



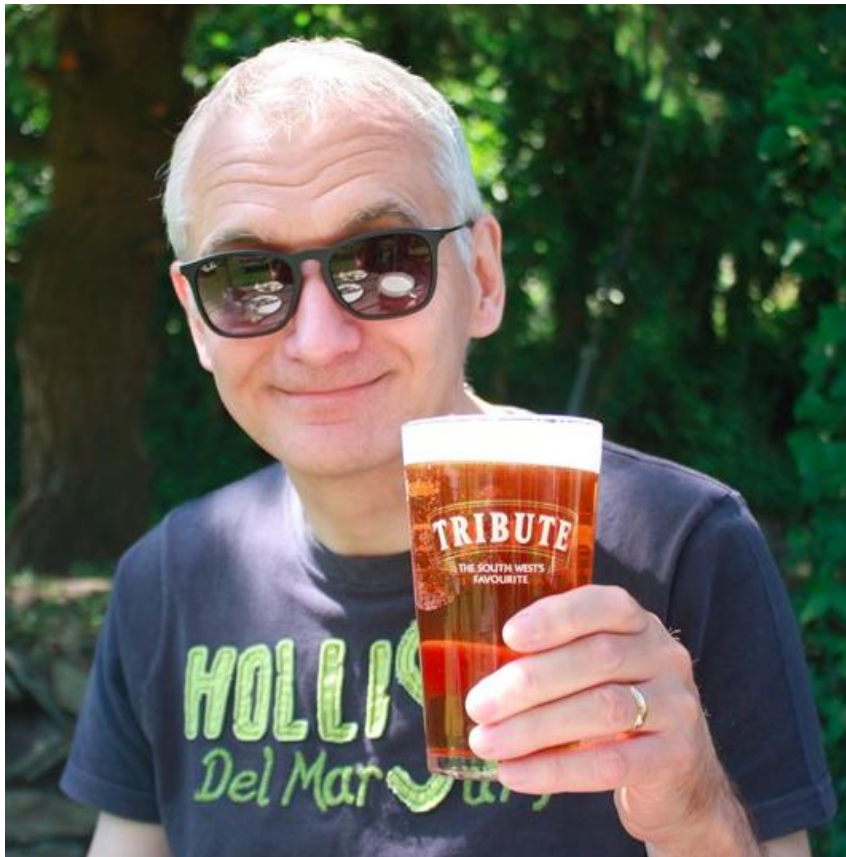
# Gynaecological Cancer Pathways

31 March 2017

Welsh Obstetrics & Gynaecology Society Spring Meeting

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Clinical Lead Gynaecological Cancer MDT  
Betsi Cadwaladr University Health Board

# Next week...



- It all started with a beer... (or a few!)
- Simon had a plan...
- Cycle Wales!

# Training



# Additions to the team!



- Familiar faces!?
- & Philip Toon as designated driver!

Jo's cervical  
cancer trust



[www.justgiving.com/fundraising/Simon-Richard-cycle-challenge](http://www.justgiving.com/fundraising/Simon-Richard-cycle-challenge)

