

CHANGING LIVES

Barnsley Lung Cancer Pathway

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Reasons for Re-designing the Pathway

- National Optimal Lung Cancer Pathway (NOLCP) to be embedded into practice by 2020
- Plans for implementation to be in place by March 2019
- Barnsley not meeting the 62 GP referral to treatment target

Desire to streamline the patient pathway and improve patient experience

Maximum





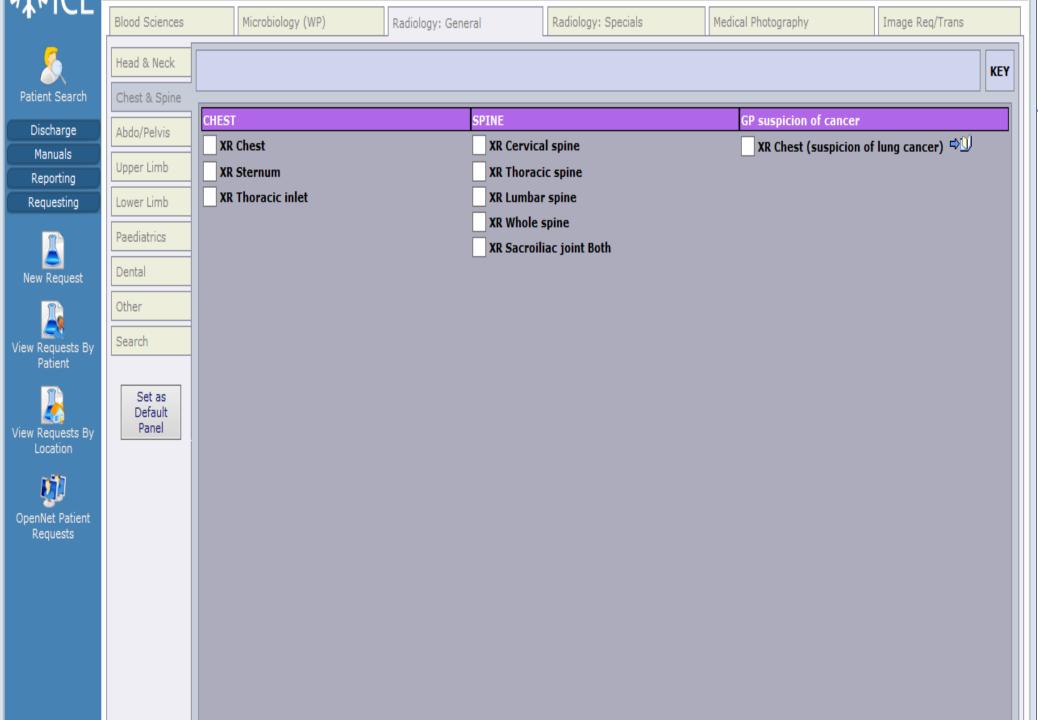
Barnsley Pathway in Brief

- GP requests CXR via ICE when lung cancer is suspected
- Abnormal 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 requested
- If abnormal the CNS will refer to the rapid access lung cancer clinic
- And write to the GP





- CNS checks report if normal patient referred back to GP via letter and patient informed
- If abnormal the next appropriate investigation is requested depending on CT report and following the Test Bundle protocol.
- Patients is referred by CNS for a 2ww OPA via consultant upgrade
- GP and patient informed (letter to GP)
- When the pathway is fully established the CNS will review and counsel patients in X-Ray department and CT will be performed the same day as the abnormal CXR







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





Lessons From the Initial Audit to Prevent Delays

- U&Es need to be requested at the time of requesting CXR
- We don't need 2ww referrals to be generated before the CXR has been performed or reported
- We do need you to discuss with the patient the possibility of cancer
- We do need you to print and hand the patient the information leaflet regarding the next steps





Changes

 Redeveloping the ICE requesting protocol for GPs requesting a CXR for a clinical suspicion of lung cancer

The system will not allow a CXR to be requested unless
Us & Es are requested at the same time
There is also a patient information leaflet linked to the CXR request

Further communication and education





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:-

- Discuss with the patient that the CXR is being requested as there is a possibility they may have lung cancer
- Advise them that a nurse from the hospital will contact them if the CXR results are abnormal
- Print and give the patient information letter
- REQUEST U&Es AT TIME OF REQUESTING CXR





THANK YOU

Any Questions?