



Somerset, Wiltshire, Avon  
and Gloucestershire  
Cancer Alliance

# SWAG HPB Pathway Development & Planning

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# National Rapid Diagnostic Centre Components

3.1. We are proposing that RDCs will have the following key components:



**1. Early identification** of patients where cancer is possible, including outreach to target existing health inequalities



**2. Timely referral** based on standardised referral criteria and appropriate filter function tests



**3. Broad assessment of symptoms** resulting in effective triage, determining whether and which tests should be carried out and in what order, based on individual patient need



**4. Coordinated testing** which happens in fewer visits and steps for the patient, with a significantly shorter time between referral and reaching a diagnosis



**5. Timely diagnosis of patients' symptoms,** cancer or otherwise, by a multi-disciplinary team where relevant, and communicated appropriately to the patient

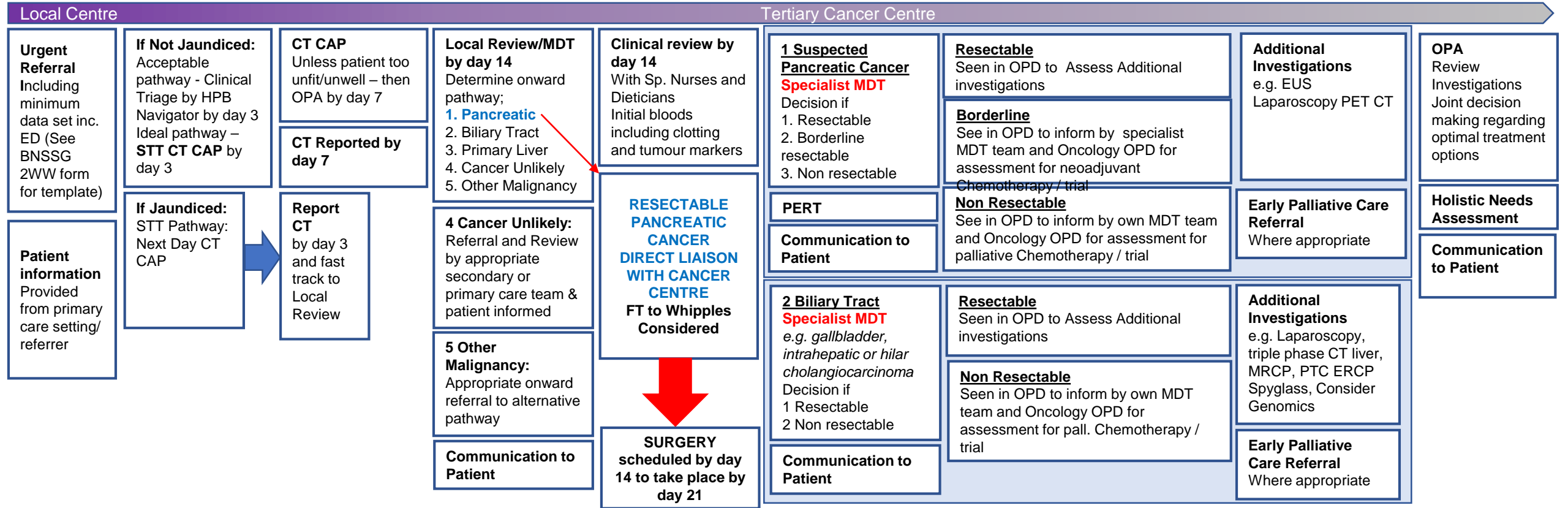


**6. Appropriate onward referral** to the right service for further support, investigation, treatment and/or care

**7. Excellent patient coordination and support** with patients having a single point of contact throughout their diagnostic journey, alongside access to the right information, support and advice

