

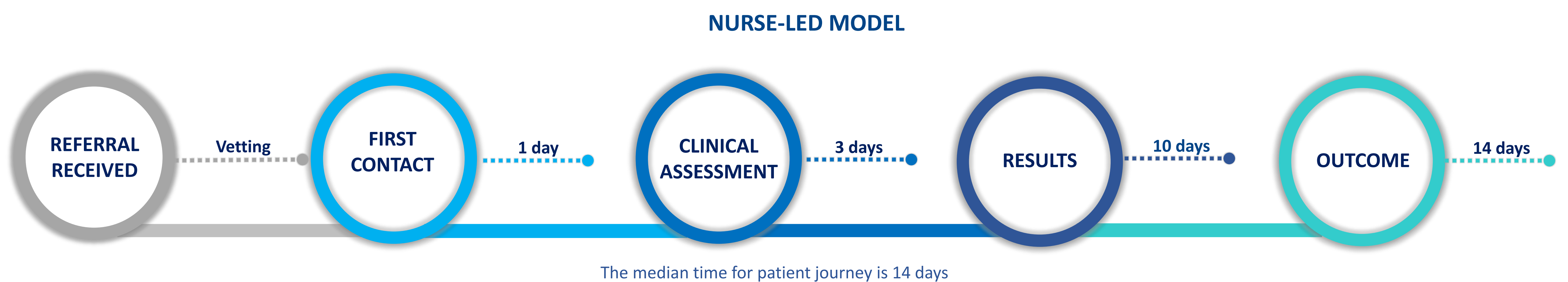
# Rebooting the Recovery: ECDCs and Rapid Diagnostics at NHS Fife

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## AIMS

Around 40% of patients fail to be diagnosed through existing Urgent Suspicion of Cancer (USC) site specific pathways (SSP) resulting in delayed diagnosis. The Early Cancer Diagnostic Centre (ECDC) model marks a radical change in how cancer is detected. In addition, patients who are diagnosed with benign conditions are supported with lifestyle advice and/or further investigation.

The Advanced Clinical Nurse Specialist (ACNS) triages referrals and initial consultation is telephone-led. Patients are offered letter or electronic appointment details, tailored to their individual situation. The ACNS offers results appointments by telephone, Near Me or face-to-face in clinic.

