

Reduction of patients on active cancer PTLs over 62 and 104 days

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Introduction

The COVID-19 pandemic has significantly impacted the delivery of cancer services nationwide. The Phase 3 guidance issued 31.07.20 identifies 3 core standards for Cancer.

- 1) To return to pre-pandemic levels of suspected cancer referrals
- 2) To increase the treatment numbers for cancer patients
- 3) To reduce the backlog (identified as patients on PTLs over 62 days)

In addition to the Phase 3 guidance, there is a national and regional mandate to reduce the volumes of patients currently on active cancer pathways, beyond 104 days. The timeframe for reducing the number of patients over 104 days is by 30.11.20. This is different to the performance measures, which calculates the number of patients treated within and beyond 62 days. This measures the number of open pathways beyond 62 and 104 days (diagnosed, and undiagnosed).

This document sets out to describe the reduction of the backlog - action 3; specifically the cohort above 104 days. This is described in two phases.

Nationally, GM is an outlier for the volume of patients in both the >62 and >104 cohorts.

Background

- The key '62 day' constitutional standard has not been delivered at GM system level since Q4 17/18. (Although several providers and CCGS have delivered performance at organisational level)
- 62 day performance has been consistently below the 85% standard in the two largest Trusts
 - In the Q's prior to COVID-19 this was 15-20% below the standard.
 - Given the size of these two organisations, GM performance cannot be met until there is transformative improvement in both larger organisations.
 - Collectively MFT & Pennine are responsible for approximately 43% of all 62 day accountable treatments in GM.
- In March 2020 a backlog reduction plan was developed to deliver a step change in performance, whilst wider capacity and demand modelling was to be undertaken to identify the actions and resources needed for long term, sustainable delivery. The reduction plan was costed at c1.3million. This consisted of significant increases in activity for treatment, outpatients and diagnostics, with attention placed on the front and middle aspects of the pathway, as well as the backlog. At the time of writing the backlog was c900 patients >62 days.
- The COVID-19 pandemic prevented this reduction plan being implemented. The impact of the pandemic on cancer services has been significant, and recovery is equally as challenging given the limitations on efficiency as a result of the required new ways of working.

Current Position

Pre-Covid	Current Position
<ul style="list-style-type: none"> • Combined PTL size c8500 • Combined PTL >62 day c730 • PTL >62 day from GP referral 624 • Combined PTL >104 day c140 • PTL >104 day from GP referral 128 	<ul style="list-style-type: none"> • Combined PTL size 15379 • Combined PTL >62 day 2631 • PTL >62 day from GP referral 2258 • Combined PTL >104 day 1049 • PTL >104 day from GP referral 844 • Volume of patients 38-62 2910 • Volume of patients 88-104 days 445

- The combined PTL size has continued to grow week on week, as has the 2ww PTL.
- The volume of patients over 62 days has remained relatively static since May.
- The number of patients over 104 days has reduced by a small amounts week on week since the end of July.
- The volume of patients due to move in to the over 62 and 104 day categories in the next 2 weeks is significant.

Current Position Regionally & Nationally (NHSE 23.08.20)

Region	Cancer Alliance	>62 days					>104 days		
		Number	Number added in last week	Number removed in last week	Overall % change in last week	% change since w/e 1 st March	Number	Overall % change in last week	% change since w/e 1 st March
	1. England	19,796	3,847	4,133	-1%	68%	7,933	-15%	189%
East of England	3. East England (North)	1,252	259	218	+3%	61%	455	-7%	96%
	4. East England (South)	1,090	218	263	-4%	80%	410	-9%	250%
London	6. North Central London	672	126	191	-9%	102%	285	-15%	438%
	7. North East London	648	157	331	-21%	18%	369	-11%	198%
	8. North West & South West London	1,644	258	202	+4%	52%	838	-3%	307%
	9. South East London	774	96	129	-4%	55%	338	-11%	160%
Midlands	11. East Midlands	929	204	268	-6%	38%	312	-15%	86%
	12. West Midlands	2,011	457	351	+6%	17%	730	-8%	75%
North East & Yorkshire	14. Humber, Coast & Vale	653	153	80	+9%	71%	288	+3%	148%
	15. North East & Cumbria	1,023	218	186	+3%	36%	402	-5%	116%
	16. South Yorkshire & Bassetlaw	682	146	122	+4%	159%	266	-7%	316%
	17. West Yorkshire	958	164	251	-8%	213%	244	-57%	198%
	19. Cheshire & Merseyside	1,202	170	222	-4%	180%	554	-10%	404%
	20. Greater Manchester	2,118	362	373	-1%	239%	887	-32%	593%
South East	21. Lancashire & South Cumbria	444	79	109	-6%	77%	190	-12%	228%
	23. Kent & Medway	238	78	55	+11%	-7%	47	-28%	
	24. Surrey & Sussex	1,491	222	232	-1%	264%	672	-7%	
	25. Thames Valley	318	83	196	-26%	6%	79	-49%	
South West	26. Wessex	359	108	109	-0.3%	-8%	91	-20%	
	28. Peninsula	307	81	70	+4%	-34%	87	-12%	-27%
	29. SWAG	983	228	175	+6%	40%	339	-10%	167%

