

Network Contract Directed Enhanced Service

Early Cancer Diagnosis Guidance

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This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact the Primary Care Strategy and NHS Contracts Group at england.gpcontracts@nhs.net.

1. Introduction

- 1.1. This best practice guidance should help inform and support implementation and delivery of the Network Contract DES requirements for Supporting Early Cancer Diagnosis. The contractual requirements are set out in the [Network Contract DES Specification](#) with further detail in the [Network Contract DES Guidance](#). The additional, supporting information in this document is purely advisory and should be read alongside the Network Contract DES guidance.
- 1.2. The NHS Long Term Plan sets two bold ambitions for improving cancer outcomes:
 - a. By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise to 75 per cent.
 - b. From 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis.
- 1.3. Early diagnosis is the key to our survival efforts – it means an increased range of treatment options, improved long-term survival and improved quality of life. Across the NHS, there are a range of interventions designed to increase the proportion of cancers diagnosed early. Primary care has an important role to play in these cross-system efforts – improving referral practices for suspected cancer and encouraging uptake of national cancer screening programmes will be key. Cancer Alliances each have a local trajectory for improving early diagnosis rates set through the NHS Long Term Plan planning process and, by delivering the activity set out in these service requirements, Primary Care Networks (PCNs) will contribute to their realisation.
- 1.4. Achieving 75 per cent early diagnosis will not be easy and cannot be delivered through more of the same. The ambition will only be achieved through dedicated and collaborative efforts right across the health and care sector, including Cancer Alliances, Regional Directors of Public Health, and Regional Directors of Primary Care and Public Health – and each are receiving additional support in their engagement with PCNs.
- 1.5. It is important that even during the response to COVID-19, patients with serious urgent conditions such as cancer are still treated appropriately. NHS England and NHS Improvement has issued guidance to the system on appropriate management of two-week wait (2WW) referrals for suspected cancer in light of COVID-19 and General Practice and Primary Care Networks will play a crucial role in helping to support both patients and colleagues in secondary care. This includes:
 - a. Coordinating communications across Core Network Practices and secondary care on any local changes to protocols or current practice that might affect the way in which 2WW referrals are managed, in line with national guidance.

- b. Where any changes to protocol are agreed, including prioritising particularly high-risk patients for more urgent assessment, working with secondary care to ensure that patients receive appropriate safety netting, ensuring that anyone whose condition deteriorates can be urgently escalated for investigation.
 - c. Supporting local efforts to implement personalised stratified follow-up pathways and support patients to self-manage their care – this means, where appropriate, people are not attending unnecessary hospital appointments and receive assessment and support via alternative means (for e.g. Cancer Care Review via telephone, or referral to Social Prescribing Link Worker support).
 - d. Some areas have Rapid Diagnostic Centre pathways in place that can utilise community-based or virtual approaches to manage referrals. In these places, PCNs should work with Cancer Alliances to support efforts to avoid unnecessary hospital attendances.
- 1.6. This good practice guidance for the Early Cancer Diagnosis service requirements includes advice on safety netting for PCNs and tools to implement robust safety netting protocols in EMIS and SystemOne.

2. Supporting information and contacts

- 2.1. There are a range of local system partners able to provide support in the delivery of the service requirements. These include, but are not limited to:
- a. [Cancer Alliances](#)
 - b. Regional NHS Public Health Commissioning Teams – email: england.phs7apmo@nhs.net to request a specific contact
 - c. Regional NHS Screening and Immunisation Teams – email: england.phs7apmo@nhs.net to request a specific contact
 - d. Voluntary sector, including:
 - a. Cancer Research UK’s [GP facilitator](#) programme;
 - b. Cancer Research UK’s [CRUK GP](#) programme; and
 - c. Macmillan Cancer Support’s [primary care community](#) – including Macmillan GPs, GP advisors and practice nurses.
- 2.2. The table below provides links to relevant material that will support PCNs in implementing the service requirements in the [Network Contract DES Specification](#).

Service requirements for 2020/21	Supporting information
From the Network Contract DES Specification section 7.4.1. From 1 October 2020, a PCN is required to:	<ul style="list-style-type: none"> • Suspected cancer: recognition and referral, NICE Guideline 12 • CRUK’s GP contract hub and Early diagnosis learning and support hub. These sites set out a range of useful

Service requirements for 2020/21	Supporting information
<p>a. Review referral practice for suspected cancers, including recurrent cancers. To fulfil this requirement, a PCN must:</p> <p>i. review the quality of the PCN's Core Network Practices' referrals for suspected cancer, against the recommendations of NICE Guideline 12 and make use of:</p> <ul style="list-style-type: none"> • clinical decision support tools; • practice-level data to explore local patterns in presentation and diagnosis of cancer; and • where available the Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms; <p>ii. build on current practice to ensure a consistent approach to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer ('safety netting'), in line with NICE Guideline 12; and</p> <p>iii. ensure that all patients are signposted to or receive information on their referral including why they are being referred, the importance of attending appointments and where they can access further support.</p>	<p>information and guidance documents to help support delivery of the service requirements and outlines CRUK's support offer.</p> <ul style="list-style-type: none"> • Macmillan GP resources. This site sets out a number of toolkits, guidance documents and online training modules to support delivery of the service requirements • Gateway C – a free to use online cancer education platform for primary care professionals which aims to improve cancer outcomes by facilitating earlier and faster diagnosis and improving patient experience, including its Improving the quality of your referral e-learning module and CancerMaps • Support in implementing standardised safety netting protocols – there are toolkits available for EMIS Web and SystemOne. In addition, Macmillan Cancer Support have developed a Safety Netting and Coding training module and CRUK have a safety netting hub which includes Cancer Insight on Safety Netting and a safety netting checklist • Clinical decision support tools are available, including the Cancer Decision Support (CDS) tool available via Macmillan for GP IT systems and's CRUK overview of further clinical decision support tools. <p>There is a range of further supportive information, tools and resources to help improve referral practice including:</p> <ul style="list-style-type: none"> • Participation in the National Cancer Diagnosis Audit can help practices and PCN better understand pathways to cancer diagnosis and inform local improvement efforts

Service requirements for 2020/21	Supporting information
	<ul style="list-style-type: none"> • Further support on referral practices and NG12 can be found via the Macmillan Rapid Referral Guidelines, CRUK NG12 body infographic and CRUK interactive desk easel • The RCGP collate models of best practice and associated learning and educational resources • The RCGP's QI Ready outlines guidance on quality improvement • CRUK's "Your Urgent Referral explained" leaflet can support conversations with patients • C the Signs supports GPs to identify patients at risk of cancer at the earliest and most curable stage of the disease.
<p>b. Contribute to improving local uptake of National Cancer Screening Programmes. To fulfil this requirement, a PCN must:</p> <p>i. work with local system partners – including the Public Health Commissioning team and Cancer Alliance – to agree the PCN's contribution to local efforts to improve uptake which should build on any existing actions across the PCN's Core Network Practices and must include at least one specific action to engage with a group with low-participation locally; and</p> <p>ii. provide the contribution agreed pursuant to section 7.4.1.b.i within timescales agreed with local system partners.</p>	<ul style="list-style-type: none"> • The Public Health Commissioning and Operations for 20/21 sets out actions that can be taken to improve screening uptake. Email england.phs7apmo@nhs.net to request a copy • Public Health England's NHS population screening: inequalities strategy provides national guidance to support the health system to reduce inequalities in screening <p>There are a range of further supportive materials on specific aspects of screening programmes including:</p> <ul style="list-style-type: none"> • Cancer Research UK Bowel Screening Hub • Cancer Research UK Bowel screening Good Practice Guide • Cancer Research UK 'actual vs expected' screening uptake tool • CRUK Bowel screening addressing health inequalities resource

Service requirements for 2020/21	Supporting information
	<ul style="list-style-type: none"> • Cancer Research UK Cervical Screening Good Practice Guide • Cancer Research UK Cervical Screening improving uptake hub • Macmillan's GP resources include support on national cancer screening programmes • RCGP e-learning resources to support GPs and other healthcare professionals to deliver the best possible care for Lesbian, Gay, Bisexual and Trans (LGBT) patients. This includes content on screening programmes
<p>c. Establish a community of practice between practice-level clinical staff to support delivery of the requirements set out in sections 7.4.1.a to 7.4.1.b of the Network Contract DES Specification. A PCN must, through the community of practice:</p> <p>i. conduct peer to peer learning events that look at data and trends in diagnosis across the PCN, including cases where patients presented repeatedly before referral and late diagnoses; and</p> <p>ii. engage with local system partners, including Patient Participation Groups, secondary care, the relevant Cancer Alliance and Public Health Commissioning teams.</p>	<p>In addition to the above, there are further resources designed to specifically to inform and support peer to peer learning and subsequent improvement efforts:</p> <ul style="list-style-type: none"> • RCGP Early Diagnosis of Cancer Significant Event Analysis Toolkit • CRUK/RCGP e-learning module on the early diagnosis of cancer • CRUK short educational videos on the early diagnosis ambition, NG12 and bowel screening • CRUK early diagnosis learning and support hub • CRUK/RCGP Quality Improvement Toolkit for Early Diagnosis of Cancer • CRUK/RCGP early diagnosis of cancer QI screencasts • Macmillan's GP resources • RCGP 'QI Ready' cancer early diagnosis case studies specifically developed by CRUK on safety netting; increasing screening uptake and improving cancer referrals.