SYB ICS Cancer Alliance (Working with Derbyshire)

Access Principles – cancer pathways including COVID-19 -System wide recommendations

24th March 2020

South Yorkshire and Bassetlaw Integrated Care System
CANCER ALLIANCE
Working with Derbyshire

SYB ICS Cancer Alliance Access Policy Principles – primary and secondary care

Referral management and processing

It is the responsibility of all locality CCGs to ensure that the latest versions of the site specific 'suspicious of cancer' referral forms are available and upload on to their respective member GP systems; and old versions removed.

It is the referring GP Practice's responsibility to ensure all 'suspicious of malignancy' referrals are made using the latest version of the cancer site specific referral form; and contain all relevant information to enable effective management.

It is the responsibility of the referring GP Practice to ensure that the 'suspicious of malignancy' referral form is electronically attached to the e-RS RAS or appointment in a timely way (≤ 24 hours from referral).

All patients being referred should have the rationale explained, and the patient should be clear about the importance of them engaging with the pathway. It is the responsibility of the referring GP Practice to ensure that the patient is aware of the nature of the 'suspicious of malignancy' referral and understands the requirements regarding timeliness and immediate pathway steps.

COVID: Patients should be informed that they may receive a telephone consultation rather than a face to face appointment with the hospital.

COVID: Referrers should inform patients that should they develop a fever and/or new persistent cough whilst awaiting hospital appointments or tests to contact the hospital and make a different appointment at a later date, after the required period of self-isolation.

COVID: Referrers should also advise patients being referred, that only one person should accompany them to the hospital clinic.

It is the responsibility of the referring GP/clinician to ensure all 'pre-referral' clinical work-up has been completed of relevance to that site specific cancer pathway and in particular that key blood tests are completed where possible, but without delaying the referral.

It is the responsibility of the referring GP Practice/Clinician to offer and utilise the next available relevant specialty appointments shown on e-RS across all Trust sites, to minimise patient waiting time, increase efficiency and support internal first appointment 'soft targets'.

All patients who are referred on a 'suspicious of cancer' or breast symptomatic pathway, who decline the offer of two consecutive appointments for first attendance (i.e. outpatient or diagnostic) will be contacted by an appropriate member of staff to identify any factors that may be stopping the patient attending. Another appointment will be offered if the patient agrees.

COVID: Any patient within an existing pathway wishing to **defer** appointments, tests or treatment due to COVID-19 related reasons, should be retained by the provider and be visible on the PTL with clear tracking comments; providers must ensure appropriate mechanisms are in place to ensure these patients are not 'lost' in the system and their pathway progressed at a later date. This can be achieved by setting a future tracking date to ensure the patient is reviewed on a tracking work list.

Patients will NOT be referred back to their GP if unavailable to attend an appointment within the current 'suspicious of malignancy' 14 day window.

Patients will be given reasonable notice (2 days) of the offer of a first appointment date, although this may be less if the patients chooses to accept a sooner offer.

COVID: Ideally, Trusts should establish site specific RAS on e-RS for all pathways, to enable essential triage processes to be undertaken. This may differ where the clinical complexity of a site specific pathway (diagnostic phase) always dictates a face to face first appointment (consultation); and therefore would not be altered by triage.

All referrals, for any pathway involving early clinical triage processes, will be in to a designated RAS on e-RS to facilitate this process.

'Suspicious of malignancy' referrals will not be rejected on the basis of missing information. It is the responsibility of the referring GP Practice/clinician to ensure all information is provided; and the responsibility of the secondary care administrative team to chase missing information in a timely way.

All patients referred via the current 2ww route, will be offered a minimum of two appointment date options within the 14 day window, if the first offered appointment is not suitable.

2ww breaches will only be defined as 'Patient Choice' if the patient has been offered and declines a minimum of two appointment date options within the 14 day window (and where the first offered appointment is not suitable). A breach related to the offer of only one appointment date within the 14 day window will be classed as 'Inadequate capacity'.

South Yorkshire and Bassetlaw Integrated Care System
CANCER ALLIANCE
Working with Derbyshire

COVID: Breaches affected by COVID related reasons should be captured as followed:

2ww or 62 Day Breach Code	COVID-19 free text breach comment (all)
2ww - **97 – Other Reason not listed** FDS – **97 – Other reason** 62 Day – **97 – Other reason not listed**	COVID-19: Capacity Issues COVID-19: Trust Cancellation COVID-19: Patient Unwell COVID-19: Patient self-isolating COVID-19: Decision based on risk assessment COVID-19: Patient pathway pause – Diagnostics – social distancing COVID-19: Clinical pathway pause - Diagnostics COVID-19: Patient pathway pause – Treatment – social distancing COVID-19: Clinical pathway pause - Treatment COVID-19: Treatment change due to guidance/risk stratification

Cancellations

(1 x) All patients will be contacted by an appropriate member of staff following the first cancellation of a 'suspicious of cancer' appointment, diagnostic test or subsequent appointment, to determine reasons for cancellation; rebook new appointment and explain the consequences of a further cancellation (likely discharge).

