Northern Cancer Alliance

NHS North East and North Cumbria

Welcome

NCA PCN DES Share and Learn

Dr. Hassan Tahir, NCA GP Clinical Lead

North East North Cumbria Health & Care Partnership

Housekeeping

- Microphones & cameras should be kept off please, to aid meeting quality.
- Questions can be added to the chat box throughout the presentation or left until the Q&A starts
- If the panel run out of time to answer all questions, the team will follow up on them as soon as possible.
- The webinar will be recorded and details of where to find it will be issued to registrants in due course.

Northern
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Agenda

- 12:15 - Introduction

Review of good practice

- 12:20 – **Cervical Screening: Improving uptake in those who have never attended**
  Amy Wilson, Health Inequalities Link Worker, Hartlepool Health

- 12:30 - **Transgender and Non- Binary Screening – An Early Opt-in Pilot**
  Danielle Conlon, Advanced Care Practitioner, Newcastle Central PCN

PCN DES updates for 2025/26

- 12:40 – **PCN DES 2025/2026 – Overview and Third Tumour Site Focus - Bladder Cancer**
  Dr Hassan Tahir – NCA GP Clinical Lead

- 12:55 – **Colorectal Cancer and FIT**
  Dr Katie Elliot – NCA Clinical Director (Primary Care)

- 13:10 – **Lung Screening, Smoking Status, Higher Risk Patients**
  Dr Shaun Lackey – NCA GP Clinical Lead

Collaborating to improve cancer care

Northern Cancer Alliance

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Cervical Screening

Improving uptake in those who have never attended.

Amy Wilson

Health Inequalities Link Worker

Hartlepool Health

Transgender and Non- Binary Screening – An Early Opt-in Pilot

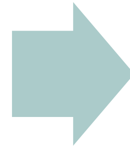
Danielle Conlon

Advanced Clinical Practitioner (ACP)

Newcastle Central PCN

Early adopter testing

Back in November 2024, Newcastle Central PCN responded to a request from the public health team within NHS England to partake in an early pilot of the ‘opt-in’ process for trans men and non-binary people with a cervix.



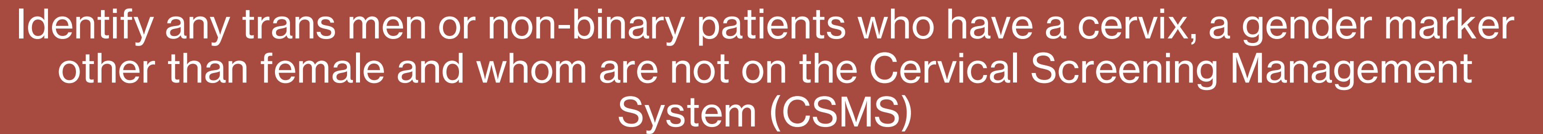
The new Cervical Screening Management System (CSMS) was no longer limited to routinely sending invitation letters to those registered as female and the purpose of the Early Adopter pilot was to test the opt in process before CSAS went live in Spring 2025

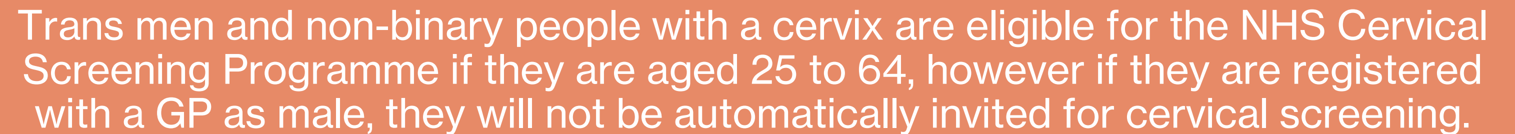
The process involved identifying and then contacting trans men and non-binary people with a cervix to discuss if they wished to opt in to receive routine invitations for cervical screening

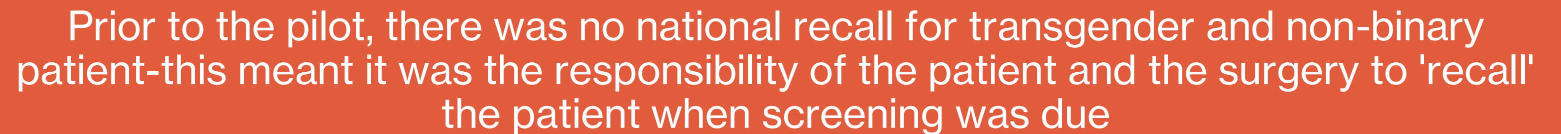
If they agreed, then completing and sending back the opt in forms and documenting in the records the patients consent to opt in.

At the end of the process, feedback and suggestions were sent back to help inform the final opt in process, education and resources

Where to start....







Eligible patients could miss out on screening or not be aware of eligibility due to the gender marker

99.8% of cervical cancers are preventable (CRUK) however, data on cervical cancer incidence refers to 'women' and data on trans/non-binary cases of cervical cancer is more difficult to find.

Connelly et al (2020) highlight that there is a clearly documented disparity in cervical cancer screening uptake between gender minorities, trans male and cisgender women- where the former groups had lower odds of both lifetime and up-to-date screening.

Berner et al (2021) have identified many barriers for transgender males attending cervical screening including fear & embarrassment therefore ensuring an inclusive, evidence-based cervical cancer screening programme sensitive to the needs of this population is therefore crucial; to minimise both their cervical cancer risk and the dysphoria they may experience during the screening process.

What needed changing....

The aim of the activity was to ensure no eligible person is prevented from opting in or attending for cervical screening despite identifying as male or non-binary if they wish to participate in the programme.

