Afternoon session 1: Cancer and primary care

14:25 - VARIATIONS IN USAGE OF THE TWO WEEK WAIT REFERRAL SYSTEM IN GENERAL PRACTICE

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Objectives
To investigate the patterns in the use of the two week wait referral system by GPs.   BACKGROUND: Early diagnosis is an important part of the cancer outcomes strategy and, within this, the two week wait referral system plays a key role. As part of their lead role for Cancer Waiting Times (CWT), Trent Cancer Registry provided referral, conversion and detection rates for the GP practice profiles developed by NCIN and NCAT. These measures are also being used to support the National Awareness and Early Diagnosis Initiative to improve early diagnosis of cancer and outcomes for cancer patients.

Methods
Three measures provide key ways to assess the usage of the two week wait referral system, namely:

- Referral rate – number of two week wait referrals as a standardised rate
- Conversion rate – proportion of two week wait referrals resulting in a cancer diagnosis
- Detection rate – proportion of cancers referred through the two week wait system
- To gain a better understanding of the data and investigate referral patterns/ trends, this analysis explores variations in referral, conversion and detection rates at GP practice level and the correlations between them.

Results
Initial results show significant differences in the way GP practices use the two week wait referral system for the diagnosis of cancer. Relationships between the three measures demonstrate complex patterns in practice referrals; as expected, increases in referral rate correspond to decreases in conversion rates and increases in detection rates. However, surprisingly, conversion and detection rates appear to be positively correlated.   Presented results will update analysis provided for the NAO, in order to inform their "Delivering the Cancer Reform Strategy" report.

Conclusions
These results are being used by cancer networks in their discussions with primary care providers to understand referral patterns and share best practice.