

# South West Cancer Alliances Rapid Diagnostic Pathway for Lung Cancer Project Evaluation

Peninsula Thoracic-Oncology SSG

11.10.2018

# Questions requiring answers

**The questions identified as key to demonstrating achievement against project aims are;**

- Have providers delivered the pathway milestones as defined?
- Is there evidence of earlier diagnosis of lung cancer as a result of this pathway transformation?
- Has there been a reduction in time to lung cancer diagnosis during the duration of the project?
- Has there been a reduction in the percentage of lung cancers diagnosed following emergency presentation during the duration of the project?
- Has there been an improvement in Lung Cancer pathway performance across the SW Cancer Alliances during the duration of the project?
- Has patient experience improved for those referred for Chest X-ray by their GP?
- Are GP's experiencing improved clarity and consistency in Chest X-ray reports?
- Is the new pathway cost effective?
- Do we understand the impact on key staff groups workload including GP's, respiratory physicians, Clinical Nurse Specialists and Radiologist / Radiographer?

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**SW Alliances' Rapid Diagnostic Pathway for Lung Cancer**

The purpose of the evaluation proposed is to assess achievement of The SW Alliances' Rapid Diagnostic Pathway for Lung Cancer aims of increasing the percentage of lung cancer staged 1&2 at diagnosis to improve outcomes for patients and reduce the numbers of patients diagnosed via emergency admission. Evaluation will scrutinise the implementation of streamlined diagnostic pathways, time to diagnosis, cost-effectiveness, the impact on cancer performance and our patients' experience. The evaluation period is 2018/19.

Evaluation item	Sample	Data source	Collation / submission	Analysis	Reporting	Information Governance
Pathway implementation	SW CA Providers Cancer Services	Monthly provider highlight report	Final Friday each month to Alliance administrators	Monthly by SW Alliances' project manager and quarterly by SW Lung Cancer Steering group	Milestone Compliance report at provider level monthly as requested to stakeholder events and quarterly to SW Lung cancer Steering group	Non required
Demand/ Waits / Pathway activity / Diagnosis Data	SW CA Providers Cancer Services	Monthly provider data and route to diagnosis report	Final Friday each month 3 months in arrears (draft submission 2 months in arrears) to Alliance administrators	Monthly by SW Alliances' project manager and quarterly by SW Lung Cancer Steering group	Provider level quarterly evaluation report to SW Lung Cancer Steering Group and its subsidiary clinical advisory group	No patient identifiable data shared Provider responsibility to challenge share with Alliance Alliance agreement required with providers to share amongst stakeholders
Performance Data	SW CA Providers Cancer Services	Monthly provider data report, SWSCN Cancer Dashboard, National Cancer Report	Final Friday each month 3 months in arrears (draft submission 2 months in arrears) to Alliance administrators	Monthly by SW Alliances' project manager and quarterly by SW Lung Cancer Steering group	Provider level quarterly evaluation report to SW Lung Cancer Steering Group and Prevention and Early Diagnosis Group	No patient identifiable data shared Provider responsibility to challenge share with Alliance Alliance agreement required with providers to share amongst stakeholders
Patient experience	All patients referred by GP for CXR	Interviews Web based survey Paper survey CPES (post project evaluation period)	Quarterly by Alliance administrators	Monthly by SW Alliances' PPE lead and quarterly by SW Lung Cancer Steering group	Provider level quarterly evaluation report to SW Lung Cancer Steering Group and Prevention and Early Diagnosis Group	Patient Identifiable Data Assessment required

\*For Evaluation detail see South West (SW) Alliances' Rapid Diagnostic Pathway Evaluation Plan (Extended) available at: <http://www.swscn.org.uk/networks/cancer/projects/>

GP requested Chest Xrays		detail	units
Demand	Total No. requested	All CXR's requested by GP's received in month	no.
	Total No 2 ww referrals received	All GP urgent referrals for suspected lung cancer received	no.
CX3 / CXR suspicious of malignancy			
Demand	No's CXR reported as CX3 / CXR suspicious of malignancy	All GP requested CXR's reported as CX3 or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway	no.
Waits	wait between CXR perform to report	All GP requested CXR's	median no. days
	wait between CXR and CT		
	wait for CT report	For CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway no. days between CXR and CT	median no. days
	wait for OPA	For CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway no. days between CT performed and report	median no. days
		For CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway no. days between CT performed and OPA	median no. days

Pathway activity	STT CT %	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT % of all CX3's or like (however if depending on pathway, % of those who went STT CT (this will inform either % of those e.g CT contraindicated or refused or if 0% as DA pathway implemented) would like to use no. to aid safety netting no. is acceptable)
	DA CT %	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT % of all CX3's or like (however if depending on pathway, % of those who were referred back to GP with request for DA CT and attended) would like to use no. to aid safety netting no. is acceptable)
	2ww referral received(%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT % of all CX3's or like (however if depending on pathway, % of those were 2 ww received (if 2ww request part of the pathway would anticipate 100% where no 2 ww request to GP being made will inform re. GP practices requesting CXR when suspect Ca) would like to use no. to aid safety netting no. is acceptable)
	Triage (%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT % of all CX3's or like (however if depending on pathway, % of those who were triaged by respiratory or radiology post CT prior to decision re. OPA requirement) would like to use no. to aid safety netting no. is acceptable)
	Normal CT / no further treatment required (%) / removed from cancer tracking	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT % of all CX3's or like (however if depending on pathway, % of those whos CT was normal and no further treatment was required) would like to use no. to aid safety netting no. is acceptable)
	Lung Cancer OPA (%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT % of all CX3's or like (however if depending on pathway, % of those who required a lung cancer clinic outpatient appointment) would like to use no. to aid safety netting no. is acceptable)

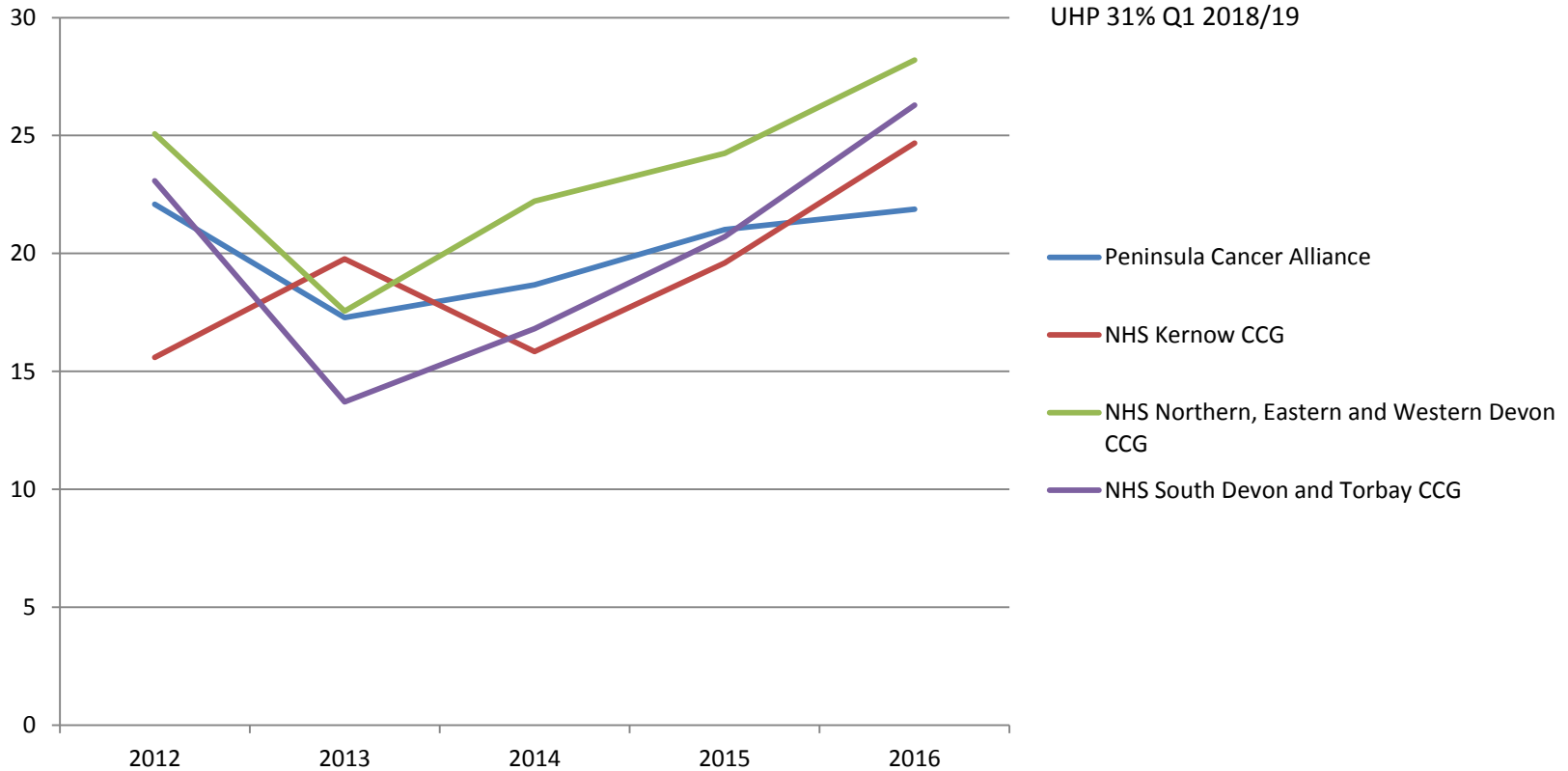
Diagnosis	SCLC (%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway, % of those diagnosed with Small Cell Lung Cancer	% of all CX3's or like
	NSCLC (%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway, % of those diagnosed with Non Small Cell Lung Cancer	% of all CX3's or like
	Diagnosis not yet known (%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway, % of those not yet diagnosed	% of all CX3's or like
	Stage 1&2 (%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway, % of those diagnosed at stage 1 or 2	% of all CX3's or like
	Stage 3&4 (%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway, % of those diagnosed at stage 3 or 4	% of all CX3's or like
	Other Respiratory Diagnosis incl. lung metastases (%)	Off all CX3's or highly suspicious of malignancy initiating STT CT or DA CT depending on pathway, % of those diagnosed with alternative respiratory diagnosis incl. lung metastases	% of all CX3's or like
	Performance	Lung 2ww performance (SWSCN Cancer Dashboard)(%)	As monthly submitted nationally
Lung 62 Day performance (National cancer report) (%)		As monthly submitted nationally	%
% Lung Cancers Diagnosed at stage 1 or 2		New diagnosis review	% all new diagnosis
% Lung Cancers Diagnosed via Emergency Presentation		New diagnosis review	% all new diagnosis

