Suspected cancer

NICE quality standard

Draft for consultation

January 2016

Introduction

This quality standard covers recognition and referral of suspected cancer in children, young people and adults. The NICE guideline on suspected cancer contains some recommendations that are relevant to all people with suspected cancer and some that are specific to the site of the suspected cancer. For more information see the suspected cancer topic overview.

Why this quality standard is needed

Cancer is a condition in which cells in a specific part of the body grow and reproduce uncontrollably. Cancerous cells can invade and destroy surrounding tissue, including internal organs. There are over 200 types of cancer, which have different methods for diagnosis and treatment.

Cancer has an enormous impact, both in terms of the number of people affected by it and the impact it has on individual people with cancer and those close to them. Approximately one‑third of the population will develop a cancer in their lifetime and more than 300,000 new cancers (excluding skin cancers) are diagnosed annually in the UK. Each cancer type can have different presenting features, though they sometimes overlap. There is considerable variation in referral and testing for possible cancer, which cannot be fully explained by variation in the population.

Identifying people with suspected cancer usually happens in primary care, because most people first present to a primary care health professional.

Some investigations for suspected cancer can be performed in primary care, for example, blood tests such as prostate-specific antigen tests for prostate cancer or CA125 tests for ovarian cancer. Imaging investigations, such as chest X-rays, or

ultrasound, are generally available by direct referral from GPs. However, some investigations, such as colonoscopy and biopsy can be accessed only through secondary care and so need formal referral.

This quality standard is expected to contribute to improvements in the following outcomes:

- time to cancer diagnosis
- cancer-related morbidity
- cancer mortality.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness – for a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 2 outcomes frameworks published by the Department of Health:

- NHS Outcomes Framework 2015–16
- Public Health Outcomes Framework 2013–16.

Tables 1–2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2015–16

Domain	Overarching indicators and improvement areas
1 Preventing people from dying prematurely	***Overarching indicators*** 1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people 1b Life expectancy at 75 i Males ii Females ***Improvement areas*** **Reducing premature mortality from the major causes of death**

	1.4 Under 75 mortality rate from cancer* (PHOF 4.5) i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung and colorectal cancer *v One- and vi Five-year survival from cancers diagnosed at stage 1 & 2** (PHOF 2.19)*
4 Ensuring that people have a positive experience of care	***Overarching indicator*** 4a Patient experience of primary care i GP services *4d Patient experience characterised as poor or worse* *i. Primary care* ***Improvement areas*** **Improving access to primary care services** 4.4 Access to i GP services **Improving people's experience of integrated care** *4.9 People's experience of integrated care***
Alignment across the health and social care system * Indicator is shared ** Indicator is complementary Indicators in italics in development	

Table 2 Public health outcomes framework for England, 2013–16

Domain	Objectives and indicators
2 Health improvement	***Objective*** People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities ***Indicators*** 2.19 Cancer diagnosed at stage 1 and 2**(NHSOF 1.4) 2.20 Cancer screening coverage
4 Healthcare public health and preventing premature mortality	***Objective*** Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities ***Indicators*** 4.3 Mortality rate from causes considered preventable **(NHSOF 1a) 4.5 Under 75 mortality rate from cancer*
Alignment across the health and social care system * Indicator is shared ** Indicator is complementary	

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to suspected cancer.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development sources for quality standards that affect patient experience and are specific to the topic are considered during quality statement development.

Coordinated services

The quality standard for suspected cancer specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole cancer care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to people with suspected cancer.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality cancer service are listed in Related quality standards. [Link to section in web version]

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing and referring people with suspected cancer should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations in the development source on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting people with suspected cancer. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

[In final web version hyperlink each statement to the full statement below.]

Statement 1. People presenting in primary care with symptoms that suggest oesophageal or stomach cancer are offered an urgent direct access upper gastrointestinal endoscopy within 2 weeks.

Statement 2. Adults presenting in primary care with symptoms that suggest colorectal cancer who do not have visible rectal bleeding, have a test for occult blood in faeces.

Statement 3. People with suspected cancer who are referred to a specialist cancer service are given information to encourage them to attend their appointment.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.