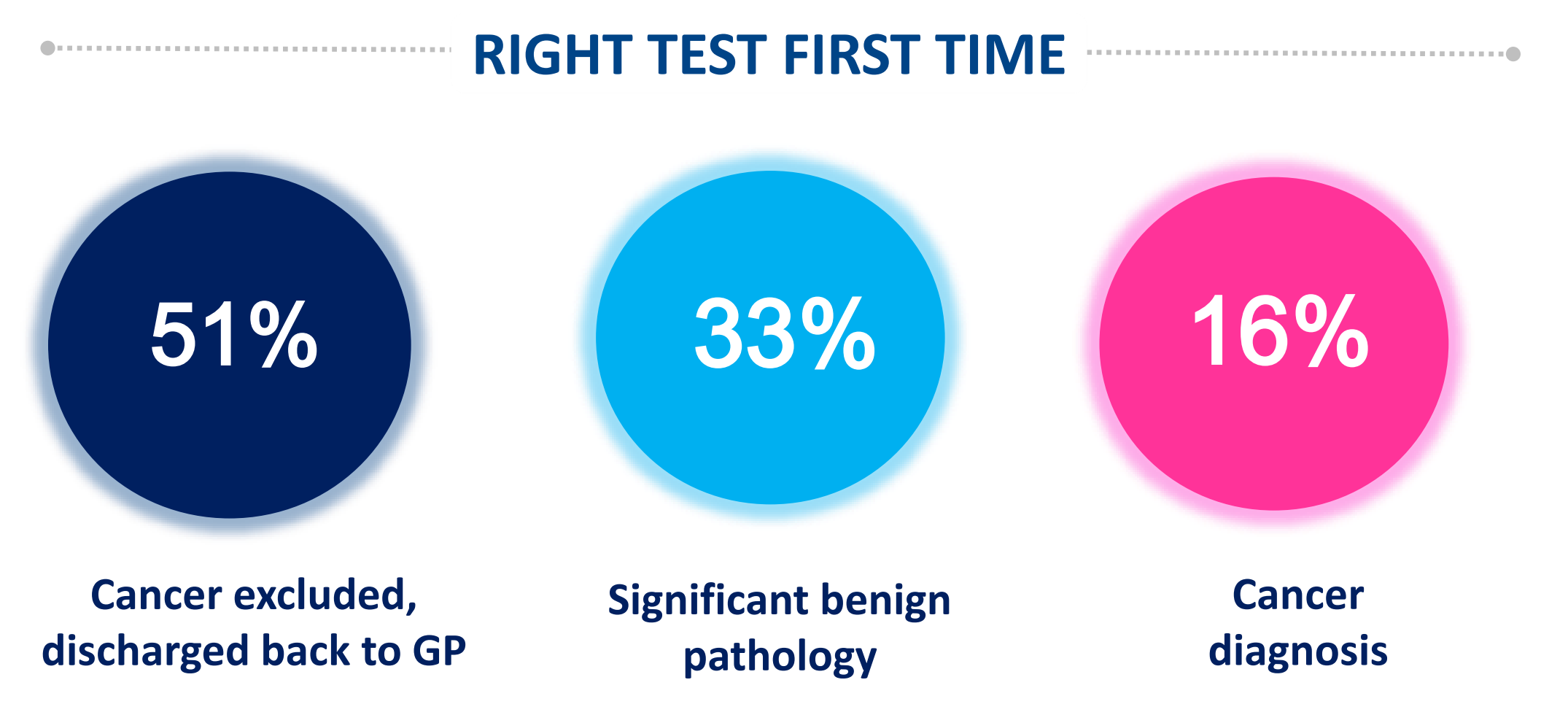


## METHOD

The ECDC model provides a clear referral pathway for patients with vague symptoms who do not meet criteria for USC site specific pathways. The service is nurse-led, enhanced by a single point of contact patient navigator. This supports patients throughout their journey and streamlines the pathway leading to rapid diagnosis or exclusion of cancer as a cause for symptoms. Radiology colleagues hold dedicated Computerised Tomography (CT) scan slots for ECDC patients each week and the ECDC service also utilises cancellation slots for Radiology, thus ensuring maximum use of resources.

