Prevention and Early Diagnosis Local Improvement Scheme

and

Dorset Early Diagnosis Incentive Scheme 2024-2025

Wessex Local Improvement Scheme and Dorset Incentive Scheme 2024-25

NHS Wessex Cancer Alliance

59 PCNs across Wessex took part in the LIS

Practice nurses can play a crucial role in the early identification of cancer:

170

Practice Nurses are more confident in recognising cancer red flags during long term condition reviews (following a series of bespoke education sessions)

Clinical audit identifies and promotes good practice but also supports education, learning and quality improvement, to the benefit of patients:

1,708 cancer cases have been reviewed via the Primary Care Audit

WCA plan to action Wessex-wide improvements based on these findings:

20 Over 20 common delays have been identified across the full audit data

90% of clinicians surveyed took direct action or made changes to practice as a result of completing the audit

It has been interesting to look back through the diagnostic process, to see what was done well, and if there were delays to diagnosis, what could have been done better. In particular, it has been useful to look at the presenting symptoms for each cancer diagnosis. This has allowed further discussion with colleagues about cancer recognition and has made me more vigilant in looking for 'less typical' cancer signs, in my consultations.

Very Brief Advice for smoking cessation (VBA) delivered by a health professional is proven to increase the chances of an individual making a quit attempt

Over 50% of primary care staff in Wessex are now trained to use Very Brief Advice

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!

4% The estimated increase in early diagnosis rates as a result of increasing the awareness across the Wessex population of the importance of timely presentation of possible cancer symptoms

Primary Care engagement with 24/25 WCA campaigns was the best to date. All PCNs supported at least 2 WCA campaigns, which significantly increased the reach of cancer awareness messaging across the Wessex population.

Executive Summary

The Local Improvement Scheme (LIS) for 2024/25 outlined five requirements focused on prevention and early diagnosis of cancer and PCNs were funded at a rate of 15p per patient (based on weighted list size per PCN) coming to £450,000 across Wessex. 59 out of 61 PCNs signed up to the LIS/IS (41/43 for HIOW and 18/18 for Dorset).

Requirement 1: PCN to have named clinical and non-clinical cancer champion who should attend appropriate support webinars

- Wessex Cancer Alliance GPs chaired 6 regional community of practice meetings for clinical cancer champions.
- 93% of participants either found it useful or very useful with Hot Topic/Updates and discussions around audit cases being the most beneficial.

Requirement 2: PCN to support practice nurses to attend cancer education sessions

- 77 attendees across 6 face-to-face evening education events
- A webinar was held for those unable to attend the events with 21 attending live and a further 72 views for the webinar on demand.
- Feedback for the events were mostly positive with 74% finding the sessions very useful.

Requirement 3: PCN to complete retrospective audit of pancreatic, oesophageal and lung cancer diagnoses

- A total of 1047 Lung, 351 Pancreatic and 310 Oesophageal cases were audited.
- Individually clinical champions reflected on the audit with 90% of respondents finding the audit 'useful' or very useful' for their own learning.

A separate audit report will be published with the full findings

Requirement 4: PCN to promote awareness campaigns to their patient populations

- Excellent engagement with two mandatory awareness campaigns ('know the signs' and oesophageal). All PCNs supported at least one other awareness month/ campaign with 27 PCNs reporting that they had supported/promoted more than 3 additional campaigns throughout the year (e.g. Stoptober).
- PCNs also reported some excellent examples of community engagement work and other engagement that was completed in addition to the LIS requirements.

Requirement 5: Clinical staff in the PCN (including patient facing ARRS roles) to complete 'Very Brief Advice' (for smoking cessation) training

- 1808 people from Wessex completed training on Very Brief Advice (VBA) for smoking during the 24-25 financial year
- A total of 683 surveys were completed across Hampshire, Isle of Wight and Dorset.
- (63%) were 'Very Likely' to use VBA in future consultations.

Full Report

Introduction

The Wessex Cancer Alliance Prevention and Early Diagnosis Local Improvement Scheme (LIS) and Dorset Early Diagnosis Incentive Scheme (IS) is commissioned at a local level to support and incentivise primary care providers in delivering targeted improvements in clinical care and service provision. LIS/IS agreements are tailored to address the specific health priorities and needs of a local population.

This report outlines the implementation, outcomes, and reflections from participation in the LIS/IS undertaken by PCNs across Hampshire, Isle of Wight & Dorset. The scheme aimed to improve the prevention & early diagnosis of patients, aligning with local Integrated Care System (ICS) priorities and national health improvement goals, e.g. the national long-term plan.

The LIS/IS was designed to aligns with Network Contract DES: Contract specification 2024/25

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

8.1.7. A PCN should actively seek to reduce health inequalities across its Core Network Practices in line with guidance and the CORE20PLUS5 approach. To address health inequalities, a PCN should work in partnership within local communities to deliver effective outreach and target care to address health inequalities that are amendable to primary care intervention.

The Wessex Cancer Alliance Prevention and Early Diagnosis Local Improvement Scheme (LIS) and Dorset Early Diagnosis Incentive Scheme (IS) 2024-2025 set out five key requirements that PCNs were expected to achieve within the financial year. An overview of the requirements can be found in appendix A. PCNs were funded at a rate of 15p per patient based on weighted list size. Across Wessex this came to a total of £450,000 (£300,000 to HIOW PCNs and £150,000 Dorset PCNs).

A total of 59 out of 61 PCNs signed up to the LIS. 41/43 of these were Hampshire and Isle of Wight (HIOW) PCNs and 18/18 of these were Dorset PCNs.

PCNs were asked to report on their achievements and several surveys and measures were taken at the end of the year to provide evidence on PCN progress towards these requirements. The report below outlines the reporting feedback and achievements from the year by requirement.

Requirement 1: PCN to have named clinical and non-clinical cancer champion who should attend appropriate support webinars.

As part of this requirement, PCNs were required to provide a named clinical and non-clinical cancer champion to provide a leadership role in completing the requirements of the LIS/IS. All PCNs provided this information on sign-up. Cancer champions had certain requirements to fulfil as part of their role to help facilitate the achievement of each requirement. One of the roles of the clinical cancer champion was to attend Community of Practice meetings.

Communities of Practice

Communities of Practice (COPs) are forums for practitioners to collaborate to improve practice by sharing knowledge and problem solving in cancer prevention, early diagnosis, faster diagnosis, treatment and care.

