
RDS
Rapid Diagnostic Service

Vague Clinical Symptoms Pathway – Implementation, Challenges and Successes

- 2015 Faster Diagnostic Standard was formulated through a report by the Independent Cancer Taskforce
- The standard ensures patients will be diagnosed or have cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer.
- One of the report recommendations was the roll out of a dedicated pathway for nonspecific symptoms (NSS) to co-exist with other traditional 2ww cancer pathways.
- Since 2019 The Hull University Teaching Hospital Trust (HUTH) has been developing its NSS pathway into its current form; the HUTH Rapid Diagnostic Service (RDS).

The Need For A Non-Specific Symptoms Pathway

Figure 1. UK cancer presentations

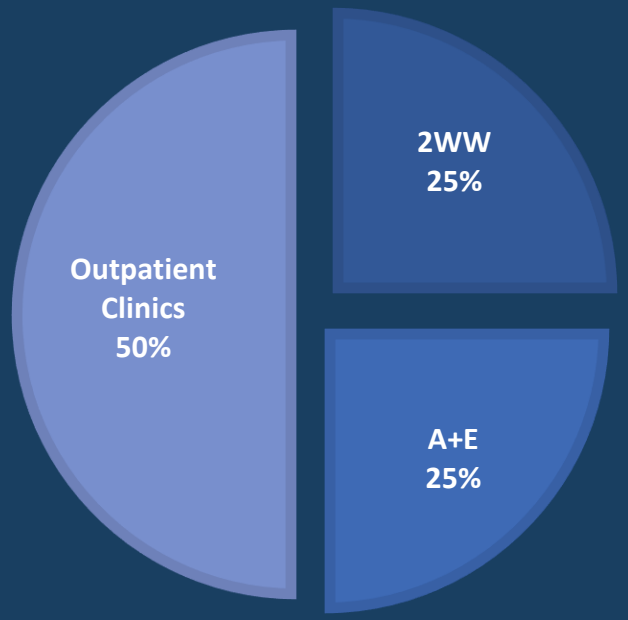
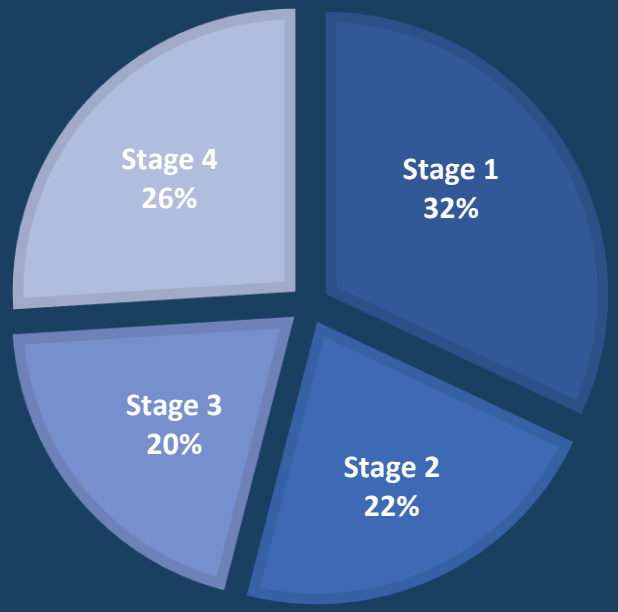


Figure 2. Cancer stage at diagnosis



Traditional 2WW pathways are based recognition of specific red-flag symptoms.

Only around half of cancer patients ever exhibit these symptoms, and of these only around one quarter are diagnosed through 2WW, with the remainder presenting in A+E and outpatient settings, often with late-stage diagnoses.

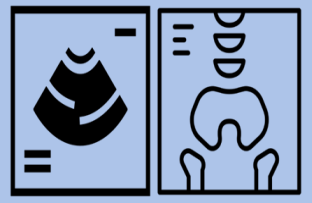
The RDS Team & Process

The RDS Team Comprises:

Consultant Radiologist
Consultant Sonographer
Cancer Nurse Specialists
Dedicated RDS Trackers/Admin team
Radiographers
Sonographers

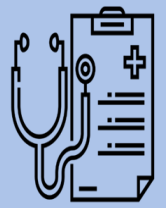
Day 1. Triage → **Day 10-14. Ultrasound, +/- Chest X-Ray, +/- CT or MRI** → **Day 14-28. Diagnosis** → **Day 17-28. Onward referral**

- Referral criteria checked
- Cancer nurse specialist (CNS) triage by health questionnaire and filter test review Including FIT, FBC, CRP, HbA1C, LFT's, PSA, CA-125.

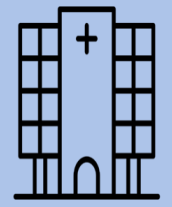


- Two tier imaging model: CXR & US or direct CT.
- Initial imaging modality decided by age, previous history and severity of RDS indications against the authorisation protocol *(see fig. 4)*.

- Direct CT offered to high risk group.
- Patients may also be referred for CT/MRI depending on CXR/US findings.



- Imaging reports reviewed with consideration of filter test results, health questionnaire and NG 12 recommendations
- Final outcome (1-8) issued.



- Patients directly informed of outcome by CNS
- Appropriate onward referral, further testing, and lifestyle advice provided for cancer and non malignant disease cases

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Two Tier RDS Imaging Model

TIER 1 (Lower Risk) Ultrasound
Abdomen and Pelvis + Chest X-Ray

TIER 2 (Higher Risk) CT Thorax
Abdomen and Pelvis With Contrast

Suspected malignancy

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Standardised Referral Form

Does the patient have a personal history of cancer? Yes☐ No☐ **Details:**

Has the patient ever smoked? Yes☐ No☐ **Current smoker?** ☐

Current Clinical details: (please select)

☒ 1. New unexplained & unintentional weight loss

☒ 2. New unexplained constitutional symptoms of four weeks or more (Loss of appetite, fatigue, nausea, bloating, malaise)

☐ 3a. New unexplained vague abdominal pain of four weeks or more

☐ 3b. Less than four weeks if very significant concern

☐ 4. New unexplained, unexpected or progressive pain (including bone pain) or four weeks or more

☐ 5. GP "gut feeling" of cancer diagnosis (reason to be clearly described at point of referral)

FIT test [<10] [10-150] [>150] [Not done] [Awaiting result] Delete as appropriate

Any addition clinical details:

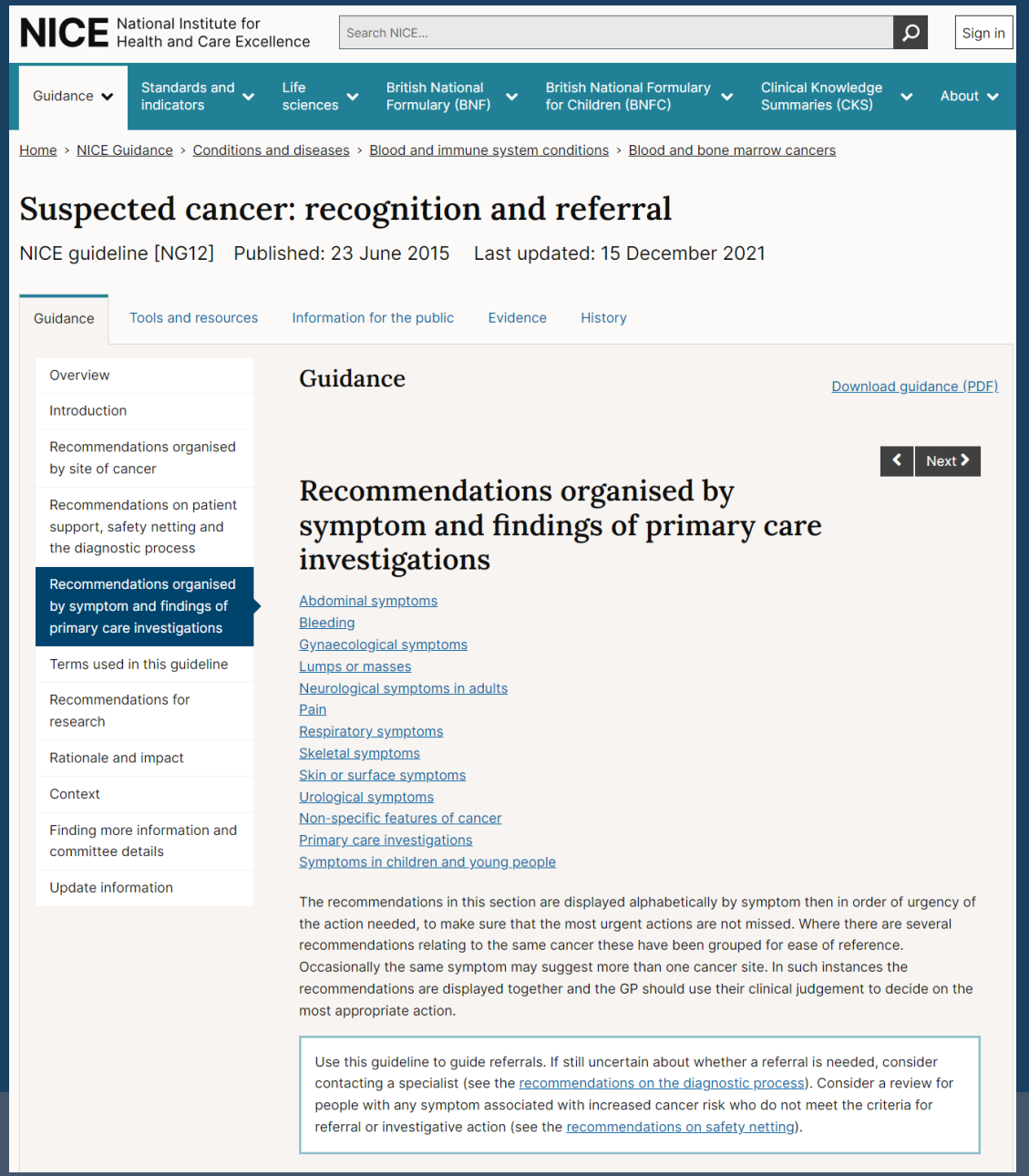
Any relevant issues we need to know: i.e. diabetic, mobility issues, transport issues, excessive BMI, communication barriers (i.e. sign language or interpreter services required?) Give details:

Name of Referrer & Designation:	**Direct telephone number of referrer:**	**Practice B code:**
Dr T Byass, GP	01964 530350	*B81004*

Triage: RDS Filter Tests

Core tests for patients with nonspecific vague symptoms:

- Urine Dip stick
- FIT test
- FBC
- CRP
- U&E with eGFR
- LFTS (including globulins)
- TSH
- HBA1c
- Bone
- CA-125
- PSA
- TTG AB
- Ferritin



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Suspected cancer: recognition and referral

NICE guideline [NG12] Published: 23 June 2015 Last updated: 15 December 2021

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Neurological symptoms in adults
Pain
Respiratory symptoms
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Urological symptoms
Non-specific features of cancer
Primary care investigations
Symptoms in children and young people

The recommendations in this section are displayed alphabetically by symptom then in order of urgency of the action needed, to make sure that the most urgent actions are not missed. Where there are several recommendations relating to the same cancer these have been grouped for ease of reference. Occasionally the same symptom may suggest more than one cancer site. In such instances the recommendations are displayed together and the GP should use their clinical judgement to decide on the most appropriate action.

Use this guideline to guide referrals. If still uncertain about whether a referral is needed, consider contacting a specialist (see the recommendations on the diagnostic process). Consider a review for people with any symptom associated with increased cancer risk who do not meet the criteria for referral or investigative action (see the recommendations on safety netting).

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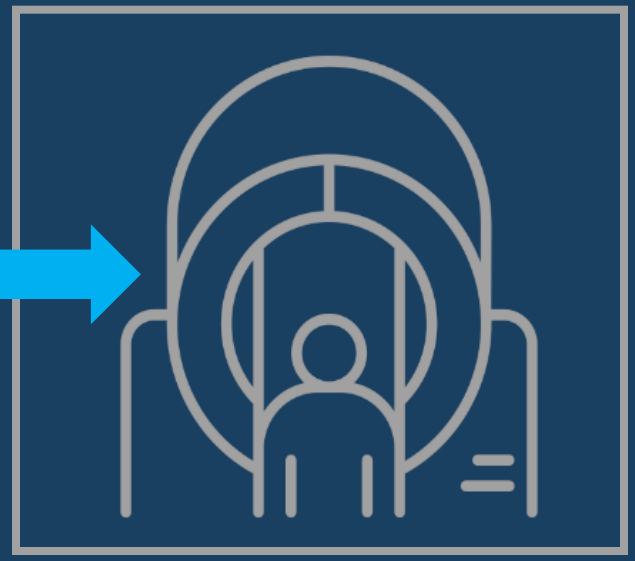
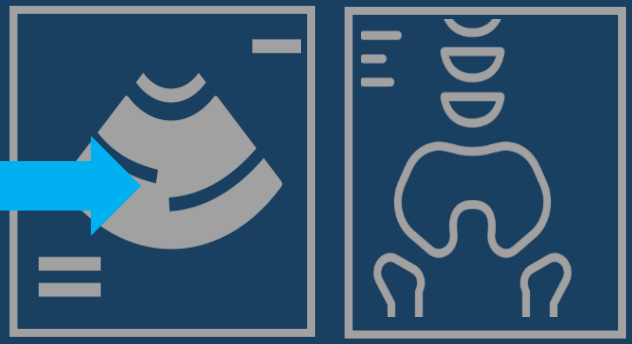
Triage: modality selection

Unexplained haemoptysis age >50
Personal history of cancer
New very significant vague abdominal pain
Weight loss and abdominal pain age >60
Anaemia age >60
Raised platelets age >60



Unexplained weight loss
Abdominal pain
Bloating, Fatigue, Nausea
Bone pain. GP Gut feeling of cancer dx



Pre-imaging Information

General note

Added by Suzie Spencer on 18 November 2025 at 14:15

RDS CNS information obtained by S.Spencer on 18/11/25

Previous Cancer? no

Open 2WW pathways / referrals? no

Significant Family History? no history of lung cancer

Smoking History: current smoker - rolls ups 8/day uses tobacco with others and unable to say how much used.

Haemoptysis? no

Chest Pain? no

OGD/Colonoscopy within the last 6 months? no

Provided with FIT Test? yes Result: negative

Other Significant information for RDS? CFS: 4/5
(based on information disclosed by patient during telephone assessment)

PATIENT PRESENTATION NG12 RECOMMENDATION:

Presentation:

Past or current smoker, Bone pain, Urinary frequency, Urinary hesitancy, Urinary retention, Urinary urgency, Appetite loss, Weight loss, Abdominal pain, Back pain, Constipation, Dyspepsia, Dysphagia, Fatigue, Shortness of breath, Anaemia - Other

Recommendations:

FIT test (negative)

X-ray - chest (completed)

Endoscopy - urgent upper GI (OGD)

Blood test - FBC, Calcium (completed), ESR, and myeloma bloods

Considerations:

CT scan - pancreas

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Tier 1 Imaging Triage Form

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Name:		HEY No:	Age:
Smoking status?	Ex-smoker	Never smoked	Current smoker
Have you ever had cancer?	Yes ☐	No ☐	
If yes what type of cancer?			
Diabetes Type II/Type I If yes, are you on Metformin?	Yes ☐	No ☐	
Other significant PMH:			

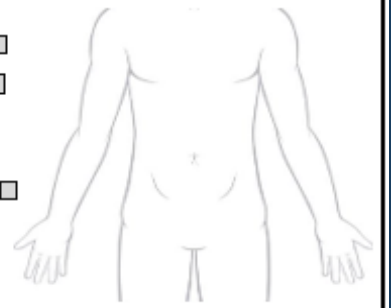
Abdominal/pelvic pain? Yes ☐ No ☐

Abdominal mass? Yes ☐ No ☐

If yes please indicate site of pain/mass and examine specified area with ultrasound.

Splenomegaly on ultrasound? Yes ☐ No ☐

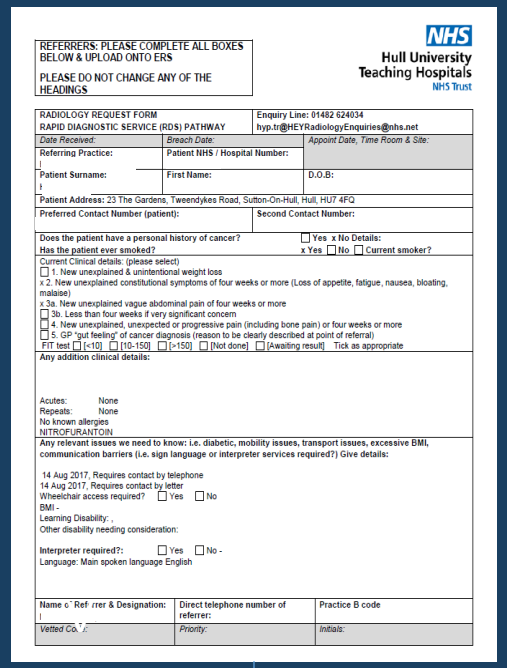
If yes please perform US bilateral groin & axilla



Age 40 - 50 years	With weight loss	**and**	Abdo pain	☐
Age over 50 years >	With weight loss	**or**	Abdo pain	☐
Change in bowel habit >6 weeks?				☐
Blood in stool?				☐

(Please tick the relevant box if applicable)

Outcome stage:



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RADIOLOGY REQUEST FORM
RAPID DIAGNOSTIC SERVICE (RDS) PATHWAY

Enquiry Line: 01482 624034
hyp.tr@HEYRadiologyEnquiries@nhs.net

Date Received:	Breach Date:	Appoint Date, Time Room & Site:
Referring Practice:	Patient NHS / Hospital Number:	
Patient Surname:	First Name:	D.O.B:

Patient Address: 23 The Gardens, Tweendykes Road, Sutton-On-Hull, Hull, HU7 4FQ

Preferred Contact Number (patient): | Second Contact Number:

Does the patient have a personal history of cancer? ☐ Yes x No Details:
Has the patient ever smoked? x Yes ☐ No ☐ Current smoker?

