Faster Diagnosis Standard

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Faster Diagnosis Standard (28 days)

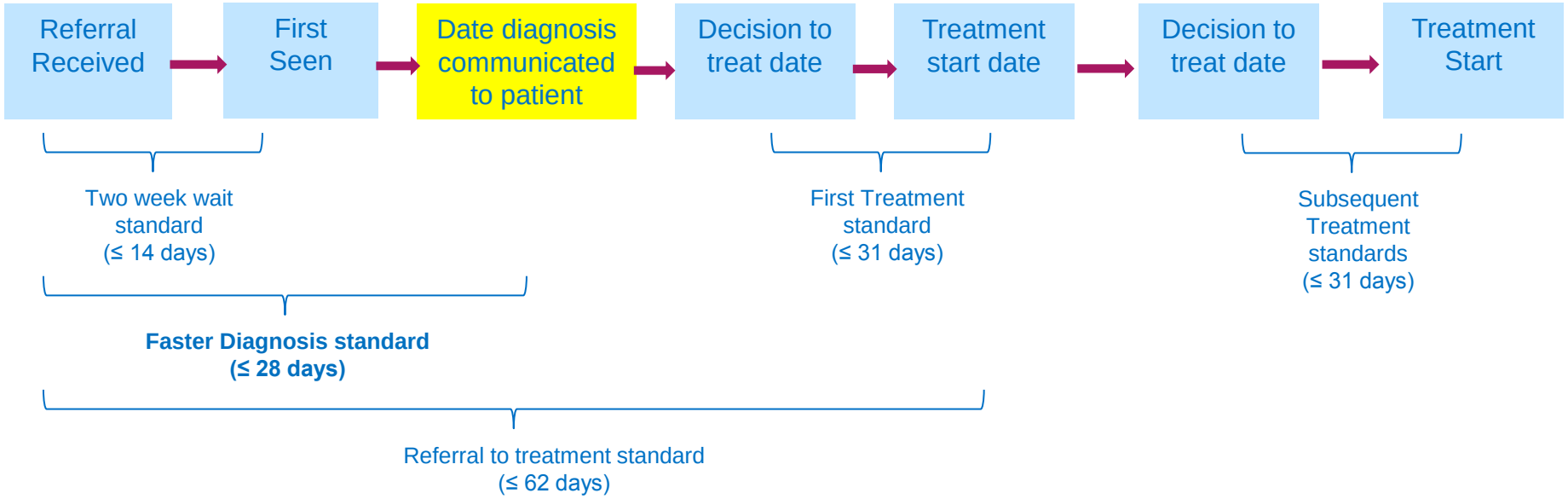
- The Faster Diagnosis Standard is: **A maximum 28 day wait from referral to the date on which the patient is told whether cancer is diagnosed or ruled out.**

- Key recommendation of the independent cancer taskforce. This ensures that patients diagnosed with cancer can begin treatment as soon as possible. For those that are not they can have minds put at rest more quickly at a very stressful time.

- Key principles for threshold have been agreed – minimum of 85%

- Currently FDS includes all patients referred on the two week wait (for suspicion of cancer or with breast symptoms) and patients referred urgently through the cancer screening programme.

Cancer Waits Standards



In London in 2017/18 we had

- 304,000 urgent GP referrals for suspected cancer(two week standard)
- 34,000 Breast symptomatic referrals
- 58,000 (TBC) Urgent referrals from the screening programme (39,000(TBC)-cervical, 14,000-breast, 5,000-bowel)

FDS – Clock Start, Clock Stop and Diagnostic Uncertainty

Clock Start

The Faster Diagnosis Standard ‘clock’ starts on receipt of the referral by the provider who will first see the patient

National OG pathway – where a patient has a direct access upper GI endoscopy that is suspicious of cancer and the decision is made to follow up in secondary care this starts an FDS clock. These patients will also be tracked against the 62 day target.

Clock Stop

The Faster Diagnosis Standard pathway ends only at the point of communication with the patient, whether that is to inform them of a diagnosis of cancer, a ruling out, or if they are going to have treatment before a clinical diagnosis of cancer can be made.

Diagnostic Uncertainty

If a cancer diagnosis has not been ruled out, the clock would continue to run until a diagnosis is confirmed.

For a patient where a specific cancer is ruled out, but is still considered high risk and requiring further urgent investigation, an inter-specialism referral should be considered the normal course of action. The Faster Diagnosis Standard clock continues to run until suspicion of cancer has been reasonably ruled out. Patients should not be discharged back to primary care with a remaining suspicion of cancer.

FDS – Communicating the diagnosis

Communicating when a patient has a diagnosis of cancer

- All diagnoses of cancer should be made through direct face-to-face communication (unless agreed otherwise with the patient)

Communicating when a patient has cancer ruled out. It is reasonable to communicate via

- Direct communication with the patient, over phone, Skype or similar (date of the conversation is recorded as the clock stop)
- Written communication by letter or email (date the letter/email is sent is the clock stop)
- Face to face communication at an outpatient appointment (date of the conversation is recorded as the clock stop)

An accurate record of all communication as confirmed by the patient must be maintained in the patient record.