Significant Event Analysis of Lung and Colorectal Cancer in Hull (and safety netting!)

Daniel Jones
Understanding diagnosis of lung cancer in primary care:
qualitative synthesis of significant event audit reports
The role of primary care in cancer diagnosis via emergency presentation: qualitative synthesis of significant event reports

E D Mitchell*,1, G Rubin2, L Merriman3 and U Macleod4
# Improving Diagnosis of Cancer

## A Toolkit for General Practice

E. Mitchell, G. Rubin & U. Macleod

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### Significant Event Audit of Cancer Diagnosis

**Cancer SEA Report Template**

<table>
<thead>
<tr>
<th>Diagnosis:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of diagnosis:</td>
</tr>
<tr>
<td>Age of patient at diagnosis:</td>
</tr>
<tr>
<td>Sex of patient:</td>
</tr>
<tr>
<td>Is the patient currently alive (Y/N):</td>
</tr>
<tr>
<td>If deceased, please give date of death:</td>
</tr>
<tr>
<td>Date of meeting where SEA discussed:</td>
</tr>
</tbody>
</table>

**N.B.** Please DO NOT include the patient’s name in any narrative

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## 1. What Happened?

Describe the process to diagnosis for this patient in detail, including dates of consultations, referral and diagnosis. Consider for instance:

- The initial presentation and presenting symptoms (including where it falls within primary care).
- The key consultation at which the diagnosis was made.
- Consultations in the year prior to diagnosis and referral (how often the patient had been seen by the practice and for what reasons).
- Whether s/he had been seen by the Out of Hours service, at A&E, or in secondary care clinics.
- If there appears to be delay on the part of the patient in presenting with their symptoms.
The Practices

Eastgate Medical Group

Church View Surgery

The Hedon Group Practice

Orchard 2000 Medical Centre

The Ridings Medical Group

New Hall Surgery
Oakfield Court Cottingham Road
Bowel Cancer
Presenting symptoms
Lung cancer
Presenting complaint

Cough
SOB
Chest Pain
Increasing sputum
Weight loss
Loss of appetite
Wheeze
Haemoptysis
Generally unwell
Tiredness
Night sweats
Headache
Dizziness
Hoarse Voice
Abnormal bloods

Number of patients
WHAT ARE YOU REALLY THINKING ABOUT JUST NOW?
Aim

• Three questions
  – What is safety netting?
  – When should safety netting be used?
  – What information should safety netting contain?
Question 1

What is safety netting?
UNCERTAINTY AHEAD
information
TIME FOR REVIEW
“To me, safety-netting was primarily a mind-set thing, a little voice whispering, ‘Remember you’re fallible, and don’t let this patient come to harm as a result.’

I hope the little voice isn’t now saying, ‘Write it all down, spell it all out, and you’re covered.’

No, of course it isn’t; it’s saying both. Isn’t it?”

-Roger Neighbour
Question 2

When should safety netting be used?
I think about you all the time
Question 2

When should safety netting be used?
MULTIMORBIDITY

When someone has two or more long-term health conditions.

NICE National Institute for Health and Care Excellence
Question 3

What information should safety netting contain?
Grazed knee.
Sore throat.
Cough.
Stock your
medicine cabinet.

Self-care

Unwell?
Unsure?
GP surgery closed?
Need help?

NHS 111

Diarrhoea.
Runny nose.
Painful cough.
Headache.

Pharmacy

Vomiting.
Ear pain.
Stomach ache.
Back ache.

GP surgery

Choking.
Chest pain.
Blacking out.
Blood loss.

Scunthorpe Hospital
A&E or 999
Emergencies only
PLAN:
Other components

Written information
Patient’s contact details
Information on referrals
Follow up of “Did not attends”
Legitimising repeat visits
Back to Significant Event Analysis!
BE CLEAR ON CANCER
• 37 (31%) patients had a CXR which was negative for lung cancer.

• A negative CXR significantly increased median time to diagnosis with a fivefold increase in time to referral.

• A detailed review of cases showed that negative CXRs seemed to divert the GPs attention away from the possibility of lung cancer with multiple trials of treatments, routine referrals and referrals to other specialities being made.
MULTIMORBIDITY

When someone has two or more long-term health conditions.

NICE National Institute for Health and Care Excellence
Perhaps stress are provided in fish exposed to pollution mixture which may be occurring. Additional parameters (Livingstone et al., 1992) but are not always taken into account. Possibly obscuring real differences.
POSITIVE!
I am still learning

michelangelo
<table>
<thead>
<tr>
<th>Learning point</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety netting is important when managing patients with red flag symptoms, arranging investigations and sending referrals</td>
<td>39</td>
</tr>
<tr>
<td>Know the NICE guidelines on the recognition and referral of cancer and the red flags</td>
<td>26</td>
</tr>
<tr>
<td>Have a robust system for dealing with the results of investigations</td>
<td>17</td>
</tr>
<tr>
<td>A careful examination should be undertaken and documented in patients presenting with abdominal symptoms</td>
<td>15</td>
</tr>
<tr>
<td>Patients presenting multiple times with similar symptoms should be monitored</td>
<td>6</td>
</tr>
<tr>
<td>Have a low threshold for investigating patients who present infrequently</td>
<td>6</td>
</tr>
<tr>
<td>Patients with significant comorbidities, may present late or have new symptoms labelled as part of their existing disease</td>
<td>6</td>
</tr>
<tr>
<td>Investigate patients with iron deficiency anaemia and know the local referral pathway</td>
<td>4</td>
</tr>
<tr>
<td>Good communication with secondary care can improve diagnosis times</td>
<td>3</td>
</tr>
<tr>
<td>Do not be reassured by normal blood results when a diagnosis of colorectal cancer is suspected</td>
<td>3</td>
</tr>
<tr>
<td>Ensure patient contact details are correct when organising investigations and referrals</td>
<td>2</td>
</tr>
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<td>Frequency</td>
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<td>---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------</td>
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<td>Safety netting is important when managing patients with red flag symptoms, arranging investigations and sending referrals</td>
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<tr>
<td>Have a low threshold for requesting chest x-rays, particularly in current or ex-smokers</td>
<td>34</td>
</tr>
<tr>
<td>Know the NICE guidelines on the recognition and referral of cancer and the red flags</td>
<td>22</td>
</tr>
<tr>
<td>Patients presenting multiple times with similar symptoms should be monitored</td>
<td>19</td>
</tr>
<tr>
<td>Have a robust system for dealing with the results of investigations</td>
<td>17</td>
</tr>
<tr>
<td>Be aware that chest x-rays can be negative even in patients with cancer</td>
<td>14</td>
</tr>
<tr>
<td>Patients presenting to A&amp;E or OOH should be monitored and reviewed as needed</td>
<td>11</td>
</tr>
<tr>
<td>Have a low threshold for investigating patients who present infrequently</td>
<td>9</td>
</tr>
<tr>
<td>A careful examination should be undertaken and documented in patients presenting with chest signs</td>
<td>7</td>
</tr>
<tr>
<td>Have a system in place to monitor investigations that have been requested and to chase up patients who do not attend</td>
<td>6</td>
</tr>
<tr>
<td>Good communication with secondary care can improve diagnosis times</td>
<td>6</td>
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<tr>
<td>Document and record smoking status in patients presenting with chest symptoms</td>
<td>3</td>
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