



## Airedale NHS Trust Colo-Rectal Cancer Fast Track Pathway Review

### Why was the review conducted?

The Colo-Rectal Cancer department at Airedale NHS Hospital provides a vital service to patients suspected of having cancer. After a GP has made a fast track referral, the patient enters a convoluted road through diagnosis, treatment and aftercare. The aim of the review was to find and remove wasted effort from the system and ultimately speed up the process.



*Colo-Rectal Cancer Team*

### Findings

- Patients sent on the wrong diagnostic pathway, criterion used by the Fast track office was 2 years out of date. This critical decision was made by the appointments clerk
- The fast track office clerk is breaking the news to patients that cancer is suspected
- Powerful laxatives (P.O.M) were dispensed using an incorrect dispensing process (a problem nationally).
- Medical Secretaries were not consistently copying the information to the MDT co-ordinators. Patients leaving the pathway were not being removed from the PTL list - this causes extra work and puts trust under scrutiny from the DOH
- If a fast track diagnostic procedure needs to be repeated then the patient joined the "routine queue" of about 4 weeks
- Unclear and complicated paperwork makes patients cancel their appointments
- Drs, nurses and clinicians gave inconsistent information to patients
- There was not enough colonoscopy capacity so patients are sent to a less effective diagnostic.
- It could take several days for a CT scan request card to get to CT scan appointments

### Outcomes

One month after the end of the review, the Colo-Rectal Cancer team have made huge improvements to the department. Patients are now sent to the correct diagnostic, the maximum diagnostic time has been cut in half to 41 days with the typical diagnostic time reduced to 20 days. This means that the Fast Track pathway now really is fast, and with earlier diagnosis comes better patient outcomes. The reduction in time and energy waste has also led to a reduction in patient hospital visits, down from 9 to 6 which is a real tangible benefit to patients.

### To find out more about this case study contact:

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### Value Added

- Patients sent to correct diagnostic
- Maximum diagnosis time halved to 41 days. Typical diagnosis time reduced to 20 days.
- Patient hospital visits cut from 9 to 6