LONDON CANCER ALLIANCE LCA

Lung 62 Day Pathway and Straight to CT Resources

December 2015

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1 Introduction

Straight to CT refers to the diagnostic pathway where a patient with suspected lung cancer and an abnormal chest X-ray is clinically triaged straight to CT prior to the first outpatient appointment.

Currently, there is wide variation in the provision of the straight to CT pathway across the acute providers in the LCA. Implementing a robust straight to CT pathway is a priority for the LCA Lung Pathway Group. This work is supported by the 2016/17 pan-London Cancer Commissioning Intentions, which have a contractual requirement for Trusts to implement straight to test.

2 Case for Change

The straight to CT pathway enables patients with suspected lung cancer and an abnormal chest X-ray to be triaged straight to CT rather than to an outpatient appointment. This should ensure that a reported CT is available at the patient's first outpatient appointment, allowing the clinician to make a more timely diagnosis. This will improve patient experience by streamlining the diagnostic pathway and enable more timely diagnosis for onward treatment. Improving the diagnostic pathway and reducing delays in diagnosis will contribute to improving performance against the 2ww and 62 day cancer waiting time standards.

3 Evidence

There is a broad range of evidence supporting the implementation of the straight to CT pathway as the best practice diagnostic pathway for patients with suspected lung cancer.

3.1 National and regional policy

There are a number of national guidelines and performance standards which support the implementation of a straight to CT pathway.

3.1.1 NICE guidance [NG12] June 2015

In June 2015, the National Institute for Health and Care Excellence published *Suspected cancer: recognition and referral guidance*. The guidance provides evidence-based advice on the recognition of and referral for suspected cancer. New recommendations have been added to lower the threshold sensitivity. The guidance will be expected to increase the number of 2ww referrals and consequently the demand on diagnostic services as well as the number of patients needing to be managed across the 62 day pathway.

The NICE guidance recommendations for suspected lung cancer state:

'Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for lung cancer if they:

- have chest X-ray findings that suggest lung cancer or
- are aged 40 and over with unexplained haemoptysis.' [new 2015]

The recommendations also state that GPs can also offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer if they present with two or more of the NICE defined symptoms. These are not 2ww referrals. The full NICE recommendations for suspected lung cancer can be found in Appendix 1.

3.1.2 Cancer waiting times standard performance

Performance against national Cancer Waiting Times (CWT) standards have deteriorated at a national level and London faces significant challenges in achieving the standard. Please see Appendix 2 for CWT data.

In Q1 of 2015/16 the majority of Trusts across the LCA met the 2ww urgent GP referral to first seen but the majority failed to meet the 62 day urgent GP referral to first treatment. Implementing the straight to CT pathway will streamline the diagnostic pathway and support delivery of the cancer waiting times standard. Data show that patients treated for chemotherapy, surgery and radiotherapy do not meet the 62 day standard whilst those on active monitoring and palliative care meet the standard. This will require focused work to improve the pathway of which a major contribution will be through reducing diagnostic delays.

Currently there is variation in performance across the geographical referral areas of north west, south west and south east London, with only south west London meeting the performance standard. It would be important to understand the factors that contribute to the effective pathway to share examples of best practice with the other areas.

3.1.3 Commissioning intentions 2016/17

The 2016/17 commissioning intentions state that:

- All lung cancer services will be commissioned in line with best practice through a timed pathway
- Compliance quality indicators are:
  - CT prior to first OPA – threshold 95%
  - CT scan prior to bronchoscopy – threshold 80%

In order for Trusts to meet these standards they will need to review CT demand and capacity and work with their radiology departments to secure CT slots.

3.2 Local audit

The LCA Lung Pathway Group has undertaken a number of audits across the provider organisations to understand the current diagnostic pathway and the challenges and barriers to meeting the cancer waiting times standards.

3.2.1 LCA snapshot audit – 2ww referrals

King's College Hospital NHS Foundation Trust (PRUH site) undertook a retrospective audit of the quality of 125 consecutive 2ww referrals completed in 2015. Findings showed the quality of referrals varied from fully completed to minimal information (i.e. only patient demographics) and therefore triage becomes challenging. In total, 16.8% of referrals were diagnosed with cancer and 15.2% with lung cancer. The findings are provided in Appendix 3.

Pan London work is already underway to finalise a lung 2ww form that aligns to NICE guidance and includes the information relevant for clinical triage, supported by education and training for GPs.

3.2.2 LCA audit of straight to CT

The LCA Lung Pathway Group carried out a brief LCA-wide audit of the straight to CT pathway for all 2ww referrals seen from 16 February 2015 to 26 February 2015 inclusive. The findings showed significant variation in process across the various sites; access to straight to CT ranged from 0% to 100%.

Detailed findings of the audit can be found in Appendix 4.

Key findings were:

a. For sites seeing 2ww referrals as first referral site (excluding RBHT and RMH) the number of 2ww referrals in the 14 day period ranged from 5 to 31
b. Triage for a CT resulting in CT before first appointment varied from 0% to 100%
c. CT performed and reported before first clinic appointment varied from 33% to 100%
d. Proportion of patients with CT suggestive of cancer varied from 0% to 56%

Service improvement locally will be required to address the operational challenges for those Trusts which are facing challenges implementing the straight to CT pathway.

3.2.3 LCA 62 breach analysis

The LCA undertook a 62 day pathway breach analysis (August 2015). Trusts were asked to report (up to) their last 10 breaches. The purpose of the audit was to identify particular trends and breach themes. Findings showed breaches were varied but the primary theme was access to radiology for CT scans, CT guided biopsies and PET/CT scanning, which accounted for 71% of breaches reported in this audit.

