

Summary diagnostic pathway Support Hub for patients age 16-18 years with suspected cancer

Patient age 16-18 seen in secondary care setting (paediatric or adult)

Clinical history, exam and initial investigations indicate possible cancer.

Clinician discusses concerns with patient/family and advises they will contact team at TYA cancer PTC for advice due to paed/adult service age ranges.

Clinician contact 16-18 Hub Nurse for advice by telephone on 07920 261332

Mon-Fri 09:00-17:00

Out of hours, Weekends & bank Holidays cover from on call Oncology Consultant contacted via uhs switchboard.



16-18 Diagnostic Hub

16-18 Pathway intervention – TYA CNS-led triage and coordination of diagnostic pathways

16-18 Hub Nurse gathers clinical details, family/social information and preliminary investigation plan and any specific concerns from notifying clinician & records information on **16-18 Hub notification details record**.

Patient is registered at UHS & notification record saved on Edocs.

16-18 Hub Nurse triages patient notification for clinical urgency from information collated, contacts identified consultant clinician and/or site-specific team at PTC to discuss and agree advice/plan, agrees call back to referer same day.

16-18 Hub nurse calls notifying clinician on day of notification, to discuss and agree action plan, **recording decisions and outcome in patients UHS eDocs record and referring to outreach CNS if applicable.**

Patient added to live tracker where CNS will update diagnostic procedures

PATIENT'S INITIAL ONWARD PATHWAY AGREED AND DOCUMENTED IN NOTIFICATION RECORD – SAVED ON UHS eDocs and emailed securely to patient's notifying clinician.

PATHWAY A

Transfer to UHS for inpatient management and investigation under care of UHS consultant clinician.

PATHWAY B

Referral to UHS for outpatient review and investigation under care of UHS consultant clinician.

PATHWAY C

Continued management and investigation at local hospital under care of current consultant clinician.

Pathway A – UHS inpatient transfer

PTC Consultant clinician (or 16-18 Hub Nurse) to discuss case with appropriate site-specific team if urgent transfer to UHS indicated,

PTC Consultant (or 16-18 Hub Nurse) calls notifying clinician to arrange formal referral and transfer of patient to UHS TYA unit or other ward as required.

Pathway decision recorded in patient's UHS 16-18 pathway record on eDocs.

16-18 Hub Nurse contacts site-specific CNS to let them know about the patient

16-18 Hub Nurse liaises with local hospital and PTC ward/unit and bed managers.

TYA CNS team to meet patient as soon as possible after transfer and maintain contact for support, update on pathway and progress until diagnosis confirmed.

NB Patient may be moved onto pathway 2 or 3 as clinically indicated. recorded on 16-18 pathway record at UHS.

Hub Admin: Patient details entered onto 16-18 (MS Teams) live tracker. Pathway and clinical status reviewed at TYA MDT meeting weekly, with any new actions agreed and allocated to expedite pathway.

Outcomes recorded and logged

Pathway B – UHS outpatient referral

16-18 Hub Nurse calls notifying clinician, and

discusses and agrees plan/advice agreed with TYA PTC consultant. Pathway decision recorded in patient's UHS 16-18 pathway record on eDocs.

16-18 Hub Nurse to contact referrer and request clinical referral letter to UHS Consultant and advises where to send it.

16-18 Hub Nurse contacts local TYA/link CNS and UHS site-specific CNS to let them know about the patient.

16-18 Hub Nurse: Maintain at least weekly contact with clinician for update on pathway and progress until diagnosis confirmed.

TYA CNS to maintain regular contact with patient/ parent until diagnosis

TYA CNS team to support at UHS appts as required and maintain contact for support.

Decision entered into 16-18 project monitoring spreadsheet

Likely timeline for investigations and diagnosis discussed and recorded on 16-18 pathway record at UHS.

NB Patient may be moved onto pathway 1 or 3 as clinically indicated. recorded on 16-18 pathway record at UHS.

Hub Admin: Patient details entered onto 16-18 (MS Teams) live tracker. Pathway and clinical status reviewed each week at TYA MDT meeting, with any new actions agreed and allocated to expedite pathway.

Outcomes recorded and logged

Pathway C - local/other hospital management

16-18 Hub Nurse calls notifying clinician, and

discusses and agrees plan/advice agreed with TYA PTC consultant. Pathway decision recorded in patient's 16-18 pathway record.

Provide PTC clinician details and directly liaise between the investigating teams and TYA PTC to ensure they are linked up.

Likely timeline for investigations and diagnosis discussed and recorded on 16-18 pathway record at UHS.

16-18 Hub Nurse offers to be point of contact for patient/family during the diagnostic pathway. Local clinician to provide this information to family, and offers for TYA CNS to call them.

16-18 Hub Nurse contacts local TYA/link CNS to let them know about the patient.

16-18 Hub Nurse and patient's clinician agree contact schedule for clinical update regarding patient status, investigations and outcomes.

16-18 Hub Nurse: Maintain at least 2x weekly contact for update on pathway and progress until diagnosis confirmed.

NB Patient may be moved onto pathway 1 or 2 as clinically indicated. recorded on 16-18 pathway record at UHS.

Hub Admin: Patient details entered onto 16-18 (MS Teams) live tracker. Pathway and clinical status reviewed weekly at TYA MDT meeting, with any new actions agreed and allocated to expedite pathway.

Outcomes recorded and logged

PATHWAYS A, B and C



Confirmation of Non Cancer Diagnosis

Patient's Clinician & 16-18 Hub Nurse actions

Advises 16-18 hub of diagnosis

Advises patient/family of diagnosis and onward plan supported by a CNS.

If not cancer – 16-18 Hub CNS and clinician to discuss plan for onward care needs and referral to appropriate clinical service.

16-18 Hub Nurse contacts patient to discuss non-cancer outcome and signposts to available support/resources as required

Outcome and actions recorded in patient's UHS eDocs (document will remain in Edocs draft format and continue to be edited until diagnosis confirmed, at which point the CNS will finalise and publish).

Outcome entered into 16-18 project monitoring tracker



Confirmation of Cancer Diagnosis

Patient's Clinician & 16-18 Hub Nurse actions

Advises 16-18 hub of diagnosis, of discussion and outcome of site-specific MDT.

Advises patient/family of diagnosis and onward plan, supported by local CNS.

16-18 Hub Nurse and patient's clinician and CNS agree plan re place of care and notification to TYA MDT.

16-18 Hub Nurse contacts patient to discuss TYA support.

TYA CNS to liaise with treating site-specific treating team/CNS and contacts patient to initiate TYA service support and invite to clinic either face to face or via attend anywhere..

Outcome and actions recorded in patient's UHS eDocs (document will remain in Edocs draft format and continue to be edited until diagnosis confirmed, at which point the CNS will finalise and publish).

Outcome entered into 16-18 project monitoring tracker

Records highlighted **Blue** are made by 16-18 CNS in the individual patient's record.

Records highlighted **Green** are made by project support (Wendy) for the purposes of the project monitoring and evaluation