

TRUSTWIDE POLICY

Cancer Access Policy

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Issue Date: 10 th September 2018	Page 1 of 25	Filename: PTWPCANAC	Issue No:2.0
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CONTENTS

1.0 Introduction	4
2.0 Purpose	4
3.0 Scope	5
4.0 Responsibilities	5
5.0 Laws & Regulations.....	8
6.0 Definitions – Cancer Waiting Times Standards (Access & Treatment).....	9
7.0 Referrals.....	9
7.1 2WW Haematology referrals:.....	9
7.2 Tertiary referrals from Provider Trusts	11
7.3 Referrer Responsibilities.....	12
7.4 Inter-Provider form - minimum referral dataset	12
7.5 Referrals not containing the required information	13
7.6 Central points of receipt of cancer referrals within the Trust.....	13
8.0 Managing the Cancer Pathway: 31 & 62 days	14
8.1 What Stops the 31 and 62 day Cancer Clock	14
8.2 Adjustments	15
8.3 Step Down Process	15
8.4 First Definitive Treatment Definition.....	16
8.5 Subsequent Treatment	16
8.6 Patient fitness	16
8.7 ‘Thinking Time’.....	16
8.8 Active monitoring/surveillance	16
8.9 Tertiary Centres / Inter Trust Referrals (ITRs)	17
8.10 Radiology requests	20
8.11 Electronic Action Sheet (EAS) forms and booking the admission for cancer treatment	20
8.12 Access to Treatment (Chemotherapy)	20
8.13 Access to Treatment (Radiotherapy)	21
8.14 Earliest Clinical Appropriate Date (ECAD).....	21
8.15 Monitoring/Tracking the Cancer Pathway	22
8.16 Management of Patients Appointment Errors	22
9.0 Training	23
10.0 Cancer Performance Reporting and Audit.....	23
11.0 References	24

Issue Date: 10 th September 2018	Page 3 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

1.0 Introduction

This document describes the processes relevant to access for patients on a cancer pathway at The Clatterbridge Cancer Centre (CCC). It details how the Trust approaches the management of patients against national cancer waiting times standards and has been developed using current guidance from the Department of Health, including Cancer Waiting Times: A Guide (V9.0 2015) and supports the recommendations set out in The NHS Constitution (2013). In areas where local interpretation is required, this will always be in the 'spirit' of national guidance and at all times in the patient's best interests. The overall purpose of the document is to establish a consistent approach to the management of cancer waiting times across the organisation.

This policy should be used in conjunction with:

- Clatterbridge Cancer Centre NHS Foundation Trust Operational Policy for Cancer.
- Clatterbridge Cancer Centre NHS Foundation Trust Cancer Escalation Policy.
- Clatterbridge Cancer Centre NHS Foundation Trust Cancer Tracking SOP.
- National Cancer Breach reallocation guidance (NHSE & NHSI April 2016)
- NWCSCN – Breach reallocation policy.
- Cancer Waiting Times: A guide v9 2015

2.0 Purpose

The purpose of this policy is to clearly set out the principles and processes relating to the management of patients with a confirmed diagnosis of cancer.

The aim is to ensure that the management of cancer patients' access to services is transparent, fair, and equitable and according to clinical priority. It is the intention of this policy to ensure that referrals are handled efficiently and equitably, in line with national guidance and ensure all staff involved in cancer waiting times management are aware of and follow the processes outlined in this document.

Issue Date: 10 th September 2018	Page 4 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

The key principles / objectives of the policy are:

- Improvement of the patient experience, minimising delays where possible.
- Ensuring that patients receive treatment according to clinical priority in the first instance.
- Escalation of bottlenecks in pathways at an early stage to Directorate management teams.
- Provision of timely, consistent and accurate data recording for patients on a cancer pathway.

This access policy reflects and is to be read in conjunction with the Clatterbridge Cancer Centre Escalation Policy.

3.0 Scope

This is a Trust wide policy applicable to all Clinical and non-clinical staff who are involved in the care and management of patients with a cancer diagnosis throughout their pathway. The policy also includes the management of patients under the care of CCC regardless of where they are seen and treated (peripheral hospital sites).

4.0 Responsibilities

Executive Lead for Cancer

The Executive Lead for Cancer is the Director of Transformation & Operations who has overall responsibility for the delivery of the Cancer Waiting Times targets.

Associate Director of Operations

The Cancer Pathways Manager will be responsible for liaising with external partners / organisations to disseminate shared learning relating to pathway delays and work to initiate improvements in efficiency and quality for patient pathways across the health economy. Ensure that initiatives such as National campaigns are communicated effectively to allow for future capacity planning for an upsurge in activity.

Issue Date: 10 th September 2018	Page 5 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

Head of Performance & Planning

The Head of Performance & Planning is responsible for ensuring that performance against cancer waiting targets is accurately reported and appropriately monitored at various levels of the organisation, in line with the Trust's Performance Management Framework. They will also manage external requests and returns (except Open Exeter), for example from commissioners and NHS Improvement.

Cancer Waiting Times Manager

The Waiting Times Manager will be the Trust expert on cancer targets, providing advice, guidance and training to colleagues, working closely liaising with other Cancer Managers reallocating breaches when necessary, attending meetings across the Network, maintaining good communication and relationships with Cancer Managers in all Trusts. Responsibilities also include highlighting the key principles of the policy to the Cancer Waiting Times Facilitator, Cancer Trackers and admin team, delivering training and education in order to be able to follow the processes and guidelines that ensure effective tracking and data collection. The Cancer Waiting Times Manager will also ensure that the Cancer Waiting Times Team is sufficiently supported in order to carry out their roles and ensure that escalation processes work effectively. They will undertake the initial review of any breaches of the access standards and be the first line contact for any queries regarding reallocation of breaches.

Cancer Waiting Times Facilitator

The Cancer Waiting Times facilitator will be responsible for ensuring the effective coordination of patient pathways and tracking of patients to facilitate compliance with National targets. They will liaise and communicate with all departments such as Radiotherapy, Chemotherapy, Diagnostic Imaging, Clinical Effectiveness, Information, Registrations, Admissions, Nursing and Consultant colleagues to expedite pathways and trigger the escalation policy ensuring all necessary information is available to enable a decision to be made and influence this decision making process. They will undertake the initial review of any breaches of the access standards and be the first line

Issue Date: 10 th September 2018	Page 6 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

contact for any queries regarding reallocation of breaches, whilst maintaining a centralised point of referral.

CCC Information Manager

The Cancer Data Manager is responsible for ensuring that data pertaining to Cancer Waiting Times is accurate, validated and uploaded to Open Exeter within the correct timescales.

Cancer Tracking Team

The Cancer Tracking Team are responsible for tracking the patient throughout the pathway, from referral through to treatment and keeping accurate patient records on the Trust PAS system. They are responsible for escalating any issues which cause the patient to deviate from their timed pathway.

Clinicians (Consultants, Radiographers, ANP's, CNS's)

Clinicians must be engaged in the process and make sure that they are aware of the patient's target date for treatment. They are responsible for ensuring that it is clearly documented when a patient has chosen to delay their treatment so that adjustments can be made where appropriate with documented evidence to support it. They should be engaged with the management teams in assessing capacity and resolving issues that may cause breaches in their specialty / area.

General Managers / Business and Development Management Teams (Radiation services, Chemotherapy services and Integrated Care)

The General Managers / Business Managers have a responsibility to ensure that adequate capacity is available for all patients added to all waiting lists to enable the Trust to achieve the required local and national cancer standards. The Directorate management teams have a responsibility to ensure that their respective clinical teams have robust processes in place in order to enable cancer patients to be added to the waiting list in a timely and consistent manner.

Issue Date: 10 th September 2018	Page 7 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

The Medical Director and Lead Consultant for each SRG (Site Reference Group) will ensure that all Consultants are aware of this policy and understand their responsibility in the achieving the national mandatory access standards.

The Lead Cancer Nurse will ensure all cancer Clinical Nurse Specialists (CNS) and ANP's (Advanced Nurse Practitioners) are aware of this policy and understand their responsibility in the co-ordination of patient pathways.

Admin / secretarial staff

Admin / secretarial staff have a responsibility to ensure that all referrals are acted upon and new appointments are made within 7 days of referral. Secretarial staff must be aware of the policy and handle patient cancellations; DNA's accordingly and escalates any issues appropriately as per the Trust escalation policy. They must also liaise with the Administration Services Manager and the specific clinical directorates over any capacity issues.

Secondary care trusts / referring organisations.

Secondary care provider trusts have a responsibility to ensure that the referrals they make are timely, accurate, appropriate, and contain all the required information to inform referral. They should be responsive to feedback from Tertiary Care colleagues as to the appropriateness of their referrals. They also have a responsibility to inform the patient that they are being referred to the Cancer Centre and what they can expect to happen next with all referrals sent complete with clinical information to the CCC central referral email address.

5.0 Laws & Regulations

The national Cancer Waiting Times (CWT) targets are a mandatory requirement as stipulated by the Department of Health and implemented through Commissioners as part of the main contract. Achievement is also overseen by the external regulator NHS Improvement, since CCC is an NHS Foundation Trust;

The required standards are contained within the following publications:

- National Cancer Waiting Times Monitoring Dataset Guidance V9 2015

Issue Date: 10 th September 2018	Page 8 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

- Cancer Breach reallocation Guidance – April 2016
- Delivering Cancer Waiting Times: A good practice guide – updated 2016
- NHS Constitution 2015

6.0 Definitions – Cancer Waiting Times Standards (Access & Treatment)

The standards that NHS providers will be expected to meet and that are applicable to Clatterbridge Cancer Centre are as follows:

Cancer waits – 14 days
Maximum two weeks from urgent GP (GMP or GDP) referral for suspected cancer to first outpatient attendance - Operational Standard of 93%
Cancer waits – 31 days
Maximum one month (31-day) wait from diagnosis to first definitive treatment for all cancers – Operational Standard 96%
Maximum 31-day wait for subsequent treatment where that treatment is an anti-cancer drug regimen – Operational Standard 98%
Maximum 31-day wait for subsequent treatment where the treatment is a course of radiotherapy – Operational Standard 94%
Cancer waits – 62 days
Maximum two month (62-day) wait from urgent GP referral to first definitive treatment for cancer – Operational Standard 85%
Maximum 62-day wait from referral from an NHS screening service to first definitive treatment for all cancers – Operational Standard 90%
Maximum 62-day wait for first definitive treatment following a consultant's decision to upgrade the priority of the patient (all cancers) – no operational standard set

NHS document: Cancer Waiting Times: A Guide (Version 9, 2015)

7.0 Referrals

7.1 2WW Haematology referrals:

Two week wait (2WW) referrals for a suspected Haematological Cancer must be first seen within 14 days of the date of referral. For e-Referrals the clock start date is the date the UBRN is booked. For non e-Referrals, the date the referral received is the clock start date.

