

LSCCA Lung Cancer Pathway Faster Diagnosis Standard (FDS) SOP



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Overview

The purpose of this document is to ensure that the Faster Diagnosis Standard (FDS) specifics as detailed in the [Cancer Waiting Times Data Collection \(CWT\) - NHS Digital](#) (v11.0) are applied consistently to suspected Lung Cancer patient pathways throughout Lancashire and South Cumbria Cancer Alliance in line with Lung Best Practice Timed Pathway (BPTP) Guidance v12.2. The scope of the document includes those patient pathways included under the Faster Diagnosis Standard (FDS). More information on the background and benefits of FDS can be found at [NHS England » Faster diagnosis](#).

The FDS target for compliance is currently set at 75% of patients being diagnosed or having cancer ruled out within 28 days of being referred urgently by their GP for suspected cancer.

Benefits

By applying CWT guidance consistently to the Lung Cancer pathway;

- There will be an accurate and comparable record of performance against FDS
- There is likely to be a reduction in avoidable variation of FDS performance by Provider (dependent on diagnostic capacity).
- Patients will be informed of their cancer diagnosis or exclusion of cancer at the earliest appropriate opportunity regardless of where they receive their care, reducing variation and contributing to improved experience.
- Improved ability to meet increasing demand and ensure best utilisation of the highly skilled workforce by allowing resources to be targeted at patients with cancer by removing non-cancer patients earlier in the pathway.
- Cancer Services can use this document as a reference guide for teams involved in tracking and recording FDS.

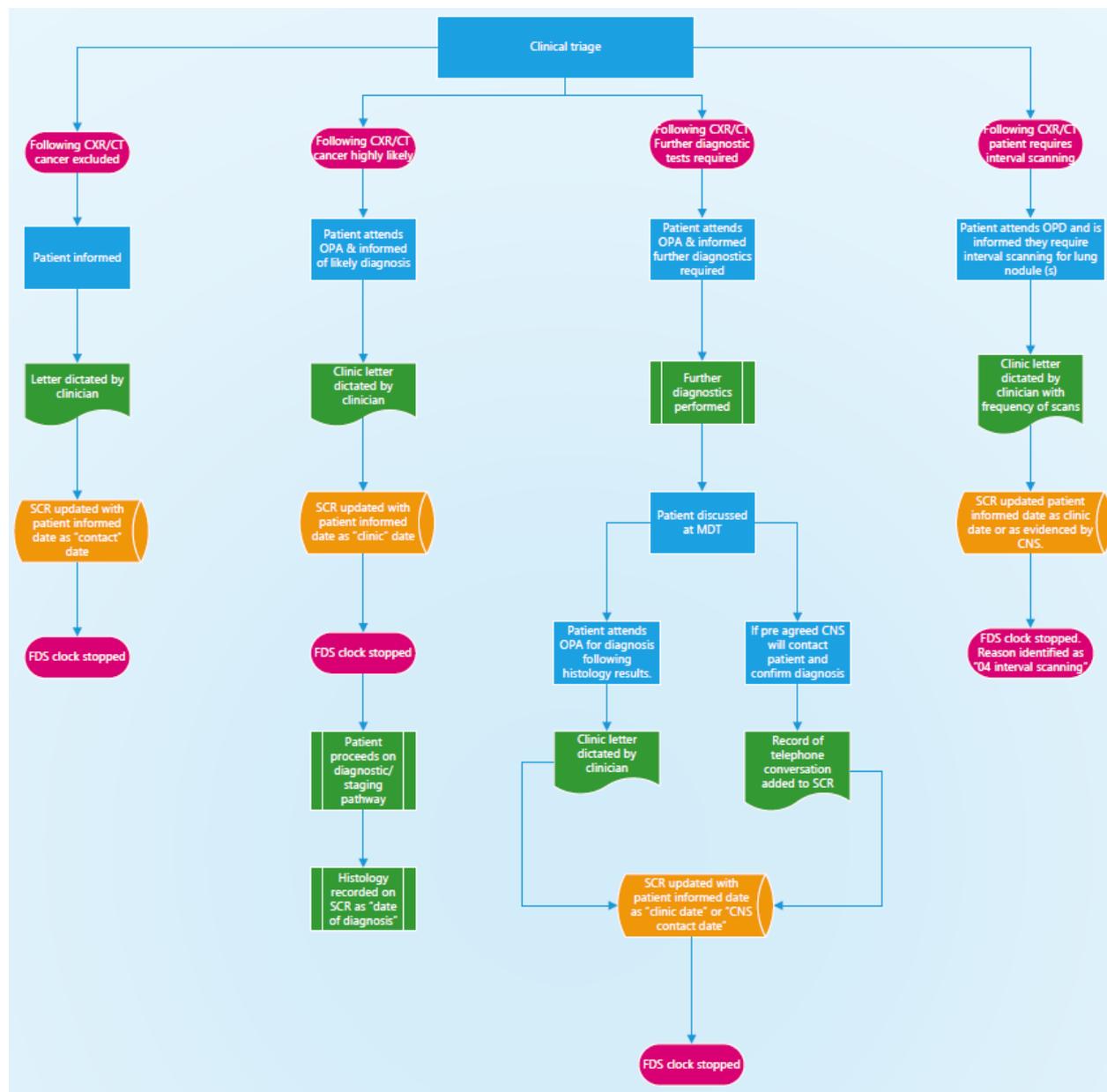
Lung Cancer Best Practice Timed Pathway (BPTP)

