ABM University Health Board	
Date of Meeting: 24th January 2018 **Name of Meeting: Performance and Finance Committee** **Agenda item: 2f**	
Subject	*Implementing the Single Cancer Pathway in ABMU*
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Approved by	Chris White, Chief Operating Officer
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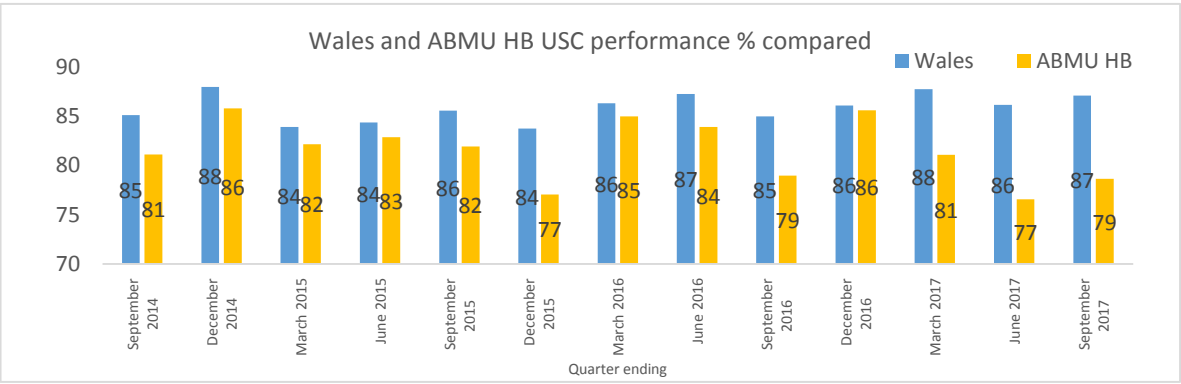
1.0 Situation

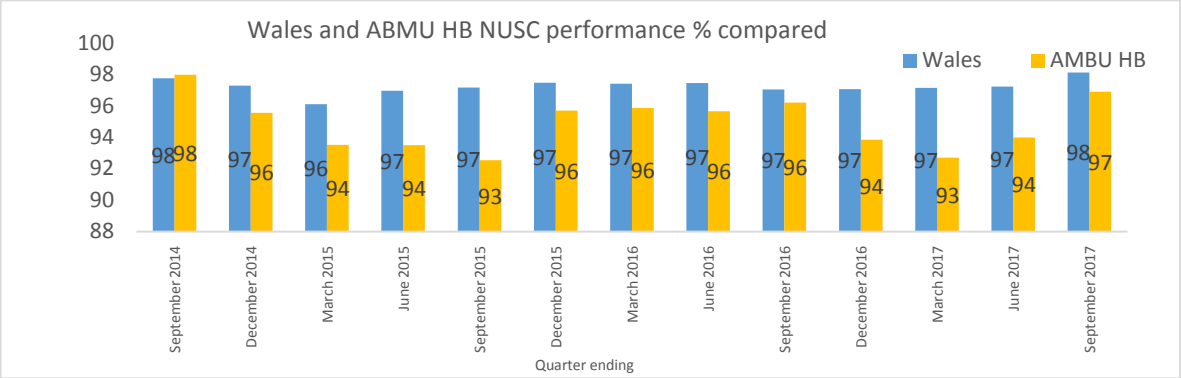
The current Cancer performance targets have been a Welsh Government target for approximately 10 years and describe two cancer pathways (waiting time targets);

a) The Urgent Suspected Cancer (USC) pathway describes patients who are referred from primary care, confirmed USC at grading, to first definitive treatment within 62 days of receipt of referral. This target has a compliance level of 95%,
b) The Non Urgent Suspected Cancer(NUSC) pathway describes patients, regardless of referral route and not already included under the USC category. These patients have 31 days from decision to treat to start of definitive treatment. This target has a compliance level of 98%

For context, the conversion rate of USC referrals who are then confirmed to have cancer is 3% - 20% varying between different tumour groups.The proportion of all cancers diagnosed via the USC pathway is usually 40%, confirming that the majority of cancers are diagnosed via the nUSC route.

The USC target across Wales has not been delivered for many years. Traditionally compliance with the nUSC target has been much better, however this too has been problematic.





There has long been concern that patients on the nUSC pathway are being disadvantaged as they are only accelerated through the system from a date of **'decision to treat'** rather than when there might have been a suspicion of cancer (as with the USC patients). WG, advised by the Welsh Cancer Network have concluded that 62 days should be the longest time any patients should wait.

Adoption of a single cancer pathway (SCP) will monitor all patients from a date of suspicion through to treatment within 62 days and track patients through the system to this timeline. The Cabinet Secetary has indicated that all Health Boards must be able to deliver compliance against a 62 day Single Cancer Pathway by April 2019. This is a significnt change to the process by which ABMU currently manages patients through the pathway and has implications for; demand and capacity, tracking, management capacity, and information systems.

2.0 Background

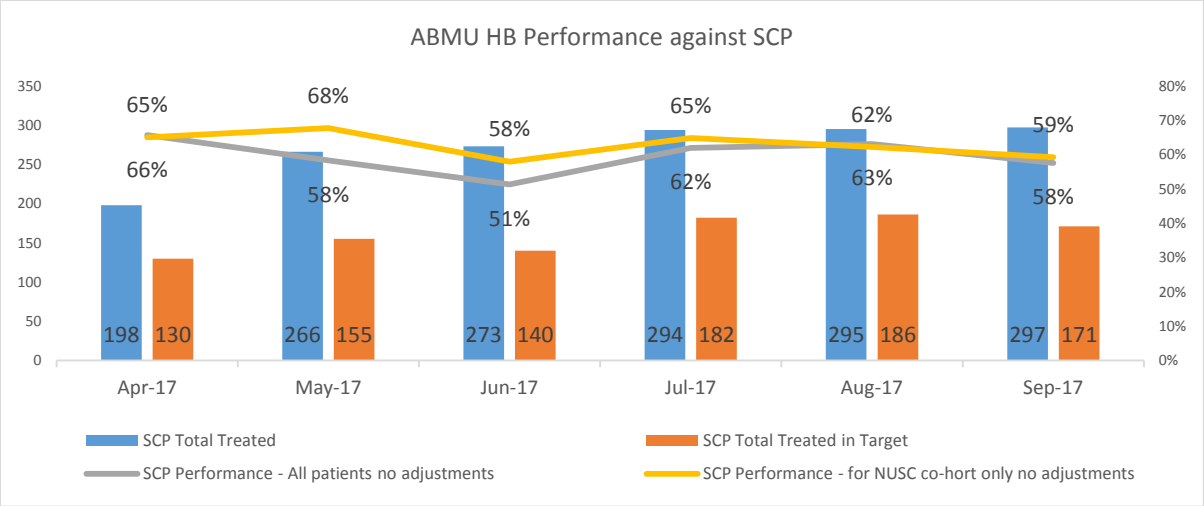
A SCP was piloted by Cwm Taf University Health Board in 2015/16 to try and ascertain the potential impact on perfomance (access for patients), and also the operational impact on clincial and managerial services within the Health Board.

Presentation of their data in July 2016 indicated approximately 23% of patients treated against the nUSC pathway breached when reported against the SCP. At the same time, the Wales Cancer Network commissioned Cardiff University to evaluate the findings of the Cwm Taf pilot and specifically consider the impact of the SCP on diagnostic demand. This is based on a proposed SCP component wait of 28 days (within the 62 day tolerance) to complete all neccessary diagnostics to allow a target for cancer diagnosis by 28 days. The findings concluded that a 20% increase in diagnostic capacity would be required, especially CT, MRI, Endoscopy and Pathology. This was a high level assessment, and not broken down by modality. This capacity alone would not be sufficient, as crucially, pathways will need to remove waits between tests in order to facilitate an accelerated pathway.

Since summer 2017, Health Boards have been retrospectively reporting SCP waits. This shadow reporting reflects current performance and what the performance would be like on a single cancer pathway for the same cohort of confirmed cancer

patients. This information, coupled with a clear understanding of the benefits to patients, has been reported to Welsh Government in the hope that a new single pathway target will be adopted in 2018/19. If adopted, this target is likely to reflect the need for incremental improvement through the year leading to a point at which the measure will become the sole measure for patients with suspected cancer in Wales. Indications are that the tolerance level for the new SCP will be 95%, this will be a significant challenge as data received by WCN from all Health Boards suggests the performance will be 65-70%.

The shadow reporting for ABMU is shown in the chart below.



3.0 Assessment

ABMU have been engaged with the work of the WCN and the Cancer Implementation Group contributing to the national shaping of the work to support SCP implementation, and escalate potential risks. Meetings have already taken place with the WCN SCP lead, and we plan to meet with the developer of Tracker 7 (the cancer information system) and NWIS over the next month. ABMU is also buddying with Cardiff and Vale UHB to share learning and planning.

A number of risks have been identified which include;

- To date, no clear rules and definitions have been agreed and disseminated to Health Boards by the WCN or WG. ABMU contributed to a Peer Review of Cancer Pathway Management hosted by the WCN in December to raise this as a key enabler and have actively asked to contribute to the development of these rules.
- No single system will automatically capture point of suspicion to start a patient clock and prompt tracking. At the moment, a USC trigger is the referral from the GP, and for nUSC, by the clinician who has decided that a patient needs treatment. This is still the biggest risk at present, both in terms of a tight process which identifies all patients, but also means that we are not able to establish the full size of the demand of patients who will need to be tracked and have diagnostics within the 28 days. Without timely notification of a

patient being placed on the SCP, patients could be identified at such a late stage that delivery of the target would be unachievable.

