

Report of the Chief Operating Officers, Bradford District and Craven Health and Care Partnership to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on Thursday 19 January 2023

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Subject: Cancer services and performance

Summary statement:

- To update on the early pilot for tackling lung cancer and the targeted lung health check programme
- To update on the uptake of cancer screening services and diagnosing cancers early to achieve better outcomes and quality of life for patients.
- To update on cancer performance at Bradford Teaching Hospitals NHS Foundation Trust and Airedale NHS Foundation Trust
- To update on the ongoing impact that the Covid pandemic has had on delivering cancer services including an update on implementation plans instigated to ensure continuation of cancer services at this time and post Covid recovery plans
- To highlight the number of proactive initiatives and developments in cancer services within primary, community and secondary care that are helping to tackle performance issues as well as addressing health inequalities

Portfolio:

Healthy People and Places

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1. Summary

- 1.1 This report is for members of the Health Overview and Scrutiny Committee providing an update on performance against the key cancer standards and actions being taken to improve performance as a follow on from the last report brought in 2019. This paper also includes an update on the early phase pilot of the Tackling lung cancer pilot and the subsequent Targeted Lung Health Check Programme.
- 1.2 During Covid, cancer services remained a priority for the NHS and our colleagues worked to maintain services throughout and post the pandemic. As seen across all health and care services and health and care systems - regionally and nationally - Covid has presented major challenges in meeting our performance targets. One of the most significant impacts was a sharp reduction in the number of people coming forward and being referred urgently with suspected cancer and referred from cancer screening programmes, the latter of which were suspended at the height of the pandemic.
- 1.3 Our recovery from the pandemic is continuing at pace and for some of the targets we are in the top quarter for performance against the core NHS cancer standards. However, we recognise there are still areas where our performance has not recovered to the levels we would want it to - this is due to the significant pressures we are seeing in our urgent and emergency care system and partly due to patient choice (people not coming forward for treatment or not booking for an appointment under the two week wait process).
- 1.4 We recognise that for many people the worry of concerning symptoms that could potentially lead to a diagnosis of cancer need to be picked up sooner so that we can treat and care for people as soon as possible. This is why we have taken proactive steps to increase screening for lung, bowel, cervical and breast cancer using a range of innovative methods. This has resulted in around 34 people being identified with suspected lung cancer, a 57% increase in the number of people asking for a bowel cancer screening test to be sent out and a 58% increase in weekly screening rates for cervical cancer.
- 1.5 This paper aims to update the committee on the effects COVID had on our local cancer services, the recovery plans implemented and to present the transformational initiatives we have introduced to both recover and progress the services pre and post pandemic.

2. Background

Tackling lung cancer and targeted lung health check (TLHC) programme

2.1 The Tackling Lung Cancer Programme involved Lung Health Checks and Low Dose CT Scanning with three GP Practices who were identified by their high levels of social deprivation, smoking and lung cancer mortality rates:

The Ridge Medical Practice - Ward: Little Horton
Rooley Lane Medical Centre - Ward: Bowling and Barkerend
Bowling Highfield Medical Practice - Ward: Bowling and Barkerend

2.2 The service started on 29th July 2019 and by the end of January 2020, 1,593 patients had received their Lung Health Check; 591 patients had received a Low Dose CT scan

and had been informed of the outcome; 24 patients were upgraded on to the lung cancer pathway for further investigations; and 10 patients had been diagnosed with lung cancer with an agreed treatment plan in place.

2.3 The Lung Health Check also helped identify a significant increase in new COPD diagnoses, which were passed back to the GPs for long term support in the community.

2.4 The impact of this intervention was earlier diagnosis for patients which enabled more patients to have curative treatment (for those with cancer) and for those with COPD to receive earlier support with their condition.

2.5 We have now been selected as one of 23 pilot sites nationally for the NHS England funded targeted lung health check programme. We are the second site selected in West Yorkshire following on from North Kirklees and it is expected that by 2027 the programme will be expanded further to include Wakefield and Harrogate. In Bradford District and Craven (BD&C), TLHC is currently in progress across 38 practices in the area. These practices have been selected using data on smoking prevalence and other socio-economic factors linked to deprivation in those areas. The remaining practices will be part of the expansion, to enable full coverage across Bradford and Craven across 2023/2024.

2.6 People aged 55 – 74 who smoke or have ever smoked, and are registered with a GP in the area, will be invited for a TLHC with a specially trained nurse. If participants are eligible following the lung health check, people will be offered a CT scan at a mobile scanner unit in a community location such as a supermarket or leisure centre car park.

2.7 Data recorded from February to October 22 shows out of 1,129 participants in BD&C who had a CT scan, 34 patients have been identified with suspected cancer.

2.8 The full update report highlighting progress on the targeted lung health check programme, including case studies and examples of our approach to raise awareness of the checks, can be found at appendix one.

3. Cancer performance

3.1 Cancer performance against the key performance standards is closely monitored by our Bradford District and Craven Health and Care Partnership Board (a committee of the NHS West Yorkshire Integrated Care Board) linking closely with Bradford Teaching Hospitals NHS Foundation Trust (BTHFT), and Airedale NHS Foundation Trust (AFT) at cancer specialty level.

3.2 The key metrics include performance against

- the **two week waits** (referral to assessment), the Two-Week Wait appointment system was introduced so that anyone with symptoms that might indicate cancer could be seen by a specialist as quickly as possible;
- **31 days** (time to first treatment) that has a target for 96% of patients to start any type of treatment for a new primary cancer within one month (31 days) from the decision to treat;
- **62 days** (referral to treatment) that has a target for all cancer treatment pathways is for at least 85% of patients to start their first treatment for cancer within two months (62 days) of an urgent GP referral;
- **backlog** (patients waiting 63 to 103 days and over 104 days); and

- performance against a **new 28 day Faster Diagnosis Standard (FDS)** that was introduced in April 2021 and officially monitored from October 2021. This standard requires 75% patients to receive a cancer diagnosis or the all clear within 28-days of referral.

3.3 Following a Scrutiny Chair's briefing on Tuesday 10 January 2023 it was agreed this paper would provide the core narrative to support the performance figures, with an opportunity for discussion during the meeting on Thursday 19 January 2023.

In light of the above we have shared performance information in the appendices. Please see table one in Appendix Two that shows the current national Cancer Waiting Times Standards.

3.4 NHS England future plans are to change the cancer waiting times standards and aims to streamline current existing targets into 3 overall targets:

- The 28-day FDS – People who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, have cancer ruled out or receive a diagnosis within 28 days.
- A 62-day referral to treatment standard – Patients who receive a cancer diagnosis after an urgent suspected cancer referral, referral for breast cancer symptoms, or via cancer screening should start treatment within 62 days of that initial referral.
- A 31-day decision to treat to treatment standard – Patients, regardless of how they came to be diagnosed with cancer, should receive their treatment within a month of a deciding to treat their cancer.

