The ACE Programme
Brief for Multidisciplinary Diagnostic Centre based pathway

Call for pilot sites

The ACE Programme would like to work with around 5 NHS pilot sites to test the effectiveness of a multidisciplinary diagnostic centre based pathway for patients with vague or non-specific but concerning symptoms.

Background

The ACE (Accelerate, Coordinate & Evaluate) Programme is an early diagnosis initiative delivered in collaboration with NHS England, Cancer Research UK and Macmillan Cancer Support. It was formed to help improve England's cancer survival rates by providing evidence on how best to design diagnostic pathways and is sponsored by the National Clinical Director for Cancer, Sean Duffy.

One area of weakness in the NHS system is that there is **no clear referral pathway for patients with non-specific but concerning symptoms** and so anecdotally these patients often fall through the gaps resulting in delays to diagnosis. The Independent Cancer Taskforce's strategy recommendations (July 2015) outline the need to explore new pathway models that speed up diagnosis and make specific reference to the multidisciplinary diagnostic centre (MDC) concept.

As a result, we are strengthening understanding in this area by creating a small cohort of projects – ACE Wave 2 – to test the effectiveness of an MDC based pathway. The projects in ACE Wave 1 that also take a vague symptoms led approach to diagnostics will be linked with this new work strand.

Strategic objectives

The aim is to evaluate how far an MDC based pathway can:

i. drive a shift from late to early diagnosis of cancer at stages I & II when they are potentially curable
ii. reduce the number of diagnoses resulting from an emergency presentation or other sub-optimal routes with associated poorer prognosis
iii. drive improvement in overall patient experience.

Projects should target those areas that offer most opportunity, addressing those symptoms for which GPs find it hard to determine the appropriate referral pathway (including 'low risk but not no risk' groups) or symptoms with which patients tend to present late, or those cancers that tend to be diagnosed later.

For example, referrals could be for symptoms of: anaemia, weight or appetite loss, pain, fatigue, nausea and/or based on clinical findings such as: general condition, blood tests, abdomen and a GP's 'gut feeling'.

MDC based pathway

The aim is to design a symptom based pathway for individuals who have non-specific but concerning symptoms that are known to be representative of several cancers. It supplements diagnostic pathways for 'red flag' symptoms that are more clearly indicative of a particular cancer.

At a conceptual level there are three distinct elements (diagram 1) that form a patient pathway that most likely incorporates several (NHS) provider organisations involving both primary and secondary care. On initial 'referral' the patient undergoes a series of 'triage tests' that act as a filter, helping to ensure the appropriateness of next steps. Where there is no clear diagnosis but concerns remain, the patient is referred for 'investigative diagnostics' at a location that comprises a wide range of medical specialities (i.e. a multidisciplinary diagnostic centre) for a definitive diagnosis. Rapid turnaround of results at each stage is critical to this pathway.

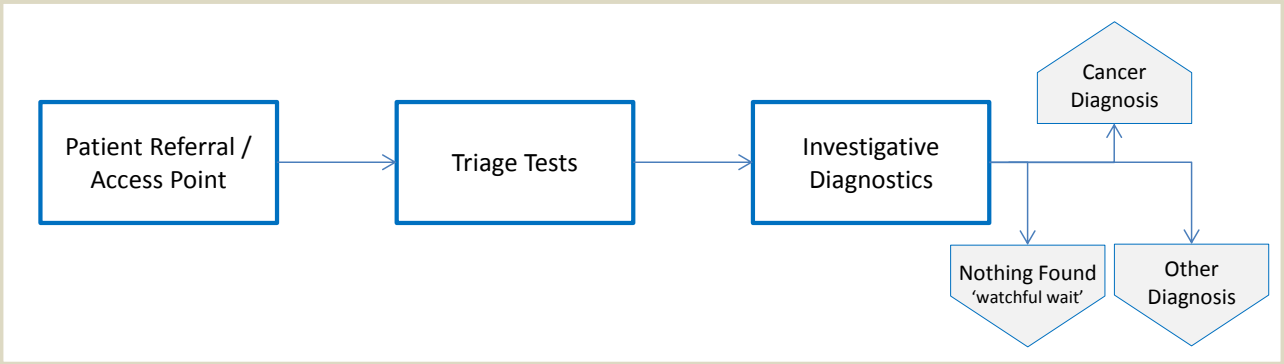

Diagram 1: Conceptual Multidisciplinary Diagnostic Centre based Pathway

Evaluation of the pilots will help determine the ideal scope of each element and how best to configure them to match a set of symptoms. Note that the physical configuration of these elements will necessarily vary to reflect local health economy infrastructure and resources and does not form part of the ACE wave specification.

