



## Ensuring Better Treatment: Going Further on Cancer Waits

An improvement guide for supporting sustainable delivery





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# Foreword

This 'how to' guide provides an overview of the key areas of focus necessary for delivering and sustaining the extended cancer waiting times standards. The guide has been compiled to support service providers, service commissioners, cancer networks, and SHAs. It provides key questions for each of you to ask of your own and other organisations to assess the readiness of your organisations to deliver and sustain the new standards.

The current 14/31/62 day cancer waiting time standards have been consistently delivered at a national level for some time (14 day since Q4 2002/3, 31 day since Q4 2005/6 and 62 day since Q2 2006/7).

We now need to extend the current cancer waiting times standards to benefit more cancer patients as outlined in the Cancer Reform Strategy (2007).

Lessons learned from delivering the Cancer Plan (2000) cancer waiting times standards, and implementation of the 18 week standard, show that:

**From a performance perspective, local Trusts will need to:**

- Align the cancer waiting times data collection with that currently in place for 18 weeks
- Revise local IT systems to effectively monitor cancer waiting times, which could include optional items to further understand the actual patient pathway
- Ensure that the clinical pathway drives the standards, rather than the standards driving the pathway for sustainability in the longer term.

**From a service improvement perspective, Trusts will need to:**

- Redesign pathways in line with the new standards for the benefit of patients; ensure the pathways reflect the clinical priorities for the majority of patients
- Ensure proactive pathway management by navigating patients through the system
- Have robust information that tells you where patients are in the pathway.

There is an expectation that local Trusts will now focus on the implementation of these standards to ensure delivery:

**By December 2008 for:**

- 62 day – referred from NHS cancer screening programmes (breast, cervical, colorectal)
- 62 day – consultant upgrades
- 31 day - surgery (as subsequent treatment)
- 31 day - drug treatment (as subsequent treatment)

**By December 2009 for:**

- 2 week wait - all patients referred with breast symptoms (whether or not cancer is suspected)

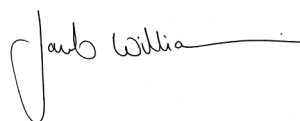
**By December 2010 for:**

- 31 day radiotherapy (as subsequent treatment)
- 31 day – other treatments (as subsequent treatment)

This guide focuses on the standards to be delivered by December 2008.

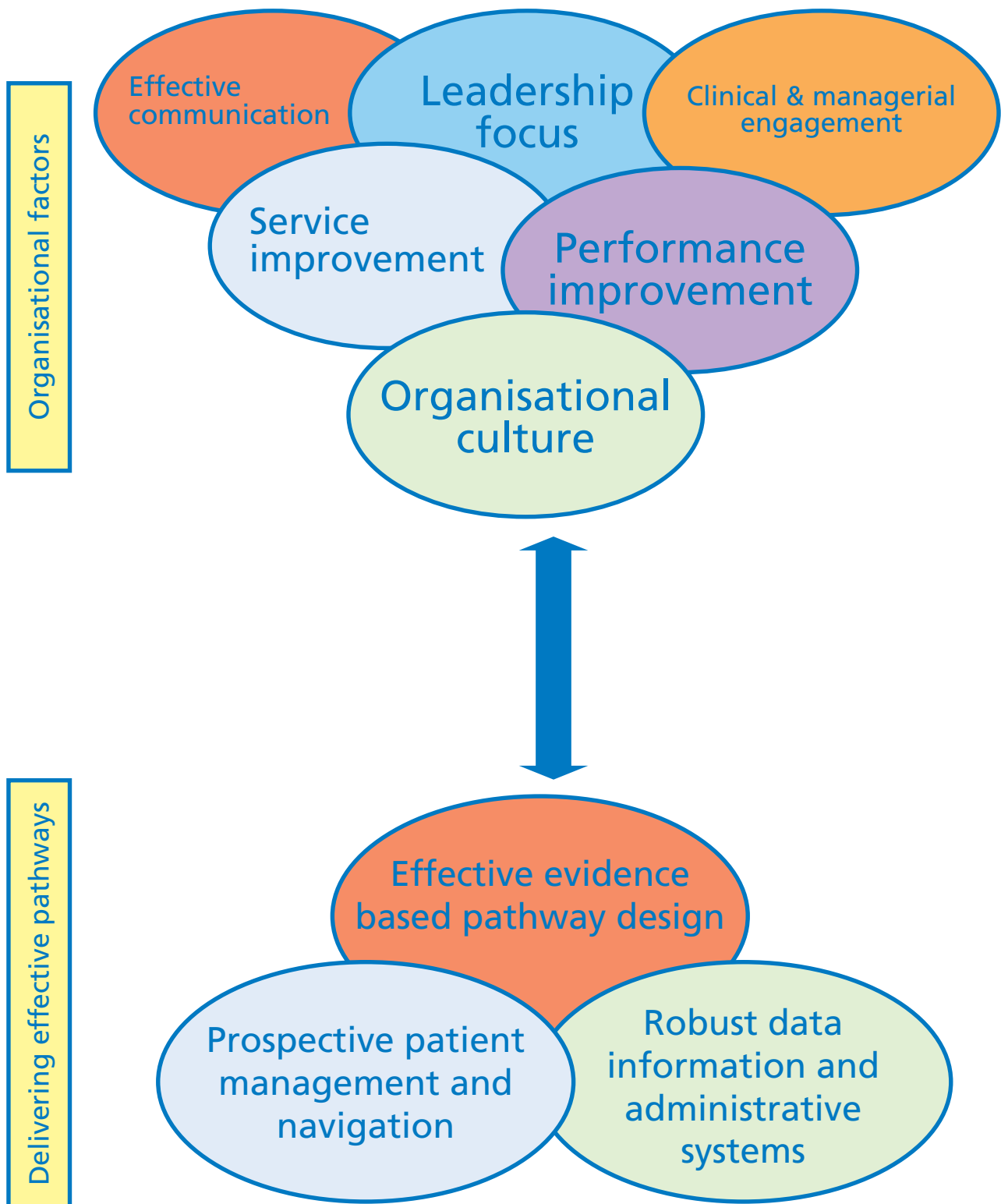


Mike Richards  
National Cancer Director



Janet Williamson  
National Director, NHS Improvement

## Sustaining cancer waiting times through delivering effective pathways



# Introduction

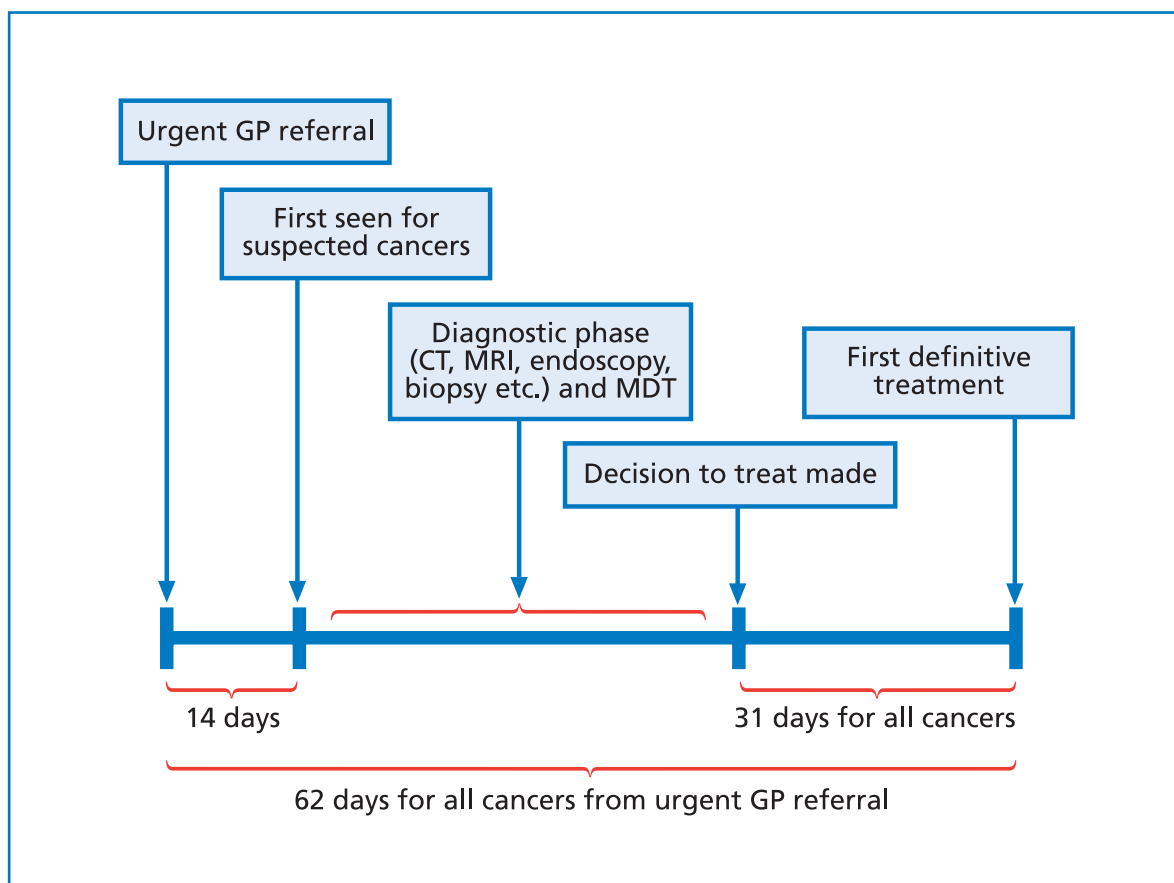
The Cancer Plan 2000 included a number of cancer waiting times standards that the NHS was expected to achieve including:

- Two week standard from urgent GP referral for suspected cancer to first hospital assessment;
- 31 day standard from diagnosis/decision to treat to first treatment;
- 62 day standard from urgent GP referral for suspected cancer to first treatment.

