Kingston Hospital NHS Foundation Trust

RM Partners Report - Early Diagnosis Interventions

Trust Board	**Item: 14**
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Purpose of the Report: To present the annual report for information.	
For: Information ☒ Assurance ☐ Discussion and input ☐ Decision/approval ☐	
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Risk Implications – Link to Assurance Framework or Corporate Risk Register:	Links to top risks in the BAF
Legal / Regulatory / Reputation Implications:	Supports achievement of operational performance standards for cancer
Link to Relevant CQC Domain: **Safe ☒ Effective ☒ Caring ☒ Responsive ☒ Well Led ☐**	
Link to Relevant Corporate Objective:	Systems & Partnerships - Care that connects
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Recommendations: The Board is asked to note the content of this report.	

Ipsos MORI
Social Research Institute

YHEC

RM Partners Evaluation

Early Diagnosis Interventions

Final Annual Report

April 2019

Executive summary

In 2017 RM Partners received Cancer Transformation Funding from NHS England to pilot a number of interventions with the overall aim of improving survival and quality of life for the local population. The interventions focused on pathway redesign in prostate, colorectal and lung cancers, and on achieving earlier diagnosis through improving cancer awareness in primary care, including helping to increase participation in screening. A list of the interventions concludes this summary.

The ambition of RM Partners is to deliver the improvements set out in the National Cancer Strategy: secure improved performance against the 62-day standard, improve cancer staging, see a reduction in cancers diagnosed through emergency presentations, and improve patient experience across West London. Beyond the interventions, RM Partners has sought to have a co-ordinating and influencing role across the system – promoting the sharing of learning and collaboration between providers.

Evaluation of the early diagnosis interventions

Ipsos MORI and York Health Economics Consortium (YHEC) were commissioned by RM Partners in September 2017 to conduct a process and impact evaluation of its Transformation Fund intervention projects. The evaluation objectives were to: assess the impact of each intervention on patient outcomes and experience; generate an evidence base to support the economic case for the interventions; provide an assessment for wider roll-out; and understand the value of RM Partners as a system leader.

This report concludes the evaluation. It brings together findings from the following evaluation activities: inception and familiarisation; qualitative case studies at sites implementing the interventions (138 interviews completed across the evaluation in total); multiple interviews with RM Partners' project managers; 30 consultations with stakeholders across the system including NHS England, Sustainable and Transformation Partnerships (STPs), Clinical Commissioning Groups (CCGs), Trust CEOs and Chief Operating Officers; quantitative analysis of available data on the outcomes of the interventions; qualitative interviews with 28 patients; and economic analysis.

Key achievements

Within two years, RM Partners has provided leadership and direction for the system, building positive and collaborative working relationships with system partners, allowing it to drive improvements in earlier and faster diagnosis. Its key achievements can be summarised as follows:

- It has surpassed its target of **improving 62-day performance by 3%** by the end of March 2019 (at a time when 62-day performance for England as a whole has dropped by 2.5%) and is consistently the highest performing Cancer Alliance for this metric.
- It has seen positive **improvements in cancer staging** and **reductions in emergency presentations** (outperforming data for England as a whole).
- The interventions have achieved a range of patient outcomes that are described in detail in the individual project chapters. Examples include:
  - **Reduction in prostate biopsies:** Between 51% and 58% of patients are avoiding an unnecessary biopsy on the RAPID pathway.

  - **Reduction in DNAs:** The endoscopy DNA rate for Croydon has declined from 20% to 0.4% following the introduction of a nurse-led telephone triage in the colorectal pathway.
  - **More efficient use of staff time:** The Optimal Lung pathway has freed up Clinical Nurse Specialist (CNS) and consultants' time through greater administrative support and fewer outpatient appointments.
  - **Increased screening:** Over 41,000 non-responders have been specifically invited to take part in a screening test or health check and over 5,900 have been screened or checked as a result.
  - **Increased GP training and support:** Over 1,000 GPs and practice staff have received training or support to improve their cancer awareness and referral behaviour.

- **Patients have been very positive** about their experiences of the pathway redesign projects (particularly in reference to the staff they have interacted with and the speed of the pathway), and pathway modifications have been well received.
- RM Partners has **accelerated pathway changes** through additional funding and hands-on project management which would have been implemented at a much slower pace in its absence.
- The **economic case** for a number of the piloted interventions has been demonstrated. The economic models developed for RAPID and the Colorectal Redesign pathway show the redesigned pathways to be financially sustainable into the future alongside bringing substantial benefits for patients (reduced biopsies and sepsis, fewer colonoscopies and fewer appointments) and for capacity (reduced outpatients and active surveillance). For the screening projects, the economic case studies concluded that while they are unlikely to deliver cost saving, the earlier detection of cancer has the potential to be cost effective, when considering patient gains in terms of reduced mortality and increased quality of life.

RM Partners' ways of working

The achievements of RM Partners have been underpinned by a number of factors, described below.

- The **seniority and competency of the senior team** was noted as a key strength. Particularly RM Partners' dedicated senior resource, with relevant expertise and close links to the National Team, coupled with a tight governance structure, has enabled the Alliance to unite the partnership behind a common goal, and generate faith and trust in its ability to deliver.
- **Expertise and motivation of the wider team** has also been crucial in driving RM Partners' achievements. For example, RM Partners' team has provided additional capacity to project manage a number of the interventions which has been crucial in supporting busy operational environments to deliver the changes required. However, more than providing capacity, staff at sites also noted that RM Partners project managers were knowledgeable and experienced (and therefore credible), as well as enthusiastic about driving improvements. This has been important in bringing teams together and inspiring change.
- RM Partners' governance meetings have been instrumental in **fostering greater collaboration between Trusts,** bringing senior leaders together regularly to discuss issues and best practice in a way they had not done before, and to engender a shared accountability for the delivery of cancer services.

- Stakeholders and staff at sites also commented positively on RM Partners' sharing of learning across the patch, with the partnership creating space to share best practice and collectively problem solve. Individuals able to comment on RM Partners' sharing of learning at the national level recognised its willingness to showcase its work and influence workstreams such as the national roll-out of the RAPID pathway, and cancer waiting times guidance.

- RM Partners has prioritised limited funds to areas where it can have most impact, with a focus on where the greatest problems are. It has done this through a critical review of its data, as well as aligning with national priorities. RM Partners was seen by many stakeholders to be influential in terms of its access to, and use of, data to identify priorities for the system.

Implementation lessons

Through the Transformation Funding interventions, RM Partners has generated learning regarding the successful implementation of these projects. Some of the variables described below are outside the direct control of RM Partners though it has still sought to influence local sites and practices positively in these areas.

Successful implementation of the pathway redesign projects has been assisted by the following aspects:

- Internal engagement across all departments within Trusts is required: The pathway changes depend on a number of departments (e.g. administrative, nursing, medical, diagnostic, pathology) collaborating, and all teams need to be brought on board early on. The success or otherwise of this can depend on strong clinical leadership, management endorsement and oversight, and the personalities of individuals involved. Where internal engagement has worked well and facilitated the roll out of pathway changes, representatives from all divisions have been involved from the project start, have attended regular steering group meetings, and clear roles and responsibilities have been established early on.

- Sufficient diagnostic capacity, that in some examples can be helpfully ring-fenced: The redesigned pathway changes rely heavily on capacity for diagnostic equipment and staff – in particular radiology but also pathology. Wider roll-out of these pathway changes necessitates the involvement of diagnostic specialists in the project set up and steering group, along with the upfront negotiation of ring-fenced time for diagnostics.

- Engagement with primary care to ensure smooth referrals onto the new pathways: For the Colorectal Redesign and Optimal Lung projects, the success of the pathway changes has depended, in part, on successful engagement with primary care. This is to ensure the correct referral forms and information are provided, patients are referred onto the appropriate pathways and (in the case of colorectal referrals), patients are forewarned of a telephone call from the hospital to undertake the telephone triage.

- Flexibility in roll-out to ensure the pathway changes can be made and sustained: Trusts implementing the three pathway redesign projects have all done so with some degree of local customisation. For example, the redesigned algorithm underpinning the colorectal telephone triage has been adapted to reflect the availability of diagnostics, and the sites implementing RAPID all triage 2WW referrals differently, with patients receiving different forms to complete on first contact reflecting the particular needs of the Trust.

