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# NATIONAL OPTIMAL PATHWAY FOR: VAGUE SYMPTOMS

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## Point of Suspicion to Diagnosis in Adults (18 years and over)

<b>Date of Issue: July 2022</b>
<b>Date of Review: July 2023</b>
<b>Owners: Wales Cancer Network</b>

## Background

The National Optimal Pathways (NOPs) have been developed to support the Single (Suspected) Cancer Pathway (SCP) programme. These NOPs are informed by and aligned to NICE Suspected Cancer Guidance, where all urgent suspected cancer referrals are based on patients having 'red flag' or tumour specific symptoms. However, only ~45 % of all cancers are diagnosed via the accelerated USC route, the majority of cancer patients present via other non-accelerated routes with a significant proportion of patients presenting with vague, non-specific symptoms that do not fit the NICE (NG12) Suspected Cancer guidelines.

## Aim

The Vague Symptoms NOP aims to offer:

- A single point of access to a diagnostic pathway for all patients with vague, non-specific symptoms that could potentially indicate cancer.
- A personalised, accurate, and rapid diagnosis of a patients' symptoms by integrating diagnostic provision with networked multidisciplinary team, enabling an earlier diagnosis and onward management.
- Equitable approach across all Health providers in Wales to the diagnosis and support of patients with vague, non-specific symptoms.

## Benefits

For patients:

- Single point of access for support and advice across the pathway
- Reduced clinical investigations and appointments
- Holistic assessment and faster and improved care for patients with vague symptoms
- Prompt identification of the cause of the patients' symptoms, whether cancer related or not
- Improved patient experience and outcomes.

For GPs:

- Ability to refer to a multidisciplinary clinical review and diagnostic investigation
- Improved communication between primary and secondary services
- Respecting the clinical expertise of GPs who usually have an in-depth knowledge of their patient population
- Access to an efficient service providing a timely outcome
- Preventing numerous referrals to achieve a diagnosis.

## General principles of the RDC and SCP

### Symptom-Based

- The Vague Symptoms NOP offers a symptom-based pathway for GPs to refer patients, and therefore differs from the current urgent suspected cancer (USC) pathway which currently focus on symptoms associated with tumour-specific disease.

### The underlying principles of the Vague Symptoms NOP are that:

- The GP considers that their patients' symptoms are of clinical concern, symptoms that are vague and non-specific and most likely to be due to a cancer.
- Their presenting symptoms are not sufficiently clear to indicate an appropriate tumour-specific urgent suspected cancer referral pathway.
- Allows timely referral to a centralised point of contact.

### **Rapid and Multidisciplinary**

- The Vague Symptoms NOP integrates and supports enhanced multidisciplinary working, both within the rapid diagnosis centre and with the referring primary care practices.
- It supports clinical conversation and expertise sharing, rapid clinical decision making and patient management.
- Clinical leadership across primary and secondary care ensures patients are referred appropriately and on-going co-ordination is maintained across the pathway.

### **Radiology 'hot-reported'**

- The Vague Symptoms NOP benefits from rapid access to radiological investigations with live reporting (in most cases whole-body CT) to facilitate the MDT discussion, enabling same-day diagnosis to inform the patients' management plan.

### **Person-Centred**

- From point of referral, patients receive an enhanced level of support, with continuity of care for patients. The Vague Symptoms NOP ensures patients' care is co-ordinated and patients are well informed and are able to make informed decisions about their care.
- Patients are supported from point of referral until they are either referred back to primary care for safety netting, onward referral to a site-specific pathway MDT or other secondary care service for on-going assessment and treatment.