Chapter 4 of the 2007 Cancer Reform Strategy (CRS) was about 'Ensuring Better Treatment'. It confirmed that excellent progress had been made on the existing cancer waiting times standards as a result of concerted effort and co-ordination across primary and secondary care. However it also noted that the current standards did not apply to all cancer patients and that they would therefore be expanded to extend the range of patients who could benefit. As a result of this:

- the existing two week standard has been expanded so that any patient with breast symptoms will be referred and seen within two weeks whether cancer is suspected or not;
- the existing 31 day standard has been expanded to cover subsequent treatments for all cancer patients including those diagnosed with a recurrence;
- there are now two additional entry points for the 62 day standard: referral from NHS Cancer Screening Programmes (breast, cervical and bowel) or a consultant upgrade following a non-urgent referral.

The extended pathway standards are illustrated to show the difference from the generic Cancer Plan 2000 standards which are outlined below:

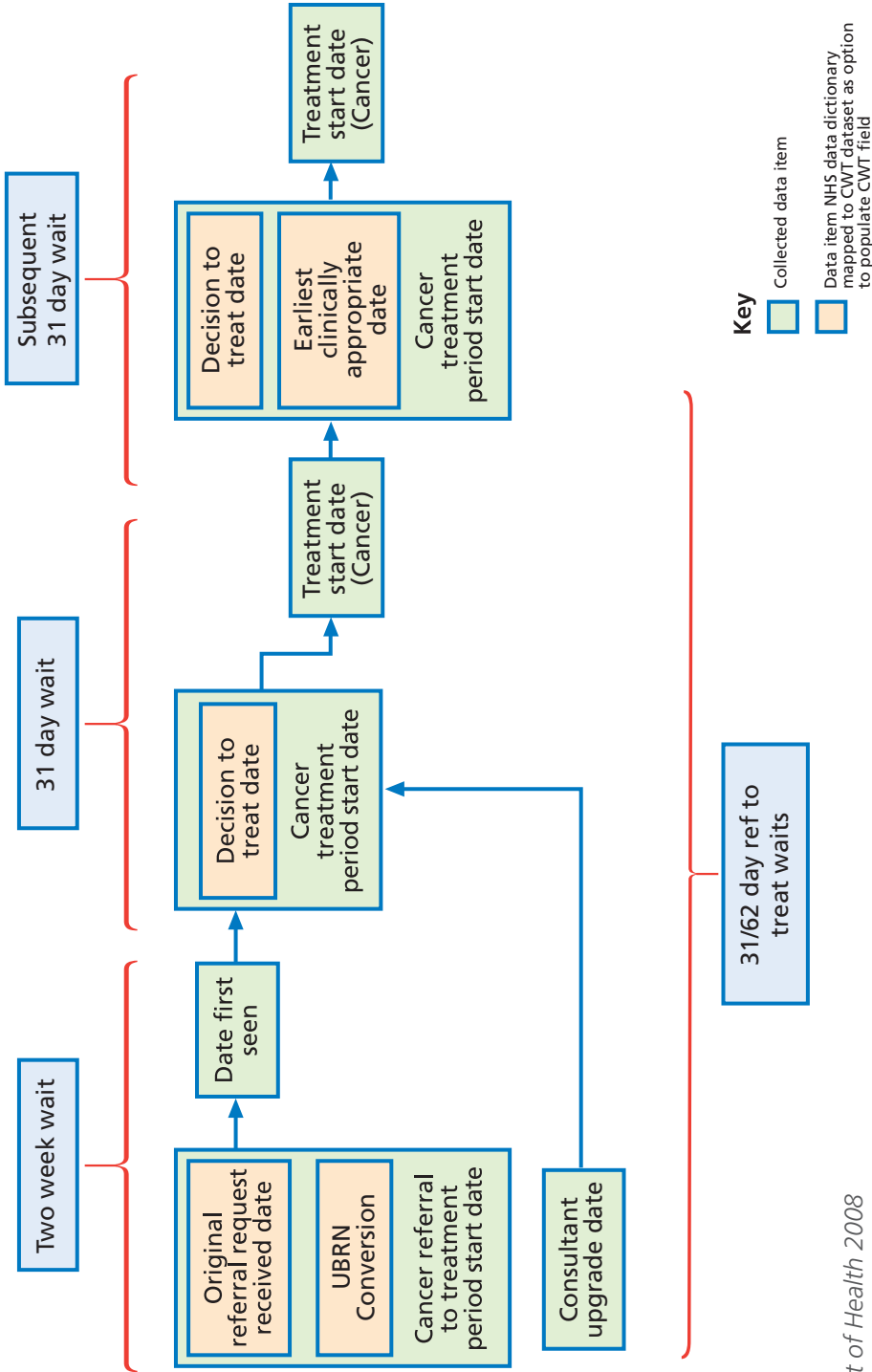


Source: Department of Health 2008

# Cancer reform strategy going further on cancer waits pathways

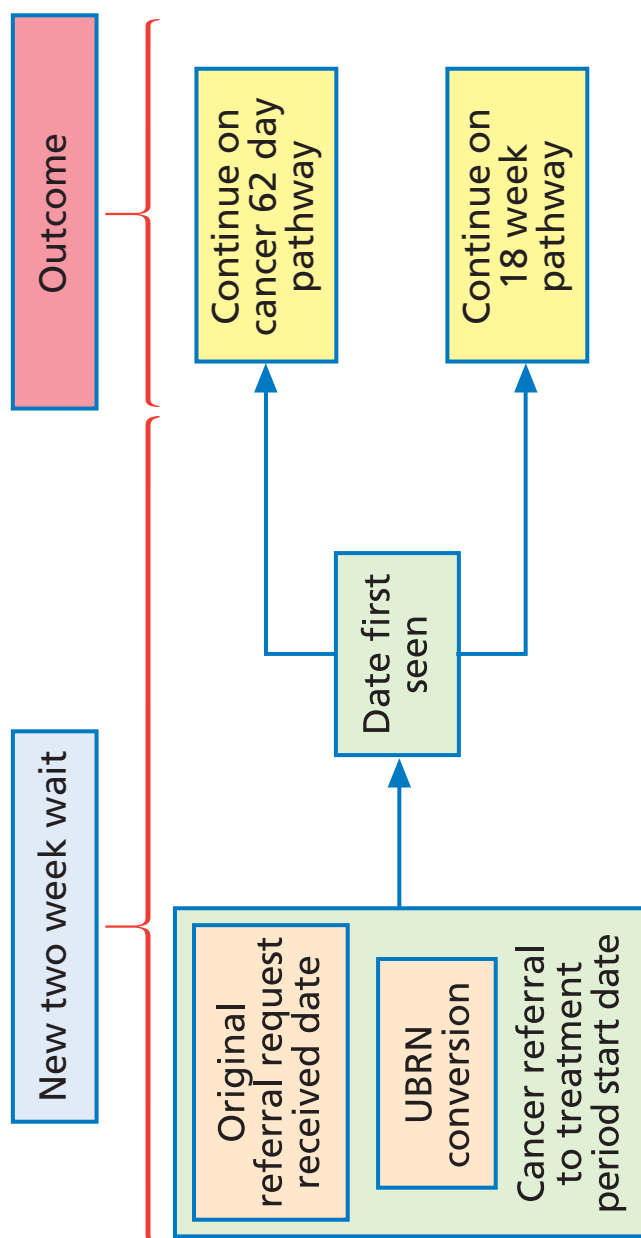
The pathways for the individual standards are set out in more detail below.

