



Title	Rapid Cancer Diagnostic Service
Document Type	Standard Operating Procedure - SOP
Issue number	BMC
Version number	Final
Approval/Issue date	May 2024
Review date	May 2025
Approved by	RCDS Project Board
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Developed by	RCDS Project Team
Reviewed by	RCDS Project Board
Equality & Diversity Impact Assessed	

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Introduction

Around 60% of cancers are diagnosed through the urgent suspicion of cancer (USC) pathway in Scotland, leaving around 40% which are detected through alternative routes (for example, routine or urgent referrals from primary care). The introduction of the Rapid Cancer Diagnosis Service (RCDS) in Scotland aims to provide equity of access for all patients with symptoms suspicious of cancer, shorten the diagnostic pathway and support earlier detection.

Currently, patients that do not meet the Scottish Referral Guidelines for Suspected Cancer criteria, or who present with non-specific but concerning symptoms, can cause the GP concern, especially if the GP's 'gut instinct' is of a malignancy. In this instance, primary care would have to coordinate a number of tests while retaining full clinical responsibility for the patient or choose a single specialty to refer to which may not be most appropriate. The current process can result in delayed diagnosis, onward referrals to multiple specialties and unnecessary or inconclusive examinations being performed with resulting poorer patient experience and outcomes.

Formation of the RCDS- person-centred fast-track diagnostic pathways – is aimed to provide primary care with an alternative route to refer patients with non-specific symptoms, such as weight loss, fatigue and nausea that are suspicious of cancer. The RCDS referral route helps ensure patients without cancer are provided with reassurance earlier and, if a non-cancer diagnosis is made, signposted to the care or treatment they require earlier.

The project will be implemented through three key roles: 1x Clinical Lead (4 sessions per week), 1xWTE Clinical Nurse Specialist and 1xWTE Administrator.

Intent

To set out the process to ensure that the Rapid Cancer Diagnostic Service (RCDS) concept is delivered as effectively and efficiently as possible and all staff involved with the service are aware of their roles and responsibilities.

To allow confident feedback to the RCDS Project Board and RCDS National Forum that the service is focussed towards meeting the aims and objectives set out within the PID.

It should be noted that this SOP is formalising Process and background information, further agreement around the aims of the pilot can be found in the PID.

Procedure

Referral

Patients will attend primary care (GP) with nonspecific, worrying symptoms which do not meet the Scottish Referral Guidelines. The GP is concerned there is an underlying malignancy.

The GP will review the RCDS pathway referral criteria- *see appendix 1* (also available on RefHelp) to ensure the patient meets the referral criteria as follows:

- Clinical Suspicion / "gut feeling" of cancer but not indicative of tumour site
- Unexplained Weight Loss
- Severe unexplained fatigue
- New atypical pain (eg. diffuse abdominal pain or bone pain)
- Unexplained laboratory test findings (eg. Thrombocytosis potentially indicative of lung, endometrial, gastric, oesophageal and colorectal (LEGO-C) cancers)
- Persistent nausea or appetite loss
- >18 years of age
- The patient is well enough to go through the process
- RCDS bundle investigations have been requested
- There is no other urgent referral pathway suitable for this clinical scenario

The GP will inform the patient they are suspecting a possibility of cancer and as they meet the nonspecific criteria, they will be referred on to the RCDS pathway.

The GP should make an electronic referral using the SCI Gateway protocol for urgent suspected cancer referrals. This will place the patient on the RCDS pathway.

Referral into Secondary Care/Vetting

The RCDS referral will go into SCI Gateway and be added to TRAK by Medical Records, ready for vetting.

The referral will be vetted by the Clinical Lead or the Clinical Nurse Specialist. Blood bundle and relevant background information e.g. multiple referrals, known to other services, highlight any relevant social information will be checked by Clinical Nurse Specialist.

The Clinical Nurse Specialist will make first call with patient and carry out initial assessment and baseline screening tools. Discussion will include:

- Main concerns
- Symptoms
- Functionality
- Baseline information
- Screening tools
- Inform patient if accepted on to pathway

The decision to accept on to the pathway is made after this assessment.

