

Primary Care Network Bulletin: January 2022

Included in this Bulletin:

- Covid-19 and Cancer Services / Primary Care messages
- Upcoming Gateway C GM Live Webinars
- eGFR
- Safety Netting: EMIS Cancer 2WW Safety Net Protocol
- National Planning Guidance
- Suspected Cancer Referral Form Annual Review
- Temporary GP Contract Changes
- CRUK 'Offer'
- Cancer 'crib sheet'
- Future sessions

Impact of the Omicron Variant and Cancer Services

In line with the national guidance from NHSE/I to maintain and protect cancer services during the current pressures on NHS services, the GM Cancer Alliance are working with the GM Gold/Hospital and Community Co-ordination Cells on the response to this national guidance.

You will have seen the recent communication confirming that hospitals in Greater Manchester have made the difficult decision to pause some non-urgent surgery and appointments due to the rising impact of Covid.

This is a temporary measure and the aim is to impact the fewest number of patients. It will not affect cancer and urgent care including cardiac services, vascular surgery and transplantation. The Christie will continue to provide cancer care as normal, in a Covid secure way and Rochdale continues to provide cancer surgery as a covid secure site for Greater Manchester.

Please note: The above information is current at the time of writing this bulletin.
Please view the latest information circulated by your CCG / GM

Primary Care Message – Cancer Referrals:

On 15th December Laura Browse sent an email out to all GPs in GM which included the following.

The national guidance relating to the impact of the Omicron variant also includes some clear statements relating to sustaining cancer services. This includes messages relating to the presentation and referral of patients with symptoms which may suggest cancer.

In line with this guidance, Greater Manchester Cancer Alliance encourages GPs to continue to assess patients with suspected cancer symptoms and **refer all the patients they would normally refer**. In line with guidance issued throughout the pandemic, patients will then be assessed by a secondary care clinician and appropriate investigations arranged. Some patients may have investigations deferred for clinical, personal or hospital capacity reasons. This process will enable a **clear safety netting process** and equitable access to investigations.

GPs can reassure patients that their first consultation is likely to be by telephone and they will have the opportunity to discuss any concerns they have about attending the hospital during that call.

The Cancer Alliance will continue to work with CCGs and PCNs to share information and provide support to enable suspected cancer referrals to continue.



Gateway C Live for Greater Manchester: Infographics and Webinars:

Gateway C Live GM webinars have been commissioned as part of the GM Cancer Early Diagnosis programme. **Please encourage your Practices to join these webinars and access the information shared below** (links to webinars, infographics and 'fast facts' videos). Information in relation to upcoming webinars and the materials produced following the webinars will continue to be shared with PCN Cancer Leads for circulation in their networks.

Link to the GatewayC webpage where you can access the full recording of all webinars delivered to date:

<https://courses.gatewayc.org.uk/course/view.php?id=87>

Please also find links below to the Breast; HPB 'Fast Facts' videos and A-G infographics that have been produced.

Breast A-G infographic:

<https://www.gatewayc.org.uk/wp-content/uploads/2021/11/Breast-ED-infographic.pdf>

Breast Fast Facts video:

<https://youtu.be/snLFPx956hw>

HPB A-G infographic:

<https://www.gatewayc.org.uk/wp-content/uploads/2021/12/GatewayC-Early-Diagnosis-of-HPB-infographic.pdf>

HPB 'Fast Facts' video: <https://youtu.be/SYkNfLFLRNA>

The link to register for the **upcoming webinars** can be found below:

[Head & Neck Cancers: Wednesday 26th January, 13:00-13:30](#)

[Faecal Immunochemical Test: Wednesday 2nd February, 13:00 – 13:30](#)

[Non-Site Specific Cancer Symptoms: Wednesday 9th March, 13:00 – 13:30](#)

[Gynaecological Cancers: Wednesday 30th March, 13:00 – 13:30](#)

The Lung; Lower GI and Upper GI A-G infographics have now been installed on all GP systems across GM and will 'pop up' when the appropriate clinical prompts are entered.

