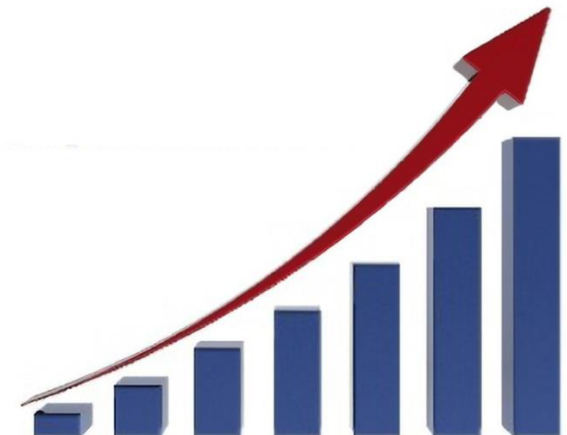
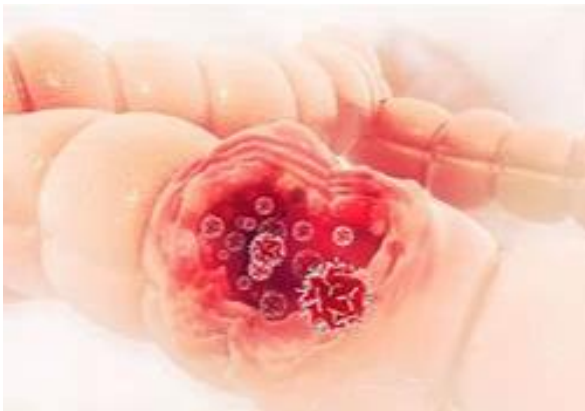


IMPROVING QUALITY – CANCER UPDATE

March 2022



IMPROVING QUALITY – Cancer

Aim: To give practices an understanding of the referral pathway, update on specific cancer pathways and performance. How continuing to work collaboratively can support good quality referrals and improve outcomes for their patients.

Objectives:

- Understand the referral pathway and how this links with performance
- Share the update on Gynae, Lung and prostate pathways.
- Share changes to Rapid Diagnostic Centre Developments.

Fast track GP cancer referrals

GP referral to the hospital via a fast track appointment

To streamline patient experience:

- Make patient aware of what a fast track appointment entails
- Advise patient to be available for investigations and appointments for next 28 days at short notice
- Reiterate importance of why been referred for suspected cancer
- Make patients aware that they may attend for a test before seeing a Consultant
- Advise patient that may receive a call from a withheld number and to answer
- Express importance of attending appointments agreed with hospital
- Use this pathway for suspected cancer only





- Collaborative working is essential to ensure a quality patient experience
- Understanding the pathway is key to ensure our patients are treated sooner.
- Will reduce any patient anxiety
- Benefits the patient
- Patient has the relevant diagnostic tests prior to the urgent referral.
- Use of advice and guidance
- Non urgent tests through normal route

CANCER REFERRAL TO TREATMENT START DATE

The clock starts on:

- receipt of referral
- diagnosis by day 28 treatment by day 62

The Clock is Ticking



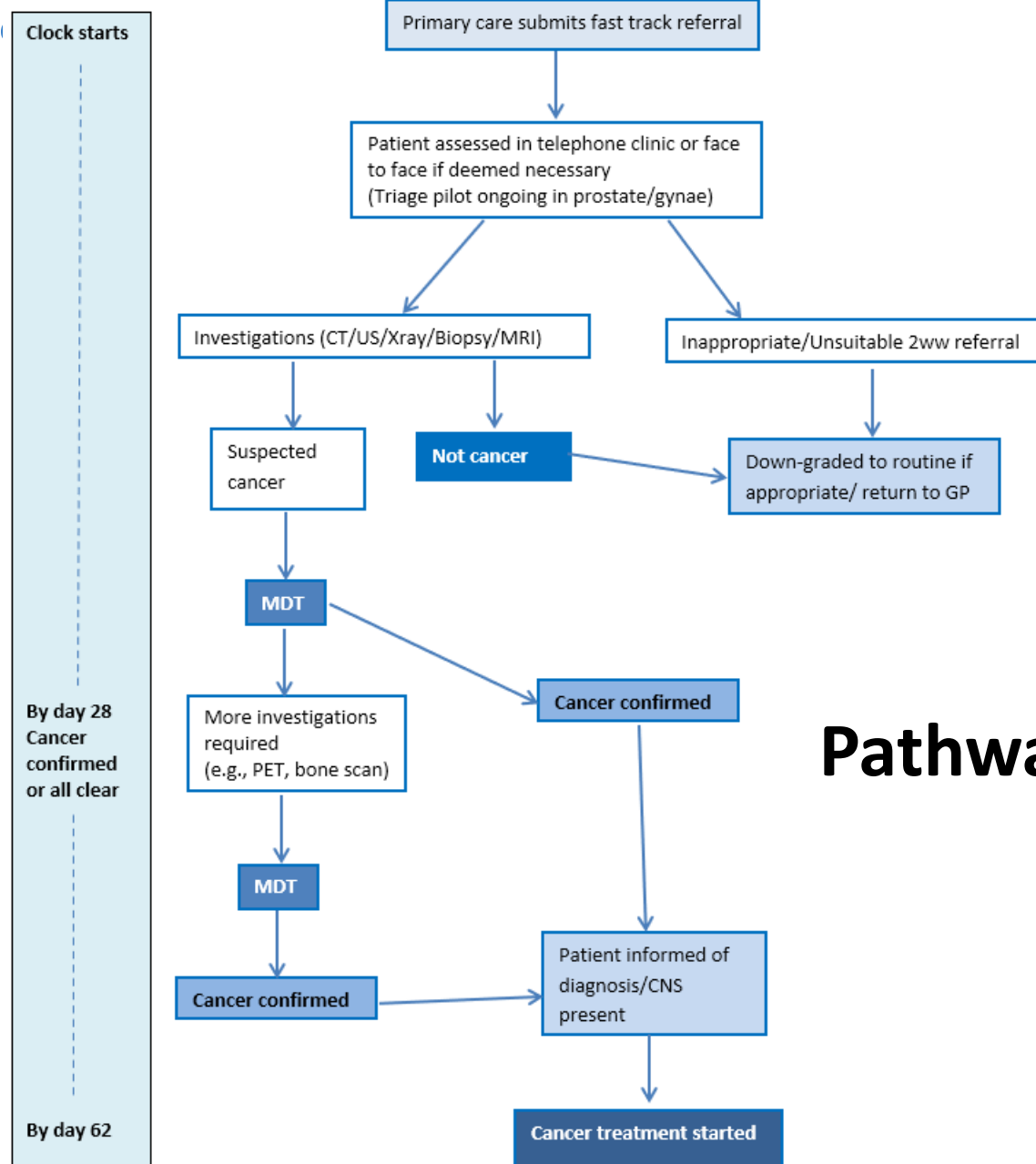
It doesn't stop...

- this includes when patient is on holiday
- unable to attend
- is unfit or has some complex needs – i.e. Learning difficulties/dementia/language barriers

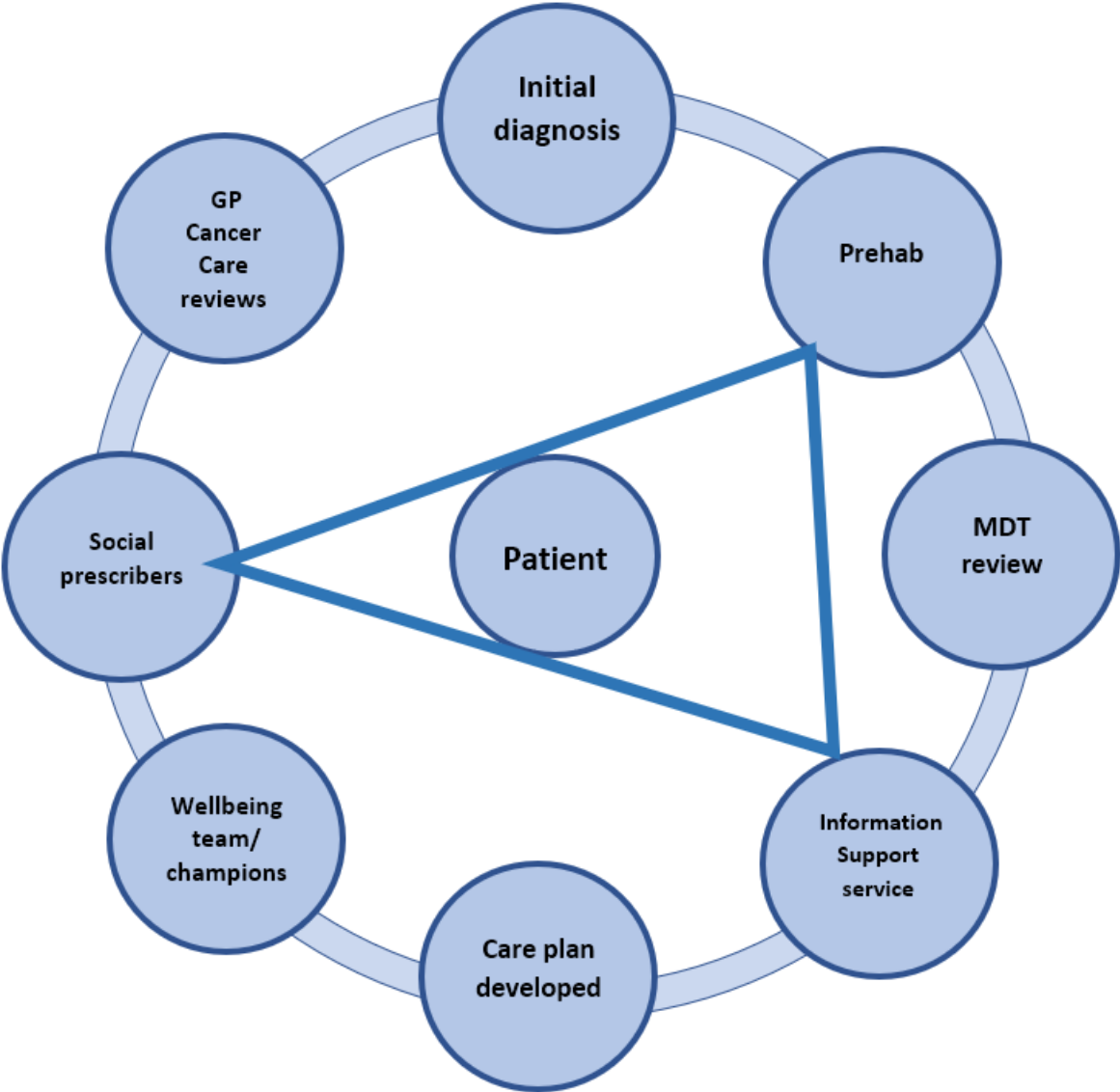
CANCER REFERRAL PATHWAY

62 days from GP suspected Cancer referral to treatment





Pathway non-tertiary



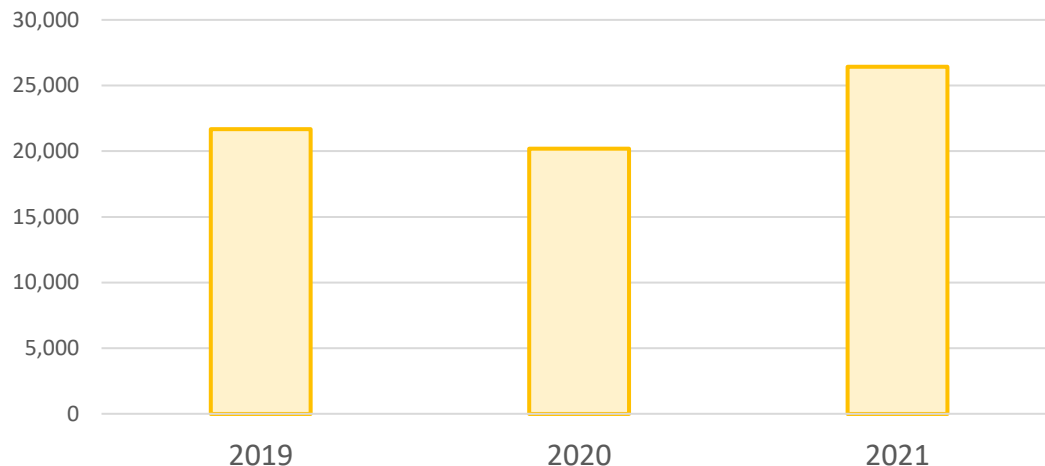
Prehabilitation screening

- All newly diagnosis patients will be screen for prehab and links made with community and primary care. On none site specific pathway all patients will be screened for **MAKING EVERY CONTACT COUNT** (MECC).
- Prehab screening incorporated in the lung, gynae, urology and non-site specific teams.
- Patients not diagnosed with cancer may need support in the community and primary care.
- Prehab lead - Nicola Hill nicky.hill@cht.nhs.uk