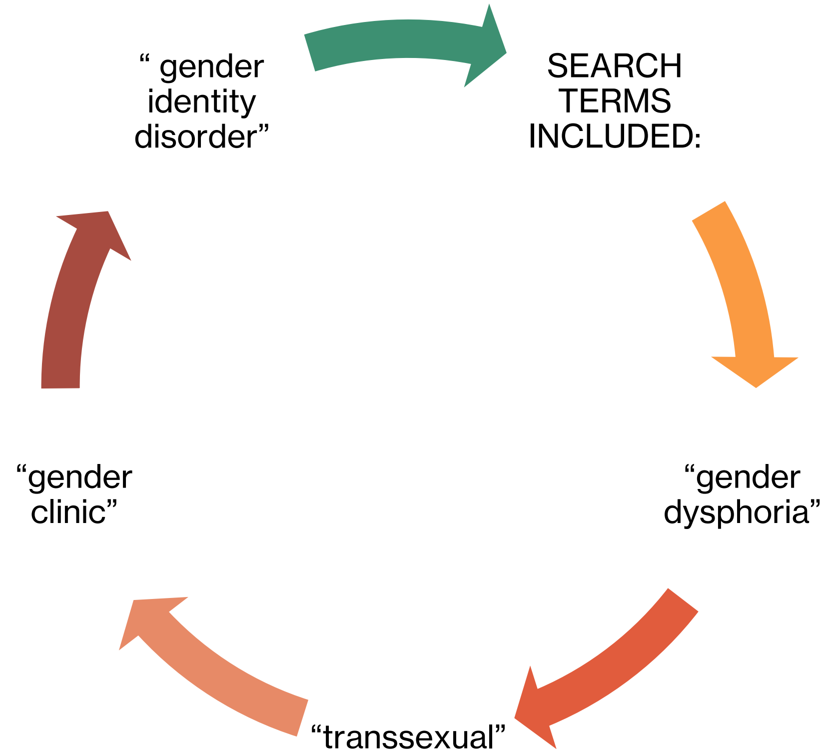
There has been lots of work into inequalities in screening with transgender communities (PHE, 2018)

It was identified that information regarding screening was targeted solely towards 'women' and therefore transgender males and non-binary individuals felt the literature and terminology was not inclusive (PHE, 2018. CRUK & Jo's Trust, 2023)

This led to letters and publications being broadened to include 'women and anyone with a cervix' (PHE, 2018. CRUK & Jo's Trust, 2023)

By contacting the eligable patients to discuss screening meant the process of opt in could be broached with each individual and as well as inviting the person to opt in, it was an opportunity to identify and overcome potential barriers to attendance.

Identifying patients



158 PATIENTS WERE IDENTIFIED

80 of which were Trans Male or Non-binary

54 were registered as ‘Female’ so would receive invitations

35 of identified were under the age of 25

12 had up to date screening

Only 1 person had had a TAH

11 people contacted opted in

Only 1 person declined being added to the opt in recall

A further 19 have since been identified and will be contacted when search is run again next month

Opt in form and information for patient

HTTPS://CSAS.NHS.UK/FORMS/SCREENING-GENDER-OPT-IN-INFO-2/

NHS
Cervical Screening
Administration Service

Cervical Screening Opt-in Form

I have spoken to the participant and provided them with the national patient information included with this form, and on that basis, they have given consent to be sent future invitations to participate in the NHS Cervical Screening Programme. If applicable, I have provided their next test due date (NTDD) from their local record to support the programme to invite the participant at the appropriate interval.

Please add the participant named below to future invitations to participate in the NHS Cervical Screening Programme.

Participant Full Name*	Click here to enter text.
Participant NHS Number*	Click here to enter text.
Participant Date of Birth*	Click here to enter a date.
Participant Address*	Click here to enter text.
Next test due date*(NTDD) (If not known please leave blank.)	If approval to share next test due date provided, please enter NTDD here. Please use the DD/MM/YYYY format Click here to enter text.

Responsible Clinician Signature* **Wet Signature Only**			
Full Name (Printed)*	Click here to enter text.	Date:*	Click here to enter a date
Organisation Name*	Click here to enter text	GP National Code:	Click here
Organisation Address*	Click here to enter text.		

Please note that fields marked with an asterisk (*) are mandatory

Next steps:

1. Complete the form electronically.
2. Print the form and add the wet signature.
3. Scan and upload this form via the CSAS online Gender Opt-In submission form which can be found on the GP practices and primary care page of our website.
4. Keep the original copy in your files.

If there is no next test due date supplied, the participant will receive an invite to the programme shortly

Information for patients

NHS
Cervical Screening
Administration Service

Opting into the NHS Cervical Screening Programme – information for trans men and non-binary people

The NHS Cervical Screening Programme - background

Cervical screening is a free NHS test that is carried out at your GP surgery or at some sexual health clinics. The test looks for early changes in the cells of the cervix.

Cervical screening aims to prevent cancer from developing in the cervix (neck of the womb).

It is important to go for screening as finding changes before they become cancer gives you the best chance of successful treatment.

Nearly all cervical cancers are caused by human papillomavirus (HPV), and the sample taken at your screening is tested for the virus. HPV is very common– most people will be infected with it at some point in their life. It can be passed on through any type of sexual activity.

Screening will not prevent all cancers and not all cancers can be cured.

Taking part in cervical screening is your choice. You can find out more information from your GP or by visiting NHS.UK or NHS population screening: information for trans and non-binary people - GOV.UK (www.gov.uk).

Can I be screened if I'm not registered as female?

Anyone with a cervix aged 25 to 64 is eligible for cervical screening.

If you wish to have cervical screening and receive invitations, reminders and results automatically, you can now opt-in to this service.

This means that your name, date of birth, address and NHS number can be added to the national cervical screening database and you will receive invitations and results (currently by letter) automatically.

I haven't changed my NHS number do I still need to opt in?

If you have changed your gender from female then yes, you need to opt in, even if your NHS number hasn't changed. This is so that we have your up to date personal details and we have your permission to contact you.

If you haven't changed your NHS number but you received national invitations in the past and had screening tests, your previous history will remain on your record and will inform when your next screening invitation is sent.

I have changed my NHS number, does this make any difference?

If you have changed your NHS number as part of your gender change, it is important to be aware that any previous screening test results you had will not transfer to your new NHS number.

NHS
Cervical Screening
Administration Service

Please make sure your sample taker is aware of any previous abnormal cervical screening tests or colposcopy investigations that you may have had so that they can inform the laboratory that receives your screening sample.

What will happen to my information?

Identifiable patient data, including your screening results, will be held on the secure national cervical screening database, which is available to NHS staff working in the NHS Cervical Screening Programme and designated NHS England staff. This enables staff to manage the care of patients through the screening programme as well as carry out audit and ensure high quality standards are maintained. Only specifically authorised staff are able to access this information, and you can be reassured that everyone is subject to mandatory NHS confidentiality requirements. This will identify you as someone who has a cervix, so you can have the appropriate cervical screening. Your screening results will also be recorded in your GP records.

