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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). |  |