

An independent evaluation of Wales’ Suspected Cancer Pathway Programme

Final Report
March 2024



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Executive Summary

In November 2018, a single Suspected Cancer Pathway (SCP) metric was agreed to replace two separate cancer waiting time metrics for urgent suspected cancer (USC) and non-urgent suspected cancer (non-USC). After a period of dual reporting, the SCP metric officially replaced the two existing metrics in January 2021. This highly ambitious new metric was sought to improve equity and visibility by starting the same 62-day clock for all cancer patients from point of suspicion of cancer to first definitive treatment received, regardless of diagnosis route. Health Boards (HBs) and Trusts are expected to report compliance with the SCP metric to Welsh Government and a broader transformation and improvement environment has grown overtime, where challenging questions can begin to be addressed.

The SCP Programme was established in 2018 to support HBs and Trusts to transition from USC/non-USC to the SCP metric. Delivery of the programme spanned two phases. The first phase, between April 2018 and March 2021, focused on developing a suite of tumour site-specific national optimal pathways (NOPs) across two tranches, and on preparing HBs and Trusts for the introduction of the SCP metric. The second phase, between April 2021 and March 2024, required a reset of programme priorities and objectives following the COVID-19 pandemic. The focus of Phase 2 was to support HBs/Trusts with implementation of existing, revised and newly developed (tranche three) NOPs and making pathways more intuitive. A significant factor in Phase 2 was the inclusion of a SCP programme implementation team, a national resource embedded at a HB-level.

Carnall Farrar (CF), a dedicated healthcare consultancy with experience working across health care systems at all levels, was commissioned to complete an independent evaluation of the SCP programme and whether it delivered on its objectives over time, looking at national and local programme structure, project implementation, financials, reporting and partnership working. This review covers the breadth of the SCP from its inception in 2018 to now. CF's quantitative and qualitative analysis illustrated multiple benefits generated by the SCP programme. It also provided a rich set of opportunities where similar programmes of work can go further in the future. Across the detailed insight provided by SCP stakeholders, seven key themes emerged, as seen in Figure 1.

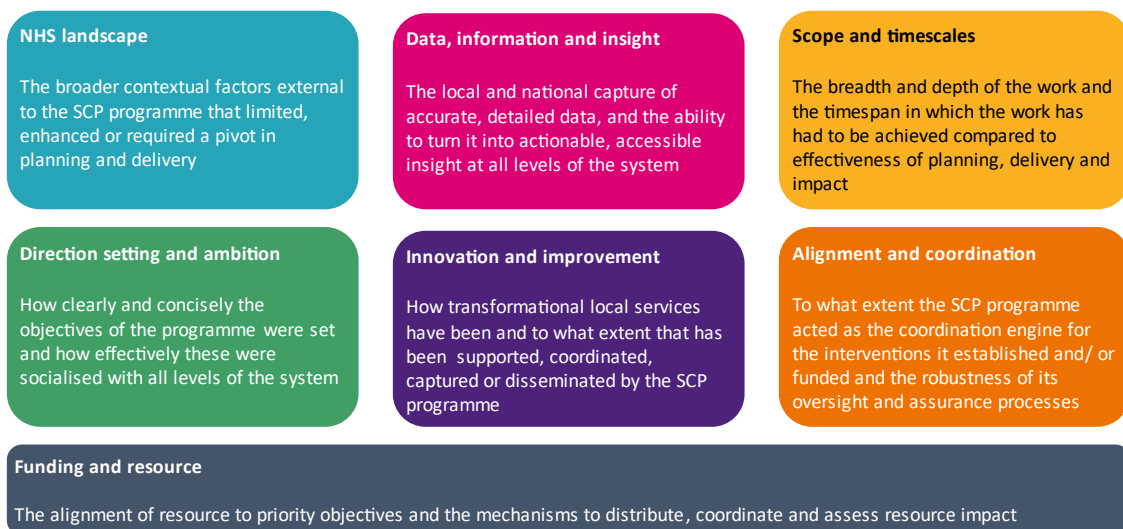


Figure 1. Synthesis of seven key themes identified through stakeholder interviews. Source: CF analysis of Suspected Cancer Pathway (SCP) programme documentation, interviews, surveys and data

National Optimal Pathways

With NOPs now covering ~80% of all diagnosed cancers, they offer an equitable platform to support standardised cancer care across Wales. Success of the NOPs to date has stemmed from their design, the standardisation of pathways, ease of interpretation and conversations driven by an evidence base and best practice. A case study for the upper GI NOP, which has evidenced most of these points, is included.

Opportunities to go further

- **Direction setting and ambition:** System agreement on national versus local delivery expectations
- **Alignment and coordination:** Address the gap between how NOPs are designed and how they translate to operational delivery
- **Data, information and insight:** Improve data capture and recording

National projects

Five national projects were launched to complement the NOPs and further promote alignment and shared knowledge in key cancer pathways across HBs. Many of these innovative projects are still relatively new, and together with resource restrictions post COVID-19, this has limited their impact to date. The breadth of progress made in this context should be celebrated. There is variation across HBs regarding the extent to which they have pursued each project, but the impact and collaborative working approach of accelerated imaging and faecal immunochemical testing projects have stood out in qualitative and quantitative assessments, with case studies exploring their impact in more detail.

Opportunities to go further

- **Alignment and coordination:** Explore how national and local collaboration can encourage widespread adoption of these projects, to more tumour sites and departments involved in the SCP
- **Data, information and insight:** Continue to improve data capture and recording to support sustained impact and identify additional areas of improvement

Local projects

A total of 82 local projects were supported by SCP funding across Phases 1 and 2. The quantity and range of projects makes it challenging to determine a measurable impact of each of them but has enabled a real breadth of innovation that can be built on in future work, whilst funding support has enabled services to sustain diagnostic performance despite increased demand.

Opportunities to go further

- **Funding and resource:** Sustained centrally delivered funding for local programmes of work with significant anticipated impact to support longer term, embedded implementation
- **Data, information and insight:** A continued focus on achieving a robust, detailed data collection platform, to support a clear understanding of service performance across the system for each HB, supporting local project prioritisation and tracking impact
- **Alignment and coordination:** Increased alignment of objectives and clearly defined ways of working between HBs and national teams

Introduction of implementation teams to Health Boards

The SCP implementation team, comprised of seven Senior Project Managers (SPMs) and seven Senior Project Support Officers (SPSOs), supported reducing variation and increasing partnership working across HBs. SPMs with SPSOs were responsible for pathway mapping and gap analysis against NOP standards; supporting all five national projects across the HBs; helping drive locally directed projects; collating and sharing best practice; and supporting overall SCP programme planning efforts. The SPMs were also points of coordination, flagging successes and risks in monthly performance meetings at HB- and national-level.

Opportunities to go further

- **Alignment and coordination:** Work with HBs and Trusts to further define how national resource can best support local implementation
- **Funding and resource:** Explore how programme structures, planning and funding mechanisms can support the creation and deployment of more consistent and streamlined resource

Developing SCP enablers through partnership working

Each partner organisation contributed to enabling HBs/Trusts to improve performance. Improvement Cymru (IC) drove Toyota MDT lean methodology training that empowered select MDTs to identify and address pathway bottlenecks. Health Education and Improvement Wales (HEIW) delivered a workforce planning tool and Digital Health and Care Wales (DHCW) successfully collected patient-level SCP records and designed Power BI validation tools. The Performance and Assurance Directorate (PAD) have established a performance and assurance framework underpinned by BI tools, analysis and reports.

Opportunities to go further

- **Innovation and improvement:** Explore possible approaches to embedding a common improvement culture across all MDTs
- **Innovation and improvement:** Continued support for HB adoption of workforce, BI and improvement methodology resources/tools
- **Data, information and insight:** Continued efforts to further standardise data field definitions nationally

Recommendations

Key findings across all assessment methods have been replayed to a select group of SCP programme stakeholders during a two-hour workshop in March 2024. Reflections on how the findings influenced the future improvement agenda for cancer care in Wales were captured and used to inform the following recommendations:

- Within the Strategic Programme for Planned Care and the Cancer Network, maintain the SCP programme's focus on reducing variation in cancer service provision and encouraging regional working
- Local innovation has evidenced significant impact of the SCP programme at a specific sub-tumour site level for specific HBs/Trusts. The focus should now be on how to prioritise key areas of concern, the most impactful innovations and how to implement them at scale and pace, through:
 - Continued improvements in data depth, breadth and accuracy, both in local capture and national infrastructure to create a clear system wide understanding of service performance to the required level of detail
 - Prioritisation of programmes of work and projects that have the most targeted impact, informed and agreed through data and engagement with system stakeholders
 - Exploring options within existing or new governance structures to assign national and local accountability for nationally agreed interventions, with specific measurable metrics and realistic time frames
 - Exploring how to nationally empower both local services and MDTs to become key drivers of change in respective HBs/Trusts, normalising standard improvement methodologies, language and culture
 - Defining how national and regional ways of working capture and level up innovation
- An increased focus on longstanding service capacity issues, namely workforce planning at a local, regional and national level

Abbreviations

AB UHB.....	Aneurin Bevan University Health Board
AHP.....	Allied Healthcare Professional
Alm.....	Accelerated Imaging
BC UHB.....	Betsi Cadwaladr University Health Board
BI.....	Business Intelligence
BSW.....	Bowel Screening Wales
C&V UHB.....	Cardiff and Vale University Health Board
CAGR.....	Compound Annual Growth Rate
CF.....	Carnall Farrar
CIG.....	Cancer Implementation Group
CPET.....	Cardiopulmonary Exercise Test
CSG.....	Cancer Site Group
CTM UHB.....	Cwm Taf Morgannwg University Health Board
DDTT.....	Date Decision to Treat
DHCW.....	Digital Health and Care Wales
FIT.....	Faecal Immunochemical Test
GI.....	Gastrointestinal
GP.....	General Practitioner
HB.....	Health Board
HD UHB.....	Hywel Dda University Health Board
HEIW.....	Health Education and Improvement Wales
IC.....	Improvement Cymru
MDT.....	Multidisciplinary Team
NICE.....	National Institute for Health and Care Excellence
non-USC.....	Non-Urgent Suspected Cancer
NOP.....	National Optimal Pathway
NWIS.....	NHS Wales Informatics Service
PAD.....	Performance and Assurance Directorate
PAS.....	Patient Administration System
PT HB.....	Powys Teaching Health Board
QPEE.....	Quality Patient Experience and Engagement
SB UHB.....	Swansea Bay University Health Board
SCP.....	Suspected Cancer Pathway
SLT.....	Senior Leadership Team
SPM.....	Senior Project Manager
SPPC.....	Strategic Programme for Planned Care
SPSO.....	Senior Project Support Officer
TNE.....	Transnasal Endoscopy
USC.....	Urgent Suspected Cancer
VNHST.....	Velindre University NHS Trust
WCN.....	Wales Cancer Network

Methodology

To understand the context and impact of the SCP programme, as well as the impact of its individual schemes, CF conducted qualitative and quantitative analyses (see Figure 2), with methodologies below.

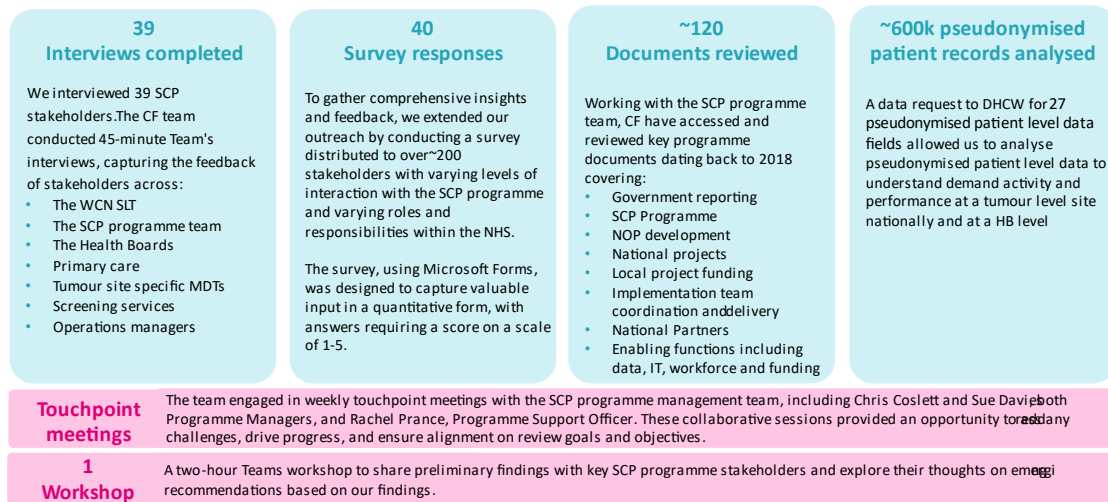


Figure 2. Approaches underpinning the independent evaluation of the Suspected Cancer Pathway (SCP) programme. Source: SCP Programme Review Workshop, CF

Stakeholder interviews

CF conducted 39 interviews with SCP stakeholders, focusing on context, interventions, and impact measurement. The findings are in *“Understanding the impact of the SCP programme”* and Appendix 4.

Survey and maturity matrix

CF distributed an evaluation survey to approximately 200 stakeholders, receiving 40 responses (20% response rate) over two weeks in February 2024. The survey included rating statements and a maturity matrix to assess current and future SCP goals with findings synthesised in Appendix 1.

Reviewing SCP Programme interventions

Sankey diagrams and bubble charts were used to show programme funding/interventions. Interventions were categorised into four buckets based on direction and resourcing. Five themes, with sub-themes, were assigned to interventions, and Sankey diagrams demonstrate the split. Appendix 2 provides a synthesis of these findings.

Analysis of patient-level, cancer performance data

CF analysed 62-day cancer waiting times data within the SCP pathway, comprising approximately 600,000 rows from April 2019 to December 2023, obtained from Digital Health and Care Wales. The analysis focused on data quality, referral versus activity, national, NOP-related and HB-level performance. The full analysis is in Appendix 2.

Workshop

In March 2024, CF conducted a workshop with the senior leadership of the Wales Cancer Network to review findings from stakeholder engagement and data analysis, with expert insights provided by Professor Sir Mike Richards, former National Cancer Director for England. In the workshop, the SCP programme context, key findings, and case studies were discussed with a focus on generating recommendations. A synthesis of workshop outcomes, including the slides presented, are in Appendix 4.

Throughout this evaluation report, we refer back to our multifaceted approach of interviews, survey and maturity matrix, and data analysis to ensure we capture stakeholder perspectives on SCP programme context, maturity and impact to inform our findings.

SCP Programme Context

The NHS in Wales and NHS Executive

NHS Wales delivers services through seven local Health Boards (HBs), three NHS Trusts and two Special Health Authoritiesⁱ. The NHS Wales Executive was launched in April 2023 as promised in "A Healthier Wales"ⁱⁱⁱ and recommended by a Parliamentary Review of the Long-term Future of Health and Social Careⁱⁱⁱ. The NHS Executive consolidate national activity and bring a consistent approach to planning, prioritising based on outcomes, performance management and accountability. The Cancer Network sits within the NHS Wales Executive as one of the National Strategic Clinical Networks. The establishment of the NHS Executive has not altered existing accountability structures. The seven HBs, three NHS Trusts and two Special Health Authorities remain accountable to the Minister for Health and Social Services through respective chairs^{iv} (see Figure 3), with Welsh Government and Ministers continuing to set priorities, targets, and outcome measures for the NHS in Wales.

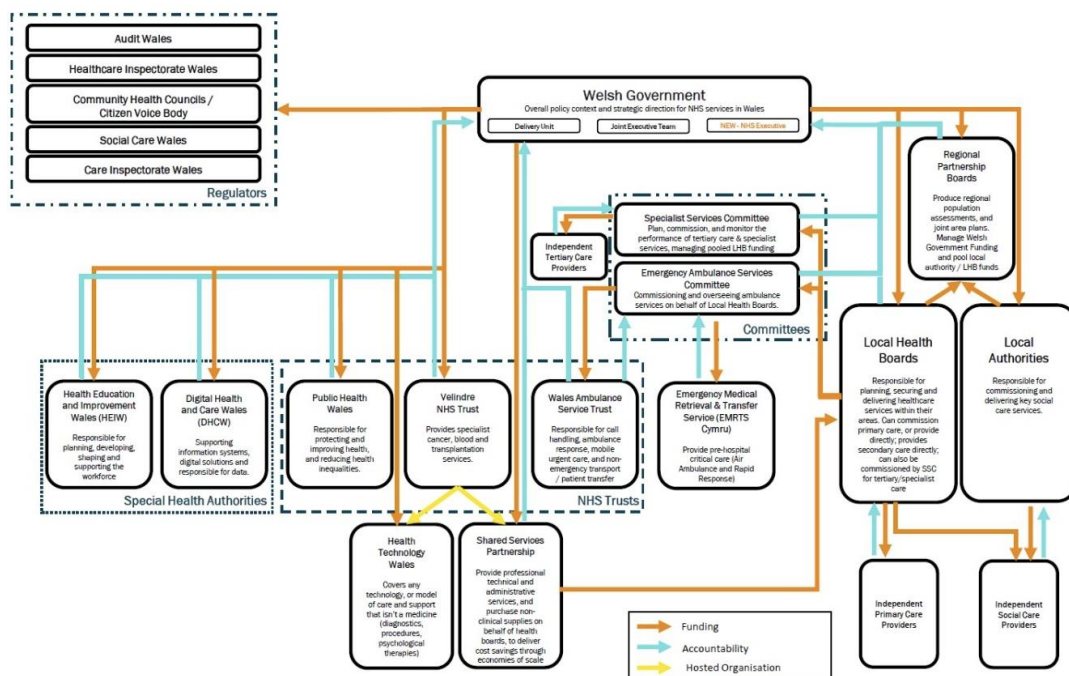


Figure 3. Map of organisations supporting the core functions of the Welsh Health and Social Care system and the flows of accountability and funds. Source: Wales Centre for Public Policy. Note: The Community Health Councils in Wales are now called Llais, the "Delivery Unit" is now the "Performance & Assurance Directorate" of the new "NHS Executive".

