Updates from CRUK

Patricia Barnett and Marion O’Neill, Cancer Research UK
OUR STRATEGIC PRIORITIES FOR THE NEXT TWO YEARS

OPTIMISE THE PATHWAY
- Ensure national cancer strategies are developed and implemented
- Improve UK cancer data and deliver impactful cancer information

OPTIMISE THE WIDER CRUK ENVIRONMENT
- Ensure a thriving research environment
- Promote a charitable culture

PREVENT
- Sustainable support for tobacco control programmes
- Implementation of the soft drinks industry levy and introduction of restrictions on junk food marketing

DIAGNOSE
- Diagnose bowel cancer earlier through screening
- Ensure appropriate recognition, management and referral of patients in primary care
- Ensure swift access to, and reporting of, appropriate diagnostic tests

TREAT
- Improve patient access to modern radiotherapy, with a focus on IMRT
- Improve a process for assessing new cancer medicines and increase availability of molecular diagnostic tests

BUILD OUR PROFILE AS AN AUTHORITATIVE HEALTH AND SCIENCE BRAND

P&I PRINCIPLES
- We are evidence-based
- We are audience-focused
- We tackle inequalities in all of our work
Cancer Research UK: Supporting Primary Care in Scotland
The Facilitator programme

We support healthcare professionals and organisations to improve prevention and early diagnosis.
How we work with the NHS

We work with health professionals and health services

Influencing uptake of best practice
Facilitating local solution-finding and innovation
Spreading innovation
Focusing on areas of greatest need
Gathering local intelligence to inform priorities
Relationship managers for the NHS

We work with:

- Primary care (general practice, pharmacy, dentists)
- Community care
- Diagnostics and secondary care
- Planners of care
Tiered approach within Scotland
Support further improvements in early diagnosis, cancer prevention and the interface between primary and secondary care. We are working in partnership with Cancer Research UK to develop and expand their health professional facilitator engagement programme across Scotland in 2016-17 (page 30)
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AIMS OF THE AUDIT

The audit uses primary and secondary care data relating to patients diagnosed with cancer and will start this year by looking at cases diagnosed in 2014.

This will help us understand patterns of cancer diagnosis for all cancer types, and give benchmark, so that in time, we can assess the impact of the new referral guidelines.

AUDIT QUESTIONS:
– What is the interval length from patient presentation to diagnosis?
– What use is made of investigations prior to referral?
– What are the patients referral pathways?
BENEFITS: GPS

- Improving outcomes for patients.
- Demonstrating quality improvement for GP appraisal and revalidation.
- Identifying patients for Significant Event Audits.
- Providing opportunities for case study discussion and peer learning, especially for complex cases.
- Creating improvement plans from local feedback to improve patient care.
- Highlighting diagnostic challenges and good practice.
- Measuring clinical guideline impact Influencing local commissioning decisions, strategic priorities and informing service improvement.
HOW IS THIS GOING TO HELP IMPROVE CLINICAL PRACTICE?

While completing the audit practices can reflect on their clinical practice and practice based systems and processes. Specific insights may include:

- Types of delay and where delays occur
- Factors contributing to multiple consultations
- Impact of patient characteristics
- Overview of presenting symptoms by key tumour types to highlight complexities
- Presenting symptoms by place of presentation
- Identification of good practice

- National and practice level feedback.
- Tools and resources to support clinical improvement.
- Support from Cancer Research UK Health Professional Engagement Facilitators & Macmillan GPs.
DATASET: TO GP BY REGISTRIES

Used to identify patients and confirm cancer waiting times data:

- Patient:
  - Sex
  - NHS/CHI/Health and care number
  - Age
  - Date of death (if applicable)

- Cancer:
  - Stage of tumour at diagnosis
  - Cancer type (ICD-10)
  - Diagnosis data

- Waiting time:
  - Cancer waiting times referral date
  - Cancer waiting times referral type
  - Cancer waiting times treatment period start date
  - Route to diagnosis
DATASET: FROM GP TO REGISTRIES

Patient:
- Ethnicity
- Communication difficulty
- Living arrangement
- English language competency
- Housebound status
- Co-morbidity

Symptoms:
- Presenting signs or test result
- Presenting symptoms

PC led investigations:
- List investigations
<table>
<thead>
<tr>
<th>Place of first presentation</th>
<th>Number of consultations before referral</th>
<th>Type of referral</th>
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</thead>
<tbody>
<tr>
<td>Date of first presentation</td>
<td>Why more than 3 consultations occurred</td>
<td>Emergency referral type</td>
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<tr>
<td>Date of referral</td>
<td>Safety netting</td>
<td>Number of referrals</td>
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<td></td>
<td>Date seen by specialist</td>
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<td>Date patient was informed they had cancer</td>
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<tr>
<td></td>
<td>Avoidable delay to patient journey</td>
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<tr>
<td></td>
<td>Avoidable delay – where, which stage and causing factor</td>
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**Intervals and consultations**

**Delays**

**Referral**
CALL TO ACTION

– Discuss within your practice and sign up to the audit.
– Raise awareness locally and promote participation.
– Encourage people to use this as an opportunity for local clinical improvement.
– Liaise with the CRUK Health Professional Engagement Facilitators.
– Visit the NCDA website: cruk.org/ncda for information.
– Email nss.isdncda@nhs.net to register to participate.
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Evaluating the Programme
2 external evaluations showed that facilitators:

- Almost **double the uptake of improvement activities** (plans, SEA, audit, use of RATs) *(69% vs 36% in comparator CCGs)*

- Raise awareness, encourage practices to discuss cancer and review their performance

- Share best practice information and enable practices to draw comparisons.

Evaluation of the Cancer Research UK Primary Care Facilitator initiative 2013/14, Ablett-Spence, Gildea, Rubin 2014
Further information:

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