NHS
Barnsley Clinical Commissioning Group

Cancer Briefing – BEST
20 January 2021

Your Session:

- Facilitator Siobhan Lendzionowski, Barnsley CCG – Lead Cancer Programme
- What would help you to manage the Current position/impact of COVID for the Cancer Pathway? – Dr Kadarsha CCG Governing Body Clinical Lead
- Q&A throughout
- How will the New Primary Care Clinical decision making tool support Primary Care – Siobhan Lendzionowski
- How will the Rapid Diagnostic Components Progress Impact Primary Care? – Dr Kadarsha
- New Lower GI Pathway & FIT as Primary Care Initiated Test – Mr Mike Simms, CCG, Governing Body – Secondary Care Lead
- What is your experience of the Vague Symptoms Pathway & how can we improve it? – Dr Kadarsha
- How can we improve Quality of Referrals as a PCN? - Dr Kadarsha

Current position – Impact of COVID, minimising harm

- There is a national cancer service delivery taskforce overseeing the recovery programme, work continues at ICS level via the Cancer Alliance.
- All screening programmes have been impacted
- BHNFT on the 14th December for referral timescales details 84 people who are waiting for a diagnosis or treatment to start after 62 days from being referred by their GP.
- **Question -** ***What would help you to manage the Current position/impact of COVID for the Cancer Pathway? Are you confident safety netting is in place?***

Cancer Pathways - Behavioural science tool

In July 2020 the Lancet highlighted that ‘substantial increases in the number of avoidable cancer deaths in England are to be expected as a result of diagnostic delays due to the COVID-19 pandemic in the UK’.

We are planning to implement targeted nudge interventions across the wider cancer system to reduce harm from missed cancers and ensure patients access services, diagnostics and complete treatment pathways.

Behavioural science is a new approach – based on the study of human habits, actions and intentions. It recognises that traditional approaches of educating and informing people don’t work as well as we previously thought and incorporates a much wider set of factors.

Cancer Pathways - Behavioural science tool

Three simple concepts:

- **Push** – use of targeted nudges with community connectors that engage with identified population to push them to their GP instead of sitting on symptoms
- **Pull** - use of targeted nudges to engage those identified through the primary care workforce to pull people into the primary care system rather than sitting on symptoms
- **Stick with** – use of nudge messages across the identified cancer specific treatment pathways to ensure patients access services, diagnostics and complete treatment pathways

These nudges will be designed collaboratively at place level.
Workshops will be facilitated in early 2021 to support co-design of these nudges.

