The Challenge of Implementing Sustainable Improvement in Cancer Services

Lessons from the Demonstration Sites supported by the Cancer Services Collaborative

Effective evidence-based pathway design

Prospective patient management and navigation

Robust data information and administrative systems

In association with the Department of Health Cancer Waits Project
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   - Demonstration Site case studies
   - Cancer High Impact Changes (2005)
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Introduction
Introduction

‘The Challenge of Implementing Sustainable Improvement in Cancer Services’ draws out the learning about service improvement from the pilot ‘Demonstration Sites’ which were supported by the Cancer Services Collaborative ‘Improvement Partnership’ (CSC’IP’) as part of the National Cancer Waits Project (NCWP) 2005/06.

Every Strategic Health Authority (SHA) in England identified a Demonstration Site – a single Trust, with the exception of Central South Coast Cancer Network, which piloted this approach on behalf of the entire Network with a total of seven Trusts. Across the country, the Demonstration Sites showed a wide variation in their data completeness, service improvement and achievement of cancer waiting times targets. They started their journeys to improvement from different baseline positions based on their local circumstances.

This document identifies the factors that are essential for sustained and continuous improvement and achievement of targets, and the reasons for each factor. Sharing knowledge and learning is core business for the CSC’IP’ indeed, learning is key to understanding how to achieve continuous improvements in care throughout patient pathways and across whole systems.

The detailed case studies included on the CD demonstrate honesty and realism across different sized Trusts in exploring their progress, some have met expectations, some have exceeded expectations and some of which still face a long journey of reform to sustain impact. They outline the practical strategies that have been adopted to ‘scale up’ improvements from individual projects to ‘whole system’ redesign, and thereby state what has worked and what has not.

This publication is not a ‘How to…..’ Guide nor does it provide ‘quick fix’ solutions to guide the NHS in achieving sustained waiting times reductions. Instead, it seeks to explore the issues described in the case studies and to distil the underpinning lessons so that they can be applied to improving other healthcare services and the next generation of waiting times targets including achievement of 18 weeks from GP referral to treatment.
Endorsement Letter of
“I know you have made a real difference at this Trust because of the systems you have just described as my diagnosis from GP referral to treatment took 11 months, two years ago. A friend of mine with the same diagnosis and treatment has just gone through the system recently in seven weeks”.

Patient at Demonstration Site, Hospital NHS Trust, 2005

There are few things more distressing than waiting for a diagnosis on treatment especially if you have cancer. That is why we set new – and challenging – targets for the NHS to respond to patients referred for cancer.

The new cancer targets – 31 days from diagnosis to treatment, 62 days from urgent referral to treatment – are difficult to achieve. But we also know that health services are characterised by delays, they are likely to be inefficient, with duplication and poor use of resources; in particular expert staff and medical equipment. Consequently, we took action both to investigate the issues and to learn about how best to overcome the challenges, as part of our ongoing programme of work to improve cancer care.

Early in 2005 the National Cancer Waits Project was set up. The Demonstration Site Trusts were selected as part of an accelerated programme, to review and redesign their clinical pathways, and as a result to learn about how to achieve sustainable improvements in patient care.

Whilst all Trusts have made progress and show pockets of excellence in service delivery, the challenge of implementing and sustaining change is greater than expected. Nevertheless, this experience has provided valuable lessons in the quest to improve ‘whole systems’ of healthcare provision.

This document sets out to describe the work of the Demonstration Sites and the lessons they have learned in order to share widely across the National Health Service with cancer and other services. Achieving sustainable ‘whole system’ improvement is challenging – these sites illustrate valuable learning.

I commend the document to you.

