

Lower GI Cancer Pathway: Piloting CNS-led telephone triage

Key Achievements

- **Provisional cancer diagnosis at day 10**
- **16 hours of consultant-led clinical time saved**

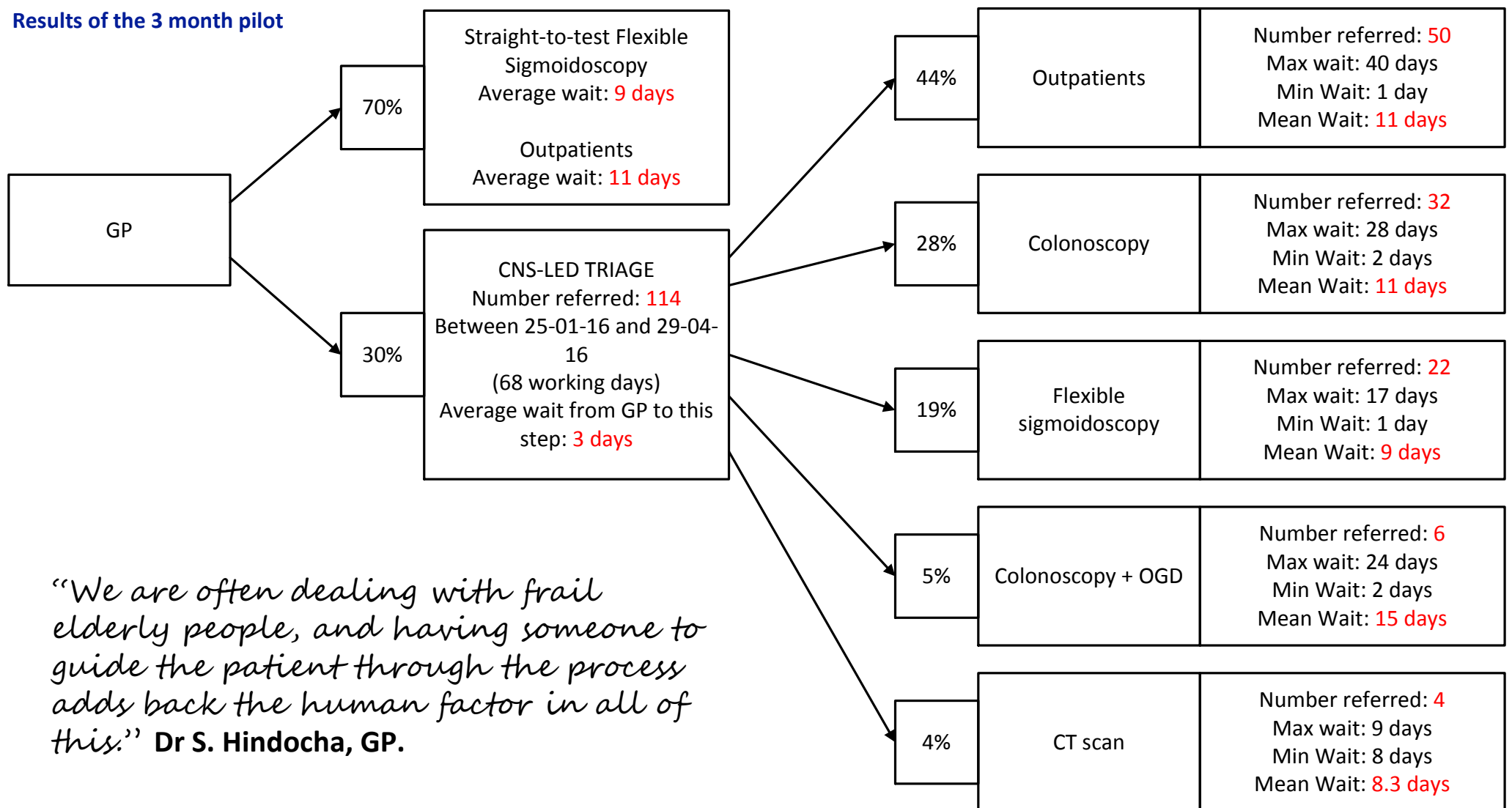
The Problem

- Patients frequently attend a two-week-wait outpatient appointment to be assessed, only to have a further two weeks to wait for a diagnostic test
- In some patient groups, this assessment before a diagnostic test could be safely completed over the phone as a 'triage' signposting the patient to the next stage of their pathway
- The Lower GI service at Lincoln deals with high patient numbers, urgent appointments and diagnostics are achieved within 14 days where possible, but demand sometimes outstrips capacity

Actions Taken

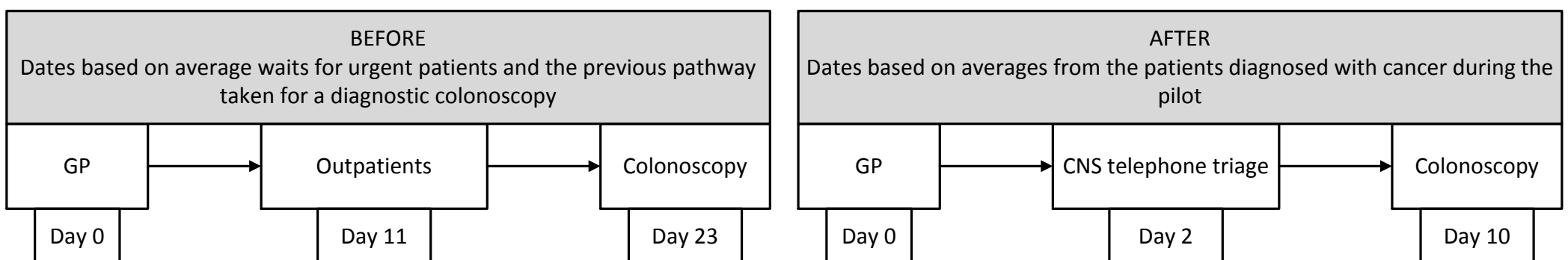
- Patients who are suspected of having colorectal cancer and fulfil certain criteria on the referral form can now be triaged over the phone by a Clinical Nurse Specialist (CNS), and be signposted on to the next clinically appropriate step.
- The CNS team are experienced members of the General Surgery team, qualified in assessing the patients and prescribing. Up until now their role in Outpatients is to work with patients who have had a cancer diagnosis and/or stoma fitted, this pilot extended their role to include patients who have not yet had a diagnosis.

Results of the 3 month pilot



Benefits:

- Patients diagnosed with cancer in the pilot receive a provisional diagnosis 13 days sooner than before, see below.
- Patients who do not have cancer are taken off the pathway sooner, and are able to access treatment sooner.
- Triage over the phone has saved 56 new two-week-wait slots in Outpatients, this equates to 4 sessions of clinical time, freeing up space in the system for patients who need a consultant appointment.



What's next?

We are working to roll this out to every Trust site by September 2016

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