Centre for Reviews and Dissemination

A systematic review of clinical audits assessing cancer referral guidelines

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Objective

To assess the implementation and effectiveness of the referral guidelines for suspected cancer (Department of Health. Referral guidelines for suspected cancer. London: Department of Health, 2000).

Design

Systematic review of clinical audits conducted in England and Wales.

Methods

Key staff in all NHS Trusts, Strategic Health Authorities, Cancer Networks and relevant professional organisations in England were contacted and asked to provide details of all cancer waiting time audits conducted since 1st April 1999. Searches of the Internet and of a range of electronic databases were also undertaken. Conference proceedings were hand searched.

Any type of evaluation that measured the effectiveness of the cancer referral guidelines, and that reported minimum details of the methodology used, was eligible for inclusion.

Relevant data were extracted using a pre-defined, piloted data extraction tool, incorporating quality assessment.

Inclusion screening and data extraction were carried out independently by one reviewer and checked by a second.

Studies were grouped by cancer site and a narrative synthesis was performed.

Results

Responses were obtained from 85% of hospital trusts, 58% of primary care trusts and 32% of Strategic Health Authorities.

Many trusts do not appear to hold a centralised record of clinical audits that have been performed within the trust.

In many cases several follow-up contacts were necessary before we received copies of audits. There were instances when we were told an audit had been conducted, but that no report had been produced.

Of 624 audits received, 241 met the inclusion criteria. A summary of all the included audits can be found on the Internet, **http://www.york.ac.uk/inst/crd/waittime.htm**

There was wide variation in the proportion of patients seen within two weeks, in the proportion of referrals found to be in accordance with the symptoms listed in the guidelines, and in the proportion of two-week wait referrals deemed by consultants to warrant an urgent appointment. This reflects the variation in the audit populations, criteria being evaluated and how adherence to the guidelines was assessed.

Being able to evaluate the quality of a clinical audit is central to both informed decision-making and clinical governance. The majority of included audits were poorly reported, only 44% provided sufficient detail on methodological aspects for the audit to be reproducible. Under 20% reported an action plan outlining any recommended changes to service delivery. Poor reporting seriously compromises the integrity of the audit process. Table 1 shows selected quality criteria for the most commonly audited cancer sites.

Table 1: Quality assessment of included audits

Quality element	Cancer site							
	Breast	Lower GI	Upper GI	Gynaecology	Lung	Skin	Urology	Multiple sites
Total number of audits:	*43*	*39*	*23*	*16*	*15*	*38*	*16*	*35*
Number of audits meeting quality criteria:								
Audit involved those providing the service	*23*	*18*	*11*	*9*	*9*	*21*	*12*	*18*
Clear project plan used	*28*	*18*	*6*	*7*	*5*	*12*	*5*	*20*
Explicit inclusion criteria used for sample selection	*27*	*24*	*10*	*7*	*6*	*22*	*6*	*26*
Data collection tool carefully designed and tested	*4*	*3*	*0*	*3*	*0*	*3*	*0*	*3*
Validity and reliability of data collection considered	*3*	*2*	*0*	*0*	*0*	*0*	*0*	*1*
Adequate data reported	*29*	*22*	*8*	*7*	*8*	*19*	*8*	*21*
Action plan reported	*8*	*9*	*1*	*4*	*1*	*6*	*4*	*7*
Reaudit planned	*5*	*10*	*1*	*5*	*1*	*10*	*4*	*7*

Conclusions

Most included clinical audits were poorly reported and their results demonstrated a wide variation in compliance with the guidelines.

There should be a system of recording ongoing and completed audits conducted within the NHS to ensure that audit reports are produced and accessible.

The NHS should ensure that not only are appropriate audit methods used, but that audit reports are written up in sufficient detail to allow the reader to assess the validity of the results.

Action plans should be documented and trusts should re-audit to confirm improvements in health care delivery.

The methods by which clinical audits of site specific cancers are conducted and reported should be standardised across the NHS.

Further Information

The full report of this systematic review can be downloaded free of charge from the CRD website at: **www.york.ac.uk/inst/crd/crdpublications.htm**
For more information about obtaining a copy of this report (Report 27), contact the CRD publications office (crdpub@york.ac.uk).