Supporting early diagnosis of cancer in primary care by improving GP coding and safety netting: Findings from a *London Cancer* quality improvement project

Authors: Afsana Bhuiya[1], Kathy Pritchard-Jones[1], and Sharon Cavanagh[1]
[1]*London Cancer*, UCLPartners, London

Background

Late and emergency diagnosis of cancer is a significant factor in poor outcomes for patients. *London Cancer* and Macmillan recognised that high quality primary care computer coding and active monitoring of individuals at low risk, but not no-risk, of having cancer (safety netting) could reduce diagnostic misses and lead to earlier cancer detection. A quality improvement initiative was developed to improve Read coding and safety netting standards in primary care through GP education and support.

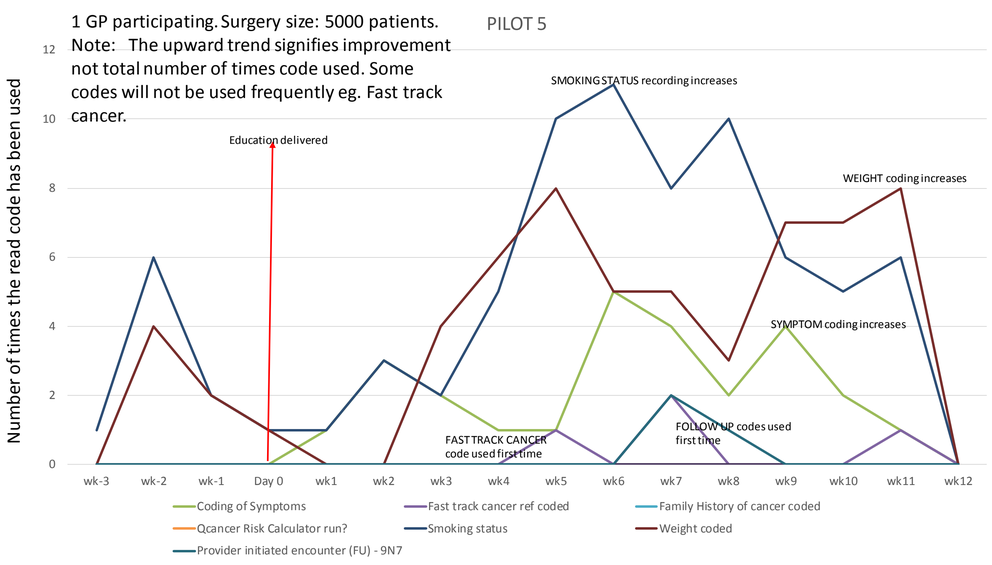
Methods

London Cancer produced best practice guidance on using Read codes to record relevant symptom, family history and lifestyle information that could be easily retrieved by GPs during consultations and which would improve data quality to assist with risk stratification of cancer. The guidance also outlined the stages of the safety netting process and the best methods of monitoring patients in these stages. GPs in six surgeries received education on using computer codes and QCancer (a risk assessment tool) to help detect cancer earlier. Visits were conducted to each of the pilot sites three months following the training to analyse if there was an increase in the use of specific codes and the QCancer tool compared to the period of time preceding the training. Qualitative feedback was also obtained from participating GPs.

Results

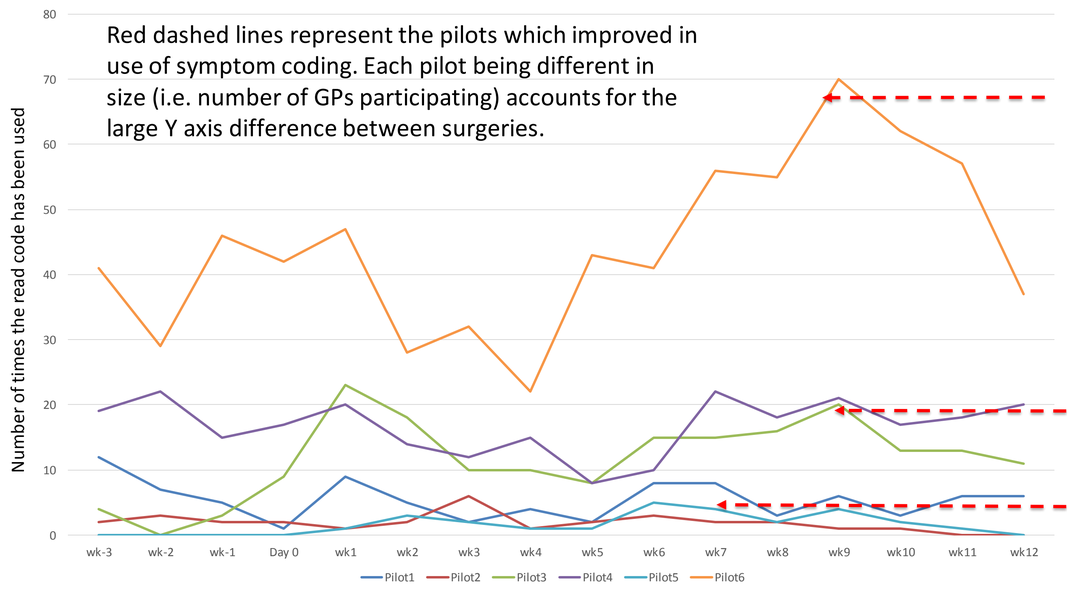
At three months post training, 3 of the pilot sites demonstrated significant improvement in the use of relevant codes, 1 demonstrated few improvements and 2 showed little/no change in practice. Overall, the coding of symptoms, fast track cancer, family history of cancer, weight and smoking showed an upward trend. Use of QCancer risk assessment tool and coding of cancer treatments and follow-up was poor.

Figure 1: RUN chart from one pilot. Demonstrating how the use of recommended codes were increased post education.



Time – Day 0: education delivered. 4 weeks pre change data. 12 weeks post education data.

Figure 2: Combined results from all pilot sites showing use of coding over time



Time – Day 0: education delivered. 4 weeks pre change data. 12 weeks post education data.

Conclusions

Emerging evidence from the pilot sites reveals that education has a positive impact on coding in practice but no significant change in use of risk assessment tools. GPs appreciated the importance of coding and safety netting recommendations in improving earlier diagnosis and expressed willingness to develop their current practices to incorporate the recommendations. It is advised that GPs, GP trainees and GP trainers be supported with robust education and change management techniques to facilitate these improvements in practice.

Contact

Dr Afsana Bhuiya, afsana.bhuiya1@nhs.net