



Cancer in the Community Primary Care Networks DES

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Join our Journey

North East and North Cumbria

- Post covid cancer recovery position
- Addressing health inequalities in cancer in BAME population
- PCN cancer DES
- IIF - investment and impact fund relating to cancer
- QOF
- Decision support tools
- As many links as possible have been included and these slides and additional resources will be circulated



Addressing health inequalities (1)

- **REPORT: An insight into the experiences of cancer patients and carers of the local BAME population in Sunderland and evaluation of their support needs**
 - NCA supported report by Sunderland Bangladeshi International Centre. Author Nahida Aktar & Sayeda Kushi Ali
 - Builds on other national data - Poor experience of people in BAME communities
- **Attitudes**
 - Misconceptions. 43% equate cancer diagnosis with death. Ideas that it is infectious. More in older people
- **Awareness**
 - > 50s less understanding of signs and symptoms and of benefits of screening and early diagnosis.
- **Access**
 - 1:4 had negative experiences in primary care. People feel unheard/ rushed out of consultations. Poor confidence accessing services and using interpreters. 90% felt cultural and religious beliefs not taken into consideration
- **Diagnosis**
 - Mental health affected by loneliness and isolation/ fear of telling people
 - Families often take on care. - consider family orientated discussions to reduce anxiety for carers which will improve care for the patient.
- **Treatment**
 - Risks of unconscious bias. Lack of confidence/ communication challenges/ how to ask for what you want and challenge decisions
- **Post treatment**
 - Unaware of support services and how to access them.



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Addressing health inequalities (2)

- Recommendations from report;
 - Education for BAME community
 - Signs/ symptoms/ treatment/ management to reduce misconceptions which lead to isolation and culture of fear
 - Community education sessions using existing local community groups
 - Peer support groups
 - access to support services
 - More culturally competent NHS
 - Awareness of variation
 - Contributing factors – less empathy/ stress / time constraints/ multitasking
 - Personalised care –
 - addressing the needs of the individual



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PCN Proactive interventions for particular groups

- Awareness of PCN demographics
- Approach local community groups to understand cultural preferences
- Actively approach groups with poor uptake of screening
- Support education and awareness in the community – support PH and community awareness workers
- Address potential misconceptions about outcomes of screening and testing for cancer
- Seek family support for patients



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PHE Fingertips PCN/ practice Data

- Select CCG / PCN/ Practice
- Link to the data:
<https://fingertips.phe.org.uk/profile/cancerservices/data#page/1>
- How to find / use the data:
<https://northerncanceralliance.nhs.uk/wp-content/uploads/2018/12/Fingertips-user-guide-1.pdf>
- Examples of the type of data on the following slides



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**Indicator**

Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals). 2020/21 Proportion -

% ▼

[▶ Legend](#) [▶ Benchmark](#) [▶ More options](#)Areas **All in NHS North Tyneside CCG** All in England Display **Table** Table and chart

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		99.8% Lower CI	99.8% Upper CI
England	↓	143,451	7.0*		-	-
NHS North Tyneside CCG	→	668	7.7*		-	-
North Shields PCN	→	175	8.4*		6.7	10.5
Wallsend PCN	→	99	8.0*		5.9	10.7
Whitley Bay PCN	→	199	8.0*		6.5	9.8
North Tyneside North West PCN	→	195	6.8*		5.5	8.4

Source: NHS England Cancer Waiting Times Database

New cancer cases treated resulting from a Two Week Wait referral (Detection rate: % of all new cancer cases treated) 2020/21 Proportion - % ▼

[▶ Legend](#) [▶ Benchmark](#) [▶ More options](#)Areas **All in NHS North Tyneside CCG** All in England Display **Table** Table and chart

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		99.8% Lower CI	99.8% Upper CI
England	↑	145,495	54.8*		-	-
NHS North Tyneside CCG	→	655	53.3*		-	-
Whitley Bay PCN	→	203	61.0*		52.5	68.8
North Shields PCN	→	169	55.0*		46.3	63.5
North Tyneside North West PCN	→	189	50.4*		42.5	58.3
Wallsend PCN	→	94	43.7*		33.8	54.2

Source: NHS England Cancer Waiting Times Database

[▶ Legend](#) [▶ Benchmark](#) [▶ More options](#)

Areas **All in NHS North Tyneside CCG** All in England **Display** **Table** Table and chart

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		99.8% Lower CI	99.8% Upper CI
England	→	276,830	456*		-	-
NHS North Tyneside CCG	→	1,523	682*		-	-
Whitley Bay PCN	↓	370	713*		604	835
North Tyneside North West PCN	→	500	677*		588	776
Wallsend PCN	→	274	672*		554	807
North Shields PCN	→	379	668*		567	781

