

Forming Rapid Cancer Diagnostic Services in Scotland

Earlier Diagnosis Vision

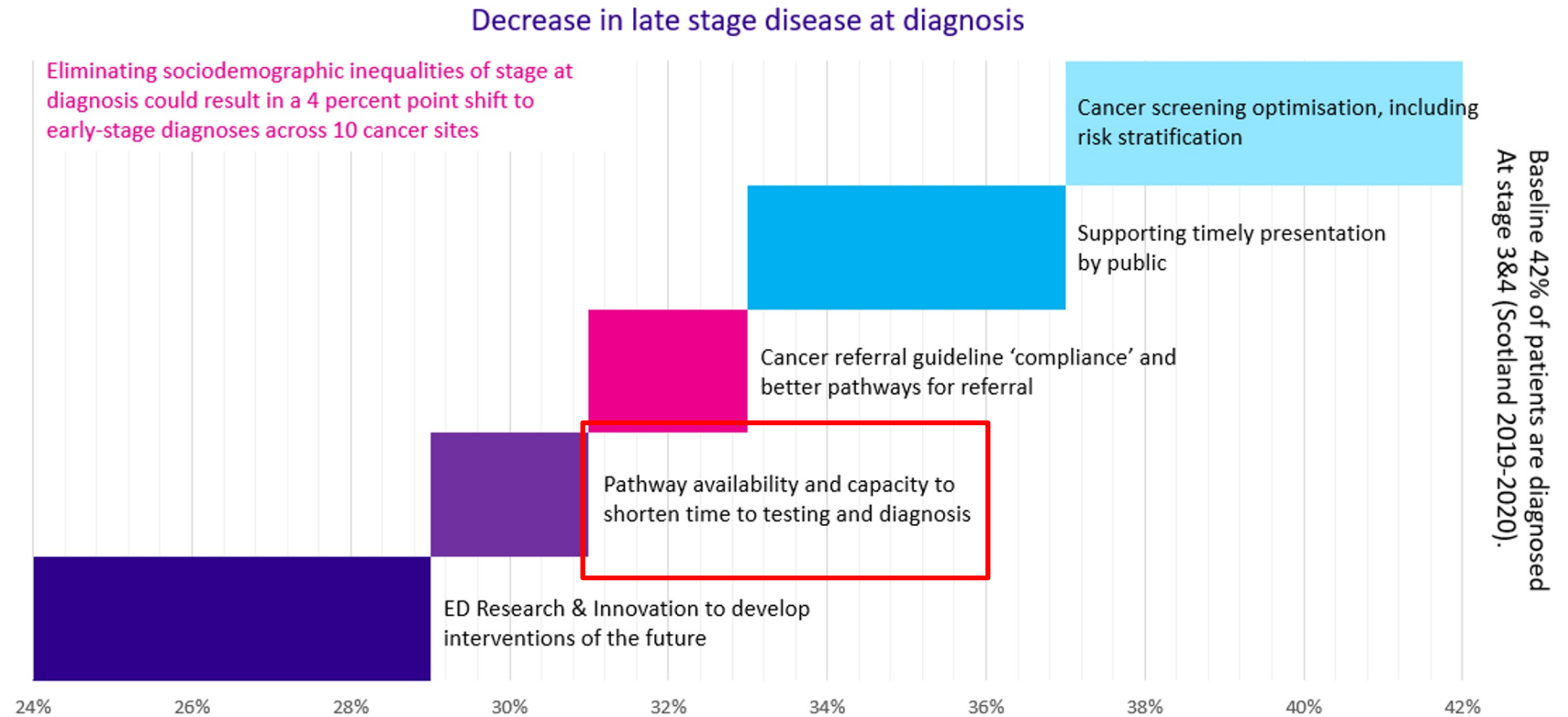


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Later stage disease (stages III and IV) has reduced by 18 percentage points. A focus will remain on reducing the health inequality gap, particularly those from areas of deprivation.



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Rapid Cancer Diagnostic Services in Scotland



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Person-centred fast-track diagnostic pathways – aim to provide primary care with an alternative route to refer patients with non-specific symptoms.

Without RCDS, patients that do not meet the Scottish Referral Guidelines for Suspected Cancer, or who present with non-specific symptoms that are suspicious of cancer, would have to have a series of tests coordinated by primary care.

The development of RCDSs is being led through CfSD and are established within existing NHS Scotland infrastructure.

Scotland's Cancer Strategy (published June 2023) commits to establishing equitable access to a RCDS across NHS Scotland by Spring 2026.

Following a 2 year evaluation period by the University of Strathclyde, during which 5 RCDSs were implemented, an interim report was published in November 2022 with the final report published in February 2024.



Scan Me

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While all five RCDSs established to date have a navigator at the centre of their service, their models differ. This variation was welcomed to better inform the optimal model for NHS Scotland:

NHS Ayrshire & Arran: Virtual model, 21 day pathway, Haematologist Clinical Lead. Referrals went live June 2021 and opened to referrals from secondary care in November 2021.

NHS Fife: 21 day pathway from referral to outcome, Colorectal Surgeon as Clinical Lead but is now a nurse-lead service. Referrals went live June 2021.

NHS Dumfries & Galloway: 7 day pathway with hot clinics and hot reporting, GP Clinical Lead. Referrals went live May 2021.

NHS Lanarkshire: 21 day pathway from referral to outcome, Colorectal Surgeon as Clinical Lead. Referrals went live April 2023.

NHS Borders: 21 day pathway from referral to outcome, GP as Clinical Lead. Referrals went live April 2023.



Key findings from the two year evaluation period:

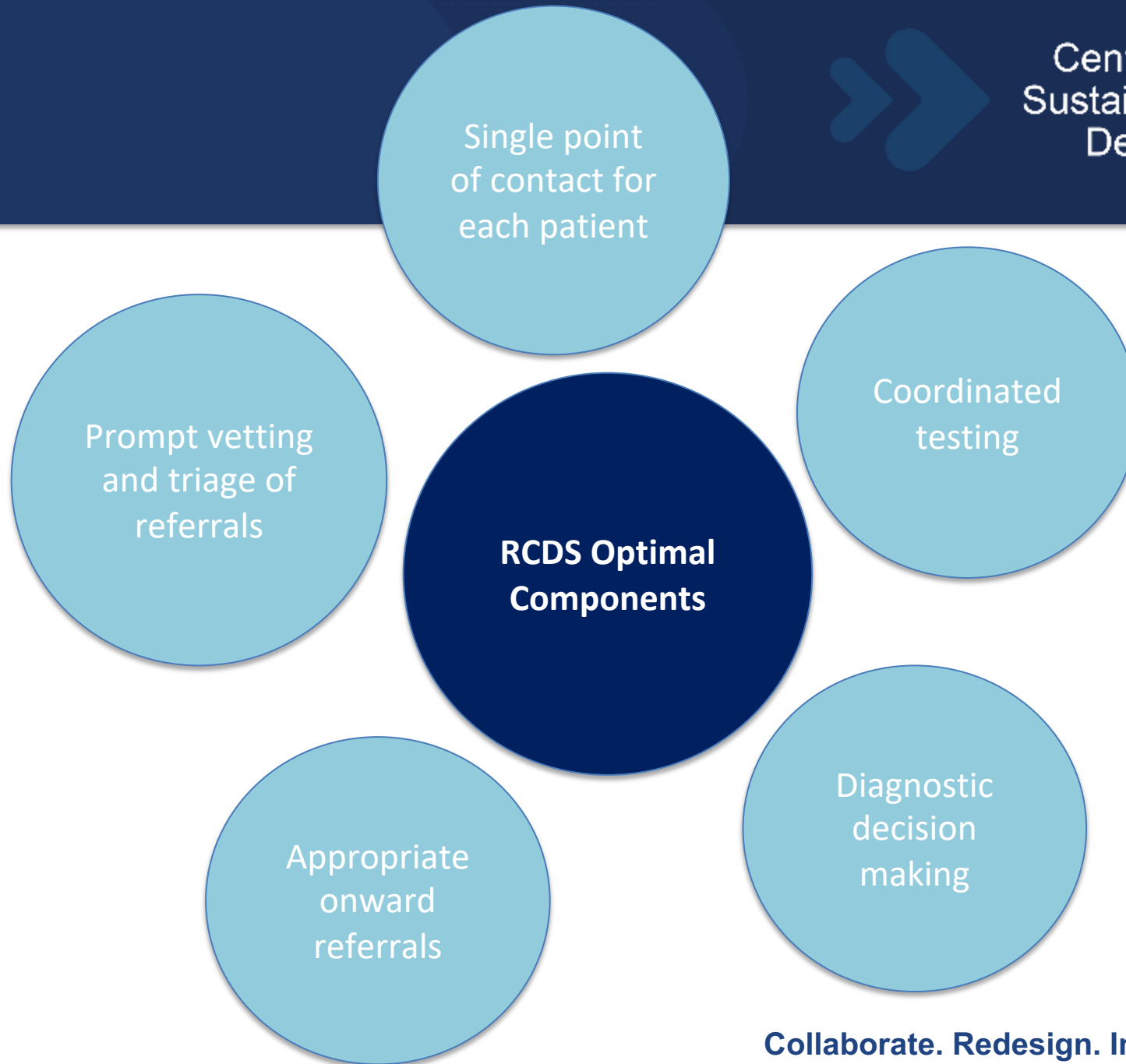
- 3,616 RCDS referrals were received and 2,489 (~69%) accepted. The remainder of referrals were largely either redirected to site-specific cancer pathways (~14%) or did not progress onto the RCDS pathway as they didn't meet referral criteria (~13%). The remainder of referrals (4%) were redirected for a number of reasons.
- The conversion rate from RCDS referral to cancer was 11.9%. Literature suggests that similar pathways' conversion rates vary between 7.2%- 15%;
- The vast majority of patients that were not diagnosed with cancer were directed back to primary care (>50%);
- The overall mean time from RCDS referral to outcome was 16.3 days;
- CT scanning was the most frequent diagnostic test performed;
- A range of cancer types were diagnosed - Lung and Hepato-Pancreato-Biliary (HPB) are the two most commonly found.



