

Implementing STT pathways

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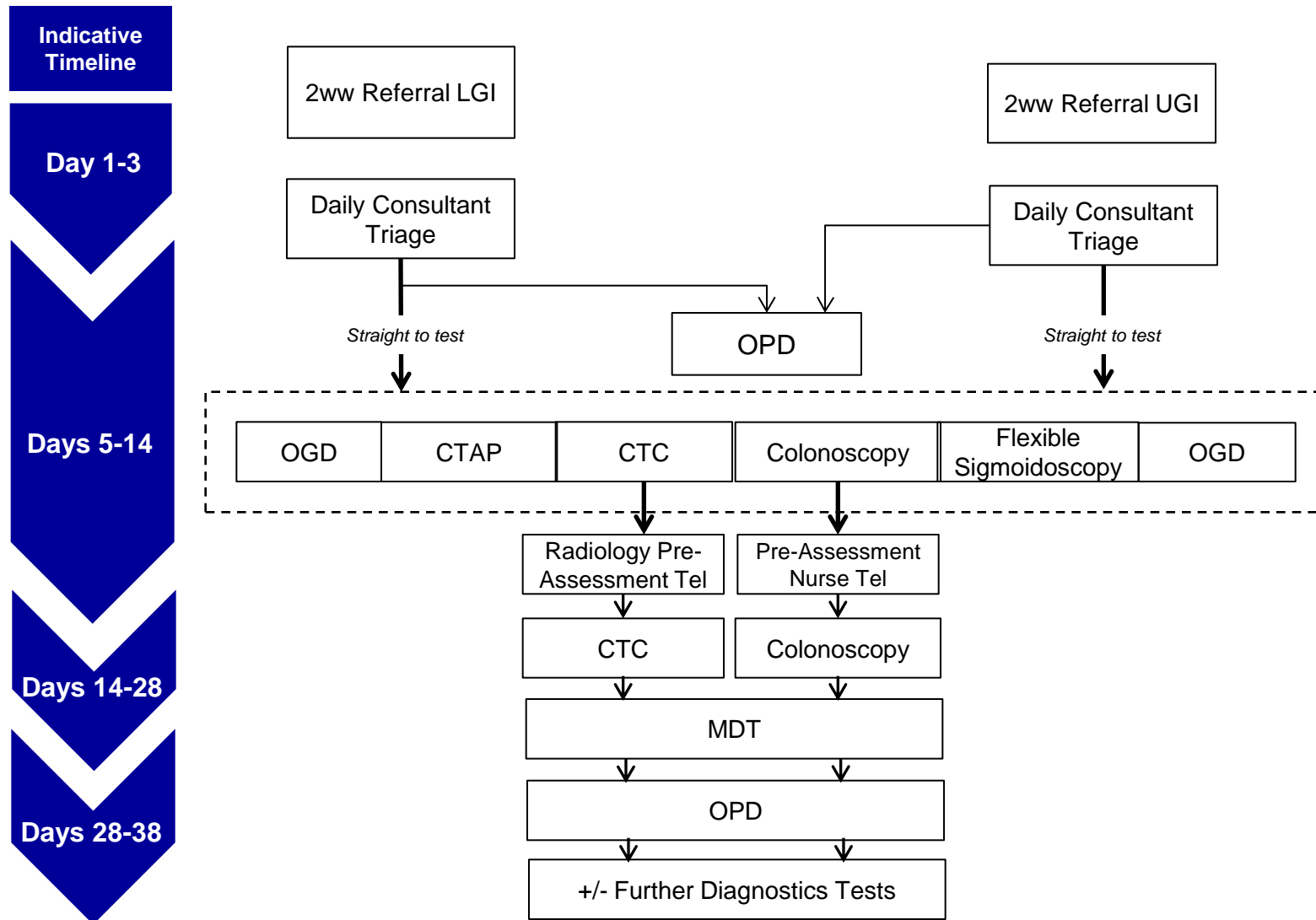


