

NEL Cancer Alliance Primary Care Update June 2023

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1 Suspected Cancer Referrals

To support our providers, it is vital to explain to people that they are being referred urgently for suspected cancer. We want to avoid an unwelcome surprise when the hospital calls and also want to ensure that the patient knows that they need to be available for an appointment in the next two weeks. Often an appointment will be offered within one week.

Most urgent suspected cancer pathways follow tight protocols to investigate and diagnose patients within 28 days. Many of these pathways will offer straight-to-test investigations. Please ensure hospitals have full information at the outset about a patient's presenting complaint and their ability to undergo investigations safely, such as health status and full blood count and renal function undertaken within the last 3 months.

In addition, please be aware of the national requirements for management of urgent suspected cancer (including non-specific symptoms) and breast symptomatic referrals:

- Standardised pan-London USC referral forms for urgent suspected cancers should be used to ensure consistency and completeness of referral information.
- If a consultant thinks the referral is inappropriate this should be discussed with the referrer. Only the referrer can downgrade or withdraw a referral. This includes where it is considered that insufficient information has been provided.

- The date of receipt of initial referral or the conversion of the UBRN into a booking should always count as the start of the pathway and be recorded as **CANCER REFFERAL TO TREATMENT PERIOD START DATE**. This includes scenarios where additional information is requested from the referrer and where a patient is unavailable for a period of time.
- A patient should not be discharged because they are unavailable within a specified time-frame, and processes should be in place to ensure patients have the choice to book outside of a fixed time-frame.
- Patients should not be referred back to their GP after a single Did Not Attend (DNA) or cancellation. Patients should only be referred back to their GP after multiple DNAs following a clinical decision to do so.
- Patients should never be referred back to their GP after an appointment cancellation unless this has been agreed with the patient – by cancelling an appointment a patient has shown a willingness to engage with the NHS.
- In line with existing CWT practice, Lower GI urgent suspected cancer referrals cannot be rejected by secondary care providers because a FIT result has not been included, or the FIT is negative on the referral form. In these scenarios, providers can avoid patients inappropriately continuing on the Lower GI urgent suspected cancer pathway by contacting the referrer and asking them to agree to withdraw or downgrade the referral.

2 A reminder: patient availability and recent bloods

Please ensure that any patient you refer on an urgent suspected cancer pathway is available within 2 weeks, as we have had several patients who are not available within 2 weeks.

This is particularly important as we approach the holiday season. We therefore ask our GP colleagues that:

- they check with patients that they have no holiday booked in the foreseeable future
- confirm with their patients that they are able to make themselves available for their hospital appointments

Where a patient confirms that they will be away, do not refer, instead please safety net and refer once they have returned to the UK.

Also, a reminder please that recent bloods are attached to LGI referrals, as without these, there may be a delay to patients on this pathway.

3 IOTA (International Ovarian Tumour Analysis) ultrasound scanning

Barts Health has rolled out IOTA (International Ovarian Tumour Analysis) ultrasound scanning. They have been teaching ultrasonographers across north east London this classification system and hope that you will be seeing it on ultrasound reports in NEL.

The aim is to define ovarian masses as benign, malignant or indeterminate (treat as malignant) at the first ultrasound to help decrease patient anxiety, allow correct triage to 2WW or benign gynae and reduce the use of MRI.

The ultrasound report should come with clinical advice such as recommend urgent suspected cancer referral, repeat USS in 6 weeks or a non-urgent gynaecology referral recommended. A BMJ research paper by IOTA group is available here: [bmj.c6839.full.pdf](https://doi.org/10.1136/bmj.c6839)

4 Targeted Lung Health Check Update

We have completed the first phase in Barking & Dagenham, having invited all eligible residents (55-74 years old who have ever smoked) for a free lung check. It is not too late though for residents in Barking & Dagenham to get one if they haven't already done so - they can visit <https://www.nelcanceralliance.nhs.uk/tlhc> for more information.

We continue to have one of the highest uptake rates in the country and recently featured in [Healthcare Leaders News](#). We are expanding this to Tower Hamlets from 10 July and then, later in the year, to City and Hackney. Thank you to all GPs in Tower Hamlets as we have 100% sign up, as we did with Barking & Dagenham. We will be in touch with GPs in City and Hackney in the near future.

5 Cancer Community of Practice

Transforming Cancer Services Team for London's educational programme for community nurses, primary care nurses and Allied Health Professionals included a monthly programme of webinars and in-person events in April 2023. The recordings can now be accessed here:

<https://www.youtube.com/playlist?list=PLFwV3fL04NbEJ7rb8jVehYmqb8MviBwccq>

6 Best cancer alliance 5-year survival rate for women with ovarian cancer

We are delighted that the recently published National Disease Registration Service (NDRS) Ovarian Cancer Audit of women in England diagnosed with ovarian cancer between 2015-2019 shows that the North East London Cancer Alliance had the highest five-year survival rates in the country of women with ovary, fallopian tube

and primary peritoneal carcinomas (excluding borderlines). Our five-year survival rate was at 47.5% with the all England rate being only 35.1%. These outcomes are a testament to the hard work of all members of our Gynaecology Oncology MDM and network, a huge thank you to you all.

7 Target Ovarian Cancer's new Early Diagnosis Network webinar

Date: Tuesday 4 July 2023

Time: 12.30pm-1.30pm

Where: Zoom

The webinar will focus on the impact of clinical IT alerts – the speakers include Angela Dunne, who led the successful pilot of clinical IT alert in Pennine Lancashire. The link to the registration form is here: <https://targetovariancancer.org.uk/improving-early-diagnosis-ovarian-cancer-understanding-impact-clinical-it-alerts>

This webinar is open to all health care professionals.

8 New bowel screening video

We have produced a new video to help increase the uptake of bowel screening: <https://youtu.be/ieHkvyh5kT8>

Please share this with patients and add the link to it on your practice websites.

9 For more information

Web: www.nelcanceralliance.nhs.uk

Twitter: @CancerNel

Facebook: @NelCancerAlliance

Instagram: @CancerNEL

LinkedIn: <https://www.linkedin.com/company/north-east-london-cancer-alliance/>

YouTube: <https://www.youtube.com/@nelcanceralliance>

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