Current Clinical details: (please select)
☐ 1. New unexplained & unintentional weight loss
x 2. New unexplained constitutional symptoms of four weeks or more (Loss of appetite, fatigue, nausea, bloating, malaise)
x 3a. New unexplained vague abdominal pain of four weeks or more
☐ 3b. Less than four weeks if very significant concern
☐ 4. New unexplained, unexpected or progressive pain (including bone pain) or four weeks or more
☐ 5. GP "gut feeling" of cancer diagnosis (reason to be clearly described at point of referral)
FIT test ☐ [<10] ☐ [10-150] ☐ [>150] ☐ [Not done] ☐ [Awaiting result] Tick as appropriate

Any addition clinical details:

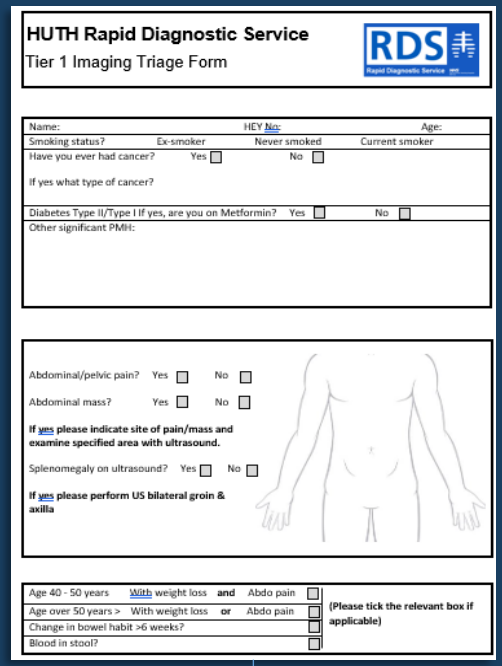
Acutes: None
Repeats: None
No known allergies
NITROFURANTOIN

Any relevant issues we need to know: i.e. diabetic, mobility issues, transport issues, excessive BMI, communication barriers (i.e. sign language or interpreter services required?) Give details:

14 Aug 2017, Requires contact by telephone
14 Aug 2017, Requires contact by letter
Wheelchair access required? ☐ Yes ☐ No
BMI -
Learning Disability: ,
Other disability needing consideration:

Interpreter required?: ☐ Yes ☐ No -
Language: Main spoken language English

Name c Ref rrer & Designation:	Direct telephone number of referrer:	Practice B code
Vetted Co	Priority:	Initials:



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Tier 1 Imaging Triage Form

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Name: HEY No: Age:
Smoking status? Ex-smoker Never smoked Current smoker
Have you ever had cancer? Yes ☐ No ☐
If yes what type of cancer?
Diabetes Type II/Type I If yes, are you on Metformin? Yes ☐ No ☐
Other significant PMH:

Abdominal/pelvic pain? Yes ☐ No ☐
Abdominal mass? Yes ☐ No ☐
If yes please indicate site of pain/mass and examine specified area with ultrasound.
Splenomegaly on ultrasound? Yes ☐ No ☐
If yes please perform US bilateral groin & axilla

Age 40 - 50 years	With weight loss	and	Abdo pain ☐
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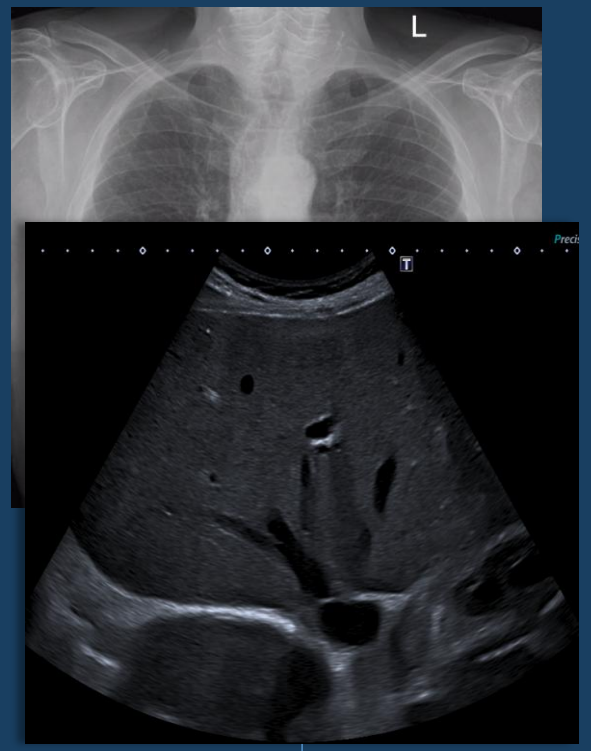
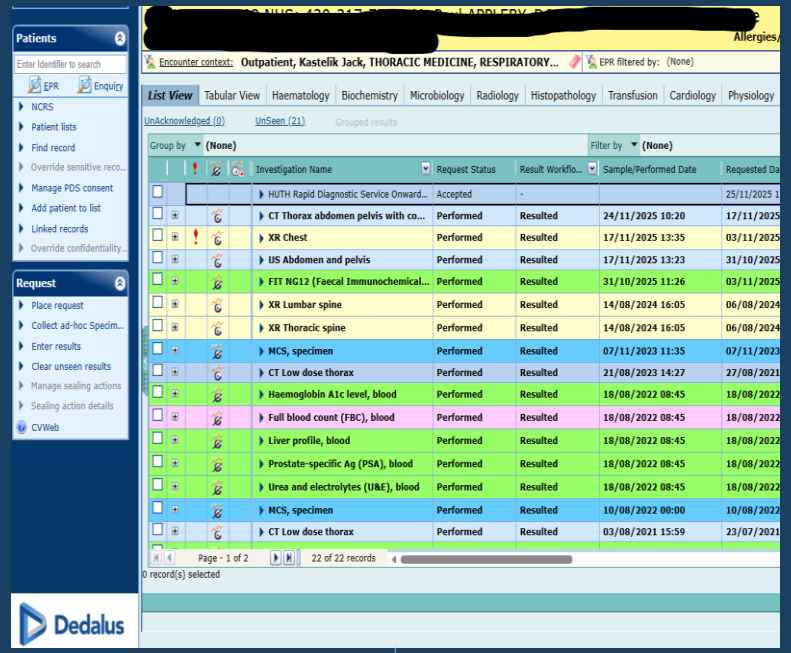
Change in bowel habit >6 weeks?			☐
Blood in stool?			☐

(Please tick the relevant box if applicable)





the signs

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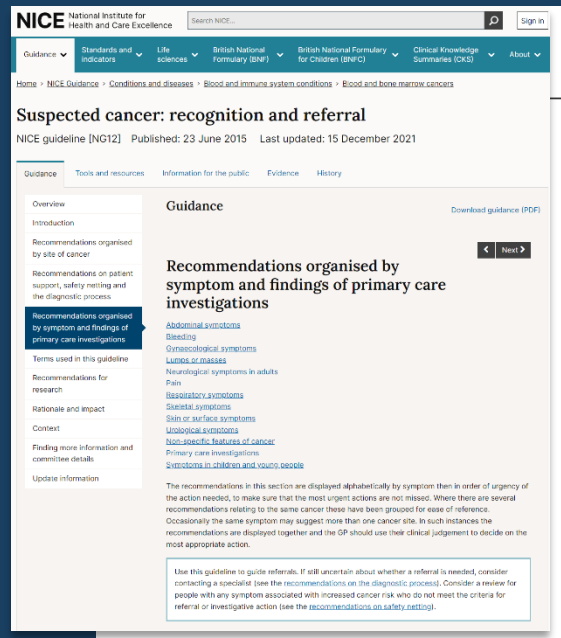
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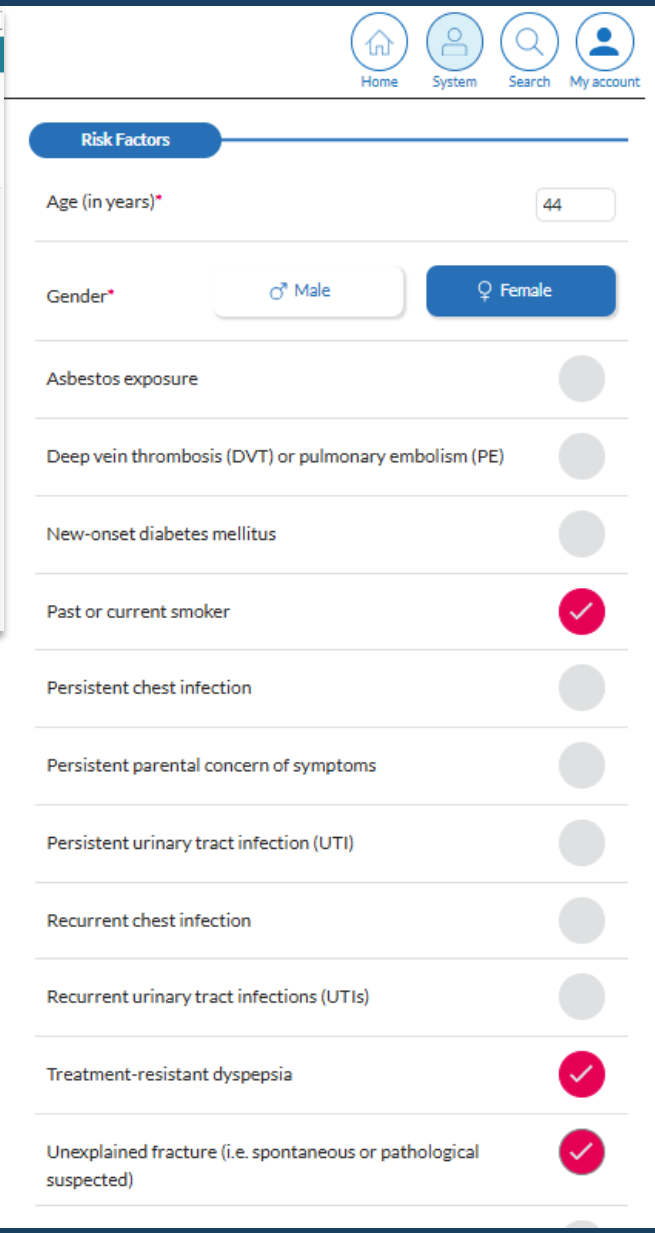
the signs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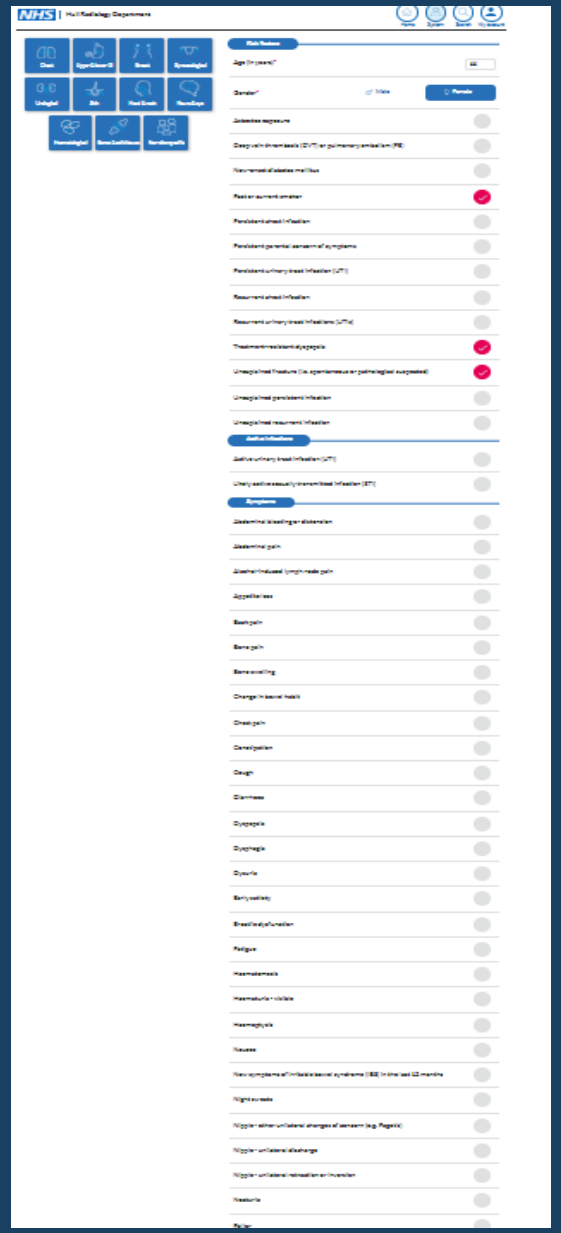
Risk Factors
Age (in years)*
44
Gender*
Male
Female
Asbestos exposure
Deep vein thrombosis (DVT) or pulmonary embolism (PE)
New-onset diabetes mellitus
Past or current smoker
Persistent chest infection
Persistent parental concern of symptoms
Persistent urinary tract infection (UTI)
Recurrent chest infection
Recurrent urinary tract infections (UTIs)
Treatment-resistant dyspepsia
Unexplained fracture (i.e. spontaneous or pathological suspected)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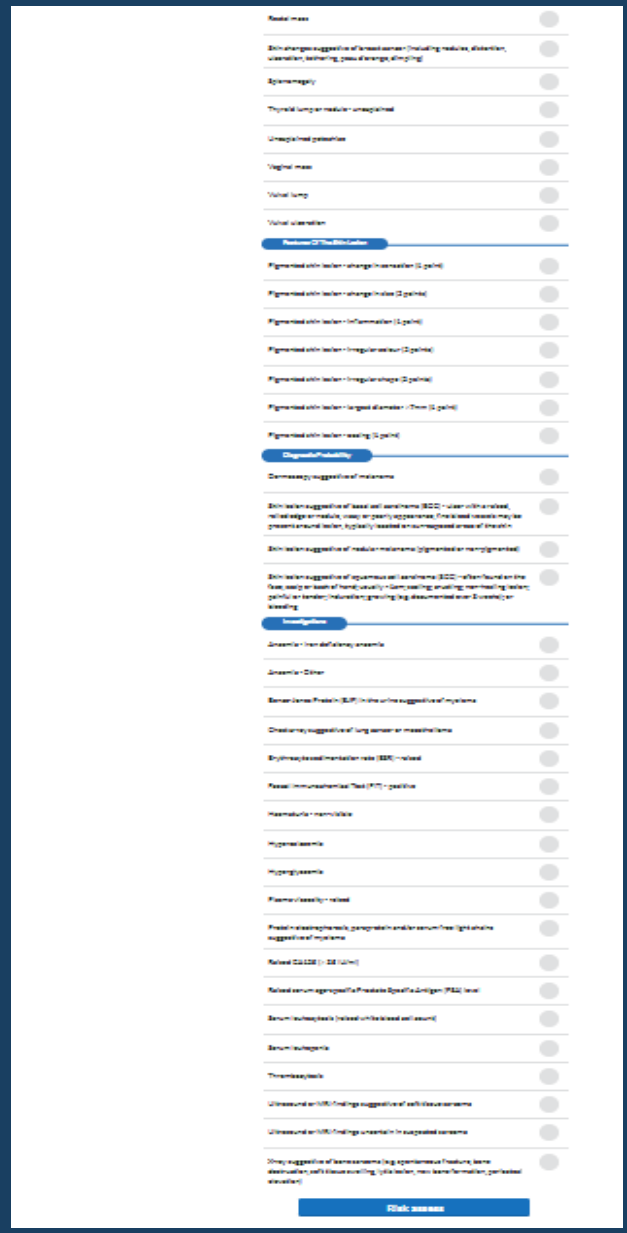

the signs

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You will be shown investigations and referral pathways to consider based on the clinical information provided. Overlapping patient signs, symptoms or risk factors may trigger additional recommendations.

Recommendations — Select All

Lung cancer

- X-ray - chest 2 weeks

  Use clinical judgement if high suspicion as up to 23% can be normal in the presence of lung cancer.

Colorectal cancer

- FIT test 2 weeks

Ovarian cancer

- US - abdomen and pelvis 2 weeks
- Blood test - CA125 7 days

  Please also arrange an urgent ultrasound scan of the abdomen and pelvis.

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RDS Outcomes

RDS1= RDS suspicious of cancer and referral to specialist service is advised.

RDS2 = RDS in keeping with non-cancer condition and referral to secondary care-led specialist service is advised.

RDS3= Filter tests (eg FIT test, IDA) or patient symptoms require review (eg OGD) and consideration for onward referral to secondary care. Returned to GP with further action suggested

RDS4= Patient returned to GP with no further imaging advised at this stage. Chest X-ray, ultrasound and NG-12 recommended filter tests for this patient are resulted. No cause of the patient's symptoms are identified on imaging. No outstanding NG-12 recommendations identified for the patient's presenting complaint on our RDS questionnaire. GP to review and action resulted filter tests.

RDS5= Patients returned to GP for a period of watchful waiting, No further imaging advised at this stage. No sinister pathology has been identified on imaging. Our RDS service questionnaire has highlighted further clinical considerations and actions.
GP to safety net with patient to ensure all NG-12 recommendations are considered and presenting symptoms reviewed. If ongoing concern GP to write to "advice and guidance"

RDS6= Patient self-discharged from pathway.

RDS7= RDS investigations ongoing, awaiting further imaging, CT/MRI. This has been arranged and protocolled by radiology as part of the RDS process. No further action required by GP at this stage

RDS8= Patient had investigations whilst an IP

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RDS Case 1

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RADIOLOGY REQUEST FORM RAPID DIAGNOSTIC SERVICE (RDS) PATHWAY		Enquiry Line: 01482 624034 hyp.tr@HEYRadiologyEnquiries@nhs.net
Date Received:	*Breach Date:*	*Appoint Date, Time Room & Site:*
Referring Practice:	Patient NHS / Hospital Number:	
Patient Surname:	First Name:	D.O.B:
Patient Address: 23 The Gardens, Tweendykes Road, Sutton-On-Hull, Hull, HU7 4FQ		
Preferred Contact Number (patient):	Second Contact Number:	

Does the patient have a personal history of cancer? ☐ Yes x No Details:
Has the patient ever smoked? x Yes ☐ No ☐ Current smoker?

Current Clinical details: (please select)
☐ 1. New unexplained & unintentional weight loss
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x 3a. New unexplained vague abdominal pain of four weeks or more
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FIT test ☐ [<10] ☐ [10-150] ☐ [>150] ☐ [Not done] ☐ [Awaiting result] Tick as appropriate

Any addition clinical details:

Acutes: None
Repeats: None
No known allergies
NITROFURANTOIN

Any relevant issues we need to know: i.e. diabetic, mobility issues, transport issues, excessive BMI, communication barriers (i.e. sign language or interpreter services required?) Give details:

14 Aug 2017, Requires contact by telephone
14 Aug 2017, Requires contact by letter
Wheelchair access required? ☐ Yes ☐ No
BMI -
Learning Disability: ,
Other disability needing consideration:

Interpreter required?: ☐ Yes ☐ No -
Language: Main spoken language English

Name of Referrer & Designation:	Direct telephone number of referrer:	Practice B code
Vetted Code:	*Priority:*	*Initials:*

60 yo F
Presenting with constitutional sx & Abdominal pain

No weight loss + abdo pain
Normal Platelets
Not anaemic
No prev Ca

Triaged for CXR + US Abdo pelvis

Pre-scan triage questionnaire

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Tier 1 Imaging Triage Form

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Name: HEY No: Age:

Date you started with presenting symptoms: 3 months

Number of GP consults regarding these symptoms: 3

Smoking status? Ex-smoker Never smoked Current smoker ✓

Have you ever had cancer? Yes ☐ No ☑

If yes what type of cancer?

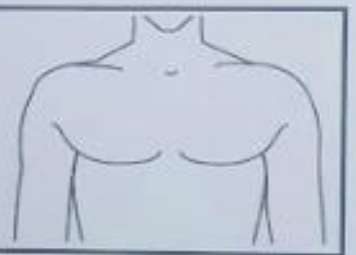
Diabetes Type II/Type I If yes, are you on Metformin? Yes ☐ No ☑

Other significant PMH: early satiety, Ankle loss, Nausea

Frailty score (see guide overleaf) 1-3 ☑ 4-5 ☐ 6-9 ☐

Chest pain Yes ☐ No ☑

If yes please indicate site of pain



Haemoptysis Yes ☐ No ☑

Abdominal/pelvic pain? Yes ☑ No ☐

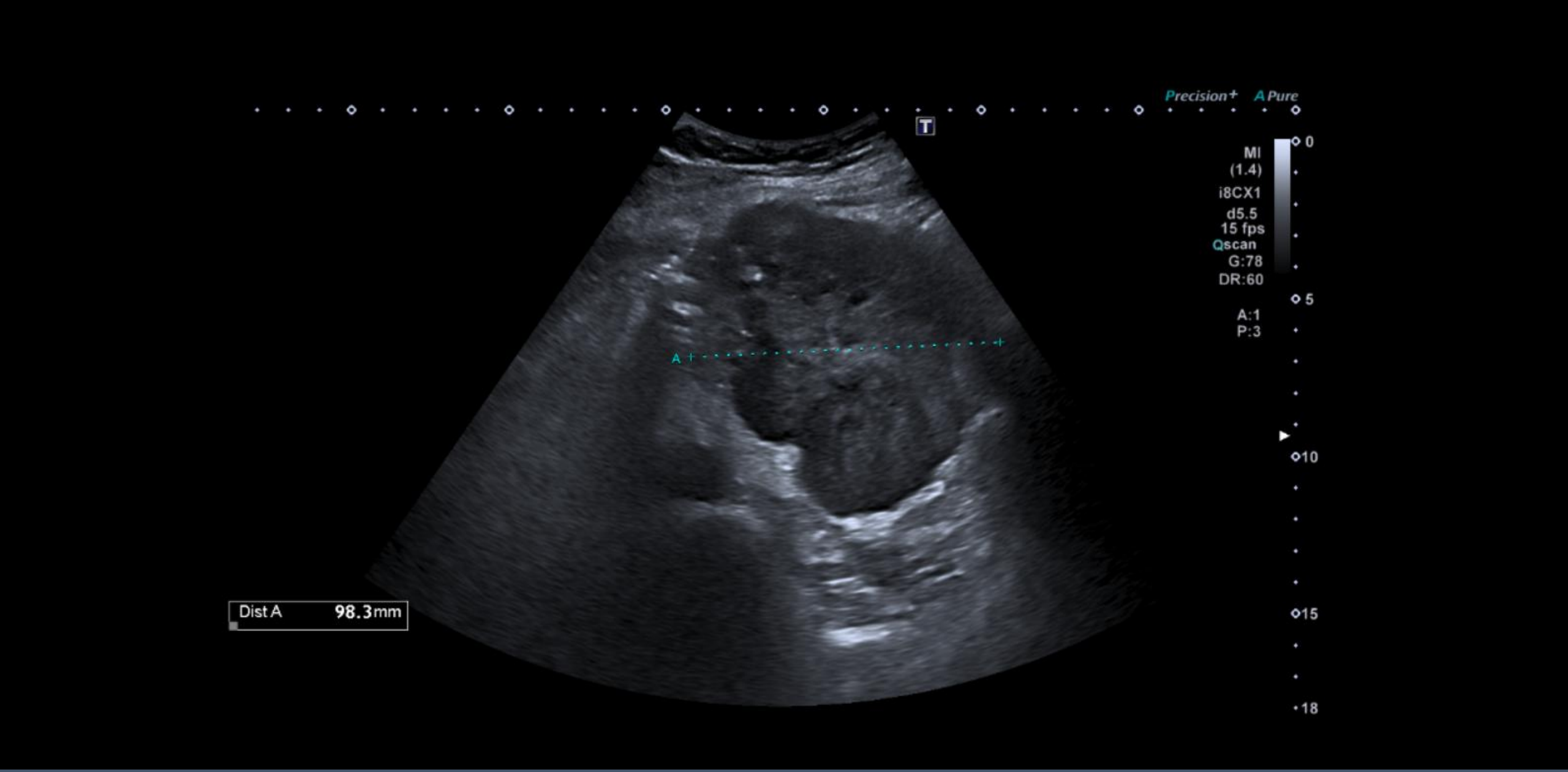
Abdominal mass? Yes ☑ No ☐

If yes please indicate site of pain/mass and interrogate specified area with ultrasound.

Night sweats Yes ☐ No ☐

If yes please perform US groin & axilla (bilateral)

Age 40 - 50 years	With weight loss	and	Abdo pain ☐	NO
Age over 50 years >	With weight loss	or	Abdo pain ☑	(Please tick the relevant box if applicable)
Change in bowel habit >6 weeks?			☑	
Blood in stool?			☐	NO


Precision+
A Pure
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G:78
DR:60
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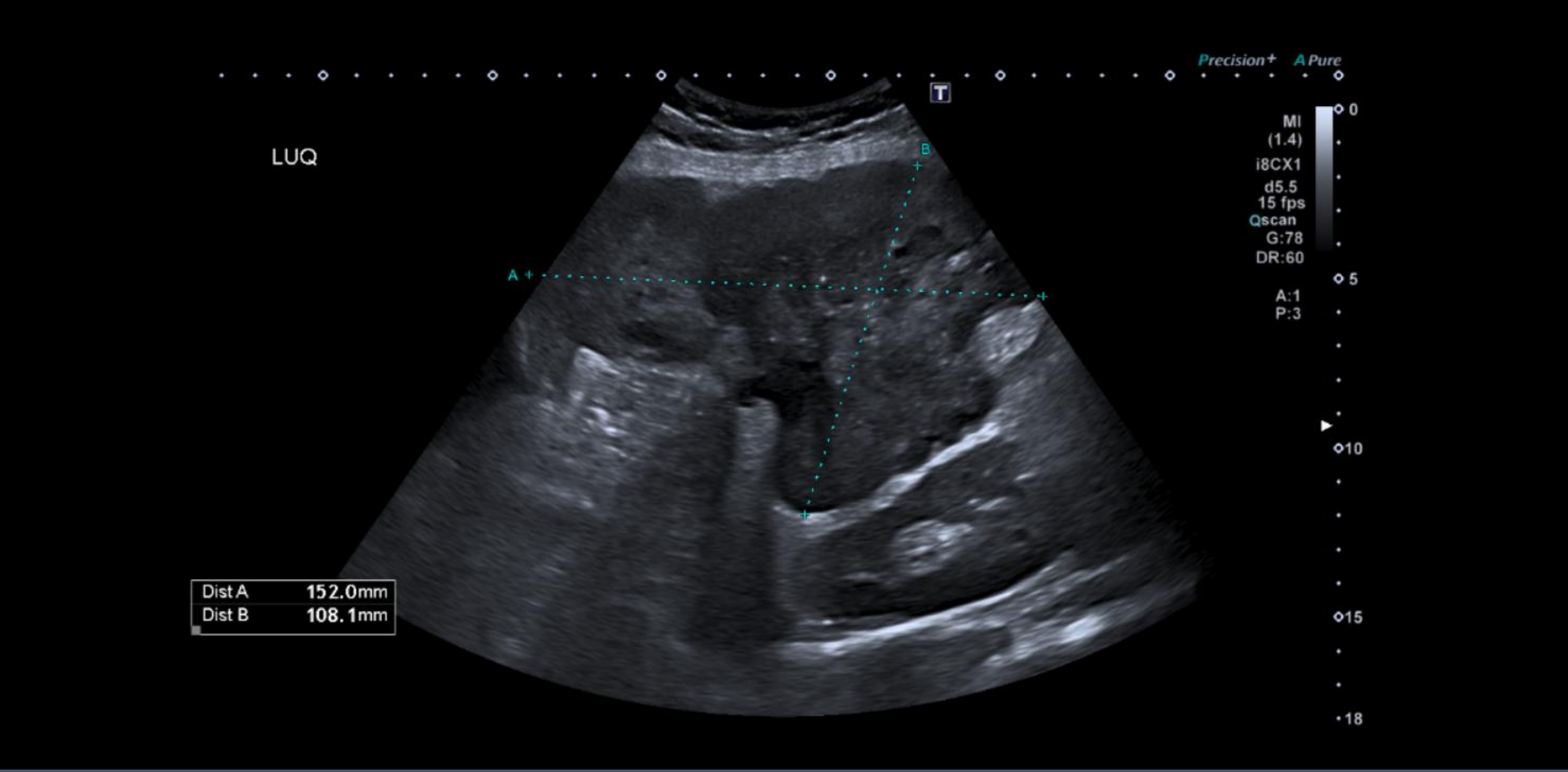

Precision+
A Pure
LUQ
MI
(1.4)
i8CX1
d5.5
15 fps
Qscan
G:78
DR:60
A:1
P:3
Dist A 152.0mm
Dist B 108.1mm

Ultrasound report

Clinical History:
Unexplained abdominal pain for 4 weeks or more.

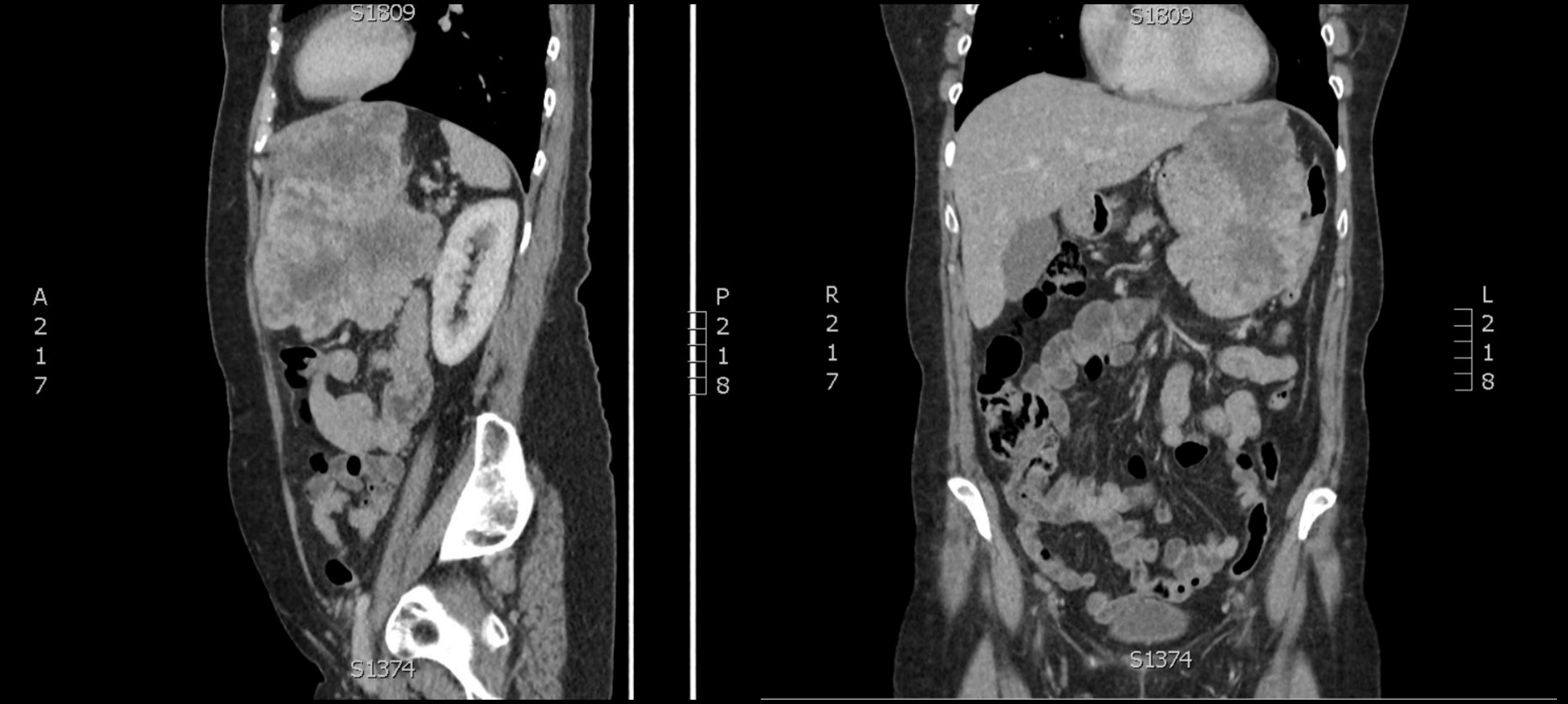
Findings:
In the left upper quadrant corresponding to the site of the patient's pain was a large solid mass of approximately 15 x 11 x 10 cm.
I am should unsure whether this is within the patient's stomach or rising from the tail pancreas , and other possibility would be lymphoma.
Unfortunately the patient was unable to remain in the department long enough to drink water and attempt a rescan.

The liver is normal in size and echogenicity, no focal lesions are seen.
Normal ultrasound appearances is seen at the spleen, head and body of pancreas, both kidneys, the gallbladder and common bile duct.
No pelvic masses are seen.

Mrs L Sunman
Clinical Specialist Sonographer
HCPC RA20407

RDS outcome
Soft tissue mass within the LUQ

RDS7= RDS investigations ongoing, awaiting further imaging, CT-TAP This has been arranged and protocolled by radiology as part of the RDS process. No further action required by GP at this stage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8

CT report

Clinical History:

RDS patient. FIT test negative. Complains of intermittent left upper quadrant pain and patient can feel a lump in the same area. Mass seen on ultrasound in LUQ
For CT TAP

Findings:
There is a large slightly lobulated heterogeneously enhancing mass in the left upper quadrant, measuring approximately 11 by 9.5 cm axially and 13.5 cm LS. The mass abuts the left hemi diaphragm, the left lobe of liver and the greater curvature of the stomach (it may be an exophytic mass arising from the stomach). It closely abuts the splenic flexure of colon, though looks separate from it , it also appears separate from the pancreas and spleen.
There is a thin fat plane between the mass and the left kidney .
No ascites. Normal CT appearances of the liver with no focal lesion . Normal gallbladder, bile ducts, spleen, pancreas, adrenal glands and kidneys. No lymphadenopathy is identified. Unremarkable uterus and adnexa. No colonic pathology is identified.
Normal CT appearances of the lungs mediastinum and hila No pleural effusion or lung nodule. No pulmonary embolus. Heart size is normal

No its aggressive bony pathology is seen. There is a large Schmorl's node in the superior border of L5 and a smaller ones in to T11. In their before

Conclusion:
A large left upper quadrant mass which may be arising from the stomach. I think this is probably a gastrointestinal stromal tumour/ GIST .
Urgent referral to the 2-week UGI clinic is required .
No lymphadenopathy or metastatic disease is identified.

I note currently there is no referral for this patient's to upper GI on Lorenzo..

RDS1 Onward Referral

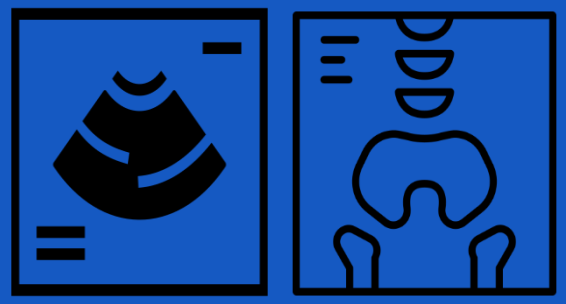
RDS suspicious of cancer and referral to the UGI-Oesophaogastric service has been arranged by the RDS Cancer Nurse Specialist Team. The CNS team will also contact the patient to inform them of the need for specialist service management and further investigations.

