University Hospitals of Leicester NHS



NHS Trust

# **UHL Cancer Performance** November 2018

The table below (fig1) shows the 9 standards for Cancer (the last standard is an internal standard and not nationally measured) and the trajectory for achievement. Year to date UHL is achieving 4 of the 9 standards and in September (latest month closed) UHL is achieving 5 of the 9 standards.

### Fig 1 September performance

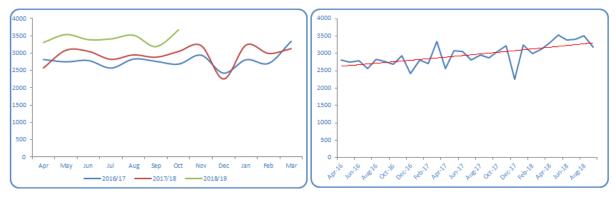
UHL Cancer Performance	National Target	Performance Type	17/18 Outturn	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	18/19 YTD
Two week wait for an urgent GP referral for suspected cancer to date first seen for all suspected cancers	<mark>93</mark> %	Actual	94.7%	<mark>93.9</mark> %	95.1%	<mark>94.1</mark> %	93.9%	95.7%	95.6%	93.9%	95.0%	93.1%	<mark>92.2</mark> %	92.9%	95.2%	93.7%
		UHL Trajectory											92.2%	91.7%	93.0%	
Two Week Wait for Symptomatic Breast Patients (Cancer Not initially Suspected)	93%	Actual	91.9%	94.3%	90.3%	88.1%	89.0%	92.5%	<b>92.0</b> %	90.3%	95.5%	88.7%	84.5%	86.6%	94.0%	89.9%
		UHL Trajectory											89.1%	88.4%	90.7%	
31-Day (Diagnosis To Treatment) Wait For First Treatment: All Cancers	96%	Actual	95.1%	93.0%	94.4%	97.3%	93.6%	96.0%	93.7%	95.1%	94.7%	96.4%	95.4%	98.0%	95.4%	95.9%
		UHL Trajectory											93.0%	94.0%	89.0%	
31-Day Wait For Second Or Subsequent Treatment: Anti Cancer Drug Treatments	98%	Actual	99.1%	100.0%	100.0%	98.1%	99.0%	98.9%	100%	100%	99.2%	98.0%	100.0%	98.5%	100.0%	99.3%
		UHL Trajectory											99.1%	99.1%	98.8%	
31-Day Wait For Second Or Subsequent Treatment:	94%	Actual	85.3%	80.2%	94.3%	88.2%	84.4%	83.6%	80.3%	77.4%	90.1%	89.6%	87.0%	89.6%	82.5%	86.1%
Surgery		UHL Trajectory											78.0%	76.0%	81.0%	
31-Day Wait For Second Or Subsequent Treatment:	94%	Actual	95.4%	94.9%	97.2%	97.6%	<mark>95.8%</mark>	98.3%	94.8%	97.5%	98.1%	100%	99.3%	100%	90.0%	97.6%
Radiotherapy Treatments		UHL Trajectory											94.9%	97.2%	97.6%	
62-Day (Urgent GP Referral To Treatment) Wait For First Treatment: All Cancers	85%	Actual	78.2%	78.8%	76.1%	81.3%	76.0%	72.9%	75.6%	78.6%	75.7%	74.5%	77.0%	72.9%	71.7%	75.0%
		UHL Trajectory												75.2%	69.9%	
62-Day Wait For First Treatment From Consultant	<mark>90</mark> %	Actual	85.2%	89.3%	76.3%	74.1%	78.7%	81.8%	78.1%	58.5%	86.8%	81.0%	88.5%	84.0%	96.0%	81.7%
Screening Service Referral: All Cancers		UHL Trajectory											83.0%	89.0%	74.6%	
62-Day Wait For First Treatment From Consultant Upgrade	85%	Actual	85.9%	100.0%	95.8%	97.2%	84.4%	82.4%	92.1%	76.5%	79.5%	92.8%	<mark>92.1%</mark>	98.3%	86.6%	88.2%
		UHL Trajectory											89.1%	86.4%	97.1%	