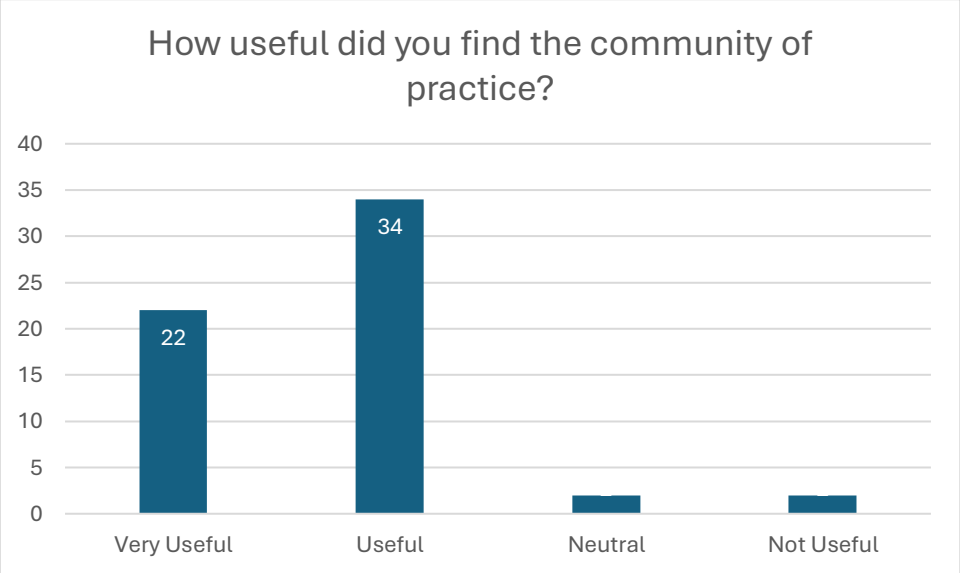
Wessex Cancer Alliance established 6 regional COPs, chaired by local Alliance GPs to engage with clinical primary care colleagues across the region. Three COPs per region were held across the year (approx. every 3 months). The main agenda items included 'Hot Topic' updates e.g. PSA testing, unscheduled bleeding pathway and FIT, as well as shared learning from lung, pancreatic and oesophageal cancer audits and other best practice examples. They also provided space for raising issues/concerns as they arose for escalation.

Clinical cancer champions were asked to attend all three COPs. Meetings were not recorded to allow for open discussion. Meetings were held over lunch times and efforts were made to provide notice and schedule at a time that works for not only the cancer champions but also the GP chairs, however it was recognised that it was not always possible to suit everyone and so if cancer champions were unable to attend then they were asked to provide a clinical deputy in their place.

Survey results

Clinical cancer champions who attended the communities of practice we asked to complete a short survey to share their feedback on the meetings. A total of 60 surveys were received.

The first question asks how useful participants found the COPs. The survey below shows that 93% of participants either found it useful or very useful.



Feedback from survey

The majority of PCNs found the discussions around the audit and 'Hot Topics' updates the most useful elements of the COPs. Several mentioned it was useful to discuss difficult cases or issues and some mentioned it was good for networking. One highlighted timing of the meetings was not good, and one felt that MS Teams was not good for networking. Another

reflected that discussions don't necessarily lead to change. Below are some quotes from PCNs to help reflect their thoughts.

The data presented, in particular the collation of the audit data was extremely useful and interesting. I found the presentation was useful for me to present in our own PCN community of practice meeting, with the practice cancer leads and other interested parties. In addition, I also am planning a lunchtime meeting(s) to include this and other details regarding local and national strategies for early diagnosis of cancer, to be carried out in April, to consolidate and reinforce this information.'
'It has very useful to have the chance to discuss the cancer audit, and to have a forum where we can discuss any difficulties with cancer referrals and the screening programme (e.g. the impact of targeted lung cancer screening). It is very good to hear what other practices are doing, and to be guided by the WCA team.'
'Also, a chance to see how other practices are doing things are rural general practice can be quite isolated.'
'Receptive forum to discuss challenges and how to optimise primary care cancer pathways.'
'The WCA Meeting was useful for primary care professionals to collaborate on critical cancer screening and diagnostic challenges. Key discussions included improving lung health check pathways, addressing ethical concerns about reporting medical findings, and enhancing referral processes for prostate and bowel cancer. The meeting provided a platform to share local audit insights, discuss system-wide challenges in patient care, and develop standardized approaches to early cancer detection. Participants exchanged practical experiences, identified potential improvements in clinical practices, and aligned on strategies to better support patient care across different cancer screening programs.'
'More of a discussion than an evidence-based approach to health outcomes'
'As it is on teams it is harder to network.'
'I think a lot of meetings like this allow us to highlight issues in systems, but I don't feel things necessarily can be changed.'

There were two optional webinars designed for primary care clinicians that were promoted through cancer champions in addition to the COPs. One focused on Lung Cancer and one on Oesophageal Cancer. Even though both were optional and not part of the LIS, there were still over 70 attendees to both. The webinars were also recorded and available on demand so had a greater reach to those unable to attend live. This demonstrates that the cancer champions have an instrumental role in promoting these education events and increase the reach of key early diagnosis education.

Requirement 2: PCN to support practice nurses to attend cancer education sessions.

As part of this requirement WCA asked all PCNs to ensure that a minimum of one practice nurse attended education on red flags for cancer in the treatment room and side effects of cancer treatment. Practice nurses are a group that have been difficult to engage with more recently, due to loss of their protected learning time in practices.

On advice of the primary care and GP team, WCA hosted a series of evening, face to face education events. A total of 6 events were held in different localities across the region. There was also the option of a webinar that could be watched live or on demand. The events had two sessions, one on earlier diagnosis of cancer and red flags in the treatment room and

long-term condition review. The second session was on side effects of systemic anti-cancer treatment with a focus on immunotherapy.

WCA hosted 6 evening events with a total of 77 attendees across these events.

