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Rapid Diagnostic Service (RDS)

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Introduction

- The NHS long term plan ambition is by 2028 75% of cancers will be diagnosed at Stage 1 and 2

- The Rapid diagnostic service (RDS) will support the delivery of the ambition by having earlier and faster diagnostic on pathways for patients who have vague and worrying symptoms.

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Rapid Diagnostic Service

Establishing a Rapid Diagnostic Service (RDS) for Suffolk and North East Essex (SNEE) will deliver faster and earlier diagnosis, and an improved experience for cancer patients. The NHS Long Term Plan sets ambitions for establishment of Rapid Diagnostic Centres as follows.

'3.59. The new faster diagnosis standard will be underpinned by a radical overhaul of the way diagnostic services are delivered for patients with suspected cancer. From 2019, we will start the roll-out of new Rapid Diagnostic Centres (RDSs) across the country to upgrade and bring together the latest diagnostic equipment and expertise, building on ten models piloted with Cancer Research UK, which have focused on diagnosing cancers where patients often present with non-specific symptoms and may go to their GP many times before being sent for tests, such as blood and stomach cancers. In time, RDSs will play a role in the diagnosis of all patients with suspected cancer, including self-referral for people with red-flag symptoms. For patients with cancer, this will mean they can get quicker access to an accurate diagnosis and begin their treatment. The majority of patients who do not have cancer, but may have other conditions, will be referred on quickly to get the right support.'
(NHS Long Term Plan, January 2019)

RDS will support the new Faster Diagnosis Standard (FDS), introduced from April 2020.

National RDS Specification

1. Early identification of patients where cancer is possible, including outreach to address population health inequalities

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

3. Broad assessment of symptoms and appropriate triage to determine which tests should be carried out and in which order, based on individual patient need

4. Coordinated testing which happens in as few visits for patients as possible

5. Timely diagnosis of patients' symptoms, cancer or otherwise, by a multi-disciplinary team, that is communicated appropriately to the patient

6. Appropriate onward referral, if needed, 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, with access to the right information and advice

Drivers for Change

SNEE RDS will build on the experience of vague symptoms and unexplained weight loss clinics within Suffolk and North East Essex. GPs recognise that patients present with symptoms that do not meet the 2WW wait criteria. Research shows GP gut feeling is an important tool in diagnosing cancer. RDS provides an appropriate pathway for these patients receive the diagnostics that they need.

Other secondary drivers include:

- Delivering the Long Term Plan ambition to diagnose 75% of patients at an early stage
- Meeting the national 28 day diagnosis target and wider cancer waiting times standards
- Creating increased capacity through more efficient diagnostic pathways by reducing unnecessary appointments and tests
- Delivering the Long Term Plan aim to create diagnostic imaging networks to share clinical images amongst specialists

Drivers for Change Cont….

- Promote delivery of a better experience for patients by providing a series of coordinated tests and a single point of contact
- Reducing unwarranted variation in referral for, access to and in the reliability of relevant diagnostic tests by setting standards regionally, mandating consistent data collection to enable benchmarking
- Improving the offer to staff as new roles will be created which offer development opportunities, greater flexibility and a chance to work in innovative ways
- Addressing health inequalities by offering virtual and face to face appointments, therefore reducing missed appointments.

Opportunities

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- The national ambition is for all cancers to be diagnosed via the RDS over the next five years.
- An initial assessment service not constrained by geographical locations, so access is equitable for rural inhabitants as well as those located in cities and highly populated urban areas.
- A single point of access to a diagnostic pathway for all patients with symptoms that could indicate cancer, regardless of the route of referral
- A personalised, accurate and timely diagnosis of patients' symptoms by integrating existing diagnostic provision, utilising networked clinical expertise and information, and introducing new ways of working where appropriate.
- Build on the development of diagnostic MDTs
- Diagnosing serious non-cancer conditions more efficiently
- Specialised nurses attached to the RDS will support personalised follow up within the community
- Promote digital technology within the cancer pathway

Patient Experience

The patient's experience in previous programmes, such as the ACE model[5] is largely positive. Below are some responses taken from the patient experience survey completed for the Ipswich and East Suffolk Vague Symptoms Multidisciplinary diagnosis service

"Dr H was very clear, very reassuring and everything mother & I needed at this worrying time. He didn't need improving …"
Patient IP4

"Consultant and specialist were great. All staff were very helpful and kind and very hard working. No complaints"
Patient IP16

"The appointment with Dr H was wonderful. He took time to explained the tests that had been previously been undertaken and advised GP on future prescription"
Patient IP01

Overall the patients experience about the service was positive with a median satisfaction rating of 10 out of 10.

