Thank you for joining the webinar. We will be starting shortly.

Please ensure you place yourself on mute and turn off your camera.

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Together we will beat cancer

Before we start….

✓ Please mute yourself to reduce background noise

✓ We encourage use of the chat box for discussion and questions (there will be 15 minutes for Q&A at the end of the session)

✓ This webinar is being recorded and will be shared afterwards, and we will also be sharing all slides after the presentation

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Before we start…. Using Microsoft Teams

You should be able to see this bar in the lower centre of your screen.
If it disappears just click the centre of the screen and it will reappear
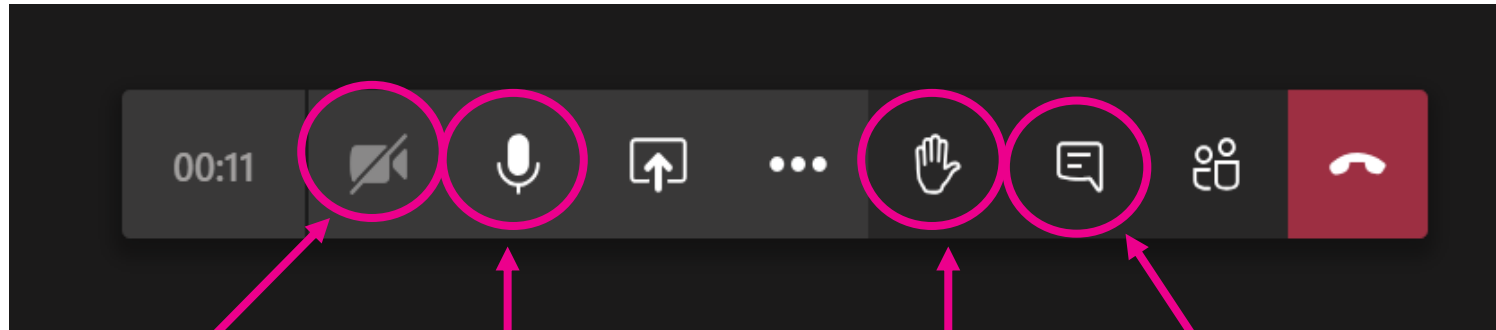
To turn your Camera on/off

To mute and unmute yourself

To raise/lower your hand

To view and use the chat box – please use for discussion and questions

Troubleshooting tech issues:
- Move to a place with stronger Wi-Fi signal

- Try headphones if no sound

- Turn your camera off if Wi-Fi is poor

- Leave and re-join the call using the initial invite link

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PCN Cancer Early Diagnosis Specification: What you need to know and how to get started

As of April 2020

Cancer Research UK Facilitator programme

Who we are

Dr Anant Sachdev
Cancer Research UK GP for Thames Valley

Hannah Hollis
Facilitator Manager Thames Valley and East of England
Cancer Research UK

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Outline for session

- NHS long term plan and Early diagnosis

- What are the requirements for Early diagnosis in the network DES

- Practical advice for approaching the Early diagnosis DES requirements

- Further supporting resources available

- Q&A

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NHS long –term plan

"By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients"

- ✓ Greater awareness of symptoms

- ✓ Lower threshold for referral for primary care

- ✓ Accelerate access to diagnostics and treatment

- ✓ Maximise the number of cancers identified through national screening programmes

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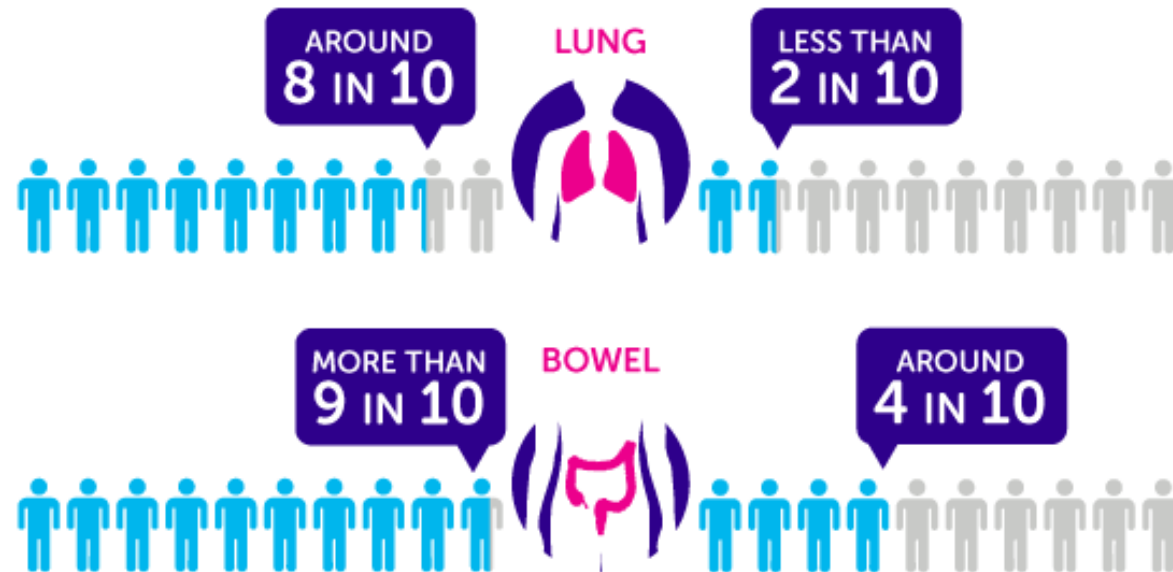
Why is early diagnosis a priority?

SURVIVAL BY STAGE AT DIAGNOSIS

= PEOPLE SURVIVING THEIR CANCER FOR ONE YEAR OR MORE

DIAGNOSED EARLIER
AT STAGE I

DIAGNOSED LATER
AT STAGE IV

LUNG

AROUND
8 IN 10

LESS THAN
2 IN 10

BOWEL

MORE THAN
9 IN 10

AROUND
4 IN 10

Data for people diagnosed in England in 2014
Source: ONS/PHE, Cancer survival by stage at diagnosis for England (experimental statistics)

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How are we doing currently?

ONLY **54%** OF CANCERS ARE DIAGNOSED AT AN EARLY STAGE

THIS VARIES BY CANCER TYPE

EARLY AND LATE CANCER DIAGNOSIS
STAGE OF CANCER WHEN DIAGNOSED, ENGLAND 2016

EARLY (STAGE I + II) LATE (STAGE III + IV)

ALL CANCERS
54% 46%

BREAST CANCER*
85% 15%

BOWEL CANCER
44% 56%
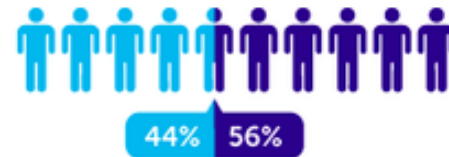
LUNG CANCER
28% 72%

PROSTATE CANCER
54% 46%
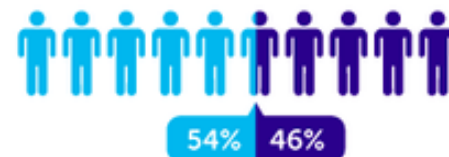
OVARIAN CANCER
42% 58%

*Females only
Source: Public Health England 2018

TOGETHER WE WILL BEAT CANCER
cruk.org

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Primary Care Network Early Cancer diagnosis service specification
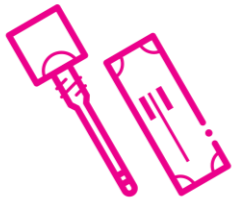
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Together we will beat cancer

Overview of early diagnosis specification

7.4.1a: Improve referral practice for suspected cancers, with a focus on safety netting, ensuring that all patients receive information on their referral.

7.4.1b: Contribute to improving local uptake of National Cancer Screening Programmes working with local system partners.

7.4.1c: Support the delivery of the above through a community of practice which supports peer to peer learning events, and engagement with local system partners.

Refer to NHS England and Improvement Network contract DES early diagnosis guidance (March 2020) for more information

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How does this link in with the QOF early diagnosis quality improvement domain?
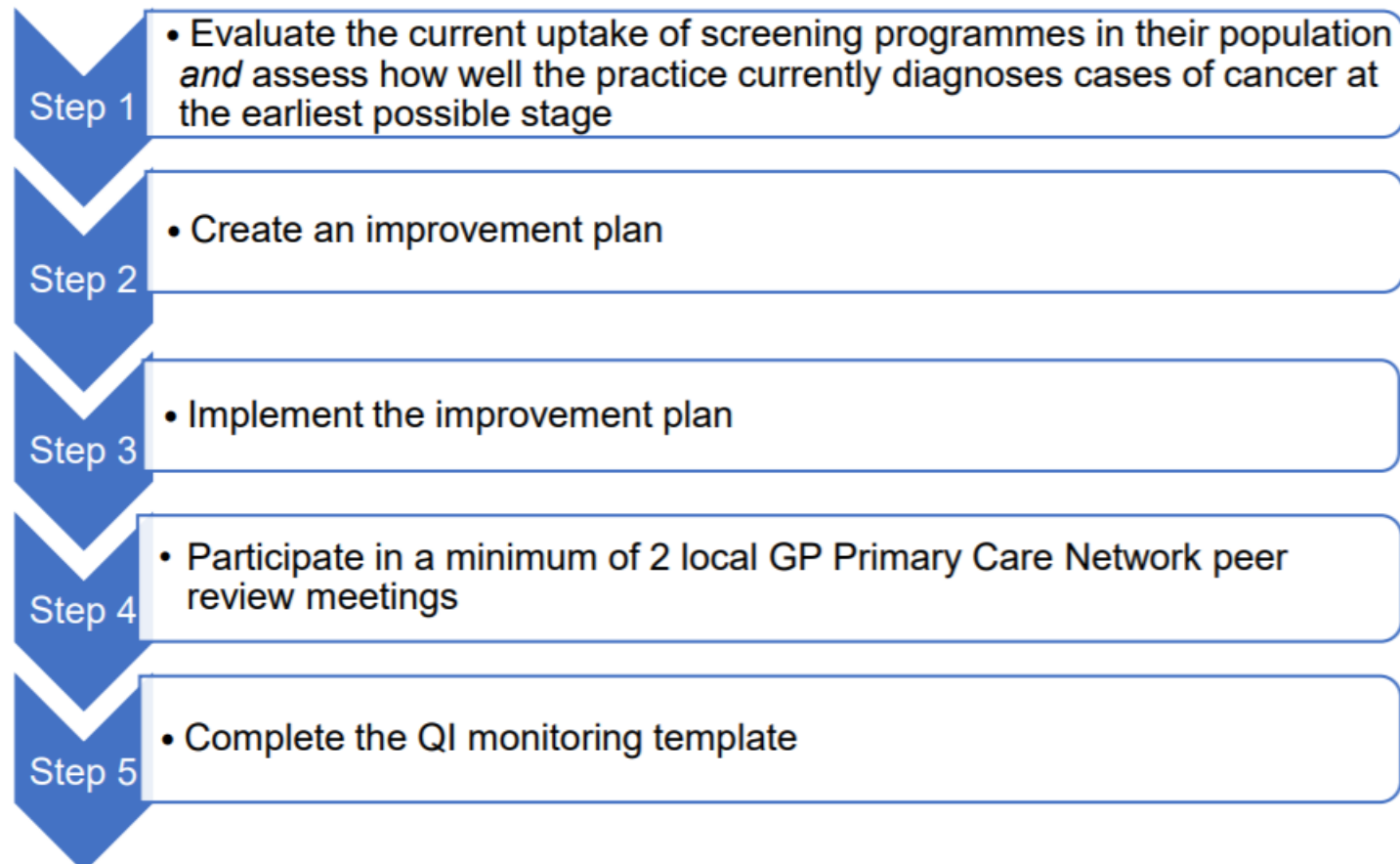
Overview of the QI module

The overarching objective of these QI indicators is to contribute to improvements in relation to the following aspects of care:

1) Participation in national breast, cervical and bowel cancer detection and prevention screening programmes among a practice's registered population.

1) Referral practices for patients suspected of having cancer; including use of guidelines, professional development, safety netting of those referred on suspected cancer pathways and shortening of diagnostic intervals.

How does this link in with the QOF early diagnosis quality improvement domain?

"Practices are expected to undertake quality improvement activity in both screening and early diagnosis" – Feb 2020, NHS England and Improvement QOF quality improvement domain

Practices will need to undertake the following steps:

Step 1
- Evaluate the current uptake of screening programmes in their population *and* assess how well the practice currently diagnoses cases of cancer at the earliest possible stage

Step 2
- Create an improvement plan

Step 3
- Implement the improvement plan

Step 4
- Participate in a minimum of 2 local GP Primary Care Network peer review meetings

Step 5
- Complete the QI monitoring template

QOF requirements align with PCN DES:
- ✓ Improving screening uptake rates
- ✓ Improving referral processes
- ✓ Community of practice

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What data is available?

Public Health England Fingertips – Cancer profiles

- Contains data on cancer services at GP, primary care network (PCN) and CCG level collated by the National Cancer Registration and Analysis Service (NCRAS).

- The data can be benchmarked against England/CCG/PCN average

- Great starting point for assessing the impact of cancer on your local population and for planning improvement work

Indicators available which relate to the DES:

Demographics, Screening and Diagnostics
Bowel screening (60 -74) coverage
Breast screening 3 year coverage
Cervical screening 3.5 or 5.5 year coverage
Number of Emergency presentations

Two-Week Wait Referrals
Two-week wait referrals indirectly age-sex standardised
Conversion rate - % 2ww referrals which result in diagnosis of cancer
Detection rate - % of new cancers in practice diagnosed via 2WW route
(available as 1 year data or 5 year combined)

*** Be wary of some data limitations**

What data is available?

Public Health England Fingertips – Cancer profiles

How-to navigate fingertips video will be sent after this webinar

Indicator	Period		England							
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	2018/19		71.6	69.3*	71.2	70.7	64.9	71.6	68.5	66.2
Females, 50-70, screened for breast cancer within 6 months of invitation (Uptake, %)	2018/19		72.4	67.3*	71.1	69.3	64.0	69.4	63.0	56.9
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	2018/19		72.6	67.6*	66.6	59.9	63.7	77.1	64.7	72.7
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2018/19		58.0	49.9*	42.4	50.0	44.2	60.5	40.4	55.9
Persons, 60-69, screened for bowel cancer within 6 months of invitation (Uptake, %)	2018/19		57.9	47.5*	39.1	47.7	42.5	57.7	40.0	54.3
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	2018/19		60.5	51.7*	44.2	52.3	44.9	62.5	41.9	57.6
Persons, 60-74, screened for bowel cancer within 6 months of invitation (Uptake, %)	2018/19		60.4	50.2*	42.6	50.5	43.8	61.1	41.3	56.7
In-patient or day-case colonoscopy procedures (Number per 100,000 population)	2018/19		776	695*	683	640	419	861	461	933
In-patient or day-case sigmoidoscopy procedures (Number per 100,000 population)	2018/19		565	439*	577	455	377	410	372	397
In-patient or day-case upper GI endoscopy procedures (Number	2018/19		1246	1113*	1180	1195	726	1031	858	1450
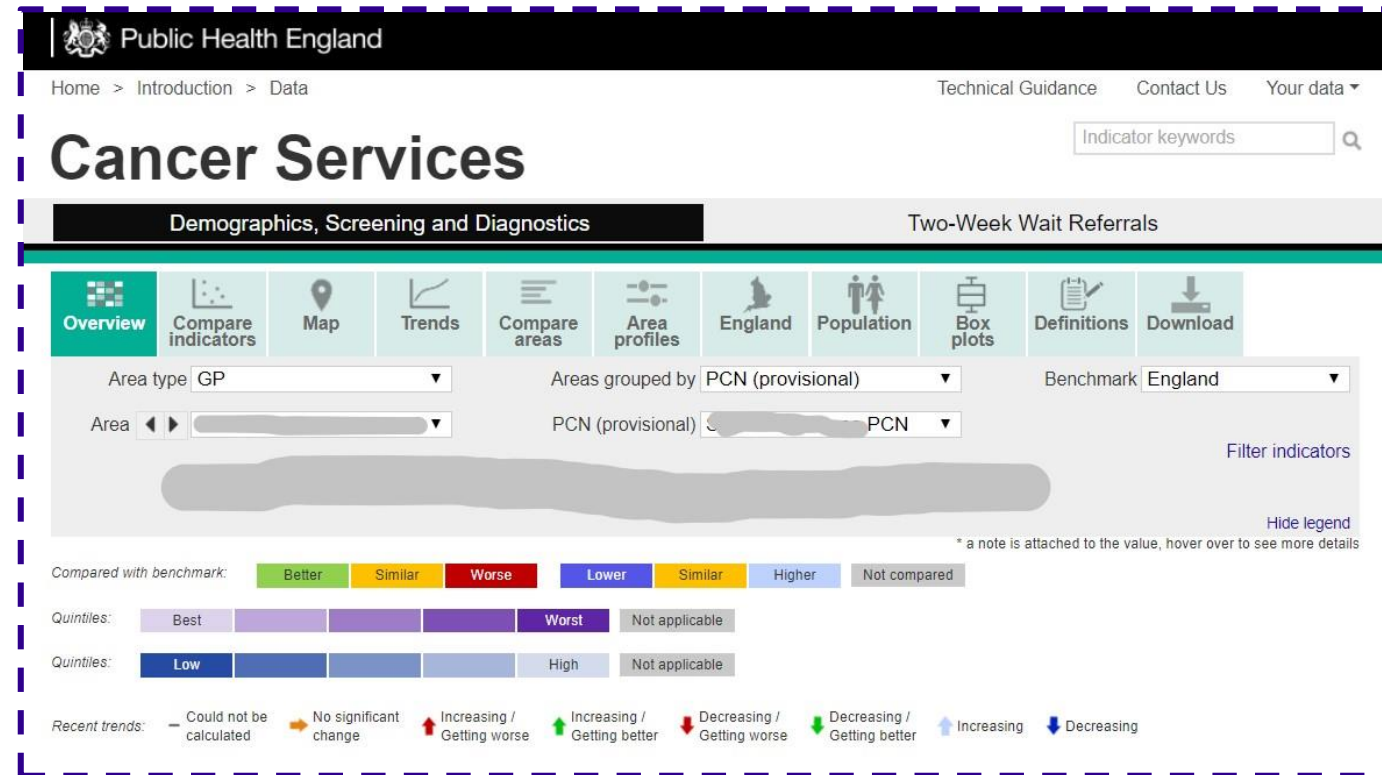
What data is available?

National Cancer Diagnosis Audit (NCDA)
EXTENDED DEADLINE FOR SUBMISION: 31st AUGUST 2020

What is it?

- Been running since April 2019.
- Each practice receives a years worth of patients from cancer registry to input information on including: Pathway information, presenting symptoms, consultation number, and type of investigations.

Why do it?

- Each practice will receive a tailored report of their data by Autumn 2020, and if all practices in a PCN register and submit cases then you will receive PCN level report.
- This report will provide opportunities of case study discussion, highlight good practice, identify areas for quality improvement, and of diagnostic challenges - All which can be used to direct PCN response to the DES

Get involved

GP practices in England and Wales can now register for the National Cancer Diagnosis Audit 2019 using the link below.

Register for NCDA (requires an NHS networked computer)

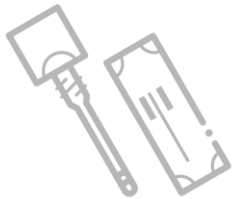The audit in Scotland is now at capacity and no longer open for registration.

Interested but want to know what the workload would be?
Email Louise.forster@cancer.org.uk with your PCN name and member practices and we'll let you know your case load prior to registering.

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Overview of early diagnosis specification

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7.4.1c: Support the delivery of the above through a community of practice which supports peer to peer learning events, and engagement with local system partners.

Refer to NHS England and Improvement Network contract DES early diagnosis guidance (March 2020) for more information

Improving referral practice – what's required?

From the Network Contract DES Specification section 7.4.1.a - **Review and improve referral practice for suspected cancers, including recurrent cancers. This will be done by:**

i. Supporting practices to **review the quality of their referrals** for suspected cancer in line with NICE Guidance. Making use of CDS tools, reviewing practice-level data and utilising the new RDC pathway

ii. Building on current practice to **ensure a consistent approach to 'safety-netting'** patients who have been referred urgently with suspected cancer or for investigations to exclude cancer

iii. Ensuring patients are signposted to/ receive information including why they are being referred, the importance of attending appointments and where they can access further support

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Reviewing your referral practice – getting started

Review PCN level data reports on <u>PHE Fingertips</u>. This will help you to benchmark your practices to understand any variation and to identify where improvements can be made.
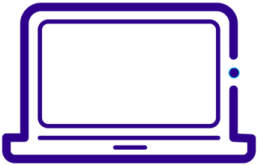
If your PCN has taken part in the National Cancer diagnosis Audit (NCDA) then use your tailored report to identify areas for targeted quality improvement

If not taken part in the NCDA, Conduct your own PCN audit wide review of the quality of your cancer referrals against NG12 criteria – <u>QOF requires a minimum of 20 patients audited</u>

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Example actions for PCNs to improve referral process

1. Increase awareness and use of the range of supporting resources available to improve knowledge and confidence using NG12.

✓ Gateway C

✓ Clinical Decision Support tools

✓ NG12 summary resources

(click underlined for more detail)

Example actions for PCNs to improve referral process

2. Discuss current safety netting process and agree on standardised approach within practices

✓ Review CRUK Safety netting best practice checklist

✓ Review available clinical system safety netting tools

✓ Facilitate use of new SNOMED code to record safety netting (Oct 2020)

(click underlined for more detail)

Example actions for PCNs to improve referral process

3. Review information patients are receiving at referral

✓ Agree and standardise information given to patients at referral ([CRUK patient webpage and leaflet available)](#)

✓ Agree methods for ensuring patient understanding (Letter? Text? Family member?)

✓ Standardise process for <u>recording</u> what information patient is received and how – READ codes available

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What do we mean by safety-netting and why do it?

Diagnostic management strategy that ensures patients are monitored throughout the diagnostic process until their symptoms or signs are explained and results have been acted upon
[See NG12 1.15](#)

The **combination of face-to-face safety netting and IT systems could be really powerful.** A simple request to book a follow-up appointment could be supported by a system to identify patients who have not attended for their follow-up within a specified timeframe. *(Dr Brian Nicholson)*
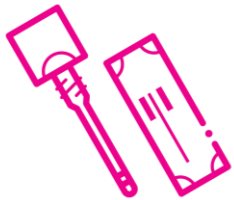
"Each GP can consider: **what if this patient does not attend for this test/appointment/follow up? What could be the consequence?"** Results reported as normal, but persisting symptoms, merit continuing review by the GP. An example is normal first CXRs in patients in lung cancer (up to 25% of lung cancers in some series). **Ask yourself if there is a robust system of following up investigations and patients in your practice.** It can help to look at past Learning Events (previously called SEAs) to see if this has been an issue in the past. *(CRUK Strategic GP Pawan Randev)*

We do safety netting in different ways and don't talk about it, so it can be difficult to know exactly what is being done, and to identify and share good practice. We need to share best practice and generate evidence for which types of safety netting are most effective and for whom. *(Dr Brian Nicholson)*

Overview of early diagnosis specification

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Refer to NHS England and Improvement Network contract DES early diagnosis guidance (March 2020) for more information

Increasing screening uptake – what's required?

From the [Network Contract DES Specification](#) section 7.4.1.b - Contribute to improving local uptake and coverage of National Cancer Screening Programmes by:

Working with local partners to agree the PCN contribution to improve uptake and coverage and develop an action plan to implement.

This should build on any existing actions across practices and include at least one specific action to engage with a group with low-participation locally.

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Screening programmes

Pre-COVID

Bowel screening

- Men and women aged 60–74yrs, invited every 2 years

- Over 74, can request a kit

- FIT testing (implemented April 2019)

- One off bowel scope test at 55yrs

National target 60%

Current (as of June 2020)

Bowel screening

- Bowel screening has not yet restarted

- Invitations have been paused

- Screening centres are starting to work through pre-covid backlog

- Unsure of timeline for re-starting due to capacity issues at secondary care

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Screening programmes

Pre-COVID
Breast screening

- Women aged 50–70yrs, invited every 3 years

- Women over 70 screened on request

- Mammography

National target 80%

Current (as of June 2020)
Breast screening

- Invitations paused currently

- Breast screening continues for some high risk individuals

- Issues around capacity at secondary care and ensuring mobile units are fit for use

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Screening programmes

Pre-COVID
Cervical screening

- Women aged 25-64yrs

- Invited every 3 years age 25-49, and every 5 years age 50-64

- HPV primary testing for all samples.

National
target
80%

Current (as of June 2020)
Cervical screening

- Invitations re-started recently for cervical screening

- Guidance by NHSE reiterates that providers should follow local guidelines for PPE for cervical screening

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Increasing screening uptake - getting started:

Review PCN level reports on <u>PHE Fingertips</u>. This will help you to benchmark your practices to understand any variation and to identify where improvements can be made for your PCN

Identify particular groups of patients where there are inequalities in uptake and to focus their QI activity here. This can include:
- *Men*
- *Patients from BAME backgrounds*
- *Patients with disabilities (physical and/or learning disabilities)*
- *Patients where English isn't their first language*

Download <u>CRUK's Reducing inequalities in bowel cancer screening guide</u> for more information.

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Example actions for PCNs to improve local uptake of National Cancer Screening Programmes

1. Agree and implement process for following up screening non-responders across PCN

✓ Review CRUK's Good practice [Bowel](#) and [Cervical](#) screening guides

(click underlined for more detail)

Example actions for PCNs to improve local uptake of National Cancer Screening Programmes

2. Support increased opportunistic endorsement of screening programmes at practice

✓ Ensure all staff (clinical and non-clinical) are confident to provide or sign-post to information on screening programmes

✓ Activate non-responder alerts on clinical systems

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Example actions for PCNs to improve local uptake of National Cancer Screening Programmes

3. Co-ordinate active endorsement and promotion of screening programmes

✓ Host patient engagement events

✓ Display promotional resources

✓ Nominate a Practice cancer champion to co-ordinate the above

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Refer to NHS England and Improvement Network contract DES early diagnosis guidance (March 2020) for more information

Reflective learning and partnerships – what's required?

From the [Network Contract DES Specification](#) section 7.4.1.c - To build a local collaborative system of partners (Inc. patient groups) to enable reflective learning and improve outcomes

Support constituent practices to conduct peer to peer learning events that look at data/ trends in diagnosis across a Network, including cases where patients presented repeatedly before referral and late diagnoses

Support engagement with local system partners, including Patient Participation Groups, secondary care, the relevant Cancer Alliance and Public Health Commissioning teams.

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Delivery through a community of practice – getting started:

Identify how to use PCN level data to influence change locally/regionally.

Encourage your practices to review their cancer diagnoses on a quarterly basis

Identify who local system partners are

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Example actions for PCNs to support delivery through community of practice

1. Schedule cancer specific PCN wide meetings

- ✓ Clinical meetings to review on-going audit findings and LEAs – invite other system partners?

- ✓ Meeting to agree quality improvement projects and to share best practice and resources.

(QOF requires a min 2 peer-review meetings)

Example actions for PCNs to support delivery through community of practice

2. Meet local system partners

✓ Introductions with: CRUK facilitator, CRUK and Macmillan GPs, CCG/STP Cancer Clinical leads, CCG/STP Cancer programme managers, Patient Reps

✓ Arrange and attend speed networking events with support of other system partners

✓ Support and encourage Patient Participation Group engagement

Further resources

CRUK GP Contract hub

cruk.org/GPcontract

Review referral practice:

What's required in 2020/21 +

Getting started +

Where else can I get support? +

Contribute to improving local uptake of National Cancer Screening Programmes

What's required in 2020/21 +

Getting started +

Where else can I get support? +

Links to resources to support you on each DES requirement

How to use this toolkit

This toolkit has been developed to help GP practice teams to deliver the Thames Valley Cancer Alliance (TVCA) Quality Improvement Scheme for 2019-20. The toolkit is a resource for primary care teams, both clinical and non-clinical, and the intention is to make relevant information easily accessible within your practice. Below is an index for the toolkit, if you click on a section heading below, it will take you to the relevant place in the toolkit.

Patient Information	**Screening Guidance**	**Improving Screening Uptake**	**Referral Guidance**	**Safety Netting**
Quality Improvement Activities	**Data**	**Education & Training**	**Awareness Campaigns**	**Key Contacts**

Macmillan Cancer support Quality Improvement modules

Early Diagnosis GP Contract Support

We have updated our Cancer Screening and Early Cancer Diagnosis Quality Improvement Modules to fully align with the QoF Quality Improvement Project for Early Cancer Diagnosis and the Primary Care Network Specification for Early Cancer Diagnosis. By completing the Modules listed in this section, you will meet the criteria for both the QoF QI Project and the PCN DES. If you have any questions please do **email us**.

- **Cancer Screening [PDF]**

- **Supporting Early Cancer Diagnosis [PDF]**

Close

(click picture for more detail)

RCGP cancer toolkits

Royal College of General Practitioners

Early Diagnosis of Cancer Significant Event Analysis (SEA) toolkit

- Training resources for cancer/commissioning leads ⊕
- Examples of SEAs with thematic analysis ⊕
- Resources and guidance for training practice staff ⊕
- Safety netting in primary care ⊕
- Additional cancer risk assessment tools ⊕
- Background and rationale ⊕

Primary Care Cancer toolkit

- Cancer Prevention ⊕
- Cancer Screening ⊕
- Early Diagnosis and Referral ⊕
- Treatment ⊕
- Beyond Cancer and End of Life Care ⊕
- Cancer Information for Patients Carers and Professionals ⊕
- Continued Professional Development Training and Appraisal ⊕
- Resources for those Commissioning or Planning Cancer Services ⊕
- Upcoming Primary Care Cancer Events ⊕

(click picture for more detail)

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Contact Details

Louise Forster
Thames Valley Facilitator

Louise.forster@cancer.org.uk

Hannah Hollis
Thames Valley and East of
England Facilitator Manager

Hannah.hollis@cancer.org.uk

Shannon Brooks
East of England Facilitator

Shannon.brooks@cancer.org.uk

Before you go….

We'd love to hear your feedback and thoughts for future webinars.

You can find a link to a **short survey** in the chat box

Thank you for joining us.

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