National Cancer Diagnosis Audit
‘A quality improvement tool with clinical audit components’

Background
This audit was informed and inspired by the two national audits that took place in Scotland. The first audit took place in 2006 - 2007 and involved reviewing all patients diagnosed with cancer in 2005 - 2006; the second took place in 2007 - 2008, relating to patients diagnosed in 2006 - 2007. Engagement with the study was facilitated by the enhanced service component of the General Medical Services Contract. The audit process and outputs motivated repeatable cycles of quality improvement activities (such as repeat audits and Significant Event Analysis), generated influential evidence about the size and nature of the challenge of cancer diagnosis in primary care and led to the development of a suite of audit tools that were subsequently employed to support local service improvement initiatives.

Objectives of the audit
The audit uses primary and secondary care data relating to patients diagnosed with cancer and will start this year by looking at cases diagnosed in 2014. This will help us understand patterns of cancer diagnosis for all cancer types, across the UK.

The audit looks specifically at clinical practice in order to understand:
1. interval length from patient presentation to diagnosis
2. use of investigations prior to referral
3. patients referral pathways

Following the audit, a national report with practice and Health Board level feedback will be published, along with tools and resources for local clinical improvement. Support tools and materials for clinical improvement activities will also be available from CRUK’s Facilitator Team.

Benefits
This National Cancer Diagnosis Audit will:
- Develop a sustained programme of cancer diagnosis audit for a 3 to 5 year period
- Enable earlier diagnosis of cancer, improving outcomes
- Help identify the most efficient use of health care resources
- Link primary care and definitive secondary care data

The data has the potential to be used to highlight diagnostic challenges/good practice across the clinical pathway and strategically to influence policy changes and changes to clinical care, ultimately enabling earlier diagnosis of cancer and in so doing improve outcomes, including the 1 year survival data, a key priority for Health Boards and to identify the most efficient use of health care resources.

Specific uses of the data/audit will include:
Highlighting diagnostic challenges and allowing good practice to be shared.
Cross checking the quality of data routinely collected by the cancer registry.
Influencing policy changes.
Informing local/national health board decisions

For GPs, the audit will assist in:
- Improving outcomes for your patients
- Demonstrating quality improvement for GP appraisal and revalidation
- Identifying patients for Significant Event Audits
- Providing opportunities for case study discussion and peer learning – for complex cases
- Creating improvement plans from local feedback to improve patient care
- Having your say to influence local health board decisions, strategic priorities and inform service improvement

For health boards the audit will assist in:
- Health board capability and local intelligence, to support cancer capacity planning requirements.
- Contributing towards improving local health outcomes, and understanding variation between GP practices.
  - Helping deliver “Beating Cancer: Ambition & Action”
  - Enabling understanding of local good practice for primary care cancer diagnosis and how to support cancer quality improvement for general practice as part of the primary care.

Data collection and transfer
The audit will use both primary and secondary care data, from 10% of GP surgeries in England, Scotland, Wales and Northern Ireland, from patients diagnosed with cancer in 2014, to understand patterns of cancer diagnosis for all cancer types, across the UK.

The cancer registration service (NHS National Services Scotland), which routinely collects hospital data on all cases of cancer, will allow GPs access to data from all of their patients who were diagnosed with cancer in 2014 in a pre populated template. Participating GPs will then securely submit information gathered on their patients. Information will be collected from the period of a patient first presenting with symptoms to their diagnosis, including: consultations, key dates, investigations, symptoms and referrals. Information will also be collected on patient characteristics such as ethnicity, reasons why patients might find it difficult to communicate with a GP, attend the GP surgery and other health conditions.

Information from England, Scotland, Wales and Northern Ireland (pseudoanonymised where appropriate) will be combined at Public Health England’s National Cancer Registration and Analysis Service (NCRAS) and analysed centrally. Analysis will be performed to allow feedback regarding diagnostic pathways and multiple referrals at a national and local level. Local feedback can then be utilised to generate action plans to improve clinical pathways.
13th October 2016, NCDA External Briefing

Information governance and data release requirements for a clinical audit and service delivery measurement tool will be met through having the Public Benefit and Privacy Panel\(^1\) approve the study. Information will be transferred securely between GPs and the cancer registry. The data may, in the future, be used for further audit and research purposes with appropriate approvals being sought for any further research.

**Feedback**

GPs will also receive analysis of their results, comparing the practice against the national average for their diagnostic intervals, number of consultations, referrals, ordered investigations and use of the urgent referral pathway.

A Health Board will receive information on the practices in their area, such as number of practices that participated and population size covered by the audit. If a sufficient number of practices participate the Health Board will also receive analysis feedback on the audit results, comparing the Health Board against the national average for their diagnostic intervals, number of consultations, referrals, ordered investigations and use of the urgent referral pathway.

**Timescale**

The outline timetable is as follows:

- Autumn/winter 2016: GP practice recruitment
- January-March 2017: data collection (managed by NHS National Services Scotland)
- Spring 2017: data analysis completed by the National Cancer Registration and Analysis Service (Public Health England)
- Summer/Autumn 2017: report published and local resources created to support clinical improvement

**Further information**

To register for the audit please email nss.isdndca@nhs.net. For more information, please see www.cruk.org/ncda.

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\(^1\) [http://www.informationgovernance.scot.nhs.uk/pbpphsc/](http://www.informationgovernance.scot.nhs.uk/pbpphsc/)