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By Dr Nigel Watson – Wessex Cancer Alliance – Board member

This is the first newsletter produced by the Wessex Cancer Alliance specifically for clinicians who work in primary care. We hope that you find it both informative and helpful. We aim to produce a monthly newsletter and ensure it is made widely available.

Please share this newsletter with other members of your practice and PCN team, including Practice Nurses, Pharmacists and others.

One in two people will have cancer in their lifetime and this is now the commonest cause of premature deaths in the UK.

Currently 54.8% of people in the UK with cancer are diagnosed at stage 1 or 2 and in Wessex this is slightly higher at 56.3%. [Click here](#) for more information.

It is important to remember that:

- 50% of those diagnosed with cancer will now survive 10 or more years.
- Cancer survival is higher in women than men.
- Cancer survival is improving and has doubled in the last 40 years.
- The 5-year survival rate for both men and women is below the European average.

The 4 most common cancers in the UK are Bowel, Breast, Lung and Prostate.

Bowel cancer 10-year survival is about 53% and of these it is estimated 54% are preventable.

Breast cancer 10-year survival is about 76% and of these it is estimated 23% are preventable.

Lung cancer 10-year survival is about 10% and of these it is estimated that 79% are preventable.

Prostate cancer 10-year survival is about 79% and currently there are no known factors that prevent cancer of the prostate.

The treatment of cancer once diagnosed has improved significantly over recent years and has made a major contribution to the reduction in premature deaths from cancer.

The ambition in the [NHS Long Term Plan](#) is that by 2028, 75% of cancers will be diagnosed at stage 1 or 2 and this would mean an additional 55,000 people each year will survive five or more years following their cancer diagnosis.

This target has been made more challenging as a direct result of the Covid-19 Pandemic.

This is an ambitious target and if we are going to achieve it there needs to be a focus on screening and earlier and faster diagnosis. We should also not forget the importance of prevention.

In the UK



cr.uk.org
Together we will beat cancer





Wessex Cancer Alliance

The [Wessex Cancer Alliance](#) brings together clinicians and managers from health, social care and other services to transform diagnosis, treatment and care for cancer patients.

We cover Dorset, Hampshire and the Isle of Wight, with a population of about 2.7 million with over 300 general practices and 60 Primary Care Networks (PCNs) and 9 local hospitals. These partnerships enable care to be more effectively planned across local cancer pathways.

Wessex Cancer Alliance was established to coordinate and ensure effective delivery of the [Wessex Strategic Vision for Cancer](#), first published in May 2015. Since that time Alliances have evolved nationally to become the single point of leadership of cancer services across a defined geography.

In future they may take on accountability for system performance and financial management of cancer services across a local area.

Wessex Cancer Alliance GP Advisors

The Wessex Cancer Alliance has a number of GPs who support the work of the Alliance.

They include Dr Hilary Boddington, Dr Anu Dhir, Dr David Isaacs, Dr Susie Jackson, Dr Jane McLeod, Dr Virginia Quiney, Dr Richard Roope, Dr Debbie Rose, Dr Sarnia Ward, and Dr Nigel Watson.

The GP Advisors are involved in a number of streams of work undertaken by the Cancer Alliance including the Primary Care Strategy, the Rapid Investigation Service, the site-specific specialist groups, supporting practices and PCNs with the quality improvement part of QoF and the PCN DES related to the early detection of cancer.

Dr Nicola Robinson, is a local GP Macmillan advisor who works closely with the Wessex Cancer Alliance.

[CRUK Facilitator programme](#) supports primary care with the QI part of QoF and PCN DES related to the Early detection of cancer and is working in partnership with the Wessex Cancer Alliance.

Some interesting facts

The big four cancers – **lung, bowel, breast or prostate cancer** account for [52% of new cases and 44.6% of cancer deaths](#).

About 20% of all cancer deaths are from lung cancer.

