NHS
North East London
Cancer Alliance

Early Cancer Diagnosis PCN DES and QOF Support Guide 24/25

Date of Publication July 2024

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1. Summary

This support guide sets out practical tips of what you can do to achieve the cancer requirements in the DES and QOF alongside resources and tools. This support guide should be used in conjunction with the PCN DES NHS England » Network Contract Directed Enhanced Service (DES) and the QOF guidance NHS England » Quality and outcomes framework guidance for 2024/25 published in March 2024.

CRUK has key information about the new requirements, including a summary on what GPs and PCNs need to do 24.25 PCN DES Supporting Resources.pdf (cancerresearchuk.org).

The NEL Cancer Alliance will keep primary care updated as new pathways, tools and support become available.

In partnership with the NEL Training Hub a cancer education programme is being developed for primary care, further details to follow.

Please complete our short feedback form about this guide and if you would like us to make contact with you about the guide or any other improvement work relating to the DES or QOF for cancer you can provide your details in the feedback form.

2. DES Overview

The DES specification states that PCNs should support early diagnosis by:

"**Reviewing cancer referral practice** in collaboration with partners and making efforts to improve support of early diagnosis"; and

Working with partners to **improve screening uptake**, in breast, bowel and cervical cancer."

The Quality and Outcomes Framework (QOF) requires primary care professionals to:

Carry out a Cancer Care Review within 12 months of a cancer diagnosis using a structured template.

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A PCN should work with Cancer Alliances to increase early diagnosis rates and improve referral practice. Alliances have been allocated funding to support this work.

Together, PCNs and Alliances should develop a clear set of actions and milestones to improve referral practice for:

Colorectal and **lung cancer**, which together account for nearly 40% of all late-stage cancer diagnoses; and,

- One other cancer type determined locally, based on burden of late-stage diagnoses and opportunities for timely and effective referral to support earlier diagnosis. For NEL, **upper GI** has been chosen as the tumour pathway to improve referral practice.

A PCN should also work with Alliances and its GP practices to:

- Review the recommendations of, and ensure local referral practice reflects, NICE Guideline NG12;
- Audit referrals for people who have received a diagnosis of cancer. The following templates could be used to do this: NCDA Patient Proforma and NCDA Data collection template;
- Use Office for Health Improvement and Disparities (OHID) Fingertips, which provides data on cancer services at GP practice and PCN level, to inform improvement actions; and,
- Assess different stages in the pathway for improvement, for example, the interval between first presentation and when an urgent suspected cancer referral is made and the number of appointments prior to urgent suspected cancer referral.

Guidance has been updated to support and streamline diagnosis and referral practice in primary care. A PCN should:

- Promote use of direct access tests where GPs consider an urgent investigation is required but do not think an urgent suspected cancer referral, as per NICE NG12 guidance, is appropriate, as outlined in NHS England GP Direct Access guidance.
- Promote use of Faecal Immunochemical Testing (FIT) to patients with signs and symptoms of colorectal cancer to identify those requiring a Lower GI Urgent Suspected Cancer referral. FIT testing should be delivered in accordance with NICE Diagnostics Guidance 56. Patients living in more deprived areas are more likely to be diagnosed with bowel cancer at a later stage and are less likely to complete a FIT test. PCNs should target action to address variation in completion of FIT tests in symptomatic patients by deprivation and develop patient education and safety netting approaches to follow up with those who have not returned their FIT test.
- Promote use of Non-Specific Symptom (NSS) pathways for patients with symptoms that could indicate cancer but who do not fit clearly into a single Urgent Suspected Cancer referral pathway. PCNs should support practices to undertake filter function tests for NSS patients, as outlined in Annex 1 of the Faster Diagnosis Framework.
- Promote the use of teledermatology to support faster skin cancer referrals, with reference to NHS England guidance and the Best Practice Timed Pathway.

A PCN should **work with the Cancer Alliance** to increase early diagnosis and improve referral practice

Focus on **colorectal and lung** (these account for 40% of all late-stage cancers) plus **upper GI**

Ensure compliance with NICE (or locally agreed pathways e.g. the pathway for suspected LGI cancers)

Audit patients with a cancer diagnosis

Use **fingertips** to inform improvement plans

Focus on different aspects of the PC **cancer pathway** e.g. interval from first symptom to referral

Promote GP Direct Access **Diagnostics**

Promote **FIT** to patients with signs and symptoms of CR cancer - address variation in the completion of FIT in deprived areas through education and safety netting

Promote **Non Specific Symptoms** pathways

Promote the use of **Teledermatology**

3. PCN Cancer Facilitator Service

What Can You Do

- Contact your PCN Facilitators for support with Early Cancer Diagnosis DES. The facilitator service can:
  - Collate your cancer diagnosis audit data and develop local action plans.
  - Facilitate quality improvement, including reflection on comparative cancer data, referrals and audits and learning event analysis.
  - Support action planning and use of ongoing quality improvement methodologies.
  - Facilitate improvement in cancer screening, prevention and early diagnosis.
  - Work with the whole team as needed – including GPs, nurses, clinical pharmacists, physician associates, other clinicians and non-clinical staff.
  - Provide training to staff on cancer screening and cancer related processes such as safety netting.
  - Work with PCNs to support a reduction in health inequalities.

