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Welcome to the 13th NHS Primary Care Transformation Conference!

29th October 2024
15Hatfields Conference Centre,
London SE1 8DJ

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SCAN ME

Chair Opening Address

Dr Gurnak Singh Dosanjh
GP - LLR ICB

CONVENZIS Keynote Presentation

Dr Minal Bakhai
GP and National Director for Primary Care and Community Transformation and Improvement - NHS England

Joe Qiu
Practice Operations Manager
Minet Green Health Practice

Andrea Schollar
Reception Manager – Senior Leadership team - WellBN

Louise Bridle
Deputy Practice Manager – Senior Leadership Team - WellBN

The Evolving Role of Primary Care in the NHS Panel Discussion

Dr Gopesh Farmah
Chief Clinical Information Officer East & North Herts CCG, GP Herts & West Essex ICB

Dr Sheikh Mateen Ellahi
MBBS, MRCGP, MBA Health (UCL- Distinction)
NHS GP Partner and GP trainer, Private GP, PCN lead in teaching and training - Elm Tree Medical Centre

Lucy McLaughlin
Head of Cancer Commissioning for NCL Cancer Alliance and NCL ICB

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Harry Thirkettle
Director of Health and Innovation - Aire Logic

Mike Odling-Smee
Co-Founder - Aire Logic and Aire Innovate

airelogic | aireinnovate

A Fireside chat with Mike from Aire Innovate

How can flexible digital tools empower clinicians and patients to improve care?

Dr Harry Thirkettle

Director of Health and Innovation

Dr Mike Odling-Smee

Co-Founder: Aire Logic and Aire Innovate

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Refreshments & Networking

Chair Morning Reflection

Dr Gurnak Singh Dosanjh

GP - LLR ICB

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Case Study

the signs

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Case Study

Dr Jude Gordon
Clinical Director - C the Signs

Transforming Early Cancer Detection in Primary Care

Dr Jude Gordon
Clinical Director
C the Signs

Cancer in the UK

390k

Patients diagnosed with cancer annually in the UK

£14bn+

Annual cancer expenditure

Late-stage detection implications:

Patients diagnosed at the late stages:
50%

5-year patient survival rate in late stages:
<30%

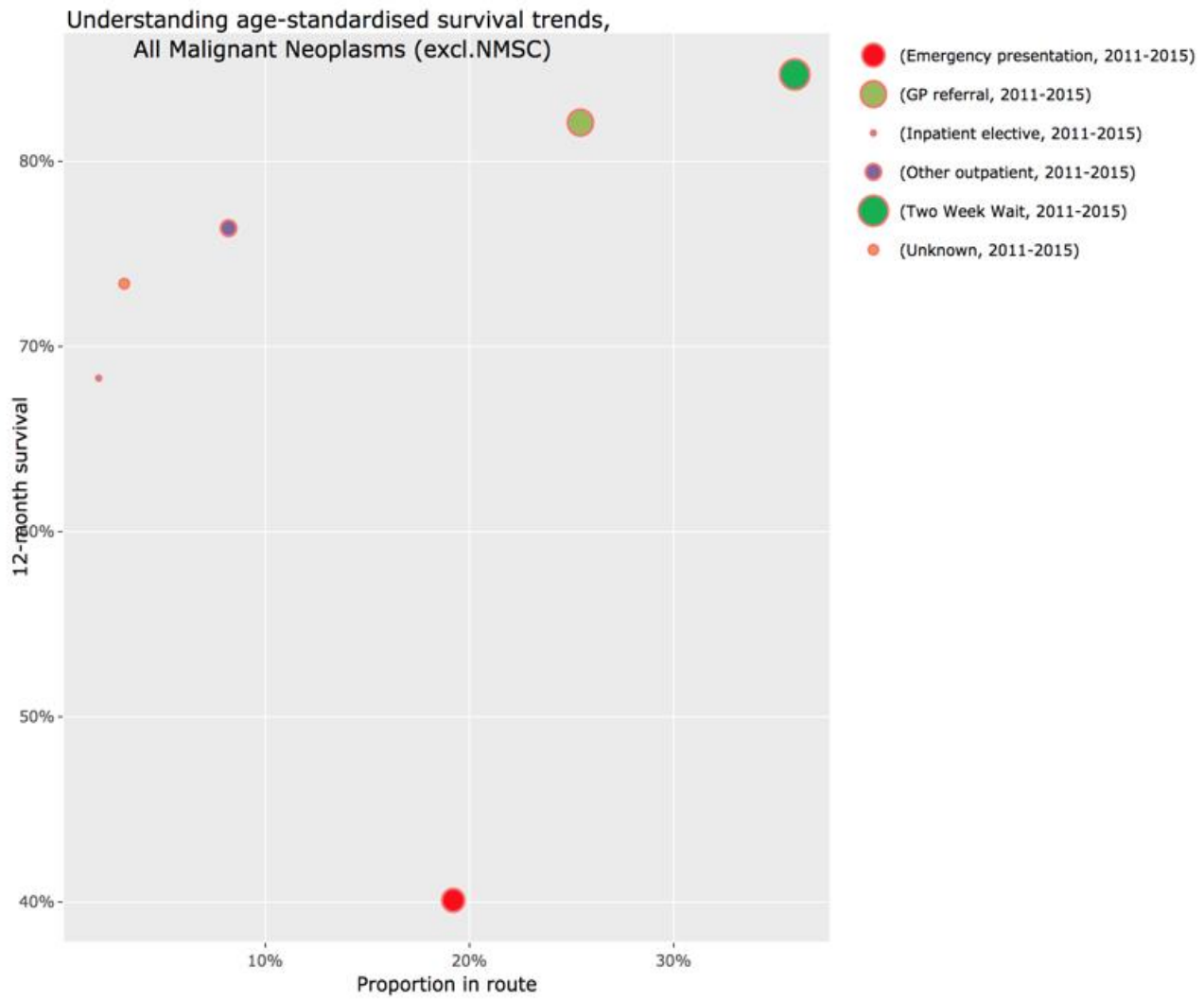
Death rates in non-screenable cancers:
75%

