



Wessex Rapid Diagnostic Service (RDS) Next Steps

Report to the Wessex Cancer Alliance Board				
Title:	Wessex Rapid Diagnostic Service (RDS) Next Steps			
Sponsor	Jane Eshelby, RDS Programme Lead			
Date:	10th September			
Purpose	Assurance or reassurance	Approval Yes	Ratification	Information
Issue to be addressed:	Update to Board and to present the future plans of the Rapid Diagnostic Service.			
Response to the issue:	To collective agree the next steps for the Rapid Diagnostic Service.			
Implications: (Clinical, Organisational, Governance, Legal?)	Clinical and organisational implications through implicating the seven national Rapid Diagnostic Centre principles, mitigated through having a Steering Group in place and regular reporting back to Wessex Cancer Alliance Board.			
Risks: (Top 3) of carrying out the change / or not:	Risk of not implementing the next steps: <ol style="list-style-type: none"> 1. Missed opportunity in terms of widening the scope of the RDS and improving/implementing new pathways 2. Will not implement innovative new pathways, for example self-referral pathways 3. Failure to meet a key cancer objective contained with the Long Term Plan. 			
Summary: Conclusion and/or recommendation	That Board agree the recommendations.			



Progress to date

- RDS went live on 22nd June – initially to one PCN in Poole for patients presenting with Non Specific Symptoms. The service now is accessible to five PCNs across Dorset and Hampshire. As of 27/8/20 – 8 patients had been referred to the service (in line with projections). All PCNs will be able to access the service by the end of December 20
- Key substantive posts recruited to or in the process of being recruited to
- Infrastructure in place with pathways to the following acutes: Poole, Royal Bournemouth, UHS and PUHT. Dorset County Hospital, Isle of Wight and Hampshire Hospitals will be in place by the end of December 20
- Continued engagement with and enthusiasm from PCNs



Next steps

- Review the potential for self-referral pathways – as part of the RDS
- Review how unscheduled care pathways can be incorporated into the RDS
- Current focus is on expanding the number of PCNs who can refer for the Non Specific Symptom pathway – next step is to review what other pathways can meet the RDC principles – in line with our trajectories
- Carry out Health Economics modelling – to identify the resource implications of the RDS and how this can be resourced following the initial NHSE/I funding



Recommendations

That the Board:

1. Confirm that the vision and RDS specification remains unchanged and reaffirm commitment to ensure delivery.
2. Approve and support the continued rollout of the Rapid Diagnostic Service for Wessex, ensuring that the national target that every site specific pathway should be applying RDC principles by 2024 is achieved.