University Hospitals Bristol NHS
NHS Foundation Trust

Cancer Targets

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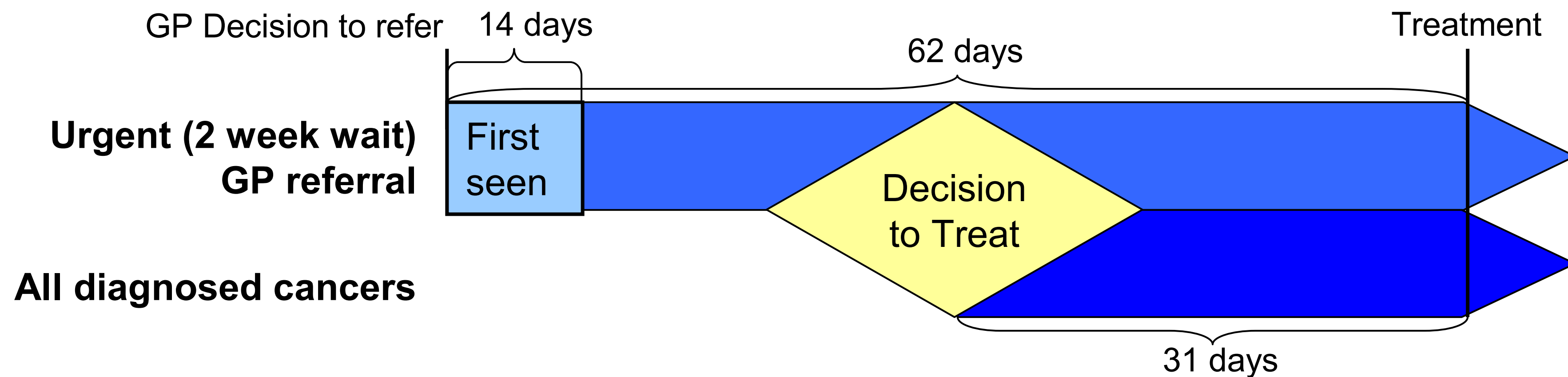
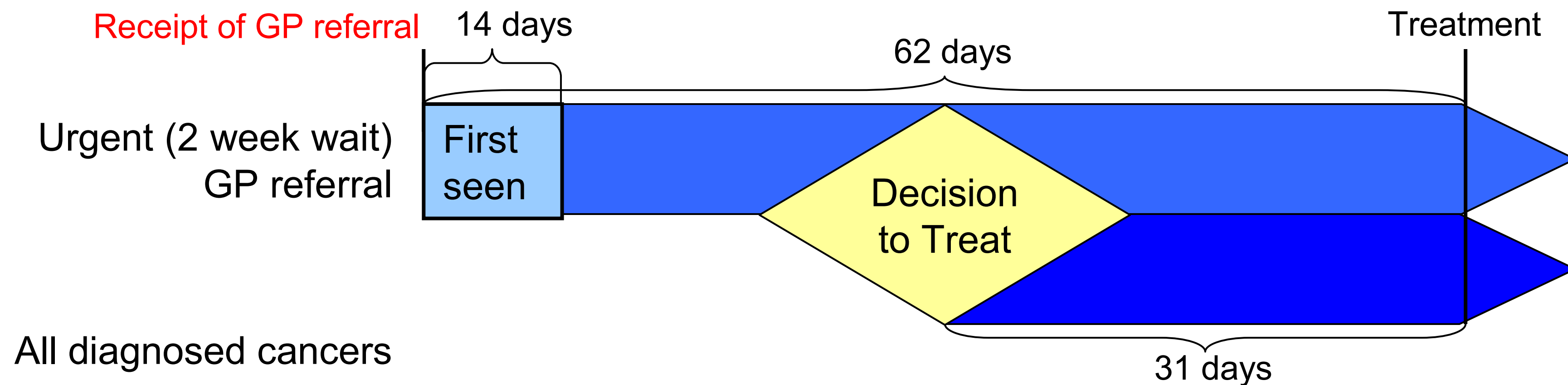
Once upon a time (Cancer Plan 2000)



- Patient first seen within 14 days of GP urgent suspected cancer referral
- Patient treated within 62 days of GP urgent suspected cancer referral
- Acute leukemia, testicular and paediatric referrals treated within 31 days
- All cancers to be treated within 31 days of decision to treat

Then … (Cancer Reform Strategy 2007)