3.5 The old targets are being replaced to ensure that patients receive an earlier and faster diagnosis, whether or not they are diagnosed with cancer, and to provide a better experience of care so people have either a diagnosis and commence their treatment, or receive the “all clear”. This is line with a broader approach being adopted by NHS England to streamline metrics that are covered by the 2023/24 priorities and operational planning guidance for the NHS. The guidance is available online <https://www.england.nhs.uk/publication/2023-24-priorities-and-operational-planning-guidance/>

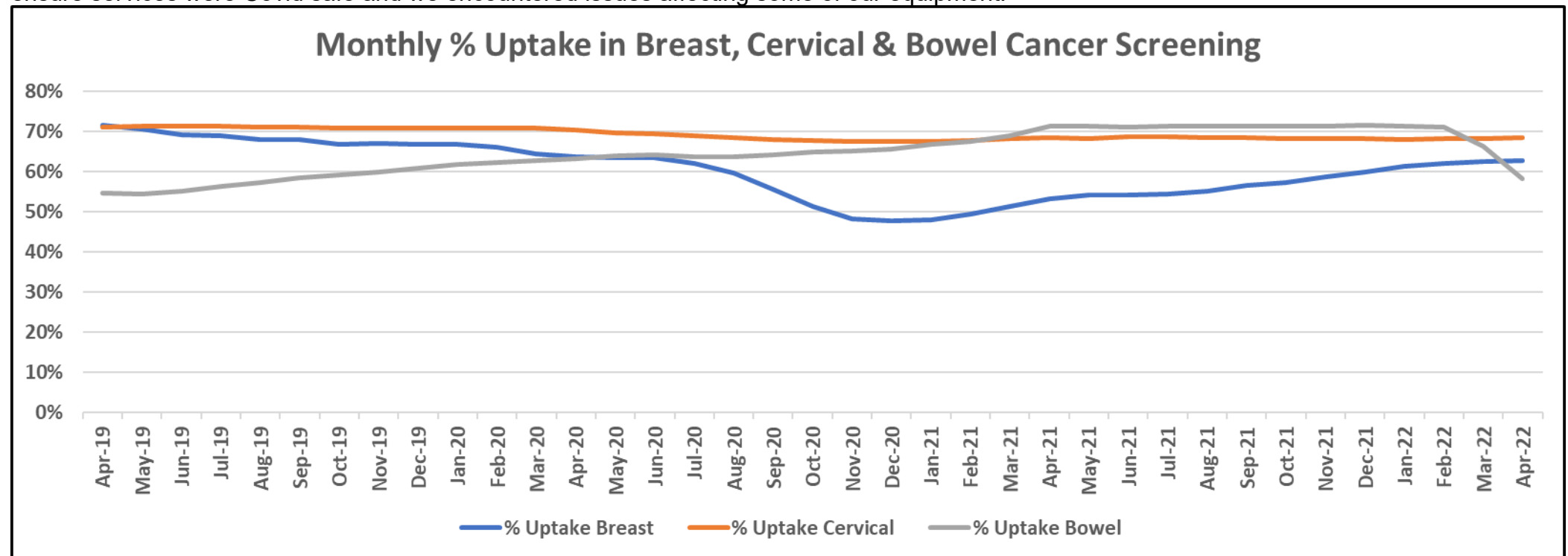
4. Main report

The report covers the three main areas of cancer, from cancer screening services; community and primary care, and secondary care, focusing on performance, issues and recovery plans.

Cancer Screening

4.1 March 2020 saw the suspension of the three national cancer screening services, breast, bowel and cervical. The chart below highlights the affect this had, particularly in breast, yet we can see that the uptake rates are increasing although more focused efforts need to concentrate on increasing responder rates, with progressing in response to this.

4.2 Focusing on the decline in the breast figures in 2020, this is a common theme related to the three-year breast screening and the areas being invited generally have low up take. Other factors that impacted our screening figures included additional time required for each appointment to ensure services were Covid safe and we encountered issues affecting some of our equipment.



4.3 Although cancer screening and the associated performance targets are the responsibility of NHS England and Public Health, our place-based partnership and our wider NHS West Yorkshire Integrated Care Board has taken an active role in implementing transformational projects, targeted at high deprivation and inequality areas in an attempt to increase the uptake of the cancer screening programmes. The next section of our report demonstrates the work we have done and the impact this has had.

4.4 Bowel cancer screening ‘call for a kit’ In 2021-2022 a project was implemented across Bradford District, to assist in the uptake rates of bowel cancer screening. The project aimed to develop a culturally sensitive model using a telephone-based intervention to encourage uptake of bowel cancer screening allowing people to use their preferred language to call for a kit.

4.5 The GP practices involved were situated in inner city Bradford, in seldom heard communities with high deprivation. People who had not taken the initial invitation to undertake a bowel cancer screen were contacted to explain the importance of the screen and talk through any concerns/anxieties people may have. This resulted in 1222 (57%) of people asking to have another test sent out, thereby increasing the response rate and overall success of the project.

4.6 Cervical Cancer Screening Behavioural Science and Nudge Theory Techniques
Behavioural Science, also known as Behavioural Economics, is the study of human behaviour, including habits, actions, and intentions across the fields of psychology, economics, HR, and organisational behaviour.

4.7 Behavioural Science can be a very broad area of study, however for the purpose of increasing the uptake rates for cancer screening programmes this technique was implemented to focus on people’s decision-making process to attend a screen; the factors that can influence this process and how these decisions vary.

4.8 The main objective was to trial Behavioural Science theories as a proof of concept in increasing the uptake of cervical cancer screening and in reducing inequalities in our area. If successful, this would contribute to system wide initiatives to reduce gaps in life expectancy where this correlates to deprivation and the early diagnosis cancers at stage 1 and 2.

4.9 A pilot implemented in 2021 in an area of high deprivation and health inequalities, demonstrated an increase in screening rates. The increase in weekly screening rates, based on 15 weeks before and after trial start date, were 58%

4.10 Following the pilot’s success, this project is currently being rolled out across a further 16 practices in inner city Bradford and Keighley.

4.11 Breast cancer Working with GP Practices, the Pennine Breast Team are doing some focused work on

- Contacting all women from 53-55yrs who have not attended breast screening in the past.
- Giving people aged 51-53 a heads up that they should get ready for their invite for breast screening, if appropriate.

- Contacting those on the Learning Disability register, aged 50-70 and explore if they and their carers understand the process/will attend/ require a 'best interests' assessment.

4.12 The team are also doing some focused engagement work with local groups, carers and care facilities, refuges and women's centres and various other community-based services both directly and via social media.

4.13 Learning Disability (LD) and Autism Cervical Cancer Screening project Various reports over the past few years have identified significant inequalities in provision of and access to healthcare services for people with LD.

4.14 The 'Making Reasonable Adjustments to Cancer Screening' report by Public Health England (PHE) states that ladies with a learning disability are 29% less likely to take up cervical cancer screening compared to the 69% of the general population and that people with LD not only have poorer health than the general population but are more likely to die at a younger age. One of the reasons for this is due to lack of access to health services and barriers to the uptake of screening among people with a learning disability.

4.15 These barriers include the lack of easy read invitations and resources, difficulties using appointment systems, time pressures and mobility issues as well as communication difficulties. Research has also shown that;

- Patients are more likely to be ceased from breast and cervical screening programmes
- Screening professionals have little experience of supporting patients with LD
- Screening is not always considered as a high priority among family and carers
- Fear of screening can prevent patients from attending a screen

4.16 Cancer cervical screening uptake rates in Bradford District and Craven for people with LD is low, with only 30.02% of women taking the test, highlighting the need for intensive intervention with both workforce and the LD community.

4.17 The project will begin early 2023 and focus on both primary care workforce and learning disability and autism community to develop a transferable model, easy read information, education and awareness sessions. There may not be a significant increase to the uptake rates however people will have access to information to allow them to make an informed choice to have the screen or not.

4.18 Working with South Asian men in an attempt to increase cervical cancer screening uptake in women We are also currently working with Bradford University on an innovative research project to work with South Asian men in an attempt to increase cervical cancer screening uptake in women. This will involve working with elders, mosques, community groups etc to educate on the importance of the screen and support and encourage women to engage in the screening programme. **The project will begin in early 2023.**

4.19 In addition, working in collaboration with Cancer Research UK and West Yorkshire and Harrogate Cancer Alliance, we have identified trained Cancer Champions in the

majority of GP Practices across our place. This allows for a point of contact for people to ask questions, discuss concerns etc around cancer, in particular cancer screening and help to encourage people to take their screen.

5. Cancer services and support within our hospitals

5.1 Cancer Services and Covid During Covid cancer services remained an absolute priority for the NHS and staff worked to maintain services throughout and post the pandemic.

