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Abstract Submission Form

PRESENTER'S DETAILS		Session C. Quality
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Category Audit		
PRESENTATION DETAILS		
Authors Dr. Joshua Leech Dr. Randula Haththotuwa Dr. Younis Ahmad Dr. Aswath Kumar (Supervisor)		Title of Study <i>An Audit of 2-Week-Wait Referrals in Paediatric Oncology at Royal Stoke University Hospital</i>
<p>What's the problem you are tackling? Paediatricians at Royal Stoke University Hospital (RSUH) noted a high volume of referrals under cancer 2-Week-Wait (2WW). Audit carried out in 2013-14 found that only 2% of patients had a malignancy, resulting in wasted resources and unnecessary anxiety. NICE recommends a 3% PPV in adults for referral for suspected cancer and a lower threshold for children; not specified. We aimed to assess outcomes from the paediatric cancer 2WW referral and to identify how practice could be changed to safely reduce unnecessary referrals.</p>		
<p>How did/will you do it? An audit of patients referred via paediatric 2WW system from March 2015-16 to RSUH. Data on referral criteria, clinic outcomes and results of investigations were obtained from the Trust electronic record system.</p>		
<p>What did you find? 226 were referred. 57 under Plastic Surgery were excluded. Of the remaining 169, 48 were referred under lymphoma ; 'other' (n=48), brain tumour (n=31), soft tissue sarcoma (n=12), bone tumour (n=8), neuroblastoma/Wilm's tumour (n=6) and retinoblastoma (n=2). Only 1/169 had a malignancy (lymphoma referred under soft tissue sarcoma). 46/48 suspected lymphoma had reactive lymphadenopathy. 41/48 referred under 'other', were for suspected breast cancer; all were benign. There was a 62.5% increase in referrals compared to previous audit with a reduction in PPV (1.9% to 0.6%).</p>		

Why does this matter?

Findings show a low pickup rate (0.6%) from the 2WW clinic. Most were for reactive lymphadenopathy and benign breast lumps. This is perhaps a reflection of NICE 2015 guidance, which is not specific in its recommendations for referral.

We suggest,

1. Modifying the referral pro-forma for suspected lymphoma to clearly indicate red flags.
2. GP education on red flags for lymphadenopathy and breast lumps
- 3.. Consultant Paediatrician advice over the phone prior to referral.
4. re-audit in 6-12 months