



# CDAPT: The Cancer Diagnostic Pathways Improvement Project

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## **Aim:**

**To evaluate the process and outcomes of translating the research findings from Discovery into practice**

## **Objectives**

- To provide local expert groups involved in cancer pathway improvement with evidence generated by the Discovery programme
- To facilitate the adaptation and implementation of diagnostic pathways by those expert groups
- To evaluate the impact of the adapted pathways
  - Lung, colorectal and pancreatic cancer
  - 2 Sites (Sunderland and Bristol)
  - Realistic evaluation using 1:1 interviews with key stakeholders and documentary analysis; before –and–after analysis of urgent referral metrics for the two CCGs, compared to similar CCGs in England



# Facilitation process

- Expert groups identified at both sites
- Development of an evidence support pack
  - Map existing diagnostic pathways
  - Existing activity and performance data
  - Discovery findings (Caper, PIVOT, etc)
  - Key documents (MoM, NICE, local guidance)
- Support for group discussions, guideline revision and with implementation

British Journal of Cancer (2009) 101, 580–586  
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www.bjancer.com

#### Full Paper

The CAPER studies: five case-control studies aimed at identifying and quantifying the risk of cancer in symptomatic primary care patients

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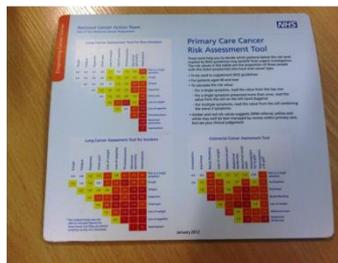
British Journal of Cancer (2012) 106, 1940–1944  
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www.bjancer.com

The risk of pancreatic cancer in symptomatic patients in primary care: a large case-control study using electronic records

#### Clinical Studies

#### S Stapley<sup>1</sup>, TJ Peters<sup>2</sup>, RD Neal<sup>3</sup>, PW Rose<sup>4</sup>, FM Walter<sup>5</sup> and W Hamilton<sup>\*6</sup>

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Articles



Preferences for cancer investigation: a vignette-based study of primary-care attendees



Jonathan Banks, Sandra Hollinghurst, Lin Bigwood, Tim J Peters, Fiona M Walter, Willie Hamilton

#### Research

William Hamilton, Trish Green, Tanimola Martins, Kathy Elliott, Greg Rubin and Una Macleod

#### Evaluation of risk assessment tools for suspected cancer in general practice:

a cohort study



# Implementation

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- Modified pathways for lung, colorectal and pancreatic cancer implemented in NHS Sunderland in Feb 2014
- Characterised primarily by abolition of secondary gatekeeping to CT (Lung, pancreas) and colonoscopy
- All three pathways incorporated RATs and acknowledgement of need to explore patient preference
- Pathways for lung and pancreas agreed by reference group in NHS Bristol
- Proved difficult to incorporate into referral software and operationalise



# CDAPT Process Evaluation

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Champions

Individual  
Ownership  
& Group  
Autonomy

Legitimacy

Process  
Credibility

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- Having a number of individuals who can ‘champion’ the process is key in terms of driving forward progress and successfully implementing change.
  - A key element in getting people engaged and change successfully implemented is how individuals involved perceive the process and whether or not they feel ‘ownership’ of it.
  - It is essential that the people in the room are seen as legitimate. The right people with the expertise, respect of colleagues and the authority to make decisions.
  - For change to be successful, those involved also need to believe that the process is credible, with well defined goals, and that it will be able to deliver the required results.



# Its not all hard work...

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