

<b>Title: Cancer Access Policy</b>				
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<b>Author (post-holder):</b> Access, Booking and Choice Manager Head of Information		<b>Sponsor (Director):</b> Director of Operations		

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## 1 INTRODUCTION

This policy is issued and maintained by the Director of Operations on behalf of the trust, at the issue defined on the front sheet, which supersedes and replaces all previous versions.

## 2 POLICY STATEMENT

This Cancer Access Policy complements Elective Access, Booking & Choice Policy and should be read in conjunction with the general principles set out in that document for the Trust's duty of care to patients, and of the patient's rights and responsibilities.

The Trust is committed to ensuring all patients referred with suspected or diagnosed cancers are treated efficiently, equitably, in line with National Access standards and Cancer Waiting Times Guidance, and with due care and compassion. The best interests of the patient are at the forefront of the Trusts guidelines.

### **Equality Impact Assessment**

The Trust is committed to ensuring that none of its policies, procedures and guidelines discriminate against individuals directly or indirectly on the basis of gender, colour, race, nationality, ethnic or national origins, age, sexual orientation, marital status, disability, religion, beliefs, political affiliation, trade union membership, and social and employment status. An EIA of this policy/guideline has been conducted by the author using the EIA tool developed by the Diversity and Inclusivity Committee. (01-10-2014).

### **Related Trust policies/ guidelines and other trust documents:**

- Consultant Cancer Upgrade Policy

## 3 DEFINITIONS

Definitions for specific terms used in the policy or procedure should be clarified e.g

'The Trust': means the Sherwood Forest Hospitals NHS foundation trust.

'Staff ': means all employees of the trust including those managed by a third party organisation on behalf of the Trust.

'2ww'. means a GP 2 Week Wait referral for suspected cancer

'VSA' Vital Sign Application (National Cancer Waiting Time target)

'Hospital Consultant' means any Trust Hospital Consultant

'Nurse Specialist' means any Trust Nurse Specialist

'Core MDT Members' means the Hospital staff agreed as core members of a Cancer Multi-Disciplinary Team by the Tumour Site Cancer Lead Clinician

'MDT Team' means the Tumour Site Multi-Disciplinary Cancer teams who are responsible for managing patients care

'VSA 13b' means the new National Cancer Waiting Time standard, Consultant Upgrade

#### 4 ROLE AND RESPONSIBILITIES

See roles and responsibilities defined in the Elective Access Policy. In addition:

- The Access, Booking and Choice Manager is the Trust's operational lead for management of cancer service provision, pathways and waiting times and will provide operational expertise in applying this policy and developing the supporting operational procedures to ensure compliance within each area.
- The Cancer Pathway Team Leader is line manager of the Cancer Pathway Team who are responsible for tracking and reporting on patients against National Cancer Waiting Times standards and facilitating Cancer Multi-Disciplinary Team meetings.

#### 5 SCOPE OF POLICY

This policy applies to the management of all suspected and confirmed cancer patients at the Trust irrespective of who and where the booking and scheduling of patients activity is undertaken.

#### 6 CONSULTATION

This policy has been discussed and agreed in partnership with the Trust's Cancer Unit Management Board.

The following group(s)/ committee(s) have been consulted in the development of this document:

<b>Contributors:</b>	<b>Communication Channel: e.g.</b> <ul style="list-style-type: none"><li>• Email</li><li>• 1:1 meeting/ phone</li><li>• Group/ committee meeting</li></ul>	<b>Date:</b>
Newark & Sherwood CCG	Exec Team meeting	04/02/2014
Mansfield & Ashfield CCG	Exec Team meeting	13/02/2014

#### 7 CANCER ACCESS POLICY

##### 7.1 Cancer Pathways: Two Week Waits

##### Pathway Definitions

In accordance with national standards and guidelines, the Trust is committed to ensuring patients referred urgently with suspected cancers will be seen at the earliest opportunity, within a maximum of 14 days subject to exceptions listed below.