Requirements

As MDCs represent a new model of care the aim is to gather evidence at three levels, so as to understand:

i. characteristics of the model from an NHS systems perspective – referred to as *design principles*

ii. design of the pathway from a patient journey perspective – referred to as *service features*

iii. requirements that enable *implementation at scale*.

A prior condition is that all innovative systems and tactics evaluated must at least have potential to accelerate diagnosis or expand access to diagnostics for those with earlier stage disease.

Referring to the conceptual model in diagram 1 project sites are invited to explore one or more of, but not limited to, the characteristics outlined below.

MDC based pathway Design Principles		
Patient Referral / Access Point	**Triage Tests**	**Investigative Diagnostics**
• Establish value for money case for self-referral, GP referral, other professional referral	• Establish if triage is 'best' conducted within the remit of primary care or secondary care	• Establish the advantages of GP access to an MDC over greater GP direct access to diagnostics
	• Establish the breadth of tests i.e. what tests should be included within the boundaries of 'triage' versus 'investigative diagnostics' • Establish if there is an optimum sequencing for the tests/diagnostics e.g. conducted in parallel or in series	
• Determine appropriate referral thresholds and performance metrics; understanding impact of changes on current or new cancer targets		

MDC based pathway Service Features		
Patient Referral / Access Point	**Triage Tests**	**Investigative Diagnostics**
• Explore access channels for GP & self-referral routes e.g. digital, telephone, face-to-face		• Explore how best to organise for efficiency and patient experience
	• Rapid turnaround of triage tests and investigative diagnostic test results. E.g. in Denmark triage/filter tests results provided in 4 days	
• Use of new technologies in support of whole model or a specific element e.g. patient data capture; information flows • Use of patient representative who manages (whole) patient journey		

With respect to understanding the requirements and costs associated with **Implementation at Scale**, there are a number of dimensions to explore, including:

- Workforce requirements e.g. skills, degree of subspecialisation, capacity
- Capital investment requirements
- Impact on other provider services
- Set-up costs
- Optimal configuration of MDCs at a national level, considering viability in relation to population served and impact of urban or rural settings.

Benefits of participation

The purpose of Wave 2 is to support the design and implementation of a new pathway that meets local needs **and** acts as a blueprint for a nationally replicable model. With this is in mind the ACE Programme offers projects:

- Opportunity to influence the national agenda on future care models for the NHS. This includes association with NHS England's New Care Models Programme
- Access to central policy implementation teams who will be able to help make the case to get systemic barriers to implementation removed and / or for incentives to be put in place
- Central evaluation of projects to assess the clinical benefit delivered to patients and determine if the new model represents value to the NHS
- Access to know-how of national experts as well as information and support from peer projects
- Access to grants to cover project management or other project delivery support needs. NB: A fuller understanding of requirements will be developed in conversation with projects during the application process.

Application process and timeline

The application process has been designed to allow for a more interactive approach to proposal development and to enable projects to progress at different paces.

1)	Submit Expression of Interest (separate form)	**10th August – 11th September 2015**
2)	1:1 review sessions, held regionally	**21st September – 7th October 2015**
3)	Applicant short listing	**16th October 2015**
4)	MDC one-day collaboration workshop	**late November 2015** (date TBC)
5)	Submit final project proposal	**31st December 2015**
6)	Formal confirmation of participation in Wave 2	**January 2016**

Over this period the evaluation metrics will be developed jointly with shortlisted projects providing clarity upfront on information governance and data collection requirements. Additionally, the nature and availability of resources to support projects will be confirmed.

Applicants submitting an Expression of Interest will be asked to confirm that they are able to meet the following conditions:

- ✓ Have the full support of all pertinent provider and commissioner organisations
- ✓ Able to secure the necessary local investment over an extended time period (c3-5 years)
- ✓ Commit to collecting and sharing data in support of defined metrics over the project duration
- ✓ Willing to contribute to defining a common / national MDC pathway model
- ✓ Willing to report progress, challenges, etc. to the ACE Programme.

If you have any further questions please contact: karen.fitzgerald@cancer.org.uk