

PRIMARY CARE 10 TOP TIPS

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Think triggers for early referral in suspected cancer

GPs are sometimes criticised about their referral behaviour, particularly when a diagnosis of cancer is involved. It can be a difficult task to achieve the fine balance between causing unnecessary anxiety in our patients, overwhelming the system with unnecessary referrals for investigations or specialist opinion and ensuring that, amongst the array of presentations we see, the worrying symptoms and signs are recognised and acted upon. Here are some questions to ask yourself about how you manage this and what you might be able to do to achieve that balance – these are not meant to be critical, but just some simple points to help reflection.

1 When did you last refresh your knowledge of the referral guidelines for suspected cancer?

2 Remember that clinical suspicion is paramount and can sometimes override what the guidelines indicate.

3 Common things are common and most presentations are fairly predictable. But unusual presentations do happen – what was the last one you had to refer?

4 Do you/does your practice undertake significant event analyses for patients in whom there has been a delay in referral/diagnosis? Useful for your appraisal and for QoF.

5 Have a look at practice profiles now and again. Do you analyse your urgent cancer suspected/2-week-rule referral rate and what the outcomes have been for patients referred through this route? How do you compare with other practices in your area?

6 Have you stopped to think what it is that sometimes makes you reluctant to refer? How can you get round that?

7 Are you aware of all the 'at risk' groups? We know that smokers are at increased risk of lung cancer but are you aware of the increased risk of malignancy that accompanies some medical conditions?*

8 Do you/does your practice do anything to encourage those in 'at risk' groups to recognise what could be a serious symptom and to come along at an early stage to discuss ie patient information leaflets?

9 If you're concerned about a patient but don't feel you need to refer, use your local consultants for advice (eg a phone call or email) about the best course of action.

10 If 'open access' or 'direct to test' investigations are available in your area, how often do you make use of them? Do you follow up on patients who have 'normal' or 'negative' tests?

* More information about the 'at risk' groups can be found in Macmillan's 'practical guide for GP appraisal and revalidation' (Module three - Prompt recognition and early referral). It can be found here: macmillan.org.uk/improvingcancercare