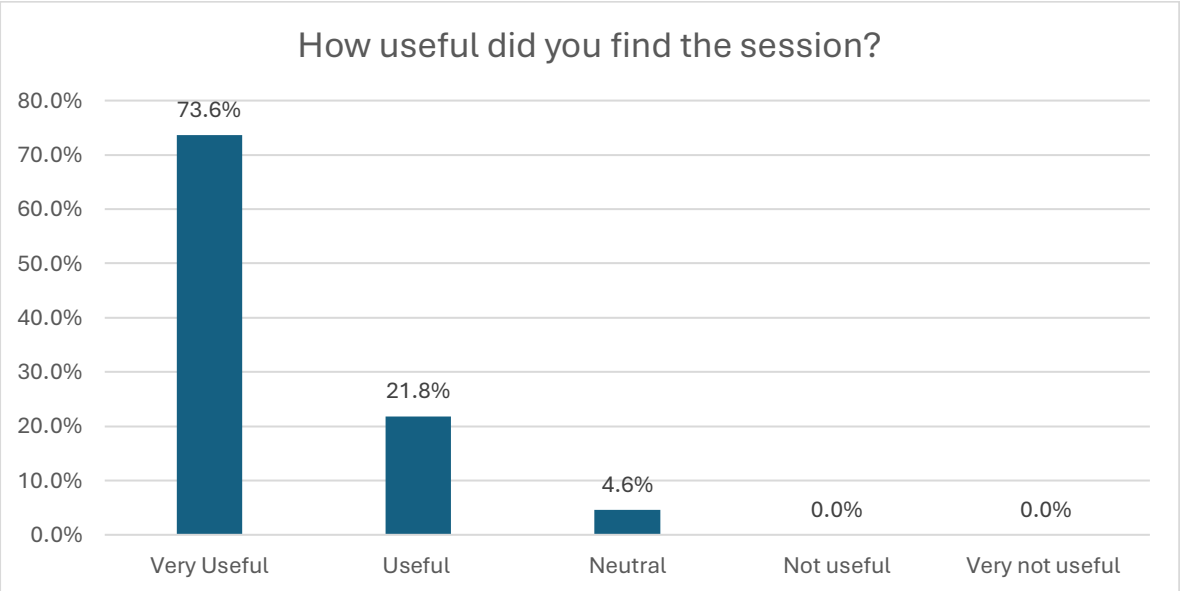
Event Location	Number of attendees
Portsmouth	10
Southampton	17
Basingstoke	20
Dorchester	19
Bournemouth	6
Isle of Wight	5
Total	**77**

A total 25 attended the red flags in the treatment room webinar and 20 attended the treatment and side effects sessions. There were an additional 72 views on the red flags in the treatment room webinar following the event and a further 27 views of the cancer treatments and side effects webinar.

Webinar	Live attendees	On demand views
Red Flags in the treatment room	25	72
Cancer treatment & side effects	20	27

<u>Feedback from sessions</u>

Feedback was gathered from all the events via a Microsoft Forms survey, with 73.6% of attendees finding the session ‘very useful’



The survey asked for comments on the sessions and further comments were received in the main LIS reports.

Most comments were positive and common themes were the usefulness of the resources shared, that the information was relevant and interesting and there were good speakers.

Examples of the feedback is below:

Fantastic session, really great being face to face. Highlights what we can be looking for in our everyday life etc
Relevant information for the practice nurse role very informative and friendly session.
Great speakers. Good amount of information covered, and really useful resources provided.
I'd like to think I incorporated much of what we discussed in my practice already, but a great refresher.
Very informative and exceptionally well presented in a friendly and positive way
Very interesting and informative, thought provoking! It will benefit patients in the future.
Our nurse came back very enthusiastic; she reports it was relevant to her role. She then ran a lunchtime workshop for the other nurses to share the information
"Personally I found the evening very interesting and glad I attended despite the fact that it was tacked on to the end of a busy day with a late finish. Very grateful that a meal was provided
Found it really helpful, great to have attended in person – so opportunity to peer networking and attend education
I have found the cancer informational evening very interesting and useful. I have been able to apply the information discussed into my daily practices and it has heightened my levels of observation regarding Red Flags for cancer. It has highlighted that we need check if we have a Red Flag pathway for all within the practice that is written and followed

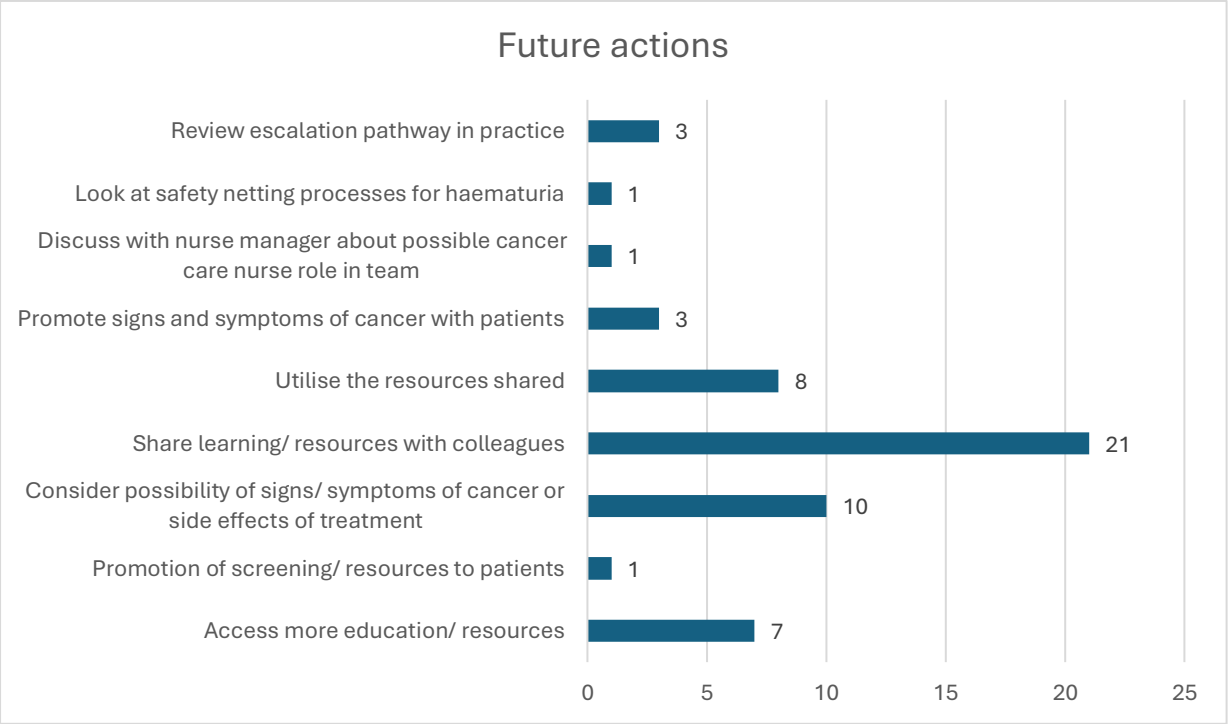
However, there were some comments that highlighted areas to improve or more negative feedback. This included feedback that some of the sessions were too basic but also for others than some was too detailed or didn't feel relevant to their role. This highlights the skill mix and diversity within the practice nurse role and the difficulty in pitching education at the correct level.

Similarly, there was a mix in opinion on whether having an evening event was useful, with some feeling that after a busy day an evening event was too late and made it more difficult to engage but with others appreciating the opportunity for a face-to-face event with a chance to discuss in person and network. Despite offering a range of options of venues, due to the large geography we cover in Wessex, it was difficult to accommodate all needs for this, which is why the online option was still important. Below are some examples of the negative feedback.