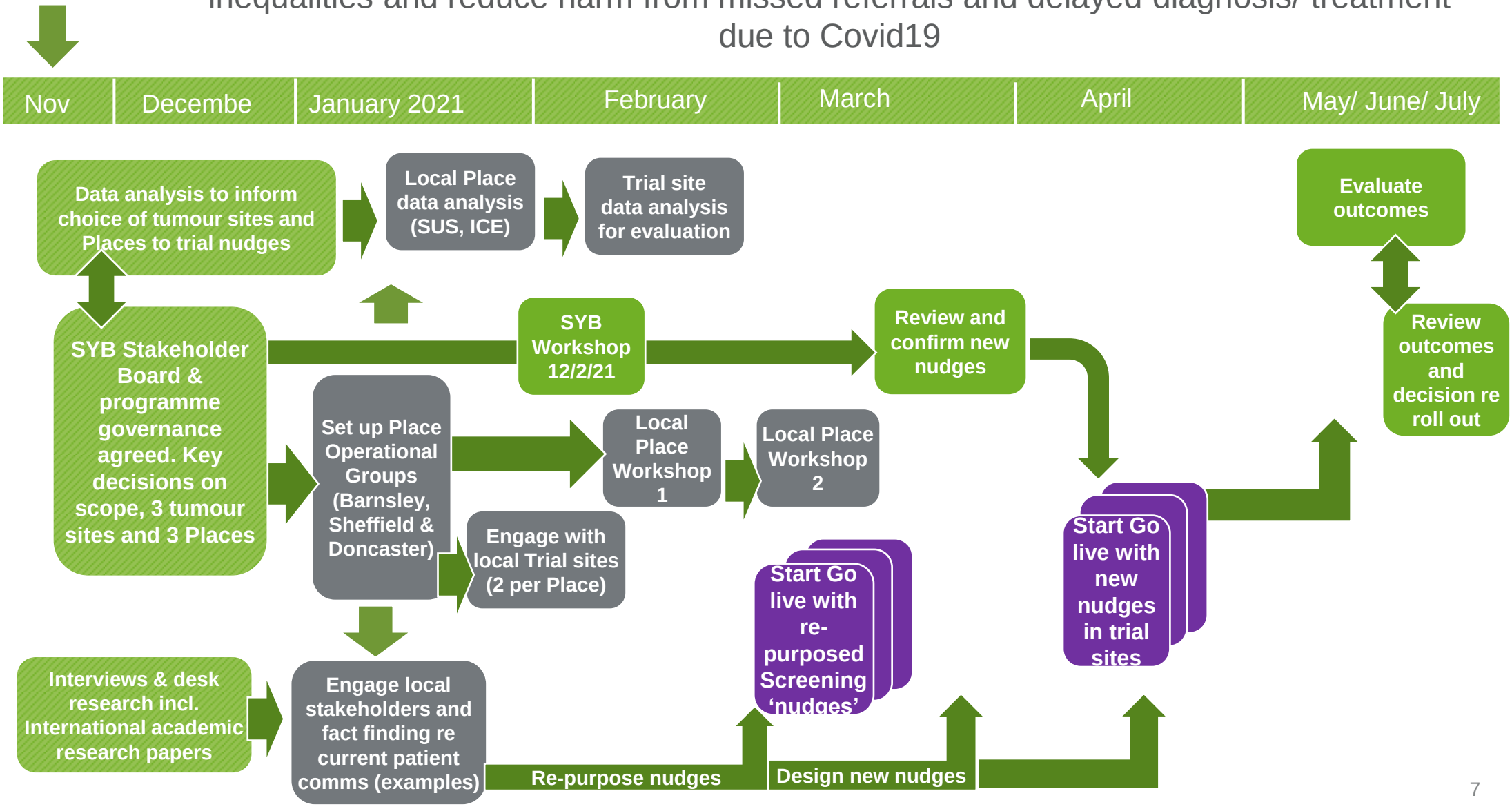
Cancer Pathways - Behavioural science tool

The focus is:

- Communicating that NHS cancer services are ‘open for business’ and safe to engage with.
- Missed referrals, due to covid-19. Getting more people with early stage cancer symptoms through the door in primary care, attend for vaccinations . Initially concentrating on Lung, Upper GI and Head and neck pathways.
- Encouraging people who receive a cancer diagnosis to stick with treatment pathways.
- Example – updating text messages, wording in letters, how use ‘words’ to nudge people to come for appointments. So not extra work for practices but about maximising how communicate

Question - Do you feel behavioural science will be a helpful tool to improve cancer pathways?

Proposed Roll Out: Based on a successful trial in Cervical Screening, the SYB Cancer Alliance has commissioned a further Behavioural Science programme to focus on inequalities and reduce harm from missed referrals and delayed diagnosis/ treatment due to Covid19



How will the New Primary Care Clinical decision making tool support Primary Care?