Resources and Tools

- Use the contacts page to get in touch with the team.
- Watch this short video to hear more about how the team can help.

Resources and Tools

4. Improving Referral Practice

What Can You Do

- Use the CEG Cancer Toolkit (see below)
- Use the template 'CEG Cancer Referral and Safety Netting' enables GP teams to enter the correct codes into patient records easily and add diary entries that can be used for safety netting (following up activity to make sure nothing is missed)
- Run the Cancer Diagnosis Audit Tool focusing on Lower GI, Lung and Upper GI cancer diagnosis
  - The tool is designed for use within GP practices. It supports clinicians to reflect on new cancer diagnoses by quarter and identify any avoidable delays. The tool auto-fills fields using data from the patient record, making it easier to review delays in cancer care.

Resources and Tools

- Cancer toolkit - Clinical Effectiveness Group (qmul.ac.uk)
- How to launch referral forms using the F12 key – YouTube
- Improving the Quality of Your Referral – GatewayC
- Safety_netting_flow_chart_april_2024.pdf (cancerresearchuk.org)
- Recommendations on patient support, safety netting and the diagnostic process | Suspected cancer: recognition and referral | Guidance | NICE

Quick Wins

PCN DES requirements 24/25	Suggested Actions
Improve Referral Practice	Use CEG Cancer Diagnosis audit tool to review new cancer cases focusing on Lower GI, Lung and Upper GI.
	Review safety netting processes across PCN.
	Undertake learning event analysis (e.g., for later stage presentations or those diagnosed via A+E).

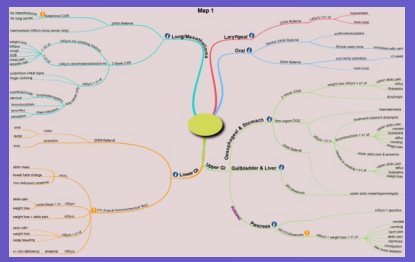
Click here to download the full **Quick Wins Checklist**

What Can You Do

- Use the RCGP award-winning referral algorithm that supports the NICE NG12 guidance. The interactive tool makes it easy to recognise and refer suspected cancer cases. You can identify the correct pathway in just a few clicks

Resources and Tools

Cancer Maps (gatewayc.org.uk)

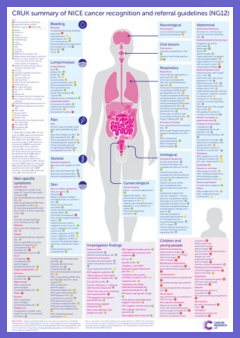


What Can You Do

- Download or request copies of the CRUK summary of NICE cancer recognition and referral guidelines (NG12) infographic and put up in your practice

Resources and Tools

CRUK Summary of NICE cancer recognition and referral guidelines Infographic Version | Publications (cancerresearchuk.org)



4. Improving Referral Practice - Lower GI

What Can You Do

- Review cases using the CEG Cancer Diagnosis Audit Tool
- Check you have safety netting processes in place for patients returning FIT tests and follow-up of patients with concerning symptoms and FIT<10
- Ensure to include with the referral
  - FIT result
  - Full blood count and iron studies within previous 3 months
  - U&E/eGFR within previous 3 months (required for straight test investigations)

Resources and Tools

- USC-lower-GI-Cancer-clinical-guide.pdf (transformationpartners.nhs.uk)
- Pan-London-Suspected-Cancer-Referral-Support-Guide.pdf (transformationpartners.nhs.uk)
- Top-Tips-Suspected-Lower-GI-Cancer-Referrals.pdf (transformationpartners.nhs.uk)
- FIT Symptomatic | Cancer Research UK
- Endorsed resource - A guide for GPs: referring people under the age of 50 for bowel cancer investigation | Suspected cancer: recognition and referral | Guidance | NICE

GP Top Tips

1. Arrange a FIT test on all patients with abdominal symptoms that may be due to colorectal cancer unless they have a palpable rectal or anal mass or visible ulceration.
2. Refer anyone with an abdominal mass, anorectal mass or anal ulceration regardless of FIT result.
3. FIT is a valuable test even if someone has rectal bleeding but ask patients to take the sample from faeces that is not obviously bloody. FIT in younger patients with rectal bleeding: NICE recommends FIT in patients with PRB <50y, only if also accompanied by abdominal pain/wt loss.
4. Refer people with FIT>10 µg/ml via Urgent Suspected Cancer (USC) pathway.
5. FIT>10 detects 85-90% of colorectal cancers, so around 10-15% of patients with CRC have FIT<10. However, patients with FIT<10 have less than 0.3% risk of having colorectal cancer.
6. Refer patients with suspicious unexplained abdominal mass urgently but consider which site-specific pathway would be most appropriate given their symptoms, signs and basic investigations results e.g. Lower GI, Upper GI, Gynaecology, Urology.
7. For patients with abdominal symptoms and FIT<10:

   Arrange to follow up FIT<10 patients to see if their symptoms improve and re-assess their need for referral if they do not. If you have ongoing concerns about a patient with abdominal symptoms and FIT<10, consider:

   - Referring Lower GI USC, explaining why you have ongoing concerns, for instance if they meet NICE NG12 criteria for referral, or due to “gut feel”
   - Arranging urgent access CT scan if available and patient meets relevant criteria
   - Referring routinely to gastroenterology or colorectal surgery
   - Referring to another site-specific USC pathway if the clinical picture suggests this
   - Referring to your local RDC if you have ongoing concerns but it is not clear which tumour site may be responsible.

