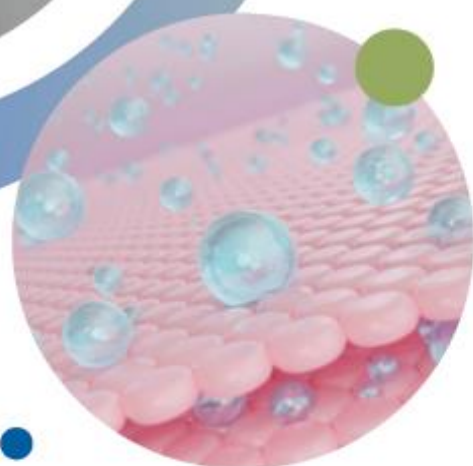




PCN DES reports on Early Diagnosis of Cancer Specification 2023/24 in Hampshire and the Isle of Wight





PCN DES reports on Early Diagnosis of Cancer Specification 2023/24 in Hampshire and the Isle of Wight

The Network Contract Directed Enhanced Service (DES) for 2023/24 contained an Early Diagnosis of Cancer Specification. This required Primary Care Networks (PCNs) to take action on several aspects supporting the earlier diagnosis of cancer.

The PCNs were required to:

1. Review referral practice for suspected and recurrent cancers, and work with its 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
2. Work with local system partners – including the NHS England 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
3. Work with its Core Network Practices to adopt and embed:
 - a. the requesting of FIT tests where appropriate for patients being referred for suspected colorectal cancer
 - b. where available and appropriate, the use of teledermatology to support skin cancer referrals (teledermatology is not mandatory for all referrals)
4. Focus 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
5. Review use of their non-specific symptom pathways, identifying opportunities and taking appropriate actions to increase referral activity.

Wessex Cancer Alliance further supported PCNs with work on the DES with the Early Diagnosis of Cancer Local Improvement Scheme. This required PCNs to have a data meeting with WCA and to create an action plan focusing on areas in the DES. A support pack was provided to PCNs with suggestions of how they might work on the elements of the DES and resources that could help with this.

Wessex Cancer Alliance collected reports from the Primary Care Networks (PCNs) in Hampshire and the Isle of Wight (HIOW) on behalf of the ICB.

There are 42 PCNs in HIOW and 32 reports were received (76%).

The reports were thematically analysed by Wessex Cancer Alliance and summaries of the responses to the questions are outlined below.

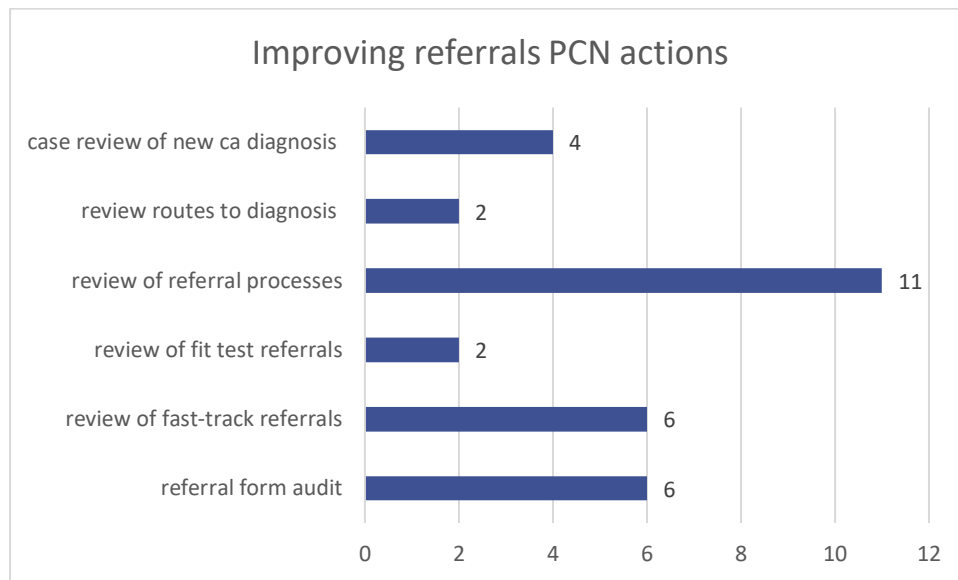
Requirement1 : Review referral practice for suspected and recurrent cancers, and work with its community of practice to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower.

The majority of the PCNs audited multiple areas including routes to diagnosis, emergency presentations and referral form audits, whereas some focused on one particular action including



referral form audit, routes to diagnosis audit or review of fast track referrals. Many highlighted their use of data to steer this work, which allowed them to focus on specific tumour sites for review. Two PCNs conducted a deep dive into specific cases to determine learning outcomes focussing specific tumour sites and two focused on safety netting of FIT and lower GI referrals. Many PCNs reported review of safety netting procedures as a result of this work.

Below is a table summarising the actions taken by PCNs to improve their referral practices:



An example of a PCN response is below:

'We reviewed fingertips data for our two week wait referrals and were able to demonstrate that our age-sex specific rates had increased from 54.8 to 89 over the previous year following measures put in place. Our conversion rate had improved in line with national average to 6.0. Our detection rate was 38.9 which was lower than the England average of 54.4. We had a particularly low rate of referrals for lung cancer and I therefore audited this and found only 50% of our lung cancer diagnoses in 2023 were via fast track 2ww referral pathway. I ran an education session on detection of lung cancer and shared key learning from the audit – when to request a CXR, and when to make a referral targeting this at our ANPs and respiratory pharmacist/physician associate who conduct COPD reviews and urgent care appts. We will review 2024 data when available to review practice.'

