

Colo-rectal 2ww Pathway

Emma Wheatfill
Cancer Services Manager

OBJECTIVE

- ▶ Reduce number of outpatient visits
- ▶ Reduce waiting times
- ▶ Reduce costs
- ▶ Improve patient experience

Developing the project

- ▶ 3 month pilot
- ▶ Service Improvement event
- ▶ Working party
- ▶ Commissioning
- ▶ Primary Care input
- ▶ User Group Involvement

Pilot, Issues & Outcomes

- ▶ Triage of all 2ww referrals by Consultant team for three months (ave 100 per month)
- ▶ Request diagnostic tests at triage to reduce delays to diagnostics
- ▶ Poor communication
- ▶ Average of 5 days taken out of pathway

Plan 2014/15

- ▶ All new Colo-rectal 2ww referrals to be triaged by Consultant team
- ▶ Pre-request diagnostic tests (Colonoscopy, CT colonoscopy, CT)
- ▶ Identify patients suitable for telephone pre-assessment
- ▶ See in outpatients first +/- pre-assessment if required. Dispense bowel prep if required
- ▶ Capacity and Demand study to identify need to implement fully straight to test

Plan for 2015/16

- ▶ Continue to clinically triage all 2ww referrals
- ▶ Request appropriate diagnostic test
- ▶ Diagnostics to be booked within 14 days of receipt of referral
- ▶ 2ww Outpatient appointment within 14 days for those not needed diagnostics

Predicted outcomes

- ▶ Reduce Colo-rectal cancer pathway by up to 10 days
- ▶ Reduce outpatient appointment visits
- ▶ Reduce urgent and routine outpatient waiting times
- ▶ Improve the patient experience
- ▶ Reduce waiting time to diagnosis

Future plans

- ▶ Roll out straight to test pathway for all colo-rectal referrals
- ▶ Commissioning pathways – triage time v new outpatient appointment
- ▶ Need to review referral criteria and documentation