Streamlining cancer care in Wales: A single pathway for improved efficiency and equity

Prior to 2018, Wales used two separate cancer waiting time metrics for urgent suspected cancer (USC) and non-urgent suspected cancer (non-USC). The metrics were that 95% of USC patients referred from primary care should start treatment within 62 days of referral, and 98% of non-USC patients, diagnosed with cancer by other referral routes, should begin treatment within 31 days of cancer care plans accepted, or the date of decision to treat. However, both metrics and rules allowing for suspensions in cancer wait time reporting, led to inconsistencies and unwarranted variations in reporting, and inequity in care received by patients.

In November 2018, the Welsh Government agreed to change how cancer waiting times were reported and introduced a single Suspected Cancer Pathway (SCP) metric. This highly ambitious new metric sought

to improve equity and visibility by starting the same 62-day clock for all cancer patients from point of suspicion of cancer to first definitive treatment received, regardless of diagnosis route. It also removed all suspension rules in wait time reporting. The SCP metric officially replaced the two existing metrics in January 2021, and in doing so, Wales became the first devolved country to create a single cancer wait time metric from point of suspicion to treatment. The SCP's clarity and ambition of realising 80% of patients receiving first definitive treatment within 62 days by 2026, means it has been identified as a crucial lever for change in improving cancer wait times at each stage of the pathway, especially quicker diagnosis through earlier diagnostic testing. Through embedded policy, HBs and Trusts are expected to report compliance to the SCP metric to Welsh Government. Cancer services now operate in a broader transformation and improvement environment which has grown overtime, where challenging questions can begin to be addressed, such as increasing capacity in diagnostics, workforce, optimising pathways, and data and informatics.

An update on cancer waiting times across Wales

To understand the all-Wales cancer climate in which the SCP programme operates, we calculated the compound annual growth rate (CAGR) of average national monthly cancer referrals received (see Figure 4, top) and confirmed cancer SCP diagnoses (see Figure 4, bottom) between March 2021 and 2023. During this period, an increase in total cancer referrals received was observed and on average, the prevalence of cancer cases diagnosed through the SCP approximately doubled. Whilst an increase in referrals is expected given the impact of COVID-19 and subsequent backlog, increases in prevalence may be attributed to increasing number of consultant upgrades and/or patients presenting with more severe signs and symptoms of cancer, therefore diagnosed with later stage cancers.

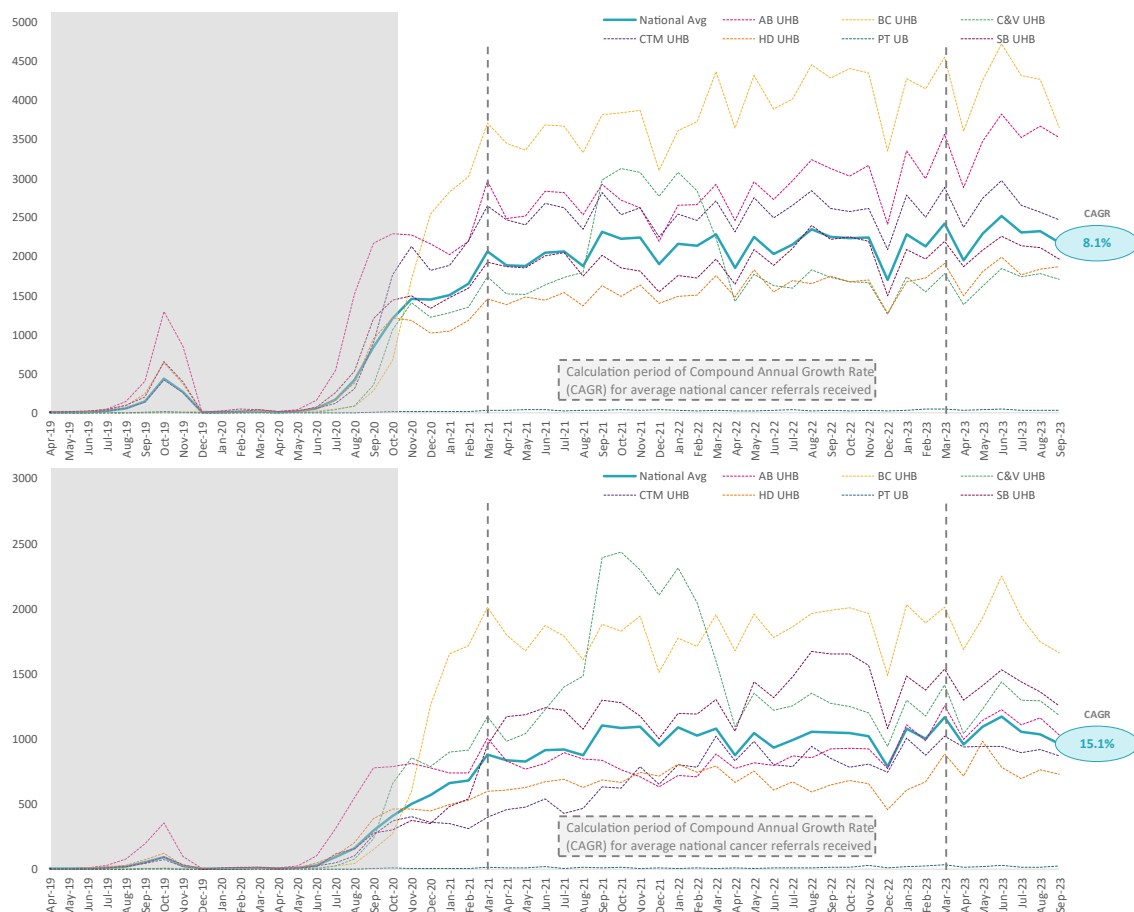


Figure 4. Total volume of cancer referrals received (top) and total number of cancer cases diagnosed through the SCP by Health Board (bottom) between April 2019 and September 2023. Source: CF analysis of pseudonymised patient-level cancer data (issued by DHCW; April 2019 – December 2023)

The increase in cancer referrals, does not appear to have adversely affected SCP performance, with approximately one in two patients with a confirmed cancer diagnosis receiving first definitive treatment within 62 days of point of suspicion (see Figure 5) between March 2021 and 2023.

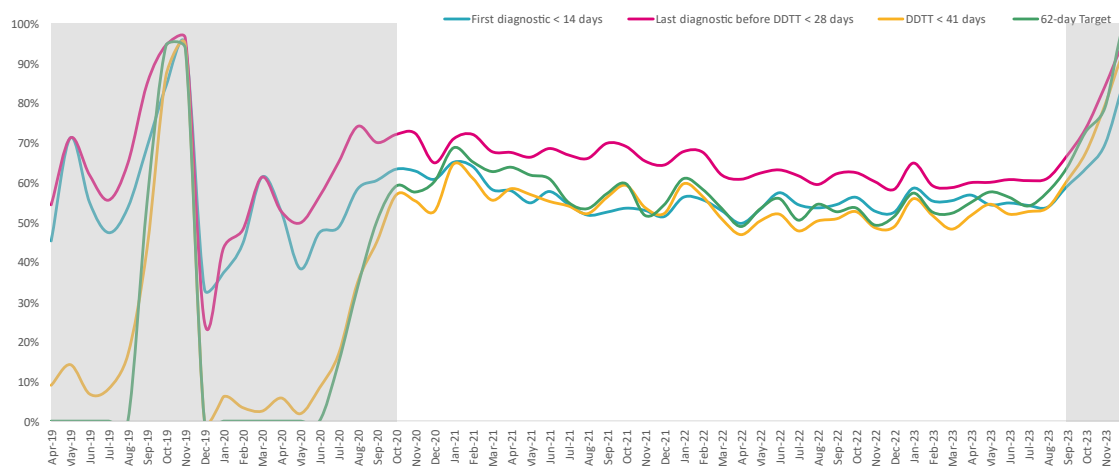


Figure 5. Patients seen within 14-, 28-, 41 days and 62-day target as percentage of patients received treatment with cancer cases diagnosed through SCP between April 2019 and December 2023. Source: CF analysis of pseudonymised patient-level cancer data (issued by DHCW). Note: DDTT < 41 days is presumed to be the latest DDTT is made by MDTs

Design and strategic priorities of the SCP programme

A dedicated programme was established in 2018 to support HBs and Trusts to transition from USC/non-USC to SCP compliance with the SCP metric. Delivery of the SCP programme spanned two phases.

Phase 1: Preparatory phase

The first phase of the SCP programme, between April 2018 and March 2021, focused on developing a suite of tumour site-specific national optimal pathways (NOPs) across two tranches and preparing HBs and Trusts for the introduction of the SCP metric. The development of the NOPs enabled specific service improvements to be identified, informed by demand and capacity assessments to ensure all improvements were targeted appropriately within the SCP metric and had measurable impact. Objectives were defined from the outset to support the successful delivery of Phase 1:

- Identify and assess the position of cancer services across Wales and provide assurance to the Minister for Health and Social Services that undue variation in performance will be avoided
- Scope system capabilities and assist HBs/Trust across Wales to prepare for SCP introduction
- Facilitate national collaborations, and coordinate funding application processes and issue resource to bidding organisations
- Develop sustainable system capacity and capability and publish the first two tranches of NOPs
- Deliver new models of care to address unwarranted variation and achieve system wide balance, demonstrated by month-on-month improvement in the SCP metric

The impact of COVID-19 was significant. Cancer services in Wales operated at minimal capacity between March 2020 and March 2021, with screening paused and resource redirected to other specialties with increased demands brought on by the pandemic. Furthermore, a government enforced national lockdown, localised lockdowns and a further ‘circuit breaker’ lockdown significantly reduced patient interaction and access to healthcare and heightened anxiety amongst the most vulnerable patients needing ongoing healthcare support.

Phase 2: Implementation phase

The second phase of the SCP programme, between April 2021 and March 2024, provided an opportunity to reset priorities and objectives following the COVID-19 pandemic and increase in the backlog of patients awaiting access to cancer care pathway resources. The focus of Phase 2 for the programme was to support HBs/Trusts with implementation of existing, revised and newly developed NOPs; and to make pathways more intuitive and enable multidisciplinary teams (MDTs) to concentrate on refining processes to achieve better patient outcomes sooner. To support the successful delivery of Phase 2, targeted objectives were defined at the outset:

- Review the first two tranches of NOPs to ensure timeliness, accuracy and reflection of best practice and develop/publish the final tranche of NOPs
- Work with the Cancer Site Groups (CSGs) to improve SCP and NOP understanding, clinical ownership and promote good communication

- Effective implementation of the SCP and whole system improvements in infrastructure, behaviours, pathways and business intelligence

A significant factor in Phase 2 was the inclusion of a SCP programme implementation team, formed of Senior Project Managers (SPMs) and Senior Project Support Officers (SPSOs); a national resource embedded at a HB-level. The team were to adopt a systems approach to the implementation and embeddedness of the NOPs into MDTs, ensure sustainability of service improvements through national and locally directed projects, embed a culture of quality improvement with co-production and support a national *Value Based Healthcare* approach by working collaboratively with stakeholders across the system.

SCP programme management and partnership working

A group of senior leaders from across the Wales Cancer Network (WCN) and Cancer Network Board, formerly the Cancer Implementation Group (CIG), spearheaded the SCP programme, with clinical leadership, programme managers and a programme support officer providing day-to-day oversight of an implementation team, formed of SPMs and SPSOs. The SPMs/SPSOs worked closely with the central SCP programme team and HBs/Trusts to flexibly support implementation and delivery of national and local interventions. The SCP programme also commissioned four partner organisations: Digital Health and Care Wales (DHCW), Health Education and Improvement Wales (HEIW), Improvement Cymru (IC) and the Performance and Assurance Directorate (PAD), formerly the Delivery Unit (DU). These partner organisations were to: improve the timeliness of the first 28 days of the cancer pathway; use validated data received directly from HBs/Trusts to assess compliance to the 62-day SCP metric; and support training and development of the cancer workforce.

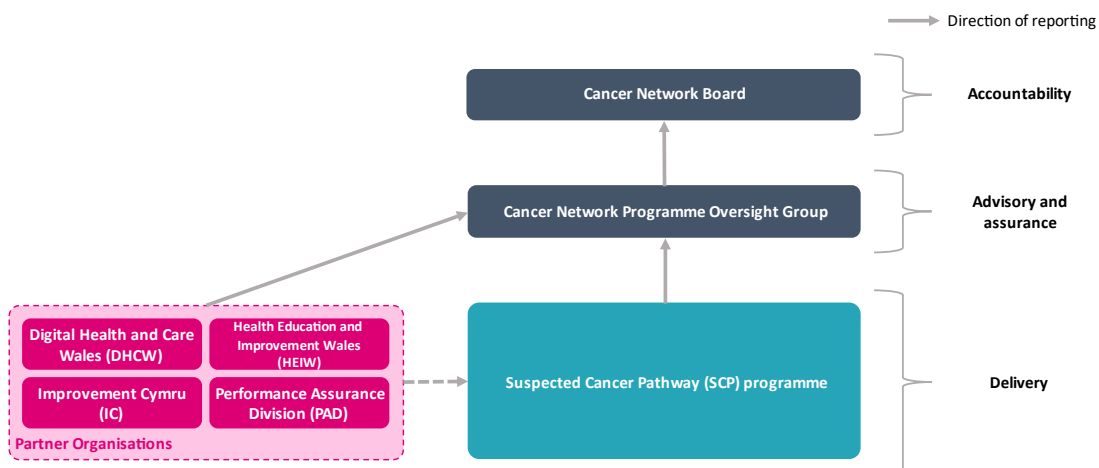


Figure 6. Suspected Cancer Pathway (SCP) programme reporting structure. Source: CF analysis of Suspected Cancer Pathway (SCP) programme documentation, interviews, surveys and data

Funding

To support delivery of Phase 1 and 2 objectives, the Welsh Government allocated £3m/year for five years to the SCP programme. Two SCP Diagnostic Funds were also made available in 2022/23 (£709,000) and 2023/24 (£595,000) to support implementation of local projects.

Figure 7 highlights the distribution of funding across both phases of the SCP programme.

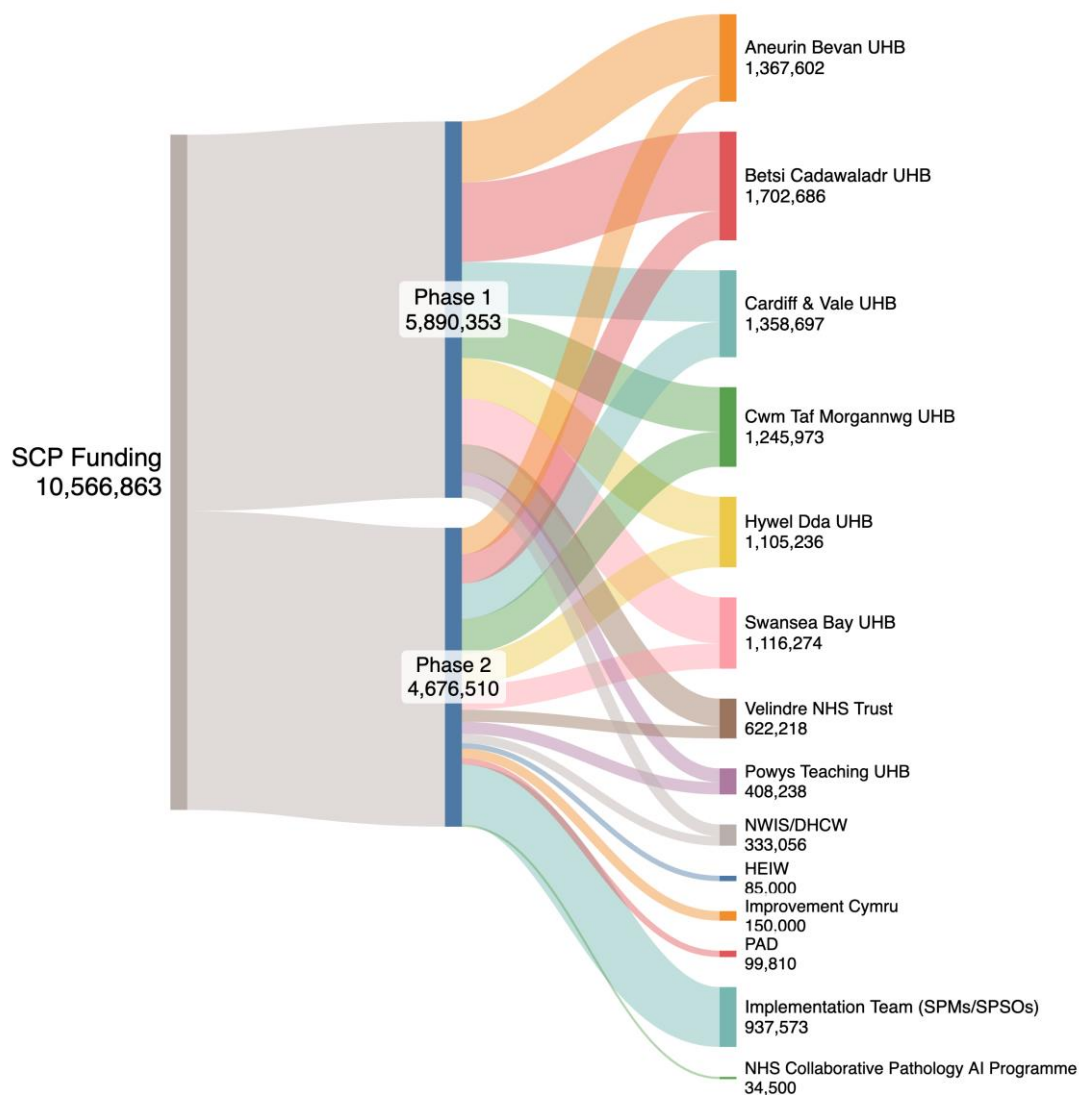


Figure 7. SCP programme funding allocation by organisation, including Health Board, Trust and partner organisation. Source: CF analysis of Suspected Cancer Pathway (SCP) programme documentation, interviews, surveys and data

In the first year of Phase 1, the expectation was that funding would be used not only for NOPs development and implementation, but to also support six locally agreed priority areas: endoscopy, radiology, dermatology, pathology, enabling and urology. HBs and Trusts were asked to submit business cases to the SCP programme team to show how allocated funding would be used. Expressions of interest significantly exceeded available funds, which were instead allocated to HBs and Trusts in proportion to the population size they serve. In some cases, this change in mechanism impacted relationships with HBs and Trusts, who had invested significant time developing rich business cases for specific areas of need that allocated resource no longer enabled.