- Particular job roles, individuals, and skills to support delivery: Although each Trust has had different recruitment needs to implement the redesigned pathways, a number of posts are considered to be essential to ensure the pathways run successfully. These include the pathway co-ordinators/navigators for RAPID and Optimal Lung. The redesigned pathway changes also required new skills which will need to be accounted for by Trusts looking to

adopt similar changes. This includes training for radiologists in reporting on CT colonoscopies (Colorectal Redesign), and in carrying out transperineal ultrasound guided prostate biopsy (RAPID).

The following lessons have been generated by implementation of the early access projects:

- Providing a clear motivation for GP practices to take part: Nearly all of the early access projects relied upon successful engagement of GP practices and their staff. For a number of the projects (Bowel Screening, Cervical Screening, and the GP Decision Support Tool), CCG cancer leads and Macmillan GPs have been key in successfully engaging practices. In addition, projects have been more successful where there are clear motivations for GPs and practices to take part. This may be because the project is considered a low burden (such as Bowel Screening), or where GPs or practices stand to benefit (such as free attendance at education events, or support with interpreting the NG12 guidance through the C the Signs tool).

- Tackling information governance issues early on: A number of the early access projects experienced delays in implementation due to complex information governance requirements that needed to be resolved. One of the challenges is the range of organisations which need to be involved in information governance arrangements in primary care (CCGs/ CSUs/ STPs/ individual practices etc.). The early access projects have provided lessons in how to handle these arrangements in the most efficient way, with the Bowel Screening project a good example of how information governance issues were streamlined through the availability of common data sharing agreements and templates.

- Particular experience and skills are crucial to delivery: The success of some of the early access projects are credited heavily to the involvement of particular individuals. For example, it was thought to be hugely beneficial that the founders of C the Signs were healthcare professionals and could therefore better appreciate the pressures facing GPs and the solutions they required. The marginalised groups project was also heavily reliant on the skill set and behavioural attributes of the community development worker (although they were supported by the Public Health team at Kingston and given direction by RM Partners).

Issues for consideration

RM Partners intends to continue investing in and focusing on many of the interventions piloted over 2017-19 which have shown promise – some of which will be funded by the additional Transformation Funding it has secured. As RM Partners continues its work over the coming year, there are some issues for consideration:

- Each of the redesigned pathways has local timeframes for key pathway activity to support delivery of national and local standards, such as the time between MRI and biopsy for RAPID, and the time between chest X-ray and CT scan for Optimal Lung. In some instances, these target timings have been too ambitious for pathways (at least initially), and are not always beneficial, either financially or for patients. While it is likely some target timings will be met with continued effort at Trusts, others may need to be revisited to assess the feasibility (and desirability) of achieving them.

- The time-bound nature of the Transformation Funding, provided as a pump-priming investment, presented some challenges for Trusts with regards to the recruitment and retention of staff needed as part of the revised pathways. NHS England might want to consider providing funding for a longer period than eighteen months to allow pilots to fully embed. Furthermore, it is important that national funds are released in a timely fashion so that pilot sites can maximise the amount of time they have to implement the necessary changes.

- RM Partners' governance structures ensure there is input from primary care and commissioners in its work. However, both RM Partners and some of its partners recognised the way primary care and commissioners are engaged and work with one another could be improved. How the governance structures of RM Partners and those within primary care/commissioning (including the two STPs) can work together therefore warrants further reflection and discussion from both sides.

- Stakeholders suggest that going forwards RM Partners needs to continue to ensure there is a strong narrative as to the decisions made regarding how the Transformation Funding is invested – namely the projects and sites selected, recognising that some stakeholders are hoping for what they perceive as more equitable funding across the partner providers.

Limitations of the evidence

There are some limitations to the evidence collected, the analyses that have been possible and the robustness of the data (with greater detail provided in individual project chapters). The key limitations to the evidence overall, which should be borne in mind when considering the findings and conclusions presented in the chapters that follow, are set out below:

- Delays in data collected nationally: Delays in the availability of nationally published data mean it has not been possible to assess whether RM Partners has met its targets of improving the stage at which cancer is diagnosed by 3.9% by the end of March 2019, and reducing emergency presentations by 3.3%. Similarly, as of April 2019, data are not yet available to assess the impact of RM Partners' screening initiatives on the earlier detection of cancer.

