NHS
Wessex
Cancer Alliance

Recovery

Sally Rickard

NHS
Wessex
Cancer Alliance

Report to the Wessex Cancer Alliance Board

<table>
<tr><td>Title:</td><td colspan="4">RECOVERY PLANNING, PERFORMANCE AND PROGRAMME PLANNING</td></tr>
<tr><td>Sponsor</td><td colspan="4">Sally Rickard, Director Wessex Cancer Alliance</td></tr>
<tr><td>Date:</td><td colspan="4">24/06/20</td></tr>
<tr><td>Purpose</td><td></td><td>Approval</td><td></td><td></td></tr>
<tr><td>Issue to be addressed:</td><td colspan="4">Impact of CV-19 pandemic on the performance of cancer services, programme of work and strategy of the Wessex Cancer Alliance, and recovery proposal.</td></tr>
<tr><td>Response to the issue:</td><td colspan="4">• Investment in accurate data and analysis to confirm position, performance and key area of focus.
• Alignment to post CV-19 period to recovery trajectory plus recovery of all paused programme workstreams.
• Ensure identification and sustainable planning for positive post CV-19 changes.</td></tr>
<tr><td>Implications:
(Clinical, Organisational, Governance, Legal?)</td><td colspan="4">Board responsible for oversight of Alliance performance and delivery of all key objectives for cancer described in the Long Term Plan.</td></tr>
<tr><td>Risks: (Top 3) of carrying out the change / or not:</td><td colspan="4">1. Risk of harm to patients through delay in cancer diagnosis and treatment
2. Failure to recovery cancer performance across Wessex
3. Failure to achieve ambitions described in the Long Term Plan for cancer</td></tr>
<tr><td>Summary: Conclusion and/or recommendation</td><td colspan="4">For agreement to position statement and approval of proposed plan on a page.</td></tr>
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Cancer Wessex (HIOW & Dorset)

NHS Wessex Cancer Alliance

Where are we now?

- New referrals dipped 75% below normal rate, but recovery plan active and position currently 32% below expected and improving
- 62 day performance is ahead of trajectory but below standard
- Currently at peak of 162 patients waiting >104 days across Wessex
- 601 patients waiting 63-104 days for all Wessex, from a peak of 847
- PTL greatest pressure in colorectal pathway with other (screening and upper / lower GI) pressures as a consequence of Endoscopy capacity constraints.
- Consistent achievement of 28 day Faster Diagnosis Standard since March 2019, to date missed only Jan (73.9 versus 75%)
- Screening programmes just resuming, however concentrating on people already invited and high risk patients in the first instance. Will take 3 – 4 months until general invites start again.
- Patient Stratified Follow Up pathways sustained through COVID-19 and all trusts live for Colorectal, Lung, Urology and Breast pathways
- Live **Rapid Diagnosis Service** from 22nd June building on current 48% virtual consultations currently.

Issues and mitigation

- Issue: People with cancer are anxious about the **impact of CV-19** on their treatment and care and are not presenting for referral or don't want treatment - Mitigation: Significant investment in communication, including community grants and support, to provide **information directly to communities with the poorest outcomes for cancer.**
- Issue **Demand exceeded capacity** for cancer diagnostics and surgery across Wessex pre COVID - Mitigation established Wessex wide cancer hub focused to ringfence surgical capacity, with dependant of independent sector provision. Identified potential additional capacity at UHS for theatres and diagnostic / treatment centre, subject to capital support from regional team.
- Issue ongoing pressure of **PPE supply** prevents return to normal PTL forward planning. - Mitigation: Working closely with Trust cancer Managers and COO to review 3 day 7 day and longer timed TCI date allocation.
- Issue: Challenging trajectories for **earlier and faster diagnosis** of cancer in line with the long term plan have been directly impacted by a reduction in new presentations and capacity. - Mitigation: Working closely with Alliance membership, including LMC, public communication strategy and building on the Communities Against Cancer programme. Rapid Diagnosis Service and adoption of new ways of working post COVID-19 including modification of clinical pathways.

