Meeting Date	**19th February 2019**		**Agenda Item**	**4.3**
Report Title	**Single Cancer Pathway**			
Report Author	Melanie Simmons, Cancer Quality and Standards Manager. Sarah Warlow, SCP Project Support Officer			
Report Sponsor	David Roberts, Service Director MH&LD			
Presented by	David Roberts, Service Director MH&LD			
Purpose of the Report	To report of progress with the Implementation of the Single Cancer Pathway			
Specific Action Required ***(please ✓ one only)***	**Information**	**Discussion**	**Assurance**	**Approval**
			✓	
Recommendations	Members are asked to: • **NOTE** the progress made and further actions planned to ensure implementation.			

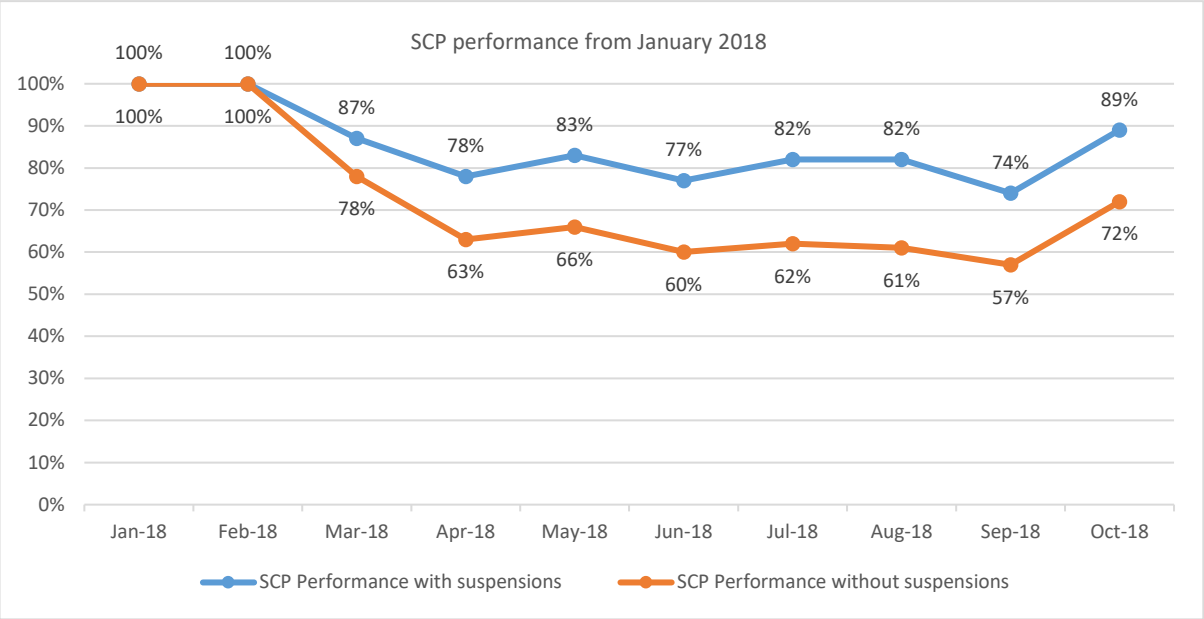
IMPLEMENTATION OF THE SINGLE CANCER PATHWAY

1. INTRODUCTION

The report describes activity and performance to date; progress against implementation of the Single Cancer Pathway (SCP), and outlines the particular risks going forward along with the actions we are taking.

2. BACKGROUND

The HB has been shadow reporting the Single Cancer Pathway since January 2018. It is important to note that because the SCP only applies to patients whose suspicion date identified is on or after as the 1st of January 2018. Performance for the months of January and February 2018 are by default 100% compliant, as 62 days has not elapsed during that time.



