

Report to the Wessex Cancer Alliance Board				
Title:	Faster Diagnosis Programme Overview			
Sponsor	Sally Rickard			
Author	Robert Radford			
Date:	9th June 2021			
Purpose	Assurance or reassurance	Approval	Ratification	Information
Summary of paper:	<p>The paper summarises the role of the Cancer Alliance in supporting recovery of system performance of cancer services and provides an overview of current performance, risks and mitigation plans in place for delivery throughout 2021/22.</p> <p>The Board membership are asked to review plans presented and assure that the proposed interventions will achieve required improvement in performance across the Wessex geography.</p>			
Implications: (Clinical, Organisational, Governance, Legal?)	Wessex Cancer Alliance, Dorset and HIOW ICS are accountable for achievement of the cancer waiting time standards for Wessex. It is recognised that, at present, individual trusts remain responsible for performance delivery.			
Key risks and mitigations:	Ongoing pressure on system capacity as demand post lockdown continues to rise. Impact on capacity of increased later stage diagnosis.			
Summary: Conclusion and/or recommendation	<p>The Board are asked to note current operational performance and plans for improvement.</p> <p>Note the future service improvement and performance approach as set out in agenda item 6.</p>			



Key Deliverables for 2021/22



- WCA have submitted our delivery plans on for 2021/22 to the national team.
- Key deliverables within this to the delivery of the Faster Diagnosis Programme are around two main areas:

1. Recovery

- a. Returning the number of people waiting for longer than 62 days to the level we saw in Feb 2020 (or to the national average in Feb 2020 where this is lower)
- b. Ensuring there is sufficient diagnostic and treatment capacity in place to meet the increased level of referrals and treatment required to address the shortfall in the number of first treatments by March 2022

2. Operational Performance

- a. Draw up an action plan on behalf of our ICS(s) for improving operational performance, with a particular focus on pathways which are most adversely affecting overall performance
- b. Support delivery of plans to improve performance against the existing Cancer Waiting Times standards
- c. Support delivery to achieve the Faster Diagnosis Standard, set at 75%, from Q3 2021/22.



Recovery



Recovery - Returning the number of people waiting for longer than 62 days to the level we saw in Feb 2020 (or to the national average in Feb 2020 where this is lower)

Where are we now?

- WCA has coped well with the pandemic in this regard and we have currently less patients waiting over 62 days for treatment below the level seen in Feb 2020.
- As of the w/e 16 May 21 compared to Feb 2020. We were seeing a reduction of 82 patients or 17.5% (387 vs 469) of patients waiting over 62 days for treatment.
- For the same period we are seeing a reduction of 57 patients of 51.3% waiting over 104 days (60 vs 117).
- As an Alliance we sit 2nd in the country in respect to the proportion of patients in our total PTL waiting over 62 days for treatment at 4.6% (w/e 16 May)
- The challenge for this Alliance against rising referrals and demand on services will be to sustain this improvement throughout 2021/22.
- While the number of patients waiting over 104 days is still falling the number waiting over 62 days and the overall proportion of patients waiting over 62 days is starting to increase in last 2 months as referral volumes start to recover.

What are we doing to deliver this?

- Weekly monitoring of PTLs via national reports and Wessex PTL dashboard
- Extended funding of data analysts for cancer in each of our provider trusts until end of March 2022.
- Manage regular data analyst meetings to improve networking, data consistency across the Alliance, and sharing of best practice
- We are supporting local systems to do this by undertaking improvement work in collaboration with our local Trusts for the most challenged pathways responsible for around 2/3 of our current backlog, which are Urology, Colorectal, Upper GI and Head and Neck. (See pathway project work slides)

