Cancer Services Rebuild Plan
October 2020

1.0 Introduction

A Cancer Reset Cell has been established to set out the approach to implementing the reset of cancer services (assessment and treatments), taking into account the potential need for the HSC to respond to further Covid-19 surge(s) in 2020 and the existing capacity constraints in HSC. The cell, co-chaired by Lisa McWilliams, HSCB and Caroline Leonard, Belfast Trust, commenced on the 3rd June. The final terms of reference for the group are attached at Annex 1.

It should be noted that Cancer Reset will be a particular challenge for the system given that the 2week wait (2ww) for breast cancer and the 62 day wait were already challenged pre-COVID. There has also been a significant fall in red flag referrals during the pandemic surge so it is anticipated that the service is likely to see a surge in referrals over the coming months, with the potential for an increase in late stage presentation. The implications of the restart of cancer screening services will also need to be considered.

While the group is only recently established and a detailed work plan is yet to be finalised, a number of key actions / areas of focus have been identified as follows:

2.0 Pathway redesign

The availability of new technology, the willingness to embrace this technology and the challenges presented by the Covid 19 pandemic have provided the key opportunities to change clinical pathways. The clinical teams had already started adopting the virtual triage model and the embedding of this new pathway was reinforced further when traditional face to face clinics ceased due to Covid. Collaborative working across Northern Ireland Cancer Network (NICaN) Clinical Reference Groups has created opportunities for cross Trust working which is helping equalise waiting lists.

The Upper and Lower GI teams, working through NICaN, have continued to share learning and refine and make improvements to the pathways. Improvements in the Upper GI pathway have included putting processes in place to increase the use of e-triage and sending suitable patients straight to diagnostic endoscopy therefore speeding up the pathway by eliminating time spent waiting for an outpatient appointment. They have also established fast track mechanisms for staging elements of the patient pathway.
Action 1: *Learning from the pathway changes should be shared across Trusts and other tumour sites via NICaN.*

3.0 Referral & triage

3.1.1 Breast Assessment

One of the key recommendations of the breast assessment review was the need to establish a single point of referral and to equalise waits for breast assessment. It is proposed that this work should be progressed as a priority.

The HSC has recognised the capacity gap in the Northern Trust breast service and has funded a fourth consultant post – this post has now been appointed with the consultant commencing due to take up post in August 2020.

Action 2: *Undertake scoping of infrastructure requirements and governance processes required to support the introduction of a single point of referral for breast assessment*.

3.1.2 FIT testing

In accordance with BSG guidance, all scopes, with the exception of emergency scopes were paused from 2nd April. In response to this NICaN Colorectal CRG developed pathways and protocols to support the introduction of FIT testing in secondary care. The testing, introduced in mid-May, has been made available to all urgent and red flag patients awaiting an outpatient appointment, scope or CT colonography and enabled colorectal teams to risk stratify patients, ensuring that high risk patients were prioritised. Current funding to support this work runs out at the end of July. While scoping recommenced at the end of May, ongoing requirements with regard to use of PPE and enhanced decontamination processes have significantly impacted on capacity, with a reduced throughput per session of approximately 50%. Clinical teams advise that the ability to risk stratify patients will be essential going forward. A rapid options appraisal and costing is being undertaken to inform how best to take this forward (looking at provision in primary care as a potential option.

Action 3: *Complete rapid options appraisal for extension of FIT testing and secure funding for its continuation.*

3.1.3 Phototriage Dermatology

Dermatology demand has fallen sharply during the Covid period including cancer referrals. Given the back drop of very lengthy waiting times into Trust Dermatology services there are clinical concerns with regards timely access for cancer assessment and treatment. There is an acknowledgement that referral demand could increase sharply, as we potentially move beyond the current societal lockdown and HSC Rebuilding gathers pace. This would further exacerbate the challenges the service is under.

Following scoping and piloting of dermatology phototriage utilising Confidence and Supply funding an Outline Business Case is being expedited for a regional solution to photo triage and image transfer. The OBC complements the current appetite for video consultations as

part of the 'new normal' for elective care assessments and patient management moving forward. Given the appetite across Primary and Secondary Care to support this work this would represent a major service transformation for future patient access and the current service backlogs in Dermatology.

