York Teaching Hospital NHS
NHS Foundation Trust

York Colorectal Cancer Straight to Test Pilot

Mr Praminthra Chitsabesan

Adam Spray

Ben Douglas

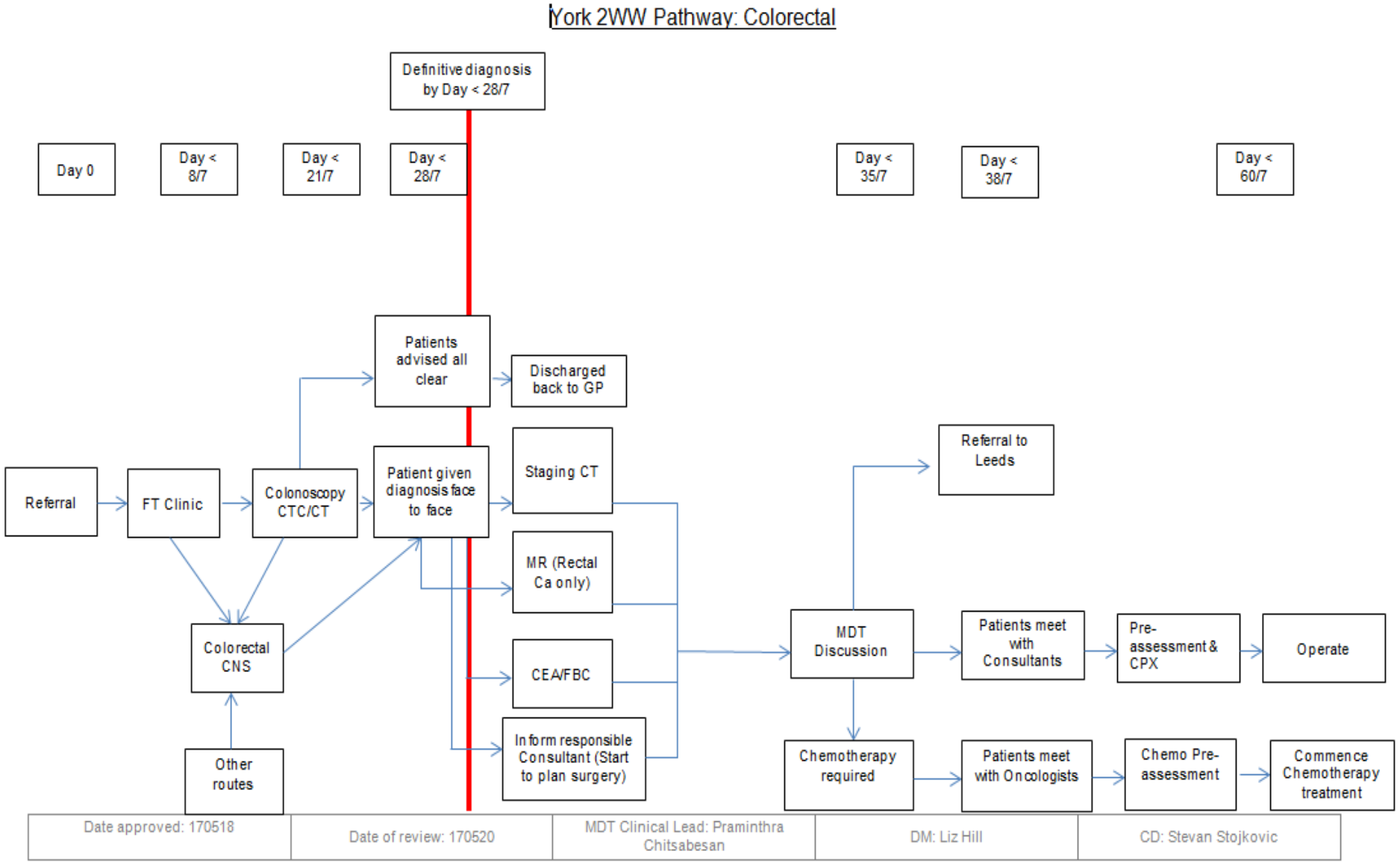
Suzanne Bennett

Context

- Preparation for 28 day faster diagnosis standard
- Requirement to work towards national best practise pathways