Proposition

- Multi agency strategy to restart **screening**, QFIT and direct to test breast pathways
- Extend **Rapid Diagnosis Service** to other cancer pathways, other geographies and other elements of the pathway to create an integrated virtual hub prioritising patient care
- Restart **Targeted Lung Health Checks** from August for Southampton and create business case to spread to other geographies
- **Virtual and Physical Cancer Hub** to focus on >104 day waits and >62 day waiting times based on clinical priority. Physical hub currently at SPIRE Southampton and UHS. Overtime moving to UHS based on expansion of 8 theatres and & ICU beds on UHS site and reorganisation of emergency care and elective care across HIOW. Active exec and clinical task and finish group leading recovery including ICS/STP and Alliance wide review of configuration of **endoscopy services**.
- Integrated **personalised care** along whole care pathway, in partnership with charity and research funding
- Create a programme of clinically prioritised mutual aid for **Radiotherapy** across the RDN. Potentially using the cancer hub model
- Investment and direct partnership with Health Education to address pressure on **radiotherapy and clinical oncology workforce**.

Regional support

The IS capacity is a bridge until completion of the expansion on the UHS site to create a discrete cancer hub. Support from regional colleagues requested for:

- Extended access to the fully utilised independent sector until March 2021 to balance all urgent workload, cancer workload, regional specialist workload and elective workload
- Support to create the dedicated cancer hub to equip a diagnostic and treatment cancer hub for Wessex
- Direct coordination of regional Endoscopy Capacity and Demand review with options for capital investment in dedicated cancer diagnostic facilities, potentially more centralised in Wessex to mitigate current and ongoing workforce pressures.
- Continued support for Wessex as an Alliance supporting patient flows
- Regional priorities agreed with Alliances and regional cancer team

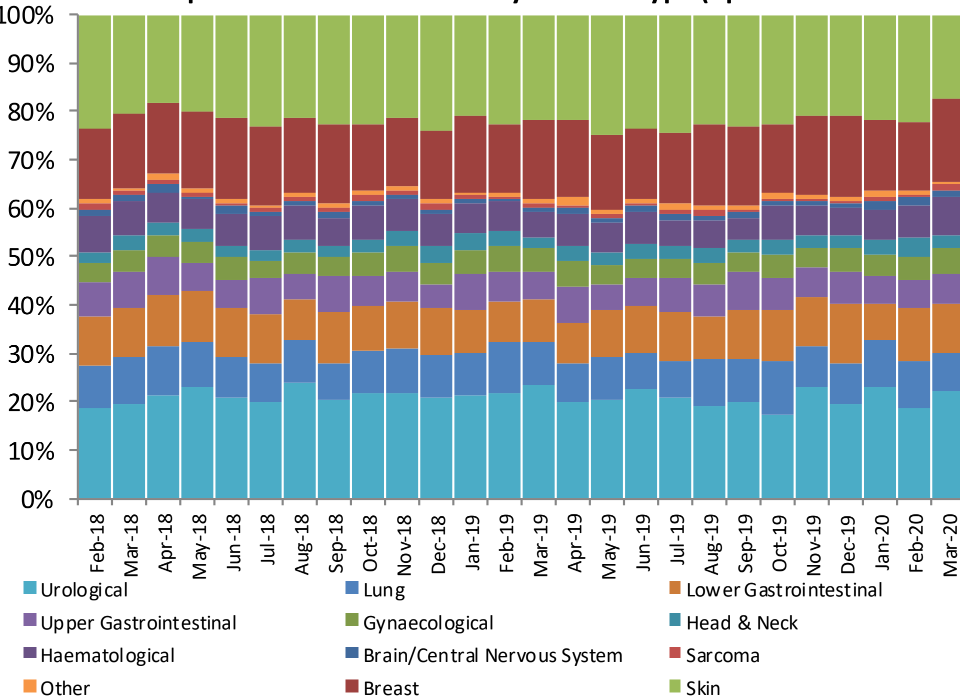
Cancer, impact of CV-19 Wessex (HIOW & Dorset)

NHS Wessex Cancer Alliance

New Referrals for cancer

- Pre Cv-19 Wessex saw a total of 106,619 2ww referrals for twelve months to March 2020, with average for all new referrals of 2180 per week, dropping to 684 at the peak of CV-19, and is currently 1698 (week ending 7th June) 78% of 'normal' and rising
- Drop in referrals is variable across tumour sites but assuming continued rates from pre CV-19 period Wessex is projecting total reduction of around 50,000 referrals by end June 2020.
- Wessex conversion from referral to cancer diagnosis also varies by tumour type, but is between 3% and 15%. Local data confirms primary care has continued to refer patients with suspected cancer in line with NICE NG12 guidance throughout the CV-19 period, however patients with less urgent treatment requirements, for example skin lesions, have in many cases opted to postpone referral until the pandemic has eased.
- Patients with less clear symptoms (weight loss, feeling unwell etc) have presented far less to primary care throughout the pandemic, therefore for non specific symptoms we expect there will be a higher number of missing cancer diagnoses.

