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Network Contract Directed Enhanced Service

Early Cancer Diagnosis Support Pack

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1. Introduction

This support pack is intended to assist with the implementation and delivery of the Network Contract DES requirements for Supporting Early Cancer Diagnosis. The contractual requirements are set out in the Network Contract DES Specification with further detail in the Network Contract DES Guidance. The additional supporting information in this document is purely advisory and to be read alongside the Network Contract DES Guidance.

2. Support materials for the implementation of the 2022/23 service requirement

Service requirement 1: review referral practice for suspected and recurrent cancers, and work with their community of practice to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower.

To fulfil this requirement, a PCN may choose to review their referral practice for suspected cancer against the recommendations of [NICE Guideline 12](#).

A PCN may reflect on their referral practice using a number of approaches, including:

- Audits of routes to diagnosis for people who have received a diagnosis of cancer:

- National Cancer Diagnosis Audit - The official National Diagnosis Audit will not run in 2022/23, however PCNs can undertake the audit internally using the following templates: [NCD A Patient Proforma](#) and [NCD A Data collection template](#).
- Learning event analysis of cases where a diagnosis was an emergency presentation or diagnosed at a late stage (Stage 3 or 4).
- [Office for Health Improvement and Disparities \(OHID\) Fingertips](#), which provides data on cancer services at practice and PCN-level, and is collated by the National Cancer Registration and Analysis Service (NCRAS). A PCN can use this data to reflect on referral practice to identify where improvements can be made.

There are various aspects of referral a PCN may decide to focus on, including:

- The interval between patient first presenting to a clinician with symptoms and when the Two Week Wait (2ww) referral is made, and the number of appointments they attended prior to referral;
- Referrals resulting in a cancer diagnosis (e.g. by tumour type, to identify variation in management of referrals or where a change in pathway has occurred);
- Routes of presentation to diagnosis (2ww or Emergency Presentation);
- Availability and use of clinical decision support tools;
- Building on current practice to ensure a consistent approach in monitoring patients who have been referred urgently; and
- Ensuring that all patients are signposted to, or receive information on, their referral including:
 - why they are being referred;
 - the importance of attending appointments, and;
 - where they can access further support.

Once a PCN has decided which aspects to focus on, it would be expected to identify and implement specific actions to support the increased effectiveness of referral practice and ensure that systems are in place so that continuous improvement can be made.

Early diagnosis rates in the most disadvantaged 20% of areas are around 8% points lower than in the most affluent areas¹. In delivering these requirements, a PCN should consider options to provide particular support to practices in disadvantaged areas so that they can maximise the impact in those areas. Local level data on deprivation is available through the Health Inequalities Improvement Dashboard, and OHID Fingertips. A PCN can also contact their Cancer Alliance for further support.

Funding will be available for Cancer Alliances in 2022/23 to establish universal coverage of clinical decision support tools where these are not already in place. PCNs may contact their Cancer Alliance for support in sourcing clinical decision support tools.

Service requirement 2: work with local system partners – including the NHS England and NHS Improvement Regional Public Health Commissioning team and Cancer Alliance – to agree the PCN's contribution to local efforts to improve uptake in cervical and bowel NHS Cancer Screening Programmes and follow-up on non-responders to invitations. 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.

To deliver this requirement in working with local partners, a PCN may:

- Review local and screening data available on [OHID Fingertips](#) to understand any variance in screening programme uptake within a PCN.
- Identify which screening programme/s to focus on and any patient group/s who are low participants.
- Audit non responders to the screening programme/s to analyse why uptake may be low and select a group for a targeted approach. [Educational resources](#) are available on the barriers to screening to help reduce health inequalities in cancer screening.
- Increase the contact for non-responders by a certain amount over a set period of time. Resources are available to support PCNs identify initiatives:
 - [CRUK Primary Care Good Practice Guide: Cervical Screening](#)
 - [Macmillan Cancer Screening Quality Improvement Toolkit](#).

¹ [Staging data in England, from NHS Digital](#)

A PCN, working with their Cancer Alliances and Public Health commissioners, may also wish to consider other regionwide initiatives, such as:

- [Screening Saves Life](#) which can be delivered locally.
- Offering extra clinics across a geographical footprint for those who find it more challenging to access sample taking.
- Supporting the national [Be Clear on Cancer](#) and potentially supplementing with local resources.

