2 WEEK WAIT REFERRAL QUALITY AUDIT IN LEWISHAM & GREENWICH NHS TRUST WITH GP SERVICES

Objective: To ensure LGT (Lewisham and Greenwich Trust) work collaboratively with our primary care partners to Improve the 2ww patient pathways. Enable more streamlined communication between GP and Secondary care clinicians and reduce variations in quality of care.
Ignite opportunities for cross-organization innovation and quality improvement
Learn from issues raised and create a better supportive climate of shared learning and development.

Design: A 2ww referral audit in Gynaecology department was done and then reviewed jointly with GP cancer leads, the lead Consultant Gynaecologist, the Clinical Fellow in Gynaecology, supported by the Cancer Primary Care Interface Project Manager at LGT and the South East London Cancer Alliance Cancer System Development Facilitator. The focus tumor group was Gynaecology.

Methods: Data provided from the business intelligence team at LGT was used for the audit. The selected data was from January 2022-April 2022 from four different practices across Bexley, Lewisham and Greenwich. These practices were selected due to high referral rates. Initially the following aspects of the referral were reviewed.

1- Did the referral meet all of the Pan-London referral criteria for a 2WW Gynae pathway?

2- Could the patient's pathway have been managed differently in Primary Care to have avoided the referral?

3- Do you consider that this referral was made appropriately?

Results: 15 (34.8%) of the 43 referrals reviewed could have either been managed in primary care or referred by an alternative route. The overall data sample size was 149 so 15 of these would equate to 10% of the total data reviewed.

Conclusion:

1- This audit was an example of constructive, collaborative working between primary and secondary care clinicians, facilitated by the cancer interface project manager.
2- The role of the cancer interface project manager is the catalyst in making the communication and collaboration happen.
3- The discussion and learning elements were more important than the identification of the 15 inappropriate referrals (34.8%) out of 43 cases reviewed in a pre-selected sample.
4- There is an element of learning and education, a regular educational programme for primary care physicians and adjustments in service provision/pathway will be helpful for improving of 2 week wait referrals.
5- Secondary care is aiming to start cancer 2-week cancer triage by senior clinicians which will improve the appropriate utilisation of the clinics.
6- Re- audit in 6 months once changes are implemented.

Authors and Affiliations

Ms. Aysha Adeel (aysha.adeel@nhs.net)[1]*, Ms. Heena Mehra (heena.mehra@nhs.net)[2], Mr. Javaid Muglu (javaid.muglu@nhs.net)[3]

[1,2,3]Lewisham and Greenwich Trust, London, United Kingdom. *Corresponding Author