Issue Date: 10 th September 2018	Page 9 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

Timeliness of GP/GDP Referral:

- The patient should be referred by the GP/GDP to the Trust at the earliest opportunity. The GP has the responsibility to ensure the correct 2ww proforma is used and that all correct contact details (including a day time telephone number) are submitted on the proforma. The GP should inform the patient of the reason for referral, that an appointment will be made to attend within 14 days and patients should be able to make themselves available within that timeframe. The GP should offer the patient a copy of the Cheshire and Merseyside Strategic Clinical Network (C&MSCN) leaflet which explains the urgent suspected cancer referral process
- E-Referral is the preferred method of referral at CCC but paper copies and faxes are accepted via the dedicated fax.
- Receipt of the referral is Day 0 for the national target

Clinically inappropriate 2ww Referrals:

- Should the consultant consider the 2ww referral to be clinically inappropriate then this should be discussed with the GP/GDP. If the request to withdraw the referral as a 2WW is authorised by the GP/GDP then the Consultant will communicate this message back to the Haematology admin staff and CWT team. This then authorises the department to convert and process the referral as a non 2ww referral. If the GP chooses **not** to downgrade the 2ww referral, the GP/GDP's decision is final and the referral must be processed as 2ww.

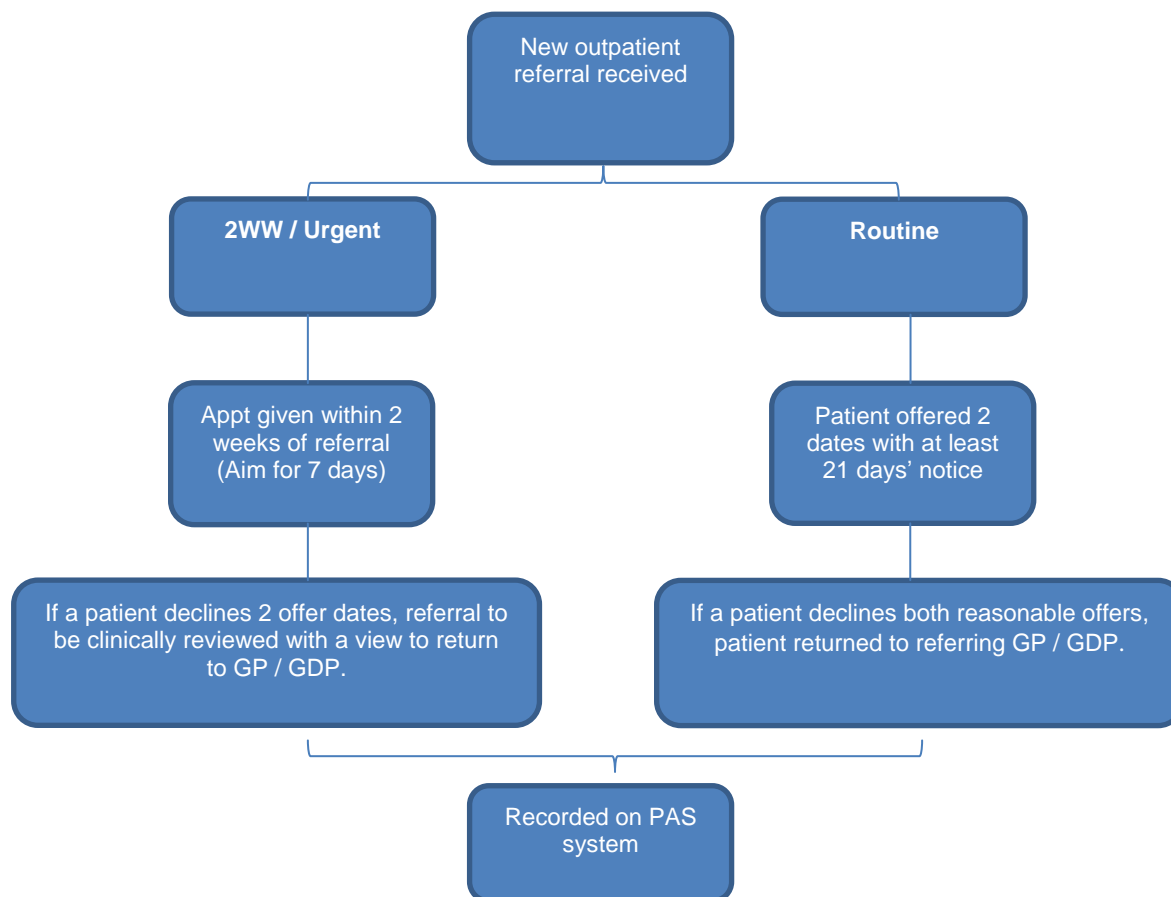
Clinically inappropriate patients seen will be monitored and feedback provided to the referring GP.