- Data availability: In some instances, a lack of available data at the site level means it has not been possible to make definitive conclusions regarding the intended impact of interventions and it therefore has not always been possible to quantitatively evidence conclusions drawn from the qualitative interviews. This re-emphasises the importance of clear specifications about the data required, delineation of responsibilities for data collection, and potentially greater involvement from RM Partners and/or site data analysts to assist sites with data collection. The patient navigator role is central to ensuring data is collected in a timely way – and RM Partners has emphasised the importance of this role in its service specifications for further roll-out.

- Patient comparison: It is not possible to draw conclusions on how patient experience has changed as a result of the introduction of the pathway changes because patients were not surveyed prior to pathway changes taking place. However, it appears that the pathway modifications have been well received by patients.

- Economic viability: Economic assessments were not undertaken for all of the Transformation Funding initiatives. This was informed by the prioritisation of resource but also in some cases (such as Optimal Lung) where there was a lack of data available for analysis. For a number of the early access projects, the data available was not considered viable for economic synthesis. The early access projects are, by their nature, challenging to analyse economically due to the lack of available data on what would have happened without the intervention being in place. To address this, evidence from the literature, coupled with project implementation data, have been used to model the potential economic outcomes, as in the case of Cervical and Bowel Screening.

The Transformation Funding interventions

	Intervention	Description
Faster diagnosis through pathway redesign	RAPID pathway for prostate	RAPID intends to reduce the time to diagnosis by streamlining diagnostic tests into a one-stop model (MRI and biopsy on the same day) or two-stop model (biopsy within seven days of the MRI); avoid unnecessary biopsies (and hospital visits) for men who do not need a biopsy by triaging them out after MRI if they are low or no risk; and provide more accurate diagnostics by using fusion technology for biopsy.
	Colorectal Redesign pathway	Key features of the pathway in comparison to conventional alternatives are: referral of patients using the electronic referral service (e-RS) though this has since become mandatory; nurse-led telephone triage; straight-to-test (STT) diagnostics; and a redesigned clinical algorithm underpinning patient triage.
	National Optimal Lung Cancer Pathway (Optimal Lung)	RM Partners' pilot has focussed on implementing and delivering the early diagnostic aspects of the Optimal Lung pathway. This is centred on implementing straight-to-test (STT) for a CT scan, test bundling, rapid turnaround times for reporting results, use of protocols and flexible scheduling.
Early diagnosis (early access)	Bowel Screening	This involved trained Health Facilitators contacting individuals who had not responded to a bowel screening test in the last six months to encourage their participation, with the aim of bringing West London in line with the national screening uptake target of 60%.
	Cervical Screening	This project was designed to increase access to cervical screening by offering extended screening clinics in a variety of locations and at different times/days of the week.
	Marginalised Groups	This project was set up to increase cancer screening among marginalised groups in West London, largely through community engagement.
	Low Dose CT (Lung) Case Finding	This project aimed to diagnose patients with lung cancer earlier by identifying the population at increased risk, and then inviting them for a Lung Health Check and, where eligible, a low dose CT scan.
	GP Decision Support Tool	RM Partners has trialled C the Signs – a digital tool to assist GPs and practice staff to successfully identify cancer symptoms and refer appropriately in response.
	GP Education Events	RM Partners funded six day-long education events aimed at GPs and other practice staff to assist them in interpreting the NG12 guidance and being able to recognise potential cancer symptoms at an early stage.
	Safety Netting	A Safety Netting tool was piloted in GP practices across three CCGs in West London. The tool introduces a standard approach to tracking and monitoring patients who are at risk of cancer.
	Dermatoscope	Three GPs in Sutton were provided with dermatoscopes (equipment to enable more accurate identification of types of skin lesions) and 10 three-hour training sessions with a senior dermatology consultant with the aim of decreasing the number of inappropriate dermatology referrals into secondary care.

