



Wessex Cancer Performance & Recovery Update



Summary of Cancer Services – 15/10/2020

URGENT REFERRALS: At the start of the pandemic in late March urgent cancer referral rates dropped immediately to around 30% of pre-pandemic levels. 2ww referrals rose steadily to early July and are now at an aggregate rate of 96% of pre-pandemic levels for all Wessex but variation exists particularly in skin and gynaecology sites

ACTIVITY: Treatment activity was the highest ever recorded in March, and April. Urgent and essential cancer treatment was maintained throughout the peak of the pandemic, but treatment levels in August were lower than pre-pandemic levels due to deferred leave. Activity is now tracking above baseline.

BACKLOG: The number of people waiting over 62 days for diagnostics and/or treatment increased significantly during the pandemic. Nationally backlog (post 62 day waits) was more than double its pre-pandemic level, and the number of people waiting over 104 days had grown five-fold. For Wessex the total number of people now waiting over 62 days for diagnostics or treatment is 445 with 56 people waiting over 104 days currently. The majority of the delay remains in diagnostics including endoscopy.

DEMAND: The reduction in referrals and treatment means there is pent up demand. Across Wessex urgent 2ww referrals returned to near normal levels much earlier than national average, however we continue to track new cancer diagnosis and gap against baseline to identify areas of 'missed' diagnosis.

The overall aims of the cancer recovery phase are to:

01.
Restore urgent cancer referrals at least to pre-pandemic levels

02.
Reduce the backlog at least to pre-pandemic levels (on both 62 and 31 day pathways)

03.
Ensure sufficient capacity to manage increased demand moving forwards

We will support delivery of these aims by:

A. Supporting a **system-first model for recovery** through Cancer Alliances

B. Tackling inequalities, including where they may have been further impacted by the COVID-19 pandemic

C. Ensuring that patients and staff have **confidence that services are COVID-protected**

D. Locking in **innovations** prompted by the pandemic or which support recovery

E. Ensuring we have the **right workforce** in place

F. Re-starting **LTP activity** which supports recovery

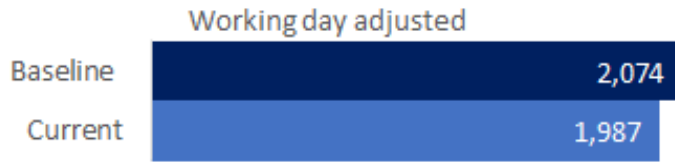
G. Ensuring **effective communications** across the wider cancer community



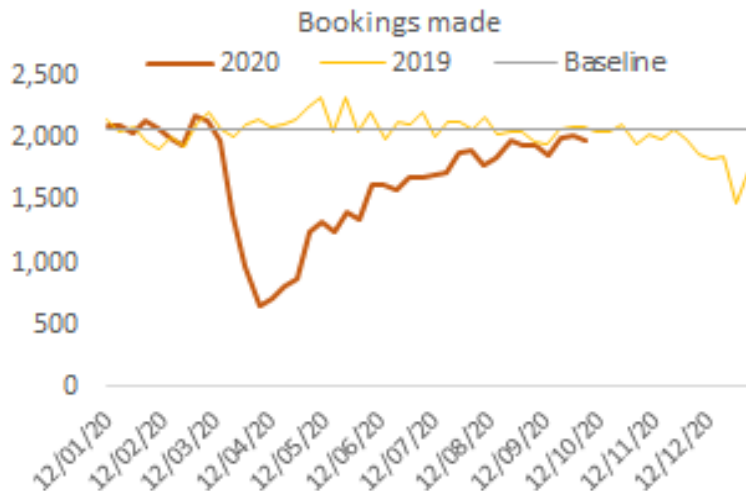
Restoring urgent 2WW referrals to pre-pandemic levels

Most up to date position – Wessex (week ending 04/10/2020)

(Pre-COVID baseline calculated as: Bookings and Treatments, from w/e 12/01/2020 to w/e 15/03/2020 inclusive)



