



Report to the Wessex Cancer Alliance Board	
Title:	Review of the Wessex Non-Specific Symptom Pathway, (Rapid Investigation Service)
Author	Sally Rickard
Date:	March 20th 2024
Purpose	Assurance or reassurance <u>Approval</u> Ratification      Information
Summary of paper:	<p>A summary of the efficiency and effectiveness of the Wessex Non Specific Symptom Pathway (named, Rapid Investigation Service) with respect to supporting Board member discussion ahead of ICB review. The board is asked to consider supporting WCA funding for a further 12 months to March 2025 to enable sustainability of existing NSS pathway and other services (Breast pain) and go live of Multi Cancer Blood Test Pathway in year. Future commissioning discussions are not confirmed with either constituent ICB.</p> <p><b>Board members are asked to note appendices have not been shared for ease of inboxes but are all available on request. Please contact <a href="mailto:sally.rickard@wca.uhs.nhs.uk">sally.rickard@wca.uhs.nhs.uk</a></b></p>
Implications: (Clinical, Organisational, Governance, Legal?)	<p>Wessex is required to ensure 100% access for all people from 1<sup>st</sup> April 2024 to a ‘non specific symptom fast track referral’ pathway. At present ICBs are not in a position to commission the service, a decision on future commissioning will be taken in time for April 2025 pick up, or for decommissioning of the existing service.</p> <p>Meantime it is proposed to utilise WCA funding for one further year to ensure continuity of NSS, breast pain and MCBT pathways.</p>
Key risks and mitigations:	<p>Without this service at present there is no viable alternative yet identified across the WCA geography.</p> <p>Staff are in post and there is inadequate time in year to complete notice therefore exit strategy is a cost pressure even without service continuity.</p>
Summary: Conclusion and/or recommendation	<p>Board members are asked to discuss and recommend views on the investment of WCA development funding for the forthcoming 12 months to ensure adequate provision of services for our population in line with national mandate and to support robust and informed commissioning planning for 24/25.</p>

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# Non-Specific Symptom (NSS) cancer pathways Evaluation Report

Wessex Cancer Alliance  
To inform future commissioning intentions

March 2024

# 1. Executive Summary

## I. Purpose of report

The purpose of this report is to provide details of the standardised evaluation of Non-Specific Symptoms (NSS) cancer services across the geography of Dorset, Hampshire and the Isle of Wight, Wessex Cancer Alliance.

## II. National context

Non-Specific Symptoms (NSS) services are part of a broader strategy set out in the [NHS Long Term Plan](#)<sup>1</sup> to deliver faster and earlier diagnosis of cancer and other conditions, and improved patient experience. NSS is a [Rapid Diagnosis Service \(RDS\)](#)<sup>2</sup> for urgent suspected cancer (USC) for patients who have a set of vague symptoms that put them at risk of being diagnosed with cancer but do not meet the [NICE guidance \(NG12\)](#)<sup>3</sup> criteria for site-specific USC pathways.

The National Faster Diagnosis Framework requires NSS pathways to achieve 100% population coverage by March 2024.

WCA have provided transformation funding to support the roll-out and provision of NSS pathways from 2020 with 1,919 completed referrals to date, diagnosing 128 cancers with coverage across all Wessex. Cancer Alliances are working towards achieving 100% population coverage for patients with NSS by March 2024 as part of [2023/24 operational planning guidance](#).<sup>4</sup> NSS funding from cancer alliances is due to phase out from March 2024, with transition funding provided in 24/25. Future sustainable commissioning arrangements will need to be agreed with Integrated Care systems (ICs) to enable these crucial pathways to continue.

The NSS pathway is now a reportable standard within Cancer Outcomes and Services Dataset (COSD).

## III. Multi Cancer Blood Test

GRAIL have developed a multi-cancer early detection Blood Test (MCBT) test, the NHS-Galleri® test, which can detect multiple cancers through a blood draw using targeted methylation sequencing. NHSE plan to rapidly roll out 1 million tests to participants in England over a two-year period from July 2024 to June 2026 to examine the use at scale of the Galleri test as a screen for asymptomatic people between the ages of 50 to 77. All Alliances are expected to participate in the pilot, streamlining referrals and ensuring safe clinical management. If the 1 million pilot goes ahead (Decision to be made in April 2024), those who receive a Cancer Signal (approximately 1 in 100 tested) will be referred via the NSS pathway in pilot areas. Approximately 5,000 patients are expected to be referred nationally annually onto an NSS pathway from the Galleri-test pilot.

The clinical guidance and SOP states:

“All referrals will go via NSS pathways and Trusts will develop a process to support pathways using the core principles of Rapid Diagnostic Centres Vision and 2019/20 Implementation Specification.”

## IV. Approach

WCA were asked to evaluate the effectiveness, efficiency, and experience of their NSS services using a standardised evaluation framework to inform commissioning intentions. WCA present this information to the constituent ICBs to determine the impact of the NSS service on:

- **The efficiency and effectiveness**
- **The patient/ carer, referring organisation, and NSS workforce experience**
- **The equity of access and outcomes**

of the diagnostic pathway for patients where the GP is concerned that their non-specific symptoms may be cancer.

Key findings are included in this report to answer the evaluation questions at Alliance level with further detail at ICB level. Complete data analysis and reporting which informs the evidence for this report can be found in the following documents:

Service information	<a href="#">Service Leaflet</a>
Patient feedback	<a href="#">Wessex Voices RIS report</a> <a href="#">Patient feedback evaluation</a> <a href="#">Feedback from people with a learning disability</a> <a href="#">Learning Disabilities "you said we did" report</a>
Health Equality Assessment	Appendix 1
Timed pathway summary	Appendix 2
Detail of cancers diagnosed by tumour site	Appendix 3
Patient feedback report 2023	Appendix 4
Pathway cost comparison	Appendix 5
Evaluation against national KLOEs	Appendix 6

The infographic below provides an overview of the findings of WCA NSS pathways.

The full report contains extensive details of the quantitative and qualitative analysis options appraisal for providing an NSS service for patients with suspected cancer.

# Summary of benefits – Wessex Rapid Investigation Service

## Effectiveness

### The Rapid Investigation Service led to a shorter time to diagnosis

56 % achieved FDS since referral numbers have increased beyond capacity. This is still a shorter time when compared to equivalent pathways for complex cases (e.g. Sarcoma)

**90% FDS was achieved when service fully staffed.**

### The RIS is effective at diagnosing cancer and non-cancer

5.2% cancer conversion rate,  
128 number cancers diagnosed

### The RIS pathway is cost effective

The RIS pathway is currently £416 per patient,  
Cost will reduce to £330 per pt by end Mar 2025  
Nationally NSS pathways average £500-600 per pt  
Pathway saving £335 to £24,536 per pt.

## Efficiency

### Early identification and timely referral

Referral to first test reported 10 days  
Triage and MDT review by day 22

### Multiprofessional assessment and close to home testing

Front loading of 'filter' tests to ensure patients are diverted as quickly as possible to the right pathway. Generally fewer than 2 diagnostic imaging tests per patient  
Multi professional review shortening time to diagnosis

### Timely diagnosis and appropriate onward referral

For non cancer 22 days to rule out  
90% cancer diagnosis within 28 days (when service fully staffed)

## Equity of Access and outcome

### Addressing perceived and real inequalities of access and outcome

Ethnicity – 2 in three pts white British but representatives from all communities across Wessex have been referred into the service and consulted for their feedback.

Age patients between 18-94 have been referred into the services

Only 2 cancer diagnosed in under 50 despite significant referrals. Consider change in age eligibility for future.

More information is needed on deprivation of people referred but practices have been supported to refer from the most deprived areas of Wessex.

### Geographical access

99% practices have utilised the RIS service (2 have not)

## 2. Rationale for Non-Specific Symptoms pathways

NSS pathways were originally proposed to create a dedicated referral route for patients who do not fit clearly into a single 'urgent cancer' pathway, as defined by NG12, but who are, nonetheless, at risk of being diagnosed with cancer. Identifying the best route for investigating or referring these patients can be a significant challenge and can lead to delays in diagnosis and wasted clinical time and resource, especially when more than one referral pathway is involved.

Prior to these dedicated pathways, this cohort of patients often:

- o saw their GP multiple times before referral
- o presented more often in an emergency setting
- o presented with late-stage cancer, and
- o were referred on multiple urgent pathways with resulting inefficiencies in healthcare provision

From three years of pilot service development in Wessex it is now possible to evaluate the impact of the local Rapid Investigation Service (NSS pathway) against the above objectives and make a direct comparison to alternative NSS pathways nationally. Further, it is possible to consider the benefits of the service against alternative options, including the 'do nothing' scenario to support commissioning decisions on the future viability of the service.

The service has been evaluated against the criteria recommended by the National Cancer Programme Key Lines of Enquiry to support commissioning and system discussion around future service models for NSS pathway patients. A detailed evaluation summary is included in Appendix 6.

A national report is expected in April which will provide a similar level of evaluation and scrutiny for all NSS pathways across England against the same criteria.

### 3.0 Summary of service

Since the service has been live referrals have increased year on year. The main factor contributing to the increase in referral is GP ‘word of mouth’ spreading understanding that the service is not a ‘direct access diagnostic’ pathway, but a multidisciplinary team triage and review, widely recognised as clinically efficient and effective at shortening time to diagnosis.

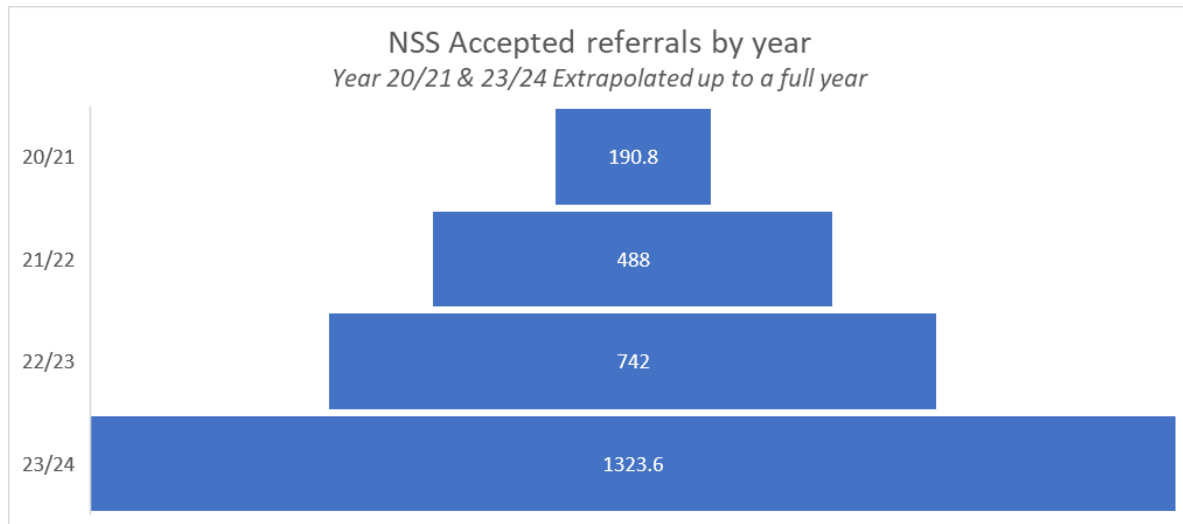


Figure 1, referrals received by Wessex Rapid Investigation Service.

Referrals are received from across the whole population. The service is highly accessible and has been developed over the 3 years operation to ensure a multiplicity of inequality barriers are identified and overcome. As a consequence the range of referrals can be seen in the data below:

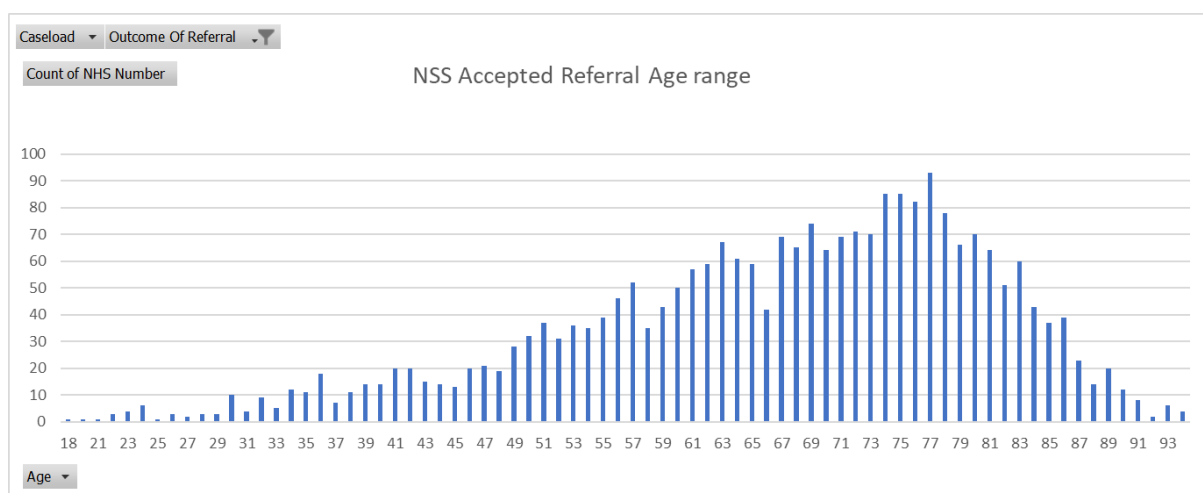
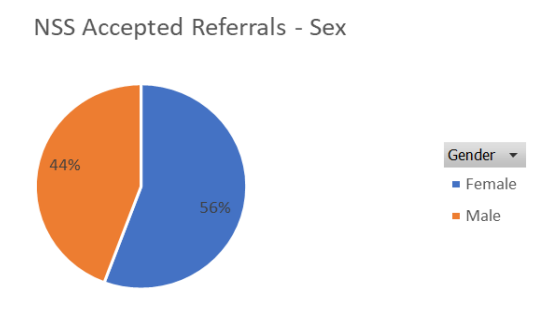


Figure 2, age range of accepted referrals to RIS service, whilst majority as expected, service has received appropriate referrals from ages 18 to 94 inclusive.



Ethnicity	% of all accepted referrals
White - British	66.68%
White non British	17.67%
Mixed race	0.88%
Asian	1.12%
Black	2%
not stated	12.07%

Figure 3 and 4, gender and ethnicity of accepted referrals to RIS service.

## Service outcomes

The overall proportion of patients with a confirmed cancer diagnosis is 5.2%, n = 128, for whom 37% are at an early stage. A detailed breakdown of diagnosis by tumour site is included in Appendix 3, however for purposes of evaluation it is important to compare to the baseline. The top 5 tumour sites diagnosed via NSS are Renal, Lung, Lymphoma, Pancreatic and Thrombocythemia, currently with average stage of diagnosis for the year 22/23 across Wessex, e.g. 21% stage 1 and 2 for pancreatic cancer.

The proportion of rare or difficult to detect cancers to date is 74% with an average time to diagnosis for many pathways of well over 62 days, (for example sarcoma, essential thrombocythaemia etc.)

NSS pathways are for patients with symptoms that could indicate cancer, but most will ultimately not be diagnosed with cancer. A wider benefit of NSS pathways can be to diagnose serious non-cancer conditions more efficiently. An NSS pathway should support patients until they are diagnosed and referred onward or their symptoms resolve. 308 of patients who completed an NSS pathway were diagnosed with a noncancer condition and whilst the definitive time to diagnosis for this cohort of patients is not currently recorded, it is clear patients have followed a more direct pathway and parallel referrals and diagnostic testing has been avoided. This is true for most NSS pathways nationally other than those recommending straight to test without multidisciplinary discussion at the front of the pathway. Therefore, the MDT element of the RIS service is clearly significantly impactful in terms of reducing wasted time and resources in the patient pathway.

A detailed review of patient experience of care is included in Appendix 4. Whilst patients consistently report a strongly positive response to the quality and experience of the RIS service, it is not possible to compare experience of patients with similar diagnosis on a different pathway.

Comparing patient feedback to other NSS pathway users nationally, the feedback would suggest that the RIS service is at least equal to other models of care. Reporting 'good' in most other sites, the RIS service did report 'Very Satisfied' as an overall rating from service users (the top rating in this case.)

The key message from users were that the service is :

1. **Quick**, "I was referred, seen and given the CT results within 1 working week. I think this was exceptionally good care from the NHS."
2. **Personalised**, "Thank you for your prompt action and the sensitive reassurances given. This was delivered on time and in a clear and understandable manner. All this ameliorated the tension and anxieties I felt. Thank you so much for a brilliant service."

## 4.0 Cost Analysis

	Baseline cost*	Rapid Investigation Service**	Indicative saving per patient
Patient 1	£26,864	£524	£26,340
Patient 2	£6,890	£524	£6,366
Patient 3	£1,596	£524	£1,072
Patient 4	£1,096	£524	£572
Patient 5	£1,097	£524	£573
<b>Total for 5 pts</b>	<b>£37,543</b>	<b>£2,620</b>	<b>£34,923</b>

\*NHS: Key Facts And Figures | [The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk) and ICB confirmed tariff

\*\*based on the cost of the service as at the time of this report (March 2024) plus cost of a CT scan as this test is completed for the highest number of patients.

A total of 20 patient cases were reviewed by a multidisciplinary clinical group to look at and estimate the pathway either taken or expected to be taken by patients with equivalent symptoms without RIS. The summary and detail of cases is included in appendix 5 for scrutiny and transparency. Given the complexity of the patients utilising the NSS pathway it appears that the 'one stop' approach of RIS is significantly more efficient both in terms of time and resources for patients and for the NHS.

- Note not all patients had a CT scan,
- The cost per case will reduce to **£330 by March 2025** based on current projections of increase in referral activity plus additional activity of the Multi Cancer Blood Test.
- National evaluation reporting by CRUK has so far costed NSS pathways to between £550-£650 per patient.
- The cost of activity is taken from a recent Kings Fund study and ICB confirmed tariff but detail has been shared with LMC and commissioners for validation.