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GP 2-Week Wait (2WW) Referrals: are they appropriate?

Efficacy and Predictive Value of 2WW referrals for suspected haematological cancer: Quality evaluation of GP referrals and their outcome

OBJECTIVES

- The 2-week wait (2WW) pathway for suspected cancer aims to improve outcomes by facilitating prompt access to specialist services; therefore expediting investigation, diagnosis and treatment
- There is limited published data regarding **quality of haematological cancer referrals** including **pick-up rates**, **reasons for** and **outcomes** of referral[3]
  - A high-quality referral is appropriate at a multi-dimensional level: in **necessity, timeliness, destination** and **process**.
- It is widely believed that the 2WW pathway for suspected haematological malignancy is often overused, with many forms deemed **inappropriate** or **lacking in sufficient clinical information**[3]
- With the average haematology outpatient appointment costing the NHS £160, responsible use of such resources should be optimised[4]

AIMS

- Determine the **proportion** of GP referrals that were subsequently diagnosed with malignant (myeloma, lymphoma, leukaemia) or alternative diagnoses
- Investigate correlation between **referral criteria** and **outcome**
- Evaluate the **quality** of the referral sent
- Identify areas for improvement

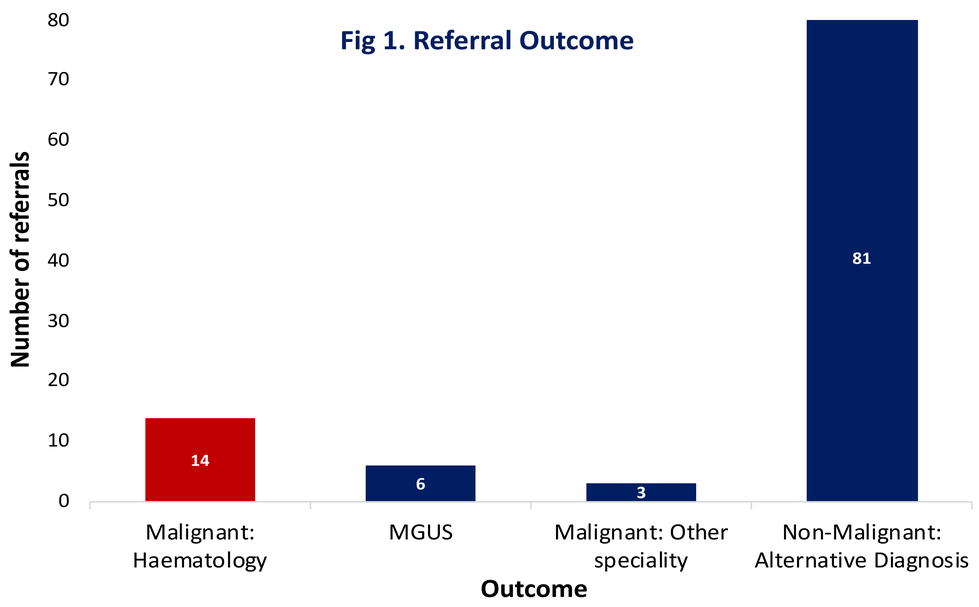
METHODS

- **Retrospective case review** of all GP referrals under the suspected haematological cancer pathway using hospital electronic records
- **4 month period** (January – April 2019) Sandwell and West Birmingham Hospitals NHS Trust
- ***Completeness of clinical reason***, ***documented blood results***, ***timeliness*** of initial specialist appointment and ***subsequent secondary care investigations*** were noted
- Final diagnosis was determined through hospital clinic letters, investigation reports and MDT cancer proformas

RESULTS

- **104** referrals were reviewed. 97% of patients were seen in secondary care within 14 days.
- **13.5%** (*n=14*) were diagnosed with haematological malignancy: **lymphoma** (*n=8*), **leukaemia** (*n=3*) and **multiple myeloma** (*n=3*). 5.8% were diagnosed with Monoclonal Gammopathy of Unknown Significance (MGUS) (**Fig 1**)

Fig 1. Referral Outcome



- Of those with a **non-malignant diagnosis** (n=87), **39%** underwent **further investigation**: 4% were invasive procedures such as bone marrow aspirate and trephine.
- The most common indication for 2WW referral was **lymphadenopathy** (32%) with a predictive value of 18%.

Quality of referral:
Appropriateness of referral was assessed using **adherence to NICE guidance** (NG12), **completeness of referral form** and whether the form was **marked** as **inappropriate** by the lead consultant following clinic.[5] Each referral was discussed among a team of consultants and an overall score of appropriateness was determined.

- **54% of referrals were deemed inappropriate**
- Only **67%** of referring clinicians used the **correct paperwork** to refer despite wide distribution of the forms to the relevant practices and prior education. (**Fig 2**). These forms encompass the NCIE referral criteria.
- Those that used the correct form were less likely to refer inappropriately (*p=0.05*).
- Referral forms were **incomplete** in **56%** of cases (**Fig 3**)
- In **39%** of cases, the fact that a referral was made for suspected haematological cancer was **not adequately discussed** with the patient. (**Fig 4**)

Fig 2. Proportion of referrals made using the correct forms and therefore adherence to NICE criteria

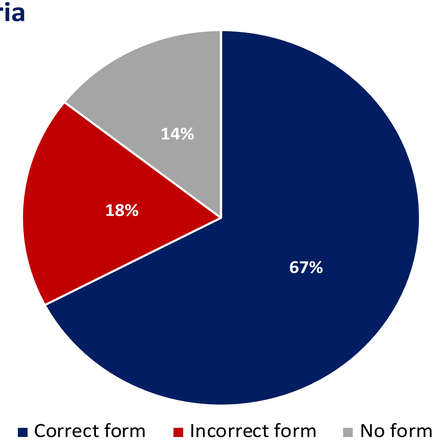
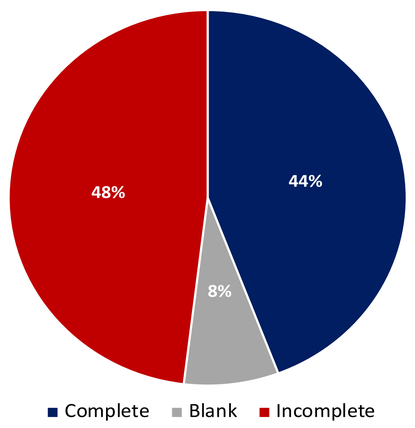


Fig 3. Completeness of referral forms and therefore clinical reason



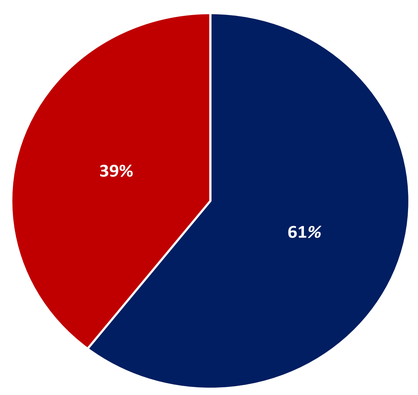


Fig 4. Proportion of referrals made where the patient was adequately informed of the referral process

CONCLUSIONS AND RECOMMENDATIONS

- A large proportion of 2WW referrals are **incompletely filled out** by the referring clinician and an alarming number did not document whether the referral had been discussed with the patient.
- The **low positive predictive value (13.5%)** in this study suggests that most referrals are made inappropriately or that the criteria, on which the referrals are based, lack specificity.
- To improve this, updated forms and educational worksheets have been made and will be distributed to local GP practices to offer stricter inclusion and exclusion referral criteria. Annual re-audits will assess effectiveness.
- Further work is needed to improve the interface between primary and secondary care and in particular the quality of 2WW referrals to provide a more streamlined service for those most in need
- To achieve this, a Macmillan workshop across the Trust clinical network of primary care physicians will be organised to improve collaboration and address further educational needs

References

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