

INFOFLEX WEB V6

QUICK REFERENCE GUIDE – Viewing a Cancer Pathway

After searching for and selecting your patient you will see the options available to you.

Please select from one of the available options.

Administration:

View Cancer Pathways

CNS/HCP Referral / Patient Contact

View Cancer Care Line

To view the patient's current referrals, click **'View Cancer Pathways'**

You will be met with the referral Summary screen

Please select the patient pathway that you wish to view.

Drag a column header and drop it here to group by that column							
Referral Date	Patient Pathway Identifier	Priority Type	Source of Referral	Current Tumour Site	Primary Diagnosis	Tumour Laterality	Referral Status
26/04/2021	09876543210000929611	Two Week Wait or breast symptoms	Referral from a GP	Lung			CLOSED
23/04/2021	09876543210000929922	Urgent (including screening)	Referral from a GP	VISS			CLOSED
15/04/2021	09876543210000926153	Routine	Other - not initiated by the consultant responsible for the consultant Out-Patient episode	Psychosocial			CLOSED

From the summary screen you can see information such as **'Referral Date'**, **'Priority Type'**, **'Current Tumour Site'** & **'Primary Diagnosis'**. Simply click on a referral row to select.

Once we've selected a referral we are met with the following screen

NHS Number	Person Family Name	Person Given Name	Person Birth Date	Record ID	Contact Details
098 765 4321	Testing	Testing	01/12/1957	0000530922	Pathway Details

« Patient Record
« Pathways
Referral Details
Diagnosis Details
Patient History
Investigations
Treatments
MDT Meetings
Specialist Referral

Save changes

Referral details
Adjustments, Upgrades, Tracking and Management
Escalation & Alternate Pathway Management

Referral Details

CWT006: Priority Type Code	3 - Two Week Wait or breast symp...	Age at Referral	062
Current Hospital Site	RVV01 - WILLIAM HARVEY HOSPITAL (ASHFORD)		
Cancer Status	03 - No new cancer diagnosis identified by the Healthcare Provider		
CR1600: Source of Referral for Out-Patients	01 - Consultant Initiated - following an emergency admission		
Current Tumour Site	1 - Breast		
CWT009: Two Week Wait Cancer or Symptomatic Breast Referral Type	01 - Suspected breast cancer		
Type of Referral	1 - Rapid Access Proforma	Referral made by	1 - Faxed
Referring GP Details			
CWT007: Decision to Refer Date (Cancer or Breast Symptoms)		Decision to Refer to Receipt of Referral	
Referral Request Received Date	08/06/2020	NOGCA: Referral Source	
WHO status at Referral			
CWT003: Patient Pathway Identifier	09876543210000828296		
CWT004: Organisation Identifier (Patient Pathway Identifier Issuer)	RVV01 - WILLIAM HARVEY HOSPITAL (ASHFORD)		
CWT041: Cancer Diagnostic Referral Route			
CWT043: Rapid Diagnostic Centre Pathway			
Symptoms first noted			
Presenting Symptoms			
Referral Notes			

Pathway Start Date	2WW target date	If Faster Diagnosis Standard Target Date	If 62 Day target date	Duration (non adjusted) Referral to First Seen	Duration (adjusted) Referral to First Seen	Referral to 1st Seen Target Being Met?
08/06/2020	22/06/2020 00:0	06/07/2020	09/08/2020	338 Days	338 Days	✗

Every Tab will have sub tabs available to click and View as you can see above. We are on the main 'Referral Details' tab which has three sub tabs branching off it,

1. Referral Details
2. Adjustments, Upgrades, Tracking and Management
3. Escalation & Alternate Pathway Management

This set up is consistent across Infoflex Web V6 and very easy to use and navigate. From this screen we can easily see any of the referral details as well as **Diagnosis Details, Patient History, Investigations, Treatments, MDT Meetings & Specialist Referral**. These can be viewed by simply clicking on the desired tab to view or enter your patient data