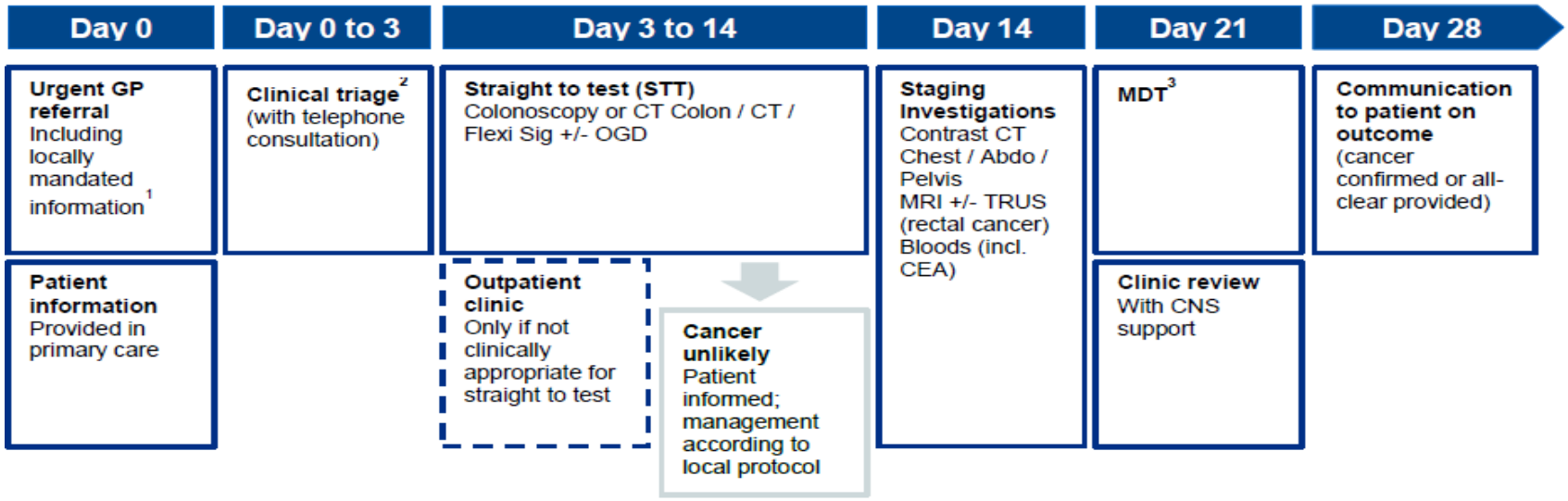
Current Pathway & Performance

Current Pathway



Where we need to be by 2020

28 day pathway[1]



Maximum target times provided

Footnotes:

1. Referral information will be locally determined with commissioners but should include investigation results (FBC, ferritin, CRP, MCV, U&E / eGFR, FIT), comorbidities, performance status, medications, and DRE. Note that FIT testing currently includes all low risk symptomatic patients (NICE DG30).
2. Telephone consultation can be used to determine suitability for straight to test and pre-assessment. Bowel prep can be arranged during triage or by primary care depending on local arrangements.
3. It is envisaged that when the new guidance on multidisciplinary team meetings is published in summer 2018, there will be a recommendation that some patients on clear and agreed cancer pathways may be discussed more briefly either at the beginning, or end, of the MDT.

York Teaching Hospital NHS
NHS Foundation Trust

Analysis of Current Pathway & Performance

Referrals by Month (2014 – 2018)

Referral Year	Average per month	Full Year	% Growth YOY
2014	137	1646	
2015	145	1742	5.8%
2016	169	2025	16%
2017	207	2480	22%
2018	237	2849	15%
2019 (Jan-June)	254	1526 (full year projection – 3052)	7% (projected full year increase)