5.2 On 23 March 2020, the NHS issued national guidance to support clinicians on treatment decision-making and prioritisation, and to inform conversations with patients on treatment plans:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/specialty-guide-acute-treatment-cancer-23-march-2020.pdf>

5.3 On 30 March 2020, national guidance recommended that urgent consideration should be given to consolidating cancer surgery in a Covid-free hub, with centralised triage to prioritise patients based on clinical need:

<https://www.england.nhs.uk/coronavirus/publication/advice-to-trusts-on-maintaining-cancer-treatment-during-the-covid-19-response/>

5.4 Both Bradford (BTHFT) and Airedale Hospitals (ANHSFT) introduced a number of processes in place to assist with this, which included:

- Supporting the setting up of a Covid Centre in Harrogate led by a respiratory clinical lead.
- Daily meetings implemented for outpatient appointments to assess daily needs of trusts delivering services and escalating issues.
- Dedicated wards for patients with Covid-19 to protect them and others.
- Use of theatre capacity to help increase ITU capacity.
- Hot and cold spaces within the hospital to help reduce in spread of virus.
- Patients categorised nationally within guidance for surgery and treatments.
- National guidance on the use of aerosol generated procedures affected endoscopy.
- Infection control guidance in line with national policies, which reduced capacity in many areas, such as theatre times due to the in depth cleans etc required in-between patients
- A Clinical Nurse Specialist (CNS) helpline was introduced for patients to cover all sites and staffed by a CNS who had previously worked for Macmillan, to signpost and help people access support - often non-clinical and pastoral support.
- Use of Yorkshire Clinic to provide a Covid-19 free hub for patients receiving cancer treatment and to provide additional capacity for our health and care system.
- Implemented priority guidance for chemotherapy patients in line with national guidance.
- Use of chemotherapy buses to help provide social distancing when delivering chemo and reduce footfall on the hospital site.
- Adhered to West Yorkshire and Harrogate Cancer Alliance Cancer Covid Standard Operating Procedure.

5.5 In addition, processes were built on or introduced which include:

- Remedial Action Plans to help redesign cancer services to benefit patients and increase cancer services overall resilience

- Patient Tracking Lists (PTL) which collects data used to monitor the performance of acute trusts in respect of the national cancer 62-day and faster diagnosis standards. This weekly snapshot shows the number of patients on the cancer 62 day pathway, including those at risk of breaching the 62-day standards.
- 62 day audits, to identify all patients who may possibly or have breached 62 days on the cancer pathway continue to be investigated. Due to their complex health issues it may take longer to detect the actual cancer site. In addition, patients may also have other non-cancer clinical appointments that may delay the cancer appointments. For these people both hospital sites conduct breach analysis which is discussed at appropriate governance or business meetings.
- Introduction of a West Yorkshire and Harrogate Cancer Alliance (WY&H CA) 'cancer Covid PTL' which provided an understanding of the number of patients who were on a pathway affected by Covid. This included the backlog of patients without a diagnosis and who are waiting for diagnostic tests and those with a cancer diagnosis who were waiting for treatment. The PTL also supported the creation of a list of patients needing time-critical cancer surgery for which there was no capacity at Bradford or Airedale Hospitals but could be offered treatment at an alternative provider or hub within West Yorkshire and Harrogate.
- Cancer Care Navigators, which supported the patients through the pathway and assisted the Clinical Nurse Specialists by reducing their administrative workload to allow them to concentrate on clinical duties
- BTHFT and ANHSFT rapid diagnostic clinics (non-site specific clinics), for people whose symptoms do not meet the national 2 week with fast track referral criteria, there is a joint weekly community hub clinic at for people with vague but concerning symptoms. This improves the diagnostic experience for patients, providing faster diagnosis and if symptoms are not cancer then the team refer onto the correct pathway. Patients can now also self-refer into one of our hubs which is addressing health inequalities in access to care.

6.1 BTHFT Cancer Standards.

Cancer Standards - Overview by Indicator – BTHFT

Measure	Target	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
14 day GP referral for all suspected cancers	93%	96.2%	91.6%	95.0%	95.0%	95.4%	92.9%	96.1%	96.3%	94.3%	97.0%	95.8%	94.6%	91.8%	87.8%	93.4%	95.2%	91.5%
14 day breast symptomatic referral	93%	99.3%	99.5%	97.4%	84.5%	88.0%	98.4%	98.6%	100.0%	100.0%	100.0%	94.2%	96.6%	99.2%	99.1%	99.1%	97.2%	94.4%
31 day first treatment	96%	88.6%	90.7%	97.3%	95.6%	97.3%	91.1%	94.4%	93.9%	94.5%	96.1%	94.8%	96.3%	89.7%	94.4%	96.9%	94.8%	92.1%
31 day subsequent drug treatment	98%	100.0%	100.0%	97.4%	98.0%	98.1%	93.3%	95.3%	98.5%	97.0%	100.0%	97.8%	92.9%	94.0%	96.4%	98.3%	98.1%	91.2%
31 day subsequent surgery treatment	94%	81.6%	92.0%	92.3%	86.3%	92.3%	82.2%	77.5%	90.7%	77.1%	89.5%	90.2%	89.1%	86.3%	95.1%	92.7%	78.9%	75.7%
62 day GP referral to treatment	85%	82.0%	68.6%	76.9%	81.4%	88.0%	71.8%	75.2%	78.4%	80.3%	81.6%	79.1%	77.9%	83.6%	76.8%	73.3%	72.3%	65.4%
62 day screening referral to treatment	90%	71.0%	96.0%	83.8%	80.0%	82.7%	63.6%	62.5%	72.5%	72.4%	81.8%	88.6%	81.0%	85.4%	70.6%	83.3%	78.9%	90.3%
62 day consultant upgrade to treatment		55.6%	100.0%	60.0%	66.7%	66.7%	18.2%	66.7%	69.2%	71.4%	100.0%	55.6%	66.7%	100.0%	100.0%	33.3%	80.0%	61.5%

Cancer Wait Time Improvement

Internal and partnership work to improve systems which impact on patient pathways continues.

This work includes:

- On-going review of clinical pathways, with improvement support to pathway redesign in line with best practice timed pathways, cancer milestones, improving quality, patient experience and inequalities.
- Tiered 1 & 2 escalation process has been extended to include the recovery of cancer 62 day waits delivery backlog. This is now being monitored with Trust performance increasing to 3.78% which is still within required levels.
- Work is underway to prepare and embed monitoring of the proposed new cancer standards alongside existing standards in order to capture overall Trust performance.
- Working with patients to reduce delays and did not attends (DNAs). For example, the wording on patient information leaflets and letters has been updated to ensure consistency and promote earlier attendance so patients are better informed of what the 2 week wait pathway means.
- Continued implementation of service development plans which include tele-dermatology (using a specialist camera to take pictures of skin conditions), pathway navigation roles, non-site specific pathways, and digital remote monitoring.
- Implementation of NG12 and FIT testing (to detect colorectal cancers), and changes to referral forms for Gynaecology and Urology in partnership with primary care and supported by the Local Medical Committee (GP representative committee) to improve the quality of fast track referrals ensuring patients have timely identification of their suspected cancer.
- Establishment of a cancer data group to collaborate and oversee implementation of several data and digital requirements that will support cancer services.
- Appointment of a personalised care lead and progression of health needs assessment and community rehabilitation work.
- Workforce development initiatives with external partners to develop student nurse placements and cancer nurse specialist roles.