Requirement 2: Work with local system partners – including the NHS England 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.

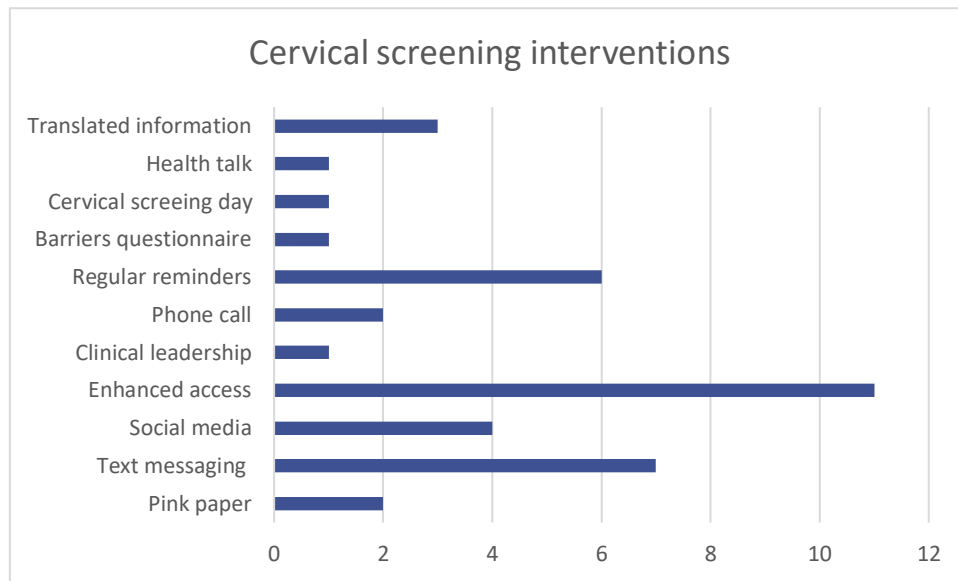
The chart below highlights some of the actions that PCNs took to improve uptake of cervical screening. The majority improved access to cervical screening appointment by having weekend and/or evening appointments available. Many opted to follow up non-responders with regular reminders with text messaging and phone calls mentioned. Others opted to trial some other



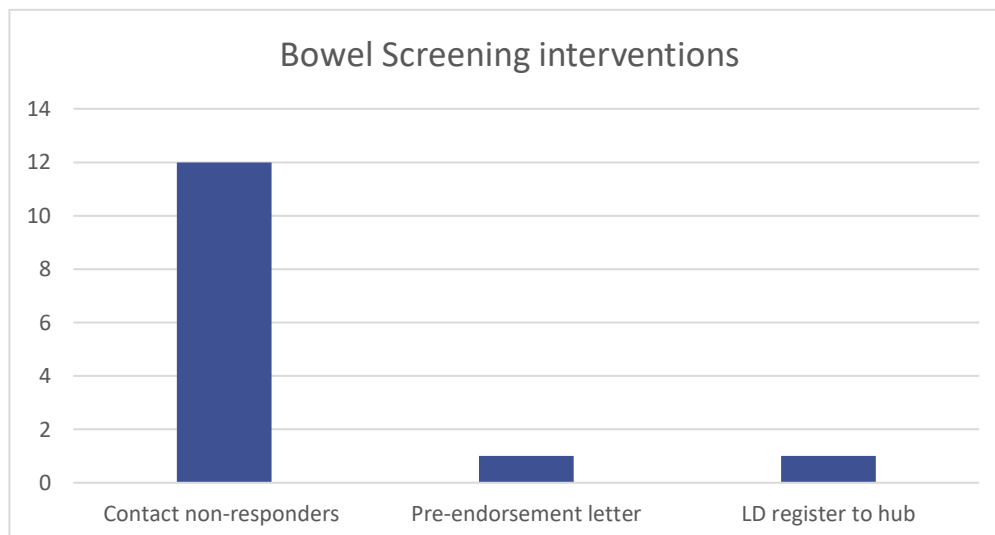
interventions such as using pink paper for invite letters, providing translated information and improving clinical leadership.

Another example of a PCN initiative is outlined below:

'A Florey questionnaire was then sent to the same ladies who hadn't contacted following their letter, to ask them for more information around the barriers to Cervical Screening. Responses to the survey were analysed and these highlighted barriers including fears of embarrassment and pain, some lack of knowledge around the test itself and also some physical barriers around physically getting onto the couch. Responses also included information around the suitability of appointment times and types.'



