Rapid Cancer Diagnostic Service (RCDS)

PROJECT INITIATION DOCUMENT

FINAL

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Document History

Version	Date	Author	Comments
1.0	November 2022	Alison Smail	B Kerr, S Litster, L Taylor
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Approval History

Role	Name	Signature	Date
Project Manager	Steven Litster		
Project Lead	Beth Kerr		
Project Officer	Alison Smail		

1 Introduction

This document has been produced to outline the proposed project to introduce a Rapid Cancer Diagnostic Service (RCDS) for NHS Borders.

The PID outlines:

- What the project is aiming to achieve
- The scope, constraints, risks and control mechanisms and who will be involved in managing the project and what their roles and responsibilities are
- How and when the arrangements discussed in this Project Initiation Document (PID) will be implemented.

When approved by the Project Board, this PID will provide the "baseline" for the project.

The PID will be referred to whenever a major decision is taken about the project and used at the conclusion of the project to measure whether the project was managed successfully and delivered an acceptable outcome for the Project Sponsor and Project Board.

1.2 Project Background

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 Early Cancer Diagnostic Centres (ECDCs), now known as 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 development of RCDS is being led through the Centre for Sustainable Delivery (CfSD) with Centres established within existing NHS Scotland infrastructure. A small number of complex patients will move through the Centre at any one time.

The Scottish Government's National Cancer Strategy 'Beating Cancer: Ambition and Action' committed to establishing at least two RCDS. Three early adopter sites went live in 2021 in NHS Ayrshire & Arran, NHS Fife and NHS Dumfries & Galloway. The NHS Recovery Plan then committed to establishing population coverage to an RCDS pathway.

NHS Borders were successful in their bid to Scottish Government to take forward a local 12 month RCDS project.

The current NHS Borders pathways are designed to rapidly diagnose patients with tumour site specific symptoms. Vague but concerning or non-specific cancer symptoms are currently worked up in primary care bloods and investigations as indicated with direct access to radiology (X-ray and CT). Referral is made to tumour site specific pathway if primary found, but this can mean a series of different investigations being carried out with potentially multiple appointments both in primary and secondary care before a diagnosis is made.

The current system is not patient centred, fails to highlight the fitness of the patient or the appropriateness of the investigations being requested and whether multiple cancer sites may require investigation.

1.3 Overall Aim of the Project

The overall aim of this project is formation of a local RCDS which has person-centred fast-track diagnostic pathways aimed to provide primary care with an alternative route to refer patients with non-specific symptoms of cancer, such as weight loss, fatigue and nausea. This new referral route will help ensure patients without cancer are provided with reassurance earlier and, if a non-cancer diagnosis is made, the care or treatment they require earlier also. It will also ensure those who receive a cancer diagnosis receive more timely, patient focussed care.

The project will be implemented through 3 key roles:

1. Clinical Lead RCDS / Salaried GP (4 sessions per week) who will have overall responsibility for the final stages of set up and delivery of this service including:

- triage referrals made to the RCDS using Active Clinical Referral Triage (ACRT)
- provide medical assessment and investigation of patients referred to the RCDS both remotely and in-person
- work in a patient centred manner referring to principles of realistic medicine
- deliver the diagnosis and refer onto tumour site specific pathways
- For non-cancer diagnoses, either provide clinical advice for ongoing management in primary care or refer onto the relevant hospital specialty
- providing out-patient level advice for clinicians both in primary and secondary care for patients with vague but concerning symptoms which may represent cancer
- manage caseload jointly with the support of a Clinical Nurse Specialist colleague
- provide clinical, operational and strategic leadership for service within the Borders, working closely with clinical and managerial colleagues, as well as providing leadership within the RCDS team
- close collaboration with diagnostics, palliative care and acute oncology
- Provision of education about service to both primary care and wider health service colleagues
- Data analysis and interpretation
- Quality monitoring
- report to the National RCDS Oversight Group and work with the support of the local NHS Borders RCDS Steering Group
- RCDS Clinical Network forming to share experience across health boards

2. Rapid Cancer Diagnostic Clinical Nurse Specialist – up to 1 WTE will:

- play an integral role in the introduction of the Rapid Cancer Diagnostic Service (RCDS)
- to provide equity of access for all patients with symptoms suspicious of cancer, shorten the diagnostic pathway and support earlier detection
- provide person-centred care from initial history taking, clinical assessment and diagnosis. To reduce ongoing burden to health system patients should be correctly sign posted to symptom management and appropriate services
- provide holistic care
- demonstrate safe clinical decision making and expert care for patients
- responsibility to teach, supervise, assess and mentor, and to plan, prioritise and delegate work to other staff members
- work within their advanced scope of practice and in accordance with local policies and procedures and the NMC Code of Professional Conduct including standards for conduct, performance and ethics for nurses and midwives
- work collaboratively with all members of the multidisciplinary team locally and across regional and national cancer networks, support services and third sector, to provide a high quality, safe and supportive environment to meet the holistic needs of patients and support the RCDS ambitions
- work closely with MDT co-ordinators, trackers and other CNSs
- close collaboration with diagnostics, palliative care and acute oncology
- Pathway development - cancer and re-referral pathways

3. Rapid Cancer Diagnostic Service Administrator 1 WTE who will be responsible for the administration and technical support in the planning and monitoring of the progress of project including:

- Delegated Authority
- Document Management
- Reporting
- Issues and Risks/Actions Log Management
- Administrative Support
- Communication
- Stock Control

The Cancer Transformation Manager will act as overall Lead for the project and take responsibility for overall service review, NHS Board and Scottish Government reporting etc.

1.4 Project Objectives and Outcomes

The project will test the following package of measures via the introduction of a We will introduce a weekly clinic where patients are seen on a face to face or virtual basis as appropriate, and then have appropriate investigations. These will include ring-fenced slots for CT, and other investigations such as Endoscopy. We will aim for all patients to have a diagnosis within 21 days of referral:

- GP will have a direct route of referral for this patient group
- Should reduce unnecessary primary care appointments
- Receive timely and accurate advice on their appointments, tests and results
- Improved use of existing digital systems for communication and monitoring across teams, with protected time for development and continual improvement
- Have a direct point of contact for discussing questions or anxieties related to their diagnostic pathway and clinical concerns
- Direct referral onto appropriate specialist pathway, should this be identified
- Understand their treatment plan and expected timelines for treatment delivery

Outcomes

Service Users
People referred to service will:

- be assess in a timely way
- be supported with their individual needs
- have an improved patient experience

Service Delivery
RCDS are:

- tailored to meet the needs and preferences of people affected by a possible cancer diagnosis
- able to rule out or confirm a cancer diagnosis using a direct pathway
- Opportunities for joint working are identified and developed, and information resources shared
- Duplication of service provision is avoided

Development evaluation
The project would be evaluated against a baseline using a variety of measurement tools including

- **Patient Reported Outcome Measures** (PROMS) – these will take the form of patient feedback, case studies. Patient Reported Outcome Measures (PROMs) collect information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. They have been in use by the NHS in England since 2009, on four common elective surgical procedures
- **Audit** – to collect national required data to enable assessment of value
- **Staff reported outcomes**: these will take the form of staff feedback, online survey, etc
- **Scottish Government evaluation**: Other toolsets as suggested by SG as part of their evaluation process

The project team will review the success of the project against the following outcome measures:

- Patient Experience
- GP Feedback
- Cancer Pathway timeframe

1.5 Project Scope, Exclusions, Links & Assumptions

1.5.1 Scope & Exclusions

The project will not include

- Patients under 18 years of age

1.5.2 Links

The project outcomes will be communicated back through the Scottish Government RCDS Oversight Group.

The project outcomes will also be used to inform any further bids to make this a permanent service.

Other links will include.

- Primary and Community Care Service
- Social Care Service
- Acute Care Service

1.5.3 Assumptions

Principal assumptions underlying the project are

- Support for the project throughout NHS Borders, Scottish Government, Primary Care, Macmillan, SCAN
- Strong leadership and support from within Cancer Services
- Effective continuous project management

2. Project Governance

2.1 Project Lead(s)

Beth Kerr – Lead Cancer GP
Steven Litster – Cancer Transformation Manager
Lynda Taylor – Nurse Consultant, Lead Cancer Nurse

The Project Leads are responsible for ensuring that the desired project objectives are delivered and will act as a support point of contact for the day-to-day management of the project. The Project Leads will provide the interface between project ownership and delivery.

