

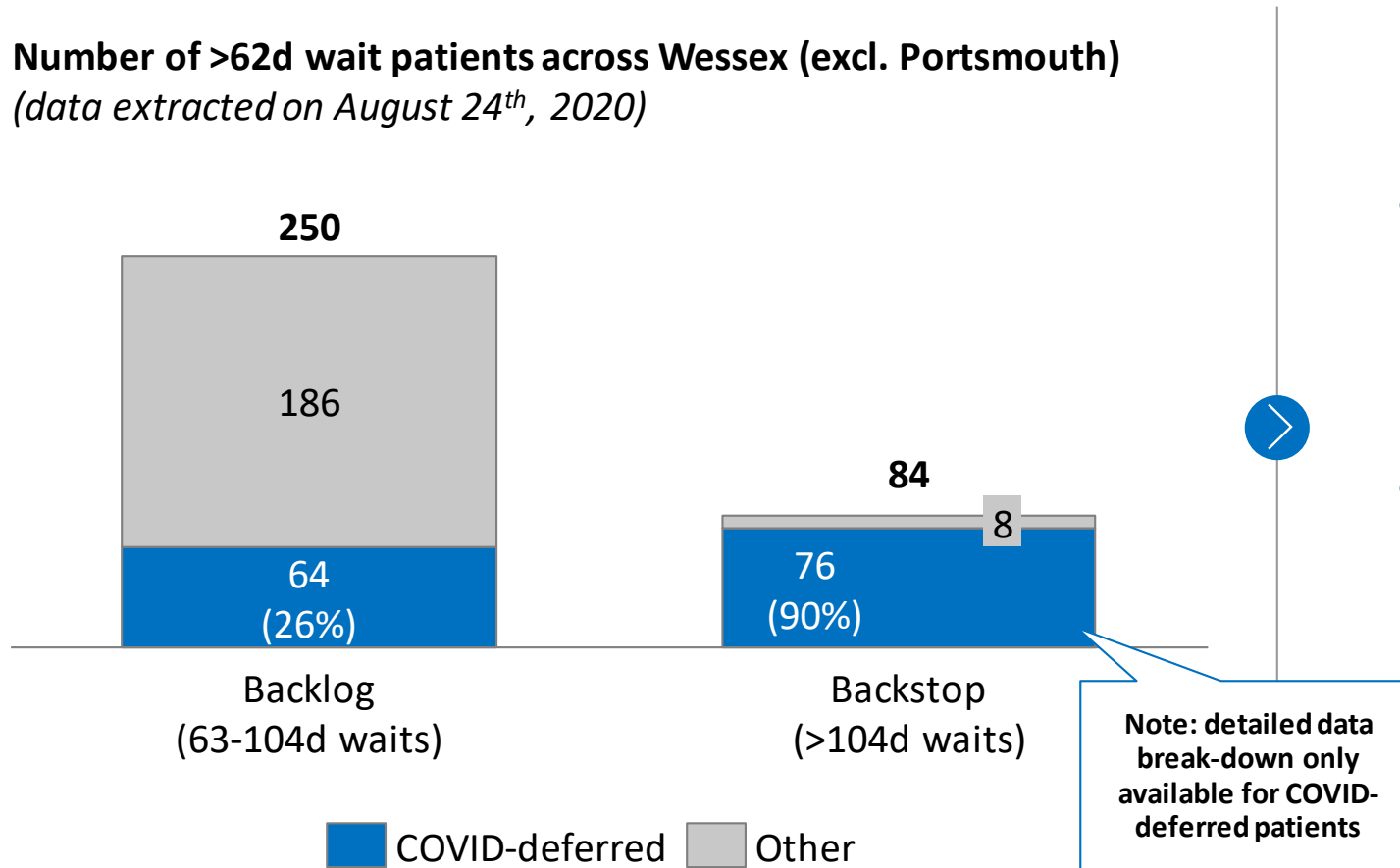


Report to the Wessex Cancer Alliance Board	
Title:	Wessex Cancer Alliance Surgical Hub
Sponsor	Elisabeth Chen, Surgical Hub and Endoscopy Programme Manager, WCA
Date:	10 September 2020
Purpose	Information
Issue to be addressed:	<ul style="list-style-type: none"> • Clinical protocols, pathways and governance were developed and agreed by clinical representatives from all 8 Wessex trusts (incl. Salisbury) • The Wessex Cancer Hub is fully operational in principle – first clinical prioritisation panel met on June 17th • No patients referred into the Cancer Hub so far, as trusts have been able to meet their own cancer surgical demand • A review into >62 day PTLs supported this, and demonstrated that patients waiting >62d were waiting largely due to choice or earlier pathway delays (see Appendix) • Looking forward, UHS has confirmed that Hub capacity will likely remain stable into the winter season, as additional theatres are re-opening to balance lost IS capacity
Response to the issue:	<ul style="list-style-type: none"> • Work with trusts to understand expected changes in Hub demand with the up-coming winter season and changes in independent sector provisions • Understand if the Hub model should be applied to other modalities (e.g. radiotherapy, chemotherapy or diagnostics) and if so, what that could look like • Specific consideration across Dorset to application of the Hub model for Endoscopy services with potential to consider similar application for HIOW.
Implications:	<ul style="list-style-type: none"> - Ongoing collaboration across all Acute providers via common performance dashboard to track backlog (63-104 day waiting) and backstop (>104 day waiting) patients and support of clinically agreed approach to utilisation of the Hub if required - Ongoing collaboration of mutual aid and intra trust support as required
Risks:	<ul style="list-style-type: none"> - Loss of independent sector capacity, currently ringfenced for Surgical Hub activity - Second surge in COVID-19 cases.
Summary:	<p>The board is asked to support proposed response to the ongoing pressure on cancer surgical capacity and ongoing state of readiness to utilise the Wessex Surgical Hub should patient waiting times exceed local trust and system capacity to manage. Further the board is asked to support the consideration of opportunity to apply the hub principles across diagnostic modalities where capacity pressure is most significant.</p>

Background Information for context of Cancer Hub >62d PTL analysis

In Wessex, 140 patients (42% of >62d waiters) are currently facing delays in their cancer care due to COVID reasons

Number of >62d wait patients across Wessex (excl. Portsmouth)
(data extracted on August 24th, 2020)

