NHS
Wessex
Cancer Alliance

Update on the Rapid Investigation Service for Suspected Cancer

Wessex Cancer Alliance

Report to the Wessex Cancer Alliance Board				
Title:	**Update on the Rapid Investigation Service for Suspected Cancer**			
Sponsor				
Date:	**10/3/21**			
Purpose	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **Yes**
Issue to be addressed:	To provide an update on the current service and to update the Board on work regarding future pathways that could potentially benefit from a similar model.			
Response to the issue:	See update below.			
Implications: **(Clinical, Organisational, Governance, Legal?)**	Full implications of any widening of the scope of the service will be presented to Board.			
Risks: (Top 3) of carrying out the change / or not:	Risk of not investigating future pathways: 1. Missed opportunity in terms of widening the scope of the current service and 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	To note: • The current progress of the service • The pathway work that is currently being undertaken			

Current service

NHS Wessex Cancer Alliance

- The Rapid Investigation Service for Suspected Cancer (previously called the Rapid Diagnostic Service) went live in June 2020 – adhering to national principles (see next slide). In January 2021 the service was expanded geographically to include the whole of Wessex

- Substantive posts have been filled and further recruitment is currently underway as the number of referrals increase. The service has a variety of professions represented – GPs, nursing input as well ad medical input, this will be expanded to also include radiology input

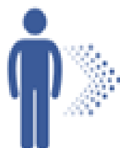
- Clinical oversight is achieved via a Clinical Reference Group and there is a monthly Steering Group to oversee progress

- Feedback from participants has been positive and has been carried out by Wessex Voices. A case study is currently being compiled to raise awareness of the service and will be shared with a variety of stakeholders

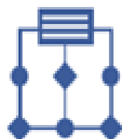
- More detail about the uptake of the service and outcomes can be found in Appendix 1.

National Rapid Diagnostic Centre Principles

1. Early identification of patients where cancer is possible, including outreach to address population health inequalities

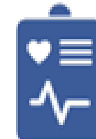


2. Timely referral based on standardised referral criteria and filter function tests

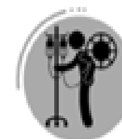


3. Broad assessment of symptoms and appropriate triage to determine which tests should be carried out and in which order, based on individual patient need

4. Coordinated testing which happens in a few visits for patients as possible



5. Timely diagnosis of patients' symptoms, cancer or otherwise, by a multi-disciplinary team, that is communicated appropriately to the patient



6. Appropriate onward referral, if needed, to the right service for further support, investigation, treatment and/ or care

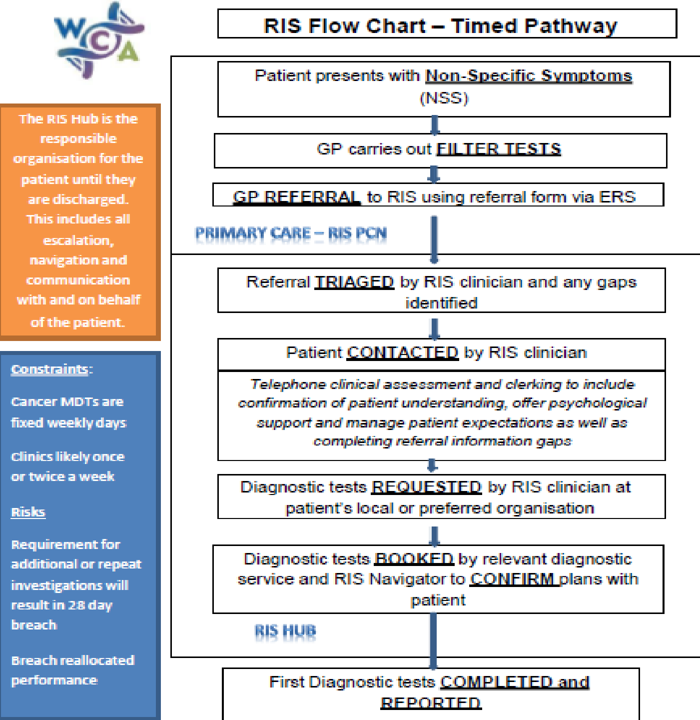
7. Excellent patient coordination and support, with patients having a single point of contact throughout their diagnostic journey, with access to the right information and advice

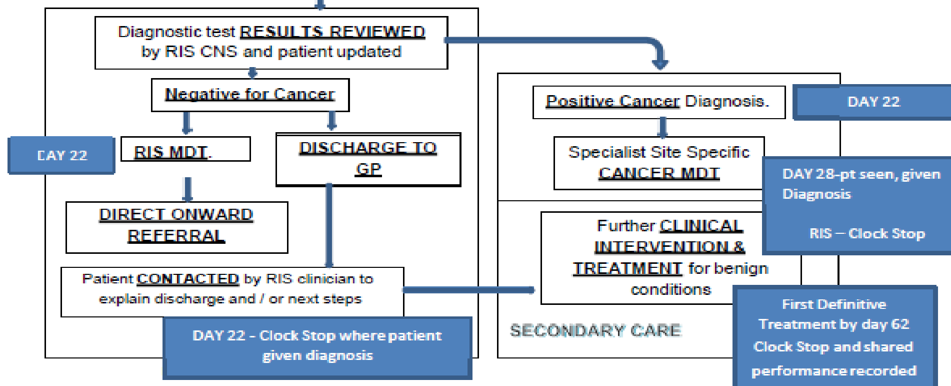
How RIS works in Wessex

NHS
Wessex
Cancer Alliance

- 2WW **non-specific symptoms** pathway
- Patients have a series of **mandatory filter tests** undertaken before referral
- The RIS hub team consists of a **GPs**, **consultants**, **nurses** and **Patient Navigator**
- The RIS clinical team will request tests/investigations at a **local trust** for the patient

- 2WW **non-specific symptoms** pathway
- Patients have a series of **mandatory filter tests** undertaken before referral
- The RIS hub team consists of a **GPs**, **consultants**, **nurses** and **Patient Navigator**
- The RIS clinical team will request tests/investigations at a **local trust** for the patient





RIS Flow Chart v3

Investigation of potential future pathways

- Work has been begun on scoping out the feasibility of using the Rapid Investigation Service infrastructure for additional pathways (recognising the national target that by 2024 every site specific pathway should be applying the RDC principles)

- This has begun on three pathways:

    - Breast self-referral
    - Teledermatology
    - Lumps and bumps

- All of the work being undertaken is clinically led and has or will have input from the relevant Site Specific Group in Dorset and Hampshire and the Isle of Wight

Breast self-referral

NHS Wessex Cancer Alliance

- Expressions of interest were circulated in Summer 2020 and a GP clinical lead appointed to lead the breast self referral work and HHFT identified as a pilot site.
- Pilot has two proposed arms:
  - Lump self referral through the RIS Hub.
  - Symptomatic pain management.
    - This patient cohort has been identified as using approx. 20% of HHFT breast 2WW clinic space unnecessarily and could be managed more appropriately at home with reassurance, advice and guidance.
- Next steps are focused on engagement activities to confirm and refine the model working towards a potential pilot start date in June 2021 (dependent on staff recruitment)
  - Meeting already held with Dorset SSG Chair
  - H&IOW SSG cancelled in January where this was to be on the agenda, to be re-booked.
  - Meeting to be arranged with wider HHFT Breast Team.

Teledermatology

- A meeting was held on 8th December to discuss applying the principle of RDCs to dermatology. This included representation from both the Dorset and Hampshire and Isle of Wight ICS. The proposed next step was to have a discussion at the next HIOW Site Specific Group on 29th January which Dorset colleagues were invited to. Due to system pressures, this meeting was cancelled

- The joint team between the Wessex AHSN and the Cancer Alliance looking at early detection of cancer are also looking at innovations, pathways and possibilities for Wessex as part of their work

Lumps and bumps

- The RIS experienced several examples of pathways in pathways that could be streamlined. This was discussed with Macmillan GPs in Wessex and they felt that this was a pathway that needs to be reviewed and improved. The first meeting to progress this happened on 25th February.

Lessons learnt

NHS
Wessex
Cancer Alliance

- Successful early clinical engagement is key
- Need to respond to concerns within different parts of the system
- From a practical perspective, need to have greater Radiology input into the service
- Build upon the enthusiasm contained in primary care
- Importance of communication – particularly within providers with some service unaware of the RiS
- Use learning to shape future pathways

Appendix 1

NHS Wessex Cancer Alliance

Key metrics for the service to update (up to 24.02.21)

- Number of referrals 110
- Number of investigations carried out 102
- Number of cancers found 2
- Number of onward referrals
  - For continued management 18
  - For site specific MDT input 9

Appendix 1

NHS
Wessex
Cancer Alliance

Source of referrals:

- Dorset CCG
- West Hampshire CCG
- Isle of Wight CCG
- Fareham and Gosport CCG
- Southampton CCG
- Portsmouth CCG
- North Hampshire CCG