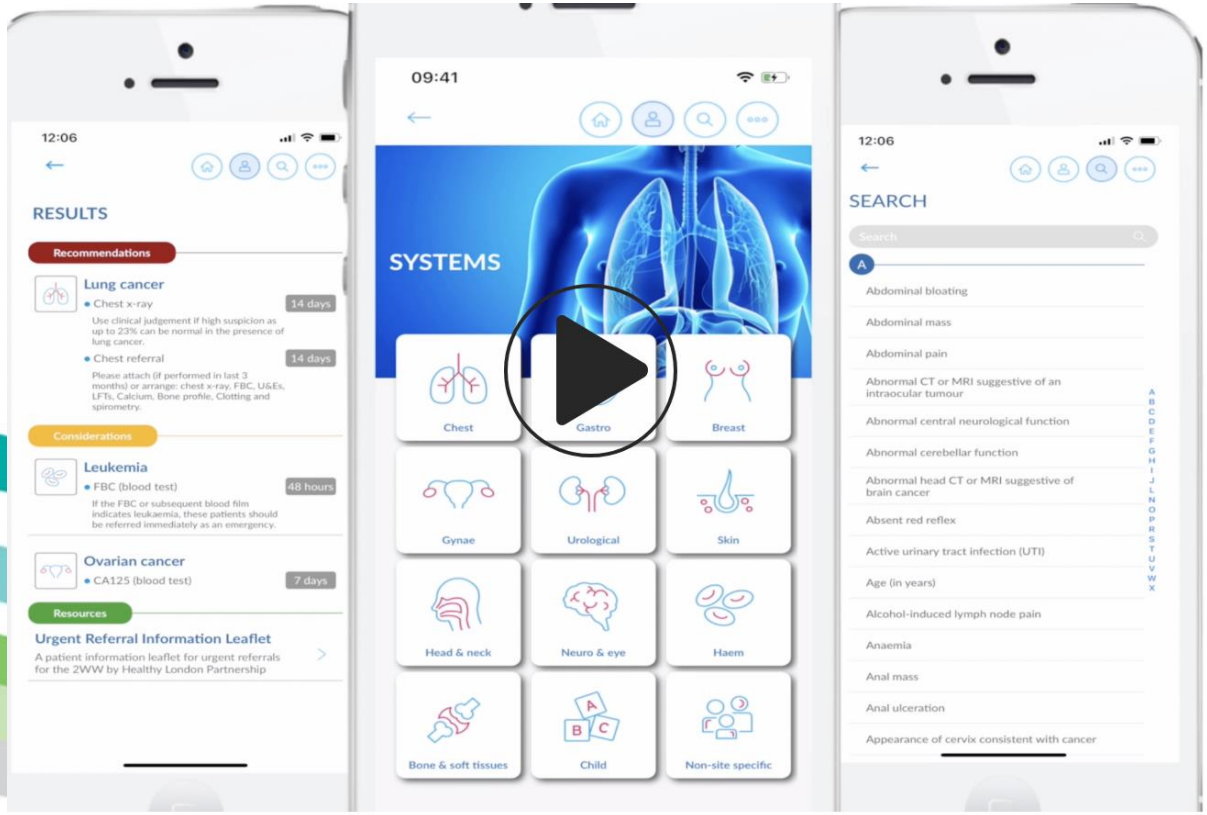
The Clinical decision **C-signs** making tool will:

- Be introduced across the Primary Care Network from February 2021
- Be applied across all the Cancer 2 week wait pathways
- Improve the referral process for GP's by simplifying decision making
- GP accessible dashboard detailing progress of each referral to support quality assurance and enable greater oversight of patients

Question – What efficiencies can you see being delivered by the clinical decision making tool?

