The NCDA

National Cancer Diagnosis Audit

CANCER AUDIT IN PRIMARY CARE

There is no routine national data collection looking at the whole pathway to cancer diagnosis from first GP visit to date of diagnosis

Cancer Taskforce Recommendation (2015):

"NHS England should commission a rolling programme of national clinical audits for critical cancer services […] and oversee an annual audit of cancer diagnosis" [82]

In 2016/17 the National Cancer Diagnosis Audit (NCDA) was launched

The NCDA seeks to gather data about pathways to cancer diagnosis:

- Interval length and number of consultations in primary care
- Use of primary care led investigations prior to referral
- Referral pathways for patients with cancer
- Avoidable delays along the pathway

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MACMILLAN CANCER SUPPORT

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CANCER AUDIT IN PRIMARY CARE

Benefits of the NCDA for GPs:

- Free tailored practice reports produced for each practice by PHE
- Evidence good practice and highlight diagnostic challenges
- Identify cases for review, reflection and learning
- Enabling quality improvement activity, leading to more efficient and effective pathways to diagnosis and improved patient experience and outcomes
- Demonstrating quality improvement for GP appraisal and revalidation
- Providing evidence for CQC inspection
- Understand how your practice compares to other services

"The report was surprising in some ways, and undoubtedly practice-changing."
GP from London

"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 from Doncaster

"The practice reports produced were excellent and a valuable tool for discussion at both practice and cluster level. We aim to repeat the audit again for all of our cluster practices."
GP from Glasgow

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KEY FINDINGS – NCDA 2014

- **439 English GP practices** submitted data on **17,042 patients**
- Data were representative of the national cancer incidence for 2014
- Most patients (72%) **first presented at the GP surgery** (or had a home visit)
- 74% of patients were **referred to a specialist after only one or two consultations**; approximately 52% were referred **through the Two Week Wait route**
- Primary care led investigations before referral were used in 45% of all patients
- Time from referral to diagnosis exceeded 28 days in 54% of patients
- For 44% of patients, there was evidence in the clinical record that safety netting had been used
- For **one in five patients** the GP considered there to have been an avoidable delay in the patient receiving their diagnosis

