Northern Cancer Alliance

NHS North East and North Cumbria

PCN DES

Gynaecological Urgent Suspected Cancer Referral Quality Audit

2026/27

July 2026

North East North Cumbria Health & Care Partnership

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Gynaecological USC Referral Quality Audit.

Introduction

Slide deck purpose - To introduce this year's NCA supported Gynaecological USC Referral, Quality Audit in support of the PCN DES.

It aims to support practices and PCN teams to examine and reflect on the quality of gynae referrals submitted into secondary care , especially given recent clinical guidance changes i.e.

- Suspected Endometrial Cancer – Unscheduled Bleeding on HRT Guidance
- Ovarian Cancer – CA125 / Age thresholds.

- Putting gynae cancers in focus - supporting practice/PCN wide education and learning.

- Plus support insight gathering on access to direct to test – Ultrasound Scan

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Specific Aims of the Audit

Purpose:
To assess the quality and completeness of Urgent Suspected Cancer (USC) gynaecological referrals from primary care and identify opportunities to improve referral quality and consistency.

Aim:

- To review the quality and completeness of referral information submitted to secondary care, for
  - Endometrial cancer (HRT and Non – HRT)
  - Ovarian cancer
  - Cervical cancer
  - Vulval cancer
  - Vaginal cancer
- To ensure that referrals contain the key clinical information required for timely and appropriate triage.
- To provide the opportunity to support reflective practice, learning and development rather than assess individual clinical performance.
- To create opportunities for education around gynae cancers
- To share learning with the NCA around direct access test – USS.
- To identify potential improvements, good practice – through audit and team group discussion.

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Section 1 : Supporting Reflective Practice, Quality Improvement /Audit

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Guidelines

- (NG12) recognises the importance of striking a balance between minimising the number of people without Gynaecological cancer who get inappropriately referred and maximising the number of people with gynae cancers who get appropriately referred.
- Recommends referral to secondary care for those symptoms with a positive predictive value of 3% or above.
- The Gynaecological Cancers guidance is now linked to guidelines that seek to **maximise use for alternate pathways where USC referral may not clinically required e.g. the Unscheduled Bleeding on HRT Pathway.**
- New CA125 / Age Thresholds have also been introduced to better support ovarian cancer diagnosis. This will be the subject of a future NCA Webinar.

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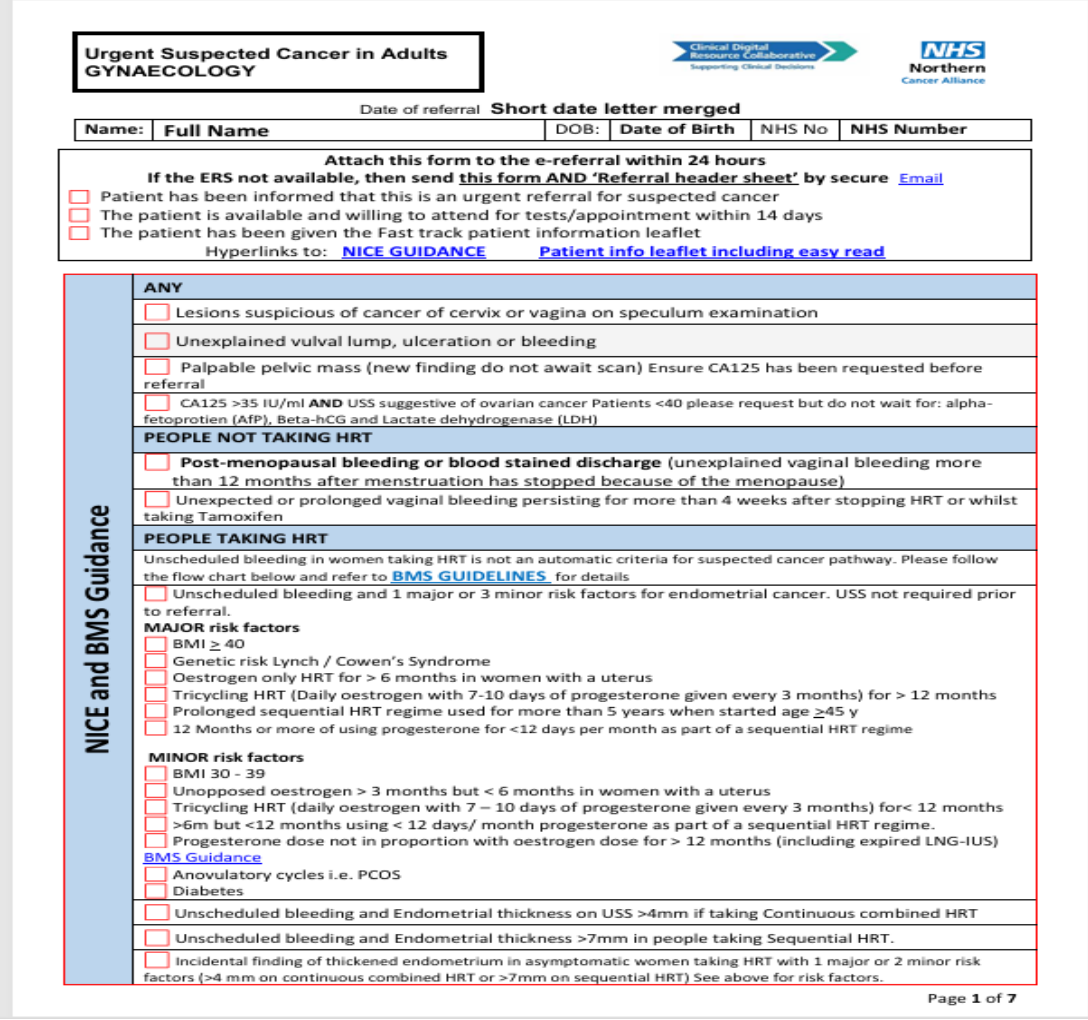
NCA – USC Referral Form



Urgent Suspected Cancer in Adults GYNAECOLOGY

Clinical Digital Resource Collaborative — Supporting Clinical Decisions

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Date of referral **Short date letter merged**

Name:	Full Name	DOB:	Date of Birth	NHS No	NHS Number

Attach this form to the e-referral within 24 hours
If the ERS not available, then send this form AND 'Referral header sheet' by secure Email

- ☐ Patient has been informed that this is an urgent referral for suspected cancer
- ☐ The patient is available and willing to attend for tests/appointment within 14 days
- ☐ The patient has been given the Fast track patient information leaflet

Hyperlinks to: NICE GUIDANCE Patient info leaflet including easy read

NICE and BMS Guidance

ANY

- ☐ Lesions suspicious of cancer of cervix or vagina on speculum examination
- ☐ Unexplained vulval lump, ulceration or bleeding
- ☐ Palpable pelvic mass (new finding do not await scan) Ensure CA125 has been requested before referral
- ☐ CA125 >35 IU/ml **AND** USS suggestive of ovarian cancer Patients <40 please request but do not wait for: alpha-fetoprotien (AfP), Beta-hCG and Lactate dehydrogenase (LDH)

PEOPLE NOT TAKING HRT

- ☐ **Post-menopausal bleeding or blood stained discharge** (unexplained vaginal bleeding more than 12 months after menstruation has stopped because of the menopause)
- ☐ Unexpected or prolonged vaginal bleeding persisting for more than 4 weeks after stopping HRT or whilst taking Tamoxifen

PEOPLE TAKING HRT

Unscheduled bleeding in women taking HRT is not an automatic criteria for suspected cancer pathway. Please follow the flow chart below and refer to BMS GUIDELINES for details

- ☐ Unscheduled bleeding and 1 major or 3 minor risk factors for endometrial cancer. USS not required prior to referral.

MAJOR risk factors

- ☐ BMI ≥ 40
- ☐ Genetic risk Lynch / Cowen's Syndrome
- ☐ Oestrogen only HRT for > 6 months in women with a uterus
- ☐ Tricycling HRT (Daily oestrogen with 7-10 days of progesterone given every 3 months) for > 12 months
- ☐ Prolonged sequential HRT regime used for more than 5 years when started age ≥45 y
- ☐ 12 Months or more of using progesterone for <12 days per month as part of a sequential HRT regime

MINOR risk factors

- ☐ BMI 30 - 39
- ☐ Unopposed oestrogen > 3 months but < 6 months in women with a uterus
- ☐ Tricycling HRT (daily oestrogen with 7 – 10 days of progesterone given every 3 months) for< 12 months
- ☐ >6m but <12 months using < 12 days/ month progesterone as part of a sequential HRT regime.
- ☐ Progesterone dose not in proportion with oestrogen dose for > 12 months (including expired LNG-IUS) BMS Guidance
- ☐ Anovulatory cycles i.e. PCOS
- ☐ Diabetes

- ☐ Unscheduled bleeding and Endometrial thickness on USS >4mm if taking Continuous combined HRT
- ☐ Unscheduled bleeding and Endometrial thickness >7mm in people taking Sequential HRT.
- ☐ Incidental finding of thickened endometrium in asymptomatic women taking HRT with 1 major or 2 minor risk factors (>4 mm on continuous combined HRT or >7mm on sequential HRT) See above for risk factors.

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Accessed via CDRC and Ardens Template

Also found on NCA Website: Here

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NG12 – Suspected Gynaecological Cancer

1.5 Gynaecological cancers – Full Guidance - all gynae cancers can be found Here

Endometrial Cancers – 1.5.15 Unscheduled bleeding and HRT

There is limited evidence for women, and trans men and non-binary people with female reproductive organs who experience unscheduled vaginal bleeding on sequential or continuous HRT.

The British Menopause Society has published guidance on unscheduled bleeding on HRT (British Menopause Society: Management of unscheduled bleeding on HRT). **[2026]**

For a short explanation of why the committee made the 2026 recommendations and the related recommendation for research, and how they might affect practice, see the rationale and impact section on unscheduled bleeding and HRT .

Ovarian Cancer – Changes to CA125 / Age Thresholds and USS guidance

For a short explanation of why the committee made the 2026 recommendations and how they might affect practice, see the rationale and impact section on age and serum CA125 thresholds for detecting ovarian cancer

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Section 2 : Gynaecological Cancer Audit Process / Resources

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Audit, Reflection, Education, Improvement

- We know that the USC referral route is associated with earlier diagnosis, so referral quality and completeness are important to consider.

- To ensure that referrals contain the key clinical information required for timely and appropriate triage.

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Audit, Reflection, Education, Improvement

For consideration:

- The use for alternate pathways where USC referral is not clinically required are used appropriately e.g. the Unscheduled Bleeding on HRT Pathway
- Safety netting measures taken and reasonable adjustment requirements considered.
- Compliance with the NCA referral requirements
- Any referral form challenges / complexities/ interpretations
- A specific request to consider/identify – any delays in urgent direct access USS

Audit Process

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Key:

GP Practice Level Activity

PCN Level Activity

Step 1

Identify Referral Forms

System Searches Developed (set to 12-month timeline)

Larger practices cap of 35 referral forms to review

Step 2

Complete Audit Using Pre-set Audit Template

Use guidance in the audit introduction.

Undertake Assessment/ Identify Learning Points

Step 3

Practice Team Reflect on the Audit Outcomes

Access NCA Unscheduled Bleeding on HRT Training pre – recorded webinar

Step 4

***Practice Agree Summary of Outcomes /Learning/QI Actions**

Complete Feedback Template. To feed into PCN Wide Summary Report.

Step 5

PCN Creates mechanism /opportunities for practices to Share/Discuss Audit findings.

Step 6

***PCN Submits a PCN Level Summary of Audit**

Contact PCN Worker for the survey link to submit PCN Audit Summary

Key to the above:

*Use the criteria / questions on the feedback form. PCN Workers will provide a word version of this document.

PCN Workers will supply a link to a survey for PCNs to submit their PCN level summary of the main findings of the audit.. Thank you.

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Audit Process in More Detail

As with all audits – this process has been developed to support reflective practice, education/learning and the identification of improvement areas. This is not a performance management process.

Practice Activity

1. Identifying Gynae USC Referrals

- It is recommended that the audit is carried out / started in Q2 / Q3 – to enable a full year since the introduction of the BMS Unscheduled Bleeding on HRT Guidelines (i.e. September 2025 across the region).
- The audit is a retrospective audit of the quality of the referrals submitted to secondary care and not a routes to diagnosis audit.
- Clinical system searches have been developed for the practices to identify referral forms.. PCN Worker will provide the searches. The search has been developed by CDRC and can now be found in a CDRC NCA folder.
- The search timeline parameter has been set for a 12-month retrospective period form the date the search is run
- If referrals are not routinely and consistently coded practices can reference with the previous referrals submitted via the e-RS system or any referral templates used that enable searches within their practice.
- Once cases have been identified the auditor needs to go into the patient notes and to find the referral forms by navigating to Documents and Correspondence (EMIS), Communications and Letters (Systmone) to find the actual referral forms to review

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Audit Process in More Detail

2. Completing the Audit

- An audit template has been developed for practices to use. Please use this template.
- The audit template covers 5 gynae cancers (reflecting the referral form format / tumour sites covered).
- The searches have the potential to identify a significant number of referrals for larger practices. We would suggest a cap of 35 referrals for practices in this position.
- N.B. practices must make their own judgment call to make sure they have a reasonable number of different cancer types to facilitate meaningful review. Especially for endometrial and ovarian cancers – as these tumour sites have been subject to the most recent guideline updates.
- You will need to access both the referral form and the patient notes given some of the questions asked
- Tip : Before starting review the audit template content fully so you know what you should be looking for from the referrals / patient notes.

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Audit Process in More Detail

3. Practices Review Audit Outcomes / Discussions

- Practice teams should reflect on the outcomes and learning from the audit.
- Identify good practice, any referral quality challenges and clinical guidance challenges. Identify improvement actions and/or good practice at GP practice level
- Identify and consider were there are any delays in direct access test requests for USS
- When reflecting on your audit consider current NG12 guidance and British Menopause Society Guidelines for Unscheduled Bleeding on HRT.
- As part of the process practices should create time for teams to access or even view together the NCA Unscheduled Bleeding on HRT Training (recorded). Plus watch out for the Ovarian Cancer Training being scheduled for Autumn.

4. Practice Agree Content of Outcomes/Learning/ Actions Summary

- The practice should agree a summary of the findings/ learning from the audit that they are comfortable to share with /across the wider PCN.
- This is not a request to share full details/actual completed audit templates **. *But do pull together a summary of key findings* against the pre- set feedback document provided. To gain a PCN wide overview its important all practices use the same template document. Your PCNF will provide you with this.**

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Audit Process in More Detail

PCN Activity/Responsibility

5. PCNs Developing a PCN Wide Review and Outcomes Summary

- The PCN should support ways and opportunities for the practices to share /discuss their audit outcome summaries.
- Joint reflection has the added advantage of pulling out dominate trends and PCN actions to take forward to improve education, practice processes and patient care . This is a process to support learning and quality improvement not managing performance.
- The PCN should nominate someone to pull together a PCN wide summary of the audit outcomes against the questions/themes provided by the Northern Cancer Alliance developed Feedback Form.
- PCN Workers can offer advice on the above.

6. PCN Shares A Summary of the main outcomes of the audit with the Northern Cancer Alliance

- A survey has been developed to support the PCN to report and submit the outcomes of the audits at a PCN level.
- The overarching summary should reflect the dominant referral trends, findings and improvement actions from across your practices. And insights around direct access to test – USS.
- Your PCN Worker will provide the survey link to collate and submit the PCN wide findings/summary.
- The PCN summary uses the same themes and questions as the practice level summary
- If you do not want to use the digital link a paper version is available which will have to be sent to your PCN Worker to upload.

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Audit Outcomes Summary – Key Themes

- No. and different types of gynae referrals
- Overview of the outcomes of the referrals
- Any referral challenges identified
- Good practice identified
- Insight into direct to test – delays
- Any identified improvements

Please note the same themes are used in the PCN level outcomes summary

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Submitting PCN Level Summary Findings

Submitting a PCN summary of the main outcomes and findings of the bladder cancer audit, will:

- Help to identify good practice to share across the region
- Support the identification of dominate trends and potential areas for improvement to feed into the regional work

Please note asking PCNs to share a summary of the audit comes is not a performance management activity.

It is aimed at sharing practice and understanding where/if wider improvements may be required across the region.

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Section 3: Education Resources

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Online Learning - Webinars

Northern Cancer Alliance Webinar – Pre Recorded

- Primary Care Education | Unscheduled bleeding and HRT

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Any Queries About this Toolkit . Please do contact one of us:

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Appendix and Files

- Audit Template
- Audit Feedback Summary Form
- Audit Feedback Summary From – PCN Submission – Electronic Survey Format
- Searches
- Link to pre recorded education sessions.