BACKGROUND
The National Cancer Diagnosis Audit (NCDA) combined data from primary care with Cancer Registry 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.

- **439 GP practices** from across England
- **17,042 records** of cancer diagnoses

METHODS
In May 2017, each participating practice was offered:
- A tailored feedback report on their audit data (with relevant comparators)
- A Quality Improvement Toolkit support from dedicated staff (Cancer Research UK Facilitators) and peers (Macmillan GPs)

EVALUATION
Feedback discussions and clinical quality improvement activity as a result of the NCDA were evaluated in two surveys and through gathering of anecdotal feedback and case studies.

Over 400 “Quality Improvement Toolkits for the Early Diagnosis of Cancer” were given out to practices and two successful Quality Improvement events were held in Reading and Wakefield with more than 30 GPs attending.

In the 6 months following release of the reports, Cancer Research UK facilitators had over 75 meetings\(^1\) to discuss the NCDA with practices, Clinical Commissioning Groups (CCGs) and other key stakeholders.

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<th>Feedback Comments</th>
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<td>“It was very useful to me even as a cancer lead – able to network and share thoughts – thank you!” – Attendee in Wakefield</td>
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Following practice visits\(^2\):
- Over two thirds of facilitators (69%) felt that practices had a better understanding of their NCDA results
- Nearly half of facilitators (44%) reported that practices that had been visited had made changes, or were planning changes, based on the audit feedback

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<td>“Visiting practices to discuss NCDA data was always a positive experience, and has led to further engagement from practices” – CRUK facilitator</td>
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Following the audit\(^3\):
- Eighty per cent (80%) of GPs reported that the audit had helped them to identify good practice
- Sixty per cent (60%) of GPs felt they now had a better understanding of how their practice benchmarks to others
- Over half (52%) of GPs reported that they had identified diagnostic challenges through the audit
- Several GPs used the audit as evidence for CQC inspection or appraisal/revalidation

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<td>“I found the whole process incredibly easy and very informative. The information gathered highlighted good practice and areas that require improvements to help change future practice and improve patient care” – GP</td>
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QUALITY IMPROVEMENT

Many practices that took part in the NCDA identified diagnostic challenges and areas for quality improvement. Changes made in practices following the audit most often focused on:

**Referral behaviours and processes**

**Impact:** 50% of facilitators reported that practices in their area had gained learning about and made changes to referral behaviours.

**Example activities:** review of referral forms, staff training about urgent referral criteria, and tracking of two week wait referrals.

The practice had already discussed 5 cases highlighted in the audit, which covered issues of clinical appraisal and delay. Each week the practice will now discuss one of the NG12 referral forms to ensure understanding.

— CRUK facilitator

**Safety netting protocols**

**Impact:** 47% of facilitators reported that practices in their area were planning to make changes to improve safety netting protocols.

**Example activities:** written safety netting advice for patients, and improved recording of safety netting by GPs.

The need for more robust questioning of symptoms and reporting of safety netting decisions and advice was acknowledged. We are also using written safety netting advice which is handed to patients regarding their referral.

— GP

**Bowel screening uptake**

**Impact:** 43% of facilitators reported that practices in their area planned to take action to increase bowel screening uptake.

**Example activities:** active follow-up of screening non-responders, upskilling staff to discuss bowel screening, and sharing bowel screening info in waiting rooms.

I visited [GP practice] to discuss its audit results. The practice had 10 colorectal diagnoses in 2014, several of which were diagnosed in A&E. The practice wants to look at increasing bowel screening as a result.

— CRUK facilitator

Nearly 9 out of 10 GPs (88%) said they would be interested in doing the audit again.

This is a good exercise, as part of reflective practice process and good clinical practice.

— GP

Other learning and changes reported included more robust follow-up procedures for test results, better symptom recognition, and improved conversations with patients.

When doing the audit we realised our follow up process for abnormal blood test results could be tightened up.

— GP

REFERENCES:

1. Data from Facilitator Activity and Insights Reporting System (FAIRS)
2. Survey of Cancer Research UK Facilitators in November 2017 (n=42)
3. Survey of GPs who had participated in the audit November and December 2017 (n=25)

Caveat: Participation in the NCDA was not mandatory.

Source: National Cancer Diagnosis Audit 2014