NG12 Made “Easy”

THE CANCER MAPS

Dr Ben Noble
NG12 – General Changes

- Symptom recognition
- Direct Access Testing
- Reduced threshold for referral
## Symptom Recognition

### Urgent USS for Endometrial Cancer

| >55y/o + vaginal discharge | + >=1 of | ▪ First Presentation  
▪ Thrombocytosis  
▪ Haematuria |
|---------------------------|----------|----------------------|
| >55y/o + visible haematuria | + >=1 of | ▪ Anaemia  
▪ Thrombocytosis  
▪ Raised blood glucose |
NATIONAL CANCER DIAGNOSIS AUDIT

KEY FINDINGS - EAST MIDLANDS

The National Cancer Diagnosis Audit (NCDA) gathered primary and secondary care data for patients diagnosed with cancer in 2014 to better understand patient pathways to diagnosis and, ultimately, improve clinical care and early diagnosis of cancer.

PLACE OF PRESENTATION

Place where the patient first presented with symptoms ultimately attributed to cancer

- At the GP surgery: 60.4% (67.5%)
- Screening: 3.1% (14.3%)
- At age 65: 6.8% (6.9%)
- Questionnaires: 4.6% (5.0%)
- Other places: 5.8% (6.8%)

CONSULTATIONS

Number of consultations in primary care before referral

- <3 consultations: 60.8% (66.2%)
- ≥3 consultations: 24.3% (19%)

TYPES OF INVESTIGATIONS

Primary-care led investigations ordered prior to referral

- Blood test: 34.7% (30.3%)
- Imaging: 15.6% (15.5%)
- Urinary test: 2.1% (1.1%)
- Endoscopy: 1.1% (1.4%)

TYPES OF REFERRALS

Type of referral that led most directly to a diagnosis of cancer

- Urgent (Two Week Wait): 54.7% (53.8%)
- Routine: 7.3% (9.0%)
- Urgent (non-cancer): 3.7% (4.4%)
- Screening: 7.1% (7.3%)
- Emergency: 17.5% (16.6%)
- Other: 4.6% (5.9%)
- Private: 0.9% (1.8%)

Out of a total of:
- 439 GP PRACTICES from the East Midlands area submitted data on
- 17,043 PATIENTS nationally*
- 1,381 PATIENTS to the NCDA

*In the figures below, the national comparator values are provided in brackets.
EMERGENCY REFERRALS

Of those patients referred through emergency (17.5%), the proportion of patients referred by different emergency routes was

17.5%

Patient self-referred
24.8% (25.5%)

Referred as emergency
15.6% (11.3%)

Referred as emergency
15.1% (11.2%)

Patient self-referred
10.3% (10.5%)

Other
4.5% (4.4%)

AVOIDABLE DELAYS

Where avoidable delays occurred

PRIMARY CARE
50.9%

(47.7%)

Colorectal
64.5%

Breast
48.9%

Lung
50%

Prostate
45.2%

Delayed follow-up
Test result/reporting
Appointment
Clinical Appraisal
Test requested/performance
5.0%

(6.9%)

10%

(9.0%)

6.3%

(7.0%)

24.4%

(3.0%)

19.6%

(24.3%)

REFERENCES

1. Unknown place of presentation: 3.3% (3.7%)
2. Patients identified through cancer screening: 6.1% (5.9%)
   Unknown number of consultations: 8.8% (8.9%)
3. Other investigations: 1.6% (2.3%)
   Not applicable: 10.0% (13.8%)
   Unknown investigation status: 1.1% (1.3%)
4. Unknown type of referral: 4.1% (4.4%)
5. Help-seeking delay: 15.5% (14.9%)
   Unknown reason for delay: 1.8% (3.5%)
   Pre-consultation delay: 12.5% (12.3%)
   Unknown place of delay: 1.6% (2.0%)

Caveat: Participation in the NCD had not been mandatory and practices did not request.

