Greater Manchester and Cheshire Cancer Access Policy

in conjunction with Cancer Waiting Times Guidance Version 9.0

Document Control

Document Ref No.	N/A
Title of document	Greater Manchester and Cheshire Cancer Access Policy
Author's name	Greater Manchester & Cheshire Cancer Managers
Document Version	1.3
Document Status	Draft
Based on	National Cancer Waiting Times (CWT) Guidance Version 9.0
Signed off by	Director of Operations
Date	12.08.16
Implementation Date	15.08.16
Next review date	June 2019 or upon any change to the national CWT guidance
Distribution	All providers and CCGs within GM and Cheshire
Has an Equality & Diversity Impact Assessment been completed?	Yes

Ratification	Date
Director of Operations Group	08.06.16
GM Commissioning Managers	05.07.16

Consultation History

Version	Date	Amendment	Consultation
1.0	04.04.16	Document creation	
1.1	08.04.16	Minor alterations to wording	Cancer Managers Forum
1.2	11.07.16	Minor alteration to wording	Lead Commissioner
1.3	18.08.16	Removal of 2 lines under ratification section, as will go for information, not ratification	N/A

Contents

1.0 Executive Summary

This Access Policy has been developed to support the standardisation of the application of Cancer Waiting Times Guidance and ensure that resources are best utilised to support all patients with suspected and confirmed cancer.

This Policy should be read in conjunction with the Cancer Waiting Times Guidance Version 9. NHS England Publications Gateway Reference 04998 has also been considered when writing this Policy.

The NHS Cancer Plan (2000), the NHS Plan (2000) and the Achieving World Class Cancer Outcomes report set out a vision of a service for patients on a suspected cancer pathway, and those on a routine pathway, designed around the patient with a ten-year programme of investment and reform to transform the system and put it at the forefront of best-practice internationally.

The NHS Cancer Plan set out that patients referred with suspected cancer should wait no longer than 14 days for first outpatient assessment or first diagnostic test. It also stated that from receipt of referral to first treatment should be no longer than 62 days.

The NHS Cancer Plan also states that patients not referred via the two-week rule system, but subsequently found to have a diagnosis of cancer, should wait no longer than 31 days from a decision-to-treat to first treatment.

The Cancer Reform Strategy (Dec 2008) extended access and treatment for a cancer pathway to include:

- All patients referred with breast symptoms to be seen within 14 days (excluding referrals for reconstruction) by Dec 2009.
- Patients from National Screening Programmes to be upgraded to a 62-day pathway if cancer suspected or confirmed from Jan 2009.
- Consultant upgrade of routine patients to a 62-day pathway from Jan 2009.
- All subsequent treatments for primary, recurrent and metastatic cancers within 31 days of the earliest clinically appropriate date.

Cancer Waiting Times (CWT) guidance version 9.0 was introduced in October 2015. Within this guidance there are several references to 'local access arrangements / local policy'. This documents sets out to provide a defined approach to these elements, ensuring all Trusts within Greater Manchester and Cheshire operate consistently, and in ways that deliver the intended benefits for NHS patients and NHS organisations.

NB 'Greater Manchester and Cheshire' refers to the following Trusts within the context of this document: Wrightington, Wigan and Leigh, Bolton, Salford, Tameside, Stockport, Mid Cheshire, South Manchester, East Cheshire, Christie, Pennine, Central Manchester.

2.0 Cancer Waiting Times Standards

Greater Manchester and Cheshire have the ambition to go beyond the National standards relating to the timely access of diagnostics and treatment for patients with suspected or confirmed cancer. However, for the purpose of this document it is important to note that there were no changes to the national standards with the launch of version 9.0 of the Cancer Waiting Times Guidance. A summary of the standards is detailed below.

The cancer waiting times service standards are:

a) Maximum 2 weeks from:

i) receipt of urgent GP/GDP referral for suspected cancer to first outpatient attendance [Operational Standard of 93%];

ii) receipt of referral of any patient with breast symptoms (where cancer not suspected) to first hospital assessment [Operational Standard of 93%].

b) Maximum 31 days from:

i) decision to treat to first definitive treatment [Operational Standard of 96%];

ii) decision to treat/earliest clinically appropriate date to start of second or subsequent treatment(s) for all cancer patients including those diagnosed with a recurrence where the subsequent treatment is:

(1) surgery [Operational Standard of 94%]

(2) drug treatment [Operational Standard of 98%]

(3) radiotherapy [Operational Standard of 94%].

c) Maximum 62 days from:

(i) receipt of urgent GP/GDP referral for suspected cancer to first treatment [Operational Standard of 85%];

(ii) receipt of urgent referral from NHS Cancer Screening Programmes (breast, cervical and bowel) for suspected cancer to first treatment [Operational Standard of 90%];

(iii) date of consultant upgrade of urgency of a referral to first treatment [No Operational Standard as yet].

d) Maximum 31 days from receipt of urgent GP referral to first treatment for children's cancer, testicular cancer, and acute leukaemia [Operational Standard 85%].

3.0 Roles and Responsibilities

Referrer Responsibilities

- Ensure that the patient meets the criteria for a suspected cancer referral and the intended pathway of care.
- Ensure that the patient is adequately informed that they are being referred urgently on a suspected cancer pathway and is prepared to be seen within the required timescales. This should be supported by the provision of written information on suspected cancer referrals.
- Ensure that the patient is prepared to be treated within the appropriate timescales.
- Ensure that the patient's contact details are up to date and correct before making the referral.
- A referrer will ensure that all suspected cancer referrals will be made in line with the requirements of NICE guidance.
- All 2-week wait referrals must be made via Choose and Book where the service is available:
  Initiate the referral through the use of Choose and Book / NHS E-referral system, attaching the appropriate referral information for that tumour site, within 1 day.

Patient Responsibilities

- Ensure that the GP and hospital has the correct contact details.
- Attend agreed appointments and give sufficient notice of no less than 48 hours in the event of the need to change agreed date or time, to ensure the appropriate use of resources.
- Respond to hospital communications in a timely manner.
- Communicate immediately to the hospital or GP if treatment and/or appointments are no longer required.
- Immediately communicate to the hospital and GP any changes in personal contact details or clinical condition.

Trust Responsibilities

- Deliver all patient access activities within the national maximum treatment time, milestones and targets, ensuring timely and appropriate access where clinically appropriate.
- Ensure that only patients fit for surgery are added to the elective waiting list.
- The Trusts agree to work collaboratively across multiple organisations to ensure effective management of all cancer pathways.
- The Trusts will endeavour not to cancel appointments unless this is to benefit the patient's pathway or there are exceptional circumstances.

- The Trusts will inform patients that they are on a suspected cancer pathway and the importance of attending investigations and appointments that may be offered at short notice.

- The Trusts will have the responsibility to track all patients from referral to treatment or to the point where the patient's care is transferred back to their GP or referrer, and they are formally notified of this.

- Trusts will ensure consistent chronological management of patients at all points on the pathway in line with clinical need. This applies to diagnostic and treatment points in the pathway

4.0 Cancer Access Standards

Within the Cancer Waiting Times Guidance (CWT) version 9.0 there are a number of points which are subject to 'local policy'. At present this could be interpreted differently between each provider and commissioner. This document provides an agreed interpretation of 'local policy' so that patients referred from any CCG and treated at any provider are treated fairly and consistently.

In the table that follows the section extract from the CWT is listed, along with the Access standard.

The specific points of interest are highlighted in each of the sections, but the full section on each subject has been included for context and clarity.

The sections applicable to local policy are:

2.1 – coverage of standards. This section covers all standards; the relevant section pertains to the 62 day cancer standards.

4.1 – Referral policy and guidance.

4.11 – Inappropriate and incorrect referrals.

Cancer Waiting Times Extract / Reference	GM&C Access Standard

2.1 Coverage of Standards (62 day)
• the **two months (62 days) standard** applies to patients who are referred:
  ○ through the two week wait referral route by their GP (GMP,GDP or Optometrist) with suspected cancer
  ○ urgently from any of the three NHS cancer screening programmes (breast, cervical or bowel)
  ○ then upgraded by a consultant (or authorised member of the consultant team as defined by local policy) because cancer is suspected
  ○ on suspicion of one cancer but are diagnosed with a different cancer
In addition, patients who have been diagnosed with cancer after being referred by any relevant health professional because of breast symptoms (where cancer is not suspected) should be treated within 62 days. This is a recommendation, not a set standard, and therefore although data is collected on this pathway, this will not be performance managed centrally at the present time.
 	
Cancer waiting times service standards are not applicable to patients
• with a non-invasive cancer ie:
  ○ carcinoma in situ (with the exception of breast (D05) which is included) – local systems will need to be in place to notify cancer registries of carcinoma in situ cases except for D05
  ○ basal cell carcinoma (BCC).
• who die prior to treatment commencing – local systems will need to be able to flag this and forward the information to cancer registries
• receiving diagnostic services and treatment privately. However:
  ○ where a patient chooses to be seen initially by a specialist privately but is then referred for treatment under the NHS, the patient should be included under the existing 31 day standards
  ○ where a patient is first seen under the two week standard, then chooses to have diagnostic tests privately before returning to the NHS for cancer treatment, only the two week standard and 31 day standard apply. The patient is excluded from the 62 day standard as the diagnostic phase of the period has been carried out by the private sector.
• who refuse all reasonable offers of diagnostics or treatments, or opt to be treated outside of the NHS.
2.1.1 **What counts as a reasonable offer for diagnostics or treatments?**
For cancer waiting times a reasonable offer for diagnostics or treatments is counted as a service commissioned by an English NHS commissioner that is clinically appropriate as decided by the consultant.
 	
2.1.2 **What is classed as a reasonable offer for the date of an appointment?**
For cancer waiting times a 'reasonable' offer of an appointment is defined by local policy and should be an offer for diagnosis or treatment in a cancer pathway.
 	
Part of being reasonable means that the patient has been consulted and listened to, taking into account what the patient would find reasonable.
In cases of contention (such as treatments offered on the same day) the commissioner decides whether the offered appointment was reasonable.
	Reasonable offer of diagnostics or treatment is defined as not less than 24 hours' notice.
	
	Refusal of all reasonable offers is defined as:
	Any 2 or more DNA of appointments
	Any 2 or more occasions where declines and cancellations have caused a delay.
	
	As the 62 day standard waiting times are not applicable to patients who refuse all reasonable offers of diagnostics or treatments these patients will be monitored against the 31 day standard.

Cancer Waiting Times Extract / Reference	GM&C Access Standard
4.1 Referral policy and guidance Management of referrals between GPs (GMP, GDP or Optometrist) and secondary care is a matter for local protocol/policy within the overarching cancer waits rules. • The best interest of the patient should be at the forefront of the local policy. Referrals between primary and secondary organisations should be monitored locally • providers are encouraged to run daily checks for missing referral letters following an e-Referral Service referral, and follow these up with the relevant GP (GMP,GDP or Optometrist) practices • the duty of care is with the referring practice. The practice will therefore need to have systems in place to ensure that referral letters are sent promptly and to ensure that patients they have referred convert their UBRNs in a timely way, where patients book their appointments directly through the e-referrals system • for the two week wait referrals the required information should be sent to the receiving provider with one working day. The patient should be encouraged to make an appointment quickly. There is a set of National Institute for Health and Care Excellence (NICE) guidance explaining what a patient should be told at http://www.nice.org.uk/guidance/ng12. If the NICE guidelines are followed it will hopefully encourage patients to accept the earliest appointment where possible. It would also be helpful for a GP (GMP, GDP or Optometrist) to reiterate the importance of keeping an appointment once it has been made. For patients booking an appointment through the e-Referral Service (e-RS) it is stressed in the e-RS guidance that it is good practice to ensure the patient has booked an appointment before leaving the practice. It is also good practice to ensure that someone at the practice monitors, on a daily basis, the e-RS bookings to check that all Unique Booking Reference Numbers (UBRN) have been converted into a booking. For urgent two week wait appointments e-RS will only offer patients an appointment within the next 14 day period. There should be agreed referral protocols in place between primary and secondary care so that GPs (GMP, GDP or Optometrist) know where to send patients. If they have sent a referral to the wrong provider that provider should liaise with the GP (GMP, GDP or Optometrist) and ask them to withdraw the referral and re-refer to a correct provider. This new referral would be recorded as the start of the two week wait. Alternatively, the wrong provider could forward the referral onto a correct provider if this is faster and in the patient's interest. In this case the two week wait clock would still be the original, wrong referral, from the GP (GMP, GDP or Optometrist). Once the 62-day or 31-day clocks have started for a suspected cancer it is not expected that a patient would be referred back to their GP (GMP, GDP or Optometrist). Unless, cancer is ruled out or the management of the patient is being co-ordinated by the GP ie post anti-cancer treatment or hormones.	See Page 10

Cancer Waiting Times Extract / Reference	GM&C Access Standard
4.1.1 **What if the patient cannot attend an appointment within two weeks?** If a patient cannot make themselves available for an appointment within two weeks, despite having been given appropriate information, it is technically possible for a GP (GMP, GDP or Optometrist) to defer making the referral until the patient is available for referral – a provider cannot refuse a referral. Patients that choose an appointment outside of two weeks do not exempt themselves from the standards. The operational standards for the two week wait commitments take account of the volume of patients likely to be seen outside of two weeks due to patient choice. **4.11 Inappropriate and Incorrect Referrals** Patients should not be referred back to their GP (GMP, GDP or Optometrist) because they are unable to accept an appointment within two weeks. Only the GP can downgrade a referral. If a consultant thinks the two week wait referral is inappropriate this should be discussed with the GP. • Patients should not be referred back to their GP after a single Did Not Attend (DNA) or cancellation • Patients should only be referred back to their GP after multiple (two or more) DNAs but not after multiple appointment cancellations unless this has been agreed with the patient – by cancelling an appointment a patient has shown a willingness to engage with the NHS.	All GPs must check patients are available before referral, and consider deferring if not. If a provider receives a referral and the patient is unable to attend any appointment within 14 days, the provider should inform the GP of the situation and advise the clock will be re-started from when the patient is available, rather than cancelling the referral and asking the GP to re-refer as in the spirit of the overarching CWT rules (4.1, 4.1.1 and 4.11). Patients who DNA 2 first attendance appointments must be referred back to the GP. Patients who cancel 2 or more first attendance appointments will be returned back to the GP where the patient has been informed this will occur. This is to facilitate further management of the patient

5.0 Equality Impact Assessment

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender (including gender reassignment)	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are there any valid exceptions, legal and/or justifiable?**	N/A	
4.	**Is the impact of the document/guidance likely to be negative?**	No	
5.	**If so, can the impact be avoided?**	N/A	
6.	**What alternative is there to achieving the document/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	