Full details of the audit are provided in Appendix 5.

4 Supporting Work Initiatives

4.1 Identification of appropriate cohort for triage for straight to CT

The 2ww referral should be triaged by an appropriately skilled individual to determine if a CT is required and safe to perform. Patients excluded from straight to CT will fit at least one of the following criteria:

a) Usually it is expected that a CXR showing consolidation would be repeated after an interval of 4-6 weeks. If the CXR remains abnormal then a CT or referral is needed.
b) Have a normal CXR, are under 40 and/or inadequate history provided
c) Cannot be contacted by phone, including history of dementia and no next of kin contact details
d) Have had a recent (6-12 months) CT chest excluding lung malignancy

4.2 LCA 62 day timed pathway

Implementing a timed pathway will enable management teams to track patients and identify where the bottlenecks and breaches occur. Escalation protocols and meetings to review breaches will ensure measures can be taken to rectify pathway problems. Improving compliance against the 62 day pathway is multi-factorial. The LCA Lung 62 Day Timed Pathway is provided in Appendix 6.

Work with other LCA pathway groups has identified the following facilitators and barriers to delivering a timely pathway.

Facilitating factors

- robust tracking supported by data management systems
- dedicated 2ww diagnostic clinics
- multi-professional team approach with systemised patient review
- robust timed pathway escalation protocols and processes
- robust communications
  - with internal departments
  - externally between units/centres
  - 2ww central point of communication

Barriers

- diagnostic capacity
- primary care factors

5 Recommendations

LCA Lung Pathway Group recommends:

- All provider organisations implement a straight to CT pathway for patients referred by their GP as a 2 week wait suspected lung cancer and with an abnormal chest X-ray
- Lung MDTs use the evidence provided in this document and work with senior managers to implement the straight to CT pathway as a priority to improve patient experience and improve performance against CWT standards.
- Trusts undertake an analysis of demand and capacity to estimate the required weekly number of CT slots that will be required
- All provider organisations to implement the LCA lung 62 day pathway
- Examples of best practice at provider organisation are identified and are shared across the system.

Appendix 1: NICE Guidelines [NG12] June 2015

Lung Cancer

1.1.1 Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for lung cancer if they:

- have chest X-ray findings that suggest lung cancer **or**
- are aged 40 and over with unexplained haemoptysis. **[new 2015]**
- 1.1.2 Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over if they have two or more of the following unexplained symptoms, **or** if they have ever smoked and have one or more of the following unexplained symptoms:
- cough
- fatigue
- shortness of breath
- chest pain
- weight loss
- appetite loss. **[new 2015]**

1.1.3 Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over with any of the following:

- persistent or recurrent chest infection
- finger clubbing
- supraclavicular lymphadenopathy or persistent cervical lymphadenopathy
- chest signs consistent with lung cancer
- thrombocytosis. **[new 2015]**

Mesothelioma

1.1.4 Refer people using a suspected cancer pathway referral (for an appointment within 2 weeks) for mesothelioma if they have chest X-ray findings that suggest mesothelioma. **[new 2015]**

1.1.5 Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over, if:

- they have two or more of the following unexplained symptoms, **or**
- they have one or more of the following unexplained symptoms and have ever smoked, **or**
- they have one or more of the following unexplained symptoms and have been exposed to asbestos:
    - cough
    - fatigue
    - shortness of breath
    - chest pain
    - weight loss
    - appetite loss. **[new 2015]**

1.1.6 Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over with either:

- finger clubbing **or**
- chest signs compatible with pleural disease. **[new 2015]**

Appendix 2: Cancer Wait Time Performance

Performance at Q1 2015/16 (Table 1), shows that all but three Trusts met the 93% standard for 2 week wait urgent GP referral to 1st seen; however only four Trusts met the 85% compliance against 62 day urgent GP referral to 1st treatment (Table 2).

Table 1: 2 week wait urgent GP referral to 1st seen

	Q1 2015/16				2014/15 overall			
	Number	Breaches	Q1 2015/16	Change from last quarter	Number	Breaches	2014/15 overall	Change from last Year
Lewisham and Greenwich Healthcare NHS Trust - Lewisham Hospital	75	0	100.0%	1.7%	226	8	96.5%	1.5%
Royal Brompton & Harefield NHS Trust (RT3)	5	0	100.0%	0.0%	27	0	100.0%	0.0%
North West London Hospitals NHS Trust (RV8)	165	2	98.8%	-0.6%	598	6	99.0%	3.0%
King's College Hospital NHS FT - PRUH Site	136	2	98.5%	1.8%	487	9	98.2%	0.3%
Kingston Hospital NHS Trust (RAX) (RAX)	62	1	98.4%	4.1%	214	7	96.7%	-2.2%
Chelsea and Westminster NHS FT (RQM)	58	1	98.3%	-1.7%	145	2	98.6%	1.4%
St George's University Hospitals NHS FT (RJ7)	108	2	98.1%	0.7%	401	13	96.8%	-2.1%
East and North Hertfordshire NHS Trust (RWH)	82	2	97.6%	2.9%	402	10	97.5%	-0.7%
Croydon Health Services NHS Trust (RJ6)	58	2	96.6%	2.2%	198	9	95.5%	-0.5%
Lewisham and Greenwich Healthcare NHS Trust - QEH+QMH	165	6	96.4%	-1.2%	687	37	94.6%	-2.3%
Ealing Hospital NHS Trust (RC3)	62	3	95.2%	-3.1%	204	5	97.5%	-0.4%
The Hillingdon Hospitals NHS FT (RAS)	103	5	95.1%	0.6%	318	9	97.2%	-2.5%
Epsom and St Helier NHS Trust (RVR)	98	5	94.9%	-2.9%	359	5	98.6%	2.3%
Imperial College Healthcare NHS Trust (RYJ)	115	7	93.9%	-6.1%	402	8	98.0%	-1.2%
West Middlesex University NHS Trust (RFW)	39	3	92.3%	-5.2%	197	14	92.9%	-1.8%
King's College Hospital NHS FT - King's College Hospital Site	82	11	86.6%	-11.2%	289	7	97.6%	-0.6%
Guy's and St Thomas' NHS FT (RJ1)	90	15	83.3%	-13.7%	341	6	98.2%	1.0%
LCA Overall	1503	67	95.5%	-1.8%	5499	155	97.2%	-0.3%