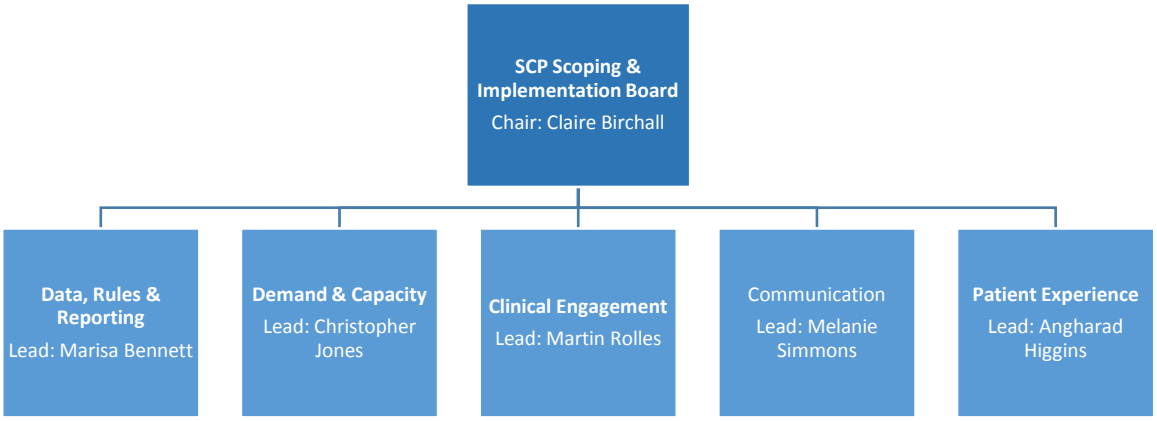
A review of the report following the Cwm Taf pilot suggests there could be a 469% increase of patients placed on the SCP than reported as a confirmed malignancy and treated. If correct, estimations would place the total additional patients to be tracked for ABMU HB per month at approximately 2550.

- The potential increase in diagnostics needs further analysis and demand and capacity assessment by diagnostic and modality. Whilst these are not necessarily additional investigations, they will need to be provided in a far quicker timeframe. The HB have asked the WCN and the NHS Delivery Unit for support in undertaking this work as it is incredibly complicated. We have a Service Improvement lead who is able to support this work but will need this support. We are meeting with the NHSDU in February for their guidance, and would hope for some timely and robust support to this work.

- Fundamental to the success of delivering the Cancer targets is the tracking process behind it which pushes and pulls patients through the next step of their pathway. The tracking resource required to deliver this additional demand needs to be quantified, as we already know that tracking capacity has been a constraint in the management of cancer within ABMU, and it often forms only one part of peoples job. The increased volume of patients will undoubtedly burden the current staff in tracking posts with increased risk to specialties where tracking is undertaken by service managers. This assessment needs to be undertaken once we have more detail on potential volumes by tumour site.

- In terms of data capture, a number of additional component waits are expected to have to be reported against which may include time to first appointment; time of referral to test; time to test being performed, time to diagnosis; time to the treatment decision making MDT discussion; time to decision to treat, time to treatment. Whilst this can be recorded within Tracker 7, it is not done routinely as it's not currently required. Trackers will be required to routinely record more data items which will have a workload impact.

In addressing the risks, a SCP Scoping and Implementation Board has (SCPSIB) been set up to meet in Quarter 4 2017/8. The structure is shown below.



The group are being tasked to work through 5 workstreams to achieve a methodical and staged programme for implementation over the coming 12-15 months, they are;

- **Data, Rules & Reporting** – to understand what is required and how that can and will be reported. Systematically working through possible points of suspicion for solutions so that we can enact a trigger to the SCP.
- **Demand & Capacity** – As discussed, this is a significant piece of work, and the WCN have approached 1000 lives and the NHS Delivery Unit to request support. Within ABMU HB, Chris Jones (Service Improvement) has been assigned to Cancer Services to support this aspect of the work, having undertaken similar (but simpler) work in Gastroenterology and Oncology.
- **Clinical Engagement** –it will be crucial that clinicians support the SCP delivery by understanding the SCP process, identification and triggering of patients, and pathway development in order to deliver the performance.
- **Communication** – will be essential across the pathway, importantly any clinician may suspect a malignancy and it's imperative a clear process is understood to ensure timely identification of the patient. A programme of training for staff will also need to be out in place regarding any new rules, IT systems and data capture points.
- **Patient Experience** – It is important that we ensure that patients are well informed about what the SCP should offer them, to ensure that we still continue to deliver on patient expectations and quality.

The Board will meet monthly and will be chaired by the Service Director with the Lead for Cancer, feeding into the Cancer Improvement Board which is supported by the Executive Director for Cancer. Some of the workstreams are already starting to describe their scope, and the Data, Rules & Reporting workstream now meets fortnightly.

Finally, there has been an indication from the WCN that there may be some investment available to support implementation. The SCPSIB will ensure it has financial representation to ensure any potential revenue impact of the SCP, likely to

be associated with additional demand and also with tracking, is captured accordingly so that any potential investment can be secured/

4.0 Recommendations

The Performance and Finance Committee are asked to note;

The WG expectations of implementing a SCP;
The risks which ABMU have identified around implementation and associated with performance;
The actions which ABMU has out in place already to scope and implement the SCP;
The proposed governance for delivering the SCP via the SCPSIB.