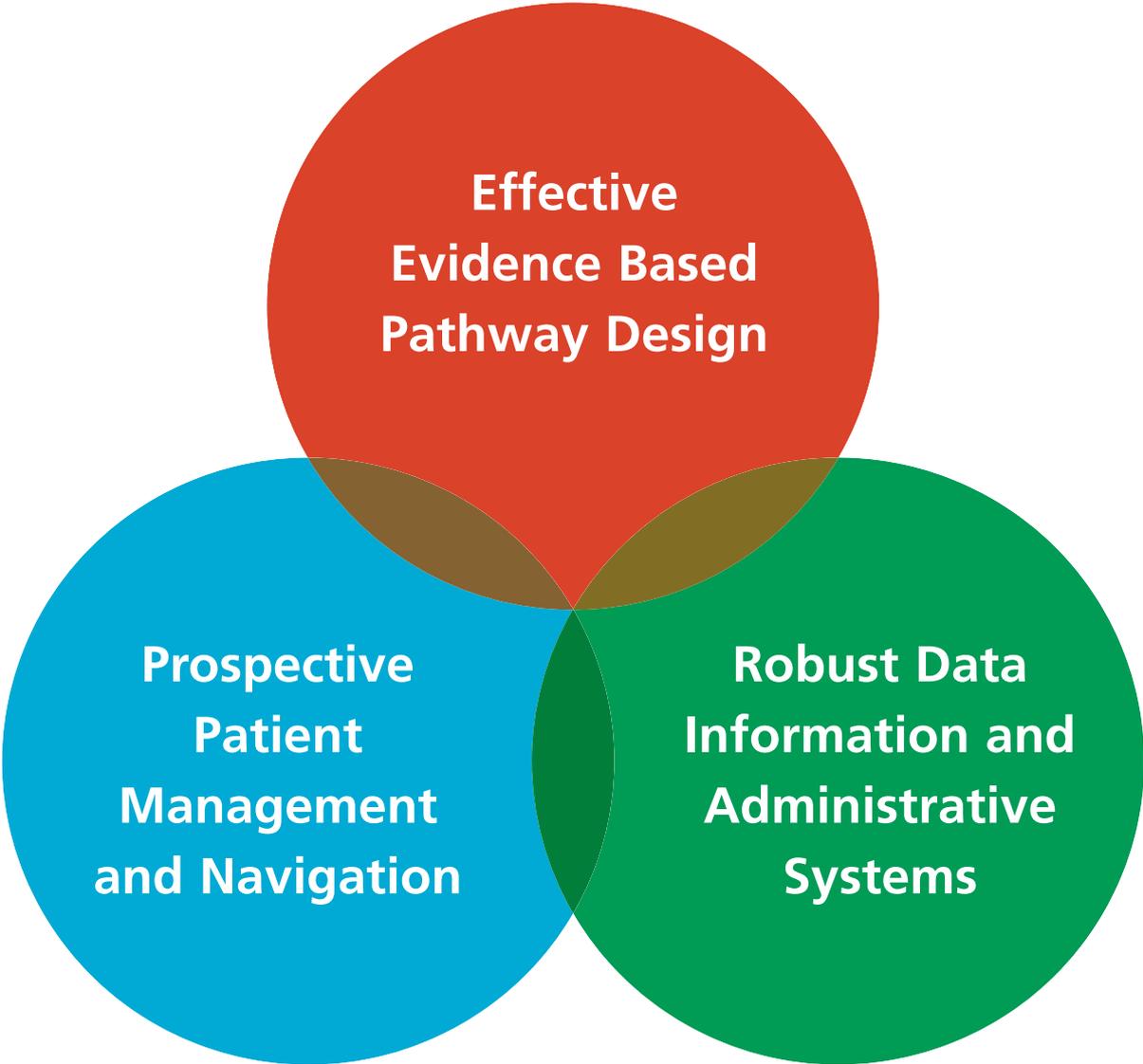
Reverse of cover sheet

Executive Summary

The work of the Cancer Services Collaborative 'Improvement Partnership' and the Intensive Support Team over the past year, has led to a greater understanding of what is required in terms of performance management and service redesign in order to achieve the cancer waiting times. Over the past months, as many trusts begin to show a consistency of achievement, it has been possible to identify common themes of why some trusts achieve in a sustainable way and others do not.

Leadership at all levels in the organisation is crucial for achieving and maintaining the cancer waiting times and this should not be underestimated. Trusts should ensure effective leadership is in place from board level through to clinical teams.

Hitting the target in itself is no measure of sustainability as this has been achieved in a variety of ways over the past year. Trusts generally fall into three main categories:

- **Those achieving at or above 95% through having effective pathways,** and high quality, streamlined services combined with robust tracking navigation and escalation systems
- **Those achieving at or above 95% through short-term methods** (pushing patients through poor systems; carving out; reliance on single-handed staff etc).
- **Those without effective systems who have yet to achieve.**

From the experience gained over the past year, key factors have been identified as crucial to achieving the standards in a sustainable way. Without a clear action plan for the next year, achievement of the standards will not itself guarantee sustainability. The sections in this document highlight these factors and outline what needs to be in place for continuous achievement.

Key areas for focus

- Effective Pathways (Section B)
- Inter-Trust Transfers (Section C)
- Data Information & Administrative Systems (Section D)
- Prospective Patient Pathway Management (Section E)
- Self-assessment for Hospital Trusts, Primary Care Trusts (PCTs), Cancer Networks and Strategic Health Authorities (SHAs) (Section F).

It is acknowledged that sustainability is a major challenge and is complex in that it is dependent on a number of organisational and patient pathway factors (Effective Evidence Based Pathway Design, Prospective Patient Management and Navigation, and Robust Data Information and Administrative Systems), which are inter linked. Sustainability will require trusts to revisit how they have achieved to date and ensure they have effective pathway design and management in place.

Organisational and Patient Pathway Factors
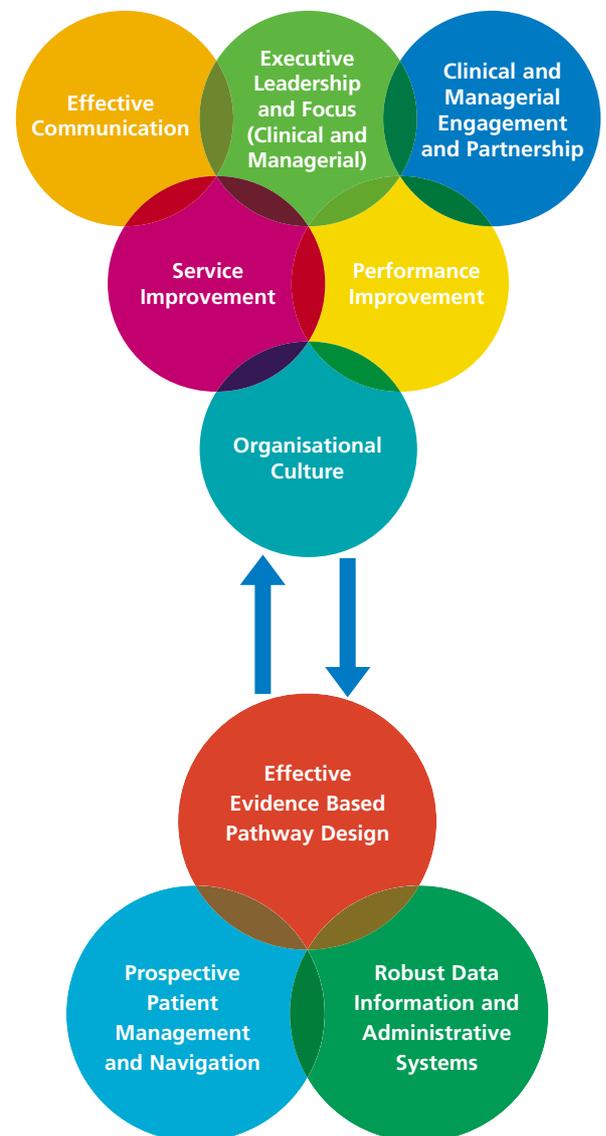
The following key recommendations and actions will make a difference to sustainability if implemented:

Key recommendations for Trusts

- Develop a plan for sustainability
- Maintain focus on performance systems with robust tracking and navigation in place
- Continue to develop and implement good evidence based practice, focused on cancer High Impact Changes from referral to treatment within your Trust (see The High Impact Change document at www.cancerimprovement.nhs.uk)
  - One route into the system
  - Straight to test
  - Pooling of patients within specialties
  - Decision making through effective Multidisciplinary Team (MDT)
  - Reduced follow up
- Learning from others.

Key actions for implementation

All cancers

- Establish timelines for the urgent pathway for each tumour, designed to deliver first definitive treatment well within the 62 day target, identifying key events and escalation points including inter-Trust transfers
- Ensure that clinical information, including cancer waits data, is shared rapidly and accurately, ideally in one referral communication
- Implement pooling of patients, where clinically appropriate, at all stages of the pathway
- Develop, implement and evaluate protocols that support pre booking of diagnostic and staging tests, and treatments
- Ensure that communication between trusts is highly effective at every level
- Make use of pre-booking and "early warning" systems between trusts.
- Assess and monitor services to ensure they are delivered by the most appropriate healthcare practitioner at the right time in the right place.

Risks to sustainability

A number of key risk factors have been identified. If any of these apply to you it is unlikely that your current performance is sustainable, read on now.

- Tracking patients on top of ineffective pathways that have not been reviewed or redesigned
- A focus on reactive counting of numbers rather than proactive patient management
- Carve-out rather than planned capacity for the appropriate demand on a service
- Waiting list initiatives to clear backlogs without redesign of the process
- High Impact Changes not in place or not embedded
- Lack of consistency in systems
- Organisational focus moving to other priorities with the risk of cancer being left unfinished and unsustainable
- Elements of the pathway dependent on a single person with no cross cover or contingencies for absence
- Wrong person undertaking wrong task: e.g. Cancer Nurse Specialist's (CNS') or cancer managers undertaking clerical processing tasks.

It is now evident that delivery of the cancer waiting times standards are possible but to achieve and sustain the gains made requires time, determination, focus and combined organisational effort and leadership. The reward for investing in making your services sustainable is that you will reduce the workload on your clinical and managerial teams.

Contents

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Section A

Introduction

Welcome to the Sustainability Guide which has been compiled to support Trusts, PCT's, Cancer Networks, and SHA's to maintain the achievement of the waiting times standards as set out in the NHS Cancer Plan 2000, by improving cancer services to patients across the entire pathway of care.

The guide sets out the key areas of focus which we know are the most difficult to get right, but also reap the greatest rewards in terms of sustainable delivery of the Cancer Waiting Times.

The guide draws on evidence generated by the Cancer Services Collaborative 'Improvement Partnership' (CSC'IP') and the National Cancer Waits Project, specifically from the CSC'IP' demonstration sites, DH intensive support sites and the DH/Prime Ministers Delivery Unit (PMDU) Cancer 62 day Waiting Time Priority Review (May 2006).

The aims of the guide are to:

● Enable NHS organisations to assess their overall position and risks in sustaining the cancer waiting times, specifically the 62 day standard
● Support health communities in sustaining waiting times through the implementation and management of effective pathways
● Provide learning and advice to organisations about the critical factors for sustaining pathways and laying the foundations for future service development including other programmes.

The Recovery Support Unit has developed self-assessment questionnaires to aid all organisations in assessing their ability to sustain the cancer waiting times. These can be found in Section F (Self-assessment).

This guide is an evolving document which will be built on through the website www.cancerimprovement.nhs.uk/sustainability as we increase our knowledge of the key factors to achieve long term sustainability.

Reverse of section A

Section B

Designing Effective Pathways

(To be read in conjuction with Section C Inter-Trust Transfers)

Why does an effective pathway matter?

● Effective pathways deliver quality and timely care to patients throughout their cancer journey

● Implementation and embedding of the cancer high impact changes within a pathway helps sustain cancer waiting times see graph 2 and 3 later in this section

● Effective pathway development implementation and evaluation across organisational boundaries will support the delivery of sustainable cancer waiting times

● Development of effective pathways that 'automatically' pull patients through require minimum intervention and support in terms of tracking and navigation

● Sustainability is unlikely to be guaranteed where pathways are designed to fit the maximum waiting time of 62 days for urgently referred patients. Trusts that have achieved consistent delivery and sustained performance have pathways that deliver well within this timescale.

What are its characteristics?

● Agreed by all providers/stakeholders across the pathway

● Clear timings for each step in the pathway with identified escalation points

● Achievable well within the 31/62 day target

● Cancer High Impact Changes applied across the pathway

● Strong teamwork/a well functioning MDT with clarity of role in pathway coordination

● The sort of pathway we would want for ourselves and our families.

The Diagnostic Pathway

The Diagnostic Pathway is a key component of the effective pathway. Sustainability will rely on timely access to diagnostics with radiology departments operating two queues with no backlogs. The graph below illustrates how the waiting times should look, using the illustration of Ultrasound for all specialities.

Graph 1 - Example of sustainable change: Plymouth Hospitals NHS Trust, Reduced waiting times in Ultrasound
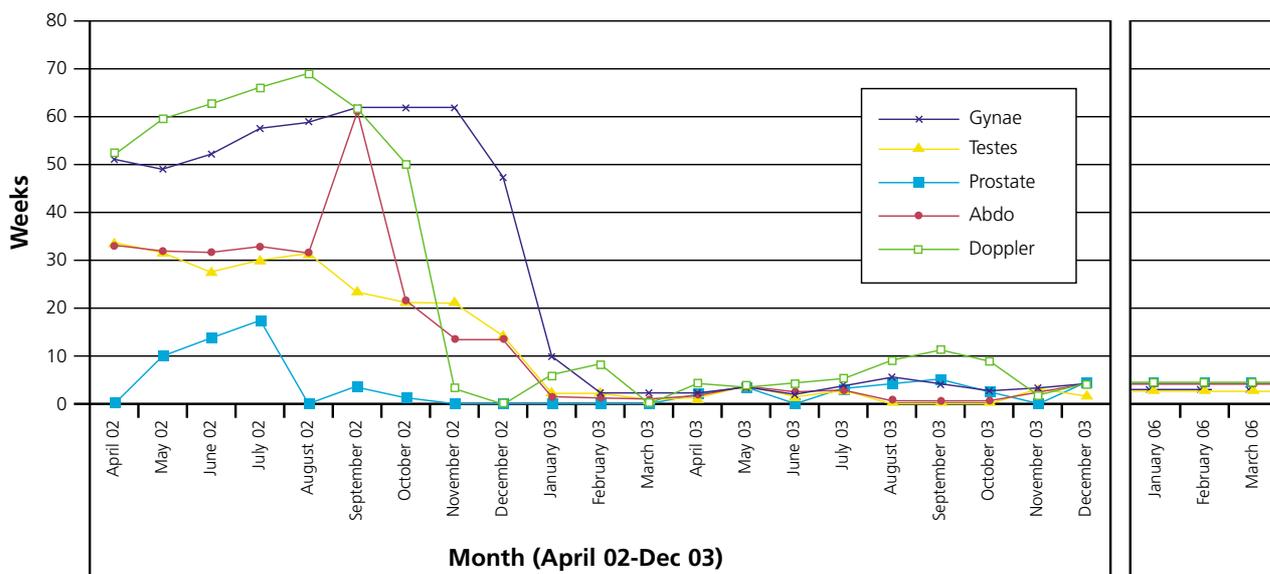
These waiting times have been sustained to date (April 2006) and impact on 25,500 patients per annum.

Key actions to achieve sustainable services for radiology and pathology can be found in the diagnostic section of The 'how to' guide. Key actions to achieve a sustainable endoscopy service can be found at www.endoscopy.nhs.uk

**Showing National Distribution versus a Trust who has sustained their performance for more than a year**

One way of understanding whether your referral to treatment pathway is likely to be sustainable is to review the distribution of waits experienced by patients in your trust.

If a patient reaches their decision to treat late in the 62 day pathway, only a few days will be left to start treatment. This is likely to be an unsustainable system as continual manual interventions and escalations will be required to achieve the standard.

We know from national data that almost all patients (99.6%) who reach their Decision to Treat (DTT) within 31 days go on to achieve the 62 day target. Hence it is important that trusts understand how long their patients take to reach this point in the pathway. Luton and Dunstable Hospitals NHS Trust has achieved the target consistently for more than a year. Although their numbers are small, their data demonstrates what sustainable performance looks like.

Graphs 2 and 3 show the national distribution of time from referral to decision to treat v Luton & Dunstable Hospitals NHS Trust.

Graph 2 - National distribution of time from referral to decision to treat versus Luton & Dunstable Hospitals NHS Trust (source date - April 2006)
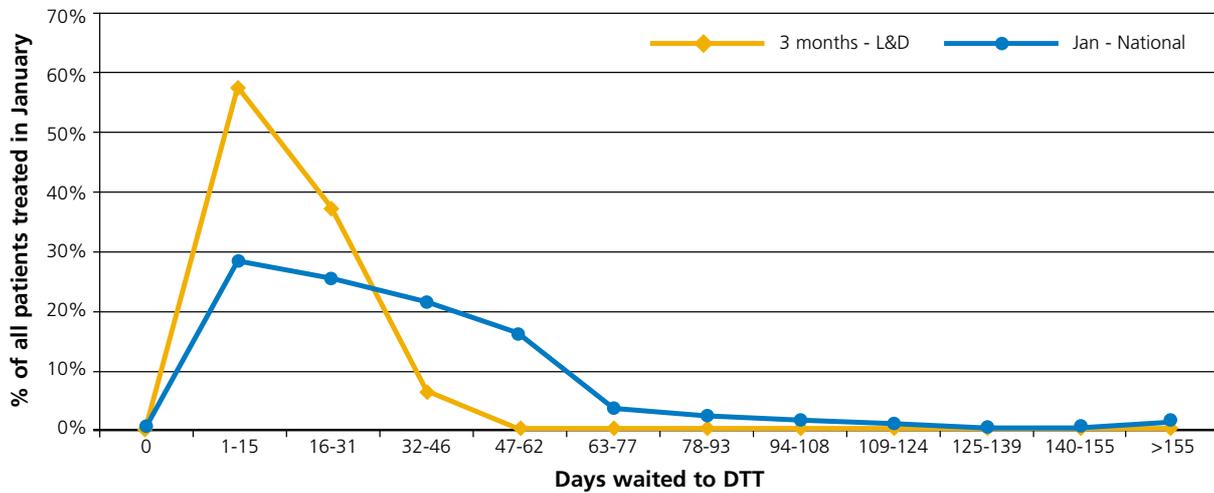
73% of patients who breach have not reached their DTT by day 62.
94% of Luton and Dunstable Hospitals NHS Trust's patients have a DTT within 31 days. This ensures that there is sufficient time left in the pathway to deliver treatment within 62 days of the patient being referred.
Nationally this figure is only 54%.

Graph 3 - National distribution of time from referral to treatment versus Luton & Dunstable Hospitals NHS Trust (source date - April 2006)
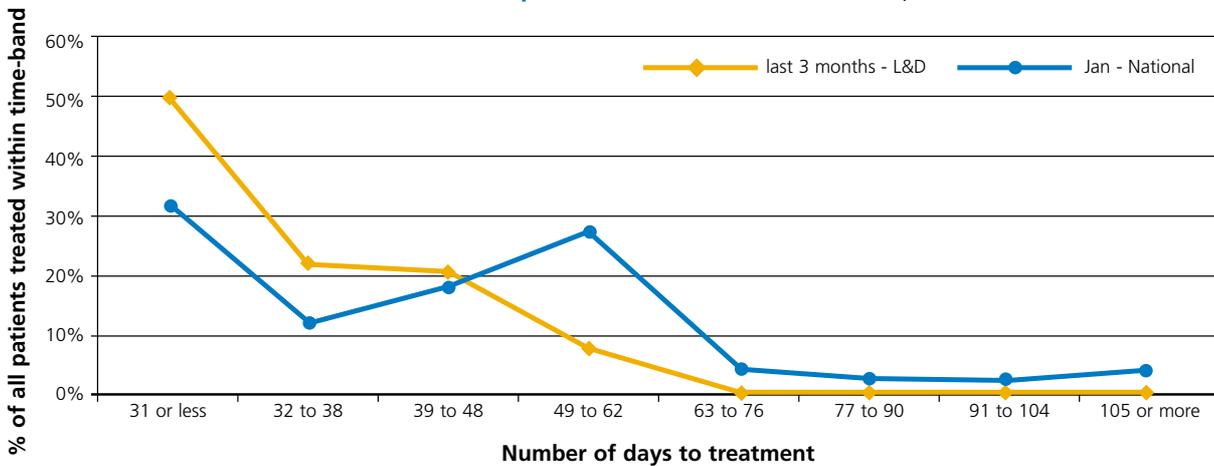
Graph 3 shows the distribution of the total patient wait from referral to treatment. With most patients reaching DTT by day 31 (Graph 2), Luton and Dunstable Hospitals NHS Trust manage to treat most patients well within the national target time. 92% of Luton and Dunstable Hospitals NHS Trust's patients are treated within 48 days, compared with 63% nationally.

What does an effective pathway look like?

The following example flow charts show simple pathways (Diagram 1 - Colorectal Cancer, Diagram 2 - Bladder Cancer) and a complex pathway (Diagram 3 - Lung Cancer), all of which show delivery well within the 62 day target.

Queen Mary's Hospital, Sidcup

Example of Colorectal Pathway
(Source date - January 2006)

Diagram 1

Timeline in days

Day	Step
0	Urgent referral from GP with suspicion of cancer (2ww)
10	1st Outpatient Appointment and flexi sig
17	CT scan
21	MDTM
24	Diagnosis to patient, Decision to treat
52	Surgery as 1st definitive treatment
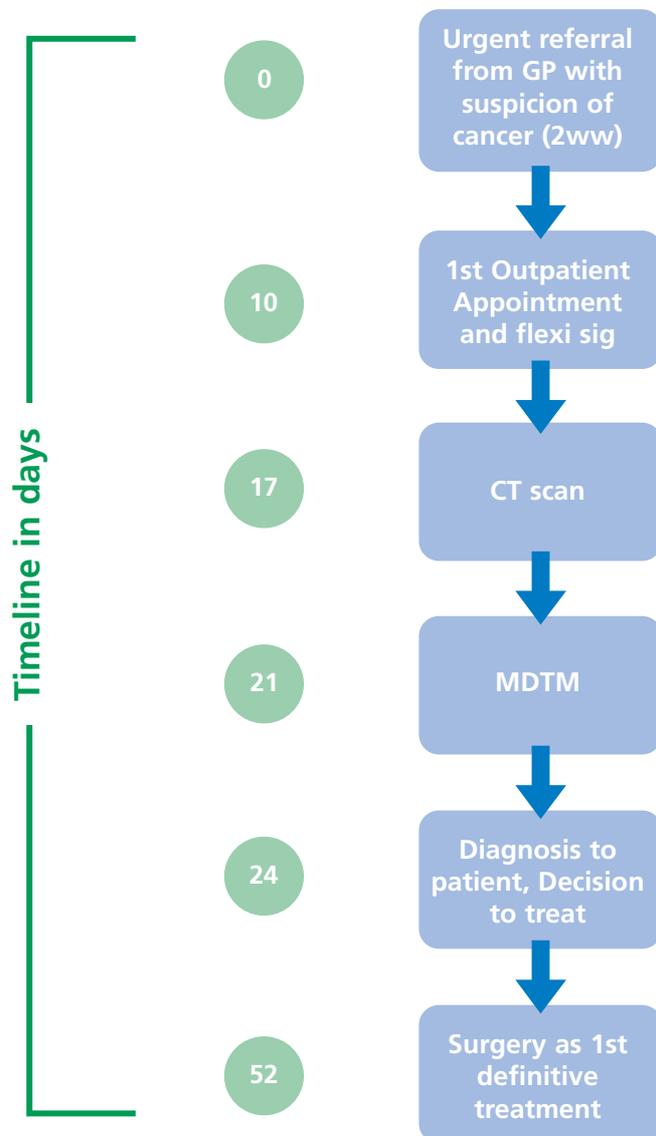
Plymouth Hospitals NHS Trust

Example of a simple Bladder Pathway
(Source date - July 2002)

Diagram 2

Day 1

| GP 2ww Referrals | Other routes |

14 days

Patient notes reviewed by nurses prior to OPA to ensure blood tests have been taken by GP & results available

Patient attends
Haematuria Clinic
KUB-U/S, bloods taken

Results back by 2pm

Afternoon - patient has flexi-cystoscopy

Same day

Patient receives results in clinic (CNS available in clinic)

Secretary available at OPA to type letter to GP & copy to patient

Positive Diagnosis

Decision to treat
Treatment discussed with patient.
Patient leaves clinic with date for pre-op assessment clinic and TCI date (2 weeks ahead)

18 days

Patient attends for pre-op assessment

Day 32 (max)

Patient attends for treatment

University Hospitals of Leicester

Example of a complex Lung Pathway
(Source date - March 2006)

Diagram 3

DAY

Referral (CXR prior to referral)

0

Consultant review of CXR & referral details
Book CT if indicated

2

CT Scan
Pre-clinic imaging MDT
Rapid access lung clinic
U/S FNA neck
U/S guided pleural aspiration

14

Bronchoscopy
CT guided lung biopsy

15

No PET   **DAY**   Pathology report within 48 hours of biopsy   **With PET**

MDT   **17**   PET   **21**

Post MDT Clinic   **20**   MDT   **23**

Therapist clinic (surgery, oncology)   **24**   Post MDT clinic   **27**

Therapist clinic (surgery, oncology)   **31**

54

50   First definitive treatment

Number of days refers to the maximum waiting times
for the majority of patients

10-B-5

Delivering the 31 day treatment target in Radiotherapy

Below is an example of a hospital Trust who is delivering the first radiotherapy treatment well within the 31 day treatment target.