(Source: Open Exeter)

Table 2: 62 day urgent GP referral to 1st treatment

	Q1 2015/16				2014/15 overall			
	Number	Breaches	Value	Change from last quarter	Number	Breaches	Value	Change from last YEAR
The Hillingdon Hospitals NHS FT (RAS)	5	0	100.0%	0.0%	15	0.5	96.7%	10.6%
Chelsea and Westminster NHS FT (RQM)	4.5	0	100.0%	42.9%	15	1.5	90.0%	4.3%
West Middlesex University NHS Trust (RFW)	2	0	100.0%	33.3%	15.5	4.5	71.0%	11.0%
East and North Hertfordshire NHS Trust (RWH)	29	2.5	91.4%	-3.5%	92.5	17.5	81.1%	-6.7%
Lewisham and Greenwich Healthcare NHS Trust - Lewisham Hospital	9	1.5	83.3%	5.6%	18	8.5	52.8%	-19.9%
Imperial College Healthcare NHS Trust (RYJ)	22.5	4	82.2%	21.6%	75	22.5	70.0%	-9.7%
Lewisham and Greenwich Healthcare NHS Trust - QEH + QMH	16	3	81.3%	19.2%	50.5	15	70.3%	-2.3%
King's College Hospital NHS FT - King's College Hospital Site	9	2	77.8%	2.8%	22	3	86.4%	-2.0%
King's College Hospital NHS FT - PRUH Site	10.5	2.5	76.2%	1.2%	42.5	10.5	75.3%	-0.9%
Croydon Health Services NHS Trust (RJ6)	12	3.5	70.8%	-19.6%	39	5.5	85.9%	1.9%
Ealing Hospital NHS Trust (RC3)	5	1.5	70.0%	20.0%	16.5	5	69.7%	-13.2%
Kingston Hospital NHS Trust (RAX)	6.5	2	69.2%	-30.8%	17.5	1.5	91.4%	-0.5%
Epsom and St Helier NHS Trust (RVR)	9.5	3	68.4%	-20.5%	45.5	5	89.0%	-4.3%
Guy's and St Thomas' NHS FT (RJ1)	53.5	21	60.7%	-7.6%	183	55	69.9%	5.3%
The Royal Marsden NHS FT (RPY)	14	5.5	60.7%	-14.3%	55	12.5	77.3%	-5.9%
St George's University Hospitals NHS FT (RJ7)	20	8.5	57.5%	-16.2%	76.5	16.5	78.4%	4.9%
North West London NHS Trust (RV8)	10	5	50.0%	12.5%	35	20	42.9%	-21.3%
Royal Brompton & Harefield NHS Trust (RT3)	21	11	47.6%	-25.5%	67	21.5	67.9%	-1.6%
LCA Overall	**259**	**76.5**	**70.5%**	-3.1%	**881**	**226**	**74.3%**	-2.2%

(Source: Open Exeter)

Table 3: 62 day urgent GP referral to 1st treatment distribution of when patients receive their 1st treatment – comparison between 2013/14 and 2014/15

Proportion treated at day 62 (2014/15)	Point at which 85% of patients are treated (2014/15)
2013/14 - 78.6%	**2013/14 -Day 78**
2014/15 - 76.4% **(-2.2%)**	**2014/15 - Day 80** **(+2 days)**

(Source: Open Exeter)

Table 4: 62 day urgent GP referral to 1st treatment distribution of when patients receive their 1st treatment – by 1st seen provider

Proportion treated at day 62 2014/15 (76% overall)	Point at which 85% of patients are treated 2014/15 (Day 80 overall)
The Hillingdon Hospitals NHS Foundation Trust - 96% Kingston Hospital NHS Foundation Trust - 89% Chelsea and Westminster Hospital NHS Foundation Trust - 88% Epsom and St Helier University Hospital NHS Trust - 87% Croydon Health Services NHS Trust - 86% King's College Hospital NHS Foundation Trust - DH site - 85% Imperial College Hospital NHS Trust - 84% East and North Hertfordshire NHS Trust - 84% Guy's and St Thomas' NHS Foundation Trust - 82% St George's University Hospitals NHS Foundation Trust - 79% King's College Hospital NHS Foundation Trust - PRUH site - 71% Lewisham and Greenwich Healthcare NHS Trust - QEH - 65% London North West Healthcare NHS Trust - Ealing sites - 64% West Middlesex University Hospital NHS Trust - 64% Lewisham and Greenwich Healthcare NHS Trust - LHT - 46% London North West Healthcare NHS Trust - NWL sites - 42%	Chelsea and Westminster Hospital NHS Foundation Trust - Day 53 The Hillingdon Hospitals NHS Foundation Trust - Day 56 Kingston Hospital NHS Foundation Trust - Day 62 Epsom and St Helier University Hospital NHS Trust - Day 62 Croydon Health Services NHS Trust - Day 62 East and North Hertfordshire NHS Trust - Day 66 Imperial College Hospital NHS Trust - Day 67 King's College Hospital NHS Foundation Trust - DH site - Day 67 Guy's and St Thomas' NHS Foundation Trust - Day 68 St George University Hospitals NHS Foundation Trust - Day 85 King's College Hospital NHS Foundation Trust - PRUH site - Day 86 Lewisham and Greenwich Healthcare NHS Trust - QEH site - Day 87 London North West Healthcare NHS Trust - Ealing - Day 92 West Middlesex University Hospital NHS Trust - Day 102 London North West Healthcare NHS Trust - NWL sites - Day 105 Lewisham and Greenwich Healthcare NHS Trust - LHT - Day 117

