Improving cancer recognition & referral; optimising safety netting

30 Sept 2020

Thank you for joining us.... the webinar will start shortly





Together we will beat cancer



### Joining you on Teams call today

### **Georgia Diebel**

Facilitator One Gloucestershire & BNSSG CCG

CRUK

### **Deborah Jones**

Facilitator Somerset, and N & E Devon

CRUK



### Before we start....

Please mute yourself to reduce background noise

✓ We encourage use of the chat box for questions

✓ We will be sharing slides after the presentation



# Before we start.... Using Microsoft Teams

You should be able to see this bar in the lower centre of your screen, or in the header. If it disappears just click the centre of the screen and it will reappear





**Troubleshooting tech** 

issues:

Move to a place with

# **CRUK Facilitator Programme:**

Work at PCN / cluster level to support health care professionals and primary care teams

We support prevention and early diagnosis activity

- Help understand local cancer data and how it compares with other areas
- Introduce a variety of early diagnosis tools and resources
- Provide training for clinical and non-clinical staff
- Share best practice and innovative solutions trialled in other areas
- Practical advice for approaching the Early diagnosis DES requirements



# **Outline for session**

- The Early Diagnosis agenda
- Maximising the potential of NG 12 for Recognition & Referral
- 5min Questions & Answers
- Safety netting
- 5min Questions & Answers session
- Useful resources



# The scale of the challenge

- One in two people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime
- Cancer cases are rising as our population ages
- In the UK, 1 in 4 deaths among adults are due to cancer

All Cancers Excluding Non-Melanoma Skin Cancer Plus Benign Brain Other CNS and Intracranial Tumours (C00-C97 (Excl. C44) D32-D33 D35.2-D35.4 D42-D43 D44.3-D44.5): 1979-2035

Observed and Projected Age-standardised Incidence Rates, by Sex, UK





# NHS long –term plan

"By 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to threequarters of cancer patients"

- ✓ Greater awareness of symptoms and preventative measures for the general public
- ✓ Lower threshold for referral for primary care
- ✓ Accelerate access to diagnostics and treatment
- ✓ Maximise the number of cancers identified through national screening programmes

https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf



# Why is early diagnosis a priority?

### **SURVIVAL BY STAGE AT DIAGNOSIS**





Data for people diagnosed in England in 2014 Source: ONS/PHE, Cancer survival by stage at diagnosis for England (experimental statistics)



## How are we doing currently?

### ONLY 54% OF CANCERS ARE DIAGNOSED AT AN EARLY STAGE

### THIS VARIES BY CANCER TYPE

### EARLY AND LATE CANCER DIAGNOSIS **STAGE OF CANCER WHEN DIAGNOSED, ENGLAND 2016** LATE EARLY (STAGE III + IV) (STAGE I + II) ALL CANCERS **BREAST CANCER\*** 54% 46% 85% 15% BOWEL CANCER LUNG CANCER 44% 56% 72% 28% **OVARIAN CANCER** PROSTATE CANCER 42% 58% 54% 46% \*Females only Source: Public Health England 2018

TOGETHER WE WILL BEAT CANCER cruk.org



### GPs and Cancer...

- You are likely to see 8 9 new cancer cases/ year, and possibly 1000s with symptoms *potentially* of cancer (Richards 2009)
- Even for the most common cancers (eg lung, colorectal, breast) an individual GP is likely to see on average about one new case/ year.
- For rarer cancers a GP might only see one new case of ovarian cancer once every 5 years, and potentially a new case of testicular cancer every 20 years.
- Around 1 in 200 patients with chronic cough will have lung cancer
- Covid-19 had a brutal impact on referrals which dropped by 60%



### WHERE CANCER PATIENTS FIRST REPORTED THEIR SYMPTOMS

Most cancer patients present to a GP first (GP surgery and GP home visit)



How can cancer referral guidelines improve earlier diagnosis?



