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| **Early Cancer Diagnosis PCN DES and QOF Quick Wins Checklist** |
|  | **Suggested Actions** | **Complete** |
| **Improve referral practice** | Use CEG Cancer Diagnosis audit tool to review new cancer cases focusing on Bowel, Lung and Upper GI. | [ ]  |
|  | Review safety netting processes across PCN.  | [ ]  |
|  | Undertake learning event analysis (e.g., for later stage presentations or those diagnosed via A+E).  |[ ]
| **Increase screening uptake** | Review call and recall systems for non-responders e.g., batch text message reminder or telephone contact. | [ ]  |
|  | Use CEG dashboard to identify a specific low uptake group and plan targeted work to improve uptake within in a cancer screening programme.  |[ ]
|  | Use up-to-date posters, leaflets, and video resources to raise awareness in practices and on PCN websites |[ ]
|  | Bowel screening kit request form available in resource publisher for patients who need a replacement kit. |[ ]
|  | Adopting an ‘Every Contact Counts’ approach ensuring screening history is checked at every appointment |[ ]
|  | Use CEG searches: Cancer screening V3 searches recall letters for Bowel, Breast and Cervical, for additional support contact your primary care facilitator at CEG. |[ ]
| **Promote FIT** | Monitor CEG Dashboard IIF to ensure FITs are returned within 21 days and appropriate codes are used when FIT is not appropriate/declined.  |[ ]
|  | Review safety netting processes for FIT * for symptomatic FIT tests to ensure timely return
* [BSG recommendation](https://www.bsg.org.uk/clinical-resource/faecal-immunochemical-testing-fit-in-patients-with-signs-or-symptoms-of-suspected-colorectal-cancer-crc-a-joint-guideline-from-the-acpgbi-and-the-bsg/) that GPs take responsibility for managing those with a FIT fHb <10 and **no** ongoing clinical concerns in primary care
 |[ ]
|  | Use Gateway C FIT resources available for clinical and non-clinical staff  |[ ]
|  | Provide patients with language appropriate resources on how to complete and return the kit ensure they are aware of the urgency of returning. |[ ]
| **Direct Access Diagnostics** | Check local referral pathways and how to order scans/tests |[ ]
|  | Promote the use of direct access diagnostics with 2 weeks as per NICE guidance |[ ]
| **Teledermatology** | Check local referral pathways and complete Gateway C module ‘Skin Cancer – early diagnosis’ and share learning.  |[ ]
| **NSS** | Complete Gateway C module on ‘Non-Specific Symptoms’ and share learning. |[ ]
|  | Review/ audit PCN use NSS / MRADC USC pathways  |[ ]
| **Cancer Care Reviews** | Primary care teams are now required to connect with patients within 3 months of their cancer diagnosis and inform them of the support available – e.g., via a call, text, or letter.  |[ ]
|  | **Cancer care reviews process:*** Run a search to identify patients on the cancer register and with a new cancer diagnosis (within last 3 months).
 |[ ]
|  | * Use the cancer florey within accurx as a pre-CCR questionnaire to be sent to patients ahead of their CCR conversation.
 |[ ]
|  | * Use the CEG LTC Template with embedded Cancer specific page which guides a quality CCR (within this are the embedded codes for both the 3 months contact and Cancer Care Review within 12 months).
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