



## Included in this Bulletin:

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#### FIT & Lower GI referrals

In all cases where colorectal cancer is amongst the possible diagnoses, a FIT (Faecal Immunochemical Test) must be completed and the result included on the referral form. Please be reassured that waiting for FIT does not delay the pathway, rather it ensures patients are directed to the most relevant diagnostic pathway as soon as possible. In the small number of patients who will not complete a FIT, please refer anyway explaining the issues.

Patients with a negative FIT but other concerning symptom such as unexplained weight loss, an abdominal mass or recent onset of unexplained abdominal pain, may need referral on another suspected cancer pathway such as non-site specific or gynaecology. These concerns must be outlined in the referral form narrative.

For clarity, requesting a FIT prior to referral serves to ensure patients are directed to the most relevant diagnostic pathway as soon as possible.

Overview | Quantitative faecal immunochemical testing to guide colorectal cancer pathway referral in primary care | Guidance | NICE

Remember levels for screening FIT (120) and symptomatic FIT (10) are different. Do not rely on a normal screening test in a symptomatic patient.

## **Change to National Cancer Waiting Time Standards**

There is no planned change to the way GPs refer patients onto Urgent Suspected Cancer pathways – the only change is that the NHS will measure how well it is dealing with those referrals by looking at speed of actual diagnosis, not whether the patient has a first appointment within a fortnight. It is likely that most patients will still have their first appointment or investigation within 7-14 days of referral in order to meet the 28 day faster diagnosis standard.

The Cancer Alliance are reviewing and updating patient information but suggest that practices still advise patients that they will be contacted soon after referral and continue to use the current patient information letters, leaflets and referral forms and safety netting procedures

There are currently 10 different standards in place to measure waiting times for cancer diagnostics and treatment. Following a consultation last year, the NHS is now modernising and simplifying these standards to focus on three, focused on outcomes, not processes. From 1 October, the three standards will be:

- Faster Diagnosis Standard: a diagnosis or ruling out of cancer within 28 days of referral (set at 75%)
- 31-day treatment standard: commence treatment within 31 days of a decision to treat for all cancer patients (set at 96%)
- 62-day treatment standard: commence treatment within 62 days of being referred or consultant upgrade (set at 85%)

The main changes being announced are:

- Removal of the Two Week Wait standard requiring a first appointment within two weeks
- Combining together the first and subsequent treatment 31-day standards to create one headline performance standard.
- Combining together the Urgent Suspected Cancer GP referral, Urgent Screening and Consultant Upgrade 62-day standards to create one headline performance standard for all patients.

GM Cancer held a webinar to understand what these changes mean for the cancer system and patients. This is now available ondemand via this link: <u>https://bit.ly/NewCWTWebinar</u>

#### GatewayC Renal, Bladder and Testicular Cancer Webinar

Date: Wednesday 25th October 2023

Time: 1:00-1:30pm

#### Sign up here: https://bit.ly/3OVNGR7

Additionally, a new module on 'Continence Management is Cancer' is now available on GM Cancer Academy. This interactive module has been co-produced with the Greater Manchester Training hub and focuses on all aspects of continence management, providing an insight into the professionals and services available to help manage people with incontinence <u>Urology Education Courses & Resources</u> -GM Cancer Academy

# PCN Guide to New Data Hub 'Curator'

The GM Cancer BI team presented a "PCN Guide to Curator" at the Quality Improvement Training for PCNs on the 21<sup>st</sup> of September.

The BI team have produced a guide to Curator for PCNs which is attached to this email (in pdf version). The guide includes how to access data by locality and pathway.

It specifically includes data relating to components of the PCN DES 2023/24, including the IIF Indicator for FIT, prostate pathway data, and PCN Cancer Screening.

The BI Team are keen to hear how the hub can be developed. Please let us know your thoughts.

# GatewayC - Cancer Forum

Join leading cancer specialists for this interactive study day and hear the latest pathway information for Greater Manchester. Optional live Q&A and lunch.

Date: Tuesday 21<sup>st</sup> November 2023

Time: 12:30-16:30

## Topics:

- Head and Neck,
- Late Effects of Cancer Treatment,
- Upper GI Dyspepsia and Dysphagia,
- Renal, bladder and testicular cancers
- Suitable for: All primary care professionals

# Sign up here: https://bit.ly/3Z3rN5W

# PCN Action Plan Return and Invoicing

Thank you to all those PCNs who have returned a completed Action Plan outlining their plans in relation to the PCN DES for Early Cancer Diagnosis. **The deadline for submissions has been extended until 20<sup>th</sup> October** in response to requests from several PCNs

To support the role of the PCN Cancer Leads each PCN has been allocated a **support payment**. Invoicing details have been provided, but please contact us if you have not received this information.

# Mastalgia (Breast Pain)

The Greater Manchester Cancer Alliance breast pathway team are pleased to announce there are now dedicated mastalgia telephone clinics up and running at MFT WTWA, Royal Bolton FT and East Cheshire with the remaining three sites due to start imminently. This mastalgia pathway will have a positive impact on waiting times for patients who have a red flag symptom and require an urgent assessment. Your help in preparing patients expectations who present with a standalone symptom of breast pain for these clinics is much appreciated.

You may recall this pathway has been adopted from a local Manchester hospital whereby data has been collected to ensure this is safe practice. We are pleased to report this data has now been published in the Annals of The Royal College of Surgeons of England <a href="https://doi.org/10.1308/rcsann.2023.005">https://doi.org/10.1308/rcsann.2023.005</a>

Click the links below for other useful resources:

<u>GM-Cancer-Pathway-for-Management-of-Mastalgia-</u> V1.0-21Jul2021.pdf (gmcancer.org.uk)

Managing Mastalgia - when to refer to secondary care -YouTube

Breast - Greater Manchester Cancer (gmcancer.org.uk)

# Feedback from PCN Cancer Leads

Are there any Early Cancer Diagnosis topics you would like to see covered in a future PCN education session?

Or any volunteers to present a project in a future PCN Cancer Leads call, following Horizon PCN's Cancer Diagnosis Audit in July?

Get in touch with <u>gmcancer.earlydiagnosis-</u> <u>primarycare@nhs.net</u> to pass on any feedback or volunteer.

#### Coming soon....

- ✓ PCN Cancer Leads Session 24<sup>th</sup> October
- ✓ Cancer Academy free education days Greater Manchester Cancer Academy (gmcanceracademy.org.uk):
- ✓ GatewayC Cancer Forum Tuesday 21<sup>st</sup> November

Any feedback or queries please direct to: <u>Gmcancer.earlydiagnosis-primarycare@nhs.net;</u> <u>Alison.Jones8@nhs.net;</u> <u>SLTaylor@nhs.net</u>