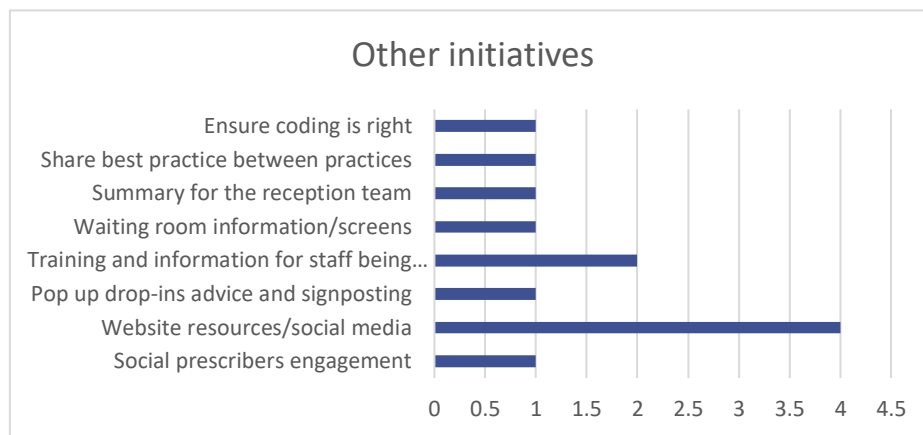
PCNs also shared the actions that they have taken to improve bowel screening uptake. The below graph shows that the majority followed up their non-responders. The other examples shared include sending a pre-endorsement letter and sending practice LD registers to the bowel screening hub to enable accessible information for patients with LD.





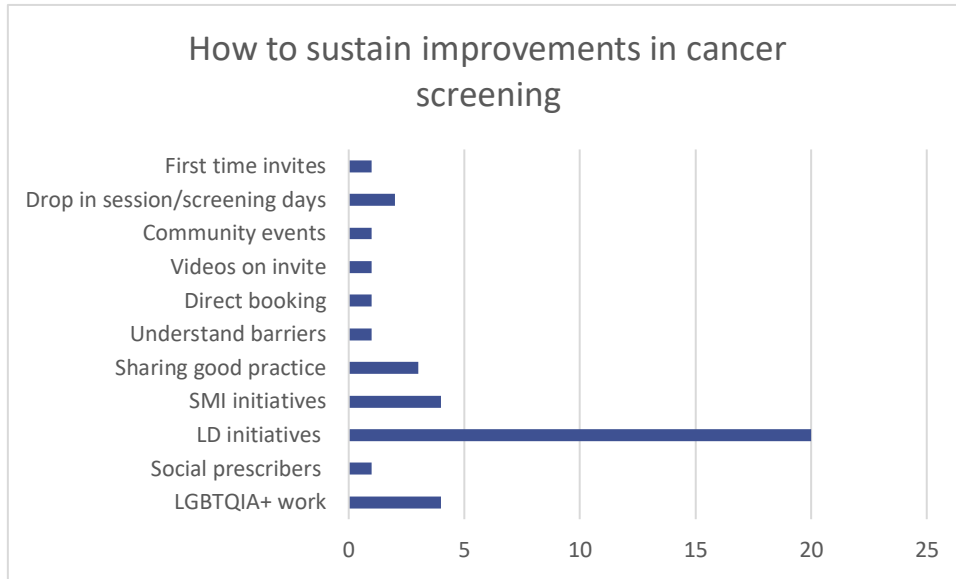
The PCNs also shared more general screening initiatives that they had actioned during the year. Several PCNs used social media and websites and waiting rooms to share information on screening and others raised awareness and provided training and resources to resources to their workforce, including reception staff and utilised the social prescriber role in screening follow up of non-responders. Other actions included ensuring coding was accurate and shared learning across practices within the PCN.

'We sent learning disability registers for patients aged 50-75 to the bowel screening hub who will tailor information they send out to this cohort and will hopefully improve the uptake.'



'Engaged with neighbouring PCN for sharing of learning and resources/protocol implemented for a project to improve reminders sent to non-responder patients of the bowel screening programme. (This included addition of email/letter reminder to previous sms reminder, and embedding reminders to be sent with every non-response result received).'

Finally, PCNs were asked how they plan to sustain activities in improving screening uptake and following up non-responders and several different suggestions were provided, as seen in the chart below. The main actions were planned around improving uptake in lower uptake groups such as patients with LD, SMI as well as LGBTQIA+ patients. Other actions included sharing good practice, community engagement, direct booking, and improving engagement with first time invitees.



'Work collaboratively with social prescribers and other PCN roles, to hold weekly drop-in sessions with screening info available.'

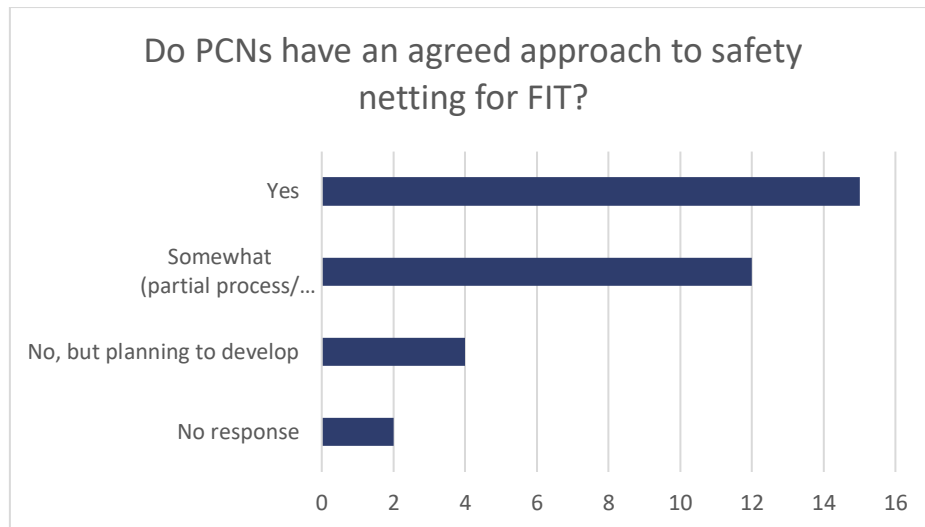
Additional comments were shared by one PCN that could be considered to support PCNs in the future.

