

Rapid Diagnosis Service

Peninsula Cancer Alliance



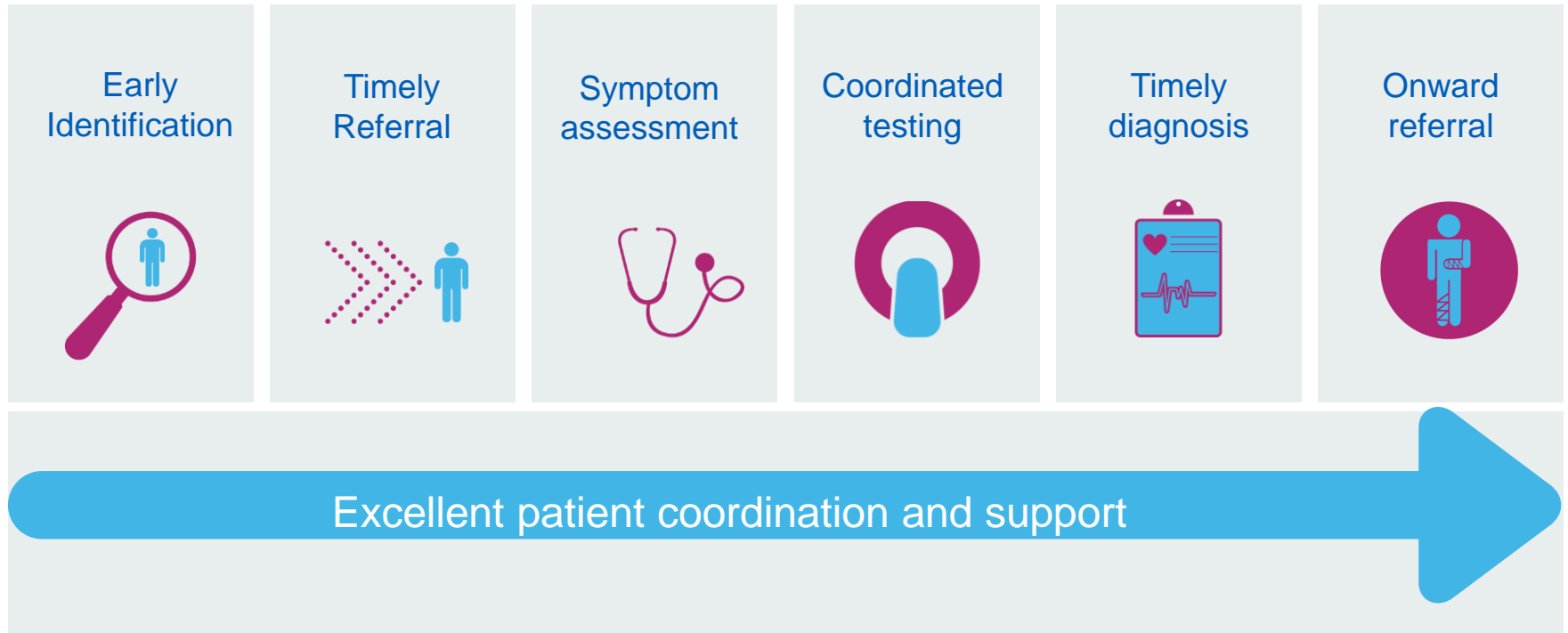
Background

- **6 National Pilots**
- **For patients with concerning but Non Site-specific Symptoms (NSS)**
- **Variety of models (Guy's vs Oxford)**
- **Diagnosis faster, better coordinated but not earlier in stage**
- **Variety of tests, commonly including CT**

National Requirement

- **Each Alliance establishes one Rapid Diagnostic Centre in 19/20 for NSS**
The Peninsula is using the term Rapid Diagnosis Service (RDS)
- **Coverage of whole population by 2024**
- **All existing 2 week wait referrals to be incorporated into RDS by 2024**
- **Supports delivery of Faster Diagnosis Standard**
(Urgent GP referral to patient receiving diagnosis in 28 days)
- **Complement work to improve screening, augment use of artificial intelligence and genomic testing, and utilise Primary Care Networks to improve early diagnosis**

National Vision



Rapid Diagnostic Centres: 2020 - 2024

National Vision 2

- **Single point of access** for all patients with symptoms that could indicate cancer;
- A personalised, accurate and rapid diagnosis, **integrating existing diagnostic provision** and utilising **networked clinical expertise** and information
- Support earlier and faster cancer diagnosis by assessing patients' symptoms **holistically** and providing a **tailored** pathway of clinically relevant diagnostic tests as quickly as possible, targeting and reducing any health inequalities that may currently exist;
- **Reducing unnecessary appointments and tests;**
- Deliver a better, personalised diagnostic experience for patients by providing a series of **coordinated tests** and a **single point of contact**.
- **Reduce** unwarranted **variation in referral** for, access to and in the reliability of relevant diagnostic tests by setting standards for RDCs nationally, mandating consistent data collection to enable benchmarking and providing regional support to roll out RDCs;
- Improve the offer to **staff with new roles** which offer development opportunities, greater flexibility and a chance to work in innovative ways.

Funding for Peninsula

Year	Funding
2019/20	£0.6M
2020/21	£1.5M
2021/22	£2.2M
2022/23	£2.3M
2023/24	£2.9M

- Funding cannot be used as for any additional diagnostic tests, or the capital assets associated with them
- Funding is non-recurrent. National team recognise need for sustainable commissioning arrangements