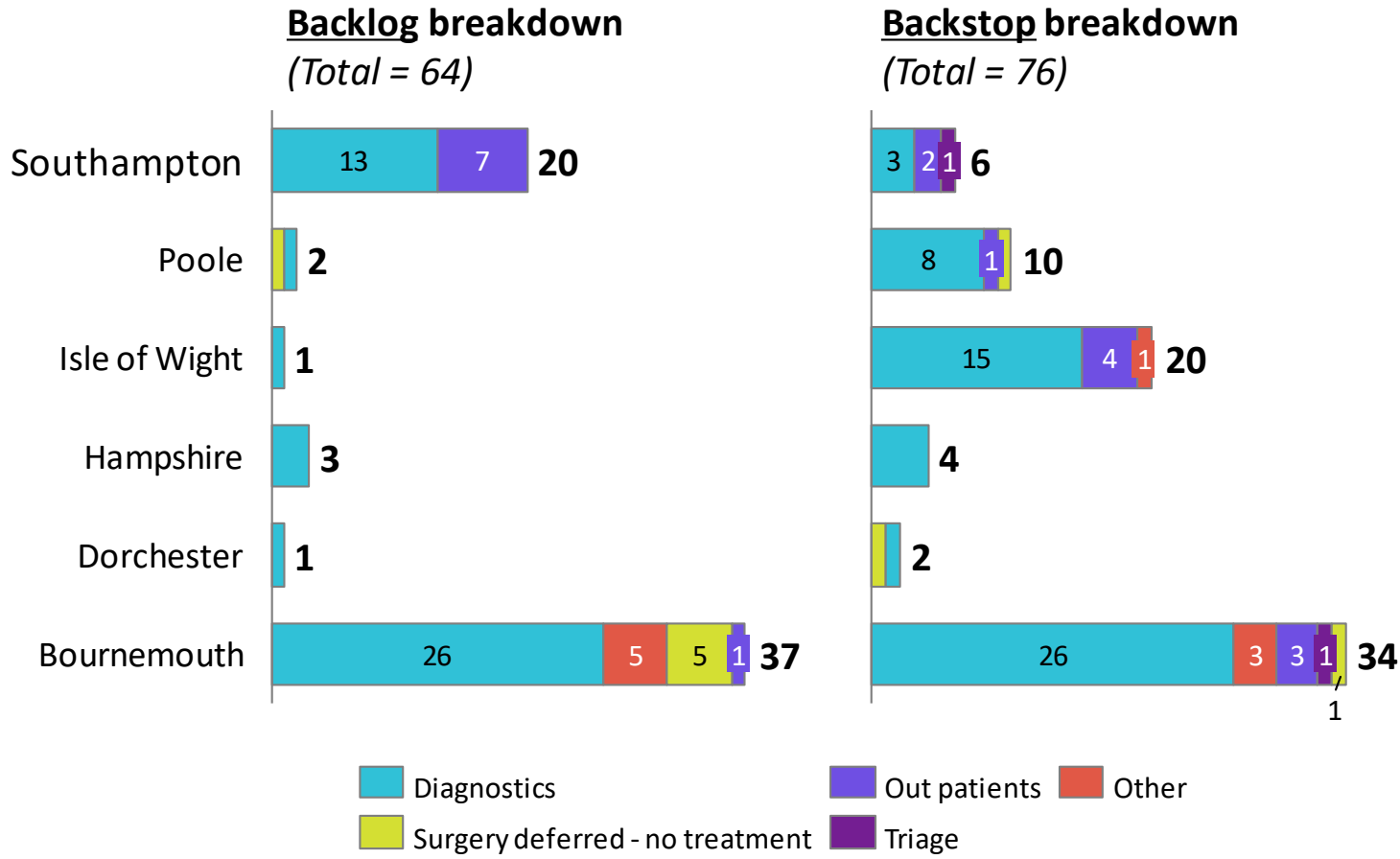


- Compared to March 1st, this represents a **small increase (6%) in backlog** and a **small decrease (-6%) in backstop** patients
- In total, 140 patients with >62 day waits (42% of 334) are facing deferred cancer care due to COVID-reasons

Majority of COVID-deferred >62d waiters (73%) are awaiting diagnostics — 6% of COVID-deferred patients awaiting surgery



Note: data includes COVID-deferred patients only

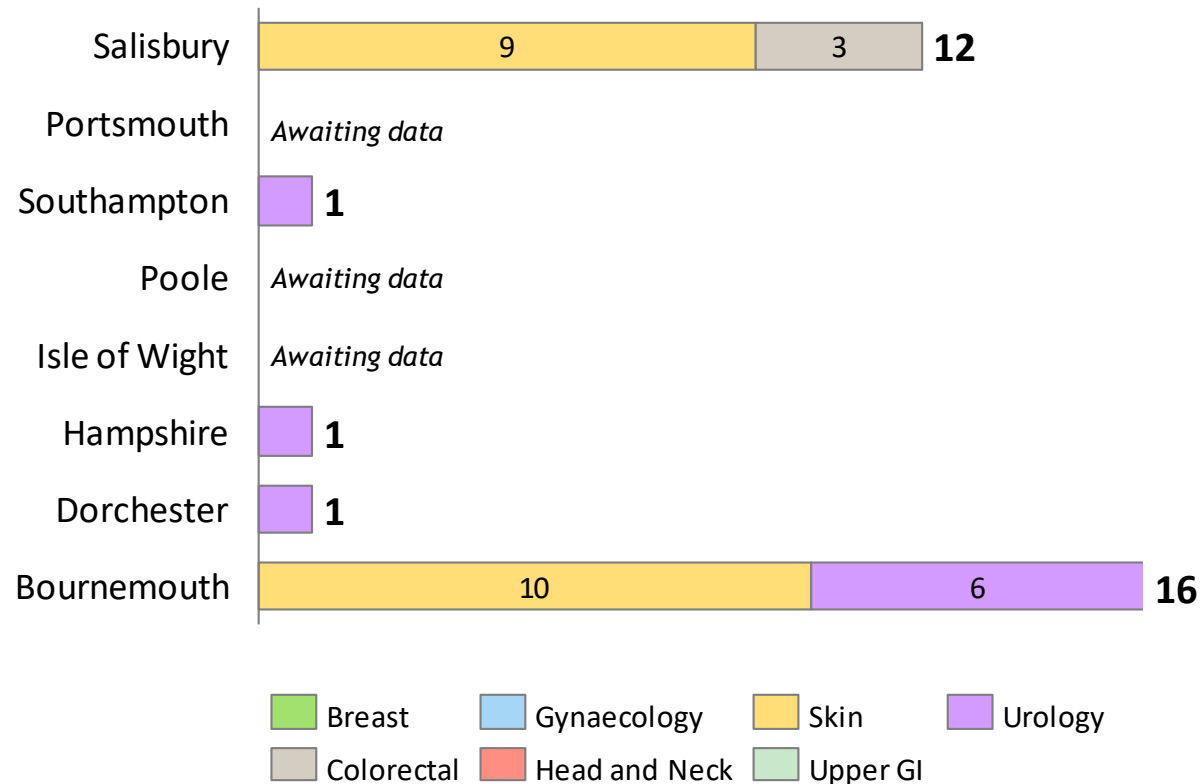


- Only **6 backlog** (9%) and **3 backstop** (4%) COVID-deferred patients are **awaiting surgery**
- **Majority** of backlog (78%, n = 45) and backstop (75%, n = 57) **constitutes of diagnostic patients**

