Title of meeting:	**West Yorkshire and Harrogate Cancer Alliance Board**	**Agenda Item:**	**5**
Date of Meeting:	**23.01.19**	**Public/Private Section:**	
Paper Title:	**Cancer Waiting Time update**	Public	
		Private	
		N/A	✓

Purpose (this paper is for):							
Decision	✓	Discussion	✓	Assurance		Information	

Report Author and Job Title:	**Fiona Stephenson, Head of Quality and Optimal Pathways, WY&H Cancer Alliance**

Recommendation (s):

It is recommended that the West Yorkshire and Harrogate Alliance Board:

Note the current Cancer Waiting Times (CWT) position and update on actions to recover the standards as part of the West Yorkshire Association of Acute Trusts (WYAAT) Strategy and Operations Group endorsed programme of activity through focussed system wide efforts.

Endorse and advise on the specific issues and actions described in section four:

- Cancer pathways for prostate and lung cancer
- A proposal to invest in activities to enable WY&H to operate more effectively as a system including demand and capacity modelling of diagnostic services and the development of a WY&H 'Cancer Hub'
- Support further detailed analysis of CWT performance data by pathway, Trust and WY&H level to support system achievement to identify where specific pathway, organisation and Alliance wide improvements are required; at what scale and what support will be required to achieve these

Consider how the Alliance should continue to provide system-wide assurance and effectively hold each other to account for the delivery of optimal pathways for patients and in particular the recovery of Cancer Waiting Times Standards.

Executive Summary:

West Yorkshire and Harrogate continue to invest significant system wide activity and shared commitment to deliver optimal care and experience for patients, which includes the recovery of the 62 day Cancer Waiting Times (CWT) standard. The Board received a detailed update at the October 2018 meeting which described our approach and activity, which includes targeting resource and action at the most challenged pathways and Trusts; with all Trusts working together to deliver system wide improvements. This paper provides a summary overview of our system and Trust 62 day performance and provides an update on specific issues which require a system wide response and/or decision which are described in section four.

The 62 day performance for the Cancer Alliance has shown a slight improvement from 74.9% in August 2018 to 76.6% in November 2018. Trusts continue to implement detailed individual performance recovery plans which have executive level support. They are also prioritising joint work to improve inter provider transfer (IPT) referral by day 38 to deliver optimal pathways for patients and in readiness for the implementation of the new CWT Guidance and logic from 1 April 2019.

The Trust performance recovery and improvement plans are supported by the West Yorkshire Association of Acute Trusts (WYAAT) and the Joint Committee of CCGs which provides system wide focus and leadership to ensure we work to recover the 62 day standard and are doing all we can, individually and collectively.

WYAAT Strategy and Operations Group, working with the Alliance, NHS England and NHS Improvement are also

operating as an effective vehicle to enable co-ordination and deployment of resources and effort; and providing strategic forward planning for cancer within wider system pressures.	
Outline of engagement activity – public/patient, clinical, stakeholder	Patient panel engagement in the development of optimal cancer pathways, and new diagnostic models
Risk Assessment:	Risk in terms of progress against planned action is low. However, risk against cancer standard recovery as per the national plan is high.
Finance/ resource implications:	WY&H have commenced agreed a plan for the use of WY&H redirected non recurrent CTF resource to support CWT recovery in 18/19 which was finalised at the end of December.

West Yorkshire and Harrogate Cancer Waiting Times update

1. Introduction

1.1 West Yorkshire and Harrogate continue to invest significant system wide activity and shared commitment to deliver optimal care and experience for patients, which includes the recovery of the 62 day Cancer Waiting Times (CWT) standard. The Board received a detailed update at the October 2018 meeting which described our approach and activity, which includes targeting resource and action at the most challenged pathways and Trusts, with all Trusts working together to improve and deliver system wide improvements. This paper provides a summary overview of our system and Trust / place 62 day cancer waiting times performance and highlights specific issues in section four, which require Board support.

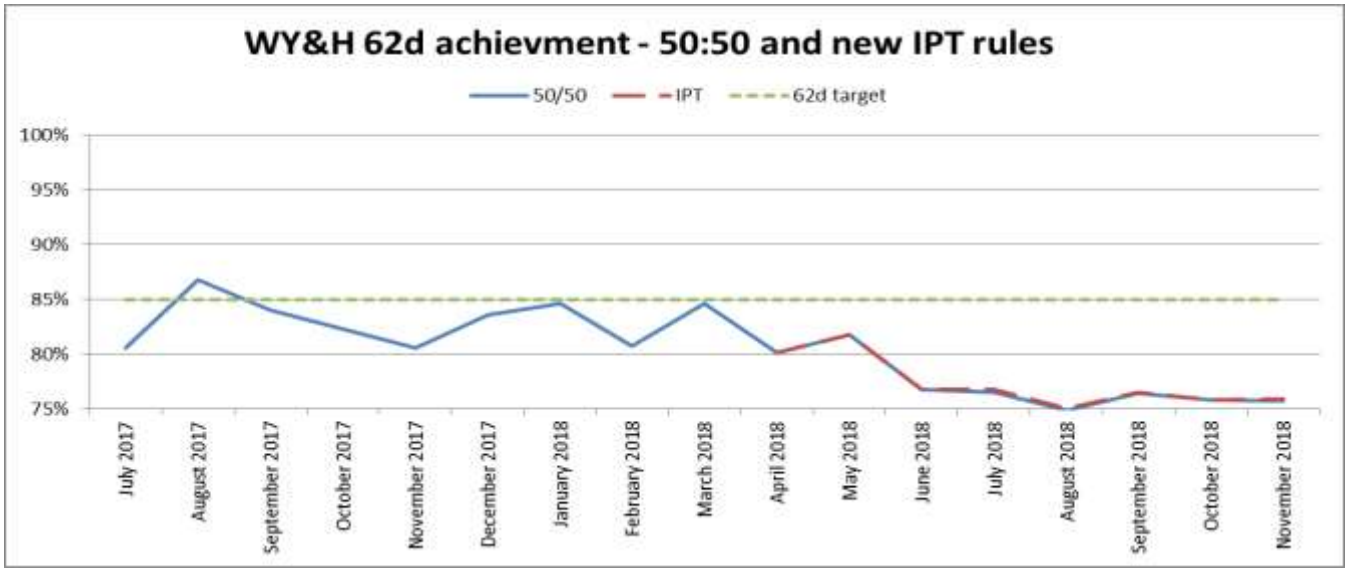
2. CWT performance position update

2.1 The West Yorkshire and Harrogate Cancer Alliance is currently performing at 76.6% against the 62 day CWT target of 85% which has shown a slight improvement since August 2018. Providers are continuing to collaborate and deliver improvements in the diagnostic pathways and increase inter provider transfer (IPT) referral by day 38 and deliver optimal pathways for patients in readiness for the implementation of the new CWT Guidance and logic from 1 April 2019.

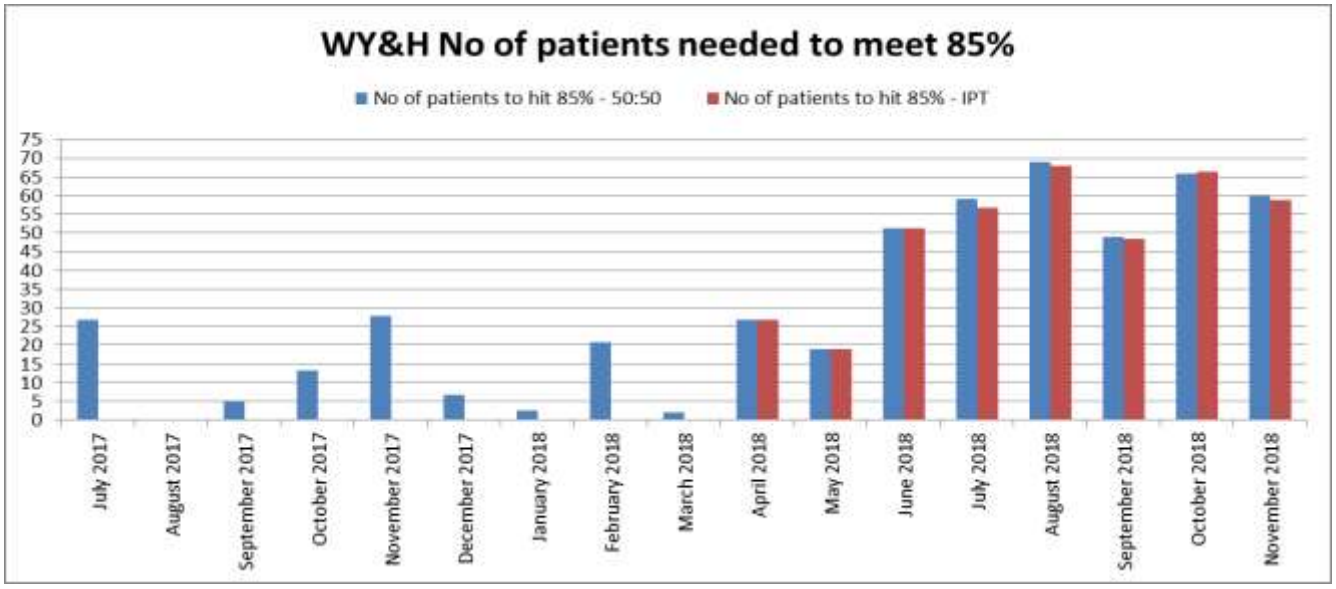
First tranche analysis of CWT performance using the new CWT logic has been released and the tables below describe the impact of this new logic at Trust and Alliance level. Allocation of a breach in a cancer waiting times standard is currently allocated on a 50:50 split between referring and treating providers. The new logic will mean breach is allocated between referring and treating provider, based on referral from the investigating hospital by day 38 and then treatment within 24 days by the treating provider. A number of detailed scenarios and application of rules are described in the revised Cancer Waiting Times guidance. The new approach will provide a more transparent view of where the delays in pathways are being experienced so providers can work together to improve the issues.

2.2 All the data is taken from the CADEAS 'Shadow report: 62 day wait from GP referral', updated 11 Jan 2019 to include revisions to April to September 2018 data. Data extracted from the '62 Day Provider Time series' worksheet, for all 6 WY&H providers. The WY&H position is an aggregate of those 6 providers.

2.3 Where a Trust is below the 85% target, the additional number of patients that would require treatment in order to achieve 85% has been calculated. Where a Trust is above the 85% target, the additional numbers of patients treated has not been reduced. When calculating the overall WY&H position, this treats the system as a single volume of activity and therefore the additional number of patients required is different to the aggregate of the Trusts within the area. Further analysis by Trust is described in **Appendix 1** which demonstrates the application of the new logic on individual provider Trusts.



2.4 The above graph shows that at the WY&H level only a slight difference in overall 62d performance (<0.3%) occurs when the new IPT logic is applied, compared to the 50:50 rule.



2.5 Based on the above and in readiness for the application of the new logic in April 2019, the Alliance and partners will undertake further analysis of day 38 data including a detailed review of cancer site pathway performance by Trust and WYH, to identify where pathway, Trust and WY&H improvements are required to help achieve system delivery.

3. Update on progress since October 2018

3.1 Improving the prostate cancer pathway

3.1.1 As part of our local strategy and approach in WY&H to deploy resource to best effect; WYAAT Strategy and Operations Group have now agreed a plan for use of £400,000 of non-recurrent WY&H CA resources. Improvements will focus on the prostate cancer pathway, including investing in new Advanced Clinical Practitioners roles in non-surgical oncology to support patients with treatment decisions and shorten their pathway and the provision of additional surgical capacity in specialist urology team.

