

## NEW CANCER DIAGNOSIS SIGNIFICANT EVENT ANALYSIS

<b>Patient name</b>	
<b>Diagnosis</b> (Enter the diagnosis of the primary cancer – only include confirmed malignancies)	Stage at diagnosis (distant – metastatic or secondary disease)
<b>Age</b>	
<b>Gender</b>	
<b>Ethnicity</b>	
<b>Problems communicating</b> (Note any communication problems the patient has – deafness, sight, learning disabilities etc)	
<b>Housebound</b>	YES / NO
<b>Date patient first reported symptom or sign to Primary Care that with hind sight was related to the final cancer diagnosis</b> (Defined as being the earliest date the primary care clinician could have started investigation or referral for possible important pathology, including cancer)	
<b>Date Referral Sent</b>	
<b>Date first seen by specialist</b> (Date the patient first had contact with secondary care following the referral, whether for an investigation or an outpatient appointment)	
<b>Date of diagnosis</b> (i.e. date a clinical diagnosis is made)	
<b>Were there avoidable delays to this patient's journey relating to referral decision / practice policies / diagnostic delays</b>	YES NO How Long
<b>If yes, please comment:</b> <ul style="list-style-type: none"> <li>• Waiting for investigations before deciding to refer</li> <li>• Waiting for investigations that might have been unnecessary in deciding whether to refer or not</li> <li>• Failure to recognise significance of the symptoms</li> <li>• Any delays within secondary care <ul style="list-style-type: none"> <li>○ If YES what were they</li> </ul> </li> <li>• Other reasons why things may have been done sooner</li> </ul>	YES / NO YES / NO YES / NO YES / NO
<b>Were there avoidable delays to the patient's journey BECAUSE THE PATIENT DELAYED IN ATTENDING</b>	YES NO HOW LONG
<b>If yes, please comment:</b>	
<b>Type of referral that resulted in a cancer diagnosis</b>	<ol style="list-style-type: none"> <li>1. PRIMARY CARE <ul style="list-style-type: none"> <li>• 2ww</li> <li>• Urgent</li> <li>• Routine</li> <li>• Emergency OPD</li> <li>• Emergency admission</li> </ul> </li> <li>2. OUT OF HOURS</li> <li>3. SELF REFERRAL A&amp;E</li> </ol>

<b>How many times has the patient been seen before referral, for the same or similar or related problems</b> ( expand as necessary to include all health professional who were involved)	Partner 1 Partner 2 Locum 1 Locum 2 Practice Nurse
<b>How many times has the patient been seen before referral for UNRELATED PROBLEMS</b> ( expand as necessary to include all health professional who were involved)	Partner 1 Partner 2 Locum 1 Locum 2 Practice Nurse
<b>Where there good things about the diagnostic / referral process</b>	YES / NO
<b>If yes please comment – could these be replicated for other patients</b>	
<b>What points can be taken from this analysis that may be useful for you and other practices :</b>	
LEARNING POINT 1	
LEARNING POINT 2	
LEARNING POINT 3	
LEARNING POINT 4	
<b>HAVE ANY CHANGES BEEN MADE TO YOUR CLINICAL PRACTICE – describe</b>	YES / NO
<b>HAVE ANY CHANGES BEEN MADE TO YOUR PRACTICE PROCEDURES – describe:</b>	
1.	
2.	
3.	
4.	
<b>Are these lessons that other practices nay learn from</b>	YES / NO
<b>Are there lessons requiring a Consortium / CCG approach or involvement to address eg developing further awareness raising event or material</b>	YES / NO
<b>IF THE ANSWER IS YES TO EITHER OT THE ABOVE PLEASE CONTACT YOUR CCG / CONSORTIUM TO DISCUSS THE NEST STEPS</b>	