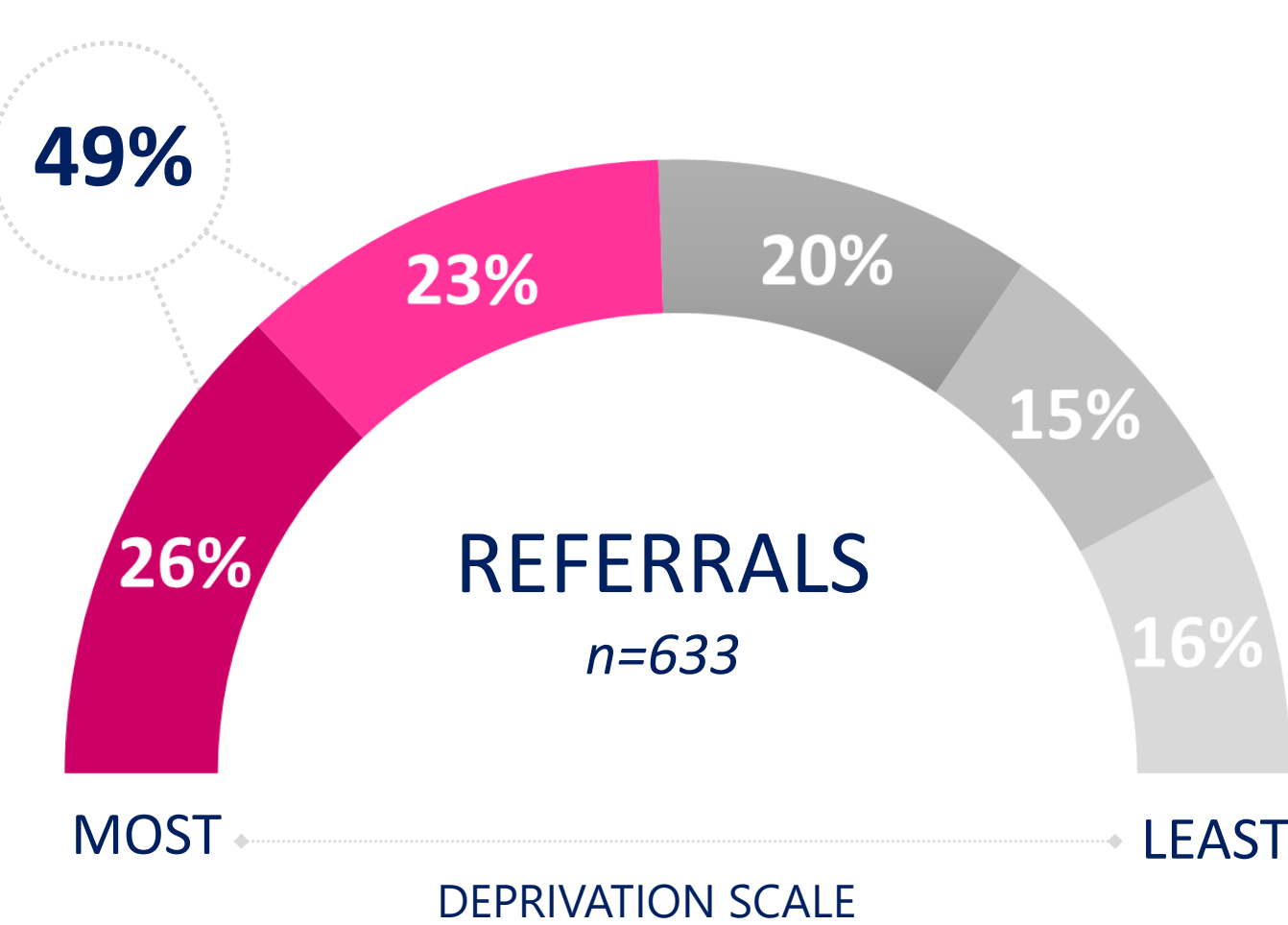
## RESULTS

- 633 referrals to pathway since June 2021
- 31% rejection/redirection rate (195 referrals)
- 69% eligible for pathway (438 referrals)
- 91% completed pathway (399 patients)
- 51% cancer excluded and discharged back to GP with lifestyle advice, where appropriate
- 33% onward referred for investigation/management of significant benign conditions
- 16% cancer diagnosis (7-9% for other USC pathways)
- Did Not Attend/Could Not Attend (DNA/CNA) rate for test and follow up is <1%\*\*

