



**Herefordshire and
Worcestershire**
Clinical Commissioning Group

Cancer Performance Update – December 2021

Introduction

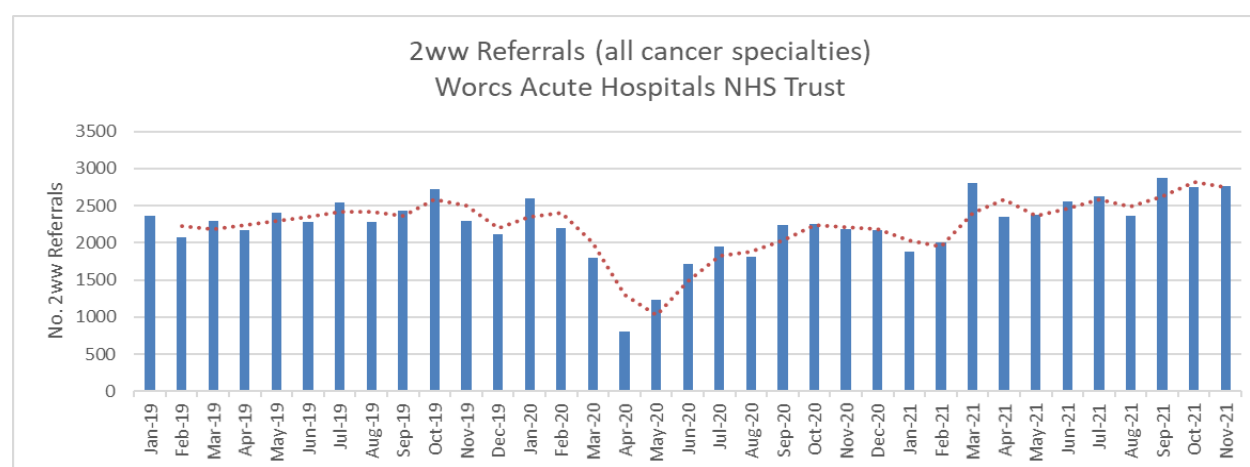
The Worcestershire HOSC requested an update on performance against the key cancer standards and actions being taken to improve performance where required. This paper provides an update to the Committee on performance to October 2021 (validated) and current position (unvalidated).