Introduction

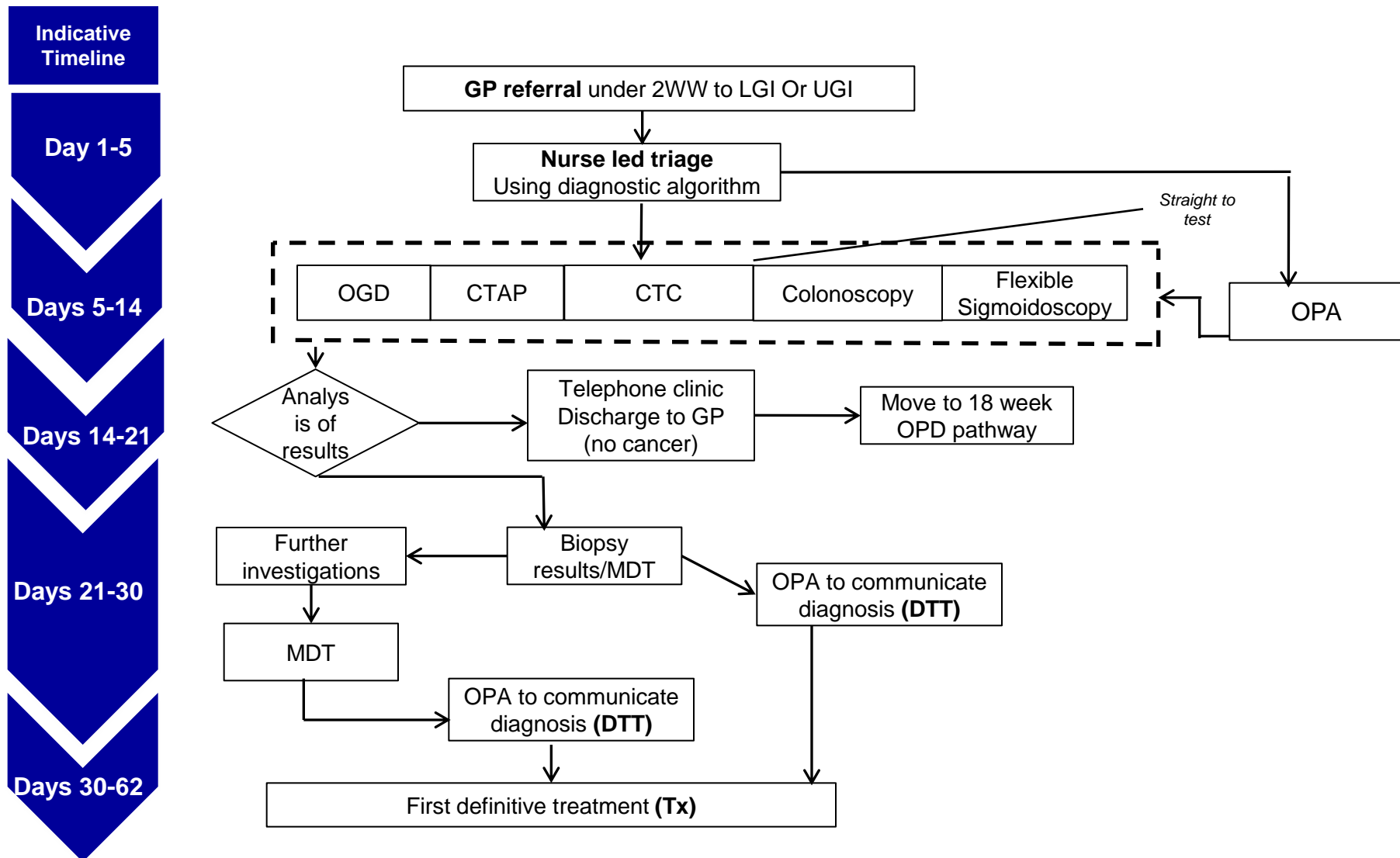
- Delivering cancer performance
- 28 day faster diagnosis target April 2019
- STT saves on first OPD
- Better patient experience providing good communication and effective safe triage



“As-is” pathway Daily Consultant Triage



Best Practice Pathway



Getting the 2ww GP referral completed

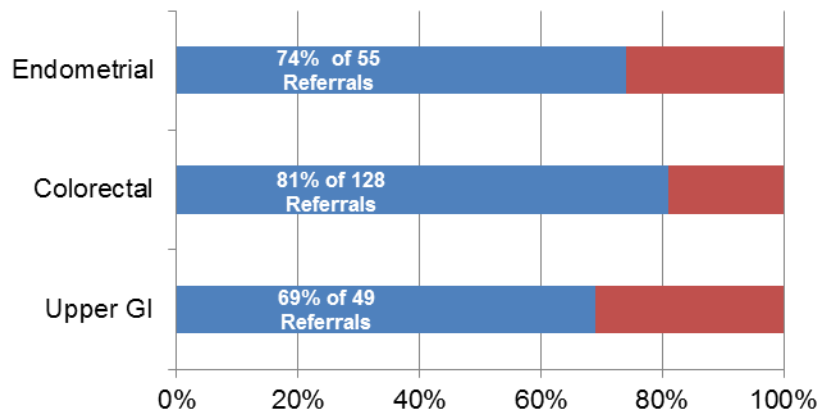
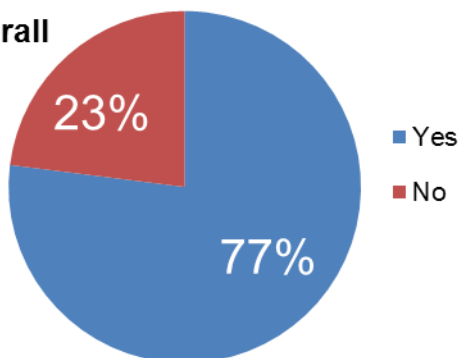
- Working group set up with primary care
- Audit of referrals and practice level detail sent back through Lead GPs
- Re-audit completed
- Important information Awareness of suspected cancer diagnosis Performance status/ suitability for STT



2WW Audit

Percentage of Patients Informed of Suspected Cancer Diagnosis at Referral

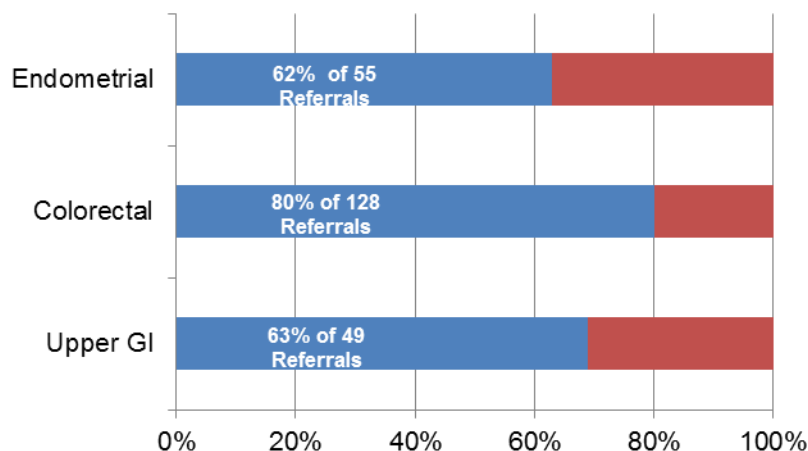
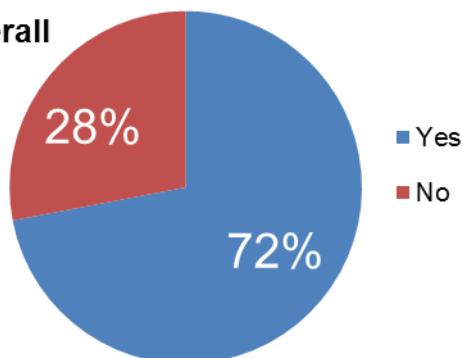
Overall



How important is patient awareness of suspected cancer diagnosis ?

Percentage of Patients Advised to be Available Within Two Weeks

Overall



Are patients told to be available within 2 weeks?



