CANCER DECISION SUPPORT TOOLS

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Decision support and impact on secondary care

March 2013

Macmillan Cancer Support has launched a project to support GPs in decisions on referrals for symptoms that might be cancer. An IT-based tool has been developed using the research from Prof Willie Hamilton (CAPER studies) and Julia Hippisley Cox (QCancer) looking at symptoms that patients presented to their GP with and were subsequently diagnosed with cancer. Significant numbers of patients who turn out to have cancer do not conform with NICE 2WW guidelines, which were developed based on secondary care data. NICE guidelines are presently under review and Professors Hamilton's and Hippisley Cox's research will be underpinning the refreshed guidance which will have a much greater focus on case mix within primary care.

The Macmillan pilot will be live from 01 March 2013 with circa 500 GP practices across England, and aims to help GPs identify those patients with a notable risk of cancer based on symptomatic presentation, who do not necessarily fully match current 2WW guidelines.

Professor Sir Mike Richards has previously written to Trust chief executives asking for their support in this project. Use of the tools will likely see a modest increase in referral and diagnostic activity in the tumour sites we are looking at (pancreatic, lung, colorectal, oesophago-gastric, ovarian). However, use of the tool is likely to lead to improved outcomes and earlier diagnosis of cancer. Secondary care colleagues are therefore asked to support this project, and to accept patients referred where the risk scores have been used. The pilot will be robustly evaluated by Cancer Research UK, with the evaluation focusing in part on the impact that use of these tools has on activity levels within a healthcare economy.

An earlier National Cancer Action Team (NCAT) pilot of Professor Hamilton's risk assessment tool for lung and colorectal cancer saw a total of 2593 risk assessments completed (1160 lung, 1433 colorectal). Compared with the preceding 6 months, there were 292 more chest X-rays, 104 extra 2-week chest clinic appointments, and 47 additional diagnoses of lung cancer. For suspected colorectal cancer, there were 304 more 2-week referrals, 270 more colonoscopies, and 10 more cancers identified. Use of the tool appeared to help GPs in their selection of patients for cancer investigation. Users reported that it helped to confirm a need for investigation as well as allowing reassurance when investigation was not needed.

The tool is only intended to support decision making and there is no definitive advice to investigate or refer based solely on the risk scores. Applying the activity levels for the previous NCAT pilot suggests that each participating practice will see a small increase in referral and diagnostic activity; for example for lung approximately two extra chest x-rays and one extra two week referral over the course of the pilot. Secondary care colleagues are asked to absorb these small changes in activity for the six months of this pilot, and contribute to the valuable learning that the project and its evaluation will deliver with the ultimate aim of improving outcomes for patients.

This project is endorsed by:

Dr Michael D Peake (Consultant and Senior Lecturer in Respiratory Medicine, University Hospitals of Leicester NHS Trust; Clinical Lead, National Cancer Intelligence Network; National Clinical Lead, NHS Cancer Improvement)

Mr John Griffith (Consultant Colorectal Surgeon, Bradford Teaching Hospitals NHS Foundation Trust)

Dr Andy Nordin (Consultant Gynaecologist, East Kent Hospitals University NHS Foundation Trust; National Clinical Lead, NHS Cancer Improvement)

Dr Stephen Pereira (Consultant Gastroenterologist/Hepatologist, University College London Hospitals NHS Foundation Trust)