



QEPEP CANCER CARE TOOLKIT

FOR GENERAL PRACTICE & PRIMARY CARE

LETS BEAT CANCER **SOONER**



CANCER
RESEARCH
UK

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Acknowledgement

This toolkit has been a collaborative project, and CRUK would like to thank the University of Manchester's Community Based Medical Education Team (CBME) for their enthusiasm and support throughout its' development. Particular thanks go to Dr Sabia Dayala, Clinical Lecturer, in recognition of her valued contribution of this resource.

The Royal College of General Practitioners (RCGP) have supported the use of this toolkit. The RCGP is a network of more than 49,000 family doctors working to improve care for patients. They work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.



QEPEP Cancer Care Toolkit for Primary Care

Introduction

90% of patient contact in the NHS is through primary care. GPs and primary care health professionals are the first point of call for people who think they might have cancer – improving their understanding including students, trainees and learners on placement in primary care will help raise awareness of the importance of earlier diagnosis to survival of cancer.

Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020 Provides a comprehensive framework including 96 recommendations to improve and transform cancer care by 2020 across the patient pathway, with emphasis on prevention, early diagnosis and of living with and beyond cancer. In October 2017 NHS England produced a progress report which captures the implementation of this strategy in England, <https://www.england.nhs.uk/cancer/strategy/achieving-world-class-cancer-outcomes-progress-report-2016-2020/>

Implementation of NICE guidelines 12 Recognition and Referral of Suspected Cancer June 2015 is pivotal to improving cancer outcome and Cancer Research UK is keen to support health professionals to access resources to improve their understanding of the impact of these guidelines on clinical practice. Including lowering the threshold for referral for diagnosis or exclusion of cancer from 5% to 3% in symptomatic patients.

It is recognised that this toolkit has been developed to support the NHS in England but may also be of interest to students, learners and trainees in devolved nations, although it is noted they will need to reflect their governments' priorities and resources to tailor their improvement projects appropriately.

- Cancer Delivery Plan for Wales (2016 – 2020) and progress report
<http://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=en>
- Scottish Government Cancer Strategy: Ambition and Action
<http://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=e>
- Northern Ireland Cancer Strategy 2017-2026, to support improvement in cancer care
<http://www.cancerni.net/content/national-cancer-strategy-2017-2026>

Cancer Research UK (CRUK) Facilitators work with health services and professionals in primary care and secondary care across the UK, supporting improvement by:

- Assessing where there is the greatest need for improvement locally (geographically or an aspect of the cancer pathway)
- Influencing uptake of best practice in a range of ways including through the provision of training
- Facilitating local solution-finding and implementation
- Gathering local intelligence and insights for new opportunities to support improvement
- Working as a long-term partner and critical friend of local professionals and organisations.

Background, Aims and Objectives

Background

The GMC's *Outcomes for graduates 2015* document highlights that newly qualified medical graduates should continually reflect on their practice using improvement techniques and apply the principles of quality assurance and clinical governance to medical practice. With this in mind, the Quality and Evidence personal Excellence Pathway (QEPEP) in the MBChB programme at the **University of Manchester** aims to immerse students in a quality improvement project (QIP) within a healthcare setting in an area of interest to them.

The benefits of QI in enhancing patient care is widely acknowledged. We anticipate that **early involvement in QI at an undergraduate level will inspire future doctors to improve care and develop their skills in leadership and innovation**, standing them in good stead to lead QI projects in their post graduate careers. Preparation for professional practice in this regard is highly important as junior doctors are expected to provide **evidence of involvement in QIPs in their portfolios for post graduate career progression**.

Aim

The Quality and Evidence personal Excellence Pathway (QEPEP) toolkit was developed by Cancer Research UK in partnership with Manchester University to support medical students by signposting to **resources and local CRUK facilitators to aid Cancer Care QIPs within primary care**. The toolkit is tailored for QEPEP use at the University of Manchester, however the principles of QIP facilitation within it are universal and maybe applicable to other programmes.

In particular GP trainees and other health professional students (collectively referred to in this document as learners) keen to undertake a cancer quality improvement project (QIP) within primary care.

Objective

This toolkit will signpost to useful research, evidence and data to support a quality improvement projects in cancer by any learner on placement in a community setting both at undergraduate and postgraduate level.

Early focus groups of GP tutors at the University of Manchester who reviewed a prototype of the toolkit felt that they:

- Could supervise a broader range of topics in cancer care
- Were more confident with the resource and wished to use it
- Were inspired to provide a topic in cancer care if this was an area they hadn't previously considered

If you do use this toolkit and have feedback or require more information please contact:

Natalie Williams

CRUK facilitator (North West Coast Team)

Email: natalie.williams@cancer.org.uk

How does this link with the QEPEP?

The Quality and Evidence Personal Excellence pathway (QEPEP) focusses on Quality Improvement (QI) in a healthcare setting. CRUK Facilitators are happy to support learners and educators with QI work for cancer care, which has been shown to improve cancer screening uptake.

Opportunities for students:

- Proactively increasing learners awareness and understanding of the role of primary care in the awareness and early detection of cancer; from both a national and local perspective
- Support from the local CRUK facilitator in carrying out practice level initiatives/projects that will meet the academic requirements of the QEPEP

LEARNING OPPORTUNITIES FOR TUTORS



How to facilitate a project



Ideas for topics



Available resources



How to utilise the toolkit



Better awareness of CRUK facilitator role

What are the benefits to the GP and Practice?

Increase potential for practices to develop process, systems and operational skills that will support clinicians and the wider practice team with their workload and capacity with regards to cancer and improving cancer outcomes, such as:

- Improved screening rates through service evaluation
- Improved efficiency in management process and systems
- Improved safety netting of patients, including more efficient management of DNA's
- Free cancer resources and advice
- Additional knowledge and resources for RCGP and CQC auditing
- Additional knowledge in-Practice around current cancer programs
- Utilising the additional capacity and resource medical students bring to primary care to complete projects, that may also support the practice in achieving locally mandated standards relating to cancer awareness and early detection

What does the toolkit include?