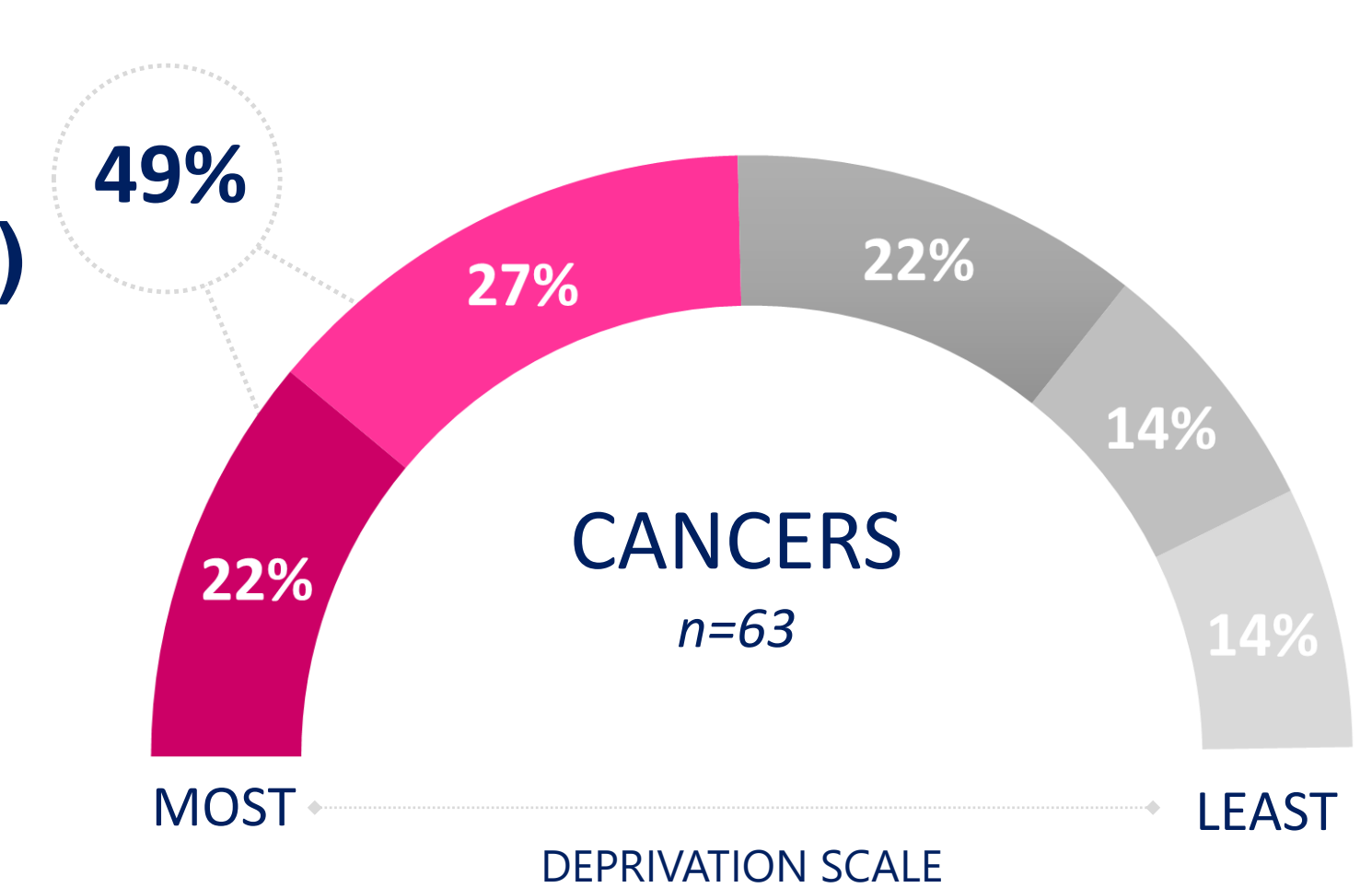


“Very happy with how quick everything went. It saved weeks of worry.”

“Your service is superb, caring – and speedy! Well done to all staff involved.”



**Scottish Index of Multiple Deprivation (per 20% population\*\*\*)**  
Data shows SIMD1 and SIMD2 make up 49% of referrals received to the pathway and 49% of cancer diagnoses. This allows us to ensure there is equitable access to rapid diagnostic services across our patient population.



## CONCLUSIONS/LEARNING POINTS

- Early data suggests traditional health inequality is being addressed through the ECDC approach.
- Patient experience is improved through regular contact by ECDC team and active management of their pathway.
- Ability to utilise CT slots (short notice cancellations c50%) leads to increased efficiency across services.
- Ability to personalise results appointment/information reducing DNA/CNA rate.

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\*\*DNA/CNA % rate for USC SSP was not available at time of publishing

\*\*\*Deprivation Scale by Public Health Scotland Local SIMD Quintile 20% population