National Cancer Diagnosis Audit in London

Cohort: Patients diagnosed with a new primary cancer in London between 1 January 2018 and 31 December 2018

Data collection: April 2019 to August 2020

National Cancer Diagnosis Audit

Methods

- The NCDA in England opened in February 2019 and started data collection from April 2019
- Primary Care Networks (PCNs) in London could apply to join the TCST managed funding scheme
- The funding scheme offered payment to practices for each completed audit case, if all practices within a PCN completed at least 80% of cases identified for them
- A list of eligible cancer diagnoses from 2018 was provided by PHE through the NCDA system, and primary care staff could log in and enter pathway information for each case
- After data entry closed in September 2020, data were analysed and each eligible practice and PCN received a tailored feedback report
- The audit was delivered as a partnership between Cancer Research UK, Public Health England, NHS England, the RCGP and Macmillan

Patient cohort:

New primary cancers diagnosed 1st January to 31st December 2018

Key data items:

Date of presentation
Place of presentation
Presenting signs & symptoms
Consultations in primary care
Primary care-led investigations
Date and type of referral
Safety netting activity
Avoidable delays
Patient demographics

National Cancer Diagnosis Audit - London

66
PCNs enrolled in funding as a PCN group

555
GP practices in London contributed data

14,495
case audits completed from across London representing approx.

47%
of eligible cases

NCDA participation by London area:

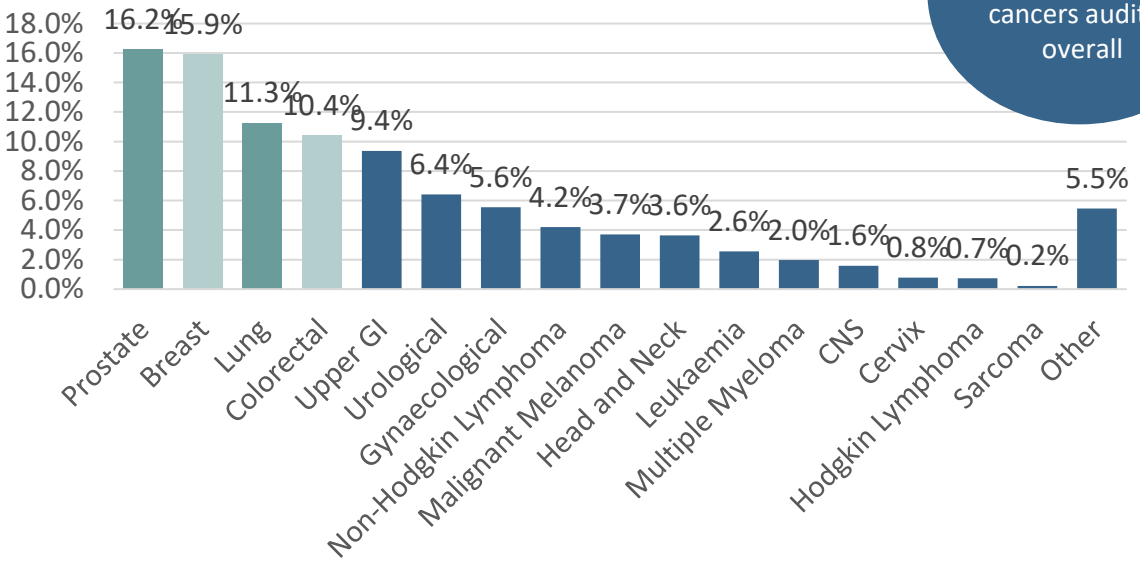
Area	Practices contributing	Audits completed
North Central London	84	2,063
North East London	69	1,760
North West & South West London	288	7,374
South East London	114	3,298

Cancer Types & Stage in NCDA London cohort

Cancer types

All types of cancer, with the exception of non-melanoma skin cancers, were in scope for the NCDA

14,495 cancers audited overall



2,352 prostate cancers

2,307 breast cancers

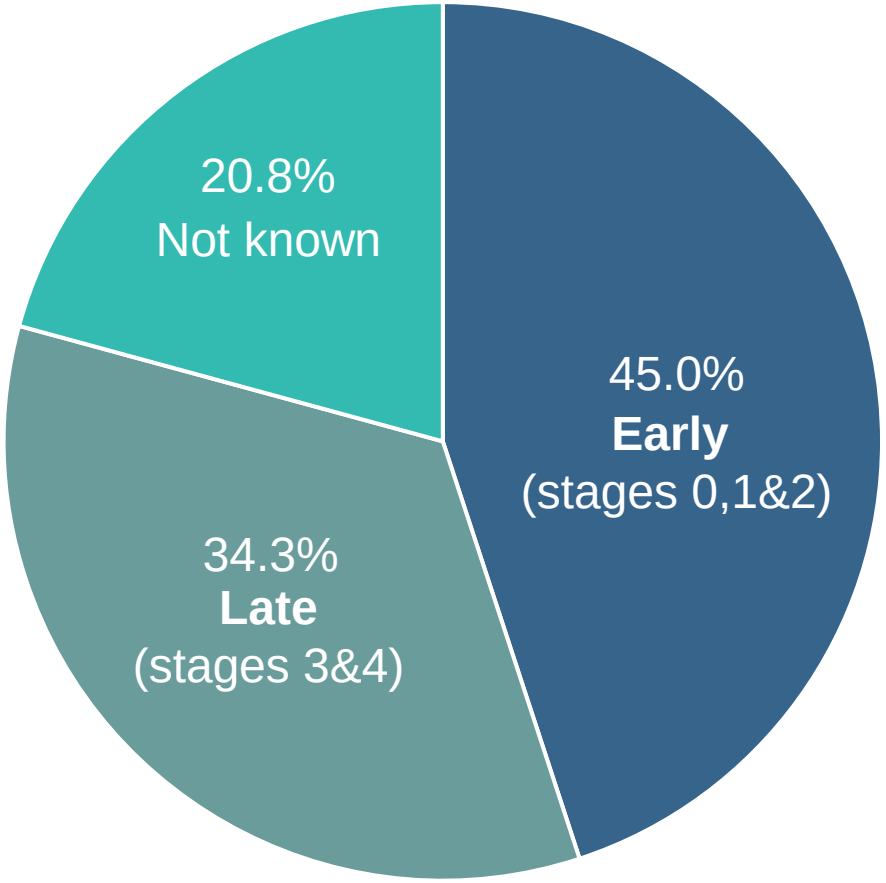
1,632 lung cancers

1,507 colorectal cancers

Cancer stage at diagnosis

Cancer stage at diagnosis for NCDA cohort

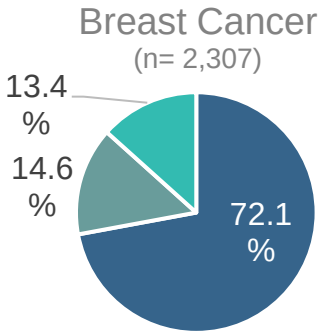
(n = 14,495)

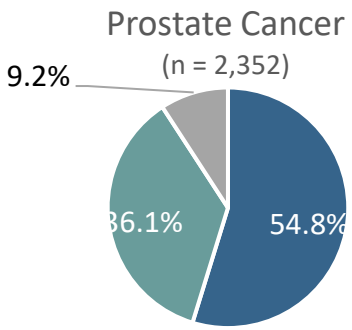


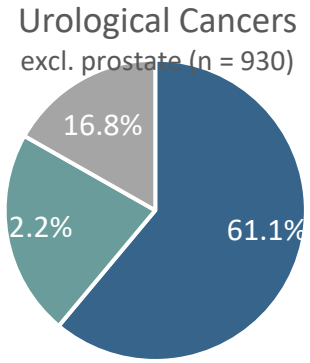
KEY:

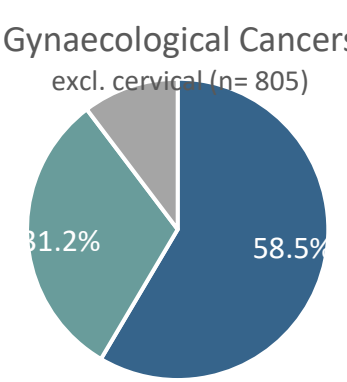
- **Early** (stage 0,1&2)
- **Late** (stage 3&4)
- Not Known

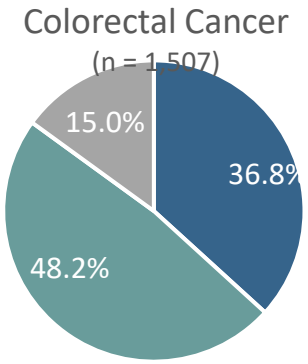
Cancer stage at diagnosis (by cancer type)

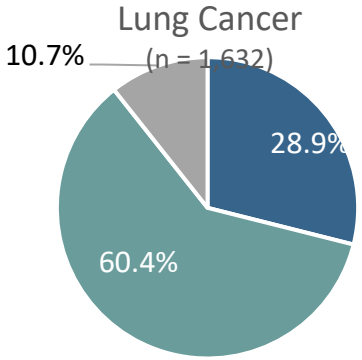


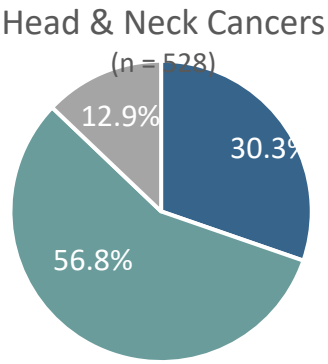


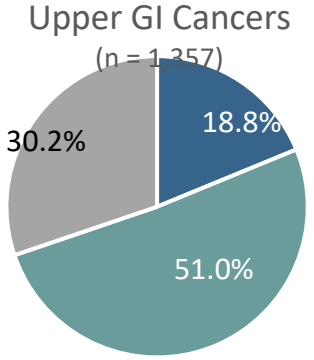












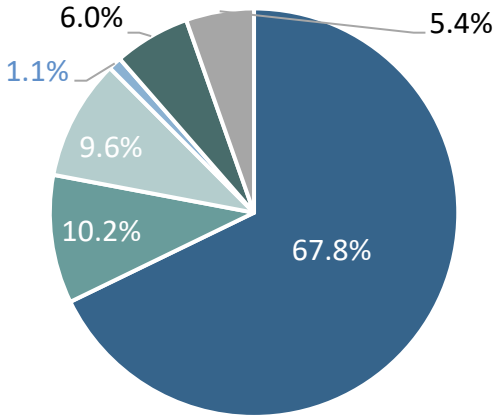
KEY:

- **Early** (stage 0,1&2)
- **Late** (stage 3&4)
- Not Known

Demographics for NCDA London cohort

Demographics

Ethnicity of cases in NCDA cohort
(n = 14,495)

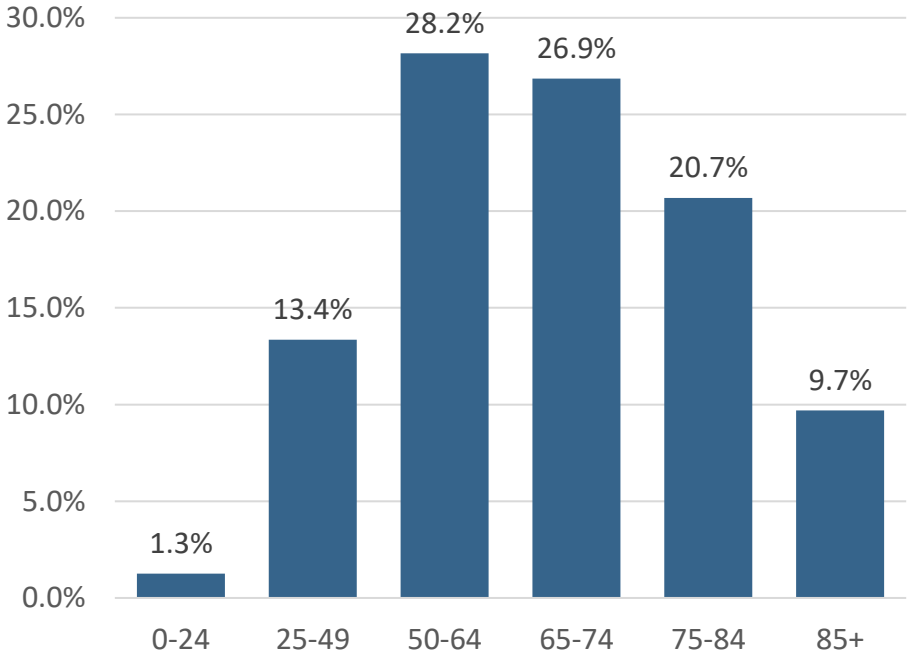


KEY:
- White
- Black
- Asian
- Mixed
- Other
- Not Known

Gender distribution of cases audited:

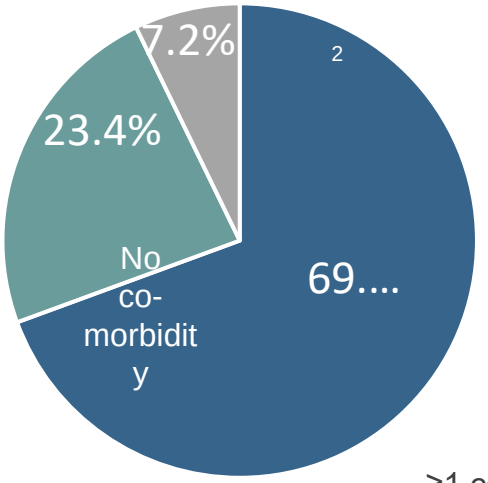
- 51.5% were male
- 48.5% were female

Age group distribution of cases in NCDA cohort:



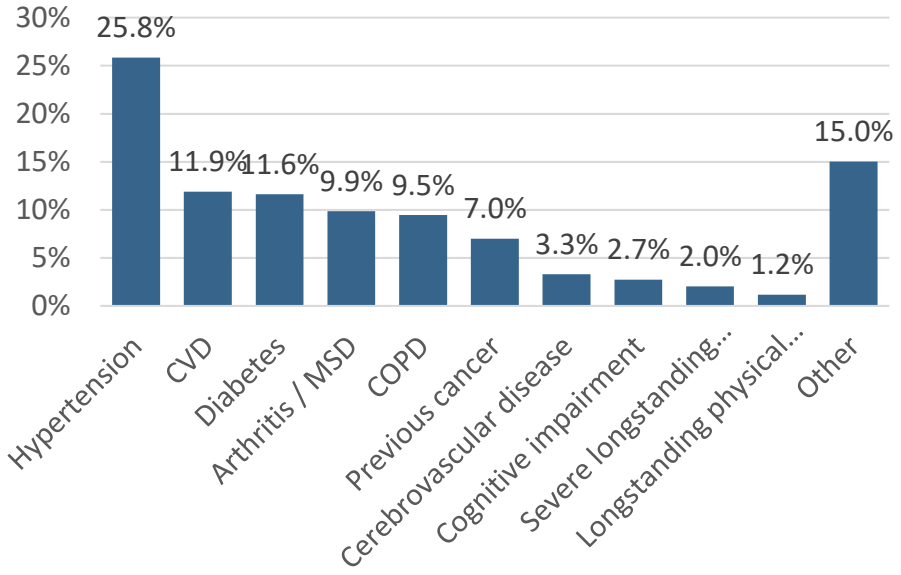
Co-morbidities

Co-morbidity status[1] of cases audited
(n = 14,495)



≥1 co-morbidity n = 10,054

Types of co-morbidities recorded (n = 20,005[3] in 10,054 patients)

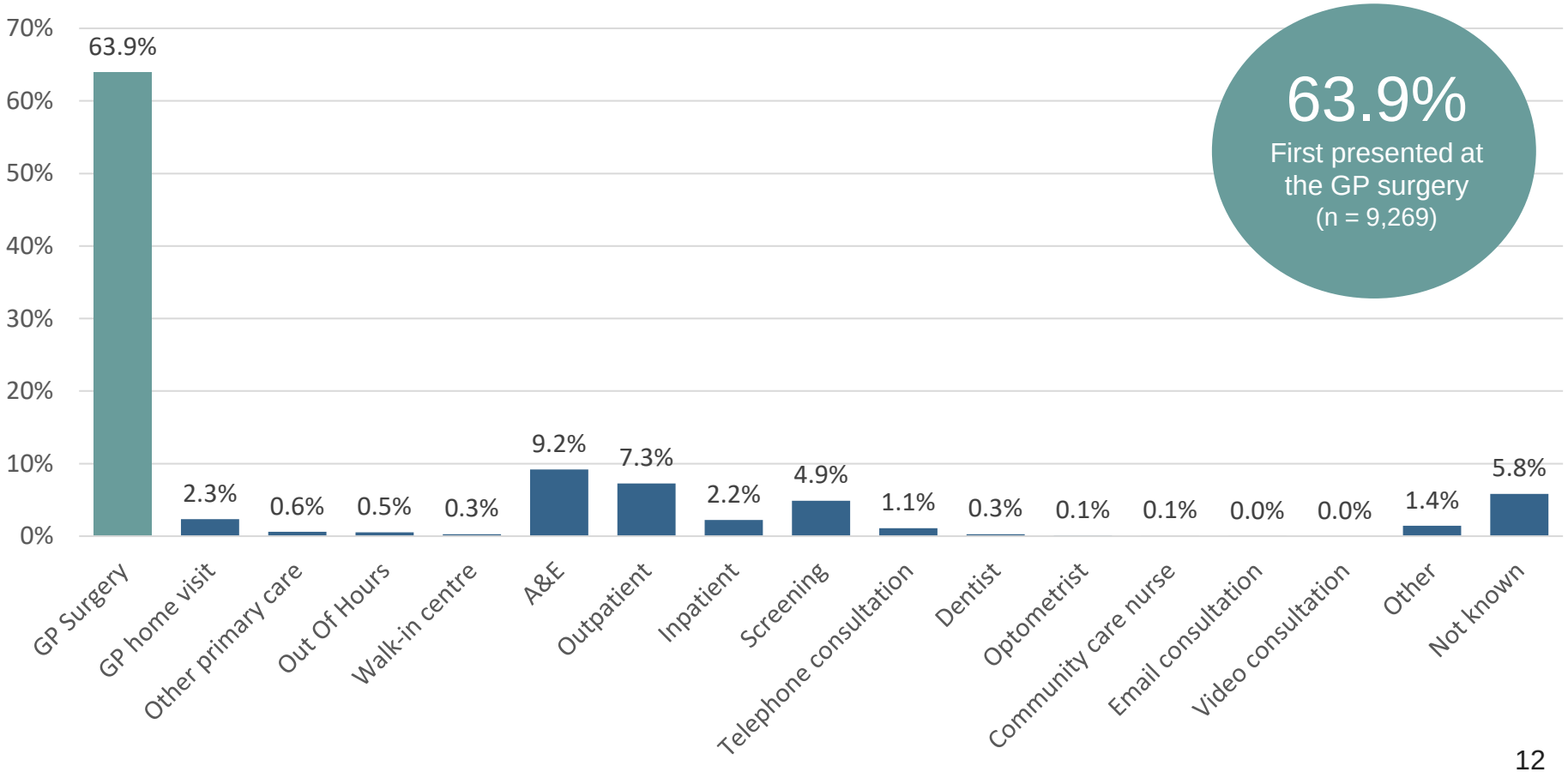


[1]Co-morbidities present prior to cancer diagnosis
[2]Co-morbidity status not known
[3]Patients with multiple co-morbidities are included more than once

