

NECN - Brain/CNS NSSG

Audit of Waiting Times for Brain/CNS Patients in NECN

April 2010 – March 2011

The scope of the audit :

The purpose of this audit was to determine how long patients wait for each part of the patient pathway from referral to treatment in NECN and to assess whether there is variation between different trusts in the Network.

Methodology

Records for Brain/CNS patients from the Cancer Waiting Times Database were extracted and analysed. This is a retrospective audit based on data for the year 2010/11. By looking at the whole year, it is hoped that the effect of normal seasonal variation is minimized in order to increase robustness of findings.

Anonymised patient records were extracted from Open Exeter which hosts the Cancer Waiting Times database following upload of March 2011 data. This allows analysis at an individual patient level for all trusts in NECN. Data was extracted on a Provider basis, therefore residents in NECN who received treatment at trusts in another network are not considered in this analysis; likewise, patients from outside the network who received treatment in NECN trusts are included in this analysis.

The extract was done at NECN and therefore did not entail further data collection by trusts. This was to ensure that all data was extracted at the same time – the system is a live database and may be updated at any time. For this reason, numbers derived from this analysis may not match exactly period reports produced from the CWT system as these are snapshot reports captured at a particular time and are unaffected by subsequent amendments to the database.

Analysis

Urgent Referral Activity

Urgent Referrals for Suspected Breast Cancer

A total of 84 urgent referrals for suspected Brain/CNS cancers were seen in trusts in NECN during 2010/11. Chart 1 shows distribution of referrals by individual trust.

