REFERRAL INFORMATION FOR GPs RAPID DIAGNOSIS CENTRE (RDC)

Primary care annual SEA reviews have consistently highlighted difficulties in GPs accessing appropriate and timely investigations for their patients, as well as delays along the whole of the patient pathway.

Patients with cancer often present late to their GP, or present with common non specific symptoms. Studies have shown that up to 50% of patients that are later diagnosed with a cancer DO NOT initially present with the traditional cancer red flags.

For those that do report red flag symptoms we have the USC referral pathways. For those with worrying symptoms GPs have to try and access a variety of investigations and opinions before the diagnosis is eventually made.

Funding has been secured from the Wales Cancer Network. This aims to provide direct access, in a timely fashion, for GPs in the ABMU HB Clusters to refer the patients they suspect may have a serious condition THAT COULD BE CANCER, but with no site specific red flags.

We acknowledge that the delays in most USC pathways are unacceptable but this pilot will not replace or address this. Shortcomings in the site specific USC pathways will have to be addressed, but by other means. The RDC is also not for patients you are concerned are too unwell to wait for the traditional USC waiting time. The RDC will be testing a solution to a specific problem – the lack of a clear diagnostic pathway for individuals where there is a suspicion of cancer but no specific symptoms to suggest a cancer type/tumour site. We accept that there will be a significant cohort of patients with symptoms requiring urgent investigation whose needs are not being met by current urgent referral pathways. If the RDC pathway is used as a method of expediting urgent investigations in all cases (regardless of suspicion of cancer) we will not be able to evaluate and properly test the model.

Whilst one aim of the project is to develop a pathway that GPs will refer into at first suspicion of a

serious condition, thereby reducing the watchful waiting that can cause delay in earlier diagnosis of cancer, GPs need to adhere to the specific referral criteria. We have tried to estimate demand but there is very little reliable data and all areas are different. We will be feeding back directly to the referring GP on the referrals made as part of the learning for the pilot. If the pilot is overwhelmed with referrals, we may have to reduce the pilot area.

We believe, if successful, the RDC will be a valuable resource for GPs in our area (and across Wales, if the lessons here and in the other Welsh pilot site in Cwm Taf HB are accepted and rolled out) and this culture of timely access for GPs to investigations of our professional choice, in collaboration with secondary care colleagues, will then pervade all areas of our health service.

Inclusion criteria:

- “Set A” investigations have been requested
- There is no other urgent referral pathway suitable for this clinical scenario
- GP Clinical Suspicion of a serious disease **that could be due to cancer** / GP “gut feeling”

- ≥18 years of age

- Unexplained laboratory test findings (eg. anaemia, thrombocytopenia, hypercalcaemia)
- Unexplained Weight Loss
- Severe unexplained fatigue
- Persistent nausea or appetite loss
- New atypical pain (eg. diffuse abdominal pain or bone pain).
- GP is within pilot area
- The patient is well enough to go through the process
- The patient understands the process and is able to attend the RDC, possibly for a whole day at a time at short notice.

Exclusion Criteria:

- Those patients already on a designated USC pathway
- Those patients who are suitable for a USC pathway
- Referral via secondary care including ED or GP outside pilot area.
- Patients <18 years of age
- Previous cancer diagnosis and symptoms most likely to be due to a recurrence. (If a known cancer is suspected – either primary or secondary/recurrence, the patient should be referred directly to the site specific USC)
- Seen in RDC within last 3 months with no new symptoms
- Patent too unwell to attend
- Patient obviously needs acute admission
- Patient unable/unwilling to attend at short notice/for a whole day A serious NON CANCER diagnosis is highly likely

Referrals should be made via WCCG only; this will then include the full past medical history and any repeat medications.

Please include detailed referral information including main reasons/symptoms for referral, WHO Performance score if possible and **FULL** examination findings (including PR/PV/Breast exam if appropriate) and document the findings of the urine dip test.

Please also include confirmation that the patient has been fully counselled as to the process, that the patient will have had the requested blood tests and CXR (all “Set A” investigations) within the next working day and that the **information leaflet/coordinator details** have been given to the patient. For the purposes of the pilot there is no requirement to wait for any results of “Set A” before referring.

Need to confirm prior to referral the best contact number for patient

RDC appointments will be made BY ***TELEPHONE ONLY***

For evaluation purposes, it would be very useful if the “best guess” of GP/possible cancer site(s) could also be noted within the referral. We will send a short evaluation email to the referring GP one week after your patient is seen at the RDC. It is essential you complete this in order to help prove the pilot’s success!

For those patients discharged back to their GP, with no onward referral elsewhere, we would expect their GP to review them one month later.