Service requirement 3a: 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;

Faecal Immunochemical Testing (FIT) has been introduced into the lower Gastrointestinal (LGI) urgent cancer pathway as a triage tool to support prioritisation of colonoscopy capacity for those at highest risk of colorectal cancer. FIT was first introduced through NICE guidance [DG30](#) as a “rule in” test to the LGI urgent cancer pathway and at the start of the pandemic was introduced for all patients on the LGI urgent cancer pathway through the [NHSE/I Clinical Guidance](#) on triaging lower GI patients.

To fulfil this requirement, it is recommended that FIT testing for all appropriate patients on an LGI urgent cancer pathway is provided by either:

- Providing the FIT test to patients to accompany an urgent referral with the expectation that FIT triage will take place in secondary care; or,
- Using the FIT result in practices to decide whether a referral is appropriate.

NHSE/I expect that at least 80% of LGI urgent cancer referrals should be accompanied by a FIT result. This target recognises that there will be some patient scenarios in which a FIT test is not appropriate, such as when patients do not consent to the test and/or do not return the kit. This requirement will also be incentivised through the [Investment and Impact Fund](#) in 2022/23. The payment threshold for this indicator is 40-80%.

Use of FIT is identified as a priority in the 2022/23 [NHS Priorities and Operational Planning Guidance](#) (Complete recovery and improve performance against cancer waiting times standards, p.15) and therefore should be funded through local

commissioning budgets. A PCN can expect that its commissioners will ensure that FIT tests are available for all patients on an urgent LGI pathway.

There are a number of steps a PCN may take to ensure that FIT is implemented across all practices:

- **Encouraging patient uptake of FIT:** make sure the patient is aware of the importance of completing a FIT test and returning it as quickly as possible. This could include sending instant text message reminders to patients. [Cancer Research UK has materials](#) to support patient uptake available on their [website](#).
- **Working closely with secondary care:** utilise eRS advice and guidance where it is unclear if a patient requires an urgent referral based on their FIT result and symptoms.
- **LGI urgent cancer forms:** include information on FIT on the LGI 2ww referral form. If primary care is using the FIT result to decide if a 2ww is appropriate the numerical result for FIT should be included on the referral form to support secondary care to triage patients appropriately. If the FIT is given to accompany the referral it should be noted that a FIT kit has been given to the patient to complete.

[Service requirement 3b: work with its Core Network Practices to adopt and embed where available and appropriate, the use of teledermatology to support skin cancer referrals \(teledermatology is not mandatory for all referrals\)](#)

[Guidance](#) published by the British Association of Dermatologists details new models of service delivery for systems to consider as they seek to optimise suspected 2ww skin cancer referrals, both to help to recover the skin cancer activity delayed as a result of the COVID-19 pandemic, and meet new demand as services are restored. New technology, such as teledermatology, digital referral platforms and the use of remote consultations, can reduce the need for unnecessary hospital attendances, improve the speed of diagnosis for patients and improve productivity while providing the same level of access to high quality care, diagnosis and treatment.

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

- increase awareness among practices of the pathway for teledermatology 2ww referrals in their area.
- where available and appropriate, identify and deliver specific actions to encourage consistent use of teledermatology. These actions may include:
 - Working with Cancer Alliances to develop and/or distribute training materials to support staff in using teledermatology services;
 - Awareness raising for PCN clinical staff in practices.

Service requirement 4: focusing on prostate cancer, and informed by data provided by the local Cancer Alliance, develop and implement a plan to increase the proactive and opportunistic assessment of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline.

The prostate pathway remains particularly challenged as a result of the pandemic; treatment numbers for prostate cancer have been the slowest to recover, and prostate cancer referrals have had the slowest recovery of any tumour group other than lung. It is likely that some men with high risk early stage prostate cancer will progress to advanced stage disease if their diagnosis is further delayed, thereby losing the opportunity for curative treatment.

PCNs should review the data provided by their local Cancer Alliance on cumulative shortfalls in urological cancer referrals and treatments over the course of the pandemic and develop an action plan.