To Support care providers in being able to meet the Faster Diagnosis Standard, NHS England reviewed and published the new [Lung cancer BPTP](#) April 2022. The BPTP aims to support improvements in operational performance and patient experience, as well as providing models to support sustainable pathways.

Further information on Lung Cancer can be found - [Lung cancer - NHS \(www.nhs.uk\)](#)

LSCCA 28 Day Faster Diagnosis Standard (FDS) – Lung Cancer Pathway

Ending the 28d FDS pathway



The above is based on the standard pathways for the tumour specific groups. There are some patients that may be kept on the pathway to have tests repeated, further diagnostics or require step down at MDT.

Informing Clinician will dictate the clinic letter, this is typed by the admin team, verified by the Clinician and the letter sent out to the GP and patient.

Cancer Services will use the evidenced patient informed date that is recorded and the method of communication fields to stop the 28-day FDS clock on the Somerset Cancer Registry (SCR). This could be a clinic letter, recorded on a clinical system or evidenced by a Cancer Nurse Specialist on SCR. It must be clear that the patient has been informed of their diagnosis.

Appendix A

Breach reasons, definitions & examples

Overarching reason why (after any adjustments have been removed) a delay/breach occurred to the 28 day FDS, i.e. why the Health Care Provider was unable to communicate the outcome to the patient within 28 days.

Option	Definition	• E.g.
01	Clinic cancellation	<ul style="list-style-type: none"> • Clinic cancelled due to staff shortage
02	Outpatient capacity inadequate (i.e. no cancelled clinic, but not enough slots for this patient)	<ul style="list-style-type: none"> • A lack of OPD capacity
03*	Administrative delay	<ul style="list-style-type: none"> • Waiting for clinic letter • Booking delay • Diagnostic requested with wrong priority • Incomplete request for diagnostic • Rejected requests for diagnostic • Delay to booking of appt • Delay to requesting diagnostics • Awaiting clinical review • Sub-optimal referral criteria e.g. personal/filter function tests not provided from GP
04	Elective cancellation (for non-medical reason) for treatment in an admitted care setting	<ul style="list-style-type: none"> • Theatre list cancelled • Treatment cancellations e.g. chemotherapy • Patient cancelled to prioritise a more urgent case
05	Elective capacity inadequate (patient unable to be scheduled for treatment within standard time) for treatment in an admitted care setting	<ul style="list-style-type: none"> • No capacity in theatre/treatment/chemotherapy/radiotherapy
07	Complex diagnostic pathway (many, or complex, diagnostic tests required)	<ul style="list-style-type: none"> • Best interests meeting • Transfer between tumour sites mid-diagnostic journey • Exceptional staging scans required • A complex pathway is defined as a pathway that 'deviates from the BPTP' • Additional pathological testing • Second opinions • Treatment plan changes due to patient deterioration
11	Diagnosis delayed for medical reasons (Patient unfit for diagnostic episode, excluding planned recovery period following diagnostic test)	<ul style="list-style-type: none"> • Patient high BP • Patient unwell (physical/mental) unable to attend including COVID