6.2 Please refer to Appendix Three for a more detailed breakdown of performance against the standards.

7.1 AFT Cancer Standards.

Cancer Standards - Overview by Indicator – ANHSFT

Measure	Target	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22		Oct-22	Nov-22
14 day GP referral for all suspected cancers	93%	93.2%	92.7%	91.7%	78.2%	83.4%	92.7%	92.6%	94.8%	92.8%	91.3%	94.8%	92.0%	90.3%	87.8%	88.8%		86.0%	82.2%
14 day breast symptomatic referral	93%	95.9%	90.2%	97.1%	31.7%	41.0%	62.5%	69.3%	93.8%	89.8%	95.1%	98.8%	97.1%	92.6%	98.5%	94.4%		100.0%	93.5%
31 day first treatment	96%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	96.9%	98.8%	98.9%	100.0%	98.9%	98.8%	100.0%	100.0%	97.3%		96.4%	99.0%
31 day subsequent drug treatment	98%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	97.2%	100.0%	100.0%	96.9%	100.0%	100.0%		100.0%	100.0%
31 day subsequent surgery treatment	94%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		100.0%	90.0%
62 day GP referral to treatment	85%	73.3%	86.7%	75.6%	78.2%	78.3%	80.0%	80.0%	83.3%	85.1%	85.9%	78.4%	64.0%	80.4%	70.6%	84.4%		88.2%	82.9%
62 day screening referral to treatment	90%	100.0%	50.0%	0.0%	100.0%	100.0%	75.0%	50.0%	100.0%	81.3%	40.0%	71.4%	25.0%	100.0%	75.0%	66.7%		33.3%	66.7%
62 day consultant upgrade to treatment		66.7%	37.5%	75.0%	37.5%	87.5%	100.0%	72.7%	100.0%	83.3%	53.8%	71.4%	25.0%	62.5%	86.7%	100.0%		60.9%	57.1%

Cancer Wait Time Improvement

Internal and partnership work to improve systems which impact on patient pathways continues. This work includes the following, some of which are consistent with BTHFT due to our partnership working:

- On-going review of clinical pathways, with improvement support to pathway redesign in line with BPTP, cancer milestones, improving quality, patient experience and inequalities.
- Weekly cancer PTL meeting to discuss patients over 62 days and discussed at OP level and at Cancer Alliance biweekly meeting.
- Capacity and demand work to inform future planning aligned to cancer wait time standards and national priorities.
- Working with patients to reduce delays and did not attends (DNAs). For example, the wording on patient information leaflets and letters has been updated to ensure consistency and promote earlier attendance so patients are better informed of what the 2 week wait pathway means.
- Continued implementation of service development plans which include pathway navigation roles, non-site specific pathways, and digital remote monitoring.
- Implementation of NG12 and FIT testing (to detect colorectal cancers), and changes to referral forms for Gynaecology and Urology in partnership with primary care and supported by the Local Medical Committee (GP representative committee) to improve the quality of fast track referrals ensuring patients have timely identification of their suspected cancer.
- Additional admin and clinical staff to help with the management of the Patient Tracking List and escalation process; and to implement Personalised Care interventions to help support Cancer Care Reviews in Primary Care.
- Workforce development initiatives with external partners to develop cancer nurse specialist roles.
- Service Improvement Lead in post to help develop and implement new ways of working to ensure people living with and beyond cancer have an improved experience and help support self-supported management.

8. **Contribution to corporate priorities**

Not applicable

9. **Recommendations**

Members are asked to

- Note the current outcomes of the targeted lung cancer health checks project
- Note the placed based initiatives being implemented to support improvement in update of cancer screening programmes
- Note the current performance in cancer services in Bradford District and Craven, and the improvements being made to cancer services following the Covid-19 pandemic.

10. **Background documents**

Not applicable

11. **Not for publication documents**

None

12. **Appendices**

Appendix One: Targeted Lung Health Checks

Appendix Two: National Cancer Waiting Time Standards

Appendix Three: BTHFT cancer performance standards

Appendix Four: AFT cancer performance standards

12.1 Appendix One



Appendix One
Targeted lung health c

12.2 Appendix Two

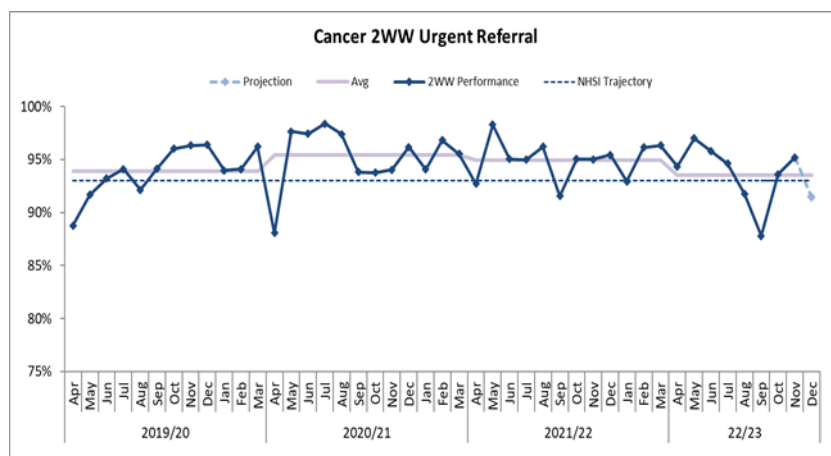
Table One: National Cancer Waiting Time Standards

2 week wait targets - This standard sets a time limit of two weeks to be seen by a specialist when referred urgently for further investigation. It measures the time from	
Urgent referral for suspected cancer to first outpatients attendance	Operational standard of 93%.
Referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment	Operational standard of 93%.
28 day Faster Diagnosis target – commenced April 2020	
The introduction of this new cancer diagnosis standard is designed to ensure that patients find out within 28 days whether or not they have cancer.	Operational standard from October 2021 is 75%.
31 day targets	
A maximum one month (31 day) wait from the date a decision to treat (DTT) is made to the first definitive treatment for all cancers	Operational standard of 96%
A maximum 31 day wait for subsequent surgery treatment	Operational standard of 94%
A maximum 31 day wait for subsequent radiotherapy treatment	Operational standard of 94%
A maximum 31 day wait for subsequent anti-cancer drug regimen treatment	Operational standard of 98%
62 day wait targets	
Maximum two months from urgent referral for suspected cancer to first treatment	Operational standard of 85%
Urgent referral from an NHS Cancer Screening Programme for suspected cancer to first treatment -	Operational standard 90%
104 days – a quality improvement standard for managing ‘long waiting cancer patients’ on a 62 day pathway Any cancer patients waiting 104 days or more from referral to the first definitive treatment should be reviewed to identify any avoidable nonclinical delays An effective process should be in place to review such patient pathways and escalation approaches for delays which may have direct clinical significance and/or have resulted in a patient coming to harm due to those delays.	

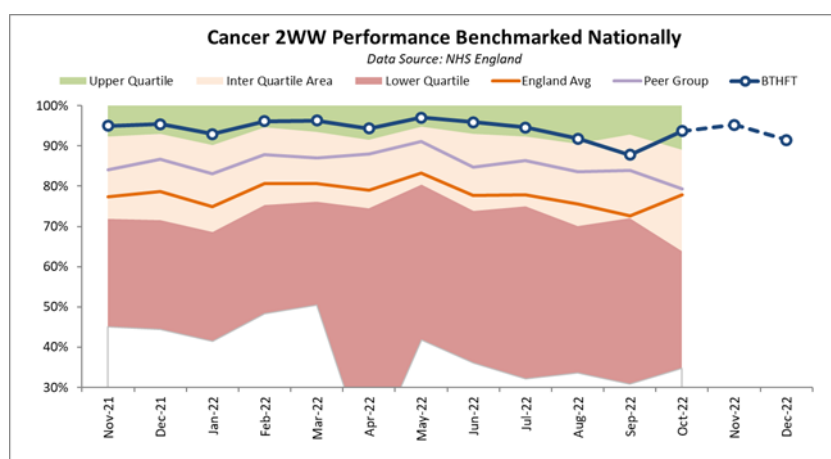
12.3 Appendix Three – BTHFT Cancer Performance Standards

A3a Cancer 2 Week Wait

Cancer 2WW performance (Target 93%)



2WW National Comparison



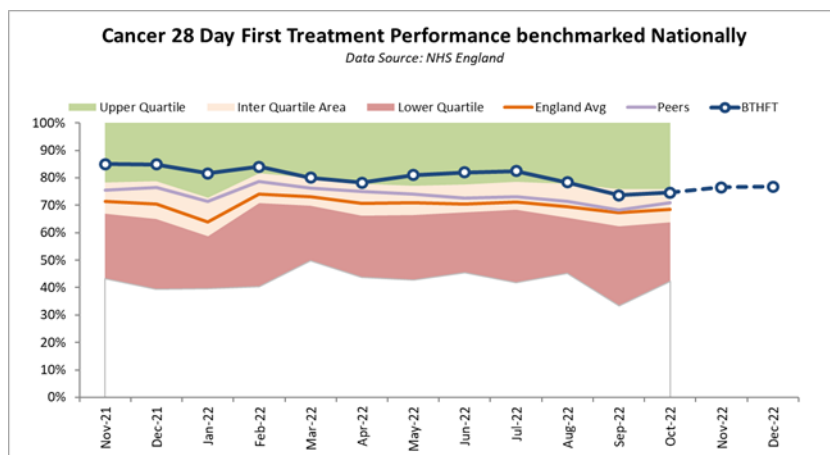
2WW Performance by Tumour Group

Site	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
TRUST	96.2%	91.6%	95.0%	95.0%	95.4%	92.9%	96.1%	96.3%	94.3%	97.0%	95.8%	94.6%	91.8%	87.8%	93.6%	95.20%	91.48%
Breast	100.0%	100.0%	97.5%	94.6%	93.1%	96.7%	97.6%	97.0%	98.2%	99.4%	95.9%	96.5%	99.0%	97.5%	97.0%	97.56%	96.53%
Gynae	97.7%	92.9%	89.1%	96.2%	94.2%	89.5%	94.1%	94.2%	94.0%	93.7%	87.0%	92.4%	98.7%	94.6%	96.6%	96.05%	93.02%
Haematology	100.0%	100.0%	100.0%	95.0%	100.0%	89.5%	90.0%	96.6%	90.9%	100.0%	100.0%	94.1%	100.0%	95.7%	100.0%	75.00%	55.56%
Head & Neck	98.8%	96.1%	95.5%	96.6%	95.6%	97.2%	96.2%	95.2%	93.6%	95.4%	96.6%	92.9%	96.3%	97.0%	97.4%	96.70%	90.41%
Lower GI	92.9%	87.9%	91.5%	90.9%	93.3%	85.4%	95.5%	94.4%	84.3%	96.4%	97.0%	91.3%	67.6%	56.9%	80.1%	87.35%	83.28%
Lung	100.0%	100.0%	100.0%	100.0%	100.0%	96.8%	94.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.00%	100.00%
Other	100.0%	94.7%	100.0%	100.0%	100.0%	80.6%	97.7%	100.0%	95.5%	100.0%	100.0%	100.0%	100.0%	98.1%	91.2%	89.66%	94.83%
Skin	95.5%	88.2%	96.3%	96.0%	96.1%	94.1%	97.3%	99.1%	97.5%	97.4%	96.8%	95.4%	96.5%	99.0%	99.3%	99.60%	98.16%
Upper GI	92.4%	89.7%	93.7%	89.6%	98.2%	94.5%	90.3%	91.9%	88.2%	94.0%	95.6%	96.0%	82.8%	75.9%	85.5%	92.47%	87.80%
Urology	98.8%	97.9%	98.4%	99.3%	97.7%	99.0%	97.8%	99.3%	99.2%	98.3%	96.4%	97.8%	95.2%	96.7%	97.9%	97.92%	89.71%

Prolonged high referral rates, increased patient volumes following successful awareness campaigns, and patient concordance (where patients choose not to attend an appointment within 2 weeks for a number of reasons personal to them) has presented a sustained challenge to our performance. Actions listed in 6.1 will continue to address this.

A3b Cancer 28 Day Faster Diagnosis

28 Day National Comparison – BTHFT



28 Day Faster Diagnosis

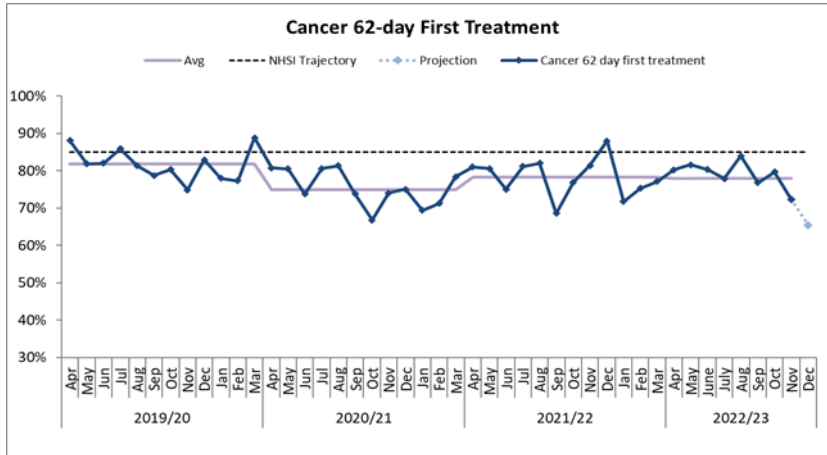
Standard (FDS)

Site	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
TRUST	83.3%	81.9%	84.3%	85.3%	84.3%	81.7%	83.2%	79.9%	79.3%	82.0%	81.5%	81.5%	77.9%	72.5%	73.8%	76.5%	76.8%
Breast	100.0%	98.3%	98.5%	98.2%	98.1%	98.1%	98.8%	97.0%	97.9%	98.7%	99.5%	97.4%	98.0%	99.0%	100.0%	98.1%	98.0%
Gynae	75.8%	80.2%	66.7%	74.5%	68.5%	57.8%	49.5%	57.3%	53.6%	55.2%	56.0%	47.9%	48.5%	50.6%	62.3%	62.6%	51.4%
Haematology	78.3%	30.4%	83.3%	60.0%	82.6%	61.1%	75.0%	41.2%	44.4%	43.5%	52.6%	50.0%	44.0%	42.9%	50.0%	34.8%	40.9%
Head & Neck	75.0%	74.6%	81.3%	83.6%	86.2%	80.1%	71.6%	75.3%	76.0%	81.3%	81.1%	75.4%	79.4%	64.6%	65.3%	70.3%	73.6%
Lower GI	74.7%	64.6%	78.5%	78.7%	83.7%	76.2%	83.0%	71.4%	72.8%	78.5%	72.8%	74.2%	60.1%	58.6%	46.1%	58.6%	59.8%
Lung	81.0%	94.4%	75.0%	87.5%	83.8%	90.3%	88.6%	86.1%	84.8%	75.0%	85.7%	88.6%	92.5%	96.8%	88.2%	88.9%	91.7%
Other	91.7%	93.8%	94.7%	89.5%	80.0%	87.0%	86.4%	75.0%	81.8%	72.7%	61.1%	88.9%	92.3%	79.7%	75.0%	69.6%	83.8%
Skin	89.5%	90.8%	85.9%	85.1%	82.4%	80.5%	91.5%	86.0%	83.3%	85.1%	88.9%	91.3%	88.5%	78.5%	84.3%	87.3%	86.1%
Upper GI	76.5%	77.1%	88.2%	78.9%	86.0%	81.6%	68.0%	70.0%	63.6%	77.5%	79.7%	69.2%	67.1%	74.2%	82.2%	75.7%	71.3%
Urology	73.6%	81.2%	83.0%	90.3%	76.6%	72.6%	72.7%	75.9%	79.3%	75.9%	72.2%	81.7%	71.1%	61.5%	72.5%	69.0%	70.9%

Trust performance dipped below the 75% target in October 2022 and is expected to recover in November to above target levels, with the performance projected to further sustain the recovery through December at over 75%. The recovery was due to improved capacity across several tumour groups.

