CHANGING THE WAY PRIMARY CARE CLINICIANS REFER SUSPECTED CANCER PATIENTS IN LONDON

Zara Gross, Julia Ozdilli, Dr. Ishani Patel, Dr. Martin Shelly and Dr. Ian Rubenstein
Transforming Cancer Services Team, London

BACKGROUND & AIMS

Following on from the publication of NICE NG12 Suspected Cancer: Recognition and Referral Guideline in June 2015, the Transforming Cancer Services Team for London (TCST) were commissioned to develop 13 tumour specific referral forms integrated with GP software for use by primary care clinicians.

This was the first project of its kind where clinicians in London would all use the same template and referral guidelines for London’s population of 8.6 million as well as intelligent integrated referral software to streamline referrals into secondary care.

AIMS OF PROJECT

- Agree referral criteria with secondary and primary care clinicians based on NG12 Suspected Cancer: Recognition and Referral Guideline and pan London commissioning intentions
- Develop a set of referral forms that were fully integrated across all GP IT systems; EMIS, TPP SystmOne Integrated and Non Integrated, INPS Vision and DXS. The forms ensure patient information, medical history and recent results auto-populate
- Reduce the number of faxed referrals by developing an online hospital directory specific to each tumour group and increase uptake of electronic referrals via email and the NHS e-Referral Service (e-RFS)
- Produce embedded educational guides and support for referring clinicians
- Carry out a London-wide audit to understand the uptake of the referral forms across all 33 CCGs, the route of referral and data completeness.

METHOD

TCST hosted and facilitated round-table workshops, bringing together over 100 primary and secondary care clinicians, including pathway board chairs and charity representatives to debate the proposed referral criteria for each tumour group, including NICE NG12 and London specific deviations based on its unique demography and epidemiology, including the risk threshold to <3% for some tumour groups.

Once the referral criteria was agreed, the TCST development group worked to formalise the referral forms including aesthetics, layout and operationality within IT systems, for example enabling SMART Tags for Vision forms.

Historically, cancer referral forms have listed hospital contact details on the front page. TCST developed and regularly update an online contacts database that supports a live hospital directory.

Each form contains a hyperlink to the directory and encourages GP/dentists to refer electronically and cease faxing. The shelf-life of the new forms has been extended and concerns regarding out-of-date information potentially resulting in delays due to forms sent to incorrect organisations and internal governance risks have been minimised.

A month-long consultation was launched involving all stakeholders who attended the initial roundtable workshops. Common themes and issues, not previously addressed were identified and steps taken to ensure the new format improved the quality of patient care by including information and guidance for safety netting systems, patient information leaflets and tumour specific educational guides.

The referral forms were launched across all systems in May 2016. They were circulated via CCG GP Cancer Leads, Macmillan GPs, Cancer Research UK (CRUK) Facilitators, Healthy London Partnership, Communication and Engagement CCG Leads, LMC and uploaded onto CCG intranets and trust websites.

To maximise uptake in primary care the development team have supported workshops and continue to attend a number of CCG learning events to provide ongoing education regarding the pan London suspected cancer referral guidance.

An audit took place from September 2016 to January 2017 where trusts submitted qualitative and quantitative information. Analysis for each CCG will be shared with CCG, STPs, CRUK Facilitator, Macmillan GPs and individual GP practices.

RESULTS

The audit has shown great success in the uptake and implementation of the Pan London Suspected Cancer Referral Forms.

Data from over 5000 two week wait referral forms was submitted to the Transforming Cancer Services Team from 18 trusts. The referral data that was submitted shows a 60% uptake of primary care referring patients on a new referral form.

The route of referral is also an achievement with 82% sent via email or e-RFS and only 13% still sent via fax.

DISCUSSION & NEXT STEPS

As predicted, due to the referral threshold being lowered to <3%, there has been an increase of cancer referrals since the forms were launched (as shown below).

Analysis of the 62 day wait data suggests that the cancer detection rate has also increased, however we are still waiting to understand the impact this will have on staging and whether the new forms have improved early diagnosis (stage 1 and 2).

To maximise uptake further, encourage electronic referrals and improve safety netting systems, a number of initiatives are being rolled out in 2017-2018:

- A free online learning tool is due for launch in April 2017, which will provide education to primary care with information relating to tumour referral criteria, direct access diagnostics, safety netting and patient information

- TCST continue to collaborate with CRUK Facilitators, CCG GP Cancer Leads, Macmillan GPs, professional bodies, trusts communications teams and engagement managers to increase the uptake of the new referral forms

- Electronic safety netting tools are being developed for primary care that meet the recommendations set out by the Cancer Taskforce

- An implementation project to increase e-RFS is currently underway with the TCST and Cancer Vanguards to understand the barriers GPs and trusts face using e-RFS and how these can be resolved

- In collaboration with Cancer of Unknown Primary (CUP) Clinical Reference Groups, the TCST will develop a pan London CUP referral form.

https://www.myhealth.london.nhs.uk/healthy-london/programmes/cancer/suspected-cancer-referrals