

# Improving cancer recognition & referral; optimising safety netting

30 Sept 2020

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



CANCER  
RESEARCH  
UK

Together we will beat cancer



# Joining you on Teams call today

**Georgia Diebel**

Facilitator  
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BNSSG CCG

CRUK

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Facilitator  
Somerset, and  
N & E Devon

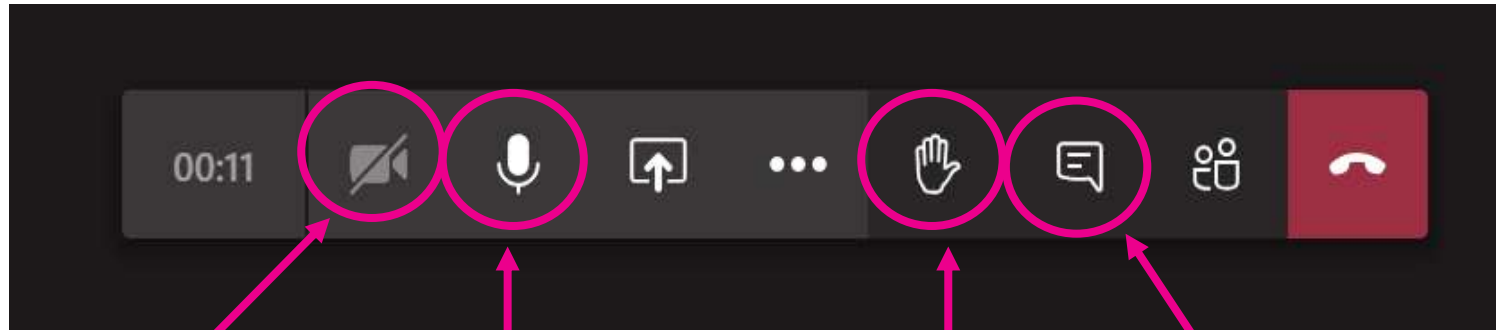
CRUK

# 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



To turn your  
Camera on/off

To mute and  
unmute  
yourself

To raise/lower your  
hand

To view and use the  
chat box – please use  
for discussion and  
questions

## Troubleshooting tech issues:

- Move to a place with  