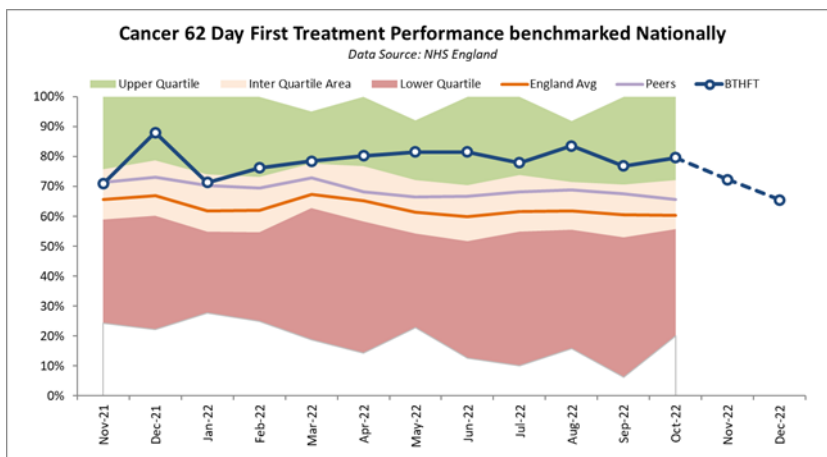
A3C Cancer 62 Day First Treatment

62 Day First Treatment performance (Target 85%)

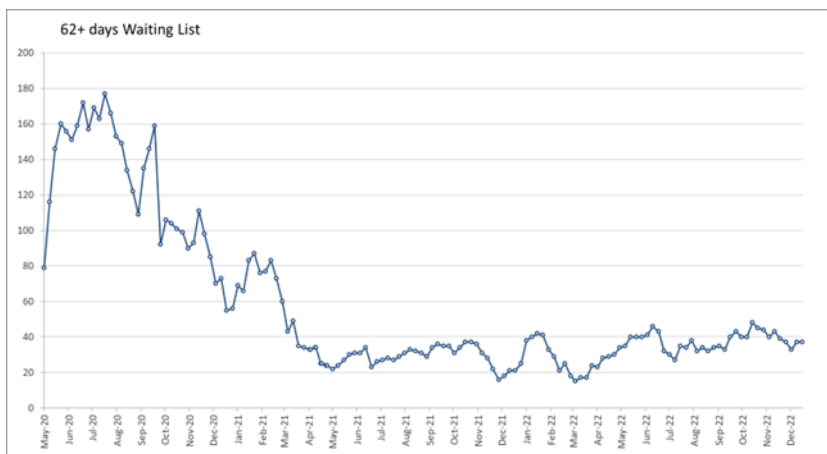


62 Day First Treatment performance - National

Comparison



Patients Waiting Over 62 Days



62 Day First Treatment performance by Tumour Group

Site	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
TRUST	82.0%	68.6%	76.9%	81.4%	87.98%	71.8%	75.2%	78.4%	80.3%	81.6%	80.4%	77.9%	83.6%	76.8%	79.6%	72.3%	65.4%
Breast	100.0%	86.7%	100.0%	84.0%	100.0%	78.6%	87.0%	100.0%	81.8%	92.3%	96.4%	92.3%	100.0%	86.7%	100.0%	91.7%	86.7%
Gynae	71.4%	44.4%	100.0%	60.0%	100.0%	80.0%	80.0%	50.0%	28.6%	14.3%	55.6%	100.0%	60.0%	66.7%	66.7%	55.6%	50.0%
Haematology	100.0%	100.0%	84.6%	66.7%	100.0%	66.7%	77.8%	66.7%	100.0%	61.5%	83.3%	40.0%	83.3%	100.0%	42.9%	83.3%	66.7%
Head & Neck	42.9%	20.0%	66.7%	35.7%	50.0%	20.0%	34.8%	66.7%	62.5%	30.8%	68.4%	35.3%	57.1%	46.2%	66.7%	36.4%	53.8%
Lower GI	62.5%	37.5%	72.7%	57.1%	100.0%	90.9%	50.0%	50.0%	50.0%	83.3%	61.5%	42.9%	20.0%	25.0%	61.5%	50.0%	45.5%
Lung	70.0%	25.0%	16.7%	40.0%	0.0%	40.0%	33.3%	33.3%	100.0%	60.0%	44.4%	0.0%	11.1%	14.3%	0.0%	0.0%	20.0%
Other			0.0%	66.7%	100.0%	100.0%	50.0%	0.0%	0.0%	100.0%	0.0%	0.0%	100.0%	0.0%		0.0%	100.0%
Skin	97.1%	88.2%	100.0%	90.7%	94.4%	81.5%	97.2%	100.0%	94.1%	100.0%	97.1%	96.8%	100.0%	89.3%	93.0%	90.6%	91.7%
Upper GI		20.0%	22.2%	100.0%	85.7%	37.5%	25.0%	100.0%	75.0%	100.0%	13.3%	33.3%	80.0%	36.4%	36.4%	50.0%	0.0%
Urology	64.7%	73.7%	75.0%	88.4%	90.9%	81.5%	77.5%	78.6%	91.2%	86.2%	88.6%	95.0%	85.7%	90.2%	77.2%	79.5%	76.3%

Performance has continued below target at 79.65% for October as high referral volumes remain a challenge as patients progress through the pathway however the Trust has continued to perform in the upper quartile and above the National average.

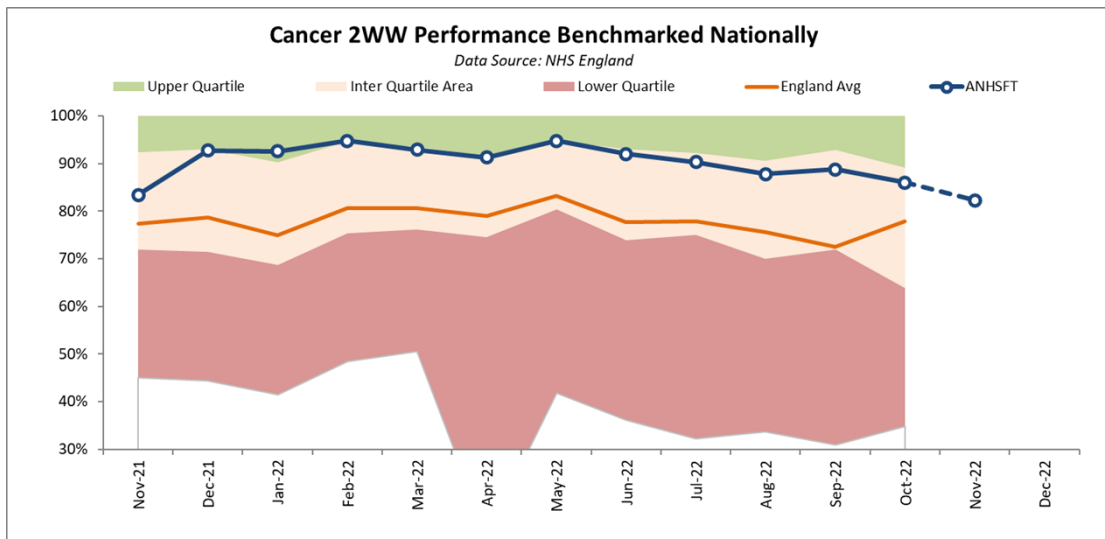
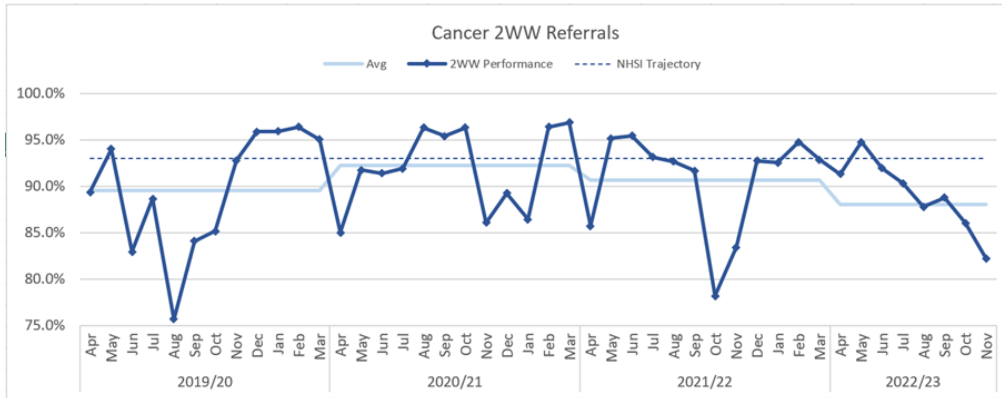
Pressure on diagnostic pathways has been a significant impact on the 62 day position recently with challenges for radiology managing the increase in requests having an effect on a number of tumour groups. The Cancer team continue to support with patient concordance issues working with patients to reduce wait times and DNA's which will begin to improve performance given that many tumour groups do have capacity to treat once these issues have been resolved.

