



Wessex Rapid Diagnostic Service Frequently asked questions (FAQ's) for GPs.

What is the Rapid Diagnostic Service and when can I refer my patients to it?

The Wessex RDS is a new cancer referral pathway for patients in whom there is concern about cancer, but who do not fit other site-specific NG12 (fast track) referral criteria. It will be available to patients in your practice from 30.11.20. The RDS is working in partnership with the acute trusts in Wessex to provide timely access to appropriate investigations to exclude cancer in patients with concerning non-specific symptoms. These investigations will take place in a trust local to the patient. Whilst cross alliance agreements are being established some patients may be required to travel to another Wessex trust site.

Why do we need a Rapid Diagnostic Service?

The National Rapid Diagnostic Centre (RDC) project has specified that all Cancer Alliances must establish a Rapid Diagnostic Centre(s) by 2020. Wessex Cancer Alliance has developed a specification for a single Wessex-wide Rapid Diagnostic Service (RDS) initially providing faster investigation for patients presenting with non-specific symptoms that may indicate cancer.

What is the referral process?

The RDS referral process is via E-referrals. The completed referral proforma should contain the results of all of the mandatory filter tests, and a detailed reason for referral.

Filter tests as detailed below in the referral form, must be completed and reviewed prior to the referral, as they may demonstrate an alternative and more appropriate onward referral route. Where filter tests are outstanding, the RDS will return the referral. The filter tests have been agreed upon by the Wessex RDS Clinical Reference Group based on nationally mandated RDC filter tests and previous work through Task and Finish Groups.

What are the referral criteria and the mandatory filter tests?

The referral criteria and filter tests are detailed on the referral form as below.

The referral form can be seen below, detailing the referral criteria. Referrals which fulfil other site specific NG12 criteria should be sent along the appropriate pathway rather than be referred to the RDS.

In order to ensure that the RDS is the appropriate referral pathway, we request that the following tests be completed and results seen by the referring GP prior to referral.

Chest XR (within 3 months), FIT test (within 3 months).

Blood tests within 2 month as follows: FBC, Renal function, LFTs, TFTs, ESR and CRP, bone profile, Ca125 (women) PSA (men), fasting glucose or HBA1c (if newly elevated please request faecal elastase).

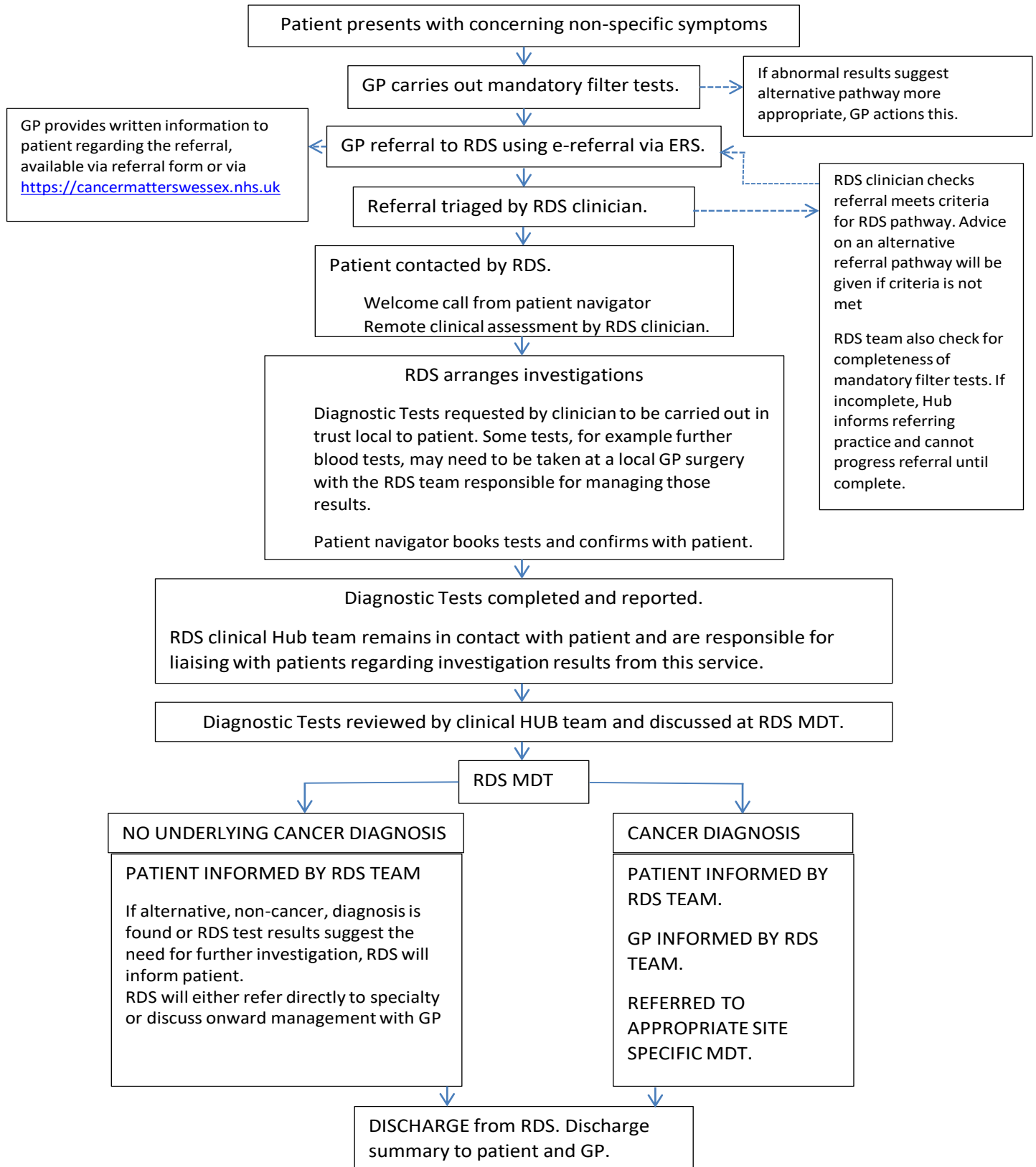
Who is on the RDS Hub team and where is it hosted?

The RDS Hub team is currently made up of two consultants, a lead nurse, two GPs, a patient navigator and an operations manager. The Hub is currently hosted by University Hospital Southampton and South Central Ambulance Service. The RDS is a fully virtual service at this time, so all communication with the patient and assessment is carried out remotely. We recognise that a small number of patients may struggle to access the service due to its virtual nature and there are fields on the referral form to indicate where this may be the case.

The RDS service is actively working with Wessex Voices and invites feedback from patients accessing the service as well as reaching out to seldom herd groups to ensure development of the service meets the needs of the population in the Wessex region.



GP Referral Process to RDS





GP Referral Form

Referral to Rapid Diagnostic Service (RDS)			
Please send via eRS			
Date of decision to refer		Date referral received by RDS	

Surname:	Forename:	Title:	
Gender:	DoB:	NHS Number:	
Ethnicity:	Transport required	Yes	No
Patient Address:			
Primary contact no:	Secondary contact no:	Email:	
Preferred method of contact with RDS: Phone call/video call			
Accessibility and information:			
Translation needs:			
Usual GP:			
Practice details:			
Dedicated line to the practice (Bypass):			
Main number:		Email address:	
Referring Clinician:		Referrer address:	
Referrer Contact:			

The aim of the rapid diagnostic service is to swiftly investigate patients with nonspecific symptoms in an effort to pick up cancers at an earlier stage. Historically these patients often had a convoluted and delayed pathway to diagnosis.

This pathway is open to all patients aged 18 years or older who meet the referral criteria listed below who are not suitable for pre-existing 2 week wait pathways



I can confirm:	
There is no other urgent referral pathway for this clinical scenario (link to 2WW referral)	Yes/No
Patient is well enough to attend as an outpatient and does not need admission	Yes/No
Patient does not have a non-cancer diagnosis suitable for another specialist pathway All the mandatory filter tests have been done and all the results included on this form	Yes/No Yes/No
If any of the above answers are no, the patient is not suitable for this pathway	
Patient has cognitive impairment which may affect the mental capacity for consent If yes please phone RDS	Yes/No

WHO Performance Status (tick appropriate box) it is essential that this is completed	
0	Fully active
1	Restricted in physically strenuous but ambulatory and able to carry out light work
2	Ambulatory and capable of self-care, unable to carry out work activities, up and about 50% of waking hours
3	Capable of only limited self-care, confined to bed/chair 50% of waking hours
4	No self-care confined to bed/chair 100%

Referral Criteria	
New significant unexplained and unintentional weight loss	
Measured weight loss.	Patient reported
New unexplained constitutional symptoms:	
Loss of appetite.	Severe unexplained fatigue
Nausea.	New bloating
New unexplained abdominal pain for 4 weeks or more	
New unexplained or progressive pain e.g. bone pain	
Persistent new raised platelet count, aged 40 and above:	Platelet count:
Referrer gut feeling of cancer diagnosis (reasons to be clearly described below)	



Details of the concerns: (to be completed for all patients)

Narrative:

Examination:

Chest (required)

Abdomen (required)

Lymph nodes (required)

Pelvis (if appropriate)

Breast (if appropriate)

Musculoskeletal (if appropriate)

Rectal examination (if appropriate)

Has this patient been referred to the rapid diagnostic service before?

Yes/No

If so, date last seen.

Reasons for re-referral



I confirm I have explained that this pathway is to detect a possible cancer	Yes/No
I have provided the patient with the information leaflet (insert link)	Yes/No
I have checked the contact details with the patient	Yes/No
The patient is aware to expect contact from the Rapid Diagnostic Service in the next few days and is available to attend investigations in the next 2 weeks	Yes/No
The preferred method of contact is:	
Phone:	Email:

Mandatory filter test results from within the past 2 months (3 months for CXR & FIT)	
<p>List of tests with automatic extraction of results:</p> <p>CXR Urinalysis FBC/ESR CRP U&Es LFTs TFTs Fasting Glucose or HbA1c Bone PSA (Men) CA125 (Women) FIT Test (using FIT test sample kit) If fasting glucose or HbA1c is newly raised please request faecal elastase</p>	
Automatic extraction and incorporation of recent X-ray results:	
Other recent blood results (automatic extraction)	



Patient summary automatic extraction
Significant past medical history:
Medications:
Allergies:
Smoking status:
Alcohol consumption: