

MDC pilot sites summary and what they are doing – regional work

Area	Pilot summary	Test	Lead
Derbyshire – Southern	<p>Resource requested: Multidisciplinary Coordinator</p> <p>The main focus of the pathway - to test out the model through a virtual panel of tests, initiated in Primary Care by GPs. To use the ICE system (Primary Care electronic pathology/radiology requesting system) to request the necessary tests with input from the Pathology and Imaging departments to turnaround the results within three working days of the test. Currently developing two pathways for referral, these are:</p> <ol style="list-style-type: none"> 1. Non-specific abdominal pain, mass or ascites 2. Non-specific unexplained weight and appetite loss 	<p>Blood Analysis</p> <p>Urine Analysis</p> <p>Abdominal and Pelvic Ultrasound</p> <p>C X-ray</p>	Christine Urquhart
Derbyshire – Burton	<p>Resource requested: Project Manager</p> <p>Proposing to work with primary care colleagues to develop a vague symptoms pathway to reduce the “hand-offs” between MDTs and to speed up the diagnostic element of the cancer pathways, regardless of primary tumour site. Aim to reduce current pathways towards 22-25 days in advance of the proposed national 28 day standard (“4 week wait”).</p>	X-ray and CT	Kerry Pape
Northants	<p>Resource requested: Specialist Liaison Nurse (SLN)</p> <p>To contact patients (or their appointed/consented advocates) with positive scans to explain the result and book them into an appropriate specialist clinic.</p> <p>The SLN will also contact the GP practice to inform them that the patient was on a suspected cancer pathway and to request the completion of the appropriate bespoke 2WW referral form.</p>	CT	Linda Dunkley
Lincolnshire	<p>Resource requested: Project Manager</p> <ul style="list-style-type: none"> • Develop a proof of concept for patients in Lincolnshire with vague cancer symptoms to have rapid access to simple diagnostics via a virtual multi-diagnostic hub • Reduce delay in diagnosing cancer for patients with vague symptoms • Target the 2WW capacity for patients who are high risk or known to have cancer. 	X-ray	Sarah-Jane Mills
Mid Notts – Mansfield and Ashfield	<p>Resource request: x 1.0 wte Information and Insight Manager post (Band 7)</p> <p>Aim - to deliver clearly defined primary care pre-diagnostic work up and referral pathways for ‘vague symptoms’, as an integral part of the local cancer and RTT diagnostic services. Patients would be assessed in primary care and those with red flag symptoms would be referred on a 2WW in the usual way. Those with vague but concerning symptoms would be assessed by the GP (using a decision support tool where appropriate and available) and considered for further investigative tests.</p>	X-ray and CT	Clare Frank
Nottingham City	<p>Resources required: 1.0 wte Cancer Specialist Nurse and part-time Band 3 Admin Support</p> <ul style="list-style-type: none"> • Collation of relevant clinical information in advance of MDCs • Liaison with patients and GPs on MDC outcomes • Arranging onward referrals and additional diagnostics. <p>The service would accept referrals from GPs for patients with vague symptoms where the GP believed there was a risk of cancer but red flag symptoms were absent. The referral criteria from a combination of those non-site-specific symptoms identified in NICE Guideline 12</p>	X-ray and CT	Simon Oliver