

# INTRODUCING AN Electronic fast-track referral system from GENERAL PRACTITIONERS FOR TIMELY ACCESS TO REQUIRED first encounter, Diagnostics and Care



<b>TYPE</b> <b>STATUS</b>	Referral Programme Partially implemented	<b>LAST</b> <b>UPDATE</b>	September 2021	<b>MALTA • NATIONAL</b> Information Technology-System
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## PROBLEM & OBJECTIVE

**PROBLEM** Waiting time from general practitioner (GP) referral to the first consultation at hospital for patients presenting with highly suspicious signs and/or symptoms of cancer is lengthy and documented.

### OBJECTIVE

- To decrease referral waiting time to ideal timeframes, hence improving time to diagnosis, improving quality of life (reducing patients' anxiety) and survival rates for the individual patients (potentially achieving earlier diagnosis).
- To simplify booking systems and introduce prioritization processes for the identification of referrals that involve possibility of highly suspicious malignant disease.

## CONTACT

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## KEY COMPONENTS / STEPS

- Accessing health department strategic and stakeholder support and obtaining access to required funds.
- Meetings with stakeholders to draft the business plan and map out the required IT pathway.
- Development of the Fast-Tracking e-form that was designed to capture and include:
  - any already performed investigations and allow uploading of attachments (such as laboratory results and radiological images and reports);
  - a scoring tool for urgency;
  - any pre-referral professional advice given;
  - contact information for referring GP/physicians and involved patient.
- Referring GPs are provided access to the system so they can follow and intervene (as necessary) the progress of the management of their cases.
- A Fast-Track Coordinator has been recruited to manage the IT system and coordinate with GPs and other involved clinicians both at the primary and secondary health levels.
- Piloting of the IT System (patient referrals with high suspicion of a colorectal cancer).
- System launched to fast-track cancer referral for colorectal, lung, hematological, breast and prostate cancers.
- The aim is to incrementally expand the referral system to include all other cancer sites/types.

## KEY CONTEXTUAL FACTORS

- Programme is led by the Cancer Care Pathways Directorate (DCCP) within the Department for Health Services of the Ministry for Health.
- DCCP is housed within the Sir Anthony Mamo Oncology Center and Mater Dei Hospital.
- The related policy framework is the National Cancer Plan 2017-2021.

## MAIN IMPACTS / ADDED VALUE

- Provides quicker access to a hospital appointment, reduces patients' anxiety from waiting too long for the first outpatient appointment, and may increase possibility of earlier diagnosis and initiation of relevant treatment.
- Technical value: IT simplification of referral/booking pathway reduces steps that are not useful and introduces others that are more pertinent.
- Societal value: increases social participation/connectedness through increased involvement and participation of GPs in the care of their patients (both at the start and also during the different phases of the cancer journey).

## LESSONS LEARNED

Success factors include:

- Obtaining senior level officials' support and buy-in from stakeholders.
- Obtaining funds for the e-form design and testing.
- Drafting the business plan and mapping the process and information that needs to be forwarded by the referrer, vetting professionals and other involved partners.
- Frequent meetings with involved partners and meticulous testing is imperative to fine tune the system after prototype development.
- Period of piloting with a few GPs before official launch and start of the scaling-up processes.
- Meetings and on-line demonstration sessions with GPs are vital to gain buy-in for proper e-form use.

## REFERENCES & DOCUMENTATION

- [National Cancer Plan 2017-2020, Ministry for Health, Malta \(2017\)](#)
- [Charter of Patient's Rights and Responsibilities, Ministry for Health, Malta \(2016\)](#)
- [Cancer Care Pathways Directorate, Department for Health Services, Ministry for Health, Malta](#)
- [European Partnership for Action against Cancer \(EPAAC deliverables\): <http://www.epaac.eu/final-deliverables>](#)
- [European Guide on Quality National Cancer Control Programmes \(2013\)](#)
- [Boosting Innovation and Cooperation in European Cancer Control \(2013\)](#)
- [Cancer Control Joint Action \(CanCon deliverables\): \[European Guide on Quality Improvement in Comprehensive Cancer Control, 2017\]\(#\) \(particularly Chapter 7 - Survivorship and rehabilitation: policy recommendations for quality improvement in cancer survivorship and rehabilitation in EU Member States\).](#)

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