Single Suspected Cancer Pathway

Definitions – pathway start date

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Purpose of Document

This document outlines the requirements for identifying the pathway start date when measuring CWT on a single Suspected Cancer Pathway (SCP).

Background

The current cancer waiting times (CWT), has been a Welsh Government performance target since 2004, has 2 current targets:

Urgent Suspected Cancer (USC): Patients referred from primary care as suspected cancer, fulfilling specific criteria, and accepted as suspected cancer, should start treatment within 62 days of the receipt of the original referral. Target compliance of 95%

Not Urgent Suspected Cancer (nUSC): This is for patients diagnosed with cancer by all other referral routes e.g. via A+E or a surprise finding on an investigation for something else. It is measured from the time MDT member discusses treatment plan and patient accepts, with an aim to start treatment within 31 days. Target compliance of 98%

However, in recent years it has been widely acknowledged that some patients on a 31day pathway experience hidden waits.

The Single Suspected Cancer Pathway (SCP): The SCP will measure CWT from the point of suspicion of cancer. This will ensure that all patients are treated as soon as safely possible from when first suspected of cancer. No patients should wait longer than 62 days. It is fundamental that the patient remains at the centre of the pathway, and the pathway system is in the interests of each patient.

The SCP will better describe the journey from when a clinician first suspects a person has cancer through diagnosis to when they first receive treatment. A more accurate picture of the experiences of all cancer patients will drive continuous improvement in the way their care is delivered and speed up treatment times. It also provides improved opportunity to standardise prehabilitation and supportive care services.

For current USC referrals there will be little change except the clock will start at the date the GP **sent the referral** rather than **receipt** of referral by secondary care. For current nUSC (all other routes of referral) the clock would start from clinical **point of suspicion**, with as a minimum the point being the same as NG12 NICE Guidance[1] on suspected cancer.

[1] https://www.nice.org.uk/guidance/ng12/

The point of suspicion is when a clinician refers a patient or requests a test concerned a patient may have cancer. For screening it is the abnormal test report or colposcopy procedure.

Specific examples are demonstrated in table 1.

At present there is no set compliance target for the SCP.

Guiding principles

All patients suspected of having a **new primary** cancer will be entered onto the pathway. This includes patients who have had a previous cancer and are now suspected of having a different primary (a new cancer). Waiting times for subsequent treatments and recurrent disease will be recorded and reported via waiting times for specific treatment modalities and not part of the SCP.

- Recording and reporting of pathways will reflect the actual time experienced by patients.

- The reporting of cancer waiting times will drive continuous improvements in the pathway systems.

- The level of suspicion that '***starts the clock***' should be determined by the appropriate clinician **but should be in keeping with evidence based referral guidelines NICE NG12** and practical scenarios described below.

- All healthcare professionals should be familiar with the typical presenting features of cancers, or know where to obtain NG12 guidance, and be able to readily identify these features when patients consult with them. **However, adherence to these criteria must not be used as a barrier to a patient entering the pathway where clinical suspicion exists.**

Practical application of the guiding principles

Health care professionals should make a suspected cancer referral to the appropriate MDT as soon as a diagnosis of cancer is suspected.

Discussion with a cancer specialist should be considered if there is uncertainty about the interpretation of symptoms and signs, and whether a referral is needed.

The point that the suspicion of cancer first arises is an individual clinical decision, not an administrative decision. However once this decision has been made by the clinician, the following guidance and pathway start dates as shown in table 1 should be used by health boards to designate the exact date that the single cancer pathway commenced.

Please remember when using the below table it is the date of the first event that needs to be captured as point of suspicion

Table 1

Examples of first clinical suspicion of cancer	Recording the patient's entry onto the single cancer pathway - day 0	Pathway entry ***
Referral from primary care	Date referral is sent from primary care to the health board (this replaces the previous guidance of when the referral is received)	Referral from GP Eye care services Dental services via USC pathway route
Primary care referral/request direct to test suspecting cancer (2 week rule)	Date referral/ test request sent from primary care to the diagnostic department	Referral from GP Eye care services Dental services
Referrals from all Screening services: Breast Test Wales Bowel Screening Cervical Screening	Screening services will define the Point of Suspicion (as detailed in annex) and provide this patient data to HBs in a timely manner	Screening referral Breast Test Wales Bowel Screening Wales Cervical Screening Service Other screening service (NOT breast, bowel or cervical, such as AA screening)
Receiving clinician suspects cancer in a referral (on vetting) not originally referred as 'suspected cancer'	Date referral originally made by primary care	Referral from GP Eye care services Dental Services