Chart 1

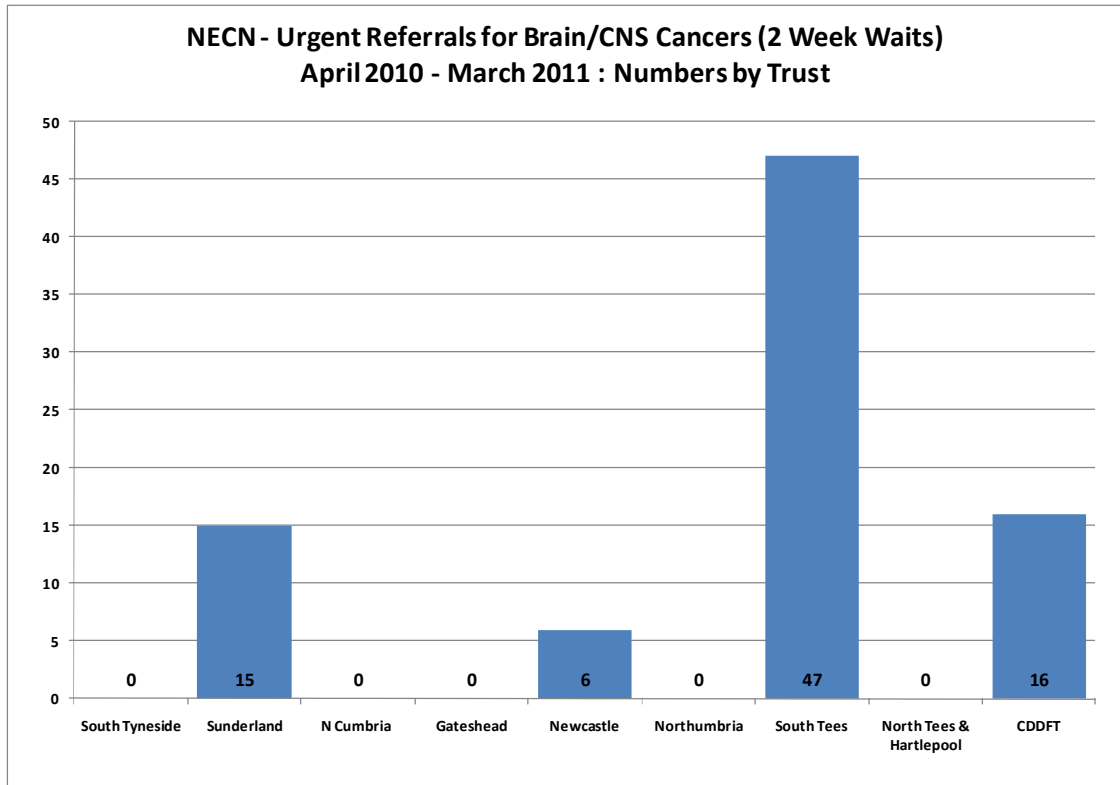
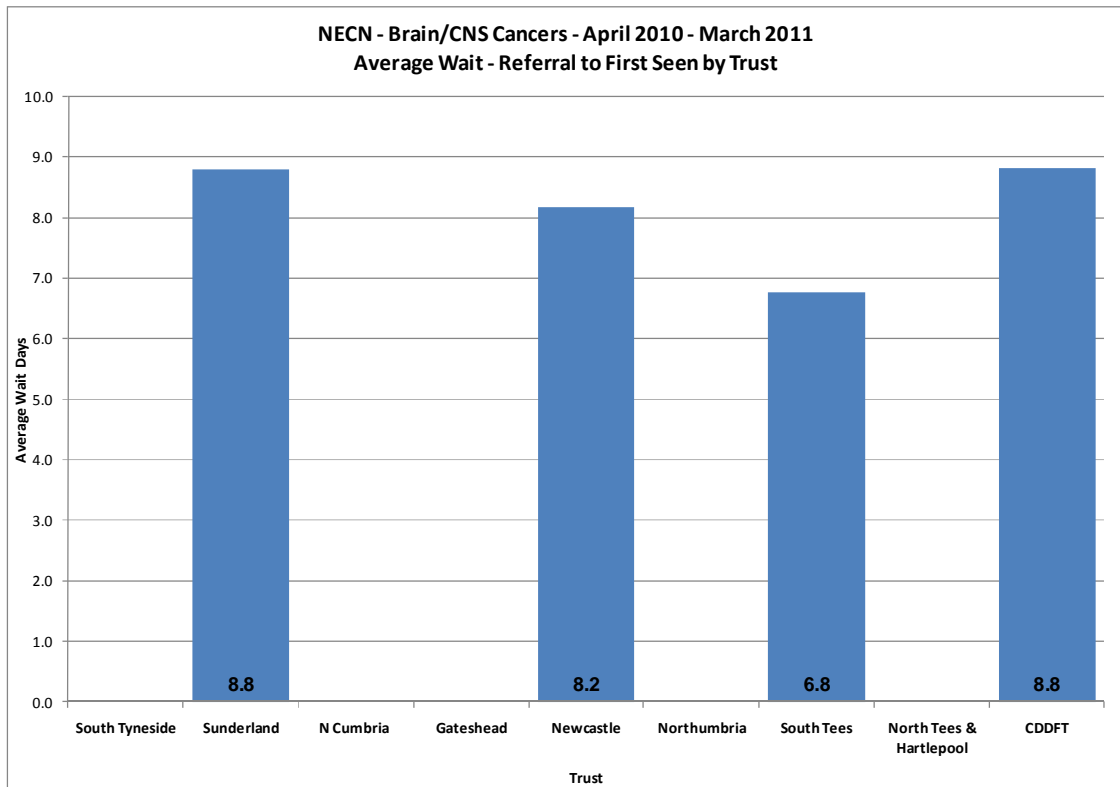


Chart 2



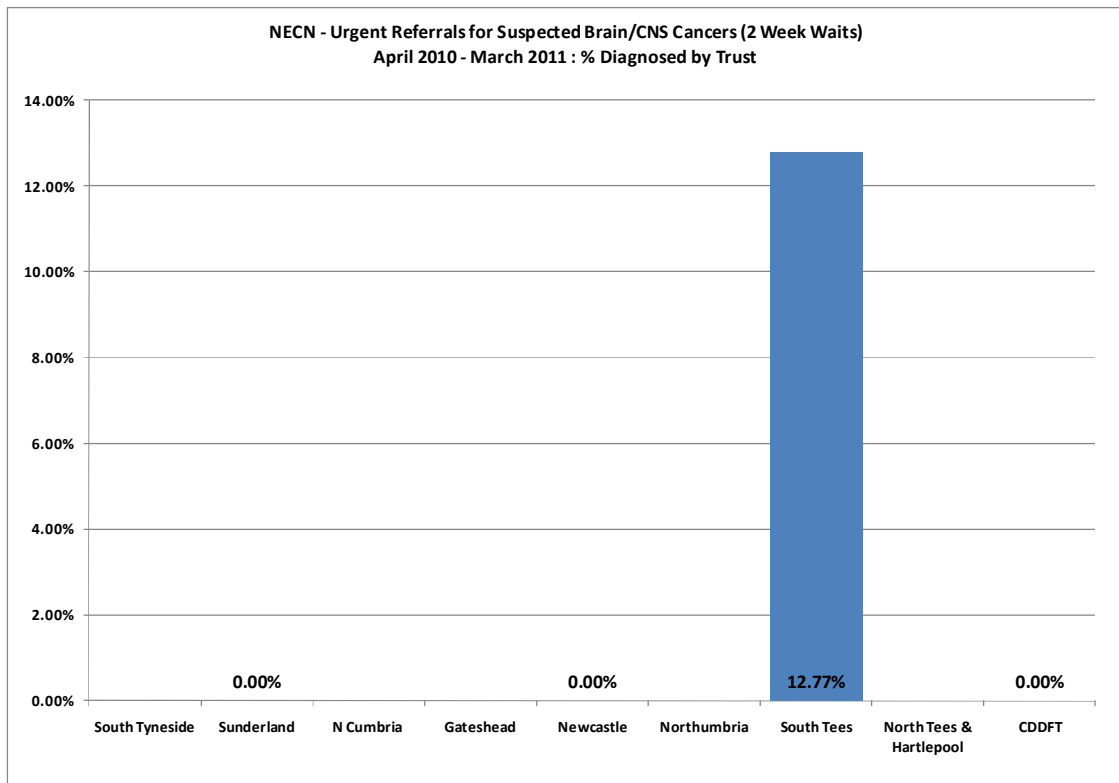
Of these referrals, 97.6% were seen within the target of 14 days which is above the Dept of Health operational standard of 93% for this target. 2 patients breached due to patient choice during the year.

In total these referrals waited a total of 640 days; an average wait of 7.6 days across NECN per referral. For those trusts that received referrals, average waits range from 6.8 days in South Tees to 8.8 days in Sunderland and Co Durham. However number of referrals is very small in each trust which can skew results. Over 55% of referrals (47/84) were seen at South Tees, with just 7% of the total seen at Newcastle.

Cancers diagnosed via 2WW referral.

The chart below shows the proportion of urgent referrals for suspected Brain/CNS cancers which were subsequently diagnosed with cancer, by individual trust. In total just over 7% of referrals resulted in a positive diagnosis of cancer. This number is very small – 6 cases all from South Tees.

