Early Cancer Diagnosis DES 2021/22 Workshop

Thursday 24 June 2021

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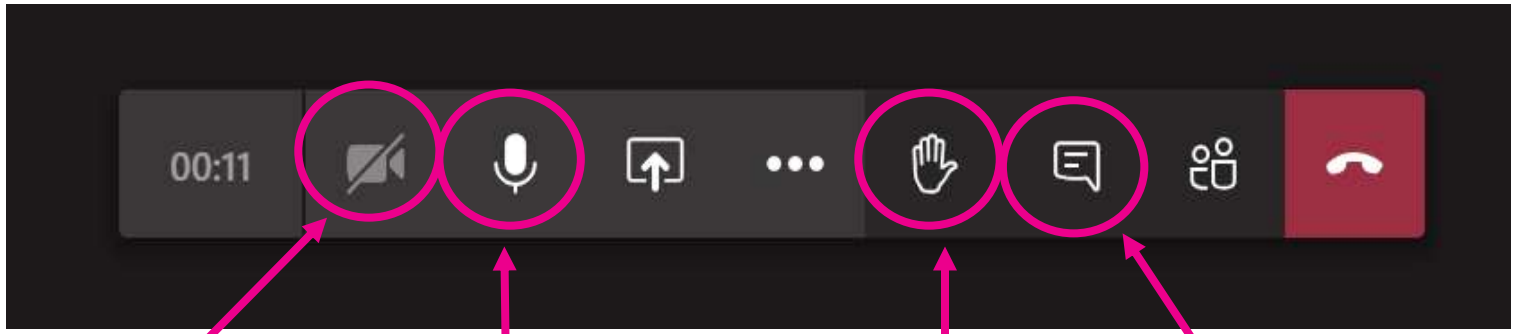
Chris Tasker Cancer Research UK GP

Cancer Research UK Facilitators; Sharon Smith, Sarah Kucukmetin, Angela Atkinson and Pete Moody

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

- Please put yourself on mute if you're not talking
- Please check that you can see and use the chat box function
- **Any questions please use the raise hand or chat box function, questions can be addressed directly in the evaluation too**

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Aims

- Share and learn
- Understand the context of the PCN DES and QOF QI for early cancer diagnosis
  - Regional cancer data
- Demystify the Early Cancer Diagnosis PCN DES
  - What's included?
  - How is it measured?
  - Share PCN Cancer DES Case Studies
  - Understand the CRUK Facilitator support offer
- QOF / other info
- Improving communication and relationships with the NCA and PCNs

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Early Cancer Diagnosis

Network contract DES guidance

Network contract DES guidance for 21 22 in England

9.4.1.

Primary care has a vital role to play in system-wide improvement efforts to increase the proportion of cancers diagnosed early, supporting the NHS Long Term Plan ambition to diagnose 75% of cancers at stages 1 and 2 by 2028. The ECD service requirements for PCNs seek to improve referral practice and screening uptake through network level activity and are aligned with supporting Early Cancer Diagnosis QOF QI Module which will run in 2021/22

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PCN Early Cancer Diagnosis Service Specification 2021/22

As the Early Cancer Diagnosis PCN DES moves into the **second year** your local Cancer Research UK Facilitator is here to support the continuation of your work using **a tailored and systematic quality improvement approach**

Improve referral practice for suspected cancers

- ☑ Review quality of referrals
  Including: RDC pathways, CDS tools and addressing unwarranted variation and inequality in cancer outcomes
- ☑ Safety netting
  Including: patient communication

Contribute to improving local uptake of National Cancer Screening Programmes

- ☑ Work with local system partners to **agree PCN's contribution**
  Including: engaging with low participation groups
- ☑ Support restoration of NHS Cervical Screening Programme

Establish a community of practice

- ☑ Peer to peer learning events
- ☑ Engaging local system partners
- ☑ Identifying successful improvement activity undertaken by constituent practices and implement across the PCN

Quality Improvement (QI) Plans

to address local inequalities and variation and meet your population's needs

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How is the cancer DES measured?

- PCN dashboard
  - Cervical screening % completed for each age group
  - Number of cancer referrals using the safety netting code

- QI Report including KPIs
  - How can you demonstrate improvement?

- Are all practices working consistently on the plan?

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What is the Northern Cancer Alliance (NCA)?

- North East and North Cumbria = ICS geography
  - Plan for and deliver NHS long term plan
    - Address variation in outcomes.
    - Improve whole pathways - prevention, ED, treatments, personalised care, (EOL)
  - Support delivery of the constitutional waiting times standards (14/ 28/31/62 day targets)
- All organisations. - trusts and CCGs are part - so are all of you
- Cancer plans based on National and local priorities and the NHS long term plan
  - ICP/ Trust/ CCG/ PCN/ GP practice plans should be aligned
- Cancer transformation money flows via alliance into the organisations
- How do we get more of that money into primary care?

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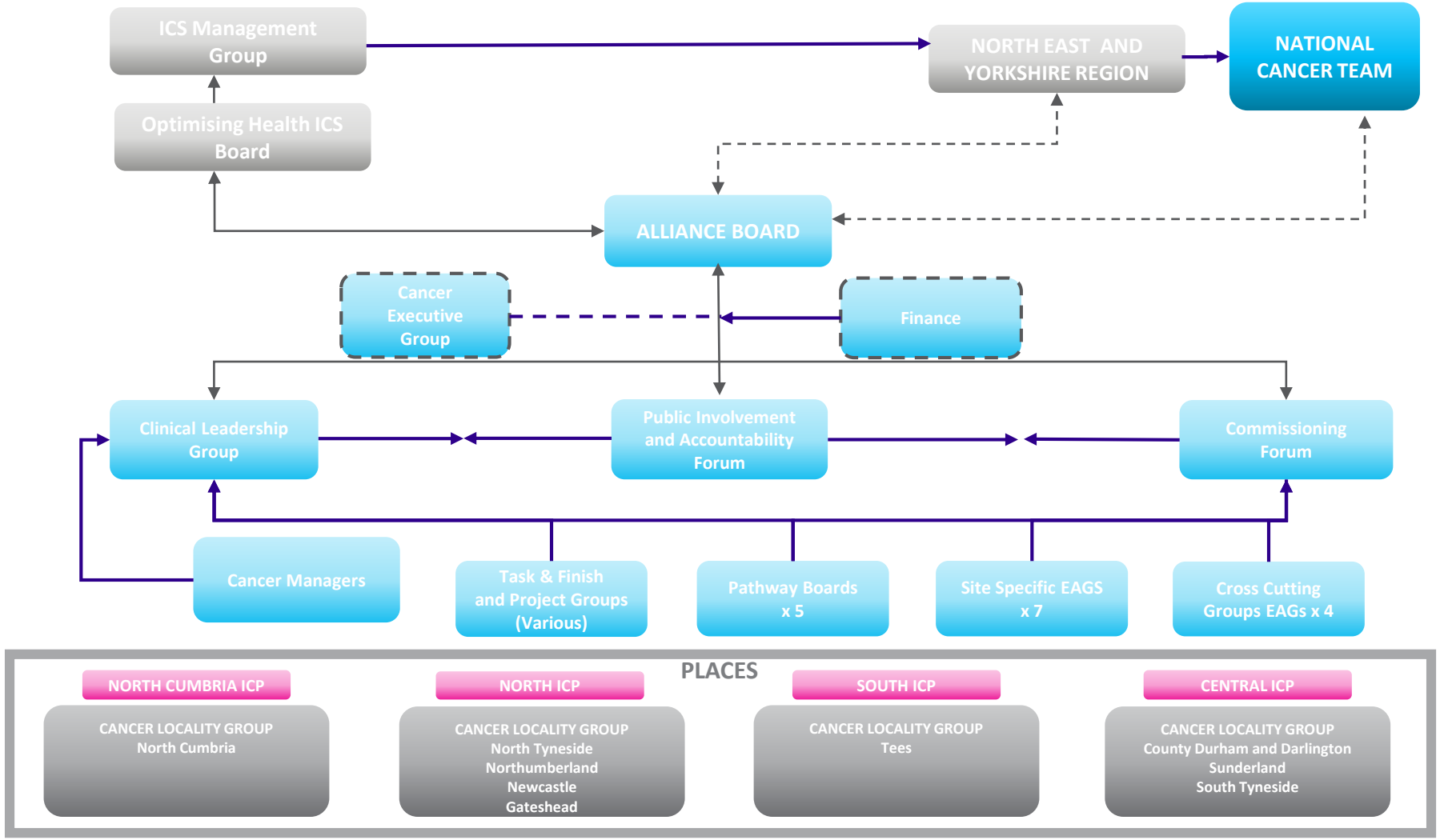
Northern Cancer Alliance Governance Structure



Collaborating to improve cancer care

Context

- NHS Long Term Plan: we will transform cancer care and outcomes so that from 2028:
  - An extra 55,000 people each year will survive for five years or more following their cancer diagnosis; and
  - Three in four cancers (75%) will be diagnosed at an early stage.

  - PCN DES and the QOF QI early diagnosis work is part of primary care supporting the long-term plan

- Impact of Covid-19 pandemic
  - Referrals/ First treatments/ backlog

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Cancer data – where are we now?

