FRAMEWORK FOR CANCER IN PRIMARY CARE

Dr Hayley Crumpton
FRAMEWORK FOR CANCER IN PRIMARY CARE

- NHS Wales Initiative
- 5 years
- Support Primary Care
- Earlier diagnosis, support through treatment, living beyond cancer
GP Practices will review the care of patients newly diagnosed, with lung (including mesothelioma); digestive system cancer (stomach cancer; lung cancer; liver cancer; pancreatic cancer; bowel cancer) and ovarian cancer, using a Significant Event Analysis tool.

The care of all patients diagnosed between 01-01 and 31-12 in years 2014 - 2016 (with these conditions) should be reviewed.
Actions required for this priority:

• To carry out Significant Event Analyses.

• To summarise learning and identify appropriate actions for inclusion in the Practice Development Plan.

• To share analyses and progress with the network and the wider health board.

• To propose actions for the GP Cluster Network Action Plan where appropriate.
Caritas Surgery Wrexham - Key Actions

• Findings:
  • Small delays in diagnosis
  • Patient DNAs
  • Missed opportunities

• PDP Clinical meetings:
  • Case study discussion
  • Increase awareness amongst GPs e.g. NICE Guidance
  • Referral audit
  • Cancer protocol
North Wales Cluster Themes

• Downgrading of referrals – a need for improved communication from secondary to primary care.
• Access to diagnostics.
• Understanding of and adherence to 2015 NICE guidance
• Use of WCCG
• Patient follow up, safety netting – communication between primary and secondary care
• Awareness and uptake of bowel screening
• Patient delay – presenting late, not understanding urgency, not attending appointments.
• Significant delays for colorectal and urology.
Engagement with BCUHB

Agreement for the following:

• Support SEA work/outcomes
• Inclusion of prevention and early diagnosis in cancer plans reporting to the cancer steering group.
• Engage with cluster groups
• Peer review action
The approach for 2017

Support a detailed analysis of identified significant events:

Clusters to submit templates for diagnosed cancer cases where a significant event has occurred (no more than 3 per cluster and can include all cancers).

Use findings to prioritise actions with Cancer plans
Improve primary and secondary care interface

Support clusters to implement cluster level cancer actions
Facilitate joined up working between SET and clusters.
Invite practices to participate in the NCDA.
10 YEAR SURVIVAL

1970: 24%
2010: 50%
WITHIN 20 YEARS: 75%
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THANK YOU!!!!
Dr Hayley Crumpton
THANK YOU

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In your area, how have you made changes within practice and/or at cluster level?

What mechanisms structures are / or could be in place for effective joined working with the health board?

What has been good about the process?
What could be done differently?