



*Somerset, Wiltshire, Avon and
Gloucestershire Cancer Alliance*



Peninsula Cancer Alliance

South West (SW) Alliances' Rapid Diagnostic Pathway for Lung Cancer

November 2018 Project Update Bulletin

This Bulletin is No. 5 for the SW Alliances' Rapid Diagnostic Pathway for Lung Cancer Stakeholder group.

Increased access to the new pathway

Weston Area Healthcare Trust (WAHT) went live with the clinical order CXR>CT>OPA pathway on 15th October dovetailing their 'go live' with the internal escalation CT pathway launch at University Hospitals Bristol. All patients in Somerset, Wiltshire, Avon, Gloucester and Cornwall now have access to the South West Alliances' Rapid Diagnostic Pathway for Lung Cancer.

Q1 2018/19 Project Evaluation report

Discussed at the South West Cancer Alliances' Lung Pathway Advisory Group on 23rd October. To review the report please go to <http://www.swscn.org.uk/networks/cancer/early-diagnosis/>

Outstanding Milestone compliance:

- Daily walk in access to Chest X-Ray at community providers is required in Devon and Somerset for equity of access to this pathway
- 'go live' is required at North Devon District Hospital and Royal Devon and Exeter Hospital NHS Foundation Trust
- Internal escalation to CT pathway step is required at Salisbury District Hospital NHS Foundation Trust
- Discharge without OPA for CX3 patients whose CT is normal is yet to be implemented at North Bristol NHS Trust and Yeovil District Hospital Foundation Trust
- Robust Data reporting is required from Torbay and South Devon NHS Foundation Trust

Key data evaluation findings:

- Diagnosis of lung cancers at Stage1&2 during Q1 2018/19 ranged between 12-31% with Plymouth Hospitals NHS Foundation trust outperforming the project target of 30%
- In Q1 2018/19 no provider met the National timed pathway or NOLCP timescales
- CXR and CT reporting times were good with 4/6 providers submitting data achieving reporting in line with the National timed pathway and NOLCP timescales
- Waits for CT and OPA prevented timescale achievement
- All providers submitting data completed the pathway steps within the pre. transformation timescales
- The proportion of GP referred Chest X-Rays reported as highly suspicious (CX3) varies between 0.7 and 4% across the providers submitting data.
- The proportion of CX3's with a subsequent normal CT ranges from 18-81% and matches the anticipated CX3 proportion threshold implications
- Further data points are required to evaluate impact on lung 2ww demand, performance or 62 day performance across the Cancer Alliances.
- Plymouth Hospitals NHS Foundation Trust experienced a significant increase in 2ww referrals since pathway launch in May 2018 and this will require focused analysis.
- Salisbury District Hospital NHS Foundation Trust have reported a 20% increase in 2ww demand since launch of the pathway in 2018. This will require evaluation of further data points over the duration of the project.
- Gloucestershire Hospitals NHS Foundation Trust have report improved 2 ww performance. This will require evaluation of further data points over the duration of the project.
- Taunton and Somerset NHS Foundation Trust have reported positive impact on 62 day performance. This will require evaluation of further data points over the duration of the project.

Recommendations were made which were then ratified by the Lung Pathway Steering Group on 6th November under the caveat that of those providers reporting data for Q1 2018/19; two went live April or before, three during May and two during June 2018 and

as such Q1 2018/19 data is incomplete and may not be representative. Work is ongoing to improve the reliability of the data submitted.

- All providers should use the CX3 code for GP referred Chest X-Rays reported as suspicious of cancer to enable robust reporting and project evaluation.
- Standardisation and consensus of the threshold for CX3 reporting is required to optimise the effectiveness of the pathway evaluation and transformation
- Patient experience information is required to evaluate the impact on patients of transformed pathway and inform providers and commissioners on best practice.
- Triage tariff requires equity with virtual clinic tariff

For further consideration: The group stressed the benefits of good quality patient information given by the GP's and requested RUH circulate their information sheet as an example of good practice. The role of Navigator was described as pivotal to ensuring smooth pathway transformation and improved patient experience by those providers who had recruited to this role. The group will review the patient experience report prior to making best practice recommendation regarding patient support during the diagnostic phase.

Patient Experience evaluation update:

PPE lead Katy Horton Fawkes has discussed feasibility of planned approach to cohort patients described in evaluation plan (All patients referred for CXR) with Respiratory teams and there is a consensus of opinion 'It is not appropriate to have access to a newly diagnosed lung cancer patient for their feedback'. The decision has been made to alter the cohort to those patients for whom contact has been made regarding CXR reported as CX3 but who then go on to have a normal CT. Several providers are planning their own patient experience work and the project team support local review. Gloucestershire NHS Hospitals Foundation Trust held their first lung cancer pathway listening event in November, organised by Dr Henry Steer and Nicola Brockie. Seven patients and carers attended a three hour event in the Redwood Centre at Gloucester Royal Hospital. Patients included benign cases as well as those diagnosed with lung cancer. The team are putting together a report which will be shared across the Cancer Alliances.



