

COVID-19 pandemic and cancer diagnosis:

Scan and see pathway for two week wait patients

Background

- Covid-19 pandemic disrupted outpatient services
- Increase in breaches on 2WW (two week wait) pathway
- Increased 2WW referrals from the primary care due to virtual appointments
- Increased pressure to meet the 14-day first visit target

Old Pathway

2WW



TVUSS + OPH on the same day



If ET < 4mm, OPH not done

Many OPH slots not utilized on this pathway

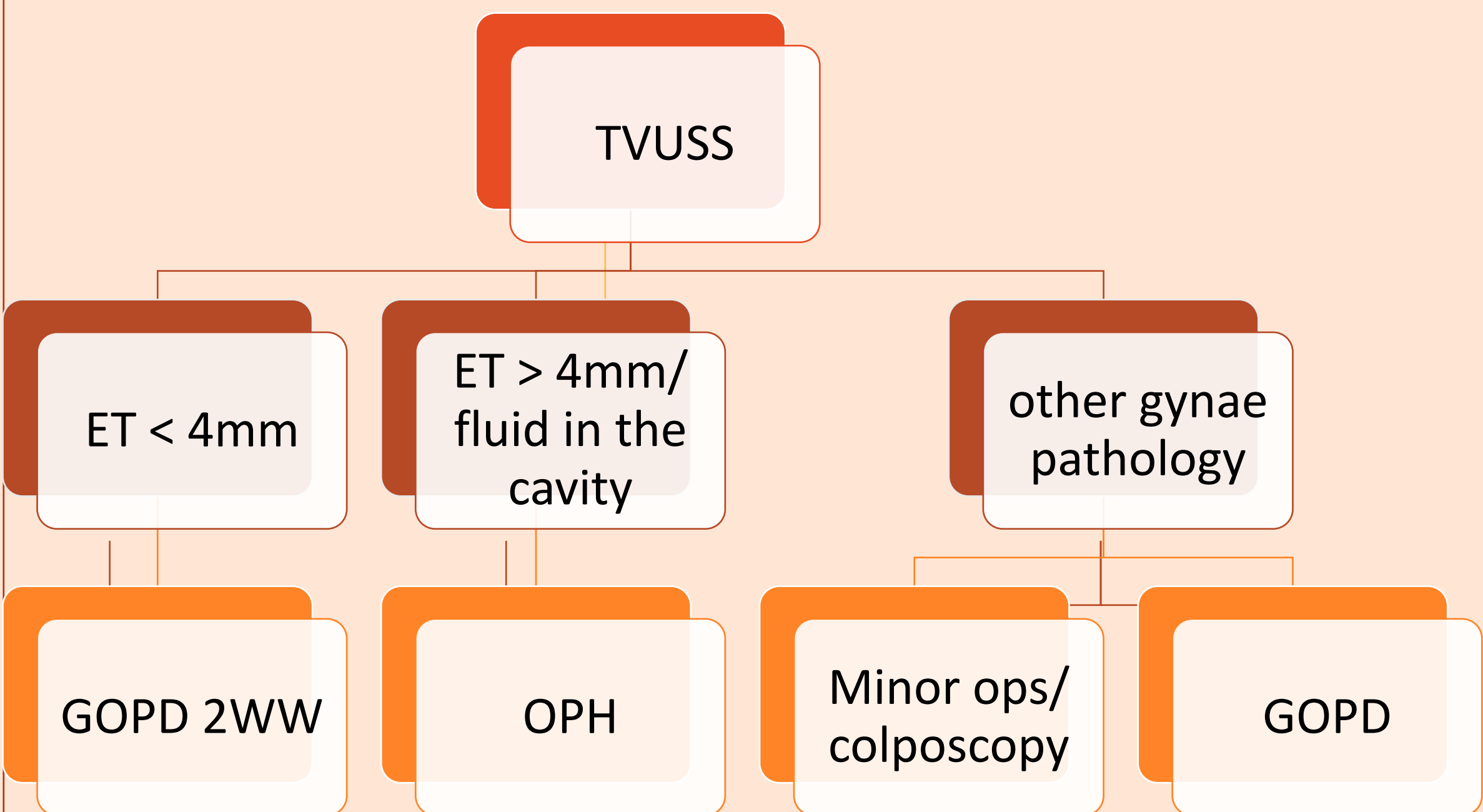
Why a new pathway ?

- To optimize OPH slots utilization
- To expedite 2WW pathway
- To appropriately triage patients
- To ensure the 2WW services ran uninterrupted during the pandemic

Methods

- 458 patients referred on the endometrial 2WW pathway from February 2021 to July 2021.
- Retrospective data analysis
- Data from electronic patient records and service manager

New pathway



TVUSS reviewed daily by the on-call consultant and patients triaged

Highlights of the new pathway

- Only **57%** patients required OPH
- Those with normal TVUSS seen in registrar-led GOPD under 2WW
- Letter of Assurance sent to all patients with normal USS
- Malignancy timely detected in eight patients

196 OPH slots saved
in six months

What is 2WW ?

14 days

- Patient seen by GP and first seen by specialist

31 days

- Histological diagnosis communicated to the patient
- Decision to treat/ not treat made

62 days

- patient receives first treatment if cancer diagnosis confirmed

New proposed pathway (FDS)

- A new National Faster Diagnosis Standard (FDS) pathway is in the pipeline for gynecological cancers. This pathway has already been successfully adapted by other specialties like dermatology, head and neck etc

28 days

- Patients urgently referred- should get cancer diagnosis or all clear

31 days

- Patients diagnosed with cancer should begin first treatment within 31 days of the decision to treat

62 days

- Patients diagnosed with cancer should begin first treatment within 62 days of urgent GP referral

National standards for Waiting Times

14 days

- 93% patients to be first seen by specialist within 14 days of urgent GP referral

31 days

- 96% patients with cancer diagnosis to begin treatment within 31 days of decision to treat

62 days

- 85% patients with cancer diagnosis to begin treatment within 62 days of initial GP referral

Pitfalls

- Varying number of patients referred and requiring OPH each month
- Human factors: unavoidable leaves and absentees
- Administrative challenges

Conclusion

- Streamlining of patient flow
- Better patient satisfaction : Letter of Assurance alleviated patient anxiety, those requiring OPH felt better prepared for the appointment
- Optimization of available time and resources

Recommendations

- Registrar-led clinic to accommodate all 2WW patients with ET < 4mm on TVUSS
- Encourage GPs to examine patients