

<b>Meeting</b>	Peninsula Cancer Alliance Board 8 <sup>th</sup> July 2021
<b>Title</b>	<b>Rapid Diagnostic Services (RDS) Board Report</b>
<b>Author</b>	Sarah-Jane Davies – Manager, Peninsula Cancer Alliance
<b>Agenda Item</b>	8.1
<p><b>Summary</b></p> <p>The Alliance has been allocated £2.23m to delivery year 3 of the Rapid Diagnosis Programme in 2021/22. All five providers have been sent an MOU and are in the process of submitting proposals for this funding with deliverables being agreed through the Site Specific Groups.</p> <p>The balance shared on a per population basis is:</p> <ul style="list-style-type: none"> <li>• Cornwall ICS £729k</li> <li>• Devon ICS £1,511k</li> </ul> <p>The amount allocated to providers for pathway transformation is £1,831,283 with the remaining £400,717 assigned to innovations, additional diagnostic activity (including FIT), evaluation and patient engagement. This will deliver a continued non site specific service (NSS) and site specific improvements in Dermatological, Urological, Colorectal, Gynaecological, Lung, Breast and Upper GI pathways. Both Colorectal and Lung will be delivered through 2021 to 2023</p> <p>Despite the challenges presented in the last year from Covid, significant progress on the RDS programme has been made in 20/21 with 4 out of 5 of PCA's NSS RDS now live, Faster Diagnosis Standard achieved and good progress made in Breast, Upper GI, Prostate and Skin RDCs and commencement of work on Colorectal, Gynae, Bladder and Lung for the 2021/22 programme.</p>	
<p><b>Recommendation</b></p> <p>To note</p> <ul style="list-style-type: none"> <li>• The allocations as agreed with NHS England Regional Team for delivery of the RDS programme.</li> <li>• Progress made in 2020/21 despite extremely challenging circumstances.</li> </ul>	

**Peninsula Cancer Alliance Board Meeting  
Rapid Diagnostic Services (RDS) Update  
8<sup>th</sup> July 2021**

**1.0 Cancer Alliance responsibilities for RDS**

Rapid Diagnostic Centres/ Services (RDC/Ss) are designed to speed up cancer diagnosis and support the Long Term Plan ambition to achieve earlier diagnosis, with improved patient experience, for all patients with cancer symptoms or suspicious results.

Cancer Alliances are tasked with the roll-out of new RDC/S through a five-year programme. In the first two years this has been focussed on diagnosing patients with non-specific symptoms who may go to their GP many times before being sent for tests. It is the RDC/S vision that all suspected cancer pathways become a rapid diagnostic service by 2024.

**2.0 Requirements for 2021/22**

Each provider will continue to deliver a service for suspected cancer patients with Non-Site-Specific Symptoms (NSS). N.B RDE is yet to establish its service, although is confident of going live in the first quarter.

In addition, the provider will continue to develop all 2ww pathways into rapid diagnostic services for patients with Site-Specific Symptoms (SS) such that all 2ww pathways are RDS by April 2024.

All RDS should meet the national Rapid Diagnostic Centres - Vision and 2019/20 Implementation Specification.

**3.0 Financial Allocations**

The Peninsula Cancer allocations over the five year programme are as follows:

<b>Total Indicative Allocations for Peninsula Cancer Alliance</b>	<b>2019/20</b>	<b>2020/21</b>	<b>2021/22</b>	<b>2022/23</b>	<b>2023/24</b>
Allocated and Indicative Funding (indicative in grey)	0.578	£1.42m	£2.23m	£2.30m	£2.86m

The following allocations were agreed with NHS England Regional Team for delivery of the RDS programme:

<b>Item</b>	<b>£ Committed</b>
Pathway delivery	£1,831,283
Patient Engagement	£10,000

<b>Rapid Diagnostic Service</b>	<b>Total to trusts committed</b>
TSD	£287,469.74
UHP	£490,930.35

<b>£ for NSS</b>	<b>£ for SS</b>
£101,246	£196,320
£198,876	£386,580

## Peninsula Cancer Alliance

Evaluation	£120,000	NDDH	£199,014.88	£58,411	£113,520
Development of patient literature	£30,000	RCH	£422,100.06	£122,750	£322,260
Diagnostics	£100,000	RDE	£431,768.05	£0	£331,320
<b>Total PCA RDS Allocation</b>	<b>£2,322,000</b>	<b>Total for Providers</b>	<b>£1,831,283</b>	<b>£481,283</b>	<b>£1,350,000</b>

### 4.0 Programme management and reporting

This programme will be managed as part of the overall PCA schedule of work and monitored through the PCA Programme Group monthly then reported to board quarterly.