3.1.2 Alongside Trust's on-going operational efforts, Alliance and providers have responded rapidly and at very short notice to the release of NHS England non-recurrent funds to submit proposals to recover performance. This national resource (10m nationally) was previously withheld from Alliances for non-delivery of the 62 day standard. In late October 2018, WY&H secured £415,000 to fund additional

capacity to recover the prostate cancer pathway – and Bradford, Leeds and Mid Yorkshire specialist urology teams are now delivering additional outpatient appointments, some MRI and reporting capacity, additional capacity to delivery biopsy and some additional consultant surgical time to fully utilise theatre capacity, which will benefit all patients across WY&H.

3.2 Collaboration across West Yorkshire and Harrogate

3.2.1 A further opportunity is currently being scoped to progress a system wide capacity and demand modelling of diagnostic services with Yorkshire Imaging Collaborative (YIC) pathology and endoscopy services to inform future planning, identify pressures and risks and enable WY&H to work more effectively as a system. The programme will consider focussing on one modality; imaging, in the first instance as this is a common theme affecting all cancer pathways. It is anticipated that the programme would be implemented over the next 12 months, commencing in Feb/March 2019.

3.2.2 Alliance stakeholders are also exploring how to collectively manage CWT and patient pathways more efficiently and share capacity and demand across WY&H; including in the first instance, the establishment of a WY&H 'cancer hub' to co-ordinate Inter Provider Transfer (IPT) agreed pathways and application of our agreed framework.

4. Issues and actions

4.1 Cancer Pathways:

4.1.1 Pressures on cancer pathways continue and specifically for some, such as the ongoing and sustained rise in referrals (and diagnosis and treatment) for prostate cancer; will require forward planning to identify and meet service capacity requirements. The lung cancer pathway also remains challenged overall; however the provision of two additional endobronchial ultrasound (EBUS) facilities will provide additional capacity to improve the diagnosis of lung cancer. Also, the availability of PET CT, which is a nationally commissioned service is currently experiencing concerning delays in access to PET CT scans and reporting, due to disruptions in radioactive tracer supplies to PET CT sites that are part of the national contract with Alliance Medical.

4.1.2 Action: The Alliance Optimal Pathway Improvement Groups, with engagement from stakeholders across WY&H, will continue to identify and address these pathway challenges working together to plan and deliver changes, to drive improvements in outcomes for patients. The Alliance on behalf of Trusts is also liaising directly with NHS England (Yorkshire and Humber) Specialised Commissioning colleagues on both pathway issues to address and mitigate immediate impact on patients where possible.

4.2 Collaboration across West Yorkshire and Harrogate:

4.2.1 The proposal to model diagnostic capacity and demand as a system, which will give us a consistent and standardised baseline position across all provider Trusts, provides an opportunity to understand in depth and detail our gaps and where we could collaborate more effectively to share capacity. The analysis will also model future demand including demographic change and implementation of new guidance, policy and technologies. Exploring the establishment of a WY&H 'cancer hub' initially to co-ordinate Inter Provider Transfer (IPT) agreed pathways and application of our agreed framework will also provide a starting point to explore wider collaborative work and system working.

4.2.2 Action: Continue system wide collaboration to test ways of operationalising shared improvements and solutions.

4.3 CWT analysis to support system achievement:

4.3.1 The ongoing investment and commitment to achieve the 62 day CWT standard and the successful implementation of an agreed WY&H Inter Provider Transfer (IPT) policy in readiness for the application of the new logic which commences in April 19 will be a priority. The lead Chief Operating Officer and the WYAAT Strategy and Operations Group have endorsed the WY&H Inter Provider Transfer Framework, and as the new system and rules are implemented, the nominated Lead COO (Airedale FT) will oversee the adoption and implementation of the IPT and seek support of fellow COOs to ensure

individual Trusts CE level support is maintained and that any issues requiring a system wide response or mediation are taken forward. Further analysis referred to in 2.5 will identify where specific pathway, organisation and Alliance wide improvements are required; at what scale and what support is required to achieve this.

5. Recommendations

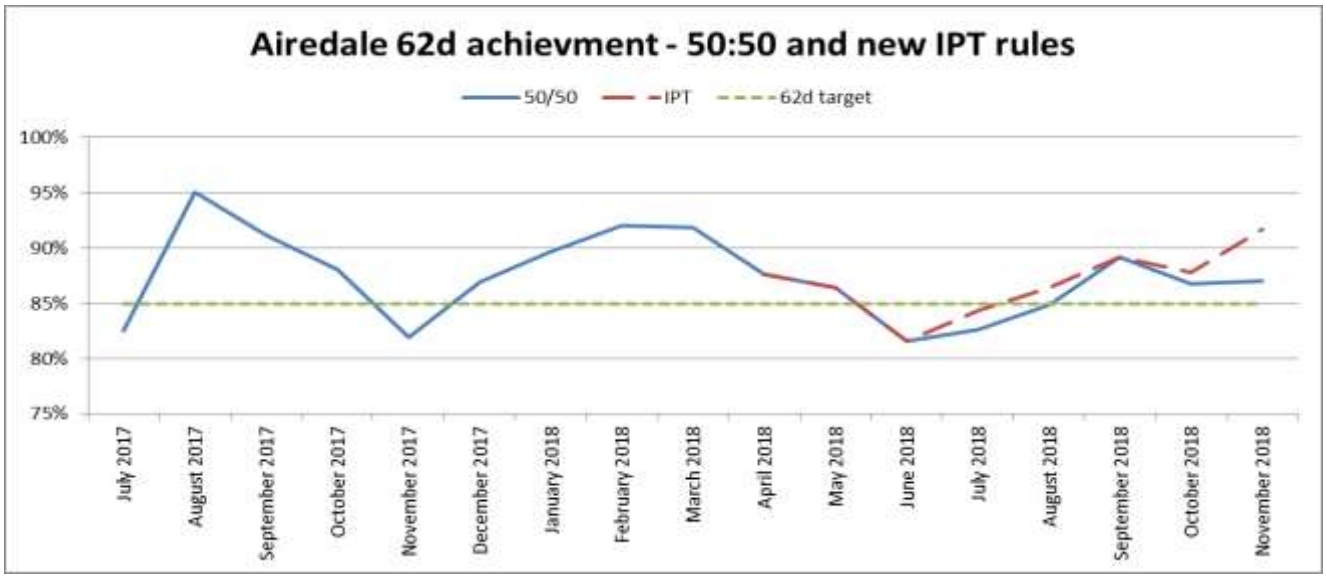
Note the current Cancer Waiting Times (CWT) position and update on actions to recover the standards as part of the West Yorkshire Association of Acute Trusts (WYAAT) Strategy and Operations Group endorsed programme of activity through focussed system wide efforts.

