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Achieving Faster Diagnosis for 2WW patients on the Sarcoma Pathway – RNOH

NHS London and South East Sarcoma Network

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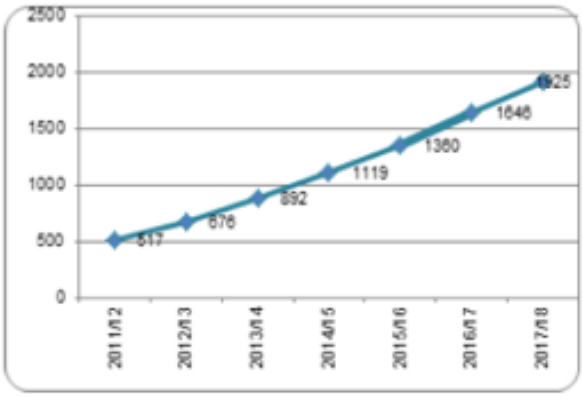
Background

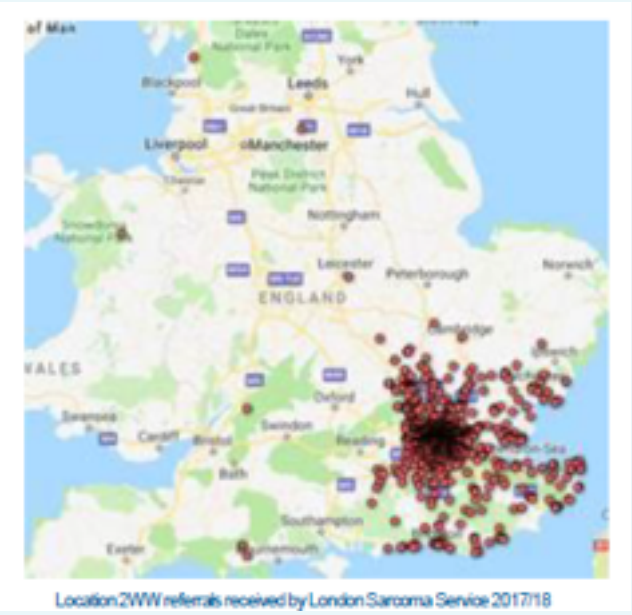
The London Sarcoma Service is based primarily at Royal National Orthopaedic Hospital in Stanmore in conjunction with UCLH. It one of the largest sarcoma services in Europe. The service receives approximately 100 new patient referrals per week including 40 GP 2WW referrals. The 2WW conversion rate to a sarcoma is 5%. Inappropriate referrals are a factor in this so it is hoped that this can be improved through the project.

Over the last six years the service has seen a rapid increase in referrals received. Every year has actually seen an average increase of 25% which is resulting in a mismatch between capacity and demand. It is also resulting in breaches. Having numerous appointments before a diagnosis increases the likelihood of DNAs as well as waiting times. Therefore, this is also an area that needs addressing.



Number of 2WW referrals into London Sarcoma Service. Average 25% per year in last 6 years

The referrals also come from a large geographical area as the service is so specialist. When multiple appointments are booked for patients at different times this results in increased travel for these patients. This could be addressed with a "One Stop" type clinic, needing less appointments and hence improving patient experience.



Location 2WW referrals received by London Sarcoma Service 2017/18

The quality improvement (QI) goals are to reduce inappropriate referrals and streamline pathways to achieve an earlier diagnosis.

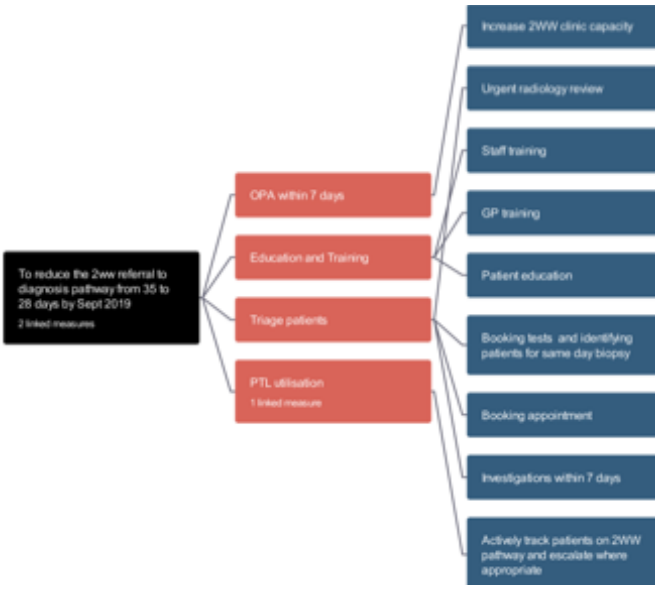
Aim

SMART aims were generated in the early stage of the training programme. Prior to this work had been done on identifying the bottle necks and problematic areas of the pathway, as well as identifying the need to incorporate patient feedback in to the process.

- **The aim of this project is to reduce the 2WW sarcoma pathway referral to diagnosis time from 35 days to 28 days by September 2019.**
  - **Introduce a triaging process for all referrals**
  - **Scope out potential for joint appointments and investigations**

Method

The training programme provided the framework to begin the development of our project. The session about patient and user involvement as well as engaging others were particularly useful and helped further our project.



Practically what we did for our project was:

- We undertook a process mapping exercise to establish where there are delays in the pathway.
- We created a driver diagram to identify possible change ideas, linked to our aim and measures.
- Two patient listening events were held based around the experience of the diagnostic pathway. Patients identified the most important thing as reaching the specialist centre as soon as possible.
- We collected baseline data on the length of the 2WW pathway between Sept 2017 and May 2018 (average length from referral to diagnosis 35 days).
- We retrospectively reviewed 1/3 of our referrals to establish if a cause for delay could be identified.
- PDSA cycles were then carried out on referral rejection, proactive tracking and the pre ordering of diagnostic tests.
- We approached the local GP education network to access GP's to raise the awareness of the reasons to make a 2WW referral.

Results

- All 2WW referrals are now triaged!
- All external plain film and MRI imaging is reviewed by Sarcoma Radiologist
- All tests are pre booked and planned to align with OPA
- Dedicated US lists have been introduced which are aligned with 2WW clinics
- All ERS referrals will be processed through RAS service allowing the sarcoma team to have greater control
- Patients are more closely tracked along the pathway including the formalisation of a new weekly PTL meeting

The above changes have been tested on a small group of patients. All of these patients were given their diagnosis by day 28. More patients are rapidly discharged off the 2WW pathway and back to primary care. These changes can now be adopted and rolled out to the whole pathway where they will be monitored and measured to keep track of impact.

Lessons Learnt

Sarcoma referrals are very difficult to unpick given the complex nature of the pattern, it is quite specific to sarcoma and the team had to work hard to devise a plan to overcome this

It was difficult to change practice that has been entrenched in a service over a very long period. More needs to be done on involving the whole team in the change process.

It proved very difficult to collect or access reliable data that was needed to evaluate the pathway. In future before a project is undertaken reliable data sources need to be identified so that the changes and impact can be monitored reliably.

- Throughout the project what was highlighted was that involvement of the wider stakeholders would have been beneficial from the start, particularly radiology and the MDT office. Before a project is underway it can sometimes be hard to identify the spread of stakeholders affected but a more comprehensive process mapping may help establish these so they can be involved from the beginning.

Next Steps

- Embed tracking process to minimise delays lost between pathway steps
- A GP CME training session is planned.
- Plan to create a teaching module for GPs CPD programme
- Evaluate 'One Stop' assessment clinic by obtaining feedback from patients and staff.
- Monitor DNA rate and create leaflet
- Assess the impact of the project on the number of breaches and the number of patients in the new patient meeting