Test Site Top Tips

Learning from the *Faster Diagnosis Standard* Test Sites

September 2018

Ipswich Hospital FDS Team

NHS England and NHS Improvement

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Learning from the Test Sites

NHS England has implemented a new performance standard for cancer that emphasises the importance of receiving a diagnosis or ruling out of cancer within 28 days. This handbook contains tips from the five Faster Diagnosis Standard (FDS) test sites, who worked collaboratively with NHS England to:

- Robustly test and develop the rules for the faster diagnosis standard
- Explore impact on patients and the clinical services of delivering the new standard
- Develop and streamline their own services, and implement best practice pathways

6 complex pathways were tested with 17 months of data collection and 22,542 patients completed a FDS pathway

Test sites found the benefits of FDS to be:

For patients:

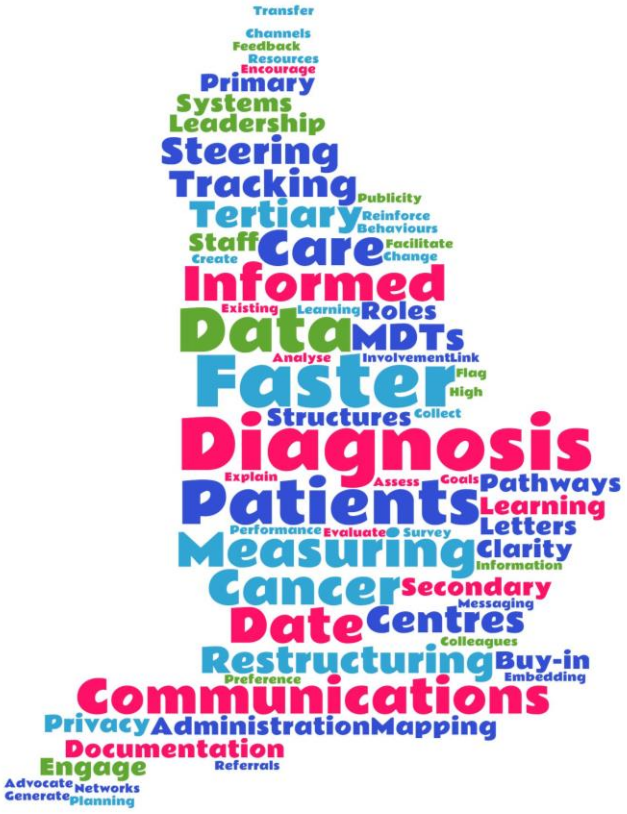
- Speeding up the time between a suspected cancer referral and diagnosis
- Empowerment from information about the diagnostic process, with information provided at point of referral
- Reduced anxiety and uncertainty of a possible cancer diagnosis, with less time between referral and hearing the outcome of diagnostic tests
- Fewer visits to the hospital for patients and families, by providing information over the telephone or by letter and coordinating diagnostic tests

For clinical teams:

- Working across primary and secondary care to ensure high quality referrals into a streamlined service that gets the patient to the right place, first time
- Improved ability to meet increasing demand and ensure best utilisation of highly skilled workforce and resources
- Alignment with timed pathways and the implementation of the e-referral service.

For systems:

- Reduced demand in outpatient clinics with the use of other methods of communication such as phone calls and letters to inform a patient of a diagnosis.



Top tip

Start the Right Way

> “Be very clear about what you are trying to do and why you are trying to do it, really outlining what the benefits are, and getting that communication right.”
>
> (Primary care representative)

Start the right way

Get Going

Make it happen

Make it stick

Make it Personal

1 **Get executive buy-in within your Trust to help facilitate implementation of the standard.** This can influence strategic planning and help ensure there is the required focus on the standard to support implementation

"The FDS is of huge interest as a concept right now." (Cancer lead)

2 **Set up a steering group dedicated to the implementation of FDS along the entire pathway** with representation from key stakeholders to ensure buy-in at a variety of levels to what you want to achieve. This should include clinical leads, GP leads, CCGs and patient representatives

"Patient reps bring back the reality of how it feels for patients." (Project lead)

3 **Communicate with primary care through existing networks** as GP leads are integral for disseminating information on FDS; CCG leads could offer a level of oversight to review patient transition from primary to secondary care.

"GP education and buy-in, and consistency of message between hospitals and CCGs are important to making new referral forms and changes a success." (Primary care rep)

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4 **Select a core team within your Trust that are enthusiastic and well networked** to work on implementing the standard and raising performance levels. This could include a project manager, MDT coordinator and a patient navigator.