Once the referral has been vetted, it will be added to the RCDS Waiting List in TRAK with booking instructions.

Additional tests will be requested by the Clinical Nurse Specialist, as indicated. Radiology tests, such as a CT scan, will be requested solely by the Clinical Lead until the Clinical Nurse Specialist is Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) trained.

Radiology Admin will:

- organise vetting and identify an appointment
- feedback appointment date/time and relevant information to RCDS Navigator

The CNS will:

- Contact Radiology via email to advise an RCDS fast track referral is awaiting vetting.
- Follow any vetting/booking instructions.
- Confirm transport and make arrangements (if patient/family not able to do) if required.
- Ensure all relevant tests are booked. Where not booked this will be arranged by the Administrator.

The CNS will contact the patient by telephone to discuss the following information:

- Date and time of CT appointment
- Advise of further appointments or next contact

All tests/investigations will be collated prior to RCDS consultation.

Patient attends RCDS clinic through a Face to Face consultation. Reviews are carried out by the Clinical Lead or CNS and will be assessed or advised as follows:

- Effective communication to explore desired outcomes.

- Realistic medicines will be adhered to and informed discussion around realistic expectations.
- Physical examination

Results will be conveyed to the patients as follows:

- CNS will advise the patient of results/diagnosis and/or next steps.
- The patient is offered a phone call or to come back to clinic to receive results (usually patients opt for the phone call in order to receive the results sooner)

If Suspicion of Cancer

The patient will be referred to the appropriate specialty by the Clinical Lead or CNS for ongoing management. This will be done by sending an email to the appropriate speciality, along with a clinic letter after the RCDS consultation.

Further investigations will be requested, dependent on findings e.g. endoscopy, MRI, biopsy.

If Non-Cancer Related Diagnosis

The Clinical Lead or CNS will refer the patient to the appropriate specialty as per agreed onward referral pathways. Referral letter will be uploaded by RCDS Administrator direct to relevant TRAK vetting list.

Further investigations will be requested, e.g. endoscopy, MRI, biopsy if appropriate.

If No Diagnosis

The Clinical Lead or CNS will discharge the patient back to the GP with relevant advice.

An escalation pathway has been agreed for RCDS clinician to seek advice when required.

The RCDS outcome letter will be added to Trak by the Administrator to provide the patients GP with all relevant information from the RCDS consultation.

Data Collection and Reporting

The RCDS Administrator will be responsible for data input and reporting on Summary of Service to the Scottish Government. Specific data items- *see appendix 2* – for patients referred to the RCDS will be collected in the spreadsheet and will be located in the RCDS Shared Drive.

Roles and Responsibilities

Clinical Lead

- Offering leadership and advice to RCDS team on all matters relating to the service

- Clinical supervisor to CNS in training
- Vetting of referrals from primary care to either list for clinic or correspond with primary care if an alternative to RCDS would be more suitable
- Requesting initial investigations, most likely CT CAP
- Assesses patients in clinic to decide a differential diagnosis and make a plan for any further investigations
- Explaining the rationale for this to patients and ensuring it is a concordant plan
- Explaining test result and next steps to patients, again ensure concordance.
- Practicing realistic medicine
- When test results returned advising CNS by email and/or telephone of next steps
- Availing themselves to CNS for email and/or telephone advice on non-RCDS working days to allow for quick action and service continuity
- Creating and approving letters to other clinicians to update them on the patient's progress through the RCDS pathway
- Seeking advice from specialities where appropriate
- Referring to tumour site specific multidisciplinary teams where appropriate
- Representing NHS Borders RCDS in local, regional, and national forums

Clinical Nurse Specialist

- Vetting of referrals from primary care to list for clinic
- Makes initial call to patients accepted onto RCDS pathway to introduce the service and role of clinic
- Proactively expedites investigations and co-ordinates care with wider health care teams
- Provide expertise to inform and participate with the decision-making process with the medical and multidisciplinary team to ensure appropriateness of referral to the RCDS, carrying a clinical caseload and co-ordinating investigation, treatment and on-going holistic care for these patient groups.
- Enhances the quality of care provided to patients presenting with potential symptoms of cancer (or other long-term non-cancer service) in terms of early recognition, rapid onward referral to specialist oncology team, palliative care teams as appropriate
- Supports interpretation and delivery of highly complex clinical information by explaining test results and next steps to patients
- Takes ownership of patient pathway and acts as a single point of contact to patients if any questions arise. The CNS also provides support to relatives at a stressful time.