Action 4 : This service is in the Primary Care Rebuilding Plan (Phase 2 July-Sept) and is to be supported by HSC Trust Dermatology Teams

4.0 Cancer diagnostics

4.1.1. Imaging

MRCN have commenced a number of pieces of work aimed at equalising imaging waits across the system including:

- MRCN leads are currently quantifying and assessing trust capacity and backlogs and looking at best practice regarding throughput to maximise patient flow to develop a regional plan for both imaging and reporting.
- a weekly data download for waits (data to be drawn from 3 info systems) is being developed to inform planning.
- Looking at regional flags in NIPACs to identify priority codes to help with stratifying patients.

NI has benefited from a share of NHS England COVID supplies including:

- 8 Mobile DR X-ray and 8 Ultrasound carts- allocated across the Trusts.
- Relocatable CT Unit on loan, to be located at Musgrave (COVID green site and accessible to motorways) for regional use as part of the Covid Cancer Plan

While this additional equipment is welcome, there are a number existing mobile scanners funded 'at risk' within Trusts where contracts are due to expire and which will need to be secured to continue to provide service continuity as well as resilience. It is also likely that additional MRI and CT mobile capacity will be required in-year from the IS as part of the regional plan.

Action 5: *MRCN to bring forward a plan for equalising waits which outlines additional capacity requirements in year.*

PET–CT

PET-CT is a significant constraint on a number of pathways, in particular upper GI and lung. A second PET scanner has been commissioned within Belfast Trust. The second scanner was due to be operational in April 2020. Unfortunately, the pandemic meant that trainers could not travel from England to provide training to the local teams so "go live" was delayed. Staff training was completed last week and scanning has now commenced. Activity will be built

up incrementally over the coming weeks increasing to 4 sessions per week by August. This should address the immediate capacity gap. Interim arrangements which provided additional capacity through Blackrock will be stood down once the current cohort of patients with planned dates has been completed (c. 85 patients). All new patients will be scanned in Belfast going forward.

Action 6: *Belfast Trust to ensure incremental increase in activity on second scanner as per agreed plan with HSCB.*

4.1.2 Endoscopy

The continuation of FIT testing will enable teams to risk stratify patients and enabling high risk patients to be prioritised against the available resource. In addition to this the following actions have / will be taken:

- An additional £2.7m non-recurrent funding was allocated to Trusts in 2020/21 for additional endoscopy procedures.
- Recognising pressure on scopes facilities in light of COVID, additional capacity will be secured from local IS providers
- Endoscopy is one of the clinical services identified for Phase 2 of the Day Case Elective Care Centres (DECCs) programme which will again help reduce the clinical variation in practice, standardise throughput and help equalise waiting times across the region.
- Recognising the additional challenges posed by COVID, it is proposed that a *Regional Endoscopy Reform and Modernisation group* is established.
- A total of eight additional training posts for nurse endoscopists have been created; the two-year training programme is underway with some nurses having already completed it and taken up posts.

Action 7: *HSCB to Establish Regional Endoscopy Network to take forward pathway and service improvements.*

Action 8*: Trusts to maximise the utilisation of both in-house and IS capacity and work towards the equalisation of waits across the region.*

Action 9*: Explore continued utilisation and funding for NHSCT Vanguard Endoscopy Unit beyond current contract end~ October 2020 as a regional resource*

5.0 Cancer Treatment

5.1 Oncology & Haematology Treatment

5.1.1 Stabilisation of Oncology & Haematology Services

Oncology services were under considerable strain pre-COVID with a number of areas of single-handed consultant practice and Trusts raising concerns that the current service infrastructure was struggling to support the growth in activity with overbooked SACT clinics, increases in waiting times and concerns about recruitment and retention. In December

2010, following on from the Oncology Service Transformation project, and pending a DOH led process to look at the future service model for oncology, DOH asked HSCB to produce a costed plan for the stabilisation of oncology and haematology services. This plan (see attached) focuses on addressing areas of vulnerable practice and the need to expand capacity and build sustainable teams. It identifies the need for investment in the range of £8.56m for oncology and £3.63m for haematology over the next two years (cye £3.05m and £1.17m respectively).

Action 10: *Oncology and Haematology Stabilisation Plan was forwarded to DoH on 26 June 2020 for consideration*

Action 11*: HSCB Specialist Services Commissioning Team to allocate £1m in year (£2m fye) for infrastructure support associated with approved NICE Technology Appraisals.*

5.1.2 SACT Treatment

SACT services report that any patient who, on discussing the risks of progressing with treatment, wanted to proceed with treatment, were supported to do so. Services have put in place a range of measures to enable them to continue to provide services while trying to minimise contact for patients. This included the use of virtual clinics, provision of community bloods and home delivery of SACT. Trusts report that this activity was largely supported through the redeployment of staff, with some projects sitting as cost pressures within Trusts. As activity levels approach pre-COVID levels, there are concerns about the ability of Trusts to maintain these measures without some additional funding. In particular, Trusts highlight the need for regional investment in phlebotomy services in order to support the provision of virtual clinics across all elective specialties. While some elements of this work are reflected in the Oncology – Haematology Stabilisation plan, there would be value in undertaking a rapid review of the improvements and the associated sustainability requirements to ensure that all opportunities for improvement have been identified.

