Diagnosing cancer- not easy

- 8/9 new diagnoses cancer
- 30-40 patients living with cancer
- 1 in 20 consultations possible malignant symptomatology
- 90% of NHS contact through primary care
- 80% of population consult their GP annually

WE ARE MACMILLAN. CANCER SUPPORT

Collaboration

Early diagnosis initiatives

- Significant event analysis

- Practice profiles

- Risk assessment tools

- Charity partners

WE ARE MACMILLAN. CANCER SUPPORT
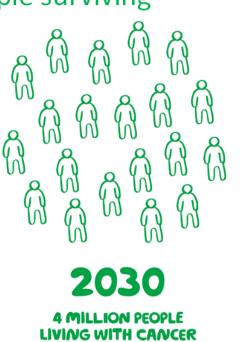
RAT

Prompts –

☐ PPV indicates a risk of lung cancer

- PPV is 4 for this patient.
- 2WW referral suggested but use your clinical judgement.
- FEV1/FVC ratio recorded on 10 Feb 2011
- FEV1/FVC ratio recorded on 10 Feb 2011

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Lung Cancer Assessment Tool - Mr Jnan Al-Haji

Details

Lung Cancer Assessment Tool 🗓

Risk Factors

Age: 73

☑ Smoker

☑ Cough ☐ Repeat symptom

☐ Fatigue ☐ Repeat symptom

☐ Dyspnoea ☐ Repeat symptom

☐ Chest Pain ☐ Repeat symptom

☐ Loss of Weight ☐ Repeat symptom

☐ Loss of Appetite ☐ Repeat symptom

☐ Thrombocytosis

☐ Abnormal Spirometry

☐ Haemoptysis ☐ Repeat symptom
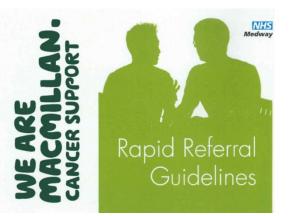
Results

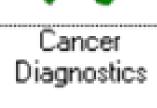Lung cancer risk score: 0.9

[OK] [Cancel]

Cancer is Changing

A lot more people surviving

2010
2 MILLION PEOPLE
LIVING WITH CANCER

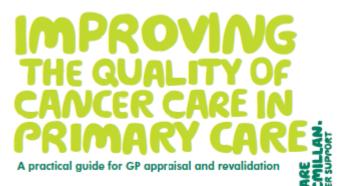**2030**
4 MILLION PEOPLE
LIVING WITH CANCER

- **Increased profile of cancer in policy docs and frameworks**

- **New commissioning arrangements in parts of the UK**

- **Recognition that cancer outcomes in the UK are poorer than other countries**

We are Macmillan. Cancer Support — Rapid Referral Guidelines — NHS Medway

Cancer Diagnostics

UNDERSTANDING
GP REFERRAL STYLES

GP Update
The GP Update Handbook
Autumn 2011
www.gp-update.co.uk

IMPROVING THE QUALITY OF CANCER CARE IN PRIMARY CARE.
A practical guide for GP appraisal and revalidation
WE ARE MACMILLAN. CANCER SUPPORT

Teesside University

Treatment Summary Template

Cancer Care Reviews

Practice Nurses have transferrable skills from other long-term conditions

Treatment Summary

National Cancer Survivorship Initiative · DH Department of Health · WE ARE MACMILLAN. CANCER SUPPORT · NHS Improvement

Treatment Summary
Insert GP Contact Details
Address

Insert Trust Logo and

Dear Dr X

Re: Add in patient name, address, date of birth and record number

Your patient has now completed their initial treatment for cancer and a summary of their diagnosis, treatment and ongoing management plan are outlined below. The patient has a copy of this summary.

Diagnosis:	Date of Diagnosis:	Organ/Staging Local/Distant
Summary of Treatment and relevant dates:		**Treatment Aim:**
Possible treatment toxicities and / or late effects:		Advise entry onto primary care palliative or supportive care register Yes / No
		DS 1500 application completed Yes/No Prescription Charge exemption arranged Yes/No
Alert Symptoms that require referral back to specialist team:		**Contacts for re referrals or queries:** In Hours:
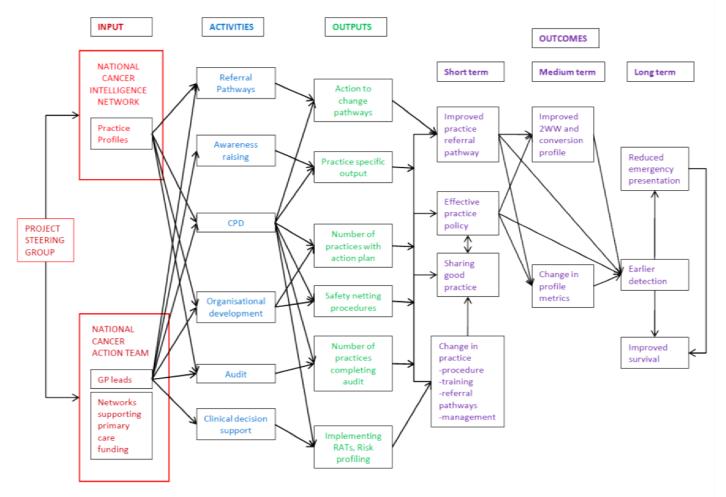
Cancer Care Reviews

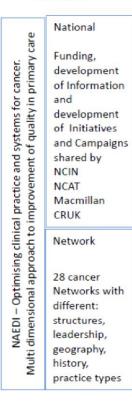# What do commissioners want?