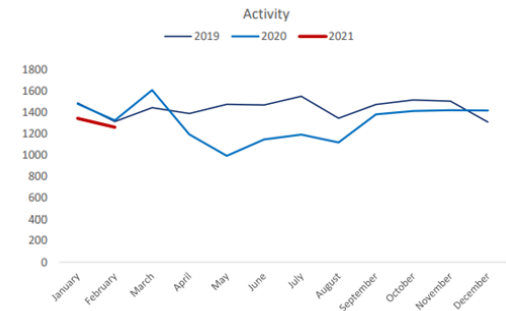
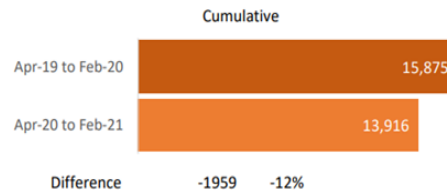
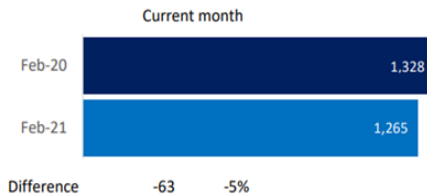


Recovery

Recovery - Ensuring there is sufficient diagnostic and treatment capacity in place to meet the increased level of referrals and treatment required to address the shortfall in the number of first treatments by March 2022

Where are we now?

How does the current position for 31 day first treatment volumes compare to 2019?



What are we doing to deliver this?

The Alliance is undertaking numerous workstreams and projects to support delivery of this element of the programme. We are:

- Undertaking pathway mapping and gap analysis in the most challenged pathways (Lung, Prostate, Colorectal and Head and Neck) to inform and support trust initiated improvements and efficiency gains and inform targeted investment in pathways to facilitate improvement.
- Expanding the endoscopy capacity and demand analysis for all providers, following on from the successful intervention at PHU.
- Developing an endoscopy dashboard across region giving a "live" view of performance including, utilisation, capacity, demand, and cancellation rates.
- Participating in the CCE and Cytosponge pilots to reduce demand on endoscopy
- Engaging with our two ICS bodies regarding the new Community Diagnostic Hubs (CDH) programme. We will be included as part of programme boards which are in the process of being established to ensure we are well placed to exploit opportunities for joint working and mutual benefits. In particular we will be working with them around a deep dive on diagnostic capacity and demand which is a specific requirement of that programme.



Operational performance



Operational Performance - Support delivery of plans to improve performance against the existing Cancer Waiting Times standards

2WW

Where are we now?

- 2WW volumes across Wessex for week ending 9 May, are up 14% from the same week in 2019. Breast (+50%), Lower GI (+38%) and Upper GI (+35%) are showing biggest increase in volumes.
- March performance is 92.8%. Improved performance from February by 0.5% and now just 0.2% shy of the 93% target.
- At ICS level HIOW are exceeding target at 94.7%. Dorset are below target at 89.3%. However Dorset performance has improved from February, up 2%.
- There also is an issue in Breast symptomatic patients in Dorset with performance at 56.3%, although this has improved significantly (up 18.6%) from February
- Breast 2ww referrals continue to be significantly higher than in previous years, meaning effort to recover backlog across Dorset, whilst successful in March, has not led to sustained recovery and further work is needed to ensure capacity can keep up with sustained raised demand.

What are we doing?

- Utilising monthly reports to establish areas of concern around performance
- Working proactively with Trusts to implement solutions/improvements to referral/triage to improve and maintain performance.
- Initial focus area is within the Dorset ICS area. At tumour site level Breast is a causing the biggest issue for the Dorset system. The WCA are meeting with key stakeholders across the system to tackle this issue and implement mitigating actions to resolve. In particular, the WCA are involved in a Task and Finish group lead by the South West region, learning from this will be shared across the whole of Wessex

2ww 1st seen standards								
Mar-21	Urgent Suspected Cancer				Breast symptomatic			
	Patients	Breaches	Performance	Change in Last Month	Patients	Breaches	Performance	Change in Last Month
Dorset	3,536	379	89.30%	2.00%	144	63	56.30%	18.60%
HIOW	6,646	351	94.70%	-0.30%	492	16	96.70%	-0.20%
Wessex	10,182	730	92.80%	0.50%	636	79	87.60%	2.90%
Operational standard	93%				93%			

