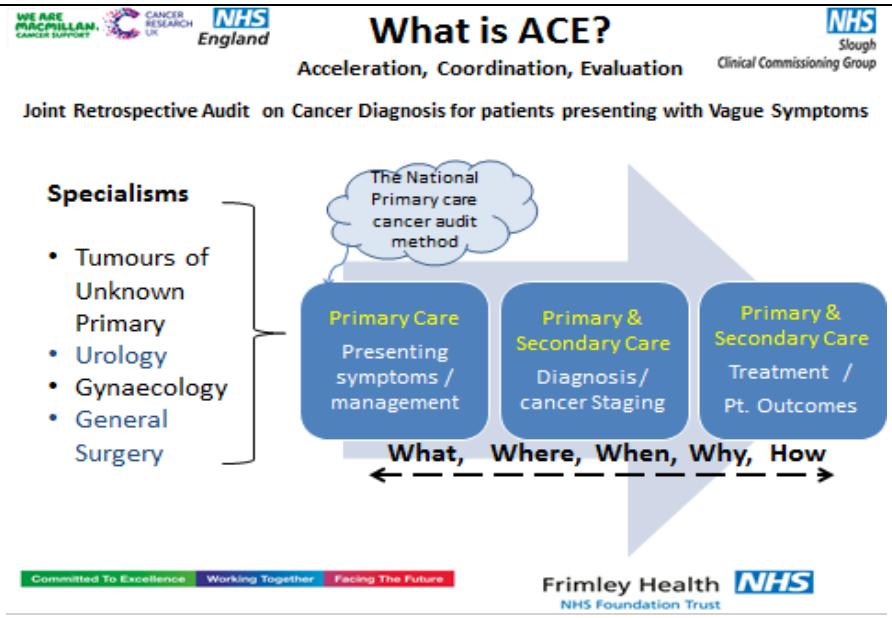
Project Reporting & Evaluation Framework

ACE Vague Symptoms Projects

	TOPIC	CONTENT
1	**Overview**	Provide a brief introductory overview to the purpose of project and content of the report. The aim of the project is to improve earlier cancer diagnosis through refined referral criteria, for patients who present with non-alarm symptoms (vague) including the prioritisation of cancer types that would benefit from GP direct access to diagnostics. It is hoped that these future changes will then lead to improved overall Slough cancer diagnostic rates, reduced emergency cancer presentations and improve the overall quality of referrals into secondary care. Provider benefit realisation include improved demand management, wait times, staff experience, reducing the cost of operations whilst promoting integrated working between Acute and Primary Care clinicians. In summary: • To identify evidence of need for GP direct access to diagnostics • To refine / develop local referral criteria for patients who present with vague symptoms ➢ Routine referrals ➢ direct access to diagnostics • Frimley Health require the identification of pathway improvement areas, for service development
2	**Context**	Provide background information on why you conducted the project. What was the Case for Change? Why was the project important locally e.g. late diagnosis, first presentation at A&E, poor survival? Local data where possible. The national cancer intelligence network (NCIN) benchmarking data showed that 5.7% of Slough GP two week wait referrals deliver a diagnosis of cancer, compared to the national average of over 10%. In response to this Slough CCG decided to investigate referral rates into Frimley Health, Heatherwood and Wexham Park Hospital (HWPH) by specialism and found significant variations in volume by Slough practices. Based upon this evidence, it has been proposed that Slough CCG and Frimley Health Wexham Park Hospital collaboratively prioritise four clinical areas (Gynaecology, Urology, General Surgery, and Tumours of unknown primary) in which to observe the patient journey to identify areas for improvement. The influencing factors in prioritising these clinical specialisms covered: • The level of demand – high volume speciality • The staff capacity and capability (skill mix) to cope with current demand • Value for money / reduction in cost inefficiencies • The motivational level of the clinical team for change

		• A known area for clinical transformation (supported via the transformation budget line to pay consultant time) Hence, the chosen clinical pathways represented areas where benefit realisation would be fully appreciated by all stakeholders for ease of implementation, whilst demonstrating substantial change improvements, for commissioners, health professionals and patients.
3	**Aim and Objectives**	*The agreed plan for the implementation of the national Cancer Research UK (CRUK) Acceleration, Co-ordination and Evaluation (ACE) programme.* The key aspects of the project include: • The first phase (revised timescales - October 2015 to March 2016) involves the completion of the Primary Care Cancer Audit which covers the analysis of the overall patient journey from pre-referral, referral investigations, diagnosis through to treatment outcomes, looking at timelines between key care episodes compared against cancer stage at diagnosis • The second phase (revised timescales - April 2016 – October 2016) involves the joint peer review (GP and Consultant) of the same cases reviewed in Phase 1, from a Secondary care perspective to identify areas for, referral pathway redesign, health professional education and where direct access to diagnostics would be most needed. The slide below shows the specialist areas that will form part of the audit:

		
4	**Description of new pathway or service** **or** **Description of research or audit undertaken**	<u>New pathway or service</u> Describe the pathway / service including referral criteria, exclusions, triage, diagnostic tests. Describe activities needed to implement the pathway e.g. GP training and engagement, public engagement, new staff/resources, new referral forms or procedures. Describe the research or audit methodology used. Include IG issues. Four clinical specialist areas have been audited by a clinical lead in primary care (phase 1). The next stage is to perform joint GP/consultant case review. The plan was to audit up to 100 patients per pathway (up to 400 patients in total), however this was dependent on the number of cancers diagnosed last year and the numbers of patients who consent to be involved. Project deliverables for Phase 1 (October 2015 – March 2016) included: • GP Practices recruited to take part in the audit • Stakeholders brought together and the Project initiated • Information Governance issues addressed; Patient and Next of Kin letters produced and Patient Information leaflet designed. • CSU requested to generate list of up to 400 patients who are registered at Slough practices that have had a diagnosis in the previous 12 months of one

of the following cancers:

- Urological (e.g. Prostate, Kidney, Bladder, Testis, Male genital)
- Upper and lower gastrointestinal tract (e.g. Oesophagus (food pipe), Stomach, Pancreas, Bowel)
- Gynaecological (e.g. Vulva, Cervix, Ovary, Uterus, Endometrium)
- Tumours of Unknown Primary Origin (e.g. unspecified small intestine, Uncertain Prostate, unspecified Pancreas, ill-defined digestive system)

- CSU also identified which patients had passed away.

- The lists were sent to the Practices, who then sensitively reviewed the list to ensure that inviting the person or their family member remained appropriate

- The practices involved were then responsible for sending out the invitation to participate letters; consent form and an information leaflet, thereby achieving patient consent to share NHS numbers between the GP's involved and with Secondary Care.

- The audit spreadsheet prepared by the project manager for completion by the assigned auditors.

Phase 2 of the project is now underway (April 2016 – October 2016) and includes:

- Joint GP / Consultant case reviews of patients' journey within secondary care, with the recommendation on how future patient journeys can be improved through service redesign and referral management processes that will inform future commissioning intentions. This will involve the same patients audited in Phase 1 and so represents a continuation of analysis of the patient journey.

- Data requirements include:
  - List of investigations and dates
  - Information requirements used to make a diagnosis
  - Where did the patient finally attend before diagnosis?
  - What was the cancer stage at diagnosis
  - Whether the cancer staging performed reported to GP
  - Staging data requirements
  - Treatment received
  - Reconciliation of secondary care reporting with that of primary care findings
  - Making a jointly agreed judgement on the appropriateness of care delivered across the whole length of patient journey
  - Noting key lesson learnt for improvement and how things can be done differently

<table>
<tr><td></td><td></td><td>A decision has been made to halt the project at phase 2. The project has not moved forward for 6 months despite repeated efforts from the project manager.
The intention was to perform joint case reviews with hospital consultants, but this has not been organised. It was decided that the data would not available within the timeframes required by NHS England.</td></tr>
<tr><td>5</td><td>Date and time period of intervention and data collection.</td><td>Data collection Jan 2016 to October 2016.</td></tr>
<tr><td>6</td><td>Analysis</td><td><u>New pathway or service</u>
Describe how the service was evaluated* e.g.
Metrics / outcome measures
GP Survey
Patient Survey
* Pathway / Intervention studies to complete data set in table 1.</td></tr>
<tr><td></td><td></td><td><u>Research /Audit</u>
Describe the research or audit analysis

A thematic analysis of the Phase 1 results (37 patient case files) has taken place. Some common general themes have emerged but none specific to type of cancer.</td></tr>
<tr><td>7</td><td>Results
Clinical outcomes
Length of pathway
Patient experience
GP feedback survey
Use of resources</td><td><u>New pathway or service</u>
Impact of pathway on outcomes:
Impact on key performance indicators (table 1).
Data to be compared to pre-intervention data where possible and / or performance against national standards.

<u>Research / Audit Studies</u>
Describe the key findings of the research /audit.