In Phase 2, funding was allocated to the creation of a national SCP implementation team resource who worked with the HBs, Trusts and SCP programme team to support implementation of national and local projects. HBs and Trusts were also invited to bid for funding, through the SCP Diagnostics Fund, to support local business cases and initiatives for regional and innovative tests of change. The funding could not be used for additional capacity. This bidding process was coordinated by the SCP programme team and overseen by the Cancer Network’s Senior Management Team.

Reviewing the understanding of the SCP Programme across the system

The survey and interviews engaged a spectrum of stakeholders involved in the SCP programme, both local and national as well as managerial and clinical. Understanding across two broad areas was consistently high (see Figure 8):

1. The reasons why the SCP metric needed to be introduced
2. The impact of the broader political, financial and healthcare climate was significant on the SCP programme

Average scored response from SCP programme evaluation survey

Agree/Disagree Statements	1= strongly disagree												5 = strongly agree	
	Local									National				
	AB UHB	BC UHB	C&V UHB	CTM UHB	HD UHB	PT HB	SB UHB	V NHST	HB/T Avg.	NHSW	WCN	IC	Avg.	
Challenges with cancer wait time reporting were understood before SCP	3.0	3.5	3.2	2.0	3.5	No response	3.3	3.0	3.2	3.8	3.8	4.0	3.5	
SCP enabled HBs/Trusts to reduce wait time, improve equity and patient experience	3.0	4.0	3.8	2.7	3.5	4.0	3.3	2.0	3.5	4.2	4.0	4.5	3.7	
SCP design and delivery was significantly influenced by external factors (established)	1.0	3.3	3.7	5.0	3.5	No response	3.7	3.0	3.4	3.8	3.7	3.0	3.6	
SCP design and delivery was significantly influenced by external factors (currently)	3.0	3.3	4.0	4.3	4.5	4.0	4.0	3.0	4.0	3.5	4.1	3.5	3.9	

Figure 8. Average scored responses by survey participants asked to rate how well challenges with pre-SCP wait time reporting were understood, how well the aims and objectives of the SCP programme were understood. Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

“Before the SCP it was a bit of a lottery... the clock could be stopped at any point... the SCP was needed to standardise it”

-- Cancer Service Manager, HB

“COVID did not create problems, but exposed problems that already existed. The levers to mitigate problems reduced considerably and there was no workforce. COVID amplified the fact the way we need to deliver all services has to change.”

-- National Manager, NHS Executive

Stakeholder responses showed clear differences in the perceived aims and objectives of the SCP programme, with managers closely aligned to the programme demonstrating a clearer understanding compared to patient-facing teams. This emphasises the ongoing need for HBs and national teams to prioritise support for MDTs and local services to ensure alignment with transformation agenda objectives.

Understanding the impact of SCP interventions

Summary

Accountability for the delivery of the SCP metric sits with the HBs/Trusts and whilst the SCP programme has established a range of projects and enabling interventions focused on improving performance, they are all vehicles through which support, guidance and coordination can be offered to local delivery efforts. When exploring the climate in which SCP interventions were delivered, availability of resource, disruption caused by the COVID-19 pandemic, impact on reported performance of a fully transparent single 62-day target and UK wide capacity challenges that continue to persist, should all be considered.

It is also important to understand the type of intervention delivered. Whilst NOPS, national projects and funding of local innovation sought directly to guide and support HBs and Trusts with service transformation and performance improvement, there are also a set of enabling interventions, putting in place the infrastructure required to underpin performance improvement efforts. Finally, it is necessary to frame the programme within the broader context of cancer care delivery structures in Wales; impacts of each intervention must be assessed accordingly.

The 39 stakeholder interviews provided an opportunity to understand perceived impact of the various programme interventions. A consistent theme from the interviews was the variability of impact: the same intervention could have a significantly different size and breadth of impact in each HB or each tumour site.

The average maturity matrix scores from local and national stakeholders suggest that all domains of the SCP programme were perceived as having ‘emerging’ and ‘developing’ maturity (see Figure 9). This aligns with findings from other parts of the evaluation, particularly interviews; the programme had broad ranging, ambitious interventions with some clear impact at a national- and local-level. However, while there are achievements to celebrate, the impact varied in depth and breadth, highlighting opportunities for improvement in future, similar programmes of work.

Average scored responses by maturity matrix element

Maturity Matrix	Local										National				Score frequency			
	AB UHB	BC UHB	C&V UHB	CTM UHB	HD UHB	PT HB	SB UHB	V NHST	HB/T Avg.	NHSW	WCN	IC	Avg.	1	2	3	4	
											1 = early	2 = emerging	3 = developing	4 = advanced				
National SCP Programme	1.8	2.2	2.5	1.9	2.4	2.4	2.8	3.0	2.4	2.8	2.5	2.7	2.5	31	81	127	17	
National Optimised Pathways (NOPS)	2.0	2.8	1.8	2.2	2.2	No response	2.7	No response	2.3	2.6	2.4	2.3	2.4	21	45	45	9	
National Projects	3.0	2.4	2.7	1.7	2.9	2.0	2.5	No response	2.5	3.0	2.7	3.3	2.7	10	31	38	21	
Funding	No response	3.5	2.3	1.5	2.3	3.3	2.8	No response	2.5	2.3	2.1	3.0	2.4	9	19	25	4	
Introduction of PMs to HB and Trusts	2.2	2.8	2.5	1.9	2.3	2.3	2.7	2.6	2.5	3.0	2.6	3.0	2.6	9	59	57	19	
Partnership Working	No response	2.0	2.6	2.0	2.2	No response	3.7	No response	2.4	3.1	2.1	3.5	2.5	15	26	21	18	
Broader Programme Support	2.0	2.5	2.5	No response	2.3	2.0	3.0	No response	2.4	2.6	2.5	No response	2.5	1	12	5	3	

Figure 9. The Maturity Matrix survey summary outputs across each element of the SCP programme. Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

The theme of variability was also identified in the survey outputs, where programme planning and objectives were explored. Variation in scores across HBs and neutral scores across all organisation types indicate that there was variability in the planning, delivery and impact of different programme interventions (see Figure 10). Across the breadth of our assessment tools, the spread of answers/responses highlights that there is variation in perceived impact of the SCP programme interventions and that there are several reasons as to why this may be the case.

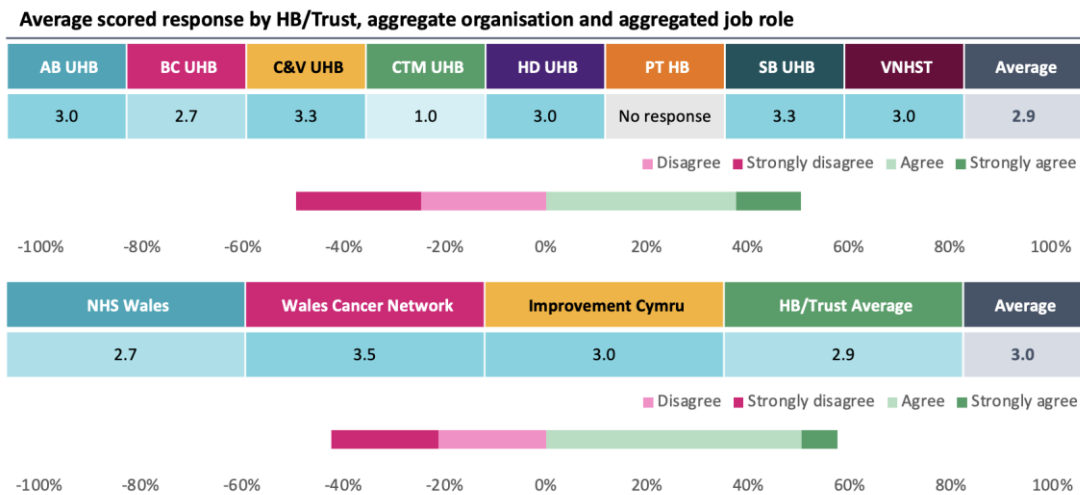


Figure 10. Average scored responses received by survey participants asked to rate SCP programme planning and objective delivery. Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

A review of programme documents echoes this finding. Multiple projects define both impact and opportunities to improve, often citing factors both internal and external to the SCP programme as key influences. A broad scope, a large spectrum of possible impacts and challenging environment mean it is crucial to explore each intervention individually. Identifying where there has been impact, the type of impact, what delivered the impact and what are the opportunities to build on in future programmes of work is essential to provide accurate summary findings and recommendations.

“Projects worked quite well but not convinced that lessons learned and rolled out across Wales – localised success.”

-- Manager, WCN

“Cancer is tied up in a lot of different services which allows lack of transparency of delivery priorities”

-- Manager, HB

National Optimal Pathways

Key insights

- Overall design and distribution approach across Phases 1 and 2 has been broadly praised
- Requirement and approach to NOP implementation is not consistently or clearly understood
- Their purpose as a tool to guide standardisation and support identification means impact on performance cannot be directly associated
- NOPs have positively influenced the ambition and alignment of national and local stakeholders regarding cancer service transformation

NOPs describe what should happen for any patient in Wales presenting with a suspected cancer of a certain tumour site, informed by clinical guidelines and professional guidance and standards. Whilst the NOPs do not state who, where and how the NOPs are delivered, they outline timelines for cancer care pathways and how HBs and Trusts can hope to achieve the NHS Delivery Framework target for the SCP^Y.

Devised by the WCN in partnership with partner organisations including Health Education and Improvement Wales (HEIW) and NHS Wales Informatics Service (NWIS) [now Digital Health and Care Wales, (DHCW)], 24 NOPs have been developed and published over three tranches (see Table 1). Each NOP was written independently of the others, underpinned by expert clinical consensus via WCN CSGs, where there is an absence of NICE or professional guidance and standards.

The first tranche of NOPs were written following an announcement from the Minister for Health and Social Services and transition to the new way of reporting cancer wait times. These five areas: breast, head and neck, lung upper GI and lower GI, were the original priority areas for Welsh Government and were prioritised around the levels of highest incidence. A pivot in prioritisation post-COVID by the Welsh Government resulted in a shift in focus to gynaecological and urological cancer pathways and the release of tranche 2 NOPs. The updated versions of the Tranche 1 set of pathways and latest pathways have been revised to include best practice principles, steered by clinical leads.

Table 1. Three tranches of NOPs developed and released over the duration of the SCP programme

Tranche 1 Released: Sept 2019 ~60% of cancer diagnoses	Tranche 2 Released: Jan 2021 ~80% of cancer diagnoses	Tranche 3 Released: June 2022-Jan 2024
Breast Head & Neck – Mucosal Head & Neck – Neck Lump Lower GI – Colorectal Lung Upper GI – Oesophageal Upper GI – Gastric	Gynaecological – Cervical Gynaecological – Endometrial Gynaecological – Ovarian Gynaecological – Vulval Upper GI – Pancreas Upper GI – Hepatocellular Carcinoma Urological – Bladder Urological – Penile Urological – Prostate Urological – Renal Urological – Testicular	Children’s Cancers Teenage and Young Adult Sarcoma Neuroendocrine Vague Symptom Pathway Metastatic Breast

NOPs now cover ~80% of all diagnosed cancers; it is hoped that they will offer an equitable platform to standardise cancer care across Wales and enable the assessment and improvement of tumour site pathways. A major focus of the SCP programme is diagnostics, and the NOPs provide a steer on how to improve timeliness to patients being informed of cancer diagnoses and in turn to receiving first definitive treatment sooner, improving patient outcomes and experience in line with person-centred care.

Mapping the person-centred care elements of the NOPs was led by the Quality, Patient Experience and Engagement (QPEE) team with input from lead nurses, allied health professionals (AHPs) and primary care representatives from across HBs and Trusts. This process has ensured NOPs are more robust and comprehensive in outlining the best practice timeliness standards for the diagnostic and treatment intervals, whilst also considering the information, support, and care patients should receive in a timely manner across cancer care pathways. As with the implementation of the SCP metric, Wales have led the way versus neighbouring devolved nations in person-centred care elements in cancer care pathways.

Published NOPs have been used as vehicle through which the SCP programme could support implementation of local performance improvement initiatives, allowing HBs and Trusts to pathway map current ways of working, workforce and infrastructure against theoretical best practice. The purpose of pathway mapping to the NOPs was not to appoint blame at services underperforming against the SCP 62-day target, but instead to positively position services towards improving cancer care pathways.

Case study: Reviewing the impact of the upper GI NOP on the cancer care pathway

The upper GI NOPs are focused on oesophageal, gastric, hepatocellular and pancreatic cancers, and were released across two tranches (see Figure 11). Each NOP includes a colour coordinated flow chart, documenting the patient journey from point of suspicion to first definitive treatment, with key diagnostic steps detailed with timestamps for completion of testing. Note: the oesophageal and gastric NOPs have been revised and the second editions now include sections on biomarker testing and person-centred care across the pathway.

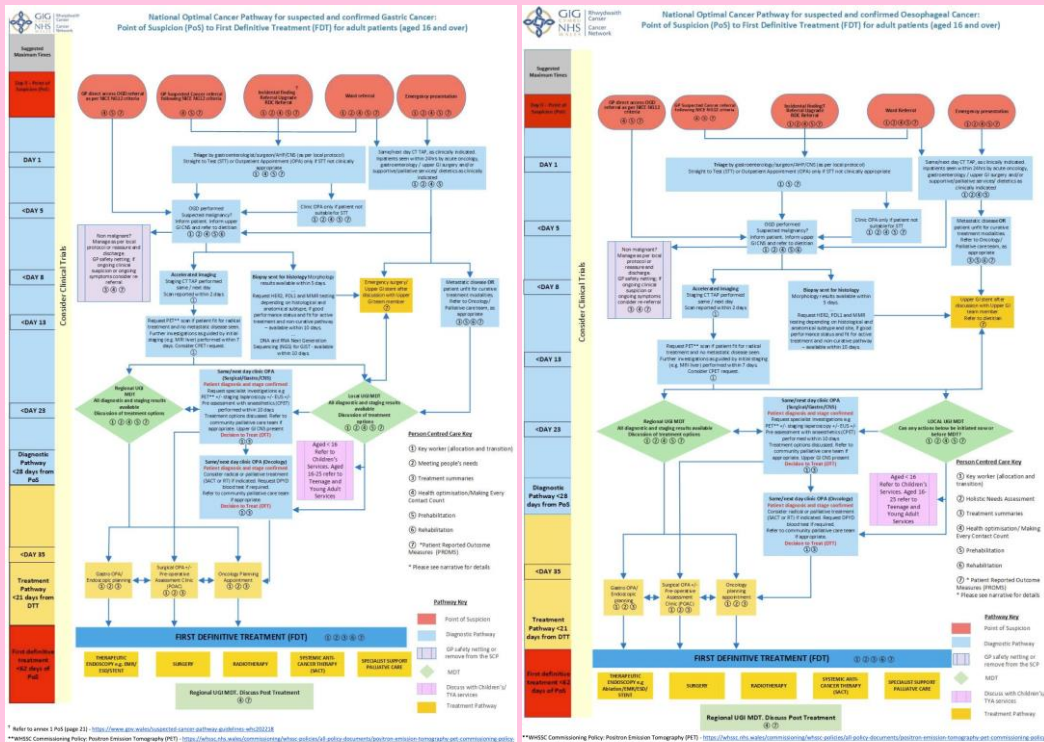


Figure 11. National Optimal cancer Pathway for suspected and confirmed gastric^{vi} and oesophageal^{vii} cancers: point of suspicion to first definitive treatment. Source: WCN CSG

An assessment of NOP impact across confirmed upper GI diagnoses is not currently feasible - data reported is only tumour site level, and it has not been possible to further distinguish the impact of the NOPs to each of the three tumour sub-sites.

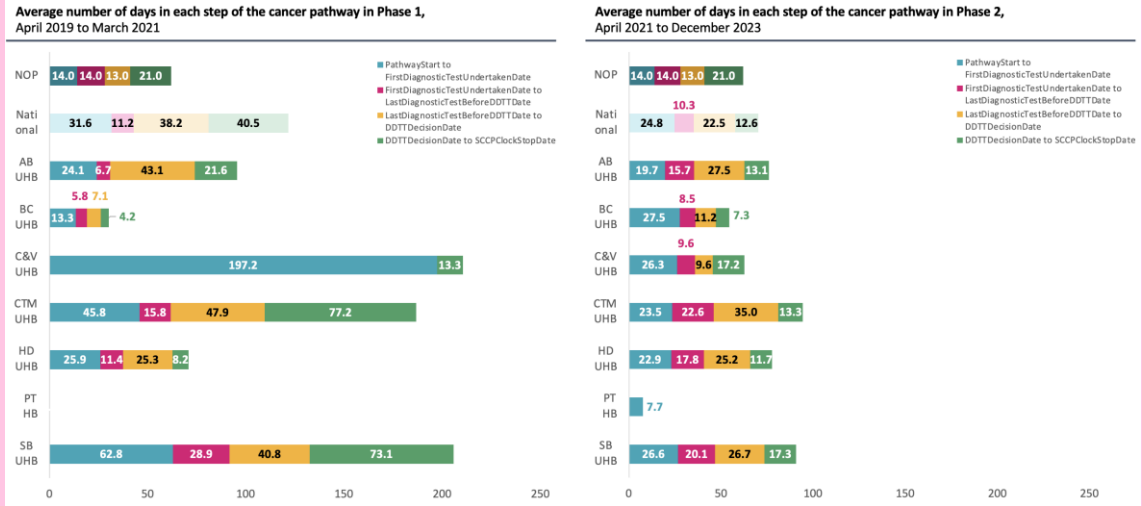


Figure 12. Variation in key phases of upper GI cancer pathways between Phases 1 and 2 of SCP programme. Source: CF analysis of pseudonymised patient-level cancer data (issued by DHCW; April 2019 – December 2023). Note: Phase 1 is inclusive of data from April 2019. Official reporting and subsequent validation by HBs didn't start until patients were receiving treatment from December 2020 onwards. Note: a full NOP analysis set can be found in appendix 2

Acknowledging the relatively short existence of NOPs, comparison of national progress between Phases 1 and 2 of the SCP appears positive, with significant “improvements” in wait times across the entire pathway. It should be noted that improvements observed could be in part attributable to SCP support to HBs/Trusts but may also be due to the drop-off in COVID-19 related disruption or other interventions e.g. capacity or workforce investments.