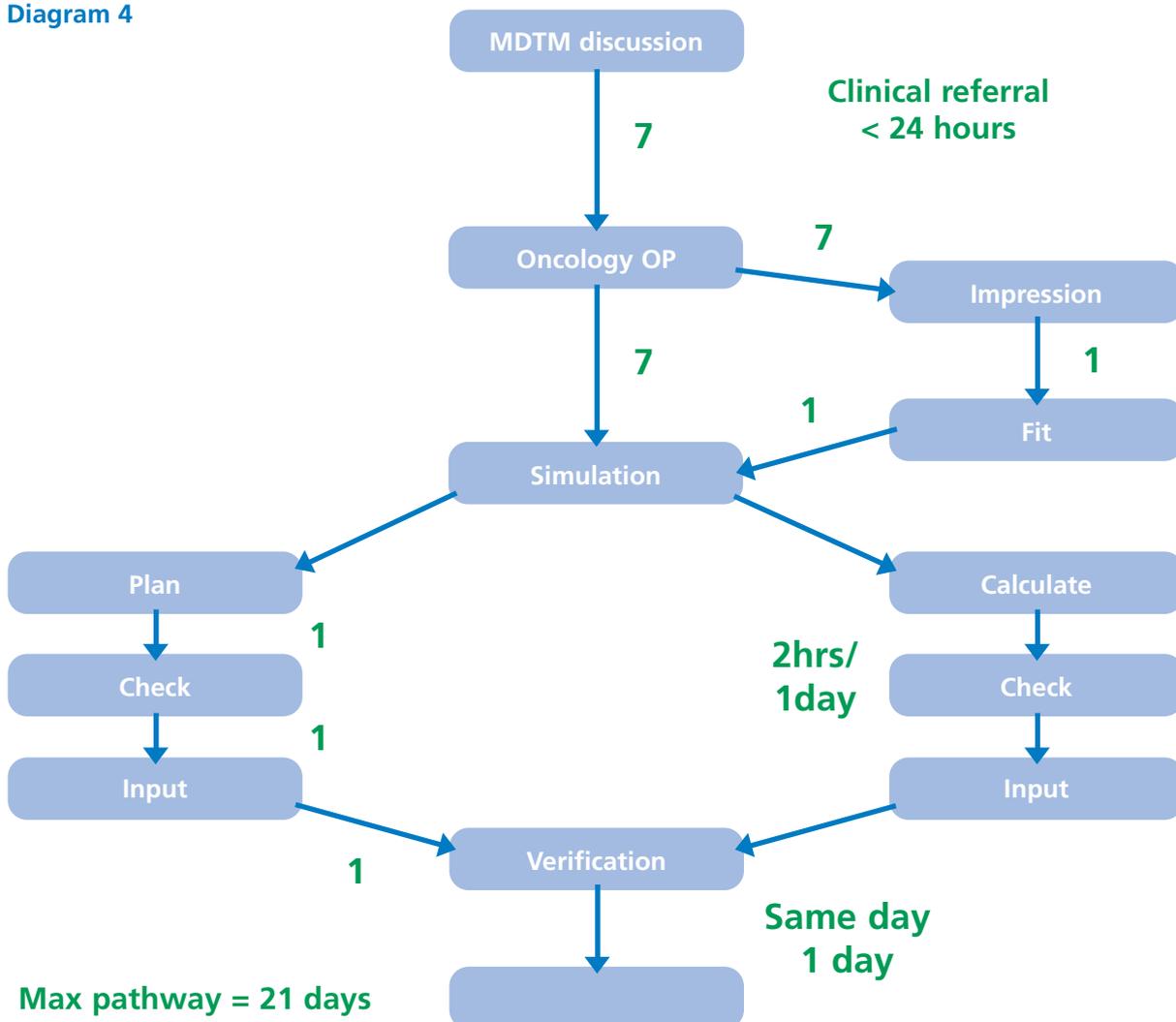In order to ensure services are streamlined and organised to assist teams to meet relevant standards and patient needs, each process or service should have a simple, high level, timed pathway that allows the clinical process to progress smoothly and pull the work through. In order to do this there should be:

- Clear criteria for the information required to progress a patient through the pathway
- Timescales identified for the delivery of key actions
- Agreed trigger points and actions to be taken if information/time standards are not met.

The Newcastle upon Tyne Hospitals NHS Trust

Example of a Radiotherapy Pathway
(Source date - October 2005)

Diagram 4

Clinical referral < 24 hours

MDTM discussion → 7 → Oncology OP → 7 → Impression → 1 → Fit → 1 → Simulation

Oncology OP → 7 → Simulation

Simulation → Plan → 1 → Check → 1 → Input → 1 → Verification

Simulation → Calculate → Check → Input → Verification

2hrs/ 1day

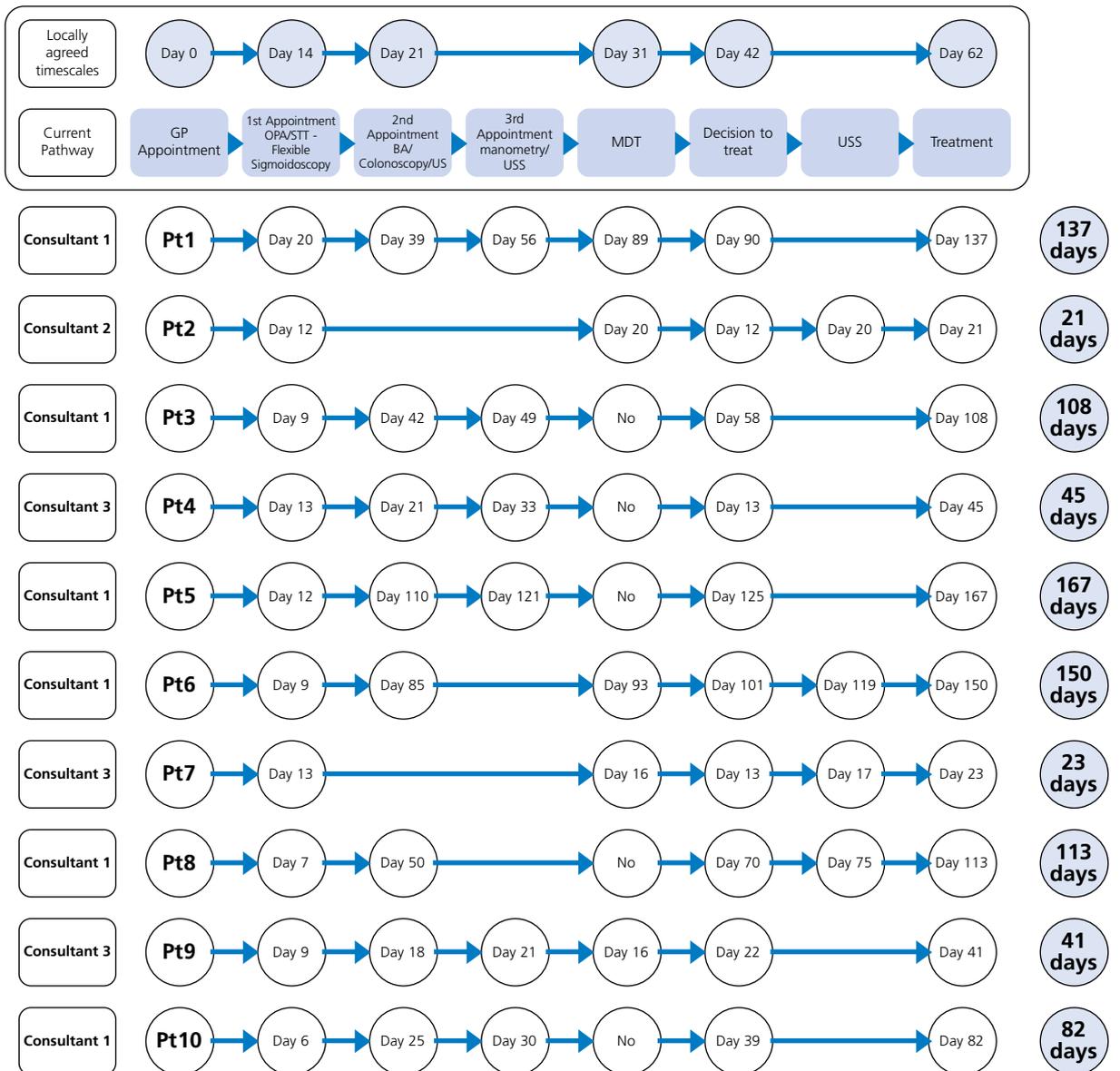Same day 1 day

Max pathway = 21 days

Using the last 10 patients to assess the effectiveness of your pathway

The following example illustrates the variability in practice and the risk this presents to delivering and sustaining the cancer waiting times 62 day target. This has given the Trust key information about the pathway and where their issues are so that they can action plan to deliver an effective pathway.

Colonic pathway - United Lincolnshire Hospitals NHS Trust

Diagram 5
(source date - March 2006)

	GP Appointment	1st Appointment OPA/STT - Flexible Sigmoidoscopy	2nd Appointment BA/ Colonoscopy/US	3rd Appointment manometry/ USS	MDT	Decision to treat	USS	Treatment	
Locally agreed timescales	Day 0	Day 14	Day 21		Day 31	Day 42		Day 62	
Consultant 1 — Pt1	Day 20	Day 39	Day 56		Day 89	Day 90		Day 137	137 days
Consultant 2 — Pt2	Day 12				Day 20	Day 12	Day 20	Day 21	21 days
Consultant 1 — Pt3	Day 9	Day 42	Day 49	No	Day 58			Day 108	108 days
Consultant 3 — Pt4	Day 13	Day 21	Day 33	No	Day 13			Day 45	45 days
Consultant 1 — Pt5	Day 12	Day 110	Day 121	No	Day 125			Day 167	167 days
Consultant 1 — Pt6	Day 9	Day 85			Day 93	Day 101	Day 119	Day 150	150 days
Consultant 3 — Pt7	Day 13				Day 16	Day 13	Day 17	Day 23	23 days
Consultant 1 — Pt8	Day 7	Day 50		No	Day 70	Day 75		Day 113	113 days
Consultant 3 — Pt9	Day 9	Day 18	Day 21	Day 16	Day 22			Day 41	41 days
Consultant 1 — Pt10	Day 6	Day 25	Day 30	No	Day 39			Day 82	82 days

10 last patients treated through pathway

Reverse of last page of section B

Section C

Inter-Trust Transfers

(To be read in conjunction with Section B, Designing Effective Pathways.)

Inter-Trust Pathway Management

Pathways must be agreed, implemented and evaluated to:

● Ensure patients have a quality, timely and effective experience at all stages of their pathway

● Avoid delays and duplication of diagnostic and staging tests

● Ensure there are no gaps or conflicting pathways operating in organisations along the patient pathway

● Ensure effective navigation of patients through the system

● Minimise delays due to poor information and communication systems

● Ensure the provision of consistent information for patients

Key actions to achieve good inter-Trust pathway management are:

● Know your patients
  – Know how many patients and organisations are involved in transfers for individual tumours
  – Understand the pathway flow and the timelines for each part of the patient journey

● Agree a guideline or protocol for inter-Trust working which is aligned to an effective patient pathway
  – Develop the pathways through Tumour Site Specific Groups across Networks
  – Have a clear process for sign off with allocated responsibility for delivery
  – Agree responsibilities for anticipated costs
  – Agree the action plan for implementation with timed review points

● Identify key roles in the transfer process within and between organisations
  – Responsibility for monitoring compliance
  – Responsibility for delivering specific parts of the pathway
  – Ensure training needs addressed
  – Ensure communication regarding the process is disseminated at all levels
  – Ensure cross cover for absences

● Ensure an appropriate flow of patient level information between organisations

● Agree the communication flows back and forth between organisations (Diagram 6)
  – See example from Cancer Care Alliance

● Ensure appropriate tracking and navigation of patients across organisational boundaries
  – See Section E Prospective Patient Pathway Management

● Evaluation of inter-Trust transfer process to monitor its effectiveness
  – Networks should have a key role in monitoring the effectiveness of the process

● An effective escalation policy agreed and in place to manage potential/actual breaches wherever they occur.

Assessment of risks:

● Delivering an effective pathway should be role specific rather than person specific. The system should be robust enough to avoid breaches due to a named individual being absent from work

● Responsibility for individual tests/interventions along the pathway needs to be clear and accounted for in the timeline. This will ensure timely patient transfer

● Effective escalation procedures can work well to avoid breaches. Appropriate monitoring will indicate problems within a pathway which need tackling or delivery will not be sustainable

● Trusts that continue to manage patients retrospectively who don't move to effective prospective management will have difficulty sustaining their delivery.

Example of a medium sized Cancer Network approach to the delivery of inter-Trust transfers: Cancer Care Alliance.

This has been implemented and sustained for at least 12 months and has combined the principles of tracking and navigating.

The following principles were developed:

● 24 hour turnaround from MDT decision to handover of care
● All patients will receive a definitive diagnosis (including appropriate MDT discussion) within 28 days of referral
● An aspiration to achieve a definitive diagnosis within 21 days
● Daily tracking & handover of patients across organisations.

Diagram 6
(Source date - 30th November 2005)
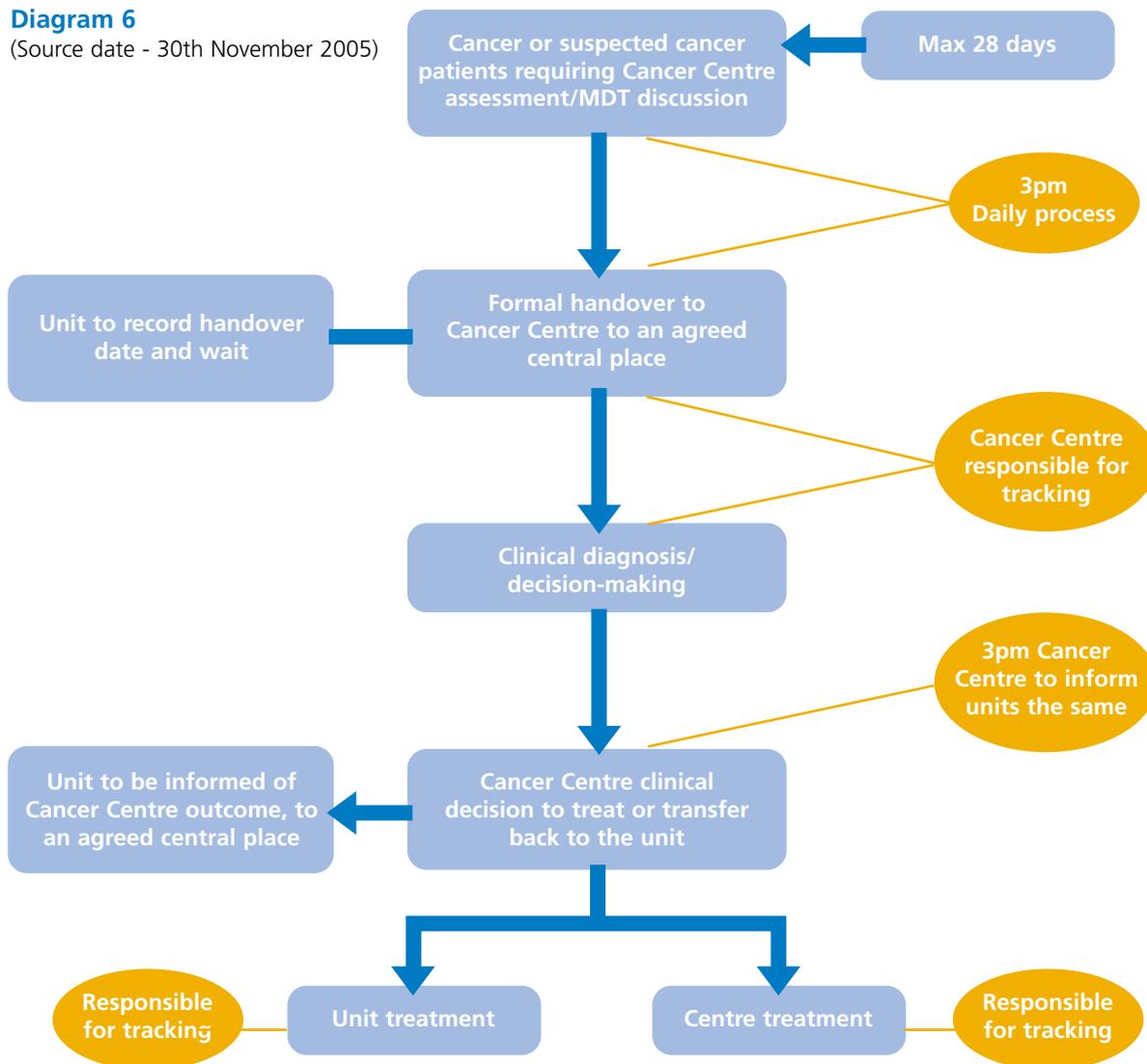
For further information please refer to the case study on the sustainabiity website at www.cancerimprovement.nhs.uk/sustainability

Section D

Data, Information & Administrative Systems

(To be read in conjunction with Section E, Prospective Patient Pathway Management.)

Information systems must be complete and robust to:

- Guarantee delivery of the standard for all patients
- Navigate your patients effectively through their pathways
- Ensure patients do not slip through the net and wait far too long for their diagnosis and/or treatment.

A good data capture system should:

- Be a consistent process, embedded in the organisational wide data capture systems and owned by the whole organisation not just the cancer team
- Link to other IT systems such as Patient Administration System (PAS), radiology and pathology systems
- Capture all patients who enter the trust via the two week wait system and be used to track patients to diagnosis and subsequent treatment for cancer
- Capture all patients receiving elderly care/palliative care and/or with no histological diagnosis, and patients with cancer found as an incidental finding
- Have clear protocols in place to support data capture with clarity about which individuals own and revise it
- Establish clear written processes that identify:
  - where and when data is captured i.e. two week referrals received
  - first out patient appointment, radiology appointments, weekly pathology reports, MDT meetings, etc.

An effective escalation policy has:

- Clear written robust protocols for action/further escalation at all levels of the organisation with identified roles for each level of escalation through to the executive lead
- Clear escalation timescales e.g. how long the service manager has to resolve an issue before it gets raised with the executive lead
- Links to individual tumour site pathway timescales identifying key actions by specific dates i.e. an effective lung pathway may require a patient to have a CT scan by day eight if not escalation is needed
- It has information about how the Patient Tracking List (PTL) will be monitored and used effectively to navigate patients through agreed pathways.

Removing patients who don't have cancer:

- National guidance states that "patients who have received a formal non-malignant diagnosis should be removed form the cancer PTL, even if they are being followed up for other reasons. Trusts should only track those patients where there is still a suspicion of, or confirmed cancer"
- Individual tumour specific pathways should highlight when on the pathway the diagnosis may be made and hence when a patient may be removed i.e. after a first outpatient appointment, after a certain negative diagnostic test etc.
- The diagnosis should be clearly documented in the clinical notes - Trusts that have introduced outcome forms after a patient's first outpatient appointment have found that they can be clear early on which patients have a benign diagnosis and remove them from the PTL. It is important that the patient is informed of their diagnosis.

Risks and solutions

- Good data systems must not rely on one individual with intimate knowledge of a bespoke system. Cancer data needs to sit within the organisations data structures and not operate within a separate silo
- Paper based systems which involve multiple hand offs of information are ones where patients are missed. Move from paper based systems to a centralised cancer database solution or a bespoke information system
- Trusts that continue to manage patients retrospectively and don't quickly move to effective prospective management. The PTL is a vital tool here and trusts that do not have a complete PTL are at risk of missing patients
- Escalation can work well to avoid breaches but too frequent escalation can indicate problems within a pathway and unless this is tackled delivery will not be sustainable
- Where information is not disseminated throughout the organisation this affects the ability of clinical teams to respond appropriately to the issues.

Reverse of last page of
section D

Section E

Prospective Patient Pathway Management

(To be read in conjunction with Section D, Data Information & Administrative Systems)

Prospective management of your patients allows you to:

- Know where your patients are in the system
- Navigate patients through the pathway and ensure they are in the right place at the right time receiving the right care
- Enhance the flow in the patient's journey between departments within and across organisations.

A good prospective patient pathway management system should:

- Use a central data collection system preferably electronic to provide immediate information on each patient's progress for clinical and managerial staff
- Monitor all patients entering the Trust via the two week wait route ensuring they are tracked and navigated until they achieve their First Definitive Treatment or are removed from tracking following a non cancer diagnosis being made
- Ensure key roles are identified for tracking and navigating with clear levels of responsibility and accountability
- Identify escalation trigger points that are agreed and communicated along the pathway
- Provide clear responsibility/accountability at an appropriate level in the organisation to resolve escalation issues.

Key actions to achieving a prospective pathway management system include:

- Use of agreed symptom/tumour specific timed pathways to navigate patients through the system
- Monitor all two week wait patients to ensure they are added to the tracking/navigation system
- Specifying who is responsible for delivery at key points along the patient pathway
- Effective communication and administrative processes within the organisation/across organisations
- Effective MDT's discussing where patients are along the pathway and promoting efficient flow along the pathway
- Support at a senior clinical and managerial level for those tracking and navigating patients through the system.

Trusts to date have implemented prospective pathway management in different ways. In some organisations tracking and navigation is looked at separately and stand alone roles have been established. The roles should work in parallel for proactive patient management to function. In others it is an extension of responsibility to an established role. In many organisations this will be a transitional role as pathways become embedded in the organisation.

All relevant staff must understand the purpose, impact and significance of the role as the post-holder needs to work with a variety of professional groups to be effective. Understand that tracking and navigation are different.

Definitions:

Tracking: Skilled in following the pathway - Knowing where the patients are in the pathway.

Navigation: Skilled in directing, guiding and "pulling" patients through the pathway. Actively positioning patients where they should be – right time, right place, right person, right skills.

Tracking & Navigating – New Skills and New Practice – the questions to ask

By asking the questions set out below, organisations can ensure they are working towards a robust job description and person specification for a tracking and navigation role

- Is there a clarity and agreement about the role re:
  – The purpose(s)?
  – Main function(s)?
  – Focus?
  – Position within the Trust?
  – Inter and intra-Trust relationships?
  – Authority to make decisions?