Cancer Diagnosis

<< Patient Record	< Pathways	Referral Details	Diagnosis Details	Patient History	Investigations	Treatments	MDT Meetings	Specialist Referral
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Save changes

Diagnosis Details	CWT: Adjustments and Delay Reasons	Cancer Faster Diagnosis Pathway	Risk Factors, Observations & Results
Initial Care Plan Summary	Haem. Diagnosis Details & Staging	HANA Pre-Tx. Assessments	TNM: Final Pre-Tx. & Int. Staging
CWT: FDT (Summary)			

Cancer Diagnosis

Diagnosis Type

New Primary Diagnosis

Record ID

0000844164

CR2030: Date of Diagnosis (Clinically Agreed)

09/06/2020

Current Age

63

>>Age at Diagnosis.

62 Years

Date Patient Informed of Diagnosis

GP Informed within 24 hours?

Date Faster Diagnosis Pathway Stopped

Relative/carer informed?

CR2050: Clinical Nurse Specialist Indication Code

CR6840: Sexual Orientation (At Diagnosis)

CR6230: Site Code (of Diagnosis)

Patient Usual Address at Diagnosis

CR0070: Line 1

The House

CR0070: Line 2

The Avenue

CR0070: Line 3

The Town

CR0070: Line 4

CR0070: Line 5

Postcode

POST CODE

COSD Dataset

User Specified

None - exclude f...

COSD dataset

None - exclude from COSD

Primary Diagnosis

CR0370: Primary Diagnosis (ICD)

C50.9 - Breast, unspecified

CR7600: Primary Diagnosis Subsidiary Comment

Category

8 - Breast

Anatomical Site

Z15.1 - Upper inner quadrant

CR0380: Tumour Laterality

Right

CR0480: Topography (ICD-O-3)

CR0180/CR7010: Morphology (ICD-O-3)

Morphology (SNOMED)

CR0390: Basis of Diagnosis (Cancer)

Diagnosis comment

Diagnosed Disease Status

Local Metastatic Site

Above is the 'Diagnosis Details' tab.

This gives us an overview of the patient's diagnosis and specific details around diagnosis like agreed diagnosis date, the Primary diagnosis type, the Morphology type & date patient informed of Diagnosis.

We can see different sub tabs within the Diagnosis Details tab and patient or tumour data will need to be completed on the appropriate tab depending on tumour groups.

CR2030: Date of Diagnosis (Clinically Agreed) should be completed for all new primary cancers.

CR6500: Date of NonPrimary Diagnosis should be completed for all non-primary cancers

(Please note: CR2030 & CR6500 are conditional fields. You would see which ever one is relevant to this cancer pathway)

CWT: Adjustments and Delay Reasons

Diagnosis Details	CWT: Adjustments and Delay Reasons	Cancer Faster Diagnosis Pathway	Risk Factors, Observations & Results
Initial Care Plan Summary	Haem. Diagnosis Details & Staging	HANA Pre-Tx. Assessments	TNM: Final Pre-Tx. & Int. Staging
Suspension Periods First Treatment Period (31 days)			
Cancer Treatment Target Date	Duration (non adj) Cancer Tx Period	Duration (adj) Cancer Tx Period	Treatment Target Being Met?
CWT035: Waiting Time Adjustment (Treatment)			
CWT036: Waiting Time Adjustment Reason (Tx)			
CWT033: Delay Reason (Decision To Treatment)			
CWT034: Delay Reason Comment (Decision To Treatment)			
Suspension Periods Referral to Treatment Period (31/62 days)			
Cancer Referral to Tx Target Date	Duration (non adj) Referral to Treatment	Duration (adjusted) Referral to Treatment	Referral to Treat Target Being Met?
CWT037: Delay Reason Referral To Treatment (Cancer)			
CWT038: Delay Reason Comment (Referral To Treatment)			
CWT039: Delay Reason (Consultant Upgrade)			
CWT040: Delay Reason Comment (Consultant Upgrade)			

