



Northern Devon

Northern Devon Healthcare Trust: 2 Week Wait (2WW) Cancer Target Position Update

Introduction

The purpose of this update is to share with board members the current status of NDHT's 2WW cancer targets and planned actions.

The board will be aware from recent board reports that the NDHT's 2WW targets are not being consistently met. The reasons have been reviewed in the locality, though it is becoming clear they are multi factorial (see below).

Current position – CCG perspective

NDHT have not consistently met their cancer wait targets during the last year. NDHT performance improved against the cancer 2 week wait targets in August, September and October 2014 in line with the action plan. The risk score was downgraded from 16 to a score of 12 in October 2014. Some improvements were made towards the end of January 2015, but improvement has not been sustained and remains inconsistent, so on 3 February 2015 the risk score was increased and upgraded to 16.

It is important to note Darzi's 3 Principles detailed within the Risk Register/Assurance Framework:

Patient Safety: As a Commissioner, NEW Devon CCG must ensure patients are appropriately supported in gaining access to cancer treatment within the target time. This is to ensure patients are consistently given the opportunity of best outcomes from their cancer care.

Effectiveness: Inability to meet cancer targets may impact on the wider health community; an increased risk of patients not receiving the appropriate level of care and treatment in a timely manner may lead to greater than expected treatment requirements further down the pathway of care, impacting primary, secondary and other services, such as Macmillan

services. Plus, delays in care may impact the person's ability to work and function as effectively within society.

Experience: There are range of potential concerns that may impact on Patient Safety and Quality: Any delay can have devastating consequences, for the patient and their family; delay can prolong a patient's pain and suffering, increase the extent of treatment that is needed, and in some instances reducing their life expectancy. The issue here is not the experience once patients receive their care; it is about the delay and the risk this brings. This will undoubtedly cause anxiety for patients and their families and affect the overall experience of the service.

Contributing Factors

- 1. Campaigns and Capacity:** There have been several public awareness campaigns over the past 12 months and the trust report it is difficult to respond to national campaigns.
- 2. Team Size:** The Trust has a relatively small team as a relatively small provider. Any absence may affect cancer standards; staffing issues such as sickness, quickly impact on the service. Recruitment may also play a part, as this has also proved difficult in more rural locations. Back fill/ locum and bank staff are easily recruited to in more rural settings. These factors may contribute to sudden delays in appointments. There may also be a long recovery period to get back on track within timescales.
- 3. Increased Cancer Referrals:** NDHT are experiencing difficulty to expand Breast Radiology at same rate as growing demand for service. There has also been a significant increase in cancer referrals to urology, which have been monitored and discussed at the urology CPG.
- 4. Patient Choice:** Patient choice is affecting NDHT's targets and this has been evidenced by NDHT. Currently if a 2WW referral has been made by the GP, patients have the option of declining the offer of appointment within the initial 2 week period and choosing a later date. However, the trust has to record this as a 2WW breach. NDHT undertook an audit to explore the impact of patient choice:

Audit results (NDHT, 2015):

Description of how the standard is measured: 93% of patients seen within 14 days from date referral received for suspected cancer.

Month	Total Referrals	Total Referrals seen 2 weeks	% Achieved	No. breached-Pt Choice	Notes
October 2014	471	422	89.6%	45	99% would have been achieved if the breaches were due to capacity and not patient choice.
November 2014	451	424	94.0%	27	
December 2014	440	407	92.5%	33	

NDHT Actions taken (audit):

An Action Plan to address the Trust's performance against this standard was implemented in July 2014 with the intention of reaching the 93% target by September 2014.

Site-specific "horizon scanning meetings" have been arranged to review each cancer site in detail, Urology took place in August. Breast and Head & Neck took place in September and Upper GI is scheduled for November.

A report forecasting 2WW capacity is produced daily and reviewed at the Trust's weekly Referral to Treatment performance meeting.

Patient choice numbers are being shared with CCG and a meeting is arranged with the CCG (March 2015) to discuss patient choice and patient information and how we can improve on this.

CCG Actions

Action	When	CCG Leads
1. Levers e.g. contract penalties to ensure that NDHT is able to meet their 2 week wait targets.	On-going	Tony Layton, Contract Manager Northern Locality Mark Elster, Patient Safety & Quality Manager: North Devon Locality
2. Situation escalated via IPAM.	On-going	Mark Elster, Patient Safety & Quality Manager: North Devon Locality Stephen Miller, GP Vice Chairman Northern Locality
3. Bi monthly cancer leads meetings NDHT/CCG	Monthly commencing March 15	Sara Wright, Commissioning Manager Jeni Davies, Service Delivery Co-ordinator Northern Locality Dr Annabelle Tree, Northern Locality GP (Cancer Lead)
4. Improved liaison with the South West Clinical Cancer Network	On-going	Sara Wright, Commissioning Manager Northern Locality Jeni Davies, Service Delivery Co-ordinator Northern Locality Dr Annabelle Tree, Northern Locality GP (Cancer Lead)
5. CCG Locality Cancer dashboard	March 15	Sara Wright, Commissioning Manager, Northern Locality Jeni Davies, Service Delivery Co-ordinator Northern Locality
6. Board reporting	On-going Bi monthly	Sara Wright, Commissioning Manager, Northern Locality

<p>7. Cancer Implementation Plan:</p> <p>From January 2015, NDHT have been keeping us more up to date on issues such as:</p> <ul style="list-style-type: none"> • Their overall action plan. • Capacity to ensure Trust's position improves. • The radiology issue. • Audits on the effect of patient choice on failing targets. • Meetings, including CCG invites, e.g. Horizon Scanning meetings. <p>This is being monitored monthly</p>	<p>On-going Monthly</p>	<p>Sara Wright, Commissioning Manager, Northern Locality</p> <p>Dr Annabelle Tree, Northern Locality GP (Cancer Lead)</p>
<p>8. Elective Care Working Group Actions (NDHT & CCG):</p> <p>Improving GP to patient communication advice on emphasising the importance of attending the appointment. (Completed December 2014)</p> <p>Changes to the NDHT booking process -additional question introduced (end 2014):</p> <p><i>"Your GP has said that it is very important that you attend this clinic because they have referred you to the 2ww cancer clinic".</i></p> <p>The evidence of the impact of this is yet to be presented.</p> <p>Re writing 2ww pathways for the referral part of the Joint Formulary website – key message 2ww pathways: <i>patients must be available within 2 weeks when referred.</i> (Completed February 2015)</p>	<p>Monthly</p>	<p>Sara Wright, Commissioning Manager, Northern Locality</p> <p>Jeni Davies, Service Delivery Co-ordinator Northern Locality</p>

Sara Wright CCG Northern Locality Lead Commissioner for Cancer February 2015