# Dear Colleagues,

# I hope this message finds you well. As part of our ongoing commitment to enhancing patient care and professional development, we are inviting you to participate in a practice based audit titled "Suspected Cancer Referral Audit in General Practice". This audit aligns with November’s focus on Lung Cancer Awareness and aims to improve the early detection and referral accuracy for high-priority cancers, including lung, breast, prostate, and skin cancers.

# The purpose of this audit is twofold: to ensure the completeness and accuracy of our referral forms and to evaluate our adherence to the latest national guidelines for cancer referrals. This audit will encompass an automated review of suspected cancer referrals for 2023, followed by an educational pack to discuss amongst practice colleagues, and a subsequent follow-up audit in April 2024.

# Participation in this audit will not only contribute to improved patient outcomes but also fulfils the requirements of the ICGP Professional Competency Scheme. It's a unique opportunity to enhance our collective knowledge and refine our practice standards in cancer care.

# For more details and to register interest please do respond to mjoyce@centrichealthblessington.ie

# We will be in touch in early December to help you do the first leg.

# Suspected Cancer Referral Audit in General Practice

1. **Audit Purpose:**

To conduct a comprehensive whole-practice audit aimed at enhancing early detection and ensuring referral form accuracy for suspected high priority cancers. The focus will be on evaluating and improving the quality, completeness, and adherence to current best practice guidelines for cancer referrals within the practice.

1. **Audit Criteria:**

**Referral Information Completeness:**

* Completeness of referral information for all patients, including a detailed history of present and past illness, medications, and specific symptoms related to the suspected type of cancer.

**Guideline Adherence:** Evaluate the application of national referral guidelines across different cancers, with a focus on:

* Lung Cancer: Documentation of risk factors, and symptomatology.
* Pigmented Lesions: Usage of dermatological assessment tools and referral decision-making processes.
* Breast Cancer: Execution of clinical examinations and adherence to symptomatic referral pathways.
* Prostate Cancer: Inclusion of PSA testing data, symptom evaluation, and risk factor documentation.
1. **Standards**

Compliance Target: Establish an initial compliance target of 90%, with a long-term goal of achieving 100% adherence to referral criteria.

**4. Audit Timeline:**

**Cycle 1:** Conduct the initial audit in 2023, reviewing all patient records and referral actions from the start to the end of the year.

**Educational Session:** Organise an educational session for all practice staff between the two audit cycles, focusing on areas identified for improvement.

**Cycle 2:** Perform a follow-up audit before the end of the Professional Competence Scheme year in April 2024 to assess improvements and ensure sustainability of changes implemented.

1. **Preparation and planning:**

**Guideline Identification:** Review the latest NCCP guidelines for tumour types to inform the audit standards.

**Education and Training:** Plan sessions to update practice staff on guidelines (and updates) and purpose of the audit.

1. **Initial data collection:**

**Methodology:** A retrospective review of all referrals made for suspected cancer within the defined audit periods.

1. **Changes implemented:**

**Educational Interventions:** Introduce targeted training for healthcare providers on areas identified as deficient in the initial audit.

**Referral Process Updates:** Amend referral protocols in practices to align with the latest guidelines.

1. **Post implementation review:**

**Data Analysis:** Reassess referral completeness and timeliness post-intervention to measure improvements.

**Method Review:** Evaluate the effectiveness of changes and modify strategies as needed.

1. **Conclusions:**

Discuss any improvements or ongoing issues with the referral process.