Suspected Cancer Referral Form Annual Review:

As you will be aware the suspected cancer referral forms are reviewed annually in line with NICE guidance.

There have been some changes to the mandatory questions on all forms mainly in relation to an additional question that asks whether the GP has informed their patient that travel to hospitals across GM may be required.

The forms have been shared with GMSS Data Quality Team for installation throughout January 2022.

GM PCN Cancer Leads are asked to ensure that all practices in your PCN are completing referrals for suspected cancer using the standardised GM referral forms.

NHS Planning Guidance & Early Diagnosis:

The NHS Priorities and Operational Planning Guidance was issued on 24th December 2021. Systems are asked to work with Cancer Alliances to develop and implement a plan to diagnose more people with cancer at an earlier stage with particular focus on disadvantaged areas where rates of early diagnosis are lower. Delivery of these plans is expected to 'support timely presentation and effective primary care pathways, including working with PCNs to support implementation of cancer early diagnosis as set out in the Network Contract Directed Enhanced Service DES.

<https://www.england.nhs.uk/wp-content/uploads/2021/12/B1160-2022-23-priorities-and-operational-planning-guidance.pdf>

Removal of eGFR from the Suspected Cancer Referral Forms:

- ✓ The removal of eGFR from the suspected cancer referral forms was discussed at the GM Imaging Cell (in January 2021)
- ✓ National guidance states that eGFR only needs to be checked and recorded prior to giving contrast for CT and MR (please refer to guidance attached)
- ✓ eGFR was subsequently removed from all suspected cancer referral forms
- ✓ Later in May 2021 it came to light that eGFR was **still required prior to colonoscopy** and therefore was added back to the mandatory section of the **Lower GI suspected cancer referral form**. This was completed in June 2021.

Safety Netting:

Following conversations at the Safety Netting session on the 8th December and with thanks to Dr James Weems (Cancer Lead for Leigh PCN) please find attached the 2ww protocol and concept as promised for EMIS. This has reduced the number of "non" referrals (that were missed) for 2ww referrals down to zero.

Please note you will need to amend the 'referrals' concept to read codes used for your 2ww documents and then reattach the protocol

Cancer Crib Sheet:

Please find attached information shared on behalf of Dr Lisa Gutteridge (GP Lead for Cancer in Tameside & Glossop)

The cancer crib sheet has been designed as an aide memoir to help improve efficiency in the 2ww referral process.

Please share with locums, trainees and whole practice teams as appropriate.



The CRUK facilitator programme ends in March 2022. Please find attached PowerPoint information shared on behalf of Teresa Karran.

This includes links to online resources and webinars to support GPs to deliver best practice in early diagnosis.

Any specific queries, please direct to Teresa: Teresa.Karran@cancer.org.uk

Temporary GP Contract Changes – Key Points from a Cancer Perspective:

National guidance issued on 7th December to support GP and PCN has been issued to support expansion of the Covid-19 vaccination programme. From a cancer perspective the main issues are:

- Suspension of the QOF QI module for early cancer diagnosis.
- Suspension of the two cancer care review indicators:
 - The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis.
 - The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and been informed of the support available from primary care, within 3 months of diagnosis.
- Continuation of the cervical screening indicators and the register of all cancer patients:
 - The proportion of women eligible for screening aged 25-49 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3 years and 6 months.
 - The proportion of women eligible for screening and aged 50-64 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months.
 - The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003'

Future PCN Cancer Lead Sessions:

Tuesday 25th January 2022: GM Screening Programmes

Tuesday 22nd February 2022: Colorectal and Lung Cancer Pathways

Tuesday 29th March 2022: Long Term Plan Early Diagnosis position and Rapid Diagnostic Centre (RDC) update



Coming soon....

- ✓ Translated 2ww referral letters for patients
- ✓ Patient leaflet for colorectal referrals and FIT



Any feedback or queries please direct to: Rebecca.Davies89@nhs.net; Alison.Jones8@nhs.net; SLTaylor@nhs.net

