RAPID CANCER DIAGNOSTIC SERVICE (RCDS)		
NHS Fife	Document	RCDS 1
	Edition no	0.11
	Issue date	07/06/2021
	Review	04/09/2024

Document Version Control for use in RCDS project	
Reference Number	RCDS 1.0
Replaces	New SOP
Version Number	0.4
Area of Service	Cancer Services
Author	Katie Wilkin (Team Lead ACNS)
Named Reviewer	RCDS Team
Approver	Chris McKenna (Medical Director)
Effective Date	07/06/2021
Review Date:	17/09/2024

This SOP must be read in conjunction with:

Document No	Title
	RCDS Process Map
	Radiology Process Map

RAPID CANCER DIAGNOSTIC SERVICE (RCDS)		
NHS Fife	Document No	RCDS 1
	Edition no	0.11
	Issue date	07/06/2021
	Review date	17/09/2024

RAPID CANCER DIAGNOSTIC SERVICE (RCDS) PATHWAY		
NHS Fife	Document	RCDS 1
	Version no	0.4
	Issue date	07/06/2021
	Updated	17/09/2024

CONTENTS

1.0 Introduction

Currently in NHS Fife 50% of the symptomatic cancers are referred through the USC pathway. The remainder present from routine referrals or opportunistically. These patients often have a prolonged history and present with more advanced disease.

Many of the existing criteria for USC referrals, such as weight loss or abdominal pain, crossover and would be more suitable for a non-specific referral pathway that looks beyond a single site investigation.

The Rapid Cancer Diagnostic Service (RCDS) is based on both the Danish and Welsh models modified for local use in NHS Fife. In addition, we will develop benign pathways to aid the management of patients who have significant benign disease as well as the management of symptoms (through self-directed management) in the remaining patients.

These patients are complex and often have had their symptoms and deteriorating health for some time before presenting. Although malignant disease may be present in 8-12%, we need to be cognisant of the ongoing health needs of these patients, such as anxiety and vulnerability.

This will require a holistic and multidisciplinary approach if we are to realise the whole systems benefits that the project can deliver.

The RCDS will be open Monday to Friday, 8.00 am-4.30pm.

2.0 Process

Day 1 – 5

2.1 Referral

Patient attends primary care (GP, ANP or Dentist) with non-specific, worrying symptoms which do not meet the Scottish Referral Guidelines. The GP is concerned there is an underlying malignancy.

The primary care practitioner will review the RCDS pathway referral criteria as seen below (also available on FROG to ensure the criteria:

- There is no other urgent site specific referral pathway suitable for this clinical scenario
- GP and or ANP clinical suspicion of a serious disease that could be due to cancer / GP “gut feeling”
- ≥18 years of age (cancer is very rare under the age of 40 years)
- Unexplained laboratory test findings (e.g. anaemia, thrombocytopenia, hypercalcaemia)
- Isolated unexplained weight loss of >10% or 5% weight loss with other symptoms
- Severe unexplained fatigue
- Persistent nausea or appetite loss
- New atypical pain (e.g. diffuse abdominal pain or bone pain).
- The patient is well enough to go through the process
- The patient understands the process and is able to attend the RCDS possibly at short notice.
- Referral to Rapid Cancer Diagnostic Service using SCIGateway cancer protocol
- Patient should be provided with this leaflet prior to referral made to service
- The GP will inform the patient they are suspecting a possiblity of cancer and as they meet the non-specific criteria, they will be referred on to the RCDS pathway.

The GP should make an electronic referral using the SCI Gateway protocol for urgent suspected cancer referrals, selecting the non-specific Cancer Symptom Referral (NSCS-R)/ Rapid Cancer Diagnostic Service Specialty. This will place the patient on the RCDS pathway.

The GP should only refer the patient to RCDS if they are fit enough to undergo investigations.

Who not to refer:

- Those patients already on a designated USC pathway

- Those patients who are suitable for another USC pathway
- Referral via all secondary care clinicians including urgent care and GP outside pilot area.
- Patient< 18 years of age.
- Previous cancer diagnosis and symptoms likely due to 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 RCDS within last 3 months with no new symptoms
- Patient too unwell to attend
- Patient requires acute admission to hospital
- Patient unable/unwilling to attend at short notice/for a whole day
- A serious NON-CANCER diagnosis is highly likely (chronic / functional abdominal pain)

The RCDS blood bundle will be ordered by the GP.
RCDS Bundle: (Cyberlabs)

- FBC
- U&E
- LFTs
- Calcium
- Ferritin
- Transferrin
- Coeliac (TTG) antibodies
- TFT
- Glucose and HbA1c
- PSA (men) - added automatically by the Labs when RCDS profile is selected
- CA125 (women) - added automatically by the Labs when RCDS profile is selected

GPs may be asked to support further investigations such as the supply of qFIT kits or additional bloods dependent on patient location.