- **Below chart shows high number of skin cancer and urological cancer for Wessex, potentially currently not referred for treatment, or waiting safety, but also high number of colorectal cancer and lung cancer for whom treatment may be more urgent. Breast Cancer referrals have dropped much less than other cancer sites through CV-19 and have been referred without need for physical GP appointment prior to referral.**



Waiting Times

28 day Diagnosis Standard achieved every month from March 2019 except Jan 20 (73.9 versus 75%) national exemplar for compliance (93.1 versus 80% target)

62 day performance continues to be below 85% aggregate but performance for most pressured trust (UHS) improved against recovery trajectory, potentially due to drop in new 2ww referrals

Backlog (waiting 63-104 days) rising pressure, most significantly in colorectal cancer due to endoscopy capacity issue.

104 day + wait Currently 162 patients across all Wessex waiting over 104 days. From 12th June patients reviewed via Cancer Hub for prioritisation. Plan to eliminate >104 day by July for all patients able to progress to treatment.

Cancer treatments per week

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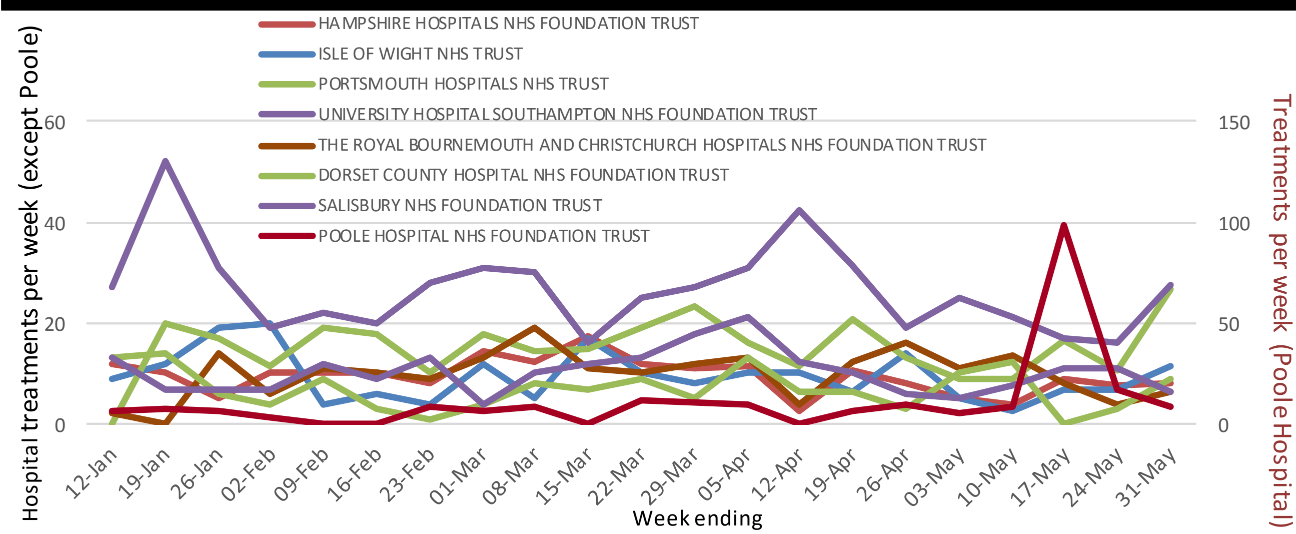
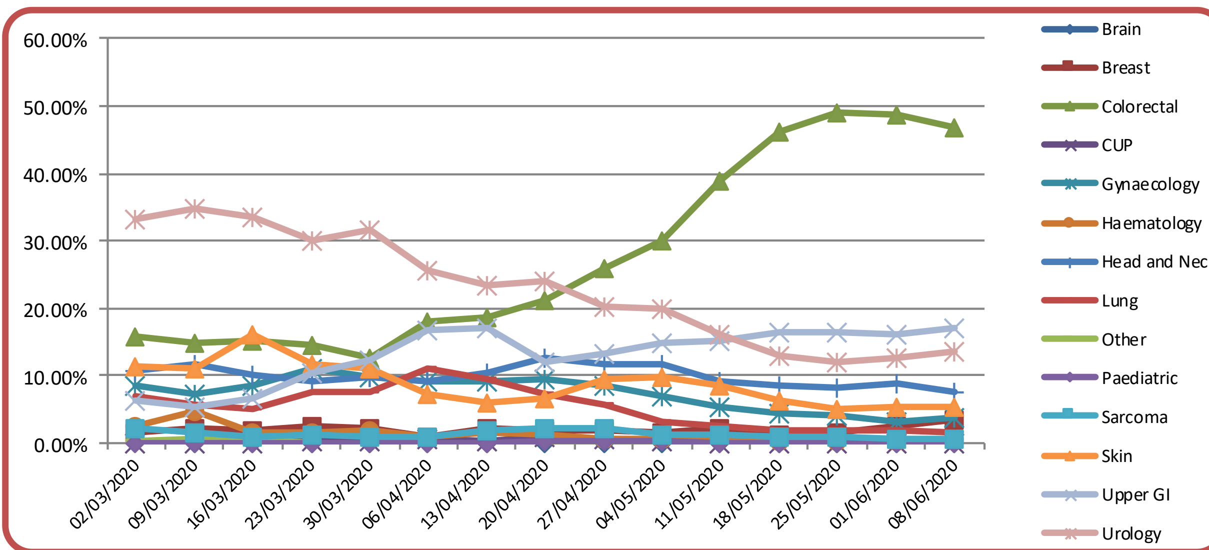


