

One stop lung cancer clinics - South Tyneside

At South Tyneside we run 3 one stop lung cancer clinics a week. On Tuesday we run a joint clinic with 2 Respiratory consultants with an interest in lung cancer. Our Respiratory SpR and palliative care F2 attend along with our 2 lung cancer nurse specialists. There are 8 new slots between 9-10am, 4 per consultant with the patient being seen by a clinic nurse first for observations and spirometry, during which s/he checks the patient received the patient information sheet (PIS) which is sent out with the appointment letter and is aware that the clinic is potentially all day. The PIS explains the clinic and what tests may be carried out as part of the clinic and encourages people to attend with someone as they wish. The new patients are seen with our 2 lung CNS targeting being in with the patients we feel are most likely to have lung cancer. The patients then attend for bloods and an ECG as appropriate before attending for a CT again if appropriate. The need to be NBM is explained though if a patient is clear they wouldn't want a bronchoscopy on the same day then they can eat and drink.

When the 2 ww referrals come in they are reviewed by the named consultant and marked for CT as appropriate, if no U and Es have been done recently these are arranged half an hour before the appointment time so the result is back by the time of the CT. We have a hot lab on site with a quick turnaround, again useful so results are back for any procedures in the afternoon if bloods are taken after the patient is seen as above. In addition when the referral is reviewed if a patient is on a blood thinner a decision can be made re. likelihood of bronchoscopy/procedure and safety of stopping and then stopped if appropriate in time for the procedure by the secretary ringing the patient. The PIS includes the possibility for bronchoscopy in the afternoon, impact on driving to clinic etc..

We have 4 dedicated CT slots between 10am and 10.45am with the CT list being covered by our thoracic radiologist who then attends the MDT on Thursday. These are assigned the Friday before to the 4 highest priority new patients by the lead consultant (me) and my colleague if I'm on leave. In reality it is very rare that more than 4 CTs are required as some patients will have had a CT already or the CXR is normal and history not strong enough to say a CT is definitely needed. The patients who have had a CT already will either be referrals from colleagues or because our radiology department will offer direct to CT to GPs for some CXR abnormalities. These tend to be the incidental findings ?artefacts, whilst for the patients with concerning symptoms and/or CXR abnormalities radiology advise a 2ww referral so the patient is seen as part of our one stop lung clinic. This allows a warning shot from the GP and then us prior to the CT as part of the clinic as appropriate to the level of concern. If more than 4 CTs are required we discuss with radiology who will try to add an extra slot or perform the CT on the day before the clinic.

Whilst the new patients are attending for their CT we have 18 F/u slots between 10 and 12pm (9 per consultant) for our lung cancer or ?lung cancer patients. We will overbook if necessary. During this time the new patients return from CT, having been warned there will be a bit of a wait before they are seen with the result. In this time our cancer research CTO approaches them re. research with currently one study we are taking part in being suitable for all the new patients and able to be carried out in the time between the CT and being seen with the result – we find most patients are keen to take part in research and it is a useful distraction for them whilst waiting. Once all the F/U patients are seen we see the new patients with their CT result. If a bronchoscopy is the next step

they are listed for the same afternoon (or Friday as per patient wish – most opt for the same day) and the list starts at 1.30pm. In addition any other patient seen in the morning that requires a bronchoscopy or EBUS is listed for the same afternoon, with the list being both an EBUS and bronchoscopy list depending on demand. We will prioritise non-cancer patients to another bronchoscopy list to keep the Tuesday afternoon list free for our clinic patients.

If a patient requires a pleural tap or aspiration, again that is accommodated in the afternoon as per patient wish. For CT biopsies we tie in with radiology for their pre-assessment following the clinic when they are given a date for the biopsy the following day or 2. More complex pleural procedures – medical thoracoscopy/IPC are performed on Friday. If a PET is required this is requested on the day of clinic after discussion with the thoracic radiologist, by popping in to the radiology department at the end of the morning – an opportunity to discuss any other queries rather than waiting for the MDT.

The fact the Tuesday clinic is a joint consultant clinic allows it to never be cancelled (and with being a Tuesday it is never cancelled due to a Bank Holiday). If one of the consultants is away the other sees 6 new under their name, and the SpR then sees any urgent F/U patients of the absent consultant with a lung CNS – preventing any unnecessary delays for the patients re. results and treatment planning.

The third one stop lung clinic is on the Friday with the third consultant with an interest in lung cancer alongside a lung CNS. The clinic runs exactly as above but with 3 new and 2 CT slots. Again the clinic is followed by a bronchoscopy list. Plus the medical thoracoscopy list runs on Friday afternoons. If the Friday clinic is cancelled due to leave any urgent F/U patients are seen as part of the Tuesday clinic.

By having one stop lung clinics on both Tuesdays and Fridays, it allows for a timely review of new patients. The majority of patients are seen on the Tuesday clinic with the MDT on Thursday with results from the Tuesday afternoon list turned around in 2 days by pathology. Ultimately we have a smallish team with excellent radiology and pathology departments and good working relationships allowing for the flexibility of seeing patients and performing procedures as necessary for their needs. All 3 consultants will see patients outside clinics as needs arise such as patients with a new diagnosis of small cell and we have 3 oncology clinics a week on Mondays, Thursdays and Fridays which allows lung CNS support in these. All this leads to good performance re. 31 and 62 days and most importantly good patient experience.

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