Document reference: PC-CS-007/003 V4.0

Moving forward....

Any person with a cervix is entitled to cervical screening if aged between 25-64

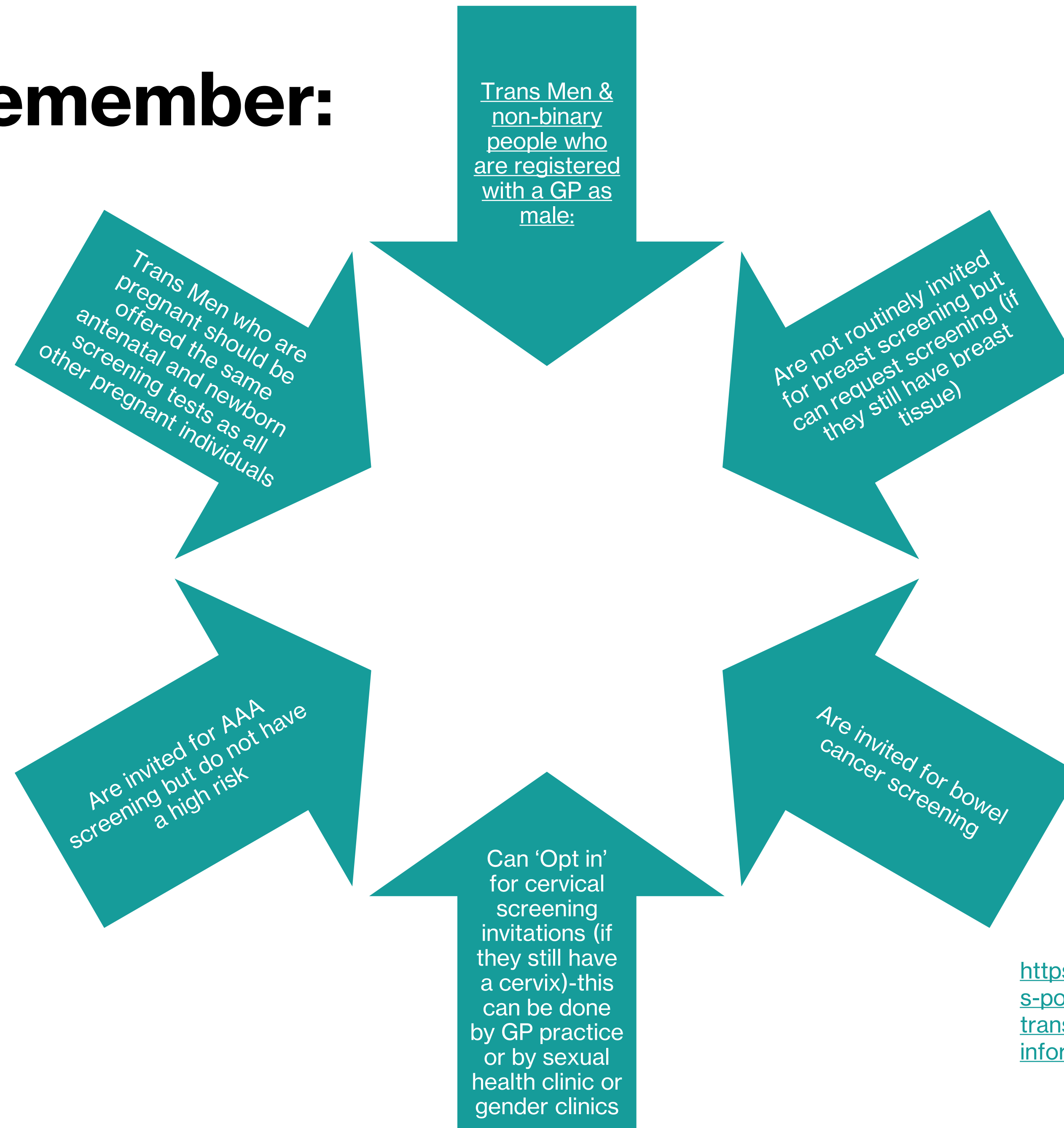
From 1/4/25 transgender males and non-binary patients can **'Opt in'** to receive routine invitations

There is a webinar available on NHS futures for staff which covers the recent 'Opt in' changes and the new intervals for recall.

PLEASE continue to undertake **opportunistic** consultations when eligible patients attend for other things such as at testosterone injection appointments and make patients aware of the opt in service.

Form is on website: https://csas.nhs.uk/professionals/gp-practices-and-primary-care/, the form is then scanned and uploaded to patient notes and sent to csas.enquiries-leeds@nhs.net (same as ceasing from recall)

Things to remember:



https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-f-or-trans-people

References

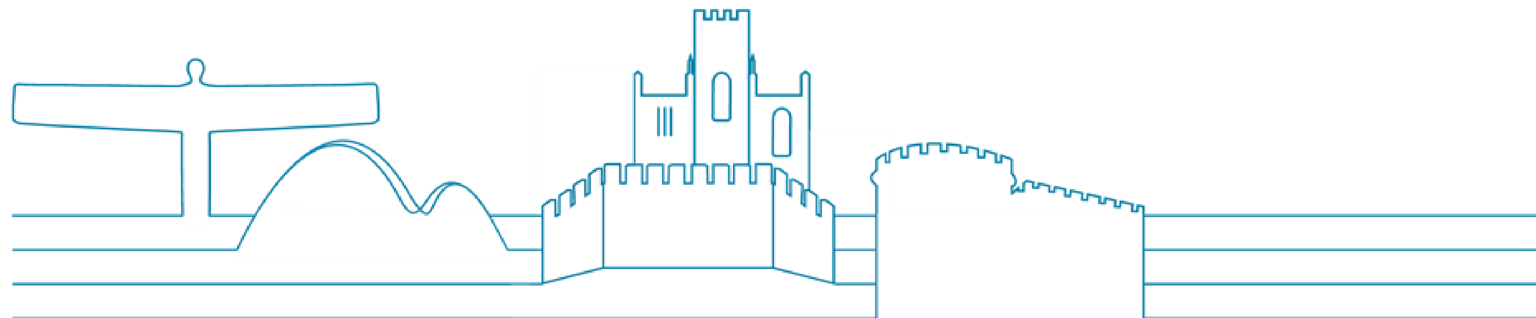
- References: Berner, A,. Challen, C., Connolly, D., Pinnell, I., Wolton, A., MacNaughton, A., Nambia, K., Bayliss, J., Barrett, J. & Richards, C. (2021) Attitudes of transgender men and non-binary people to cervical screening: a cross-sectional mixed-methods study in the UK. British Journal of General practice. 71 (709) 614-625.
- Connolly, D., Hughes, X., & Berner,A. (2020) Barriers and facilitators to cervical cancer screening among transgender men and non-binary people with a cervix: A systematic narrative review., Preventive Medicine (135).
- Cancer research UK Cervical cancer statistics. Cancer Research UK (accessed 12/11/24).
- CSAS Opt in information. https://csas.nhs.uk/forms/screening-gender-opt-in-info-2/
- Jo's trust (2020) Barriers to cervical screening. https://www.jostrust.org.uk/professionals/cervicalscreening/barriers
- Accessed 16/6/24.
- NHS England NHS population screening: information for trans and non-binary people - GOV.UK
- https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-f-or-trans-people
- PHE (2018) NHS population screening: inequalities strategy. Guidance to support the health system to reduce inequalities in screening. https://www.gov.uk/government/publications/nhs-populationscreening-inequalities-strategy Accessed 29/6/24.

