**Early Diagnosis of Cancer**

**Primary Care Network (PCN) Directed Enhanced Service Support Pack**

**What to Consider And Actions PCNs may Wish To Take?**

**2023/24**

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**Introduction**

The 2023/2024 Primary Care Network Directed Enhanced Service requirements and associated activity continue to contribute to the cancer ambitions detailed in the ‘NHS Long Term Plan’.

Primary Care General Practice continues to play a vital role in delivering the ambitions for cancer, working closely with wider system partners including Cancer Alliances, secondary Care, Public Health, Integrated Care Boards and Third Sector Organisations.

This document provides suggested actions to assist PCNs to meet the Early Cancer Service Specification in the 2023/2024 Network DES and will involve discussion to take place a practice level to allow for wider consideration at PCN level. It builds on work undertaken by PCNs in Leeds since 2021 and suggests responses to 2023/2024 service specification. <https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00157-ncds-early-cancer-diagnosis-support-pack.pdf>.

PCNs and their constituent practices are asked to consider how they can encourage patients to participate in early detection of cancer symptoms and signposting appropriately for participation into screening programmes/referral to appropriate clinicians.

In 2023/2024 there are recommended peer reviews for practices to undertake. PCNs should then provide a Peer Review opportunity amongst practice cancer leads, recognising that they represent their practice, and will take back and implement learning. The Primary Care Team can support PCN Leads Peer Reviews.

**Overarching Summary of Early Cancer Diagnosis Specification 2023/2024**

**Actions and Timelines for PCNs and Support/Resources**

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| **Required in PCN DES 2023-2024** | **Timescales and work to be done** | **Further information/ Resources to support PCNs** |
| Requirement 1DNA’S / Safety Netting | Practice Internal reviews to be done Q3 2023PCN Cancer Leads Peer Review to be completed in Q4 Jan -March 2024 | **Peer Review Documentation and data sets can be found on Page 6.** |
| Requirement 2Increasing screening rates for Bowel / cervical and breast cancer | Practice Peer Review and Discussions / Action Plan at PCN Level Internal reviews to be completed Q3 2023PCN Cancer Leads Peer Review to be completed in Q4 Jan-March 2024PCN to identify date for Peer Review in PCN Leads in Q4 – Primary Care Team can support Peer Review | **Review Peer Review and actions from 2022/2023. Examine any variation across the PCN – what are PCN’s next steps to improve uptake of Bowel/Cervical Screening** **Cancer Wise Leeds – Quick One Minute Guides to Cancer Screening on Page 8** |
| Requirement 3.i and 3.iiAdopt and embed:3.i) FIT testing with lower GI 2ww suspected cancer referrals3.ii) Teledermatology with support skin cancer referrals (teledermatology is not mandatory for all referrals) but we would encourage you to use wherever possible). | April 2023-March 2024Ongoing | **New Lower GI Colorectal Referral Pathway (Including Fit Testing)** **on Page 9****Confed Connects Learning Session on Lower GI Colorectal Referral Pathway (including FIT Testing) in Leeds scheduled for October 2023****All Leeds practices can access repairs to current Dermatascopes via:** **wyicb-leeds.primarycare@nhs.net****Replacement Dermatascopes will be distributed out in September 2023****Guidance document for teledermatology referrals – Page 10** |
| Requirement 4Prostate Cancer | April 2023-March 2024Practice / PCN Plan to increase awareness of Prostate Cancer PCN to identify date. | **Guidance document- Page 11** |
| Requirement 5Non Specific Symptoms  | April 2023-March 2024 PCNs to increase awareness of NSS Pathway Changes to all Practice via Cancer Practice Leads | **Guidance - Page 12****Confed Connects NSS Pathway Learning Session – 01/11/2023** |

**Learning Opportunities**

To support practices and PCNs GP Confed Connects Sessions will be held covering components of the Early Cancer Service Specification requirements. The proposed dates and areas covered are detailed below:

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| **17th October 2023** | **Cancer** * **Confed Connects – Lower Gi Suspected Cancer / FIT Pathway update.**
 | **Led by:** **Dr R Eastham** |
| **1ST November 2023** | * **Confed Connects – Non-Specific Symptoms Pathway – refresh and revise your knowledge of this area of Cancer Care**
 | **Kay Whitehead**  |

**Requirement 1**

 **Review referral practice for suspected and recurrent cancers, and work with their community of practices to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower**

1 **Introduction**

In 2021-2022 practices considered safety netting in General Practice for 2 Week Wait Referrals (2WW) and recorded learning and improvements you would take to increase safety in referral and monitoring outcomes of referrals.

