

South East London Cancer Information for GPs

Important Messages

NEW: GP direct access CT lung pathway at King's College Hospital

King's College Hospital at Denmark Hill has launched a new pilot to speed up lung cancer diagnosis. The implementation of direct to CT access can achieve a quicker diagnosis for people that have had a normal chest X-ray but still present with symptoms in line with NICE 12 guidelines. This will not only provide reassurance to the person but to the referring clinician also.

GPs can now refer patients aged over 40 years of age who meet the following criteria:

- eGFR in last 3-months.
- Normal recent chest X-ray undertaken that does not demonstrate lung cancer within last 3 months.
- Respiratory symptoms and GP suspicion for Lung Cancer.

Please make use of our nhs.net radiology referrals when referring patients on this pathway: kch-tr.ct_reception_dh@nhs.net. We shall be using the nhs.net pathway to help track and record these referrals. [*Patient information leaflet*](#)

Subject header **must** include: Patient, NHS Number, and URGENT CT LUNG SCAN.

This service went live from **1 July 2021**. Please use the GP CT lung radiology referral form. All requests must adhere to the following:

- The latest online template via DXS and EMIS.
- Template **must** have referrer's name
- Template **must** have referrers GMC number.
- Template **must** adhere to latest IRMER 17 regulations, RCR, iRefer and NICE guidelines.

Failure to comply with the above could cause unnecessary delay and possible rejected request.

From the 1 July 2021 and upon referral, the sender will receive an auto reply as follows:

*Thank you for sending this CT referral. Please advise your patient to attend Denmark Hill once they have received an appointment. All requests more than 3 months **past** the referral date will be deleted and require a new referral. All requests must have name of referrer, contact details, GMC number to comply with IRMER 17 regulations and existing trust employer's procedures. Failure to do so will result in unnecessary delays and rejected referrals. Please note that requests are not justified/vetted when sent through, only when the patient receives an appointment day and time.*

NEW: SELCA website launched

SELCA has launched a new website to provide cancer information for patients and healthcare professionals. The site is now live at <https://www.selca.nhs.uk/>. Any comments or suggestions for content, please contact Joe Sparks, SELCA Communications Manager, joe.sparks@gstt.nhs.uk.

NHS-Galleri trial in south east London – opt out communications begin

South East London Cancer Alliance is supporting recruitment to the NHS-Galleri trial, which aims to evaluate a new screening test which uses a single blood sample to test for many different cancers. The test is designed to be used alongside other cancer screening tests. The trial is led by the Cancer Research UK & King's College London Cancer Prevention Trials Unit in partnership with the NHS and healthcare company GRAIL, who have developed the Galleri™ test.

The NHS is supporting the study to see if the test can help to find more cancers at an early stage. As one of eight alliances involved nationally, we will be supporting the trial team to recruit healthy volunteers, aged 50-77, with no history of cancer in the last three years, and representative of the UK population.

Starting from August, eligible participants in south east London will start to receive letters inviting them to register to join the trial. Ahead of sending out invitation letters, the trial team is obliged to give sufficient notice to people of their right to choose not to receive the invitation.

Newspaper adverts began communicating this from Friday 9 July 2021 and radio adverts will soon follow.

We will provide further information to primary care about the trial in future bulletins. For any questions please contact the GP cancer lead for your borough (details below).

Electronic Transfer of Cancer Holistic Needs Assessments

One of the key elements to delivering personalised cancer care is Personalised Care and Support Planning (PCSP) using an Holistic Needs Assessment (HNA) – this is carried out by a patient and clinical nurse specialist and involves the completion of an accredited HNA followed by a supported conversation and subsequent care plan based on identified patient concerns. Clinical Nurse Specialists and cancer support workers at GSTT deliver this through the MyCarePlan platform, (mycareplan.co.uk). The current process requires the Clinical Nurse Specialist to create the care plan utilising the My Care Plan website and then to export the document to print and then post a copy to the GP. GSTT is delighted to be among the first Trusts in the country to utilise a new upgrade to the My Care Plan website, which will allow us to transfer the Care Plan direct to the GP Practice electronically. This will enable you to have direct access to your patients PCSP and support you to better care for patients at your practice diagnosed with cancer, it can also inform and support you in meeting the new **QOF requirement**; Patients to be called by GP within first 3 months of diagnosis (from April 2021).

