# **PCN Cancer Early Diagnosis Guidance and Action Plan 2023/24**

The aim of the template and the accompanying guidance is to support Primary Care Networks (PCNs) to meet the requirements of the PCN Network Contract DES for Cancer Early Diagnosis 2023/24. Links to resources have been provided and suggestions made relative to actions that PCNs and their member practice might undertake to improve practice and support the earlier cancer diagnosis ambition - that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to three quarters of cancer patients, whilst also addressing variation and inequalities.

The guidance and suggested activity outlined within this document is based on that provided by [NHSE](https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00157-ncds-early-cancer-diagnosis-support-pack.pdf) with the bulk of the resources referenced being those which have been developed for and by GM Cancer and partners.

The template is not intended to be prescriptive, nor does it contain all resources and support available.

GM Cancer will continue to support PCNs and their member practices with regular communications, information and new and updated resources. We are also committed to supporting PCN Cancer Leads who provide a vital link with PCNs and their member practices.

We ask that the template is completed for each PCN and returned to GM Cancer. Details are provided in the accompany email.

For further information and support please contact the early diagnosis team at GM Cancer: [gmcancer.earlydiagnosis-primarycare@nhs.net](mailto:gmcancer.earlydiagnosis-primarycare@nhs.net)

**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.**

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| **Your PCN plan** | | **Suggested actions/improvement indicators** |
| **What is your current position?** | Please provide a brief outline for all sections. | **Data sources**  [Tableau](https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/explore)  [Tableau: Primary Care](https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/projects/5)  An outline guide has also been provided to support access to Tableau and can be found at the end of this document. This also includes registration details.  **A new platform is launching which includes more up to date information and details will be provided.**    PCN and Practice level data is also available via PHE  [OHID: Cancer Services](https://fingertips.phe.org.uk/profile/cancerservices)  **Suggested Activity**  Review PCN data to identify areas to focus on.  PCN-wide audits. This might include:  Late stage diagnosis.  Patients diagnosed via emergency presentation.  Multiple presentations prior to diagnosis.  Cancer diagnosis where a change in pathway has occurred.  Cancer audit based on the National Cancer Diagnosis Audit (the national audit will not be undertaken in 2023/24)  [NCDA: Proforma](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cancerresearchuk.org%2Fsites%2Fdefault%2Ffiles%2Fncda_data_proforma_-_indivdiual_patients.docx&wdOrigin=BROWSELINK)  [NCDA: Data collection template](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.cancerresearchuk.org%2Fsites%2Fdefault%2Ffiles%2Fncda_datacollectiontemplate_v3_0.xlsx&wdOrigin=BROWSELINK)  Review uptake and use of the resources provided and outlined below as part of routine practice and linked to Continued Professional Development.  **Resources**  Clinical Decision Support Tool supported by GM Cancer.   * [CDST User Guide](https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fyoutu.be%2FJH29klkE1AM&data=05%7C01%7Cpaul.keeling1%40nhs.net%7Cd9bd63522f6247aa30a008db470664a8%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638181865175026200%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=PRjDOWrOhMSwV7c9EOm2uo94u1tw6lyF02048xYXEJE%3D&reserved=0)   GM Cancer and GatewayC resources:  [GatewayC: Improving the Quality of Your Referral](https://www.gatewayc.org.uk/courses/improving-the-quality-of-your-referral/)  [GM Cancer: Primary care education and resources](https://gmcancer.org.uk/early-diagnosis-primary-care/primary-care-education-resources/#fitresources)  [GM Cancer and GatewayC Infographics / Videos](https://gmcancer.org.uk/early-diagnosis-primary-care/primary-care-education-resources/)  Suspected Cancer: Recognition and Referral (NG12) summaries and visualisation tools:  [NICE: Overview Suspected Cancer Recognition and Referral](https://www.nice.org.uk/guidance/ng12)  [GatewayC: Cancer Maps](https://www.gatewayc.org.uk/the-cancer-maps/)  [CRUK: Body Infographic](https://publications.cancerresearchuk.org/publication/symptom-reference-guide-infographic-version)    [CRUK & NICE: Interactive Desk Easel](https://www.cancerresearchuk.org/sites/default/files/nice_desk_easel_interactive_march_2020.pdf)  [Macmillan Cancer Support: Rapid Referral Guidelines](https://www.macmillan.org.uk/healthcare-professionals/news-and-resources/guides/rapid-referral-guidelines)  Safety netting template supported by GM Cancer and available on all clinical systems across GM.  Safety netting resources:   * [CRUK: Safety Netting](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting) |
| **What will your PCN do?** | Support with Quality Improvement (QI) projects will be provided to PCNs in 2023 and a programme of events will be released in Q2. |
| **How will your PCN measure impact?** | Indicators are provided as a guide – you may wish to develop your own indicators or provide an outline prior to refining following engagement with the QI training programme.  Early diagnosis rates in the most disadvantaged 20% of areas are around 8% points lower than in the most affluent areas. In delivering the requirements of the DES, PCNs should consider options to provide particular support to practices serving disadvantaged populations so that they can maximise impact in those areas. | **Suggested indicators**   * Interval between first presentation with symptoms and when the Two Week Wait referral was made and the number of appointments prior to referral. * Referral resulting in a cancer diagnosis and shift in conversion/detection rates relative to locality average. * Proportion of urgent referrals receiving hard copy information. * Proportion of patient records with safety netting SNOMED code after consultation. * CPD audit of staff and assessment of training opportunities and support. |