Nationally bookings made down 17% from baseline, Wessex down 4%



2WW referral numbers by tumour site

	Baseline	Previous week	Current week	% change from baseline	Week on week % change
Bookings made (working day adjusted)	2,074	2,015	1,987	-4%	-1%
Breast	460	492	529	15%	8%
Breast Symp	60	49	38	-37%	-22%
Gynae	145	184	156	8%	-15%
Head&Neck	193	160	158	-18%	-1%
Lower GI	358	331	344	-4%	4%
Lung	56	34	41	-26%	21%
Skin	429	464	392	-9%	-16%
Upper GI	99	97	105	6%	8%
Urological	239	169	197	-17%	17%
All others	34	35	27	-21%	-23%

- Total of **2,074** 2ww referrals received across WCA week ending 04/10;
- Currently 4% lower than baseline. Cumulative (16 March – 4 Aug) % lower than total referrals than in same period in 2019
- At tumour site level largest % gap from baseline in 2ww referrals are Breast Symptomatic (-22%), Gynae (15%) and skin (-16%)
- Noted lung referrals have recovered from a dip during the peak of the pandemic



Reduce Backlog and restore performance

What have we done?

- Infrastructure in place for Surgical Hub **actively monitoring COVID-deferred long waiters** and understanding the reasons for breach (e.g. diagnostic vs. surgical waits or patient vs. hospital reasons) – the Alliance is currently exploring the possibility to put this infrastructure in place for all long waiters
- Ensuring that surgical capacity is available in the Hub to be **offered to all patients who are facing delays in cancer surgery** (given appropriate prioritisation), including >62 day and >31 day surgery waiters
- Focus in on bowel screening long waiters and ensure that appropriate plans are in place
- Weekly Wessex wide **aggregate PTL** from Somerset data and shared (anonymised) with all providers
- Weekly meeting for all cancer managers, cancer analysts and clinical teams as required to **share learning, support and identify opportunities for mutual aid**

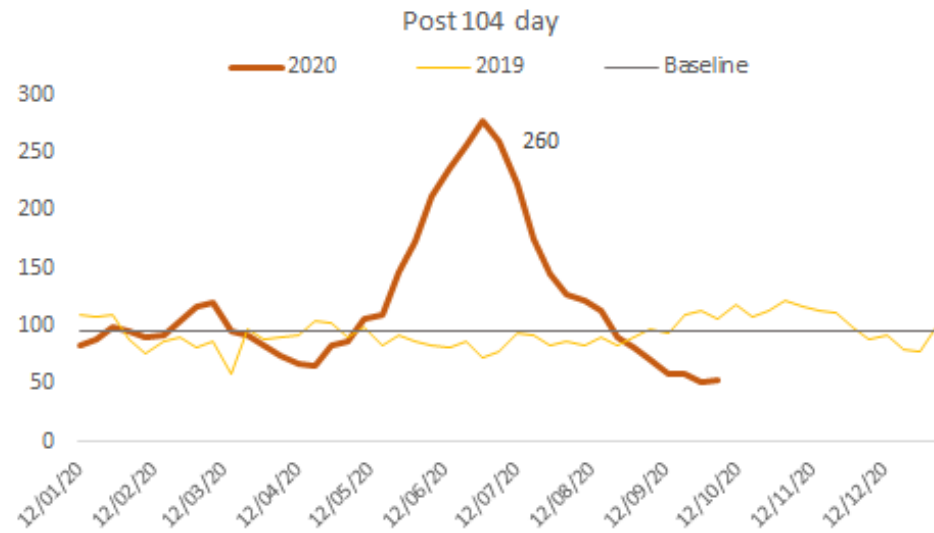
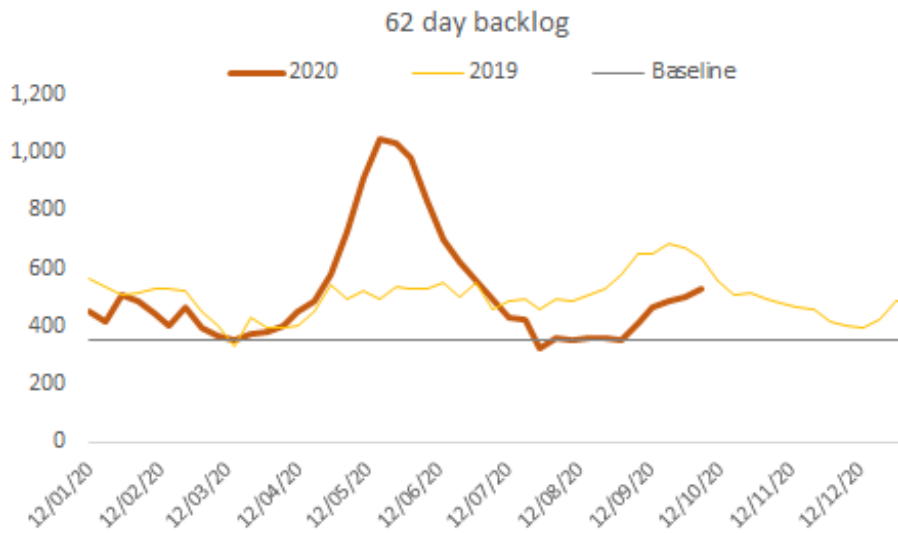


Reduce Backlog and restore performance

Change in 62 day backlog (+52%)



Change in 104 day backlog (-44%)





Ensuring sufficient capacity



Diagnostic tests

Diagnostic test activity is consistently increasing week on week for all conditions, whilst capacity was protected for cancer, or recovered as a priority,

Diagnostic tests (working day adjusted, not Cancer exclusive)

	Previous week	Current week	Week on Week
MRI	2,371	2,196	-7%
CT	5,372	5,132	-4%
Ultrasound	4,721	4,800	2%
Imaging	12,464	12,128	-3%
Colonoscopy	231	305	32%
Flexi. Sig.	120	97	-19%
Gastroscopy	344	374	9%
Endoscopy	695	776	12%

Activity recovery

As at 15th October Dorset system is operating at 104.3% pre pandemic baseline activity for endoscopy. HIOW is on track to achieve 95% pre pandemic baseline for all system by end of October.

Medical Consultant activity is prioritised for GI services with on –take at a minimum as far as possible. Trust medical directors' collaboration to ensure endoscopy capacity and workforce prioritised and protected to sustain activity.

Modality	October projection
CT	95%
MRI	103%
Colonoscopy	92%
Flexi Sig	66%
Gastroscopy	77%
Endoscopy	95%



Implement urgent plans to manage demand for endoscopy

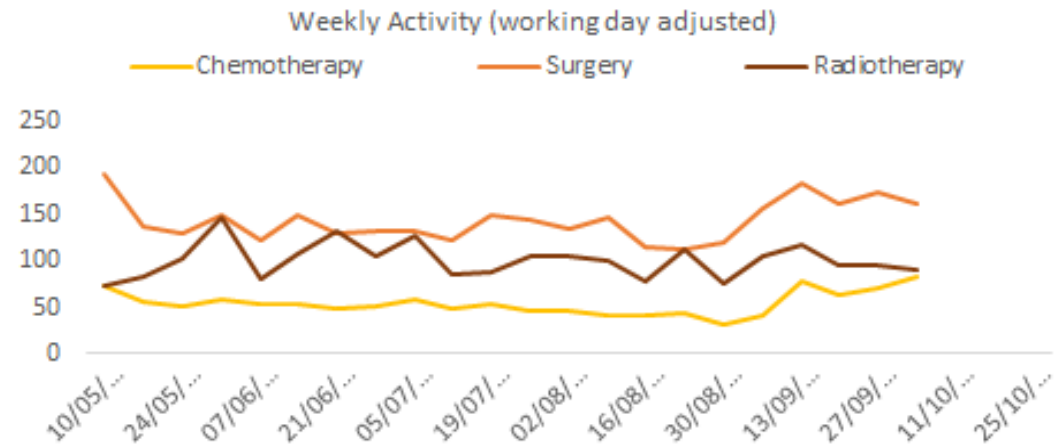
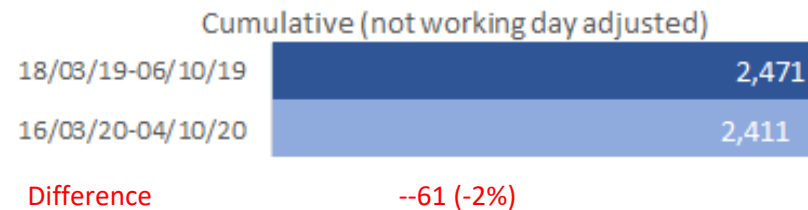
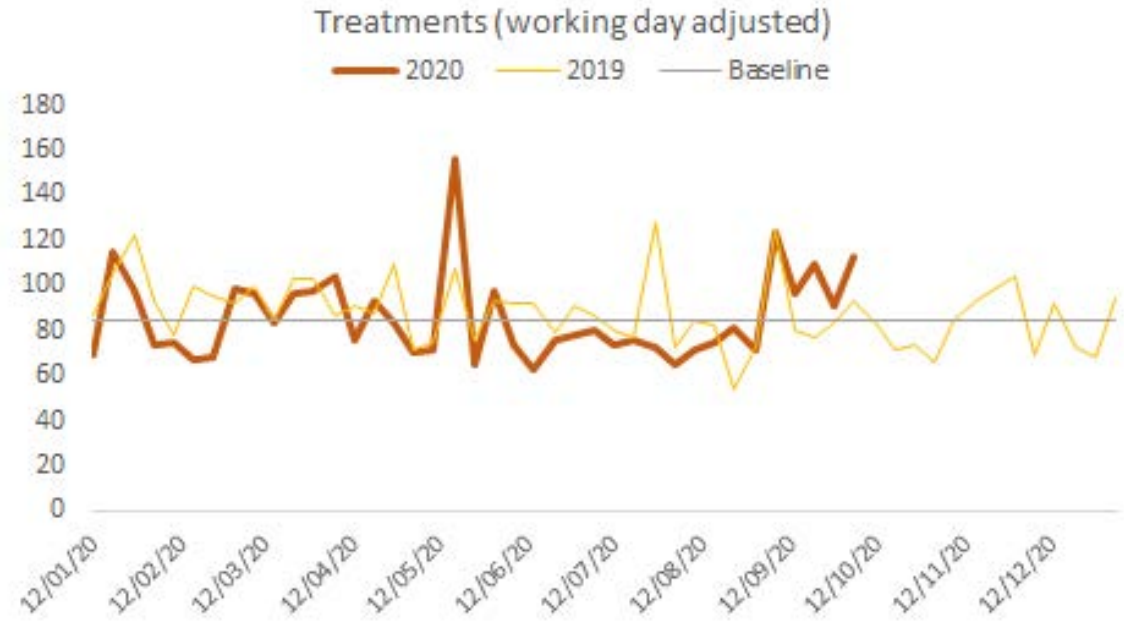
- **Both Wessex systems are taking part in the national Adapt & Adopt programme for Endoscopy**
 - The workshops took place for Dorset ICS on July 29th on August 19th for HIOW STP
 - Following the workshops, we are working with the trusts and region to develop and implement plans for the Adopt & Adapt initiatives
- **In parallel, the Alliance has developed a capacity & demand model for endoscopy (both cancer and non-cancer) to support long-term planning**
 - This effort is done to recognise that endoscopy capacity has been insufficient in Wessex even pre-COVID
- **Selected specific initiatives currently being implemented:**
 - Standardise FIT testing pathway at the system and alliance-level, to allow prioritisation of urgent endoscopy requests
 - Exploration of new and innovative types of endoscopy procedures that could increase throughput (e.g. transnasal and capsule endoscopy) is underway at RBCH and PHU
 - Confirmed additional funding to expedite e.g. capsule endoscopy where clinical teams have requested
 - Capital investment into HHFT, DCH, RBCH, UHS
 - **Deep dive into service management and flow at PHU**



Ensuring sufficient capacity

Cancer Treatment

Cancer Treatment activity has been sustained throughout the pandemic period. Alternative treatments were utilised at the peak of the pandemic, including hormone therapy and radiotherapy. Treatment levels dipped in August due to accumulation of leave for medical teams. **Activity now returned to above baseline.**





Recovery Plan Actions

System first working

- Leadership of HIOW Cancer Recovery, support via DCP for Dorset.
- Surgical Hub in place across Alliance footprint. Infrastructure utilised for other modalities e.g. Endoscopy in Dorset
- Wessex Dashboard tracking activity and waiting times across the geography of the Alliance
- Endoscopy modelling to plan medium term capacity and identify variation within a footprint.

