Popular, new approach increases capacity and attendance rates, and reduces hospital visits and costs.

A telephone-based consultation for patients with symptoms suggestive of bowel cancer, currently being rolled out across London, is reducing the time patients have to wait for a test and, for those that need it, for treatment to start.

With the triaged straight-to-test pathway for bowel cancer (also known as the rapid colorectal diagnostic pathway), whose roll-out across the sector is supported by the UCLH Cancer Collaborative, a patient can be seen by their GP, have a phone consultation with a specialist nurse and be given an appointment for an investigative procedure within a few days.

Previously, patients would visit their GP, be referred to an outpatient clinic with a wait of up to 14 days, attend outpatients and then be given an appointment for a test. So, from seeing their GP it could take between 14-28 days until they had their test for the possible signs of bowel cancer.

Helen Pardoe, a consultant colorectal surgeon at the Homerton University Hospital which runs a straight-to-test service, said: “Patients really benefit from having a rapid access to a test which gives them an answer on whether they have colorectal cancer or not. This is a good service for patients and the patients want it, and. Hospitals should be providing this service to the whole of the UK population. It’s about getting the right patients, to have the right consultation and the right test for their symptoms.”

Colorectal cancer is the fourth most common cancer in the UK and the second biggest cause of cancer deaths. But, if diagnosed early enough, there is more than a 90% chance of treatment being successful. The UK has a higher mortality rate than other western European countries and it’s thought part of the reason for this is due to delays in treatment.

The triaged pathway means that the specialist nurse can triage the less complex patients, appropriately and safely, giving doctors in outpatients time to review more complex patients.

Since it has been running, attendance rates have improved and, because they still have the same number of appointments available, capacity for routine and emergency reviews in outpatients has increased.

“We have actually reduced our DNA rate for colonoscopy and flexible sigmoidoscopy by having the straight-to-test pathway,” Helen said, “because patients have been prepared by a nurse, they have been advised about what the test is and the test has been arranged at a date that is convenient to them.”
Patients really benefit from having rapid access to a test which gives them an answer on whether they have colorectal cancer or not. This is a good service for patients and the patients want it. Hospitals should be providing this service to the whole of the UK population.

A crucial part of the pathway’s successful launch at the Homerton University Hospital was having a consultant surgeon and a consultant gastroenterologist involved. Change to Helen’s advice to trusts proposing to set up the pathway was to allow enough time for planning and preparation to ensure a smooth launch and a service that can be maintained. She said it took six months of weekly meetings, plus work in between, to get it right and this involved doctors; nurses; the administration, cancer referrals and health management teams, and most importantly the IT team who set up the pathway processes.

Using data from the previous two years, they were able to predict the service requirements and so far, they have had no capacity issues and still meet the required 14-day cancer wait time. The pathway can also significantly improve the 62-day referral-to-treatment pathway by reducing the number of breaches because the tests have been carried out earlier.

Helen said: “It is very successful from the patients’ point of view. It’s extremely popular and an excellent way to look after patients.”

Before embarking on the pathway, the team could see that at least 80% of the patients coming to outpatients went on to have a colonoscopy or a flexible sigmoidoscopy. It became clear that sometimes the outpatient appointment had not been needed. It also increased the number of times patients had to visit hospital.

However, telephone triage is not suitable for all patients, such as those who do not have English as a first language, if they have dementia or if they would prefer to be seen at an outpatient clinic. As a first step, administrative staff contact patients to see if they are suitable and willing to be consulted on the phone by a specialist nurse.

Lazarescu Vicenta is a clinical nurse specialist who has been carrying out straight-to-test pathway telephone assessment for patients being referred to the Homerton Hospital. In one month, 76 patients were consulted and, of these, 48 (63%) opted for a straight-to-test procedure. She said the pathway was helping patients because they were being seen sooner.

Straight-to-test pathway key benefits

- Earlier tests and treatment for patients
- More time for doctors to review complex patients, improving safety
- Reduced hospital visits
- Increased outpatient capacity
- Fewer DNAs
- Cost savings.

It’s about getting the right patients to have the right consultation and the right test for their symptoms.