Performance

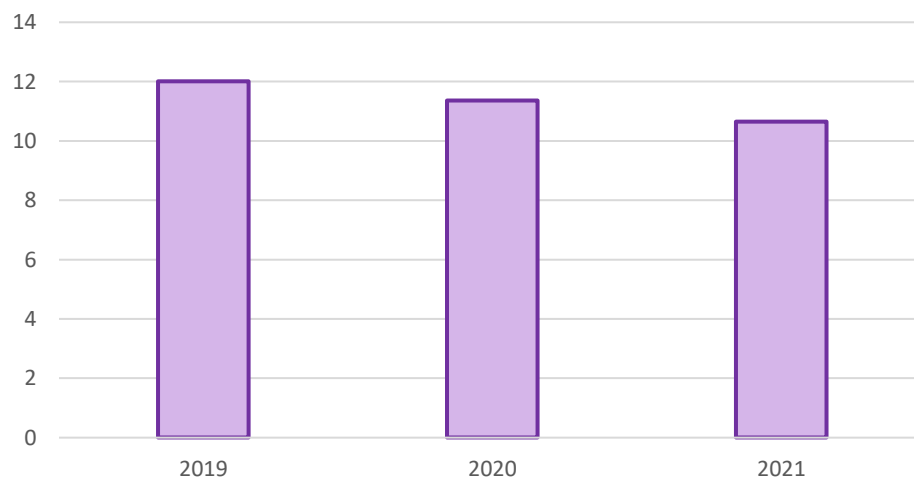
Referrals

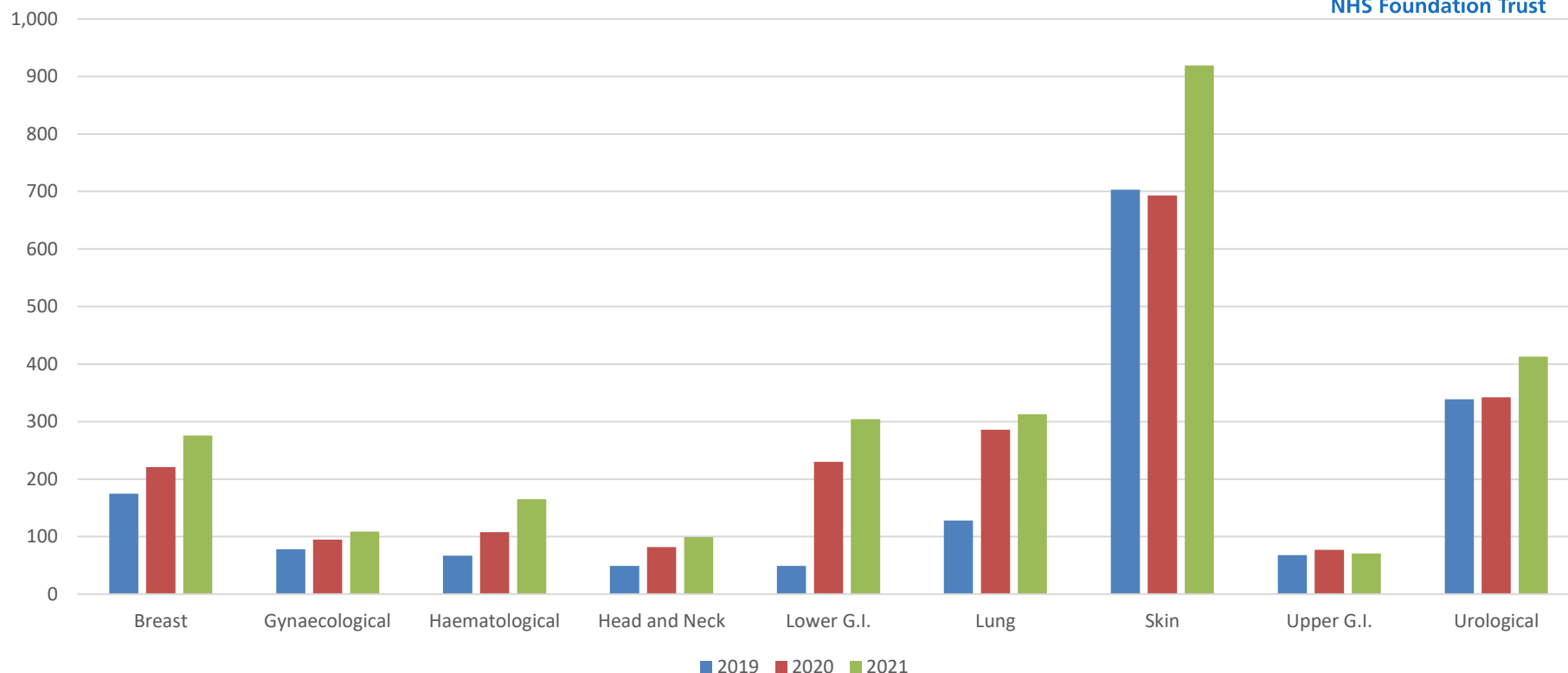


Although slight dip in referrals in 2020 they have increased in 2021; trajectory for 2022 to increase

Decline in referrals which are converted in confirmed cancer diagnosis. Could suggest fast track process over utilised. Over 85% of patients who come through on a fast track pathway do not have cancer.