Patient Experience cont……

Expected patient benefits of the RDS include:

- Faster diagnosis – less worry waiting for news
- Earlier diagnosis – better outcomes for earlier staging
- Shorter pathway - less appointments, less 'ping-ponging' back and forth to GP
- Consistent people helping navigate, named contacts
- Integrated approach more holistic
- Ideally if not cancer, patients are referred on within hospital, not back to GP, therefore reaching diagnosis of other conditions more quickly

Stakeholders and Partners

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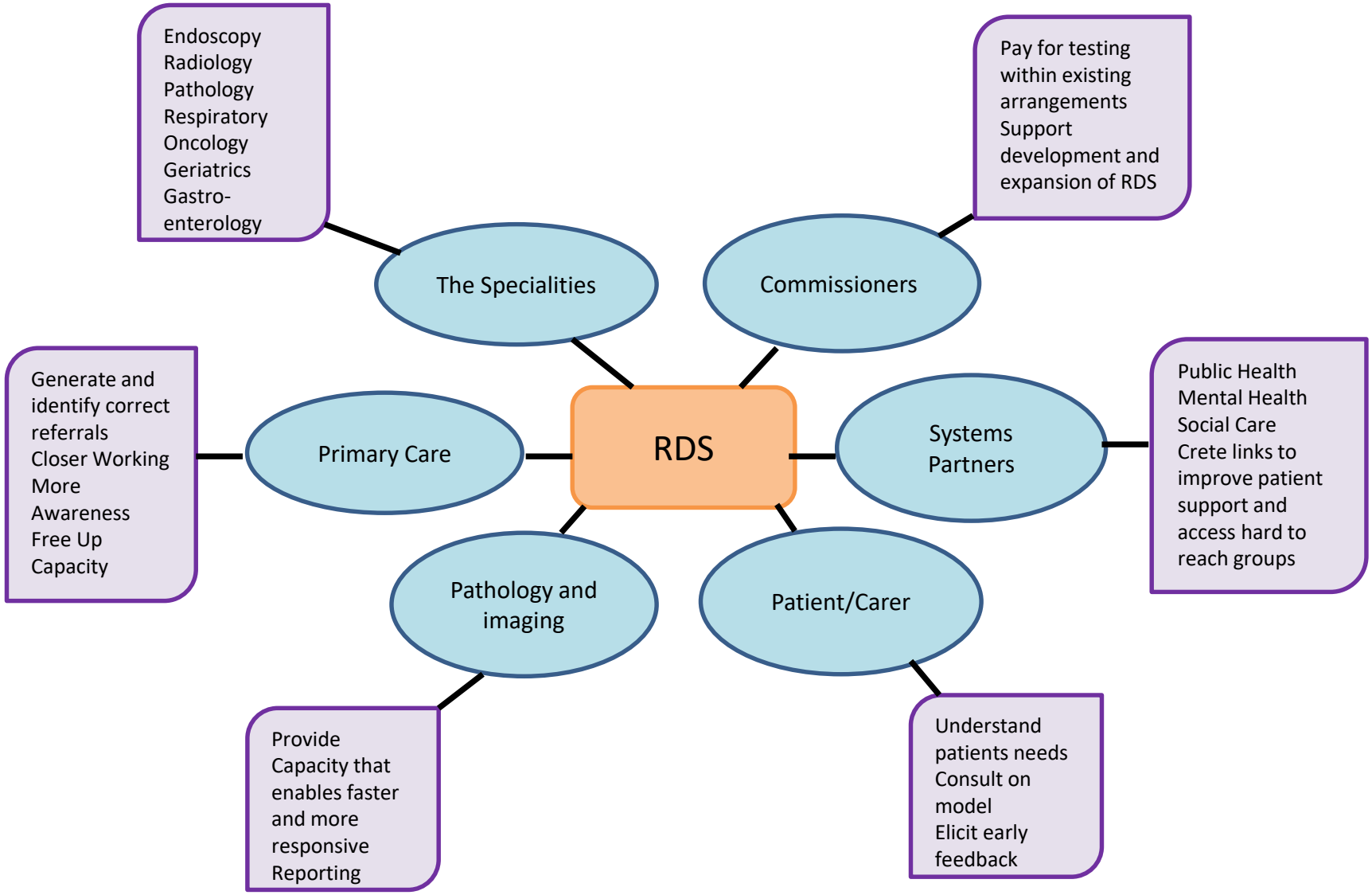
Working in partnership with key stakeholders will be essential tc development, implementation, and ongoing delivery.



Vague symptoms explained

These patients do not meet the 2 week wait pathway criteria, around 8% of patients with vague symptoms will have cancer. The patients may see there GP multiple times before referral due to the symptoms they present with. These symptoms can include:

- Unexplained weight loss
- Fatigue
- Abdominal pain and/or nausea
- GP 'gut feeling' although this percentage may seem quite low, these patients are less likely to survive, as they present later, often as emergencies. This is because there is not urgent diagnostic pathway as there is for site specific tumour diseases.

Vague Symptoms cont……..

- Present more often in an emergency setting (e.g. stomach cancer diagnosed at an emergency presentation over 35% of the time and pancreatic cancer 47% of the time compared to 19% overall)
- Present with late stage cancer (analysis of the National Cancer Diagnosis Audit shows that 67% of people with NSS are diagnosed at a late stage in comparison to 45% for people without NSS)
- Are referred on multiple urgent pathways with resulting inefficiencies in healthcare provision

Vague Symptoms Cont….

The Suffolk unexplained weight loss clinic and the Ipswich vague symptoms were part of the national ACE study which demonstrated;

- of the cancers diagnosed by this model, a high proportion (56%) are rare or difficult to detect cancers, often diagnosed at a late stage e.g. pancreatic or stomach cancer
- around 8% of patients are likely to be diagnosed with some form of cancer this model provides a fast route to cancer diagnosis with the median time from GP referral to a clinical diagnosis being 19 days , which support the 28 day to faster diagnosis.
- this model supports timely diagnosis of non-cancer conditions with a hitherto diagnosis of 25%, the pathway supports the opportunity to manage these patients.
- the majority of patients have a positive experience, with 85% of patients being very satisfied or extremely satisfied with the level of care they have received

