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# Single Cancer Pathway *Briefing Paper*

## 1 Introduction to the Single Cancer Pathway

The Minister for Health and Social Services has confirmed the introduction of a Single Cancer Pathway (SCP) across Wales from June 2019, which will aim to replace the current Cancer Waiting Time (CWT) targets following a period of parallel reporting, as part of a wider effort to address poor outcomes.

To support the implementation of a SCP, the Minister also announced a £3 million investment from April 2019 as part of the NHS budget settlement in support of the introduction of the single cancer pathway and improvement in performance. This money will be invested in Health Boards, Velindre University NHS Trust and Health Education and Improvement Wales (HWIE) to ensure that they have the planning, technical and leadership capacity to successfully move to the single cancer pathway and to support performance and quality improvements in the pathways of care. There will also need to be additional national and local focus on diagnostic capacity, efficiency and investment to improve performance<sup>1</sup>.

The current CWTs, which have been a Welsh Government (WG) performance target for approximately 10 years, are:

- **Urgent Suspected Cancer (USC):** Patients referred from primary care as suspected cancer, fulfilling specific criteria (usually NICE guidance) and accepted as suspected cancer by site specific specialists in secondary care, should start treatment within 62 days of the receipt of the original referral. It has a compliance target of 95%.
- **Not Urgent Suspected Cancer (nUSC):** This is for all patients diagnosed with cancer by other referral routes e.g. via A+E, or a surprise finding on an investigation for something else. It is currently measured from the time the patient accepts their treatment plan (Date of Decision to Treat (DDT)) to receipt of treatment with a target of within 31 days.

<sup>11</sup> Ministerial Written Statement: Single Cancer Pathway public reporting (November 2018) <https://beta.gov.wales/written-statement-single-cancer-pathway-public-reporting>

It does not measure the diagnostic journey for these patients. It has a compliance target of 98%.

The majority of patients in Wales diagnosed with cancer do not come through the USC pathway (~55-65%). Over the past seven years, a number of audits have been undertaken demonstrating that patients are waiting a long time from the point of suspicion (PoS) of cancer until they start treatment, especially when on the nUSC pathway. It is clear therefore that the system was:

- Not accurately reporting the actual patient experience
- Not accurately reporting the pressures in the diagnostic system
- Not driving improved performance through identifying the causes of delays

## 2 National Optimal Pathways

National Optimal Pathways (NOPs) are being developed as part of the SCP programme to provide a platform to standardise care, reduce variation and drive improvements within each of the cancer pathways in order to:

- meet the SCP cancer waiting time of 62 days for patients presenting with a suspicion of cancer
- improve cancer patient experience
- improve cancer patient outcomes throughout Wales to that comparable with the best outcomes in Europe.

The National Optimal Pathways (NOPs) will describe the optimal steps, sequence and associated timings in a patient's cancer pathway for over 40 different tumour site pathways.

The Wales Cancer Network (WCN), in partnership with the Cancer Site Groups (CSGs) and Multi-disciplinary teams (MDTs) across Wales, are establishing consistent generic and site specific pathways that describe all routes of entry onto the pathways from point of suspicion (PoS). They describe good practice diagnostic and treatment pathways (and opportunities for improvement) and where patients should receive consistent information and support.

The pathways will describe all diagnostic steps, investigations and treatments. The diagnostic pathway, including staging, should be performed within 28 days from point of suspicion and definitive treatment commenced within 21 days from Decision to Treat (DTT) date. Whilst there will always be some variation between Health Boards and Velindre and site specific pathways, broadly this is required to ensure compliance with the SCP.

The pathways are an expression of good practice based on the best available evidence for each respective cancer tumour site. Typically, the authoritative source will be NICE Guidance or Professional Guidelines, but where this is absent, clinical consensus amongst the appropriate clinical community channelled through the CSG will be sought.

It is acknowledged that some pathways, or pathway steps will seem challenging, and in some cases will not be immediately achievable. We should not be apologetic for this but seek to develop the appropriate capacity and expertise to deliver good practice systems. Measuring performance against these optimal pathways will support improved system planning to achieve this aspiration. In essence, the NOPs act as a 'commissioning tool' to support conversations with service and workforce planners, funders and other stakeholders to identify the gap between where services are currently and achieving the standard set out in the NOP.

### **3 Frequently asked questions**

#### **What is the Single Cancer Pathway (SCP)?**

The SCP measures CWTs from the point of suspicion of cancer until treatment for all patients. It aims to ensure the majority of all patients presenting with a suspicion of cancer are treated within 62 days. For current USC referrals there would be little change except the clock would start at the date primary care referred the patient rather than receipt of referral by secondary care. For current nUSC routes to diagnosis the clock would start from the date of clinical suspicion.

#### **Are we just measuring the same thing in a different way?**

No, we are aiming to measure the pathway of all patients in the same way, which hasn't been done before. This is to ensure all patients have equitable and timely access to the right tests and expertise required, in order to promptly diagnose or reassure those who turn out not to have cancer.

At the moment, the way cancer waiting times are recorded in Wales doesn't always highlight the difficult delays patients face, this new approach under the SCP will be more transparent, demonstrate the causes of delays when they happen, and highlight any capacity issues so action can be taken.

#### **Why is the SCP important?**

Survival outcomes in Wales are poor compared to other similarly developed countries. It is accepted that stage of disease at diagnosis is a major contributor to these relatively poor patient outcomes. However, it is known that patients with a given set of signs/symptoms are less likely to be investigated for suspected cancer and, that after presentation, patients in Wales spend longer in the healthcare system before starting treatment than

all other countries and jurisdictions<sup>2</sup>. This supports the case for change; the SCP will demonstrate the actual time in the system for all patients and provide a platform for improving this.

Moving to a single cancer pathway will improve patient experience and outcomes, lead to a better understanding around the current gap in service capacity (workforce, infrastructure and capital equipment) and plan to address future demand. It will also help develop better information systems e.g. for e-referral, to record and report where patients are in the system and to support 'intelligent' pathways.

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<sup>2</sup>International Cancer Benchmarking Partnership Publication List  
[https://www.cancerresearchuk.org/sites/default/files/icbpublicationslist\\_0.pdf](https://www.cancerresearchuk.org/sites/default/files/icbpublicationslist_0.pdf) (accessed 28.11.18)

