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

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Background

Late and emergency diagnosis of cancer is a significant causative factor in poor outcomes for patients. Improving earlier diagnosis of cancer, when treatments are more successful, has a positive impact on patient experience and survival. *London Cancer* recognised that high quality primary care computer coding and active monitoring of individuals at low risk (but not no-risk) of having cancer, in collaboration with use of risk assessment tools, could reduce diagnostic misses and lead to earlier cancer detection. Therefore a quality improvement project was conducted to develop primary care coding and safety netting standards, to educate GPs on effective coding and to support them to apply these skills in practice.

Methodology

London Cancer produced a coding and safety netting document that outlined comprehensive best practice guidance on how to use READ codes to record relevant symptom, family history and lifestyle information in a manner that is able to be easily retrieved by GPs in consultations. The guidance also outlines the best methods and stages of active monitoring of individuals at low risk of cancer.

GPs in six surgeries within north central and north east London received individualised education on the guidance and how to use computer codes and QCancer (a risk assessment tool) to detect cancer earlier.

The *London Cancer* GP Improvement Lead visited the pilot sites three months following the training to extract data to analyse for any changes in the usage of specific recommended codes and the QCancer tool compared to the four week period of time preceding the training. RUN charts were utilised to analyse change in practice over time. Feedback was also obtained from the GPs to understand their experience of being part of the project.

Results

At three months post training, 50% of the pilot sites demonstrated significant improvement in the use of relevant codes, 17% demonstrated few improvements and 33% showed little/no changes in practice. Overall, the coding of symptoms, fast track cancer, family history of cancer, weight and smoking showed an upward trend. QCancer risk assessment tool, coding of cancer treatments and follow up was poor.

The participating GPs expressed an understanding and appreciation of the importance of the use of codes to identify suspicious symptoms and to monitor those at low risk of having cancer. But several expressed the challenges of practically implementing the recommended changes.

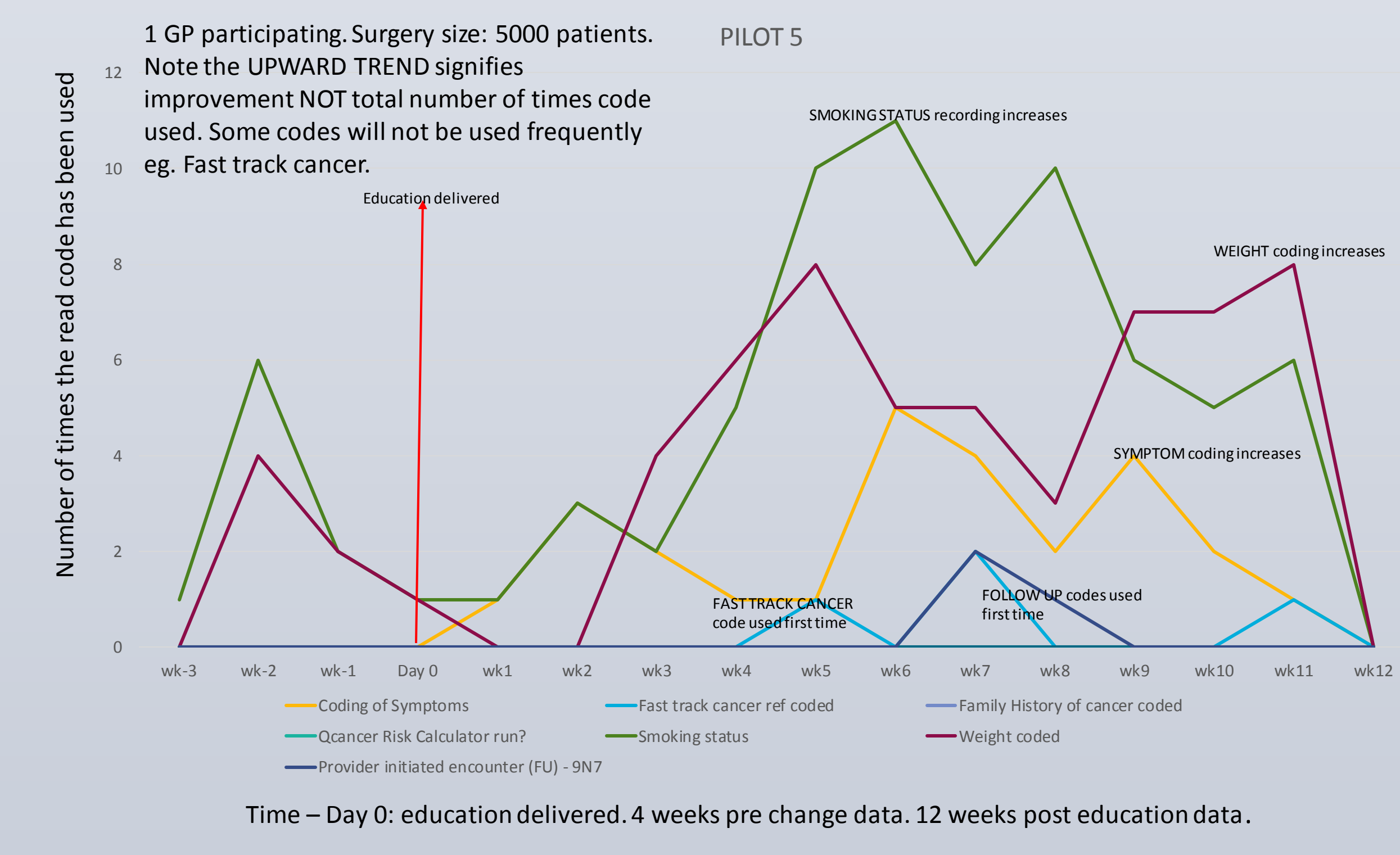**Figure 1: RUN chart from one pilot. Exampling how the use of recommended codes were increased post education.**