		<ul style="list-style-type: none"> • HCP advised a lifestyle change before diagnostic • Patient delays for complications with co-morbidities/disability/mental health • Patient has a pacemaker Cataract treatment recovery required before endoscopy • Unrelated trauma i.e. #NOF
13	Delay due to recovery after an invasive test (patient diagnosis or treatment delayed due to planned recovery period following an invasive diagnostic test)	<ul style="list-style-type: none"> • Adverse reaction to a biopsy unable to progress to next diagnosis/treatment • Swelling occurring following MRI which delays next diagnosis/treatment • Dentistry required before endoscopy • Physical trauma following invasive procedure
14	Patient Did Not Attend treatment appointment	<ul style="list-style-type: none"> • Patient unsuitable for treatment e.g. inebriated • Patient unprepared/not followed pre-op guidance • Patient did not give advance notice (before attending appointment) of a requirement e.g. gender specific clinician, interpreter requirement
17	Patient choice relating to first outpatient appointment	<ul style="list-style-type: none"> • Pt cancelled all appointments • Pt unavailable for first offered • Pt choice of site • Pt choice of Consultant • Patient did not give advance notice (before attending appointment) of a requirement e.g. gender specific clinician, interpreter requirement
18	Health Care Provider initiated delay to diagnostic test or treatment planning	<ul style="list-style-type: none"> • No investigation capacity • OP investigations e.g. MRI, CT, USS (unless biopsy) • MDT not operating as bank holiday • MDT full • Awaiting path results • Diagnostic reporting • Awaiting colonoscopy • TCI cancelled consultant availability • DC or IP investigations e.g. endoscopy, TRUS, non-OPD hyst, radiological biopsy, EPI on PAS • Consumables unavailable e.g. needles • Equipment replacement programme e.g. scanners
19	Patient initiated (choice) delay to diagnostic test or treatment planning, advance notice given	<ul style="list-style-type: none"> • Patient away/unavailable • Patient worried about the test/treatment e.g. claustrophobia/requested GA biopsy/nervous • Pt cancelled all appointments • Patient gave notice (before the date of the appointment) that they would be unable to attend

20	Patient Did Not Attend an appointment for a diagnostic test or treatment planning event (no advance notice)	<ul style="list-style-type: none"> • Patient did not give advance notice (before attending appointment) of a requirement e.g. gender specific clinician, interpreter requirement
22	Patient care not commissioned by the NHS in England (waiting time standard does not apply) for treatment in an admitted care setting	<ul style="list-style-type: none"> • Overseas patients
23	Equipment breakdown	<ul style="list-style-type: none"> • Biopsy chair broken • PET scanner down
24	Inconclusive diagnostic result	<ul style="list-style-type: none"> • Incomplete diagnostic e.g. colonoscopy • Inadequate diagnostic result • Patient unprepared/not followed pre-op guidance but attempted scope e.g. Failed bowel prep
25	Health Care Provider unable to make contact with patient by telephone	<ul style="list-style-type: none"> • Staff unable to reach patient • Interpreter/additional support required • No contact details for the patients e.g. prisoner, no fixed abode
26	Patient choice (patient declined or cancelled an offered appointment date or follow up appointment)	<ul style="list-style-type: none"> • Pt cancelled all appointments • Pt unavailable for offered/follow-up appointments e.g. on holiday • Pt choice of site • Pt choice of Consultant • Patient did not give advance notice (before attending appointment) of a requirement e.g. gender specific clinician, interpreter requirement
97	Other reason (not listed)	<ul style="list-style-type: none"> • Tertiary patient (other reason not given)