# Factsheet: Early diagnosis of cancer by delivering improved access to diagnostics

An important consideration for commissioners seeking to deliver earlier diagnosis of cancer is assessing the demand for, and planning to deliver, increased capacity for diagnostic tests for cancer, whilst also seeking an improvement in access to tests from primary care to minimise the extra burden on secondary care clinicians.

Where diagnostic services are focussed around pathways of care and are being provided in the community, together these will result in earlier diagnoses and more efficient and effective care.

Commissioners should look at local patient pathways to ensure that adequate diagnostic capacity is in place and that they are being used effectively. Part of ensuring adequate diagnostic capacity is about catering for direct GP access to tests. Funding has been made available for GPs to directly access MRI scans, chest x-rays, ultrasound and lower GI endoscopy, and GPs should be made aware that they can access these tests, and commissioners may wish to monitor local diagnostic patterns to ensure that this is able to happen quickly and smoothly.

## Better GP access to diagnostics

Priority areas for improving earlier diagnosis:

- Chest x-ray: to support diagnosis of lung cancer;
- Non-obstetric ultrasound: to support diagnosis of ovarian cancer;
- Lower gastro-intestinal endoscopy to support diagnosis of colorectal cancer;
- MRI brain: to support diagnosis of brain cancer; and
- Abdominal and pelvic CT.

*We plan to work on including details of the volume of additional diagnostic tests that the average practice would need to consider commissioning per xx patients, with indications of how volumes might differ for areas with high levels of deprivation, or more elderly populations.*

**Cancer Diagnosis Imaging**

Early access to chest x-ray and pelvic ultrasound are probably the two biggest impacts on cancer that diagnosis imaging delivers, outside formal screening programmes.

The 'NHS Atlas of Variation' can help commissioners see if they have unwarranted variation in use of diagnostic tests and can be a very helpful catalyst for change[1]. For access to imaging, the NHS now has online guidelines, available free on N3 to support early diagnostic testing here.

## Planning for the impact of bowel scope screening (flexible sigmoidoscopy) on endoscopy capacity

There are a number of developments in national screening programmes which need to be taken into consideration in assessing diagnostics capacity for endoscopy and colonoscopy. Demand for endoscopy and colonoscopy is set to increase driven by:

- Recent extension to the faecal occult blood testing (FOBT) part of the bowel cancer screening programme to include all those aged 60-74;
- The introduction of the bowel scope screening for people aged 55 has begun and will extend across the country over the next few years. All centres will have begun their roll out by 2016;
- The NHS Operating Framework expectation is that less than 1 percent of patients should wait more than six weeks for diagnostic tests.

The pressures from these increases in demand will affect every endoscopy and colonoscopy service in the country. In 2012 it was estimated that the NHS will need to plan for an increase in lower gastrointestinal activity over the next 4-5 years of 10-15 percent year on year.

[1] NHS Right Care (2013) NHS Atlas of Variation in Diagnostic Services (pdf) available from: *http://www.rightcare.nhs.uk/index.php/atlas/diagnostics-the-nhs-atlas-of-variation-in-diagnostics-services/* (Accessed February 2014)