Conversion rates

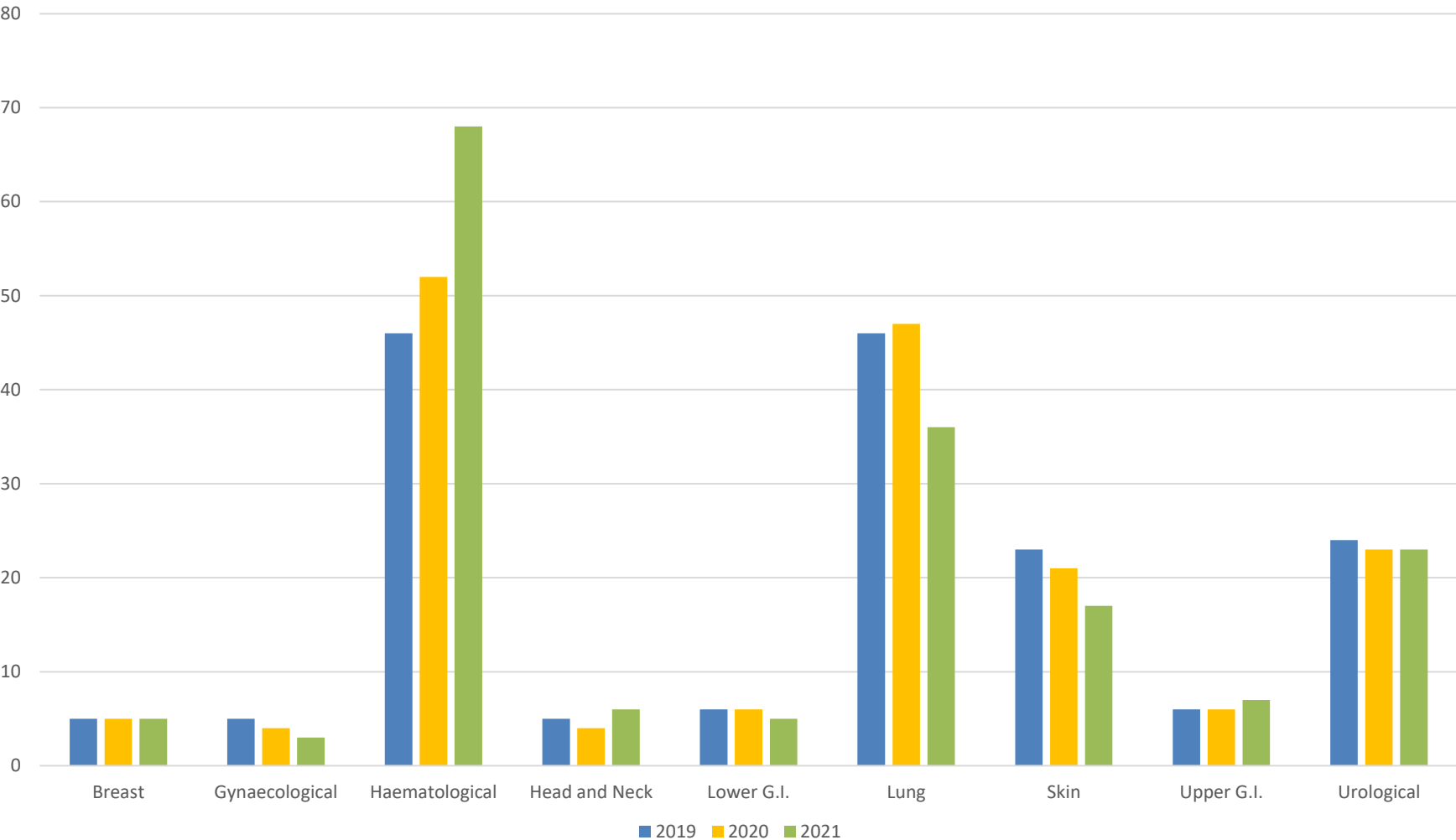




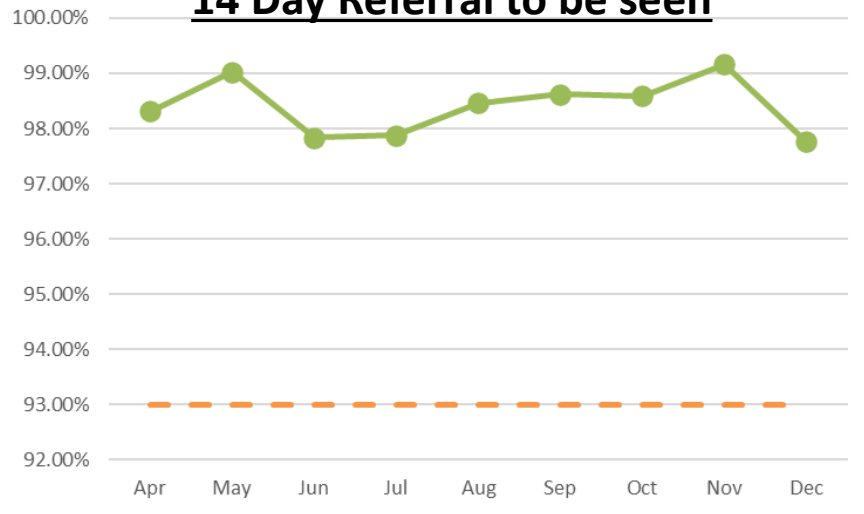
Confirmed Cancers	2019	2020	2021
Breast	175	221	276
Gynaecological	78	95	109
Haematological	107	108	165
Head and Neck	49	82	99
Lower G.I.	49	230	304
Lung	128	286	313
Skin	703	693	919
Upper G.I.	68	77	71
Urological	339	342	413

The number of confirmed cancers over the last 3 years by the 9 main tumour groups.

% Conversion rates by each tumour site

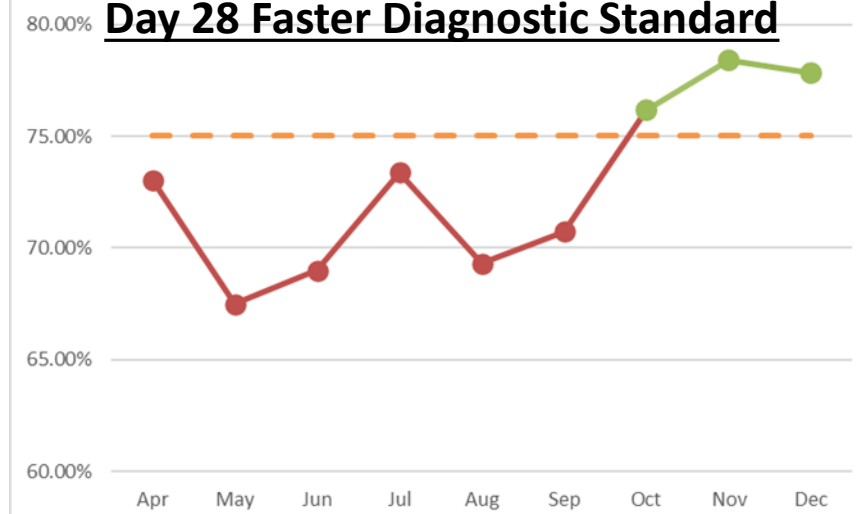


14 Day Referral to be seen



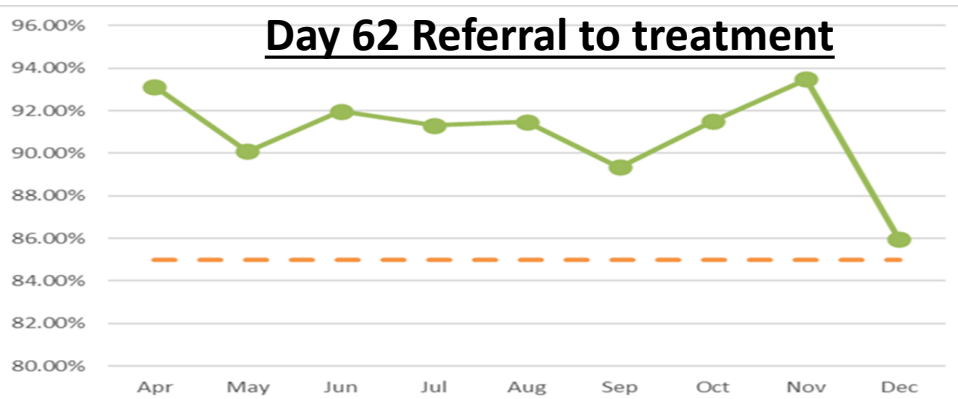
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
14 Day Referral to Date First Seen													
Target	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%	93.00%
TRUST	98.31%	99.02%	97.84%	97.87%	98.46%	98.62%	98.59%	99.16%	97.78%	97.73%	-	-	98.39%

Day 28 Faster Diagnostic Standard



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
28 Day Faster Diagnostic Standard													
Target	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%	75.00%
TRUST	73.00%	67.50%	69.00%	73.50%	69.50%	70.50%	76.20%	78.35%	76.97%	72.85%	-	-	72.77%

Day 62 Referral to treatment



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
62 Day Referral to Treatment:													
Target	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%	85.00%
TRUST	93.1373%	90.09%	91.97%	91.30%	91.48%	89.35%	91.51%	93.43%	87.06%	89.66%	-	-	91.03%

CHFT performance April 21 – Jan 22

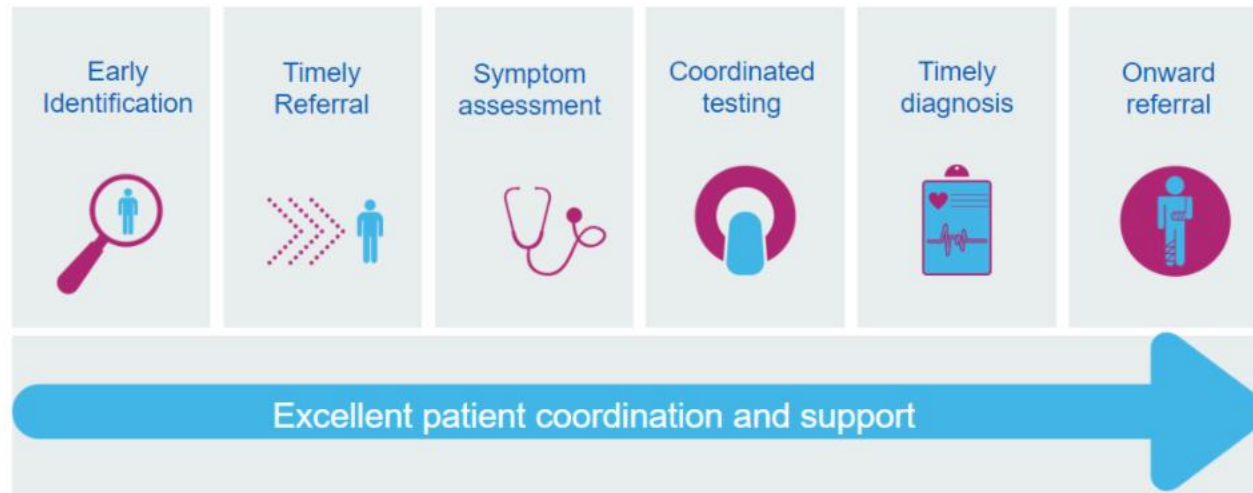
Shows achieving target of 14 days however will be using 28 days from April 22 and this has been achieved for last 3 months. Although 62 days target has been achieved and maintained it declined from Dec 21.

