

Cancer Access Policy

Key Points

- The timescales within which cancer patients are treated is a vital quality measure and key indicator of the quality of cancer services offered at the Trust.
- The is policy is based on the current National Cancer Waiting Times Guidance (v12.0) and is designed to clarify local actions where the national guidance is not explicit but excludes details of clinically agreed protocols.
- This policy describes how the Trust manages and reports performance relating to cancer waiting times and applies to all Frimley Health NHS Foundation Trust staff involved in the management of patients within the cancer pathways.

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| Version: | 5.0 |
| Date Issued: | 30 April 2024 |
| Review Date: | 01 May 2027 |
| Target Audience: | All Trust staff |
| Key Words & Phrases: | Cancer, access |

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1. INTRODUCTION

- 1.1 Frimley Health NHS Foundation Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
- 1.2 This policy describes how the Trust manages waiting times for patients with suspected and confirmed cancer, to ensure that such patients are diagnosed and treated as rapidly as possible and within the national waiting times standards.

2. SCOPE OF THE POLICY

This policy is consistent with the latest version of the Department of Health's [Cancer Waiting Times Guide](#) v12.0 and includes national dataset requirements for both waiting times and clinical datasets.

Patients excluded from this policy are those as outlined in the above document:

3. DEFINITIONS / ABBREVIATIONS

| Term | Definition |
|-------------------------------|--|
| 28D Faster Diagnosis Standard | Receipt of urgent referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of urgent referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer |
| 31-day pathway | From Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer |
| 62-day pathway | From receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer |

| Term | Definition |
|-------------------|---|
| Active monitoring | Where a clinical decision is made to start a period of monitoring in secondary care, in agreement with the patient, without clinical intervention or diagnostic procedures. |
| Breach | A pathway which ends when a patient is informed of their diagnosis outside the 28-day faster diagnosis |

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| | standard or treated outside of the 62-day referral to treatment and/or 31-day decision to treat to treatment target times. |
| First definitive treatment | A first definitive treatment (FDT) is defined as the start of the treatment aimed at removing or eradicating the cancer completely or at reducing tumour bulk. |

| Term | Definition |
|-------------|---|
| CNS | Clinical nurse specialists: use their knowledge of cancer and treatment to co-ordinate the patient's care plan and act as the patient's 'keyworker'. |
| DNA | Did not attend patients who give no prior notice of their non-attendance. If the patient turns up in a condition where it is not possible to carry out the required procedure. If the patient arrives after the scheduled appointment time and it is not possible to fit them in (e.g. fully booked) or there is not enough time left to carry out the planned procedure/tests in the remainder of the session. |
| DTT | Decision to treat (date): the date on which the clinician communicates the treatment options to the patient and the patient agrees to a treatment. |
| ECAD | Earliest clinically appropriate date that it is clinically appropriate for an activity to take place. ECAD is only applicable to subsequent treatments. |
| E-RS | (National) E-Referral Service |
| EPIC | Trusts Electronic Patient Record System |
| GDP | General dental practitioner (GDP): typically leads a team of dental care professionals (DCPs) and treats a wide range of patients, from children to the elderly. |
| GP | General practitioner: a physician whose practice consists of providing ongoing care covering a variety of medical problems in patients of all ages, often including referral to appropriate specialists. |
| MDT meeting | A multidisciplinary team meeting where individual patients care plans are discussed and agreed. |

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| MDT | Multidisciplinary team: here describing a group of doctors and other health professionals with expertise in a specific cancer, who together discuss and manage an individual patient's care. |
| MDT coordinator | Person with responsibility for tracking patients, liaising with clinical and clinical assessment unit staff to ensure progress on the cancer pathway, attending the weekly patient tracking list (PTL) meeting, updating the Trust database for cancer pathway patients and assisting with pathway reviews and changes. Also, co-ordinates the MDT meeting. |
| PTL | Patient tracking list: a complex spreadsheet used to ensure that cancer waiting times standards are met by identifying all patients on 62-day pathways and tracking their progress towards the 62- or 31-day or 28D standards. |
| RTT | Referral to treatment |
| TCI | To come in (date). The date of admission for an elective surgical procedure or operation. |

4. PURPOSE OF THE POLICY

As defined in the NHS Constitution, patients have the right to expect to be seen and treated within national operational standards ensuring timely diagnosis and treatment, equity of care and patient choice.

Patients will, wherever possible, be offered dates for appointment or treatment in chronological order, based on the number of days remaining on their cancer pathway, unless there are clinical exceptions.

Wherever possible, patients will be given reasonable notice and choice of appointments and admission dates as defined within the policy.

Accurate data on the Trust's performance against the national cancer waiting times is recorded in the cancer register and reported to the National Cancer Waiting Times Database within nationally predetermined timescales.

5. THE POLICY

5.1 Cancer waiting times standards

Table 1 outlines the key cancer waiting times standards that the Trust must comply with.

Key cancer waiting time standards

| | |
|---|-----|
| Maximum 28 days from: Receipt of urgent referral for suspected cancer, receipt of urgent referral from a cancer screening programme (breast, bowel, cervical), and receipt of urgent referral of any patient with breast symptoms (where cancer not suspected), to the date the patient is informed of a diagnosis or ruling out of cancer. | 75% |
| Maximum one month (31 days) from: From Decision To Treat/Earliest Clinically Appropriate Date to Treatment of cancer | 96% |
| Maximum two months (62 days) from: From receipt of an urgent GP (or other referrer) referral for urgent suspected cancer or breast symptomatic referral, or urgent screening referral or consultant upgrade to First Definitive Treatment of cancer | 85% |

5.2 Summary of the cancer rules

Clock starts

28 day

- A 28-day clock starts at the receipt of referral.

62 day

A 62-day cancer clock can start following the below actions:

- urgent suspected cancer referral.
- urgent suspected referral for breast symptoms (where cancer is not suspected)
- a consultant upgrade
- referral from NHS cancer screening programme

31 day

A 31-day cancer clock will start following:

- a DTT for first definitive treatment
- a DTT for subsequent treatment
- an ECAD following a first definitive treatment for cancer.

Note: The Decision to treat (DTT) date is the date the patient agrees a treatment plan, i.e., the date that a consultation between the patient and the clinician took place and a Planned Cancer Treatment was agreed. This is recorded as the CANCER TREATMENT PERIOD START DATE.

If a patient's treatment plan changes, the DTT can be changed, i.e., if a patient had originally agreed to have surgery but then changed their mind and opted for radiotherapy instead.

Clock stops

A 28-day cancer clock will stop following:

- At the point of communication with the patient, whether that is to inform them of a diagnosis of cancer, a ruling out, or if they are going to have treatment before a clinical diagnosis of cancer can be made.
- In a case where a patient is ordered an interval scan.

A 62-day cancer clock will stop following:

- delivery of first definitive treatment
- placing a patient with a confirmed cancer diagnosis onto active monitoring, in accordance with Cancer Waiting Times v12.0.

Removals from the 62-day pathway (not reported):

- deciding not to treat
- a patient declining all diagnostic tests
- confirmation of a non-malignant diagnosis.

A 31-day cancer clock will stop following:

- delivery of first definitive treatment
- placing a patient with a confirmed cancer diagnosis onto active monitoring
- confirmation of a non-malignant diagnosis.

For a more detailed breakdown of the cancer rules please read the latest v12.0.

<https://www.england.nhs.uk/wp-content/uploads/2023/08/PRN00654-national-cancer-waiting-times-monitoring-dataset-guidance-v12.pdf>

Note: In some cases where a cancer clock stops the 18-week RTT clock will continue, i.e., confirmation of a non-malignant diagnosis.

GP/GDP Urgent Suspected Cancer (USC) referrals

All Urgent Suspected Cancer referrals should be referred by the GP/GDP on the relevant FHFT cancer proforma and submitted via eRS (except for HMP / MOD referrals which continue to be received via letter/email).

Day 0 is the date the referral was received.

In line with the Trust redirection policy Urgent Suspected Cancer referrals will be redirected back to the referrer (via eRS) if:

- the suspected cancer pathway guidelines (NICE NG12) are not met.
- relevant blood results and investigation results are not provided and an appointment for a blood test within 3 working days of referral is not present on the referral form.
- if the referral is inappropriate or incomplete with insufficient information to proceed on the suspected cancer pathway.

Urgent Suspected Cancer referrals received inadvertently by the Trust which are meant for another Trust will also be returned in this way.

Urgent Suspected Cancer referrals received by a route other than eRS should not be rejected in the interests of patient safety, as outlined in Cancer Waiting Times v12.0.

Downgrading Urgent Suspected Cancer referrals.

The Trust cannot downgrade Urgent Suspected Cancer referrals. If the consultant believes the referral does not meet the criteria for a Urgent Suspected Cancer referral they will redirect the referral back to the GP (see trust guideline – eRS Redirection Internal Process) with an explanation / advice.

Two referrals on the same day

If two referrals are received on the same day, both referrals must be diagnosed and patient informed within 28 days and, if two primary cancers are diagnosed, treatment for both cancers must start within 62 days of receipt of referral if clinically appropriate.

Patient seen as an emergency prior to being seen following an Urgent Suspected Cancer referral

Where a urgent suspected cancer patient is admitted as an emergency for the same condition (i.e., related to the suspected cancer) before they are seen they should no longer be recorded against the 28-day FDS. The emergency admission is the referral into the system and the 62-day pathway if a consultant or authorised member of their team suspects' cancer and this is the cause of the admission. This would not apply where a patient attends the Emergency Department (ED) and is not admitted. In such a scenario the original clock start would apply.

Screening pathways

The clock start is the receipt of the referral (day 0) which for the individual screening programmes is as follows:

- breast: receipt of referral for further assessment (i.e., not back to routine recall)
- bowel: receipt of referral for an appointment to discuss suitability for colonoscopy with a specialist screening practitioner (SSP)
- cervical: receipt of referral for an appointment at colposcopy clinic.

Consultant upgrades

Hospital specialists have the right to ensure that patients who are not referred urgently as suspected cancer referrals or through the screening programmes, but who have symptoms or signs indicating a high suspicion of cancer, are managed on the 62-day pathway. This can be achieved by upgrading the patients onto a 62-day upgrade pathway.

Where a patient is referred to a Cancer Multidisciplinary Team meeting on suspicion of cancer or with a confirmed cancer, the date of this request must be counted as a consultant upgrade unless:

- The patient has already been upgraded on the pathway
- A decision to treat has already been reached for the patient
- The patient has already received their first treatment for cancer, unless a new primary is suspected.
- The patient is on an alternative 62-day pathway – Urgent Suspected Cancer, Breast symptomatic, Urgent Screening or Non-specific symptoms pathway.

Where a patient is discussed at more than one Cancer Multidisciplinary Team meeting, the date of request for the first meeting should be recorded.

The 62-day pathway starts (day 0) from the date the patient is upgraded.

An upgrade is not intended for those who may be suspected of a recurrence.

Who can upgrade patients onto a 62-day pathway?

The specialist team receiving the referral or reviewing the patient or diagnostic result can delegate the responsibility to upgrade the patient. This could be:

- specialist nurse/practitioner, either by triaging the referral form/letter or at nurse led initial clinic.
- specialist registrar either by triaging the referral form/letter or at initial clinic.
- radiologist/histologist/other Trust clinicians on reviewing patients and/or diagnostics.

Responsibilities

The consultant or delegated member of the team upgrading the patient is responsible for informing the MDT co-ordinator that an upgrade has occurred, for the patient to be tracked on the correct pathway.

If a patient has been upgraded to a 62-day pathway this must be communicated with the patient so they understand why they are being upgraded, and the GP should be notified by the upgrading clinician.

Subsequent treatments

If a patient requires any further treatment following their first definitive treatment for cancer (including after a period of active monitoring) they will be monitored against a 31-day subsequent treatment clock. The clock will start following the patient agreeing a treatment plan with their clinician. This will be the decision to treat (DTT) date.

In some circumstances it may be appropriate for the clinician to set an ECAD (earliest clinically available date) which is when a patient needs to recover following their first definitive treatment. When determining an ECAD only patient issues should be considered, not local capacity constraints. The patient must be fully informed and agree to the ECAD. The member of the clinical team liaising with the patient about the treatment in question would set the ECAD. An ECAD can be adjusted but only if the original agreed ECAD has not passed. The 31-day clock start date should be the same as the ECAD date for these patients.

Reasonableness

For patients on a cancer pathway, an offer will be deemed to be reasonable if 48 hours' notice of an appointment/diagnostic test/admission is given.

Waiting-time adjustments

Pauses

The following clock adjustments are allowed on a cancer pathway:

28D FDS:

An adjustment is allowed if a patient does not attend (DNAs) for the allocated appointment time and gives no notice for their initial out-patient appointment / diagnostic clinic that would have been recorded as Date first seen.

Under this adjustment, the clock can be reset from the receipt of the referral to the date upon which either the patient makes contact to re-book their appointment or the date the appointment is re-booked should the patient not directly contact the provider to do so. This period is called the WAITING TIME ADJUSTMENT (FIRST SEEN) and is effectively deducted from the total waiting time.

62-/31-day pathways:

- If a patient declines a 'reasonable' offer of admission for treatment (for both admitted and non-admitted pathways) an adjustment can be applied for the time between the date of the declined appointment (admission date) to the point when the patient can make themselves available for an alternative appointment.

- Where a patient makes themselves unavailable for treatment for a set period of time, then this may mean that offering actual dates which meet the reasonableness criteria would be inappropriate (as the Trust would be offering dates that they know the patient cannot attend). In these circumstances the clock can be paused from the date of the earliest reasonable appointment that the provider would have been able to offer that Patient. The clock would restart when the patient makes themselves available again.
- If a patient requires clinically urgent treatment of another medical condition before treatment for cancer can be given (after a decision to treat the cancer has been made) an adjustment can be applied. In such cases the adjustment would apply from the point at which it is confirmed that a patient needs treatment for the other medical condition, to the point at which after receiving treatment for this condition the patient is deemed clinically fit to commence their cancer treatment.
- Where a patient opts for egg harvesting prior to their cancer treatment, an adjustment can be applied from the point at which the decision is made until eggs are harvested. An adjustment cannot be applied for the period of time taken for the patient to wait to be seen by the egg harvesting service, only from the point at which the patient is seen by the service and agrees to egg harvesting to the point where harvesting takes place.

Any pause must be supported by clear documentation in the cancer management system and EPIC. The Trust will ensure that admission dates offered to the patient will be recorded.

For further information regarding in which situations patient pauses can/cannot be applied, please refer to Cancer Waiting Times v12.0.

Patient cancellations

If the patient gives any prior notice that they cannot attend their appointment, this should be recorded as a cancellation. The Trust will make every effort to reschedule patient appointments at the convenience of the patient. If a patient cancels an appointment the following guidance must be followed.

First appointment cancellations

Urgent Suspected Cancer patients who cancel their first appointment should be offered another appointment as soon as possible from the referral being received.

Subsequent cancellations

Patients who cancel an appointment/investigation date will be offered an alternative date within seven days of the cancelled appointment (no waiting time adjustment will apply).

Multiple cancellations

All patients who are referred on a 62-day GP pathway, screening pathway or breast symptomatic referral who cancel two consecutive appointments (i.e. outpatient, diagnostic investigation) will be contacted by an appropriate member of staff to identify any factors that may be stopping the patient attending. Another appointment will be offered if the patient agrees.

Patients can be discharged after multiple (two or more) appointment cancellations if this has been agreed with the patient. However, where a patient has cancelled multiple appointments on a 62-day GP pathway, screening pathway or breast symptomatic referral (i.e., outpatient, diagnostic investigation), an appropriate member of staff will contact the patient to identify any factors that may be stopping the patient attending and another appointment will be offered if the patient agrees.

Patient DNAs

Patients will be recorded as a DNA if they do not turn up to a clinic or diagnostic appointment, cancel on the day, turn up late or turn up in a condition where it is not possible for the Trust cannot carry out the required procedure: for example, if they have not taken a preparation they needed to take before the appointment. (This also includes patients who have not complied with appropriate instructions prior to an investigation).

First appointment

All patients referred as Urgent Suspected Cancer including, screening, upgrade, and breast symptomatic who DNA their first outpatient appointment should be offered an alternative date within 14 days of the DNA.

A waiting-time adjustment applies from receipt of referral to the date the patient makes contact to rearrange the appointment and all details must be recorded on the cancer management system.

If a patient DNAs their first appointment for a second time they will be escalated to the consultant in clinic for a decision on the next step which may include discharge back to the GP.

Subsequent appointments

If a patient DNAs any subsequent appointment they should be escalated to the consultant in clinic for a decision on the next step which may include discharge back to the GP.

Patients who are uncontactable

Where a patient cannot be reached by the initial phone call, three further attempts on different days at different times (ideally one out of hours) should be made to contact the patient. A record of the time and date of the call to them in the 'additional information' section on EPIC should be made at the time of the call.

If the patient still cannot be reached a letter should be sent giving the patient three weeks to make contact to book their appointment. If the patient does not make contact within those three weeks, they will be returned to their referrer.

Patients who are unavailable

If a patient indicates they will be unavailable for 28 days or more on their pathway after their first appointment, the patient's healthcare records will be reviewed by the managing clinician to ascertain if the delay is safe for the patient. If the clinician has any concern over the delay, they will contact the patient to discuss if they can make themselves available. Patients will not be discharged if they make themselves unavailable.

Diagnostics

The Trust will maintain a 10-day target for all diagnostic 'straight to tests' from date receipt of referral (day 0) for patients on a cancer pathway, and a 7-day turnaround for all subsequent diagnostic tests on a patient's 62-/31- day pathway.

Refusal of a diagnostic test

If a patient refuses a diagnostic test, the refusal will be escalated to the managing clinician to discuss with the patient. If the patient refuses all diagnostic tests, they will be removed from the cancer pathway and discharged back to their GP.

Managing the transfer of private patients

If a patient decides to have any appointment in a private setting, they will remove themselves from the cancer pathway.

If a patient transfers from a private provider onto an NHS waiting list, they will need to be upgraded if they have not made a DTT and the consultant wants them to be managed against the 62-day target. If a DTT has been made in a private setting the 31-day clock will start on the day the referral was received by the Trust.

Tertiary referrals

Process

Inter provider transfer (IPT) forms will be used for all outbound referrals for patients on a cancer pathway.

Where possible, information will be transferred between Trusts electronically.

Transfers will be completed via a named NHS contact.

A minimum dataset and all relevant diagnostic test results and images will be provided when the patient is referred.

Tertiary Breach reallocation

The reallocation of tertiary referral breaches between referring and receiving tertiary Trust / Trusts will be managed in accordance with national guidance (and locally agreed network guidance).

Entering patients on the tracking pathway

Urgent Suspected Cancers: GP/GDP referrals

On receipt of an Urgent Suspected referral from a GP/general dental practitioner, the cancer office will record the referral (including known adjustments, referring symptoms and first appointment) onto the cancer management system within 24 working hours of receiving the referral.

The MDT co-ordinators are responsible for confirming a patient's attendance at the first appointment and recording the outcome, checking all dates are correct and that DNAs/breach reasons are entered correctly.

Suspected cancers: screening patients

Patients referred via the screening programmes will be entered onto the Trust's cancer register within 1 working day of receiving notification of the referral.

Suspected cancers: consultant upgrades

Once notified, the cancer office will be responsible for entering the patients details onto the cancer register and will begin tracking of the pathway.

Suspected/confirmed cancers (31-day patients)

Patients not referred via an Urgent Suspected Cancer/screening/consultant upgrade referral should not be entered onto the cancer management system until they have a confirmed cancer diagnosis. The only exception is patients with suspected cancer who are being discussed at an MDT meeting.

Once a patient has been diagnosed with an incidental finding of a new cancer or a recurrence, a record should be entered in the cancer management system, selecting the appropriate cancer status (by the MDT co-ordinator) within 1 working day of being notified.

Confirmed cancers

The MDT co-ordinator is responsible for ensuring a patient with a newly diagnosed cancer has a record entered onto the cancer register and for keeping that record updated in accordance with Cancer Waiting Times v12.0.

6. DUTIES / ORGANISATIONAL STRUCTURE

- 6.1 The **Chief Executive** is ultimately accountable for this policy document.
- 6.2 The nominated Executive Director is the **Chief Operating Officer** who has lead responsibility for the implementation of the policy.
 - 6.2.1 The Executive Director may, where appropriate, delegate responsibility for a policy to an Implementation Lead or Authorised Individual. The Implementation Lead for this policy is the **Cancer Services Manager**.
- 6.3 The Committee responsible for approving and oversight of compliance / monitoring of this policy is the **Planned Care Board**.
- 6.4 The **FHFT Trust Cancer Board** is responsible for monitoring compliance and trust performance in relation to this policy.
- 6.5 **Trust lead cancer clinician:** Responsible for ensuring high standards of cancer clinical care across the organisation in a timely manner, leading the development of the cancer strategy.
- 6.6 **Trust cancer lead nurse:** Responsible for development of the cancer nursing strategy with professional line management responsibility for the Trust's cancer clinical nurse specialists.
- 6.7 **Cancer Services Manager:** Responsible for the monitoring cancer performance and for ensuring the clinical directorate delivers the activity required to meet the cancer waiting time standards.
- 6.8 **Multi-disciplinary team clinical leads:** Responsible for ensuring clinical pathways are designed to deliver treatment within 62 days of referral. Responsible for reviewing the outputs of any breach route cause analysis to develop actions to resolve any delays to patients.
- 6.9 **Associate Directors of Operations:** Responsible for the monitoring of performance in the delivery of the cancer standards and for ensuring the specialties deliver the activity required to meet the waiting list standards. They are also responsible for ensuring adequate capacity is available. In addition to this, they are

responsible for evaluating the impact of any process or service changes on 28, 62- or 31-day pathways.

- 6.10 **Hospital consultants:** Shared responsibility with their general managers for managing their patients' waiting times in accordance with the maximum guaranteed waiting time.
- 6.11 **Clinical nurse specialists:** Shared responsibility with their consultants and general managers for managing their patients' waiting times in accordance with the maximum guaranteed waiting time.
- 6.12 **Cancer informatics team:** Responsible for administering data required for managing and reporting cancer waiting times, activity, and cancer outcomes. They also ensure there is a robust standard operating procedure for the external reporting of performance.
- 6.13 **Cancer performance managers:** Responsible for the monitoring of performance in the delivery of the 28-day, 31-day and 62-day standards and escalating where required.
- 6.14 **Booking teams (those designated to make Urgent Suspected Cancer outpatient appointments):** Responsible for receiving Urgent Suspected Cancer and breast symptom outpatient referrals and ensuring they are managed to comply with the cancer access policy and in line with their job descriptions.
- 6.15 **Waiting list clerks/medical secretaries:** Responsible for ensuring waiting lists are managed to comply with this policy and procedure document and in line with their job descriptions.
- 6.16 **MDT co-ordinators and Team Leaders:** Responsible for monitoring the cancer pathway for patients following the first attendance, ensuring it is managed in line with this policy and assisting in the proactive management of patient pathways on EPIC and the cancer management system.
- 6.17 **All staff (to whom this document applies)**
All staff have a duty to comply fully with this policy/procedure and are responsible for ensuring they attend all relevant training offered.

All staff are responsible for bringing this policy to the attention of any person not complying with it.

All staff will ensure any data created, edited, used, or recorded on the Trust's IT systems in their area of responsibility is accurate and recorded in accordance with this policy and other Trust policies relating to collection, storage and use of data to maintain the highest standards of data quality and maintain patient confidentiality.

All Urgent Suspected Cancer patient referrals, diagnostics, treatment episodes and waiting lists must be managed on the Trust's systems. All information relating to patient activity must be recorded accurately and in a timely manner.

7. RAISING AWARENESS / IMPLEMENTATION / TRAINING

Local operational policies provide a framework for the induction, training, and day to day management of the Cancer Services Teams and specialist cancer team. These include the approach to auditing data quality and accuracy, to ensure MDT coordinators are effectively supported, and have sufficient dedicated capacity to fulfil the function effectively.

8. MONITORING COMPLIANCE OF POLICY

Compliance will be monitored and reported internally via the Trust Performance Management framework and in accordance with National Cancer Waiting Times Guidance CWT Guidance reported externally through the Cancer Waiting Times Portal (NHS Digital).

The cancer information team also run a weekly programme of audits for data completeness and data anomalies. Any data anomalies are highlighted to the relevant tumour site MDT co-ordinator for investigations and correction.

Additional monitoring of compliance will be via the Cancer Unit Steering Group (CUSG) and Cancer Board Meetings held bi-monthly and quarterly respectively

9. REFERENCES

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FULL VERSION CONTROL

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| Version: | 5.0 |
| Role of Policy Lead: | Cancer Services Manager |
| Role of Executive Lead: | Chief Operating Officer |
| Date Approved by Executive Lead: | 26 April 2024 |
| Name of Professional Approving Group: | Planned Care Board |
| Date Approved by Professional Approving Group: | 25 April 2024 |
| Date Ratified by Trust Management Board: | 26 April 2024 |
| Date Issued: | 30 April 2024 |
| Review Date: | 01 May 2027 |
| Pharmaceutical dosing advice and formulary compliance checked by: | N/A |
| Library evidence/reference check completed: | 28 March 2024 |
| Equality Impact Analysis completed: | Dec 2021 |
| Target Audience: | All Trust staff |
| Key Words & Phrases: | Cancer, access |

Version History

| Version | Date | Policy Lead | Status | Comment |
|----------------|---------------|-----------------------------|---------------|---|
| 3.0 | Oct 2018 | Cancer Services Manager | Final | |
| 3.1 | July 2021 | Cancer Services Manager | Draft | Review and update in line with due date |
| 4.0 | February 2022 | Policy & Guidelines Manager | Final | Approved at SLC 02/02/2022 |
| 4.1 | March 2024 | | DRAFT | Scheduled review |
| 5.0 | April 2024 | Cancer Services Manager | Final | Ratified by Trust Management Board |

Document Location

| Document Type | Location |
|----------------------|---|
| Electronic | FHFT Intranet and https://www.fhft.nhs.uk/gps/gp-centre/referrals/ |

Related Document

| Document Type | Document Name |
|----------------------|------------------------------------|
| Guideline | eRS Redirection – Internal process |