The toolkit will be regularly updated to ensure it is current and captures the ideas and innovative projects that could benefit and/or inspire other students and Educators. The latest version will be available to view and download from the health professional pages of the Cancer Research UK web pages. As standard the toolkit will include:

- Where to find your local CRUK Facilitator
- A top tip guides for students on community placement
- Introduction to National cancer strategies and current guidelines
- Introduction to practice based audits and service evaluations
- Introduction to data and intelligence; how to access it and use it for your project
- Previous examples of QEPEP projects and what support is available

CRUK Facilitators

The Facilitator programme supports healthcare professionals and organisations to improve prevention and early diagnosis. Facilitators are working with healthcare organisations all across the UK, including providing support to over 6000 GP practices. They work directly with the NHS to drive improvement in cancer prevention and diagnosis; offering practical support to health professionals to:

- Support cancer prevention and promote healthy lifestyles
- Increase informed uptake of screening programmes
- Improve recognition and referral of symptomatic cancers
- Improve diagnostic access and capacity



The support is free of charge. More information about the programme and how to contact your local Facilitator team can be found via the link below:

<http://www.cancerresearchuk.org/health-professional/learning-and-ways-we-can-support-you/the-facilitator-programme/where-are-the-facilitators>

You can also contact the Facilitator programme via:

Tel: 0203 469 8426 or

Email: facilitators@cancer.org.uk

Top Tips Guide

Top Tips for Learners about to embark on a QEPEP in Cancer Care

Many Educators may have decided on the area of cancer care they would like their learner to explore or investigate. Similarly many learner may come with some particular interest/knowledge in an area of cancer that they would like to develop. The following guide has been produced as a starting point to aid Educators and Learners alike with their QEPEP.

For the Learners

Questions you might want to ask your educator or the practice manager:

1. Which clinical system is the practice using? (e.g. Vision, System One, EMIS)

It is useful to know this as there can be variations within each system and its processes for extracting data and information.

2. How and where do you record cancer patients in your practice?

Most practices will keep a separate cancer register for their practice. Others may extract data from the system using the cancer READ codes.

3. How does READ coding work in the practice?

Read Codes are a coded thesaurus of clinical terms and have been used in the NHS since 1985. There are two versions: version 2 (v2) and version 3 (CTV3 or v3), they provide the standard vocabulary by which clinicians can record patient findings and procedures in health and social care IT systems across primary and secondary care e.g. General Practice surgeries and pathology reporting of results. You can find more information at [Health & Social Care Information Centre](#)

4. Does the practice have a clinical and/or non-clinical lead for cancer?

They may be useful people to link in with and be able to signpost you to specific cancer information you need

5. What cancer initiatives are they currently involved in?

As an example, these may include:

- ✓ *Public Health England Be Clear on Cancer Campaigns(BCOC)*
- ✓ *CCG initiatives or programmes such as Locally Commissioned Service (LCS) agreements or Local Enhancement Schemes (LES) that offer financial incentives for improving cancer outcomes like screening uptake.*
- ✓ *Primary Care Standards for Cancer. These are developed locally which creates local variation*

6. Has the practice completed the RCGP cancer audit, and if so, when?

The audit provides a method for identifying and reviewing delays in cancer diagnosis. It usually audits new cancer diagnoses in a 12 month period. If this has been completed recently it may highlight an area that you and your tutor would like to explore in more detail.

7. Has the practice completed any other cancer related audits in the last 12 months, such as the National Cancer Diagnosis Audit (NCDA)?

This information may be useful to know to avoid duplication and identify any gaps in knowledge/data on a practice level that you and your tutor may want to explore.

8. What data is collated on a practice level?

The CRUK Facilitator will be able to direct you to some Practice level data, along with CCG, regional and national level cancer data.

Top Tips for Educators about to embark on supervising a QEPEP in Cancer Care

For the Educator:

Things you might want to consider:

1. Does our practice level cancer data identify any gaps or priorities that would benefit from further evaluation e.g. cervical screening uptake, cancer detection rates or cancers diagnosed via emergency routes?
2. What cancer initiatives is the practice currently involved in, and do any of these require evaluation?
3. Are there any new national or regional strategies and/or guidance that could direct the project?
4. What cancer audits and service evaluation(s) have been completed and when? If so, do any of those need updating or auditing?

Your CRUK Facilitator will be able to offer support and guidance. Particularly in relation to local, regional and national cancer policy and where to obtain meaningful and up to date data that can help you determine the most appropriate area of focus. They will also be able to facilitate an initial meeting/conversation between you and the student; exploring the data, providing resources and signposting to relevant papers; reviewing what has been done in practice and where the opportunities are for the student to add value to the service.

The CRUK Facilitator for NHS Wigan Borough CCG supported 3 medical students in 2016 with their Cancer care QEPEP. Below is a statement from the Elliot Street practice GP (NHS Wigan Borough CCG): May 2016

"I must admit that the students felt the help from you was really good and they all managed to do very well in the projects. I had an excellent feedback from the students and my assistant practice manager about the help you offered.....I will come back to you as discussed about bowel screening programme and how we can use that when the next student comes in and use other media aids in the surgery accordingly.....Once again thanks very much for all your help with the advice and the data you provided without which it would have not been able possible to produce the work the students did" (Dr Syed Shah)

Introduction to National Cancer Strategies and Current Guidelines

NICE suspected cancer referral guidelines

Updated National Institute of Health and Care Excellence (NICE) referral guidelines for suspected cancer were published on 23rd June 2015, replacing the 2005 version.

The NICE guidelines make recommendations on how to manage children, young people and adults with potential cancer symptoms that present to primary care. They set out:

- Potential cancer signs and symptoms
- Recommendations on the appropriate diagnostic tests for patients
- How soon diagnostic tests or a consultation should be carried out depending on the signs and symptoms (e.g. within 48 hours, 2 weeks etc)
- Recommendations for 'safety netting'
- Recommendations on the information and support to provide to people with suspected cancer and their families and/or carers

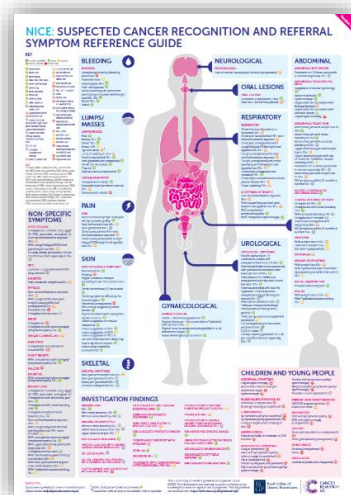
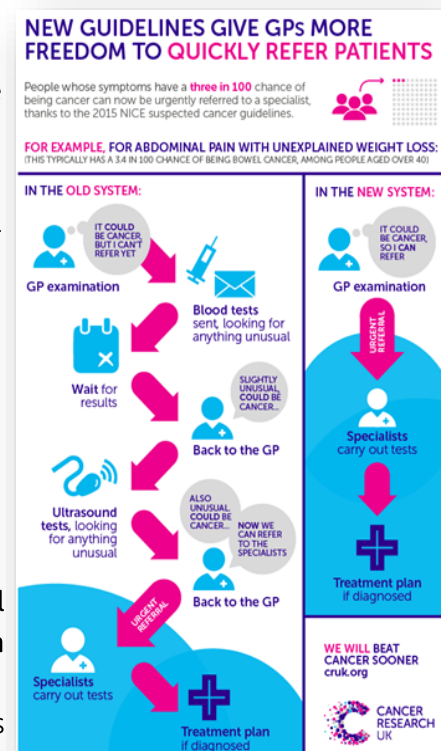
Please note that implementation of the new guidelines will vary from one CCG to another depending on the local health economy.