Rt Hon Patricia Hewitt MP
Secretary of State for Health

“The work described in this case study has been a real team effort, drawing on service improvement skills within the hospital and from the Cancer Services Collaborative ‘Improvement Partnership’. We have learned that with shared goals and a determination to make changes, real improvements for patients will take place…”

Chief Executive, Demonstration Site Hospital NHS Trust

www.cancerimprovement.nhs.uk
The ‘Demonstration Sites’ across England have been actively engaged in reviewing and redesigning clinical pathways. Their aims were to accelerate the pace of change to enable them to deliver the December 2005 cancer waiting times targets of 31 days from diagnosis to treatment for all patients, and 62 days from referral to treatment for all patients urgently referred from primary care, and to ‘scale up’ change from single projects to system-wide developments to improve the way care is delivered. They have benefited from and received ‘tailored support’ through the Cancer Services Collaborative ‘Improvement Partnership’ (CSC’IP’) and in some cases, the NCWP’s Intensive Support Team (IST) since that date.

‘Whole system’ change is complex; this is the first attempt by the NHS to improve patient pathways comprehensively from referral through to treatment and follow up. It has been well articulated by all Sites that cancer is seen as just a small part of the overall healthcare system locally. However, in our experience, the small numbers add to the complexity and do not make the task of redesign any easier; if anything, it makes it harder and these patients have complex needs. Furthermore, cancer pathways are frequently complicated involving many services across primary, secondary and tertiary care and a wide range of staff. The experience of the Central South Coast Cancer Network Demonstration Site further underlined complexity of achieving improvements across whole cancer networks.

Scaling up change is a major challenge and is dependent on a number of organisational and patient pathway factors which are inter-linked. Sustainable improvement will rely on Trusts having in place:

- effective evidence-based pathways;
- prospective patient management and navigation;
- robust data, information and administrative systems across all tumours.

Whilst every Trust we visited has pockets of clinical excellence in one part of its organisation, there were few who in the 12 month timescale have been able systematically to scale up change and sustain improvements, thereby demonstrating consistent delivery of cancer waiting times targets. With continued focus and more time, more Sites should be able to achieve sustained improvement.

### Executive Summary

### Three key lessons emerge from the case studies:

1. **The redesign and sustainable improvement of cancer pathways is possible and will ensure targets can be achieved. It will require tumour pathways of less than 62 days in order to reach a sustainable position.**

2. **Hitting the target or designing a patient pathway to meet 62 days does not guarantee sustainability. The majority of Trusts have needed to revisit performance systems and best practice clinical pathways to ensure they are in place to underpin and sustain delivery.**

3. **Whilst hitting the target remains a challenge – performance and service improvement activity may not be focussed together on the local problems and intensive support focused on performance will be required before benefits from service improvements can be seen.**
The scaling up of change to implement sustainable care pathways is possible and within reach of NHS organisations. There are examples of Demonstration Sites that have exceeded expectations and managed to hold the gains but these are the minority and not the majority of sites. These Trusts have balanced service and performance improvement with a focus on service improvement for sustainability.

Lesson 1:
The redesign and sustainable improvement of cancer pathways is possible
These sites demonstrate:

- Clear understanding of their clinical pathways and the aspects requiring change.
- Consistent and systematic application of Best Practice through Cancer High Impact Changes across patient pathways.
- Pro-active pathway management that focuses on the patient pathway using real time data and information for local decision making.
- Engagement of clinicians and managers who own and believe in the changes.
- Clear focus and direction that exceeds the boundaries of merely meeting a target, and strives instead to improve the patients’ entire experience of care. The level of ambition is greater than just hitting 31 or 62 days. These Trusts experienced the early benefits of support and positioned it to help set foundations not just cancer but for all patients.
- Executive clinical and Chief Executive/Board leadership that is visible, turns plans into realities, unblocks constraints, and is accessible on a daily basis to deal with issues that need escalating from the clinical team level. There is connectivity across the structure of the organisation that makes change happen.
- Culture of ambition and desire to change from the clinical teams upwards and clinical directorates downwards.