## The overarching pathway for the extended cancer waiting times standards: generic pathway



Source: Department of Health 2008

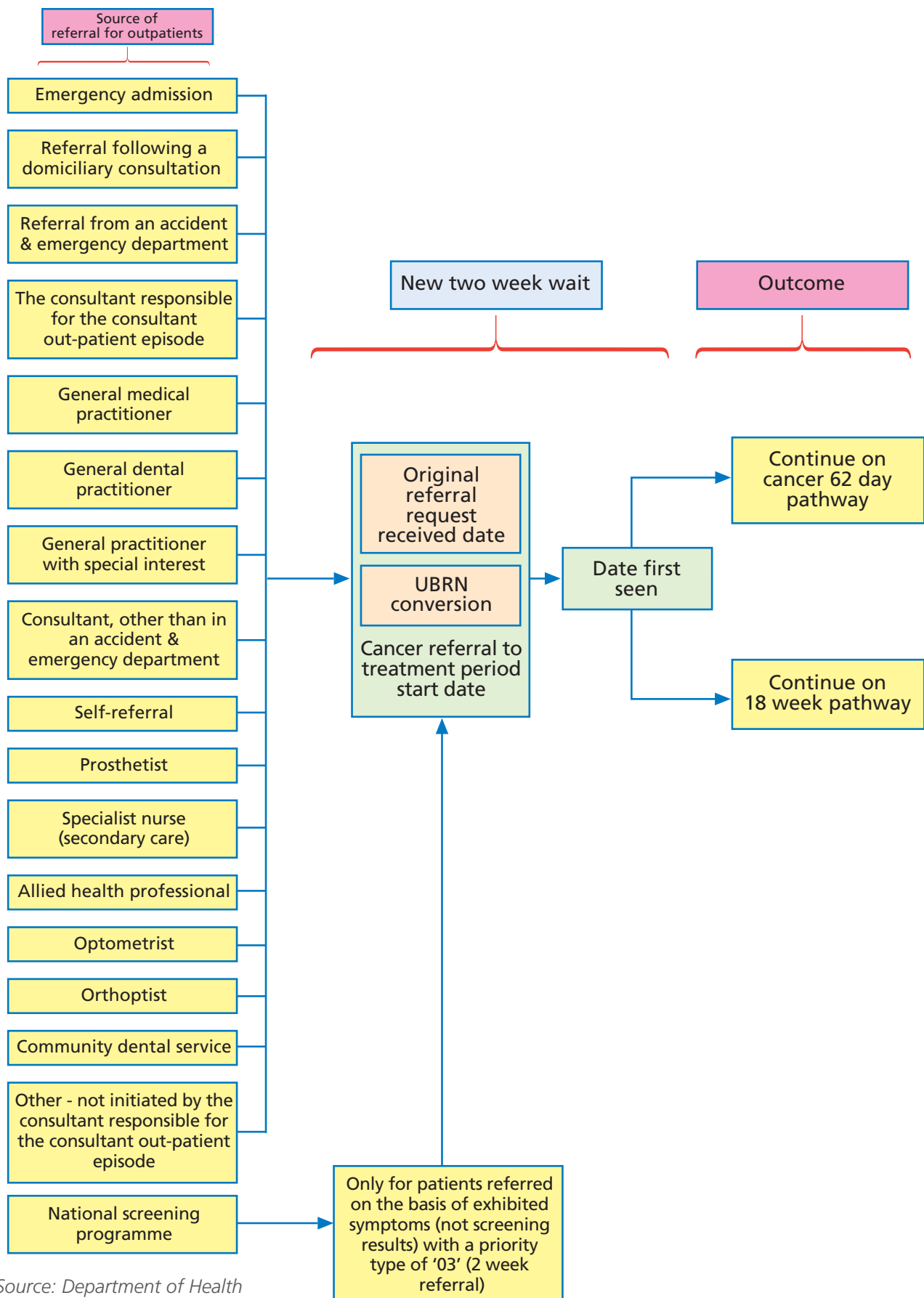
## Two week wait standard for suspected cancer



