A systematic review of cancer waiting time audits
Centre for Reviews and Dissemination

CRD summary
This CRD review assessed clinical audits of the two-week waiting time policy for cancer referrals. Included clinical audits were poorly reported and their results showed a wide variation in compliance with guidelines. The authors concluded that the methods by which clinical audits of site specific cancers are conducted and reported should be standardised across the NHS.

Objectives
A systematic review of clinical audits assessing the implementation and effectiveness of the two-week waiting time policy for cancer referrals to inform a NICE review of cancer referral guidelines.

Review methods
A three-stage strategy was implemented to identify relevant clinical audits. Stage 1 involved correspondence with all NHS Trusts and SHAs via the CRD Single Contact Point (SCP) network. Stage 2 involved searching internet sources such as NICE.org.uk and Commission for Health Improvement www.chi.nhs.uk for relevant audits (in September, 2003). Stage 3 involved searching several databases including MEDLINE, EMBASE and National Research Register. Two reviewers independently assessed audits for inclusion using pre-defined criteria; any disagreements were resolved by a third reviewer.

Included studies had to measure the effectiveness of the two-week wait policy. Any studies that conducted a clinical audit were included as long as they provided details of the methodology and a description of included patients or data sources. The main outcome of interest were: waiting time to first appointment; GP conformity to guidelines; cancer detection; appropriateness of referral type; ability of guidelines to identify correct referrals; and the process of referral.

Data extraction and quality assessment was undertaken using a checklist tool developed by CRD. The tool was based on four relevant references plus components on generic clinic audit issues and the specifics of measuring cancer waiting times.

Results of the review
Overall, 241 clinical audits met the inclusion criteria. Using a NICE-endorsed classification of methodology, 193 clinical audits were criterion-based (clinical practice was compared to explicit predefined criteria), 36 were non-criterion based and 12 were research studies. Most included studies were poorly reported with <44% providing sufficient detail on the methods used for the audit to be reproducible.

There was considerable variation across the two-week wait system in terms of: proportion of site-specific cancer referrals seen within two weeks; proportion of referrals that were in accordance with the symptoms listed in guidelines; and numbers that of referrals that were deemed urgent. Fewer than 20% of audits provided details on recommended changes to service delivery and less than 20% provided details of any plans to re-audit.

Conclusions
This CRD review concluded that the methodology and reporting of clinical audits of site specific cancers need to be standardised across the NHS. Audit reports need to be reported in sufficient detail to allow the reader to ascertain how it was conducted and assess the validity of results.

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Record Status
This is a high quality systematic review involving CRD that meets the criteria for inclusion on DARE. As CRD reviews are of high quality this structured abstract presents a brief summary of the review methods, the results and conclusions.