Accelerate, Coordinate, Evaluate (ACE) – Findings of the first Multidisciplinary Diagnostic Centre Pilot

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Problem – Diagnosing symptomatic cancer early

• Early cancers have few or vague symptoms
• Many patients have vague symptoms
• Alarm symptoms often means late stage
• Many patients with no cancer have alarm symptoms
• UK - 1:1000 GP consultations due to cancer
• <50% diagnosed via cancer pathways
• Need to seek Alarm ‘PATTERNS’ not just symptoms
The MDC – Part of an integrated solution

- Increase use of Clinical Decision Support Tools
- Education to look at Pattern not just Symptoms
- Low-cost diagnostic tests - biomarkers
- Structured use of Direct to and Straight to Test

**Faster specialist assessment and rapid diagnosis**

- National/Regional surveillance of high risk patients

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MDC – Avoiding the Hospital Pinball Machine


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MDC Pilot – Wave 1 Project Outline

- ACE Program (CRUK) - Accelerate, Coordinate, Evaluate
- A more structured diagnostic pathway for defined groups of patient with abdominal symptoms
- To improve flow and avoid unnecessary admission
- Assessed by clinicians, supported by pathway coordinator +/- CNS
- 2 pilot sites at UCLH (from June 2015) and Queen’s Hospital, Romford (from September 2015)

ACE Wave 1 – MDC Pilot - Indications

- Painless jaundice - bilirubin >50
  - To reduce inpatient days
- Unexplained weight loss
  - To enhance a 2ww pathway
- Two ED visits with abdo pain
  - To reduce ED attendance
- Vague abdominal symptoms
  - To enhance a non-2ww pathway
Wave 1 Patient Pathway

GI MDC
History and Examination + Coordinator

CT OGD ERCP COL
Consultant-led Management Plan

Refer to MDT Admit Discharge with plan
Letter to GP & patient

February 2017

Reasons for Referral
(UCLH and BHRUT)

Vague abdominal symptoms 50%
Weight loss 43%
Multiple A&E visits with vague symptoms 2%
Others without clear pathway 5%

Weight Loss 32%
Weight Loss with vague symptoms 11%

61% of patients had vague symptoms
Cancer

- Metastatic cancer
- Pancreatic cancer
- Ovarian cancer
- Colorectal cancer with liver metastasis
- Cancer of unknown primary

Significant Diagnosis

- Gallstones, requiring surgery (4)
- Gallstones, requiring ERCP (1)
- Intraductal Papillary Mucinous Neoplasm of pancreas (3)
- Pancreatitis (3)
- Pancreatic cyst – for distal pancreatectomy (1)
- TB (1)
- Colonic polyp (6)
- Oesophageal pouch (1)
- Renal lesions (3)
- Bulky ovaries (1)
- Aortic aneurysm/dissection (2)

207 Patients – 15% Significant Pathology

MDC Diagnoses in Year One

Conversion up from 2.4% to 3.0% (9) at 15 months

Patient Experience

(First 50 patients)

- 82.8% felt they received their first hospital appointment as soon as was necessary
- 89.3% felt their test results were explained in a way they could understand
- 78.6% felt they waited a reasonable amount of time while attending clinics and appointments

February 2017
Next Step – Learning from Wave 1

MDC essential features
• Primary care preparation and communication
• CNS and pathway coordination
• A specific site with ambulatory facilities
• Local managerial buy-in and clinical leadership
• Enthusiastic clinical providers

Patient pathway optimisation
• Vetting referrals to improve appropriateness
• Integration into CUP and AOS

MDC Pilot ACE Wave 2

The MDC is appropriate for Symptoms with a high risk of cancer AND either

• Non-specific but concerning symptoms, with no clear other site specific 2WW pathway

OR

• Too unwell for a 2WW pathway but not need admission