

THURSDAY, 13 APRIL 2023



## 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.

### Introduction:

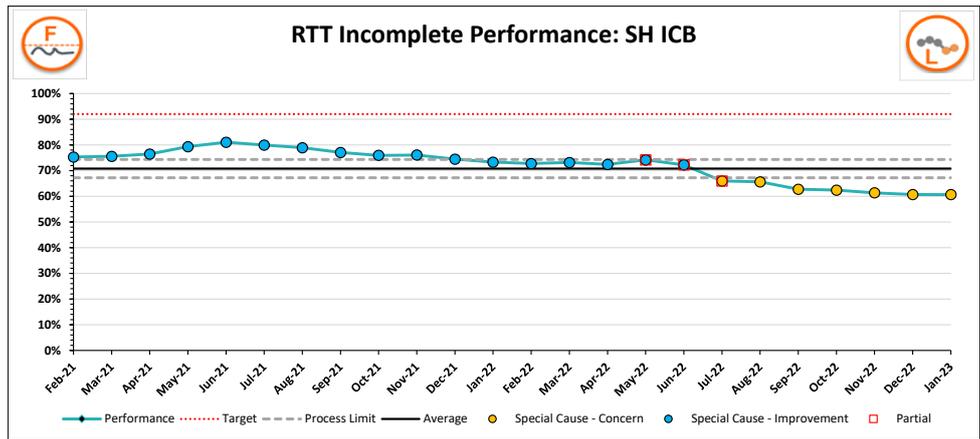
1. Surrey Heartlands Integrated Care Board (SHICB) includes three acute trusts; Surrey and Sussex Healthcare NHS Trust (SASH), Ashford & St Peter's Hospitals NHS Foundation Trust (ASPH), Royal Surrey NHS Foundation Trust (RSFT) all of whom provide elective care and cancer services for the local population.
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. 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 set:
  - 4.1. By March 31<sup>st</sup> 2022 no patient should wait over 104 weeks (2yrs)
  - 4.2. By March 31<sup>st</sup> 2023, no patient should wait over 78 weeks (1.5yrs)
  - 4.3. By March 31<sup>st</sup> 2024, no patient should wait over 65 weeks (1.25yrs)
  - 4.4. By March 31<sup>st</sup> 2025, no patient should wait over 52 weeks (1 year)

5. We are successfully reducing waits by around 3 months per year. We hope to maintain this level of clearance for the foreseeable future.
6. The waiting time standards for cancer have remained unchanged throughout the pandemic. There are multiple standards associated with each part of the patient pathway, with the main focus on the following:
  - 6.1. Minimum of 75% of patients to receive their diagnosis within 28 days of referral.
  - 6.2. Minimum of 96% of patients to commence treatment within 31 days of their diagnosis.
  - 6.3. Minimum of 85% of patients to commence treatment within 62 days of their referral.

## **Current position**

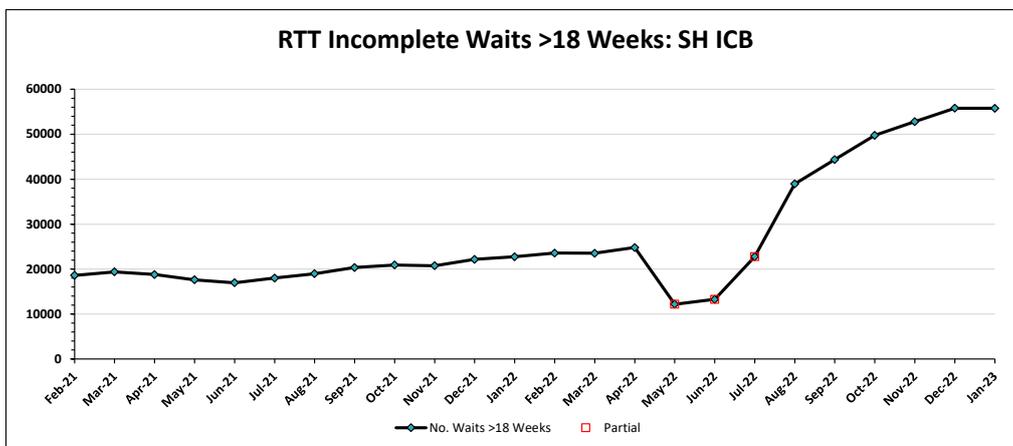
### **Elective (Planned) care**

7. In May 2022 both ASPH and RSFT went live with a new electronic patient record (EPR): Cerner. This has caused operational pressures as well data capture, quality and reporting issues.
8. Restoring planned services equitably is a core principle of the NHS's elective recovery programme. Surrey Heartlands has worked closely with regional NHSE colleagues to agree appropriate yet achievable levels of activity that would start to impact on the long waits that had developed during the pandemic. All NHS organisations were asked to carry out more patient activity than took place in the period before the pandemic (2019/2020) to have the required impact.
9. 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 sits at 60.6% (85,973 out of total waiting list 141,753) and is ranked 17<sup>th</sup> out of 42 systems nationally.



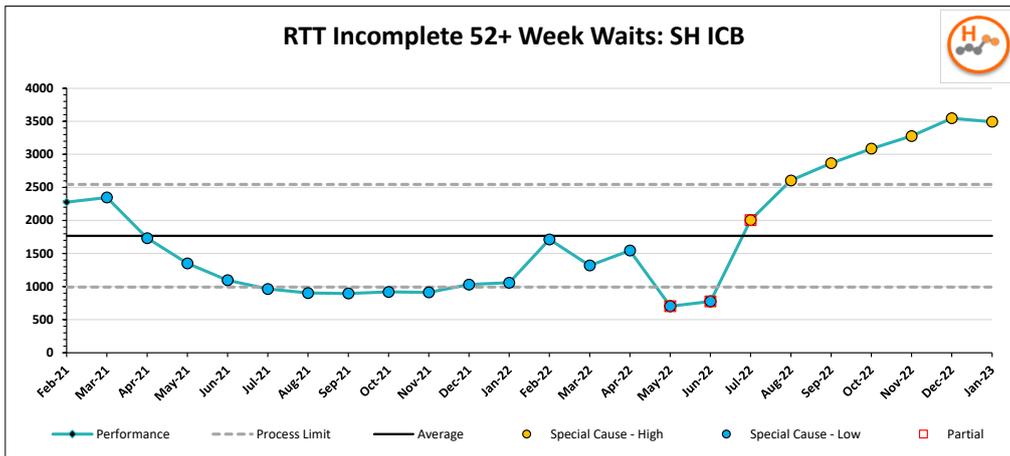
10. The following figures are for ASPH, RSFT & SASH combined to form the Surrey Heartlands position:

10.1. Patients waiting more than 18 weeks for treatment was at ~15,000 in December 2020. This increased to ~25,000 in April 2022 (pre-Cerner migration). Post Cerner this was reported at ~39,000 in August 2022, in January 2023 this figure is above ~56,000. 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.

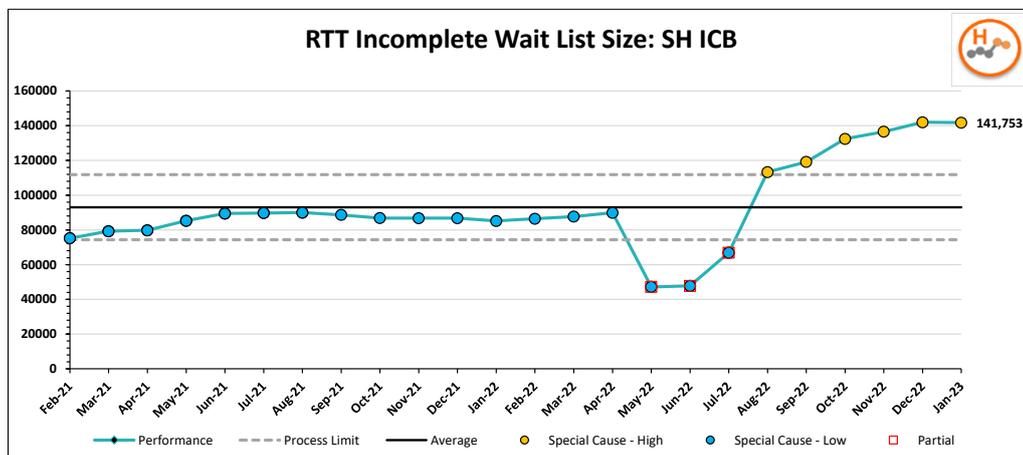


10.2. Surrey Heartlands ICB ranks 5<sup>th</sup> out of 42 for patients waiting over 52 weeks. This a deterioration from last year when we were top of the country.

10.3. In September 2021 there were 900 (1.0%) people waiting more than 52 weeks for treatment, this increased to 1,500 (1.7%) at April 2022 (pre-Cerner migration). In August 2022 this stood at 2,600 (2.3%) but had risen to ~3,500 (2.5%) by Jan 2023.



11. In Feb 2022 the total elective waiting list across Surrey Heartlands was 86,437 patients. This is 12% above the pre-pandemic position (80,212). The current reported waiting list size has grown further and is currently 141,753.



12. Four specialties make up around 42% 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.

Total number of incomplete pathways: Jan-23				
Treatment Function	ASPH	RSFT	SASH	Total
Trauma and Orthopaedic Service	7,702	5,954	1,406	<b>15,062</b>
Ear Nose and Throat Service	3,535	3,747	5,378	<b>12,660</b>
Ophthalmology Service	4,961	3,670	3,949	<b>12,580</b>
Gynaecology Service	3,971	2,852	4,218	<b>11,041</b>
Oral Surgery Service	3,610	4,366	2,292	<b>10,268</b>

13. During 2022/23 there have been a few patients waiting over 104 weeks for their treatment. These have predominantly been due to patient choice.

14. There has been steady progress in reducing the number of patients waiting over 78 weeks over the last three months. Whilst the greatest challenge has been RSFT, all trusts have made excellent progress in clearing the long waiting patients.
15. Surrey Heartlands current has 48 patients that are at risk of breaching 78 weeks at the end of March. These are spread across several specialties and are predominantly due to patient choice.

### **Quality, Safety & Equality**

16. NHSE wrote to all trusts in November 2022, asking them to complete a review of all long-waiting patients on their elective waiting lists who had waited more than 52 weeks by the end of December. All our trusts completed this validation process and are working to ensure they continue to undertake regular waiting list validation as an ongoing process, this is in line with the ask from NHSE.
17. 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 78 weeks.
18. Some work has been undertaken across Surrey Heartlands to identify any inequalities that are present in waiting lists. The details below show limited inequalities are present:
  - 18.1. The number of patients waiting over 18 weeks has increased across all deprivation groups, at similar levels.
  - 18.2. Overall, 36% of Black or Black British patients and 35% of Asian or Asian British patients have been waiting over 18 weeks, slightly higher than the 32% of patients from other broad ethnicity categories.
19. Work is ongoing to understand whether any minority groups are less likely to access services in the first place and therefore not visible in the analysis above.
20. There is some evidence that those with White ethnicity access virtual consultations more readily than those from other ethnic groups (36% compared to 31%). This is primarily due to lack of access to digital equipment and the digital skills required. Surrey Heartlands have worked together with Surrey Minority Ethnic Forum (SMEF) to develop a digital inclusion strategy to address this issue. *Tech to Community* (delivered by Surrey Coalition for disabled people) uses tech angels (outreach workers) to support BAME citizens within Surrey. Further details about the Tech to Community Project and work of the Surrey

Heartlands digital team is available at the following webpage: [Understanding digital exclusion in Surrey | Surrey-i \(surreyi.gov.uk\)](https://www.surreyi.gov.uk/understanding-digital-exclusion-in-surrey).

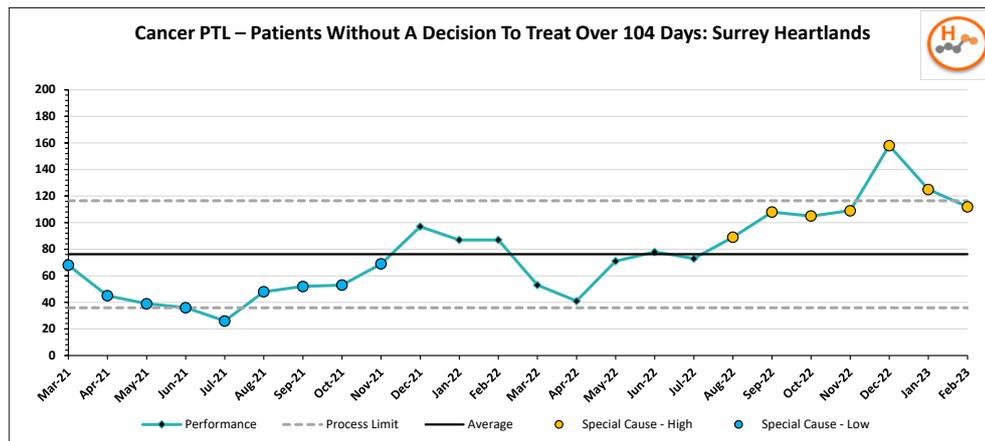
21. There are a number of programmes in place to specifically target the male population within Surrey Heartlands. For example, the Men's Shed programme provides mental health support and advice on disease prevention. *Oneyou Surrey* provides a weight management service aimed at men called Man v. Fat. Supported by the Football Association this is run out of Woking football stadium and enables men to subscribe to a 14-week weight loss programme by playing 6-a-side football. 90% of participants successfully lose weight through this initiative.
22. RSFT, working with the Surrey and Sussex Cancer Alliance (SSCA), are currently completing the final stages of the development of a 'Man Van'. The service will offer testing for prostate cancer, and an opportunity for citizens to discuss any concerns including risk factors. The van is currently being built and delivery is expected around August 2023.
23. Surrey Heartlands has supported the SMEF to complete community participatory research to identify actions necessary to improve access to healthcare across ethnic minority groups.
24. The SSCA are working alongside providers, including screening services to support the translation of information leaflets into other languages. Of note recent work is taking place to ensure bowel cancer screening leaflets are available in Nepali.
25. Surrey Heartlands has recently completed a rapid needs assessment for asylum seekers, which is in the process of being finalised. Our maternity equity group has been closely involved and recommendations will be implemented across all aspects of health care, including elective and cancer. Similarly, there are programmes in place working with Gypsy, Roma and Traveller groups (GRT) on prevention and ensuring these groups have equal access to the services they require.

### **Cancer 62-day performance**

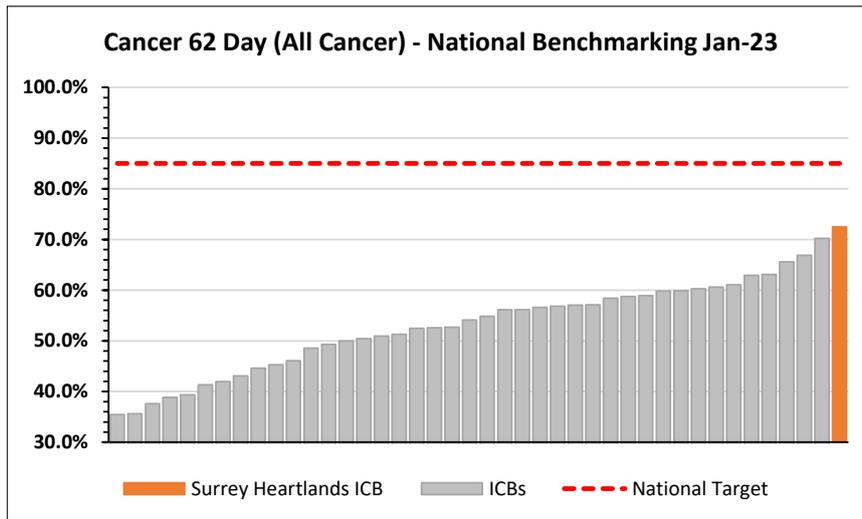
26. Patients on a cancer pathway are one of our highest clinical priorities. The national target is that patients should receive their first cancer treatment within 62 days (2 months) of GP referral. Cessation of diagnostics and treatments during the first wave led to a large increase in the number of patients waiting longer for treatment, with upper and lower gastro-intestinal and urology being challenges. Addressing this backlog of patients has been a top priority for Surrey Heartlands. Working with Surrey and Sussex Cancer Alliance, all our providers have placed significant effort into ensuring that patients are treated as soon as possible.
27. Throughout 2022 Surrey Heartlands experienced an increase in referrals of patients with suspected cancer which impacted on the increase in patients on the overall waiting list. At the beginning of 2022 the waiting list was c4,500

which rose to just under 7,000 in September. Since September the overall waiting list size has come down significantly and now sits at c5,700 patients.

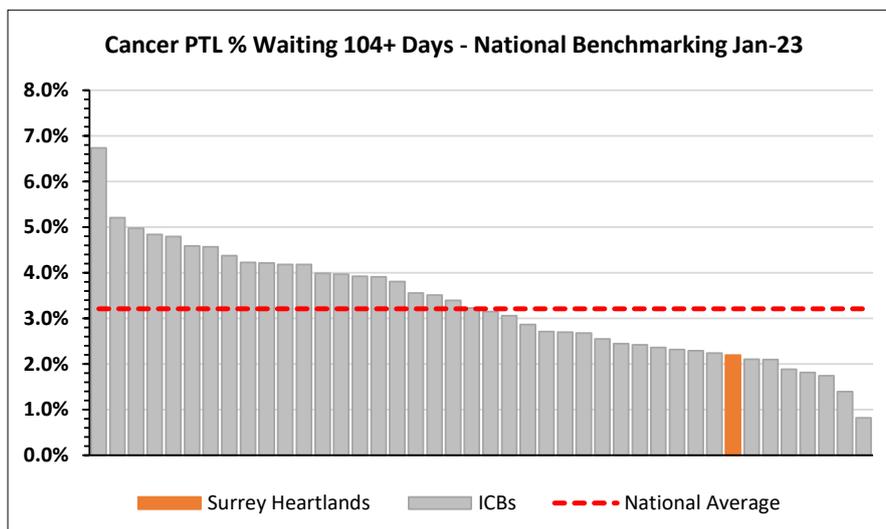
28. The pressure caused by the increased waiting lists saw an increase in patients waiting over 104 days (3.5 months). Every patient who waits more than 104 days is required to have a harm review undertaken by the clinical team.
29. People on the cancer waiting list who have been waiting over 104 days without a decision to treat peaked at 445 in June 2020, this reduced to 48 in August 2021 and now stands at 112.



30. The majority of those waiting long periods largely do not have cancer. Reasons for delays include some patients choosing to delay their treatment, and some being on complex pathways that delay treatment options.
31. Due to the increase in overall waiting list size the number of patients waiting more than 62 days has increased since March 2022. Currently (19-Mar) there are 366 (6.4%) patients waiting 63+ days.
32. Surrey Heartlands continues to perform better than the England average for patients waiting 63+ days with 6.4% of patients waiting longer than 62 days, against a national average of 8.4%. In addition, Surrey Heartlands ICB ranked 1<sup>st</sup> in the country in January 2023 for compliance with referral to treatment of cancer within 62 days.



33. Surrey Heartlands ranks 8<sup>th</sup> out of 42 systems for having the lowest proportion of wait list at more than 104 days for cancer treatment in England.

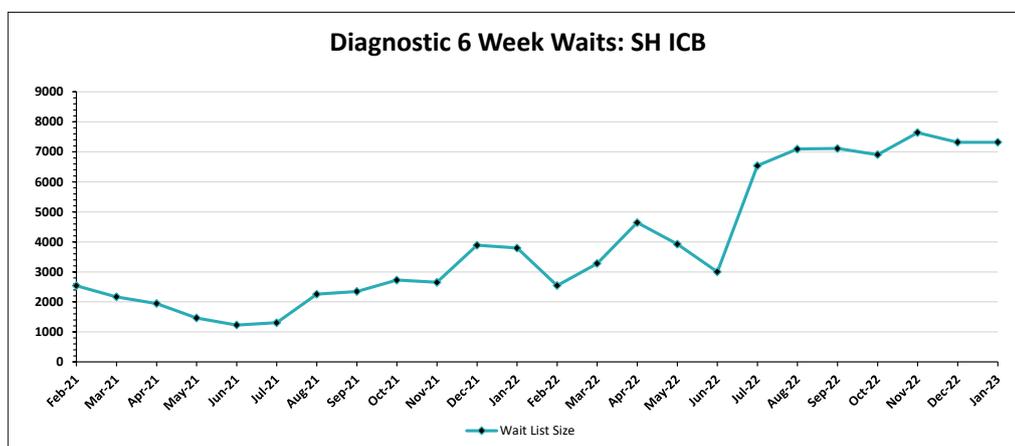


34. Across the system lower gastrointestinal (LGI) is the most challenged tumour site, with all three trusts struggling to meet standards in this service. Breast, skin, gynaecology, upper gastrointestinal (UGI) and urology are the other most challenges cancer pathways.

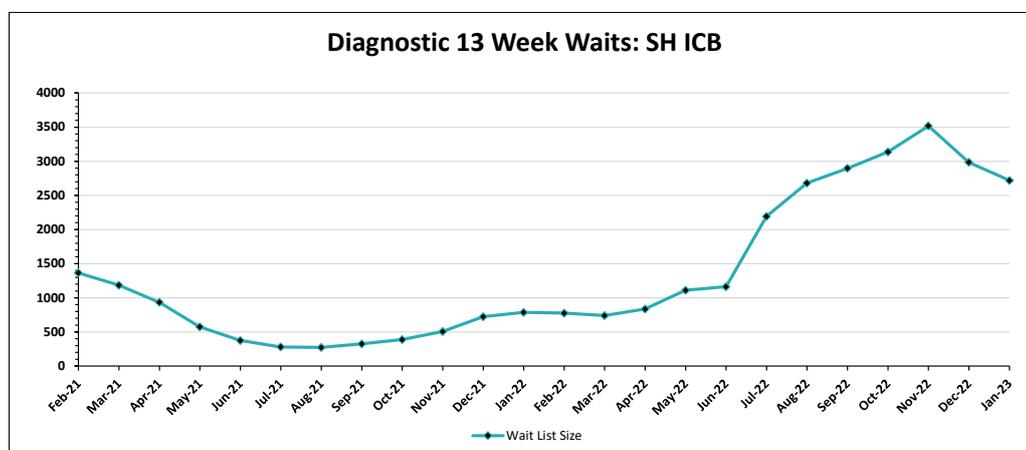
**Diagnostic performance**

35. Endoscopies were a key driver of long waits at the beginning of the pandemic. Endoscopy services were affected by COVID-related infection prevention and control protocols, making the return to pre-COVID levels particularly challenging. 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 (poo) sample which can detect the presence of very small quantities of blood in a sample).

36. The national target for diagnostics is that patients should be seen within 6 weeks of referral for their diagnostic test. Between June 2020 to July 2021 the number of people on the diagnostics waiting list who had been waiting more than 6 weeks reduced from approximately 7,900 (41.3%) to 1,307 (6.1%), which was comparable to pre-Covid levels of around 1,436 (6.8%). Since then, we have seen this increase to 4,643 (16.8%) in April 2022 (pre-Cerner) and is currently 7,322 (23.6%) as at January 2023.
37. Surrey Heartlands (and many other systems) saw a significant rise in referrals for breast and skin when COVID restrictions were lifted. Some of the increase was due to promotional campaigns as part of our effort to identify patients who did not present during lockdown. There was also a significant increase in referrals for lower gastrointestinal conditions following the death of Dame Deborah James (Bowel Babe), who was a high profile campaigner for bowel cancer and lived locally within Surrey Heartlands.



38. 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 of around 312 (1.5%)). Since then, there has been quite a significant increase and as of January 2023 this was at 2,720 (8.8%).



39. Surrey Heartlands is currently ranked 10<sup>th</sup> out of 42 for diagnostic waits more than 6 weeks. We are performing better than the Southeast (SE) Region and national average.

## **Digital Innovation**

40. The NHS Long-Term Plan (LTP) sets out an approach for digitally enabled care to go 'mainstream'. The ambition is to provide patients access to their care plans and improved communications with care professionals. The aim is to reduce face-to-face appointments, reduce the number of DNAs (patients who did not attend their appointment), and reduce waiting times as well as providing a better patient experience and choice.
41. During 2022 ASPH and 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 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.
42. In 2023 our three acute Trusts will implement a patient portal in conjunction with their EPR provider. 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. The leading products link seamlessly with the existing NHS app, making access simple for our citizens.
43. Surrey Heartlands already uses virtual consultation software to enable patients to undergo meaningful consultations with a health professional without having to attend a face-to-face appointment. We plan to increase the use of digital tools to transform how outpatient services are offered and provide more options for virtual outpatient appointments.
44. In 2023 Surrey Heartlands will go-live with a digital remote monitoring system across Surrey Heartlands for patients who are at the follow-up stage of cancer pathway known as Personalised Stratified Follow Up (PSFU). PSFU is an effective way of adapting care to the needs of patients after cancer treatment. The implementation of PSFU pathways tailored to individual needs offers huge benefits to patients and the NHS. Using digital tools to compliment the redesign of the cancer follow-up pathways will ensure the system can cope with the growing needs of this population alongside the demands of ageing and comorbidities. The digital solution will ensure that patients are tracked, recalled and safety-netted against clinically agreed surveillance schedules. We have completed the design of the digital pathway and are currently exploring options to procure the right digital solution and ensure it integrates well with our existing acute and 3<sup>rd</sup> party digital and patient data links.

## Actions taken to address backlogs

45. At the end of January 2023 each system underwent a challenge session with NHSE SE region regarding the long waiting patients and overall elective recovery position. Surrey Heartlands was praised for its comprehensive understanding of the issues and robust plans to recover elective services.
46. In February 2023 the NHSE SE region undertook a deep dive into Surrey Heartlands cancer performance and services. The feedback from that session was that they felt we had a good operational oversight and control over delivery of services and were doing well in managing the recovery programme. The areas of focus highlighted were endoscopy and histopathology, which are already part of the core recovery plan within Surrey Heartlands.
47. NHSE have linked systems who are facing capacity difficulties in the same or similar specialties, to work on the solutions collaboratively.
48. The Surrey Heartlands elective care team hold weekly meetings with trusts to review long waiters and provide support to help reduce this.
49. Trusts undertake regular meetings with their teams to ensure they are fully sighted on all long waiting patients and any challenges associated with getting dates agreed. This is the case for both elective and cancer patients.
50. All three trusts have made good progress with validating their lists and are confident that they don't have any duplicates in the systems. This validation process is now embedded within trusts, to ensure they are confident the data they are working with is as clean as possible.
51. 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.
52. We continue to work closely with the Surrey and Sussex Cancer Alliance to support improvements in cancer care and performance. Some of the work that has been carried out in partnership with the SSCA includes:
  - 52.1. Endoscopy and lower gastrointestinal improvement projects in progress, pre assessment standardisation commenced with ASPH.
  - 52.2. LGI FIT standard operating procedure being updated through discussions with primary and secondary care, to reflect British Society of Gastroenterology guidance.

## Conclusions:

53. Surrey Heartlands has made good progress in reducing their long-waiting patients. Whilst there remain some challenges, processes for review, escalation and support have been put in place.
54. There are many initiatives in place to help reduce inequalities in accessing clinical services in Surrey Heartlands and we will continue to work with hard-to-reach groups to ensure they are not disadvantaged.
55. Surrey Heartlands has a strong track record for maintaining high clinical standards and quality control.

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### Sources/background papers

Surrey Heartlands weekly Performance Report

Surrey & Sussex Cancer Alliance Cancer Performance Report