National Prostate Cancer Audit QI Workshop

3 February 2023

Recovering from the impact of the Covid-19 pandemic on prostate cancer

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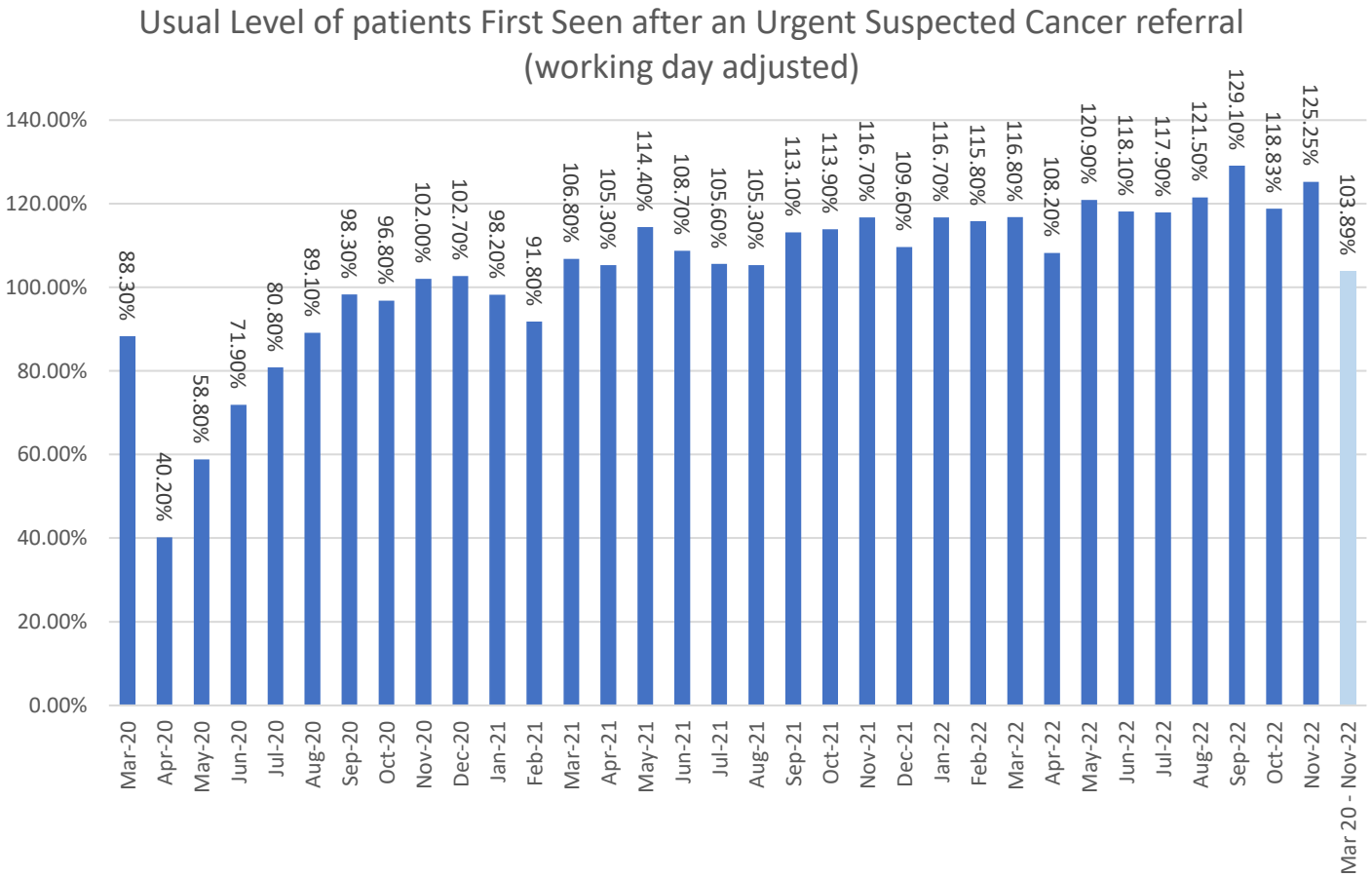
Overview

