

Comparison between 2-week wait referrals prior to and during the COVID-19 pandemic

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Introduction

With a view to contain the rapid spread of COVID-19, minimise the peak which burdens healthcare settings and flatten the curve while awaiting the development of a vaccine, individual nations worldwide have taken different approaches to containment measures.¹ Since the end of March 2020, the UK government has implemented a period of social distancing and quarantine for COVID-19 symptoms.²

National data from when these measures have been implemented show reduced presentations and avoidance of healthcare services.³ A concern is regarding how cancer care will be impacted.⁴ Early cancer diagnosis improves outcomes.⁵ Rates of general practice referral for possible cancer presentations via the '2-week wait' referral systems have fallen nationally during the pandemic, such that public health organisations and charities have advised the public to seek help early.^{4,6}

We aimed to compare suspected cancer referrals in a general practice in two separate periods, prior to and during the COVID-19 pandemic.

Methods

We retrospectively reviewed case notes of all patients who were referred as '2-week wait' referrals in April 2019 and April 2020 from an outer city general practice. Our sample population was all patients registered at the practice including those now deceased. Patient records were reviewed using EMIS web. Patient numbers, type of referral and symptom presentations, categorised into red flag (such as lumps, bleeding or changes in swallow/voice), non-specific symptoms (such as weight loss and fatigue) and referral based on investigations. Results were analysed using percentages.

Results

There was a greater number of suspected cancer referrals in April 2019 (n=58) compared with 2020 (n=33). Of those referred in April 2019, 100% were face-to-face consultations where 24% were face-to-face in 2020. The most common referrals in April 2019 were lower gastrointestinal (GI; 31%), dermatology (21%)

and breast (16%), compared with breast (24%), lower GI (15%) and dermatology (12%) in 2020. When quantifying symptoms, 74% were red flag, 10% non-specific and 16% from tests in 2019 compared with 70%, 9% and 21%, respectively, in 2020.

Discussion

Local research emulates findings in national data of reduced consultation for suspected cancer presentations. A greater number of referrals were completed virtually during the pandemic. Patients presented with similar proportions of red flag symptoms compared with non-specific symptoms during and prior to the COVID-19 pandemic.

Hypotheses of reasons for reduced referrals include patients' increased fear around social contact and that they feel they are wasting clinicians time.⁷ Research shows risk and benefit with increased virtual consultation. While minimising risk of virus transmission, virtual consultation could disproportionality negatively affect patients in more vulnerable groups.⁴

Research shows patients are less able to attribute vague symptoms to cancer diagnosis.⁸ Our results show a similar percentage of non-specific symptoms suggesting a reduction in number as opposed to type of presentation.

Two-week wait referrals make up just under half of cancer diagnoses and 11% of referrals are found to be cancer.^{9,10} In order to increase patient presentation, we are using the practice website and local radio station. We will reassess in 12 months. ■

Conflicts of interest

None declared.

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