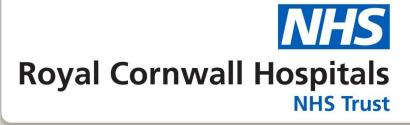
Colorectal 2 Week Wait TEAM OF THE YEAR

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Twitter: @RCHTWeCare @RCHTClinEffec

- Geographically blind service
- Patients fitted to consultant clinics on second side of clinic
- Seen by very junior trainees with minimal colorectal experience
- Variation in assessment and test selection

Position before November 2014

- Standard operating procedures
- Pro forma development
- GI directorate
- Governance
- Trust approval
- Training the team

Safety and Governance

- Centralised to acute Trust
- Flexible capacity responsive to demand
- 90 slots provided per week
- Slots available 24-48 hours from referral
- Experienced colorectal nurses
- Standardised paperless approach to assessment
- Structured approach to test selection

Redesigned service

- June 2015 Nice guidelines broadened
- Increase in referrals
- Telephone assessments
- Ongoing audits investigating both clinical outcomes and patient satisfaction

Broadening guideline

- GP referral form
- Booking team
- Virtual or face to face assessment
- Clinics
- Assessment MAXIMS

Process

- Admit direct to hospital
- Abnormalities detected in clinic
- On call consultant review
- Dedicated colorectal cancer CNSs
- 2ww consultant review

Access

- Non-medical prescriber/PGD
- Ionising Radiation Medical Exposure Regulations (IRMER)
- Safety checking and audits
- 42 day and unpaired assessment reports

Patient safety

- Tests booked to 2ww service
- Results reported centrally
- 4 day maximum turn around
- Next steps clinical decision making

Result reporting



- Colorectal cancer
- Other cancer
- Polyps
- Diverticular
- Haemorrhoids
- NAD
- Incidental findings
- IBD
- DNA test

- Efficient
- Maintain 1 day wait for 12 months
- 62 day target to treatment
- National cancer pick up rates
- Publications
- High levels of patient satisfaction

What's working well?

- GP referral variable
- Virtual assessments positives & negatives
- Capacity of radiology/endoscopy
- Growing number of referrals

Hurdles

- True remote working
- Increase in team
- qFIT
- Direct booking of endoscopy

Moving forward