- **Referrals**
  - April up 3% compared to 2019
  - YTD (March 2020-April 2021) down 11.9% compared to similar period 2019-20
- **First treatments**
  - April up 13.1% compared to 2019
  - YTD (March 2020-April 2021) down 15% (England 13)
- **Reduce 62 day backlog**
  - Remains above 2019 and 2020 levels.
  - Slow reduction
  - Diagnostics challenges
  - Variation across trusts and tumour sites

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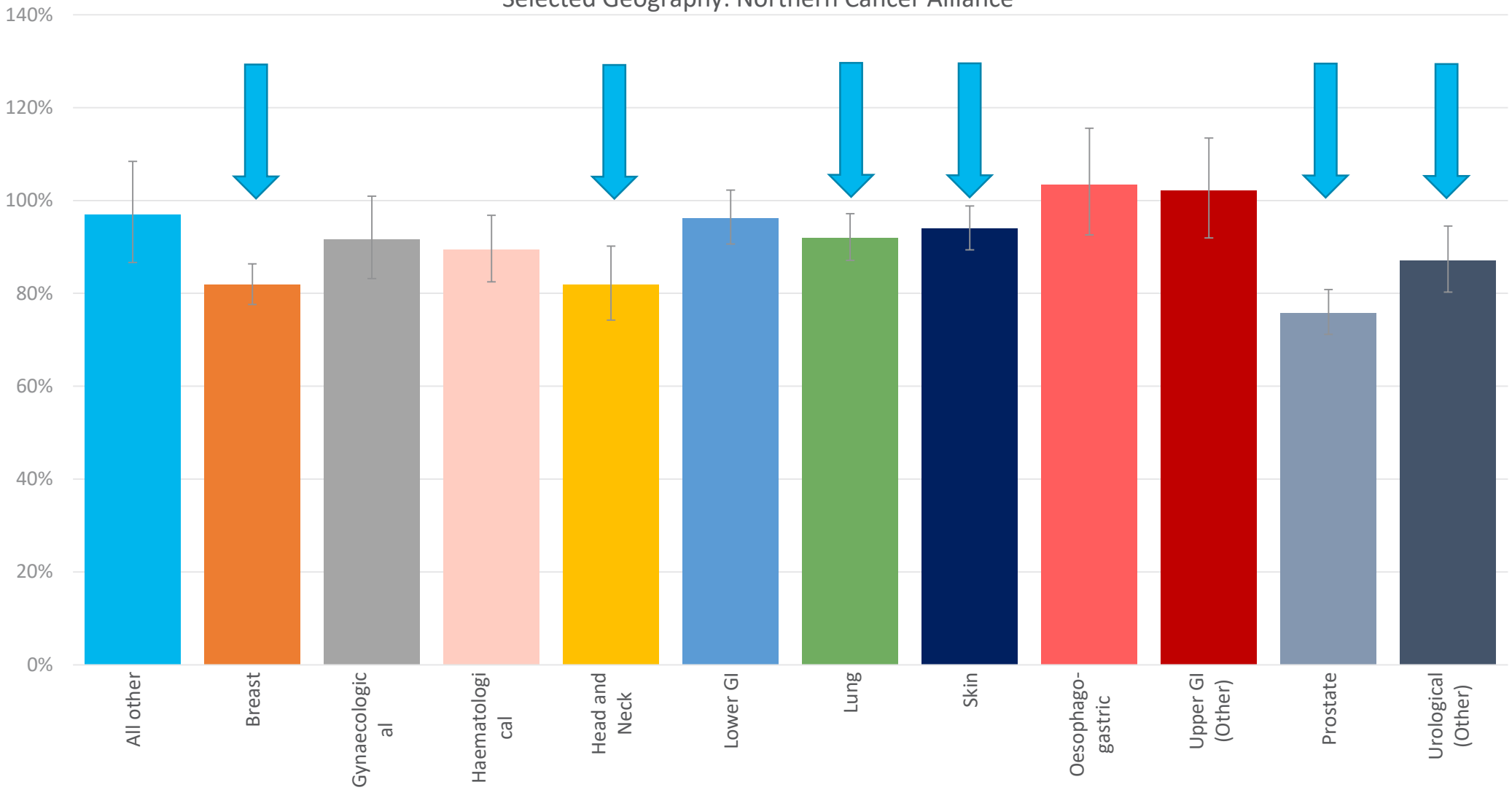
Figure 6. Percentage of baseline levels of first treatments since March 2019 to March 2021 by tumour site
Selected Geography: Northern Cancer Alliance