Northern Cancer Alliance

NHS North East and North Cumbria

PCN Direct Enhanced Service Contract

Improving Early Cancer Diagnosis
Section 8
Part A. Clinical and Support Services



Overview

- To follow is an overview of the PCN DES for Early Cancer Diagnosis and suggested actions/activities against the stated requirements

To Note :

- Cancer element DES has not significantly changed from last year
  - NCA to still provide some specific milestones and actions for specific tumour sites
  - Tumour specific actions outlined to improve referral practices. Nationally determined tumours sites lung and bowel, as last year
  - Main change third tumour site confirmed by the NCA - Bladder Cancer
  - Minimal changes gives continuity - a valuable opportunity to build on last year's QI projects and work.

Released in Q1 - NCA Planning Template with tips and guidance section. Support materials will be phased in throughout the year.

Collaborating to improve cancer care

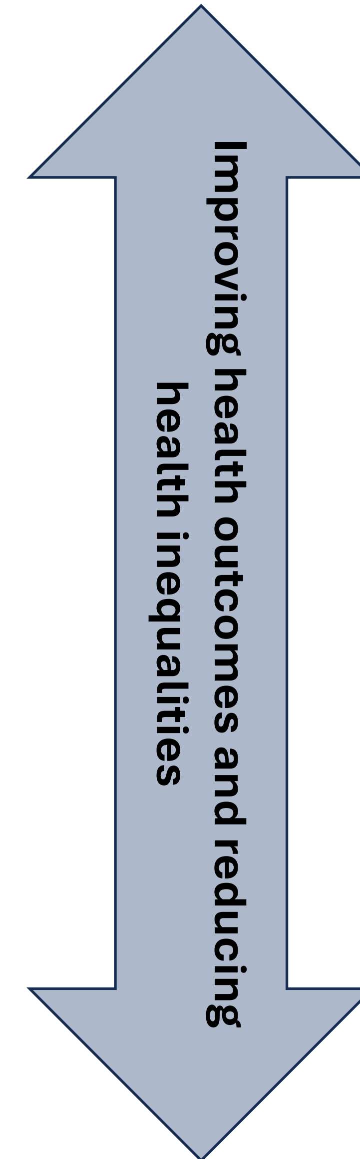
Section 8 Service Requirements

2.1.13
Review Cancer referral practice specified tumour sites Lung/CRC/ Bladder Cancer

2.1.14
Partnership Working. Use data, NG12, routes to diagnosis audit. ID pathway improvements

2.1.15
Streamlining Diagnosis & Referral Practice

2.1.16
In partnership improve screening uptake Breast, Bowel & Cervical

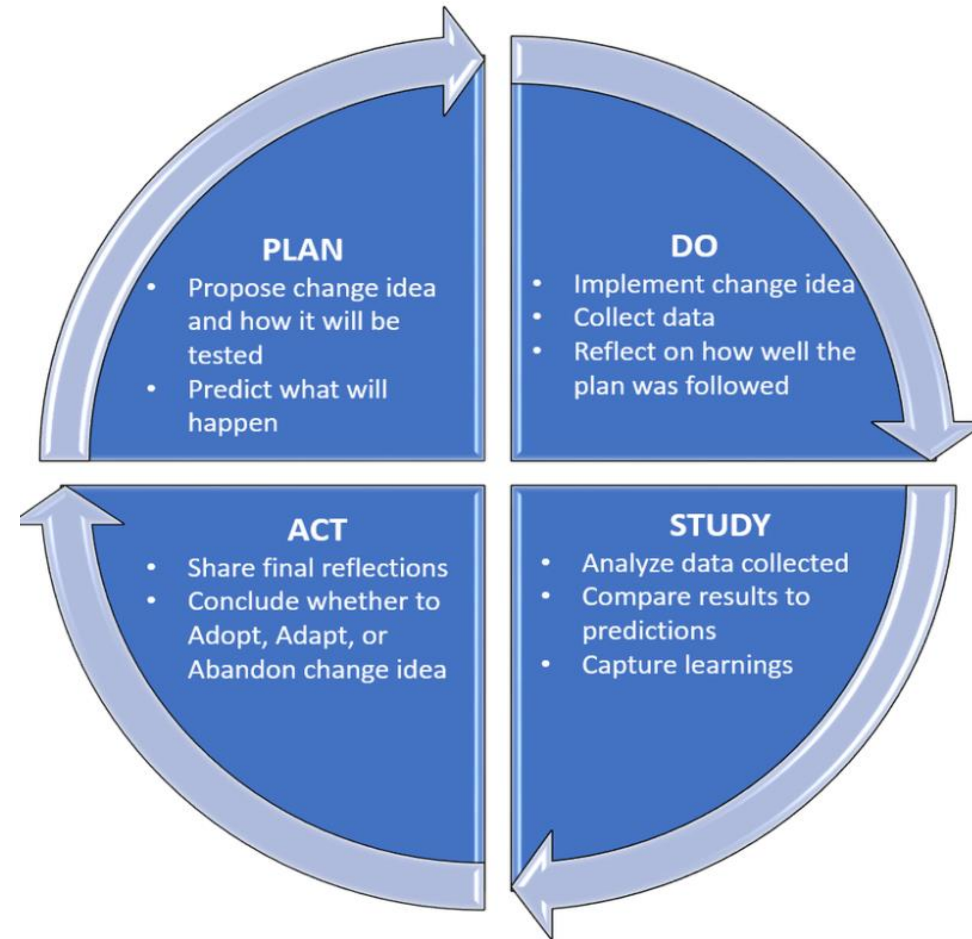


Contract Provides Continuity

- Contractual similarities provide **a valuable opportunity to build on last year's QI projects, assess impact** – maintain impactful approaches and develop new QI approaches.

