



NORTH AND EAST

# Diagnosis of cancer following Emergency Presentation: A Service Evaluation

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# The case of need in London Cancer

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- Data from NCIN (2006-2008) shows that 24% of all newly diagnosed cancer patients present as an emergency in England; 28% NE London; 22% in North London and 24% in Essex and that this varies locally by tumour group and by geographical location:
  - Lung cancer 39% (England); 49% Barking and Dagenham PCT; 51% Newham PCT and 54% in Tower Hamlets PCT
  - Colorectal cancer 26% (England); B&D PCT 38%; Camden PCT 30% and 40% in TH PCT
  - Prostate cancer 10% (England) and 23% in TH PCT, which has the lowest median age in the country – 29 years old
- For almost all cancer types, 1-year survival rates were much lower for patients presenting as emergencies, than those presenting via other routes

# The case of need in London Cancer

- The A&E Service Evaluation is a priority for London Cancer  
Integrated Cancer Systems: *Earlier diagnosis, working in partnership with primary care and public health*
- It supports the interface between primary and secondary care and seeks to better understand the reasons why people present via the emergency route and to examine the affect this has on overall health outcomes
- No work has thus far been carried out combining an analysis of patients' route to diagnosis with their own reported behaviour and involvement with the health care system

## Scope and scale of the project

- This piece of work project builds on the work from 2 pilots carried out at UCLH and The Royal Free
- The Evaluation is prospective and patients will be followed in 'real-time' from identification and diagnosis at MDTs to 1-year survival
- Covers all tumour groups
- The Evaluation is approved and operational in 12 hospitals (9 Acute NHS Trusts) with A&E departments in North Central and West Essex and North East London
- We have recruited over 200 patients in secondary care to date (approximately 2-month period)

# Methodology

The Service Evaluation (Phase 1) involves:

- A Root Cause Analysis (RCA) will be completed for all patients identified in secondary care who have come through the emergency route and who go on to have a cancer diagnosed (1200 patients)
- For those patients with a significant primary care history, another RCA will be completed in primary care by the GP (approximately 960 patients);
- A patient questionnaire (based on the National Cancer Patient Experience Survey) will be offered to all patients in secondary care;
- In-depth patient interviews will be carried out with 40 patients (Dept. of Applied Health Research, UCL).

Phase 2 will attempt to understand why patients, who present as an emergency, have a poorer one-year survival rate



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## Progress to date and taking the findings forward...

- We have set up 'virtual teams' in secondary care to co-ordinate patient identification and data collection at each site and have engaged with Primary Care Cancer Leads (PCCLs) to raise awareness and disseminate information about the project to GPs
- We will use case-studies to feed into the London Cancer GP Education Programme
- We are producing an Update twice a month to maintain communication across primary and secondary care to encourage shared stories and learning
- The project will bring primary and secondary care staff together in a facilitated day where teams of the staff involved bring one case, worked up to a detailed timeline, to identify common 'care delivery' and 'service delivery' problems and contributing factors/Root Causes over all cases

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Excellent care  
through partnership