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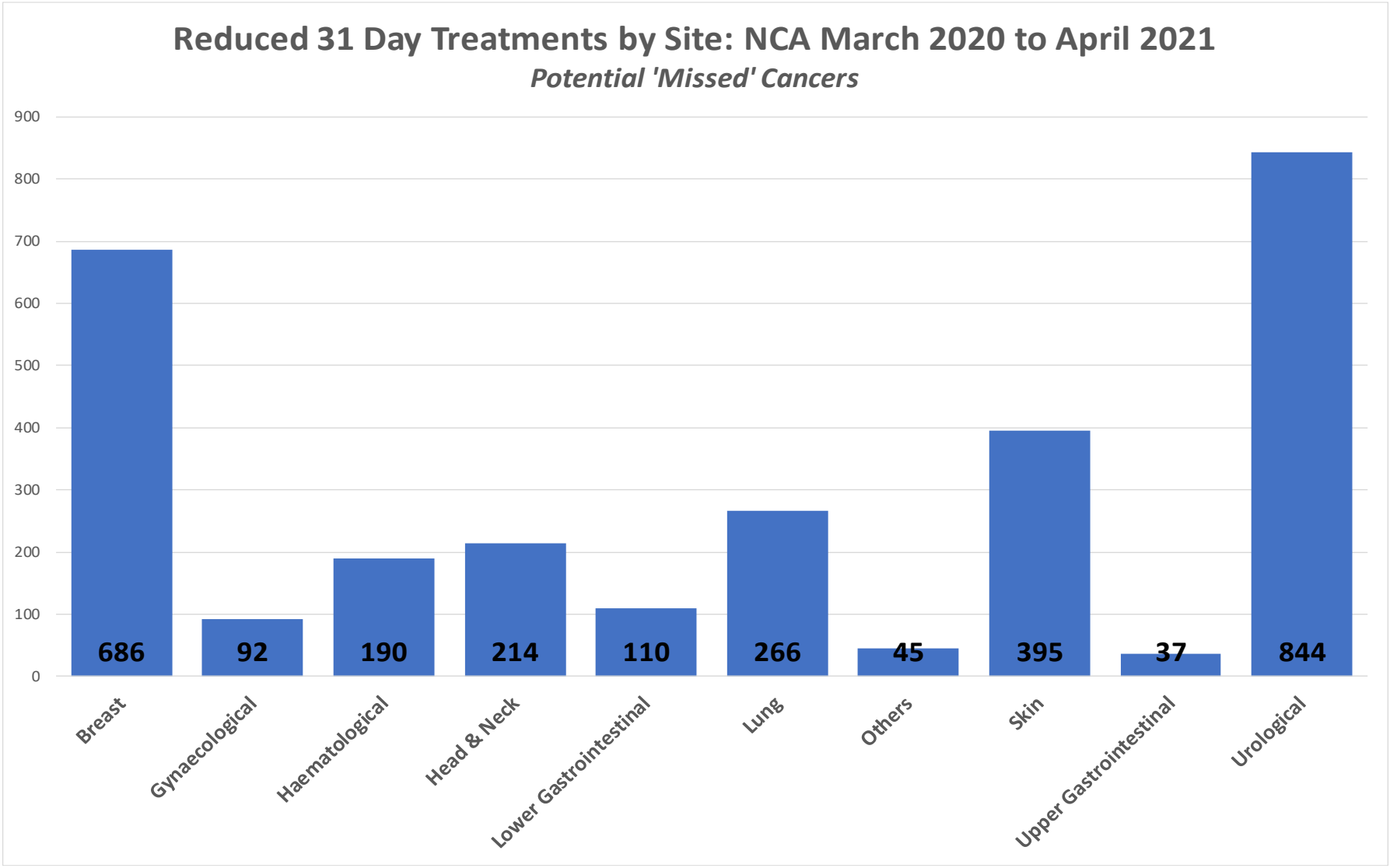

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Priorities

First treatments

• **Urology (prostate)**	Urinalysis/ safety netting for haematuria/ offer signposting for prostate risk
• **Lung**	TLHC, case finding, targeted campaigns, low threshold for CXR, COPD checks
• **Head and neck**	Community awareness
• **Gynae, breast, colorectal**	increase uptake of screening

Reduce backlog

• **Lower GI**	FIT before referral – is referral required restore endoscopy
• **Skin**	Tele-dermatology good quality images
• **Patient confidence**	Information for patients

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Opportunities and challenges; NCA

- Missed Cancer referrals during COVID – screening / case finding/ symptom awareness
- Importance of high quality referrals
- Embedding FIT
- Using new pathways– SNSS, combined abdominal pathway
- Decision support tools - combined pathway
- Increasing bowel screening uptake in patients with Learning Disability
- Increasing cervical screening uptake in hard to reach groups
- PCN route for transformation money into primary care

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Improving communication between NCA and PCNs

- CCG Cancer Leads
- Cancer Research UK Facilitators
- Communication from CCGs
- ICP and locality groups
- Cascade – how to reach everyone?
- Email vs GP TeamNet?