Source: Department of Health 2008

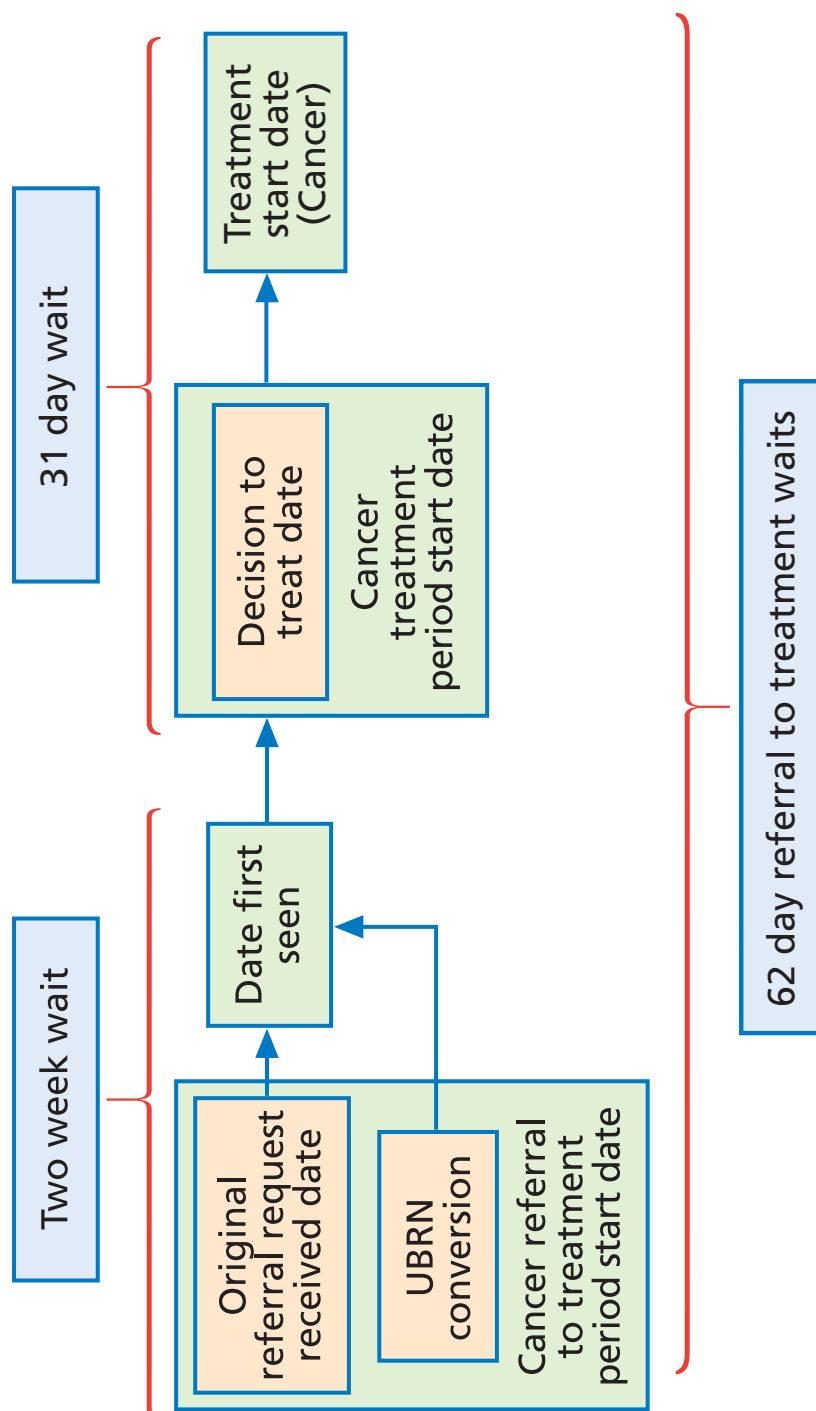


## Breast two week wait standard (all patients with breast symptoms)



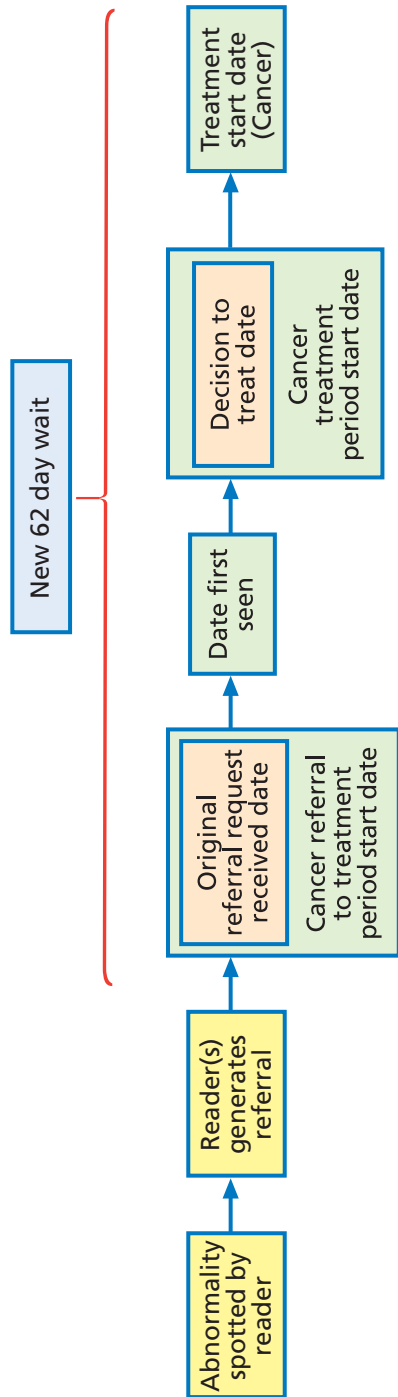
Source: Department of Health  
2008

## 62 day standard from urgent GP referral



Source: Department of Health 2008

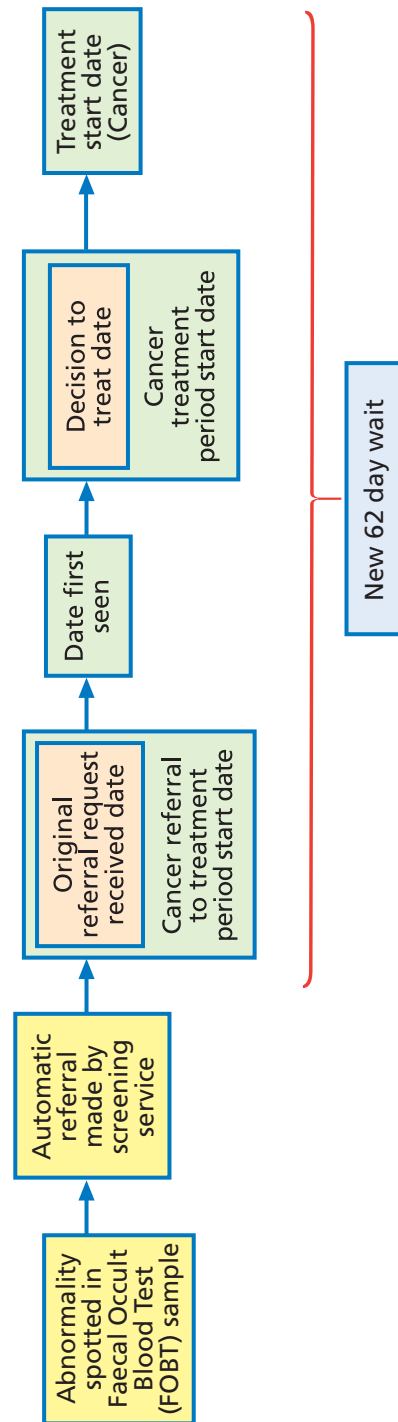
# 62 day standard from breast screening



Note: The receipt of referral for this pathway is the referral for further assessment triggered when the reader(s) decide to recall a woman for further assessment rather than return her to routine recall.

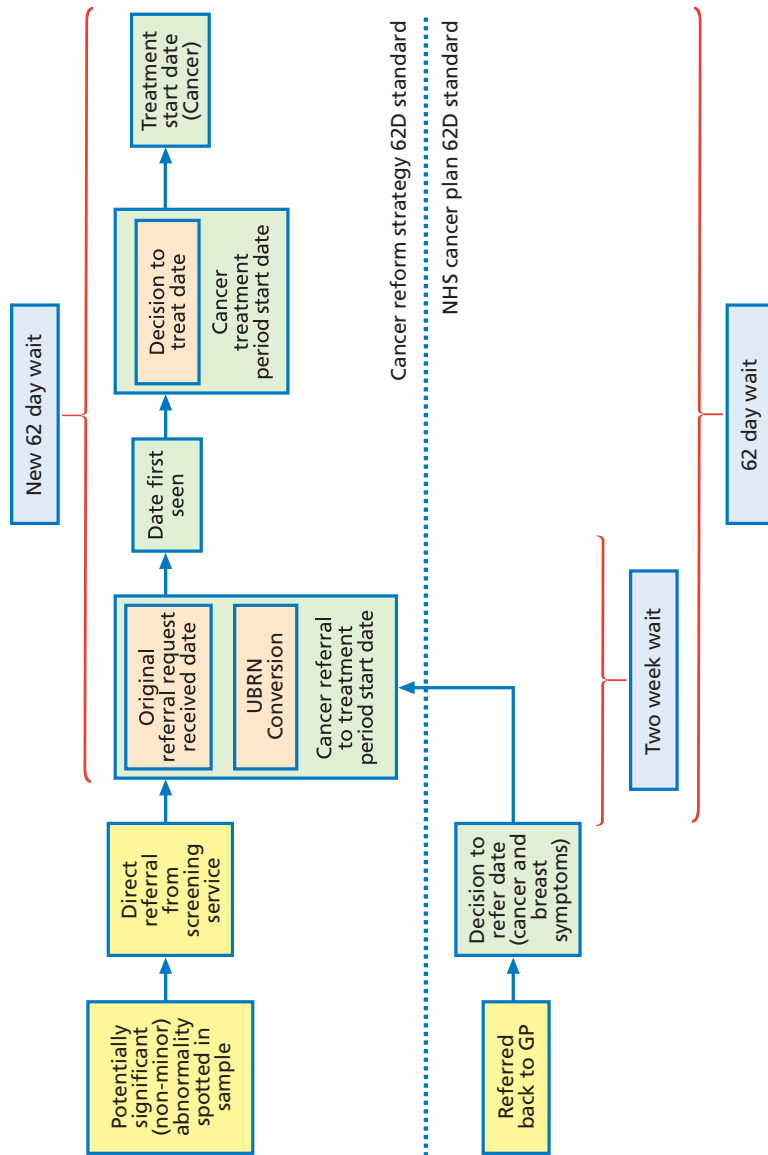
Source: Department of Health 2008

## 62 day standard from bowel screening

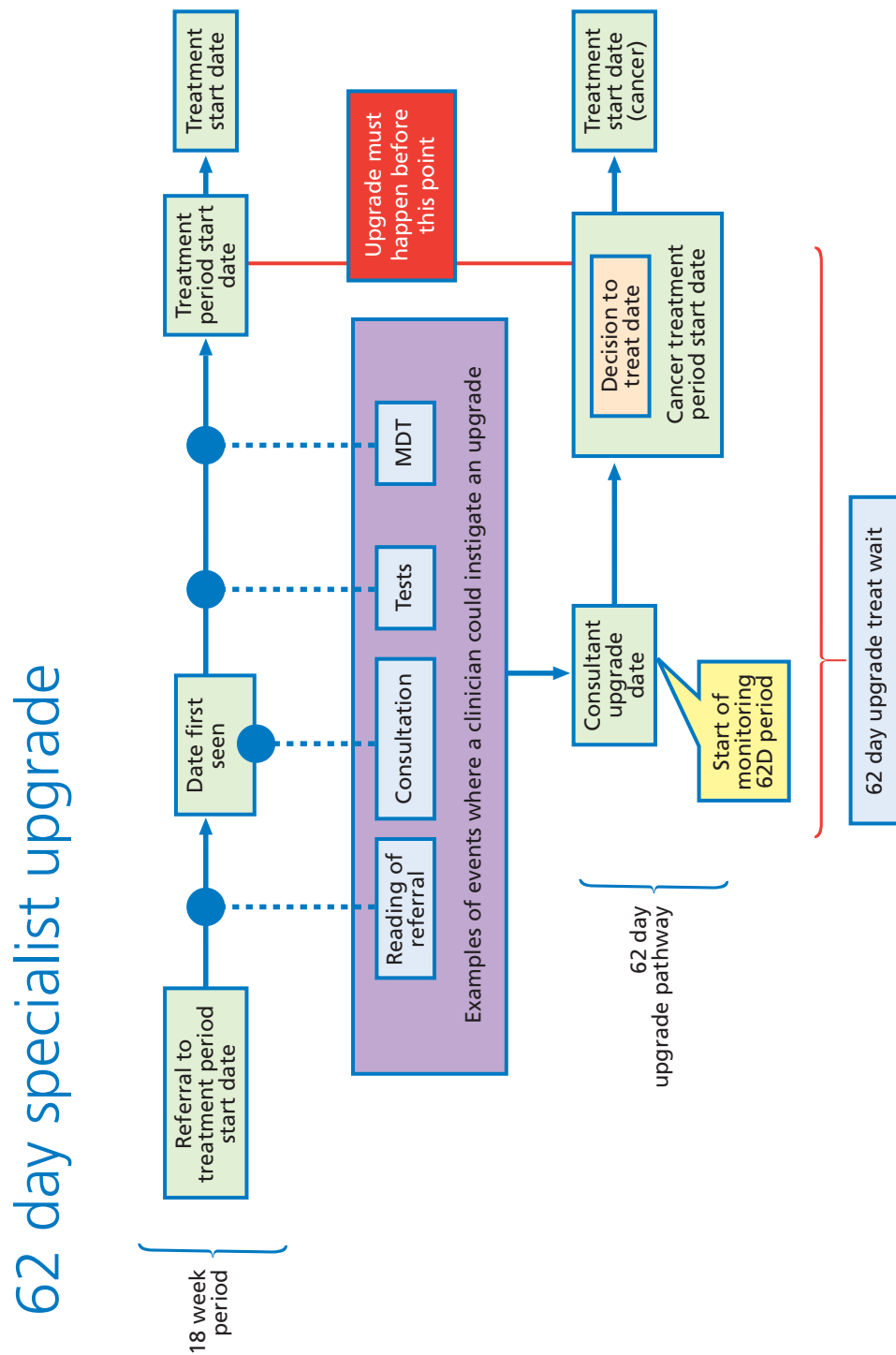


Note: The receipt of referral for this pathway is the referral for the appointment with the specialist screening practitioner to discuss suitability for colonoscopy.

