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**Public Board Meeting, 22 January 2009**

***Going Further on Cancer Waits -GFOCW***

**Presented by: Nick Evans, Director of Partnerships**

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## **Background**

Since the publication of the Cancer Reform Strategy – (CRS) in December 2007, the government has set out an ambitious programme to improve cancer services further, with the aim being to make cancer services in the UK amongst the best in the world by 2012. This included a specific aim to ensure that more patients benefit from the success of the existing cancer waiting times standards.

The current Cancer Waiting Times operational standards are

- Two Week Wait for urgent referrals – **98%+**
- 31-Day (time from decision to treat cancer to start of treatment - **98%+**
- 62-Day (time from GP's decision to refer to start of treatment - **95%+**

West Hertfordshire Hospitals Trust continues to meet all of these standards for cancer.

## **New Cancer Waits Standard**

From 2009, the existing Cancer Waits standards will expand to include the following:

- The **Two Week Wait** standard will include any patient referred with breast symptoms, to be seen within two weeks, whether cancer is suspected or not;
  - *To be implemented from the end of 2009*
- The **31-Day** standard, will include all subsequent treatments for all cancer patients, including those diagnosed with a recurrence;
  - *To be implemented from the end of 2008 for surgery and chemotherapy, and from the end of 2010 for radiotherapy and other treatments*
- The **62-Day** standard, will include:
  - Referrals from NHS cancer screening programmes (breast, cervical and bowel)
  - Referrals that are upgraded by consultants (within our Trust) who consider cancer a possible diagnosis
    - *To be implemented from the end of 2008.*

## Improving Patients' experience and pathway

The Department of Health has determined that Cancer Waiting Time data will henceforth be collected in line with the existing 18 Weeks methodology. This will mean that under this simplified process, the Trust will no longer have to collect information about suspensions arising from patients' unfitness for treatment or from their taking time to think about and discuss their various treatment options. The national operational standard will be reviewed to take account of these factors. This improved data collection process will:

- Make the calculation of waiting times more meaningful for patients by aligning it more fully with their actual experience;
- Reduce the burden on the NHS of collecting data, particularly of data that is not used for clinical purposes
- Streamline the data collection process for treatment providers
- Bring cancer waiting times data into the mainstream of NHS performance data processes
- Support patient choice and clinical autonomy (not every patient wants to be treated within the standard time, and not every patient can be)
- Help deliver a service that better meets patients' expectation

## Impact of the new Standards on WHHT

The new data collection system started on 1 January 2009, and there will be noticeable changes to the reported standards when the data for the first quarter (Jan-Mar 2009) is published in May 2009.

The tables below show the existing standards and what the DH/ National Cancer Action Team expects Trusts' performance to alter to, once the new monitoring system is in place.

An exercise was completed to assess what the figures would have looked like if the new methodology were applied to the Cancer Waiting Times data based on Quarter 2 figures (July to September 08). This can be seen in the shaded columns in Tables 1&2.

Table one demonstrates that under the new reporting standard WHHT would have achieved well in 2 Week Wait and 62-Day standards. However, the Trust fell slightly short of the proposed standard for the 31-Day standard. All the adjustments made in that quarter for this standard was due to either patients' choice or medical suspension. From Jan 09 these two types of suspensions, which may well continue to happen, will not be considered as 'Allowable Pauses' thus will be reflected as a drop in performance.

		WHHT Performance for Q2 (July –Sept 08)	From Jan 09 the anticipated	Estimated adjusted Performance at WHHT (Based on Q2 data that has been reviewed under the
	Cancer Waiting Time			

Standard	Operational Standard Up to Dec 08	Based on standard leading up to Dec 08*	Operational Standard will be	new monitoring system (implemented Jan 09)
Two Week Wait	98+%	100%	93%	95.70%
31 Day	98+%	100%	98%	97.50%
62 Day	95%	100%	86%	95.10%

Table 1

\* Figures downloaded from Open Exeter- Cancer Waiting Times National Database

Table 2 gives a break down by Tumour Sites and how the Trust would have done in the 62-Day standard between 1<sup>st</sup> July and 30<sup>th</sup> September 08 if the new monitoring system were to be applied.

Tumour type	Cancer Waiting Time Operational Standard Up to Dec 08	WHHT Performance for Q2 (July –Sept 08) Based on standard leading up to Dec 08*	From Jan 09 the anticipated Operational Standard will be	Estimated adjusted Performance at WHHT (Based on Q2 data that has been reviewed under the new monitoring system (implemented Jan 09)
Breast	100%	100%	97%	87%
Skin	100%	100%	96%	100%
Brain & CNS	93%	N/A	87%	N/A
Haematological	94%	100%	86%	88%
Gynaecological	96%	100%	83%	100%
Lung	94%	100%	81%	100%
Urological	98%	99%	81%	91.50%
Upper GI	95%	100%	80%	100%
Lower GI	95%	100%	77%	90%
Sarcoma	89%	N/A	77%	N/A
Head and neck	93%	100%	74%	100%
<b>Overall</b>	<b>97%</b>	<b>100%</b>	<b>86%</b>	<b>95.10%</b>

Table 2

Work is still ongoing to modify the existing database (InfoFlex) to accommodate the new reporting methodology/ monitoring system. Meanwhile Infoflex Development Team at WHHT have set up semi-automated queries on the current database to facilitate the capture of required data/information and this is being managed in house by the Cancer Team.

## **Conclusion**

National changes to operational standards for cancer waiting times will lead to some changes in apparent performance for WHHT services. However WHHT cancer services continue to deliver well against national targets.

**Nick Evans**

Director of Partnerships

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