Haematology agreed measures have been initiated for patients with lymphadenopathy and red flag symptoms such as weight loss. Given that pathology is required for a diagnosis of possible lymphoproliferative disorder or other intra-abdominal malignancy, these patients can now be referred through the RCDS for assessment, and consideration of cross sectional imaging as well as pathology diagnosis through biopsy; if they fit this criteria.

2.2 Receipt of Referral into Secondary Care

The RCDS referral will go into SCI Gateway and be added to TRAK by Health Records or RCDS Patient Navigator (PN), ready for vetting.

The referral will be vetted by an RCDS A(CNS). The PN will check RCDS blood bundle and relevant background information e.g. multiple referrals, known to other services, highlight any relevant social information meeting the criteria for the RCDS.

Referrals will be vetted within 48-72 hours of receipt of referral.

The PN calls patient to welcome on to pathway and outline details of journey. The PN books (A)CNS first call with patient.

The A(CNS) will call the patient and carry out the initial assessment and baseline screening (i.e., frailty, functionality). Decision to accept on to pathway is made after this assessment.

Radiology will allocate the following:

- 1 CT slot per day across two sites (i.e., VHK, QMH)
- Monday to Sunday
- Time: RCDS dedicated 1.15pm slot Monday to Friday or Saturday list anytime
- Appropriate cancellation slots if applicable

For CT Chest, Abdomen, Pelvis requests the vetting A(CNS) will indicate “RCDS” in the free text area. Requests to be requested as urgency 7 (rapid access) as agreed with radiology.

Once the referral has been vetted, it will be added to the RCDS Waiting List in TRAK with booking instructions.

The RCDS A(CNS) will contact the patient to discuss the following information:

- Main concerns.
- Symptoms.
- Functionality.
- Baseline information.
- Screening tools.
- Social history/past medical history
- Inform patient if accepted on to pathway (for CT scan) and request CT scan.
- The CNS will dictate a letter of their assessment to the patients GP to inform them of their diagnostic plan. The RCDS secretary will type this dictated letter, print and send via mail to the GP.

Radiology Admin will:

- Organise vetting and identify an appointment.
- Feedback appointment date/time and relevant information to RCDS PN.

The PN will:

- Contact Radiology via email to advise an RCDS fast track referral is awaiting vetting.
- Follow any vetting/booking instructions.
- Confirm transport and make arrangements if required.
- Ensure all relevant tests are booked. Where not booked, these will be arranged by the PN.

The PN will contact the patient by telephone to discuss the following information:

- Date and time of CT appointment.
- Advise of further appointments or next contact.
- Send CT appointment communication which is tailored to the patient preference (i.e., letter, email, phone, text), including the Questions that Matter and CT information leaflets.
- Contact details and orientation to the RCDS website.

2.3 Days 6 - 17

The PN will run both reports: TK265B Recall List and TK281 previous day activity. The PN will highlight results or follow up for discussion to the RCDS A(CNS). Additionally, the TK378 RCDS patients with no outcome report is run weekly on a Monday for the week before. This ensures Trak care outcomes are reviewed and inputted accurately in a timely manner. Any additional appointments patients may require for further investigations to exclude cancer, are placed on the return outpatient waiting list from these reports for CNS follow up.

Health records communicate with the team if they identify any Trak care governance processes which need to be reviewed for the service. This includes reports received around arrived and/or arrived not seen patient statuses for appointments.

For results or follow up the RCDS A(CNS) will confirm mode of appointment before the PN would organise this. The A(CNS) may request face to face or near me video follow up for complex or cancer results. Where no cancer and normal results, the A(CNS) will telephone the patient directly on receipt of the report for the scan.

The PN will:

- Contact patient and book results appointment as per the A(CNS) instructions.