(Source: Open Exeter)

Table 5 demonstrates the performance variation across the referral networks. South west London is the only area to meet the performance standard and further work is required to understand what works well within these Trusts

Table 5: 62 day urgent GP referral to 1st treatment distribution of when patients receive their 1st treatment – comparison by old cancer networks

2014/15	North West London	South East London	South West London
Proportion treated at day 62	2013/14 - 77.2% 2014/15 - 69.9% (-7.6%)	2013/14 - 72.5% 2014/15 - 71.5% (-1.0%)	2013/14 - 85.0% 2014/15 - 85.6% (+0.6%)
Point at which 85% of patients are treated	2013/14 - Day 76 2014/15 - Day 90 (+14 days)	2013/14 - Day 83 2014/15 - Day 82 (-1 day)	2013/14 - Day 62 2014/15 - Day 62

(Source: Open Exeter)

Table 6 illustrates patients treated with chemotherapy, surgery and radiotherapy do not meet the 62 day standard and require focused work to improve the delays. Those on active monitoring and palliative care do meet the 62 day standard.

Table 6: 62 day urgent GP referral to 1st treatment distribution of when patients receive their 1st treatment - Comparison by treatment modality

Proportion treated at day 62 2014/15 (76% overall)	Point at which 85% of patients are treated 2014/15 (Day 80 overall)
Active monitoring - 96% Palliative care only - 93% Chemotherapy - 81% Surgery - 66% Radiotherapy - 53%	Palliative care only - Day 58 Active monitoring - Day 60 Chemotherapy - Day 69 Surgery - Day 92 Radiotherapy - Day 113

(Source: Open Exeter)

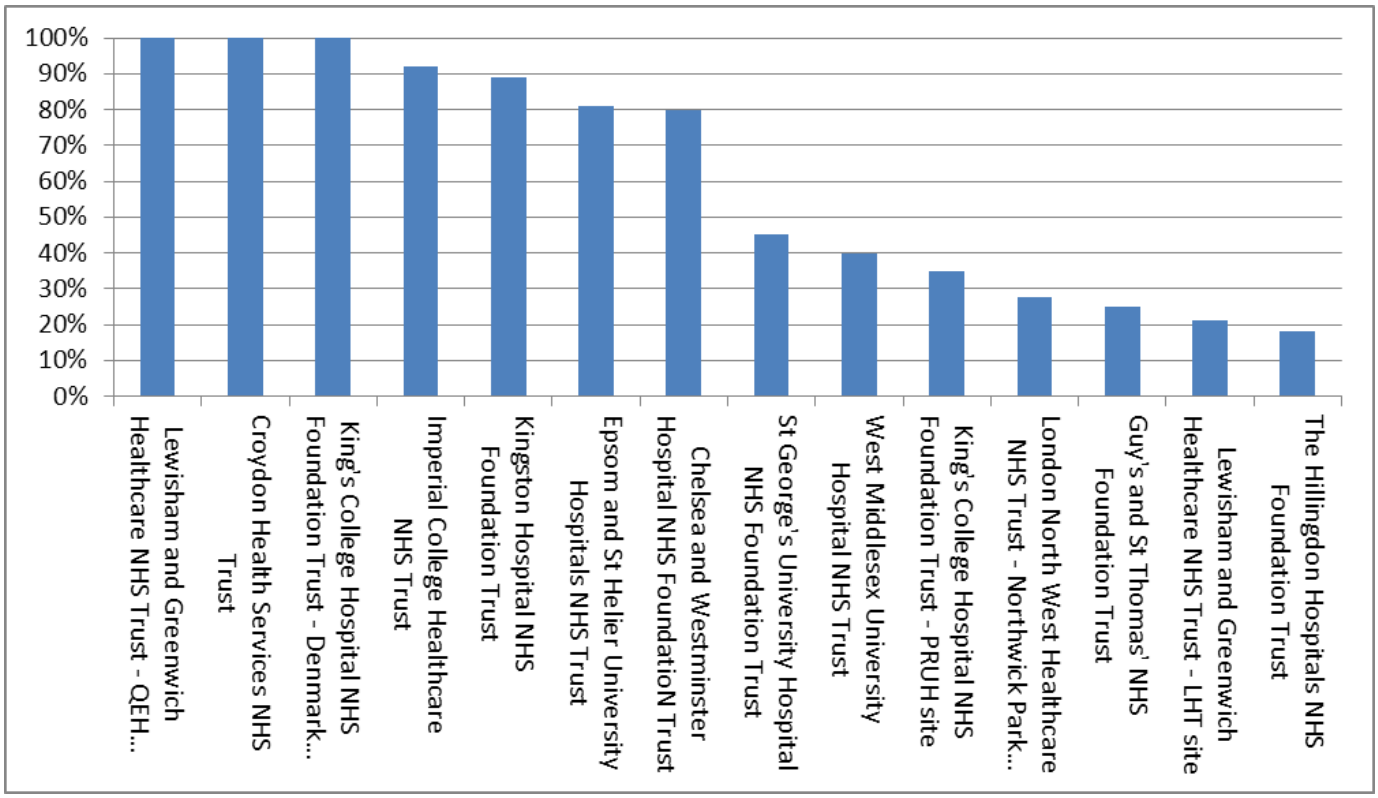
Appendix 3: Snapshot Audit of 2ww Forms

King's College Hospital NHS Foundation Trust (PRUH site) undertook a retrospective audit of the quality of 125 consecutive 2ww referrals completed in 2015. The results are summarised below:

Task	Number	Percentage
Were typed and faxed, Were hand written and faxed (remainder mixture of both)	97/125 6/125	78% 5%
Included a copy of the most recent CXR report	106/125	85%
CXR were visible to the at the site of referral	104/125	83%
Included the most recent renal function/eGFR	14/125	11%
Did not contain ANY smoking history	68/125	54%
Referrals had NO boxes ticked for symptoms	13/125	10%
Patients had been told that their referral was urgent/suspected cancer	96/125	77%
Referrals included drug history and past medical history	112/125	90%
Were triaged (by a chest consultant) to require straight to CT	71/125	57%
Patients had a CT in total	97/125	78%
CT suggested likely cancer – all had cancer proved (2 = sarcoma, 2= advanced disease radiological diagnosis only)	21/97	22%

Appendix 4: Findings of LCA Straight to CT Audit (16-26 February 2015)

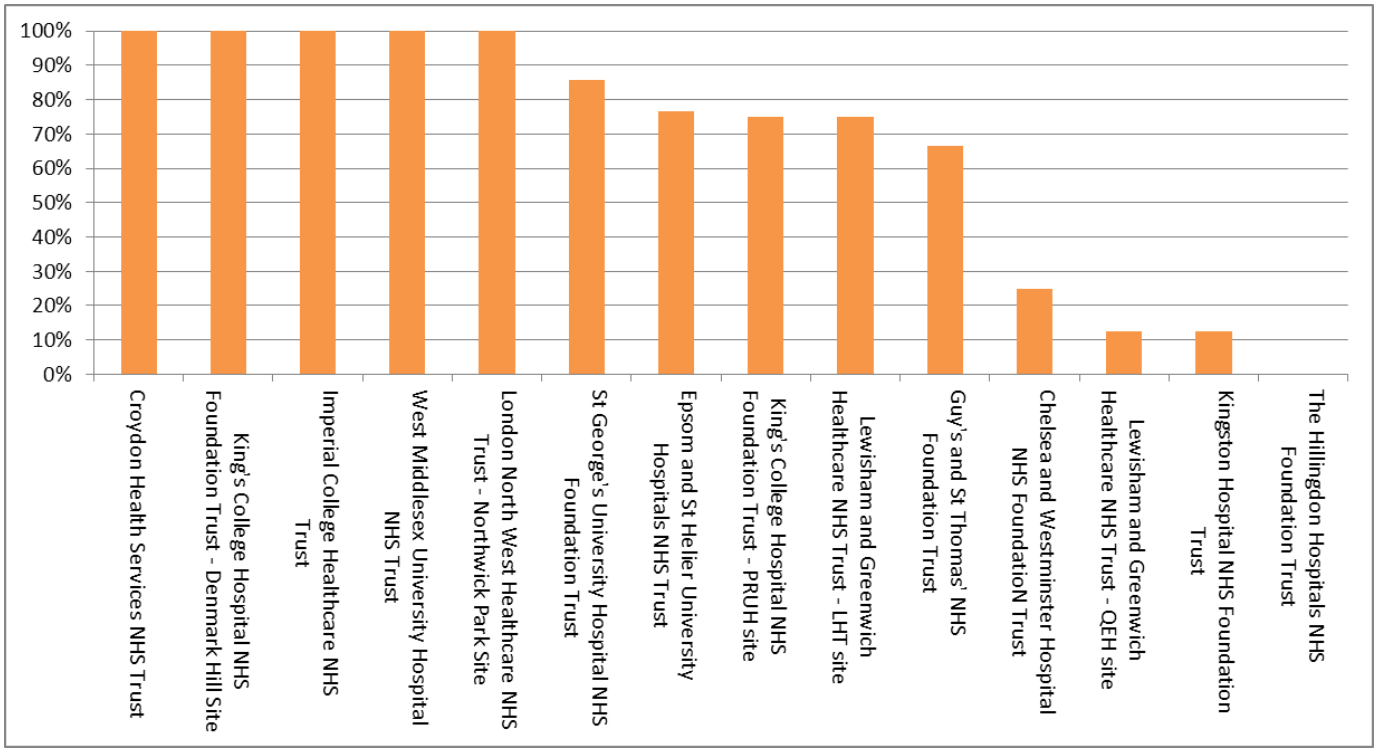
Table 1: Proportion of 2 week wait referrals **triaged for CT**