Week on Week Wessex Backlogs (Patients Between 63 and 104 Days)



Cancer Treatment

- Pre Cv-19 Wessex treated a total of 17,010 people for cancer, in the twelve months to March 2020.
- Treatment rates have remained constant throughout CV-19.
- Backlog pressure is rising in tumour pathways requiring endoscopy farcicalities (colorectal, upper and lower GI) due to significant impact of CV-19 on capacity, currently less than 20% pre CV-19
- Backlog is rising as a high number of patients are shielding and choosing not to come into hospital for diagnosis or to start treatment
- Relatively little of the Wessex backlog (>104 days and >62 days is down to delay in surgery however this position will change as 2ww referrals increase, and with the risk of loss of independent sector capacity across the area.

Alliance Plan on a Page

NHS Wessex Cancer Alliance

Supporting Dorset ICS and HIOW STP, National Cancer Programme and Regional priorities

Prevention & Earlier Diagnosis

- Supporting people to access services safely through the COVID-19 pandemic
- Recovery of cancer screening services post COVID-19
- Raising the awareness of cancer and its prevention
- Improving the education of primary care in the early detection of cancer
- Restarting redesigned Targeted Lung Health Checks post COVID-19

Faster Diagnosis

- Improve cancer waiting times through implementing timed pathways
- Improve the understanding of cancer referral guidelines
- Implement a Rapid Diagnosis Service
- Model and plan our diagnostic capacity
- Identify and embed positive changes to cancer pathways developed as a consequence of COVID-19, for example 46% first OP now virtual.
- Restore and recover diagnostic capacity, activity and demand for all cancer diagnostic services, with specific focus on endoscopy.

Personalised care

- Integration of supported, personalised care for patients across organisational boundaries through :
  - Right by You
  - Workforce - upskilling primary care nursing and AHP to support people with cancer in the community
  - Prehabilitation
  - Patient Stratified Follow Up
- Equitable access to genomics informed cancer care, including diagnostic and therapeutic pathways
- Continue to support opportunities for patients to enrol in clinical trials equitably across Wessex.

Treatment and care

- Implementation of a Cancer Surgical Hub
- Restoration and Recovery of cancer delivery and performance
- Identification and securing of new ways of working post COVID
- Chemotherapy closer to home
- Optimised Radiotherapy services
- Ensure TYA and Children's cancer matches new service specification e.g. whole genome sequencing
- Review of specialised service commissioning in line with new specifications
- Implement new MDT guidelines

Cross Cutting Enablers

SSGs, LMC, Communications, Patient and public engagement, Making the most of data, Working in partnership (specifically with academia, industry and third sector) realising benefits of innovation and research.