About 50% of all cancer deaths occur in people aged 75 and over.

Cancer is now responsible for 28% of all deaths in the UK. Cancer deaths are more common in deprived communities. It is estimated that there are about 19,000 extra deaths per year in England caused by socio-economic variation.

Tobacco smoking is the largest cause of cancer by a long way accounting for 15% of all cancers. The second commonest preventable cause is obesity. Being overweight and obesity accounts for about 6% of all cancers.

It is estimated that about **40% of all cancers are preventable**.

There are 12,000 deaths each year which can be attributed to **alcohol**.

Did you know there is a link between alcohol and breast and bowel cancer?

It is thought about 8% (4,000 cases) of cases of [breast cancer are related to alcohol](#) and 6% (2,500 cases per year) of cases of **bowel cancer**.

4 in 10 cancer cases can be prevented...



●●● Larger circles indicate more UK cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.

Source: Brown et al, British Journal of Cancer, 2018

cruk.org/prevention
Together we will beat cancer



PCN DES and the Quality Improvement (QI) part of the QoF

Last year there was a focus on the early detection of cancer. This was included as part of the PCN DES and was one of the two QI initiatives in QoF. Due to the Covid-19 pandemic practices and PCN we unable to deliver the requirement of these initiatives and the improved outcomes that we expected have not be achieved. Therefore, it was decided to continue with these initiatives during 2021/2.

PCN DES – Early diagnosis of cancer – [click here](#) for the updated guidance – issued 31/3/21.

This supports the work undertaken by practices in the QI indicators in QoF with the aim of meeting the NHS Long Term Plan of saving more lives by diagnosing more people with cancer at stage 1 or 2. Due to Covid-19 the requirement for 2020/1 have been repeated for 2021/2. This should build on the work undertaken during 2020/1 and some of the requirements may have already been delivered.

Service Requirements for the PCN DES

- 1. Review referral practice for suspected cancers, including recurrent cancers, to fulfil this requirement a PCN must:**
 - i. Review the quality of the PCN's Core Network Practices' referrals for suspected cancers, against the recommendations of [NICE Guideline 12](#) and make use of:**
 - Clinical decision support tools;
 - Practice level data to explore local patterns in presentation and diagnosis of cancer; and
 - Where available the Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms, in Wessex this is now called the [Rapid Investigation Service](#);
 - ii. Build on current practice to ensure a consistent approach to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer (safety netting) in line with [NICE Guideline 12](#); and**
 - iii. Ensure that patients are signposted to or receive information on their referral including why they are being referred, the importance of attending appointments and where they can access further support.**

There are a significant number of resources that could help your PCN or practice which include:

- Suspected cancer: recognition and referral, [NICE Guideline 12](#).
- CRUK's [cancer hub](#) and [Early diagnosis learning and support hub](#). These sites set out a useful range of information and guidance documents to help support delivery of the service requirements and outlines CRUK's support offer.
- [Macmillan GP resources](#). This site sets out a number of toolkits, guidance documents and online training modules to support delivery of the service requirements.
- [Gateway C](#) – a free to use online cancer education platform for primary care professionals which aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience, including its [Improving the quality of your referral](#) e-learning module and [Cancer Maps](#).
- Support in implementing standardised safety netting protocols – there are toolkits available for [EMIS Web](#) and [SystemOne](#). In addition, Macmillan Cancer Support have developed a [Safety Netting and Coding training module](#) and [CRUK have a safety netting hub](#) which includes [Cancer Insight on Safety Netting and a safety netting checklist](#).

- Further support on referral practices and NG12 can be found via the [Macmillan Rapid Referral Guidelines](#), [CRUK NG12 body infographic](#) and [CRUK interactive desk easel](#)
- The [RCGP](#) collate models of best practice and associated learning and educational resources
- [RCGP's QI Ready outlines guidance](#) on quality improvement
- CRUK's ["Your Urgent Referral explained"](#) leaflet can support conversations with patients
- [C the Signs](#) supports GPs to identify patients at risk of cancer at the earliest and most curable stage of the disease.

