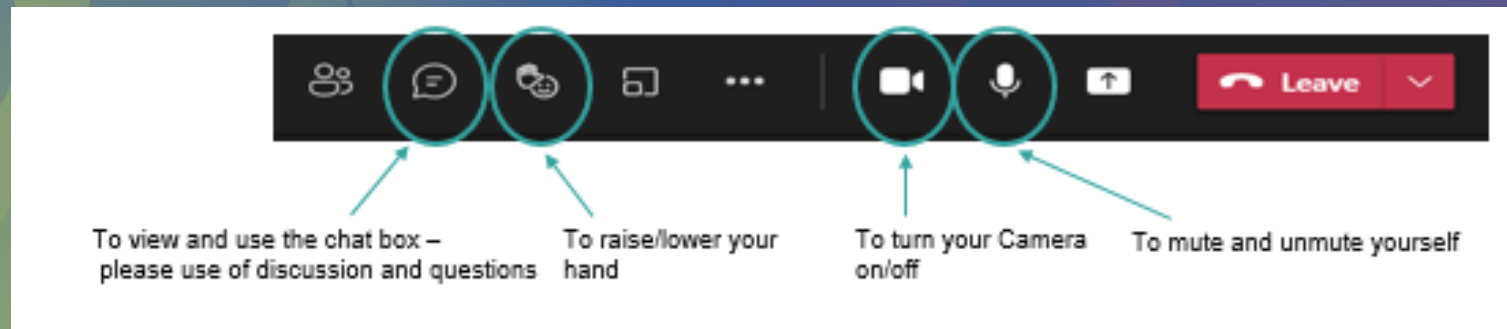


# Early Diagnosis Primary Care Network DES requirements 2022/23



NOTE: This webinar is being recorded and transcribed (you may need to enable transcriptions to access)



# What we will cover



- Overview of each PCN DES requirement with practical tips on how to achieve
- Primary Care toolkit
- Early Cancer Diagnosis Support Pack
- Q &A – please submit questions in the chat box

Review referral practice for suspected and recurrent cancers, and work with their community of practices to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower

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.

Work with its Core Network Practices to adopt and embed:

- i. the requesting of FIT tests where appropriate for patients being referred for suspected colorectal cancer;
- ii. where available and appropriate, the use of teledermatology to support skin cancer referrals (not mandatory for all referrals).

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.

Review use of their non-specific symptoms' pathways, identifying opportunities and taking appropriate actions to increase referral activity





# Requirement 1

Review referral practice for suspected and recurrent cancers, and work with their community of practices to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower



# Practical things your PCN can do...

Review cancer referral data (fingertips or Dorset dashboard)

Audit routes of referral for people who have cancer diagnosis

Look at conversion rates to cancer by tumour site, or stage of diagnosis to identify areas for focus

Conduct significant event review of late stage or emergency presentation diagnoses

Review safety netting procedures within the practice/PCN and agree a protocol

Look at the information given to patients at time of referral, audit how many receive this

Consider staff training around cancer signs and symptoms and adherence to Nice guidance e.g. GatewayC modules

Identify under-represented group and consider community projects



# Practical things your PCN can do...

Using the available data to chose an area of focus, identify and implement specific actions to support increased effectiveness of referral practice, then evaluate this.

**Support**



**Primary Care Toolkit**

Don't forget the WCA GPs and non clinical leads are here to support



[Primary Care Toolkit - Welcome to Wessex Cancer Alliance](#)



## Requirement 2

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

Objective	PCN Actions
Increase understanding of bowel cancer.	<ul style="list-style-type: none"> <li>• Support practices to search patient list for non-attenders; ensure trained staff have a conversation to understand barriers and support patient to make informed choice; monitor participation within next 3 months.</li> <li>• Signpost to hub if replacement kit needed and monitor if patient participates within next 3 months.</li> <li>• Staff to be aware of the use of FIT, and the differences in its use in screening vs symptomatic patients.</li> </ul>
Share learning	<ul style="list-style-type: none"> <li>• Facilitate practices with low uptake of bowel screening (&lt;60%) to work with and learn from those achieving &gt;70%.</li> <li>• Facilitate practices with low coverage of cervical screening (&lt;70%) to work with and learn from those achieving &gt;75%</li> </ul>
Increase access to cervical screening appointments	<p><b>Support and encourage practices to:</b></p> <ul style="list-style-type: none"> <li>• provide early morning appointments for cervical screening.</li> <li>• offer bookable cervical screening at least 8 weeks in advance.</li> <li>• Engage with the ICS digital transformation team in the development and implementation of on-line booking for cervical screening appointments.</li> <li>• Utilise extended access centres for cervical screening appointments where cervical screening is offered as part of the GPEA service.</li> </ul>
Practices to review and reduce exception reporting (cervical).	<ul style="list-style-type: none"> <li>• Support practices to engage positively with non-responders, encouraging informed decision making and screening uptake.</li> <li>• Encourage use of text messaging appointment reminders and those who are eligible but have not responded to invites</li> <li>• Encourage practices to use pink paper and standard letter template (supplied) for non-responders (3rd invite).</li> </ul>
Reduce unnecessary repeated cervical samples.	<ul style="list-style-type: none"> <li>• Ensure that practices are only booking cervical screening appointments for those eligible for screening</li> <li>• Monitor the number of rejected samples/repeats and support practices to reduce</li> <li>• Ensure compliance with good practice guidance.</li> </ul>
Improve experience of screening services for those with LD and/or SMI	<ul style="list-style-type: none"> <li>• Work with practices to improve uptake by engaging with service users and their carers</li> <li>• Make reasonable adjustments based on the evidence of what works; and working across the pathway to ensure support is in place for these population groups</li> <li>• Monitor the uptake of cancer screening by people on the LD or SMI register and share the data with SIT/ICS</li> <li>• Ensure practice source appropriate promotional materials and resources to endorse the screening programme, these can be discussed at appointments e.g. annual LD health check and annual SMI physical health check.</li> <li>• Ensure practices return requested information to providers which will facilitate the identification of patients with learning difficulties so that appropriate communication can be sent to them from the start of the screening process as well as flagging this to the screening staff at the hospitals to make adjustments where needed.</li> </ul>



# Screening Resources

(HLOW SIT will aim provide Open Exeter coverage data from July)

- Cervical screening coverage statistics: link to Primary Care, CCG and LA dashboards [Cervical Screening Programme - Coverage Statistics \[Management Information\] - NHS Digital](#)
- Guidance for improving access and uptake for cervical screening [Cervical screening: ideas for improving access and uptake - GOV.UK \(www.gov.uk\)](#)
- Bowel QI toolkit [Bowel-Cancer-Screening-QI-Project-FINAL-2.pdf \(wessexcanceralliance.nhs.uk\)](#)

## Contact

**HLOW Screening and Immunisation Team: [england.HLOW-SIT@nhs.net](mailto:england.HLOW-SIT@nhs.net)**

**South West Screening and Immunisation Team:  
[england.southwestscrimms@nhs.net](mailto:england.southwestscrimms@nhs.net)**



## Requirement 3

Work with its Core Network Practices to adopt and embed:

- i. the requesting of FIT tests where appropriate for patients being referred for suspected colorectal cancer;
- ii. where available and appropriate, the use of teledermatology to support skin cancer referrals (not mandatory for all referrals)



## FIT Testing for Colorectal Cancer Referrals

### Network Contract DES 22/23

**Service requirement 3a:** A PCN is required to 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

### Impact and Investment Fund 22/23

**CAN-01:** Percentage of lower gastrointestinal two week wait (fast track) cancer referrals accompanied by a faecal immunochemical test result, with the result recorded either **in the seven days leading up to the referral, or in the fourteen days after the referral.** (Upper threshold 80%; lower threshold 40%)

PCN progress against the IIF indicator will be published on the [PCN dashboard](#) from July.



## Support the fast turnaround of test results

- Ask patients to return tests within **2 working days**
- Remind patients to complete the sample label (if not pre-printed) and include the request form in the return envelope
- Portsmouth/IOW practices – Print off the patient information and provide with every test
- Code the provision of tests and safety net
- Use the AccuRx FIT scheduled reminder text service

**Consider raising awareness of FIT among the wider practice team, particularly those involved in handing out kits.**

**e.g. ensure the difference between FIT and other stool tests is known. The labs regularly receive samples in the wrong containers which have to be rejected.**



# Coding

Accurately coding the use of FIT will enable you to review practice and support effective safety netting.

