

WELSH HEALTH CIRCULAR



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For Action by:
Local Health Boards and NHS Trusts

Action required by:
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Sender: Dr Frank Atherton, Chief Medical Officer, Welsh Government

HSS Welsh Government Contact

Olivia Shorrocks, Major Health Condition Performance, Olivia.Shorrocks@gov.wales
Pat Vernon, Population Healthcare, Pat.Vernon@gov.wales

Enclosures: None

Introduction

The Cancer Delivery Plan for Wales (2016-2020) committed to the development of a Single Cancer Pathway (SCP) whereby the vast majority of patients diagnosed with cancer receive treatment within 62 days from when cancer is first suspected (Point of Suspicion). The Cancer Implementation Group led the development of the SCP following concerns from the clinical cancer communities regarding the limitations of the cancer current waiting time measures and made recommendations to the Minister for Health and Social Services in 2018. The Minister accepted these recommendations and announced this publically in November 2018, the SCP was subsequently agreed as an Integrated Medium Term Planning (IMTP) priority. Formal reporting against this pathway commenced in August 2019, for the month of June 2019.

The Wales Cancer Network has been supporting health boards with the development and implementation of the SCP as a new performance pathway, running in parallel with the existing two cancer waiting time measures for the time being. The intention is to demonstrate that the SCP can be implemented on a technical basis, understand what is needed to improve performance and in time transition to this metric alone for measuring cancer waiting times.

Underpinning the SCP is a series of National Optimal Pathways (NOPs) by tumour site. These NOPs have been developed by the national Cancer Site Groups (CSGs) to provide a platform to standardise care, reduce variation, inform local and national capacity and demand modelling and drive improvements within each of the tumour site pathways in order to support health boards and trusts to:

- meet the single cancer pathway waiting time of 62 days;
- improve cancer patient experience;
- improve cancer outcomes.

What are the National Optimal Pathways?

The NOPs describe the optimal steps, sequence and associated timings in a patient's cancer pathway. The expert clinical community have deemed these steps necessary in order to deliver more timely and effective cancer pathways.

The Wales Cancer Network, primarily through CSGs and working with Multi-Disciplinary Teams (MDTs) across Wales, are establishing consistent generic and site specific pathways that describe all routes of entry onto the pathways from point of suspicion (PoS). Broadly, they describe good practice diagnostic and treatment pathways (and opportunities for improvement) and where patients should receive consistent information and support. This includes all diagnostic steps, investigations and first definitive treatments (FDTs).

The diagnostic pathway, including staging, should be performed within 28 days from point of suspicion (PoS); and definitive treatment commenced within 21 days from the Decision to Treat (DTT) date. Whilst it is recognised that there will always be some variation between health boards and site specific pathways, the NOPs will support health boards in achieving compliance with the new single cancer pathway metric.

The pathways are an expression of good practice based on the best available evidence for each respective cancer tumour site. Typically, the authoritative source will be NICE or professional guidelines, but where this is absent, clinical consensus among the appropriate clinical community has been channelled through the CSGs.

The optimal pathways will allow organisations to understand the capacity required to achieve the individual component steps in the pathway, and the pathway as a whole.

It is acknowledged that some pathways (or pathway steps) will seem challenging, and in some cases, will not be immediately achievable. Measuring performance against these optimal pathways will support improved system planning to achieve this aspiration. In essence, the NOPs also act as a 'commissioning tool' to support conversations with service and workforce planners, funders and other stakeholders to identify the gap between where services are currently, and achieving the standard set out in the NOP.

The pathways will also inform conversations with Health Education and Improvement Wales (HEIW) regarding the workforce requirements to deliver the pathways and NHS Wales Informatics Service (NWIS) regarding the requirements of the future Cancer Information Solution for Wales.

What National Optimal Pathways are available?

The pathways will be published in tranches. Tranche 1 is now available through the hyperlinks below. These pathways have been approved by the Collaborative Executive Group and the Cancer Implementation Group. Tranche 2 is in development and will include 15 new site specific NOPs extending coverage to over 80% of all diagnosed cancers. These are expected to follow the same pathway to approval.

Tranche 1 (covering ~60% cancer incidence)
National Optimal Pathway - Breast Cancer
National Optimal Pathway - Head & Neck Mucosal
National Optimal Pathway - Neck Lump
National Optimal Pathway - Lung Cancer
National Optimal Pathway - Oesophageal Cancer
National Optimal Pathway - Gastric Cancer
National Optimal Pathway - Colorectal Cancer

How will compliance with National Optimal Pathways be monitored?

It is envisaged that compliance will be measured predominately against the single cancer pathway cancer waiting time target. This will be reported by Welsh Government; with additional, more granular pathway metrics reported through a performance framework on a quarterly basis. Such performance reports, together with the way Multi-Disciplinary Teams (MDTs) undertake audit and pathway improvement work, will be reviewed as part of the cancer peer review process facilitated by the Wales Cancer Network.

How will the National Optimal Pathways be maintained?

The Wales Cancer Network will act as the document controller for the pathways assuming responsibility for maintaining version control of each pathway via the CSGs; this is likely to be after 12 months in the first instance unless an 'as required' review is triggered by a significant update to NICE or professional guidance in the interim.

Each pathway will contain an appendix referencing the general sources of evidence used to underpin the development of the pathways, together with the stakeholders consulted within the process and forums where the pathways have been agreed.

What is your health board or trust required to do?

The National Optimal Cancer Pathways form a vital part of the 'toolkit' to support health boards and trusts in the development of their local services, both to achieve the ambition set out in the single cancer pathway and to improve cancer outcomes for your populations. It is required that:

- Executive Board note and discuss the NOPs as part of the implementation of the single cancer pathway.
- Executive leads for cancer use the NOPs to support the planning, delivery and performance monitoring of cancer services.
- Directors of Planning incorporate NOPs into their planning assumptions, recognising that they won't all be immediately achievable but should be worked towards in the medium term.
- Site specific local, regional and national MDTs to adopt the NOPs or justify reasons for local and limited variations