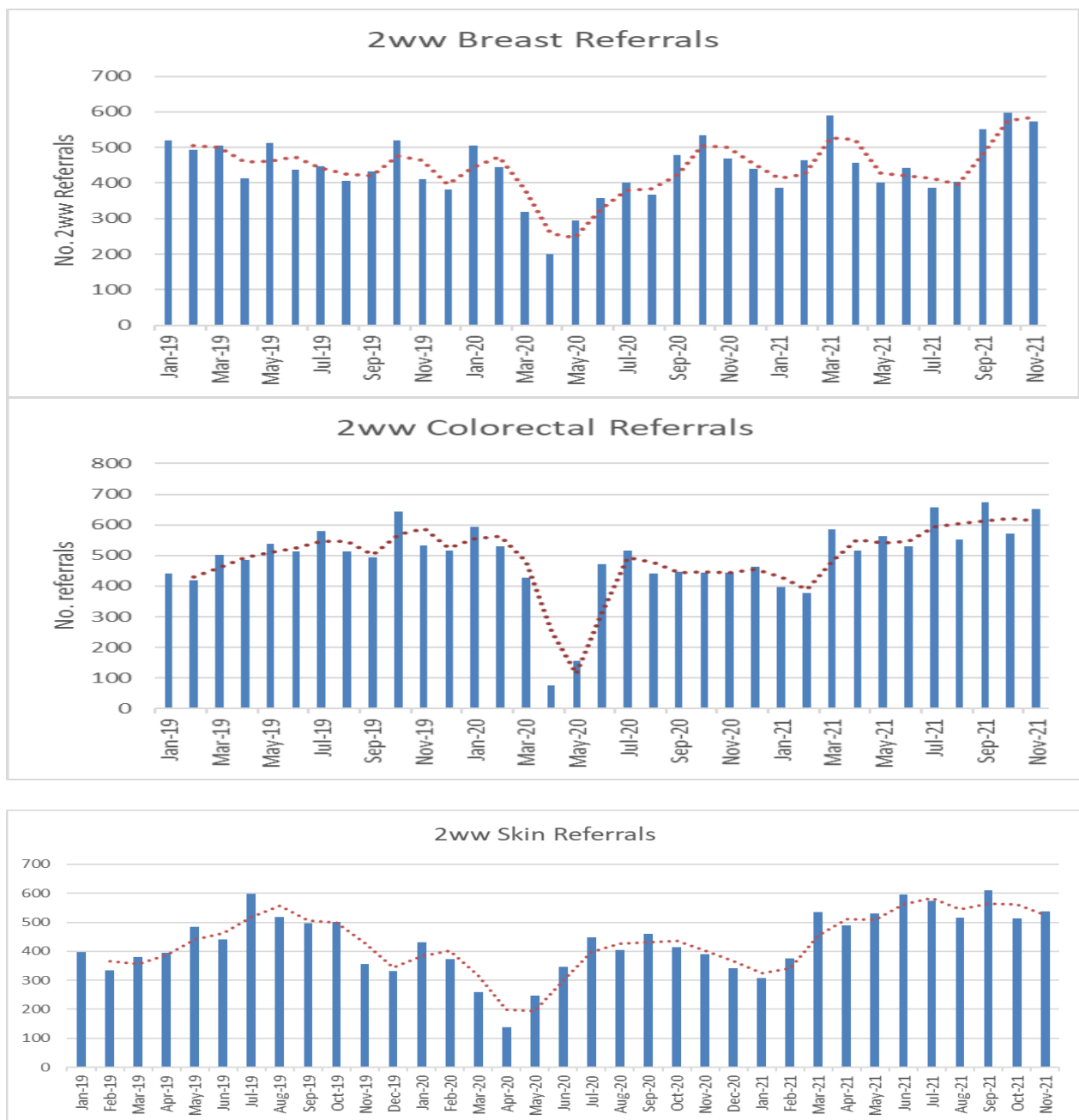
Cancer Performance Standards

Cancer performance against the key performance standards is closely monitored by Hereford and Worcestershire Clinical Commissioning Group (HWCCG) at cancer specialty level. This includes 2 week waits (referral to assessment), 31-days (time to first treatment), 62-days (referral to treatment) and backlog (patients waiting 63 - 103 days and over 104 days). A new 28-day Faster Diagnosis Standard 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.

Referrals Rates

Since the start of the COVID-19 pandemic, 2-week wait (2ww) referral rates have varied enormously from month to month and also across the cancer specialty pathways. The graph below shows the overall variation in referrals since January 2019, including the significant drop in referrals seen during the first lockdown (March 2020), recovery to near pre-pandemic levels and then exceeding 'normalised' levels since March 2021 in many specialties including Breast, Colorectal and Skin. This has impacted on overall performance as a result in the surge in demand and ongoing restrictions around infection control and prevention, reducing the capacity in many areas of the cancer pathways such as out-patients and diagnostic investigations.

