

CHANGING LIVES

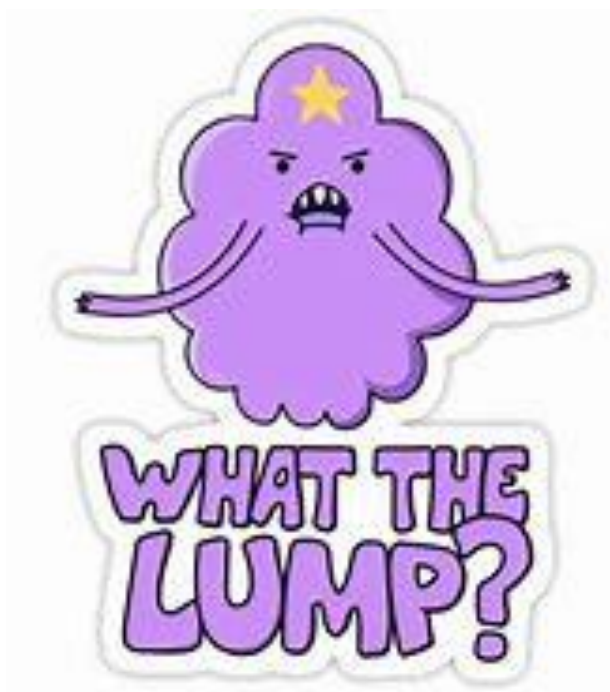
Neck Lumps GP straight to test pathway

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So many reasons, so little time !



SEBACEOUS CYSTS
LYMPHADENOPATHY
THYROID GLAND CYSTS
ECTOPIC THYROID TISSUE
GLIOMAS
VAGALE
PAROTID
MELANOMA
THYROID
VIRAL
SALIVARY
CAT SCRATCH
HEMANGIOMA
UNKNOWN PRIMARY
EPIDERMOID CARCINOMA
PRIMARY HEAD AND NECK
DERMOID CYST
METASTATIC
SUBMANDIBULAR
CAROTID BODY TUMOUR
SARCOIDOSIS
LARYNGOCELE
FUNGAL
BACTERIAL
THYMIC CYSTS
ADENOCARCINOMA
BRANCHIAL CYSTS
GRANULOMATOUS

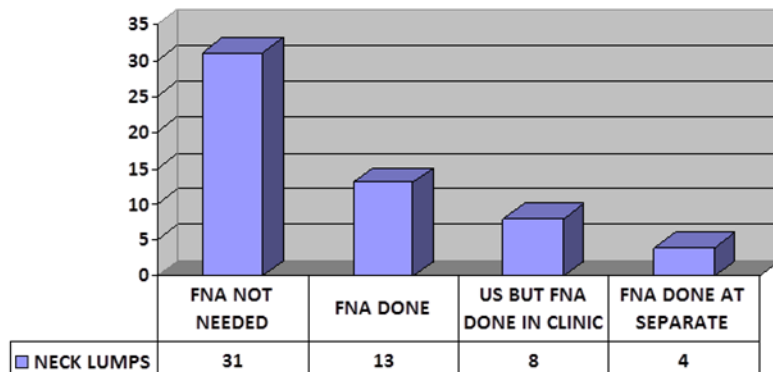


Why introduce a new pathway ?

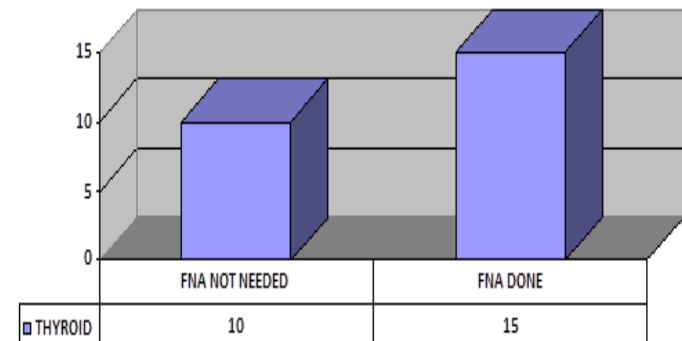
An audit was carried out in 2018 reviewing the pathway of 75 patients on a 2ww pathway.

A total of 41 patients a FNA was not indicated. This was over half the referrals.

Neck lumps (other) 50 patients



Neck lumps thyroids 25 Patients



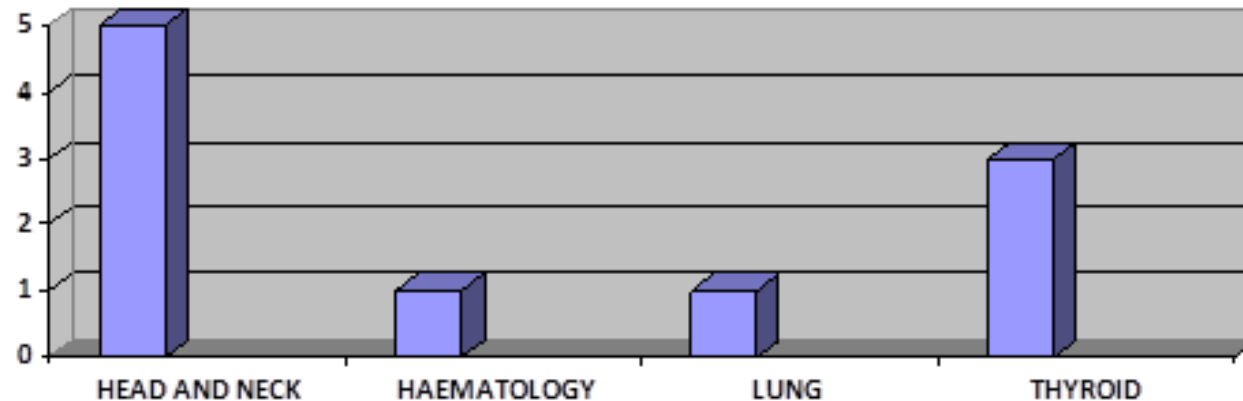
What impact does this have on the current 2ww pathway

- Patient is seen in clinic
- An ultrasound has to be requested as a 2ww priority
- The majority of them will be normal
- If a lump is confirmed on US then FNA/Core has to be requested
- If inadequate this has to be repeated
- All this has a significant impact on the waiting times in an already struggling pathway.

What would the New pathway achieve

- It would assist in meeting the 28 days target of telling a patient if they have or haven't got cancer, leading to earlier diagnosis and decreased anxiety.
- It would relieve the pressure on radiology's capacity
- It would offer the GP's the reassurance that the patient will still get appropriate investigations.
- It can inform the most appropriate referral that should be made either to a specific consultant or speciality.

Confirmed cancers within the audit



Good foundations are the key to success with any patient journey



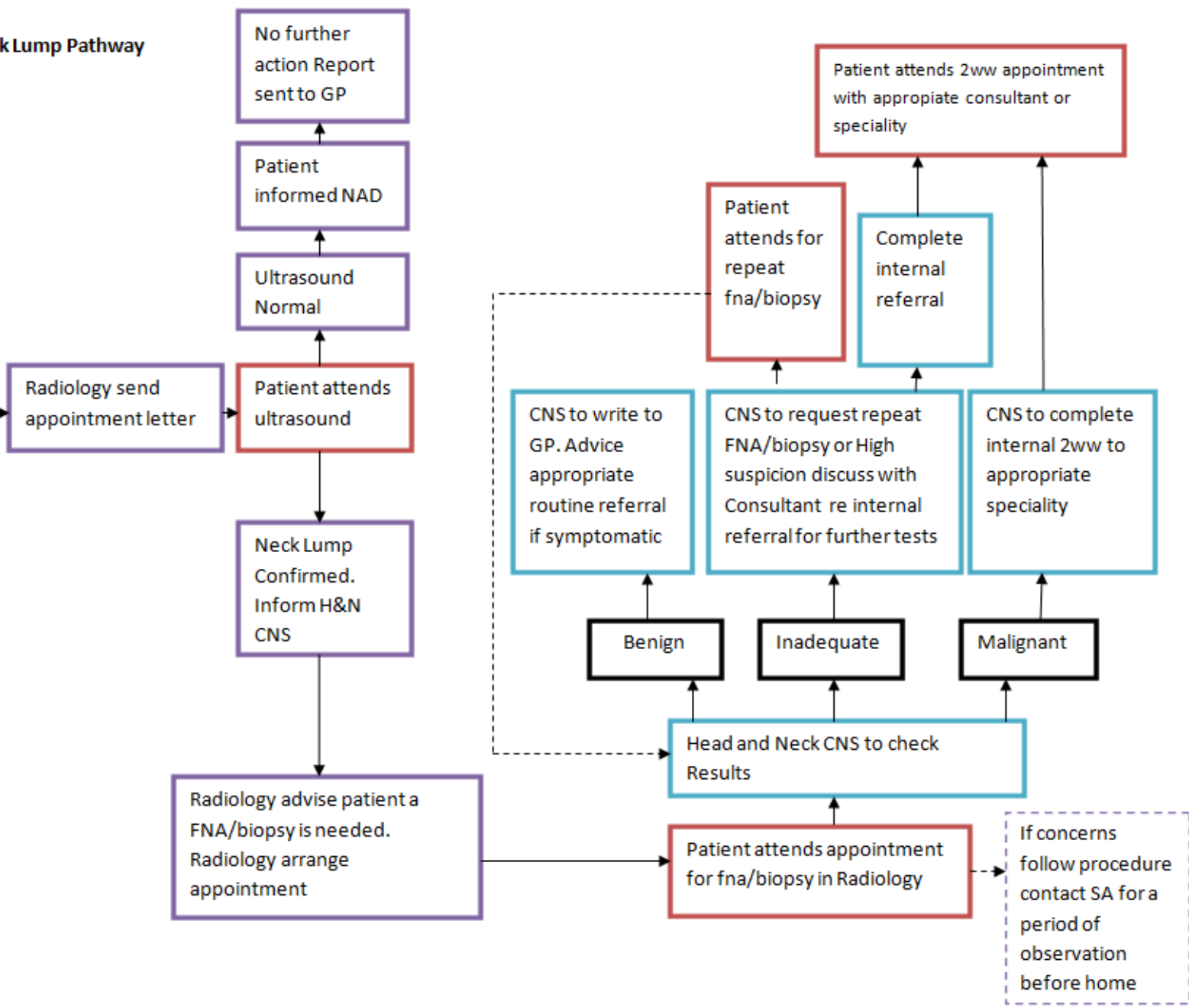
Head and Neck – Nurse Led Neck Lump Pathway

Patient with low risk

Patient Journey

Patient attends GP
Neck lump
No other symptoms.

- GP requests Neck Ultrasound.
- Give patient Neck Lump pathways information letter
- Requests Bloods U&E, FBC and Clotting
- Relevant history, bleeding disorders
- On Anticoagulants



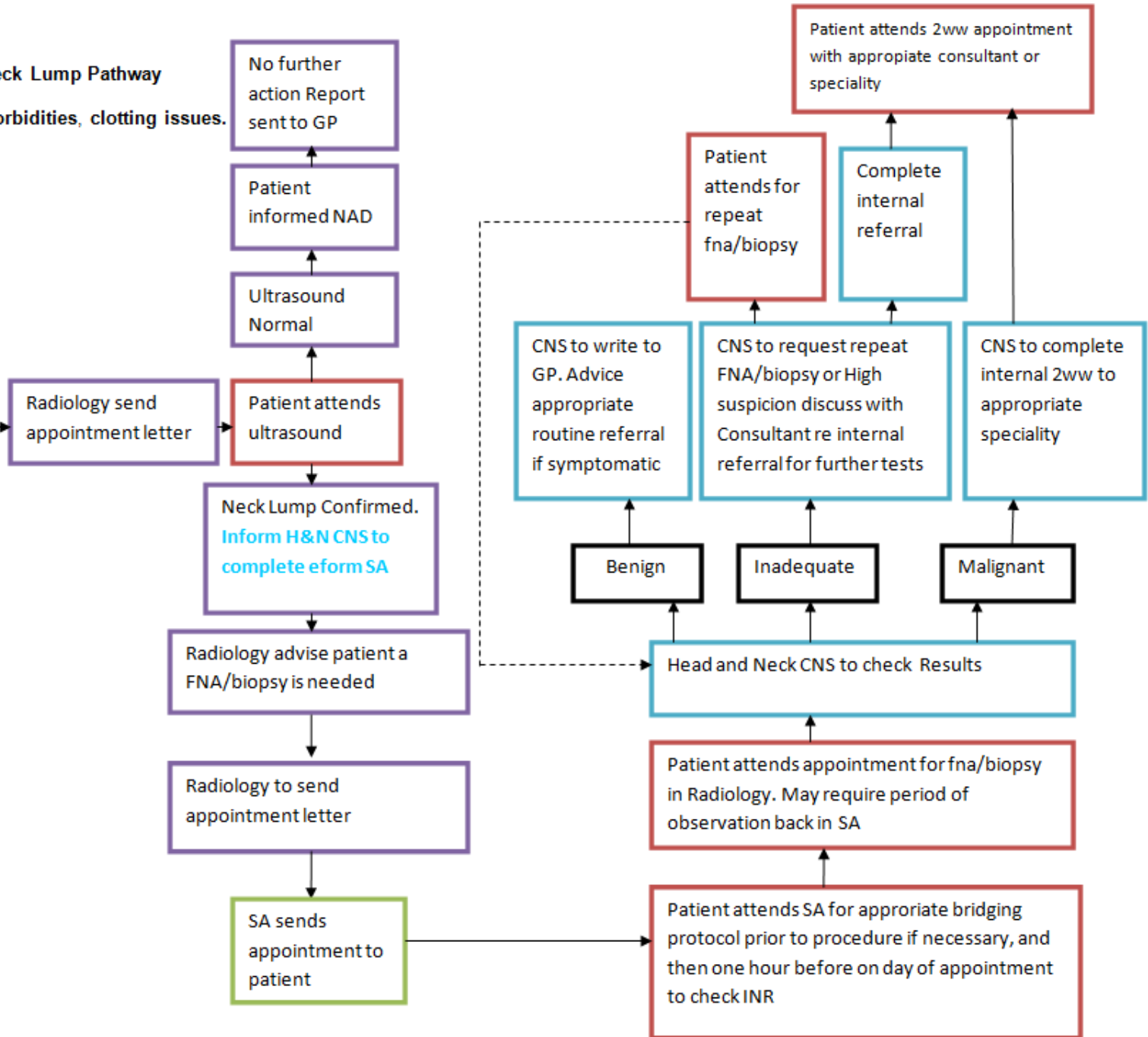
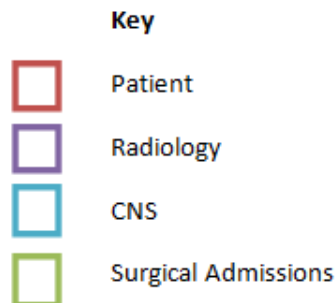
Head and Neck – Nurse Led Neck Lump Pathway

Patient with Higher Risk, Comorbidities, clotting issues.

Patient Journey

Patient attends GP
Neck lump
No other symptoms.

- GP requests Neck Ultrasound.
- Give patient Neck Lump pathways information letter
- Requests Bloods U&E, FBC and Clotting
- Relevant history, bleeding disorders
- On Anticoagulants



Requesting

The Neck Lumps collection is on the 'Radiology: Specials' tab, on the 'ULTRASOUND (GP)' page at the end of the Ultrasound list in yellow.

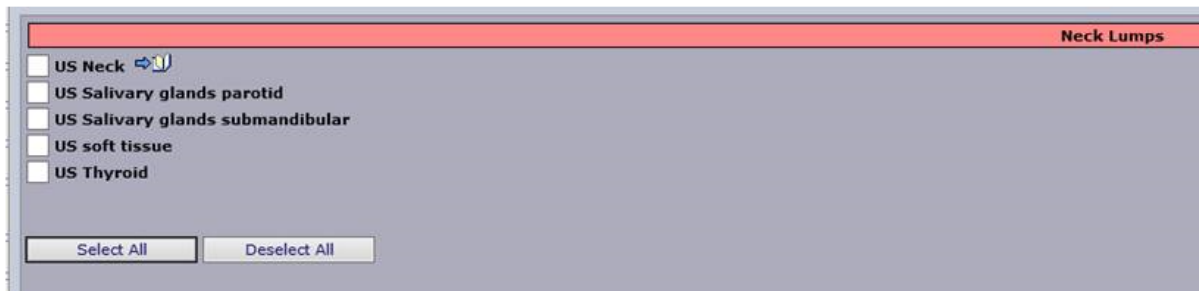
| ULTRASOUND | ULTRASOUND (MSK) |
|---|--|
| <input type="checkbox"/> US Salivary glands parotid | <input type="checkbox"/> US Shoulder Left |
| <input type="checkbox"/> US Salivary glands submandibular | <input type="checkbox"/> US Shoulder Right |
| <input type="checkbox"/> US Thyroid | <input type="checkbox"/> US Elbow Left |
| <input type="checkbox"/> US Neck | <input type="checkbox"/> US Elbow Right |
| <input type="checkbox"/> US Thorax and pleural cavity | <input type="checkbox"/> US Wrist Left |
| <input type="checkbox"/> US Abdomen | <input type="checkbox"/> US Wrist Right |
| <input type="checkbox"/> US Abdominal aorta | <input type="checkbox"/> US Hand Left |
| <input type="checkbox"/> US Urinary tract | <input type="checkbox"/> US Hand Right |
| <input type="checkbox"/> US Pelvis | <input type="checkbox"/> US Thumb Left |
| <input type="checkbox"/> US Groin Left | <input type="checkbox"/> US Thumb Right |
| <input type="checkbox"/> US Groin Right | <input type="checkbox"/> US Hip Left |
| <input type="checkbox"/> US Testes | <input type="checkbox"/> US Hip Right |
| Neck Lumps | <input type="checkbox"/> US Knee Left |
| | <input type="checkbox"/> US Knee Right |

When you select the collection, it will show the tests that are part of that collection. You can select and deselect the tests that are needed.

Neck Lumps

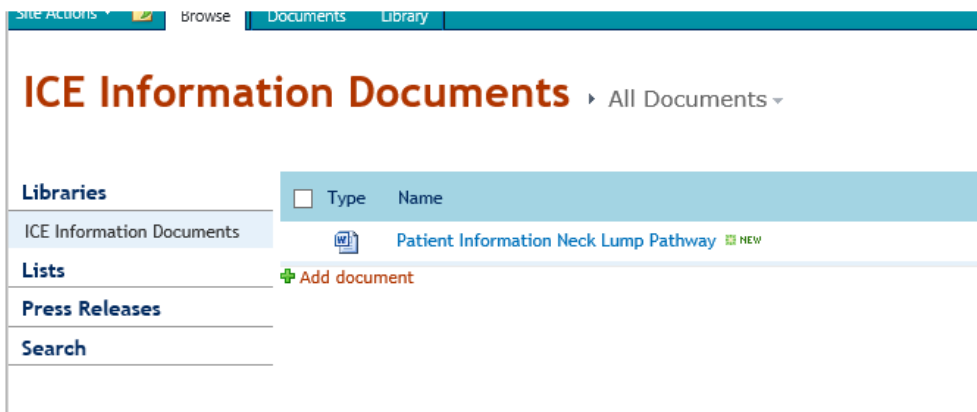
- US Neck
- US Salivary glands parotid
- US Salivary glands submandibular
- US soft tissue
- US Thyroid

Patient information Link



Once a user clicks on the link, it will take them to the Trust's external SharePoint site, on the ICE Document Page.

The Neck Lump Information leaflet is underneath



Neck Lump investigations - Patient information.

You have been referred for an Ultrasound scan, following a consultation with your GP, and this procedure should have been explained to you in outline.

What happens next?

You will be contacted by phone, text and/or letter by the Radiology Department at Barnsley Hospital and given a date and time to have an Ultrasound scan of your neck. This will happen in an appropriate time-scale and prioritised according to the information supplied by your GP.

What is an Ultrasound scan? A probe is used with a gel which is pressed on to your neck. It is a non-invasive sound wave picture of the softer parts of the interior of your anatomy, showing details which cannot be revealed by an X-ray.

The day of Ultrasound scan:

You will be scanned in the Radiology Department at Barnsley Hospital by a qualified Sonographer. The Sonographer will interpret your scan and discuss with a Radiology Consultant if required. If a lump is identified that can be, and needs to be biopsied then the Radiology Department will inform you and organise this.

If you do not require any further investigations or tests the Ultrasound scan report will be sent to your GP, who will arrange to discuss with you the outcome of the scan.

If you require a biopsy:

The Radiology Department will inform you where and when the procedure will take place. The needle biopsy will be performed in an appropriate time-scale, in accordance with the results of your Ultrasound scan. This is carried out by inserting a needle into the area where a lump is to gain material for analysis

If you are taking any blood thinning tablets you will be contacted by Surgical Admissions on Ward 31 as you may need to attend the department a few days before your appointment, to adjust, if necessary, your medication, prior to the procedure, in order to reduce the risk of bleeding.

After the Biopsy:

After the procedure you may be sent to Surgical Assessment for a short period of observation before being discharged home.

Do and Do-not advice will be given by the Radiology Department, following the biopsy.

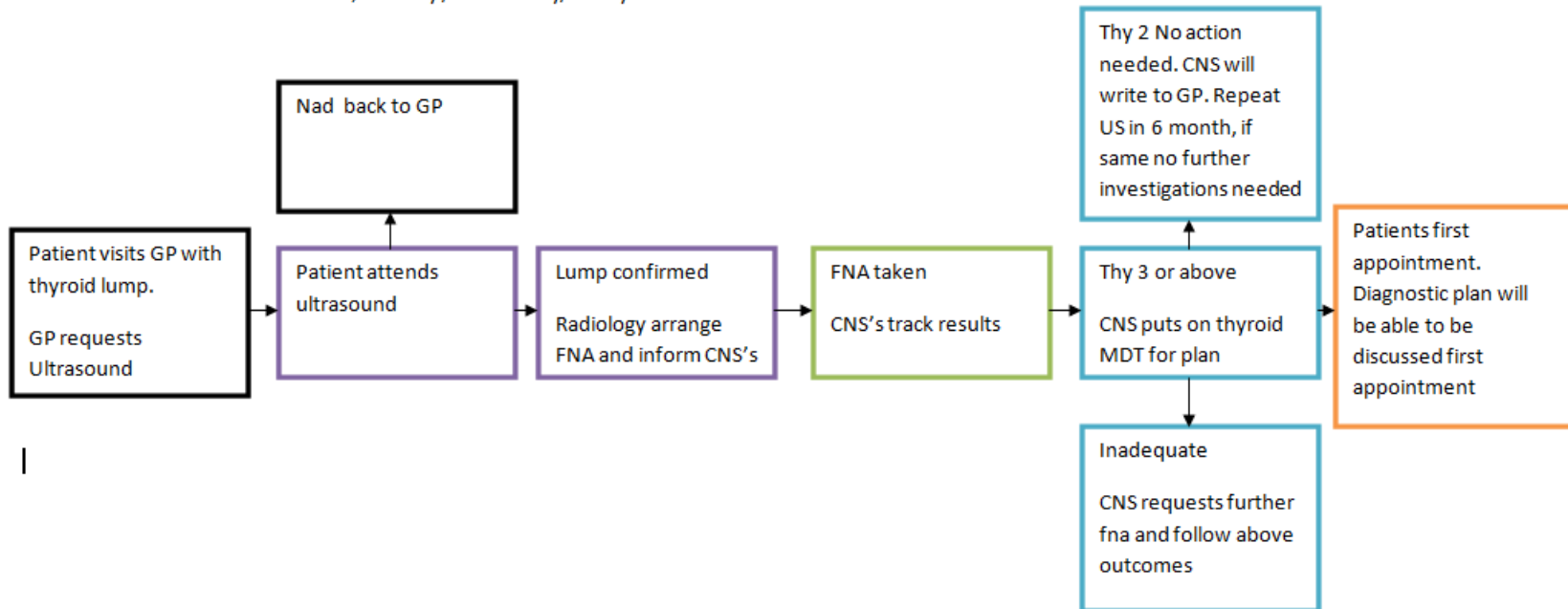
Once the biopsy results are available, which may take approximately 2 weeks; one of the following actions will be taken;

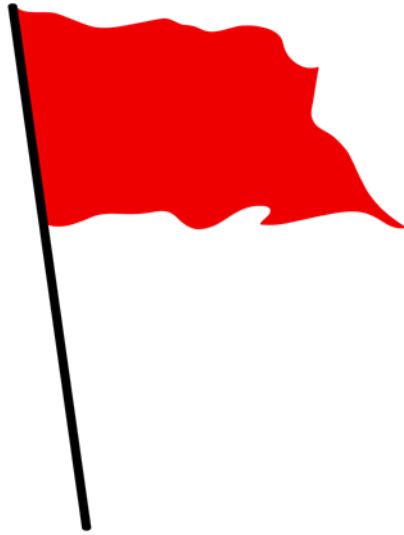
- If, for some reason, the sample is inadequate, the sampling procedure may have to be repeated or you may be brought to a clinic for further assessment, in either case, an appointment will be advised by phone, text and/or letter.
- You may require further investigations and/or a consultation with one of our specialist teams within the hospital. If you do require further intervention you will be contacted and informed of the details, whether this be further scans and/or a consultation with the appropriate specialist team.
- A letter may be sent out to your GP advising on the most appropriate referral, if any is required.
- If you require no further intervention the results will be sent to your GP who will explain the results to you.

Please try to keep any appointments you are sent to avoid delays in detection, possible further investigation and/or urgent treatment which may be advised.

How can it work

Ultrasound slots allocated 3 a week; Monday/Wednesday/ Friday





Any Red flags or other symptoms refer Two Week Wait but **request an ultrasound as well.**

Ensure in the ultrasound request that you state that you are also referring as a 2WW

Neck lumps no other symptoms
No red flags

Neck Lumps
GP straight to test pathway
prioritised as **urgent**.

CHANGING LIVES

Thank you !

Any Questions ?

