

## Surrey Heartlands Cancer and Elective care backlogs

### Purpose of report:

This report outlines the backlogs for cancer and elective (planned) care across Surrey Heartlands, the progress made in addressing these and actions being taken to reduce further. In addition it outlines the work being undertaken to increase diagnostic capacity.

### Introduction:

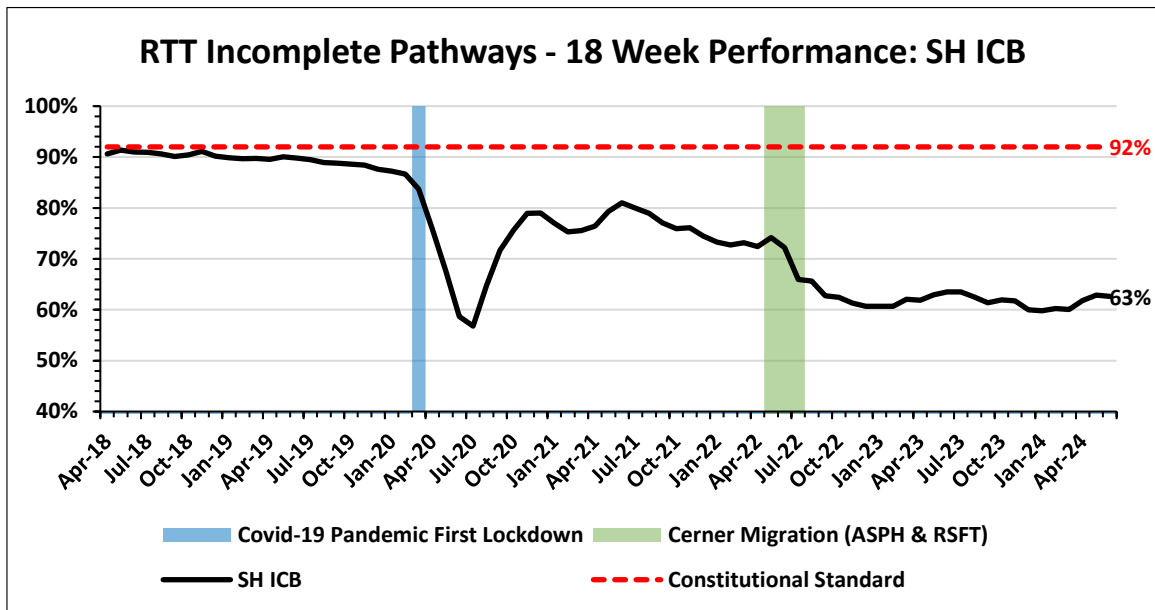
1. Surrey Heartlands Integrated Care Board (SHICB) includes three acute trusts; Surrey and Sussex Healthcare NHS Trust (SASH), Ashford & St Peter's Hospitals NHS Foundation Trust (ASPH), Royal Surrey NHS Foundation Trust (RSFT) all of whom provide elective care and cancer services for the local population.
2. Waiting time targets have long been a part of the NHS performance requirements, however following the disruption and delays caused by covid the focus has been on addressing and reducing the number of patients waiting for treatment.
3. Prior to the covid pandemic, most patients were seen and treated within 18 weeks of their referrals. During the pandemic, waiting lists grew as services were reduced to redirect resources and keep the general public safe from risk of infection.
4. The last 12 months has seen further challenges in terms of reducing waiting lists due to the capacity lost due to Industrial Action that has been taken by doctors.
5. NHS England (NHSE) set out an ambition to reduce the volume of patients waiting long periods for elective care. Apart from patient choice and some allowance for complexity, the following timescales were originally set as follows:
  - 5.1. By March 31<sup>st</sup> 2022 no patient should wait over 104 weeks (2yrs)
  - 5.2. By March 31<sup>st</sup> 2023, no patient should wait over 78 weeks (1.5yrs)
  - 5.3. By March 31<sup>st</sup> 2024, no patient should wait over 65 weeks (1.25yrs)
  - 5.4. By March 31<sup>st</sup> 2025, no patient should wait over 52 weeks (1 year)

6. Due to challenges nationally in achieving these targets these have been amended and current expectations are:
  - 6.1. Zero 104 week waits
  - 6.2. Zero 78 week waits
  - 6.3. By September 30<sup>th</sup> 2024 no patient should wait more than 65 weeks
  - 6.4. By March 31<sup>st</sup> 2024 no patients should wait more than 52 weeks.
7. The three standards relating to cancer are as follows:
  - 7.1. Minimum of 77% of patients to receive their diagnosis or ruling out of cancer within 28 days of referral by March 25, moving to 80% by March 2026.
  - 7.2. Minimum of 96% of patients to commence treatment within 31 days of the decision to treat for all cancer patients
  - 7.3. There is a national ambition that 70% of patients will commence treatment within 62 days of their referral or consultant upgrade, with an ambition to increase this to 85%.
8. Ensuring there is sufficient diagnostic capacity to support both cancer and elective activity is recognised as a key contributing factor to a systems ability to reduce waiting times.

<b>Current position</b>
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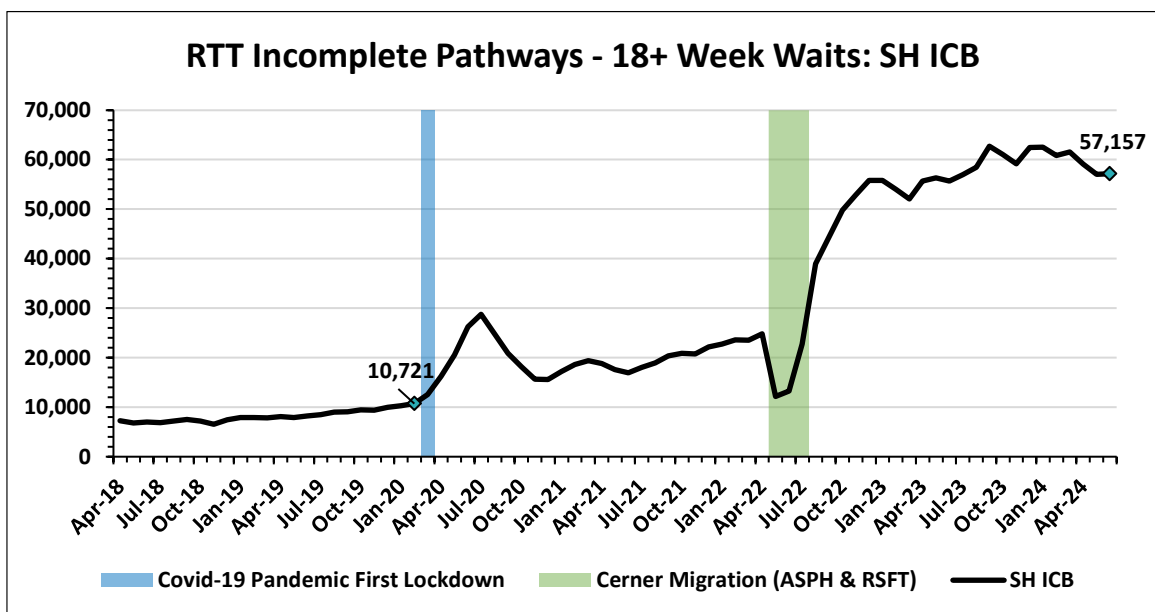
9. Restoring planned services equitably is a core principle of the NHS's elective recovery programme. Surrey Heartlands has continued to work closely with regional NHSE colleagues to reduce the volume of patients waiting for elective care.
10. During 2022 Ashford St Peters Hospital (ASPH) and Royal Surrey Foundation Trust (RSFT) upgraded their electronic patient record (EPR) with a single instance of a Cerner EPR. Cerner provides EPR systems at many NHS Trusts across the country and was already in place in Surrey and Sussex Hospital (SASH). SASH also undertook an upgrade of their version of the Cerner EPR. The benefit of an EPR system is that all patient information is contained in one place and will link together effectively, rather than multiple systems that do not always interface effectively. The roll-out of the new system caused operational pressures as well data capture, quality and reporting issues, which can be seen in some of the historic data shown throughout this report. There have been a small number of data quality issues identified in the last 12 months due to the new system, which have now all been addressed.
11. There is a constitutional standard, often referred to as the 18-week or referral-to-treatment (RTT) target, where 92% of patients should be waiting no more than 18 weeks from referral to first consultant-led treatment. Surrey Heartlands ICB 18

weeks performance currently (Jun-24) sits at 62.6% (95,702 out of total waiting list 152,859) and is ranked 10<sup>th</sup> out of 42 systems nationally.



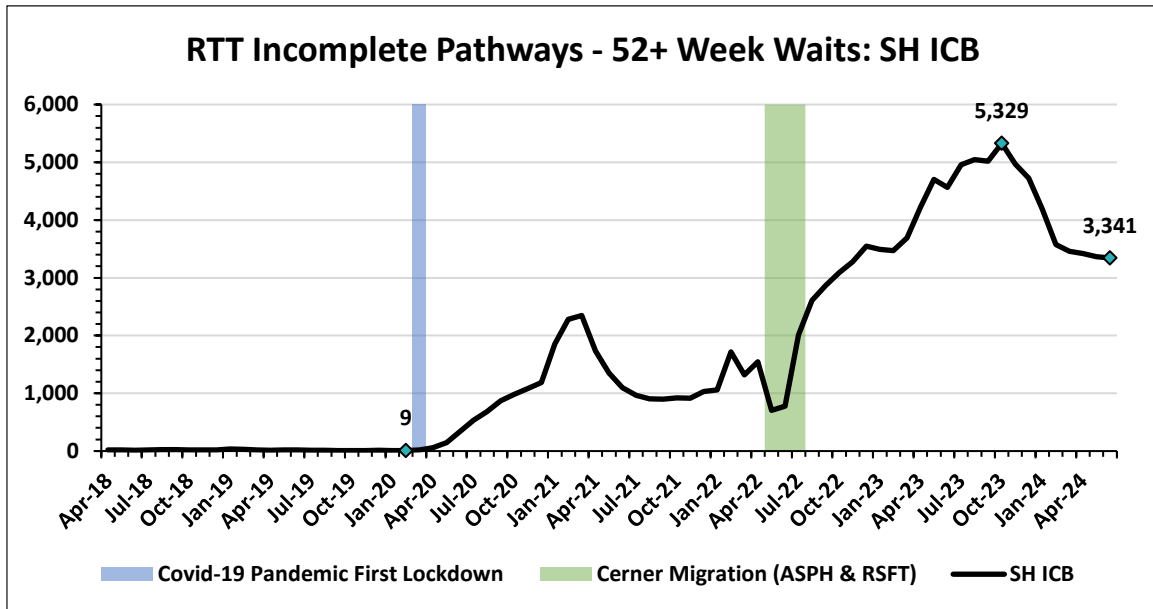
12. The following figures outline the long waiting patients and include all acute and independent sector providers with Surrey Heartlands registered patients on their waiting list:

12.1. Patients waiting more than 18 weeks for treatment were ~11,000 in February 2020. This fluctuated during the covid period, increasing to ~56,000 by January 2023. The latest data (Jun-24) shows ~57,000 patients waiting >18 weeks. Some of this rise is due to data quality. Many patients have been contacted to check whether they still require their hospital appointment as part of our process for validating the waiting list.

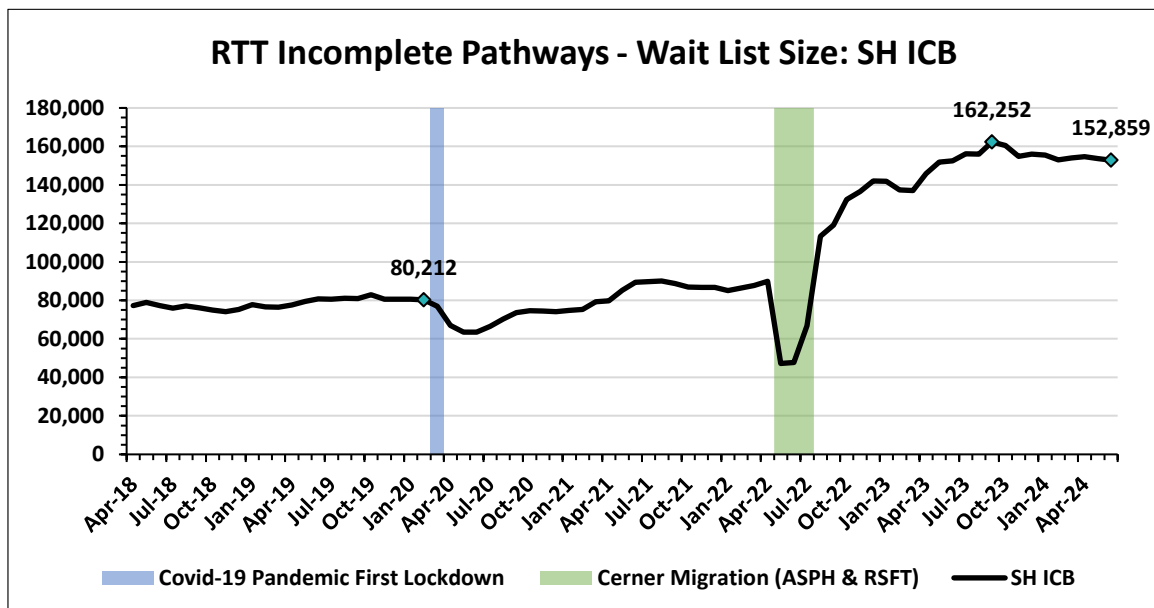


12.2. Surrey Heartlands ICB ranks 8<sup>th</sup> out of 42 system (Jun-24) for the percentage of waiting list over 52 weeks, with 3,341 patients (~2.2% of wait list) currently waiting 52+ weeks.

12.3. In February 2020, just 9 patients were waiting more than 52 weeks for treatment. During covid this increased to a peak of 5,329 in October 2023. The latest data (Jun-24) shows this has reduced to 3,341.



13. IN April 2022 the wait list was ~90,000 (12% above the pre-pandemic position of ~80,000). Post Cerner migration, the wait list increased to a peak of over 162,000 in September 2023. The wait list size has reduced over the last 9 months to ~153,000 (Jun-24).

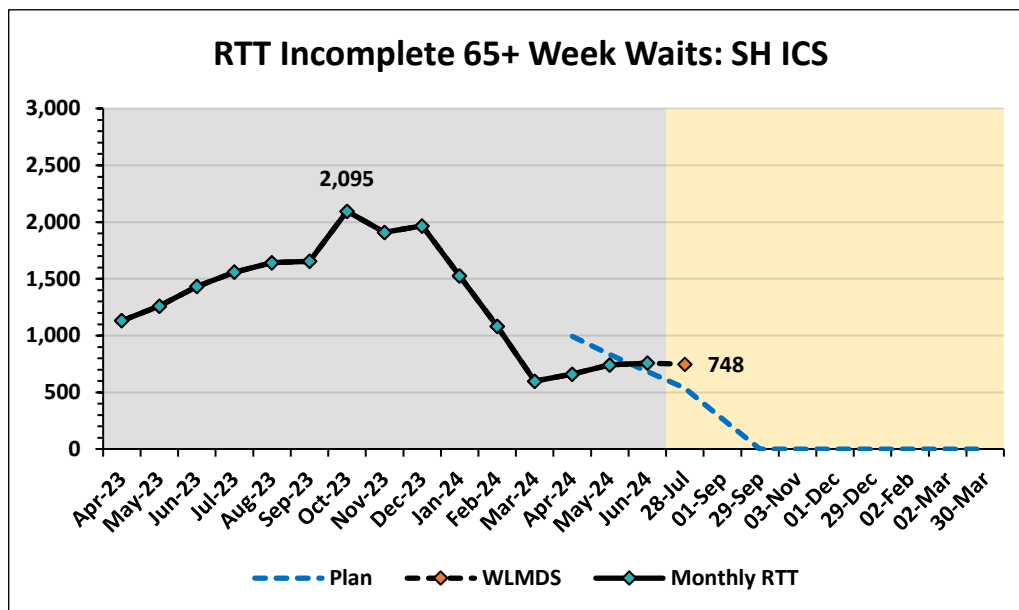


14. Five specialties make up around 40% of the total elective waiting list. These specialties tend to deliver a higher volume of routine procedures and therefore

these patient groups can wait longer than those in other specialties. The specialties are ophthalmology, orthopaedics, ENT (ear, nose and throat), gynaecology and oral surgery. (The table below shows the Surrey Heartlands ICB registered patients with provider breakdown, actual waiting list sizes will be larger as they will include non-Surrey Heartland registered patients).

RTT Incomplete Pathways: Jun-24						
Treatment Function	Surrey Heartlands ICB					
	Total	ASPH	RSFT	SASH	ESTH	Other
Trauma and Orthopaedic Service	<b>20,194</b>	5,992	5,382	1,766	2,443	4,611
Ear Nose and Throat Service	<b>13,164</b>	4,015	3,245	2,682	923	2,299
Ophthalmology Service	<b>11,689</b>	4,123	1,985	1,758	1,137	2,686
Gynaecology Service	<b>9,524</b>	2,495	1,705	1,288	1,916	2,120
Oral Surgery Service	<b>6,649</b>	1,837	2,406	1,009	282	1,115

15. During 2023/24 a number of Data Quality (DQ) issues were identified following the cerner installation. This has led to some patients being found to have waited extended periods of time. Once identified trusts have worked to contact and treat these patients as quickly as possible. There is ongoing work with all trusts to mitigate further DQ issues.
16. During 2023/24 Surrey Heartlands has seen a small number of patients who have waited over 104 weeks for their treatment. These have predominantly been due to patient choice, and some which were identified through validation of the Data Quality issues.
17. There has been continued progress in reducing the number of patients waiting over 78 weeks, although there remain a very small number, due to the impact of industrial action and patient choice.
18. The national target is that zero patients will have waited >65 weeks by the end of September 2024. Trusts have been making good progress in reducing these numbers since the end of 2023, however there are still c200 patients who need to be treated.

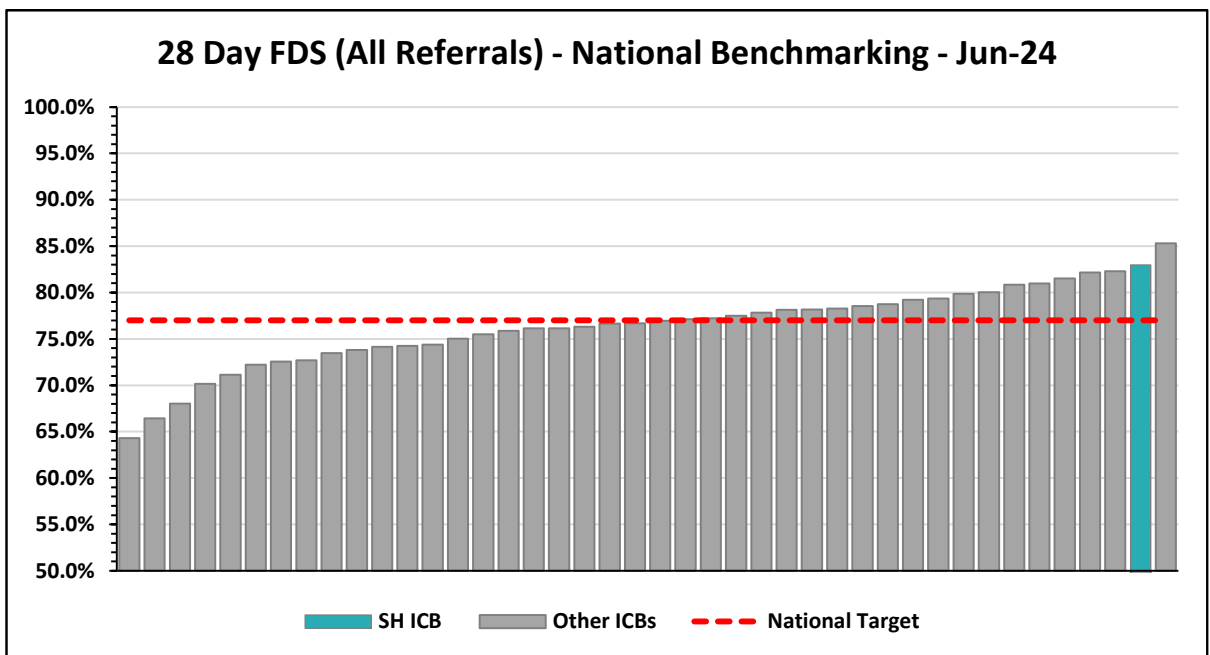
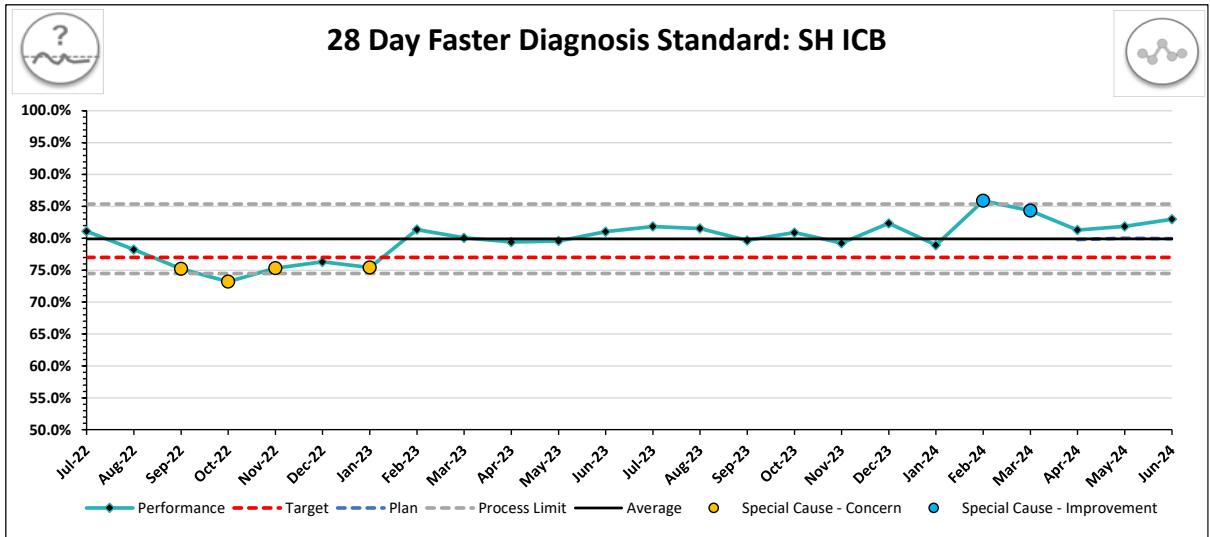


### Quality & Safety

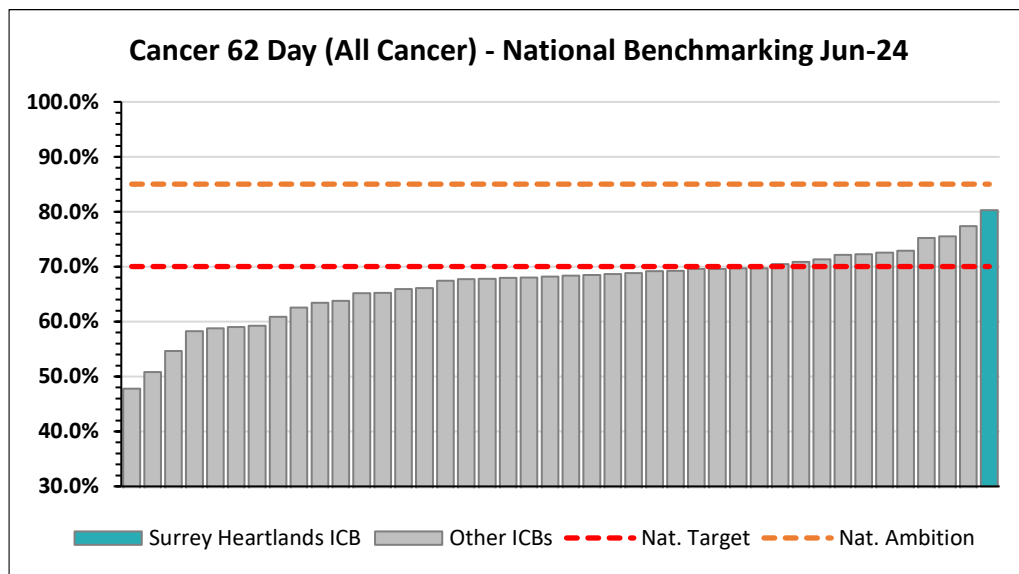
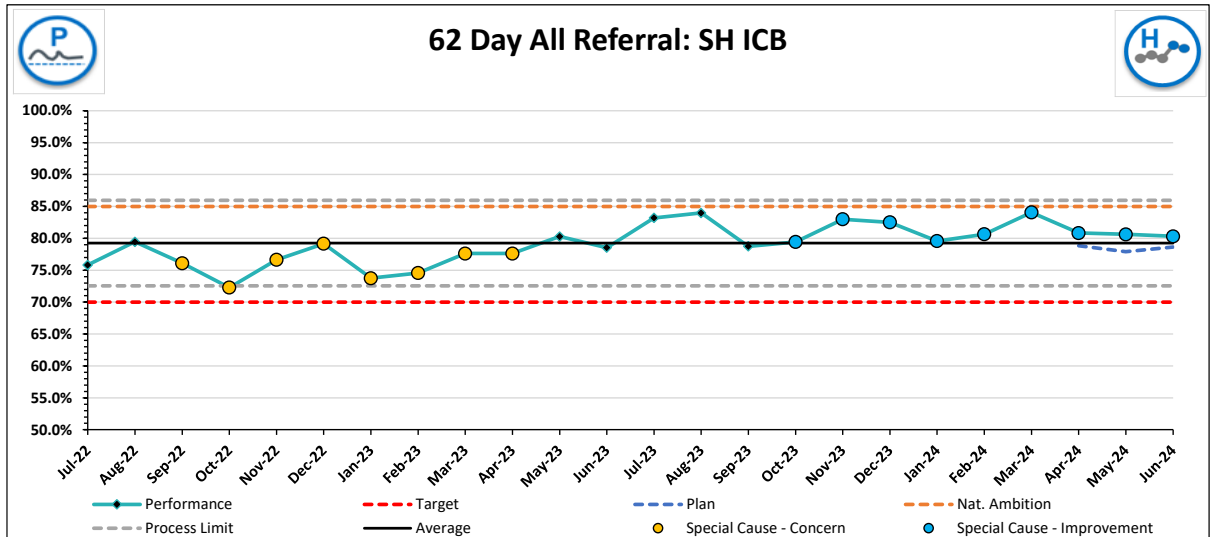
19. All of our acute trusts continue to undertake regular waiting list validation as an ongoing process, this is in line with the ask from NHS England.
20. It is a requirement that trusts undertake a clinical harm review for every cancer patient who waits longer than 104 days for treatment. This is a well-established process. This has also been embedded for every patient on the elective waiting list who has waited over 52 weeks. This process is overseen by the clinical leadership teams within trusts.
21. Ashford St Peters Hospital have introduced a waiting well initiative which ensures patients are regularly contacted throughout the time they are waiting to be seen in hospital and incorporates a process that looks at any potential harm that might be caused by extended waits.

### Cancer performance

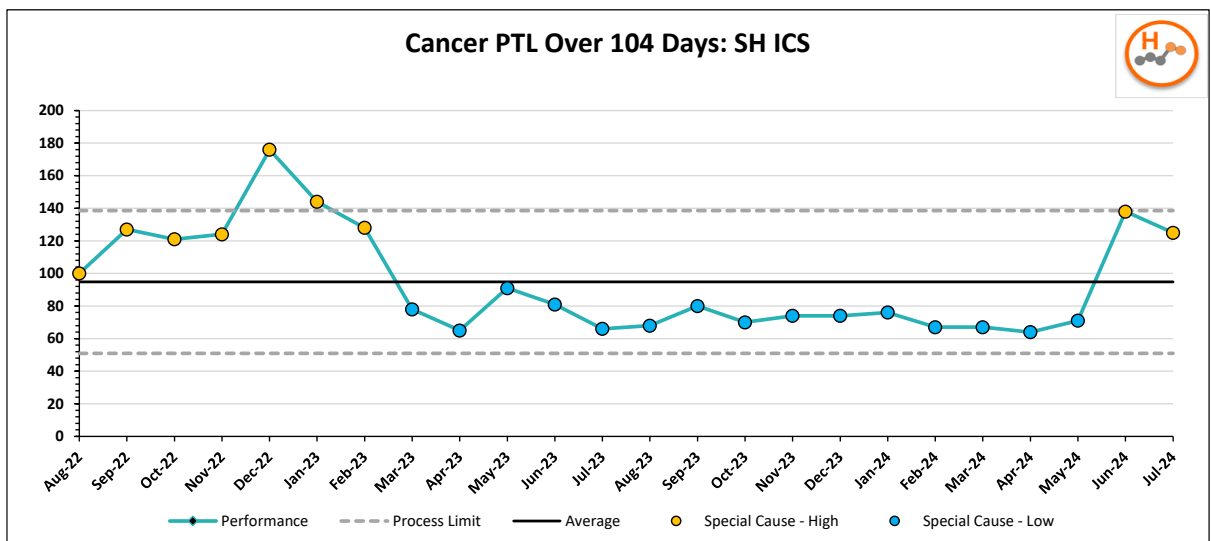
22. Patients on a cancer pathway are one of our highest clinical priorities. All providers have placed significant effort into ensuring that patients are treated as soon as possible with support from the Surrey and Sussex Cancer Alliance (SSCA).
23. The faster diagnosis standard requires a patient who has been referred with suspected cancer to have a diagnosis or ruling out of cancer by day 28 of a primary care referral. Surrey Heartlands Trusts have strong performance enabling the system to be one of the top performing systems in England, and exceeding the standard which is set at 75%.



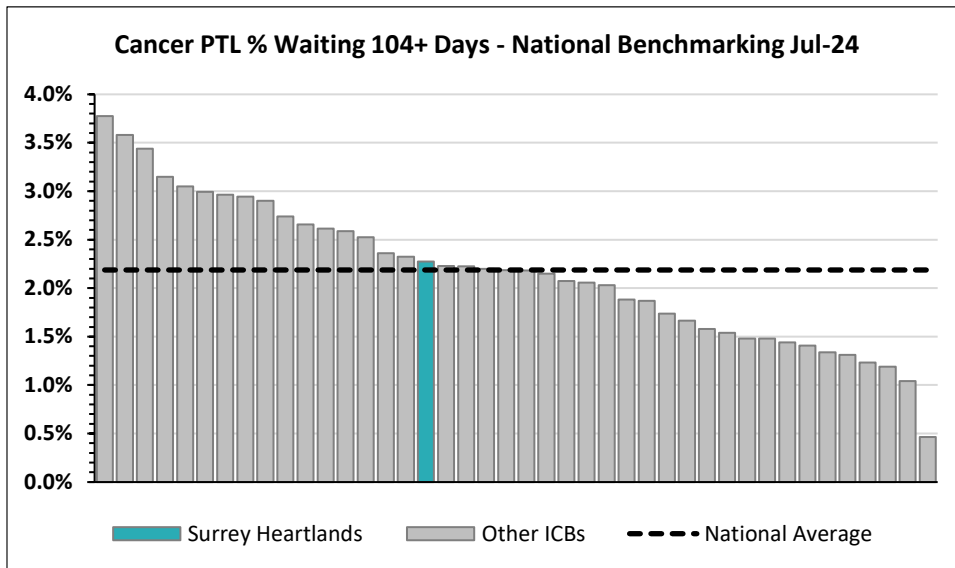
24. Surrey Heartlands ICB ranks 1<sup>st</sup> out of 42 ICBs in England for the 62 day standard, achieving 83% in June. This puts us in a strong position for achieving the 70% ambition by the end of March 2025.



25. Surrey Heartlands ranks 26 out of 42 systems for having the lowest proportion of wait list at more than 104 days for cancer treatment in England.

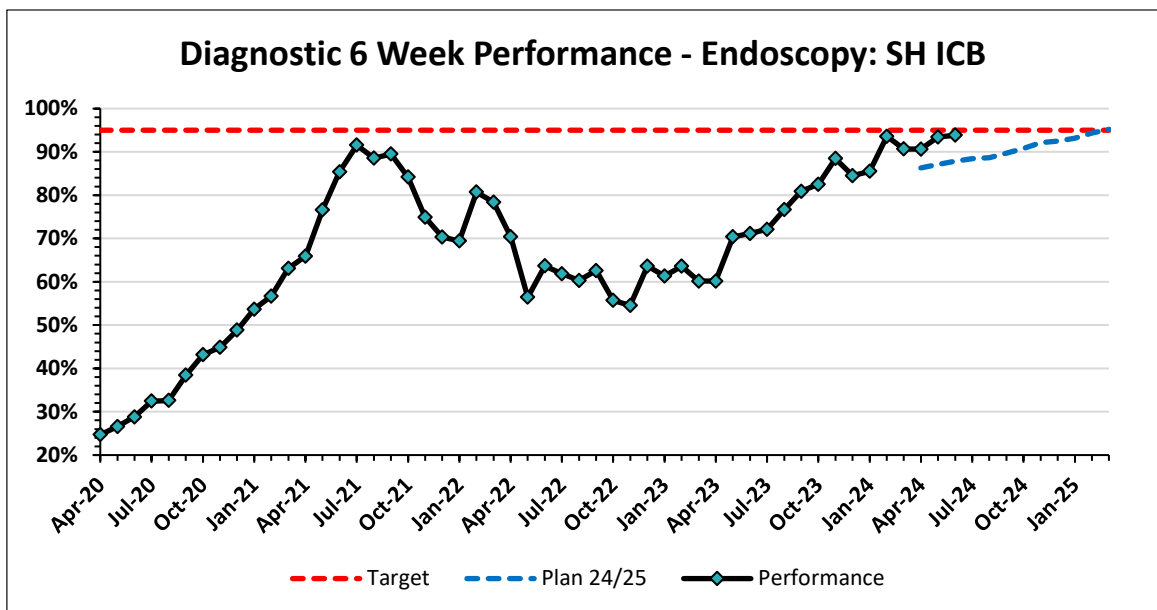


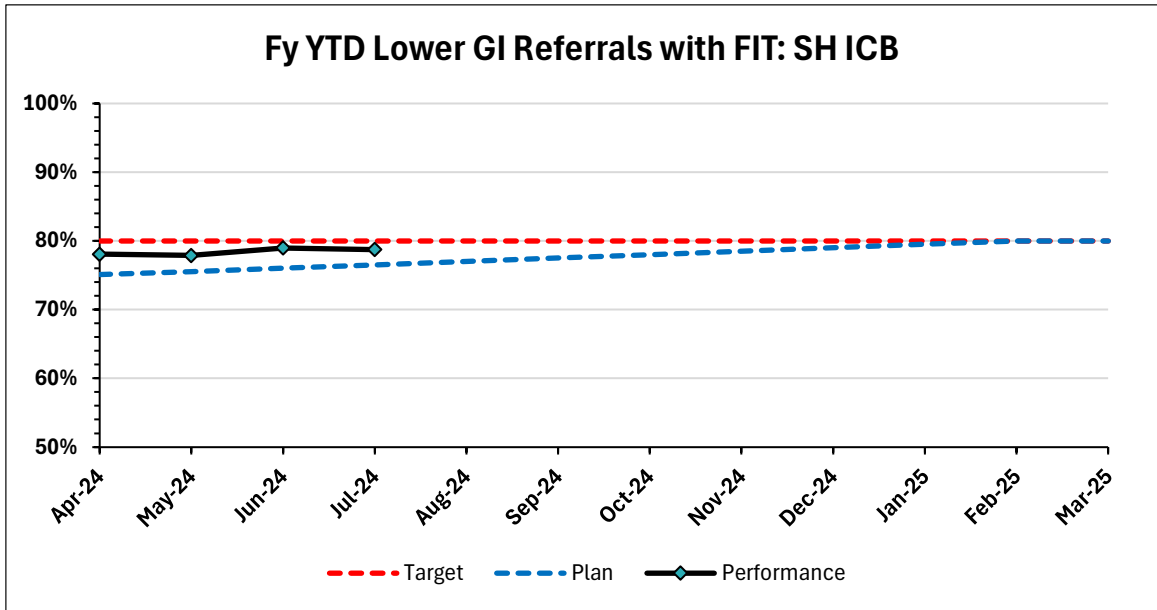




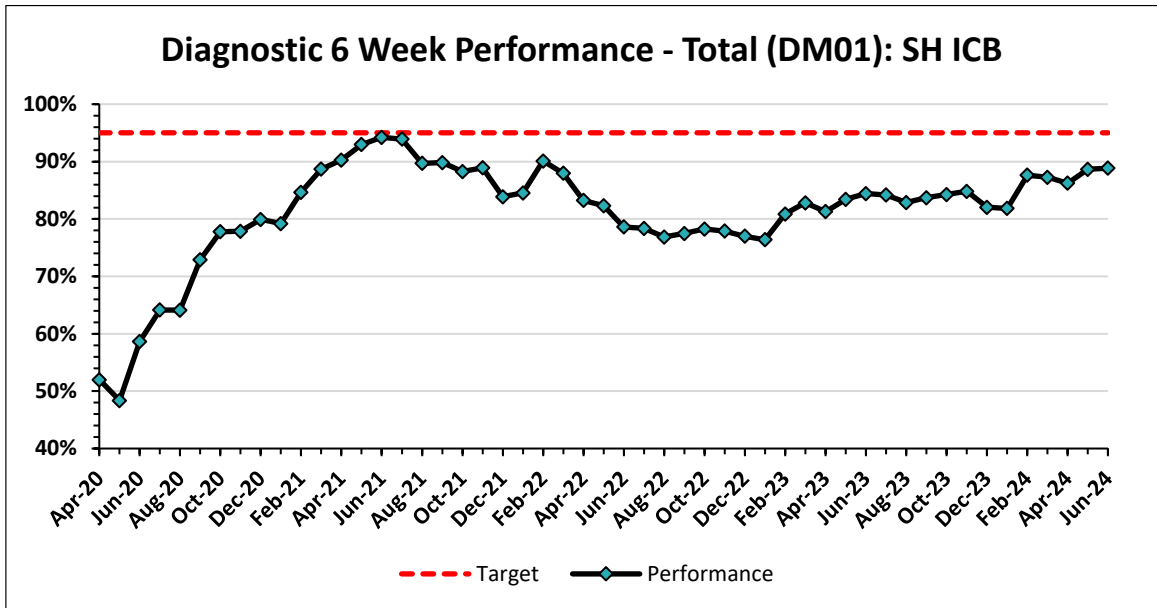
### Diagnostic performance

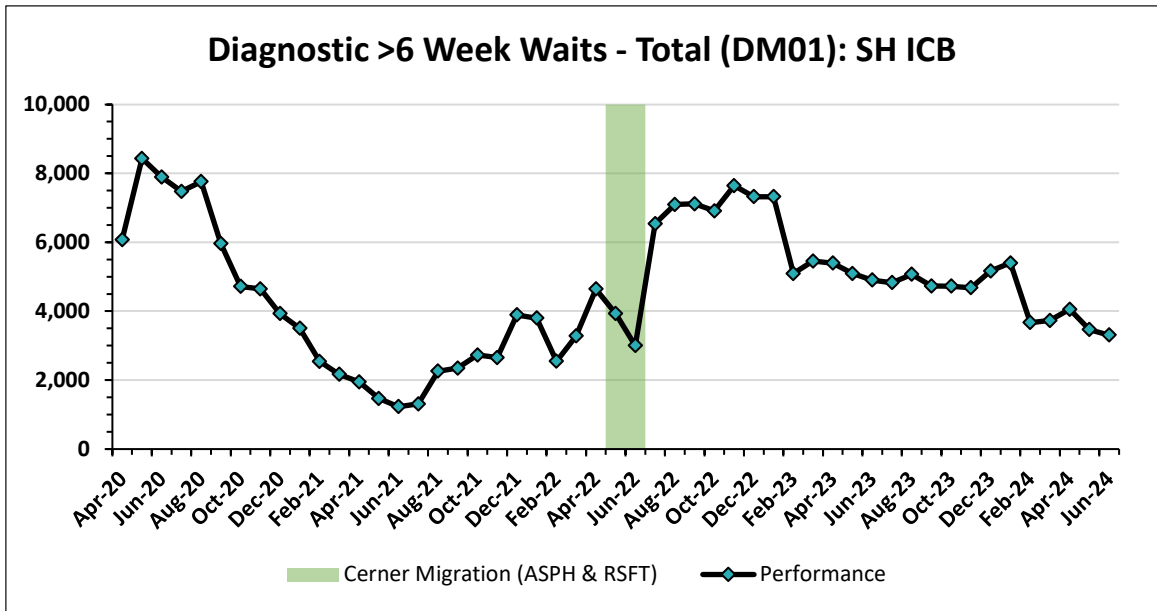
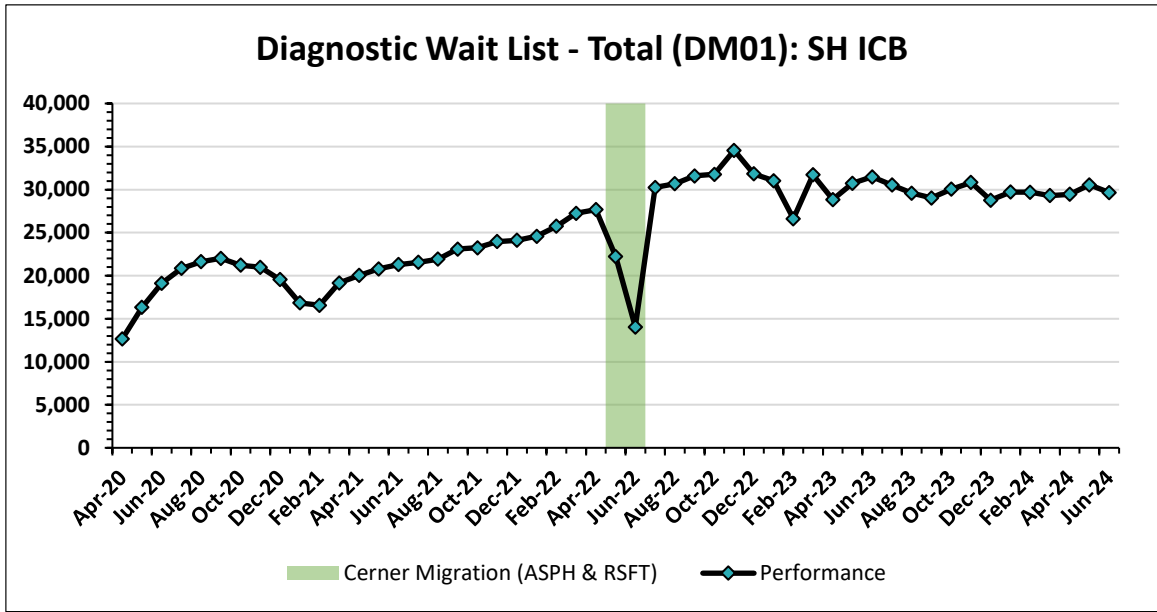
- Endoscopies were a key driver of long waits during the pandemic. However, Surrey Heartlands has focussed on solutions such as Faecal Immunochemical Test (FIT) plus creating capacity across the system. This has led to a significant improvement and reduced waits for patients on this pathway. (FIT tests are a new, markedly improved test that requires a single faecal sample which can detect the presence of very small quantities of blood in a sample).



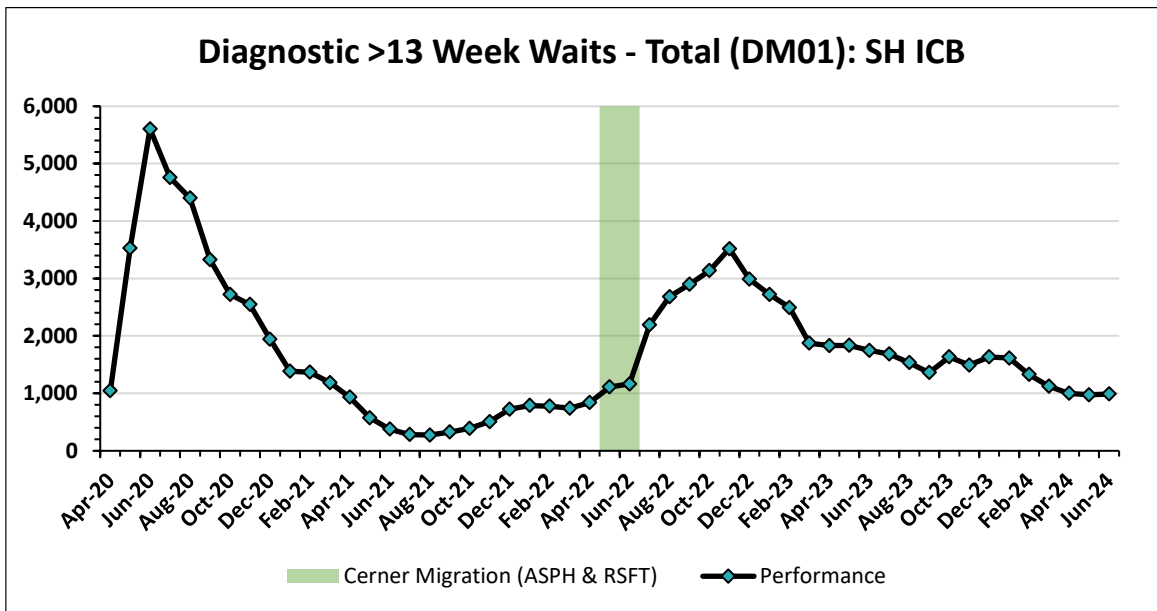
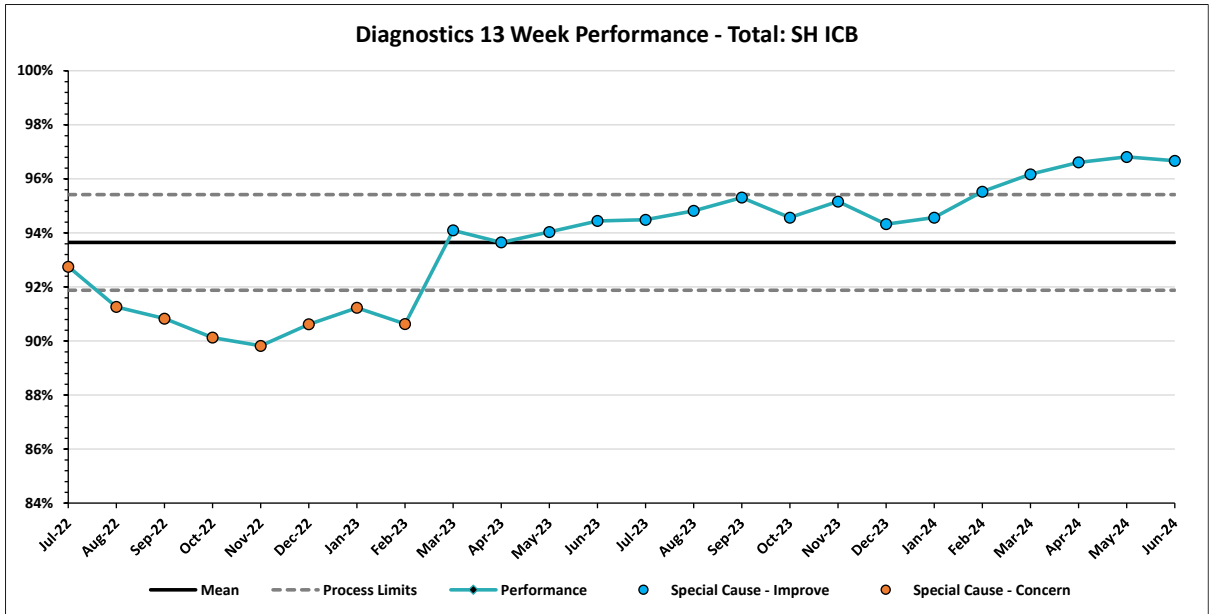


27. The national target for diagnostics is that by Mar-25, 95% of patients should be seen within 6 weeks of referral for their diagnostic test. Pre-Covid around 93% of patients were seen within 6 weeks. Performance reduced to <80% in 2022 but has improved throughout 2023 and 2024 to date with latest figures (Jun-24) showing performance of 89%.

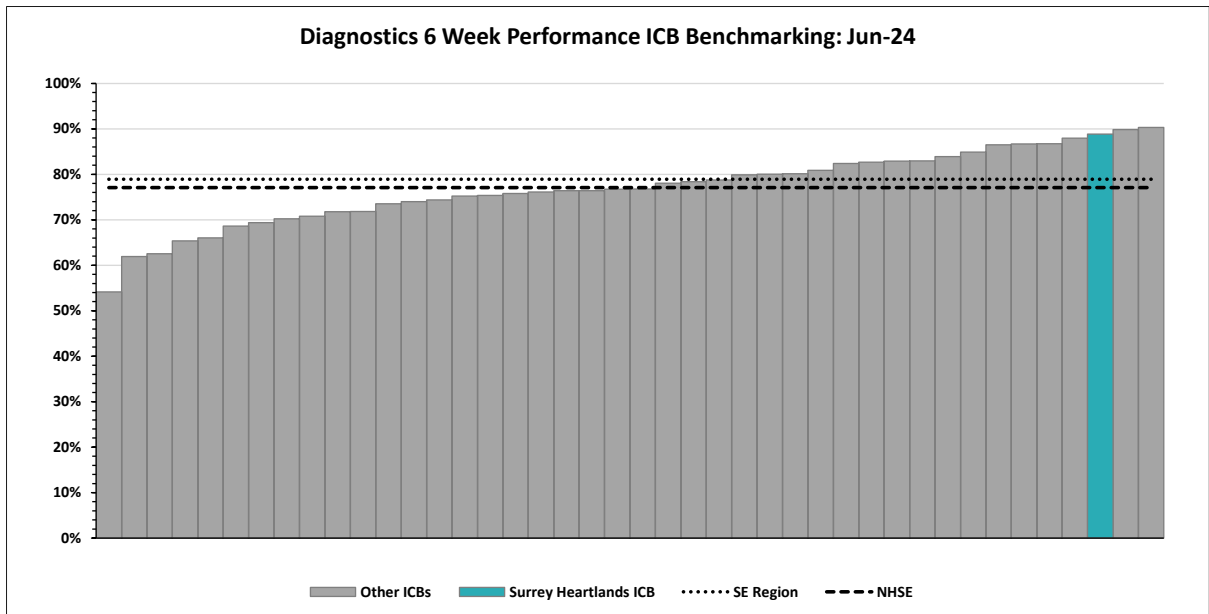




28. In July 2021 there were 280 (1.3%) people on a diagnostic waiting list who had been waiting more than 13 weeks which was comparable to pre-Covid levels. There was a significant increase from Jul-21 to Nov-22 where 13+ week waits peaked at 3,517 (10.2%). Numbers have now been reduced to <1,000 patients waiting 13+ weeks (3.3%).



29. Surrey Heartlands is currently ranked 3<sup>rd</sup> out of 42 systems for diagnostic 6 week performance. We are performing better than the Southeast (SE) Region and national average.



### Digital Innovation

- 30. Our three acute Trusts have all implemented a patient portal in conjunction with their Electronic Patient Record (EPR) provider. Whilst this is still being rolled out the initial feedback from trusts and patients has been very positive. The patient portal will enable patients to book appointments, review information on their condition and other functions that put the patient in the driving seat of their care.
- 31. Surrey Heartlands continues to use virtual consultation software to enable patients to undergo meaningful consultations with a health professional without having to attend a face-to-face appointment

**Actions taken to address backlogs**

- 32. The Surrey Heartlands elective care team hold weekly meetings with trusts to review long waiters and provide support to help reduce this. In addition to this the SH teams meet with the regional NHSE team to share challenges and identify support and solutions.
- 33. Trusts undertake meetings a minimum of twice a weeks to review all long waiting and cancer patients, to ensure they are progressing their treatment as swiftly as possible and are fully sighted on any challenges associated with getting dates agreed.
- 34. All three trusts continue to validate their patient lists so they are confident that they don't have any duplicates in the systems and pick up any errors in the way patients have been coded.

35. Surrey Heartlands trusts have all utilised the national DMAS (Digital mutual aid) system to facilitate transfer of appropriate patients to alternative providers where they can be treated safely in a shorter time period.
36. Mutual aid between the three NHS providers has also taken place, and increasingly the Ashford elective Centre has been able to accept patients in order to treat them more quickly than their existing trust.
37. Surrey Heartlands and all three provider trusts will continue to scrutinise the data, in detail, at a specialty level and put in place processes and support as needed to maintain and improve the level of progress.
38. We continue to work closely with the Surrey and Sussex Cancer Alliance (SSCA) to support improvements in cancer care and maintain our excellent performance. To support improvements and focus for these, during 24/25, the SSCA will be developing and implementing tools to support early identification and escalation areas of challenge. This includes developing and implementing a technical statistical process escalation process, supporting Trust implementation of the Alliance optimal timed pathways and introducing a pathway analyser tool.
39. Surrey Heartlands ICS has commenced a cancer inequalities programme to a) improve our knowledge and understanding of groups experience inequalities in relation to cancer outcomes and experiences of cancer care across Surrey and; b) provide recommendations to address inequalities in screening, diagnostics, referrals, treatment, personalised care, access, experience and outcomes. This 2-year funded programme commenced in April 2024 and is funded by Macmillan Cancer Support and hosted by Surrey County Council.

<b>Conclusions:</b>
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40. Surrey Heartlands has made good progress in reducing their long-waiting patients across elective, cancer and diagnostic waiting lists. Whilst there remain some challenges, processes for review, escalation and support have been put in place.

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**Sources/background papers**

Surrey Heartlands assurance report

Surrey & Sussex Cancer Alliance Cancer Performance Report