Felt reading off the slides was not necessary. A lot of the information felt quite basic. Things we are already doing, explaining clinical conditions which we should know sorry. I thought we were all qualified nurses.
Useful. One session was a little basic for the level of experience in the attendees
I was the Cancer Liaison Nurse at my surgery for a year, so have attended quite a few Teams meetings and watched webinars, where I have already learned most of what was discussed on 19th. However, I realise that a lot of the nurses were probably new to

cancer. I found the case studies interesting. I thought the oncology was condescending - I felt the session was more suited to reception staff or HCA's
Good insight into cancer care. Sometimes felt was a little too in depth for practice nurses, more lead nurse/nurse specialist info, but on the whole a good session
First part very informative, I found the second half overwhelming with information.
Feedback from the team, there were not enough local venues, and it was difficult to attend dates offered as nurses were facing winter pressures with the Covid and Flu season
Some of the information felt more relevant for ward work in hospitals but useful refresher
To improve uptake possibly providing in a closure afternoon should improve uptake as voluntary attendance and after a long clinic not getting paid to attend or costs of milage prevented increased uptake

Attendees were also asked about any actions they planned to take following the webinar. There were a range of responses with the most common theme being that they would share learning and education with colleagues at their practices. See below for more details:



Overall, there was mostly positive feedback for the education. Due to the events being spaced out over the year, it was possible to adapt content based on feedback and improve the sessions. This requirement allowed a good reach to a large number of practice nurses. Given the cost and the staff time involved in organisation of in person events, it is worth considering whether this is the most effective way to deliver education in future and whether virtual sessions might be preferable. The slight mix in feedback around the relevance of some of the content to attendees highlights the importance of practice nurses being involved in delivery of the education where possible to ensure that it is tailored appropriately.

Requirement 3: PCN to complete retrospective audit of pancreatic, oesophageal and lung cancer diagnoses.

Clinical audits are essential tools in primary care, enabling healthcare professionals to evaluate the quality of care provided to patients and identify areas for improvement. By systematically reviewing clinical practice against established standards and guidelines, audits help ensure that patient care is safe, effective, and evidence based.

This retrospective audit focused on lung, pancreatic & oesophageal cancer, assessing the primary care pathway within PCNs. The aim was to highlight strengths, understand delays, and support continuous quality improvement. These tumour sites were chosen due to the complexities in presentations and often late-stage diagnoses.

Wessex Cancer Alliance provided a standardised audit template and clinical system searches that highlighted eligible patients.

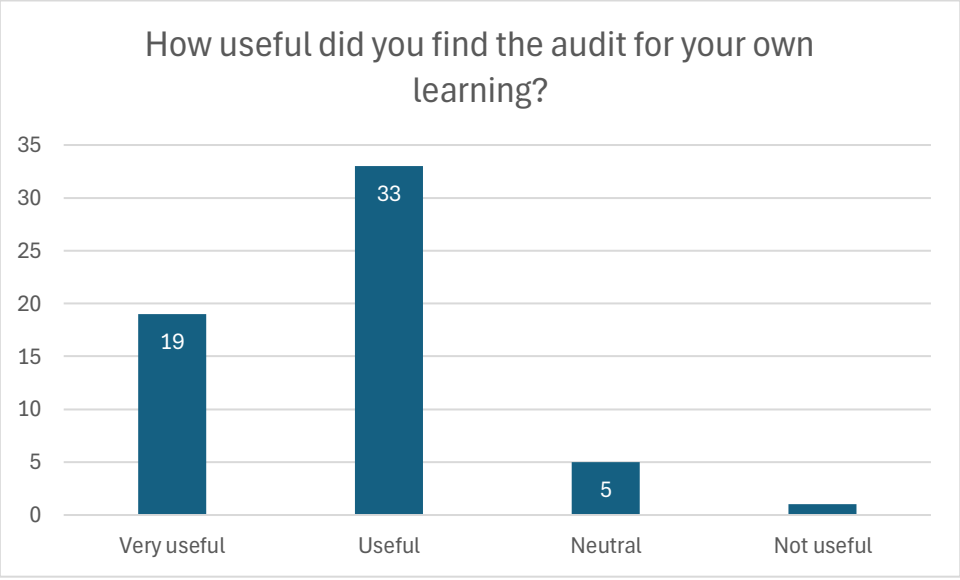
PCNs in Hampshire & Isle of Wight were asked to audit one full year of eligible patients with the data collection period running from 1st April 2023 to 31st March 2024. Dorset PCNs were asked to audit 6 months of eligible patients.

Data sources included electronic medical records (SystmOne or EMIS) and the data was collected by a clinical cancer champion with the PCN or designated clinical lead by practice.

59 PCNs submitted data with a total of 1047 Lung, 351 Pancreatic and 310 Oesophageal cases reviewed and audited by clinical cancer leads.

A full report on the findings of the audit will be made available on completion.

Clinical leads were surveyed to gain feedback on the audit process from their perspective. 58 clinical leads responded to the survey and provided feedback. 90% of respondents found the audit 'useful' or very useful' for their own learning.



Clinical leads were asked for details of why they selected this response.

It has been interesting to look back through the diagnostic process, to see what was done well, and if there were delays to diagnosis, what could have been done better. In particular, it has been useful to look at the presenting symptoms for each cancer

diagnosis. This has allowed further discussion with colleagues about cancer recognition and has made me more vigilant in looking for 'less typical' cancer signs, in my consultations.
I found it fascinating to be able to look back over cases to look at presenting symptoms, timeline of events and consider how they got to the diagnosis.

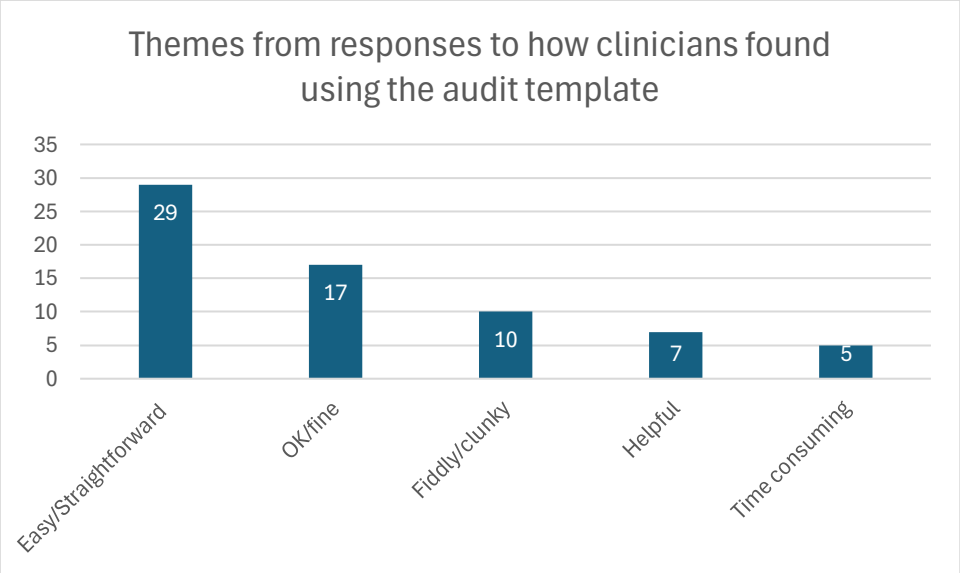
One of the main reasons reported for the ‘neutral’ or ‘not useful’ responses were that the numbers were small for their PCN and therefore unable to learn a lot from their findings or that there was very little that could have been changed in the cases that were reviewed. These PCNs may benefit more from the wider learning that comes from the audit findings so sharing these more widely once complete will be important.