An overview of any delays or adjustments to First treatment. Information on this page is pulled from the patient's treatment event

Cancer Faster Diagnosis Pathway

Faster Diagnosis Pathway					
62 Day Pathway Start Date	Predicted Faster Diagnosis Target Date	Duration (non adjusted) Faster Diagnosis	Duration (adjusted) Faster Diagnosis	CWT103: Cancer Faster Diagnosis Pathway End Date	Faster Diagnosis Standard Being Met?
08/06/2020	06/07/2020	338 Days	338 Days		✗
CWT103: Faster Diagnosis Pathway Date Stopped					
CWT101: Cancer Faster Diagnosis Pathway End Reason					
CWT102: Primary Cancer Site (Faster Diagnosis Pathway)					
CWT106: Cancer Faster Diag. Pathway Exclusion Reason					
CWT109: Org. Site Id (Cancer Faster Diagnosis End)					
CWT107: Care Professional Type Code (Outcome Communication Cancer Faster Diagnosis Pathway)					
CWT108: Method of Communication (End of Cancer Faster Diagnosis Pathway)					
CWT104: Cancer Care Spell Delay Reason (Outcome Communication Cancer Faster Diagnosis Pathway)					
CWT105: Cancer Care Spell Delay Reason Comment (Outcome Communication Cancer Faster Diagnosis Pathway)					
Validation Comment					

This data is to be completed for all 62 day cancer referrals and documents whether or not the patient was informed of diagnosis prior to day 28 of the pathway.

Risk Factors, Observations & Results

Risk Factors	
CR7800: Tobacco Smoking Status	Years Since Stopped Smoking
CR7810: Tobacco Smoking Cessation	Est. Pack Years
Smoking Status	CR7830: Menopausal Status
CR6760: History of Alcohol (Current)	
CR6770: History of Alcohol (Past)	
CR7840: Physical Activity (Current)	
CR7630: Familial Cancer Syndrome	
CR7640: Familial Cancer Syndrome Subsidiary Comment	
Tissue Bank	
CR7700: Banked Tissue at Diagnosis	
CR7710: Type of Tissue Banked at Diagnosis	
Laboratory Results	
	LDH Value
Calcium	Creatinine
CT6520: Alpha Fetaprotein (Serum)	
CT6580: Beta Human Chorionic Gonadotropin (Serum)	
BR4400: Triple Diagnostic Assessment	
BR4500: Fitness Assessment Indicator	
BR4510: Fitness Assessment Date	
BR4520: Clinical Frailty Scale	
BR4530: Abbreviated Mental Test Score	
BR4540: Cardiorespiratory Disease	
BR4550: Other Non-Breast Locally Advanced/Metastatic Malignancy	

Within this page data can be collected such as smoking status or alcohol history depending on the tumour groups requirements.

Initial Care Plan Summary

Initial Care Plan Summary	
Care Plan Agreed Date - 1st Care Plan	
Care Plan Number - 1st Care Plan	
CR0460: Cancer Care Plan Intent	
CR0490: No Cancer Treatment Reason	
CR0470: Planned Cancer Treatment Type	
Performance Status (Adult)	
CR2060: Comorbidity Index for Adults	
CR0430: MDT Discussion Date (Cancer)	
Reporting MDT Discussion Indicator	
CR8210: MDT Lead Clinician	
CR8210 :GMC Code	
Patient Trial Status (Cancer)	
Clinical Trial Treatment Type	
The above fields are populated automatically from the first dated Cancer Care Plan Event.	
Patient on a predefined Standard of Care?	
Date predefined standard of care minuted	
Organisation predefined standard of care agreed	
Holistic Needs Assessment Offered?	
Personalised care plan offered?	
Tumour Specific Details	
Lymph Node Score (for NPI)	
Tumour Size in cms (for NPI)	
BR4120: Nottingham Prognostic Index	

The initial Care Plan Summary writes back from the MDM/Cancer Care Plan event and is a requirement for **COSD**.

