



Oxford University Hospitals
NHS Foundation Trust

Lung cancer pathway at the CDC- Respiratory Early Diagnostic Service (REDS)

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Achieve ownership of abnormal chest X-rays
Daily direct input to the cancer pathway
Daily clinic with CT, Lung function

CA

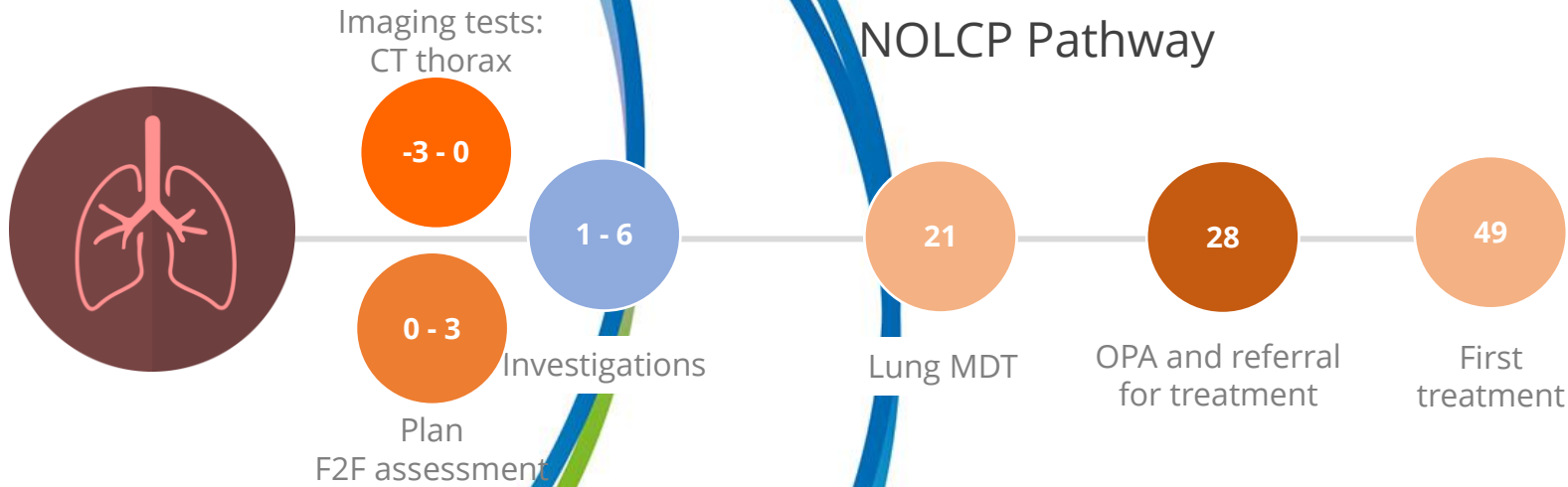
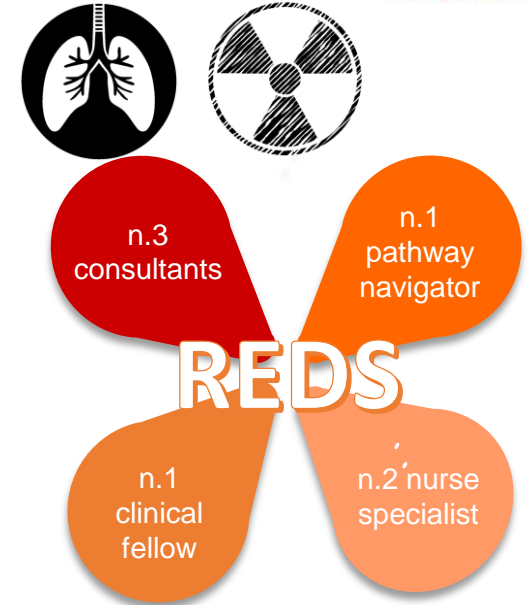
c Service Plan
2024:
28 days of referral

33 recon
rapi

NCE

comes with
pathways

Collaboration between the REDS team and Radiology team



PDSA Steps

System setup

- Acquiring CXR alerts
- Securing 1-2 next day CT slots
- Seeing patients next day with CT



