

**SUBJECT: CANCER REPORT**

**1. PURPOSE**

This report is to advise the Board on the most recent actions in NHS Lanarkshire to improve waiting times for cancer treatment so as to comply fully with the 62 day guarantee for treatment by the end of December 2007.

**2. CONTENT/SUMMARY OF KEY ISSUES**

The report and accompanying presentation describe the main points arising from the visit to Lanarkshire by the Cancer Performance Support Team (CPST) and outlines the main points of the action plan designed to address the recommendations of the CPST and to ensure full compliance in Lanarkshire of the 62 day guarantee by December 2007. This includes new management and reporting arrangements and proposals to remove the current backlog of referrals.

The report also describes the different methods of gathering information on cancer waiting times and how these are to be reconciled for an accurate account. In addition, the report describes the steps to be taken to expand information gathering and reporting to cover the 9 main tumour types.

**3. ACTIONS**

The Board requires to:

- To implement the Cancer Action Plan within agreed timescales
- To ensure the delivery of the 62 day guarantee across all 9 tumour types by December 2007

#### **4. CONCLUSIONS**

It is recommended that the Board:

- 1) Agree the Action Plan designed to deliver the recommendations of the CPST and ensure compliance with the 62 day guarantee by December 2007.
- 2) Agree the method of gathering and analysing data so as to improve monitoring of the services
- 3) Agree the proposed Management and Reporting arrangements.
- 4) Note the current performance levels against the main tumour types.

#### **5. FURTHER INFORMATION**

For further information or clarification of any issues in this paper please contact: Rosemary Lyness, Director of Acute Services, Telephone no: 01698 245003

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Director of Acute Services  
22<sup>nd</sup> August 2007**

## **CANCER REPORT**

### **1. BACKGROUND**

In June the Cancer Performance Support Team (CPST) undertook a diagnostic visit in Lanarkshire to assess performance against the 62 day waiting time guarantee. The visit to Lanarkshire was prompted by publication of Clinical Audit Data for October – December 2006. The format of the visit mirrored visits undertaken previously by CPST to a number of other NHS Boards across Scotland.

The assessment focused on 5 key areas:

- Leadership
- Systems and Processes
- Clinical Engagement
- Inter-Hospital Transfer agreements
- Breach analysis- use of data

The response by NHSL focuses in on a number of key areas including the capture and analysis of information, pathway management, clinical engagement, service management and reporting arrangements. The recommendations of CPST and NHSL are provided in full at Appendix 1 of this report. The detail of the Action Plan is being implemented through the newly established Cancer Action Group. The Group is chaired by the Director of Acute Services with membership including the Medical Director, lead clinicians and nurses for each tumour type, managers and clinical audit leads.

### **2. DATA SOURCES**

There are currently two recognised methods of data collection within NHSL, against each tumour type. One data source is the Boards clinical audit department. This retrospective data source is well established across the 9 tumour types and was designed specifically as a clinical audit tool to drive improvements in service quality. The other data source is weekly reporting, the prime purpose of which is to track patients through their journey, identify and resolve any issues that constrain progress and deliver the guarantee. At present the Scottish

Executive uses the retrospective data from the Board's clinical audit department to monitor and report on waiting time performance at national level.

The key distinction between the data sources is that the clinical audit report is retrospective and reported over 4 distinct quarters in the calendar year (Quarter 1 Jan – Mar 2007 data for all tumour types was reported in June and published in August). The weekly tracking source captures and reports real time patient information for all 9 tumour types. Weekly tracking was only increased from 4 to 9 tumour types from 1 August 2007 within NHS L.

To date, there has been no reconciliation of the two sources of information. Recent analyses of the two data sources has highlighted variances in interpretation and reporting, and there has not been the full involvement of the lead clinicians, Medical Director and General Management. It is intended to introduce a single source for reporting which has at its core clinical and general management engagement. A process has been established to ensure that all data is signed off by the Director of Acute Services and the Medical Director before being submitted to the Scottish Executive. An illustration of this is provided in appendix 2.

### **3. MANAGEMENT AND REPORTING ARRANGEMENTS**

An interim Cancer Service Manager was appointed with effect from 16 July 2007. A key responsibility of the individual is to support lead clinicians and General Managers to implement the recommendations contained within the CPST report and to deliver the waiting time guarantee. It is intended that this post will be made permanent following completion of a wider review of the management of cancer services having regard to both strategic and operational imperatives.

A series of weekly and monthly meetings has been established for each of the tumour types involving lead clinicians, managers and clinical audit leads to review and agree the capture/interpretation/recording and reporting of information for clinical audit and tracking purposes. To inform progress against the waiting time guarantee, CPST agreed that NHS L, in common with other NHS Boards, should introduce parallel reporting of waiting times against each tumour type. It was agreed that NHSL would report on referrals received before 1 August 2007 (to be described as 'backlog') and those referred from 1 August 2007. This was introduced from 10 August 2007. NHSL has since identified the backlog for each tumour type and after discussion with clinicians has advised CPST that the backlog will be removed by 30 September 2007. However, treating patients within this backlog category over the coming weeks will result in reported retrospective performance over the next 2 quarters (April-September 2007) dipping before delivering the guarantee in the last quarter (October – December 2007).

Referrals received from 1 August 2007 are being tracked in line with time based patient pathways adopted for each tumour type from 1 August 2007. (By way of example the lung patient pathway is provided at appendix 3) Additional capacity has been introduced in response to increased activity. The full extent of additional capacity required to deliver a sustainable solution for each tumour type

will emerge over the period to 30 September 2007. A copy of the paperwork used to track patients is included at appendix 4. This is used for every tumour type to track patients at each part of their journey regardless of the referral mode. The example attached illustrates that during April 130 colorectal patients were tracked and 13 patients diagnosed with cancer.

The volume of patients being tracked across the tumour types is variable but it is worth noting that the cancer yield is variable and ranges up to 10%.

Internal reporting mechanisms are being introduced to provide the Chairman and Chief Executive with a weekly performance report that details progress against the reduction of backlog to 30 September 2007 and tracking of new referrals from 1 August 2007.

In August, compliance against the 62 day guarantee for the 4 main tumour types is:

Breast	92.8%
Colorectal	84.6%
Lung	93.1%
Ovarian	100%

Backlog for the remaining 5 tumour types:

Head & Neck	24
Upper GI	3
Melanoma	9
Lymphoma	4
Urology	17

In September 2007 progress on compliance with the 62 day guarantee for all 9 tumour will be reported to the NHS Board. An update will also be provided on progress to remove the backlog.

#### **4. RECOMMENDATIONS**

The Board is asked to:

- i) Agree the Action Plan designed to deliver the recommendations of the CPST and ensure compliance with the 62 day guarantee by December 2007.
- ii) Agree the method of gathering and analysing data to improve monitoring of the services
- iii) Agree the proposed management and reporting arrangements
- iv) Note the current performance levels of the main tumour types

**Rosemary Lyness**  
**Director of Acute Services**