At a HB-level, time between first diagnostic to last diagnostic before decision to treat increased in 5 of 7 HBs. With system emphasis placed on first diagnostic received within 14 days of referral, it is inevitable that bottlenecks were pushed back later in the pathway, with time to last diagnostic before decision to treat increasing on average as a result.

The positive impact of the NOPs, mainly in their design, has been raised by stakeholders across Wales in interviews. Standard templates enabling easy revisions to the existing NOPs, standardisation of pathways and ease of interpretation, (re-)establishing expectations with conversations driven by evidence base, and positive culture shifts and acceptance of best practice, especially where NOPs are aligned to local priorities have all been cited.

Average score by element

NOPs							1 = early 2 = emerging 3 = developing 4 = advanced					
	National Managerial	Local Managerial	Local Clinician	Local Patient Facing	Implementation	Other	Average	Score frequency	1	2	3	4
Overall design	3.4	2.1	2.9	3.0	2.4	No response	2.7	2	9	17	4	
Upper GI	2.5	2.0	2.5	2.0	1.0	No response	2.2	3	5	4	2	
Lower GI	2.5	2.5	2.4	2.0	2.0	No response	2.4	3	7	4	2	
Urology and Prostate	2.2	1.8	3.0	2.0	1.0	No response	1.9	3	3	2	1	
Lung	3.0	1.5	3.3	2.0	1.5	No response	2.4	2	4	3	1	
Other NOPs	2.4	2.0	2.7	2.0	1.0	No response	2.2	2	4	4	0	

Figure 13. Average scored responses received by survey participants asked to rate the maturity of each element of the National Optimal Pathway (NOP) domain. Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

“The NOPS are a legacy with benefits ... moreover, the NOPs are really impactful and have significant clinical buy-in.”

-- National Manager, WCN

“NOPs approach developed with clinicians and based upon patient need. Provided an opportunity to discuss pathways and identify gaps that needed improvement”

-- National Manager, HEIW

“The NOPS are a success! They are being updated with the ‘how’ being added to the what should happen”

-- Clinician

The overall design effectiveness of the NOPs was also reflected in higher scores by respondents to the maturity matrix NOP domain (see Figure 13). Whilst the perceived impact has been significant, stakeholders have also identified opportunities to improve NOPs, with maturity matrix scores showing those in an implementation role feel that NOPs are less mature in their development and impact. Survey and interview outputs further support this finding, identifying implementation and delivery expectations as the main area for renewed focus. Other common interview themes focused on further enhancing the design approach through the need to develop patient-centred care elements, increased engagement in the design process including patients or the public, and application of more granular data when it becomes available.

“The NOPS were only ever aspirational. The HBs do not have the workforce, infrastructure and capacity to deliver. However, conversation has changed, and it appears that the ‘aspirational’ element has been forgotten.”

-- Survey freetext

“Publication of the NOP’s often overlooked by HBs in my perspective. A lot see them as unachievable and don’t understand they are an ‘aspiration to work towards.’”

-- Survey freetext

“No HBs across Wales are meeting the NOPs, especially when there is an expectation that all investigations should be completed within days of referral.”

-- Cancer Service Manager, HB

“There is no consistent focus provided for cancer pathways or NOPs by the SCP programme/WCN.”

-- Senior Project Support Officer, HB

“NOPS can be damaging as pathway steps don't always align to steps required in niche tumour sites. Moreover, HB infrastructure doesn't always align to NOP steps... misdirected approach as each cancer doesn't behave the same – hindering adoption.”

-- Clinician

Opportunities to go further

- **Direction setting and ambition:** Increased transparency and engagement in NOP design and system agreement on national versus local delivery expectations
- **Alignment and coordination:** Further work to close the gap between how NOPs are designed and how they translate to operational delivery, shifting from theoretical best practice to realistic goals across achievable delivery timeframes focused on key phases of the cancer care pathway
- **Innovation and improvement:** Continue to enhance how local NOP driven innovation is captured and disseminated
- **Data, information and insight:** Improve data capture and recording, including reporting staging and sub-tumour site level to support NOP innovation and understand impact

National projects

Key insights

- There is variation in the extent to which HBs have pursued each project and if they have done so with SCP support, highlighting the difficulties of coordinated implementation nationally
- As many of these innovative projects have only recently been implemented, combined with resource restrictions post COVID-19, expectations on impact should be considered and breadth of progress made celebrated
- Alm and FIT have stood out in qualitative and quantitative assessments, delivering localised performance impact and improving ways of working within HBs and across the system

Table 2. Total SCP programme interventions implemented, across Phases 1 and 2, undertaken by HBs and Trusts. The five national projects have been pulled out separately to illustrate those HBs who had participated SCP delivery. Source: CF analysis of Suspected Cancer Pathway (SCP) programme documentation, interviews, surveys and data

Organisation	No. interventions	Alm	CPET	eReferral, Triage & Vetting	FIT	TNE	Capsule Sponge Device
AB UHB	18	✓	✓	✓	✓	Business case in progress	✗
BC UHB	20	✓	✓	✓	✓	✗	Pilot ongoing
C&V UHB	18	✓	✓	✓	✓	Business case complete	✗
CTM UHB	15	✓	✓	✓	✓	✓	✗
HD UHB	10	✓	✗	✓	✓	Business case complete	✗
PT HB	3	✗	✗	✓	✓	✓	Pilot ongoing
SB UHB	25	✓	✓	✓	✓	✗	✗
VNHST	7	–	–	–	–	–	–

Five national projects, where TNE and capsule sponge device are considered as one, were launched in Phase 2 of the SCP programme to complement the NOPs and to further promote alignment and shared knowledge across key tumour site pathways across HBs (Table 2). Whilst nationally coordinated, once tested, learning was shared for local adoption at a HB-level, with SPMs assisting HB teams with implementation.

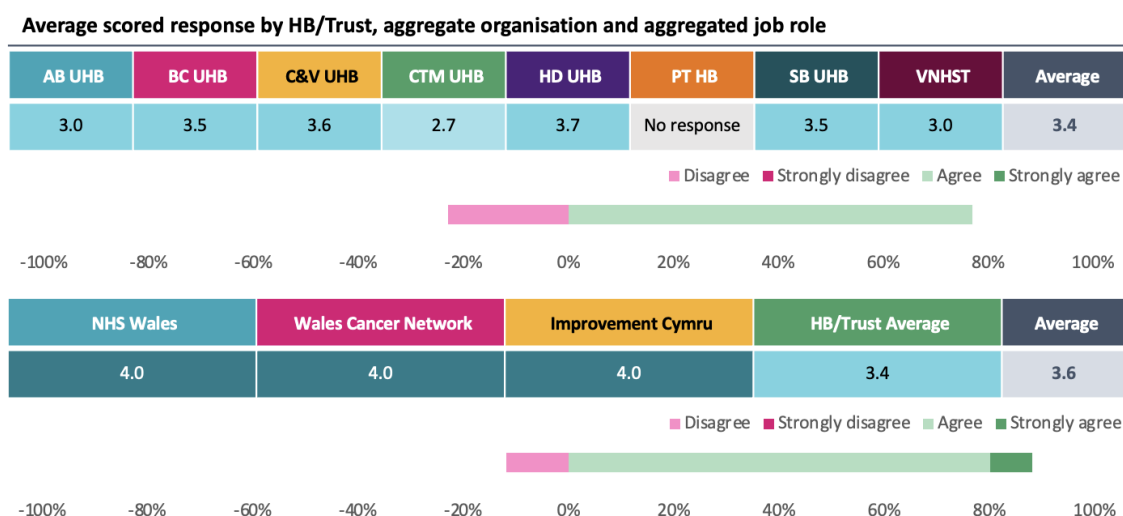


Figure 14. Average scored responses received by survey participants asked to rate the impact of national projects on addressing the problems they were designed to solve. Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

A review of survey outputs suggests that overall, the national projects are considered one of the most successful aspects of the SCP programme, with consensus across HBs, organisations and job roles (see Figure 14). The accelerated imaging and primary care faecal immunochemical test were considered most mature by stakeholders (see Figure 15), aligning with document review and interview findings. As a result, individual case studies on the impact of these national projects have been included in this report.

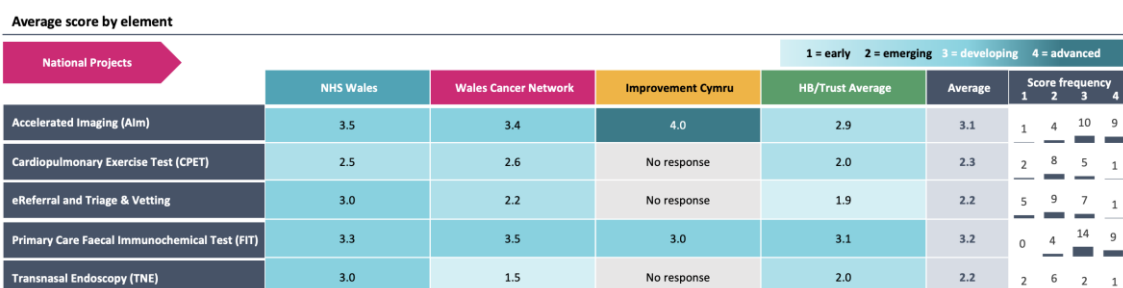


Figure 15. Average scored responses received by survey participants asked to rate the maturity of each national project. Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

Outlined in the sub-sections below are the five national projects, including perceived and/or measurable impact.

Accelerated Imaging

Key insights

- Increased clarity on key issues in the diagnostic component of the GI pathways (pathology bottleneck), project scope honed through improvement methodology application
- A key driver of improved ways of working between HBs and with national teams
- Significant, targeted local impact; average cancer wait times at Alm sites lower vs non-Alm sites

With the availability of cutting-edge imaging techniques to understand cancer development and response to treatment, the accelerated imaging (Alm) national project intended to accelerate imaging capabilities

and thus improving speed to diagnosis and targeted treatment. Six of seven HBs have adopted Alm principles to improve cancer wait times for patients^{viii}, with upper and lower GI tumour sites the most commonly targeted for Alm; improvements in sample turnaround time through pathology has been explored in some HBs.

Case study: The impact of Alm in Aneurin Bevan University Health Board (AB UHB)

Prior to the introduction of Alm in AB, GI pathways involved patients attending an endoscopic procedure and, if cancer was suspected, patients would have to wait for a radiology appointment to have a staging scan. This heightened patient anxiety risks, whilst extending the diagnostic and treatment pathways. The Alm project in AB aimed to remove unnecessary delays for patients with a suspected GI cancer by ensuring staging CT or MRI scans were performed immediately following endoscopy, or within three days.

The outcomes anticipated by the introduction of Alm and straight-to-test for GI cancers included: improved patient experience, workforce and resources; reduction in the time to diagnosis for upper and lower GI patients and improved compliance with NOPs; and reduction in the average waiting time from endoscopy to staging CT (11 days vs 1 day) and from endoscopy to staging MRI (11 vs 3 days).

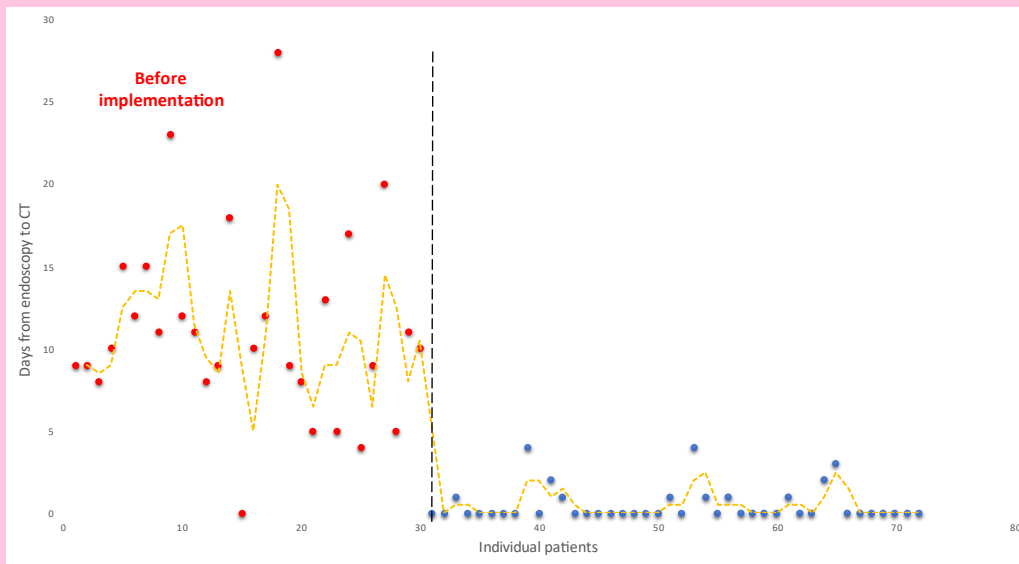


Figure 16. Days between endoscopy and CT (before and after implementation) in upper and lower GI cancer pathways. Source: Accelerated Imaging in upper and lower GI cancer pathways, AB UHB^{ix}

In September 2022, the pathway was finalised and introduced following a series of Task and Finish groups and agreement of patient cohort. An audit of 42 patients in January 2023 revealed the average wait time from endoscopy to CT improved by 10 days (Alm = 0.5 days, non-Alm = 11 days) (see Figure 16), with ~75% of CT undertaken on the same day.

However, wait times to MDT meetings had grown by more than 5 days (Alm = 15 days, non-Alm = 9/7 days), suggesting a possible bottleneck in pathology. An audit in Pathology highlighted ~43% of USC samples were not USC, leading to miscataloging of patients. Plans have been developed to rebrand and incorporate pathology into the “Accelerated MDT Pathway” in an effort to address some of these issues. The impact on the GI pathway was agreed by all staff surveyed in October 2023, with 67% agreeing no further changes to the pathway were required.

A year on from the successful roll out of Alm and straight-to-test in AB, the Senior Project Managers for AB attended a Swansea Bay (SB) Task and Finish group to present the AB findings. SB acted upon the pathology intelligence and implement an “Accelerated Pathway for Diagnostics including Pathology” for USC patients. Early analysis of SB suggests that pathology times have reduced to an average of 3.5 days, with data analysis underpinning transformation to be shared in Q1 2024/25.

Cardiff and Vale University Health Board (C&V UHB) have also demonstrated significant impact with Alm slots for GI cancer patients available since 2018. One audit of 100+ patients found that 50% received Alm CT scans with 68% of CTs reported the same or next day. The same audit also identified the need to increase capacity at the beginning of the week following insourcing and that delays in pathology are limited. Using best practices and lesson learned from C&V, the eastern sites of Betsi Cadwaladr University Health Board (BC UHB) have implemented a 5-day service for GI cancers using AIM, resulting in median wait time from endoscopy to MDT with Alm taking eight fewer days than non-AIM patients (Alm = 8 days, non-Alm = 16 days). Given the impact across the eastern sites of BC, the service is expected to be expanded to a 7-day service and the rest of BC UHB to follow shortly.

Across multiple HBs and pathways, Alm impact on specific diagnostic performance metrics is visible, evidenced through multiple service audits, as well as detailed interview insight and consistently high maturity survey scores. Alm has also driven changes in ways of working and collaboration between HBs and with national teams. The future challenge, repeatedly articulated in our findings, is to determine how best to level up this work and achieve local buy-in, so that there is a consistent, impactful approach to transforming imaging and diagnostics across Wales for all relevant tumour sites.

“AB UHB accelerated imaging was watershed moment. This pushed the WCN and SCP programme to help local sites maximise transformation by pulling in other HBs staff who were already supporting delivery. Best practice and advice was captured and shared.”

-- National Manager, WCN

“This may be simple, but changing a health system which has been built on longstanding processes is difficult to achieve across organisations who have the autonomy to do what they feel is right for their patient population.”

-- Survey freetext

Opportunities to go further

- **Scope and timescales:** Understand the expected impact of a nationally implemented Alm and diagnostics project on diagnostics and overall wait time performance across all relevant tumour pathways
- **Alignment and coordination:** Explore how national and local collaboration can encourage widespread adoption of Alm, to more tumour sites and departments involved in the SCP
- **Direction setting and ambition:** Explore how to robustly expand the national project scope to become ‘Advanced Diagnostics’ based on the insights of HBs who have already identified and included pathology improvements

Cardiopulmonary Exercise Test

Key insights

- The number of HBs reviewing current CPET services demonstrates it remains a high local priority
- Varied implementation means it is not possible to determine measurable or perceived impact on cancer wait times or on patient outcomes, which are not documented

The Cardiopulmonary Exercise Test (CPET) is a non-invasive method used to assess the performance of the heart and lungs at rest and during exercise via a 10–15-minute exercise test. CPET is increasingly used by anaesthetists and perioperative physicians to evaluate functional capacity (or physical fitness) prior to surgery with the aim to: risk stratify patients, inform shared decision making, inform pre-operative/(pre-)rehabilitation assessment and improve patient outcomes post-surgery.

Five of seven HBs have evaluated CPET capacity (patients per week), staff available to support CPET currently and the workforce gap to increase CPET capacity to an optimal patients per week target^{ix}. Theoretically, all cancer tumour sites which require surgical intervention may require patients undertake

a CPET. However, there are no current reports received from HBs to evaluate the impact of CPET on cancer wait times, the SCP 62-day target or on perceived improvements in patient outcomes.

Opportunities to go further

- **Data, information and insight:** Impact measurement is required, to determine the role of testing in cancer pathway performance and benefits to patient outcomes

eReferral and Vetting/Triage

Key insights

- eReferral: Varied levels of implementation but with a positive perceived impact on cancer wait times as GP referrals for cancer have increased
- Vetting/Triage: Limited implementation but measurable impact on cancer wait times and speed to diagnosis shown in pilot study which is set to be extended on the back of positive findings
- Acknowledged need to expand impactful elements of eReferral and Vetting/Triage to prevent delays in first 14 days of pathway

Approximately 70% of all patients with cancer on the SCP were referred by their GP at the point of suspicion, making primary care the commonest care setting for cancer referrals (see Table 3). To support GPs to make appropriate referrals, guidance and systems must be in place, which must be convenient and simple to access and use.

In AB and Hywel Dda (HD) UHBs, primary care intranet pages have been developed where each tumour site section has information taken from NG12 guidance, input provided by the clinical cancer community and HB specific referral information. In SB UHB, a similar approach has been taken, with helpful hints and tips to prevent rebounding referrals, a list of useful contacts for queries and information leaflets.