Further information, including information on the major changes to the guidelines and the likely impact of these, along with resources and tools can be found here:

<http://www.cancerresearchuk.org/health-professional/learning-and-development-tools/nice-cancer-referral-guidelines>

The guidelines can be accessed here:

<https://www.nice.org.uk/guidance/ng12>



CRUK's Interactive Desk easel is a new resource that summarises NICE's 2015 referral guidelines for suspected cancer (NG12).

The information in this summary is correct to the best of our knowledge but does not replace clinical judgement. The tool can be found here: [CRUK interactive desk easel](#)

Please note, pathways may differ due to local variation in commissioned services. Your CRUK Facilitator and Educator will be able to advise you on local pathways

National Awareness and Early Diagnosis Initiative (NAEDI)

The National Awareness and Early Diagnosis Initiative - NAEDI - is a public sector/third sector partnership. It is led by Cancer Research UK, the Department of Health, NHS England and Public Health England. They work in partnership with other public and voluntary sector organisations to support and drive forward work on early diagnosis.

The role of NAEDI is to coordinate and provide support to activities and research that promote the earlier diagnosis of cancer.

Further information about NAEDI, including a briefing sheet can be found here:

<http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/national-awareness-and-early-diagnosis-initiative-naedi>

The logo for the National Awareness and Early Diagnosis Initiative (NAEDI). It features the acronym "NAEDI" in large, bold, blue capital letters. Below it, the full name "National Awareness and Early Diagnosis Initiative" is written in a smaller, blue, sans-serif font, arranged in three lines.

The Independent Cancer Taskforce

The Independent Cancer Taskforce was established in January 2015 by NHS England on behalf of the Care Quality Commission, Health Education England, Monitor, NICE, Public Health England and the Trust Development Authority to help develop a five-year strategy for cancer services. CRUK's Chief Executive, Harpal Kumar, acted as the independent Chair of the Cancer Taskforce.

The Taskforce published its report "Achieving world-class cancer outcomes: a strategy for England 2015-2020" in July 2015. This report sets out 96 key recommendations to improve and transform cancer care by 2020.

Further information on the taskforce can be found here:

<http://www.cancerresearchuk.org/about-us/cancer-taskforce>



An Introduction to practice based audits and service evaluation

Audit versus Evaluation:

The aim of an audit is to establish whether a service reaches a predetermined standard and a service evaluation is designed to answer the question "What standard does this service achieve?"

It can sometimes be difficult to decide whether your project is research, audit or service evaluation. Your CRUK Facilitator will be able to facilitate a conversation between learner and educator that identifies what you might want to audit or evaluate. For learners, your educator and the QEPEP information from your education institution will provide you with guidance on structuring your project, procedures and standards.

RCGP cancer audit tool

The Royal College of General Practice audit template for cancer provides a method of identifying and reviewing delays in cancer diagnosis.

The audit tool is accredited by the RCGP for use in GP appraisal and revalidation.

Useful Documents:



RCGP Audit Tool.xls

Report on the national audit of cancer diagnosis in Primary Care carried out in 2009/10:



National Audit of Cancer Diagnosis in P

2WW Audit:

The aim of this audit tool is to measure change following Two Week Wait improvement work within a practice. The hope is that GP practices will shift toward the upper right quadrant of the graph following successful improvement work:



2WW audit toolkit.xls

National Cancer Diagnosis Audit (NCDA)

The National Cancer Diagnosis Audit builds on the first audit performed in 2009/10 (see RCGP cancer audit tool section)

Objectives of the audit

NCDA uses primary and secondary care data relating to patients diagnosed with cancer. This will help to understand patterns of cancer diagnosis for all cancer types, across the UK prior to the 2015 NICE guidelines for suspected cancer referral, so that in time, we can assess the impact of the new referral guidelines.

The audit looks specifically at clinical practice in order to understand:

1. interval length from patient presentation to diagnosis
2. use of investigations prior to referral
3. what the referral pathways for patients with cancer are and how they compare with those recorded by the cancer registry



What are the benefits to General Practice?

There are number of benefits for GP Practices who take part, including:

- Improving outcomes for patients
- Demonstrating quality improvement to support GP appraisal, revalidation and CQC inspection
- Identifying patients for Significant Event Audits
- Opportunities for case study discussion and peer learning for complex cases
- Creating improvement plans from local feedback to improve patient care
- Highlighting diagnostic challenges and good practice
- Measuring clinical guideline impact
- Identifying levers to influence local commissioning decisions, strategic priorities and inform service improvement
- Transferable learning regarding optimising diagnostic (referral / investigation) pathways and improving diagnostic quality and safety for diseases other than cancer.

The official launch date IN ENGLAND was June 23rd 2016 a webpage with information, resources and results has been developed to provide information to GPs and CCGs and can be found here www.cruk.org/ncda

The RCGP and CRUK have developed a 'Quality Improvement Toolkit for Early diagnosis of Cancer'. This toolkit is to help GPs and their practice teams to improve their early diagnosis of cancer principally by using the findings from the National Cancer Diagnosis Audit (NCDA).

This can be accessed here:

http://www.cancerresearchuk.org/sites/default/files/ncda_toolkit-final_1.pdf

Significant Event Audit

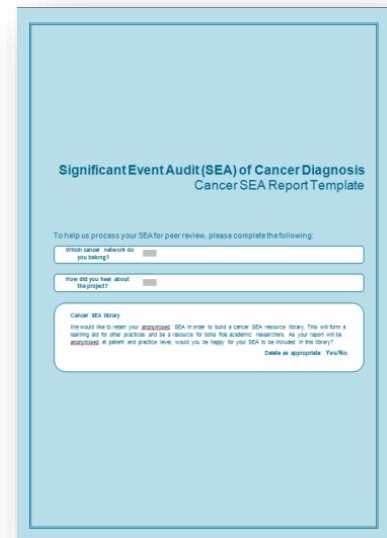
The Cancer SEA template was first developed in 2012-13 after a pilot conducted as a joint initiative of the RCGP, the National Cancer Action Team (NCAT) and Macmillan Cancer Support. The outcome of the pilot was a bespoke Cancer SEA template for new diagnoses.

Traditionally SEAs are recommended when any event is thought to be significant in patient care or in the running of the practice. They are best done as a practice activity to be discussed and shared at a practice team meeting. An effective SEA not only identifies the learning points and actions to be taken but also puts changes into effect and monitors their impact. Specifying practice staff member or groups who will be responsible for the agreed action points and deciding how their impact will be monitored comprises a high quality Cancer SEA.

The RCGP cancer SEA toolkit and its resources support GPs, practice staff and commissioners in conducting high quality cancer SEAs. It would be useful to GP Tutor and student and includes guidance for quality improvement across primary and secondary care. The toolkit can be found following this link:

[RCGP SEA Toolkit](#)

Cancer Alliance's and CCGs may have projects and/or local contracts relating specifically to SEAs. Your local CRUK Facilitator will be able to provide you with more information

The image shows a screenshot of a 'Significant Event Audit (SEA) of Cancer Diagnosis Cancer SEA Report Template'. The form is light blue with a white border. At the top, it says 'Significant Event Audit (SEA) of Cancer Diagnosis Cancer SEA Report Template'. Below this, there is a section titled 'To help us process your SEA for peer review, please complete the following:'. This section contains two input fields: 'Which cancer (select all that apply)' and 'How did you hear about the project?'. Below these fields is a section titled 'Cancer SEA library' with a paragraph of text: 'We would like to help your organisation build a cancer SEA resource library. This will form a learning aid for other practices and be a resource to help the academic community. As your report will be disseminated to patient and practice teams, would you be happy to put your SEA in the library? (delete as appropriate) Yes/No'.

GP Practice DNA (did not attend) Audit

The operational standard set by NHS England is that 93% of patients referred by their GP to a Cancer two week wait hospital appointment will be seen within 14 days.

The same standard is set for 2ww for symptomatic breast patients (cancer not initially suspected).

Patients given appointments beyond 14 days are called 'breaches'.

There are lots of reasons that patients do not attend their appointment, including access difficulties and lack of understanding of the importance of the referral. In some cases the patient is unaware that cancer is suspected. Auditing the practice's 2ww DNAs to identify reasons for patients not attending and recommending actions to improve this can help reduce future delays in diagnosis.

Possible actions:

- Share results with practice and implement measures to ensure every patient is told the reason for their referral and that this is documented
- Ensure all patients are given written information (leaflet or locally produced letter) explaining the importance of attending and what to expect (click on the picture below for the CRUK patient information leaflet)

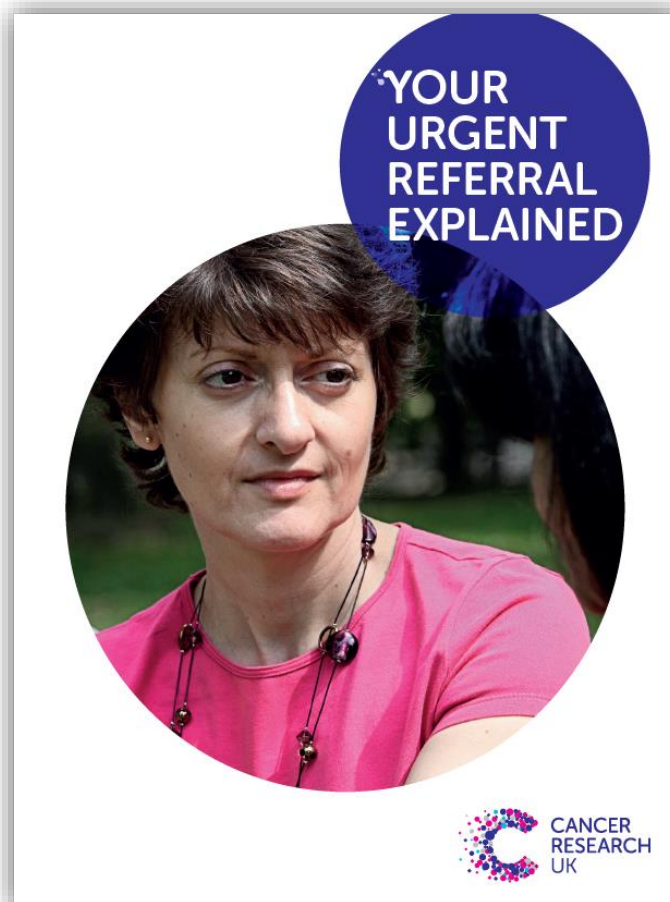
CRUK Urgent Referral guide for patients

There is wide variation in urgent GP referral rates between CCGs in England. The rate of referral will vary from one type of cancer to another, and will be influenced by the age structure and cancer risk profile of the population. Did not attend (DNAs) are a very costly waste of resource within the NHS and so it is important for providers to have a focused plan of action to proactively manage them. NHS England have recommended providing patients with an information leaflet when placed on an urgent referral

Whilst there may be local variations, CRUK have produced a wallet sized leaflet to help patients who have been urgently referred with suspected cancer to prepare for their appointments any tests

For more information and to order/download this leaflet, follow this link

[Urgent referral information](#)



An Introduction to data and intelligence in primary care

How to access and use within your project

Collecting Data

There is a variety of cancer data available at practice, CCG, Regional and National level. This section provides information on the key data sources, however students need to bear in mind that practices will collate a variety of data and your **CRUK Facilitator** will be able to offer signposting to further platforms and/or data sources

Collecting Data using EMIS Web

The following documents have been created by a CRUK Facilitator based in a London CCG. They provide information and guidance on how to:

- Create a search to identify patients with certain characteristics added to a patient record (such as clinical codes, medication, consultations, referrals and diary entries, demographics, registration details and pathology reports).
- import and modify RCGP cancer audit searches

Similar guides are currently being developed for Vision and SystemOne



EMIS - creating a search.docx



EMIS - import export copy template.docx



EMIS - RCGP audit search from cancer re

Public Health England: National General Practice Profiles

This tool contains data on cancer services at GP and CCG level collated by the National Cancer Registration and Analysis Service (NCRAS). It replaces the GP Cancer Profiles that were previously contained within the Cancer Commissioning Toolkit.

The profiles are for commissioners and health professionals when assessing the impact of cancer on their local population and making decisions about services. They include data on cancer screening, Two Week Wait referrals, diagnostic services, emergency presentations and admissions.

Profiles are generated for all practices in QOF 2015/16. With a list size of at least 1000 patients (Data is refreshed annually every December to January and is approximately 18 months old).

The last year of data has been uploaded for all indicators. Plus the addition of the age-extended bowel screening indicator and 5 year combined data for the Two-week wait cancer referrals

Accessing the Profiles

<http://fingertips.phe.org.uk/profile/general-practice> (this is a public view and no registration is needed).

Further PHE cancer tools are in development and can be found at:

- <https://www.cancerdata.nhs.uk> (this has incidence and mortality data and does not require a password)
- <https://nww.cancerstats.nhs.uk> (this area requires registration – you will need an N3 link to access data here)

CRUK Cancer Stats

Cancer Statistics is an easy to use web tool that allows comparison of local statistical information and intelligence about cancer from across the UK.