This presentation will cover:

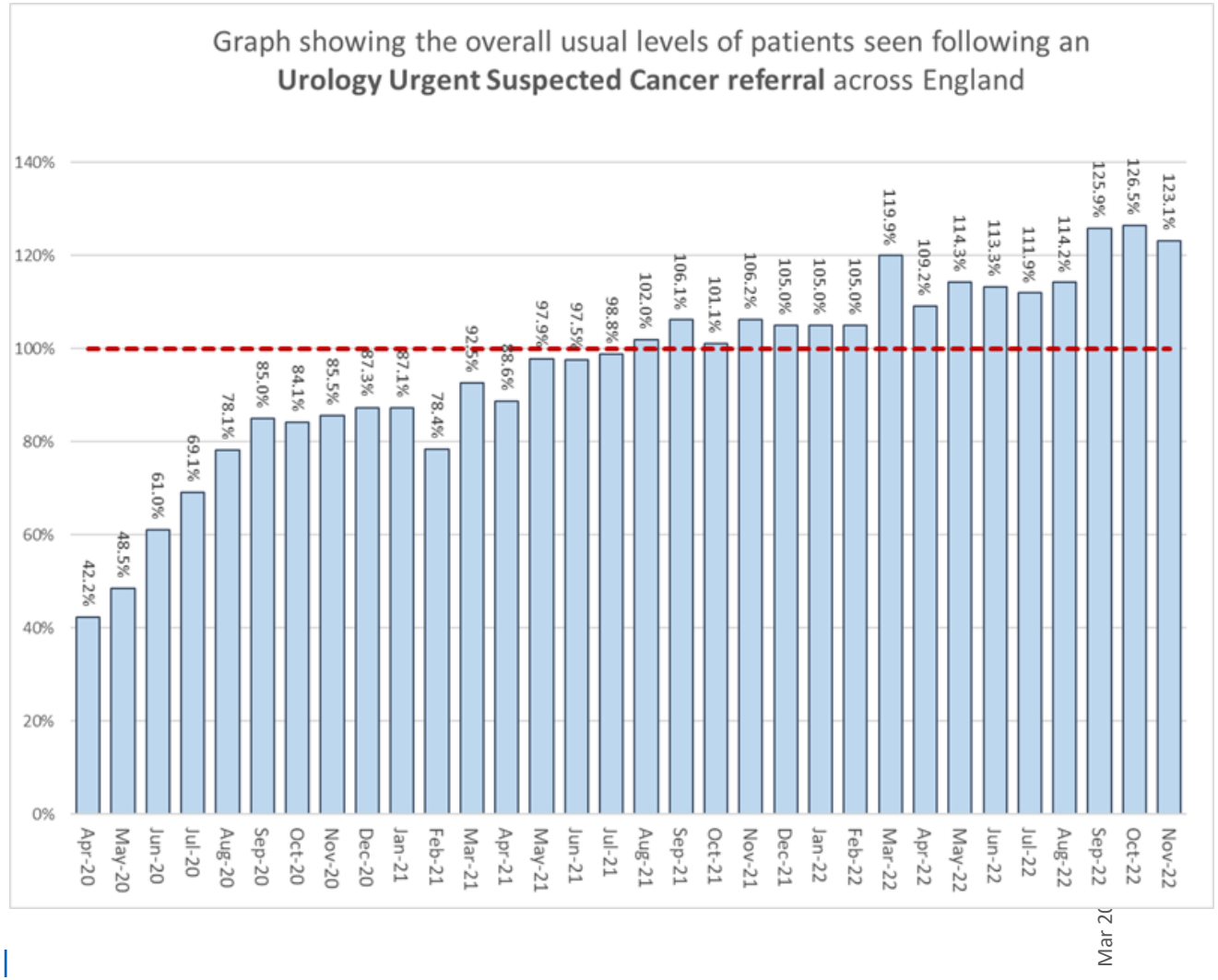
- How the pandemic and the sudden fall in numbers of people coming forward to their GP affected cancer services and prostate cancer in particular
- The actions we have already taken to recover prostate treatment volumes
- Case finding pilots
- Operational performance – expanding capacity, optimising existing capacity

Our proactive approach urging people to come forward has recovered the shortfall caused the pandemic



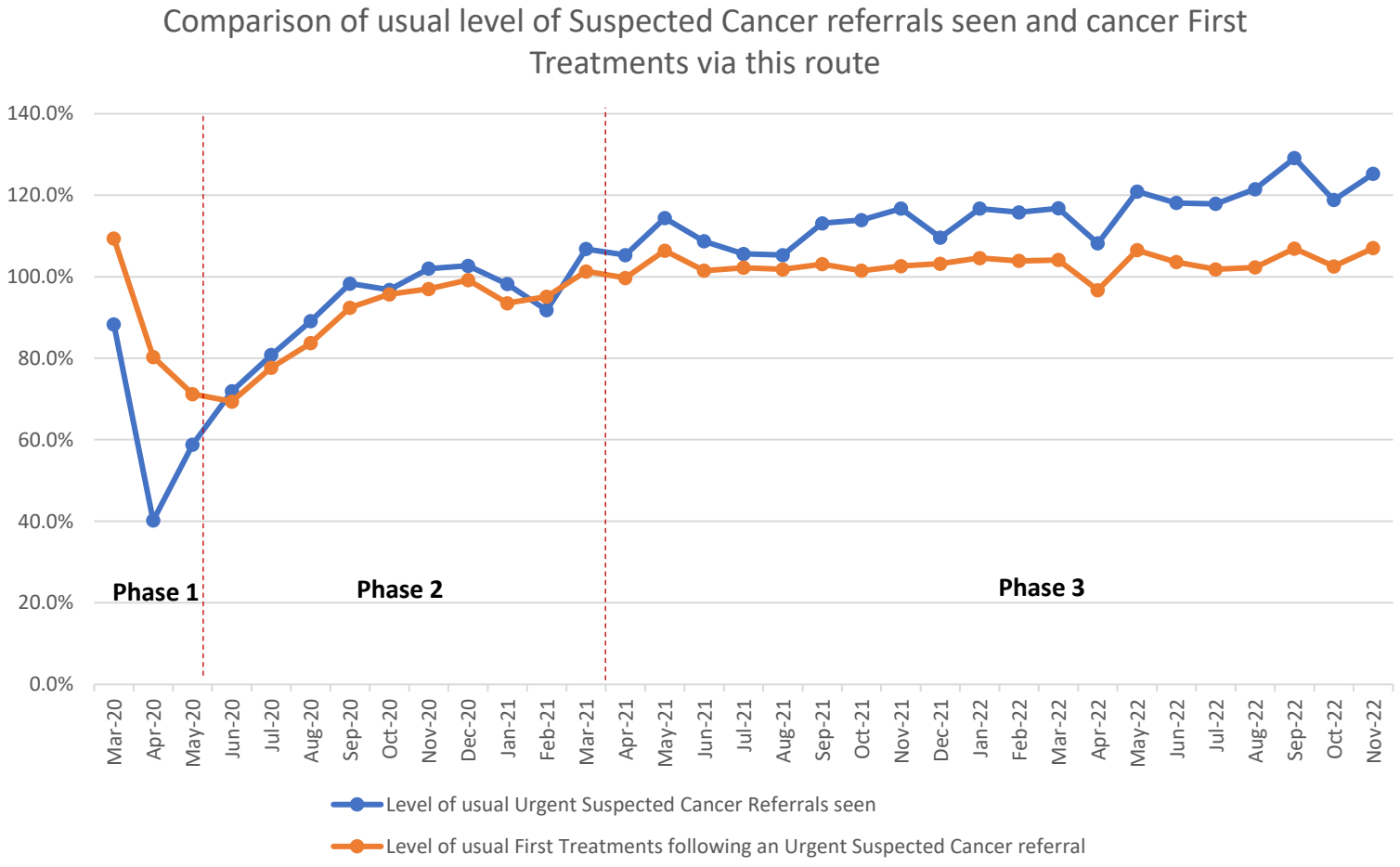
- Our proactive approach to urging more people to come forward is paying off – urgent suspected cancer referrals have been at record levels for the last year wiping out the cumulative shortfall caused by early stages of pandemic
- In November 2022 overall urgent cancer referrals were at 125% of pre-pandemic levels and have recovered from the drop encountered at the beginning of the pandemic – and we expect referral levels to remain high.
- This includes a significant increase in urological referrals throughout 2022 (see next slide)