stronger Wi-Fi signal

- Try headphones if no  
sound

- Turn your camera off if  
Wi-Fi is poor

- Leave and re-join the call  
using the initial invite link

# 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

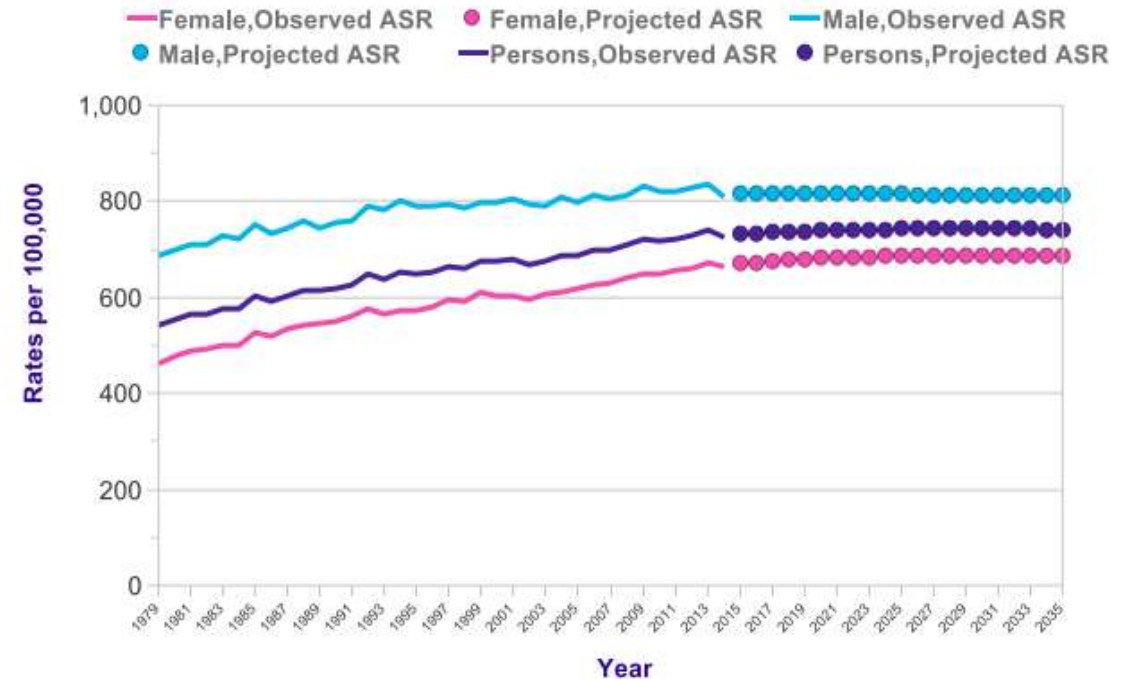
# Outline for session

- **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

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 three-quarters 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



= PEOPLE SURVIVING THEIR CANCER FOR ONE YEAR OR MORE

DIAGNOSED **EARLIER**  
AT STAGE I

DIAGNOSED **LATER**  
AT STAGE IV



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

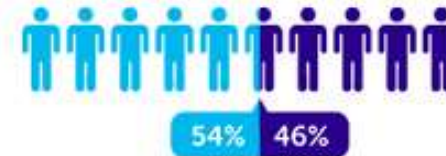
STAGE OF CANCER WHEN DIAGNOSED, ENGLAND 2016

EARLY  
(STAGE I + II)



LATE  
(STAGE III + IV)

