

NCIN Haematology workshop: Cancer Waiting Times Review

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Overview

- Current waiting time standards
- Purpose & scope of review
- Approach
- Cancer waiting time performance for haematological cancers
- General and specific questions
- Discussion

Current Standards (2000)

Six standards were introduced by the NHS Cancer Plan, 2000, for cancer waiting times:

- 2 week wait from referral for suspected cancer by a GP;
- 31-day wait from urgent GP referral to treatment for acute leukaemia and children's and testicular cancers;
- 31-day wait from date of decision to treat to first treatment for breast cancer;
- 62-day wait target from urgent GP referral to first treatment breast cancer;
- 62-day wait from date of decision to treat to first treatment for all cancers; and
- 62-day wait target from urgent GP referral to first treatment for cancer.

These standard were then extended to cover a wider range of patients in the Cancer Reform Strategy:

- Maximum 31-day wait for subsequent treatment where the treatment is surgery
- Maximum 31-day wait for subsequent treatment where the treatment is an anti-cancer drug regimen;
- Maximum 62-day wait from a consultant's decision to upgrade a patient's priority to first treatment for all cancers; and
- Maximum 62-day wait from a referral from an NHS screening service to first treatment for all cancers.

Current Standards (2007)

Further two additional standards introduced in the Cancer Reform Strategy:

- *Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)*
- ***31-Day Wait For Second Or Subsequent Treatment: Radiotherapy Treatments – December 2010***
- Cancer waits patients' management and monitoring were aligned to existing RTT processes and definitions.

Were we are now

- The revision to the NHS Operating Framework removed targets on the NHS which were without clinical justification.
- The cancer waiting time standards considered clinically justified, and have been retained.
- Decision is made to revisit the Cancer Waiting Times

Purpose of CWTs Review



- The Cancer Policy Team are reviewing the cancer waiting times commitments put forward in the Cancer Plan (2000) and the Cancer Reform Strategy (2007) as part of the review of the Cancer Reform Strategy. This is to ensure they remain clinically appropriate and focus on what is most important to patients and their families’.

Scope

- Ensure the cancer waiting times commitments are patient-centred and engage with patient groups about what they most value.
- Ensure any revisions are sensible in terms of service delivery, so for example, revisiting the approach for measuring performance and how it applies to tertiary cancer providers.
- Tackle specific clinical issues that have arisen, namely, the diagnostic pathway for prostate cancer and thinking time for these patients.
- Consider the impact of any changes to the cancer waiting times commitments on the wider system.
- In addition we will aim to look at reducing the burden of monitoring on Trusts.

The Approach

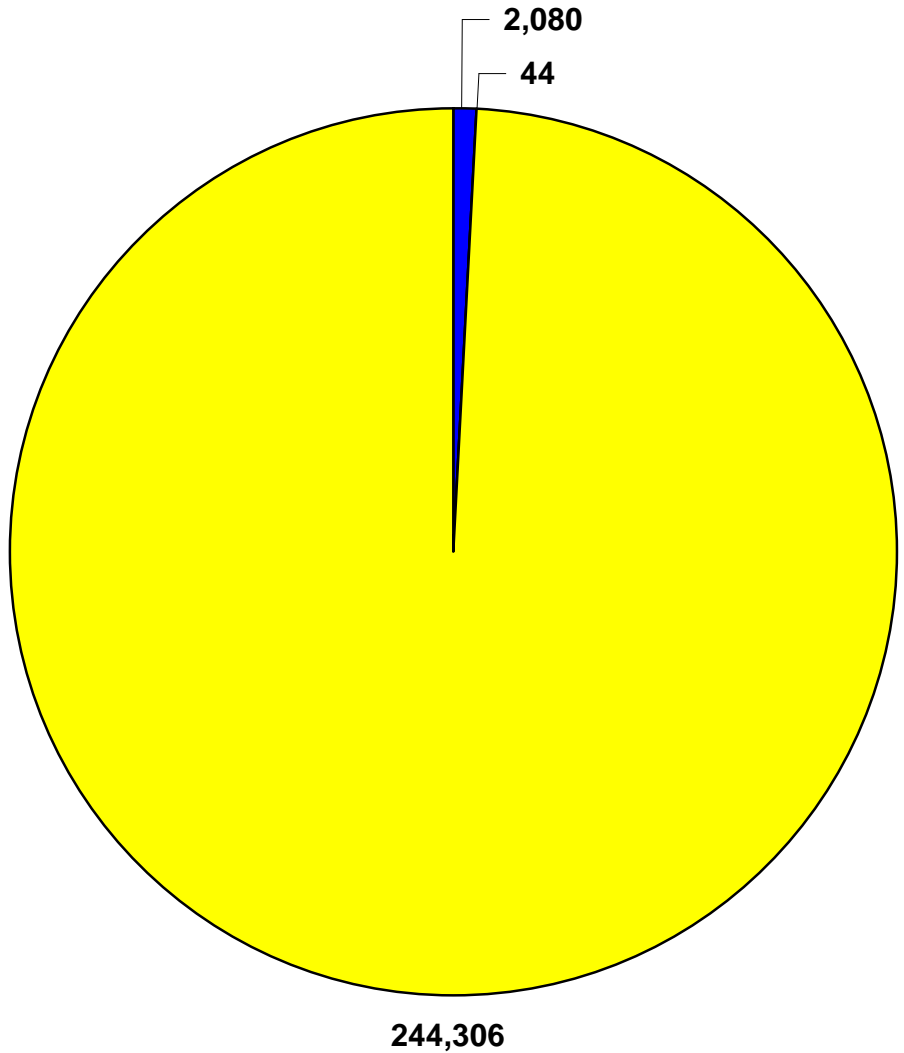
- As part of this process there will be:
- a literature review
- a comparison of cancer waiting times on an international basis and in the devolved administrations
- engagement with clinicians, the Cancer Waits Leads at Strategic Health Authorities, patient groups and charities.