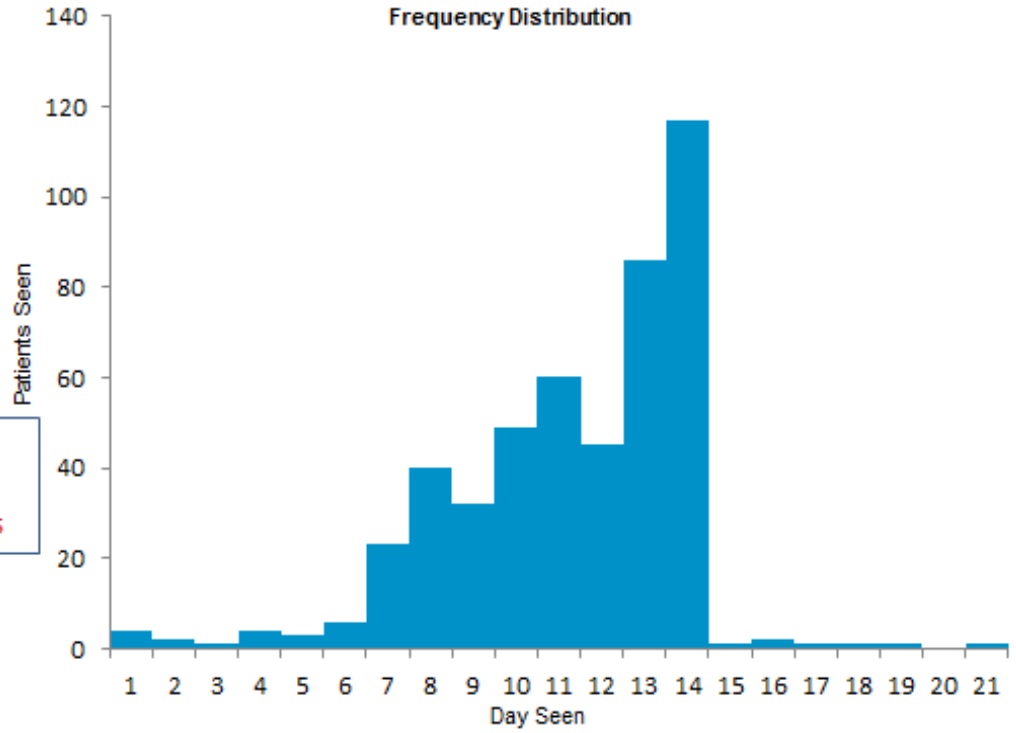
Current distribution of referrals within 2ww

York Teaching Hospital NHS Foundation Trust - Lower GI

Indicator	Per Week
Mean 2WW Referrals Received	49
By Paper/Fax	1
Through E-Referral	48
Mean DNAs	0.5
Of Which Reappointed	0.5
Of Which Discharged	0.0
Mean Rearranged Slots	0.0

Patient Experience	
Mean waiting time	12
Median waiting time	12
% attending on/after day 8	91.4%
% attending on/after day 13	0
% of patients offered choice	0.0%
% of E-Referral bookings	97.0%
% of appointments rearranged	0.0%

<=8 Days
9-10 Days
Over 11 Days



What did we do?

- Analysed the current pathway (clinical and admin steps) using the IST pathway analyser tool.

- Break down pathway into delays caused by admin as well as clinical steps.

Control Sample

- Sample = 30 pts
- All pts were referred in during the month of July
- All patients were diagnosed no cancer
- 2 patients refused further tests after FT appt
- 1 patient was admitted acutely before FT appt but commenced investigations whilst an inpatient

Findings from Pathway Analysis

	Clock to 1st OPA	Clock to Endoscopy	Clock to CT	Clock to CT reported	Clock to Diagnosis	Clock to Date informed	Clock to First Definitive Treatment
Average	11	29	31	39	42	53	60
Median	11	20	30	36	36	50	60
National Pathway	N/A	3 - 14	14	14	28	31	62