The upgrade has been approved by Information Governance and tested with multiple practices, and will go live week commencing 5 July 2021. As an early adopter of this service nationally, we welcome any questions, or feedback you may have on this - Please feel free to contact the programme lead directly:

Liz.Graham@gstt.nhs.uk

NATIONAL BOWEL SCREENING: AGE EXTENSION

NHS England Bowel Screening Team have published plans to extend the bowel screening programme over the next four years, following the decision to decommission Bowel Scope Screening. From April 2021, NHSE and NHSI HAVE expanded the population who are eligible to receive a screening FIT as part of the Bowel Screening Programme. The age extension will be gradually rolled out across the country in a phased approach over next four years. A letter with further detail will be sent to practices and is available on the CCG website here https://selondonccg.nhs.uk/covid_19/cancer/.

If you have further questions regarding the content of the letter, then please contact your local GP cancer lead or SELCA (contact details within the newsletter)

	Year 1	Year 2	Year 3	Year 4
Age	2021/22	2022/23	2023/24	2024/25
60-74	Invite (FIT 120)	Invite (FIT 120)	Invite (FIT 120)	Invite (FIT 120)
58		Invite (FIT 120)	Invite (FIT 120)	Invite (FIT 120)
56	Invite (FIT 120)	Invite (FIT 120)	Invite (FIT 120)	Invite (FIT 120)
54			Invite (FIT 120)	Invite (FIT 120)
52				Invite (FIT 120)
50				Invite (FIT 120)

OVERWHELMING NUMBER OF CERVICAL SCREENS TAKEN IN PRIMARY CARE

Due to Covid – 19, there has been a significant deficit (-26,121) in the number of cervical screening samples taken during 2020/2021 compared to the same period in 2019/2020.

Primary care colleagues across South East London have worked tirelessly to take additional samples and as a result have cleared the deficit. From July 2020 to May 2021, South East London practices screened 125, 570 people compared to 97,842 during the same period the previous year (an additional 27,728 samples). We’d like to thank you all for your hard work, please pass this on to colleagues in your practices.

COVID-19 VACCINATION IN CANCER PATIENTS

Many of you will have seen the media story recently on protection afforded to cancer patients by the COVID-19 vaccines. The below lines have been provided by NHS England to help guide any conversations with those with concerns.

- People should continue to have the vaccine whenever it is offered;
- It is important to continue to access cancer care and treatment and patients should continue to follow the advice of their cancer team;
- If patients are concerned about symptoms (including diarrhoea, bloating or discomfort in the tummy area for three weeks or more) then they should always get in touch with their GP.

For information on COVID-19 vaccination in patients with hematological cancers or bone marrow failure, please refer to the [relevant question in the FAQs](#) below.

Situation Report - Cancer Services in South East London

Screening

- All **screening services are running**, and patients should be encouraged to participate and attend all appointments.
- Pan-London **recovery programmes are ongoing to reduce the backlog of invitations** that resulted from the pausing of the cancer screening programmes in Spring 2020. All patients due an upcoming invitation to screening should receive this on time.