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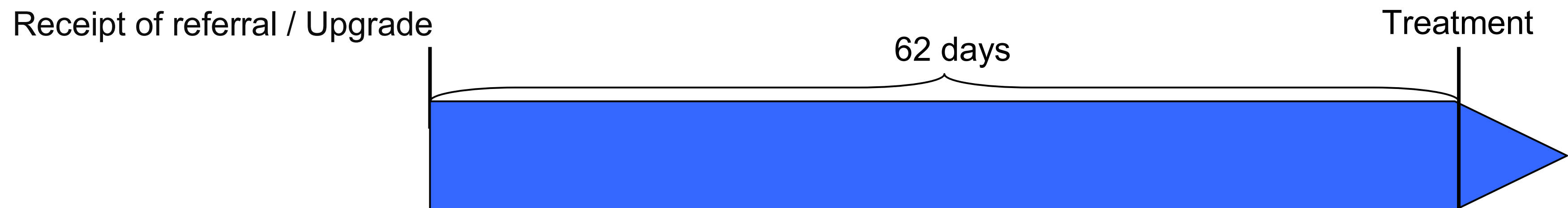
And … (Cancer Reform Strategy 2007)

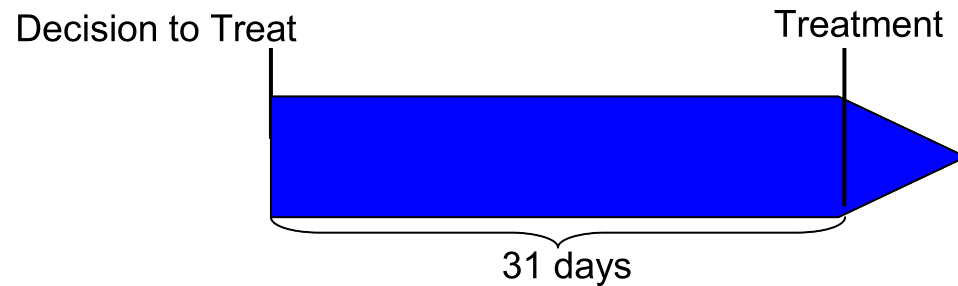


Treat within 62 Days

- Consultant upgrade – from date of upgrade
- Breast screening – from decision for further assessment (normally one/ two abnormal read of mammogram)
- Bowel screening – from receipt of referral for an appointment with a specialist screening practitioner after positive faecal occult blood result
- Cervical screening – from receipt of referral for coloposcopy

(in cytology categories; possible invasive cancer, possible glandular neoplasia, severe dyskaryosis, moderate dyskaryosis)

And … (Cancer Reform Strategy 2007)



Treat within 31 Days

- All subsequent treatments, from decision to treat to treatment (phased until 2011)

Now … (Improving Outcomes 2010)

No Change!

"After careful consideration of a wide range of issues related to the current waiting time standards, the Advisory Group were unanimous in their view that these standards have been beneficial for patients and that they should be retained without any changes at a national level. "

So far…

So easy..

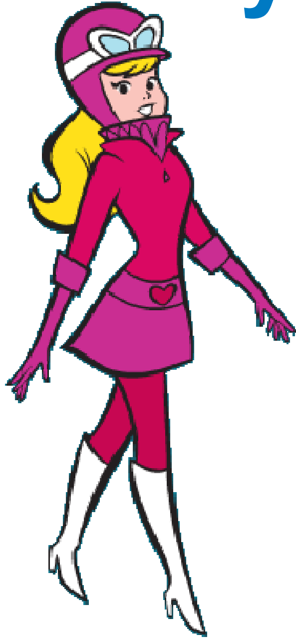
but

People are complicated

And the rules need interpreting

So add in “spirit” and “intent”

Penny



- Referred as two week wait by the GP
- Is not available during the two weeks

Should you

a)Refuse the referral

b)Make an appointment and send it by post knowing she won't get it and will be a DNA, thus resetting the clock

c)Accept it will be a breach

Peter

- Referred as two week wait by the GP
- Cancels three appointments in a row

Should you

a)Make another appointment

b)Refer the him back to the GP

c)Discuss with the patient what they want to do and accept the breach if necessary

2 Week Wait

- Starts on receipt of referral
- Clock stops on attendance at clinic or diagnostic test **relevant** to referral reason
- Patient cannot be rejected if not available in two weeks
- 2 DNAs in a row can return to GP **if** in local access policy
- If patient cancels they have engaged with NHS and should not be returned without agreement
- Clock does not stop if patient unfit or other medical need takes precedence, unless cancer is ruled out.
- Only the GP can downgrade referrals
- Referrals cannot be refused

Kenny

- Is coming to clinic for his first appointment on 2ww
- Comes to the hospital and refuses to get out of the car
- His mum calls the clinic 1 minute before his appointment time to cancel

