LONDON CANCER
NORTH AND EAST

NHS
UCLH Cancer Collaborative
The Cancer Alliance for north and east London

Preliminary data from oesophago-gastric pathway audit

Oesophago-gastric national timed pathway event

4th June 2019

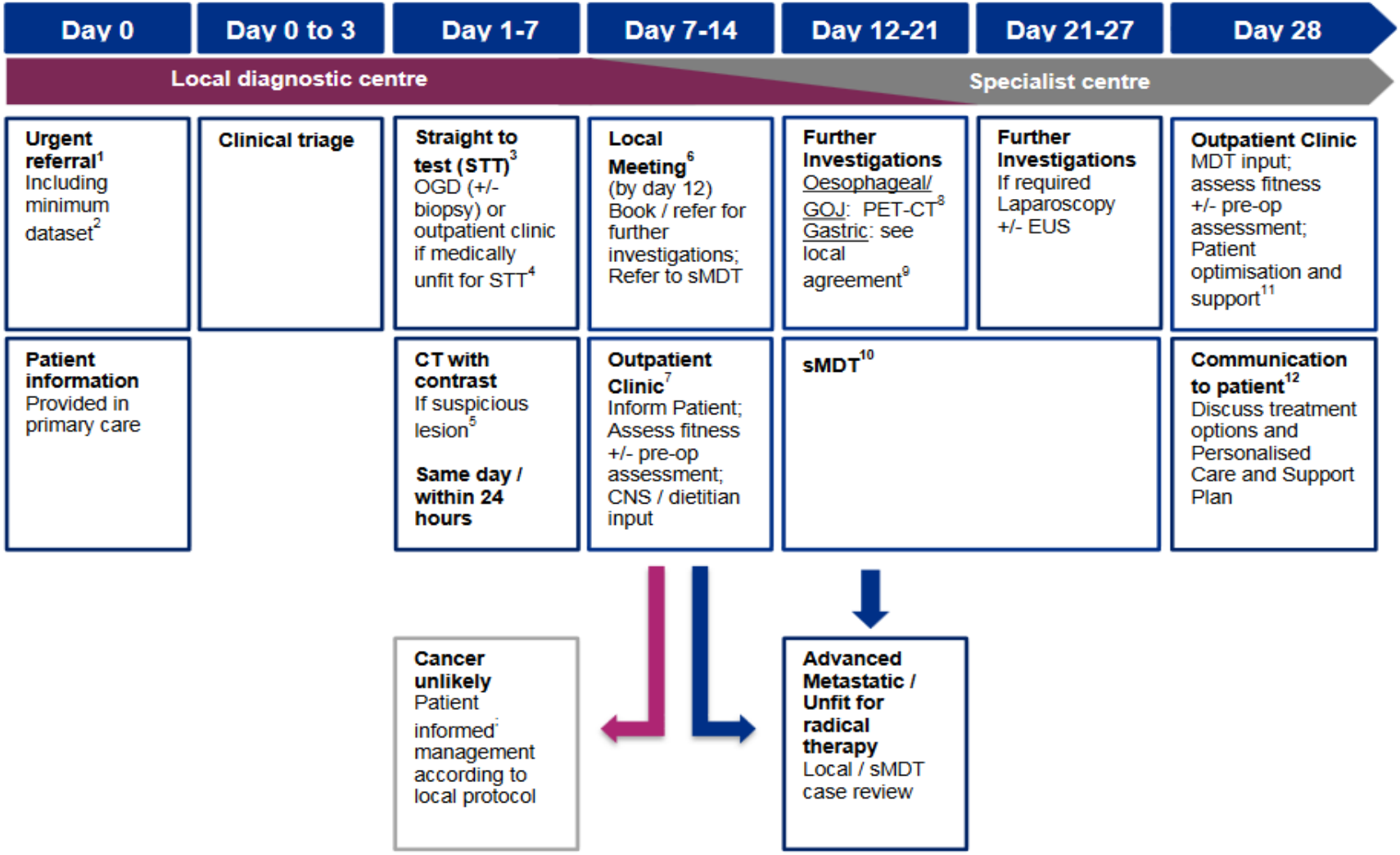
Background and methodology

- The National Oesophago-Gastric (OG)Timed Pathway was released in April 2019, with a date for implementation of April 2020.
- Trusts in NCEL were asked to undertake a 10 patient audit in order to determine current compliance with the pathway, where bottlenecks occur and highlight issues where the Cancer Alliance can support improvement.
- An audit template was created, based on the steps and timings of the national timed pathway, with an additional page of questions requiring a narrative response.
- Each trust was requested to complete the audit for the first 10 OG referrals received in January 2019 and the templates were returned to the Cancer Collaborative for analysis.
- The data presented can be used to inform the next steps of pathway implementation for individual trusts and also across North Central and East London, where economies of scale may make it more feasible to link as a network.

Data available for analysis

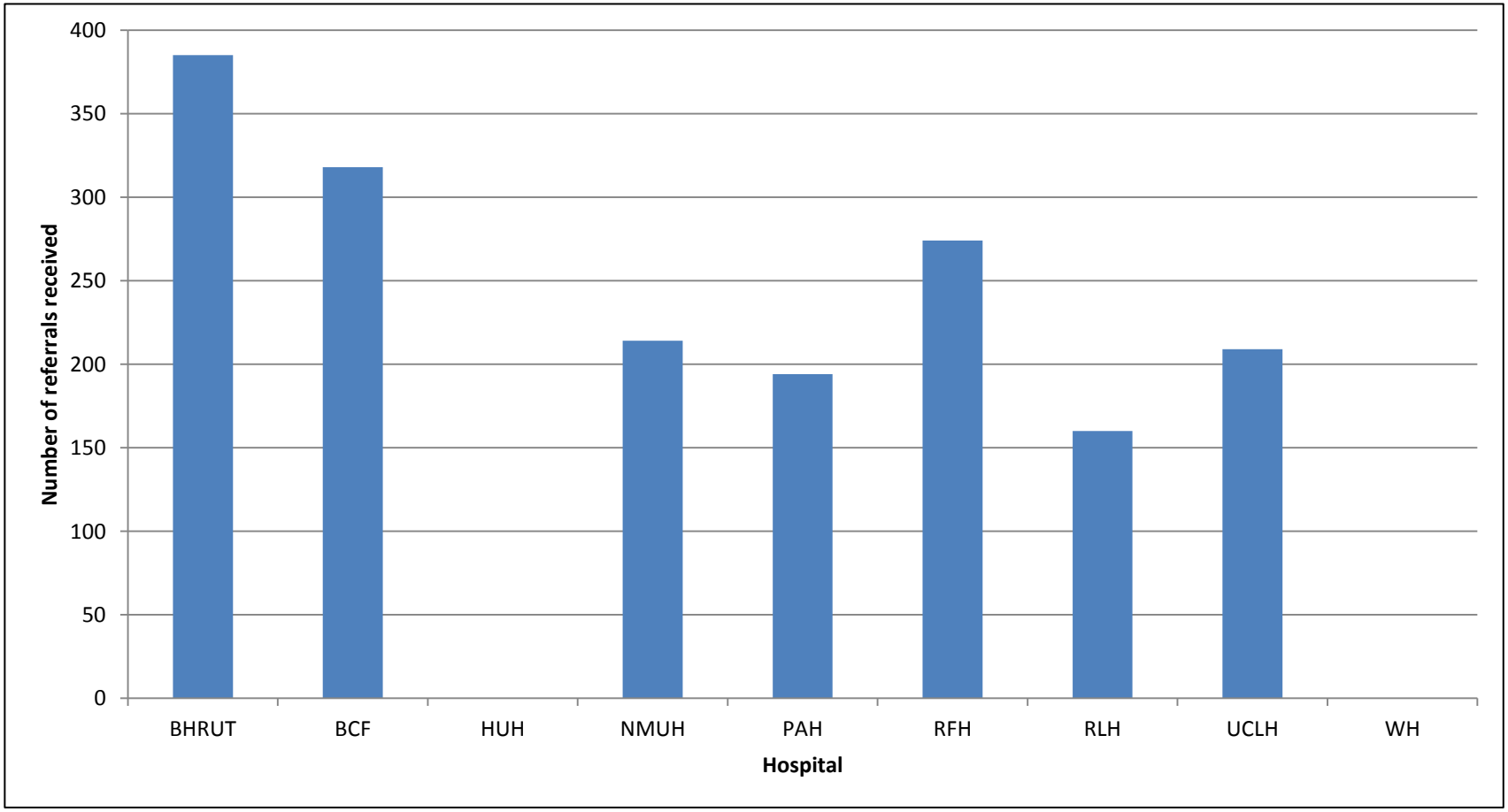
- The data presented is for 90 patients from 9 sites, as follows:
  - Barking, Havering and Redbridge University Hospitals (BHRUT)
  - Barnet and Chase Farm (BCF)
  - Homerton University Hospital (HUH)
  - North Middlesex University Hospital (NMUH)
  - Royal Free Hospital (RFH)
  - Royal London Hospital (RLH)
  - University College London Hospitals (UCLH)
  - Whittington Health (WH)
  - Although, not within the area of North Central and East London, data from Princess Alexandra Hospital (PAH) has been included as referrals are made from PAH into the specialist centres.
- 10 patients per site is small sample size and where there has been insufficient data to analyse, this has been noted.

