

# Primary Care Lung Cancer Audit on patients diagnosed with Lung Cancer in 2023/24 across Wessex

**1,082**  
Total Patients



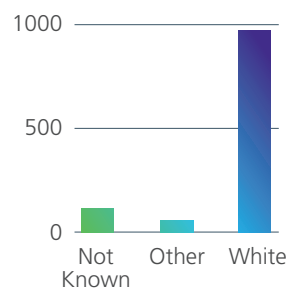
## Delays

% where there was a delay

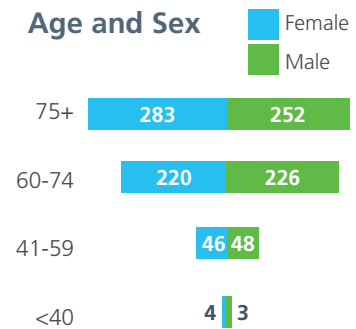


## Demographics

### Ethnicity

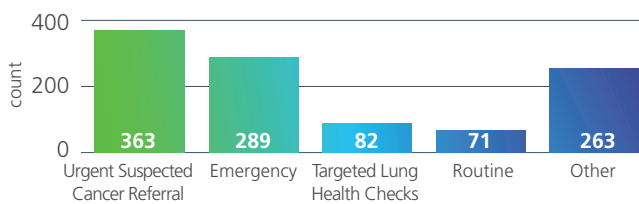


### Age and Sex

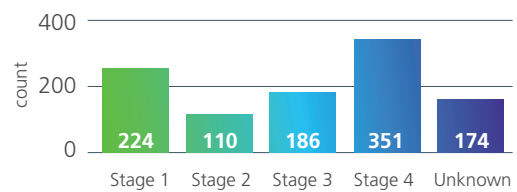


## Diagnosis

### Route to Diagnosis

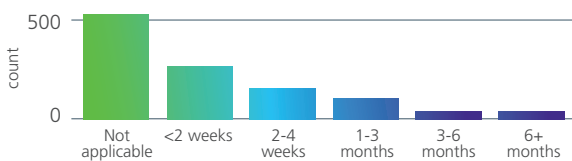


### Stage to Diagnosis

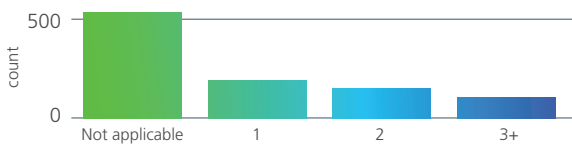


## Primary Care Interval

Time from first clinical contact to first referral



Number of clinical contacts prior to referral



## Risk Factors

% with Occupational Exposure

**10%**

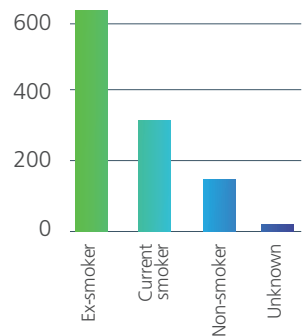
% of Patients with COPD

**37%**

% with Family History of Lung Cancer

**5%**

### Smoking



## Investigations

**16%** had raised platelets

**12%** had a normal Chest X-Ray (CXR)

\*excludes those not seen in primary care prior to diagnosis

## Primary Care Interval

**26%** had 3 or more consultations prior to referral

**8%** took longer than 3 months before referral

\*excludes those not seen in primary care prior to diagnosis

## Symptom Presentation

% with shortness of breath  
**48%**

% with new or worsening cough  
**44%**

Other symptoms %  
**32%**

% with weight loss  
**25%**

% with persistent chest/shoulder pain  
**20%**

% that are tired all the time  
**19%**

% with no symptoms  
**18%**

% with haemoptysis  
**9%**

## Delay Themes

based on qualitative analysis of audit report (in order of frequency they occurred)



### 1. Symptom presentation

highest cause of delay for referral was due to non-specific nature of presentation.



### 2. Secondary care delays

25 cases reported secondary care delays, which were varied\*.



### 3. Normal CXR

26 patients had a normal CXR which falsely reassured patients and/or clinicians.



### 4. COPD delay

23 causes of delay were due to diagnostic overshadowing from COPD.



### 5. Shoulder/back pain

20 cases delayed by this presentation.



### 6. Patient delays

various causes e.g. dementia



### 7. Language

5 cases highlighted a language barrier



### 8. Other factors

including Long Covid

\* This audit did not explore the patient journey beyond the point of diagnosis, but it is helpful to understand where in the cancer pathway delays can occur.

## Next Steps / Recommendations

- Support for primary care around safety netting, lung cancer education and clinical system templates
- Full roll out of Lung Cancer Screening by 2029
- Increase public awareness of lung cancer symptoms via lung campaigns and public engagement
- Improve primary care access to investigations
- Identify opportunities to reduce smoking rates across Wessex