The following documentation can be completed by the PN if a cancer or benign condition is diagnosed, at the request of the A(CNS). The PN may also be asked for send information to the patient's home address on occasion:

- Improving Cancer Journey (ICJ) Referral form
- Dietician referral
- Smoking cessation form
- The Well referral
- Sending of other resources to support symptom management (e.g., weight gain, diverticular disease)

Patient attends RCDS results appointment either face-to-face, Near Me or by telephone review within 72 hours post-CT scan. The review will be carried out by the (A)CNS, and addresses the following principles:

- Realistic medicines will be adhered to and informed discussion around realistic expectations.
- Effective communication to explore desired outcomes.
- Shared decision-making in care and management planning.
- Advise results/diagnosis and/or next steps.
- If face-to-face, a physical examination will be carried out, as appropriate.

There is a weekly clinical team meeting where there is a review of RCDS patients, carried out between the consultant, A(CNS) and RCDS team to discuss complex benign or cancer diagnosis. The PN coordinates the clinical team meeting/MDT, and following patient discussions, uploads the relevant documentation to the clinical portal. The CNS phones all patients discussed to relay MDT outcomes, actioning further tests as recommended by the clinical lead.

As well, follow on tests such as additional bloods are coordinated by the PN at the request of the A(CNS). Once the bloods have been requested through Trakcare, the PN will book the patient into one of the available phlebotomy clinics for their next test.

On occasion, the A(CNS) may have to admit a patient after their imaging. If this is the case, the A(CNS) will discuss the patient with either the medical or surgical registrar, as well as notify the GP practice of this requirement. The A(CNS) provides a summary of care via letter of email to the receiving team if admission occurs.

Incidental findings that can managed in ECAS are also organised by the A(CNS). ECAS however, is only available to ambulatory patients. If ECAS is required the A(CNS) will discuss this with the ECAS consultant.

2.4 Clinic Availability for the RCDS

Telephone and video call clinics are available Monday to Friday between the hours of 9.00 to 4.00pm.
Face to face clinic availability as follows:

Victoria Hospital, Kirkcaldy
- Wednesday morning
- Thursday afternoon

Queen Margaret Hospital, Dunfermline
- Monday afternoon
- Friday all day

St Andrews Hospital, St Andrews
- Every 2nd week on a Thursday

2.5 Days 18 – 21

An escalation pathway has been agreed for RCDS A(CNS) to seek advice when required for all patients.

If Suspicion of Cancer

The patient will be referred to the appropriate specialty by the A(CNS) for ongoing management. This will be done by direct referral to Trak vetting list (to be uploaded by the RCDS Support Secretary). The RCDS support secretary types the dictated letter within a couple of days, and notifies the CNS once this is ready for verification. Once verified the Secretary uploads the referral letter creating a new entry on the referred to speciality patient waiting list, where this is vetted by a specialist consultant.

Further investigations will be requested by the A(CNS), dependent on findings e.g. endoscopy, MRI, biopsy.

If Non-Cancer Related Diagnosis

The RCDS A(CNS) will refer the patient to the appropriate specialty as per agreed onward referral pathways – *See below.* Referral letter uploaded by RCDS Secretary direct to relevant Trak vetting list. The RCDS support secretary types the dictated letter within a couple of days, and notifies the CNS once this is ready for verification. Once verified the Secretary uploads the referral letter creating a new entry on the referred to speciality patient waiting list, where this is vetted by a specialist consultant.

Further investigations will be requested by the A(CNS), e.g. endoscopy, MRI

Surveillance radiology

If there is a requirement for surveillance imaging, as concern or suspicions of cancer remain, the RCDS will organise the initial interval scan for the patient and the bloods for follow up imaging if required. The PN updates the pathway status complete column within the RCDS minimum dataset to reflect this surveillance requirement. Some of the following surveillance reasons are:

- Lung nodules
- Enlarged nodes
- IPMN or other pancreas cysts

If No Diagnosis

The A(CNS) will discharge the patient back to the GP with relevant advice via letter.
Eligible patients may be offered a Lifestyle Medicine session (see point 6). Patients who do not opt to explore lifestyle medicine can be offered supportive resources to self-manage symptoms themselves.

2.6 Onward Referrals

An agreed onward referral process is in place with multiple Specialties as below. Where the referral process is not known, the RCDS team must contact the relevant Service to obtain this. Onward referrals to other Specialties must not be uploaded to Trak if this process has not been previously agreed with them.

Cancer referrals

Service	Process for Referring	Internal/External MDT
General Surgery – Colorectal	MDT referral if cancer found on CT scan to Fife.colorectalcancerMDT@nhs.scot Cc Colorectal Tracker (A)CNS requests colonoscopy, requests colorectal surgeon review Cc Colorectal CNS	Internal. RCDS CNS completes referral.
General Surgery – HPB	MDT form completed and sent to loth.riehpbmdt@nhslothian.scot.nhs.uk Cc HPB PN and HPB CNS	External. RCDS CNS completes referral.