PDSA 2-3

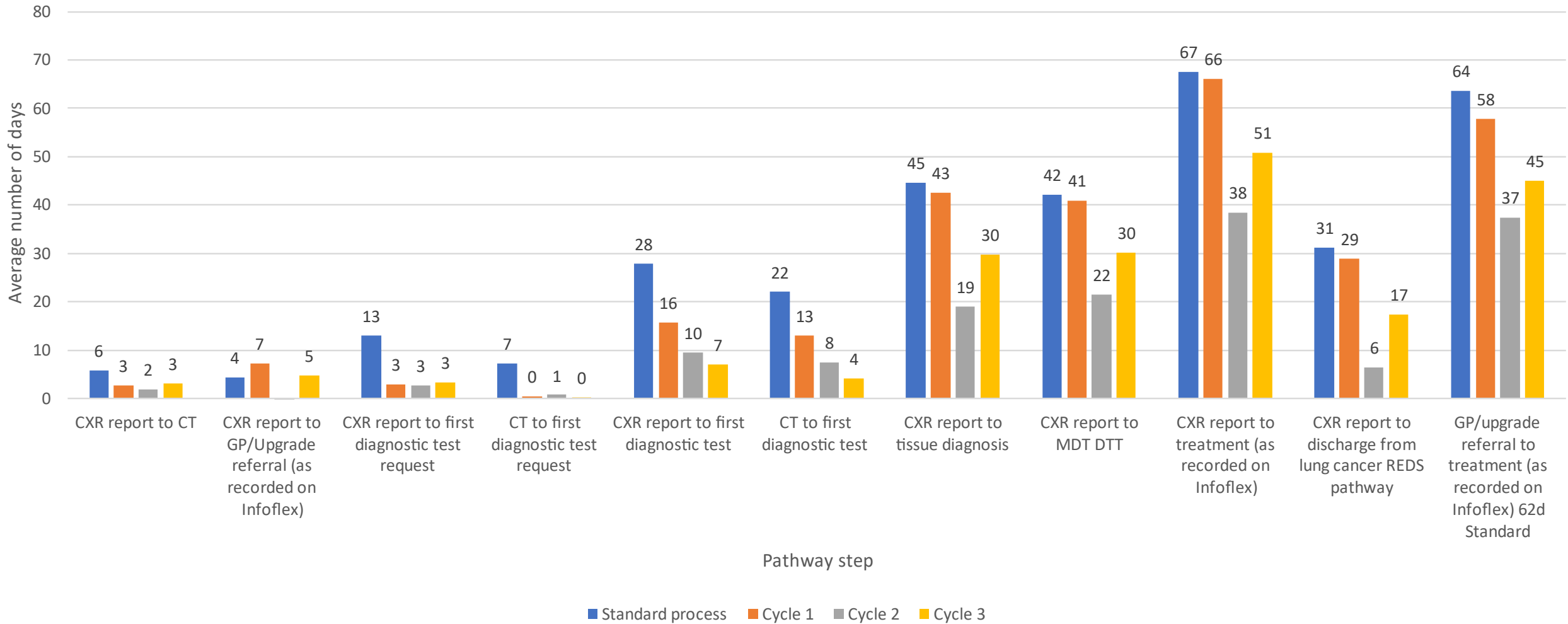
- 2 CT slots per day
- Outcome recorded
- Estates limited



CDC

- Opportunity to use Clinic rooms & 3 CT slots per day
 - LFTs slots
- 4 days per week

Average time (days) between pathway steps of 136 patients who followed the standard process against 12 patients who followed the next day CT process in June 2021, 17 patients in September-October 2021 and 18 patients Feb-April 2022



Do you think this rapid process is a good idea?



"This was a very positive experience. I feel much better"

"Excellent, couldn't have been any better"

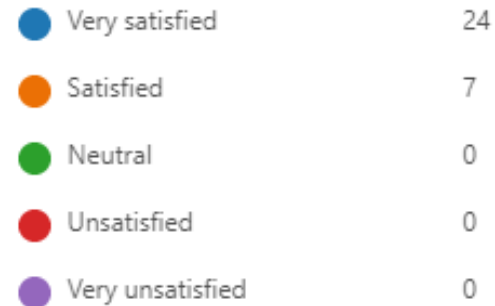
"I think this way alleviates the stress of waiting for results and is a great idea. Thank you 😊"



Do you think the rapidity of the process made you more anxious?



