



Welcome to the third edition of CREDIBLE newsletter..... MSDi software is working well with ongoing data being received.

We are also trialling GPADs software in Hall Green Health and Cape Hill Medical Centre. 23 practices are working with us on the study.

Findings/Issues..... As part of the CREDIBLE study, we are aiming for early detection of bowel cancer, based on investigation of patients with bowel cancer symptoms. To effect earlier diagnosis, a faster turnaround is needed.

Not all GPs are processing flagged up patients quickly

So far, we have carried out 133 electronic sweeps . In 67 sweeps there were patients for GP to review.

Time taken to review report and authorise any appointments	Up to 1 month	1-2 months	2-3 months	3-4 months	4-5 months	4-6 months	6-7 months
Number of times reports seen and decisions on appointments made	48	10	2	2	4	0	1

The biggest delay tends to occur the first time we run the programme, when there can be a list for some 20 to 50 patients, depending on the size of the practice, completeness of coding and whether or not symptoms have previously been investigated.

Most of our GPs now review the patient list promptly but in one practice the GP took several months to review patients. In the meantime, a flagged-up patient died of systemic cancer secondary to bowel cancer.

As well as leaving a list with you, we will be producing a monthly summary of how many patients have been flagged up who may benefit from a review. Please ensure the report is seen and dealt with promptly so that appointments can be made to check out whether further investigation is required.

The patients we flag up all have symptoms which potentially need to be followed up as a matter of urgency.

Patients meeting NICE referral criteria for urgent lower GI investigation should be referred via the 2 week wait pathway.

Referral guidelines for suspected cancer <http://www.nice.org.uk/CG27>

Anaemia - iron deficiency summary <http://cks.nice.org.uk/anaemia-iron-deficiency#!topicsummary>

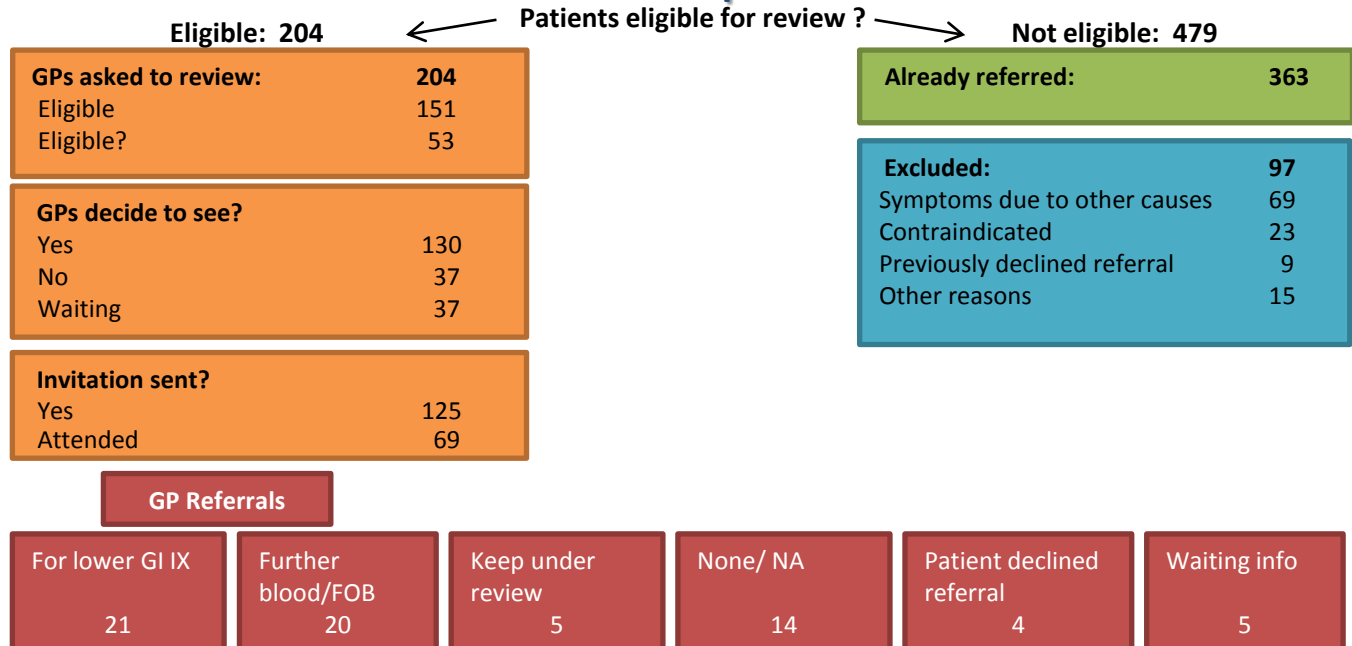
Patient and Public Involvement in Research Our study PPI Representative thought it would be useful to circulate a reminder that early diagnosis really can make a difference.

More than 90% of bowel cancer patients will survive the disease for more than five years if diagnosed at the earliest stage.

Colorectal cancer is the second most common cause of cancer death.

Interim Results..... Data from 20 practices until end of July 2013: 683 patients flagged up in age range 60-79 with symptoms of possible bowel cancer, with 204 potentially eligible for review by GP. So far around half of those had been invited in for a bowel check-up, and just over a quarter had attended. Of these, only 21 had been referred on to rule out colorectal cancer.

Flowchart of patients



Critical Incident..... We circulated to practices a “Critical Incident” which took 7 months for diagnosis – sadly too late. What emerged was that the GP concerned did not use the 2ww form but sent a referral to gastroenterology on a form marked “URGENT” and it wasn’t processed as urgent. Feedback from GPs was that we should ensure we follow the correct pathway (2ww form faxed for urgent investigation to rule out bowel cancer). Colorectal cancer is the fourth most common cancer in the UK. It is important that lower GI symptoms are investigated straight away because time from **first signs to full manifestation can be short** and it is **treatable if found early**.

We’ve noted that sometimes patients:

- Are not referred
- Inappropriate diagnostic test strategies are used to rule out bowel cancer
- Patients are referred as non-urgent
- Patients are referred to the wrong pathway

Do not assume a negative faecal occult blood test means that you should not refer.

We will be sending out a summary reminder of the NICE guideline with some examples of who should be referred for urgent lower GI investigations.

Please send any comments to e.kidney@bham.ac.uk or m.e.crook@bham.ac.uk

Elaine Kidney and George Dowswell will be arranging visits to all participating practices to meet the GPs and other staff working with us on the project. We have research funds to pay for your time. We want to capture anything that is working well and to address any parts of the process which may be problematic.

Thank you for your continued support.