Clinical engagement

- Clinical advice is being sought on the current cancer waiting times commitments, using the clinical networks established by the National Cancer Intelligence Network and NHS Improvement.
- We hope to be able consult in writing and attend some of the meetings of the National Site Specific Clinical Reference Groups and the Tumour Site Specific Groups for feedback.
- We are holding a meeting with clinical colleagues to discuss in more depth some of the key questions and issues that need to be addressed. This is on **2-4pm on Friday 11 October**, Room 1.1abc, Government Office for London, Riverwalk House, 157-161 Millbank, London SW1P 4RR.

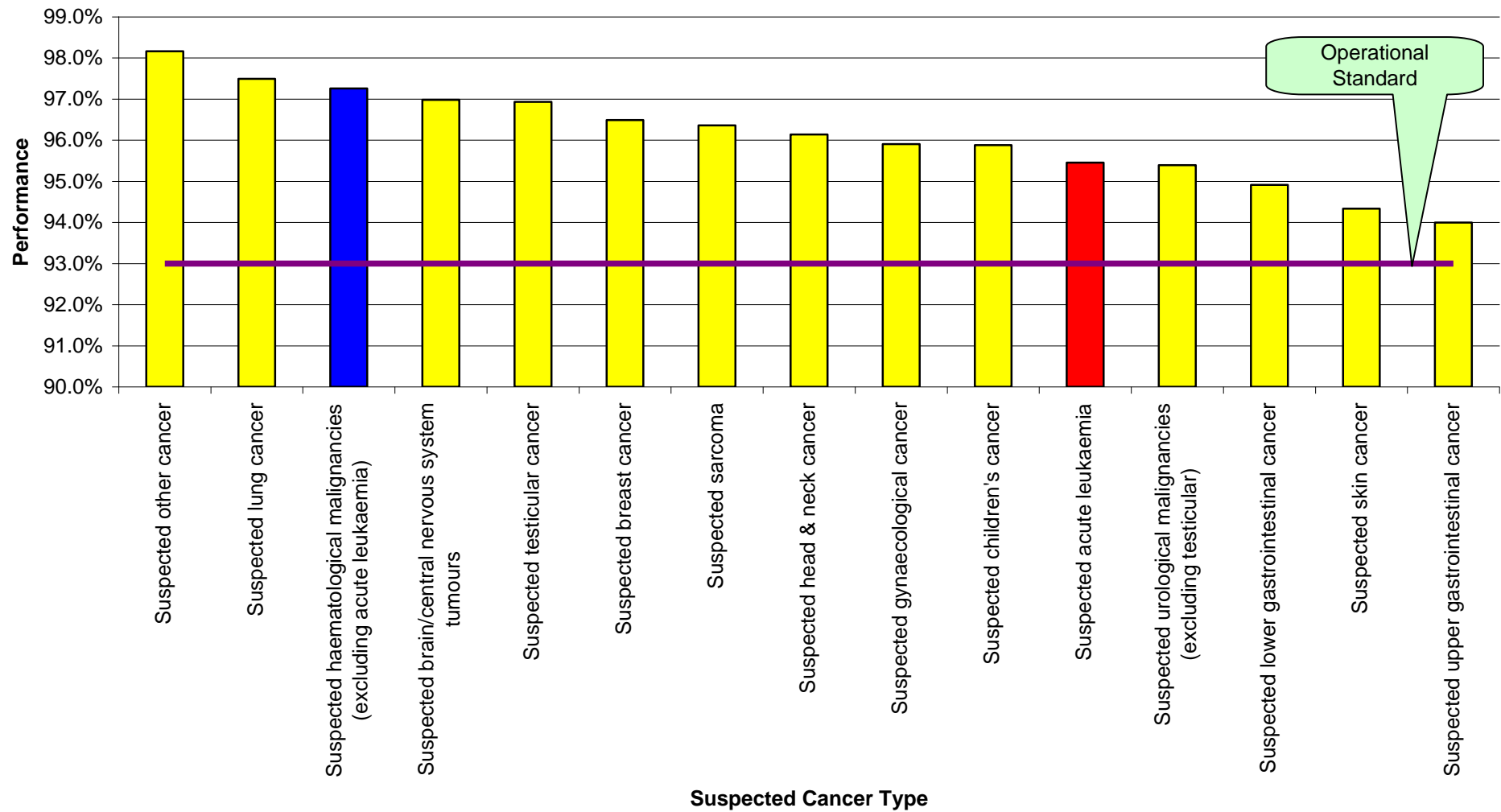
NUMBER OF URGENT GP REFERRALS FOR SUSPECTED CANCER

