Diagnosing the Future: Nurse-led Leadership in a Clinical Setting

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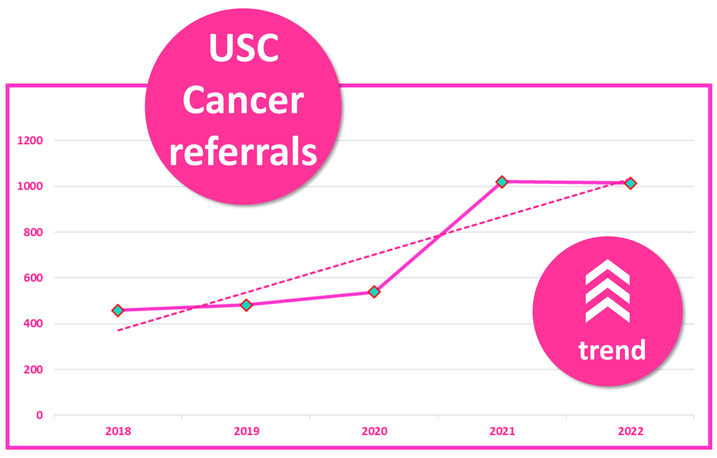
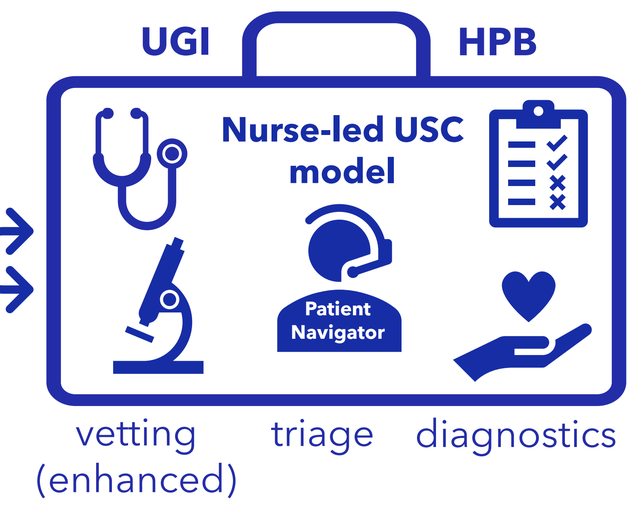


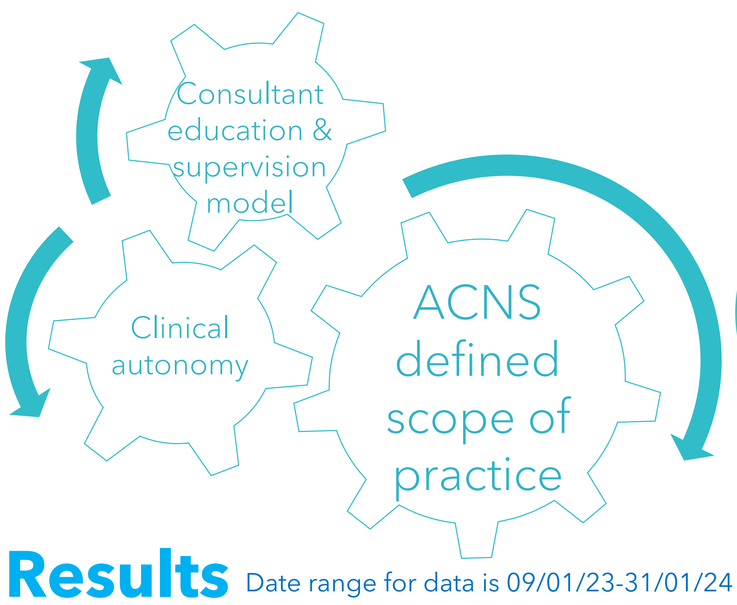
The Challenge

- Consultant-led urgent suspicion of cancer (USC) models are under significant pressure
- Vetting of referrals often done whilst on call or after a busy theatre session
- Patients not suitable for STT can require at least 2 hospital visits throughout the diagnostic process
- Develop a patient focussed pathway

Aim

- Expansion of Rapid Cancer Diagnostic Service (RCDS)
- Develop an Advanced Clinical Nurse Specialist (ACNS) led vetting, triage and diagnostic model for upper gastro-intestinal (UGI) & hepatobiliary pancreatic (HPB) USC referrals
- Patient focussed and single point of contact care
- Release consultant capacity to focus on more complex patients
- Alignment with national policy and NHS Fife local policies