It is recommended that PCNs focus on men who are most at risk (target cohort):

- those aged 50 or older;
- those with a family history of prostate cancer aged over 45
- black men aged over 45

In delivering this requirement, supported by their local Cancer Alliance, a PCN's plan may include the following:

- In order to understand the scale of intervention required, initially establish how many men per practice have risk factors that classify them to be high risk for prostate cancer (target cohort).
- Providing prostate cancer awareness information materials directly to the target cohort, either electronically via SMS, email, or through leaflets;
- Practices to establish via the PCN a local plan to raise awareness of prostate cancer in men identified as higher risk. If subsequently there is a consultation which identifies symptoms suggestive of prostate cancer, a shared decision-making discussion takes place to offer a PSA test if appropriate in line with NICE guidance and supporting tools e.g. [NICE prostate cancer overview](#), [PSA decision making tool](#), and [PSA testing information](#)
- Consider supporting allied clinical professionals (Advanced Nurse Practitioners and Practice Nurses) to undertake prostate health discussions with the target cohort.

Service requirement 5: review use of their non-specific symptoms pathways, identifying opportunities and taking appropriate actions to increase referral activity.

[New non-specific symptom pathways](#) are being introduced across England for patients who display symptoms that could indicate cancer that don't align to specific cancers. These symptoms include, such as unexplained weight loss, fatigue or vague abdominal pain. This pathway will ensure that patients with non-specific symptoms which could be suspected cancer are able to receive a rapid and accurate diagnosis.

Prior to the introduction of these pathways GPs have had to refer onto suspected cancer pathways, which are not always suitable for people with symptoms which could relate to a number of different cancers. This has sometimes resulted in people requiring multiple referrals onto different pathways before a definitive diagnosis is reached. The introduction of non-specific symptoms pathways is intended to ensure that people just need a single referral to get a definitive diagnosis.

To support the introduction of non-specific symptoms pathways, a PCN is encouraged to use their non-specific symptom pathways where available and appropriate.

We expect as a minimum that a PCN will work with local partners (i.e. Cancer Alliances, commissioners) to understand the non-specific-symptom pathways available in their areas and the model for referrals.

Actions a PCN may undertake include, but are not limited to:

- Develop and/or distribute training materials to support staff in using non-specific symptom pathways;
- Awareness raising in Practices.

Providers, supported by Cancer Alliances, will be able to provide resources to support the delivery of this requirement.

3. Supporting information and contacts

There are various local system partners able to provide general support in the delivery of the service requirements. These include, but are not limited to:

- Cancer Alliances – contact details for all Cancer Alliances can be found [here](#);
- Regional NHS Public Health Commissioning Teams – email england.phs7apmo@nhs.net to request a specific contact;
- Regional NHS Screening and Immunisation Teams – email: england.phs7apmo@nhs.net to request a specific contact;
- Cancer Research UK’s [GP contract hub](#), and;
- Macmillan Cancer Support’s [primary care community](#) – including Macmillan GPs, GP advisors and practice nurses.

The [PCN Dashboard](#) displays PCN indicators around the early diagnosis of cancer.

4. Additional resources by service requirement:

Service requirement 1: review referral practice for suspected and recurrent cancers, and work with their community of practice to identify and implement specific actions to improve referral practice, particularly among people from disadvantaged areas where early diagnosis rates are lower.

Support implementing standardised safety netting protocols

- Toolkits are available for [EMIS Web](#) and [SystemOne](#)
- Macmillan Cancer Support have developed a [Safety Netting and Coding training module](#)
- CRUK have a [safety netting hub](#) which includes a [Summary Table](#), [Flowchart](#), and [Workbook](#)
- [Gateway C](#) has a choice of webinars and e-learning modules to support with safety netting in primary care

Clinical Decision Support tools

- Clinical decision support tools are widely available, including the Cancer Decision Support (CDS) tool available [via Macmillan](#) for GP IT systems and [CRUK overview of further clinical decision support tools](#)

Support with remote consultations

- Macmillan Cancer Support have developed [10 Top Tips for Virtual Consultations](#) for healthcare professionals
- Gateway C have produced a webinar on [effective telephone consultations](#)
- CRUK provide guidance for patients with [remote consultations](#)
- Further support with remote consultations can be found on the PCN NHS Futures Forum