- Think of the simple quality improvement model opposite: Plan Action, Do It, Reflect On It, Adjust or Embed the Practice

- From the outset – set out what information/ data you need to track/ measure the impact of your work. What does success look like?



PCN DES Support Offer

- An offer to work with the PCN Worker / key staff and the practices to support QI activity
- Overview of the main early cancer elements of 2025/26 PCN Early Cancer DES
- Highlight as per the DES the specific guidance /ask/recommendation from the Northern Cancer Alliance this year . Suggestions and sharing practice ideas.
- PCN Cancer DES Planning Template to support the PCN to develop its work plans this year with constituent practices
- Early Cancer Diagnosis Data pack
- Insight and signpost to support resources and guidance to support the development of QI activities – including practice examples from other PCNs
- Working with you throughout the year to help develop your plan, review work and support report out of successes / progress

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2.1.13 Review Cancer referral practice Specified Tumour sites - Lung/CRC/ Bladder Cancer

PCNs should work with their Cancer Alliance to increase early diagnosis rates and improve referral practice:

- Working together PCNs/practices and Cancer Alliance, develop clear actions to improve referral practice for:
  - **Colorectal & Lung** which account for nearly 40% of all late-stage cancer diagnoses
  - **Bladder Cancer** (NCA Directed) - chosen due to deteriorating trend -1-year survival rates, high ratio of cancers diagnosed via other routes- emergency and routine GP referral.

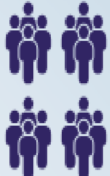
REDUCING HEALTHCARE INEQUALITIES

NHS

The **Core20PLUS5** approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement

CORE20
The most deprived **20%** of the national population as identified by the Index of Multiple Deprivation

PLUS
ICS-chosen population groups experiencing poorer-than-average health access, experience and/or outcomes, who may not be captured within the Core20 alone and would benefit from a tailored healthcare approach e.g. inclusion health groups

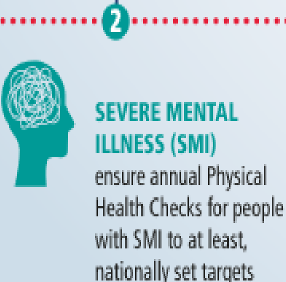


Target population

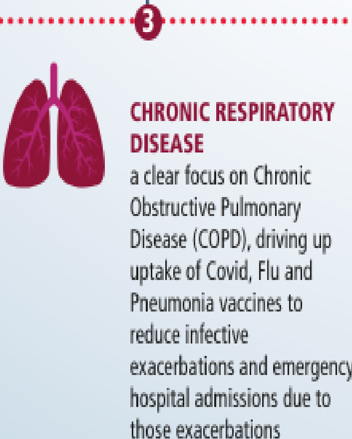
CORE20 PLUS 5

Key clinical areas of health inequalities

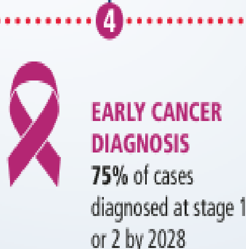
1. **MATERNITY** ensuring continuity of care for women from Black, Asian and minority ethnic communities and from the most deprived groups



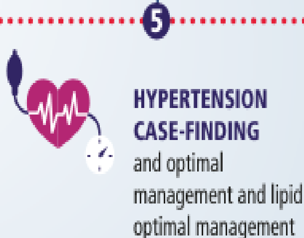
2. **SEVERE MENTAL ILLNESS (SMI)** ensure annual Physical Health Checks for people with SMI to at least, nationally set targets



3. **CHRONIC RESPIRATORY DISEASE** a clear focus on Chronic Obstructive Pulmonary Disease (COPD), driving up uptake of Covid, Flu and Pneumonia vaccines to reduce infective exacerbations and emergency hospital admissions due to those exacerbations



4. **EARLY CANCER DIAGNOSIS** **75%** of cases diagnosed at stage 1 or 2 by 2028



5. **HYPERTENSION CASE-FINDING** and optimal management and lipid optimal management

SMOKING CESSATION positively impacts all 5 key clinical areas

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Bladder Cancer

Dr. Hassan Tahir
NCA GP Clinical Lead

North East
North Cumbria
Health & Care
Partnership

Bladder Cancer - Toolkit

- To support practice teams to examine where changes can be made to secure the earlier detection of bladder cancers by:
  - Reflective practice and the identification of potential improvements, good practice – through audit, group discussion, and LEAs.
  - Sharing learning and insights from audit / reflections to support broader pathway/guidance improvements across the PCN
  - Ensuring robust non-visible haematuria pathways in are place
  - Develop appropriate safety netting practices for recurrent UTIs

Bladder Cancer - Toolkit

- Section 1: ED Data Trends – National and Regional Picture
- Section 2: Supporting Reflective Practice, Quality Improvement /Audit
- Section 3: Symptom/Risk Management/ Safety Netting
- Section4: Higher Risk Groups and Public Symptom Awareness
- Section 5: Education Resources