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Cancer Research UK Facilitators

Engaging with and supporting PCNs to help them improve cancer outcomes for their patients is at the core of what we do

Face to face or virtual engagement with primary care teams/Primary Care Networks

Meet the whole team

Interactive discussion about cancer, their data and ideas for improvement

Follow up with training, expert advice and resources

[Find out more about the Facilitator Programme]

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Cancer Research UK Facilitator Engagement with PCNs 2020/21

67 PCNs – 85% Engaged with and accessed support from CRUK Facilitators

105 engagements – including community of practice support, thematic quality improvement workshops, education and assistance with planning processes

220 – Quality Improvement activities generated during support or following support from the team

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to address local inequalities and variation and meet your population's needs

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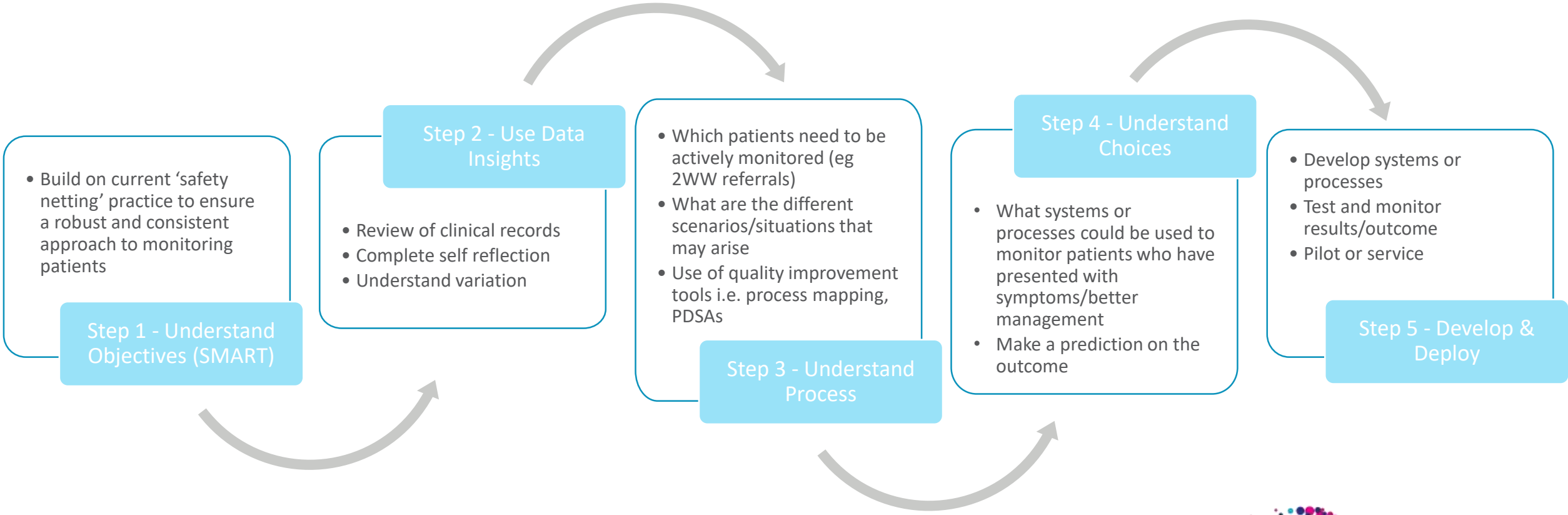
Improving Referral Practice

A sample quality improvement process for safety netting or patient communications



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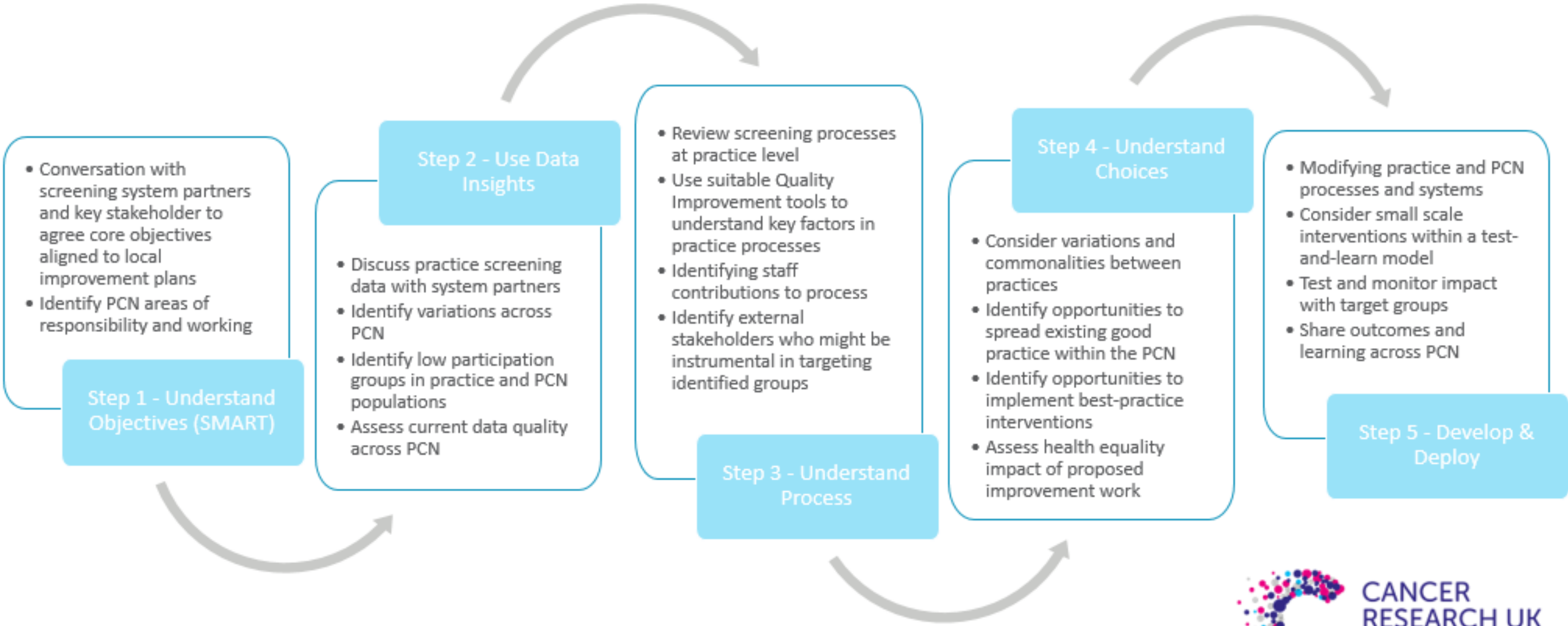
Your Cancer Research UK Facilitator can support you in developing improvement plans