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# Content

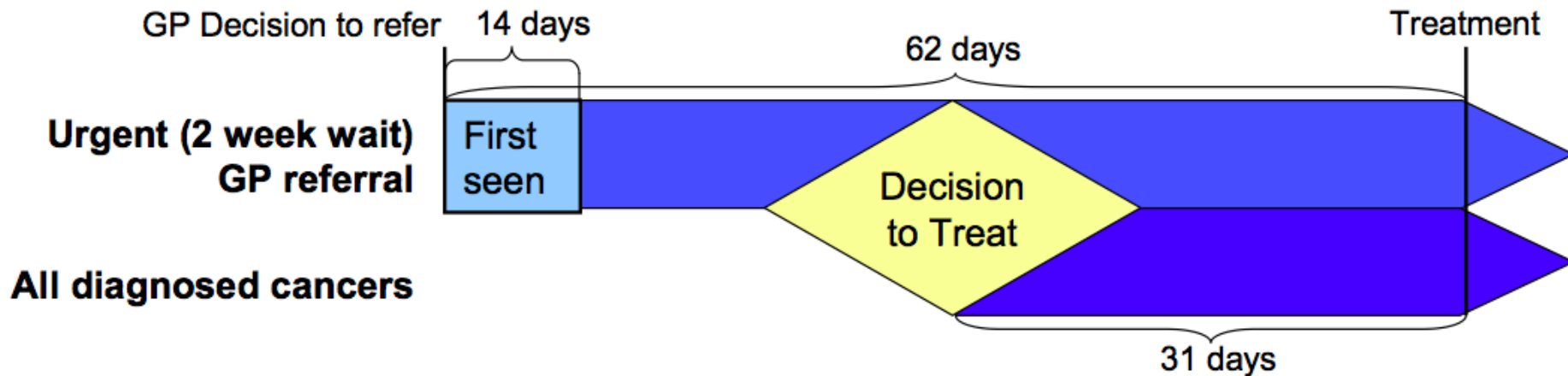


- Background to cancer pathways
- The numbers
- Pathway example
- Case examples
- Current problems
- Planned changes
  - Pilot
  - Next steps

# Background



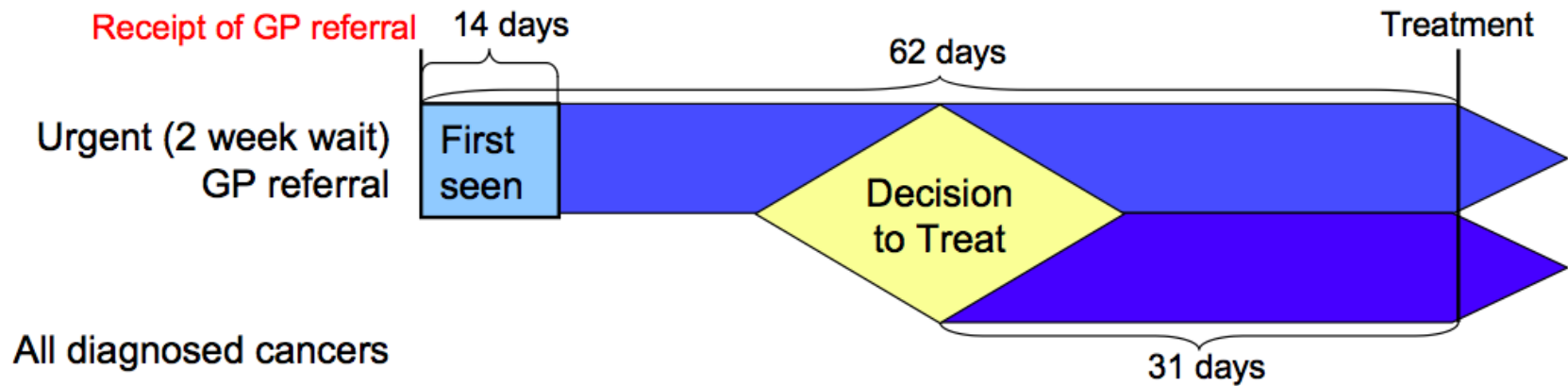
## Once upon a time (Cancer Plan 2000)



- Patient first seen within 14 days of GP urgent suspected cancer referral
- Patient treated within 62 days of GP urgent suspected cancer referral
- Acute leukemia, testicular and paediatric referrals treated within 31 days
- All cancers to be treated within 31 days of decision to treat



## Then ... (Cancer Reform Strategy 2007)



- Patient first seen within 14 days of **receipt of GP** urgent suspected cancer referral
- Patient treated within 62 days of GP **receipt of GP** urgent suspected cancer referral
- Acute leukemia, testicular and paediatric referrals treated within 31 days
- All cancers to be treated within 31 days of decision to treat



