

Primary Care Network Bulletin: October 2022

Included in this Bulletin:

- Brain Tumour and Haem-Onc infographics
- PCN Work in the Cancer Conference
- Mental Health in Cancer Webinar
- Primary Care Cancer Forum – 30th November
- Clinical Decision Support Tool
- Tableau Access Link
- Signs and Symptoms of Breast Cancer- Animation
- EOI for Primary Care Remote Appointments
- Cervix Smear Taker Training Day in December
- PCN Collaboration Award Entry Shortlisted
- FIT
- Coming soon...

PCN work in the Cancer Conference

The Greater Manchester Cancer Conference will be taking place on Tuesday 18-Wednesday 19th October 2022. This year's themes will be **Equality, Innovation and Collaboration**.

There will be a plenary addressing the early diagnosis challenge, in which we will be presenting our work with primary care networks, primary care improvements in the lower GI pathway, the self-referral chest X-ray pilot and digital innovation in clinical decision making.

Dr James Weems (Leigh PCN) will be presenting PCN work on improving the use of FIT in the lower GI pathway.

The conference will be a hybrid in person and virtual event, held at the Hilton Manchester Deansgate.

Register for a free place here: [Greater Manchester Cancer Conference 2022 Tickets, Tue 18 Oct 2022 at 09:00 | Eventbrite](https://www.eventbrite.com/e/greater-manchester-cancer-conference-2022-tickets-29848847000)

Brain Tumour and Haem-Onc Infographics

Following the webinars on brain tumours and Haematology-Oncology the Fast Facts infographics have been published:

Brain Tumour (EARLY DIAGNOSIS) THINK A-G
Supporting earlier & faster cancer diagnosis

FAST FACTS

- A ANY PROGRESSIVE SYMPTOMS?** Look for any new neurological symptoms, progressing over a few months. Common symptoms include changes in mobility/balance, speech, cognition, vision, or mood. Could any symptoms be related?
- B BEHAVIOUR CHANGES** First symptoms can include changes in personality or mood, such as irritability, disruption in sleep, loss of interest in food or altered cognition. Other risks can include depression or dementia, but brain tumour symptoms progress over several months.
- C CT OR MRI SCAN** A normal CT scan does not exclude a brain tumour. An MRI scan with contrast is required.
- D DON'T FORGET 'HEADACHE PLUS'** It is uncommon for headache alone to signify an underlying brain tumour. Headache of concern are those which are increasing in frequency and severity over a number of months, or are associated with other progressive neurological symptoms.
- E EYE TESTS** High street optician assessments can identify ocular or corneal vessel field loss or papilloedema and are a useful source of additional assessment. Confirmed visual field loss is a fittingly highly sensitive for an underlying tumour.
- F FITS** Fits or seizures are a common presenting symptom of brain tumours. Anyone presenting with suspected new onset of fits should be referred for urgent assessment. It is important to remember that not all fits are generalised tonic-clonic seizures. Fits can include odour hallucinations, absences, transient loss of speech, 'spells', or sensory symptoms. Symptoms may be preceded by an aura, or followed by drowsiness, and may increase in frequency, duration or severity should new concern.
- G GREATER MANCHESTER REFERRAL PROFORMA** Please refer all patients using the Greater Manchester form. Ensure the patient understands the reason for the referral. Ensure referral contains a specific clinical history and referral form.

Online cancer education for healthcare professionals
Register here: www.gatewayc.org.uk/register

