

Cancer Two Week Waits and Service during COVID 19

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Impacts of Pandemic

- Re-deployment of cancer teams to treat COVID patients.
- Staff sickness and self isolation further depleted teams.
- Need for safer environments to deliver cancer therapies and investigations
- Changes in primary care resulting in decreased referrals and less attendance for face to face appointments.
- Suspension of screening services
- Less A&E attendance where 10% of cancers are diagnosed.

Suspension of screening

- Cervical, breast and bowel screening invites were stopped as screening teams were re deployed and some investigations were considered high risk.
- Back log of e.g positive bowel screening tests to work through before service can fully start.
- Endoscopic procedures considered high risk as aerosol generating so all bar emergency cases were cancelled plus less staff to perform the procedures.

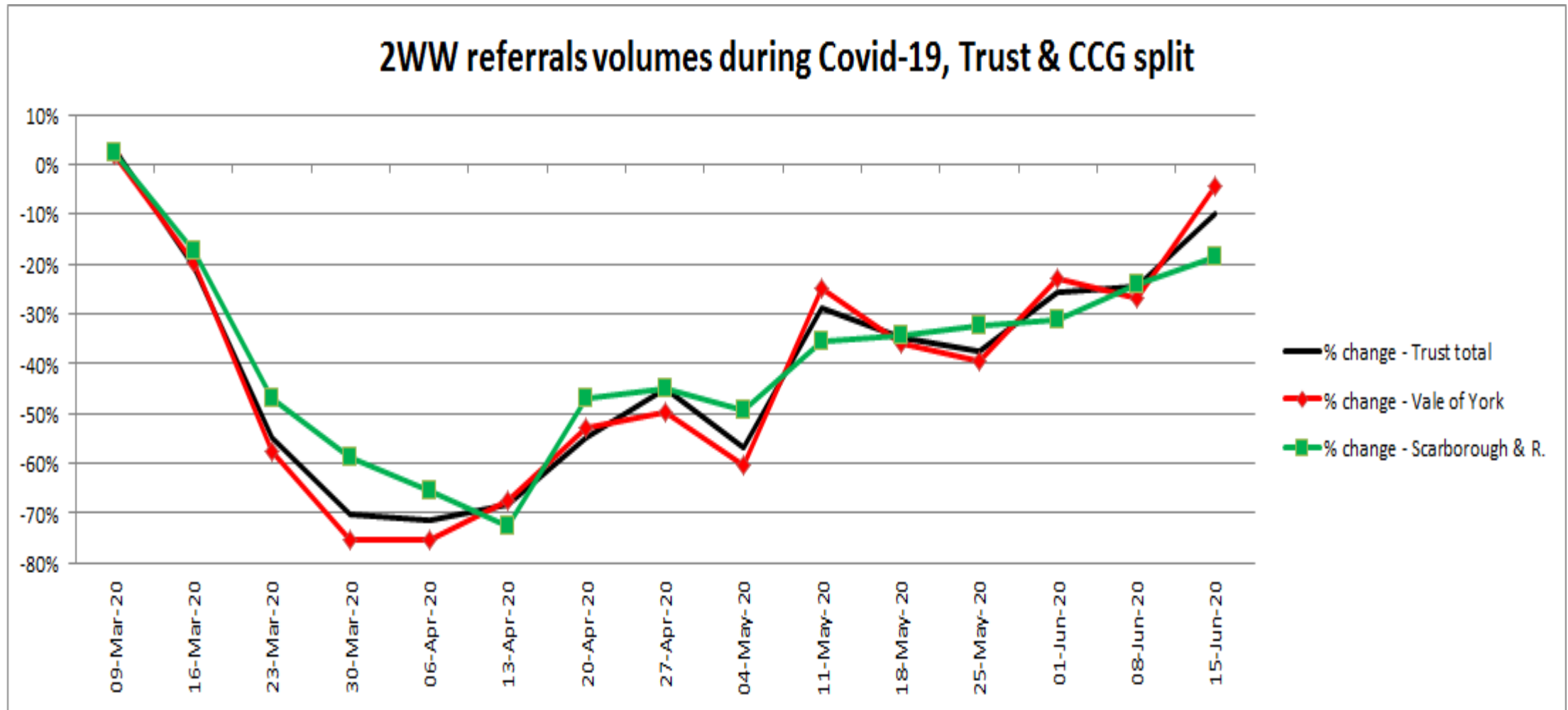
Reduction in access to services

- Less face to face primary care/A&E/Out patients
- Decreased access to phlebotomy
- Difficulties with investigating and accessing endoscopies and scanning.
- Reluctance of patients to attend primary and secondary care
- Shielded patients

Response to pandemic

- Moving all haematology and oncology patients to The Nuffield in York to allow for treatments with social distancing in a safe environment.
- Bigger floor space area has allowed this to be very successful with the physio department screening all who attend.
- Phlebotomy also moved here.
- The development of cold and hot scanners and investigative suites.
- Reassurance to the public. General Practice is still open, tests and scans can be done very safely at the hospital. Trips for scan are probably as safe as going to the supermarket.

Reduction in 2 week wait referrals



Two week wait referrals by VOYCCG practice

CCG and Practice	09-Mar-20	16-Mar-20	23-Mar-20	30-Mar-20	06-Apr-20	13-Apr-20	20-Apr-20	27-Apr-20	04-May-20	11-May-20	18-May-20	25-May-20	01-Jun-20	08-Jun-20	15-Jun-20	Total
03Q - Vale of York	265	209	110	64	64	85	123	131	103	195	167	157	200	190	249	2312
Beech Tree Surgery	16	13		3	3	4	10	6	6	15	12	6	5	13	10	122
Dalton Terrace Surgery	3	6	2		1	5	3	3	3	6	3	4	2	6	7	54
East Parade	2	1	1					1		1		1	1		2	12
Elvington Medical Practice	6	10	4	2	2		2	4	1	8	6	2	4	7	6	64
Escrick Surgery	9	6	6	2	4	1	4	1	1	10	2	3	6	2	4	61
Front Street Surgery	6	4	6		2	6	1	3	1	5	1	6	4	6	8	59
Haxby Group Practice	29	23	10	10	7	12	10	11	14	21	17	24	27	23	37	275
Helmsley Surgery	6	1	1	1				3		2	4	2	2	4	2	28
Jorvik Gillygate Practice	11	12	14	2	5	4	6	8	6	14	11	14	7	8	11	133
Kirkbymoorside Surgery	6	1	5	2	1		2	2	1	6	4	3	6	5	4	48
Millfield Surgery	9	7			4	2	2	3	2	4	2	2	4	2	7	50
My Health	20	7	3	4	7	2	7	8	7	8	9	9	12	10	17	130
Pickering Medical Practice	6	5	2	2	2	3	3	5	2	5	3	7	7	4	5	61
Pocklington Group Practice	15	7	1	6	3	2	5	10	2	6	11	4	11	5	9	97
Posterngate Surgery	5	14	4	3	2	3	10	4	5	6	9	9	7	5	9	95
Priory Medical Group	44	34	20	6	5	16	21	27	16	37	24	31	36	35	39	391
Scott Road Medical Centre	6	5	2	1	1	1	5	3	6	2	6	2	8	9	9	66
Sherburn Group Practice	6	8	1	1	2		1	4	6	3	5	1	3	1	5	47
South Milford Surgery	6	7	5	1			2	2		4	5	2	7	4	3	51
Stillington Surgery	3	2	1	1		1			1	5		3	1	2	2	22
Tadcaster Medical Centre	4	4	3	2	3	4	4	5	3	6	7	5	7	3	3	63
Terrington Surgery			1			1		1	2	1				3	3	12
The Old School Medical Practice	5	6	3	3		5	4	1	2	4	5	3	8	6	6	61
Tollerton Surgery	2	1	1	1	1	1	2	3	1	2	1		3	3	4	26
Unity Health	8	4	4			4	3	1	3	1	4	3	7	7	5	54
York Medical Group	32	21	10	11	9	3	16	12	12	13	16	11	15	17	32	230

2WW referrals by pathway

Referral Type (All)

Count of Is Current CCG and Practice	Column Labels															Total
	09-Mar-20	16-Mar-20	23-Mar-20	30-Mar-20	06-Apr-20	13-Apr-20	20-Apr-20	27-Apr-20	04-May-20	11-May-20	18-May-20	25-May-20	01-Jun-20	08-Jun-20	15-Jun-20	
Breast	71	67	37	25	32	40	50	46	49	73	70	46	58	71	83	818
Colorectal / Lower GI	105	63	45	17	22	20	29	46	40	62	61	71	69	75	91	816
Gynaecological	27	20	14	9	10	10	13	16	12	21	16	17	20	16	21	242
Haematological	2	2		1				1	1	3	1	1	4	1	2	19
Head & Neck	44	27	19	16	12	17	19	17	12	17	24	35	32	31	36	358
Lung	13	8	5	10	3	6	4	6	7	11	2	4	12	5	9	105
Not recorded		1													1	2
Other Cancers		2			1	1			1	3	1	1		3		13
Skin	75	73	26	13	17	7	37	39	21	49	42	39	49	44	64	595
Upper GI	30	19	10	12	6	8	11	25	10	22	23	16	24	29	25	270
Urological	45	35	24	16	11	18	18	24	20	23	21	20	28	27	27	357
Total	412	317	180	119	114	127	181	220	173	284	261	250	296	302	359	3595

Cancer Site	Total received: Mon 16-Mar to Sun 14-Jun	Total expected	Shortfall in referrals	% Shortfall in referrals
Breast (FT & SB)	747	1199	452	38%
Colorectal / Lower GI	709	1359	650	48%
Gynaecological	215	348	133	38%
Haematological	17	31	14	45%
Head & Neck	314	594	280	47%
Lung	92	149	57	38%
Other Cancers	13	24	11	46%
Skin	520	934	414	44%
Upper GI	241	404	163	40%
Urological	312	535	223	42%
Total	3,180	5,577	2,397	43%

Factors in reduced numbers

- Less face to face primary care.
- Patients not attended with symptoms.
- Patients not wanting to bother the doctor as they are busy.
- Patients wary of attending primary care for risk of Covid.
- Less phlebotomy or wait for tests has seen reduction in haematology referrals.
- Less Chest referrals as symptoms similar to Covid symptoms.
- Harder access to CXR (though still available).
- Reluctance of some patients to be referred.

Recovery 1

- Screening
- Cervical screening test requests restarted 6 6 2020
- Bowel screening colonoscopies of FIT positive screening tests restarting June 2020
- Breast screening looking to restart mammography once risk assessment of mobile and static sites done.
- AAA screening keen to start but looking for venues (less access to primary care rooms)

Recovery 2

- As you will see numbers of two week wait are improving
- Some pathways are harder than others to start particularly those involving aerosol producing procedures. EBUS, Endoscopy and Colonoscopy
- Most referrals are being triaged on some pathways which lessons are being learnt from.
- STT in colorectal helping BUT NEED MOST HELP WITH THIS PATHWAY.

Recovery 3

- Once cancer diagnosed operations are harder to arrange as patients need covid tests and then isolation before theatre.
- Some patients are not turning up to appointments, declining investigations or even treatment.
- Some Patients can't afford to self isolate

How can FIT help with lower GI referrals

- Nationally, as of 14 May, there were 1 million people on a waiting list for endoscopy with the list increasing by 100,000 per week.
- As of 22/4 there were a total of 15,872 patients waiting for endoscopy procedures across HCV.
- At York, the waiting list for 2ww has doubled over the last 6 weeks and 63% of people on the list are waiting for a colonoscopy.
- Due to the precautions that need to be taken to ensure safety, even as endoscopy services begin to open up, they will not be running at full capacity, with many services predicting an ability to manage circa 50% of usual activity for the remainder of this year. This compromises ability to clear the existing backlog and to open up services to increasing numbers of elective patients during phase 3.
- We are now at the critical stage where we need to align national guidance and recommendations with local delivery structures via a single agreed process for 2ww and FIT.

How can FIT help with lower GI referrals

- Pilot is proposed across The Cancer Alliance.
- Patients currently referred are being sent FIT tests by the hospital.
- In York the proposal is for primary care to order a FIT test at the same time of 2ww referral. I believe we are better placed to explain the test and improve the chance of it being returned successfully. **It should not delay that referral.**
- The STT process is already up and running. This means that surgeons can triage the referral based on history bloods (FBC, U&E's ferritin and CRP) and FIT test.
- This is a pilot to aid risk stratification of referrals. FIT has a numerical value the higher the result the higher the risk of colorectal cancer.
- In patients with a FIT <10 and a normal Full Blood Count, a patient will have a very low risk of colorectal cancer (0.2% observed within Nottingham service evaluation) and indeed another site cancer may be more likely.

How can FIT help with lower GI referrals

- The responsibility of the result of FIT tests with secondary care
- The cost of the FIT test funded by COVID monies.
- FIT negative tests will still be held by secondary care and further investigation directed by them. They will not be discharged unless investigations complete.
- Beware that there is also a chance that negative FIT tests may miss a colorectal cancer too.
- FIT/Faecal calprotectin study still very important. For patients fitting this criteria this should be used.
- FIT with 2ww is currently a means of helping to quantify risk of those on 2ww referral pathway.
- National guidance has not yet changed.

Actions for Primary Care

- Encourage and reassure patients that you refer on 2WW about the safety of having tests done and what we are trying to achieve
- The need to get back to normal smear taking levels in primary care, and then improve some more.
- Put as much information as you can in your referral letters which aids triage of the referrals to help prioritise the patients.
- Include where you can performance status (an example on the MUO form) and whether they are shielding.
- Document if previously had COVID infection or current symptoms