



# Macmillan Ipswich Diagnostic Assessment Service (MIDAS)

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# Background

- 25% of people with cancer are diagnosed by emergency routes and the survival rates for these are considerably lower than for those diagnosed by other routes. 1
- Less than 25% were diagnosed by the 2WW route and a similar proportion through routine GP referrals.1
- Increased time to diagnosis and treatment in symptomatic cancer associated with poorer outcomes.2
- Tumours such as lung, upper GI and lower GI cancer, the stage at diagnosis is more advanced in England, and relative survival is particularly poor. 3
- Our own recent research study, CADIAS Lung and Colorectal identified a significant rate of GP referrals via emergency settings with patients with late stage cancers, more often than not who had repeatedly presented with non-specific, vague symptoms.

# East of England MDC

## Aims & Objectives

The overall aim is to develop the shortest and safest route to cancer diagnosis particularly for patients with non-specific, vague symptoms.

The key objectives are to:

- Set up three MDC pilot projects with a 12 month service delivery across the east of England.
- Provide a rapid route to diagnostic tests for patients with non-specific, vague symptoms which are of concern to their GP and do not meet 2 week wait referral criteria.
- Define diagnosis within 28 days of referral
- Diagnose more cancers at an earlier stage
- Reduce time to treatment from symptom presentation
- Diagnose less cancer as an emergency presentation
- Improve diagnostic pathways for GPs
- Improve patient experience.



# MIDAS

- Vague symptoms pathway for patients that have symptoms that may indicate cancer.
- Clinic will co-ordinate diagnostics to enable a diagnosis within 28 days.
- Weekly clinics
- GPwSI with support from Clinical Oncologist, Nurse Specialist to be recruited.

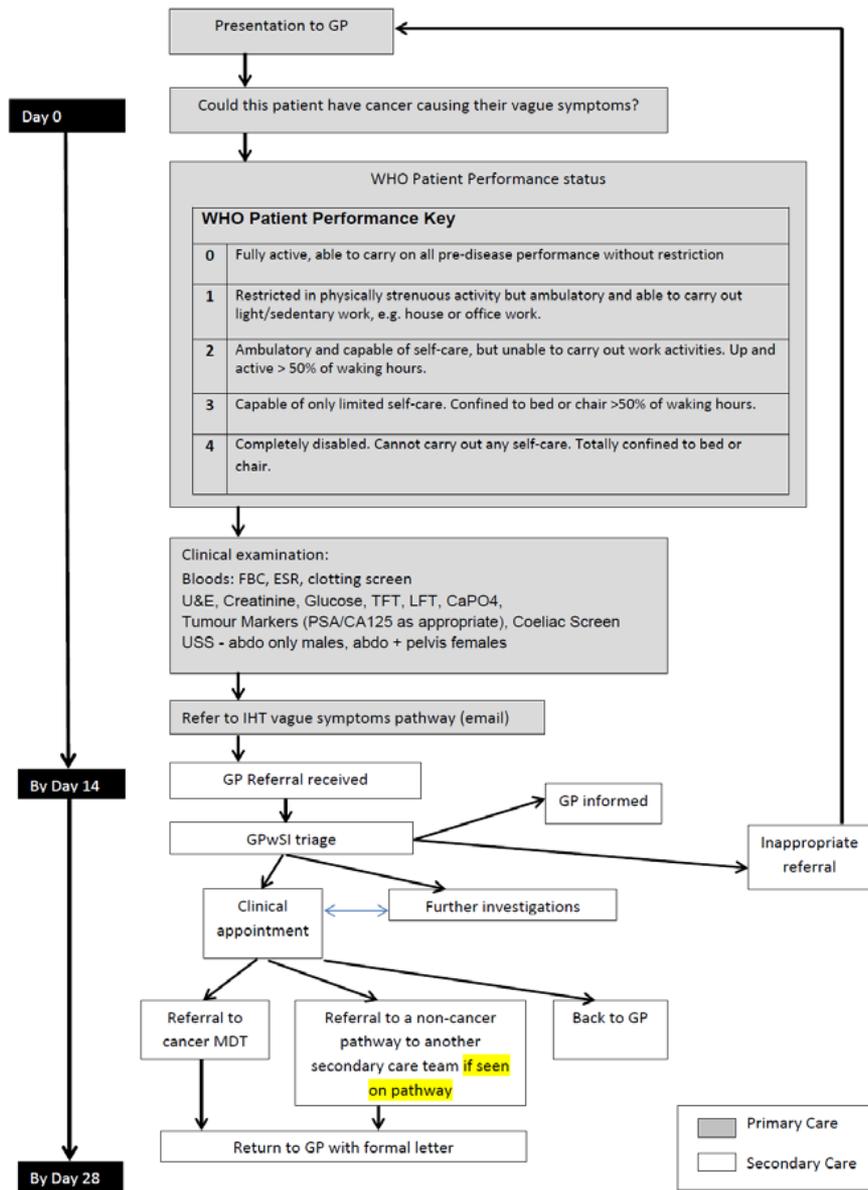


# MIDAS – Referral Criteria

- Unexplained weight loss (defined as weight loss of >5kg in the preceding 2 months which is otherwise asymptomatic and unexplained OR any such weight loss of concern to both clinician and patient).  
OR
- GP has a “gut” feeling of malignancy or serious pathology  
OR
- Unexplained PE / DVT  
AND
- >40 years of age and no other urgent referral pathway suitable
  
- EXCLUSION CRITERIA
- Patients who meet existing two week wait criteria should be referred using the two week wait pathways.



# MIDAS SOP

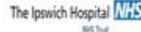


# Draft MIDAS Referral Form

Ipswich Hospital NHS Trust

## Macmillan Ipswich Diagnosis Assessment Service

Comment [PL1]: MIDAS – add afterwards so that they can work out what MIDAS is for the form (as I had to).



To make a referral complete this pro-forma and fax it to: 01473 xxxxxxx  
Consultant Name

Comment [PL2]: We would avoid fax, confirm email address sent to.

GP Details		Patient Details	
Registered GP:	Referring GP:	Forename:	Surname:
Address:		Address:	
Postcode:		Postcode:	
Tel No:		Hospital No:	
Fax Number:		NHS No:	
Email:		Gender:	DoB:
Patient's background and culture			
Ethnicity:		Age:	
First language:		Tel No (Home):	
Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>		Tel No (Work):	
		Tel No (Mobile):	

Weight Loss	Amount:	Duration:	Current Weight:

Referral criteria:
i) Unexplained weight loss ii) > 40 years iii) GP has a "gut" feeling of malignancy or serious pathology iv) No other urgent referral pathway suitable

Symptom Screen:			
Dysphagia:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Change of Bowel Habit >6/52: Yes <input type="checkbox"/> No <input type="checkbox"/>
Cough/hoarseness >3/52:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Severe fatigue/malaise: Yes <input type="checkbox"/> No <input type="checkbox"/>
Abnormal bleeding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Localised pain >4/52: Yes <input type="checkbox"/> No <input type="checkbox"/>
Mental State:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Persistent nausea/anorexia: Yes <input type="checkbox"/> No <input type="checkbox"/>

Comment [PL3]: What does it mean? Increased confusion

History
Examination

Investigations: (Must be performed but not necessary to await results). Please tick	
FBC/ESR/Clotting Screen <input type="checkbox"/>	U&E, Creatinine, Glucose, TFT, LFT, CaPO4 <input type="checkbox"/>
Coeliac Screen: <input type="checkbox"/>	Tumour Markers (PSA/CA125 as appropriate) <input type="checkbox"/>
Investigations: (Must be completed prior to referral. Please tick)	
CXR: <input type="checkbox"/>	USS - abdo only males, abdo + pelvis females <input type="checkbox"/>

Relevant past clinical history:
Current medication and allergies: Attach printout
Attachments: Letter <input type="checkbox"/> Medication List: <input type="checkbox"/> Other: <input type="checkbox"/>

Evaluation Information
Do you wish to exclude malignancy? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is your patient aware of this? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is malignancy Probable <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely <input type="checkbox"/>
If MIDAS were unavailable, where would you have referred?.....
.....

Comment [PL4]: What are the implications for this, should serious pathology as if car suspected they should be 2wv and this is not a 2wv

Notes
(1) Unexplained weight loss is defined as a) Weight loss of > 5kg in the preceding 2 months which is otherwise asymptomatic and unexplained b) Any such weight loss of concern to both clinician and patient
(2) History and examination

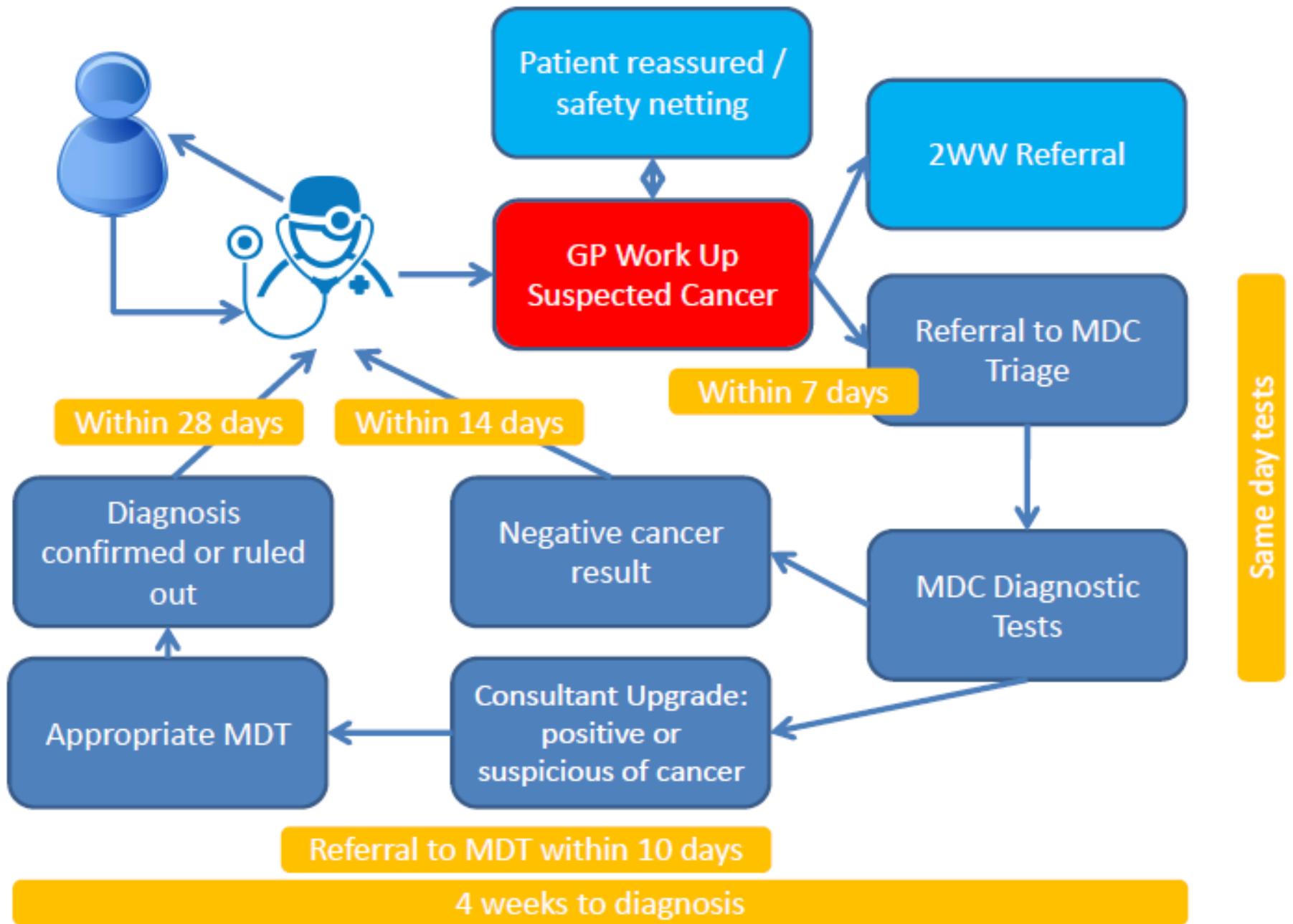
Comment [PL5]: What e



# Ipswich and East Suffolk Pilot MIDAS

- GPwSI led clinic
- Go live 16/12/16
- Open to 40 practices (pan IES CCG)
- Weekly clinic
- Clinical Leads – Dr Peter Holloway and Dr Christopher Scrase





# 28 day faster diagnosis standard

- Ipswich Hospital one of five national pilots of test the new standard.
- Achieving World-Class Cancer Outcomes – by 2020, 95% of patients referred for testing by a GP are definitely diagnosed with cancer, or cancer is excluded, and the result communicated to the patient, within four weeks.
- Colorectal and Gynaecology pathways.

# PSA testing

- Isolated, elevated PSA please do not refer repeat in 4-6 weeks pre 2ww referral
- Please can I remind you that patients with an isolated elevated PSA should have a repeat test in 4 weeks before being referred on a two week wait pathway.
- Please note the guidance on the two week wait referral form:
  - Repeat PSA after 4 weeks, (inc where PSA <15 and rectal examination yields normal results)
  - If UTI present, treat and repeat PSA after 6 weeks.

# A final request.....

## We need your help please

Please ensure patients are aware that they have been referred on a two week wait pathway and are available to attend within two weeks.

