

## CANCER CONSULTANT UPGRADE POLICY

		POLICY
<b>Reference</b>	CPG-TW-CCUP	
<b>Approving Body</b>	Cancer Steering Group	
<b>Date Approved</b>	12 <sup>th</sup> September 2023	
<b>For publication to external SFH website</b>	<b>Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:</b>	
	<b>YES</b>	<b>NO</b>
	X	
<b>Issue Date</b>	18 <sup>th</sup> October 2023	
<b>Version</b>	8.0	
<b>Summary of Changes from Previous Version</b>	<ul style="list-style-type: none"> <li>Addition regarding latest CWT Guidance regarding MDT automatic upgrade, section 6.1</li> <li>Change of name of Lead Cancer Clinician.</li> </ul>	
<b>Supersedes</b>	Version 7.0, Issued 14 <sup>th</sup> April 2023 to Review Date November 2025	
<b>Document Category</b>	<ul style="list-style-type: none"> <li>Clinical</li> </ul>	
<b>Consultation Undertaken</b>	Cancer Steering Group	
<b>Date of Completion of Equality Impact Assessment</b>	05/09/2023	
<b>Date of Environmental Impact Assessment (if applicable)</b>	N/A	
<b>Legal and/or Accreditation Implications</b>	This is a national requirement to ensure all appropriate patients are upgraded on a cancer pathway irrespective of their presentation at the Trust.	
<b>Target Audience</b>	Trust wide – all sites <ul style="list-style-type: none"> <li>Cancer Multi-Disciplinary Teams</li> <li>Hospital Consultants</li> <li>Nurse Specialists</li> </ul>	
<b>Review Date</b>	July 2025	
<b>Sponsor (Position)</b>	Chief Operating Officer	
<b>Author (Position &amp; Name)</b>	Cancer Services Manager (Samantha Owen)	
<b>Lead Division/ Directorate</b>	Corporate	
<b>Lead Specialty/ Service/ Department</b>	Cancer Services	
<b>Position of Person able to provide Further Guidance/Information</b>	Cancer Services Manager	
<b>Associated Documents/ Information</b>	<b>Date Associated Documents/ Information was reviewed</b>	
Not Applicable	Not Applicable	
Template control	June 2020	

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## 1.0 INTRODUCTION

This Operational Policy is issued and maintained by the Sponsor (Deputy Chief Operating Officer – Cancer/ Elective Care) and the Executive Lead for Cancer (Medical Director) on behalf of Cancer Services.

The NHS 2000 Cancer Plan, introduced cancer waiting time targets to ensure patients received timely treatments. These targets however did not apply to all cancer patients. Only around one third of patients diagnosed with cancer come through the urgent GP/GDP referral route and thus fall under the two week and 62 day standards. The Cancer Reform Strategy (Dec 2007) set out to address these issues and from 1st Jan 2009 new standards or Vital Sign Applications (VSA) were introduced.

Before 1st Jan 2009 only GP/GDP's could refer a patient onto a suspected cancer (or 62 day from referral to 1st definitive treatment) pathway. Patients referred in on other pathways but subsequently found to have cancer were managed on a 31 day pathway, from decision to treat to treatment. So that more patients benefit from being managed on the Suspected Cancer, 62-day pathway, the Cancer Reform Strategy now allows the upgrading of patients by 'Hospital Consultants'.

This policy details the Hospital staff authorised to upgrade patients to a suspected cancer pathway and the process for upgrading patients.

## 2.0 POLICY STATEMENT

To establish standards for the appropriate upgrading of patients onto the National 62-day Cancer Pathway.

Scope of policy

Staff group(s)

The Cancer Clinical Leads have agreed that the following Trust personnel are approved to upgrade patients on to the Consultant Upgrade, 62-day Cancer Pathway:-

- All core members (or their named core cover) of a Cancer Multi-Disciplinary Team with the exception of the teams Cancer Pathway Coordinators
- Any Hospital Consultant or team member with their authorisation
- Any Nurse Specialist

Clinical area(s)

- Adult clinical areas – inpatients and outpatients – at all sites: King's Mill Hospital, Newark Hospital, Mansfield Community Hospital, including the Emergency Department (ED) and the Minor Injuries Unit (MIU). Patient group(s)
- Adults

Exclusions

- Paediatrics

### 3.0 DEFINITIONS/ ABBREVIATIONS

The Trust	Sherwood Forest Hospitals NHS Foundation Trust
Trust Staff	All employees of the trust including those managed by third part organisations on behalf of the trust
2ww	GP/GDP 2 week wait referral for suspected cancer
VSA	Vital Sign Application – National Cancer Waiting Times Target
Hospital Consultant	Any Trust Hospital Consultant
Nurse Specialist	Any Trust Nurse Specialist
Core MDT Members	The hospital staff agreed as core members of a Cancer Multi-disciplinary team by the Tumour Site Lead Clinician.
MDT Team	The Tumour site Multi-disciplinary Cancer teams who are responsible for managing patients care
VSA 13b	Consultant Upgrade standard in line with Cancer Waiting Times

### 4.0 ROLES AND RESPONSIBILITIES

Authorised staff are responsible for upgrading patients where appropriate in-line with this policy onto the cancer pathway however their PPC/nurse can do this on their behalf.