Information, tools and resources to help improve referral practice

- Further support on referral practices and NG12 can be found via the [Macmillan Rapid Referral Guidelines](#), [CRUK NG12 body infographic](#) and [CRUK interactive desk ease!](#)
- The [RCGP](#) collate models of best practice and associated learning
- The [RCGP's QI Ready](#) outlines guidance on quality improvement
- CRUK's "Your Urgent Referral explained" [leaflet](#) can support conversations with patient
- [Macmillan's Early Diagnosis Quality Improvement Module](#). The early diagnosis and screening modules will help PCNs to improve referral practice and identify patients at risk of cancer

Further support

- [Gateway C](#) – a free to use online cancer education platform for primary care professionals which aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience, including [improving the quality of your referral e-learning module](#) and [CancerMaps](#)
- [CRUK GP contract hub](#) – This site sets out a range of useful information and guidance documents to help support delivery of the service requirements and outlines CRUK's support offer
- [Macmillan GP resources](#). This site includes a number of toolkits, guidance documents and online training modules to support delivery of the service requirements

Service requirement 2: work with local system partners – including the NHS England and NHS Improvement Regional Public Health Commissioning team and Cancer Alliance – to agree the PCN's contribution to local efforts to improve uptake in cervical and bowel NHS Cancer Screening Programmes and follow-up on non-responders to invitations. 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.

Equality and health inequalities

- [The Equality and Health Inequalities Hub](#) brings together equality and health inequalities resources and provides useful links and information for the sharing of good practice.
- [Public Health England's NHS population screening](#): inequalities strategy provides national guidance to support the health system to reduce inequalities in screening.

Cervical screening resources

- [Guidance](#) on how to improve access and update of cervical screening in local areas.
- [Data](#) on cervical screening coverage by CCG and GP Practice.
- [Jo's Cervical Cancer Trust](#) provides information for primary care professionals on cervical screening.
- [The Cervical Good Practice Guide](#) highlights how to address inequalities in cervical screening.
- [Cancer Research UK Cervical Screening improving uptake hub](#).

Bowel screening resources

- [Reducing Inequalities in Cancer Screening](#) outlines what GP practices can do and provides top tips and resources
- [Cancer Research UK Bowel Screening Hub](#).

Further support

- [Macmillan's Screening Quality Improvement Module](#).
- [Macmillan's GP resources](#) include support on national cancer screening programmes.
- [RCGP e-learning resources](#) to support GPs and other healthcare professionals to deliver the best possible care for Lesbian, Gay, Bisexual and Trans (LGBT) patients. This includes content on screening programmes.

Service requirement 3a: 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.

- The Northern Cancer Alliance has produced an [FAQ](#) about use of FIT by primary care in in the LGI pathway

Service requirement 3b: work with its Core Network Practices to adopt and embed: where available and appropriate, the use of teledermatology to support skin cancer referrals (teledermatology is not mandatory for all referrals).

- The 2ww skin cancer pathway: innovative approaches to support early diagnosis of skin cancer as part of the NHS COVID-19 recovery plan (publication expected in early 2022/23)

Service requirement 4: focusing on prostate cancer, and informed by data provided by the local Cancer Alliance, develop and implement a plan to increase the proactive and opportunistic assessment of patients for a potential cancer diagnosis in population cohorts where referral rates have not recovered to their pre-pandemic baseline.

- Prostate Cancer UK, in partnership with NHS England, ran a prostate risk awareness campaign in Q4 2021/22. The aim of this campaign was to encourage people to check their risk of prostate cancer and, for those at higher risk, to come forward for PSA testing. Materials to support the campaign were made available to PCNs and Cancer Alliances and are available [here](#). These materials can be used to support local action on prostate cancer awareness.
- [Equity packs](#) – urological referrals and prostate first treatments by age, ethnicity and deprivation
- [CWT data](#) – Cancer Alliances will be able to provide data on referrals and first treatments at Alliance and ICB level
- Further resources are available on the NHS Futures Forum

Service requirement 5: review use of their non-specific symptoms pathways, identifying opportunities and taking appropriate actions to increase referral activity.

- Faster Diagnosis Standard Framework (publication expected in early 2022/23)
- [Rapid Diagnostic Centres Vision and 2019/20 Implementation Specification](#)

