

# The OG Best Timed Pathway

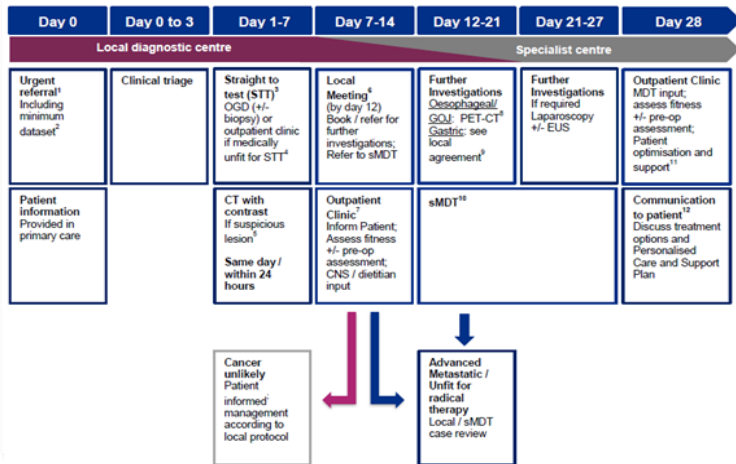
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## Background

- Approximately **13,800** suspected TWW Upper Gastrointestinal referrals April 21 – March 22
- Timely diagnosis is a significant challenge
- Support to achieve straight to test (STT) within 7 days
- To deliver a GM wide approach
- Achieve FDS compliance across GM and improve overall cancer performance
- Dedicated access to dietetic assessment for those with a high suspicion of cancer following STT

Fig. 1: The NHSE OG Cancer Diagnostic Pathway



## Timeline

- Clinical Lead and Project Manager
- GM-wide Steering Group established
- Overseen by GM Cancer OG Pathway Board
- Collaboration with all Provider Trusts, Cancer Commissioners and Primary Care
- Workforce to assist with implementation – Pathway Navigator, CNS roles & specialist dietetic resource
- Set up of Sector based Assessment clinics
- Access to Shared digital platform
- Implementation of sector-based BTP assessment clinics
- Standardised TWW triage & BTP assessment clinic referral process
- Patient info leaflet and experience survey developed
- Data collection for analysis, evaluation and sustainability

## BTP OG Project Timeline



## The OG Best Timed Pathway (OGBTP)

- Introduction & training of GM wide Specialist CNS/Pathway Navigators to provide daily triage of all TWW suspected Upper GI referrals
- Standardised assessment tool to support TWW triage & booking of appropriate diagnostic tests
- Introduction of direct dietetic input to support optimisation of patients prior to treatment
- Implementation of staff support group to enable consistent approaches across GM allowing opportunity to share best practice & successes
- Implementation of sector-based bespoke BTP assessment clinics
- Standardised communication of all non-cancer outcomes – to support timely FDS compliance
- Documentation to capture medical history for highly suspected cancer referrals including social/psychological & full dietetic assessment
- Implementation of Patient Impact statement to support MDT diagnostic/treatment decision making
- Shared digital platform

## Key Challenges

- COVID 19
- Recruitment to posts across GM within timeframe
- Change in pathway board manager
- Available Clinic space
- Diagnostic capacity
- Increasing number of TWW referrals
- Timeframe of project

## Key Achievements

- Standardised GM approach to triage
- Patient Impact Statement to support MDT planning
- Improved performance targets across GM
- Reduction in DNA's/cancellations for diagnostic tests
- Improved patient experience
- Compliance with 28-day FDS
- Improved communication