Continued implementation of service development plans as outlined in 6.2 will also support overall cancer wait time delivery.

12.4 Appendix Four – AFT Cancer Performance Standards

A4a Cancer 2 Week Wait

Cancer 2WW performance (Target 93%)



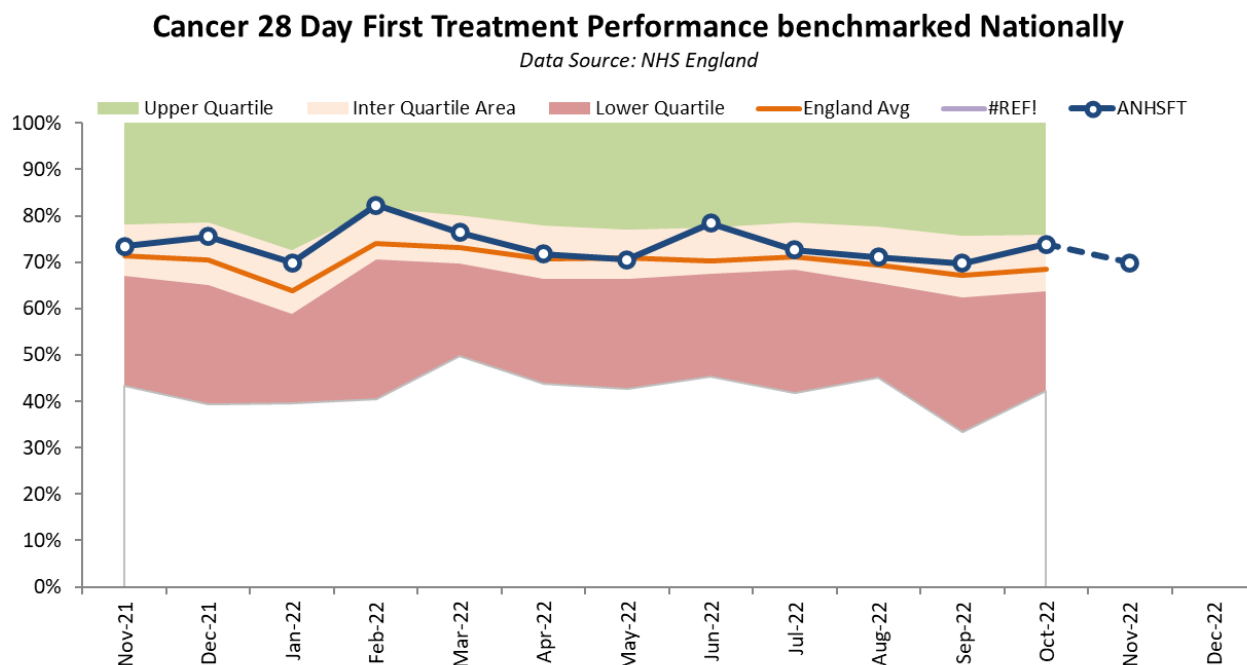
Measure	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Overall Trust Position	93.2%	92.7%	91.7%	78.2%	83.4%	92.7%	92.6%	94.8%	92.8%	91.3%	94.8%	92.0%	90.3%	87.8%	88.8%	86.0%	82.2%
NSS (Non-site specific)	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	N/A	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Breast	94.2%	94.4%	96.1%	35.9%	52.1%	86.0%	88.0%	96.7%	89.8%	99.1%	96.7%	95.3%	91.7%	100.0%	100.0%	100.0%	97.3%
Gynaecology	88.6%	98.7%	98.9%	97.6%	97.1%	97.0%	91.5%	100.0%	96.8%	95.3%	96.7%	95.7%	94.1%	94.4%	96.2%	96.3%	97.8%
Haematology	100.0%	81.8%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Head & Neck	92.3%	100.0%	100.0%	87.5%	100.0%	100.0%	95.0%	100.0%	88.9%	100.0%	92.0%	100.0%	95.2%	100.0%	83.3%	100.0%	95.0%
Lower GI	88.0%	83.1%	80.3%	84.1%	81.8%	88.2%	92.1%	85.5%	85.9%	76.3%	89.5%	81.5%	83.9%	65.2%	68.6%	61.2%	56.3%
Lung	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	91.7%	100.0%	100.0%	91.7%	100.0%	96.4%	84.6%	100.0%	87.5%	100.0%	100.0%
Upper GI	97.8%	96.2%	87.2%	91.3%	88.9%	96.9%	91.2%	95.9%	95.9%	94.3%	93.2%	92.4%	91.7%	93.7%	90.3%	89.5%	82.2%
Urology	100.0%	98.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	98.9%	100.0%	100.0%	100.0%

2WW Performance by Tumour Group

There has been a sustained increase in referrals, particularly in gastrointestinal, since April 2022 and a number of these patients require an outpatient assessment prior to their test. In addition, 29% of patients cannot attend their appointments within 2 weeks. Additional clinic capacity and staffing is helping to support this demand.

A4b Cancer 28 Day Faster Diagnosis

28 Day National Comparison – ANHFT



Performance in October 2022 places the Trust in the upper quartile, significantly above peer group and above the England average.

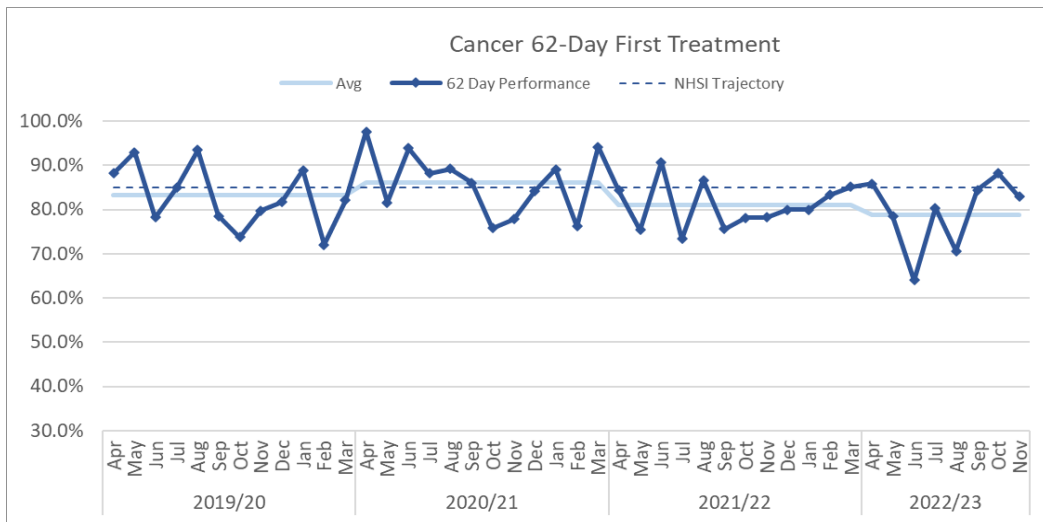
Measure	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22
Overall Trust Position	70.1%	62.9%	72.2%	73.2%	73.4%	75.5%	69.9%	82.3%	76.4%	71.8%	70.6%	78.4%	72.6%	71.0%	69.8%	73.9%	69.8%
Breast	97.9%	94.4%	99.5%	94.1%	86.1%	86.5%	92.5%	97.2%	94.6%	96.3%	96.2%	98.3%	98.5%	97.5%	96.9%	99.0%	98.4%
Gynaecology	70.4%	62.2%	51.3%	63.9%	74.5%	84.2%	68.9%	80.7%	72.0%	59.0%	57.7%	69.9%	45.6%	72.9%	66.7%	67.5%	66.7%
Haematology	42.9%	70.0%	40.0%	28.6%	50.0%	33.3%	0.0%	75.0%	50.0%	44.4%	0.0%	75.0%	50.0%	61.5%	100.0%	55.6%	55.6%
Head & Neck	70.4%	83.3%	81.3%	80.0%	69.6%	85.2%	83.3%	78.9%	73.9%	78.6%	72.4%	89.5%	84.2%	88.0%	77.3%	100.0%	89.5%
Lower GI	47.0%	40.4%	53.6%	64.6%	62.5%	56.2%	54.9%	76.4%	57.3%	56.1%	52.9%	67.5%	66.3%	51.0%	50.5%	58.3%	51.2%
Lung	81.0%	28.6%	83.3%	69.2%	84.6%	70.0%	66.7%	76.9%	76.5%	69.6%	71.4%	82.1%	80.0%	88.9%	61.5%	58.3%	73.9%
Upper GI	52.1%	48.8%	64.1%	58.8%	69.0%	69.2%	64.7%	75.4%	81.5%	64.9%	63.3%	67.6%	60.5%	45.2%	54.9%	69.2%	59.5%
Urology	63.3%	40.9%	69.0%	56.9%	63.6%	77.2%	56.8%	71.4%	71.3%	69.0%	69.1%	74.1%	67.7%	76.3%	71.6%	58.8%	62.5%