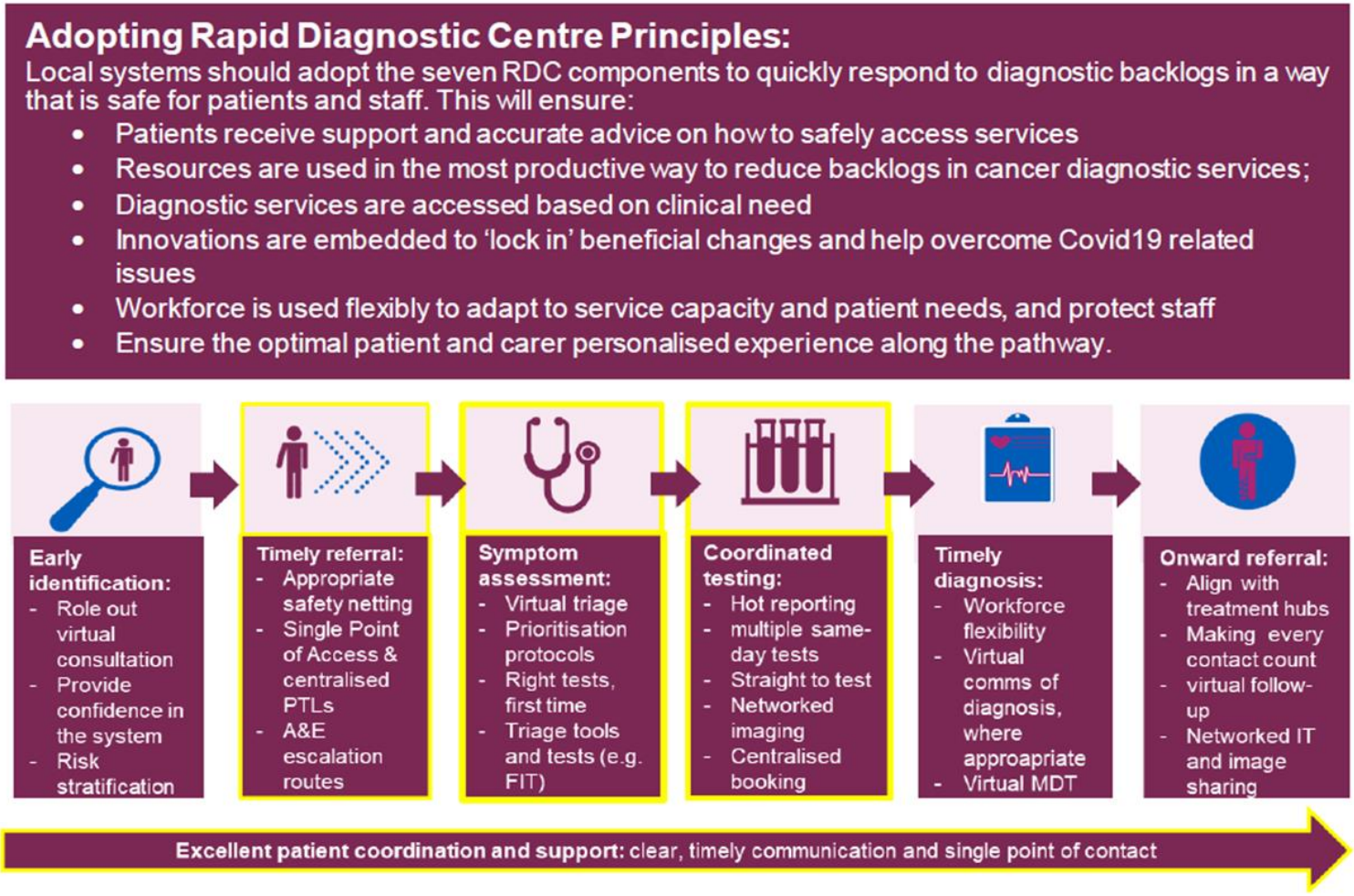
C-Signs

- https://cthesigns.co.uk/



Rapid Diagnostic Components

The seven rapid diagnostic components (RDC) are designed to make the pathway quicker for the patient, to ensure the patient care is co-ordinated more efficiently and the patient experience much improved.



Rapid Diagnostics Components

The RDC principles are intended to deliver;

- Increasing patient referrals can be triaged by nurses
- Increasing patient referrals do not require a face to face appointment before diagnostic testing
- Upskilling of staff to release capacity from higher staff grades to manage complex care patients
- Increased number of tests which can be undertaken in one day will, reducing the number of people diagnosed with cancer at a late stage or via route referral pathways.
- Improving the efficiency and clinical decision making across a number of the cancer 2 week wait pathways.

Rapid Diagnostics Components

- Increased co-ordination and navigation for the patient between Primary Care and Trusts if they are considered to have 'suspected cancer' via a specific staff member

- Introduction of a trans-perineal biopsy procedure into BHNFT to minimise health complication for people on the urology pathway

- Embedding faster diagnosis within 28 days across the head and neck, lung and upper/lower GI pathways

- Increasing and embedding the Vague Symptoms pathway across Primary Care to reduce the number of people being diagnosed with cancer at a late stage

- Putting place a shared Project team across BHNFT and the PCN – includes increase in navigator type roles.

New Lower GI Pathway

- What is wrong with the present referral guidelines?

New Lower GI Pathway

- The Cancer Alliance is launching a new pathway using FIT in February 2021.

New Lower GI Pathway

- How accurate is FIT?
  - FIT <4. Virtually no CRC but high numbers of false positives
  - FIT 4-9.9 A few CRC but much fewer false positives
  - FIT 10-100 high chance of CRC
  - FIT >100 Very high chance of CRC

New Lower GI Pathway

Planned pathways;

- Patients with rectal bleeding, rectal or abdominal mass or anorectal ulcer need 2ww referral.

- All other patients with lower GI symptoms will require FIT, FBC and ferritin.
  - If FIT >10 patients will need 2ww referral, plan straight to test.
  - If FIT 4-9.9 and anaemia with low or high ferritin or high platelets need 2ww referral.

- Other patients reassess for need for other referrals or reassurance.

Question – What would help you manage or submit referrals to the new Lower GI Pathway?

Vague Symptoms

What is your experience of the Vague Symptoms Pathway?
How can we improve it?
How many of you know about this pathway?
How many have used it?

A Final Note on Referrals:

It appears that not all referrals forms not completed correctly so causing delay.

It is important .. delay/wait times , clinical triage priortisation

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Thank You

- Questions?
- Concerns?
- Comments?

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