

Report to the Wessex Cancer Alliance Board	
Title:	Delivery of the Primary Care Strategy 2020/21
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Date:	8th June 2022
Purpose	Information
Summary of paper:	<p>The paper presents to Board a summary of the Primary Care Strategy achievements for 2020/21 and highlights the patient benefits arising from the programmes.</p> <p>The paper demonstrates that despite the challenges brought about by the pandemic that key pieces of work were progressed.</p>
Implications: (Clinical, Organisational, Governance, Legal?)	Accountability of spend for 2020/21 financial year
Key risks and mitigations:	Not applicable
Summary: Conclusion and/or recommendation	That Board have oversight of the impact of the primary care strategy and members highlight areas of opportunity in their local organisations and geographies.

Results of the Plan to Implement Cancer Primary Care Strategy for Wessex 2021/22

Background

This has been a busy and challenging year for those of us in primary care working with the Wessex Cancer Alliance. We have liaised and worked with many Wessex Cancer Alliance personnel, Dorset Cancer partnership personnel, CCG staff, secondary care and primary care colleagues and Wessex Voices to promote all aspects of cancer within primary care.

Following the drawing up of the Cancer Primary Care Strategy for Wessex document and the realignment of the MacMillan GPs to the Wessex Cancer Alliance, we have been trying to co-ordinate the activities of all the GPs employed by Wessex Cancer Alliance to optimise the effectiveness of our interventions, ensure widespread representation of primary care views throughout the alliance and optimise communication between us. We have established a monthly WCA Primary care group meeting, chaired by Primary Care Lead, and also including non clinical primary care leads, practice manager lead and WCA programme leads.

We agreed to draw up areas which as a group, we wished to focus on during 2021/22 which were in line with the strategy document .

These actions then fed into another of our main goals which was to deliver a co-ordinated education programme to all cohorts of primary care.

Progress on our goals was reviewed periodically at the Wessex Cancer Alliance Primary care group meetings. Our education programme was also be coordinated through these meetings

Clearly all of this has been on the very significant ongoing background of the challenges posed by Covid which has had a significant impact on what GP practices and PCNs are able to do in terms of cancer work and on the diagnostics available in our hospitals.

Particular achievements this year have been the establishment of a Wessex Cancer Alliance primary Care newsletter distributed to primary care colleagues every 2 months containing topical cancer information, the creation of a Primary care cancer toolkit by Emily Bowman and her team providing a 'one stop' site for primary care cancer information, and the provision of a Wessex Cancer Alliance LIS. Despite the challenges facing primary care, the majority of PCNs across Wessex have signed up to the LIS which focuses on the creation of clinical and non-clinical cancer champions, review of FIT usage, of clinical decision support tools in primary care and messaging to patient populations.

Easy access of up to date data at a practice and PCN level has proved challenging and working with the Dorset Intelligence and Insight Service has been invaluable and will show dividends in the coming months.

The Cancer Primary Care Strategy for Wessex document

This essentially divides activities into 4 broad areas:

1. Prevention
2. Earlier Diagnosis
3. Faster Diagnosis
4. Personalised Care

1. Prevention

We acknowledged that prevention is an important part of our work, though this is not an area where we will be able to demonstrate short term improvements. However, focusing on increasing confidence for health care professionals to deliver very brief advice when interacting with patients (eg during long term condition reviews, post natal appointments, contraceptive reviews, following fast track referrals not resulting in a cancer diagnosis) has the potential to be very powerful.

We also acknowledged that many other agencies and campaigns have an important part to play in prevention including social prescribers as does publicity at Covid vaccination centres.

We agreed to focus on :

Obesity, Smoking and Alcohol

The actions we agreed to take were :

Outcome Targets

1. *100% of PCNs will have been offered staff training re: delivering Very Brief Advice (VBA) - this has been achieved. This has been promoted to PCNs via the CRUK facilitators, via the primary care newsletter and via podcast.*
2. *20% of PCNs will have taken up the offer of VBA training- whilst we don't have precise figures, we know that there have been 300 'hits' on the podcast meaning it's very likely this target has been met*
3. *An infographic will have been disseminated to all NHS staff about cancer prevention - an article was included in the January primary care newsletter. The infographic has been created and will be disseminated in the May primary care newsletter and the Wessex Cancer Alliance Bulletin.*
4. *100% of PCNs will have been given access to the Prevention and Earlier Diagnosis toolkit - this has been achieved as it's been widely publicised via the primary care newsletter, is on the Wessex Cancer Alliance website and has been promoted to the PCNs who have signed up to the Wessex Cancer Alliance LIS – there have been 991 hits on the page.*

2. Earlier Diagnosis

Cervical screening

This continues to be an area of importance with differing screening rates across Wessex with a number of hard to reach groups eg areas of deprivation, certain ethnic minorities, women who have never had a smear, learning disability, serious mental illness.