Swann et al. BJGP 2018: https://doi.org/10.3399/bjgp17X694169

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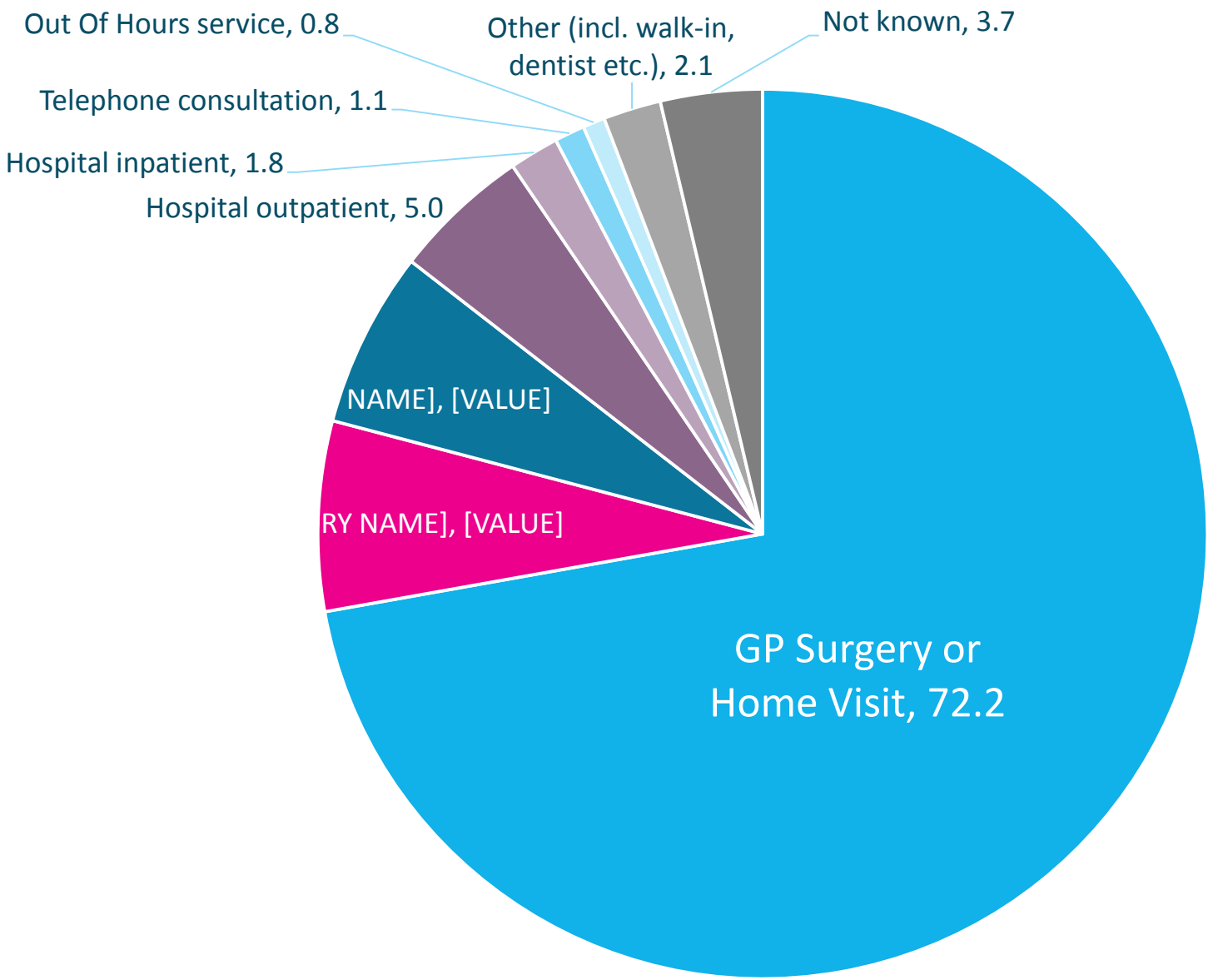
PLACE OF FIRST PRESENTATION

Most patients (72%) first presented at the GP surgery (or had a home visit) with symptoms deemed to be relevant to the subsequent diagnosis of cancer

Understanding where and how the pathway starts is vital and demonstrates the pivotal role of primary care