Urology referrals were slower to recover than other cancers, but have been back above pre-pandemic levels since August 2021



- The sharp fall in people going to their GP had a particularly big impact on urological cancer referrals at the beginning of the pandemic.
- Incidental conversations between GPs and patients were slow to recover so fewer PSA tests were happening.
- Referral rates returned to pre-pandemic levels by August 2021 and have been at record high levels in recent months.
- The sharp increase seen in March 2022 coincides with our joint risk awareness campaign with Prostate Cancer UK

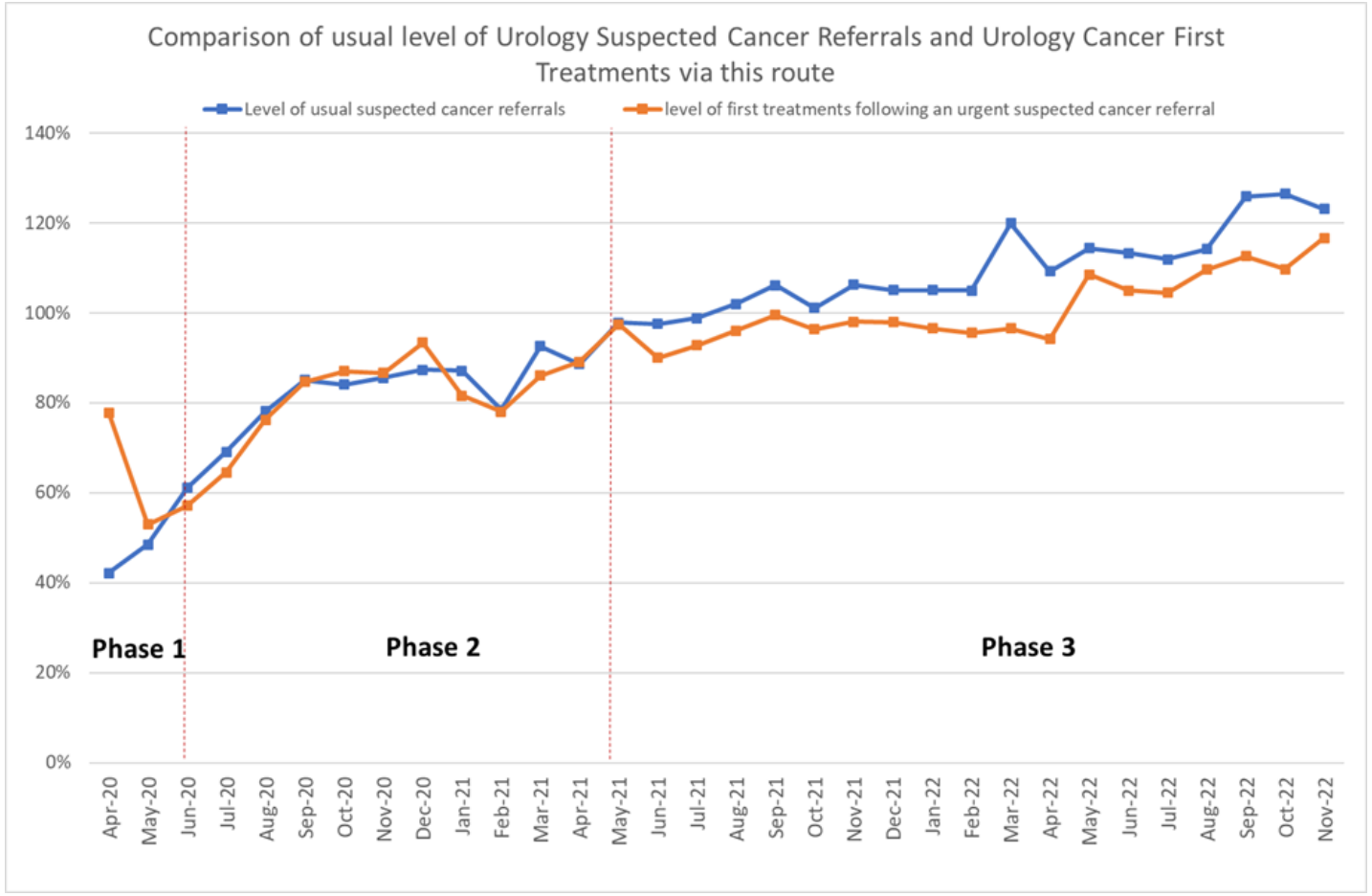
Cancer treatment levels are now above pre-pandemic levels but we need to expand capacity further to meet this demand



