Audit of the Expected HPB Faster Diagnosis Pathway Data

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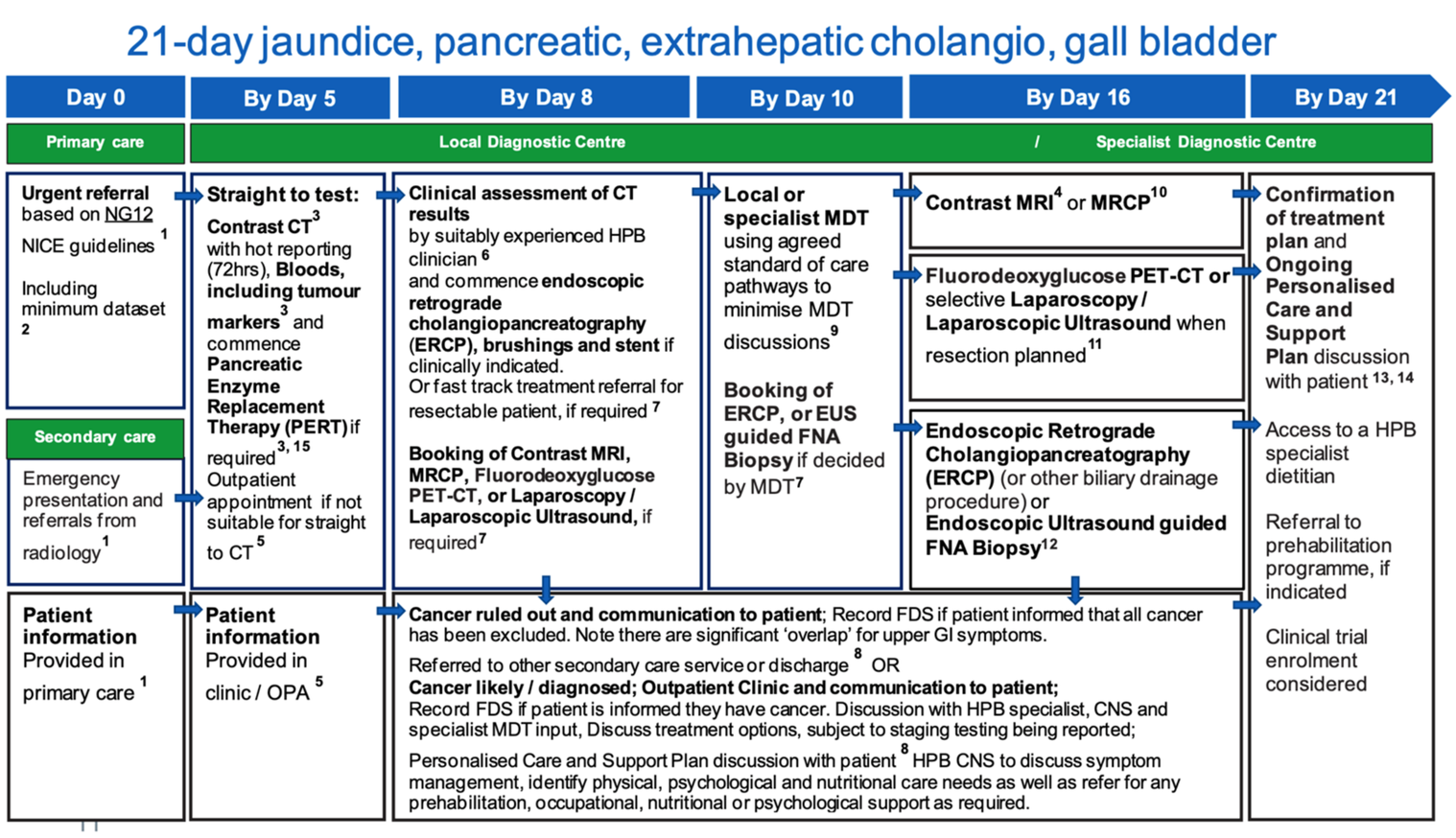
Introduction

- Version 1 of the HPB Faster Diagnosis Pathway was published on 6/9/22 and it due to be rolled out as national guidance in the coming weeks
- The 21-day pathway for ***suspected*** pancreatic, extrahepatic cholangiocarcinoma and gallbladder cancer was used as a standard to audit current practice of the Mersey and North Wales supra-regional MDT
- The aim is to highlight the standards that will prove difficult to achieve set by the pathway and help find solutions in the anticipation of national rollout