Issue Date: 10 th September 2018	Page 10 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

Management of Booking and DNA of 2 WW appointment

- Bookings and DNAs are managed as follows:

Process Flow- Booking of a new 2WW Haematology appointment:



7.2 Tertiary referrals from Provider Trusts

All patients referred to the Trust with a cancer diagnosis on a 62 day pathway from a secondary provider must be seen within 7 days of the date of referral (local target). This is to ensure there is adequate time for planning / pre-assessment and delivery of treatment before day 62.

The clock start is the date that the 62 day pathway started **or** the date of receipt of the referral from the G.P / GDP into secondary care.

Issue Date: 10 th September 2018	Page 11 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

Patients referred to the Trust with a cancer diagnosis who are NOT on a 62 day pathway from a secondary care provider will be seen according to clinical priority to ensure optimal planning, delivery and treatment outcomes. First definitive treatment will be commenced within 31 days of the decision to treat.

7.3 Referrer Responsibilities

In order for the Clatterbridge Cancer Centre to achieve the 31 & 62 day standards, it relies on the referring Trust / organisation taking responsibility to ensure:-

That a CARP (Cancer Alert Referral Proforma) is completed from the MDT (Multidisciplinary Team meeting) and is sent within 24 hours to alert the tracking team to look out for the formal clinical referral. The CARP is to be sent to ccf-tr.MDSreferrals@nhs.net

- That the patient is aware of the diagnosis and decision to refer to CCC (they must be available to attend an appointment within the next 7 days).
- A clinical referral letter must be received with relevant details, diagnosis, staging, co-morbidities and any additional information (such as Holistic Needs Assessment) which will ensure a full and comprehensive plan of care to be developed for the treatment / post treatment phase.

7.4 Inter-Provider form - minimum referral dataset

There is a local Inter-provider referral proforma which should be used to ensure all patient information is accurate and consistent between providers. It is expected that all IPT forms (referrals) should contain the following minimum dataset:

- Full name of patient (correctly spelt)
- Patient's DOB
- Patient's gender
- Patient's full address
- Patient's up-to-date contact telephone number (where possible also a mobile number)

Issue Date: 10 th September 2018	Page 12 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

- Patient’s NHS number
- Pathway start date, 62 day pathway start.
- Full clinical details on the reason for the referral in line with NICE suspected cancer referral guidance
- Referrer details (including telephone and fax number)
- In the case of breast referrals – stating whether the patient is a suspected cancer patient or a symptomatic patient
- Indication of whether the patient is aware of the nature of the urgency of the referral and their availability

7.5 Referrals not containing the required information

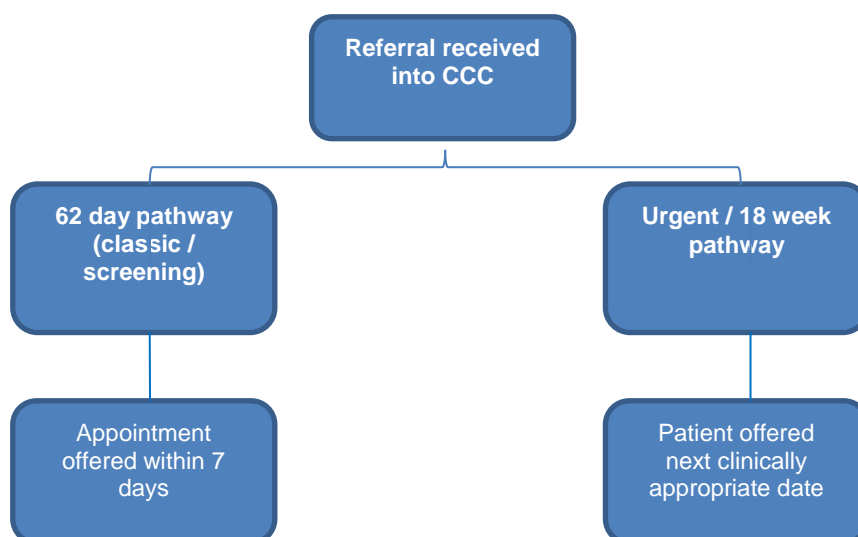
If a referral is received not containing information needed to process it, then the referring organisation should be contacted immediately by the Access team / Appointments Hotline, thereby minimising the delay to the patient. This does not constitute a reason for making a pause to the pathway and patients should not be referred back to the referring organization to stop a pathway, although the date of the referral should be negotiated to ensure the safe “transfer” of the patient pathway takes place and will allow for treatment planning to take place.