Week ending Working day adjusted	% change from				
	09 May 21	12 May 19	02 May 21	12 May 19	02 May 21
Referrals seen	2,491	2,194	2,225	+14%	+12%
Breast	578	385	521	+50%	+11%
Gynae	181	195	189	-7%	-4%
Haem	4	11	9	-67%	-58%
Head&Neck	285	255	317	+12%	-10%
Lower GI	451	328	327	+38%	+38%
Lung	59	66	36	-11%	+63%
Skin	485	540	439	-10%	+10%
Upper GI	216	160	156	+35%	+39%
Urological	220	219	212	+1%	+4%
All others	13	35	19	-64%	-34%



Operational Performance



Operational Performance - Support delivery of plans to improve performance against the existing Cancer Waiting Times standards

31 day treatment standard

31 day treatment standards																
Mar-21	31 day decision to treat				Subsequent surgery				Subsequent drugs				Subsequent radiotherapy			
	Patients	Breaches	Performance	Change in Last Month	Patients	Breaches	Performance	Change in Last Month	Patients	Breaches	Performance	Change in Last Month	Patients	Breaches	Performance	Change in Last Month
Dorset	512	7	98.60%	4.40%	64	4	93.80%	-1.30%	148	0	100.00%	0.70%	141	1	99.30%	2.20%
HIOW	1,055	14	98.70%	0.70%	228	9	96.10%	-1.40%	371	1	99.70%	0.00%	317	9	97.20%	1.40%
Wessex	1,567	21	98.70%	2.00%	292	13	95.50%	-1.40%	519	1	99.80%	0.20%	458	10	97.80%	1.70%
Operational standard	96%				94%				98%				94%			

Where are we now?

- 31 day standards are being met as an Alliance and in each STP/ICS.
- Our target for 2021/22 is to Maintaining this performance throughout 2021/22 will be target.

What are we doing?

- Utilising monthly reports to establish areas of concern around performance
- Working proactively with Trusts to implement solutions/improvements



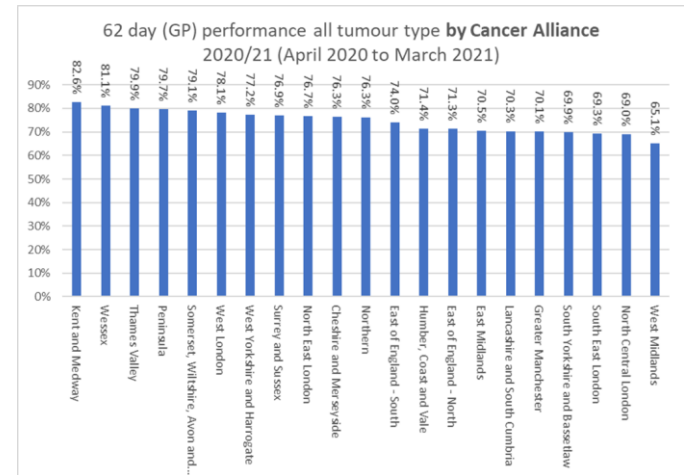
Operational Performance



Operational Performance - Support delivery of plans to improve performance against the existing Cancer Waiting Times standards

Where are we now? – 62-day referral to treatment standards:

62 day referral to treatment standards												
Mar-21	Urgent GP Suspected Cancer				Urgent Screening				Consultant Upgrade			
	Patients	Breaches	Performance	Change in Last Month	Patients	Breaches	Performance	Change in Last Month	Patients	Breaches	Performance	Change in Last Month
Dorset	290	53	81.70%	11.80%	32	4	87.50%	3.30%	33	4	87.90%	7.90%
HIOW	514	82	84.00%	6.00%	79	5	93.70%	-1.80%	35	0	100.00%	6.50%
Wessex	804	135	83.20%	8.20%	111	9	91.90%	-0.20%	68	4	94.10%	8.20%
Operational standard	85%				90%				N/A			