- How does the tracker/navigator role fit into proactive pathway management?
- Does the post have the support of key colleagues and clinical staff to make decisions?
- What are the mechanisms for ensuring that the role is understood by staff and patients?
- Have the factors that facilitate effective team relationships been addressed to ensure the role/postholder is effective and part of the multi-disciplinary team?
- Are arrangements in place for post-holders to have access and work across sites, departments and professional boundaries?
- Are there arrangements in place to cover sickness, study leave, annual leave and maternity leave?
- What arrangements have been put in place to ensure the post-holder is included and aware of service improvement changes in pathways?
- How can post-holders maintain an appropriate level of identity, authority and empowerment?
- How does the post-holder get access to information?
- Is the role/post sustainable?
- Is the tracker/navigator role required due to:
  – Lack of agreed, timed and implemented patient pathways?
  – Lack of information systems?
  – Lack of proactive patient management?
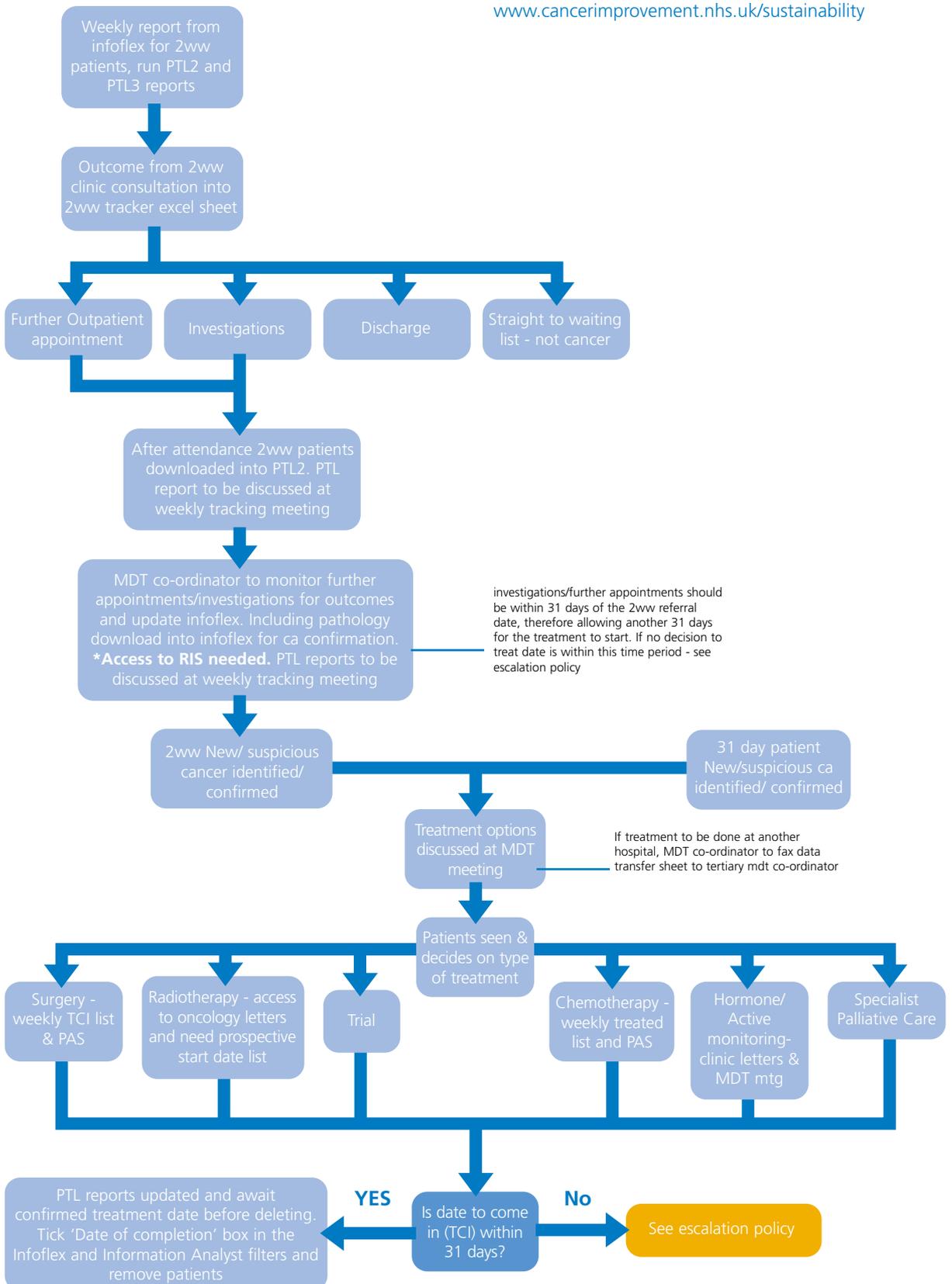 – Lack of implementation of high impact changes?

The tracking process
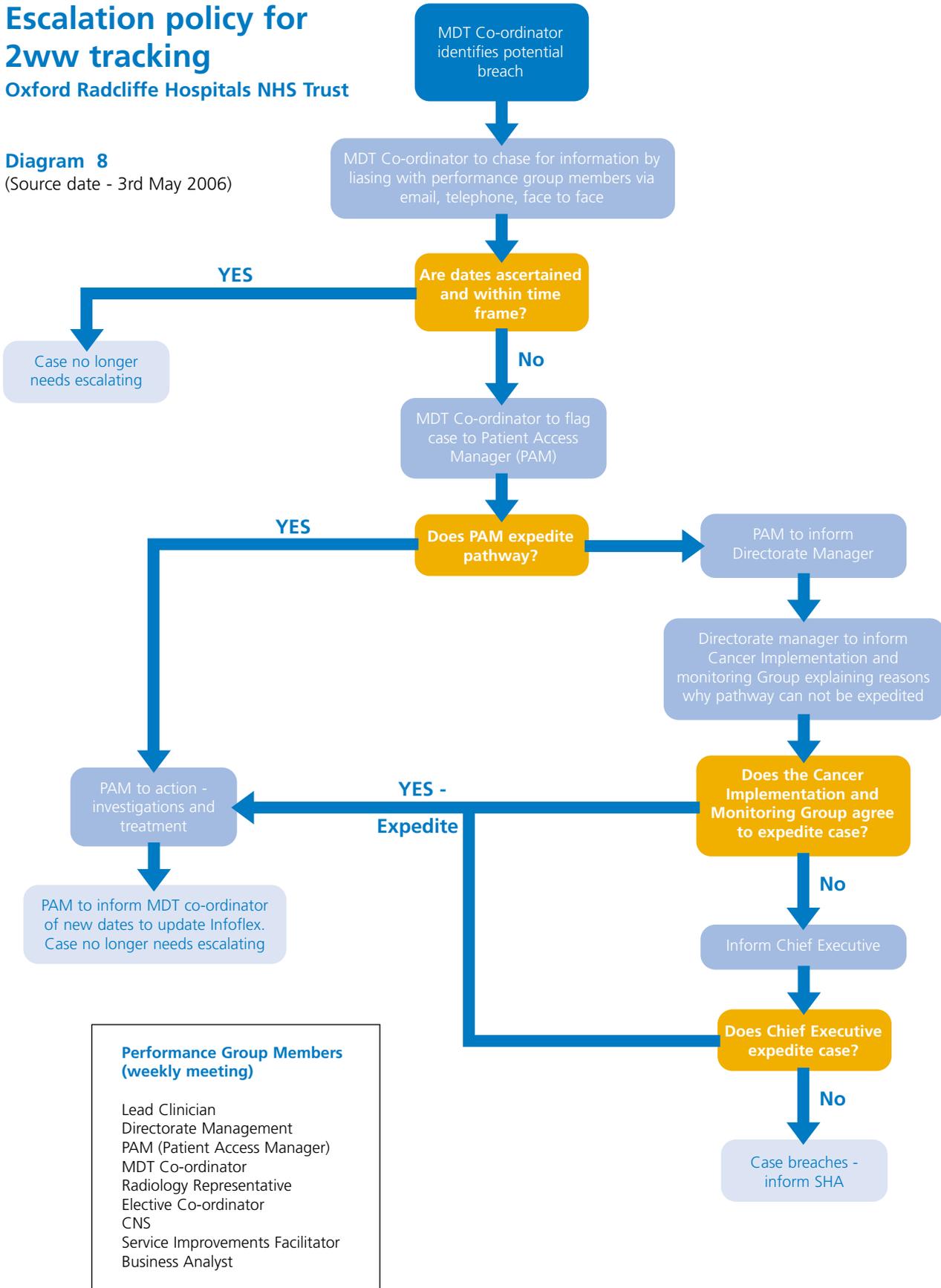
Diagram 7
(Source date - 27th September 2005)

The following is an example tracking process from Oxford Radcliffe Hospitals NHS Trust

The impact of implementing this policy on data completeness and cancer target delivery can be found on the sustainability website www.cancerimprovement.nhs.uk/sustainability

Weekly report from infoflex for 2ww patients, run PTL2 and PTL3 reports

Outcome from 2ww clinic consultation into 2ww tracker excel sheet

Further Outpatient appointment

Investigations

Discharge

Straight to waiting list - not cancer

After attendance 2ww patients downloaded into PTL2. PTL report to be discussed at weekly tracking meeting

MDT co-ordinator to monitor further appointments/investigations for outcomes and update infoflex. Including pathology download into infoflex for ca confirmation. ***Access to RIS needed.** PTL reports to be discussed at weekly tracking meeting

investigations/further appointments should be within 31 days of the 2ww referral date, therefore allowing another 31 days for the treatment to start. If no decision to treat date is within this time period - see escalation policy

2ww New/ suspicious cancer identified/ confirmed

31 day patient New/suspicious ca identified/ confirmed

Treatment options discussed at MDT meeting

If treatment to be done at another hospital, MDT co-ordinator to fax data transfer sheet to tertiary mdt co-ordinator

Patients seen & decides on type of treatment

Surgery - weekly TCI list & PAS

Radiotherapy - access to oncology letters and need prospective start date list

Trial

Chemotherapy - weekly treated list and PAS

Hormone/ Active monitoring- clinic letters & MDT mtg

Specialist Palliative Care

PTL reports updated and await confirmed treatment date before deleting. Tick 'Date of completion' box in the Infoflex and Information Analyst filters and remove patients

YES

Is date to come in (TCI) within 31 days?

No

See escalation policy

Escalation policy for 2ww tracking
Oxford Radcliffe Hospitals NHS Trust

Diagram 8
(Source date - 3rd May 2006)

MDT Co-ordinator identifies potential breach

MDT Co-ordinator to chase for information by liasing with performance group members via email, telephone, face to face

Are dates ascertained and within time frame?

YES → Case no longer needs escalating

No → MDT Co-ordinator to flag case to Patient Access Manager (PAM)

Does PAM expedite pathway?

YES → PAM to action - investigations and treatment → PAM to inform MDT co-ordinator of new dates to update Infoflex. Case no longer needs escalating

PAM to inform Directorate Manager

Directorate manager to inform Cancer Implementation and monitoring Group explaining reasons why pathway can not be expedited

Does the Cancer Implementation and Monitoring Group agree to expedite case?

YES - Expedite → PAM to action - investigations and treatment

No → Inform Chief Executive

Does Chief Executive expedite case?

No → Case breaches - inform SHA

Performance Group Members (weekly meeting)

Lead Clinician
Directorate Management
PAM (Patient Access Manager)
MDT Co-ordinator
Radiology Representative
Elective Co-ordinator
CNS
Service Improvements Facilitator
Business Analyst

Section F

Self-assessment - Sustaining delivery of the Cancer Waits Standards

All NHS organisations, including SHAs, PCTs, Cancer care providers, and Cancer Networks have a vital contribution to make in the planning, commissioning, monitoring and maintenance of timely cancer waiting times. Delivery is not solely the job of those organisations that diagnose and treat patients directly. This guide sets out good practice, and this section describes the self-assessment process that all NHS organisations will be expected to adopt.

All organisations need to:

- Understand what it takes to deliver the cancer waits standards in a sustainable way
- Assess whether local practice matches up to this
- Agree a plan to sustain delivery
- Implement any necessary improvements to make delivery truly sustainable.

The process of self-assessment outlined in this section is a first crucial step for all to take.

The self-assessment process adopted within an organisation must be realistic, evidence-based, and honest in order to achieve these aims. It should involve the collection of evidence and a systematic examination of that evidence to form an assessment about sustainability. The final assessment must be owned by the Chief Executive, Board and leaders of the organisation, be shared with partner organisations, and lead to improvement in sustainable delivery where needed.

SHAs, Cancer Networks, PCTs and Cancer Providers need to carry out an assessment of the sustainability of their delivery. Assessment templates for each type of organisation have been developed and can be copied from this guide or completed online at www.cancerimprovement.nhs.uk/sustainability

The self-assessment questionnaires provide a structure for both qualitative and quantitative aspects, designed to help organisations make an assessment as to whether there is a gap between their current practice and sustainable practice.

From a qualitative point of view:

- The hospital cancer services provider questions relate to the effective navigation of patients through redesigned pathways, effective leadership, data, information systems, inter-Trust transfer arrangements and whether delivery is maintained by short term "fixes".
- The PCT questions relate to the commissioning of effective pathways which provide sustainable delivery of the cancer waiting times
- The Cancer Network questions relate to its role in supporting effective pathways and the monitoring and benchmarking of organisations within the Network
- The SHA questions relate to its overall role in ensuring sustainable delivery.

From a quantitative point of view:

It is possible to obtain some clear measures of sustainability from the data collected for the Cancer Waits Database. The critical factor in delivery of the 62-day target is that the decision to treat is made at an early enough stage to enable the treatment to be planned and implemented in an orderly fashion. Whilst it is clearly possible to deliver care "just in time", experience from the sites that have been delivering the target for some time is that their profile of time to decision to treat shows a greater proportion of patients with a decision to treat within 31 days. This is shown on the next page:

62 day - All cancers
Distribution of Time from Referral to Decision to Treat (DTT)
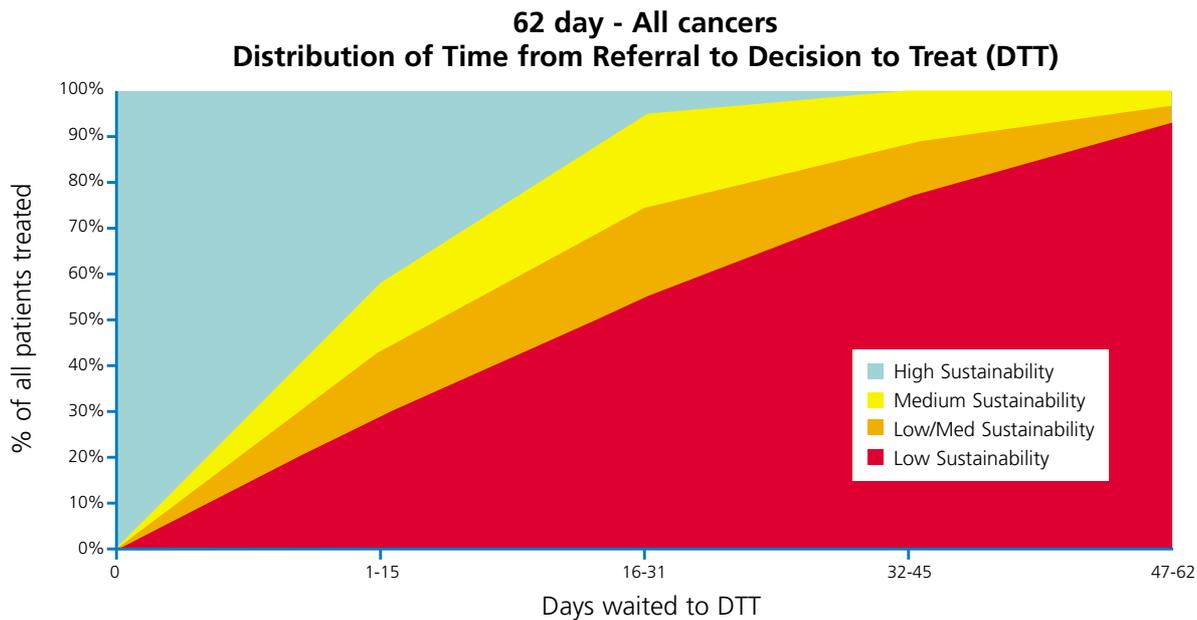
Profiles for individual tumour types will legitimately vary from this aggregate picture.