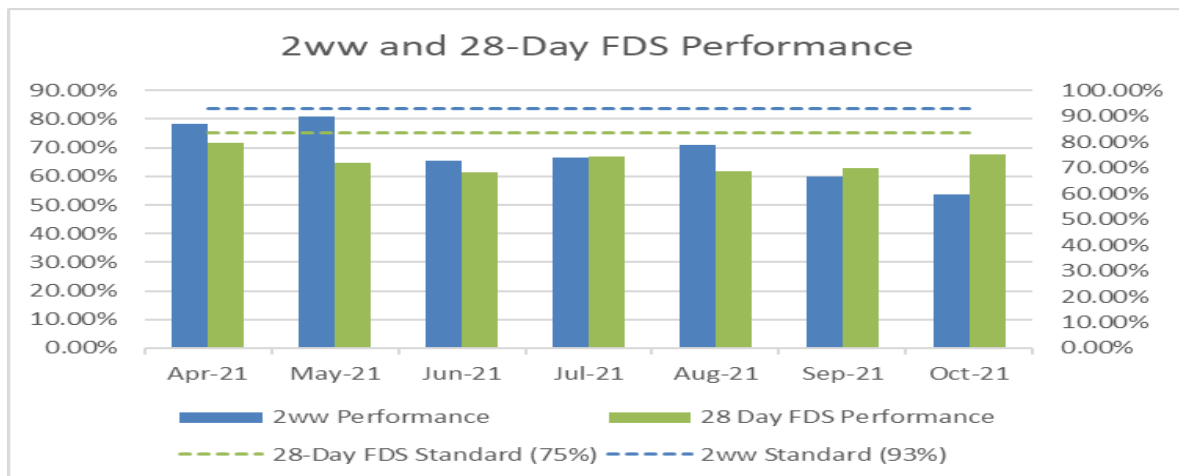




Cancer Performance

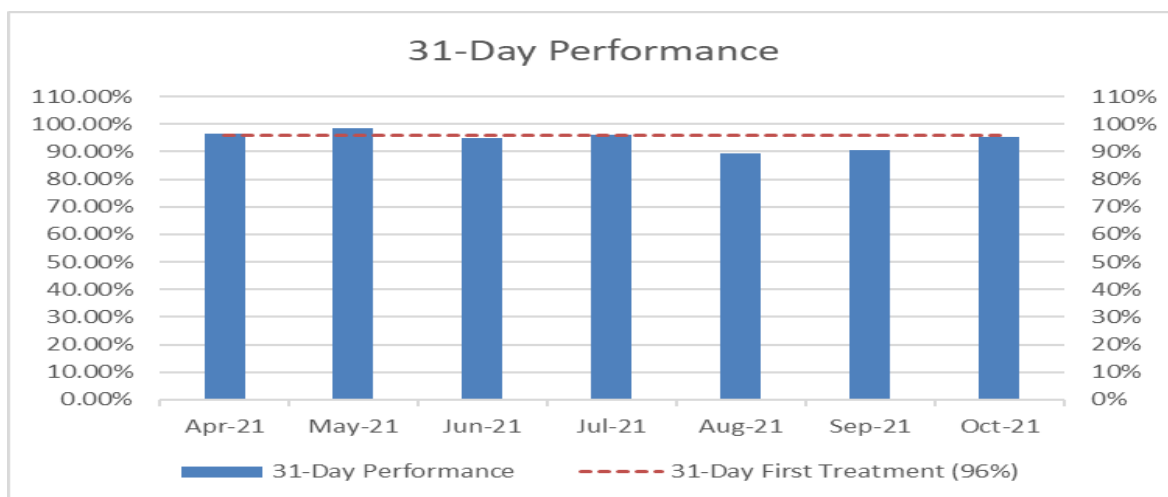
The latest validated cancer performance against each of the cancer performance standards for October 2021 for Worcestershire Acute Hospitals NHS Trust is shown below.

2-Week Wait and 28-Day Faster Diagnosis Performance



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
2ww Performance	78.23%	80.92%	65.43%	66.37%	70.88%	59.92%	53.76%
28 Day FDS Performance	71.74%	64.81%	61.46%	66.76%	61.78%	63.00%	67.59%

31-Days Performance (all treatments)



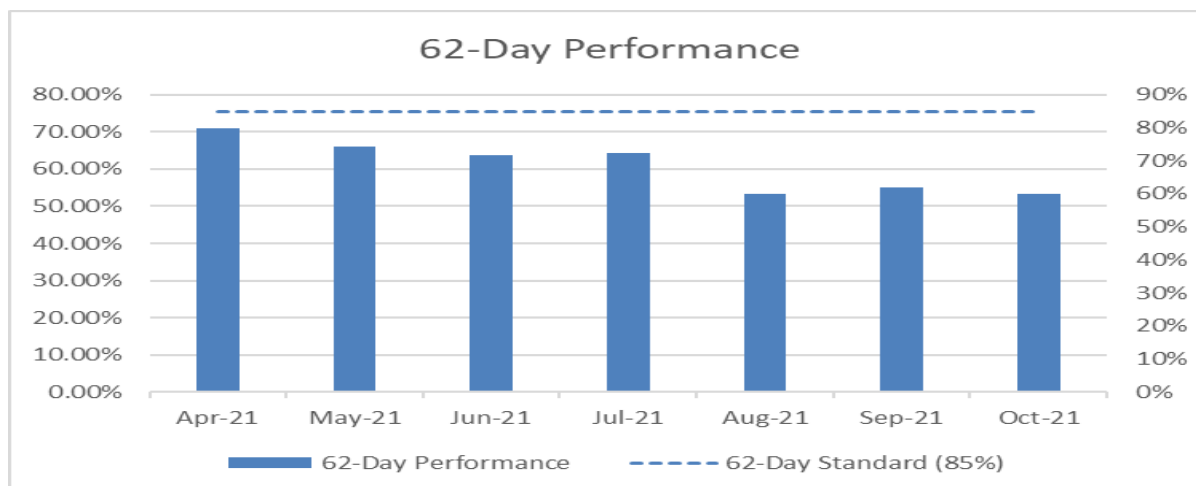
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
31-Day Performance	96.52%	98.50%	94.86%	96.23%	89.52%	90.58%	95.17%