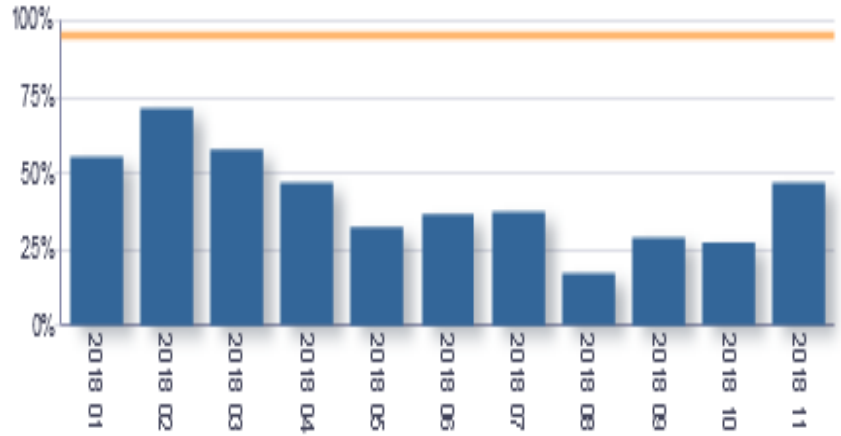
Current 28 Day Performance

igence

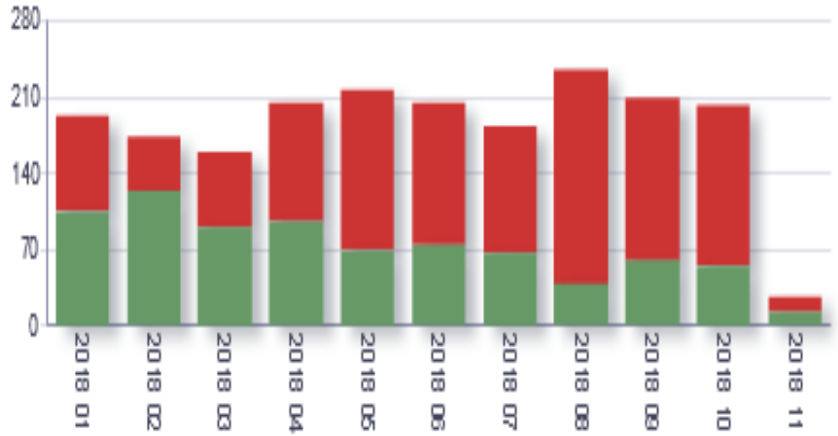
14 days targets (Monthly summaries) | 14 day - summary by GP & CCG | Breach Reasons | Referrals received | Diagnoses Made | **Time to Diagnosis (Day 28 Standard)** | 31 day targets | 62 day targets

1,997	790	1,207	39.56%
Number of Diagnoses	0-28 Days	29+ Days	% by Day 28

What is the **% Diagnosed by Day 28** compared to 95% Target by **Month**?



What is the **number of diagnoses within 28 days** compared to **over 28 days** by **Month**?