Trusts that have met the 62 day target and sustained improvement for over six months demonstrate that patients reach a decision to treat and are treated much sooner (well before the 31/62 days) compared to the national distribution of trusts. This is illustrated in the following tables.
Table 3 - Queen Mary's Sidcup NHS Trust

Application of best practice across the patient pathway
Colorectal Pathway from referral to first definitive treatment in 54 days

Table 4 - Good Hope Hospital NHS Trust

Achievement of cancer waiting times through effective service improvement and performance improvement systems
Lesson 2: Hitting the target is by no means a guarantee of sustainability

Redesigning a single tumour pathway or a key constraint (such as Radiology) can enable Trusts to improve performance in that area, but to be sustainable the work should be scaled up across the department and organisation through linking service improvement and performance improvement systems in a continual process of development.
These sites demonstrate:

- Hitting the target does not necessarily mean that there are sustainable systems in place. This is illustrated by table 5 (Hereford Hospitals NHS Trust) showing early variations in achievement of the 62 day target. The Trust has now addressed this issue and service and performance improvement are now working together to underpin the way cancer services are delivered, in order to ensure sustained achievement of targets.

- The need for additional time to revisit all clinical pathways; they have typically tackled one or two tumour pathways and will need to review all pathways. Alternatively, they have addressed key constraints in the tumour pathways but now recognise that they need to tackle wider constraints across the pathway and the organisation, for example theatre capacity. Focusing on one key constraint only will merely ‘push’ the problem/constraint further down the process.

- Implementation of short-term methods to achieve the standard for example pushing patients through poor systems, carving out capacity and reliance on single-handed staff. Redesign will be necessary to ensure sustainability and long-term benefits.

- Some Trusts thought they were meeting the targets already and did not need to review what was happening locally. Relied on previous redesign work, focused on projects not services.

- That they have introduced pathway management and prospective data/information systems but they will need to be integrated as part of the overall clinical process and hospital-wide system so that they become useful and effective.

- They need to ensure executive focus and leadership so that redesign work continues to achieve sustainable change.

- The need for continued focus and attention to ensure change is not exclusively a ‘top-down’ process but is focused on ‘bottom-up’ continual clinical team engagement.

Table 5 - Hereford Hospitals NHS Trust

Showing how the Trust hit the target in January 2005 but performance was not sustained until March 2006
Lesson 3:

Hitting the target remains a challenge

All Demonstration Sites have made progress and have implemented accelerated change however, they have not yet all hit the target. Whilst plans are in place, the time required within the local context to achieve sustainable delivery is far longer than expected.

Progress is varied; thereby illustrating the challenge of diversity related to the local situation and specific factors, as well as the wider context of service delivery.
These sites demonstrate:

- An under-estimation of the complexity of the issue, the size and scale of the action required meant that 12 months was insufficient time to tackle the issues. This is illustrated by table 6 Barking, Havering and Redbridge Hospitals NHS Trust whose performance is now on the way to delivering the 31/62 day standards.

- Organisational issues such as Chief Executive changes, financial pressures, structural changes, size and scale of Trust has increased pressure and detracted attention away from achieving the cancer waiting times.

- Limited use of tools available to understand patient processes as supplied in ‘How to………’ Guide. ‘Quick fixes’ have been implemented in many cases to achieve the target position.

- Good evidence of clinical process changes but a requirement to ensure added focus in order to scale up the changes.

- Tendency to add in new performance management systems that request information but are not integrated into helping to inform and influence the way services are run, alternatively poor performance systems are in place.

- Loss of focus on cancer until intensive intervention support was offered.

- Limited grasp of the need to address service and performance together and have often focused on one at the expense of the other. In many of these examples, service improvement alone will be unable to deliver the cancer waiting times targets.

The Demonstration Sites provide a richness of learning that can help to inform the quest for whole system change. It is now evident that scaling up change from projects to a whole service is possible and requires time, determination, focus, combined organisational effort and leadership.