The 31-day standard above includes all treatments received (surgical, radiotherapy and chemotherapy). The table below shows performance against each treatment since April 2021 and shows consistent delivery of the standard in two of the three treatment standards.

	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
31 day subsequent treatment - Surgery - 94%	83.33%	89.47%	81.58%	82.50%	77.42%	95.12%	86.67%
31 day subsequent treatment - Radiotherapy - 94%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
31 day subsequent treatment - Drug Treatment 98%	98.00%	100.00%	100.00%	100.00%	98.44%	98.31%	100.00%

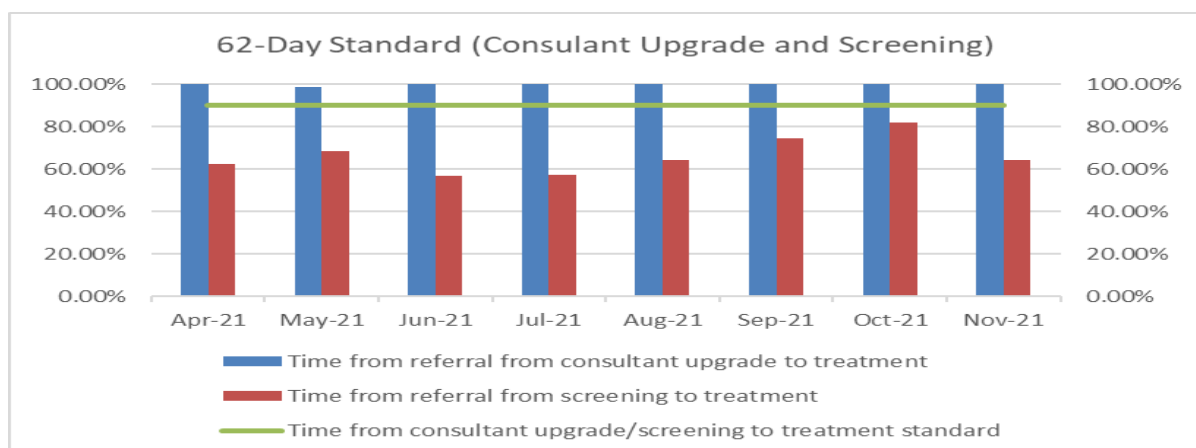
62-Day Performance

- From 2-WW GP Referral (85%)



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
62-Day Performance	70.81%	66.16%	63.59%	64.36%	53.40%	55.12%	53.20%