It was felt that this should be our main screening focus this year looking at any conclusions from previous cancer alliance work in this area. The aims were to improve the message to primary care, focusing on areas of low uptake. Many PCNs in Hampshire have had considerable input from Section 7A facilitators (funded by the Screening and Immunisation Team).

Bowel screening

We were reminded that improving rates of bowel screening including inequality groups, has the potential to make a big impact on bowel cancer deaths. We were also reminded that a follow up letter or text from the patient's GP to patients who have not taken up the screening offer, results in higher screening rates. We are aware that Covid has placed constraints on bowel screening, but this is recovering. A toolkit has been developed for practices to use as a QOF QI project to increase bowel screening uptake.

Promoting the use of symptomatic FIT testing

We all acknowledged the increasingly important role that FIT testing can play in the earlier diagnosis of bowel cancer and is an area we wanted to promote and provide education about.

This work has been delivered through the Local Improvement Scheme with Primary Care Networks and included a webinar for PCN clinical cancer champions.

Lung cancer

We all agreed the importance of promoting the earlier diagnosis of lung cancer including areas which are not part of the pilot and where there have not been incentives to look at high risk patients. This has included the message that negative chest X-rays miss a significant number of lung cancers, the importance of raised platelets and nonspecific symptoms not always traditionally linked to lung cancer and COPD review symptoms. Our actions in this area were focused around primary care education of very brief advice and the understanding of NG12 in both clinical and non-clinical primary care staff.

Promoting prostate cancer awareness

We acknowledged that this needs to be targeted, as earlier diagnosis is more likely to have prognostic benefits in men with a family history of prostate cancer or who come from ethnic minority black populations. There are several campaigns including the Wessex cancer trust 'Action man campaign'. We are all aware of the ongoing work by Mr Tim Dudderidge consultant urologist in UHS to create a self-referral Prostate Health Test. There have been two other pieces of work, Targeted Prostate Health Checks and community development work to raise awareness of prostate cancer in high risk communities

Promoting the use of clinical decision support tools

We have worked with Anna Wykes to promote the use of these tools in primary care. Use of the tools has been incentivised through the Wessex Cancer Alliance LIS and a webinar is planned in May 2022

Earlier Diagnosis of pancreatic cancer

This is an area that Wessex Cancer Alliance has continued to focus on. A pilot has been set up in Southampton to allow GPs direct access to CT scan for patients aged 60 years or older with new onset Diabetes and weight loss

Promoting the PCN DES and QOF QI earlier diagnosis of cancer

We have offered support to PCNs

Outcome Targets

1. *Local Improvement Scheme for Prevention and Earlier Diagnosis – aiming for 50% sign up by PCNs across Wessex – **achieved** 91% of PCNs have signed up.*
2. *Increasing screening uptake by ‘levelling up’ - aiming to reduce the screening gap for PCNs with lower screening rates by 50% e.g. a PCN with a cervical screening rate of 60% rather than the target of 80%, moves to 70%. See case studies above. - **this work has been largely undertaken by Section 7A facilitators in Hampshire who have been kind enough to provide this case study***



Screening case studies .docx

3. *Increasing screening uptake for inequality groups including learning disability, serious mental illness and ethnic minorities by ‘levelling up’ aiming to reduce the screening gap by 25%. This will be referenced with case studies. **A multidisciplinary Wessex group has met several times during the year to identify barriers to screening uptake in people with learning disability. Training to improve clinician confidence is being developed an with accompanying resource is being developed.***



Increasing Uptake of Cervical Screening in

In Dorset work has been done facilitating uptake in people with serious mental illness, including a HEAT workshop with public health.



Dorset SMI case study.docx

4. *Increasing bowel screening uptake by 3% - we have promoted this to PCNs and have provided an ‘off the shelf’ QI toolkit. We will only be able to judge whether this target was met towards the end of 2022 when screening data is published.*
5. *Increasing the use of symptomatic FIT testing in primary care by 10%.- we have worked hard to promote this in primary care – **this has been achieved. Although we don’t have complete data there is a marked upward trend in the trusts with data available.***



6. Increasing the use of clinical decision support tools in primary care through the 50% sign up to the Local Improvement Scheme. -this has been achieved . A webinar dedicated to clinical decision support tools to support the LIS is being held on 18/5/22
7. Increasing the number of fast-track referrals across Wessex by 7%. - this has been achieved. Wessex data shows 96,448 fast track referrals in 2020/21 and 129,344 in 2021/22 which is a 34% increase.
8. Decreasing the cancer conversion rate across Wessex by 0.5 – this has not been achieved - Wessex data shows a conversion rate of 8.8% in 2020/21. However there is no data for HIOW for 2021/22 but Dorset shows a conversion rate of 10.48% compared to 9.9% in 2020/21 so an increase of 0.58%. However, within individual tumour sites there has been a decrease in conversion rates – lower GI from 5% to 3%, gynaecology from 6% to 5%, lung from 20% to 16%, upper GI from 7% to 6% (Dorset only data)
9. Increasing the awareness of the heightened risk of prostate cancer in African and Caribbean men - this has been achieved via the targeted work with Wessex Voices and Dorset Race Equality Council. The Wessex Cancer Matters website now has a page with the videos and content developed with the community. Work is ongoing to continue to get the message out through Communities Against Cancer, using radio stations and attending events in the community. Black History Month was also used as a basis for messaging in Hampshire and can be used again this coming year across Wessex as a communications toolkit was produced for this purpose.

