



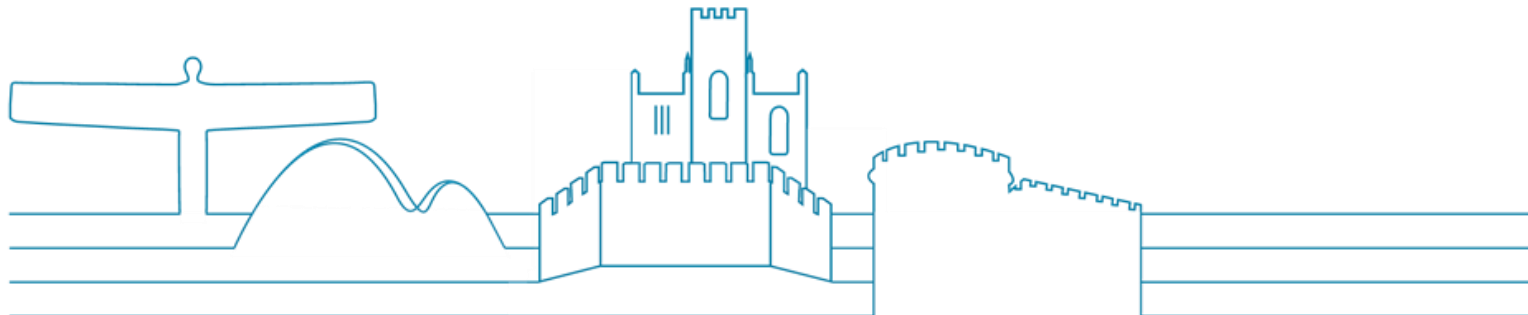
# Welcome to

## RDC Cancer navigator and co-ordinator shared networking event and regional discussion.

Please stay on mute throughout the meeting, unless actively taking part in the discussion.

Do feel free to use the chat facility and raise your hand to enable us to facilitate the discussion.

*If you have any queries please get in touch with a member of the NCA team via chat*



AGENDA		Timings
1.	Welcome and Introduction – Dr Katie Elliott, Primary Care Clinical Director NCA	9.00-9.10
2.	Overview of RDS – Andrew Copland, Programme Manager, NCA	9.10-9.30
3.	Experiences from the GM Cancer Prostate Best Timed Pathway – The Pathway Navigator Role – Susan Todd, Programme Lead Greater Manchester Cancer Academy	9.30-10.00
4.	Macmillan Resources – Tina Thompson, Partnership Manager, Macmillan Cancer Support	10.00-10.20
	Coffee Break	10.20-10.30
5.	Patient involvement in RDSs – Joanne Mackintosh, Delivery Manager NCA	10.30-11.00
6.	CRUK – Primary Care and Community Links Update – Fiona McQuiston, Regional Relationship Manager (North East)	11.00-11.20
7.	Local Experience and Learning – Debbie Hall, Cancer care coordinator, South Tees	11.20-11.40
8.	Q&A from the Day and AOB	11.40–12.00

MEETING CLOSE



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# Andrew Copland

- Programme Manager – NCA
- Overview of RDS



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# Overview of RDS

- The national Rapid Diagnostic Centre program requires all cancer alliances to develop pathways for serious non specific symptoms as well as site specific cancer pathways
- The Northern Cancer Alliance recognises that not all diagnostics can or should be delivered at a single site for each pathway and use the term RAPID DIAGNOSTIC SERVICES instead.
- This is significant body of work and the NCA has received over £4m to support transformation in 21/22



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# What will RDS achieve

Two ambitions were set out in the Long Term Plan for cancer:

3 in 4 patients will be diagnosed at an early stage by 2024

55,000 more people each year will survive their cancer for at least five years after diagnosis

RDCs will support us to achieve these ambitions by:

Supporting earlier and faster cancer diagnosis

Increasing diagnostic capacity

Improving patient experience during diagnosis

Reducing unwarranted variation in referral for, access to and reliability of relevant diagnostic tests

Improving the offer to staff, with new roles and innovative ways of working



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# Rapid Diagnostic Components



**1. Early identification** of patients where cancer is possible, including outreach to target existing health inequalities



**2. Timely referral** based on standardised referral criteria and appropriate filter function tests



**3. Broad assessment of symptoms** resulting in effective triage, determining whether and which tests should be carried out and in what order, based on individual patient need



**4. Coordinated testing** which happens in fewer visits and steps for the patient, with a significantly shorter time between referral and reaching a diagnosis



**5. Timely diagnosis of patients' symptoms**, cancer or otherwise, by a multi-disciplinary team where relevant, and communicated appropriately to the patient



**6. Appropriate onward referral** to the right service for further support, investigation, treatment and/or care

**7. Excellent patient coordination and support** with patients having a single point of contact throughout their diagnostic journey, alongside access to the right information, support and advice



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# How will patient experience improve?