The nature of the challenge for cancer services has changed throughout the pandemic

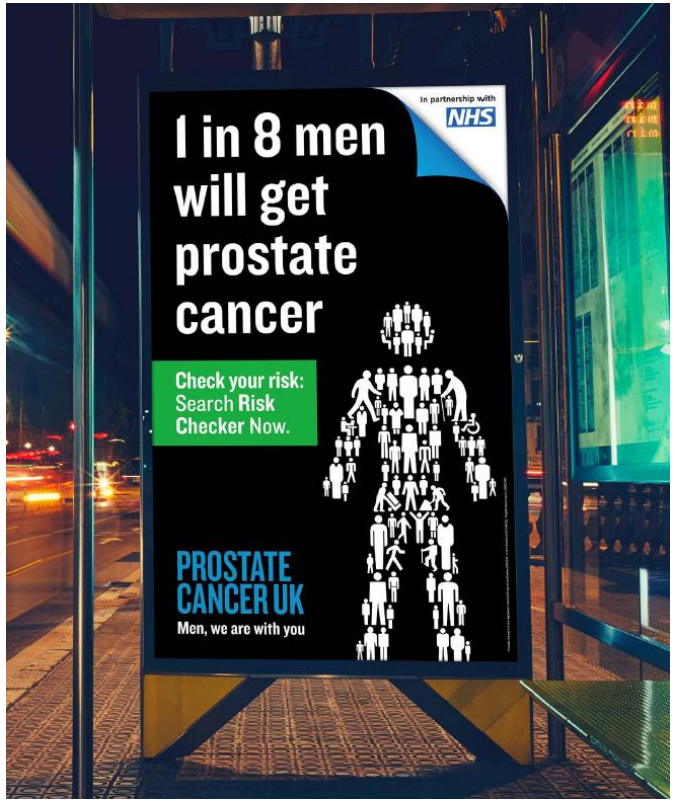
- Referrals fell sharply at the start of the pandemic, meaning diagnostic and treatment activity, whilst reduced, still outweighed demand (Phase 1).
- During the subsequent 9 months of the pandemic, diagnostic and treatment capacity was affected, but kept pace with demand due to a long period of reduced referrals (Phase 2).
- Since March 2021, referrals have surpassed pre-pandemic levels (105%-129% of usual levels).
- Treatment activity has not increased in this time leading to the development of the current backlog (Phase 3).