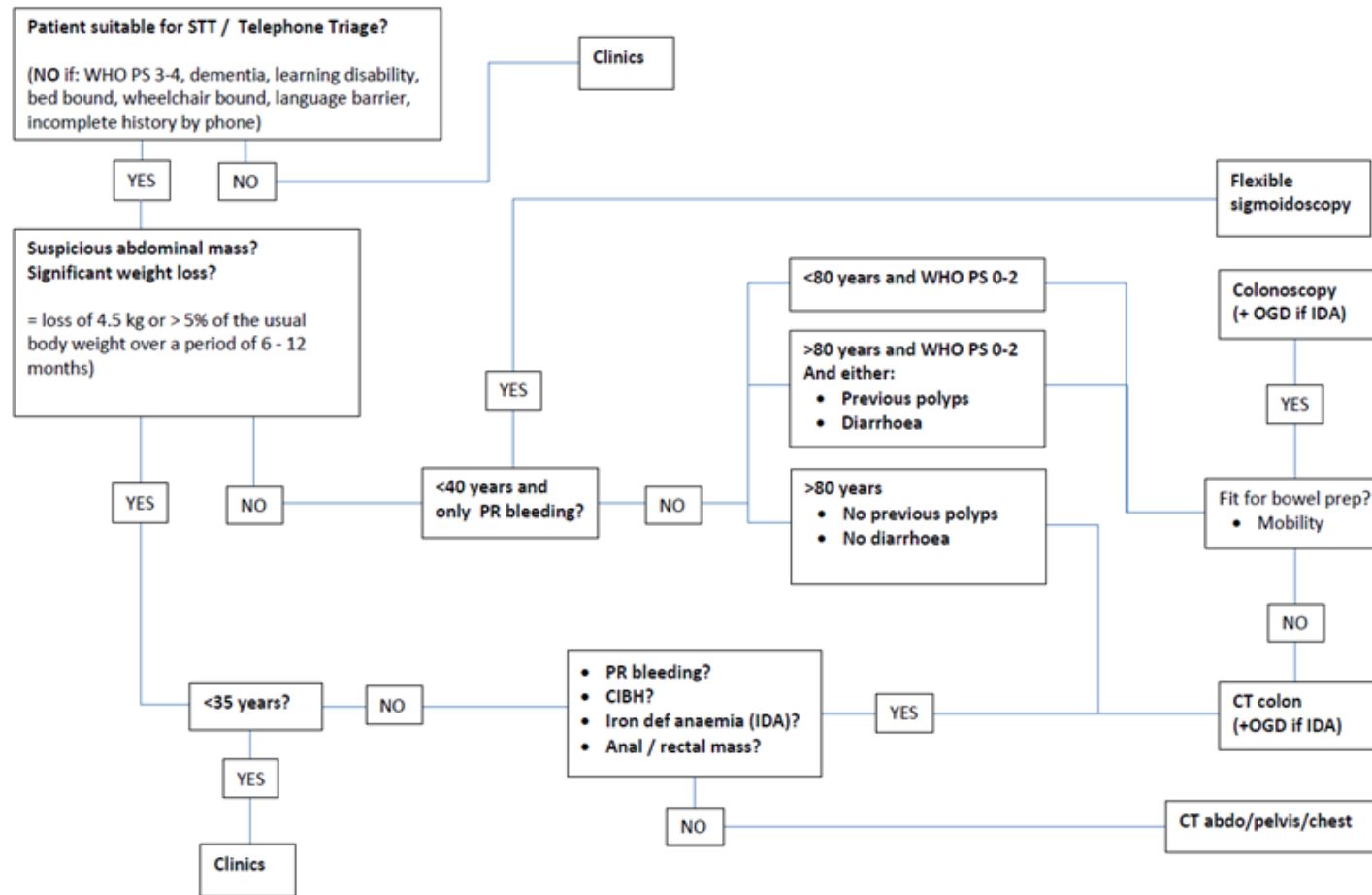
Developing the clinical algorithm

- Work with key stakeholders
Surgeons, Endoscopy ,Radiology team
- Know your demand / capacity especially for CTC
- Work through the algorithm when triaging the referral. May be an iterative process
- Have consistency and high standard of reporting CTC
- Monitor colonoscopy completion rate