(Code:RDS1 Onward Referral)

Timeline

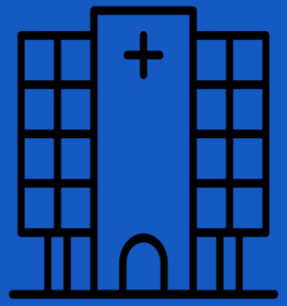
Day 1 Referral

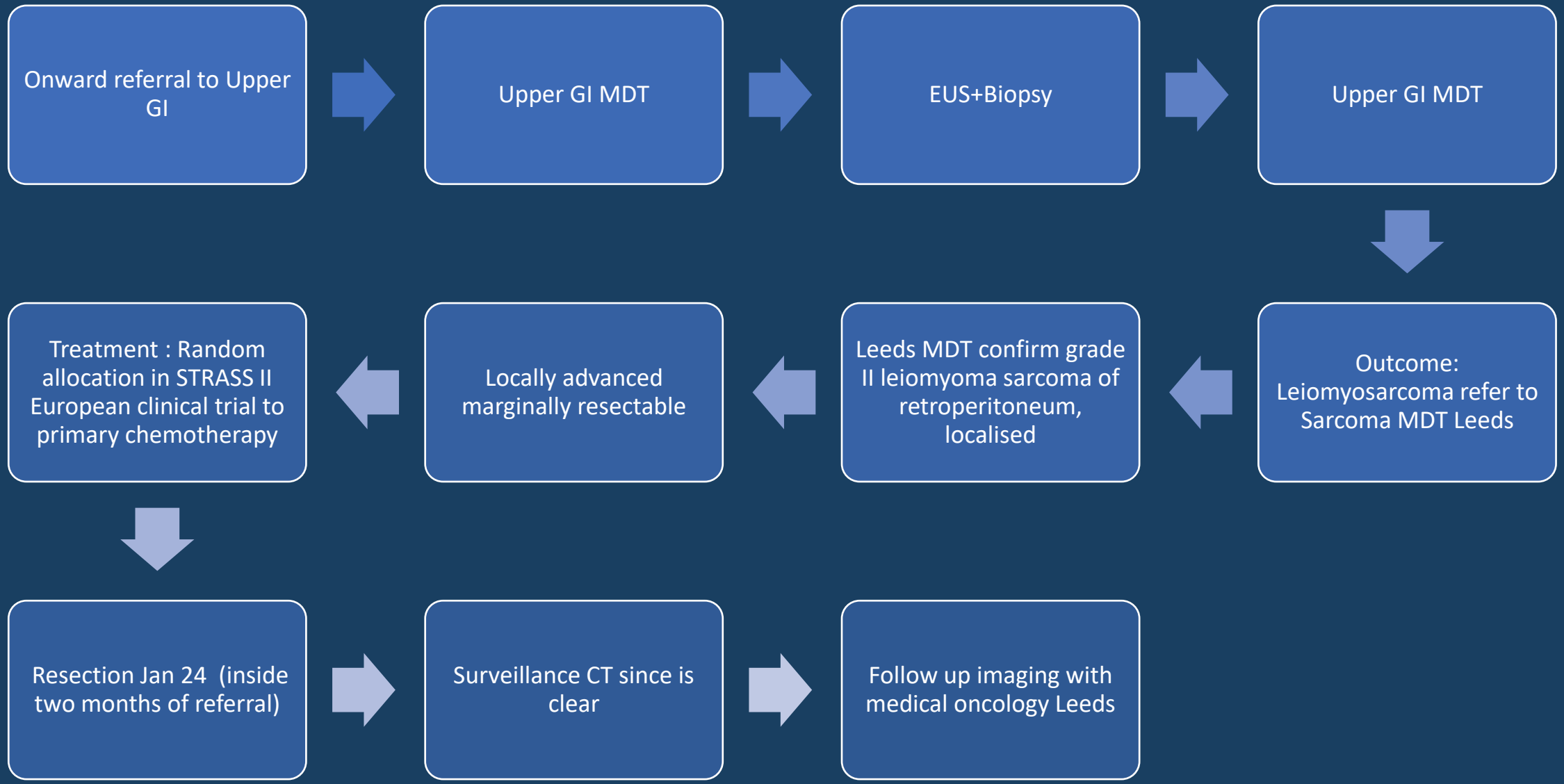
Day 7 Ultrasound + CXR



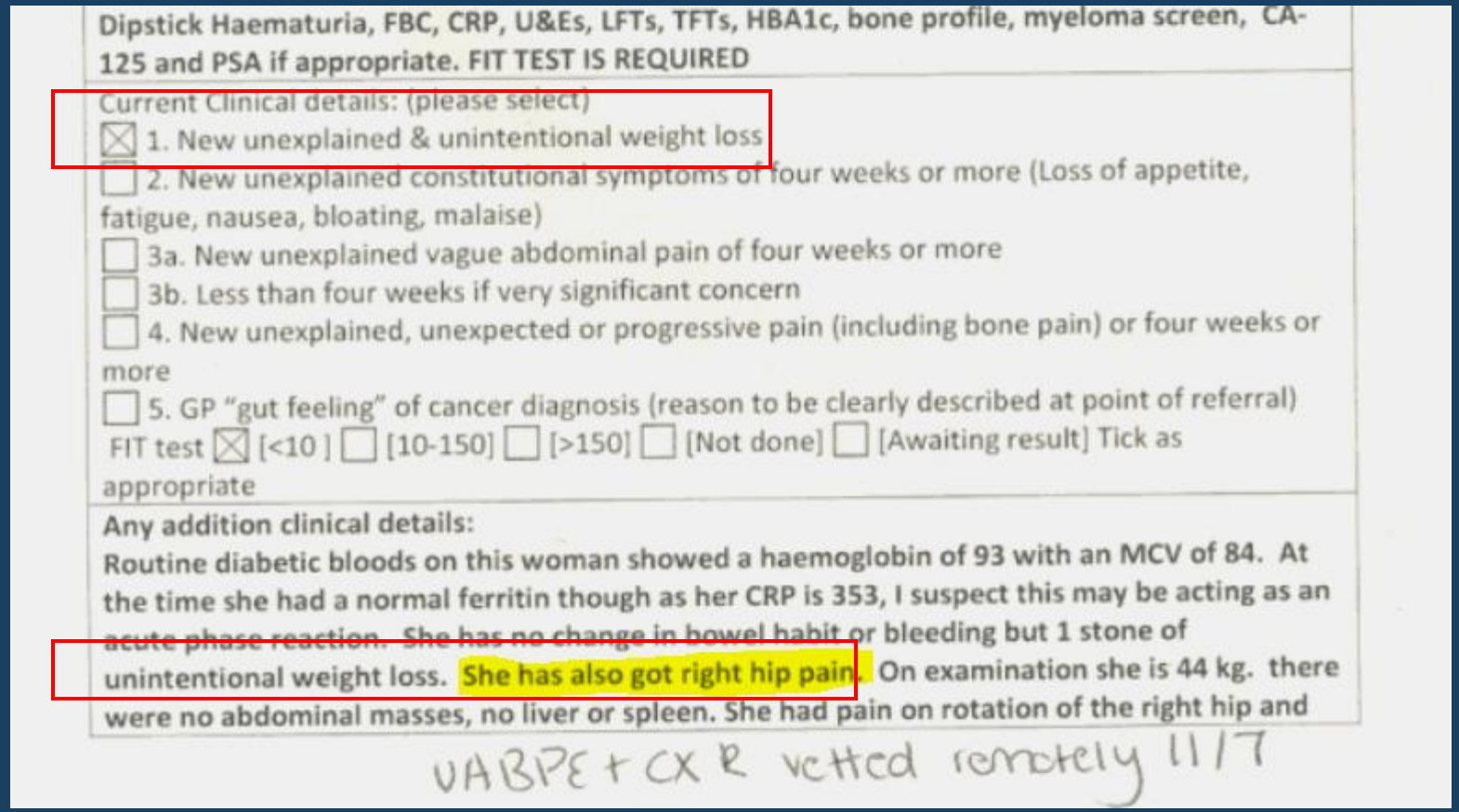
Day 12 Follow up CT

Day 19 Onward referral




Onward referral to Upper GI
Upper GI MDT
EUS+Biopsy
Upper GI MDT
Outcome: Leiomyosarcoma refer to Sarcoma MDT Leeds
Leeds MDT confirm grade II leiomyoma sarcoma of retroperitoneum, localised
Locally advanced marginally resectable
Treatment : Random allocation in STRASS II European clinical trial to primary chemotherapy
Resection Jan 24 (inside two months of referral)
Surveillance CT since is clear
Follow up imaging with medical oncology Leeds

RDS Case 2



Dipstick Haematuria, FBC, CRP, U&Es, LFTs, TFTs, HBA1c, bone profile, myeloma screen, CA-125 and PSA if appropriate. FIT TEST IS REQUIRED

Current Clinical details: (please select)

☒ 1. New unexplained & unintentional weight loss

☐ 2. New unexplained constitutional symptoms of four weeks or more (Loss of appetite, fatigue, nausea, bloating, malaise)

☐ 3a. New unexplained vague abdominal pain of four weeks or more

☐ 3b. Less than four weeks if very significant concern

☐ 4. New unexplained, unexpected or progressive pain (including bone pain) or four weeks or more

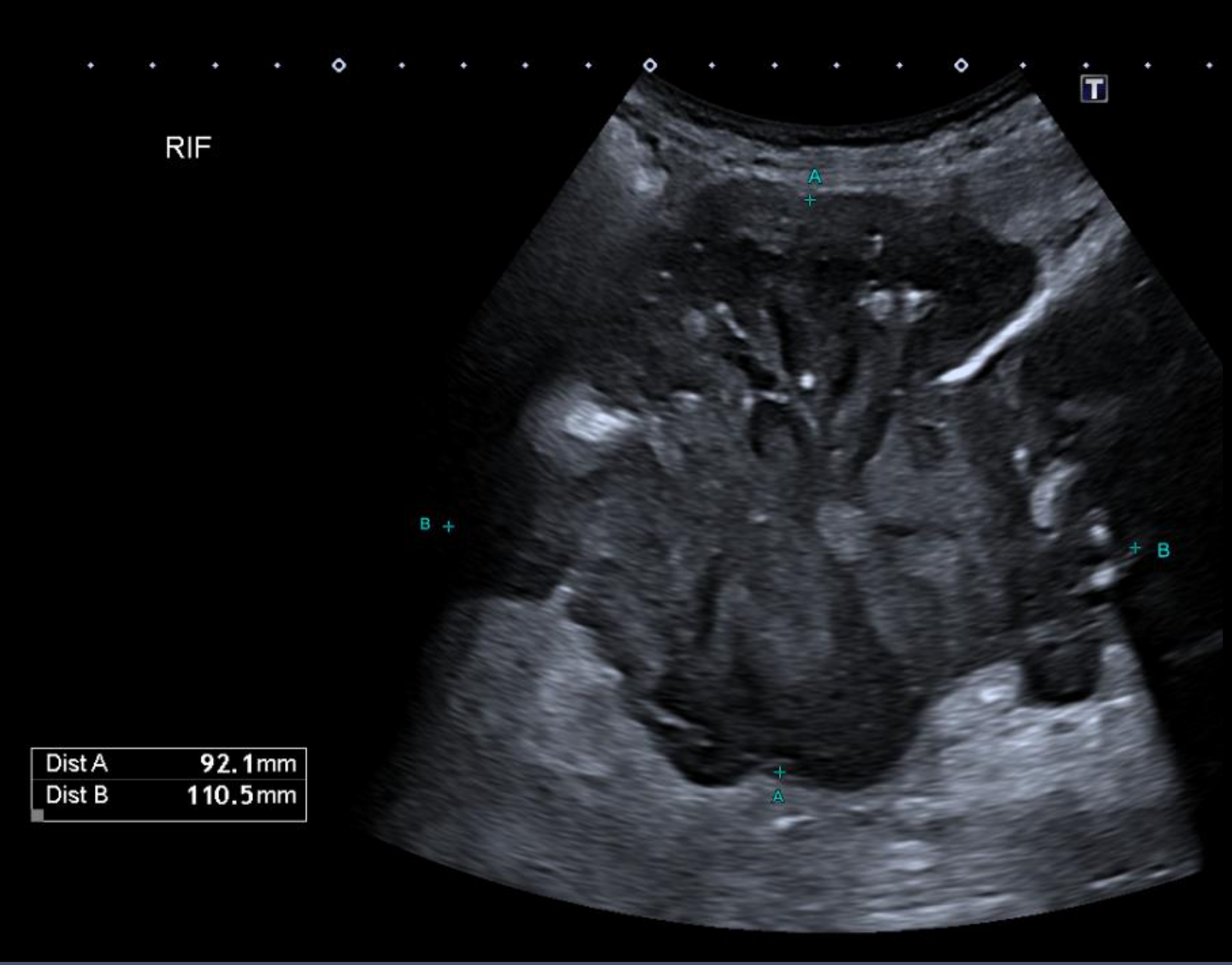
☐ 5. GP "gut feeling" of cancer diagnosis (reason to be clearly described at point of referral)

FIT test ☒ [<10] ☐ [10-150] ☐ [>150] ☐ [Not done] ☐ [Awaiting result] Tick as appropriate

Any addition clinical details:

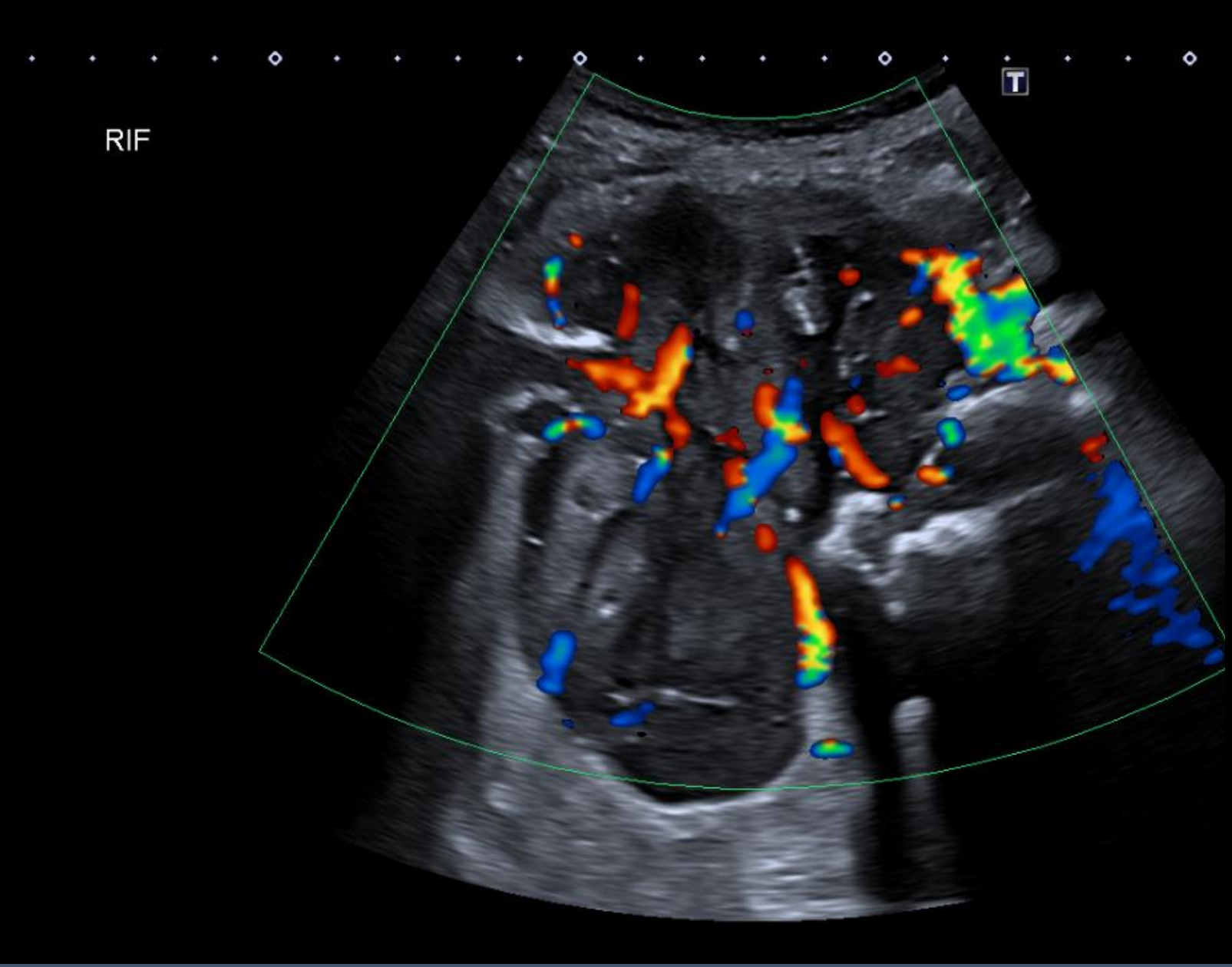
Routine diabetic bloods on this woman showed a haemoglobin of 93 with an MCV of 84. At the time she had a normal ferritin though as her CRP is 353, I suspect this may be acting as an acute phase reaction. She has no change in bowel habit or bleeding but 1 stone of unintentional weight loss. She has also got right hip pain. On examination she is 44 kg. there were no abdominal masses, no liver or spleen. She had pain on rotation of the right hip and

VABPE + CXR vetted remotely 11/7



Exert from ultrasound report:

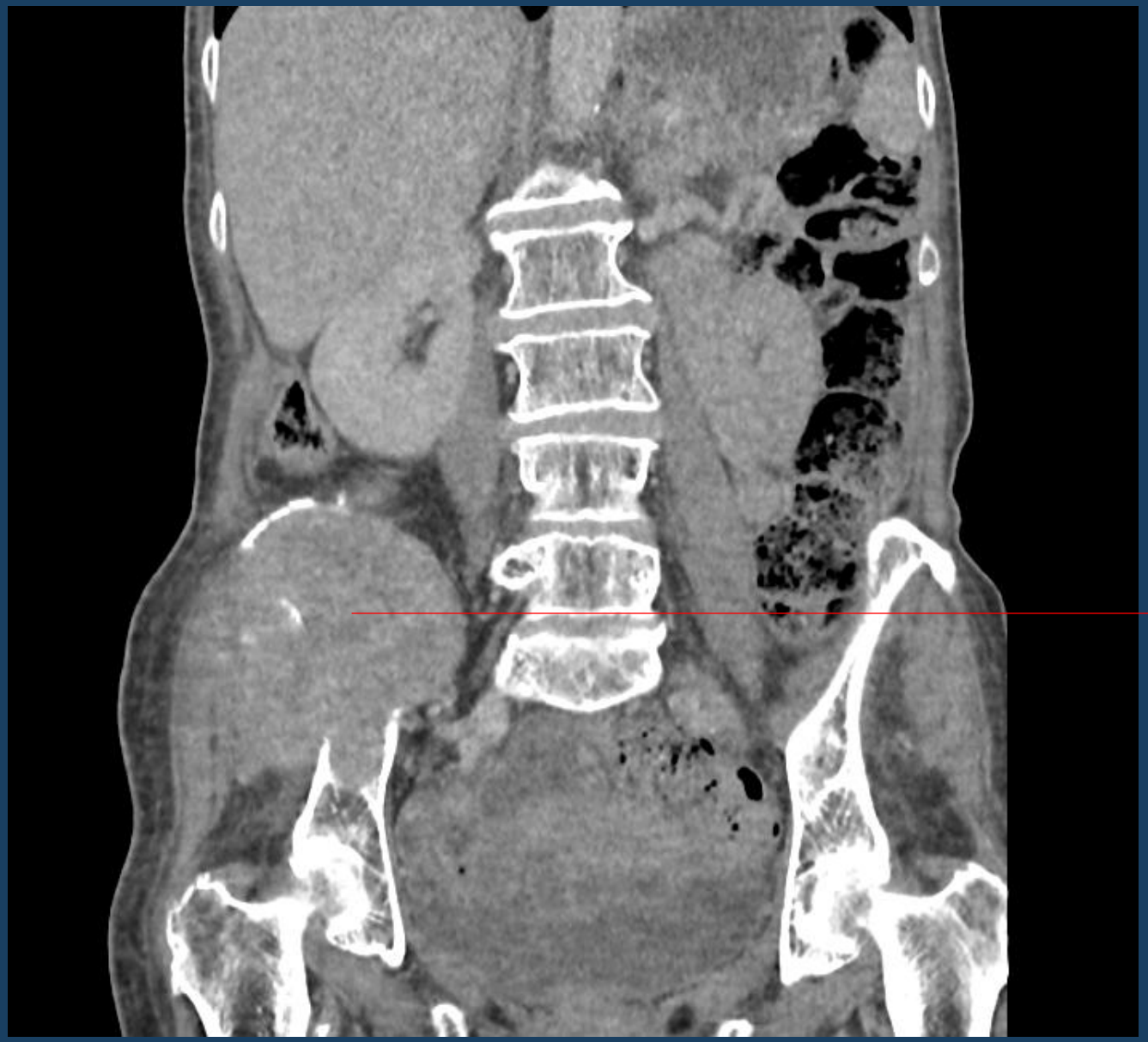
“There is a large mass in the right iliac fossa extending towards the hip joint”……

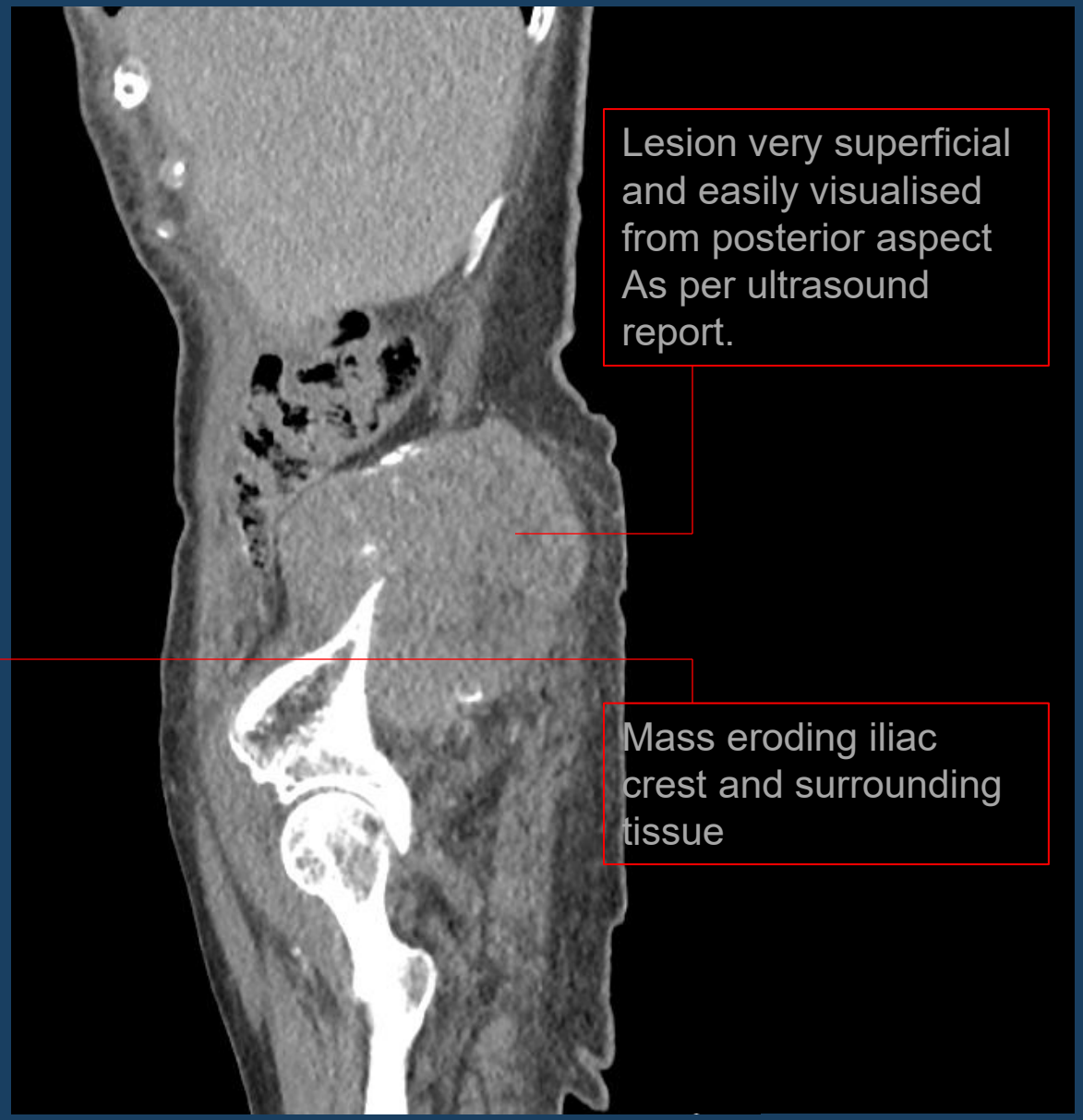


"The patient describes a painful swelling posteriorly and there is a large palpable mass on the posterior aspect of the right hip that is contiguous with the mass in the right iliac fossa. The mass is extremely hyperaemic. ".

"Conclusion- large hyperaemic soft tissue mass occupying the right iliac fossa and extending to create a palpable swelling at the posterior hip. Exact aetiology of this mass is uncertain. This may be a soft tissue sarcoma".

RDS7= RDS investigations ongoing, awaiting further imaging, CT-TAP has been arranged and protocolled by radiology as part of the RDS process





Lesion very superficial and easily visualised from posterior aspect As per ultrasound report.

Mass eroding iliac crest and surrounding tissue

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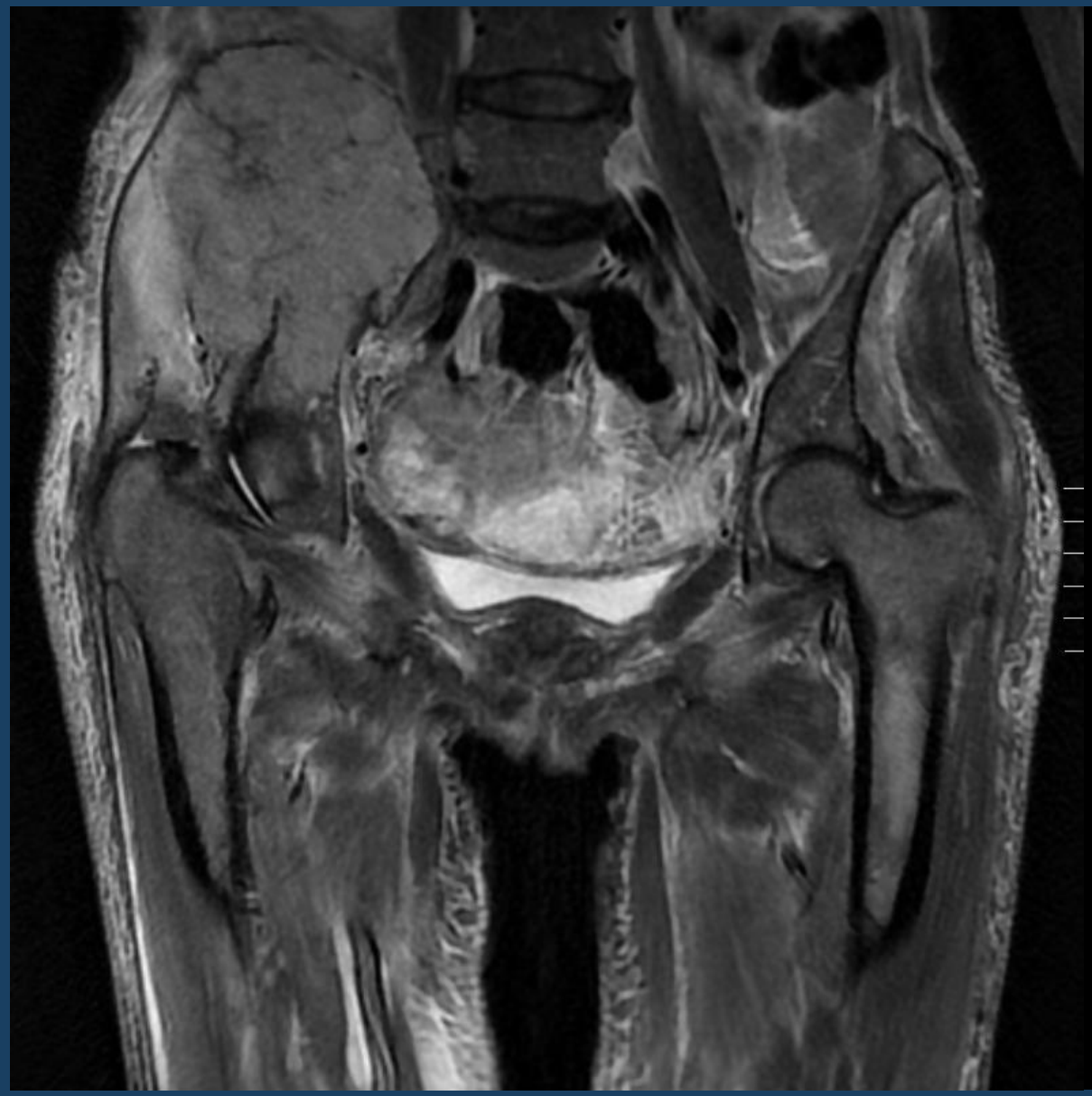


"A large solid malignant right superomedial iliac lesion with extension into the right sacral ala. There is a large associated soft tissue component. The lesion is heterogeneous, predominantly solid with small cystic areas. The differential includes a metastasis as well as a primary bone sarcoma arsing from rt iliac bone. Consider CT -PET, in consultation wit CUP MDT for workup of a primary lesion. If it is found to be solitary lesion, opinion from Birmingham RNOH is advised"

Birmingham specialist service diagnosis: "features consistent morphologically with a high grade malignant sarcoma. The tumour is G34 positive and is either thought to represent a Malignant Giant Cell Tumour or a G34 positive Osteosarcoma".

Treatment :extensive surgery (extended hindquarter amputation) Patient underwent procedure and is recovering (isolated lesion).

RDS Case 3

Does the patient have a personal history of cancer? ☐ Yes ☐ No **Details:**
Has the patient ever smoked? ☐ Yes ☐ No ☒ Ex-smoker,

Current clinical details: (please select and provide further detail where required).

☒ 1. New unexplained & unintentional weight loss

☐ 2. New unexplained constitutional symptoms of four weeks or more: Loss of appetite, fatigue, nausea, bloating, malaise. (please specify in clinical details).

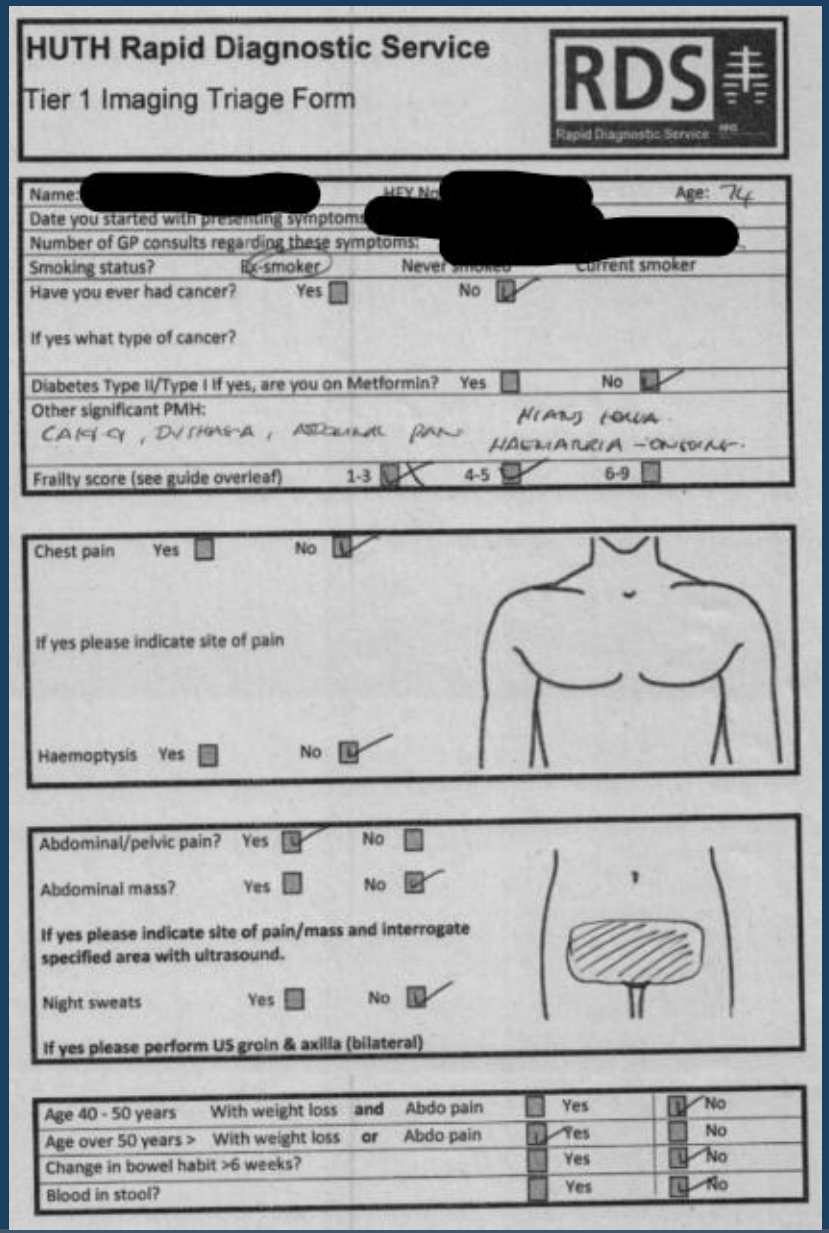
☐ 3a. New unexplained vague abdominal pain of four weeks or more

☐ 3b. Less than four weeks if very significant concern

☐ 4. New unexplained, unexpected or progressive pain (including bone pain) or four weeks or more. (Please indicate site of pain and further clinical information).

☐ 5. GP "gut feeling" of cancer diagnosis (reason to be clearly described at point of referral)

FIT test ☐ [<10] ☐ [10-150] ☐ [>150] ☐ [Not done] ☐ [Awaiting result] Tick as appropriate


HUTH Rapid Diagnostic Service

Tier 1 Imaging Triage Form

RDS Rapid Diagnostic Service

Name: [redacted] HEY No: [redacted] Age: 74

Date you started with presenting symptoms:

Number of GP consults regarding these symptoms:

Smoking status? Ex-smoker Never smoked Current smoker

Have you ever had cancer? Yes ☐ No ☑

If yes what type of cancer?

Diabetes Type II/Type I If yes, are you on Metformin? Yes ☐ No ☑

Other significant PMH: CAD x 4, DYSPNOEA, ABDOMINAL PAIN, HIATUS HERNIA, HAEMATURIA - ONGOING.

Frailty score (see guide overleaf) 1-3 ☑ 4-5 ☐ 6-9 ☐

Chest pain Yes ☐ No ☑

If yes please indicate site of pain

Haemoptysis Yes ☐ No ☑

Abdominal/pelvic pain? Yes ☑ No ☐

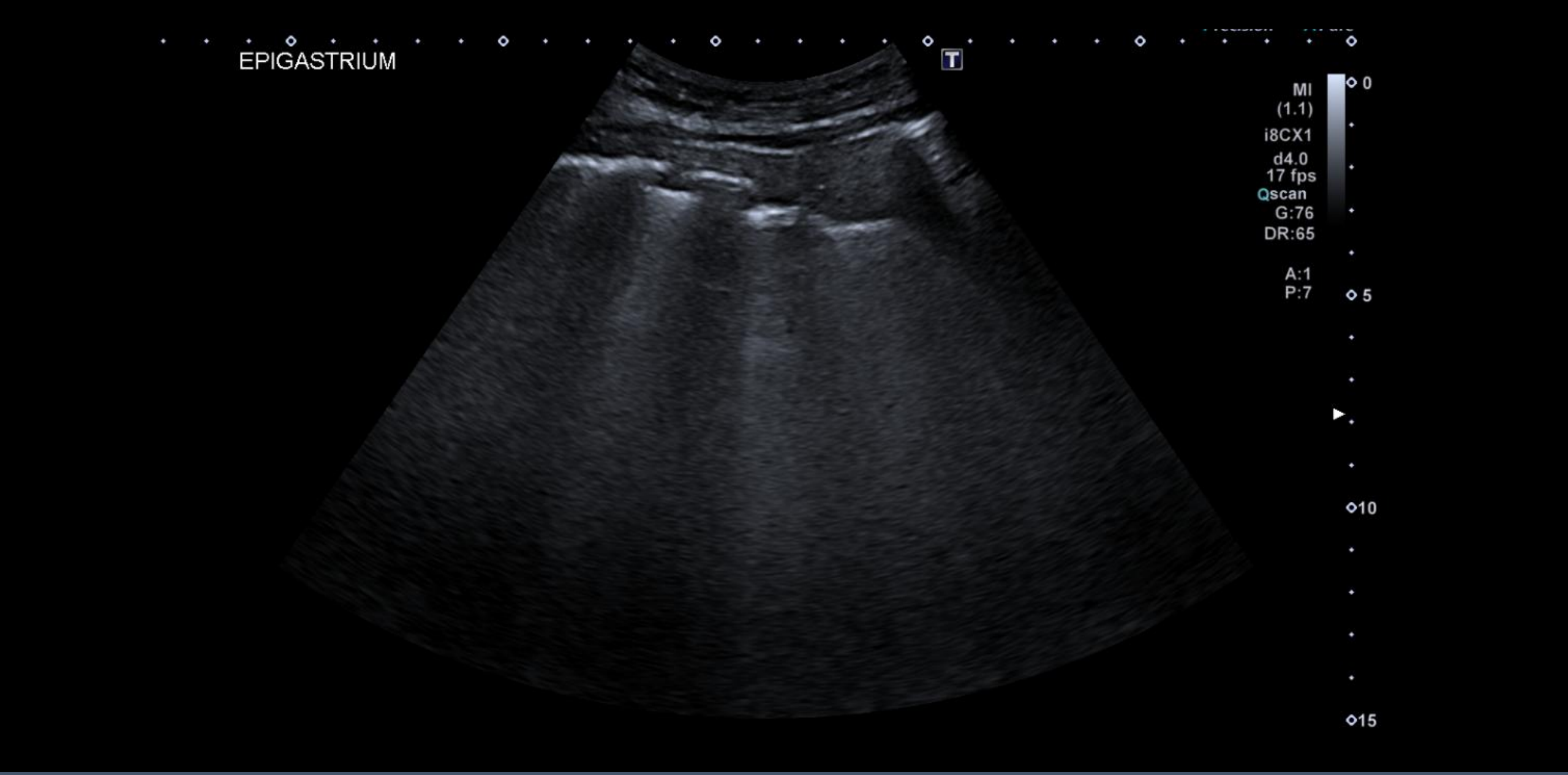
Abdominal mass? Yes ☐ No ☑

If yes please indicate site of pain/mass and interrogate specified area with ultrasound.

Night sweats Yes ☐ No ☑

If yes please perform US groin & axilla (bilateral)

Age 40 - 50 years	With weight loss	and	Abdo pain	☐ Yes ☑ No
Age over 50 years >	With weight loss	or	Abdo pain	☑ Yes ☐ No
Change in bowel habit >6 weeks?				☐ Yes ☑ No
Blood in stool?				☐ Yes ☑ No



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Hull University Teaching Hospitals
NHS Trust

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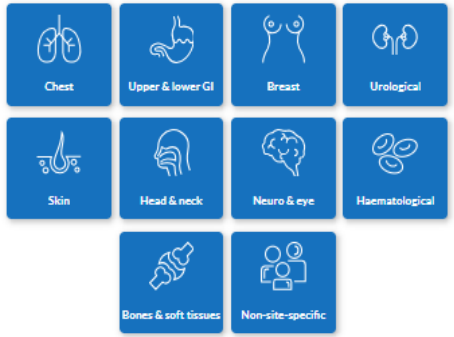


[No Title]

Risk Factors

Age (in years)* 75

Gender* Male Female

Asbestos exposure

Deep vein thrombosis (DVT) or pulmonary embolism (PE)

New-onset diabetes mellitus

Past or current smoker

Symptoms

Abdominal pain

Weight loss

Thrombocytosis

Recommendations Select All

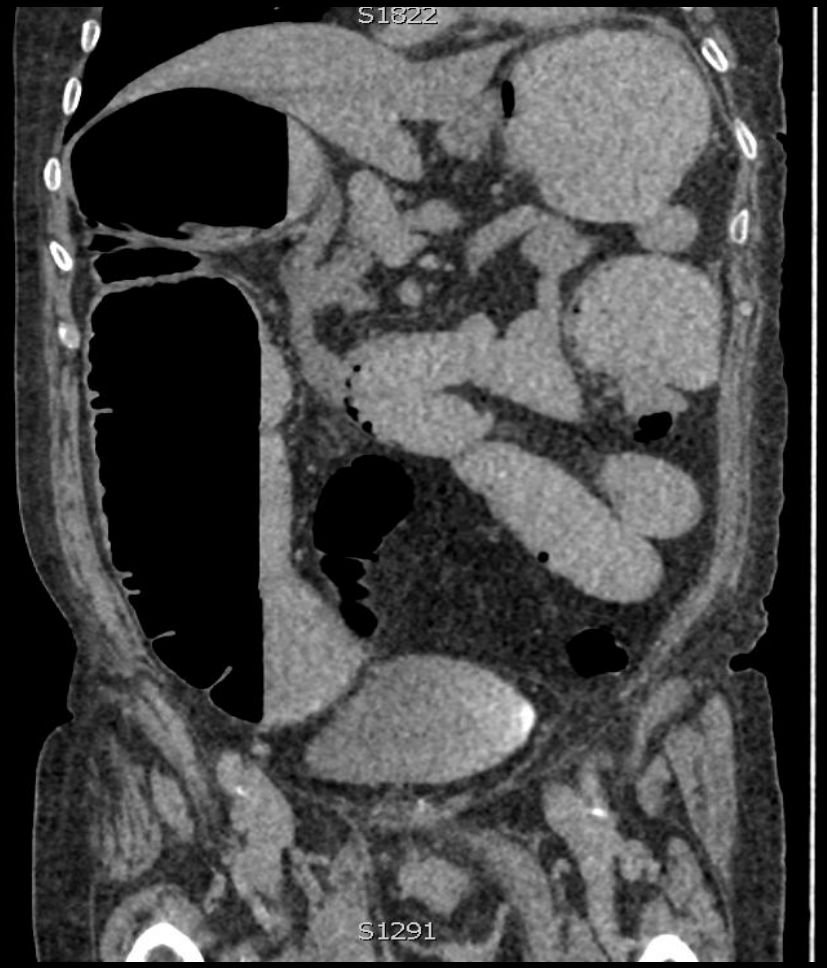
Lung cancer
- X-ray - chest 2 weeks

Use clinical judgement if high suspicion as up to 23% can be normal in the presence of lung cancer.

Colorectal cancer
- FIT test 2 weeks

Upper gastrointestinal cancer
- Endoscopy - urgent upper GI (OGD) 2 weeks

Please consider advising the GP to refer.



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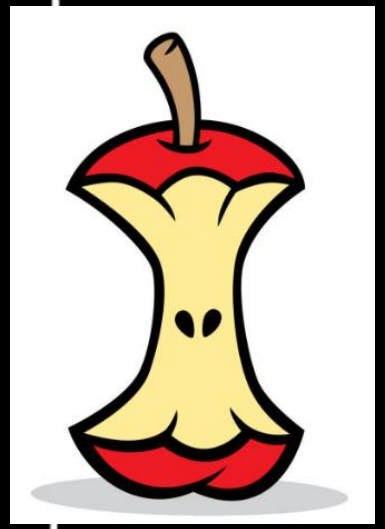

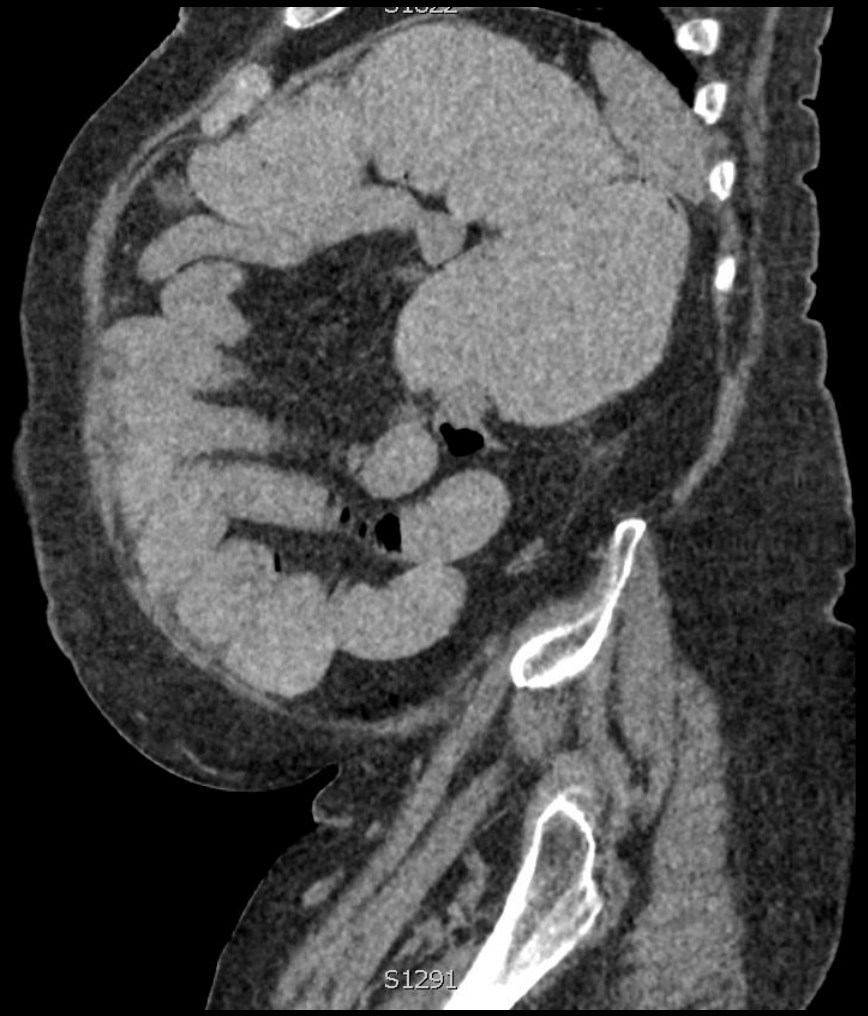

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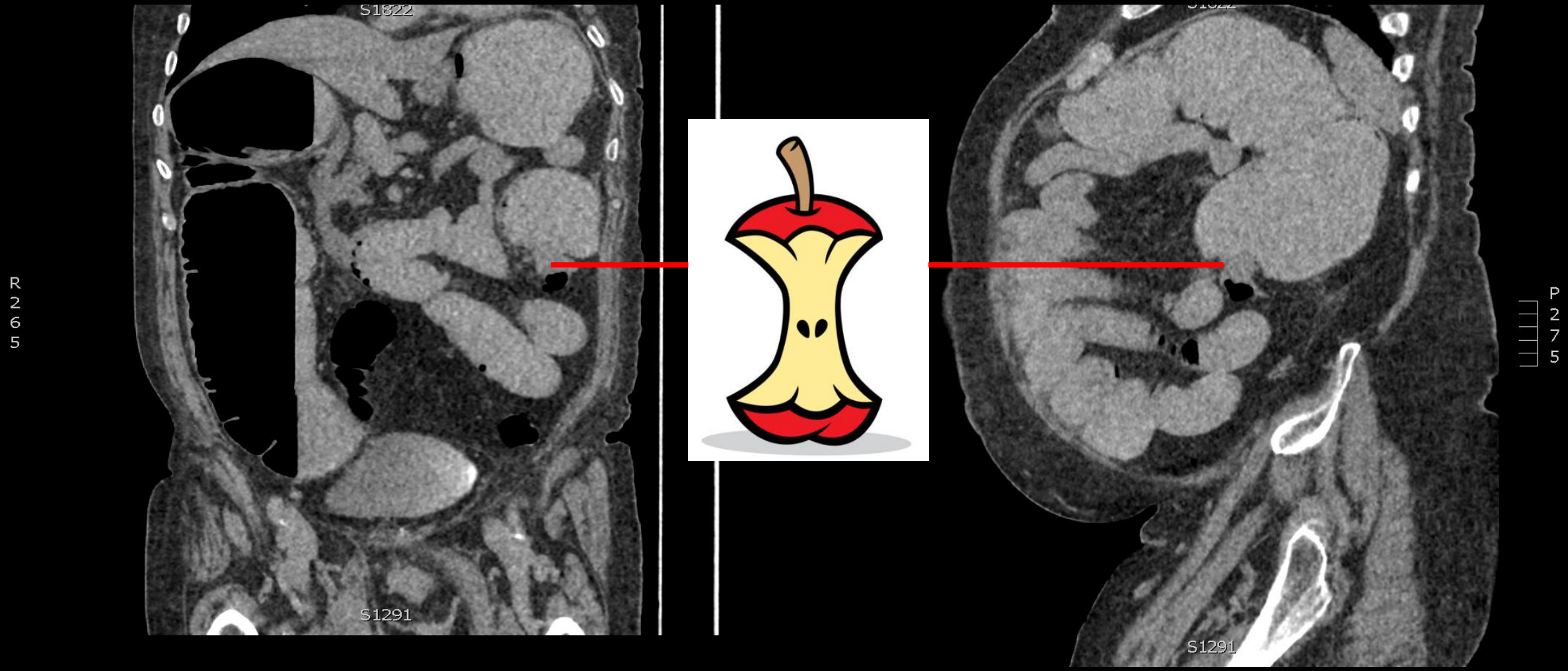
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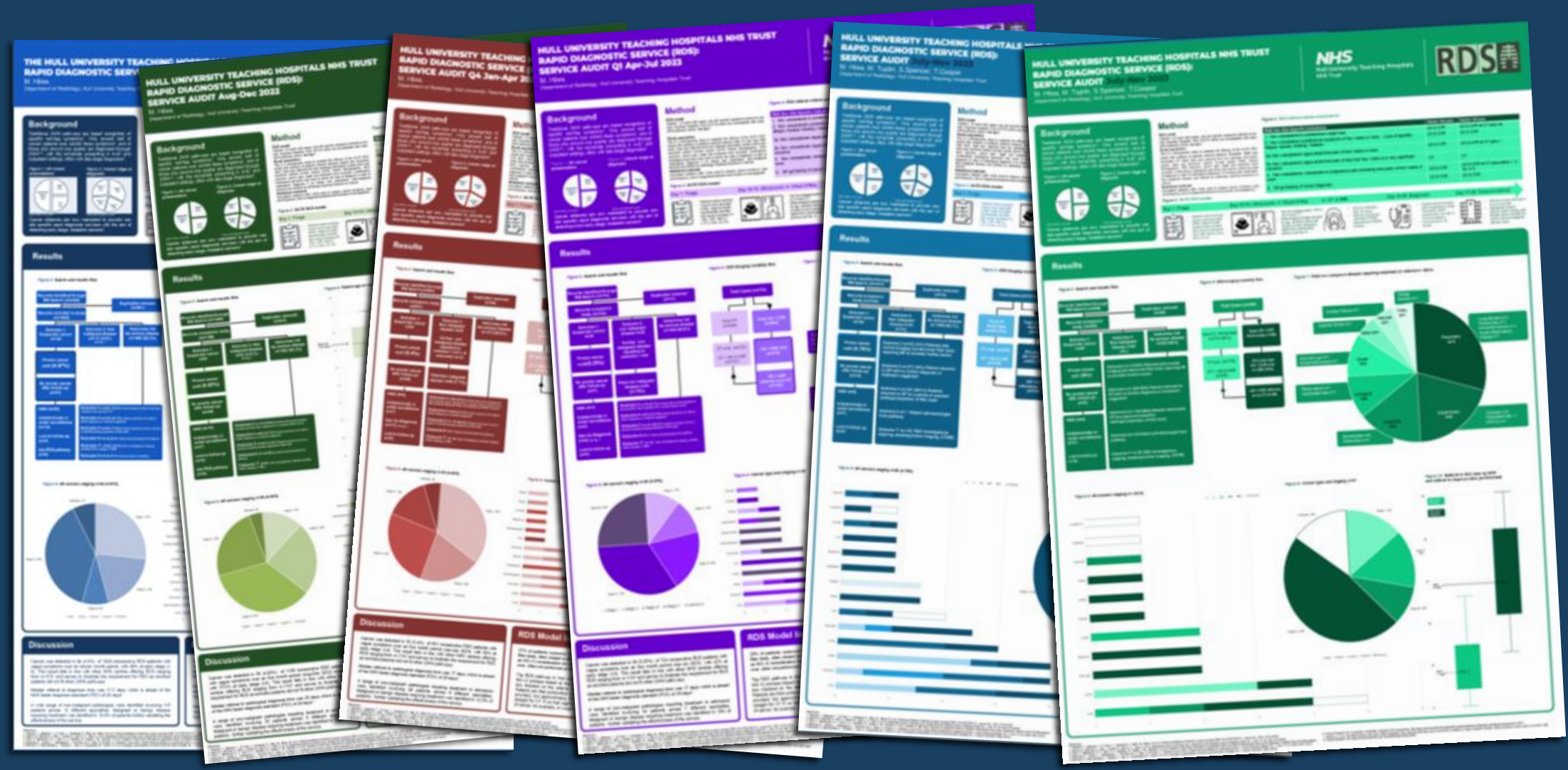
RDS Quarterly Audit



HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST
RAPID DIAGNOSTIC SERVICE (RDS): SERVICE AUDIT Q1-Q4 2024

NHS Hull University Teaching Hospitals NHS Trust

RDS

Figure 1. Search and results flow

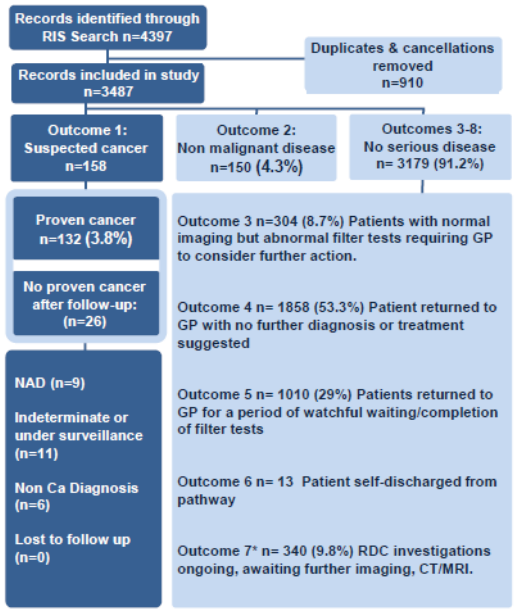


Figure 2. Total non malignant disease requiring treatment or referral n=150 (4.3%)

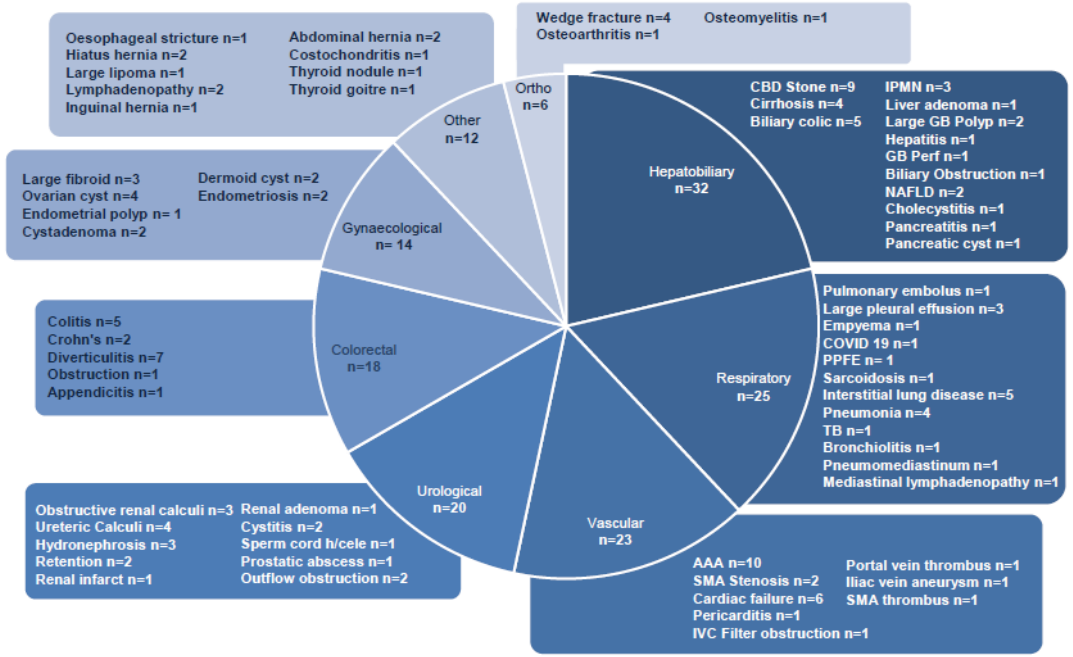


Figure 3. All cancers staging n=132 (3.8%)

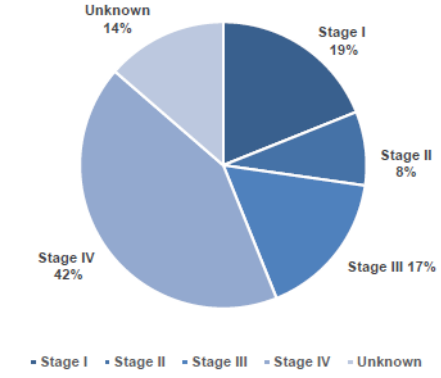


Figure 4. Cancer type and staging n=132

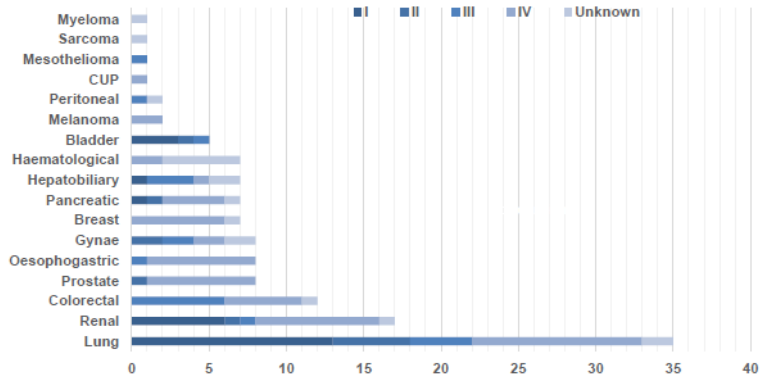
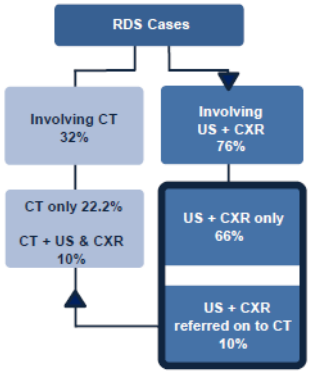


Figure 5. RDS Imaging modality flow



RDS Rapid Diagnostic Service

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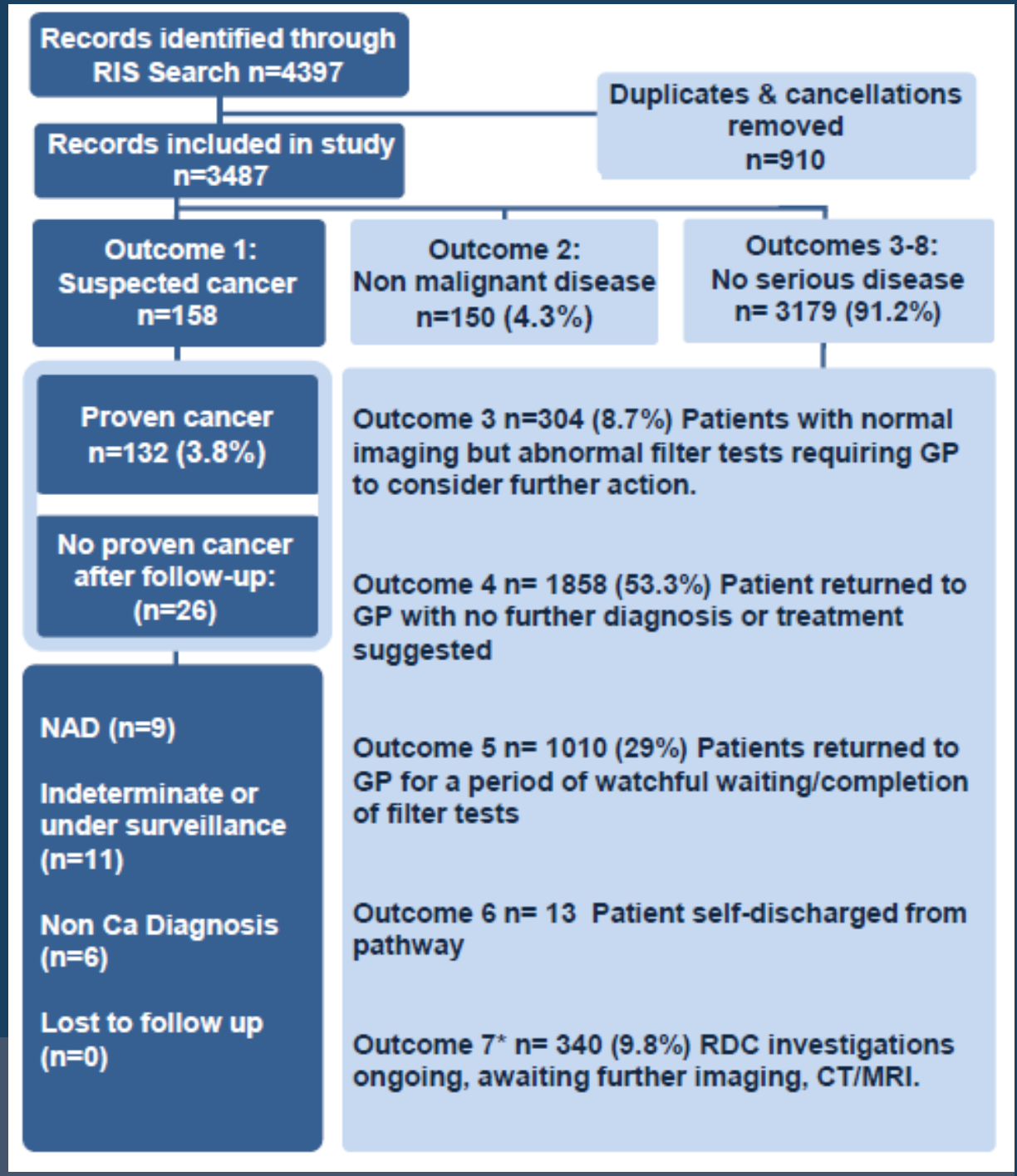
HULL UNIVERSITY TEACHING HOSPITALS NHS TRUST RAPID DIAGNOSTIC SERVICE (RDS): SERVICE AUDIT Q1 – Q4 2024



RDS Rapid Diagnostic Service

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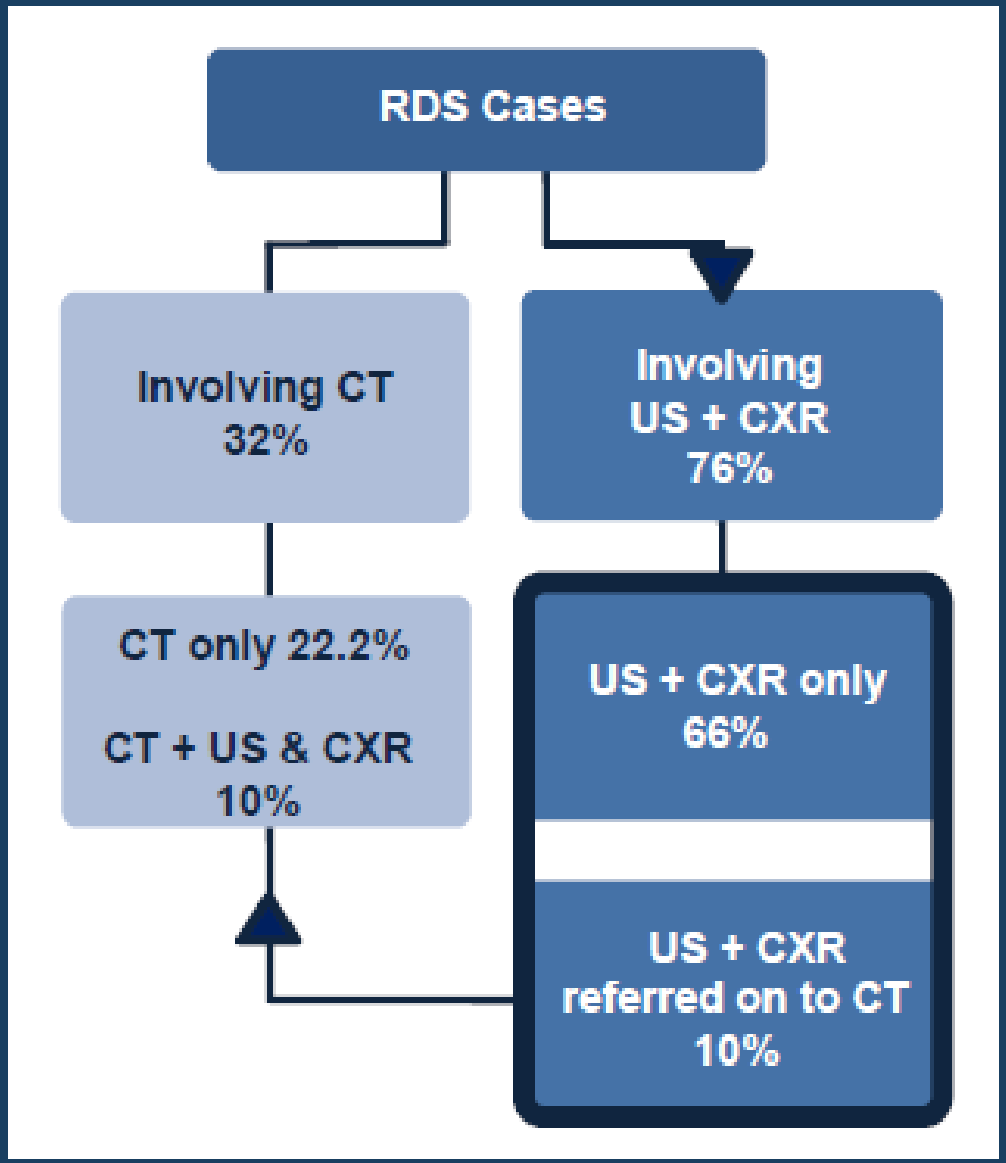
RAPID DIAGNOSTIC SERVICE (RDS): SERVICE AUDIT
Q1 – Q4 2024

Figure 5. RDS Imaging modality flow



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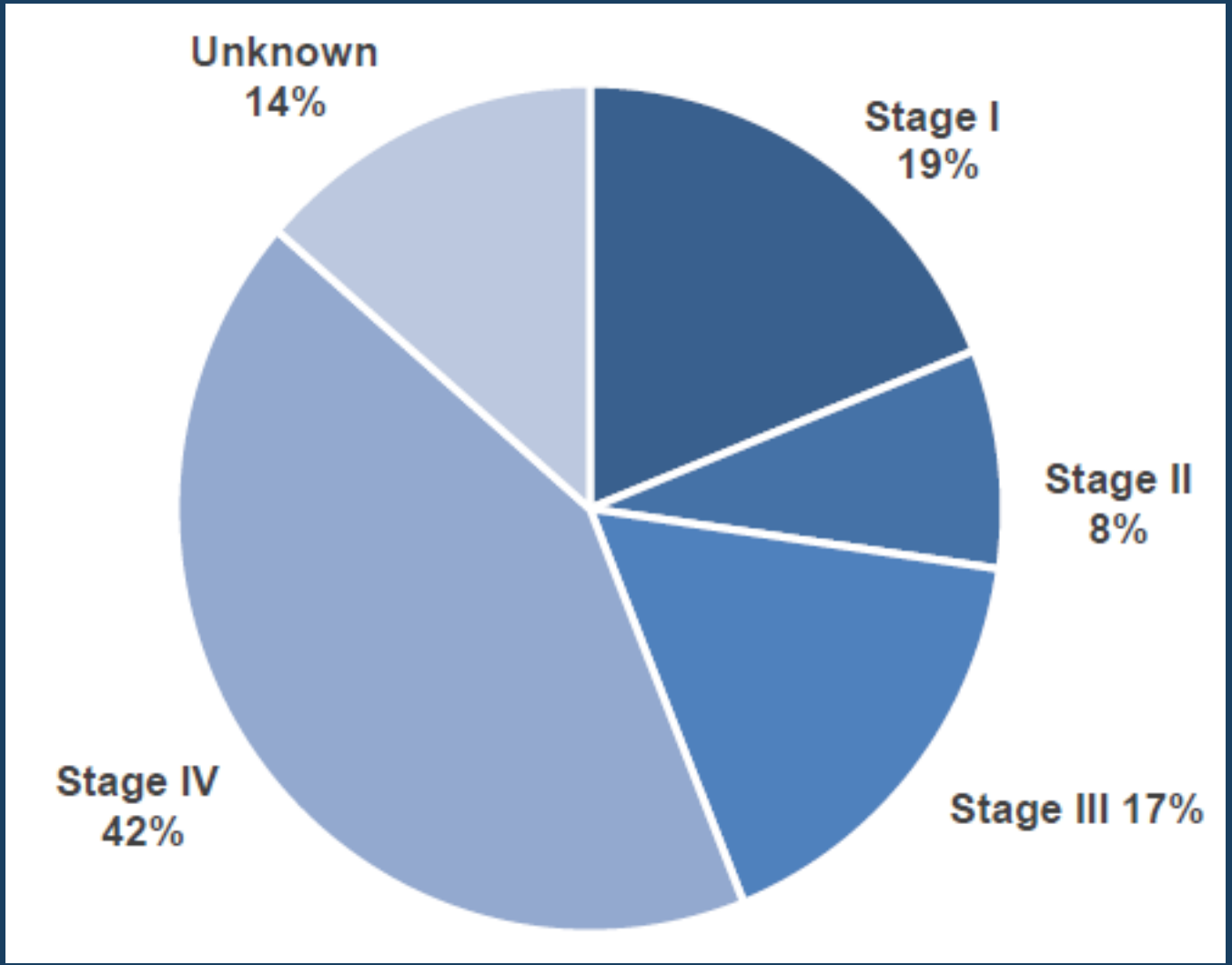
RAPID DIAGNOSTIC SERVICE (RDS): SERVICE AUDIT
Q1 – Q4 2024

