

Joining Forces To Maintain Positive Cancer Patient Experience

Suspected Cancer Two Week Wait Referrals

Collaboration and meeting DES requirements are key to effective assessment, referral and triage

"It's good news that we are seeing more patients coming forward with persistent and concerning signs and symptoms."

"As we see the numbers rise, it's more important than ever that we work together across the system to make best use of our resources."

"We know that many patients with low risk symptoms can be appropriately managed within Primary Care, which can then lead to quicker access and an improved experience for those patients requiring treatment in a Secondary Care setting."

Dr Bhavani Rengabashyam, Clinical Director – Breast Optimal Pathway Group and Consultant Radiologist and Breast MDT Lead Clinician, Leeds Teaching Hospitals NHS Trust



"It's encouraging that increasing numbers of patients are now contacting their GP about signs and symptoms that might be cancer."

"There are a range of online support tools, education and training resources available to support colleagues in Primary Care to develop and improve our referral practices and deliver the best possible patient experience."

Dr Abdul Mustafa, Lead Cancer GP, Wakefield Clinical Commissioning Group

"Providing a comprehensive account of why the patient justifies a 2WW referral, including your examination findings along with the preliminary pre-referral investigations, enables the referral to be triaged as efficiently as possible and significantly improves patient care."

Dr Helena Rolfe, GP Cancer Lead, Bradford and Airedale Clinical Commissioning Group



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All six West Yorkshire and Harrogate acute Trusts are reporting recent spikes back to pre-Covid levels and above in referrals of suspected breast, gynaecology and lower GI cancer cases.

The dramatic upsurge in two-week wait referrals is likely to have been generated in part as a result of symptom-specific campaigns such as Breast Cancer Awareness Month, along with NHS England/NHS Improvement and Public Health England's national Help Us Help You campaign, with the message 'the NHS is still here for you'. An increase in public confidence in accessing NHS services during the pandemic has also contributed to more patients coming forward.

Primary and Secondary Care teams are currently facing significant pressures as the impact of Covid is felt across all services, with more traditional ways of accessing services are under review and the increased use of virtual consultations.

The Cancer Alliance is facilitating urgent discussions across the whole system – including with Primary Care Networks; Optimal Pathway Groups; West Yorkshire Association of Acute Trusts (WYAAT); secondary care teams and members of the Alliance community/patient panel - to look at the potential for further collaboration to ensure use of resources is maximised and access to diagnostics and treatment are timely and equitable.

"The entire system is facing challenges at the moment, and so much hard work is already taking place as colleagues look at the best way to support each other and our patients as they move along their cancer pathway."

"It is in all our interests to ensure the quality of referrals is as high as possible and that patients have the most positive experience possible in both primary and secondary care. Thanks to everyone for working together towards this common objective."

Professor Sean Duffy, Clinical Lead, West Yorkshire and Harrogate Cancer Alliance



Specific measures identified by GPs and Secondary Care teams as supporting this objective, particularly for those patients presenting with vague and non-specific but concerning symptoms, include:

- Improving the quality of referrals by comprehensive and accurate completion of referral forms to facilitate clinical triage in secondary care, alongside signposting for patients on these pathways e.g. [CRUK's patient information leaflet](#)
- The use of early physical examination to enhance decision-making and clinical prioritisation
- Ensuring all appropriate investigations have been completed prior to referral
- Making sure that patients are aware of the importance of attending appointments to ensure they are treated in a timely manner and valuable clinic and treatment time isn't wasted
- Maximising the impact of the above through effective triage in secondary care

Primary Care teams are continuing to support patients as they set out on the referral pathway, and the Early Diagnosis element of the Primary Care Network [Direct Enhanced Services \(DES\)](#) specification includes recommendations for the improvement of referral practices. These include the use of:

- Clinical decision support tools such as [Q Cancer](#) and the [Cancer Research UK Desk Easel](#)
- Practice level data to explore local patterns in presentation and diagnosis e.g. [Fingertips](#)
- Rapid Diagnostic Centres, where available, for vague or non-specific concerning symptoms
- Consistent approaches to monitoring of patients referred on the two-week wait pathway, in line with [NICE Guidance 12](#)
- Robust safety-netting processes
- Appropriate education of staff, including online training and education resources, such as [Gateway C](#)

Primary Care teams are also helping their hospital colleagues to cope with the current high demand for Secondary Care services, where the impact of Covid restrictions means fewer patients can be seen in each clinic than previously.

Data analysts with West Yorkshire and Harrogate Cancer Alliance will continue to monitor urgent cancer referrals by provider and tumour pathway to give early warning of emerging system-wide pressures that will translate through to diagnostic and treatment pathways.

November 2020