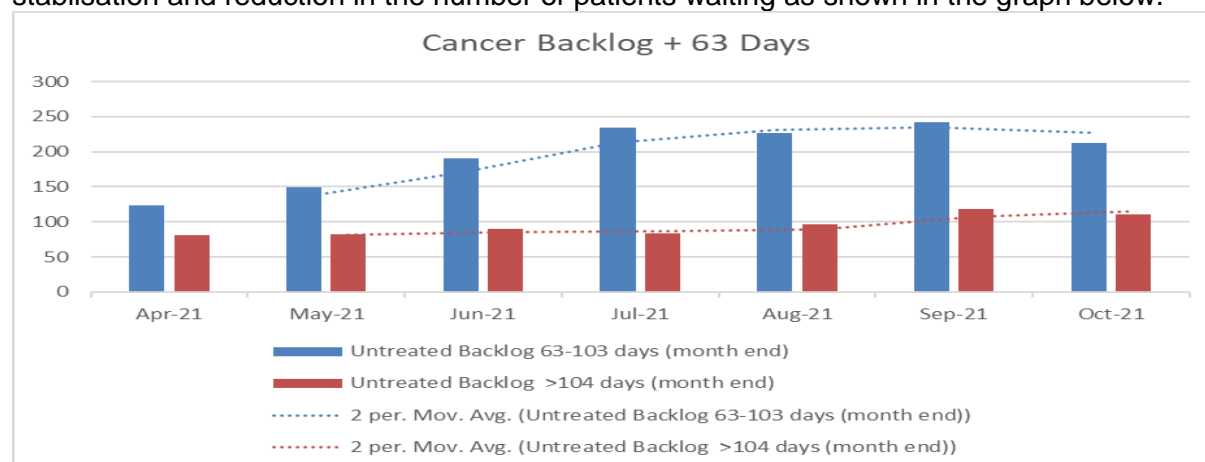
- From Consultant Upgrade (90%) and Screening (90%)



	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21
Time from referral from consultant upgrade to treatment	100.00%	98.97%	100.00%	100.00%	100.00%	100.00%	100.00%
Time from referral from screening to treatment	62.50%	68.42%	56.94%	57.14%	64.52%	74.60%	81.82%

Cancer Backlog (+ 63-days)

The graph below shows the number of patients waiting at month end over 63-days and 104-days across all specialties. Since April 2021 the number of patients waiting has increased due to a number of reasons including significant increase in referrals in some suspected cancer pathways, the impact of additional infection control measures and capacity in diagnostics to meet both elective and non-elective demand. Since September 2021 there has however been stabilisation and reduction in the number of patients waiting as shown in the graph below.



December 2021 Performance (unvalidated)

Latest unvalidated performance (up to 21st December 2021) for November 2021 shows a slight improvement in 2ww (54.67%) and 62-day (57.08%) performance and maintaining of performance in the 28-day and 31-day standards. There is also a reduction in the number of patients waiting 63 - 103 days (204) and over 104-days (105).

Performance at specialty level shows particular challenges in some specialties, specifically Breast (2ww), Colorectal (2ww, 28-days, 62-days), Skin (2ww) and Urology (28-days, 62-days) due to significant increases in demand, diagnostic and surgical capacity.

Remedial Action Plans (RAP) are in place in all cancer specialties with actions identified at each stage of the pathway. Specific actions undertaken or currently being taken for the challenged specialties are as follows:

- **Breast:**
 - Use of Advice and Guidance and daily Consultant triage of new patient referrals
 - On-call service for breast surgery
 - Weekday evening and Saturday clinics throughout July and August

Further actions being taken include:

 - US-only OSBC for young women (planned)
 - Community breast clinic for low-risk patients
 - Insourcing of breast imaging to support additional weekend clinics until the end of March 2022.
- **Colorectal:**
 - Implementation of FIT testing in primary care to prioritise patients at a higher risk of having cancer
 - Increase in Clinical Nurse Specialist (CNS) and Care Navigator workforce to support the clinical triage and straight to test process, liaising directly with patients to ensure they are ready to proceed.
- **Skin:**

- Prioritising of 2ww referrals
 - Implementation of tele-dermatology (currently being piloted).
- **Urology:**
 - Implementation of nurse led telephone clinical assessment to facilitate straight to test pathways
 - Increase in CNS and Navigator capacity
 - Implementation of Local Anaesthetic (LA) template biopsies and planned development of nurse led LA trans perineal biopsy in the prostate pathway.

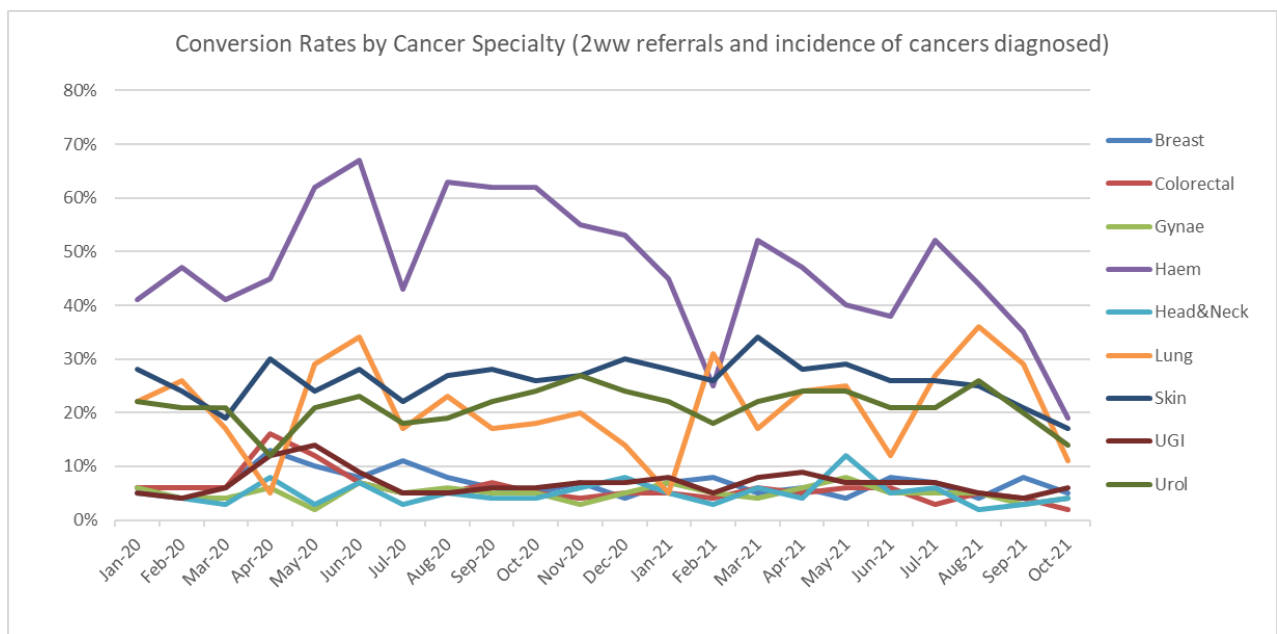
All RAPs are reviewed and updated on a fortnightly basis through the Trust's Performance Management Group to ensure an ongoing focus is maintained on improving performance and reducing the backlog of patients waiting more than 63-days from referral. Other developments in cancer services include:

- Implementation of a Non-Specific Symptoms pathway for patients with symptoms suggestive of cancer but which do not meet the criteria for a site specific 2-week wait referral. This pathway is expected to go live on 13 January 2022 and will ensure patients have access to a broad range of diagnostics to confirm or rule out cancer within 28-days of referral. This will also create additional capacity and relive some of the pressure within other pathways through which these referrals would normally be directed (Upper GI and Lower GI)
- Participation in the GRAIL/Galleri Study (<https://www.nhs-galleri.org/>). The West Midlands Cancer Alliance is one of 8 Alliances piloting the GRAIL/Galleri study, which invites participants between the ages of 50 – 77 years to receive a blood test that can detect early stage cancers. Participants identified as having a positive indicator for cancer will be referred to local hospitals through the appropriate 2-week wait pathway.

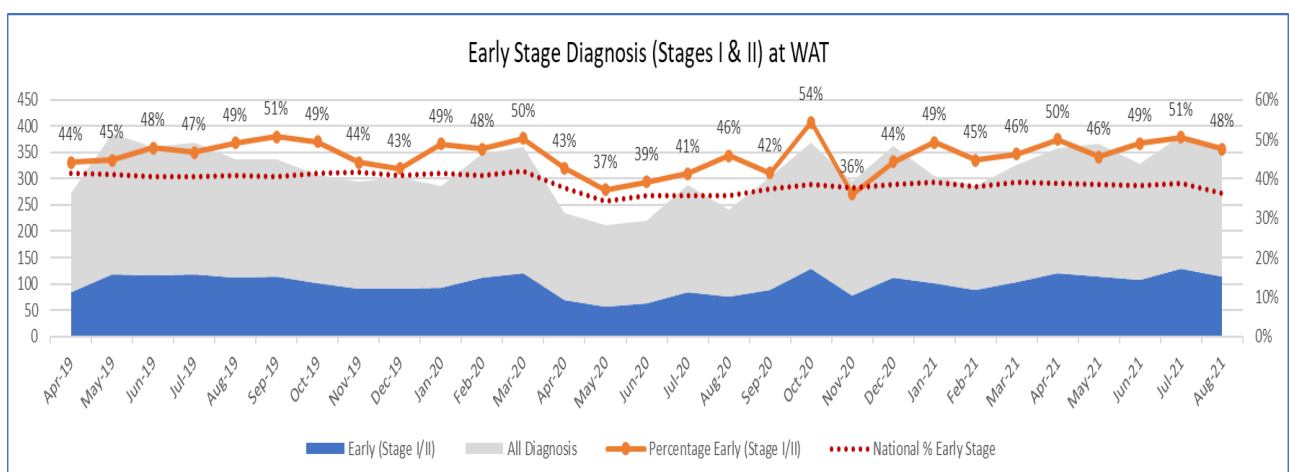
Cancer remains a system priority and processes are in place to ensure diagnostic and surgical capacity is prioritised for patients on a cancer pathway. Funding has been approved to support additional diagnostic capacity through the Early Adopter Community Diagnostic Hub (CDH) initiative as well as increasing imaging and endoscopy capacity at Kidderminster as part of the Wave 1 CDH work programme. The surgical reconfiguration to move the majority of elective surgical activity (including cancer) to the Alexandra Hospital will also minimise the impact of non-elective work on planned surgical activity within cancer pathways.

Monitoring Cancer Outcomes

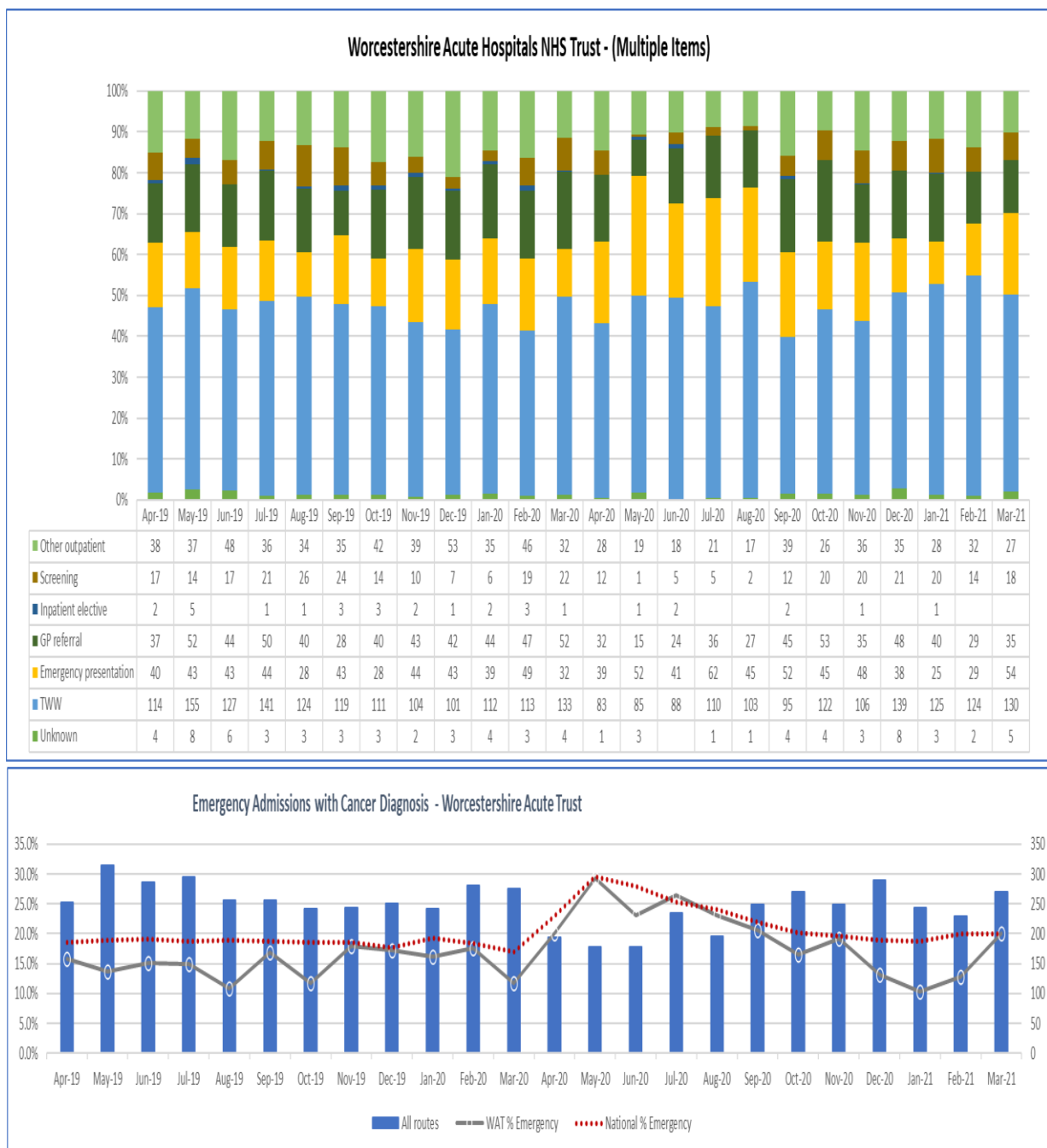
Given the impact of the pandemic and reduction in referrals particularly during the first lockdown, the incidence of cancer and conversion rates from 2ww referrals and consultant upgrades is being closely monitored. The graph below shows conversion rates (2ww referrals resulting in a cancer diagnosis) by cancer specialty since January 2020 (Note: October incidence may be lower than actual due to the delay in diagnosing some cancers). What is evident from the graph shown below is that conversion rates have not increased significantly outside of normal variation in any of the cancer pathways since January 2020.



