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South East London Cancer Alliance

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A practical guide for Primary Care Networks to achieve delivery of the service requirements for 2020/21 for Early Cancer Diagnosis of the Network Contract Directed Enhanced Service

SEPTEMBER 2020

The Network Contract Directed Enhanced Service (DES) Early Cancer Diagnosis Guidance March 2020 sets out the service requirements for Primary Care Networks (PCNs) commencing on 1st October 2020 https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-early-cancer-diagnosis-guidance.pdf

The Guidance is not explicit as to how the PCNs can achieve each element and makes no reference to a reporting structure. The purpose of this document is to facilitate understanding of the requirements and to explore various approaches for PCNs to consider to undertake, based on what is most relevant/ appropriate for them.

There are common themes with the QOF Quality Improvement domain 2020/21- Early diagnosis of cancer (QOF QI), which is reflected in the common resources and will be discussed in the last section https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-early-cancer-diagnosis-guidance.pdf

The service requirement for the DES section 7.4.1 comprises of three elements:

a Review referral practice for suspected cancers
b Contribute to improving local uptake of National Cancer Screening Programmes
c Establish a community of practice between practice-level clinical staff to support delivery of the above requirements

7.4.1.a. Review referral practice for suspected cancers is further subdivided into three aspects:

i Review the quality of referral
ii Safety netting patients referred for suspected cancer or urgent investigations
iii Ensure that all patients are signposted to or receive information on their referral

i Review the quality of referral

Poor quality referrals can lead to problems such as DNAs, delays in investigations and diagnosis, poor patient experience, etc. In a nutshell, the timely execution of a 2 week wait (2ww) referral of patients with suspected cancer symptoms, risk-assessed against NG12 Guidance and/or the clinician's gut instinct, together with the appropriate and necessary information given to prepare the patient and the specialist, constitute a good referral. Insight into this topic is explored in the GatewayC module "Improving the quality of your referral". https://www.gatewayc.org.uk/wp-content/uploads/2019/11/Improve-the-Quality-of-your-Referral-11-19-1.pdf

Practices might choose to reflect on their referral data from any of following sources:

- National Cancer Diagnosis Audit for participating practices, https://www.cancerresearchuk.org/health-professional/diagnosis/national-cancer-diagnosis-audit
- PHE Fingertips, https://fingertips.phe.org.uk/profile/cancerservices

- retrospective practice audits : guidance on the searches is available from the Macmillan's Quality Improvement Toolkit for Cancer Care in Primary Care. https://www.macmillan.org.uk/_images/supporting-early-cancer-diagnosis_tcm9-357844.pdf

Focus of review of the referrals may include one or more of the following:

- use of guidelines / clinical decision support tools, https://cthesigns.co.uk/tool https://www.macmillan.org.uk/documents/aboutus/health_professionals/earlydiagnosis/cds-faqs.pdf
- interval between patient first presenting to a clinician with symptoms and when the 2ww referral is made,
- referrals resulting in a cancer diagnosis,
- routes of presentation to diagnosis : 2ww vs emergency,
- use of the Rapid Diagnostic Clinic (RDC) pathway,
- referral outcomes for a specific tumour group, eg colorectal, where there has been a change in pathway
- progress of the 2ww referrals since the COVID-19 Pandemic

For example:

A practice conducts a review of the 2ww referrals in the last 6m which identifies patients presenting with significant unintentional weight loss referred on a 2 ww being managed differently by different clinicians, with a wide range of the interval between the time when the patient presented to the clinician with the relevant symptoms to the time the 2ww referral was made.

Analysing the case with the longest interval as a Learning Event Analysis with a structured template might reveal knowledge/ skills/protocol or other issues which the practice may decide to improve:

https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/early-diagnosis-of-cancer-significant-event-analysis-toolkit.aspx

The practice may decide on an improvement plan setting a target of a X% reduction of the mean presentation to referral interval in 6 months' time. The activity is to be underpinned by an education session of the current NG12 guidance and investigations for weight loss, the relevant tumour groups and the RDC referral criteria.

