



APPENDIX 1

NHS LANARKSHIRE

Response to Diagnostic Visit to NHS Lanarkshire

NHSL Cancer Action Plan

Confidence Assessment	Recommendations		Action By
Leadership and Management Grip	1. NHS Lanarkshire must agree and implement time-based pathways for all tumour groups as a matter of urgency by 31 August 2007.	Draft time-based pathways have been prepared for all 9 tumour types. Work will continue during August to refine these pathways with a view to full implementation by 31 August.	Lead Clinicians- General Managers- to ensure full sign off/implementation/compliance across the specialty areas.
	2. NHS Lanarkshire must review how pathway leadership (who is responsible for the quality, effectiveness and speed of the process) can be put in place for the whole cancer pathway, by tumour type, from referral to treatment by 31 August 2007.	Designated lead clinicians in place for all 9 tumour types. Each is supported by a dedicated service manager/specialist nurse and patient tracker. Formal links also established with the clinical effectiveness team to ensure completeness and consistency of information capture and reporting. (1st August)	As above.
	3. NHS Lanarkshire must provide a clear timeframe for the implementation of tracking of all cancer sites by 1 August 2007.	In place by 1 st August and will be working to the draft time-based patient pathways for each of the tumour types.	General Managers/Service Managers.
	4. NHS Lanarkshire must put in place interim cancer manager arrangements until a new appointment is made later in the year. The target date for this should be 1 August 2007.	Cancer Services Manager appointed 30 th July 2007. The main function of the postholder in the first instance will be to lead the implementation of the Cancer Action Plan. The opportunity is also being taken to formally review the cancer management structure within NHSL. It is anticipated this will be concluded by 31 st October 2007.	Director of Acute Services
Systems and Processes	5. NHS Lanarkshire must review MDM co-ordination, administrative support,	A baseline review of existing MDT's is now complete. A proposed working model	Judith Hope and Hector Campbell

	recordkeeping and communication with primary care to ensure standardisation and prospective pathway management for patients.	for MDT's is being customised for each tumour type. It is anticipated that this will be adopted in full by 30 th September 2007.	
	6. NHS Lanarkshire must ensure capacity planning takes account of the total capacity needed to maintain the delivery of all access targets. For example, for colorectal services, the impact of bowel cancer screening and for urology, the demand for additional capacity in radical prostatectomy's.	Capacity planning is ongoing to identify impact of: <ol style="list-style-type: none"> 1. Full implementation of time-based pathways. 2. Removal of backlog within the various tumour types. 3. Delivery of current and future planned waiting time guarantees and screening programmes. It is anticipated that in relation to points 1& 2, sufficient progress will have been made to enable investment decisions to be made by 31 st August. Detailed work on bowel cancer screening is at an advanced stage and is due for presentation at the Cancer Steering Group in September 2007.	RoyGarscadden/Judith Hope/Marion Mark/David Hume
	7. NHS Lanarkshire must complete the implementation of the plan for the Straight to Test model within GI and ensure the necessary IT and administrative support is in place to deliver this with effective processes for equitable allocation of patients to clinical teams across sites.	Straight to test has been implemented in part for colorectal with the view to full implementation by 31 st August. In parallel, work is underway within Upper GI services to ensure this model is in place by 30 th September 2007.	Alistair Brown Hakim Ben Younes Pauline Warnock/Marion Mark
	8. NHS Lanarkshire must consider increasing the proportion of patients going straight to test by the pragmatic use of flexible sigmoidoscopy and barium enema to relieve demand on colonoscopy, retaining the aspiration to use colonoscopy as gold standard when demand and capacity are in balance.	This option is being actively considered by the lead clinician for colo-rectal cancer. A full report will be brought forward by 31 st August 2007 for consideration by the NHSL Cancer Action Group.	Alistair Brown Pauline Warnock/Marion Mark

	9. NHS Lanarkshire must review patient pathways into Urology to investigate how these can be streamlined. As well as single point of access, the development of a straight to test model should be developed.	This is currently at an advanced stage, draft pathways are in place and discussions are taking place with primary care colleagues to streamline the straight to test model. It is anticipated that this will be fully implemented by 30 th September 2007.	Ans Khan Pauline Warnock/ Mark Marion
	10. NHS Lanarkshire should examine the potential for nurse specialists to be responsible for managing patients within urology according to agreed protocols e.g. TRUS biopsy & check cystoscopies to shorten patient pathways and to free up consultant capacity.	Currently under review. Report to be brought forward by 31 st August 2007, for consideration by the NHSL Cancer Action Group.	Joan James/Noreen Kent in discussion with Ans Khan and specialist nurses.
	11. NHS Lanarkshire should examine the current impact of variation in the management of negative pathology results within urology patient pathways.	This is being addressed as part of the introduction of time-based patient pathways. (1 st August)	Judith Hope/ Duncan Pollock/ Ans Khan
	12. NHS Lanarkshire must examine the urology patient pathway and consider how direct referral to joint clinics can streamline the pathway from diagnosis to treatment. A timetable for this should be included in the Action Plan.	This is being addressed as part of the introduction of time-based patient pathways. (1 st August)	Ans Khan Pauline Warnock/ Mark Marion
	13. NHS Lanarkshire must review the imaging protocol and system with the aim of eliminating vetting of imaging requests.	The clinical director for radiology is actively reviewing this practise and will report by 31 st August 2007 to the NHSL Cancer Action Group. The clinical director will identify diagnostic tumour leads.	Fiona Gardener/ Duncan Pollock/ Judith Hope/ Diagnostic Tumour Leads
	14. NHS Lanarkshire must implement a consistent system for dealing with suspicious X-Rays for lung patients across sites to reduce unnecessary delays.	The clinical director for radiology is reviewing this in conjunction with the Lead clinician for lung cancer. A report will be brought forward by 31 st August 2007, for consideration by the NHSL Cancer Action Group.	Fiona Gardener/ Lawrence McAlpine/ Danny Rankin/ John McPhelim/ David Hume
	15. NHS Lanarkshire should ensure that Thoracic patients from other Boards are not re-investigated unnecessarily,	This practise will cease from August 2007. Detail to be agreed with NHSAA and full implementation of the Inter-	Marion Mark/ Judith Hope

