**Direct Access Chest X-ray**

**Background**

In 2013 Lung Cancer caused 28,000 deaths in England, 69% of people were diagnosed with stage III and IV disease therefore incurable. The intention of this initiative is to improve diagnosis at stage I or II and subsequently improve survival rates. (National Lung Cancer Audit 2013)

Within Eastern Cheshire there is a currently a direct access chest x-ray service, for patients referred by their GP. Research has shown that patients with Lung Cancer often present to their GPs late, in order to address this, the trust is looking at widening the direct access service to include referrals from community pharmacists.

A patient presenting to a pharmacy requesting medication for lung problems and fulfilling the criteria below will be assessed by registered pharmacist and offered referral directly for a chest x-ray without recourse to their GP. There will then be a process in place for any chest x-ray with an abnormal result (as shown in the flow chart below).

The East Cheshire Trust is seeking confirmation from Eastern Cheshire CCG and GPs that they are in agreement with this new service development.

**Pathway**

The pharmacists will have access to the NICE (2011) Red Flags guidelines, using this criteria they will be able to refer appropriate patients for direct access chest x-ray. Patients attend Macclesfield District General Hospital, where a member of the Respiratory team will countersign the request to meet IMUR regulations.

If the chest x-rays shows an abnormality the result will be faxed through to the Respiratory department. The team will then initiate a suspected cancer referral on behalf of the patients GP and request a CT scan. . All patients with a suspicious chest x-ray will be reviewed in the Rapid Access Lung Clinic and treated/referred as appropriate. If there is no abnormality seen patients will be advised by letter to make appointment with their GP for clinical review of symptoms

If a patient has been referred by their GP into the direct access chest x-ray service and is found to have an x-ray suspicious of malignancy they will also follow this pathway. This will initiate the suspected 2 week cancer pathway, a facsimile will be sent to the GP Practice indicating escalation into the Rapid Access Lung Clinic unless patient declines to attend MDGH in which they will be referred back to GP for action.

**Direct Access Flow Chart**

**Eligibility**

* Patients registered with Eastern Cheshire GP Practice
* > 40 years old

**Criteria – Inclusion**

Patients who have 1 or more of the symptoms below and are current/ex-smoker or patients who have 2 or more and have never smoked. (NICE 2015)

* Shortness of breath/Breathless more than normal
* Cough/Haemoptysis
* Fatigue/Lethargy
* Weight Loss/Poor Appetite

**Criteria - Exclusion**

* Patient who have had a chest x-ray/CT in past 3 months
* Patients who are already been investigated for respiratory symptoms
* Patient who are not registered with Cheshire East GP Practice

Pharmacist to complete card and patient self presents with card to radiology department at Macclesfield DGH.

The Chest x-ray report will to be sent to the Lung Cancer nurses for processing:

* Patient will be triaged depending on result of CXR and symptoms documented on pharmacy card into RALC
* If there is no suspicion of cancer a letter will be sent to the GP with recommendations for next steps and copied to referring pharmacist

**Evaluation**

After the first 50 patients have been through service the following outcomes will be looked at to evaluate the pathway for both patients referred by their GP and those referred by a pharmacist:

* Performance status at diagnosis
* Staging at diagnosis
* Number of A&E referrals into the RALC service
* Number of appropriate referrals
* Number of patients with Lung metastases identified and referred to other specialities