## 62 day standard from cervical screening

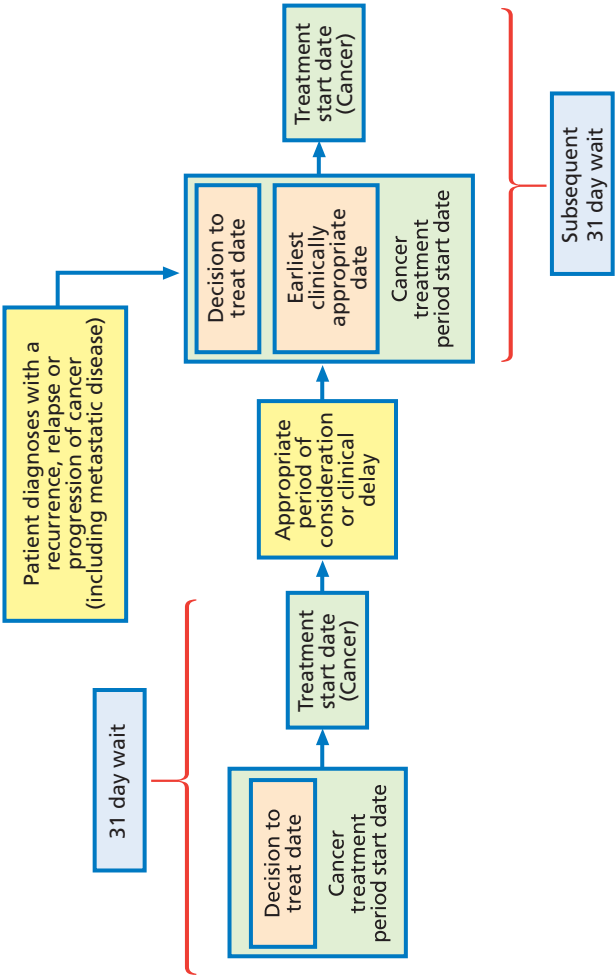


**Note:** The receipt of referral for this pathway is the referral for a colonoscopy appointment.



# 31 day subsequent treatment

An example of combination treatment would look like:



Source: Department of Health 2008

# Example from West London Cancer Network

An example of local interpretation of the screening pathways for breast, bowel and cervical.

## Breast

### Day 0

- Occurs in the screening service.
- The date of making the appointment for further assessment.

### Date first seen

- This is the date of the visit to the assessment clinic.
- Occurs in the screening service.

### Date of decision to treat

- This is the day when the patient and clinician decide which treatment option to take.
- May be in the screening service, depends on local practice, and patient choice.

### Date of first treatment

- For surgery is the date of admission.
- May be in a different Trust than the screening service is housed in.

## Bowel

### Day 0

- Occurs in the Hub.
- Is the date of making an appointment for assessment for colonoscopy.

### Date first seen

- Is the date when the assessment takes place.

### Date of decision to treat

- Is the date when the patient and clinician decide which treatment option to take.
- May be in the organisation where the screening centre is, depends on local practice, and patient choice.

### Date of first treatment

- For surgery is the date of admission.
- May be in a different Trust than the screening centre.

## Cervical

### Day 0

- Depends on whether direct referral is in use or not.
- If direct referral is in use it is the date of making an appointment for colposcopy.
- If not, and if the patient is referred back to the GP, it is the date of receipt of the urgent suspected cancer (2ww) form.

### Date first seen

- Is the date of the attendance for colposcopy.

### Date of decision to treat

- Is the day when the patient and clinician decide which treatment option to take.
- May be in the same Trust as the colposcopy clinic, depends on local pathways, and patient choice.

### Date of first treatment

- For surgery is the date of admission.
- May be in a different Trust than the colposcopy clinic.



# Readiness checklist

## Robust data information and administrative systems

Information systems must be complete and robust to guarantee delivery of the standards for all cancer patients. Effective navigation will only be possible if data is complete and the information tells you where patients are in the pathway.

## Effective evidence based pathway design

Effective tumour specific pathways deliver quality, safe and timely care to patients throughout their cancer experience. Effective pathway development, implementation and evaluation across organisational boundaries will support sustainable delivery.

### Is a good data capture system in place?

- |                                                                                                                                                                                                                | Yes                      | No                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • A consistent process, embedded in the organisational wide data capture systems owned by the whole organisation not just the cancer team. Should be synergy with the 18 week system                           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Linkages between IT systems including Patient Administration System (PAS), radiology and pathology systems                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Captures all patients who enter the Trust via the 2 week wait system/screening referrals/consultant upgrades and all patients with a cancer diagnosis awaiting treatment (including those with a recurrence) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Tracks the progress of patients through the system from referral/diagnosis to first and subsequent treatments for cancer with appropriate linkages to the 18 week pathway monitoring                         | <input type="checkbox"/> | <input type="checkbox"/> |
| • Captures all suspected cancer patients receiving elderly care/palliative care and/or with no histological diagnosis, and patients with cancer found as an incidental finding                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Clear protocols in place to support data capture with clarity about who is responsible for owning and revising them                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Clear written processes that identify 'Going Further on Cancer Waits' data capture requirements and the requirements of cancer registration as outlined in the national contract for acute services          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Optional data capture items could support better understanding of pathway management                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> |

### Are the characteristics of an effective pathway in place?

- |                                                                                                                                                  | Yes                      | No                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Agreed by all providers and commissioners across organisations and health communities                                                          | <input type="checkbox"/> | <input type="checkbox"/> |
| • Clear timings for each step in the pathway, which are clinically rather than standard derived, with identified escalation points               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Pathways should be achievable for the majority of patients within the 14/31/62 day standards                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Cancer high impact changes applied across the pathway where appropriate                                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| • No gaps or conflicting pathways operating in organisations along the patient pathway                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| • Strong teamwork and a well functioning MDT with clarity of role in pathway coordination                                                        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Timely access to diagnostics with radiology departments operating two queues with no backlogs, and pathology operating a one piece flow system | <input type="checkbox"/> | <input type="checkbox"/> |
| • Avoid delays and duplication of diagnostic and staging tests                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |

# Readiness checklist

## Prospective patient management and navigation

Prospective management of patients allows you to know where patients are in the system and to navigate them through the pathway ensuring that they are in the right place at the right time receiving the right care, whilst enhancing the flow in the patients' journey between departments and across organisations.

### Do you have good prospective patient management and navigation systems in place?

- |                                                                                                                                                                                                                                                                                                                       | Yes                      | No                       |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| • Use a central data collection system (preferably electronic and linked to 18 week system) to provide immediate information on each patient's progress for clinical and managerial staff                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Monitor all patients entering the Trust via the two week wait route/screening referral/consultant upgrade/recurrences ensuring they are tracked/navigated until they achieve all of their treatment(s), or are removed from tracking or continue tracking on an 18 week pathway when a non cancer diagnosis is made | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ensure mechanisms are in place for tracking and navigating with clear levels of responsibility and accountability within and across organisational boundaries                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| • Identifies escalation trigger points that are agreed and communicated along the pathway                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> |
| • Provides clear responsibility/accountability at an appropriate level in the organisation(s) to resolve escalation issues                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> |

# Back to basics

Implementation of 4 High Impact Changes in cancer have been shown to reduce waiting times, improve performance and have a direct impact on the quality of the patient experience.

NHS Leaders have a key role in promoting and implementing these changes within their local organisations to make the difference.

| Impact area                                     | Service delivery                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Patient experience                                                                                                                                                                                                                                                                                                                                                 | Clinical outcomes                                                                                                                                                                                                                                                          | Benefits for staff                                                                                                                                                                                                        |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>One route into system</b>                    | <ul style="list-style-type: none"> <li>• Demand managed more effectively</li> <li>• Booked appointments with a choice of date</li> <li>• Shorter waiting times through eliminating the number of queues and reducing complexity</li> </ul>                                                                                                                                                                                                                          | <ul style="list-style-type: none"> <li>• Booked appointments with a choice of date</li> <li>• Shorter waiting times, equity of waiting times</li> </ul>                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>• Likelihood of earlier diagnosis and treatment through protocol driven care</li> <li>• Enable Trust to conform to National Guidelines for example Improving Outcome Guidance</li> </ul>                                            | <ul style="list-style-type: none"> <li>• Reduction in time staff spend managing waiting lists and queues</li> </ul>                                                                                                       |
| <b>Straight to test</b>                         | <ul style="list-style-type: none"> <li>• Appropriate use of clinical slots</li> <li>• Increased capacity for consultant slots</li> <li>• Shorter waiting times</li> <li>• Auditable protocols identifying the appropriate test</li> <li>• Pooling lists</li> </ul>                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• One visit to hospital for tests</li> <li>• Patient aware that consultant is fully informed about test results at out patient appointment</li> <li>• Shorter waiting times</li> </ul>                                                                                                                                      | <ul style="list-style-type: none"> <li>• Timeliness of test results (i.e. consultant has all test results before first patient consultation)</li> <li>• Earlier diagnosis</li> <li>• Decision of how to treat patient at Multi-Disciplinary Team meeting sooner</li> </ul> | <ul style="list-style-type: none"> <li>• Consultants not having to ask patients back for subsequent visits once tests are complete</li> <li>• Value of team decision making processes</li> </ul>                          |
| <b>Appropriate &amp; timely decision making</b> | <ul style="list-style-type: none"> <li>• Enables clarity of care pathway to be agreed with appropriate treatment referral</li> <li>• Enables patient-level data to be captured to evaluate effectiveness of the service</li> </ul>                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>• Supports booked care</li> <li>• Patient involved in decision-making</li> <li>• Patient pathway the core process</li> </ul>                                                                                                                                                                                                | <ul style="list-style-type: none"> <li>• Ensures effective decision-making re: best treatment for the patient with all key staff present</li> </ul>                                                                                                                        | <ul style="list-style-type: none"> <li>• Enhanced nurses/therapists roles</li> <li>• Training opportunities</li> <li>• Reduced duplication and non value added time</li> <li>• Enhances timely decision making</li> </ul> |
| <b>Appropriate follow-up</b>                    | <ul style="list-style-type: none"> <li>• Potential reduction in DNA (Did Not Attend) rates</li> <li>• Increased level of nurse-led follow-ups where appropriate</li> <li>• Redirected Consultant time for other clinical priorities</li> <li>• Improved clinic scheduling to see new patients</li> <li>• Compliance to follow-up protocols can be audited</li> <li>• Active discharge of (breast) cancer patients after regular follow-up for five years</li> </ul> | <ul style="list-style-type: none"> <li>• Follow-up in the community near to home</li> <li>• Patient choice</li> <li>• Reduction in the number of visits</li> <li>• Reduced waits</li> <li>• Nurse led clinics offering patients more time</li> <li>• Enhanced continuity of care in nurse led clinics</li> <li>• Positive patient satisfaction surveyed</li> </ul> | <ul style="list-style-type: none"> <li>• Increased capacity to see new patients sooner</li> <li>• Provision of rapid access to service for diagnosed cancer patients</li> <li>• Reduced patient anxiety</li> </ul>                                                         | <ul style="list-style-type: none"> <li>• Expanded role for specialist nurses</li> </ul>                                                                                                                                   |