Referrals and 1st Appointments

- **All patients meeting [NG12 criteria](#) for a suspected cancer referral should be referred as usual.**
- **Suspected cancer referral forms have been [updated](#) for Haematology, Lower GI, Urology, Lung, Breast and Upper GI.**
 - **Lower GI:** introduction of FIT prior to referral – please only refer if FIT $\geq 10\mu\text{g/g}$, if rectal/anal mass or ulceration, or FIT $< 10\mu\text{g/g}$ with clinical concerns of colorectal cancer (as per NG12).
 - **Lung:** Lung: reason for referral abnormal CXR/CT suspicious of lung cancer, OR normal CXR but age ≥ 40 years with UNEXPLAINED haemoptysis.
 - **Breast:** structural changes to enable effective clinical triage prior to assessment.
- The updated version of the Pan London Suspected Cancer Referral Forms are available for EmisWeb, SystemOne (Integrated, Vision and DXS). Once the new forms have been installed please deactivate and remove all old versions. Details of the changes can be viewed [here](#).
- **If referral is due to CLINICAL CONCERNS that do not meet NICE/pan-London referral criteria the GP must include full details in the ‘additional clinical information’ box.**
- Follow [existing safety-netting guidance](#) and [referral advice](#) where appropriate.
- First appointments may be virtual, over the telephone or video consultation, in order to fast-track patients to appropriate diagnostic investigations. Patients will be contacted by the hospital to arrange this.
- **Please ensure referral forms are completed fully and comprehensively to help this process.**
- All referrals received by Trusts are managed on the Patient Tracking List (PTL), which are monitored extensively.

Diagnostics

- **Significant focus is placed on reducing waiting lists and waiting times for cancer diagnostics.** Capacity is being prioritised based on clinical urgency balanced with length of wait.
- Patients will be contacted by the hospital to arrange their investigation. However, if their symptoms worsen, or you grow increasingly concerned about them during this time, please contact the hospital directly to flag this concern (e.g., via the appropriate two-week wait office, contact details can be found on Trust websites). For **urgent clinical advice on undiagnosed patients**, you can now contact the Rapid Diagnostic Clinic on **Consultant Connect**:
 - *Tuesday & Thursday 10am to 1pm & Wednesday 9am to 5pm*

Treatments

- Patients continue to be risk assessed at an individual patient level to ensure treatment plans continue as clinically indicated and appropriate.
- Any patient who has been diagnosed, or is waiting for treatment, will be under the direct care of a specialty team at the hospital. This team will be in direct communication with patients about their care.
- Should you have any concerns about a patient awaiting, or currently undergoing, treatment you should contact the team directly. Contact details should be on letters on the Local Care Record/Connect Care, or alternatively on the Trust’s directory of services on their website.

e-RS Advice & Guidance – “Consent to Convert” to referral not in use for 2WW

The process for managing advice and guidance requests requiring upgrade to a two-week referral will not utilise this functionality and instead remain consistent with other processes for upgrading referrals. The service provider will respond to the advice request via e-RS, requesting upgrade to a 2ww referral. This will apply even where the GP has authorised for a request to be converted to a referral. This will allow the GP to have the necessary discussions with the patient before the referral is upgraded, as well as ensuring the Pan-London Suspected Cancer Referral form is completed to allow effective and timely clinical triage.

It is critical that worklists are reviewed daily to ensure that any advice requests that require referral for suspected cancer are actioned quickly.

Clinical Advice & Contacts:

GP Clinical Advice for Undiagnosed Patients: **RDC Consultant Connect**

Following requests from GP's addressing advice for patients who are deteriorating prior to a diagnosis, the Rapid Diagnosis Clinic (RDC) can now support/advise remotely via Consultant Connect (as well as via e-RS).

Please could we remind all referring clinicians that triage tests are required prior to an e-RS referral into the RDC. This will help in ensuring the patient is on the correct pathway and also ensure the patient is triaged into the correct diagnostic pathway as quickly as possible.

The RDC Consultant Connect Service will be available as follows:

Tuesday & Thursday 10am to 1pm

Wednesday 9am to 5pm

****The normal RDC Advice Lines are operated 9-5pm Mon-Fri on: t: 02071 887188 ext. 55667 Mob: 07393 763 157**

Acute Oncology Service (AOS): 020 7188 3754 - for patients on chemotherapy/radiotherapy only.

GSTT patients can contact this number 24-hours, 7-days-a week, patients from other SEL hospitals can contact this helpline between 5pm and 8am on weekdays and anytime on weekends).

Oncology Urgent Clinical Advice: GP Connect (at GSTT you can also contact directly on 07926 077 671 - this telephone contact is temporary arrangement in response to the pandemic and not a permanent service).

For non-urgent advice, questions/queries about process etc.:

South East London Cancer Alliance gst-tr.selca@nhs.net

General - Dr Anthony Cunliffe anthony.cunliffe@nhs.net

Lambeth - Dr George Pavey georgepavey@nhs.net

Southwark - Dr Nicola Weaver nicola.weaver@nhs.net

Bromley: Dr Sophie Hallam bromleygp.macmillancancer@nhs.net

Greenwich - Dr Caroline Hollington carolinehollington@nhs.net

Lewisham - Dr Esther Appleby estherappleby@nhs.net

Bexley - Dr Winnie Kwan winnie.kwan@nhs.net

General Practice Resources:

- **GP COVID-19 Clinical Support for Cancer – SEL CCG:** https://selondonccg.nhs.uk/covid_19/cancer/
- **SEL CCG COVID-19 Vaccination Programme Information:** https://selondonccg.nhs.uk/covid_19/covid-vaccination/
- **SE London Early Diagnosis PCN DES Support Guide:** [Click here](#)
- **Prostate Cancer UK Fast Track Referral Tool:** [Click here](#)
- **SELCA website:** www.selca.nhs.uk
- **SE London Cancer Alliance YouTube Channel:** [SEL Cancer Alliance - YouTube](#)
 - Screening, Difficult to diagnose cancers, Understanding Local Data, What Makes a Good Quality Referral, Safety Netting, Diagnostics in Primary Care, Driving Improvement in Cancer Services Through Learning Event Analysis, Meeting the Needs of People Living with Cancer, Side effects and Late effects of Common Cancer Treatments, Health and Wellbeing Support for people with cancer.
 - **Primary Care Cancer Webinar Series – new dates to be announced.**
- **Useful Twitter Pages:**
 - South East London Cancer Alliance (@NHS_SELCA): https://twitter.com/NHS_SELCA
 - Lewisham and Greenwich NHS Trust (@LG_NHS): https://twitter.com/LG_NHS
 - Guy's and St Thomas' (@GSTTnhs): <https://twitter.com/GSTTnhs>
 - King's College NHS (@KingsCollegeNHS): <https://twitter.com/KingsCollegeNHS>
 - NHS South East London CCG (@NHSSELondonCCG): <https://twitter.com/NHSSELondonCCG>
- **Gateway C Free Webinars:** <https://www.gatewayc.org.uk/free-webinars/>
 - Effective Telephone Consultations, Suspected Cancer Referrals and COVID-19, Safety Netting in Primary Care, Lung Cancer vs COVID-19, Acute Leukaemia, Improving Early Diagnosis, Diagnosing Ovarian Cancer, COVID-19 Vaccine for Cancer Patients.

Cancer Patient or Patients on a Suspected Cancer Pathway Resources:

- **General:**
 - **Cancer Patient Wellbeing Support:** [Click here](#)
 - **MacMillan Cancer Support – Cancer and COVID-19:** [Click here](#)
 - **CRUK COVID-19 & Cancer:** [Click here](#)
 - **COVID-19: guidance on shielding and protecting clinically extremely vulnerable patients:** [Click here](#)
 - **Mind Charity – Coronavirus and your wellbeing:** [Click here](#)
 - **NHS One You:** [Click Here](#)
 - **Patient Advice and Liaison Service (PALS)**
 - *PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received.*
 - Guy’s & St Thomas’ NHS Foundation Trust: [Click here](#)
 - King’s College NHS Foundation Trust: [Click here](#)
 - Lewisham & Greenwich NHS Trust: [Click here](#)
- **Referrals:**
 - **Patient Information for Suspected Cancer Referrals:** [Click here](#) [translations [click here](#)]
- **Diagnostics:**
 - **Endoscopy During COVID-19 – What to Expect:** [Click here](#)
- **Screening:**
 - **Breast Cancer Screening – Patient Information Video:** [Click here](#) [translations on same link]

Primary Care FAQs on Cancer

Contents

Are there any important changes to cancer referrals?	6
What should I do if my patient’s appointment is cancelled?	7
What support and information is available for my patients during this time?	7
Are cancer screening services continuing?	8
What should I do with acute changes on CXR as a result of pneumonia or covid in the context of possible lung cancer?	8
I can only book my patient into a ‘RAS’ or ‘CAS’ on e-RS, rather than directly into an appointment, what does this mean?	8
Should my patient with haematological malignancy or bone marrow failure be vaccinated for COVID-19?	8
How can I keep up to date with the latest information on cancer services in SEL?	8

Are there any important changes to cancer referrals?

No further changes have been made since those made in Spring 2020. However, with the current pressures in cancer pathways, it is essential that the changes made at the start of the pandemic continue to be followed.

Changes were made to the Colorectal and Lung USC pathways, in order to support identifying and prioritising high-risk patients. *Please note, previous changes to the prostate pathway are no longer in effect.*

Lower GI: ALL suspected cancer referrals must include a FIT test result, EXCEPT where the patient presents with a rectal or anal mass, or anal ulceration, who should be referred regardless of FIT. If FIT $\geq 10\mu\text{g/g}$, refer on 2WW Pathway. If FIT $< 10\mu\text{g/g}$ ($< 0.4\%$ chance of bowel cancer), consider alternative options as per the [referral advice algorithm](#).

Lung: All patients need to have a CXR prior to referral. If this is suspicious of cancer then refer on 2WW pathway as usual. If it is normal but the patient is over 40 with unexplained haemoptysis you should refer. If CXR is normal, but you have ongoing concerns, seek advice via the appropriate service available to you (*Consultant Connect/Advice & Guidance etc.*), or refer on 2WW pathway detailing concerns with full clinical information. Please see guidance on [safety netting](#) and [referral advice](#).

Prostate: Patients should continue to be referred onto the 2WW pathway for suspected prostate cancer using the pre-COVID referral criteria. These standards have not changed. Within secondary care, diagnostic clinics and MRI services have been restored and able to manage patients referred with an elevated age-specific PSA. It is recommended that PSA test counselling with men presenting symptoms suggestive of prostate cancer take place on the phone/video and include the balance of risks of attending the surgery for a test during the pandemic.

DRE for Prostate Cancer in Primary Care

There has been some confusion about the appropriateness of undertaking digital rectal examination (DRE) to assess patients presenting with urinary or other symptoms that raise suspicion of urological cancer. This follows a recommendation earlier this year from the Primary Care Urological Society to avoid DRE as it may be an aerosol-generating procedure. The pan-London Urology expert group recently discussed this recommendation and issued the following clarification:

Previous concern was raised regarding the high level of COVID-19 in faeces and the risk of undertaking DRE; it is confirmed that undertaking DRE does not provide excessive risk and it is acceptable to undertake DRE procedures. However, referrals will **still** be accepted by secondary care where it has not been possible to carry out a DRE and the patient meets the 2ww referral criteria for prostate cancer (PSA levels above range specified in the urological support guide [click here](#)).

All other suspected cancer referrals: Please continue to refer as per NG12 criteria. Please be advised that virtual/telephone assessment is being used wherever possible currently, and it is possible waits for certain investigations/assessments may be longer than usual.

A [referral advice algorithm](#) has been produced to support these changes.

What should I do if my patient's appointment is cancelled?