The Project Leads will:

- Chair the Project Board
- Ensure that the project is focused on the desired project outcomes and that these are fit-for-purpose

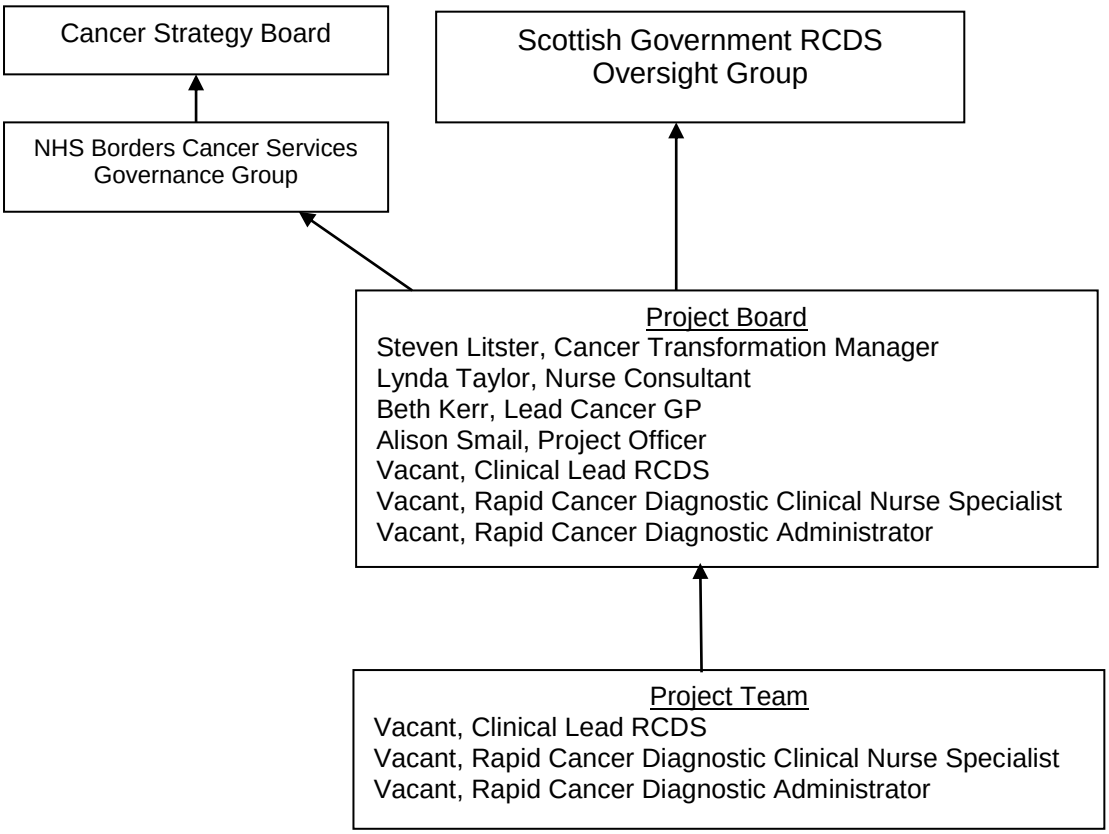
- Direct implementation efforts in a manner that supports NHS Borders Corporate Objectives
- Direct implementation efforts in a manner that supports Scottish Government SPOC core aims and objectives
- Ensure the project progresses in accordance with the agreed PID.
- Communicates with organisational management and reports on project progress and any problems that need upward referral
- Provide advice and support to the Project Team

2.2 **Project Team**

The Project Team is accountable to the Project Board, and will operate within agreed reporting structures. They are responsible for:

- Designing and applying an appropriate project management framework for the project (using relevant project standards), incorporating the project review process if required.
- Managing the production of the required deliverables.
- Planning and monitoring the project- both within NHS Borders and Macmillan
- Adopting any delegation within agreed reporting structures.
- Preparing and maintaining the Project Plan throughout the life of the project.
- Manage project risks and issues, including the development of contingency plans.
- Liaison with any other related projects, to ensure that work is neither overlooked nor duplicated.
- Overall progress and use of resources, initiating corrective action where necessary.
- Implement change control procedures as changes in the project arise.
- Reporting through agreed reporting lines on project progress through Highlight Reports and key stages.
- Identifying and obtaining any support and advice required for the management, planning and control of the project.
- Managing project administration.
- Conducting end project evaluation, to assess how well the project was managed and preparing an end-project report.
- Preparing a Lessons Learned report.
- Preparing any follow-on action recommendations, as required.

2.3 Project Structure



2.4 Project Board

The Project Board will act as the forum where representatives come together to make decisions on the project. The Project Board will provide overall direction, guidance and advice to a project. This means that they:

- Are accountable for the success of the project
- Have responsibility and authority for the project within the remit that they have been given
- Are responsible for dissemination of information about the project
- Are responsible for making sure that the project remains on course to deliver its final outcome

2.5 Reporting Arrangements

Reporting mechanisms will include the following:

- The PID will be submitted to the Project Board for approval and the project will be monitored by the Project Board.
- Monthly highlight reports generated by the Project Administrator for the Project Board. This will detail progress against;

    - The agreed project plan, including milestones
    - Change Management Any proposed changes to the Project PID
    - Risk and Issue Management and Mitigation strategies in place.
    - Stakeholder communication
    - Financial management (not applicable)

- Proposed changes to the Project PID will be submitted to the Project Board for agreement
- A Project Close Out report following the end of the project
- A Lessons Learned report following the end of the Project

2.6 Project Plan

Rapid Cancer Diagnostic Service Project Plan

Action	October	November	December	January	February	March	April
Finance / Project							
Confirmation of Funding Received							
Increase Beth Contracted Hours							
Confirm Project Group							
Write / Finalise PID							
First Patients Seen							
Recruitment							
Job Descriptions Finalised							
VAF Paperwork Signed Off							
Posts Advertised							
Interviews							
Start Dates							
Confirm Radiologist Input							
Confirm Surgeon Input							
Confirm Physician Input							
Office Accommodation							
Clinical Accommodation							
IT Input							
Develop SCI Gateway Referral Template							
Order IT Equipment							
Trak / Clinical Templates Setup							
Passwords / Access							
Order Dictaphone							
Pathway Development							
Finalise Pathway / Referral Criteria							
Confirm Radiology Slots							
Confirm Accommodation Requirements							
RCDS SOPs							
Confirm MDT Meeting Arrangements							
First MDT Meetings							
Communications							
Clinical Interface Group							
GP Sub							
Public / Local Press							
Medical Secretaries / Medical Records							
Wider Communications Plan							
Confirm Referral Guidelines							
Confirm Start Date for Referrals							
Provide Feedback on Referrals Received							
Data Collection / Provision							
Develop Process to Capture Information							
Develop Information Leaflets							

2.7 Constraints

The project has 12 months funding and must be completed during this time.

2.8 External Dependencies

The following stakeholders will require to be engaged with the project:

- Patients
- Primary Care
- Public Involvement Team
- Cancer Trackers
- MDT
- ICJ
- Cancer Services Governance Group
- Medical and Clinical Oncologist
- Lead Site Specific Clinicians
- Specialist Palliative Care Team
- Site Specific Clinical Nurse Specialists
- Pharmacy
- Audit

3 Risk and Issue Management

3.1 Process Overview

The following key activities will be undertaken in order to manage the issues and risks on this project:

A risk is an event that may occur and if it does will impact on the successful Delivery of the project

An issue is a situation that if left unresolved will impact on the successful delivery of the project

- **Identification**. These can be identified by any member of the Project team. A log of potential risks and issues facing the Project will be maintained by the Project Manager.
- **Quantification**. All risks and issues will be evaluated against the risk and issue matrix to assess their impact and likelihood and this will be conducted by the Project team
- **Action Planning** Project team will assess what can be done to deal with the identified risk and issue, with clear ownership and an agreed course of action.
- **Monitoring and Control.** The issue and risk log will be reviewed weekly by the Project Manager

3.2 Project Risk Register (as at Project Initiation)

Ref No.	Description	Likelihood of Occurrence	Severity of Impact	Risk Assessment	Risk Management		
					Action	Who	When
3.2.1	Lack of engagement by stakeholders	Possible	Major	Moderate risk	To meet and inform stakeholders of the purpose of the project Ongoing communication regards progress of project	Project Team	
3.2.2	Unable to recruit to project posts	Possible	Major	Moderate	Discuss with Cancer General Manager	Project Lead	
3.2.3	Unable to secure dedicated clinical support for project	Possible	Major	Moderate Risk	to identify interested staff and appropriate backfill	Project Lead	
3.2.4	Non delivery of project	Possible	Major	Moderate Risk	Regular Project team meetings to monitor against project plan Early identification of problems in meeting targets/milestones	Project team Project Board	

3.3 Risk and Issue Scoring System

Likelihood	Consequence				
	Negligible	Minor	Moderate	Major	Extreme
Almost certain	LR	MR	HR	HR	HR
Likely	LR	MR	MR	HR	HR
Possible	VLR	LR	MR	MR	HR
Unlikely	VLR	LR	LR	MR	MR
Remote	VLR	VLR	VLR	LR	LR

In terms of grading risks, the following grades have been assigned within the matrix.

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

4 Project Resources Required

- Clinical Audit for advice, access to case notes and some assistance with data evaluation throughout
- Access to key stakeholders for information
- Office space for project team
- Laptop

5 Communication Plan/Strategy

The specific objectives of the communication plan are to ensure that the project team are engaged with and can share key messages with stakeholders, updating them in a timely manner and facilitating smooth implementation of the project

Who	Method of Communication	Frequency
Project Board	Face to face meetings, Email	Monthly
Other Management Boards within NHS B and SBC	Project Highlight Reports	
RCDS Oversight Group	Project Highlight Report	As requested
GPs and Primary Care	Face to Face, News letter	Pre project then throughout project
Patients	Leaflet Newsletters Local radio Local papers	
Project Team	Face to face	fortnightly meetings
Public Involvement	Questionnaires, face to face, focus groups	Throughout life span of project as necessary
Clinicians and Clinical teams	Face to Face, Newsletters	Prior to start of project and throughout lifespan of project as necessary

Appendix 1 - Project Self Assessment Checklist

Project Title: Single Point of Contact / Cancer Care Co-ordinator
Project Lead: Kirsty Smith, Cancer Information and Support Manager

1. Project Infrastructure

Project Board established? Yes
Project Sponsor Gareth Clinkscale

PID developed? Yes

PID signed off by Yes

Project plan in place?

Have there been any issues in achieving project deadlines/timetable?

No

2. Data Analysis

Please provide details below of the data that has been reviewed, who has produced the data and results of the data analysis.

Data prepared by	Results of analysis	Issues arising

3. Staffing

Will the project involve a change to existing staffing levels? Yes

Have staffing levels been signed off by the management team and Finance? Yes

Please detail any issues relating to staffing below

4. Finance

Have any other revenue or capital costs been approved by Finance?

Has the project identified how it will achieve the recommended efficiency savings?

Although not the objective of the project it has identified where it may realise efficiency savings

Please detail any issues relating to Finance

Project funded by Scottish Government

5. Engagement/Consultation

Is a communication plan in place?

Is regular communication taking place with key stakeholders?

If appropriate, has the Scottish Health Council Service Change Criteria been completed?

Please detail any issues relating to engagement/consultation

6. Capital Works

Will the project require alterations or building work to be completed?

NO

Are there any issues relating to capital works which may affect the timescales for completion of the project? Please list below.

7. Project Linkages

Does the successful delivery of the project rely on work being carried out in other areas?

Are there any issues relating to this work? If so please list below

8. Any other issues

Please list below any other issues which may affect the delivery of the project which have not been highlighted elsewhere in the checklist.