

Colorectal pathway redesign

Purpose of the pilot

To streamline the pathway for patients with suspected colorectal cancer utilising diagnostics in order to identify cancers more quickly.

Background

Early diagnosis is a key RM Partners and national priority to enabling 62 day compliance. Colorectal cancer is a high volume, core common cancer, and compliance varies by provider across RM Partners.

Approach

Innovative streamlined process which enables early diagnosis, treatment planning, minimal administration time for clinical staff and effective discharge. The patient experience is excellent as it avoids any unnecessary outpatient appointments or inappropriate diagnostic tests. The diagnostic algorithm enables specialist nurses to triage patients to the most appropriate diagnostic test or outpatient appointment.

Where the project is being implemented

The pilot was initiated at St Mark's Hospital and has since started to be rolled out at Chelsea and Westminster Hospital, Croydon University Hospital, Ealing Hospital, Hillingdon Hospital, Kingston Hospital, Imperial, St George's Hospital and West Middlesex Hospital.

Achievements to date

- Over 450 patients have been through the pathway
- Two thirds of patients have been triaged straight to diagnostic tests enabling cancer to be confirmed or ruled out quicker
- A reduction in DNAs (zero DNAs for the first 100 patients)
- 4 patients have been diagnosed with colorectal cancer

- Positive feedback from patients (including one patient who wanted to make a donation to the pilot Trust because of their experience)

Long term goals/benefits of the project

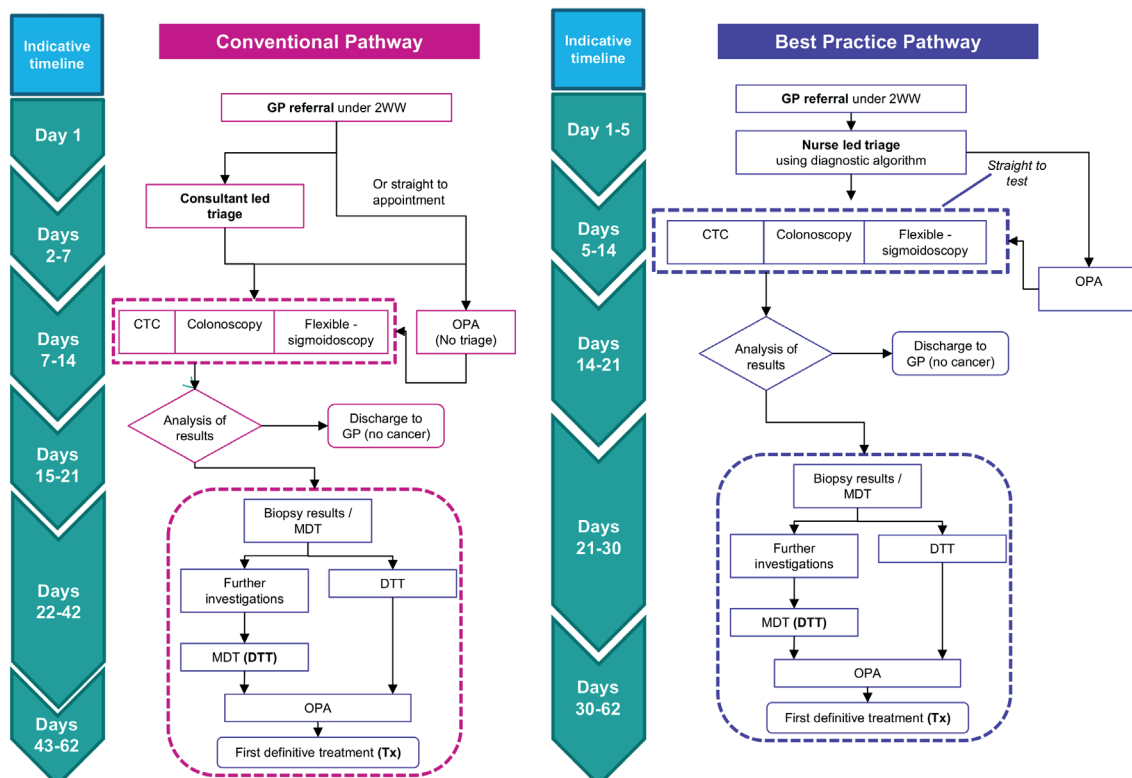
The main benefits are for patients, who will ultimately spend less time worrying about whether or not they have cancer.

In the long term the pathway represents a saving to the health economy, as unnecessary outpatient appointments are reduced.

An increase in CT-colonography tests and a predicted reduction in colonoscopy means that there is a viable alternative to endoscopy which can be less invasive and therefore easier to tolerate, reducing DNAs and improving patient experience. Consultants also spend less time triaging patients as this role is primarily undertaken by nurses.

Redesigned pathway

The flowchart below demonstrates the key differences between the best practice and the traditional pathway:



For more information

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