Data available includes:

- Cancer incidence, survival and mortality
- Tumour specific data
- Screening programmes
- Early diagnosis (emergency presentations, referral and treatment waiting times)
- Smoking rates, smoking-related deaths and supported quitting rates

The Local Cancer Stats tool can be accessed here:

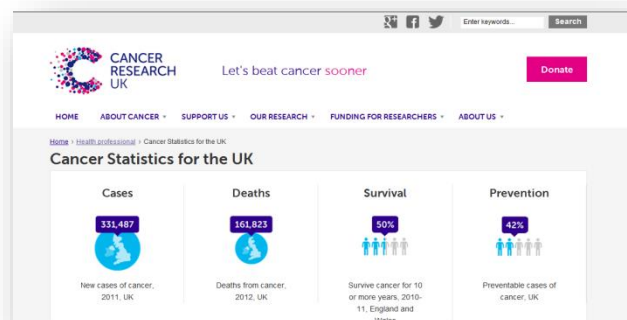
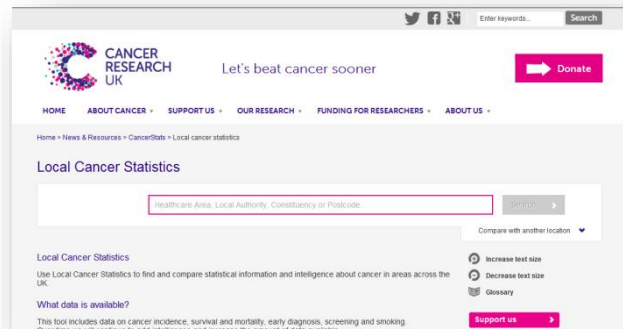
<http://www.cancerresearchuk.org/cancer-info/cancerstats/local-cancer-statistics/>

Cancer Statistics for the UK

Latest cancer statistics including key facts, in-depth explanations and raw data on cancer incidence, mortality, survival and risk. You can find data combined, by cancer type or region.

The team can be contacted via:

stats.team@cancer.org.uk



Cancer incidence	+
Cancer mortality	+
Cancer survival	+
Cancer risk	+
Cancer diagnosis and treatment	+

Local and Practice Level Data

Contact your CRUK Facilitator. They are likely to have developed a variety of data sets and reports for the CCGs they work with. They will also have links with other organisations and key cancer partners that also keep cancer data. This will include CCG and practice level data for:

- Cancer incidence, survival and mortality
- Tumour specific data
- Screening programmes
- Early diagnosis (emergency presentations, referral and treatment waiting times)
- Smoking rates, smoking-related deaths and supported quitting rates

Best Practice in General Practice; Cancer Awareness and Early Diagnosis Initiatives

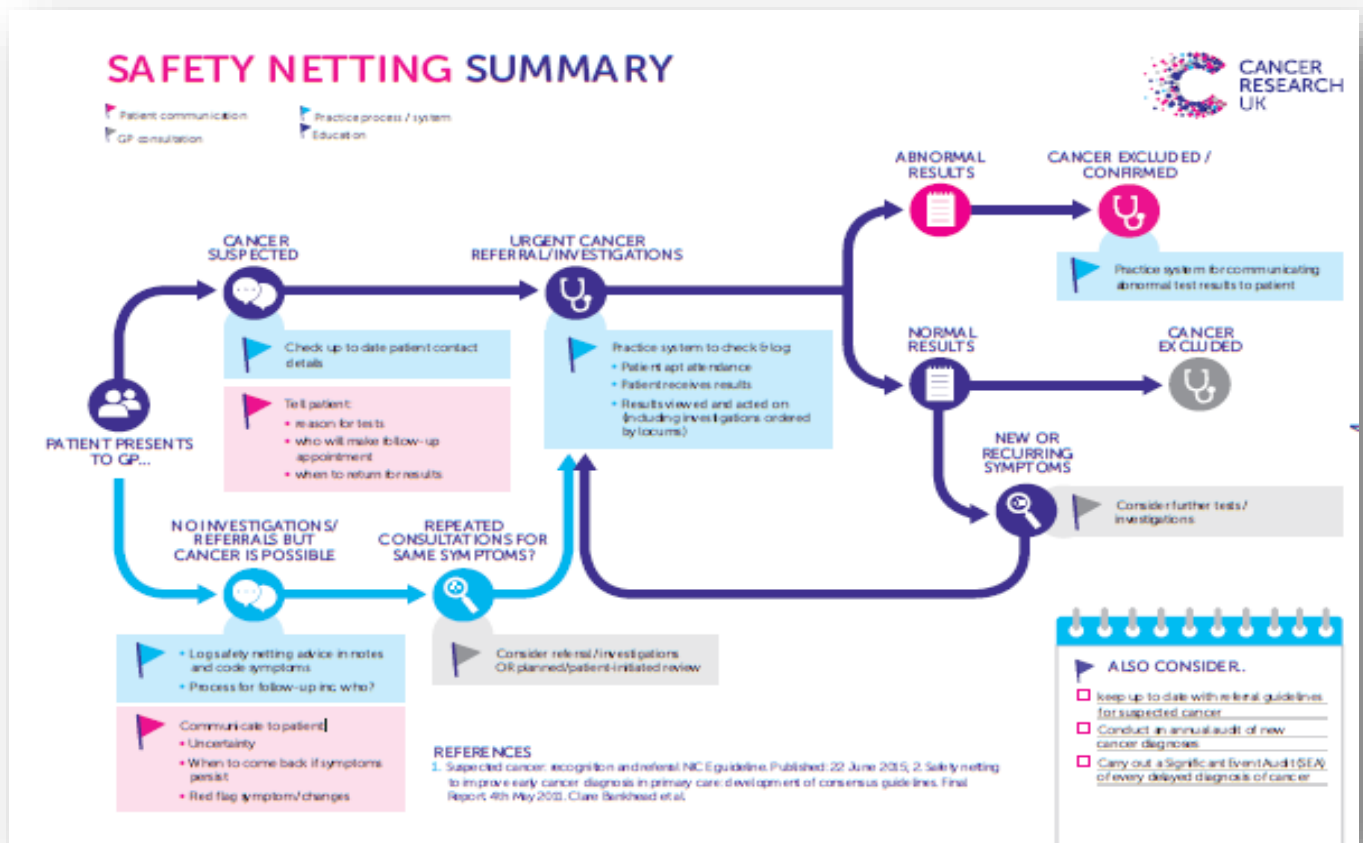
Safety Netting

Safety Netting Recommendations

Safety netting is a diagnostic strategy or consultation technique to ensure timely re-appraisal of a patient's condition.

Safety netting is particularly important for conditions where patients present infrequently and symptoms are common and often non-specific.

The Department of Primary Health Care at the University of Oxford have produced a guide to safety netting that is specifically relevant to the diagnosis of cancer.



SAFETY NETTING SUMMARY

The importance of safety netting is highlighted in the NG12 guidelines. This table summarises advice for communicating with patients, as well as safety netting actions for GPs and GP practices.