"Have a strong project manager… a PM is absolutely pivotal in keeping things pushing on." (Cancer lead)

5 **Have a communication plan from the start** to help raise awareness of the standard, as implementation requires system, process and behavioural changes. Different patients have different communication needs – especially those whose first language is not English or have a sensory impairment. These patients will need to be given sufficient access to all communications.

Top tip

Get Going

> **“Capture as much data as you possibly can, it’s key to understanding where you are at, where your issues are and then looking back from there on what you can change.”**
>
> **(Data analyst)**

1 **Map existing cancer pathways early on to identify where there are delays and inefficiencies in patients' journeys**. An important part is plotting where administration delays decrease performance against the standard.

2 **Assess whether specific pathway changes are practically possible.** There may be a need to complete a demand and capacity analysis to aid restructuring capacity and manage patient lists more flexibly.

3 **Draw on best practice to avoid spending time and energy on 'reinventing the wheel'.** The most effective approach to meeting the standard is in implementing (or working towards) best practice pathways and sharing knowledge between Trusts.

4 **Secure buy-in by working collaboratively to develop pathway improvements,** with the range of staff delivering the pathway. Given changes may impact demand levels, it is important to include diagnostic leads particularly for endoscopy and radiology.

"You need inclusive and collective brainstorms to secure buy-in." (Endoscopist)

5 **Start by mapping out how patients are communicated with.** This will help you to get the right systems and processes in place to evidence that patients had been told of their diagnosis.

"Start at the end point. E.g. start thinking about how patients are communicated with first, prior to considering ways to shorten the pathway." (Data analyst)

6 **Start data collection early** with a high level of scrutiny as early indicators of current performance across different pathways can help open up conversations with clinical teams about next steps and ensure consistency in what 'counts' as evidence of a patient being told their diagnosis.

7 **Embed data administration within MDT tracking teams** as finding evidence can involve the need to review clinical letters, diagnostic reports and CNS notes.

"Recording the standard needs to sit within cancer pathway tracking teams." (Data analyst)

8 **Work with clinicians to improve the clarity in clinical letters** by expanding on information dictated, or specifically including a reference to patients being informed, to avoid ambiguity in whether or not a patient has been told of their diagnosis and when this was.

9 **Make system changes so that staff are prompted to record when patients have been told of their diagnosis.** This could include adding fields to endoscopy reports, or adding prompts to patient management systems and/or transcription software to assist with data capture.

"The 28-day standard is about cultural change, not just of people but of devices." (Breast clinician)

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12 **Ensure you receive high-quality referral forms, as complete and accurate referral forms are imperative to optimize pathways:** this helps to make use of triage rather than defaulting to outpatient appointments. The e-Referral Service, due to be implemented by October 2018, should assist in this regard.

"[There is a need to] educate GPs on completing referral forms well – for the triage to work this is imperative." (Respiratory clinician)

10 **Keep patients on tracking lists for longer** so the date on which a patient is informed of their diagnosis can be recorded.

11 **Develop reports and queries which flag when the date a patient was informed is missing** for patients known to have a clinical diagnosis

Leeds Teaching Hospital Cancer Team

Make it Happen

Top tip

> “ Never ever lose sight of the fact this has to be about improving care for patients at the end of the day. ”
>
> (Patient)

Start the right way | Get Going | **Make it happen** | Make it stick | Make it Personal

1 **Continually review resources by predicting how capacity may change as a result of pathway re-modelling activities** and keep in mind that resource demands may increase during the transitional phase.

> "Be prepared to have a period of time where you increase resources to reduce waiting times at the beginning, but then it evens itself out after that." (Gynaecology clinician)

2 **Use multiple formats to disseminate information** such as GP education events, practice briefings and primary care newsletters. Work with practice managers, CCG leads and your Cancer Alliance to ensure key messages are relayed with repetition.

> "Communicate multiple times, focus on the regularity of the message, go through area cancer leads and practice cancer leads." (Primary care rep)

3 **Make messages clear, concise and action-focused with an accompanying rationale** between the different cancer guidelines such as 2WW and non-2WW referrals.

> "Be very clear about what you are trying to do and why you are trying to do it, really outlining what the benefits are, and getting that communication right." (Primary care rep)

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4 **Create a feedback loop between primary and secondary** care through primary care representation at steering groups or MDT meetings.

5 **Analyse performance data** to shape discussions about pathway re-design, to identify which pathways require a greater focus, and to analyse breach reasons (useful to flag areas for improvement).

6 **Evaluate process change to identify the direct impact of changes on pathway efficiency** which can help isolate unsuccessful changes and capture learning to take forward.

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7 **Transfer key learning across pathways** through steering groups or the project lead as changes will be different in each pathway and accelerate at different rates.

