Included in this Bulletin:

- GM Cancer Training Events
- FIT
- National rollout of Targeted Lung Health Checks
- Lung Cancer in Never/Non Smokers Campaign
- PCN Cancer Leads Contact Details
- Skin Club Session
- GM Cancer Collaboration Award Winners!
- Data Quality Newsletter- October 2022
- Dermatology Guidance
- Colorectal and Head & Neck Pathways
- Cancer Symptom Recognition for HCA staff
- GM Data Quality Newsletter
- Coming soon…

Faecal Immunochemical Test

As discussed in previous PCN Leads Sessions, the BSG guidance states that ALL suspected cancer referrals for the lower GI pathway must be accompanied by a FIT result. This will help with earlier and faster diagnosis by identifying or ruling out lower GI cancer. This is in line with national planning guidance for 2022-23. These changes are coming into effect in GM by January 2023 and referral forms are being revised to reflect this.

As a reminder, we have FIT leaflets and animations on the [GM Cancer website](#) to guide patients with the FIT kits.

[Completing a FIT test from your GP (non-screening) - YouTube](#)

Secondary care colleagues have been asked not to reject any lower GI referrals **BUT** it is very important to undertake these tests and ensure referral criteria are met. If there are any issues with rejected referrals, please contact Ali Jones (alison.jones8@nhs.net), Sarah Taylor (sltaylor@nhs.net) and/or Lauren Kelly (lauren.kelly47@nhs.net).

Cancer Forum and Recognising Cervical Cancer Training Event

Greater Manchester Cancer has commissioned GatewayC to run **two free training days in November and December** to improve the early detection of cancer. Both events include **limited in-person places** and **lunch** on arrival. It is advised to book early to secure an in-person place as places are going fast.

Register for The Cancer Forum: https://bit.ly/3QkuABE

Register for Cervical: https://bit.ly/3SuVRIY

Targeted Lung Health Checks (TLHC) positively recommended as the country's first targeted national cancer screening programme.

In September 2022, the UK National Screening Committee gave a positive recommendation so that TLHCs become the first national targeted cancer screening programme.

Through this programme, people between the ages of 55 and 75 that have ever smoked are invited to a free lung check, taking place in mobile units within their local area. Those assessed as high risk will be offered a low dose computerised tomography (CT) scan with positive scans being referred to the lung 2WW pathway for further investigations.

The GM Cancer Alliance and the GM TLHC Programme Board oversees the work of the 3 projects (North Manchester, Salford, and Tameside & Glossop) and the future roll-out of this across the rest of Greater Manchester.

In 23/24, further PCNs across Greater Manchester will be invited to the programme using a risk-stratified approach based on smoking rates, socioeconomic deprivation data, and lung cancer incidence and mortality.

For more information, please contact Oliver Butterworth, TLHC Project Manager – GM Cancer oliver.butterworth2@nhs.net.

Lung Cancer in Never/Non-Smokers Campaign

For lung cancer awareness month, there is an early diagnosis campaign running aimed at Primary Care professionals. The See Through the Symptoms campaign is supporting GP's and primary care professionals to diagnose early stages of lung cancer in patients who are **non-smokers**.

*"Lung cancer in non-smokers causes **6,000** annual deaths in the UK. More non-smokers die of lung cancer each year in the UK than of ovarian cancer, leukaemia, or cervical cancer."*

Please see attached pack for more information about how to roll out the campaign in your practices.

Skin Club Session

Following on from the success of the previous sessions on Lesions, the next virtual lunchtime education session will be on **Wednesday 16 November 2022 at 12:45 – 1:30** led by clinicians from Salford Care Organisation. This session will be looking at **Psoriasis, drug reactions and blisters.** If you would like the Teams link to attend this session, please contact l.mcgarvey@nhs.net.

GM Cancer Collaboration Award Winners!

Congratulations to all GM PCN leads for winning the GM Cancer Collaboration award! The judges said, "this is a clear winner as it has GM wide impact, clear evidence of benefit to the patient and reducing inequalities by working across PCNs and cancer types."

