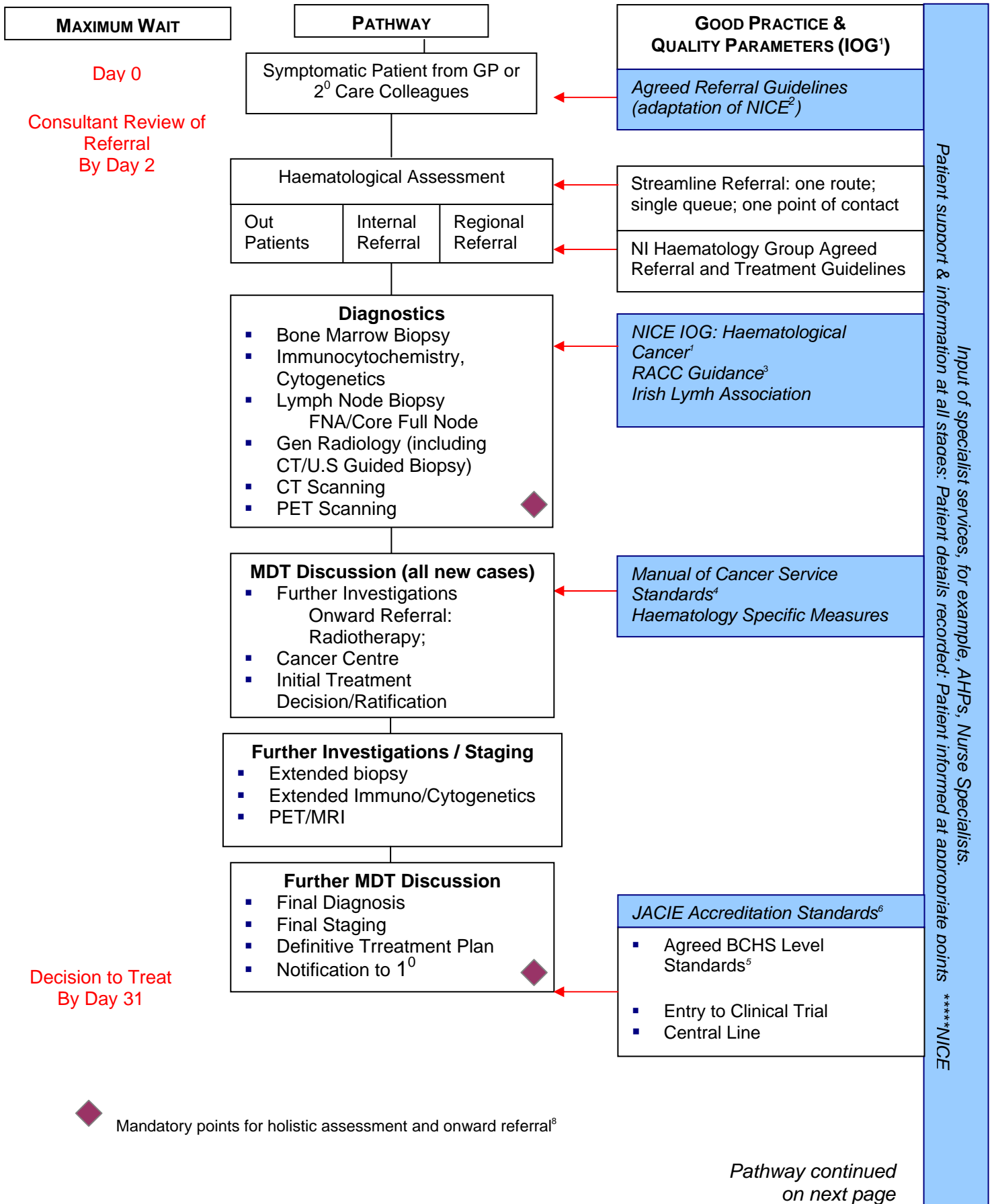
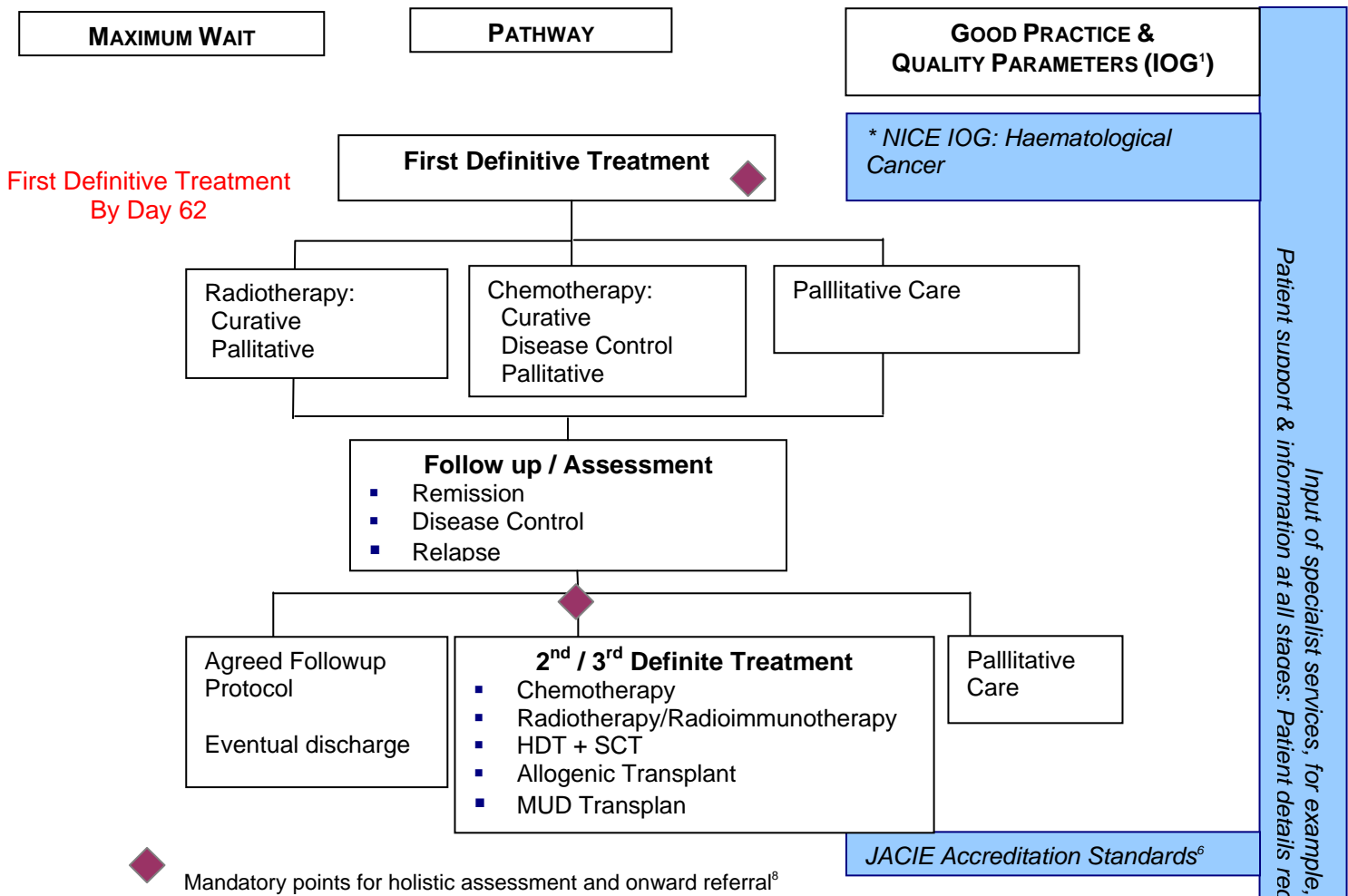