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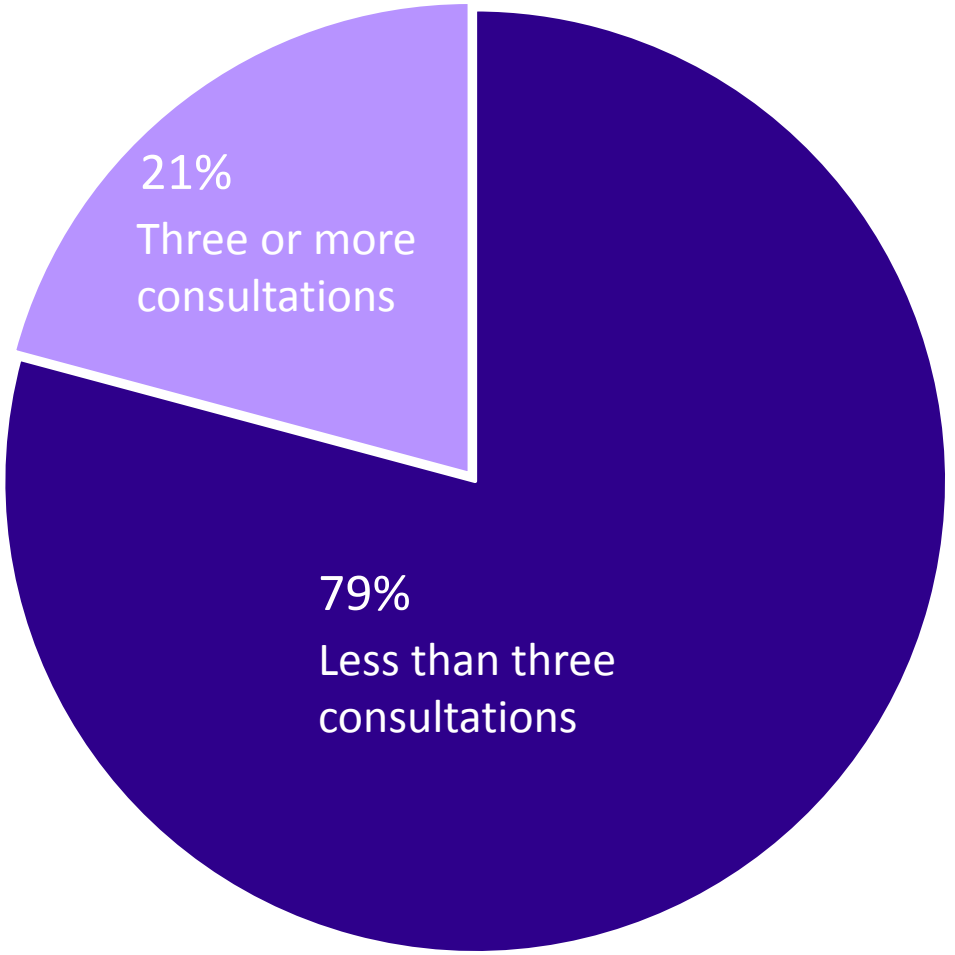
CONSULTATIONS BEFORE REFERRAL

Where the number of primary care consultations before referral was known:

79% of patients were referred after less than 3 consultations

21% had 3 or more consultations



Top three reasons for multiple consultations:

- Symptoms suggested different initial diagnosis
- Co-morbidities
- Consultation to discuss test results