All organisations must understand what the profile is for their own patients – including as appropriate inter-Trust transfer patients – and make assessments on sustainability based on what the data says.

Having assessed their current position organisations together with partner organisations will need to plan action to close any gaps.

All organisations will be expected to have undertaken an assessment of the sustainability of their own cancer waits delivery. This reflects the national priority attached to the sustained achievement of the standards.

The online assessment questionaires can be found at www.cancerimprovement.nhs.uk/sustainability

● Self-assessment for Hospital Cancer Service Providers
● Self-assessment for Cancer Networks
● Self-assessment for Primary Care Trusts
● Self-assessment for Strategic Health Authorities

For advice and information, please contact Nick Chapman, nick.chapman@dh.gsi.gov.uk

Sustaining Delivery of the Cancer Waits Standards

Self-assessment for Hospital Cancer Service Providers (1 of 4)

This is a practical assessment tool to help identify the likelihood of sustaining the delivery of the cancer waiting time standards.

The key questions are in bold and the bullet points are the criteria for sustainability.

1. Do we have an agreed plan to sustain delivery of the cancer waiting time standards? To include:

- Content of the plan includes: implementation of effective clinical pathways, effective management of inter-Trust transfers, active patient navigation arrangements, robust data and information systems
- The plan has been endorsed by the Trust Board with strong commitment to its implementation
- The plan is agreed by local PCTs , and Cancer Network, and is jointly owned
- There is strong clinical commitment to implement the plan

We do not meet any of the criteria ☐

We meet some criteria but our plan is very weak ☐

We meet some of the criteria but our plan is in need of some strengthening ☐

We meet most of the criteria but our plan needs minor strengthening ☐

We meet all of the criteria ☐

2. Is our leadership on cancer waits being effective? To include:

- A formally designated Executive Lead
- Strong Clinical Leadership for Cancer Waits
- Clear and robust management structure for cancer waits delivery
- Clear and robust managerial processes for sustained cancer waits delivery
- Arrangements in place to monitor and review delivery against the plan and take corrective action where necessary
- Escalation policies to prevent breaches
- Regular reports to the Trust Board

We do not meet any of the criteria ☐

We meet some criteria but our leadership is very weak ☐

We meet some of the criteria but our leadership is in need of some strengthening ☐

We meet most of the criteria but our leadership needs minor strengthening ☐

We meet all of the criteria ☐

Self-assessment for Hospital Cancer Service Providers (2 of 4)

3. Have we implemented effective redesigned tumour or symptom specific pathways for all patients with suspected or diagnosed cancer? To include:

- The high impact changes have been implemented and sustained in each tumour site i.e.
  - one route into system
  - straight to test in major tumour sites
  - consultants pooling referrals
  - reducing unnecessary follow-ups
- All patients managed through MDT
- All stages of the pathway are timed and designed well within the 62 day timescale
- Diagnostic services have capacity and provision to ensure cancer patients are treated urgently
- Pathways have been documented and shared with other trusts, PCTs and the cancer network
- Redesigned pathways have been tested against best practice nationally
- We have evidence that the pathways are actually being used and are being audited

We do not meet any of the criteria ☐
We meet some criteria but our pathways are very weak ☐
We meet some of the criteria but our pathways are in need of some strengthening ☐
We meet most of the criteria but our pathways need minor strengthening ☐
We meet all of the criteria ☐

4. Do we have clear systems in place for inter-Trust referrals which are agreed and implemented? To include:

- A standardised referral system is in place and agreed between all key stakeholders
- Referral timelines are agreed and monitored
- Clinical pathways are agreed and in place which support inter-Trust transfers and deliver treatment within 62 days
- Consistent information and communication strategy to support referrals
- The systems and pathways are understood and used by all MDTs
- There is no duplication or delay to test/investigations
- A named person is accountable for the referral systems in each Trust
- There are defined timescales for onward referrals
- There is an effective escalation policy in place

We do not meet any of the criteria ☐
We meet some criteria but our transfer systems are very weak ☐
We meet some of the criteria but our transfer systems are in need of some strengthening ☐
We meet most of the criteria but our transfer systems need minor strengthening ☐
We meet all of the criteria ☐

Self-assessment for Hospital Cancer Service Providers (3 of 4)

5. Do we have a robust patient specific database, information and administration system(s) that are an integral part of the Trust's procedures? To include:

- We have complete patient level data capturing all urgently referred cancer patients
- Data is of high quality and is used every day by staff involved with cancer patients
- The MDT reviews real time data and information
- Patients without cancer are rapidly removed from the database
- The cancer system is integrated into other hospital systems such as PAS, radiology/pathology rather than stand alone with manual input of all data
- We use our cancer information actively in the management of our service

We do not meet any of the criteria ☐
We meet some criteria but our systems are very weak ☐
We meet some of the criteria but our systems are in need of some strengthening ☐
We meet most of the criteria but our systems need minor strengthening ☐
We meet all of the criteria ☐

6. Have we implemented a system to navigate our patients through the diagnostic and treatment pathways? To include:

- We have a system in place to identify where all cancer patients are in their pathway
- Clear identification of any backlogs
- Active navigation systems integrated into the process of caring for patients
- Clearly defined navigation roles not reliant on one person
- Defined escalation processes
- Regular review of prolonged pathways and breaches

We do not meet any of the criteria ☐
We meet some criteria but our systems are very weak ☐
We meet some of the criteria but our systems are in need of some strengthening ☐
We meet most of the criteria but our systems need minor strengthening ☐
We meet all of the criteria ☐

7. Our data shows that we arrive at a decision to treat for patients diagnosed with cancer within national benchmarks of sustainable practice

Plot your trust's aggregate data (for all tumour sites together) onto the diagram

62 day - All cancers
Distribution of Time from Referral to Decision to Treat (DTT)
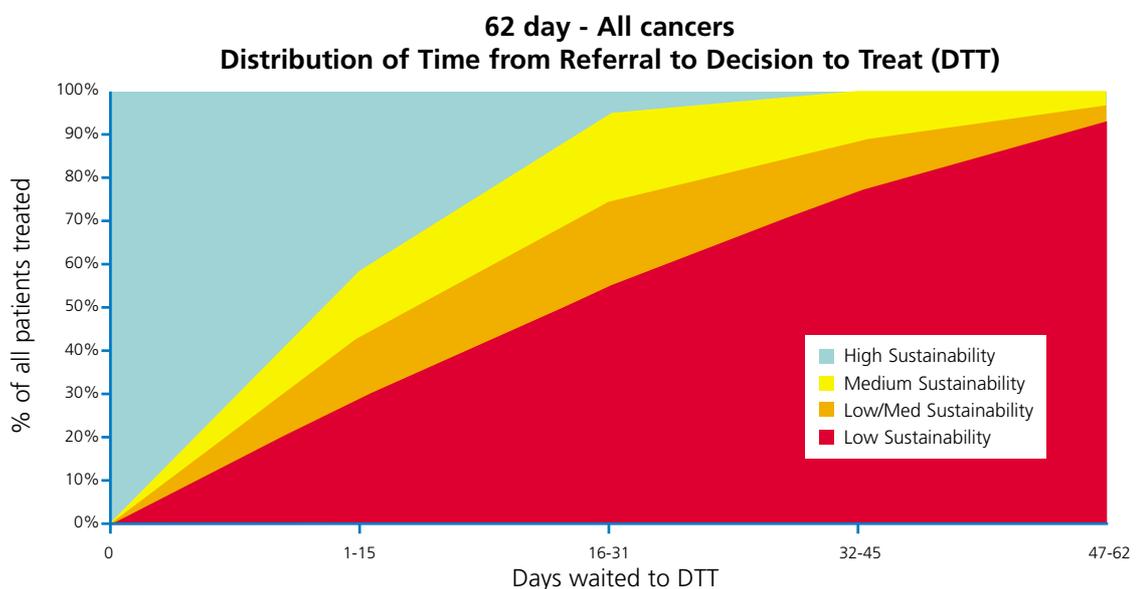
Self-assessment for Hospital Cancer Service Providers (4 of 4)

Our data is all in the low zone ☐

Our data is in the low and low to medium zones ☐

Our data is the low to medium and medium zones ☐

Our data is in the medium zone ☐

Our data is in the high zone ☐

8. Our delivery of cancer waiting times is based on long-term sustainable solutions and best practice rather than short-term (11th hour) solutions. To include:

● The targets are met without the use of waiting list initiatives

● Delivery is not dependant on temporary posts

● Cancer waiting times delivery is based on an MDT approach and not reliant on one person alone

● Capacity and demand for diagnostics has been assessed and plans to sustain waiting times are in place

● Our delivery can be sustained without de-prioritising other urgent patients

We meet none of the criteria ☐

We meet some criteria but our solutions are very weak ☐

We meet some of the criteria but our solutions are in need of some strengthening ☐

We meet most of the criteria but our solutions need minor strengthening ☐

We meet all of the criteria ☐

Self-assessment Summary

Based on our answers to the questionnaire, and our own judgment of other relevant local factors our assessment of the sustainability of the delivery of cancer waits in this trust is set out below:

We meet no confidence that we can deliver the standards sustainably ☐

We have some confidence but it is low ☐

We meet some confidence but it needs strengthening in some areas ☐

We have a good degree of confidence with only minor area of concern ☐

We are very confident ☐

Reasons for the above summary assessment

Signed —————————————————

Dated —————————————————

Sustaining Delivery of the Cancer Waits Standards

Self-assessment for Cancer Networks (1 of 4)

This is a practical assessment tool to help identify the likelihood of sustaining the delivery of the cancer waiting time standards.

The key questions are in bold and the bullet points are the criteria for sustainability.