Service	Process for Referring	Internal/External MDT
General Surgery – UGI	Refer for OGD Email/inform UGI PN and UGI CNS so they are aware to track They will list for UGI MDT once pathology returns Email UGI, Cancer Tracker	External - UGI Consultant completes referral.
Neurology	Dictate referral letter and upload to Trakcare. Complete MDT to ECNO Cc CUP CNS.	External – ECNO MDM. RCDS CNS completes.
Haematology	Confirmed myeloma: dictate referral letter and upload to Trakcare. Post-pathology lymphoma: Dictate referral letter and upload to Trakcare. **Abnormal immunophenotyping: follow the advice of on-call Haematology Reg or Consultant**: Dictate referral letter and upload to Trakcare.	Internal – Haematology Consultant would complete referral.
Gastroenterology	If cirrhosis, discuss with liver consultant. If agreed, email completed form HPB/HCC/Liver Lesion form. loth.riehpbmdt@nhslothian.scot.nhs.uk with named liver consultant. cc Patient Navigator HPB, HPB CNS. Cc fife.hpbreferrals@nhs.scot Cc UGI, Cancer Tracker	External. RCDS CNS completes referral.
Urology inc Renal	Complete Urology MDT form (leave out named Consultant) and email to all Urology CNSs. Cc Urology cancer tracker.	Internal. RCDS or Urology CNS to complete form.
Gynaecology	Complete Gynae MDT form and send to gynaecological.cancermdm@nhslothian.scot.nhs.uk Cc Gynae CNS Cc Gynae Secretary Cc Fife.gynaeoncenquiries@nhs.scot	External. RCDS CNS to complete form.
Endocrinology	Dictate a referral letter and upload to Trak for vetting as **USC priority locally.**	External. Endocrinologist completes form.

Benign pathology

Service	Process for Referring	Process for Requesting Advice
General Surgery (UGI, Colorectal, HPB)	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	RCDS MDT.
Gastroenterology	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	Telephone/email on-call Consultant or GI Nursing team (check on-call Surgical Monthly Rota).

Service	Process for Referring	Process for Requesting Advice
Urology	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	Telephone/email On-call Urology Reg (check on-call Surgical Monthly Rota).
Gynae	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	Email generic email address Fife.gynaeenquiries@nhs.scot
Rheumatology	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent. **For Urgent Assessment**: Phone ECAS ext 29773 (i.e., GCA).	Email to generic inbox Fife.frdu@nhs.scot
Medicine of the Elderly	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	Phone Switchboard and request Geriatrician of the day
Renal	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	Email urology secretaries who will forward to on call.
Cardiology	Dictate referral letter and send as PDF to Secretary. Paper copy does not need to be sent.	Dictate referral letter and send as PDF to cardiology Secretary.
Addictions	Dictate referral letter and upload to Trakcare. Priority marked as Urgent. Paper copy does not need to be sent.	Dictate referral letter and upload to Trakcare. Priority marked as Routine. Paper copy does not need to be sent.
Endocrinology	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	Phone Consultant Endocrinologist on-call.
Vascular	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	Email vascular generic inbox Fife.vascular@nhs.scot. They forward to on-call clinician who gives advice.
Neurology	Dictate referral letter and upload to Trakcare. Paper copy does not need to be sent.	Phone on-call Neurologist or Email generic inbox Fife.neurology@nhs.scot (cc in Consultant if patient discussed with a cons).
Respiratory	Dictate referral letter and upload to Trakcare. Priority marked as Urgent or routine. Paper copy does not need to be sent. Consider benign chronic infection clinic (discuss this prior with a consultant).	If urgent • Can be discussed with on-call Consultant
Haematology	Discuss with on-call Reg initially or email haematology secretary who will pass to on call. Dictate referral letter and upload to Trakcare. Priority marked as Urgent or Routine.	Discuss with on-call Reg or Consultant. Email haematology secretary to forward to on call.

Service	Process for Referring	Process for Requesting Advice
ENT	Dictate referral letter and upload to Trakcare. Priority marked as Urgent or Routine.	Email ENT secretaries who will forward to on-call to ask for advice.

3. Reporting Requirements

A data collection tool has been agreed nationally by Scottish Government and Public Health Scotland.

An update on Summary of Service Information will be forwarded to Scottish Government RCDS by a member of the RCDS team.

