

# Colorectal Diagnostic Pathway Project

Mark Rawles  
Project Manager  
SWSCN (Cancer)



## **ACE Programme on Early Diagnosis of Cancer “Accelerate Co-ordinate Evaluate”**

**To improve early diagnosis and through robust evaluation  
inform the commissioning intentions of the future**

*Faster diagnosis of cancer ambition set out in the recently published NHS Five Year Forward View*

# Why do we need a better way of managing patients?

For the treatment of patients within 62 days of urgent referral the national figure was 70%, and the South West was 76% - against a national standard of 85% - with some providers in the SW at 60%

Routes to Diagnosis from PCT profiles 2012 within South West  
2006-2010

	Screen detected	Two Week Wait	GP referral	Other Outpatient	Inpatient Elective	Emergency presentation	Death Certificate Only	Unknown
0								
Colorectal	4%	31%	22%	9%	6%	25%	1%	3%

## Key aims of project

Review current colorectal diagnostic pathways across the South West

Agree consistent developments to individual pathways

Implement new South West pathway

Assess capacity to deliver optimum pathway

Assess impact of implementation including quality, patient experience and waiting times

# Colorectal Diagnostic Pathway

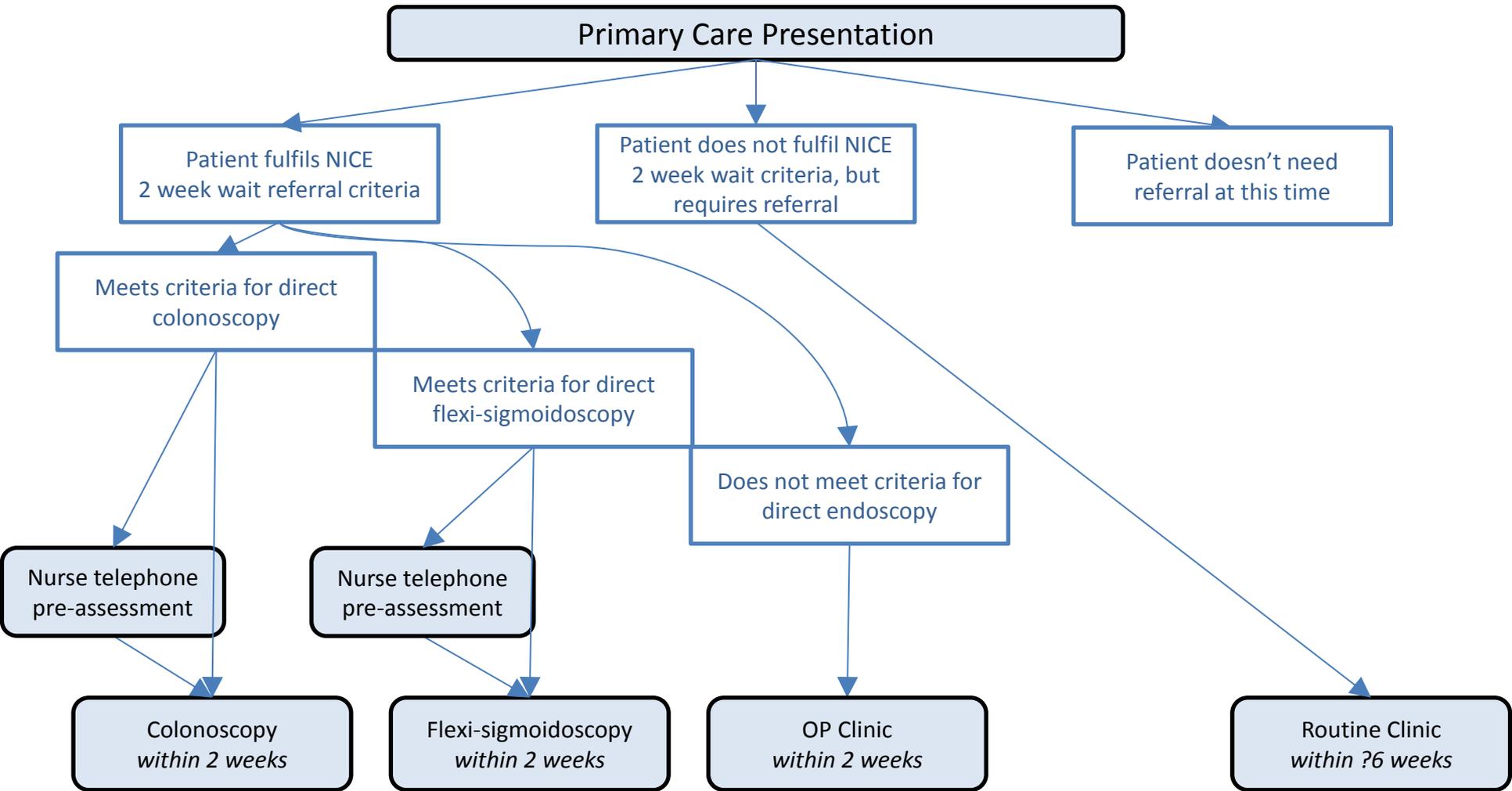
## Plan

- Review current pathways
- Agree consistent developments
- Assess capacity to deliver optimum pathway

Please find attached 3 pathways

1. Current pathway
2. Current Pathway plus Advice & Guidance and CT colonography
3. A revised pathway with all referrals coming via Advice & Guidance

# Current Pathway



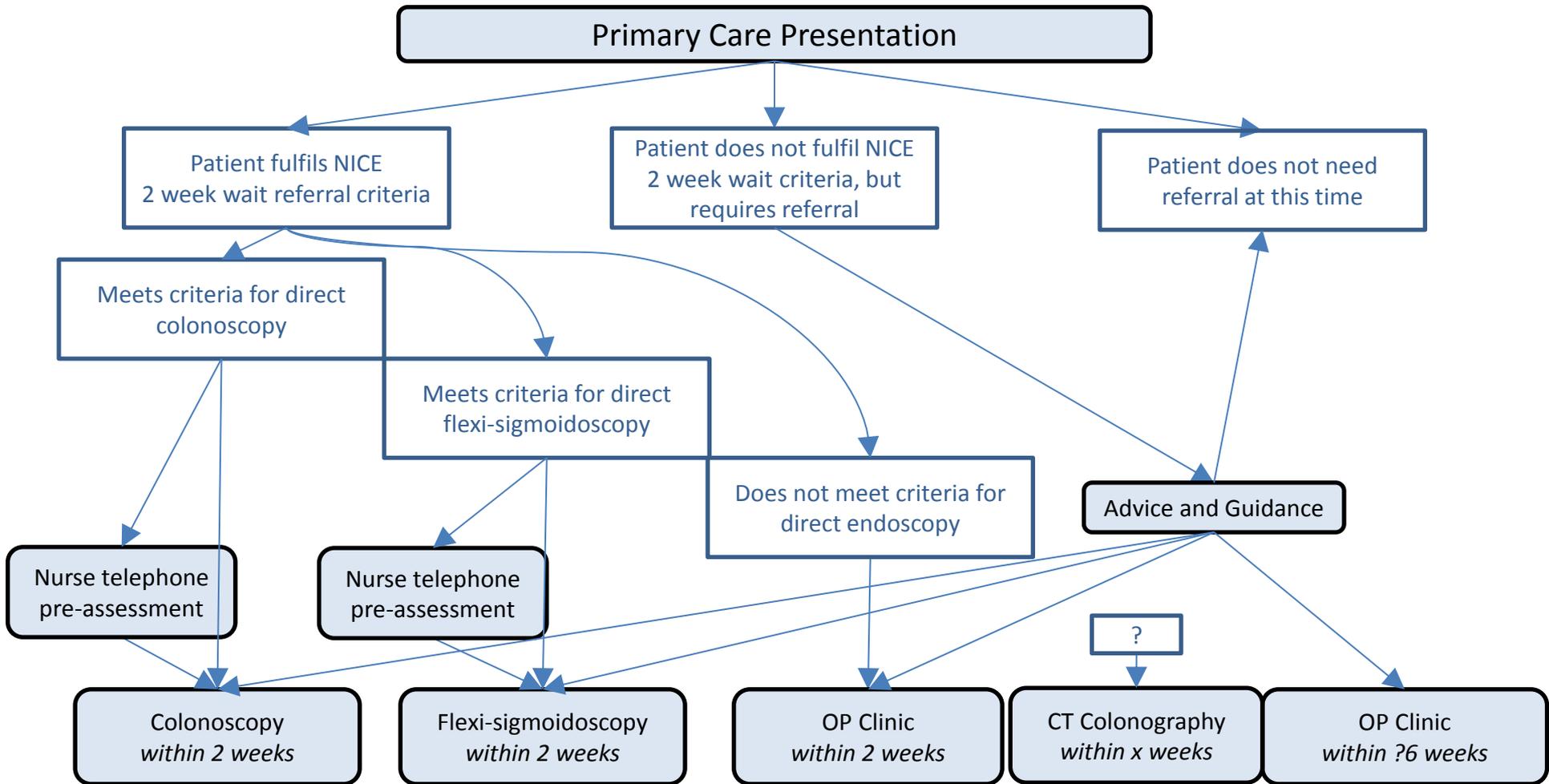
## Questions on current practice

1. Do you have direct access to colonoscopy or flexi-sigmoidoscopy
- If you do,
2. What are the criteria
  3. Do you use you use nurse telephone pre-assessment

## Questions on standardisation

1. Do 2005 NICE 2 week wait referral guidelines for urgent referral need revising?
2. Should we standardise direct access criteria?
3. Should we standardised the use of nurse telephone pre-assessment?

