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To:
- ICB chief executives

cc.
- Trust:
  - chief executives
  - chairs
  - medical directors
  - chief operating officers
- Regional:
  - diagnostics Leads
  - directors
- Cancer Alliance Managing Directors

NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

26 April 2023

Dear colleagues,

Prioritising new diagnostic capacity for cancer services

Thank you for all you are doing to progress the NHS's objectives around diagnostics and cancer. Despite continued pressures relating to workforce, the growth in referrals for suspected cancer and the recent industrial action, the 62 day backlog is now almost 15,000 patients lower than over the summer and we achieved the Faster Diagnosis Standard (FDS) in February for the first time since its introduction. This progress would not have been possible without new diagnostic capacity, and we now have a total of 105 CDCs open.

Whilst these increases in diagnostic capacity have helped us to meet the FDS for the first time, we must do more to improve performance sustainably to further reduce the number of patients in the 62 day backlog waiting for a diagnostic test. We know that shorter waits are important both for those with confirmed cancer, where earlier diagnosis leads to better clinical outcomes, but also for those patients who do not have cancer, where swiftly delivered results can minimise what is a period of understandable anxiety. Improving waiting times for patients referred for urgent suspected cancer will be a critical priority for the NHS over the coming year.

For these reasons it is essential that in the year ahead our national investments in diagnostic capacity are more clearly prioritised for patients being investigated for urgent suspected cancer. The Operational Planning Guidance makes clear that this capacity needs to be used to prioritise reduction of the 62-day cancer backlog in line with ICB plans and achievement of the 75% Faster Diagnosis Standard by March 2024. Cancer Alliances have also been asked to prioritise their place-based funding allocations for

23/24 to support 62-day backlog reduction and delivery of the FDS, including using this to maximise available diagnostic capacity.

ICBs are therefore asked to ensure that they take the following steps to prioritise diagnostic capacity for urgent cancer pathways:

1. ICBs with FDS performance of below 70% in February will be asked to present and deliver a plan for using their additional funded diagnostic capacity (both CDCs and acute) to deliver improvements in their most challenged cancer pathways and diagnostic modalities in order to improve FDS performance. The plan will need to outline the present and planned volumes of urgent suspected cancer pathway tests being done at system level and turnaround times measured against a 10 day benchmark from referral to report. Where there are not urgent suspected cancer flags in current systems in order to collect this data routinely, ICBs should discuss options with their Regional Diagnostics lead including one-off audits. Performance against this plan and subsequent returns will be taken into consideration during the mid-year decision point in September on H2 23-24 CDC revenue funding. Plans should be developed with Cancer Alliance and diagnostics teams (including CDC) involvement and cover:
    - Work with Cancer Alliances, imaging and pathology networks and acute trusts to identify the key pathways requiring extra capacity.
    - Direct prioritisation of capacity within CDCs and acute sites, where pathway-appropriate, to address these needs.
    - Prioritisation of acute capacity for these cancer pathways by moving identifiable routine activity into CDCs.

2. Ensure all standard and large CDCs within their system have the capability and sufficient trained/dedicated staff for dermoscopic image capture for use in teledermatology services unless there are existing well-functioning teledermatology pathways already in place. NHS England will fund the dermatoscopes and staff training where required. Any new capacity should be additional and not duplicate or replace existing capacity.

3. Commit to prioritising capacity for prostate MRI where this could be used by providers to support achievement of the Prostate Cancer Best Practice Timed Pathway. CDCs should also use the recommendations from the Academy of Medical Royal Colleges evidence-base interventions programme to reduce inappropriate diagnostic MRI interventions and maximise potential capacity.

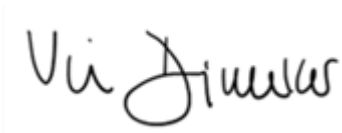
4. Commit to their trusts demonstrating improvement against the 10-day report turnaround time target for histopathology services by March 2024, through putting in place a comprehensive performance improvement plan for trusts not already meeting that target. The plan should include delivery of the opportunities for optimising histopathology services coming out of the review they will have conducted in March as part of Focus on Diagnostics month, as well as workforce, estates, equipment and digitisation actions. Systems will be able to draw on NHS England support to deliver this ambition.

Alongside this, low performance against the Faster Diagnosis Standard will explicitly become a part of tiering processes in 2023/24, with low FDS performance becoming a determining factor for inclusion alongside a continued focus on 62 day backlogs and elective waiting list size.

We appreciate that not all cancer pathways will be suitable for utilising CDCs, and indeed that the unique geography, size and modality-mix of each CDC will also influence how this capacity can best be used to support cancer performance improvement. Plans will therefore need to include both CDCs and acute diagnostic capacity and be guided by local insight and local decision-making. Nevertheless, with CDCs representing the primary investment in additional NHS diagnostic capacity it is essential that they are all able to demonstrate their impact on NHS-wide priorities alongside your ongoing work to expand GP Direct Access.

Thank you in advance for your understanding, and we look forward to working with you to support this initiative.

Yours sincerely,



Vin Diwakar
Medical Director for Secondary Care
Medical Director for Transformation
NHS England

Dame Cally Palmer
National Cancer Director
NHS England

Sir David Sloman
Chief Operating Officer
NHS England

Annex A ICBs in scope for delivery plan requirement due to challenged FDS <70% in February 2023

ICB	CDCs	Feb 23 FDS
Frimley	Aldershot Centre for Health Slough	66.9%
Lincolnshire	Grantham	69.2%
Mid and South Essex	Thurrock Thurrock (Braintree)	64.2%
Shropshire, Telford & Wrekin	-	63.8%
Somerset	Somerset Community Somerset West	64.8%
Suffolk and North East Essex	Clacton	68.6%