

Cancer52

Thursday 4th October 2018

ACE (Accelerate, Co-ordinate, Evaluate): A Multi-Disciplinary Collaborative (MDC) for patients with vague but concerning symptoms

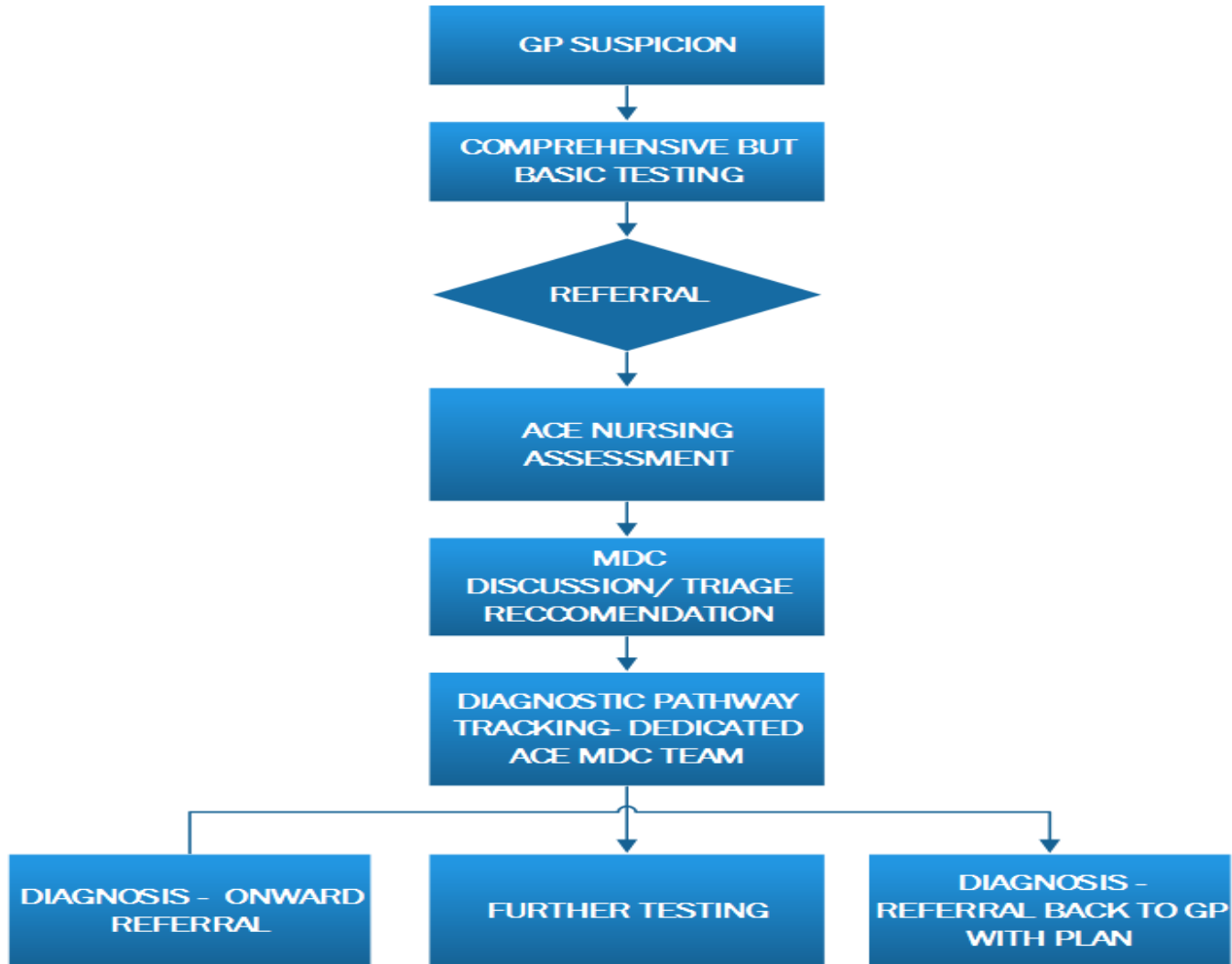
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What is ACE?

