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NHS England

Network Contract Directed Enhanced Service

Early Cancer Diagnosis Support Pack

1 April 2023

Contents

Introduction

1. 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.

Support materials for the implementation of the 2023/24 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.

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

3. 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 2023/24, however PCNs can undertake the audit internally using the following templates: NCDA Patient Proforma and NCDA Data collection template.

    - Learning event analysis of cases where a patient was diagnosed with cancer following: a routine referral, an emergency presentation or 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 Disease Registration Service (NDRS). A PCN can use this data to reflect on referral practice to identify where improvements can be made.

- Evaluation, audit or questionnaire on GP use of clinical decision support tools to support decision making and clinical practice.

4. 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, routine 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 in a way they can understand, including: what they are being referred for, why they are being referred; the importance of attending appointments, and; where they can access further support.

5. 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.

6. Early diagnosis rates in the most disadvantaged 20% of areas are around 8% points lower than in the most affluent areas. In delivering these requirements, a PCN should consider options to provide particular support to practices serving disadvantaged populations 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.

7. Additionally, PCNs are recommended to consider the use of decision support tools. Cancer Alliances were allocated funding to establish universal coverage of clinical decision support tools for cancer in 2022/23. There is an expectation that 100% of GP practices should now have access to and make use of a cancer clinical decision support tool. 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 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.

8. To deliver this requirement it is recommended that a PCN:

    - Review local and cancer screening data available on OHID Fingertips to understand any variance in cancer screening programme uptake within a PCN.

    - Work with the NHS England regional public health commissioning teams to identify which screening programme/s to focus on and any patient group/s who are low participants.

    - Work with the NHS England regional public health commissioning teams and screening providers collaboratively to promote screening, actively encouraging participation of their eligible population (including those who are underserved) via a range of media with initiatives such as texting, information on practice websites, waiting room posters, writing to patients etc.

    - Audit non responders to the cancer 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.

    - Work with Cancer Alliances and NHS England regional public health commissioning teams to agree an action/improvement plan, which should include an agreement to 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.

9. In addition, a PCN, working with their Cancer Alliances and regional public health commissioning teams, may 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 NHS cervical screening sample taking.

    - Supporting the national Help Us Help You cancer screening https://campaignresources.phe.gov.uk/resources/ campaigns and potentially supplementing with local resources.

    - In addition to reviewing the uptake of bowel and cervical screening programmes, it is strongly recommended that PCNs review the uptake of breast cancer programmes.

Service requirement 3 - Work with its Core Network Practices to adopt and embed:

i. the requesting of FIT tests where appropriate for patients being referred for suspected colorectal cancer;

10. The use of FIT in those with NG12 colorectal cancer symptoms (bar anal/rectal mass or anal ulceration) should be used to inform referral. It is expected those with a FIT result fHb <10µg Hb/g, a normal full blood count and no concerning symptoms are safety netted in primary care or referred on a non-urgent pathway where appropriate.

11. 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.

12. This is supported by the British Society of Gastroenterology (BSG) and the Association of Coloproctology of Great Britain and Ireland (ACPGBI)'s joint guidance (Published September, 2022) on use of FIT in patients with signs or symptoms of suspected colorectal cancer. The guidance recommends the use of FIT in primary care to triage patients presenting with all NG12 suspected colorectal cancer symptoms except those with an anal/rectal mass or anal ulceration. It is recommended that those with a FIT of fHb <10µg Hb/g, a normal full blood count and no ongoing clinical concerns are not referred on a LGI urgent cancer pathway and instead managed in primary care or referred on an alternative pathway.

13. NHS England's system letters on FIT implementation provide practical support and information to help systems adopt BSG/ACPGBI guidance, particularly regarding safety netting.

14. To fulfil this network service contract requirement, FIT testing should be used in accordance with BSG/ACPGBI guidance to decide whether an urgent referral for suspected cancer is appropriate.

15. NHSE 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, return the kit, or when a patient has an anal/rectal mass or anal ulceration. This requirement will be incentivised through the Investment and Impact Fund in 2023/24. The payment threshold for this indicator is 65-80%.

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

    - Commissioning of FIT kits: use of FIT is identified as a priority in the 2023/24 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 work with its commissioner to make sure enough FIT kits are available for all patients on an LGI urgent cancer pathway presenting with lower GI symptoms excluding mass or ulceration.

    - Cancer Alliances have also been provided with funding to support FIT implementation, and if required this funding can be used to purchase FIT kits.