Endorse and advise on the specific issues and actions described in section four:

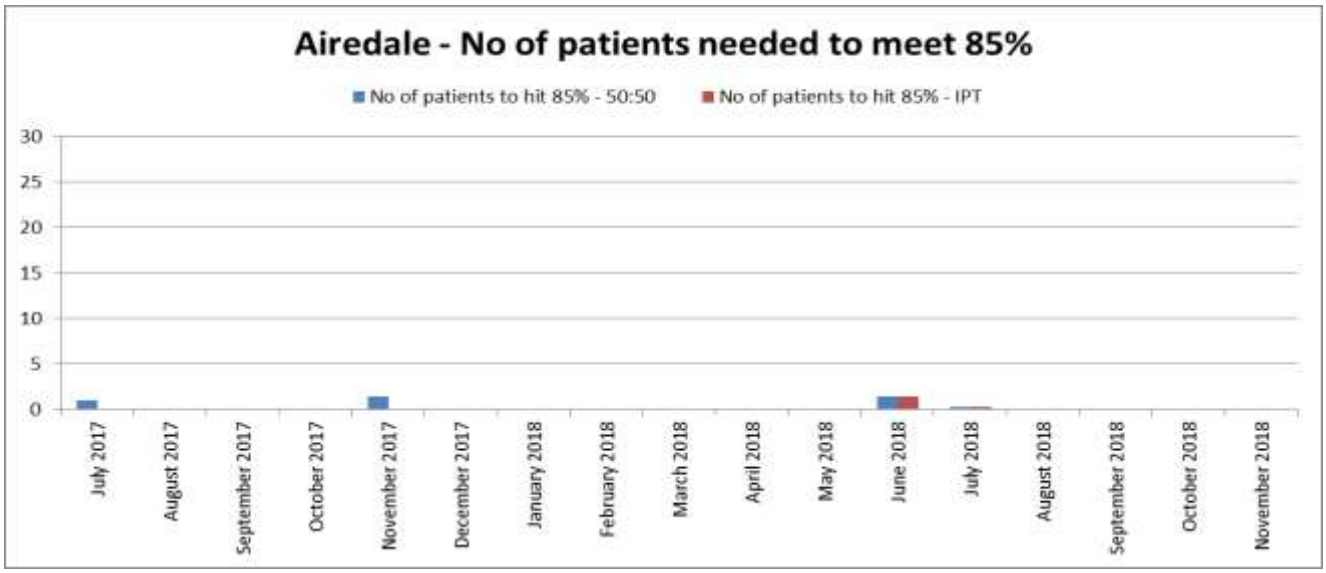
- Cancer pathways for prostate and lung cancer
- A proposal to invest in activities to enable WY&H to operate more effectively as a system including demand and capacity modelling of diagnostic services and the development of a WY&H 'Cancer Hub'
- Support further detailed analysis of CWT performance data by pathway, Trust and WY&H level to support system achievement

Consider how our Alliance should continue to provide system-wide assurance and effectively hold each other to account for the delivery of optimal pathways for patients and in particular the recovery of Cancer Waiting Times Standards.

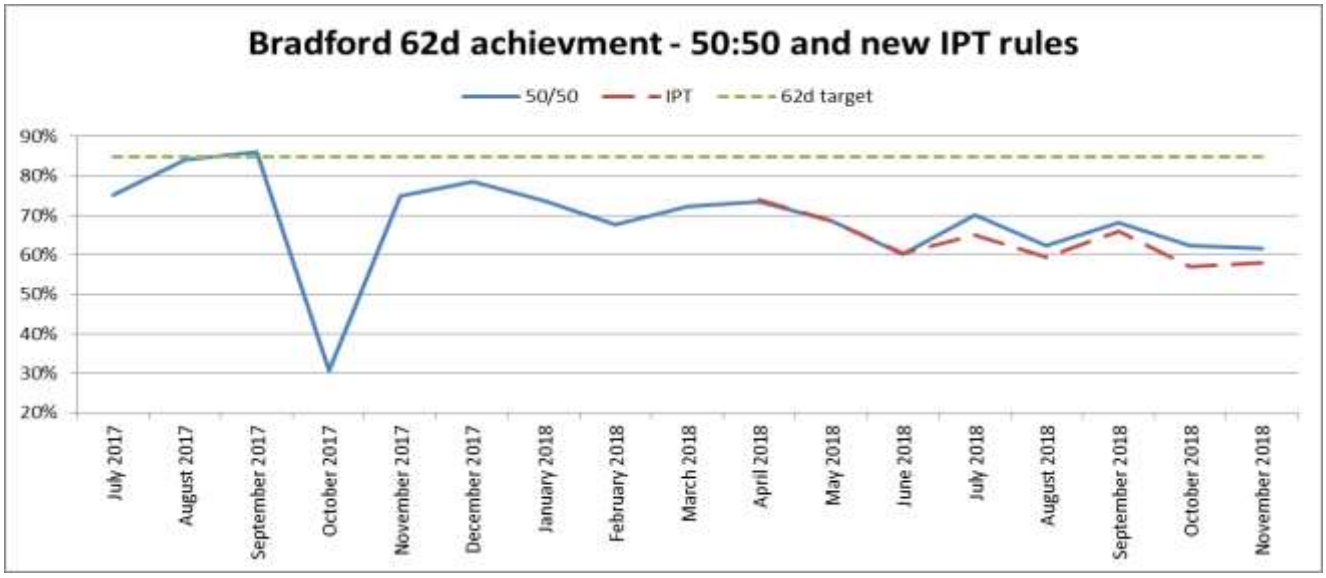
Appendix 1



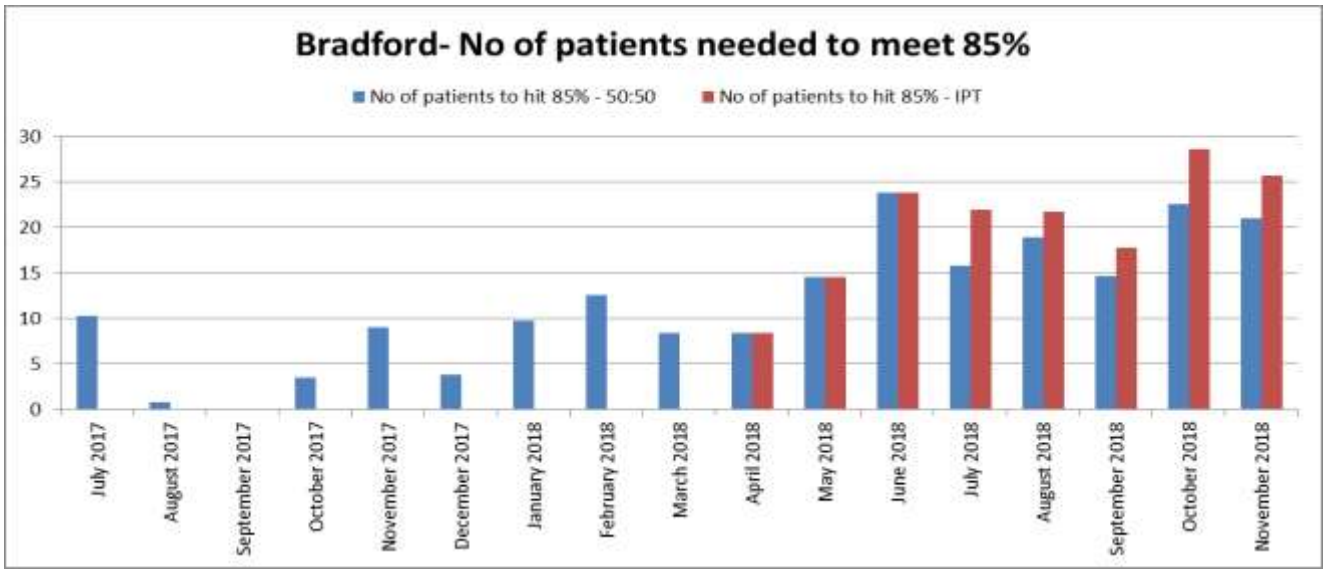
Applying the IPT rules lifts Airedale's performance, with the largest difference between the 50:50 and IPT being in November 2018, where the difference is 4.7% (91.7% IPT vs 87% 50:50).



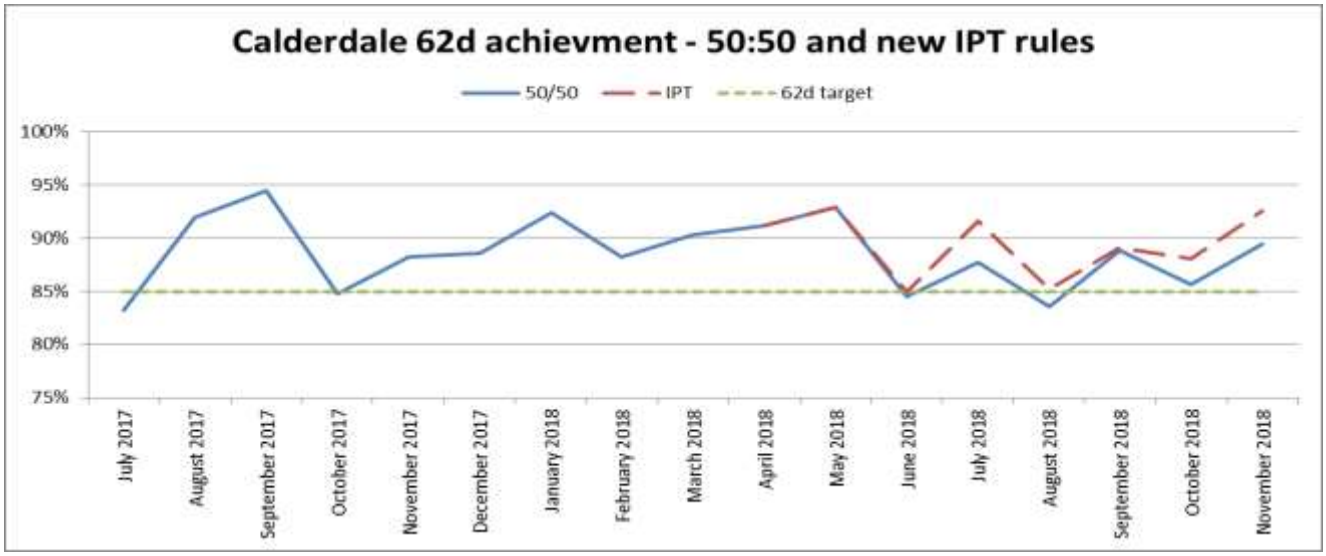
As Airedale's performance drops below the 85% level only rarely, and then only by a small amount, only very small numbers of patients would have required treatment in those months to once again meet the target.



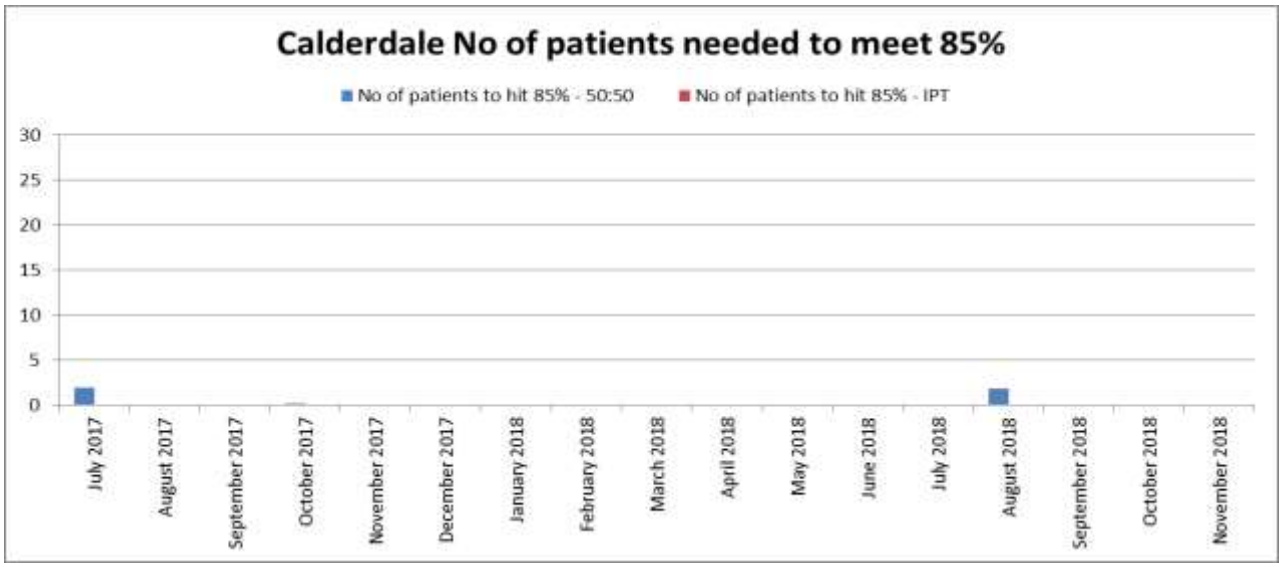
When IPT rules are applied, Bradford's performance decreases, the biggest impact is in October 2018 where performance using IPT is 5.2% lower than when using the 50:50 rule.



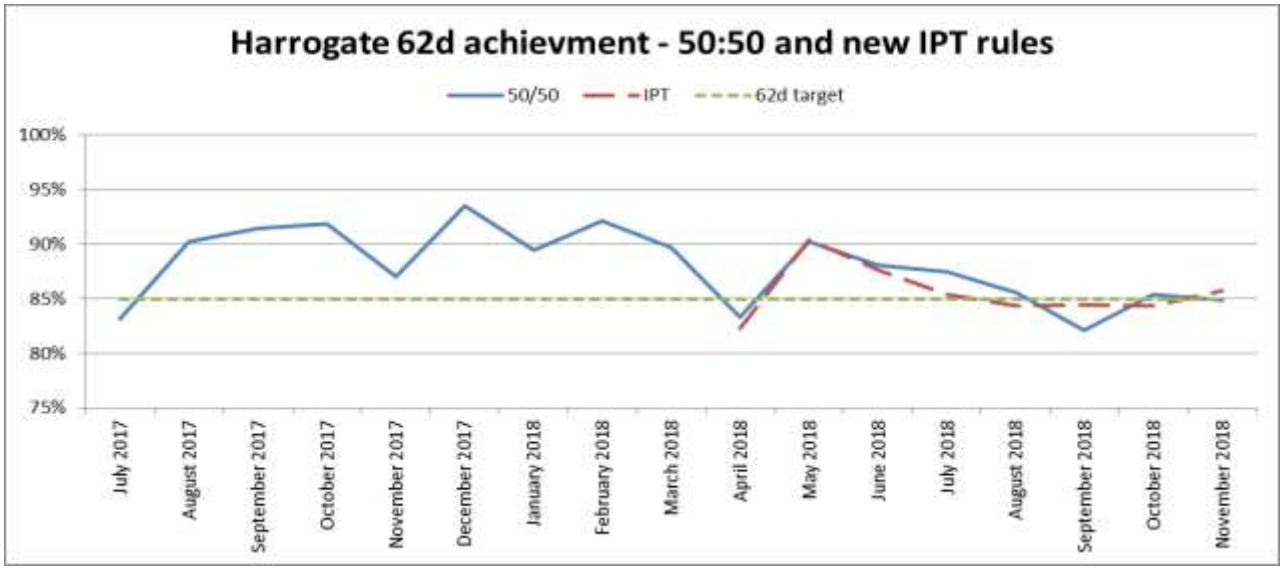
As Bradford's performance decreases when IPT rules are applied, the number of additional patients requiring treatment increases in those circumstances.