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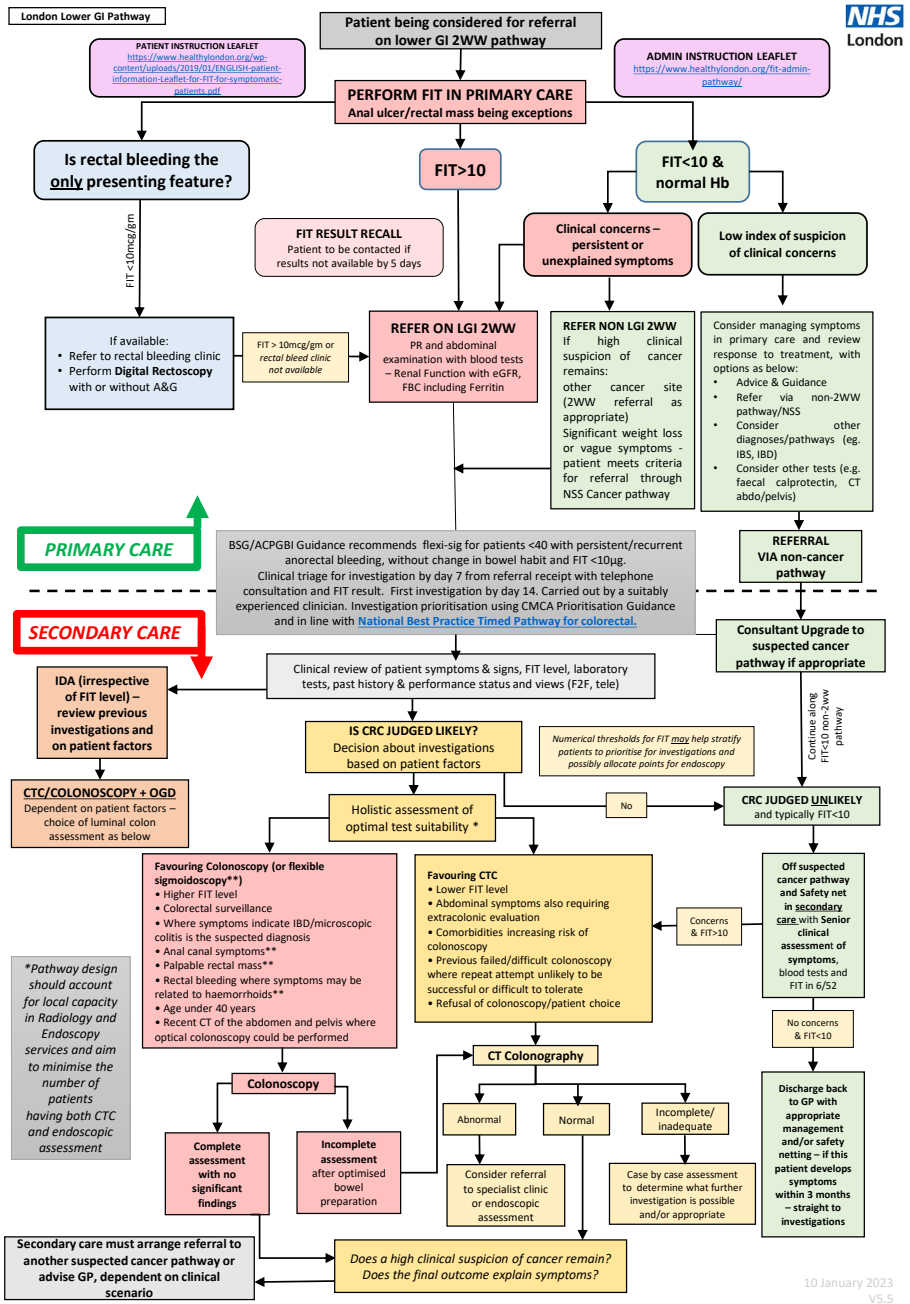
Resources and Tools

- NHS London Endoscopy complete pathway



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4. Improving Referral Practice - Lung

What Can You Do

- Review cases using the CEG Cancer Diagnosis Audit Tool
- Watch the Introduction to lung cancer for Primary care - 10 minute overview
- Utilise direct access diagnostics – CXR and CT chest where available
- Ensure to provide a renal function within previous 3 months with the referral (required for straight to test CT scan)

Resources and Tools

- USC-lung-and-pleural-Cancer-clinical-guide.pdf (transformationpartners.nhs.uk)
- Introduction to lung cancer for primary care | 10 minute overview (guyscanceracademy.co.uk)
- cruk_lung_cancer_insights_for_gps_england_wales_09-2023.pdf (cancerresearchuk.org)
- Information for health professionals to support timely diagnosis of lung cancer, including information on lung cancer in never smokers.
- Endorsed resource - Lung cancer: early diagnosis course | Suspected cancer: recognition and referral | Guidance | NICE
- Lung Cancer - GatewayC

GP Top Tips

1. 20% of people diagnosed with lung cancer are non-smokers & the numbers are increasing
2. Suspected cancer symptoms in a non-smoker need to be investigated
3. Approximately 20-25% of CXR will be 'normal' in people diagnosed with lung cancer so if symptoms persist the patient needs further investigations/referral

Recognition and referral of suspected lung cancer

NICE NG12 guidelines recommend:

- referral onto an urgent suspected lung cancer pathway for unexplained haemoptysis
- offering an urgent chest X-ray to people with persistent symptoms including cough, fatigue, shortness of breath and chest pain

Guidance varies depending on smoking status and age but shouldn't override clinical judgement, formed through history-taking and patient examination.

Remember NG12 recommends urgently referring patients at a positive predictive value (PPV) threshold of 3% or higher, with an even lower risk threshold for primary care tests.

Make sure you're also aware of specific local guidance and pathways.

Take advantage of the fact that chest x-rays are less expensive, readily accessible and have faster turnaround times for test reporting compared to other diagnostic tests.

Download our NICE NG12 referral summary at **cruk.org/nicesummary**

GP Direct Access Investigations available within 2 weeks	Chest X-ray	CT Chest
Tower Hamlets	✓	✗
Waltham Forest	✓	✗
Newham	✓	✓
Barking & Dagenham	✓	✗
Redbridge	✓	✗
Havering	✓	✓
City & Hackney	✓	✓

Resources and Tools

- Recommendations organised by symptom and findings of primary care investigations | Suspected cancer: recognition and referral | Guidance | NICE
- Download: Direct Access CT Chest - GP Website (cityandhackneyccg.nhs.uk)
- NHS England » Urgent GP direct access to diagnostic services for people with symptoms not meeting the threshold for an urgent suspected cancer referral

4. Improving Referral Practice – Upper GI

What Can You Do

- Review cases using the CEG Cancer Diagnosis Audit Tool
- Watch the Introduction to cancer for Primary care - 10 minute overview for pancreatic and oesophageal cancers
- Utilise direct access diagnostics – CT abdo and pelvis
- Ensure to provide a renal function within previous 3 months with the referral (required for straight to test CT scan)

Resources and Tools

- A new Oesophageal Cancer Insights Guide for GPs
- Introduction to pancreatic cancer for primary care | 10 minute overview (guyscanceracademy.co.uk)
- Introduction to oesophageal cancer for primary care | 10 minute overview (guyscanceracademy.co.uk)
- Top-Tips-Suspected-Upper-GI-Cancer-Referrals.pdf (transformationpartners.nhs.uk)
- Endorsed resource - Oesophageal cancer: early diagnosis course | Suspected cancer: recognition and referral | Guidance | NICE
- Oesophageal Cancer – GatewayC
- Pancreatic Cancer – GatewayC
- Stomach Cancer - GatewayC

GP Top Tips

Oesophageal

- Is it ENT or Gastro? Take careful history – oropharyngeal or oesophageal
- Young patients with dysphagia - Consider use of Edinburgh dysphagia score here as routine referral may be appropriate for this cohort (BMJ article)

Hepato-pancreato-biliary (HPB)

- Diagnosing pancreatic cancer use of DA CT abdo/ pelvis
- Liver cancer Cirrhotic patients at high-risk of liver cancer - high risk of cirrhosis? (esp alcohol, viral hepatitis, NAFLD)

1. Please indicate if there have been previous endoscopic investigations and their outcome.
2. Dysphagia that is NOT localised to the neck is more worrying than dysphagia localised to the neck.
3. Dysphagia and weight loss should always be investigated.
4. If weight loss or additional lower GI symptoms present: a. Consider NSS pathway referral b. Include FBC, U&E, LFT, TFT, HBA1C, Ca, CRP and FIT results in referral.
5. New symptoms especially in the absence of a previous history of acid reflux are concerning.
6. For patients presenting with other clinical pictures / other indications, consider referring for routine endoscopy either via direct access investigation pathway (if available) or routine referral.
7. A paragraph of history with the timeline of symptoms is much more useful than reproduction of recent consultations.