York Teaching Hospital NHS
NHS Foundation Trust

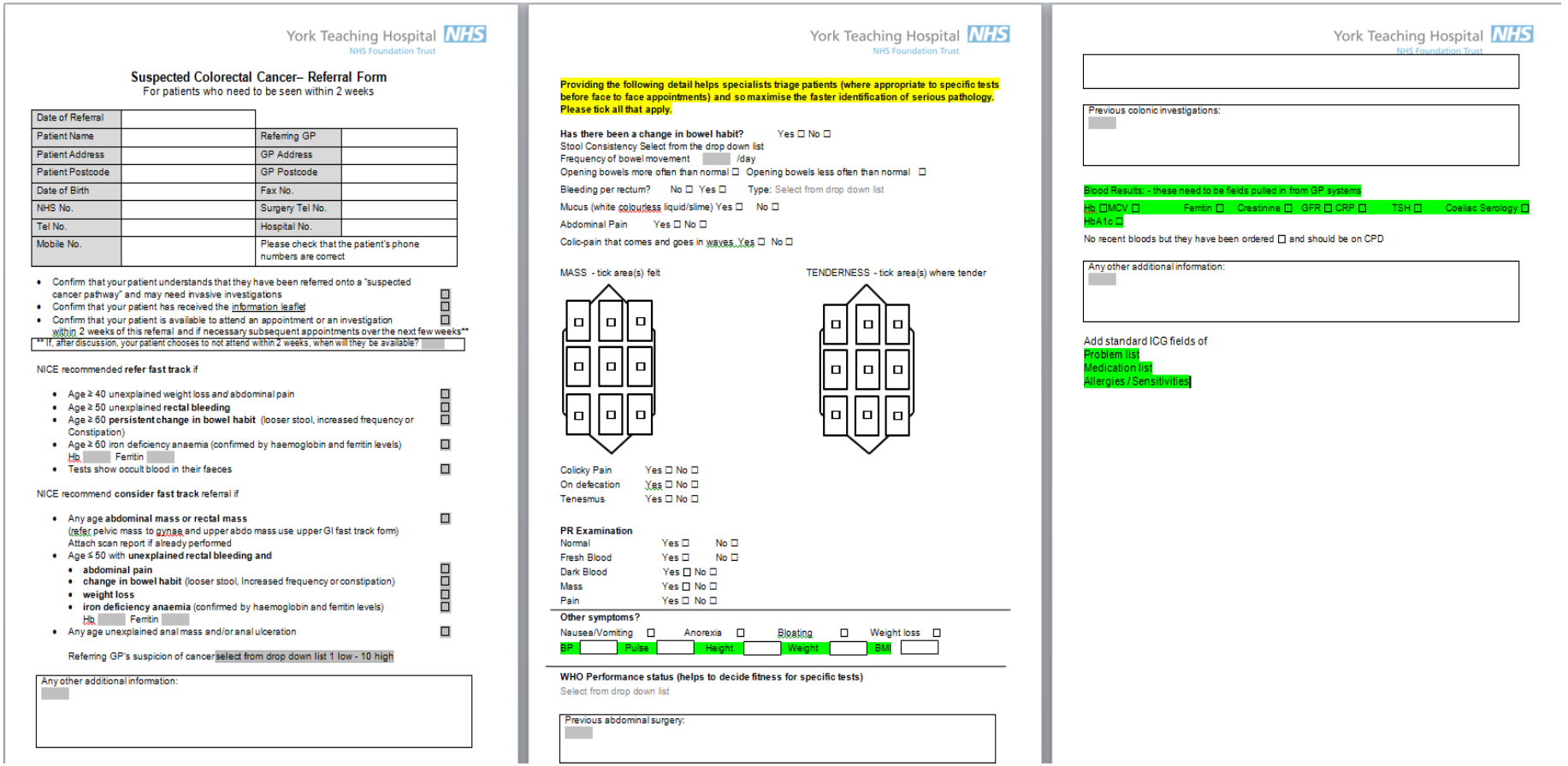
Straight to Test (STT) Pilot

Development of the Pilot

- Ran from 28 August 2018 to 21 Sept 2018 – period of 4 weeks
- 5 York CCG Practice pilot sites selected (in conjunction with the CCG):
  - Pocklington
  - York Medical Group
  - Pickering
  - Posterngate
  - Priory Medical Group
- Pilot referral template developed
  - Integrated into GP Clinical System EMIS/Sys.
- Webinar session prior to 'go live'
- Referral Support System (RSS)
  - Referral process

York Teaching Hospital NHS
NHS Foundation Trust

Redesigned Referral Form



York Teaching Hospital NHS
NHS Foundation Trust

Suspected Colorectal Cancer– Referral Form
For patients who need to be seen within 2 weeks

Date of Referral			
Patient Name		Referring GP	
Patient Address		GP Address	
Patient Postcode		GP Postcode	
Date of Birth		Fax No.	
NHS No.		Surgery Tel No.	
Tel No.		Hospital No.	
Mobile No.		Please check that the patient's phone numbers are correct	

- Confirm that your patient understands that they have been referred onto a "suspected cancer pathway" and may need invasive investigations ☐
- Confirm that your patient has received the information leaflet ☐
- Confirm that your patient is available to attend an appointment or an investigation within 2 weeks of this referral and if necessary subsequent appointments over the next few weeks** ☐

** If, after discussion, your patient chooses to not attend within 2 weeks, when will they be available?

NICE recommended **refer fast track** if

- Age ≥ 40 unexplained weight loss *and* abdominal pain ☐
- Age ≥ 50 unexplained **rectal bleeding** ☐
- Age ≥ 60 **persistent change in bowel habit** (looser stool, increased frequency or Constipation) ☐
- Age ≥ 60 iron deficiency anaemia (confirmed by haemoglobin and ferritin levels) ☐
  Hb Ferritin
- Tests show occult blood in their faeces ☐

NICE recommend **consider fast track** referral if

- Any age **abdominal mass or rectal mass** ☐
  (refer pelvic mass to gynae and upper abdo mass use upper GI fast track form)
  Attach scan report if already performed
- Age ≤ 50 with **unexplained rectal bleeding and**
  - **abdominal pain** ☐
  - **change in bowel habit** (looser stool, Increased frequency or constipation) ☐
  - **weight loss** ☐
  - **iron deficiency anaemia** (confirmed by haemoglobin and ferritin levels) ☐
    Hb Ferritin
- Any age unexplained anal mass and/or anal ulceration ☐

Referring GP's suspicion of cancer select from drop down list 1 low - 10 high

Any other additional information:

York Teaching Hospital NHS
NHS Foundation Trust

Providing the following detail helps specialists triage patients (where appropriate to specific tests before face to face appointments) and so maximise the faster identification of serious pathology. Please tick all that apply.