Administrator

- Provides specialist project and administrative support to the RCDS in delivering a wide range of Project Management and business support services.
- Ensures the appropriate programme and project documentation is produced, recorded and controlled.

- Updates and maintains all forms of programme office related data, presentations and documentation.
- Produces monthly project status reports, obtaining data from project managers into a single programme report
- Produces and submits progress reports as required for operational and project work.
- Responsible for sending and collating RCDS patient feedback as part of service evaluation
- Ensure RCDS patient letters are uploaded to Trak and sent to relevant onward specialities

RCDS Project Team:

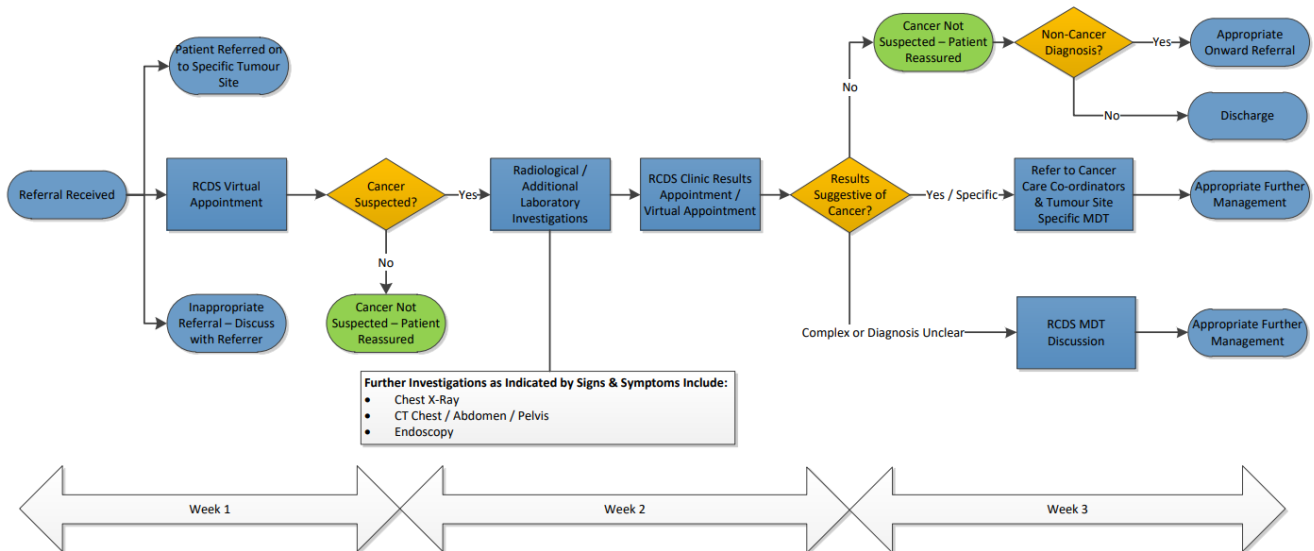
As described in Terms of Reference.

RCDS Project Board:

As described in Terms of Reference.

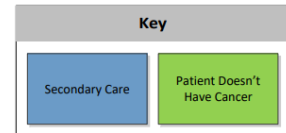
Appendix 1- RCDS Clinic Pathway

Rapid Cancer Diagnostic Service Clinic Pathway



Clinical Lead: Dr Robin Kerr
Cancer Nurse Specialist: Craig Thom
Administrator: Ellie Temple

Pathway Version: 1.0, April 2023
Review Date: October 2023



Appendix 2- Data Collection Spreadsheet



RCDS 2024
Dataset.xlsx