Janet Williamson - National Director, Cancer Services Collaborative ‘Improvement Partnership’ - May 2006

Table 6 - Barking Havering and Redbridge Hospitals NHS Trust

Achievement of cancer waiting times targets November 2004 to March 2006 showing scale of challenge in achieving the 31/62 standard
Key Recommendations for Trusts
Key Recommendations for Trusts

- Develop a plan for sustainability
- Maintain focus
- Continue to develop and implement Best Practice focused on the Cancer High Impact Changes from referral to treatment within your Trust
- Referral - One route in to the service, Booking of referrals
- Creating single lists i.e. not consultant specific (pooling)
- Diagnostics - ‘Straight to test’ from Primary Care
- MDT - Decision making through Multi-Disciplinary Teams (MDT)
- Follow up - Reduced Consultant-led follow up
- Ensure Inter Trust Transfers (ITT) processes are agreed, are in place and are monitored
- Ensure patient information and navigation systems are robust
- Learn from the experience of the ‘Demonstration Sites’

A number of organisational and patient pathway factors have been identified from the Demonstration Sites, which are essential for ensuring sustainable improvement. These factors are inter-related and where they are in place they are hallmarks of Trusts who have met the challenge of implementing sustainable improvement. These factors are consistent with the findings of the Department of Health Prime Ministers Delivery Unit (PMDU) Review of Cancer Waiting times (April 2006) and a series of Focus Groups led by Janet Williamson (January 2006) involving leaders of clinical and managerial service improvement from within the CSC’IP’. These leaders were asked to identify the critical factors for whole system change drawing out the lessons from their experience within cancer services.
What is important for sustainable improvement?

**Whole System Approach**

**ORGANISATIONAL FACTORS**
- Effective Communication
- Executive Leadership and Focus (Clinical & Managerial)
- Service Improvement
- Performance Improvement
- Organisational Culture

**DELIVERING EFFECTIVE PATHWAYS**
- Effective evidence-based pathway design
- Prospective patient management and navigation
- Robust data information and administrative systems
### Summary of the focus of the Demonstration Site Case Studies (Service Improvement, Patient Pathway Re-Design and Data Systems Improvement)

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<th>Spread over more than one tumour</th>
<th>Diagnostic service and performance improvement</th>
<th>Service Improvement in Colorectal</th>
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Identification of Key Challenges and Lessons Learnt
Identification of key challenges and lessons learnt

The following section sets out the key emerging factors which, from the experience of the Demonstration Sites appear to be essential to achieving sustained service and performance improvement in all services including diagnostics.

The Sites have demonstrated;

a) Some excellent services provided alongside others requiring further improvement in order to achieve operational requirements and targets.

b) Some organisations are focussed on performance improvement rather than service improvement or vice versa.

c) Some organisations have built on previous work; others have adopted a ‘back to basics’ approach since becoming a Demonstration Site.

The sites are not complacent about the scale and complexity of the challenges they face.

Demonstration Sites show WHAT, WHY and HOW – the focus is not on individual projects but on seamless service improvement across the patient pathway. Whole pathway redesign is linked firmly to automatic performance improvement, the effective use of information technology from primary through to tertiary care, and evidence of achieving above and beyond the operating standards and key targets. In summary a rich variety of approaches and outcomes is evident from the Collaborative’s unique work within the NHS.

### Strong executive leadership (clinical and managerial)

**What**

Strong executive leadership (clinical and managerial) of the cancer services agenda.

**Why**

Strong executive leadership is required to maintain the clarity of focus on the cancer services improvement agenda and to mobilise Trust-wide support and commitment.

**How**

- Visible and committed leadership
- Robust, consistent, multi-channelled communication mechanisms
- Partnership working across departments for example operational management, performance management and cancer services working together
- Joint decision making
- Alignment of objectives.

### Trusts should develop a ‘whole system’ approach to service improvement/change

**What**

Organisation-wide focus and alignment, consistency of messaging and shared responsibilities to ensure sustained service and performance improvement.

**Why**

Organisation-wide focussed and coordinated action supports service and performance improvement, avoids waste of resources and facilitates long-term commitment to ensure sustainability.

**How**

Senior management engagement and commitment is required to coordinate individual projects and clinical commitment, and to develop an overall strategy for cancer service improvement and development.
**Clinical leadership and engagement**

**What**
Executive level clinical leadership for service improvement to ensure clinical engagement at service level.

**Why**
Support from the major professional stakeholders is essential to ensuring that service and performance improvements will be achieved and sustained as it enables Trusts to mobilise and ‘position’ clinical support internally and across the health community context to ensure inter-professional planning and action.

