

Case Study: Pre-Rapid Access Clinic diagnostic MDT

An example from Leicester

The Lung Cancer MDT in the University Hospitals of Leicester NHS Trust (based at the Glenfield Hospital, Leicester) has a long history of running a pre-clinic diagnostic MDT. Its key elements are as follows:

- New referrals for suspected lung cancer are channelled through a weekly Rapid Access Lung Clinic (RALC) staffed by 4 consultants and one StR in Respiratory Medicine.
- All Chest X-rays suspicious of a diagnosis lung cancer are coded and a CT scan of the thorax upper abdomen and neck (usually contrast-enhanced depending on a patient-completed questionnaire and the judgement of the radiologist plus the availability of recent renal function in patients with known renal impairment) is carried out prior to the RALC (including the facility for them being done on the same day).
- For an hour prior to the RALC there is a pre-clinic diagnostic MDT attended by:
 - All consultants and StRs servicing the clinic
 - Consultant Thoracic Radiologist - plus an StR
 - Lung Cancer Clinical Nurse specialists (usually 2)
 - A consultant thoracic surgeon (who has a parallel clinic on the same afternoon)
 - Out-patient nurses
 - Other observers (e.g. medical students)
- All new patients are discussed using the clinical details as available from the referring GP or other specialist team. A provisional diagnosis is made and, where lung cancer is suspected, a diagnostic plan is produced and request forms completed in the meeting for planned tests (e.g. PET-CT, EBUS, plain bronchoscopy, etc.). Plans can be altered if, when the patient is seen, they are unfit for the investigation or refuse.
- Patients with highly suspicious but likely surgical candidates are booked to see the thoracic surgeon in his parallel clinic on the same day
- Ultrasound tests are available during clinic, with radiologist time being set aside for that. These include:
 - US neck in patients with very bulky mediastinal lymphadenopathy and/or neck nodes visible on CT
 - Diagnostic pleural tap
 - US guide needle biopsy of chest wall lesions were appropriate
- Slots for bronchoscopy, EBUS, PET-CT, CT guided biopsy and thoracoscopy are usually available either the following day or within a few days.
- Patients where Small Cell Lung Cancer is suspected have their biopsy procedures prioritised and pathological specimens clearly marked as urgent.
- Traditionally there have been overflow 'slots' in the clinics to cope with large surges in the number of referrals. A second RAL clinic has been piloted within the last year to optimise patient flow and the two clinics utilise a total of 5 respiratory consultants and 2 StRs between them

Leicester team contacts:

Lead Clinician: Dr Kimuli Ryanna: kimuli.ryanna@uhl-tr.nhs.uk

Lead Thoracic Radiologist: Dr Amrita Bajaj: amrita.bajaj@uhl-tr.nhs.uk