Table 3. Referral reason/source for patients entering the Suspected Cancer Pathway. Source: CF analysis of pseudonymised patient-level cancer data (issued by DHCW; April 2019 – December 2023)

HB	Total Records	Referral Reason												
		Following an emergency admission	Following a domiciliary visit	Following an Accident and Emergency attendance (including Minor Injuries Units and Walk-In Centres)	Other – initiated by the Consultant responsible for the Consultant Out-Patient Episode	Referral from a General Medical Practitioner	Referral from A&E Department (including Minor Injuries Unit and Walk-In Centres)	Referral from a Consultant or Independent Nurse, other than in an A&E department	Self-referral	Referral from a Specialist Nurse (Secondary Care)	Referral from an Optometrist	Referral from a National Screening Programme	General Dental Practitioner	Other – not initiated by the Consultant responsible for the Consultant Out-Patient Episode
Aneurin Bevan UHB	119436	0.1%	0.0%	0.0%	0.0%	79.6%	0.3%	14.2%	0.0%	0.0%	0.1%	0.7%	0.9%	4.0%
Betsi Cadwaladr UHB	139654	2.0%	0.0%	0.2%	2.2%	84.5%	0.5%	6.7%	0.1%	0.0%	0.0%	1.2%	0.1%	0.2%
Cardiff and Vale UHB	71174	0.5%	0.1%	0.3%	2.0%	84.7%	1.2%	7.6%	0.9%	0.0%	0.2%	0.4%	1.5%	0.6%
Cwm Taff Morgannwg UHB	98602	0.1%	0.0%	0.0%	0.4%	55.1%	0.9%	9.6%	0.0%	0.1%	0.1%	2.8%	0.9%	29.3%
Hywel Dda UHB	63586	0.1%	0.0%	0.0%	1.9%	48.8%	1.9%	12.8%	0.0%	0.1%	0.1%	0.9%	0.0%	33.4%
Powys Teaching HB	1113	0.0%	0.0%	0.0%	1.1%	77.7%	0.0%	1.6%	0.0%	0.0%	0.0%	0.0%	3.7%	15.8%
Swansea Bay UHB	76897	0.0%	0.0%	0.0%	1.4%	44.8%	0.5%	13.1%	0.0%	0.0%	0.3%	1.3%	2.0%	36.6%
NATIONAL	570462	0.6%	0.0%	0.1%	1.3%	69.1%	0.8%	10.4%	0.1%	0.0%	0.1%	1.2%	0.8%	14.7%

Note: No referrals from; Referral from Prosthetist, Referral from a General Practitioner with a Special Interest (GPwSI) or Dentist with a Special Interest (DwSI), Referral from an Allied Health Professional (AHP), Referral from an Orthoptist, Community Dental Service

Although the volume of referrals and the prevalence of confirmed SCP cancer diagnoses increased by 8% and 16% respectively between March 2021 and March 2023, driven by primary care clinician referrals, eReferrals was considered to be the least mature of the five national projects by maturity matrix respondents (see Figure 15; average score: 2.2). The lowest scores were provided by local patient facing staff, who likely experience the impact of referral volumes into the system as increased outpatient, diagnostic and/or treatment activity.

The surge of referrals from primary care inevitably places additional demands on already busy secondary care providers. Triage enables a preliminary assessment to determine the urgency of patient need for

additional tests and treatment, as required. Furthermore, with patient tracking lists growing post-pandemic and outpatient appointment availability scarce, triaging is fundamental in ensuring providers have sufficient capacity to deliver care.

In BC UHB, a nurse-led triage for colorectal cancer has been piloted two days per week. Here, the nurse calls the patient to determine their fitness for surgery or if there are grounds for straight-to-test. Patients benefit from enhanced counselling on expectations, diagnostic testing and surgical interventions with DNA rates dropping. The measured success of the pilot programme in Q3 2023, has resulted in the nurse-led triage continuing, with next steps to explore expansion of the triage clinic to beyond the current two days per week model.

Opportunities to go further

- **Innovation and improvement:** Continued resource to enable widespread adoption of eReferral and Vetting/Triage, via shared learnings and best practices from HBs who have delivered or are delivering projects successfully
- **Data, information and insight:** Establish an approach to tracking impact in SCP pathway data at a granular level to identify elements to level-up nationally

Faecal Immunochemical Test

Key insights

- Significant levels of implementation across HBs
- Evidence of localised impact, both measurable and perceived, on cancer wait times and patient outcomes
- Acknowledged need to build upon and expand FIT to prevent delays in first 14 days of pathway

Faecal immunochemical test (FIT) is used to identify possible colorectal cancer by detecting small amounts of blood (globin component of haemoglobin) in stool samples. Diagnostic accuracy is significant amongst low- and high-risk symptomatic patients and has superior positive predictive value for colorectal cancer versus symptoms alone^x. Since the release of the colorectal NOP in 2019, a new joint national guideline was published by the Association of Coloproctology of Great Britain and Ireland and British Society of Gastroenterology^{xi}, prompting the development of an independent FIT NOP for integration into the colorectal NOP.

All seven HBs have reported using FIT in primary care FIT to test and refer patients to secondary care providers with positive results^x. Moreover, four of the seven HBs use Public Health Wales laboratories to process FIT requests and samples.

Case study: The impact of primary care FIT in BC UHB

FIT for symptomatic patients was introduced in primary and secondary care in BC UHB in 2020, in response to the COVID-19 pandemic, where system capacity was significantly reduced and a surge in demand was seen. Primary care clinicians can request FIT tests via a web form, developed by the Bowel Screening Wales (BSW) service, where the GP suspects that a patient is presenting with symptoms of suspected colorectal cancer. All patient stool samples are processed by BSW labs in BC. Patients with positive results are referred immediately to secondary care for triage and straight-to-test or outpatient appointment.

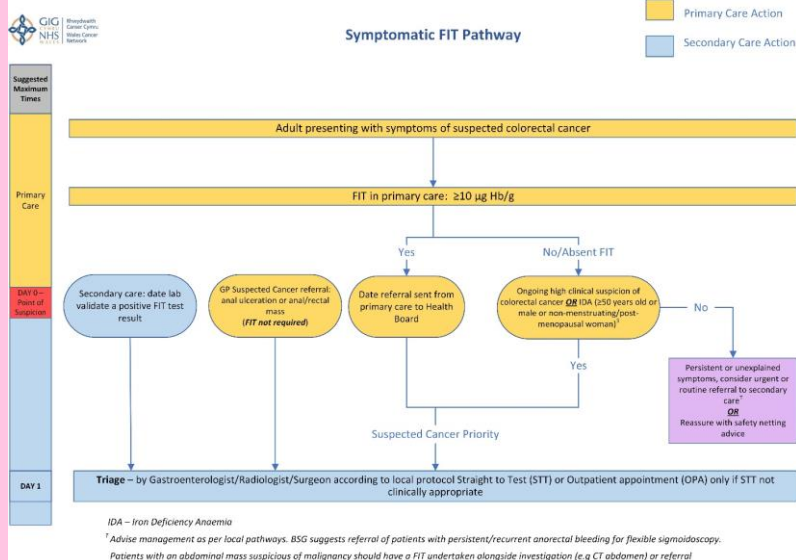


Figure 17. National Optimal cancer Pathway for lower GI symptomatic Faecal Immunochemical Testing (FIT)^{xi}: point of suspicion to triage. Source: WCN CSG

An audit of the BC UHB colorectal service found that within the sample size, patients were regularly referred to secondary care before FIT results returned; the majority of which recorded negative FIT results. There were also instances of patients having multiple referrals across two or more services (typically gastroenterology and general surgery) for the same issue, without the necessary information to enable a patient to go straight-to-test.

To support GPs in making appropriate referrals, a series of communication materials were designed including an A4 desk-side quick reference poster of the FIT pathway. Many of the materials were also made available locally in HBs via intranet pages (see eReferral and Vetting/Triage). Despite endorsement from NICE and an updated joint national guidance, there was some challenge in implementation due to the additional workload generated for GPs who are already operating under significant pressure.

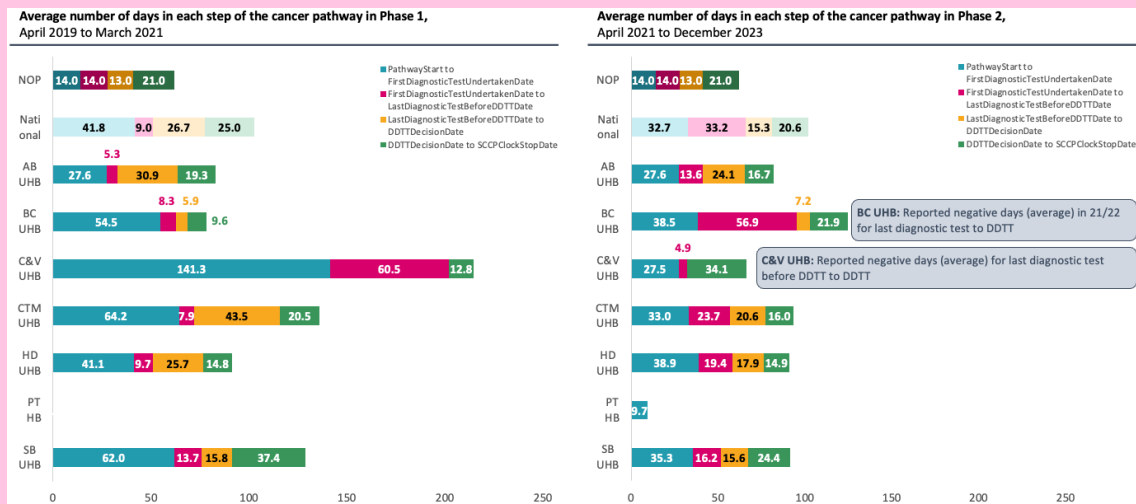


Figure 18. Variation in key phases of lower GI cancer pathways between Phases 1 and 2 of SCP programme. Source: CF analysis of pseudonymised patient-level cancer data (issued by DHCW; April 2019 – December 2023). Note: Phase 1 is inclusive of data from April 2019. Official reporting and subsequent validation by HBs didn't start until patients were receiving treatment from December 2020 onward.

The impact on the wait time metric cannot be accurately established due to a lack of sub-tumour site reporting. However, significant improvements were made between Phases 1 and 2 of the SCP programme by BC UHB from point of suspicion to first diagnostic undertaken (see Figure 18), perhaps a reflection of the FIT NOP ratified in January 2023 and the second edition of the colorectal NOP published in late 2023. One patient has highlighted the benefit to straight-to-test following referral, stating “whilst overwhelming

to get all of this in one day, it was of huge relief to be able to have testing on the same day, rather than having to go home and wait for another appointment.”

The impact of FIT has been sufficiently evidenced through stakeholder interviews and in survey/maturity matrix responses received. Primary care FIT received generous praise by survey participants and scored highest in an assessment of maturity (see Figure 15; average score: 3.2) amongst all organisations and job roles. This would imply that this national project was well developed and on track to become Wales’ first advanced offering. The significant agreement demonstrated in the overall national project statement question in the survey is therefore likely attributable to the FIT project (see Figure 14). A point repeatedly made during interviews was the effective dovetailing of the FIT project and the colorectal NOP, with the project supporting FIT implementation and the NOP standardising and streamlining its use.

“FIT pathway has been ratified on a national basis, but this was in part driven by other organisations, including NICE.”

-- Clinician, WCN

“The use of FIT and how to recruit patients was previously unclear. Now, through the Colorectal NOP, there is clarification on when to use/not use FIT, improving the usability of FIT.”

-- Senior Project Manager, HB

“FIT has provided our service with an opportunity to streamline true high-risk (FIT Positive) patients into one single point of referral.”

-- Survey freetext

Opportunities to go further

- **Innovation and improvement:** Widespread adoption of FIT, to be continued and implemented across all HBs via shared learnings and best practices
- **Data, information and insight:** Continue to improve data capture and recording to support sustained impact and identify additional areas of improvement (e.g., non-responders, rejected etc.)

Transnasal Endoscopy and Capsule Sponge Device

Key insights

- TNE: Limited implementation; perceived impact understood but yet to be demonstrated
- Capsule Sponge Device: Cytosponge™ device withdrawn from market and now replaced with EndoSign and some pilots ongoing to review new device
- There is a clear identified requirement to expand TNE procedures to prevent delays in first 14-28 days of pathway

Transnasal endoscopy (TNE) offers significant benefit over traditional transoesophageal endoscopy including opportunities to increase endoscopy capacity, reduce workforce requirement as less endoscopic nurses are required, is more cost effective and supports cancer wait time reductions for patients where oesophageal endoscopies are not suitable or appropriate^{xii}. Patients have also reported improved tolerability to TNE procedures.

The capsule sponge device is a minimally invasive, non-endoscopic device that enables cell sampling of the oesophagus. The device reduces burden on secondary care endoscopic services by risk stratifying patients on waiting lists. Its implementation via the HBs was suggested to possibly reduce the demand of oesophageal endoscopic procedures in endoscopy units^{xiii}. To some extent, all seven HBs have been engaged in scoping the TNE procedure and/or capsule sponge device into day-to-day workflows.

Only two HBs, C&V and CTM, had undertaken or were actively taking part in TNE trials prior to the launch of the project in November 2022. Only CTM, in January 2023, has received permanent funding for a TNE service in Wales. PT HB used a total of £58,000 of allocated funding received from the SCP Diagnostics Fund in 2022/23 and 2023/24 to develop and implement a nurse-led TNE service, the longevity of which is uncertain in the absence of continued SCP funding into 2024/25. The impact of initial EndoSign™ pilots remain to be seen.

TNE and Capsule Sponge Device projects have strong enabling factors that may support continued development, specifically:

- Strong engagement from most clinicians across the HBs, and willingness to share experience of pilots
- Over 80 delegates in attendance at the All-Wales upper GI Diagnostics Training Event, with clinical and managerial representation from all HBs and industry partners
- Endoscopy innovations a priority for Minister for Health and Social Services and Welsh Government
- WCN facilitation of TNE implementation by providing a TNE business case template to all HBs and writing to the executive boards, with offers of help provided from the Life Sciences Hub
- HEIW have been informed of the TNE training requirements going forward

“Increasing capacity for endoscopy is a problem for the NHS in Wales but introducing TNE/Cytosponge™ to the upper GI pathway can alleviate some of the demand pressures.”

-- Survey freetext

Despite being the only national project with complete HB engagement, TNE and Cytosponge™ received the lowest maturity scores (see Figure 15; average score: 2.2). These scores, reported by local implementation teams, perhaps reflect the absence of ongoing SCP funding, the withdrawal of the Cytosponge™ device and ongoing pilots with the EndoSign device, preventing any further advancements to implementation. Limited desire for TNE and capsule sponge device was expressed on the rare occasions this project was discussed in interviews, further signifying the limited impact amongst interviewed stakeholders of this national project.

Opportunities to go further

- **Funding and resource:** Workforce strategy alignment, including identification of essential roles, ongoing training and development and harmonisation with NOPs
- **Alignment and coordination:** Maintain oversight of EndoSign pilot outcomes

Local projects

Key insights

- Significant project variety (number and type) has:
 - Enabled numerous, highly specific local projects focussed on a range of performance areas to be supported and further developed
 - Limited the ability to establish clearly measurable and perceived impact on cancer wait times and patient outcomes
- The amount of funding available (acknowledging this was not a large capital project) and associated timeframes has limited the scale of local projects

HBs were allocated SCP funding across both phases of the programme to support delivery of improvements to cancer wait times. Overall, each HB applied their funding differently, with some projects common across multiple HBs (see Table 4). In Phase 1, HBs were expected to implement projects with internal resource. In Phase 2, HBs were allocated SPMs and SPSOs to support in identification, coordination and implementation of local and national interventions.

Table 4. SCP programme funded, locally directed projects across Phases 1 and 2 of the SCP programme. * Funding allocation shared between C&V and CTM UHBs. ** Funding allocation shared between HD and SB UHBs. Source: CF analysis of Suspected Cancer Pathway (SCP) programme documentation, interviews, surveys and data

	Locally directed/locally resourced projects (Phase 1, April 2019 to March 2021)	Locally directed/nationally resourced projects (Phase 2, April 2021 to March 2024)
AB UHB	<ul style="list-style-type: none"> • Non-medical nurse endoscopists (x2) • Radiology navigation team • USC tele dermatology service • Enabling support - Navigator Role • Tracker 7 cancer coordinator (x2) • Additional Cancer Pathway Coordinator to support SCP 	<ul style="list-style-type: none"> • Cancer Navigator Post • My Medical Record - Tactical RPA solution • Pathway Stratification Tool • Introduction of AI for chest x-ray • Training for nurse led outpatient Hysteroscopy clinics
BC UHB	<ul style="list-style-type: none"> • Increase uptake of straight to test endoscopy • Increase endoscopy capacity • Introduction of straight to test • Increased capacity • Increase straight to test and support dermoscopy service • Bring testing in-house - cost of reagents and staff • Tracking from point of suspicion • Develop SCP tracking system 	<ul style="list-style-type: none"> • Alternative Breast Pathways for women under 35 with breast pain • Expansion of same day CT pilot for the colorectal pathway • Cancer Pathways Admin Role • One-stop Neck Lump Clinic Extension • Prostate pathway co-ordinators
C&V UHB	<ul style="list-style-type: none"> • Clinical endoscopists/ACE post • Extend CT capacity • Additional US capacity • USC co-ordinator • Additional reporting capacity • PMS / BIS Development • Additional Tracking Resource 	<ul style="list-style-type: none"> • Increasing Radiology Capacity for Cancer Pathways* • Cancer Pathway Co-ordinator for Pathology* • Implementing Community Diagnostic Hubs* • Testing the benefits of using the IBEX Galen GI AI to prioritise reporting of GI biopsy cases*
CTM UHB	<ul style="list-style-type: none"> • Health board wide endobronchial service • Chest X-Ray Hot Reporting and same day CT scanning • Recruiting a small team of individuals to provide additional capacity and support to the operational teams around implementation of the SCP (B7 and B4) 	<ul style="list-style-type: none"> • Streamline Urology Service • Increasing Radiology Capacity for Cancer Pathways* • GI Pathway Improvement • Cancer Pathway Co-ordinator for Pathology* • Implementing Community Diagnostic Hubs* • Additional Gynaecology Rapid Access Sessions for post-menopausal bleeding • Testing the benefits of using the IBEX Galen GI AI to prioritise reporting of GI biopsy cases*
HD UHB	<ul style="list-style-type: none"> • Endoscopy Unit • Additional CT • Nuclear medicine capacity • Tracker • Medical photographer to assist in the triage of Dermatology patients • Cellular Pathology Medical Secretary • Additional transport to support endoscopy clinic to improve turn around times • Implementation of Cancer Services Tracking Team • Cancer Analyst Time 	<ul style="list-style-type: none"> • Enhanced mammography - Breast cancer diagnostic pathway** • Doppler ultrasound assessments** • Digital Scanning of Histology Slides Pilot** • Introduction of FIT testing in Primary Care • LUMEN Project • Rental of Leica GT450 Slide Scanners**
PT HB	<ul style="list-style-type: none"> • Increase endoscopy service capacity and resilience 	<ul style="list-style-type: none"> • Implementation of Trans-Nasal Endoscopy (TNE) • Data and Intelligence Coordinator Role
SB UHB	<ul style="list-style-type: none"> • Straight to Test to Endoscopy • Consultant/ advanced practice specialist reporting Radiographer – GI Fluoroscopy • GI reporting radiographer • CTC reporting radiographer • Chest and Abdomen plain film reporting • CT cross-sectional reporting • Triage and Vetting Training for Modality leads • Reporting Radiographer and Sonography Training pathways • Consultant and advanced practice Breast Radiographer • GPs access to radiologist advice and gain access to appropriate investigations • Digital Scanning of Histology Slides Pilot* 	<ul style="list-style-type: none"> • Create and Implement Cancer Referral Guide / Directory in Primary Care (all tumour sites, RDC & Oncology) • Endoscopy PIPS (Pathway, Information, Process & Systems) Review Project • CIP One Stop Ovarian Cancer early diagnosis clinic • Accelerated Diagnostic Project • Enhanced mammography - Breast cancer diagnostic pathway** • Doppler ultrasound assessments** • Digital Scanning of Histology Slides Pilot** • Rental of Leica GT450 Slide Scanners**

The number of locally directed projects decreased for most HBs in Phase 2, despite the allocation of national resource and funding available from the SCP Diagnostics Fund, possibly indicating HBs focusing energy on most impactful projects. Interview outputs support this hypothesis, with NOPs, HB approaches, SPMs and data improvements all credited as contributing factors to a narrower scope.