Chart 3

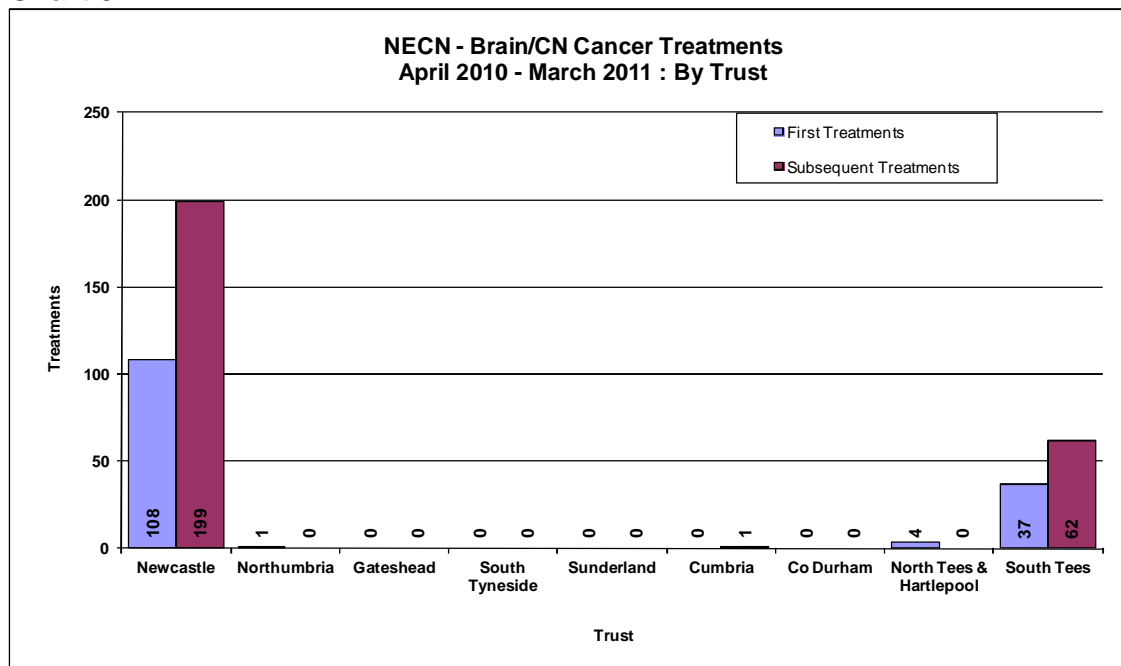


Analysis of Waiting Times at Pathway Points

Of all Brain/CNS referrals seen during the year (84), 6 Brain/CNS cancers were diagnosed – 7.1% of all referrals and 4% of all cases (first treatments used as a proxy for incidence) captured in Cancer Waiting Times.

In total 150 first treatments and 262 subsequent treatments were carried out by trusts in NECN. The chart below shows a breakdown of treatment activity by trust.

Chart 5



Treatments are largely seen in one of the two tertiary centres at Newcastle and South Tees, with very small numbers at other trusts.

Average Waits – Referral to First Seen

7 patients with treatment records included urgent referral data (1 patient referred in as suspected sarcoma) and these patients waited a total of 58 days an average wait of 8.3 days. Average wait for the six patients seen at South Tees are slightly longer than the average for all referrals – but numbers are too small to derive any conclusion from this.

Average Waits – First Seen to Decision to Treat (DTT)

Measuring the time between patients' first clinic attendance and the Decision to Treat date (Cancer Treatment Period Start Date marks the start of the 31 day standard for first and subsequent treatments and will be with the date a patient

agrees a treatment plan, or the earliest clinically appropriate date (ECAD) for subsequent treatment) is an indication of the time taken to arrive at a diagnosis.

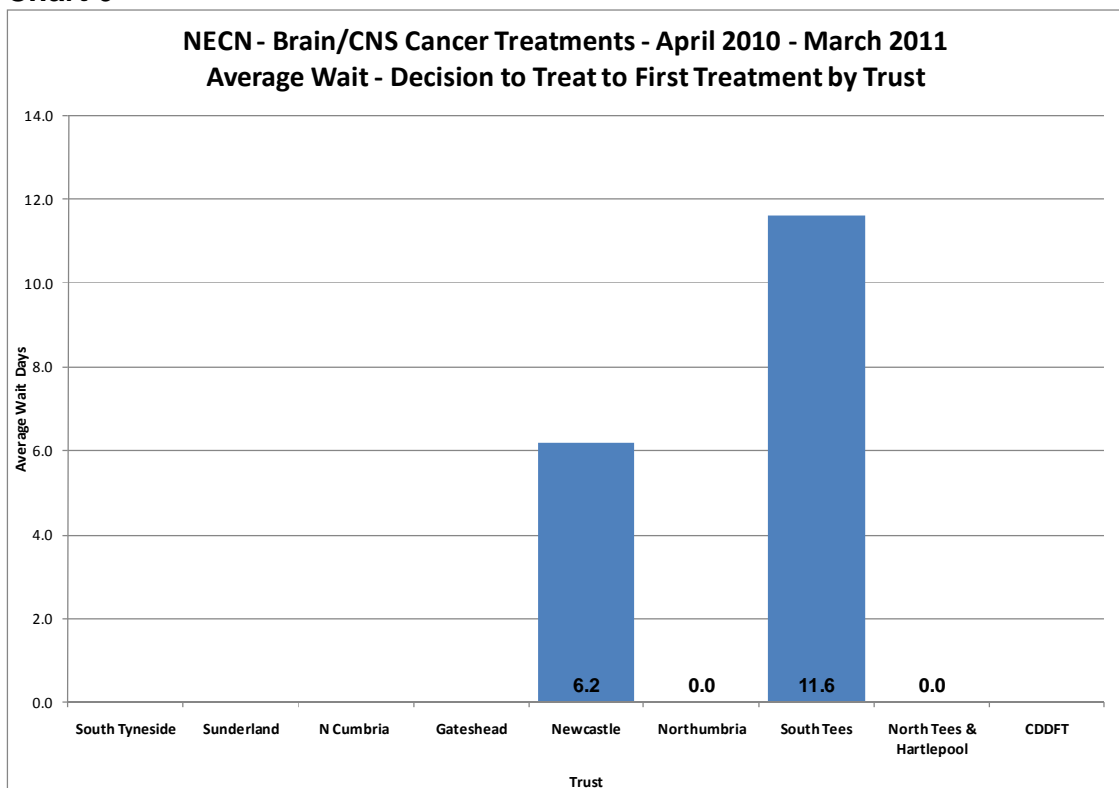
A total of 7 patient records contained date first seen and decision to treat (first treatment) data during the year, with a total wait time of 147 days – an average wait of 21 days per patient. All patients were treated at South Tees.

When this data is looked at according to the treatment the patient went on to receive, 3 patients had surgery and waited on average 6.7 days; 3 patients had radiotherapy and waited on average 35 days and 1 patient waited 20 days and was treated palliatively - these variances may reflect the overall condition of the patient at the time of referral. Numbers are too small to derive any firm conclusions from this.

Average Waits – DTT to First Treatment

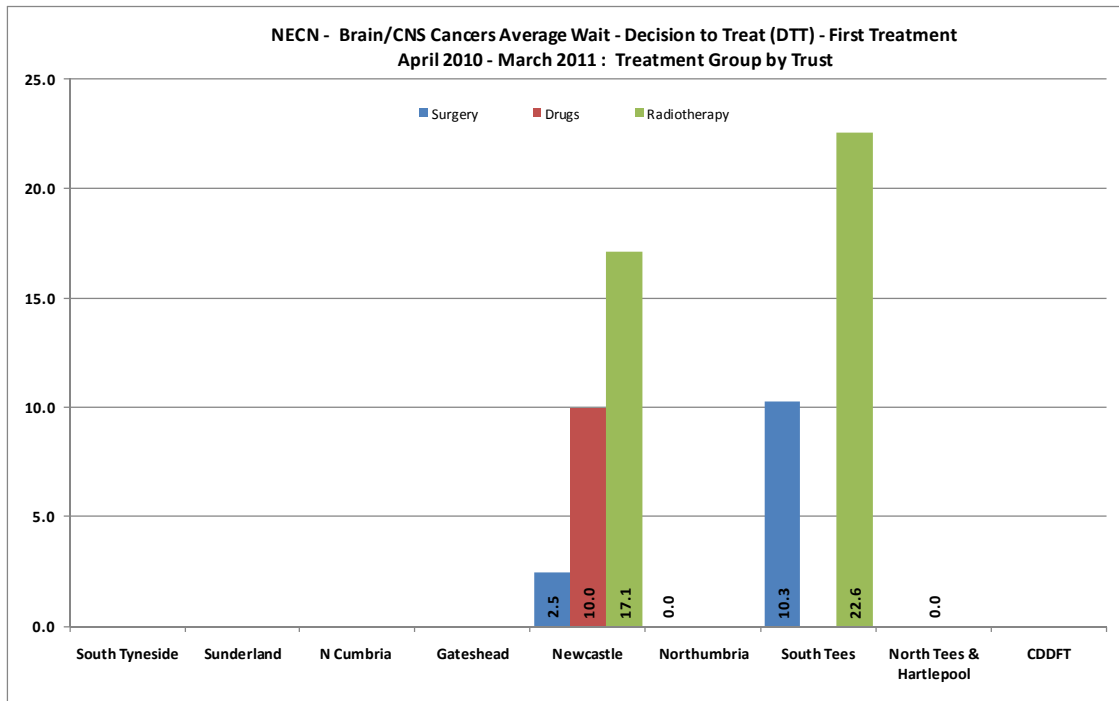
A total of 150 first treatments were carried out by trusts in NECN during 2010/11 with a combined wait time of 1,098 days, an average of 7.3 days per patient. Average waits show a difference of over 5 days between the 2 treatment centres – but numbers at South Tees are much lower than at Newcastle so direct comparison is not possible.