What should happen?

a)Record a DNA and return him to his GP

b)Record a DNA and book another appointment within 2 weeks of the DNA

c)Record a cancellation and book another appointment within the 2 weeks from receipt of referral

Kyle

- Is coming to clinic for his first appointment on 2ww
- Comes to the hospital on time, the clinic is busy and he waits for 2 hours
- His mum can't wait any longer and they leave before his appointment

You should

a)Record a DNA and return him to his GP

b)Record a DNA and book another appointment within 2 weeks of the DNA

c)Record a cancellation and book another appointment within the 2 weeks from receipt of referral

Eric

- Is coming for a biopsy as his first appointment on 2ww
- Comes to the hospital after raiding the liquor cabinet
- The procedure cannot be done due to his inebriation

What should happen?

a)Record a DNA and return him to his GP

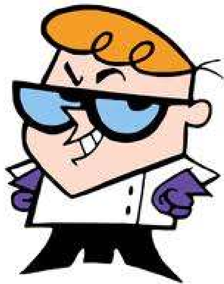
b)Record a DNA and book another appointment within 2 weeks of the DNA

c)Record a cancellation and book another appointment within the 2 weeks from receipt of referral

DNA / Cancellation

- DNA is when the patient does not turn up, turns up late or not in a condition to carry out what was planned
- Cancellation is when a patient gives **any** notice
- If a patient arrives in time, but leaves before the appointment it is a DNA, unless the appointment was unreasonably delayed by the hospital
- A DNA resets the clock – The pause is from the DNA date to the date the patient contacts the services to rearrange
- A cancellation does not reset the clock
- Multiple DNAs do not count as refusal of tests
- DNA “trumps” cancellation

Dexter



- Self refers as symptomatic breast patient
- Is male and under 16

Should you

a)Refuse the referral, he is male
b)Refuse the referral, he is under 16
c)Refuse the referral, it should come from a GP
d)Accept the referral but send it to Paediatrics
e)Accept the referral and book into a symptomatic breast service

Symptomatic Breast 2 Week Wait

- Same rules as regular 2 week wait
- Covers any symptomatic referrals that are not cancer
- Includes males
- Has no age restriction
- Can come from almost any source
- Excludes family history and cosmetic referrals
- Stay on the pathway until cancer is excluded (discharge), benign diagnosis (18 week pathway) or cancer diagnosed (62 day pathway)

Maurice

- Is referred for a colonoscopy by bowel screening
- Delays his investigation several times over several months

Should you

a)Put in a patient pause

b)Accept patient choice and accept the possibility of a breach if cancer is diagnosed

c)Downgrade referral to urgent and not on 62 day pathway

Screening Referrals

- Pauses for DNA of first appointment are allowed (adjusts 62 day pathway)
- Patients can be removed from 62 day pathway if all tests are refused
- If they agree at a later date they are monitored as 31 day
- If a different cancer is diagnosed the pathway continues unchanged
- Two week wait standard does not apply, internal screening targets do
- Breaches are shared between the organisation hosting the screening service and the treating organisation

Shaggy

- Is referred as a 2 week wait suspected cancer
- Is referred on for investigations
- Postpones his investigations for weeks to solve a mystery

Should you

a)Put in a patient pause

b)Accept patient choice and accept the possibility of a breach if cancer is diagnosed

c)Refer back to the GP as the patient hasn't come in for tests when told to

Daphne

- Is referred as a 2 week wait suspected cancer
- Is very hard to contact to arrange investigations

Should you

a)Put in a pause, the patient is in effect wanting a pause

b)Persevere doing everything possible to make arrangements

c)Refer back to the GP as the patient contact details make it very difficult

Diagnostics

- No pauses allowed
- Patients can be removed from 62 day pathway if all tests are refused
- If they agree at a later date they are monitored as 31 day
- If a different cancer is diagnosed the pathway continues unchanged
- If cancer is not ruled out clock continues, even if clinician wants to wait weeks/months to monitor progress

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Fiona

- Has Upper GI cancer
- The MDT decides to proceed to surgery
- She talks to the surgeon about surgery who tells her the surgery is dependent on her fitness
- She thinks about it then phones the CNS to say she will go ahead
- The anaesthetist agrees she is fit for surgery

The Decision to Treat date is
a)The date of the MDT
b)The date of the discussion with the surgeon
c)The date of the phone call with the CNS
d)The date the anaesthetist declares her fit

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Decision to Treat (DTT)