# For Consultation: Outline of Evidence Based Pathway – Haematology Cancer





**Evidence base for care pathway**

- 1 Implementing Outcomes Guidance: Haematology, October 2003  
<http://guidance.nice.org.uk/csg/haematology/guidance/pdf>
- 2 NICE Referral Guidance for Suspect Cancer  
<http://www.nice.org.uk/CG027>
- 3 RACC Guidance for the Management of Haematological Cancer, September 2004
- 4 Manual of Cancer Services Standard  
[www.cquins.nhs.uk/manual.php?p=full](http://www.cquins.nhs.uk/manual.php?p=full)
- 5 British Committee for Standards in Haematology  
<http://www.bcsghguidelines.com/>
- 6 Joint Accreditation Committee-ISCT & EBMT  
<http://www.jacie.org/>
- 7 NICE Improving Supportive and Palliative Care for Adults with Cancer:  
<http://www.nice.org.uk/page.aspx?o=csgspfullguideline>
- 8 Holistic Common Assessment of Supportive and Palliative Care Needs for Adults with Cancer, Kings College London, January 2007  
(There are a number of mandatory/trigger points where there should be evidence of holistic assessment and appropriate referral (holistic patient support))

## 2007/2008 PFA Cancer Access Standards

- 98% of patients diagnosed with cancer (decision to treat) should begin their treatment within a maximum of 31 days
- 75% of patients urgently referred with a suspected cancer should begin their first definitive treatment within a maximum of 62 days. Where the performance of a tumour group currently exceeds this standard, performance should be sustained or improved against current levels

### Service Optimisation

There are a number of practical steps that could be taken to improve patients' experience of care and reduce cancer-waiting times. Such steps may include:

- Streamlining the referral route – one route, single queue, one point of contact
- Pooling referrals
- Straight to test
- Combining tests/visits
- Agreed protocols for diagnosis/staging
- Robust booking/scheduling systems
- Competency based workforce development with skill mix and extended roles

**Management of referrals:** Consideration needs to be given to the management of the symptomatic patient referred to, but not suspected of, having cancer and consideration of providing feedback on appropriateness of referrals.

### Timed Schedule

There are a number of times marked at various stages on the pathway to enable the proactive management of the patient from point of receipt of referral to first definitive treatment.

It is recognised that there may be different service pressures at each Trust. Clinical Teams working with Executive Leads will need to resolve these internally to ensure the meeting of the standards.