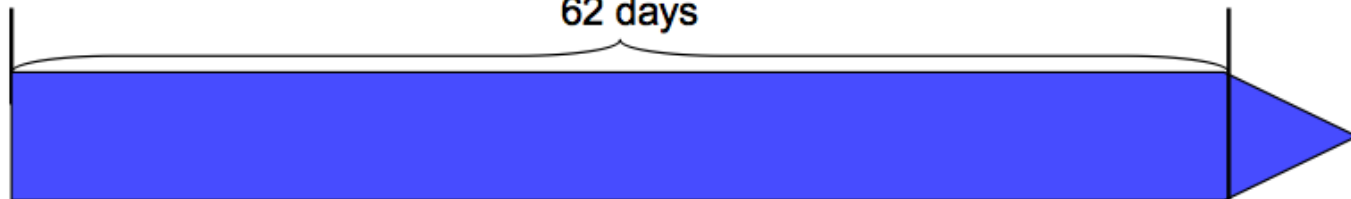


# And ... (Cancer Reform Strategy 2007)

Receipt of referral / Upgrade

62 days

Treatment



## Treat within 62 Days

- Consultant upgrade – from date of upgrade
- Breast screening – from decision for further assessment (normally one/ two abnormal read of mammogram)
- Bowel screening – from receipt of referral for an appointment with a specialist screening practitioner after positive faecal occult blood result



## Now ... (Improving Outcomes 2010)

### **No Change!**

“After careful consideration of a wide range of issues related to the current waiting time standards, the Advisory Group were unanimous in their view that these standards have been beneficial for patients and that they should be retained without any changes at a national level. “

# BCUHB trends 2011-16



- Overall increase in cancers diagnosed of 12%
  - Minimal change in gynaecology
  - Skin 40%, H&N 39%, Haematology 34%
- 67% rise in GP USC referrals over 5 years
  - 17% in last 12 months
- 8% (10%) conversion rate to cancer from a USC referral (H&N 4%, lung 25%)
- 40% (35%) of cancers from USC pathway

# BCUHB Numbers



<b>NUSCs (target 98%)</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Total treated	204	201	208	176	193	186	189	171
Breaches	6	3	6	4	4	2	5	2
<b>% in target</b>	<b>97.1%</b>	<b>98.5%</b>	<b>97.1%</b>	<b>97.7%</b>	<b>97.9%</b>	<b>98.9%</b>	<b>97.4%</b>	<b>98.8%</b>
<b>USCs (target 95%)</b>	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>Aug</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>
Total treated	130	152	155	159	137	166	141	122
Breaches	16	14	13	18	15	21	18	10
<b>% in target</b>	<b>87.7%</b>	<b>90.8%</b>	<b>91.6%</b>	<b>88.7%</b>	<b>89.1%</b>	<b>87.3%</b>	<b>87.2%</b>	<b>91.8%</b>

