Implementing a Single Suspected Cancer Pathway as a Platform for Improvement in Wales

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System Performance
Countries where GPs are more willing to test have better cancer outcomes

Vignette2 (Lung) Phase 1

8 = 37.544  Std. Error = 5.963  p-value = <0.001

Vignette2 (Lung) Phase 1

8 = 31.916  Std. Error = 5.653  p-value = <0.001
The 3 cancer plans in Denmark

- National Cancer Plan I
  - Hospitals/medicine
  - Radiotherapy equipment
  - 3-week waiting time guarantee from diagnosis to treatment

- National Cancer Plan II
  - Hospitals/medicine
  - Screening
  - Case management
  - Fast-track referral
  - Palliative care

- National Cancer Plan III
  - Hospitals/medicine
  - Screening
  - Diagnostic cancers
  - Health education and prevention
  - Palliative care
  - Programme for GPs on diagnosing cancer

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<th>Policies:</th>
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<td>Studies quantifying delay among Danish cancer patients</td>
<td>1995</td>
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Milestones in early diagnosis
- the Aarhus statement

- Patient interval
- Doctor interval
- System interval
- Primary care interval
- Secondary care interval
- Diagnostic interval
- Treatment interval

Increase in 1-year relative survival for MEN
All cancers except skin and prostate

<table>
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<tr>
<th>Country</th>
<th>55%</th>
<th>60%</th>
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<td>Danmark</td>
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Key Elements

- Early Diagnosis Initiative
- Patient Centred Care Programme
- Cancer Information Solution
- Cancer Performance Framework
- Wales Cancer Research Strategy
USC Pathway – 62 day pathway

- **Point of Suspicion (PoS):**
  - Time **NOT** currently captured by CWT

- **Referral:**
  - Time **NOT** currently captured by CWT

- **Diagnosis:**
  - ~35-45% of cancers diagnosed via USC pathway

- **Date of Decision to Treat:**

- **Treatment:**
  - ~55-65% of cancers identified via non-USC pathway

Non-USC Pathway – 31 day pathway

Key:
- These waits will be exposed under the proposed SCP reporting.

- **detecting cancer earlier**

Rhwydwaith
Cancer Cymru
Wales Cancer Network
The Single Cancer Pathway Programme
The Single Cancer Pathway Programme

- A Single Suspected Cancer Pathway (SCP) reporting all CWTs from the Point of Suspicion and treating within 62 days

- Standardised Pathways
  - National Optimal Pathways (28 day diagnostic, 21 day treatment)

- Capacity and Demand/Pathway Modelling
  - ~20% increase in diagnostic capacity, reduced steps and regional diagnostics

- New Information systems
  - E-referral, recording/tracking and reporting component waits etc

- Clinical and PPI Engagement with Improvement Programme

- System Leadership
Achievements to Date

- Cabinet Secretary announced dual reporting from June 2019
- Secured annual £3 million funding for SCP from Welsh Government
- Alongside clinicians developed a suite of best practice principles
- Carried out a Peer review of Health Board/Trust SCP Plans
- Eight National Optimal Pathways are near completion
- Issuing of the DSCN by the Welsh Information Standards Board
- First Capacity & Demand exercise carried out by Health Boards/Trusts
- Held 4 improvement workshops in partnership with 1000 Lives
Single Cancer Pathway Timeline post September 2018

**2012**
Trigger
Audits highlighting deficiency in nUSC CWT not reflecting patient experience.

**2015**
NSAG
Importance of CWT to patients

**2016 SCP Pilot**

**Sep 2018**
SCP CIG

**Oct 2018**
DU to collate a national overview of forecasted gaps

**Nov 2018**
HBs begin reporting Supplementary component data

**Sept 2018 – June 2019**
National Optimal Pathways Developed

**Sep 2018**
HBs begin reporting Supplementary component data

**Oct 2018**
Cabinet Secretary Formal Announcement of SCP dual reporting from June 2019

**Jan 2019**
DSCN issued

**Feb 2019**
Fourth SCP Improvement Workshop

**Feb 2019 – May 2019**
Work completed to embed Tracker 7 into WPAS

**Mar 2019**
DU & HBs 2nd C&D forecast

**Jun 2019 - Mar 2020**
Delivery & Improvement query 95% compliance

**Apr 2020 → Ongoing Delivery & Improvement**
Thankyou!

Any Questions?

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