

Improving the Gynaecology Fast Track Pathway

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Introduction

The multidisciplinary gynaecology team including ultrasound were tasked with considering new ways of working using a rapid diagnostics recovery fund grant: -

- To embrace the best practice timed pathway (BPTP) for gynaecology fast track referrals
- To improve patient experience
- To manage the marked increase in fast-track referrals

The BPTPs have been agreed and developed nationally by expert clinical task and finish groups. They identify specific clinical events and tests for patients referred with defined symptoms and set out how a diagnosis of cancer, or ruling out of cancer can be achieved by day 28.

NHS England monitors Trusts and specific tumour sites performance within Trusts against BPTP milestones to meet the faster diagnosis standard (FDS) of 75% nationally. Trusts not performing are placed under greater scrutiny.

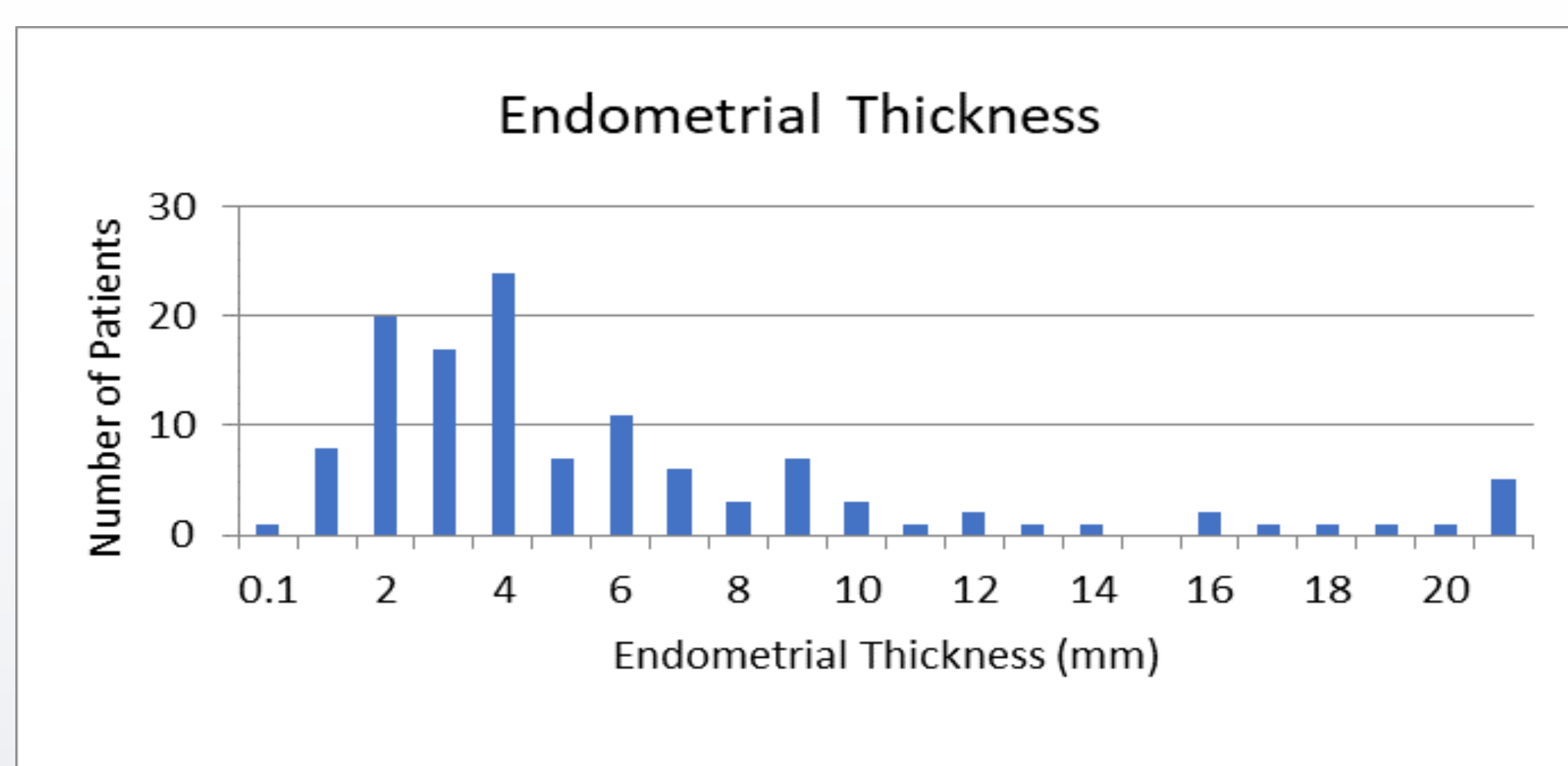
Methodology

The grant allocated to the project was used to fund new roles within the gynaecology team including more nursing roles and hours, a patient pathway navigator and admin support. Ultrasound and radiology input was managed within existing provision without any further resources or funding.

Prior to the introduction of the new system of work patients were either seen via outpatient clinics or patients presenting exclusively with post-menopausal bleeding (PMB), were referred directly from primary care into a one stop clinic. The one stop clinic included an ultrasound scan, a clinical consultation and then hysteroscopy if required.

During covid this process faltered, fast track referrals hit a peak of 1975 per year and the number of patients referred for hysteroscopy as first investigation increased. The Trust was identified as an outlier in the region for the number of hysteroscopy examinations performed.

In the initial post covid period of early 2021 a retrospective audit of patients attending the PMB clinics showed that 48% of patients, without any other clinical indication to warrant hysteroscopy, were deemed not to require hysteroscopy investigation following the initial transvaginal ultrasound to assess the endometrial thickness. This resulted in the underutilisation of the anticipated needs of the hysteroscopy service.



A straight to test triage pathway was created to provide a streamlined approach, ensuring timely triage, correct initial test, reduction of unnecessary appointments and DNAs (did not attend) and to improve overall patient experience.

Referrals would be triaged daily by the gynaecology team and correct first test requested. The patient would be contacted by the patient pathway navigator and, when required, the appropriate clinical team. The patient would be informed of the pathway, timescales to be expected and contact details for the team in case of any queries.

Ultrasound reviewed their work schedule and altered lists to provide ring fenced appointments for straight to test patients. Appointments were allocated across all sites within the Trust including community sites and were provided over a variety of days and different time periods with the aim to help maximise accessibility and reduce health inequalities. This process was constantly reviewed and adapted as it was unknown how many patients had previously received ultrasound investigation within primary care via an Any Qualified Provider (AQP) service and would now be accessing first test imaging via the trust.

The pathway was trialled over a three-month period and having received additional funding has now been in place for over two years. The trial initially focused on PMB patients but was shown to have such an impact it was quickly expanded to include all the suspected gynaecological cancers. At each set review all teams worked together with a flexible approach to fine tune new ways of working.

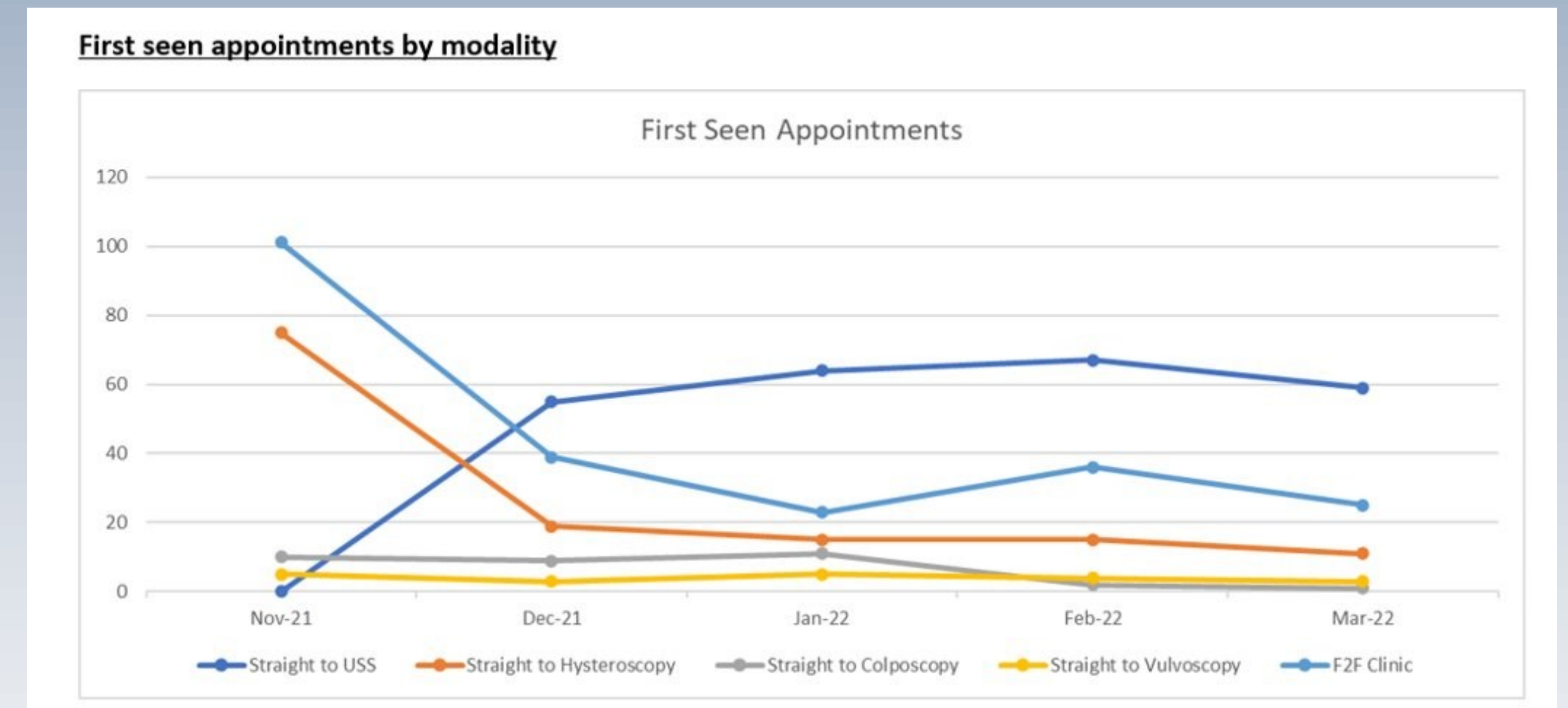
Clinical impact, patient feedback and the views from primary care were monitored and recorded throughout.

Bibliography
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 Royal College of Obstetricians and Gynaecologists Greentop Guidelines Number 67 Management of Endometrial Hyperplasia, February 2016; www.rcog.org.uk.
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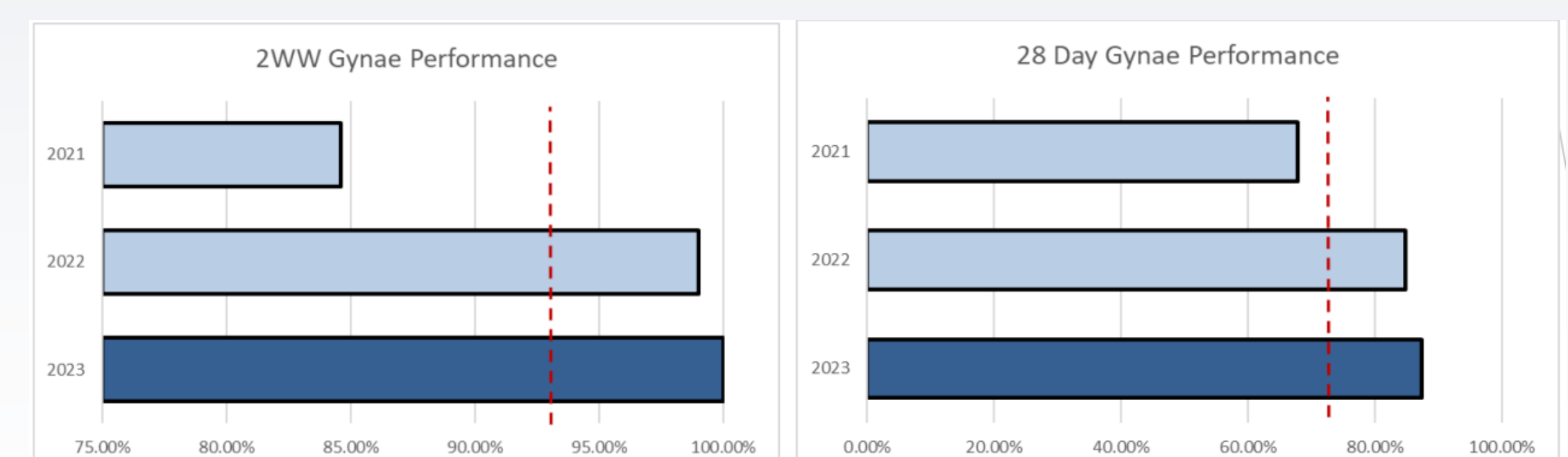
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Results