Chart 6



The longest wait for patients in this cohort was 47 days for a single patient and this was due to waiting times for tomotherapy treatment.

Chart 7



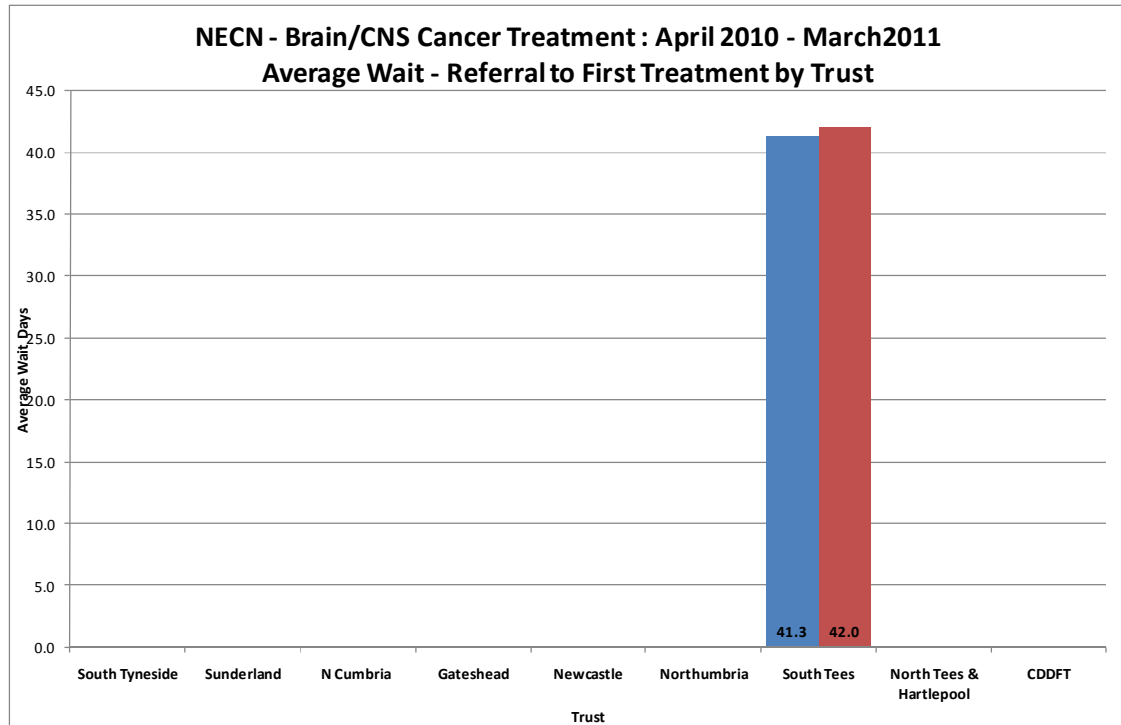
When looking at this activity by treatment modality, there is some variability for average waits for surgery and radiotherapy- with longer waits on average at South Tees, although differences in the volume of patients may be a factor. Both trusts have small numbers of patients who received palliative care and waited zero days to start of treatment.