PARTICIPATION

The East Midlands’ report covers Cancer West CCG, NHS Nune CCG, NHS South Lincolnshire CCG, NHS South West Lincolnshire CCG, NHS Southern Derbyshire CCG, NHS West Leicester and Rutland CCG, NHS Erewash CCG, NHS Leicester City CCG, NHS Lincolnshire East CCG, NHS Lincolnshire West CCG, NHS Mansfield and Ashfield CCG, NEE CCG, NHS Newark and Sherwood CCG, NHS Nottingham City CCG, NHS Nottingham North and East CCG, NHS Nottingham

SOURCE

National Cancer Diagnosis Audit 2014 Regional Feedback – East Midlands
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Summarising the 2015 NG12 NICE Guidelines

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NICE Guidelines
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NICE Guidelines
1.2 Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over if they have 2 or more of the following unexplained symptoms, or if they have ever smoked and have 1 or more of the following unexplained symptoms:

- cough
- fatigue
- shortness of breath
- chest pain
- weight loss
- appetite loss. [New 2015]

1.3 Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for lung cancer in people aged 40 and over with any of the following:

- persistent or recurrent chest infection
- finger clubbing
- supravacular lymphadenopathy or persistent cervical lymphadenopathy
- chest signs consistent with lung cancer
- thrombocytosis. [New 2015]

1.5 Offer an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over, if:

- they have 2 or more of the following unexplained symptoms, or
- they have 1 or more of the following unexplained symptoms and have ever smoked, or
- they have 1 or more of the following unexplained symptoms and have been exposed to asbestos:
  - cough
  - fatigue
  - shortness of breath
  - chest pain
  - weight loss
  - appetite loss. [New 2015]

1.6 Consider an urgent chest X-ray (to be performed within 2 weeks) to assess for mesothelioma in people aged 40 and over with any of the following:

- finger clubbing
- chest signs compatible with pleural disease. [New 2015]
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NICE Guidelines

Symptoms:
- abdominal pain
- adenopathy
- anaemia
- appetite loss
- ascites
- back pain
- bleeding
- bloating
- blood glucose
- bone pain
- bowel habit change
- bruising
- chest infection
- chest pain
- chest signs
- constipation
- cough
- diabetes
- diarroh
- dyspnoea
- dysphagia
- erectile dysfunction
- fatigue
- fever
- finger clubbing
- fracture
- haematemesis
- haematuria
- haemoptysis
- hepatosplenomegaly
- hoarseness
- hypercalcaemia
- jaundice
- leucocytosis
- leukopenia
- lump
- mass
- night sweats
- organomegaly
- panting
- pelvic pain
- pethelae
- plasma viscosity
- post menopausal bleed
- pruritus
- rectal bleeding
- recurrent infection
- reflux
- shortness of breath
- thrombocytosis
- ulceration
- urinary symptoms
- vaginal discharge
- vomiting
- weight loss
- white cell count
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NICE Guidelines
Cancer Map Pilot – feedback questions

1. For which purpose did you use the maps?
   - Quick reference to NICE guidance
   - To use the search function as a risk decision tool
   - To use with a patient, eg. for reassurance/safety netting
   - As an educational tool

2. Did you learn something new or consolidate existing knowledge?

3. Would you use the tool again in preference to other guidance summaries?
For what purpose did you use this tool?

- 49.1%: As a quick reference to the NICE NG12 guidance
- 31.5%: To use the search function in a clinical setting
- 13.0%: To share with a patient, eg. for safety netting/reassurance
- 6.5%: As an educational aid, eg with colleagues, junior doctors, students, etc.
Did you learn something new or consolidate existing knowledge?

- Consolidation of existing knowledge: 70.9%
- New learning: 29.1%
Would you use this tool again in preference to other NICE NG12 summaries?

- Yes: 91.5%
- No: 1.9%
- Neutral: 6.6%
Cancer Map Pilot – Summary of Results

- **84%** found it useful or very useful as a quick reference tool for NICE guidance
- **82%** found it useful or very useful as a decision support tool
- **42%** found it useful or very useful for sharing with patients
- **86%** found it useful or very useful as an educational aid
<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88%</td>
<td>Increased their knowledge of cancer guidelines</td>
</tr>
<tr>
<td>91%</td>
<td>Felt more confident when making cancer referrals</td>
</tr>
<tr>
<td>76%</td>
<td>Felt more confident when talking to patients about possible cancer indicators</td>
</tr>
<tr>
<td>53%</td>
<td>Made referrals they otherwise wouldn’t have</td>
</tr>
<tr>
<td>97%</td>
<td>Would recommend the tool to other clinicians</td>
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Early diagnosis of cancer is paramount to improving morbidity and mortality.

Cancer diagnosis is a complex, multifactorial process, only part of which is dependent on clinical appraisal.

Diagnostic support can help to improve early diagnosis and tools such as the Cancer Maps have innovative potential.
Next Steps...