Tackling inequalities

- Targeted listening and engagement with Black and Asian population,
- Prioritisation of improved data on inequality,
- Early Diagnosis and Prevention education of seldom heard (Communities Against Cancer)
- Action to address gap in NCPES on Isle of Wight through a patient collaborative

Patient and staff confidence sites are Covid-19 protected

- Fortnightly Bulletin with information on latest clinical guidance, infection control and CV-19 funding or support
- Trust site patient and staff videos on YouTube
- Primary Care Q&A and information webinars
- Patient facing website and multimedia information and support including patient stories
- Revision of Covid-19 consent form, patient information sheets and support lines
- Set up of an off site Independent Sector Cancer Surgical Hub

Locking in innovation

- Partnership with AHSN to provide clinical and management capacity to implement evidenced innovation swiftly
- Via SSGs, nursing and AHP fora, offer an Innovation Fund to support newly developed ways of working
- Safefit - a virtual service replacing WESFIT during pandemic period offering psychological, nutrition and fitness support
- Implementation of Virtual MDT and Investment in diagnostic image sharing technology
- Survey of trusts via SSGS for Covid-19 developed innovations

Effective Communications

- Patient and stakeholder websites developed.
- Multimedia communications strategy activated



Develop & support our workforce

Endoscopy workforce

- HEE/Clinical team workshops to design accelerated 30 week clinical endoscopy course, sharing novel ways of working, new roles and alternative models of care,
- Working with London and Wessex Deanery to implement Immersion Model Training for GI Registrars,
- Commissioning of South West Virtual Endoscopy Training Academy
- National pilot of 40 week progression to colonoscopy open to Wessex workforce

Radiologist workforce

- £26,372 available per staff member, offer to all trusts, costs to cover course fee, supervision, workstation and backfill for training in advanced radiology, for example Advanced Medical Imaging, Interpretation and reporting in mammography. 150 places nationally per year.

Cancer Nurse Specialists

Support the development of aspiring and existing Cancer Clinical Nurse Specialists via 2 options:

- Individual grants of up to £5000 per person to undertake learning and development at post-graduate or advanced level (x12)
- Purchase education and / or training, for a group of aspiring and / or existing CaCNS, to meet an identified need

Chemotherapy Nursing

- Development of existing and aspiring Chemotherapy Nurses with a training grant of up to £1,500 per individual with five training grants per Cancer Alliance available

Alliance specific funding

- £614,915 HEE additional funding and £180k Alliance funding for targeted Wessex projects including supported self-management within all Trusts across Wessex.
- Roles for CNSs and Cancer Support Workers, AHP First Contact Practitioner across primary and secondary care
- Education and development AHPs and the wider health and care workforce about personalised care with a focus on prehabilitation and rehabilitation in people with cancer – PROSPER
- Advanced Communications Skills Training for clinical staff in community, primary and secondary care



Risks to delivery of phase 3 recovery

Risk	Overview and Mitigation
Future covid-19 peak	Impact of future peak over winter during flu season and winter pressures. Plans to develop covid-secure pathways for diagnostics, treatment with virtual technology will help protect cancer services. Plans to expedite personalised care remote monitoring solutions will support cancer patients following treatment
Further exacerbation of inequalities in referrals	Current findings suggest greater inequality in access post covid-19. This is particularly in relation to presenting to primary care with signs and symptoms of cancer. Local messaging campaigns to be directed through cancer champion's and community leaders to support equality of access
Independent sector	Changes or termination of contract before March 2020/21. Broadening the referral criteria into the independent sector would support increased cancer diagnostics and treatment utilisation.
Endoscopy capacity	Still significant backlog of lower GI referrals and workforce remains a key barrier to doing more. The alliance will work with HEE to promote and champion recruitment of AHP's and nurses to endoscopy training programmes
Rapid Diagnostic Services	Gaining timely access to diagnostics (within current capacity) where known backlogs exist. The development system wide PTL for diagnostics will support better understanding of capacity within the system. The roll out of RDS pathways will provide more streamlined pathways and support management of backlogs.
Ongoing impact of the initial Covid-19 peak	<p>Cancer PTL's have grown significantly through covid-19 recovery. Ongoing management of new 2WW referrals whilst managing diagnostic backlogs and long waiters will require ongoing close management of clinical pathways. WCA dashboard to support trusts across the alliance to work together to best manage the cancer PTL to achieve system wide trajectories.</p> <p>Close attention, review and management of consultant upgrade and emergency presentation routes to understand and manage the ongoing impact of covid-19 on cancer patients</p>

