

# **Network Contract Directed Enhanced Service**

Early Cancer Diagnosis Guidance

**31 March 2021**

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## Early Cancer Diagnosis Guidance

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Prepared by: Primary Care Group

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## 1. Introduction

- 1.1 This best practice guidance should help inform and support 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 should be read alongside the [Network Contract DES Guidance](#).
- 1.2 The NHS Long Term Plan sets out an ambition that by 2028 the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. NHS England estimates that achieving this will mean that, from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. Early diagnosis is the key to our survival efforts – it means an increased range of treatment options, improved long-term survival and improved quality of life.
- 1.3 Achieving 75 per cent early diagnosis will not be easy and cannot be delivered through more of the same. The ambition will only be achieved through dedicated and collaborative efforts right across the health and care sector, including Cancer Alliances, Primary Care Networks, Regional Directors of Public Health, and Regional Directors of Primary Care and Public Health. Primary care has an important role to play in these cross-system efforts, including through improving referral practices for suspected cancer and encouraging uptake of national cancer screening programmes.
- 1.4 In April 2020, in the immediate aftermath of the start of the COVID-19 pandemic, we saw a sharp reduction in the number of people being referred urgently with suspected cancer from primary care and screening programmes. By December 2020, thanks to the efforts of colleagues in primary care, referrals had recovered to 107% of the level they had been in the previous year. Referral numbers have however been slower to recover on some pathways than others – in particular on the lung pathway. Since March 2019, over 250,000 people have started a first treatment for cancer. This is around 37,000 fewer people than we would have expected to see starting cancer treatment in this time period. Identifying, diagnosing and treating these people will be a priority in 2021/22.

- 1.5 Primary care will have an important role in continuing to grow public confidence in the safety and availability of general practice services, including the availability of face-to-face consultations where required. Delivery of the Early Cancer Diagnosis service requirements will support primary care in responding to both the ongoing challenge posed by the pandemic, and to the opportunity posed by the NHS Long Term Plan ambitions for cancer.
- 1.6 Over the last year, PCNs have played a crucial role in maintaining and expanding general practice capacity, to address the continued needs of patients as practices respond to COVID-19, including the continuation of cancer services. PCNs will continue to play a critical role in recovering cancer services, and in particular in supporting the identification, rapid onward referral, and treatment of those 37,000 people who we would have expected to have started their cancer treatment in 2020/21. This role includes:
- a. Coordinating communications across Core Network Practices and secondary care on any local changes to protocols or current practice that might affect the way in which 2WW referrals are managed, in line with national guidance.
  - b. Where any changes to protocol are agreed, including prioritising particularly high-risk patients for more urgent assessment, working with secondary care to ensure that patients receive appropriate safety netting, ensuring that anyone whose condition deteriorates can be urgently escalated for investigation.
  - c. Working with Cancer Alliances to understand which groups of patients, and with which symptoms, are most at risk of having missed a cancer diagnosis during the course of the pandemic, and focussing attention on these groups appropriately.
  - d. Supporting local efforts to implement personalised stratified follow-up pathways and support patients to self-manage their care – this means, where appropriate, people are not attending unnecessary hospital appointments and receive assessment and support via alternative means (for e.g. Cancer Care Review via telephone, or referral to Social Prescribing Link Worker support).

- e. Diagnostic Centre pathways can support the use of community-based or virtual approaches to manage referrals. PCNs should work with Cancer Alliances to support efforts to avoid unnecessary hospital attendances, for example implementing new proposals for dermatology spot-clinics in the community.

## 2. Supporting information and contacts

2.1 There are a range of local system partners able to provide support in the delivery of the service requirements. These include, but are not limited to:

- a. Cancer Alliances – contact details for all Cancer Alliances can be found [here](#).
- b. Regional NHS Public Health Commissioning Teams – email [england.phs7apmo@nhs.net](mailto:england.phs7apmo@nhs.net) to request a specific contact.
- c. Regional NHS Screening and Immunisation Teams – email: [england.phs7apmo@nhs.net](mailto:england.phs7apmo@nhs.net) to request a specific contact
- d. Voluntary sector, including: Cancer Research UK's GP facilitator programme: [www.cruk.org/facilitators](http://www.cruk.org/facilitators)
- e. Cancer Research UK's CRUK GP programme: [www.cruk.org/CRUKGPs](http://www.cruk.org/CRUKGPs); and
- f. Macmillan Cancer Support's primary care community – including Macmillan GPs, GP advisors and practice nurses.

2.2 The table below provides links to relevant material that will support PCNs in implementing the service requirements in the Network Contract DES Specification.

2.3 The PCN Dashboard displays PCN performance in relation to key service indicators, which can assist PCNs to deliver the service requirements in the Network Contract DES. To access the dashboard, please either register on the Insights Platform or login in using your existing [Insights Platform](#) account, and then select the NHS ViewPoint product. A [user guide](#) is available to help navigate the dashboard.

Service requirements for 2021/22	Supporting information
<p>1. Review referral practice for suspected cancers, including recurrent cancers. To fulfil this requirement, a PCN must:</p> <p>i. Review the quality of the PCN's Core Network Practices' referrals for suspected cancer, against the recommendations of NICE Guideline 12 and make use of:</p> <ol style="list-style-type: none"> <li>1. clinical decision support tools;</li> <li>2. practice-level data to explore local patterns in presentation and diagnosis of cancer; and</li> <li>3. where available the Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms.</li> </ol> <p>ii. Build on current practice to ensure a robust and consistent approach to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer ('safety netting'), in line with NICE Guideline 12.</p> <p>iii. Ensure that all patients are signposted to or receive information on their referral including why they are being referred, the importance of attending appointments and where they can access further support.</p> <p>iv. In undertaking the above, identify and implement specific actions to address unwarranted variation and inequality in cancer outcomes, including access to relevant services.</p>	<ul style="list-style-type: none"> <li>• <a href="#">CRUK GP contract hub</a>. 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.</li> <li>• <a href="#">Macmillan GP resources</a>. This site includes a number of toolkits, guidance documents and online training modules to support delivery of the service requirements.</li> <li>• <a href="#">Suspected cancer: recognition and referral</a>, NICE Guideline 12.</li> <li>• <a href="#">Macmillan's Early Diagnosis Quality Improvement Module</a>. The early diagnosis and screening modules will help PCNs to improve referral practice and identify patients at risk of cancer.</li> <li>• <a href="#">Gateway C</a> – 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 <a href="#">Improving the quality of your referral e-learning module</a> and <a href="#">CancerMaps</a>.</li> <li>• Support in implementing standardised safety netting protocols – there are toolkits available for <a href="#">EMIS Web</a> and <a href="#">SystemOne</a>. In addition, Macmillan Cancer Support have developed a <a href="#">Safety Netting and Coding training module</a> and CRUK have a <a href="#">safety netting hub</a> which includes a <a href="#">Summary Table</a>, <a href="#">Flowchart</a>, and <a href="#">Workbook</a>. <a href="#">Gateway C</a> has a choice of webinars and e-learning modules to support with safety netting in primary care. CRUK have produced specific <a href="#">guidance</a> on safety netting patients during the COVID-19 pandemic. A CRUK <a href="#">leaflet</a> is available for patients explaining their urgent cancer referral.</li> <li>• Clinical decision support tools are available, including the Cancer</li> </ul>

	<p>Decision Support (CDS) tool available <a href="#">via Macmillan</a> for GP IT systems and <a href="#">CRUK overview of further clinical decision support tools</a>.</p> <ul style="list-style-type: none"> <li>• Support with remote consultations - <a href="#">Macmillan Cancer Support</a> have developed 10 Top Tips for Virtual Consultations for healthcare professionals. <a href="#">Gateway C</a> have produced a webinar on effective telephone consultations. <a href="#">CRUK</a> provide guidance for patients with remote consultations. Further support with remote consultations can be found on the PCN NHS Futures Forum.</li> <li>• <a href="#">CRUK's healthcare professional COVID-19 and Cancer Hub</a> has regularly updated cancer statistics on the impact of COVID-19.</li> </ul> <p>There is a range of further supportive information, tools and resources to help improve referral practice including:</p> <ul style="list-style-type: none"> <li>• Undertaking the <a href="#">National Cancer Diagnosis Audit</a> can help practices and PCNs better understand pathways to cancer diagnosis and inform local improvement efforts. The official National Diagnosis Audit will not run in 2021/22, however practices and PCNs can undertake the audit internally using the following templates: <ul style="list-style-type: none"> <li>- <a href="#">NCDCA Patient Proforma</a></li> <li>- <a href="#">NCDCA Data collection template</a></li> </ul> </li> <li>• Further support on referral practices and NG12 can be found via the <a href="#">Macmillan Rapid Referral Guidelines</a>, <a href="#">CRUK NG12 body infographic</a> and <a href="#">CRUK interactive desk easel</a></li> <li>• The <a href="#">RCGP collate</a> models of best practice and associated learning and <a href="#">educational resources</a>.</li> <li>• The RCGP's <a href="#">QI Ready</a> outlines guidance on quality improvement</li> </ul>
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	<ul style="list-style-type: none"> <li>• CRUK’s <a href="#">“Your Urgent Referral explained”</a> leaflet can support conversations with patients</li> <li>• <a href="#">C the Signs</a> supports GPs to identify patients at risk of cancer at the earliest and most curable stage of the disease.</li> </ul>
<p>2. Contribute to improving local uptake of National Cancer Screening Programmes. To fulfil this requirement, a PCN must:</p> <p>i. Work with local system partners – including the NHSEI Regional Public Health Commissioning team and Cancer Alliance – to agree the PCN’s contribution to local improvement plans which should build on any existing actions across the PCN’s Core Network Practices. This must include at least one specific action to engage with a group with low participation locally, with agreed timescales;</p> <p>ii. Support the restoration of the NHS Cervical Screening Programme by identifying opportunities across a network to provide sufficient cervical screening sample-taking capacity.</p>	<ul style="list-style-type: none"> <li>• <a href="#">Guidance</a> on how to improve access and update of cervical screening in local areas.</li> <li>• <a href="#">Data</a> on cervical screening coverage by CCG and GP Practice.</li> <li>• <a href="#">Advice</a> from Jo’s Cervical Cancer Trust on improving access to cervical screening for healthcare professionals.</li> <li>• Public Health England’s <a href="#">NHS population screening: inequalities strategy</a> provides national guidance to support the health system to reduce inequalities in screening.</li> <li>• The <a href="#">Cervical Good Practice Guide</a> highlights how to address inequalities in cervical screening.</li> <li>• <a href="#">Reducing Inequalities in Bowel Screening</a> outlines what GP practices can do and provides top tips and resources</li> </ul> <p>There are a range of further supportive materials on specific aspects of screening programmes including:</p> <p><b>Further supportive information and resources</b></p> <ul style="list-style-type: none"> <li>• Cancer Research UK <a href="#">Bowel Screening Hub</a>.</li> <li>• <a href="#">Macmillan’s Screening Quality Improvement Module</a>.</li> <li>• <a href="#">Cancer Research UK Cervical Screening improving uptake hub</a></li> <li>• <a href="#">Macmillan’s GP resources</a> include support on national cancer screening programmes.</li> <li>• RCGP <a href="#">e-learning resources to support GPs and other healthcare professionals</a> to deliver the best</li> </ul>

	<p>possible care for Lesbian, Gay, Bisexual and Trans (LGBT) patients. This includes content on screening programmes.</p>
<p>3. Establish a community of practice between practice-level clinical staff to support delivery of the requirements of the Network Contract DES Specification. To fulfil this requirement, a PCN must:</p> <p>i. Conduct peer to peer learning events that look at data and trends in diagnosis across the PCN, including cases where patients presented repeatedly before referral and late diagnoses;</p> <p>ii. Engage with local system partners, including Patient Participation Groups, secondary care, the relevant Cancer Alliance and Public Health Commissioning teams;</p> <p>iii. Identify successful improvement activity undertaken by constituent practices in support of the 20/21 Quality Outcomes Framework requirements on early cancer diagnosis. Ensure that successful practice is implemented and developed across the PCN.</p>	<p>In addition to the above, there are further resources designed to specifically to inform and support peer to peer learning and subsequent improvement efforts:</p> <ul style="list-style-type: none"> <li>• <a href="#"><u>RCGP Early Diagnosis of Cancer Significant Event Analysis Toolkit</u></a></li> <li>• <a href="#"><u>CRUK/RCGP e-learning module on the early diagnosis of cancer</u></a></li> <li>• <a href="#"><u>CRUK short educational videos on the early diagnosis ambition, NG12 and bowel screening</u></a></li> <li>• <a href="#"><u>CRUK early diagnosis learning and support hub</u></a></li> <li>• <a href="#"><u>CRUK/RCGP Quality Improvement Toolkit for Early Diagnosis of Cancer</u></a></li> <li>• <a href="#"><u>CRUK/RCGP early diagnosis of cancer QI screencasts</u></a></li> <li>• <a href="#"><u>Macmillan GP resources.</u></a></li> <li>• <a href="#"><u>RCGP 'QI Ready' cancer early diagnosis case studies specifically developed by CRUK on <u>safety netting; increasing screening uptake and improving cancer referrals.</u></u></a></li> <li>• <a href="#"><u>Case studies on how practices could approach their early cancer diagnosis QOF quality improvement activity.</u></a></li> <li>• <a href="#"><u>CRUK example of a 'QOF QI Reporting Template Early Diagnosis of Cancer'.</u></a></li> </ul>