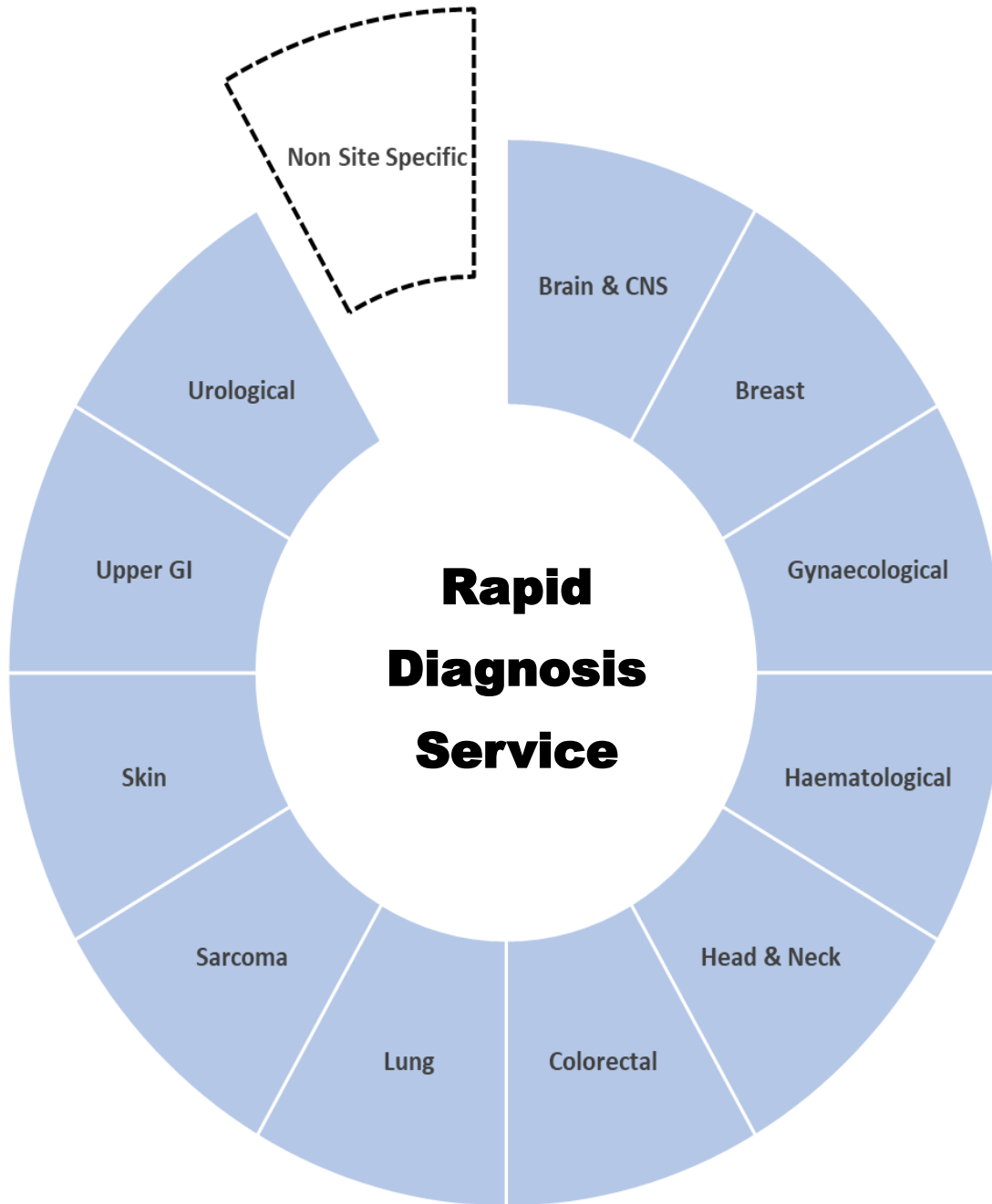
Peninsula Approach

- **Based on Oxford Scan Model**
- **Clear GP referral criteria, including primary case tests**
- **Referral straight to CT (CAP)**
- **CT determines outcome**
 - **On to Cancer MDT**
 - **On to other specialist**
 - **Back to GP**

Demand Model for NSS

*Based in the Oxford SCAN model, where demand has settled at 20 referrals a week for a population of 745,000
Which is 140 per 100,000 population*

RDS	Population	Referrals per year	Referrals per week
TSD	260,615	364	7
UHP	513,180	716	14
NDDH	150,628	210	4
RCH	427,773	597	11
RDE	439,753	614	12
PCA	1,791,948	2502	48



Costing model for NSS

<i>Based on Oxford SCAN</i>		
Staff	Band	Minutes per referral
Administrator	Band 4	68
Clinical navigator 6	Band 6	68
Clinical navigator 7	Band 7	113
Radiology vetting and review	Consultant	23
Clinical lead	Consultant	56

Costing model for NSS

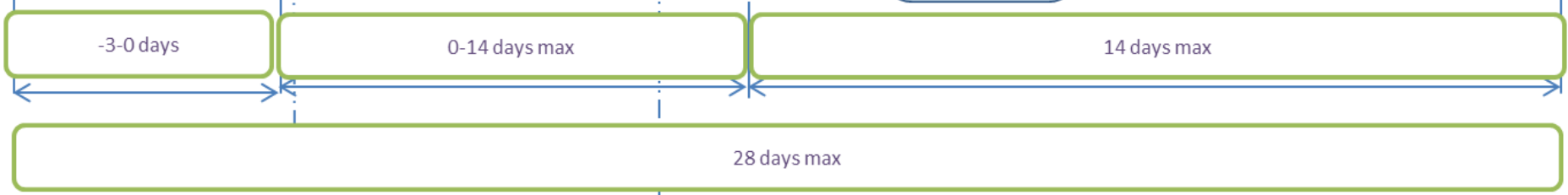
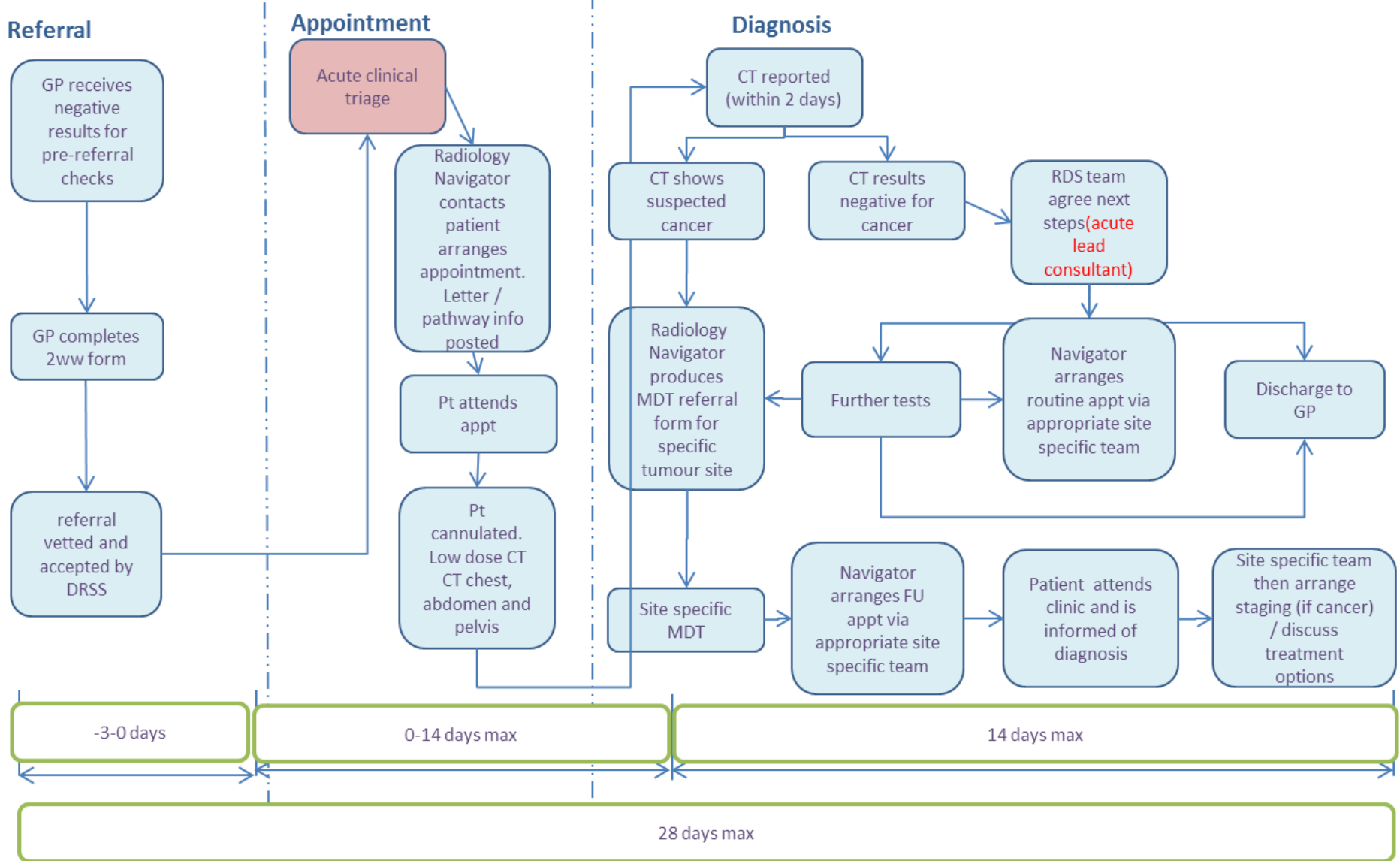
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Provider Funding for NSS

RDS	Population	Referrals per year	Referrals per week	Funding Per year	Start date
TSD	260,615	364	7	£101k	Dec 19
UHP	513,180	716	14	£199k	Feb 19 pilot
NDDH	150,628	210	4	£58k	Nov 19 pilot
RCH	427,773	597	11	£122k	Dec 19
RDE	439,753	614	12	£171k	? Jun20
PCA	1,791,948	2502	48	£652k	

- This is £261 per referral

GENERIC RAPID DIAGNOSTIC SERVICE PATIENT PATHWAY



Referral Criteria NSS

In scope

Patients over the age of 18 in whom the GP suspects cancer but who do not fit any of the existing 2WW referral pathways.

These patients would usually have a combination of malaise and weight loss, but the pathway is not restricted by these criteria: we require only that the GP suspects cancer *and that the patient does not fit any of the existing suspected cancer (2WW) pathways.*

Out of scope

Patients with symptoms, signs or test results indicating referral on a site-specific pathway.

Patients who are unable to attend hospital and lie flat in a CT scanner.

Patients needing management in less than 2 weeks

Pre-referral criteria:

A physical examination is required prior to referral: This should include examination of Chest, Abdomen including rectal examination and genital examination, Full cutaneous examination for evidence of cutaneous malignant, Breast examination, Examination for lymphadenopathy including neck, axillae and inguinal region.

Radiology : Chest X-ray only.

Blood tests: FBC, Renal function, HbA1c, CRP, Plasma Visc, LFT, CA125 (female only), PSA (male only)

Special tests: Faecal Immunochemical Testing (**FIT**)

Non-Specific but Concerning Symptoms Pathway Referral Form

Table 1

Patient Details			
Surname:		Date of Birth:	
Forename(s):		Gender:	
Address (inc postcode):		NHS Number:	
Telephone Numbers Please check tel nos with patient	Tel No (Home):	Tel No (work):	Tel No (Mobile):
GP Details			
Referring GP:		GP Tel No:	
Practice Name:		Practice Email Address:	
Practice Address:		Date of decision to refer:	

Patient Information		
Does your patient have a learning disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your patient able to give informed consent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your patient fit for day case investigation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If a translator is required, please specify language:		
Is patient on any of the following medications?		
Aspirin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indication for therapy:
Clopidogrel /Prasugrel etc .	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indication for therapy:
Warfarin	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indication for therapy:
NOAC (Rivaroxaban etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Indication for therapy:
Insulin	<input type="checkbox"/> Yes <input type="checkbox"/> No	

It would be helpful if you could provide performance status information (please tick as appropriate)

Fully active

Able to carry out light work

Up & about 50% of waking time

Limited to self-care, confined to bed/chair 50%

No self-care, confined to bed/chair 100%

Please confirm that the patient is aware that this is a suspected cancer referral: Yes No

Date(s) that patient is unable to attend within the next two weeks:

If patient is not available for the next 2 weeks, and aware of nature of referral, consider seeing patient again to reassess symptoms and refer when able and willing to accept an appointment.

Indication for referral
This service is for patients who have symptoms or signs that make the GP suspect a diagnosis of cancer, but where there are no indications to refer the patient via another suspected cancer (2WW) pathway. Please refer to the NICE GUIDELINE ON RECOGNITION AND REFERRAL OF SUSPECTED CANCER for further information on

Pre-referral Criteria			
Examination findings			
Chest exam normal	<input type="checkbox"/>	No regional lymphadenopathy	<input type="checkbox"/>
Breast exam normal	<input type="checkbox"/>		
Abdominal, Rectal and Genital exam normal	<input type="checkbox"/>		
Cutaneous exam normal	<input type="checkbox"/>		
Investigation findings			
Chest X-ray normal	<input type="checkbox"/>		
FBC, LFT, HBA1c are included	<input type="checkbox"/>	CA125 normal	<input type="checkbox"/>
PSA normal	<input type="checkbox"/>		
Special Test findings			
FIT test normal if aged over 50	<input type="checkbox"/>		