

# How can your practice undertake quality improvement activity focused on early diagnosis of cancer?



## Actions

Step 1 – Start with an assessment of the current quality of care your practice provides, including both:

- An assessment of practice screening programme uptake rates compared to local or national baselines e.g. PHE's fingertips, CRUK's 'Expected vs Actual' tool
- An assessment of current referral practice via participation in the National Cancer Diagnosis Audit OR other retrospective audit of recent cancer diagnoses



## Top Tips

- Undertaking an LEA or SEA
- SWOT analysis
- Seeking views of patients and carers
- Auditing & focusing on safety netting around suspected diagnosed



## Practice Example

"Involvement in the NCDCA highlighted avoidable delays in the diagnosis of cancer in several of our patients. As a team we then process mapped the ideal patient journey from presentation through to the referral being received by the hospital"

1  
Evaluate

## Why is early cancer diagnosis important?

More than 310,000 people received a first treatment for cancer in England in 2019. Due to the pandemic, this fell to over 280,000 people in 2020 (NHS England 2021). For most cancers survival is much greater at both one and five years if detected at stage one – highlighting the need for early diagnosis (Hawkes 2019; Crosby et al 2020)

## Why is it important for general practice?

General practice plays a crucial role in the timely diagnosis of cancer, with almost 68% of people with cancer first reporting their symptoms at their GP surgery (Swann et al. 2018). Whilst other providers deliver screening services for bowel and breast cancer, actions taken in general practice can increase uptake of national cancer screening programmes (Hewitson et al. 2011). Cancer screening programmes have been shown to improve patient outcomes.



## Actions

Step 2 – Focus QI activities on outcomes such as:

1. An increase in the follow-up and informed consent/refusal of screening for cervical, breast or bowel cancer.
2. A reduction in inequitable uptake of screening in population groups identified by the practice.
3. An increase in the proportion of cases where cancer diagnoses are reviewed and learnt from.
4. A decrease in the time from presentation to referral.
5. An increase in the proportion of suspected cancer referrals where a demonstrably robust practice-wide system for safety-netting is used



## Practice Example

"We aimed to reduce the number of appointments needed from patient presentation to referral from 2 to 1, over the course of 9m. We used a fishbone diagram to identify areas of weakness and to plan our changes"



## Top Tips

Once you have identified your area/s for improvement, teams should clarify SMART aims.

**Aims:** What will be achieved?

**Measures:** How will they know if a change improves things?

**Changes:** What different ways of doing things will be tested?

2  
Create

Self-declare activity completion and attendance at 2+ PCN peer reviewing meetings

5  
Monitoring



## Actions

Two (or more) meetings to share learning across networks

### Meeting 1

- To share and compare audit & baseline research outputs
- To validate each other's improvement plans
- To align with local and wider priorities and activities

### Meeting 2

- To celebrate and share successes, changes and learning
- To discuss and plan embedding & sustaining



## Practice Example

"1 of the neighbouring practices hadn't yet used the NCDCA. They had found the baseline audit difficult and opted to join next year due to the helpful summary reports. 2 sites agreed to work together to try to boost their smear numbers – particularly in the under 35 age range. We shared some successes we had achieved from a project we had undertaken in 2015.

At the second meeting we shared out outputs – namely that we had managed to refer patients more quickly and reduce the mean number of consultations taken. We flagged that we had also increased our total number of referrals by 50%, and total prevalence also went up. We borrowed ideas from our adjoining surgery, who had bolstered their safety-netting practices, and agreeing on the importance of continuing the work in future, made further plans to exchange more detailed suggestions"

4  
Review



## Actions

Consider using PDSA (Plan, Do, Study, Act) cycles, frequently reviewing changes. Multiple small tests of changes are recommended.

Aim to involve patients, the whole practice team and external stakeholders i.e. local practices, public



## Practice Example

"Realising we were under-referring and were lacking confidence in knowing full guidance we introduced several small changes – we all agreed to attend educational events on cancer referral and recognition; we adapted our website homepage and added new videos to the waiting room loop; we installed a link to NG12 to our practice intranet (and read and discussed this at a team meeting), and created mouse mats outlining red flags for 2ww cancer referrals

3  
Implement

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Royal College of General Practitioners