

Primary Care Newsletter

January 2022

As we enter 2022, we are all hoping that the coming year will bring a return to some kind of normality both in the NHS and in our wider lives.

This is traditionally a time of year when many people make resolutions to improve aspects of their health and well-being. There is so much that we can all do as individuals to reduce our risks of developing cancer. Part of the focus of this newsletter is around prevention.

We are also keen to showcase the primary care cancer toolkit which is an excellent locally developed resource, highlight the Rapid Investigation Service, point out the cancer requirements of the PCN DES and explain how the use of FIT testing can help facilitate investigation of our patients with possible bowel cancer.



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- Education & Training

News

- The PCN DES has not been suspended meaning that the cancer aspects of this remain active. See slide 3
- Wessex Cancer Alliance have launched a Primary Care Toolkit for cancer. See slide 4



QoF and PCN DES

- In recognition of the pressures facing primary care, parts of QoF have been suspended for 2021/22. This includes the cancer indicators newly introduced for this year and the Cancer QI module. However the PCN DES has not been suspended meaning that the cancer aspects of this remain active. It is hoped that the CCGs will adopt a 'light touch' around this. The requirements are broadly:
- *Improve referral practice for suspected cancer using NICE NG12, clinical decision support tools, exploring practice data, utilising the Rapid Investigation Service, safety netting using a required code*
- *Improve local uptake of national cancer screening programmes*
- *Establish communities of practice*

The goals required for the Wessex Cancer Alliance LIS will enable participating PCNs to readily demonstrate most of these requirements.



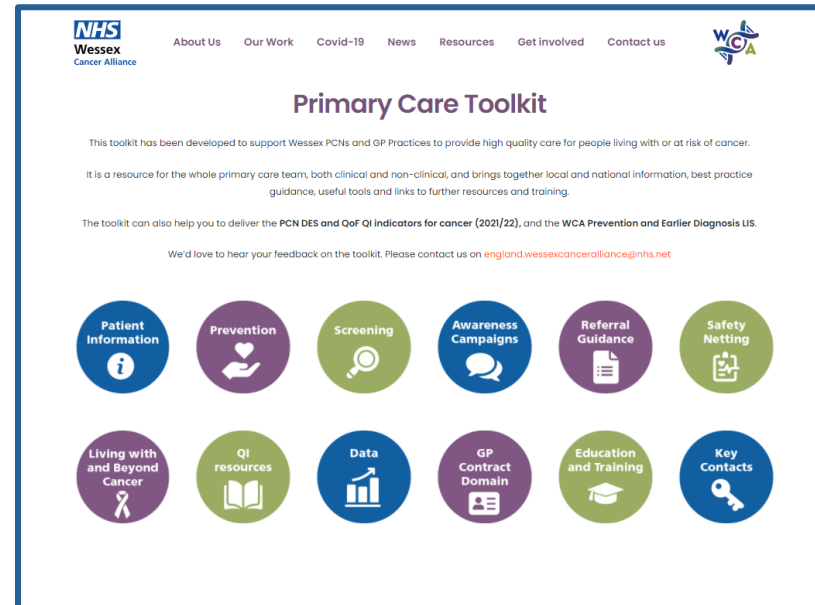
Primary Care Toolkit

NEW Cancer Care Toolkit for Primary Care Teams

Wessex Cancer Alliance have developed a toolkit of resources to support Wessex PCNs and GP Practices to provide high quality care for people living with or at risk of cancer.

The toolkit brings together local and national information, best practice guidance, and helpful tools and links to further resources and training, in areas including:

- **Prevention and symptom awareness**
- **Increasing screening uptake**
- **GP Contract requirements**
- **Referral guidance and safety netting**
- **Cancer care reviews and supporting people after a cancer diagnosis**



<https://wessexcanceralliance.nhs.uk/primarycaretoolkit>



Primary Care Toolkit

We hope that the toolkit will be a useful resource for the whole primary care team, **both clinical and non-clinical.**

We are keen to make it as useful as possible and would very much like to get your comments and suggestions for additional content.

Please send any feedback to us on england.wessexcanceralliance@nhs.net.

Your urgent referral explained

What is an urgent referral?
Your GP has arranged for you to see a hospital doctor (specialist) urgently. This is to investigate your symptoms. You may have some tests to find out what is wrong with you.

More than 9 out of 10 people* referred the way we use diagnosis with cancer in the UK.

How long will I be seen?
Referral will be processed as quickly as possible and an appointment arranged for you. Some of our tests have targets around how quickly you'll be seen. For example, in England an urgent referral you should see a specialist within 2 weeks.

Ask your GP when you're likely to get an appointment.

Getting an urgent referral
You can arrange your referral in several ways:
- In person
- By phone
- By text
- By email

Having tests

- The appointment letter will include details of any tests you will have and any preparations you need to make.
- You may need to have more than one test.
- Call the number on your letter if you have any questions.

Handy tips

- Ask how you will get your results, how long it will take and make a note of this.
- The person sending you will not usually be able to tell you your results. You may have to wait to speak to your specialist.
- You can find information about different types of tests at: www.cruk.org.uk/generators

Getting results

- Your specialist, or sometimes your GP, will explain your results.
- You may need to have further tests.
- The time it takes to receive your results varies - you may have to wait several weeks.

ardens HEALTHCARE INFORMATICS

ARE YOU WORRIED ABOUT BOWEL CANCER?

McMillan Cancer Support

UNDERSTANDING RADIOTHERAPY

McMillan Cancer Support

CRUK Summary of NICE cancer recognition and referral guidelines (NG12)

The infographic lists symptoms such as Bleeding, Lumps/bumps, Pain, Swollen lymph nodes, and Unexplained weight loss. It also lists investigation findings like Abnormal blood tests, Abnormal stool tests, and Abnormal imaging.

Wessex Right by You

TIP: Take every day as it comes.





Use of FIT in referral

All parts of the NHS are under enormous pressure due to the ongoing effects of the Covid pandemic. We need to ensure that patients with possible cancers continue to come forward to primary care, are referred in a timely way and can then be appropriately and rapidly investigated in secondary care.

There is real **pressure on diagnostics**, meaning that some patients are experiencing delays in investigation. This is particularly an issue for the colorectal pathway in all of our local hospitals.

It is clearly important that those patients most at risk of having a cancer are prioritised by secondary care. FIT testing is increasingly being recognised as a means for secondary care to risk stratify colorectal 2ww patients, broadly the greater the FIT level the greater the risk. THIS IS ALSO TRUE FOR PATIENTS WITH RECTAL BLEEDING.

We, in primary care, can make a big difference to the timely investigation of our patients by ensuring we **request FIT testing at the time of 2ww colorectal referrals and stress the importance to patients of completing and returning the test quickly.**

If any practice is experiencing difficulties with FIT testing and would like support please contact [Wessex Cancer Alliance](#).



Cancer Prevention

Cancer prevalence is increasing but there are things we can do to change this

Preventable cases



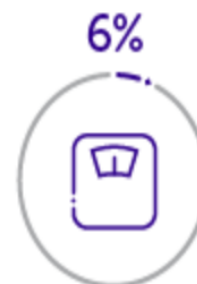
Cancer cases are preventable, UK, 2015

Caused by smoking



Smoking is the largest cause of cancer in the UK

Caused by obesity



Overweight and obesity is the UK's biggest cause of cancer after smoking



Cancer Prevention

Smoking remains the biggest cause of preventable cancer and death in the UK.

- 14.7% of adults continue to smoke, and there are 119,776 deaths per year attributed to smoking in the UK, more than all the other causes of preventable deaths combined.
- Advice on how to quit smoking from a Health Care Professional can be one of the most important triggers for a quit attempt. The most effective way for people to stop smoking is with a combination of specialist support and medication.
- NICE recommends that primary care practitioners deliver Very Brief Advice (VBA) on smoking to patients. VBA on smoking can be delivered in 30 seconds using a 'AAA' framework:

A 30 second intervention delivered by GPs (VBA)...



What difference can being healthy make?

If, 10 years ago, everyone in the UK:



was a non-smoker



was a healthy weight



ate and drank healthily



drank no alcohol



was more active



and was safe in the sun

as well as other things...

...then this GP may only see 6 new cancer cases this year, instead of 10.



So by making healthy changes now you can make a difference to your cancer risk in the future.



Working closely with Wessex LMCs we have produced a short podcast which you may find helpful. Click [here](#) to listen to the podcast on how to effectively deliver VBA in practice.





Cervical Cancer Prevention



You may have seen that it was Cervical Cancer Prevention Week last week but don't worry if you missed it! You can still get involved, see www.jostrust.org.uk/ccpw for further information and ideas.

Each year, around 220,000 women and people with a cervix are diagnosed with cervical cell changes following their routine cervical screening. These cells are not cancerous, but they have the potential to develop into cervical cancer if they are not monitored or treated appropriately. Treatment given to prevent the development of cervical cancer is highly effective, with a success rate of around 90%. This makes colposcopy examinations and cell changes treatment a crucial aspect of cervical cancer prevention.

Did you know, one in three women and people with a cervix don't attend cervical screening?



Click on the [primary care toolkit](#) for some tips on how to engage your population in cervical screening.



The latest LMC [podcast](#) focuses on the proposed changes of the cervical screening programme



Cancer Prevention and Wellbeing in the Workplace

CASE STUDY: Wellbeing Strategy Implementation at

The wellbeing lead of the South Coast Medical Group in Dorset informed us the following initiatives



“We asked staff to volunteer to become Wellbeing Champions and they attended training run by LiveWell Dorset. We also

- created a Wellbeing Topic Page on the Intranet, including a wealth of resources accessible to all staff.
- run online weekly 10-minute yoga sessions;
- ran a 6-week online dance class;
- are in the process of setting up a Wellbeing Garden for patients to run at one of our surgery sites.”

South Coast Medical have also signed up for the RCGP Active Practice Charter. This is a national network of practices making positive changes in their surgeries to boost staff and patient wellbeing.

To find out more and sign up, visit [Physical Activity Hub: Active Practice Charter \(rcgp.org.uk\)](https://www.rcgp.org.uk/active-practice-charter/)

OTHER IDEAS...

- Consider signing up to become a Parkrun Practice.
- Organise free online training with a physical activity champion by visiting <https://www.sportengland.org/campaigns-and-our-work/moving-healthcare-professionals>.
- For more links and resources and ideas visit the [primary care toolkit](#) on the WCA webpage.

¹Oberg, E. B., & Frank, E. (2009). Physicians' health practices strongly influence patient health practices. *The journal of the Royal College of Physicians of Edinburgh*, 39(4), 290–291. <https://doi.org/10.4997/JRCPE.2009.422>

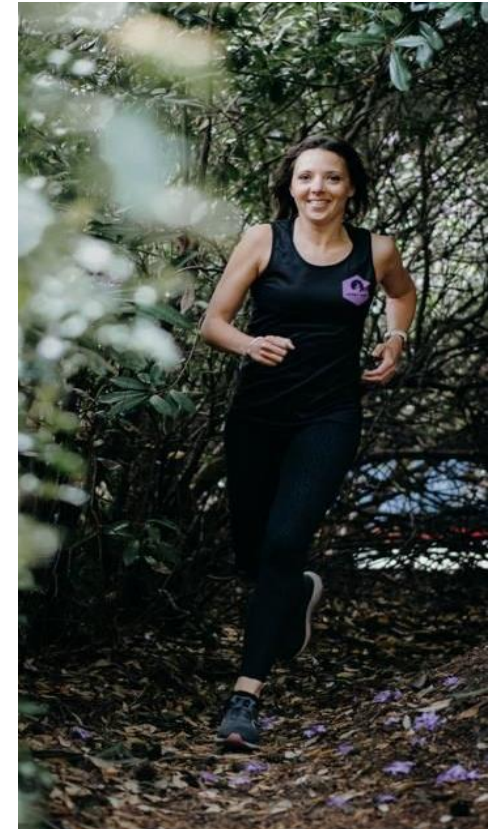


Case study

My name is Dr Emma Williams. I am a mum, GP in Dorset and a patient.