- The date the patient agrees a treatment plan
- May not be the day consent is signed
- Is not when the patient is added to the waiting list
- Is not when the patient is declared fit for treatment
- Does not change to take account of exceptional funding timescales
- Must not be delayed to accommodate capacity or pathway issues
- Can change if the treatment plan changes and the patient needs to agree the change
- If the DTT is in the private sector it is the date the NHS provider is notified the patient is transferring back to the NHS provider

Quasimodo

- Is diagnosed with renal cancer
- Has terrible back pain due to bone mets
- Has surgery on his back before chemotherapy to make him comfortable

Is the first definitive treatment

a)The back surgery

b)The chemotherapy

c)The chemotherapy with a pause applied for the surgery

Esmeralda

- Is referred with suspected colorectal cancer
- The consultant refers her for an endoscopy
- During the endoscopy several polyps are excised
- The histology shows an incompletely excised invasive carcinoma
- Further surgery is performed for a more complete bowel resection
- She then has chemotherapy

The first definitive treatment is

a)The endoscopy

b)The bowel resection surgery

c)The chemotherapy

Treatments

- Enabling activities are not normally treatments
- Exceptions are: colostomy for bowel obstruction, oesophageal stent, non small cell lung cancer stent, ureteric stenting for advanced cervical cancer, pancreatic stent to resolve jaundice
- Other enabling treatments may mark the end of the pathway but only as part of an inpatient stay including surgery
- Diagnostic procedures may count as treatment if "undertaken as therapeutic in intent"
- Debulking surgery counts

Fred

- Is coming to an outpatient clinic for an excision to treat his cancer
- Is on holiday and postpones his treatment for a few weeks

You should

a)Apply a patient pause and offer new date when he is available

b)Insist he has treatment on the date specified

c)Offer a new date when he is available and not apply a pause (even if it is a breach)

Wilma

- Has breast cancer
- Agrees chemotherapy to shrink the tumour before surgery
- Just before starting chemo decides to go straight to mastectomy

What happens to the targets?
a)Nothing changes, both the 62 and 31 use the original dates
b)Both the 62 and 31 day targets adjust due to patient choice
c)The 31 day target is reset, but the 62 day target is not

Treatment

- Pathway ends with admission for surgery, date the first drug in an agreed course is given, the first fraction of teletherapy is given or the patient starts active monitoring or palliative care
- If the treatment is changed before starting, a new 31 day period starts, but not a new 62 day period if on 62 day pathway
- Pause can be applied to Inpatient and Day Case for patient choice, not outpatient treatment
- No pause for medical deferral

Selma

- Will be treated with chemotherapy followed by surgery
- Agrees treatment plan with clinician
- Has chemotherapy
- Receives a letter with an appointment for pre operative assessment
- Attends from pre operative assessment
- Receives a letter with her surgery date

Is the surgery decision to treat date
a)The date the treatment plan was originally agreed
b)The date she has recovered from chemotherapy
c)The date of the pre operative assessment letter
d)The date of the pre operative assessment
e)The date of the letter with the surgery date

Monty

- Will be treated with surgery, then radiotherapy
- Recovers well from surgery but shortly before being ready for radiotherapy has a fall and needs several weeks to recover from his injuries

Is the radiotherapy decision to treat date
a)The date the treatment plan was agreed
b)The date he has recovered from surgery
c)The date he has recovered from his fall

Ned

- Will be treated with chemotherapy followed by surgery
- Agrees the treatment plan with clinician
- Sees clinician 2 days after the expected recovery date for the chemotherapy
- He has not properly recovered, taking 3 more weeks to recover

Is the surgery decision to treat date

a)The date the treatment plan was originally agreed

b)The date he has recovered from chemotherapy

c)The date he was planned to recover to from chemotherapy

Homer

- Will be having surgery
- At pre operative assessment his weight is noted and is advised that surgery will be safer if he loses weight
- Agrees to lose weight and be reviewed in 6 weeks

Should you

a)Keep the existing decision to treat date

b)Change the decision to treat to the review date after weight loss

c)Use Active Monitoring as his treatment

Earliest Clinically Appropriate Date (ECAD)

- The earliest date that the next activity that actively progresses the patient along the pathway for that treatment can take place
- This may be another treatment, or assessment, etc
- Should only be defined by patient issues
- Applies to 2 or more treatments agreed as a package
- Can be changed provided the date has not passed
- Does not require the patient to be physically present
- Does not apply to other treatments not part of a package of care for cancer treatment

Active Monitoring

- Can only be used after a diagnosis has been reached
- This is when it is not appropriate to give active treatment at the time, but active treatment is still intended or may be required
- Should not be used for thinking time
- Should not be used to make up for capacity issues
- Should not be used to allow for medical suspensions

Quincy

- Is having surgery and takes several weeks to decide
- Has surgery delayed to have a cardiac assessment
- Has surgery delayed after getting a cold
- Seeks a second opinion
- Visits family in the USA
- Surgery is delayed to reduce DVT risk for a couple of weeks
- Can't travel due to snow, then is found to have C.diff

Do you add a patient pause for

a)Thinking time?

b)Cardiac assessment?

c)The cold?

d)second opinion?

e)holiday in the USA?

f)DVT risk?