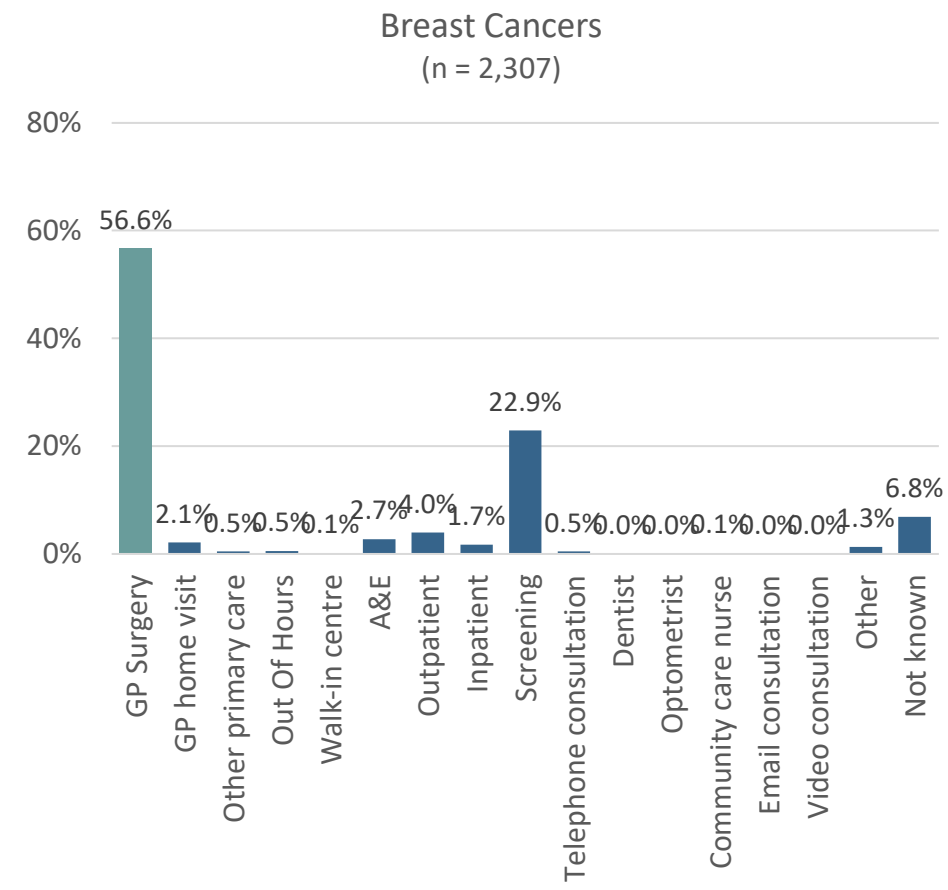
Audit Findings – London Cohort

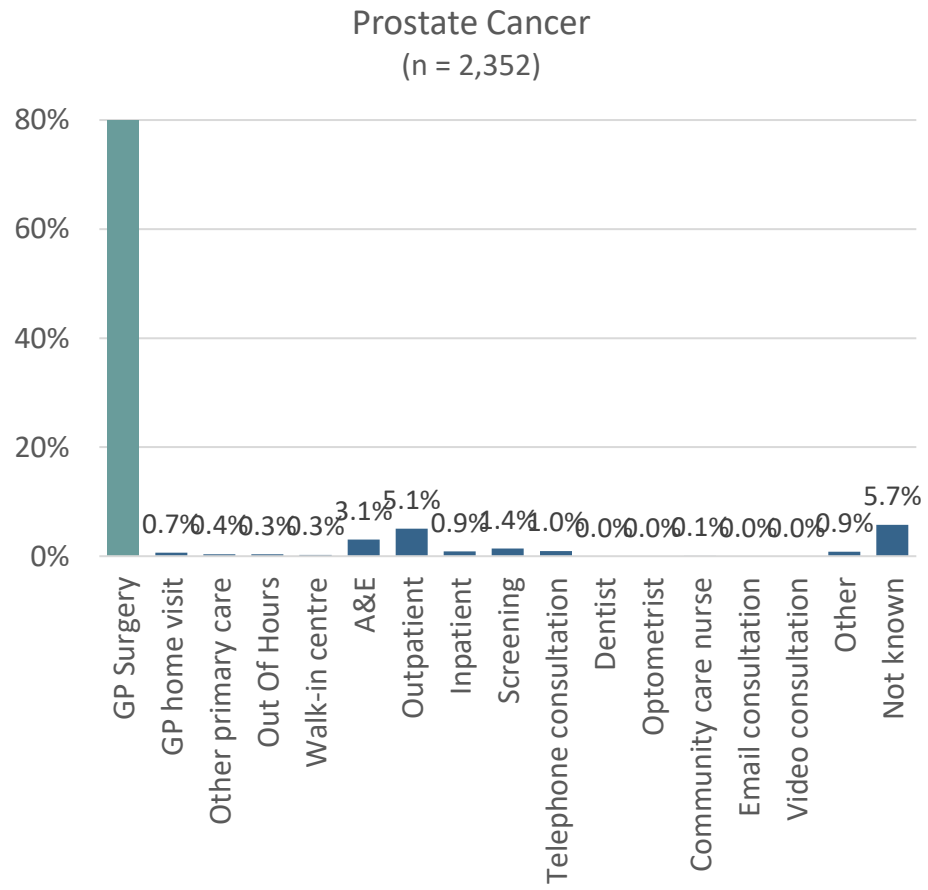
First place of presentation

Place where the patient first presented with symptoms, ultimately considered by the GP to be related to the cancer diagnosis (n = 14,495)

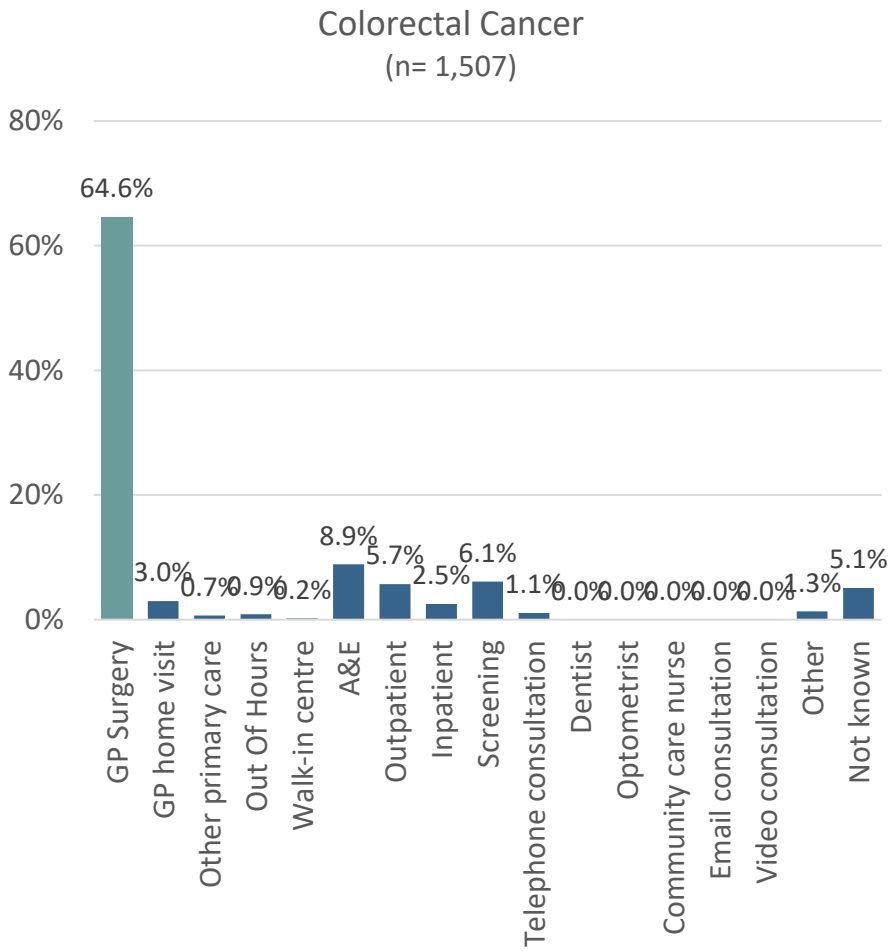


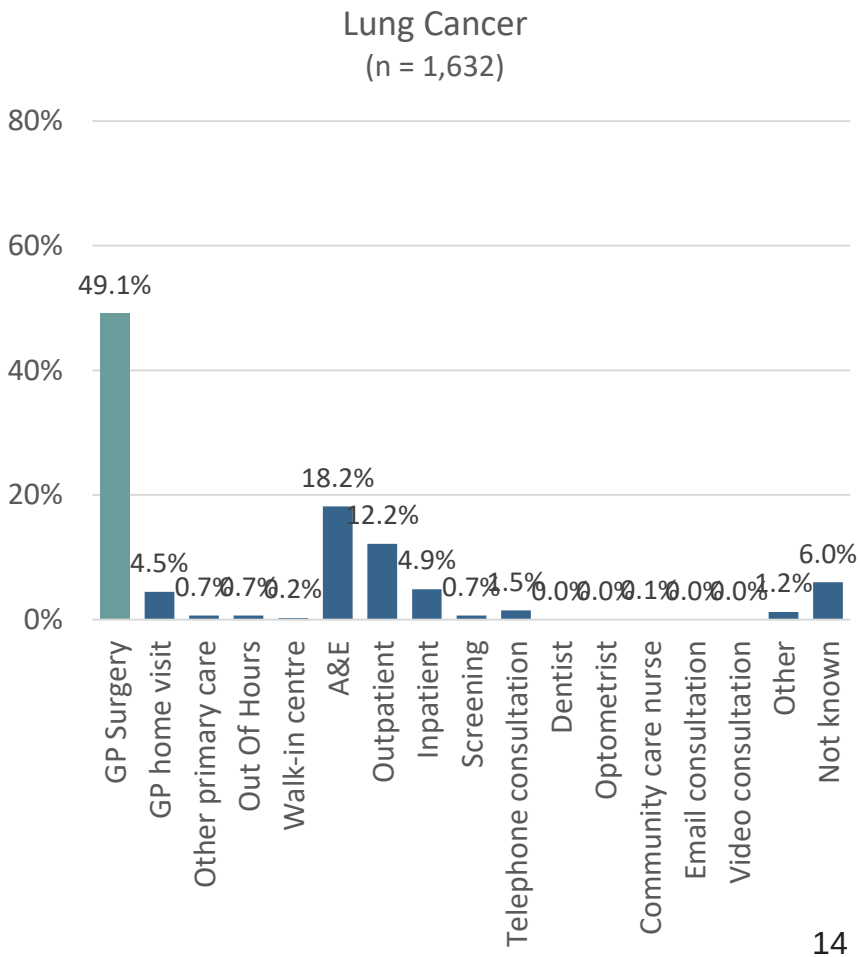
First place of presentation (by cancer type)s