> "People see what other teams are doing and they question their own practice." (Project lead)

Royal Bournemouth and Christchurch Hospital Team

Top tip

Make it Stick

> “Meeting the 28-day standard is do-able. Be prepared to have a period of time where you increase resources to reduce waiting times at the beginning, but then it evens itself out after that.”
>
> (Gynaecology clinician)

1 **Survey patients on a regular basis to monitor changes in experience and satisfaction over time.** This may highlight areas that require improvement or pinpoint specific aspects of a pathway where problems may occur.

2 **Make the best use of cancer service user groups** as they can provide valuable sources of information about patient experience, and can facilitate the gathering of regular up-to-date patient feedback on pathway changes.

3 **Reinforce the message about the standard**

"Keep repeating the same message to your clinical teams and your admin teams… Keep going back to people to ensure progress is being made." (Data analyst)

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4 **Keep colleagues updated on progress to boost engagement** with the standards implementation through email, team meetings, informal catch ups and internal newsletters (even if there are no specific calls to action at that time).

"Stakeholders came together as part of the bid. To sustain this, it was about keeping them in the loop and explaining what we were doing." (Project lead)

5 **Use the data to help identify and understand blockages along the pathwa**y that decrease performance and support collective buy-in from teams.

6 **Link the standard to other priorities** by reminding colleagues that effort to measure and meet the standard can support other priorities such as improving the 62-day standard.

"The standard supports lean methodology and efficiency drivers." (Diagnostic rep)

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7 **Keep in mind long term goals and the ultimate intention of making changes for the benefit of patients.** Immediate pressures from data administration and pathway remodelling will lessen over time as changes become business-as -usual practices.

8 **Learn from other Trusts** as many of the challenges you will face will be similar to theirs, and whilst Trusts may have adopted different solutions, being able to discuss them collectively will be valuable

"Talk to other Trusts who have done it… Learn from the FDS early implementers." (MDT Lead)

Top tip

Make it Personal

> **We want everyone to get the same excellent level of care but patients are different and have different needs**
> **(MDT Coordinator)**

1 **GPs need to ensure they provide a clear explanation of the referral to the patient**, sharing suspicion of cancer and setting out expected next steps. Clear expectations can help to reduce patient anxiety and improve compliance for smooth progress along the pathway.

"The clinical accountability for GPs is to tell patients they are on a 2WW pathway. The 28day standard reinforces this message." (Project lead)

2 **Ensure patients are supported at appointments and have access to forums** to ask follow-up questions about their symptoms, test(s) and results. Patients should know of who to call for support and/or where to turn for more information.

"It's good to speed up the pathway but there needs to be the right support in place." (Patient rep)

3 **Give patients practical information on what to expect** (e.g. appointment length, who can attend the appointment with them, if the clinic is on time, and what will happen next). Patients should also be given an opportunity to express their preferred communication method.

"You need to know what each test is about. Written information is useful, staff need to be approachable. [You need] test explanations, and to be told specifically when you will get the results." (Patient)

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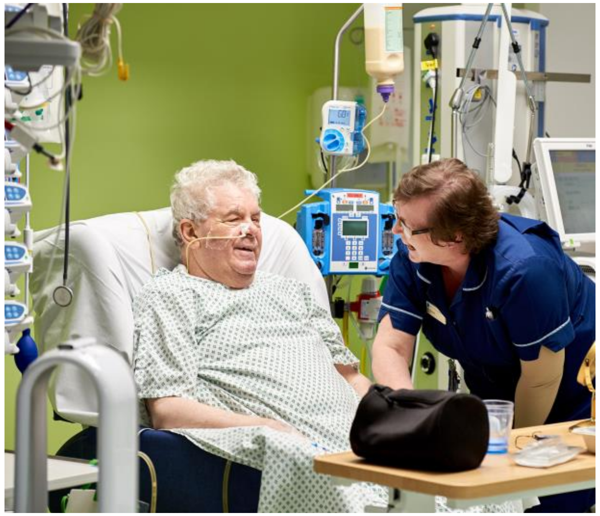
4 **Ensure equal access to provide the same level of service to all patients.** Patient information should be accessible to those with additional communication needs to avoid creating a barrier to accessing the support they need. Consider needs such as learning disabilities, sensory impairment, and patients whose first language is not English.

The Accessible Information Standard: https://www.england.nhs.uk/ourwork/accessibleinfo/



5 **Ensure patients are given sufficient privacy where a positive diagnosis is communicated** as a lack of privacy can harm a patient's experience.

6 **Be clear about where and why patients will get the most appropriate care**

"Patients will accept inconvenience to their daily life if they know the purpose." (Patient rep)

Where to start?

We have found that each organisation will be starting from a different place, but asking a set of key questions will support you to personalise your approach to implement the Faster Diagnosis Standard.

Start the right way

- ☐ **How soon can you start data collection?**
- ☐ **What communication channels can you use to raise awareness?**
- ☐ Who is responsible for implementing the standard?
- ☐ Who can act as an advocate to ensure continual progress is made?
- ☐ How can you engage executive/senior management in the implementation of the standard? What should their input be?
- ☐ Who is best placed to be part of a steering group? What will the purpose of this group be?
- ☐ How do you communicate a diagnosis or ruling out of cancer to patients? How will you evidence this communication?
- ☐ What meetings is it appropriate for primary care representatives to attend? And during which stages of implementation of the standard?

Get going

- ☐ **Who ‘owns’ patient communication – are there mechanisms in place to ensure patients don’t ‘slip through the net’?**
- ☐ **How easy is it to tell that a patient has been told of their diagnosis from clinical letters? What needs to happen to improve the clarity of letters?**
- ☐ **Are system changes required to ensure patients without cancer are tracked for longer?**
- ☐ Who is responsible for patient communication within your pathway? Are there mechanisms in place to ensure patients are involved in decisions about how they are communicated with?
- ☐ What do you know about delays within your current pathways? How do your pathways compare to best practice pathways?
- ☐ Do you have recent demand and capacity analyses?
- ☐ Which pathways receive referrals in, or refer out, to tertiary sites? What does this mean for pathway re-modelling?
- ☐ What can you do to involve primary care in planning pathway changes? What system changes or validation checks can you make to ensure the date patients are informed is evidenced?
- ☐ What queries and reports can you run to assist with data collection?
- ☐ Who is going to be responsible for data administration? What training do they require and how can you check consistency of interpretation?
- ☐ Which staff roles need to change their practices to ensure performance against the standard can be evidenced?

Make it happen

- ☐ **How will you evaluate whether changes have been successful?**
- ☐ **How can you structure your engagement to ensure regular messaging about the standard?**
- ☐ How will you communicate key learnings between pathways?
- ☐ How should you go about generating publicity about the standard?
- ☐ How can you structure your engagement to ensure regular messaging about the standard?
- ☐ What do you know about delays within your current pathways?
- ☐ Who will act as a point of contact between primary and secondary care? What structures can you put in place to ensure communication in both directions?
- ☐ What avenues are available to you to communicate changes to primary or secondary care?

Make it stick

- ☐ **How does the standard tie in with other workstreams?**
- ☐ **What additional resource and/or capacity do you need to implement pathway changes?**
- ☐ How can you use data about the standard to generate interest and support from colleagues?
- ☐ How often should you seek to gain feedback from patients? Can you do this before and after making changes to the pathway?
- ☐ What can you do to develop better relationships with cancer services user groups? How can you make best use of the information they hold?
- ☐ Are there other innovative ways to gather patient feedback?
- ☐ Who can you learn from and share ideas with?

Make it Personal

- ☐ **What else can you do to improve patient compliance?**
- ☐ **What support is offered to patients following a referral?**
- ☐ What guidance and information do you issue patients ahead of appointments?
- ☐ What support mechanisms are in place for patients during their cancer pathway?
- ☐ What can you do to work with primary care/ CCGs/ Cancer Alliances/ others to improve patient communication at the point of referral?
- ☐ What options for communication method can you give patients? What might speed up the pathway? What is clinically appropriate?

Useful Resources

Resources from NHS England:

- Best Practice Timed Pathways for lung, prostate, and colorectal cancers illustrate how timely and effective care (diagnosis in 28 days) can be provided to patients presenting with cancer symptoms. https://www.england.nhs.uk/publication/rapid-cancer-diagnostic-and-assessment-pathways/

- The Addendum to the Cancer Waiting Times Guidance v9.0. This addendum details how the new Cancer Waiting Times system captures data items for inter-provider transfers and the Faster Diagnosis Standard https://digital.nhs.uk/cancer-waiting-times

- NHS England Change Model
  The Change Model is a framework for any project or programme seeking to achieve transformational, sustainable change (also includes a GAP analysis tool). https://www.england.nhs.uk/sustainableimprovement/change-model/

Resources from NHS Improvement:

- The Improvement Hub provides a number of useful resources that can support service improvement including guidance, modelling tools, and webinars. https://improvement.nhs.uk/improvement-hub/

- The Rapid Improvement Guide: Sustainable Delivery of the 62 Day Cancer Standard sets out how these resources can be used to reduce waiting times and improve performance against the 62 day standard, with a focus on:

  1. Reducing the time to first appointment
  2. Reducing the number of pathway steps
  3. Reducing the overall size of the patient tracking list (PTL)

  https://improvement.nhs.uk/documents/2749/Rapid_improvement_guide_cancer_pathway_May2018.pdf

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