

INDIVIDUALISED PRACTICE REPORTS

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Background

- ▶ Intended as summary following practice visit
 - Limited time
 - Not all GPs present
 - Interpretation of profile
 - Comparative charts
- ▶ First attempt (2010) too much detail
- ▶ 2011 summary less detailed but made comparisons between 2010 and 2011 profiles

Latest Profile Summary

- ▶ Done for Arden Cancer Network
- ▶ 4 CCGs
 - Coventry and Rugby (split)
 - Warwickshire North
 - South Warwickshire
 - Redditch and Bromsgrove
- ▶ Sent to all (160) practices

Report Content

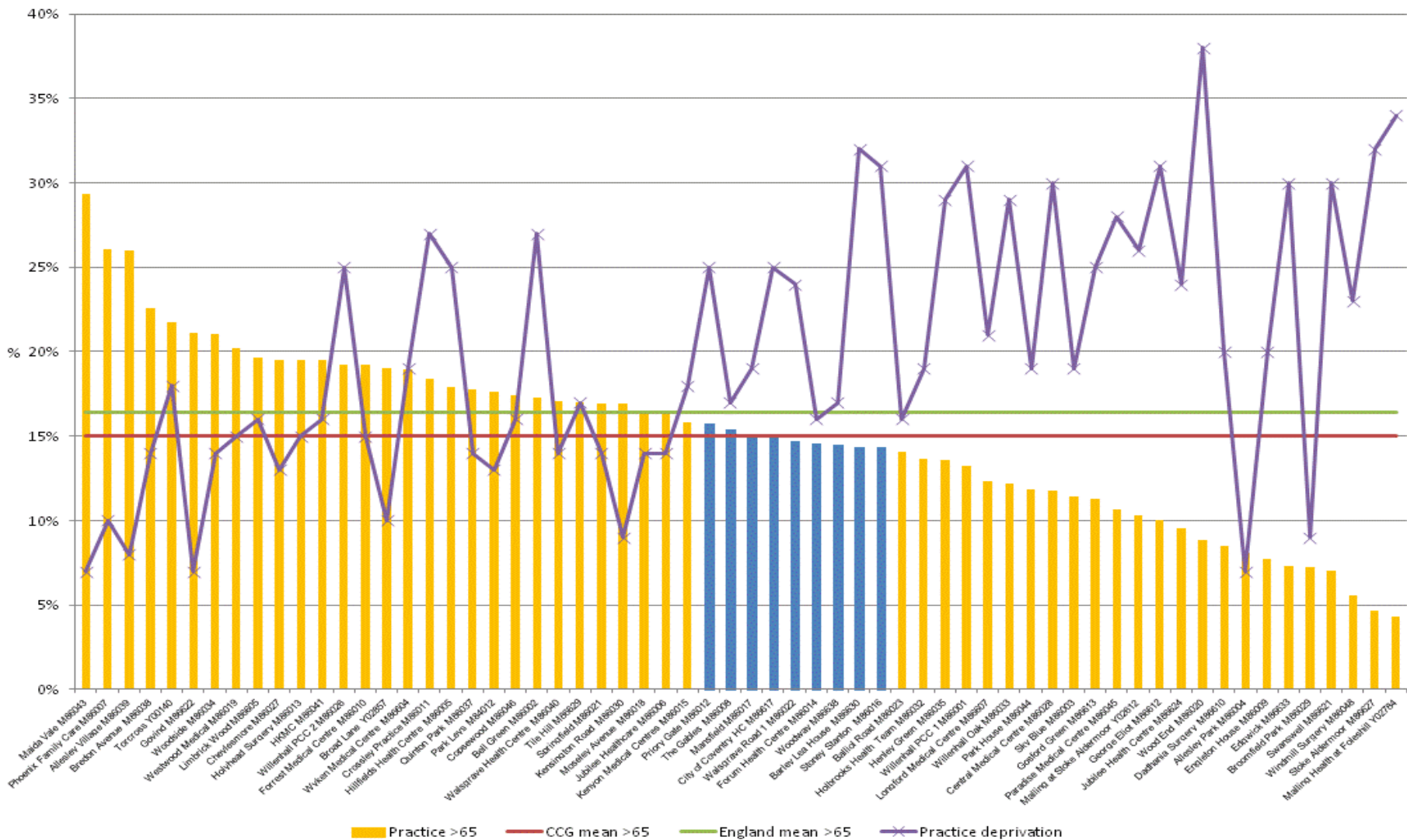
- ▶ NAEDI background
- ▶ Encouraged to register with CCT
- ▶ How to interpret profiles
- ▶ What can you do to improve early diagnosis?
 - Prevention information for patients
 - Awareness campaigns
 - Smoking, alcohol and obesity
 - Screening levels
 - Are NICE referral criteria used by all clinicians?
 - Audit suggestions
 - Website links
 - Safety-netting check-list

| High Priority Cancer Safety Netting Advice (Ensure patient communication procedures are in place) | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| The practice should have procedures in place to ensure that patients are aware of how to obtain results of investigations | | |
| Practices should ensure that current contact details are available for patients undergoing tests/investigations or referrals | | |
| The practice should have a system for communicating abnormal test results to patients | | |
| Practices should have a system for contacting patients with abnormal test results who fail to attend for follow up | | |
| High Priority (Ensure reliable practice systems are in place) | Yes | No |
| Practice systems should be in place to document that all results have been viewed, and acted upon appropriately | | |
| Practices should have policies in place to ensure that tests/investigations ordered by locums are followed up | | |
| Practices should conduct significant event analysis for delayed diagnoses of cancer (focusing on symptoms, signs, diagnostic procedures, continuity of care and reasons for delay) | | |
| Intermediate Priority (Consider using reliable practice systems) | Yes | No |
| Practice systems should be able to highlight repeat consultations for unexplained recurrent symptoms/signs | | |
| Practices should conduct an annual audit of new cancer diagnoses | | |
| Practices should participate in cancer awareness campaigns | | |
| Practice staff involved in processing /logging of results should be aware of reasons for urgent referral under the 2 week wait | | |

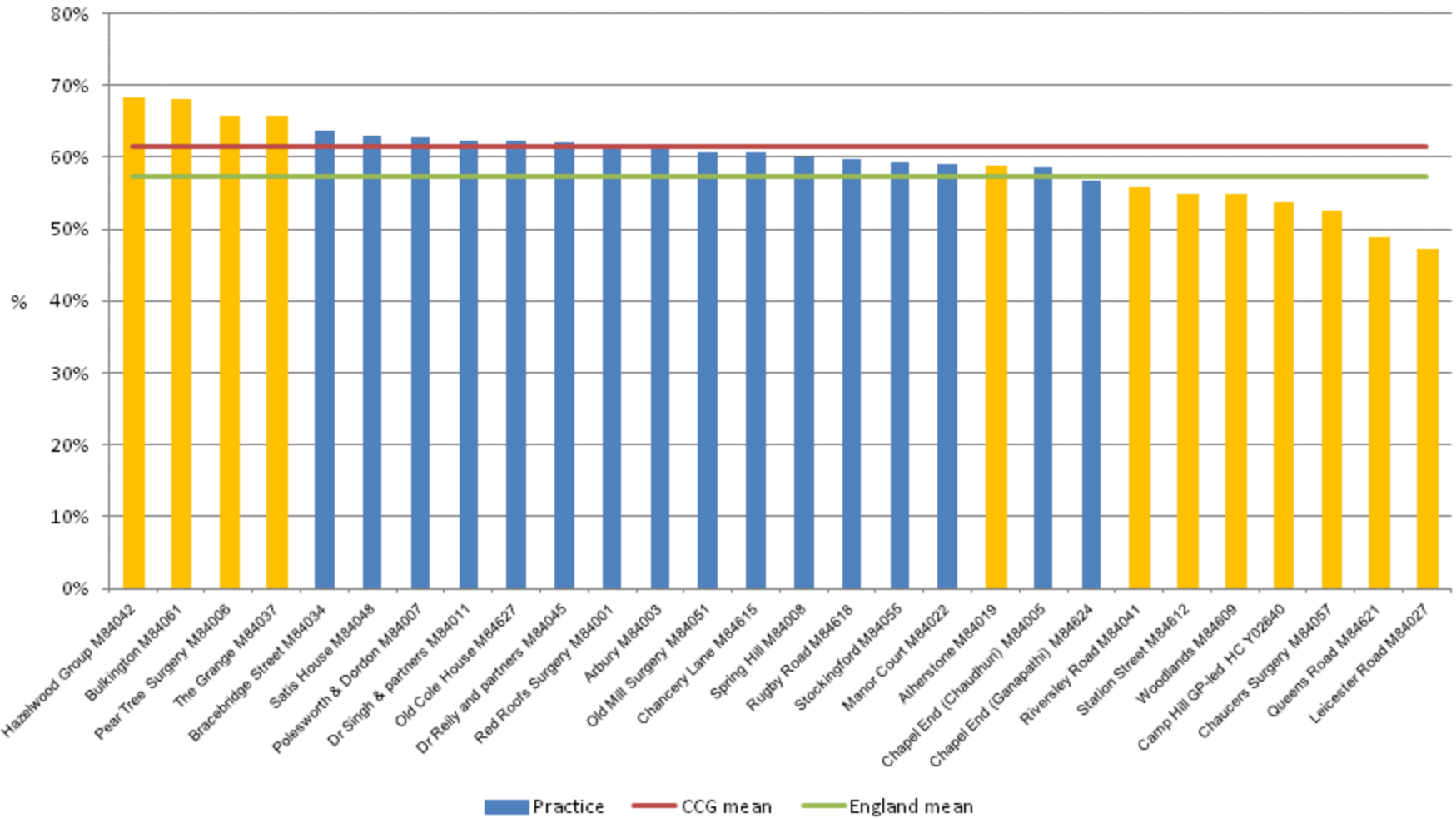
Comparative Charts of key profile indicators

1. Population >65 and deprivation (Indicators 1&2)
2. Cancer Incidence (Indicator 3)
3. Breast screening coverage (Indicator 6)
4. Cervical screening coverage (Indicator 8)
5. Bowel screening coverage (Indicator 9)
6. 2ww referrals ratio (Indicator 12)
7. 2ww conversion rate (Indicator 13)
8. % of total cancers diagnosed following 2ww referral (Indicator 14)
9. Emergency presentation rate (Indicator 23)

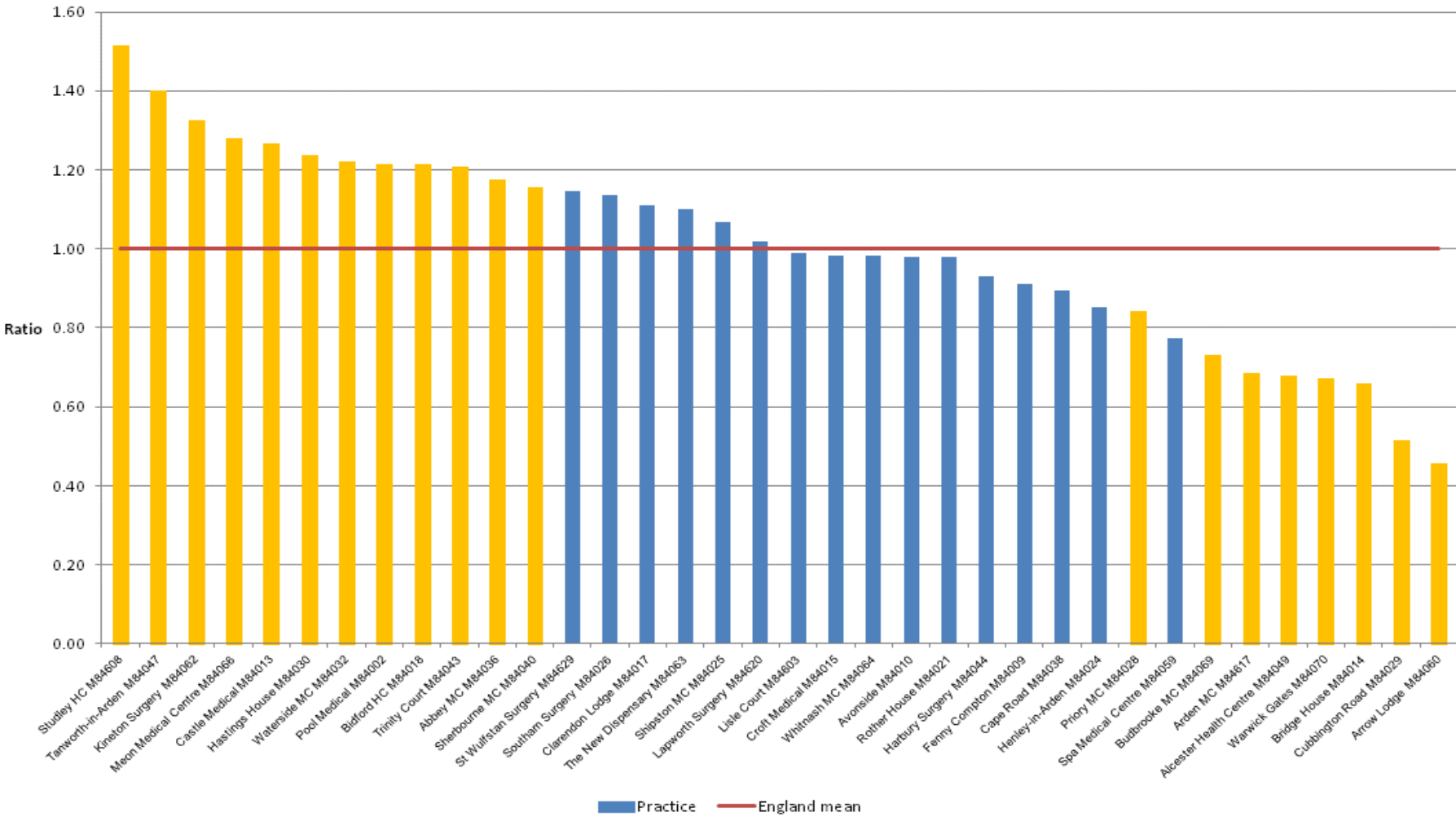
Coventry and Rugby CCG (Coventry area) % of practice population over 65 and practice deprivation levels



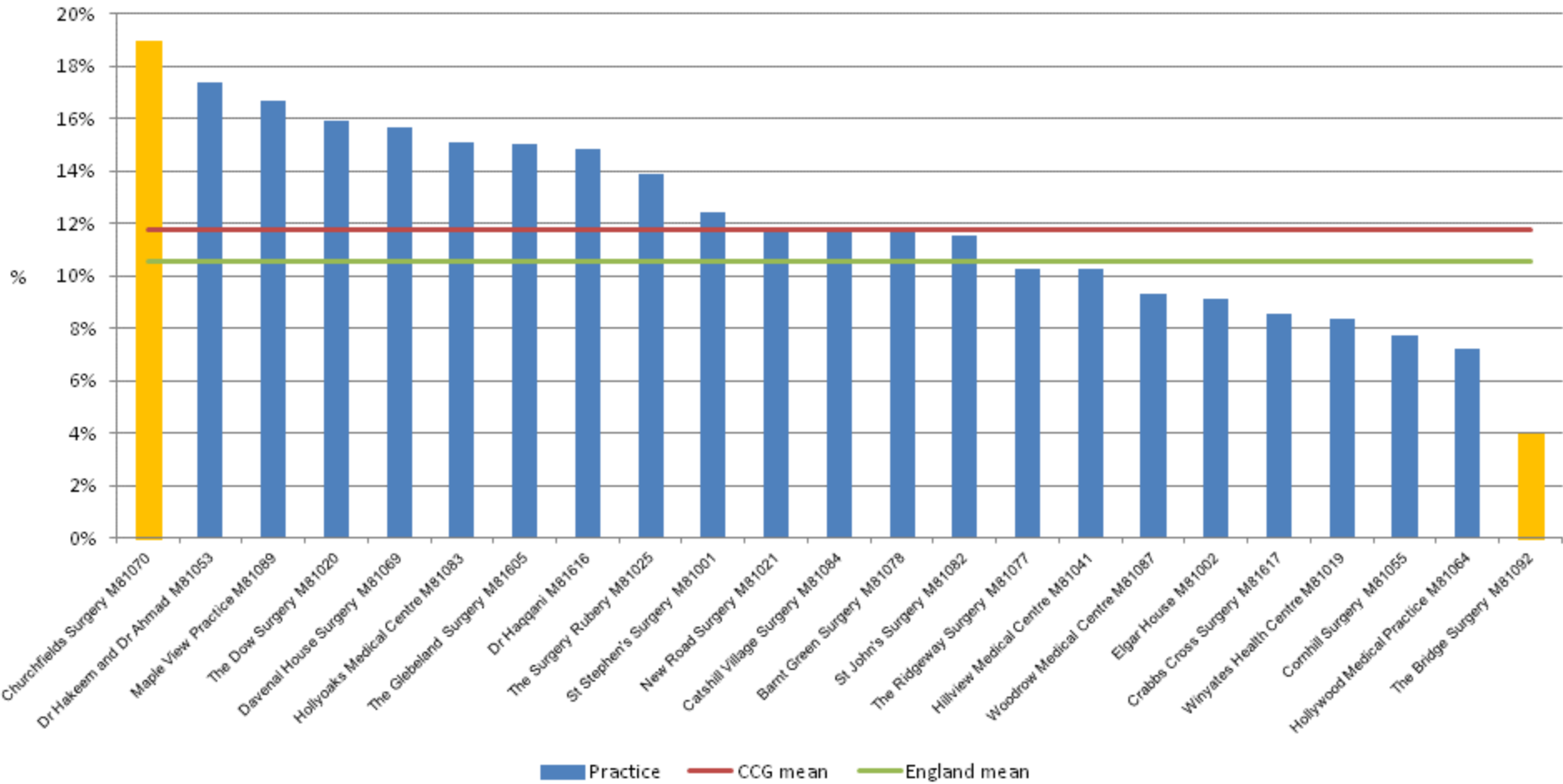
Warwickshire North CCG Bowel screening coverage (2009/10 - 2011/12)



**South Warwickshire CCG
2 week wait referrals ratio
Indirectly age-standardised (2011/12)**



Redditch and Bromsgrove CCG 2 week wait referrals conversion rate (2011/12)



Comparative Charts Summary

- ▶ Simple to understand
- ▶ GPs like to compare with their colleagues
- ▶ If outlier, practice usually wants to know why
- ▶ Examples of consequences
 - Bowel screening
 - Cervical screening
 - 2ww referrals / conversion rate
 - NCAT / RCGP audit of patient journey