

# Primary Care Newsletter



**Wessex**  
Cancer Alliance

October 2021

This month we have decided to try a new style of newsletter which will be more focused on the latest available information and news topics which are relevant to general practice and related to cancer.

We recognise the tremendous pressure that general practice is under with the Covid pandemic and the impact this has on the general practice workforce as well as patients. Our aim is to support you and help you and your team wherever possible.

October is Breast Cancer awareness months and hence this newsletter is largely focused on this. In November there will be national focus on lung and pancreatic cancers.

The prevention, detection, diagnosis, treatment and ongoing support of people with cancer forms a significant part of the work undertaken by general practice.

The Wessex Cancer Alliance is committed to supporting general practice in these important aspect of general practice. We have a team of GPs who have met with practices and PCNs to support the work associated with the aspects of cancer in the PCN DES and the Quality Improvement part of QoF. These visits are often supported by the Facilitators from CRUK.

Looking to the future we would like to facilitate greater engagement with general practice and offer more support. This could include having a clinical and non-clinical cancer champion in each PCN who could provide an important link in terms of the offers of support, sharing of information and helping to improve the outcomes for your patients who develop cancer. We will share more information about our proposals in the next few weeks.



## Contents of newsletter:

- A focus on breast cancer
- Know your lemons!
- Breast screening and learning disabilities
- Can a blood test detect cancer at an early stage?
- StopTober
- Education
- What have we achieved in the last year?

## News update

There has been a lot of discussion about cancer care reviews and a degree of confusion – we have had some discussions with Wessex LMCs to try and address these concerns. We will aim to publish a separate document focused on the Cancer Care Reviews in the near future.

**Cancer – Local Incentive Scheme (LIS)** – as a Cancer Alliance we want to support and engage general practice to ensure that you have the resources and information that will help you and your patients. We will be sharing the LIS shortly which has been developed by the Wessex Cancer Alliance following discussions with the LMC and the CCGs. In addition, we have produced a ‘toolkit’ which is essentially a web based portal where you will be able to access any information you require that relates to cancer or cancer services.

**Advanced care practitioner** – we have secured funding for a pilot to evaluate the role of an ACP working as part of a PCN team, we are currently working on the job description and support package – more information will be shared soon

**Cancer Care Coordinator** – some PCNs have used the Additional Roles Reimbursement Scheme (ARRS) to fund a care coordinator who specifically focuses on cancer. They work with the clinicians and the social prescribers to improve communication and support for patients with the aim of reducing the workload for practices. We are developing a job description and will be looking to work with a number of PCNs to develop this role.



# A Focus on Breast Cancer



One in eight women are diagnosed with breast cancer in a lifetime

## How about now?

	<b>LOOK for nipple discharge</b>		<b>LOOK for swelling in your armpit or around collar bone</b>
	<b>FEEL for lumps and thickening</b>		<b>FEEL constant pain in your breast or armpit</b>
	<b>LOOK for changes in skin texture eg. puckering/ dimpling</b>		<b>LOOK for a change in size and shape</b>
	<b>LOOK for nipple inversion and changes in direction</b>		<b>LOOK for a rash or crusting of the nipple or surrounding area</b>



47,500 women and 300 men are diagnosed with breast cancer each year in the UK. Knowing the signs and symptoms of breast cancer and what your boobs look and feel like normally could save your life. Start the habit of a lifetime today.

**Knowing your boobs could save your life.**

Consider adding this infographic to your practice website and use this in your next practice newsletter



# Know your lemons

We know that to improve the outcomes for people with cancer we must encourage earlier presentation and make the diagnosis at an earlier stage.

Finding a breast lump is a common reason for a person to present to their GP concerned they may have a breast cancer.

But how many know of the other potential symptoms of breast cancer?



'Know your lemons' is an excellent website and associated App that helps people to be more confident to report persistent breast change that is not influenced by the menstrual cycle.

