Lung cancer timed clinical pathways

December 2017
This document sets out best practice timed clinical pathways for lung cancer.

It is anticipated that all Cancer Alliances will audit against these timed markers in order to work towards implementation of the National Optimal Lung Cancer Pathway (NOLCP).

This pathway provides a standard that all alliances should aim for by 2020 when the new faster diagnosis performance standard (confirmation of cancer diagnosis or ‘all clear’ by day 28) is implemented in England. Implementation of this pathway will also support the 62 day standard.

Produced in partnership, these pathways reflect products of the NHS England Lung Cancer Clinical Expert Group and the Cancer Vanguard (Greater Manchester, RM Partners and UCLH Cancer Collaborative), with input from Faster Diagnosis Pilot sites.

There are a number of resources available from the Cancer Vanguard, including ‘how to guides’ and patient facing communications. This is complemented by further information available from the third sector, Royal Colleges and at upcoming conferences.
Introduction

This document outlines two lung cancer pathways:


2. **RAPID pathway** – Currently implemented in Greater Manchester with roll out across the Cancer Vanguard in progress

The illustrations provided for each pathway identify key timings for the diagnostic pathway for lung cancer (referral to diagnosis).

Working towards implementation can support improvement against the 62 day performance standard:

- The NOLCP sets tight timeframes for each stage of the pathway to enable treatment to start by Day 49, with diagnosis by Day 28. It recommends a range of features to be in place including straight-to-CT, test bundles, rapid turnaround times, use of protocols and flexibility of scheduling.

Note: The published NOLCP provides advice on the full patient pathway (referral to diagnosis and then treatment). Please see the ‘Resources’ section of this document for more information.
These slides include:

- Information on best practice / optimal timed pathways
- Checklists to support initial implementation
- Views of faster pathways in development
- Lessons learned from the Cancer Vanguard
- Resources to support implementation
# National Optimal Lung Cancer Pathway (NOLCP)

<table>
<thead>
<tr>
<th>Day -3-0</th>
<th>Day 0-3</th>
<th>Day 1-6</th>
<th>Day 14</th>
<th>Day 21</th>
<th>Day 28</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct access CXR</td>
<td>Triage by radiology or respiratory based on local protocol</td>
<td>Fast Track Lung Cancer Clinic Meet CNS Diagnostic process plan Treatment of co-morbidity / symptoms / palliation</td>
<td>• PET CT spirometry (at least) • Detailed lung function • Cardiac assessment/ ECHO (as required)</td>
<td>Full MDT discussion of treatment options</td>
<td>Communication to patient on outcome (cancer confirmed or all-clear provided)</td>
</tr>
<tr>
<td>Direct access or escalation to CT (same day/ within 72 hours)</td>
<td>Direct biopsy option</td>
<td>Further investigations (to yield maximum diagnostic AND staging information with least harm)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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**Maximum target times provided**
## Checklist

<table>
<thead>
<tr>
<th>Pathway step</th>
<th>Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct access to urgent or routine CXR from primary care</td>
<td></td>
</tr>
<tr>
<td>Escalation from CXR to CT (same day/within 72 hours)</td>
<td>Days -3 to 0</td>
</tr>
<tr>
<td>Direct access to CT (same day/within 72 hours)</td>
<td></td>
</tr>
<tr>
<td>Triage by radiology or respiratory medicine (according to local protocol)</td>
<td>Days 0 to 3</td>
</tr>
<tr>
<td>Direct biopsy option</td>
<td></td>
</tr>
<tr>
<td>Fast track lung cancer clinic, meet lung cancer nurse specialist (diagnostic</td>
<td></td>
</tr>
<tr>
<td>process plan, diagnostic planning meeting prior to clinic treatment of co-</td>
<td></td>
</tr>
<tr>
<td>morbidity and palliation/treatment of symptoms)</td>
<td></td>
</tr>
<tr>
<td>Curative Intent Management pathway (test bundle requested at first outpatient</td>
<td></td>
</tr>
<tr>
<td>appointment including at least PET-CT spirometry, with lung function and</td>
<td></td>
</tr>
<tr>
<td>cardiac assessment/ECHO as required)</td>
<td></td>
</tr>
<tr>
<td>Further investigations as required (to yield maximum diagnostic AND staging</td>
<td></td>
</tr>
<tr>
<td>information with least harm)</td>
<td></td>
</tr>
<tr>
<td>Full MDT discussion of treatment options, further investigations arranged if</td>
<td></td>
</tr>
<tr>
<td>required to be complete by day 28</td>
<td></td>
</tr>
<tr>
<td>Follow up in Lung Cancer Clinic: cancer confirmed and treatment options</td>
<td></td>
</tr>
<tr>
<td>discussed, or if no cancer diagnosis then manage/discharge (this should be</td>
<td></td>
</tr>
<tr>
<td>at earliest opportunity e.g. by day 1-6 stage if CT excludes cancer)</td>
<td></td>
</tr>
</tbody>
</table>

Maximum target times provided
# RAPID* pathway

**Day 0 to 5**
- Direct access CXR / CT or escalation to CT (same day/ within 72 hours)
- Consultant led triage (same day/ within 72 hours)

**Day 5-14**
- Diagnostic bundles requested simultaneously

**Day 14**
- Full MDT discussion of treatment options
- Communication to patient on outcome (cancer confirmed or all-clear provided)

- Hot reported same day
- Communication with patient
- Nine day pathway
- Same day results clinic

*This pathway has been implemented in University Hospital of South Manchester for over 12 months. Approximately 90% of patients have completed CT scan, hot reporting of CT and physician triage within 7 calendar days of referral. 46% of patients with lung cancer commence treatment within 28 days of referral (94% within 62 days of referral).*
Lessons learned

- **Strong collaborative working** across departments is vital to enable access to limited resources within short timescales (e.g. PET)

- **Champions in each discipline** establish buy-in at all levels, quickly resolve problems, and develop/implement additional solutions to service challenges

- **Reorganising the existing workforce** through close team working and rearrangement of existing commitments within job plans enabled system change with minimal investment (additional resource was required for patient navigation and administration)

- **Co-location of medical, nursing, navigator and support staff** was essential to improve communication, aid business intelligence, and provide a clear presence within the trust for ease of referral. Co-location also reinforced that team integration was pivotal for coordinated day-to-day management, to ensure cross-cover/ staff efficiency and staff education.
Resources

• **National Optimal Lung Cancer Pathway (NOLCP):**
  - The NOLCP provides a detailed roadmap from referral to initiation of treatment
  - The NOLCP Implementation Guide provides guidance on pathway redesign and practical examples of how service reconfiguration can facilitate implementation

• **Greater Manchester Vanguard, RAPID Pathway:**
  - The RAPID pathway developed and tested by the Vanguard is a variation on the NOLCP.
  - Evidence based MDT algorithms have been developed to aid decision making and support ‘investigation bundles’
  - The Final Report highlights how the Vanguard has implemented the pathway operationally, and the challenges they faced.
  - The Making a Case document highlights the evidence base and potential benefits of such a pathway.
Resources

There are number of additional resources that may be helpful in supporting teams to find guidance and learn about how to implement the pathways.

• The ACE Programme report, ‘Improving diagnostic pathways for patients with suspected lung cancer’, documents how pilot sites achieved positive change when improving the diagnostic lung cancer pathway.

• The Cancer Research UK Facilitator Programme can provide support to healthcare professionals and organisations to improve prevention and early diagnosis, with a particular focus on primary care referral optimisation and the secondary care interface.

• The Improving Lung Cancer Outcomes Project (ILCOP) at the Royal College of Physicians produced a bank of resources and information to support improvement in survival and quality of life for patients with lung cancer.

• The Annual British Thoracic Oncology Group (BTOG) Conference in January 2018 dedicates several sessions to implementation of the NOLCP for clinicians.