This support pack is intended to assist with the implementation and delivery of the Network Contract DES requirements for Supporting Early Cancer Diagnosis. The contractual requirements are set out in the Network Contract DES Specification with further detail in the Network Contract DES Guidance. The additional supporting information in this document is purely advisory and to be read alongside the Network Contract DES Guidance. You can also find the PCN DES Early Diagnosis Webinar [here](https://wessexcanceralliance.nhs.uk/about/cancer-and-primary-care/)

**NETWORK CONTRACT DES**

**Early Cancer Diagnosis Support Pack 2022/23**

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| **Service requirement 1**: **REVIEW REFERRAL PRACTICE** for suspected and recurrent cancers, and work with their community of practice to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower. | |
| **SUGGESTED ACTIONS/PRACTICAL SUPPORT** | **PCN ACTIONS / NOTES** |
| A PCN may reflect on their referral practice using several approaches, including:   * Using OHID Fingertips data to understand two-week wait referral data. This short ‘How to’ video demonstrates how you can find your data and what indicators may be helpful for this work. <https://youtu.be/rpaX45l6U9A>   **Dorset PCNs** can access data through DiiS by contacting [diis@dorset.nhs.uk](mailto:diis@dorset.nhs.uk)     * Audits of routes to diagnosis for people who have received a --diagnosis of cancer – (Ardens template available above) * Emergency presentations/late-stage diagnosis Learning Event Analysis (LEA) [CANCER-SEA-TEMPLATE](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fqiready.rcgp.org.uk%2Fwp-content%2Fuploads%2FCANCER-SEA-TEMPLATE-2016.doc&wdOrigin=BROWSELINK) * Ensure all patients are signposted to, or receive information on, their urgent referral. Cancer Matters Wessex website has recently updated their information [Fast track referrals - Cancer Matters Wessex](https://cancermatterswessex.nhs.uk/fast-track-referrals/) You might consider setting up a text link to this information -There is also a new SNOMED code for this which is measurable for easy monitoring [**PCN: PCN Deep dive - Tableau Server (england.nhs.uk)**](https://tabanalytics.data.england.nhs.uk/#/site/viewpoint/views/PCN/PCNDeepdive?:iid=1) * If you are signed up to the LIS/LES -Continue to implement to CDS tools within your PCN [**Clinical Decision Support Tools webinar**](https://wessexcanceralliance.nhs.uk/local-improvement-scheme-webinars/)      * [**GatewayC**](https://www.gatewayc.org.uk/)contains free modules targeted at supporting clinical decision making and changing patient outcomes (CPD given on completion of each module) * Targeted communications on signs and symptoms through non-clinical cancer champions. For those not signed up to the LES/LIS please contact us and we can add you to the comms toolkit distribution list. We will also be running further drop-in sessions to offer support in engagement and comms. | ***Actions you plan to take in relation to this requirement. How can you evidence the impact of your work? What changes have you put in place as a result?*** |
| **Service requirement 2:** **IMPROVE UPTAKE IN CERVICAL AND BOWEL CANCER SCREENING PROGRAMMES**. Work with local system partners – including the NHS England and NHS Improvement Regional Public Health Commissioning team and Cancer Alliance – to agree the PCN’s contribution to local efforts to improve uptake in cervical and bowel NHS Cancer Screening Programmes and follow-up on non-responders to invitations. This must build on any existing actions across the PCN’s Core Network Practices and include at least one specific action to engage a group with low participation locally. | |
| **SUGGESTED ACTIONS/PRACTICAL SUPPORT** | **PCN ACTIONS / NOTES** |
| * Understand your screening data using below sources: * Cervical screening coverage stats: Primary Care, CCG and LA dashboards [Cervical Screening NHS Digital](https://digital.nhs.uk/data-and-information/publications/statistical/cervical-screening-programme/cervical-screening-programme-coverage-statistics-management-information) * OHID fingertips – video above * **HIOW PCNs** – SIT will aim to provide Open Exeter Coverage data by July * **Dorset PCNs** – DiiS have cervical screening data * Information provided by the screening with some practical actions to consider:      * Further support on achieving the cervical screening actions can be found here Cervical screening: ideas for improving access and uptake - GOV.UK (www.gov.uk) * [Bowel-Cancer-Screening-QI-Project-FINAL-2.pdf (wessexcanceralliance.nhs.uk)](https://wessexcanceralliance.nhs.uk/wp-content/uploads/2021/12/Bowel-Cancer-Screening-QI-Project-FINAL-2.pdf)      * Codes to use on practice system * Consider projects happening locally e.g. Dorset LD project   **Contact for support around screening requirements:**  HIOW Screening and Immunisation Team: [england.HIOW-SIT@nhs.net](mailto:england.HIOW-SIT@nhs.net)  South-West Screening and Immunisation Team: [england.southwestscrimms@nhs.net](mailto:england.southwestscrimms@nhs.net) | ***Actions you plan to take in relation to this requirement. How can you evidence the impact of your work? What changes have you put in place as a result?*** |