PCN Cancer Leads- Contact Details

We are very keen to continue the good work that has been recognised by the award and to make sure that we are communicating with the right people in each of the PCNs. It's been some time since we set up the original list of PCN Cancer Leads and we want to re-check that we have a **single named lead for each PCN**. Could you please contact Lauren Kelly (lauren.kelly47@nhs.net) with the name of your PCN lead so we can update our records and distribution list. Thank you to those who have already done so.

Study from British Association Dermatologists re face-to-face appointments

A higher proportion of patients who had remote consultations were discharged (43%, n=158/364) from the 2WW clinic compared to patients who had face-to-face consultations (36%, n=136/375).

There was a significantly higher number of benign lesions referred following a remote consultation in primary care compared to a face-to-face consultation (70% vs 59%, p=0.004). Interestingly, there was a higher proportion of benign lesions referred following telephone consultations with photographs compared to those without.

Whilst the Cancer Alliance and GM system cannot mandate that no referral is made to a GM dermatology service without a prior face-to-face primary care appointment, we would strongly encourage GPs in GM to ensure this is the case.

Colorectal and Head and Neck Pathways in MFT

MFT patients referred on a Head and Neck or Colorectal suspected cancer referral form are now pooled together and given the next available appointment at either MRI or Wythenshawe hospital. This has led to some confusion and DNAs from patients who have been expecting appointments in a certain hospital. As a reminder to primary care staff referring to MFT: please let patients on Colorectal and Head and Neck pathways know they could have an appointment at **either one of these hospitals.**

Cancer Symptom Recognition webinar for patient facing staff

As a reminder for all patient facing staff in primary care, including HCAs and Admin staff, we have a cancer symptom recognition webinar and fast facts infographics:

Watch the webinar here

Watch the fast facts video here

Download the infographic here: Cancer-Symptom-Recognition-infographic.pdf (gatewayc.org.uk)

Data Quality Newsletter- October 2022

The Data Quality Team work across Greater Manchester to support GP practices by creating clinical system tools such as searches / templates / referral forms to ensure standardised coding / extraction of data which ultimately aims to improve the patient journey. Their October newsletter sums up existing and future tools installed on GP systems which aid early cancer diagnosis and fulfil the requirements of the DES, including Clinical Decision Support Tools, and prostate and tele-dermatology searches. For PCN data on Tableau, please see the attached Tableau User Guide.

Coming soon….

✓ PCN Cancer Leads Session - Tuesday 6th December
✓ Dermatoscope Training Day -12th September - Fast Facts video
✓ Cervix visualisation guides distribution

Any feedback or queries please direct to:
Gmcancer.earlydiagnosis-primarycare@nhs.net; Alison.Jones8@nhs.net; SLTaylor@nhs.net

🐦 @GM_Cancer

gmcancer.org.uk

ANYONE WITH LUNGS CAN GET LUNG CANCER:

Campaign material to run your own Lung Cancer Early Diagnosis Campaign during Lung Cancer Awareness Month

WHEN IS LUNG CANCER AWARENESS MONTH?

Tuesday 1st to Wednesday 30th November '22

WHO IS THIS CAMPAIGN PACK FOR?

For cancer, early diagnosis and primary care leads within Cancer Alliances, Integrated Care Systems, Primary Care Networks, and anyone with a role in supporting early diagnosis of lung cancers.

WHO IS THIS CAMPAIGN TARGETED AT?

At primary care professionals (GPs, GP Practices, Practice Nurses, Allied Health Care Professionals, specifically Physiotherapists, Pharmacists).

SO, THIS IS NOT A PUBLIC AWARENESS CAMPAIGN?

No, this campaign is to raise awareness to those who have a role to play in diagnosing lung cancers early when a patient presents with symptoms which could be lung cancer.

DOES THIS REPLACE ANY PUBLIC AWARENESS CAMPAIGNS WE HAVE PLANNED?

No, this campaign is targeted at primary care professionals and can be run **alongside** any public awareness campaigns planned.

IS THE CAMPAIGN MATERIAL AVAILABLE TO US FREE OF CHARGE?

Yes, the campaign materials are all provided free of charge, along with all supporting images and documents.

Why do we need a lung cancer campaign targeted at primary care professionals?