within secondary care (routine or urgent referral)		
Receiving clinician receives additional information and suspects cancer in a referral not originally referred and vetted as 'suspected cancer' within secondary care (routine or urgent referral)	Date additional information was sent through to secondary care	Referral from GP Eye care services Dental Services
Outpatient appointment not originally referred as 'suspected cancer' (routine or urgent referral)	Date of outpatient appointment where clinician suspects cancer due to new information or symptoms and 'upgrades' referral to suspected cancer pathway	Out-patient upgrade
A&E attendance/ Medical Assessment/ emergency admission	Date patient assessed as suspected cancer by a clinician (documented in clinical records)	A&E / Medical Assessment/ emergency admission
Referral from one clinician to another within secondary care, including referrals from differing Health Boards and organisations Velindre Trust would be an example of a differing organisation referring to other HB	Date of referral i.e. date of referral letter, if symptom has instigated referral to another speciality with no prior diagnostic test. or: Date of test/procedure performed which indicates a suspicion of cancer or a diagnosis of cancer - an incidental finding	Consultant Internal Consultant External Other healthcare professional e.g. such as CNS Referral following diagnostic (if incidental finding)
Referral from private health care clinician or organisation	Date referral sent from private organisation	Other healthcare professional

Date of 1st event is point of suspicion

Assessment of ward patient who has new suspicious symptom that needs investigating when admitted for other reasons unrelated to initial admission, or admitted for routine issues.	Date patient assessed as suspected cancer by clinician and documented in notes and requests specialist cancer opinion or test	Ward referral
All diagnostic imaging which is suspicious of a diagnosis of cancer whereby the original referral or request was not suspicious of cancer I.e. incidental finding	Date of scan/procedure	Referral following diagnostic - Imaging
All endoscopy procedures which are suspicious of a diagnosis of cancer whereby the original referral or request was not suspicious of cancer I.e. incidental finding	Date of procedure	Referral following diagnostic - Endoscopy
All pathology samples such as: tissue biopsy and cytology whereby the original referral or request was not suspicious of cancer I.e. incidental finding	Date of sample/procedure	Referral following diagnostic – Other

Date of 1st event is point of suspicion

***** please note pathway entry is defined in tracker 7 as source of suspicion**

Further guidance

For blood tests that raise the suspicion of cancer in primary care e.g. tumour markers, suspected cancer referral and/or further diagnostic tests should be informed by **the NG12 guidance** with the point of suspicion being defined in the table and text above.

If a patient is started on a SCP within one tumour site group however, following investigation results indicate the diagnosis falls under a different tumour site group, the 'point of suspicion' date**, should remain unchanged** from the original date initially captured.

If a patient is referred as a 'suspected cancer' via rapid access referral route however, referral is downgraded at vetting or outpatient appointment, then following investigation such as biopsy, within 36-week time frame is found to be cancer, the **original date of referral** is the point of suspicion.

Resolution of uncertainties regarding the pathway start date

There will be queries regarding individual patients and/or patient cohorts with respect to date the clock should start.

WCN will implement a process whereby national advice will be sought and advice given. These will be collected and reported these in an FAQ type format on the cancer network website.

For these enquiries or any further advice please contact:

singlecancerpathway@wales.nhs.uk

Annex

Referral from Breast Test Wales	Date of validated abnormal mammogram report that initiates return for further test/s (date of arbitration or consensus)
Referral from Bowel screening	Date that the lab validate a positive FOB/FIT test
Referral from Cervical screening	1. Date of validated high grade urgent smear report – this is the date of validation of high grade urgent result not the date the smear was taken. The definition of the result is: - a. Severe dyskaryosis (? invasive squamous carcinoma) b. Glandular neoplasia of endocervical origin c. Glandular neoplasia of non-cervical origin 2. Date of validated biopsy report where cancer is confirmed a. Microinvasive or invasive carcinoma b. NOT included 'carcinoma-in situ'/CGIN/SMILE 3. Date of colposcopy procedure when cancer is suspected a. Date of colposcopic impression of? invasion recorded on Canisc