Rapid Diagnostic Service _(RDS) & Faster Diagnosis Framework

Jules Hoole

MHSc, BSC (HONS) PGDip (PST) DN RGN INLPTA Practitioner

RDS Programme Manager CHFT



NEW Faster Diagnosis Framework?

NHSE Feb 2022

- Speed up access to diagnosis for those with cancer
 - Rapid Diagnostic Pathways by 2024
 - Triage and straight to test
 - Diagnosis by day 28
- Earlier cancer diagnoses means patients can receive treatment when there is a better chance of survival.
- New Roles- Patient Navigators



Urology: Prostate Pathway update

- Primary Care engagement re change
- Data from previous meeting for straight to MRI
- What is the data telling us
- How patient experience has improved
- Use of Advice and Guidance
- Next steps



Urology: Prostate Straight to Test Update

Mr. Ali Mustaffa- Consultant Urologist CHFT

Prostate
pathway only
Reasons for not
going straight
to test

MRI Contra-indicated

>76 yrs old PSA>15

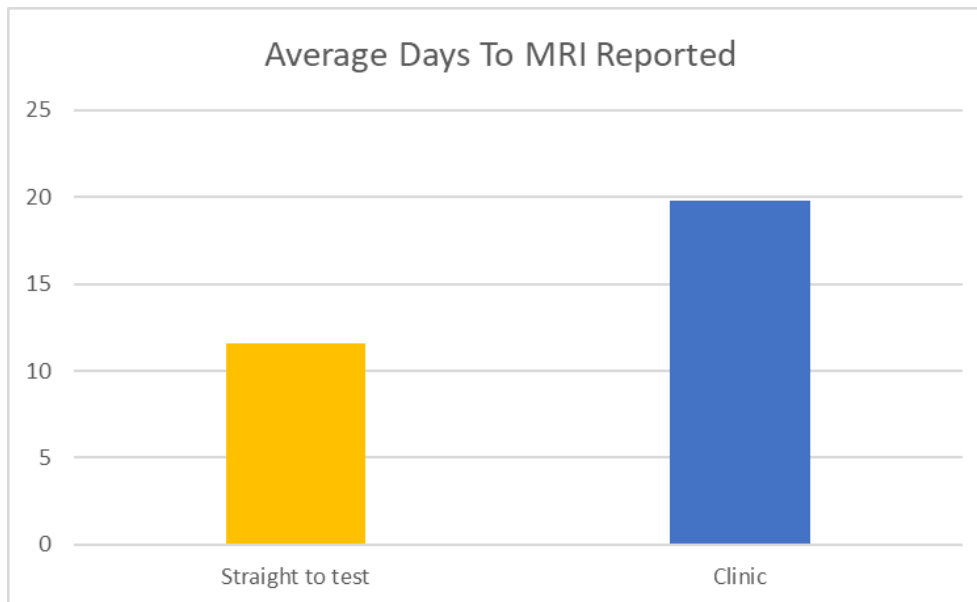
Clinical decision post triage

Performance status 2 or above

OR Referral form not complete- MRI
section :contraindications not complete
therefore clinic appointment first.

	Dec-21	Jan-22	Feb-22
Patients to Clinic	42	38	
Straight to Test	23	17	5

Average Days Between Referral and MRI Reported date (Straight to test)	11.62 Days
Average Days Between Referral and MRI Reported date (Clinic)	19.8 Days

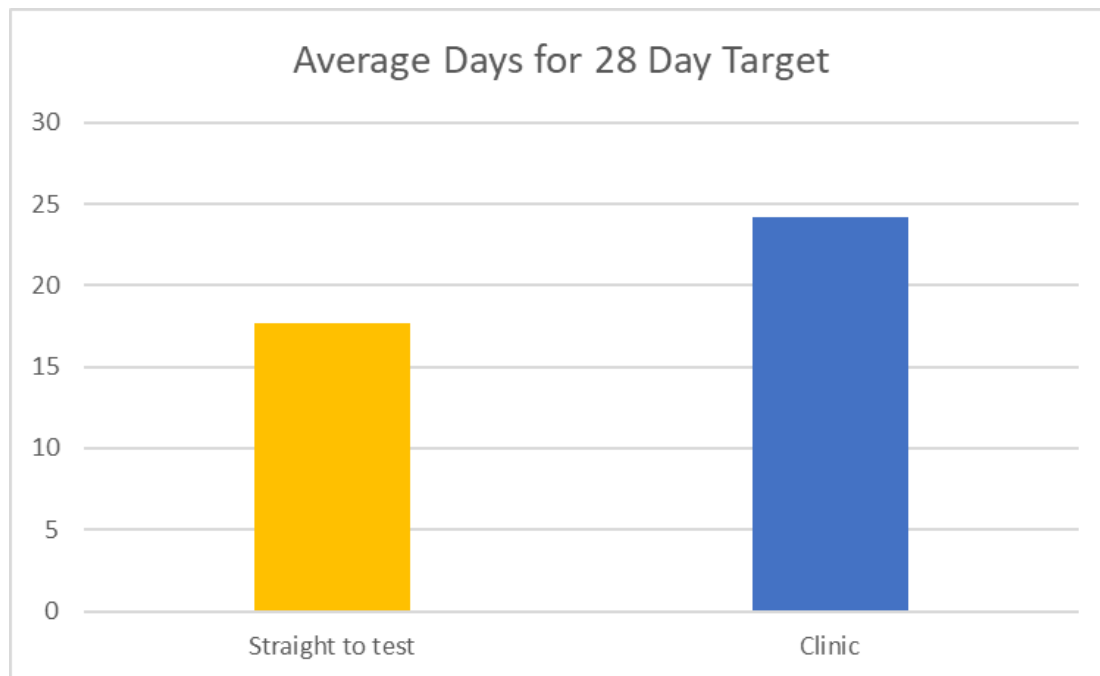


*Pts not going straight to test
have a further 8 days delay*

Patient informed of their diagnosis

Day 28 National Faster Diagnosis Standard

Average Days for 28 Day Target (Straight to test)	17.7 Days
Average Days for 28 Day Target (Clinic)	24.2 Days



Straight to test people
know 6.5 days earlier
if they have a cancer
or not

Patient feedback

- Felt supported, someone was there for me to get in touch with and not feel abandoned.
- PT with severe anxiety- So very helpful to have a team to help me get through the whole process and stay in touch all the way through.
- Relieved my anxiety and so helpful when it was a difficult time.
- *Patients have not always been aware they were referred on a cancer pathway and were surprised when they were being phoned by the cancer specialist nursing team.*