5. Direct Access Diagnostics

GP Direct Access Investigations available within 2 weeks	Chest X-Ray	CT Chest	CT Abdomen and Pelvis (CT pancreas)	Ultrasound Abdomen and Pelvis	MRI Brain
Tower Hamlets	✓	✗	✓	✓	✓*
Waltham Forest	✓	✗	✓	✓	✓*
Newham	✓	✓	✓	✓	✓*
City & Hackney	✓	✓	✓	✓	✓
Barking & Dagenham	✓	✗	✓	✓	✓
Havering	✓	✗	✓	✓	✓
Redbridge	✓	✗	✓	✓	✓

*available via Inhealth

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What Can You Do

- Utilise urgent GP direct access diagnostics for patients with symptoms not meeting the threshold for USC referral
- Please use electronic ordering systems not paper request forms as this can cause delays
- Add patients to your safety netting systems

Quick Wins

PCN DES requirements 24/25	Suggested Actions
Direct Access Diagnostics	Check local referral pathways and how to order
	Promote the use of direct access diagnostics with 2 weeks as per NICE guidance

Click here to download the full **Quick Wins Checklist**

Resources and Tools

- Recommendations organised by symptom and findings of primary care investigations | Suspected cancer: recognition and referral | Guidance | NICE
- Barts Health GP Direct Access to CT for Suspected Pancreatic Cancer – North East London (icb.nhs.uk)
- City & Hackney Direct Access CT Chest
- City & Hackney Direct Access CT Chest/ Abdo/Pelvis for Unintentional Significant Weight Loss
- NHS England » Urgent GP direct access to diagnostic services for people with symptoms not meeting the threshold for an urgent suspected cancer referral

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6. Faecal Immunochemical Testing - FIT

What Can You Do

- Safety netting of symptomatic patients with results FIT fHb <10
- To cover the BSG recommendation that GPs take responsibility for managing those with a FIT fHb <10 and no ongoing clinical concerns in primary care
- Ensure patients are aware of the importance and urgency of completing and returning a FIT.
- Ensure patients are provided with clear information about FIT requirements/urgency – videos available
- Text reminders with patient guide available in various languages
- Ensure FIT tests are in stock and accessible
- Involve all staff in agreed processes, including issuing replacements kits if needed

Resources and Tools

- Overview | Quantitative faecal immunochemical testing to guide colorectal cancer pathway referral in primary care | Guidance | NICE
- FIT in Primary Care - Transformation Partners in Health and Care
- FIT Symptomatic | Cancer Research UK
- Faecal Immunochemical Test – GatewayC
- bsg.org.uk/clinical-resource/joint-guideline-fit-in-patients-with-signs-of-crc
- Patient Tips for collecting poo CRUK
- Testing for blood in your poo using FIT | Bowel Cancer | Cancer Research UK

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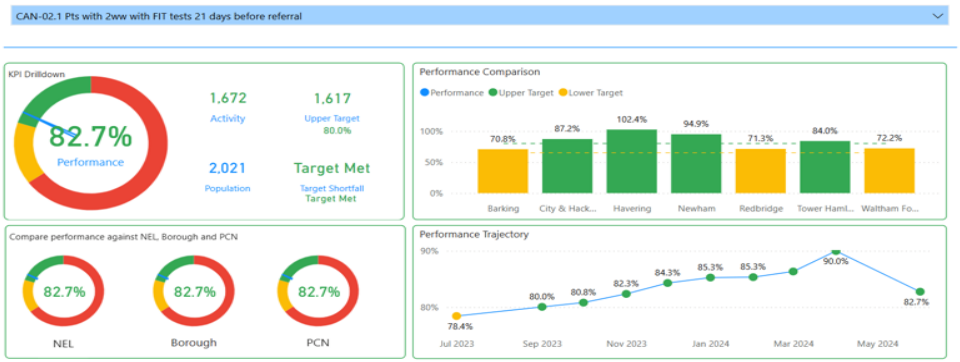
What Can You Do

- Check the CEG IIF dashboard to ensure you are collecting your data USC referrals have a FIT test attached where applicable.
- Run the support search to review your data
- Use the correct codes when a FIT test is not appropriate at the time of referral, patient declined and those with an anal ulceration or with anal or rectal masses

Resources and Tools

CEG Dashboards Hub - Clinical Effectiveness Group (qmul.ac.uk)



Quick Wins

PCN DES requirements 24/25	Suggested Actions
FIT	Monitor CEG Dashboard IIF to ensure FITs are returned within 21 days and appropriate codes are used when FIT is not appropriate/ declined.
	Review safety netting processes for FIT
	Use Gateway C FIT resources available for clinical and non-clinical staff
	Provide patients with language appropriate resources on how to complete and return the kit ensure they are aware of the urgency of returning.

Click here to download the full **Quick Wins Checklist**

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7. NSS (Non-Specific Symptoms)

What Can You Do

- Consider using direct access diagnostics if available
- Ensure you have ordered filter function tests for your referral
- Use the correct referral form and patient information

Barts Health Royal London Hospital

- Multidisciplinary Rapid Access Clinic (MRADC) for Urgent Suspected Cancer referrals (USC) for patients with non-specific symptoms (NSS) that could indicate cancer – referral form and patient information leaflet can be found here

BHRUT – King George Hospital

- Rapid Diagnostic Clinic (BHRUT RDC) if you would like to discuss a patient prior to referral, or would like any further information, email: bhrut.rapiddiagnosticcentre@nhs.net – more information including the referral form and Patient information leaflet here

Resources and Tools

- GP Insight - Managing Patient with NSS CRUK
- Symptom Reference Guide Infographic Version | Publications (cancerresearchuk.org)
- Non Specific Symptoms - GatewayC