Has there been a change in bowel habit? Yes ☐ No ☐
Stool Consistency Select from the drop down list
Frequency of bowel movement /day
Opening bowels more often than normal ☐ Opening bowels less often than normal ☐
Bleeding per rectum? No ☐ Yes ☐ Type: Select from drop down list
Mucus (white colourless liquid/slime) Yes ☐ No ☐
Abdominal Pain Yes ☐ No ☐
Colic-pain that comes and goes in waves Yes ☐ No ☐

MASS - tick area(s) felt

TENDERNESS - tick area(s) where tender

Colicky Pain Yes ☐ No ☐
On defecation Yes ☐ No ☐
Tenesmus Yes ☐ No ☐

PR Examination

Normal	Yes ☐	No ☐
Fresh Blood	Yes ☐	No ☐
Dark Blood	Yes ☐	No ☐
Mass	Yes ☐	No ☐
Pain	Yes ☐	No ☐

Other symptoms?
Nausea/Vomiting ☐ Anorexia ☐ Bloating ☐ Weight loss ☐
BP Pulse Height Weight BMI

WHO Performance status (helps to decide fitness for specific tests)
Select from drop down list

Previous abdominal surgery:

York Teaching Hospital NHS
NHS Foundation Trust

Previous colonic investigations:

Blood Results: - these need to be fields pulled in from GP systems
Hb ☐ MCV ☐ Ferritin ☐ Creatinine ☐ GFR ☐ CRP ☐ TSH ☐ Coeliac Serology ☐ HbA1c ☐
No recent bloods but they have been ordered ☐ and should be on CPD

Any other additional information:

Add standard ICG fields of
Problem list
Medication list
Allergies / Sensitivities

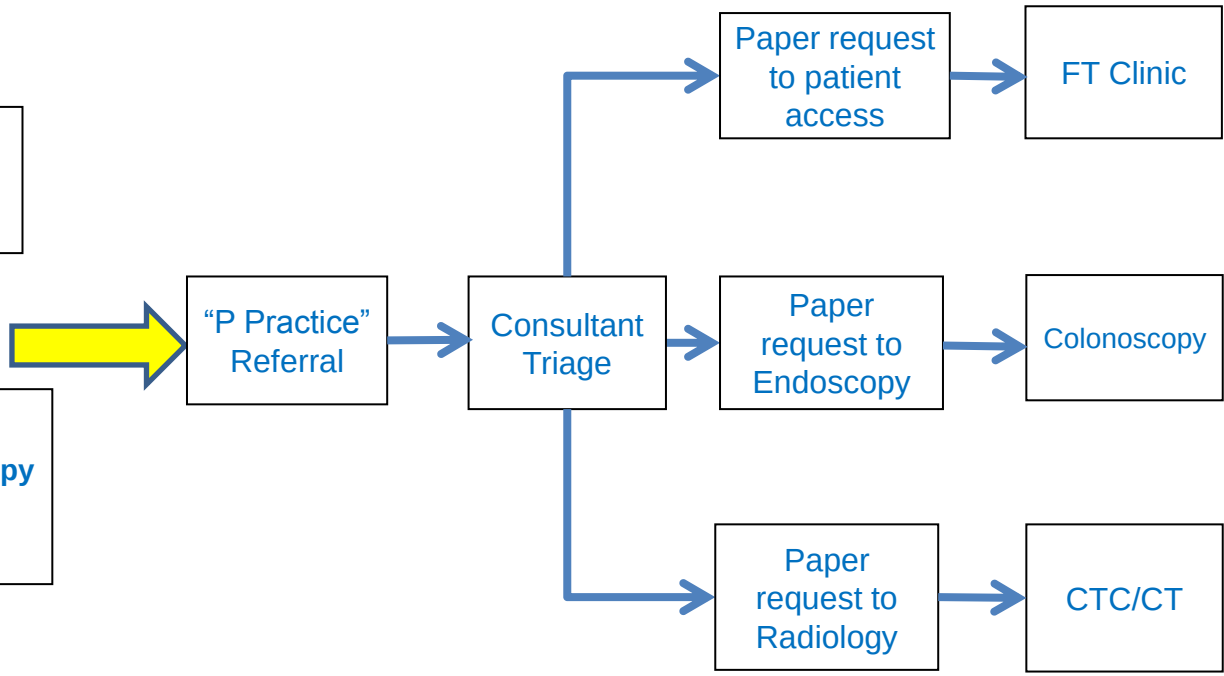
The essential data needed for an effective triage was Bloods, U&E's, PR Examination, Performance Status