Contribute to improving local uptake of National Cancer Screening Programmes.

To fulfil this requirement, a PCN must:

- work with local system partners – including the Public Health Commissioning team and Cancer Alliance – to agree the PCN's contribution to local efforts to improve uptake which should build on any existing actions across the PCN's Core Network Practices and must include at least one specific action to engage with a group with low participation locally.
- Support the restoration of NHS Cervical Screening Programme by identifying opportunities across a network to provide sufficient screening sample capacity. **Please note this has changed from 2020/1 Guidance**

It is clear locally that there is a significant difference between the practices/PCN with the highest uptake in screening and the lowest and the difference can be between 10-20%. The major factor that in the areas with the lowest uptake is social deprivation.

To reduce the number of people who develop cancer we need to increase the screening uptakes, especially in the areas of social deprivation.

There are a range of further supportive materials on specific aspects of screening programmes including:

[Guidance](#) on how to improve access and uptake of cervical screening in local areas. [Data](#) on cervical screening coverage by CCG and GP practice.

[Advice from Jo's Cervical Cancer Trust](#) on improving access to cervical screening for healthcare professionals.

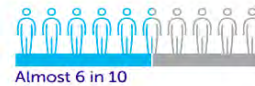
Public Health England's [NHS population screening: inequalities strategy](#) provides national guidance to support the health system to reduce inequalities in screening.

The [Cervical Good Practice Guide](#) highlights how to address inequalities in cervical screening. [Reducing Inequalities in Bowel Screening](#) outlines what GP practices can do and provides top tips and resources.

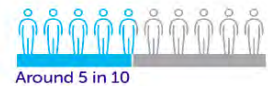
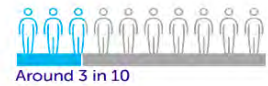
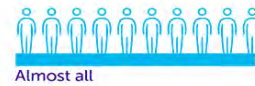
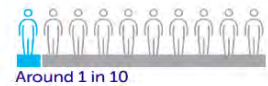
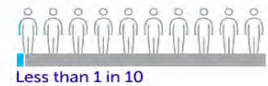
Cancer survival by stage at diagnosis

Proportion of people surviving their cancer for five years or more

Diagnosed at earliest stage



Diagnosed at latest stage



There are also a range of other of supportive resources on specific aspects of the screening programme including:

- [Cancer Research UK Bowel Screening Hub](#)
- [Cancer Research UK Bowel screening Good Practice Guide](#)
- [CRUK Bowel screening addressing health inequalities resource](#)
- [Cancer Research UK Cervical Screening Good Practice Guide](#)
- [Cancer Research UK Cervical Screening improving uptake hub](#)
- [Macmillan's GP resources include support on national cancer screening programmes](#)
- [RCGP e-learning resources to support GPs and other healthcare professionals to deliver the best possible care for Lesbian, Gay, Bisexual and Trans \(LGBT\) patients.](#)

2. Establish a community of practice between practice-level clinical staff to support delivery of the requirements set out in the Network Contract DES Specification.

A PCN must, through the community of practice:

- conduct peer to peer learning events that look at data and trends in diagnosis across the PCN, including cases where patients presented repeatedly before referral and late diagnoses; and
- engage with local system partners, including Patient Participation Groups, secondary care, the relevant Cancer Alliance and Public Health Commissioning teams.
- Identify successful improvement activity undertaken by constituent practices in support of the 20/21 QoF requirements on early cancer diagnosis. Ensure successful practice is implemented and developed across the PCN. **Please note new requirement for 2021/2**

Resources designed to specifically to inform and support peer to peer learning and subsequent improvement efforts:

- [RCGP Early Diagnosis of Cancer Significant Event Analysis Toolkit](#)
- [CRUK/RCGP e-learning module on the early diagnosis of cancer](#) – please note you need to be an RCGP member to access this e-learning module.
- [CRUK short educational videos on the early diagnosis ambition, NG12 and bowel screening](#)
- [CRUK early diagnosis learning and support hub](#)
- [CRUK/RCGP Quality Improvement Toolkit for Early Diagnosis of Cancer](#)
- [CRUK/RCGP early diagnosis of cancer QI screencasts](#) – you need to be an RCGP member to access this
- [Macmillan's GP resources](#)

The Wessex Cancer Alliance is keen to support practices and PCNs to help you to meet the requirements of the PCN DES but more importantly increase the early detection of cancer and improve the survival rates for our patients. For Dorset email: dcp@dorsetccg.nhs.uk for Hampshire and Isle of Wight email: england.wessexcanceralliance@nhs.net

We are also working closely with the local CRUK Facilitators – email facilitators@cancer.org.uk.

QoF QI indicators – early diagnosis of cancer – [click here](#) for the documentation.

Indicator	Threshold	Points
<i>The contractor can demonstrate continuous quality improvement activity focused on early cancer diagnosis.</i>	N/A	27
<i>The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity on early cancer diagnosis. This would usually include participating in a minimum of two peer review meetings.</i>	N/A	10

Identifying areas for improvement

- Have a look at your practice screening date on [PHE Fingertips](#) – this tool is easy to use and will compare your practice to other local, regional and nation dataset.

Practices may wish to focus upon inequalities in screening, particularly for those at risk and with low uptake.

Practices could also, or alternatively, audit and review the current system in place for safety netting around suspected cancer diagnoses as their early diagnosis activity.

Cancer – QoF

Indicator	Threshold	Points
<i>The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003'.</i>	N/A	5
<i>The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis.</i>	50-90%	6
<i>The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and been informed of the support available from primary care, within 3 months of diagnosis.</i>	70-90%	2

Most practices will see patients with a new cancer diagnosis following assessment and management in hospital. This indicator aims to encourage GP practices to proactively provide patients with the opportunity for a discussion to make them aware of the support available from their GP and wider practice team. The intention is to facilitate early and supportive conversations and ensure patients are aware of what help is available.

A GP will have an average of eight or nine new cancer diagnoses per year and will be looking after 20 to 30 patients with cancer.

The increasing number of cancer survivors has led to an increase in the number of people requiring follow-up care, monitoring and management. Therefore, primary care has an important role in supporting people to live well with and beyond cancer.

This review represents an opportunity to address patients' needs for individual assessment, care planning and ongoing support and information requirements. The Cancer Care Review should be a holistic conversation that covers clinical, practical, emotional, psychological and financial (where appropriate) aspects of the person's cancer care.

The review should also consider the co-ordination of care between sectors.

Practices should use Macmillan's national, integrated electronic CCR template within their Primary Care IT system to support a well-structured review. Further information on how to access Macmillan's CCR templates on all major GP IT systems can be found on the [Macmillan website](#).

This template can be used as an aide memoire when carrying out a CCR. It also includes supporting information which can be shared with the patient as well as providing a helpful coded record of topics discussed.

Macmillan also provides Top Tips on Cancer Care Reviews which encourages a fuller discussion of the diagnosis and recording of cancer therapy, an offer of relevant information, medication review, benefits counselling and recording of a carers' details.

Top Tips on Late Effects, Fatigue, Anxiety, Nutrition and other common problems are also available. Further information on care following a cancer diagnosis and the potential role for primary care can be found on the Macmillan website.

Cervical screening

Indicator	Threshold	Points
<i>The proportion of women eligible for screening and aged 25-49 years at the end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3 years and 6 months.</i>	45-80%	7
<i>The proportion of women eligible for screening and aged 50-64 years at the end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months.</i>	45-80%	4

This indicator is to encourage and incentivise practices to offer agree appropriate screening in line with the recommendations of the NHS Screening Programme.