Question 4 There are variations in referral rates for suspected cancer between general practices. Can you suggest which specific groups are not being referred appropriately in order to help define a specific population on which a quality statement can be written?

Quality statement 1: Urgent direct access for oesophageal and stomach cancer

Quality statement

People presenting in primary care with symptoms that suggest oesophageal or stomach cancer are offered an urgent direct access upper gastrointestinal endoscopy within 2 weeks.

Rationale

For people who have symptoms that suggest oesophageal or stomach cancer and present at their GP practice, primary care can play a key role in the early detection and recognition of cancer. Early detection and time taken to diagnosis can improve the quality of life for people with oesophageal or stomach cancer and is critical for successfully treating and surviving cancer. Direct access GP referrals for upper gastrointestinal endoscopy may lead to faster diagnosis of oesophageal or stomach cancer.

Quality measures

Structure

Evidence of local urgent direct access pathways to ensure that people presenting in primary care with symptoms that suggest oesophageal or stomach cancer have an urgent direct access upper gastrointestinal endoscopy within 2 weeks.

Data source: Local data collection.

Process

Proportion of people presenting with symptoms that suggest oesophageal or stomach cancer who have a referral for an urgent direct access upper gastrointestinal endoscopy.

Numerator – the number in the denominator referred for an urgent direct access upper gastrointestinal endoscopy.

Denominator – the number of people presenting in primary care with symptoms that suggest oesophageal or stomach cancer.

Data source: Local data collection.

Process

Proportion of people with symptoms that suggest oesophageal or stomach cancer who have an urgent direct access upper gastrointestinal endoscopy within 2 weeks of referral.

Numerator – the number in the denominator who have an urgent direct access upper gastrointestinal endoscopy within 2 weeks of referral.

Denominator – the number of people with symptoms that suggest oesophageal or stomach cancer who have an urgent direct access upper gastrointestinal endoscopy.

Data source: Local data collection.

Outcome

a) Time to oesophageal cancer diagnosis.

Data source: Local data collection.

b) Time to stomach cancer diagnosis

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (primary care services and endoscopy services) ensure that systems are in place for GPs to refer people who present at primary care with symptoms that suggest oesophageal or stomach cancer for a direct access upper gastrointestinal endoscopy within 2 weeks of referral.

Healthcare professionals (GPs) ensure that they are aware of local referral pathways to refer people who present at primary care with symptoms that suggest

oesophageal or stomach cancer for a direct access upper gastrointestinal endoscopy within 2 weeks of referral.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission urgent direct access services to enable GPs to refer people who present in primary care with symptoms that suggest oesophageal or stomach cancer for a upper gastrointestinal endoscopy within 2 weeks of referral.

What the quality statement means for patients, service users and carers

People who go to their GP with certain symptoms that might be caused by oesophageal or stomach cancer should be offered a hospital procedure (called an endoscopy) to look inside the throat and stomach. The procedure should be carried out within 2 weeks of the GP offering a referral. Symptoms that might be caused by oesophageal or stomach cancer are problems swallowing or, in people aged over 55, weight loss combined with reflux (when a feeling of acid burning spreads upwards in the chest) or with indigestion (also called dyspepsia) or with abdominal pain.

Source guidance

- Suspected cancer: recognition and referral (2015) NICE guideline NG12 recommendations 1.2.1 and 1.2.7

Definitions of terms used in this quality statement

Urgent direct access

When a person is referred directly by their GP for a test in a specialist service, such as imaging or endoscopy, the GP retains responsibility for the person's care, including acting on the results.

Symptoms that suggest oesophageal or stomach cancer

People should be referred for an urgent direct access upper gastrointestinal endoscopy (performed within 2 weeks) to assess for oesophageal or stomach cancer when they have the following symptoms:

- dysphagia **or**
- aged 55 and over with weight loss **and** any of the following:
  - upper abdominal pain
  - reflux
  - dyspepsia.

[Adapted from Suspected cancer: recognition and referral (2015) NICE guideline NG12 recommendation 1.2.1 and 1.2.7].

Quality statement 2: Testing for occult bloods in faeces

Quality statement

Adults presenting in primary care with symptoms that suggest colorectal cancer who do not have visible rectal bleeding, have a test for occult blood in faeces.