### 5.0 APPROVAL

Following appropriate consultation this policy has been approved by the trust’s Cancer Services Steering Group.

### 6.0 DOCUMENT REQUIREMENTS

#### 6.1 Consultant Upgrade Service Process

Patients must be upgraded prior to a decision to treat being made. This is in line with National Guidance on Cancer Waiting Times.

Authorised staff should phone the Consultant Upgrade telephone extension, 6478 or email sfh-tr.SFHFT-CancerPathwayTeam@nhs.net. The telephone extension has a 24-hour answer-phone service and staff should leave the following information:

- Name of referrer
- Tumour site of suspected cancer
- Consultant referring to
- Patient demographics to include:
  - Full name
  - NHS number
  - DOB

The answer-phone service is managed within the Cancer Pathway Team, Cancer Services and messages are collected daily.

**Patients may also be upgraded during an MDT meeting as long as it is fully documented in the MDT outcome.**

When a patient is upgraded the Cancer Pathway Coordinator will log the patient on the Trust's Infoflex Tracker module and track the patient on the 62-day Cancer Upgrade target, VSA 13b. Therefore any further appointments, investigations, results and treatments will all be tracked against the internal protocols and overall against the National Cancer Waiting Time standard, VSA 13b.

Patients will only have their remaining pathway upgraded onto a suspected cancer pathway if the patients are registered on the upgrade telephone service or upgraded through an MDT meeting, where it is fully documented in the MDT outcome.

**Circumstances where a consultant upgrade would apply automatically (Latest CWT v12, Guidance August 2023)**

Where a patient is referred to a Cancer Multidisciplinary Team meeting on suspicion 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, e.g. where processes
- are in place to flag pathology reports of incidental findings.
- 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 then, the date of request for the first meeting should be recorded.

Where a patient is referred for a Cancer Multidisciplinary Team meeting at another provider, even if for discussion only, the organisation making the referral is responsible

## 6.2 Cancer Waiting Times Standard

The Consultant Upgrade, 62 day cancer target was implemented as part of the Cancer Reform Strategy from 1st January 2009. The guidance states that patients referred outside of the 2 Week Wait Suspected Cancer pathways can now be upgraded by a 'Hospital Consultant' on to the 62-day Cancer pathway. The clock starts on the date of the decision to upgrade the patient and stops on the date of the patients 1st definitive treatment if they are diagnosed with cancer. If cancer is not diagnosed the patient will remain on the 18 week pathway

The target is that from date of upgrade to 1st definitive treatment this should take no more than 62 days.

Performance against this target will be reported on the National Cancer Waiting Times database each month

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Improved capture of all consultant upgrade patients onto a cancer pathway	Mr Achyuth Menon supported by Cancer Services	Cancer Services – retrospective extracting and validating data by continuous audit of 31-day target.	6 monthly	Cancer Steering Group
Identify all incidences that do not follow the policy	Mr Achyuth Menon supported by Cancer Services	Via Datix reports	Monthly	Clinical Leads Divisional Governance Meetings

## 8.0 TRAINING AND IMPLEMENTATION

No specific training is required for the application of this policy. It is accessible to the users via the intranet.

## 9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix A](#)
- This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- This policy supports the delivery of the Cancer Waiting Times as set out by the Department of Health. Further information can be found within the document library at <https://digital.nhs.uk/cancer-waiting-times>

### Related SFHFT Documents:

- Cancer Access Policy

## 11.0 KEYWORDS

Upgraded; phone; telephone; suspicion; suspicious; suspected; tumour site; poster; two week wait, 62 day standard; standards; referral to treatment; RTT; decision to treat; treatment; hospital consultants;

## 12.0 APPENDICES

[Appendix A](#) – Equality Impact Assessment form

[Appendix B](#) – Cancer Consultant Upgrade Poster

**APPENDIX A – EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed: Cancer Consultant Upgrade Policy</b>			
<b>New or existing service/policy/procedure: Existing</b>			
<b>Date of Assessment: 05/09/2023</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	None		
<b>Gender</b>	None		
<b>Age</b>	None		
<b>Religion</b>	None		
<b>Disability</b>	None		
<b>Sexuality</b>	None		
<b>Pregnancy and Maternity</b>	None		
<b>Gender Reassignment</b>	None		
<b>Marriage and Civil Partnership</b>	None		



<b>Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)</b>	None		
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>Cancer MDT Leads</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>National Policy and Guidance</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>No</li> </ul>			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment: Samantha Owen</b>			
<b>Signature: Samantha Owen</b>			
<b>Date: 05/09/2023</b>			

# Cancer Consultant Upgrade Process

**\*\*IF YOU SUSPECT CANCER AND THIS PATIENT IS NOT ON A TIMED PATHWAY THEY SHOULD BE UPGRADED\*\***

Please phone the Consultant Upgrade telephone extension **6478**

OR email [sfh-tr.sfhft-cancerpathwayteam@nhs.net](mailto:sfh-tr.sfhft-cancerpathwayteam@nhs.net)

The telephone extension has a 24 hour answerphone service and staff should leave the following information:

- Name of referrer
- Tumour site of suspected cancer
- Consultant referring to
- Patient Demographics to include:
  - Full name
  - NHS number
  - DOB

The answerphone service is managed within the Cancer Pathway Team, in Cancer Services and messages are collected daily.