Test Name	Core/Optional (where relevant to symptoms)	NHS Faster Diagnosis Framework
CXR	Core	✓
Urine	Core	✓
FIT	Core	✓
FBC	Core	✓
U&E with eGFR	Core	✓
ESR and/or CRP	Core	✓
LFTs (including globulins)	Core	✓
TFTs	Core	✓
HBA1c	Core	✓
bone	Core	✓
CA-125 (women)	Core	✓
PSA (men)	Core	✓
B12/ferritin and iron studies (if anaemic)	Core	✓

Test Name	Core/Optional (where relevant to symptoms)	NHS Faster Diagnosis Framework
Ultrasound	Optional	✓
TTG AB (if anaemic)	Optional	✓
GGT	Optional	✓
Prot EP	Optional	✓
LDH	Optional	✓
clotting (for lymphadenopathy referrals, this should be considered a core test)	Optional	✓
HIV	Optional	✓
hepatitis C	Optional	✓
glucose	Optional	✓

Resources and Tools

- NHS England » NHS cancer programme: faster diagnosis framework

Quick Wins

PCN DES requirements 24/25	Suggested Actions
Review use of NSS pathways and increase referral activity	Complete Gateway C module on 'Non-Specific Symptoms' and share learning
	Review/ audit PCN use NSS / MRADC USC pathways

Click here to download the full **Quick Wins Checklist**

8. Teledermatology

What Can You Do

- Know your local skin pathways and how to refer.
- BHRUT are piloting a GPwSI triage model to streamline referrals to the USC pathway. This pilot starts in the Summer.
- Both Bart's and BHRUT have medical photography teledermatology models in place.
- The Homerton will be piloting a primary-care based teledermatology model. GPs will take images of skin lesions using dermatoscopes. This model is already in place for non-urgent skin conditions.

Quick Wins

PCN DES requirements 24/25	Suggested Actions
Teledermatology	Check local referral pathways and complete Gateway C module 'Skin Cancer – early diagnosis' and share learning.

Click here to download the full **Quick Wins Checklist**

Resources and Tools

- USC-skin-cancer-clinical-guide.pdf (transformationpartners.nhs.uk)
- Dermatology toolkit: Learning resources for general dermatology | RCGP Learning
- Skin Cancer – GatewayC
- GP Insights Skin Cancer June 22 (cancerresearchuk.org)

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9. Screening

Resources and Tools

Bowel

- Bowel cancer screening: primary care good practice guide bowel_good_practice_guide_october_2023.pdf (cancerresearchuk.org)
- Accessible Bowel Cancer Screening Test - Thomas Pocklington Trust
- 'How to do the bowel cancer screening test' patient video How to do the FIT bowel cancer screening test | Cancer Research UK (youtube.com) and 'Tips for collecting your poo' screening guide for patients 741_bowel_screening_fit_england_v3.pdf (ctfassets.net)
- Encouraging Informed Participation Bowel Cancer Screening (cancerresearchuk.org)

Resources and Tools

Breast

- An_easy_guide_to_breast_screening_June23.pdf (publishing.service.gov.uk)
- Do The Test - GO FOR IT! on Vimeo Video about breast screening made for and by women with learning disabilities.

Resources and Tools

Cervix

- Health professional pages on encouraging informed participation Encouraging Informed Participation Cervical Cancer Screening (cancerresearchuk.org)

Resources and Tools

General/Health Inequalities

- CRUK's blog post on Health inequalities: Breaking down barriers to cancer screening - Cancer Research UK - Cancer News
- Screening information for trans or non-binary people Trans and non-binary cancer screening | Cancer Research UK
- Reducing inequalities in cancer screening guide cruk_reducing_inequalities_in_cancer_screening_oct_23.pdf (cancerresearchuk.org)
- Cancer screening programmes at a glance screening_programmes_at_a_glance_v4.pdf (ctfassets.net)