Highest number of patients >62 Nationally & Regionally

Highest number of patients >104 Nationally & Regionally

National & Regional Adjusted Backlogs

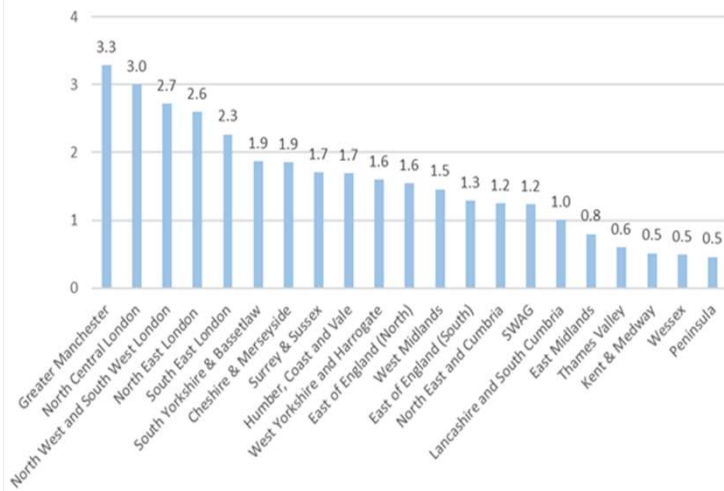
(Calculated as a ratio of treatments compared to backlog)

	Trust	Q3 62 days treatments	62 day backlog 23rd August 2020	62 day backlog per average monthly treatment
1	Imperial College Healthcare NHS Trust	252.5	782	9.3
2	Pennine Acute Hospitals NHS Trust	425.5	786	5.5
3	The Princess Alexandra Hospital NHS Trust	157.5	265	5.0
4	Chelsea and Westminster Hospital NHS Foundation Trust	192.5	323	5.0
5	Lewisham and Greenwich NHS Trust	272.5	411	4.5
6	North Middlesex University Hospital NHS Trust	115	171	4.5
7	Surrey And Sussex Healthcare NHS Trust	307.5	456	4.4
8	County Durham And Darlington NHS Foundation Trust	273	367	4.0
9	University Hospitals Birmingham NHS Foundation Trust	732	931	3.8
10	Manchester University NHS Foundation Trust	499	629	3.8
11	East Cheshire NHS Trust	82	96	3.5
12	Liverpool University Hospitals NHS Foundation Trust	419.5	491	3.5
13	Wrightington, Wigan And Leigh NHS Foundation Trust	175.5	205	3.5
14	Barts Health NHS Trust	306	351	3.4
15	Mid Yorkshire Hospitals NHS Trust	384.5	408	3.2
16	Countess Of Chester Hospital NHS Foundation Trust	205	196	2.9
17	Whittington Health NHS Trust	85	79	2.8
18	Stockport NHS Foundation Trust	182	165	2.7
19	George Eliot Hospital NHS Trust	100	85	2.6
20	Dartford And Gravesham NHS Trust	134	109	2.4