Trust	Lewisham and Greenwich Healthcare NHS Trust - QEH site	Croydon Health Services NHS Trust	King's College Hospital NHS Foundation Trust - Denmark Hill Site	The Royal Brompton and Harefield NHS Foundation Trust	Imperial College Healthcare NHS Trust	Kingston Hospital NHS Foundation Trust	Epsom and St Helier University Hospitals NHS Trust	Chelsea and Westminster Hospital NHS FoundatioN Trust	St George's University Hospital NHS Foundation Trust	West Middlesex University Hospital NHS Trust	King's College Hospital NHS Foundation Trust - PRUH site	London North West Healthcare NHS Trust - Northwick Park Site	Guy's and St Thomas' NHS Foundation Trust	Lewisham and Greenwich Healthcare NHS Trust - LHT site	The Hillingdon Hospitals NHS Foundation Trust	**LCA overall**
Number of patients seen	24	10	8	1	25	9	21	5	31	5	23	18	12	19	11	**222**
Number of cases triaged for CT	24	10	8	1	23	8	17	4	14	2	8	5	3	4	2	**133**
% triaged for CT	100.0%	100.0%	100.0%	100.0%	92.0%	88.9%	81.0%	80.0%	45.2%	40.0%	34.8%	27.8%	25.0%	21.1%	18.2%	**59.9%**

* Royal Brompton and Harefield NHS Foundation Trust suppressed due to low number

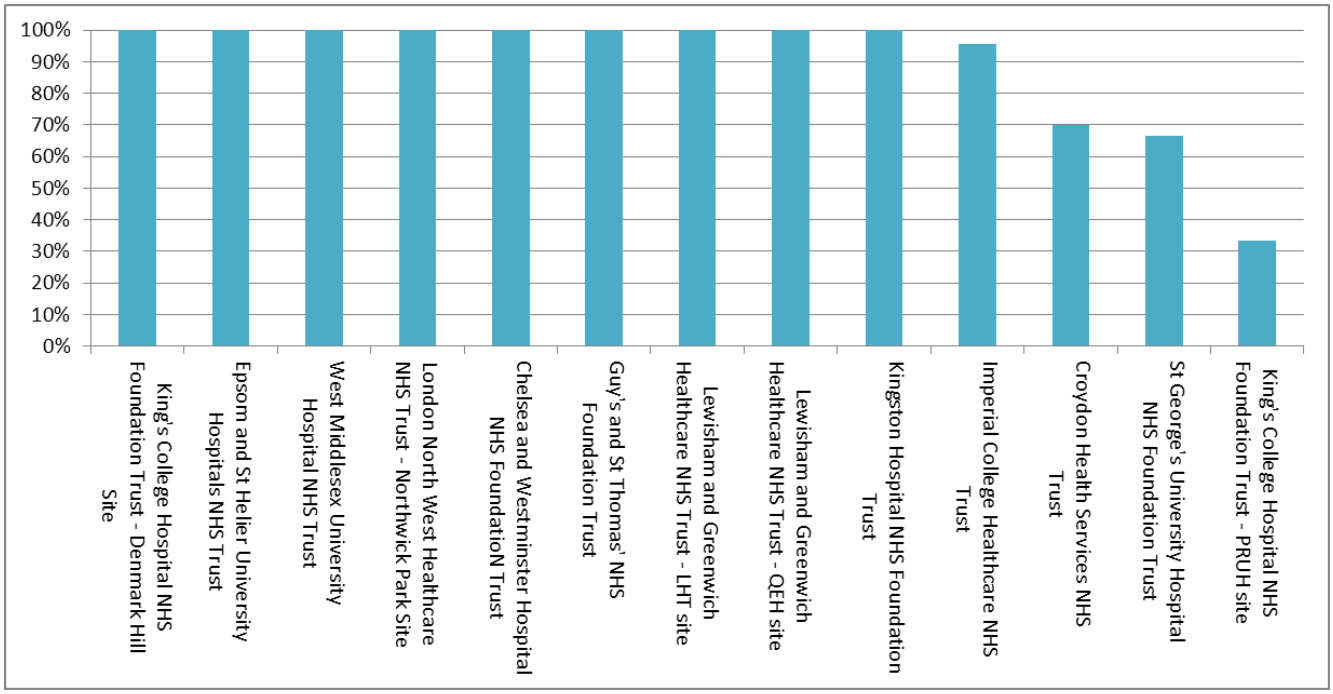
Table 2: Proportion of cases **triaged for CT with CT before OPA**



Trust	Croydon Health Services NHS Trust	King's College Hospital NHS Foundation Trust - Denmark Hill Site	Imperial College Healthcare NHS Trust	The Royal Brompton and Harefield NHS Foundation Trust	West Middlesex University Hospital NHS Trust	London North West Healthcare NHS Trust - Northwick Park Site	St George's University Hospital NHS Foundation Trust	Epsom and St Helier University Hospitals NHS Trust	King's College Hospital NHS Foundation Trust - PRUH site	Lewisham and Greenwich Healthcare NHS Trust - LHT site	Guy's and St Thomas' NHS Foundation Trust	Chelsea and Westminster Hospital NHS FoundatioN Trust	Lewisham and Greenwich Healthcare NHS Trust - QEH site	Kingston Hospital NHS Foundation Trust	The Hillingdon Hospitals NHS Foundation Trust	**LCA overall**
Number of cases triaged for CT	10	8	23	1	2	5	14	17	8	4	3	4	24	8	2	**133**
Number with CT before OPA	10	8	23	0	2	5	12	13	6	3	2	1	3	1	0	**89**
% of patients triaged with CT before OPA	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	85.7%	76.5%	75.0%	75.0%	66.7%	25.0%	12.5%	12.5%	0.0%	**66.9%**