- Achieved 81.1% (+0.9% from last period) as an Alliance for overall 62 day performance between April 2020 and March 2021. (2nd in country)
- At ICS level HIOW achieved 83.2% (+3.9%) and Dorset 77.1% (-4.7%). 2nd and 14th out of 42 ICS across the country.
- In the latest month (March 21) both Alliance and ICS(s) showing improved performance from average across the year.
- While performance overall for 62-day as an Alliance is positive and exceeding the national average, there are some tumour sites where we are more closely following the national trends or exceeding this but the performance is still low.
- Lower GI (59.5%), Gynae (68.9%) are performing significantly higher than the national averages for these tumour sites but the re is scope to improve these and raise our overall performance higher.
- Lung (66.4%) and Head and Neck (61.2%) are similar to the national performance and present a further opportunity for improvement over the next 12 months. For Head and Neck Dorset at an ICS level there is an opportunity in Dorset where performance is significantly lower than nationally (50.4%)



Operational Performance



Operational Performance - Support delivery of plans to improve performance against the existing Cancer Waiting Times standards

What are we doing? – 62-day referral to treatment standards:

To support further improvement in our overall 62-day performance as an Alliance we have agreed and commenced pathway improvement work including pathway mapping, gap analysis in some of our most challenging pathways:

- Urology - Prostate pathway analyser work being undertaken across all Trusts to identify pinch points along the pathway and develop bespoke Trust level recommendations for improvement
- Lung - Pathway mapping and gap analysis work being undertaken across all Trusts to understand areas of improvement against the optimal lung pathway as well as from diagnosis to treatment providing recommendations for improvement.
- Head and Neck - Pathway mapping and gap analysis work being undertaken across 3 sites in the Alliance (UHS, HHFT and UHD) to understand areas of opportunity for improvement against existing pathway covering referral to treatment, providing recommendations for improvement for each Trust
- Colorectal
 - a) Pathway mapping -Initially just at HHFT, Alliance led delayed pathway review to understand causality of breaches and working with clinical teams to understand pinch points in pathway and develop recommendations for the Trust and share the learning across the Alliance.
 - b) Expanding our capacity and demand modelling in terms of Endoscopy across the whole of Wessex.
 - c) There will be a continued focus on increasing FIT rates within primary care (led by early diagnosis programme)
 - d) Cytosponge and capsule endoscopy are being used in Wessex which should help reduce the pressure on endoscopy services.



Operational Performance



Operational Performance - Support delivery to achieve the Faster Diagnosis Standard, set at 75%, from Q3 2021/22.

TRUST	FDS Performance											
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
ISLE OF WIGHT NHS TRUST	54.2%	70.7%	74.4%	82.9%	76.8%	72.1%	78.0%	74.7%	73.6%	67.5%	75.8%	79.4%
DORSET COUNTY HOSPITAL NHS FOUNDATION TRUST	70.8%	72.7%	68.4%	68.8%	64.4%	60.3%	66.5%	59.8%	67.8%	55.9%	52.0%	73.4%
POOLE HOSPITAL NHS FOUNDATION TRUST	73.7%	86.5%	82.5%	86.9%	86.8%	84.7%						
THE ROYAL BOURNEMOUTH AND CHRISTCHURCH HOSPITALS NHS FOUNDATION TRUST	66.1%	78.2%	75.4%	75.6%	76.8%	66.5%						
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	72.4%	72.9%	80.6%	84.3%	83.0%	81.4%	83.7%	87.9%	85.9%	77.9%	84.3%	87.7%
PORTSMOUTH UNIVERSITY HOSPITALS NHS TRUST	73.1%	89.8%	91.8%	91.0%	89.5%	88.3%	87.3%	91.3%	92.2%	87.6%	83.8%	85.1%
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	75.9%	81.7%	83.7%	87.1%	84.5%	84.0%	85.0%	84.2%	85.0%	78.2%	85.3%	87.1%
UNIVERSITY HOSPITALS DORSET							77.3%	86.9%	78.9%	73.0%	80.3%	83.4%
WESSEX	70.2%	79.4%	81.6%	83.9%	82.2%	79.2%	81.4%	83.9%	82.7%	75.4%	82.1%	84.0%

Where are we now?

