Red Flag Referral Audit

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What is a ‘Red Flag’ referral?

- A ‘Red Flag’ referral is a request from your General Practitioner (GP) or General Dental Practitioner (GDP) to ask the hospital for an urgent appointment for you because you have symptoms that might indicate that you have cancer.

Aims & Objectives

- To compare our department's diagnosis and treatment times with the Trust's '2 Week Wait' aim.
- To highlight areas in our current practice that could be improved
- To employ new methods and practices which will help improve our current diagnosis and treatment times
- To gain experience in carrying out a clinical audit
- To instil a desire to continue to improve on current standards within our department

‘NI Cancer Network’ Red Flag Criteria – Head & Neck

- **Urgent**
- An unexplained lump in the neck, of recent onset, or a previously undiagnosed lump that has changed over a period of 3 to 6 weeks
- An unexplained persistent swelling in the parotid or submandibular gland
- An unexplained persistent sore or painful throat
- Unilateral unexplained pain in the head and neck area for more than 4 weeks, associated with otalgia (ear ache) but a normal otoscopy
- Unexplained ulceration of the oral mucosa or mass persisting for more than 3 weeks
- Unexplained red and white patches (including suspected lichen planus) of the oral mucosa that are painful or swollen or bleeding.
- For patients with persistent symptoms or signs related to the oral cavity in whom a definitive diagnosis of a benign lesion cannot be made, refer to follow up until the symptoms and signs disappear. If the symptoms and signs have not disappeared after 6 weeks, make an urgent referral.

- **Non-urgent**
- A patient with unexplained red and white patches of the oral mucosa that are NOT painful, swollen or bleeding (including suspected lichen planus).

Standards

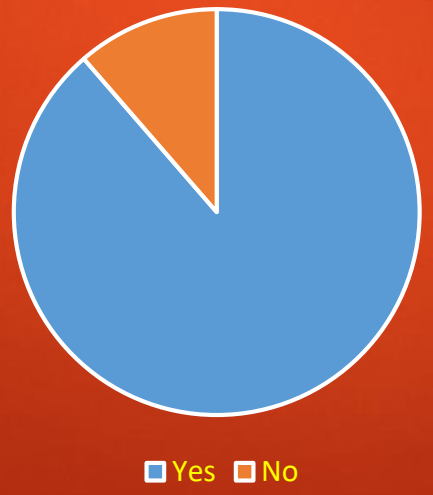
- In this audit we will compare our departments data to the National Cancer Waiting Times Monitoring Dataset Guidance:
- Maximum two weeks from receipt of urgent GP (GMP,GDP or Optometrist) referral for suspected cancer to first outpatient attendance Operational Standard 93%

Methodology

- Retrospective data collection
- The population of patients included will be any patient referred as a ‘Two Week Wait’ on the Encompass system
- The first audit cycle was carried out for Two Week Wait referrals received in the month of January 2026 and compared with the standards mentioned previously
- Interventions were put in place following this and a 4 week period was allowed before the second audit cycle was carried out
- The second audit cycle was carried out in the month of March 2026
- The data will then be reviewed to assess the impact (if any) our interventions had

1st Cycle Results

- During the month of January the OMFS department received 44 new red flag referrals from either the patients GMP or GDP
- Of those 44 referrals, 39 patients had been booked in for a initial consultation with a consultant within 2 weeks
- This gave a conversion rate of 89% which falls below the audit standard of 93%



Intervention

- Increase the number of DCT's assigned to the new red flag referral clinic to allow more patients to be booked
- Increase the number of dedicated new red flag referral clinics per month
- Improve the knowledge of general practitioner's red flag referral criteria which will help ensure fewer inappropriate referrals being made
- By making an updated version of a pre-populated pro-forma for general practitioners to complete prior to referring.

2nd Cycle Results

- During the month of March the OMFS department received 59 new red flag referrals from either the patients GMP or GDP
- Of those 59 referrals, 55 patients had been booked in for a initial consultation with a consultant within 2 weeks
- This gave a conversion rate of 93% which just meets the audit standard of 93%

Interpretation & Evaluation

- Over the holiday period at the start of the new year, patients were considerably less available on short notice and were booked in for a date more than 2 weeks after the receipt of their referral
- There were also fewer clinics arranged due to reduced staff available over the holiday period
- All patients were offered an appointment within 2 weeks of receipt of their referral during both months

Conclusion

- It was pleasing and reassuring to meet the standard after the second audit cycle, however, there is still obviously room for improvement
- I believe that more dedicated red flag referral clinics would obviously allow more patients to be seen, but also provide more flexibility with regards appointments
- It was fairly difficult to ensure more DCT's were assigned to the red flag clinics as other duties still had to be fulfilled
- Ultimately the audit was successful as it statistically brought an improvement in the departments care (89% to 93%)
- It was also an enjoyable experience to be involved in an audit covering such an important topic, and also one in which everyone can relate to

Recommendations

- To carry out routine red flag referral audits on a 6 monthly basis
- To carry out audits for each individual consultant
- Carry out the audit over a longer time frame to help acquire a more accurate impression of how the department is doing in comparison with the audit standard
- Carry out the audit at a different time of year to find out if this was a factor
- Consider deploying a new updated pro-forma to general practitioners to help with referrals

References

- https://wmcanceralliance.nhs.uk/images/Documents/Cancer_Waiting_Times/national-cancer-waiting-times-monitoring-dataset-guidance-v.10.0.pdf
- NICaN-Suspect-Cancer-GP-Referral-Guidance-10th-June-2024-qFIT-threshold-1.pdf