# Current Pathway plus Advice & Guidance and CT colonography



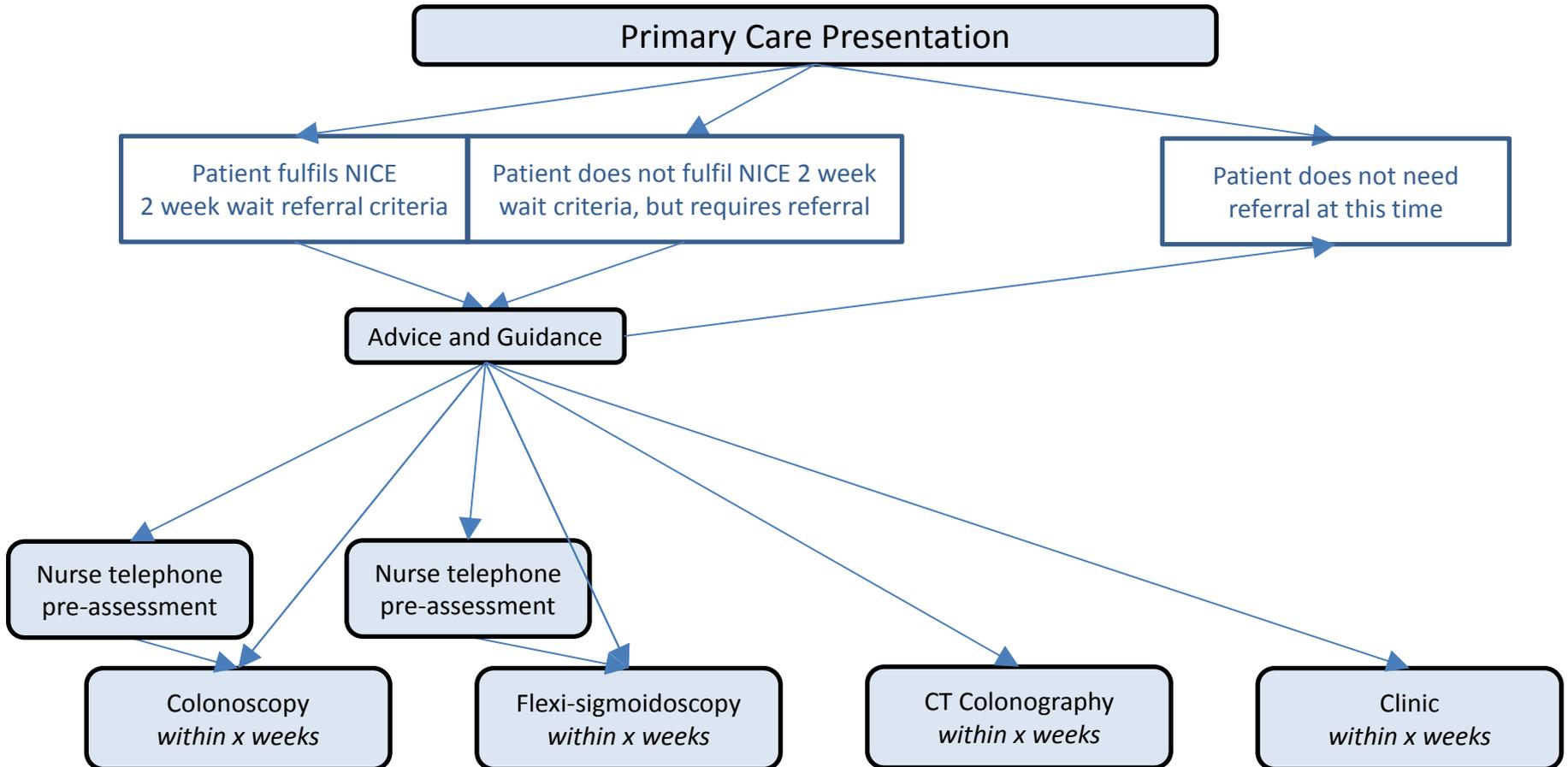
## Questions on CT colonography

1. Could direct access to CT colonography be introduced?
- If so
2. What would be the criteria?
3. What would be the wait time?

## Questions on Advice and Guidance

1. What information would be needed to make Advice & Guidance work?
2. Is written Advice & Guidance sufficient or would telephone advice be a useful and practical addition?

# Revised pathway with All Referrals via Advice & Guidance



## Note

Technically a referral needs to be seen within 2 weeks if the GP requests such.

If all referrals came via Advice & Guidance locally agreed timescales would be technically allowable. This would mean removing the separation between urgent and routine patients and seeing all patients within a revised timescale.

## Questions

1. Would we be comfortable with patients who meet the NICE 2week wait criteria being seen in a more than 2 weeks?
2. What would a reasonable timescale be?
3. Would it be possible to set a revised timescale that meant the total wait for those diagnosed with cancer is reduced (by evening out waiting times and refining the pathway)?

**Many examples of “best pathway practice” across region**

**Data – What is happening now**

**Can we predict what will happen in the future**

**Passion**

**Variation**

# **Need your support as Commissioners**

**Colorectal Diagnostic Service is under pressure now**

**What will it be like in the future?**

**Screening / GP Education / National Campaigns / Referral Criteria**

**Clear plan to commission**

**How would you contract a new pathway in your locality?**

**What do you need from us?**

**April Milestone Event**