



# Transforming Cancer Services Team for London

## BRIEFING NOTE

To	<ul style="list-style-type: none"> <li>• CCG Cancer Clinical Leads, Commissioning Managers for Cancer, CCG Comms teams</li> <li>• STP Cancer Programme Leads, Cancer SROs</li> <li>• CSU Cancer Commissioning / Performance Managers</li> <li>• Vanguard/Alliance programme Early Diagnosis</li> <li>• Macmillan GP Regional Leads</li> <li>• CRUK Facilitator Regional Lead and Managers</li> <li>• TCST EDAG and PCCEG Board Members</li> <li>• Patient Group</li> <li>• TCST Team</li> </ul>
Date	31/7/2018
Subject	TCST's Earlier Diagnosis and Diagnostics Programme – Q1

Dear Colleagues,

Welcome to the Joint Earlier Diagnosis and Diagnostics Programme Newsletter at Transforming Cancer Services Team for London. This brief covers the period from April to June. If you would like further information or would like to book a meeting with the team please get in touch at [england.tcstlondon@nhs.net](mailto:england.tcstlondon@nhs.net)

### **Diagnostics Optimisation Programme**

The diagnostics optimisation programme is aimed at improving capacity utilisation and patient flow in radiology and endoscopy services through the use of tried and tested, easy to use optimisation tools and techniques. The programme is focused on the whole diagnostic service to help trusts deliver 62 Day compliant timed pathways, best practice pathways and meet other access targets.

A project will typically have 4 stages, Scoping, Data collection and analysis, Optimisation Workshop, Implementing the action plan and future state mapping. Services gather audit data from their service over a two week period which the TCST analyses and collates the results into a series of graphical presentations. The results are discussed and reviewed at an optimisation workshop where the TCST also leads the diagnostic team through a process mapping, scheduling and action planning exercises (include photos from workshops). The TCST continue to work with teams after the workshop to help un-block issues and problem solve and help secure senior buy in to deliver the necessary improvements where required.

The diagnostics team currently has 13 projects underway at different stages:

NCL: 2 trust wide endoscopy projects

NEL: 2 trust wide CT projects and 1 trust wide endoscopy project

NWL: 3 trust wide CT projects and started discussions about 1 trust wide endoscopy project. CT project in 2017 which has completed.

SEL: 1 trust wide endoscopy project

SWL: 1 trust wide CT project and 1 trust wide endoscopy project

W Essex: 1 trust wide endoscopy project

Two pan London 'Learning and Sharing' optimisation workshops are run each year, one each for endoscopy and radiology. These provide opportunities for services to talk to their optimisation project experience. The 2018 workshops will be run in late autumn

For further information please contact Liz Jones, Diagnostics Programme Manager  
[liz.jones9@nhs.net](mailto:liz.jones9@nhs.net)



## **Be Clear On Cancer Campaign – Blood in Pee**



Public Health England are currently running their Blood in Pee Be Clear on Cancer Campaign. The Campaign is currently taking place and will end on 23<sup>rd</sup> September 2018.

Stakeholders across London have received communications from Transforming Cancer Services Team making them aware of the campaign and how to access campaign materials.

### **What is the main message of the campaign?**

Be Clear on Cancer campaigns use everyday language to help people feel more comfortable when discussing symptoms with their GP.

### **The main message for the public is:**

If you notice blood in your pee, even if it's 'just the once', tell your doctor.

The adverts also highlight that finding cancer early makes it more treatable.

Visible haematuria is the main symptom of bladder cancer and a common symptom of kidney cancer.

### **What was the impact after the last campaign in 2016?**

In the quarter following the last campaign, London saw a **14%** increase in 2 week wait urology referrals (this includes all urology referrals including suspected prostate, bladder, testicular, renal, penile) compared to the same quarter the previous year.

## Why focus on bladder and kidney cancer?

Around 8,000 people die from bladder or kidney cancer in England each year.

84% of those diagnosed with kidney cancer and 77% of those diagnosed with bladder cancer at the earliest stage (stage 1) will live for at least five years. At a late stage (stage 4), this drops to 10% and 9% respectively.

## Who is the campaign aimed at?

The primary target audience for the campaign is men and women over the age of 50 from lower socio-economic groups.

## Where can I get campaign materials?

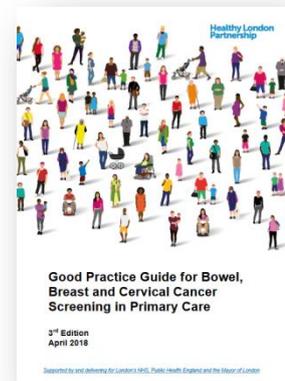
Campaign materials can be accessed via the Public Health England Website  
<https://campaignresources.phe.gov.uk/resources/campaigns/43-blood-in-pee/resources>

## Good Practice Screening Guide for Bowel, Breast and Cervical Cancer

An updated Good Practice Screening Guide is now available on the Healthy London Partnership Website

<https://www.healthylondon.org/resource/good-practice-screening-guide-breast-cervical-bowel/>

The updated guide has further information about planned roll outs of HPV and FIT and what this will mean for screening patients.



