

Faster Diagnosis: Rapid Investigation Service

The service name changed and is more accessible because of patients and care-givers

What is the Wessex Rapid Investigation Service

The Wessex Rapid Investigation Service (RIS) was established in June 2020, during the Covid pandemic, as a single point of access service for Dorset, Hampshire and Isle of Wight. The RIS provides an urgent suspected cancer referral pathway for adult patients who show symptoms that might be cancer but without symptoms of a particular type of cancer. This is to help people get a diagnosis or exclude a cancer more quickly.

Before the RIS was established, there was no clear route for patients who had these non-specific symptoms. For them, this often meant having multiple frustrating visits to the GP and several different hospital clinics, taking more time than needed, creating worry and resulting in no clear explanation for their symptoms. There was no process to 'join the dots' from one service to another, which also meant that patients had to repeat themselves over again to different health professionals. Patient experience, as well as outcomes, were poor so the RIS developed was to ensure these issues would be resolved.

The RIS Hub is supported by a small clinical and administrative who coordinate the care of these patients. They provide a single route in to services from the point of referral until a diagnosis of cancer has either been confirmed or ruled out. It is accessed virtually by telephone. The aim of the pathway is to provide this answer within 28 days of referral.

The patient has a 'welcome' phone call from the admin team who explain the service. They book them into a second telephone conversation to discuss their symptoms and medical history and allow them an opportunity to ask questions. They also ask about any specific support people need to attend appointments. This means the patient does not need to come into a hospital for these appointments with all the associated stresses of travel and parking.

The clinical team then book any investigations at the local hospital most convenient to the person. A multi-disciplinary team will review all the investigation results at a twice weekly meeting, and these are then conveyed to the patient as quickly as possible.

Upon discharge from the RIS service, a detailed summary is written to the patient and copied to their GP, outlining the next steps so that everyone has a good understanding of what to expect. It aims to clearly explain any findings and gives associated healthy living advice.

Now on average, the RIS receives 30-40 referrals each week. From January 2021 to October 2023, 2211 referrals were accepted and 98 cancers diagnosed. The service provides a well-developed, holistic service to patients whilst they are being investigated for cancer. In addition it provides health promotion advice and signposting to community services that patients may benefit from.

How patients and care-givers were involved in shaping and evaluating the service

[Wessex Cancer Alliance](#) involved local people prior to the nationally mandated Rapid Diagnostic Centres and associated non-specific symptoms cancer pathways being set up. The local proposal was designed to be a remotely accessed service, knowing that people from across our extensive geography would struggle to physically attend a central diagnostic centre. Some other areas around the country chose to have a physical base for their services. We asked [Wessex Cancer Support](#), a local cancer support charity, to develop our draft service specification, making sure we were always putting the needs of the patient front and centre of our plans.

Once we had an idea for the Wessex model, we asked people for their feedback about this approach through GP practices and a community event for Black, Asian and minority ethnic communities in Dorset. People were very supportive of getting a faster diagnosis but highlighted and made some very practical suggestions to inform the early service design and patient information. For example, older people were worried that their call blocking service would mean that they would 'miss out' on getting appointments. Staff at the RIS knowing this meant that they would call and leave a message or make repeated calls.

We also identified specific groups who may be disadvantaged by accessing a service by telephone. As a result further engagement was undertaken with people with learning disabilities and their care-givers; Deaf people; and people with anxiety and/or mental health issues. Practical solutions, such as ensuring information was available in Easy Read or through British Sign Language translation services, and that the service took more time for those with additional needs were built into the service's processes.

As the first patients used the service, we commissioned an independent voluntary sector organisation, [Involving People](#), to undertake interviews to evaluate people's experiences. The service feedback was very positive, but people said that quite often they were not actually getting 'a diagnosis', only having their symptoms investigated to exclude cancer. We 'therefore' changed the name from the Rapid Diagnostic Service to Rapid Investigation Service to more accurately reflect the nature of the service. Additionally, during the 'welcome call' for each patient the staff added checks about people's preferred method of communication for all future contact with them.

We continue to evaluate the service from a patient and care-giver perspective using the Friends and Family Test. Feedback remains extremely positive.

People's feedback

“ Flabbergasted about quick from referral to results under 4 weeks. So impressed with it. The nurses that ring were so lovely.”

“ Can't fault it. My experience was really good. I wasn't upset or concerned. All my questions were answered.”

“ I was referred, seen and given the CT results within one working week. I think this was exceptionally good care from the NHS and I am grateful to all involved”

“ A brilliant service. All necessary tests took place so quickly and results communicated really rapidly. A wonderful example of working together. Well done NHS.”

“ I was delighted to get an appointment so quickly and the results the following week. Everyone was so helpful.”

“ a damn good team – great at working together.”

“ My case was handled quickly, efficiently, sensitively and with clear communication.”

“ Can't fault any of them - from the RIS team to the local trust - the teams, nurses, consultants and doctors all brilliant. GP rang to see if she was ok and if I had any questions. They need a gold medal.”

“ The NHS has found its sweet spot.”

“ Have been very impressed by this form of healthcare.”

The RIS has set a blueprint for how we seek the views of people from across Wessex, in all our work, not just service specifications. We have used the feedback from mental health patients, Deaf people and those living with a Learning Disability, to help shape many more projects since the Rapid Investigation Service was launched. The impact of the approach taken by the Rapid Investigation Service, and the standard now expected from all our public involvement, will continue to benefit our population for many years to come.

For further information

- [Rapid Investigation Service - Wessex Cancer Alliance](#)
- [Accessible information about the service can be found on Cancer Matters Wessex](#)
- Email: Sue.Newell@wca.uhs.nhs.uk