



# REFERRAL TO TREATMENT, DIAGNOSTIC AND CANCER TREATMENT OPERATIONAL STANDARDS – PHT POSITION AND IMPROVEMENT PLAN.

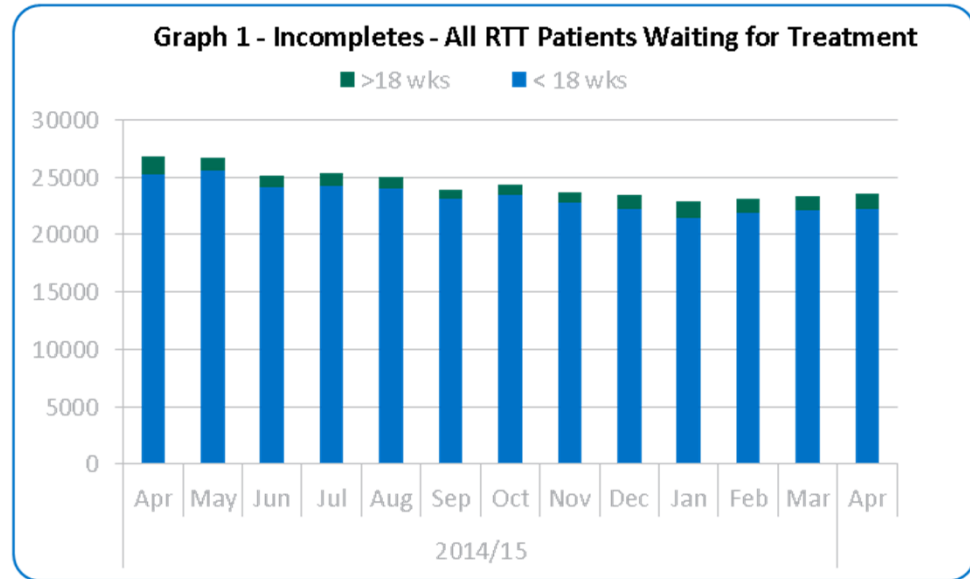
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4 June 2015

## Reminder of the key operational standards:

- **Admitted standard (90%)** – where 1<sup>st</sup> definitive treatment intended to manage a patient's disease, condition or injury is provided in an inpatient setting. For April national performance against the standard was 86.1%, the trust achieved 91.4% and 90.6% in May.
- **Non- admitted standard (95%)** – where the 1<sup>st</sup> definitive that is intended to manage a patient's disease, condition or injury is provided in an outpatient setting. For April national performance against the standard was 95%, the trust achieved 95.5% and 96.6% in May.
- **Incomplete standard (92%)** – all patients waiting for first definitive treatment either with or without a date. For April national performance against the standard was 93.1%, the trust achieved 93.9% and 94.3% in May.
- **62 day FDT cancer standard (85%)** – where patients with a suspected cancer diagnosis receive their 1<sup>st</sup> definitive treatment within 62 days of the GP referral being received. This is the most clinically important cancer standard. In quarter 4 national performance was 89.43% and Trust performance was 80.4%

# The Incomplete standard is the best indicator of the current RTT and waiting list position



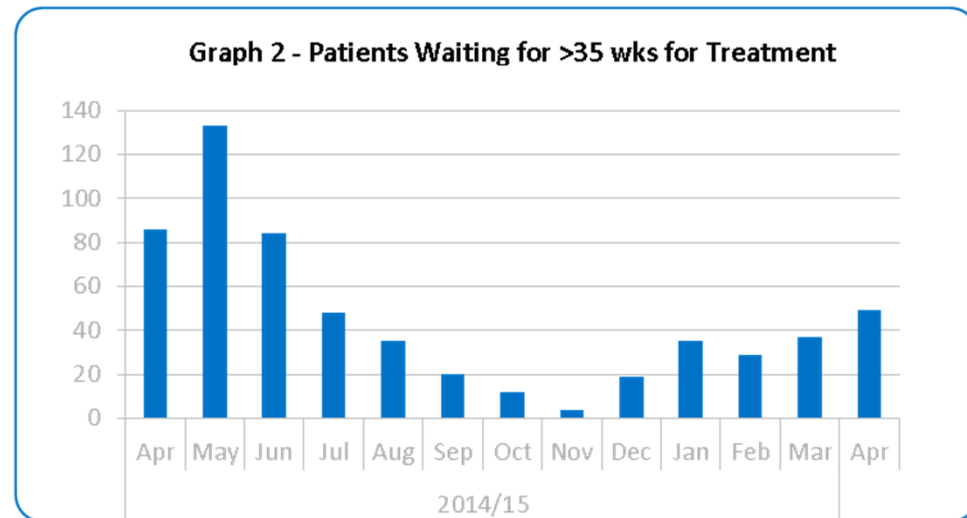
The Trust incomplete performance for April was 93.9% compared to a national performance of 93.1% and for May Trust performance improved to 94.3%

## No patient should have an excessive wait for routine treatment > 18 weeks

At the end of April 2015, 49 patients were waiting over 35 weeks for routine treatment.