Average length of pathway

The average length of the 62 day pathway is calculated by combining the elements of the patient pathway from referral to first treatment. For this tumour group only South Tees had patients who were referred via the two week route. The 7 patients waited a total of 294 days, an average wait of 42 days. On Chart 8 the average wait has been calculated in 2 ways. The blue bar is calculated from the total days waited by those patients; the red bar sums the trust average wait for each element of the pathway. There is no difference in the average produced by these two methods and average wait is well below the maximum wait of 62 days.

The maximum wait for patients in this cohort was 91 days for one patient with a complex pathway – and the only breach with all other waits less than 62 days.

Chart 8



Subsequent Treatments

Decision to Treat to Treatment

A total of 262 subsequent treatments were carried out during 2010/11, of these 199 were carried out at Newcastle with 62 treatments at South Tees and 1 radiotherapy treatment carried out at North Cumbria. In total these patients waited 3,557 days from decision to treat date to treatment, an average of 13.6 days across NECN - average waits for each trust are shown on chart 9 below. 2 patients in this cohort waited more than 31 days with a maximum wait of 33 days for this interval.

When looking at this activity by treatment modality Chart 10 shows that average waits for Radiotherapy treatments on average are longer for other treatments, and are broadly in line across the 3 radiotherapy centres. Average waits for Surgery and Drug treatments show some variation between Newcastle and South Tees – but in all cases average waits are well within the 31 day maximum.

Once again it is difficult to draw any conclusion from this due to the difference in treatment volumes between trusts.