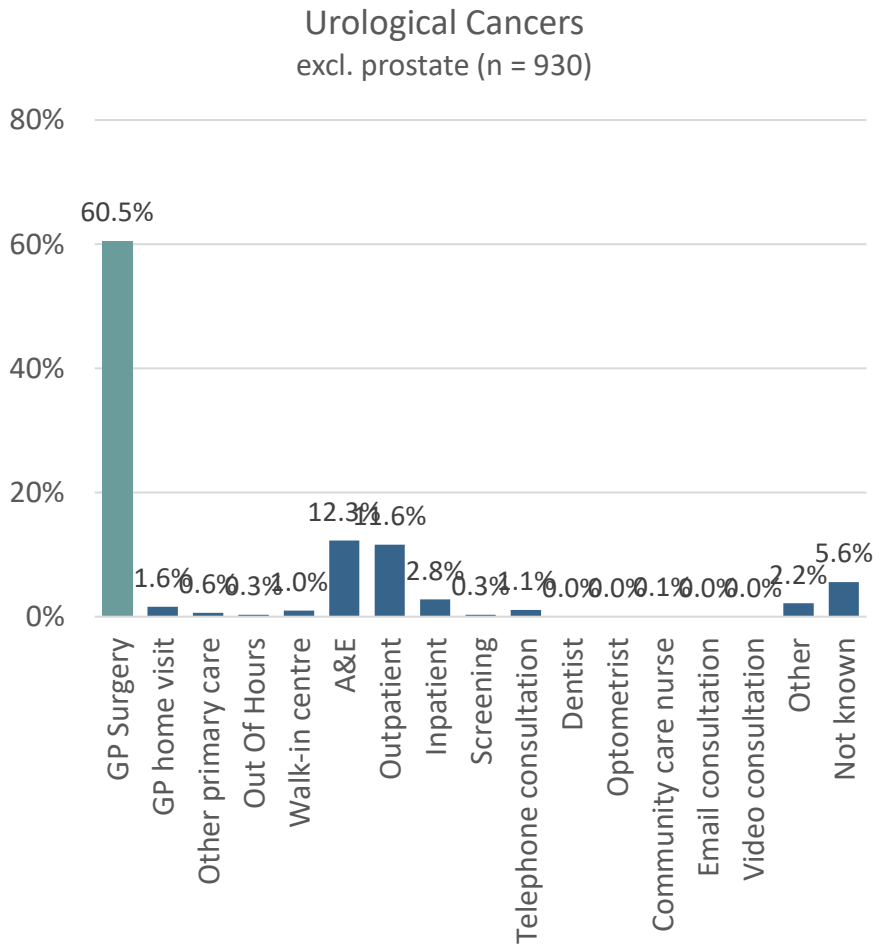


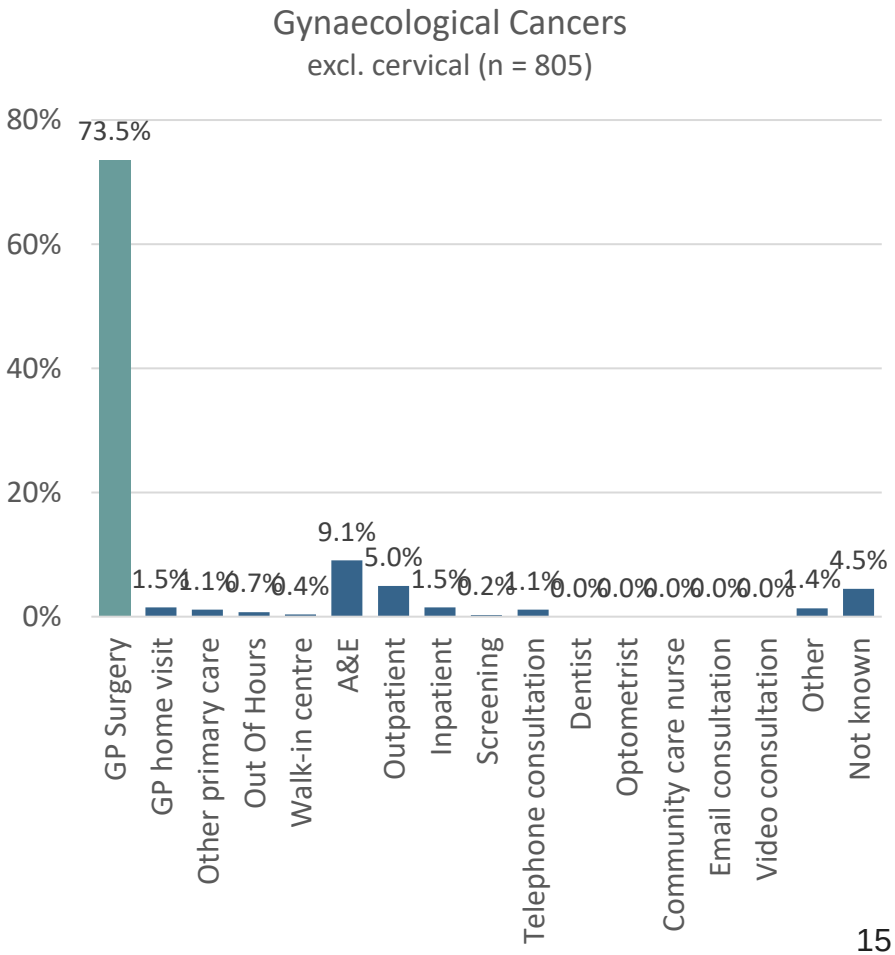
First place of presentation (by cancer type)s



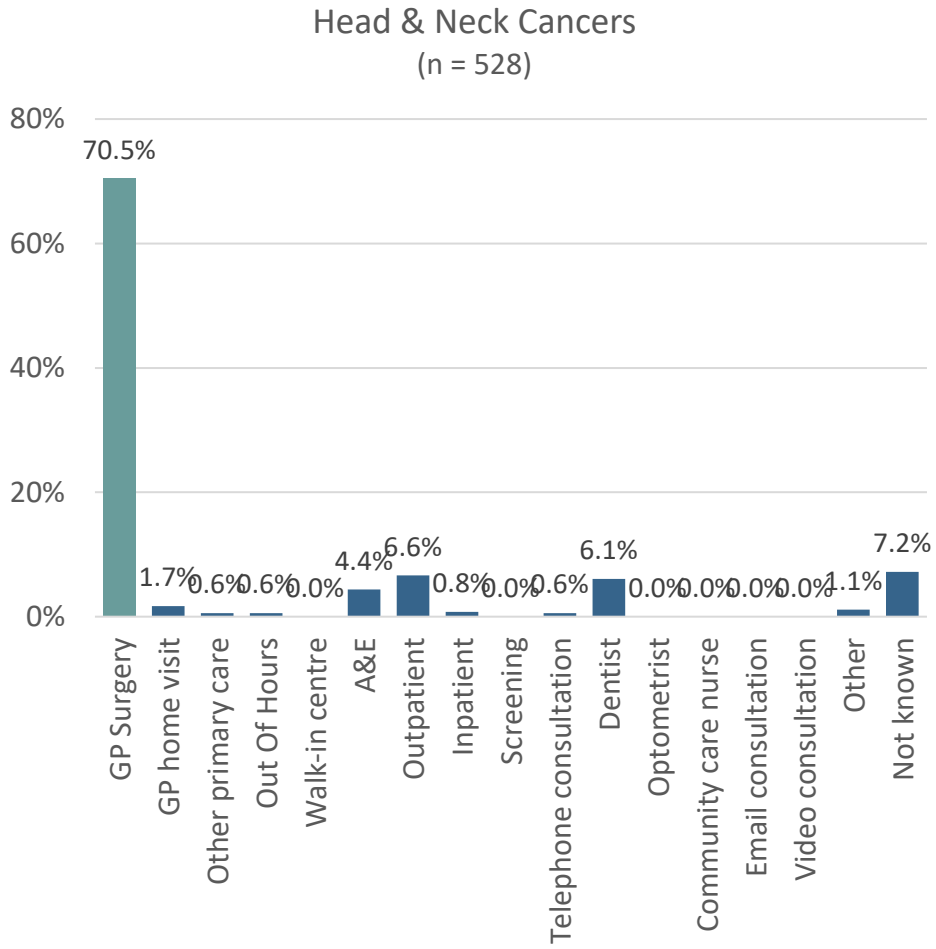


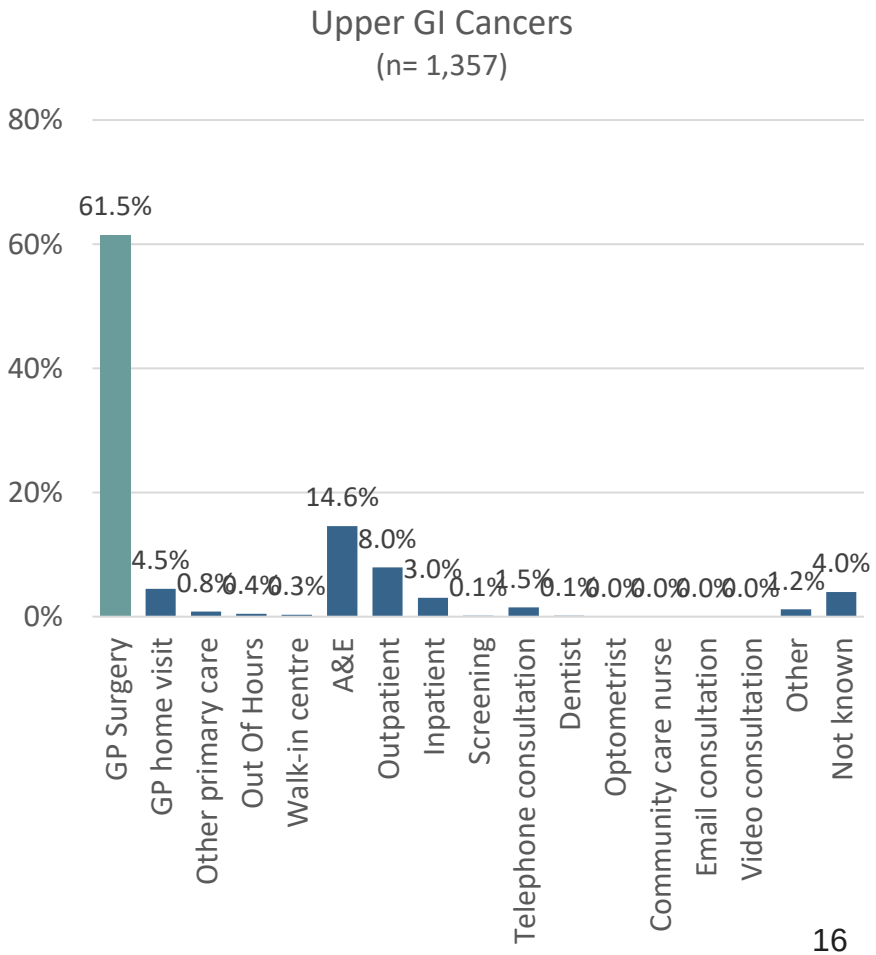
First place of presentation (by cancer type)s