**Summary of Safety Netting**

Reviewed monitoring processes in practice for checking patients have received 2 WW appointments.

Walk through of manual/computerised processes in practice where are the gaps how could the system fall-down?

How do locums in General Practice understand the referral/safety netting system for patients in each practice.

In 2022-2023 practices considered 2WW referral trends and reviewed trends of DNAs for 2WW appointments to identify where improvements could be made, particularly in areas of High Health Inequalities

**Non-attendance at 2WW referrals Summary of Peer Review Event**

Cancer experience survey has highlighted that some patients referred under 2WW, particularly those from minority communities report not understanding reason for referral.

* Research has demonstrated factors including deprivation, distance to hospital, age, gender (oldest & youngest men) is associated with non-attendance, but there are practices in deprived areas that have much lower DNA rates than other practices

Patients who DNA 2WW appointments are slightly less likely to have cancer but those who do have cancer have poorer outcomes when diagnosed than those who do attend.

**1.1** **Requirement 1 - Ask for 2023/2024**

In 2023-2024 practices should continue to build on what has been learnt in previous two years and plan a practice peer review that uses a Plan Do Study Act (PDSA) cycle continues to reflect on:

Safety Netting processes and support for Patients with a Suspected Cancer

Reducing DNAs for those with a 2 week wait Suspected Cancer Referral ensuring patients particularly those from minority communities, or who have language barriers, understand why they have been referred for 2WW. This might include offer of SMS to state reason for referral or brief written information.

Provides further comment on patient letters/communications for 2 Week Wait Suspected Cancer Referral.

Using a Quality Improvement approach check if previous action plans been enacted, what are the outcomes of any planned changes, what are the next steps for the practice to continue enhancing practice and patient outcomes.

Practices are asked to be completed for close of Q3 and to enable Practice Leads to attend a PCN Peer Review to share reflections.

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| Resources to Support Peer Review  | Link to Data |
| [Peer review guidance - DNAS/ safety netting](https://nhs-my.sharepoint.com/personal/liz_richardson2_nhs_net/Documents/CANCER%20DES/2324%20Early%20Cancer%20document/Practice%20Peer%20Review%20Document%202324%20early%20cancer%20diagnosis.docx) |  [PQI 23/24](https://nhs.sharepoint.com/%3Ax%3A/r/sites/msteams_e931fa/Shared%20Documents/PQI%202023-24/PQI%202023-24.xlsx?d=wf2a25ba2b8514aac9b4058f2c50bd3a8&csf=1&web=1&e=CwTHDF)[urgent two week wait leaflet 2013](file:///C%3A%5CUsers%5CRichardl01%5COneDrive%20-%20NHS%5CCANCER%20DES%5C2324%20Early%20Cancer%20document%5Curgent%20two%20week%20wait%20leaflet%202013%2012%2010%20FINAL.pdf)[why have i been referred A6 postcard.pdf](file:///C%3A%5CUsers%5CRichardl01%5COneDrive%20-%20NHS%5CCANCER%20DES%5C2324%20Early%20Cancer%20document%5Cwhy%20have%20i%20been%20referred%20A6%20postcard.pdf) |

**Requirement 2**

**Work with local system partners– including the NHS England Regional Public Health Commissioning team and Cancer Alliance – to agree the PCN’s contribution to local efforts to improve uptake in cervical and bowel NHS Cancer Screening Programmes and follow-up on non-responders to invitations. This must build on any existing actions across the PCN’s Core Network Practices and include at least one specific action to engage a group with low participation locally.**

**2.0** **Introduction to Requirement 2**

This indicator builds on work undertaken in:

2021-2022 (practices undertook the Quality Improvement Module (QI) for The General Practice Quality Outcomes Framework (QOF) as a PCN peer review discussion and produced an action plan to promote uptake of screening)

 2022-2023 (practices / PCNs reviewed their screening data and worked to identify and engage non responders for Bowel and Cervical Screening)

**2.1 Requirement 2 Ask in 2023-2024**

PCN Cancer Leads should undertake a peer review, by close of Q3, to understand the outcomes of 2022-2023 PCN Plans. Using a QI approach such as a PDSA cycle - have these plans been enacted and what has been learnt.

Cancer /Practice Leads should consider a revised PCN plan that reflects learning from 2022-2023 drawn up to continue to address non-responders and engage a group with low participation. PCN screening data can be used to review variation across a PCN. Areas for consideration should continue to include:

* Review of bowel, cervical and breast screening data to identify areas for improvement in screening uptake.
* Tackling Health Inequalities – understand reasons why uptake may be low in some groups of patients and

select a group of patients where uptake is especially low for a targeted approach.