    - **Support pathology pathways:** the availability of FIT test results in the required timeframe is dependent on local pathology services. A PCN is encouraged to work with local pathology teams to streamline pathways and ensure FIT test results are returned to GP systems directly, when received. For example, some areas across the country have an agreement whereby patients can send their completed tests directly to the lab, rather than back to the GP, to improve efficiency. We would also encourage PCNs to work with their ICS and local pathology labs to ensure FIT results are reported quantitatively (e.g. 10, 160) rather than qualitatively (e.g. +/- or POSITIVE/NEGATIVE).

    - **Encouraging patient uptake of FIT:** a PCN is encouraged to 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:** a PCN is encouraged to support practices to utilise eRS advice and guidance to seek secondary care input on referrals, where required.

- **LGI urgent cancer forms:** a PCN is encouraged to ensure that numerical FIT results are included on the LGI urgent cancer referral forms to support secondary care triage.

ii. where available and appropriate, the use of teledermatology to support skin cancer referrals (teledermatology is not mandatory for all referrals).

17. Guidance published by the British Association of Dermatologists and NHS England details new models of service delivery for systems to consider as they seek to optimise urgent suspected 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.

18. A Best Practice Timed Pathway for Urgent Suspected Skin Cancer has also now been published by NHS England to support performance on this pathway. 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, diagnostics and treatment.

19. To deliver this requirement, it is recommended that a PCN:

    - Works with local partners (i.e. Cancer Alliances, commissioners, local hospital dermatology services) to identify providers with teledermatology services available in their area.

    - Identifies and delivers specific actions to encourage consistent use of teledermatology, where available and appropriate. 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.
        - Where available make use of advice and guidance services for suspected skin cancer.

20. Cancer Alliances will continue to extend the provision of teledermatology services in 2023/24. Funding will be available to Cancer Alliances in 2023/24 to support GP Practices to become teledermatology enabled.

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.

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

22. 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.

23. In delivering this requirement, supported by their 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 GP 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 relevant symptoms, 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 and PSA decision making tool.
    - 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.

24. New non-specific symptom pathways are being introduced across England for patients who display symptoms that could indicate cancer .. but who do not fit clearly into a single 'urgent cancer' referral pathway, as defined by NG12. Symptoms considered 'non-specific' include unexplained weight loss, fatigue, abdominal pain or nausea; and/or a GP 'gut feeling' about cancer. This pathway will ensure that patients with non-specific symptoms which could be suspected cancer are able to receive a rapid and accurate diagnosis.

25. Prior to the introduction of these pathways,. this cohort of patients often saw their GP multiple times before referral and were often referred onto multiple urgent pathways with resulting inefficiencies in healthcare provision. The introduction of non-specific symptoms pathways is intended to ensure that people just need a single referral to get a definitive diagnosis. It also provides a clear referral decision route for GPs when they are presented with this complex patient group.

26. PCNs are encouraged to use their non-specific symptom pathways where available and appropriate. It is expected that Cancer Alliances will deliver referral activity that reflects at least 75% population coverage of non-specific symptom pathways by March 2023, increasing to 100% population coverage by March 2024.

27. We expect as a minimum that a PCN:
    - 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.
    - Identify and undertake specific actions to encourage practices to refer using their non-specific-symptom pathway, where available and appropriate.

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

- Identify and undertake specific actions that support practices to undertake "filter function tests" for NSS patients. Core filter function tests for NSS pathways are outlined in Annex 1 of the NHSE Faster Diagnosis Framework . Cancer Alliances should work with PCNs to ensure that filter function tests are consistently performed and that referral forms include all the relevant information on patient symptoms and test results for NSS pathways.
- Develop and/or distribute training materials to support staff in using non-specific symptom pathways;
- Awareness raising in Practices to ensure GPs know when and where new NSS services have been developed, and the process by which they can refer appropriate patients to these pathways. This could involve webinars, training sessions or written information for GP practices.
- Support implementation of clinical decision support tools in primary care to facilitate improvements in referral quality, and implementation of integrated clinical environment (ICE) or equivalent test bundle to automatically request all filter function tests for an NSS pathway. Working closely with secondary care: support good communication between practices and secondary care providers; establish feedback loops between secondary with primary care to improve the quality of referral information and support the continuity of care for patients.