Beneficial learning from lung cancer due to numbers in audit - less so in pancreatic cancer as only 4 patients across PCN. From oesophageal cancer audit found learning better from the WCA educational session but communal COP learning from combined audits more helpful than our individual PCN due to low numbers and less common themes to draw out.

When asking clinical leads how they shared the learning from the audit, the majority reported to have shared their learning at PCN or practice meetings and many reported sharing the learning via email using slides or bullet point summaries. Some reported to have presented their findings at larger education events.

Finally, clinical leads were asked to feedback on how they found completing the audit template.

The most common response was that the template was easy or straightforward to use, with the next response being that the template was ‘ok or fine’ to use. Several reported the template to be fiddly/clunky and/or time consuming and several reported that the template was helpful.



The audit template was extremely helpful. It provided in depth guidance about the information required and allowed me to complete the audit in a manageable way.

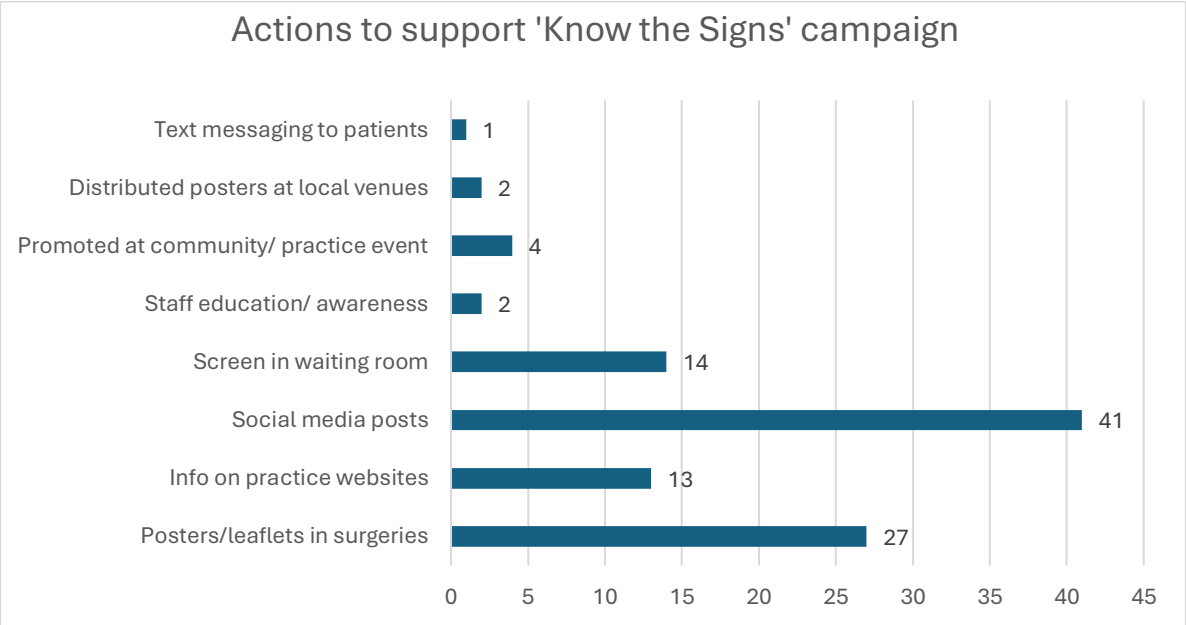
Requirement 4: PCN to promote awareness campaigns to their patient populations

Increasing timely presentation for those with symptoms that could suggest cancer is one of the factors that needs to be addressed to improve earlier diagnosis of cancer. The NHSE Cancer team has directed cancer alliances to focus on timely presentation and to deliver campaigns and use community engagement and partnership activity to encourage earlier presentation.

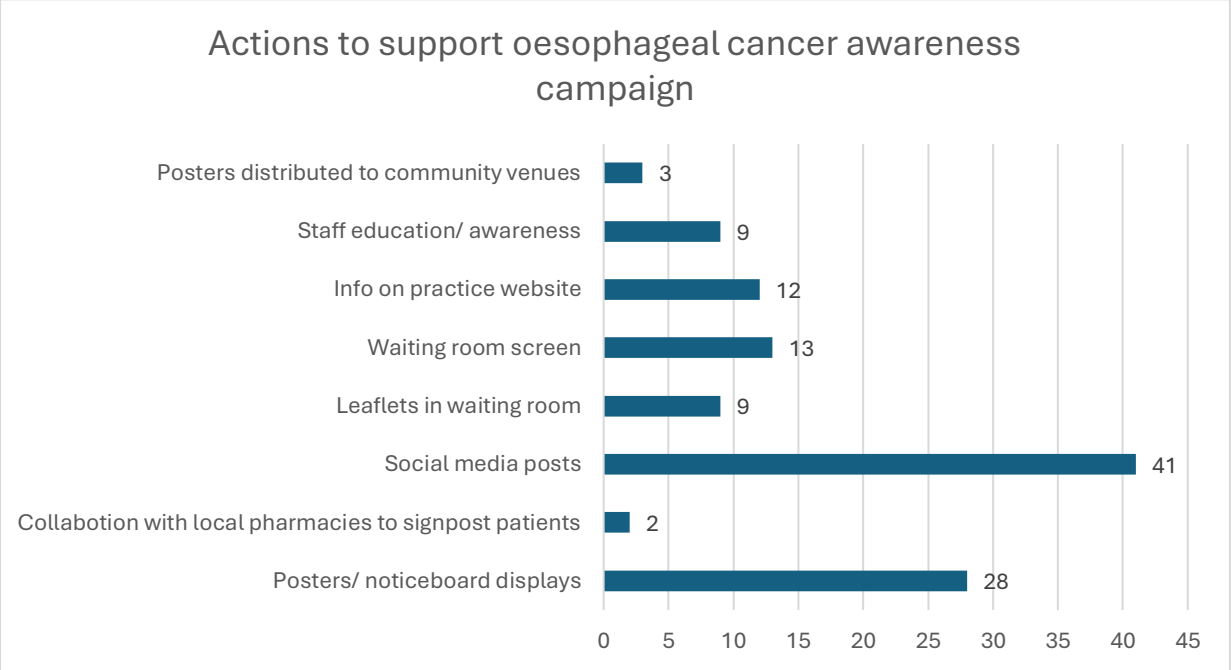
To support this aim PCNs were asked to promote cancer awareness campaigns to their patient population and in particular to focus on Wessex Cancer Alliance's Autumn 'Know the Signs' general awareness campaign and the oesophageal awareness campaign in February as well as 'Stoptober' (a campaign to encourage people to stop smoking.)