Current Pathway

Day 0 | Day < 8/7 | Day < 21/7

Referral → FT Clinic → Colonoscopy CTC/CT

Pilot Pathway



Aims of the Pilot

1. Reduce time to diagnosis
2. Where appropriate, send patients straight to test

- Note – No other part of the pathway was altered or capacity carved out for the pilot

York Teaching Hospital NHS
NHS Foundation Trust

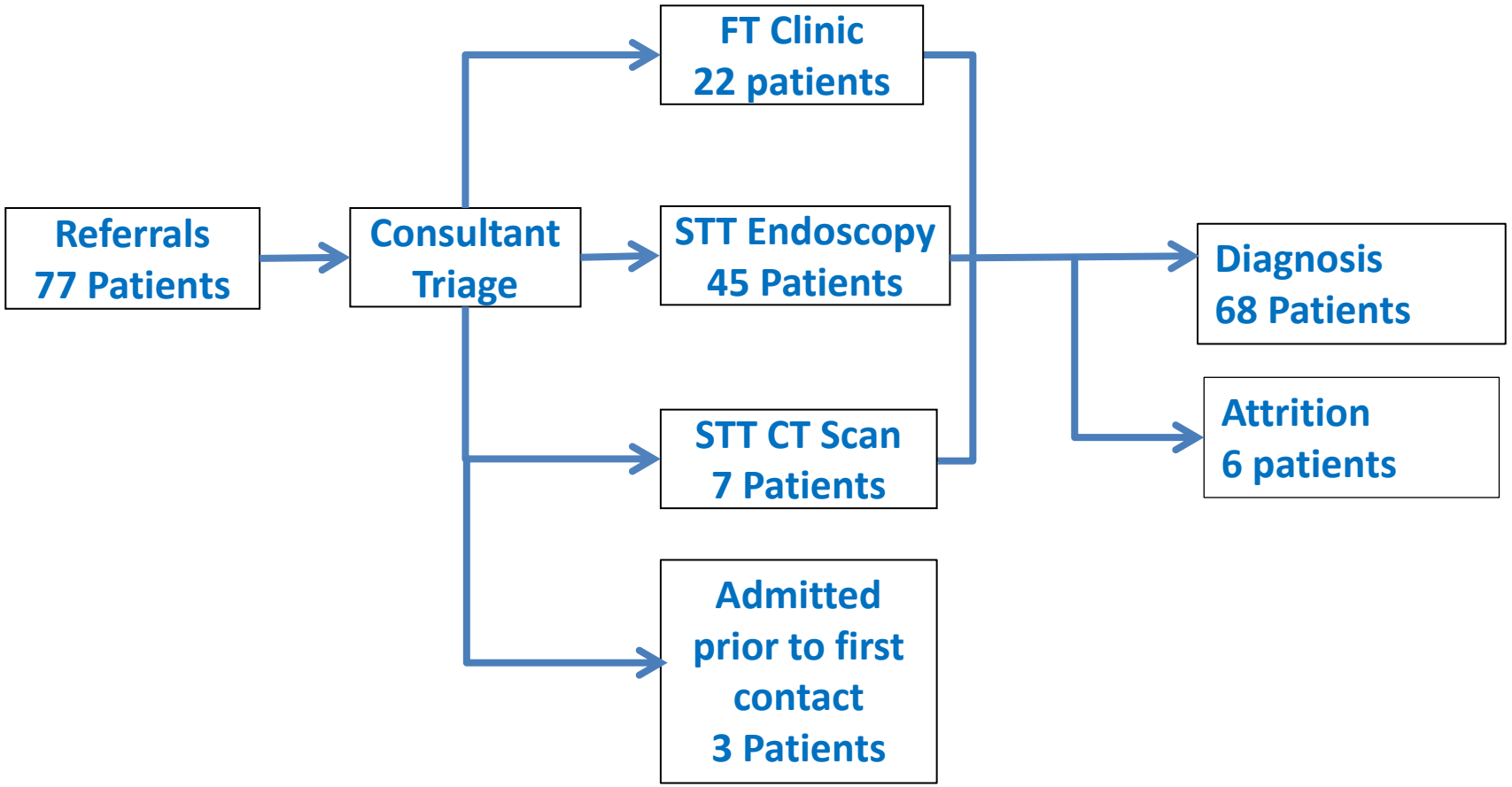
Overall Results of STT Pilot

GP Referral Compliance

- 77 patients referred
- 73 referrals on the correct proforma
- 25 pts referred without or incomplete bloods or U&E's (32%)
- 29 pts didn't receive a PR examination (37.7%). 13 of 29 seen in clinic (45%)
- 8 pts referred without a PR examination and bloods (10%)
- Performance score not always accurate based on feedback from consultants in clinic