[Q1 2010/11, Provider Based (Inc. Welsh and Unknowns)]



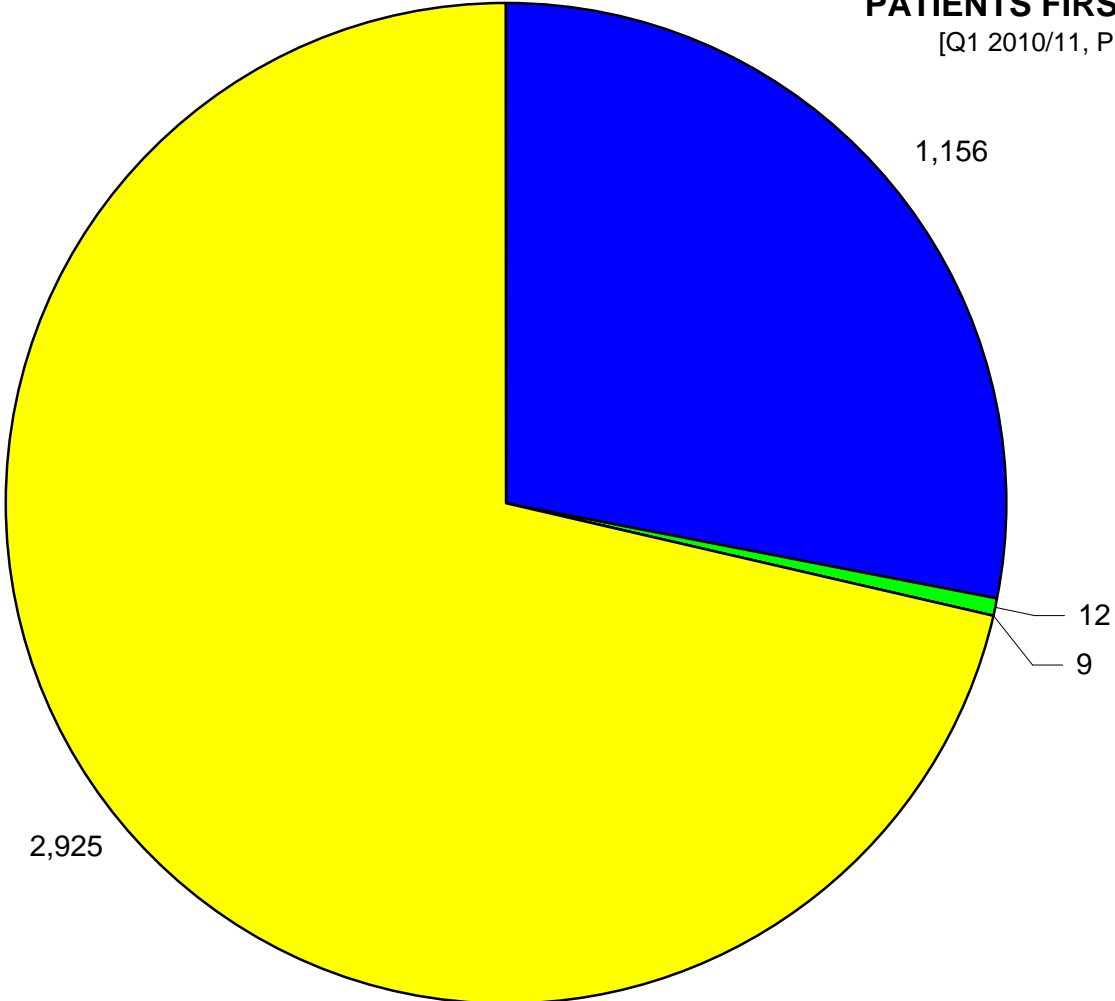
- Suspected haematological malignancies (excluding acute leukaemia)
- Suspected acute leukaemia
- Other

