Implementing NG12 across London—progress to date and next steps’

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Transforming Cancer Services Team
01

Introduction and overview of NG12
TCST: Who are we? What do we do?

The Transforming Cancer Services Team (TCST) supports the delivery of the Five Year Forward View and National Cancer Strategy across London. We work with commissioners, providers, charity partners and other stakeholders to support delivery of cancer waiting targets, earlier diagnosis of cancer, those who are living with and beyond cancer and to increase the pace of improvement. We provide strategic leadership for cancer across London as well as supporting STPs, CCGs and providers.

Our vision

All Londoners* have access to world class care before and after a cancer diagnosis

Our mission

As a trusted and expert partner, we drive delivery of world class cancer outcomes through collaboration, commissioning support, clinical leadership, education and engagement

The pan London Transforming Cancer Services Team are responsible for:

• A once for London approach to implementing the national strategy
• Providing subject matter expertise, evidence and intelligence for cancer commissioning support
• Working with partners to reduce variation and deliver improved cancer outcomes
• Primary care development and education
• Targeted service improvement in secondary care

* Transforming Cancer Services Team supports all 32 London CCGs and West Essex CCG
The Early Diagnosis workstream provides an overarching strategy for improving awareness and earlier diagnosis of cancer across London.

The improving awareness and earlier diagnosis of cancer pathway is complex and involves commissioners, primary care, secondary and community care. The projects in the Early Diagnosis workstream include:

- Improving population awareness
- Optimisation of (bowel) screening uptake and coverage via a portfolio of interventions
- Implementation of Straight-To-Test and Direct Access
- Implementation of NICE (NG12) guideline and emerging NICE guidelines
- Primary and Community Care Education
NICE NG12 Project

Background

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.
Outcomes of Project

✓ Online hub developed to host referral forms, educational support and patient leaflets (translated into 10 of the most commonly used languages in London)

✓ 85% of GPs are using the new Pan London Suspected Cancer Referral Forms since launching the forms in April 2016, a 20% increase since the original audit in September 2016;

✓ 95% of suspected cancer referrals are sent electronically, either via email or e-referral;

✓ Increase in 2ww referrals due to lower referral threshold
Next Steps for NG12

The learning from NG12 has shaped current projects currently taking place within the ED programme within TCST:

- Pan London Malignancy of Unknown Origin (MUO)/ Cancer of Unknown Primary (CUP) Working Group
- Pan London Patient Choice Working Group
- Once for London Safety Netting Steering Group

In order to ensure that the referral forms have up to date clinical and educational criteria, they are reviewed on an annual basis. Version two of the referral forms were launched in November 2017 and can be found on the Healthy London Partnership Website https://www.healthy-london.org/our-work/cancer/suspected-cancer-referrals/
Pan London Malignancy of Unknown Origin (MUO)/Cancer Of Unknown Origin (CUP) Working Group
Malignancy of Unknown Origin (MUO)/Cancer of Unknown Primary (CUP) - London’s Challenges

✓ Commissioning challenge

✓ Variable access to non-TWR suspected cancer services
   ✓ MDCs, AOS (nurse-led), hot clinics

✓ Few commissioned MUO services in London

✓ Patients unaware of what is happening, pushed from pillar to post, poor patient experience
Aim of the Pan London Working Group

✓ To set up working group with primary and secondary care clinicians and patient representatives to ensure a multi disciplinary approach to work stream

✓ To develop an MUO 2ww referral form for GPs to refer into commissioned MUO services

✓ To improve the pathway for patients and ensure they are informed at every step of the way

✓ To develop a “gold standard” pathway for GPs who do not have access to direct access diagnostics but have patients with suspected cancer symptoms that fall under a number of 2ww referral form criteria

✓ To develop an online hub for primary and secondary care that will house educational information, patient information and contact details for suspected MUO services and Multi-diagnostic Centres (MDCs)
Proposed Gold Standard Patient Pathway

GP suspects cancer based on clinical features but unsure which pathway, does not have access to direct access diagnostics

GP sends patient to MDC (multi diagnostic centre) for rapid diagnostics

MDC finds Malignancy of Unknown Origin. Patient sent for further diagnostics and biopsy

Primary site cannot be found, patient is discussed at MDT with CUP/MUO input

MDC confirms patient has site specific tumour

Patient discussed by appropriate site specific MDT

Patient does not have a cancer diagnosis, referred to GP and secondary care (for serious conditions)

Best practice: patient navigator every step of the way

Best supportive care

Palliative care
Benefits of Pan London Approach

✓ Primary care education
  ✓ Two way dialogue for diagnostics support and feedback to the referrer

✓ Patient experience
  ✓ Quicker, safer and streamlined

✓ Care navigation
  ✓ To address uncertainty of a possible cancer diagnosis
  ✓ A driver to commission direct access diagnostics
  ✓ Challenge to implement across London

✓ Safety
  ✓ Increasing numbers of patients who do not meet a specific TWR pathway
  ✓ Cancer waiting times
  ✓ May improve 62 day wait breaches
  ✓ Medico-legal risk
  ✓ Joined up working reduces near misses and fragmented care
03

Pan London Patient Choice Working Group
Aim and outcomes of Patient Choice Group

“To improve the information patients receive on a suspected cancer pathway in primary and secondary care to increase patient experience outcomes and potentially reduce DNA results”

✓ Produce good practice guide for primary and secondary care for patient information and choice, highlighting the resources available for patients on a suspected cancer pathway;

✓ Explore tumour sites and providers with the highest rates of DNAs and the reasons for these—link with National Cancer Patient Experience Survey (NCPES);

✓ Produce pan London patient information leaflets for direct access diagnostics and straight to test pathways (STT), including Gynaecology, Urology, Lung and Faecal Immunochemical Tests (QFIT);