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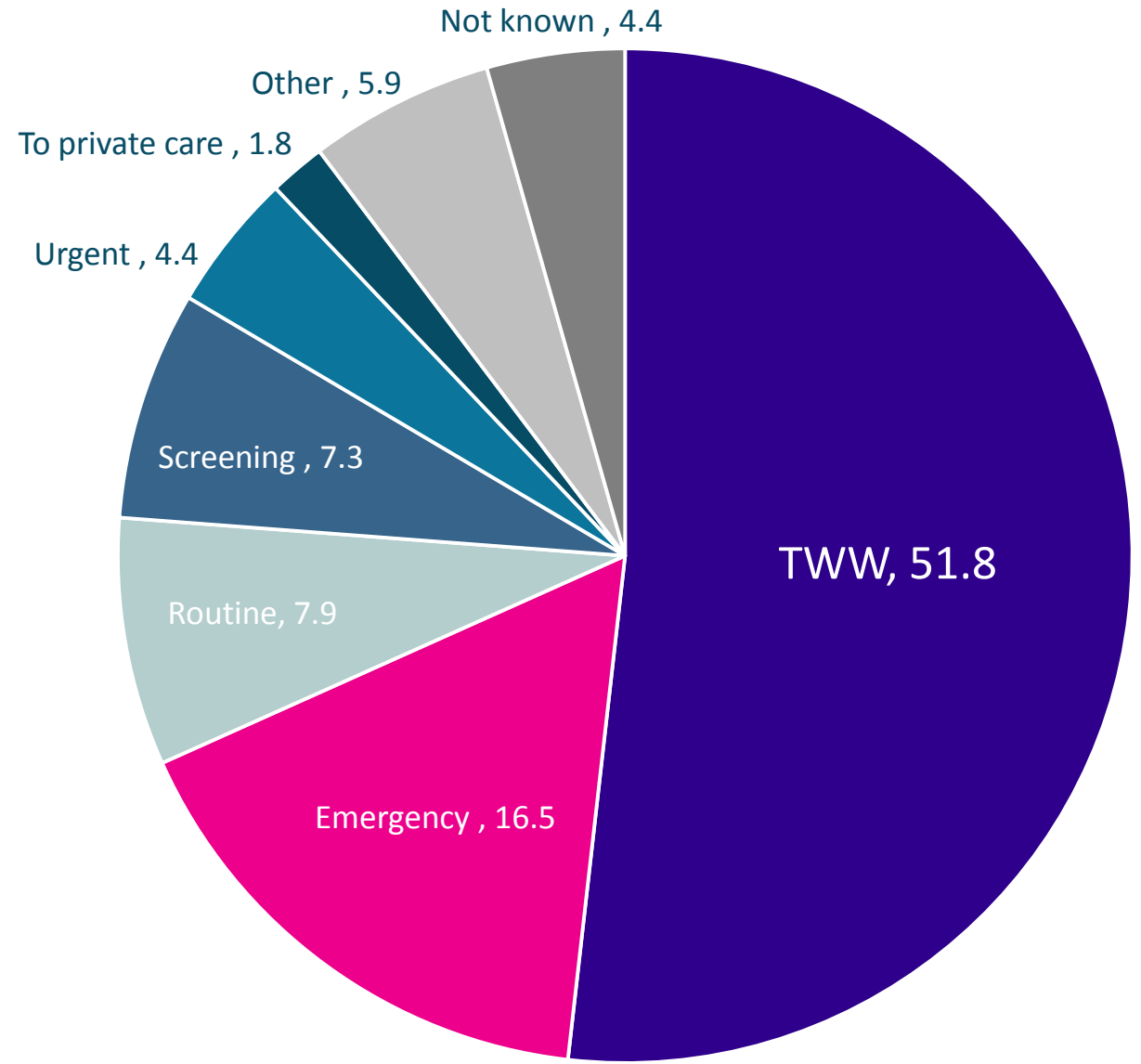
TYPE OF REFERRAL

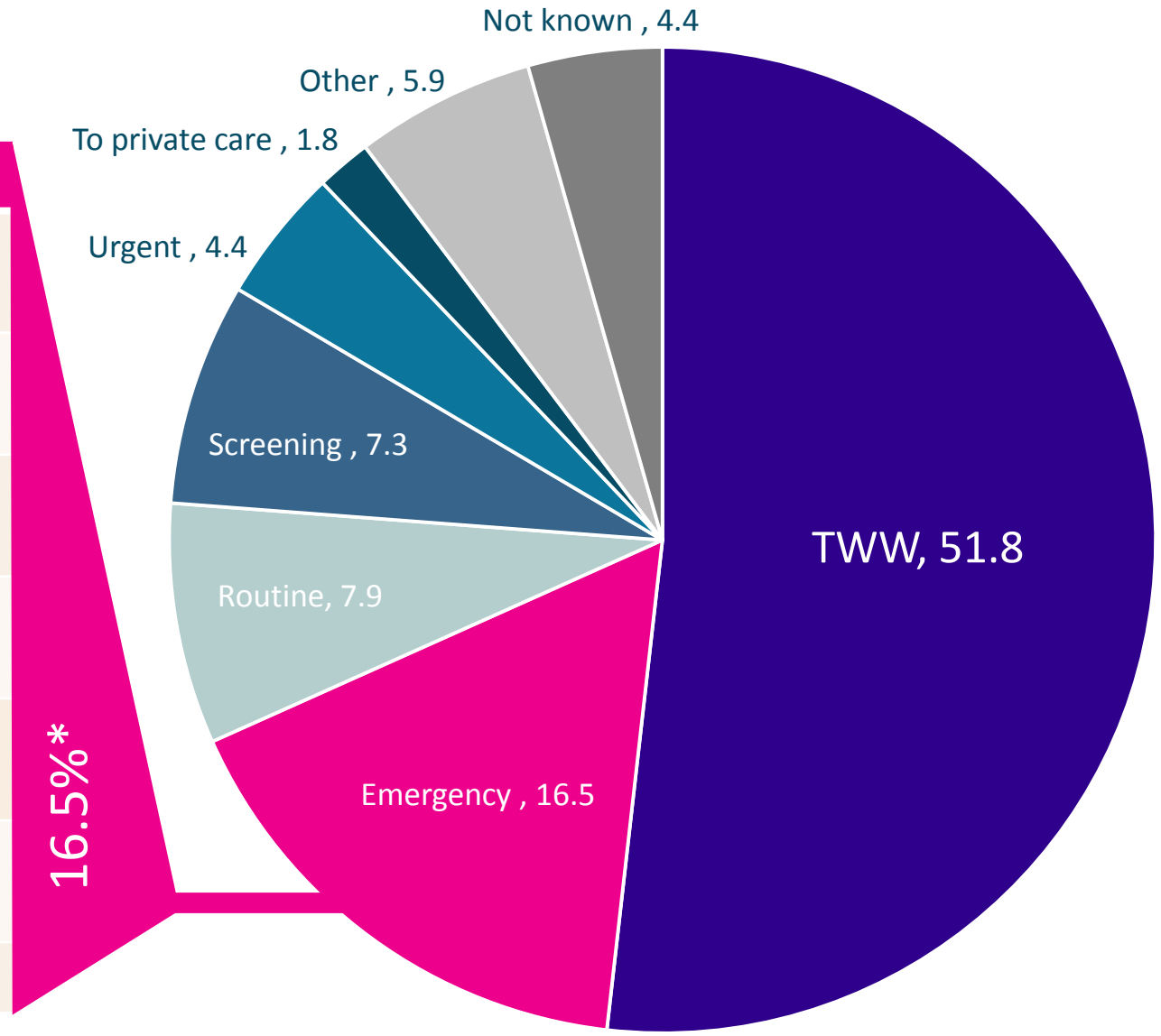
More than half of patients diagnosed with cancer were referred via the two week wait (TWW) route in 2014

Future NCDA data will enable tracking of NG12 implementation and its impact on referral pathways



EMERGENCY DIAGNOSES

Route to diagnosis (emergency)	Per cent
Patient self-referred – no prior consultation	4.2%
Referred as emergency by GP – no prior consultation	3.2%
Patient self-referred – while awaiting tests/referral	1.8%
Referred as emergency by GP – while awaiting tests/referral	1.4%
Patient self-referred – previously seen in same episode	1.7%
Referred as emergency by GP – previously seen in same episode	3.0%
Other emergency route(s)	0.7%