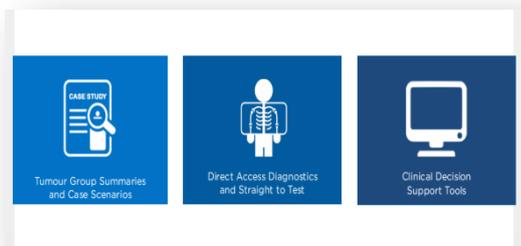
## Refresh of Practice Profiles Plus



Practice Profiles Plus have been updated! These Profiles provide a summary of the key cancer diagnosis and referral indicators for each practice or CCG within each England region. The Profiles enable comparisons to be made with other practices within a CCG, as well as with regional and national figures, to allow for benchmarking and to highlight variations. Each indicator is accompanied by a description of key contextual or influencing factors and provides information on local and/or national resources and initiatives which practices can draw on to help improve cancer outcomes. The Profiles have been refreshed to include data for the 16/17 financial year. Please click here to access your local area's data  
<https://fingertips.phe.org.uk/profile/cancerservices/data#page/0>

## **Do you want to enhance your learning of NG12 referral criteria and gain CPD points?**

The NG12 Educational tool is a free resource available for all primary care clinicians who would like to refresh their knowledge of the referral criteria on the Pan London Suspected Cancer Referral Forms. The tool has 5 modules for users to work through including pre and post quizzes, rationale and background, tumour group summaries and case scenarios, safety netting and patient experience. To access the tool, please click here <http://ng12panlondonapproach.org/>



## **Index of cancer survival for CCGs and STPs in London\* interactive dashboard with 2000-2015 data**

We have created an on-line interactive dashboard to enable users to interrogate the ONS and PHE produced Index of cancer survival for CCGs and STPs.

### Key points

- The one-year all-cancer survival index increased steadily in most Clinical Commissioning Groups (CCGs) throughout that period; for patients diagnosed in 2015, the all-cancer survival index for CCGs ranged from 67.0% to 77.4%, compared with 49.5% to 62.9% in 2000.
- The inequality gap in the cancer survival index between the highest and lowest CCG in London has shrunk since 2000.
- Sustainability and Transformation Partnerships (STPs) have been included in this dashboard for the first time; for patients diagnosed in 2015, the all-cancer survival index for STPs ranged from 70.0% to 74.6%, compared with 55.5% to 61.6% based on data for 2000.
- The inequality gap between the highest and lowest STP in London has also reduced since 2000.



To access the dashboard please go to the Healthy London Partnership (HLP) website - <https://bit.ly/2Mt6jsE>

\*Includes NHS West Essex CCG

## **London Urgent Suspected Referral Analysis (2017 update)**

We have updated our on-line interactive dashboard to enable users to with 2017 cancer waiting times data and now includes analysis at Cancer Alliance level in addition to London, STP and tumour level views of the data.

Over the past six years the number of patients seen as suspected cancer has increased each year, although the rate of increase is now decreasing with an 8% increase between 2016 and 2017 (compared to an 18% increase from 2013 to 2014).



To access the dashboard please go to the HLP website - <https://bit.ly/2kkNfRh>

Both dashboard are best viewed in full screen mode using the Google Chrome or Firefox web browser.

For any queries contact [chipo.chirewa@nhs.net](mailto:chipo.chirewa@nhs.net)

## **E- Referral Update**

E-referral (eRS) uptake is improving across London with the majority of London providers having achieved paper switch off ahead of the national deadline of 1<sup>st</sup> October 2018. Numbers of 2ww referrals through eRS are also improving as more 2ww services become available.

NHS Digital training sessions are underway with TCST and CRUK to educate and get to grips with the eRS system and resources including a user guide are being disseminated to support primary care with 2ww referrals on eRS, focusing on the most common challenges and their solutions.

For more information contact Daniel Thomson – E-Referral Implementation Lead for Cancer [daniel.thomson2@nhs.net](mailto:daniel.thomson2@nhs.net)



## E-Referral & 2ww suspected cancer referrals

Primary care user guide for London and West Essex

Version 1

Transforming Cancer Services Team

August 2018



### About the guide

The [Standard Contract for 2018/19](#) requires the full use of the NHS e-Referral Service (eRS) for all consultant-led first outpatient appointments.

From 1 October 2018, providers will only be paid for activity resulting from referrals made through eRS. This will support local health communities to plan for the [paper switch off](#) for elective referrals.

#### Purpose of this guide

This guide is designed to furnish primary care practices in London and West Essex with assurance, guidance and solutions to issues relating to using eRS for 2ww cancer referrals.

We hope that you will find this guide useful, if you have any comments please contact [england.tcstlondon@nhs.net](mailto:england.tcstlondon@nhs.net)

#### Contents:

1. eRS & Safety Netting
2. Pan-London suspected cancer referral forms
3. eRS and 2ww referrals
4. Examples of eRS 2ww directly bookable appointments

You can find a range of resources, additional information and guidance on eRS and the Paper Switch Off programme here: <https://digital.nhs.uk/services/nhs-e-referral-service> or if you are having issues using eRS please refer to the eRS Help System: <http://www.ebs.ncrs.nhs.uk/ers-help/index.htm>

From  
**1 Oct 2018**  
trusts will only take  
electronic referrals  
from GPs.



## The Early Diagnosis Team

<p><b>Julia Ozdilli</b> Associate Director- Early Detection</p>	<p><b>Dr Tony Brzezicki</b> Chair of Pan London Early Detection and Awareness Group SWL GP Lead</p>
<p><b>Zara Gross</b> Cancer Strategy Implementation Lead</p>	<p><b>Daniel Thomson</b> E-Referral Implementation Lead</p>
<p><b>Dr Anthony Cunliffe</b> Co- chair of Pan London Screening Improvement Group SEL STP GP Lead</p>	<p><b>Dr Lance Saker</b> CRUK Primary Care Diagnostic Lead</p>
<p><b>Judith Shankleman</b> Public Health Advisor</p>	<p><b>Bethany Wickramasinghe</b> ED Analyst</p>