**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.**

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| **Your PCN plan** | | **Suggested actions/improvement indicators** |
| **What is your current position?** | Please provide a brief outline for all sections. | **Data sources**  Review your PCN cancer data report to support benchmarking and understanding of variation.  [Tableau: PCN Cancer Screening Metrics](https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/views/PCNCancerScreeningMetrics_16140947310410/TitlePage?:iid=2)  **A new platform is launching which includes more up to date information and details will be provided.**  PCN level data is also available via PHE Fingertips:  [OHID: Cancer Services](https://fingertips.phe.org.uk/profile/cancerservices)  **Suggested Activity**   * + Review/audit of uptake generally and for specific groups identified:   + [NHS: Bowel Cancer Screening Identifying and Reducing Inequalities](https://www.gov.uk/government/publications/nhs-bowel-cancer-screening-identifying-and-reducing-inequalities/nhs-bowel-cancer-screening-identifying-and-reducing-inequalities)   + [CRUK: Reducing Inequalities Cancer Screening](https://www.cancerresearchuk.org/sites/default/files/reducing_inequalities_in_cancer_screening.pdf)   **Resources**   * + GM Cancer Screening updates, information and training for health professionals: * [GM Cancer Screening](https://gmprimarycare.org.uk/screening-and-immunisation/cancer-screening/) * GM Cancer resources including patient information leaflets also available in a community languages: * [GM Cancer: Primary care education and resources](https://gmcancer.org.uk/early-diagnosis-primary-care/primary-care-education-resources/#fitresources) * CRUK and Macmillan have resources available to support PCNs to identify and progress initiatives:   + [CRUK: Cancer Screening](https://www.cancerresearchuk.org/health-professional/screening)   + [CRUK: Primary Care Good Practice Guide: Cervical Screening](https://www.cancerresearchuk.org/sites/default/files/final_uk_cervical_screening_guide_july_21.pdf)   + [CRUK: Primary Care Good Practice Guide - Bowel Screening](https://www.cancerresearchuk.org/sites/default/files/bowel_good-practice-guide_feb_23.pdf) * Working in partnership PCNs may also consider other initiatives such as: * [Screening Saves Lives](https://screeningsaveslives.co.uk/professionals/) * [Campaign Resource Centre](https://campaignresources.phe.gov.uk/resources/) * Reviewing uptake of breast cancer programmes.   Safety netting template supported by GM Cancer and available on all clinical systems across GM. Safety netting resources:   * [CRUK: Safety Netting](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting)   **Contacts**   * Contact your local Screening improvement leads for further information, support, and training. **A list of contacts has been provided at the end of this document.** |
| **What will your PCN do?** | GM Data Quality Team will be making a series of screening searches available on GP systems in Q2 and information will be provided when available. |
| **How will your PCN measure impact?** |  | **Suggested indicators**   * Increase in uptake and coverage of screening. * Review non-responders for bowel and/or cervical cancer screening. * Reduction in inequitable uptake of screening in population groups. * Patient uptake of additional clinics across the PCN footprint targeting groups identified with lower uptake. |