Gynaecology Pathway

- What was data telling us for the change
- National pathways updated Nov 2021
- Primary care involvement
- How we have improved diagnostic pathway
- What data tells us from our initial dashboard
- Patients experience
- Use of advice and guidance
- Next steps



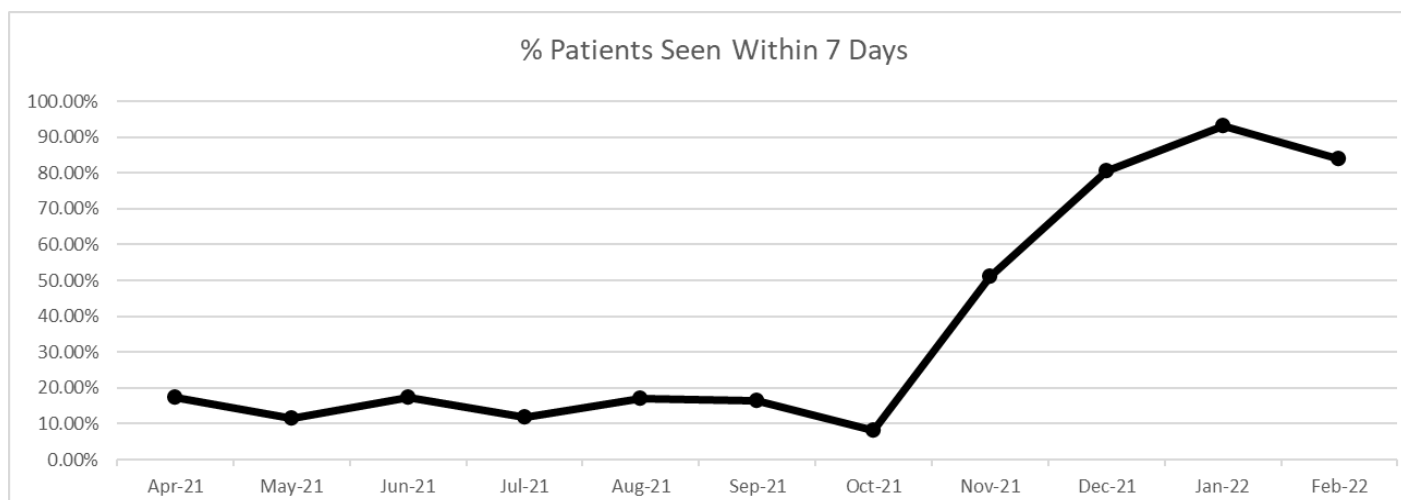
Straight to test Gynaecology cancer update

Jules Hoole

RDS Cancer Programme Manager

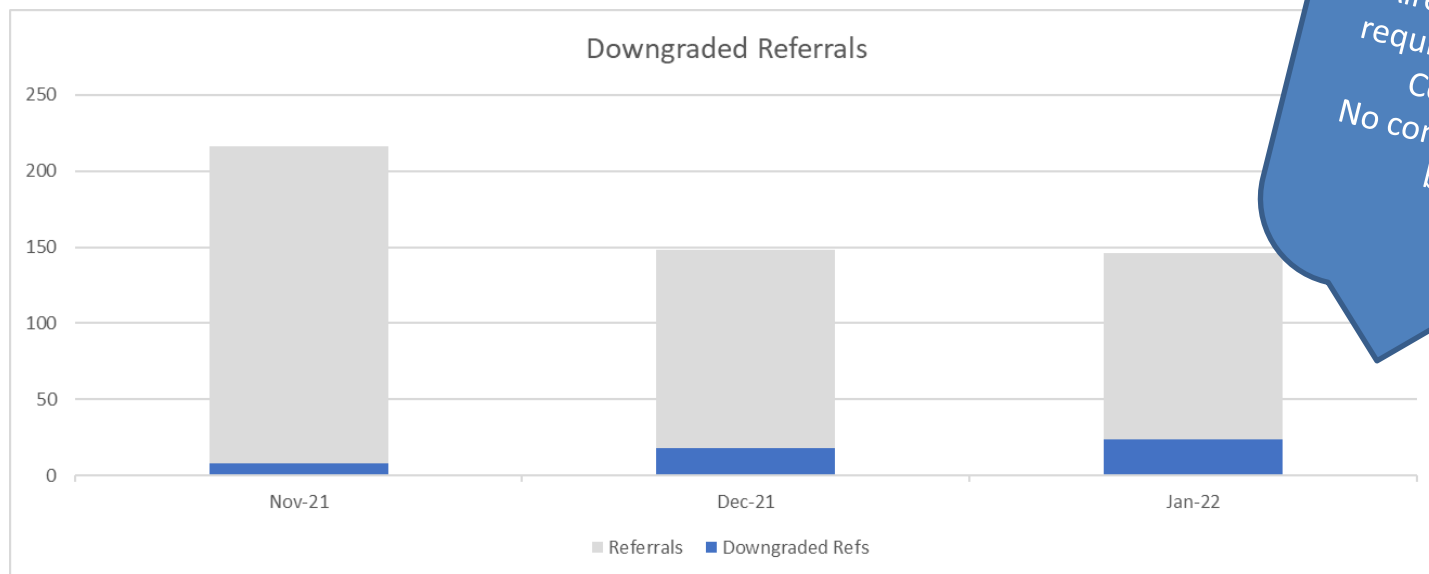
Patients seen within 7 days

% Patients Seen within 7 Days	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	YTD	
Gynaecological	17.2	11.6	17.2	11.6	17.0	16.5	8.05	50.9	80.4	93.1	83.8	32.9	
Number of referrals													



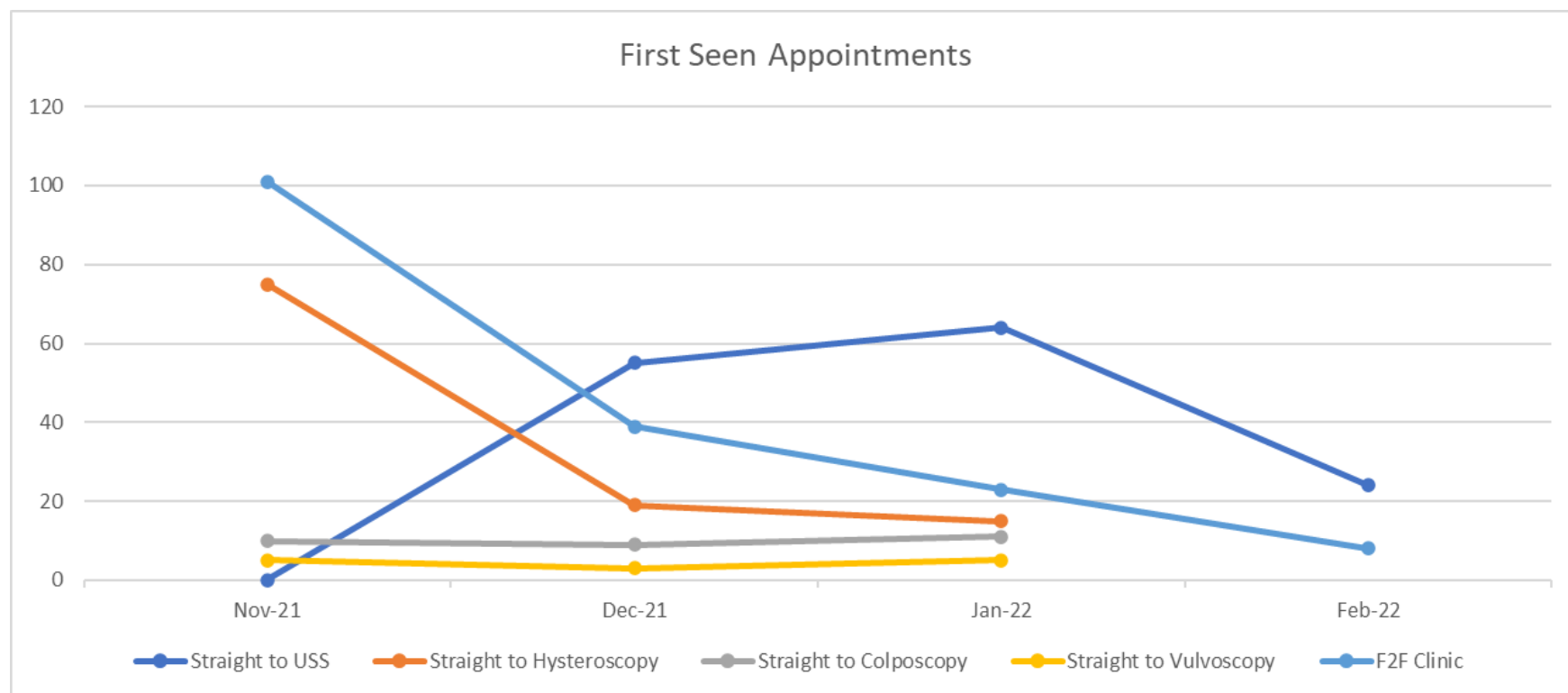
Downgraded referrals

Downgraded Referrals	Nov-21	Dec-21	Jan-22	
Gynaecological	8	18	24	



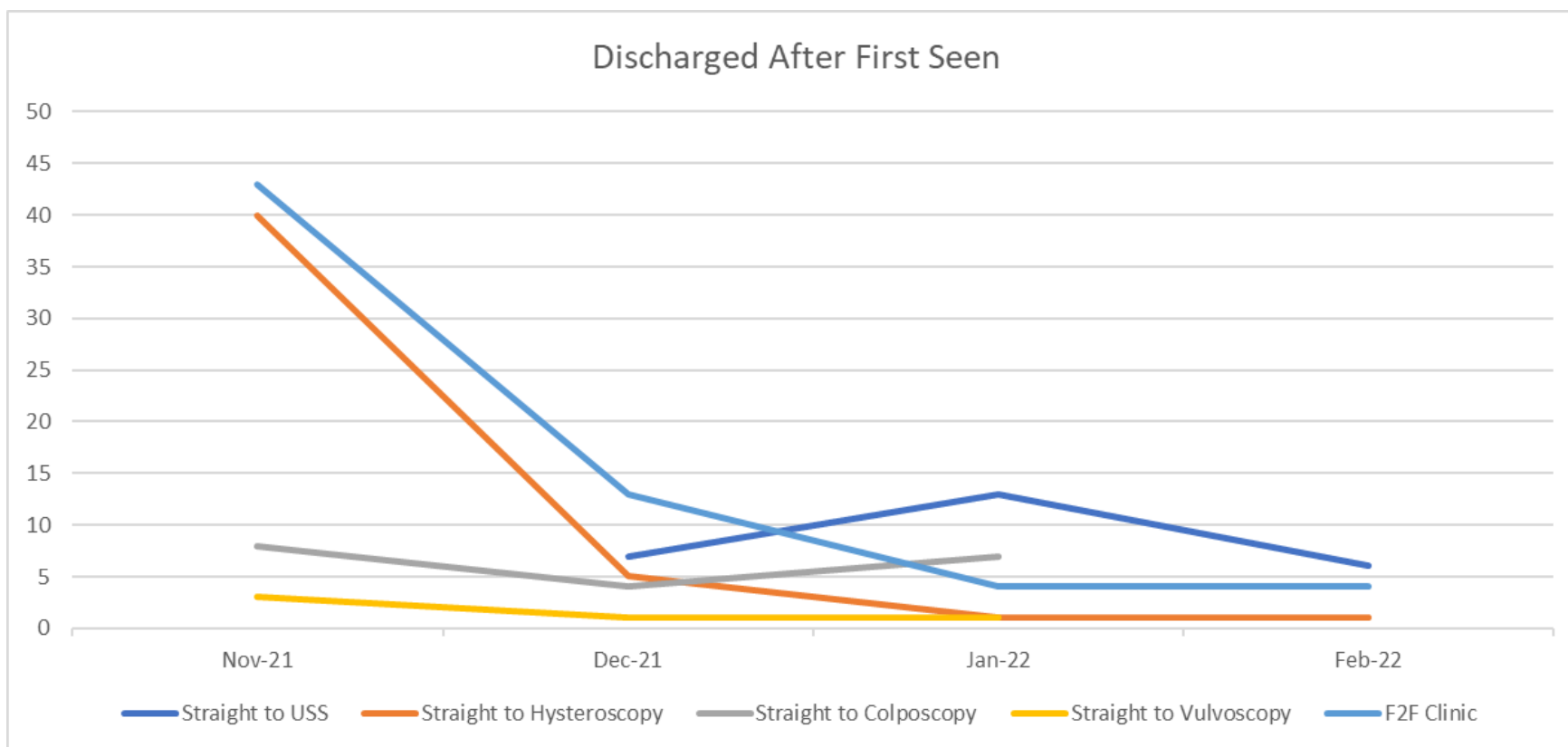
Incomplete referral
Do not fit the criteria.
Already had US and FT not
required → routine referral.
Consultant opinion,
No concerns for cancer → to
be seen non FT

First Seen Appointments	Nov-21	Dec-21	Jan-22	Feb-22
Straight to USS	0	55	64	24
Straight to Hysteroscopy	75	19	15	
Straight to Colposcopy	10	9	11	
Straight to Vulvoscopy	5	3	5	
F2F Clinic	101	39	23	8




Discharged after First Seen	Nov-21	Dec-21	Jan-22	Feb-22
Straight to USS		7	13	6
Straight to Hysteroscopy	40	5	1	1
Straight to Colposcopy	8	4	7	
Straight to Vulvoscopy	3	1	1	
F2F Clinic	43	13	4	4

Discharged After First Seen



Faster Diagnosis Day 28: Standard 75%



2021									2022	
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
59.4%	56.5%	62.4%	66.9%	63.0%	70.7%	84.0%	78.6%	70.3%	69.5%	83.7%

Patient feedback

- **Positives**
- **Great service, wasn't expecting a call so soon**
- **Really good not having to wait long for a scan**
- **Really thankful that a FT referral was stopped after 2 days, and now can enjoy my weekend without worrying.**
- **Achieved an ovarian cancer diagnosis before day 28, straight to CT, Then biopsy and on MDT before day 28.**

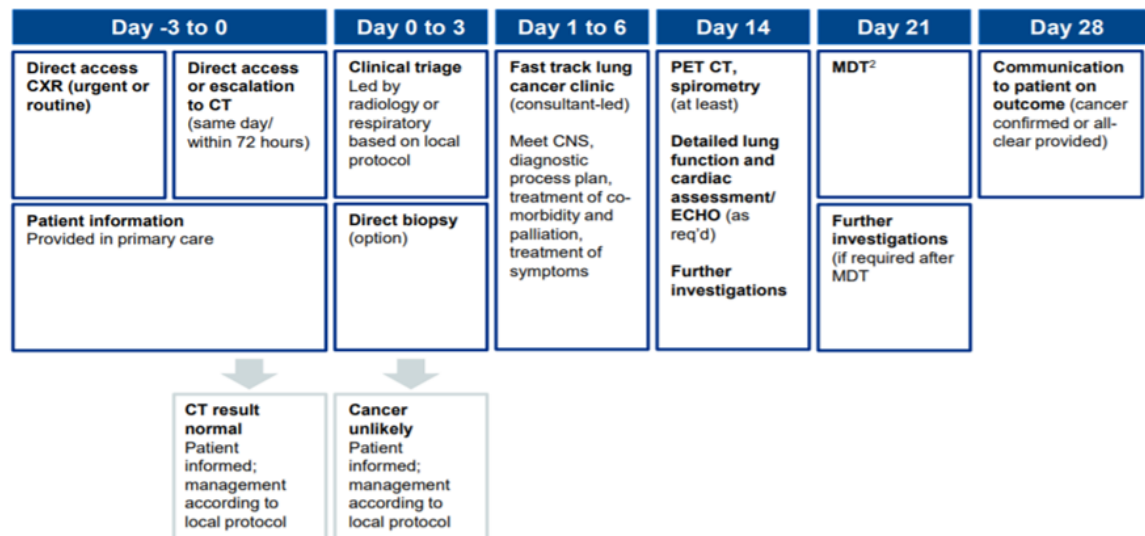
Concerns

- **Some patients not aware of Fast Track referral and available for tests**
- **One patient didn't really understand the investigation**

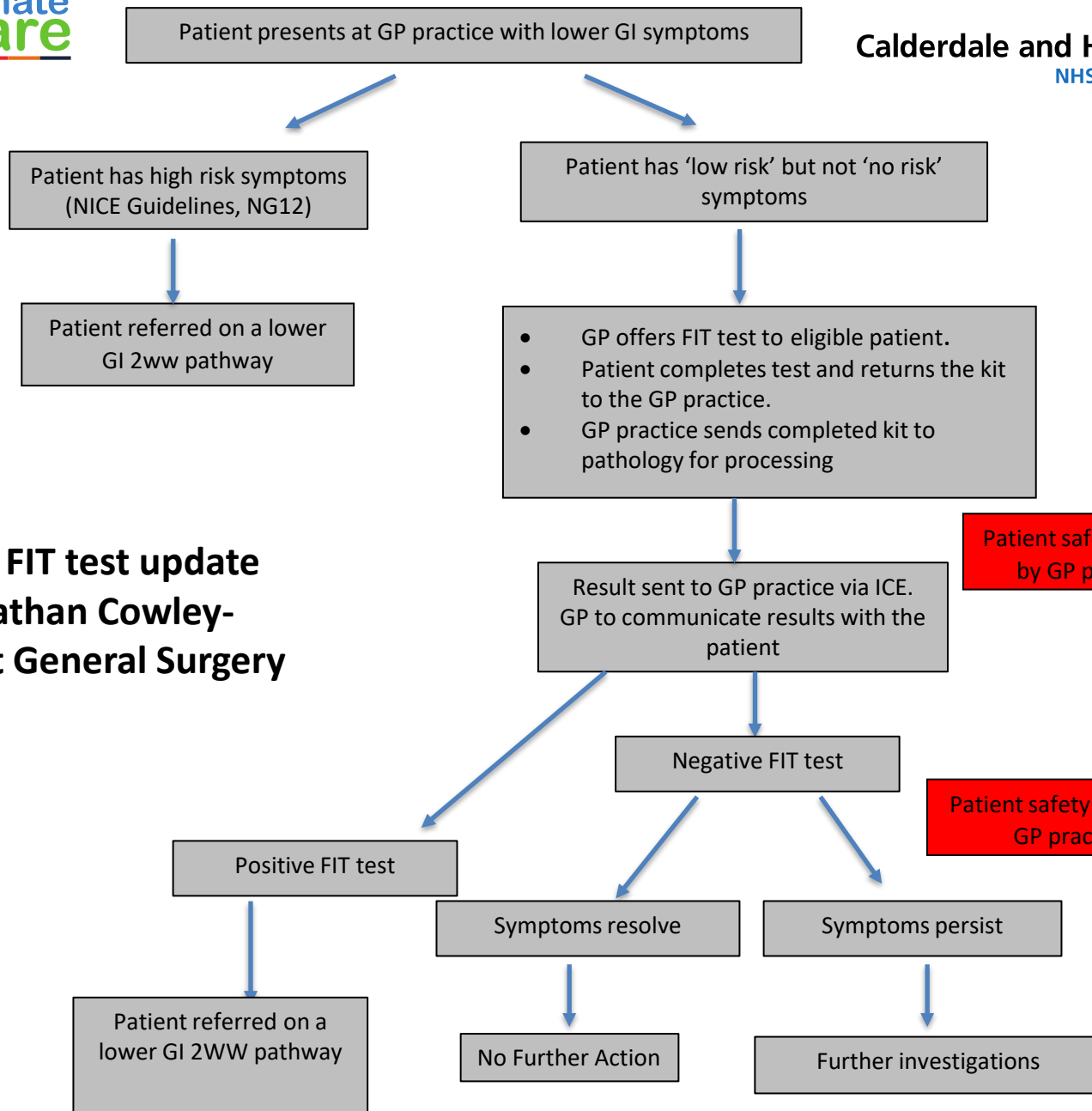
Lung Cancer Update

Dr. Charlotte Spencer Respiratory Consultant

28 day pathway



Lower GI FIT test update
Mr Jonathan Cowley-
Consultant General Surgery



Patient safety netted
by GP practice

Patient safety netted by
GP practice

What do I need to do with the results?

If the FIT test result is $>$ or $=$ 10 ug Hb/g faeces

Lower GI 2ww referral for suspected cancer

If the test result is $<$ 10 ug Hb/g faeces:

Seek specialist advice if worrying symptoms persist and safety net the patient.

What if a patient has recently completed their Bowel Cancer Screening?

Irrespective of how recently your patient was screened by the national screening programme, their test result should be ignored in considering a patient presenting with new symptoms of concern.



pinpoint

PinPoint Test is a brand new blood test using artificial intelligence
Offered to patients referred urgently for cancer investigations
Patient will be asked by their GP to provide a blood sample



For more information visit
<https://canceralliance.wyhpартnership.co.uk/our-work/innovations-programme/pinpoint-test> or scan the QR code



Alternatively contact one of the Project Leads
christopher.button@cht.nhs.uk
helen.ryan7@nhs.net
mark.dean3@nhs.net

Summary

- Support from GP re fast track appointment – suspected cancer
- Future straight to tests- Rapid Diagnostics
- Pinpoint – help further info
- Prehab screening

QUESTIONS