- Consistent achievement of FDS standard of 75% as an Alliance.
- Top Alliance in the country for FDS overall
- 5 of 6 Trusts achieving standard in March 2021
- IOW and DCH where performance has been more challenging throughout 2020/21 are starting to see improved performance
- To sustain achievement and facilitate further improvement in 2021/22 the Alliance will continue to:
 - Monitor monthly FDS activity and performance data
 - Establish areas of concern around performance and work proactively with Trusts to implement solutions/improvements to diagnostic pathways to improve and maintain performance.

Areas of Focus and Actions:

- Overall across the Alliance the tumour sites for focus to support 28 day performance are Urology (62.5%) and Lower GI (69.4%)
- DCH focus on Breast (50.45%),
- Capacity and Demand modelling for Breast services at DCH is being undertaken
- Task and Finish group with the Alliance and key stakeholders across the Dorset system to address issue
- Pathway mapping work in Prostate, Head and Neck and will provide recommendations for improvement supporting FDS achievement
- Endoscopy deep dive work across Alliance will support FDS in Upper and Lower GI



Project Update



Project: Head and Neck Pathway Mapping and Gap Analysis

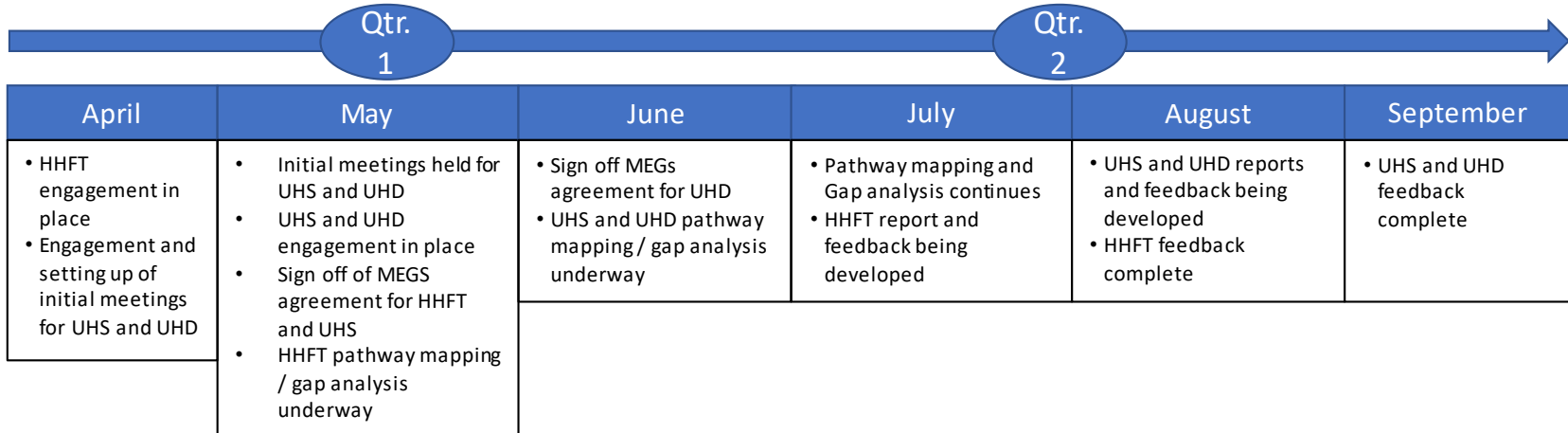
Project Leads: Richard Haddon (MSD), Sean Cadwallader (MSD)

Scope: HHFT, UHS and UHD

Aim: Working in collaboration to understand areas of opportunity for improvement in each Trust against existing pathway, covering referral to treatment

Timeframe: Work in Trusts once commenced – 8 weeks. Overall Completion by end of Qtr. 2.

Activity timeline



Background/Context

- Head and Neck performance for 62 day much lower in targeted Trusts than overall 62 day performance.

Trust	HHFT		UHS		UHD	
	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3
Head & Neck	58.3%	50.0%	33.3%	26.4%	N/A	49.2%
Overall Performance	83.8%	85.7%	77.6%	75.5%	N/A	78.5%

- Patients from targeted Trusts account for around 85% of total head and neck patients
- Poole performance lower than RBCH historically, opportunity for shared learning?
- Resource constraints meant that full Wessex wide scope was not possible
- Shared pathways between Trusts

Outputs

- Pathway mapping and gap analysis for H&N of current pathway and ideal future state pathway
- Recommendations for each Trust with clear action plans in place to achieve improvements

Benefits / Impact

- Facilitate sharing of best practice across Alliance
- Highlighting and feedback at Trust level of opportunities for pathway improvement
- Identification of gaps in diagnostic capacity
- Pressure points and areas for investment identified



Project Update



Project: Lung Pathway Mapping and Gap Analysis

Project Leads: Alice Land (DCP), Sean Cadwallader (MSD), HIOW (TBC)

Scope: Wessex wide (Initially DCP, then HIOW)

Aim: Working in collaboration to understand areas of opportunity for improvement in each Trust against existing pathway and OLP, covering referral to treatment

Timeframe: Work in Trusts once commenced – 8 weeks. Overall DCP area completion by end of Qtr. 2. HIOW Qtr.3.

Activity timeline

Qtr. 1

Qtr. 2

Qtr. 3

April	May	June	July	August	September	October
<ul style="list-style-type: none"> Agreements signed off at exec level for Dorset Trusts DCH initial engagement meeting held DCH stakeholder mapping commenced Engagement and setting up of initial meeting for UHD 	<ul style="list-style-type: none"> Initial meeting held for UHD UHD clinical engagement in place DCH pathway mapping / gap analysis underway Data links in place and engaged HIOW Trust initial engagement and planning 	<ul style="list-style-type: none"> DCH pathway mapping / gap analysis continues UHD pathway mapping / gap analysis underway HIOW Trust initial meetings set up and underway 	<ul style="list-style-type: none"> Pathway mapping and Gap analysis continues DCH report and feedback developed and shared HIOW trust meeting complete and agreements signed 	<ul style="list-style-type: none"> UHD report and feedback developed and shared HIOW Trusts pathway mapping / gap analysis underway 	<ul style="list-style-type: none"> HIOW pathway mapping / gap analysis continues 	<ul style="list-style-type: none"> HIOW reports and feedback developed and shared

Background / Context

- Lung performance for 62 day generally lower in targeted Trusts than overall 62 day performance.
- Challenging pathway prior to COVID pressures

STP/ICS	Hampshire and IOW STP				Dorset ICS							
	HHFT		UHS		UHD		DCH		RBCH		Poole	
Trust	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3
Tumour Type	75.9%	65.4%	67.3%	66.7%	N/A	64.2%	83.8%	58.3%	95.9%	N/A	45.5%	N/A
Lung	75.9%	65.4%	67.3%	66.7%	N/A	64.2%	83.8%	58.3%	95.9%	N/A	45.5%	N/A
Overall	83.8%	85.7%	77.6%	75.5%	N/A	78.5%	78.4%	73.3%	86.6%	N/A	75.9%	N/A

- Complex pathway with high patient volumes
- Shared pathways across some providers

Outputs

- Pathway mapping and gap analysis for Lung of current pathway against OLP and development ideal future state pathway
- Recommendations for each Trust with clear action plans in place to achieve

Benefits / Impact:

- Facilitate sharing of best practice across Alliance
- Highlighting and feedback at Trust level of opportunities for pathway improvement
- Identification of gaps in diagnostic capacity
- Pressure points and areas for investment identified
- Improvement in CWT performance



Project Update

Project: Prostate pathway analyser project

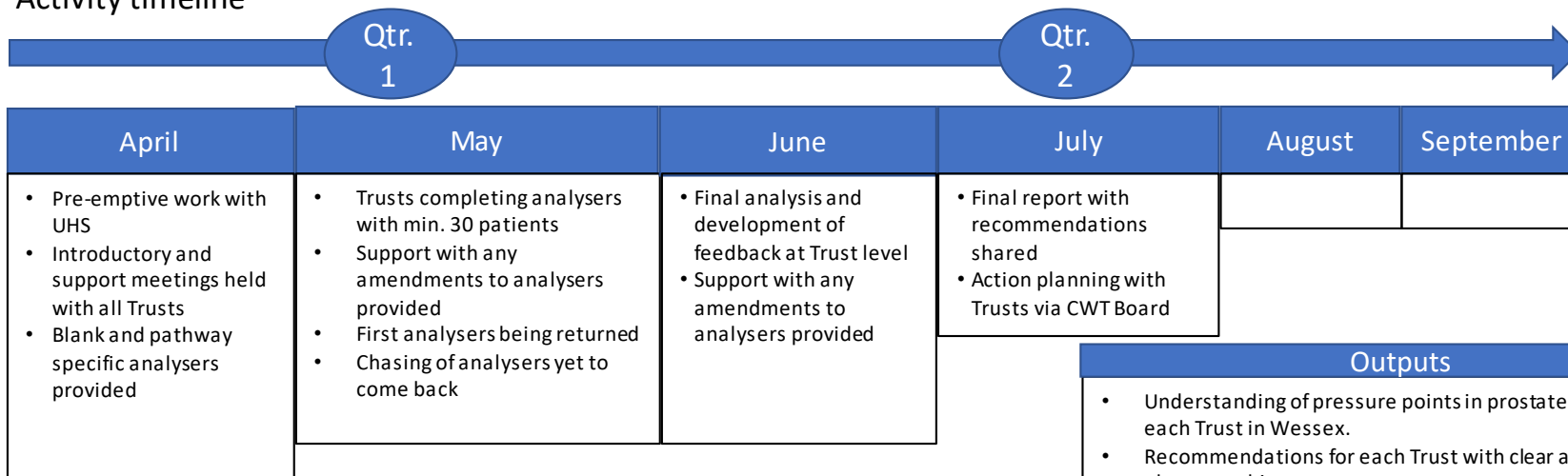
Project Leads: Micah Langton (NHSI) , Robert Radford (WCA)

Scope: Wessex wide

Aim: Prostate pathway analyser work being undertaken across all Trusts to identify pinch points along the pathway and develop bespoke Trust level recommendations for improvement

Timeframe: Completion by Qtr. 2.

Activity timeline



Outputs

- Understanding of pressure points in prostate pathways for each Trust in Wessex.
- Recommendations for each Trust with clear action plans in place to achieve

Benefits / Impact:

- Facilitate sharing of best practice across Alliance
- Highlighting and feedback at Trust level of opportunities for pathway improvement
- Identification of gaps in diagnostic capacity
- Blueprint for future investment into pathway improvement to maximise impact and return on investment
- Improvement in CWT performance

Background / Context

- Prostate has always been a challenging pathway with many patients breaching over 62 and 104 day PTL lists
- High volume pathway with highest proportion of over 62 patients across Wessex.
- 62 performance is variable across the system and mostly not achieved within target

ICS	Hampshire and IOW STP						Dorset ICS									
	HHFT		UHS		IOW		PHU		UHD		DCH		R BCH		Poole	
Tumour Type	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3	19-20 Q3	20-21 Q3
Urological	64.9%	70.0%	69.4%	82.1%	63.3%	73.7%	58.6%	83.8%	N/A	87.6%	75.0%	78.9%	85.9%	N/A	15.4%	N/A
Overall	83.8%	85.7%	77.6%	75.5%	73.6%	69.0%	83.2%	86.5%	N/A	78.5%	78.4%	73.3%	86.6%	N/A	75.9%	N/A

- Delay with Diagnostics causes issues in achieving targets
- Initial findings suggest Biopsy a key issue



Project Update



Project: Colorectal delayed pathway review

Project Leads: Robert Radford, Nicola Duffield (WCA)

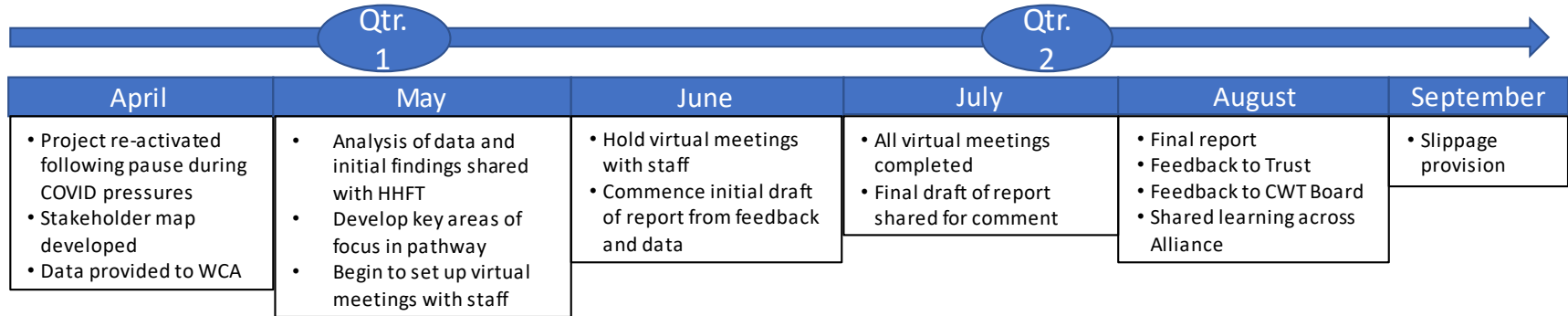
Scope: HHFT

Aim: Alliance led delayed pathway review to understand causality of breaches and working with clinical teams to understand pinch points in pathway and develop recommendations for the Trust and share the learning across the Alliance.

Linked projects for information: 1) Expansion of capacity and demand modelling for Endoscopy across the whole of Wessex. 2) There will be a continued focus on increasing FIT rates within primary care. 3) Colon-capsule endoscopy pilots are being undertaken at UHD and PHU sites, which should help support reduction of pressure on endoscopy services especially colonoscopy.

Timeframe: Completion by end of Qtr. 2.

Activity timeline



Background / Context

- Alliance resource allows for work in one Trust.
- Using similar methodology to Lung and H&N pathway mapping work
- High volume pathway with second highest proportion of over 62 and 104 day patients across Wessex.
- 62 performance for Colorectal is lower than overall performance, this is a similar picture across all Trusts

Trust	HHFT	
	19-20 Q3	20-21 Q3
Lower Gastroir	80.6%	75.9%
Overall	83.8%	85.7%

Outputs

- Understanding of pressure /pain points in HHFT colorectal pathway
- Identify resources required to make the changes
- Recommendations for Trust with clear action plans

Benefits / Impact:

- Facilitate sharing of best practice across Alliance
- Identification of gaps in diagnostic capacity
- Blueprint for future investment into pathway improvement to maximise impact and return on investment
- Improvement in CWT performance



Resource



- Alliance proposes additional resource to focus on pathway review, embedded in each ICS System, as described in agenda item 6
- Alliance proposes shared improvement resource to support areas of greatest pressure

New announcement from National Cancer Programme on 9th June 2021

“To support Cancer Alliances and local systems to deliver recovery plans, an additional £20million will be made available to accelerate implementation of service models that streamline the front end of the pathway and enable management of high referral volumes. This funding is in addition to your Cancer Alliance service development funding and is revenue funding that will need to be spent in year.

The funding should be targeted to support recovery of your most challenged pathways.”

Allocation for Wessex Cancer Alliance in total is confirmed at £911k. Further details on process and next steps will be prepared for discussion at the board.