

**Wessex Cancer Alliance/
Dorset ICS Cancer
Programme Cancer Early
Diagnosis Incentive
Scheme 25/26**

Introductory webinar

Please note this webinar is being recorded
Please turn off your camera and mute your microphone



Overview from last year



- **1808** primary care staff trained in Very Brief Advice for smoking across the region
- Primary Care Audit - Over **1000** Lung, **300** Pancreatic & **300** Oesophageal Cancers reviewed by clinicians (report in progress)
- **248** Practice Nurses attended education on Red Flag Cancer symptoms
- **Two** large campaigns supported - Oesophageal cancer and Know the Signs
- Great engagement from cancer champions in Communities of Practice and Community Engagement work

A HUGE THANK YOU TO THOSE THAT WERE INVOLVED LAST YEAR IN MAKING IT ALL HAPPEN!!



Overview from last year



I have made extensive use of VBA since doing the training with immediate gratifying results in many cases, with patients signing up for smoking cessation sessions immediately after!



Requirements for 2025/26

1. PCN to have named clinical and non-clinical cancer champions who should attend appropriate support webinars
2. PCN to promote awareness campaigns to their patient population
3. PCN to complete retrospective audit of prostate, bladder and kidney cancer diagnoses
4. PCNs to increase discussions and action upon red flag symptoms for lung cancer at COPD reviews
5. Clinical staff in the PCN to view cancer prevention video with a focus on alcohol and IBA

Requirement 1



Requirement 1: Named clinical and non-clinical cancer champion to be identified and attend appropriate support webinars



Named point of contact for information – all cancer messages from WCA will go through cancer champions so consider how the updates and messages are cascaded and who to

- Primary Care Newsletter
- COPs
- Educational opportunities



Requirement 1: Named clinical and non-clinical cancer champion to be identified and attend appropriate support webinars



Communities of Practice (Virtual)

- Who are they for?
- What are the benefits?
- How often?
- What if you aren't able to attend?

Raise concerns



Peer to peer learning

Share best practice

COP for Non-clinical champions

We will be hosting a series of optional COP meetings for non-clinical cancer champions to provide support for the LIS

If you have any projects or good practice examples to share, then we would love to showcase these at the meetings

Community of practice for non-clinical cancer champions survey



Requirement 2



Awareness Campaigns



Awareness Campaigns

Take advantage of heightened awareness and media attention on cancer during campaign awareness weeks, see the calendar below for details.

Cancer awareness month calendar

| January | February | March | April | May | June |
|---------------------------------|--|--|---|---|-----------------------------------|
| Cervical Cancer Prevention Week | Oesophageal Cancer Awareness World Cancer Day | Colorectal Cancer Awareness Ovarian Cancer Awareness Brain Tumour Awareness Prostate Cancer Awareness | Bowel Cancer Awareness Testicular Cancer Awareness | Bladder Cancer Awareness Sun Awareness Week Skin Cancer Awareness | Cervical Screening Awareness Week |
| July | August | September | October | November | December |
| Sarcoma Awareness | | Childhood Cancer Awareness Blood Cancer Awareness Gynaecological Cancer Awareness Thyroid Cancer Awareness Urological Cancer Awareness | Breast Cancer Awareness | Lung Cancer Awareness Pancreatic Cancer Awareness Mouth Cancer Action | |

Join the conversation and get your patients involved by:

- Sharing campaign messaging and resources on the surgery website and social media

Main focus

- Oral Cancer
- Lung

Toolkits available for most of the awareness months on the primary care toolkit awareness page

- Toolkit Home
- Patient Information
- Cancer Prevention
- Cancer Screening
- Awareness Campaigns**
- Referral Guidance
- Safety Netting
- Living With and Beyond Cancer
- Quality Improvement
- Data



Requirement : PCN to promote awareness campaigns to their patient populations



Lung cancer is the third most common cancer in the UK



To run June to mid-July

- A comms toolkit has been developed with social media assets/suggested wording
- You can request posters and leaflets for your practices
- Community engagement opportunities

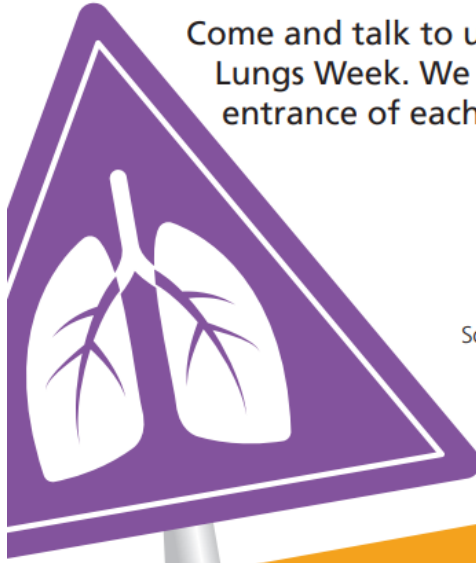
For support please get in touch:

wessexcanceralliance@wca.uhs.nhs.uk



Do you know the signs of lung cancer?

