

# A research study to review the effectiveness of an Advanced Clinical Practitioner (ACP) clinic on the national "28-day faster diagnosis standard" within a cancer clinic

## Background

In 2014 Cancer Research developed a programme - Accelerate, Coordinate and Evaluate (ACE) to produce innovative ideas across England to help diagnose cancer earlier (Cancer Research UK, 2017). The impact was to encourage teams to amend and shorten their diagnosis cancer pathway to 28 days from referral (NHS England 2015-2020).

Within a local trust the data on patients being informed they have cancer following a two week wait referral from their General Practitioner can be more than the recommended 28 days, in some cases it can be 40 days or longer to have their diagnosis confirmed or ruled out.

## Aims and objectives

- Collect data of length of time from referral to patient receiving diagnosis of cancer and date of first treatment, 12 months prior to the new Advanced Clinical Practitioner (ACP) Clinic being set up.
- Gather data of patients attending the new Advanced Clinical Practitioner Clinic for 6 months following commencement and capture data that will look at the date referred in, date seen, date definitive diagnosis given, date of first treatment.
- Compare definitive diagnosis dates of patients seen by consultants and those who have attended the ACP clinic.
- Assess the impact the ACP clinic has had on the "28-day standard" (Faster diagnosis standard, 2015-2020, NHS England).
- Evaluate local data against national benchmarks (NHS Cancer Strategy 2015-2020).

## Methodology

The Evidence Based Project (EBP) is a retrospective clinical audit; the key principle of the audit is to identify the number of days it took to confirm cancer to the patient following referral. Consequently, non-experimental quantitative methods were used as data/evidence was generated internally which allowed descriptive statistics to be measured and collected numerically (Aveyard and Sharp, 2017). The comparison was then made between the consultant clinic appointment date (April 2018-April 2019) and the new ACP clinic (June 19-Nov 19), how many patients achieved the "28-day national standard" Faster diagnosis standard, 2015-2020, NHS England).

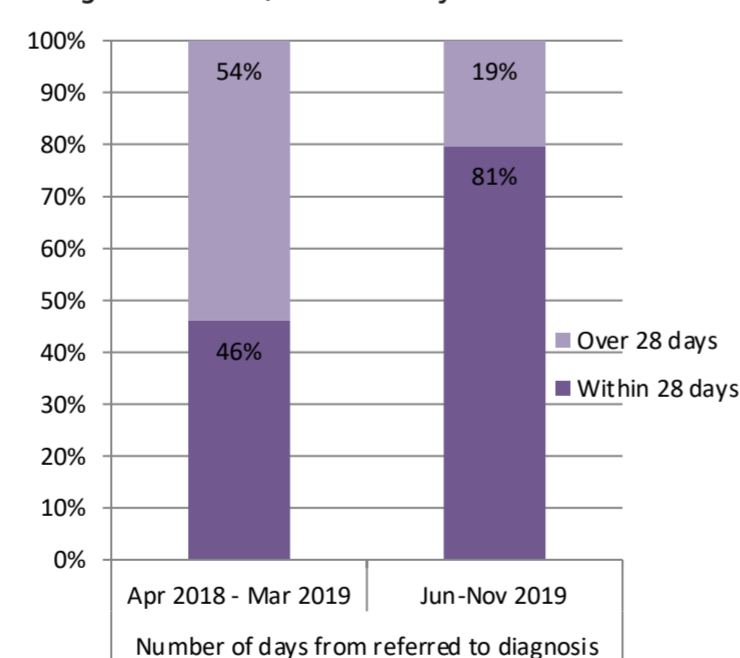
## Audit finding

### "28 day Faster to Diagnosis"

	Number of days from referred to diagnosis	
	Apr 2018 - Mar 2019	Jun - Nov 2019
Within 28 days	46%	81%
Over 28 days	54%	19%

ACP clinic June – Nov 2019

Patients should receive a definitive diagnosis, or ruling out of cancer, within 28 days of 2ww referral



ACP clinic June – Nov 2019

	Apr 2018 - Mar 2019	Jun - Nov 2019
Key standard	Number of days from referred to diagnosis	Number of days from referred to diagnosis
Avg	32	22
Range	0 - 70	0 - 23
Within 28 days	77	62
Over 28 days	90	15