*0.5% of patients (n=81) were diagnosed through an unknown emergency route

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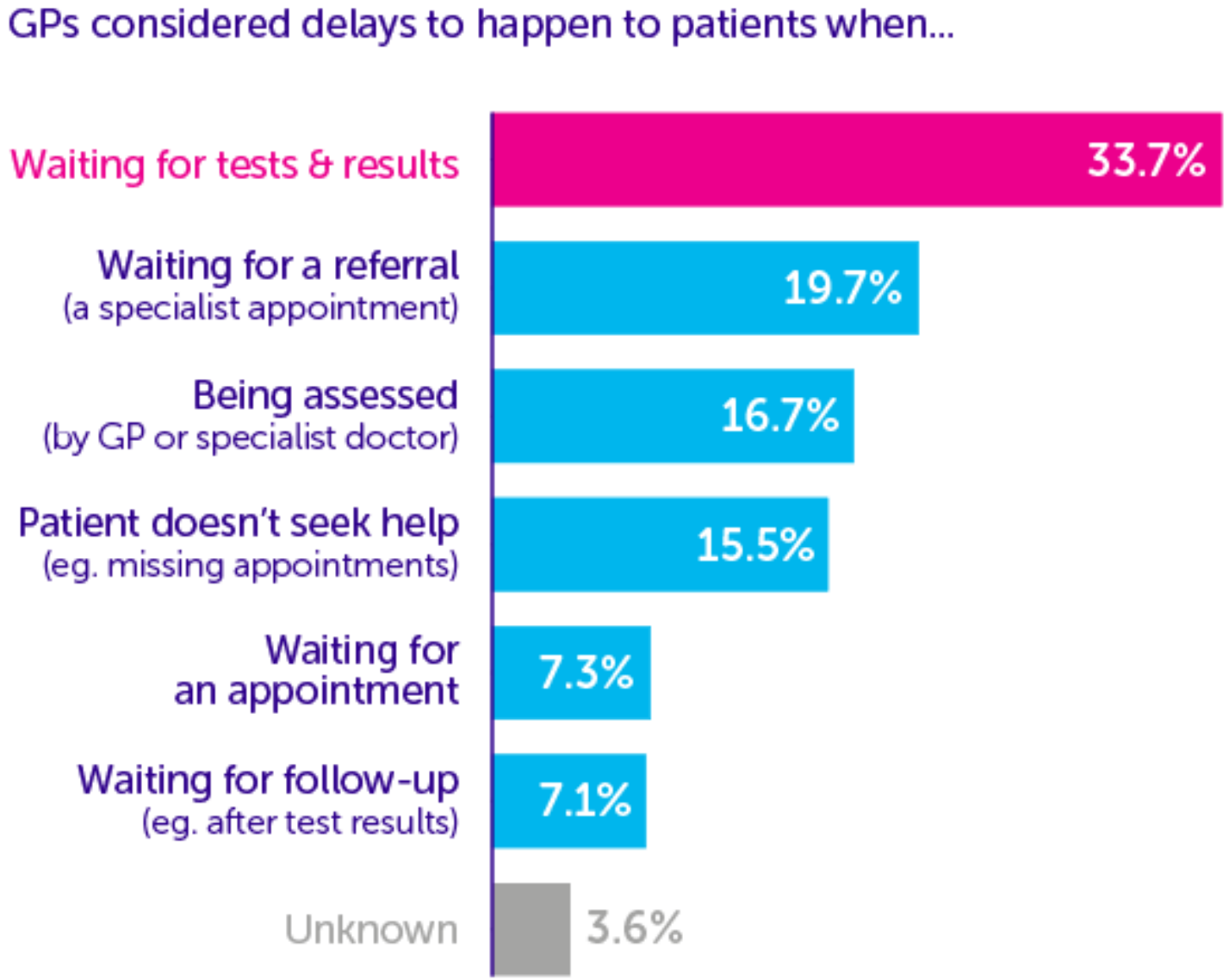
AVOIDABLE DELAYS

Delays could occur anywhere along the pathway:

- 12.7% occurred pre-consultation
- 49.1% occurred in primary care
- 38.2% occurred in secondary/tertiary care

One in three avoidable delays reported by GPs in the audit was linked to diagnostic tests



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IMPACT – NCDA 2014

Our audit revealed some interesting case studies and we are already starting to make changes to our practice systems

The audit

- provided opportunities for targeted review and reflective learning
- identified avenues for quality improvement activity
- generated detailed insights into pathways to cancer diagnosis
- provides a baseline for future audits of the impact of new cancer referral guidelines

Participating practices received **tailored feedback reports** and several practices made changes and undertook **quality improvement activities**

Most QI activity focused on:

- Referral behaviours
- Safety netting protocols
- Bowel screening uptake

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

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CASE STUDY: Referrals & Safety Netting

CRUK facilitator led an hour long practice discussion

Issue identified:

- Practice observed some avoidable delays with getting chest x-ray results and with urgent (two week wait) referrals not being seen promptly (within two weeks)

QI activity:

- Safety net two week wait referrals

Our clinical staff are now more informed, and non-clinical staff are more involved in safety netting two week wait referrals

Action(s) taken:

- Introduce new safety net procedure for two week wait referrals to ensure patients do receive an appointment within two weeks
- Practice secretaries now keep an electronic log to track two week wait referrals and when they are seen

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CASE STUDY: Bowel Screening

The initial and follow up visits from CRUK facilitator were a great focus for reviewing good practice and implementing the recommendations made

Issue identified:

- Practice had a suboptimal bowel screening uptake

QI activity:

- Improve bowel screening uptake specifically among those who default or decline screening

One of our GP partners attended a GP Cancer Update Course and this included a number of proposals for improving the uptake

Action(s) taken:

- Heightening awareness amongst all clinicians and practice staff about the importance of bowel screening
- Actively seeking out the target population to encourage uptake by direct contact from the practice
- Introducing patient champions through the Altogether Better programme to encourage enhanced uptake of screening through patient activation

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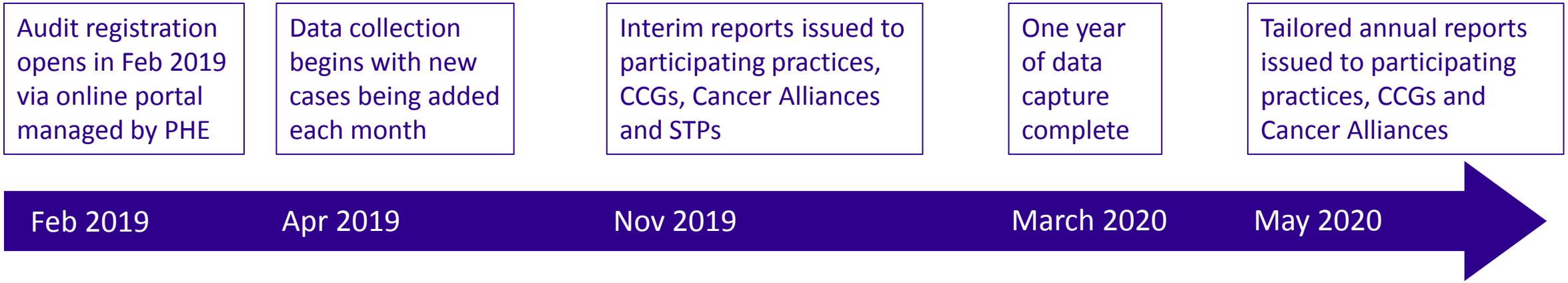
PLANS FOR 2019 NCDA

- Insights from NCDA 2014 have been used to change the model for next audit
- Future audit to use **near real-time data collection** approach (start in April 2019)



- Data for the next audit will be collected during 2019/20 and will align with the roll-out of the 28 day Faster Diagnosis Standard
- All practices will receive tailored feedback reports; Alliance, STP and CCG reports can be provided if sufficient practices take part

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PLANS FOR 2019 NCDA

Online registration for the next NCDA will open from February 2019
Data collection in England due to start from April 2019

Find out more: www.cruk.org/ncda

How it works:

- GPs register online and will be given a secure account and password for the online NCDA portal which is linked to their practice
- From April 2019 patients newly diagnosed with cancer registered at their practice will automatically appear on the portal once they are logged on the Cancer Registry; GPs will get a monthly email to alert them to new cases
- For each patient GPs then submit data on key dates, symptoms, number of consultations, types of investigations, referral(s) and patient characteristics
- Patients with certain characteristics will automatically be flagged by the system for further review / as a learning event (e.g. emergency diagnosis, those who died within 30 days of diagnosis etc.)
- PHE will analyse the data and create tailored practice reports which will be shared via the online portal
- Support from CRUK facilitators & Macmillan GPs, and resources from CRUK and the RCGP, are available to support discussion of audit findings and planning of quality improvement activity

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