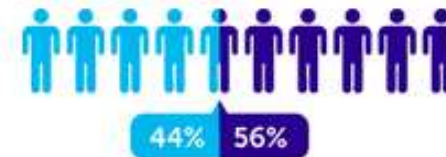
### ALL CANCERS



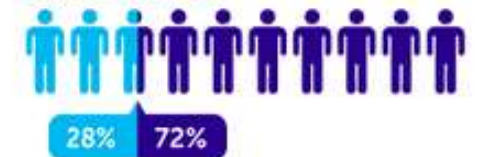
### BREAST CANCER\*



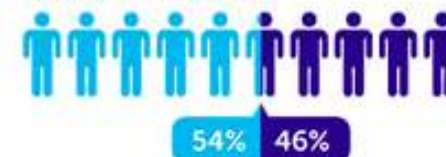
### BOWEL CANCER



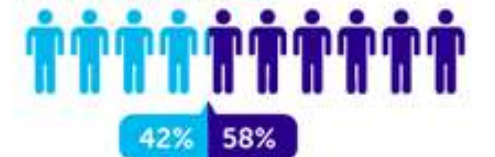
### LUNG CANCER



### PROSTATE CANCER



### OVARIAN CANCER



\*Females only

Source: Public Health England 2018

TOGETHER WE WILL BEAT CANCER  
cruk.org

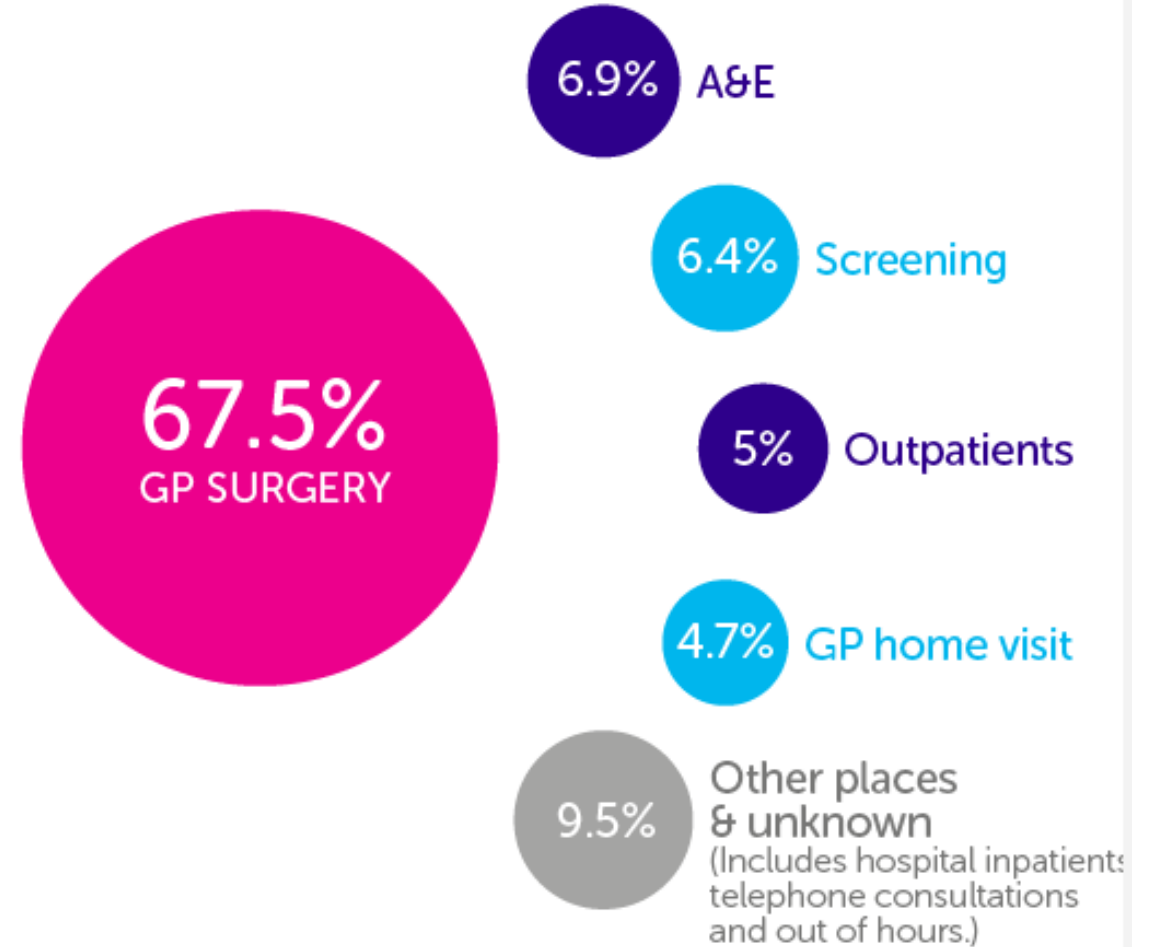


# GPs and Cancer...

- 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%

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

## WHERE CANCER PATIENTS FIRST REPORTED THEIR SYMPTOMS



Source: National Cancer  
Diagnosis Audit 2017, BJGP  
**LET'S BEAT CANCER SOONER**  
cruk.org



# 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:

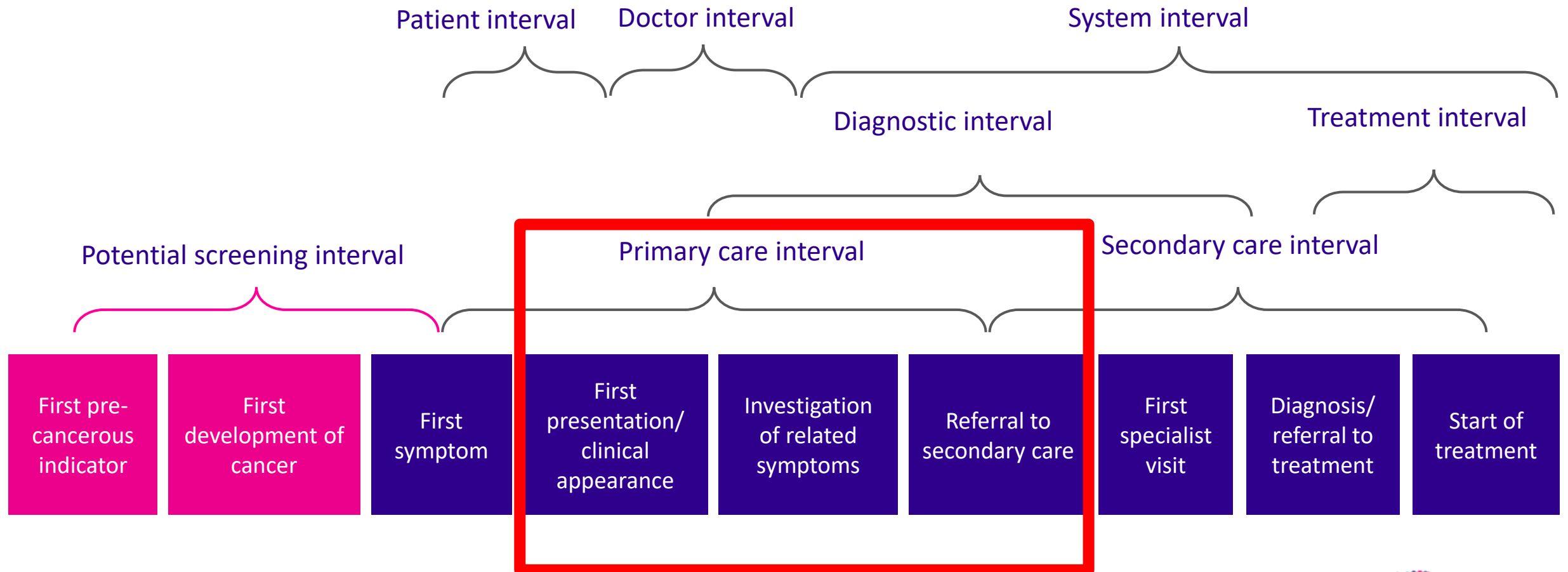
[https://www.cancerresearchuk.org/sites/default/files/nice\\_desk\\_easel\\_final\\_interactive\\_version.pdf](https://www.cancerresearchuk.org/sites/default/files/nice_desk_easel_final_interactive_version.pdf)



## 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



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## 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](mailto:earlydiagnosis@cancer.org.uk) or visit our webpage <http://bit.ly/1QIV6U0>

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

KEY					
*	Raised	DVT	Deep vein thrombosis	NV	Nausea/Vomiting
2ww	2 week wait	ESR/CRP	Erythrocyte sedimentation rate or plasma viscosity	OGD	Upper GI endoscopy
40+	40 and over etc	FBC	Full blood count	PSA	Prostate specific antigen
BCC	Basal cell carcinoma	FOBt	Test for occult blood in faeces	SCC	Squamous cell carcinoma
BJP	Beneco-Jones protein urine test	GOR	Gastro-oesophageal reflux	SOB	Shortness of breath
CR	Chest X-ray	IDA	Iron deficiency anaemia	USS	Ultrasound scan
DRE	Digital rectal examination	LUTS	Lower urinary tract symptoms	WBC	White blood cell

June 2016



# CRUK NG12 Interactive Desk Easel:

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

- ✓ Gateway C
- ✓ 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 ([CRUK patient webpage and leaflet available](#))
- ✓ Agree methods for ensuring patient understanding (Letter? Text? Family member?)
- ✓ Standardise process for recording what information patient is received and how – READ codes available

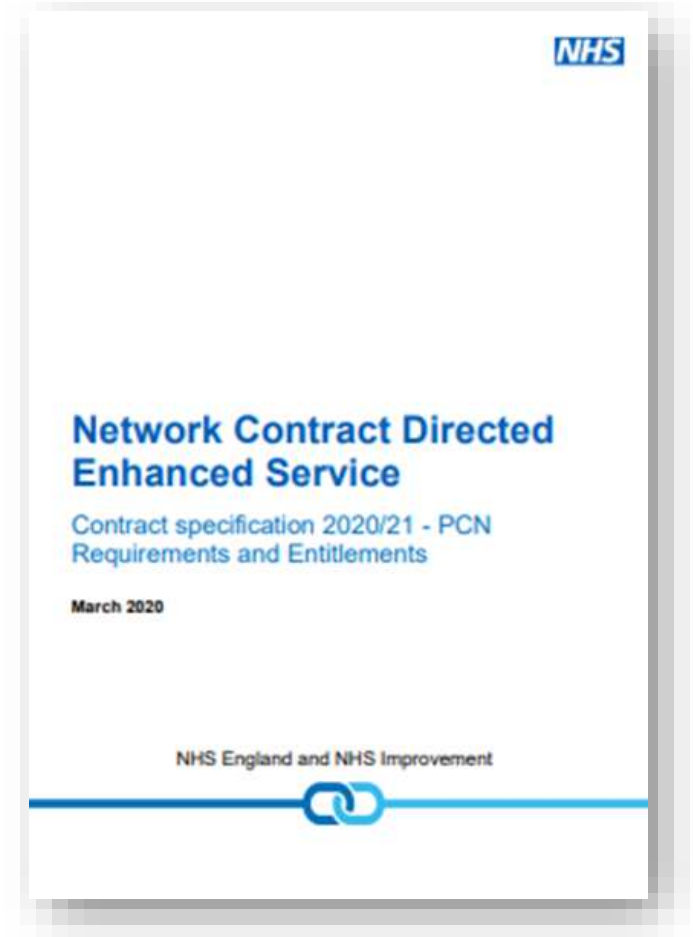
From the [Network Contract DES Specification](#) section 7.4.1.a -

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:
  - i. 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



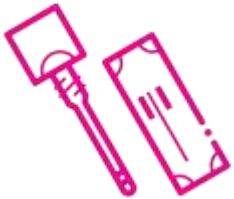
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# Overview of early diagnosis specification



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 [Network Contract DES Specification](#) 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>

## Review referral practice:

What's required in 2020/21



Getting started



Where else can I get support?



## Contribute to improving local uptake of National Cancer Screening Programmes

What's required in 2020/21



Getting started



Where else can I get support?



Links to resources to support you on each DES requirement

# Chat box questions?



# Safety Netting

# What are we required to do?

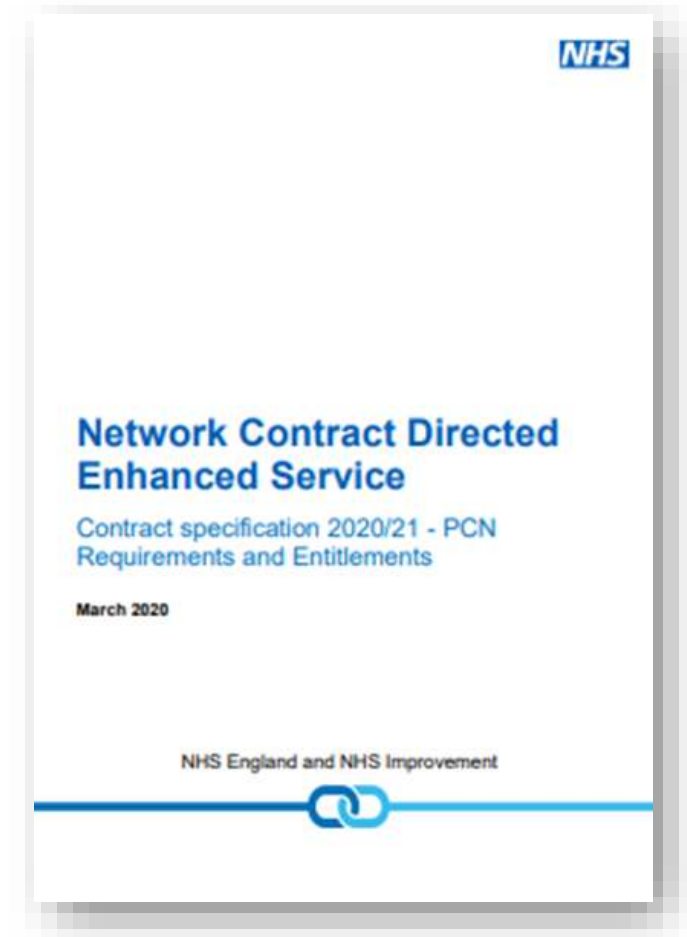
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7.4. Early Cancer Diagnosis 7.4.1. From 1 October 2020, a PCN is required to:

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



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# 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 😊

# Safety Netting: Diagnostic Accuracy

## Answer

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

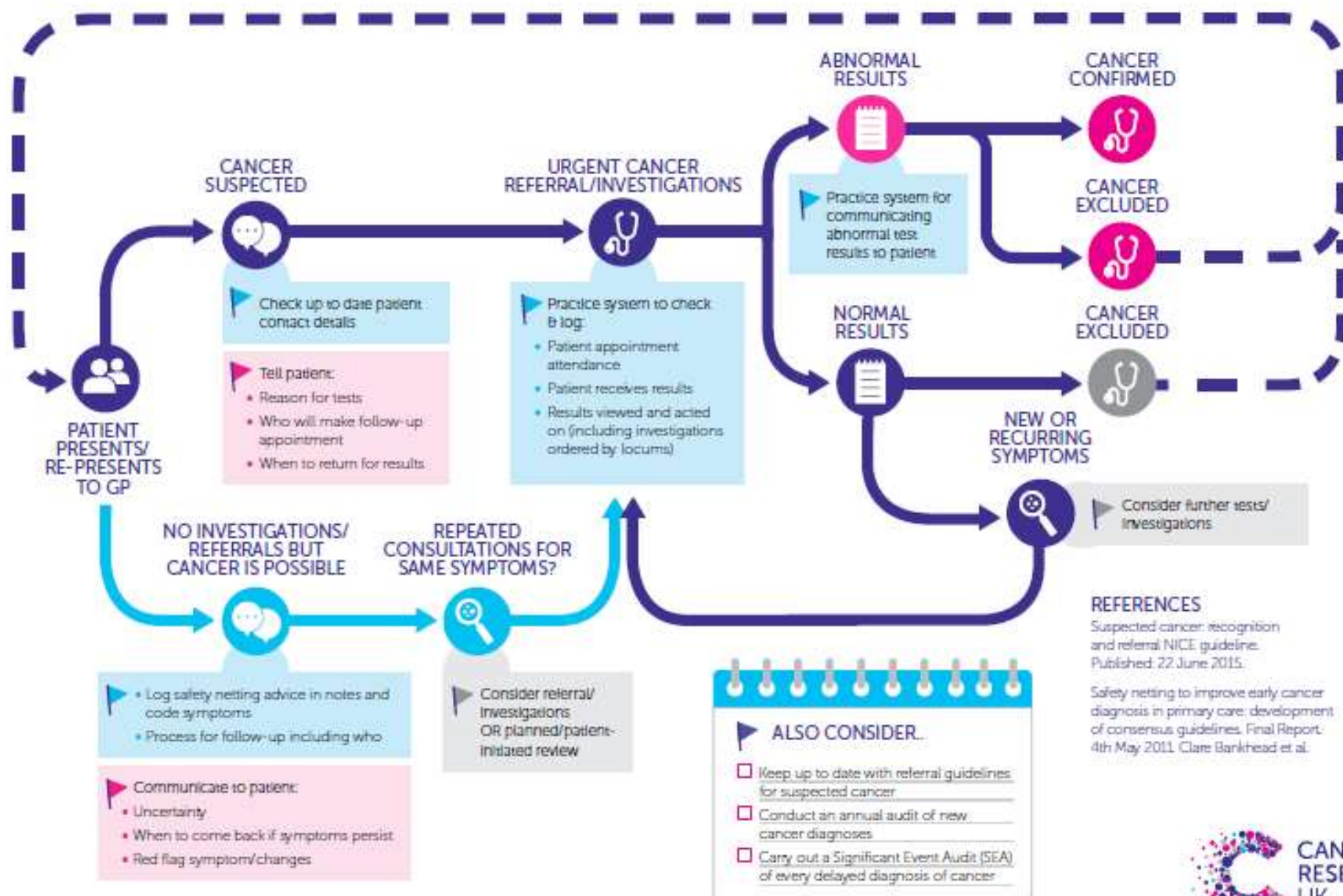
- a) 5%
- b) 10%
- c) 15%
- d) **Around 20%**
- e) 25%