Come and talk to us during Love Your Lungs Week. We will be at the main entrance of each of these hospitals:



Monday 23 June

Basingstoke and North
Hampshire Hospital
9am-1pm

Tuesday 24 June

Southampton General Hospital
9am-1pm

Thursday 26 June

Queen Alexandra Hospital
Portsmouth
9am-1pm

Know the Signs
www.cancermatterswessex.nhs.uk/lung-cancer



CS57902 NHS Creative 2025

What is happening in your area?

For support please get in touch:
wessexcanceralliance@wca.uhs.nhs.uk

Requirement 3

COPD Reviews

Why?

- 37% of those in the primary care lung cancer audit had a COPD diagnosis.
- COPD is an independent risk factor for lung cancer
- In the initial analysis of the audit it showed delays caused by symptoms begin attributed to COPD
- Those completing COPD reviews have an opportunity to pick up lung cancers at a much earlier stage

COPD Reviews

What is the ask?

- All clinicians in the PCN involved in completing COPD reviews to attend a 1-hour webinar **Wednesday 30th July** (This will be recorded and available on demand for those unable to attend)
- Non-clinical cancer champions should have received an invite – please forward this on to clinicians within the practice that complete COPD reviews. You do not need to attend this yourself.
- Clinicians completing the reviews will be asked to complete a short 'Red Flag Symptoms' template for each patient during the reviews and then follow up with appropriate actions – guidance on this will be given in the webinar. Once template is used we will ask them to code this on the clinical system.
- Ensure that the practice/PCN have a clear escalation pathway in place.



Reporting



During the reporting period we will ask you to run a search to look at:

- 1) the proportion of COPD reviews completed with the Red Flag Symptoms' code**
- 2) compared with the previous financial year the use of the 'Red Flag Symptoms' code**


It would be useful for you to run a search during the year to ensure the code is being used. If not, you may need to check that everyone has attended the training and are clear on what the requirement is asking and remind/encourage the use of the template/code.

Survey – following the COPD webinar, participants will be asked to complete a survey

Discussion about clinical red flag warning sign

(procedure)

Concept ID: 713056003
Description ID: 3287829012

Synonyms 

Description ID

This code has no synonyms

Requirement 4



Requirement 3: PCN to complete audit of urological cancer diagnoses from 24/25



- What are we asking you to audit?
- Why?
- What is involved?
- How we will support
- Why urology?




PCN DES 8.3.1. A PCN must seek to improve health outcomes for its population using a data-driven approach and population health management techniques in line with guidance and the CORE20PLUS5 approach:

- c) reviewing cancer referral practice in collaboration with partners and working to improve early diagnosis**



Tabs...



|  Data information | | | |
|--|---|--|---|
| Question | Description/Further guidance | Options | Why is this information being collected? |
| Patient ID (for practice use only) | This could be the patient NHS number. This is for practice/PCN use only to keep track of patients during the data collection. <u>It is important that this information is removed before sharing externally.</u> | [Free text] | For the practice to keep track of patients they are auditing. Not for wider sharing. |
| Age (Prostate only) | Age range of patient | <40 41-49 50-59 60-69 70-79 80+ | To understand the prevalence of prostate cancer in each age group and to understand if there are any differences in between age groups in the data. The age ranges are aligned with the new NICE guidelines for PSA results, this will help us understand if this has had any impact on diagnosis. |
| Age (Bladder and Renal only) | Age range of patient | <40 41-45 45-50 50-59 60-69 70-79 | To understand the prevalence of bladder and renal cancer in each age group and to understand if there are any differences in between age groups in the data. The age ranges are aligned with the NICE guidelines for referrals results, this will help us understand if this has had any impact on diagnosis. |
| Sex (Bladder and renal only) | The sex of the patient as found on patient record | Female Male | To understand the prevalence of cancer in each sex and to understand if there are any |



Section 1 (demographics)



| ***Please complete all fields*** | | PCN/Practice Name | |
|----------------------------------|--------------|-------------------|---------|
| Patient ID (for practice use) | Demographics | | |
| REMOVE BEFORE SHARING | Age | Ethnicity | Frailty |
| | | | |
| | | | |
| | | | |

NHS – for reference whilst doing the work

Age – in age blocks

Frailty – helps gauge where someone is



Section 2 (risk factors)

| Risk Factors | | | |
|----------------|--------------------------------|---------------------------|------------------------------|
| Smoking status | Occupational chemical exposure | Long-term catheterisation | Previous pelvic radiotherapy |
| | | | |
| | | | |
| | | | |



Section 3 (diagnosis)

| Diagnosis | |
|--------------------|--------------------|
| Route to diagnosis | Stage at diagnosis |
| | |
| | |

