QEPEP CANCER CARE TOOLKIT
FOR GENERAL PRACTICE & PRIMARY CARE

LET'S BEAT CANCER SOONER
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Acknowledgement

This toolkit has been a collaborative project, and CRUK would like to thank the University of Manchester’s Community Based Medical Education Team (CBME) for their enthusiasm and support throughout its’ development. Particular thanks go to Dr Sabia Dayala, Clinical Lecturer, in recognition of her valued contribution of this resource.

The Royal College of General Practitioners (RCGP) have endorsed the use of this toolkit. The RCGP is a network of more than 49,000 family doctors working to improve care for patients. They work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on education, training, research and clinical standards.
QEPEP Cancer Care Toolkit for Primary Care

Introduction

90% of patient contact in the NHS is through primary care. GPs and primary care health professionals are the first point of call for people who think they might have cancer – improving their understanding including students, trainees and learners on placement in primary care will help raise awareness of the importance of earlier diagnosis to survival of cancer.


Implementation of NICE guidelines 12 Recognition and Referral of Suspected Cancer June 2015 is pivotal to improving cancer outcomes and Cancer Research UK is keen to support health professionals to access resources to improve their understanding of the impact of these guidelines on clinical practice, including lowering the threshold for referral for diagnosis or exclusion of cancer from 5% to 3% in symptomatic patients.

It is recognised that this toolkit has been developed to support the NHS in England but may also be of interest to students, learners and trainees in devolved nations, although it is noted they will need to reflect their governments' priorities and resources to tailor their improvement projects appropriately.


Cancer Research UK (CRUK) Facilitators work with health services and professionals in primary care and secondary care across the UK, supporting improvement by:
- Assessing where there is the greatest need for improvement locally (geographically or an aspect of the cancer pathway)
- Influencing uptake of best practice in a range of ways including through the provision of training
- Facilitating local solution-finding and implementation
- Gathering local intelligence and insights for new opportunities to support improvement
- Working as a long-term partner and critical friend of local professionals and organisations.
Background
The GMC’s Outcomes for graduates 2015 document highlights that newly qualified medical graduates should continually reflect on their practice using improvement techniques and apply the principles of quality assurance and clinical governance to medical practice. The Quality and Evidence Personal Excellence Pathway (QEPEP) in the MBChB programme at the University of Manchester aims to immerse students in a quality improvement project (QIP) within a healthcare setting in an area of interest to them.

The benefits of QI in enhancing patient care is widely acknowledged. We anticipate that early involvement in QI at an undergraduate level will inspire future doctors to improve care and develop their skills in leadership and innovation, standing them in good stead to lead QI projects in their post graduate careers. Preparation for professional practice is highly important as junior doctors are expected to provide evidence of involvement in QIPs in their portfolios for post graduate career progression.

Aim
The Quality and Evidence Personal Excellence Pathway (QEPEP) toolkit was developed by Cancer Research UK in partnership with Manchester University to support health profession students by signposting to resources and local CRUK facilitators to aid Cancer Care QIPs within primary care. The toolkit is tailored for QEPEP use at the University of Manchester, however the principles of QIP facilitation within it are universal and maybe applicable to other programmes; in particular GP trainees and other health profession students (collectively referred to in this document as learners) keen to undertake a cancer quality improvement project (QIP) within primary care may benefit greatly from its use.

Objective
This toolkit will signpost to useful research, evidence and data to support a quality improvement projects in cancer by any learner on placement in a community setting both at undergraduate and postgraduate level.

Focus groups of tutors at the University of Manchester who reviewed the toolkit felt that they:

- Could supervise a broader range of topics in cancer care
- Were more confident with the resource and wished to use it
- Were inspired to provide a topic in cancer care if this was an area they hadn’t previously considered

If you do use this toolkit and have feedback or require more information please contact:

Natalie Williams
CRUK facilitator (North West Coast Team)
Email: natalie.williams@cancer.org.uk
How does this link with the QEPEP?
The Quality and Evidence Personal Excellence pathway (QEPEP) focusses on Quality Improvement (QI) in a healthcare setting. CRUK Facilitators are happy to support learners and educators with QI work for cancer care, which has been shown to improve cancer screening uptake.

Opportunities for students:
- Proactively increasing learners awareness and understanding of the role of primary care in the awareness and early detection of cancer; from both a national and local perspective
- Support from the local CRUK facilitator in carrying out practice level initiatives/projects that will meet the academic requirements of the QEPEP

What are the benefits to the GP and Practice?
Increase potential for practices to develop process, systems and operational skills that will support clinicians and the wider practice team with their workload and capacity with regards to cancer and improving cancer outcomes, such as:
- Improved informed screening uptake through service evaluation
- Improved efficiency in management process and systems
- Improved safety netting of patients, including more efficient management of DNA’s
- Improved use of free cancer resources and advice
- Bringing additional knowledge and resources for RCGP and CQC auditing
- Bringing additional knowledge to practice around current cancer incentive programs
- Utilising the additional capacity and resource medical students bring to primary care to complete projects, that may also support the practice in achieving locally mandated standards relating to cancer awareness and early diagnosis