**How**
Trust Medical Director and Clinical Director should be expected/required to demonstrate a key leadership role for the cancer services agenda.

Express the objective(s) in terms of patient focussed quality improvements in services, in order to engage clinicians. Also explicitly recognise that waiting for diagnosis and treatment is a quality issue.

Use of appropriate language is important.

**Clinical and managerial partnerships and teamwork**

**What**
Effective partnerships throughout organisations to ensure commitment to addressing challenges and implementing redesign via systems that focus on ‘pulling’ patients through improved services.

**Why**
Long-term improvements are underpinned by collective commitment across organisations to change working practices. Robust assessment and careful planning is essential. Failure to do so usually result in increased costs and labour intensity.

**How**
Local teams should be encouraged to recognise the need to improve services in order to sustain improved performance.

Any ‘quick fixes’ should be introduced as part of a longer term vision/plan (e.g. ‘carve out’ followed by capacity and demand analysis of diagnostic services)

Trusts should be aware of the urgency of the requirement to address thoroughly the service changes required in order to achieve the necessary service performance and operating standards in the interests of improved patient care.

Sustainable service improvement may require months of work to ensure staff engagement, identification of the major problems and careful planning.
**Service improvement systems aligned to performance improvement systems**

**What**
Service improvement strategies supported by performance improvement systems in order to demonstrate progress and support outcomes through focussed planning and effective mobilisation of activity.

**Why**
Regular reporting of performance to Multi-Disciplinary Teams and Trust Boards ensures sustained, organisation-wide focus and alignment.

**How**
Trusts should ensure that service improvement activity is aligned with performance improvement systems.

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**Effective communications**

**What**
Effective and regular organisation-wide communication processes delivering robust information in an appropriate manner should be developed.

**Why**
Organisation-wide understanding of the requirements for change, objectives and approaches is necessary to ensure engagement and alignment with service and performance activity.

**How**
The contribution of effective communication between clinicians, departments, services and Trusts should be recognised and developed. Improved understanding and rapid transfer of information is essential to inform direct patient care and for overall organisational change.

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**Prospective patient management and navigation**

**What**
Organisation-wide systems to ‘pull’ patients through their pathways through pre-booking etc, supported by systems to manage/navigate prospectively, and escalation of problems as appropriate.

**Why**
Knowledge and understanding of where patients are on their pathways, their next steps and the timescales in relation to waiting times targets is central to achieving sustained pathway improvements.

**How**
Real time Trust and Network-wide prospective patient management and navigation and escalation systems (ideally electronic) that correlate with patient pathways and processes to ensure operational focus at patient level, the provision of board reports and executive action as necessary.
Robust data and administrative systems

What
Organisation-wide data and administrative systems for the capture, recording and analysis of patient and service level information and knowledge.

Why
Good data is essential to supporting robust analysis of current service provision and problem areas and provides knowledge and understanding of where patients are on their pathways, their next steps and the timescales in relation to waiting times targets.

Robust data is essential for engaging clinicians and to support service redesign.

How
Robust and timely data systems that match patient pathways, support local (and national) breach and trend analysis, identification of problems, breach prediction and acceleration/action planning.

Clarity about roles and responsibilities, cover arrangements etc.

Data should be shared with multidisciplinary teams and trust boards.

Patient focussed pathway redesign

What
Development of effective patient pathways based on evidenced best practice. Alignment of service improvement activity with problems to support achievement of performance targets.

Why
This approach has ensured major issues are addressed and ‘Quick fixes’ are avoided for example, inappropriate roles (clinicians collecting data etc).or included temporarily as part of a long-term strategy.

How
Use of evidence based tools and techniques as part of a fundamental ‘back to basics’ approach including analysis of patient pathways, breaches and adoption of the CSC’IP’ High Impact Changes for cancer services.
Section 5 - Identification of Key Challenges and Lessons Learnt

Diagnostics

What
Sustained service and performance improvement in diagnostic services for all patients.

Why
Diagnostics delays for tests and reporting are a major source of delays in the pathway and cause breaches (within and between trusts).