APPENDIX 1: CONTENTS

Appendix 2: Patient Feedback

RAPID prostate diagnostic pathway

All Trusts reported overwhelmingly positive feedback from patients – staff perceived the positive impact RAPID was having on patient experience as a key strength of the pathway. This is reflected in the patient feedback – although there is no data to compare these experiences with experiences of the conventional pathway. The majority (87%) of patients responding to the patient survey described their experience as 'very good' (and a further nine per cent rated their experience as 'good')[1]. Ten interviews were carried out with patients who had been through the RAPID pathway at the three Trusts; all patients were satisfied with their experience – in particular the speed of the pathway, and the staff they encountered, were noted as key strengths.

"Overall, I had no concerns. It was exactly what was needed for someone who's worried about having cancer." Patient interview – St George's (Negative diagnosis)

Over half (59%) reported that overall their time to diagnosis was sooner than expected (and a further 28% said it was as soon as necessary). The ten patients in the qualitative interviews each waited no longer than 30 days from referral to diagnosis. Patients were impressed with the speed of the pathway, describing the service as exemplary ('the NHS at its best'), and were surprised that things were moving so swiftly. One patient noted that it was reassuring knowing that he would find out whether something was wrong within one day. Other patients noted that they were only left worrying about what was happening over a two or three-week period.

"I was surprised that it was so quick…once it was on track it was all very quick. The speed of things and only having 7 or 8 visits [stands out]. There wasn't a week without a letter, it was all very punctual." Patient interview – Epsom (Negative diagnosis)

"The speed of the appointment and the one-day diagnosis was very important in reducing 'worry-time' and stress. Thank you." Verbatim from patient survey – St George's (Negative diagnosis)

82% of patients responding to the survey said their first appointment at the hospital following their GP referral was sooner than they had expected (14% said it was in line with expectations, and only 4% said it should have been sooner). Likewise, patients in the qualitative interviews reflected that things moved quickly from their GP referral. They received a phone call and/or letter from the hospital explaining where to go and what to expect at the appointment, and some patients recalled being told to book out the whole day.

"I had a call prior to the appointment. Told to book out the whole day. Thought it sounded great – knew that I would find out what was wrong." Patient interview – St George's (Negative diagnosis)

All ten patients qualitatively described good upfront communication from the hospitals on what was going to happen at the appointment. Patients from St George's felt reassured by the first contact on the day of the appointment with a CNS, who went through information sheets, including a diagram of the prostate, and explanation of what they would be looking

[1] 88 patients have completed a survey. Of these, 36 were from St George's, 29 from Imperial, and 23 from Epsom. Of these patients, 25 had a positive diagnosis of cancer.

for with the MRI. The two patients who attended an appointment at Epsom and St Helier valued the TAC appointment to understand what was likely to happen at the appointment. These two patients were happy that their first contact with the hospital was via a telephone appointment, which was seen as a quick and efficient way of carrying out this assessment.

"They were extremely user friendly, explained exactly what was going to happen. Explained the MRI scan later that morning, and they would see me a 1pm." Patient interview – St George's (Negative diagnosis)

"Overall follow up was excellent. The nurse asked lots of questions and made a decision; she said there and then she would be sending me for an MRI scan. And then I would get a consultant appointment – all done very quickly." Patient interview – Epsom (Negative diagnosis)

Trusts delivering RAPID have not implemented same-day biopsies for all patients, and there is no evidence to suggest that experience would be worsened by receiving a biopsy on a different day. However patient feedback suggests that same-day biopsied would be well received. Same-day biopsies was preferred by 63% of the patients responding to the survey; 20% said they would prefer the tests on a different day and 17% don't mind. 22 patients responding to the survey had a biopsy on the same day as the MRI, and 18 of the 22 said this is what they would prefer. In the qualitative interviews patients thought same day diagnostics would be preferable as long as expectations had been set up front. Two patients noted that this might offer a more efficient use of resources.

"If expectations set in advance then that would have been fine. If not, it might have been a shock. As long as the journey and timescales are clear. I had the expectation that it wouldn't be the same day so it was ok." Patient interview – Epsom (Negative diagnosis)

"If they can do it so much the better – if the patient is happy why not? It wasn't urgent but if it would be more cost effective then why not? If they can save the NHS some money" Patient interview – Imperial (Cancer diagnosis)

The majority (98%) said that their diagnosis was communicated sensitively. 95% were clear about what would happen next, and a similar proportion (94%) were clear about the further support available to them. Seven patients in the qualitative interviews had a negative diagnosis; they all reported that they had the opportunity to discuss their symptoms further with the consultant or CNS, and understand what might have caused their higher PSA. Two patients who received a diagnosis of cancer were also happy with the information provided to them at the time of diagnosis. One patient, who had a cancer diagnosis, said that he was provided with too much information at diagnosis and was overwhelmed by the pressure to make a decision about treatment – reflecting the importance of ensuring patients are comfortable and capable of taking on board the information and choices discussed with them.