I recently had surgery for a rare neuroendocrine tumour. I recovered quicker than expected thanks to amazing friends, family, my surgeon and, frankly, myself. We know that genetics do play a role in our health but we also know that studies show that physical activity leads to significant health benefits in all areas and reduction in all causes of mortality. When I was first diagnosed with cancer I felt in the 'best shape physically' and went into the surgery physically and mentally 'fit to fight' which has highlighted even more the importance of keeping myself fit.

Reflecting on my experience I wanted to spread the importance of physical activity on health. I started with the idea that I would run a marathon to raise money for charity. I was amazed that most people I spoke to wanted to help and join in. This gave me the idea to run a virtual running/walking event ranging from 5km to a marathon. By organising an event I hoped to get people fitter and stronger, improving their own health to help prevent disease and aid recovery if they do become unwell. The event was called "Fit2Fight" and was held the week of 10th November 2021 which is neuroendocrine awareness day. A substantial amount of money was raised for charity whilst getting radio coverage.





Rapid Investigation Service

The Rapid Investigation Service non-specific symptoms (NSS) pathway was introduced with a soft launch and phased roll out from June 2020, extending to the full Wessex Cancer Alliance footprint by February 2021. It has a front-line clinical team of 4 full-time Nurse Practitioners, and 2 sessional GPs. The Lead Consultant for the service is Dr Kate Nash, a hepatologist at UHS, ably assisted by Mr Paul Nichols, colorectal Surgeon UHS, and Mr James Douglas, urologist at UHS. The clinical team is supported by an admin team including patient navigators.

- The NSS pathway is facilitated through a central, virtual service hub, with patient consultations being undertaken by phone or video call. The clinical team can then arrange investigations at the hospital with the required diagnostics nearest to the patient.
- The results are discussed at one of the twice weekly Clinical Decision Meetings, and then the patient and their GP are advised of the outcome. Where a significant diagnosis is found, the NSS pathway commits to onward manage the patient with referral to appropriate specialty, rather than refer back to primary care.





Rapid Investigation Service (cont)

To enable as rapid a service as possible, **it is essential to have all the mandatory filter tests completed and results available in line with the list on the referral form.** ICE panels are in place across Hampshire and the Isle of Wight to streamline requesting and the NSS service has provided details on the required ICE panel to feed into some upcoming work across Dorset.

If the results of mandatory filter tests are unavailable the RIS will contact the referring practice so that missing investigations can be undertaken. This will delay the patient pathway initially but is essential to ensure patients are placed on the right pathway first time to avoid jumping between specialities and a poor experience for the patients. Every week removed from the time to first treatment of a patient with a cancer improves the 10-year survival. This supports the emphasis on gathering all the essential investigations to allow seamless onward referral to the appropriate speciality with the minimum of delay.

The feedback from patients on the NSS pathway and service team has been mostly positive with detailed feedback collated. 'You Said We Did' action plans have been developed and published on the [Cancer Matters Website](#) illustrating where feedback has translated into tangible change.

The service is enabling patients to be diagnosed, and where indicated, treated, on a timelier and more efficient pathway, and ultimately reducing the number of primary care consultations needed to exclude a significant diagnosis, improving both patient outcomes and their experience.



Education

Here are some forthcoming education events you may be interested in:

- Wessex Cancer Alliance webinar **Advising and Supporting People with Cancer with Physical Activity and Exercise on Thursday 27th January from 8:30 – 9:30am.**

To apply and reserve a space please email england.wessexcanceralliance@nhs.net . For more webinars in this series please see the following slide.

- Dorset CCG and Cancer Research UK are running a **Safety Netting for COVID and Cancer in Primary Care webinar** on Wednesday, 9th February 2022 from 1 to 2pm on Microsoft Teams.

Please follow the link for more information about this webinar and to book a place:
<https://www.eventbrite.co.uk/e/245806151817>



Education

Wessex Cancer Alliance are running a series of webinars for health and social care 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 27th April 2022	1pm - 2pm

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