Flow Diagram of RDS Pathway

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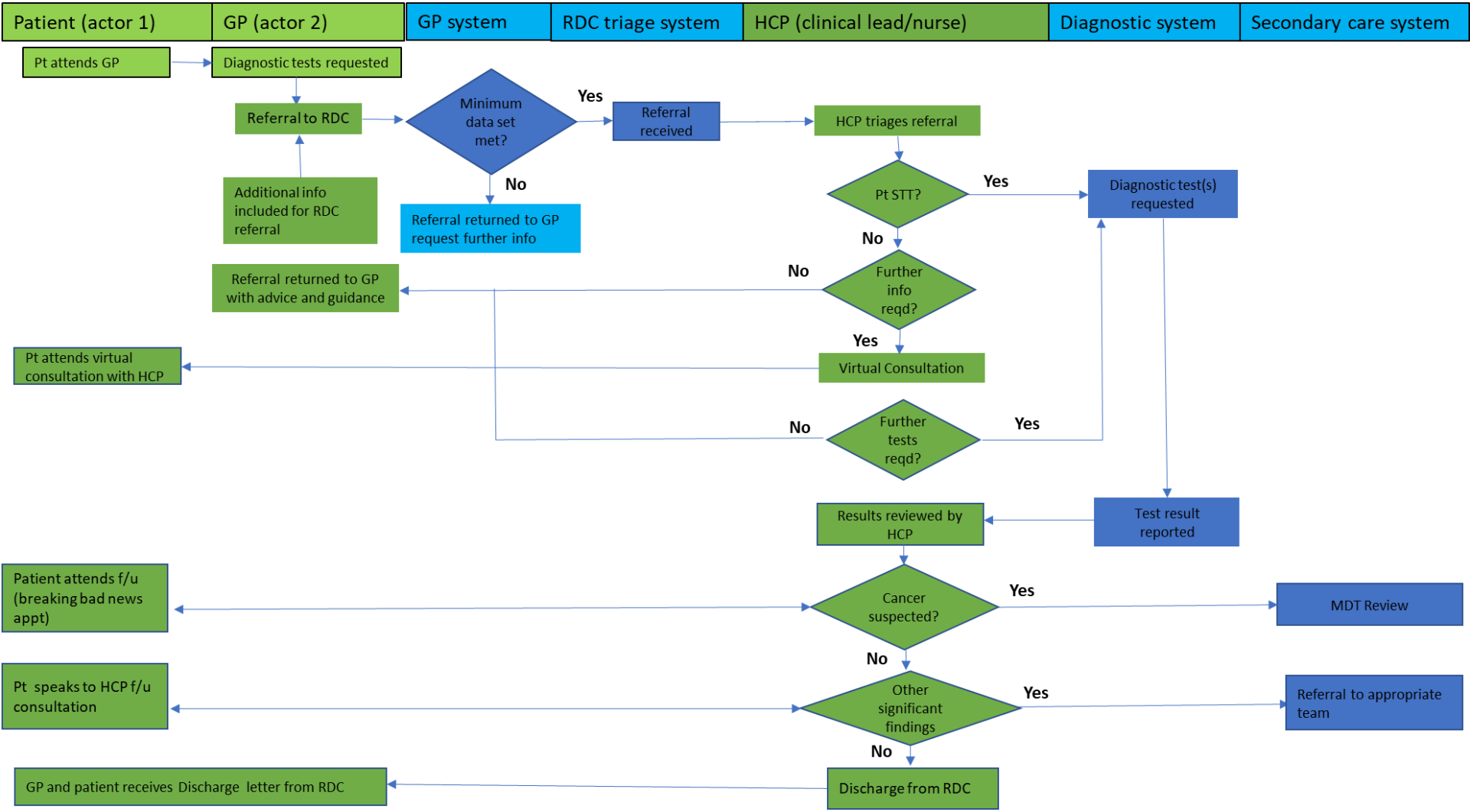

Referral and triage

- A referral will be sent into a single point of access (SPoA) and be centrally triaged
- Patients will be able to access the service via the SPOA three ways;
  - Patient self referral for symptoms as part of an agreed criteria
  - 2WW for barndoor symptoms, those that meet the NG12 criteria.
  - Self referral for point of care testing, such as PSA and/or CA125
- Once the referral has been clinically triaged the clinician will decide how to proceed with the referral, the options may include:
  - Not appropriate, sent back to GP with Advice and Guidance
  - Straight to test
  - Virtual call with patient to gain more information and decide upon which diagnostic tests will be required
- Once the referral has reached the RDS the 28 day clock with start.

Risks and benefits

Strengths/Benefits	Weaknesses/Risks
Virtual single hub for all of Suffolk and NEE, making geography irrelevant	Relies on shared access to ERS and care records
Service doesn't rely solely on GP referral, so more patients likely to be diagnosed at an early stage. Likely to pick up patients, who may previously get signposted and lost	Filter tests would need to take place before scanning for patients not coming via GP, meaning a potential additional step
Doesn't have to be hospital-based	Flexible workforce required to staff virtual RDS
Dedicated standalone service without conflicting priorities	Relies on greater patient awareness to increase self-referral
Frees up primary care capacity	
Frees up secondary care capacity	

Demand and Capacity

WSFT Vague Symptoms Clinic

- 158 patients were seen in Oct 18 – Sept 19 of which
- 12 were diagnosed with cancer (7.6%)
- 35 were diagnosed with Chronic Respiratory disease (roughly a quarter)
- 31 were diagnosed with Gastrointestinal (IBS/IBD etc) (roughly a quarter)

MIDAS Clinic

- Pilot clinic open to 40 practices in the Ipswich and East Suffolk Area
- 98 patients were seen between Dec 17 – Feb 18 (average patients seen per month 7)
- 6 were diagnosed with Cancer (6.1%)
- Non-cancer pathologies were found in 30 of the patients including Stroke, Cardiac failure, aortic aneurysms, IBS ad giant cell arteritis.

Further developments……

- Development of the Single Point of Access
- Developing the concept of self-referral following the three principles.
- Development of systems and software to enable across the ICS MDT's
- Develop a Lung Health Check programme utilising innovation such bas Oncimone.
- Site specific pathway, such as Telederm.