7.6 Central points of receipt of cancer referrals within the Trust

It is now established practice that all referrals are sent electronically to ccf-tr.MDSreferrals@nhs.net

Issue Date: 10 th September 2018	Page 13 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

Booking of new Tertiary referral appointment:



8.0 Managing the Cancer Pathway: 31 & 62 days

This involves all patients referred under the

- 2 week rule, referred via an NHS screening programme or upgraded by a Consultant will count as potential 62 day wait patients.
- All new cancers are counted under the 31 day rule.
- All recurrences and subsequent cancer treatments with an agreed treatment plan are counted under the 31 day Subsequent wait rule.
- Children's cancers, Testicular Cancer and Acute Leukaemia are counted under the 31 day rule.

8.1 What Stops the 31 and 62 day Cancer Clock

The following clinical decisions stop the clock on the date the decision is communicated to the patient and GP/GDP and original referrer if not the GP/GDP:

- Patient declines all treatment.
- Treatment starts.
- Patient dies before treatment.

Issue Date: 10 th September 2018	Page 14 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

- Patient undergoes non-English NHS commissioned care/treatment (i.e. private treatment and/or repatriated to Wales for treatment).
- No cancer diagnosed.
- Patient is admitted as emergency prior to 2 week referral first Outpatient Appointment (for the same condition).

8.2 Adjustments

For the cancer targets there are no clock pauses within the pathway. Only on the following occasions that the treatment target date can be adjusted:-

- DNA – 1st outpatient appointment
- Pathway adjustment for admitted pathway

Apart from the above occasions, there are no further adjustments or clock pauses that can be applied to the pathway, therefore it is important that any patient initiated delays are recorded (e.g. DNA, patient cancellations, declined appointments and patient choice) to aid tracking and analysis of breach reasons.

There will be clinical circumstances where it is not possible to treat patients within the target due to unusually complex diagnostic pathways or because the patient is not fit for diagnostic tests or treatment. No adjustments can be made to the target dates in these instances and patients must continue to be tracked

8.3 Step Down Process

Patients will only be removed from the cancer PTL and associated cancer tracking processes in the following circumstances;

- Treatment completed
- Patient declines treatment
- Patient deceased
- Diagnosis of cancer is ruled out.

Issue Date: 10 th September 2018	Page 15 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

8.4 First Definitive Treatment Definition

First definitive treatment is defined as an intervention intended to manage a patient's cancer and avoid further intervention. (Treatment will often continue beyond the first definitive treatment and after the clock has stopped).

8.5 Subsequent Treatment

Subsequent treatment starts a 31 day cancer clock from decision to treat date or earliest clinical appropriate date and ends when definitive treatment is delivered which could be:

- An anti-cancer intervention aimed at shrinking a tumour or delaying the growth or spread of the cancer
- Provision of palliation for the cancer symptoms
- Active monitoring (if no other treatment is appropriate)
- Symptomatic support by non NHS palliative care services

8.6 Patient fitness

If a patient is not immediately fit for the diagnostics/treatments patients are required to remain on their cancer pathways and not be referred back to the GP/GDP, placed on a pending list, moved between cancer pathways or moved solely onto an 18 week pathway.

8.7 'Thinking Time'

Where a patient has requested thinking time prior to making a decision to proceed with a treatment option, the clock will continue to tick. A local period of one week has been agreed as a local monitoring and escalation trigger point to ensure the patient is not 'lost in the system' and is being given the support needed to make a decision about their treatment.

8.8 Active monitoring/surveillance

Active monitoring/surveillance (in terms of cancer waits) should only be used where a diagnosis has been reached but it is not appropriate to give any active treatment at that point in time but an active treatment is still intended. The patient is therefore monitored

Issue Date: 10 th September 2018	Page 16 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

by the clinical team and tracked by the patient pathway assistants until a point in time when they are fit to receive or it is appropriate to give an active treatment.

Active monitoring will not be used to allow for thinking time or to address capacity issues that mean the proposed active treatment would not be available in 31/62 days.

Active Monitoring – Prostate Patients

If a diagnosed prostate patient is offered a range of treatments and wants to take a couple of weeks to think about the options this is not active monitoring.

If a diagnosed prostate patient is offered a range of treatments, selects brachytherapy and has to wait for this procedure it is not appropriate to say the patient is on active monitoring.

