

Implementation of the Optimal Lung Cancer Pathway at Torbay Hospital

The Respiratory team at Torbay Hospital has been working to redesign the suspected lung cancer pathway to fully implement the national optimal lung cancer pathway (NOLCP) for patients in Torbay and South Devon. The NOLCP is designed to meet the Cancer Taskforce target of a definitive diagnosis by day 28 days from referral, but will also encourage earlier diagnosis with a robust and uniform assessment of patients. It is recommended that all patients should have direct access walk in chest X-rays (CXR), following which an urgent CT scan to be arranged directly by the Trust for those patients with suspicious findings. This is a pathway that has been delivered for some time at Torbay and South Devon NHS Foundation Trust and works well to reduce delays and negates the need for primary care to request further imaging.

The NOLCP recommends that secondary care providers have a selection system in place to ensure that only suspected cancer patients are seen in a cancer clinic, and non-suspicious findings are discharged back to primary care or referred on to another more appropriate clinic.

The Respiratory and Radiology team at Torbay has set up a clinical triage service to review all suspicious CT reports alongside the suspected cancer referral information provided by Primary care to ensure the most appropriate next steps are taken. In addition to this, the Respiratory team has a dedicated cancer clinic on a Wednesday afternoon for all suspected cancer and confirmed cancer patients to be seen with the support of the Lung cancer nurse specialists with the Consultants.

You will be aware that the Trust already requests urgent CT on behalf of the GP for suspicious CXR findings and the referring GP is contacted to inform the patient and book as suspected cancer outpatient appointment with Respiratory.

From Tuesday 29 May 2018, this process will change slightly. The surgery will still be contacted following suspicious CXR to inform you that a CT is being arranged, for the GP to contact the patient and send in a suspected cancer referral. You will not be able to book an outpatient appointment at that time. The referral will be directed through NHS e-Referral Service (e-RS), selecting:

- Priority: 2 Week Wait
- Clinic Type: 2WW Lung
- Service: 2WW Respiratory Medicine Clinical Assessment Service-TSDFT-South Devon-RA9

The hospital team will review the CT report along with the clinical information provided by the GP on the suspected lung cancer proforma and arrange either an urgent appointment as a suspected cancer referral, arrange a routine/non-suspected cancer outpatient appointment in the general respiratory clinic, redirect the referral to the appropriate secondary care team or discharge to primary care with advice and guidance. All outcomes will be notified to the referring GP and patient.

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References:

Clinical Advice to Cancer Alliances for the Commissioning of the whole Lung Cancer Pathway 2017
National Optimal Lung Cancer Pathway Implementation Guide 2017