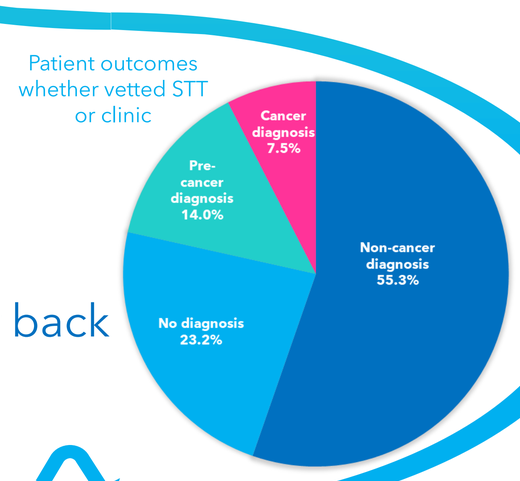
Method

- ACNS has complete autonomy and clinical decision making
- Escalation model developed for complex cases
- Patient Navigator coordinates diagnostic pathway with patient
- Collaborative working with primary care and secondary care colleagues
- Weekly dedicated learning and education support from consultant clinical lead

Results

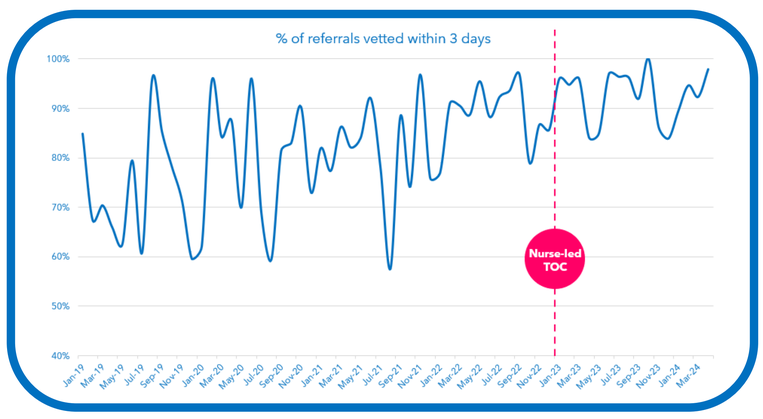
Date range for data is 09/01/23-31/01/24

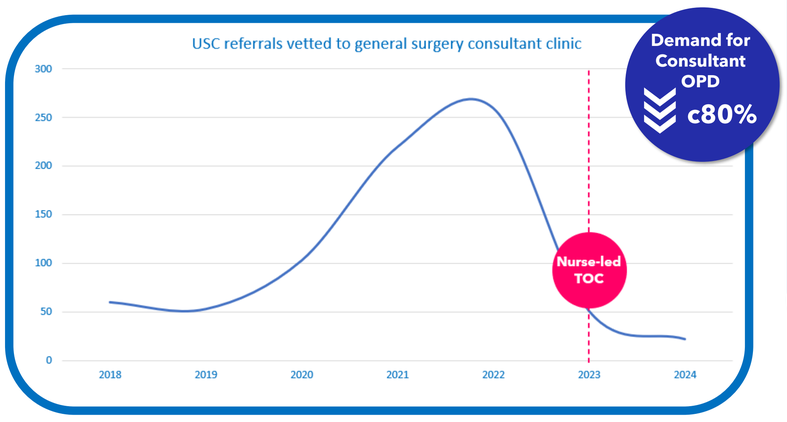
- 796 USC referrals diverted from consultant vetting
- 426 referrals vetted STT
- 18 patients required a consultant appointment
- 157 patients required nurse-led clinical assessment
- 195 referrals redirected to appropriate pathways or back to referrer if not meeting criteria



'…The team has been working so efficiently, allowing for a much quicker investigation and turnaround time for patients with Upper GI/HPB cancers. The significant reduction in time from referral to diagnosis is truly remarkable. …..I believe this new service is making a positive impact on patient care and wellbeing. Thank you for all your hard work and dedication to improving our healthcare services.'
(Consultant/HPB Clinical Lead

'I think it is a really good thing. It was helpful being able to contact someone when I ran into difficulty with my new cancer diagnosis. I think it should continue and keep going for sure. I felt well supported throughout.'
(Patient B, Cancer)



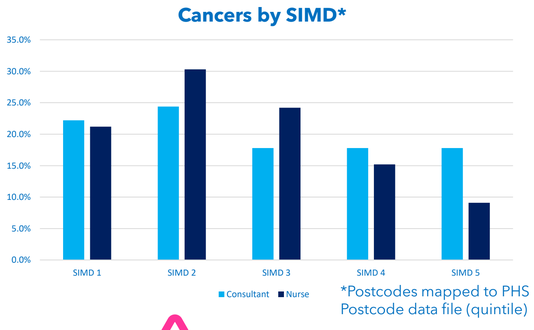


Value & Sustainability of nurse-led model

Virtual clinic model

OPD DNA rate 0%

Compared to consultant-led model 4.9%



Radiology report significant benefit

Impact

- 796 referrals diverted from General Surgery consultants - c£50k saving
- 41 cancers diagnosed
- Cost-neutral using existing RCDS capacity
- DNA rate for nurse-led radiology requesting 0.0%

Learning

- Value and sustainability of model reinforced by Radiology
- Patient Navigator key to well-informed, supported patients and reduced DNA rate across clinic and radiology
- Scalability/transferability of model into other services

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