Cancer Research UK GP’s

Aims

Provide **strategic primary care clinical leadership** and educational resource at regional level

Support Cancer Alliances in improving cancer pathways and reducing variation in care provision through the sharing of best practice and innovation

Enhance **CRUK’s engagement with and influencing of primary care and national decision making** in a systematic way
CRUK Facilitators work directly with the health system to drive improvement in cancer prevention and diagnosis.

- **Face to face work in primary care**: ~75%
- **Work with CCGs & health boards to influence local plans and drive projects**: ~20%
- **Influence regional priorities through strategic relationships**: ~5%
Surrey and Sussex Cancer Alliance

Vision:

To develop and deliver world-class outcomes in cancer care and treatment for the populations of Surrey and Sussex.
Surrey and Sussex Cancer Alliance

System priorities:

• Prevention
• Screening
• Earlier and faster diagnosis
• Treatment
• Personalised care
• Workforce
• Public and patient participation
Initiatives in Surrey and Sussex
Earlier and faster diagnosis

- Plans for Rapid Diagnostic Services/Non-specific but concerning/serious Clinics
- Faster Diagnostic Service (Day 28) roll out
- Symptomatic FIT testing
- Screening projects (in certain areas)
- NCDA
National Cancer Diagnosis Audit

Online registration open until March 2020
Data collection has started

The NCDA seeks to gather data about pathways to cancer diagnosis:
• Interval length and number of consultations in primary care
• Use of primary care led investigations prior to referral
• Referral pathways for patients with cancer
• Avoidable delays along the pathway

Benefits of the audit for GPs:
• Free tailored practice reports produced for each practice by PHE
• Evidence good practice and highlight diagnostic challenges
• Identify cases for review, reflection and learning
• Enabling quality improvement activity, leading to more efficient and effective pathways to diagnosis and improved patient experience and outcomes
• Demonstrating quality improvement for GP appraisal and revalidation
• Providing evidence for CQC inspection
• Understand how your practice compares to other services

“I found the whole process incredibly easy and very informative. The information gathered highlighted good practice and areas that require improvements to help change future practice and improve patient care.”

GP from Doncaster

This is a good exercise, as part of reflective practice process and good clinical practice – GP

Find out more: www.cruk.org/ncda
Following the audit:

- 80% of GPs reported that the audit had helped them to identify good practice.
- 60% of GPs felt they now had a better understanding of how their practice benchmarks to others.
- 52% - over half of GPs reported that they had identified diagnostic challenges through the audit.

“When doing the audit we realised our follow up process for abnormal blood test results could be tightened up” GP

“The report was surprising in some ways, and undoubtedly practice-changing.” GP from London

Several GPs used the audit as evidence for CQC inspection, appraisal and revalidation.
<table>
<thead>
<tr>
<th>Organization</th>
<th>Practices</th>
<th>Completed audits</th>
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<tbody>
<tr>
<td>Surrey and Sussex</td>
<td>53</td>
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<tr>
<td>NHS Brighton and Hove CCG</td>
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</table>
Free, practical support to help your practice improve cancer early diagnosis and prevention

Tailored to your practice’s needs

facilitators@cancer.org.uk
Understand your cancer data

Cancer Services

Demographics, Screening and Diagnostics | Two-Week Wait Referrals

<table>
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<tr>
<th>Overview</th>
<th>Compare indicators</th>
<th>Map</th>
<th>Trends</th>
<th>Compare areas</th>
<th>Area profiles</th>
<th>England</th>
<th>Population</th>
<th>Box plots</th>
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<td>CCGs (2018/19)</td>
<td>Areas grouped by</td>
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<td>Area</td>
<td>NHS Crawley CCG</td>
<td>NHS region - local</td>
<td>SE (Kent, Surrey and Sussex)</td>
<td>10 most similar CCGs to NHS Crawley CCG</td>
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<tr>
<td>Indicator</td>
<td>Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year c)</td>
<td>Filter indicators</td>
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Two-week wait referrals for sus cancer (Number per 100,000 population)

Two-week wait referrals (Indirect age-sex standardised referral rate)

Two-week referrals resulting in diagnosis of cancer (Conversion as % of all TWW referrals)

Number of new cancer cases to TWW from a TWW referral (Detection rate: % of which result from a TWW referral)

Two-week wait referrals for sus cancer
Support reflective practice

data review and action

audits - NCDA

learning event analyses
Training and resources

Clinical and non-clinical staff

Very Brief Advice
Screening
Safety Netting
Prevention
What is an urgent referral?

Your GP has arranged for you to see a hospital doctor (specialist) urgently. This is to investigate your symptoms further. You may have some tests to find out what is wrong and whether or not it could be cancer.
In the kit there's a small stick which is used to collect a sample of poo.
Evaluated well

“These visits totally re-motivate my surgery to always hold our register, our care etc. as the highest priority.”
Practice Manager

“I understand how we are performing in relation to screening and have good ideas on how to try and increase uptake.”
Practice Nurse

“Oh I think the Facilitators are a great resource. I would be stuck without it”
- GP, England

99% of GPs and their teams recommend Facilitator visits

96% of practices plan to take action as a result of our help

Royal College of General Practitioners
CANCER RESEARCH UK
Tailored Support

- Improved screening uptake
- Better symptomatic patient management
- Effective patient conversations about prevention