PHS issue a submission timetable for data submissions with a 6 month lag time e.g. Jan/Feb 2024 submitted Sept 2024. March 2024 data for submission in October 2024.

The data collection tool has an inbuilt function to automatically calculate the Summary Data Approval which requires sign off by Director of Acute Services.

- RCDS checks and cleans the data for the relevant month to be submitted.
- A dedicated RCDS staff member downloads the data for the relevant month on the shared drive T:/Rapid cancer Diagnostic Service (RCDS)/Pilot Phase/PHS Submission/2024.
- Save the file in the following format (e.g. 2024 Jan PHS summary data)
- Within this file, delete referral data not relevant to that submission date i.e., ensure only Jan 24 data remains in the spreadsheet in the Summary Data Approval tab, select the whole sheet and copy and paste the summary data as values (this removes the formulas which are linked to the main data collection spreadsheet). Right click the tab and create a copy of the summary data tab and move to a new book.
- Save the new file as date (e.g. 2024 Jan PHS summary data)
- remove all tabs so only the summary tab remains
- remove any local us columns and any local use tabs within the main 2024 PHS data submission file
- Two excel documents titled PHS Summary Data and PHS Data Submission (data submission is the spreadsheet for that month) will now show in the relevant folder.
- The file names includes month and year of submission e.g. Jan 2024.
- Sense and quality check and sign off for both files (summary data and data submission) is completed with Lead ACNS.
- Once Lead ACNS has signed off Summary data, this can now be emailed to the Director of Acute Services at least 48hrs prior to the submission date for service level authorisation in line with governance procedures and cancer waiting times. This email includes the lead/line manager ACNS RCDS. Data cannot be submitted to PHS without prior approval.
- Once approval has been received from the Director of Acute Services NHS Fife, an RCDS the staff member with a current SWIFT login (obtained from PHS.RCDSDataset@phs.scot) uploads file and data entry (as per PowerPoint guidance available via this hyperlink: Guidance for sending data submission file to PHS.pptx)
- Once completed, this automates an email from SWIFT to the SWIFT account user, confirming submission. A copy of the SWIFT submission is retained and filed in T:/Rapid cancer Diagnostic Service (RCDS)/Pilot Phase/PHS Submission/2024 for the pertaining month.
- Following submission, once the uploaded data is reviewed by PHS, they either confirm no data queries, or contact the SWIFT account user with clarifications and amendment requirements. The SWIFT user is given 3 days to amend and re-submit a version 2 file, if this is required.
- In the absence of the SWIFT user for RCDS, agreements, and crossover of responsibility for submission are in place for cancer waiting times to support and submit this data on behalf of the RCDS service.
- If for any reason, cancer waiting times are unable to do this, an email to PHS to advise it will be late or early submission as per normal cancer reporting processes.
- Any amendment requests from PHS are updated timely for re-submission.

- Data with amendments from previous submissions are included in the data entry re-submission tab for the next month upload. No previous data submission is amended on the main data file. Input on re-submission tab only.

4. Data Collection

Data items for patients referred to the RCDS will be collected in an Excel spreadsheet which will be located on the RCDS T:\drive or Teams

The following are responsible for:

- RCDS operational team: data input
- Project Support Officer: reporting on Summary of Service Information to Scottish Government during the pilot phase.

5. Systems

Trak use, and outcomes
Trak use and outcomes are required for all clinic appointments and patient contact.
See appendices 1 & 2 for the list of all Trak outcomes used within the service per role, reason for appointment and stage in pathway and the reports generated from Trak used within the service.

Clinical Portal
The health and social care clinical portal is used daily within the RCDS. This site details all information of patient care, secondary care attendances, bloods, microbiology results and more. The Team use this system to review patient referrals, imaging, bloodwork, patient medical and social history as well as review external input for care received outwith NHS Fife, in Lothian and more.

Winscribe/Win Pro
Winscribe generates our RCDS service communications through dictations. This will include several types of letters (e.g., administrative, referral, clinic and miscellaneous). The RCDS support secretary will type up the required letter, and once this has been typed, it is uploaded to the Winscribe for verification to appropriate author. Following author verification, the support secretary will print and send the letters out to the person as detailed within the letter (i.e., patient, GP, secondary care); uploading referral letters to Trak as per onward referral processes for the service.

Additionally, the PNs optimise SCI Store to upload clinical team meeting discussions. A proforma of the discussion, is uploaded to SCI Store, so that primary care colleagues have access to view the outcome.
All verified letters are available via the health and social care clinical portal.

