

ESTABLISHING RAPID CANCER DIAGNOSTIC SERVICES (RCDS) IN SCOTLAND

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BACKGROUND

Patients that do not meet the Scottish Referral Guidelines for Suspected Cancer criteria, or who present with non-specific but concerning symptoms, can cause GPs concern, especially if their ‘gut instinct’ is of a malignancy. In this instance, primary care would have to coordinate numerous tests while having full clinical responsibility, or choose a single specialty to refer to which may not be most appropriate. This can result in delayed diagnosis and unnecessary examinations being performed with the potential for poor patient experience and outcomes.

In NHS Scotland, around 60% of cancers are diagnosed through an urgent suspicion of cancer (USC) route, therefore around 40% of all cancers come through alternative routes (for example, routine or urgent referrals from primary care).

Rapid Cancer Diagnostic Services (RCDS) – person-centred fast-track diagnostic pathways – aim to provide primary care with an alternative route to refer patients with non-specific symptoms that are suspicious of cancer. This new referral route also helps ensure patients without cancer are provided with reassurance quicker and, if a non-cancer diagnosis is made, the care or treatment they require earlier.

By establishing RCDSs across NHS Scotland – within existing infrastructure - we aim to narrow the inequality gap between cancer patients who present with non-specific versus site-specific symptoms, the latter of which meet the Scottish Referral Guidelines for Suspected Cancer criteria and are referred onto the appropriate 62 day pathway.

Scotland’s Cancer Strategy (published June 2023) commits to establishing equitable access to a RCDS across NHS Scotland by Spring 2026.

The University of Strathclyde was commissioned to undertake a two-year evaluation of the RCDSs to help determine optimal components and clarify the value of such a model – wider than just cost. The mixed-methods research approach will help guide and shape wider roll-out in 2024 and beyond.

METHOD

While all five RCDSs established to date have a navigator at the centre of their service, to support the patient throughout the pathway, their models differ. This variation has been welcomed to better inform the optimal model for NHS Scotland.

NHS Ayrshire & Arran: Virtual model, 21 day pathway, Haematologist Clinical Lead. Referrals went live June 2021 and opened to referrals from secondary care in November 2021.

NHS Fife: 21 day pathway from referral to outcome, Colorectal Surgeon as Clinical Lead but is now a nurse-lead service. Referrals went live June 2021.

NHS Dumfries & Galloway: 7 day pathway with hot clinics and hot reporting, GP Clinical Lead. Referrals went live May 2021.

NHS Lanarkshire: 21 day pathway from referral to outcome, Colorectal Surgeon as Clinical Lead. Referrals went live April 2023.

NHS Borders: 21 day pathway from referral to outcome, GP as Clinical Lead. Referrals went live April 2023.

RESULTS

An interim report was published by the University of Strathclyde in November 2022, followed by a final report assessing the first two years of RCDSs in NHS Scotland which has found that:

- 3,616 RCDS referrals were received and 2,489 (~69%) accepted. The remainder of referrals were largely either redirected to site-specific cancer pathways (~14%) or did not progress onto the RCDS pathway as they didn’t meet referral criteria (~13%). The remainder of referrals (4%) were redirected for a number of reasons including a patient being unfit for the pathway; a suspected recurrence for investigation on a site-specific cancer pathway; a non-urgent non-cancer diagnosis suspected; and another patient had been seen by the RCDS in the last 3 months (as per RCDS exclusion criteria);
- The conversion rate from RCDS referral to cancer was 11.9% (to note: Scottish Referral Guidelines for Suspected Cancer is set at a 3% threshold);
- The overall median time from RCDS referral to outcome was 14 days;
- A range of cancer types were diagnosed – Lung and Hepato-Pancreato-Biliary (HPB) were the two most commonly found;
- The overall median time from RCDS referral to cancer treatment was 62 days;
- Unexplained weight-loss was the most common symptom – weight loss was distributed similarly between cancer and non-cancer diagnoses whilst ‘unexplained lab results’, ‘GP gut feeling’ and ‘nausea/appetite loss’ were found to be noticeably more common in patients diagnosed with cancer.

Positive patient experience appears to be mainly attributed to the speed of referral, reduction in waiting times for diagnostic tests, having a single point of contact and enhanced information and communication throughout the RCDS pathway.

- Smart Survey data (from 601 patients) demonstrated that over 96% rated the service as 8 or more out of 10 (higher score being positive);
- Approximately 94% responded positively when asked about the level of care provided by the medical staff working together;
- 99% felt they were treated with dignity and compassion during their time under the care of the RCDS.

‘The pathway experience was in sharp contrast to everything else...to have that little diamond in the middle, where you really felt held and cared for, you know, that somebody was on it.’ (Patient 31).

Optimal Components of a RCDS

Based on the extensive evaluation, the following components have been found to contribute to an effective RCDS model in NHS Scotland for patients with non-specific symptoms suspicious of cancer (in no particular order):

1. Prompt vetting and triage of referrals by the RCDS team, from primary care or otherwise;
2. Personalised single point of contact provided for each patient;
3. Coordinated testing, including close liaison with the Radiology department (given reliance on CT as a diagnostic test);
4. Diagnostic decision-making by the RCDS team/MDT;
5. Appropriate onward referrals by the RCDS team for patients with an initial diagnosis or suspicion of cancer to a site-specific cancer pathway.

DISCUSSION

The evaluation of Scotland’s RCDSs to date shows that the model delivers a quality service at speed, is cost effective and highly valued by patients and staff.

The evaluation demonstrates, for those Boards where GP direct access to CT is already established, a RCDS model can work in parallel to meet different primary care needs. Primary care education and clear guidance will prove integral in ensuring these services work in tandem and help get the right patient onto the right pathway earlier.

RCDSs were formed to address inequitable access to a cancer diagnostic pathway for those that don’t meet the Scottish Referral Guidelines for Suspected Cancer – in doing so, the RCDS model is now operating under more favourable conditions than site-specific pathways. Ensuring learning from this gold-standard model is filtered into site-specific pathways will be key to avoid a widening inequality gap.

A Clinical Review of the Scottish Referral Guidelines for Suspected Cancer will be undertaken in 2024 – this will consider a nationally agreed non-specific symptoms pathway. Whether this cohort then become tracked on a 62 day pathway will be considered as part of a forthcoming Clinical Review of Cancer Waiting Times (CWT) standards in Scotland.

The evaluation has also highlighted areas for future research including longer-term patient follow-up – particularly those with a non-cancer diagnosis. This would help to better understand pathway efficiencies post-discharge and quantify the true impact of the RCDS model.

“Scotland’s Rapid Cancer Diagnostic Services (RCDS) are working well. They’re achieving what they set out to do – find cancer – while delivering a high standard of quality care at speed. RCDS patients are complex and the specialist input that the RCDS can offer them, and concerned primary care clinicians, marks a gear-change in how we diagnose cancer in Scotland. RCDSs should be used as an exemplar for cancer care with learning embedded across all pathways.” (Professor Robert van der Meer, Co-Lead Author of RCDS Evaluation, University of Strathclyde)

FURTHER DETAILS

For more information on Scotland’s Rapid Cancer Diagnostic Services contact cfsdcancerandedteam@nhs.scot

Visit www.nhscfsd.co.uk/our-work/earlier-cancer-diagnosis to access RCDS evaluation reports to date