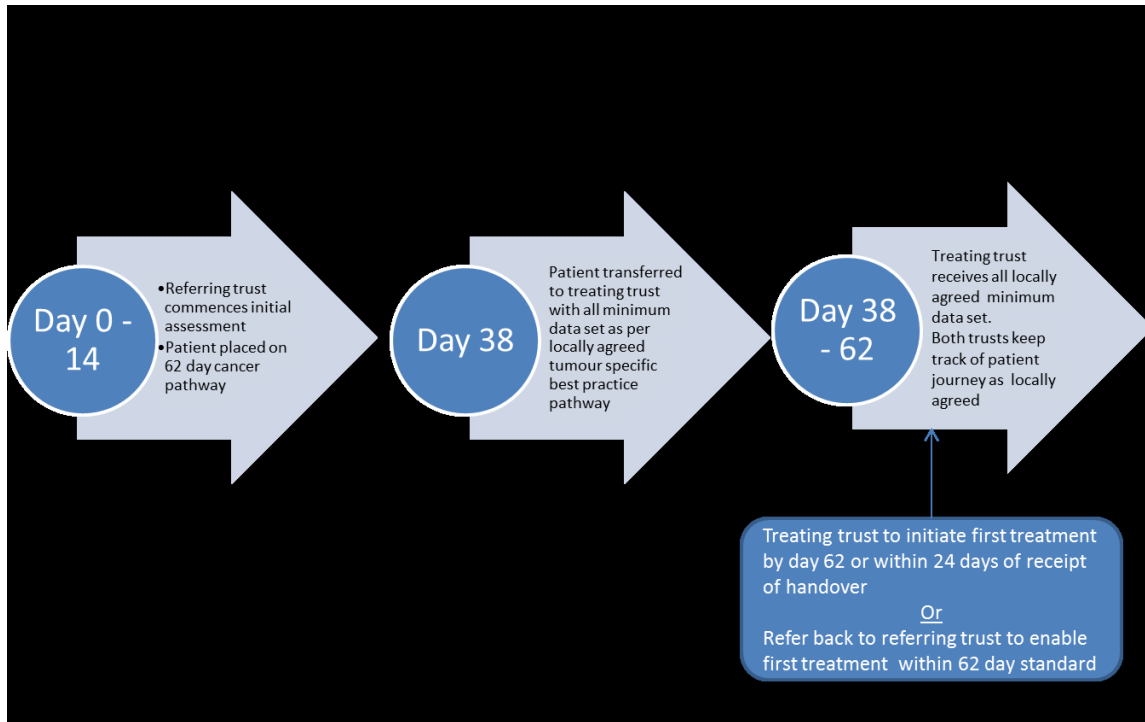
However, if a prostate patient has a tumour that is not causing any significant problems and they decide that they don't want to pursue active treatment immediately but have the cancer kept under check by repeat PSA etc. this would be active monitoring.

8.9 Tertiary Centres / Inter Trust Referrals (ITRs)

Where a patient is referred to CCC from another provider organisation and the patient is on a 62 day cancer pathway, both providers share responsibility for ensuring that their respective parts of the dataset are uploaded and for ensuring that the 62 day waiting time service standard is met.

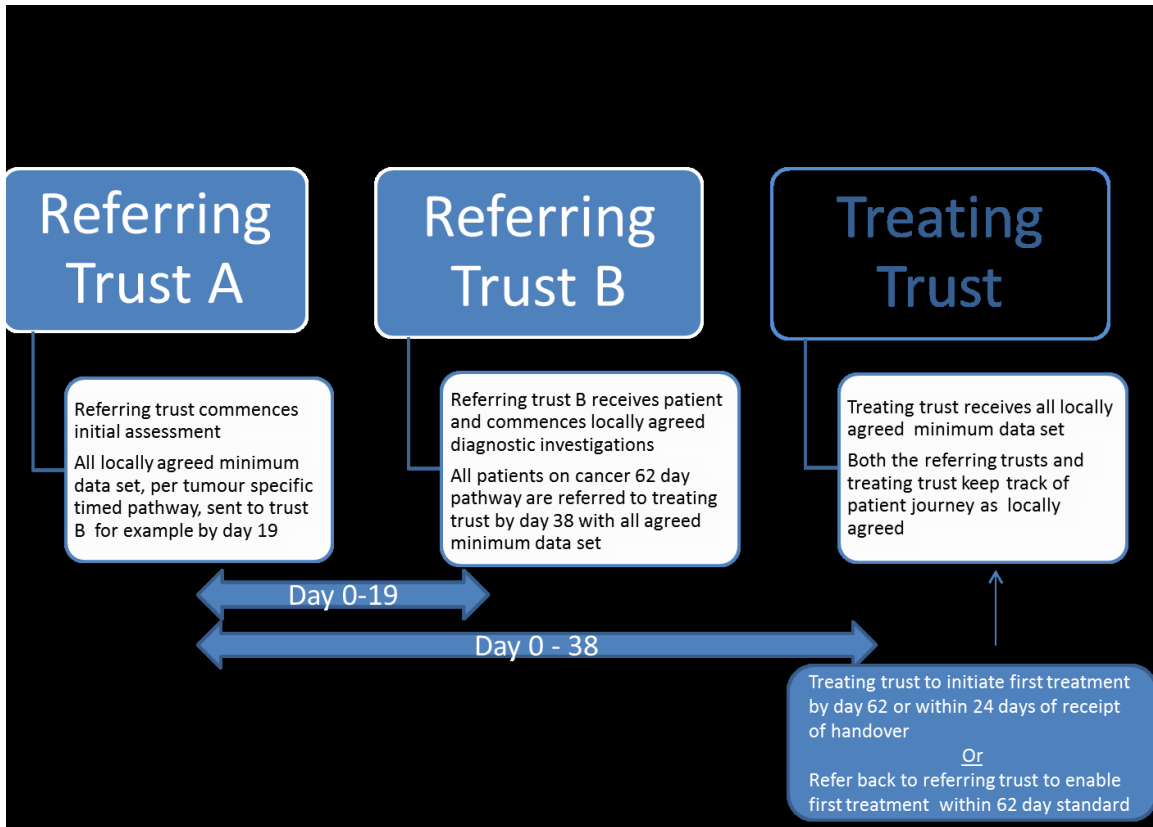
Guidance has been published by NHS England (NHSE) and NHS Improvement (NHSI – April 2016), which sets out clear transfer points for each phase of care – time to first seen, the diagnostic phase and the treatment phase. This is reflected in a locally agreed policy across the network.