A second audit in 6 months evidencing improvement which then forms part of the delivery of the QOF QI module.

ii Safety netting patients referred for suspected cancer or urgent investigations

Safety netting patients has never been so important as in the current COVID-19 pandemic because of the consequent physical and capacity constraints of access to primary, secondary and in particular the diagnostic services, resulting in unprecedented delays. The DES specifies a **consistent** approach

to monitoring patients referred for suspected cancer or urgent investigations, which means the practices need to ensure that the whole primary care team understand their role in safety netting with the back-up of a central electronic system to keep track of patients being referred for urgent diagnostics and 2ww pathways:

https://www.cancerresearchuk.org/sites/default/files/safety_netting_guide_for_gps_and_practices_11.06.20.pdf

Practices may demonstrate compliance by:

- Clinicians engaging an actively operational electronic safety netting system
- team training session on safety netting

For example

There is a specific cancer safety netting template within EMIS whereby clinicians can use in real time and make tracking comments when they refer patients for urgent investigations/ 2ww referrals. The administrative staff follow up on these actions and generate weekly reports for the team to monitor any outstanding investigation results or urgent appointments. All the relevant staff need to be trained and committed to its use. It is located in Templates and Protocols- EMIS Library- Emis Protocol- Third Sector- Macmillan Cancer Support- Cancer Safety Netting. Further details are available via the following links:

https://www.youtube.com/watch?v=U4byHZwOZv8

Link: Webinar- Electronic Safety Netting Toolkit for EMIS Web

https://www.emisnow.com/csm/?id=kb_article_view&sys_kb_id=7a6339ce1b3437048ceaa64c2e4bcb24

Vision practices may be able to set up an alternative safety netting system by creating a new task template for this purpose.

http://help.visionhealth.co.uk/PDFs/General/Safety_Netting_in_Vision.pdf

iii Signposting or information giving to patients about the reason and nature of the 2ww referral, the importance of attending the appointment and for further support

Patients who are not adequately informed or prepared by clinician at the time of the 2ww referral are more likely to DNA or suffer a poor experience.

Actions required and to be coded may include:

- Clinicians to ensure that patients are given the information and understand that they are being referred for urgent investigation in the next 2 weeks to rule out cancer, and that their availability established.
- Administrative staff to ensure that 2ww Patient Information Leaflet (PIL) is given to the patient, which can be texted to the patient's phone by using AccuRx- Sharing-a-file-with-a patient.

- Signposting vulnerable patients for further support if required to the Local Authority/ Macmillan Cancer Support/ Cancer Research UK.

For example,

The practice referral / admin staff may be tasked with giving the PIL to the patient, ticking the check list on the 2ww referral forms prior to sending, and coding " Pre-hospital Information Given " in the patient record.

7.41.b Contribute to improving local uptake of National Cancer Screening Programmes comprises 2 aspects:

i work with local system partners-including the local Public Health Commissioning team and Cancer Alliance- to agree the PCN's contribution to local efforts to improve uptake and must include one specific action with a group with low participation locally

ii provide the contribution within timescales agreed with local system partners

Cancer screening is an important route to early diagnosis. All three National Cancer Screening Programmes had to pause with the start of the COVID-19 pandemic. Cervical screening resumed in June, bowel and breast screening in August. Please refer to the SELCA Webinar on Screening for an update and in particular changes in the breast screening programme https://www.youtube.com/channel/UCZpX3W82cz0gpghr5ApdkXQ

Improvement in screening uptake is also part of the QOF QI domain.

Steps to take may include:

- A review of PHE screening data, https://fingertips.phe.org.uk/profile/cancerservices
- Identify which screening programme/s the practice feels most appropriate to work and any patient group who are low participants, https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/816245/PHE_Screening_inequalities_strategy_2018__1_.pdf
- An improvement plan consisting of increasing by x% the contact for non-responders in the next y months in the chosen programme/s, https://www.macmillan.org.uk/_images/cancer-screening_tcm9-357843.pdf
- An action plan to target the patient group identified to be low participants.
- Use of educational resources to improve understanding of barriers to screening https://elearning.rcgp.org.uk/course/info.php?popup=0&id=355 https://www.cancerresearchuk.org/sites/default/files/england_gp_good_practice_guide_2018_v6_web.pdf

For example,

The practice identifies a decreasing trend in the uptake of cervical screening. The list of non-responders include a higher than expected a particular demographic group. The practice may consider accessing Jo's Trust for advice and training. https://www.jostrust.org.uk/professionals

The practice team member may make special consideration in inviting this group of patient for screening, thereby also increasing the rate of making contact to the non-responder group. https://publications.cancerresearchuk.org/sites/default/files/publication-files/Engaging%20primary%20care%20in%20cervical%20screening%20FINAL.PDF