Information should be on a hospital letter



| | | | |
|----------------------|---|--|--|
| Stage of diagnosis | Stage of diagnosis where recorded on patient notes. For TNM classification conversions please use the tab below for reference guide for each tumour site. | <ul style="list-style-type: none"> Stage 1 Stage 2 Stage 3 Stage 4 Unknown/not recorded | To find out the proportion of cancers diagnosed at the various stages and to enable comparisons to risk factors, symptom presentations and investigations at each stage. This may help inform work around early cancer diagnosis and prevention. |
| Symptom presentation | | | |

Stage groupings

| Stage Group | T stage | N stage | M stage |
|-------------|----------|---------|---------|
| Stage I | T1, T2a | N0 | M0 |
| Stage II | T2b, T2c | N0 | M0 |
| Stage III | T3, T4 | N0 | M0 |
| Stage IV | Any T | N1 | M0 |
| | Any T | Any N | M1 |



Section 4 (symptoms)

| Symptom Presentation | | | | | | | |
|-------------------------------------|----------------------|------------|----------------|-------------------------|----------------------|-------------|------------------------|
| Lower Urinary Tract Symptoms (LUTS) | Persistent bone pain | Haematuria | Recurrent UTIs | Unexplained weight loss | Erectile dysfunction | No Symptoms | Other(s), please state |
| | | | | | | | |



Section 5 (primary care investigations/ findings)

| Primary care Investigations/Findings | | | | |
|--------------------------------------|--------------------------|--|---|-----|
| PSA (most recent) | PSA result (most recent) | On finasteride/ dutasteride at time of PSA result? | Number of times PSA tested in preceding 2 years | DRE |
| | | | | |
| | | | | |
| | | | | |



Section 6 (primary care interval)

| Primary care interval | |
|--|--|
| Time from first clinical contact to first referral | Number of (relevant) clinical contacts prior to referral |
| | |
| | |
| | |

To gather how quickly someone is referred
Number of appointments



Section 7 (delays)

| Delays | | | |
|--|--------------------------------|--|--------------------------------|
| On reviewing the case, could they have been referred from primary care sooner? | If yes, please provide details | Were there any delays in secondary care? | If yes, please provide details |
| | | | |
| | | | |

To gather if there are delays in the system



| Additional comments/reflections/key learning |
|--|
| |
| |
| |



Primary Care Urology Audit Supporting Information

This document has been developed to provide prompt questions and things to consider when completing the 'reflections' section of the audit. It is helpful if you can provide sufficient detail when completing this section to ensure that themes can be generated for the analysis.

This is an opportunity to reflect and understand challenges across the region in both primary and secondary care as well as identify areas for further learning. This has not been designed to look for blame or be used in a judgemental way so please use this opportunity to be open and transparent with your reflections and considerations.

Things to consider:

Safety netting – was there adequate safety netting in place for patients that don't meet referral criteria? Is there a safety netting protocol for following up on patients with haematuria, including those with non-visible haematuria when infection is not confirmed on lab testing?

Delay in arranging investigations – were there delays in arranging investigations (such as bloods/urine culture) or receiving results?

Patient Factors – communication/language barriers, frailty, multimorbidity, patients not following up appointments?

Diagnostic overshadowing – Were symptoms put down to another condition? What condition(s)?



C The Signs

| C the Signs | |
|--|-----------------|
| Suggestions from retrospective Risk Assessment | Learning points |
| | |
| | |
| | |
| | |

- Use the C the Signs risk assessment tool retrospectively for 10 cases (from first relevant consultation if multiple consultations.)
- This should include cases from all 3 types of cancers – bladder, kidney and prostate, and reflect the proportionality of these cases in your PCN



Prostate Cancer Awareness



4.4 Carry out prostate cancer awareness raising with high-risk groups, including Black men over the age of 45 and men with a family history of prostate cancer.

<https://cancermatterswessex.nhs.uk/prostate-cancer-campaign/>

<https://prostatecanceruk.org/>

<https://www.wessexlmcs.com/video/a-focus-on-urological-cancers/>

<https://wessexlmcs.podbean.com/e/psa-testing-for-prostate-cancer/>

+ link to PSA statement on WCA website!



Questions

Requirement 5

Identification & Brief Advice for Alcohol

Why?

What is the ask?

- Share video with all patient facing clinicians within the PCN IBA Alcohol bitesize video
- Encourage them to complete a short survey – this will help us monitor numbers per PCN



[complete this short survey](#)



Next Steps



We will send out all the Getting Started Documents including;

- Urology audit templates
- Searches for SystemOne
- IBA Video
- IBA Survey
- Suggested email templates for wider sharing
- Lung Awareness Toolkit

Further Support

[Local and National Contracts - Welcome to Wessex Cancer Alliance](#)

Contact lucy.pickup@wca.uhs.nhs.uk or vicki.wright@wca.uhs.nhs.uk if further questions

Primary Care Toolkit



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

NHS

Wessex
Cancer Alliance

Questions