Symptoms such a nipple crust, inversion or discharge, dimples, 'orange skin appearance' for example. This resource may be helpful to share with your patients.



# Breast screening uptake in women with learning disability

Various studies suggest that the prevalence of cancer in patients with learning disabilities is similar to the general population. The learning disability mortality review programme 2018 found that gaps in services and lack of support for screening may have contributed to 7% of deaths from cancer in patients with learning disability.

The breast screening programme in England is still recovering from the Covid pandemic. It invites women aged 50-70 years to be screened every 3 years with a target uptake of 80%. Death from breast cancer is reduced by around 38% in women who have attended at least one breast screening.

In keeping with the other screening programmes in England (cervical and bowel screening), rates of breast screening in women with learning disabilities are much lower than in the general population. Data from 2017/18 suggests breast screening rates of around 52% in women with learning disability.

## What can we do in primary care to improve things?

We have a unique opportunity at annual learning disability health checks to raise many aspects of health and well-being to patients and their carers. Cancer prevention, awareness and screening are important topics to raise and to discuss any concerns/barriers. By raising these issues and backing this up with easy read information we can hope to raise breast cancer screening rates (and other screening rates) amongst our patients with learning disability hopefully leading to earlier/faster cancer diagnosis.

Below are links to easy read information sheets :

<https://www.england.nhs.uk/south/2017/10/02/learning-disabilities-breast-screening/>

<https://www.gov.uk/government/publications/breast-screening-identifying-and-reducing-inequalities>

<https://www.gov.uk/government/publications/breast-screening-identifying-and-reducing-inequalities/breast-screening-reducing-inequalities>

<https://www.gov.uk/government/publications/population-screening-supporting-people-with-learning-disabilities/population-screening-reducing-inequalities-for-people-with-a-learning-disability-autism-or-both>



# Symptoms of a recurrence of Breast Cancer

Breast cancer can present with various symptoms depending on where the cancer has spread in the body, and because many of the symptoms are not unique to breast cancer and therefore make it more difficult to diagnose. This can lead to people with metastatic breast cancer experiencing a delay in diagnosis.

Whilst our aim of earlier diagnosis will lead to more people surviving their cancer, sadly some may not present at a stage where the cancer is curable. For people with metastatic breast cancer a prompt diagnosis should ensure that patients have good access to treatment and care which can alleviate symptoms and improve their quality of life.

**Breast Cancer Now**, a charity undertook a survey in 2019, so before the pandemic, and found that people who were known to have a past history of breast cancer and then subsequently diagnosed with metastatic disease, about 1 in 4 had visited their GPs with undiagnosed symptoms 3 or more times. About 1 in 5 were treated for another condition before their metastatic disease was diagnosed.

We all know the enormous pressure that general practice is under, and the undifferentiated presentation of disease makes it difficult to make a diagnosis, especially when people have vague symptoms or symptoms that do not immediately point to a potential diagnosis.

Potential signs of secondary breast cancer include	
Unexplained weight loss and loss of appetite	Discomfort or swelling under ribs or in upper abdomen
Severe or ongoing headaches	A dry cough or shortness of breath
Altered vision or speech	Persistent nausea
Loss of balance or weakness or numbness of the limbs	Unusual tiredness or fatigue
Lumps and swelling in the axilla, sternum or clavicle	Bone pain, back, hips, ribs that does not improve with pain relief and may be worse at night

Find out more about the signs and symptoms of metastatic breast cancer: [Click here.](#)

GatewayC offer lots of free webinars. Login or register to access the 'Breast cancer Recurrence Course: [Click Here.](#)





## Can a blood test really detect cancer at an early stage?

Wessex Cancer Alliance has been selected as one area in the South East to support the SIMPLIFY study; a study which will investigate the effectiveness of Galleri - the new multi-cancer early detection blood test.