- Code referral as Fast Track referral for suspected Lower GI Cancer **Xaalp** (READ Code) / **892201000000106** (SNOMED)
- Code the patient record when a kit is handed out - Provision of FIT kit **Y36a6** (READ code)/**149421000000109** (SNOMED)
- Code the patient record if the FIT is declined **Y35d6** (READ Code)/**149441000000102** (SNOMED)
- FIT result received – This should be generated automatically on receipt of the test result **Xaf0H** (READ Code) / **1049361000000101** (SNOMED) **This code will be used to calculate the IIF indicator payment.**

## Use Ardens pre-set searches

Name	Count	%
CAN-01   LGI 2WW referral with FIT 7 days before or 14 days after referral	7	0.1 %
Copy of CAN-01   LGI 2WW referral with FIT 7 days before or 14 days after referral	7	0.1 %
Denominator   CAN-01: Lower GI 2WW referral this fiscal year	11	0.1 %

The denominator is the number of referrals YTD and the other tells you how many referrals have the relevant FIT result in the timeframe.

- [WCA FIT webinar](#) – 1-hour recorded session covering the uses of FIT, evidence and case studies
- [Gateway C FIT course](#)
- [CRUK FIT resources – screening vs symptomatic FIT infographic; patient leaflet; safety netting hub](#)
- [Completing a FIT test from your GP – Patient video](#)
- [AccuRx FIT sample reminder service](#)
- [Bowel Cancer UK symptom diary](#)
- [Bowel Cancer UK comms toolkit](#)

## Coming soon

- Updated LGI 2ww form – to be circulated soon (June 22)
- Updated patient information (June 22)
- National PCN Dashboard – will publish progress against IIF indicator at PCN level (July 22)
- Wessex FIT dashboard (Cancer Alliance/Dorset Intelligence & Insight Service) – will provide data on FIT use at a practice level (July 22)

All resources will be available as part of the PCN support pack

### Tips for collecting your poo

Here are some ideas to make collecting your poo a bit easier. Why not practise and work out which method you find the easiest? Do not let your poo touch the water or toilet.



Cling film over the toilet (remember to leave a dip)



A carton that grapes come in



Folded toilet paper in your hand



A clean empty margarine or ice cream tub



A clean empty takeaway container



A plastic bag over your hand, or a glove



Once you have collected your poo, use your test kit and return the sample as soon as possible.

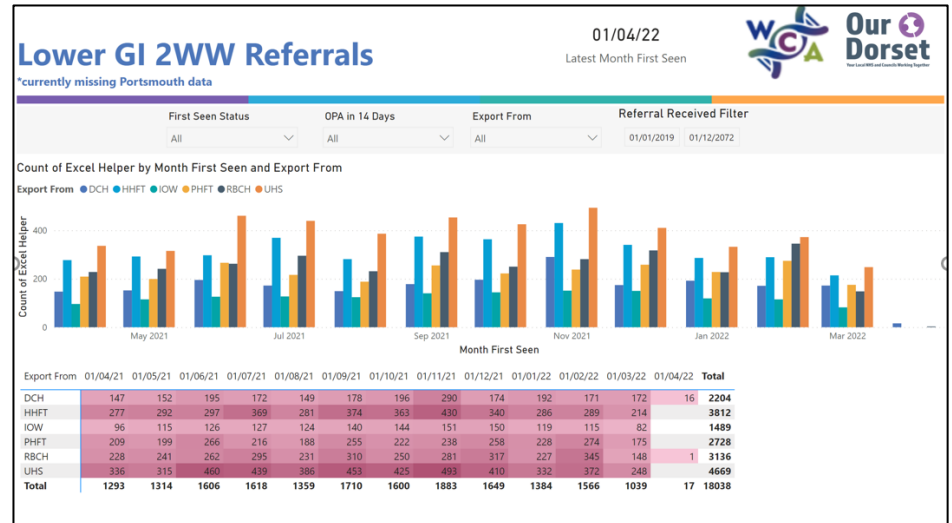
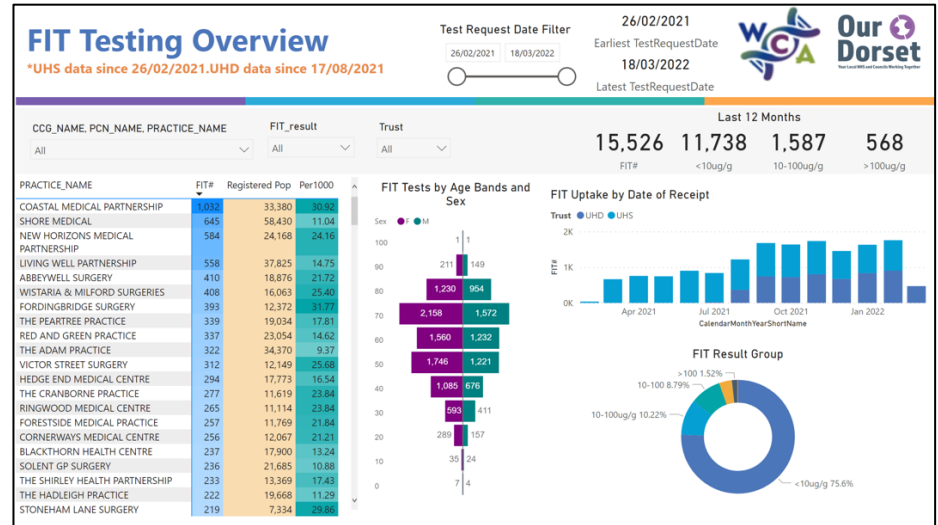
cruk.org  
Together we will beat cancer