Sci-Store
Sci-Store is used less frequently within the RCDS, although it's primarily used as a backup secondary resource for medical information, blood, microbiology results and imaging. As well, Lothian or Dundee patient attendances can be viewed using Sci-Store.

ICRIS – Radiology management
ICRIS is the radiology management site which we use daily within the RCDS. While communication and correspondence occurs with radiology administrative staff, the RCDS purpose for using this site is again for confirming and cross checking patient radiology appointments. Additionally, if an imaging request is rejected, this rejection notification is sent to the consultant in charge, and therefore, the team would not receive this. The site acts as a tool to review, and ensure no issues with radiology requesting from the RCDS team.

PECOS

The RCDS use PECOS to order any resources required for day to day office working. This includes resources such as stationery, purchase orders for university modules, essential equipment (e.g., desk), workplace facilities (e.g., fridge) and more. Each staff member has a PECOS account, however, this responsibility for ordering or purchasing belongs to the RCDS support secretary. Any purchase made, once delivered is receipted on PECOS by the support secretary. Then delivery notes are recorded and can be destroyed.

6. Service Sustainability

Overview of roles within RCDS
An overview of Job plans for all roles within the RCDS service, can be found in appendix 3.

Training
A robust training programme has been developed for all RCDS new staff to ensure they develop the appropriate competencies and skills for their roles.

6.1 Generic Training for all Staff

Self-directed reading/orientation – Policy and Procedure awareness

- Corporate induction, if applicable
- General policies and procedures
- HR policies and procedures
- Absence reporting and sickness
- Protecting patient confidentiality
- Code of Conduct – Role Specific - HCSW/CNS

Mandatory/Core organisational training

- Turas modules and face to face training to be completed as per organisational requirements, these are specified at staff induction and need to be kept up to date.
- Training figures are reported to fife.pcdprdata@nhs.scot automatically on a monthly basis, when the RCDS support secretary inputs the updated training – (T:Drive/surgicaldirectorate-training/rcds/rcds core training).

6.2 Specific Role Training/Induction

CNS Training

- CNS Induction
- IMER Radiology Training and Turas modules (per induction)
- Additional Radiology requesting development (see RCDS Radiology SOP)
- Training Videos (T:Drive/RCDS/Service Manual/CNS info/Training)
- University training in line with Annex 21 – Postgraduate dip/masters Advanced Practice
- Developmental sessions (monthly sessions around learning, clinical skills maintenance)
- Value based reflective practice (with chaplaincy support)
- Good conversations Training
- Advanced communication skills (EC4H)
- Realistic Medicine

PN Training:

- PN Induction
- Training videos (T:Drive/RCDS/Service Manual/PN info/Training)
- Advanced communication skills (EC4H)
- Good conversations training
- David O'Halloran Cancer Videos
- Understanding Health Literacy
- Realistic Medicine
- Improving Cancer Journey and Maggie's Centre Shadowing

Support Secretary Training:

- Support Secretary Induction programme RCDS

- Excel training
- Typing training
- Skin health surveillance training

7. General Surgery Upper GI/HPB USC Referrals

RCDS manages the USC pathway for UPI/HPB referrals. Please refer to the SOP for RCDS GI and the RCDS GI Report for further information.

8. Test of Change – Prescribing Lifestyle Medicine

A test of change has been agreed to test Prescribing Lifestyle Medicine clinics. Eligible patients are those who have completed the RCDS pathway and who have had had cancer or significant benign pathology excluded but who remain symptomatic. Please refer to the SOP and report for Lifestyle Medicine for further information.

9. Volunteer service – care opinion

The RCDS are supported by patient experience within the NHS, in order to collect and gain feedback of patient care experiences for auditing and service improvement. Please refer to the Volunteer SOP for further information.

Appendices

Appendix 1 - Trak clinic outcomes

1.1 Patient Navigator Trak outcomes

Appointment type	Reason for appointment	Clinical Pathway outcome	Patient outcome	Point in pathway used	Guidance
PN 1st call	Intro/ coordinate CNS call	NA	Re-booked / consented to feedback	Awaiting assessment	This outcome is used to record the appropriate timescale for patient to be recalled back in to the service.
Review PN adhoc call	FLI details	Return OP waiting list	Review apt – 1 week	Awaiting FLI	This outcome is used to record the appropriate timescale for patient to be recalled back in to the service.
Review PN adhoc call	Scheduling results/follow up	Return to OP waiting list	Re-booked	Awaiting FLI results	The outcome is used to record the appropriate re-booking of follow on appointment with the service.
Review PN adhoc call	Adhoc patient support	NA	No action required	Any	This outcome confirms the PN support for patients during the pathway