There was excellent engagement with these campaigns. In the evaluation of the 'Know the signs' campaign it was noted that this GP practice engagement was the best of any campaign to date.

PCNs were asked to give details of the actions they took to promote these campaigns. Below are details of the actions taken to promote the 'Know the Signs' general awareness campaign.



There was also excellent engagement with the oesophageal cancer awareness campaign. Details of actions taken by PCNs are below.



A report from Heartburn Cancer UK highlighted the engagement from Hampshire PCNs in their Oesophageal Cancer Campaign evaluation.

> GPs, PCNs, pharmacies and supermarkets in Hampshire showed the greatest interest in campaign engagement through the dissemination of physical materials – Heartburn Cancer UK

PCNs were asked about other cancer awareness campaigns they had supported. There was lots of work undertaken in this area, with many PCNs supporting multiple campaigns over the year, often with a monthly focus in line with the cancer awareness calendar. 27 PCNs gave details of supporting 3+ campaigns across the year in addition to those above. PCNs were asked to support Stoptober as part of the LIS, but this was not formally reported on, however, 37 PCNs reported that they had supported this campaign, many of them targeted this to their known smokers.

PCNs were asked to provide any feedback or case studies on whether the campaigns had led to an increase in referrals or patient presentations. This information is difficult to collect, and none were able to give concrete evidence to this, but anecdotally many felt that campaigns were having a positive impact and they saw patients present as a result of them. Some examples of their feedback is below.

> We can't think of a specific case but patients frequently present to us with a symptom and mention that they were prompted by a cancer awareness campaign. Examples would be Lung… coughing blood; Bowels…bleeding/change in habit; Skin…change to

mole; Prostate screening. These campaigns are having a good effect on early presentation.
There have been patients presenting because of campaigns but I do not hold data for this
No specific cases but trends: - Increase in lung health check questions and consultations for prolonged coughs - Increase in PSA testing (patients were requesting) - Breast screening patients wanting it prior to the screening start ages or once the screening programme has finished

Non-clinical cancer champions were also required to attend a community engagement webinar and then optional follow-on drop-in sessions. These sessions were opportunities to provide support and education around community engagement, answer questions and showcase case studies from across the region. Although it was not a requirement of the LIS to undertake community engagement activity, PCNs were encouraged and supported to do this. PCNs were asked to report on any community engagement activity undertaken there were many excellent examples of work undertaken. See below for some examples of work undertaken or planned.

Encouraging engagement of cervical, breast screening from the Nigerian community by providing education and answering questions. (this was done by our practice nurses alongside the breast screening service)
Both surgeries attended 2 local agricultural shows to raise awareness around early detection and screening
Cancer care coordinator persuaded Tesco to donate toilet rolls, and she created goody bags with a toilet roll and bowel cancer information which was handed out at local community events. She held a PCN roadshow at Sainsburys promoting cancer awareness – they also donated toilet roll
We have not yet organised an event, but we will be attending a cross-community event in April. Following this, we plan to collaborate with community leaders to establish something meaningful after discussing their concerns. We've recently learned that the most effective community engagement events are those where communities are empowered to organise the events themselves. Therefore, we are exploring the best ways to facilitate this process
Women's health engagement evening which included a breast examination teaching session
PCN Hosting a Cancer Awareness community day on 20th May open to all patients in PCN with 3 talks planned and representatives from voluntary and charity sectors. In house participation in cancer awareness campaigns
Presented at various community group meetings, sharing information about cancer awareness and running a quiz to keep it entertaining and engaging
Practice nurse provided Women's Health initiatives at Chickerell Camp. Women were invited to attend an information session on the importance of Breast self-examination, Cervical screening. Information sessions were held in July and December of 2024 and January 2025. Approximately 40 women attended

It has been demonstrated that there was excellent engagement by PCNs with awareness campaigns. This work has increased from the previous year and will continue to be included in next year's LIS.

The community engagement work has given examples of excellent work going on in PCNs, which is often being completed with no extra funding so highlights the need for Wessex Cancer Alliance to continue to offer support with this work in 25/26.

Requirement 5: Clinical staff in the PCN (including patient facing ARRS roles) to complete 'Very Brief Advice' (for smoking cessation) training. Aim for at least 50% to complete the training.

Smoking remains the largest modifiable risk factor for cancer. Evidence demonstrates that advice on how to quit smoking from a Health Care Professional can be one of the most important triggers for a quit attempt and NICE recommends that all health and social care professionals be trained in VBA and deliver VBA opportunistically to patients.

VBA is a simple form of advice designed for busy health professionals that can be used opportunistically in less than 30 seconds. It works by telling them how to stop and directing them to appropriate support and treatment.

The National Centre for Smoking Cessation and Training (NCSCT) are an established training provider for effective evidence-based tobacco control programmes and smoking cessation interventions and provides a free online module designed for primary care to outline the principles of VBA.

PCNs were required to promote and encourage at least 50% of clinical staff within the PCN to complete this short education and asked to report on the proportion of staff that have completed this. From the 45 PCNs that reported by percentage, an average of 67% of their patient facing staff had completed the training.

NCSCT were also able to provide data to demonstrate the numbers of those from the regions across Wessex that took up the VBA education compared with the previous year. The table below shows 1808 people from Wessex completed the training during the 24-25 financial year which is 1662 more than the previous year (1138%) increase.

Number of people completing the NCSCT VBA training for each LA for 23/24 and 24/25:

Local authority	2023-24	2024-25
Dorset	18	492
Hampshire	79	852
Isle of Wight	12	136
Southampton	28	171
Portsmouth	9	157
Total	**146**	**1,808**

NOTE: When creating an account trainees could choose one of either Hampshire CC, Southampton City or Portsmouth City, so there is not any duplication between the number for each.