Our trajectory for delivery for each of the targets is:

September 2018	Two week wait all cancers
October 2018	Two week wait breast
November 2018	31 day first treatment
April 2018	31 day second or subsequent treatment drugs
December 2018	31 day second or subsequent treatment surgery
April 2018	31 day second or subsequent treatment radiotherapy
December 2018	62 day first treatment
January 2019	62 day first treatment screening
June 2018	62 day upgrade

Improvement in performance compared to August is against a continued increase in referral rate (Fig 2) to cancer in 2018. Below shows the overall referral growth from 2016 to current.





While this is the proposed delivery date there is a predicted deterioration in the performance in December and January due to challenged ITU capacity as a result of acuity over winter, a higher percentage of patient cancellations over Christmas resulting in delayed pathways, and patients choosing not to have their treatment over the Christmas period. We aim to be delivering all the standards by the beginning of April 2019 at the latest.

Our peer and national performance can be seen below (Fig 3), this demonstrates a significant challenge in delivering 62 day performance nationally which is UHL's biggest challenge.



Fig 3 peer and national performance for August

### <u>Issues</u>

It is acknowledged by the Organisation that our performance needs to improve and this is one of our key priorities. We have identified several key issues that have resulted in deterioration in the overall cancer performance which can be seen below with a summary on progress against each of these main issues. UHL has a more detailed remedial action plan to ensure improvement across all of the tumour sites.

	Issue	Progress						
1		Breast year to date growth is 4.3% higher than same period last						
	and urology	year						
		• Skin year to date growth is 17.8% higher than same period last						
		year						
		• Urology year to date growth is 9.2% higher than the same period						
		last year						
		• We are working with the clinical teams, the East Midlands Cancer						
		Alliance Expert Clinical Advisory Groups and with the CCG to streamline pathways and ensure flexible capacity throughout th						
		streamline pathways and ensure flexible capacity throughout the						
		year.						
2	Consultant vacancies Radiology,	New consultant radiologist for Breast started in October; however						
	Oncology, Skin	we have sickness in the team. We are exploring additional clinics						
		at weekends to ensure sessions are available for patients.						
		<ul> <li>Oncology continues to have 2.8 Consultant vacancies. The head and pack vacancy has been out to recruitment three times and</li> </ul>						
		and neck vacancy has been out to recruitment three times and there have been no applicants. We are working with Nottingham						
		to and NHSE to explore a combined approach to service provision						
		to maximise the service offer. Workforce is a national issue and						
		Specialised Commissioning is reviewing the head and neck service						
		provision across the whole of the East Midlands.						
		• Skin has a solution by working with plastics to provide additional						
		clinics which will enable capacity throughout the year.						
3	Previous Organisational focus on	• The new Chief Operating Officer is committed to Cancer as a						
	Urgent Care, which has resulted	priority for the organisation. This has been communicated to the						
	in cancer cancelations	organisation.						
		We have seen no cancer cancellations unless there is ITU						
		constraints or as a result of clinical reasons.						
4	The 'winter effect'. Last winter	• This year we have a robust winter plan to ensure this does not						
	patients were cancelled due to a	occur again this winter						
	lack of beds.	We have taken the decision to do less routine elective work to						
-	M/a have multiple stops in sources	ensure we have beds for Urgent and cancer patients.						
5	We have multiple steps in cancer processes which results in delays	<ul> <li>Processes and pathways are being streamlined to ensure patients</li> </ul>						
	for patients	receive the best possible treatment in the quickest possible time. One area where improvements will be seen by the patients is in						
		the lung cancer pathway and the Trust adopts the national						
		optimal lung cancer pathway. In addition in prostate cancer where						
		89% of our patients now have a 3T contrast multi-parametric pre						
		biopsy MRI making UHL one of the leaders in the East Midlands.						
		<ul> <li>We have the support of NHS Improvement support team in</li> </ul>						
		Urology to provide advice and help implement good practice they						
		have seen in other organisations						

