

# GM Cancer Alliance Rapid Diagnostic Centre Programme

Sue Sykes: RDC Programme Lead

Claire Goldrick: HPB Pathway Manager

Pancreatic Cancer RDC Shared Learning Event - 12th October 2021



### What have we achieved to date:

#### GM RDC Programme Board

- Formed in November 2019.
- To oversee the GM Cancer Alliance design and implementation of the national RDC Programme.

### Northern Care Alliance NHS Group

- Non Specific Symptoms (NSS) RDC live in June 2020.; 1 clinical team, 2 hospital sites, 32 slots per week.
- Live pathways include: NSS pathway and vague symptoms re-directs from Gynaecology, Haematology, HPB, Upper Gastrointestinal, Lower Gastrointestinal pathways.

# Manchester University NHS Foundation Trust

- NSS RDC live February 2021; 1 clinical team, 3 hospital sites (moving to 3 in June 2021), 24 slots per week.
- Site Specific RDCs: Gynaecology Exclusion clinic ,Upper Gastrointestinal RDC, Sarcoma RDC & HPB (Nov 2021)

## Embedding RDC principles

• In collaboration with GM Cancer Alliance Pathway Boards where appropriate embedding RDC principles into Site Specific cancer pathways - ongoing work.

#### Commissioning Task & Finish Group

• Formed in March 2021; with the principle purpose of ensuring GM CCGs are engaged in the implementation, roll out and future sustainability of the national RDC programme across GM.

### Collaboration with NHSE/I

• Significant collaboration with the NHSE/I RDC programme team over the last 12 months, working on RDC compliance, Navigator training programme, Adopt and Adapt, RDCs as part of cancer recovery.





### **Non Specific Symptoms**

Weight loss (>5% in three months)	Unexplained night sweats	
Decreased appetite	Hepatomegaly	
Nausea	Splenomegaly	
Bloating	Continued patient/family concern	
Abdo pain – non specific	GP concern	
Persistent pain	Anaemia	
Fatigue	Unprovoked DVT with signs suggesting underlying cancer	
Inguinal Lymphadenopathy (Axillary – Refer to Breast, Cervical – Refer to Head & Neck)	Abnormal imaging suggestive of metastatic disease	



### **RDC Model of Care**

Direct from GP & TWW Patient presents to GP re-direction **PRIMARY CARE** Referral to test 7-10 days RAPID DIAGNOSTIC Referred into RDC Nurse led Clinic Discharge back in Community Diagnostic tests at pace Central Triage for non-cancer/non-serious diagnosis Risk Stratification for F2F or **Off-site Locations** Virtual Appointments Excellent patient support and coordination through CNS and Care Navigators



**SECONDARY CARE** 

CENTRE

Onward Referral to MDT/Specialist Care for Cancer and other serious diagnosis









# GM Cancer Alliance RDC Activity Update - September 2021 (further metrics being developed locally)

	Northern Care Alliance Hospital Group (June 2020 – August 2021)	Manchester University NHS Foundation Trust (February 2021 – August 2021)
Total number of referrals received into RDC on a NSS pathway direct from Primary care since going live	1009	430
Total number of referrals received into RDC via internal redirects since going live	481	14
Total number of patients seen in the NSS RDC who progress to an investigative diagnostic	1054	374
Average time from referral to 1st diagnostic	13 Days	8.76 days
Average time for Y/N to cancer (FDS)	16 Days	19.1 days
Total number of cancers diagnosed	69	35
Top 3 cancers diagnosed	Lung (14) Pancreas (10) Lymphoma (8)	Lung (12) Pancreas (5) Lymphoma (3)
Cancer conversion rate	6%	9.4%
Non cancer but serious illness conversion rate (national guidance awaited)	*15%	3.7% Greater Manchester Cancer



### Further Roll out of NSS RDCs

- 2021- 2022 roll out of RDCs in the 4 remaining localities (Wigan, Bolton, Stockport, Tameside and Glossop) to address inequalities of access to and inequity of provision of the RDC approach.
- Meetings progressing with all new sites, with the aim of having a NSS RDC in all localities by the end of 2021/2022.
- RDCs are expected to play a significant role in recovery and backlog of cancer services, as per 2021/2022 NHSE Planning Guidance.

#### Primary Care Networks

• In collaboration with the GM Cancer Alliance Early Diagnosis Steering Group, through the development of RDCs across the whole of GM support PCNs in the earlier identification of patients with suspected cancer.

### Future Sustainability

- Through the work of the GM RDC Commissioning Task and Finish group commissioning and future sustainability discussions have commenced with MFT and NCA with a view to considering RDC activity as business case as usual and sustained within contractual arrangements ahead of 31/3/2024.
- Ensure equity of access to RDC pathways for the population of GM.

### Alignment with CDHs

• Ensure RDC pathway developments across GM align with Community Diagnostic Hubs (CDH) as per NHSE/I requirements.

# Embedding RDC Principles

• In collaboration with GM Cancer Alliance Pathway Boards where appropriate continue to embed RDC principles into Site Specific cancer pathways and part of BTPs.



# **GM Cancer HPB Pathway Board**

- The pathway boards aim to deliver system wide improvements to cancer pathways and patient care, with a particular focus on ensuring equity of access to services across the population we serve.
- Offer an objective and collaborative approach to service improvement.
- Pathway Boards bring together stakeholders from across Greater Manchester including clinicians, service users, primary/secondary care representatives, commissioners and other groups to create an engaged, multidisciplinary board which is representative of the whole patient pathway

#### HPB Pathway Board:

- Working on a Site-Specific HPB RDC pathway for patients within the Manchester and Trafford locality.
  - Patients referred from the GP on a HPB suspected cancer referral form will be offered a CT scan within 24-48 hours which will be hot reported.
  - CNS led, supported by the on-call HPB surgeon and a cancer care co-ordinator
  - Service will open end of October



# **GM Cancer HPB Pathway Board**

- We have developed a 14 day, emergency diagnostic pathway that we would like to implement across GM
- The pathway adopts RDC principles, ensures a CT is the first diagnostic test and would require changes
  to the weekly MDT to ensure patients can be discussed quickly, increasing their potential for access to
  treatment.
- We are exploring a protocol which would be implemented across GM to facilitate rapid access to CT for patients presenting at the emergency department.
  - Team at Stepping Hill hospital have implemented a pathway for rapid access to CT through their ambulatory care team.
  - Exploring ways to implement these pathways whilst the RDC programme is rolled out.
- Piloting an AI programme to enable discussion of suitable research trials within the MDT.
- GP Education: we are continuing our primary care education programme, we have a GatewayC webinar coming up on the signs and symptoms of HPB cancers available for all GPs in the country:
  - Register here: <a href="https://www.gatewayc.org.uk/webinars/">https://www.gatewayc.org.uk/webinars/</a>