

Service Specification

Service Name	Primary Care CEG Cancer Diagnosis Audit Tool (CDAT)
Programme Manager	Saira Parker-Deeks
Clinical Lead	Dr Jyoti Sood
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1. General Context – Purpose & Aim

This service specification outlines the plan to incentivise primary care to complete the CEG Cancer Diagnosis Audit Tool (CDAT) for patients recorded with a new cancer diagnosis in Q1 and Q2 of 2024/25. The tool is designed for use within GP practices, and it supports GPs and referring clinicians to reflect on how a patient reached their new cancer diagnoses, considering any avoidable delays, the route to diagnosis and any notable practice. The tool auto-populates fields using data from the patient record (EMIS or SystmOne), making it easier to complete the template. The data can be anonymised and extracted to enable a collective analysis to be undertaken by the North East London Cancer Alliance to support the deliverables in the 2025/26 planning guidance, for example:

- Improving uptake of automated safety netting systems for patients offered first line cancer tests
- Promoting wider use of CXR in general practice to support lung cancer diagnosis, including in low risk but not no risk groups
- Implementing action plans based on the findings of referral audits and learning event analyses from 2024/25 on lung, bowel and upper GI.

Key working relationships

- GPs and practice staff (clinical and non-clinical)
- CEG
- NEL Cancer Alliance
- Cancer Primary Care leads
- Community Links PCN Facilitators

2. Service Description

Undertaking the Audit

Using the CDAT practices can run a single search in EMIS or SystmOne and import the results to:

- **Review quarterly activity**
Audit cancer diagnoses one quarter at a time, or for multiple quarters in the previous financial year
- **Work smarter**
Autofill audit fields using data from patient records
- **Address inequalities**
Reflect on patient demographics, co-morbidities, age at diagnosis, tumour group

1. The CDAT should be used to complete the audit, details on how to use and access the tool can be found on CEGs website <https://www.qmul.ac.uk/ceg/support-for-gp-practices/resources/toolkits/cancer-toolkit/>
2. The following quarters should be completed **Q1 - 01/04/2024 to 30/06/2024 and Q2 - 01/07/2024 to 30/09/2024.**
3. Whilst completing the audit, your GP Practice should make a note of any delayed or late-stage diagnosis that could be used by your PCN to reflect and learn as part of regular PCN meetings.
4. Please complete the tool with as much info as possible for each patient and cancer diagnosis to make the analysis and exercise as meaningful as possible. The tool uses information that is coded in the patient health record to auto-populate the audit fields. In cases where the codes do not clearly describe a patient's

diagnosis or demographic information, clinicians are advised to manually check the patient record for uncoded information which would not be picked up by the tool.

5. This information is being collected as part of a wider primary care learning exercise to improve the early detection and diagnosis of cancer. The North East London Cancer Alliance (and any relevant system partners/third parties if applicable) will analyse the data submitted for sharing high-level insights and trends and for the benefit of reflecting these back to PCNs (at Practice/PCN/Borough level) to support patient care and future transformational work in Primary Care.
6. The tool comprises of 13 auto-populated fields, where data has been coded, and 20 fields that are completed by using either a tick box, drop-down menu or free text.
7. A breakdown of the numbers of newly diagnosed cancers by borough and by quarter provided by CEG is included below:

Borough	Q1 New Cancer Diagnosis	Q2 New Cancer Diagnosis	Total New Cancer Diagnosis
Waltham Forest	298	256	554
Tower Hamlets	238	214	452
Newham	320	284	604
C&H	292	292	584
Havering	410	414	824
B&D	185	204	389
Redbridge	288	281	569
TOTALS	2031	1945	3976

Reflection prompts

As a guide below are some suggested prompts to consider when completing the audit and reflecting on the patient journey.

- Were there any reasonable adjustments and provide examples like social, communication/physical health needs? As an example, a patient hoist needs were not noted, and this caused a delay in the cancer pathway.
- Were there any national screening programmes relevant to the diagnosed cancer? For example, did the patient participate in bowel cancer screening? It would be good to get an idea of whether an earlier diagnosis potentially could have been made.
- If it is possible, capture if there were any pathway gaps, for example a patient DNAs an appointment would there be access and support from community learning disabilities team or consultant?
- Were there any obvious delays in the patient achieving an earlier diagnosis?
- Were there any obvious reasons for the patient's late-stage diagnosis (stage 3 or 4)? Some examples are, were there delays due to lack of patient engagement, the hospital trust giving timely appointments, patients not added to safety netting when referred?

How to Submit

8. On completion of the audit the anonymised audit should be emailed to nelondonicb.nelcprimarycare@nhs.net

Quality Control

9. On receipt of the complete CDAT the Cancer Alliance will check the submission as set out in the claim form and payment processing spreadsheet.
10. Practices will be informed of any quality control issues so these can be resolved, where possible, prior to payments being made.

Payment Information

- 11. Practices will be paid £25 per patient audited on receipt of the fully completed (23 fields) CDAT this includes completion of the free text reflection.
- 12. Practices need to complete the claim form for payment to be made.

Timescales

- 13. The fully complete CDAT should be returned to the Cancer Alliance by **30th April 2025**

Help and Support

For further information please contact the Cancer Alliance by emailing nelondonicb.nelcaprimarycare@nhs.net

You can also contact your placed based cancer lead, details below:

Place Based Cancer Care & Clinical Leads		
Barking and Dagenham	Dr Amit Sharma	amitsharma1@nhs.net
Havering	Dr Ameesh Patel	ameesh.patel@nhs.net
Redbridge	Dr Siva Ramakrishnan	siva.ramakrishnan@nhs.net
City & Hackney	Dr Reshma Shah	reshma.shah1@nhs.net
Newham	Dr Chet Barot	chetak.barot@nhs.net
Waltham Forest	Dr Shaz Kang	shahbazkang@nhs.net
Tower Hamlets	Dr Tania Anastasiadis	t.anastasiadis@nhs.net

For any technical support with running the CDAT please contact your local CEG Facilitator:

CEG Facilitator		
Tower Hamlets	Toyin Omisore	t.omisore@qmul.ac.uk
Waltham Forest	Fae Wilkins	f.wilkins@qmul.ac.uk
Newham	Billy-Jo Corfield	b.corfield@qmul.ac.uk
City & Hackney	Luis Rivas Taquias	l.o.rivastaquias@qmul.ac.uk
Barking & Dagenham, Havering, Redbridge	Tracey Gibbons	t.gibbons@qmul.ac.uk
Clinical Facilitator	Karishma Bhuruth	k.d.bhuruth@qmul.ac.uk

3. Appendices

1. CDAT EMIS User Guide
2. CDAT SystmOne User Guide
3. CDAT Claim Form (Information Only)
4. CDAT Payment Processing Spreadsheet (Information Only)
5. Data Access Request Form (Information Only)