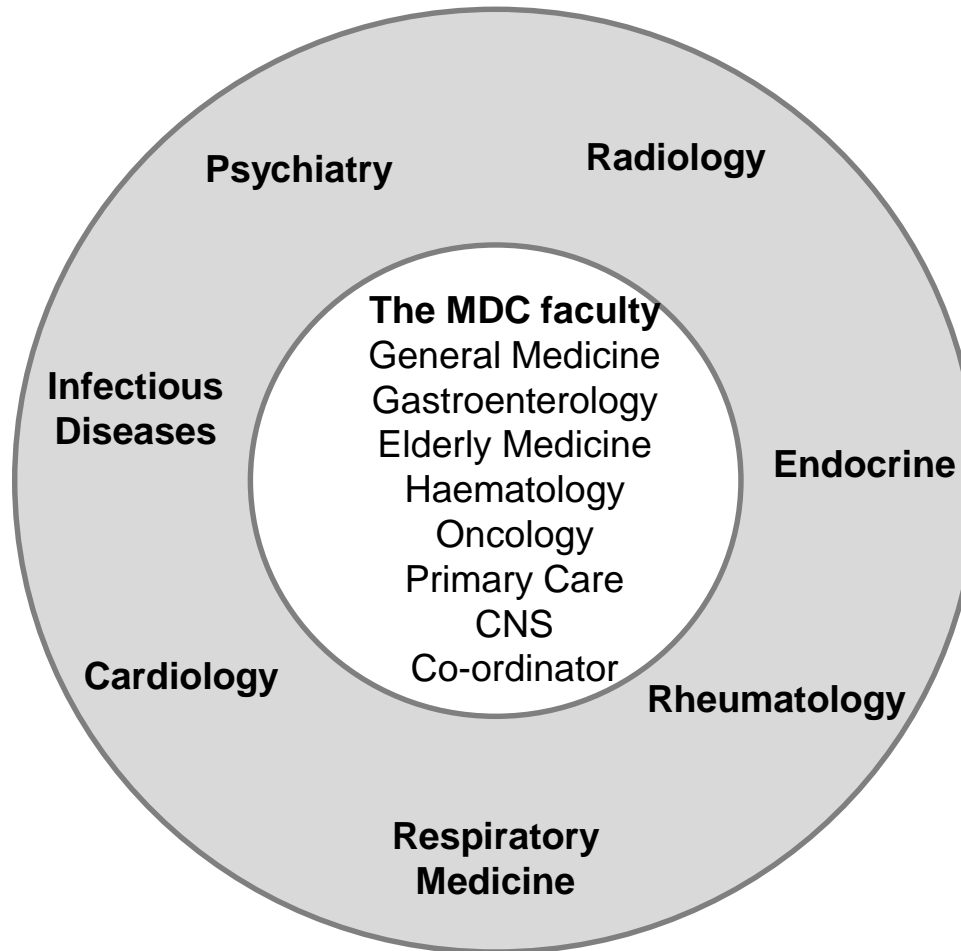
“ACE Pathway....to improve patient experience and outcomes by getting the quickest, most accurate diagnosis for people with non-specific but concerning symptoms.”

-innovative approaches being taken across England through NHS England Early Diagnosis initiative to help diagnose cancer earlier, on the premise that this should lead to reduced mortality
- Leeds one of six funded NHS England pilots until March 2019
- To streamline diagnostic pathways providing access to the right tests