Rationale

Tests for the presence of occult blood in faeces help to identify people at higher risk of having colorectal cancer. The tests are relatively easy, inexpensive and safe. People with symptoms that might suggest colorectal cancer can be rapidly placed into higher and lower risk groups and those at higher risk can then receive definitive investigation sooner.

Quality measures

Structure

Evidence of local arrangements and written clinical protocols to ensure that adults presenting at primary care with symptoms that suggest colorectal cancer who do not have visible rectal bleeding have a test for occult blood in faeces.

Data source: Local data collection.

Process

Proportion of presentations of symptoms that suggest colorectal cancer, without visible rectal bleeding who have a test for occult blood in faeces.

Numerator – the number in the denominator who have a test for occult blood in faeces.

Denominator – the number of presentations with symptoms that suggest colorectal cancer without visible rectal bleeding.

Data source: Local data collection.

Outcome

Time to colorectal cancer diagnosis.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (primary care services) ensure that systems are in place for people presenting in primary care with symptoms that suggest colorectal cancer who do not have visible rectal bleeding, to have a test for occult blood in faeces.

Healthcare professionals (GPs, specialists and nurses) ensure they are aware of local pathways for people presenting in primary care with symptoms that suggest colorectal cancer who do not have visible rectal bleeding to have a test for occult blood in faeces.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services in which people presenting in primary care with symptoms that suggest colorectal cancer who do not have visible rectal bleeding have a test for occult blood in faeces.

What the quality statement means for patients, service users and carers

Adults who have certain symptoms that might be caused by cancer of the colon or rectum (parts of the intestine), but do not have visible bleeding from the bottom, should be offered a test to check for traces of blood in faeces. Symptoms that might sometimes be caused by cancer of the colon or rectum include pain in the abdomen, weight loss, changes to bowel movements and anaemia.

Source guidance

- Suspected cancer: recognition and referral (2015) NICE guideline NG12 recommendation1.3.4

Definitions of terms used in this quality statement

Symptoms that suggest colorectal cancer

Adults should be offered testing for occult blood in faeces referred for a direct access test when they have the following symptoms but do not have rectal bleeding:

- aged 50 and over with unexplained:
  - abdominal pain or
  - weight loss, **or**
- aged under 60 with:
  - changes in their bowel habit or
  - iron deficiency anaemia, **or**
- aged 60 and over and have anaemia even in the absence of iron deficiency.

[Adapted from Suspected cancer: recognition and referral (2015) NICE guideline NG12 recommendation 1.3.4]

Faecal occult blood test

A chemical test that can pick up tiny traces of blood in faeces.

[Adapted from Suspected cancer: recognition and referral (2015) NICE guideline NG12]

Quality statement 3: Patient information

Quality statement

People with suspected cancer who are referred to a specialist cancer service are given information to encourage them to attend their appointment.

Rationale

Providing information to help people with suspected cancer to understand the importance of attending their appointment is important to ensure early diagnosis and prevent delay by re-arranging appointments. People should be reassured that most people who are referred will not have a diagnosis of cancer, which should help alleviate any fears or concerns people may have about the referral.

Quality measures

Structure

Evidence of local arrangements to ensure that people with suspected cancer who are referred to a specialist cancer service are given information to encourage them to attend.

Data source: Local data collection.

Process

a) Proportion of people with suspected cancer who are referred to a specialist cancer service who are given information to encourage attendance.

Numerator – the number in the denominator who are given information to encourage attendance.

Denominator – the number of referrals of people with suspected cancer to a specialist cancer service.

Data source: Local data collection.

Outcome

a) Patient satisfaction with information provided.

Data source: Local data collection.

b) Time to cancer diagnosis.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers (primary care, secondary care and specialist cancer services) ensure that systems and tools are in place to give people with suspected cancer who are referred to a specialist cancer service information to encourage attendance.

Healthcare professionals (such as GPs or practice nurses) give people with suspected cancer information when they are referred to a specialist cancer service, to encourage them to attend their appointment and understand the reasons and need to do so.

