Benchmarking cancer referrals in primary care: are we referring enough ?

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Introduction

Early cancer diagnosis depends heavily on how GPs refer patients, yet referral patterns can vary a lot between practices. In Suffolk and Northeast Essex (SNEE), we wanted to understand whether practices and Primary Care Networks (PCNs) were referring the “right” number of patients, and whether those patterns linked to better cancer detection.

Why benchmarking primary care ?

- Identify which practices/PCNs/Sub-ICBs should be the strategic focus.
- Assess how referral volumes are associated with outcomes like conversion and detection rates.

Methodology and key caveats

We looked at Cancer Waiting Times data from August 2022 to July 2024 and created three simple measures:

Referral to Incidence Ratio (RIR) – the number of primary care referrals per diagnosed cancer case – one measure of referral volumes.

Conversion Rate – proportion of primary care referrals that result in a cancer diagnosis.

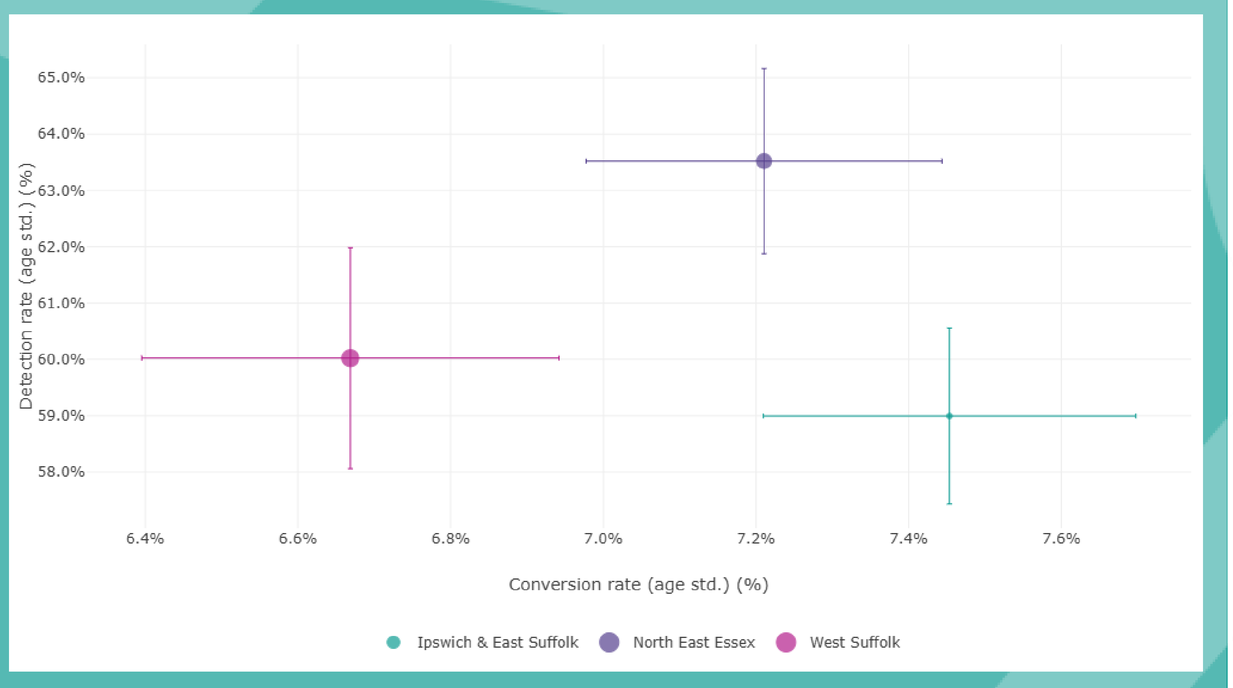
Detection Rate – proportion of all cancer diagnoses that are made via primary care referrals.

By comparing practices, PCNs, and sub-ICBs, we were able to see how referral activity lined up with real outcomes.

Benchmarks are age-standardised as patient age is found to have an impact.

These benchmarks (particularly detection) are impacted by patient behaviour as well as referral practices.

Comparing Sub-ICB’s within SNEE-ICB

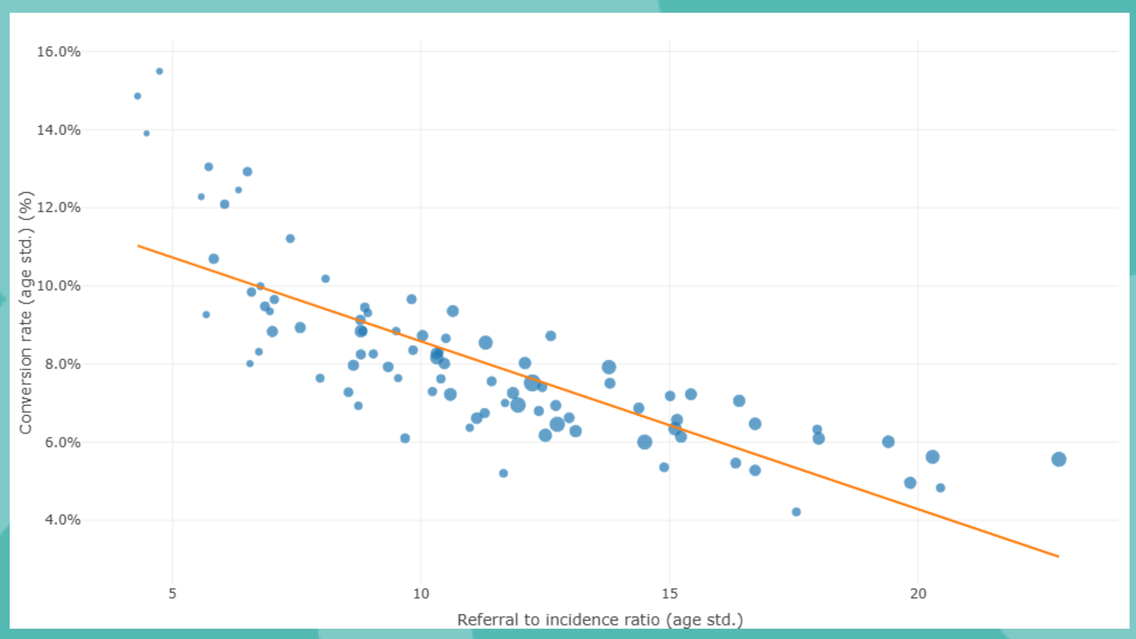


West Suffolk Sub-ICB has the lowest conversion rate and is inline with Ipswich & East Suffolk as having the lowest detection rate

Comparing PCN’s within SNEE-ICB

4 of the 6 PCNs in West Suffolk have comparably low conversion rates

The link between referral volumes and conversion/detection rates



Higher referral volumes are associated with lower conversion rates, whereas there is no strong association between referral volumes and detection rates.

Conclusions

- At the Sub-ICB level, West Suffolk is identified as the area of focus: notably an area where adoption of a clinical cancer decision support tool is low.
- At the PCN level, one PCN is identified as an area of focus: again, a PCN where adoption of a clinical cancer decision support tool is low.
- For general practices, benchmarks are subject greater natural fluctuations. Nevertheless, a cluster of general practices can be identified.
- Higher referral rates at a practice are associated with lower conversion rates. However, there is no consummate improvement in detection rates.

Recommendations

Early Diagnosis strategy: There is a logic which contends that emergency diagnosis can be avoided by increasing primary care referral rates, and that this can be achieved by adopting a lower threshold for referral. This analysis indicates that such a strategy would be imprudent to adopt.

Referral volume policy: An increase in referral rates is associated with reduced conversion without a consummate increase in detection. A blanket policy to reduce the risk level at which general practitioners make referrals may not have the intended consequences.