Rapid Cancer Diagnostic Service (RCDS) Patient Handover

Standard Operating Procedure

Version Control History

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2. Introduction

Around 60% of cancers are diagnosed through the urgent suspicion of cancer (USC) pathway in Scotland, leaving around 40% which are detected through alternative routes (for example, routine or urgent referrals from primary care). The introduction of RCDS in Scotland aims to provide equity of access for all patients with symptoms suspicious of cancer, shorten the diagnostic pathway and support earlier detection.

Currently, patients that do not meet the Scottish Referral Guidelines for Suspected Cancer criteria, or who present with non-specific but concerning symptoms, can cause the GP concern, especially if the GP's 'gut instinct' is of a malignancy. In this instance, primary care would have to coordinate a number of tests while retaining full clinical responsibility for the patient or choose a single specialty to refer to which may not be most appropriate. This process can result in delayed diagnosis, onward referrals to multiple specialties and unnecessary or inconclusive examinations being performed with resulting poorer patient experience and outcomes.

Formation of the RCDS should allow person-centred fast-track diagnostic pathways. It is aimed to provide primary care with an alternative route to refer patients with non-specific symptoms, such as weight loss, fatigue and nausea that are suspicious of cancer. This new referral route should help ensure patients without cancer are provided with reassurance earlier and, if a non-cancer diagnosis is made, the care or treatment they require earlier also.

NHS Borders RCDS went live in April 2023. With patients moving through the RCDS pathway quickly there is a need to establish clear onward referral processes to Clinical Nurse Specialists (CNS) and Single Point of Contact (SPOC).

3. Intent

The purpose of this document is to provide clear guidance for staff on the roles and responsibilities for patient support between RCDS, CNS Teams and SPOC.

4. Procedure

RCDS should use their established guidance up to point of moving patient from RCDS to a standard Cancer Pathway.

In addition to this the following should be actioned:

Referral to SPOC

It is accepted there is a time lag between RCDS referral to MDT and patients being picked up by those clinical teams. This is where SPOC can provide support. See appendix 1 for standard SPOC pathway. For equity RCDS patients will follow this pathway. Therefore, once the patient has been told there is a high suspicion of cancer, by the RCDS team, the RCDS CNS should give the patient a SPOC leaflet and explain the SPOC service. The RCDS CNS should remain available to patient for any clinical support until patient fully integrated into new pathway. The SPOC team will be available to answer or facilitate all other areas of support.

Referral to CNS

When a patient has been told of high suspicion of cancer a handover should also be made to the relevant CNS, or CISS if no local CNS.

- RCDS identify suspected cancer
- RCDS refer to tumour/cancer group MDT
- RCDS email CNS (copy in SPOC) with patient CHI and initials with copy of MDT referral details and any softer side/patient advocacy details that could be helpful to CNS e.g. family needing support, patient particularly anxious etc. – RCDS CNS to follow this up with a verbal discussion at any time should CNS require

5. Roles and Responsibilities

RCDS CNS

- Gives patient SPOC leaflet and explains SPOC service
- Emails patient handover to CNS or CISS if no local CNS
- Continues to support patient clinically until picked up by new team, usually following MDT

SPOC Team

- Support patient until MDT diagnosis and throughout cancer journey as per standard SPOC pathway

CNS

- Support patient as per standard cancer type pathway, usually following MDT diagnosis

Appendix 1.

SPOC Pathway

The basics of the SPOC pathway are (proactive interactions):

1. Referred but not diagnosed

The Cancer Care Co-ordinators (CCC) work with the Cancer Tracking Systems and all urgent suspicion of cancer (USC) referrals, once vetted, get sent an information leaflet, detailing the service and what support is available.

2. Positive Cancer Diagnosis

The CCC review MDT/MDM outcomes and telephone each patient who has been given a cancer

diagnosis to offer support, identify themselves as a place where the patient can contact and explore options for completing a Holistic Needs Assessment (HNA) to identify any other underlying concerns the patient may have. Timing for this has been explored with Clinical Staff from each Cancer Group to ensure they fall within the existing pathway and that each patient should know their cancer diagnosis from a clinical team prior to CCCs telephone call.

In addition to this the SPOC team accept enquiries from patients from any cancer groups (reactive interactions). A triage system for CCCs was developed so it is clear which types of calls they fully answer and which calls get escalated for further medical resolutions. This allows everyone to fully understand their roles and responsibilities while ensure equity of care to all patients using the service.uuuuuuuuuuuuuuuuuuuuuuuuuuuujjj