AUDIT OF PATIENTS DIAGNOSED WITH CANCER FOLLOWING AN EMERGENCY PRESENTATION IN THE THAMES VALLEY

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INTRODUCTION

Between one in four and one in five people in England with cancer are diagnosed as a result of an emergency presentation (EP). Survival has been shown to be lower for those diagnosed through an EP than any other route. The Thames Valley Audit analysed over 160 Significant Event Audits (SEAs) from more than 70 different GP practices; this audit’s findings provide an in-depth insight and an understanding into this challenging part of the pathway.

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FINDINGS

Thematic analysis of the GP SEAs identified 3 different types of cases:

• those where it would not have been possible to change the route to diagnosis or the outcome (even after SEA reflections)
• those where an earlier and different route to diagnosis could have been possible but where prognosis was likely to have been the same; however, the patient’s experience may have been improved
• those where missed opportunities for an earlier diagnosis and potentially a better prognosis were identified

The factors which led to the EP were grouped into three broad areas:

• tumour
• person
• health care system/health care professionals (including primary and secondary care)

An overview of the factors identified leading to an emergency presentation can be seen in Figure 1. This thematic map of the causal mechanisms found to underpin the SEAs used in this audit. The individual paths to the EP were diverse across the sample, some experiencing only one reason why the diagnosis came through an emergency route while others experienced many reasons. Tumour and system factors seemed particularly relevant for determining the EP route.

For nearly 80% of the cases an index consultation* was identified. In the year leading up to the diagnosis there were an average of 8-9 consultations. The symptoms described in the consultations prior to diagnosis are shown in Figure 2. People presented to primary care with a range of symptoms, most commonly abdominal, respiratory or generalised systemic symptoms such as weight loss. Symptoms experienced ranged from vague or atypical symptoms to recognised red flag symptoms. Most patients had had contact with primary care before the EP.

*An index consultation was defined as the consultation where a first sign or symptom of the future diagnosed cancer was presented to the GP practice

CONCLUSION

Not all emergency presentations of cancer can be prevented. The findings of this project identified some cases where it may have been possible to establish diagnosis earlier. Earlier diagnosis of cancer and avoidance of emergency presentation could contribute to a less traumatic experience for the patient and their family, even in cases where the overall prognosis is poor. A number of factors may contribute to the likelihood of cancers being diagnosed via an EP. Some factors may be modifiable by changes in professional practice, but it is vital that patients are also fully engaged to maximise the opportunity for earlier diagnosis.

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