Board of Directors Meeting in Public

Subject:	Lower GI Two Week Wait Pathway Improvement Project	**Date:** July 2021	
Prepared By:	Helen Hendley, Deputy Chief Operating Officer and Lisa Reeve, Head of Elective Care		
Approved By:	Simon Barton, Chief Operating Officer		
Presented By:	Simon Barton, Chief Operating Officer		
Purpose			
To update the Board on the progress of the LGI 2ww pathway improvement project.		**Approval**	
		Assurance	
		Update	**X**
		Consider	

Strategic Objectives				
To provide outstanding care	**To promote and support health and wellbeing**	**To maximise the potential of our workforce**	**To continuously learn and improve**	**To achieve better value**
X			**X**	
Indicate which strategic objective(s) the report support				

Overall Level of Assurance				
	Significant	**Sufficient**	**Limited**	**None**
Indicate the overall level of assurance provided by the report -	External Reports/Audits	Triangulated internal reports **X**	Reports which refer to only one data source, no triangulation	Negative reports

Risks/Issues	
Indicate the risks or issues created or mitigated through the report	
Financial	
Patient Impact	**X**
Staff Impact	**X**
Services	**X**
Reputational	

Committees/groups where this item has been presented before

N/A

Executive Summary

At the end of March 2021, lower GI set out to streamline two week wait processes and align to the NHSE timed colorectal cancer diagnostic pathway, specifically focusing on:

- Straight to test (STT) where clinically appropriate; and
- Nurse-led diagnosis and discharge.

Progress to date

The immediate focus has been on increasing workforce aligned to the lower GI 2ww pathway and agreeing protocols to support colleagues and stabilise the service. This has been achieved through:

- The introduction of a new triage role;
- The development of a new triage protocol;
- The expansion of consultant colleagues supporting the pathway; and
- The development of a new discharge protocol.

Risks identified to date

Demand continues to be the main risk to this project, particularly as increases have been sustained. Pre-pandemic, average weekly referrals were 61. In the last 12 weeks, the average has increased by 30% to 79. The impact of demand increases are borne out in lower GI, endoscopy and CT, with each patient typically receiving at least four clinical contacts.

Next steps

A key foundation stone of this redesign work is the new triage Clinical Support Worker role is expected to be in place in late July and it is at this point that the range of protocols can be fully implemented. Focus will also be given to CT colonography (CTC) capacity as a key risk to the project. Radiology and Lower GI teams have come together to review the pathway and a number of initial actions have been identified to improve patient attendance.

Expected outcomes and impact on backlog

Despite referral increases, the service has met the planned backlog trajectory to date, having reduced from 39 in April to 35 and is on track to achieve 34 as planned at the end of June. Full implementation of new processes in late July will be critical to seeing improvements in line with the project aims:

1) Provide patients with access to tests between 10 and 14 days sooner;
2) Improve the average FDS performance by at least 2 days as a result of rapid testing and nurse-led review to so that patients are informed of their diagnosis more quickly; and
3) Ensure that patients are seen in the right place and at the right time, supporting clinical teams to use their expertise more effectively and overall see more patients treated by 62 days.

The nature of a 62 day pathway means that the impact of changes takes time to be realised and therefore improvements will be seen phased from August through November as follows:

1. **Reduce the wait for key tests by 10 to 14 days -** the impact of this aim is expected to be seen in August and September, following the introduction of the CSW role to support triage and STT;
2. **Improve the average FDS performance by a minimum of 2 days as a result of rapid testing and nurse-led review to so that patients are informed of their diagnosis more quickly** – as patients are sent for their tests more quickly, with new guidance also in place for nurse endoscopists and CNS colleagues, patients will be diagnosed in endoscopy sooner with the impact of this likely to be seen through September and October;
3. **Ensure that patients are seen in the right place, at the right time, supporting clinical teams to use their expertise more effectively and overall see more patients treated by 62 days -** by achieving aims 1 and 2, this overarching benefit will be seen through October and November in reduced numbers of patients in the backlog against the identified trajectory (x to y)

Support required

The Board is asked to:

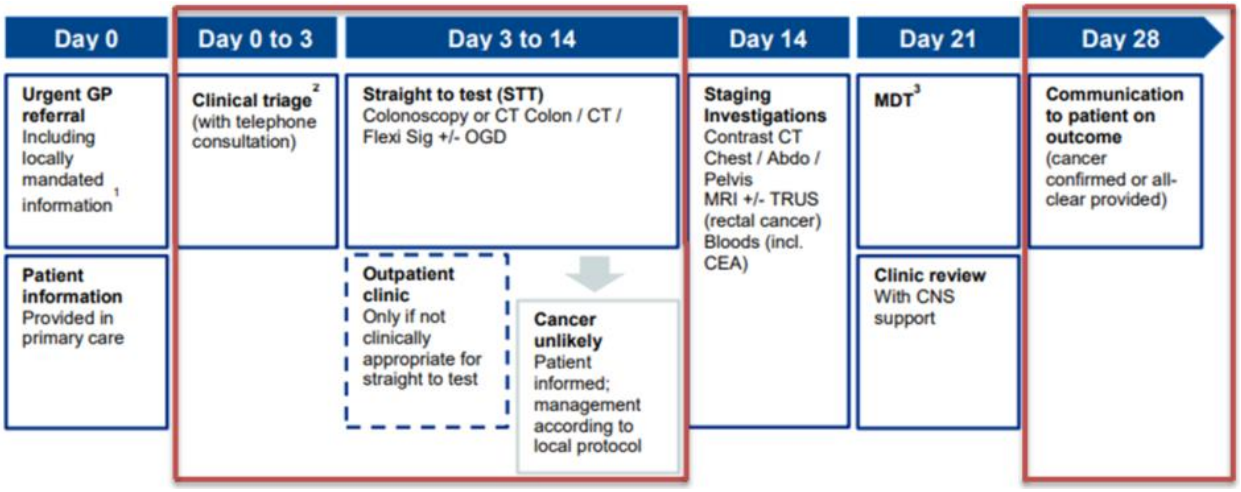
- Note the progress to date in expanding workforce to support the pathway and in developing guidance and protocols;
- Be aware of the risk of demand increases and specifically the risk of CTC capacity; and
- Acknowledge that improvements will be seen over a phased period as described above.

Lower GI Two Week Wait Pathway Improvement Project
Trust Board
July 2021

Summary

At the end of March 2021, lower GI set out to streamline two week wait processes and align to the NHSE timed colorectal cancer diagnostic pathway, specifically focusing on:

- Straight to test (STT) where clinically appropriate; and
- Nurse-led diagnosis and discharge.



The purpose of this paper is to provide an update to the Board on the progress made to date and next steps in the project, including any risks.