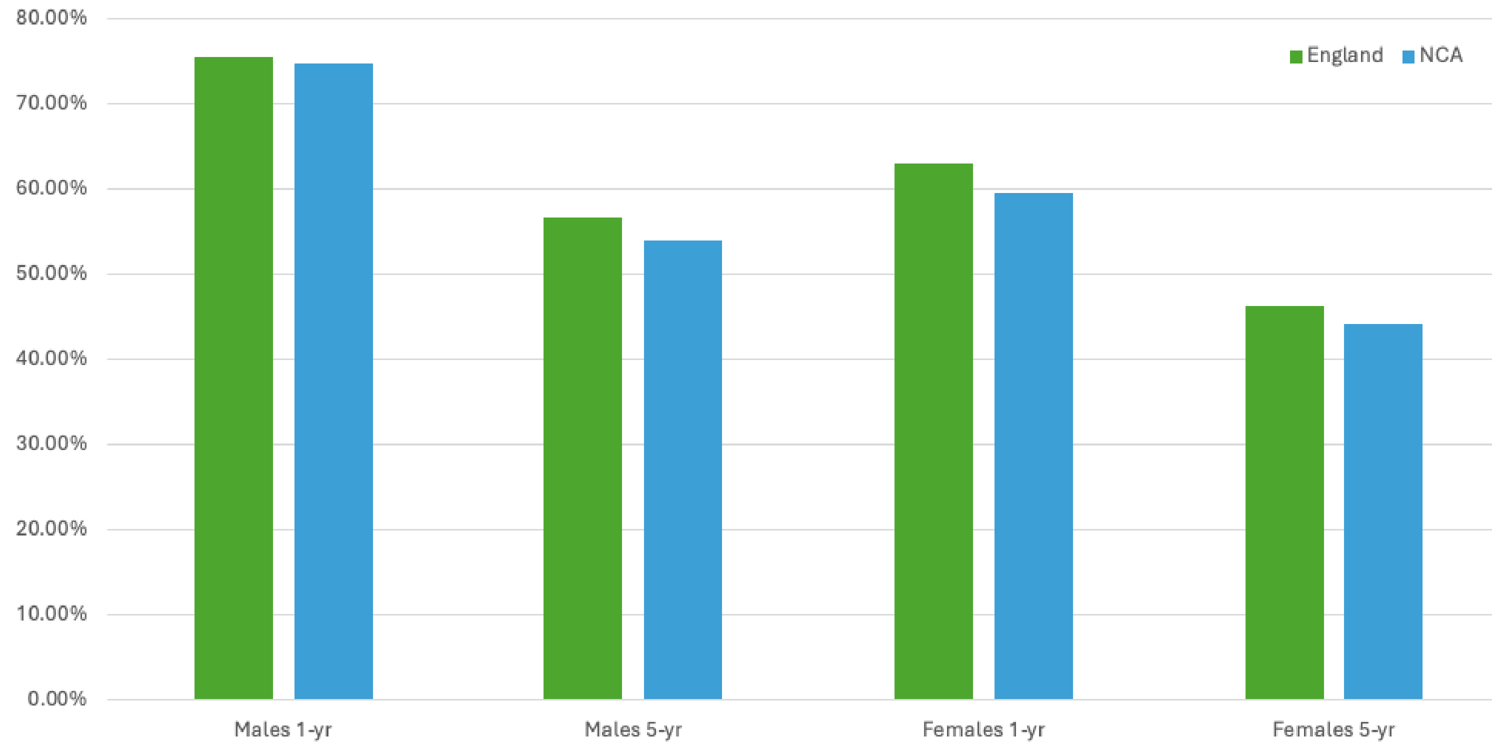
Bladder Cancer - Toolkit

- Approx 10,500 new bladder cancer cases in the UK every year
- 11th most common cancer in the UK, accounting for 3% of all new cancer cases
- 9th most common cause of cancer death in the UK, accounting for 3% of all cancer deaths
- In females in the UK, bladder cancer is the 17th most common cancer, with around 2,800 new cases every year
- In males in the UK, bladder cancer is the 7th most common cancer, with around 7,600 new cases every year

- 49% of bladder cancer cases in the UK are preventable
- 45% of bladder cancer cases in the UK are caused by smoking

- >50% of bladder cancer treatments in NENC are in people in the lowest 2 quintiles for deprivation
- In 2024 more people were diagnosed via routine referral than USC and 25 % were diagnosed form an emergency presentation

Bladder Cancer - Toolkit



NCA has lower survival rates for 1 and 5 year in both males and females vs England

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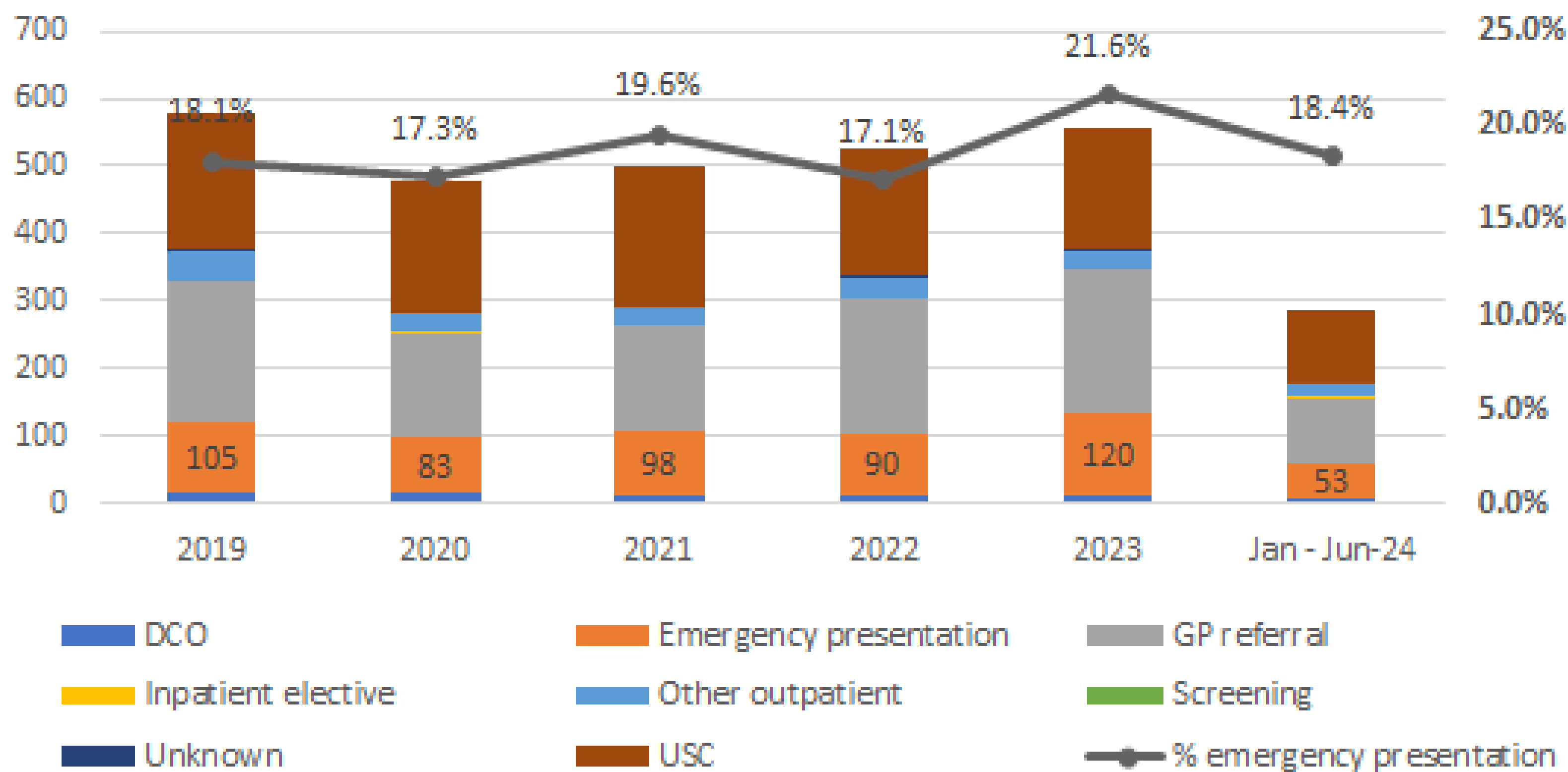
Bladder Cancer - Toolkit