We have seen an increase in urology treatment volumes in recent months but there is a gap between referral and treatment levels



- The sudden fall in referrals meant urology cancer services were meeting demand throughout phases one and two.
- As referral levels increased, a gap began to emerge.
- There is further to go in expanding capacity and optimising existing pathways, but we've seen levels back above pre-pandemic levels since May 2022 with a further increase during recent months.

Our joint campaign with Prostate Cancer UK in Feb and March 2022 was a new approach for us. It seems to have worked well



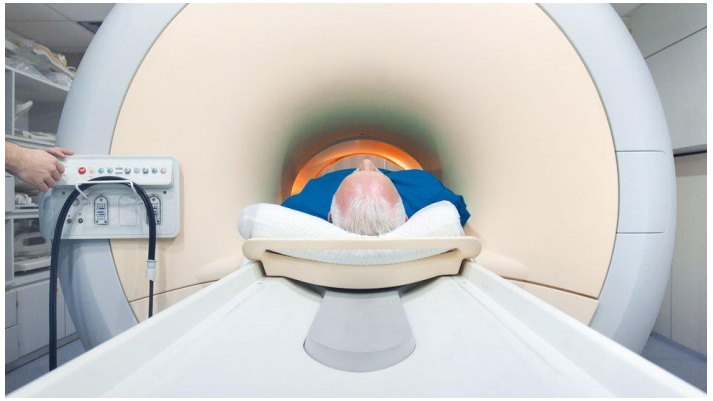
- We partnered with Prostate Cancer UK to fund a campaign across multiple channels in Feb/March 2022 to encourage use of their online risk checker to seek to reduce the prostate cancer treatment gap
- This resulted in more than a million completed journeys on the risk checker by autumn 2022.
- Between May and August, 2,000 extra men started prostate cancer treatment compared with pre-pandemic levels. We estimate this is now above 4,000.

We are trialling several proactive case finding projects in several parts of the country

We are funding prostate cancer case-finding projects across 3 Cancer Alliances:

- East of England South (Mid and South Essex): Working with primary care across the ICS to run searches to identify high risk target cohorts and invite them for PSA counselling. Due to launch in Q4 2022/23.
- Greater Manchester: GP practices sending texts to at-risk men.
- West London (RM Partners): ‘Man van’ project targeting at-risk communities using a mobile van.

Prostate cancer pathways have capacity challenges. Significant investment is going into diagnostic capacity



- We're **investing large sums in expanding diagnostic capacity** through new Community Diagnostic Centres to deliver 2.9 million tests by the end of 22/23 and 17 million extra tests over the next 3 years
- We're **investing in expanded treatment capacity** including additional theatres the hospital building programme
- **Best Practice Timed Pathways** are being implemented across the county to speed up the diagnostic pathway, including for prostate cancer