29. To date, the NHS Cancer Programme has provided transformation programme funding for NSS pathways directly through SDF. As services transition to business as usual PCNs should work as requested with Cancer

Alliances, ICBs and other stakeholders, to ensure sustainable, longer-term, local commissioning arrangements are in place by the end of 2023/24. PCNs should engage with commissioning discussions as required.

Service Recommendation 1 – It is strongly recommended that PCNs make use of available IT solutions in place to enable referrals and results to be communicated through a digitally integrated workflow system to support use of direct access to diagnostic tests for patients with symptoms which could be caused by cancer, but who do not meet the threshold for urgent suspected cancer referrals as set out in NG12.

30. NHS England is recommending that GPs consider the following direct access tests where a patient has certain symptoms that are concerning but fall outside of urgent suspected cancer referral:
    - Chest, abdomen and pelvis CT
    - Abdomen and pelvis ultrasound
    - Brain MRI

31. GPs are directed to use their clinical judgement and consider a direct access test as part of a set of wider investigations that explore the common causes of presenting symptoms. This should include a full history and appropriate examination.

32. Guidance has been made available to advise on the use of direct access referrals to these specific diagnostic tests. This guidance also recommends that GPs consult the tool iRefer, which can help guide GPs to the most appropriate test, including any sequence of tests that may be required before a GP direct access referral.

33. There are two versions of iRefer. The first is web-based guidance available on the Royal College of Radiologists website. The second, iRefer-CDS, is the system being recommended for use by primary care. This is because it integrates into GP workflows to enable GPs to conveniently order appropriate diagnostic tests.

34. NHS England is allocating funding to providers in 2022/23 (and 2023/24 if required) to implement the iRefer-CDS system and make licences available to primary care. PCNs' GP practice members should access these licenses, which should be offered to them by the providers they refer to for imaging tests. Where this does not occur, PCNs can engage with their relevant Imaging Network.

35. To ensure the use of iRefer-CDS by GP practices, we strongly enourage PCNs to require all GP practices to have digital order comms systems. NHS England is working with GP system providers to ensure that all primary care digital order comms systems are compatible with iRefer-CDS.

36. PCNs are also encouraged to liaise with the Royal College of Radiologists to ensure GPs receive training in the use of iRefer-CDS. NHS England will also be working to ensure that iRefer-CDS training is available.

Supporting information and contacts

37. 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;
- Cancer Research UK's GP contract hub, and;
- Macmillan Cancer Support's primary care community – including Macmillan GPs, GP advisors and practice nurses.

38. The PCN Dashboard displays PCN indicators around the early diagnosis of cancer.

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 **including use of clinical decision support tools**, 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 SystmOne
- 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
- Safety netting GP Practice and Insight Guide

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
- 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 easel
- 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 patients
- 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
- CRUK Learning Centre (login required)
- CRUK NICE (NG12) Suspected Cancer: Recognition & Referral guidelines webpage

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.
- Office for Health Improvement and Disparities NHS population screening: inequalities strategy provides national guidance to support the health system to reduce inequalities in screening.

Cancer 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.
- Cancer Research UK: The Cervical Good Practice Guide highlights how to address inequalities in cervical screening.
- Cancer Research UK Cervical Screening improving uptake hub.
- Cancer Research UK: Reducing Inequalities in Cancer Screening outlines what GP practices can do and provides top tips and resources
- Cancer Research UK Bowel Screening Hub.
- Cancer Research UK Goof Practice Guide: Bowel Cancer Screening

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 3i: 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.
- NHS operational planning and contracting guidance
- Cancer Research UK FIT Symptomatic resources

Service requirement 3ii: 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).

- NHS England Implementing a timed skin cancer diagnostic pathway guidance

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 resources to support delivery of the prostate cancer case finding requirement in the DES.
- CWT data – Cancer Alliances will be able to provide data on referrals and first treatments at Alliance and ICB level

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

- Rapid Diagnostic Centers Vision and 2019/20 Implementation Specification
- NHS England Faster Diagnosis Framework
- Urgent Cancer Diagnostic Services During Covid 19 guidance

Service recommendation 1 - Make use of available IT solutions in place to enable referrals and results to be communicated through a digitally integrated workflow system to support use of direct access to diagnostic tests for patients with symptoms which could be caused by cancer, but who do not meet the threshold for urgent suspected cancer referrals as set out in NG12.

- Guidance: GP direct access to diagnostic services for people with symptoms not meeting the threshold for an urgent suspected cancer referral
- Royal College of Radiologists iRefer-CDS contact
- Imaging Networks

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This publication can be made available in a number of alternative formats on request.