

## Shared Learning in Suffolk



## Type of Event:

Delay in Diagnosis

## Event:

The Incident relates to a Patient with an infrequently presenting carcinoma, whose diagnosis was delayed. Complaint received from the patient concerning the waiting time for appointment with the Consultant. Patient states that they had not received diagnosis and that their condition had worsened. The Patient mentions potential delay in any necessary treatment and that they had previous treatment for a related condition.



## Notable Practice:

- Honest communication with the Patient
- Patient has been well managed since they have been seen by the Consultant



## Improvement:

The paper and electronic referral system needed to be reviewed to ensure any appointments did not get misplaced.



## Learning:

As a result of this incident the following improvements have been made:

- The referral system to be totally reviewed to understand how paper and electronic forms are managed and then streamline the system
- The updated referral system to manage the patient's pathway to be adopted and understood by the whole team
- The referral system is used in other specialities and they should be made aware of the potential problems if not managed effectively