Routine GP referral the biggest route to diagnosis; more than USC referral.
Emergency route to diagnosis is 18.4 % and higher than England rate of 17.1%

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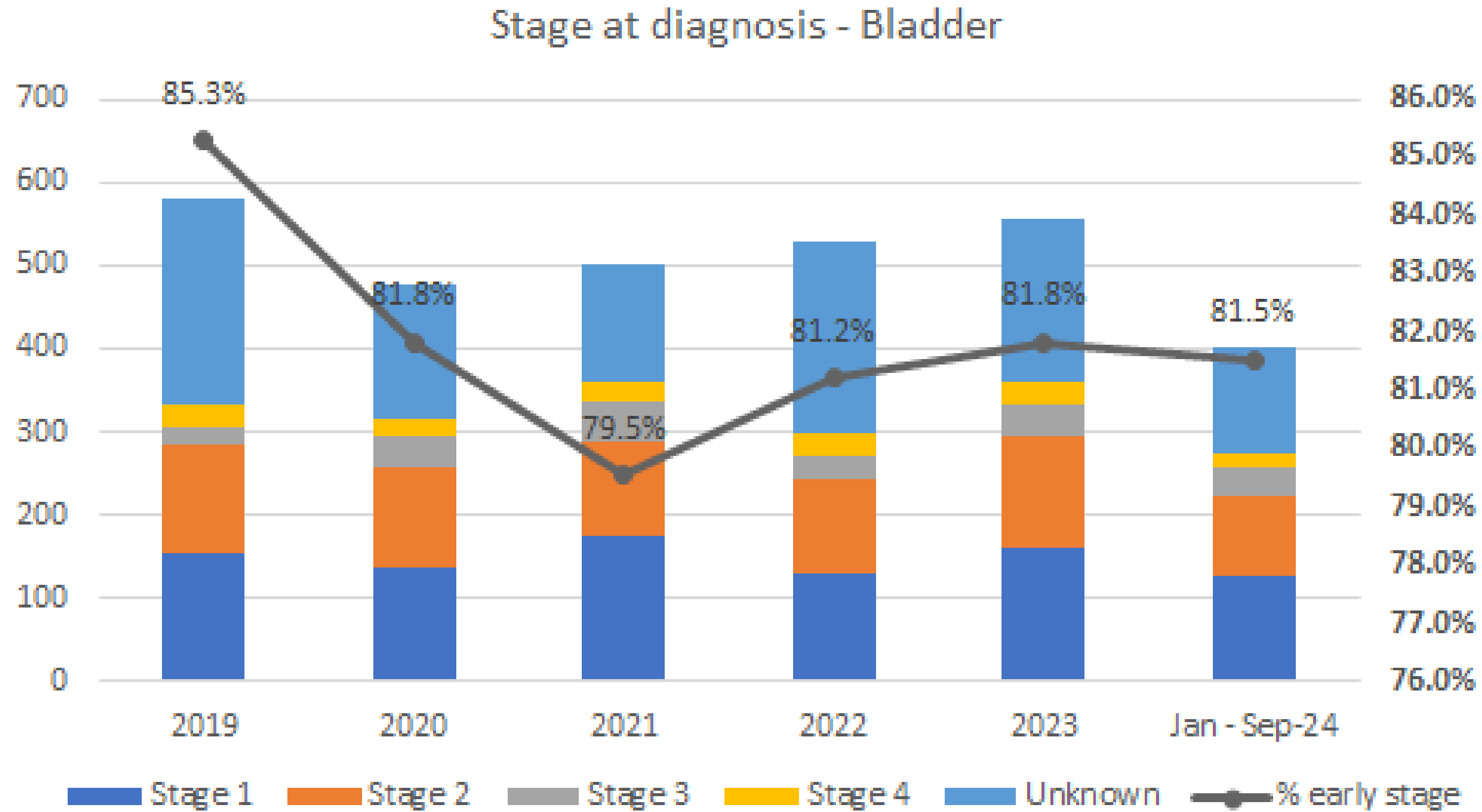
Bladder Cancer - Toolkit



There has been a decrease in the % of early-stage diagnosis since 2019
There are many bladder diagnoses with stage unknown

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Bladder Cancer - Toolkit

- Earlier stage cancers are more likely to be diagnosed via GP referral and USC referral.
- Delays and missed opportunities for earlier diagnosis for bladder cancer are most often found in primary care before referral.
- There is a need to shift people from emergency presentation to a more managed route; USC referral

Bladder Cancer – Audit & Quality Improvement

- Bladder cancer symptoms are commonly misattributed to other conditions in primary care, and that this is more likely to occur in women and those presenting with UTI/UTI-like symptoms.

