



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

CC: Regional Directors  
Strategic Clinical Network Leads

29 March 2016

NHS England Publications Gateway Reference: 04998

Dear colleague

We wrote to you on 29 October 2015 setting out the continuing challenges we face treating patients in a timely manner and in achieving and sustaining the cancer 62 day referral to treatment standard (Gateway Reference: 04235). This letter contained details on inter-provider transfers (IPT) and breach allocation work which had been commissioned by the Cancer Waiting Times Delivery Group.

The National Cancer Waiting Times Delivery Group acknowledged the difficulties inherent in the breach allocation process and agreed that changes were needed. The Cancer Waiting Times Taskforce (CWTT) was tasked with reviewing existing breach allocation policies and exploring other options. In response to this request, Monitor, NHS TDA and NHS England held a national “listening and learning” summit on 10 December 2015. Subsequently a small multi-agency working group, comprising a mix of provider clinicians, managers and data experts, CCG and SCN managers used the summit feedback to develop national cancer breach allocation guidance.

### **National Cancer Breach Allocation Guidance**

This document has been developed to provide clear guidance on creating local breach allocation policies. We are advising systems to use day 38 as a maximum transfer date, from referring trust/s to treating trust where care of a cancer patient is shared between two or more providers. Although it is not possible to capture IPT data nationally until at least April 2017, local health economies are expected to ensure that their own local data systems are able to capture and monitor this information.

The overall aim of the breach policy should be to reduce the length of time it takes to transfer patients, collaborative working to simplifying complex pathways and

promoting early diagnostics. Where there are IPT arrangements already in place, these should be assessed to ensure they are aligned with the national guidance. Below is a summary of timelines to support implementation of the breach allocation guidance.

- This guidance will be rolled out from 1<sup>st</sup> of April 2016.
- All cancer providers will be expected to use this guidance and develop local breach policies, or align existing policies by 1<sup>st</sup> of October 2016.
- CCGs and networks will collect and review local monthly data from 1st October 2016 (e.g. October data to be reviewed in November 2016).
- National data will be collected once the new cancer waiting times data base has been implemented.

We advise that systems should engage with the local networks, commissioners ensuring breach allocation policies are consistent, incentivise excellence across all providers and have an audit trail to demonstrate improvement. To assist, we have included a number of locally developed breach guidance documents and tools within this guidance which you may find useful.

**Next steps:**

- NHS Improvement (NHSI) will provide oversight and will ensure swift implementation of breach allocation guidance recommendations at a local level.
- NHS England and NHSI will review implementation of local IPT policies and provide additional support for example, via webinars and regional event, as needed. We will communicate this via regional colleagues.
- Breach allocation guidance will form part of the NHS contract technical guidance in 2016/17 to support commissioners.

We strongly encourage a collective and collaborative approach to developing breach allocation policies. Both referring and treating trusts need to support each other to ensure all cancer tumour pathways in the health system deliver safe and timely cancer care to patients.

We continue to appreciate the on-going effort and resource that is being given to treating patients and driving sustainable improvements on all cancer standards.

Yours sincerely,



Professor Sean Richard Duffy  
National Clinical Director for Cancer  
NHS England



Dr Kathy McLean  
Executive Medical Director  
NHS Improvement