1.2 Advanced Clinical Nurse specialist Trak outcomes

Appointment type	Clinical Pathway outcome	Patient outcome	Reason for appointment outcome	Guidance
New CNS 1st call	Refer for diagnostic test or procedure	NA	Assessment and diagnostic planning	This outcome confirms that FLI is required.
Review CNS results call	Discharged no treatment required	Discharged to GP	Discharge	This outcome confirms patient discharge.
Review CNS results call	Refer clinician, same cond, transfer care	Refer for specialist opinion	Onward referral – other speciality	This outcome confirms onward referral for site-specific investigations
Review CNS results call	Refer clinician, same condition, retain responsibility	Refer for specialist opinion	External onward referral to MDT	This outcome confirms further external MDT required.
Review CNS results call	Refer clinician, same cond, retain responsibility	Lifestyle medicine	Onward referral – Lifestyle medicine	This outcome confirms consent to lifestyle medicine
Review CNS results call	Refer clinician, same condition transfer care	Admitted to Inpatient area	Hospital admission required	This outcome confirms the CNS has organised hospital admission
Review CNS results call	Return OP waiting list	MDT referral	RCDS MDT	This outcome confirms MDT requirement.
Review CNS results call	Return OP waiting list	3-4 months	Surveillance, scan	This outcome is used to record the appropriate timescale for patient to be recalled back in to the service.
Review CNS results call	Return OP waiting list	Review apt 1-2 weeks	Further tests required	This outcome is used to record the appropriate timescale for patient to be recalled back in to the service.
Review CNS adhoc call	NA	No action required	CNS support	This action confirms ongoing CNS support and involvement.

Appendix 2 - Reporting Tools
(Available from: T:\Health Intelligence Shared Data\Secure\TrakCare\Waiting Times)

Report Number	Report Name	Occurrence	Guidance
TK265B	Recall list	Daily	This report is a list of all the patients who are waiting to be recalled back to the service for results appointments.
TK281	Previous Day activity	Daily	This report is a list of all the patients who have attended an appointment the previous day, and reviews the outcome of the appointment and the actioning on further appropriate investigations as required.
TK288	Patients admitted within 10 days of referral	Daily	This report is a list of patients admitted within 10 days from initial GP referral for investigations.
TK268	Deceased report	Monthly	This report is used to update the RCDS data collection tool with the date of death for any patients referred to RCDS.

Appendix 3 – Overview of roles/workloads within the RCDS

RCDS CNS WEEKLY TIMETABLE/JOB PLAN

	Morning (AM)	Afternoon (PM)
MONDAY	Vetting and Triage RCDS and GI Recall workloads Daily service activity. RCDS Service meeting (monthly)	Nurse led telephone clinic Nurse led clinic Face to face QMH. Review of outstanding tasks Data inputting
TUESDAY	Vetting and Triage RCDS and GI Recall workloads Nurse led telephone clinic Daily service activity.	Nurse led telephone clinic Admin
WEDNESDAY	Vetting and Triage RCDS and GI Nurse led clinic Face to face VHK Nurse led telephone clinic Daily service activity.	Recall workloads Nurse led telephone clinic
THURSDAY	RCDS MDT Vetting and Triage RCDS and GI Recall workloads Nurse led telephone clinic Daily service activity.	Post MDT outcomes patient calls RCDS Staff Meeting weekly Nurse led telephone clinic Nurse led clinic Face to face VHK CNS development (monthly)
FRIDAY	Vetting and Triage RCDS and GI Recall workloads Daily service activity. Nurse led clinic Face to face QMH.	Nurse led clinic Face to face QMH. Nurse led telephone clinic Managerial Admin

CNS Daily/Weekly/Monthly service and adhoc activity

- Check daily admissions, previous day activity, recall, recent CT results reporting, database surveillance.
- Chase path, lab, CT results, expedite requesting.