We would value further funding and/or population health management tools to identify at risk cohorts and then reach out to them, offering support close to home, or in their homes where needed for the hardest to reach.

FIT

DES requirement: 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

HIOW PCNs have been consolidating their work from previous years to embed FIT testing into the LGI suspected cancer referral pathway. The majority of PCNs report that they now have a robust process in place, in either all or some of their practices, to ensure FITs are completed and the test results followed up.



The impact of this work can be seen in the PCNs achievement of the IIF FIT Indicator **CAN-02: Percentage of lower gastrointestinal fast track cancer referrals accompanied by a faecal immunochemical test result**. The figures below are self-reported by the PCNs, obtained using their primary care system searches (IIF FIT data shared by the national team does not precisely correlate to this – see recommendations below).

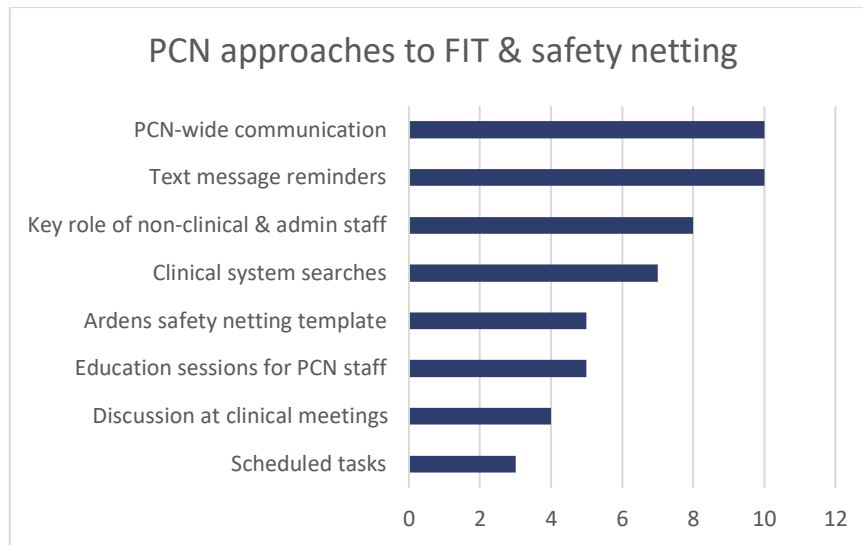
IIF CAN-02 achievement	Number of PCNs
Over 80%	12
65%-80%	12
Under 65%	2
No data provided	7

Over 90% of PCNs that reported a CAN-02 figure for 23/24 are achieving the lower threshold (24/26), and just under half are achieving the upper threshold of 80%. This represents a significant increase on 22/23 IIF indicator achievement.

PCN reported activity to support embedding of FIT

PCNs have achieved this in a number of ways, primarily through communication and education for PCN staff, to ensure they are aware of new guidance and pathway changes. Text message reminders such as AccuRx remain a simple and effective way to remind patients to complete and return their tests, and are well used. PCNs also report utilising the clinical system searches in Ardens to identify and follow up patients, and some have implemented processes using scheduled tasks and prompts as reminders to follow up patients.

The role of non-clinical and administrative staff was also highlighted. Many PCNs reported that cancer care coordinators take a lead role in ensuring FITs are completed and followed up, developing PCN protocols and carrying out system searches.



Our Cancer Care-Coordinator created a FIT protocol for use across the PCN outlining responsibilities for coding of test request or provision of FIT test.

All practices are using the cancer safety netting template for all 2 week waits, and are ensuring results and appointment are in place following a referral.

We ask our GP's to 'schedule tasks' for patients whom they have concerns may have malignancy, to check results have been actioned upon.

Examples of good practice:

- Setting up a pop-up to flag to the secretaries when a referral does not have a FIT result
- Rolling checks of FIT test packs to ensure these are in date and the oldest are used first
- Adding information on FIT to locum packs
- Creating a written process that can be part of the induction pack for new staff

Some barriers were reported, these included:

- Slow turnaround time for FIT results was noted by all three IOW PCNs, however after communication with the lab this has improved in recent months.
- A few respondents noted that PCN mergers had temporarily impacted achievement of the IIF FIT indicator but that work was underway to integrate processes and agree new PCN-wide approaches.

Teledermatology

DES requirement: work with its Core Network Practices to adopt and embed where available and appropriate, the use of teledermatology to support skin cancer referrals.