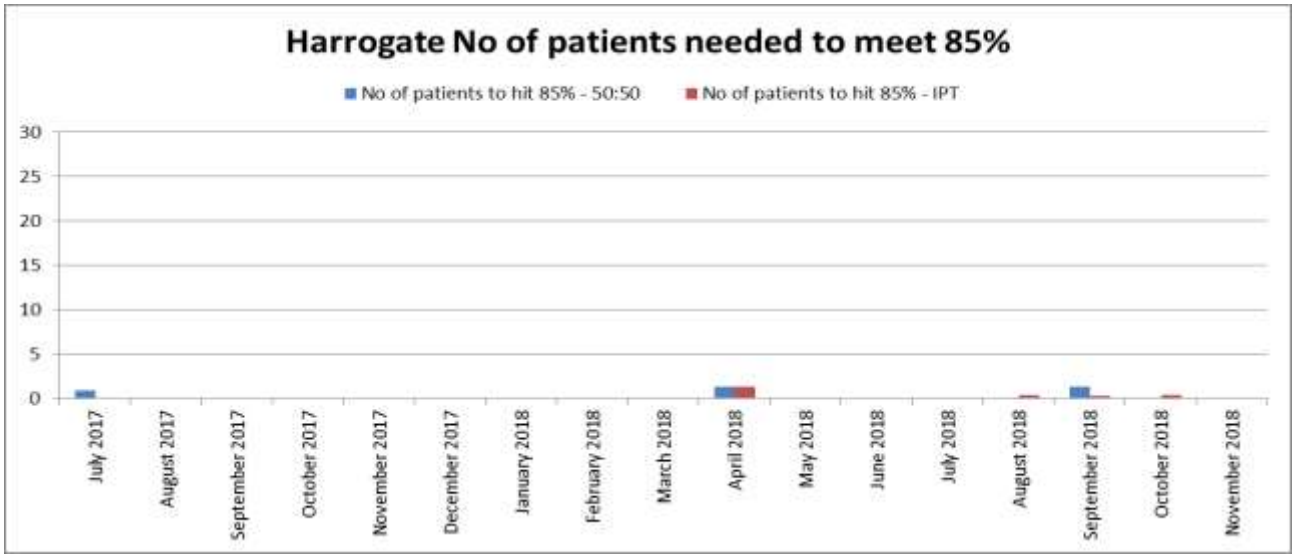
Calderdale's 62d performance improves when the IPT rules are applied, with the biggest increase of 3.9% in July 2018.



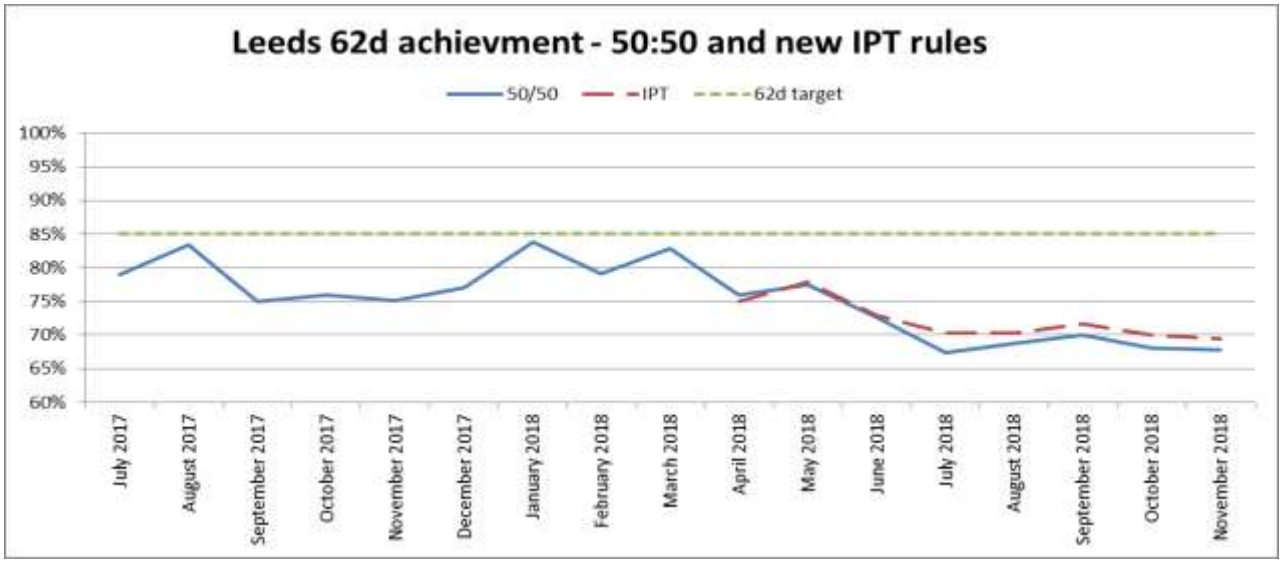
Again, as Calderdale only rarely fails to meet the 85% target, and only by a small margin, only very small patient numbers would be required to meet the target.



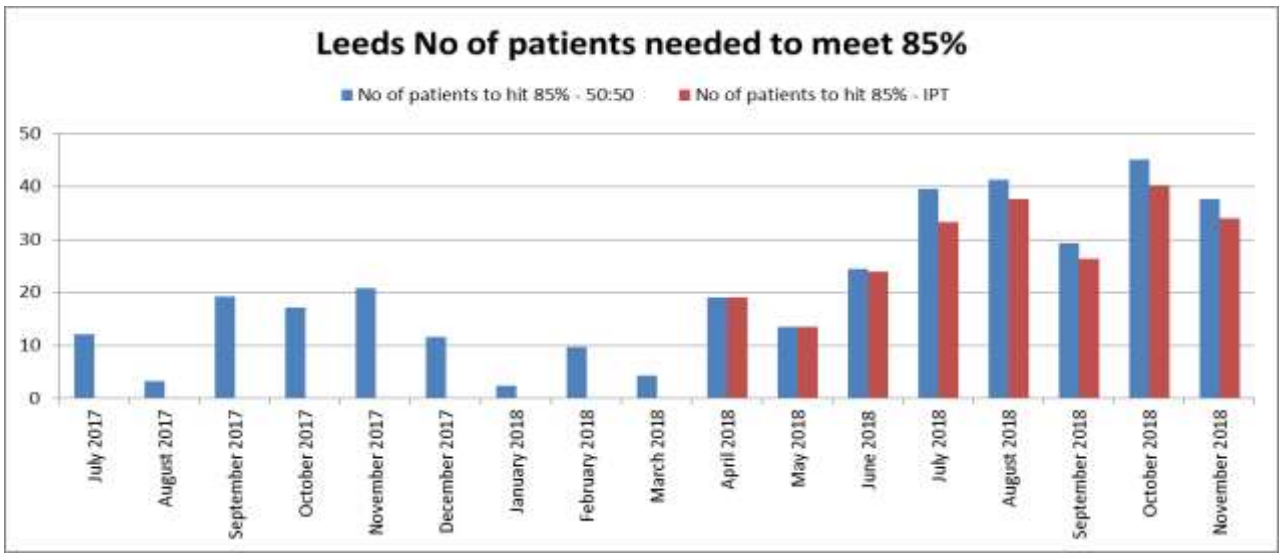
The impact on Harrogate's performance varies – mostly applying IPT rules decreases performance against the 62 day standard, although in September 2018 performance is increased by 2.3%.