### Suspected Cancer: Recognition and Referral NICE Guidelines (NG12)

### **Collaboration:**

- Specific safety netting recommendations
- Guidance on what information to give to patients with suspected cancer

**Practicality:** 

- Presented in two ways: by cancer site and by symptoms
- Recommendations also presented following investigations done in primary care
  - Allow for adaptations to local pathways
- Not intended to override clinical judgement

**Evidence:** 

- Move to a lower risk threshold for referral
- More emphasis on investigation in primary care and encouraging use of clinical acumen



## NG12: What does 3% risk look like?

If you received a safety recall notice explaining that there was a fault with your car that had a higher than 1 in 33 chance of breaking down and potentially killing you.

Would you take your car to be checked?







# First presentation/ clinical appearance

- Understanding the Cancer Referral Guidelines
- Give constructive patient communication
- Use of clinical decision support tools
- Ensure effective safety netting





# Investigation of related symptoms

- Knowledge of tests available in your area.
- Identifying the most appropriate pathway for the patient based on the presenting symptom using the most up to date cancer referral guidelines
- Use of decision support tools



## **CRUK NG12 Interactive Desk Easel:**

https://www.cancerresearchuk.org/sites/default/ files/nice\_desk\_easel\_final\_interactive\_version.p df





### Referral to secondary care

- Complete and accurate referral form to avoid delay
- Appropriate referral for those with non-specific symptoms
- Undertaking learning events (previously referred to as SEAs) if case can be learned from



## Pathway Challenges





# Recognition and Referral Tools and Resources



Together we will beat cancer

### NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL – SYMPTOM DESK EASEL 🛛 💠 🚔 🗭

This resource summarises NICE's 2015 referral guidelines for suspected cancer (NG12).

The information in this summary is correct to the best of our knowledge but does not replace clinical judgement. The full guidelines can be found here: https://www.nice.org.uk/guidance/ng12

If you have any feedback or want more information please contact earlydiagnosis@cancer.org.uk or visit our webpage http://bit.ly/10/V6U0 Please note, pathways may differ due to local variation in commissioned services.

Abdominal symptoms

Bleeding symptoms

Gynaecological / urological symptoms

Lumps and lymphadenopathy

Neurological / skeletal / pain symptoms

Respiratory symptoms

Skin / surface symptoms

Investigation findings

Non-specific symptoms

Children and young people

#### Safety netting summary

June 2016

CANCER

RESEARCH

Bonal College of

Ospanul Procriticitation

KEY		DVT.	Deepvain shiomboss	NV:	NausaaNomeing
A	Rated	ESRAV	Enviroppe sedimeniation rate	DG0	Upper GI endoscopy
2ww 40+	2 week was 40 and over the	IRC	or plasmaviscosity Fall blood cours	PSA SCC	Prostave specific aneigen Squamous cell caronoma
BCC	Basal cell carcinoma	FOBI:	Test for occus blood in faeces	508	Shormess of breath
BJP.	Bence-Jones provein urine test	GOR	Castro-oesidphageal reflux	USS:	Likraidound scan
COR.	ChesiX-ray	1DA	iron-deficiency anaemia	WBC	White blood call
CARE	Digkal rockal examination	LUTS:	Lower uninary erack symptoms		

CRUK NG12 Interactive Desk Easel:

https://www.cancerresearchuk.org/sites/default /files/nice\_desk\_easel\_final\_interactive\_version .pdf