IOW feedback

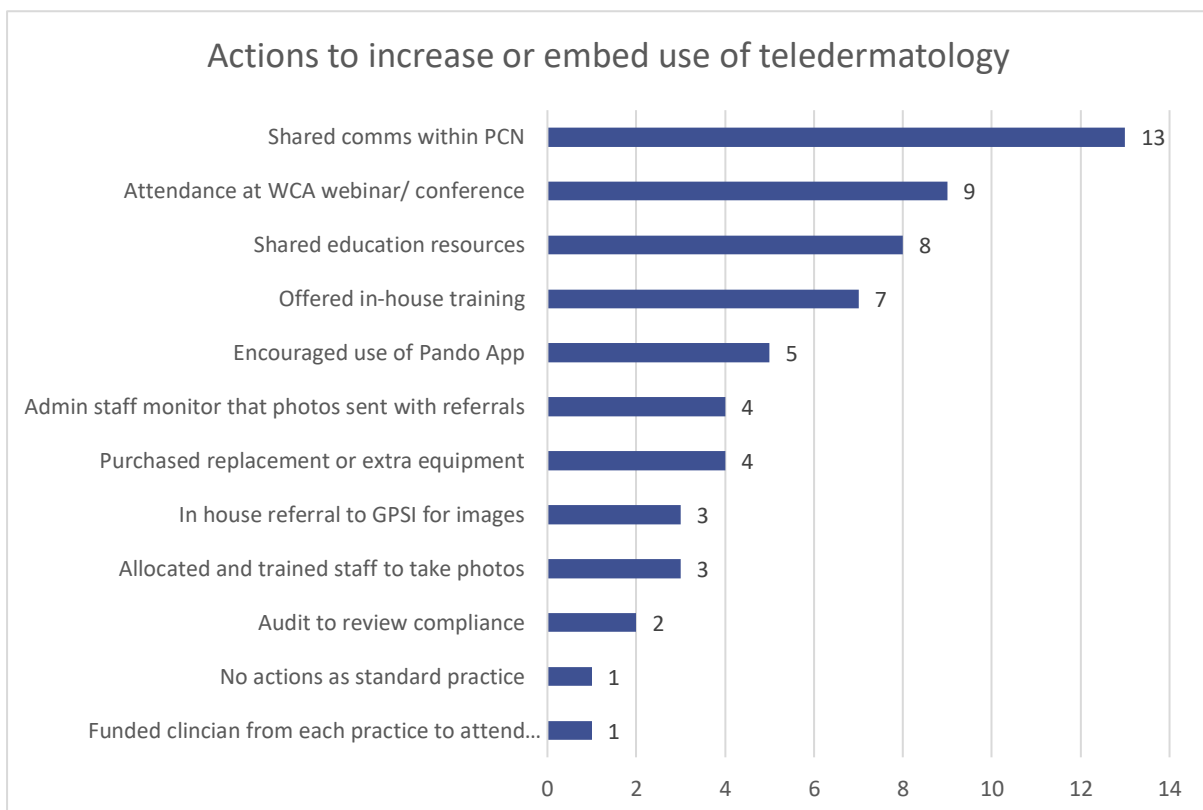
Teledermatology fully rolled out and well established, however, action still taken:



- Within the PCN certain surgeries having implemented Dermatology clinics, on a weekly basis.
- An Island-wide GP surgery survey was undertaken to obtain feedback around dermicus device used for teledermatology
- Following the undertaking of the survey service improvement suggestions were indicated and this was fed back to the clinical director of the Lighthouse Clinic

Hampshire feedback

There is a mix in how well established PCNs are in using teledermatology. Some (particularly those in SE Hants and Portsmouth) are confident and feel this is now standard practice, but still in many cases some extra communications and training have been provided to further support teledermatology. Some PCNs are still in early stages of setting up their processes for teledermatology, whilst others are still only minimally engaging with the service. For these PCNs they cite lack of time and in some cases equipment issues as the reason



Positive themes

- Internal training sessions and disseminating WCA and other training materials
- Ensuring staff aware at using Pando app
- Attendance at WCA teledermatology webinar
- 4 PCNs purchased replacement or extra equipment to support teledermatology (e.g. replacement adaptors, practice phones, extra dermatoscope)
- Utilising GP with dermatology interest in practice
- Creating their own training and resources



Concerns or barriers

- Some still feel there is a lack of confidence and further training needed
- Few concerns about time needed to take photos and lack of capacity for this
- Concern from one PCN following a significant event where a nodular melanoma was missed after photos sent- highlighted need for clear safety netting of patients even when secondary care have reviewed images
- Few still reporting that they did not receive or have the equipment needed
- Many feel that one dermatoscope per practice is insufficient

Some examples of good practice/ engagement in teledermatology

'New service set up- cancer care coordinator trained in taking images and runs clinic to take images, pathway piloted and established in one surgery (referrals have been made to the USC telederm clinic at UHS) with planned roll out to rest of PCN in coming weeks. Aim is that clinics will be scheduled weekly across all 4 PCN practices'