Issue Date: 10 th September 2018	Page 17 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:



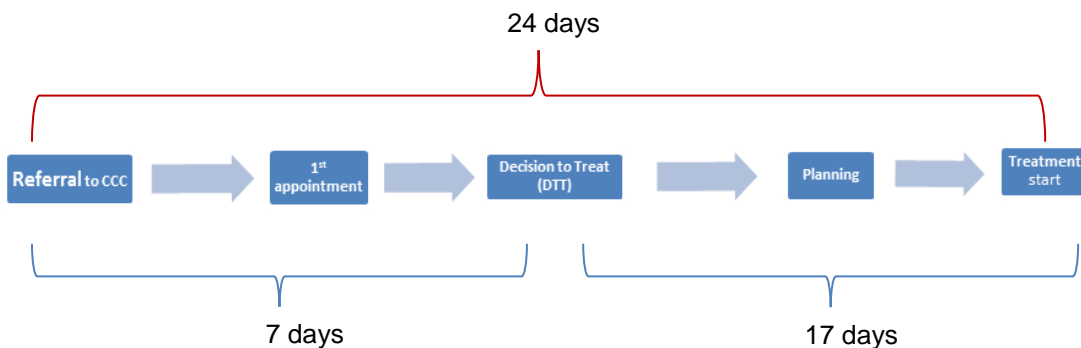
- 2 way pathway – day 38 in the event of a patients pathway spanning two hospitals
- 3 way pathway – day 19 whereby a patients’ pathway involves three hospitals i.e. being referred to two tertiary Trusts. Referral should be made to the first tertiary trust by day 19
- Testicular/Acute Leukaemia patients – day 14.

Issue Date: 10 th September 2018	Page 18 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:



An additional standard of 24 days to treatment from receipt of formal handover, confirms that the necessary checks are in place to ensure treating and referring Trusts are supported to deliver on agreed pathways and treating trusts are given sufficient time to treat patients without breaching the standard. Further information can be found in the Network guidance.

CCC referral to treatment timeline:



Where the Trust needs to refer patients to other providers for treatment, the CARP form will be completed in full and electronically sent by the CWT team to the appropriate formal contact point at the receiving Trust within 24 hours of the decision to refer.

8.10 Radiology requests

Radiology requests will be made electronically through Meditech. The referrer must select the correct episode of care when making the request.

If an appointment cannot be booked within 7 days of the request date then the patient pathway assistant must follow the Trusts Cancer Escalation Policy.

The Radiology department following the investigation must ensure reporting of these results within two working days.

8.11 Electronic Action Sheet (EAS) forms and booking the admission for cancer treatment

An EAS should be created in Meditech by the Consultant when the patient is seen in clinic and a decision to treat has been made. The Admissions Officer will start a 31 day clock in Meditech and progress the EAS to enable the Radiotherapy Booking office to allocate a planning/treatment date. Any dates where the patient has indicated that they are not available should be recorded on the EAS form.

8.12 Access to Treatment (Chemotherapy)

Chemotherapy treatment is requested by a Medical Oncologist directly or via the Consultants' secretary. Patients are booked electronically and a prescription and consent form is completed. Chemotherapy is delivered by CCC across a number of sites across Cheshire & Merseyside, to enable treatment to be given closer to home.

The current Chemotherapy delivery sites are as follows:

- CCC – Wirral site
- St Helen & Knowsley
- Aintree Hospital

Issue Date: 10 th September 2018	Page 20 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

- Countess of Chester
- Royal Liverpool Hospital
- Liverpool Heart & Chest Hospital
- Liverpool Womens Hospital
- Halton Hospital
- Southport Hospital

Patients for Chemotherapy treatment are scheduled for Pre-assessment within 7 days of referral and treatment to start within 7 days of the pre-assessment date.

8.13 Access to Treatment (Radiotherapy)

Radiotherapy treatment is requested by a Clinical Oncologist via the Electronic action sheet (EAS) facility in Meditech. The referrer is required to complete all the fields on the EAS to ensure the correct CT planning scan is performed which also includes the necessary scanning limits. The Pre- treatment booking coordinator will use the EAS summary to book the CT planning scan.

The aim is to CT scan:

- Emergency patients (i.e. confirmed spinal cord compression and SVCO) requiring radiotherapy planning and treatment within 24hours.
- Urgent patients requiring radiotherapy planning within 48hours
- Routine Palliative patients requiring radiotherapy planning within 3-4 days. (For some patients this may depend on Doctor availability – CT scanned in Oncologist planning session).
- Radical patients requiring radiotherapy planning within 7days.

