



To: NHS CCG Accountable Officers
Trust and Foundation Trust Chief Executive Officers
System Resilience Group Chairs

CC: NHS England Regional Directors
NHS TDA Director of Delivery & Development
Monitor Regional Directors

29 October 2015

NHS England Publications Gateway Reference: 04235

Dear colleague

Improving and sustaining cancer performance

We wrote to you on 14 July 2015 setting out the continuing challenges we face in treating patients in a timely manner and in achieving and sustaining the cancer 62 day referral to treatment standard. (Gateway Reference: 03614). This letter contained details of eight key priorities and the Action Plan to improve cancer 62 day performance.

There has been good progress in delivering the Action Plan and this letter sets out an update on key areas, communicates decisions and highlights further development in the following five areas:

1. Backstop policy of 104 days
2. Demand and Capacity Planning
3. Inter-provider transfers and breach allocation
4. PTL management
5. Good Practice

1. Backstop policy

The Cancer Waiting Times Taskforce (CWTT) has developed a Cancer Backstop policy (attachment 1) for waits of 104 days and over which is attached to this letter. Changes have been made to the PTL collection and reports (see section 4) to reflect this backstop policy.

2. Demand and Capacity

The previous letter signalled the importance of demand and capacity planning, particularly in order to respond to the rising demand for cancer services. This is crucial for delivery during 2015/16 and in preparation for a more systematic approach during 2016 / 17. A wider approach to demand and capacity planning will be included in the planning guidance for the 2016/17 planning round and will cover all cancer services.

In preparation for this, local systems are encouraged to prepare to fulfil these future requirements. You may want to prepare for 2016/17 by focussing on mapping demand and capacity for some key elements of the cancer pathway – 2 week wait, diagnostic test e.g. endoscopy, cancer treatment and for one cancer tumour group. The IST have tools available to support capacity planning and have produced a short guide which describes how these could be used in the context of cancer pathways, all of which are available on the NHS IMAS website (<http://www.nhsimas.nhs.uk/ist/>). Additionally the IST will offer training and support through the Regional Tripartite structure, if there is sufficient interest from providers and commissioners.

3. Inter-Provider Transfers and Breach Allocation

The National Cancer Waiting Times Delivery Group (CWTDG) has acknowledged the difficulty of the current breach allocation process and agreed that a change is needed. A solution to this will be pursued with pace and energy as we recognise this is a significant issue for some providers. The new process should allow for robust data collection and discourage possible perverse behaviours.

The Cancer Waiting Times Taskforce (CWTT) has advised that there is insufficient evidence to make a decision on changing the current position on breach allocation at this time. Further evidence is required to ensure the new process maintains the focus on the patient journey, whilst recognising the role of all providers in the care pathway. In order to inform the decision making process we are very keen to hear advice and views from the service and we therefore intend to hold a listening event to gather views. This event will be held on the 10th of December in London (location tbc) and will focus on gathering views on the approach to a new breach allocation process and learning from current system and provider alliances. Further information will be available in the next couple of weeks.

Until a new national breach allocation process is developed, providers and networks can continue to use existing locally agreed processes in accordance with their Inter-Provider Transfer (IPT) policy where these exist. We will continue to monitor performance using the existing nationally published statistics.

4. PTL Management

The cancer PTL is a vital tool that supports trusts and commissioners to track cancer patients as they progress along their pathway and understand-how long patients have been waiting.

Since we started collecting PTL data nationally in July 2015, the numbers of patients with a decision to treat that have already breached reported through the PTL has been relatively stable – between 1300 and 1400 on weekly basis. Whilst it is encouraging that the position is not deteriorating, it remains a concern that despite significant effort, numbers have not reduced and the current level of backlog (with and without a decision to treat) is too large to enable the standard to be achieved. We are also concerned that too many patients are awaiting treatment for longer than 104 days. It is clear that further effort is required to reduce the backlog to a level that will enable the standard to be achieved in a sustainable way. We believe that continued focus on delivering local Improvement Plans and on robust management of the PTL will support achieving this aim.

To support effective use of the PTL, we have produced a guide (attachment 2). Further detailed guidance can be found within ‘Delivering Cancer Waiting Times – a good practice guide’ available on the NHS IMAS website (www.nhsimas.nhs.uk/ist).

In addition, we have amended both the data collection template and the reports to reflect the 104 day backstop on the PTL, which will show the number of patients who have breached beyond 104 days both with a date to treat and those without a date.

We are also comparing weekly PTL data with the monthly data and will be contacting providers directly where this looks to be inconsistent. We appreciate caution is needed in drawing firm conclusions about what the PTL data is telling us (as it is not validated management information) but we do believe that proactive use of this data is important to demonstrate benefits for patients and improving performance.

5. Good Practice

The CWTT strongly encourages a collective and collaborative approach across all cancer tumour pathways in the health system to deliver safe and timely cancer care. In addition to full implementation of 8 high key priorities, the CWTT recommends Board level scrutiny where cancer tumour pathways are of concern. The medical directors of both referring and receiving organisations should agree an action plan to improve patient flow where performance continues to fall short of cancer constitutional standards.

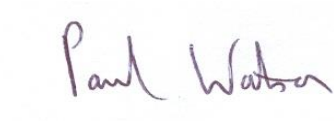
Next steps

If there are specific areas where it would be helpful to put in additional national focus; either use the existing tripartite mechanisms or contact Ian Greenwood at i.greenwood@nhs.net.

Improving and sustaining cancer performance

We continue to appreciate the focus and huge amount of on-going effort and resource that is being given to treating patients and driving sustainable improvements on the 62 day standard.

Yours sincerely,



Paul Watson
NHS England



Lyn Simpson
NHS TDA



Adam Sewell-Jones
Monitor

Attachments:

1. Managing long waiting cancer patients – policy on “backstop” measures
2. Cancer 62 day PTL Guide