* Royal Brompton and Harefield NHS Foundation Trust suppressed due to low number

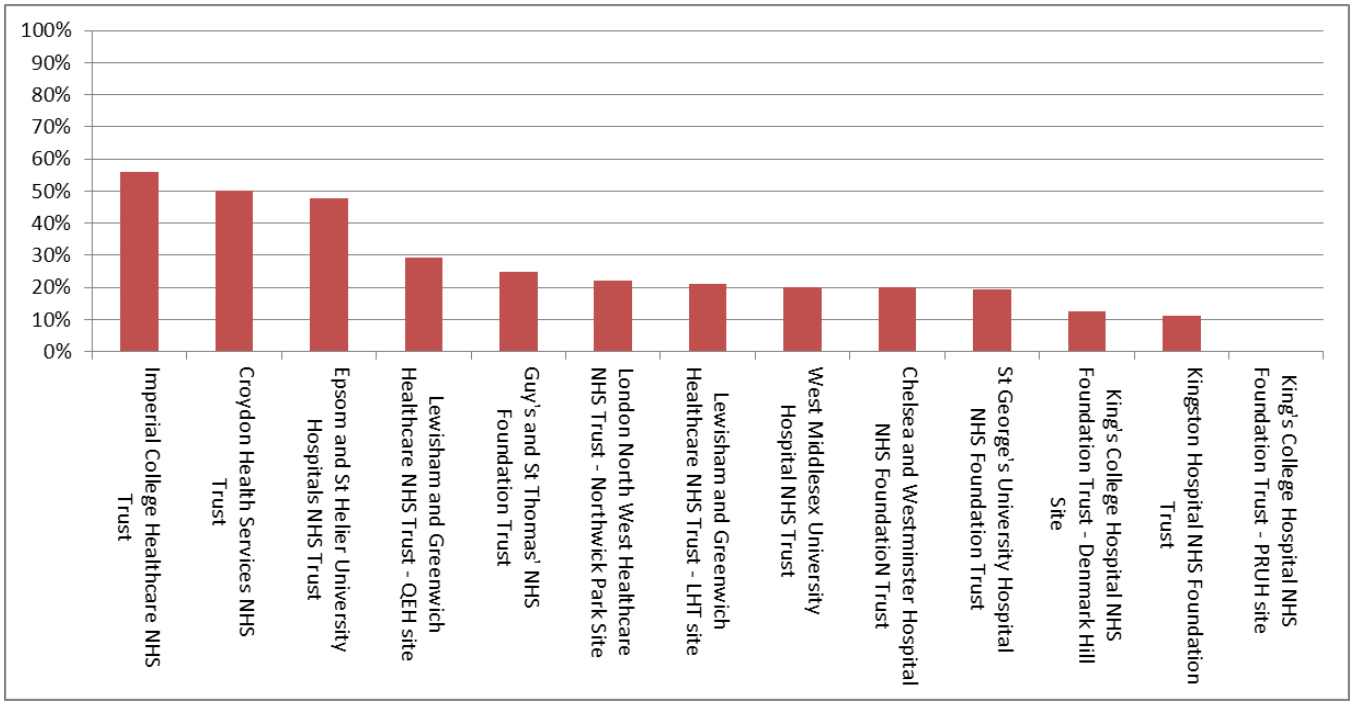
Table 3: Proportion of cases with **CT before OPA, and CT reported before OPA**



Trust	The Hillingdon Hospitals NHS Foundation Trust	King's College Hospital NHS Foundation Trust - Denmark Hill Site	Epsom and St Helier University Hospitals NHS Trust	West Middlesex University Hospital NHS Trust	London North West Healthcare NHS Trust - Northwick Park Site	Chelsea and Westminster Hospital NHS FoundatioN Trust	Guy's and St Thomas' NHS Foundation Trust	Lewisham and Greenwich Healthcare NHS Trust - LHT site	Lewisham and Greenwich Healthcare NHS Trust - QEH site	Kingston Hospital NHS Foundation Trust	Imperial College Healthcare NHS Trust	Croydon Health Services NHS Trust	St George's University Hospital NHS Foundation Trust	King's College Hospital NHS Foundation Trust - PRUH site	**LCA overall**
Number with CT before OPA	0	8	13	2	5	1	2	3	3	1	23	10	12	6	**89**
CT reported for before OPA	0	8	13	2	5	1	2	3	3	1	22	7	8	2	**77**
% of patient with CT before OPA with CT reported	#DIV/0!	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.7%	70.0%	66.7%	33.3%	**86.5%**

* Royal Brompton and Harefield NHS Foundation Trust suppressed due to low number

Table 3: Proportion of 2 week wait referrals **with CT suggestive of cancer**



Trust	Imperial College Healthcare NHS Trust	Croydon Health Services NHS Trust	Epsom and St Helier University Hospitals NHS Trust	Lewisham and Greenwich Healthcare NHS Trust - QEH site	Guy's and St Thomas' NHS Foundation Trust	London North West Healthcare NHS Trust - Northwick Park Site	Lewisham and Greenwich Healthcare NHS Trust - LHT site	West Middlesex University Hospital NHS Trust	Chelsea and Westminster Hospital NHS FoundatioN Trust	St George's University Hospital NHS Foundation Trust	King's College Hospital NHS Foundation Trust - Denmark Hill Site	Kingston Hospital NHS Foundation Trust	King's College Hospital NHS Foundation Trust - PRUH site	**LCA overall**
Number of patients seen	25	10	21	24	12	18	19	5	5	31	8	9	23	**210**
Number where CT suggested cancer	14	5	10	7	3	4	4	1	1	6	1	1	0	**57**
% CT suggested cancer	56.0%	50.0%	47.6%	29.2%	25.0%	22.2%	21.1%	20.0%	20.0%	19.4%	12.5%	11.1%	0.0%	**27.1%**

* Royal Brompton and Harefield NHS Foundation Trust and The Hillingdon Hospitals NHS Foundation Trust excluded as information not completed

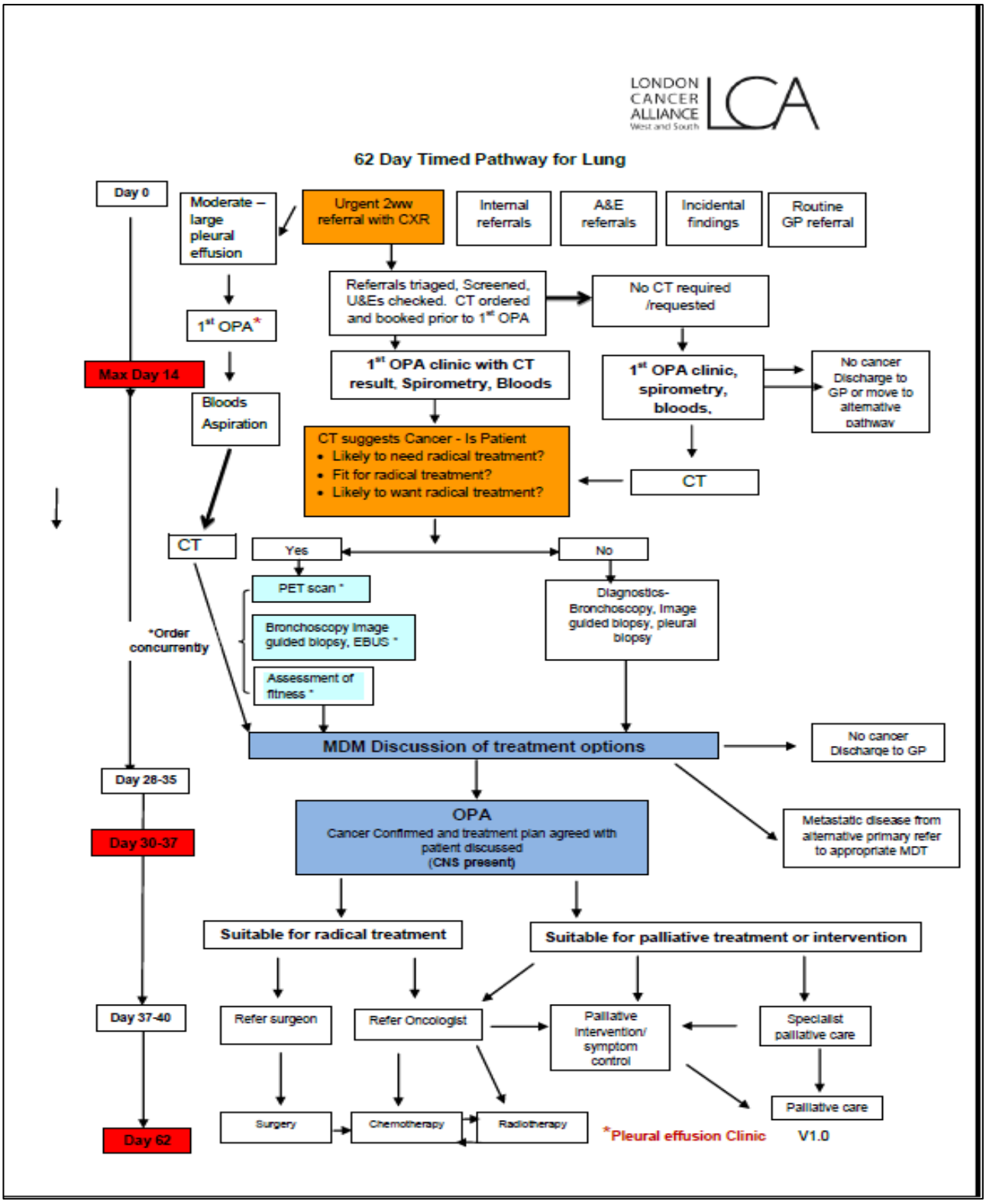
Appendix 5: Breach Analysis

The LCA undertook a 62 day pathway breach analysis (August 2015). Trusts were asked to report their last 10 breaches.

Table 1: 62 day breach analysis themes: a summary of the findings from the last 10 breaches at each provider organisation

REFERRAL DELAYS	DIAGNOSTIC DELAYS	MDT RELATED DELAYS	TREATMENT DELAYS
Referral without adequate past medical history =2	Delay in CT biopsy =11	Awaiting final histology =7	Radiotherapy =9 (6=Cyberknife)
Referred from other tumour pathway late =7	Delay in PET/CT = 9	Awaiting radiology = 3	Surgery =14
Referred to RMH for tertiary care = 9	Delay in EBUS =10	Discussed multiple times between secondary and tertiary MDT =3	Chemotherapy =3
	Delay in bronchoscopy =3		
	Delay in straight to CT =11		
	Delay in CT reporting =3		

Appendix 6: LCA Lung 62 Day Timed Pathway



Appendix 7: Example of Demand and Capacity from a DGH in the LCA

Capacity for CT should be estimated at 95% of patients referred under 2ww with an abnormal chest X-ray according to Commissioning Intentions 2015/2016.

Example from DGH

- Estimated average number of 2ww referrals/week from monthly numbers are 12-15/week
- To achieve 95% standard this will require a minimum of 10 ring fenced slots per week with capacity of up to 14 for busy weeks
- The Royal College of Radiologists' guidelines recommend that 3 CTs per hour is a reasonable average for reporting complex staging CT chest/abdomen for patients with suspected lung cancer; for 9 scans this is 180 minutes. This is 0.75 PA of a radiologist's time.