Leeds Cancer Programme

Transforming cancer care together

Leeds ACE (Accelerate, Co-ordinate, Evaluate) Multi-Disciplinary Collaborative (MDC) Pathway

For patients with vague but concerning symptoms January 2017 - January 2020

What we did:

In 2015 Leeds successfully bid to NHS-England, CR-UK and Macmillan to become one of the six ACE pilot sites across England. The ACE pilot pathway went live in January 2017 and was rolled out to GP practices across Leeds and available to take referrals from the Acute Medicine Department at St James's University Hospital. The team soon recognised the potential to utilise the ACE methodology in order to reduce multiple diagnostic tests, explore potential cost savings and further improve patient experience by ensuring a focus on the right test first time.

This vision translated into a successful bid to the West Yorkshire and Harrogate Cancer Alliance for Cancer Transformation Fund funding in 17/18 and 18/19. This additional funding enabled the team to ensure all GPs in Leeds were aware of this new referral pathway and explore the potential benefits of applying the ACE methodology to other cancer pathways.

The success and potential for further evolution of ACE methodology was recognised and supported by the NHS in Leeds and the ACE service is now embedded into 'business as usual'.

Why we did it

A national drive to reduce conversion rates for cancer diagnosis has resulted in rising referral rates and demand for improved diagnostic services. Patients presenting with a range of non-specific but concerning symptoms for cancer are often referred on cancer pathways that are not designed to cope with the complexity of the presenting symptoms which can result in delayed diagnosis. The Leeds ACE project aims to promote earlier diagnosis, ensure rapid access to the right test first time, efficient use of resources, enhanced patient experience and outcomes by getting the quickest, most accurate diagnosis.

How we did it

The primary aim of the ACE MDC is to 'Improve patient experience and outcomes by getting the quickest, most accurate diagnosis for people with non-specific but concerning symptoms'. This was achieved by:

- The **systematic triage** of patients achieved through **initial battery of blood tests and chest x-ray** performed in primary care
- An upfront **comprehensive Clinical Nurses Specialist (CNS) assessment** providing detailed clinical profile to inform decision making and onward investigation requests
- **MDC meetings (3x week)**, consisting of general medicine, acute medicine, elderly medicine, gastroenterology, haematology, oncology, clinical nurse specialist and MDC co-ordinator
- **Patient centred approach** avoiding unnecessary invasive tests
- **CNS providing support** and reassurance to patients at point of referral
- Ensuring **optimum use of existing facilities, estates, resources, workforce**
- Comprehensive **data collection embedded along the pathway** to ensure robust evaluation

What was the result?

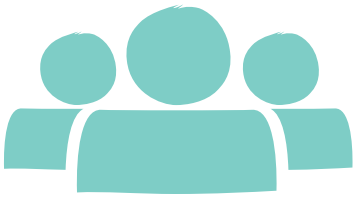
Referral and Outcome Data (31/01/2017 – 08/01/2020)

Pathway Stage to Diagnosis	Total
Total number of referrals	2106
GP referrals received	1973
Acute medicine referrals received	133 *
Referred into ACE MDC and diagnosed with cancer	132
Referred into ACE MDC and non-cancer diagnosis	1603
Significant non-cancer diagnoses including HIV, coeliac/ dementia/ depression	~577
Cancer conversion	6.3%

• Diagnostic Resource Utilisation

Historically patients referred onto the ACE pathway may have been referred onto the Upper Gaestrointestial and Lower Gastrointestinal straight to test pathways due to the overlap of symptoms. The ACE Pathway continues to demonstrate a reduction in endoscopy and computerised tomography (CAT) tests compared to these pathways. Only 30% patients will have a CAT and 11% endoscopy.

• Roll out of ACE CNS assessment methodology to other appropriate Cancer Pathways



Since July 2019 there has been significant progress working to roll-out the ACE CNS assessment onto the Upper and Lower GI cancer pathways.

This has the opportunity to lower the demand on diagnostic services (endoscopy) by only testing those who need testing, stopping unnecessary invasive testing and eliminate associated risk as well as improving patient experience.

• Patient Experience

A local patient experience survey was conducted throughout summer 2019 for feedback in relation to the CNS assessment and route to diagnosis aspect of the ACE pathway. 55 responses were received in total and some brief highlights are included below.

The feedback regarding the CNS assessment was positive with 96% of respondents having confidence in their CNS appointments, 98% saying the next steps were clearly explained and 98% given contact details of a named CNS if they had any questions. Examples of feedback include:

"Absolutely fabulous. Nurse was so easy to speak to and ask questions made me feel at ease."

"The clinical nurse assessment was done very professionally and I was put straight at ease. The nurse answered any questions and was very caring."

"The nurse was excellent and explained things clearly and in detail. Excellent service. Thank you."

"I thought the whole process was very thorough. Explanation was given at all times, the reasoning for this process was good as to send the patient down the appropriate channels thus saving resources."

Summary and Key Benefits:

- Co-ordinated testing and rapid re-discussion
- Higher **cancer conversion** rate than two week-wait pathway
- Identifying **significant non-cancer diagnosis**
- Unique – providing **diagnosis and management plan for GPs where cancer is excluded**
- **Cost effective** – reduction in **diagnostic testing** compared to two week-wait pathways
- **Patient centred** – CNS support from point of referral and 'right test first time'
- **Positively evaluated** by patients and referrers across Leeds
- **Revolutionise diagnostics** across **primary and secondary care**