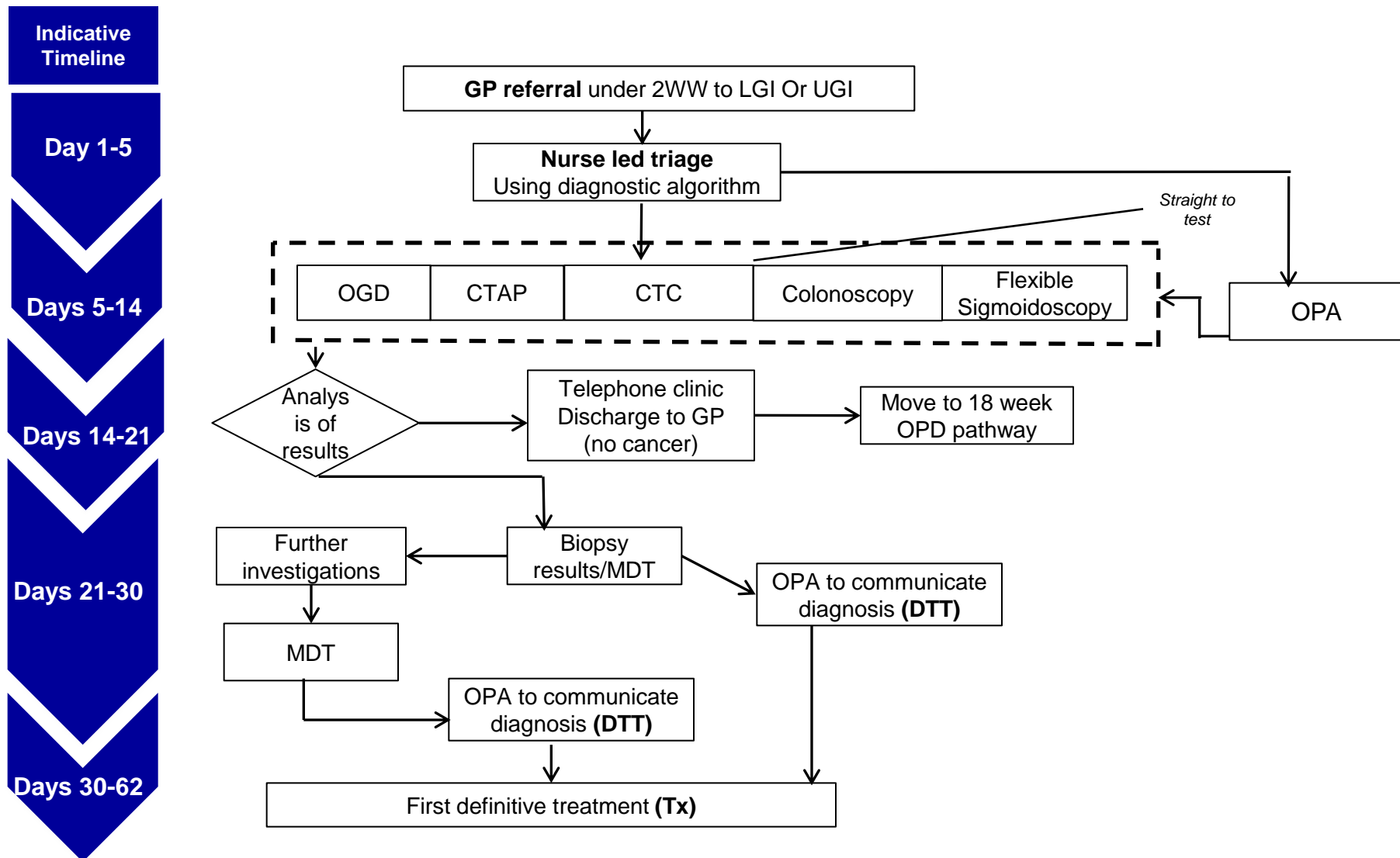


Clinical Algorithm for Colorectal

NURSE TELEPHONE TRIAGE COLORECTAL PATHWAY



Best Practice Pathway



Developing the aspirational pathway

- Clinical buy in for nurse led Triage
Surgeons, Endoscopy ,Radiology team
- Experienced nurse Band7/8 utilising skills in virtual results clinic and telephoning pts with benign
- Getting IRMER training to request CTC/ Staging CT
- Developing a single booking hub for Diagnostics



Developing the aspirational pathway

- Look at funding and tariff for telephone clinic
- Process map the whole pathway
- Ensure both operational policy and clinical governance for each step of the pathway
- Get patient rep involvement in the working groups
- May need to deliver in chunks than a big bang
- Communication across teams/ into primary care so they know patient may go STT