TWO WEEK WAIT PERFORMANCE
[Q1 2010/11, Provider Based (Inc. Welsh and Unknowns)]



SOURCE/TYPE OF INITIAL REFERRAL FOR HAEMATOLOGICAL PATIENTS FIRST TREATED BY THE ENGLISH NHS

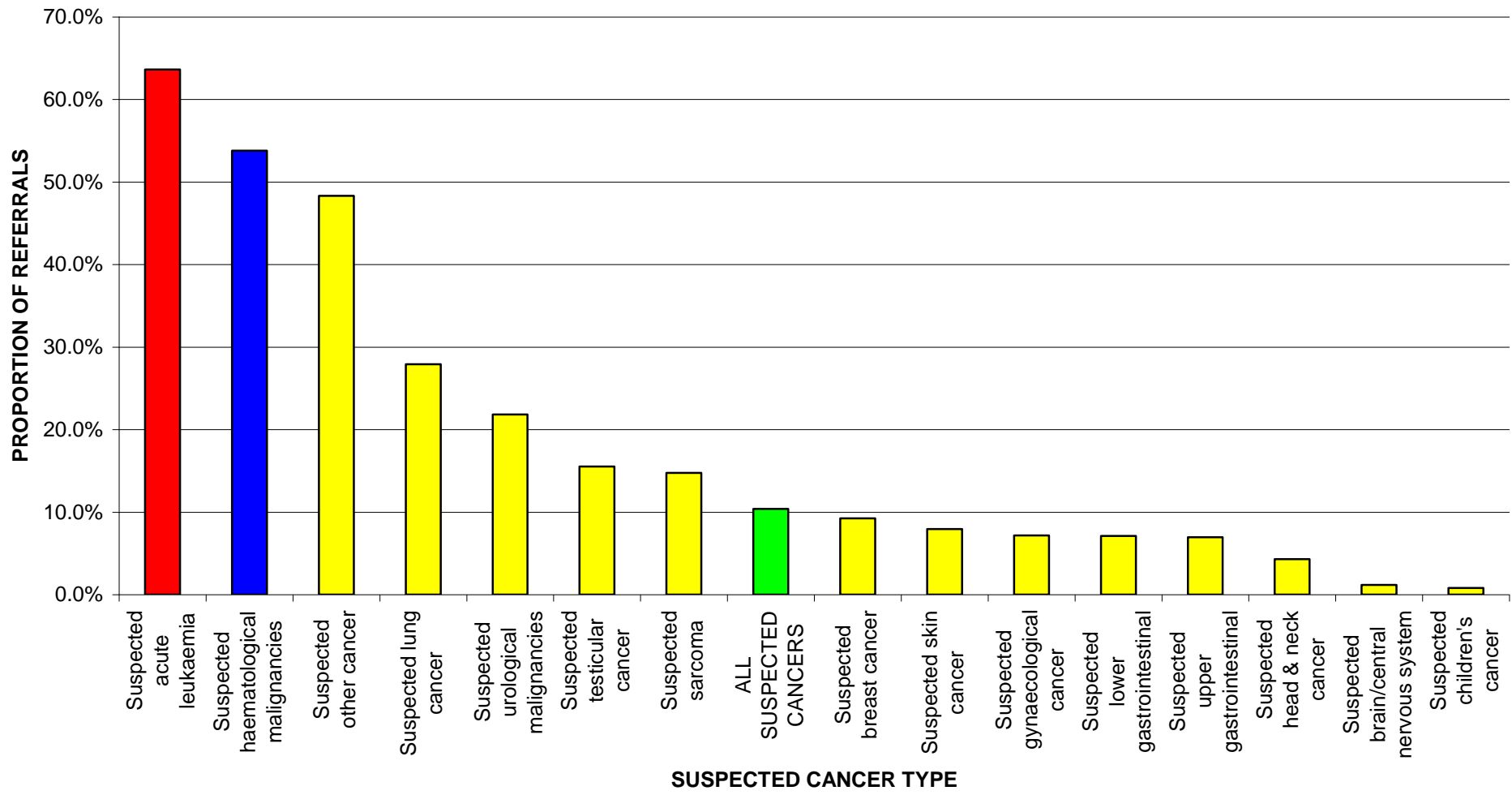
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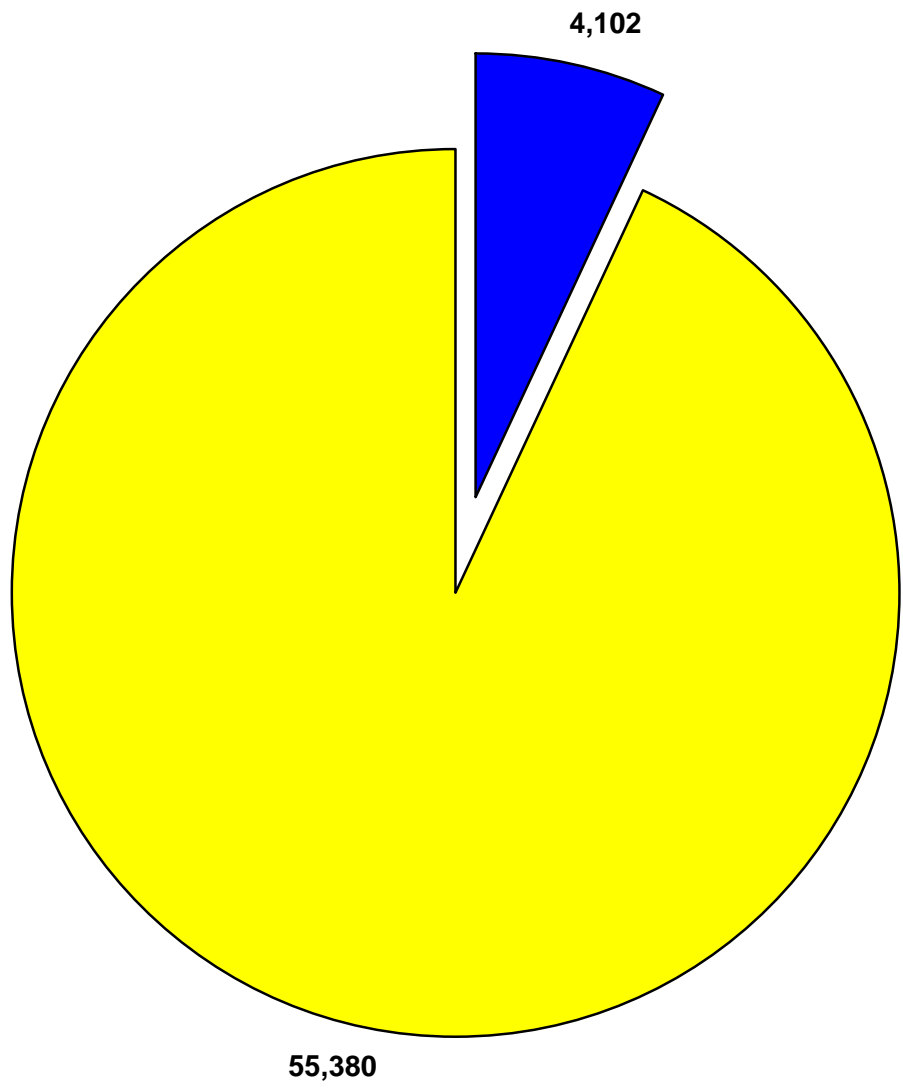


- Two Week Wait (Cancer)
- Two Week Wait (Breast Symptoms)
- NHS Cancer Screening Service
- Other

PROPORTION OF TWO WEEK WAIT COHORT SUBSEQUENTLY DIAGNOSED AND TREATED

[Proxy Rate for Q1 2010/11, Provider Based (Inc. Welsh and Unknowns)]