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

1. **the requesting of FIT tests where appropriate for patients being referred for suspected colorectal cancer**

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| **Your PCN plan** | | **Suggested actions/improvement indicators** |
| **What is your current position?** | Please provide a brief outline for all sections. | **Data sources**   * Review PCN/Practice IIF FIT monitoring data on GM Tableau * [Tableau: FIT Monitoring](https://www.gmtableau.nhs.uk/#/site/GMHSCPPublic/views/FITIIFMonitoring/IIFLocalityFIT?:iid=1)   **A new platform is launching which includes more up to date information and details will be provided.**  **Resources**   * NHSI system guidance is available here: * [NHSI Guidance](https://www.england.nhs.uk/wp-content/uploads/2023/03/PRN00157-ncdes-investment-and-impact-fund-2023-24-guidance.pdf) * Primary Care Knowledge Boost Podcast with Dr Sarah Taylor reviewing updates to FIT guidance and implementation: * [Changes to the 2WW LGI pathway](https://pckb.org/) * Guideline from the British Society of Gastroenterology: * [BSG and FIT Guidelines](https://www.bsg.org.uk/clinical-resource/faecal-immunochemical-testing-fit-in-patients-with-signs-or-symptoms-of-suspected-colorectal-cancer-crc-a-joint-guideline-from-the-acpgbi-and-the-bsg/)   GatewayC Fast Facts infographics and webinar link:   * [FIT A\_G Infographic](https://gmcancer.org.uk/wp-content/uploads/2023/01/GatewayC_GM_FIT_Infographic_23.pdf) * [Lower GI A-G Infographic](https://gmcancer.org.uk/wp-content/uploads/2023/01/GatewayC_GM_Lower-GI_Infographic_23.pdf) * [GatewayC Bitesize: FIT](https://www.youtube.com/watch?v=gGP77U6lXz0) * [Lower GI Cancers A-G Short Video](https://www.youtube.com/watch?v=gHJmece31V4)   Safety netting template supported by GM Cancer and available on all clinical systems across GM. Safety netting resources:   * [CRUK: Safety Netting](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting)   **Patient facing resources**   * Support for completing a FIT: * [How to complete your FIT](https://gmcancer.org.uk/wp-content/uploads/2022/04/A4-FIT-leaflet-English-symptomatic.pdf)   **Suggested Activity**   * Local data collection system to track lower GI referrals with/without a FIT and what referral outcome. * Raise awareness amongst all staff. * Implement safety netting in the lower GI pathway. * Utilise Non Site-Specific Pathway for patients without red flag symptoms. * Utilise resource to guide delivery of suggested activity above: * [CRUK: Guidance](https://www.cancerresearchuk.org/health-professional/learning-and-support/resources/gp-contract-guide/delivering-the-pcn-service#PracticestoadoptFIT1) |
| **What will your PCN do?** |  |
| **How will your PCN measure impact?** |  | **Suggested Indicators:**   * Proportion of 2WW lower GI referrals accompanied by a completed FIT test (as per IIF requirements). * Reduction in the number of FIT tests not returned by patients. * Staff awareness of requirements of FIT. |

