CRUK Cascade workshop: Undertaking an SEA project - Top Tips to Take Away

Practice

- **Look at data retrospectively (within a given time period) for patients who were diagnosed with cancer.**
  - *The National cancer diagnosis audit (NCDA) allows each new cancer diagnosis to be logged. Colorectal, lung, ovarian, pancreatic and neurological cancers (amongst others) are known to present at a late stage or as an emergency and therefore present opportunities for learning.*

- **Identify a significant event using a specified criteria.**
  - *Case selection is important – a case that requires significant reflection and is likely to generate learning or change to practice is recommended. Avoid cases that are unlikely to provoke new learning, such as a patient with a breast lump appropriately referred on first presentation.*

  **The following are suitable for Cancer SEAs.**

  - Emergency presentation of cancer
  - Delayed diagnosis
  - Cancers diagnosed at a late stage (Stage 3 or 4)

- Arrange a meeting for all practice staff to discuss practice level issues, reflect on learning.

- Consider patient, practice and wider system factors - what could be done by the practice to address these and who within the practice could be responsible to action.

Cluster

- **Thematic Analysis - Analyse themes using a check list**
  - Identify a person within the cluster to lead on the work - key role to collate learning points from practices and to engage with Cancer Team within Health board.
  - Collate this information using agreed themes (for example as in the current CND006 practice and cluster summary template).
  - Organise a cluster meeting to share learning and agree cluster actions specific to cancer prevention and early detection.

*Cases involving external problems (e.g. secondary care delays) should be discussed with the Health board cancer lead and/or hospitalists involved for escalation where appropriate to remedy the external problem - see next section.*
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Engaging with the Health Board

- Engage, communicate, plan, implement change, monitor
  - Cluster link with Macmillan GP lead or CRUK facilitator to engage with Cancer services team or equivalent within Health Board.
  - Present themes, discuss and agree an action plan.
  - Present any individual cases which can begin a dialogue with specific departments or cancer planning groups
  - Agree actions, specifically on communications structures and mechanisms, which will improve primary and secondary care interface.