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Executive summary



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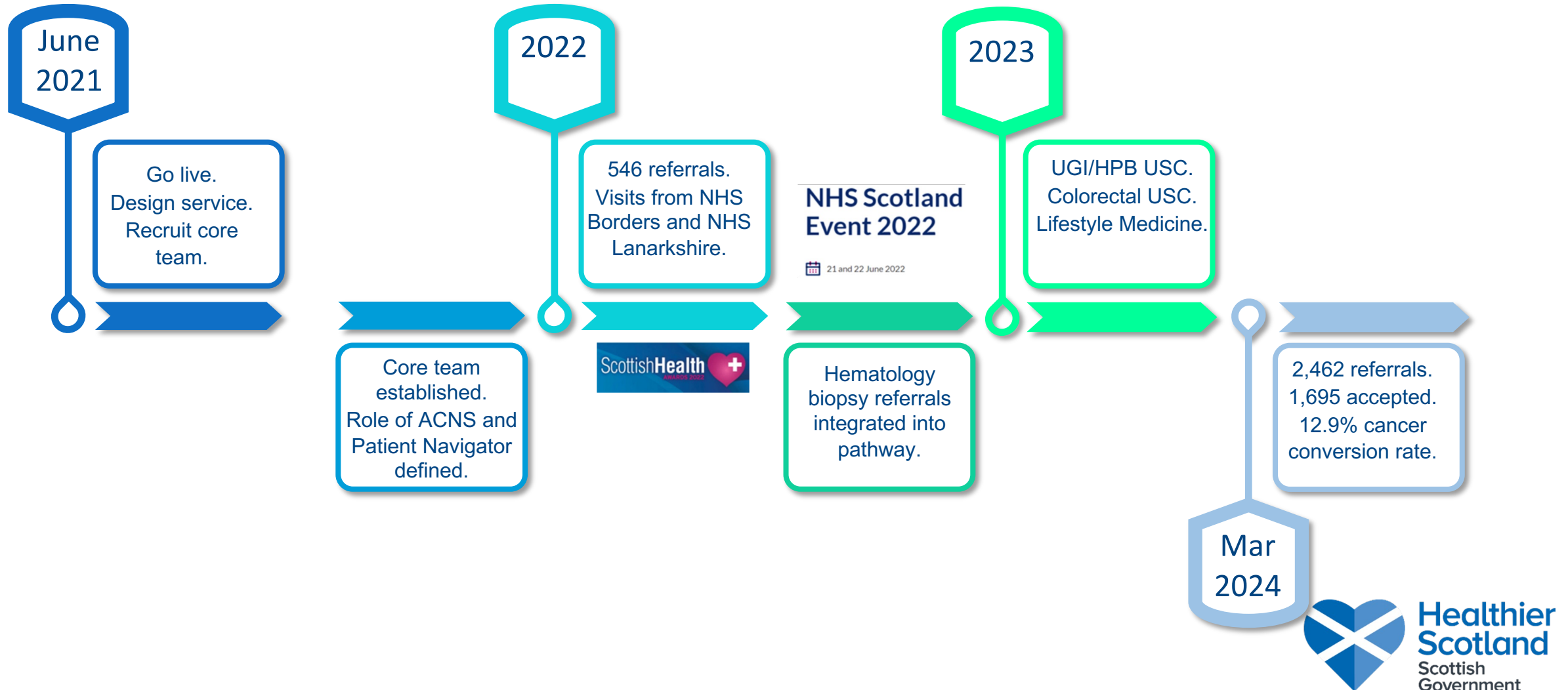
- The evaluation of Scotland's RCDSs to date shows that the model delivers a quality service at speed and highly valued by patients and staff.
- The RCDS reduces the median time from referral to diagnosis for patients with non-specific symptoms suspicious of cancer.
- It demonstrates, for those Boards where GP direct access to CT is already established, a RCDS model can work in parallel to meet different primary care needs.
- RCDSs were formed to address inequitable access to a cancer diagnostic pathway for those that don't meet the Scottish Referral Guidelines for Suspected Cancer. In doing so, the RCDS model is now operating under more favourable conditions than site-specific pathways - ensuring learning from this gold-standard model is filtered into site-specific pathways will be key to avoid a widening inequality gap.
- The RCDS model in Scotland is cost effective, comparing favourably to findings from other similar countries.

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Lessons learned from establishing a RCDS