# Sustaining delivery in the NHS

We carried out a review of our earlier demonstrator sites for cancer waiting times. We revisited them to see whether they were sustaining the cancer waiting times and if the impact of the changes in data capture (i.e. move to the 18 week model) would affect their delivery. Organisations were asked to highlight:

- the issues they saw with sustaining delivery of the cancer waiting times agenda
- what they did to sustain and deliver
- key learning points for them in achieving sustainable delivery.

The following are practical examples from some of these sites:

## Sherwood Forest Hospitals NHS Foundation Trust

### What were/are your issues with sustainable delivery?

- Delays relating to central guidance on dataset changes and clarification of start and end points
- Understanding the 18 week model of waiting adjustments and applying these to cancer pathways
- Lack of knowledge of patient pathways post first definitive treatment
- Engaging clinical teams with vital signs assessment (VSAs)
- Insufficient existing resources to track the additional patients
- Challenging national deadlines
- National IT Systems (i.e. Screening IT Systems) do not and can not interface with PAS
- No Cancer Patient 'flag' in PAS
- Local IT System development required (Cancer Tracker and CWT modules)
- Re-training MDT Coordinators on new pathways and waiting time adjustments.

### What was/is being done to bring about sustainable delivery?

- Using the 80/20 rule has developed treatment pathways for all Tumour Site Groups post first definitive treatment (with the clinical teams)
- Identified data sources for capturing the required information at each point in the pathway
- Redesigned Oncology request forms with our local cancer centre in order to capture subsequent treatments
- In the process of re-training existing MDT Coordinators on the new pathways and waiting time adjustments
- Worked closely with the clinical teams on solutions
- VSA 11 – We did not apply a generic solution as MDT Teams work in different ways and therefore their solutions had to reflect this

- We piloted processes in the majority of Tumour Sites before going live
- We tested our new pathways and data sources
- We communicated the new Cancer Waiting Time standards to all clinical teams and departments dealing with cancer/suspected cancer patients
- We ran a redesign event with our local 18 Week Manager to understand the changes in waiting time adjustment and determined how to apply them to our cancer pathways
- We have had fortnightly meetings since June 2008 with key members of the MDT Coordinator team, IT and service improvement facilitators to work through the new processes and to determine solutions
- We have met each of our MDT Lead clinicians and their Cancer Nurse Specialists to discuss the waiting time standards and to work through solutions with them.
- We have met representatives from the Breast, Cervical and Bowel Screening Programmes to determine solutions for tracking screening patients with abnormal results
- Tried, tested but failed to identify robust IT or automated solutions to capture the required data electronically.

### What was/is the key learning for you?

- By getting all staff (administration, management and clinical teams) engaged in determining and testing the solutions.

#### 62 day Cancer Waiting Times example (Q1 2008/9)

| Current data rules |               | New data rules |               |
|--------------------|---------------|----------------|---------------|
| No of patients     | % performance | No of patients | % performance |
| 115                | 98.3          | 115            | 91.3          |

## United Lincolnshire Hospitals NHS Trust

### What were/are your issues with sustainable delivery?

- The impact of the 18 week standard has put pressure on capacity within the same services that are required to deliver cancer services e.g. outpatient clinics, diagnostics, and treatment
- With the new standards for cancer there has been an issue in identifying what the accurate demand on services will be and what additional resources will be required to meet the new standards
- All the new standards have come at once, so preparation has had to take into account the 18 week standard, implementation of the new standards (vital signs), preparing for the 18 week no pauses model, and Peer Review Self Assessment
- Engaging clinician support for the 18 week no pauses model is proving challenging and the perception of the standards. (Are they disappearing is the question often being asked by clinicians). Managers see this as a potential for the performance to be seen as 'dipping' since achieving 95% is highly unlikely against the 62 day standard after the 18 week no pauses model is introduced.

### What was/is being done to bring about sustainable delivery?

- Understanding what the additional demand on services and what capacity is needed across all services, taking into account ALL standards not just cancer standards
- Additional capacity needs to take into account "flexibility" in the system in order to get patients in rapidly for outpatient and diagnostic tests if they have DNA'd their initial appointments
- Involve all departments responsible for delivering the services when calculating the capacity required to meet the demand
- Evidence the demand versus the existing capacity, and highlight the additional capacity required at all levels within the organisation

- Engage clinical and managerial input by presenting the impact that the new cancer standards will have on ALL services. This can be done by presenting at clinician meetings, and Trust management board meetings
- Identify the additional staff that will be required to track the patients through the pathways
- Ensure that your IT solution for cancer can capture the additional data required to meet the revised minimum dataset for cancer and produce the PTL required; and your IT systems can support the needs
- Clinical Pathways will need reviewing to avoid the "avoidable" delays and to improve patient experience by introducing "gold standard" pathways where possible. With the 18 week no pauses model for cancer, we need to review pathways to remove the unnecessary medical suspensions where possible
- It is essential to understand the clinical pathways beyond first definitive treatment
- Understanding the impact on tertiary referrals is critical. Patients may move backwards and forwards to tertiary centres for their 1st and subsequent treatments.

### What was/is the key learning for you?

- Understanding our capacity, calculating the demand to meet ALL standard deliverables both cancer and non-cancer, and to work with all departments across the Trust to increase capacity and flexibility where required.

#### 62 day Cancer Waiting Times example (Q1 2008/9)

| Current data rules |               | New data rules |               |
|--------------------|---------------|----------------|---------------|
| No of patients     | % performance | No of patients | % performance |
| 415                | 95.3          | 415            | 82.2          |

## North Bristol NHS Trust

### What were/are your issues with sustainable delivery?

- Capacity to deliver the new and existing standards
- Several different data systems in use across the Trust
- Lack of coordinators to support MDTs
- Scaling up current delivery to deliver extended standards.

### What was/is being done to bring about sustainable delivery?

- Nurse led follow up services introduced to release consultant capacity
- Increased capacity through breast care specialist nurses seeing new patients as well as follow up patients. Trust is seeing all breast referrals within 2 weeks
- Trust has implemented the Avon Somerset and Wiltshire Cancer Network electronic database and is now linking the pathology system (ULTRA) to provide automatic downloads to avoid the need for manual inputting of data in preparation for extended cancer waiting times requirements
- Revised operational processes and systems and business case agreed by Trust board to increase MDT support and data clerks. The posts have now been filled
- Proactive patient management through real time monitoring of cancer waiting times with appropriate action taken to address issues through existing protocols and escalation policy
- PTL provides overview of data completeness and performance and is refreshed twice daily and reviewed at least daily
- Weekly cancer team meeting to review data quality, completeness and emerging issues
- Monthly executive team meeting focusing on strategic and cross organisational issues.

### What was/is the key learning for you?

- Innovative pathway redesign essential and requires active participation across primary, secondary and tertiary care
- Robust data collection is required for patient management and MDTs with appropriate administrative and IT support
- Clinical and managerial engagement at director level is essential for cross organisational cooperation and alignment of resources within a culture of continuous service improvement.

#### 62 day Cancer Waiting Times example (Q1 2008/9)

| Current data rules |               | New data rules |               |
|--------------------|---------------|----------------|---------------|
| No of patients     | % performance | No of patients | % performance |
| 203                | 97            | 203            | 90.1          |

## Portsmouth Hospitals NHS Trust

### What were/are your issues with sustainable delivery?

- How to capture and track 800+ 2 week wait patients a month
- How do you develop effective pathways that deliver the standards
- How do you develop a cancer information system to support management of the patient through the pathway.