Improving Screening Uptake

A sample quality improvement process to address inequality in screening



CRUK Facilitators support your relationships with key system partners

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PCN Cancer Early Diagnosis Specification 2021/22: Action Plan

This action plan template aims to help PCNs meet the requirements of the PCN Network Contract DES and QOF QI for Cancer Early Diagnosis 2021/22. It contains good practice suggestions, and resources to help PCNs work with their member practices to improve their clinical practice, support the earlier diagnosis agenda whilst also addressing variation and inequalities, and Covid recovery.

The template is not intended to be prescriptive nor does it contain all resources and support available. Please see the appendix for an example of how this action plan can be completed.

8.4.1. From 1 April 2021, a PCN is required to:

a) Review referral practice for suspected cancers, including recurrent cancers.

What is your current position e.g. strengths/ challenges?		
What will your PCN do?		**Understand your data** • With your practices, review your PCN level reports on PHE Fingertips (link is external) This will help you to benchmark your practices to understand any variation and to identify where improvements can be made • If your PCN took part, look at your 2019 NCDA PCN report to help understand how patients were diagnosed with cancer and to see where undertake quality improvement activity. If not, ask your practices to complete the audit on the RCGP webpages (link is external) which is similar to the NCDA • From these reports/audit findings, discuss together with your practices and identify existing good practice or any concerns or areas for PCN-wide targeted quality improvement. • Understand the impact of Covid on referrals across your PCN by sharing your own local data/getting anecdotal evidence, in order to identify if there are some cancer pathways which you need to focus on as a PCN. • Triangulate this local picture with these resources: CRUK's regularly updated cancer statistics and the e-RS referral data (link is external) for your CCG (updated monthly) to

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Which areas of the PCN early cancer diagnosis specification do you find most challenging?

Case studies

PCN Non-Clinical Cancer Champions Training

Related to areas of the PCN spec; Increasing uptake of screening

Cancer champions training delivered to non-clinical cancer champions in GP practices across a PCN footprint to improve the earlier diagnosis of cancer.

- Implementing this project provides a new way working across a PCN to support the DES and QOF/QI
- The training equips non-clinical staff with the skills, knowledge and resources to support the earlier diagnosis of cancer and improve outcomes for patients.
- Currently champions undergoing training
- Actions indicated to date include; encouraging more patients to have a stop smoking quit attempt and sharing good practice across a PCN around increasing cervical screening

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Supporting and working together with Care Co-Ordinators/Social Prescriber Link Workers

Related to areas of the PCN spec; Increasing uptake of screening

- These roles are relatively new roles within a PCN funded via the ARRS scheme. The job descriptions differ across each PCN with some employing specific Care Co-Ordinators/SPLWs with a cancer remit, others may be to support long term conditions.
- A minimum of 2 training sessions lasting 1 ½ hours completed
- Agreement on elements of work to take forward, for example, working together to support practices within a PCN with a challenging population to access screening
- Bringing practices together to share good practice on encouraging participation in cervical screening or bowel screening
- Support the practices in the PCN to engage with local system partners
- Ongoing continual support from Facilitator and joint working to meet aspects of the DES

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Sharing good practice across the PCN at a peer review meeting

Related to areas of the PCN spec; Improving referral practice and increasing uptake of screening

- A peer review meeting to showcase good examples of work to share across the PCN. The focus of the share and learn would be either relating to improving the quality of referrals or increasing uptake in screening.