Neil Cruickshank, Clinical Lead for RCDS, NHS Fife

NHS Fife Timeline

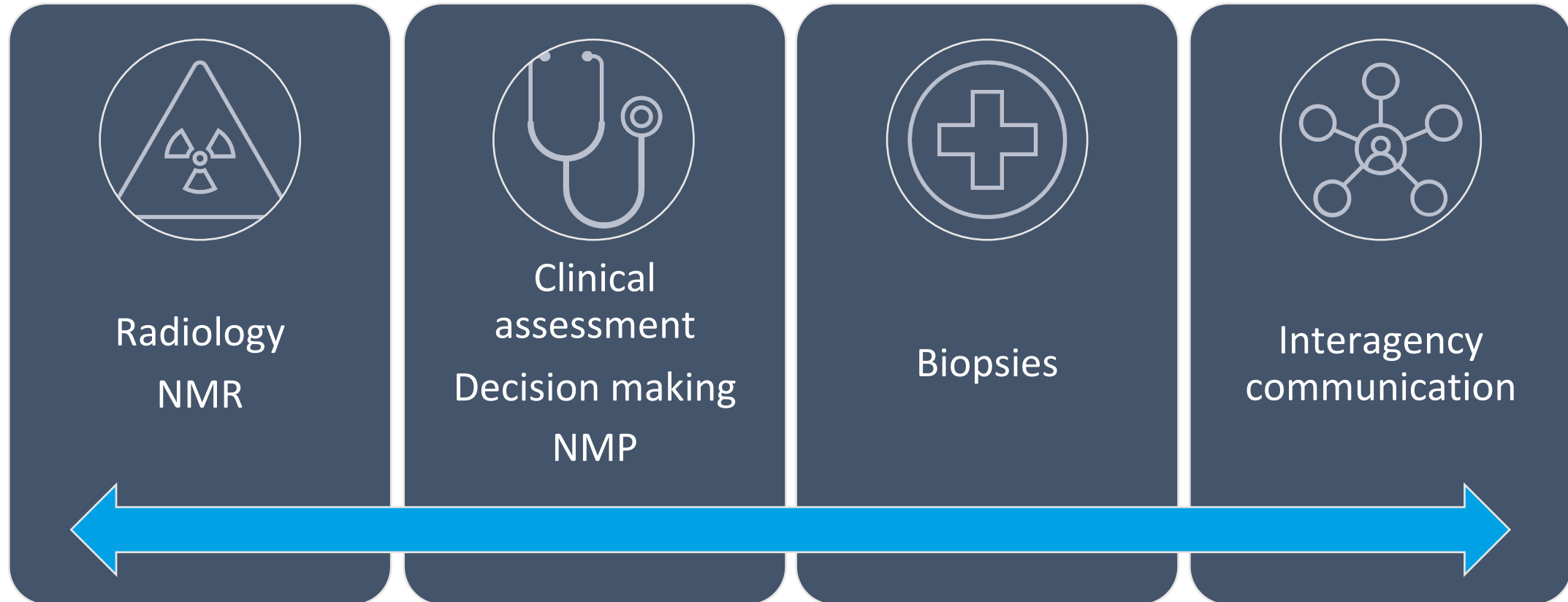


Developing the Team

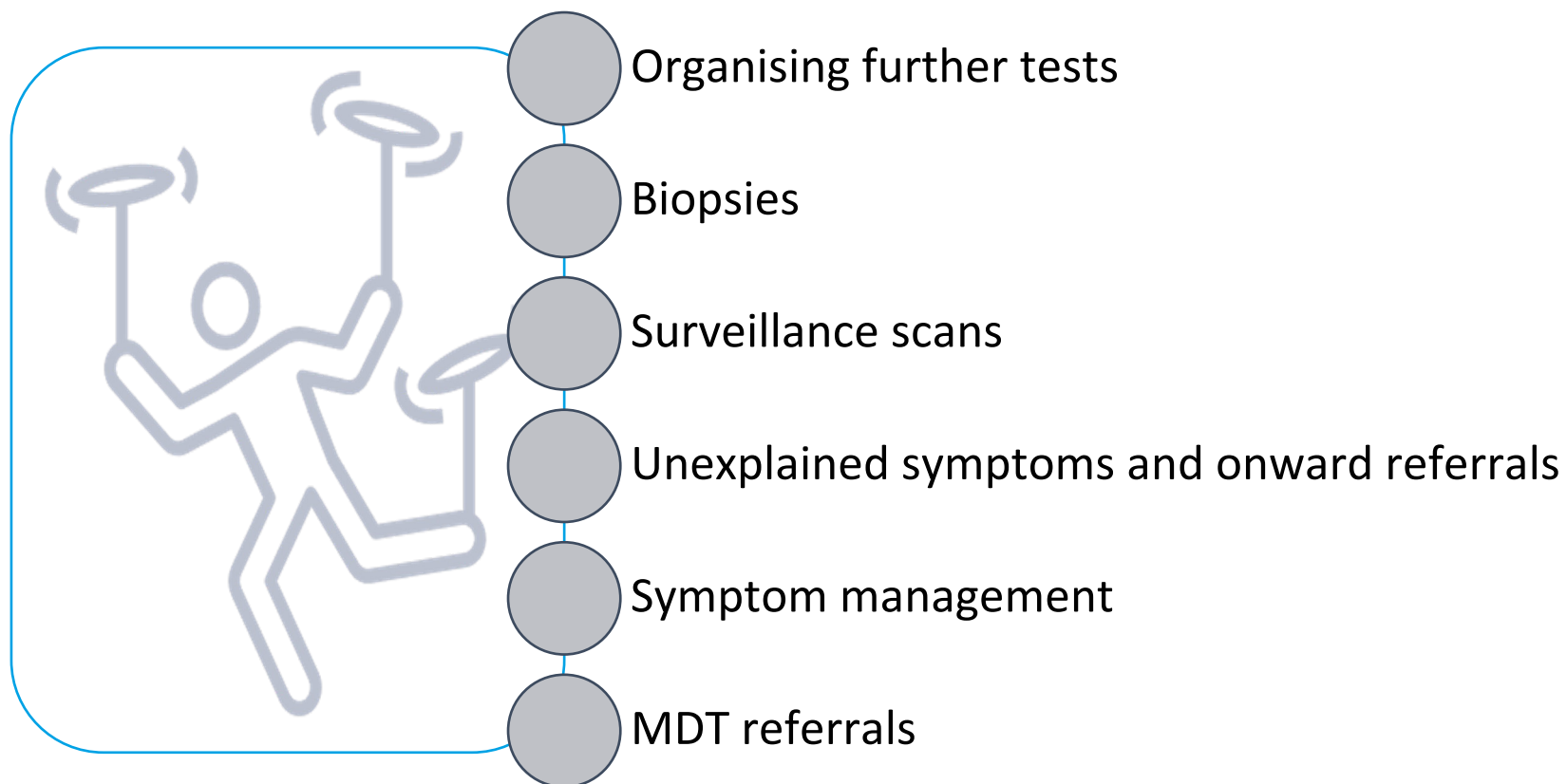


- Project management ✓
- Navigator role essential ✓
- Clinical Leadership and support – time to educate ✓
- Critical mass – double up / ability to develop the service

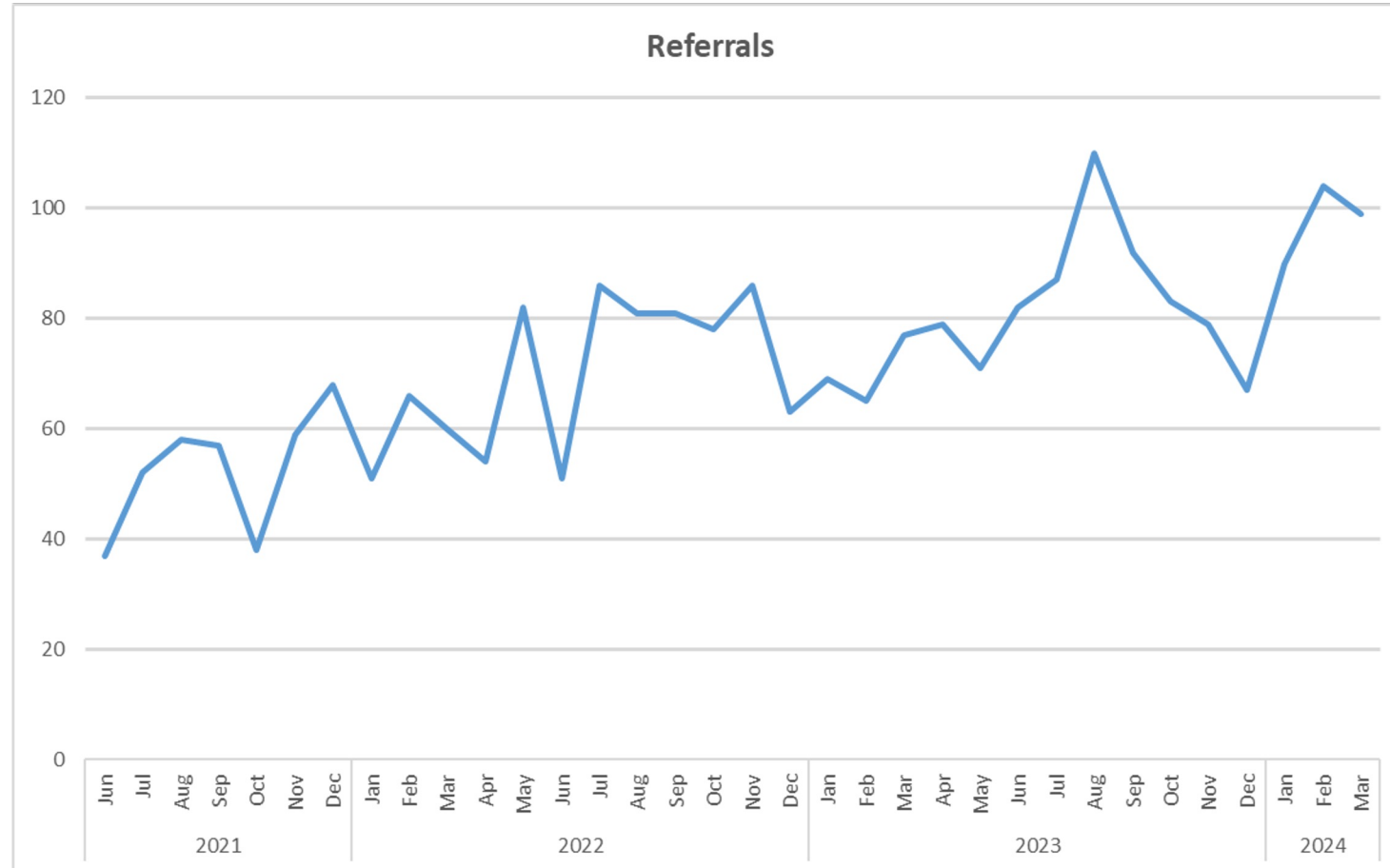
Training and Expansion of competencies



Unexpected workload

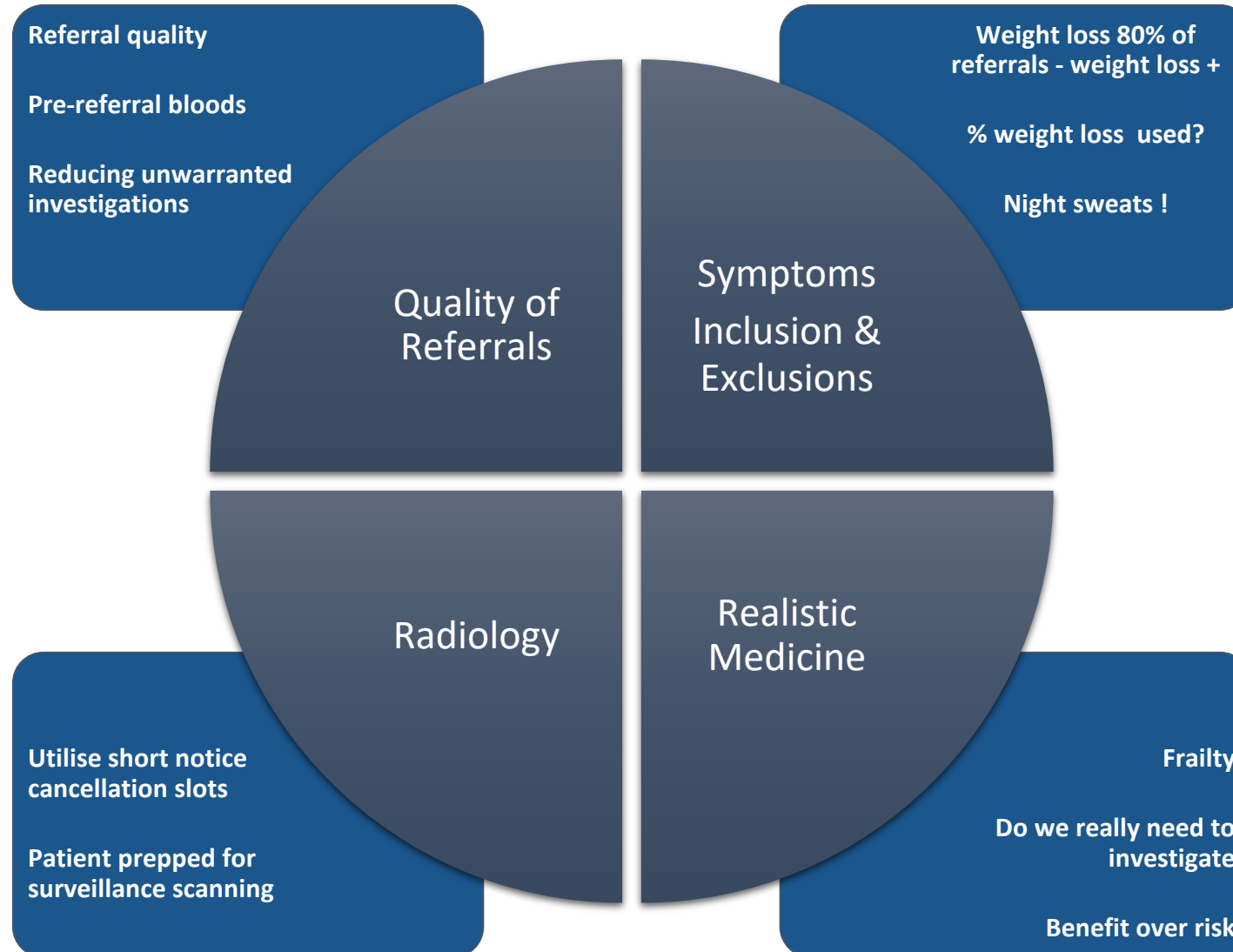


Workload



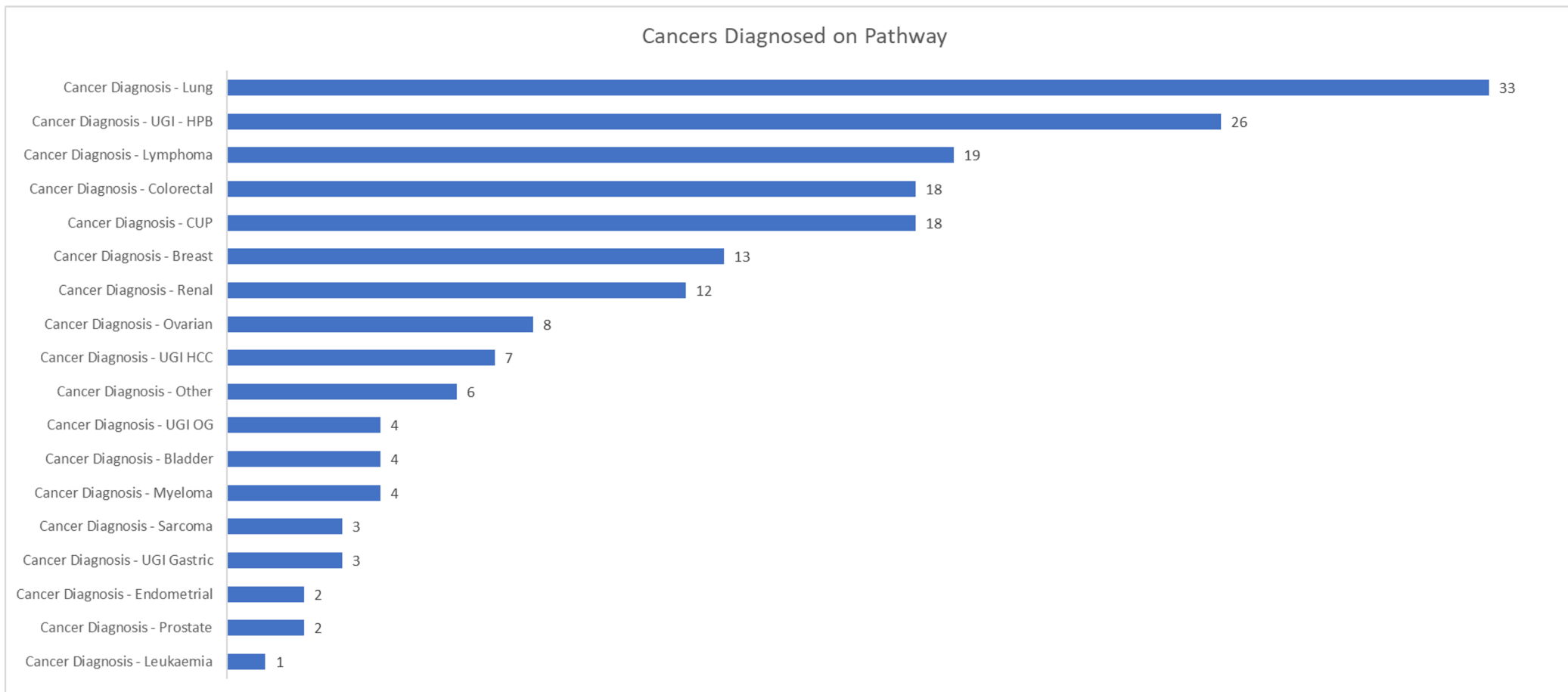
Key areas:

Pathway
navigator

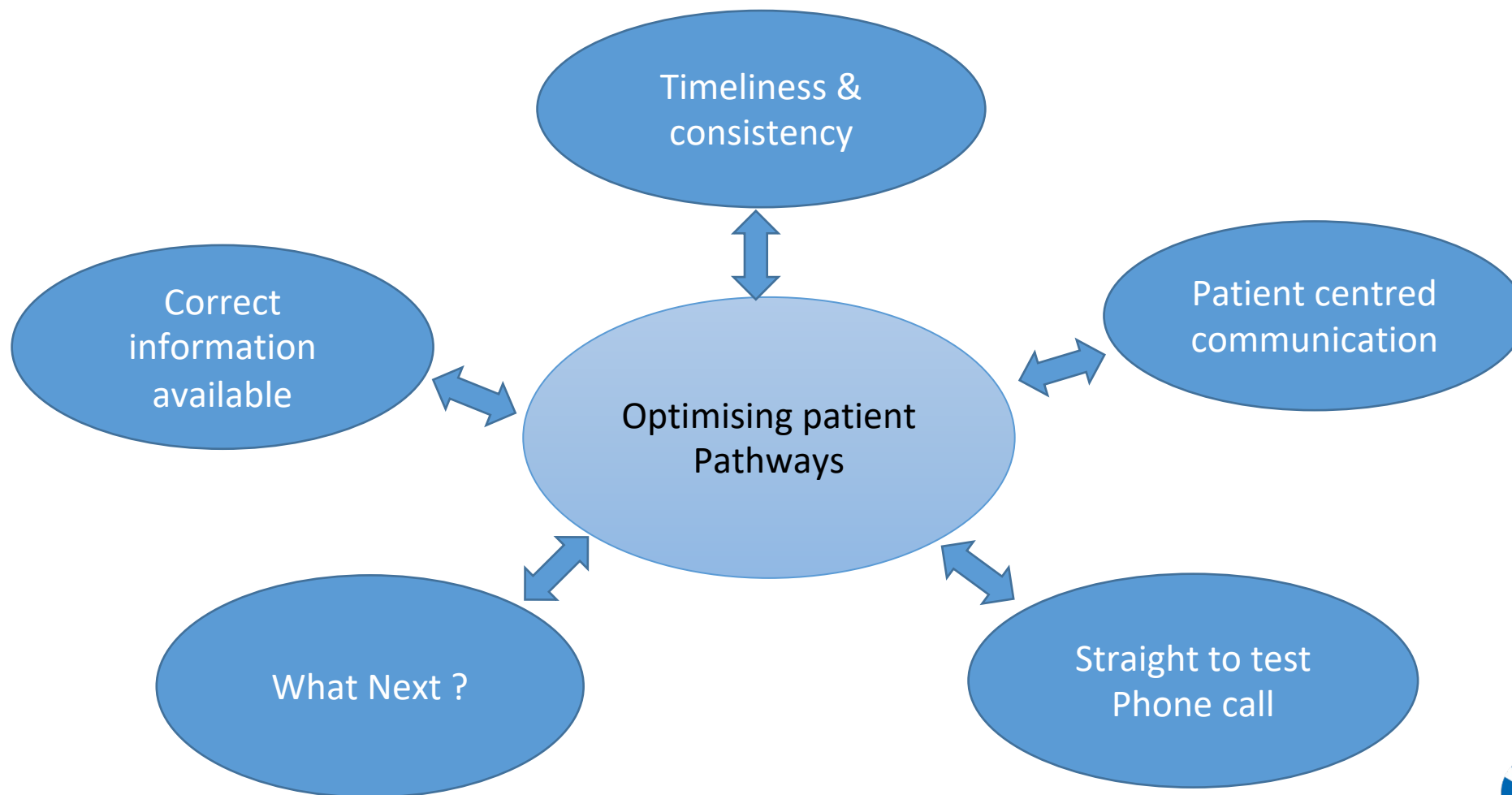


Clinical Nurse Specialist

RCDS working so well – What else ?