- Clear analysis of outcomes
- Clear data to commission appropriate care across pathway

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Logic model for NAEDI / Cancer Networks supporting primary care

Realistic evaluation: CMO configuration

CONTEXT

NAEDI – Optimising clinical practice and systems for cancer. Multi dimensional approach to improvement of quality in primary care

National

Funding, development of Information and development of Initiatives and Campaigns shared by NCIN NCAT Macmillan CRUK

Network

28 cancer Networks with different: structures, leadership, geography, history, practice types

MECHANISM

M1. Implementation of campaigns to raise awareness: targeted at specific populations

M2. Alternative access to primary care provides an easier option for patients to present with symptoms

M3. Implementation of initiatives encourages discussion between GPs within practice and with other GPs within area/network

M4. Implementation of systems for GP leadership supported by effective personal development.

M5. Provision of national leadership and project management

M6. Provision of network level leadership and project management

M7. Involvement of non NAEDI funded leadership in primary care to ensure sufficient capacity.

OUTCOME

O1. Tools are used to improve quality of care

O2. There is an increase in urgent referrals

O3. There is an increase in detection rates

O4. There is a increase in conversion rate

O5. There is effective GP leadership

O6. There are development and support arrangements for leadership for primary care

O7. There is a shared purpose and vision.

		All Networks				
		Dec Return		March return		
	No. of practices	8134		7638		
	Practice not engaged in any activity	5101	63%	3447	45%	
	No. of practices engaged in at least one activity	3033	37%	4191	55%	No of Networks reporting (n=24)
Referral Pathways and access to diagnostics	Novel diagnostic pathways	579	7%	216	3%	9
	Implementation of guidelines	872	11%	1137	15%	15
	Action to reduce delays	343	4%	665	9%	15
	Process mapping and redesign	255	3%	408	5%	9
	Case finding	231	3%	267	3%	10
	Other	82	1%	126	2%	6
	Total	934	11%	1250	16%	18
Awareness raising	Population based	1268	16%	987	13%	14
	Linked to local, regional or national campaign	1548	19%	2415	32%	22
	Practice preparedness for campaign	1356	17%	1795	24%	17
	Other	325	4%	208	3%	11
	Total	2049	25%	2691	35%	23

		All Networks				
		Dec Return		March return		
	No. of practices	8134		7638		No of Networks
	Practice not engaged in any activity	5101	63%	3447	45%	reporting (n=24)
Continuing professional development	Safety netting	185	2%	717	9%	14
	Development of training resources	126	2%	999	13%	16
	Appraisal and revalidation	120	1%	226	3%	8
	Different target groups with in health professionals	114	1%	217	3%	13
	Other	174	2%	350	5%	9
	Total	506	6%	1547	20%	21
Organisational development	In response to information	578	7%	990	13%	18
	Action to implement safety netting	164	2%	280	4%	11
	Practice Plans	259	3%	393	5%	16
	Other	223	3%	133	2%	9
	Total	838	10%	1207	16%	22
Audit	Criterion based Audit	1031	13%	1481	19%	23
	SEA	546	7%	761	10%	19
	Other	84	1%	128	2%	9
	Total	1345	17%	1724	23%	24
Clinical decision making	Risk assessment tool	183	2%	1104	14%	20
	Risk profiles	106	1%	312	4%	6
	Other	1	0%	224	3%	2
	Total	239	3%	1301	17%	21

2WW referrals, comparing 12 month periods to March 2010 and June 2012

		Before			After			Percentage Change	P-value
		England	LCI	UCI	England	LCI	UCI		
All Cancers	Referral	1478.0	1474.8	1481.1	1724.1	1720.8	1727.4	16.7%	<0.001
	Conversion	13.2	13.1	13.3	10.4	10.4	10.5	-2.8%	<0.001
	Detection	43.4	43.2	43.6	46.6	46.4	46.8	3.2%	<0.001
Colorectal Cancer	Referral	206.9	205.8	208.0	280.3	279.1	281.6	35.5%	<0.001
	Conversion	8.6	8.5	8.7	6.0	5.9	6.1	-2.6%	<0.001
	Detection	37.2	36.7	37.7	40.1	39.5	40.6	2.8%	<0.001
Lung Cancer	Referral	55.0	54.4	55.6	63.4	62.8	64.0	15.3%	<0.001
	Conversion	33.6	33.1	34.0	26.3	25.9	26.7	-7.3%	<0.001
	Detection	39.1	38.6	39.6	41.1	40.5	41.7	2.0%	<0.001

Changes with any intervention

All Cancers	Referral rate before	LCI	UCI	Referral rate after	LCI	UCI	Percentage change	P-value
Any Intervention	1432.5	1427.0	1438.0	1766.6	1760.5	1772.7	23.3	<0.001
No Intervention	1423.4	1419.5	1427.2	1728.0	1723.8	1732.2	21.4	<0.001

All Cancers	Conversion rate before	LCI	UCI	Conversion rate after	LCI	UCI	Change	P-value
Any Intervention	13.1	13.0	13.3	10.3	10.2	10.5	-2.8	<0.001
No Intervention	13.4	13.3	13.5	10.7	10.6	10.8	-2.7	<0.001

All Cancers	Detection rate before	LCI	UCI	Detection rate after	LCI	UCI	Change	P-value
Any Intervention	43.7	43.3	44.0	47.1	46.8	47.5	3.5	<0.001
No Intervention	43.8	43.6	44.0	46.7	46.5	47.0	2.9	<0.001

'any intervention' = any one or more of SEA, criterion based audit, RAT, practice plans
Any intervention - 2129; no intervention - 4940