28 ay Faster Diagnosis Standard (FDS)

Recruited to additional support roles, and hold weekly meetings to escalate those patients who have not had a diagnosis or who need to be informed of their diagnosis.

A4c Cancer 62 Day First Treatment

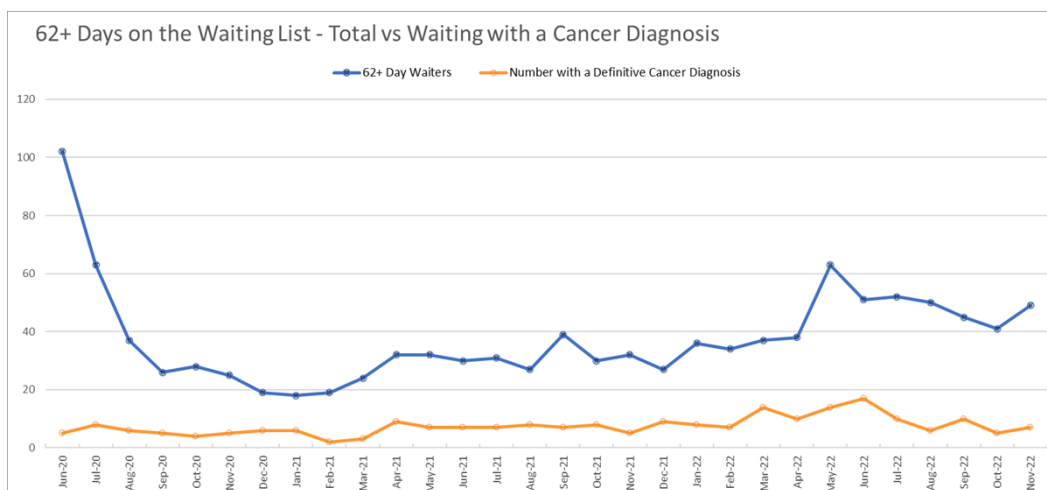
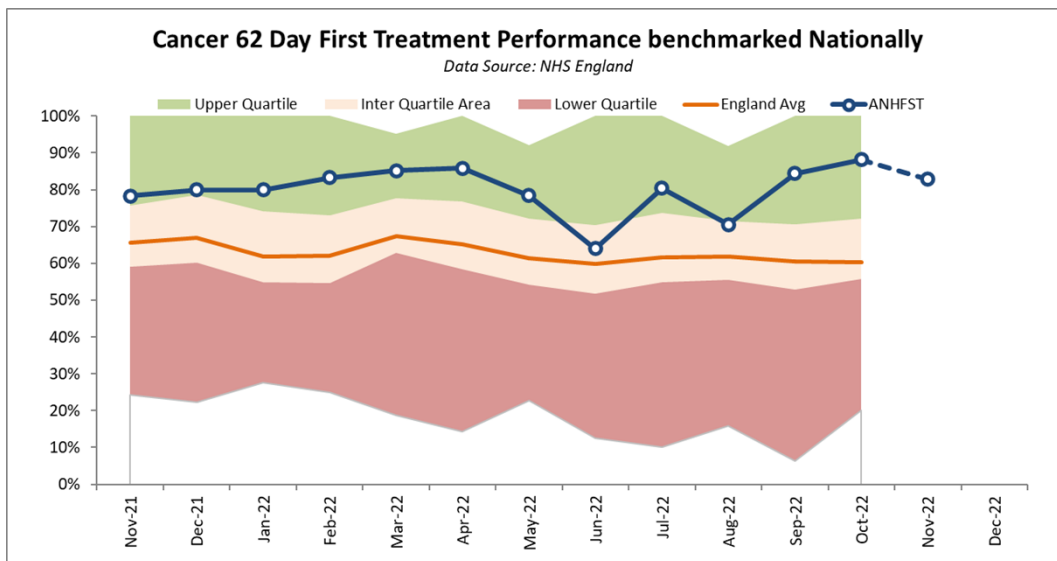
62 Day First Treatment performance (Target 85%)



62 Day First Treatment performance -

National Comparison

Performance for October 2022 was achieved = 88.2%



62 Day First Treatment performance by Tumour Group

Measure	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22		Oct-22	Nov-22
Overall Trust Position	73.3%	86.7%	75.6%	78.2%	78.3%	80.0%	80.0%	83.3%	85.1%	85.9%	78.4%	64.0%	80.4%	70.6%	84.4%		88.2%	82.9%
Breast	90.0%	100.0%	100.0%	100.0%	100.0%	88.9%	100.0%	100.0%	100.0%	100.0%	100.0%	80.0%	100.0%	100.0%	100.0%		100.0%	91.3%
Gynaecology	100.0%	66.7%	44.4%	75.0%	75.0%	66.7%	100.0%	100.0%	100.0%	100.0%	0.0%	33.3%	33.3%	25.0%	100.0%		100.0%	50.0%
Haematology	50.0%	50.0%	80.0%	50.0%	66.7%	40.0%	50.0%	100.0%	71.4%	100.0%	0.0%	0.0%	0.0%	100.0%	100.0%			66.7%
Head & Neck	100.0%	100.0%		100.0%			0.0%	0.0%	0.0%	100.0%		0.0%	0.0%	0.0%	0.0%			
Lower GI	50.0%	69.2%	60.0%	72.7%	36.4%	50.0%	50.0%	44.4%	62.5%	83.3%	44.4%	45.5%	57.1%	38.1%	28.6%		35.3%	46.2%
Lung	80.0%	100.0%	57.1%	80.0%	66.7%	40.0%	25.0%	100.0%	50.0%	83.3%	42.9%	66.7%	72.2%	66.7%	33.3%		50.0%	47.4%
Upper GI	0.0%	100.0%	100.0%			66.7%	100.0%	66.7%	100.0%	85.7%	100.0%	75.0%	100.0%	85.7%	100.0%		100.0%	80.0%
Urology	76.2%	87.5%	75.0%	100.0%	81.8%	100.0%	96.0%	100.0%	91.9%	84.6%	82.2%	79.5%	93.5%	100.0%	94.1%		100.0%	98.5%

Performance remains a challenge in this area with demand in site specific groups causing pressures, and patients now being frailer with multiple co-morbidities. Continued implementation of service development plans as outlined in 7.2 will support overall cancer wait time delivery.