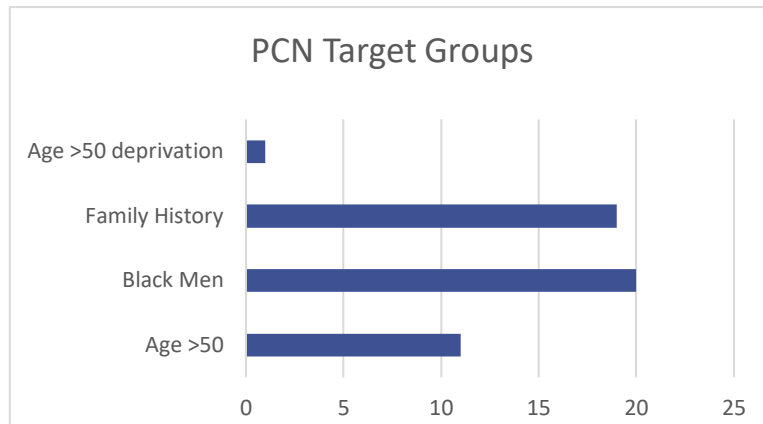
'The PCN have purchased a mobile phone for each practice to have purely to enable teledermatology referrals and a phone adaptor where needed. We are holding a f2f meeting in May which is planned, we have a GP who specialises in dermatology who is going to provide a teaching session for the PCN to ensure all of the team know how to use the equipment'

'A designated lead GP for cancer and teledermatology referrals has been allocated across both surgeries linked to the PCN to support, train and develop any GPs who may lack confidence in using this as a mobile app or attaching imagery of suspected cancers.'

Prostate Cancer

DES requirement: 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

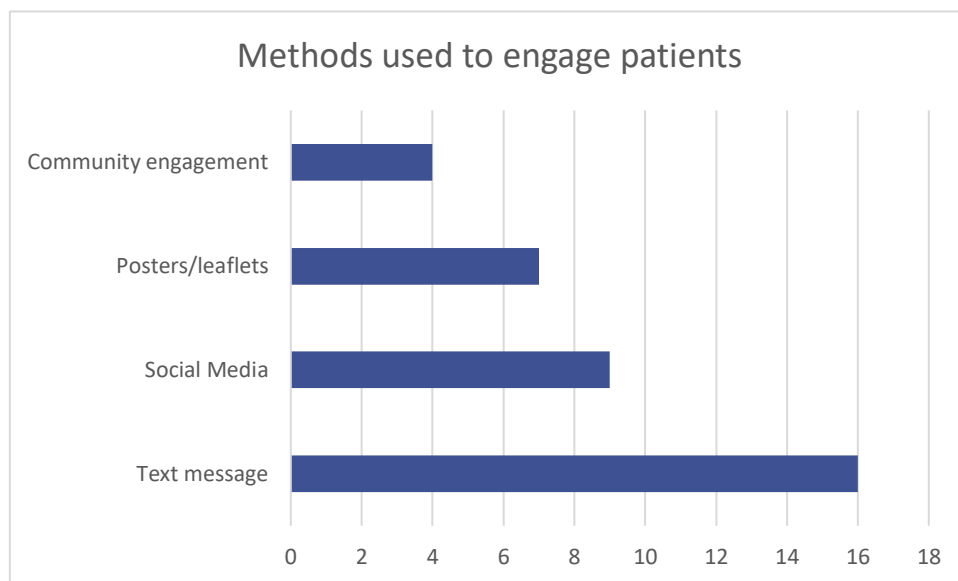
PCNs were encouraged to focus their efforts towards groups that were at higher risk of developing prostate cancer including men aged >45 with a family history or black ethnicity, and men aged >50. The majority of PCNs targeted these groups (see chart below) and one PCN opted to include deprivation in their targeting approach.



PCNs used a variety of methods to engage patients with text messaging being the most used (see below chart). However, other examples of engagement included social media & posters and leaflets. There were also some examples of community engagement:

Our Clinical Director has held and presented a talk to a group of patients in a local church to raise awareness in communities.

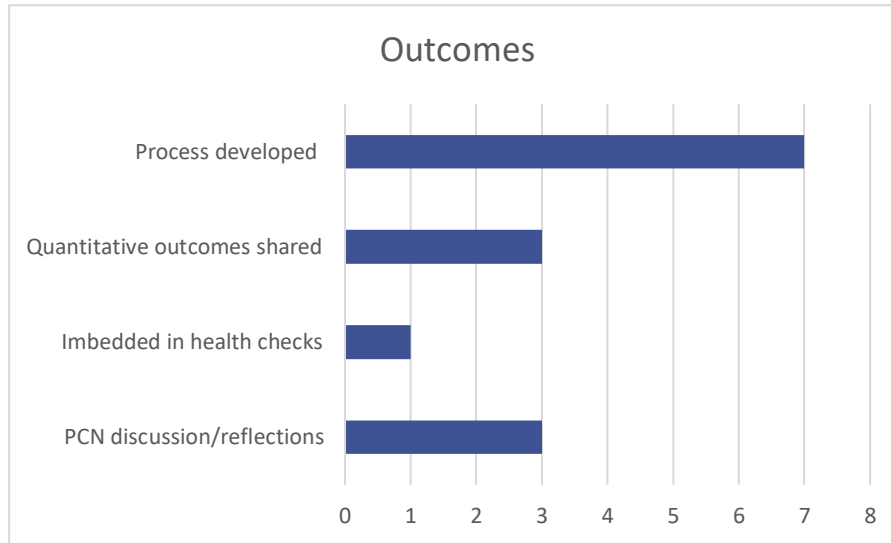
In addition to the patient awareness, 6 PCNs opted to raise awareness of prostate cancer among the health professionals in the PCN.