### NICE: SUSPECTED CANCER RECOGNITION AND REFERRAL SYMPTOM REFERENCE GUIDE

Y to know generative () :	and the local data	BLEEDING		NEURO	LOGICAL	ABDOMINAL
Anne Lacian Anne Lacian	Constants and the second secon	Complained fination bioming		Tomo of Longenter	k. Handapatherine (propried ()	Approximate and tradicate Produces or +12 alone per res in warrant reprodity life (2)
Investment and some	uniter-lies	PROTECTOR NOT THE DR. NO.				Antonine Providence
Name of Street o	C Busides de la con-	Hanepys 4% 9 Par verspack 0 Res of tending with address 4 part/base in bowel fullar/weight ten/f/M-dB_0		i a constante de la constante	ORAL LESIONS	Suppose of cases patricing
Prepara dela seguina del construcción de la constru	C. and a	partitionage in beset followingin		107	COMPLETIONS	Aparent aller and the
hann an der ge Innier Report Ca	C Garactini C Internetale orbital Internetalectory				(Rotater templated - bet O	Specialized Connersed
	C Hon-separat school street	Wateral ()				Service Database C
Approved with	C Parthological and a	1111100			RESPIRATORY	ingunghowings) @
America los años phonor agra Part arabard/ lorder altronolyster Marcolos los años	C Pardolesses	LUMPS/ MASSES			RESPIRATORT	ARCONDUCTION OF
ernitatule' forficer	C Paulakasan Aspandetasettasikas Alte				Chain adda to program and an	Abstractual pain web weight to 40 + 10
Assess be affect calculated after to private	C Post o KNR	And O				Abstrated part with trend blowding in -52 (5
	Reality related	Authory 20x Cl Broan Aller Cl	A CONTRACTOR OF	6	Chara pan tanagtanah 40a mar manotratenan espanat C Chara pan tanagtanah wee	
CA426- Canadatar	C Monjecter. dock-phone and Rd*-advection	Broad - 18 C	and the second se		onapitusyariCErumpchour	Mandag a Gie C. Ogger detraind patrath any
Carabite Pandokaner oblend MRRCT unitate (her	Contraction - Miles	Nex 5 Conceptation II Max Co			Coupt Sarequared Alto sare unchediaderen opened C.	And a second pair with an
	C Republic dite	No. & Sponsore and acceptation () Parallel GTI can hadred ()			Casefi laresplated with date	And Andrews, Application, reserved, which and give the state
and have brand as	4) White Hall and hears strain NRM Halling - Annual Manual Annual Willis Manual Annual Malling I, Dial Willis Tay Annual II, Manual Malaya Malaya (NRA Annual Malaya Malaya (NRA Annual Malaya Malaya Annual Malaya Mala	Hyent O Vapul/abut brongtanet O		No.	appear in the C Hororen transformed and personnel for O One upto conclusion with cancer please denses for O	Comparison of the second pairs with an of anamera, Aplantice, training working in the C Residence of CP down par over in second pairs with weight to with even appendix bloc 10. And even appendix bloc 10.
NUMBER OF TAXABLE PARTY AND INCOME.	family cause (198)	COMPANY REPORTS	100	251	permanul dis Q	Abstration gain with sample to mility C
Elikopyanii Amerikaa keerekelian oolo rospipo	n, KMMPH Liphanopte neo-doctorily, Handak	through at well to add the O			ginand denotes 42+	BE gauge on adda 12 near
ed toward, POBR Type of Ann mining beinged on the	101.00 Merci dellemento	Supercharacterizations conscil 40+	1 Contraction	Carl I	Terge Chiceny His C	And Public and Public Con-
f many formaling 181	ER opgar fil stationaligie	Caree Acres & adults: @	876	2 av	Galacteristics of BALACH Fair machinelistics operand	A REAL PROPERTY OF A REAL PROPER
a Friedola specific and continuous, MIR disc	bonais and benalities; a radiation definessed south	DA INI		N'AL	ADD	Claused in possib reintage Unsignated life: O
	-	PAIN 6		000	weigh trialgrees kni 40% C	Designational with record three the
NON-SP		PARM All other tracks and hereaft much parm		-50	Bab umgistert gemerenger O	Mittage result bendry -60 ( Unregrammed in Arreads). () Derformationergenere and wergin too Mite
SYMPTO		with temphaterroganity O	C			Charlos al constantes anti
INVESTIGATION CONTRACTOR	dor: tang upper	Rack Continueres 6814 @				M. segment and a U news
ANCHIELOUS Nonplation correct COC, particular for arcalest/adur	C LACKAGED (1)	Acohol and accel lyingh node pare with tyrophatercopath O Rack and wangh too. Doi: 10 Rack and wangh too. Doi: 10 Rack apartitizersi (dir. C) Chen kanegaleneid 4th reney remaindebilitierson segment Chen kanegaleneid with completing tags act C (Directing) start appendix tool action		<b>7</b> 96 - 199		Bergelingen
IO: C	AL REAL PROPERTY.	Tanpartic Briength Knuthganter			UROLOGICAL	Wat weight first in Sile St
No. C Not cought appear arriver gin too d X cally callery per sonth in women C	De - Ca			2 V	MACKONIACAL SIMPROMS	SCo with Apkarken/M/W
NOTED IN WORKSTO	nperady in Site	SKIN		1	Encode-Appliancians C Hammanulis Mobile and	Internation C
WE		SEN OR IURIACE SYNPTONS	2		A 1/4 TO LODGE MARKING TO A 1/2 AVAILABLE OF	Michael Cal Manariani Michaeligis Ann Sila Cal Michaeligis Ann Seattle
ounge modeae	abseat/CRU	And vitrophyn C			Harristokokolin ant complained with parations interactional and	Hatt Antise ber ber ber ber ber
HALF TELL		And vitropiers () thraning () Napple contained charges	10.00		mattere to UII dia C Harmanita from width and	We C
	ege Koz 60 e . C	incompletion structuration			ana ada. IDu O	ROCINE DELANATION Process Set, malipulation
APPEAR.	beau aspected	Parale lessey/trans (111 deciladed)			Network and the set of	ALC: UNK
ATELIE Wy orchodiate Dir C Wincaspfrif/Dir weight knowgen stengtaneth dir yezhers 16+ 6 Integlated in wi	THIS SLAV	Panko oproporte afforming the Netskinsteiner.				Mid-weight has in Line C.
stangianest also	ar kan	Nerokin/pars C Preschael Annergianest @	GYNAE	COLOGICAL	Harrissels Middel II: Inne C Bostalar sekiepmen/Maps champh/seciet-champrisse	We
fremanistra 16+ 🍪	Alba L	Skin-change cappening brows concorr O Pripriet and leader with a weathroat	STREEDEDG		partie ()	
1318		A fighter services has a fight	Cove cancer	nt approximent () 1 - Mir provinsitier/*plantent 1	strategy by the state of the st	
Interplayed Interplayed with programmer aparty	photosophy'	Lesker suppose of sodular molanoma Q	Provincements on the	e and and pulpelike to an a	Cill screen barred and recovered perdoaved 40x C	
halipoparahoph	An O	hanker suggester of V.C. O	endouteur no wegt	na 10 herpfulsmann (0	Titto in make: C	
NACEN CELIBRING INTECTION	9464/101	concum data marrenn dolay may	Video Decempy	unpressen ()	Likeury organig familisem or -UN gen ingentities economic organisty into C	
trouplassed and p	personal .	Value bargete atom				
INCOMENTS STATES		hannigkanist O				
Whitesplanets productive policy watche	provene pay	SKELETAL				
WHERE O	10.2.1	PERSONAL PROPERTY AND A REAL PROPERTY AND A RE	2			
and		The b part with weight has title O			CHILDREN AND	
Abds to explained a	Tor St	Rack pair (perstant) 60x 0 Mano pair (perstant) 60x 0 France Menglanet 60x 5			ARCHINAL DIRPETING	Prantos and Ignobalis-spatial
OGHTLDB	And Barris Lincoln	Frankin keinigkansch (0)+ 151			Abdressed man in related	States and seglentings
Reeplatent com 3 CRC, parcente Receptor est onto 10.	C unitopical (D		EN ID ILLOS		dataronal regar S	name de la constantina de la c
Rangelow and sends a	generating firms	INVESTIGATION	FINDINGS		A COMPLEX AND A REAL PROPERTY AND A REAL PROPE	Allocation of the second secon
		MALE O	CHE NUCLEAS YS LUNC. CANESAV MERCY MERCY M	NUMERICAL PROPERTY AND ADDRESS OF	Statuty the deglared C	Allower and other.
Interplation with a design of the second sec	AA PERINA	Web recalible deg -52 O Webcar recalible deg -52 C	DERIGHTER CONTRACTOR	HIRARDER AND C	Torophotocogalay foreignand	122 with bright altractanty C
50 0 Inseptation with a leading 50 + 10 wat provided table to - 0 Net-coopt sharps an elegence for model 1 10 With prospherical	toropood	ADDRESS OF COMPACT AND COMPACT	NEW CORE T DANSE DIS. MITTH	AND ADDRESS OF THE ADDRESS OF ADD	tyrphology party (morphology) (probability party (provident) (prophability party (provident) (prophability party) (prophability party)	S.H. with by glashes paty C S.H. with gate enoughy keep jamen G
National Pharpe	ACCEMATINEE 603 Janver	Webcox recal bloeding fills: C Wable four-watch warren file: C	NUCLY YOR OF CONCEPT	MACHINE STRESSING LLC Q	IN C	THE FLOW
With Langed served a	(Promote)	of the supervised frances	0	·	Non absorbally of centerilar or CHE.	iteer partpreises in asigla
reptuck roputy	Sec.O	SP MELETS HILDHA O	ADDAVE AND COMPACTING WITH MITH MITH	REALING METHOD SUCCESSION OF	And a second second second second	these parabaneting taxong taxong
And a state of the second second	tion Co	ABLINGS GLOCIAL WITH VIEWLE DALMARTING IN WORKER DOLL	Rills res ()	IN RECEIPTION OF CHILD	f mapa (petiment 1)	Butthe broghted C
Winds allowed as an other	entral-scenarios/	Ch 125 Illuli ML O	Diversity and	INC RECEIPTION OF THE	f sagas (pertuant) () inter with (problems party) galaximophy (completed C) inter sharegalawed () https://www.party.com/) https://www.completed.com/)	UNDERSONAL DE
Product 1 With conseptancel program and an opport program and an program that Producted in we Produced in the Product of the Product o	torend gand	CA-125 - BECOM OF - STRAME	INCOMENTS WITH CONVERSION	MATERIAL TRANSPORTATION OF	Internationsplated ant present Q	Harrann-Adds a shareganed
nov occus diabete Rist: Aglastica/ray Jui	analycenamy	ACAPADINE MIC AND COMMITTENT			High years with the high street and the	
100		COMPANY SAL	10000		ALC: NOTE:	
ACH ADK			the a com exc2/s line	mary of the NET gastelines for surpresent or information in this surpreserve to the	RC Red Offers	CANCE

https://www.cancerresearchuk.org/sites/default/files/nice infographic\_poster\_march2016.pdf

### NICEimpact cancer

This report considers how our evidence-based guidance might contribute to improvements in the diagnosis and treatment of cancer.



Read the NICE cancer impact report (PDF)

https://www.nice.org.uk/Media/Default/About/what-wedo/Into-practice/measuring-uptake/nice-impact-cancer.pdf



Example actions for PCNs to **improve referral process** 

Increase awareness and use of the range of supporting resources available to

improve knowledge and confidence using NG12.



- ✓ Clinical Decision Support tools
- ✓ NG12 summary resources

(click underlined links for more detail)



Example actions for PCNs to **improve referral process** 

Review information patients are receiving at referral

 Agree and standardise information given to patients at referral (<u>CRUK patient webpage and</u> <u>leaflet available</u>)

- ✓ Agree methods for ensuring patient understanding (Letter? Text? Family member?)
- Standardise process for recording what information patient is received and how READ codes available



From the <u>Network Contract DES Specification</u> section 7.4.1.a -

7.4. Early Cancer Diagnosis 7.4.1. From 1 October 2020, a PCN is required to:

a. review referral practice for suspected cancers, including recurrent cancers. To fulfil this requirement, a PCN must:

- review the quality of the PCN's Core Network Practices' referrals for suspected cancer, against the recommendations of NICE Guideline 1252 and make use of:
- a. clinical decision support tools

b. practice-level data to explore local patterns in presentation and diagnosis of cancer; and

c. where available the Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms





Together we will beat cancer

### Overview of early diagnosis specification



Improve referral practice for suspected cancers, with a focus on safety netting, ensuring that all patients receive information on their referral.



Contribute to improving local uptake of National Cancer Screening Programmes working with local system partners.



Support the delivery of through a community of practice which supports peer to peer learning events, and engagement with local system partners.