PCNs were also asked to encourage those who had completed training to fill out a short MS Forms survey to reflect on their awareness of VBA prior to this initiative, how they have found the training and their intentions to use VBA in the future. A total of 683 surveys were completed across Hampshire, Isle of Wight and Dorset. The responses were analysed, and results can be found below.

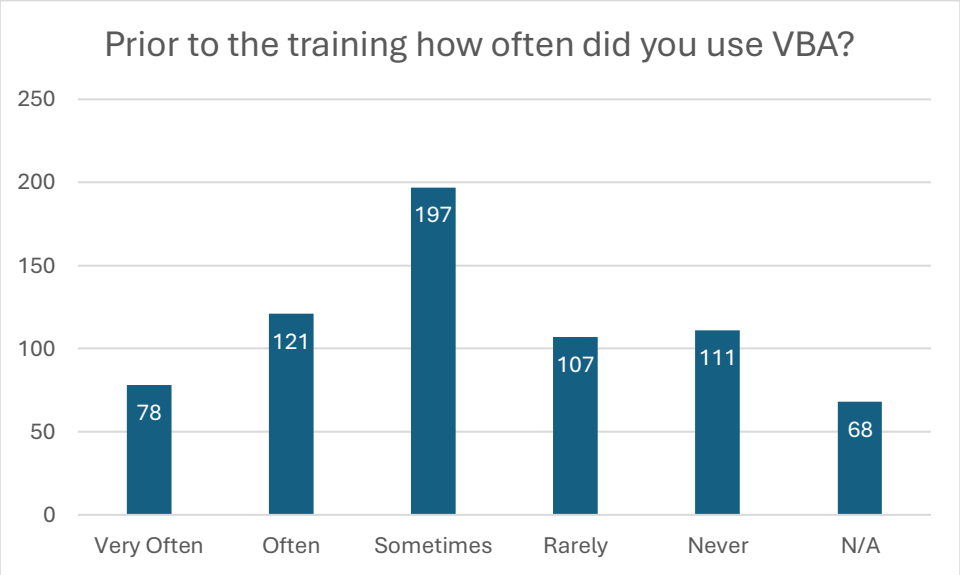
Survey results

Prior to the training had you heard of Very Brief Advice for smoking?

The results demonstrated that over half (55%) of those that completed the training had never heard of VBA prior to the training.

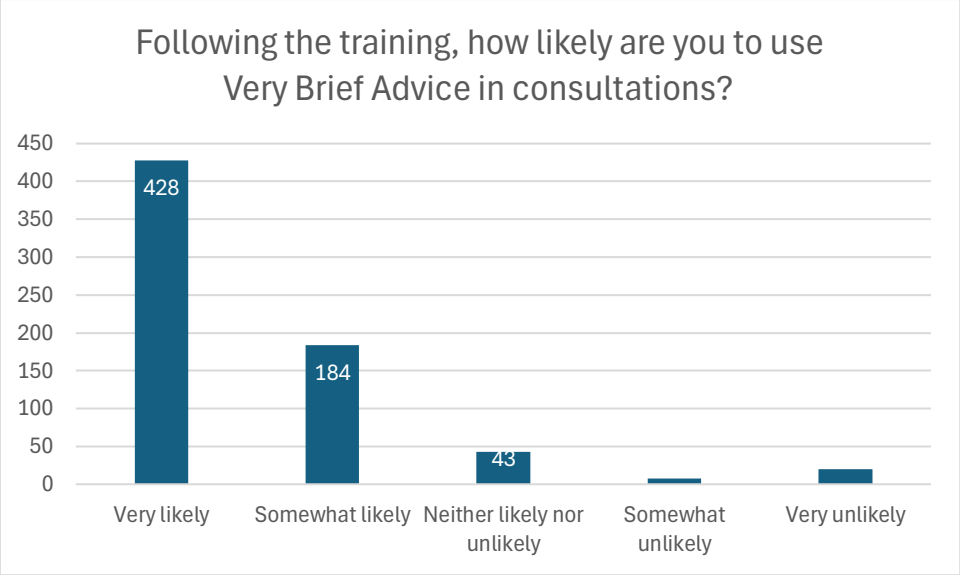
Prior to the training how often did you use Very Brief Advice for smoking with patients during consultation?

The results demonstrated that around 29% of respondents regularly used VBA prior to completing the training, 29% sometimes and 42% rarely or never using it prior to the training.



Following the training, how likely are you to use Very Brief Advice in consultations?

The results showed that following the training the majority of respondents (63%) were ‘Very Likely’ to use VBA in consultations and (27%) were ‘Somewhat Likely’

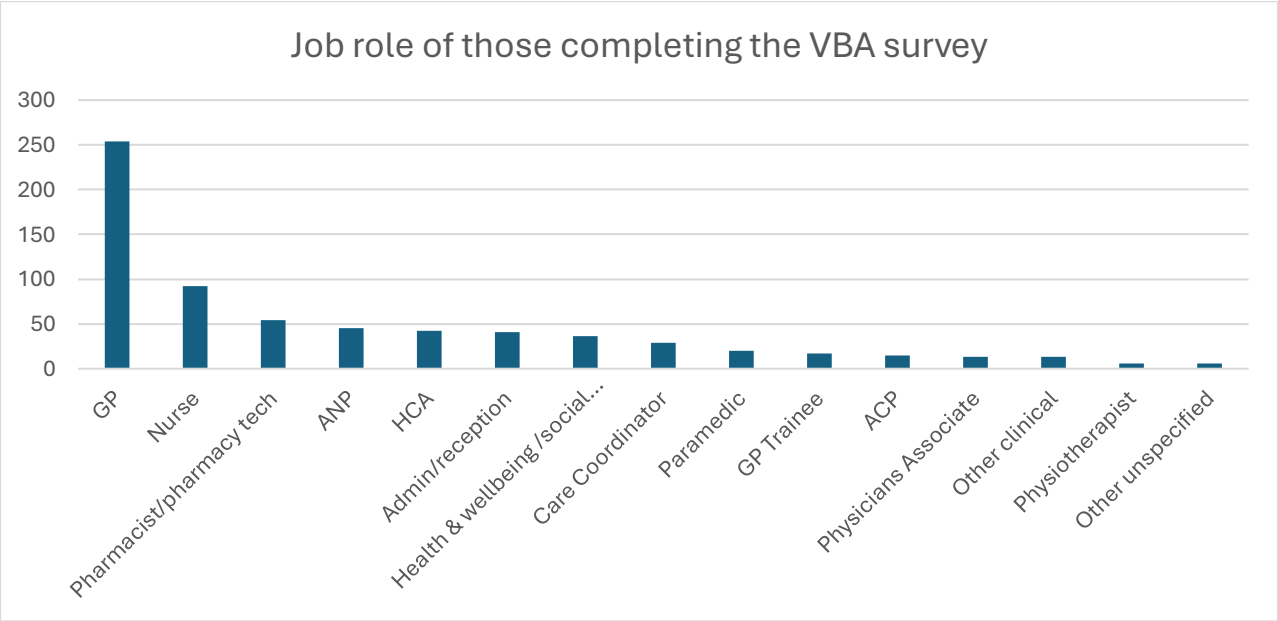


Of those that responded with 'Neither likely nor unlikely,' 'Somewhat unlikely' and 'Very unlikely' an additional free text question added to ask for their reason for this response.