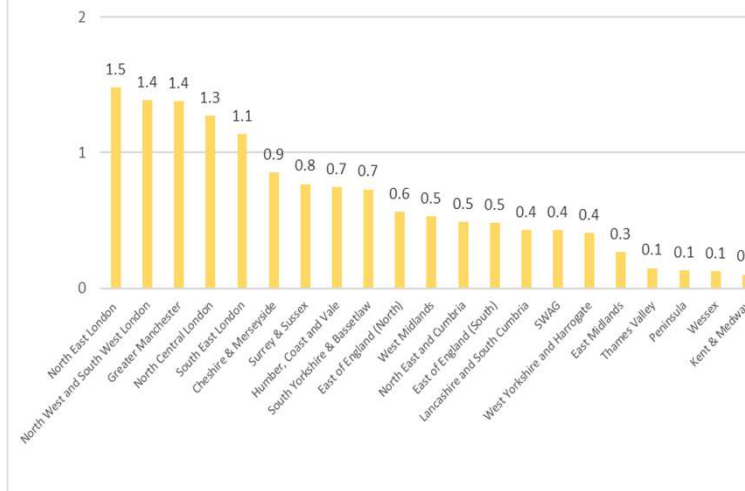
	Trust	Q3 62 days treatments	104 day backlog	104 day backlog per average monthly treatment
1	Imperial College Healthcare NHS Trust	252.5	451	5.4
2	The Princess Alexandra Hospital NHS Trust	157.5	143	2.7
3	Chelsea and Westminster Hospital NHS Foundation Trust	192.5	164	2.6
4	Lewisham and Greenwich NHS Trust	272.5	224	2.5
5	Pennine Acute Hospitals NHS Trust	425.5	322	2.3
6	North Middlesex University Hospital NHS Trust	115	84	2.2
7	Surrey And Sussex Healthcare NHS Trust	307.5	214	2.1
8	County Durham And Darlington NHS Foundation Trust	273	184	2.0
9	Liverpool University Hospitals NHS Foundation Trust	419.5	249	1.8
10	Barking, Havering And Redbridge University Hospitals NHS Trust	375.5	217	1.7
11	University Hospitals Birmingham NHS Foundation Trust	732	383	1.6
12	Manchester University NHS Foundation Trust	499	257	1.5
13	Wrightington, Wigan And Leigh NHS Foundation Trust	175.5	89	1.5
14	Countess Of Chester Hospital NHS Foundation Trust	205	102	1.5
15	Barts Health NHS Trust	306	152	1.5
16	Tameside Hospital NHS Foundation Trust	143.5	62	1.3
17	East Cheshire NHS Trust	82	33	1.2
18	Stockport NHS Foundation Trust	182	71	1.2
19	Brighton And Sussex University Hospitals NHS Trust	402	155	1.2
20	Harrogate And District NHS Foundation Trust	153.5	54	1.1

In the National worst 20 Trusts for adjusted backlogs there are 4 GM Trusts in the >62 and 5 in the >104 tables

Number of >62 day patients 23rd August 2020 per patient treated a month - By Cancer Alliance



Number of >104 day patients 9th August 2020 per patient treated a month - By Cancer Alliance



In the National worst Alliance for adjusted backlogs GM are the worst in England for the number of patients on the PTL >62 and third worst for >104

The Challenge Ahead - GM System

- 15379 on PTL
- 2631 on PTL over 62 days (2258 from the GP 2ww referral source)
- 1049 on PTL over 104 days (844 from the GP 2ww referral source)

Over 104 detail

- 217 of the 1049 NOT on UGI/LGI pathway
- Of the 1049 patients, 730 (70%) are with MFT & Pennine, and they will need the greatest level of support
- 445 will tip into 104 in next 2 weeks, 337 of these are UGI/LGI
- Of the 445 patients, 302 (68%) are with MFT & Pennine

Over 62 detail

- 743 of the 2631 NOT UGI/LGI pathway
- Of the 2631 patients, 1822 (69%) are with MFT & Pennine, and they will need the greatest level of support
- 2910 will tip in to over 62 in the next 2 weeks, of these 1520 are LGI/UGI
- Of the 2910 patients, 1791 (62%) are with MFT & Pennine

Of the patient numbers above it is acknowledged that there will be a cohort of patient who are choosing to delay their own pathways.

The Challenge Ahead at Provider Level - >104

	Grand Total		63 - 87 days		P
	Patients	% of Total	Patients	% of Total	
Bolton NHS Foundation Trust	43	100.00%	14	32.56%	
Manchester University NHS Foun..	874	100.00%	409	46.80%	
Pennine Acute Hospitals NHS Tru..	948	100.00%	381	40.19%	
Salford Royal NHS Foundation Tr..	149	100.00%	69	46.31%	
Stockport NHS Foundation Trust	169	100.00%	76	44.97%	

70% of the patients over 104 days are with MFT and Pennine Trusts and they will need the greatest support

832 of the patients over 104 days are on UGI/LGI pathways (79%)

82% of the 104 day breaches are generated from GP 2ww referral pathways.

National focus is on patients generated from a GP 2ww referral pathway, but equal equity must be in place for all patients

	Grand Total		SCR (2WW)		Co
	Patients	% of Total	Patients	% of Total	
Bolton NHS Foundation Trust	21	100.00%	9	42.86%	
Manchester University NHS Foun..	337	100.00%	261	77.45%	
Pennine Acute Hospitals NHS Trust	393	100.00%	334	84.99%	
Salford Royal NHS Foundation Tru..	44	100.00%	34	77.27%	
Stockport NHS Foundation Trust	68	100.00%	56	82.35%	

Reducing the >104 volume

The key issues on the >104 day patient PTL relate predominantly to the UGI / LGI pathways, stemming from Endoscopy. Given these pathways contain the highest volume of patients, the greatest impact will result from key focus on these areas. (Please also review the endoscopy actions in the Clinical Reference Group Endoscopy Recovery Paper)

Phase 1 - September - November 2020

- ❑ All Trusts to maximise WLI for UGI & LGI Pathways, commencing immediately and including: Endoscopy, Histopathology, Radiology, Outpatient, Treatment, Tracking, Scheduling. The estimated volume of activity will be identified.
- ❑ Independent Sector Hospital & available mobile Independent Sector endoscopy capacity to be utilised and the capacity directed to MFT & Pennine
- ❑ Standardised approach to scheduling and delivery of endoscopy sessions
- ❑ Maximise WLI for the 217 patients on other speciality pathways
- ❑ Maximum activity to prevent the patients 88-104 days (and others) becoming 104 day breaches
- ❑ System working, co-ordination and management to ensure equity of access and reduction of the backlogs
- ❑ Use of best practice standards relating to micromanagement and pathway management

These are the **highest impact**, short-term initiative to reduce the 104 day breaches. However, without significant activity at MFT & Pennine the GM position cannot be achieved.

(It is expected the majority of patients will be non-cancer, but it is essential for these long waiting patients to be micromanaged through the pathway to remove them from the pathway quickly, and if requiring additional diagnostics / treatment, delivering these without additional delay)

Reducing the >62 day volume

There is a wider series of issues impacting the volume of patients over 62 days on the PTL. Endoscopy is still a core factor, but wider diagnostic and treatment volumes are far more evident and a wider set of improvement actions are necessary.

Phase 1 - September - November 2020

- ❑ Trusts to maximise WLI to reduce milestone waits - time to first appointment, time to CT/MR and reporting as well as endoscopy (this will prevent the backlog continuing to grow). In particular, the focus is on the diagnostic elements of the pathways
- ❑ ISH & IS treatment capacity fully utilised to facilitate maximum treatment volumes
- ❑ Maximise system effectiveness through best utilisation of existing treatment capacity for highest priority patients (may include patients or capacity moving across the city) - enact recommendations from surgical modelling. Appetite ignore
- ❑ Focus on delivering maximum effectiveness through robust tracking and scheduling including mutual aid and re-directing resources.
- ❑ Maximise activity to prevent further patients becoming over 62 day pathway breaches

Phase 2 - December 2020 - March 2021

The Phase 2 actions will continue to contribute to the national mandates on managing the volumes of patients on PTLs, rather than '62 day performance'.

- Maximising productivity, efficiency and sharing best practice across all services, with particular focus on endoscopy, through the work of the Clinical Reference Group
- Planning to address the known overall shortfall in endoscopy capacity (Four Eyes 2018) - including capital and revenue
- Develop wider Independent Sector Hospital efficiency for the treatment and diagnostic elements of the pathways
- Re-profile previous backlog reduction plan and pre-covid actions to recover cancer services

The actions in Phase 1 and 2 WILL NOT address the issues in the cancer system or deliver the expected pathways for GM patients. However, they will address the urgent need to reduce backlogs in line with the national mandate.

It is recommended that a full Cancer System Capacity & Demand exercise is undertaken in conjunction with revised pathway delivery. It is likely this work would need to be commissioned through the GM BI team as a baseline measurement, and a tool which can be refreshed and utilised throughout the GM Cancer system.

Cancer Alliance Support

Chief Operating Officers have asked the Cancer Alliance to support the Phase 1 & 2 work by:

- ❑ Identifying opportunities to reduce inequity of access for treatment, using opportunities to re-direct patients and to make best use of system capacity for the highest risk patients, through the governance arrangements of the HUB
- ❑ Providing a system overview and insights / sharing of best practice on any issues impacting the recovery trajectories
- ❑ Provide reporting on progress against the trajectories at provider and system level
- ❑ To act as a critical friend to the Cancer Management teams , in order to maximise the improvement opportunity and address areas of concern

Conclusion

It is collectively agreed that the only way to address the GM position as a regional and national outlier, and reducing the current backlogs is to undertake the actions in this paper.

It is recognised that in delivering this programme of work there will be an impact on:

- 52 week breaches - same capacity
- Finance - cost of additional activity
- Individual provider performance may reduce in some areas, to address wider issues across the city
- Workforce - additional paid hours is unsustainable long term

The programme of the work will be co-ordinated through the Cancer Performance & Improvement Board, reporting regularly into Gold Command & The Provider Federation Board.

Next Steps

**Support required for immediate implementation of all actions within this paper.
Further detail on WLI volumes to be confirmed.**