National Timed Pathway

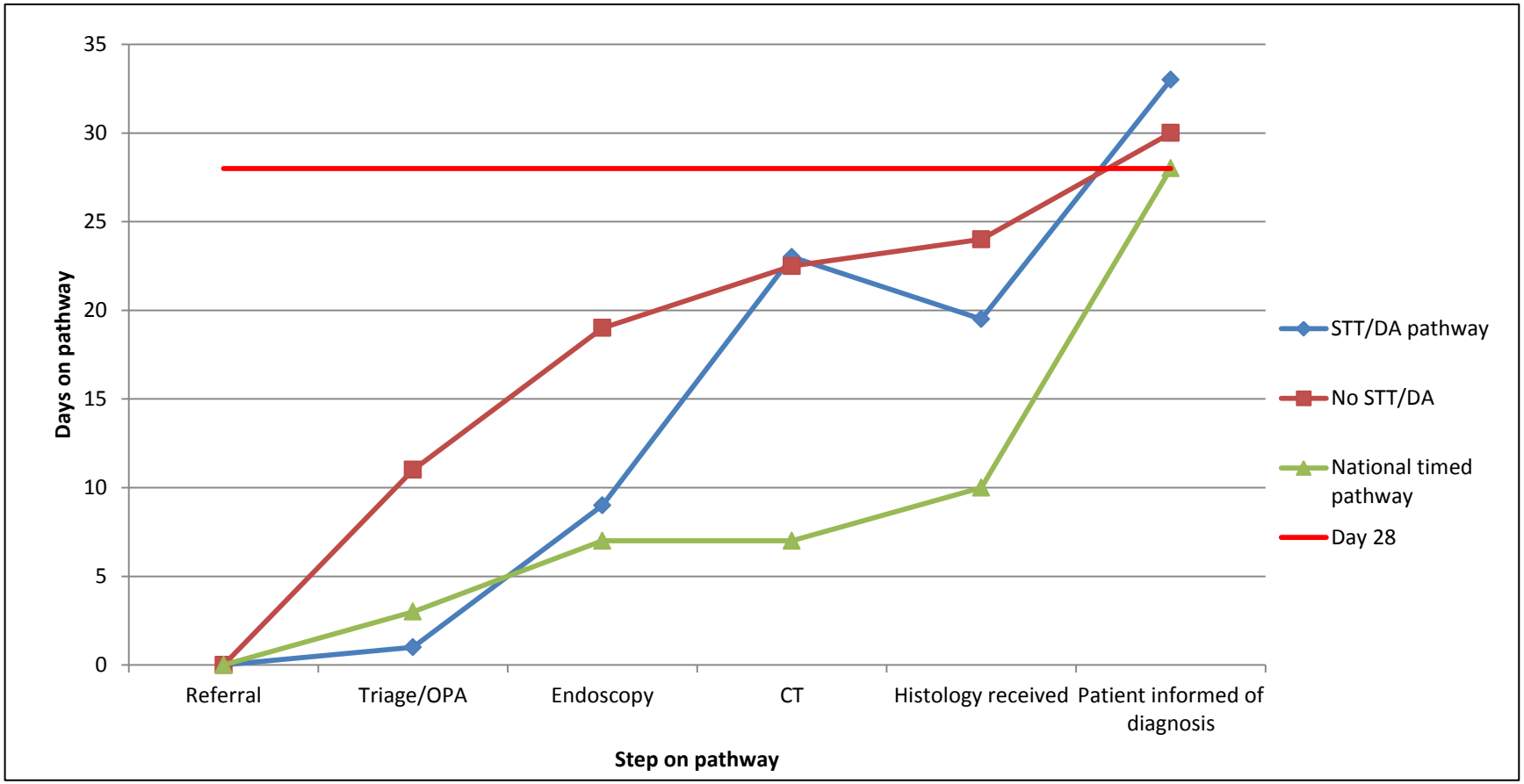


Pathway overview – referrals (reported by trusts)

- OG 2ww referrals received by hospitals in Q3 (Oct - Dec 2018) 2018/19.
- NMUH referrals received are for both OG and HPB; BCF and RFH are just OG.
- N.B. WH and HUH are omitted as the number of referrals received was not recorded in the audit.