In addition to the incidence of cancers, the stage at diagnosis and route to diagnosis is also being closely monitored. As these two metrics are nationally derived through the Cancer Outcomes Statistical Database (COSD), data is only available up to and including August 2021. The graph below details the % patients diagnosed at Stages I/II across all cancer specialties since April 2019. Whilst there has not been any reduction in the % of patients presenting with early stage disease overall or as a result of the pandemic, there is also no significant increase in the % stage I/II diagnoses despite improvements in many cancer pathways to reduce the time to diagnosis and treatment. There are however some cancer pathways where the % of patients presenting with late disease is disproportionate such as lung and oesophago-gastric. This is in line with the national picture and a focus of the national communications around identifying the signs and symptoms of cancer early. Work will continue locally to not only improve these particular pathways but also to work with our local population and primary care colleagues to support earlier presentation.



The graph below shows the route to diagnosis of cancer, split across the most common presentations such as a 2ww referral, consultant upgrade from another elective/ non-elective pathway or presenting through an emergency setting.



Overall, there has been no significant change in the way patients have presented, with the majority of patients presenting through a 2ww referral pathway. There was however a notable increase in emergency presentations during the first lockdown, which has subsequently reduced probably as a result of improved access to primary care and public confidence. Ongoing monitoring of emergency presentation continues to be a priority and was included in the 2021/22 Revivo contract for primary care to undertake a peer review of patients at PCN level of emergency presentations resulting in a cancer diagnosis to determine what actions could have been taken and lessons learnt.

Summary

Cancer services at Worcestershire Acute Hospitals NHS Trust continue to be under significant pressure due to the increased demand seen across many pathways as well as the ongoing impact of the pandemic on capacity and workforce. Whilst referrals to the Trust continue to be high, the resulting activity levels are amongst the highest in the region. Work continues to be undertaken at cancer specialty level to improve pathways and ensure best practice pathways are in place to reduce unnecessary delays in cancer diagnosis, enabling those without a cancer diagnosis to be investigated and informed as quickly as possible and enabling those patients with a cancer diagnosis to receive prompt and effective treatment.