So far: (March 2016)
<table><tr><th>General Surgery</th><th>Gynae</th><th>Urology</th></tr><tr><td>13 patients case files reviewed within reviewers own</td><td>10 patients case files reviewed within reviewers own</td><td>14 patients case files reviewed within reviewers own</td></tr></table></td></tr>
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		surgery | surgery | surgery There are some themes emerging from the project that will be summarised below: 1. GPs have fed back that patients lack awareness of potential cancer symptoms. If patient knowledge could be increased and patients visit GPs more quickly, earlier diagnosis would be possible. 2. GP education and awareness of cancer symptoms, including vague symptoms needs to be repeated, via educational afternoons and cancer master classes – the audit results suggest that GPs are making routine referrals when some patients should have been referred under a 2ww. 3. There is no advice and guidance available for GPs for discussing cases where they are unsure – East Berks to learn from other areas in ACE project where services have been implemented. 4. A named cancer lead in each practice could help to formalise learning available from the voluntary sector and aid discussion and help between peers in practice.
8	**Impact and Benefits**	<u>New pathway or service</u> Describe how the pathway or service has impacted patient outcomes. Include intended and any unintended consequences <u>Research / Audit Studies</u> Describe how the findings of the research /audit should be used to influence service improvement in the NHS. The findings for this work have been included in the development of a Cancer Local Action plan for Berkshire East. The implementation project is in "start up" and has included the four emerging themes within the scope of the Prevention and Early Diagnosis workstream. The workstream is led by the Berkshire East clinical lead for cancer. The impacts of this work will directly support east berks to deliver on the following KPI's: Smoking prevalence < 13% Bowel screening uptake >75% 1 yr survival rates > 75% 62% of diagnosis at stage 1 and 2
9	**Resources**	List resources produced to support implementation* e.g. referral forms, job descriptions, operational guidance, business case. Not Applicable

10	**Issues**	This project has been delayed due to a turnover of project managers which delayed delivery because relationships have had to be re-established and the project restarted a number of times. The wider pressure on GPs during 2016 in general has meant that this project has not been a priority. Appraisals and CQC practice visits have taken priority for the GPs involved in the project. One GP decided that they were no longer able to commit to the project. The numbers of completed consent forms being returned are very low and there the project has had to consider alternative ways to complete the audit. <u>Alternative methodology to complete audit without separate patients consent:</u> • GP reviews designated cohort of medical notes for their own patients - as the patient has already consented to their own GP seeing their own records and as any information gathered will be completely anonymised, then this does not require patient consent. • An audit number is assigned to the persons NHS number and the GP sends this list to the hospital consultant …not to the CCG. • The hospital consultant reviews the notes of the same cohort of patients as long as they were the consultant treating the person. • Any data set returns to CCG only include the assigned audit number (which can be tracked back to the patients by the GP and the consultant IF needs be). The GP and the hospital consultant will ensure that they do not include the NHS number. Both parties will use secure email to send the data back and forth e.g. nhs.net
11	**Barriers**	List challenges to implementation, roll-out and sustainability of the pathway and services Not applicable to this project - audit only
12	**Enablers**	List factors that supported implementation, roll-out and sustainability. Not applicable to this project - audit only
13	**Outcome**	<u>New pathway or service</u> E.g. service implemented as business as usual, rolling out service to other trusts, expanding scope of service. How this was achieved e.g. business case for CCG or trust funding? <u>Research / Audit Studies</u> Recommendations and/or implementation of service improvements based on research findings or audit The following will be included in the scope of the {Prevention and Early Diagnosis workstream of the Cancer Local Action Plan Implementation project: 1. Working with public health to support existing campaigns for public awareness of symptoms. 2. Request for each practice to nominate a cancer champion.

		3. A series of masterclasses lead by the Berkshire East cancer lead will update GPs on key findings for men's, women's and children's cancers. 4. Targeting of identified practices for additional third sector support in relation to best practice in screening work, 2ww waits and safety netting. Review of potential for a \gp support line to both radiologists and oncologists to increase appropriateness of referrals.
14	***Appendices**	Attach useful resources e.g. referral forms, JDs.

Metrics and Outcome Measures for Intervention Studies

Where possible we would like projects that have introduced a new pathway or service to capture the data given below. Key data is highlighted in pink.

Activity and outcomes in the population receiving intervention	Estimated eligible population size		
	Number undergoing intervention		
	Primary care consultations in those undergoing intervention		
	Secondary care consultations in those undergoing intervention		
	Major investigation/procedure 1	Specify procedure	
		Number undergoing procedure	
	Major investigation/procedure 2	Specify procedure	
		Number undergoing procedure	
	Mean (SD) time from primary care referral to diagnosis (targeted cancer)		
	Mean (SD) time from primary care referral to diagnosis (other)		
	Number of targeted cancers diagnosed)	Stage I	
		II	
		III	
		IV	
		Unknown	
	Conversion rate - proportion of patients referred who are subsequently diagnosed with cancer		
	Mean (SD) time from primary care referral to treatment		
	Number of targeted cancers diagnosed as a result of A and E presentation		

Table 1: Metrics and Outcome Measures for Intervention Studies - new pathway or service

Comments about the project from:

Lead Physician:

Lead Radiologist:

CNS:

GP Lead:

CCG Lead:

Patient/Public Rep:

Other: