**LEA template**

**Part 1**

Please complete this in practice, using one form per LEA and ensuring no patient identifiable information is included

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender M / F | Route to diagnosis: (2ww, routine appt, elective adm, emergency adm, Consultant to Consultant, Screening programme,, genetic test, other) | | Type of Cancer: | Stage of Cancer at time of diagnosis | Age at time of diagnosis |
| Date of Diagnosis | Currently alive, or date of death | Dates and results of last 2 screenings (if applicable for type of cancer) | | | |
| Date of and Who was present at the SEA (GP, PN Admin staff – names not needed) | | Additional Comments | | | |

|  |  |
| --- | --- |
| Brief description of the case  e.g. initial presentation and symptoms, route to diagnosis, delays in presenting symptoms |  |
| What went well?  e.g reflect on process and stages of diagnosis for the patient, was safety netting used? |  |
| What could have been improved?  e.g. clinical, administrative and cross team working issues, was there a delay in diagnosis, if so why? Areas where education and training are required |  |

**Part 2 - Learning**

|  |  |
| --- | --- |
| Please define **3 learning points** | |
| A |  |
| B |  |
| C |  |

**Recommendations/Actions**

|  |  |
| --- | --- |
| Please make **3 recommendations/action points for Individuals or Practice** | |
| D |  |
| E |  |
| F |  |

|  |  |
| --- | --- |
| Please make **3 recommendations/action points for the CCGs if relevant** | |
| G |  |
| H |  |
| I |  |

|  |  |
| --- | --- |
| Please make **3 recommendations/action points for the Hospital if relevant** | |
| J |  |
| K |  |
| L |  |