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Sarcoma	100%		100%	33%	75%	50%	50%	71%	57%	75%	100%		89%	0%	75%	50%	50%	71%	43%	50%
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In November 2018, the Cabinet Secretary formally announced the introduction of the SCP, with Wales publically reporting from June 2019. £3 million investment has been allocated from April 2019 as part of the NHS budget settlement to support the introduction of the new pathway and to support performance and quality improvements in the pathways of care. It is expected that there will be local focus on diagnostic capacity, efficiency and investment to improve performance.

3. GOVERNANCE AND RISK ISSUES

One of the key priority areas to improve outcomes, reduce variation and support the implementation of the SCP is the development of common pathways across the NHS for specific cancer disease groups. 8 optimal pathways for a number of high volume tumour groups have been developed by the All Wales CSG's and circulated to our Cancer Multi-disciplinary Teams. Work has commenced with Lung and Colorectal to map and compare pathways against the optimal pathways to understand variance and consider improvements required at the various steps. This work will continue with the other tumour site groups.

It is estimated that, in order to diagnose all patients with suspected cancer within 28 days, an additional 20% diagnostic capacity (predominantly endoscopy, CT, MRI and pathology) may be required. This is on top of a year-on-year increase in diagnostic demand of 8-10%. Work is ongoing within the HB to develop more robust capacity and demand models in order for us to have an accurate understanding of the additional capacity requirements. The Health board also have to track significantly more patients from the point of suspected cancer. Needless to say, this will be extremely challenging. In preparation for this the Cancer Information and Improvement team have developed a prototype live dashboard view that will allow the user to access current queue information for all CT,MR and USS scans for all USC, Urgent and Routine scan requests received in the Health Board.

Whilst work is ongoing to build on our understanding of demand, capacity and lead times across components of a pathway i.e. first OPA; component waits for an individual patient by tumour site have not yet been worked through but are planned within future development of the ABM Cancer Dashboard and NWIS implementation of WPAS 19.1 Cancer Tracker which supports this piece of work.

Currently under development:

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To be developed:

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The prototype dashboard and accompanying stock and flow models have been already built and are currently entering the verification phase of testing ahead of a live click view dashboard being made available. The dashboard will allow users to actively manage queue length and the outputs from the dashboard will be used to power models of the system which will allow us to ensure we have enough capacity available to complete the diagnostic phase of the new single cancer pathway.

A full demand and capacity profiling exercise of USC, Urgent and Routine work has been undertaken for the Endoscopy service delivered via the NPTH, Singleton and Morriston units looking at delivery of bronchoscopies, gastroscopies, colonoscopies, flexible sigmoidoscopies or any dual combination of the previously mentioned procedures within those units. This work and intelligence will also be utilized to prepare for the introduction of FIT testing from early 2019.

The short term / medium and long term plans for Radiology, Endoscopy and Pathology which have been included in the Unit IMTP plans for implementation of the Single Cancer Pathway are listed below:

Short term plans:

Pathology

- Introduce ‘short cycle’ rapid processing of biopsy samples.
- Work ongoing on a current queue dashboard.
- Implement the first Digital Whole slide scanner into Pathology.
- Continue with workforce redesign plans.

Radiology

- Projected 20% increase in demand will require:
    - Use of mobile MRI vans.
    - Increase Radiology and Radiographer establishment to support (including Sonographers).
    - Increase administrative support to fast track increased number of bookings.
    - Uplift in consumables and kit maintenance required.
    - More outsourced Radiology reporting.
    - 8am-8pm across cross sectional modalities.

Endoscopy

- Back log reduced by insourcing.
- Increase job planning sessions for Endoscopy.
- Ensuring that diagnostic targets are maintained through demand and capacity planning across the region.
- Maintenance of Bowel Screening targets.

- Increase workforce – Consultant Gastroenterologists and Nurse Endoscopists

Medium and long term plans:

Pathology

- Roll out of NWIS Phlebotomy Module.
- Continue to work on the ARCH plans to develop a Regional Pathology Service on the Morriston site.

Radiology

- Business case for 2nd MRI and 3rd CT on Morriston site.
- Business case for 2nd CT on Singleton site.
- Extension of working days 8-8 for 5 days across all modalities.
- Weekend working.

Endoscopy

- Ensuring that the national dedicated Endoscopy programme of work is implemented locally to develop sustainable services.

We have already piloted a rapid diagnostic centre, and secured funding to extend the concept and more recently, based on the success of the model and its extremely beneficial contribution to implementing a single cancer pathway, secured further funding to provide timely access to diagnostic testing. We will be developing and embedding this model as part of our roll out of the single cancer pathway. Further scoping work is currently being undertaken to determine the feasibility of extending the scope of the clinic to take referrals from AGPU in Singleton and A&E departments. The Senior Team are also in discussions with Executive colleagues with regard to the future direction of the clinic.

A number of risks have been identified both locally and nationally. There has been ongoing work by the WCN to refine the definitions of point of suspicion. Configuring our systems and implementing reporting matrix for the Health Board is time consuming and can only fully commence once the final definitions (currently on Version 7) have been agreed. This has impacted on our originally planned timescales.

The only points of suspicion we are currently able to capture automatically are from GP's, these currently feed automatically into our Cancer Tracker system. No other system will automatically capture point of suspicion to start a patient clock and prompt tracking. This is still the biggest risk at present, in terms of a tight process that identifies all patients. It also means that we are not able to establish the full size of the demand of patients who will need to be tracked and have diagnostics within the 28 days. Without timely notification of a patient being placed on the SCP, patients could be identified at such a late stage that delivery of the target would be unachievable.

In the absence of a National solution to this, we are reviewing the National systems in use, such as WPAS; LIMS; RADIS and how we can establish local practices that would allow timely recording and/or identification of patients with a new suspicion of cancer.

The increase in diagnostics needs further analysis and demand and capacity assessment. Whilst these are not necessarily additional investigations, they will need to be provided in a far quicker timeframe and in most circumstances, non-cancer work is delayed to ensure cancer work is undertaken at the earliest opportunity. Demand

and Capacity is a huge piece of work with so many components of a cancer pathway that also has a significant impact on non-cancer RTT. However good progress is being made by the local cancer improvement/information team to understand this in support of planning requirements.

Outstanding Information developments that need to be taken forward include:

Radiology:

- Priority codes to be brought into the repository before we can build the final prototypes to validate the live dashboard against.
- Waiting list view required in the repository.
- Live Vitals dashboard to be built and tested.
- A new replacement radiology performance dashboard to be built following transfer to Radis II.
- Point of Suspicion Cancer flag to be included in repository and tested.

Endoscopy:

- The RTT feed to be updated so that we have a more accurate understanding of demand.
- Inclusion of Primary endoscopist column.

First OPA dashboard Updates:

- Outstanding first OPD dashboard views to be built into live dashboards. Currently the prototypes are in excel and need to be wired in to Qlikview.

Fundamental to the success of delivering the Cancer targets is the tracking process behind it, which pushes and pulls patients through the next step of their pathway. The tracking resource required to deliver this additional demand needs to be quantified, as we already know that tracking capacity has been a constraint in the management of cancer within the Health Board, and it often forms only one part of job plans. The increased volume of patients will undoubtedly burden the current staff in tracking posts with increased risk to specialties.

In terms of data capture, a number of component waits need to be reported. The WCN have asked Health Board's to submit a monthly dataset of confirmed malignancies treated in order to commence a review of these measures by HB and by tumour site. The Cancer Improvement/Information Team are pulling together the dataset required to ensure we can fully contribute when required.

In support of data collection and reporting NWIS have been tasked to improve the tracking system (Tracker 7). Phase one of this work is to incorporate the tracking system into WPAS for all health boards, this will allow NWIS to support and develop further tracking functionality in the future as part of phase two. ABMUHB is the first Health Board to undertake testing which commenced in January ahead of deployment in late March/early April.

The Cancer Improvement/Information Team will commence work to scope automation of this data via the Cancer Information Portal/Dashboard for live monitoring and reporting purposes to address the work that needs to be taken forward for full

implementation. The Single Cancer Pathway Improvement Board are working through the agreed action plan (attached for reference).