- This can delay diagnosis. We also know that the USC referral route is associated with earlier diagnosis, so referral guidance is important to consider.

Bladder Cancer – Audit & Quality Improvement

The aims of the audit are

- To provide GP practices/ PCNs with an opportunity to reflect on referral practice, symptom management and safety netting to secure effective early bladder cancer diagnosis.
- To provide the opportunity to support reflective practice, learning and development,
- To identify improvements /actions that will enhance patient care, timely referral and earlier diagnosis. (At practice and PCN level.)
- To identify where there are /have been challenges in clinical assessment and pathways at practice level. Identify where there are common or recurring challenges across the PCN
- To identify where good practice and primary care processes are in place and share them across the PCN and Alliance
- In respect of bladder cancer symptoms consider the impact of non- GP based symptom management e.g. patients accessing Pharmacy First services

Bladder Cancer – Audit & Quality Improvement

Submitting a PCN summary of the main outcomes and findings of the bladder cancer audit, will:

- Help to identify good practice to share across the region
- Support the identification of dominate trends and potential areas for improvement to feed into the regional Urology Pathway Group. i.e. support wider improvement work across the region.

Please note asking PCNs to share a summary of the audit outcomes is not a performance management activity.

It is aimed at sharing practice and understanding where/if wider improvements may be required across the region.

Bladder Cancer – Audit & Quality Improvement

Bladder Cancer Audit Process

Key: GP Practice Level Activity | PCN Level Activity

Step 1

Identify Patient Cases

System Searches Developed (set to 5yr Timeline)

Where possible audit 10 cases per practice

Step 2

Complete Audit Using Pre-set Audit Template

Use guidance in the audit introduction.

Identify LEAs

Step 3

Practice Team Reflect on the Audit Outcomes

Discuss LEAs identified

Identify learning points & improvement actions

Step 4

***Practice Agree Summary of Audit and LEA Outcomes/Learning/Actions**

Share outcome summary to feed into PCN wide - audit summary report.

Step 5

PCN Creates mechanism /opportunities for practices to Share/Discuss Audit findings.

Step 6

PCN Submits a PCN Level Summary of Audit

Contact PCN Worker for the survey link to submit PCN Audit Summary

Key to the above:

*Use the criteria / questions on slide 9 to consistently capture outcomes/learning from the audit

PCN Workers will supply a link to a survey for PCNs to submit their PCN level summary of the main/ common trends, learning, outcomes and actions from the audit. i.e. submit a PCN wide summary not individual practice summaries. Thank you.

Bladder Cancer – Audit & Quality Improvement

- What were the main learning points from the audit?
- How many patient cases were identified for LEA (Learning Event Analysis)?
- What good practice has been identified?
- Were any pathway challenges identified ? If yes, what were they?
- Were there any clinical guidance issues identified? If yes, what were they?
- Following the audit what actions or improvements were identified within the practice to take forward? (Please list them below).

Please note the same themes are used in the PCN level outcomes summary

North East and
North Cumbria

Colorectal Cancer and FIT

Dr Katie Elliott
Clinical Director (Primary Care)
Northern Cancer Alliance

Northern Cancer Alliance

NHS North East and North Cumbria

Lung Cancer / Lung Screening

Dr. Shaun Lackey
NCA GP Clinical Lead

North East North Cumbria Health & Care Partnership

2.1.13 Improving Referral Practice – Lung Cancer

Lung cancer is an ICB clinical priority. PCN activities can contribute to this:

Potential Activities

Lung Cancer Risk and Detection

- Low threshold for CXR in symptomatic patients in line with NICE NG12
- Consider NG12 criteria, pt. risk and threshold for CXR at these opportunities:
  - People with recurrent/persistent chest infection
  - COPD Reviews and symptomatic presentation for Change in COPD Symptoms – more breathless or change in cough

MECC

- PCN Pharmacy staff, care coordinators and other appropriate staff – target smokers/ex-smokers to check on potential symptoms /smoking status/do symptom awareness with patients.
- Smoking Very Brief Advice (VBA) / referral for smoking cessation

Smoking Status To Support Lung Screening Invitations

- Accurate recording of smoking status to; support invitation to screening and reduce invitation errors. Target Patients : aged 50 -74yrs. Text message with reply option inline with ICB guidance.

- **New: Trial new motivational smoking status text. Track response rates . Contact PCN Worker to use / trial.**

Lung NICE NG12 – Arrange CXR (within 2wks) if:

Over 40 with 2 or more, or ever smoked or been exposed to asbestos and one or more of:

- Cough
- fatigue
- Shortness of breath
- Chest pain
- Weight loss
- Appetite loss

Or over 40 and ANY of the following:

- Persistent recurrent chest infection
- Finger clubbing
- Supraclavicular lymphadenopathy
- Chest signs consistent with lung cancer
- thrombocytosis

2.1.13 Improving Referral Practice – Lung Cancer

Lung Screening :

Activity : Lung Screening Second Wave Rollout Sites (Newc/Gateshead, ST& Sunderland)

Suitable for Practices with high smoking prevalence, higher levels of deprivation.

- Liaise with Lung Screening Programme Manager/PCN Facilitator (to understand the programmes capacity/plans) to determine if practices can support Lung Screening **Priming/Endorsement Text to eligible patients** in line with screening rounds.

- Work with Lung Screening Programme Managers (to understand the programmes capacity/plans) to determine appropriateness of practice-based **non- responder follow-up**.

- **Proactively advertise lung screening rounds** – using lung screening programmes promotional materials

PCN Worker Support for the Above

Examples of Work

South Tyneside PCN (Mayfield Medical Group) – Undertook proactive text messaging to patients about to be invited working with the Lung Screening Programme Manager. A practice in high deprivation area with higher smoking prevalence. Marked increase in uptake.

Chester- le- Street PCN – Following an audit of COPD management and symptom review - a single sheet poster to remind clinical staff (and non – clinical staff) when CXRs warranted developed and circulated across the PCN as a prominent staff reminder.

North East and
North Cumbria

Q&A

Any Questions?

FEEDBACK QR Code

Or click the link in the Teams chat

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