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

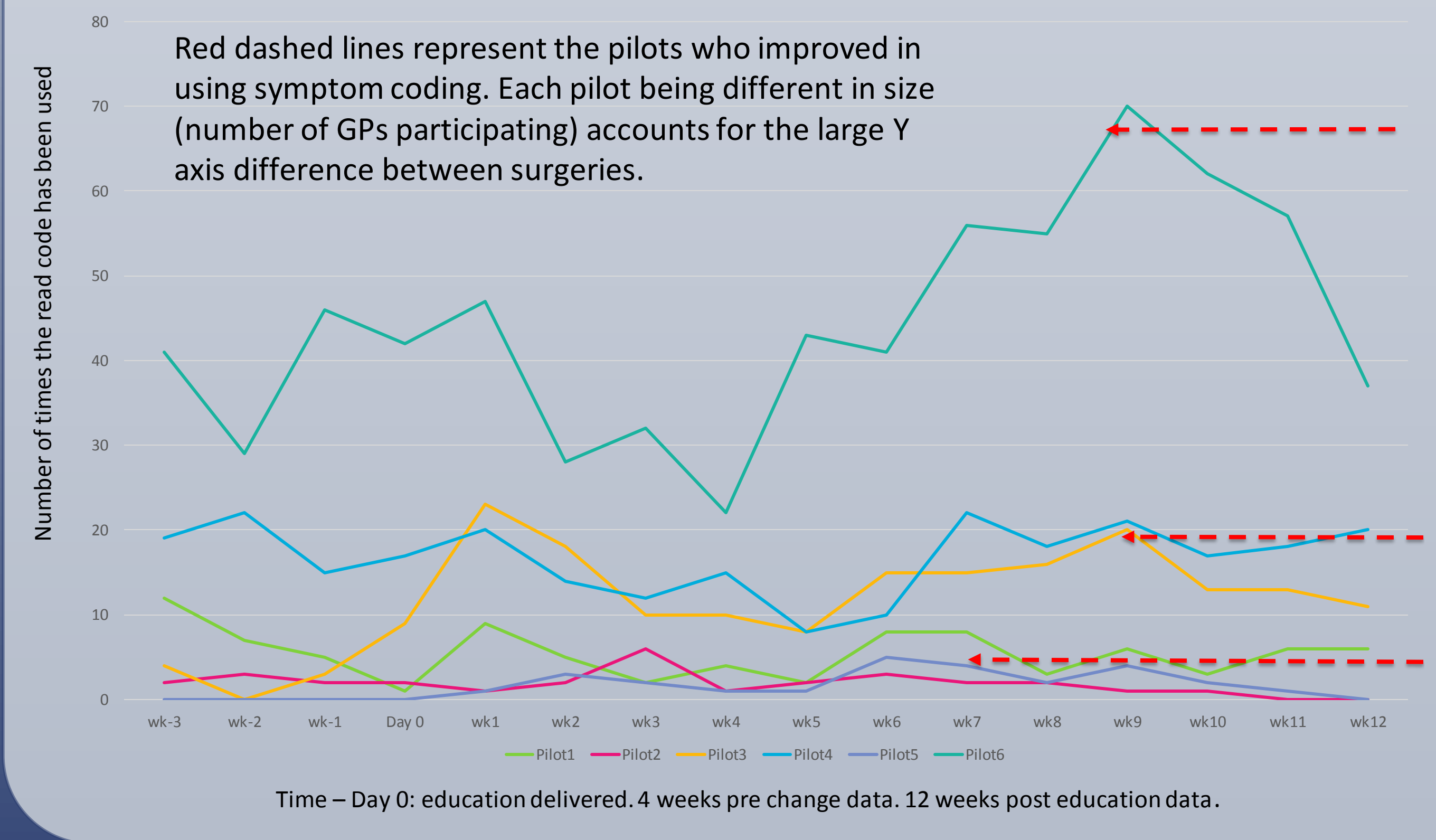Time – Day 0: education delivered. 4 weeks pre change data. 12 weeks post education data.

Figure 3: Quote from GP participant 3 months post commencement of pilot

"The project has had a positive effect both on me…in coding of symptoms such as cough, weight loss, abdominal pain…(this will) obviously prove useful as regards to using electronic tools like the Cancer Decision tool.

This has implications…in the fragmentation of care that accompanies the change from mainly full time partners working within a practice to multi-doctor working as symptoms recorded by one doctor may be missed by another. Therefore it does have the potential to improve care and pick up conditions – (not only cancer) that may otherwise be missed".

Conclusions

Emerging evidence from the pilots sites reveals that participating GPs appreciate the importance of the coding and safety netting recommendations in improving early cancer diagnosis and they are willing to develop on their current practices. It is recommended that GPs be supported with robust education, training and change management techniques to facilitate such changes. GP trainees and GP trainers would be a sub-group to focus the training on.

Further Information

Full Coding and Safety Netting guide:
http://www.londoncancer.org/media/126626/150708_Guide-to-coding-and-safety-netting_report_Dr-A-Bhuiya_V3.pdf

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