All patients with suspected cancer symptoms should be offered and booked an appointment by the Trust within 14 days of the referral received date. Patients should not be booked beyond the 14 day period without escalation to the Access, Booking and Choice Manager.

## **7.2 Management of 2WW pathways**

The rules for cancer pathways apply a strict gateway control to ensure patients are seen quickly and cancers diagnosed at the earliest opportunity. Patients have the right to be seen by a cancer specialist within a maximum of two weeks from a GP referral for urgent referrals where cancer is suspected (detailed below), and if this is not possible, the Trust has to take all reasonable steps to offer a range of alternatives.

The exception to the right to be seen within the maximum waiting times applies:

- If the patient chooses to wait longer.
- If the patient fails to attend appointments that they had chosen from a set of reasonable options

Any patient who contact the Trust to change their appointment should be offered another appointment date within 14 days of receipt of the referral and not the next available slot. If dates cannot be offered within this time period due to capacity, the Access, Booking & Choice Team should escalate to the Cancer Pathway Team Leader and the Business Units.

## **7.3 Direct booking**

The Trust has a directly bookable service for the following tumour sites: ENT, Maxillofacial, Ophthalmology, Bone, Brain, Breast, Gynaecology, Lung, Sarcoma, Skin and Urology. The Central Support Team will advise the appropriate Divisional Business Unit/Service Director regarding capacity issues and action taken without delay in the best interests of patients.

## **7.4 Clinical Assessment Service**

For the tumour sites of Haematology, Lower GI and Upper GI a Clinical Assessment Service (CAS) is in place. Therefore, patients will be booked into an Internal CAS slot. When the referral has been through the CAS, the Trust will contact the patient to agree a two week wait appointment slot.

## **7.5 Patient inability to attend**

Should the patient not be able to attend an appointment within this two-week period then alternative appointments should be offered outside of the two-week period.

Patients should not be referred back to the GP because they are unable to accept an appointment within the two-week wait standard period due to, for example, a social commitment, ill health or logistical issues. It is expected that a certain proportion of patients will choose to wait longer and the operational standard now takes this into account.

## **7.6 GP referral within 24 hours of the decision to refer**

A GP should refer the patient even if a patient cannot make themselves available for an appointment within the two week period since receipt of this referral flags to the receiving organisation that there is a potential cancer case on its way. The patient's availability should be included on the 2-Week Wait Referral Proforma, including dates not available.

## **7.7 Patient Information**

Patients will be given appropriate information about why they are being referred, according to the NICE guidelines 5 (*'Referral guidelines for suspected cancer'* June 2005.) Patients should be informed of the importance of being seen quickly and the importance for the NHS of patients keeping appointments.

The information provided to the patient by the GP will be supplemented with a patient leaflet, approved by the Nottinghamshire Patient & Carer Groups. These leaflets are available for GPs to give to patients during their primary care consultation.

GPs should identify urgent suspected cancer referrals by completing the standard proforma (agreed with CCG), which should be attached and sent via Choose & Book within 24 hours.

## **7.8 Two Week Rule Referrals sent to the wrong provider:**

If the Trust receives a referral for a patient for a service we do not provide, that referral should be forwarded immediately to an appropriate provider together with the minimum dataset. The date of receipt is when the referral was originally received, not the day it was forwarded, and this does not constitute a reason for making a pause in the pathway. The GP should be contacted and advised to enable a change in future practice. If the referral has been sent to another provider and forwarded to SFH for initial appointment it is the responsibility of that provider to ensure the patient is referred without delay, and to provide the minimum dataset.

## **7.9 Two Week Rule Referrals not containing the required information:**

If a referral is received not containing information needed to process it, then the referring GP should be contacted immediately, thereby minimising the delay to the patient. This does not constitute a reason for making a pause to the pathway and patients should not be referred back to their GP to stop a pathway.

## **7.10 Management of Initial Appointment DNAs**

Patients must be offered and have accepted at least two appointments at the first outpatient consultation which they subsequently DNA prior to being considered for referral back to their GP.

Where patients have not attended their initial outpatient appointment the Consultant must review the referral details of the patient prior to referring the patient back to the GP and the patient must be informed of the action which is being taken. A patient must not be referred back to their GP if they cancel once and DNA once. GPs must have proactive arrangements in place to ensure that patients referred back to them are consulted with to establish the reasons for the DNAs.

Any patient who does not attend (DNA) their 1st appointment will be offered another appointment within 7 days or if not acceptable to the patient up to a maximum of 14 days from the date of the DNA.

If the patient DNAs a second appointment they may be referred back to GP care, subject to the discretion of the clinician and in accordance with clinical priorities and patient needs.

A third DNA will trigger a mandatory discharge back to GP, unless the patient has an urgent condition and/or specific circumstances that demand individual management.

If the Trust cannot provide evidence that the patient has received and accepted the appointment, DNA rules will not apply. If there is any doubt over the appointment having been received, the Trust should offer another appointment without delay.

For any patients discharged back to their care professional, they will be contacted by telephone to inform them that they have been discharged from the Trust and those booked via the Choose & Book system will also be discharged through the electronic system.

### **7.11 Management of Initial Appointment Cancellations**

Patients must be offered and have accepted at least two appointments at the first outpatient consultation which they subsequently cancel prior to consideration for referral back to the GP. The Provider organisation must ensure that referral back to the GP is acceptable to the Consultant and must also discuss and agree this action with the patient.

GPs must have proactive arrangements in place to ensure that patients referred back to them are consulted to establish the reasons for the cancellations and take action in the patient's best interests.

Should the Consultant consider the two-week wait referral to be clinically inappropriate then this should be discussed with the GP and the GP asked to withdraw the two-week wait priority.

If this request is authorised by the GP then the two-week wait referral must be withdrawn by the GP and then re-submitted as an 18 week referral. If the request is not authorised by the GP then the patient will remain on the two-week pathway.

### **7.12 Pathway Definitions**

#### **Diagnostic and Treatment Pathways (31 & 62 DAY)**

Any patient referred as a suspected cancer (two week wait referral), must be treated within the above national waiting time standards.

Patients diagnosed with cancer will be given their first definitive treatment within 62 days of referral, subject to patient choice (ie. the right to be treated within the maximum waiting times does not apply if the patient chooses to wait longer.)

The following exceptions could be applied:

- If delaying the start of the treatment is in the best clinical interests of the patient, for example where stopping smoking or losing weight is likely to improve the outcome of the treatment.
- If it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention or diagnostic procedures at that stage.
- If the treatment is no longer necessary.

### **7.13 Management of 31 & 62 day Pathways**

#### **Consultant Upgrades**

When routine referrals (ie. Those not on a 62 day pathway) are upgraded onto the 62-day pathway via the Consultant Upgrade process, then this should be communicated back to the referring clinician (GP) by letter so that they are aware of the elevated priority of the referral.

The Trust has a Cancer Consultant Upgrade policy which provides clear and documented instructions about who can upgrade and how to upgrade patients, the policy can be accessed by the following link <http://sfhnet.notts.nhs.uk/content/showcontent.aspx?ContentId=20284>

#### **7.14 Where Patients are not immediately fit for diagnostics/treatment needed:**

If it is known that a patient is clinically unfit for diagnostic/treatments needed within the timeframe scheduled for their appointment, or a first appointment straight to diagnostic test, patients should not be given appointments when it is known by the provider that they cannot attend owing to ill health in order to prompt a series of DNAs or cancellations resulting in referral back to the GP (NB. Medical suspensions are no longer applied to these patients.)

The operational standard for the 14, 31 and 62 day standards now takes this into account and therefore patients are required to remain on their cancer pathways and not be referred back to the GP, placed on a pending list, moved between cancer pathways or moved solely onto an 18 week pathway.

#### **7.15 Subsequent Cancer Treatments - Drug**

All patients that require subsequent cancer drug treatments will be treated within 31 days of the decision to treat or 'Earliest Clinically Appropriate Date'.