Source: HES data held by PHE originally provided by NHS Digital

[▶ Legend](#) [▶ Benchmark](#) [▶ More options](#)

Areas **All in NHS North Tyneside CCG** All in England **Display** **Table** Table and chart

Area ▲▼	Recent Trend	Count ▲▼	Value ▲▼		99.8% Lower CI	99.8% Upper CI
England	↑	373,204	615		-	-
NHS North Tyneside CCG	↑	1,638	734		-	-
Whitley Bay PCN	↑	458	882*		760	1,017
North Shields PCN	↑	404	712*		608	829
North Tyneside North West PCN	↑	512	694*		603	794
Wallsend PCN	↑	264	648*		531	781

Source: NHS England Cancer Waiting Times Database

**Indicator**

Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals). Five years

combined data. 2016/17 - 20/21 Proportion - % ▼

[▶ Legend](#) [▶ Benchmark](#) [▶ More options](#)Areas **All in NHS North Tyneside CCG** All in England Display **Table** Table and chart

Area	Recent Trend	Count	Value		99.8% Lower CI	99.8% Upper CI
England	-	710,073	7.1*		-	-
NHS North Tyneside CCG	-	3,337	7.8*		-	-
North Shields PCN	-	811	8.2*		7.4	9.1
Wallsend PCN	-	518	7.9*		6.9	9.0
North Tyneside North West PCN	-	1,049	7.9*		7.2	8.6
Whitley Bay PCN	-	959	7.4*		6.7	8.1

Source: NHS England Cancer Waiting Times Database

New cancer cases treated resulting from a Two Week Wait referral (Detection rate: % of all new cancer cases treated). Five years combined data. 2016/17 - 20/21 Proportion - % ▼
[▶ Legend](#) [▶ Benchmark](#) [▶ More options](#)Areas **All in NHS North Tyneside CCG** All in England Display **Table** Table and chart

Area	Recent Trend	Count	Value		99.8% Lower CI	99.8% Upper CI
England	-	727,917	52.9*		-	-
NHS North Tyneside CCG	-	3,397	52.8*		-	-
Whitley Bay PCN	-	991	54.5*		50.8	58.0
North Tyneside North West PCN	-	1,048	53.1*		49.6	56.5
North Shields PCN	-	819	52.7*		48.8	56.6
Wallsend PCN	-	539	49.5*		44.9	54.2

Source: NHS England Cancer Waiting Times Database

Legend Benchmark More options

Areas All in NHS North Tyneside CCG All in England Display Table Table and chart

Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	↑	6,094,633	66.8	-	-
NHS North Tyneside CCG	↑	28,170	71.8	-	-
Whitley Bay PCN	↑	7,172	74.8*	73.4	76.2
North Tyneside North West PCN	↑	9,003	72.0*	70.7	73.2
North Shields PCN	↑	7,059	70.3*	68.9	71.7
Wallsend PCN	↑	4,936	69.7*	67.9	71.3

NHS Gateshead Health NHS Foundation Trust FIT Dashboard

Requests per Location Rejected Samples Results and Spoils Post TAT Non-Post TAT Outstanding Samples Return Rate

FIT activity breakdown per location between 01/01/2022 and 31/01/2022

CCG Name	Organisation Name	Ordered	Collected	Received	Verified	Returned	Return Rate
NHS COUNTY DURHAM CCG	Total	1,902	2,276	1,749	1,590	1,165	61.25%
NHS NEWCASTLE GATESHEAD CCG	Total	1,472	1,771	1,297	1,158	852	57.88%
NHS NORTH TYNESIDE CCG	49 MARINE AVENUE SURGERY	37	44	33	28	22	59.46%
	BEAUMONT PARK SURGERY	21	25	23	20	17	80.95%
	BEWICKE MEDICAL CENTRE	16	19	14	13	9	56.25%
	BRIDGE MEDICAL	12	14	13	11	9	75.00%
	COLLINGWOOD HEALTH GROUP	78	96	78	69	49	62.82%
	FOREST HALL MEDICAL GROUP	67	75	59	48	47	70.15%
	LANE END SURGERY	24	27	22	17	17	70.83%
	MALLARD MEDICAL PRACTICE	21	25	16	12	10	47.62%
	MARINE AVENUE MEDICAL CTR	22	24	22	19	15	68.18%
	MONKSEATON MEDICAL CENTRE	20	25	17	15	10	50.00%
	NELSON MEDICAL GROUP	8	10	10	10	6	75.00%
	NORTHUMBERLAND PARK MEDICAL GROUP	12	16	16	14	10	83.33%
	PARK PARADE PRACTICE	15	19	15	10	9	60.00%
	PARK ROAD MEDICAL PRACT	26	32	22	20	14	53.85%
	PORTUGAL PLACE HEALTH CTR	29	31	21	17	15	51.72%
	PRIORY MEDICAL GROUP	51	60	54	49	32	62.75%
	REDBURN PARK MEDICAL CENTRE	22	26	19	19	13	59.09%
	SPRING TERRACE HEALTH CENTRE	24	31	24	20	15	62.50%
	SWARLAND AVENUE SURGERY	16	19	15	14	10	62.50%
	THE VILLAGE GREEN SURGERY	34	37	25	21	18	52.94%
	WELLSPRING MEDICAL PRACT.	20	22	15	14	12	60.00%
	WEST FARM SURGERY	13	15	10	8	8	61.54%
	WHITLEY BAY HEALTH CENTRE	45	52	37	31	28	62.22%
	WIDOPEN MEDICAL CENTRE	31	33	26	23	20	64.52%
	WOODLANDS PARK HEALTH CTR	36	39	41	39	34	94.44%
	Total	700	816	647	561	449	64.14%