# Safety netting whole practice approach

## SAFETY NETTING SUMMARY

▶ Patient communication
▶ GP consultation
▶ Practice process/system
▶ Education

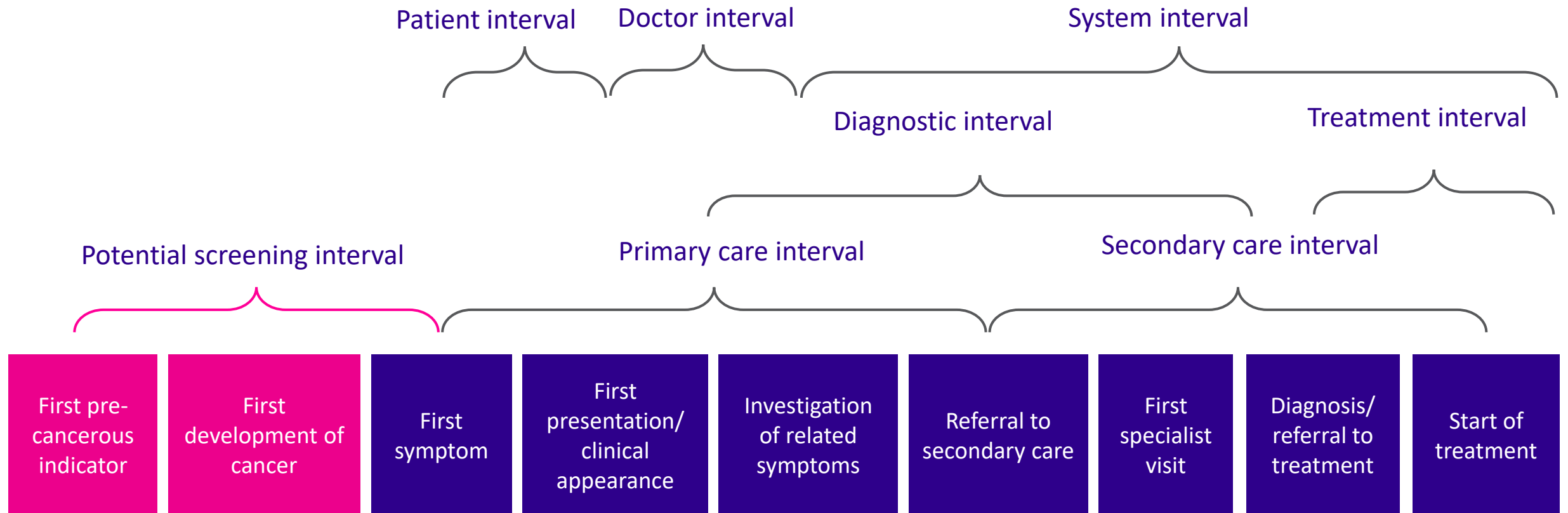


<https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting>

# 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 [BMJ Open Article on GP Gut Feeling](#)

# Safety Netting and COVID-19

- NHS England and NHS Improvement have released [this guidance](#) 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 [cancer decision support tools](#) 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
- NHS England and NHS Improvement Guidance for acute trusts – [Maintaining cancer treatments](#) – 30<sup>th</sup> March 2020
- NHS England and NHS Improvement updated guidance for Cancer Alliances - [Advice to local systems 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 [urgent referral patient information leaflet](#) (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



