The National Cancer Programme

Faster Diagnosis Standard

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Driving early and fast diagnosis

Cross cutting themes:
- Workforce
- Patient experience

Five Year Forward View
Strategic framework

• We are making radical changes, as part of a five-year plan to improve NHS cancer services

• We’re already making rapid progress – but know there is more to do

• We’re on track to make long term changes that will put NHS cancer services up with the best in the world.
Faster Diagnosis Standard

• New standard implemented in response to the Cancer Taskforce recommendations
  “...patients should receive a definitive diagnosis or ruling out of cancer within 28 days of a referral”

• Standard will initially apply to referrals from:
  – two week wait (for suspicion of cancer as per NG12 guidance or with breast cancer symptoms); and
  – urgent cancer screening programme.
**Five test sites**

**East Lancashire Hospital**
*Explored Pathways: Upper GI and Lung*
*Key Implementation: Endoweb clinical system used in Endoscopy amended to now capture patient informed*

**Kingston Hospital**
*Explored Pathways: Upper GI, Lower GI and Endometrial*
*Key Implementation: STT and one-stop-shop service in place for gynaecology patients*

**Royal Bournemouth and Christchurch Hospital**
*Explored Pathways: Colorectal, Lung and Urology*
*Key Implementation: Nurse led triage system for colorectal*

**Leeds Teaching Hospital**
*Explored Pathways: Head + Neck, Urology and Gynaecology*
*Key Implementation: Piloting STT hysteroscopy and nurse-led triage*

**Ipswich Hospital Trust**
*Explored Pathways: Lower GI and Gynaecology*
*Key Implementation: STT and 2WW referral forms amendments*
We are learning

- **Awareness campaigns** targeting the public, patients, primary care
- **Responsibility of GP** to inform patients they are on a cancer pathway
- **Engaging with the patient** to ensure they attend
- **Alternative options** for GP’s to access

- **Diagnostic capacity and flow** – particularly histopathology and radiology
- **Virtual clinics, straight to test pathways, one-stop services** with a focus on the first 7 days

- **Template letters** to evidence when the patient is informed
- **Administrative processes to track** the date and mode of communication for the non-cancer patients

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**Urgent referral** made following GP consultation

**Patient first seen** by consultant, or consultant upgrade

**Outcome communicated** to patient

**First cancer treatment** received by patient

**Urgent 2ww (≤ 14 days)**

**Faster diagnosis standard (≤ 28 days)**

**Referral to treatment (≤ 62 days)**

Note: This slide only shows GP referred, not referrals from screening or non-NHS referral onto pathway
Best practice timed clinical pathways

These slides include:

- Information on best practice / optimal timed pathways
- Checklists to support initial implementation
- Views of faster pathways in development
- Lessons learned from the Cancer Vanguard
- Resources to support implementation

National Optimal Lung Cancer Pathway (NOLCP)

Day 3-9
- Direct access CT (8 hours)
- Triage by radiology or respiratory based on local protocol
- Radiology report option

Day 9-14
- Fast Track Lung Cancer Clinic
- Meet GPs
- Diagnostic treatment plan
- Treatment if necessary / symptomatic / palliative
- PET-CT or SPECT (if needed)
- Detailed lung function
- Lung cancer assessment
- FBCO (if required)
- Further investigations if required (if required after NETT)

Day 21
- Communication to patient on outcomes (cancer confirmed or not)

Day 22
- Discharge

Maximum target times provided
FDS timescales

- Jan 2018: FDS Pilot ends data collection
- Apr 2018: FDS Pilot final report
- Apr 2018: Trusts are able to start collecting Faster Diagnosis items
- May 2018: Trusts are encouraged to start collecting Faster Diagnosis items
- Jul 2018: Trusts must collect and submit Faster Diagnosis items (where appropriate to the case)
- Apr 2019: Trusts start being measured against the Faster Diagnosis Standard for activity from April 2020 onwards

Five Year Forward View
9 new data items:

- The ‘clock start’ date is the receipt of referral.
- The ‘clock stop’ date is when the patient is informed of either a cancer diagnosis or the ruling out of cancer.
Supporting implementation

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Pathways from the patient perspective

What matters to patients at each stage of the pathway re information provision, communication, support provided, timelines etc.

- GP communications to patient
- Communications from the hospital to the patient
- First appointment
- First test
- Follow-up tests
- Communication of diagnosis
Engaging with primary care/ CCGs

What trusts should engage primary care on e.g.

• Patient communication
• Completeness of referral forms
• Planning pathway changes
• Impact of pathway changes on commissioning
Involving patients

What trusts should involve patients with

- Map pathways to understand what matters to patients when
- Consult patients on proposed pathway changes
- Do a regular patient survey
- Have patients as members of steering group
Measuring the standard

Processes/systems

• Make system changes where possible to facilitate data collection e.g. changes to endoweb, changes to dictation software
• Embed data administration with MDT trackers (or equivalent) from the start
• Secure additional resource for MDT tracking teams (or equivalent)
• Start data collection for all pathways at once
• Keep DROC patients on tracking lists
• Run queries/reports to flag up patients that should have a date informed
• Copy patients into all correspondence with primary care
• Capture data for patients for whom cancer is ruled out by telephone
• Ensure consistency in data interpretations (period of initial checking and training of MDT tracking staff)
Measuring the standard

People

• Secure agreement on what to put in letters/ standardised letters so there is less ambiguous evidence that a patient has been told their diagnosis. Reinforce this behaviour with clinicians
• Engage with CNSs and secretaries as well as clinicians
• Get senior buy-in to push the agenda
Priority actions for implementation

• Set up steering group with X representation
• Get measurement systems in place (both IT infrastructure and resource)
• Start collecting baseline data as soon as possible
• Set up processes for data validation and consistency of interpretations
• Look at the way patients are told of their diagnosis and how this is captured first before considering any pathway re-modelling activities
• Map existing pathways and timings
• Map best practice pathways or alternative approaches
• Complete diagnostic demand and capacity analyses
• Use data to discuss pathway changes with clinicians
Further support

- Technical queries about CWT 2.0 to cancer-waits@dh.gsi.gov.uk; and
- Queries about the National Cancer Programme or the Faster Diagnosis Standard
  england.cancerpolicy@nhs.net