### What was/is being done to bring about sustainable delivery?

- Continuous development of a data management system with expert partner which interacts proactively with the hospital PAS system and which, with further development, will interact with 18 week system
- Development and implementation of effective clinical pathways across organisational boundaries that in practice are repeatable for the majority of patients
- Through an effective information system coupled with effective pathways not every patient needs managing through the system, only those who 'fall off' the pathway. Regular sample audits are undertaken to ensure this system is effective
- Through this exception reporting, resources are not diverted tracking patients which can provide headroom to better understand the exceptions and where possible eliminate them
- Regular meetings to discuss exceptions with clinical, operational and executive team, and acceptance that for clinical reasons some patients will not achieve the standard
- Sufficient MDT Coordinators to ensure data capture is complete and as robust as possible, with work underway to develop a pool of data-clerks, e.g. to support capture of clinical outcomes.

### What was/is the key learning for you?

- Develop commissioned Improving Outcome Guidance (IOG) compliant clinical pathways that are repeatable for the majority of patients coupled with an effective information system. This means you can track by exception creating headroom for continuous improvement.

#### 62 day Cancer Waiting Times example (Q1 2008/9)

| Current waiting times rules |               | Adjusted for new rules |               |
|-----------------------------|---------------|------------------------|---------------|
| No of patients              | % performance | No of patients         | % performance |
| 427                         | 95.3          | 427                    | 88.7          |

# Examples of good practice related to the extension of the cancer waiting times standards

## Example of hospital specialist upgrade to 62 day pathway

Sherwood Forest Hospitals NHS Foundation Trust has developed the following poster to inform clinical teams of the process of hospital specialist upgrade to 62 day pathway using 24hour answerphone service.

Sherwood Forest Hospitals   
NHS Foundation Trust

## Cancer upgrade

### Suspicion of cancer?

Do you know that over 50% of our patients diagnosed with cancer are not referred via the Suspected Cancer Pathway (GP 2 Week Wait)?

### Hospital Specialists:

If you suspect a patient may have cancer you should register them on the cancer pathway by calling

**ext 6478**

Follow the prompt and leave the information below:

- Name of referrer
- Tumour site of suspected cancer
- Consultant referring to
- Patient demographics to include:
  - Full name
  - NHS number
  - DOB

From the date of leaving this message the patient will be tracked on the National Cancer 62 day pathway.

A clinical referral letter must be sent to the appropriate cancer clinician within 24 hours.

**This message does not replace a clinical referral letter**



## Example of a going further on cancer waits check list from NHS London

This checklist is designed to help PCTs and Trusts identify whether the systems and processes required to achieve the new cancer waits standards are in place locally. It is not an exhaustive list but suggests some areas where systems for 18 weeks can help to deliver cancer waits.

|                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>1) Leadership and governance</b><br>Does the Trust have an executive director responsible for cancer waits?<br>Does the PCT have an executive director responsible for cancer waits?<br>Has the Trust appointed a dedicated project manager for cancer waits?                                                                                                                                             |  |
| <b>2) Performance Management</b><br>Does the PCT meet regularly with the Trust to review progress in cancer waits?<br>Do the Trust and PCT Boards receive reports on progress against cancer waits?                                                                                                                                                                                                          |  |
| <b>3) IT Systems</b><br>Is the Trust IT system able to record and capture cancer wait clock events?<br>How has the Trust linked data capture on 18 weeks to data capture on the new cancer wait targets?<br>Is a new PAS implementation planned at the Trust before April 2009 and what impact will this have on cancer waits measurements?                                                                  |  |
| <b>4) Measurement</b><br>Are the clinic outcomes recorded for 18 weeks used to inform measurement for cancer waits?                                                                                                                                                                                                                                                                                          |  |
| <b>5) Cancer Waits PTL</b><br>Is a Cancer Waits Patient Tracking List (PTL) being used operationally?<br>If not, is there a clearly documented plan to implement a cancer waits PTL and by when?<br>Is summary PTL data being uploaded to Unify to identify current performance and areas where improvement is required?                                                                                     |  |
| <b>6) Inter-provider transfers</b><br>Has the Trust mapped patients that are transferred between provider care (either in or out)?<br>Has the Trust made contact with referring and/or receiving organisations at executive level to clarify mutual expectations?<br>Is the Trust providing the Inter-provider Minimum Data Set (MDS) (required for 18 weeks) with all transfers out to the other providers? |  |
| <b>7) Clinical and Staff Engagement</b><br>Do clinical and other staff (e.g. medical secretaries) understand the new targets and their role in achieving them?                                                                                                                                                                                                                                               |  |
| <b>8) Support of Cancer Network</b><br>Is the Trust making effective use of cancer network resources to support cancer waits?                                                                                                                                                                                                                                                                                |  |

## Example of a MDT alert to tertiary cancer service from Pan Birmingham cancer network

Version: December 2008

**NEW!** Select ONE of the following:

|                      |                          |
|----------------------|--------------------------|
| First treatment      | <input type="checkbox"/> |
| Subsequent treatment | <input type="checkbox"/> |
| Recurrence           | <input type="checkbox"/> |

**NEW!** Was this a:

|                    |                          |
|--------------------|--------------------------|
| Consultant upgrade | <input type="checkbox"/> |
|--------------------|--------------------------|

### MDT ALERT TO INCOMING PATIENT

To be sent to: **Insert Trust**Tertiary cancer alert fax no: **Insert Fax Number**From: \_\_\_\_\_  
(name of person sending this fax)

Trust: \_\_\_\_\_ Tel: \_\_\_\_\_

#### Patient Details

|                                        |                                      |     |                     |   |
|----------------------------------------|--------------------------------------|-----|---------------------|---|
| Forename                               | Surname                              | DOB | /                   | / |
| NHS Number                             | Hospital Number<br>(Referring Trust) |     |                     |   |
| Address                                |                                      |     |                     |   |
| Is the patient aware of the diagnosis? |                                      |     | Yes/ No/ Not known  |   |
|                                        |                                      |     | Patient<br>Tel. No. |   |

#### Referral Details

|                                                                                                                                     |                    |                                                      |                                                                           |          |
|-------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------------------------------------------------|---------------------------------------------------------------------------|----------|
| Trust First Seen                                                                                                                    |                    |                                                      |                                                                           |          |
| Urgent GP Suspected Cancer Referral                                                                                                 | Yes / No           | GP Decision to Refer Date<br>(if Urgent GP Referral) | /                                                                         | /        |
| GP name (Referring)                                                                                                                 | GP Phone           |                                                      |                                                                           |          |
| GP Practice name                                                                                                                    |                    |                                                      |                                                                           |          |
| Date First Seen                                                                                                                     | /                  | /                                                    | Date discussed at MDT meeting                                             | / /      |
| Decision to Treat Date (Date discussed and agreed with patient)                                                                     | /                  | /                                                    | <b>NEW!</b> Earliest Clinically Appropriate Date (ECAD)                   | / /      |
| Clinician (Referring)                                                                                                               | Speciality         |                                                      |                                                                           |          |
| Clinician Referred to at <b>Insert Trust</b>                                                                                        | Speciality         |                                                      |                                                                           |          |
| Has a referral letter together with imaging/histology reports been sent to clinician at <b>Insert Trust</b> ? If No please arrange. |                    |                                                      |                                                                           | Yes / No |
| Referred for Treatment                                                                                                              | Yes / No           | Planned Treatment Type                               | Surgery/ Chemotherapy/<br>Radiotherapy/ Palliative Care/<br>Brachytherapy |          |
| Referred for Diagnosis                                                                                                              | Yes / No           | Tumour Type<br>(Diagnosis)                           |                                                                           |          |
| Diagnosis Confirmed                                                                                                                 | Yes / No           |                                                      |                                                                           |          |
| Date of clinical intervention which confirmed cancer:                                                                               |                    | /                                                    | /                                                                         |          |
| Reasons for Delay in meeting target(s) (if applicable)                                                                              |                    |                                                      |                                                                           |          |
| Adjustments made<br>(Total no. of days)                                                                                             | Adjustment Reasons |                                                      |                                                                           |          |
| <b>Target Treatment Date</b>                                                                                                        |                    |                                                      |                                                                           |          |

*This document is not intended to replace the clinical referral letter.*

#### Office Use Only

|               |   |   |          |   |   |             |   |   |
|---------------|---|---|----------|---|---|-------------|---|---|
| Date Received | / | / | Date OPA | / | / | Clinic Code | / | / |
|---------------|---|---|----------|---|---|-------------|---|---|

*This was a two-page document, the second page was local contacts and therefore is omitted from the example.*

# Key questions and actions to support sustainable delivery

If you want to ensure sustainable delivery of the cancer waiting time standards the following key questions should support you:

## Hospital Trusts

### Key questions to ask your organisation

- Do you have effective, timed tumour or symptom specific pathways for all patients with suspected or confirmed cancer for the entire pathway (not just to first treatment)?
- Do you have effective inter-provider transfer systems in place, including effective, timed pathways which have been agreed, communicated and are delivered across the health community?
- Do you have robust specific patient information and administrative systems which support effective pathway management?
- How confident are you that you can deliver and sustain the 'Going Further on Cancer Waits' standards?
- Is your organisation making effective use of cancer network service improvement resources at a local level to support service redesign?
- Can you accurately identify all those patients who are included under 'Going Further on Cancer Waits' standards?