3. Faster Diagnosis

Rapid Investigation Service

We have continued to promote the service with targeted education in areas with low referral rates however there is more to do in the coming year.

Breast lump self-referral

We agreed to ensure we are involved with this pathway as it develops. Dr Christine Glew, one of the Wessex cancer alliance GPs has been very involved with this

Dermatology

We agreed to ensure there is involvement of Wessex Cancer Alliance GPs in this pathway as it develops.

Lumps pathway

The lack of clear referral pathways for GPs throughout Wessex had previously been identified as an issue leading to difficulties for GPs and delayed diagnoses for patients presenting with lumps. A group has recently been set up to look at this issue.

Emergency presentations of cancers

We are all aware of the survival benefits of trying to reduce the number of cancers diagnosed via emergency presentations. Whilst some of these presentations may not be preventable, lessons can often be learned from these patients. Previously, Bournemouth Hospital had been able to provide helpful feedback to practices about these patients. We agreed it would be useful to see how this could be replicated in Hampshire. In this context we also heard about the potential use of the IDIOM tool in iron deficiency anaemia. This is not an area we have focused on this year

Safety netting

We all acknowledged that promoting the importance of safety netting is important and that CRUK etc have a number of resources to support this

Outcome Targets

- 1. Increasing the number of referrals to the Rapid Investigation Service by 50%. This has been achieved. 2020/21 saw 193 referrals accepted by the service and 2021/22 was 490 referrals therefore an increase of 254%.*

4. Personalised Care

We all agreed that this is an extremely important area .

Cancer care review

Performing a structured cancer care review was originally part of the 2021/22 QOF requirement though this was suspended due to the pandemic. This has the potential to promote and improve personalised care. There is an excellent Ardens template to facilitate this. The Alliance team produced and circulated an excellent letter template to help practices. Training has also started to utilise the skills of practice nurses and social prescribers, where appropriate to help deliver holistic cancer care reviews.

Right by you

We all agreed this is an important programme.

End of life care

We agreed that it is important that this part of MacMillan cancer care is not overlooked following the Alliance's co-funding of the MacMillan GPs and that we 'feed into relevant groups'.

Additional items

We agreed it is important to ensure there is primary care representation at forums where cancer is discussed.

We all agreed that PCN cancer champions would be a very positive development. The LIS is now helping us to identify clinical and non-clinical cancer champions in PCNs

We all acknowledged the importance of the national cancer awareness campaigns.

Education

This is clearly an important part of our work and potentially all the activities listed above feed into this in addition to numerous other topics.

We agreed that the Wessex Cancer Alliance GP meetings are the ideal conduit to facilitate and co-ordinate our educational activities.

As a group we are aware that a comparatively small number of GPs follow NG12 and that increasing adherence to NG12 would potentially lead to an increase in fast-track referrals and earlier diagnosis. We felt this is an important area to focus education.

We carried out a number of actions to improve education including:

- **A bimonthly Cancer Alliance Newsletter aimed at primary care**
- **Creation of a Primary care cancer Toolkit providing all the information primary care needs in one place**
- **Looking at fast track referral conversion rates**
- **Promoting the use of clinical decision support tools**
- **Promoting Gateway C**
- **Promoting how AccuRx can help eg prompting patients to complete FIT tests, setting up ICE request panels**
- **Promoting cancer education to practice nurses and other primary care staff**
- **Working with PCNs**

We have tried to co-ordinate our educational activities and bring what we are doing to the group for information and potentially co-ordination.

Conclusions and next steps

This has been another year affected by the Covid pandemic during which practices have been overwhelmed with workload. Wessex Cancer Alliance has continued to promote the cancer agenda to primary care. We have achieved many of our original objectives particularly achieving significant sign up to the LIS, promoting the Rapid Investigation Service nonspecific pathway, supporting creation of a really comprehensive Primary Care cancer toolkit, producing a bimonthly newsletter and trying to promote FIT testing. We have continued to be involved in a number of projects and educational events and are very aware of trying to address inequalities.

Lack of real time data continues to be an issue in Hampshire.

Building on last year the objectives for the primary care team the aims for 2022/23 are:

1. Education of the whole primary care team.
2. Identifying and supporting local projects within communities to address inequality in access to cancer referrals/screening
3. Work with secondary care and other partners to establish timely and accessible cancer data for primary care across WCA region
4. Support patient pathway innovation and improvements
5. Support the RIS service
6. Maintain network of PCN clinical and non-clinical champions
7. Improve the communication and interface between primary and secondary care
8. Support innovations in cancer care to improve earlier and faster diagnosis

31.05.2022