"They said that as far as they could see it was not cancer…They were very good at explaining everything. Said that they would communicate with the GP to expect higher PSA, and suggested some medications." Patient interview – St George's (Negative diagnosis)

"I asked questions around the bladder – and the PSA test. [The consultant] explained that although it shows up if you have cancer it will also rise if you've got enlargement…Explained it very well and made sense." Patient interview – Epsom (Negative diagnosis)

Patients in the qualitative interviews were also positive about the staff they encountered along the pathway, and this was highlighted as a key strength in the interviews. Staff were described as attentive, informative and patient centred. Likewise, in the patient survey, all but one patient agreed that the staff worked well together throughout the pathway.

"All points of contact were very helpful – it felt very patient oriented. Introduced themselves, said what their role was (e.g. to look after me before going into surgery). Made you feel comfortable." Patient interview – Epsom (Negative diagnosis)

"Outstanding consultant and nurse, excellent care. Very reassuring throughout and excellent communication." Verbatim from patient survey - St George's (Negative diagnosis)

"Considering it was unpleasant, I was treated very well by all the people treating me. It is a working family. Each person works with each other as a well-oiled chain." Verbatim from patient survey - Imperial (Negative diagnosis)

Colorectal redesign pathway

RM Partners and Trusts administered a patient survey to understand experiences of the telephone assessment service[2]. Furthermore, as part of the evaluation, eight interviews were carried out with patients who had been through the redesigned colorectal pathway.

Patients were overwhelmingly positive about their telephone assessment and only a very small minority expressed a preference for the assessment to be done face-to-face rather than by phone. Nearly all patients said the Colorectal Telephone Assessment Service was either 'excellent' or 'good' (96%, with 62% saying it was 'excellent'). Given these scores, it is not surprising that the vast majority of patients (98%) say they would be happy to receive a future appointment in the same way in future, with only two individuals saying they would not be happy with this arrangement. Free text responses give an indication of what is driving such positivity – many of the comments relate to the convenience of being assessed by phone rather than in person, and favourable descriptions of the NHS staff conducting the appointment (such as them being 'friendly, 'knowledgeable', and 'reassuring').

"The person on the other end of the phone was understanding and listened. They were knowledgeable which made me feel confident that my illness was being dealt with in a satisfactory way. They weren't patronising nor did they make me feel uncomfortable." Verbatim from patient survey

"I thought it was brilliant. I was happy with the nurse, she was most professional. She assessed if I should come in and then talked through next steps. I had no unanswered questions after the call." Patient interview – Imperial (Positive diagnosis)

Many patients in the both survey and qualitative interviews talked of their pleasant surprise that they received a call so soon after having seen their GP, which was much faster than their expectation

"I was telephoned the next day after referral! Wow!" Verbatim from patient survey

"I was pleased and shocked they called so early, I had no worries at all about being called." Patient interview – Imperial (Negative diagnosis)

The vast majority of patients said they found it easier not to attend the hospital but to have the assessment over the phone instead. Many of the comments in relation to this emphasised the convenience of not having to travel into hospital, and the telephone assessment being a more efficient alternative which would save both themselves – and the hospital – time. Only two per cent (which equates to four people) after the telephone assessment said they felt dissatisfied with the assessment and wanted to see someone face-to-face still. Reasons for this included difficulties hearing the nurse over the phone, a preference to see healthcare professionals in person, and a lack of suitability for the elderly.

"A trip to the hospital would have been a waste of time and effort for something that was easily done over the phone." Verbatim from patient survey

[2] Note the patient survey data is based on between 182-184 responses, the majority of which were collected at Croydon (77%) and the remainder at Imperial (23%). Trusts have been requested by RM Partners to collect a minimum of 100 survey responses once their service is running fully.