Deliverable / milestone	NDDH	UHP	RD&E	TSD	RCHFT
<b>Highlight / data report received</b>					
All patients will have access to a same day walk-in chest X-ray service					
All patients will follow this diagnostic pathway being the start of the OLCP GP → chest X-ray → CT → Outpatient appointment					
Systems will allow patients with a negative diagnosis to leave the pathway without the need for an outpatient appointment					
All GP Chest X-rays will be reported consistently, using the <b>South West Chest X-ray Reporting Tool (or locally agreed alternative)</b>					
Collect information on chest X-ray codes and related activity and outcomes					
X-ray and CT reporting backlogs will be cleared, facilitating a reduction in time between diagnostic activities and supporting either same day chest x-ray and CT					
Radiographers will be trained to report X-rays either CXR or others so as to enable same day reporting of CXRs					
Patient info BME accessible					
Risks (reported by providers)					

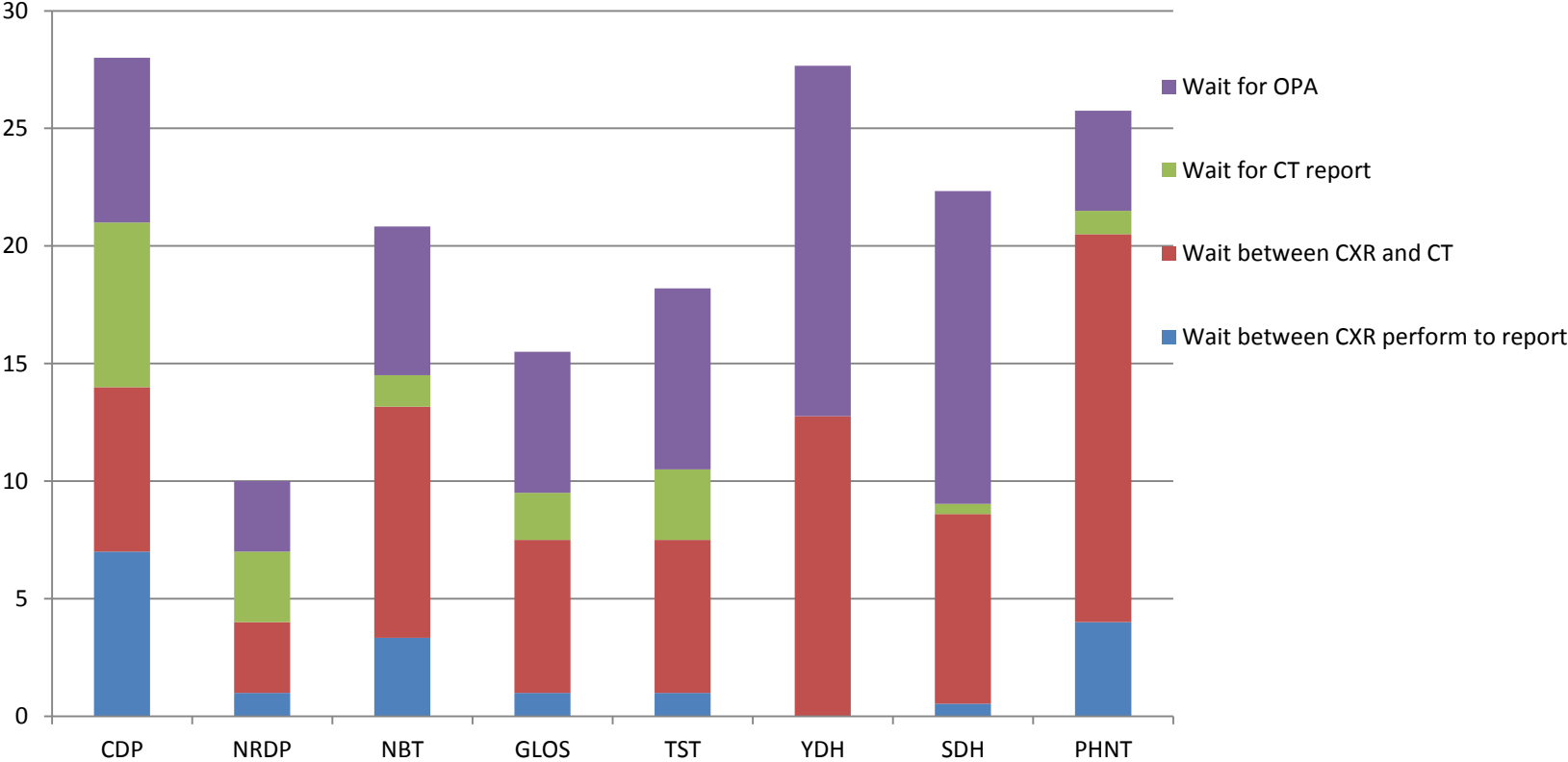
Evaluation only as thorough as quality of  
information received enables



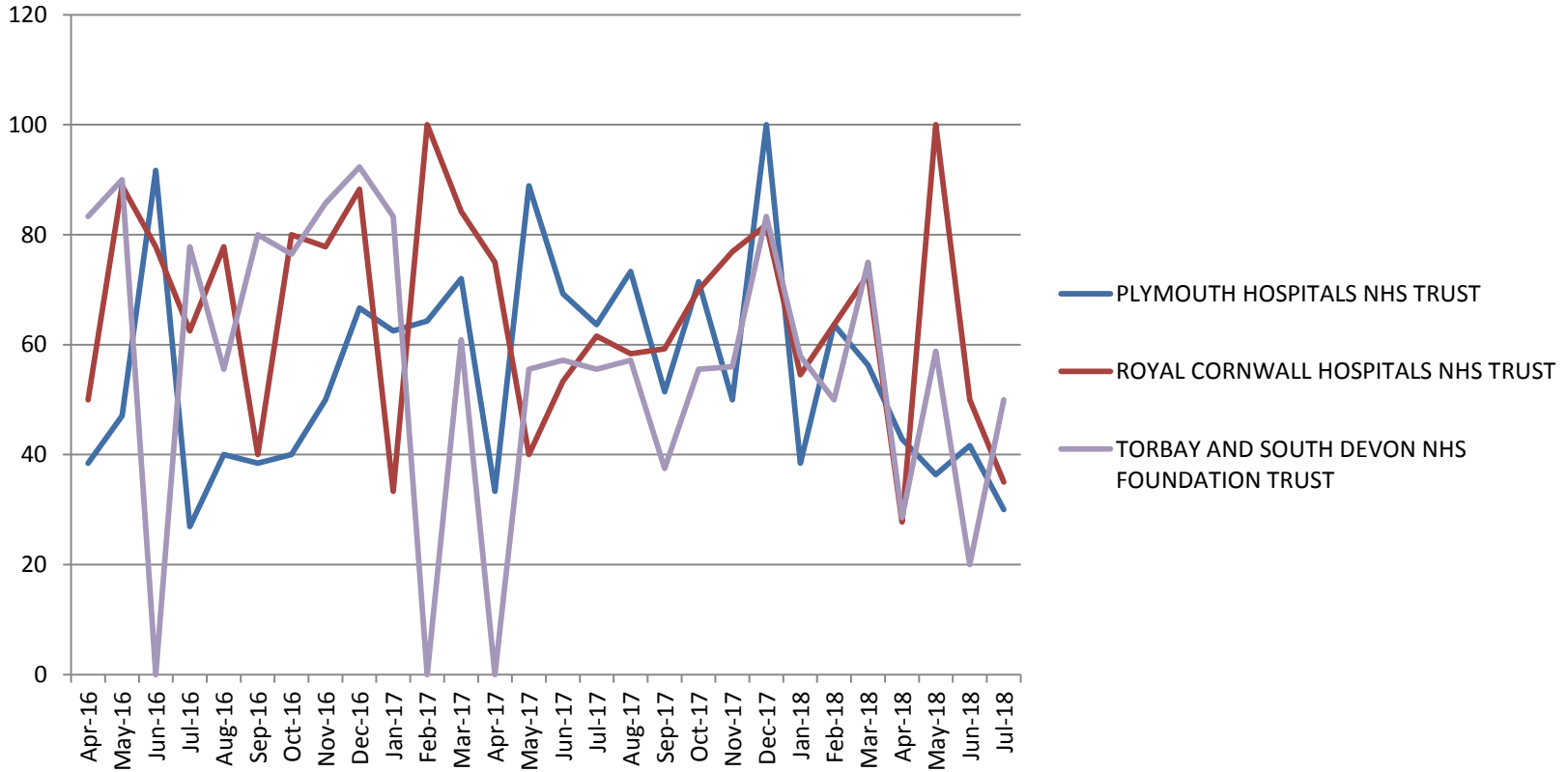
# Lung Cancers Diagnosed Stage 1&2



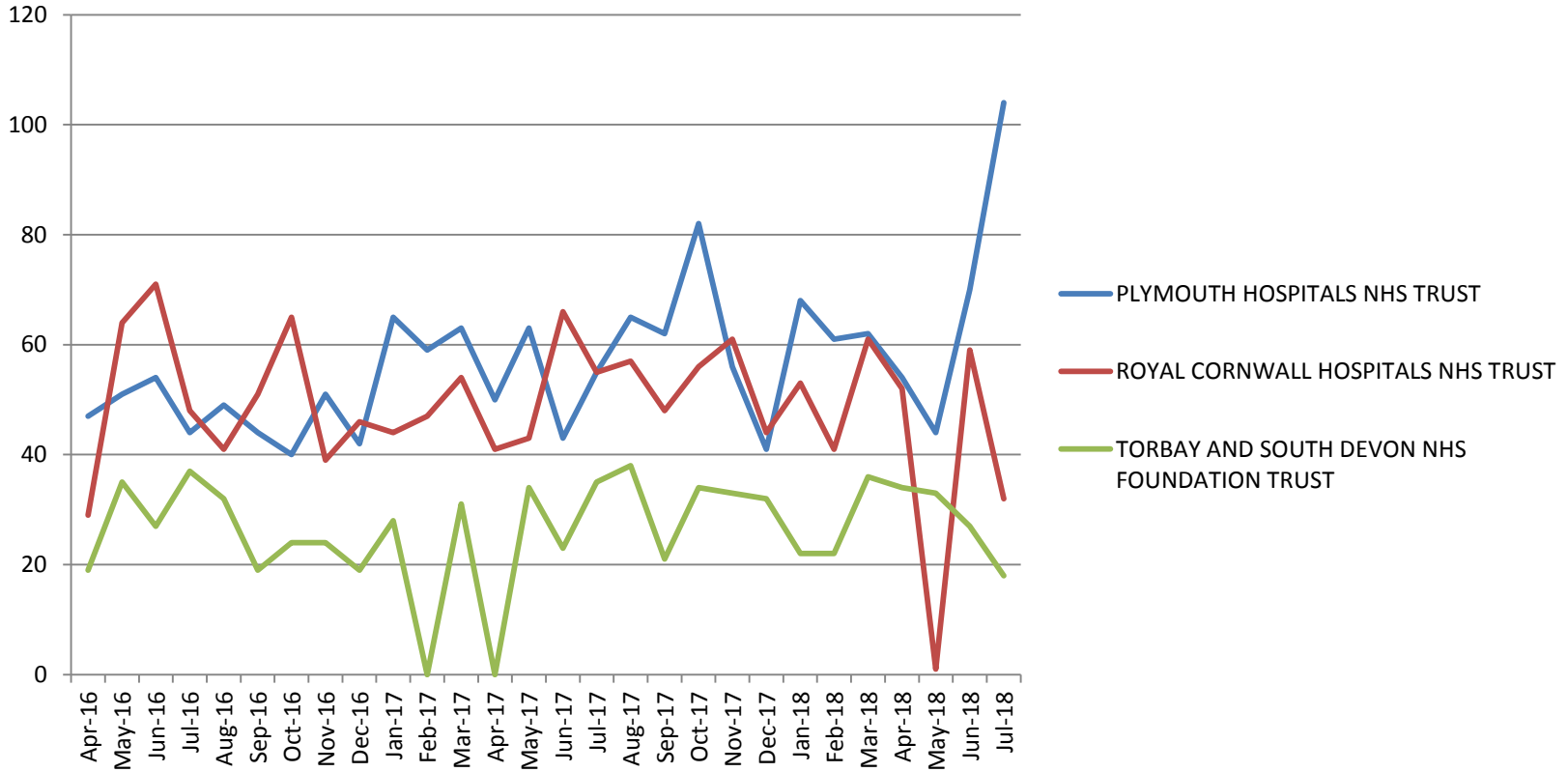
# Q1 2018/19 timed pathway steps



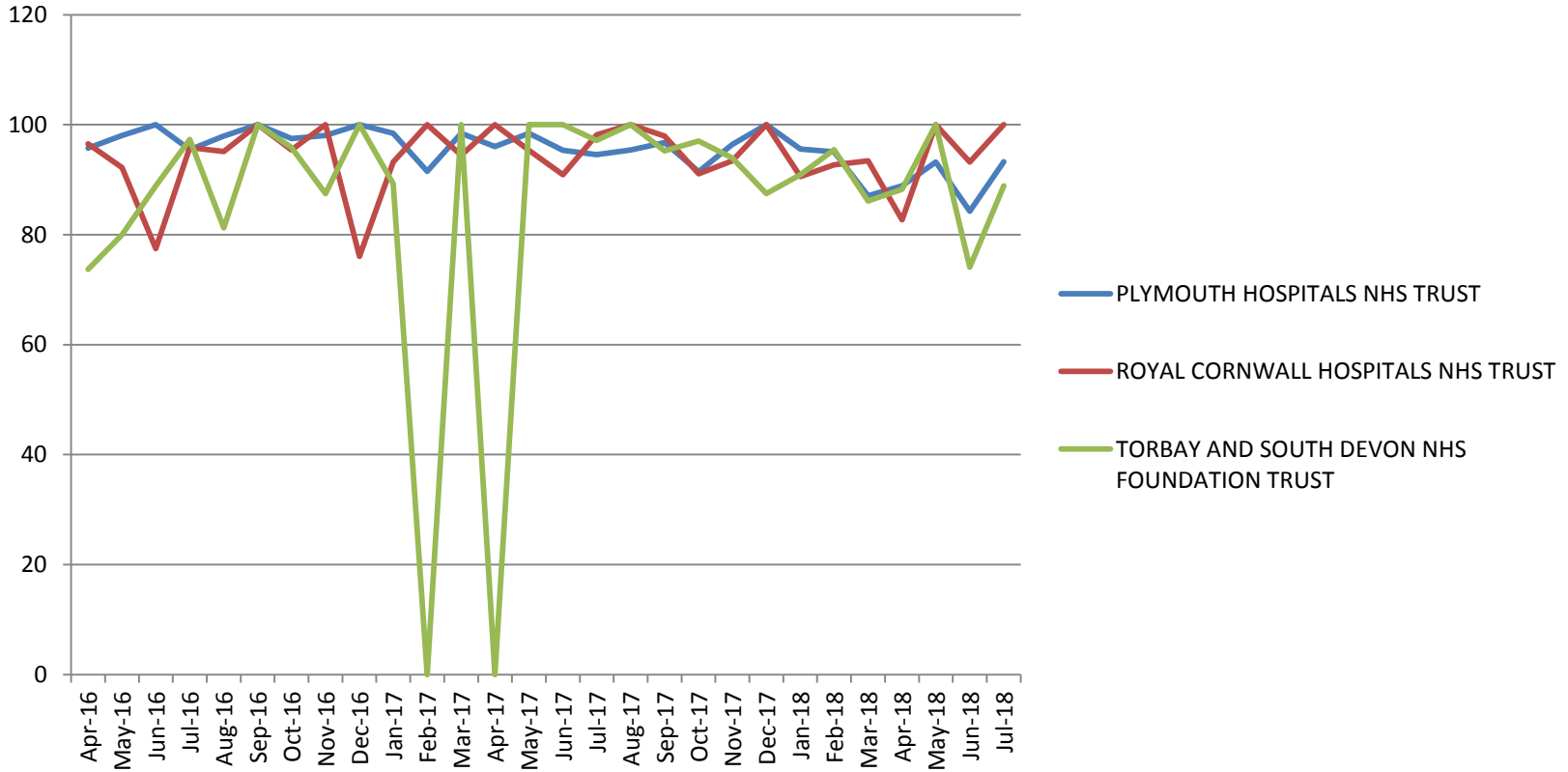
# 62 Day performance - lung cancer



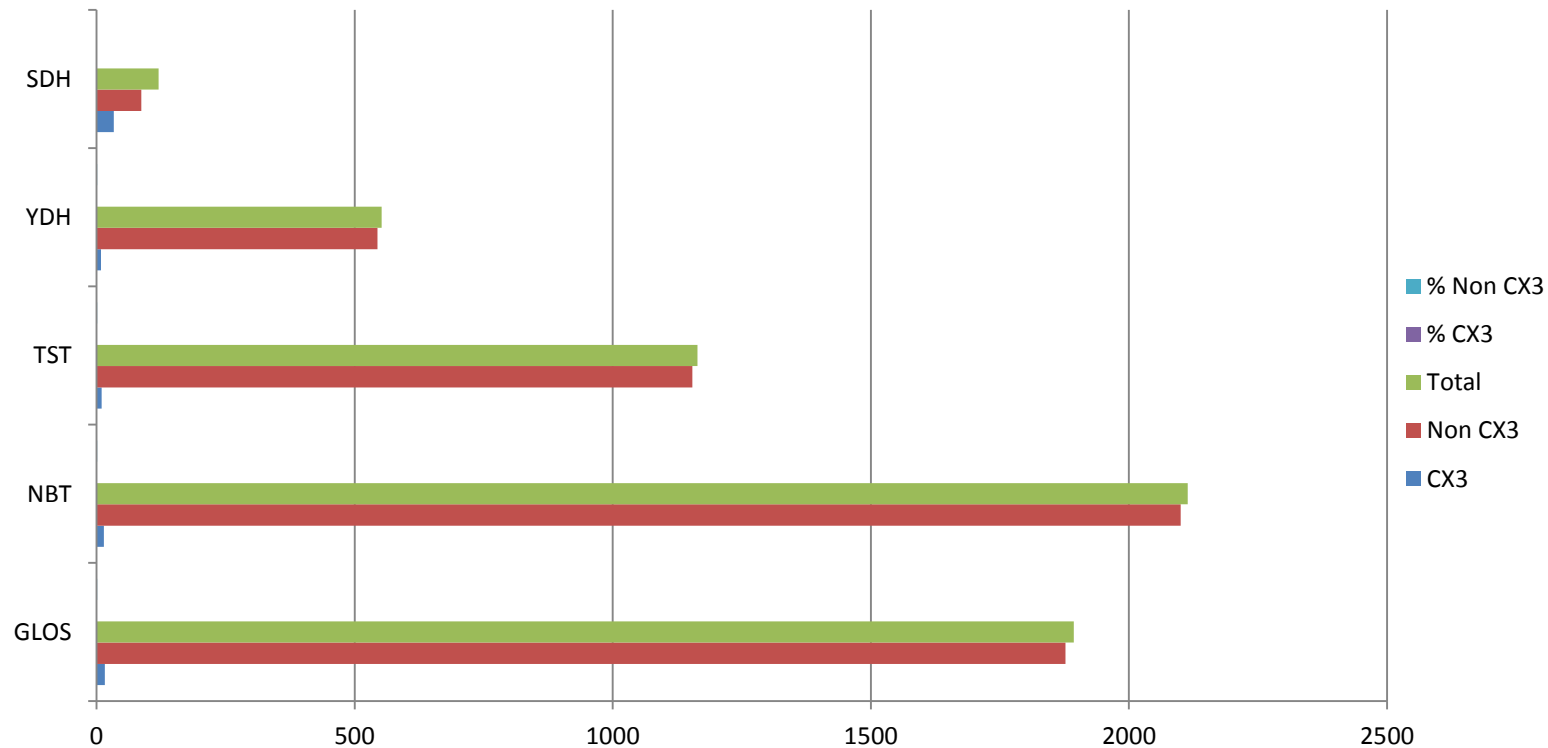