| **Service requirement 3a: FIT TESTING FOR COLORECTAL CANCER REFERRALS.** Work with its Core Network Practices to adopt and embed the requesting of FIT tests where appropriate for patients being referred for suspected colorectal cancer | |
| **SUGGESTED ACTIONS/PRACTICAL SUPPORT** | **PCN ACTIONS / NOTES** |
| **Encouraging patient uptake of FIT**:   * Review the WCA [FIT webinar (March 2022)](https://wessexcanceralliance.nhs.uk/local-improvement-scheme-webinars/) or complete the [Gateway C FIT course](https://www.gatewayc.org.uk/courses/) * Ensure patients understand why they need to complete a FIT test and the importance of returning it as quickly as possible. Consider using the [AccuRx FIT Sample reminder text messages.](https://support.accurx.com/en/articles/6022435-fit-sample-reminder-pathway) * Example protocol for use following a lower GI 2ww referral * Code the provision of FIT tests and safety net to ensure tests are being returned. * Provision of FIT kit - **Y36a6** (READ code) / **149421000000109** (SNOMED) * FIT result received - **Xaf0H** (READ Code) / **1049361000000101** (SNOMED) * Monitor data using new Wessex Dashboard (coming soon) NHSE/I expect that at least 80% of LGI urgent cancer referrals should be accompanied by a FIT result. * Utilise eRS advice and guidance where it is unclear if a patient requires an urgent referral based on their FIT result and symptoms. | ***Actions you plan to take in relation to this requirement. How can you evidence the impact of your work? What changes have you put in place as a result?*** |
| **Service requirement 3b**: **TELEDERMATOLOGY**. Work with its Core Network Practices to adopt and embed where available and appropriate, the use of teledermatology to support skin cancer referrals (teledermatology is not mandatory for all referrals) | |
| **SUGGESTED ACTIONS/PRACTICAL SUPPORT** | **PCN ACTIONS / NOTES** |
| Where possible, include an image for skin referrals.   1. Enable Accurx photo within the practice:  * How to send a photo request link to a patient & upload to patient record.   <https://www.youtube.com/watch?v=kPkkeCboQlY>   1. Upskill additional clinical staff in being able to triage/ identify skin cancer  * RCGP – Recognising Skin Cancer (£25 – suitable for all clinicians, not just GPs) <https://www.rcgp.org.uk/learning/online-learning/ole/recognising-skin-cancer.>[aspx](https://www.rcgp.org.uk/learning/online-learning/ole/recognising-skin-cancer.aspx)  1. Train and upskill HCAs, Practice Nurses and ANPs in taking pictures of skin lesions  * A video guide to Teledermatology: How to use a dermatoscope & get the best images’<https://youtu.be/5rwKt7NMcX8> <https://youtu.be/nTWo_88VZ8s> * How to complete an advice & guidance request- ‘A Simple Guide to A&G’   <https://youtu.be/>[wIMe473-gwA](https://youtu.be/wIMe473-gwA)   * How to upload images to eRS system- ‘An e-referral system guide (eRS)’   <https://youtu.be/>[SpYMaLhdBRc](https://youtu.be/SpYMaLhdBRc) [https](file:///C:\Users\EBowman5\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\GL1E3YAR\https)[://youtu.be/zw2CaDp2STM](https://youtu.be/zw2CaDp2STM)   * Referral Requirements   [Minimum data sets](https://covidgpportal.hiowccgpartnership.nhs.uk/index.php/doclink/dermatology-minimum-referral-data-set/eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.eyJzdWIiOiJkZXJtYXRvbG9neS1taW5pbXVtLXJlZmVycmFsLWRhdGEtc2V0IiwiaWF0IjoxNjI0NDM4ODQ5LCJleHAiOjE2MjQ1MjUyNDl9.LKk-VLlDpa4oJTwB9N2f9iMLKT_zpsFO51rKr6k26Sc)   * Guidance for clinicians: *Taking mobile photographic Images of skin*   [Guidance on the use of mobile photographic devices](https://covidgpportal.hiowccgpartnership.nhs.uk/index.php/doclink/dermphotoguide-1/eyJ0eXAiOiJKV1QiLCJhbGciOiJIUzI1NiJ9.eyJzdWIiOiJkZXJtcGhvdG9ndWlkZS0xIiwiaWF0IjoxNjI0NDM4NzUzLCJleHAiOjE2MjQ1MjUxNTN9.axezbmxordqDv0wWyrBLkK33PghfPgQEPTdKNWcKn-8)   1. Help patients to take a good quality image to send in, to the Surgery  * Taking mobile photographic images of skin,PDF Guide*:* [*University Hospital Dorset*](https://www.uhd.nhs.uk/uploads/services/docs/dermatology/A-guide-for-patients-RBH.pdf) * How to take photos & send them to the GP, Video: <https://youtu.be/g7c_CYQ8VJo> * Create accurx text template with video link (above) embedded to send to patients when requesting skin image, alongside accurx picture request link.  1. Taking images securely (Example protocol) | ***Actions you plan to take in relation to this requirement. How can you evidence the impact of your work? What changes have you put in place as a result?*** |