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The Privacy Impact Assessment has been completed and the recommendation is that process' including consenting process must be agreed by the providers Information Governance teams and be in line with providers' information governance policies.

NSF Activity Fund Proposals

STP's have been asked to submit proposals for pathway activity funding designed to support actions required to improve compliance with the National Rapid Diagnostic Pathway for Lung Cancer and improve 62 day performance, proposals received will be considered virtually by members of the South West Cancer Alliances' Lung pathway steering group and signed off by the Cancer Alliance Team for final approval by the respective Cancer Alliance Board.

Key highlights from the project plan

- Publication of the SW Alliances' Rapid Diagnostic Pathway for Lung Cancer Evaluation Plan
- Evaluation report specification approved by the South West Cancer Alliances' Lung Pathway steering group
- Evaluation Phase underway with increasing quality data reports submitted from providers
- South West Cancer Alliances' Lung Pathway Clinical Advisory Group reviewed the Q1 2018/19 evaluation report and made recommendations
- SW Alliances' Rapid Diagnostic Pathway for Lung Cancer Q1 evaluation report has been presented and recommendations ratified
- Privacy Impact Assessment has been completed
- SW Alliances' Rapid Diagnostic Pathway for Lung Cancer Route to diagnosis provider review funding has been approved as a part of the NSF Q3/4 allocation
- The 1st Peninsula Cancer Alliance Implementation group has been held to facilitate shared learning.
- Rapid Diagnostic Pathway for Lung Cancer Patient experience survey feasibility study has been completed
- Publication of the SW Alliances' Rapid Diagnostic Pathway for Lung Cancer Poster shared at the NHS England Early Diagnosis event in Manchester September 2018
- NSF Pathway Activity Fund proposals have been submitted to the Cancer Alliance for approval

- South West Cancer Alliances Lung Pathway steering group has been brought to a close on completion of the Alliances' project plan. Ongoing evaluation of the National Rapid Diagnostic Lung Cancer Pathway and future lung cancer care direction will be the responsibility of the South West Cancer Alliances Lung Cancer Clinical Advisory Forum in partnership with the lung SSG's
- The Project Plan actions are now complete

Key Tasks for Q3 2018/19

- Outlier adoption of National Rapid Diagnostic Pathway for Lung Cancer
- NSF pathway activity fund proposal approval
- Q2 2018/19 Evaluation report delivery and ratification
- Recruitment of Cancer Alliance Clinical Lead for Lung Cancer
- CX3 Standardisation project proposal
- Patient experience evaluation report
- Full provider data reporting Q2

- GP Chest X-Ray report clarity survey and findings publication. (Click icon to view GP CXR Questionnaire)
- Route to Diagnosis review and findings publication
- Terms of reference Cancer Alliance Lung Cancer Clinical Advisory Forum
- Cancer Alliance Lung Cancer Clinical Advisory Forum 12.2.18
- Cancer Alliance Lung Cancer Clinical Advisory Forum future dates publication



Online GP CXR
Questionnaire

For any further information on the project, please contact: Nicola Gowen (Project Manager for SW Alliances' Rapid Diagnostic Pathway for Lung Cancer across SWAG and Peninsula): nicolagowen@nhs.net

Appendix 1

'Go Live' Diary : GP CXR>CT>OPA:

Provider	'Go Live'
Salisbury NHS Foundation Trust (SDHFT)	1 st February 2018
Royal United Hospitals Bath NHS Foundation Trust (RUH Bath)	1 st April 2018
North Bristol NHS Trust (NBT)	1 st April 2018
University Hospitals Bristol NHS Foundation Trust (UHB)	1 st April 2018
Gloucestershire Hospitals NHS Foundation Trust	14 th May 2018
Torbay and South Devon NHS Foundation Trust (TSD)	14 th May 2018
University Hospitals Plymouth NHS Trust (GP suspected cancer referrals only) (UHP)	21 st May 2018
Taunton and Somerset NHS Foundation Trust (TST)	1 st June 2018
Yeovil District Hospital Foundation Trust NHS (YDH)	1 st June 2018
Royal Cornwall Hospital Foundation Trust (RCHFT)	6 th July 2018
Weston Area Healthcare Trust (WAHT)	15 th October

We are working up go live dates with North Devon District Hospital, Royal Devon and Exeter Foundation Trust.