Abstract

Objective: The National Institute for Clinical Excellence (NICE) outlines ten key urgent referral guidelines. The Department of Health in the UK requires all cancer referrals to be seen within 2 weeks. The audit’s aim was to assess the appropriateness of referrals to the Head & Neck Cancer Clinic.

Methods: A retrospective analysis of all ‘two-week-wait’ fast track referrals to the department over a 1 year period (starting August 2010). The referring diagnosis, time of consult and initial management were recorded. A database of all referrals, the picture archiving and communications system (PACS) and computer and paper records were consulted.

Results: For the period of the study a total of 446 referrals were received, 425 or 95% were seen within 14 days. The average wait was 9 days. The commonest reasons for referral included neck lumps, dysphagia and voice change. Referrals for inappropriate symptoms were not uncommon, however the main issue was duration of symptoms prior to referral, which averaged over 6 months. The diagnostic yield for malignancy was 6%, significantly lower when compared with a number of comparative studies. Although 59.5% of referrals were females, 70.6% of cancer diagnoses were in men.

Conclusion: The use of the NICE guidelines by primary care physicians is far from common practice. A greater awareness of the guidelines would have several beneficial outcomes. The number of inappropriate referrals would be reduced and those with cancer should be picked up earlier, thus improving prognosis.

Note: NICE is a special health authority of the English National Health Service (NHSE), serving both the English NHS and the Welsh NHS. NICE publishes guidelines to the following three areas: the use of health technologies (NICE Technology Appraisals), improving public health (NICE Public Health Guidance) and the use of medicines (NICE Guidance on Medicine use), clinical practice and guidance for public sector workers on health promotion and clinical practice.

Methods

- Retrospective
- 1 year from August 2010 – July 2011 inclusive
- Cancer information manager – provided spreadsheet of all referrals via ‘2-week-wait’ pathway
- Further information from:
  - Patient’s paper notes
  - Hospital correspondence software
  - LIMS – Laboratory Information Management System (WINPATH)
  - PACS – Picture Archiving & Communication System

Results

Figs 1 & 2: 3 (above): Clips from Microsoft® Excel spreadsheet detailing data collected, note tables above represent two rows of data that have been cut in order to fill this poster

Fig 3 (above): Graph indicating total number of referrals, male:female ratio and number seen within 2 weeks (n=425 or 93.6% of all referrals)

Fig 4 (above): Table of audit results

Discussion

1. Why were there so many inappropriate / non urgent referrals made via the 2-week-wait system? The main reason is lack of awareness of the guidelines by GPs.

2. Why had numerous patients had an overly long duration of symptoms (average 25 weeks) prior to review by a specialist? The main reason is that some patients presented late or were picked up incidentally. Lack of awareness of the guidelines by GPs and education of the general public are the main factors.

3. Why were there so many inappropriate / non urgent referrals made via the 2-week-wait system? The main reason is lack of awareness of the guidelines by GPs.

4. Why was the referral to diagnostic yield for malignancy so low (6.1%)? Comparable studies have reported figures between 10 – 15% Fig 8 above indicates that a considerable number of referrals were not compliant with the guidelines.

Conclusion

- A greater awareness of the NICE guidelines for the referral of suspected head & neck cancers is needed.
- GPs need to educate their patients in when to present / represent, e.g. when a swelling has persisted or hoarseness has not improved.
- Our department has initiated a programme of education for local GPs of which there are two primary aims: (1) earlier detection of malignancy & (2) reduction in non-urgent / inappropriate referrals via the 2-week-wait pathway.
- A new GP referral pro forma has been produced to provide greater clarity.

References


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Fast Track Head and Neck Referrals Audit