Figure 3. All cancers staging n=132 (3.8%)



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RAPID DIAGNOSTIC SERVICE (RDS): SERVICE AUDIT
Sep 2021 – Jul 2023

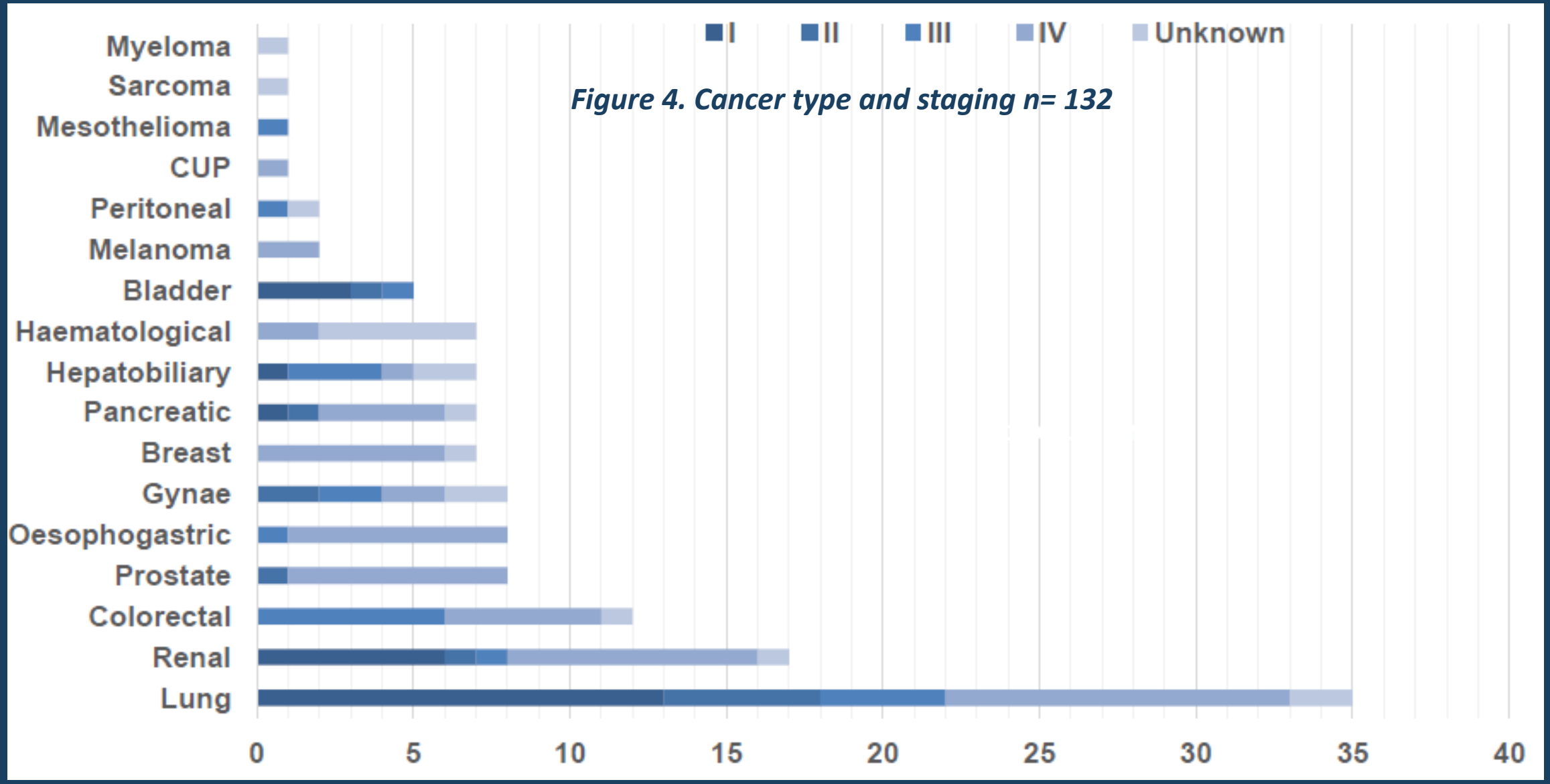


Figure 4. Cancer type and staging n= 132

Figure 2. ***Confirmed Cancer Location and Staging***

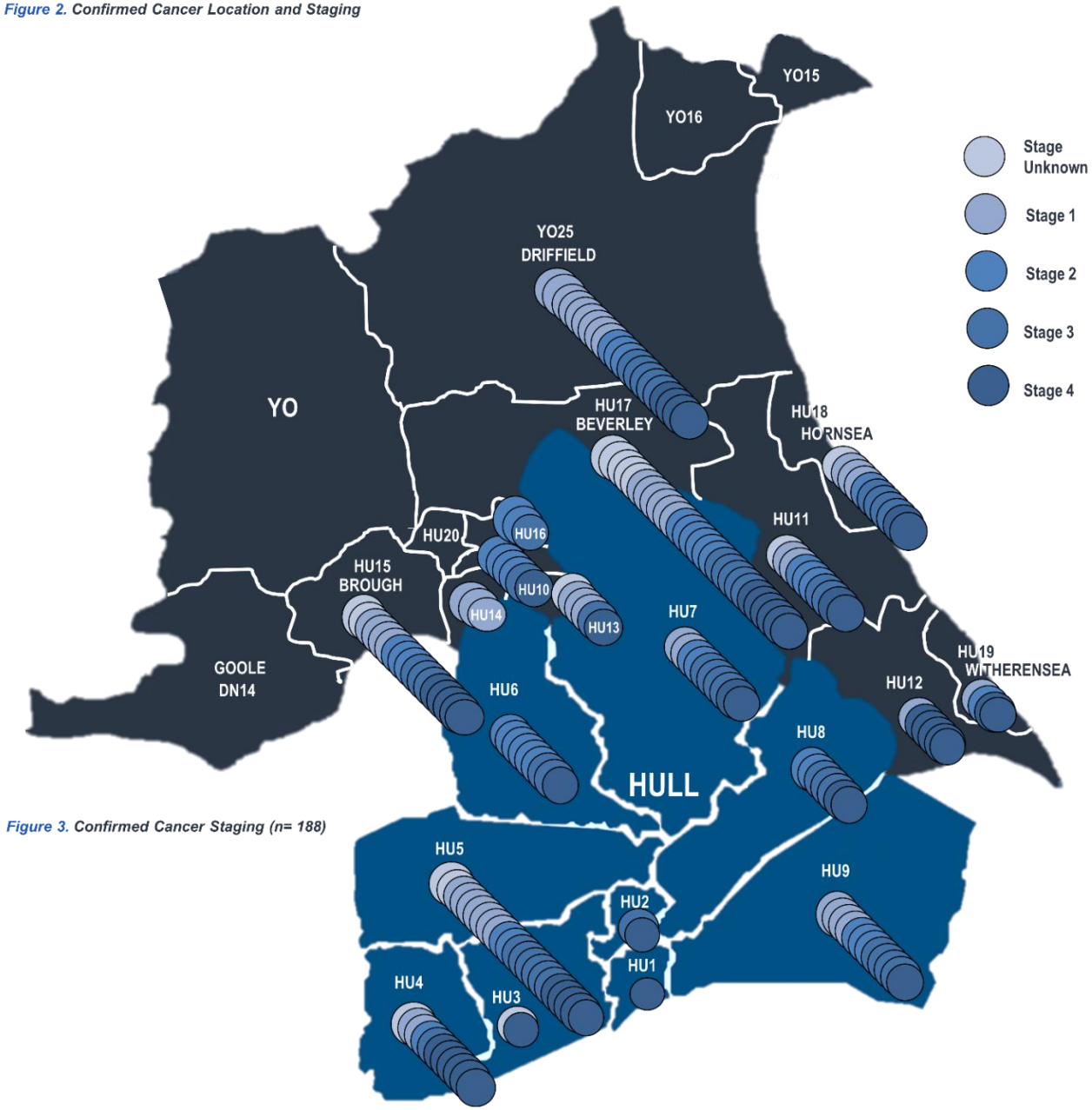
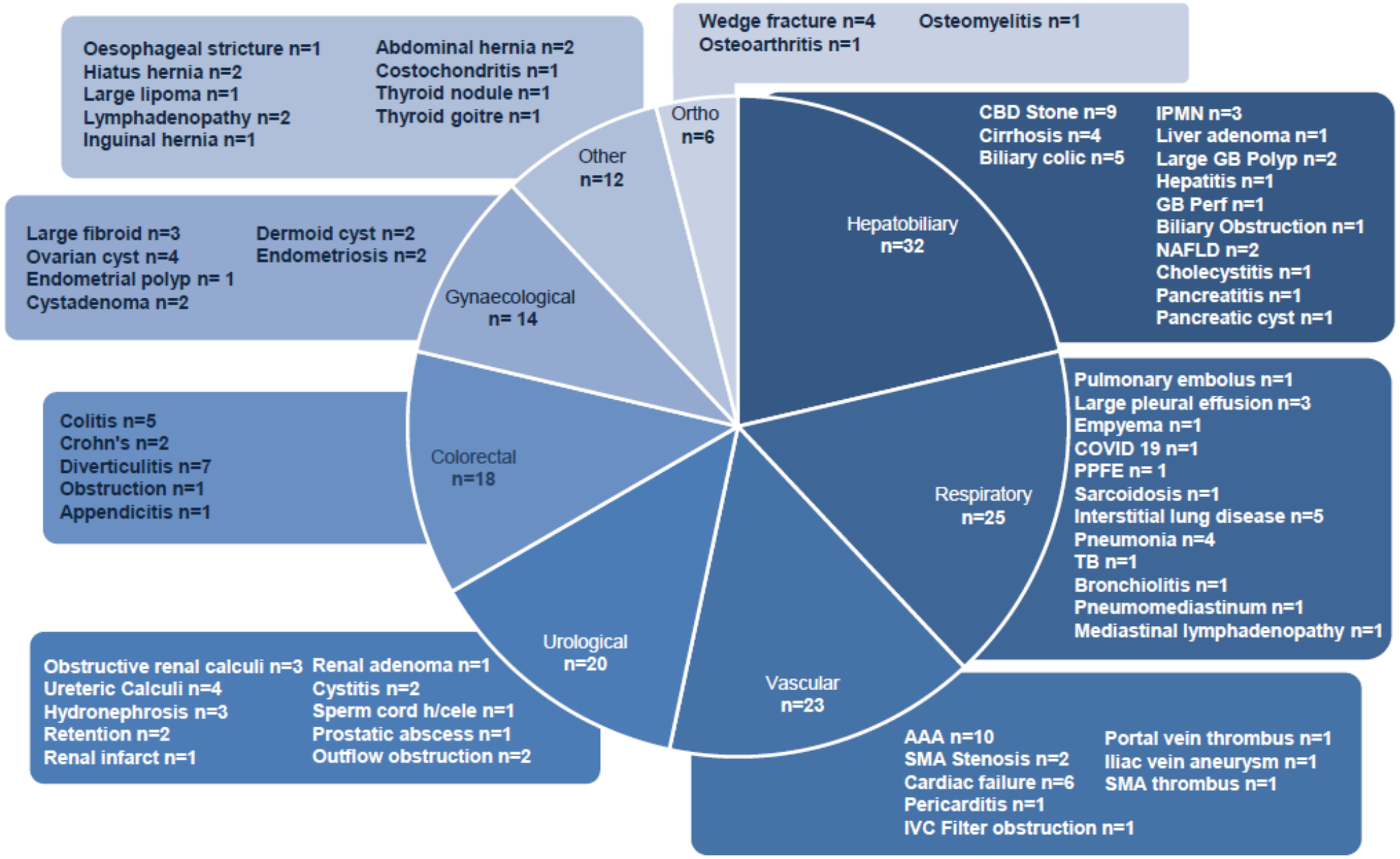


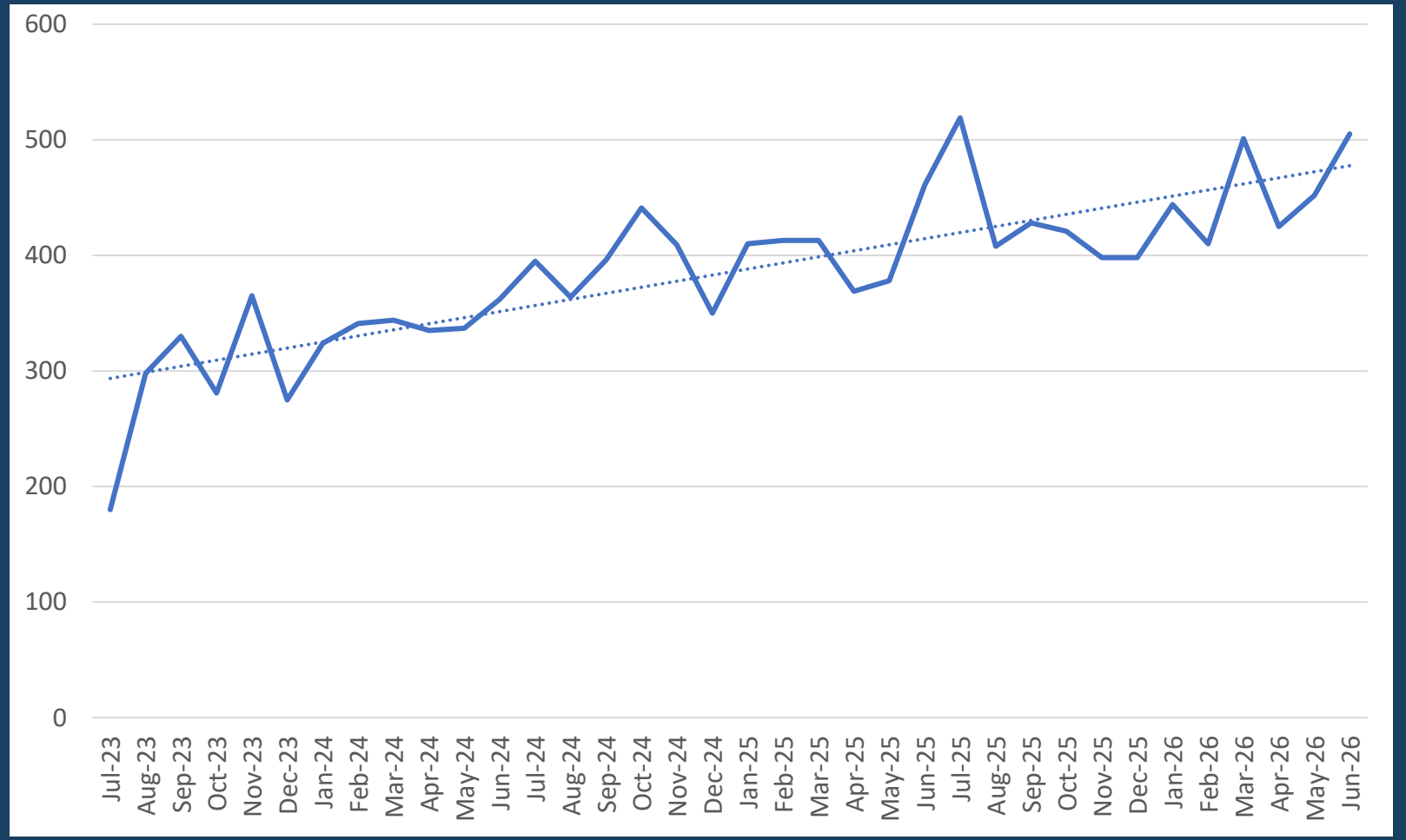
Figure 3. ***Confirmed Cancer Staging (n= 188)***

Figure 2. Total non malignant disease requiring treatment or referral n=150 (4.3%)



Ongoing challenges

RDS Patient through-put past 3 years



Ongoing challenges

RDS Filter tests – noncompliance

- Urine Dip stick
- FIT test
- FBC
- CRP
- U&E with eGFR
- LFTS (including globulins)
- TSH
- HBA1c
- Bone
- CA-125
- PSA
- TTG AB
- Ferritin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Ongoing challenges

Potential solutions – proposals

1. Do not alter current model and try to generate more capacity –

OR…… Conduct retrospective study to understand;

1. How many patients come through the pathway with incomplete CORE filter tests ?

2. Of these patients, how many received the recommended tests post RDS outcome within 2 months?

Proposal

If there is a significant percentage who do not receive their filter tests, we adopt new policy:

Reject referrals where GPs have not at least ordered the CORE tests + advice to order tests and re-refer.

Pros – diagnostic accuracy of RDS model improved through better initial triage/test selection
Will help to refine RDS referrals – fewer numbers – higher quality.

Cons – Risk of delaying a potential diagnosis through rejection of referral.

Summary

RDS Service is a 2WW GP- led Pathway for investigation of Non-Specific Symptoms.

Model uses a combination of Imaging and laboratory tests to rule cancer in/out within 28days of referral.

Model could be incorporated into most clinical settings

Patient cantered approach with CNS communication ang locations throughout the catchment area

Average time of initial referral to specialist Ca referral 19days

Ca pick up rate is 3.8%

Together with Non malignant findings 8.2%

Steadily rising referrals now up to 4-5 hundred per month mean is excellent resource for GP's but we need to address capacity issues

Analysis needed to understand scale of noncompliance of blood tests and whether mandatory ordering of blood tests should be incorporated.

Any Questions?

Going forward – Service Performance GP and Patient Rating

A recent survey conducted among GPs in our region has highlighted the early success of the service with 40 out of 45 GP's saying they had used the service and 37 of them willing to recommend to their colleagues.

Results from GP surveys from around the country have also demonstrated overwhelming support of the RDS model with frequently mentioned benefits for clinicians and patients:

- Speed of referral and diagnosis
- Ease of access for diagnostic testing
- Straight forward referral process
- Reduction of stress for GPs