

Primary Care Neck Lump Pathway

Collaborative working Head and Neck, radiology and Primary care

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Shortlisted for Nursing Times Award



How did we get here? Pathway failures

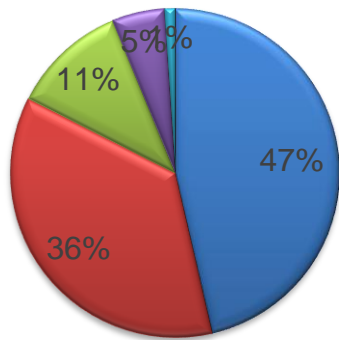
- From breach reports evident pathway delays, affecting 31/62 day national targets mainly;
- First seen appointment national targets
- Radiology – appointment times and skill mix
- Inadequate Ultra sound sampling
- Failure to carry out requested investigations.
- Theatre capacity
- Peer review

Why focus on neck lumps ?

- Quality Surveillance (formally peer review) measures – One stop neck lump clinics with same day reporting, larger trusts have one stop neck lump clinics without same day reporting.
- Decision to audit pathway to determine
- The audit also clearly demonstrates extensive waiting times, even for two week wait patients.
- In some cases this has made the 31/62 day pathway unachievable since the waiting times alone often exceed this.

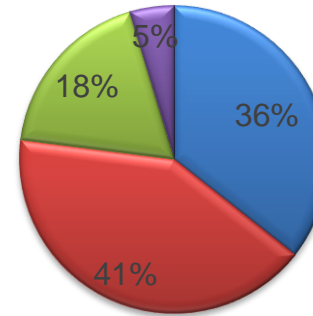
Audit Evidence Ultrasound FNA's

2013 – 98 patients



■ successful ■ not performed ■ inadequate
■ non diagnostic ■ rejected

2014 – 128 patients



■ Successful ■ Not performed ■ Inadequate ■ Not diagnostic

Nurse led Sonography

- Masters degree in Diagnostic Imaging, namely ultrasound
- Provide a autonomous Nurse led ultrasound service offering US to patients on their first visit
- Reported and FNA or Biopsy can be carried out if required.

Unexpected Event 2015

This Happened



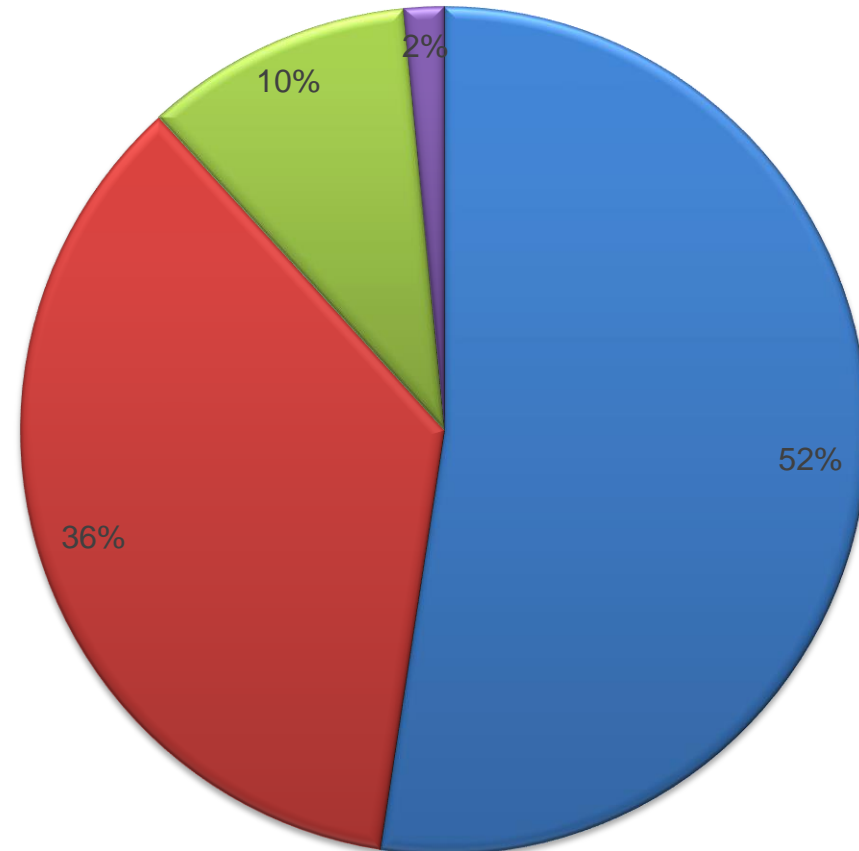
So this happened



Re evaluate and re audit

A further audit was carried out in 2018 to ascertain if we were still face with the same issues.

- 75 2WW neck lump referrals
- 41 patient did not need an FNA following Neck Ultrasound.
- This accounted for more than half of the referrals.
- Demonstrated increasing trend of inappropriate neck lump referrals



■ FNA NOT NEEDED ■ FNA DONE
■ FNA DONE IN CLINIC ■ FNA OTHER



Options

- Re look at Nurse led sonography
- Consultants to do ultrasound interpretation courses
- One stop Neck Lump Clinic

- Or

Innovation/ Originality

Sometimes
you just have
to think out of
the Box !



The Vision

A straight to test
neck lump
pathway



PROUD

to
care

Collaborative approach

- What would this look like ?
- Who needed to be involved ?
- How would we maintain safety – devise along with Consultants agreed clinical management plans
- Patient experience
- Inclusions and exclusions

Patient Focused

- Straight to test – patient referred for the appropriate investigation straight away.
- Patient information approved by patient engagement group
- Avoid unnecessary referrals to hospital
- Avoid unnecessary patient distress caused by 2WW pathway referral
- Patient feedback promotes pathway

PROPOSAL AND SCOPE

Neck lumps are part of the 2ww criteria and should remain so if there is a high clinical suspicion, we wanted to provide

- An alternative external pathway for neck lumps with no other symptoms that would still maintain urgency,
- Protect the 2ww slots for the most appropriate referrals.
- Achieve a first seen target of 7 days for 2WW.
- Achieve a more patient centred pathway

Aims

- Reduce the number of neck lump (No other Symptoms) referrals to 2WW whilst offering the GP's the reassurance that the patient will have had appropriate investigations.
- This pathway would see patients either discharged back to GP after their ultrasound should no abnormality be found or would inform the most appropriate referral that should be made either to a specific consultant or speciality.
- Any suspicion of cancer that may occur as part of this pathway will be upgraded to an internal 2ww again to the appropriate speciality.
- This ensures that all potential outcomes are appropriately managed.

Value / Impact

- 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.
- Reduce anxiety re inappropriate 2WW

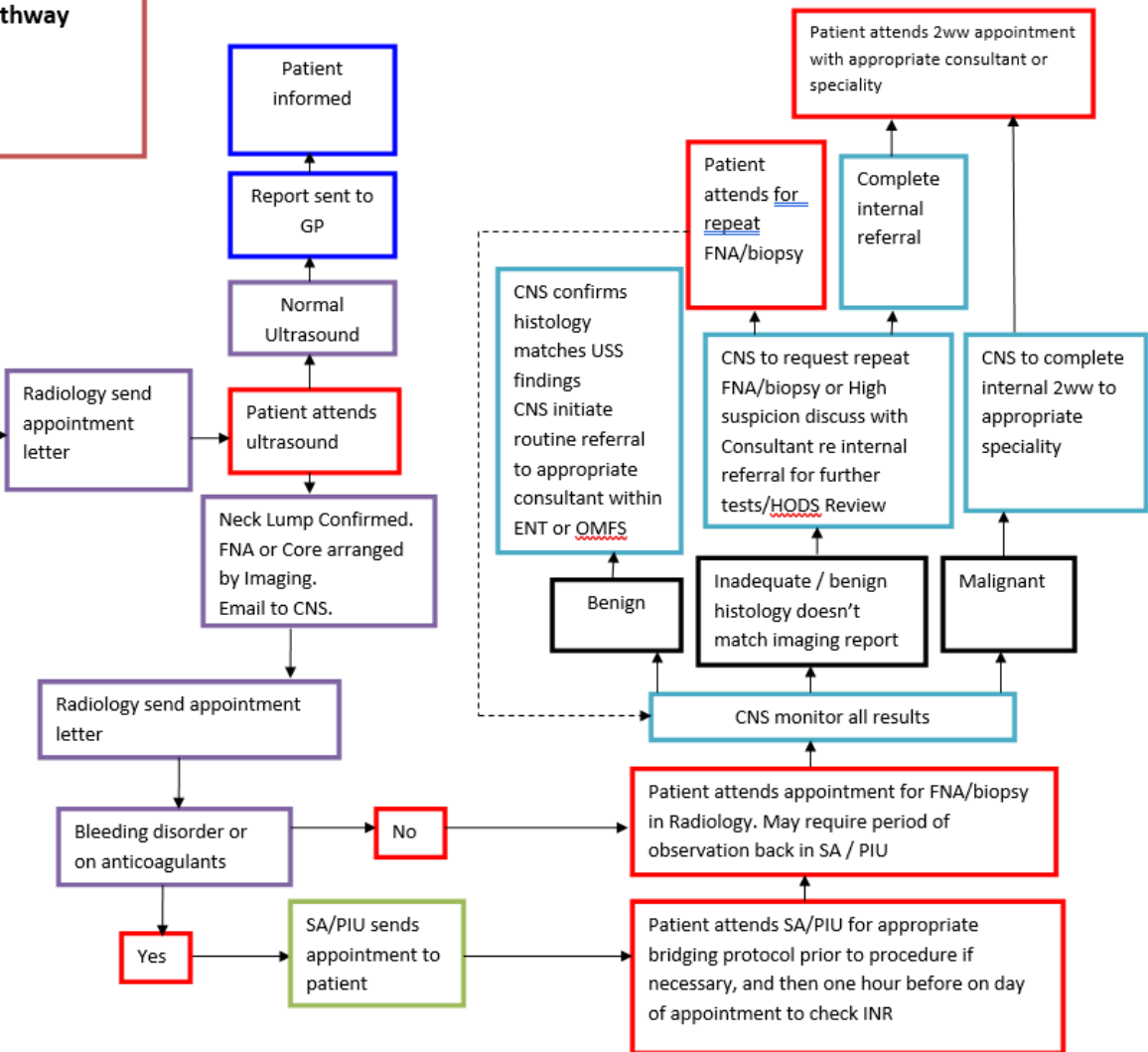
CDG and Cancer alliance engagement

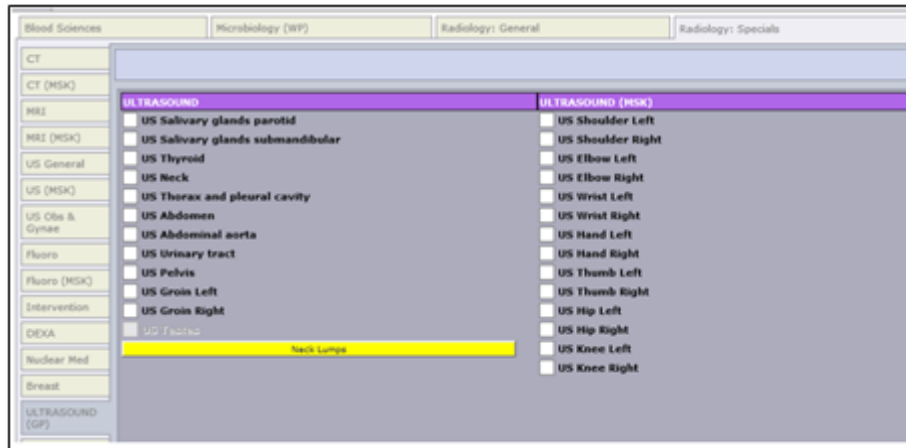
- Pathway idea presented at Head and Neck CDG
- Cancer Alliance looking at rapid diagnostic pathways within all cancer specialties and thought that the pathway was innovative and wanted to support a pilot.
- Despite searches we could find no evidence of a neck lump pathway elsewhere that existed outside of the cancer pathway (one stop neck lump clinics or work around optimum neck lump pathway)
- Funded a Project Manager to take the pathway forward.

Primary Care Neck Lump Pathway
Patient Journey

- Patient attends GP with neck lump
- No other symptoms.
- GP requests Neck Ultrasound.
- Give patient Neck Lump pathways information letter
- GP requests FBC and INR if:
 - ❖ Relevant history, bleeding disorders
 - ❖ On Anticoagulants

- Key**
- Red box: Patient
 - Purple box: Radiology
 - Light blue box: CNS
 - Green box: Surgical Admissions
 - Blue box: GP

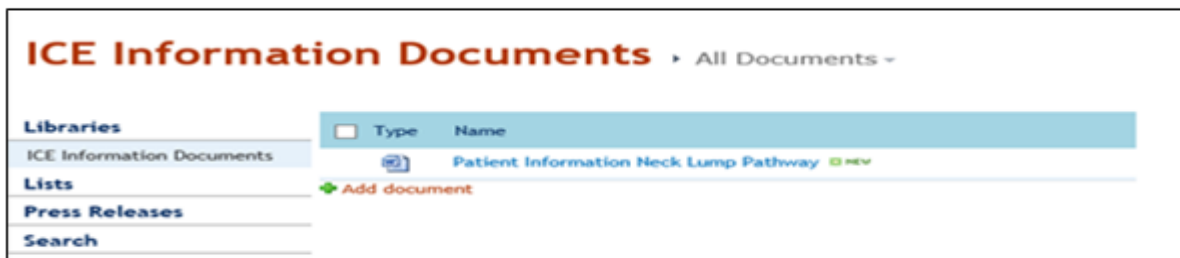




This will then open up the following selections



Patient information leaflet link can be found at the side of the US neck selection



Print patient information off and give to patient

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 sound 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.

CCG BEST Event

The image is a screenshot of a mobile presentation slide. At the top, it shows a status bar with the time 12:48, signal strength, 4G LTE1, and 70% battery. The slide itself features the NHS Barnsley Clinical Commissioning Group logo in the top right corner. On the left side, there is a video inset showing a woman with blonde hair and glasses speaking into a microphone. The main content area has a title 'What would the New pathway achieve' followed by a bulleted list of four points. The slide is decorated with teal and blue wavy lines on the left and bottom edges.

12:48 [Icons]

NHS Barnsley Clinical Commissioning Group

PROUD to care

NHS Barnsley Hospital NHS Foundation Trust

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.

Preparations for Go live

- GP Standard operating procedures (SOP)
- Trust Neck Lump Pathway SOP
- Communication to all stakeholders within the Trust
- GP Communication bulletin with go live date.

Covid

Positives

- Supported Government guidelines reducing footfall within the Hospital.
- ENT and OMFS departments still continued to see patients through Pandemic so pathway was still needed if not more.

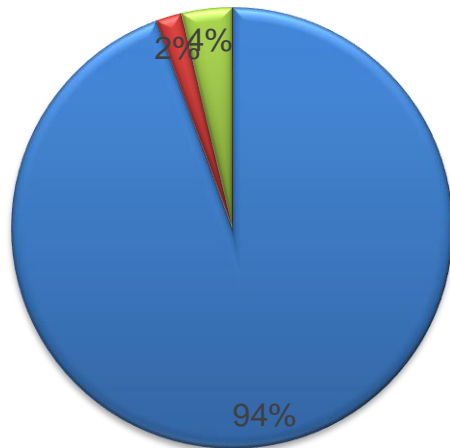
Negatives

- Had to add covid swabbing into pathway
- Some GP's continue to use 2WW appointments for neck lumps, had to revisit communication with CCG

Evaluation

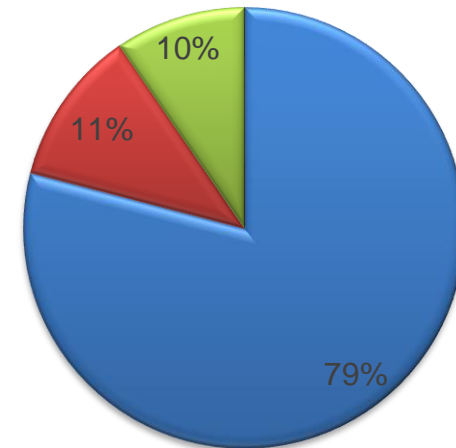
* >28 days accounts for COVID related reasons

2 WW US seen within 3 weeks



■ 0-21 days ■ 22-28 days ■ > 28days

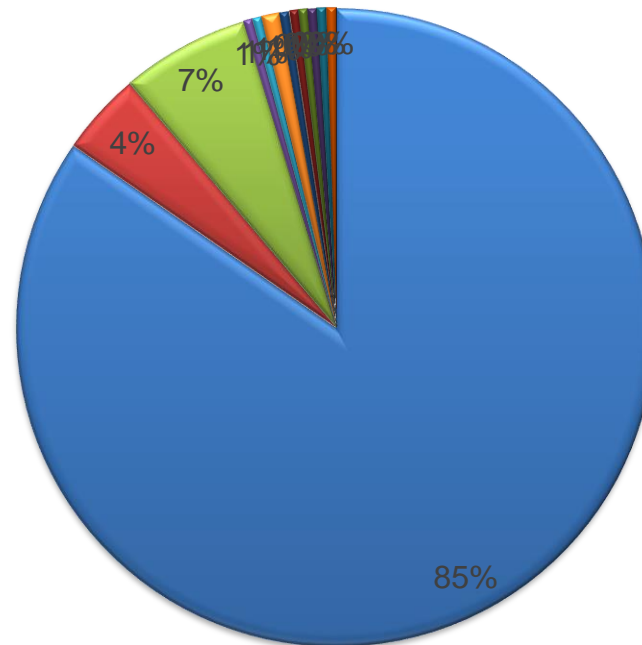
Urgent US seen with 3 weeks



■ 0-21 days ■ 22 - 28 days ■ >28 days

Ultrasound Outcomes

Total 216 patients



■ No Intervention

■ Core in clinic

■ DNA first US

■ Core

■ DNA

■ Investigations elsewhere

■ FNA

■ Indeterminate

■ patient cancelled

■ Clinical correlation

■ Listed for surgery

■ U3 no fna arranged

Clinical Effectiveness

- Ten patients were diagnosed with cancer across the specialties all had been referred appropriately on a cancer pathway
- After review of Cancer services 28 day compliance it was found that compliance within Head and Neck had increased since the launch of the pathway
- The thyroid pathway as proven to be particularly effective.
- Reduction in 2WW referral, need ongoing evaluation query COVID/Neck Lump pathway

Championing / Leadership

- Put forward an example of outstanding practice within our Trust to the CQC
- Showcased at Macmillan event for Evidencing Work Based Learning Module
- Presented at Head and Neck Clinical Delivery Group
- Back to BEST with results and revisit education
- Dissemination amongst other Trusts, planned meetings.
- Continual evaluation and adjustments

Sharing the Learning – Delayed diagnosis – axillary nodes

What did we learn from the investigation?

- Effective working relationships are integral in the delivery of high quality, safe patient care and experience.

What can I do to prevent this happening again?

- Familiarise yourself with the primary care neck lump pathway which has been designed to improve the process, eliminate some of the system failures and facilitate a multidisciplinary review (see end of document for pathway).

Sharing the learning bulletin. Edition 36 March 2021

Adaptability / Sustainability

- Work has already started in Barnsley NHS Foundation Trust to roll the principle of the pathway out to other specialties
- Radiology /Haematology now have adopted the pathway
- Discussions: Radiology/ general surgery regarding soft tissues masses
- Other Trusts could replicate all or selected elements of the pathway

Thank you !

Any Questions are welcomed

