The Cancer Vanguard is a partnership between Greater Manchester Cancer Vanguard Innovation, RM Partners and UCLH Cancer Collaborative

Timed ‘best practice’ cancer pathways

The aim of the timed ‘best practice’ clinical pathway for patients with lung cancer is to ensure patients get through the first part of the pathway faster, maximising the number who might benefit from potentially curative surgery.

There has been a lot of focus on data in this pathway over a prolonged period of time, thanks to the national lung cancer audit. This has led to a marked increase in the proportion of patients receiving potentially curative surgery.

Despite this, there is still much variation in the currently measured data items for the lung pathway, including the proportion of apparently ‘operable’ cases with stage I/II NSCLC who receive surgery. This variation may be due to other co-morbidities. However, delays during the diagnostic work-up phase may sometimes lead to clinical deterioration, making surgery no longer possible.

This has led to the formation of a nationally representative clinical leadership team, who aim to work together to reduce variation and delays and push the level of ambition.

The national optimal lung pathway is the first priority out of 4 cancer pathways agreed across the Vanguard. The aim is to follow the same method for setting the ambition and implementation of colorectal, OG and prostate cancer ‘best practice’ pathways.

Overarching principles

‘Best practice’ pathway implementation is committed to incorporating these overarching principles:

- Partnership working, including patients and commissioners
- Audit, data collection and sharing
- Gathering and responding to patient feedback
- Research and innovation ie cooperation to adopt new models and maximise clinical trial opportunities for patients
- Education and training, ie training programmes that are multidisciplinary.

Next steps: Colorectal

The ‘best practice’ pathway for colorectal will be applying the same overarching principles as the lung pathway work with a focus on straight to test diagnostics.

Like the lung pathway, this focus will shorten the diagnostic phase for patients requiring lower GI investigations. It will also help release capacity within the existing system, as many patients will not need further investigation after a negative endoscopy therefore freeing up imaging and out-patient capacity for more urgent patients.

See the Early Diagnosis poster for additional information.

To find out more about our work on timed ‘best-practice’ cancer pathways, please contact: Kathy.Pritchard-Jones@uclpartners.com

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