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

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

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| **Your PCN plan** | | **Suggested actions/improvement indicators** | |
| **What is your current position?** | Please provide a brief outline for all sections. | | **Resources**   * Decision making and support for clinicians when presented with symptoms associated with suspected skin cancer: * [GatewayC: Skin Cancer Module](https://www.gatewayc.org.uk/courses/skin-cancer-early-diagnosis/) * [Skin A-G Infographic](https://gmcancer.org.uk/wp-content/uploads/2022/09/GatewayC_GM_Live-Skin-A-G.pdf) * [The Christie School of Oncology: Dermoscopy Study Day](https://vimeo.com/780357265/d99725e583) * [NICE: Suspected Cancer: Recognition and Referral (NG12)](https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-site-of-cancer#skin-cancers) * PCNs may also wish to review their safety netting procedures and implement the safety netting template supported by GM Cancer and available on all clinical systems across GM. * [CRUK: Safety Netting](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting)   Safety netting template supported by GM Cancer and available on all clinical systems across GM. Safety netting resources:   * [CRUK: Safety Netting](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting)   **Suggested Activity**   * Engagement with training opportunities. * Review of dermoscopy equipment, use and capabilities. * Referral audit and conversion rate relative to locality average. |
| **What will your PCN do?** | A new model of service delivery for GM is being proposed to optimise suspected Two Week Wait skin cancer referrals both to help to recover the skin cancer activity delayed relating to the COVID-19 pandemic and meet new demand as services are restored.  As part of the implementation of this model it is essential that PCNs support their member practices to deliver the requirements of the DES in readiness for the implementation and development of teledermatology services across GM. | |
| **How will your PCN measure impact?** |  | | **Suggested Indicators**   * Uptake of dermatology training and specifically suspected skin cancer including dermoscopy training. * Patients receiving face to face appointment prior to referral. * Lesions reviewed with dermatascope. * Use of dermatascopic images to support Two Week Wait skin referrals where possible. |

**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**

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| **Your PCN plan** | | **Suggested actions/improvement indicators** |
| **What is your current position?** | Please provide a brief outline for all sections. | **Resources**   * Decision making and support for clinicians when presented with symptoms associated with prostate cancer and at risk patients and support for practitioner conversations regarding PSA testing with asymptomatic patients. * [GatewayC: Prostate Cancer Module](https://www.gatewayc.org.uk/courses/prostate-cancer/) * [Prostate A-G Infographic](https://gmcancer.org.uk/wp-content/uploads/2022/09/Gateway_GM_Live-Prostate-A-G.pdf) * [Prostate Cancer A-G Short Video](https://www.youtube.com/watch?v=ujzuu1fRQFc) * [NICE: Suspected Cancer: Recognition and Referral (NG12)](https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-organised-by-site-of-cancer#skin-cancers) * [NICE: Prostate Cancer - Diagnosis and Management (NG131)](https://www.nice.org.uk/guidance/NG131) * Guidance and support provided by Prostate Cancer UK includes planning toolkit and patient resources: * [Prostate Cancer UK: Delivering the DES](https://prostatecanceruk.org/for-health-professionals/resources/pcn-des) * PCNs may also wish to review their safety netting procedures and implement the safety netting template supported by GM Cancer and available on all clinical systems across GM. * [CRUK: Safety Netting](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting)   **Patient Facing Resources**   * [Prostate Cancer UK: Understanding the PSA test](https://shop.prostatecanceruk.org/understanding-the-psa-test?_gl=1*175lqi3*_ga*MTAwNDcyNTY5Ny4xNjYyMzg4NTA3*_ga_NWKX2S91S5*MTY4NzQyNzkyOC40LjAuMTY4NzQyNzkyOS41OS4wLjA.) * [NHS: PSA Testing and Prostate Cancer](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061564/PCRMP_patient_info_sheet_draft_March_2022_new.pdf)   **Suggested Activities**   * Engage with the Prostate Cancer awareness pilot (This Van Can) * [Prostate Cancer: This Van Can](https://gmcancer.org.uk/this-van-can/?utm_source=GP&utm_medium=texts) * Establish a local plan to raise awareness and engage with higher risk and men over 50 – preprepared searches are available on clinical systems. * Review guidance for PSA testing and patient consultatiuon: * [NHS: PSA Testing and Prostate Cancer](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1061564/PCRMP_patient_info_sheet_draft_March_2022_new.pdf) * [NICE: Prostate Cancer - Diagnosis and Management (NG131)](https://www.nice.org.uk/guidance/NG131) * PCNs may also wish to review their safety netting procedures and implement the safety netting template supported by GM Cancer and available on all clinical systems across GM. * [CRUK: Safety Netting](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting) |
| **What will your PCN do?** | This Van Can – prostate cancer awareness pilot targeting higher risk men black men aged 45-70 and men with a family history of prostate cancer 45-70. Searches have been loaded on clinical systems and a timetable for the location of the van and further information is available. |
| **How will your PCN measure impact?** |  | **Suggested Indicators**   * Practices can demonstrate use of the searches & risk checker for targeted men from the most at-risk categories (Black men >45 and men with a family history of prostate cancer >45). * Uptake of patient discussions with target cohort. * Uptake of PSA testing. |

**Service requirement 5 - Review use of their non-specific symptom’s pathways, identifying opportunities and taking appropriate actions to increase referral activity**

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| **Your PCN plan** | | **Suggested actions/improvement indicators** |
| **What is your current position?** | Please provide a brief outline for all sections. | **Resources**   * Support and resources to aid clinical decision making: * [GatewayC: Non Specific Symptoms Module](https://www.gatewayc.org.uk/courses/non-specific-symptoms/) * [GM Cancer: Non Site Specific Pathways and RDCs](https://gmcancer.org.uk/faster-diagnosis/rapid-diagnostic-centres/) * [NSS A-G Infographic](https://gmcancer.org.uk/early-diagnosis-primary-care/primary-care-education-resources/#iLightbox[gallery_image_1]/2) * [NSS A-G Short Video](https://www.youtube.com/watch?v=p0M0XyD4aD0) * Additional Resources to support referral: * [GM Cancer: Non Site Specific Symptoms - Referral criteria](https://gmcancer.org.uk/faster-diagnosis/rapid-diagnostic-centres/referral-criteria-nss/) * [GM Cancer: Non Site Specific - Core Tests](https://gmcancer.org.uk/faster-diagnosis/rapid-diagnostic-centres/core-tests-for-patients-with-non-specific-symptoms/) * [GM Cancer: Non Site Specific Pathway and Rapid Diagnostic Centres Poster](https://gmcancer.org.uk/wp-content/uploads/2022/05/What-is-the-Rapid-Diagnostic-Centre-RDC-GM.pdf)   **Suggested Activities**  Raise awareness amongst practice staff in using the pathways and assess impact on referrals.  Utilise the Clinical Decision Support Tool to facilitate improvements in in referral volume and quality.  Refer to and act on guidance for core/filter function tests**.**   * PCNs may also wish to review their safety netting procedures and implement the safety netting template supported by GM Cancer and available on all clinical systems across GM. * [CRUK: Safety Netting](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting) |
| **What will your PCN do?** | **Non-Specific Symptoms pathways** are intended to cover the cohort of patients who do not fit clearly into a single suspected cancer referral pathway, but who are, nonetheless, at risk of being diagnosed with cancer. Symptoms considered ‘non-specific’ include unexplained weight loss, fatigue, abdominal pain or nausea; and/or a GP ‘gut feeling’ about cancer. |
| **How will your PCN measure impact?** |  | **Suggested Indicators**   * Increase in use of non-specific symptom pathways. |

**Early Cancer Diagnosis: Quick User Guide to GM Tableau for Primary Care Networks**



**Cancer Screening Improvement Lead Contacts**

* Cancer Screening Improvement Leads:

**GM Breast Screening Leads**

**Manchester Breast (Manchester, Oldham, Salford, Trafford, Tamside):** [**bsapts@mft.nhs.uk**](mailto:baspts@mft.nhs.uk) **FAO Faiza and Nabila**

**Wigan Breast (Wigan):** [**BSUappointments@wwl.nhs.uk**](mailto:BSUappointments@wwl.nhs.uk)

**Bolton (Bolton, Bury, HMR) Breast:** [**BreastCSIL@boltonft.nhs.uk**](mailto:BreastCSIL@boltonft.nhs.uk)

**Bowel Screening Leads**

**Pennine Bowel (Bury, Oldham, HMR, North Manchester) -**[**Pennine.BCSP-enquiry@nca.nhs.uk**](mailto:Pennine.BCSP-enquiry@nca.nhs.uk)

**Manchester Bowel (Central and South Manchester, Salford, Trafford, Stockport, Tameside)-** [**mft.bcspmft@nhs.net**](mailto:mft.bcspmft@nhs.net)

**Bolton Bowel (Bolton, Salford, Wigan):** [**boh-tr.BoltonBowelCancerScreeningCentre@nhs.net**](mailto:boh-tr.BoltonBowelCancerScreeningCentre@nhs.net)