How
To improve service quality and compliance, Trusts and Networks should ensure service improvement initiatives are coordinated, embrace all diagnostic specialities and meet locally agreed pathways (including inter-trust referral protocols).

Improve access by straight to test and one-stop diagnostics.

Validation of waiting lists, capacity and demand exercises, elimination of backlogs and two queue approach.

Demonstrating impact wider than Cancer

Several of the demonstration sites focused on diagnostic services and made significant improvements for all patients, cancer and non cancer as described below. The challenge is to roll-out evidenced best practice across all modalities and for all patients.

Achievements
Tables 7 and 8 demonstrate the achievements made from some of the Demonstration Sites. The improvements collectively impacted on all patients i.e. cancer and non cancer.

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<th>Trust</th>
<th>Reduced Waiting Times</th>
<th>Total no of patients/examinations impacted on per annum</th>
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<tbody>
<tr>
<td>Hereford Hospitals NHS Trust</td>
<td>Ultrasound from 74 to 5 weeks</td>
<td>5637 patients</td>
</tr>
<tr>
<td>Bolton Hospitals NHS Trust</td>
<td>CT from 50 to 9 weeks (longest wait)</td>
<td>9856 examinations</td>
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<tr>
<td>South Devon Healthcare NHS Trust</td>
<td>CT from 22 to 6 weeks</td>
<td>15162 examinations</td>
</tr>
<tr>
<td>Luton &amp; Dunstable Hospitals NHS Trust</td>
<td>Ba from Enema 16 to 3 weeks</td>
<td>828 patients</td>
</tr>
</tbody>
</table>
Table 8 - Bolton Hospitals NHS Trust - Demonstrating a reduction in waiting times over a 12 month period in three modalities.
### Demonstration sites – Critical organisational factors for service and performance improvement as illustrated in the case studies

<table>
<thead>
<tr>
<th>Trust</th>
<th>Whole system approach</th>
<th>Clinical leadership</th>
<th>Strong executive leadership (clinical /managerial)</th>
<th>Clinical engagement</th>
<th>Clinical and managerial partnership and team work</th>
<th>Proactive performance/service improvement</th>
<th>Effective communications</th>
<th>Patient focus redesigned pathway</th>
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<td>Brighton and Sussex</td>
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N.B. The above chart reflects the trusts’ own evaluation of those success factors that were important to the progress described within the individual case studies.
Demonstration Site
Summaries
Demonstration site summaries

The following section contains a brief synopsis for each of the four zonal regions of the work undertaken by each Demonstration Site to meet the cancer waiting times targets and the lessons they have learnt over twelve months (January 2005 – January 2006). Each case study can be read in full on the enclosed CD and at www.cancerimprovement.nhs.uk

