Rapid improvement guide to sustainable delivery of the 62-day cancer waiting-time standard

May 2018

Sustainable delivery of the 62-day cancer standard is challenging for many organisations.

Our experience from working with a wide range of providers, supported by analysis of Hospital Episode Statistics (HES) data, has identified three key elements that contribute to improved waiting times for patients and better performance against the 62-day standard:

- reduced number of pathway steps
- reduced overall size of patient tracking list (PTL)
- reduced time to first appointment.

This guide

This rapid improvement guide specifically focuses on these three elements and is intended to be used alongside other support and guidance.

It will:

- help trusts to focus their efforts on these key areas for improvement
- provide a self-assessment framework on their current systems and processes in each area
- assist with formulation of action plans and objectives to drive improvement in each key area
- complement established support documents and initiatives.

For more information about the background to this work see our report Using patient data to improve cancer waiting times.
Three factors that reduce cancer waiting times

1) **Reduce the number of pathway steps.** Pathways with three appointments are on average 19 days longer than pathways with two appointments. This increases the probability that the patient’s wait will breach the 62-day standard by 5%.

2) **Reduce time to first appointment.** The earlier in the pathway a patient receives their first appointment, the less probability of breaching the 62-day standard. For example, the waiting time of a patient seen by day five is 7% less likely to breach the 62-day standard than a patient seen on day 14. Missing the two-week wait (2WW) standard entirely increases the probability of breaching the 62-day standard by 20%.

3) **Reduce the overall size of patient tracking list (PTL).** Experience suggests that trusts that consistently deliver the 62-day standard have been observed to have a PTL two to three times the number of 2WW referrals they receive each week.

The following pages contain a self-assessment tool with practical steps to making these changes and signposts to relevant resources.
## Self-assessment tool

### 1. Reduce number of pathway steps

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<tr>
<th>Domain</th>
<th>Practical steps</th>
<th>Resources</th>
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<tbody>
<tr>
<td>Patient pathways and setting milestones</td>
<td>1) Redesign pathways to minimise the number of steps for patients and maximise use of resources, eg through one-stop clinics, ‘see and treat’, and ‘straight to test’.</td>
<td>1) Pathway analyser tool – available from: <a href="mailto:nhsi.electiveist@nhs.net">nhsi.electiveist@nhs.net</a></td>
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<td></td>
<td>- Use our pathway analyser tool to map patient pathways of challenged tumour groups to identify bottle necks and delays.</td>
<td>2) <a href="http://example.com">National best practice pathways</a></td>
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<td>- Use analysis to identify any unnecessary pathway steps.</td>
<td>3) Cancer PTL meeting checklist: <a href="mailto:nhsi.electiveist@nhs.net">nhsi.electiveist@nhs.net</a></td>
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<td>- Identify pathway steps that can take place on the same day.</td>
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<td>- Identify any opportunities to implement straight to test or one-stop shop clinics.</td>
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<td>- Ensure the pathway is consistent across the service and does not vary depending on consultant/site.</td>
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<td>- Ensure that administrative steps are aligned with the clinical pathway to prevent unnecessary delay.</td>
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<td>2) Assign key milestones to the pathway and track patients against them. Ensure the PTL meeting reviews patients against agreed milestones and that actions are taken to expedite pathways where necessary.</td>
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**Examples**

- All 2WW patients offered an appointment within seven days.
- Inter-provider transfers by day 38.

3) Use the above analysis to benchmark clinical pathways against best practice pathways.
| Where pathways involve an inter-provider transfer (IPT) | 1) Pathways should be agreed and documented by each trust involved in delivering care.  
2) There should be a clear minimum dataset agreed for patients transferring between providers.  
3) There should be a clear timeframe agreed by which a provider should transfer the patient.  
4) Roles and responsibilities for undertaking the transfer process should be clearly defined.  
5) An IPT policy should be in place and up to date.  
6) The IPT milestone should be monitored.  
7) Agreed and documented escalation processes with timescales and responsibilities should be in place.  
8) IPTs should be reviewed weekly (via the PTL meeting) to facilitate timely transfer to other providers.  
9) Assurance on transfers in and out, and clarity of which organisation has responsibility for the patient, are essential.  
10) IPT reports should be made available to cancer alliances and regional cancer boards as part of monitoring system-level performance. | 1) Support available via IST - nhsi.electiveist@nhs.net |
## 2. Reduce time to first appointment

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| Demand and capacity modelling  | 1) For services not consistently able to offer 2WW patients a first appointment within seven days:  
   - Undertake demand and capacity modelling for 2WW appointments using the demand and capacity model to establish what capacity is required.  
   2) For services not consistently able to offer patients a straight-to-test appointment within seven days:  
   - Undertake demand and capacity modelling for diagnostics using the diagnostic demand and capacity tool. This will establish the capacity needed to provide all 2WW patients with an appointment within seven days of receiving the referral.  
   - Tracking median waits for first appointments consistently will serve as an early warning of potential demand and capacity mismatch and allow early intervention. | 1) National demand and capacity team website resources  
2) Demand and capacity video tutorials |
| Booking and triage             | 1) For services not currently booking 2WW appointments using the electronic referral service (ERS):  
   - Use the pathway analyser tool to understand the steps in the process between receiving referrals, triage and booking.  
   - Contact the ERS team at NHS Digital for support in moving 2WW appointment onto ERS.  
2) Work with local primary care referrers to ensure they understand the importance of informing the patient they have been referred under the two-week rule and that they attach the referral pro forma in ERS. | 1) Pathway analyser tool – Available from IST – nhsi.electiveist@nhs.net  
2) ERS team contact details |

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3. **Reduce overall size of patient tracking list**

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| Diagnosing patients as early as possible in the pathway, and removing those who don’t have cancer from the pathway altogether | Reduce timeframes for access to all diagnostic tests and reports:  
1) For services not consistently able to offer suspected cancer patients a diagnostic test within seven days:  
   - Undertake demand and capacity modelling for each diagnostic modality using this model to establish what capacity you would need to provide all suspected cancer patients an appointment within seven days of receiving the request.  
2) For services not consistently able to produce a report following an imaging test within 48 hours:  
   - Undertake demand and capacity modelling for each diagnostic modality using this model to establish what capacity you would need to provide all suspected cancer patients with a report within 48 hours of the diagnostic test.  
3) For services not consistently able to produce a pathology report following a biopsy within expected timeframes:  
   - Undertake demand and capacity modelling for each pathology using this model to establish what capacity you would need to provide all suspected cancer patients with a report within expected timeframes of the occurrence of the diagnostic biopsy. | 1) [Demand and capacity](#) models for imaging and endoscopy.  
2) [National demand and capacity team website](#) |
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<th>Multidisciplinary team and tracking</th>
<th>4) Patients on a suspected cancer pathway but found not to have cancer should be removed from the cancer PTL when authorised by the appropriate clinician. The point at which patients are no longer tracked should be clearly and consistently applied and subject to audit. Please refer to our rapid improvement guide to when to stop tracking suspected cancer pathway patients who do not have a diagnosis of cancer.</th>
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| Data quality                      | 1) Undertake regular data audit:  
   - An audit programme should be completed across the entire elective care pathway with a particular focus on delivery of the referral to treatment (RTT), cancer and diagnostic standards. A sample of pathways should be audited to ensure the recorded outcome or status of the record is accurate. Please refer to the linked document on data validation and audit. |
| Multidisciplinary team and tracking | 1) Ensure there is adequate multidisciplinary team co-ordinator (MDTC)/tracking support:  
   - A cancer service should have enough MDT co-ordinators/patient navigators to undertake key tasks such as tracking individual patients against agreed milestones on a daily basis. There should be adequate cross cover so that staff absence does not affect patients. Trusts should not only track patients waiting over 28 days, but instead should review every patient who has been referred with suspected cancer at least weekly, until they are treated or otherwise removed from the cancer pathway.  
   2) Use the MDT workforce tool to assess the sustainability of your MDT team. |

1) Rapid improvement guide to when to stop tracking cancer patients available from IST – nhsi.electiveist@nhs.net

1) Data validation versus data audit - available from IST – nhsi.electiveist@nhs.net

1) MDT workforce tool
Useful resources

Guidance and best practice

A range of guidance and best practice documentation is already available including:

NHS England: 10 High Impact Actions: 


Websites

NHS England cancer resources: [www.england.nhs.uk/cancer/resources/](https://www.england.nhs.uk/cancer/resources/)

NHS Improvement elective care resources: [https://improvement.nhs.uk/improvement-hub/elective-care/](https://improvement.nhs.uk/improvement-hub/elective-care/)

NHS Improvement demand and capacity modelling resources on the improvement hub [https://improvement.nhs.uk/improvement-hub/](https://improvement.nhs.uk/improvement-hub/)

Contact

nhsl.electiveist@nhs.net