Action 12: *Undertake a rapid assessment of service improvements and sustainability considerations via NICaN SACT CRG.*

Action 13*: Discussions to take place across primary and secondary care on arrangements for phlebotomy services out with traditional acute clinical settings.*

4.2 Radiotherapy Treatment

Both Cancer Centres developed 4-step escalation plans during surge. Both centres only had to move to level 1 which required:

- Delaying treatment for some prostate patients who were already on hormone therapy.
- Reduced fractionation for breast patients[1].
- Delay / amendment of other treatments in line with national guidance.

[1] In line with national guidance and now supported by clinical trial evidence.

Changes to pathways meant that both centres saw an increase is referrals from some tumour sites and that treatment activity across the period was comparable to the equivalent period in 2019. Both centres are now working to assign the prostate patients who were paused. While social distancing requirement are impacting on capacity, recent changes to the fractionation for breast patients have created some additional capacity within the system and services report that they are currently able to manage demand.
Action 14*: Continued reduction of fractionation for breast patients in accordance with national guidance and emerging evidence*

4.3 Surgery

NICaN CRGs worked to produce regional guidance on the prioritisation of patients during surge. The larger tumour sites report that they have been able to provide treatment to all priority 1 & 2 patients through a combination of in house and IS delivery. However, the impact of the Nightingale hospital within Belfast has resulted in delays to some specialist surgery. Belfast Trust is in the process of working through the back log.

Requirements for use of PPE and enhanced decontamination measures will to continue to impact on theatre capacity moving forward. In addition, theatre nursing, which was already challenged pre-COVID, has been impacted by the COVID response with many nurses redeployed to support ICU. Recognising these constraints, a contract has been agreed across the three IS providers for an additional 30 theatre sessions per week and 25 day procedure lists and 50 scope lists per month. It is proposed that this capacity is prioritised for cancer with a particular focus on breast and urology in the first instance.

A surgical oversight group has been established within NICaN and will provide ongoing clinical advice to the Cancer Reset Cell.

Action 15: *Maximum throughput of Core and IS capacity to be delivered.*
Action 16: *Urology cancer surgery to continue to be assessed by Urology CRG to ensure clinical prioritisation and equalisation of waits.*
Action 17*: Surgical oversight group to advise of emerging evidence to shape clinical pathways.*

Annex 1 Indicative Funding Requirements

Action Number /Descriptor	Funding Requirement	Notes
2. Infrastructure for Single Point Referral for Breast	IT development costs TBD	DoH Leading work – discussions on going with BSO/ E-Health
3. FIT Testing Continuation	Continued roll out in secondary care until end 20/21 16,915 (tests)x4.83 = £81,699.45 Administrative support = £175,000 Total CYE = £257,000 Move to Primary care now not expected until 2021/22 – costs approximately £120k	Please note that the process in Secondary Care until end of August 2020 has been supported by Lab and Trust admin who were re-deployed from existing areas of work during COVID but staff have to return to usual work from September and this results in increased costs
4. Phototriage	Revenue – 482k (190k already secured from June Monitoring) Capital – 151k (for medical devices)	Business Case in final development
5. Equalisation of Imaging waits	2020/21 IS Diagnostic additionality included within June Monitoring Bid Proposal for expansion of North West Cancer Centre Imaging Capability in development – cost TBD	MRCN held a workshop on 16 July where the NWCC imaging expansion was recommended by clinical body
9. Utilisation of Vanguard Endoscopy Unit	Weekly cost of £12,500 CYE £325,000	Funding would need to be identified early September to give notice to provider
10. Oncology and Haematology Stabilisation Plan	£8.56m FYE / £3m CYE for oncology £3.63m FYE/ £1.17m CYE for haematology CYE 1m / 2m FYE secured from NICE TA infrastructure	Plans published separately
13. Phlebotomy Services	Discussions underway with GMS colleagues re potential short – medium term utilisation of Covid Centres. Costs to TBD	