Cancer 2022-23

- **PCN DES**
- **Impact and investment funding (IIF) – FIT tests 80% target. 22 points**

CAN-01: Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either in the seven days leading up to the referral, or in the fourteen days after the referral.

- **QOF**
 - Cervical screening
 - CAN 005 3 months information about support in primary care
 - CAN 004 12 months cancer care review
 - Cancer care review resources
 - <https://northerncanceralliance.nhs.uk/pathway/living-with-and-beyond-cancer/recovery-package/cancer-care-review/>



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PCN cancer DES 2022-23

1. Review **referral practice** for suspected and recurrent cancer.
 - Identify and implement specific actions to improve referral practice
2. Improve **uptake in cervical and bowel screening** programs
3. Adopt and embed
 - Appropriate use of **FIT**
 - Use of **teledermatology**
4. Develop and implement proactive and opportunistic assessment of patients for **prostate cancer** in populations where referrals have not recovered to pre-pandemic
5. Review use of **non-specific symptoms pathways**

IIF = Investment and impact fund - FIT



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Review referral practice for suspected and recurrent cancer

- Identify and implement specific actions to improve referral practice
- **Suggested PCN/ practice actions:**
 - Improve completeness of referral info including blood results where indicated. Audit current position to identify actions
 - Upper and lower GI/ urology/ skin/ SNSS
 - Use CCG/ PCN level data
 - Fingertips data
 - Cancer incidence/ referral rates/ emergency diagnoses
 - Emergency presentations of cancer
 - Cancers/ Previous contact with practice/ missed opportunities/ characteristics of patients
 - Referral and first treatment gaps
 - Which cancers to focus on – head and neck/ lung/ prostate/ breast
 - Disadvantaged areas where referrals are lower



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Increase screening uptake

- **Improve uptake in cervical and bowel screening programs**
 - Work with system partners
 - Follow up non responders
 - Build on existing actions
 - At least one specific action to engage a local group with low participation
- **Suggested PCN/ Practice actions**
 - Build on successes with cervical screening
 - Work with community awareness team and PHE to coordinate and target work
 - Consider education and awareness for people in target groups
 - Target direct contact with people with protected characteristics – use CDRC/ Ardens searches
 - **Practice endorsed follow up letters for non-responders** (example enclosed with slides)
 - **Information on website for people to reorder bowel screening or to book breast screening/ cervical screening**
 - [CRUK bowel screening resources](#)
 - Patient information videos



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Increase screening uptake

Suggested message for practice websites

Bowel cancer screening

Bowel cancer screening is offered every 2 years to men and women aged 50 to 74.

For a replacement kit or if you are age 75 or over and want to request a screening kit?

Phone 0800 707 60 60.

Or email ghnt.nbcsp@nhs.net

You will need to give your name, DOB and NHS number.