Decision Making Analysis

- 50 triaged 0-1day (65%)
- 27 triaged 2-4 days (35%)



Overall Results: Control Sample vs STT

Old pathway	First Contact	Clock Start to Endoscopy Done	Clock Start to CT Report	Clock Start to Diagnosis (28 day standard)
Old Pathway Median	11	20	36	50

New Pathway	First Contact	Clock Start to Endoscopy Done	Clock Start to CT Report	Clock Start to Diagnosis (28 day standard)
Total Pilot Median	14	13	33	33

Breakdown of Individual Pathways

Summary: Straight to Endoscopy

Clock Start to Date Diagnosed			
	Old Pathway	STT Pathway	Change
Average	53	30	-23
Median	50	27	-23
Clock Start to Endoscopy			
Average	29	14	-15
Median	20	13	-7

- Unexpectedly, average time through endoscopy process rose from 11 to 14 days from request for endoscopy to endoscopy being done.
- On investigation this was because there was a greater influx of requests earlier in the pathway which caused an increased wait

Summary: Straight to CT

Clock Start to date diagnosed			
	Old Pathway	STT CT	Change
Average	53	36	-17
Median	50	33	-17
Clock Start to CT completed			
Average	31	26	-5
Median	30	25	-5
Clock Start to CT report			
Average	39	34	-5
Median	36	33	-3

- Unexpected delays in getting CT performed & reported due to staffing & capacity issues in radiology
- These delays contributed to a deteriorating performance for patients put through the STT pilot

Summary: Triaged to Fast Track Clinic

Clock Start to Date Diagnosed			
	Old Pathway	STT Pathway	Change
Average	53	44	-9
Median	50	41	-9
Clock Start to Fast Track Appointment			
Average	11	14	+3
Median	11	14	+3

- Whilst wait to first appointment did increase on average for the sample group, existing clinic capacity overall was adequate to cope with full demand.
- On average patients were waiting 33 days for their endoscopy procedure and 37 days for their CT scan to be completed and reported

Summary of key findings

- Patients who went STT had a significant improvement in their date to diagnosis performance
- Patients who went STT endoscopy showed the biggest improvement when measured against the 28 day standard, managing to achieve a median of 27 days to date of diagnosis
- 28 day performance improve to 61% during trial period
- Clinic capacity was adequate to cope with remain patients need an outpatient appointment

Full implementation in the future

- **Streamlining of admin processes**
  - Electronic vetting & booking
  - Daily result reporting
- **Workforce review**
  - Nurse/SCP/Middle Grade Triage
  - Protected job planned time for Consultants to review results
  - Reassignment of clinic capacity/reduce first appointment wait
- **Improved access to radiology & pathology capacity and reporting**

York Teaching Hospital NHS
NHS Foundation Trust

GP Support

GP Referral Form

NICE Guidelines to Refer

- **Refer people using a suspected cancer pathway referral** (for an appointment within 2 weeks) for colorectal cancer if:
  - They are aged 40 and over with unexplained weight loss and abdominal pain or
  - They are aged 50 and over with unexplained rectal bleeding or
  - They are aged 60 and over with:
    - Iron-deficiency anaemia or
    - Changes in their bowel habit
  - Tests show occult blood in their faeces (new NICE recommendation for 2015).
- **Consider a suspected cancer pathway referral** (for an appointment within 2 weeks) for colorectal cancer in people with a rectal or abdominal mass (new NICE recommendation for 2015).
- **Consider a suspected cancer pathway referral** (for an appointment within 2 weeks) for colorectal cancer in adults aged under 50 with rectal bleeding and any of the following unexplained symptoms or findings:
  - Abdominal pain
  - Change in bowel habit
  - Weight loss
  - Iron-deficiency anaemia (new NICE recommendation for 2015).
- Offer testing for occult blood in faeces to assess for colorectal cancer in adults without rectal bleeding or have unexplained symptoms but do not meet the criteria for a suspected cancer pathway.

Any Questions?