8.14 Earliest Clinical Appropriate Date (ECAD)

The earliest clinically appropriate date applies to patients whose treatment plan involves a sequence of more than one treatment modality, but where further decision to treat dates are not applicable. It can be either:

Issue Date: 10 th September 2018	Page 21 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

- A pre-determined date, set by the clinician responsible for the patient's care when it is anticipated that the patient will be fit to start the next stage of the care pathway
- A date set during a clinical review or on receipt of test results, when it is anticipated the patient will be fit to start the next stage of the care pathway
- An ECAD date can be changed once it is set, but only if the date has not passed. ECAD starts a 31 day cancer clock only if treating modality changes.

8.15 Monitoring/Tracking the Cancer Pathway

The Directorate Management Teams and Cancer Waiting Times Team together with the tumour site Consultants and admin staff are responsible for ensuring that patients on the 31 and 62 day pathway do not breach the target.

The CWT team will track patients on a daily basis from the time a cancer referral is received and appointment made (by the Appointments Hotline), until the end of treatment (which may include several subsequent treatments) or at the point of confirming that the disease is benign. The CWT and Access teams will record all appropriate appointments and treatments that the patient undertakes along their cancer pathway, whilst they are tracking the patient.

The CWT team will try and resolve issues before alerting the relevant Directorate of delays and/or problems; at this point the Trust's Cancer Escalation process will then be followed.

Some patients will follow a difficult clinical pathway and will take longer to diagnose and agree a treatment plan. Within any patient pathway there should be no delay caused by administrative processes.

8.16 Management of Patients Appointment Errors

The Trust recognises that the successful delivery of the complex service model must be underpinned by a robust standard operating procedure that aims to mitigate any risk of

Issue Date: 10 th September 2018	Page 22 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

a patient being lost to follow up. The Trust monitors errors via a Data Validation Team who manage, audit and rectify any incorrect administrative processes, including disposal errors and outstanding appointments for patients on treatment to ensure our patients are not lost to follow up and the Trust submits an accurate data set in CDS. These processes are completed daily, feedback is provided to individuals and departments, weekly, monthly and quarterly. In the rare event a patient does not receive an OPD appointment we ask that they contact the consultant secretary or their specialist nurse to raise concern.

The Trust will take the following actions

1. Raise a Datix incident as soon as aware
2. Urgent medical review of case
3. Urgent OPD appointment booked
4. Investigation including assess level of harm
5. Duty of candour conversation with the patient as soon made aware of incident

9.0 Training

All staff disciplines receive training as part of their Trust Induction on Cancer Waiting Times Standards. Administration staff all receive training in cancer access as part of their job role and staff who are part of the Cancer Waiting Times team receive additional training in patient tracking and escalation.

10.0 Cancer Performance Reporting and Audit

The CCC Information Team will produce a weekly cancer waiting times report, including weekly, monthly and quarterly performance position to date. A PTL (Patient Tracking List) is also produced. The information is distributed to all Divisional Management teams, Site Reference Group Leads and Business Development Managers.

It is the responsibility of the Divisional management teams to operationally deliver the Cancer Targets by ensuring enough available capacity and resolving pathway delays

Issue Date: 10 th September 2018	Page 23 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle		Authorised by: Operational Delivery & Service Improvement Sub-Committee	Copy No:

through attendance at weekly Trust Operational Group (TOG) meetings with the Cancer Waits Team.

All breaches are investigated and a root cause analysis (RCA) pathway breakdown will be completed for each one by the Cancer Waits Team. It is the responsibility of the Divisional Management Team and Site Reference Group Clinical Lead for the relevant tumour site to discuss each breach to ensure that there were no delays' to patient care and identify pathway improvements. The breaches will then be discussed at the TOG to ensure improvement is monitored and progress tracked.

Audit	frequency	Process for monitoring / Audit	Lead responsible	Responsible committee
Cancer Waiting times	Weekly, monthly & Quarterly	Weekly report produced including monthly & quarterly position to date	Data & Information Manager	Trust Operational Group
Breach RCA's	Monthly	Weekly review and monthly reporting of all CWT breaches. RCA's completed and reviewed by senior management / Clinical teams	General Managers / Waiting Times Manager / SRG leads	Trust Operational Group
Training	Quarterly	Quarterly review of the number of staff trained.		

11.0 References

DoH (2015), NHS constitution: The NHS belongs to us all.

NHSE (2015), National Cancer Waiting Times Monitoring Dataset Guidance, Version 9.

NHSI (2016), National Cancer Breach allocation guidance, Version 1

NHSI (2016), Delivering Cancer Waiting Times: A good practice guide, Version 2.

The Clatterbridge Cancer Centre (2016) Cancer Escalation policy,

The Clatterbridge Cancer Centre (2016) Cancer tracking and Escalation policy

National Cancer Waiting Times Monitoring Dataset Guidance, Version 9:

<https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&cad=rja&uact=8&ved=0ahUKEwi2Is3S4sv>

Issue Date: 10 th September 2018	Page 24 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No:

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NHSI (2016), Delivering Cancer Waiting Times: A good practice guide, Version 2.

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NHSI (2016), National Cancer Breach allocation guidance, Version 1:

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Issue Date: 10 th September 2018	Page 25 of 25	Filename: PTWPCANAC	Issue No:2.0
Author: Sue Eagle	Authorised by: Operational Delivery & Service Improvement Sub-Committee		Copy No: