

Primary Care Newsletter

December 2021

This winter has brought overwhelming pressures and demands for primary care with the challenges of delivering Covid vaccinations and the resurgence of the pandemic at a time of unprecedented demand from our patients. Parts of QOF including some of the cancer related indicators have been suspended in an effort to alleviate some of the pressures.

Despite the difficulties, cancer remains an important aspect of our work in primary care. We know referrals dipped during the first lockdown. Ideally, we want to avoid this happening again. Additionally, our cancer patients are in need of support during this difficult time. We would encourage you to continue to deliver cancer care reviews remembering that other suitably trained members of the primary care team can help to support these.

We would encourage you to continue your efforts to diagnose cancer earlier and to take up the offer of the Local Improvement Scheme - details are in this newsletter.

Our clinical focus this month is lung cancer which is particularly important to remember during the pandemic.

The primary care team at Wessex Cancer Alliance is keen to support you with your ongoing cancer work and we wish you all a **healthy and happy Christmas.**



Newsletter contents

- Cancer Local Improvement Scheme (LIS)
- Cancer Care Reviews
- Bowel Cancer Screening QI Project
- Lung cancer in never smokers
- Education & Training

News

- Changes to QOF: Please read the letter from NHS England and Improvement, sent December 7, 2021; **Temporary GP contract changes to support COVID-19 vaccination programme**
- Early Diagnosis LIS – Alliance primary care leads have been talking to PCNs about the LIS and our support offer. 21 January 2022 is the deadline for signing up – for more information please see the following slide.



Early Diagnosis of Cancer Local Improvement Scheme

The Local Improvement Scheme (LIS) has been developed by the Wessex Cancer Alliance GPs. It is a light-touch scheme that supports the PCN DES and offers 11p per patient on the PCN list.

The requirements are:

- Identify a clinical and non clinical cancer champion for the PCN
 - Complete initial reporting
 - Join 2 webinars – **Introductory webinar 27th January 2022**

Non clinical cancer champion

- Be the main conduit for our newsletter and other communications
- Work with the clinical champion to provide patient messaging for cancer prevention and signs and symptoms

Clinical cancer champion

- i) Review the use of FIT in your PCN
 - Join or access the 1 hour webinar about colorectal cancer and the use of FIT in the pathway or complete the Gateway C e-learning module
 - Identify areas for improvement across the PCN



Early Diagnosis of Cancer Local Improvement Scheme

Clinical cancer champion (cont)

ii) Increase the use of clinical decision support tools

- Join or access the 1 hour webinar showcasing clinical decision support tools
- Choose a CDS tool for use in your PCN

The scheme will be supported by an online primary care toolkit and the offer of support from our primary care team.

The deadline to sign up to the LIS is 21st Jan 2022.

For more information please contact nicola.duffield1@nhs.net



Cancer Care Reviews

Background

As the incidence of cancer is rising and treatments improve, more patients are being diagnosed and living with and beyond cancer.

An average GP has 8 or 9 new cancer patients per year and will be looking after around 80 patients who have or have previously had cancer. Primary care therefore has an important role in supporting patients to live well with and beyond the diagnosis of cancer.

The new and updated QOF indicators around cancer care reviews for 2021/2022 aim to increase the personalisation of cancer care. There are now 2 cancer care reviews mandated in QOF. These are usually done by a GP or practice nurse (this is not stipulated in QOF), but there is certainly scope for involvement of social prescribers for non-clinical support and signposting.

CAN005

This applies to patients diagnosed with cancer on or after 1/4/21. This looks at the percentage of patients with cancer diagnosed in the preceding 12 months who have had the **opportunity for a discussion and been informed** of the support available from their GP and wider practice team within 3 months of diagnosis.

The intention is to facilitate early and supportive conversations ensuring patients are aware of what help is available which may include clinical and social support.

CAN004

This does NOT apply to patients diagnosed with cancer earlier than 1/1/21. This looks at the percentage of patients with cancer diagnosed in the preceding 24 months who have had a cancer care review using a structured template recorded as occurring within 12 months of the date of diagnosis.

This recognises that whilst the active management of cancer occurs in secondary care, primary care has a key role in ongoing support and co-ordination of care. This review is required to be holistic covering clinical, practical, emotional, psychological and financial aspects of cancer care and the co-ordination of care. The QOF guidance states that the Macmillan template SHOULD be used. All of the GP IT systems have been updated to include the template (Macmillan has worked with Ardens to align the templates).



Cancer Care Reviews

How can Wessex Cancer Alliance help?

Training

The Alliance can offer training and support to practice nurses to facilitate delivery of holistic cancer care reviews. We are also developing a training programme for social prescribers who may be part of the wider support team for non-clinical parts of the CCR.

Resources:

This [template letter](#) developed by the Alliance can be sent, emailed, or texted to patients offering a consultation by the practice. The letter also includes local sources of support for cancer patients. Whether or not the patient takes up the offer of a consultation, the offer letter would meet this QOF requirement.

Macmillan provide a range of useful resources to support CCRs – [see here](#).

Survey

We would like to hear from practices about how we can continue to support you in the implementation of CCRs and are asking one member from each practice team to complete this short 15 survey. This will help inform future support plans.

- [To take part in this survey please click here.](#)






Quality Improvement Project to increase the uptake of Bowel Screening


Increasing the uptake of bowel screening is one of the most effective ways of detecting bowel cancer early. There are many reasons why people do not return their FIT kits to the lab, and we have created a bowel screening toolkit to help practices or PCNs pick up those patients.


The [Bowel Screening QI Toolkit](#) outlines two simple projects that can be undertaken within practices to increase screening uptake, and provides the templates and information needed to carry them out.





Quality Improvement Project to Increase the Uptake of Bowel Cancer Screening






Use PHE fingertips to assess practice coverage for the bowel screening programme compared to local or national baselines. [Cancer Services - Data - PHE](#)

OPTION 1

Baseline analysis identifies x% of people eligible for screening for bowel cancer have not returned their FIT kit to the hub.

SMART aim: The practice aims to contact z% of non-responders to provide additional information to support informed decision making about bowel screening.




Process:

Complete a search to identify the patients who have not returned their screening kit. Review the list to exclude people for whom it may not be appropriate for the practice to contact e.g. those with a recent diagnosis of colorectal cancer or those currently under investigation on the suspected bowel cancer pathway.

Ardens have a template for this called - 2021-2022 – Cancer Screening – Bowel Cancer screening invitation sent. This search can be broken down into months so the practice can run it and then look at the month previous.

It reports on the following SNOMED codes in the current year (April 21-March 22) – for all ages.

- 294201000000109 (XaN4r) – bowel cancer screening declined
- 373251000000108 (XaP6) – no response to bowel cancer screening (this is the code that is automatically dropped into patient record when the notification of no response is received into the practice)
- 758851000000101 (XaX8y) – not eligible for bowel cancer screening program
- 862011000000104 (XaZx4) – telephone invitation
- 862031000000107 (XaZx5) – invitation letter sent



Contact the patient by phone CRUK have a useful telephone transcript to help frame your discussion [\[cruk_gp_bowel_screening_sample_telephone_script_2016.pdf \(cancerresearchuk.org\)\]](#) and talk to patients about using the kit they have or to request a new one if they are willing to from the hub using the options [here](#)

Or

Contact the patient by letter or text message to contain question about any symptoms and links to leaflet and videos on how to use the kit

[Guidance – How to use the bowel screening kit](#) (Cancer Research UK)

[How to do the FIT bowel cancer screening test](#) (Cancer Research UK film)

A template letter and can be found [here](#)

A template text using AccuRx can be found [here](#)



Lung Cancer in “Never Smokers”

We often think that the vast majority of people who develop lung cancer are either smokers or ex-smokers. But with the falling rate of people smoking is that true?

The latest evidence suggests that 28% of people who develop lung cancers are never smokers.

Data also suggests that the route to **lung cancer diagnosis is slower in never smokers** than in ever smokers (contributed to by both patient and clinician factors).

As we see the falling prevalence of smoking , never smoker lung cancer will become an increasing proportion of lung cancer cases.

In September 2020 Wessex LMCs working with the Wessex Cancer Alliance held an excellent Webinar focused on Lung Cancer. [Click here](#) and scroll down the page to find the link. One of the many interesting facts discussed in the webinar is the improved outlook for people who develop lung cancer and the newer treatments available. To improve outcomes further we need to be diagnosing lung cancer at an earlier stage.

If "never smoker" lung cancer was considered to be a separate cancer it would be the 7th most common cancer (13,590 cases a year)



Education

- **Podcast – A focus on Prostate Cancer**

This podcast is about the higher risk of prostate cancer in African and Caribbean men and what primary care needs to be aware of when supporting them to access tests for prostate issues. [Listen here](#)

- ***Health inequalities- how can PCNs make a difference?* NB Medical Education Hot Topics Clinic**

Webinar - Tuesday 18th January 2022. [See here for details.](#)

- **Dorset GP First 5 Network: Cancer Update**

Webinar session for Dorset GPs within their first 5 years post qualification.

12 January 2022, 7:30pm – 9:30pm. [Click here](#) to register.

- **Gateway C**

A reminder to access their free accredited courses and webinars for primary care professionals – details available [on their website](#).



Education

- Wessex Cancer Alliance are running a series of webinars for health and social professionals to increase their awareness, knowledge and confidence to support people affected by cancer.

Topic	Date	Time
Advising and supporting people with cancer with physical activity and exercise	Thursday 27 th January 2022	8.30am-9.30am
Advising and supporting people with cancer with nutrition	Monday 28 th February 2022	1pm-2pm
Advising and supporting people with cancer through emotional support	Wednesday 30 th March 2022	8.30am-9.30am
Supporting people to reduce their risk of cancer: Prevention, screening and symptom awareness	Wednesday 27 th April 2022	1pm - 2pm

To apply and reserve a space please email
england.wessexcanceralliance@nhs.net