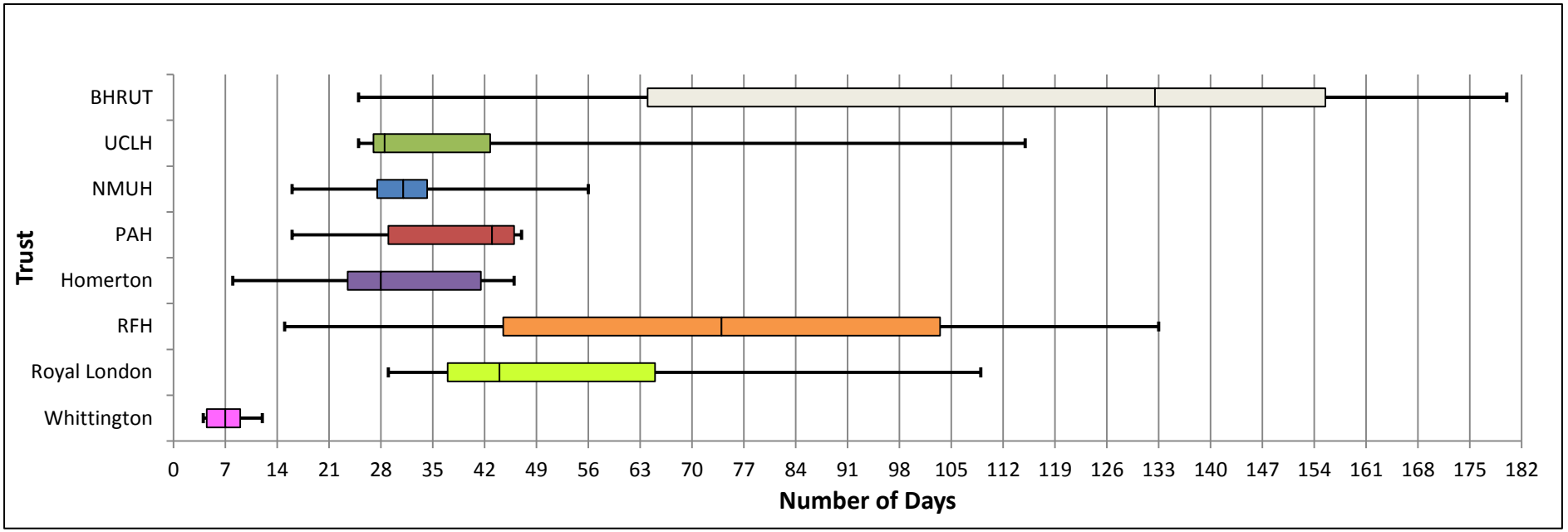


Overview of pathway – diagnostic timeline (median)



- The median days to CT scan may be longer than that to histology report as currently CT scans are not performed within 24 hours of endoscopy. It is not clear at what point CT scans are booked.
- As only two patients were discussed at MDT, one had staging tests and one was referred to a specialist centre, these data points have been removed.

Referral to diagnosis times



- The shortest time to a patient being informed of a cancer/no cancer diagnosis was 4 days (WH) and the longest recorded was 180 days (BHRUT). However, this and two other patients at BHRUT have future dates recorded as the date a diagnosis was given.
- The median for all trusts, with the exception of Whittington Health, was greater than 28 days.
- The 10 Whittington Health patients were all informed that they did not have a likely diagnosis of cancer at the time of endoscopy and, therefore, within 14 days of referral.
- The data is not included for BCF as the date the patients were informed of their diagnosis was not recorded in the audit, although the outcome was.