South

<table>
<thead>
<tr>
<th>Site</th>
<th>Focus</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brighton and Sussex University Hospitals NHS Trust</td>
<td>Multi-professional focus to develop mainstream systems and processes to support patient pathway improvement and to meet cancer waiting times in a large multi-site specialist centre.</td>
<td>Generally improved and well sustained cancer waiting times performance and implementation of High Impact Changes. Systems and learning to be applied to other targets e.g. 18 week wait.</td>
</tr>
<tr>
<td>Buckinghamshire Hospitals NHS Trust</td>
<td>Whole systems service improvement and cancer waiting times work in a 2-site Trust undergoing service reconfiguration with specific emphasis on the essential role of effective communications.</td>
<td>Variable performance improvement and some remaining inter-site communication difficulties. Urology High Impact Change (Access).</td>
</tr>
<tr>
<td>Central South Coast Cancer Network</td>
<td>Network-led ‘whole systems’ service improvement with a particular focus on High Impact Changes, patient tracking and diagnostic services across seven acute providers.</td>
<td>Generally improved and sustained network-wide cancer waiting times performance, reduction of diagnostic backlogs and implementation of High Impact Changes. Some site challenges remain. Network Performance January 2005 31 days = 88% 62 days = 79% December 2005 31 days = 98% 62 days = 89%</td>
</tr>
<tr>
<td>Site</td>
<td>Focus</td>
<td>Outcomes</td>
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</tr>
<tr>
<td>Hereford Hospitals NHS Trust</td>
<td>Improvement of radiology services through the planned use of</td>
<td>Generally sustained cancer waiting times and diagnostic services performance. Urology High Impact Change Straight to Test (STT).</td>
</tr>
<tr>
<td></td>
<td>modernisation tools and methods (Six Sigma etc).</td>
<td>Breast cancer 31 day pathway = 10 days 62 day pathway 26.25 days</td>
</tr>
<tr>
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<td></td>
<td>Urology cancer 31 day pathway = 13 days (many patients receive hormones at 0 day) 62 day pathway = 51.2 days</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ultrasound Waiting times reduced from 74 to 5 weeks</td>
</tr>
<tr>
<td>Maidstone and Tunbridge Wells NHS Trust</td>
<td>Rapid introduction of strongly integrated electronic tracking system (InfoFlex) to support PTL monitoring and cancer service improvement. To be rolled-out to other Trusts in the Network.</td>
<td>Sustained and significant improvement in data performance and improved cancer waiting times performance. Urology High Impact Change (Straight to Test).</td>
</tr>
<tr>
<td>North Bristol NHS Trust</td>
<td>Improvement of ‘patient pathway management’ through the introduction of a new cancer data system.</td>
<td>Sustained and significant improvement in data performance despite variable cancer waiting times performance.</td>
</tr>
<tr>
<td>Royal Bournemouth &amp; Christchurch Hospital NHS Foundation Trust</td>
<td>Trust-led radiology service improvement (CT &amp; MRI scanning) and contribution to achieving the cancer waiting times targets and other service improvements.</td>
<td>Sustained diagnostic services improvement despite variable cancer waiting times performance.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>July 2005 CT = 2 weeks MRI = 3 weeks</td>
</tr>
<tr>
<td></td>
<td></td>
<td>NB: cancer patients 1 – 2 days</td>
</tr>
<tr>
<td>South Devon Health Care Trust</td>
<td>Description of service and data improvement work in urology services with specific focus on proactive patient tracking and breach analysis to inform service re-design.</td>
<td>Data and service improvement variable. Urology High Impact Change (Straight to Test – one-stop haematuria clinic).</td>
</tr>
</tbody>
</table>
## London

<table>
<thead>
<tr>
<th>Site</th>
<th>Focus</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barking, Havering &amp; Redbridge Hospitals NHS Trust</td>
<td>Service improvement in urology services including introduction of high impact change (rapid access TRUS biopsy clinic). NB: Significant expansion in workload 2003/04 – 2004/05 (patients recorded for treatment) (e.g. 853 – 1703).</td>
<td>BHRT is a large and complex Trust that is now delivering the Urology pathway for patients urgently referred by a GP. This is demonstrated by a 100% delivery of the 62 and 31 day targets in February and March 2006.</td>
</tr>
<tr>
<td>Hillingdon Hospital NHS Trust</td>
<td>Trust-wide approach to improving the data collection system. Then used robust data and understanding of tumour pathways to engage clinicians in service redesign to achieve targets.</td>
<td>Significant and sustained improvement in data collection 20% - 80% in 6 weeks. 62 days = 95% 31 days = 98%</td>
</tr>
<tr>
<td>Mayday Healthcare NHS Foundation Trust</td>
<td>Service improvement in urology services including introduction of ‘straight to test’ high impact change (TRUS and biopsy rapid access clinic).</td>
<td>Performance improvement Sustained for urology, but not replicated with other tumours.</td>
</tr>
<tr>
<td>Queen Mary’s Sidcup NHS Trust</td>
<td>Trust-wide patient centred improvement approach aiming for a ‘virtual’ breach-free target of 58 days (‘Raising the bar…..’) across all tumours – characterised by Trust-wide engagement strategy.</td>
<td>Patient improvement and service improvement sustained.</td>
</tr>
<tr>
<td>Whittington NHS Trust</td>
<td>The new focus was a catalyst to engage the entire team. The team focused on a shift from retrospective to prospective data collection.</td>
<td>Significant and sustained improvement in data.</td>
</tr>
</tbody>
</table>
Midlands and Eastern