## Improving referral practice - what's required?

From the <u>Network Contract DES Specification</u> section 7.4.1.a - **Review and improve referral practice for** suspected cancers, including recurrent cancers. This will be done by:

 i. Supporting practices to review the quality of their referrals for
 suspected cancer in line with NICE Guidance.
 Making use of CDS tools, reviewing practice-level
 data and utilising the new RDC pathway ii. Building on current practice to ensure a consistent approach to 'safety-netting' patients who have been referred urgently with suspected cancer or for investigations to exclude cancer iii. Ensuring patients are signposted to/ receive information including why they are being referred, the importance of attending
appointments and where they can access further support



### **CRUK GP Contract hub**

https://www.cancerresearchuk.org/health-professional/learning-and-support/resources/gp-contract-guide/delivering-the-pcn-service



Links to resources to support you on each DES requirement



# Chat box questions?





Safety Netting



### What are we required to do?

From the <u>Network Contract DES Specification</u> section 7.4.1.a -

7.4. Early Cancer Diagnosis 7.4.1. From 1 October 2020, a PCN is required to:

a. review referral practice for suspected cancers, including recurrent cancers. To fulfil this requirement, a PCN must:

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 <u>https://www.nice.org.uk/guidance/ng12</u>



Together we will beat cancer







# **Evidence base for Clinical Safety Netting**

### Study of GPs in England (Evans et al 2018)

- Uncertainty over the meaning of 'safety netting' among GPs in England
- Safety netting varies according to:
  - perceived risk of cancer
  - perceived reliability of each patient to follow advice
  - GP working patterns
  - time pressures



## Safety Netting: Diagnostic Accuracy

### Question

Research suggests the rate of false negative chest X-ray results before lung cancer diagnosis is:

a) 5%
b) 10%
c) 15%
d) 20%
e) 25%
Please answer in the chat box if you want to join in <sup>(C)</sup>


### Safety Netting: Diagnostic Accuracy

#### Answer

Research suggests the rate of false negative chest X-ray results before lung cancer diagnosis is:

- a) 5%
- **b) 10%**
- c) 15%
- d) Around 20%
- e) 25%



Safety netting whole practice approach SAFETY NETTING SUMMARY

UK



https://www.cancerresearch uk.org/healthprofessional/diagnosis/susp ected-cancer-referral-bestpractice/safety-netting

## Safety Netting Steps

- NSCS symptoms what to look out for and when, how to follow up.
- Continuity of care/adequate documentation
- Ensuring patients attend 2WW appointments
- Appropriate understanding of test results
- Best use of IT to support diagnosis



## What might cause delays?





## **Diagnostic decision making and Safety Netting**

#### Non-Specific but Concerning Symptoms (Vague Symptoms)

- Rarely presenting patient
- Unexplained weight loss
- Unexplained appetite loss
- Unexplained DVT
- No focal symptoms and nothing to fit 2WW but your gut feeling says.... Cancer
- GP last true generalist "hunch" hugely valuable 35% PPV increasing with GP experience and patient age <u>BMJ Open Article on GP Gut Feeling</u>



## Safety Netting and COVID-19

- NHS England and NHS Improvement have released <u>this guidance</u> which confirms that health professionals should continue to refer patients on 2 Week Wait and Urgent Referral pathways as normal during COVID-19.
- Balancing risk is at the core of referral decisions taken during this crisis, and should be part of conversations between health professionals and patients.
- Cancer risk algorithms are available in some of the <u>cancer decision</u> <u>support tools</u> which GPs might find helpful.
- Safety netting is crucial to mitigate the impact on patients when balancing risk during COVID-19.

Balancing risk is at the core of decisions taken during this crisis.



## Safety Netting and COVID-19 guidance

- Please refer to national and local guidance
- NHS England and NHS Improvement Guidance for Cancer Alliances Information on managing cancer referrals - 19<sup>th</sup> March 2020
- <u>NHS England and NHS Improvement Guidance for acute trusts Maintaining cancer treatments 30<sup>th</sup></u>
   <u>March 2020</u>
- <u>NHS England and NHS Improvement updated guidance for Cancer Alliances Advice to local systems</u> on maintenance of cancer treatment – 6<sup>th</sup> April 2020



Scenarios for patients presenting with symptoms during COVID-19 recovery phase



## 1) Patient is referred on urgent suspected cancer pathway

#### Safety Netting advice:

- Implement a system to document patients on urgent referral pathway and record how their referral is progressed in secondary care.
- Record safety netting advice given to patient on GP IT system - include method and type of consultation and record that the patient has been referred during COVID-19.
- Ensure the patient contact details are up to date.
- Maintain and regularly review patients referred to monitor progress of the cancer referral.