* Identify opportunities across PCNs to provide sufficient cervical screening sample taking capacity.
* Use local and national resources to support education and communication about the different screening campaigns e.g. [(https://campaignresources.phe.gov.uk/resources/)](https://nhs-my.sharepoint.com/personal/liz_richardson2_nhs_net/Documents/CANCER%20DES%202223/2324%20Early%20Cancer%20document/%28https%3A/campaignresources.phe.gov.uk/resources/%29)
* Considering the above develop an action plan to increase uptake in identified areas which includes an agreement to increase the contact for non-responders by a certain amount over a set period.

2.2 **Support/Resources for Requirement 2 in 2023-2024**

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| Resources to Support Peer Review | Links |
| Suggested Peer Review for practices to bring together for PCN Peer Review Local Searches  | [screening support document 232](file:///C%3A%5CUsers%5CRichardl01%5COneDrive%20-%20NHS%5CCANCER%20DES%5C2324%20Early%20Cancer%20document%5Cscreening%20support%20document%202324.docx)4**SystmOne and EMIS searches -** (Located in S1: Clinical Reporting > Data Quality > Cancer Screening Programme Data Quality (And in EMIS: Resource Publisher) |
| Quality Improvement Tool PDSA Cycle Document**Yorkshire Cancer Research Cancer Wise Leeds Landing Page** –Guides for initiatives that have worked in Leeds to enable Screening Uptake. Specific guidance for those with Learning Disabilities etc. **CRUK Primary Care Good Practice Guide: Cervical Screening** **Macmillan Cancer Screening Quality Improvement Toolkit** **West Yorkshire and Harrogate Cancer Alliance****Discussions with Local Care Partnerships**, if engagement can be obtained via wider partners in health, social and third sector care. | [pdsa cycle 2324 cancer screening](file:///C%3A%5CUsers%5CRichardl01%5COneDrive%20-%20NHS%5CCANCER%20DES%5C2324%20Early%20Cancer%20document%5Cpdsa%20cycle%202324%20%20cancer%20screening.docx)[Cancer Wise Leeds - our legacy and resources :: Leeds Cancer Programme](https://leedscancerprogramme.org.uk/our-programme/prevention-screening-awareness/cancer-wise-leeds-legacy)[Primary Care Good Practice Guide: Cervical Screening | Publications (cancerresearchuk.org)](https://publications.cancerresearchuk.org/content/primary-care-good-practice-guide-cervical-screening)[Cancer screening quality improvement toolkit | Macmillan Cancer Support](https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/cancer-screening-quality-improvement-toolkit) [Home :: West Yorkshire and Harrogate Cancer Alliance (wyhpartnership.co.uk)](https://canceralliance.wyhpartnership.co.uk/)[Home :: West Yorkshire and Harrogate Cancer Alliance (wyhpartnership.co.uk)](https://canceralliance.wyhpartnership.co.uk/)Please contact (generic LCP email): lcht.lcpdevelopment@nhs.net  |

**Requirement 3.i and 3.ii**

**Work with its Core Network Practices adopting and embed: the requesting of FIT tests where appropriate for patients being referred for suspected colorectal cancer; and, where available and appropriate, the use of teledermatology to support skin cancer referrals (teledermatology is not mandatory for all referrals).**

**3.i FIT testing in Leeds - Changes to Lower GI 2ww Suspected Cancer Pathway**

Following the publication of new national guidance, colleagues from Primary Care, LTHT, the ICB and the West Yorkshire Cancer Alliance have been working hard over recent months to agree a new two week wait Lower GI pathway incorporating FIT testing. The pathway has now been finalised following consultation with colleagues from across the system and it will be launched as of Monday 17th July. Key points are as follows:

* Most patients presenting with undiagnosed abdominal symptoms of suspected colorectal cancer should not be immediately referred. Instead, clinicians should investigate initially in primary care by requesting a FIT test and bloods tests (including FBC, Ferritin, U&Es and any others considered relevant at the point of examination).
* The following are exceptions of patients that should be referred immediately using the updated 2ww form:
	+ Patients with abdominal mass - Refer and request FIT and blood tests.
	+ Patients with Iron deficiency anaemia (males and post-menopausal females) – Refer and request FIT and blood tests.
	+ Anal or rectal mass or unexplained anal ulceration – Refer and request blood tests (No FIT required)
	+ Patients with concerning symptoms and unable to complete FIT – Refer and request blood tests (No FIT required)
* Please note all positive FIT patients will automatically be upgraded to the 2ww pathway by LTHT
* If a patient is referred immediately as a 2ww and does not supply a FIT test as requested (i.e., patients with abdominal mass or males/ post-menopausal females with IDA), they will continue along the suspected cancer pathway, and this will not impede further investigation.
* If a patient does not supply a FIT sample despite input from the pathway navigator team, and has persistent and concerning symptoms for suspected cancer, please refer as a 2ww using the option “unable to complete FIT”.
* If a patient is referred immediately as a 2ww and does not supply a FIT test as requested, they will continue the suspected cancer pathway, and this will not impede further investigation.
* If a patient has not been referred and has a negative FIT test, GPs should decide on further management according to presenting symptoms and test results. See the link to the pathway flowchart below for further guidance.