Lung cancer is England's most common cause of cancer death. Approximately 28,100 people die from lung cancer in England each year[1]. In 2018, 33.6% of all cancers in England were diagnosed via an emergency presentation[2]. Over 57% of lung cancer patients in the UK are still diagnosed at stage 3 or 4, which is too late for curative treatment[3].

It is not only those with a smoking history who are diagnosed with lung cancer. Around 15% of lung cancers are in those who have never smoked [4] [5]. A never smoker or non-smoking lung cancer is defined as a person who has smoked less than one hundred cigarettes in their lifetime. Lung cancer in non-smokers causes 6,000 annual deaths in the UK[6]. More non-smokers die of lung cancer each year in the UK than of ovarian cancer, leukaemia, or cervical cancer. Bhopal et al (2019) report that if lung cancer in non-smokers was a separate entity, it would be the eighth most common cause of cancer related deaths in the UK.

Campaign introduction

The See Through the Symptoms (STTS) campaign has been jointly developed by lung cancer charities **EGFR Positive UK**, **ALK Positive UK** and the **Ruth Strauss Foundation**. The campaign is targeted at GPs and primary care professionals, to support earlier diagnosis of lung cancer in those who are non-smokers or never smokers. Non-smokers are too often diagnosed with advanced cancers and are not able to receive curative treatment.

The STTS campaign features photographs by renowned British photographer Rankin, whose mother died of lung cancer in 2005. The campaign features eight non-smoking lung cancer patients who have ALK+ or EGFR+ lung cancers. All were diagnosed at stage 4.

We are offering the material from our campaign so that you can run an awareness campaign for primary care professionals, alongside any public awareness campaigns on lung cancer.

Campaign objectives

- To raise awareness of non-smoking lung cancers among GPs and primary care professionals

- To encourage GPs to act on lung cancer symptoms at presentation, despite the patient's smoking history

- To increase early diagnosis of non-smoking lung cancers

Campaign audience

The campaign audience is GPs and primary care professionals, including Pharmacists, Physiotherapists, Practice Nurses, and GP Practices.

When presented with symptoms in a non-smoker, primary care professionals are not currently encouraged to consider the possibility of lung cancer.

How you can roll out this campaign locally

You can run your own local campaign by using the images, material, and resources available. You can access all the campaign material, free of charge via the Ruth Strauss Foundation Lung Cancer Awareness Month **webpage**, where you will find the following resources to run your own campaign. Here are some ideas on what you could do locally:

1. **Email the flyer** provided to your primary care professionals during lung cancer awareness month, to raise awareness among staff and professionals

2. Run an article on the campaign in the internal magazine/newsletter, using the **press release** provided

3. Talk about the campaign through your platforms, using the prepared tweets, **images** and short films (**film Faye**, **film Cameron**)

4. Include the campaign in a GP update/education session, to raise awareness of lung cancer in non-smokers; **presentation packs available via website**

5. Include the campaign in a local pharmacist's network or education session, to raise awareness of lung cancer in non-smokers; presentation packs available via website

6. Reflect on the campaign messages and consider how this will affect your practice as part of your CPD. Reflecting as a practice on a how you will safety net patients who don't meet the two-week urgent referral guidelines but their symptoms persist

7. Circulate the Primary Care Respiratory Society webinar **On Demand Webinar: Lung Cancer in Never-Smokers | Primary Care Respiratory Society (pcrs-uk.org)** during lung cancer awareness month to primary care professionals

8. Share the campaign flyer with the community physiotherapy team, who may be seeing patients with persistent back/shoulder pains, to raise awareness of non-smoking lung cancer symptoms

9. Request a speaker from the three charities involved, who can talk to you more about the campaign when you have a primary care meeting

10. Please tag @UKALK+, @EgfrUk, @RuthStraussFDN and #SeeThroughSymptoms when tweeting about the campaign. It will allow us to follow you and share the work you are doing

We ask all those using the campaign material to provide their email address. We will send you a very brief survey in mid-December to collect any feedback on how you used the campaign locally.

The impact of the first two campaigns run by ALK +UK, EGFR +UK & RSF

The STTS campaign was run over the months of May 2021 and November 2021. The November campaign was during lung cancer awareness month. The campaign ran online in the BJGP and Practice Nurse, GP Online, Fendix (NHS internal advertising space on intranet), Facebook, Twitter, and LinkedIn.

Over 25k professionals visited the campaign website, with 63% stating they would use the information to inform patient decision-making. 81% of those visiting the site stated that they learnt something new. When asked if they found the diagnosis based on the symptoms of any of the patients featured in the campaign surprising, 73% said yes. These findings show that there is a lack of awareness of non-smoking lung cancers among primary care professionals.

Some of the results from the two month-long campaigns over May and November:

- 25k visits to the website

- 103k videos viewed (to completion)

- BMJ Opinion piece on the campaign from (late) Jenny Abbott **BMJ**

- Article in the Guardian on 02/05/21: **The Guardian**

- ITV News London, with Faye from the campaign and Sir Andrew Strauss, on 17th May 2021 at 6pm and article on ITV website: ITV News London

- Online Tweets/retweets from PHE and NHSE, Healthy London Partnerships London and SE London Cancer Alliance, Lung Cancer Europe, as well as individual healthcare professionals and the three charities

If you need any help implementing the campaign, please contact:

Deepa Doshi
RSF Head of Mission Services
deepa.doshi@ruthstraussfoundation.com | 07930340774

https://ruthstraussfoundation.com/lung-cancer-awareness-resource-library/

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[1] Public Health England

[2]   National Cancer Registration and Analysis Service, Cancer Outcomes: Emergency Presentation by Cancer site, 2020

[3] Royal College of Pathologists, National Lung Cancer Audit, annual report, 2018

[4] Torok S, Hegedus B, Laszlo V, Hoda MA, Ghanim B, Berger W, Klepetko W, Dome B, Ostoros G. Lung cancer in never smokers. Future Oncol. 2011 Oct;7(10):1195-211. doi: 10.2217/fon.11.100. PMID: 21992731.

[5] Why do never-smokers get lung cancer? - Cancer Research UK - Cancer news

[6] Bhopal, A., Peake, M.D., Gilligan, D. and Cosford, P. Lung cancer in never-smokers: a hidden disease. Journal of the Royal Society of Medicine, 2019 Vol 112(7) 269-271

Data Quality Cancer Newsletter – October 2022

The Data Quality Service is a team of 13 working as part of NHS Greater Manchester Integrated Care supporting GP practices across GM by creating clinical system tools such as searches / templates / referral forms to ensure standardised coding / extraction of data which ultimately aims to improve the patient journey.

TOOLS INSTALLED

Cancer Care Co-Ordinators Pilot

The NHS Christie Foundation Trust requested the following data to be extracted from GP systems in 10 PCN areas:

Total Practice Population, QOF Indicators (Registers, Denominators and Numerators): CAN001, CAN004, CS005, CS006, broken down by: Practice Postcode, Ethnic Origin, LD Register, MH Register, User at practice who carried out the Cancer Care Review

The rationale is to monitor the piloting of the Cancer Care Co-Ordinators that have been funded across the 10 PCNs in Greater Manchester to improve patient care and satisfaction.

Cancer Diagnosis – No Fast Track Referral

Searches were produced on behalf of the GM Cancer Alliance to identify number of patients with a Cancer diagnosis that do not have a fast-track referral coded in their record up to 6 months before the date of diagnosis. Practices were advised to review these patients / records to improve referral practice.

Prostate Searches

National planning guidance requires Cancer Alliances to support PCNs with the delivery of the Early Cancer Diagnosis DES. Prostate data is being extracted on a quarterly basis which will enable support to be targeted and will inform the GM level work on this DES requirement.

Suspected Cancer Referral Forms & Patient Letters

Suspected Cancer Referral forms have been created and installed with corresponding patient information letters / translated letters which auto-populate with relevant demographic and clinical information. The process has been simplified to guide healthcare professionals through the referral process and automatically file the correct coding into the patient record.

Tele-Dermatology Searches

The NHSE/I Cancer Programme team require data from all Cancer Alliances to show the proportion of Cancer referrals made using tele-dermatology. The collection and reporting of this data on a quarterly basis will also enable the Cancer Alliance to support Practices and PCNs with the work on tele-dermatology as detailed in the PCN Early Cancer Diagnosis DES specification.

NEW TOOLS BEING INSTALLED

Network Contact DES

Searches have been created to support the Cancer requirements of this DES, i.e. Lower GI / Colorectal Fast-track referrals with a FIT result in the relevant timeframe.

Screening Searches (Breast / Bowel / Cervical)

National planning guidance requires Cancer Alliances to support PCNs with the delivery of the Early Cancer Diagnosis DES. The extract of the Cancer screening programme searches on a quarterly basis will enable support to be targeted and will inform the GM level work on this DES requirement.

Case Finding

Searches to identify patients with associated codes or medication but no diagnosis of Cancer will be developed for practices to work through and code accordingly, if applicable.

In addition, the following searches will be created to accompany the suite of case finding searches:
- Abnormal results, no follow-up
- Fast-track referral with no patient letter given
- Patient letter given with no fast-track referral

Clinical Decision Support Tool

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.

The DQ Service are developing clinical system tools that will prompt the healthcare professional to Think Cancer should any symptoms associated with Cancer be entered in a patient record. Once the prompt appears there will be 3 options to select from:

1. Unsure whether to Think Cancer so launch a template to check for further information (number of symptoms, results, family history codes linked to each Cancer).
2. Unsure whether to Think Cancer so launch relevant Infographic to check if the patient requires advice or requires a fast-track referral.
3. Launch the Suspected Cancer Referral Pathway which will guide the healthcare professional through the process of referring. Any mandatory questions that are missing will also show as a prompt as well as any results that are required as part of that referral. All information will code automatically in the patient record.

The tool will be piloted in volunteering sites across GM between end of October to end of December. Based on feedback the tool will be enhanced to enable all GP Practices to have this installed by March 2023.

Data Quality Support

If you require any DQ advice in relation to the items above, please contact the following email address.
The account is monitored daily.
gmss.dataqualitygm@nhs.net

Early Cancer Diagnosis: Quick User Guide to GM Tableau for Primary Care Network Members

Tableau is provided as a single point of access for cancer data and will be updated inline with changes to Tableau.

Follow the link to request access to Tableau **(gmtableau.nhs.uk)**.

Once logged in (**GM Tableau**) the hyperlinks will link directly to pages and tabs within them.

Data relating to the delivery of Directed Enhanced Service (DES): Early Cancer Diagnosis can be found in 2 key folders.
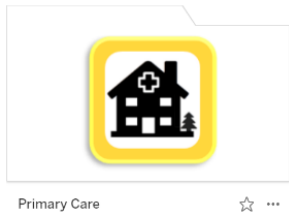
To support ease of access and use, the **Primary Care** folder contains an edited selection of data. This includes:

- Referrals
- Cancers diagnosed as a result of an emergency presentation
- Cancer incidence
- Conversion rates
- Screening data
- Local data is not validated and should not be used for performance / contract monitoring.
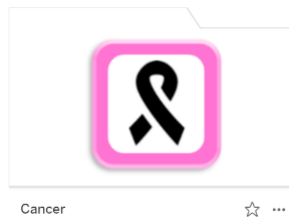
Additional information is provided in the **Cancer** folder which includes a range of other data sets. This guide focuses on the Primary Care folder.

From anywhere in the collection folders can be returned to by clicking on the **compass icon**. This can be found in the navigation toolbar on the left of the window.

Primary Care Folder

PCN Level Cancer Metrics

The PCN level GM cancer PTL metrics can be accessed by following the path below or clicking on the link.

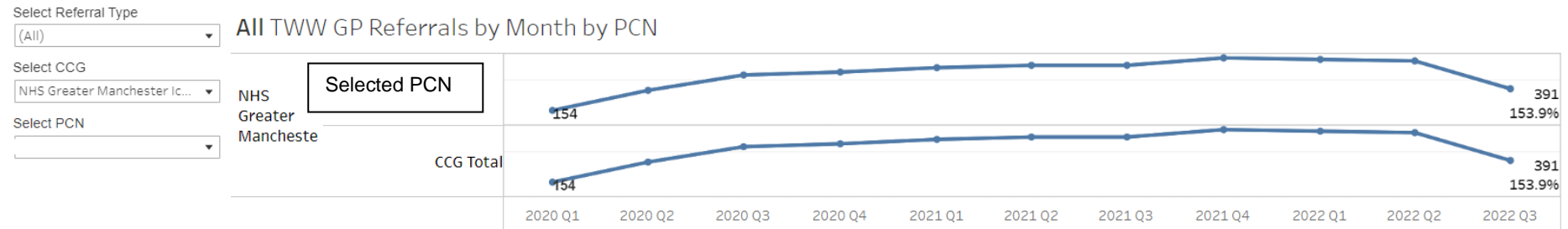**Explore / Primary Care / PCN BI Dashboard / PCN Cancer Metrics / PCN Cancer Metrics Landing Page**

The page has 5 tabs that provide access to the following data sets.

Two Week Wait GP Referral Type by Locality / PCN / GP

- Referral type and locality may be selected (locality codes are provided at the end of this document).
  - Hovering the cursor above any PCN will expand that PCN to allow the selection of all practices within that PCN.
- The time series can be adjusted.
  - Hovering the cursor over the time series can be altered using [+] and [-] icons.
  - Selecting financial quarters provides a view that is easier to read and interpret when comparing activity.
  - Depending on the time series selected the last quarter will be displayed irrespective of whether a full quarter's data is available.
- Additional detail is available.
  - Hovering the cursor over data points will provide more detailed information box (locality, timeframe, quantity, time difference - this is from February 2020).
- The CCG is the total for the localities selected within a CCG and **not** the CCG total.

Sample provided below.

| PCN Cancer Metrics - Landing ... | GP referrals by PCN | Emergency Referrals by PCN | Incidence By PCN | Conversion Rates by PCN | Diagnosis Status By PCN |

Greater Manchester Cancer: Suspected Cancer Referral (SCR 2WW) Referrals by PCN

Select Referral Type

(All) ▼

Select CCG

NHS Greater Manchester Ic... ▼

Select PCN

▼

All TWW GP Referrals by Month by PCN

Selected PCN

NHS Greater Manchester

154 ... 391 153.9%

CCG Total

154 ... 391 153.9%

2020 Q1 2020 Q2 2020 Q3 2020 Q4 2021 Q1 2021 Q2 2021 Q3 2021 Q4 2022 Q1 2022 Q2 2022 Q3

Emergency Referrals – Trends over Time by PCN

- Referral type and locality may be selected.
- The PCN can be expanded [+] to include GP level data.
- Depending on the time series selected the last quarter will be displayed irrespective of whether a full quarter's data is available.

PTL Metrics – Cancer Incidence

- Referral source, locality, tumour type and presentation type (Emergency Y/N) may be selected.
- The PCN and GP can be selected.
- The time service can be adjusted.
  - To adjust the time series hold down the ctrl key and select the months required. The average will then be displayed for the selected period while the average will remain from February 2020.
- Total incidence will be displayed irrespective of the time series.

Conversion Rates by PCN

- Conversion proportion by locality and referral source.
- Provides proportion breakdown by referral type of Not Yet Diagnosed / Cancer Excluded / **Diagnosis of Cancer**.
- The time series can be adjusted.
  - To adjust the time series select the months from the **Select Clock Start Period** drop down.
  - Hovering the cursor over the bar chart will provide more detailed information box (status, referral type and source and % between time period).

Diagnosis Status By PCN

- Expanded view for locality and PCN of the previous tab.

Continues below

Primary Care Folder

Screening

The PCN level GM cancer screening metrics can be accessed by following the path below or clicking on the link.

Explore / Primary Care / PCN BI Dashboards / PCN Cancer Screening Metrics / Title Page

The page has 4 tabs that provide access to the following data sets.

- Access to screening data at Locality, PCN and **GP** level is available from **Fingertips | Public health data.**
- **The latest data available is from 2020/21 and this is for both Fingertips and the following data sets that are taken from it.**

Spotlight Screening Metrics

- Locality PCN may be selected only.
- Screening metrics displayed include: breast; bowel; and cervical. Where applicable data is presented by screening type and target age range.
- GM and England averages are provided and hovering the cursor over the bar chart will display a summary box of the data presented.

Spotlight Screening Metrics Ranks

- PCN level data is provided only and ranked relative to other PCNs in the locality (highlighted) and other PCNs within GM.
  - A summary data box will appear by hovering the cursor over the charts with the ranking also being provided.
- PCNs are ranked relative to all screening metrics.

Additional Metrics

- Extension of the data provided in the spotlight screening metrics section.
- Includes uptake within 6 months of invitation, Personalised Care Adjustment rate for cervical screening,

Additional Metrics and Ranks

- Extension of the data provided in the spotlight screening metrics ranks section.

Sample is provided below.
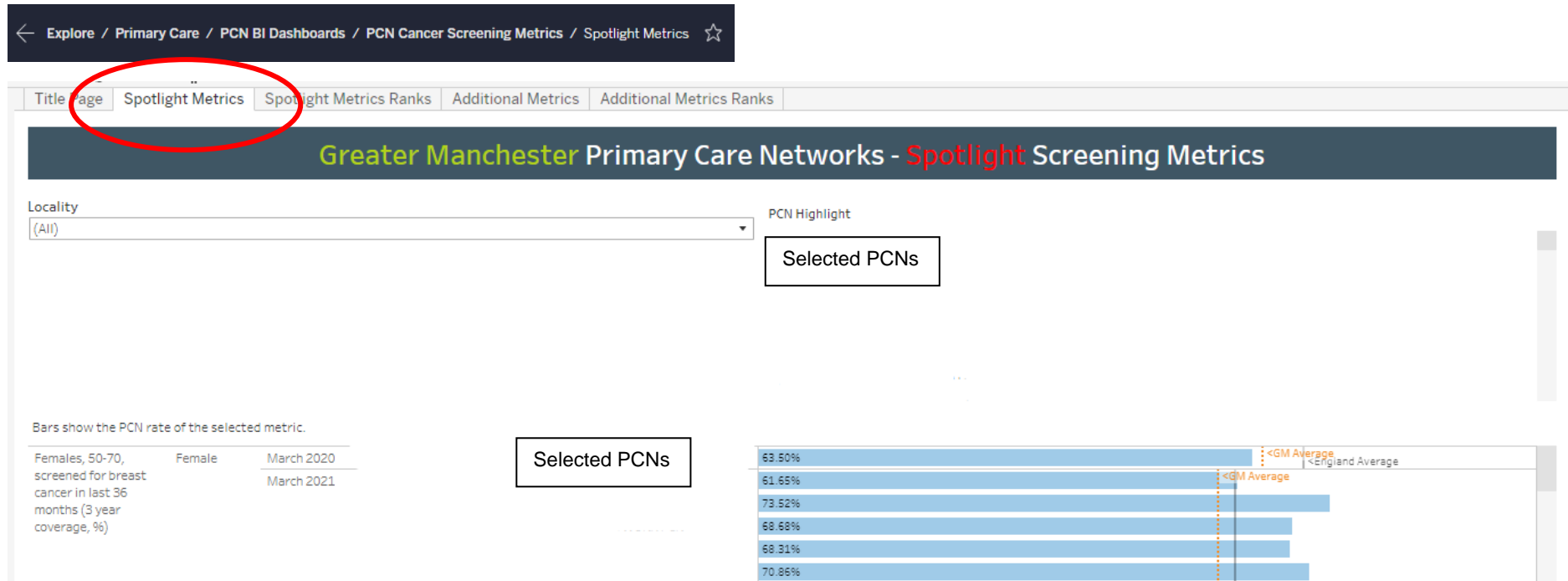
For any enquires please contact:
Paul Keeling
Primary Care Project Manager
paul.keeling1@nhs.net

Locality Codes

Ccg Registe..	Ccg Registered Group Name	Ccg Registe..
00T	NHS Greater Manchester Icb - 00t	BOL
00V	NHS Greater Manchester Icb - 00v	BUR
00Y	NHS Greater Manchester Icb - 00y	OLD
01D	NHS Greater Manchester Icb - 01d	HMR
01G	NHS Greater Manchester Icb - 01g	SAL
01W	NHS Greater Manchester Icb - 01w	STO
01Y	NHS Greater Manchester Icb - 01y	T&G
02A	NHS Greater Manchester Icb - 02a	TRA
02H	NHS Greater Manchester Icb - 02h	WIG
14L	NHS Greater Manchester Icb - 14l	MAN

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