NHS
Peninsula Cancer Alliance

Meeting	**Peninsula Cancer Alliance Board 28 October 2020**
Title	**Rapid Diagnosis Service Update**
Author	**Sarah-Jane Davies**
Agenda Item	**Item 6b**
Summary	
Recommendations • **To confirm need for RD&E and TSD to start their Non Site-Specific pathway by end of November 2020** • **To confirm plans for the Upper GI and Breast RDS to go live in Quarter 4 of 202/21**	

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RAPID DIAGNOSIS SERVICE (RDS) PROGRAMME UPDATE

1. 1. 2020/21 RDS Programme

1.1. Service Level Agreement

SLA's have been drafted and sent to all providers. 4/5 Trusts have confirmed agreement (TSD, NDH, RCHT and UHP). The SLA sets out how providers will meet the national Rapid Diagnostic Centres - Vision and 2019/20 Implementation Specification utilising the RDS design checklist and the expectations for reporting (monthly monitoring plus evaluation).

1.2. Non Site-Specific RDS Progress

*Rag rating based on forecast ability to meet November 2020 start date

Trust	Status	Comments	Rag Rating *
UHP	Live	UHP's NSS is live. They have introduced 2 x referral routes via: 1) Acute GP service in AAU (in place and receiving referrals). 2) Primary care (in place but no referrals received yet).	Green
RCHT	Live	RCHT's NSS is live. The service is via Acute Oncology and led by GPwSI. The service has been set up in parallel with CUP and new colorectal pathway.	Green
NDH	Piloting	Currently piloting via A&G AOS/Radiology. Patient's then triaged and can access appropriate radiological investigation or an outpatient appointment with a general medic. Confirmed service will go live to GP's in November.	Green
TSD	In development	Covid-19 caused a delay in recruitment. The CNS starts in early November so will need 2 weeks induction before NSS goes live. Confirmed on track to go live in mid- Nov.	Yellow
RDE	In development	RD&E have agreed the NSS pathway (in principle) and have recruited a navigator but have yet to identify a clinical lead for the pathway or confirm a go live date.	Red

1.3. Upper GI Pathway RDS Progress

The Upper GI RDS is planned for delivery over the next 6 months to complete by 31st March 2021. The UGI pathway will then be subject to scrutiny against the Design Checklist.

Requirements:

1. Acute Jaundice / suspected pancreatic cancer pathway. This should allow patients to have a CT and clinical assessment within 48 hours of GP referral
2. Timed National Optimal OG pathway. In particular we shall be looking to see that this is integrated with timely booking and reporting of the diagnostic and staging investigations. It is expected that once a decision is made at the local unit to refer to the specialist centre, a booking for the PET-CT (if indicated) should be made so it is available for the Specialist MDT meeting.

3. Liver and Gall bladder Cancer Pathway: This should allow for direct access to ultrasound within 2 weeks where adnominal mass consistent with enlargement of gall bladder or liver is identified
4. OG cytology sponge available in primary care at PCN level.

Trust	Planned go live	Comments	Rag Rating
UHP	Qu 4	Liver and pancreatic pathway part complete. Gap analysis for remaining work underway. OG pathway in place next steps focused on PET-CT for SMDT and reducing overall timeline.	Green
RCHT	Qu 4	OG pathway in place. PET-CT for SMDT being explored and timeline assessed. Pancreatic and liver under review.	Green
NDH	Qu 4	OG pathway and pancreatic part complete. Next steps focused on PET-CT for SMDT and reducing overall timeline of the pathway	Green
TSD	Qu 4	Direct access to CT (or straight to test if the referral comes in without a CT done) in place. Review of the OG pathways underway and timeliness of PET for SMDT.	Green
RDE	Qu 4	No information provided	Green

1.4. Breast Rapid Diagnostic Pathway Progress

Best practice triple assessment pathway in place. The focus for breast RDS is to:

- Develop a service for patients with breast pain to enable this cohort to be managed in a more appropriate way (and outside of their triple assessment service) preferably in primary care.
- Potentially Pilot MIA, from Kherion, artificial intelligence for mammography report reading in partnership with PHE, to support the breast screening service. This option is being explored with PHE.

Trust	Planned go live	Comments	Rag Rating
UHP	Qu 4	Breast pain service in development	Green
RCHT	Qu 4	Breast pain service in development	Green
NDH	Qu 4	Breast pain service in development	Green
TSD	Qu 4	Breast pain service in place however some referrals are being booked into the 2ww clinics from primary care currently being addressed.	Green
RDE	Qu 4	No information provided	Green

2. RDS Acceleration to support Phase 3 Recovery

2.1. Prostate Cancer One Stop Shop (MRI / Biopsy) - Innovation

Most of the preparation and acceleration work for prostate cancer is being driven forward through the SW Prostate Steering Group (please see prostate paper). However, in addition the PCA is supporting UHP to undertake a trial delivering One Stop Shop mpMRI (hot reported) and same day biopsy to help increase the efficiency and timeliness of the pathway, (reducing pathway breaches) and reduce the number of unnecessary patient attendances. Plymouth is in a good position to

trial this as they have a nurse led virtual triage service in place, the new 3T MRI scanners are now in, the service is supported by a newly appointed prostate cancer navigator and the radiologists are on-board. Logistics are currently being worked out with an ambition to go live in the next calendar year. The trial if successful will then be rolled out to trusts as part of the new Prostate Cancer Rapid Diagnosis service, funded by the alliance next year. This work will be supported by a patient experience survey.

2.2. Teledermatology Service Improvements

In support of the RDS for Skin Cancer, dermatoscopes and textbooks have been purchased for PCNs and are on-site at Bridge House ready for onward distribution to the practices. In addition, an hour long virtual training sessions will be made available to GPs. Consultant connect has been purchased to support IG governance and the transfer and management of images.

2.3. Lung Cancer and Pulmonary Nodule Pathways

Accurate quantification of pulmonary nodules can greatly assist the early diagnosis of lung cancer, improving patient survival possibilities. Following discussion with trust leads, the alliance has established that volumetric software is not readily available / easily accessible within trusts and pathways for lung nodule management are not robust. The alliance will work with trusts to support development of this pathway and provide access to software and any supporting AI technology. This will feed into the costed action plan for next year.

3. RDS Preparation for 2021/22 Programme

In 2021/22 the RDC programme will be focused on **Urology, Lung, Skin and Gynae** and we are currently undertaking preparatory work to develop these programmes. By the end of the current financial year we will have signed off, clinically agreed and costed plans in place for delivery of each of the above RDS.

To achieve this, the alliance will work with each of the Site Specific Group to explore the status of current urological cancer pathways and support this process feeding in data on performance, best practice, innovations and existing recommendations. These will be then be built on and shaped through discussion and agreement with each Trust into a detailed plan for 2020. Anticipated RDS programme for each tumour site will include the following:

- Urology: Delivery of GIRFT outcomes, prostate localised action plans and improvements to bladder, kidney, Testicular and Penile cancer pathways.
- Lung: Sign off of NOLP pathway, bundling of diagnostics, GIRFT recommendations and improvements to the pulmonary nodule management pathway.
- Skin: Next steps are to put in place processes for reviewing images and ensure criteria for clinic assignment / direct to list, is standardised across the peninsula.

- Gynaecological: Improved access to post-menopausal bleeding pathway via self-referral into OSS, an ultrasound training academy, primary care guidance and education,

4. Patient Experience Programme

Pulse patient experience surveys will commence for the NSS pathways in RCHT and UHP before the end of the calendar year.

A Literature review of Virtual Consultations has been completed. The summarised findings recommend that cancer pathways read the review and consider the implications to their pathways and make adjustments, define protocols accordingly.

We are working with Macmillan to undertake a BAME patient experience review which will inform development of patient pathways and information. The findings from this review will be fed into the navigator training.

5. Navigator training

The navigator training programme is now underway and includes an overview of all tumour sites. A navigator conference is being scheduled for December where patient stories and the HEE Navigator care framework will be discussed. Improvement training will be provided to support localised pathway projects following pulse surveys. It is anticipated that this piece of work will reduce health inequalities and support improved access and patient experience for particular cohorts of patients including (but not limited to) those with mental health needs, learning disabilities, those for whom English is not their first language.