- The meeting was initiated by the clinical director of the PCN. Items chosen to show case were;
  - Early Cancer Diagnosis and examples of good practice
  - NCDA or cancer issues examples of good practice
  - Increasing and maintaining cervical screening uptake
  - Best practice of Safety netting 2WW referrals

- It created discussion and practices were able to share good practice, it demonstrated the innovative work that was being undertaken across the PCN, the areas of work and good practice shared at the meeting were taken back to each of the practices and adopted across the PCN to try and improve standards and reduce variance across the PCN.

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Delivering a safety netting session to three PCNs for non-clinical staff

'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'

- On successful completion of the NCDA ,reflection highlighted potential improvement in safety netting processes and It was decided, alongside other actions that a safety netting session to non-clinical staff would be beneficial.
- The session was delivered to approximately 20 participants it covered the principles of safety netting with rationale of the impact of COVID on safety netting with practical hints and tips and the use of the SNOMED code to be used for all 2 week wait referrals was discussed and the importance of this highlighted.
- A pre session survey showed variances in safety netting actions and practices across the three PCNs.

Results and Impact

- The level of knowledge and confidence from participants increased from pre session to post session.
- 82% of participants said that they would take actions related to safety netting following the training and 91% said that they would recommend the session to others.
- There was a 40% increase in the use of the SNOMED code post session across the PCNs
- The SNOMED code is **1239431000000107**

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Monitoring Performance

What does the specification say?

Data and monitoring arrangements – clauses 5.4.6 and 5.4.7

5.4.6 Core Network Practices of a PCN **must use the relevant SNOMED codes** and other agreed approaches, some of which will be included in the Network Dashboard.

5.4.7 The relevant SNOMED codes, as published in the supporting Business Rules on the NHS Digital website, should be **used within Core Network Practices' clinical systems to record activity .**

Only those codes included in the supporting Business Rules will be acceptable to allow CQRS calculations. **Practices will therefore need to ensure that they use the relevant codes and if necessary, re-code patients.**

What SNOMED codes do I need to use?

There is a new **SNOMED code for safety netting.** The code should be used to record the *"Delivery of safety netting for patients on urgent referral pathway for suspected cancer"*

Reviewing quality of referrals for suspected cancer; making use of CDS tools, reviewing practice-level data and utilising the SNSS pathway.

Peer review; Facilitating learning around improving referrals

Following the completion of the NCDA or a retrospective review of cancer cases both member practices were encouraged to reflect on referrals in line with NG12 guidelines by looking at a learning event analysis (LEA) of previous cancers diagnosed either through the NCDA or the RTD audits and encouraged to complete a selection of Gateway C courses to improve knowledge and share highlights.

- GPs were encouraged to identify a Gateway C cancer course which interested them to complete. (this allowed all courses to be covered)
- The chosen course was then to be completed and GPs were asked to look at a LEA to support the course studied and present their findings back to the group.
- GPs returned to a peer review meeting to present their findings and learning from the LEA and what had been the learning points/highlights from the Gateway C courses.
- The session was an hour in duration and involved GPs presented their findings of LEA's of different tumour sites and the specific Gateway C courses highlights, discussion was created which initiated very open and honest discussions, LEAs were compared to the NG 12 guidelines and local practices.
- The session was very well received by all attending, Further improvements and some potential actions were to be considered going forward to improve patient outcomes and improve the quality of referrals including the use of clinical decision support tools and raise awareness of the SNSS pathway a focus on safety netting.

Getting started

- Practices in the PCN need to meet to agree an PCN Cancer plan. At this meeting practices should use PCN cancer data
- The plan needs to cover all aspects of the PCN Early Cancer DES:

Improve referral practice

- Review the quality of 2WW **LUNG / GI/ SKIN**
  - Clinical decision support tools and education - Gateway C, local pathway education
  - Serious but Non-specific Symptom pathway –awareness, complete referrals
  - Implement specific actions to address unwarranted variation – Local data. Lung, H+N, Urology

Safety netting referrals

  - code + Accurx pathway
  - Patient information leaflets (for cancer referrals)

Improve national cancer screening uptake

- Cervical - build on work from last year. Target population with low uptake
- Bowel - start planning for increasing bowel screening

Establish a community of practice

- At least 2 peer review meetings (QOF)

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The Supporting Early Cancer Diagnosis Specification

CRUK Facilitators can help your PCN to plan and deliver this by:

Reviewing your PCN level data: Facilitators can create a bespoke data pack for your PCN to help you to understand variation and identify areas for improvement

Supporting you to improve your referral processes: e.g. By introducing standardised safety netting protocols

Identifying interventions to improve screening uptake, tailored to the needs of your PCN: e.g. By helping to identify particular groups of patients with inequalities in uptake and how to focus improvement activity on these groups

Supporting you to deliver through a community of practice: e.g. By encouraging your practices to review their cancer diagnoses and bringing them together to share learning

Helping you to agree your aims and create an implementation plan for your PCN

https://www.cancerresearchuk.org/health-professional/learning-and-support/about-our-partnerships/what-is-the-facilitator-programme

In your words.....

Very knowledgeable. offered support to us to help focus on certain areas

The CRUK facilitator helped the GP to formulate a plan going forward in the practice. She is always very helpful with data analysis.

Practical suggestions useful. Their analysis and summary of our data was helpful.

support with screening education for our practice staff

The date on local issues, help with prioritising the local issue and area of high impact, facilitating discussions with PCN at QI meeting, the individualised plans that were shared in a timely way and the general support/ feedback.

Great knowledge sharing and support

Helpful in providing direction for the PCN

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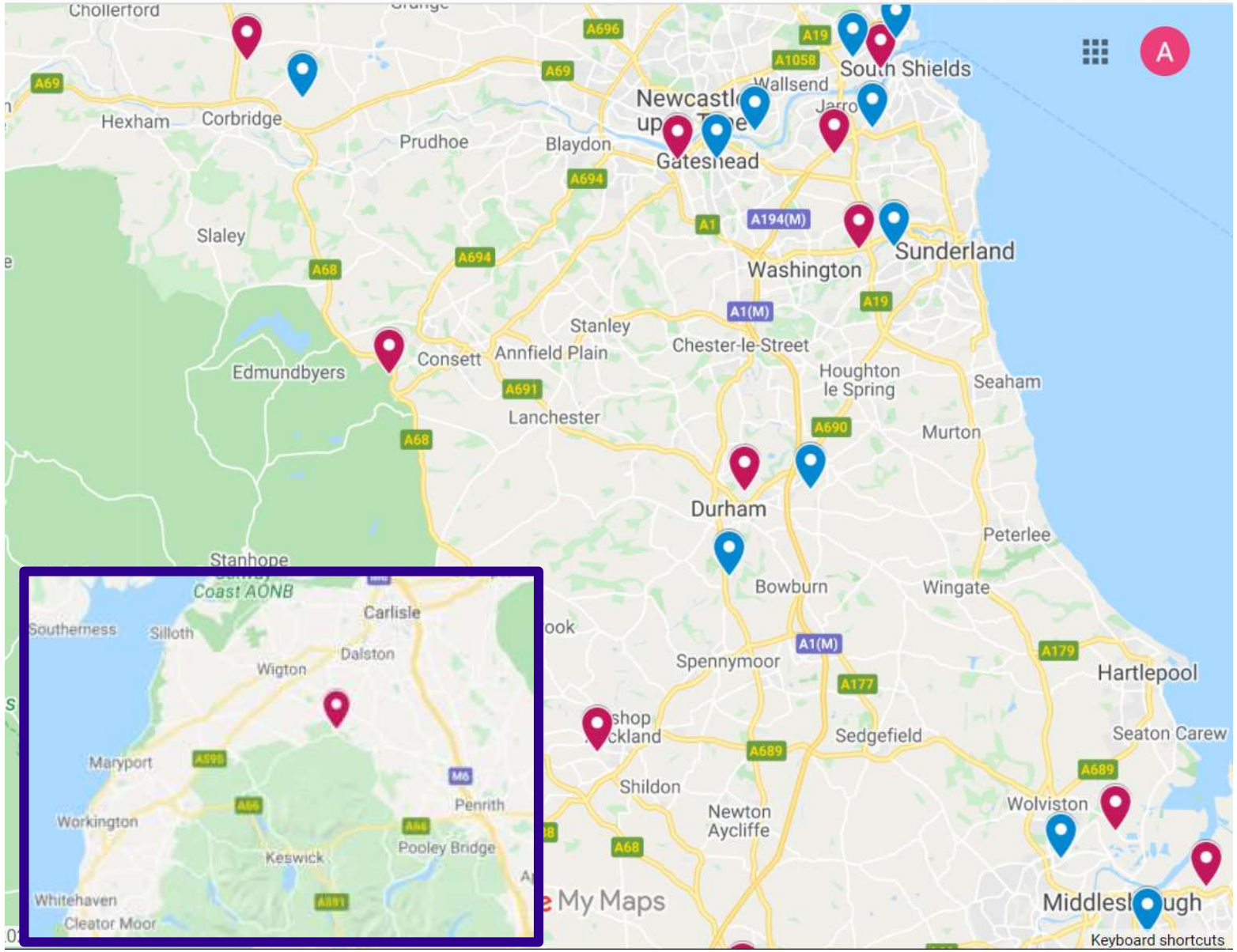
Facilitators/Community Workers location and coverage



Pete Moody: Northumberland, Newcastle, North Cumbria

Sarah Kucukmetin: South Tyneside, Gateshead, Sunderland

Sharon Smith: Durham, North Tyneside, Darlington

Angela Atkinson: Tees Valley, North Yorkshire (HRW localities)

Community Workers

1 North Tees and Darlington

1 South Tees

4 Gateshead, Newcastle, South Tyneside and Sunderland

2 Durham

2 North Tyneside

1 Northumberland

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Contact us

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Evaluation

Please complete the evaluation – link in the chatbox