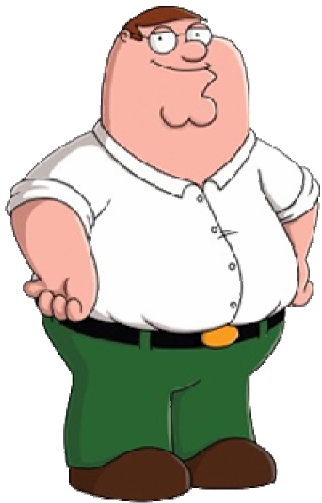
g)Snow?

h)C.diff?

Pauses

- DNA of first appointment after referral resets the clock
- Patient choice pauses stop the clock for treatment
- No pause for diagnostics
- No pause for thinking time
- No pause for co-morbidities
- No pause for fertility treatment, menstruation or pregnancy
- No pause for religious requirements
- No pause for exceptional funding approval
- No pause for pandemic flu
- No pause for adverse weather
- No pause for hospital acquired infections
- No pause for a second opinion

Peter

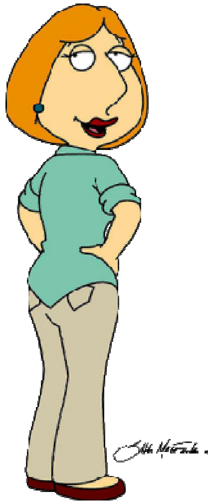


- Needs surgery
- The only available date within target is tomorrow morning

Is this
a)Reasonable?
b)Unreasonable?

There is no definitive answer for this. It depends what the patient considers reasonable

Lois



- Needs surgery
- Bed pressures mean the date offered and accepted is outside target
- Rescheduling results in a date becoming available in target, this is refused

You should

a)Apply a patient pause from the refused date

b)Accept this is a breach

c)Tell her she has to come in as the targets requires it

Brian

- Is having surgery
- Agrees a date then cancels the day before surgery
- Refuses a new date offered within target
- Accepts a new date outside of target

A patient pause
a)Is not applicable
b)Starts from cancelled first surgery date
c)Starts from the refused second surgery date

Admitted Care

- A “reasonable” appointment is dependant on the patient
- If the patient cancels a TCI the clock can only be paused if the patient declines a reasonable offer.
- The pause is from the earliest reasonable rebooking offer to the date the patient states they are available from
- If the patient makes themselves available after a pause, but have medical reason for an additional delay no pause is allowed
- If the patient has agreed a treatment date, is then offered an earlier appointment and declines, no pause can be added

Carl

- Has been referred in with a routine urology problem
- The referral is triaged
- Is seen in clinic
- Is discussed at MDT and it is agreed to do a CT
- The CT shows a potential colorectal problem
- Discussed in colorectal MDT and colonscopy requested
- Discussed again in colorectal MDT and surgery is discussed
- Surgery is agreed with the patient

He can be upgraded

a)On receipt of referral
b)On triage
c)At clinic
d)After urology MDT
e)After first colorectal MDT
f)After second colorectal MDT
g)At clinic when surgery is agreed

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Upgrades

- Must be on or before the MDT where a care plan is discussed that is subsequently agreed with the patient
- Can be initiated by any authorised member of a consultant team (not just consultants in cancer teams)
- A suspected recurrence cannot be upgraded
- 2 week wait standards do not apply to upgrades
- 2 week wait referrals cannot be downgraded, but can be withdrawn by the GP

So..

- Targets are conceptually simple
- People are complicated
- Keep in the spirit of the targets
- Understand what is intended at each step
- Make the start of the pathway efficient to avoid trouble at the treatment end

Further information

- Use “Cancer Waiting Times – A Guide” for guidance
- Use Cancer Waiting Times – Tumour Specific Guidance” for additional tumour specific guidance
- These and more information can be found at

http://nww.connectingforhealth.nhs.uk/nhais/cancerwaiting/documentation#support

- If you need further clarification e-mail

cancer-waits@dh.gsi.gov.uk

Questions?