

This is Jack's story, given by a specialist lung cancer nurse from Royal Bolton Hospital. It is about him embarking on the faster diagnosis of cancer pathway.

Jack is 64 years old and visited his GP with recurrent chest infections and was sent by his GP for a chest X-ray. The X-ray highlighted abnormalities so the hospital contacted the patient and he was sent for a CT scan within 48 hours. Once the CT scan is reported, and there is a suspicion of cancer, the radiology department send an email; which is sent to all staff within the team with the results. It's sent to all team members to ensure that everyone in the team sees this, it is acted upon and triaged appropriately. A referral of this type would indicate that a patient would need to be on the faster diagnosis pathway as opposed to the regular two weeks pathway.

We received Jack's referral and immediately realised that he would follow the faster diagnosis pathway and his scan results would need to be seen by the respiratory consultant. Once a plan of action had been decided by the consultant they advise the lung cancer nurses what tests are likely to be needed. The most important decision being does the patient need a Positron Emissions tomography with computerised tomography scan (PET-CT). This is a full body test will highlight where the problems are and if there is a probability of further investigations needed. This scan will then direct us exactly to where in the body, a biopsy is needed.

We needed to call Jack immediately to inform him and rang him the same day that we had received his referral and the consultant had reviewed his scan. This type of call is regularly an emotional call and needs specialist skills to divulge this type of information in an empathetic and sensitive manner. Jack had a good understanding and that the fact he had a further CT scan after his initial X-ray, meant that something had been detected, however he was obviously anxious. But quite happy for us to continue with this telephone assessment as he was aware that doing his assessment this way would speed up his diagnostic pathway.

Alternatively, if someone doesn't wish to continue with a telephone assessment we would invite them to the next available appointment in clinic.

I assessed him over the phone for his fitness levels to undergo a biopsy and he was eligible for this diagnostic. He verbally described being happy with this type of intervention and very happy that from his initial X-ray to receiving this telephone call, had only taken 4 days.

Within a further 4 days Jack had had his PET-CT scan and another two days later the report from radiology was received by the lung cancer specialists. This scan is the detailed information needed to decide all of Jack's future tests; which have now been arranged for him. Jack is very happy with the service he has received and we know that his anxiety has not been prolonged due to waiting long to hear about what the next steps are. We are still treating Jack but from his GP referral to the results of the PET-CT scan it took only 10 days in total.