SCP Action Plan.xlsx

Communication of the Single Cancer Pathway has been on hold due to the definitions document not being finalised. We have had a number of different versions since the Single Cancer Pathway started its pilot. We are also awaiting for a Communications package to be sent to all Health Boards from the Network. This will be used when communicating the Single Cancer Pathway across ABMU. Once we have had the communications package, a plan will be drafted to go around all Units to inform staff of the Single Cancer Pathway.

4. FINANCIAL IMPLICATIONS

No recommendations are specifically made within this report requiring Board approval at this time.

5. RECOMMENDATION

Members are asked to:

- **NOTE** the progress made and further actions planned to ensure implementation.

Governance and Assurance							
Link to corporate objectives ***(please ✓)***	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships		
	✓	✓					
Link to Health and Care Standards ***(please ✓)***	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
	✓		✓	✓	✓		
Quality, Safety and Patient Experience							
Timely access for cancer patients improves outcomes							
Financial Implications							
Nil identified outside of agreed WLIs							
Legal Implications (including equality and diversity assessment)							
N/A							
Staffing Implications							
Shortages of staff due to vacancy/sickness do impact on access for cancer patients							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
Long term public health and cancer survival outcomes Collaborative working							
Report History	Previous SCP implantation summary provided October 2018 to this board..						
Appendices	Nil						

Single Cancer Pathway Update – January 2019

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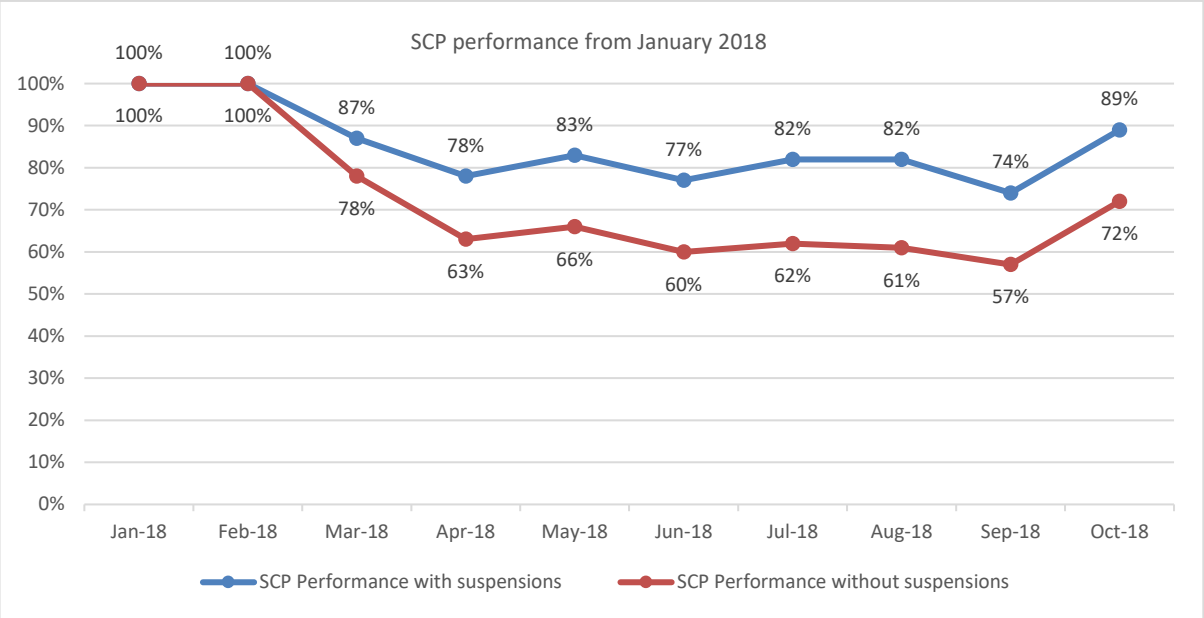

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