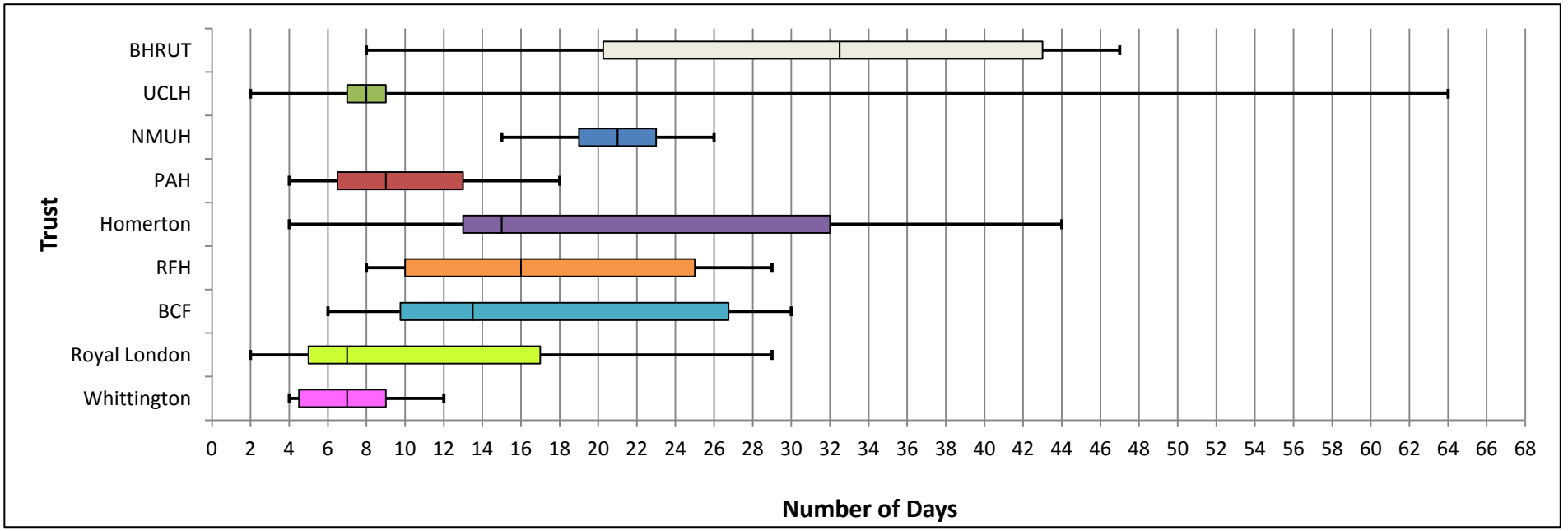
Direct access to endoscopy and STT pathways

Hospital	Does your Trust have a pathway for direct access endoscopy for OG?	Does your Trust currently have a straight-to-test pathway for OG referrals (i.e. referral is triaged and patient is booked straight into a diagnostic test)?	If yes, approximately what percentage of patients go through the straight-to-test pathway?
BHRUT	No	Yes	10%
BCF	Yes (but not for all CCGs)	Yes	50%
HUH	Yes	No	N/A
NMUH	No	No	N/A
PAH	Yes	Yes	64%
RFH	No	No	N/A
RLH	Yes	Yes	40%
UCLH	Yes	Yes	90%
WH	Yes	Yes	>90%

Straight to test pathways

Hospital	Who, within your hospital is responsible for triaging patients onto the straight-to-test pathway?	Does your hospital follow specific protocols for triaging patients onto the STT pathway?	Is choose and book available for the straight-to-test pathway? If so, how does this work?
BHRUT	Gastroenterologists/ Clinical Nurse Specialist	No	No
BCF	All 8 Gastroenterology Consultants	Yes	All appointments are booked via ERS into a 'triage clinic' and triaged either STT or an OPA by the consultant.
HUH	N/A	N/A	N/A
NMUH	MDC pathway has dedicated CNS and Consultant	Yes - on MDC pathway	No
PAH	Gastroenterology Consultant	No specific protocol - Gastroenterologist makes a clinical review based on the information available.	No
RFH	N/A	N/A	N/A
RLH	Gastroenterologists	Yes	Yes - for non cancer patients
UCLH	Nurse Endoscopist	Yes	Yes - via a referral assessment service
WH	Gastroenterology consultants	Yes	Yes - GPs book patients straight into an endoscopy slot. These are triaged daily to ensure that STT endoscopy is appropriate.

Times from referral to endoscopy



- Of the 90 patients referred, 90% (81) had an endoscopy. 25% of these were performed within 7 days of referral and 57% within 14 days.
- The shortest time from referral to endoscopy was 2 days and the longest was 64.
- The audit showed a variation in the speed of access to endoscopy between the hospitals with a DA and/or STT pathway and those without.
- None of the patients referred to trusts without DA pathway had an endoscopy within 7 days, and only 1 patient referred to a trust without an STT pathway had an endoscopy in this time (HUH).
- 1 of 20 patients referred to trusts with either DA or STT pathways had an endoscopy within 7 days while 38% (19 of 50) for those with both had an endoscopy within 7 days.

