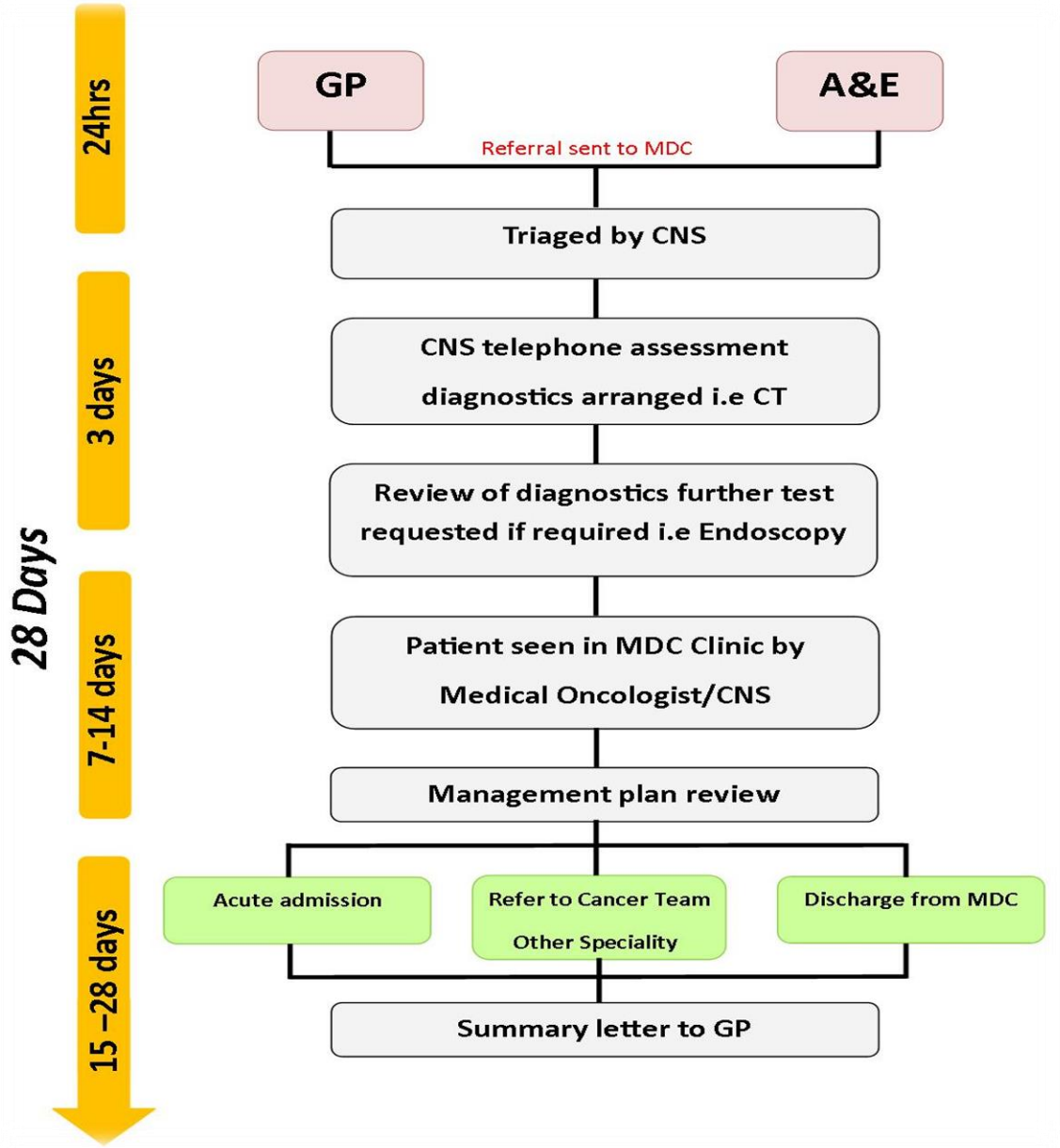