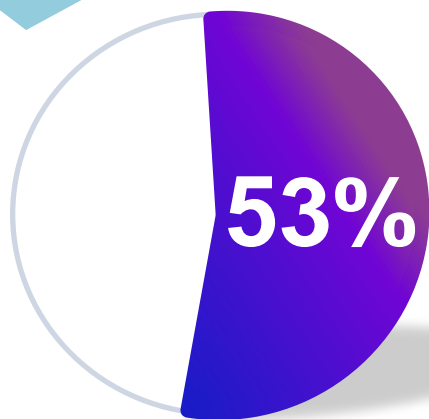
Developing the aspirational pathway

- Communication of results
- Getting this right will be key in delivering 28days metric

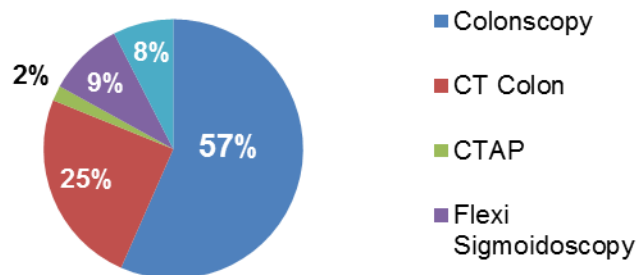


Referral distribution

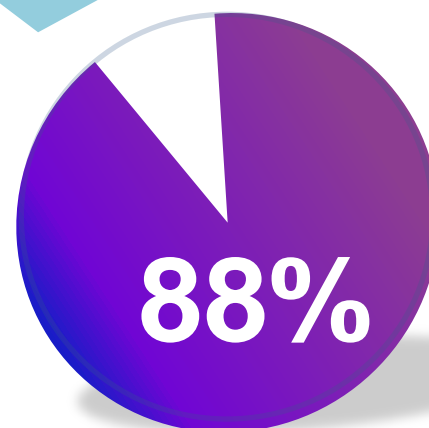
Out of 100 referred suspected LGI patients selected, 53% went straight to test



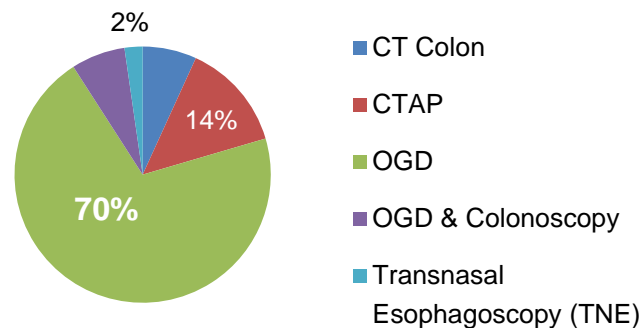
53% Broken Down by Test Type



Out of 50 referred suspected UGI patients selected, 88% went straight to test



88% Broken Down by Test Type



Summary

- We have learnt a lot just in delivering a daily consultant STT triage
- Use that learning to deliver phase 2 Nurse led Telephone Triage
- Look at the end to end clinical pathway to capture efficiency when communicating results

