

Delivering an accelerated diagnostic & staging lung cancer pathway in Greater Manchester	
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Objectives	To describe a multi-faceted strategy to deliver an accelerated diagnostic & staging lung cancer pathway that focuses on: • Creating diagnostic capacity that waits for patients, rather than patients waiting for diagnostics • Maximising GM diagnostic assets • Standardisation of care in the diagnostic pathway for lung cancer • Delivering an exceptional experience of care for all patients across GM
Related documents	• GM Lung Cancer Services Model of Care • National Lung Cancer Optimal Pathway • GM Strategy – Promoting earlier diagnosis in symptomatic lung cancer: getting the front end of the pathway right
Appendices	Appendix 1: National Diagnostic Standard of Care (DSOC) Algorithms Appendix 2: GM NSCLC Reflex Testing Protocol

Actions

Action Plan	Owner	Objective
Ensure all GM lung cancer physician teams have daily job planned time for daily triage and 'board round' of all patients on the lung cancer pathway	Lisa Galligan-Dawson	Support standardisation of job planning in GM to ensure this daily process.
Deploy a GM digital platform for single queue booking and reporting for specialist lung cancer diagnostics to deliver PET, EBUS, CT Lung Biopsy & specialist pleural diagnostics within 5 days All procedures to be completed within 5 days of request	Lisa-Galligan-Dawson Rhidian Bramley Matthew Evison	Deliver a single digital platform – GM-CADS – for specialist lung cancer diagnostics
Complete a GM wide audit of adherence to the GM Reflex Testing Protocol & audit turnaround times for predictive marker testing as part of this audit	Matthew Evison	Understand compliance with the protocol and drive improvements needed.
GM hospital sites to confirm an action plan to deliver lung function, shuttle/6min walk tests, echocardiogram, contrast brain imaging and basic cancer diagnostics within 5 days of request in the lung cancer pathway	Lung Improvement Group	Reduce unwarranted variation & inequity and standardisation of local diagnostic delivery in the lung cancer pathway



1. Introduction

The National Lung Cancer GIRFT report has made a number of recommendations with regard to the diagnostic and staging pathway to drive improvements in outcomes:

- Key diagnostic investigations should be completed within 21 calendar days of the start of the pathway by adopting best practice recommendations on service configuration and pathway planning.
- Renegotiate the national PET-CT contract to include a five-calendar day turnaround from request to report and available imaging for initial investigations of new diagnoses of lung cancer.
- An image-guided biopsy service should be available for all patients 52 weeks of the year, with appointments for the procedure being available (notwithstanding issues such as anti-coagulation or anti-platelet therapy) within five working days of the request.
- EBUS for lung cancer should be available within five calendar days of request and must comply with the national service specifications, with regular monitoring of performance by local commissioners
- Pathological services should provide a maximum ten calendar day turnaround time for molecular profiling according to the national test directory of lung cancers to meet the requirements of the NOLCP.
- Ensure a diagnostic and therapeutic ambulatory pleural service is available for all lung cancer patients, accessible within five working days, 52 weeks of the year.

Furthermore, a number of national documents advise a PET-CT is performed prior to an invasive tissue sampling diagnostic & staging procedure:

- The 2019 NICE guidelines on the diagnosis and management of lung cancer recommend PET-CT prior to EBUS-TBNA for nodal staging and CTGLB
- The National Standards of Care produced by the National Lung Cancer Clinical Expert Group also recommend PET-CT is performed within 5 days and then the subsequent CT guided lung biopsy or EBUS (depending on disease pattern on staging CT) is pre-booked to avoid delays and completed following review of the PET result.

