Planning / setting up a cancer diagnostic pathway for non-specific but concerning symptoms

The following information is based on feedback from the five ACE Wave 2 projects, and outlines early learning from their experiences to date. The information focuses on key considerations for the planning and development stage of Multidisciplinary Diagnostic Centre (MDC)-based pathways.

How much time do I need?

- On average a MDC takes 16 months* from early planning to roll-out

  *This figure is based on the findings of the four projects starting with no prior arrangements in place

- Allow extra time to address these issues as early as possible:
  - Finding a suitable, patient-appropriate location for the MDC clinic
  - Clinical job planning and securing clinical involvement

What is essential to effectively developing MDC plans?

- Build your plans around people who believe in the MDC – projects indicate that a commitment to the MDC model is more important than clinical specialisation
- Agree and promote a clear vision from the outset
- Quickly establish dedicated project management and admin roles, and use a committed steering group to co-ordinate work effectively
- Include key stakeholders from day one, especially:
  - Primary Care and CCGs
  - ED / A&E
  - CUP and MUO
  - Cancer MDT leads
  - Diagnostic Services (Radiology, Endoscopy etc)
  - Ambulatory Care
  - Booking and Appointments
  - Business Intelligence

How do I work with primary care professionals?

- Primary care referrals will directly impact upon the success of the MDC pathway, so good relationships and regular contact is key from the outset
- Place automated prompts on ICE (an IT system) to address the issue of incomplete bloods, and provide prompt feedback to practices following inappropriate / incomplete referrals to avoid reoccurrence
- Use real-time MDC data to target low referring practices and provide immediate feedback following inappropriate referrals into MDC
- All projects said 1-1 practice visits by a CNS resulted in increased referrals, despite a big commitment
- Keep primary care professionals engaged and informed through:
  - GP crib sheets
  - Patient symptoms criteria posters
  - Monthly GP newsletters
  - MDC section on CCG website
  - Attending GP education days and events
What are the key data elements to focus on from the start of MDC planning?

- All five projects stressed the need to tackle data management and information governance as soon as possible due to the complex nature of the subject.
- Projects found it helpful to set up unique e-mail accounts for each MDC site. As different IT systems can hamper access to MDC referral forms they also built a range of forms compatible with each system.
- Estimating referral volumes and setting comparator baselines is likely to be challenging, and a lack of local statistical evidence can negatively affect buy-in. Projects found it helpful to:
  - Analyse local cancer data and population statistics to assess local need
  - Use Danish evaluation papers to estimate referral volumes
  - Work with primary care to develop comparator records (baselining)

How do I deal with operational challenges?

Several projects found that there were limited resources for MDC pathways. This presented each project with unique challenges; below are examples of how each project overcame these issues. Further material on early learning from the MDC pilot sites will be published in the interim report.

- **Airedale** process mapped the patient pathway to identify all potential points of contact, before liaising with stakeholders, to ensure project resources were used efficiently.
- **Leeds** developed a virtual collaborative network to enable resource-light access to specialist guidance as required.
- **Oxford** identified a pool of specialist radiologists for MDC reporting, developed pre-agreed pro formas for reporting and added work into job plans as funded tasks.
- **London** revised access to CT as MDC referral numbers increased, and have prioritised MDC reports as suspected cancer to avoid any delays to reporting.
- **Greater Manchester** On one of the Greater Manchester sites the ACE CNS cross covers with the Acute Oncology Team, which has improved the resilience of the MDC and its links to AO and A&E.

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