

Bowel Cancer Audit

Thank you for participating in this audit! To answer tick box questions, please put your cursor on the box and single click to select or single click to delete. If you have any questions, please contact Lan Jenner at 07768 556176 or Lan.jenner@tvcn.nhs.uk.

Patient Information:

<p>a. Age of patient at diagnosis:</p>	
<p>b. Is the patient currently alive? <input type="checkbox"/> Yes <input type="checkbox"/> No. Please give date of death</p>	
<p>c. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p>d. Ethnicity:</p>
<p>e. Problems communicating: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>f. Housebound: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. PRESENTATION and ASSESSMENT</p>	
<p>a. Where did the patient first present? <input type="checkbox"/> Bowel Cancer Screening Program <input type="checkbox"/> GP <input type="checkbox"/> Out of hours <input type="checkbox"/> A&E <input type="checkbox"/> Secondary Care Clinics</p>	
<p>b. Date patient reported symptom to GP:</p>	<p><input type="checkbox"/> Not applicable</p>
<p>c. Date patient first noticed symptoms/sign:</p>	<p><input type="checkbox"/> Not available</p>
<p>d. What was main presenting symptom(s)?</p>	
<p>e. How many times did the patient attend surgery before being referred?</p>	<p><input type="checkbox"/> Not applicable</p>
<p>2. REFERRAL</p>	
<p>a. Type of referral: <input type="checkbox"/> Routine <input type="checkbox"/> Urgent (non cancer) <input type="checkbox"/> 2ww <input type="checkbox"/> Emergency <input type="checkbox"/> Other</p>	
<p>b. Status of referring GP: <input type="checkbox"/> Partner <input type="checkbox"/> Locum <input type="checkbox"/> Salaried</p>	
<p>c. What speciality was the referral sent to?</p>	
<p>d. Date referral sent:</p>	
<p>e. Did GP organize any investigations before referring? <input type="checkbox"/> Yes: please indicate investigations <input type="checkbox"/> No</p>	
<p>f. Which Trust was patient referred to?</p>	
<p>3. DIAGNOSIS</p>	
<p>a. Date first seen/investigated by specialist:</p>	<p>b. Date of diagnosis?</p>
<p>c. Stage of diagnosis: <input type="checkbox"/> Duke A <input type="checkbox"/> Duke B <input type="checkbox"/> Duke C <input type="checkbox"/> Duke D <input type="checkbox"/> Not available</p>	
<p>d. Were there any delays informing the practices of the diagnosis? <input type="checkbox"/> Yes. Please describe in detail in section 1 in SEA report. <input type="checkbox"/> No</p>	
<p>f. Were there any avoidable delays to this patient's journey? <input type="checkbox"/> Yes. Please describe in detail in section 1 in SEA report. <input type="checkbox"/> No</p>	
<p>e. Would rapid access to diagnostic alter management of case? <input type="checkbox"/> Yes. What would be most useful? <input type="checkbox"/> No</p>	

Date of Significant Event Audit (SEA) Meeting to discuss Bowel Cancer Audit:

1. What happened?

Describe the process to diagnosis for the patient, including dates of consultations, referral and diagnosis. Consider, for instance, the key consultation at which diagnosis was made, consultations for this patient in the practice in the year prior to diagnosis and the referral process. How often had the patient been seen? Had he/she been seen by the out of hours service, at A&E or in secondary care clinics? Was there any delay on the part of the patient in presenting with their symptoms?

2. Why did it happen?

Reflect on the process of diagnosis. Was this as good as it could have been? If so, what were the factors that contributed to speedy and /or appropriate diagnosis in primary care? If there was some delay in diagnosis, what were the underlying factors that contributed to this? Were reasons for any delay acceptable or appropriate?

3. What has been learned?

Describe the discussion at the team meeting. Demonstrate that reflection and learning have taken place on an individual or team basis and that relevant team members have been involved in considering the process of diagnosis. Consider, for instance: a lack of education or training; the need to follow systems of procedures; the importance of team working or effective communication. Consider the role of the NICE Referral guidelines for suspected cancer and their usefulness to primary care teams.

4. What has been changed?

Outline the action(s) agreed and implemented, where this is relevant or feasible. Consider, for instance: if a protocol has been amended, updated or introduced; how this was done and who it will involve and how this change will be monitored. Are there things individuals or the practice will do differently. Consider both administrative and clinical issues.

Does your practice hold regular SEA? Yes No

What was effective about this SEA?

Some information about your practice

a. How many patients do you have?

b. Which of the following best describes your practice? Urban Semi-rural Rural

c. Is your practice a training practice? Yes No

d. Do you teach medical students? Yes No

e. What PCT is your practice in?

- Berkshire East PCT Berkshire West Buckinghamshire
 Milton Keynes PCT Oxfordshire PCT Swindon PCT

f. Does your practice use any type of proforma for referring colorectal cancer patients?

- Yes. Please check all that apply:
 General proforma for referring 2ww
 Tumour site specific proforma
 No.

g. How would you rate your practice's knowledge of NICE referral guidelines for colorectal cancer?

- Not knowledgeable (Very few of us are familiar with it)
 Somewhat knowledgeable (At least half of us are familiar with it)
 Very knowledgeable (A majority of us are familiar with it)

h. How would your practice rate the usefulness of the NICE referral guidelines for colorectal cancer? Not very useful Somewhat useful Very useful

Comments:

i. Within the last 2 years, has any staff member participated in any education session/e-learning module related to cancer care and diagnosis?

- Yes. Please list name of session(s):
 No

j. Would your practice be interested in educational sessions or training to improve the diagnosis of colorectal cancer or other types of cancer? Yes No

Ideas for sessions:

k. Do you presently display or use any cancer awareness leaflets/information in your practice?

- Yes. Please specify. No

Thank you for participating in this audit! Please e-mail audit to ColorectalSEA@tvcn.nhs.uk. Please provide us with the contact details for person filling out this audit just in case we have any questions.

Name:

Job Title:

Phone number:

Email address:

Results will be presented at our Local Awareness and Early Diagnosis Conference in Oxford on the 21st October 2010 from 16:00 – 21:00. All practices are all invited to attend so please hold the date.