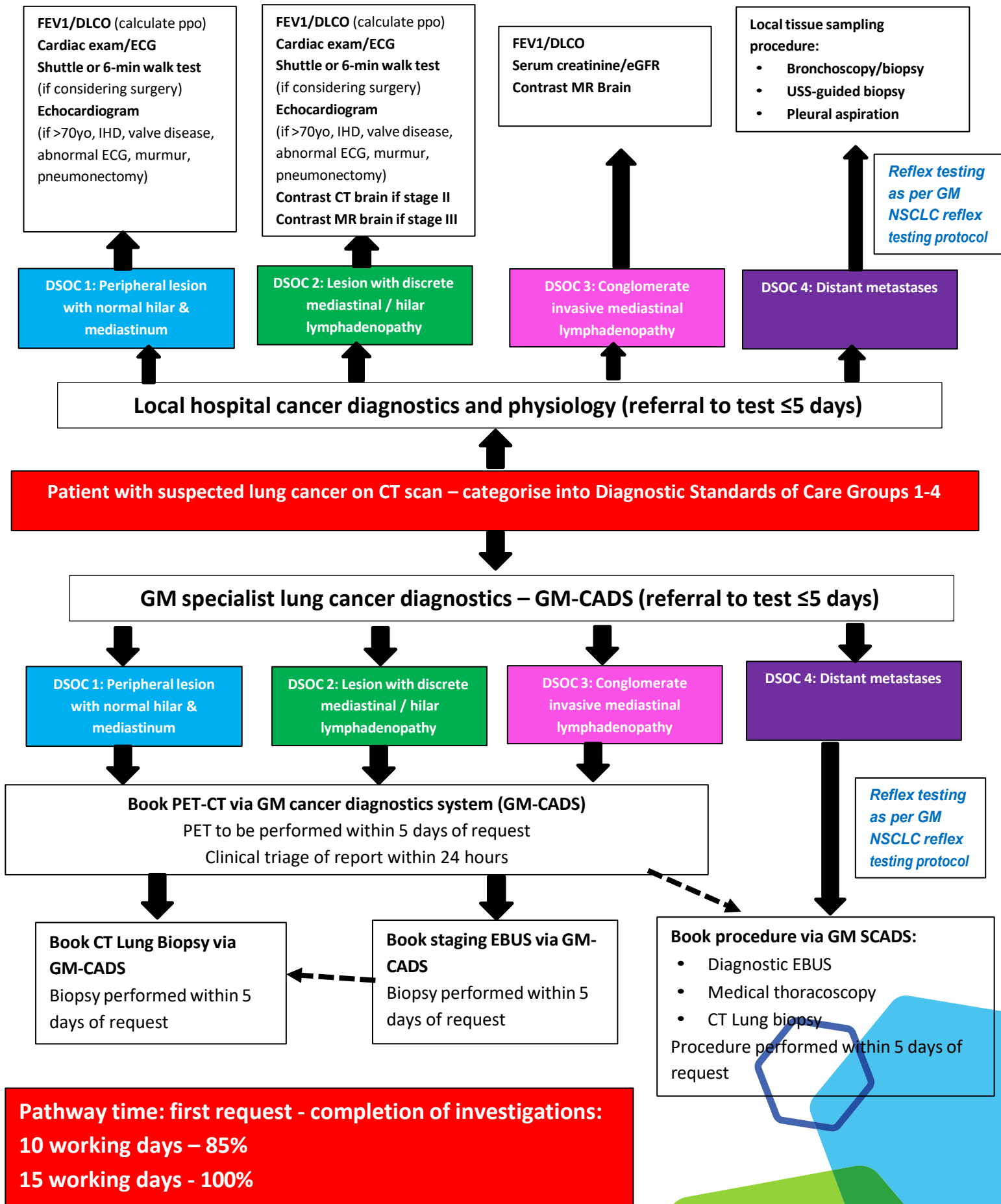
Currently in GM there are challenges in delivering the recommendations of the GIRFT report and the NICE guidelines / National Standards of Care

- **Variable and delayed access to PET often lead to invasive diagnostic procedures being performed prior to the PET-CT**
- **Currently only 37% of patients referred from primary care with lung cancer complete their investigations within 21 days (data source: GM tableau dashboard 2021)**
- **The diagnostic and staging pathway for patients with lung cancer suitable for curative-intent treatment is the most complex & intensive and therefore the most challenging to deliver rapidly**

This strategic document describes the action plan to deliver an accelerated diagnostic and staging lung cancer pathway in Greater Manchester and deliver the recommendations of the GIRFT report.



2. On overview of the Greater Manchester Accelerated Diagnostic & Staging Lung Cancer Pathway



3. Guidance for implementing the GM Strategy for an accelerated diagnostic & staging lung cancer pathway

There are a number of guiding principles in the delivery of this accelerated pathway

- Local cancer diagnostics and physiology tests should be requested as a **test bundle** as soon as DSOC category is confirmed on initial staging CT scan
- Co-ordinate tests to facilitate multiple tests on the same day & maximise efficiency through patient navigators
- Ring fenced slots for local diagnostics and physiological testing are strongly recommended
- Contrast brain imaging (CT/MR) are particularly suited to ring-fenced slot allocation without the need for radiology request vetting given the standardised protocol for brain metastases evaluation
- Daily lung cancer physician team 'board round' to review investigation results the day they are available

This strategy centres on the deployment of a new digital platform that provides access to direct booking of all specialist lung cancer diagnostic assets across the region for all referring teams – **GM-CADS (Greater Manchester Cancer Diagnostics System)**. GM-CADS will provide the following functionality:

- Single queue booking system across all diagnostic assets allowing referring teams to identify most appropriate appointment driven by patient choice, additional tests required within the pathway and timing of lung cancer MDTs
- Full integration of GM-CADS will local IT systems to allow seamless transfer of data without manual process
- Reporting system that provides referring teams with reports/results immediately when available
- Key performance indicator dashboard to ensure delivery of regional KPIs against the national standards & recommendations

4. Key performance indicators for the diagnostic & staging pathway in lung cancer

- Time from referral/upgrade to MDT discussion ≤ 21 days
- Time from request to PET scan ≤ 5 days
- Time from request to EBUS ≤ 5 days
- Time from request to CT lung biopsy ≤ 5 days
- Time from procedure to results of all molecular profiling results ≤ 10 days
- Compliance with GM NSCLC Reflex Testing Protocol - $>90\%$ eligible samples sent for reflex testing
- Time from first request to investigation completion 10 days in 85% and 15 days in 100%



Abbreviations:

GIRFT	Getting it Right First Time
PET	Positron Emission Tomography
CT	Computed Tomography
EBUS-TBNA	Endobronchial Ultrasound transbronchial needle aspiration
NOLCP	National Optimal Lung Cancer Pathway
CTGLB	CT-guided Lung Biopsy
FEV1	Forced Expiratory volume in one second
DLCO	Diffusing capacity for carbon monoxide
ppo	Post-operative predicted
ECG	Electrocardiography
IHD	Ischaemic heart disease
MR	Magnetic resonance scan
DSOC	Diagnostic Standards of care
eGFR	Estimated glomerular filtration rate
NSCLC	Non-small cell lung cancer
USS	Ultrasound