| **Service requirement 4: PROSTATE CANCER**. Focusing on prostate cancer, and informed by data provided by the local Cancer Alliance, develop and implement a plan to increase the proactive and opportunistic assessment of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline | |
| **SUGGESTED ACTIONS/PRACTICAL SUPPORT** | **PCN ACTIONS / NOTES** |
| It is recommended that PCNs read the attached [Wessex Cancer Alliance Position Statement on PSA Testing.](https://wessexcanceralliance.nhs.uk/wp-content/uploads/2022/06/Testing-for-Prostate-Cancer-WCA-position-statement-FINAL.pdf)  It is recommended that PCNs focus on men who are most at risk:   * Those aged 50 or older, those with a family history of prostate cancer over 45 & black men aged over 45   **NICE Guidance states PSA should be:**   * **Considered in men with suspected prostate cancer** * **Offered to men over 50 years of age who request a PSA test** * Establish how many men per practice have risk factors that classify them to be high risk for prostate cancer (target cohort) * Providing prostate cancer awareness information materials directly to the target cohort, either electronically via SMS, email, or through leaflets [Prostate Cancer Campaign - Cancer Matters Wessex](https://cancermatterswessex.nhs.uk/prostate-cancer-campaign/) * Consider supporting allied clinical professionals to undertake prostate health discussions with the target cohort - having a named contacted for PSA discussions * Prostate cancer specialist nurses phone number [0800 074 8383](tel:0800%20074%208383) –opening hours are Monday-Friday (9.00 – 5.00) Wed (10.00 – 5.00) Asymptomatic men can be directed here to have conversations to support your patient’s informed choice decision making about PSA testing. Alternatively, they can contact specialist nurses through the website <https://prostatecanceruk.org/get-support/our-specialist-nurses> | ***Actions you plan to take in relation to this requirement. How can you evidence the impact of your work? What changes have you put in place as a result?*** |
| **Service requirement 5: NON-SPECIFIC SYMPTOMS PATHWAY REVIEW**. Review use of their non-specific symptom’s pathways, identifying opportunities and taking appropriate actions to increase referral activity. | |
| **SUGGESTED ACTIONS/PRACTICAL SUPPORT** | **PCN ACTIONS / NOTES** |
| To support the introduction of non-specific symptoms pathways, a PCN is encouraged to use their non-specific symptom pathways where appropriate.   * Review current use of the Rapid Investigation Service (RIS) Baseline data will be available through alliance and will be updated quarterly. * Ensure all clinicians are familiar with the referral criteria for the RIS pathway – documents to support this below * Code to track referral - XaC6Q (diagnostic investigation service – SNOMED CODE 310028002) Please note there is not an official code yet | ***Actions you plan to take in relation to this requirement. How can you evidence the impact of your work? What changes have you put in place as a result?*** |
| **CONTACT US** | |
| Wessex Cancer Alliance have a team of people here to support you in achieving the aims of the PCN DES for Early Diagnosis.   * **Practice Manager Advisor (Tamzen Hogben)** to support with the contractual requirements, reporting and clinical systems support. * **Non-Clinical Primary Care Lead (Victoria Wright)** * Review and discuss your PCN/practice level cancer data on PHE Fingertips * Support quality improvement activities around cancer screening and early diagnosis * Provide support, training, and resources to meet the requirements of the DES * **Wessex Cancer Alliance Macmillan GPs** who can support with NG12 education and facilitating clinical audit reviews   **Contact:** Dorset [dcp@dorsetccg.nhs.uk](mailto:dcp@dorsetccg.nhs.uk) HIOW [england.wessexcanceralliance@nhs.net](mailto:england.wessexcanceralliance@nhs.net)  **PRIMARY CARE TOOLKIT**  A Primary Care Toolkit has been developed to support Wessex PCNs to provide high quality care for people living with or at risk of cancer. It is a resource for the whole primary care team, both clinical and non-clinical, and brings together local and national information, best practice guidance, useful tools and links to further resources and training. [Primary Care Toolkit - Welcome to Wessex Cancer Alliance](https://wessexcanceralliance.nhs.uk/primarycaretoolkit/) | |

**We are continually looking at ways to develop our support offer and would value your feedback using the email addresses provided.**

**Many thanks.**