



Rapid Investigation Service Patient Feedback Evaluation: You Said, We Did, April 2021

In response to the first wave of feedback from the patients accessing the Rapid Investigation Service for suspected cancer, we made changes to improve patient experience and will continue to develop these moving forward.

Service Name Change

The service name was changed from Rapid Diagnostic Service, to Rapid Investigation Service for suspected cancer, to clarify the purpose of the service and help manage what patients can expect as an outcome from their referral.

Patient Leaflet

Improvements were made to the patient leaflet again to provide clarity and information about what people can expect to experience when accessing the service, for example speed of appointments, virtual nature etc.

Service Welcome Call

The welcome call content was reviewed. These calls now give more in depth information about our service, as part of the overall effort to improve patients' expectations and enable patients to understand what to expect throughout their referral.

Action Plan from March 2021

Referral Process

- To undertake a re-refresh of communications out to Primary Care to emphasise key messages in response to feedback:
 - Making sure GPs understand that they are the 'front door' to the service and how they share information is key to building patient confidence in using the service
 - Ensuring patients know what to expect in terms of pace and virtual nature of pathway;
 - Setting patient expectation about the purpose of the pathway to diagnose or rule out cancer;
 - Ensuring that access needs are recorded and passed to the service;
 - Ensuring that the service leaflet is offered which in turn ensures that patients have the service contact details.

Welcome Call

- To ensure any access needs are discussed and any relevant steps taken in response.
- To prepare people for their clerking appointment by letting them know the type of questions they can expect and to confirm whether the patient would like the appointment to be arranged to allow someone to be present with them.



Diagnostics

- To ensure patients are told when the service expects to be able to share test results as a guide.
- To facilitate feedback to scanning teams regarding RIS patient experience.

Discharge

- To ensure it is clear at discharge what the next steps are from a patient perspective. E.g. will their GP be in touch or do they need to contact their GP regarding any change in their symptoms.
- To ensure discharge summaries are dated and any acronyms are removed.
- To consider whether there is additional support that could be provided, either by the service or in Primary Care, around unexplained weight loss, in particular where this is linked to stress.
- As a service to review equality monitoring data to ensure use of the service reflects the communities of Wessex.