In order for details to write back to this event,, the care plan section at the bottom of the discussion panel should be completed everytime a new care plan is created for the patient and the MDM Type is **C – Care Plan**. The care plan event with the earliest date is the data that will be written back to this event. Tumour specific fields that aren't written back to this event should be completed manually when applicable

TNM: Final Pre-Treatment & Integrated Staging

Final Pre-Treatment TNM Staging

TNM Coding Edition (Final Pre-tx)

CR2070: TNM Edition Number

Final Pre-Treatment Staging *

T (Pre Tx)

N (Pre Tx)

M (PreTx)

CR3120: Stage Date (Final Pre-tx)

CR6800: Org. Site Id. (Final Pre-tx)

Enter Final Pre-Treatment

* Item combines COSD items CR0520, CR0540, CR0560 & CR0580

** Item combines COSD items CR0620, CR630, CR0640 & CR0610

Values can be entered here directly or written back from the MDT event.

Final Integrated TNM Staging

TNM Coding Edition (Final Integrated)

TNM Edition Number (Integrated)

Integrated Staging **

T (Staging Type)

N (staging type)

M (staging type)

CR3130: Stage Date (Final Integrated)

CR6810: Org. Site Id. (Final Integrated)

Enter Final Integrated TNM

CR8310: Stage Date (Site Specific Stage)

CR8300: Organisation (Site Specific Stage)

To record 'Pre-Treatment' staging click on **Enter Final Pre-Treatment**

To record Post or 'Integrated TNM Values' staging, click on **Enter Final Integrated TNM**

Clinical TNM Staging

Type of Tumour

8 - Breast

Sub-Diagnosis

BR01 - Breast (Carcinoma)

Coding Edition

1 - UICC

TNM Version Number

8

cT Category

Select an option

cN Category

Select an option

cM Category

Select an option

UICC Stage Grouping

Notes

Reset

Clear

Cancel

OK

The 'Clinical TNM staging' fields will appear and look the same regardless of Pre or Post stage TNM being recorded.

Adding Investigations or Pathology Entries

From the picture below, we can see the **Investigations** tab has been selected. On this panel we can add,

- **Diagnostic Procedures**
- **Laboratory Results**
- **Imaging**
- **Diagnostic Pathology**
- **Post-Operative Pathology**

« Patient Record	« Pathways	Referral Details	Diagnosis Details	Patient History	Investigations	Treatments	MDT Meetings	Specialist Referral
Diagnostic Procedures					+ Add Diagnostic Procedures			
Date Investigation Ordered ▼	Date Performed	Investigation Type	Investigation Sample Taken	Investigation Findings				
12/10/2019	15/10/2019	Surgery						
23/09/2019	23/09/2019	Other						
01/12/2018								
Laboratory Results					+ Add Laboratory Results			
COSD - Laboratory Results - ID ▼	COSD - Creation Date	COSD - Laboratory Result Date	COSD - Organisation (Laboratory Result)					
16/07/2020		16/07/2020	RPA02					
Imaging					+ Add Imaging			
Procedure Date ▼	Trust Site Code	Imaging Modality	Anatomical Examination Site	Anatomical Side	Invasive Lesion Size	TNM		
18/09/2019	RVV01	PET Scan		Left				
11/01/2019		CT Scan						
24/10/2018								
13/10/2018		Mammogram		Right				
12/10/2018								
Diagnostic Pathology					+ Add Diagnostic Pathology			
Report ID ▼	Sample Collection Date	Investigation Type	Result Date	Specimen Nature	Invasive Lesion Size	Morphology	TNM Staging	
2123445566								
2	10/11/2018	Biopsy NOS						
Post-Operative Pathology					+ Add Post-Operative Pathology			
Post Op Pathology ID ▼	Report ID	Sample Collection Date	Investigation Type	Result Date	Specimen Nature	Invasive Lesion Size	Morphology	TNM Staging
No Results Found								

You can view any previous entries simply by selecting the row or add a new entry by selecting the **'+Add'** green button