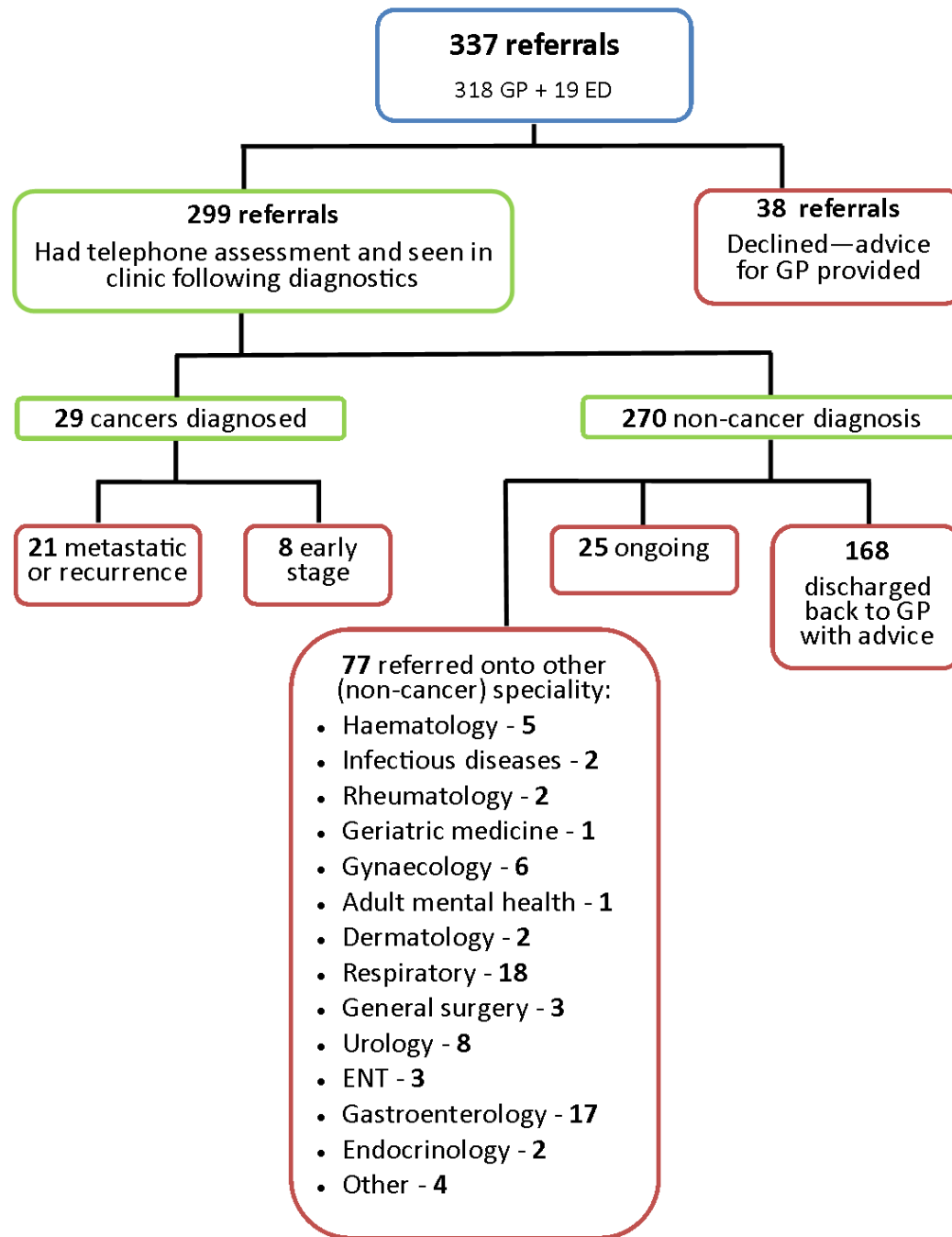


Airedale Multidisciplinary Diagnostic Centre

- The service/clinic commenced December 2017.
- Patients are referred by their GP or via ED.
- This audit documents patients seen between December 2017 and August 2018 (inclusive).
- **Referral criteria includes:**
 - Recurrent unexplained abdominal pain
 - Unexplained weight loss
 - GP intuition or gut feeling
 - Patient is deteriorating rapidly /too unwell to wait for a 2WW referral but does not require acute hospital admission
 - Age 18 or over

REFERRAL PATHWAY





Cancer outcomes

Site	Number of Patients
Urology	7
Upper GI	4
Lung	4
Skin	3
Lower GI	3
Cancer of unknown primary	3
Non –Hodgkin Lymphoma	2
Gynaecology	1
Breast	1
Brain	1

Cancer Outcomes

Treatments	Number of patients
Palliative care	10
Chemotherapy	6
Surgery	4
Hormonal Therapy	2
Immunotherapy	2
Active Monitoring	4
Radical Radiotherapy	1

Advantages of MDC Concept

- Time from referral to diagnosis average = 16 days.
- Prevents patient from bouncing around the system.
- CNS initial assessment enables more appropriate prompt investigations .
- CNS can also speak to the referrer and redirect if not appropriate.
- High level of patient satisfaction especially improved communication and speed of diagnosis.
- The patient gets a more thorough investigation when compared to other Fast Track pathways.

Patient Examples

- Patient referred on 18/8/18 , CNS telephone assessment 20/8/18, CT 23/8/18 , clinic appointment 29/8/18 informed of result and referred to melanoma MDT – within 12 days from referral.
- Patient referred with a 5 week history of lower abdominal pain , nausea, weight loss , had CT within 2 days , R hydronephrosis caused by ureteric obstruction , deteriorating renal function , admitted the same day , still under going investigation , no confirmed diagnosis as yet.

Next Steps for MDC...

- Expand clinician involvement to other specialties.
- Expand model to other fast track sites .
- Audit of other fast track pathways has led decision making.
- Upper GIT most in need of MDC model.
- 3 months of referral activity analysed.
- 223 patients of which 117 would be more suited to MDC.
- From this cohort of 117 , there were 10 cancers diagnosed.
- Time to diagnosis varied from 2 weeks to 12 weeks.

GI Fast Track Audit Cancer Diagnoses

Cancer type	Time to diagnosis	Fast tracks used	Admission/ tests
Lymphoma	5 weeks	1	Admitted before OGD
Pancreatic	3 weeks	1	Admitted before FT appt
Pancreatic	1 week	1	Admitted by GP after CT
Lung	3 weeks	1	U/S scan then CT
Renal cell	8 weeks	1	Clinic then CT then OGD
Primary peritoneal	7 weeks	2	OGD then PMB clinic
Colorectal	8 weeks	1	OGD , CTC, colonoscopy
Oesophageal	12 weeks	2	Referred twice before assessed.
Oesophageal	3 weeks	1	OGD then admitted with GI bleed
Gastric	2 weeks	1	OGD then CT

Next steps ...

- From the cohort of 117 ;
- 10 patients had more than 1 fast track referral at the same time.
- 18 patients were admitted acutely before completing investigations.
- 30 patients would have benefitted from further tests ...
- 9 patients didn't attend their first appointment.

- A CNS assessment prior to any investigation and co-ordinated approach to the pathway is being developed.
- Aim to audit outcomes and envisage less endoscopy will be undertaken .

AIREDALE MDC 2018/2019

- It seems obvious from the ACE 2 pilot that this concept needs to be applied to a specific type of fast track patient .
- More triage of patients before they enter a specific FT route is needed.
- A multidisciplinary approach to this cohort is required.
- CNS input throughout the process is vital.
- Need to measure the impact on reduction of unnecessary Fast track appointments , reduced tests and reduced admissions as well as less need for the patient to access support from primary care.

Finally

- Thank you to the team at Airedale for their assistance with the data .
- Any questions are most welcome !