What is the NCDA?
• The National Cancer Diagnosis Audit, or NCDA, is a partnership project led by Cancer Research UK and Public Health England in collaboration with NHS England, the Royal College of General Practitioners and Macmillan Cancer Support
• Combining data from Cancer Registries with data collected directly from primary care, the NCDA enhances our understanding of patient pathways to cancer diagnosis along the cancer care continuum
• The audit seeks to provide new insights that inform quality and service improvement activities that in turn help to diagnose cancers earlier and improve cancer outcomes in future

Why have a national audit about cancer diagnosis?
• While data on cancer diagnoses are available at national level from secondary care (e.g. Cancer Waiting Times data), there is a paucity of national level data that include the primary care portion of patient pathways to cancer diagnosis, despite the fact that the GP is the first port of call for the great majority of patients and has a pivotal role to play in the early diagnosis of cancer
• In 2015, the Cancer Taskforce in England recommended “NHS England should commission a rolling programme of national clinical audits for critical cancer services […] and oversee an annual audit of cancer diagnosis” [Recommendation 82]
• In 2018, the Prime Minister announced an ambition to diagnose 75% of cancers at stage 1 and 2 by 2028 as part of the NHS Long Term Plan
• In 2019, in the Five Year Framework for GP Contract reform, NHS England committed to ‘develop a QOF Quality Improvement module for national use in 2020/21 to help practices and networks understand their own data, and work through what they can do to achieve earlier diagnosis.’ [Section 6.28]
• The NCDA seeks to partially fulfil the Cancer Taskforce recommendation, evidencing the contribution of primary care to cancer diagnosis, and supporting progress towards the Prime Minister’s ambition
• By taking part in NCDA in 2019/20 practices will gain valuable insights into pathways to cancer diagnosis at practice and network level to inform targeted, impactful QI activity going forwards

Why should you take part?
• Free tailored practice reports produced for each practice by PHE
• Improve cancer care and outcomes for your patients
• Understand how your practice compares to other services
• Highlight and evidence good practice
• Identify diagnostic challenges and areas for quality improvement
• Demonstrate audit and QI activity for GP appraisal and re-validation
• Demonstrate contribution to national audit for CQC inspection

Who can contribute to the NCDA?
• It is up to each practice how they decide to take part in the audit – whether all GPs review their own patients, whether they review each other’s’, or whether one GP leads on this on behalf of the others
• It is recommended that GPs take the lead in entering and submitting data to the NCDA as a degree of clinical expertise is required during data entry
• GP Trainees and Registrars, as well as medical students on placement, are encouraged to support the audit data collection under supervision, and will be able to request certificates confirming their contribution
• Other members of practice staff (practice managers, nurses etc.) may support aspects of the audit, including assigning eligible patients to users inside the system, reviewing reports etc.

Do you need patient consent?
• No, this is not required as the audit data is being collected under the S251 held by PHE by virtue of regulation 2 of the Health Service (Control of Patient Information) Regulations, permitting the collection of identifiable patient information relating to patients referred for the diagnosis or treatment of neoplasia for purposes of surveillance and analysis of health and disease by Public Health England
## How does it work?

### From 18th Feb 2019
- **Audit opens**: practices an register for the NCDA via [https://nww.canceraudit.phe.nhs.uk](https://nww.canceraudit.phe.nhs.uk) (note: this link will only work from NHS networked computers)
- The first person from any practice to register should be a GP, but once a practice account has been set up by a GP, they can then add other staff (incl. non-GP staff) to the practice account from inside the portal – there is no limit on the number of users per practice
- In February and March 2019 practices get set up with accounts, but no data will yet be collected; when users log in there will not be any patients on the practice list (until data collection starts in April)
- Registration will remain open for the duration of the entire data collection period

### From Apr 2019
- **Data collection begins**: eligible patients from a practice identified through the Cancer Registry will appear on the practice’s portal account (in ‘See My Patients’) on a month-by-month basis
- The cohort to be audited for the NCDA 2019 is patients diagnosed between January and December 2018
- Registered users will receive monthly email alerts if new patients are added to the portal account and be encouraged to log in and submit data
- Data collection will be on a monthly basis for 12 months (an average practice with 7,500 list size would expect between 3-4 patients per month – exact figures will vary)
- GPs will enter data on patient characteristics, consultations, key dates, investigations, signs & symptoms, referrals and pathways
- Completing the audit for one case takes approx. 15 minutes (simple cases can be quicker, complex cases can be longer)

### Oct and Nov 2019
- **Interim report production and dissemination**: data collected April to September 2019 will be cleaned and analysed by staff at PHE who will then produce NCDA Feedback Reports summarising the main data variables and findings
- In November 2019 all GP practices that have registered for the audit and submitted data to PHE will be issues with a tailored interim practice report (these are confidential to the practice and will be disseminated through the secure online portal); practices are encouraged to reflect on their interim findings
- CCGs, Cancer Alliances and STP will also receive interim reports (if at least 10 practices from the local area submitted data to the audit)

### March 2020
- **Data collection period complete**: at the end of March 2020 a full annual dataset will be available and ready for analysis

### Apr and May 2020
- **Full report production and dissemination**: data collected over the 12 month audit period will be cleaned and analysed by staff at PHE who will then produce the full NCDA Feedback Reports summarising the main data variables and findings
- In May 2020 all GP practices that have registered for the audit and submitted data to PHE will be issues with a tailored practice report (these are confidential to the practice and will be disseminated through the secure online portal)
- CCGs, Cancer Alliances and STP will also receive full reports (if at least 10 practices from the local area submitted data to the audit)

### From May 2020
- **Quality improvement activity**: practices are encouraged to look at their tailored NCDA reports, individually and/or at primary care network level to reflect on the findings, highlight examples of good practices, and identify and prioritise areas for quality improvement activity
- Support from CRUK Facilitators, CRUK GPs and Macmillan GPs is available to support practice discussions about NCDA reports and QI planning
- Resources from audit partners, including the RCGP, are available to support QI activity

More at [www.cruk.org/ncda](http://www.cruk.org/ncda)