Somerset Radiology Decision Support Tool

Fig 1

ACE pilot pathway Overview

Risk Score to be used during GP consultations and LTC clinics (Score part of Emis template) to identify potential patients for admission onto pilot. Note: Patient must have active symptoms to trigger assessment via risk score.

“A patient who fulfils the criteria for a Two Week Wait referral should be referred via that route”

- Low Score, no action
- High Score for Chest X-ray and discuss induction onto pilot

Pilot referral form (Emis Template) including enhanced clinical information (FEV, Smoking etc). Emailed to agreed Trust Email Address as part of standard X-ray Request (Standard x-ray request still required) allowing Radiologist decision making (X-ray form replaces CT request and 2WW referral). GP to ensure enhanced discussion with patient and consent onto pathway, provide patient information leaflet.

Chest X-ray (Radiologist decision making on direct CT, 2WW referral, interval Chest X-ray).

(Please use agreed Radiologist Decision tool for next step)

- Normal CXR
  CX1
  - Manage as per Decision tool

- Benign abnormality
  CX2
  - Manage as per Decision tool

- CX3 A) Infection (CX3 B) (probably benign but ? malignant)
  CX3A/CX3B
  - Manage as per Decision tool

- CX4 probably malignant but ? benign
  CX4
  - Manage as per Decision tool

- Lung Cancer
  CX5
  - Manage as per Decision tool
<table>
<thead>
<tr>
<th>Code</th>
<th>Result</th>
<th>Radiologist action</th>
<th>Standard text with report and Management Plan</th>
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</thead>
</table>
| CX1 (Normal) | Normal CXR  
Equivocal CXRs should be discussed and repeated if necessary prior to the report going out and a decision made as to which of the 5 categories they fit into. | Report to primary care, patient back to GP. | A normal CXR does not exclude malignancy. If there is still a strong clinical suspicion referral to the clinic is advised  
With haemoptysis:  
A normal CXR does not exclude malignancy but minor/resolved haemoptysis without other symptoms has a low risk |
| CX2 (Benign abnormality) | Other Pathology – not normal CXR but abnormality that does not need further investigation | Report to primary care, patient back to GP. | No further action required - ? same standard text as CX1 |
| CX3 A) Infection  
CX3 B) (probably benign but ? malignant) | A) Infection  
B) Abnormal uncertain pathology | A) Book repeat CXR. Communicate plan to Primary Care.  
Second CXR to be managed as per Pilot pathway.  
B) Book CT  
Communicate plan to Primary Care.  
CT results to be managed as per Pilot pathway. | A) Repeat CXR in 6 weeks.  
B) CT Scan booked |
| CX4 probably malignant but ? benign | Abnormal uncertain pathology – or pathology that needs further evaluation | Book CT scan, refer to MDT (MDT Co-ordinator to upgrade the patient onto the 62 day pathway). Report to primary care | CT scan booked |
| CX5 | Lung Cancer | Book CT scan, refer to MDT (MDT Co-ordinator to upgrade the patient onto the 62 day pathway), report to primary care | CT scan booked and patient booked into fast track clinic |