## **Pathway development and approval**

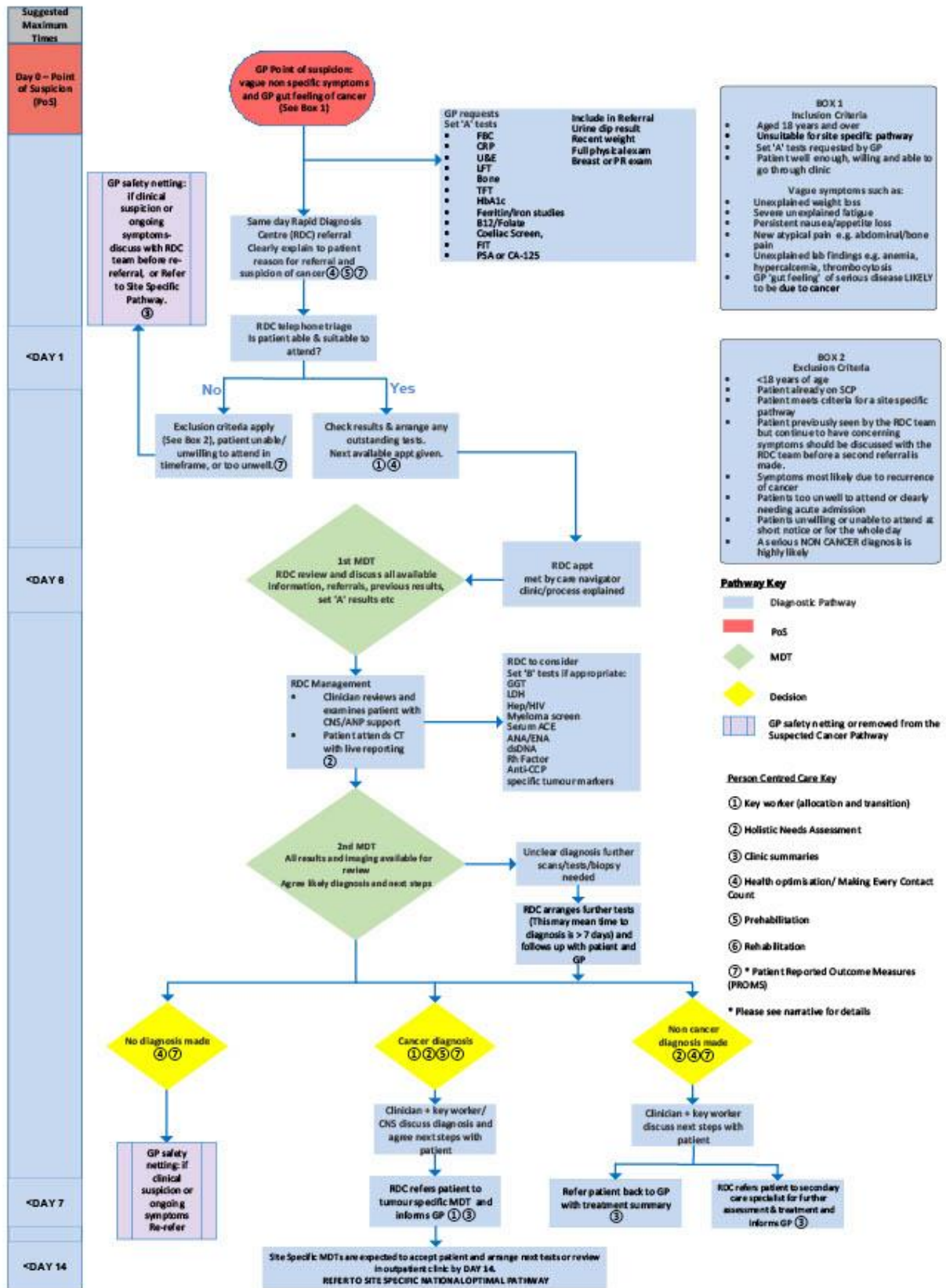
The Rapid Diagnosis Centre (RDC) Programme is led by Dr Heather Wilkes (Clinical Lead). The pilot development was led Dr Heather Wilkes and the RDC team from Swansea Bay University Health Board in collaboration with Cwm Tâf Morgannwg University Health Board. This model is based on good practice based on the evidence from the formal evaluations of each pilot RDC site. Engagement was sought from lead nurses and lead AHPs to agree the person-centred care elements of the pathway (January 2021).

### **Approved by:**

Cancer Network Board (November 2021)

Collaborative Executive Group (June 2022)

National Optimal Cancer Pathway for Patients with Vague (Non Specific) Symptoms: for patients aged 18 years and over



## Further guidance and references

### Welsh Health Circular (WHC)

WHC (2022) 021.