Cancer screening programmes at a glance

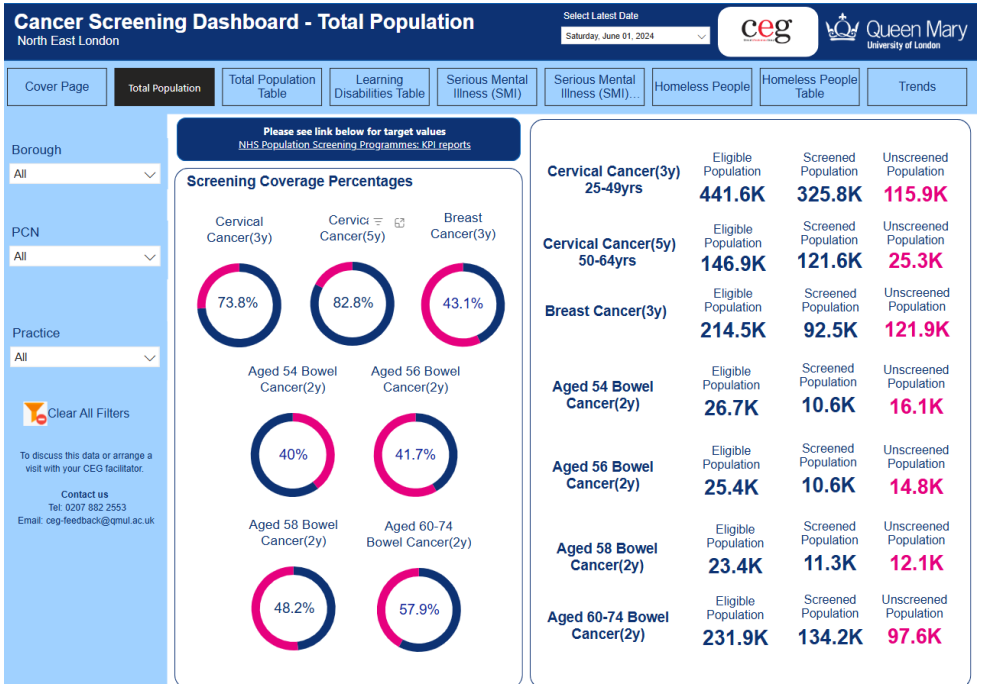
	England	Scotland	Wales	Northern Ireland
Bowel				
Age	54–74 [a]	50–74	51–74 [a]	60–74
Frequency	2 yearly. On request from 75		2 yearly	
Threshold	120µg/g	80µg/g	120µg/g [b]	120µg/g
Test	FIT			
Uptake	70% (2021/22)	67% (2020/22)	67% (2020/21)	62% (2021/22)
Breast				
Age	50–70			
Frequency	3 yearly. On request over 70			
Test	Mammography			
Uptake	62% (2021/22)	77% (2021/22)	69% (2019/20)	75% (2021/22)
Cervix				
Age	25–64			
Frequency [c]	25–49: 3 yearly 50–64: 5 yearly HPV +ve: yearly	5 yearly HPV +ve: yearly		25–49: 3 yearly 50–64: 5 yearly HPV +ve: yearly
Test	HPV primary testing LBC triage if HPV positive			
Coverage	70% (2021/22)	69% (2020/21)	70% (2020/21)	67% (2021/22)
Lung [d]	Targeted lung cancer screening will be rolled out in England with a focus on reaching 100% of the eligible population by 2030. Scotland have begun scoping the requirements of a programme. There is no planned programme in Wales or Northern Ireland yet.			

What Can You Do

- The CEG Cancer Screening dashboard displays data for bowel, breast, and cervical cancer screening.
- Review specific low uptake groups such as LD, SMI, visually impaired, homeless population, ethnicity.
- Speak to your practice managers, local CEG facilitator or PCN cancer facilitator for the link and login details.
- Run the CEG cancer screening V3 searches recall letters for Bowel, Breast and Cervical, for additional support contact your facilitator at CEG.

Resources and Tools

CEG Dashboards Hub - Clinical Effectiveness Group (qmul.ac.uk)



What Can You Do

- Using data on OHID Fingertips to understand any variance in screening programme uptake and take corrective action
- Auditing non responders to the cancer screening programme/s, including breast, cervical and bowel, to analyse why uptake may be low and work with the NHS England regional public health commissioning teams, Cancer Alliances and ICBs to identify and action improvement priorities;
- Adopting an 'Every Contact Counts' approach ensuring screening history is checked at every appointment;
- Making use of resources available to identify initiatives.

Resources and Tools

Cancer Services - OHID (phe.org.uk)

To support with the promotion and awareness of existing screening initiatives, please find assets available via the following link: PCN DES Google Drive folder. The link contains resources for various campaigns.