COMMUNICATE TO PATIENTS	Likely time course of current symptoms
	When to come back if symptoms do not resolve in expected time course
	Specific warning/ red flag symptoms or changes to look out for
	Who should make a follow up appointment with the GP, if needed
	The reasons for tests or referrals
	If a diagnosis is uncertain
ACTIONS FOR GPs	Detail any safety netting advice in the medical notes
	Consider referral after repeated consultations for the same symptom where the diagnosis is uncertain (e.g. three strikes and you are in)
	Ensure the patient understands the safety netting advice (take into account language/ literacy barriers)
	Code all symptoms and urgent referrals
	If symptoms do not resolve, carry out further investigations even if previous tests are negative
ACTIONS FOR PRACTICES	Ensure that you have current contact details for patients undergoing tests or referrals
	Ensure patients know how to obtain their results
	Have a system for communicating abnormal test results to patients
	Have a system for contacting patients with abnormal test results who fail to attend for follow up
	Put in place systems to document that all results have been viewed, and acted upon appropriately
	Have policies in place to ensure that tests/ investigations ordered by locums are followed up
	Have systems that can highlight repeat consultations for unexplained recurrent symptoms/ signs
	Make sure practice staff involved in logging results are aware of reasons for urgent tests and referrals under the two week wait
	Conduct significant event analyses for patients diagnosed as a result of an emergency admission
	Conduct an annual audit of new cancer diagnoses

Recommendations and resources:

CRUK host a repository of external resources, together with infographics, summaries and guidelines to aid implementation. Follow the link below to access these:

[CRUK safety netting resources and tools](#)

Cancer Prevention

Prevention resources

CRUK produces a variety of resources (posters, leaflets etc.) to support conversations with patients around cancer risk and lifestyle change.

Useful links:

CRUK causes of cancer and reducing your risk web pages:

<http://www.cancerresearchuk.org/about-cancer/causes-of-cancer>

CRUK prevention resources can be ordered here:

http://publications.cancerresearchuk.org/preventionhealthyifestyles/generallifestyle?filter_action=3&filter_value=2



THE EVIDENCE SO FAR SHOWS THAT E-CIGARETTES ARE FAR SAFER THAN SMOKING

1 E-cigarettes contain nicotine but **not cancer causing tobacco**

2 Nicotine is addictive, but does **not cause cancer**

3 **Tobacco** is the biggest cause of preventable death in the UK
Over **100,000 deaths** per year

4 Passively breathing vapour from e-cigarettes is **unlikely to be harmful**

5 Growing evidence shows e-cigarettes are helping people to **stop smoking**

LET'S BEAT CANCER SOONER
cruk.org



RCGP & CRUK position statement update on e-cigarettes

The updated RCGP position statement on e-cigarettes has been published, reflecting the latest evidence base. The most important change to note is recommendation 3, where the RCGP is now recommending that GPs (using their clinical judgment on an individual patient) may wish to promote e-cigarettes as a first line option for smoking cessation. Previously, this was 'if all else has failed'.

More information can be found on the RCGP webpage: <http://www.rcgp.org.uk/cancer>

CRUK's E-Cigarette statement can be found here: <http://www.cancerresearchuk.org/health-professional/learning-and-ways-we-can-support-you/cruk-rcgp-partnership/e-cigarette-statement>

CRUK – RCGP strategic partnership web page can be accessed here: www.cruk.org/rcgp

Be Clear on Cancer

Be Clear on Cancer campaigns aim to improve early diagnosis of cancer by raising public awareness of signs and/or symptoms of cancer, and to encourage people to see their GP without delay. The programme is led by Public Health England, working in partnership with the Department of Health and NHS England. Each campaign is tested locally and then regionally, with a view to rolling them out nationally if they prove to be effective.



Further information about Be Clear on Cancer can be found here:
<http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/be-clear-on-cancer>



Been coughing for 3 weeks or getting out of breath easily? Tell your doctor.

Current Campaigns

Information on all the campaigns running throughout the year can be found here:

[NHS Be Clear on Cancer Campaign page](#)

Introduction to the Cancer Screening Programmes

Bowel screening:

- Men and women, 60-74 years old
- Every 2 years
- Faecal Occult Blood test (FOBt)

CRUK's patient information on bowel screening can be accessed here:

<http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/about/screening/about-bowel-cancer-screening>

An animated video showing how to complete the test can be found here:

https://www.youtube.com/watch?v=m2f-wY0C_1Q

CRUK's bowel screening evidence and resource hub for health professionals can be accessed here:

<http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/bowel-screening-projects-and-resources>

CRUK's Bowel Screening Good Practice Guide has been developed specifically to share what could be undertaken by GP Practices to support the National Bowel Screening Programme in England. It aims to develop an understanding of some of the barriers to participation and strategies that have been used successfully within a primary care setting to overcome these.



GP bowel screening
workbook England fin

Please note

A new test is called a Faecal Immunochemical Test or FIT for short will replace the FOBt in 2018. A large pilot study of the new bowel screening test had demonstrated a major increase in participation rates across population groups.

The new test only requires one stool sample while three are required for the current FOBt. FIT uses a simple and cleaner sampling technique and comes in an easy-return postal package.

More information can be found via this link to the Public Health Website [PHE FIT Screening](#)

The UK has 3 screening programmes



Bowel cancer screening



Breast cancer screening



Cervical cancer screening

ENGAGING PRIMARY CARE IN BOWEL SCREENING GP GOOD PRACTICE GUIDE ENGLAND VERSION



Cervical screening:

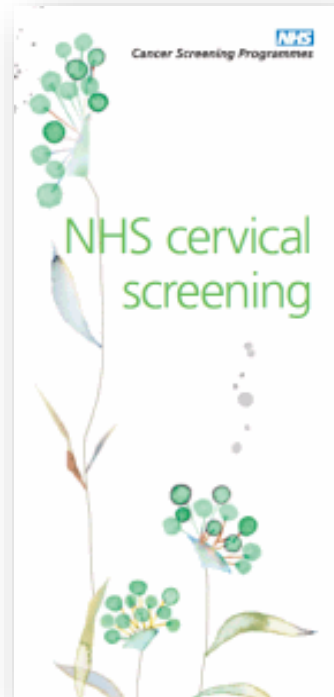
- Women, 25-64 years old
- Every 3 years from 25-49 then every 5 years to 64.
- Liquid based cytology

CRUK's patient information on cervical screening can be accessed here:

<http://www.cancerresearchuk.org/about-cancer/type/cervical-cancer/about/cervical-cancer-screening>

Further information about cancer screening, including leaflets in other languages and easy read guides can be found on the NHS Cancer Screening Programmes website:

<http://www.cancerscreening.nhs.uk/index.html>



Important changes

The inclusion of human papillomavirus (HPV) testing in the current NHS Cervical Screening Programme will be included in 2017. Once HPV testing has been brought in, only those women with borderline changes who also test positive for HPV will be referred for a detailed examination. The aim is that this will reduce the number of women who undergo unnecessary procedures. The Practice Nurse and/or GP will be able to provide you with more information. More information is available following this link

<https://www.gov.uk/guidance/cervical-screening-programme-overview>

Jo's Trust

Jo's Cervical Cancer Trust is the only UK charity dedicated to women affected by cervical cancer and cervical abnormalities. Their page for health professionals has a wide range of resources to order or download

<https://www.jostrust.org.uk/resources/materials/information>



Breast screening:

- Women, 50-70 years old
- Every 3 years
- Digital mammography

CRUK's patient information on breast screening can be accessed here:

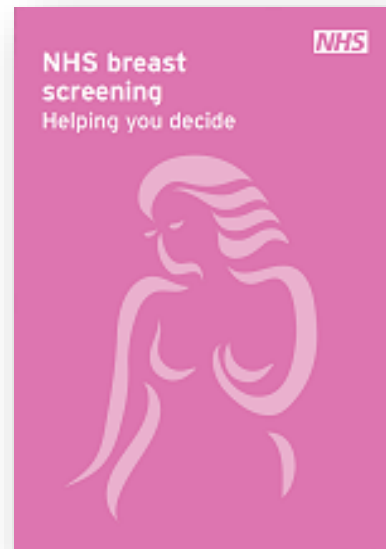
<http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/who-is-screened-for-breast-cancer>

Information about the 2012 breast screening review can be accessed here:

<http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/breast-screening-review-2012>

An infographic explaining breast screening and over diagnosis can be found here:

<http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/infographic>



Other Screening Resources

A General Practice Resource Pack has been developed by Cumbria CCG and John Gorman (CRUK Facilitator). Although specific contacts relate to Cumbria CCG only, it includes information on READ Codes for Screening and the various initiatives to increase screening uptake and early diagnosis.



Practice Resource
Pack DRAFT v2 1 FIN

There will be resources and toolkits local to each CCG that have been developed to reflect population and cancer data that support local populations and health economies. Contact your CRUK Facilitator for more information.

Support during your QEPEP module

One of the roles of the **CRUK Facilitator** in the implementation and development of this resource will be to enable a robust system of evaluation and sharing of good practice that will ultimately benefit the tutor and the student. Making knowledge widely available will prevent repetition of mistakes and loss of valuable time.

The **CRUK Facilitator** will be in touch with both the student and the educator to collate information about the types of projects being carried out in practices. This will contribute to the development of a directory of project ideas and examples that will be useful to new students and educators in future.

The evaluation process is not intended to be exhaustive, ambiguous or in any way performance manage. The **CRUK Facilitator** will be in contact with the educator 6 months post completion of a project via email or telephone to simply reflect on the following:

- Experience - sharing successes and lessons learned (from the toolkit and **CRUK Facilitator** input and support)
- Structure - how was communication and the process of working together?
- Outcome – what has happened in practice as a result?

Training and education available for your practice

CRUK Facilitator's are skilled and experienced in delivering dedicated training sessions and workshops at practice, cluster/locality and/or CCG level FREE of charge. Examples of workshops have included:

- An overview of cancer data; looking at practice level, local, regional and national publically available cancer data
- Cancer screening programmes and implementing good practice
- Why prevention and early diagnosis of cancer is important
- Significant event audits and safety netting; why it is important within primary care and current key guidance
- Practice cancer champion training aimed at non-clinical reception and administrative staff

Sessions can be delivered as part of existing protected education time, over lunch or as a standalone workshop/event.

Please contact your **CRUK Facilitator** for more information. Follow this link to find out about your local Facilitator

<http://www.cancerresearchuk.org/health-professional/learning-and-ways-we-can-support-you/the-facilitator-programme/where-are-the-facilitators>

Examples of previous QEPEP projects

2016

Diagnosis of Cancer in Primary Care was an audit completed by a medical student at a Wigan based practice.

- Cancer registry data was recorded using the RCGP template in combination with EMIS – software.
- The RCGP template was used to analyse retrospective data, which enabled the student to filter the data into more specific questions.

Findings:

- The audit found no delays in cancer diagnosis in the 12 month period.
- The majority of new cases were referred through the correct pathway after one or two consultations and diagnosed at stages 1 or 2.
- This audit was useful to the practice and enabled them to reflect on current internal referral systems and safety netting. It also contributed to new requirements set out in local primary care standards soon to be launched.

Lay Document/Poster of vague symptoms was developed by a medical student at a Wigan based practice.

- The poster aimed to use pictorial messages to communicate to the practice population about the importance of having unexplained symptoms checked by their GP.
- The poster was further developed by the CCG and disseminated to other practices in the borough.

Service Evaluation of cervical screening uptake and current processes in practice. A student on placement in a Wigan based practice completed this evaluation looking at:

- Incidence of and mortality from gynaecological cancers in a 5 year period
- In depth review of these cancer cases to assess whether there were avoidable delays
- Cervical screening uptake of practice population segmented by age ranges
- A review of existing practice systems for cervical screening (e.g. contacting DNAs, prevention and awareness messages) in line with national and local best practice

Following a full analysis, the student was able to make several recommendations that could facilitate the improvement of existing practices for improving cervical screening uptake.

Useful Information

Cancer Insight

Cancer Insight is CRUK's newsletter for health professionals covering the latest news and developments in cancer. Newsletters are produced bi-annually and are tailored for specific audiences. Newsletters are currently produced for:

- GPs
- Practice Nurses
- Pharmacy Staff

Copies of the newsletters (including back issues) can be ordered or downloaded here:

http://publications.cancerresearchuk.org/publicationformat/formatnewsletter?filter_reset=1



Science blog

CRUK's science blog covers the latest cancer research, including that funded by the charity. It also highlights other relevant material, debunks myths and media scares, and provides links to other helpful resources

The science blog can be accessed here:

<http://scienceblog.cancerresearchuk.org/>



The following are a small selection of blog posts focusing on early diagnosis and primary care:

http://scienceblog.cancerresearchuk.org/2015/05/28/could-changes-to-primary-care-help-improve-cancer-survival/?relatedposts_hit=1&relatedposts_origin=12934&relatedposts_position=2

http://scienceblog.cancerresearchuk.org/2014/09/22/saving-lives-and-averting-costs-the-case-for-earlier-diagnosis-just-got-stronger/?relatedposts_hit=1&relatedposts_origin=12580&relatedposts_position=0

http://scienceblog.cancerresearchuk.org/2014/02/10/our-work-to-help-gps-spot-the-potential-warning-signs-of-cancer/?relatedposts_hit=1&relatedposts_origin=12586&relatedposts_position=0

http://scienceblog.cancerresearchuk.org/2015/06/23/new-nice-gp-guidelines-have-huge-ambition-and-potential/?relatedposts_hit=1&relatedposts_origin=11343&relatedposts_position=1

Doctors. Net

Doctors.net is an online platform providing free education resources, email, doctors' forum, news and conference highlights.

The Cancer Insights Centre (CIC) is the hub for all cancer content on doctors.net and is co-branded with CRUK:

www.doctors.net.uk/CIC

E learning modules and quizzes:

Modules and quizzes can be accessed in the CIC either by cancer type or via the early diagnosis home page.

Topics include:

- Cancer risk in diabetes patients
- Upper GI cancers in primary care
- Early detection of gynaecological cancers in primary care
- Early detection of urological cancers in primary care
- Skin cancer in primary care
- Early diagnosis of lung and bowel cancer
- Bowel cancer: supporting early diagnosis

Messages:

These are short myth busters targeting gaps in knowledge identified through previous activities covering: lung, urological, gynaecological and colorectal cancers, with a final message on lifetime risk and age related risk of cancer.

These have been endorsed by Dr Richard Roope, CRUK Clinical Lead for Cancer, UK who is the face of the Messages programme.

<http://www.doctors.net.uk/CRUKMessages>

Skin Cancer Toolkit

This toolkit was developed in partnership with the British Association of Dermatology (BAD). It contains red flags for referral, a referral decision aid, images of suspicious lesions, real life case studies and a CPD accredited quiz.

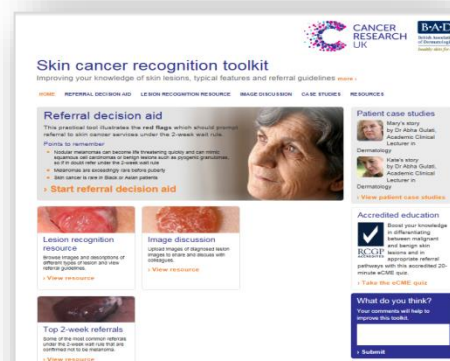
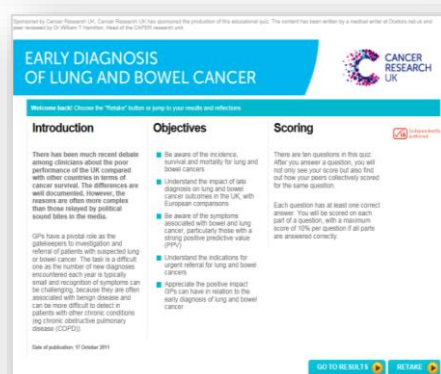
www.doctors.net.uk/skincancertoolkit

Oral Cancer Toolkit

Is now live and includes information and resources aimed at dental professionals.

Dental professionals can access via this link:

www.doctors.net.uk/oct



2017 RCGP Conference poster



Exploring GP tutor views on an innovative cancer care toolkit in conjunction with Cancer Research UK (CRUK)

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² Cancer Research UK Facilitator (CRUK)

Introduction and Aim

Introduction

Improving the early diagnosis of cancer is one of several strategic objectives of Cancer Research UK (CRUK)⁽¹⁾ that directly aligns with initiatives from the UK government⁽²⁾ and National Institute for health and Clinical Excellence (NICE) guidance⁽³⁾.

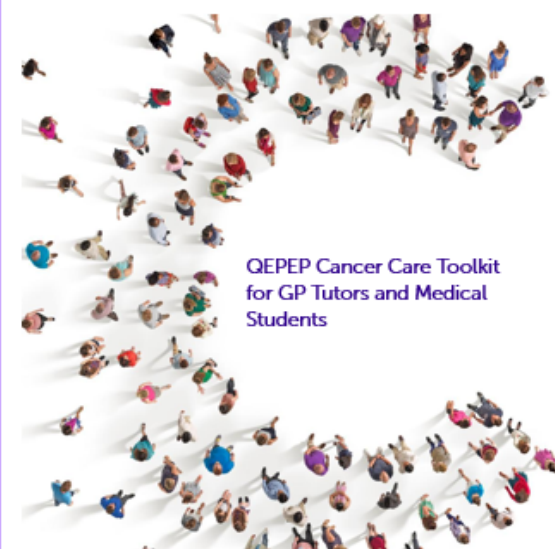
Aim

The aim was to gain tutor views on the utility of a cancer care toolkit for GP tutors and students to support student project work in General Practice in collaboration with CRUK.

The toolkit aims to develop quality improvement work in relation to cancer, which has been shown to have a positive impact on cancer screening uptake^(4,5).

Method

We liaised with CRUK Facilitators to co-produce the toolkit below. The toolkit was presented at an optional workshop to tutors who attended an annual training event.



Quantitative and qualitative evaluation of the toolkit and workshop was completed through an online questionnaire

Results

The toolkit was presented to 22 GP tutors. Feedback resulted in modifications to the content and layout of the final version.

14 out of 22 participants (64% response rate) completed the questionnaire. The workshop received a mean overall score of 4.2 out of a maximum of 5.

Results

Qualitative comments were favourable and showed that the workshop provided tutors with several learning opportunities:

LEARNING OPPORTUNITIES FOR TUTORS



How to facilitate a project



Ideas for topics



Available resources



How to utilise the toolkit



Better awareness of CRUK facilitator role

As a result of their learning from the session tutors felt:

- they could offer a **broad range of topics** in cancer care,
- **more confident** with the toolkit resource and wished to use it

Additionally tutors who had not previously considered tutoring on QEPEP or cancer care **felt inspired** to offer projects in this area.

Discussion

GPs who attended the workshop were self-selected, exhibiting an interest to learn more about the toolkit. This may be a confounding factor affecting our results.

Further evaluation will be conducted following implementation of the toolkit on the uptake of projects in cancer care and resulting impact on individual practices.

Conclusion

This novel toolkit represents the first University and CRUK collaboration in the UK in order to support medical student involvement in cancer care at a General Practice level.

Workshop feedback not only allowed us to receive feedback but also gave tutors the opportunity to better engage in cancer care in their practices.

References

1. Cancer Research UK (Internet); cited 2.1.17. Available from: <http://www.cancerresearchuk.org/about-us/about-us/cancer-research-uk-cancer-action-plan>
2. Department of Health: The NHS cancer plan. London: Department of Health, 2000.
3. National Institute for health and clinical excellence (Internet); cited 2.1.17. Available from: <https://www.nice.org.uk/guidance/NG12>
4. Sabatino, SA et al. Interventions to increase recommendation and delivery of screening for breast, cervical and colorectal cancers by healthcare providers: systematic review of provider assessment and feedback and provider incentives. *Am. J. Prev. Med.* 35 (suppl), S67-S74, 2008.
5. Emery, JD et al. The role of primary care in early detection and follow-up of cancer. *Nat. Rev. Clin. Oncol.* 11, 35-45, 2014.