<table>
<thead>
<tr>
<th>Site</th>
<th>Focus</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Luton &amp; Dunstable Hospital NHS Trust</td>
<td>Trust-wide ‘whole system’ service improvement including strategic approach lead by CE and strong connectivity across the Trust. Approach to cancer pathways improvement replicated and scaled up to deliver on 18 weeks.</td>
<td>Significant and sustained delivery exceeding CWT targets. Advanced 100% on both targets, now sustained for over one year.</td>
</tr>
<tr>
<td>Norfolk and Norwich University NHS Trust</td>
<td>Health community partnership approach Clinical Team engagement.</td>
<td>Colorectal STT.</td>
</tr>
<tr>
<td>Southend Hospital NHS Trust</td>
<td>Realistic awareness. Lessons Learned.</td>
<td>The challenge of achieving sustainability.</td>
</tr>
</tbody>
</table>
### North

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<thead>
<tr>
<th>Site</th>
<th>Focus</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Bolton Hospital NHS Trust</td>
<td>Whole system approach in all tumour groups with an emphasis on radiology, urology and colorectal.</td>
<td>Implementation of a central tracking system for all cancer patients across the Trust, as a consequence an example of shifting performance from referral to treatment from 11 months to an average of 7 weeks now.</td>
</tr>
<tr>
<td>Doncaster &amp; Bassetlaw Hospitals NHS Foundation Trust</td>
<td>An emphasis on managing patient flow using a patient centred application for colorectal patients.</td>
<td>Successful testing and implementation of an IT tracking system, underpinning the redesign of all the colorectal pathways.</td>
</tr>
</tbody>
</table>
| North Cumbria Acute Hospitals NHS Trust        | Whole systems approach with an emphasis on addressing the issues in urology. | A shift in performance from CWT performance data.  
31 day performance shift from 95.5% to 98.9% - all tumours achieving 100%  
62 day shift from 78.6% to 93%.  
100% performance in skin, lower GI, haematology, gynaecology, head and neck, breast and neurology. |
| South Tees Hospitals NHS Trust                 | Building on service redesign within radiology to address pathway issues in urology and lung. | Revised lung pathway and escalation of issues associated with urology. |
| Aintree Hospitals NHS Trust                    | ‘Back to basics’ approach to redesign the process pathways for colorectal, urology and lung. | Escalation of straight to test approach within these pathways. |
| York Hospitals NHS Trust                       | Lung referral and diagnostics pathway. | Standardised approach for patients across the lung pathway resulting in shorter journey time and a reduction in the number of visits. |
The Cancer Services Collaborative ‘Improvement Partnership’ (CSC’IP’) would like to acknowledge the support and contribution of all the Demonstration Sites who have shared the lessons they have learnt in their case studies.

These case studies demonstrate what can be achieved by Trusts’ managerial and clinical teams. By promoting the work done, other teams may be encouraged to adopt similar approaches to service improvement and redesign to benefit both patients and staff.

With thanks for specific contributions to:

Professor Mike Richards, CBE, for continued leadership and commitment to the work of the Demonstration Sites and to the CSC’IP’

All case study authors
CSC’IP’ National Team
National Cancer Waits Project Intensive Support Team
Service Improvement Leads and Facilitators

Further information is available at:
Cancer Services Collaborative’ Improvement Partnership’ website
www.cancerimprovement.nhs.uk

Demonstration Sites full case studies
www.cancerimprovement.nhs.uk/demonstrationsite

‘How to Guide … Achieving Cancer Waiting Times’
www.cancerimprovement.nhs.uk/howto

Cancer High Impact Changes www.cancerimprovement.nhs.uk/chic

Belfry Plan www.cancerimprovement.nhs.uk/belfryplan

Sustainability Guide ‘Sustaining cancer waiting times through delivering effective pathways’
www.cancerimprovement.nhs.uk/sustainability

www.radiologyimprovement.nhs.uk
www.pathologyimprovement.nhs.uk

Acknowledgements