Classification: Official

Publication approval reference: PAR1348

Faster diagnostic pathways

Implementing a timed prostate cancer diagnostic pathway

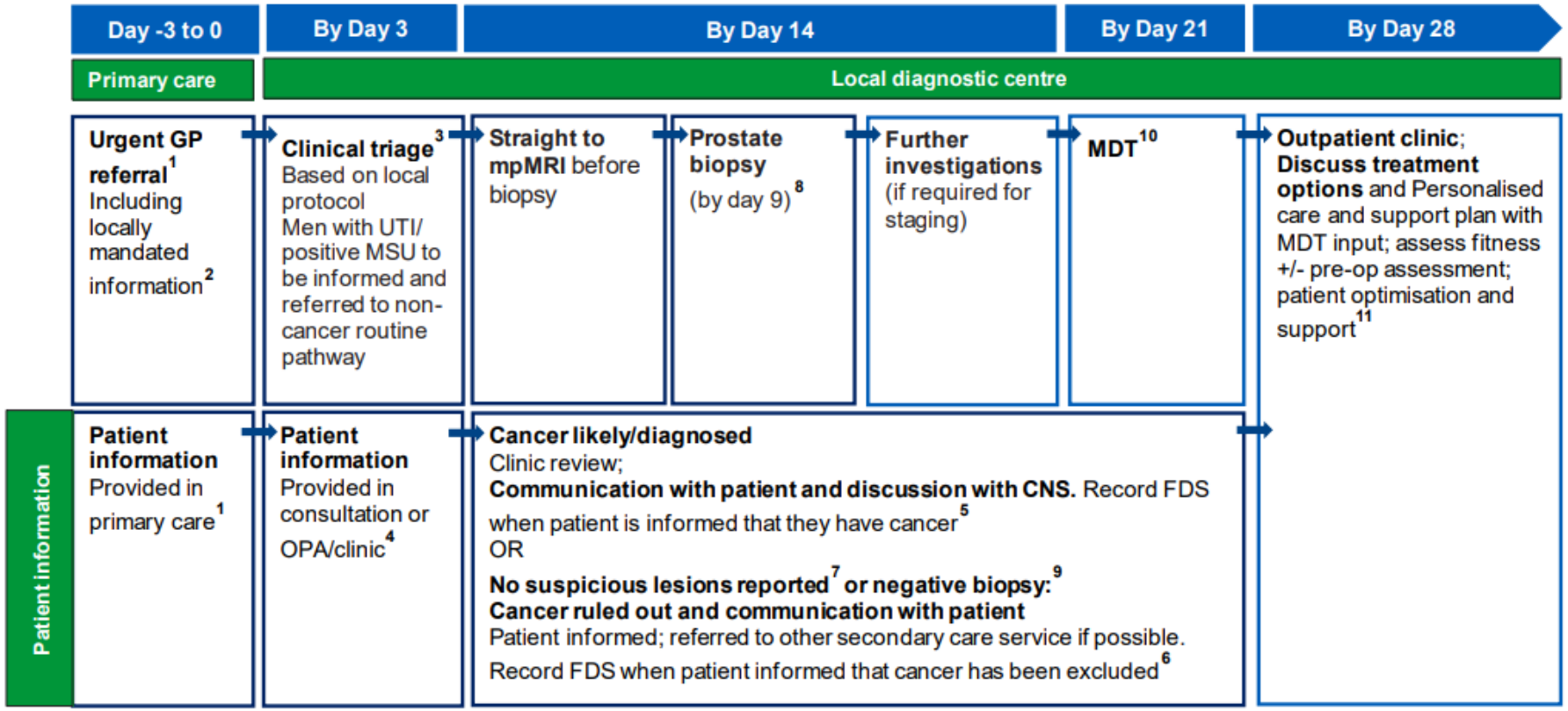
Guidance for local health and care systems

21 October 2022

The updated Prostate Cancer Best Practice Timed Pathway includes step-by-step guide to ensuring more patients meet the 28-day Faster Diagnosis Standard

28-day best practice timed pathway

This is a straight to test pathway using mpMRI.



This is a straight to test pathway using mpMRI. The 21-day pathway should be used when an immediate MRI is not required or is contra-indicated.

Tier 1 providers are getting access to particular support

Additional support has been put in place for the most challenged ('tier 1') trusts to reduce 62-day waits, with detailed plans put in place covering:

- Patient choice (eg inter-regional patient transfers / virtual consultations across other providers)
- Cancer pathway redesign (including help with brokering IS arrangements)
- Outpatient transformation
- Remote reporting of diagnostic tests
- Regionally and nationally supported review of local Cancer Alliance funding and resource allocation
- GIRFT support to review surgical productivity and prioritization
- Data validation and accuracy and good waiting list management practice

A letter – **"Maximising 62 day backlog reductions"** – from Cally Palmer, Jim Mackey and me was sent to Trusts on 1 February asking systems to:

- Prioritise Community Diagnostic Capacity for patients with suspected cancer
- Implement faecal immunochemical test (FIT) triage for 2WW patients on endoscopy waiting lists
- Make maximum use of wider local capacity
- Ensure a continued focus on data validation and accuracy

Thank you

Contact: england.cancerpolicy@nhs.net