

Facilitating interface between primary care and secondary care

Improving cancer screening for marginalised groups in Kingston



Anecdotal evidence abounds about the difficulties faced by people who are traditionally marginalised, e.g. people with learning difficulties, in relation to cancer screening and diagnosis. This results in

delays in accessing healthcare services, leading to a greater burden on costly emergency care, as well as increased public health risks.

The goal of the project is to increase cancer screening in people unregistered with a GP surgery in Kingston, as well as those registered but who do not traditionally respond well to call recall systems.

The project has been developed by Kingston Public Health, where a public health development worker has been recruited to work with communities to help develop an approach to reaching these patients.

GP education

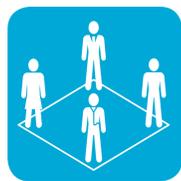


New NICE guidance has been created to help GPs make decisions on cancer referrals. Initial feedback from primary care suggests that support in interpreting this guidance would be helpful for GPs.

Recognising potential cancer symptoms at an early stage is pivotal to a patient's survival, and that often rests with the GP, who may or may not have had recent cancer-specific training.

We propose to run four engagement events across west London that will focus on the latest cancer evidence and guidance. Each event will be able to cater for 100 attendees and therefore this will enable 400 GPs in our system to attend these events. GPs normally have to pay to attend these types of courses but by providing them 'free of charge', we believe they will be exceptionally popular. The events will also be made available to practice nurses.

Safety netting



Safety netting encompasses a range of methods, including verbal, written and electronic. Historically GPs have implemented verbal and written safety netting methods to ensure that patients at risk of cancer are identified

and monitored/tested. There is currently wide variation in approaches, and GP practices are asking for practical solutions about how to safety net.

Technical advancements in patient healthcare records have enabled electronic safety netting methods to be developed that minimise stress for patients and GPs and ensure a seamless and safe process whereby practices, involving administrators and clinicians, can proactively track and recall patients for timely reviews. Electronic safety netting tools are being developed across London for EMIS, Vision and SystemOne and provide a simple yet effective method to help primary care organisations.

Our project aims to shift from a historical 'reactive' verbal and written approach to a more robust and 'proactive' electronic approach, making use of the new tools that have been developed.

This will involve hosting a number of engagement events for primary care, to demonstrate the tools available to practices, and the development of an online tutorial for practices to use beyond the events and ensure sustainability.

Lead cancer nurse



This project will appoint a cancer nurse to provide leadership across the primary/secondary care interface. The project will be piloted with Croydon University Hospital and a number of GP practices in Croydon.

The project will focus on:

- Increasing Holistic Needs Assessment adherence
- Increasing completion of treatment summaries received at primary care practices
- Improving communications from secondary to primary care

This project will extend the acute Trust lead cancer nurse role as a joint appointment between primary and secondary care. The lead cancer nurse will work with the CCG lead for cancer and Macmillan GP to strengthen the relationships across Croydon.

Improving bowel screening in west London



The national bowel cancer screening programme aims to detect bowel cancer at an early stage before symptoms have a chance to develop. Men and women from the age of 60 are eligible. The national target for

the uptake of bowel screening is 60% but across west London, CCG performance varies from 54%, to as low as 36%.

In England, the bowel screening programme currently uses FOBt (Faecal Occult Blood Testing), which looks for hidden traces of blood in stool. Currently eligible patients are left to their own devices to complete the testing kit that has been sent to them.

Our project will involve organising calls to help talk patients through the process, re-order a testing kit if it has been misplaced, and generally answer any questions that patients may have. The calls will be made by an external company who will record the information collated.

Primary care support for cervical screening



Across the whole of the UK women are invited for cervical screening between the ages of 25 and 64. Women aged 25–49 are invited every three years and women aged 50–64 are invited every five

years. However attendance of this life-saving test is at a 19 year low.

The national target for the uptake of cervical screening is 80% but in west London, CCG performance varies from 54% to 73%.

A report by Jo's Cervical Cancer Trust, published in January 2017, audited activities undertaken by local authorities and clinical commissioning groups to increase cervical screening coverage in England.

Based on these findings RM Partners has developed an approach to increase access to cervical screening clinics. Working with GP Federations in west London, RM Partners will enable early morning and evening clinics, designed to be easily accessible for women for whom a daytime appointment is difficult to arrange due to work or family commitments. The clinics will be hosted by GP practices or hubs that are most accessible by public transport.

For more information

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