BARNSLEY LUNG CANCER PATHWAY

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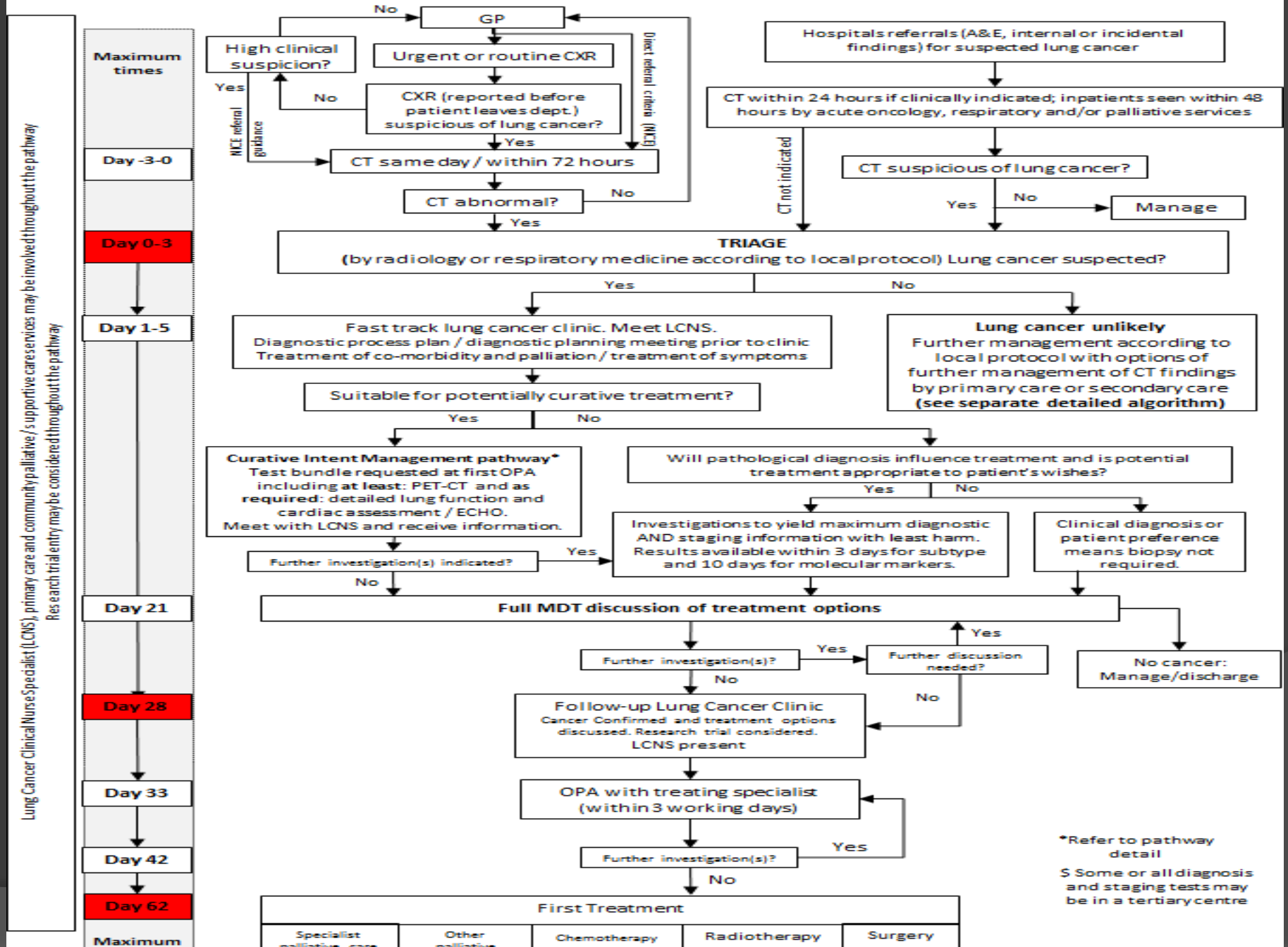
Reasons for Re-designing the Pathway

- National Optimal Lung Cancer Pathway to be embedded into practice by 2020
- BDGH not meeting the 62 GP referral to treatment target
- BDGH not meeting the 38 inter-patient transfer target
- Desire to streamline the patient pathway and improve patient experience

National Optimal Clinical Pathway for suspected and confirmed lung cancer: Referral to treatment



Developing the Pathway

- Initial discussion between Alison Bennett Macmillan Lung Cancer CNS and Dr Cooke Radiologist
- Draft pathway designed and permission sought to pilot the pathway
- Alert introduced for abnormal GP referred CXRs
- Communication sent to GPs

- Wider group established with representatives from management, radiology, CNS and CCG
- First 3 months of draft pathway audited
- Further development of the pathway

Barnsley Pathway in Brief

- Abnormal GP requested CXR result flagged to CNSs
- CNS contacts GP to confirm that the report is being acted upon
- Patient is contacted by CNS and telephone assessment performed. Patient is informed of the abnormal CXR and need for CT thorax
- CT thorax is requested
- CNS checks report – if normal patient referred back to GP and patient informed
- If abnormal the next appropriate investigation is requested. GP and patient informed

Initial Results

- During the initial 3 month period we received 38 alerts of abnormal GP requested CXRs
- Following CT thorax 10 of these patients were referred back to the GP as the CT thorax was unremarkable
- The average time from CXR to report was 2 days
- Average length of time from abnormal CXR result to CT being performed was 8.5 days

- Next diagnostic investigation requested sooner
- Pathway from CXR request to treatment shorter
- CNS was able to give support from abnormal CXR result rather than from initial 2WW clinic appointment thereby giving a better patient experience

Case Study 1

- Mrs H had a GP requested CXR 20/07/17
- Reported 20/07/17
- GP and patient informed and CT thorax requested 20/07/17
- CT thorax performed 25/07/17
- CT thorax reported 25/07/17
- 2WW appointment 31/07/17
- EBUS 03/08/17
- MDT discussion 08/08/17
- Seen by Oncologist 08/08/17
- Commenced neo-adjuvent chemotherapy 15/08/17

Case Study 2

- Mrs B had a GP requested CXR performed on 01/08/17
- Reported as abnormal on 02/08/17
- Patient contacted and CT thorax requested 03/08/17
- CT thorax performed 04/08/17
- Report available 04/08/17
- Patient and GP notified that CT thorax normal on 04/08/17

Working in Partnership

To enable the pathway to run smoothly we need to work in partnership.

The most important things for the GP to do at the consultation when the decision is take to request a CXR is:-

- Communicate with the patient and let them know that the CXR is being requested as there is a possibility the patient may have lung cancer
- Advise them that a nurse from the hospital will contact them if the CXR results are abnormal
- **REQUEST U&Es AT TIME OF REQUESTING CXR**

THANK YOU