This presentation will cover:

- Brief background and introduction to the pilot
- Aim and Objectives
- Critical Success Factors
- Supporting evidence of the SCAN Pathway
- Next Steps for Oxfordshire and Beyond
Summary of the SCAN Pathway

You visit your GP

Your GP assesses you and refers you to the SCAN pathway

You are given this information leaflet and a blue-top stool sample pot

A member of the SCAN team will contact you by phone to arrange a CT scan appointment

At the CT appointment you will sign the consent form. You will have blood taken and a CT scan.

CT scan and bloods are reviewed by the SCAN team

A cancer is discovered
You will be referred to the appropriate cancer team for further investigation and treatment

No obvious causes is found for the symptoms
You will be referred to the Multidisciplinary Diagnostic Centre (MDC) for further assessment by a senior clinician

A non-cancerous disease is identified
SCAN team will organise further imaging or investigations when needed
Aims and Objectives

Aim
To pilot a primary-care led Multidisciplinary Diagnostic Centre (MDC) pathway for patients with “low-risk but not no-risk” symptoms of cancer falling outside of 2-week-wait pathways.

Objectives
• Reduce cancer stage at diagnosis by lowering the referral threshold for suspected cancer
• Identify the optimal configuration of GP and specialist input to diagnose cancer in this group
• Measure the impact on referrals made to existing 2ww pathways
• Improve patient experience by reducing time from first referral to diagnosis
• Reduce the number of emergency presentations
• Support GP referral processes
Critical Success Factors

- Referral Criteria
- Work Force
- Radiology Scanning and Reporting
- Data Collection
Oxfordshire SCAN Pathway for Non-Specific-Symptoms of Cancer or Serious Disease

GP Pro Forma Oxon

Please email to orh-tr.ace2scan@nhs.net - please request a Read Receipt when sending

Pathway Information

The SCAN Pathway is part of a national programme designed to assess the rapid investigation of "vague" or "non-specific" symptoms and clinical signs that could represent cancer or serious disease, but that do not already have a designated pathway for urgent investigation or referral.

Within 7 days of referral, a CT Neck, Thorax, Abdomen, and Pelvis and a broad panel of laboratory investigations will be completed and the results reviewed by a virtual Multidisciplinary Clinic (MDC) for non-specific symptoms.

If there is high suspicion of a specific diagnosis (cancer or non-cancer) from the CT the MDC will automatically refer your patient to an urgent referral pathway, a specialist clinic, or for further specialist testing (e.g. colonoscopy). If doubt remains following initial testing, the patient will be reviewed in person at the MDC for non-specific symptoms. Your patient will be referred back to you with a diagnosis or management plan once all investigations are completed. You will automatically receive the results of all blood tests and CT performed.

If you have already referred a patient to a pre-existing cancer pathway, and these tests are negative, and you wish the patient to be referred to the ACE Pathway, then if you have checked the box below, this will happen automatically – and you will be informed.

Referral Criteria

- There is no other urgent referral pathway for this clinical scenario
- Not 40 years of age

Checklist

- Do you suspect cancer?
- When did the patient first attend primary care with this problem?

Persistent nausea or appetite loss

Unexplained Weight Loss

Details

Duration

Severe unexplained fatigue

New atypical pain (e.g. diffuse abdominal pain or bone pain)

Unexplained laboratory test findings (e.g. anaemia, thrombocytopenia, hypercalcaemia)

In your opinion, what is the % risk of cancer in this patient?

Clinical Narrative (If necessary)

Automated Data

Manual Data Entry

Height

Current Weight

Last Weight but 1

Last Weight but 2

Last Weight but 3

Smoking

Alcohol Consumption

Family History

Medication

Problems

Allergies

Consultations

Values and Investigations
Critical factors to consider

Workforce

- The Navigator Role
  - Communicate effectively with GPs, patients and secondary care clinicians
  - Organise appointments at various stages of the Pathway
  - Act as a support and information role for others within the service
  - Helpful to be able to ask for consent and take bloods

- The MDC Clinician Role
  - A General Physician
  - Helps to work within or have links with AAU
  - Capacity
  - Integration (Technical and Cultural)
  - On-ward referring to other specialties
Critical factors to consider

Radiology Scanning and Reporting

• CT has 20 available slots per week for SCAN patients

• A low dose, portal venous CT Chest, Abdomen and Pelvis protocol has been developed for these patients

• SCAN CT reports are reported using a standardised proforma

• A core group of experienced consultant radiologists report these CTs

• Reports are issued within 7 days of the scan being performed
Critical factors to consider

Data Collection

- SCAN data is collected through bespoke referral, Radiology, and MDC reporting forms.
- On acceptance to the pathway each patient is assigned a unique identifier that will allow them to be followed up and anonymise them for analysis.
- Patient records are gathered retrospectively by the GP referral form.
  - Combination of GP input and automatic populating from the GP patient record.
- These forms ensure all required data is collected.
- Data is currently collated into the database by research assistants in our team, we hope similar teams will be set up in other sites.