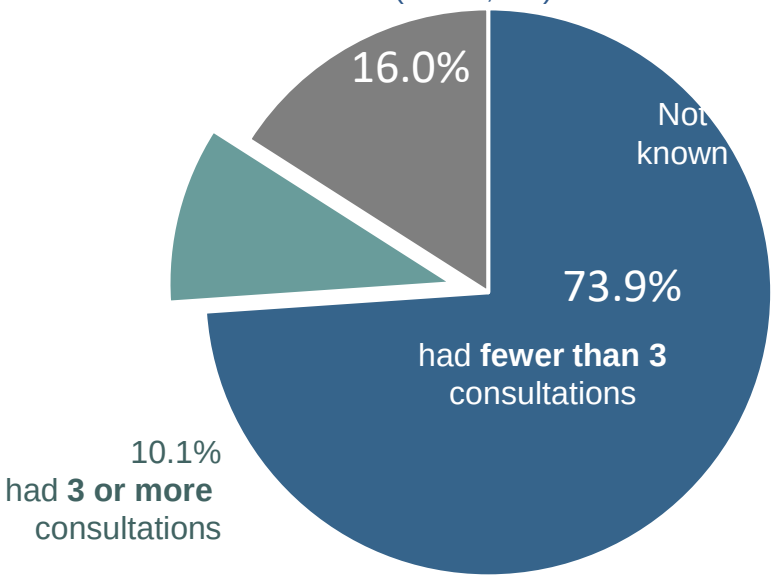
First place of presentation (by cancer type)s



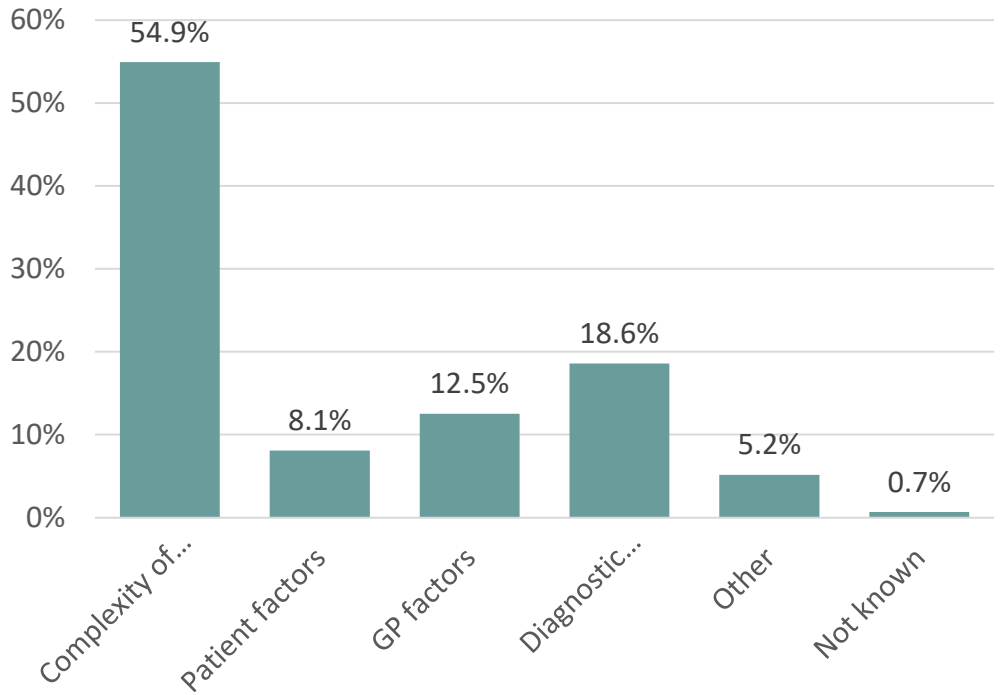


Number of consultations

Number of consultations before referral
(n = 14,495)



For patients who had 3+ consultations (n = 1,468), GPs were asked why[1] multiple consultations occurred:



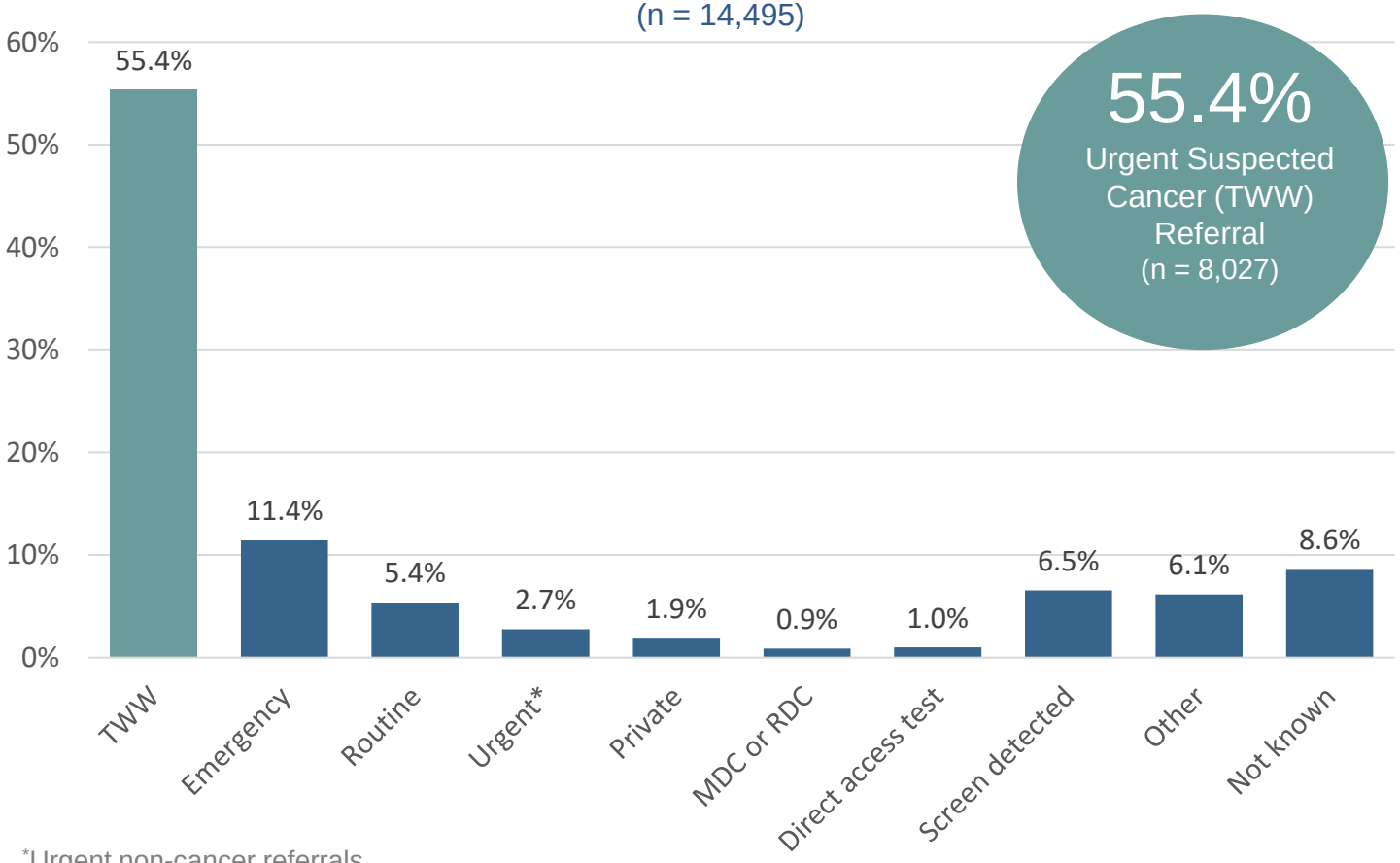
Median number of consultations = 1 (IR: 1-2)

[1]GPs could select more than one factor contributing to multiple consultations occurring; total number of factors reported n = 2,806

Types of Referral

The type of referral that led most directly to the cancer diagnosis

(n = 14,495)



55.4%
Urgent Suspected Cancer (TWW) Referral
(n = 8,027)

The median time from first presentation to referral was:

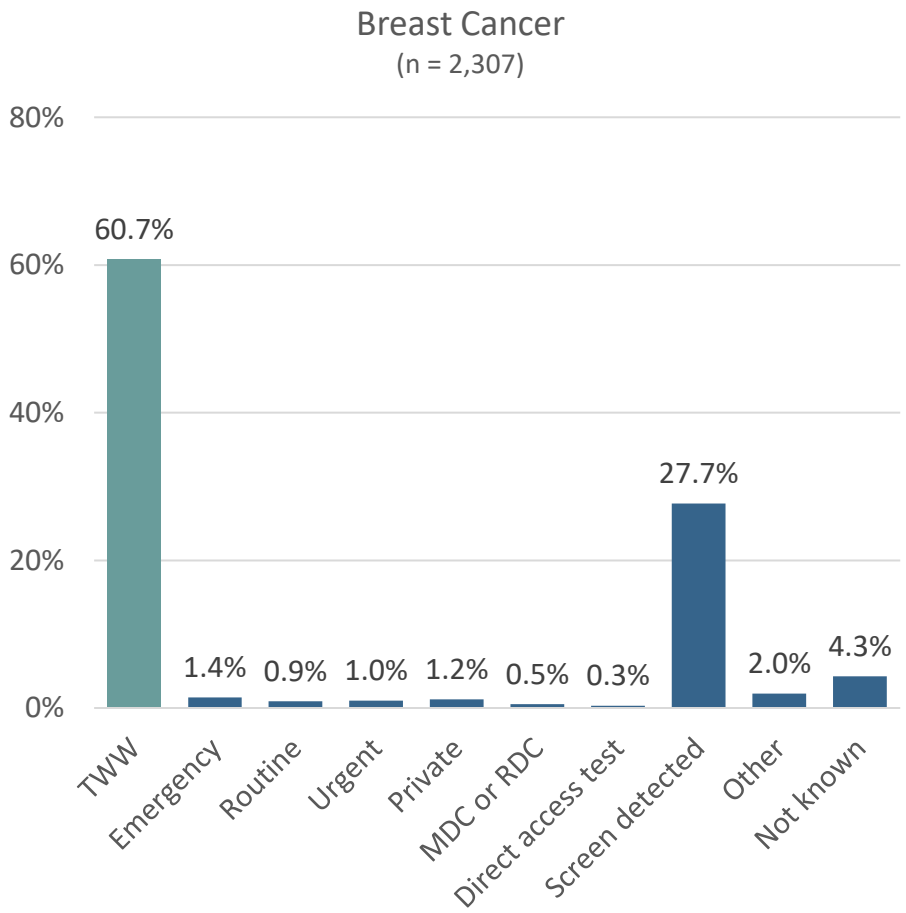
1 day

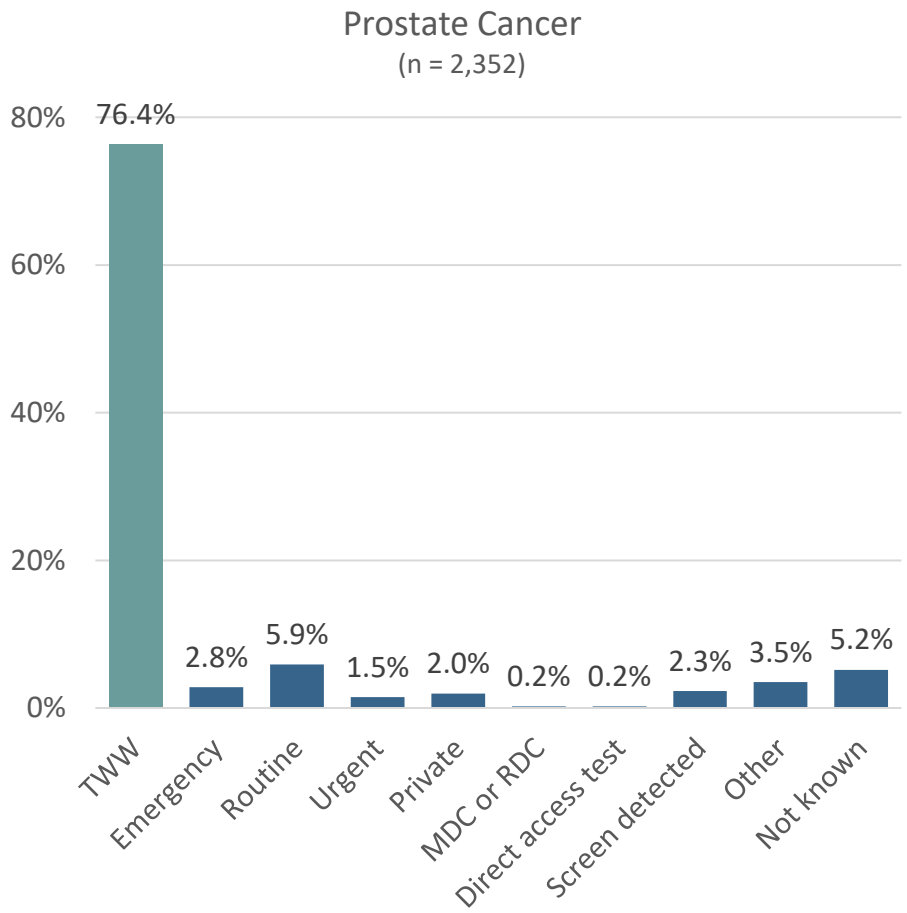
The median time from first presentation to diagnosis was:

37 days

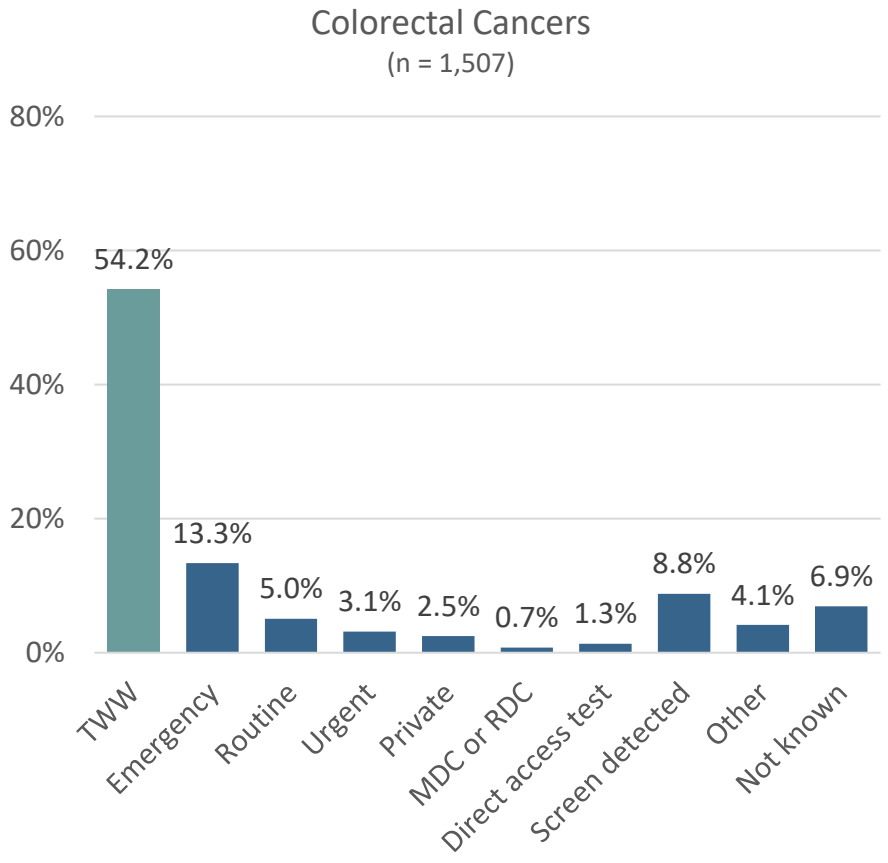
*Urgent non-cancer referrals

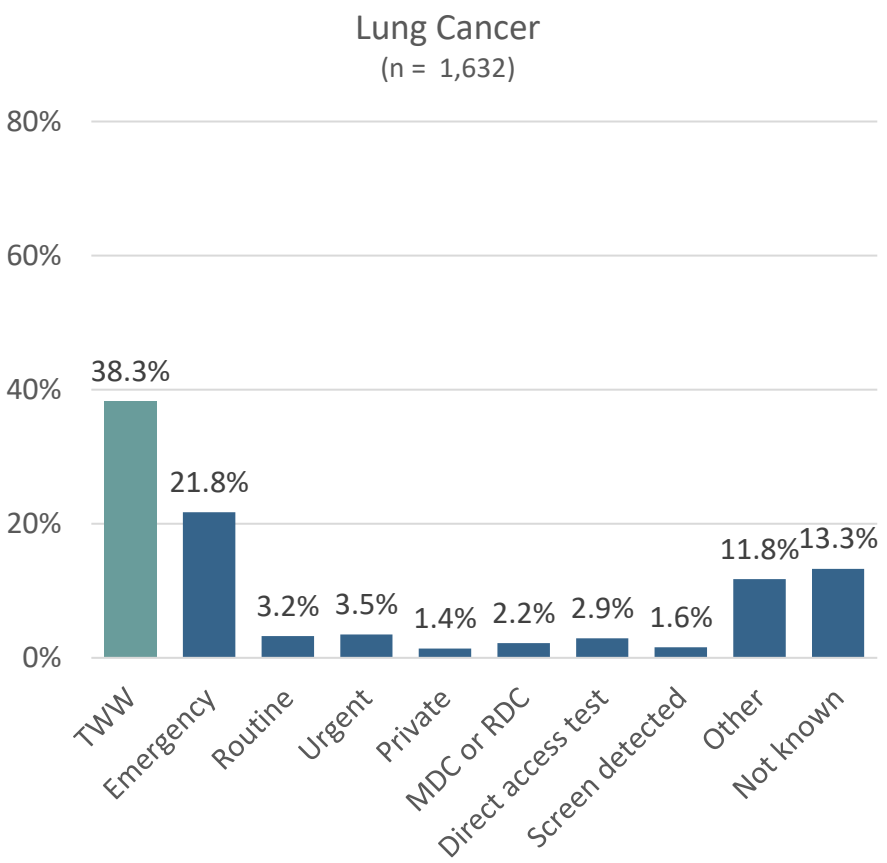
Referrals (by cancer type)



