East Lancashire Hospitals NHS Trust: Faster Diagnosis for Suspected Cancer Patients

Context
East Lancashire Hospitals NHS Trust (ELHT) receives a high number of referrals for suspected lung and Upper GI cancers, but less than a third of these will turn out to have cancer. In an average month, the trust will see 50 GP referrals for a suspected lung cancer and up to 300 referrals for a suspected Upper GI cancer.

ELHT has been chosen by NHS England as one of the five test sites developing the 28 day standard. This pilot is a direct result of recommendations by the Independent Cancer Taskforce which recommended that from 2020 all patients after a GP referral for suspected cancer will wait no longer than 28 days for a diagnosis or ruling out of cancer.

The trust is working in partnership with the local clinical commissioning groups to test the policy and explore the service changes needed to meet the target. Initially this will be for patients referred by their GP to the trust with suspected lung cancers and Upper GI cancers (oesophageal and gastric).

Solution
ELHT is proud that it aims to treat all cancer patients within 62 days from GP referral, and the trust continues to achieve to ensure compliance with this target is maintained. Meeting the 28 day target for diagnosis will require innovative new changes to be made, all to the benefit of patients.

Redesigning pathways is crucial. Since November 2016 the trust has been testing and evaluating ways to shorten the pathway; initially for patients referred with suspected lung cancer on a two week wait referral into the trust. From January 2017, the trust has been similarly reviewing the pathway for Upper GI.

In ELHT two key changes are being made to the pathways which lung and Upper GI cancer patients go through:

1. For lung cancer patients the trust has created a “virtual clinic”. When a patient is referred by their GP with suspected lung cancer, a Lung Physician and a Consultant Radiologist conduct a “virtual clinic” to view the GP letter, x-ray and CT scan results (if available) and decide the next steps before the patient attends their first outpatient appointment. Clinicians are therefore speedily brought together in the virtual clinic and can agree the next steps much quicker and diagnostic tests can be requested earlier. This results in the first outpatient appointment being more effective and efficient.

2. For Upper GI cancer patients the trust is working closely with colleagues in the Endoscopy and Radiology Units to look at the feasibility of booking patients in for a CT scan who need one within 2-3 days of having their scope. This will lead to a faster diagnosis.

For those patients who get the all clear they will have that crucial peace of mind much sooner, and for those that have cancer, they will receive the treatment they need much quicker and lives will be saved as a result.

Dr Jane McNicholas, ELHT Clinical Lead for Cancer said: “For people who are worried they may have either of these two cancers; waiting for important test results is a nerve-wracking time. The
East Lancashire 28 day cancer pilot will make this period of uncertainty much shorter”.

Juliette Brookfield, ELHT Directorate Manager for Oncology and Manager of Cancer Services said: “The trust was privileged to be selected to be chosen as a national pilot site and is determined to meet the 28 day standard, and to stay open and transparent in its work.”

The trust remains firmly patient focused with this pilot work, and it has appointed two patient representatives to contribute to the trust’s plans to meet the target. The representatives are currently working on designing a patient questionnaire that the trust hopes to circulate in March 2017 to patients who have been referred on the reformed cancer lung pathways. The aim of the questionnaire is to evaluate patient experience right from the beginning of their GP referral to diagnosis at the trust. With the project manager, the patient representatives also plan on inviting a group of patients who went through the pathway to come into the trust to discuss their experience in a more informal setting, so the trust can hear their thoughts and ideas on how to improve the pathway.

The trust remains open minded about how to best achieve the target and is carefully monitoring progress. The trust participates in regular conference calls with NHS England and other pilot sites to share and receive best practice, ensure early findings and evaluations of the standard, and any potential risks to national rollout are discussed and effective action taken against them. The trust is submitting monthly data reports to NHS England on their progress to achieving the target.

Lisa Flanagan, Project Manager for Day 28 at East Lancashire Hospital Trust said:

“This trial is a great opportunity for the trust to change the way we work to deliver the best outcome for our patients. Our clinical colleagues in Upper G1 and lung cancer services, along with our colleagues in the radiology and endoscopy units are wholly committed and supportive of this proposed standard, and are working hard to make sure the 28 day rule is the standard waiting time for all patients suspected with cancer. There is more to do, but we are rightly proud of our progress so far in contributing to making the 28 day standard a success”.

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Outcomes

The trust is in the early stages of aiming to meet this new standard, and the initial results are encouraging. Recent figures indicate that the trust is meeting the target for up to 60% for Upper GI referrals and up to 82% for lung. The trust is committed to renewing pathways to meet the target so it can share best practice.

For more information:

Lisa Flanagan
Project Manager – Day 28, ELHT
lisa.flanagan@elht.nhs.uk

Photograph:

Left to right:

Juliette Brookfield - Directorate Manager for Oncology and Manager of Cancer Services
Dr Jane McNicholas – Lead Cancer Clinician
Lisa Flanagan – Project Manager for 28 day standard