- Clinical leads, Joe Mays and John Renninson
- Programme Lead, Sarah-Jane Davies

MOUs are currently with Providers for sign off.

### 5.0 Expected Outcomes

#### 5.1 Non Site Specific

All NSS RDS will be rolled out to 100% of the GP practices thereby covering 100% of the Peninsula population by March 2022.

#### 5.2 Focus for site specific services in 2021/22

As a minimum the following 2ww pathways are to be RDS by April 2022:

- **Dermatological** (including increasing GP use of dermatoscopes and delivery of best practice pathway as agreed through SSG)
- **Urological** (including One stop Haematuria clinic, and Prostate Optimal Timed Cancer Pathway)
- **Colorectal** (Option to split this across 2 years with use of FIT, PCA diagnostic algorithm, staging bundles delivered in year one)
- **Gynaecological** (including One Stop Post-menopausal bleeding clinic)
- **Lung** (Option to split this across 2 years with NOLP, Gifft, pulmonary nodule management, to be delivered in year one)
- **Breast** (including use of new referral form and pain clinic / advice)
- **Upper GI** (including Acute Jaundice Pancreatic Cancer Pathway and OG optimal timed pathway)

### 6.0 Summary of progress against 2020-2021 RDS national cancer objectives.

Despite staff grappling with COVID testing regimes, new infection control measures and managing patient through-put on sites, significant progress on the RDS programme has been made in 20/21:

National Cancer Objective	Progress
Each cancer alliance to introduce one Rapid Diagnostic Service per Cancer Alliance for a non-site specific cohort of patients in 2019/20	<b>Achieved:</b> 4 out of 5 of PCA's NSS RDS are now live with the final site due to go live by July 2021, exceeding national requirements.
By 2024 all Alliances should achieve full population coverage for their non-specific symptoms (NSS) pathways, and every Two Week Wait pathway (site-specific symptoms pathway) should be applying RDC principles. Plans should set out how Alliances will achieve this.	<b>Ongoing:</b> 4 out of 5 of PCA's NSS RDCs have 100% population coverage and the final site will go live in July again exceeding national requirements. In addition despite COVID, providers have made good progress in Breast, Upper GI, Prostate and Skin RDCs with plans in place to commence work on Colorectal, Gynae, Bladder and Lung for the 2021/22 programme.
RDS will support the new Faster Diagnosis Standard (FDS), which will be introduced from April 2020. They will also complement work to improve screening programmes, augment the potential of artificial intelligence (AI) and genomic testing, and utilise Primary Care Networks to improve early diagnosis in their localities.	<b>Achieved:</b> FDS achieved for all live NSS. FDS performance at Qu3 2020/21 was 78.7% above the 75% target, and was noted as the second highest Alliance in the Country. Primary care webinars / training held to support identification of early cancers including skin and lung. Drop-in screening centres were piloted and 303 women seen in first 12 months 28% of whom were more than 12 months out of date for smear.
RDS should ensure that patients receive only one timely referral in order to be diagnosed with cancer. The RDC model will therefore focus on ensuring every patient with suspected cancer is on the most appropriate pathway and that patients with NSS are identified and placed on an appropriate pathway earlier.	<b>Achieved:</b> All patients on the NSS pathway will receive only one timely referral for cancer. Following filter tests patients are referred to the NSS for imaging and diagnosis. Where cancer or serious pathology is identified the patient is placed on the relevant site specific MDT or clinic.
Cancer Alliances are encouraged to test further innovations locally (e.g. an expanded cohort, further developed service model, use of artificial intelligence).	<b>Ongoing:</b> Digital pathology innovation was tested supporting regional reporting and Mammography screening AI reporting project commenced which has started at Inhealth in Exeter and will go live in September at RCHT.

## 7.0 Next Steps

- MOUs signed and returned with project plans and timelines for each pathway.
- Project plans signed off by Alliance and funding released to trusts.