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| Resources to Support FIT Testing | Links |
| FIT Pathway – Leeds Sample Colorectal 2WW Referral FormConfed Connect Session |  Planned for 17th October with Dr Rob Eastham |
| Screening Data | [PQI 23/24](https://nhs.sharepoint.com/%3Ax%3A/r/sites/msteams_e931fa/Shared%20Documents/PQI%202023-24/PQI%202023-24.xlsx?d=wf2a25ba2b8514aac9b4058f2c50bd3a8&csf=1&web=1&e=CwTHDF) |

**.ii Teledermatology in Leeds**

The Teledermatology Scheme in Leeds enables GPs (general practitioners) to receive speedier expert input without the need for patients to attend unnecessary clinic appointments.

In 2018 Leeds Practices were provided with dermatascopes which enables sending high quality images of suspected skin cancers directly to hospital-based Consultant Dermatologists. From 1st April 2022 this became a service requirement of PCN DES (Directed Enhanced Services) Early Cancer Diagnosis Specification.

To support general practice with this requirement, any old/faulty kit was replaced during 22/23. Additional funding has been sourced to provide all practice sites with new dermatascopes (one unit per site) that will be issued during Q3 2023/2024.

All practice staff should have access to and be aware of the location of dermatascopes when required for use. All staff should be aware of best practice guidance with regards to the quality of photographs taken and submitted. Practices and clinicians are encouraged to ensure that images are included with referrals sent via the 2ww pathway for suspected skin cancer.

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| Resources to Support Teledermatology | Links |
| For information including suitability criteria, referral process, pre-requirements prior to referral and information regarding how to access support advice and guidance see adjacent link.The you tube videos link to videos that support usage of the service in Leeds.  | [Teledermatology guidance](https://nhs-my.sharepoint.com/personal/liz_richardson2_nhs_net/Documents/CANCER%20DES/2324%20Early%20Cancer%20document/Teledermatology%20guidance.docx)<https://youtu.be/WX-jEM-X6SM><https://youtu.be/XkGjlvGIhZo><https://youtu.be/GyZYkwfCYX4> |

**Requirement 4**

**- Focusing on prostate cancer, and informed by data provided by the local Cancer Alliance, develop and implement a plan to increase the proactive and opportunistic assessment of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline.**

In delivering this requirement, a PCN’s plan should continue to include:

* PCNs should continue to review the data provided by their Cancer Alliance on cumulative shortfalls in urological cancer referrals and treatments over the course of the pandemic and develop an action plan.
* It is recommended that PCNs focus on men who are most at risk (target cohort):
	+ those aged 50 or older.
	+ those with a family history of prostate cancer aged over 45 years.
	+ black men aged over 45.

In delivering this requirement, supported by their Cancer Alliance, a PCN’s plan may include the following:

* + In order to understand the scale of intervention required, initially establish how many men per GP practice have risk factors that classify them to be high risk for prostate cancer (target cohort);
	+ Providing prostate cancer awareness information materials directly to the target cohort, either electronically via SMS, email, or through leaflets.
	+ Practices to establish via the PCN a local plan to raise awareness of prostate cancer in men identified as higher risk. If subsequently there is a consultation which identifies relevant symptoms, a shared decision-making discussion takes place to offer a PSA test if appropriate in line with NICE guidance and supporting tools e.g. [NICE prostate cancer overview](https://www.nice.org.uk/guidance/NG131) and [PSA Testing guide for patients](https://nhs-my.sharepoint.com/personal/liz_richardson2_nhs_net/Documents/CANCER%20DES%202223/2324%20Early%20Cancer%20document/PCRMP_patient_info_sheet_draft_March_2022_new.pdf)
	+ To ensure all patients contacts count consider wider workforce training (Advanced Nurse Practitioners and Practice Nurses) to undertake prostate health discussions with the target cohort.
	+ Encourage ARRS staff to participate in case finding, opportunistic conversations.
	+ Continue to ensure the immediate family of men identified with prostate cancer (i.e., son, brother, father) have a family history information coded in their records. This process is not straightforward based on the lack of family links presently added on the system; however, member sites may want to consider group discussions regarding practice processes to identify disparity and best practice. Consider PCN wide approach.