[Click here for more Bowel cancer screening information](#)



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FIT and teledermatology

- **Adopt and embed**
 - **Appropriate use of FIT** (also see IIF slide)
 - Education for clinical teams – management of risk
 - Advise patient importance of returning the test
 - Active management of the safety netting messages
 - **Use of tele-dermatology**
 - Include the appropriate photos
 - Focus on quality of photos
- **Suggested PCN/ practice actions**
 - **FIT** - see IIF slide
 - **Teledermatology**
 - Review referrals/ photos
 - Are the right images included, is the quality acceptable
 - Was the referral actioned to surgery or discharged to practice
 - Education
 - how to take good quality photos [PCDS photography advice](#)
 - Recognition of benign lesions [PCDS diagnostic tool](#)
 - Watch out for skin lesion education coming out from NCA



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Focus on prostate cancer

- Develop and implement proactive and opportunistic assessment of patients for **prostate cancer** in populations where referrals have not recovered to pre-pandemic
- **Suggested actions for PCN/ Practices**
 - Understand local position – Variable deficit referrals / first treatments across the NENC
 - Different actions depending on local position
 - National campaign – need to respond to requests for PSA
 - Men still need decision support for PSA testing
 - Addressing inequalities – communication
 - Consider demographics and community work
 - Practice focused resources to be circulated by NCA - watch out for emails
 - NEW referral for due. - watch out for update



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Focus on prostate cancer

- CCGs ranked by deficit in urology referrals and first treatments. Biggest deficit first:
- Tees Valley -28.5%
- North Cumbria -28%
- NewcastleGateshead -14%
- South Tyneside -13.8%
- Northumberland -8.8%
- Co Durham -5%
- North Tyneside -1.9%
- Sunderland -0.0%



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Review use of serious non-specific symptoms pathways

- Live in Tees, Sunderland South Tyneside, Gateshead, Durham
- **Northumberland, North Tyneside, North Cumbria go live soon**
- Filter tests – FIT and CXR important
- Refer to specific pathway if indicated
- CT CAP is likely first tests
- Aligns with Combined GI pathway
 - People with weight loss should have the same filter tests and CT CAP
- ~ 8% conversion rate
- **Suggested PCNs / practice actions**
 - Make practice teams aware of pathway and referral criteria and filter functions
 - Work with local trusts to feedback to practices about outcomes from the pathway - conversion rates/ patient feedback



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IIF = investment and impact fund

- **Colorectal 2WW referrals have FIT recorded in GP notes in the 7 days before or up to 14 days after 2WW referral (Target 80 % Lower 40% - lower threshold will increase to 65% next year)**
- 22 points

Suggested PCN / Practice Actions:

- Include FIT test result for **all 2WW Colorectal cancer** referrals except abdominal / rectal / anal mass
- How are FIT results actioned?
 - Positive offer referral within 7 days
 - Negative safety netting/ level of concern/ persistent symptoms/ non urgent/ urgent referral/ management in primary care
- Education for clinicians. - managing risk
 - NCA video [Video - combined pathway and FIT risk management](#)
- review current situation –
 - audit colorectal referrals - FIT result available?+Completeness - blood test results
 - Rate of FIT test requesting/ practice/ PCN – available from NCA



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IIF = investment and impact fund support tools

- FIT safety net message on ICE at 14 and 28 days - action
- Accurx message and reminder
 - There is a new Accurx pathway to support FIT testing in primary care. This will support completion of FIT kits and your IIF FIT target.
 - The Accurx FIT pathway is now live. 2 scheduled messages can be sent to the patient using this option.
 - The quickest way to find it is to put FIT in the search box in Accurx
 - Some information from Accurx on using the pathway below:
 - **Step-by-step instructions** with a brief intro to what the messages are and how to use them can be found here: <http://support accurx.com/en/articles/6022435-fit-sample-reminder-pathway>
- Personalised Care adjustment
 - Provision of faecal immunochemical test kit declined without a subsequent recording of a FIT test result.
 - A new [snomed code](#) has been developed for 'Provision of FIT kit (procedure)' (149421000000109)
 - IIF will use the existing Snomed code ' Quantitative FIT (observable entity)' (1049361000000101)
- **Sign data sharing agreement with NECS**
 - Monthly reports
- Further information about the incentive can be found on the GP [contract for 22/2023](#)



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Support Tools

- NCA website and links – supporting primary care
- 2WW referral forms
 - Evolution - built in decision support
- CDRC reports SystemOne/ EMIS (clinical digital resources collaborative) already there in EMIS and SystemOne
 - CDRC/ Quality/ Cancer
 - PCN DES reports
 - QOF reports – CAN 04/05 not achieved , still within time
- ERICA research tool – consider signing up
- Ardens reports
- NICE guidance
- NCA Urology resource tool kit (attached separately)



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Decision support tools

- Combined GI pathway
<https://northerncanceralliance.nhs.uk/wp-content/uploads/2021/11/NCA-combined-GI-pathway-1-July-2021-v15.docx>
- 2WW referral forms
 - Evolution of a digital decision support in a questionnaire that then populates the referral form – watch out for updates



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Thank you Any Questions?



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www.northerncanceralliance.nhs.uk



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