### Key actions to support and sustain delivery

- **Ensure** there is a prioritised work programme agreed by SHA(s) and service commissioners that includes clear milestones and monitoring arrangements
- **Provide** access to data on waiting times to those involved in delivering and monitoring service delivery
- **Nominate** a specific executive lead for cancer delivery
- **Implement** effective redesigned tumour or symptom specific pathways for all patients
- **Review** the distribution of waits experienced by patients in the Trust
- **Understand** when patients are likely to reach their decision to treat date for each tumour pathway, or what the 'earliest clinically appropriate date' might be for different scenarios
- **Agree** and implement systems for Inter-Provider referrals in collaboration with other organisations impacting on the individual patient pathway
- **Implement** a robust patient specific database, information and administration system(s)
- **Have clear** written robust protocols for action/escalation at all levels of the organisation with identified roles and responsibilities for each level of escalation through to the executive lead
- **Use agreed** symptom/tumour specific timed pathways to navigate patients through the system
- **Monitor** all patients covered by the 'Going Further on Cancer Waits' standards to ensure they are added to the tracking/navigation system
- **Effective communication** and administrative processes within the organisation/across organisations
- **Know** your patients, where they are, and where they should be along the pathway at any given time
- **Effective MDTs** discussing where patients are along the pathway and promoting efficient flow along the pathway
- **Use** local service improvement teams within the organisation or through your cancer network to support redesign of effective pathways
- **Support** at a senior clinical and managerial level for those tracking and navigating patients through the system.

## Cancer networks

### Key questions to ask your organisation

- Are you aware of the network priorities and timescales to support sustainable delivery of the 'Going Further on Cancer Waits' standards?
- Are you providing effective service improvement to organisations within the network to support sustainable delivery of the 'Going Further on Cancer Waits' standards in terms of;
  - Supporting identification of all patients who need to be monitored as part of the 'Going Further on Cancer Waits' standards?
  - Developing effective tumour or symptom specific pathways?
  - Effective Inter-Provider transfer systems and pathways?
  - Cancer information systems that will support waiting times and other cancer information initiatives, as defined in the national contract for acute services?
- Are there effective Service Level Agreements in place between service commissioners and providers to deliver 'Going Further on Cancer Waits' standards in a sustainable way?

### Key actions to support and sustain delivery

- **Develop and implement** an agreed prioritised work programme with relevant stakeholders including NHS Trusts and Foundation Trusts within the strategic framework agreed by SHA(s) and service commissioners that includes clear milestones and monitoring arrangements to meet and sustain Cancer Waiting Times standards
- **Broker and support** agreements to ensure timely well managed patient pathways between organisations within and across networks
- **Benchmark and monitor** performance data/trend analysis at Trust/tumour level
- **Agree**, communicate and monitor the effectiveness of the pathways through effective network tumour site specific groups
- **Monitor** whether the pathways are implemented and subject to audit
- **Monitor** the effectiveness of the Inter-Provider referral processes
- **Support the development** of robust cancer information systems that will support waiting times and other cancer information initiatives, as defined in the national contract for acute services
- **Monitor and support** the delivery of timely effective prospective patient management
- **Develop and implement** a sustainability plan that identifies how the service improvement team will be focused to support the redesign of pathways and overall delivery of the 'Going Further on Cancer Waits' standards.

## Primary Care Trusts

### Key questions to ask your organisation

- Do you commission effective, timed tumour or symptom specific pathways for all patients with suspected or confirmed cancer within and across organisations?
- Do you have robust specific patient information and administrative systems which support effective pathway management?
- How confident are you that the organisations you commission services from can deliver and then sustain delivery of the 'Going Further on Cancer Waits' standards?
- Is your organisation making effective use of cancer network service improvement resources to support delivery of the 'Going Further on Cancer Waits' standards?
- Is your cancer network effective in supporting sustainable delivery of the 'Going Further on Cancer Waits' standards?

### Key actions to support and sustain delivery

- **Develop and implement** a strategic framework for cancer waits delivery in conjunction with the SHA
- **Commission** effective redesigned tumour or symptom specific pathways for all patients with suspected or diagnosed cancer within and across organisational boundaries which are incorporated into the PCT quality specifications with Trusts (additional information and guidance on commissioning can be obtained through the cancer commissioning toolkit)
- **Nominate** an executive PCT cancer lead and ensure active and senior membership of the cancer network board
- **Agree** referral guidance and audit compliance, ensuring that systems and processes are developed to include a feedback loop to primary care
- **Ensure** adequate diagnostic capacity and provision to meet the waiting times standards
- **Implement** robust and effective information systems which provide good information for management decisions, as alluded to in the national contract for acute services
- **Monitor** network effectiveness in supporting delivery
- **Use** local service improvement teams to support pathway redesign within primary care and across the primary/secondary care interface
- **Effectively contribute** to the network's work programme including supporting network wide pathways and Inter-Provider transfer processes
- **Ensure** networks are fit for purpose and hold them to account for agreed objectives through formal review.

## Strategic Health Authorities

### Key questions to ask your organisation

- Has a SHA lead been identified to be responsible for the effective delivery and sustainability of the 'Going Further on Cancer Waits' standards?
- Are there effective Service Level Agreements in place between service commissioners and providers to deliver sustainable 'Going Further on Cancer Waits' standards?
- How confident are you that the organisations within your patch can deliver and sustain delivery of the 'Going Further on Cancer Waits' standards?
- Is/are your cancer network(s) effective in supporting sustainable delivery of the 'Going Further on Cancer Waits' standards?
- Are there effective, timed tumour or symptom specific pathways for all patients with suspected or confirmed cancer?
- Are there effective transfer systems in place, including effective, timed pathways which have been agreed, communicated and delivered across the health community?
- Are there robust specific patient information and administrative systems which support effective pathway management, as defined in the national contract for acute services?
- Are you making effective use of cancer network improvement resources to support delivery of the 'Going Further on Cancer Waits' standards?

### Key actions to support and sustain delivery

- **Develop and implement** a strategic framework for cancer waits delivery, in conjunction with service providers, service commissioners, screening services and the cancer networks with national support and advice as appropriate
- **Work** with service improvement leads to ensure that priorities are in line with national and local objectives
- **Ensure effective** redesigned tumour or symptom specific pathways have been commissioned
- **Monitor** whether the pathways are implemented and subject to audit
- **Establish and operate** a clear performance management framework including monitoring arrangements and an implementation plan
- **Work** with cancer network service improvement leads to ensure that priorities are in line with national and local objectives
- **Ensure** networks are fit for purpose and hold them to account for agreed objectives through formal review
- **Designate** an individual who will take responsibility across the SHA for delivery and sustainability of the 'Going Further on Cancer Waits' standards.

# Further information

Further information on Going Further on Cancer Waits can be found at:

[www.improvement.nhs.uk/cancer](http://www.improvement.nhs.uk/cancer)

## Local support

There will be different approaches within each Strategic Health Authority area and the SHA lead for Going Further on Cancer Waits should be able to advise.

Cancer network service improvement teams will be able to provide service improvement advice and support to enable you to deliver and sustain the cancer waiting times standards as outlined in the Cancer Reform Strategy 2007.

## Acknowledgements

Thank you to the NHS organisations who provided case studies for this document and to all those who have had input into the document.

## Useful publications

A Guide to Delivering and Sustaining the Going Further on Cancer Waits Standards Through Effective Pathway Management can be found at: [www.improvement.nhs.uk/cancer](http://www.improvement.nhs.uk/cancer)

The Cancer High Impact Changes can be found at: [www.cancerimprovement.nhs.uk/publications](http://www.cancerimprovement.nhs.uk/publications)

The cancer waiting times measurement has been aligned with that for 18 weeks. The 18 weeks 'How to measure' document which includes examples of clinical outcomes sheets used for 18 weeks can be found at: [www.18weeks.nhs.uk/Content.aspx?path=/measure-and-monitor/How-to-measure](http://www.18weeks.nhs.uk/Content.aspx?path=/measure-and-monitor/How-to-measure)



## NHS Improvement

Formed in April 2008, NHS Improvement brings together the Cancer Services Collaborative 'Improvement Partnership', Diagnostics Service Improvement, NHS Heart Improvement Programme and Stroke Improvement into one improvement programme.

With over eight years practical service improvement experience in cancer, diagnostics and heart, NHS Improvement aims to achieve sustainable effective pathways and systems, share improvement resources and learning, increase impact and ensure value for money to improve the efficiency and quality of NHS services.

Working with clinical networks and NHS organisations across England, NHS Improvement helps to transform, deliver and build sustainable improvements across the entire pathway of care in cancer, diagnostics, heart and stroke services.

## NHS Improvement

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