Effective Cancer Management Framework

The power of working in partnership

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Scottish Cancer Waiting Times (CWT) Standards

There are two waiting times standards which are applicable to adults with a newly diagnosed primary cancer against the ten major cancer types

- **62-day** target from referral with urgent suspicion of cancer including referrals from national cancer screening programmes until first treatment.

- **31-day** target from decision to treat until first treatment regardless of the route of referral.

There is currently a 5% tolerance on each standard in Scotland and adjustments can be made.
NHS Scotland CWT trend

- 97.7%
- 96.6%
- 95.8%
- 97.7%
- 81.4%
- 70%
- 75%
- 80%
- 85%
- 90%
- 95%
- 100%

Graph showing the trend of CWT (Commissioning Waiting Time) for NHS Scotland from Q2 2010 to Q3 2018. The graph compares the percentage attainment of 62 day, 31 day, and Standard waiting times, with a decline in attainment over time.
Challenging Landscape

Around 50% more patients coming through an Urgent Suspicion of Cancer (USOC – 62 day) pathway compared to ten years ago

- Diagnostic demand
- Pathology pressure
- Workforce challenges
Latest cancer treatment waiting times are 'worst ever'

Scottish government waiting time targets for cancer patients 'not being met'
Charities call for action over cancer waiting times

Cancer waiting times in Scotland 'worse than 10 years ago'

Scotland's cancer waiting times performance at record low

Lethal cancer delays blasted: NHS can't hit waiting time target for treatment

‘National scandal’ as cancer waiting times are worst ever
Scottish Government accused of failing cancer patients as waiting times hit new low

‘Irresponsible and dangerous’ SNP condemned over cancer waiting times

Thousands of Scots wait over target time for NHS cancer treatment
Key Milestones

- **October – December 2017**: Face-to-face visits between Cancer Access Team and Health Boards, assessing reasons for deteriorating CWT performance
- **December 2017**: Framework for Effective Cancer Management was developed, based on NHS Lanarkshire’s model
- **February 2018**: Framework shared with Boards alongside assessment findings
- **February 2018**: Ministerial Cancer Performance Delivery Group formed
- **June 2018**: CEO of NHS Scotland writes to Boards encouraging them to self-assess against Framework and share regular updates on progress
- **August 2018**: Peer-to-peer support approach agreed by Scottish Government and National Cancer Framework Consultant role appointed
- **September 2018**: NHS Chief Executives agree to strategy and welcome new appointment
- **September 2018 – February 2019**: Eight Health Boards in Scotland visited by National Framework Consultant
The Framework

- Corporate Responsibilities
- Primary Care Engagement
- Effective Referral Process
- Effective Cancer Pathway Tracking
- Outpatient and Diagnostic Capacity
- Effective Use of MDT
A Typical Visit to a Board

• **Two to four days** –
  o agenda prepared and agreed 3-4 weeks before visit

• **Meet Board of Directors, Site Directors, Senior Management**
  o Understand the corporate message from the Board on achieving cancer standards
  o Look at recent performance
  o Understand the organisational structure that exists for cancer management
  o Review Standing Operational Policies

• **Meet Trackers, Lead Clinicians, Cancer Service Managers, supporting services including RMS, Radiology and Pathology**
  o Review systems and processes in each segment

• **Review all relevant systems and processes**
  o CWT database – provision of reports
  o Application of Data & Definitions Manual
  o Submission of the report to iSD

• **Attend tracking meetings**
  o Weekly PTL discussions with effective escalation

• **Attend MDT meetings**
  o Working well?
Outputs

• Last day/hour of the visit - The senior management team CE and Board of Directors are invited to hear a verbal feedback of observations and given guidance on immediate and urgent recommendations that should be taken forward.

• A week later the team are provided with a written formal report with clear recommendations and why they are important and how they can be taken forward.

• The Board are offered continued support and expectations of an action plan to make appropriate improvements from the recommendations.
Examples

• Cancer performance message is clear from the CE but not filtering down to all staff
  ➢ Requirement to refresh and raise awareness with all appropriate staff

• No Effective escalation policy
  ➢ Service Managers should attend weekly meetings with tracking teams to understand where capacity issues are with a guaranteed resolution

• Limited use of effective breach analysis
  ➢ Sharing the breach analysis with others can allow discussion and remedial action to prevent future breaches
Continued........

- No recent tumour specific Pathway reviews
  - There MUST be a review annually - minimum

- Variation in application of D+D across boards
  - Are the tracking staff knowledgeable about the WTA?

- No corporate approach to ensure effectiveness of MDT working
  - Equipment (including IT), MDT support (Preparation Attendance and Actions)

- No Cancer Management Team meetings
  - A regular forum is required to discuss issues along the pathway
Examples of changes underway

- New Cancer Service Manager appointments
- Re-establishment and formalising weekly tracking meetings
  - To ensure effective escalation
- Workshops to raise awareness of cancer standards
- Process to share breach analysis
- Education for Tracking and MDT Coordinators
  - In Partnership with Macmillan
- Engagement with iSD
  - To ensure the D+D manual is effective
- Cancer Manager Forum
  - Raising the profile of the group
  - New Chairperson – new appointment
- Revision of SOP’s
  - review of all policies with clarity on roles and responsibilities.
SCOTTISH GOVERNMENT

• WAITING TIMES IMPROVEMENT PLAN (WTIP)

• ENDOSCOPY ACTION PLAN

• CWT – RECOMMENDATIONS IMPLEMENTATION GROUP

• SCOTTISH REFERRAL GUIDELINES
Thank you

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