How satisfied are you overall with the process? Please, mark one option.

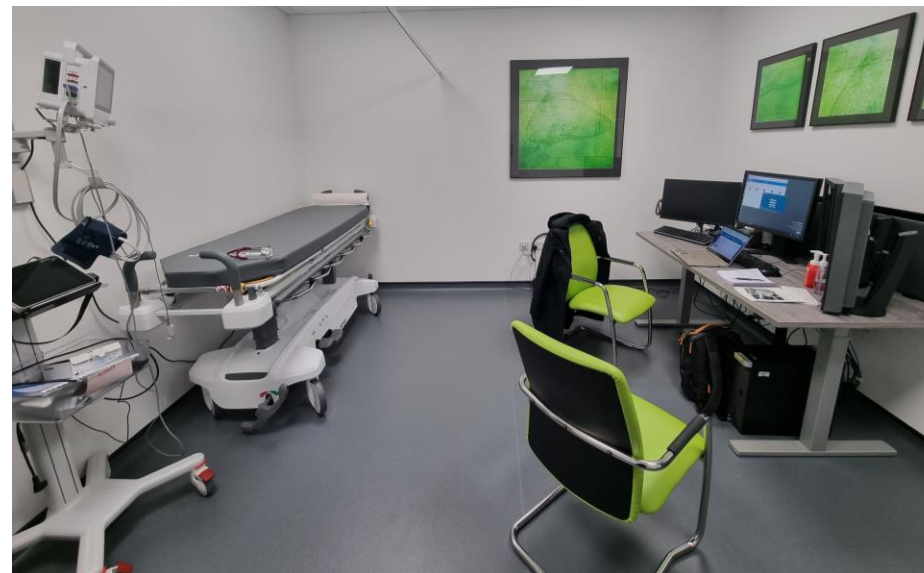


Limitations

- 1 room only available in radiology and none in OPD at Resp
- Still > 1 attendance for LFTs



REDS moving to CDC in February 2023



REDS moving to CDC in March 2023

- Key components

- 2 clinic rooms up to 10 F2F slots
- 1 MDT room with ability to review the patients and jobs prior
- Subsequently radiology dial in for 30 mins to review cases

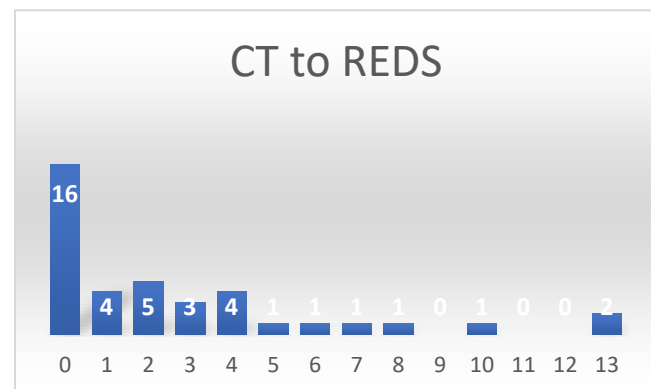
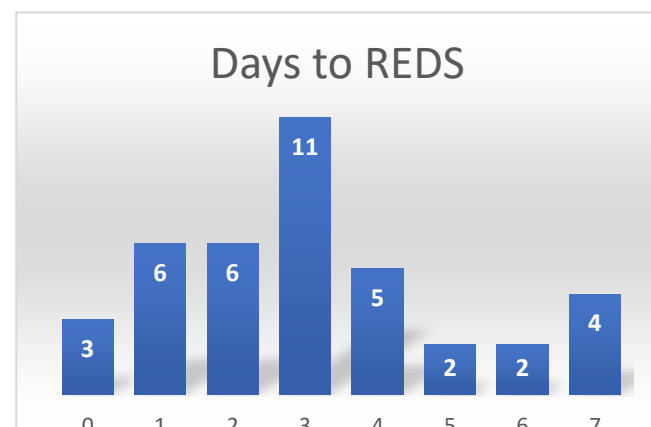


- Benefits

- Daily clinic slots 4 days per week (up to 40- prev 3 clinics per week = 30-36)
- Daily radiology opinion on the CTs just done but also takes cases off MDT

Measurements with Outcomes and Changes- NOLCP

September 2023	N=39	N=1440 ytd
	Days to REDS	CT to REDS
Mean	3.10	2.59
Min	0.00	0.0
Max	7.00	13.00
Median	3.00	1.00



What an excellent service such a fast process making it less stressful

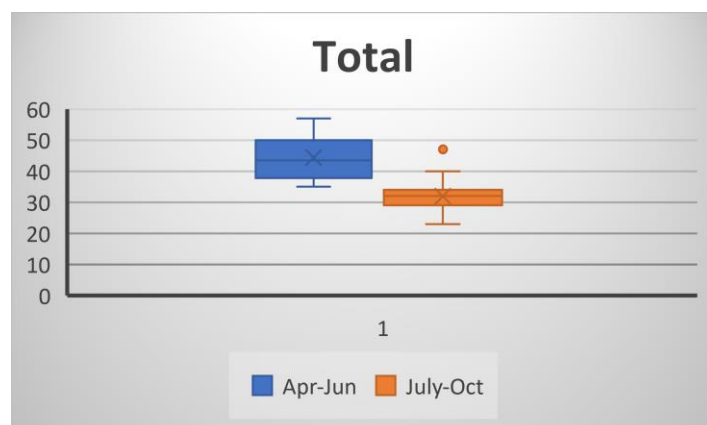
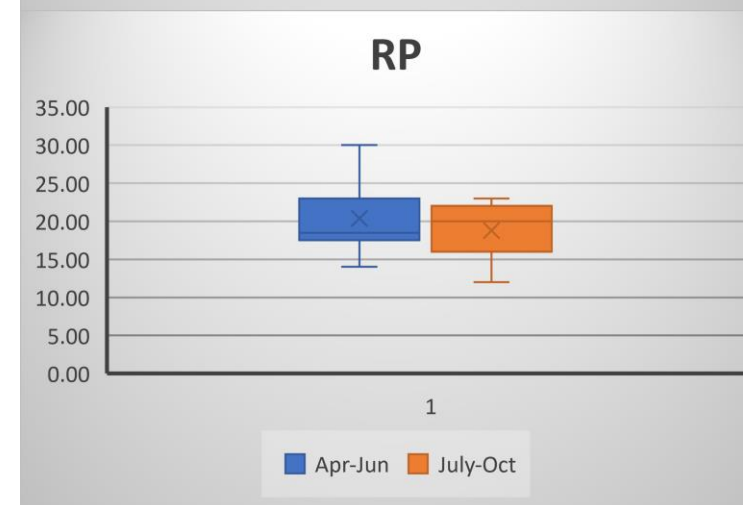
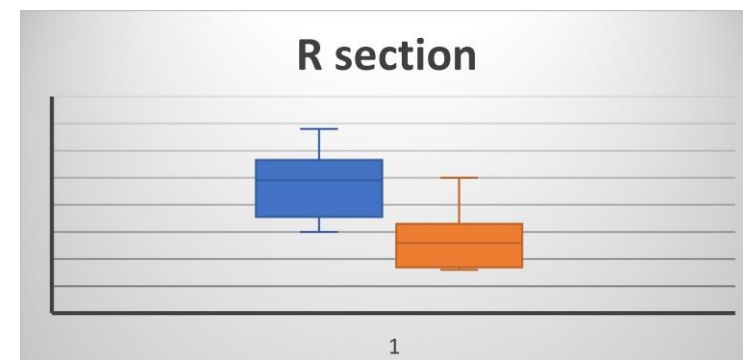
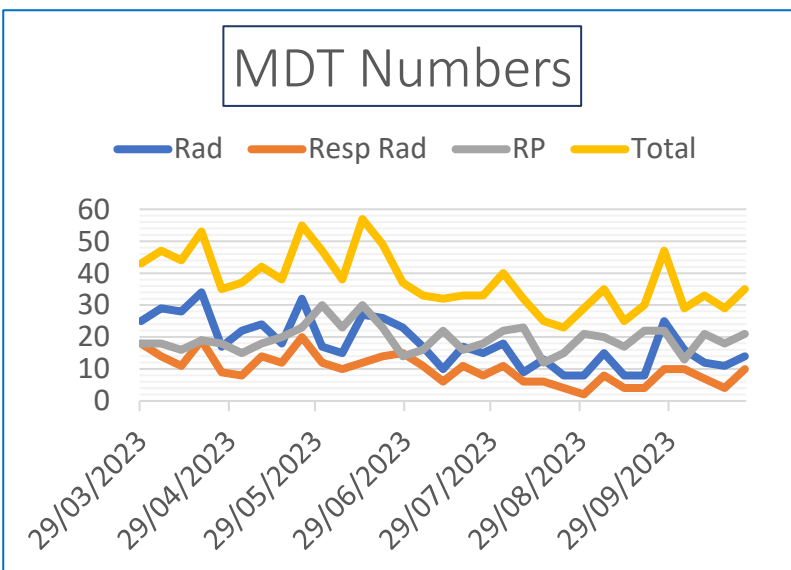
Very happy with the overall process, most cheerful

It was an incredible experience. We felt we received first-rate care and without a long wait or being pushed between departments and doctors.

Measurements with Outcomes and Changes - Optimal MDT



- Daily MDT input with radiology



Measurements with Outcomes and Changes

CXR report to REDS

Email and EPR encounter with next day CT slots- one room in radiology

Hidden benefits

- Safety net post discharge pts
- CT alert
- ED / AAU / Acute Onc
- Patient support

Daily MDT

Optimal MDT working
Daily decision making
- Benefit to MDT



2 daily CT slots

QI data shows reduction in NOLCP Pathway points
Churchill site

CDC

4 clinics with 3 slots per week.
LFTs as well
Admin difficult- linking CT, LFTs, clinic

Ongoing challenges

- Staffing
 - Daily clinic with leave etc
- Systems linking
 - LFTs with CT with clinic- actually very difficult
- Data
 - Spreadsheet / database/ dashboard
 - Real time



THANK YOU!



Any questions...?

To the REDS team

- *Will Robinson*
- *Karen Madronal*
- *Magda Joachimiak*

RADIOLOGY

Lung cancer lead Dr Alastair Moore

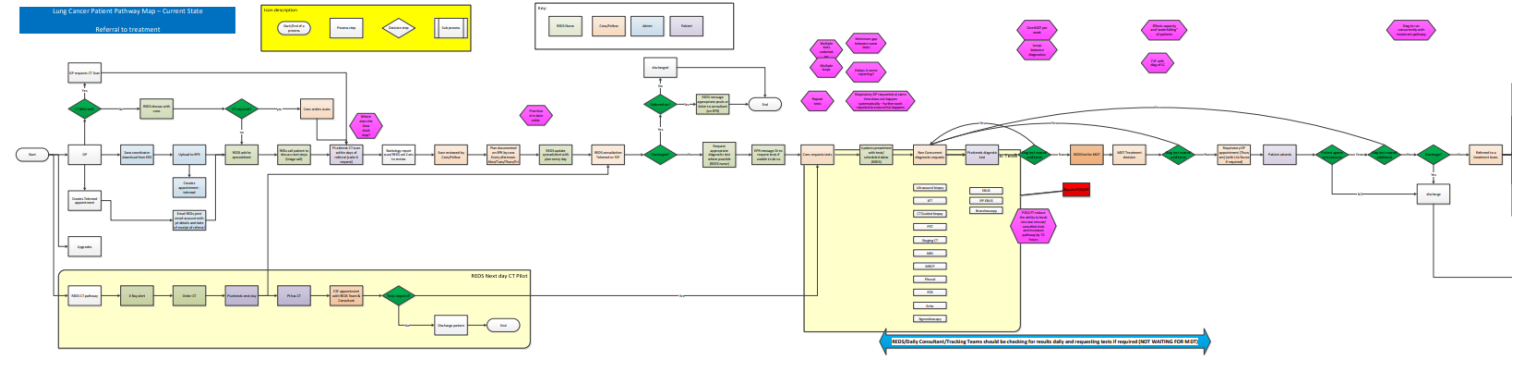
Dr. A Talwar

Dr. S Patel



QI Model Used

- Process mapping to define the aim and see how to accomplish it



- Implementing change using a driver diagram to define the steps

- PDSA cycles