	causing further delays to treatment.	hospital transfer agreement.	
	16. NHS Lanarkshire should review the provision of a clinical nurse specialist role for Head and neck patients by 31 August.	Business case setting out supporting rationale will be available by 31 st August 2007, for consideration by the Acute Division Management Team.	Graeme McGibbon/Marion Mark/Andrews Carton
Clinical Engagement	17. NHS Lanarkshire must ensure that a system for breach review and weekly monitoring which involves all staff, including suitable engagement with clinicians in the progress of patients along the timed pathway, is in place by 31 August.	The Cancer Services Manager will lead weekly meetings to review performance against each tumour type. This will be informed by full discussion with lead clinicians, specialist nurses and patient trackers. (This will be operational from 1 st August 2007)	Margaret Kelly
	18. NHS Lanarkshire must ensure that clinicians review exceptions as they pass their breach date.	Lead clinicians will be involved at each stage of the patient journey as part of the implementation of the time-based pathways. (1 st August)	Margaret Kelly in conjunction with specialty Service Managers/General Managers and Clinical Leads.
Inter Hospital Transfers	19. NHS Lanarkshire must agree Inter-Hospital Transfer agreements/protocols following the development and implementation of timed pathways, between hospitals within Lanarkshire and from referring Boards. This must be in place by 31 August, coinciding with the completion of the timed pathways.	The detail of inter-hospital transfer protocols are being developed in conjunction with colleagues from neighbouring health boards. (will be in place by 31 st August)	Judith Hope
Information & Breach Review	20. NHS Lanarkshire must ensure that robust tracking arrangements for all nine tumour sites are in place by 31 July 2007.	All trackers now in post. (1 st August)	Roy Garscadden
	21. NHS Lanarkshire must submit a detailed plan to CPST describing the approach to removing the identified urology backlog. The plan should detail timescales, assess the likely impact on future quarterly published statistics and also provide an assessment of patient backlogs across all other tumour types. CPST would wish to receive this plan by 31 July 2007.	The backlog for Urology has now been identified an action plan is in place with all patients to be removed by 31 st October 2007. The backlog for other tumour types has been identified and specialty action plans will be in place by 10 th August. All patients will be treated, as appropriate, by 30 th September The impact on the future	Roy Garscadden Rosemary Lyness

		<p>quarterly published statistics is currently being assessed; it would be helpful if this could form the basis of further discussion between NHSL and the delivery unit.</p> <p>Parallel reporting will exist until the backlog patients have been treated.</p>	
	<p>22. NHS Lanarkshire must, with immediate effect, ensure that weekly performance reports submitted to CPST include <i>all</i> patients who have yet to be diagnosed / treated (including those patients who are being separately managed as part of a backlog exercise).</p>	<p>NHSL have taken steps to identify and treat existing backlog.</p> <p>Time-based patient pathways are being implemented.</p> <p>NHSL would wish to propose a system of parallel reporting for each tumour type, from week ending 10th of August 2007.</p>	<p>Roy Garscadden Rosemary Lyness</p>
	<p>23. NHS Lanarkshire must ensure that information generated through weekly performance reporting is being actively used to prospectively manage patients through the 62-day pathway.</p>	<p>This will form part of the weekly meetings lead by the Cancer Services Manager, effective from 6th August.</p> <p>Meetings are scheduled for each Monday to finalise weekly returns.</p>	<p>Margaret Kelly</p>

Appendix

Lead Cancer Clinicians:

Andrew Carton, Head and Neck Cancer.

Alison Lannigan, Breast Cancer.

Garry Osbourne, Ovarian Cancer.

Hakim Ben-Younes, Upper GI

Lawrence McAlpine, Lung Cancer.

Alastair Brown, Colorectal Cancer.

Ans Khan, Urology

Girish Gupta, Dermatology

John Murphy, Haematology

Lead Cancer Nurses:

John McPhelim – Lung

Mhairi Simpson – Colorectal

Teresa Rennie – Haematology

Elaine Ferguson - Breast

General Managers

Judith Hope- Women's, Cancer and Diagnostics

Marion Mark- Surgical and Critical Care Services

David Hume- Emergency and Medical Services

Service Managers

Pauline Warnock

Peter Stephen

Murdoch Wilson

Danny Rankin

Duncan Pollock

Susan Stewart

Director of Acute Services

Rosemary Lyness

Associate Medical Director

Hector Campbell

Divisional Nurse Director

Joan James

Associate Nurse Director

Noreen Kent

Head of Planning

Roy Garscadden

Cancer Services Manager

Margaret Kelly

Radiology Tumour Leads

Breast - Dr F Howie

Lung - D A McGhee

Colorectal - TBC

Urology - Dr J Roberts

Ovarian – Dr D Edwards

Upper GI - Dr S Reid

Head and Neck - Dr G Dewar

Lymphoma - Dr E Reedi