7.4.1.c Establish a community of practice between practice level clinical staff to support the delivery of the requirements set out in 7.4.1.a to 7.4.1.b. A PCN must through the community of practice:

i conduct peer to peer learning events that look at data and trends in diagnosis across the PCN, including patients presented repeatedly before referral and late diagnoses; and

ii engage with local system partners, including Patient Participation Groups (PPG), secondary care, the relevant Cancer Alliance , and Public Health Commissioning teams

Analysis from data and trends in diagnosis may identify the areas of strengths and weaknesses. Learning event analyses on patients with repeated presentation prior to referral and late diagnoses better our understanding of the barriers to early diagnosis. Sharing of learning within the PCN amongst the professionals is paramount to optimise improvement. Involvement of the wider system allows additional perspectives from service user (PPG) to service providers (secondary care) , and at population level (Public Health) which may inform the whole cancer system overseen by the cancer alliance to make strategic service improvement.

For example,

Borough-based GP cancer leads/ Macmillan GPs can facilitate the PCN-wider system engagement. They can link in with their local PCNs, feed insights and issues into the local Cancer Alliance and vice versa. PCNs may corroborate with secondary care, patient group, and cancer charities to facilitate mutual learning on digital platforms.

To prepare for the DES, the PCNs/practices should ensure that there is :

- understanding of the requirements as discussed above
- a lead to oversee progress and liaise with others
- reflection on practice data to identify practice priorities
- plan on how progress will be monitored
- access to resources and help with the DES

In the absence of a reporting template, a check-list for PCNs to consider:

- have your practices examined their data?
- what audits have been completed?
- have all your practices got the necessary safety netting system?
- Is there a record of the dates and attendance register of your peer review meetings?
- what educational resources/ training have been accessed?
- what key action planning / improvement plan is taking place
- what wider system engagement has taken place

Further resources to support the delivery of the DES

- NICE NG 12 Guidance https://www.nice.org.uk/guidance/ng12/chapter/1-recommendations-organised-by-site-of-cancer
- Macmillan Rapid Referral Guidelinhttps://www.macmillan.org.uk/_images/rapid-referral-toolkit-desktop-2019_tcm9-354239.pdf?_ga=2.40210789.613093782.1597610364-1575613400.1548793656
- Cancer Research UK https://www.cancerresearchuk.org/health-professional/learning-and-support/resources/gp-contract-guide https://www.cancerresearchuk.org/sites/default/files/nice_desk_easel_final_interactive_version.pdf
- RCGP https://elearning.rcgp.org.uk/course/view.php?id=109
- GatewayC Cancer Maps https://www.gatewayc.org.uk/cancer-maps-online-tool/
- A programme of interactive educational webinars is being specifically created by the SELCA for the purpose of supporting PCNs to deliver the Early Cancer Diagnosis DES. These will involve participation from primary and secondary care clinicians, CRUK and Macmillan Cancer Support, with administrative and patient input. The programme will be offered to all the PCNs in South East London https://selondonccg.nhs.uk/wp-content/uploads/2020/08/SEL-Primary-Care-Cancer-Educational-Webinar-Series-Flyer-1.pdf
- The GP Cancer Leads/ Macmillan GPs in the six South East London boroughs are keen to support their respective PCNs with any queries relating to the DES. They link up with one another, secondary care, CRUK and Macmillan Cancer Support via the SELCA and hence can access a wide network of support.

The DES and the QOF QI

The DES is a four-year programme set at PCN level service requirement. The QOF QI is a one-year module (unless extended) set at practice level.

The common requirement in both the DES and the QOF QI include

- reviewing and reflecting on practice data,
- identify practices' own priorities for improvement relating to the quality 2ww referrals with use of NG12 guidelines, and to the uptake of cancer screening amongst non-responders
- emphasis on the use of a robust safety netting system
- sharing of reflection and learning amongst peer groups

The baseline reflection and evaluation serves both the DES and QOF QI.

The QOF QI additionally requires the practices to set SMART objectives in their improvement plans to attend two peer review meetings, at the start to agree on the plan and at the end to share learning. Specific examples of SMART aims are set out in the official guidance which feed into the broader scope of the DES. Unlike the DES, there is a QI monitoring template which requires completion as evidence for the commissioners, and self-declaration of participation at the two peer review meeting with written evidence of attendance is stipulated as verification of the completion of the QI module:

https://qiready.rcgp.org.uk/top-tips-for-using-qi-ready/#.XzrrtMBKiYk