

SIRMS Cancer report for Northern England Cancer Alliance
January 2017
Incidents from September to December 2016

Safeguard Incident and Risk Management System (SIRMS) is an important tool by which we can use to try and detect concerns in our cancer diagnosis and treatment. While not every incident is reported, those that are reported give us an insight into some of the common difficulties. A specific cancer field was added to the tool in 2016. There were 123 reports before 1st September 2016.

In the last quarter, there were 91 incidents reported. 3 were not cancer related.

Reports are sorted by organisation. Some reports were regarding primary care.

CCG	Not related to General Practice	After removing non-bookable 2 week appointments	General Practice
NHS Cumbria CCG	6	2	
NHS North Tyneside CCG	6	6	1
NHS Northumberland CCG	11	8	
NHS Newcastle/Gateshead CCG	37	6	1
NHS South Tyneside CCG			1
NHS Sunderland CCG	3	3	1
NHS North Durham CCG			1
NHS Durham, Dales, Easington & Sedgefield CCG	8	8	3
NHS Darlington CCG			
NHS Hartlepool & Stockton CCG	1	1	
NHS South Tees CCG	4	4	2
NHS Hambleton, Richmondshire and Whitby CCG			
North East Ambulance Service	2	2	
Total	78	43	10

Newcastle Gateshead CCG have included SIRMS in their practice engagement scheme. The practices have been asked to report non-availability of bookable 2-week appointments.

35 of the 88 incidents were regarding **lack of bookable 2-week appointments**. Dermatology, Upper GI and Gynaecology were main culprits.

17 incidents were regarding **secondary care requesting primary care to arrange a 2-week referral**. This included findings in casualty, or incidental findings such as pulmonary nodules on CT scan on a work up for bladder cancer. Haematology requested a 2-week referral for a patient found to have an CLL on a blood sample.

16 incidents were regarding **poor communication or safety netting problems between primary and secondary care**. This included patients attending GP surgeries and asking GPs either for results or asking why planned tests had not occurred. Patients who had been copied into letters regarding referral to different departments with suspected cancer, but the patient had not been informed of these concerns.

10 incidents were in primary care. 7 patients were deemed to need a 2-week referral but there was a **failure in 2-week referral process**. 1 clinical issue, 1 patient referred to upper GI clinic and should have been referred to ENT for high dysphagia and the last incident was failure to refer a patient found to have a melanoma after minor surgery as the GP thought this had been arranged as the histology was discussed at skin MDT.

The remaining 10 incidents included 3 regarding **chemotherapy**. Including a delay in starting chemotherapy and difficulties contacting nurse specialists post chemotherapy. 2 incidents regarding **poor discharges**. One incorrect medication the other no discharge letter or communication with family regarding end of life patient. 2 incidents regarding concerns in prescribing by district nurse teams for **end of life care**. 2 related NEAS. The last incident was regarding **2-week referral process** were a patient's appointment was transferred between hospitals sites without discussion with patient.

The **Northern Cancer Alliance** thanks all those who have completed an incident report. This information is read and where possible will be passed on to appropriate organisations for comment and hopefully improvement in patient care. Please continue to complete the Cancer SIRMS incidents.

If you have any questions please contact either

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