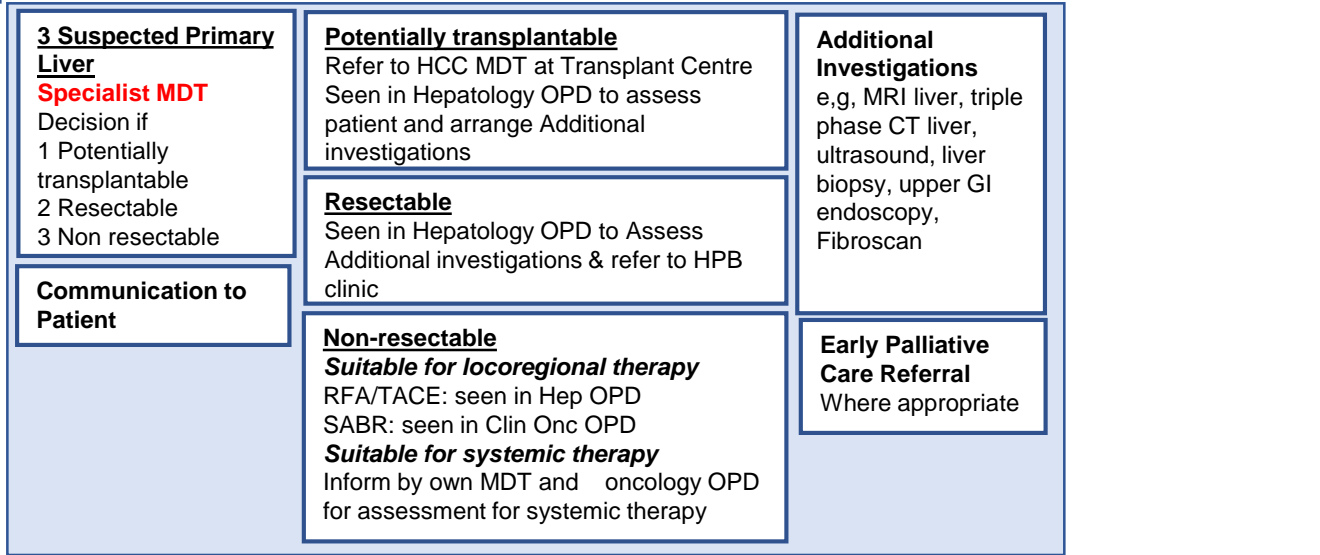
# Our Plan for the HPB Pathway





**Draft Pathway Created by SWAG HPB Team:**

- Currently going through Stakeholder sign off prior to release across the SWAG area
- Accept that the pathway is ambitious; we wanted something to aim for while accepting it won't be possible to implement immediately
- In SWAG we have 7 Providers & 1 Tertiary Centre that hosts specialist MDTs – this does allow us to be fairly prescriptive around the activities happening at this centre.



# Criteria for the SWAG HPB RDS

- ✓ Implement by **Day 3** either Triage by HPB Navigator or STT CT CAP by Day 3 Pathway for Urgent 2WW referrals.
- ✓ Fast Track **Suspicion of Pancreatic Cancer Jaundice Pathway** to deliver & report CT within 72 hours of referral (*RDC principle 5*)
- ✓ **Fast Track to Whipples Pathway** algorithm used to refer into BRI by **day 7** to facilitate Surgery being scheduled by **day 14** (*RDC principle 5*)
- ✓ System wide measures to increase appropriate referrals & standardise referral forms (*RDC principle 1*)
- ✓ **Engagement and education** to cancer centres and units in all professions – to include **PERT training** e.g. course provided Pancreatic Cancer UK (*RDC principle 1*)
- ✓ Referral quality feedback loop to monitor and continuously improve referrals (*RDC principle 2*)
- ✓ Protocol for internal escalation from CT-CAP to Cancer Pathway (*RDC principle 6*)
- ✓ **CT CAP by Day 7** unless to unfit/unwell (*RDC principle 4*)
- ✓ Bundled diagnostics requested 1st OPA e.g. Blood tests endoscopic investigations PET CT scans (*RDC principle 4*)
- ✓ Escalation protocols in place for patients who deteriorate or require urgent escalation to emergency/ specialist services
- ✓ **Single point of contact (with cover)** for patient incl. MECC approach and patient information throughout diagnostic journey followed by handover to CSW where cancer diagnosed (*RDC principle 7*)
- ✓ Coordinated testing minimising number of hospital visits (*RDC principle 4*)
- ✓ **Specialist MDT by Day 21** at latest (*RDC principle 5*)
- ✓ Communication suspected cancer / no cancer to patients by **Day 28** at latest – ideally by **Day 14** (*RDC principle 5*)
- ✓ Appropriate Diagnosis Report or onward referral for relevant patients (*RDC principle 6*)
- ✓ Patient information provided to include relevant charities and support available e.g. Pancreatic Cancer UK support