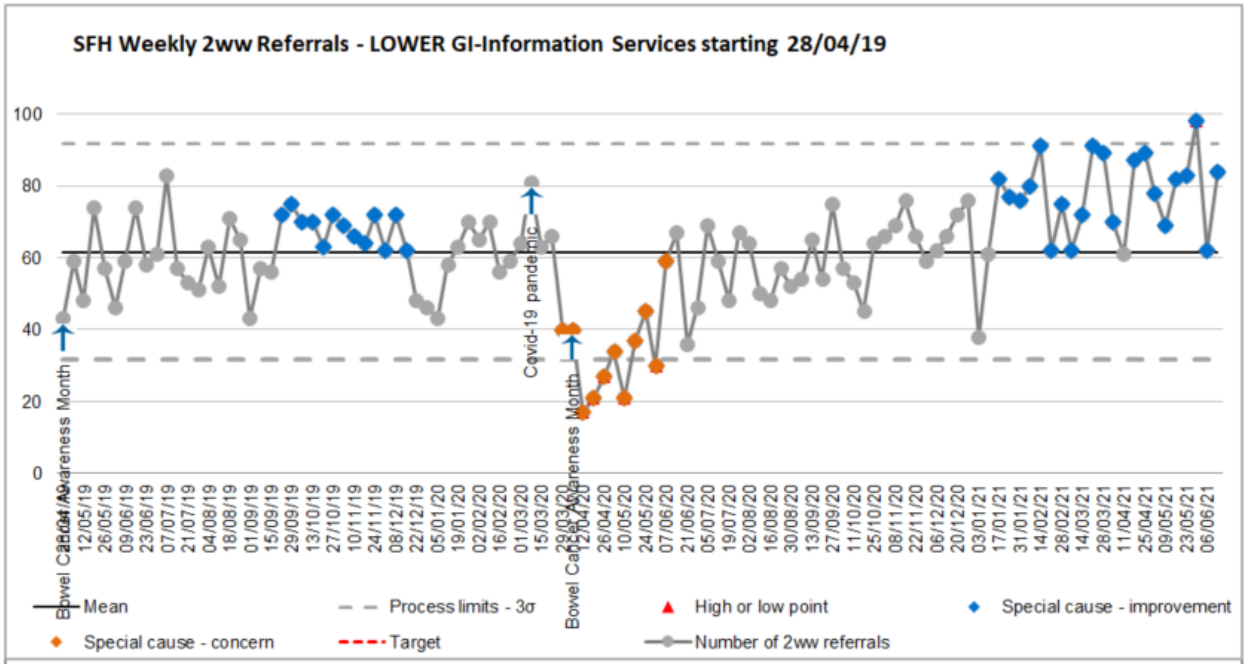
Progress to date

The immediate focus has been on increasing workforce aligned to the lower GI 2ww pathway and agreeing protocols to support colleagues and stabilise the service. This has been achieved through:

- **The introduction of a new triage role** – a CSW post has been advertised and recruited (planned start date of 19 July);
- **The development of a new triage protocol** – provision of clear guidance as to which patients should see a CNS and which should see a consultant which will support patients proceeding to test as quickly as possible and as this will be carried out by a CSW, it releases capacity for clinical team and allows them to work at the top of their skill set (full implementation planned 2 August);
- **The expansion of consultant colleagues supporting the pathway** – given increases in demand, the pathway requires multiple clinician input so that capacity is available at several points in the week to provide senior input and decision making (planned start date of 5 July); and
- **The development of a new discharge protocol** – provision of clear guidance as to which patients should be discharged at endoscopy and which should continue, either on a two week wait pathway or with alternative routine care (planned trial in endoscopy to start on 12 July).

Risks identified to date

Demand continues to be the main risk to this project, particularly as increases have been sustained. Pre-pandemic, average weekly referrals were 61. In the last 12 weeks, the average has increased by 30% to 79. The impact of demand increases are borne out in lower GI, endoscopy and CT, with each patient typically receiving at least four clinical contacts. Work is on-going to audit referrals to assess if this is delayed demand from the pandemic or new demand.



The impact is seen in:

- **Lower GI** – increased initial review and follow up assessment capacity is required and this has been mitigated through the CSW role and increased consultant input;
- **Endoscopy** – as colonoscopy and flexi-sigmoidoscopy are key tests in the pathway, more testing capacity is required although this is expected to be mitigated through increased mobile capacity under the accelerator programme; and
- **CT** – CT colonography (CTC) is another key test in the pathway but cannot be mitigated through mobile capacity the test must be carried out on a static scanner. Work has begun to explore ways to improve CTC capacity by looking at utilisation and referral criteria but this may not be sufficient and further discussions are likely to be needed around alternative options to increase capacity or reducing demand.

Next steps

The new triage CSW role is expected to be in place in late July and it is at this point that the range of protocols can be fully implemented. At the point of implementation, project support will continue to ensure processes are embedded and any identified adjustments to guidance are put in place.

Focus will also be given to CTC capacity as a key risk to the project. Radiology and Lower GI teams have come together to review the pathway and a number of initial actions have been identified to improve patient attendance. Further discussions will take place over the coming weeks to review the impact of these actions and to consider what other steps need to be taken.

Expected outcomes and impact on backlog

Despite referral increases, the service has met the planned backlog trajectory, having reduced from 39 in April to 35 and is on track to achieve 34 as planned at the end of June. Full implementation of new processes in late July will be critical to seeing improvements in line with the project aims:

1. **Reduce the wait for key tests by 10 to 14 days -** the impact of this aim is expected to be seen in August and September, following the introduction of the CSW role to support triage and STT; this could take up a week off the front of the process by avoiding the first OP appointment where it is safe to do so
2. **Improve the average FDS performance by at least 2 days as a result of rapid testing and nurse-led review to so that patients are informed of their diagnosis more quickly** – as patients are sent for their tests more quickly, with new guidance also in place for nurse endoscopists and CNS colleagues, patients will be diagnosed in endoscopy sooner with the impact of this likely to be seen through September and October; and
3. **Ensure that patients are seen in the right place, at the right time, supporting clinical teams to use their expertise more effectively and overall see more patients treated by 62 days -** by achieving aims 1 and 2, this overarching benefit will be seen through October and November in reduced numbers of patients in the backlog.

The backlog trajectory agreed by NHSIE and presented to Board last month shown at 22 patients for October & November. The current back log is between 35-40 patients.

Support required

The Board is asked to:

- Note the progress to date in expanding workforce to support the pathway and in developing guidance and protocols;
- Be aware of the risk of demand increases and specifically the risk of CTC capacity; and
- Acknowledge that improvements will be seen over a phased period as described above.