ACP clinic June – Nov 2019

### ACP Clinic

- 62 patients out of 77 achieved "28 day standard"
- 15 failed

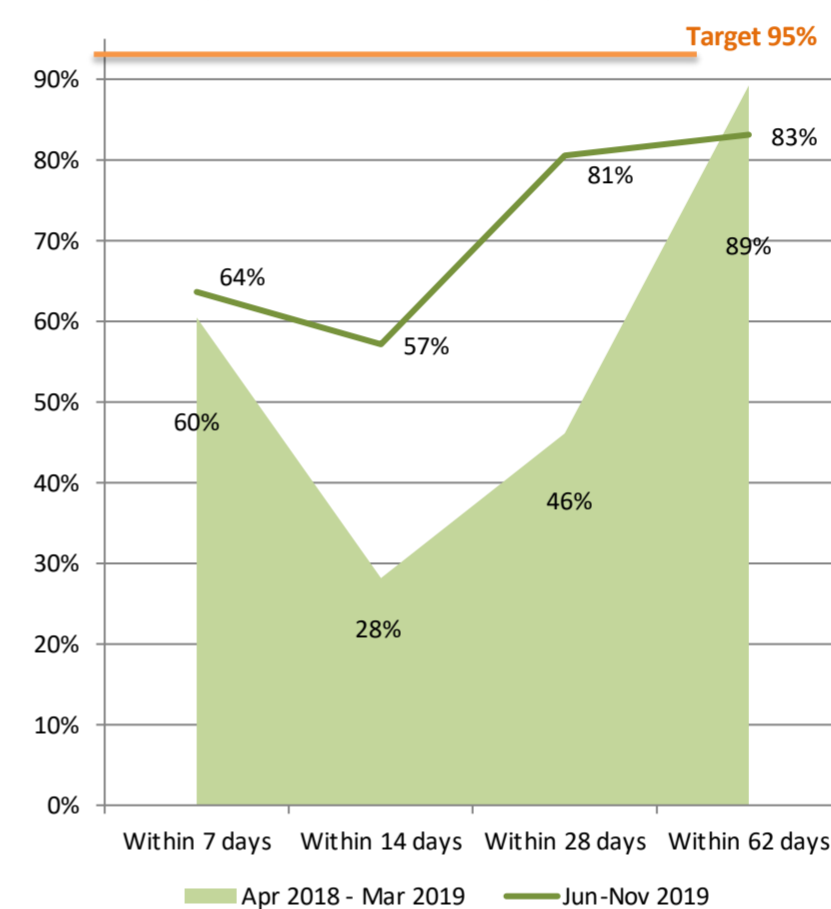
### Consultants clinic

- 39 patients out of the first 77 achieved "28 day standard"
- 38 failed

## "The pathway to 62 day"

	Apr 2018 - Mar 2019	Jun - Nov 2019
Within 7 days	60%	64%
Within 14 days	28%	57%
Within 28 days	46%	81%
Within 62 days	89%	83%

ACP clinic June – Nov 2019



Target 95% - nationally

## Interesting Facts

- Clinic has 7 NEW 2WW appointments (but all these patients are cancers)
- Since Covid – now do all day clinic
- Consultant clinic when breaking "bad news" has CNS present? The ACP clinic doesn't
- Emotional resilience: Move from diagnosis to dying in 45 minutes
- Multiple professionals attending clinic, Hospice ACP, Hospice Staff, External CNS, Psychologist
- De-skilling of other professional with the team
- My assessment of PS 3/4 patient dies within 8 weeks or less.

## Lessons Learnt

- HPB cancers are difficult to get definitive date as do you go off radiology (CT scan) or await histology – if obtained?
- Clinical supervision required by Gastro consultant for difficult patients that require advanced clinical assessments – even for reflection.
- Understanding the trajectory of the disease.
- The extensive emotional workload of 5-10 "New cancer patients in each clinic" – not shared by another clinician.
- I now do the whole pathway – so emotionally and physically draining – but good continuity for patients but exhausting for clinician.

## Celebration and the future: For Me

- The trust have now funded the post.
- I changed MDT management plans for 3 CUP patients and confirmed primary sites – so treatment would be targeted.
- I have made a big impact on the "28 day FDS".
- I want to achieve 95% target set by the Cancer strategy board for 28 day FDS.
- I want to present this information at a meeting as I know this isn't being done in any local ? National trusts.

## Discussion

Further research is needed to look at the quality of the consultations taking place in the ACP clinic and if this improves the cancer patients journey /experience.