### Direct to test

[Quality statement 1: Direct access to diagnostic tests | Suspected cancer | Quality standards | NICE 2900089 - Direct access to diagnostic tests for cancer Final \(publishing.service.gov.uk\)](#)

### Recognition and referral

[Overview | Suspected cancer: recognition and referral | Guidance | NICE](#)

[Cancer Risk Assessment Tool \(RAT\)](#)

[Q Cancer Risk Assessment Tool](#)

### Safety netting

Royal College of General Practitioners

<https://www.rcgp.org.uk/~media/44975652AC794FCEBDD1C59EA0EB32A7.ashx>

### SCP waiting time data standards

Welsh Government (2020) Guidelines for Managing Patients on the Suspected Cancer Pathway; version 2; December 2020; [https://gov.wales/sites/default/files/publications/2021-01/guidelines-for-managing-patients-on-the-suspected-cancer-pathway\\_1.pdf](https://gov.wales/sites/default/files/publications/2021-01/guidelines-for-managing-patients-on-the-suspected-cancer-pathway_1.pdf)

### Straight to test

Delivering Cancer Waiting Times: A Good Practice Guide; [delivering-cancer-wait-times.pdf \(england.nhs.uk\)](#)

### Danish three-legged strategy

Vedsted P, Olesen F. A differentiated approach to referrals from general practice to support early cancer diagnosis – the Danish three-legged strategy. *British Journal of Cancer* 2015; 112(Suppl 1): S65-S69.

### ACE MDC Report

Chapman, D., Poirier, V., Vulkan, D. *et al.* First results from five multidisciplinary diagnostic centre (MDC) projects for non-specific but concerning symptoms, possibly indicative of cancer. *Br J Cancer* **123**, 722–729 (2020).

<https://www.nature.com/articles/s41416-020-0947-y>

# Appendix 1 – Person Centred Care (PCC)

<p><b>Key Worker</b></p>	<p>QS 14: Patients are made aware of who to contact, how to contact them and when to make contact about their ongoing healthcare needs. <a href="#">National Institute for Health &amp; Care Excellence (NICE, 2012) CG138 Clinical Guideline: Patient Experience in adult NHS services</a></p> <p>A cancer key worker is “a person who, with the patient’s consent and agreement, takes a key role in coordinating the patient’s care and promoting continuity, ensuring the patient knows who to access for information and advice”.</p> <ol style="list-style-type: none"> <li>1. All cancer patients must have an allocated key worker</li> <li>2. Allocation / Review of key worker to take place at key time points including:             <ol style="list-style-type: none"> <li>a. Around the time of diagnosis <i>*please note: allocation of key worker <b>may</b> occur earlier than time of diagnosis, if there is a very high level of suspicion of cancer e.g. evidence obtained via pathology, radiology, endoscopy.</i></li> <li>b. Commencement of treatment</li> </ol> </li> <li>3. When not under active management by the cancer MDT, the Key worker would be a member of the primary care team. This involvement is critical as many patients living with cancer also live with 2 or more other chronic conditions.</li> </ol> <p><a href="#">Key workers for cancer patients (Welsh Health Circular /2014/001) GOV.WALES Welsh Government. Cancer Delivery Plan for Wales 2016-2020.</a></p>
<p><b>Holistic Needs Assessment and Associated Care Plan</b></p>	<p>QS 4: Patients have opportunities to discuss their health beliefs, concerns and preferences to inform their individualised care.</p> <p>QS 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene and anxiety. <a href="#">National Institute for Health &amp; Care Excellence (NICE, 2012) CG138 Clinical Guideline: Patient Experience in adult NHS services</a></p> <p>Assessment and discussion of patients’ needs for physical, psychological, social, spiritual and financial support should be undertaken at key points including:</p> <ul style="list-style-type: none"> <li>• Around diagnosis <i>*please note: undertaking a Holistic Needs Assessment <b>may</b> occur earlier than time of diagnosis, if there is a very high level of suspicion of cancer e.g. evidence obtained via pathology, radiology, endoscopy; and it is supported by professional judgement.</i></li> <li>• At commencement, during, and at the end of treatment;</li> </ul> <p><a href="#">National Institute for Clinical Excellence (NICE, 2004) CSG4 Improving Supportive &amp; Palliative care for adults with cancer</a> Wales Cancer Network (2016). <a href="#">Guidance document to support implementation of Holistic Needs Assessment (HNA) and associated care plans for the person affected by cancer.</a></p> <p>Ideally Holistic Needs Assessments should be undertaken electronically. <a href="#">Welsh Government. Cancer Delivery Plan for Wales 2016-2020.</a> The Macmillan eHNA is <i>one</i> tool which is both valid and reliable. <a href="#">Snowden A &amp; Fleming M (2015) Validation of the electronic HNA.</a></p>
<p><b>Health Optimisation / Making Every Contact Count (MECC)</b></p>	<p>QS 9: Patients experience care that is tailored to their needs and personal preferences, taking into account their circumstances, their ability to access services and their coexisting conditions.</p> <p><a href="#">National Institute for Health &amp; Care Excellence (NICE, 2012) CG138 Clinical Guideline: Patient Experience in adult NHS services</a></p>

	<p>Health Optimisation refers to a proactive approach to supporting people who present to NHS services with concurrent comorbid health conditions (e.g. anaemia, diabetes), or health risk behaviours (e.g. smoking, physical inactivity).  <a href="#">Welsh Government (2018) A Healthier Wales.</a>  <a href="#">Welsh Government (2015) Wellbeing of Future Generations Act.</a></p> <p>Making Every Contact Count (MECC), is a behaviour change approach that helps health and social care professionals to help people to improve their health and wellbeing through prevention and early intervention. <a href="#">Public Health Wales Strategic Plan 2018-2021</a></p> <p><b>Lifestyle advice / resources are available</b> from <a href="#">Making Every Contact Count</a> (MECC)</p> <p><i>*Please note: Whilst addressing concurrent comorbidities and health risk behaviours is the responsibility of <b>all</b> health and social care professionals, at <b>every</b> contact throughout the pathway; earliest possible intervention <b>may</b> impact on cancer treatment choices / outcomes (especially in respect to tobacco smoking). <a href="#">National Institute for Clinical Excellence (NICE, 2018) NG92 NICE Guideline Stop Smoking Interventions and services.</a></i></p>
<p><b>Prehabilitation</b></p>	<p>Patients should have the opportunity to take part in evidence-based education and rehabilitative activities, including self-management programmes, <i>where available</i>, that promote their ability to manage their own health if appropriate.</p> <p><a href="#">National Institute for Health &amp; Care Excellence (NICE, 2012) CG138 Clinical Guideline: Patient Experience in adult NHS services</a>  <a href="#">Welsh Government (2018) A Healthier Wales.</a>  <a href="#">Welsh Government (2015) Wellbeing of Future Generations Act.</a></p>
<p><b>Rehabilitation</b></p>	<p>All patients will have their needs for rehabilitation services assessed, with referral to an appropriate level of rehabilitative support, throughout the patient pathway.</p> <p><i>*Please note: not <b>all</b> patients will require specialist cancer rehabilitation services. Referral into non-cancer rehabilitation, self-management, and fitness services <b>may</b> be suitable to meet some patients' needs.</i></p> <p><a href="#">National Standards for Rehabilitation of Adult Cancer Patients (2010) GOV WALES</a>  <a href="#">National Institute for Health and Care Excellence (NICE) CSG4 (2004) resources for improving supportive and palliative care for adults with cancer.</a></p>
<p><b>Patient Reported Outcome Measures (PROMs) / Patient Reported Experience Measures (PREMs)</b></p>	<p>Patient Reported Outcome Measures (PROMs) are questionnaires that patients are asked to complete <b>before</b> and <b>after</b> treatment to assess the impact on health and wellbeing.</p> <p><b>Some</b> of the Cancer Site Groups (CSGs) have been working with the International Collaboration for Health Outcome Measurement (ICHOM), Value Based Healthcare Team, <a href="#">National PROMS, PREMS, &amp; Effectiveness Programme</a> (NPP&amp;EP) and other partners, to pilot tools and data capture methods, which will inform a consistent approach to PROMS &amp; PREMS for cancer. <a href="#">Welsh Government. Cancer Delivery Plan for Wales 2016-2020.</a></p> <p><i>*Please note: there are outstanding questions relating to tool selection, data capture intervals, data capture methods and data analysis / reporting which <b>may</b> prevent the implementation of PROMS &amp; PREMS across all pathways at this time. PROMS &amp; PREMS have been included in the pathways, in recognition of this work, and will be updated pending further advice from the CSGs.</i></p> <p>Patient Reported Experience Measures (PREMs) are questionnaires that patients are asked to complete at <b>any time</b> during their pathway to help professionals to understand their experience of NHS services. This information is crucial to understanding the value of</p>

healthcare as perceived by patients. [Welsh Government \(2018/19\). Chief Medical Officer Annual Report.](#)

*\*Please Note: Whilst it is good practice to collect PREMS throughout the pathway, there is no current standard for cancer PREMS in Wales; further advice regarding this will be sought via the CSGs in due course.*