The ACE Referral Pathway



The MDC model

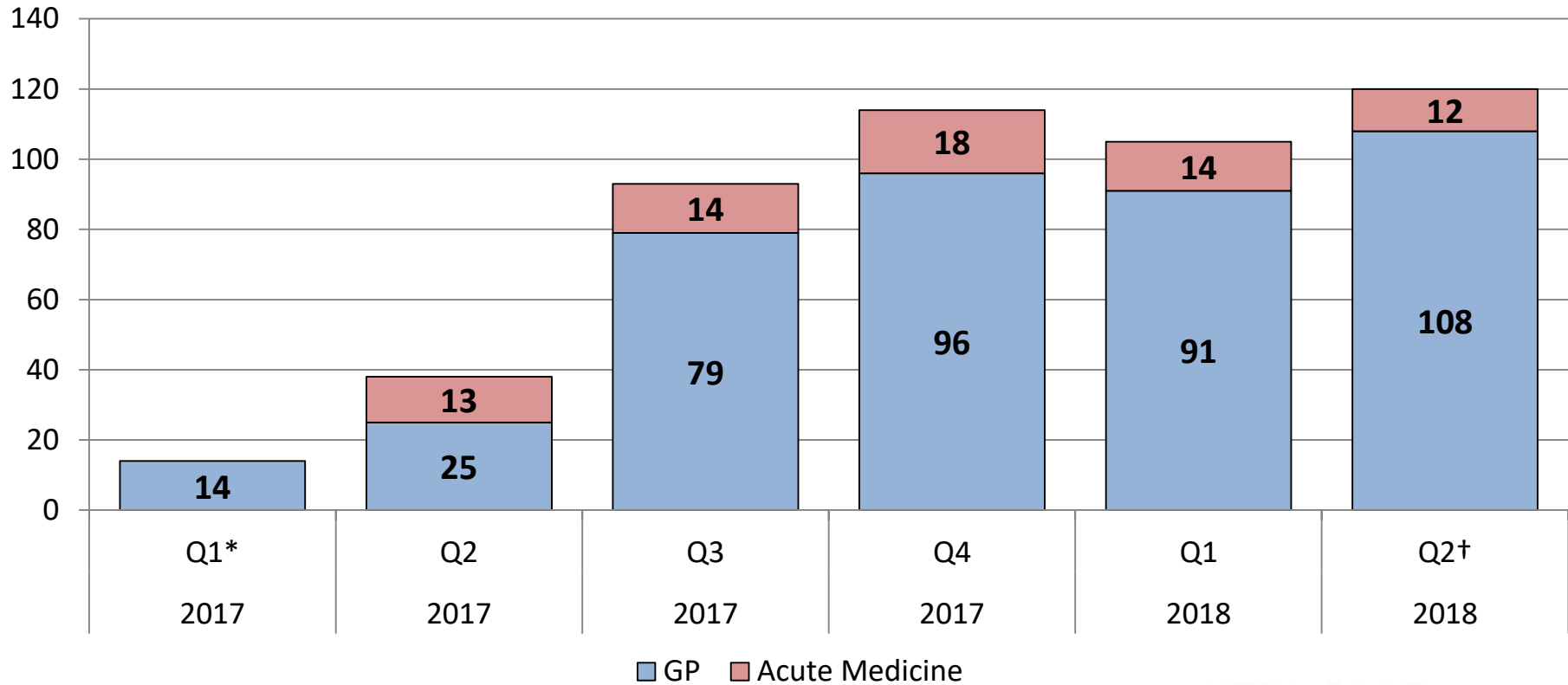


Features of the ACE MDC

- Virtual diagnostic setting
- Formal risk appraisal
- Informed triage through expert collaboration
- Focused investigation
- 2 x MDC meetings/week
- Improved patient placement
- Active patient support
- Persistence to diagnosis
- Ownership & accountability

Referral activity to date

ACE Referrals Received



* February and March 2017 only / Testing phase

† Incomplete quarter to 10 June 2018 only

Outcomes to date

Pathway stage to diagnosis	Total
Initial GP requested ACE Bloods/ Chest X-ray	603
Diagnosed with cancer following ACE blood tests/ Chest X-ray only	9
Discharged by GP following review of ACE Bloods/ Chest X-Ray	114
Referred by GP into ACE MDC following review of ACE Bloods/ Chest X-ray	480
Referred into ACE MDC and diagnosed with cancer on initial review of ACE Bloods/ Chest X-ray	7
Referred into ACE MDC and diagnosed with cancer following re-direction onto 2ww pathway	11
Referred into ACE MDC and diagnosed with cancer after MDC review	13
Referred into ACE MDC and non-cancer diagnosis	450

- 40 cancers diagnosed
- 33 cancers diagnosed from 480 ACE MDC referrals (6.9%)
- Early stage 0.8%
- 150 significant non-cancer diagnoses including HIV/ coeliac/ dementia/ depression

Outcomes – Patient focus & resource utilisation

“Patients are impressed; they have confidence in the pathway & feedback from staff, they feel well cared for.”

Leeds GP

Diagnostic resource:

- 104 CT (30%)/ 35 Endoscopies (9%)

Provisional PLICS estimates for NON-CANCER diagnoses:

- ACE pathway £235/case vs UGI pathway £535/case

Admission avoidance (Acute Medicine Referrals Audit):

- Overnight admission avoided in 21 out of 25 referrals

What's gone well...

- Accelerated referral and management as appropriate
- Co-ordinated testing and rapid re-discussion
- Reassured and discharged as appropriate
- Scalable model that is not geography specific
- Primary care engagement and understanding needs work
- This is not screening, it's diagnostics
- Potential to develop links with Primary Care through emerging Local Care partnerships

ACE Ambition – Future state

- Cancer Transformation Funding until March 2019 enabling:
 - Continued citywide rollout
 - Testing of Primary Care Assessment Hubs - Oakwood Lane MP
 - Open to Inpatient Floors (facilitate ambulatory care)
 - Roll out of methodology to other Cancer Pathways
- Emerging potential
 - Cross-organisational MDCs (Primary & Secondary Care)
 - Primary Care led MDCs
 - Other access points (self-referral & link Urgent Treatment Centres)
 - One-touch ‘Consider Cancer’ referral

ACE summary to date

- Vague Symptoms are not detecting early cancers.
- ACE is not an Oncology tool, but has shown promise
 - Patient centred
 - Cost effective
 - Improved opportunity
- ACE approach gives us an opportunity to revolutionise diagnostics across primary and secondary care
- ‘Organisational placement’ still unclear
 - Funding not fully secure
 - Is this still developmental or is it ‘business as usual’
 - Data to support robust business planning is still accruing