# 2ww Demand - lung



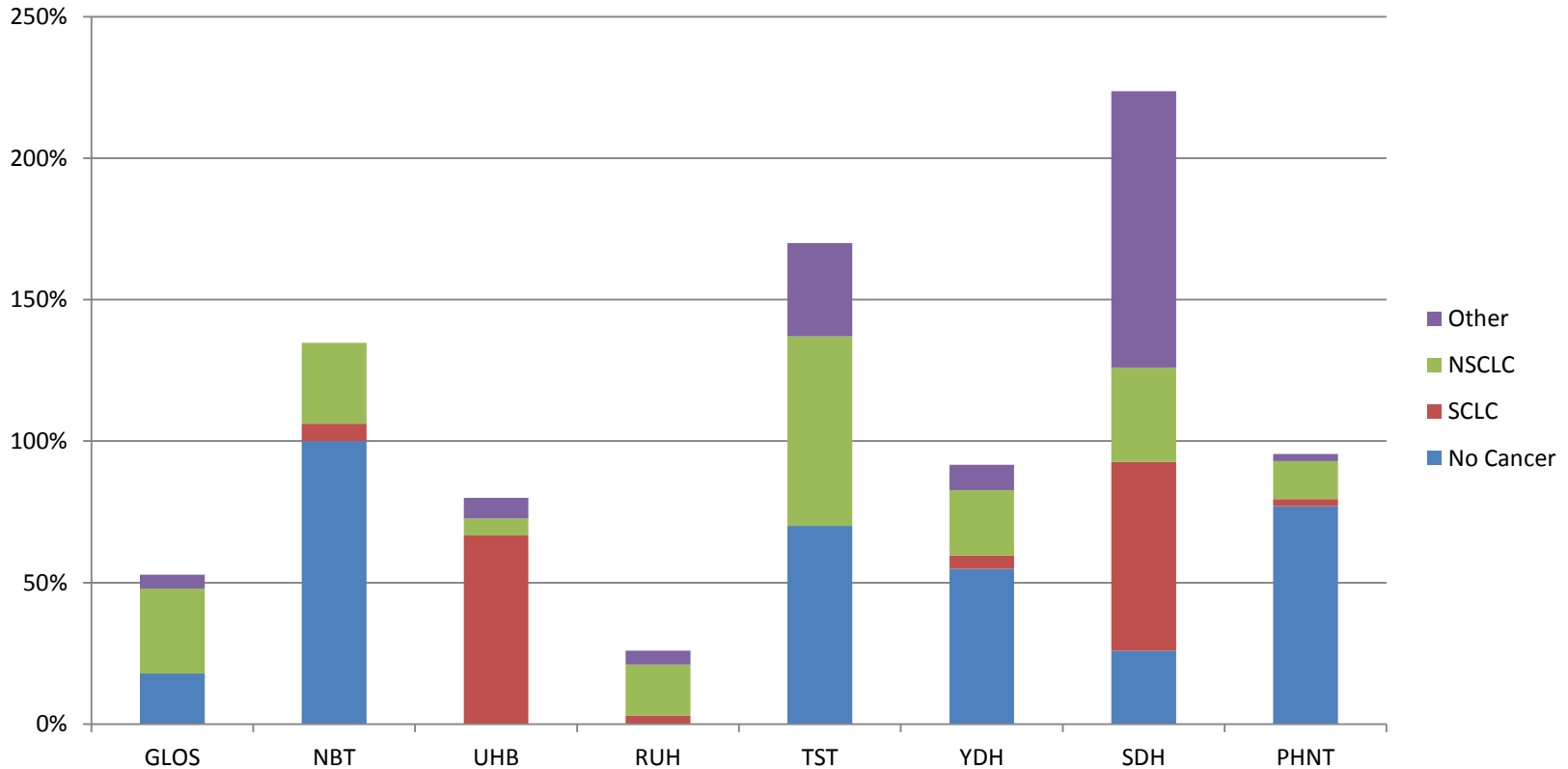
# 2ww Performance - Lung



# Proportion of CXR CX3/ Highly suspicious



# CX3 / highly suspicious diagnosis breakdown\*



\*Further work required data quality

# Summary

- Some good progress made across Peninsula
- Data reporting challenging
- CX3 diagnosis data quality improvement required
- NOLCP timelines challenging
- Q1 2018/19 findings do not answer all project questions
- Clinical Advisory Group 23<sup>rd</sup> October to review Q1 evaluation report and make recommendations on next steps
- Route to diagnosis review required
- PPE work underway



# Future CA support of Lung Pathway Transformation

- Proposals to be made, for proportion of PCA funding allocation (£79,000), by providers via STP for delivery of next step transformation projects (National Rapid Diagnostic Pathway for Lung Cancer)
- To be reviewed and agreed by the South West Cancer Alliances Lung Pathway Steering Group  
6<sup>th</sup> November
- PCA Clinical Leadership and Project support (£41,000)