PCNs were asked to share any outcomes that resulted from their work.

The below chart shows that some have developed new processes for PSA requests in their practice including examples of new self-referral pathways. Three of the PCNs shared quantitative outcomes from their work which demonstrated increases in referrals. One has embedded raising awareness of PSA testing in health checks and 3 PCNs have reviewed and reflected on the project within their PCNs discussions.

The PCN has set up a self-referral link on the PCN website for PSA testing.

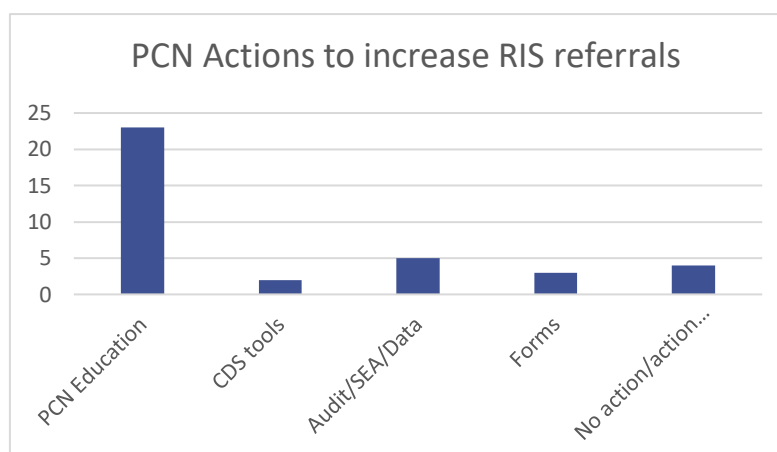


Rapid Investigation Service (RIS)

DES Requirement: Review use of their non-specific symptom pathways, identifying opportunities and taking appropriate actions to increase referral activity.

WCA offered PCNs a data visit a data visit that provided them with cancer data for their population broken down by GP practice. RIS referral data was included in the visit.

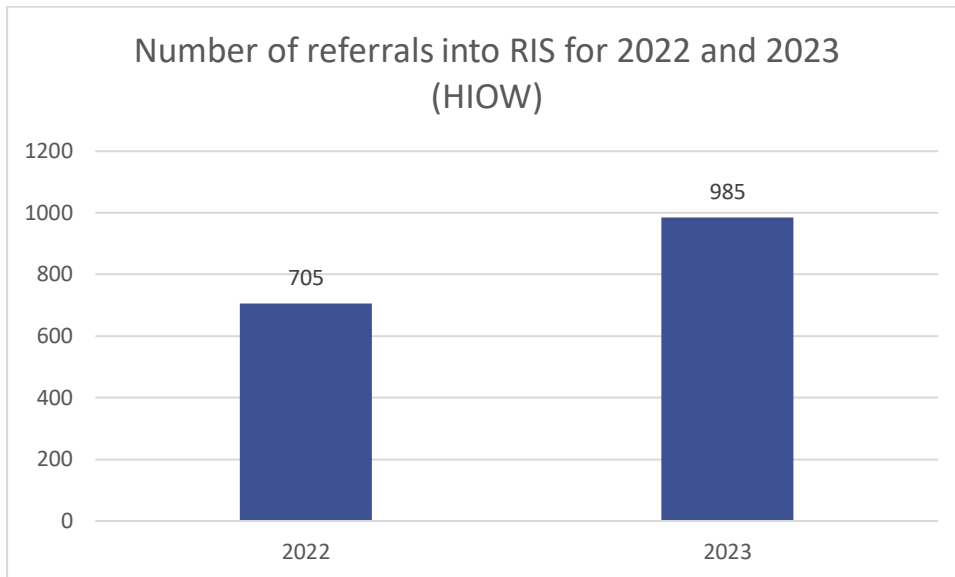
The majority of PCNs who responded used education to increase awareness of the RIS pathway (see chart below). Other examples included promoting clinical decision support tools (CDS tools) for NG12 compliance, making the RIS forms easier to access, and monitoring and auditing RIS referrals. Some felt that there was no action needed as the pathway was already well used and others have work planned for 2024.



PCNs were asked to share any outcomes from the actions that were taken. The majority stated that there is better awareness among clinicians about the RIS pathway and some have reported an increase in referrals to the pathway. However, there were also some reporting no difference in referrals. (Note: numbers to the pathway are small so changes are unlikely to be significant).

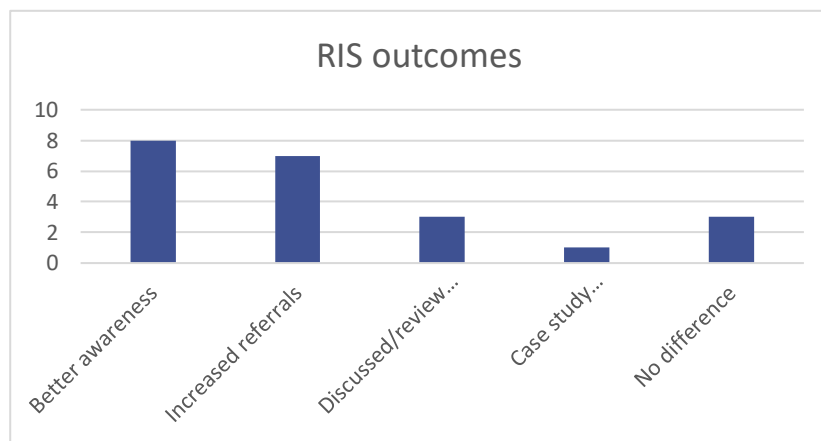


Reviewing all referrals into the service in HIOW an increase can be seen from 2022 to 2023 (see below).



There were several examples of audit of the service or cases that went through the RIS, e.g.

Audit of referrals into RIS was done showing a steady increase in referral rates and a cancer diagnosis. This was presented at surgery grand round to remind clinicians of referral criteria.

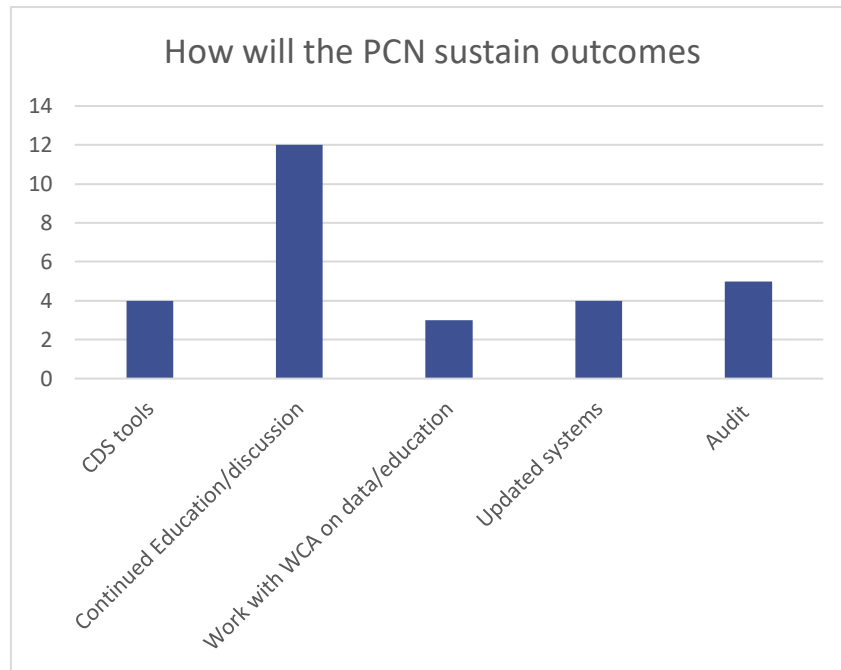


Additionally, PCNs were asked to report on how they plan to sustain their actions. As you can see in the below chart, the majority plan to have regular education and discussions about RIS referrals and some have planned to regularly monitor their referrals. Some PCNs have established new/improved systems for continued improvement.

PCN example:



The appropriate referral form is updated on our F12 shortcut. The care co-ordinators check weekly we have the right referral forms on the shortcut. We will continue to use the full name for the referral and not the acronym which caused confusion for the clinicians.



Next steps & recommendations

Referral practice

- The actions taken by PCNs on reviewing referral practice, demonstrated a high level of engagement with the audit. However, from the reports we are only able to capture qualitative data on this. WCA will have another local improvement scheme for PCNs in 2024/25, this will include a PCN level audit to capture quantitative data around the primary care pathway for certain tumour types.

Screening

- WCA are reviewing cervical coverage data for 2023/24 to understand if the data demonstrates any impact of work undertaken by PCNs. This update will be shared when available.
- Whilst many PCNs have self-reported improvements in their cervical screening coverage, this is often based on QOF data, which doesn't consider exception reporting. WCA will provide updated data packs to PCNs in January 2025, these will include cervical screening exception reporting data.
- It was encouraging to see the actions taken to follow up non-responders to the bowel screening programme, and the focus on widening participation. WCA will support this work in 24/25 with specific projects to improve participation in people with learning difficulties, and to improve take up of diagnostics following a positive bowel screening result.



- The 24/25 WCA Early Diagnosis LIS will also encourage PCNs to look at how they are engaging with their communities around cancer symptoms and screening, including use of social media.

FIT

- The majority of PCNs report having robust processes in place around the provision and safety netting of FIT. WCA will share these examples of good practice with PCNs that have not yet been able to fully embed FIT and offer support from our primary care team to address any barriers.
- There are significant differences for some PCNs between the self-reported IIF CAN-02 data and the national data, suggesting there may still be some coding issues. WCA will work with these PCNs and the ICB to identify any issues and support where needed.

Teledermatology

- There were many actions taken on teledermatology, the impact of which is shown in its increased use for urgent suspected skin cancer referrals. However, data from trusts shows that there are ongoing issues with the quality of images received. To address this WCA will work with the local trusts to deliver education, support and feedback on image taking via a teledermatology training local improvement scheme. This will be rolled out in a phased approach based on readiness of both providers and primary care.

Rapid Investigation Service

- Feedback on actions taken around the Rapid Investigation Service demonstrate a continued need for education. There are plans for an LMC-wide webinar to continue to promote this service.