Approximately 45% of all SCP funding was allocated to local projects. By categorising local projects into common themes and sub-themes, the distribution of funding across local interventions can be explored (see Figure 19). ‘Resource’ projects comprised the biggest proportion of local projects by count and funding received. This aligns to strained diagnostic capacity and the need to stabilise both core and innovative service models. The ‘operational pathway’ efficiency sub-theme, which includes projects aimed at reducing the capacity gap, such as community diagnostic hubs and purchase of additional equipment, had the greatest number of projects and largest funding allocation.

SCP programme funding allocation to Health Boards by theme/sub-theme,
April 2019 to March 2024

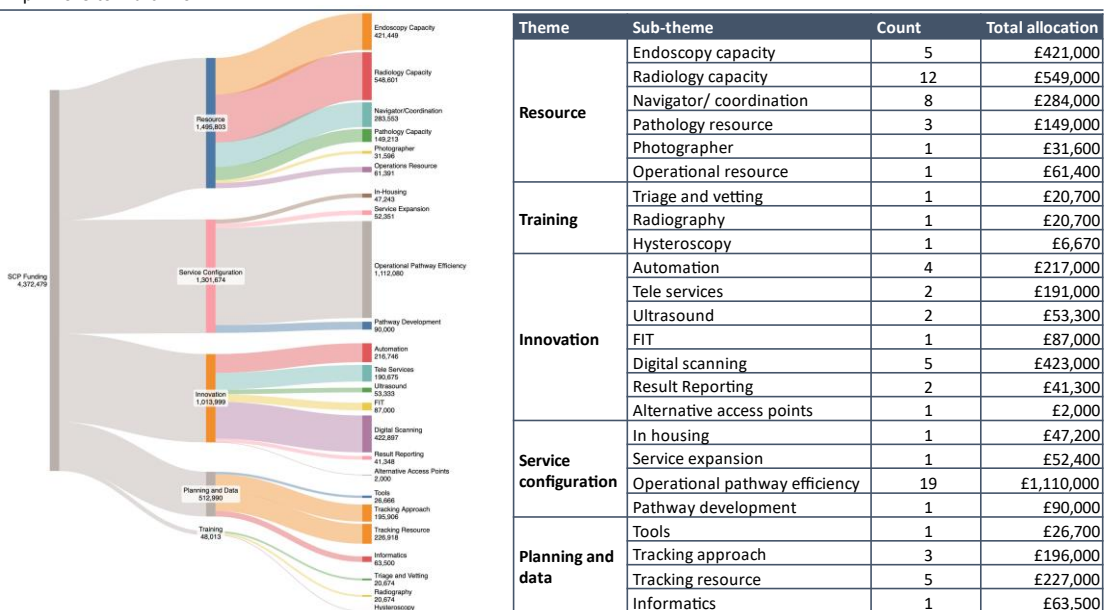


Figure 19. Distribution of Suspected Cancer Pathway (SCP) programme funding of local interventions by (sub-)theme. CF analysis of Suspected Cancer Pathway (SCP) programme documentation, interviews, surveys and data.

The positive impact of the local projects has been raised by stakeholders across Wales in interviews. Most respondents agreed that the locally derived and implemented projects established what they set out to achieve (see Figure 20). Whilst the totality of the funding made available was not comparable to that of a major capital project, the additional resource gave HBs the impetus to pursue de-prioritised improvement projects. In addition, given the significant breadth of projects covered by the SCP funding, it is inevitable that there would be multiple highly localised impacts across the HBs, that can now be built upon locally and levelled up regionally and nationally. Once such example is prostate cancer pathway coordinators in BC UHB.

“The local HB colorectal cancer pathway work and the project with the neighbouring HB has achieved significant gains in a short amount of time, and a short amount of training.”

-- Survey freetext

“Straight to lung CT from chest x-ray has been extremely good... made possible by additional staff.”

-- Survey freetext

Average scored response by HB/Trust, aggregate organisation and aggregated job role

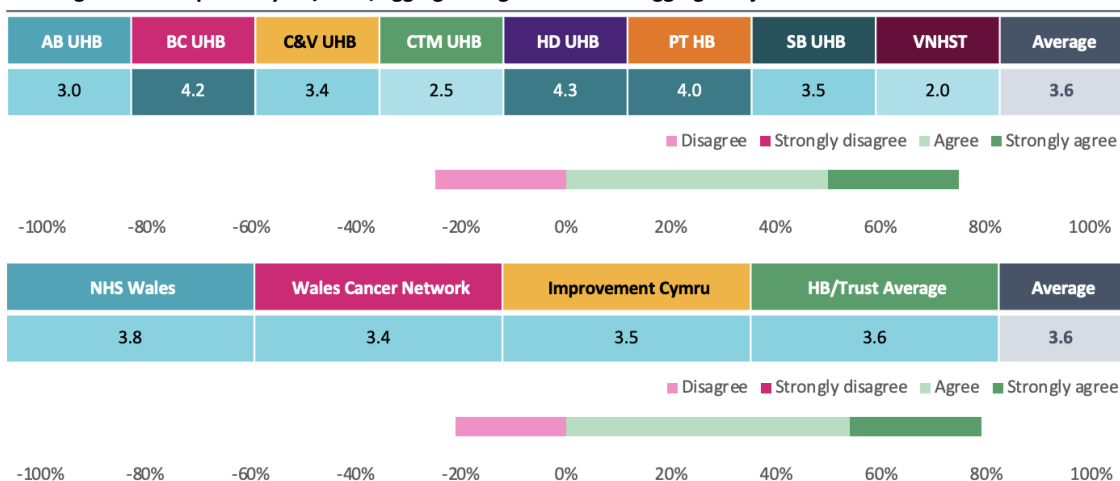


Figure 20. Average scored responses received by survey participants asked to rate the impact of local projects on addressing the problems they were designed to solve. Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

Case study: Transformation of the prostate cancer pathway and the role of coordinators in BC UHB

The Transformation and Improvement team in BC UHB have collaborated with the urology department to standardise and streamline the HB's prostate cancer pathway and processes to reduce unwarranted clinical variation and align practice with NOP recommendations^{xiii}. Nurse-led triage was prioritised to facilitate straight to MRI testing where patients had a suspected cancer referral. This minimised the number of outpatient appointments required, releasing clinician capacity for other activities, including performing biopsies, and enabling faster diagnoses of cancer.

To further increase capacity across the pathway and to allow the suggested changes to flourish, BC UHB employed three prostate cancer pathway coordinators between March 2023 and March 2024, using the SCP Diagnostic Fund. These coordinators were responsible for providing patients with information, coordinating appointments and escalating delays across the prostate cancer pathway.

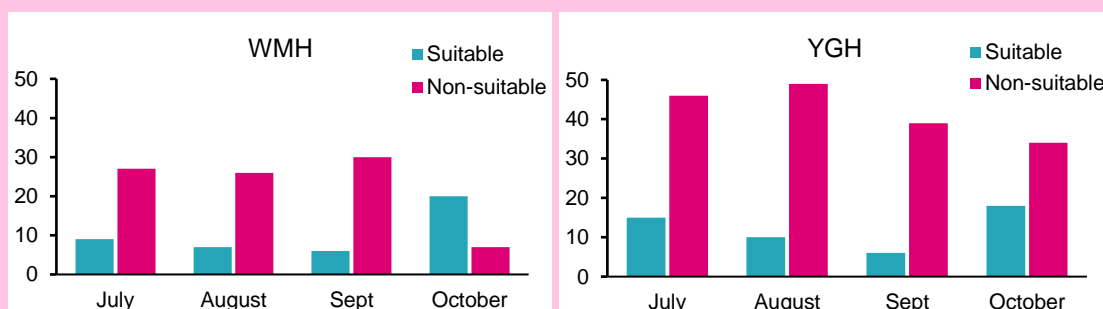


Figure 21. Monthly suitability figures for Wrexham Maelor Hospital (WMH; left) and Ysbyty Gwynedd Hospital (YGH; right). Source: Betsi Cadwaladr University Health Board

The number of patients triaged by the cancer nurse specialists at Ysbyty Gwynedd Hospital (YGH) were much greater than Wrexham Maelor Hospital (WMH). In YGH, the prostate cancer coordinator actively identified all suspected prostate cancer referrals, whereas in WMH, the urologists use a proforma to pre-select eligible patients for triage when vetting lists. Through active and early identification of patients suitable for straight-to-test MRI, patients were able to navigate the first stages of the pathway quicker.

Through the cancer coordinators, capacity across the MDT was increased, enabling the following successes to be observed in the prostate cancer pathway in BC UHB:

- At WMH, patients suitable for the straight-to-test pathway were contacted via telephone 19 days sooner than patients who were not suitable and required an outpatient appointment
- Some straight-to-test patients were contacted the same day as point of suspicion

- Patients suitable for the straight-to-test pathway received mpMRI scans sooner than those not on the pathway (WMH: 21 days, YGH: 10 days; BC UHB average: 17 days)
- Patients suitable for the straight-to-test pathway received biopsy sooner than those not on the STT pathway (WMH: 28 days; BC UHB average: 4 days)
- At YGH, patients not suitable for the straight-to-test pathway received biopsy 13 days sooner than those on the straight-to-test pathway. YGH experienced greater delays to biopsy, and therefore lost time saved from straight-to-test. Suggested reasons included: not enough slots, limited number of urologists performing biopsies, reliance on weekend sessions and capacity within the unit
- At WMH, patients suitable for the straight-to-test pathway received treatment 20 days sooner than those not on the pathway

An opportunity to demonstrate the feasibility of adopting similar approaches across alternate tumour site pathways and in other HBs must include clearly evidenced impact of the coordinators on the prostate cancer pathway.

Whilst the perceived impact of local projects, such as the utilisation of prostate cancer coordinators, has been significant, stakeholders have also identified two major limitations to further enhance the impact of locally directed projects. Firstly, non-recurrent funding reduces the capacity for HBs to deliver ambitious projects or sustain progress of work without alternative funding sources. Secondly, continued work on data, especially around staging and sub-tumour site recording, is necessary to demonstrate quantifiable impact of local projects on cancer care pathways and wait time metrics. Whilst national work is underway to improve IT systems and implement HB BI tools, SCP funding aligned to local data projects comprised less than 5% of the £10m allocation over 5 years.

Opportunities to go further

- **Funding and resource:** Sustained centrally delivered funding for local programmes of work with significant anticipated impact to support longer term, embedded implementation
- **Data, information and insight:** A continued focus on achieving a robust, detailed data collection platform, enabling a clear understanding of service performance across the system for each HB, supporting local project prioritisation and tracking impact
- **Alignment and coordination:** Increased alignment of objectives and clearly defined ways of working between HBs and national teams on local projects, both with and without national funding aligned to them

Introduction of implementation teams to Health Boards

Key insights

- The design and delivery of the implementation team (influenced by COVID) limited its impact, with recruitment, retention and ways of working with HBs being prominent hurdles
- There are several specific impacts evidenced in specific HBs, including pathway assessment, project planning and delivery and funding applications
- National impact was identified, with SPMs supporting collaborative working at a regional and national level

Implementation teams comprised of SPMs and SPSOs were recruited to the national SCP programme during Phase 2. The SPMs, with SPSOs, were responsible for facilitating and supporting the implementation of the NOPs across five of the larger cancer sites: upper and lower GI, urology/prostate, lung and sarcoma and/or brain. Locally with HBs, there was an expectation to support: capacity and demand modelling, deconstruction of cancer pathways from suspicion to treatment to review volume, capacity and flow through systems, evaluate current system provisions against NOP standards via gap analysis, support service improvement delivery, education and training, and share best practices within and amongst HBs. They also worked to develop national educational SCP resources, including developing an e-learning package on ESR (the NHS Wales Electronic Staff Record), with input from HB

Cancer Managers, accessible to any staff working in/ with cancer services. The implementation team was never at full complement due to vacancies and turnover, the available staff resource was therefore used flexibly as required throughout the duration of the programme.

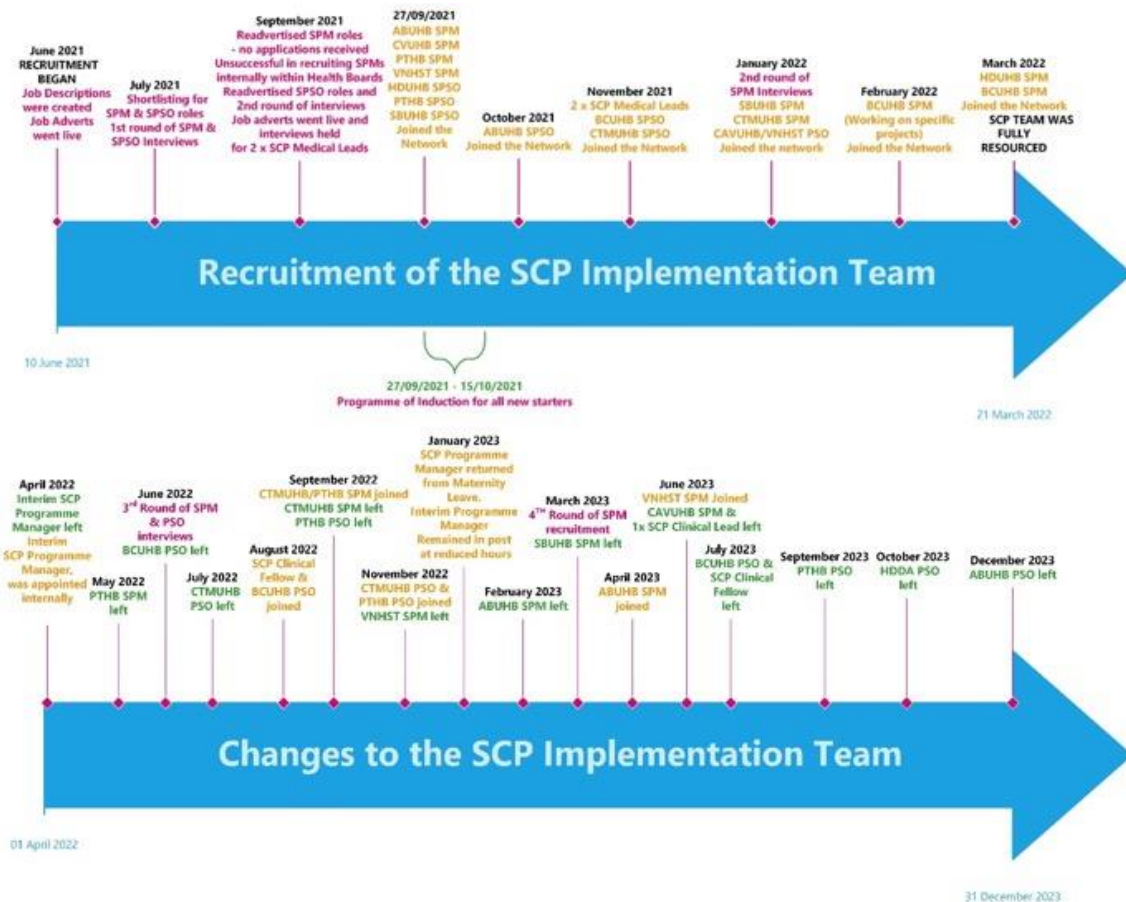


Figure 22. Suspected Cancer Pathway (SCP) programme implementation team recruitment (top) and changes (bottom)^{xiv}. Source: SCP recruitment, WCN

SPM maturity matrix scores show the perceived impact of the implementation team to be significant in reducing variation and increasing partnership working across HBs, acting as points of coordination and flagging successes and risks in monthly performance meetings at HB- and national-level (see Figure 23). Whilst respondents categorised as having implementation and national managerial roles considered the SPMs/SPSOs to have ‘developing’ levels of maturity, the local managerial and patient facing staff felt the intervention was less mature, scoring closer to ‘emerging’. Survey and interview outputs further support this finding, identifying alignment and coordination of SPM resource as the main area for future focus. Another common interview theme focused on funding and resource, namely establishing stabilised funding mechanisms to support delivery of programmes of work using consistent resource.