CT Reporting

- Reporting templates have been created that cover every organ scanned.
- Improves consistency in reporting and ensure required information is recorded

The Open Clínica Database

- Web-based database is accessible from any site
- Administred and controlled by NDPCHS data manager
- All sites will have their own area in the SCAN database that will only be accessible to them and nominated members of the evaluation team.
- OpenClinica is set up to mirror the GP referral form, and the Radiology and MDC reporting forms
Points of Data Collection

1. Patients present to GP with "low risk but not no risk" symptoms.

2. The GP completes the SCAN pathway referral form.

3. Patients are contacted by the SCAN navigator and an appointment is arranged as soon as possible – target 1 week.

4. Patients attend first appointment where they the SCAN navigator takes blood and stool sample. Patients have CT scan and samples are sent to the lab.

5. Once the investigations are complete, all patients fill in an anonymous patient experience survey. Consented patients also complete the COS questionnaire anonymously.

6. Consented patients are contacted by the SCAN Navigator within 7 days of the CT appointment. The navigator informs the patient which route they have been referred to.

7. Patients referred to the SCAN MDC are given the ACE Wave 2 Patient Experience survey at the end of their clinic appointment. All further tests and diagnoses are recorded. All patients are followed-up for two years.

Consented patients who are diagnosed with a cancer and/or a serious disease receive a second COS questionnaire 6 months after the diagnosis is made. Patients who receive a cancer diagnosis are also asked to complete a UK Cancer Costs Questionnaire. All patients are followed-up for two years.

Questionnaires

Referral Form

Secondary Care Record

Questionnaires, Primary & Secondary Care records
Number of referrals (03/04/17 – 12/10/18)
- Referrals received: 979
- Referrals Rejected: 150
- Patients Scanned: 736

Cancer Conversion Rate
- Current rate stands at 11%

Serious but non-cancer diagnosis

<table>
<thead>
<tr>
<th>Sarcoidosis</th>
<th>Inguinal hernia (requiring surgery)</th>
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<tbody>
<tr>
<td>Hiatus hernia</td>
<td>Heart failure</td>
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<tr>
<td>Coeliac disease</td>
<td>Osteopenia</td>
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<tr>
<td>Chronic urinary retention which required hospitalization</td>
<td>Mental Health, Welfare and Safe guarding issues</td>
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<tr>
<td>Hyperparathyroidism</td>
<td>Pericardial effusion</td>
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<td>Addisons disease</td>
<td>Coronary artery disease</td>
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<tr>
<td>Pagets disease</td>
<td>Diabetic Amyotrophy</td>
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Supporting Evidence of the SCAN Pathway

Quantitative

Cancer diagnoses made through SCAN

- 1 Bladder
- 1 CUP
- 1 GIST
- 1 Liver
- 1 Mesothelioma
- 1 Myeloma
- 1 Ovarian
- 1 Thymoma
- 2 Leukaemia
- 2 Stomach
- 2 Prostate
- 5 Breast
- 6 Lymphoma
- 6 Renal
- 8 Pancreas
- 11 Bowel
- 15 Lung
Qualitative

**GP Feedback** – 40 responses to our GP survey

- 85% of GPs find the referral form convenient to use
- 90% are satisfied with the speed in which patients have been seen
- 77.5% are satisfied with the information received following a diagnosis
- 90% would recommend the service to colleagues
- 92.5% would use the service again in the future

"It's excellent. The most useful new service in all my time as a GP (13 years)"

"I have been very impressed with the SCAN service, which has diagnosed & referred onto MDT & oncology. 2 patients have been diagnosed with metastatic cancer pancreas"

"A good service to patients and to clinicians"
“Very quick to be seen”

“Speed of response from initial phone call and care and concern of staff”
“Relaxed and informal but thorough—nothing could be better!”

“Made me feel that they might get to the bottom of my pain”
Evaluation of Oxford SCAN Pathway

- All patients referred to the SCAN pathway form the SCAN cohort.

- Retrospective and prospective data is collected on the SCAN cohort.

- SCAN is being evaluated on:
  - Short term diagnoses made within 28 days
  - Cancer site and stage at diagnosis
  - Non-cancer diagnoses
  - Long-term diagnoses made within 2 years of referral
  - Time intervals associated with diagnosis
  - Incidental findings
  - Cost effectiveness
  - Patient and GP satisfaction
Thank you

SCAN Patient / GP Video

https://www.youtube.com/watch?v=txWeI4fyZSE