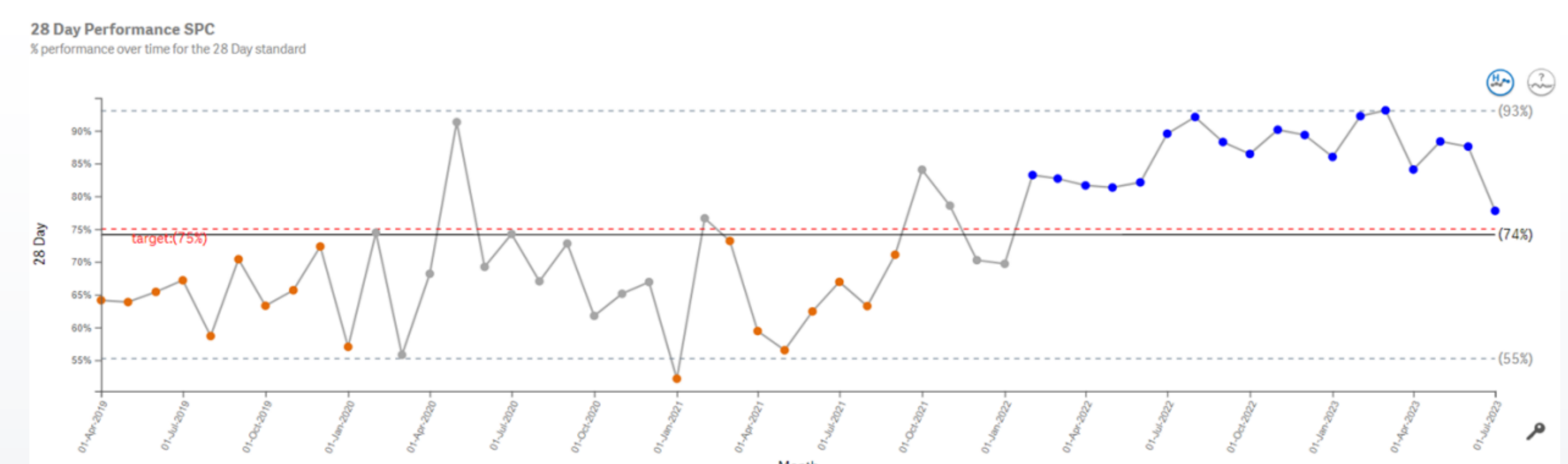
The number of patients first seen by ultrasound, showed initial growth followed by maintenance, unnecessary straight to test hysteroscopies were reduced.



2 week wait and Day 28 performance increased and has been met consistently since month 3 of the trial.



Faster diagnosis standard performance from January 2022 has been consistently above 75%.



Feedback from patients - Delivery of the timed pathways alleviated patient anxiety as a diagnosis or ruling out of cancer was achieved in a timely manner. Coordinated diagnostic testing meant less visits were required. Having a key point of contact (pathway navigator) provided dedicated support through the process.

Feedback from primary care - GPs reported improved appointment scheduling and reduced patient queries. This increased efficiency not only eased the workload for GPs but also helps fosters better collaboration and communication between primary and secondary care, ultimately enhancing the patient journey.

Problems and Pitfalls

Initially it was underestimated how many people and teams were involved in a patient fast track journey, this was quickly identified and rectified early in the process to include all relevant parties.

There were issues with staff being required to learn new clinical skills, new IT systems and with the different IT systems involved not communicating with one another. Work arounds were found where necessary and full team engagement was sought.

Patients were initially anxious at the speed in which referrals were being processed, they were concerned when things were happening too quickly. Adaptation of pathways and reassurance from the teams involved helped alleviate this. The role of the patient pathway navigator and methods of communication with patients has further helped explain the processes and the timescales to be expected.

Conclusion

Creating a model of work using existing Radiology provision in conjunction with implementing a multi-disciplinary response to the gynaecology fast track referrals has significantly improved the faster diagnosis standard for patient and improved patient experience.

- We have increased capacity through more efficient diagnostic pathways, reducing unnecessary appointments and tests.
- Patients are being proactively managed to meet milestones.
- Delivery of the timed pathways supports the highest quality care for patients and reduces variation in patients accessing diagnostics, improving treatment options and outcomes.
- Communication has improved between individual teams within the Trust and more widely between primary and secondary care.