Commissioners (clinical commissioning groups and NHS England) ensure that they commission services that provide information to encourage attendance when referrals to specialist cancer services are made for people with suspected cancer.

What the quality statement means for patients, service users and carers.

People with suspected cancer who are offered an appointment with a cancer specialist for tests are given information at the same time they are referred about what the appointment is for, what tests they might have and why, and what the results could mean. Giving people information will reassure and encourage them attend their appointment and reassure any doubts they may be having..

Source guidance

- Suspected cancer: recognition and referral (2015) NICE guideline NG12, recommendations 1.14.1 and 1.14.3

Definitions of terms used in this quality statement

Information to encourage attendance to specialist cancer services

People who are given a referral are provided with information about:

- where they are being referred
- how to get further information about the type of cancer
- potential test outcomes
- alternative diagnosis
- how long it will take to get a diagnosis or test results
- whether they can take someone with them to the appointment
- who to contact if they do not receive confirmation of an appointment
- other sources of support.

[Adapted from Suspected cancer: recognition and referral (2015) NICE guideline NG12 recommendations 1.14.1, 1.14.3 and 1.14.5]

Equality and diversity considerations

Information should be given that is appropriate for the person in terms of language and culture, because there may be different cultural meanings associated with the possibility of cancer.

Status of this quality standard

This is the draft quality standard released for consultation from 11 January to 8 February 2016. It is not NICE's final quality standard on suspected cancer. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 8 February 2016. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from June 2016.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in Development sources [Link to section in web version], NICE's cancer service guidance on improving outcomes in suspected cancer and the National Cancer Peer Review Programme's Manual for cancer services: suspected cancer.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments [add correct link] are available.

Good communication between health, public health and social care practitioners and people with suspected cancer is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. People with suspected cancer should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Suspected cancer: recognition and referral (2015) NICE guideline NG12

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- NHS England (2014) Waiting times for suspected and diagnosed cancer patients 2013-2014
- Department of Health (2013) 2010 to 2015 government policy: cancer research and treatment
- Department of Health (2013) National cancer strategy: impact assessment
- Department of Health (2012) Direct access to diagnostic tests for cancer: best practice referral pathways for general practitioners
- Department of Health (2012) Cancer early diagnosis campaigns outlined
- Department of Health (2012) National campaign to promote awareness and earlier diagnosis of lung cancer
- Department of Health (2011) Be Clear on cancer: national campaign to promote earlier diagnosis of bowel cancer
- Department of Health (2011) Improving outcomes a: strategy for cancer
- Department of Health (2011) The national cancer strategy
- The King's Fund (2011) Referral management: lessons for success
- Royal College of General Practitioners (2011) National audit of cancer diagnosis in primary care
- National Cancer Action Team and Royal College of General Practitioners (2010) Primary care cancer audit

Related NICE quality standards

Published

- Dyspepsia and gastro-oesophageal reflux disease in adults: investigation and management (2015) NICE quality standard 96
- Prostate cancer (2015) NICE quality standard 91
- Sarcoma (2015) NICE quality standard 78
- Metastatic spinal cord compression (2014) NICE quality standard 56
- Cancer services for children and young people (2014) NICE quality standard 55
- Colorectal cancer (2012) NICE quality standard 20
- Ovarian cancer (2012) NICE quality standard 18
- Lung cancer in adults (2012) NICE quality standard 17
- Patient experience in adult NHS services (2012) NICE quality standard 15
- Breast cancer (2011) NICE quality standard 12

In development

- Bladder cancer. Publication expected December 2015
- Breast cancer (update). Publication expected June 2016
- Skin cancer. Publication expected August 2016

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Brain metastases
- Haematological malignancies
- Head and neck cancer
- Managing symptoms with an uncertain cause
- Oesophago-gastric cancers
- Pancreatic cancer

The full list of quality standard topics referred to NICE is available from the quality standard topic library on the NICE website.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

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Clinical Director, Central Manchester Clinical Commissioning Group

Dr Gita Bhutani
Associate Director for Psychological Professions, Lancashire Care NHS Foundation Trust

Mrs Jennifer Bostock
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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific,

concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard has been incorporated into the NICE pathway on suspected cancer recognition and referral.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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