Introduction of Project Managers	Average score by element							1 = early 2 = emerging 3 = developing 4 = advanced				
	National Managerial	Local Managerial	Local Clinician	Local Patient Facing	Implementation	Other	Average	Score frequency	1	2	3	4
Embeddedness and alignment with HB/Trust	2.4	2.3	2.4	2.0	2.6	No response	2.4	3	14	9	3	
National Optimised Pathway mapping	2.9	2.3	2.9	2.0	2.7	No response	2.6	1	13	13	4	
Supporting national projects	3.4	2.4	2.4	No response	2.8	No response	2.7	0	15	9	7	
Supporting local projects	3.0	2.7	2.4	2.0	3.0	No response	2.7	0	13	12	5	
Reporting	2.7	2.0	2.7	2.0	2.0	No response	2.4	5	4	14	0	

Figure 23. Average scored responses received by survey participants asked to rate the maturity of Senior Project Managers (SPMs). Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

Survey and interview findings repeatedly identified three core challenges arising from the implementation team intervention: recruitment, retention and integrated working with HBs/Trusts. The timeliness of recruiting the SPMs and SPOs was challenging, taking over nine months to complete initial recruitment into the programme (see Figure 22). Retention has been as, if not more difficult, with some SPMs and SPSOs leaving after the initial recruitment cycle, driven in part by the short-term nature of fixed contract working. These recruitment-retention challenges persisted between April 2022 and March 2024, resulting in time and energy spent in recruitment, onboarding new team members, a loss of knowledge and inconsistency in ways of working at both the national and local-level with HBs.

“In hindsight, it would have been better if the team had been pulled together before Phase 2 had come around. This would have helped the SPMs/SPSOs understand context and building relationships at HB-level, which has been a significant challenge.”

-- National Manager, WCN

An emphasis on integration of SPMs/SPSOs with HBs was raised consistently across interviews. The need for implementation resource was clear, but the challenge of how they supported both local priorities and the national SCP agenda was not fully defined. Although the nationally recruited implementation team demonstrated the correct credentials for the role, the majority were hired externally to HBs, and in some instances, beyond NHS Wales. This resulted in significant variability amongst SPMs and SPSOs impact. Those with previous experience in HBs and/or cancer, or who were integrated in the HB, were considered to have the most seamless integration and highest impact. To note, efforts were made early in the recruitment cycle to identify candidates within HBs but proved unsuccessful due to workforce challenges (see Figure 22, top).

“The opportunity to support recruitment from within HBs was not taken up by all HBs. This may be because of lack of understanding, ... or HBs perceiving the roles as spies in camp.”

-- National Manager, WCN

“The WCN wanted national direction and overview but local implementation. A local resource was provided to each HB. However, they took a long time to get going and only in the last year have they had impact.”

-- Cancer Service Manager, HB

“Although there have been some big improvements due to the influence of the SCP programme, there is still a lot of improvement work to be undertaken and achieved. Without the support of the SCP project managers, it will be a lot harder to get these improvements off the ground.”

-- Survey freetext

Opportunities to go further

- **Alignment and coordination:** Work with HBs and Trusts to further define how national resource can best support local implementation
- **Funding and resource:** Explore how programme structures, planning and funding mechanisms can support the creation and deployment of more consistent and streamlined resource
- **Funding and resource:** Workforce strategy alignment, between HBs and WCN to identify staff ready for vertical or horizontal progression to support local and national programmes of work

Developing SCP enablers through partnership working

The SCP programme commissioned several partners, some external to the WCN, to support the delivery and ambition of achieving the 62-day target. Each partner has supported and/or driven enablers across the programme to consolidate change in local and national ways of working. Outlined below are the contributions of each partner organisation, who were responsible for supporting various enablers, including: data, digital and reporting, workforce empowerment and upskilling, shifting culture and SCP accountability.

Key insights

- Partnering with organisations with specific enabling expertise meant SCP programme and HB aims and objectives were underpinned with wide ranging national support. The approach to data capture and validation, BI tools, performance and assurance reporting, workforce tools and improvement methodologies were broadly praised.
- Ambitious national partnerships have improved ways of working at a national level including alignment of objectives and resource
- IC: Partnered with Toyota for MDT lean methodology training to minimise wasted capacity in the pathway. MDTs identified bottlenecks in pathology and learnings to be shared across all HBs.
- HEIW: Have embedded workforce planning tools/resources, set strategic direction for the workforce programme and developed an alternative workforce solution (incl. cancer coordinators/trackers, imaging/pathology diagnostics and nurse endoscopy training)
- DHCW: Digitised data collection of patient-level SCP records, designed Power BI validation tools and currently supporting the development of a CANISC replacement to capture greater data granularity for reporting against the SCP metric
- PAD: Provide 216 weekly demand and capacity open-access analysis reports, covering outpatient, diagnostic and treatment performance by tumour site and HB/Trust for component accountability of the SCP metric

Survey outputs suggest that overall, partner organisations had varying impact in supporting the SCP programme in its wider ambitions, with IC and the PAD considered the most mature partnerships (see Figure 24), aligning with document review and interview findings. High scores for IC were provided by managerial and clinical colleagues, all of whom would have benefited significantly from the lean approach methodology training provided via the organisation. The developing-to-advanced maturity of the PAD likely resonates the impact data reporting had on national and local performance improvement efforts and accountability against the SCP metric. Despite providing the data underpinning the outputs supplied by the PAD to HBs/Trusts, DHCW received relatively low scores for maturity. This contrasts the consensus of most interviewees who were largely appreciative of the efforts made by DHCW to improve cancer data intelligence. The lowest scoring partner organisation was HEIW, who’s scope changed with each pivot in the SCP programme and therefore the impact of work may be less visible to many stakeholders. Outlined in the sub-sections below are each of the four partner organisations, including perceived and/or measurable impact.

Average score by element

Introduction of Project Managers							1 = early 2 = emerging 3 = developing 4 = advanced				
	National Managerial	Local Managerial	Local Clinician	Local Patient Facing	Implementation	Other	Average	Score frequency			
								1	2	3	4
Health Education and Improvement Wales (HEIW)	2.0	1.6	2.3	No response	1.0	No response	1.8	8	5	3	1
Digital Health and Care Wales (DHCW)	2.1	2.0	2.5	2.0	1.6	No response	2.1	5	11	6	0
Improvement Cymru (IC)	3.6	3.0	2.8	2.0	2.5	No response	3.0	1	7	5	8
Performance and Assurance Directorate (PAD)	3.9	3.0	3.3	3.0	2.4	No response	3.2	1	3	7	9

Figure 24. Average scored responses received by survey participants asked to rate the maturity of each partner organisation. Source: CF analysis of Suspected Cancer Pathway (SCP) programme survey (February 2024)

Opportunities to go further

- **Direction setting and ambition:** Explore possible approaches to embedding a common improvement culture across all MDTs
- **Alignment and coordination:** Harness the opportunity to achieve alignment of the workforce strategy, including identification of essential roles, ongoing training and development and harmonisation with NOPs, in the Strategic Programme for Planned Care
- **Data, information and insight:** Widespread adoption of workforce, BI and improvement methodology resources/tools, to support all HBs to identify and resolve bottlenecks in components of pathways

- **Data, information and insight:** Standardise data field definitions through education and awareness to all cancer service teams, but especially to members who are responsible for data entry and validation
- **Data, information and insight:** Increase awareness of demand and capacity modelling impact on reliably improving component wait times (outpatient appointment, diagnostics and treatment)
- **Data, information and insight:** Development of a robust data collection platform to support ambitions of near real-time compliance of open pathways to the SCP metric, with quality checks performed by sub-site and staging analysis of closed pathways

Improvement Cymru: Upskilling MDTs in improvement methodologies

IC were commissioned to support the SCP programme across multiple areas, with an explicit focus to shave time in the first 28 days of the cancer pathway (i.e., flow of referrals from primary care, outpatient capacity and the use of diagnostics), including^{xv}: piloting an improvement approach with MDTs, minimising wasted time in pathway capacity, knowledge exchange and continuous improvement towards scale and spread of learning across other planned care services.

£150,000 was made available for each of two financial years (2021/22 and 2022/23) to support IC’s aims and objectives. However, with the work formally instigated in January 2023 and expected to run until March 2024, funding was postponed. As non-recurrent funding, there is no guarantee beyond the 2023/24 financial year that benefits realised to date may be sustained.

Case study: Toyota MDT lean improvement methodology training of MDTs

In January 2023, following a successful tender and procurement process, IC partnered with Toyota Management Centre (Deeside, N. Wales) to deliver lean improvement training to MDTs. Colorectal and breast cancer were the early focus, with pathology the most recent area of interest. Expressions of interest were received from several MDTs across HBs. Training teams were narrowed down to meet the maximum nine places on offer per team (6 MDT members, 1 HB lead, 2 Radiology), as stipulated by IC.

Once selected, a 5-day training programme was implemented. In days 1-2, the Toyota management team would ‘look/go see’ the MDTs in HBs, reviewing challenges and variation in practice. The management teams would engage with all members of the MDT, including, administrative staff, managers, clinicians, radiology, and pathology. Teams were supported with mapping the first 28 days and offered exposure to the improvement method in action. In day 3-5, some of the MDT would visit the Toyota site for lean methodology training.

Three interested HBs were chosen as sites across the three regions to participate in the initial work: AB UHB, BC UHB and SB UHB. For this case study, the mechanisms and impact of Toyota training in AB UHB will be further explored, with a specific focus on lower GI.

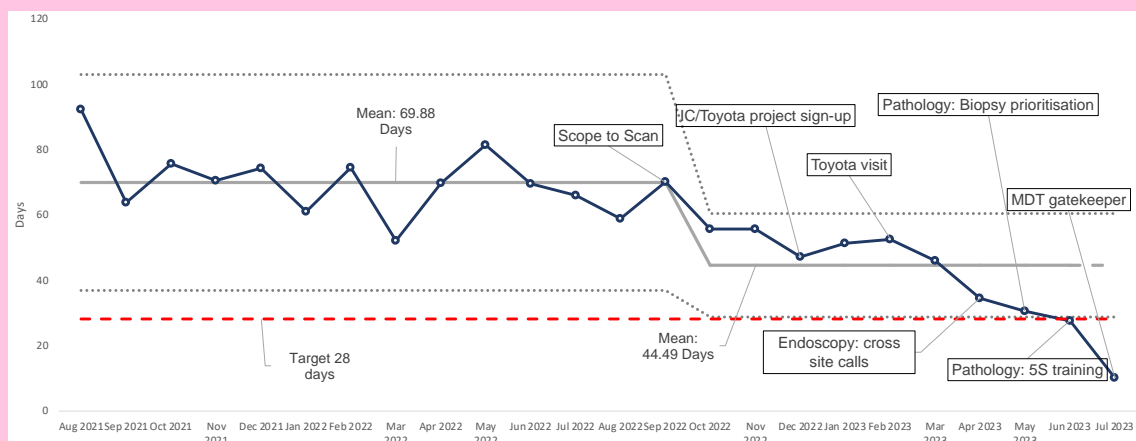


Figure 25. Mean days from Point of Suspicion to Decision to Treat for Colorectal cancer patients at AB UHB before and after Toyota lean improvement methodology training participation by lower GI MDT staff. Source: Improvement Cymru

Through partnership working with Toyota, AB UHB lower GI teams were able to identify pathology and endoscopy as elements in the colorectal cancer care pathway that required improvement. Within endoscopy, a simple change shaved 90s per patient, gaining 13 minutes back over an entire list. Recovered time is used to biopsy patients, a scope-to-scan approach, reducing the risk of cancellations and DNAs. Within pathology, by prioritising biopsies, significant time savings were made at one AB UHB site. Next steps are to expand from the enrolled pathology labs and share learning to all HBs and all services.

“Toyota MDT was a brilliant concept. Not often that the NHS steps back and learns about something else. The methodology and lean working are transferable I have incorporated a lot of those thoughts and would be keen to get more team members on the programme.”

-- Cancer Service Manager, HB

“Improvement Cymru was great and gave people the headspace they need and new ways of working. We have seen continued benefit from training teams have received.”

-- National Manager, WCN

The positive impacts of the Toyota training facilitated by IC has been observed at other HBs, with SB UHB the first HB to implement a 3-day MRI and pathology turnaround within 7 days following significant shared learning from the process and innovative patient and clinician engagement. If successfully implemented, this will reduce time to test and time to diagnosis, reducing average cancer wait times across all services in SB UHB. Across HBs, a shift in culture has been noted, with teams using lean methodologies as business as usual, to standardise procedures. This new culture has also been accepted and sustained by all consultants, including those that may have had some scepticism initially, a positive sign of sustaining the lessons learnt from the training.

Two critical comments of the Toyota training raised through stakeholder interviews and surveys have been on the relevance of the car manufacturing industry on healthcare and the time required to train MDTs. Despite concerns, Toyota and IC have expressed that timings can be kept to a minimum, with Toyota offering 30-minute sessions every 2 weeks.

“Breast clinicians signed up and haven't utilised anything that was learnt in practice. It is down to the clinicians and not the training received. A lot of resource needed and significant time away for clinicians.”

-- Cancer Service Manager, HB

“Couldn't get expressions of interest from all HBs and some teams pulled out, with replacement teams not ready. The process IC wanted to run was impacted and teams less locked in and aligned.”

-- Clinician

Health Education and Improvement Wales

The key objectives of HEIW as a partner organisation to the SCP programme, included^{xvi}:

- Scoping impact of ongoing work in endoscopy, imaging, pathology, and PET and the wider HEIW remit
- Identifying further work on specialist issues and gaps
- Agreeing priority workforce, education and training solutions
- Developing a methodology that can be used by the WCN to roll out to other tumour sites

Recurrent funding of £85,000 was made available between April 2021 and March 2024 to support HEIW's aims and objectives, specifically a Band 6 and a Band 4 to support education, workforce shape and supply, careers and widening access and workforce transformation.

HEIW have embedded the pathway approach into workforce planning tools and resources, set the strategic direction for the workforce programme which will cover all professions and staff groups, developed an alternative workforce solution in imaging and pathology diagnostics and expanded the nurse endoscopy training pipeline, despite COVID-19 interruptions. The limited capacity of MDTs to engage in the other objectives required a revised approach, which was agreed in May 2023 to meet service need, with work since moving at pace with engagement across NHS Wales in the three priority tumour sites gynaecology, urology and lower GI.

The contributions of cancer coordinators and trackers have been a shining example of how a newly established role with sufficient training can make significant impact on local processes and patient tracking lists. Cancer Service Managers across HBs agreed that the guidance, management and understanding provided when tracking patients was extremely effective and helped MDTs manage patient lists with greater ease.

Mathematicians, statisticians, business development and demand and capacity planners are all roles considered essential to the current and future delivery of cancer care services which have, according to those working in HBs and Trusts, been missed. Concerns were also raised regarding the minimal changes to workforce themes following similar lines of enquiry in a 2018 investigation.

Digital Health and Care Wales

The three objectives of DHCW (formerly NWIS) as a partner to the SCP programme were^{xvii}:

- Developing a patient-level dataset to provide the additional reporting measures required. Key milestones included: acquisition and migration of data to a central data warehouse, publication of SCP Data Standards Change Notice (DSCN), approval of SCP Data Privacy Impact Assessment (DPIA), definition and agreement of SCP measures and reporting frequency, supporting HBs through transition and development of a SCP data validation tool
- Pathway informatics requirements, where system requirements specification, change request documentation, proposed resource requirements and implementation timelines were outlined
- SCP informatics support, which involved development of SCP reporting and sub-site data and supporting HBs with capacity and demand modelling and planning

The first two objectives, completed between April 2020 and March 2021, received non-recurrent funding of approximately £100,000. Recurrent funding of £144,000 was made available between April 2021 and March 2024 to support DHCW's final objectives, including a Band 7 business analyst and two Band 6 managers for application and development and project support.

"The strength of the SCP programme is data... We have looked at the data and focused our workforce on diagnostics, which was identified as a bottleneck."

-- Cancer Service Manager, HB

"Cancer intelligence is so much better, with clarity provided for operational improvements and forecasting. HBs are also learning what's happening in the pathway which is great."

-- Government Official, Welsh Government

"As a system, intelligence is richer. Reporting used to be on paper lists and the move to digital has had a huge impact across all aspects of care."

-- National Manager, WCN

The digitised data collection process using Cancer Tracking Model (CTM) has been largely successful, where HBs have chosen to use Welsh PAS as a data source. Note: C&V UHB data is extracted via a separate feed and BC UHB submit data manually on a monthly basis. Patients who are referred by GPs for suspected cancer can quickly and efficiently be added to outpatient clinic appointments through a designated priority system which alerts cancer trackers that a suspected cancer pathway is open. Through daily checks of each tumour site, clinics can be regularly updated, and patients chased or escalated as required. Digitised data capture also enables standardised metrics to be reported using a template. DHCW have made significant efforts to facilitate reporting against the SCP metric and the 62-day target, and as shown

in Table 5, some metrics are more readily available and easier to record (i.e., pathway start date, referral received and clock stop), whilst the completeness of others remains challenging across every HBs (i.e., patient informed of diagnosis, decision to treat date and MDT meeting date).

Table 5. Percentage completeness of data fields in the SCP Core dataset. Source: CF analysis of pseudonymised patient-level cancer data (issued by DHCW; April 2019 – December 2023)

HB	Total Records	Data Field (% Completeness)																	
		PrimaryCancerSub Site Description	PrimaryCancerSite Description	Pathway StartDate	FirstAppointmentTakenDate	SuspicionSource	ReferralsSource	CancerReferralReceiptDate	FirstDiagnosticTestUndertakenDate	FirstDiagnosticTestReportedDate	LastDiagnosticTestBeforeDDTDate	PatientInformedofDiagnosisDate	MDTFirstMeetingDate	MDTLastMeetingDate	DDTDecisionDate	SSCPClockStopDate	CancerTreatmentModality	SSCPTargetUnadjustedDate	Pathway Status
Aneurin Bevan UHB	119436	18%	100%	100%	87%	100%	100%	100%	31%	29%	6%	12%	10%	10%	16%	100%	100%	100%	100%
Betsi Cadwaladr UHB	139654	18%	100%	100%	89%	100%	100%	100%	47%	46%	42%	58%	11%	10%	12%	100%	100%	100%	100%
Cardiff and Vale UHB	71174	2%	100%	100%	89%	100%	100%	98%	74%	65%	12%	22%	9%	2%	14%	100%	100%	100%	100%
Cwm Taff Morgannwg UHB	98602	19%	100%	100%	88%	100%	100%	100%	29%	27%	5%	19%	10%	10%	13%	100%	100%	100%	100%
Hywel Dda UHB	63586	19%	100%	100%	88%	100%	100%	100%	42%	38%	11%	30%	17%	17%	20%	100%	100%	100%	100%
Powys Teaching HB	1113	0%	100%	100%	90%	100%	100%	100%	43%	39%	0%	0%	0%	0%	0%	100%	100%	100%	100%
Swansea Bay UHB	76897	44%	100%	100%	88%	100%	100%	100%	61%	46%	13%	27%	7%	7%	19%	100%	100%	100%	100%
NATIONAL	570462	20%	100%	100%	88%	100%	100%	100%	45%	41%	17%	30%	10%	9%	15%	100%	100%	100%	100%

Note: There will be natural attrition in rate of patients downgraded whilst on the pathway (i.e., patients being informed that they do not have cancer as they journey through the diagnostic pathway), therefore there will be a proportion of data fields records that will be blank if a patient was downgraded prior to treatment as the point where the clock was stopped

The DHCW designed Power BI validation tool enables HBs to validate data submissions on a monthly basis before data is processed and pushed to internal reporting and PAD dashboards. During our analysis, we encountered numerous instances where the recorded dates resulted in negative days between key phases of the pathway. The most notable data anomaly occurred for a patient with a *last diagnostic test before DDT date* on “30/09/3032”; the difference was over 370,000 days. This highlights the glaring need for all HBs to move towards a standardised data entry tool with incorporated data validation capabilities. Significant work is underway within DHCW to produce the eForms system, a replacement to CANISC. Although significantly more data fields will be required, including sub-tumour site and staging, so long as the definitions of the data fields are standardised and widely understood, this will facilitate more accurate, detailed data capture and granular analysis of the SCP target.

"Our PTLs have grown significantly from hundreds of patients to several thousands. With 20+ data fields to validate, it becomes an impossible task with only a few resourced members."

-- Cancer Service Manager, HB

"There are significant inconsistencies with reporting data, with data field definitions not understood."

-- National Manager, WCN and Cancer Service Manager, HB

"The current systems do not allow routine reporting/collection of stage of diagnosis."

-- Clinician

"The dangers of performance metric is that it doesn't account for nuances of the system – quite crude. Not every cancer is alike... some cancer cohorts can be managed and can wait, others can't and this more informed and dynamic way of thinking is needed to help capacity and demand planning."

-- Clinician

Performance and Assurance Directorate: Developing a SCP performance and assurance function

The PAD provides sophisticated performance management tools and analysis to support HB and Trust delivery and compliance to the SCP 62-day target, by ensuring patient pathway waits are reported with greater accuracy and wait times are recorded from point of suspicion. Guided by the SCP programme, PAD's role within the national SCP context has evolved, to provide a clear, consistent, detailed breakdown of SCP waits regularly to HBs, Trusts and Welsh Government, and seek assurance that areas of concern are being addressed. As a result, PADs focus has been on two key strands of work:

- Enable HBs and Trust delivery through capacity and demand modelling, and a robust performance and assurance governance structure
- Develop a performance dashboard to accurately record component SCP wait times

To enable local delivery, a robust governance framework with a clear escalation route has been established. A weekly roundtable with all national cancer service stakeholders provides an overview of performance issues and areas of focus. Monthly cancer performance meetings with each HB's cancer management team are now embedded, whilst broader monthly assurance meetings with HB executives allow the PAD team an opportunity to share more significant cancer performance concerns and explore solutions. Welsh Government are also updated on issues expected to have significant impact on performance, that have not or cannot be addressed in other governance forums. The PAD team also often become the government mandated national resource to drive issue resolution. To underpin the governance, PAD have co-developed 72 separate HB-specific pathways, where performance is monitored through 216 separate demand and capacity open-access reports, issued on a weekly basis, which cover outpatient, diagnostic and treatment performance. Recurrent funding of approximately £100,000 was also provided by the SCP programme between April 2021 and March 2024 to cover one Band 8a cancer capacity and demand improvement manager and a Band 4 administrative resource to support improvements in cancer care more broadly.

Whilst pathway compliance reported nationally using closed pathways provides quality checks of compliance to the SCP metric at the end of the process, closed pathways are subject to reporting lag times, which cannot provide HBs and Trusts with timely data to manage delivery risks in the cancer care pathway. PAD's focus on open pathway analysis enables near real-time evaluation of the SCP modalities, system dynamics and identification of bottlenecks. As a result, PAD can support HBs and Trusts to identify current operational areas for improvement, either in demand and capacity of cancer pathway modalities or on broader service-level provision.

An easily accessible, systemwide information dashboard has supported the growth of a highly collaborative approach to performance and assurance, where national questions are posed, HBs and Trusts provide the operational context and problem-solving discussions and escalations of risk can be locally owned. This local ownership of component stages of the pathway, including heightened awareness amongst clinicians of the significance of demand and capacity data, will enhance service compliance and improve operational performance delivery, with knock on SCP performance effects.

“HBs are provided with the data and tools needed for performance management and demand and capacity modelling. It is encouraging to see them come to the table and provide the context for the data and pathway elements that need solving to improve component wait times... If component wait times can be delivered per pathway, the SCP 62-day target will be achieved by default.”

-- National Manager, NHS Executive

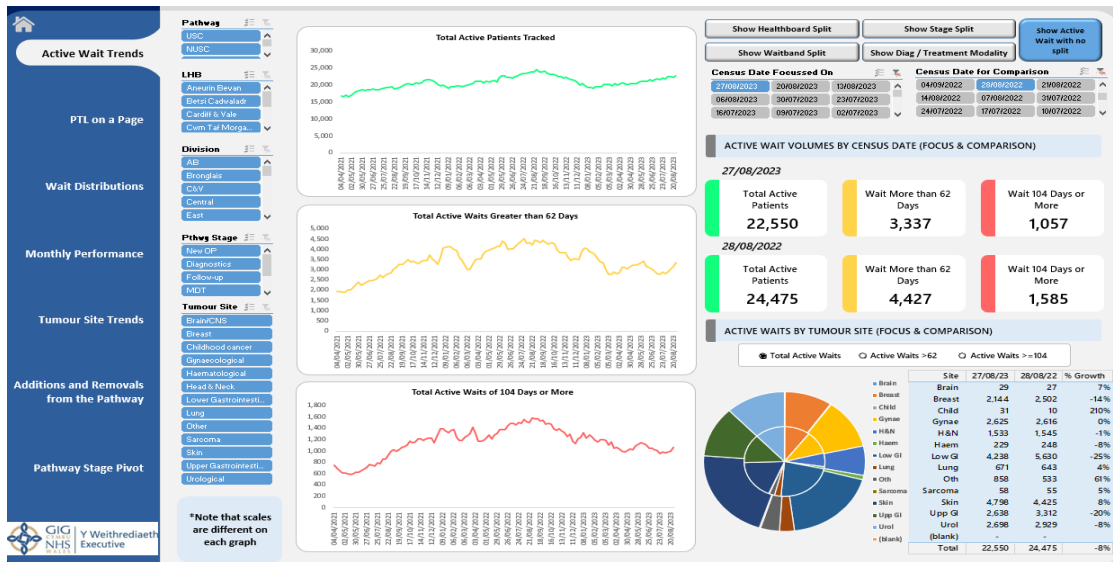


Figure 26. PAD dashboard homepage screenshot, used to report progress and compliance to the SCP 62-day metric. Source: Performance and Assurance Directorate

PAD also provide quarterly reports to Welsh Government to keep them apprised of the evolving complexity of cancer wait times by weekly activity and compliance; the analysis for which is derived from a single performance dashboard with data received from all HBs (see Figure 26). Whilst variation in activity is expected, these reports summarise the high-level sustainability of cancer activity across Wales. HBs and Trusts are provided with the same data by PAD, who calculate the volume of patients that must be removed from patient tracking lists on a weekly basis for each tumour site to ensure stability and co-develop plans for required additional activity to remove patients from backlogs.

“The data provided by the PAD dashboard has provided a single place to review and agree performance – a real improvement to the cancer and data landscape.”
 -- Cancer Service Manager, HB

Anecdotal reports on the impact of the performance and assurance framework and the demand and capacity tools developed and implemented by PAD were heard during interviews and the survey. Where support was provided to HBs to review demand and capacity, the feedback received was positive. Achieving a clear system wide understanding of service performance, defining a clear framework for SCP assurance and performance and growing a collaborative performance culture have all been repeatedly re-iterated positive comments.

Interviews highlighted the significance of data and reporting from a performance and assurance perspective. Common feedback on opportunities to go further included: a continued focus on sustaining and embedding data and governance processes, expanding the engagement to clinical bodies and other staff groups to continue to increase local ownership. There is also significant overlap of this initiative with DHCW work and HB BI tool development, and a number of stakeholders expressed concerns with the overlap between the three projects including local data capture, IT infrastructure, misalignment of metric definitions and the ability of HBs to provide local context (a reliance on audits).

“Central data base doesn’t match with local. Data sent to central teams is from the PTL; lots of duplications. Locally it is cleaned but national not cleaned. The data also measures different time points (e.g., date decision to treat).”
 -- Clinician

“We have matching datasets using national and local data, but we must look at definitions of data fields to ensure we standardise reporting.”
 -- Manager, Partner Organisation

“We can see the bigger trends, but not the finer details. We rely on deepdive audits instead of big datasets.”

-- Cancer Service Manager, HB

Business Intelligence and reporting

Key insights

- A minimum set of standards were defined and developed to align cancer reporting across HBs, part of a well thought out design process
- The impact of the BI tools has been well documented; where HBs had limited insights to cancer waiting time data, they now have complementary BI solutions that align to nationally reported data and enable internal contextual insights to be provided
- BI tool development work remains ongoing with data flows for screening programmes and incorporation of demand and capacity modelling remain outstanding

The development of business intelligence (BI) and reporting for HB cancer teams was prioritised by the WCN to improve data availability to operational teams when reviewing cancer pathways performance. The BI and reporting work commenced in October 2021 until March 2023 and was split into three distinct phases: Phase 1 (October 2021 to March 2022), Phase 2 (April 2022 to September 2022) and Phase 3 (October 2022 to March 2023). £906,000 of SCP funding was allocated between each of the HBs for the BI and reporting work, across the three phases.

“There was a little bit of tracking resource at the outset, but a lot of the underlying systems are too old to adapt to allow systems to talk to each other.”

-- Clinician

The HBs had significantly different starting positions for cancer BI solutions, therefore it was agreed that all cancer services across Wales would have access to a BI solution that could aid the operational management of localised cancer caseloads. To achieve this, the AB UHB BI solution was taken as a template from which all other HB BI solutions were to be based on, following a minimum set of standards, based on the steps associated with SCP progression (e.g., time to first appointment, time to diagnosis, etc.). Where HBs achieved the minimum standards, there was an agreed expansion of development into other areas where data could reliably be used (e.g., demand and capacity modelling).

The impact of the BI solutions to each of the HBs is clearly evidenced in engagement with stakeholders across the HBs and in the impact statements included in the WCN BI closedown documentation^{xviii}. Prior to engaging with the work, HBs had limited and variable ability to locally explore or challenge the data received and reported by the PAD national dashboard. HBs were also unable to provide granular, service-level context to high-level headlines summarised and received from the PAD. At the conclusion of Phase 3, all HB BI solutions are complementary and at a minimum align to the same minimum standards of the BI tools delivered by the PAD at a national level. These local solutions enable HBs to have more informed conversations with national teams about component or service-level issues, whilst providing a granular and current status update to inform local operational planning.

“Prior to receiving BI funding, we could not access cancer information nor retrieve data from various sources. Validating and submitting data to Welsh Government was manual, taking up to 48 hours. Our BI dashboard has made an enormous difference and has cut back resources required to produce and submit cancer data. We can also monitor patients who are about to breach, review our performance at any given point and identify areas of concern across each pathway.”

-- Cancer Service Manager, HB

“We have developed a cancer tracker tool which provides us with access to SCP data from other HBs via DHCW. The intelligence gathered from patients in secondary care will inform commissioner discussions related to delayed diagnostics, treatment, and potential breaches for patients on the SCP.”
 -- Cancer Service Manager, HB

Stakeholders using tools locally highlighted the need for continued work to ensure that the significant resource required to develop and maintain the dashboard does not become a limiting factor going forward. Future projects should consider further developing the BI dashboard and demand and capacity tool on offer to HBs. A further focus should be on defining how other local stakeholders may learn and/or be trained to develop and apply the tools for local use cases.

Opportunities to go further

- **Data, information and insight:** Create a data flow from the bowel screening programme of the latest positive results data, to enable HBs to store data in local data warehouses, and where possible, link to local case record numbers to ascertain if the patient has been treated within the HB previously (likely for another condition)
- **Data, information and insight:** Develop a data flow from the breast screening programme to all HBs
- **Alignment and coordination:** Support the further development and replication of the AB UHB forecasting demand tool across all HBs to support future demand and capacity planning

Next steps: Planned Care and Ministerial priorities

In May 2023, the Minister for Health and Social Services raised concerns around gynaecological, urological and lower GI cancer performance^{xix}. Three workshops in July 2023 aimed to identify key issues, challenges and themes in gynaecology, urology and lower GI pathways with over 250 attendees from across Wales. These workshops aimed to support innovation at pace and scale, maximise compliance with NOPs in a transformative space and review the national diagnostic programme’s ability to increase capacity to support delivery alongside these workstreams^{xx}.

Table 6. Summarised priority action points for urological, gynaecological and lower GI cancer care pathways. Source: Strategic Programme for Planned Care, National cancer intervention workshops summary (Summer 2023), WCN

Urological	Gynaecological	Lower GI
<ul style="list-style-type: none"> • CSG/CIN work collaboratively to determine best practice principles to reduce variation and inconsistency, giving consideration to: <ul style="list-style-type: none"> - Vetting and triage guidance for non -visible haematuria referrals - Number of required PSA tests prior to referral to secondary care - Examination of prostate prior to referral to secondary care - Discounting of UTI prior to referral to secondary care - Service models for flexible cystoscopy - STT models for mpMRI - STT CT for haematuria • Expedite provision of supported self -management for prostate cancer follow up patients • Urology CRG reviewing referral requirements for PET scan to streamline requirements for conventional imaging • Proposal submitted to Welsh Government by Urology CIN to approve national procurement of TULA lasers 	<ul style="list-style-type: none"> • Scope provision of PMB models across Wales to establish standard mode of optimised delivery • Reduce variation in the e-referral information provided for PMB • Review updated BMS/BGCS/RCOG guidance regarding bleeding on HRT (expected early 2024) and ensure consistent adoption as appropriate • Consider guidance for safely downgrading some NG12 USCs <ul style="list-style-type: none"> - STT for ovarian cancer - Accelerated hysteroscopy 	<ul style="list-style-type: none"> • Areas of priority for Lower GI reflect more general themes and actions set out in earlier slides however, to summarise a dedicated list of priority areas for completeness: <ul style="list-style-type: none"> - Standardisation of FIT utility/access and implementation across Wales - Improved endoscopy capacity - Timely access to genomic data, especially MSI/MMR results at the front end of the pathway - Streamlining of MDT efficiency and tertiary referral (including liver and lung metastases)/MDT discussion/Pre -operative assessment - Collaborative regional working across the pathway, aligned to real time capacity and demand data - Improved theatre access, aligned to real time capacity and demand data

The Strategic Programme for Planned Care (SPPC) has worked with the WCN, National Strategic Clinical Network for Cancer and other NHS Executive Directorates to develop the National Cancer Recovery Programme, building on successes in national support for local pathway delivery^{xxi}. Looking forwards, the SPPC will adopt a quality management system approach to deliver workshop objectives and continue to work with HBs/Trusts on local pathway reform and develop resilient cancer services. To support these efforts, the Minister for Health and Social Services will provide £2m for three years to establish the National Cancer Recovery Programme.

Recommendations

The positive impact of the SCP programme on cancer services and patient care across the HBs has been significant. The availability of resource, interference caused by the COVID-19 pandemic, impact on reported performance of a single 62-day target and UK wide capacity challenges that continue to persist provide helpful context for framing the successes of the SCP programme. These successes include the progress made in faster diagnosis for poorly performing tumour sites, standardisation of cancer pathways through NOPs, a BI demand and capacity tool to support service planning, improvements in data infrastructure at a HB/Trust and national-level, and numerous local examples of service innovation supported and guided by the SCP programme, implementation teams and partner organisations. Furthermore, there are two notable shifts in ways of working, with increases in HB collaboration and progress in empowering and supporting MDTs to drive change in their services. The impact of the SCP programme and its learnings will now feed into the future programmes of work by the Cancer Network as well as inform the work of other programmes, including the Strategic Programme for Planned Care, within the NHS Executive.

Throughout this review, we have captured and synthesised the key findings across all assessment methods, which were replayed to a select group of SCP programme stakeholders during a two-hour workshop in March 2024. SCP stakeholder reflections on how the findings influenced the future improvement agenda for cancer care in Wales were captured in this workshop and used to inform the following recommendations:

- Within the Strategic Programme for Planned Care and the Cancer Network, maintain the SCP programme's focus on reducing variation in cancer service provision and encouraging regional working
- Local innovation has evidenced significant impact of the SCP programme at a specific sub-tumour site level for specific HBs/Trusts. The focus should now be on how to prioritise key areas of concern, the most impactful innovations and how to implement them at scale and pace, through:
 - Continued improvements in data depth, breadth and accuracy, both in local capture and national infrastructure to create clear system wide understanding of service performance to the required level of detail
 - Prioritisation of programmes of work and projects that have the most targeted impact, informed and agreed through data and engagement with system stakeholders
 - Exploring options within existing or new governance structures to assign national and local accountability for nationally agreed interventions, with specific measurable metrics and realistic time frames
 - Exploring how to nationally empower both local services and MDTs to become key drivers of change in respective HBs/Trusts, normalising standard improvement methodologies, language and culture
 - Defining how national and regional ways of working capture and level up innovation
- An increased focus on longstanding service capacity issues, namely workforce planning at a local, regional and national level

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