"I would still prefer to see someone face-to-face. I'm not sure that the algorithm used is reliable in terms of assessing symptoms. I'm still going to have to make a trip to the hospital to collect bowel prep. I could have seen someone face-to-face and done this at the same time." Verbatim from patient survey

The patient survey data does however suggest that more could be done to reduce the variation in information provided to patients by GPs regarding the telephone assessment. Just over a quarter of patients (27%) said their GP did not tell them to expect a telephone call from the hospital, and 51% said their GP did not explain to them what the telephone assessment would involve. Not informing patients of the upcoming call runs the risk that patients are unaware of the need to be available at a set date/ time for the telephone assessment, and thus do not answer or find themselves in an inappropriate location in which to have such a telephone call. Some patients had been told to expect a call from the hospital but they believed this was to arrange an appointment to be seen face-to-face. This led to some confusion, and patients not being in a suitable environment in which to discuss personal details relating to their health.

"I understood the telephone call to be to arrange an appointment, I didn't realise it would be an assessment, so I was in my office with another colleague at the time." Verbatim from patient survey

A small minority of patients in the survey and qualitative interviews felt inconvenienced by needing to pick up bowel preparation medication from the hospital (especially since the telephone assessment removed the need to attend hospital prior to their diagnostic investigation). These individuals felt they had received adequate explanation of how to take the medication during the telephone assessment so did not feel it was necessary for the instruction to be given face-to-face, and could not understand why the medication could not be dispensed by their GP or local pharmacy. Indeed, some Trust staff interviewed felt the pathway would be improved further if pharmacists or GPs could dispense the bowel preparation medicines, though it is known there are a number of challenges in doing this.

"I was not very happy about having to make two journeys to hospitals in the next few days before the appointment, one to get a blood test and one to pick up the medication. It all seems a little old school to me." Verbatim from patient survey

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National Optimal Lung Cancer Pathway

All sites reported positive feedback from patients – staff perceived the positive impact the National Optimal Lung Cancer Pathway (Optimal Lung) was having on patient experience as a key strength of the pathway. This is reflected in the three patient interviews that were carried out for patients who have been through the Optimal Lung pathway, across the two sites.

The speed of the pathway was also valued by the six patients interviewed. In particular, being able to get a diagnosis (whether positive or negative) quickly was very important. Patients were satisfied with the speed at which it took for them to undergo a chest X-ray and CT scan after referral, with them estimating that this all happened 'very quickly' within a week.

"I was just lucky to get an appointment so quick…I was petrified at first, but once you have the scan and all that, you know what's involved…couldn't fault them at all. You don't really have to think about it but you're not prolonging it." Patient interview – St George's (Negative diagnosis)

"After I had the chest X-ray, I got a call from the hospital and immediately they booked me in for the next day to come and have a CT scan." Patient interview – London North West (Negative Diagnosis)

Staff in the case study interviews reported that informal patient feedback showed good satisfaction with the service. Staff reported that having the pathway navigator as a single point of contact was particularly beneficial to patients as they had a key point of contact who was able to communicate appointment times and locations, diagnostic procedures, and get support with any worries they may have.

These views were echoed by the three patients interviewed. The relationship between the patient and the CNS, particularly for those patients receiving treatment for a positive diagnosis, was valued by patients who felt that someone with knowledge was there to help them through the whole process.

"[The CNS] said if there was anything I wanted to talk about, give me a ring and I could call at any time. She was very nice." Patient interview – St George's (Positive diagnosis)

"The CNS helped me come to a decision about the treatment and within two or three weeks we had it done. They then looked after me and checked up on me regularly to see how I was doing." Patient interview – London North West (Positive diagnosis)

The patients interviewed reported that they were satisfied with the engagement they had with the hospital staff. They felt well informed about the different aspects of the pathway: for example, at entry into the pathway patients were clear about when and where to go for the chest X-ray and CT scan (supported by the pathway navigator). In particular, patients said they felt that the concern with their lung health was being taken seriously and treated as quickly as possible.

"[The oncologist] gave me a choice. They said I can either have radiotherapy or a third of the lung taken away. He recommended I have it cut out…which I did." Patient interview – St George's (positive diagnosis)