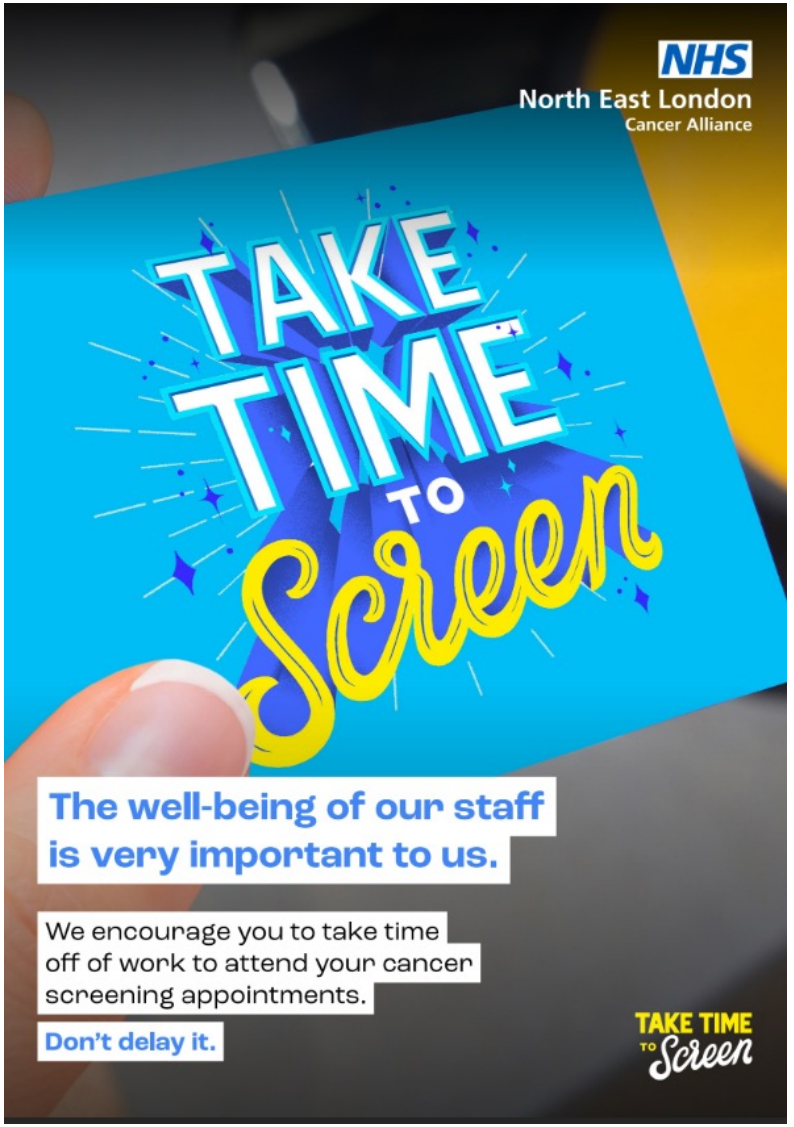
Quick Wins

PCN DES requirements 24/25	Suggested Actions
Increase screening uptake	Review call and recall systems for non-responders e.g., batch text message reminder or telephone contact.
	Use CEG dashboard to identify a specific low uptake group and plan targeted work to improve uptake within in a cancer screening programme.
	Use up-to-date posters, leaflets, and video resources to raise awareness in practices and on PCN websites
	Bowel screening kit request form available in resource publisher for patients who need a replacement kit.
	Adopting an 'Every Contact Counts' approach ensuring screening history is checked at every appointment
	Use CEG searches: Cancer screening V3 searches recall letters for Bowel, Breast and Cervical, for additional support contact your primary care facilitator at CEG.

Click here to download the full **Quick Wins Checklist**

Resources and Tools

- It's Not A Game – Campaign that uses sport as a hook to engage men with four key tumour sites (bowel, stomach, lung and prostate)
- Muslim Sisterhood (cervical cancer) - Campaign to increase the uptake of cervical screening in Muslim women between the ages 25 and 34
- Take Time to Screen – Campaign to encourage working professionals to make time to attend screening appointments
- Tell Me About it - Campaign that focuses on encouraging older people to come forward with worrying symptoms of cancer and present to primary care.



10. QOF – Cancer Care Reviews

What Can You Do

- CEG's LTC Template – has an embedded Cancer specific page which guides a quality CCR and within this are the embedded codes for both the 3 month contact and Cancer Care Review QOF targets (visibility is dependent on SNOMED recommended Cancer codes being used in patients record, check coding if cancer tab not on LTC template)
- Macmillan has also integrated a national Cancer Care Review template in to the three core GP IT Providers (EMIS Web, TPP SystmOne and INPS Vision) to encourage a standardised, holistic, person-centred approach to these conversations.
- Macmillan has worked with accuRx to develop a Cancer Florey, which can act as a pre-CCR questionnaire to be sent to the patient via SMS ahead of their CCR conversation. By completing this short questionnaire, the patient will be able to indicate areas of concern that can then be prioritised within the CCR appointment. This florey is now live, for more information on how to access floreys within accuRx click here.
- Some patients may prefer a paper format "concerns check list" which can be given pre their CCR appointments to aid in establishing their priorities which can be found here.

Resources and Tools

- 10 top tips for primary care: Cancer Care Reviews | Macmillan Cancer Support
- Personalised care | Healthcare professionals | Macmillan Cancer Support
- Macmillan Learning Hub (microsoft.com)
- Personalised care planning for people with cancer - Overview (guyscanceracademy.co.uk)

What Can You Do

- **Reach out:** Proactively contact cancer patients to offer support (as per QOF timelines)
- Check Cancer **Coding** on system
- **Prepare patients** before CCR – use Florey or Checklist – *What do they feel are their current needs?*
- Use a **Template** for CCR (CEG, National) provides guidance
- **Signpost** to support (local, national resources)

Quick Wins

PCN DES requirements 24/25	Suggested Actions
Cancer Care Reviews	Primary care teams are now required to connect with patients within 3 months of their cancer diagnosis and inform them of the support available – e.g., via a call, text, or letter.
	Cancer care reviews process: Run a search to identify patients on the cancer register and with a new cancer diagnosis (within last 3 months)
	Use the cancer florey within accurx as a pre-CCR questionnaire to be sent to patients ahead of their CCR conversation
	Use the CEG LTC Template with embedded Cancer specific page which guides a quality CCR (within this are the embedded codes for both the 3 months contact and Cancer Care Review within 12 months)

Click here to download the full **Quick Wins Checklist**

Contents

11. Contacts

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