What does the toolkit include?
The toolkit will be regularly updated to ensure it is current and captures the ideas and innovative projects that could benefit and/or inspire other students and Educators. The latest version will be available to view and download from the health professional pages of the Cancer Research UK web pages. As standard the toolkit will include:
- Where to find your local CRUK Facilitator
- A top tip guides for students on community placement
- Introduction to National cancer strategies and current guidelines
- Introduction to practice based audits and service evaluations
- Introduction to data and intelligence; how to access it and use it for your project
- Previous examples of QEPEP projects and what support is available
CRUK Facilitators

The Facilitator programme supports healthcare professionals and organisations to improve prevention and early diagnosis. Facilitators are working with healthcare organisations all across the UK, including providing support to over 6000 GP practices. They work directly with the NHS to drive improvement in cancer prevention and diagnosis; offering practical support to health professionals to:

- Support cancer prevention and promote healthy lifestyles
- Increase informed uptake of screening programmes
- Improve recognition and referral of symptomatic cancers
- Improve diagnostic access and capacity

GP Practice visits are at the core of their offer and they have proven to be highly effective. These visits create the opportunity for practices to focus on cancer and enable them to embed quality improvement. They allow an interactive focus on that practice and create time for discussion.

The support is free of charge. More information about the programme and how to contact your local Facilitator team can be found via the link below:

http://www.cancerresearchuk.org/health-professional/learning-and-ways-we-can-support-you/the-facilitator-programme/where-are-the-facilitators

You can also contact the Facilitator programme via:

Tel: 0203 469 8426 or
Email: facilitators@cancer.org.uk
Top Tips Guide
Top Tips for Learners about to embark on a QEPEP in Cancer Care

Many Educators may have decided on the area of cancer care they would like their learner to explore or investigate. Similarly many learner may come with some particular interest/knowledge in an area of cancer that they would like to develop. The following guide has been produced as a starting point to aid Educators and Learners alike with their QEPEP.

For the Learners
Questions you might want to ask your educator or the practice manager:

1. Which clinical system is the practice using? (e.g. Vision, System One, EMIS)
   It is useful to know this as there can be variations within each system and its processes for extracting data and information.

2. How and where do you record cancer patients in your practice?
   Most practices will keep a separate cancer register for their practice. Others may extract data from the system using the cancer READ or SNOMED codes.

3. How does READ/SNOMED coding work in the practice?
   Read & SNOMED Codes are a coded thesaurus of clinical terms for use in an electronic health record. They provide the standard vocabulary by which clinicians can record patient findings and procedures in health and social care IT systems across primary and secondary care e.g. General Practice surgeries and pathology reporting of results. You can find more information at https://digital.nhs.uk/services/terminology-and-classifications/snomed-ct

4. Does the practice have a clinical and/or non-clinical lead for cancer?
   They may be useful people to link in with and be able to signpost you to specific cancer information you need

5. What cancer initiatives are they currently involved in?
   As an example, these may include:
   ✓ Public Health England Be Clear on Cancer Campaigns(BCOC)
   ✓ CCG initiatives or programmes such as Locally Commissioned Service (LCS) agreements or Local Enhancement Schemes (LES) that offer financial incentives for improving cancer outcomes like screening uptake.
   ✓ Primary Care Standards for Cancer. These are developed locally which creates local variation

6. Has the practice completed the RCGP cancer audit, and if so, when?
   The audit provides a method for identifying and reviewing delays in cancer diagnosis. It usually audits new cancer diagnoses in a 12 month period. If this has been completed recently it may highlight an area that you and your tutor would like to explore in more detail.

7. Has the practice completed any other cancer related audits in the last 12 months, such as the National Cancer Diagnosis Audit (NCDA)?
   Avoid duplication and identify any gaps in knowledge/data on a practice level that you and your tutor may want to explore.

8. What data is collated on a practice level?
   The CRUK Facilitator will be able to direct you to some Practice level data, along with CCG, regional and national level cancer data.
Top Tips for Educators about to embark on supervising a QEPEP in Cancer Care

For the Educator:
Things you might want to consider:
1. Does our practice level cancer data identify any gaps or priorities that would benefit from further evaluation e.g. cervical screening uptake, cancer detection rates or cancers diagnosed via emergency routes?
2. What quality improvement cancer initiatives is the practice currently involved in and/or contracted to do, and could the student support any of these?
3. Are there any new national or regional strategies and/or guidance that could direct the project?
4. What cancer audits and service evaluation(s) have been completed and when? If so, do any of those need updating or auditing?

Your CRUK Facilitator will be able to offer support and guidance. Particularly in relation to local, regional and national cancer policy and where to obtain meaningful and up to date data that can help you determine the most appropriate area of focus. They will also be able to facilitate an initial meeting/conversation between you and the student; exploring the data, providing resources and signposting to relevant papers; reviewing what has been done in practice and where the opportunities are for the student to add value to the service.

The CRUK Facilitator for NHS Wigan Borough CCG supported 3 medical students in 2016 with their Cancer care QEPEP. Below is a statement from the Elliot Street practice GP (NHS Wigan Borough CCG): May 2016

"I must admit that the students felt the help from you was really good and they all managed to do very well in the projects. I had an excellent feedback from the students and my assistant practice manager about the help you offered......I will come back to you as discussed about bowel screening programme and how we can use that when the next student comes in and use other media aids in the surgery accordingly......Once again thanks very much for all your help with the advice and the data you provided without which it would have not been able possible to produce the work the students did" (Dr Syed Shah)

20 GP educators attended the QEPEP Toolkit in April 2018 as part of a workshop at the annual GP tutor conference. Below are some of the comments received:
Introduction to National Cancer Strategies and Current Guidelines

NICE suspected cancer referral guidelines
Updated National Institute of Health and Care Excellence (NICE) referral guidelines for suspected cancer were published on 23rd June 2015, replacing the 2005 version.

The NICE guidelines make recommendations on how to manage children, young people and adults with potential cancer symptoms that present to primary care. They set out:

- Potential cancer signs and symptoms
- Recommendations on the appropriate diagnostic tests for patients
- How soon diagnostic tests or a consultation should be carried out depending on the signs and symptoms (e.g. within 48 hours, 2 weeks etc)
- Recommendations for ‘safety netting’ (more in section below)
- Recommendations on the information and support to provide to people with suspected cancer and their families and/or carers

Please note that implementation of the new guidelines will vary from one CCG to another depending on the local health economy.

Further information, including information on the major changes to the guidelines and the likely impact of these, along with resources and tools can be found here: http://www.cancerresearchuk.org/health-professional/learning-and-development-tools/nice-cancer-referral-guidelines

The guidelines can be accessed here: https://www.nice.org.uk/guidance/ng12

CRUKs Interactive Desk easel is a resource that summarises NICE’s 2015 referral guidelines for suspected cancer (NG12). The information in this summary is correct to the best of our knowledge but does not replace clinical judgement. The tool can be found here: CRUK interactive desk easel

Please note, pathways may differ due to local variation in commissioned services. Your CRUK Facilitator and Educator will be able to advise you on local pathways
National Awareness and Early Diagnosis Initiative (NAEDI)
The National Awareness and Early Diagnosis Initiative - NAEDI - was a public sector/third sector partnership. It is led by Cancer Research UK, the Department of Health, NHS England and Public Health England. They work in partnership with other public and voluntary sector organisations to support and drive forward work on early diagnosis.

The role of NAEDI was to coordinate and provide support to activities and research that promote the earlier diagnosis of cancer.


Although NAEDI has finished Cancer Research UK is continuing activities and research that promote the earlier diagnosis of cancer.

The aim is to promote earlier diagnosis of cancer, increasing access to optimal treatment and thereby improving survival rates and reducing cancer mortality through a variety of means.

Tackling late diagnosis is a multifaceted challenge and requires action across the whole pathway from public awareness and encouraging people to see their doctor, to supporting GPs and other services so that all patients have timely access to tests, specialist advice and treatment.

The Independent Cancer Taskforce
The Independent Cancer Taskforce was established in January 2015 by NHS England on behalf of the Care Quality Commission, Health Education England, Monitor, NICE, Public Health England and the Trust Development Authority to help develop a five-year strategy for cancer services.


In 2016, the Taskforce published a progress report (2016-17) outlining the significant progress made to deliver world-class cancer services in England. Both reports can be downloaded here:

[https://www.england.nhs.uk/cancer/strategy/](https://www.england.nhs.uk/cancer/strategy/)
An Introduction to practice based audits and service evaluation

Audit versus Evaluation:
The aim of an audit is to establish whether a service reaches a predetermined standard and a service evaluation is designed to answer the question "What standard does this service achieve?"

It can sometimes be difficult to decide whether your project is research, audit or service evaluation. Your CRUK Facilitator will be able to facilitate a conversation between learner and educator that identifies what you might want to audit or evaluate. For learners, your educator and the QEPEP information from your education institution will provide you with guidance on structuring your project, procedures and standards.

2WW Audit:
The aim of this audit tool is to measure change following Two Week Wait improvement work within a practice. Your local Facilitator will be able to email you the most up to date version and applicable version.

Cancer diagnosis audit template
The National Audit of Cancer Diagnosis in Primary Care was undertaken in 2009/10 as part of the NAEDI. It was led by Professor Greg Rubin, with the RCGP, the National Cancer Action Team and the National Cancer Intelligence Network.

The full report and a summary of findings from the 2009/10 audit can be found via the link below.

The National Cancer Diagnosis Audit (NCDA) was undertaken in 2016, looking at cases diagnosed in 2014. The link below will also take you to the NCDA template and may be used in your own practice to audit cancer diagnoses.

The next official NCDA will start data collection in 2019. If your practice is considering taking part, then please DO NOT use this template to audit cancer diagnoses made on or after 1 January 2018 as these cases will be included in the 2019 NCDA. You may use this template to audit diagnoses made before January 2018. More information on the 2019 NCDA is provided on page 12.

https://www.cancerresearchuk.org/health-professional/diagnosis/primary-care-audit-tools-and-information#Audit_tools1
National Cancer Diagnosis Audit (NCDA)
The NCDA is a national audit of data relating to patient pathways from first contact with primary care through to the date of cancer diagnosis.

Why should you take part?
- Improve cancer care and outcomes for your patients
- Understand how your practice compares to other services
- Highlight and evidence good practice
- Identify diagnostic challenges
- Demonstrate quality improvement for GP appraisal, re-validation and CQC inspection

How it works…..
- Practices can register for the audit from February 2019
- You will be given an account on an online portal managed by Public Health England (PHE).
- From April 2019, each month the practice will be sent a list of patients who have been logged on the Cancer Registry as a new primary cancer diagnosis.
- You will be asked to submit information about the pathway for each patient
- Analysis of the data will be carried out for free by PHE and each practice will be issued with a tailored 6-month interim report and a full annual report, which will include comparators (national, regional, cluster of similar practices) to inform discussions about good practice and areas for quality improvement.

There is an opportunity for students on placement to contribute to the NCDA by supporting GP practices with case review and data entry.

For students on placement, undertaking NCDA will help:
- Gain experience in undertaking audit in primary care, including contributing to a national-scale audit
- Gain experience of using clinical systems and finding and reviewing information within patient records
- Conduct detailed case reviews and document learning events in relation to patients diagnosed with cancer
- Understand the complexities of managing cancer symptoms and referrals in primary care

The NCDA uses an ongoing data collection approach with eligible cases being identified through the Cancer Registry on a month-by-month basis. As such, different students may support the audit throughout the year, each auditing and reviewing a limited number of cases over the period of their placement. A suitably qualified and experienced GP at the practice should therefore take overall ownership of the audit, support students with case reviews and learning events, and ensure consistent quality of data submissions.

More information about the NCDA can be found at: www.cruk.org/ncda and http://www.ncin.org.uk/collecting_and_using_data/ncda

Registration for the audit will begin from February 2019 and practices can sign up via: https://nww.canceraudit.phe.nhs.uk/login (please note this link will only be activated once registration is open and will require an N3 connection; it will not work prior to Feb 2019)

Information governance and data release requirements will be met
Learning Event Audits (Significant Event Audits)

The Cancer SEA template was first developed in 2012-13 after a pilot conducted as a joint initiative of the RCGP, the National Cancer Action Team (NCAT) and Macmillan Cancer Support. The outcome of the pilot was a bespoke Cancer SEA template for new diagnoses.

Traditionally SEAs are recommended when any event is thought to be significant in-patient care or in the running of the practice. They are best done as a practice activity to be discussed and shared at a practice team meeting. An effective SEA not only identifies the learning points and actions to be taken but also puts changes into effect and monitors their impact. Specifying practice staff member or groups who will be responsible for the agreed action points and deciding how their impact will be monitored comprises a high-quality Cancer SEA.

The term SEA is currently going through a period of transition as the GMC definition of a ‘significant event’ is not the same as the definition that Primary Care Professionals commonly use.

In order to avoid confusion, the RCGP has agreed that going forward SEAs will be referred to as GP Significant Events or Learning Events. The new terminology more accurately reflects the use of learning from events in primary care and avoids the potential negative connotations of being ‘significant’.

Learning event analysis in primary care is a form of Quality Improvement Activity (QIA) and may involve events that are routine in practice but worthy of analysis to see what can be learnt and improved.

The RCGP cancer SEA toolkit and its resources support GPs, practice staff and commissioners in conducting high quality cancer SEAs. It would be useful to GP Tutor and student and includes guidance for quality improvement across primary and secondary care. The toolkit can be found following this link:

https://www.rcgp.org.uk/seatoolkit

Please note: Cancer Alliance’s and CCGs may have projects and/or local contracts relating specifically to SEAs/Case reviews. Your local CRUK Facilitator will be able to provide you with more information
GP Practice DNA (did not attend) Audit
The operational standard set by NHS England is that 93% of patients referred by their GP to a Cancer two week wait hospital appointment will be seen within 14 days.

The same standard is set for 2ww for symptomatic breast patients (cancer not initially suspected).

Patients given appointments beyond 14 days are called ‘breaches’.

There are lots of reasons that patients do not attend their appointment, including access difficulties and lack of understanding of the importance of the referral. In some cases the patient is unaware that cancer is suspected. Auditing the practice’s 2ww DNAs to identify reasons for patients not attending and recommending actions to improve this can help reduce future delays in diagnosis.

Possible actions:

- Share results with practice and implement measures to ensure every patient is told the reason for their referral and that this is documented. NICE Guidelines on patient information and support are available [https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-on-patient-support-safety-netting-and-the-diagnostic-process#patient-information-and-support](https://www.nice.org.uk/guidance/ng12/chapter/Recommendations-on-patient-support-safety-netting-and-the-diagnostic-process#patient-information-and-support)
- Ensure all patients are given written information (leaflet or locally produced letter) explaining the importance of attending and what to expect (click on the picture below for the CRUK patient information leaflet)

CRUK Urgent Referral guide for patients
There is wide variation in urgent GP referral rates between CCGs in England. The rate of referral will vary from one type of cancer to another, and will be influenced by the age structure and cancer risk profile of the population. Did not attend (DNAs) are a very costly waste of resource within the NHS and so it is important for providers to have a focused plan of action to proactively manage them. NHS England have recommended providing patients with an information leaflet when placed on an urgent referral

Whilst there may be local variations, CRUK have produced a wallet sized leaflet to help patients who have been urgently referred with suspected cancer to prepare for their appointments any tests

For more information and to order/download this leaflet, follow this link

[https://publications.cancerresearchuk.org/publication/your-urgent-referral-explained](https://publications.cancerresearchuk.org/publication/your-urgent-referral-explained)
An Introduction to data and intelligence in primary care
How to access and use within your project

Collecting Data
There is a variety of cancer data available at practice, CCG, Regional and National level. This section provides information on the key data sources, however students need to bear in mind that practices will collate a variety of data and your CRUK Facilitator will be able to offer signposting to further platforms and/or data sources.

Collecting Data using EMIS Web
Three documents have been created by a CRUK Facilitator based in a London CCG. They provide information and guidance on how to:

- Create a search to identify patients with certain characteristics added to a patient record (such as clinical codes, medication, consultations, referrals and diary entries, demographics, registration details and pathology reports).
- Import and modify RCGP cancer audit searches

Similar guides are currently being developed for Vision and SystemOne

Please email your local Facilitator for copies of these guides

Public Health England: National General Practice Profiles (Fingertips)
This tool contains data on cancer services at GP and CCG level collated by the National Cancer Registration and Analysis Service (NCRAS). It replaces the GP Cancer Profiles that were previously contained within the Cancer Commissioning Toolkit.

The profiles are for commissioners and health professionals when assessing the impact of cancer on their local population and making decisions about services. They include data on cancer screening, Two Week Wait referrals, diagnostic services, emergency presentations and admissions.

Profiles are generated for all practices in QOF 2017/18. With a list size of at least 1000 patients (Data is refreshed annually every December to January and is approximately 18 months old).

The last year of data has been uploaded for all indicators. Plus the addition of the age-extended bowel screening indicator and 5 year combined data for the Two-week wait cancer referrals

Accessing the Profiles
http://fingertips.phe.org.uk/profile/general-practice (this is a public view and no registration is needed).

Further PHE cancer tools are in development and can be found at:

- https://www.cancerdata.nhs.uk (this has incidence and mortality data and does not require a password)
- https://rww.cancerstats.nhs.uk (this area requires registration – you will need an N3 link to access data here)
CRUK Cancer Stats

Cancer Statistics is an easy to use web tool that allows comparison of local statistical information and intelligence about cancer from across the UK.

Data available includes:

- Cancer incidence, survival and mortality
- Tumour specific data
- Screening programmes
- Early diagnosis (emergency presentations, referral and treatment waiting times)
- Smoking rates, smoking-related deaths and supported quitting rates

The Local Cancer Stats tool can be accessed here: https://www.cancerresearchuk.org/health-professional/cancer-statistics-for-the-uk

Cancer Statistics for the UK

Latest cancer statistics including key facts, in-depth explanations and raw data on cancer incidence, mortality, survival and risk. You can find data combined, by cancer type or region. The team can be contacted via: stats.team@cancer.org.uk

Local and Practice Level Data

Contact your CRUK Facilitator. They are likely to have developed a variety of data sets and reports for the CCGs they work with. They will also have links with other organisations and key cancer partners that also keep cancer data. This will include CCG and practice level data for:

- Cancer incidence, survival and mortality
- Tumour specific data
- Screening programmes
- Early diagnosis (emergency presentations, referral and treatment waiting times)
- Smoking rates, smoking-related deaths and supported quitting rates
Best Practice in General Practice; Cancer Awareness and Early Diagnosis Initiatives

Safety Netting

Safety Netting Recommendations
Safety netting is a management strategy of patients, tests and referrals used in the context of diagnostic uncertainty in healthcare. It aims to ensure patients are monitored until signs and symptoms are explained or resolved.

Safety netting is particularly important for conditions where patients present infrequently, and symptoms are common and often non-specific. As summaries below show, it is relevant to each step of the diagnostic pathway.

The Department of Primary Health Care at the University of Oxford have produced a guide to safety netting that is specifically relevant to the diagnosis of cancer.

Safety netting summary

For references see cruk.org/safety-netting

Together we will beat cancer

Version 5 April 2019
Safety Netting Recommendations

Below is a list of ‘must dos’ in safety netting for primary care practices, by roles and responsibilities, approved by Royal College of Practitioners. Also available as a flow chart (Pg 17), from patient’s first reported symptoms to diagnosis.

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<tr>
<th><strong>COMMUNICATE TO PATIENTS</strong></th>
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<tbody>
<tr>
<td>Likely time course of current symptoms</td>
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<tr>
<td>When to come back if symptoms do not resolve in expected time course</td>
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<tr>
<td>Specific warning/ red flag symptoms or changes to look out for</td>
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<tr>
<td>Who should make a follow up appointment with the GP, if needed</td>
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<tr>
<td>The reasons for tests or referrals</td>
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<td>If a diagnosis is uncertain</td>
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<tr>
<th><strong>ACTIONS FOR GPS</strong></th>
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<tr>
<td>Detail any safety netting advice in the medical notes</td>
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<tr>
<td>Consider referral after repeated consultations for the same symptom where the diagnosis is uncertain (e.g. three strikes and you are in)</td>
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<tr>
<td>Ensure the patient understands the safety netting advice (take into account language/ literacy barriers)</td>
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<tr>
<td>Code all symptoms and urgent referrals</td>
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<tr>
<td>If symptoms do not resolve, carry out further investigations even if previous tests are negative</td>
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<tr>
<th><strong>ACTIONS FOR PRACTICES</strong></th>
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<tr>
<td>Ensure that you have current contact details for patients undergoing tests or referrals</td>
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<td>Ensure patients know how to obtain their results</td>
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<td>Have a system for communicating abnormal test results to patients</td>
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<td>Have a system for contacting patients with abnormal test results who fail to attend for follow up</td>
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<tr>
<td>Put in place systems to document that all results have been viewed, and acted upon appropriately</td>
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<tr>
<td>Have policies in place to ensure that tests/ investigations ordered by locums are followed up</td>
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<tr>
<td>Have systems that can highlight repeat consultations for unexplained recurrent symptoms/ signs</td>
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<tr>
<td>Make sure practice staff involved in logging results are aware of reasons for urgent tests and referrals under the two week wait</td>
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<tr>
<td>Conduct significant event analyses for patients diagnosed as a result of an emergency admission</td>
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<tr>
<td>Conduct an annual audit of new cancer diagnoses</td>
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**Recommendations and resources:**
CRUK host a repository of external resources, together with infographics, summaries and guidelines to aid implementation. Follow the link below to access these:

Cancer Prevention

Prevention resources
CRUK produces a variety of resources (posters, leaflets etc.) to support conversations with patients around cancer risk and lifestyle change.

Useful links:
CRUK causes of cancer and reducing your risk web page:
http://www.cancerresearchuk.org/about-cancer/causes-of-cancer
CRUK prevention resources can be ordered here:
http://publications.cancerresearchuk.org/preventionhealthylifestyles/generallifestyle?filter_action=3&filter_value=2

RCGP & CRUK statement update on e-cigarettes

The RCGP and CRUK have a published position statement on e-cigarettes. The consensus is that evidence so far shows that e-cigarette are far less harmful than smoking and the report recommends that GPs (using their clinical judgement) may wish to promote e-cigarettes as a means to stopping smoking.

More information can be found on the RCGP webpage: http://www.rcgp.org.uk/cancer

CRUKs E-Cigarette statement can be found here:
http://www.cancerresearchuk.org/health-professional/learning-and-ways-we-can-support-you/cruk-rcgp-partnership/e-cigarette-statement

CRUK – RCGP strategic partnership web page can be accessed here: www.cruk.org/rcgp
Be Clear on Cancer
Be Clear on Cancer campaigns aim to improve early diagnosis of cancer by raising public awareness of signs and/or symptoms of cancer, and to encourage people to see their GP without delay. The programme is led by Public Health England, working in partnership with the Department of Health and NHS England. Each campaign is tested locally and then regionally, with a view to rolling them out nationally if they prove to be effective.

Further information about Be Clear on Cancer can be found here: http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/be-clear-on-cancer

Current Campaigns (England)
Information on all the campaigns running throughout the year can be found here:

https://www.nhs.uk/be-clear-on-cancer/

Been coughing for 3 weeks or getting out of breath easily? Tell your doctor.
Introduction to the Cancer Screening Programmes

Bowel screening (England):
- Men and women, 60-74 years old
- Every 2 years
- Faecal Occult Blood test (FOBt)

CRUK’s patient information on bowel screening can be accessed here:
http://www.cancerresearchuk.org/about-cancer/type/bowel-cancer/about/screening/about-bowel-cancer-screening
An animated video showing how to complete the test can be found here:
https://www.youtube.com/watch?v=m2f-wY0C_1Q
CRUK’s bowel screening evidence and resource hub for health professionals can be accessed here:
http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/bowel-screening-projects-and-resources

CRUK’s Bowel Screening Good Practice Guide has been developed specifically to share what could be undertaken by GP Practices to support the National Bowel Screening Programme in England. It aims to develop an understanding of some of the barriers to participation and strategies that have been used successfully within a primary care setting to overcome these.
https://www.cancerresearchuk.org/sites/default/files/scotland_gp_workbook_2017_no_print_lines.pdf

FIT for screening
A new test is called a Faecal Immunochemical Test or FIT for short will replace the FOBt in 2019. A large pilot study of the new bowel screening test and data from its rollout in Scotland have demonstrated a major increase in participation rates across population groups.

The new test only requires one stool sample while three are required for the current FOBt. FIT uses a simple and cleaner sampling technique and comes in an easy-return postal package.

More information can be found via this link to the Public Health Website
https://phescreening.blog.gov.uk/tag/fit/

CRUK have developed a Screening Vs Symptomatic infographic
https://www.cancerresearchuk.org/sites/default/files/fit_implementation_england.pdf
Cervical screening:
- Women, 25-64 years old
- Every 3 years from 25-49 then every 5 years to 64.
- Liquid based cytology

CRUK’s patient information on cervical screening can be accessed here:

Further information about cancer screening, including leaflets in other languages and easy read guides can be found on the NHS Cancer Screening Programmes website:
http://www.cancerscreening.nhs.uk/index.html

Important changes

HPV primary testing is being introduced into the NHS Cervical Screening programme in 2019. Samples will first be tested for the presence of the human papillomavirus (HPV), which is responsible for almost all cases of cervical cancer. If the test is positive, the sample will then be analysed by specialists under the microscope to look for cell changes. This approach to screening has been shown to be much more effective at preventing cancer in a large pilot study. The Practice Nurse and/or GP will be able to provide you with more information.

Read more about the results of the pilot study here:

More information on cervical screening is available following this link:
Breast screening:
- Women, 50-70 years old
- Every 3 years
- Digital mammography

CRUK's patient information on breast screening can be accessed here: http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/who-is-screened-for-breast-cancer
Information about the 2012 breast screening review can be accessed here: http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/breast-screening-review-2012
An infographic explaining breast screening and over diagnosis can be found here: http://www.cancerresearchuk.org/about-cancer/type/breast-cancer/about/screening/infographic

Other Screening Resources

There will be resources and toolkits local to each CCG that have been developed to reflect population and cancer data that support local populations and health economies.

A General Practice Resource Pack may have been developed by the Facilitator supporting your CCG. Specific contacts and service providers will relate to each CCG and include information on READ Codes for Screening and the various initiatives/incentives to support informed uptake of the cancer screening programmes locally.

Contact your local Facilitator for more information
Training and education available for your practice

**CRUK Facilitators** are skilled and experienced in delivering dedicated training sessions and workshops at practice, cluster/locality and/or CCG level FREE of charge. Examples of workshops have included:

- An overview of cancer data; looking at practice level, local, regional and national publically available cancer data
- Cancer screening programmes and implementing good practice
- Why prevention and early diagnosis of cancer is important
- Significant event audits and safety netting; why it is important within primary care and current key guidance
- Practice cancer champion training aimed at non-clinical reception and administrative staff

Sessions can be delivered as part of existing protected education time, over lunch or as a standalone workshop/event.

*Please contact your CRUK Facilitator for more information. Follow this link to find out about your local Facilitator*


Support during your QEPEP module

One of the roles of the **CRUK Facilitator** in the implementation and development of this resource will be to enable a robust system of evaluation and sharing of good practice that will ultimately benefit the tutor and the student. Making knowledge widely available will prevent repetition of mistakes and loss of valuable time.

The **CRUK Facilitator** will be in touch with both the student and the educator to collate information about the types of projects being carried out in practices. This will contribute to the development of a directory of project ideas and examples that will be useful to new students and educators in future.

The evaluation process is not intended to be exhaustive, ambiguous or in any way performance manage. The CRUK Facilitator will be in contact with the educator 6 months post completion of a project via email or telephone to simply reflect on the following:

- Experience - sharing successes and lessons learned (from the toolkit and CRUK Facilitator input and support)
- Structure - how was communication and the process of working together?
- Outcome – what has happened in practice as a result?
Examples of previous QEPEP projects

2016

Diagnosis of Cancer in Primary Care was an audit completed by a medical student at a Wigan based practice.
- Cancer registry data was recorded using the RCGP template in combination with EMIS – software.
- The RCGP template was used to analyse retrospective data, which enabled the student to filter the data into more specific questions.

Findings:
- The audit found no delays in cancer diagnosis in the 12 month period.
- The majority of new cases were referred through the correct pathway after one or two consultations and diagnosed at stages 1 or 2.
- This audit was useful to the practice and enabled them to reflect on current internal referral systems and safety netting. It also contributed to new requirements set out in local primary care standards soon to be launched.

Lay Document/Poster of vague symptoms was developed by a medical student at a Wigan based practice.
- The poster aimed to use pictorial messages to communicate to the practice population about the importance of having unexplained symptoms checked by their GP.
- The poster was further developed by the CCG and disseminated to other practices in the borough.

2017

Service Evaluation of cervical screening uptake and current processes in practice. A student on placement in a Wigan based practice completed this evaluation looking at:
- Incidence of and mortality from gynaecological cancers in a 5 year period
- In depth review of these cancer cases to assess whether there were avoidable delays
- Cervical screening uptake of practice population segmented by age ranges
- A review of existing practice systems for cervical screening (e.g. contacting DNAs, prevention and awareness messages) in line with national and local best practice

Following a full analysis, the student was able to make several recommendations that could facilitate the improvement of existing practices for improving informed cervical screening uptake.

2018

Service evaluation of bowel cancer screening programme uptake in a GP practice. A student on a QEPEP placement in a Blackpool based practice completed a project that looked at:
- A comparison of the trend in uptake across years
- Possible interventions to improve informed bowel screening uptake.

The study found that the bowel cancer screening programme uptake rate in the surgery was higher in 2016/17 versus 2015/16 and 2017/18. It was concluded that higher uptake in 2016/17 coincided with an advertisement, letter campaigns and a ‘Call for a Kit Clinic’ intervention. This raised the question of whether these efforts can have a long-lasting impact on the uptake and how the practice may be able to maintain improvements in their uptake. Regarding the toolkit, the student said they

“...found it very helpful to get to the resources needed for my QEPEP”

2019 projects currently underway

Practice level audit of cervical screening uptake and coverage. A student on placement in Preston completed an audit into the uptake trends for women invited for their first screen (24.4 to 26 years) and repeat non-responders (31-32 years). Referring to national evidence, the student made recommendations for reducing specific barriers associated to these age groups with the aim of increasing cervical screening uptake in the eligible practice population.

