

Primary Care Network Bulletin: June 2022

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Ultrasound Guidance & Independent Sector Contracts:

The GM Gynaecology Pathway Board have produced guidance on independent sector (IS) diagnostic provision and have requested this is included in IS contracts. This will ensure all scans requested and reported on as part of a gynae 2WW pathway are of the required standard.

Reports should have a consistent format and provide clear guidance on next steps required. **Please report any concerns via your normal systems.**



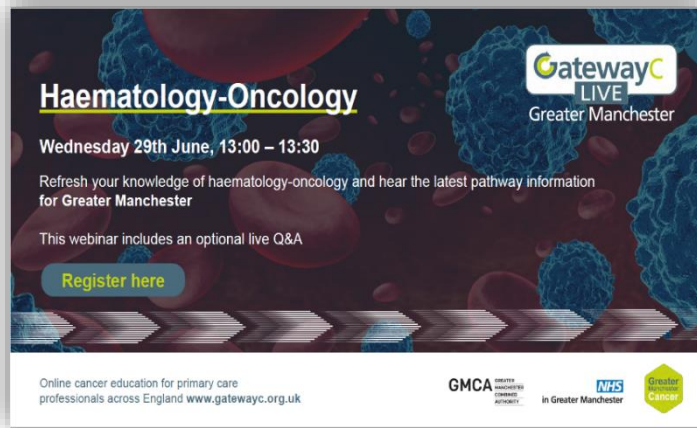
GatewayC Live Greater Manchester Webinars:

Please use the link below to access **all** GatewayC Live GM webinar materials produced to date:

<https://www.gatewayc.org.uk/free-webinars-gm/>

As you are aware, we have commissioned a further roll-out of GatewayC Live GM Webinars for 22/23. Please find attached and below registration link for the next webinar on Haematology -Oncology due to take place on the 29th June 2022:

Registration Link: [Haematology-Oncology \(on24.com\)](https://www.gatewayc.org.uk/free-webinars-gm/#/register/haematology-oncology-on24-com)



Oldham Central PCN Event Feedback (from Dr Brian Perkins, Oldham Central PCN, GP, Oldham Integrated Care):

On 11th May '22 Oldham Central PCN presented its inaugural all-practice engagement educational event. After several weeks in the planning this event came together extremely well with talkers presenting aspects of early cancer diagnosis and palliative care coordination to an audience of over 160 colleagues.

Sue Sykes, Senior Programme Manager/ RDC Programme Lead for GM Cancer started followed by Adrian Smith of Answer Cancer with practice centred groups working on actions to make change with early cancer diagnoses. The latter parts were presented by Margaret Hayes, Specialist Palliative Care Lead, covering palliative care out-of-hours services and Dr Matthias Hohmann, Medical Director Dr Kershaw's Hospice, Clinical Director Cancer NHS Oldham CCG.

Sessions covered current, relevant & forward-looking aspects of non-site specific pathways, all national screening programmes, prostate cancer, lower GI cancer / FIT, out-of-hours palliative care services, an update of local hospice services at Dr Kershaw's Hospice and improved coordination of palliative care by use of Electronic Palliative Care Coordination Systems (EPaCCS).

Oldham Central PCN is very grateful to all presenters who have kindly offered their time and efforts in making this event organised, entertaining & interesting to all and helpful in bringing together the full range of practice staff with a common goal achieved.

If you are considering hosting a similar event in your PCN, the Cancer Alliance would be interested in hearing from you to understand how we might be able to support.



CRUK Research Publications:



Please find below links to news and research publications from CRUK:

[Outcomes from the Cervical Screening Self Sampling Research](#)

[Ethnic Disparities in Cancer](#)

[Diagnosing Oesophageal cancer earlier](#)

[Urine testing for Bladder cancer](#)

[ICBP Emergency Presentations \(ICBP\)](#)

[Inequalities: Why do people smoke if they know it is bad for them](#)

If you have any queries regarding the above, please contact Teresa Karran directly on: Teresa.Karran@cancer.org.uk

GM Workforce & Education Newsletter:

Please find attached for information the GM Workforce & Education Newsletter. This is intended to provide information on the projects the workforce and education team are currently working on, highlights and upcoming events.

Clinical Decision Support Tools: REMINDER

Planning Guidance 22/23 states that: Cancer Alliances should work with colleagues in primary care to establish universal coverage of clinical decision support tools where these are not already in place, for which funding has been allocated. Alliances should ensure that Clinical Decision Support Tools are available for use in 100% of GP Practices by March 2023.

A reminder to complete the template in the email attached to confirm the current CDST position across GM.

Please could you send your responses directly to: gmcancer.admin@nhs.net

Coming soon....

- ✓ Translated 2ww referral letters for patients
- ✓ Data 'guide' to support PCN delivery
- ✓ Tuesday 28th June: PCN Cancer Lead Session
- ✓ SystemOne Search for: lung cancer diagnosis without a fast track referral
- ✓ SystemOne prompt to remind / ensure a FIT test is completed for all lower GI suspected cancer referrals
- ✓ Mastalgia pathway
- ✓ Breast Cancer Animation
- ✓ Brain Cancer Webinar Infographic & Resources



Any feedback or queries please direct to:

Rebecca.Davies89@nhs.net; Alison.Jones8@nhs.net; SLTaylor@nhs.net

Non Site-Specific Pathways: REMINDER



Rapid Diagnostic Centres are now live in every locality across Greater Manchester.

RDCs introduce a new non-specific symptom pathway for patients who display symptoms that could indicate cancer that don't align to a site specific cancer - such as unexplained weight loss, fatigue or vague abdominal pain. The new non-specific pathway complements current cancer diagnostic pathways and makes sure everyone with non-site specific or vague symptoms get the right tests at the right time in as few visits as possible.

The Non-Specific Symptoms Suspected Cancer referral form is now available on all primary care systems.

Links to the NSS full webinar; Fast Facts Video & Infographic can also be found on the below links:

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

<https://www.youtube.com/watch?v=p0M0XyD4aD0>

<https://www.gatewayc.org.uk/wp-content/uploads/2022/04/GM-Non-site-specific-infographic.pdf>

Please share this information with practices in your PCN to encourage the use of non-site specific pathways.

Suspected Cancer Referrals: REMINDER

When referring patients onto a suspected cancer pathway, please ensure that the patient is aware of the reason for their referral. Some patients are being told they are on a 2 week wait pathway and don't understand that it is a suspected cancer pathway.

Suspected liver / pancreatic suspected cancer referrals should be sent using the Hepatic/ Pancreatic/ Biliary (HPB) suspected cancer referral form **NOT** the upper GI referral form. This will enable patients to be triaged more quickly and appropriately.