Recruitment of participants started in summer 2021, with the National Institute of Research (NHIR) team seeking to recruit around 6,000 patients with early signs and symptoms suspicious for cancer from sites across England and Wales by 29 October 2021. These patients will have been referred by their GP for rapid diagnostic tests looking for cancer and a Galleri blood sample will also be taken.

Galleri is a blood test that can detect over 50 different types of cancers with a low false positive rate of less than 1 percent. Using revolutionary next-generation sequencing technology, Galleri has the potential to identify multiple types of cancers at earlier stages of disease compared with traditional diagnostic methods, which should increase the chance of successful treatment and improve outcomes for patients.



Public Health England's Stoptober campaign is back!

This year is the campaign's 10-year anniversary. Since its start an estimated **2 million** smokers have used the campaign moment to make a quit attempt.

Messaging will focus on promoting the benefits of quitting and signpost to the range of stop smoking support tools available on the [Better Health](#) website.

For more information and resources to promote the campaign in your practice and encourage your patients to take part visit the [Campaign Resource Centre](#).



Using the 'Very Brief Advice' (VBA) model is a quick, effective way to give smoking cessation advice to patients. Click [here](#) to listen to our podcast on the topic.





# Education



## Safety Netting

There is a free (CRUK sponsored) NB medical webinar at 8pm on 9/11/21, if you wish to attend – [click here](#).

## Very Brief Advice (VBA)

Using this model which is a quick and effective way to give smoking cessation advice to patients.

Working closely with Wessex LMCs we have produced a short podcast which you may find interesting and helpful. Click [here](#) to listen to the podcast.

## Prostate Cancer

Certain groups of men have a 1 in 4 chance of developing prostate cancer, which is double the normal risk – the Wessex Cancer Alliance is currently planning to record an audio podcast which will be available shortly.



# Wessex Cancer Alliance

## Achievements on a page for 2020/1



**Wessex**  
Cancer Alliance

This has been achieved with the background of the global pandemic which has had such a profound impact on all part of the NHS.

For more information please [click here](#).

### Prevention & Earlier Diagnosis

Focused interventions on the early detection of lung cancer in Dorset and Southampton.

Accessibility of Symptomatic FIT kits reviewed and improved

Symptomatic FIT rolled out across Wessex

Accessible information for patients on fast track pathway

Launched new Communities Against Cancer model

Published first Primary Care Strategy for Cancer





### Personalised Care

23 innovation fund bids across Wessex approved by Alliance

3,673 people enrolled onto PSFU\* pathways in Wessex with 5,510 outpatient appointments saved

SafeFit (over 800 patients benefited)

Right By You: Clinical and patient advisory groups across Wessex supporting co-design

Cancer Nursing Across Boundaries - improving patient care. 1,146 Health professionals attended webinars.

Supporting and Developing the cancer nursing workforce.

\* Personalised Stratified Follow Up






### Achievements 20/21

#### Year on a page

All made possible by our Workforce, Communications, Patient and public engagement, Making the most of data, Working in partnership to realise the benefits of innovation and research.



**HSJ AWARDS**  
HSJ Award - Won Cancer Care Initiative of the Year (SafeFit/Wesfit)

**Cancer Matters Wessex**  
Launch of Cancer Matters Wessex website, over 1000 visitors to the site per month



### Faster Diagnosis

Rapid investigation Service live across Wessex with 212 referrals since June

Top performing Alliance in England for the 28dayFDS\* (with more than 80% patients meeting this standard)

Improved access and reduced waiting times in endoscopy

Consistently had fewer than 100 patients waiting over 104 days, the smallest number nationally (Since Aug 2020)

\* FDS: Faster Diagnosis Standard







### Treatment and Care

31 day decision to treat and first treatment standard – Top performing Alliance in April/May 2021 (97.3%)

Established Wessex Cancer Surgical Hub, ensuring patients received essential surgical care across Wessex. 25 patients had surgery via the Hub.

Mainstreaming genomic testing for ovarian cancer

Piloting new Lynch Syndrome pathway in UHS