It is possible that scheduled appointments may be cancelled, possibly at short notice, to ensure the safety of patients and staff. Everything possible is being done to avoid this. However, if this does occur, please be reassured that the Trust retains overall responsibility for all patients who have been referred, and the patient will be contacted by the hospital to rearrange their appointment.

What support and information is available for my patients during this time?

The Cancer Wellbeing London website (<https://cancerwellbeinglondon.nhs.uk/>) can help support self-management and healthy living for those affected by cancer. The website includes a series of [patient information videos](#) which cover a range of topics, including emotional wellbeing, managing fatigue, diet and exercise. Also provides signposting to some of the [COVID-19 specific resources and support services](#), currently available. These cover psychosocial information and support services, physical activity and bereavement information and support.

Patient support and information is available through charity partners, such as CRUK and MacMillan Cancer Support:

- <https://www.macmillan.org.uk/coronavirus>
- <https://about-cancer.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus/covid-19-and-cancer>

A patient information leaflet (PIL) for all patients referred on a suspect cancer pathway during this time has also been produced by the Transforming Cancer Services Team for London - https://gp.selondonccg.nhs.uk/wp-content/uploads/2020/04/COVID-19-Suspected-Cancer-Patient-Information-Leaflet_.pdf

Are cancer screening services continuing?

Yes. During the first peak of Covid -19 pandemic, screening services were paused to protect people from infection and allow the staff, running the screening programmes, to support critical services. All screening services have now restarted and aim to invite people, who have had their screening invitation delayed, as quickly as possible. Infection control processes are in place to minimise the risk of Covid19 transmission.

A letter was circulated by NHS England recently to primary care to give an update on screening services, which is reflective of the situation in South East London: <https://selondonccg.nhs.uk/wp-content/uploads/2020/11/20201116-Primary-Care-letter.pdf>

What should I do with acute changes on CXR as a result of pneumonia or covid in the context of possible lung cancer?

Any CXR with acute changes, whether due to pneumonia or covid, should be repeated after 4-6 weeks to ensure acute changes have cleared. If CXR is normal, but you have ongoing concerns about possible lung cancer, seek advice via the appropriate service available to you (*Consultant Connect/Advice & Guidance etc.*), or refer on 2WW pathway *detailing concerns with full clinical information.*

I can only book my patient into a 'RAS' or 'CAS' on e-RS, rather than directly into an appointment, what does this mean?

A Referral Assessment Service (RAS) or Clinical Assessment Service (CAS) are commonly used by providers on e-RS in order to administrate the triaging of referrals prior to booking to an appropriate 1st assessment (*e.g. an outpatient appointment, a telephone assessment clinic, straight to an investigation etc.*). The provider you are referring to will be in contact with the patient to arrange dates/times of appointments/assessments, given this it is **extremely important that the patient's contact details are up to date.**

Should my patient with haematological malignancy or bone marrow failure be vaccinated for COVID-19?

Yes. The SEL Cancer Alliance Haemato-Oncology Tumour Group have released [information for GPs](#) on the vaccination of this patient group, in which they recommend that "all patients with underlying haematological cancers or bone marrow failure disorders are vaccinated against the SARS-CoV-2 coronavirus to protect them against severe COVID-19 disease."

You can also find out more about cancer and COVID-19 vaccination from the [GatewayC webinar](#) on this subject.

How can I keep up to date with the latest information on cancer services in SEL?

There is a weekly bulletin for primary care distributed by SEL CCG, which we strongly recommend you reading as this is the main method available for communication to primary care across the region. Recent versions can be found on the SEL CCG GP Clinical Support for Cancer website: https://selondonccg.nhs.uk/covid_19/cancer/

Your borough locality team and GP cancer lead will also likely distribute communications through the established local cancer groups or the PCNs. Your practice manager should receive these communications and can ensure you receive them.

We also recommend following the SEL Cancer Alliance Twitter Page ([@NHS_SELCA](#)).