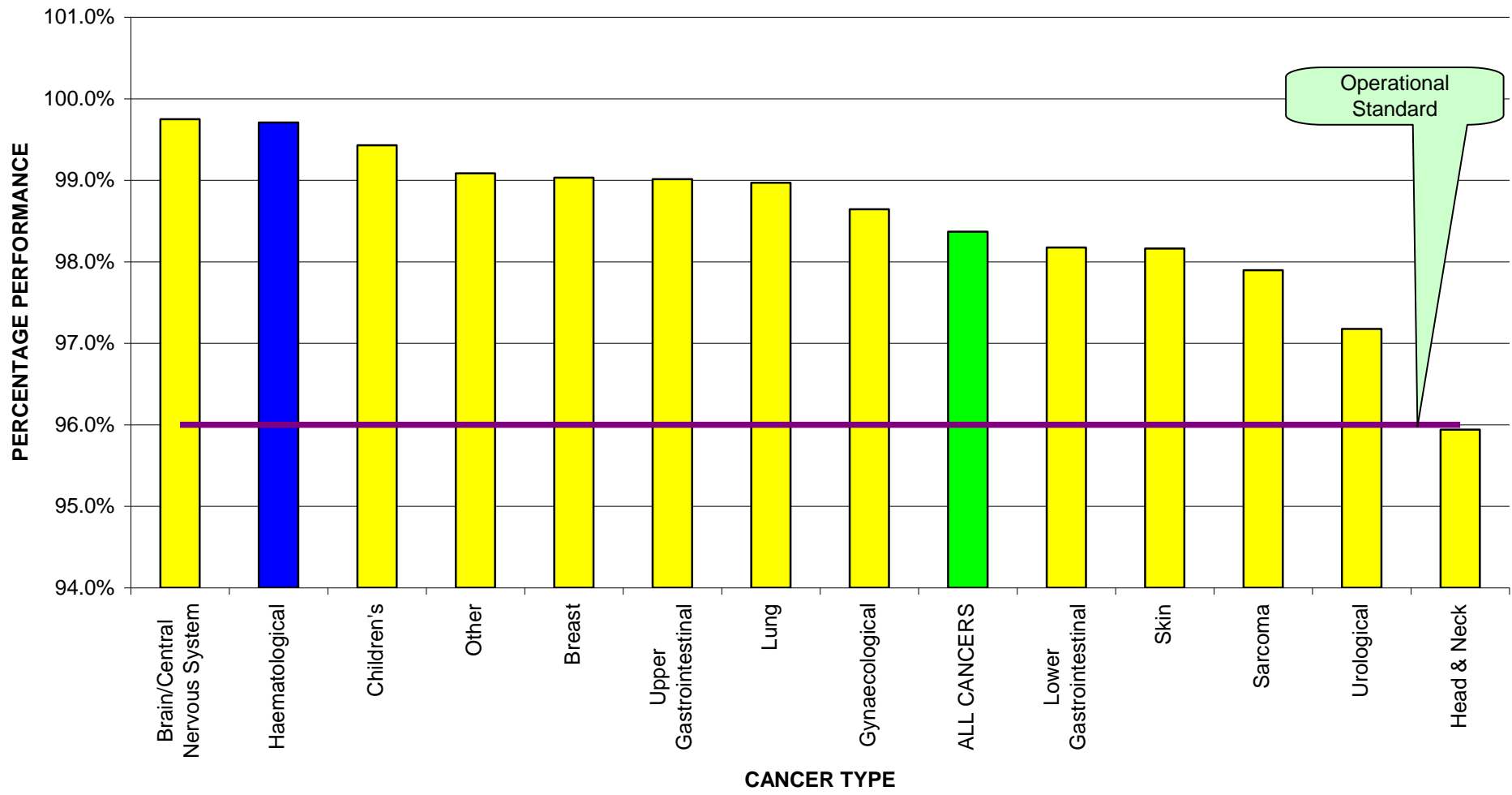




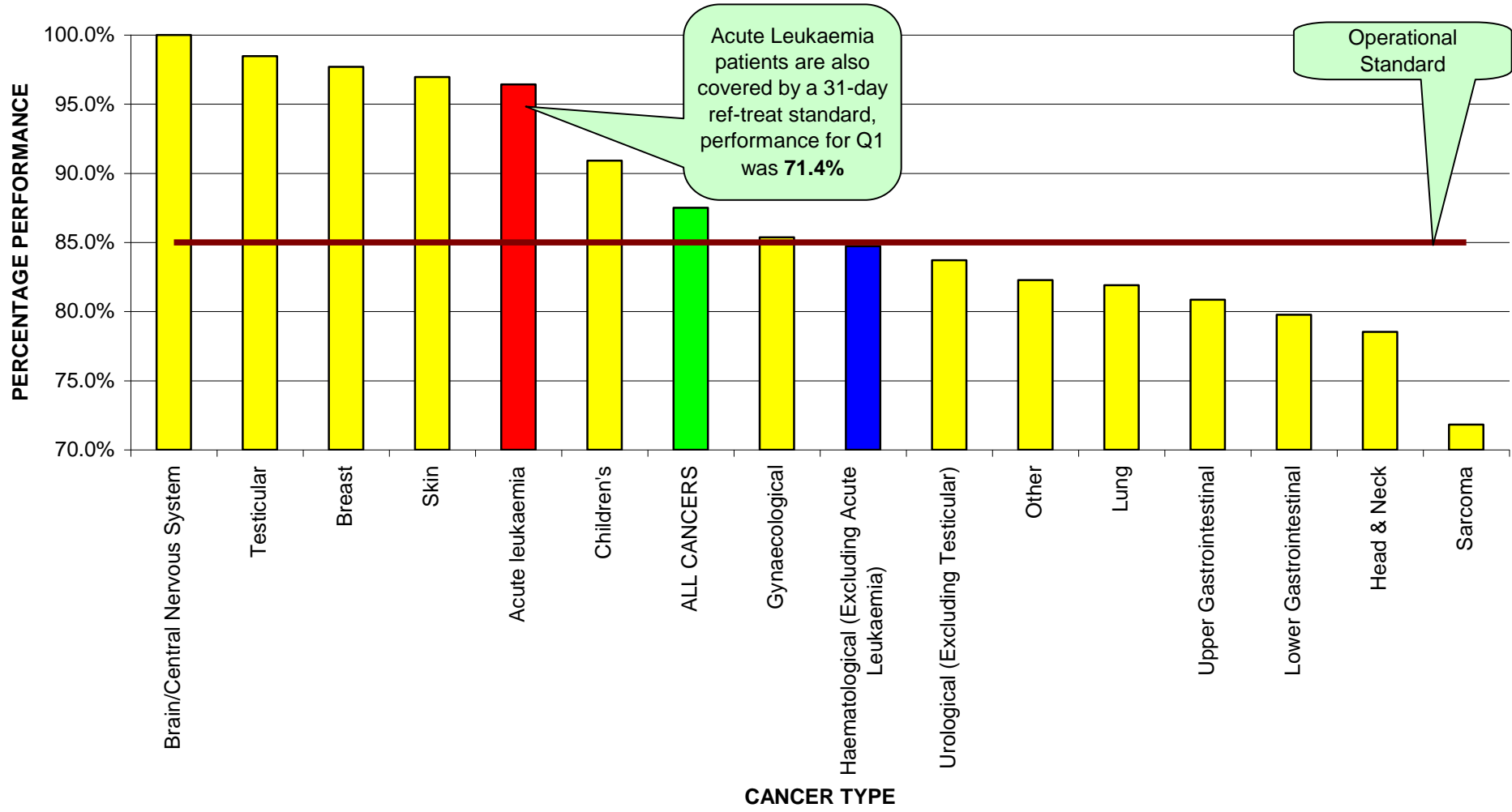
NUMBER OF HAEMATOLOGICAL PATIENTS FIRST TREATED BY THE ENGLISH NHS
[Q1 2010/11, Provider Based (Inc. Welsh and Unknowns)]

- Haematological Malignancies (Including Leukaemia)
- Other Cancers

31-DAY DIAGNOSIS TO FIRST TREATMENT PERFORMANCE
[Q1 2010/11, Provider Based (Inc. Welsh and Unknowns)]



62-DAY REFERRAL TO FIRST TREATMENT PERFORMANCE [Q1 2010/11, Provider Based (Inc. Welsh and Unknowns)]