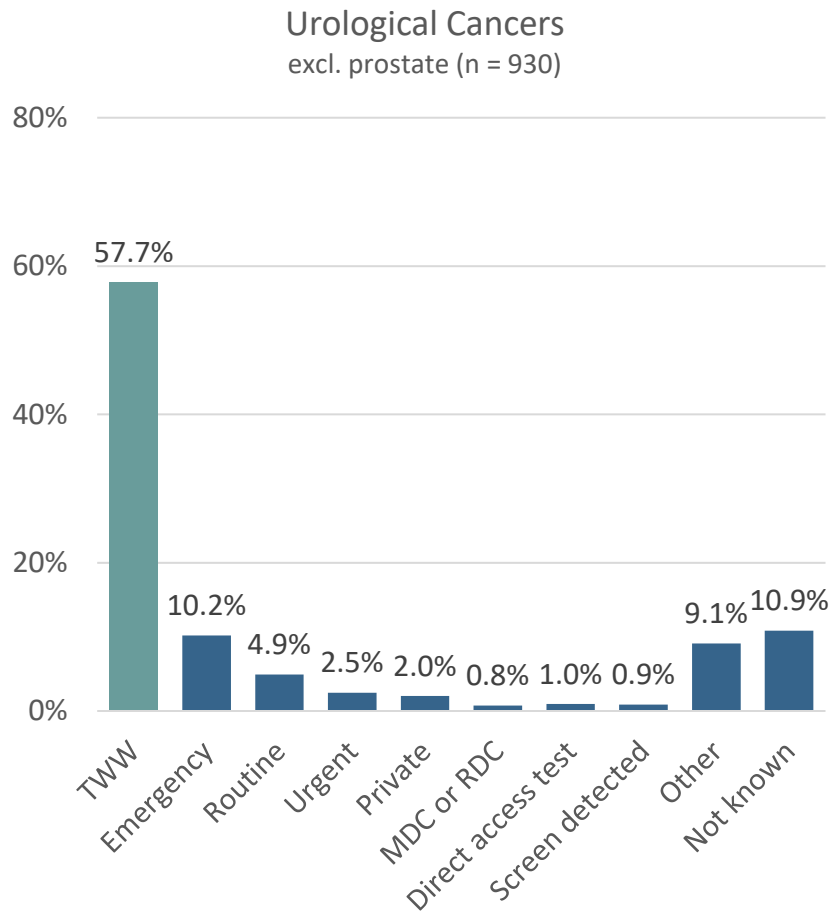


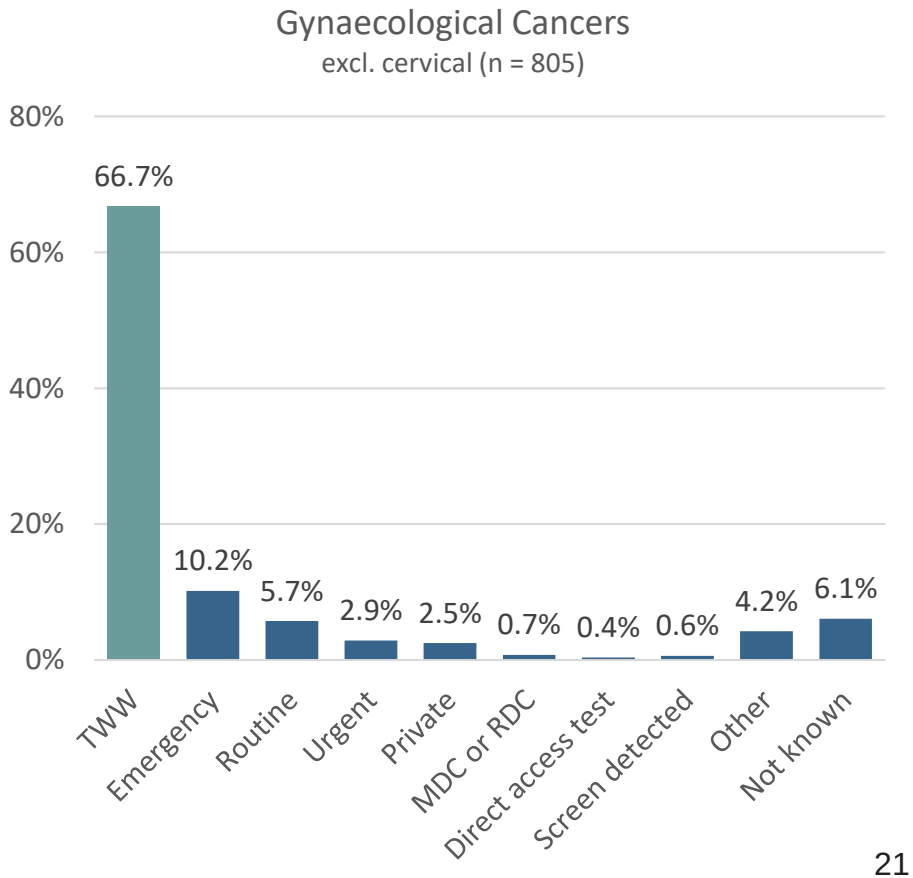
Referrals (by cancer type)



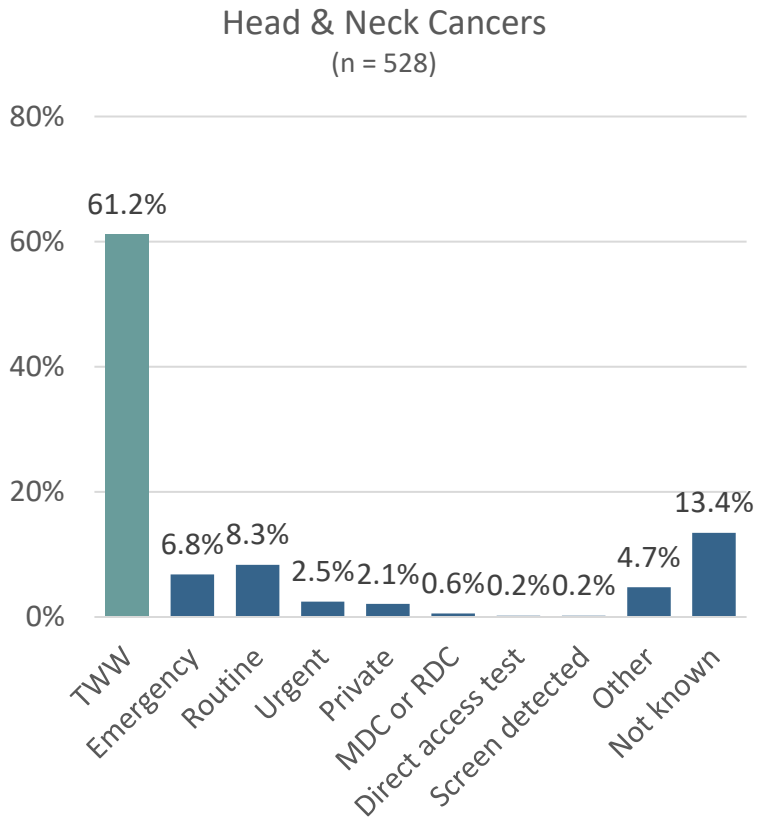


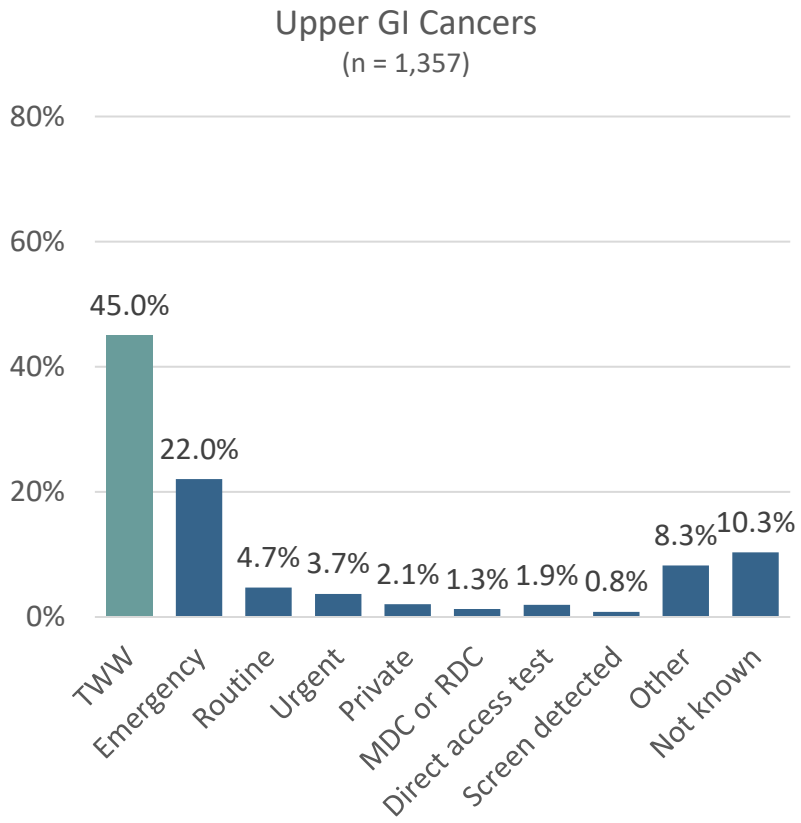
Referrals (by cancer type)





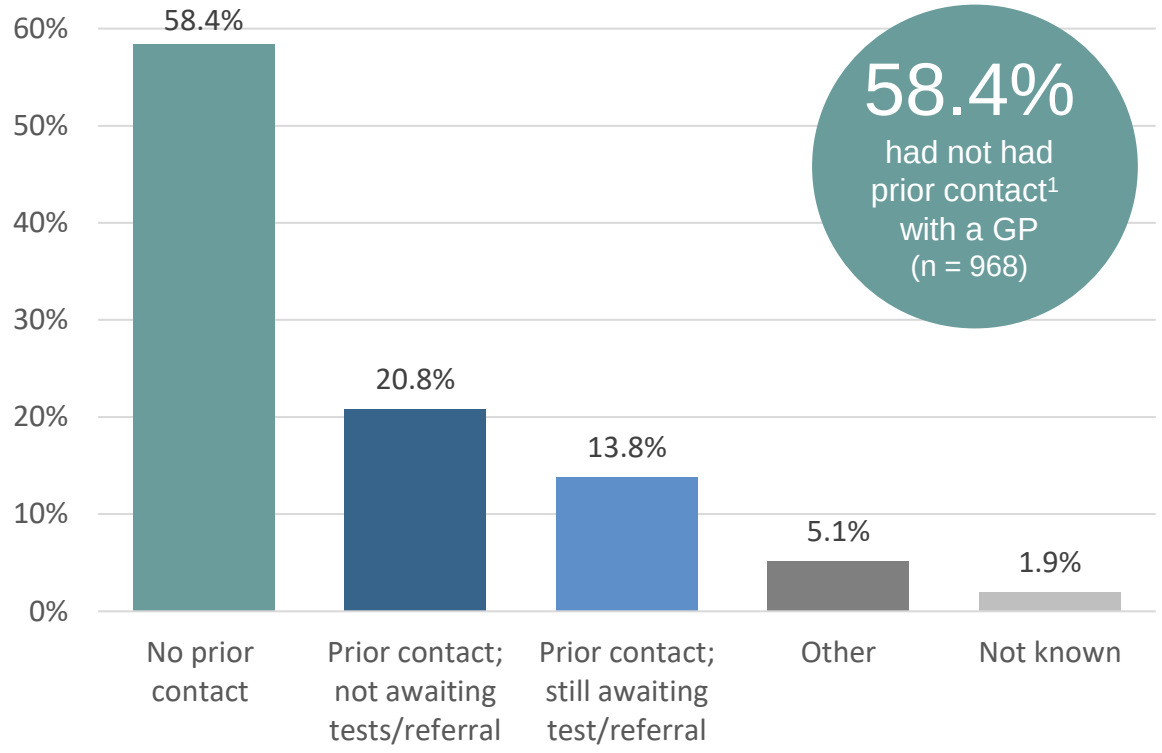
Referrals (by cancer type)





Emergency routes to diagnosis

11.4% of cases audited had been diagnosed through an emergency route (n=1,657); of these:



Self-referral:

50.9% (n = 843)

Emergency referral by GP or Out of Hours service:

42.1% (n = 697)

Other / Not Known:

7.0% (n = 117)

[1]Prior contact is defined as relevant contact with a GP with signs or symptoms later deemed to be linked to the cancer diagnosed

Axis above: Events prior to emergency referral; patients may have self-referred or been referred via GP / Out of Hours Service

Intervals to Diagnosis

Primary Care Interva

Median time in days from presentation to referral:

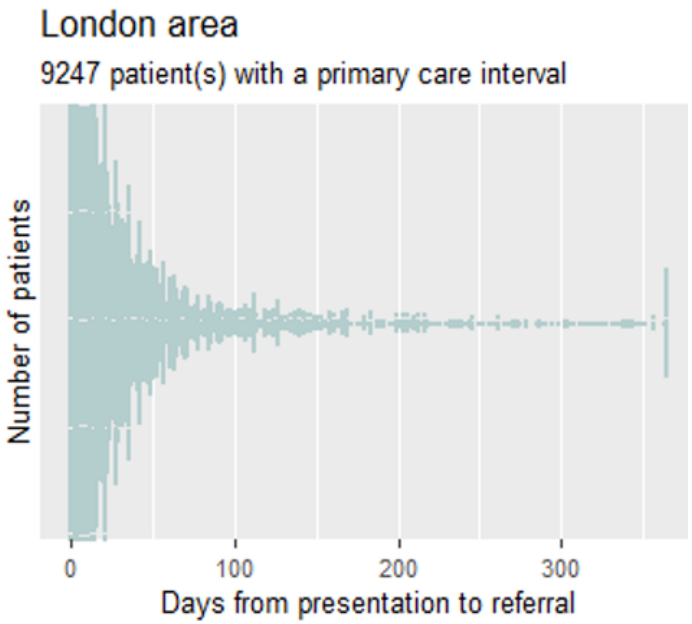
1 day

Diagnostic Interval

Median time in days from presentation to diagnosis:

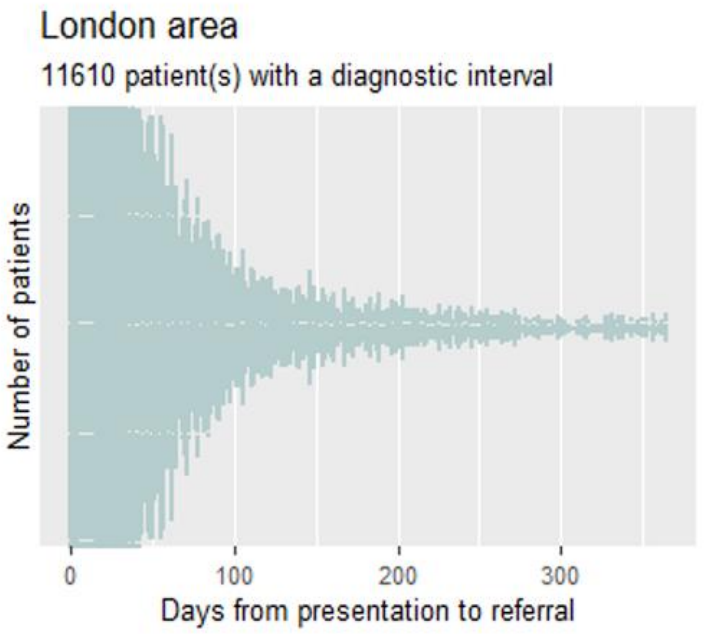
37 days

Primary Care Interval (PCI)[1]



[1]Each dot in the graph represents a case; PCI could only be calculated for patients who had a date of presentation and referral

Diagnostic Interval (DI)[2]



[2]Each dot in the graph represents a case; DI could only be calculated for patients who had a date of presentation and diagnosis

Safety Netting

The overall proportion of cases where a safety netting procedu
was recorded was: **39%** (n=5,650 of 14,495)

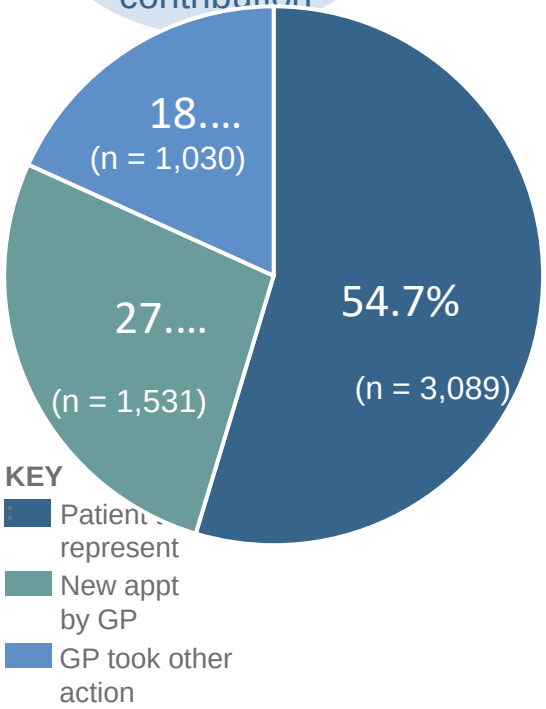
Cancer Type (patients in audit, n)	Safety Netting Record % (n)	Positive Contribution % (n)
Breast Cancer (2,307)	32.7% (755)	19.1% (144)
Prostate Cancer (2,352)	46.2% (1,087)	26.5% (288)
Colorectal Cancer (1,507)	40.9% (616)	24.8% (153)
Lung Cancer (1,632)	36.6% (597)	30.0% (179)
Gynaecological Cancers (805)	43.2% (348)	23.9% (83)
Urological Cancers (930)	39.7% (369)	26.0% (96)
Upper GI Cancers (1,357)	40.8% (553)	32.9% (182)
Head & Neck Cancers (528)	38.6% (204)	23.5% (48)
Remaining Cancers (3,077)	36.4% (1,121)	28.5% (320)

For

1,493

patients, safety netting was felt by GP to have made a positive contribution

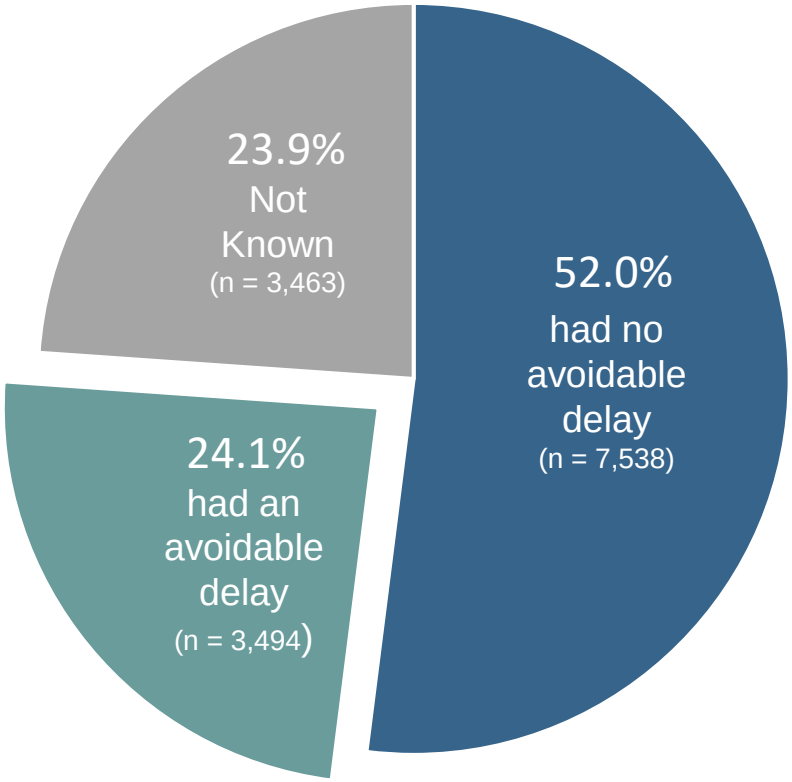
For patients who had been safety netted (n = 5,650), GPs reported the action that was taken and recorded



Avoidable Delay

Cases in which, with hindsight, the GP believed there to have been an avoidable delay in the patient receiving their diagnosis

Proportion of patients with avoidable delay (n = 3,494 of 14,495):



Proportion of patients with…

…avoidable delay before presentation[1]:
46.6% (n = 1,628)

…avoidable delay between presentation and referral[1]:
40.5% (n = 1,415)

…avoidable delay between referral and diagnosis[1]:
42.0% (n = 1,468)

[1]the proportions do not add up to **100%** as a patient could have delay reported in ≥1 part of the pathway

Avoidable Delay (by cancer type)