#### Patient Communication advice:

- Patients should be made aware that they are being referred on an urgent referral pathway for suspected cancer and the patient should be given an <u>urgent referral patient information leaflet</u> (local patient information leaflets are available).
- Where this isn't available, advise patients on when they are likely to hear from the hospital, and what to do if they have not heard anything within an explicit period of time.
- Prepare patients for the fact that there may be telephone consultations prior to any face to face appointment and diagnostic tests may be delayed.



## 2) Patient is not referred due to level of risk and/or patient concern

#### Safety Netting Advice:

- Implement a system to document patients who are not being referred or having diagnostic tests to ensure they are monitored and introduced into the testing/referral system when it is safer to do so.
- Record safety netting advice given to patient on GP IT system - include method and type of consultation and record that patient has been referred during COVID-19.
- Ensure patient contact details are up to date.
- Use GP IT system to set reminders to review patients to see if their symptoms have resolved, continue to persist or worsened.
- Maintain and regularly review documented patients to track those who are later referred on an urgent referral or have diagnostic tests when safer to do so and to manage those who need referral once risk of COVID-19 has reduced.

#### Patient Communication Advice:

- Ensure the patient understands why their cancer risk versus COVID-19 risk needs to be assessed and the importance of coming to a joint decision about the next course of action.
- Check the patient understands the safety netting advice (considering language and literacy barriers) bearing in mind the consultation may be on the telephone.
- Ensure patient is aware that if their symptoms worsen, they should contact their GP, and if they persist beyond an explicit period of time, they should get in touch.
- If the patient has chosen not to be referred at that time, inform the patient to contact their GP if they change their mind.



## 3) Patient has been referred on urgent suspected cancer pathway but has been downgraded

#### Safety netting advice:

- Implement a system to document patients who have been referred on an urgent referral and then downgraded with consent of the referring primary care professional
- Record safety netting advice given to patient on GP IT system - include method and type of consultation and record that patient has been referred during COVID-19.
- Use GP IT system to set reminders to review patients to see if their symptoms have resolved, continue to persist or worsened.
- Ensure patient contact details are up to date.

#### Patient Communication Advice:

- Check the patient understands the safety netting advice (considering language and literacy barriers) bearing in mind the consultation may be on the telephone.
- Ensure you have up to date contact details for patients who are being held on a safety netting list in practice.
- Ensure patient is aware that if their symptoms worsen, they should contact their GP, and if they persist beyond an explicit period of time, they should get in touch.

\*NHS England and NHS Improvement Guidance for Cancer Alliances information on managing cancer referrals—19th March 2020



## Safety Netting Tools and Resources



Together we will beat cancer

#### https://publications.cancerresearchuk.org/sites/default/files/publication-files/Your%20Urgent%20referral%20June%202020\_0.pdf