6	Robotics is becoming a more popular choice of treatment in certain specialities. The demand is currently higher than the capacity and results in delays in certain pathways	<ul> <li>We are working with Derby who are providing some robot time for us.</li> <li>We are maximising our efficiency</li> <li>We have support from NHS Improvement to progress actions to support the Urology pathway</li> </ul>	
7	We have increased the focus by each service which manages a cancer pathway	<ul> <li>We have senior Confirm and Challenges weekly to ensure every patient has a next step booked in their pathway</li> <li>We have a fortnightly senior cancer taskforce meeting to review and progress key actions that will improve delivery</li> </ul>	

# **Transformation**

A recent bidding process resulted in the East Midlands Cancer Alliance being authorised to release NHS England Cancer Transformation Funding to Leicester Leicestershire and Rutland (LLR) for four major transformational schemes. The funding has totalled almost £1.2 m across the health economy. The schemes cover lung, colorectal, prostate and living with cancer will all provide significant improvements in patient pathways and patient experience once fully implemented. These schemes work towards the national cancer outcomes included in the World Class Cancer Outcomes Strategy 2015-2020.

The colorectal Faecal Immunochemical Test (FIT) pathway allows patients aged 60 years and over with isolated change in bowel habit +/- abdominal pain to have a FIT test at home, rather being referred into hospital to go straight for a CT Colon under a 2WW cancer pathway. Since the implementation of this scheme in February 2018, over 2000 patients have had a FIT test in LLR and 70% of these had a negative result. The RAPID prostate pathway has allowed 89% of our patients to have a 3T contrast multi-parametric pre biopsy MRI scan. This makes UHL one of the leaders in the East Midlands in prostate cancer care. UHL is also working towards the NICE accredited optimal lung cancer pathway – this transformational pathway will allow patients to receive high quality care much more quickly with treatment starting on day 42 of the pathway. For patients who have cancer, work is being done through the Living with Cancer programme to ensure that care is personalised to the needs of the patient and communication between primary and secondary care is seamless. This includes every patient having a Health Needs Assessment; offering health and well-being courses; sharing Treatment Summaries with patients and GPs and risk stratified follow up pathways for patients with prostate, thyroid and breast cancer. All these exciting pieces of work will improve the patient experience and move the Trust patients to achieving a definitive diagnosis within 4 weeks of referral.

## Patient experience

UHL has just received the outcome of our 2017 patient experience survey conducted by NHS England and we have seen an improvement on 2016 results; below shows the Executive summary. We are reviewing the full report in order to identify further actions to ensure continued improvement. Work is also being undertaken with LLR CCGs to review their cancer patient experience results to ensure that there is seamless patient care throughout the pathway and where collective improvements can be made. This piece of work will be completed in December 2018.

#### National Cancer Patient Experience Survey 2017 University Hospitals of Leicester NHS Trust

#### **Executive Summary**

**8.7** The average rating given by respondents when asked to rate their care on a scale of zero (very poor) to 10 (very good)

The following questions are included in phase 1 of the Cancer Dashboard developed by Public Health England and NHS England\* :

- **76%** of respondents said that they were definitely involved as much as they wanted to be in decisions about their care and treatment
- **91%** of respondents said that they were given the name of a Clinical Nurse Specialist who would support them through their treatment
- **84%** of respondents said that it had been 'quite easy' or 'very easy' to contact their Clinical Nurse Specialist
- **89%** of respondents said that, overall, they were always treated with dignity and respect while they were in hospital
- **95%** of respondents said that hospital staff told them who to contact if they were worried about their condition or treatment after they left hospital
- **60%** of respondents said that they thought the GPs and nurses at their general practice definitely did everything they could to support them while they were having cancer treatment.

### Conclusion

Cancer performance improved in September as a result of actions being delivered through the action plan and continued confirm and challenge of processes. Recovery remains a priority for UHL and as such continues to be a focus by the team.