HAEMATOLOGY - ONCOLOGY THINK A-G
Supporting earlier & faster cancer diagnosis

FAST FACTS

- A ACUTE LEUKAEMIA** Patients presenting with flu-like symptoms, anaemia, persistent fatigue, unexplained fever, unexplained bruising or bleeding, or other symptoms consistent with acute leukaemia, require a full blood count (FBC).
- B BUMPS AND LUMPS** Persistent unexplained enlarged lymph nodes need investigating. Refer neck nodes to head and neck teams, axillary nodes to breast teams, and inguinal nodes to a non-specific pathway. All referrals should be sent as suspected cancer referrals.
- C CHRONIC LEUKAEMIA** Chronic leukaemia is often incidentally found on a routine FBC. Patients do not always need treatment straight away.
- D DON'T FORGET MYELOMA** Remember CALLA: C - Calcium - hypercalcaemia; R - Renal - any form of renal dysfunction; A - Anaemia (of unknown cause); L - Liver - unexplained and persistent bone pain (often back pain).
- E EXAMINATION & BLOOD TESTS** Useful tests include FBC, serum free light chains and protein electrophoresis.
- F FAMILY HISTORY** Ask patients if they have a family history of cancer: however, blood cancer is not normally considered to be a hereditary disease.
- G GREATER MANCHESTER REFERRAL PROFORMA** Please refer all patients using the Greater Manchester form. Ensure the patient understands the reason for referral. Include fully informed consent to this help direct patients to the most appropriate investigation or assessment.

Online cancer education for healthcare professionals
Register here: www.gatewayc.org.uk/register

All infographics have been uploaded onto the Primary Care Education and Resources section of the GM Cancer website. View them all here: [Primary care education and resources – Greater Manchester Cancer \(gmcancer.org.uk\)](https://www.gmcancer.org.uk/primary-care-education-and-resources)

Mental Health in Cancer Webinar

The next GatewayC Live webinar will be held at the GM Cancer Conference on the topic of Mental Health in Cancer. See details below and sign up here: [Greater Manchester Cancer Conference: GatewayC Live: Mental Health in Cancer \(on24.com\)](https://www.eventbrite.com/e/greater-manchester-cancer-conference-gatewayc-live-mental-health-in-cancer-on24-com-tickets-29848847000)

Mental Health in Cancer
Wednesday 19th October, 12:50 – 13:35

Refresh your knowledge and hear the latest updates for Greater Manchester

This session includes an optional live Q&A

Speaker: Dr Daniel Anderson, Consultant Psychiatrist

[Register here](#)

Online cancer education for primary care professionals across England www.gatewayc.org.uk

Primary Care Cancer Forum – 30th November

Following the success of the April face to face education event on lung, gynae, non-site specific, lower GI and HPB cancers, we are now organizing a primary care education event on the 30th of November at etc venues, Manchester City Centre.

We are planning on holding sessions with expert speakers on the early diagnosis of Skin, Breast, Head and Neck, Brain and Haematology cancers. Sign up on Eventbrite: <https://bit.ly/3QkuABE>

Clinical Decision Support Tool

The Cancer Alliance are working with the GM Shared Services team on the Clinical Decision Support Tool for GM. Thank you to the PCNs / Practices who have volunteered to pilot this in their practices. We aim to go live with this early in 2023 across all Practices and will share more information as the work progresses.

Tableau Access Link

For those who have not yet accessed GM Tableau, which provides analytics and visualisations related to cancer at a PCN level, please register via the following link: [Tableau User Management \(ghtableau.nhs.uk\)](https://ghtableau.nhs.uk)

Signs and Symptoms of Breast Cancer- Animation

October is Breast Cancer Awareness month. To aid early diagnosis of breast cancer, the GM Cancer Communications team have produced a patient-facing animation on the signs and symptoms of breast cancer and when to contact their GP.

Watch the short animation on YouTube: [Cancer - Know the Signs - YouTube](#)



EOI for Primary Care Remote Appointments

Funding from the national team is now available for an improvement programme focused on Remote Appointments for people with suspected cancer symptoms. The funding will support primary care colleagues to participate in the next GP Improvement Leads Programme cohort, using an established improvement idea as their project (more information in attached PDF). The deadline is **Wednesday 12th October 2022**.

Cervical Screening - Training for Primary Care

On the afternoon of Monday 5th December, there will be a study afternoon for cervical screening sample takers in primary care.

There will be in person and virtual places. Cervix visualisation guides have been purchased for every practice and sample taker and will be distributed at / following this event.

Greater Manchester Collaboration Award Entry



We have been shortlisted for the Greater Manchester Collaboration award! We entered the award to celebrate the collaboration between the Cancer Alliance and PCNs across GM in delivering the DES. The ceremony will take place on the evening of Tuesday 18th October after the Cancer Conference.

Faecal Immunochemical Test

As discussed in the PCN Leads Session on the 27th of September, the British Society of Gastroenterology guidance states that ALL suspected cancer referrals for the lower GI pathway must be accompanied by a FIT result. This is in line with national planning guidance for 2022-23. These changes are coming into effect in GM. Referral forms are being revised to reflect this.

No lower GI referral should be rejected without a FIT result. If there are any issues with rejected referrals, please contact Ali Jones (alison.jones8@nhs.net), Sarah Taylor (staylor@nhs.net) and/or Lauren Kelly (lauren.kelly47@nhs.net).

Coming soon....

- ✓ Tuesday 25th October: PCN Cancer Lead Session (content TBC)
- ✓ [Sarcoma Webinar- 5th October](#)
- ✓ Dermatoscope Training Day-12th September Fast Facts video
- ✓ Cervix visualization guides distribution



Any feedback or queries please direct to:
Lauren.Kelly47@nhs.net; Alison.Jones8@nhs.net; SLTaylor@nhs.net



General Practice Improvement Opportunity: maximising how remote appointments support early diagnosis of cancer, including improving experience and reducing inequalities

Recent research commissioned by NHS England (publication pending) into the experience of care for patients, carers and staff identified potential areas to maximise how remote appointments support early diagnosis of cancer, including improving experience and reducing inequalities.

The NHS Cancer Programme are welcoming expressions of interest from General Practice colleagues who are applying for the [General Practice Improvement Leads Programme](#). (Cohort 35 remains open until 4 November 2022).

The funding (£5k per practice) would be provided to support attendance at the fully funded programme with the applicant using one of the improvement areas below (developed by a group of primary care, cancer and experience of care colleagues, based on the research) as their local project. Funding will only be provided if the applicant is accepted onto the General Practice Improvement Leads Programme. A maximum of 10 practices would receive funding.

Maximising how remote appointments support early diagnosis of cancer in primary care: 7 areas for improvement ideas



Please complete the Expressions of Interest Form and return to su.young@nhs.net by 5pm Wednesday 12 October 2022.

For more information, please contact David McNally: davidmcnally@nhs.net

Additional Information

The General Practice Improvement Leads programme is an accredited personal development programme for those working in general practice, including GPs, practice managers, nurses and other members of the MDT, reception managers and senior administrators. Participants gain new perspectives, skills and confidence in using improvement science for service redesign and leading colleagues and teams through change.

The programme is six days (three x two-day modules) with support sessions and an optional coaching call, all held virtually. The programme incorporates interactive elements, action learning and personal project work, with participants taking forward a change priority in their own practice, for example, improving document workflow, optimising the triage process, increasing the uptake of online consultations. Participants learn alongside others in general practice, with the additional benefit of sharing experiences and learning from each other.

General Practice Improvement Opportunity: maximising how remote appointments support early diagnosis of cancer, including improving experience and reducing inequalities

Expression of Interest Form for General Practice

General Practice colleagues who are submitting expressions of interest must simultaneously be applying for the General Practice Improvement Leads Programme.

Please fill out the details required below, including the supporting information, then return to: su.young@nhs.net

For any questions regarding the EOI process please contact:

- Su Young su.young@nhs.net
- **Deadline: Wednesday 12th October 2022**

General Practice details	
Name of General Practice	
Name of PCN	
Name of Integrated Care System (for funding route)	
Primary contact	
Name	
Email	
Role	
Phone	
Improvement Project Area (please indicate with X only 1 area)	
Managing transition with people who use our services	
Exploring red flags in remote appointments	
Staff training and support	
Learning and sharing good practice	
Systems and support – technology	
Exploring the role of Digital Cancer Champions	
Reviewing cancer safety netting in remote appointments	

Please complete the following to demonstrate how your participation in the General Practice Improvement Leads programme and selected improvement project would maximise how remote appointments support early diagnosis of cancer

Supporting information
1. Commitment to attending the Programme and taking forward the selected improvement project
2. Reason for selecting this particular improvement project and any specific local health inequalities and/or experience of care elements that you are particularly keen to explore/address
3. Project idea (based on identified Improvement Project Area)
4. Commitment to support the wider sharing of learning