1. Do we have an agreed plan to enable sustained delivery of the cancer waiting time standards? To include:

- Content of the plan includes: implementation of effective clinical pathways, effective management of inter-Trust transfers, active patient navigation arrangements, robust data and information systems
- The plan has been endorsed by the Network Board with strong commitment to its implementation
- The plan is agreed by local trusts ,PCTs , the SHA and the Cancer Network, and is jointly owned
- There is strong clinical commitment to implement the plan

We do not meet any of the criteria ☐
We meet some criteria but our plan is very weak ☐
We meet some of the criteria but our plan is in need of some strengthening ☐
We meet most of the criteria but our plan needs minor strengthening ☐
We meet all of the criteria ☐

2. Is our leadership on cancer waits being effective? To include:

- The Network has a clear and strong governance structure
- Strong representation from PCTs and cancer Service Providers on the Network Board
- The Network has a strong commitment to support sustainable Cancer Waits delivery
- There is a clear and agreed role for the Network's Service Improvement Lead
- Clear and robust arrangements to support cancer waits delivery
- Arrangements in place to monitor and review delivery against the plan and take corrective action where necessary
- Regular reports to the Network Board

We do not meet any of the criteria ☐
We meet some criteria but our leadership is very weak ☐
We meet some of the criteria but our leadership is in need of some strengthening ☐
We meet most of the criteria but our leadership needs minor strengthening ☐
We meet all of the criteria ☐

Self-assessment for Cancer Networks (2 of 4)

3. Is the Network supporting the development of redesigned tumour or symptom specific pathways all patients with suspected or diagnosed cancer? To include:

- The Network has a clear picture of whether pathways incorporate the high impact changes in each tumour site i.e.
  – one route into system
  – straight to test in major tumour sites
  – consultants pooling referrals
  – reducing unnecessary follow-ups
- The Network monitors whether these pathways have been implemented and are subject to audit
- The NICE referral guidelines for suspected cancer have been implemented (published June 2005 ref CG027) and this is subject to audit
- All patients managed through MDTs
- All stages of the pathway are timed and designed well within the 62 day timescale
- Diagnostic services have capacity and provision to ensure cancer patients are treated urgently
- Pathways have been documented and shared with other trusts, PCTs and the cancer network

We do not meet any of the criteria ☐
We meet some criteria but our pathways are very weak ☐
We meet some of the criteria but our pathways are in need of some strengthening ☐
We meet most of the criteria but our pathways need minor strengthening ☐
We meet all of the criteria ☐

4. Have clear systems been agreed and implemented for inter-Trust referrals? To include:

- A standardised referral system is in place and agreed between all key stakeholders
- Referral timelines are agreed and monitored
- Clinical pathways are agreed and in place which support inter-Trust transfers and deliver treatment within 62 days
- Consistent information and communication strategy to support referrals
- The systems and pathways are understood and used by all MDTs
- There is no duplication or delay to test/investigations
- A named person is accountable for the referral systems in each Trust
- There are defined timescales for onward referrals
- There are an effective escalation policies in place

We do not meet any of the criteria ☐
We meet some criteria but our transfer systems are very weak ☐
We meet some of the criteria but our transfer systems are in need of some strengthening ☐
We meet most of the criteria but our transfer systems need minor strengthening ☐
We meet all of the criteria ☐

Self-assessment for Cancer Networks (3 of 4)

5. Do we have robust cancer waits information Systems and support their development? To include:

- We have complete patient level data capturing all urgently referred cancer patients
- Data is of high quality
- Patients without cancer are rapidly removed from the database
- We have specific information to enable us to review performance by tumour site and with reference to inter-Trust transfers
- We have information to enable us to review the performance of all organisations in networks and to benchmark organisations against good practice
- The Network supports the development of high quality data systems in all PCTs and Cancer service providers

We do not meet any of the criteria ☐

We meet some criteria but our systems are very weak ☐

We meet some of the criteria but our systems are in need of some strengthening ☐

We meet most of the criteria but our systems need minor strengthening ☐

We meet all of the criteria ☐

6. Are there effective service level agreements and contracts in place between PCTs and providers that will deliver the 62 day standard on a sustainable basis?

- SLA's/contracts are agreed with all PCTs and cancer providers
- We are confident that the volumes of care required can be delivered
- SLAs/contract are regularly reviewed and action taken as appropriate
- We are confident that they will deliver the standard sustainably

We do not meet any of the criteria ☐

We meet some criteria but our SLAs are very weak ☐

We meet some of the criteria but our SLAs are in need of some strengthening ☐

We meet most of the criteria but our SLAs need minor strengthening ☐

We meet all of the criteria ☐

7. The delivery of cancer waiting times for our patients is based on long-term sustainable solutions and best practice rather than short-term (11th hour) solutions. To include:

- The standards are met without the use of waiting list initiatives
- Delivery is not dependant on temporary posts
- Cancer waiting times delivery is based on an MDT approach and not reliant on one person alone
- Capacity and demand for diagnostics has been assessed and plans to sustain waiting times are in place
- Our delivery can be sustained without de-prioritising other urgent patients

We meet none of the criteria ☐

We meet some criteria but our solutions are very weak ☐

We meet some of the criteria but our solutions are in need of some strengthening ☐

We meet most of the criteria but our solutions need minor strengthening ☐

We meet all of the criteria ☐

Self-assessment for Cancer Networks (4 of 4)

8. Our data shows that our patients diagnosed with cancer arrive at a decision to treat for within national benchmarks of sustainable practice

Plot your Network's aggregate data (for all tumour sites together) onto the diagram
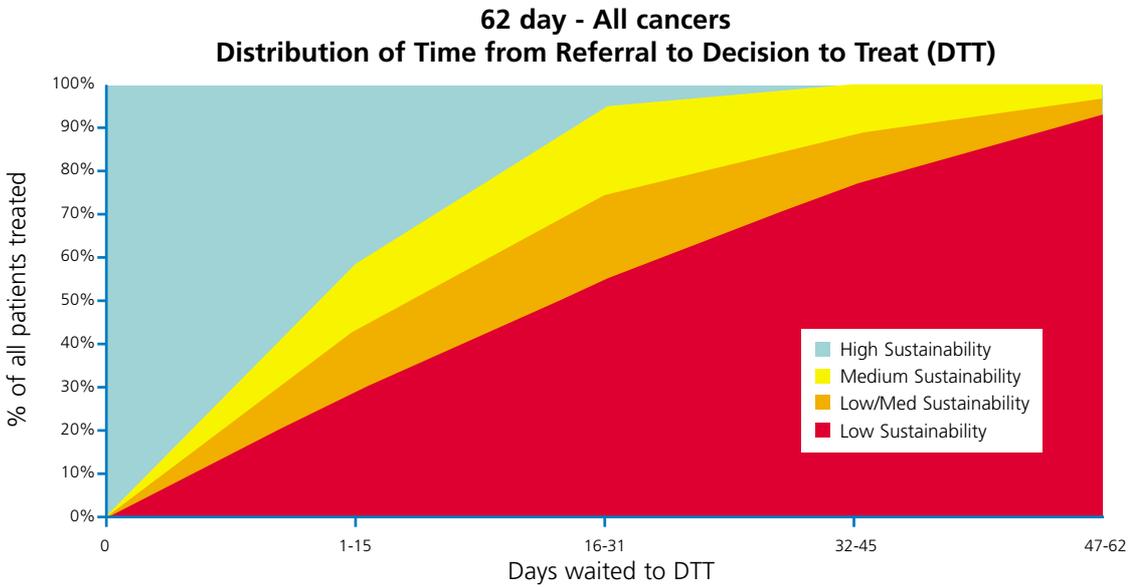
62 day - All cancers
Distribution of Time from Referral to Decision to Treat (DTT)

Our data is all in the low zone ☐
Our data is in the low and low to medium zones ☐
Our data is the low to medium and medium zones ☐
Our data is in the medium zone ☐
Our data is in the high zone ☐

Self-assessment Summary

Based on our answers to the questionnaire, and our own judgment of other relevant local factors our assessment of the sustainability of the delivery of cancer waits in this Network is set out below:

We meet no confidence that we can deliver the standards sustainably ☐
We have some confidence but it is low ☐
We meet some confidence but it needs strengthening in some areas ☐
We have a good degree of confidence with only minor areas of concern ☐
We are very confident ☐

Reasons for the above summary assessment

Signed ————————————————————

Dated ————————————————————

Sustaining Delivery of the Cancer Waits Standards

Self-assessment for Primary Care Trusts (1of 5)

This is a practical Assessment Tool to help identify the likelihood of sustaining the delivery of the cancer waiting time standards.

The key questions are in bold and the bullet points are the criteria for sustainability.

1. Do we have an agreed plan to enable sustained delivery of the cancer waiting time standards? To include:

- Content of the plan includes: implementation of effective clinical pathways, effective management of inter-Trust transfers, active patient navigation arrangements, robust data and information systems
- The plan has been endorsed by the PCT Board with strong commitment to its implementation
- The plan is agreed by local trusts , and Cancer Network, and is jointly owned
- There is strong clinical commitment to implement the plan

We do not meet any of the criteria ☐
We meet some criteria but our plan is very weak ☐
We meet some of the criteria but our plan is in need of some strengthening ☐
We meet most of the criteria but our plan needs minor strengthening ☐
We meet all of the criteria ☐

2. Is our leadership on cancer waits being effective? To include:

- A formally designated Executive Lead
- Strong Clinical Leadership for Cancer Waits
- Clear and robust management structure for cancer waits delivery
- Clear and robust managerial processes for sustained cancer waits delivery
- Arrangements in place to monitor and review delivery against the plan and take corrective action where necessary
- Escalation policies to prevent breaches
- Regular reports to the PCT Board

We do not meet any of the criteria ☐
We meet some criteria but our leadership is very weak ☐
We meet some of the criteria but our leadership is in need of some strengthening ☐
We meet most of the criteria but our leadership needs minor strengthening ☐
We meet all of the criteria ☐

Self-assessment for Primary Care Trusts (2 of 5)

3. Have we commissioned effective redesigned tumour or symptom specific pathways for all patients with suspected or diagnosed cancer? To include:

- Do they incorporate the high impact changes
  have been implemented and sustained in each tumour site i.e.
  – one route into system
  – straight to test in major tumour sites
  – consultants pooling referrals
  – reducing unnecessary follow-ups
- we have implemented the NICE referral guidelines for suspected cancer (published June 2005 ref CG027) and this is subject to audit
- All patients managed through MDT
- All stages of the pathway are timed and designed well within the 62 day timescale
- Diagnostic services have capacity and provision to ensure cancer patients are treated urgently
- Pathways have been documented and shared with other trusts, PCTs and the cancer network
- Redesigned pathways have been tested against best practice nationally
- We have evidence that the pathways are actually being used and are being audited

We do not meet any of the criteria ☐
We meet some criteria but our pathways are very weak ☐
We meet some of the criteria but our pathways are in need of some strengthening ☐
We meet most of the criteria but our pathways need minor strengthening ☐
We meet all of the criteria ☐

4. Have clear systems been agreed and implemented for inter-Trust referrals? To include:

- A standardised referral system is in place and agreed between all key stakeholders
- Referral timelines are agreed and monitored
- Clinical pathways are agreed and in place which support inter-Trust transfers and deliver treatment within 62 days
- Consistent information and communication strategy to support referrals
- The systems and pathways are understood and used by all MDTs
- There is no duplication or delay to test/investigations
- A named person is accountable for the referral systems in each Trust
- There are defined timescales for onward referrals
- There is an effective escalation policy in place

We do not meet any of the criteria ☐
We meet some criteria but our transfer systems are very weak ☐
We meet some of the criteria but our transfer systems are in need of some strengthening ☐
We meet most of the criteria but our transfer systems need minor strengthening ☐
We meet all of the criteria ☐

Self-assessment for Primary Care Trusts (3 of 5)

5. Do we have a robust patient specific database, information and administration system(s) that are an integral part of the Trust's procedures? To include:

- We have complete patient level data capturing all urgently referred cancer patients
- Data is of high quality and is used every day by staff involved with cancer patients
- The MDT reviews real time data and information
- Patients without cancer are rapidly removed from the database
- The cancer system is integrated into other hospital systems such as PAS, radiology/pathology rather than stand alone with manual input of all data
- We use our cancer information actively in the management of our service

We do not meet any of the criteria ☐
We meet some criteria but our systems are very weak ☐
We meet some of the criteria but our systems are in need of some strengthening ☐
We meet most of the criteria but our systems need minor strengthening ☐
We meet all of the criteria ☐

6. Do we have effective service level agreements and contracts with providers that will deliver the 62 day standard on a sustainable basis?