Constraints to provision of DA or STT

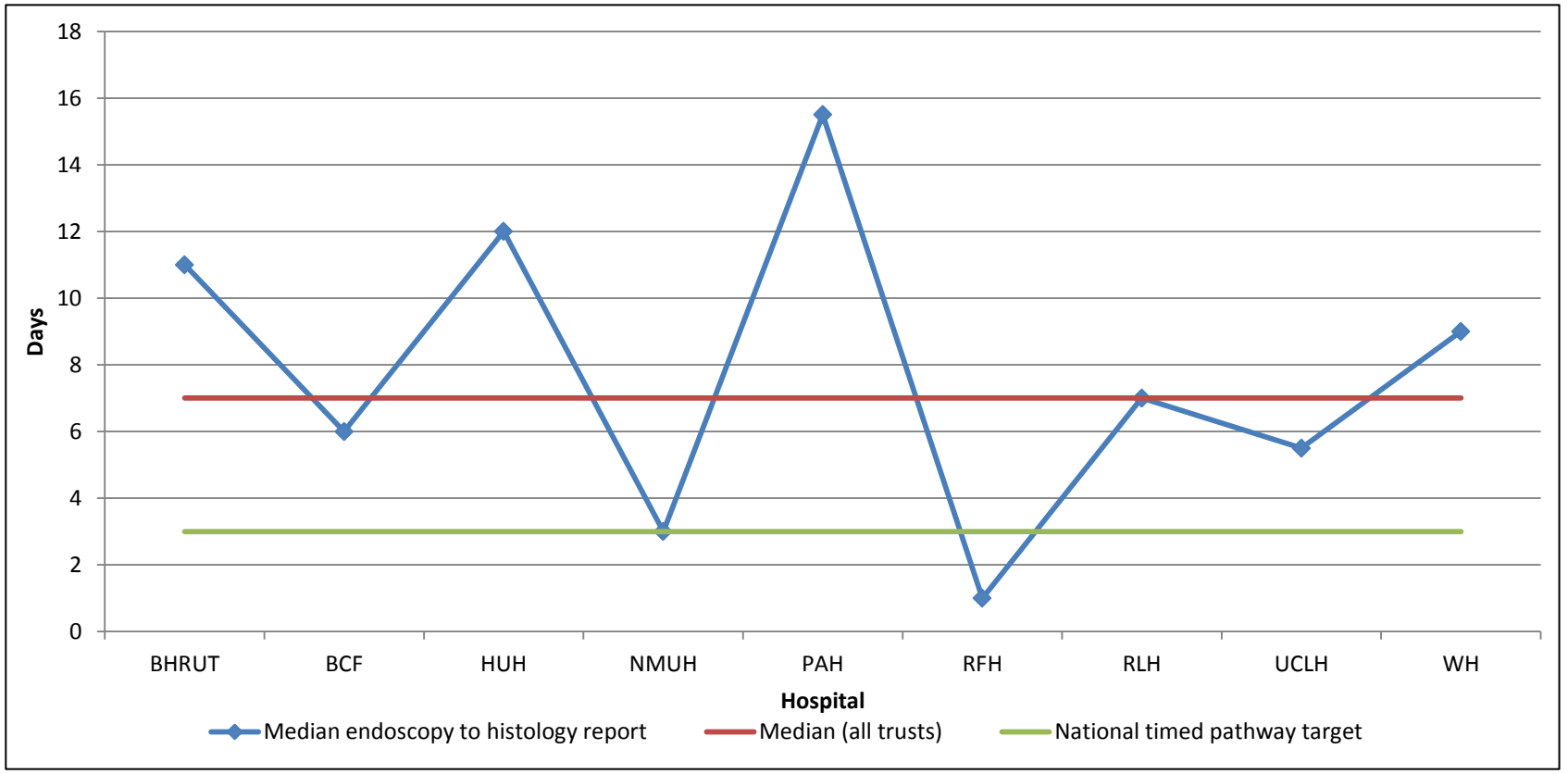
Hospital	If no, what are the main constraints within the trust to providing a pathway for direct access endoscopy?	What are the main constraints to your trust in implementing a straight-to-test pathway for all suitable OG 2ww referrals?
BHRUT	1. Endoscopy capacity	1. Endoscopy capacity 2. CNS support
BCF	Not answered	1. Endoscopy capacity
HUH	N/A	1. Endoscopy capacity 2. Workforce capacity i. inability to include additional endoscopy lists. ii. insufficient cover for sickness and annual leave.
NMUH	1. Endoscopy Capacity 2. Ability to assess suitability of diagnostic based on GP referral	1. Endoscopy Capacity 2. Ability to assess need based on GP referral 3. Current ERS system direct to 1st outpatient appointment
PAH	N/A	N/A
RFH	1. Endoscopy capacity 2. CNS capacity and support	1. Endoscopy capacity 2. CNS capacity and support
RLH	Not answered	1. Variability of referrals. 2. Currently no STT for 2WW colonoscopies. 3. Weight loss referrals very difficult to deal with outside a clinic environment. 4. HPB referrals come through the same pathway.
UCLH	1. Not applicable	1. Dedicated administrative support
WH	1. Endoscopy capacity - currently insourcing to meet capacity and targets	1. Endoscopy capacity

CT scans

- The national timed pathway requires patients to have a CT scan within 7 days of referral and 24 hours of endoscopy, if a suspicious lesion is seen. Not all patients, therefore, will need a CT scan.
- Of the 81 patients who had an endoscopy, 27% (22) went on to have a CT scan.
- The shortest time from endoscopy to CT was 3 days (BHRUT) and the longest 54 days (RLH).
- 5 patients had an OPA followed by a CT and no endoscopy. These patients waited between 8 and 23 days for a CT scan following an OPA and from referral waited between 23 and 66 days for their first diagnostic test.
- NMUH has an informal agreement to book same/next day CTs from endoscopy, HUH can do this between Monday and Friday for limited slots (under review) and PAH is currently reviewing this as the trust now has an additional scanner.
- The remaining trusts do not have capabilities to book a same/next day CT scan at endoscopy.

Histology – biopsy to reporting

- Biopsies were taken for 41 of the 81 patients who had an endoscopy (51%), or 46% of all 90 patients. (*a proxy measure was used to obtain the number of biopsies, i.e. date histology reported*)
- Histology reports were available for 25% of biopsies within 3 days, but there was a marked variation, even within trusts, which needs further investigation.
- N.B. NMUH = when report available; RFH = day report received.

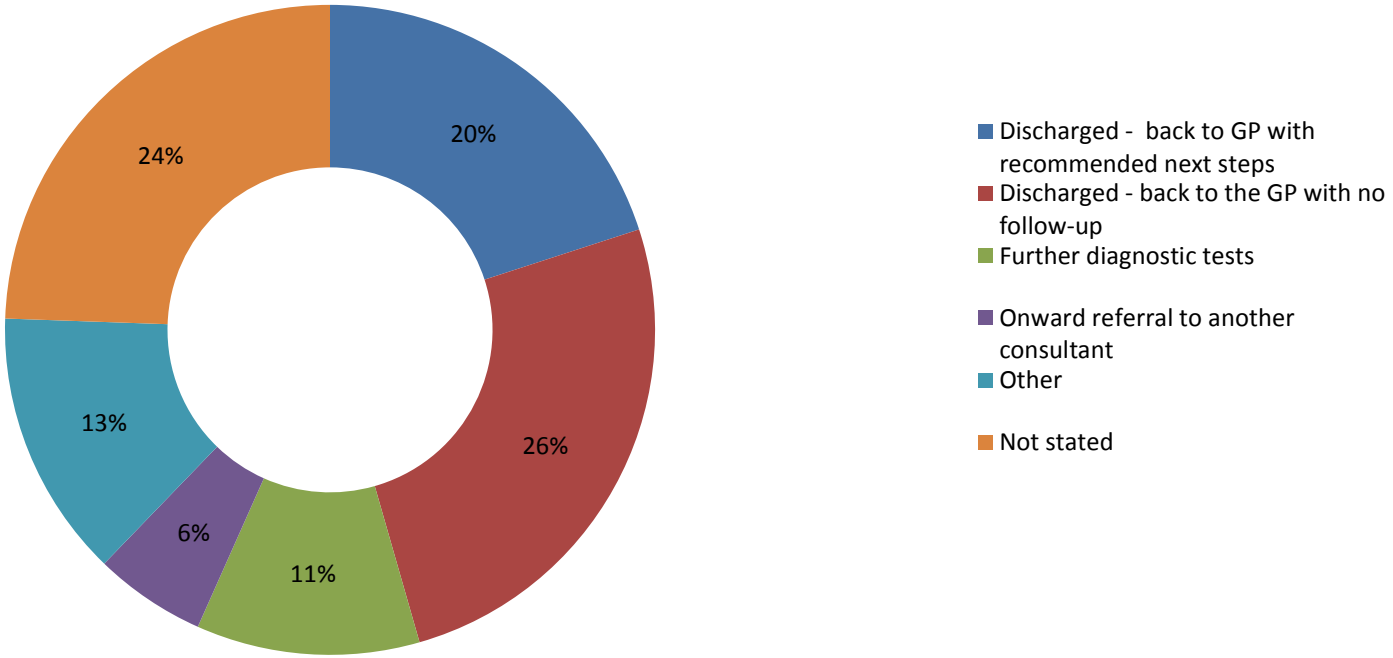


Waiting times for a diagnosis

- 28 patients who had a biopsy also had a recorded date that they were given a definitive diagnosis of cancer/non-cancer.
  - 3 of these were informed at the time of their endoscopy that they did not have cancer, before the histology results were available.
  - Of the remaining 25, the range of days between histology reporting and patients being given a definitive diagnosis was 3 – 108 days, with a median of 17 days.
- 63 patients who had an endoscopy also had a recorded date that they were given a definitive diagnosis of cancer/non-cancer.
  - The range of days between endoscopy and patients being given a definitive diagnosis was 4 – 180 days, with a median of 30 days.
- 2 of these patients had a cancer diagnosis. The remainder were not given a cancer diagnosis.

