**National Cancer Diagnosis Audit**

**Frequently Asked Questions as at 17.6.16**

**A. Why do we need a national cancer diagnosis audit?**

**1. What are the audit origins?**

‘[Achieving World Class Cancer Outcomes](http://www.cancerresearchuk.org/sites/default/files/achieving_world-class_cancer_outcomes_-_a_strategy_for_england_2015-2020.pdf)‘: a strategy for England 2015-2020 identified the critical role of national clinical audit in driving improvement. This audit continues and enhances the pioneering 2009-10 primary care audit.

**2. Who is involved in this audit nationally?**

This National Cancer Diagnosis Audit is being delivered by Cancer Research UK, the Royal College of GPs, Macmillan Cancer Support, Public Health England (specifically the National Cancer Registration and Analysis Service), UK Cancer Registries, NHS England, NHS Scotland and Public Health Wales.

**3. How is this audit different from the last national cancer diagnosis audit in 2010?**

We are aiming to collect data from all UK nations, the data will be analysed against standards from NICE and the 2015 England cancer strategy. Importantly, there will be local feedback, so practices can undertake further clinical improvement activities.

**4. What are the benefits to me as a GP?**

There is no national funding for this audit, but there are a number of benefits for GPs who take part, including:

* Improving outcomes for patients
* Demonstrating quality improvement to support GP appraisal, revalidation and CQC inspection
* Identifying patients for Significant Event Audits
* Opportunities for case study discussion and peer learning for complex cases
* Creating improvement plans from local feedback to improve patient care
* Highlighting diagnostic challenges and good practice
* Measuring clinical guideline impact
* Identifying levers to influence local commissioning decisions, strategic priorities and inform service improvement
* Transferable learning regarding optimising diagnostic (referral / investigation) pathways and improving diagnostic quality and safety for diseases other than cancer.

**B. Time commitment**

**1. How long will the audit take to complete?**

Collecting data on a single patient took 15 minutes during the pilot study. This will depend on patient complexity, clinical system navigation ease and internal support availability. Each GP can expect around 8 cancer diagnoses, making the average time commitment around two hours per GP.

**2. Can I submit information as I go (patient by patient) or do I need to plan to do all of this work in one go?**

The data collection period will last for a 3 months. You can input data on all patients at once or in multiple instalments and submit once.

**3. Do I have to audit all the patients or can I choose to do a sample of them?**

We are asking practices to undertake the data collection on all patients registered to the practices that were diagnosed in 2014 for an average practice.

**C. Clinical improvement**

**1. How is this going to help me improve my clinical practice?**

While completing the audit practices can reflect on their clinical practice and practice based systems and processes. Specific insights may include:

* Types of delay
* Where delays occur
* Factors contributing to multiple consultations
* Impact of patient characteristics
* Overview of presenting symptoms by key tumour types to highlight complexities
* Presenting symptoms by place of presentation
* Identification of good practice

**2. Will the findings be available at a local level as well as a national level?**

Feedback will be available at a practice and CCG level, as well as national.

**D. Support for practices**

**1. What support is available to me?**

Support is available from Macmillan GPs and Cancer Research UK’s health professional engagement (HPE) facilitators. In order to maximise local learning the HPE facilitators will work closely with practices when reviewing feedback.

**E. Who needs to be involved?**

**1. I’m the only GP interested in doing this in our practice. Is that OK?**

It is up to each practice how they decide to take part in the audit – whether all GPs review their own patients, whether they review each others’, or whether one GP leads on this on behalf of the others.

**2. Is it acceptable for GP registrars and medical students on placement with practices to complete the audit?**

GPs registrars can lead on completing the audit on behalf of the practice if the supervising GP is happy with this arrangement. However, we would recommend that medical students have access to clear supervision from a GP, to ensure all data are robust and correct. Anyone accessing the data from the cancer registries will need to satisfy the verification process requirements.