- SLA's/contracts are agreed with all cancer providers
- We are confident that the volumes of care required can be delivered
- SLAs/contract are regularly reviewed and action taken as appropriate
- We are confident that they will deliver the standard sustainably

We do not meet any of the criteria ☐
We meet some criteria but our SLAs are very weak ☐
We meet some of the criteria but our SLAs are in need of some strengthening ☐
We meet most of the criteria but our SLAs need minor strengthening ☐
We meet all of the criteria ☐

7. The delivery of cancer waiting times for our patients is based on long-term sustainable solutions and best practice rather than short-term (11th hour) solutions. To include:

- The standards are met without the use of waiting list initiatives
- Delivery is not dependant on temporary posts
- Cancer waiting times delivery is based on an MDT approach and not reliant on one person alone
- Capacity and demand for diagnostics has been assessed and plans to sustain waiting times are in place
- Our delivery can be sustained without de-prioritising other urgent patients

We meet none of the criteria ☐
We meet some criteria but our solutions are very weak ☐
We meet some of the criteria but our solutions are in need of some strengthening ☐
We meet most of the criteria but our solutions need minor strengthening ☐
We meet all of the criteria ☐

Self-assessment for Primary Care Trusts (4 of 5)

8. Is our Cancer Network effective in assisting the sustainable delivery of the standard?

● there is a clearly defined and agreed role for the network in relation to cancer waits
● The responsibilities include supporting the development of effective inter-Trust transfer arrangements and patient pathways
● the Network has a clear plan with agreed actions and milestones
● the network monitors and benchmarks trust cancer waits performance
● there are regular reports from the Network on work relating to cancer waits
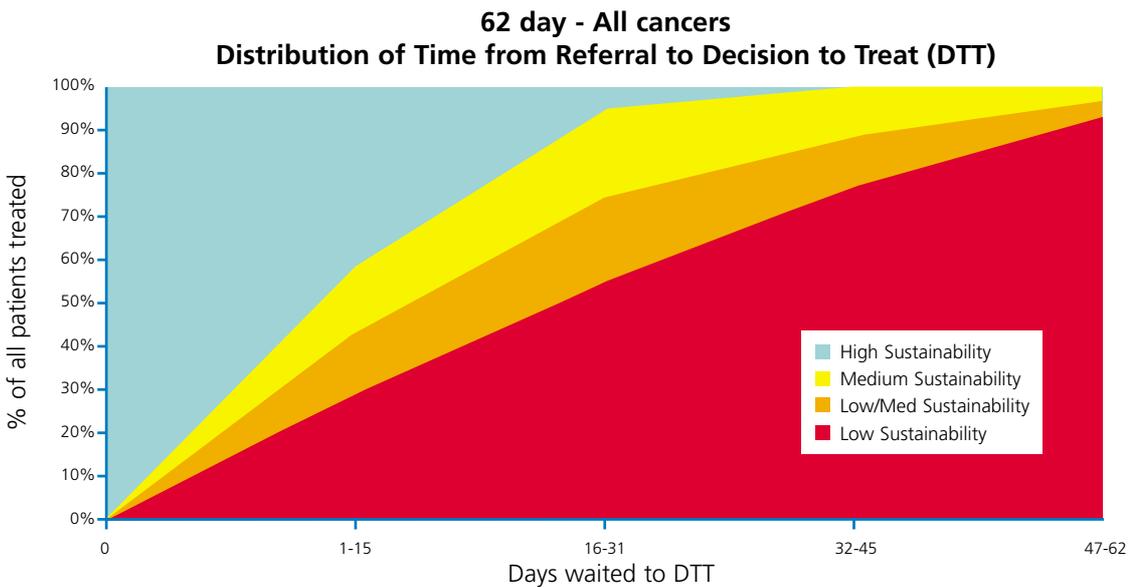● the Network produces effective cancer waits results

We do not meet any of the criteria ☐
We meet some of the criteria but our network is very weak ☐
We meet some of the criteria but our network needs some strengthening ☐

9. Our data shows that our patients diagnosed with cancer arrive at a decision to treat for within national benchmarks of sustainable practice

Plot your trust's aggregate data (for all tumour sites together) onto the diagram

62 day - All cancers
Distribution of Time from Referral to Decision to Treat (DTT)

Our data is all in the low zone ☐
Our data is in the low and low to medium zones ☐
Our data is the low to medium and medium zones ☐
Our data is in the medium zone ☐
Our data is in the high zone ☐

Self-assessment for Primary Care Trusts (5 of 5)

Self-assessment Summary

Based on our answers to the questionnaire, and our own judgment of other relevant local factors our assessment of the sustainability of the delivery of cancer waits in this trust is set out below:

We meet no confidence that we can deliver the standards sustainably ☐

We have some confidence but it is low ☐

We meet some confidence but it needs strengthening in some areas ☐

We have a good degree of confidence with only minor area of concern ☐

We are very confident ☐

Reasons for the summary assessment

Signed _____

Dated _____

Sustaining Delivery of the Cancer Waits Standards

Self-assessment for Strategic Health Authorities (1 of 5)

This is a practical Assessment Tool to help identify the likelihood of sustaining the delivery of the cancer waiting time standards.

The key questions are in bold and the bullet points are the criteria for sustainability.

1. Do we have an agreed plan to enable sustained delivery of the cancer waiting time standards? To include:

- Content of the plan includes: implementation of effective clinical pathways, effective management of inter-Trust transfers, active patient navigation arrangements, robust data and information systems
- The plan has been endorsed by the SHA Board with strong commitment to its implementation
- The plan is agreed by local trusts PCTs , and the Cancer Network, and is jointly owned
- There is strong clinical commitment to implement the plan

We do not meet any of the criteria ☐
We meet some criteria but our plan is very weak ☐
We meet some of the criteria but our plan is in need of some strengthening ☐
We meet most of the criteria but our plan needs minor strengthening ☐
We meet all of the criteria ☐

2. Is our leadership on cancer waits being effective? To include:

- A formally designated SHA Executive Lead
- Strong Clinical Leadership for Cancer Waits
- Clear and robust management structure for cancer waits delivery
- Clear and robust managerial processes for sustained cancer waits delivery
- Arrangements in place to monitor and review delivery against the plan and take corrective action where necessary
- Escalation policies to prevent breaches
- Regular reports to the PCT Board

We do not meet any of the criteria ☐
We meet some criteria but our leadership is very weak ☐
We meet some of the criteria but our leadership is in need of some strengthening ☐
We meet most of the criteria but our leadership needs minor strengthening ☐
We meet all of the criteria ☐

Self-assessment for Strategic Health Authorities (2 of 5)

3. Have effective redesigned tumour or symptom specific pathways been commissioned for all patients with suspected or diagnosed cancer? To include:

- The SHA has a clear picture of whether pathways incorporate the high impact changes in each tumour site i.e.
  - one route into system
  - straight to test in major tumour sites
  - consultants pooling referrals
  - reducing unnecessary follow-ups
- The SHA monitors whether these pathways have been implemented and are subject to audit
- the NICE referral guidelines for suspected cancer have been implemented (published June 2005 ref CG027) and this is subject to audit
- All patients managed through MDTs
- All stages of the pathway are timed and designed well within the 62 day timescale
- Diagnostic services have capacity and provision to ensure cancer patients are treated urgently
- Pathways have been documented and shared with other trusts, PCTs and the cancer network

We do not meet any of the criteria ☐
We meet some criteria but our pathways are very weak ☐
We meet some of the criteria but our pathways are in need of some strengthening ☐
We meet most of the criteria but our pathways need minor strengthening ☐
We meet all of the criteria ☐

4. Have clear systems been agreed and implemented for inter-Trust referrals? To include:

- A standardised referral system is in place and agreed between all key stakeholders
- Referral timelines are agreed and monitored
- Clinical pathways are agreed and in place which support inter-Trust transfers and deliver treatment within 62 days
- Consistent information and communication strategy to support referrals
- The systems and pathways are understood and used by all MDTs
- There is no duplication or delay to test/investigations
- A named person is accountable for the referral systems in each Trust
- There are defined timescales for onward referrals
- There are an effective escalation policies in place

We do not meet any of the criteria ☐
We meet some criteria but our transfer systems are very weak ☐
We meet some of the criteria but our transfer systems are in need of some strengthening ☐
We meet most of the criteria but our transfer systems need minor strengthening ☐
We meet all of the criteria ☐

Self-assessment for Strategic Health Authorities (3 of 5)

5. Do we have a robust cancer waits information System? To include:

- We have complete patient level data capturing all urgently referred cancer patients
- Data is of high quality
- Patients without cancer are rapidly removed from the database
- We have specific information to enable us to review performance by tumour site and with reference to inter-Trust transfers
- We have information to enable us to review the performance of all organisations, including cancer networks

We do not meet any of the criteria	☐
We meet some criteria but our systems are very weak	☐
We meet some of the criteria but our systems are in need of some strengthening	☐
We meet most of the criteria but our systems need minor strengthening	☐
We meet all of the criteria	☐

6. Are there effective service level agreements and contracts in place between PCTs and providers that will deliver the 62 day standard on a sustainable basis?

- SLA's/contracts are agreed with all PCTs and cancer providers
- We are confident that the volumes of care required can be delivered
- SLAs/contract are regularly reviewed and action taken as appropriate
- We are confident that they will deliver the standard sustainably

We do not meet any of the criteria	☐
We meet some criteria but our SLAs are very weak	☐
We meet some of the criteria but our SLAs are in need of some strengthening	☐
We meet most of the criteria but our SLAs need minor strengthening	☐
We meet all of the criteria	☐

7. The delivery of cancer waiting times for our patients is based on long-term sustainable solutions and best practice rather than short-term (11th hour) solutions. To include:

- The targets are met without the use of waiting list initiatives
- Delivery is not dependant on temporary posts
- Cancer waiting times delivery is based on an MDT approach and not reliant on one person alone
- Capacity and demand for diagnostics has been assessed and plans to sustain waiting times are in place
- Our delivery can be sustained without de-prioritising other urgent patients

We meet none of the criteria	☐
We meet some criteria but our solutions are very weak	☐
We meet some of the criteria but our solutions are in need of some strengthening	☐
We meet most of the criteria but our solutions need minor strengthening	☐
We meet all of the criteria	☐

Self-assessment for Strategic Health Authorities (4 of 5)

8. Is our Cancer Network effective in assisting the sustainable delivery of the standard?

- there is a clearly defined and agreed role for the network in relation to cancer waits
- The responsibilities include supporting the development of effective inter-Trust transfer arrangements and patient pathways
- the Network has a clear plan with agreed actions and milestones
- the network monitors and benchmarks trust cancer waits performance
- there are regular reports from the Network on work relating to cancer waits
- the Network produces effective cancer waits results
- We formally review the performance of the network at least annually

We do not meet any of the criteria ☐

We meet some of the criteria but our network is very weak ☐

We meet some criteria but our network needs some strengthening ☐

9. Our data shows that our patients diagnosed with cancer arrive at a decision to treat for within national benchmarks of sustainable practice.

Plot your SHA's aggregate data (for all tumour sites together) onto the diagram
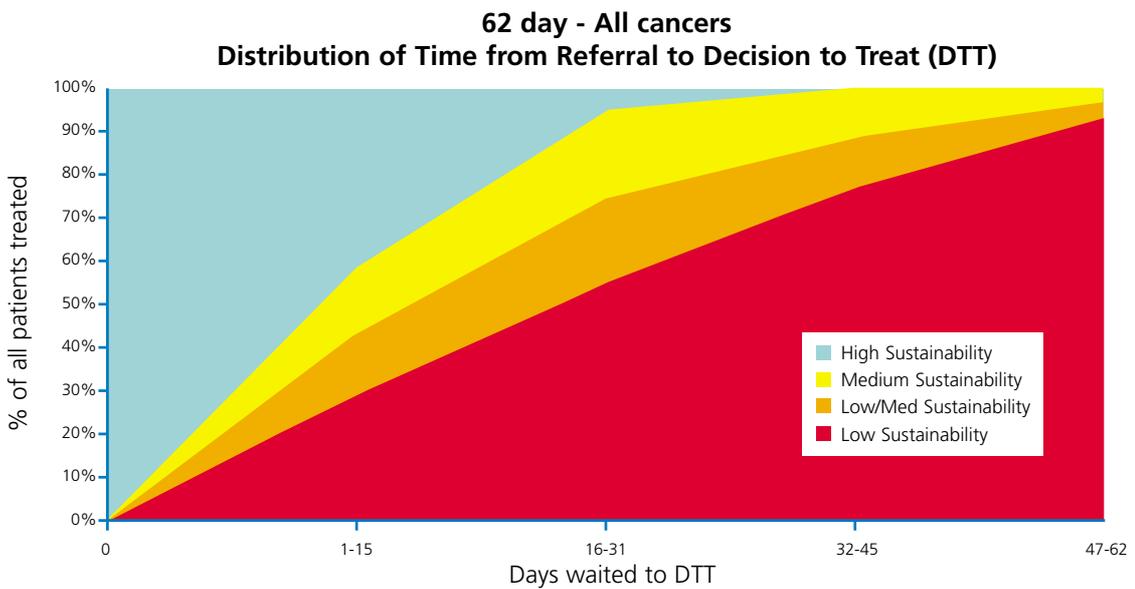
62 day - All cancers
Distribution of Time from Referral to Decision to Treat (DTT)

Our data is all in the low zone ☐

Our data is in the low and low to medium zones ☐

Our data is the low to medium and medium zones ☐

Our data is in the medium zone ☐

Our data is in the high zone ☐

Self-assessment for Strategic Health Authorities (5 of 5)

Self-assessment Summary

Based on our answers to the questionnaire, and our own judgment of other relevant local factors our assessment of the sustainability of the delivery of cancer waits in this SHA is set out below:

We meet no confidence that we can deliver the standards sustainably	☐
We have some confidence but it is low	☐
We meet some confidence but it needs strengthening in some areas	☐
We have a good degree of confidence with only minor area of concern	☐
We are very confident	☐

Reasons for the summary assessment

Signed _____

Dated _____

Section G

Acknowledgments and Key Contacts

Acknowledgments

Department of Health National Cancer Waits Project Team

The Cancer Services Collaborative 'Improvement Partnership' National Team

Intensive Support Team

Recovery and Support Unit

Cancer Network Service Improvement Leads

With special thanks to the individuals, Trusts and Networks who have contributed to this section of The 'how to' guide

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Further examples and ongoing learning can be found at www.cancerimprovement.nhs.uk/sustainability

Reverse of section G