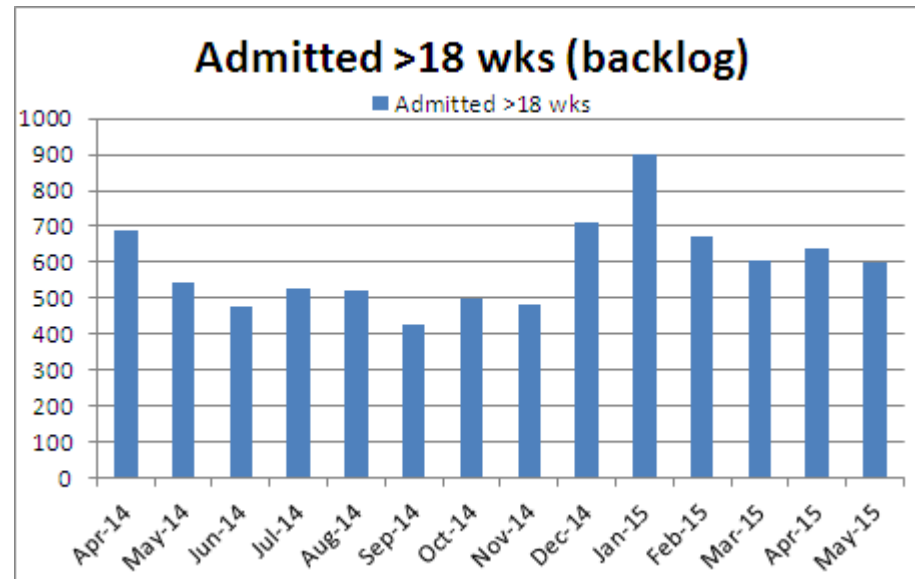
This is compared with 86 patients at end of April 2014.

PHT aim to have no patients waiting over 35 weeks.



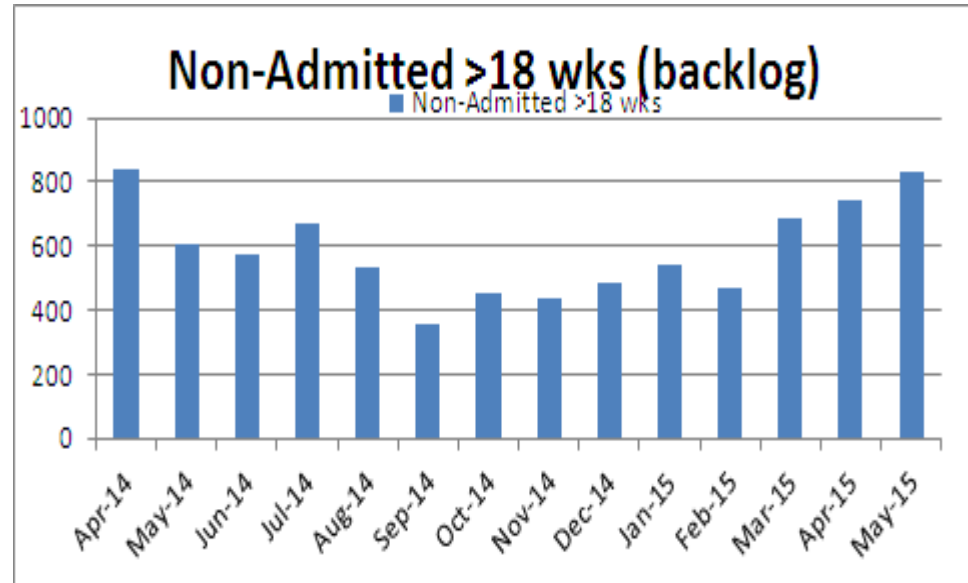
## Admitted 'backlog' position – those patients waiting over 18 weeks for their 1<sup>st</sup> definitive treatment in an inpatient setting

- At the end of April 2014 there were 26,783 patients in total waiting for treatment .
- At the end of April 2015 there were 23,590 patients in total waiting for treatment an overall reduction of 3,193 patients.
- The number of patients waiting more than 18 weeks for treatment in an inpatient setting has also reduce from 689 at the end of April 2014 to 601 at the end of May 2015



## Non-admitted ‘backlog’ position – those patients waiting over 18 weeks for their 1<sup>st</sup> definitive treatment in an outpatient setting

- The number of patients waiting for treatment in an outpatient setting for more than 18 weeks has remained stable
- At the end of April 2014 there were 837 patients waiting more than 18 weeks and at the end of May 2015 there were 832 patients waiting more than 18 weeks

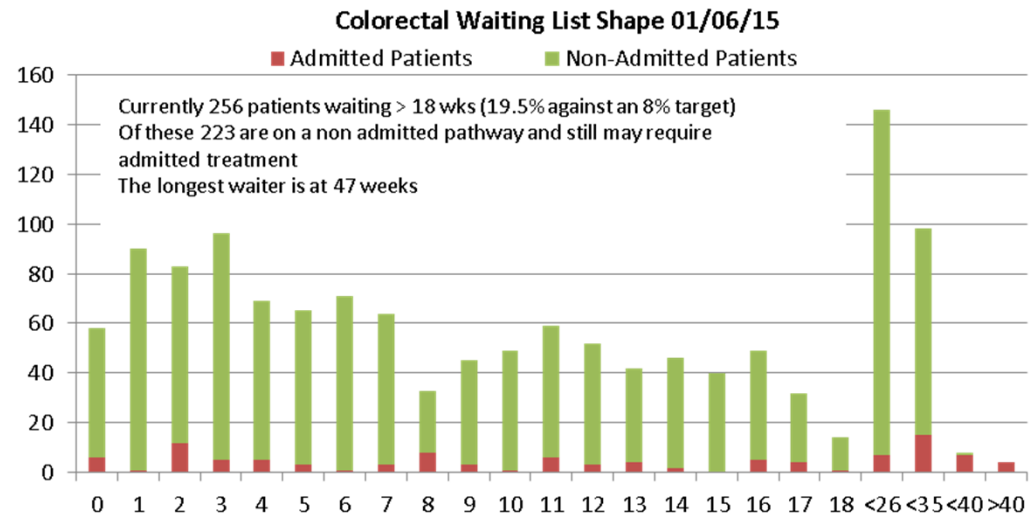


# Colorectal which forms part of the General Surgery sub-specialty is one of PHT greatest challenges to delivery of RTT standards.

Currently 256 patients waiting longer than 18 weeks for 1<sup>st</sup> definitive treatment.

223 of these are awaiting a first appointment in an outpatient setting and may convert to an admitted pathway

One patient has waited for 47 weeks



**The Incomplete Standard is likely to be the only RTT standard to be measured in the near future.**

**What does this mean for  
PHT?**

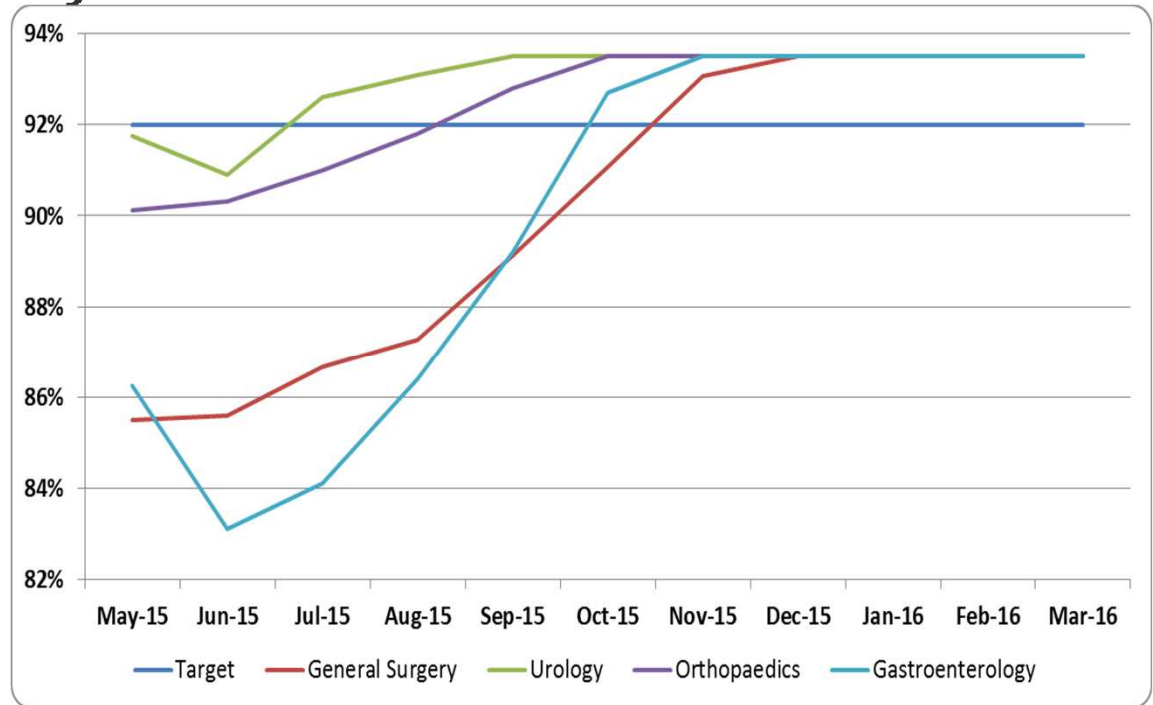


## Current & historic delivery of incomplete standard

		Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Surgery	Incomplete	90.9%	91.6%	91.8%	92.2%	89.0%	87.1%	88.3%	87.0%	84.0%
Urology	Incomplete	88.8%	91.3%	89.9%	88.5%	84.1%	82.9%	84.9%	85.1%	87.5%
T&O	Incomplete	95.6%	97.7%	97.1%	96.9%	94.4%	95.3%	88.2%	91.1%	91.8%
Gastro	Incomplete	97.1%	96.8%	93.4%	96.3%	98.1%	95.5%	96.5%	96.5%	91.4%
Total Trust	Incomplete	95.7%	96.7%	96.2%	96.1%	94.9%	94.6%	95.1%	94.6%	94.2%

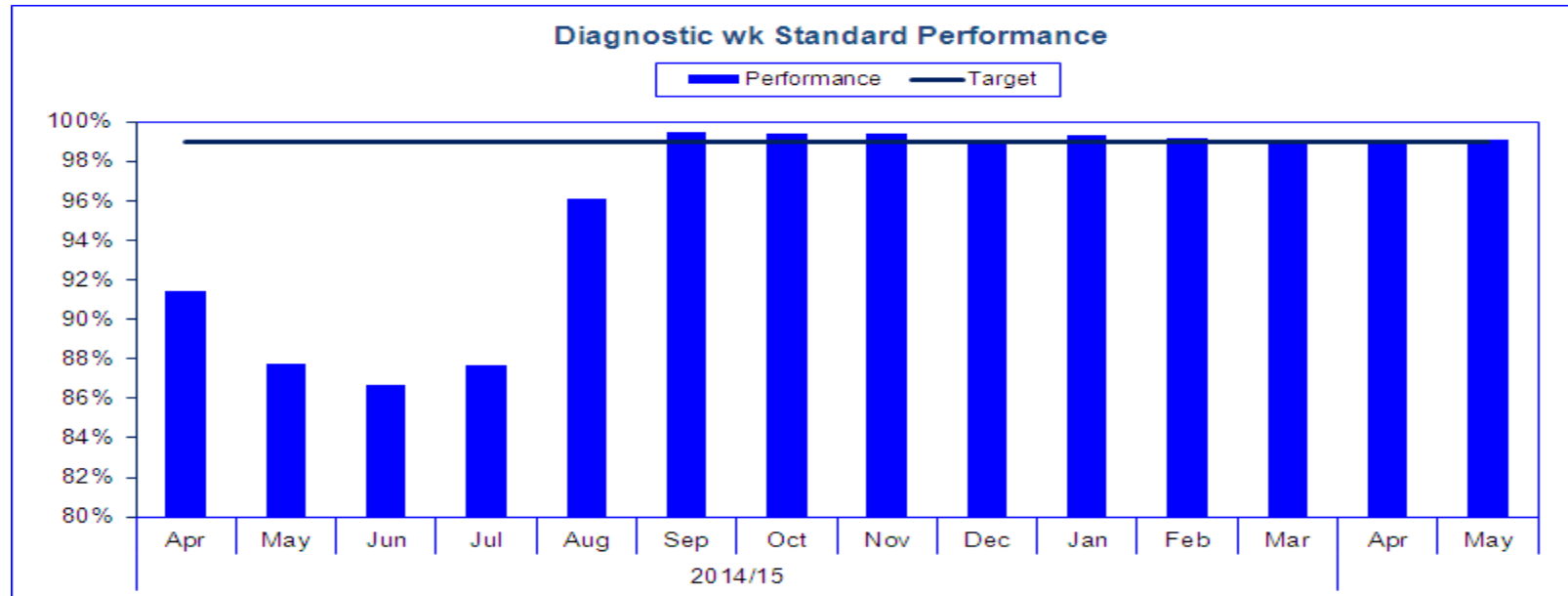
## Projected achievement July 2015 onwards

- Urology can achieve rapidly, capacity available and (relatively) low numbers in backlog & tippers
- Orthopaedics can achieve at the end of August *if* sufficient capacity available to see volumes in August.



- General Surgery achievement in November dependent on securing theatre capacity for colorectal from other sub-specialties achieving target, assuming additional OP clinics secured to clear backlog – this is taking place now.
- Gastroenterology - Delivery is reliant on additional capacity of 30 pw to assist in removing tail. Compliant from mid Sept-15. Further requirements to plug capacity/demand gap are needed to ensure service delivers a shorter waiting time for new appointment.

# Diagnostic 6 wk referral to test- forecast May



## Headlines:

- May provisional performance – **99.07%** expected to improve to 99.5%

## Going Forward:

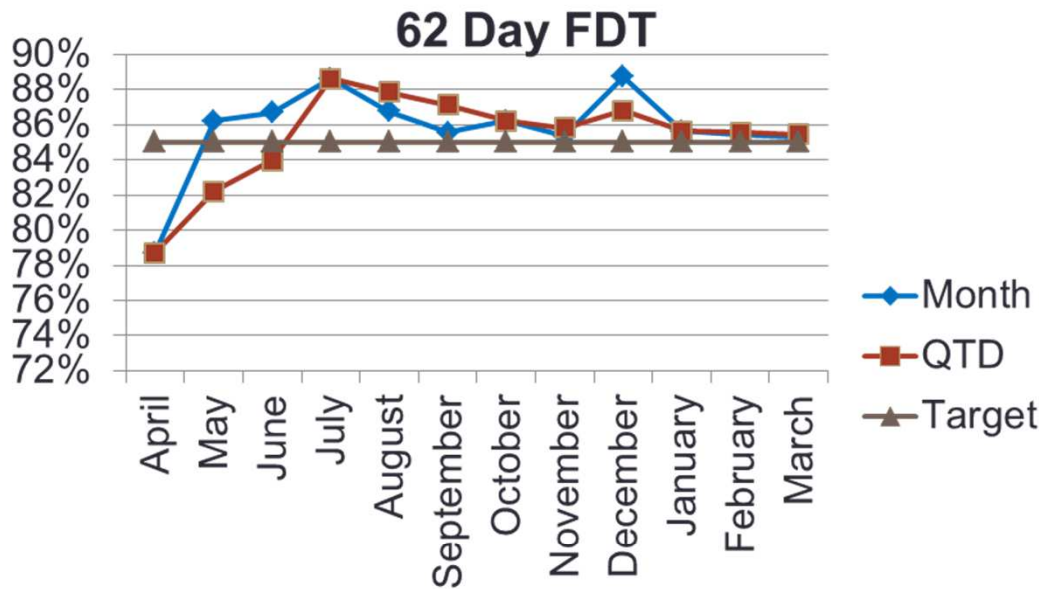
- Additional MRI capacity will be maintained for a short period to improve Cancer access times in specific specialties.
- The Trust will continue to work with commissioners to improve the quality and relevance of diagnostic referrals.
- Contingency plans are in place for those modalities most at risk of significant demand / capacity variation and additional capacity is provided to meet demand.
- Work is ongoing with the Gastro specialty to improve patient diagnostic pathways and capacity to support sustainability of the 6 week standard this is has already significantly reduce the number of breaches.

## Cancer Standards May 2015 - Early Provisional Performance (subject to validation & change until National upload deadline of 3<sup>rd</sup> July)

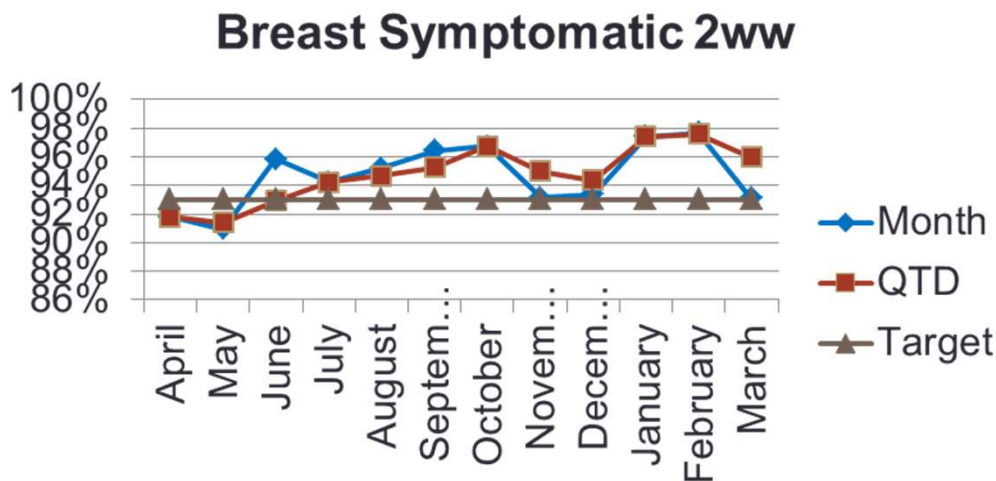
May '15	2 week wait	31 day FDT	31 day Subsequent Chemotherapy	31 day subsequent surgery	62 day FDT	62 day screening	2 week wait Breast Symptomatic	31 day subsequent radiotherapy	62 day consultant upgrade
Target	93%	96%	98%	94%	85%	90%	93%	94%	86%
Breast	95.6%	100.0%	100.0%	100.0%	88.2%	90.5%			
Breast symptomatic							90.6%		
Dermatology	97.2%	100.0%	100.0%	100.0%	100.0%				
Gynaecology	96.6%	100.0%	100.0%	100.0%	100.0%				
Haematology	100.0%	100.0%	100.0%		100.0%				
Head & Neck	95.9%	100.0%		100.0%	81.8%				
Lower GI	91.9%	100.0%	100.0%	100.0%	83.3%	100.0%			
Other	100.0%	100.0%							100%
Respiratory	96.0%	100.0%	100.0%		60.0%				100%
Sarcomas	75.0%				50.0%				
Upper GI	99.5%	100.0%	100.0%	100.0%	71.4%				
Urology	95.1%	78.1%	100.0%	83.3%	83.3%				
<b>Total Trust</b>	96.0%	96.5%	100.0%	95.9%	86.5%	91.3%	90.6%	94.7%	100%
<b>Quarter 1 (15/16)</b>	95.9%	96.4%	100.0%	94.3%	83.7%	94.0%	91.2%	95.1%	100%

- May provisional and unvalidated performance, the Trust continues to validate and to ensure all treatments are recorded.
- All standards achieved with the exception of breast symptomatic (see slide) further validation to required and this is expected to improve the position.
- 62 first definitive treatment has been achieved for May, Quarter 1 is currently 83.7% and not expected to recover.

## Cancer Recovery Trajectory – 62 day first definitive treatment and 2 week wait for breast symptomatic appointment



1. The Trust has requested a diagnostic exercise from the intensive support team to identify any further areas for improvement.
2. Action plan will be monitored weekly by Lead Cancer Manager.
3. Weekly reports to Director of Operations (Scheduled Care).
4. Performance will continue to be monitored through Scheduled Access Assurance meeting (SAAM).
5. Improvements to brachytherapy pathway and capacity will assist to support delivery of this standard.
6. Further pathway improvements to be benchmarked against Trusts delivering compliant performance in Urology tumour site.



1. Breaches due to patient choice
2. Task and finish group set up to review and ensure that patients have greater choice, notice and flexibility of appointments to assist with compliance.
3. 22% increase in demand has meant that adhoc additional clinics have been provided at short notice which impacts on patient compliance. Work has commenced to provide additional radiology supported one-stop clinics.

## Recovery Plans to Deliver RTT, Diagnostic and Cancer Standards

### **Key Specialties:**

- Urology
- General Surgery
- Gastroenterology

## Overview of Recovery Plans:

- IST (Intensive Support Team) consulted to provide diagnostic and recommendation report of existing practices and pathways
- All current elective pathways being reviewed and revised as appropriate to deliver further efficiencies

- Urology, General Surgery(colorectal) and gastroenterology reliant upon expansion of existing workforce
- Optimised utilisation of Outpatient and theatre capacity required
- Additional Outpatient, endoscopy and theatre capacity required, to include extended working days and 6 day working to support