(2 x) Two or more cancellations of first 'suspicious of cancer' appointments, diagnostic test appointments or subsequent appointments (no cancer diagnosed) will result in the referral being reviewed by an appropriate Clinician and the patient likely discharged to GP (unless clinically indicated to re-appoint). In the event of patient discharge, a communication will be sent to both the patient and Referrer informing them of the outcome.

DNA

(1 x) All patients who do not attend their first 'suspicious of cancer' appointment, first diagnostic test appointment or first subsequent appointment will be automatically offered another appointment at the earliest available opportunity. This should take in to account the specific pathway milestone requirements; and may result in a 'clock adjustment' depending on the nature of the appointment.

(2 x) If patients fail to attend two consecutive 'suspicious of cancer' appointments, diagnostic test appointments or subsequent appointments (no cancer diagnosed), the referral will be reviewed by an appropriate Clinician and the patient likely discharged to GP (or internal referral source) (unless clinically indicated to re-appoint). In the event of patient discharge, a communication will be sent to both the patient and Referrer informing them of the outcome.

Multiple DNAs and Cancellations within one pathway

Patients who do not attend or cancel appointments (outpatient, diagnostic or subsequent) on three consecutive occasions (e.g. DNA x 1, then cancel x 1, then DNA or cancel again) will be discharged to the Referrer. In the event of patient discharge, a communication will be sent to both the patient and referrer informing them of the outcome.

Unavailable patients

COVID: If a patient is unavailable due to COVID-19 isolation reasons (7 days or 14 days – personal symptoms or symptoms within family members) – patient will defer accordingly and be picked up within the PTL safety netting process once isolation complete. For patients within the vulnerable category (12 weeks but asymptomatic) – patients will be encouraged to engage with their pathway and providers should operate care models to reduce hospital contact.

If a patient indicates they will be unavailable for 28 days or more of their pathway after their first appointment, the patient's healthcare records will be reviewed by the responsible clinician to ascertain if the delay is safe for the patient. If the clinician has any concern over the delay they will contact the patient to discuss if they can make themselves available. Patients will not be discharged if they make themselves unavailable.

Diagnostics

Patients referred for diagnostic tests with a 'suspicious of cancer' urgency will be processed and booked for the earliest available appointment (unless a 'Straight to test' diagnostic first pathway step - there is no 14 day allowance to diagnostic tests and they should be scheduled ASAP).

'Suspicious of cancer' referrals for diagnostics cannot be downgraded or rejected without discussion and agreement by the receiving Diagnostician and the original Referrer.

If, based on the clinical information provided by the Referrer, the receiving Diagnostician believes that the wrong examination has been requested; the receiving Diagnostician will amend the referral accordingly and request the correct examination with the appropriate modality. The Referrer (and ideally, appropriate cancer pathway Tracker) should be advised of the change in examination requested.

Patients will be given reasonable notice (2 days) of the offer of a diagnostic appointment date, although this may be less if the patients chooses to accept a sooner offer.

Management of 'Unfit' patients in the diagnostic phase – Endoscopy or Surgical Pre-assessment

Where patients are assessed as 'unfit' to proceed with a diagnostic test (outpatient or inpatient) at pre-assessment, the responsible cancer clinician and relevant MDT Coordinator must be informed

within 24 hours of the decision/assessment (one working day); and arrangements made for the problem to be managed urgently where possible. All Trusts should have robust processes in place to ensure that patients requiring urgent management of a condition remain visible in the system and that their pathway is actively pursued.

General Access quality principles

All patients reaching Day 20 of an active 'suspicious of cancer' or Breast symptomatic pathway who have not completed their first (STT or consultation) pathway step (and where previous communication has not taken place or a reason known) will be contacted by an appropriate member of staff to determine reasons and encourage engagement.

All patients reaching Day 30 of an active 'suspicious of cancer' or Breast symptomatic pathway who have not completed their first diagnostic pathway step (and where previous communication has not taken place or a reason known) will be contacted by an appropriate member of staff to determine reasons and encourage engagement.

All patients reaching Day 62 of an active cancer pathway who have not received a defined first definitive treatment date will be actively reviewed in the Trust's PTL process; and contact made with the patient by an appropriate member of staff to offer support and ensure onward engagement.

Version	Date	Author	Comments/Action
1.0	09/03/2020	G Thompson	First draft circulated to RDC Leads – L Kaye, L Merriman, L Howarth for review and comments
1.1	10/03/2020	G Thompson	Updated following feedback from RDC Leads
1.1	16/03/2020	G Thompson	Sent to Cancer Alliance Management Leads
1.2	23/03/2020	G Thompson	Updates and changes related to COVID-19. Sent to Cancer Managers and Lead GPs for accelerated implementation - approved
1.2	24/03/2020	SYB ICS Cancer Alliance	Approved by Bronze Command and issued for implementation

Principles for post COVID development and implementation

It is the responsibility of all locality CCGs (working in conjunction with secondary care providers) to establish audit processes which review and monitor the quality of GP 'suspicious of cancer' referrals.