National Cancer Diagnosis Audit: Final Report Guide for GPs

What is an NCDA report and who receives this?
Your final report summarises the data your practice submitted to the NCDA. It enables you to benchmark how your practice is doing compared to practices that took part in NCDA nationally, as well as practices in your Cancer Alliance. All practices that submitted data to the NCDA receive a report, regardless of how many audits they completed.

How do I access my report?
NCDA reports have been uploaded to the NCDA portal and you can log in and download your report and data tables from there. To download your report, log into https://nww.canceraudit.phe.nhs.uk/ with your username and password and follow the steps below:

What is included in reports?
Reports include information on the following key data items collected in the audit:

- Cancer types and stages
- Place of presentation
- Number and reasons for multiple consultations
- Number and types of primary care-led investigations
- Referral pathways, incl. emergency referral pathways
- Primary care interval (time from first presentation to referral)
- Diagnostic interval (time from first presentation to diagnosis)
- Safety netting
- Avoidable delays
- Demographics

Reports also include a national comparator (i.e. a comparison to the nation-wide NCDA dataset) as well as other relevant comparators where available.

Who will see my practice’s report?
NCDA reports are confidential to each practice and not shared by PHE with any other organisation, including CCGs or Alliances. Your report belongs to you and you can choose how to use it.

As there is no patient identifiable data in the reports themselves, the NCDA team encourage you to share it with a Cancer Research UK facilitator/GP or Macmillan GP, who can help you reflect on the findings. You are also encouraged to share insights, learning and case studies from the audit with colleagues in your PCN, and more widely, e.g. with patients, where you had learning that could improve practice processes and/or patient care to ensure cancer is diagnosed as early as possible.
How do I make the most of my report?
The Summary pages at the beginning of your report are a great starting point to understand how the practice compares overall and to identify areas for more in-depth discussion. The criteria & standards included towards the back of the report can also help gauge how your practice is doing. The individual sections of the report, which follow the summary, present more detailed information about your data, which you can delve into where this is of interest, e.g. where your practice appears to stand out or differ from national or other comparators, or is not reaching the best practice criteria and standards outlined at the back of the report.

Cancer Research UK facilitators are trained to support general practice to review and act upon findings of audits, including the NCDA. Where there is capacity, they can discuss NCDA findings, support reflective activity, provide resources and materials, and facilitate quality improvement planning, if relevant. To find out more: www.cruk.org/facilitators

What next?
Using your NCDA report to support QOF QI activity:
Your NCDA report can highlight potential areas for improvement and act as a baseline of cancer referrals in 2018, prior to the covid-19 pandemic. The QOF Quality Improvement domain for early cancer diagnosis (amended in Sept 2020) recommends practices focus their QI activity on: recovery of cervical screening uptake, building public confidence, improving referral quality and effective use of cancer pathways, and implementing robust safety netting systems.

Your NCDA report where changes can be made in practice to improve the recognition and referral of patients with suspected cancer or identify a need to tighten up safety netting protocols. Once you have implemented a change, the NCDA data can act as a baseline, which you can use to show improvement as a result of your QI activity for QOF reporting.

Using your NCDA report to support work for the cancer early diagnosis PCN Service Specification:
Aligned with the recommended QI activities in the QOF, the PCN DES encourages practices to work together to improve referrals for suspected cancer, as well as local screening uptake, and to build a community of practice. Presenting insights and case studies from NCDA to your PCN, e.g. at a PCN meeting, will help you review current referral practice as a group, and ensure that learning and best practice are shared. If you have also received a PCN report from NCDA, discussing this together with individual practice reports will highlight variations in practice and drive best practice across the PCN.

Can I give feedback about the audit and reports?
Yes, you can complete a survey on the NCDA at www.smartsurvey.co.uk/s/NCDA_HCPs and you can also contact the NCDA central team ncd@cancer.org.uk or a Cancer Research UK facilitator/GP if you have any feedback about the NCDA and/or suggestions for improvements.

Useful Resources:
Quality Improvement:
GP Contract Hub: www.cruk.org/GPcontract
CPD-accredited QI) screencasts: www.elearning.rcgp.org.uk/course/view.php?id=336
Further Education on Cancer for GPs:
Cancer Research UK education offers: www.cruk.org/hponelearning
Gateway C: www.gatewayc.org.uk
Cancer Referral Guidelines:
NICE NG 12 and supporting resources: www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/nice-cancer-referral-guidelines
Further audit, SEA and referral resources:
www.cancerresearchuk.org/health-professional/diagnosis
www.cruk.org/hpcovidhub