Your urgent referral explained		Your urgent referral expl	
	ptoms nitred the way are not diagnosed with cancer is wrong 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 Pletasenetarian cancer taken possible and an appointment arranged for you. Some of you'll be seen. For example, in England an urgent referral	What questions could I ask? Sometimes it's difficult to know what to ask your specialist Here are a few ideas that might make it easier. I my symptoms get worse, who should I contact? The should I make any changes to the medicines I'm taking? • What tests will i need to have?	
Ask your GP when you're	likely to get an appointment.	<ul> <li>How long will the tests take?</li> </ul>	
Receiving an urgent referral     Depending on where you live, you might get you: appointment directly from your GP surgery, or by phone, post or email     It's very important that you attend your appointment. If you can't make it, contact the hospital as soon as you can to rearrange     If your symptoms get worse, tell your GP.	Having tests     The appointment letter will include details of any tests you will have and any preparations you need to make.     You may need to have more than one test.     Call the number on your letter if you have any guestions.     Handy Hints	What will the tests feel like?     Do the tests have any side effects?     How long will it take to get my test results?     Who will give me the test results?     Who will give me the test results?     Who will give me the test results?     Who will ask?     What happens next?     What happens next?     What happens next?     What happens diagnosed with cancer you will be given lots of information by the bospital. You can also	
Handy Hints • Check your GP has your current contact details. • If you don't get your appointment details within a week, contact your GP surgery or the local number provided in this leaflet. Tell them it's an urgent suspected cancer referral. 2 Going to your appointment	Ask how you will get your results, how long it will take and make a note of this.     The person testing you will not usually be able to tell you your results. You may have to wait to speak to your specialist.     You can find information about different types of tests at: www.cruk.org/urgentrefernals	call a Cancer Research UK nume for information and support on freephone 0808 800 4040	
Your appointment letter will include: the time, where to go, who you're seeing and anything you need to do to prepare.     You may be sent straight for tests, or your might see a specialist first.     You may need to describe your symptoms again. It could help to write things down in advance.	<ul> <li>Getting results</li> <li>Your specialist, or sometimes your GP. Will explain your results.</li> <li>You may need to have further tests.</li> <li>The time it takins to receive your results varies – you may have to wait several weeks.</li> </ul>	Reeping a healthy weight or stopping smoking. These things reduce the risk of cancer. You can also consider screening when you are instead. If you'd like to know more go to www.cruk.org/health. Let us help you Find information about urgent refe Ask our specialist nurses 0808 800	
Handy Hints • Male sure you know where you're going • Think about arranging transport, time off work or childcare for the day of your appointment. • Try to bring a family member or friend with you for support. • Allow extra time in case it takes longer than you expect.	Handy Hints • If you have another appointment, try to bring a family member or triend with you • Bring a peri and paper to make notes. • If you have been waiting for your results for longer than expected contact your GP surgery or the local number provided on this leaflet. • Don't be afraid to ask questions.	About Cancer Research UK Cancer Research UK Cancer Research UK pioneers life-saving research to bring for- ward the day when all cancers are cured. From our volumeers and supporters to our scientists, doctors and nurses, we're all here to save more lives and prevent, control and cure all cancers.	
+ Make sure your mobile phone is charged.	Turri civez	If you would like to support our work, please call 0300 123 1022 or visit our website www.cruk.org Together we will beat cancer	

Id I ask?	Local contact details     Your GP might provide a local number     (below). You can use this if you have any	
ght make it easier: , who should I contact? s to the medicines I'm	questions about your appointment or results.	
s sporte medicines (m	•	
we? e?	3-11-0-11-111-111-02	
? effects?	· · · · · · · · · · · · · · · · · · ·	
t my test results? esults?	3	
appointment, who		
2		
ncer you will be given spital. You can also urse for information	Notes	
808 800 4040.		
cancer, it's still important ir body. Tell your GP if		
sual changes or if your		
seople think about		
th, for example by stopping smoking.		
of cancer. You can also u are invited. If you'd		
w.cruk.org/health.		
d information about un	gent referrals cruk.org/urgentreferrals	
our specialist nurses 0	808 800 4040*	
re your experiences ca	ncerchat.org.uk	
one lines open 9am-5	om Monday-Friday	



delargest descents on similar for ideal features. Max 20227. Due for stronge by fatoreday 2023. Canter Measure LM & a regiment stranty in the ine of Mar 22202 and Myrey (247)



#### Safety netting resources

https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety\_ netting#safety\_netting0

<u>CRUK safety netting table</u> also available as a <u>flow chart</u> from patient's first reported symptoms to diagnosis.

MacMillan's Primary care top 10 tips: safety netting(link is external)

Pan London suspected cancer safety netting guide

Pan London and MacMillan safety netting guideline, 2015(link is external) .

EMIS Safety netting tool(link is external)

Checklist for tracking TWW, including pre-TWW investigations

Learning events (previously known as Significant Events Audit)(link is external) RCGP/MacMillan comprehensive guideline, tools and a template for conducting learning events at the practice level

National Cancer Diagnostic Audit

Practice Level data; https://fingertips.phe.org.uk/profile/cancerservices



# Chat box questions?



CRUK Facilitator support is free but please help us learn too by completing the feedback form

Please see the link in the chat box

thank you



Contact Us Cancer Research UK Wales, South West England and Wessex Facilitator Team

#### **Georgia Diebel**

Facilitator georgia.diebel@cancer.org.uk

#### **Deborah Jones**

Facilitator deborah.jones@cancer.org.uk

### Together we will beat cancer