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## Your urgent referral explained



### What is an urgent referral?

Your GP has arranged for you to see a hospital doctor (specialist) urgently. This is to investigate your symptoms further. You may have some tests to find out what is wrong and if it could be cancer.

More than 9 out of 10 people\*

referred this way are **not** diagnosed with cancer



### How quickly will I be seen?

An urgent referral will be processed as quickly as possible and an appointment arranged for you. Some of the UK nations have targets around how quickly you'll be seen. For example, in England an urgent referral means that you should see a specialist within 2 weeks.

Ask your GP when you're likely to get an appointment.

### 1 Receiving an urgent referral

- Depending on where you live, you might get your 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.

#### 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

- 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 you might see a specialist first.
- You may need to describe your symptoms again. It could help to write things down in advance.

#### Handy Hints

- Make 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.
- Make sure your mobile phone is charged.

### 3 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 questions.

#### Handy Hints

- 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/urgentreferrals](http://www.cruk.org/urgentreferrals)

### 4 Getting results

- Your specialist, or sometimes your GP, will explain your results.
- You may need to have further tests.
- The time it takes to receive your results varies – you may have to wait several weeks.

#### Handy Hints

- If you have another appointment, try to bring a family member or friend with you.
- Bring a pen 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.

Turn over...

## Your urgent referral explained



### 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:

- If my symptoms get worse, who should I contact?
- Should I make any changes to the medicines I'm taking?
- What tests will I need to have?
- How long will the tests take?
- 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?
- If I have questions after the appointment, who should I ask?

### What happens next?

If you are diagnosed with cancer you will be given lots of information by the hospital. You can also call a Cancer Research UK nurse for information and support on freephone **0800 800 4040**.

If you aren't diagnosed with cancer, it's still important that you pay attention to your body. Tell your GP if you notice any new and unusual changes or if your symptoms don't get better.

A health scare makes some people think about improving their general health, for example by keeping a healthy weight or stopping smoking. These things reduce the risk of cancer. You can also consider screening when you are invited. If you'd like to know more go to [www.cruk.org/health](http://www.cruk.org/health).

### Local contact details

Your GP might provide a local number (below). You can use this if you have any questions about your appointment or results.

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### Notes

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Let us help you find the answers

Find information about urgent referrals [cruk.org/urgentreferrals](http://cruk.org/urgentreferrals)

Ask our specialist nurses **0800 800 4040\***

Share your experiences [cancerchat.org.uk](http://cancerchat.org.uk)

\*Phone lines open 9am-5pm Monday-Friday

### About Cancer Research UK

Cancer Research UK pioneers life-saving research to bring forward the day when all cancers are cured. From our volunteers and supporters to our scientists, doctors and nurses, we're all here to save more lives and prevent, control and cure all cancers. If you would like to support our work, please call **0300 123 1022** or visit our website [www.cruk.org](http://www.cruk.org) Together we will beat cancer



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# Safety netting resources

[https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting#safety\\_netting0](https://www.cancerresearchuk.org/health-professional/diagnosis/suspected-cancer-referral-best-practice/safety-netting#safety_netting0)

[CRUK safety netting table](#) also available as a [flow chart](#) 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**

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**Deborah Jones**  
Facilitator  
[deborah.jones@cancer.org.uk](mailto:deborah.jones@cancer.org.uk)

**Together we will beat cancer**