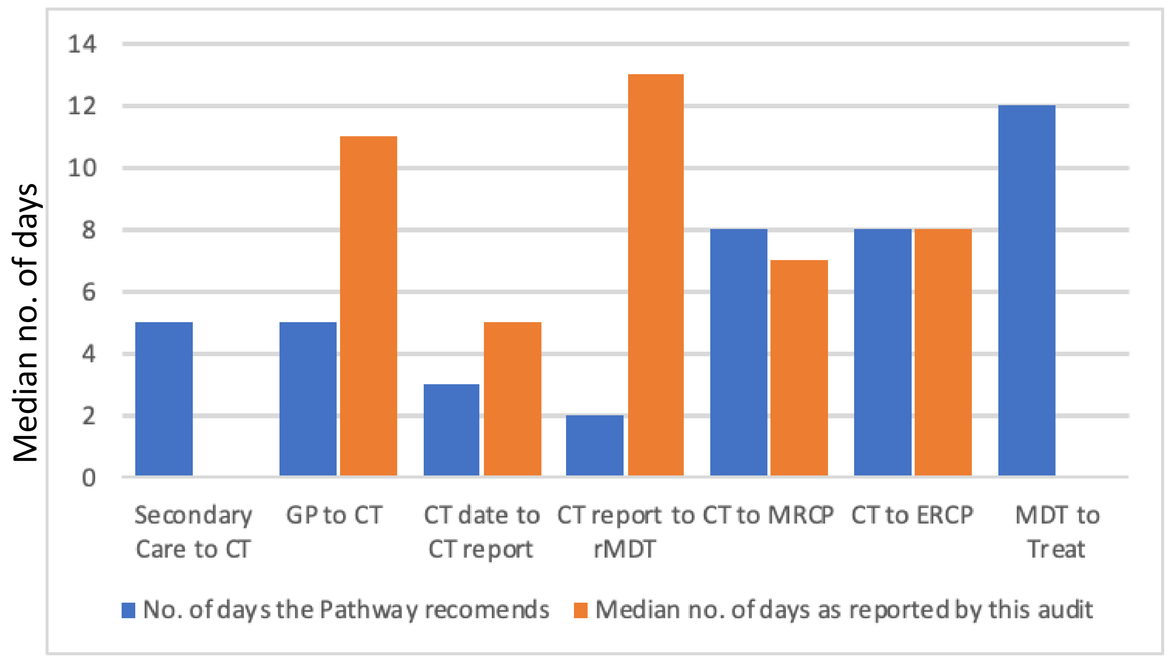
Methods

- Data was retrospectively collected via the Somerset Cancer Registry of weekly MDTs between 18/1–15/3/23
- Inclusion criteria was documentation of MDT diagnosis OR high suspicion of pancreatic, extrahepatic cholangiocarcinoma & gallbladder cancers
- Median timed data was collated from the electronic systems of PACS, PENS, EPRO and the Somerset registry



Results

Figure 1: Comparing timed days from the pathway vs median no. of days of current practice



Day 0-5: *Urgent referral for CT (1º or 2º care)* **NA**

Regional MDT referral form has no specific date documented of first point of referral

Day 5-8: *Date of CT to date of report* **5 days**

Recommends 72hr 'Hot reporting' for high suspicion

Day 8-10: *CT report to MDT discussion* **13 days**

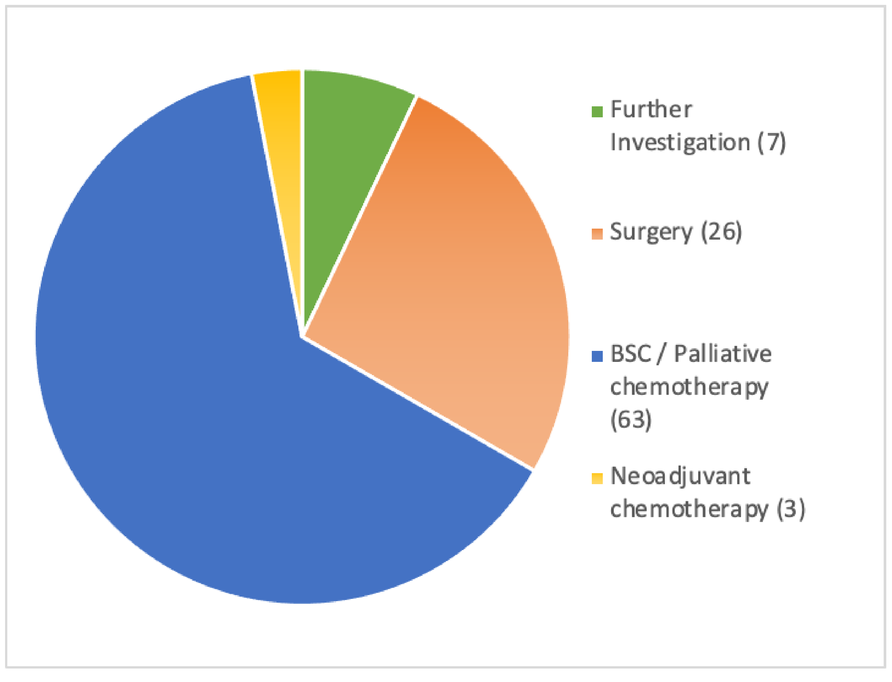
Day 8-16: *CT to MRCP or ERCP* **Low frequency**

Few patients had further tests recommended

Day 16-21: *Further investigations to confirmed treatment plan* **Not possible**

Very difficult to assess. Lack of documented dates of MDT outcomes enacted outside of tertiary centre

Figure 2: A pie chart showing the number of patients recommended the following MDT outcomes



Discussion

- Unclear if local MDT meets day 10 target. Unable to audit this target without local information
- 25% patients present acutely when should present to primary care, misrepresenting positive target
- Common presentation comes from investigations such as CT colon/U/S, as opposed to GP booking CT scans, patients do not start on the pathway.
- GP to CT report is crucial and referrals do not comment on whether patients first present to primary or secondary care. Significant resources required to improve reporting from GPs
- Treatment plan occurred within the target demonstrating the robust functioning of the tertiary centre

Key areas to improve

Accurate data recording from referring trusts and outcome delivery

Hot CT reporting and onwards referral