We followed up all >62d waiters awaiting surgery — delays largely due to early pathway delays and patient choice



>62d breakdown (Total = 31)



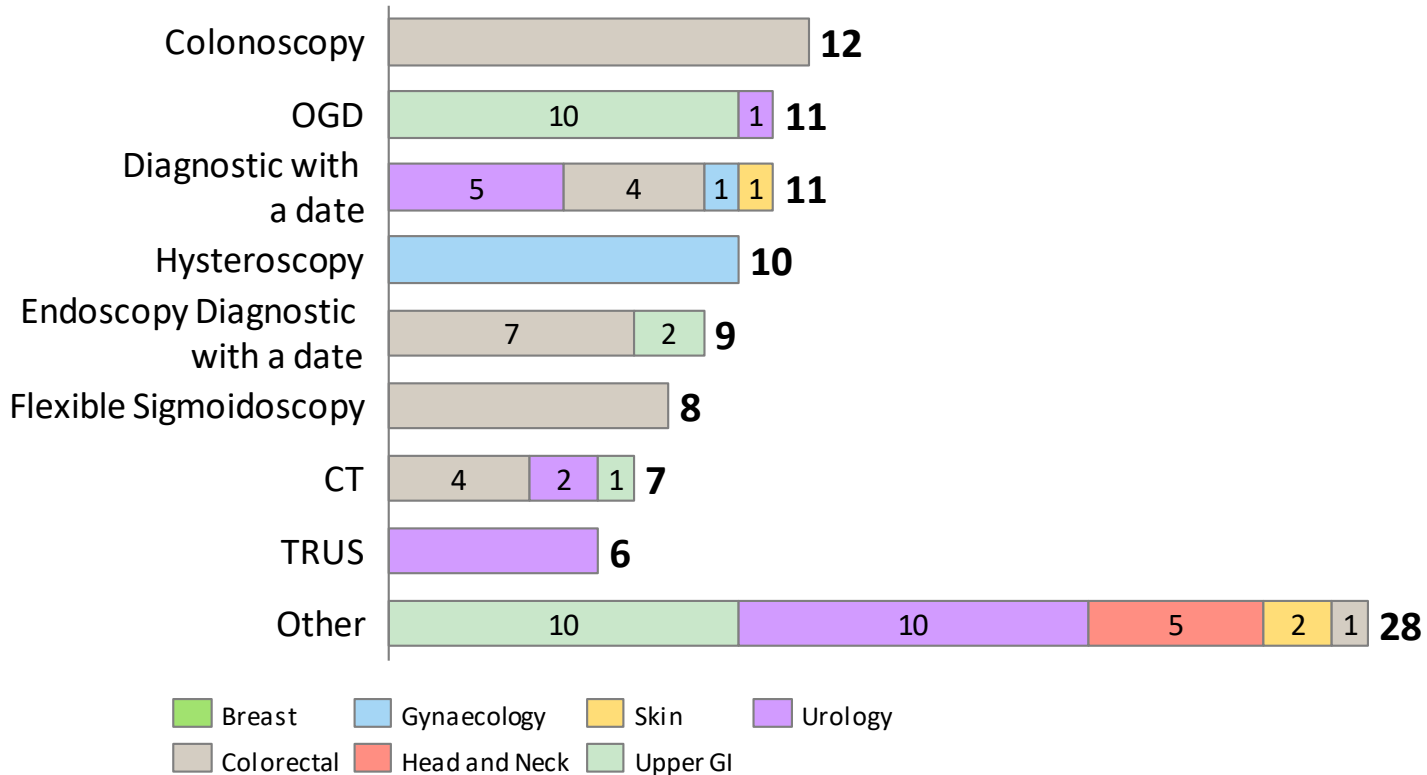
- As of September 1st, across Wessex there were **31 long waiters without a TCI** date awaiting surgery
- Reasons for delay were explored across all 31 patients and are largely **patient unwillingness to attend and early pathway delays**
- Some delays in skin due to **lack of dermatology capacity at RBCH** – meeting scheduled this week to discuss action plan

Back-up | Of the COVID-deferred diagnostic backlog, top delayed procedures are endoscopies



Note: data includes COVID-deferred patients only

>62d wait patients awaiting diagnostics (excl. Portsmouth)
(data extracted on August 24th, 2020)



- ~20% of COVID-deferred diagnostic patients already have a TCI date
- Of the remaining patients, **endoscopy procedures¹ make up the majority of the diagnostic backlog (~55%)**