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

**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 (Gwann 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.

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**Actions**

1. **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’ tool.
   - An assessment of current referral practice via participation in the National Cancer Diagnosis Audit OR other retrospective audit of recent cancer diagnoses.

2. **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.

3. **Step 3 – Conside 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

4. **Step 4 – “Self-declare activity completion and attendance at 2+ PCN peer reviewing meetings.”**

5. **Step 5 – Assign tasks to the practice team and ensure clear communication and tracking of progress**

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**Practice Example**

"Involvement in the NCDA 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."

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**Top Tips**

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

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**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."

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**Practice Example**

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?