#### **Subsequent Cancer Treatments - Surgery**

All patients that require subsequent cancer surgery will be treated within 31 days of the decision to treat or 'Earliest Clinically Appropriate Date'.

#### **Subsequent Cancer Treatments - Other**

All patients that require other subsequent cancer treatments will be treated within 31 days of the decision to treat or 'Earliest Clinically Appropriate Date'.

## **7.16 Reasonable Notice**

All offers of inpatient treatment are considered reasonable if they are between the start and end of the relevant cancer pathway, but offers should account for the preparations and planning that patients (and carers) often need to take, plus the clinical priority of the patient.

A minimum of three days' notice should be provided for all offers of appointments and treatments, subject to agreement between the local Commissioner and the Trust that this is appropriate and desirable for their local population. This does not preclude the Provider organisation from offering an earlier appointment, with the consent of the patient. Provider organisations must not offer inpatient treatment dates which they know a patient cannot attend, so as to induce a pause to the patient pathway, or to induce a series of DNAs and subsequent referral back to the patient GP.

## **7.17 Contacting Patients to make Appointments**

Where possible "Choose and Book" will be used to book appointments. Where referrals come in through any other source, the Trust will make all reasonable efforts to contact the patient to book appointments. Appointment letters must not be sent before either a date has been agreed, or at least two attempts to contact the patient, on different days and at different times, have been made. Local protocols must be documented. If a patient is not contactable then the Provider should liaise initially with the GP to establish why. However if an appointment letter is sent, with reasonable notice, then a subsequent cancellation or DNA may be counted. An appointment letter must not be sent to a patient in circumstances where it is known that they will be unavailable to attend thus to induce a series of DNAs or cancellations resulting in referral back to the GP.

## **7.18 Patient Choice**

The operational standard now takes into account that more breaches are likely owing to patients choosing to wait longer. In addition, a pause is allowed if a patient declines a reasonable offer for admitted treatment. Patients must not be moved between cancer pathways (ie. 62 day to 31 day or solely onto an 18-week pathway or placed on pending lists for non-admitted treatment) because they cannot guarantee attendance.

## **7.19 'Thinking Time' – when a patient decides between treatment options.**

No pathway pauses to the waiting time can be applied where a patient requires thinking time. "Thinking time" is one component of patient choice.

## **7.20 Trust Response to Patient choice**

If the patient cannot guarantee attendance for tests or treatment or are unavailable for non-admitted care within a certain timescale they will remain on their referred pathway, unless the patient declines all further treatments or investigations.

The Trust is required to provide proactive arrangements to ensure that patients referred back to their GP/GDP are consulted with in a primary care setting about the obstacles that prevented them from attending their appointment(s).



A treatment status of “Active Monitoring” (also known as “Watch and Wait”) must not be used incorrectly to stop a patient pathway in the time when a patient has exercised choice or is deciding between treatment options.

## **8 EVIDENCE BASE**

This policy supports the delivery of Cancer Waiting Times as set out by the Department of Health. Further information can be found at <http://www.performance.doh.gov.uk/cancerwaits/>

## **9 MONITORING COMPLIANCE**

The following approaches will be utilised to monitor compliance:

- audit of visibility of posters in clinical areas
- issues and observation raised by staff
- audit the 31 day cancer waiting times pathway

## **10 TRAINING REQUIREMENTS**

No specific training is required for the application of this policy. It is accessible to the users via the intranet.

## **11 DISTRIBUTION**

This policy will be available to employees within the trust’s suite of governance policies, accessible via the Corporate Information intranet site.

## **12 COMMUNICATION**

The policy will be advised through staff bulletin and team brief. It will also be displayed in the MDT room and other areas where doctors or nurses congregate.

## **13 AUTHOR AND REVIEW DETAILS**

Date issued:	22 <sup>nd</sup> October 2014
Date to be reviewed by:	October 2015
To be reviewed by:	Access Booking & Choice Manager/Head of Information
Executive Sponsor:	Director of Operations