As an organisation delivering the 85% target for the majority of the time, small numbers required.

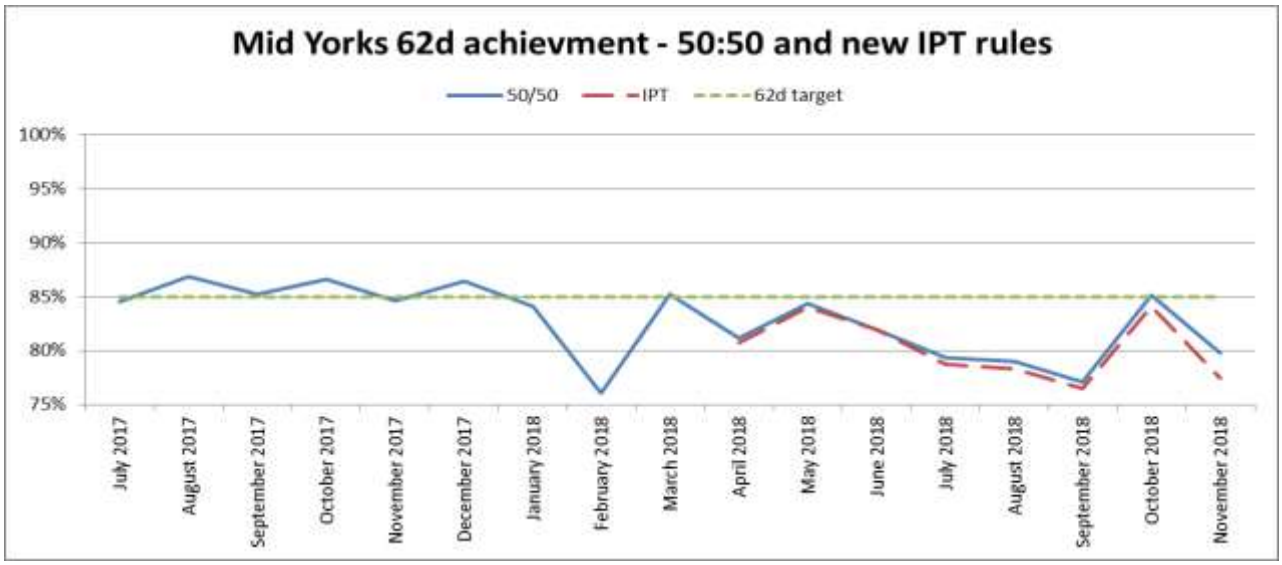


The performance of Leeds is consistently improved (by an average of 1.2%, max 2.9%) by the application of the IPT rules, although in April 2018 a decrease of 0.9% in performance is apparent.

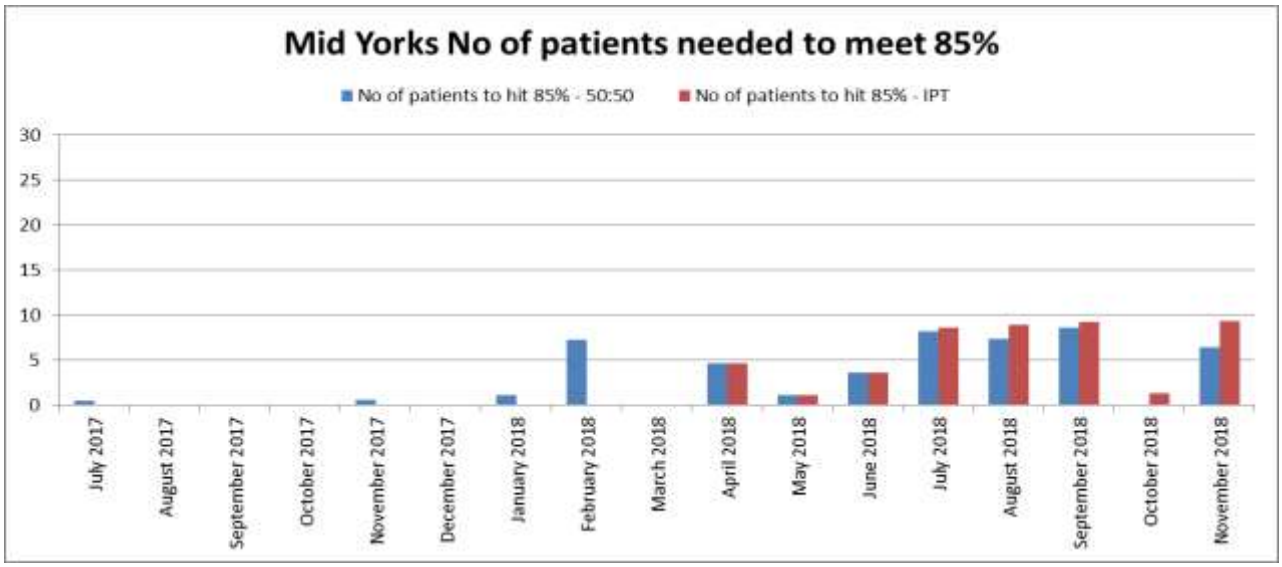


As the largest Trust in WY&H, large patient numbers would need to be delivered within the 62 day timeframe in order to meet the 85% target. As the IPT rules benefit Leeds (increasing its 62d performance), that obviously

leads to a smaller volume of patients requiring treating within the 62 day window in order to achieve the standard when those rules are applied.



Mid Yorkshire shows a decrease in performance when IPT rules are applied, by an average of -0.7%. The largest decrease is apparent in November 2018, when performance is decreased by -2.3%, falling from 79.8% to 77.4%.



Relatively large additional numbers of patients would require treating, with that number growing larger when IPT rules are applied.