







ELECTRONIC CANCER REFERRAL IN IRELAND: THE NATIONAL CANCER CONTROL PROGRAMME APPROACH

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This is a multi-agency project involving the following organisations:

- 1. The National Cancer Control Programme, Parnell Street, Dublin 1
- 2. The National Healthlink Project, Eccles Street, D 7 www.healthlink.ie
- 3. The ICT Directorate, HSE, Parkgate Street, Dublin 1
- 4. The GPIT group, Irish College of General Practitioners, Dublin 2 www.icgp.ie

Background: The National Cancer Strategy 2006¹ recognised that information systems should be developed to manage cancer services. The National Cancer Control Programme (NCCP), in collaboration with a broad range of stakeholders, has developed electronic cancer referral for breast, prostate and lung cancer. The project commenced in 2008.

The objective was to develop an online system for GPs, so that they could refer patients with symptoms of cancer directly to the cancer centre.

There are approximately 2,800 general practitioners in Ireland, working in 1,300 general practices. Eighty percent of GPs are computerised and use a GP practice management system.

This ensures rapid referral of patients with suspected cancer in a secure manner. Once the GP sends an electronic cancer referral, an immediate acknowledgment is given. In addition the cancer teams will send a response to the GP, with the date of the patient's appointment within five working days.

Healthlink provides an electronic messaging service to GPs in over 900 GP practices.

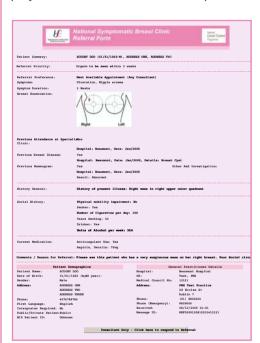
After the initial "pilots", GPs requested that the referral forms should be available from within their practice management systems (PMS). This removes the need for double entry of data, reduce errors and makes use of the demographic and clinical information in the patient electronic record held in GP systems.

Objectives: The Project aim is to develop and implement electronic referrals for a range of cancer types. The referrals will be available as:

- an online referral form (Healthlink) Online) from the GP directly to the cancer teams
- an integrated referral form from GP practice management systems which also goes directly to the cancer teams.

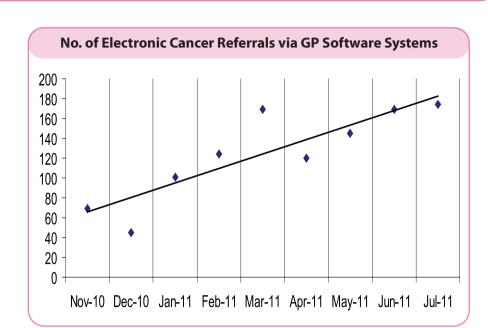
The target is to have three agreed referral types (breast, prostate, and lung cancer) developed by the end of 2011 and to have 10% of all cancer referrals made through the GP practice software systems by the end of 2011.

How the project was implemented: This project was broken down into two phases:



Phase one is the development of site-specific cancer referral forms in Healthlink. Referral guidelines and paper referral forms (breast, prostate and lung) have been developed by the relevant clinical specialists. The referral forms were adapted for online use by Healthlink. The online forms were refined after piloting.

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Project Risks:

- Lack of centralised cancer referral offices
- Resources Testing & Clinical Audit
- **GP Vendor Engagement**
- GP Considerations: Behavioral change Non computerised GP's Non accredited systems Different messaging services

Governance: The NCCP has agreed to oversee the clinical governance of this project, and has involved the National Healthlink Project, HSE ICT Directorate and the GPIT group. The current Project Board

- Dr. Susan O'Reilly, Director NCCP
- Dr. Marie Laffoy, Community Oncology Advisor, NCCP
- Ms. Eileen Nolan, National Project Manager, NCCP
- Dr. Regina Codd, GP with Community Oncology, NCCP
- Ms. Gemma Garvan and Ms. Marie Lalor, Project Manager, The National Healthlink Project
- Dr. Brian O'Mahony, GP IT Consultant, GPIT Group, ICGP
- Mr. Vincent Jordan, ICT Programme Manager, HSE
- Nomination from the Cancer Network Group, NCCP

Benefits: The development of electronic cancer referral will improve the referral process. There are many benefits to this project which include the following:

- **1.** Streamline the cancer referral process
- 2. Rapid access for patients who are being referred with a suspected cancer
- 3. Aim to increase the number of patients diagnosed at an early stage and maximise the potential for cure
- 4. Provide automatic confirmation of receipt of GP referral
- 5. Provision of direct access for GPs to the cancer teams at the eight designated cancer centres
- **6.** Reduce communication difficulties
- 7. Reduced costs at both GP and HSE

Key learning and insights: This multiagency project has been a very large national initiative with many lessons learned along the way.

Some of the key lessons learned include the following:

- 1. Involvement of all key stakeholders from the beginning is important.
- **2.** Engaging with the end users has delivered some of the best ideas, such as incorporating the cancer referral forms directly into the GPIT accredited GP Software Systems.

Future vision: The NCCP have invested a large amount of time and resources into making this project a success. The NCCP electronic cancer referral project provides useful lessons for future development of general electronic referral.

The recent HIQA2 report 'Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services including the National Standard for Patient Referral Information 2011' states that implementation of electronic referrals will improve patient referral pathway in Ireland.

The NCCP have offered to share one of our electronic referral forms to be converted into the National General Referral Form which is being developed in the HSE South Reconfiguration Project.

The NCCP Electronic Cancer Referral Project is a good example of how different agencies can work together to pool their resources to achieve innovation and better quality healthcare for all, especially in this recessionary times.

Acknowledgments:

- Dr. M Laffoy, Community Oncology,
- Dr. Regina Codd, GP with Community **Oncology NCCP**
- M. Lalor, O Doogue, G Garvan, The National Healthlink Project, Dublin
- Dr. B O'Mahony: The Irish College of General Practitioners, GPIT Group, Dublin
- V. Jordan: ICT Services, HSE

References:

- 1. The National Cancer Strategy 2006
- 2. Report and Recommendations on Patient Referrals from General Practice to Outpatient and Radiology Services including the National Standard for Patient Referral Information 2011; HIQA www.hiqa.ie



Phase two Involves the development of direct referral to the cancer service in

24/11/2010

09:00 (HH:MM

Patient will be seen urgently.

Demonstration of effectiveness and

success: There have been

companies.

approximately 3,000 electronic cancer

referrals sent to the eight nominated cancer centres for the period January 2011 to October 2011, with 54% sent via a GP Practice Management System.

Nearly 10% of all breast referrals are now being sent electronically. We hope to increase this in the coming year. We expect to have over 4,000 electronic cancer referrals by the end of 2011, which is about our expected target.