

Early Cancer Diagnosis DES: Suite of Change Ideas for GP Practices

During lockdown, the rate of suspected cancer referrals via urgent **two-week-wait pathways dropped by up to 75% per week across the UK**. The root cause of this change is multi-faceted and as such, not all factors are within our sphere of influence in the primary care setting. Getting back on track will need committed shared effort across healthcare and public health domains. As such, we must work smarter, not harder and focus efforts where we can have impact. Below is a suite of ideas your practice could consider implementing to try to:

- 1) Improve Clinician knowledge on early cancer diagnosis
- 2) Improve Clinician processes e.g. use of suspected cancer algorithms or use of screening test e.g. FIT
- 3) Improve Practice systems around early cancer diagnosis e.g. optimise referral quality
- 4) Improve patient awareness of signs of symptoms that could indicate cancer e.g. via advertising and/or signposting

PATIENT EDUCATION RESOURCES

POSTERS

- Designed for patients to display the common presenting signs for Cancer and educate patients on when to consult their GP
- Available in many languages which could be selected to suit your patient demographics (Arabic, Bengali, Gujarati, Polish, Portuguese, Punjabi, Romanian, Russian, Chinese, Urdu)
- They could also be used as leaflets

Access them here: <https://be.macmillan.org.uk/be/s-546-signs-and-symptoms.aspx>

VIDEOS

- Promotional Videos available for practice waiting areas or websites
- Promoting patients with Cancer Signs and Symptoms During the Coronavirus Pandemic to contact their GP and let them know
 - 1) <https://youtu.be/HAVkX90rTZw> (GP f2f discussion – 2mins (maybe best for websites)
 - 2) <https://youtu.be/DfBf38taZJs> (Cancer Research UK giving highlights – maybe best for waiting areas - 42secs)

WEBSITES

- Available for patients to be able to go on-line and use a Q&A section to find out if they should be worried about their signs or symptoms
- There is also a section to answer patients Qs on covid-19. Patients could be signposted to these resources from your practice webpage
<https://www.cancerresearchuk.org/about-cancer/cancer-in-general/coronavirus/cancer-symptoms>

STAFF EDUCATION RESOURCES

LEARNING MODULES FOR HEALTHCARE PROFESSIONALS

Gateway C is a free cancer education resource for GPs and you just need to register using your NHS email to access all its various on-line education modules.

– Gateway C: [Improving the quality of your referral on-line Course](#)

This course guides you through 3 stages which will support you to produce a quality referral; from recognising both red flag and non-specific symptoms of a suspected cancer, interpreting and understanding the NG12 NICE guidelines, to how to prepare your patient adequately for suspected cancer appointments and what to include in a quality referral. This course is supported by CRUK and accredited by RCGP.

Other On-line Modules are also available on Gateway C, these include topics such as: **Fit Testing, PSA testing and early diagnosis for each of the main cancers.** Each course comes with CPD Accreditation.

- RCGP Learning: [Early Diagnosis of Cancer Module](#)

This course takes 30mins to complete and highlights the importance of recognising cancer in its early stages and the essential role of the GP in identifying common delays. The course includes reflective cases, risk toolkits and practical suggestions on how to improve your practice and helps you to discover ways to diagnose cancer earlier. The course was developed in partnership with Cancer Research UK.

GUIDELINES

This guideline covers identifying children, young people and adults with symptoms that could be caused by cancer. It outlines appropriate investigations in primary care, and selection of people to refer for a specialist opinion. It aims to help people understand what to expect if they have symptoms that may suggest cancer.

The original and summary versions of NICE's Early Recognition and referral Guidelines (NG12)

- Original Guidance (2015 – updated 2017) <https://www.nice.org.uk/guidance/ng12>
- CRUK A4 Page Summary of the guidance (A4 doc) https://www.cancerresearchuk.org/sites/default/files/cancer-stats/nice_body_infographic_feb_2020/nice_body_infographic_feb_2020.pdf
- CRUK Symptom Desktop Summary of the guidance https://www.cancerresearchuk.org/sites/default/files/cancer-stats/nice_desk_easel_interactive_march_2020/nice_desk_easel_interactive_march_2020.pdf

DECISION SUPPORT TOOLS FOR GPs & TARGETED SEARCHES

Sometimes patients may have a constellation of symptoms and signs that could indicate cancer but this may not be immediately apparent. There are various algorithm tools that can be helpful to make the decision for early onward referral – they take into account various parameters e.g. the patient's age, sex, coded medical history, symptoms and results – and then assess their risk of cancer and appropriate next steps.

Q CANCER

- Q Cancer is template which helps to calculate risk of cancer <https://qcancer.org/>
- This tool is available within EMIS Web Nationally
- Explanation Doc: <https://qcancer.org/QCancer-Overview-Dec-2012.pdf>
- How to use QCancer in the clinical setting: <https://qcancer.org/Using-QCancer-2013-in-a-clinical-setting.pdf>
- Potential to batch code patient practice/PCN population with existing symptoms and risk factors and then review patient records is an option if you want to take a proactive approach.

CANCER MAPS

- An interactive reference tool for GPs based on the NICE NG12 cancer guidelines. Designed to enable GPs to take symptoms that patients present with during a consultation and map them on possible suspected cancer pathways.
- Tutorials are embedded within GatewayC's Improving the Quality of Your Referral course (mentioned above) and explain how Cancer Maps can be used.

RED WHALE

- Raised platelets are increasingly recognised as a risk marker for cancer - NICE referral guidelines for suspected cancer use raised platelet count as a marker for lung, endometrial, gastric and oesophageal cancer (or LEGO-C cancers)
- You can read more about this proactive search approach in this Red Whale free [article](#) with a flow chart for suggested management when high risk patients are identified

CANCER REGISTRIES, AUDITS AND CASE REVIEWS

CANCER REGISTRY

- Committing to coding all new diagnoses of cancer
- This allows cancer patients to be easily identified via searches and also means EMIS alerts for cancer care reviews will start to pop-up as reminders in the record
- Actively create a cancer register in-practice
- Allowing for patients to be purposefully followed-up and have cancer care reviews

SIGNIFICANT/LEARNING EVENT ANALYSIS

- A commitment to review Cancer cases with a delay in diagnosis and reflect on any learning as a team

- Here is an example of a ready-made RCGP **Cancer SEA tool** to guide this process
- Other resources related to SEAs are available on the **RCGP SEA Toolkit Webpage**

ANNUAL IN-HOUSE CANCER AUDITS

- A commitment to formally review a selection of newly diagnosed cancer cases annually and reflect on these as a practice team
- There are ready made **Macmillan Search tools on EMIS (See Appendix 2)** to perform these searches
- There are also **audit questionnaire tools** available to guide the reflective learning process and help practices achieve the most from it

NATIONAL CANCER DIAGNOSIS AUDIT (NCDA)

- A commitment to participate in the NCDA which will highlight cancer cases in previous years and ask for a review of their records to complete a template.
- The additional benefit of this work is that acquired learning will inform national cancer statistics and policy formation such as the gold standard NG12 Guidance (mentioned above)
- At present the NCDA is retrospective but the ambition is for this process to be in real time in the future. Where practices are alerted of new cancer diagnoses and prompted to perform reviews.
- Although the 2019 Audit is now closed to new registrations, you can register your intention to participate in the 2020 by using this link **here**

NB: Please note that this list of change ideas to implement is by no means exhaustive and neither is it produced to be prescriptive. A host of other resources are available to help practices and we encourage you to identify the right ones to match your needs.