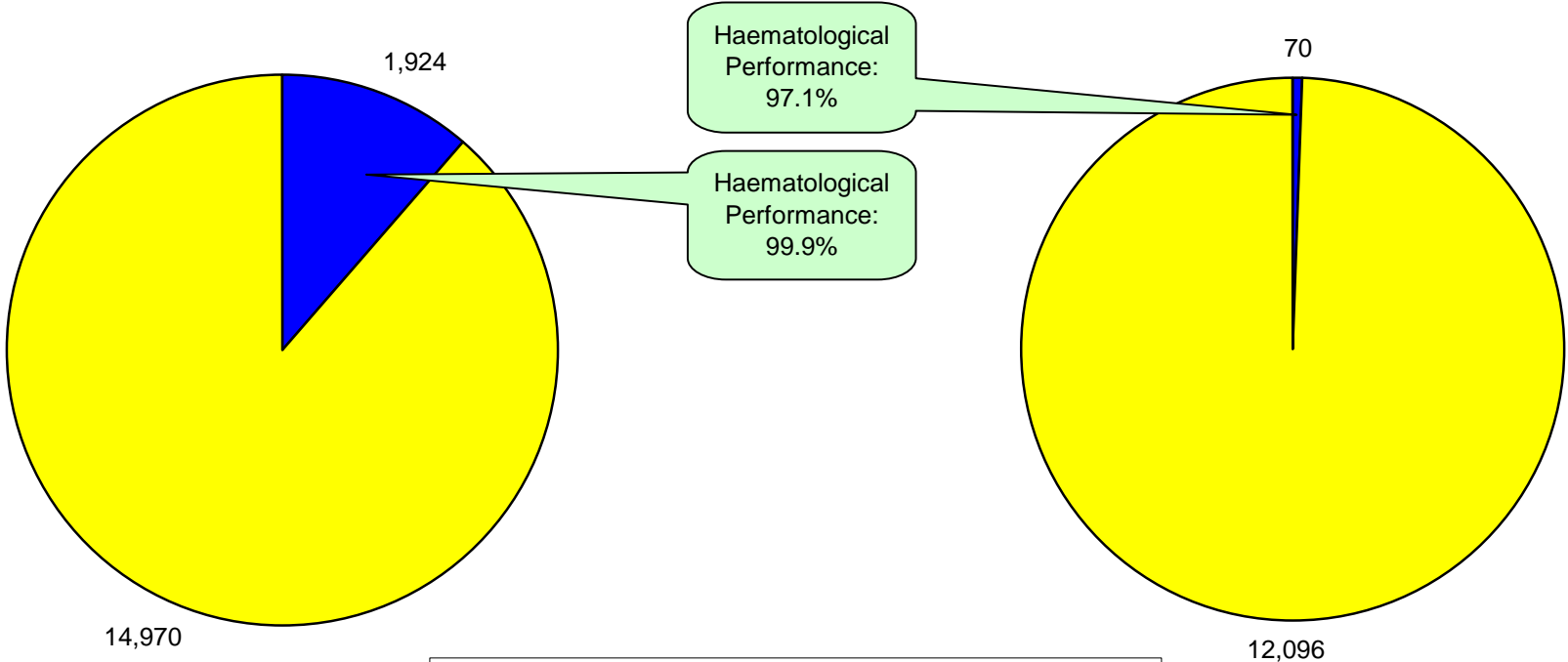


31-DAY SUBSEQUENT TREATMENT STANDARDS (HAEMATOLOGICAL MALIGNANCIES)

[Q1 2010/11, Provider Based (Inc. Welsh and Unknowns)]

Anti-Cancer Drug Treatments

Surgical Treatments



- Haematological Malignancies (Including Leukaemia)
- Other Cancers

General Questions

- Are there particular priority areas for action, which need to be addressed if cancer outcomes are to be improved?
- What opportunities are there for delivering efficiencies or saving money in cancer care?
- How best can quality and outcomes in cancer care be measured?
- What further action is required to improve patients' experience of treatment and care?
- Are you aware of examples of good practice in cancer service delivery which could be replicated?
- What developments in prevention, screening, diagnosis, treatment or after care can be expected which will impact upon the way in which cancer services need to be commissioned or delivered?
- As we develop work to improve cancer outcomes, how can we make sure that we continue to try and tackle inequalities in cancer care?

Specific CWT Questions

- How could the current cancer waiting time standards be improved to ensure better alignment with what matters to patients and continue to improve cancer outcomes?
- How can we improve the way cancer waiting times information is published to support choice and accountability?
- Are there ways in which we can improve cancer waiting times information to ensure it meets the needs of planning and commissioning cancer services.
- How can we streamline local monitoring of cancer waiting times to further minimise the information burden to providers?
- How might we improve the way cancer waiting times standards are applied to the NHS so that we improve fairness and equity for providers and commissioners?
- How can we tackle some of the clinical and patient issues that are affected by the way cancer waiting times are recorded and reported? For example, prostate cancer and patient thinking time.
- What implications if any are there for cancer waiting times as a result of extending choice to cover named consultant led teams?

Questions specific to Haematology

- What are the key issues for cancer waits haematology patients?
- Is the national & local Haematology performance what you would expect?
- Are there issues that may impact on Haematology performance at a national level on any or all of the standards?

Next Steps

- Please have all your comments to us by 22 October
- Please send your comments to
cancer-waits@dh.gsi.gov.uk

Outputs of this will go to the GFOCWs advisory group and to the National Cancer Director.

- This will then be included in CRS Review which is expected to be complete by the winter.