Chart 9

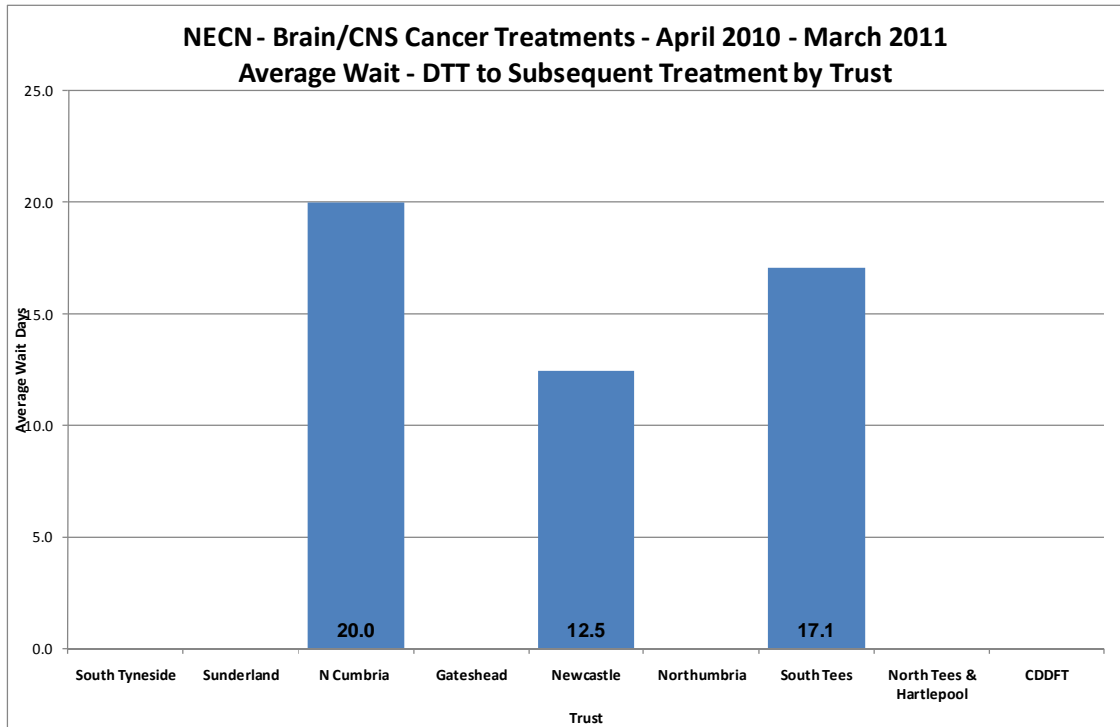
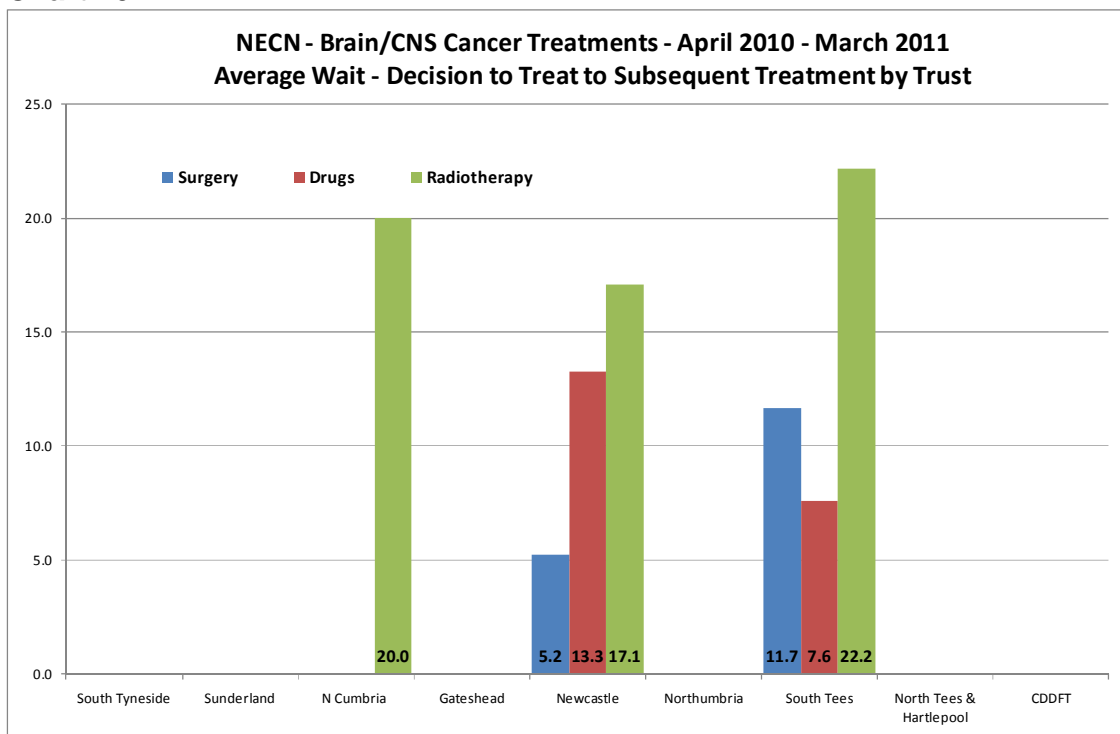


Chart 10



Conclusion

- Average waits in all trusts are below the maximum waits stipulated in cancer waiting times targets
- Although variation in average waits between individual trusts is demonstrated through this analysis, no account is taken of casemix and therefore cannot be confirmed as real variation.

Recommendations

- The Brain/CNS NSSG should consider the results of this audit and agree actions as necessary
- This audit should be repeated annually to verify activity and also to assess impact of interventions.
- Due to the small number of cases in this tumour group, an audit of multiple years activity should be carried out.