✓ Produce training package for primary care receptionist staff;

✓ Produce training package for 2ww office staff which includes a suggested script for booking staff to help with reducing DNAs;

✓ Link with screening hub to understand work they are carrying out to reduce DNAs;

✓ Work with trust 2ww offices to upload patient information leaflets onto e-RFS system;

✓ Develop a pan London patient information hub for primary and secondary care clinicians;

✓ Review GP top tips and upload amendments onto HLP website;

✓ Explore advanced communications in Primary Care
Membership of Group

North West London STP

- Afsana Safa: GP Lead and Clinical Responsible Officer NWL STP
- Laura Bewick: General Manager, Chelsea and Westminster
- Dominic Cunnane: Senior Delivery Manager, RMP

South West London STP

- Saira Parker Deeks: Cancer Performance Manager SWL STP
- Dominic Cunnane: Senior Delivery Manager, RMP

South East London STP

North East London STP

North Central London STP

- Becky Driscoll: Macmillan Patient Experience and User Project Manager UCLHCC

Pan London Representatives

- Deborah Haworth: CRUK Facilitator Manager
- Julia Ozdilli: Associate Director, Early Diagnosis, TCST
- Zara Gross: Cancer Strategy Implementation Lead, TCST
Latest DNA and National Patient Experience Survey have been used in order to shape the patient choice work stream;

- Identifying areas of low and high DNAs within STPs;
- Map past and present initiatives that are taking place within the STPs to reduce DNAs:
  - Map areas of good practice from National Patient Experience Survey 2016
    - GSTT one of the first trusts to roll out e-rs as well as confirming the appointment with follow up text;
    - Primary care Telephone number patient information cards;
    - CRUK and GP lead practice visits highlighting various forms of patient information available (including pan London patient information leaflet and CRUK card);
    - Secondary care site specific patient information e.g. UCLCC Urology patient information leaflet;
    - 2WW office offering appointments on several days and dates rather;
    - Mapping 2ww office scripts for example UCLH and Barts Health include Cancer within booking script, explore standardising script;
    - Patient Navigators at Imperial Trust;
    - Safety netting initiatives in NWL;
    - Direct Access Diagnostic patient information leaflets
The Patient Choice Good Practice Guide for Primary and Secondary care will hold practical suggestions for ways to improve communication channels during the diagnostic and suspected cancer pathways in primary and secondary care. It will also provide links to training resources the group will develop and signpost the reader to existing resources already available within the cancer and wider NHS community.

The guide will take the reader through the different areas of communication and highlight what primary care (GP, practice staff), Secondary Care (2ww booking office staff, consultants, cancer nurse specialist (CNS), radiologist and the patient can do in order to improve communications on the cancer journey.

**Content**

- Audits (protocol in place, training in place)

**Communication**

- Contact details
- Verbal and written patient information (generic and site specific information)

**Responsibility**

- 2ww office scripts
- Patient referral information
- Up to date contact information
- WHO and STT box completed

**Booking process**

- Carer and cognitive, sensory and mobility

- Has the patient got all of the information from the e-referral system needed to attend the first consultant led appointment?

- Does the patient know when they will be contacted by the trust, either by the 2ww office or to arrange a STT nurse telephone triage?

- Does the patient know what to do and how to prepare for the appointment?

- Has the patient been given adequate notice of the appointment?

- Does the patient know how long they will have to wait for an appointment and who to contact if they do not hear from the trust?

**Safety Netting**

**Training resources** – presentation for primary advanced communication training and secondary care

**Information regarding 2ww,**

direct access diagnostics, 28 day diagnosis, cancer e-rs

**Resources**

- 2ww office scripts
- Patient information leaflets – generic and site specific
- Advanced communication training
- National guidance- e-referral
- National guidance for primary and secondary care interface
- DNA data for CCGs, TCST to provide a bespoke mechanism to support primary care
- Pan London Suspected Cancer Audit Data
04

Once for London Safety Netting Steering Group

Transforming London’s health and care together
Why Safety Netting?

- Ageing population
- Cancer guidelines
- Cancer epidemiology
- GP responsibility
- Multi-morbidity
- Population awareness
“To work collaboratively across a range of stakeholders in pan London to raise awareness of safety netting and increase its practice in primary care”.

The group will work across the ED and LWBC pathway to:

- Increase awareness of the importance of safety netting;
- Develop electronic tools in EMIS web, SystmOne and Vision;
- Pilot safety netting tools;
- Develop a Good Practice Safety Netting Guide;
- Evaluate safety netting tools;
- Develop a Good Practice Safety Netting Guide.
Safety Netting activities across STPs

**North West London**
- RM Partners– UCLCC and Macmillan Template Tool, Generic Holistic Tool and SystmOne Tool with engagement events and online tutorial

**North Central London**
- Macmillan and UCLCC – EMIS web safety netting tool
- CRUK and EDAG research - evaluate safety netting tools

**North East London**
- Macmillan and UCLCC – EMIS web safety netting tool
- CRUK and EDAG research – evaluate safety netting tools
- Initiatives in NEL (dependent on Pan London transformation funding)

**South West London**
- Richmond - Proof of concept for safety netting tool in Vision
- Sutton – safety netting training and initiatives within the CCG (dependent on Pan London Transformation funding)

**South East London**
- Bexley– testing vision tool across practices
- Lambeth- safety netting training and initiatives within the CCG (dependent on Pan London Transformation funding)

**Across London**
- TCST Good Practice Safety Netting Guide
- Once for London LWBC Safety Netting tools
- TCST Safety Netting 2ww referral form audit
- TCST Safety Netting educational information
Thank you