GI Expansion



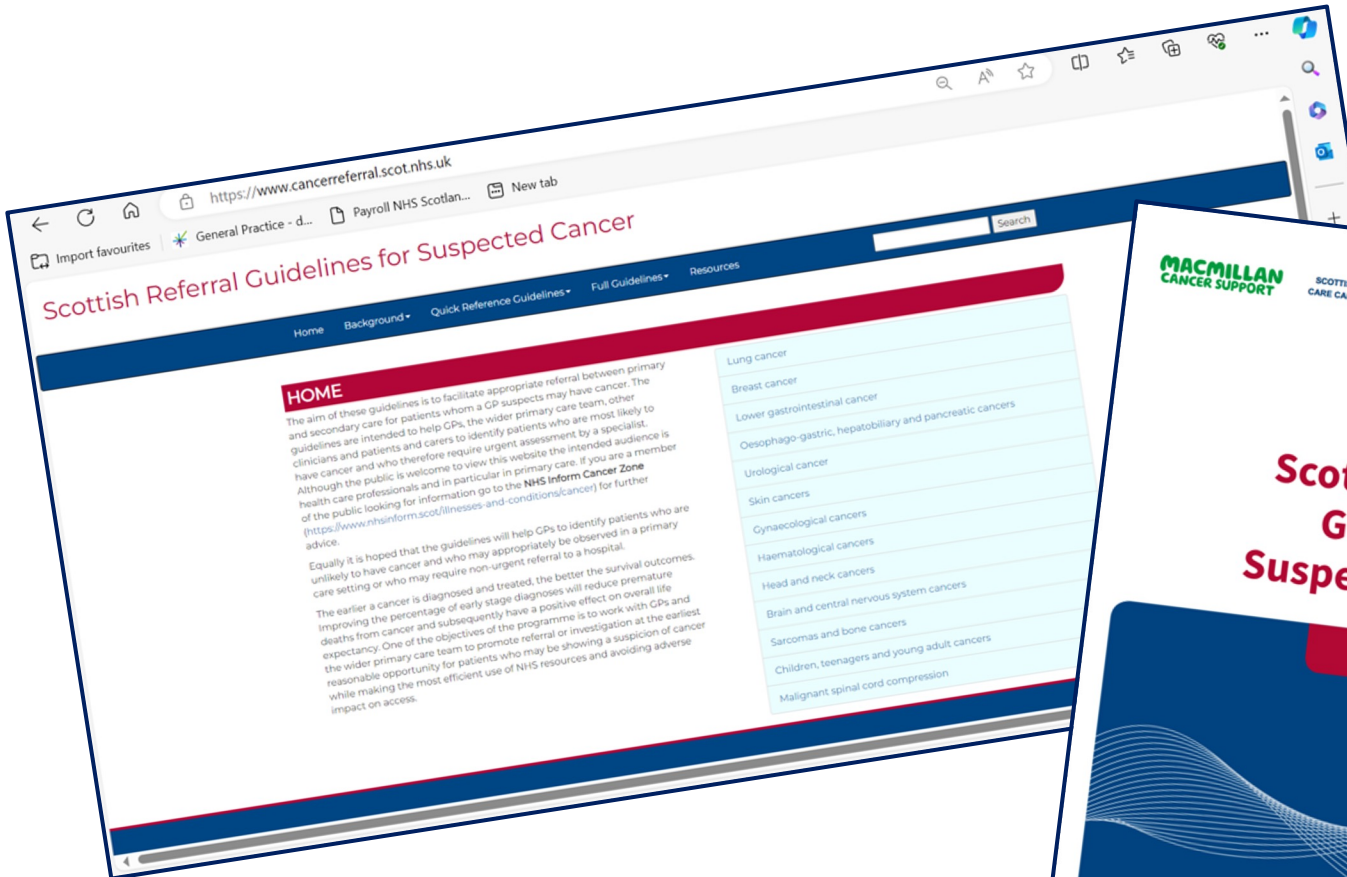
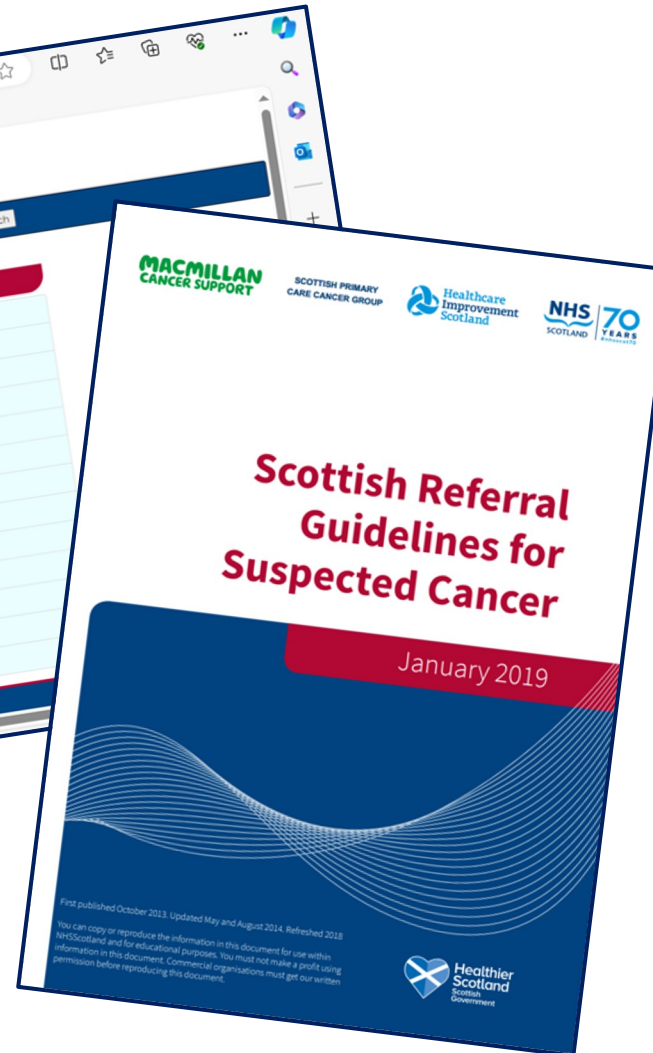
What RCDS adds for Primary Care

Dr. Robin Kerr.

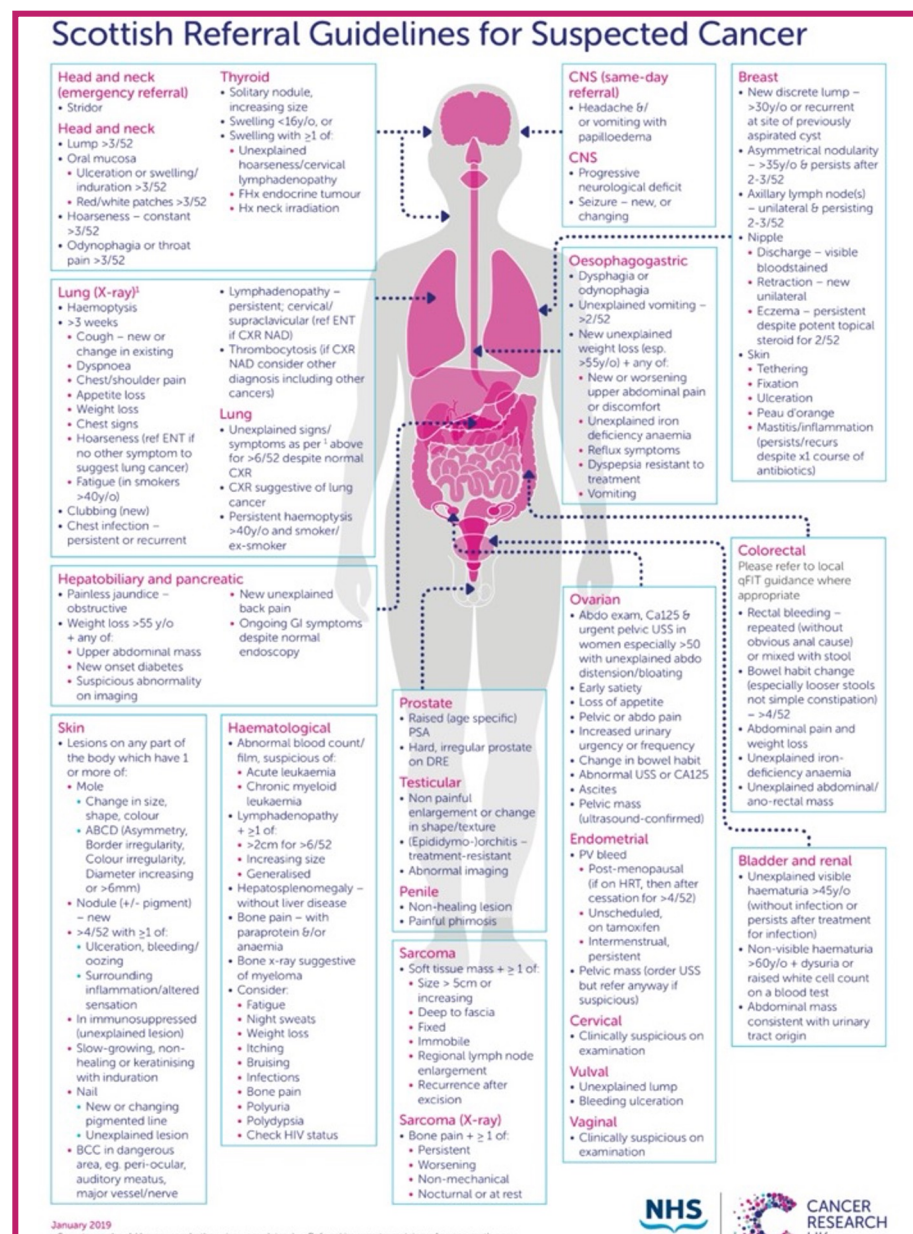
Clinical Lead for RCDS, NHS Borders

General Practitioner, Stow & Lauder Health

Existing tumour site pathways

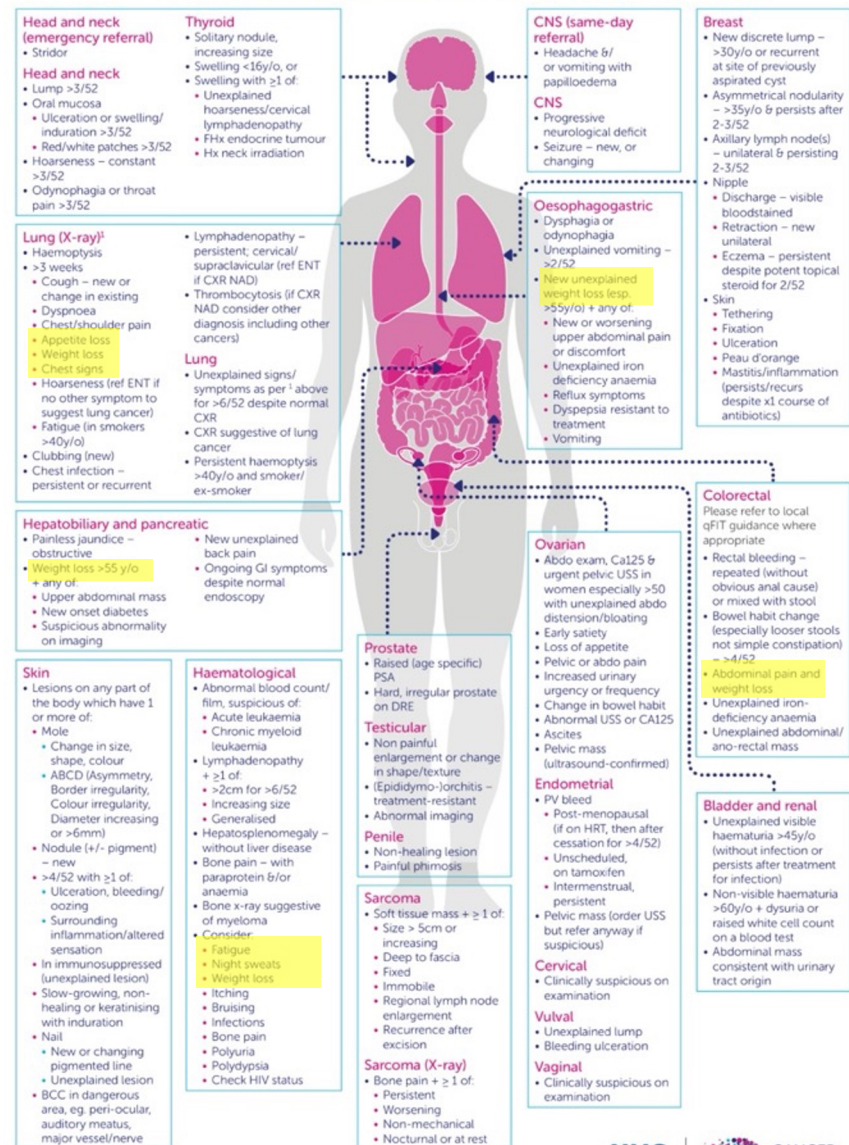


Why have RCDS?



Why have RCDS?

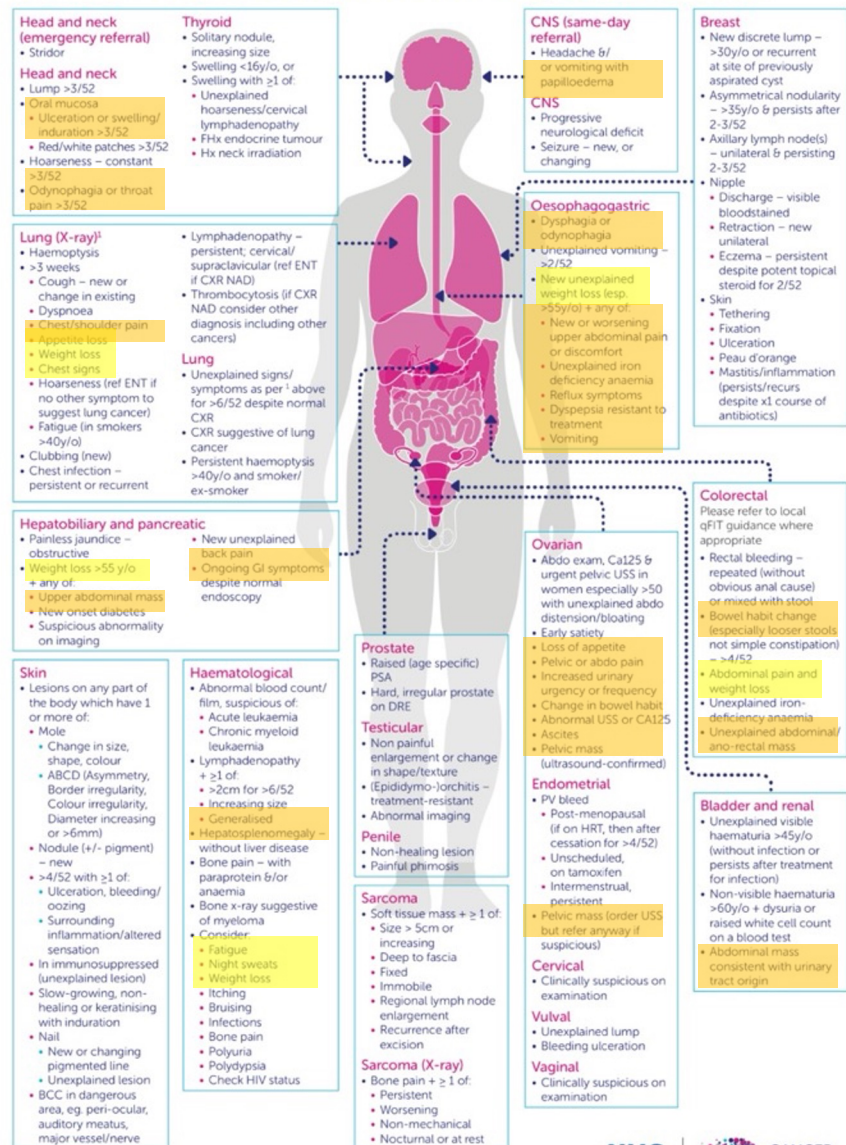
Scottish Referral Guidelines for Suspected Cancer



Weight loss

Why have RCDS?

Scottish Referral Guidelines for Suspected Cancer



January 2019



Weight loss

Non-specific abdominal symptoms



Healthier
Scotland
Scottish
Government

Primary care: 1-2 appointments per referral

Before you were referred to the Rapid Cancer Diagnostic Service, how many times did you see/speak to someone at your GP practice about your symptoms?