Ref: BCSGPR February 2022. Annually reviewed. Registered Charity in England and Wales (1089464), Scotland (SCD41666) and Isle of Man (12033)



# Coming soon - FIT Dashboard

- Developed by the Dorset Intelligence and Insight Service (DiIS) but will cover all of Wessex
- Practice level information using monthly data feeds from 6 Trusts, linking data from Pathology and Somerset Cancer Register (SCR)





## Take home messages

- Review FIT use and monitor regularly
- Code the use of FIT
- Review and develop FIT admin support – ensure everyone knows where the kits are, how to explain use and what needs to go back to the lab to ensure processed (labelled and form)



**Wessex**  
Cancer Alliance

# Dermatology & Cancer

WCA Network Contract DES Webinar

**Dr Joe Bagley**

Clinical Pathway Improvement Lead

[Joseph.bagley2@nhs.net](mailto:Joseph.bagley2@nhs.net)



## Teledermatology- Early Cancer Diagnosis Service Requirements GP Network Contract DES 22/23:



<b>Service Req. 3b / Annex C</b>	PCNs will be required to work with its Core Network Practices to adopt and embed where available and appropriate, the use of teledermatology to support skin cancer referrals
<b>Faster Diagnosis Standard (FDS) Objective 2</b>	<i>“Teledermatology services and Community Spot Clinics should be made available to support the skin cancer pathway to speed up diagnosis, manage high volumes of referrals and reduce face-to-face appointments in dermatology clinics that are not clinically necessary”.</i>

To deliver this requirement, and supported by local partners (i.e. Cancer Alliances) a PCN may:



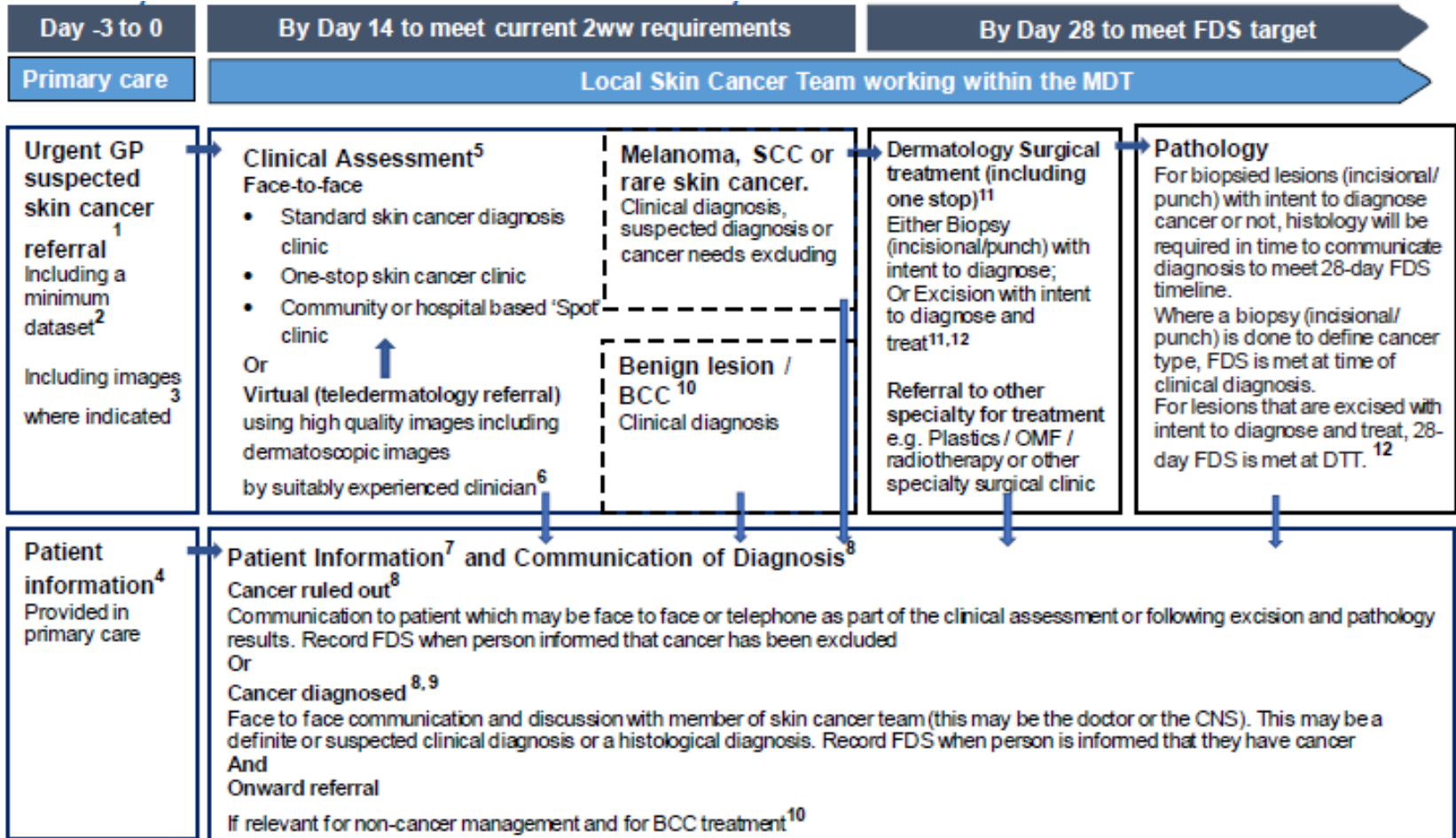
Increase awareness among practices of the pathway for teledermatology 2ww referrals in their area.



Where available and appropriate, identify & deliver specific actions to encourage consistent use of teledermatology.



# Suspected Skin Cancer Best Practice Timed Pathway (28 day FDS Standard)

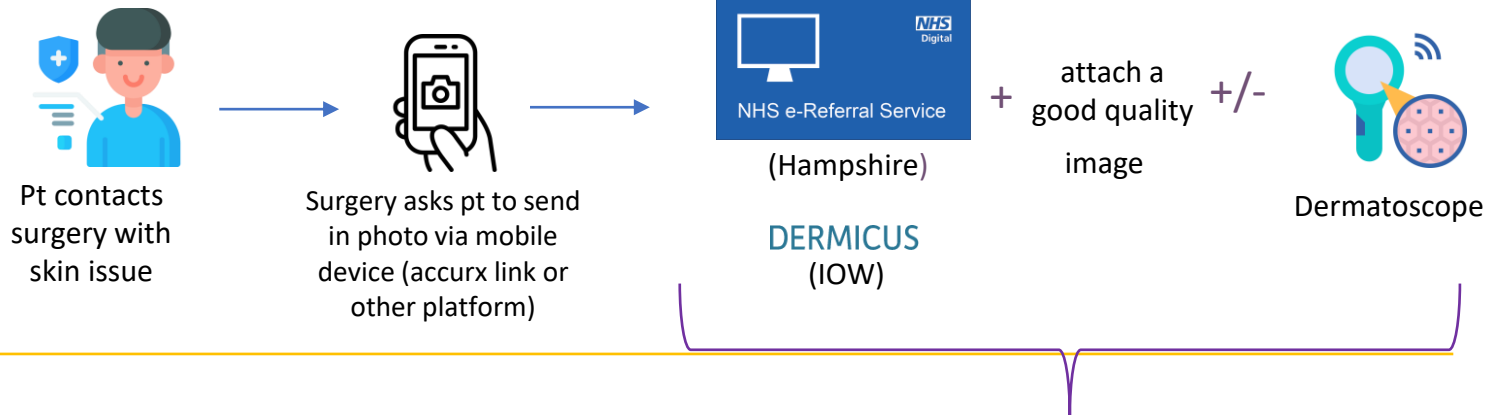




# Actions to encourage use of Teledermatology



## Current Skin Pathway:



1 Enable accurx photo within the practice



2 Upskill additional clinical staff in triaging/ identifying skin cancer



3 Train & upskill HCAs, Practice Nurses & ANPs in taking pictures of suspected skin lesions

- Embed protocol to enable other staff within the practice to assist GP in taking photos



4 Help patients to take good quality images (if they have a smart phone)

\*numbers refer to support pack resources



# Skin Cancer & Teledermatology eLearning & Best Practice Resources



## 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=kPkkeCboQIY>

## 2. 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>
- Primary Care Dermatology Society <https://www.pcds.org.uk/#>
- DermNet NZ <https://dermnetnz.org/>

## 3. Train & upskill HCAs and Practice Nurses in taking pictures of suspected 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](https://youtu.be/nTWo_88VZ8s)
- How to complete an advice & guidance request- 'A Simple Guide to A&G' <https://youtu.be/wlMe473-gwA>
- How to upload images to eRS system- 'An e-referral system guide (eRS)' <https://youtu.be/SpYMaLhdBRc> <https://youtu.be/zw2CaDp2STM>
- Referral Requirements [Minimum data sets](#)
- Guidance for clinicians: *Taking mobile photographic Images of skin* [Guidance on the use of mobile photographic devices](#)

## 4. 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](#)
- How to take photos & send them to the GP, Video: [https://youtu.be/g7c\\_CYQ8VJo](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.



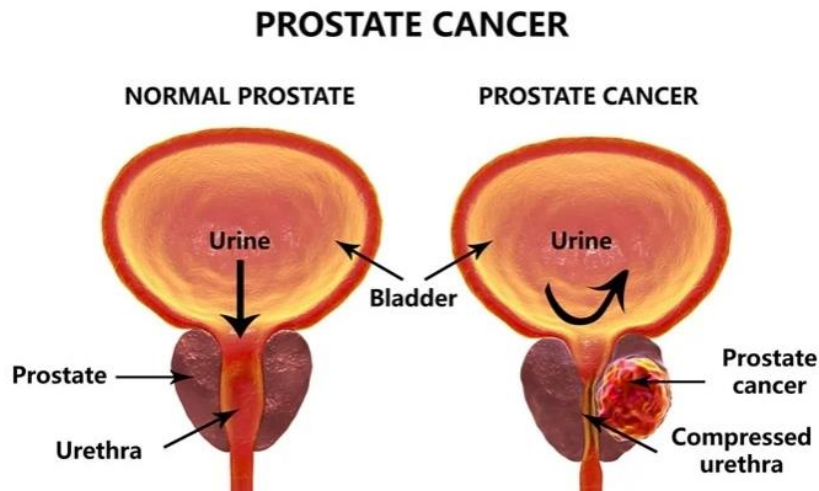
## Requirement 4

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.



# Prostate cancer

- Commonest of all cancers: 52,300 UK cases per year
- Life time risk of 1:6<sup>1</sup>; 1:4 in those of black heritage
- 10 year survival: 84% (second only to melanoma)



HOWEVER...

<sup>1</sup>In men born after 1960

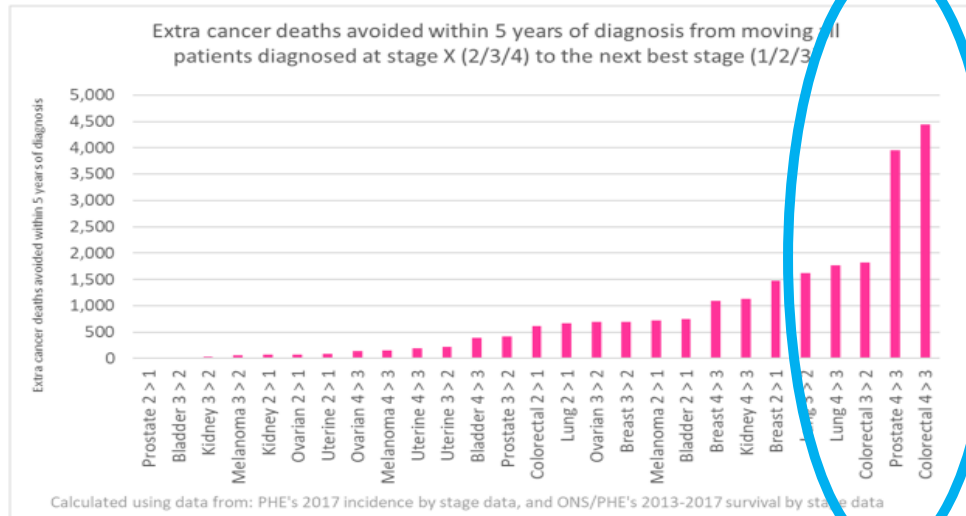


# Prostate cancer

However...

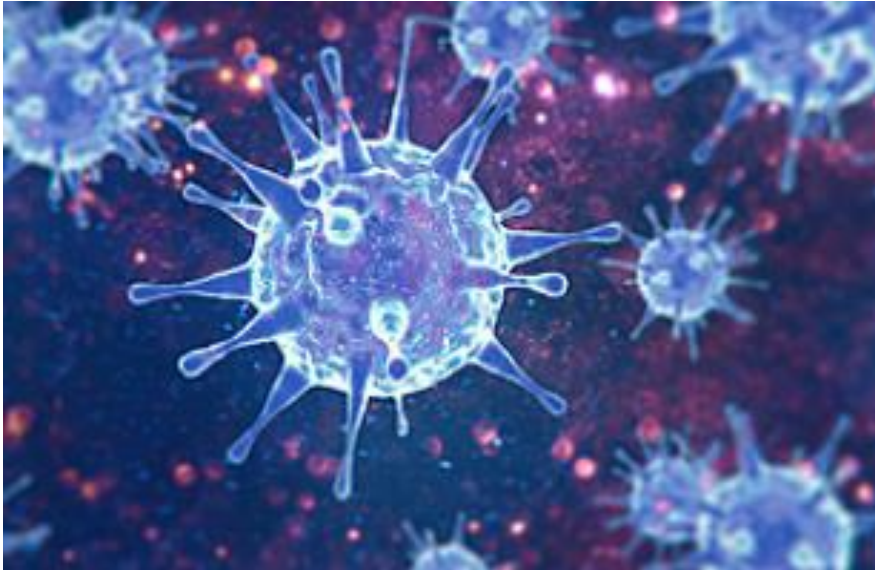
- 3,950 deaths within 5 years of diagnosis per year could be saved if all stage 4 prostate cancers were diagnosed at stage 3.

All stage shift is important, but some has more impact on survival





# Prostate cancer



## Impact of Covid:

- First lockdown in 2020: 82.9% drop in urology 2WW referrals
- Numbers back to pre-Covid levels in 2021, but overall:
- 13,000 less men have entered treatment for prostate cancer

**International Prostate Symptom Score (IPSS)**

Name:

Date:

	Not at all	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Almost always	Your score
<b>Incomplete emptying</b> Over the past month, how often have you had a <b>sensation</b> of not emptying your bladder completely after you finish urinating?	0	1	2	3	4	5	
<b>Frequency</b> Over the past month, how often have you had to urinate again less than two hours after you finished urinating?	0	1	2	3	4	5	
<b>Intermittency</b> Over the past month, how often have you found you stopped and started again several times when you urinated?	0	1	2	3	4	5	
<b>Urgency</b> Over the last month, how difficult have you found it to postpone urination?	0	1	2	3	4	5	
<b>Weak stream</b> Over the past month, how often have you had a weak urinary stream?	0	1	2	3	4	5	
<b>Straining</b> Over the past month, how often have you had to push or strain to begin urination?	0	1	2	3	4	5	

	None	1 time	2 times	3 times	4 times	5 times or more	Your score
<b>Nocturia</b> Over the past month, many times did you most typically get up to urinate from the time you went to bed until the time you got up in the morning?	0	1	2	3	4	5	

<b>Total IPSS score</b>	
-------------------------	--

**Service requirement 4:**

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

- Case finding
- Anyone over 50 (45 for black heritage and 1° FH) with an IPSS score over 8 should be offered a PSA and DRE



## Requirement 5

Review use of their  
non-specific  
symptoms' pathways,  
identifying  
opportunities and  
taking appropriate  
actions to increase  
referral activity



# RAPID INVESTIGATION SERVICE

The referral must be complete and informative. Filter tests should be complete and reported.

*The filter tests are essential to ensure the non-specific pathway route is the most appropriate for the patient*

Referrals sent via ErS

*Patient(s) must be booked into a "dummy" appointment slot and should not be informed of date/time*

*The RIS can be found:*

*2WW - Non-specific symptoms-  
GEC01 Aldermoor*

Referral is screened for completeness and **appropriateness by the RIS clinical team.**

The referring GP will receive communication if there are any concerns.

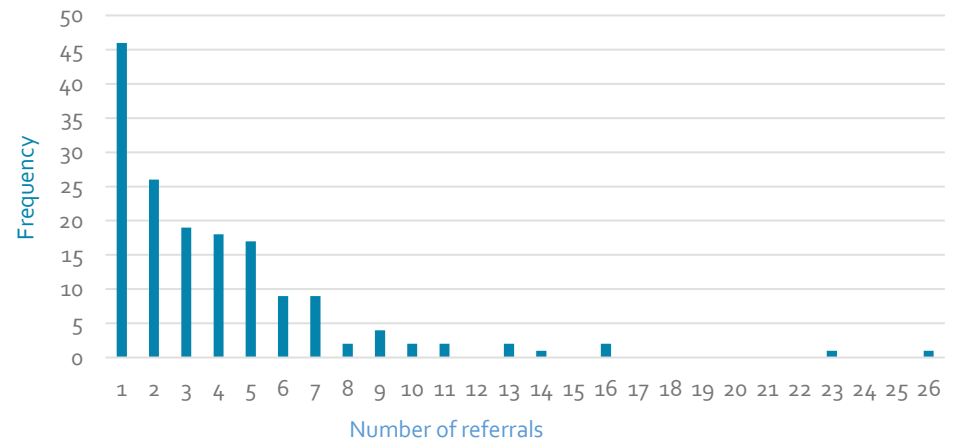


# NUMBERS TO 31.3.22: REFERRALS

- **644 referrals** made to the service
- **73%** of practices have referred into service
- **38.6%** from Dorset CCG practices
- **51.6 %** from Hampshire, Southampton & IOW CCG practices
- **9.8%** from Portsmouth CCG practices
- **48%** male and **52%** female
- Average patient **age 66**



Frequency of practices making RIS referrals





## NUMBERS TO 31.3.22 : DIAGNOSIS



### Conversion rate:

- 4.7% cancer
- 31% significant non-cancer diagnosis

**24 Significant diagnoses** (non-cancer) including triple AAA, sarcoidosis, IgG4 and HG colon polyp

### 27 cancers diagnosed:

- 6 x lung
- 6 x urology
- 5 x Upper GI
- 3 x breast
- 2 x sarcoma
- 2 x haematology
- 1 x neuroendocrine
- 1 x ovary
- 1 x CUP (UHD)



# Primary Care Toolkit



[Primary Care Toolkit - Welcome to Wessex Cancer Alliance](#)



**NETWORK CONTRACT DES**  
**Early Cancer Diagnosis Support Pack 2022/23**

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.

**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
<p>A PCN may reflect on their referral practice using several approaches, including:</p> <ul style="list-style-type: none"> <li>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. <a href="https://youtu.be/rpaX45l6U9A">https://youtu.be/rpaX45l6U9A</a></li> </ul> <p><b>Dorset PCNs</b> can access data through DiIS by contacting <a href="mailto:diis@dorset.nhs.uk">diis@dorset.nhs.uk</a></p>	<p><i>How can you evidence the impact of your work? What changes have you put in place as a result?</i></p>



# Q & A

Please submit any questions to the chat box. We aim to post a FAQ document following this session and will be available on the Wessex cancer alliance [website](#)

Further questions contact:

HIOW [england.wessexcanceralliance@nhs.net](mailto:england.wessexcanceralliance@nhs.net)

Dorset [dcp@dorsetccg.nhs.uk](mailto:dcp@dorsetccg.nhs.uk)