**3. Can practice managers do this audit or a member of the practice admin team?**

If a practice wishes to delegate the data collection to a non clinical colleague, they will need to be satisfied that the individual concerns has good knowledge of medical terminology and is sufficient trained to review clinical notes. There are some areas of the audit where we have specified that only a GP can respond (where clinical judgment is required).

**F. Information governance**

**1. Do we have to ask the patients’ permission?**

No – this is not required as the audit data is being collected under regulation 2 of the Health Service (Control of Patient Information) Regulations 2002\* permitting the collection of identifiable cancer data for purposes of surveillance and analysis of health and disease in this area.

**2. What are the information governance arrangements for the audit?**

The data transfer will take place under regulation 2 of the Health Service (Control of Patient Information) Regulations 2002\* permitting the collection of identifiable cancer data for purposes of surveillance and analysis of health and disease in this area.

This will be confirmed and approved by Public Health England’s Office of Data Release. To be satisfied the data is being accessed by the appropriate people Public Health England will sign off the GP verification processes. During audit design the principles of fair processing under the Data Protection Act were applied, and only the minimum amount of necessary data is being collected. The data may, in the future, be used for further audit and research purposes in the same way as patient data collected for purposes of cancer registration. Appropriate approvals will be sought for any further research.

\* See for example: <http://www.legislation.gov.uk/uksi/2002/1438/contents/made>

**3. Who will see this data?**

Public Health England will be the data controller for this audit (responsible for the data). A small number of Public England Staff within the National Cancer Registration and Analysis Service will have access to the data to prepare audit outputs. Practices will receive feedback on their data.

**G. Scope of the audit**

**1. What period does the audit cover?**

All cancer diagnoses made in 2014.

**2. How will practices know which patients to audit?**

They will be identified by the registry (NCRAS) and given to the GP practice. On average, this will be about 8 diagnoses per GP.

**3. Will patients who were referred and treated privately be included?**

The audit includes all malignant cancers excluding non-melanoma skin cancer, ICD-10: C00-97 excl. C44, regardless of where they were treated.

**4. Does this include cancer referrals made by dentists?**

This includes all diagnoses made in 2014 regardless of the referral route.

**H. When should I do the data collection?**

**1. How long do we have for the data collection phase?**

Practices will have 3 months to complete the data collection

**2. Can I do the data collection at home on my work laptop or must it be done from the surgery premises?**

GPs will need access to their clinical system to complete the audit, and they will need to comply with their Information Governance good practice requirements. GPs will need to complete the audit in a location that has a N3 internet connection (connected to the NHS internet, behind the NHS firewall) to satisfy Public Health England’s data security requirements,

**I. Data collection**

**1. How has the data collection process been developed?**

The data specification was based on that collected for the 2009/10 National Audit of Cancer Diagnosis in Primary Care\*. Furthermore, a pilot was undertaken to shape the data collection processes. While creating the final data collection system user testing will be completed, to make sure that this is as easy for practices as possible.

\*http://www.rcgp.org.uk/policy/rcgp-policy-areas/national-audit-of-cancer-diagnosis-in-primary-care.aspx

**J. IT infrastructure and knowledge minimum requirements**

**1. What minimum requirements are there to take part in this audit?**

GPs taking part in the audit will need access to their own clinical system, and be able to access the data collection portal through a N3 internet connection (connected to the NHS internet, behind the NHS firewall). GPs and practice staff will need to access an NHS.net email in order to register and successfully complete the GP verification processes. Computers must have an internet browser of Internet Explorer 7 or above.

**K. Further questions**

**1. If I have another question, who can help me?**

You can ask questions, via the CRUK Health Professional Engagement Facilitators, via Macmillan GPs, or by visiting [www.cruk.org/ncda](http://www.cruk.org/ncda) where you can email the NCDA team.

**2. How do I express an interest/register for the audit?**

To express an interest in taking part in the audit, please visit [www.cruk.org/ncda](http://www.cruk.org/ncda)

Registration is not currently open to GP practices, so please express an interest so that we can notify you when you are able to register fully.