Answer Choices	Responses		
Once		35.00%	21
Twice		40.00%	24
3-5 times		15.00%	9
6-10 times		3.33%	2
11+		1.67%	1
I can't remember		5.00%	3
Answered: 60 Skipped: 0	Response Total:		60

Making a difference

- *“I must take this chance to pass on what a massive difference the RCDS has made. I’ve had to refer a few patients in the last few months and I’ve been very impressed with how quick and efficient their care has been. I’m not sure how we managed without it before and we certainly wouldn’t have managed to investigate this lady so quickly.”*
- **Borders GP**

- *“Your service is fantastic in terms of how quickly patients are seen and investigations carried out – we have all commented on how good it is!”*
- **Borders ANP**

Patient feedback

- *“I was really thankful for the thorough investigation into my symptoms. Fast and reliable service with great communication.”*
- *“Well organised and prompt appointment.”*
- *“Excellent communication and was able to put my mind at rest as quickly as possible.”*
- *“Super service – I hope it continues.”*

Putting aside your diagnosis or clinical outcome, how would you rate your overall experience moving through the Rapid Cancer Diagnostic Service? (where 1 is very bad and 10 is excellent)

Answer Choices	Responses		
1		0.00%	0
2		0.00%	0
3		0.00%	0
4		0.00%	0
5		0.00%	0
6		0.00%	0
7		0.00%	0
8		3.39%	2
9		16.95%	10
10		79.66%	47
Answered: 59 Skipped: 1		Response Total:	59

“You’re the clinic that gets all the interesting cases...”

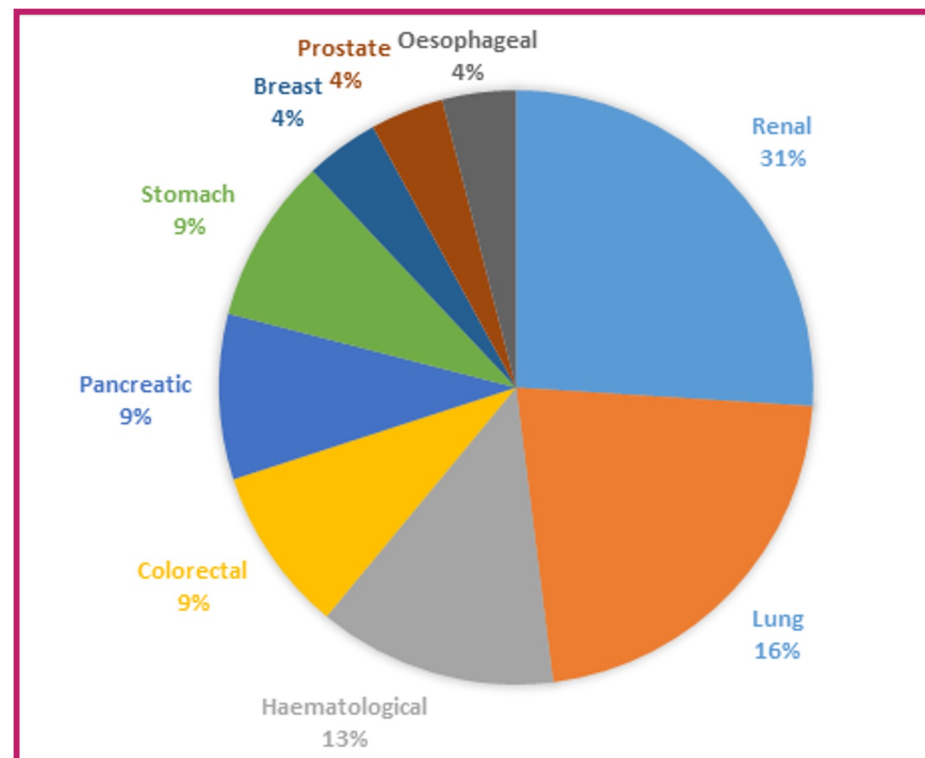
Diverticulosis
Pulmonary nodule
Hepatic cirrhosis
Subtotal occlusion of AAA
Paget’s disease of bone
NAFLD
Emphysema
Crush fractures
Renal calculi
Atrial fibrillation
Postural hypotension
Postural orthostatic tachycardia syndrome
Vasculitis

Gall stones
Endocarditis
Discitis
Adrenal adenoma
Hiatus hernia
Benign prostatic hypertrophy
Ischaemic heart disease
Chronic gastritis
Pyelonephritis
Peripheral vascular disease
Aortic thrombus
Pulmonary embolism

Spinal cord compression
Thoracic aortic aneurysm
Polymyalgia rheumatica
Primary hyperparathyroidism
Ongoing symptomatic COVID-19
Myelofibrosis
MGUS
Scoliosis
Gastroesophageal reflux
?Sarcoidosis
?Caroli’s disease
?Langershans cell histiocytosis

Outcomes

- **16% cancer diagnosis**
 - Tumour sites as shown:
- 12 days median on RCDS pathway from referral to diagnosis/discharge



Diagnosis via RCDS

Female in 80s



Both presenting with:

Weight loss

Fatigue

No localising symptoms

Iron deficiency anaemia

Negative Qfit

Negative urinalysis

Male in 50s



Scottish Cancer Referral Guidelines say...

MACMILLAN
CANCER SUPPORT

SCOTTISH PRIMARY
CARE CANCER GROUP

Healthcare
Improvement
Scotland

NHS 70
SCOTLAND YEARS
1948-2018

Urgent suspicion of cancer referral

- **Dysphagia** (interference of the swallowing mechanism that occurs within five seconds of the swallowing process) or **unexplained odynophagia** (pain on swallowing) at any age
- **Unexplained weight loss**, particularly >55 years, combined with one or more of the following features:
 - new or worsening upper abdominal pain or discomfort
 - **unexplained iron deficiency anaemia**
 - reflux symptoms
 - dyspepsia resistant to treatment
 - vomiting
- New vomiting persisting for more than two weeks

Urgent suspicion of cancer referral - high risk features

Bleeding

- Repeated rectal bleeding without an obvious anal cause
- Any blood mixed with the stool

Bowel habit

- Persistent (more than four weeks) change in bowel habit especially to looser stools - not simple constipation

Mass

- Unexplained abdominal mass
- Palpable ano-rectal mass

Pain

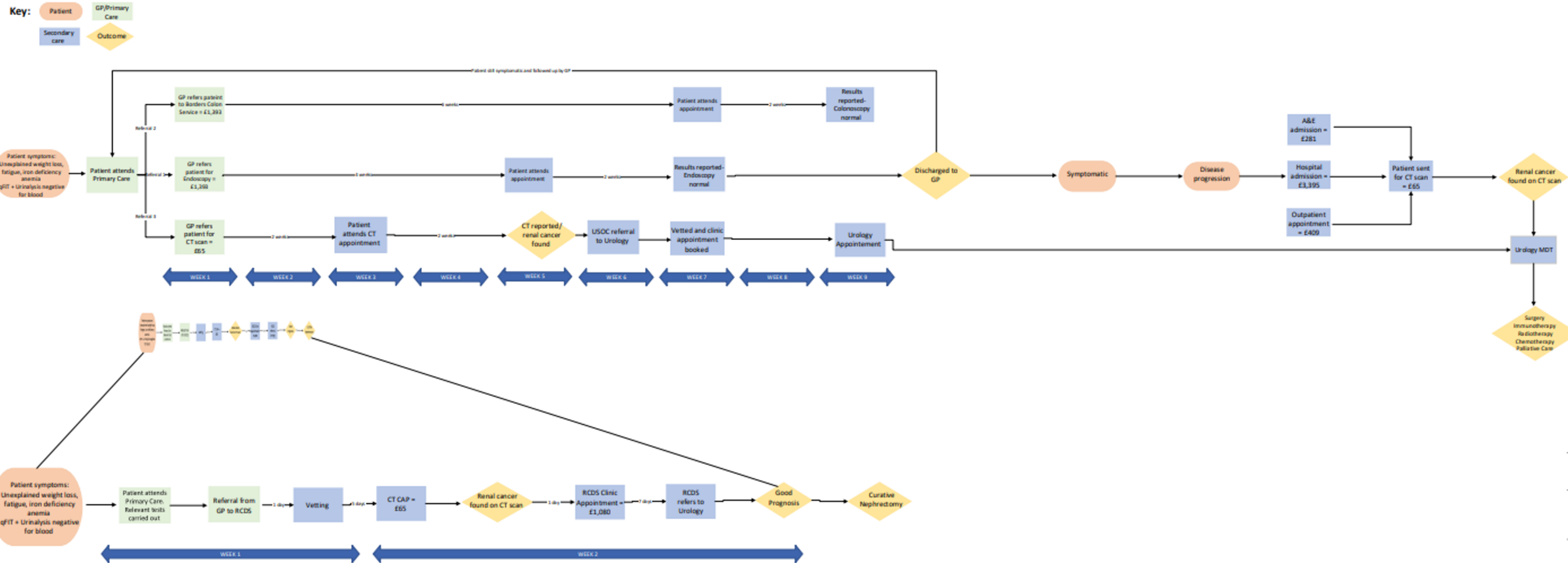
- Abdominal pain with weight loss (also consider upper GI cancer)