For some patients, the journey between recognising that something doesn't feel right, having tests and receiving a diagnosis could be better.

Cancer services can sometimes be difficult to navigate, and patients can have the same tests or conversations more than once.

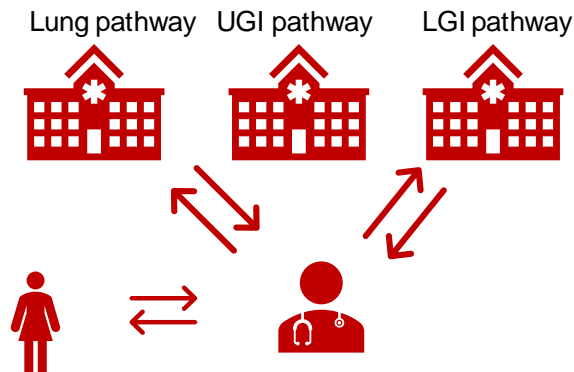


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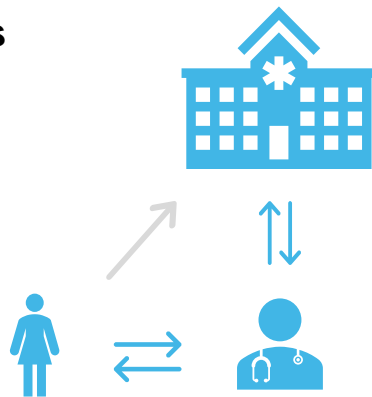


# How will patient experience improve?

## Current situation



## RDCs



- Every patient will only receive one urgent cancer referral in order to be diagnosed with cancer.
- Once a patient is on an appropriate pathway, their care and diagnostics should be organised around their needs, time between investigations shortened where possible, and a diagnosis pursued, whether cancer or otherwise.



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# How will patient experience improve?



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# Rapid Diagnostic Priorities for 21/22

- Go live with SNS pathways across the ICS to achieve 100% coverage by April 2022
- Go live with a range of site specific pathways across 21/22 including a new combined upper/lower GI pathway now being implemented in Cancer Localities.
- Agree an assurance process that pathways are meeting the 7 RDC components
- Begin to transition from a transformation initiative to services that are considered business as usual



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# Key Pathway Development 21/22

Please note table is not exhaustive, providers now looking at many pathways through the lens of RDC 7 components.

	STHFT	NTHFT	CDDFT	Gateshead	Sunderland/ST	Newcastle	Northumbria	North Cumbria
Serious Non-Specific								
Upper /Lower GI								
Gynaecology								
Breast								



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# What is a Rapid Diagnostic Service?



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# Rapid Diagnostics and the Patient Experience

- Patient Experience is a fundamental component of the RDS pathway
- Trusts when planning pathways have invested in staff to support the patient experience
- The Navigator or Coordinator role is key investment
- Why?



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# Rapid Diagnostics and the Patient Experience

- They are the key point of contact for the patient
- They explain the pathway
- They assess the patient holistically
- They identify access issues
- Communications with the patient reference them as a contact point
- Confidence in a rapid, complex process at a time of considerable anxiety is vital to the pathway's success



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# Overview of RDS

- We want Rapid Diagnostic Services to work
- We believe they will transform how patients experience services
- They are delivered by teams of skilled and dedicated staff
- You are part of that team, we want you to succeed and feel supported
- I hope you enjoy this session



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- Any Questions?



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# Coffee Break – Back in 10 mins



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# Questions?

If you have any questions or comments for any of our speakers please either raise your hand or put the question in the chat box.



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Thank you for attending.



@NorthernCancer



[www.northerncanceralliance.nhs.uk](http://www.northerncanceralliance.nhs.uk)



[england.nca@nhs.net](mailto:england.nca@nhs.net)