Our Patients

[Cancer Matters Wessex](#) is an excellent website that has lots of information and has been developed for the patients of Dorset, Hampshire and the Isle of Wight. One area which is worth sharing with your patients is the [cancer map of services local to them](#) – you enter your home post code and it shows you the services available close to your home.

It would be helpful if you added a link to this website from your practice website.

Education and Training

Bowel Cancer – 2 part series

Provide by Wessex LMCs funded by the Wessex Cancer Alliance – **Friday 14 May 2021** Time: 12:00 - 13:00

Part 1 - A Focus on Bowel Cancer - Screening, Prevention and Diagnosis - [click here](#) to book a place.

Who should attend – GPs, Practice Nurses, Pharmacists and Social prescribers

Chair – Dr Nigel Watson – Primary Care Representative Wessex Cancer Alliance Board

Screening – Dr Nicola Robinson - Macmillan GP Advisor Wessex, Wessex Cancer Alliance GP

Prevention and diagnosis – Dr Nicola Robinson and Mr Paul Nichols, Colorectal Surgeon University Hospital Southampton

A second follow up webinar concentrating on bowel cancer support, management and outcomes will be held on Friday 11th June 2020 between 12-1pm.

For further information and to book your place please [click here](#).

Lung Cancer

The LMC hosted a lung cancer webinar in the Autumn of 2020 – this can be accessed by [clicking here](#).

[Click here](#) to access the slides.

[Click here](#) to access the audio podcast.

Prehabilitation, rehabilitation and personalised care

The Wessex Cancer Alliance in collaboration with other Cancer Alliances, run a monthly webinar focussing on these topics. These are held on the last Tuesday of every month 13.00-14.00 hours and are aimed at clinicians, managers, commissioners and academics – indeed anyone interested in these aspects of care.

Tuesday April 27th 1-2 pm Optimising personalised care

Microsoft Teams - [Click here to join the meeting](#)

Contents: Supporting the physical and emotional wellbeing of people living with cancer: SafeFit clinical trial, the Sheffield Cancer Rehabilitation followed by Questions/Answers + a general discussion re future webinars.

All previous webinar resources are saved here: <https://wessexcanceralliance.nhs.uk/prehabilitation-and-rehabilitation-webinar-resources/>

For further information please contact fran.williams1@nhs.net

Cancer Research UK (CRUK)

Primary care and Cancer Matters: The Essentials

This is a series of short videos each lasting about 5 minutes – these are an excellent resource for all clinicians working in primary care to update themselves or to use as the focus of a teaching session or tutorial.

- How will we reach the target of 75% of cancers cases to be diagnosed at an early stage by 2028?
- Recognition and referral for people with suspected cancer (NG12)
- National Cancer Diagnostic Audit and Learning Audits (formerly SEAs) - what can be learnt?
- What does the use of FIT in screening for bowel cancer mean for me and my patients?
- Primary care perspective: The benefits of increasing our smoking quit rates.

[Click here](#) to access the videos.

Macmillan Cancer

Macmillan working in partnership with Red Whale have a number of free webinars available.

- **Prostate cancer**
- **Lung cancer**
- **Pancreatic cancer**

To access these webinars please click below.

[GP Update \(gp-update.co.uk\)](http://gp-update.co.uk)

You may be aware that Macmillan also produce a quarterly e-newsletter to inform GPs, primary care cancer leads and the wider primary care community.

It includes the latest developments, learning and case studies relating to cancer across primary care. Anyone can sign up by following the link below -

<https://www.macmillan.org.uk/about-us/health-professionals/news-and-updates/sign-up-primary-care-update.html>

Gateway C

New types of treatments for cancer and their effects. Wednesday 12th May 13.00 – 14.00 – [click here](#).

FIT testing in patients with suspected bowel cancer. Tuesday 25th May 13.00 – 13.30 – [Click here](#).