Iron deficiency anaemia

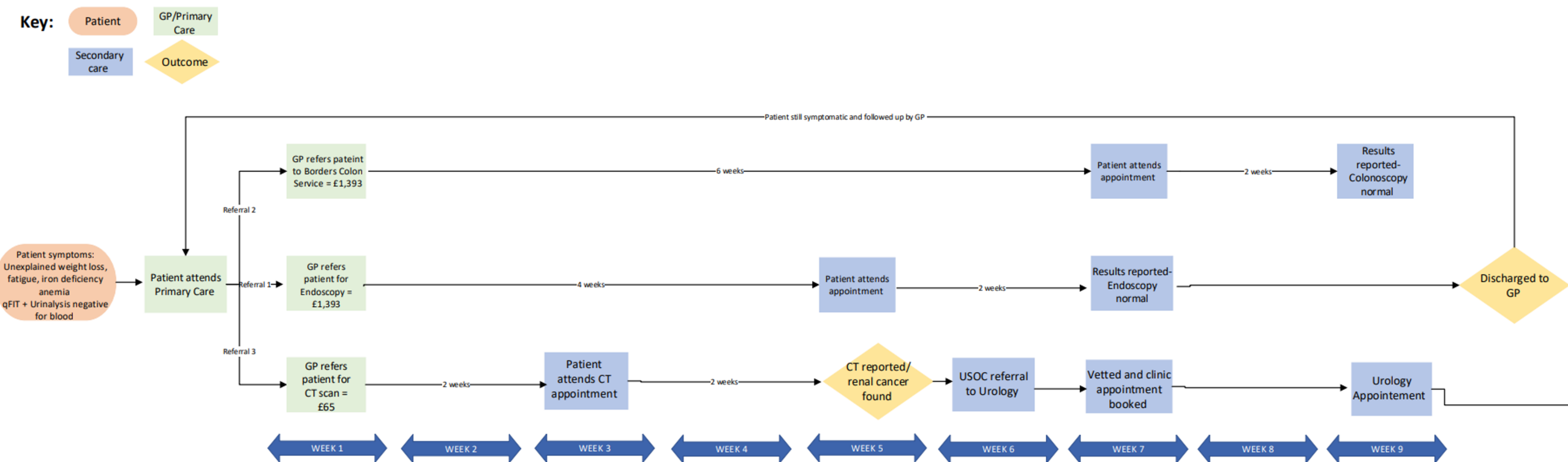
- **Unexplained iron deficiency anaemia**

First published October 2013. Updated May and August 2014. Re
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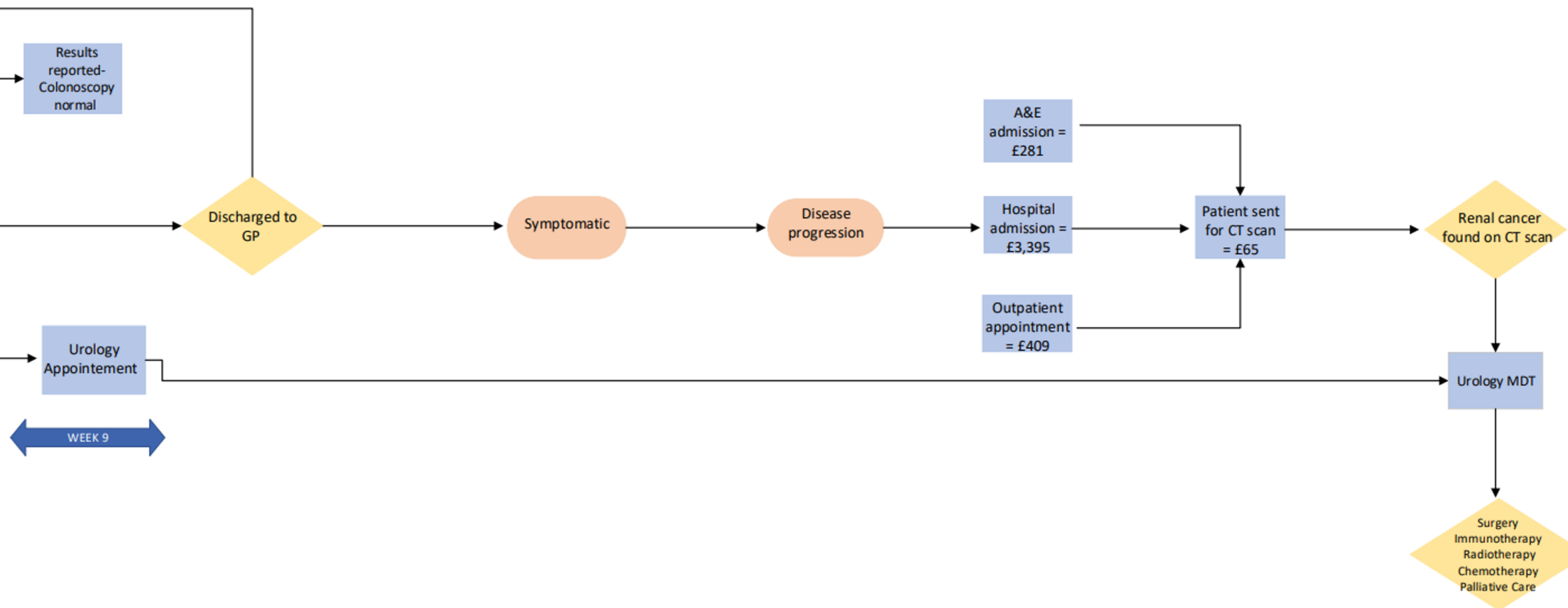
RCDS route map of Patient Journey



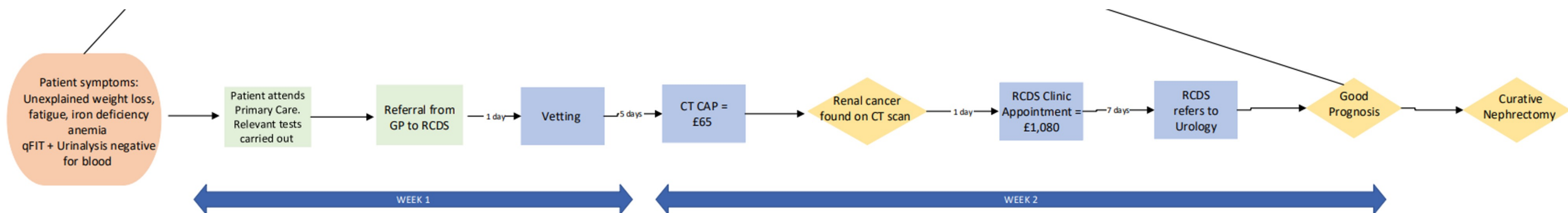
Pathway without RCDS



Pathway without RCDS (continued)



Pathway with RCDS



RCDS benefits

	Patient Pathway without RCDS	Patient Pathway with RCDS
TIME	Minimum of 63 days (but could be many months longer)	14 days (at least 4.5 times faster than without RCDS)
TEAMS	Up to 8 teams involved (Primary Care, Endoscopy, Colonoscopy, Pathology, Emergency Medicine, General Medicine, Radiology, Urology)	4 teams involved (Primary Care, RCDS, Radiology, Urology)
COST	Up to £6,246	£1,145 (5 times cheaper than the cost without RCDS)

Ultimately, RCDS is saving...



Ultimately, RCDS is saving...

Time

Ultimately, RCDS is saving...

Time

Money

Ultimately, RCDS is saving...

Time

Money

Lives

The CNS / Navigator role within the RCDS

**Lucy Heycock – CNS
NHS Dumfries & Galloway**

CNS /Navigator role - what do we do?

- Benefits to staff
- Benefits to patient

The role of the CNS and navigator

- Vetting - info from the patient, clinical Hx & GP; discussion with colleagues; ensuring screening investigations done, etc
- Patient contact - explanation, Hx + assessment, rapport
- Requesting tests - mainly CTs
- Appointing - clinic or straight to CT
- MDT
- Giving results / outcome - to patients and referrers
- Onward referrals
- On-going support/coordination till discharged or under another team

Benefits to health care professionals (as I see it)

- Timely access to secondary care
- Advice
- Coordination / facilitation
- Communication
- Reduction of GP visits

Benefits for patients

- Timely access to investigations
- And results
- Explanation and support
 - (practical and emotional)
- Onward signposting
- Access

Original research


OPEN ACCESS

Clinical nurse specialists and survival in patients with cancer: the UK National Cancer Experience Survey

Saleh A Alessey^{1,2}, Elizabeth Davies^{1,2}, Janette Rawlinson,³ Matthew Baker,³ Margreet Luchtenborg^{2,4}

¹Public Health Department, College of Health Sciences, Saudi Electronic University, Riyadh, Saudi Arabia
²Centre for Cancer, Society & Public Health, Comprehensive

ABSTRACT
Objective To examine whether having a better care experience with a clinical nurse specialist (CNS) is associated with better overall survival of patients with cancer in England.

Key messages
What is already known on this topic
 ► Improving patients' experiences of cancer

BMJ Support Palliat Care: first published as 10.1136/bmj



What does the patient need?

- **To be seen**
- **To feel seen**

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Questions ??