Service evaluation of breast screening coverage and potential barriers in a Preston practice. A QEPEP student audited breast screening coverage segmented by age ranges and reviewed existing practice systems before, during and after their breast screening round to make recommendations that could reduce barriers to screening.
How to identify a QEPEP project title

Often practices do ask about how to embark on selecting a project title related to cancer care. The good news is that there are many ways in which to identify a specific project that can fit in with a practice’s needs.

Quality improvement (QI) science has been integrated into health care for over a decade and with this QI methodology and tools have been successfully used to help improve healthcare services and patient outcomes. The RCGP Quality Improvement Guide for General Practice is a useful resource containing information on QI implementation and may help you to identify a project title that relates to your individual practice. Getting all members of the primary care team involved is one of the key elements of QI work and we could strongly advocate this in helping to select you project title for example by involving your non-clinical Cancer Champion.


Additionally, to support and inspire projects in cancer care here are a few possible leads that you may wish to pursue:

**Review PHE Fingertips data** for your practice to identify areas you may want to improve on. This is a public view and no registration is needed. The tool contains data on cancer services at GP and CCG level collated by the National Cancer Registration and Analysis Service (NCRAS). More information is available on page 15.

http://fingertips.phe.org.uk/profile/general-practice

**Review your practice’s National Cancer Diagnosis Audit interim report** to identify areas to study more closely (if the practice has signed up to participate in this). There is also an opportunity for students on placement to contribute to the NCDA by supporting GP practices with case review and data entry. More information cancer be found on page 12 of this toolkit and at:


**Check your local GP quality contract and Cancer Alliance initiatives** which will identify areas for QI projects specific to CCG areas. For example, in 2019, Lancashire and South Cumbria GPs will be incentivised to carry out GP SEA/LEAs on colorectal cancer patients.

**Review of non-attendees at 2WW appointments** to identify and address any barriers. You’re local Trust will be able to provide you with this detail. Invite your local CRUK Facilitator into practice who can help with local contacts and data sources.

**Review your practices’ cancer screening uptake and coverage data** to identify possible trends and barriers. PHE fingertips holds this information and students can make recommendations to address any barriers based on best practice and evidence.

Invite your local CRUK Facilitator into your practice who can help suggest project titles. More information is available on page 6 of this toolkit.
Useful Information

Cancer Insight
Cancer Insight is CRUK’s newsletter for health professionals covering the latest news and developments in cancer. Newsletters are produced bi-annually and are tailored for specific audiences. Newsletters are currently produced for:

- GPs
- Practice Nurses
- Pharmacy Staff

Copies of the newsletters (including back issues) can be ordered or downloaded here: http://publications.cancerresearchuk.org/publicationformat/formatnewsletter?filter_reset=1

Science blog
CRUK’s science blog covers the latest cancer research, including that funded by the charity. It also highlights other relevant material, debunks myths and media scares, and provides links to other helpful resources.

The science blog can be accessed here: http://scienceblog.cancerresearchuk.org/

The following are a small selection of blog posts focusing on early diagnosis and primary care:


https://scienceblog.cancerresearchuk.org/2017/12/19/cutting-cancer-diagnosis-delays-means-understanding-each-patients-journey/

https://scienceblog.cancerresearchuk.org/2017/10/26/cancer-patients-diagnosed-at-an-earlier-stage-are-more-likely-to-have-surgery-than-chemotherapy/

Doctors. Net
Doctors.net is an online platform providing free education resources, email, doctors’ forum, news and conference highlights.

The Cancer Insights Centre (CIC) is the hub for all cancer content on doctors.net and is cobranded with CRUK: www.doctors.net.uk/CIC

E learning modules and quizzes:
Modules and quizzes can be accessed in the CIC either by cancer type or via the early diagnosis home page. Topics include:
- Cancer risk in diabetes patients
- Upper GI cancers in primary care
- Early detection of gynaecological cancers in primary care
- Early detection of urological cancers in primary care
- Skin cancer in primary care
- Early diagnosis of lung and bowel cancer
- Bowel cancer: supporting early diagnosis

Messages:
These are short myth busters targeting gaps in knowledge identified through previous activities covering: lung, urological, gynaecological and colorectal cancers, with a final message on lifetime risk and age related risk of cancer.

These have been endorsed by Dr Richard Roope, CRUK Clinical Lead for Cancer, UK who is the face of the Messages programme. http://www.doctors.net.uk/CRUKMessages

Skin Cancer Toolkit
This toolkit was developed in partnership with the British Association of Dermatology (BAD). It contains red flags for referral, a referral decision aid, images of suspicious lesions, real life case studies and a CPD accredited quiz. www.doctors.net.uk/skin cancertoolkit

Oral Cancer Toolkit
Is now live and includes information and resources aimed at dental professionals. Dental professionals can access via this link: www.doctors.net.uk/oct