# BCUHB Performance



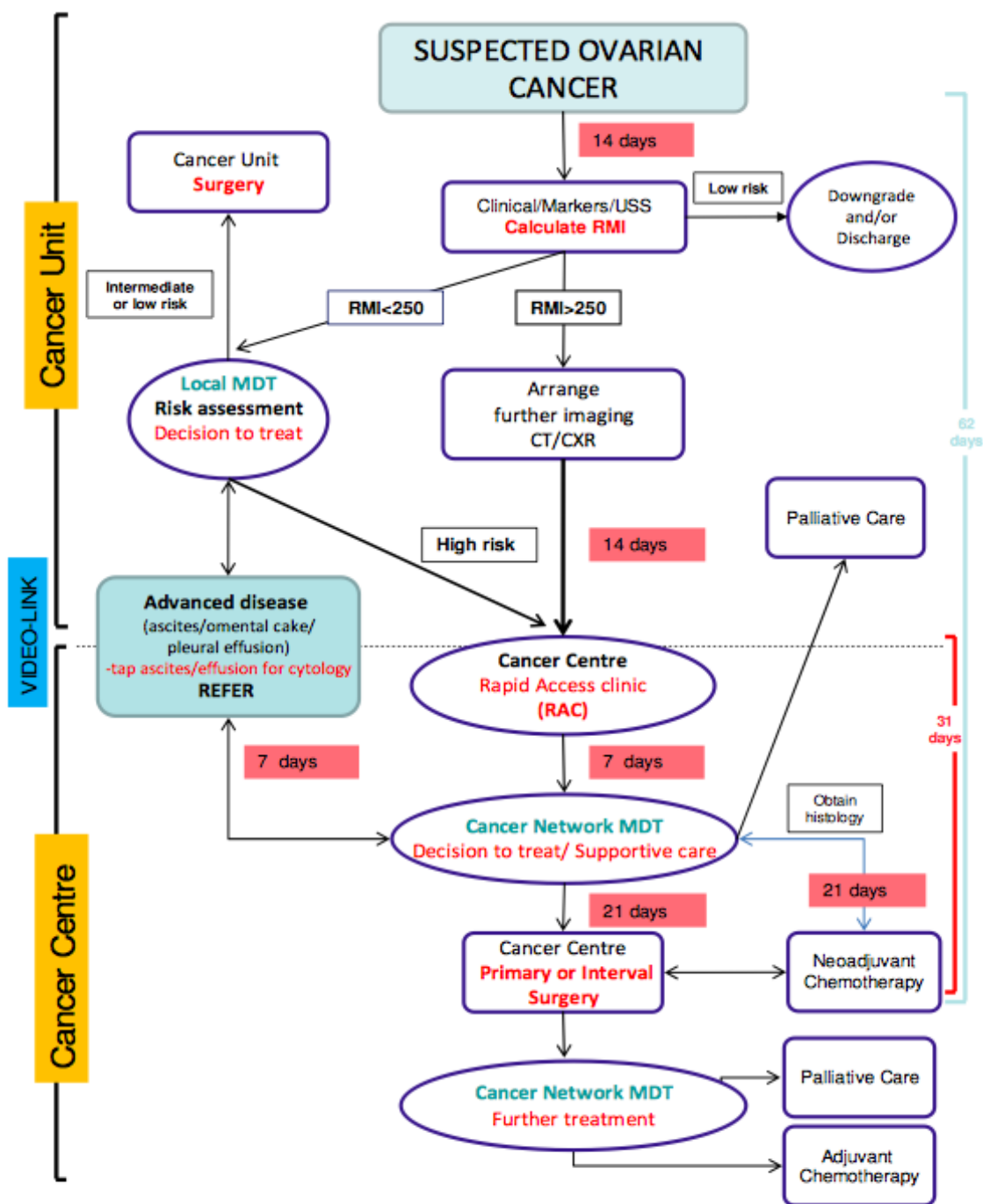
	<b>April 15</b>	<b>May 15</b>	<b>June 15</b>	<b>July 15</b>	<b>August 15</b>
NUSCs	98.7%	98.8%	100%	100%	97.5%
USCs	90%	89.8%	92.1%	89%	91.4%

The All Wales performance over the same period is as follows:

	<b>April 15</b>	<b>May 15</b>	<b>June 15</b>	<b>July 15</b>	<b>August 15</b>
NUSCs	97.2%	96.8%	96.8%	97.7%	Not known
USCs	85.5%	84.7%	83.1%	87.2%	83.5%

# Cancer pathway example





# Case Studies - Success



Day of pathway	Clinical Information	Step days
1	GP USC Referral received (PMB). Appt booked	0
11	Patient attends. Biopsy taken. Hysteroscopy booked as concern about adequacy of sample	10
15	Hysteroscopy date assigned (10 days later)	4
16	Biopsy – reported – Adenocarcinoma	5 from clinic
26	Patient attends clinic for diagnosis and imaging requested	10
30	MDT discussion to confirm diagnosis	14 from biopsy
34	Imaging performed	8 from clinic
37	MDT discussion – review of imaging and treatment planned	3 from imaging
44	Patient seen in clinic and consented for surgery	7 from MDT
60	Surgery	16 from clinic



# Case Studies - Breach



Day of pathway	Clinical Information	Step days
1	GP USC Referral received (PMB). Appt booked	0
9	Patient attends. Biopsy not possible Hysteroscopy booked.	9
29	Hysteroscopy performed	20 from clinic
39	Biopsy – reported – Adenocarcinoma	10 from op
46	MDT discussion to confirm diagnosis	7 from biopsy
47	Patient attends clinic for result and imaging requested	1 from MDT
60	Imaging performed	13 from clinic
64	MDT discussion – review of imaging and treatment planned	4 from imaging
73	Surgery	9 from clinic

# Current situation



- Outcomes in UK cancer care need to be improved
- Early diagnosis is the key
- Current cancer waiting times not compliant with Welsh Government targets (31/62)
- NUSC= 31 days from decision to treat to treatment starting. This target contains HIDDEN WAITS
- Current system doesn't drive service improvement, potentially driving perverse behaviours

# The Proposal



- Ministers concerned about hidden waits before the decision to treat on the non-USC pathway
- Proposal for a new, single suspected cancer pathway
- Priority for the cancer implementation group

# Principles



- A single suspected cancer pathway
- Current USC system remains
  - ?Remove downgrades
- Remove the non-USC pathway
- Patients join single pathway at any time
  - Point of clinical suspicion e.g. GP, outpatients, scan
  - Diagnosis of cancer
- HBs to report on data including suspensions

# Defining suspicion



Examples of first clinical suspicion of cancer	Recording the patient's entry onto the single cancer pathway - day 0
Vetting a referral from primary care	Date referral is made from primary care to the health board (this replaces the previous guidance of when the referral is received)
Referral from Breast Test Wales	The date that the final mammographic report is issued.
Referral from bowel screening	The date the participant contacts the programme to make an SSP appointment following notification of a positive FOB result.
Referral from cervical screening	Date there is suspicion of cancer as defined by the following: <ul style="list-style-type: none"><li>• Date referral received by Health Board for 'high grade, ?invasive squamous carcinoma/?glandular neoplasia' (grade 5, 6, 6GX, 6GC, 0 and G smears)</li><li>• Date of biopsy result which indicates suspicion of cancer or is diagnostic of cancer</li><li>• Date of colposcopy where suspicion of cancer made</li></ul>

# Defining suspicion



Examples of first clinical suspicion of cancer	Recording the patient's entry onto the single cancer pathway - day 0
Outpatient appointment	Date of outpatient appointment where clinician suspects cancer
Receiving clinician suspects cancer in a referral within secondary care	If the receiving clinician suspects cancer the clock starts from date referral received.
A&E attendance/emergency admission	Date patient assessed as suspected cancer by a clinician
Any imaging eg CT, ultrasound, MRI etc	Date of scan
Endoscopy procedure eg OGD, colonoscopy, flexible sigmoidoscopy	Date of procedure
Any other biopsy	Date of procedure

# Pilots



- Each Health Board analysed 100 NUSCs
  - Measured days from point of suspicion rather than DTT
  - 5 HBs did it. 500 patients. Only 32 Gynae.
  - Performance deteriorated
    - 96.8% against NUSC target
    - 76.6% against new 62 single cancer pathway
      - Gynae: 3/4 BCUHB and 4/5 C&V treated in 62 days
    - Main delay: Diagnostics
      - 84% of those breaching 62 days waited over 28 days for diagnostics to be completed (imaging, endoscopy, biopsy)
    - Most likely to breach – Urology and those that join from OPD

# Pilots and learning



- Cwm Taf piloting SCP for over 12 months
  - Need improved IT systems e.g. Tracker 7, dashboards
  - Significant impact on diagnostics
  - Increased numbers of patients tracked by cancer services



# Now...



- Health Boards asked to report waiting times from suspicion of cancer to treatment from 1 April 2017
- Can we report this?
  - IT systems key
- No formal target yet
  - What is the current baseline position?
- 31/62 targets still reporting targets for WG

# Summary



- USC pathway not changing
- NUSC pathway will go in the future
- Entry onto a single suspected cancer pathway at any point of suspicion
- Shadow monitoring starting soon, targets not yet set
- Awareness of targets and urgency of investigations in GOPD, A&E, wards etc.
- Sponsor us!!

Jo's cervical  
cancer trust



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