Outcomes for patients not diagnosed with cancer

- Of the 90 patients audited, two were presumed to have a cancer diagnosis based on one having staging tests and one being referred to a specialist centre..
- 88 patients were not diagnosed with cancer. A quarter of these were discharged back to their GP and did not need follow-upon and one fifth were discharged with recommended next steps.
- 11% (n=10) were required to have further diagnostic tests, while 6% (n=5), were referred on to another consultant.



Constraints to delivery of the 28 day FDS

Hospital	Percentage currently meeting 28 day standard, if audited	What are the main issues within your trust with meeting the 28 day faster diagnosis standard for the OG pathway?
BHRUT	UGI baseline in April 15.8% UGI May position is 39.7%	1. Gastroenterologist vacancies 2. CNS and Cancer Referral Office capacity/workload
BCF	Q4 (Jan - Mar 19): 40% ; Q1 (Apr - May 19): 53.33%	1. Capacity (endoscopy & radiology)
HUH	Q4 18/19 69% for all Upper GI	Not answered
NMUH	Audit conducted July 18 identified significant delays in patients not referred via the 2ww pathway and other delays associated with multi hospital involvement	1. Diagnostic capacity 2. Workforce capacity
PAH	64%	1. Consultants reviewing diagnostic testing 2. Creating clinic letters to be sent to patients and GPs informing them of outcomes - consultant and typist time.
RFH	Q4 (Jan - Mar 19): 35.34% Q1 (Apr - May 19): 37.29%	1. Patient attendance. 2. Lack of information given to patients at time of referral. 3. Inappropriate referrals from GP's not meeting 2ww criteria overwhelming the system.
RLH	Not audited	1. Histopathology – currently 50% vacancy. 2. Access to dedicated radiology slots. 3. Patient choice. 4. The way in which the 2WW patients are followed up means that with annual leave and on-call commitments capacity varies through the year.
UCLH	Not audited	1. Imaging capacity 2. Outpatient capacity for follow up 3. Discharge process 4. Inter MDT referrals
WH	Currently auditing	1. Imaging 2. Out-patient clinic availability

Summary

- The point at which diagnostic tests were completed varied by hospital, depending upon whether DA or STT pathway was available. Where a hospital had a DA and/or a STT pathway, patients were usually given an endoscopy sooner.
- Trusts without a DA and/or STT pathway always waited longer than 7 days for an endoscopy. The range of time from referral to endoscopy at these trusts was 8– 29 days, with medians of 21 days (NMUH) and 16 days (RFH).
- Not all patients needed a CT following endoscopy (27% had a CT). With the exception of NMUH and HUH, there is no provision to book same/next day scans, which led to delays in imaging with patients waiting between 3 and 54 days for a CT after endoscopy.
- Where a date of diagnosis was recorded, 41% of patients were given their diagnosis of cancer/non-cancer within 28 days.
- All of the WH patients audited were given a diagnosis of likely cancer/non-cancer at their endoscopy appointment.
- There seemed to be delays at the end of the pathway, with patients sometimes waiting a long time to be told of their diagnosis following the receipt of biopsy results. The cause of the delays is not clear.
- 88 of the 90 patients were given a non-cancer diagnosis. Almost half of these were referred back to their GP.
- Endoscopy capacity was reported as the main constraint to delivery of both the DA and STT pathways and the 28 day FDS, although imaging capacity is also an issue for the delivery of the FDS along with outpatient clinic availability.

Recommendations

- Use audit findings to inform discussions in workshops at the OG timed pathway event.
- Encourage sharing feedback of practice from trusts which seems to be already informing patients that they do not have cancer within 14 days of referral.
    - Consider the practice of telling patients they do not have cancer at endoscopy appointment – who is qualified to do this? how is this done and recorded?
- Prioritise review of endoscopy capacity and STT and DA pathways.
- Review CT booking processes – inability to book a CT within 24 hours of endoscopy could be a rate limiting step to confirming a cancer diagnosis.
- Look into variation in histology reporting.
- Work with primary care to ensure a minimum dataset for referrals is completed to improve referrals on a 2ww pathway.
- Continue to work with trusts and patient groups to develop pathway specific information to improve patient compliance.