Out of the 50 reasons reported, the most common response (74%) was 'Not a clinician/not patient facing.' Although the requirement specified promoting the training to clinical staff, there were several cases where non-clinical staff had completed the training and therefore it not applicable/appropriate.

A small number of responses (6) reported time constraints as a barrier for using VBA and others reported that it was not appropriate for the patients they work with, or they were able to offer more in-depth advice for smoking.

Respondents of the survey were also asked to provide their job role. The majority of respondents were GPs (37%). Other roles can be seen in the graph below.



Feedback highlights from the survey:

The majority of comments made reference to the simplicity of the technique and made reference to the quick informative training. Many also liked the videos within the training to help reinforce the message. A couple of comments were made regarding the appropriateness of the training for non-clinical staff, so clarity over intended audience is important when promoting the training. Some of the quotes below reflect the comments received:

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!
Interesting video will change my practice.
Excellent, pragmatic and effective initiative and training.
Good training - brief, informative, motivating. Likely to change my practice.
I felt that this training wasn't really appropriate for non-clinical staff as we don't have consultations with patients

Next Steps

Learning from the primary care audits

- The primary care audit has been an effective way to gain region-wide insights into the primary care interval leading up to a cancer diagnosis, providing key information on delays and reflections on opportunities for earlier diagnosis. This approach to audit is planned for other priority tumour sites this coming year.
- A number of projects have been developed with the data from the audits and will be implemented this year e.g. a COPD pilot looking to increase the use of a lung cancer red flag screening tool as part of COPD reviews.
- There is also a plan to share findings from the audit with primary care for wider education as well as service improvement leads e.g. clinical advisory groups for discussion on further system development opportunities.

Clinical and non-clinical engagement and shared learning

- The LIS/IS has been an effective lever to engage primary care in cancer prevention and early diagnosis improvement work. It has been agreed that this approach will continue into the next financial year 2025/26.
- Named clinical and non-clinical cancer champions provide an essential link into practices and PCNs and allow a better communication and flow of information. There will be a continued offer of communities of practice for clinical cancer champions in the coming year.
- There may be some value in offering a community of practice for non-clinical cancer champions to improve this communication further and to share learning across PCNs so these will be trialled in the coming year.
- WCA plan to develop a suite of case studies based on the reporting feedback that aims to improve the sharing of good practice across PCNs.

Primary Care Education

- Bitesize education for primary care has proved to be an effective approach in sharing key prevention messaging to primary care clinicians. This approach is due to be replicated for alcohol prevention education as part of the 25-26 LIS.
- Additional education opportunities will continue to be offered and promoted through cancer champions.

Appendix A

Requirement 1	Details	WCA Support
Named PCN clinical and non-clinical cancer champion to be identified and attend appropriate support webinars	Named contact for the alliance to disseminate cancer communications and information to practice teams within the PCN (including WCA primary care newsletter and education webinars) Clinical cancer champion to attend locality-based community of practice meetings*. This will consist of 3 x 1 hour Teams meetings: • 1st Community of Practice meeting – September • 2nd Community of Practice mid-point meeting – January • 3rd Community of Practice Meeting- March If unable to attend the dates of Community of Practice meetings, then PCN will nominate a deputy Clinical champions encouraged to attend further optional education webinars and share these with the wider clinical team: • Lung • Oesophageal	WCA to provide cancer data packs in Jan/Feb. Data visit from team available on request. Optional LIS introductory webinar in August (available as recording also) WCA will coordinate Community of Practice meetings *These community of practice meetings will be an opportunity for the PCN clinical champion to receive cancer updates, share local issues and network with other PCNs on their cancer work. Other clinical staff from the PCN are welcome to attend in addition to the clinical cancer lead

Requirement 2	Details	WCA Support
PCN to support practice nurses to attend cancer education	**A minimum of one** practice nurse per PCN to attend a WCA education event or webinar and disseminate learning to the PCN practice nurse team (additional practice nurses encouraged to attend the education sessions)	Local practice Nurse education events (approx. 2.5 hour events) will be held across the region (dates tbc) WCA will also host a series of webinars (dates tbc)

Requirement 3	Details	WCA Support
PCN to complete audit of oesophageal, pancreatic and lung cancer diagnoses	Retrospective audit of oesophageal, pancreatic and lung cancer cases Extract learning points and any actions from the audit Sharing of learning in PCN meeting and at locality Community of Practice meeting in March (see requirement 1)	Guidance and standardised data collection template to be provided to all PCNs. **WCA recognises that there is variability in the number of cancer cases, and this may be higher than expected for some PCNs. If the PCN has concerns about this element, then the WCA is able to discuss this on a case-by-case basis**. Guides for searches on EMIS/SystmOne Collation of data from participating PCNs and sharing outcomes and learning points from this This audit supports PCNs to achieve the 24/25 PCN DES-section 8.1.6.c) reviewing cancer referral practice in collaboration with partners and working to improve early diagnosis

Requirement 4	Details	WCA support
PCN to promote awareness campaigns to their patient populations	Non-clinical cancer champion to attend community engagement webinar (provisional date 18th September) Campaigns to promote: • General cancer awareness campaign (autumn-details tbc) • Lung (November) • Oesophageal (Feb) • Bowel (ongoing as part of Bowel Cancer UK campaign) • Stoptober (stop smoking campaign in October)	Campaign resource materials and toolkits to be provided by WCA
Requirement 5	**Details**	**WCA support**
Clinical staff in the PCN (including those in patient facing ARRS roles) to complete 'Very Brief Advice' (for smoking cessation) training	Promote the National Centre for Smoking Cessation Training (NCST) VBA training to all staff in clinical roles within the PCN and capture feedback using WCA survey (to be provided) Aim for at least 50% of clinical staff to complete the NCST training If any staff have completed this or other VBA training in the last year then this may be counted towards your PCN completion numbers	National Centre for Smoking Cessation Training (NCST) training link: https://elearning.ncsct.co.uk/vba-stage_1 (This module takes approx 15 mins to complete) WCA feedback survey link to be provided WCA to provide updates to cancer champions on numbers of surveys completed