- Data collection, data cleansing
- Organise admissions, blood transfusions via ECAS, additional blood testing, endoscopies
- Referrals to local specialities for cancer or benign disease, urgent, USC, routine
- Additional referrals for radiology/other tests (e.g., MRI, ECHO).
- Liaising with Lothian networks – referrals to external MDTs.
- Referrals to allied HCPs (both internal and external), the well, ICJ, dieticians, fife council, palliative care
- Ongoing Service development.
- Professional development of PN & managerial role.
- Adhoc meetings for RCDS service
- Admin workloads, SSTS, Annual leave, workforce policies, PDPs, CNS staff support/development, letter verification, correspondence with primary or secondary care colleagues.
- RCDS Educational outreach/training internal and external
- Attendance to conferences supporting RCDS/RCDS GI
- Adhoc CNS support for cancer and benign or anxious patients

---

RCDS Patient Pathway Navigator Job Plan
Daily duties
(Some of these tasks are once a day and others twice. This will depend on other responsibilities and discussion with CNS). There are videos for all PN tasks in the PN section of the RCDS manual on the shared drive. If a video is missing, please either make this or speak with a member of staff.

1. Make sure CTS results are back (portal). Use the recall list to identify these or keep your own note of the scans expected the following day
    i. Post the completed CT scans to the RCDS Teams chat
    ii. Where a CTS is not back, phone the Reporting Secretary in Radiology to expedite this (28316). If you cannot contact the RS, email Richard Scharff in Radiology from the generic RCDS account
    iii. Make sure the CNS is aware of any significant results (received via the generic email account)
2. Check the vetting list in TRAK for new referrals and add any details to the database. Alert the CNS these are present
3. Check that there are no RCDS referrals needing pulled across from the referrals list
4. Work on the RCDS Recall list (OPWL) report to identify tasks to be completed by CNSs and PNs. This is located on the shared drive at Health intelligence shared data → secure → TrakCare → Waiting Times
    i. Try to complete this in the morning where time allows so CNSs can structure the remainder of their day
    ii. Post the completed list to the Teams chat
5. Work on the RCDS Previous Day Activity report. This is located on the shared drive at Health intelligence shared data → secure → TrakCare → Waiting Times
    i. Ensure that every patient has a task marked against their entry (eg discharged, CT added to the OPWL, further investigations)
    ii. For pts who are discharged, fully close off their database record ensuring all cells have an entry (even if this is N/A). Also make sure that their TRAK record is fully up-to-date (eg mode of contact preference, any permissions for family members to communicate)
    iii. Pts with ongoing investigations **must** be added to the OPWL for surveillance
    iv. Review of new lifestyle medicine referrals
6. Verbal and written patient communication
    i. First call once CNS has vetted referral
    ii. CTS appointment

iii. Results appointment
iv. Ad hoc calls
v. Lifestyle medicine admin
vi. Check RCDS inbox

7. Prepare MDT documents as required for weekly meeting (see also below)
8. Backup database

Weekly duties

1. Upload MDT forms to portal via Winscribe once CNSs have approved notes
2. eHNA communication with ICJ. Process TBC

Ad hoc/monthly

1. Other duties as assigned by ACNS
2. Lifestyle medicine clinics and related admin
3. Helping other RCDS pathways
4. Data audits
5. PN forum attendance

RCDS SUPPORT SECRETARY WEEKLY TIMETABLE/JOB PLAN

	AM	PM
MONDAY-FRIDAY	Print verified Winscribe letters and put into internal and external post Check Winscribe for referral letters and type up these as a priority. Once referral letters are verified, access patient record from H&SC portal, download referral letter as PDF with patient name and CHI. Save to desk top in folder. Access TRAK and upload letter. Type up RCDS and RCDS GI Surgery letters.	Collect mail and distribute these out Check winscribe for referral letters and type up. Once letter verified. Access patient record from H&SC portal, download referral letter as PDF with patient name and CHI. Save to desk top in folder. Access TRAK and upload letter. Type up RCDS/GI Surgery letters

Adhoc activity

- Support RCDS Line Manager as and when required
- Monthly PHS Submission of RCDS data
- Staff A/L spreadsheet update as per staff requests/update staff that A/L sheet updated
- Input SSTS monthly and cross-check with A/L requests for line management review
- Staff TOIL spreadsheet monthly update with dates for following month
- Staff training spreadsheet update monthly/as required with completed training dates/prompt RCDS staff for training that needs completed
- Stationery check monthly – re order as required
- PECOS – complete NHS Fife Purchase Order for RCDS staff undertaking funded training, or for any other resources
- MICAD requesting– as and when required
- SOP review – updated in conjunction with Line Manager
- Carry out SKIN Surveillance checks, and update for staff competencies
- Support as required with data collection, input and the creation of data visualisations
- Run the TK268 Deceased report, update RCDS database, including any duplicate patients.