**LEA Summary Template**

**Part 1 – Patient Demographics**

Please use this form to summarise the findings of all LEAs completed, ensuring no patient identifiable information is included

**Practice Name:**  **Staff role numbers present:** GP Nurse Other clinician Non-clinicalstaff

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Gender (M/F)** | **Route to diagnosis** EG 2WW, Routine ApptElective AdmissionEmergency admissionConsultant to consultant Screening programme,Genetic TestingOther | **Type of cancer?** | **Stage of cancer at time of diagnosis**(if known) | **Age at time of diagnosis** | **Date of Diagnosis** | **Currently alive?**Or date of death | **Screening Programme (if applicable)–** **l**ast 2 screen results | **Additional Comments** Eg – family history, GP ever requested kit on patients behalf |
| Patient/SEA 1 |  |  |  |  |  |  |  |  |  |
| Patient/SEA 2 |  |  |  |  |  |  |  |  |  |
| Patient/SEA 3 |  |  |  |  |  |  |  |  |  |
| Patient/SEA 4 |  |  |  |  |  |  |  |  |  |
| Patient/SEA 5 |  |  |  |  |  |  |  |  |  |

**Part 2 - Learning.** Across the 5 SEA’s reviewed, what are the themes across the following catagories?

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

**Recommendations/Actions**

|  |
| --- |
| Please make **3 recommendations/action points for Practices** |
| D |  |
| E  |  |
| F  |  |

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

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