National Cancer Diagnosis Audit

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Why take part?

• Better understand the local scale of cancer prevalence and the challenges involved in early diagnosis
• Help identify the best way to use local resources
• Personal interest in research and audit
• Gain insight into individuals referral habits
Demographics

• Urban population 14182 patients in 2014
• 2 sited practice in Hampshire –Surrey border
• High deprivation index
• 17% of population are smokers
• Obesity above national average
• 1 in 10 patients is Nepali
NCDA findings

- 72 cancer diagnosis (70 patients)
- 0.5% of practice population
- 1 patient excluded—not registered at the practice
- 1 patient missing from original data
- 2 patients were diagnosed with 2 different cancers
- 53% Female / 88.7% White ethnicity
Mortality + other stats

- 18.6% (27) patients died within 2 years of presentation
- 2 died while I was undertaking the audit
- 2 moved away from the area
- 2 were not recorded as cancers on EMIS – interestingly both were early cancers
- 6 patients were identified as having delay in diagnosis
Emergency presentations

- 1 of 6 patients still alive
- Average survival post diagnosis between 12 and 99 days (median 40 days)
- One patient could have been prevented
National Cancer Diagnosis Audit

Cancer Type

Number of patients

Cancer Type

- Colorectal
- Oesophagus
- Prostate
- Urinary tract
- Head and neck
- Testes
- Lung
- Melanoma
- Haematology
- Breast
- Kidney
- Biliary/Pancreas
- Ovary
- Ca unknown
Number of Two Week Rule cancer diagnosis Referrals by GP

To ensure the right care, at the right time, in the right place for local people
Strengths

• At least a few interested GPs
• Already existent consultant fast-track pathway locally (CXR, Breast uss)
• DXS/IT solutions
Weaknesses

- GP vacancies/ retention of GP’s
- High practice staff turnaround
- High use of locum Dr’s
- Local trust issues with capacity- direct access to investigations
- Radiologist shortage
Opportunities

- New straight to test referral pathways
- Working with cancer alliances/STPs to improve cancer services locally
- Using Apps. MJOG, e-mails as a way to spread health related messages
Threats

• Merging practices
• Increased referrals following national campaigns (Be clear on cancer)
• Poor communications between CCGs and secondary care trust
Personal reflection

Never do NCDA alone!

- Learned that GP referral practice varies widely
- Learned a lot about patients individual cancer journeys
- Learned secondary care and primary care systems don’t “talk to each other”
- Patients fall out of follow up, if not acutely unwell
Quick wins for the practice

• Create and update a Cancer Register- mapping out patient’s journey from referral to diagnosis
• Create a safety- netting protocol/system, i.e. Qcancer follow up consultations
• Encourage SEA in early diagnosis
CANCER RISK ASSESSMENT TOOLS

ANAEMIA FOR COLORECTAL CANCER

Table 3: NNH for colorectal cancer of haemoglobin result taken in primary care in men by age group and sex (with 95% CI)

<table>
<thead>
<tr>
<th>Age group</th>
<th>10-14</th>
<th>15-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
<th>NNH 95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-19</td>
<td>602</td>
<td>14.86</td>
<td>5.92</td>
<td>8.01</td>
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<td>6.10</td>
<td>5.16</td>
<td>3.80</td>
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<tr>
<td>18-29</td>
<td>45.5</td>
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<td>45.0</td>
<td>45.0</td>
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</tbody>
</table>

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CCG Hat on!

• Working closely with secondary care colleagues in Implementing National Lung Pathway
• Working with neighboring CCG leads in delivering education to A+E doctors in directly referring suspected cancer patients to avoid delays in diagnosis
• Sustainable Cancer Pathways via STP’s
“We need to prepare for our audit. Organize a game of dodge ball!”
IT lead Hat on!

- EMIS library > Clinical utilities > Third sector > Macmillan Morphology audit! Identified 112 wrongly coded cancers (only 30 made it on the QOF register) > Increased prevalence by 0.5%

- Quality improvement – Clinical decision tools/ Safety alerts/ QOF validation data
Thank you for your time

Questions?

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