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| Resources to Support Prostate Cancer Awareness | Links |
| The following document provides an overview of the DES requirement as well as suggestions for consideration to assist you in undertaking this activity and sharing best practice. | [Prostate cancer DES requirements](https://nhs-my.sharepoint.com/personal/liz_richardson2_nhs_net/Documents/CANCER%20DES/2324%20Early%20Cancer%20document/Prostate%20cancer%20DES%20information%202324.docx) |

**Requirement 5**

**Review use of their non-specific symptoms’ pathways, identifying opportunities and taking appropriate actions to increase referral activity.**

**5.0 Non-specific symptoms pathway**

The Leeds **NSS (Non-Specific Symptoms) 2WW (2 Week Wait)** pathway (formally known as ACE) is designed for adults with non-specific but concerning symptoms that could represent cancer or serious disease, but do not already have a designated pathway for urgent investigations or referral. Suitability criteria, referral process, pre-requirements prior to referral and information regarding how to access support and guidance can be obtained on the following sheet.

In 2022/2023 Leeds practices reviewed referrals to the Non-Specific Pathway ensuring they were aware of the referral pathway and utilisation rates. In 2023/2024 a PCN’s plan may include:

• Work with local partners (i.e., Cancer Alliances, commissioners) to continue to understand the non-specific-symptom pathways available in their areas and the model for referrals.

• Identify and undertake specific actions to encourage practices to refer using their non-specific-symptom pathway, where available and appropriate.

**This requirement recognises that in Leeds 2023/2024 referral criteria has changed for the NSS and all clinical staff should be aware of current criteria practice cancer leads should work with their practices to prompt reminders around referral criteria.**

**NSS Pre-referral requirement**

* All patients with NSS require a pre referral battery of blood tests available on ICE (filter function tests).
* If timing does not allow, please ensure the bloods have been requested.
* Age criteria now 45-85 (or up to 75 if severe frailty) -Will assess/accept anyone outside of this range on a case-by-case basis.

**To facilitate detection of cancer through non-specific symptoms teams may wish to refresh their knowledge, for example**:

* One year incidence of cancer for patients with thrombocytosis is 12% and 6% for men and women respectively (Bailey et al, BJGP. 2017 https://doi.org/10.3399/bjgp17X691109). GPs should consider possible cancer in patients with unexplained thrombocytosis including chest x-ray as per NICE NG12
* However normal blood results do not exclude cancer (Watson BMJ 2019 <https://doi.org/10.1136/bmj.l5774>). Counter intuitively, patients who have normal blood test results have a higher risk than patients who have not had testing at all (Watson et al BMJ, 2019 <https://doi.org/10.1136/bmj.l175>)
* GPs should remember that negative tests for specific cancers undertaken because of non-specific symptoms that are negative (e.g. chest x-ray) do not exclude other possible cancers and that common cancer tests (e.g. chest x-ray, CA125, FIT) have imperfect sensitivity (Bradley et al 2021, BJGP https://doi.org/10.3399/bjgp21X716189 )
* Weight loss alone has a relatively low risk for cancer (~2%) but when combined with other symptoms/signs and/or in male smokers over age 50, risk is much higher and testing for cancer is advised (Nicholson et al BMJ 2020 <https://doi.org/10.1136/bmj.m2651>)

**Further Advice and guidance**

* There is a GP advice and guidance telephone service available led by the NSS Clinical Nurse Specialist Team. This available Mon to Fri between 07:30 – 19:30 weekdays - **0113 2064698 or 0113 2064847.**

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| Resources to Practice Awareness of Non-Specific Symptoms  | Links |
| SUPPORT MATERIALS \*NB SOP & PIL BEING REVIEWEDFacility for Q&A and learning session | [NSS GP Referral Form v2](file:///C%3A%5CUsers%5CRichardl01%5COneDrive%20-%20NHS%5CCANCER%20DES%5C2324%20Early%20Cancer%20document%5CNSS%20GP%20Referral%20Form%20v2.docx)[GP PIL NSS.pdf](file:///C%3A%5CUsers%5CRichardl01%5COneDrive%20-%20NHS%5CCANCER%20DES%5C2324%20Early%20Cancer%20document%5CGP%20PIL%20NSS.pdf)Confed Connect session booked 01/11/2023 |