Opportunities in cancer detection:

Cancers diagnosed after a symptomatic presentation:
95%

10-year patient survival rates when diagnosed early:
>80%

Cost savings achieved through early detection of cancer:
£1bn



One year survival by route to diagnosis

20% diagnosed in A&E
two-thirds saw their GP in the preceding 12 months with accelerating symptoms. <40% of patients survive to 1 year.

Increasing the Cancer Detection Rate in Primary Care
has been shown to lead to stage shift and improved survival rates.

Challenges in primary care
GPs detect only 8 new cases of cancer per year and have a 54% sensitivity for cancer.

C the Signs

cancer platform

C the Signs

Cancer platform that helps to identify patients at risk of cancer, determine the cancer type, and navigate to the best pathway.

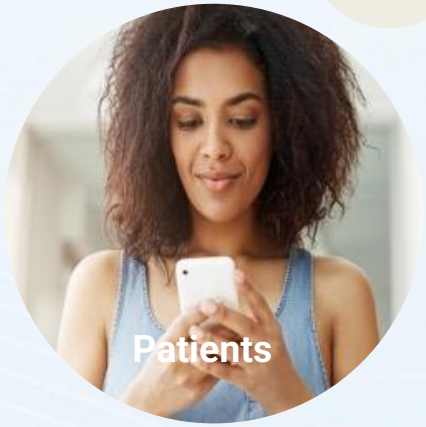
Medication history

Past test results

Exam findings

Genetics

Demographics



Family history

Clinical Signs

Symptoms

Lifestyle

Risk factors

1,400 GP practices, radiology departments and trusts using the platform in partnership with ICBs and Cancer Alliances

NHS Somerset Integrated Care Board

NHS Suffolk and North East Essex Integrated Care Board (ICB)

NHS Norfolk and Waveney Integrated Care Board

East of England Cancer Alliance

NHS Somerset NHS Foundation Trust

North West London Integrated Care System

South Yorkshire and Bassetlaw Integrated Care System

NHS Dorset

NHS South Liverpool

NHS Bury

DMS Defence Medical Services

NHS Hull University Teaching Hospitals NHS Trust

Bradford District and Craven Health and Care Partnership

ACTasONE

the signs | NHS

Testimonials

“Excellent tool for helping to identify correct referral pathways and the dashboard is excellent for safety netting referrals.”

Dr Sabah Ahmad GP, Brunel Medical Centre, North West

“Don’t know how I worked without it. When the ‘gut feeling’ hits and I know something is wrong, this app often helps guide to the most appropriate investigations or referrals. Its has been essential in preventing over investigating and ensuring appropriate management of patients.”

Advanced Nurse Practitioner, Doncaster

"Superb resource, all in one place, clear and helpful. Practice dashboard and safety netting are excellent features.”

Dr Daniel Dietch, GP, Lonsdale Medical Centre, North West London, Brent

“Very positive experience. Helpful to both clinicians and patients. For example, the advice on differential diagnosis is very good. The patient finds the information useful.”

Dr Cyril Evbuomwan, GP, Church End Medical Centre, Brent

“A very young patient with tenesmus who we may not have referred had a rectal carcinoma”

GP, NW London

“On adding to C-the-Signs, the **suggestion came up to add a Ca-125** - this was done, raised and the patient was diagnosed **with a gynaecological cancer** after assessment.”

GP, Newham PCN

“Invaluable, diagnosed Ca pancreas in a female 70yr old pt presenting with diarrhoea as C the Signs suggested CT pancreas.”

GP, Newham PCN

Supporting the end-to-end patient journey

Patient Assessment

Real-time decision support

Identify cancer risk and tumour type

Supports Vague & non-specific presentations

Over 50+ types of cancers

Access to USC, diagnostics & non-urgent pathways

Patient Navigation

Real-time, notifications for accurate patient referrals

Accelerate diagnosis and treatment

Eliminate inappropriate referrals

Customisable criteria to optimise conversion rates

Cloud-based technology with real-time updates

Patient Safety-netting

Automated tracking of all patients on USC and diagnostic pathways

Automated tracking of test results, and pre-population of abnormal results for further actioning

Support with timed pathways for alerts and flags

Removed human to human handovers and errors

Patient Diagnosis

Tracking of all newly diagnosed cancer patients

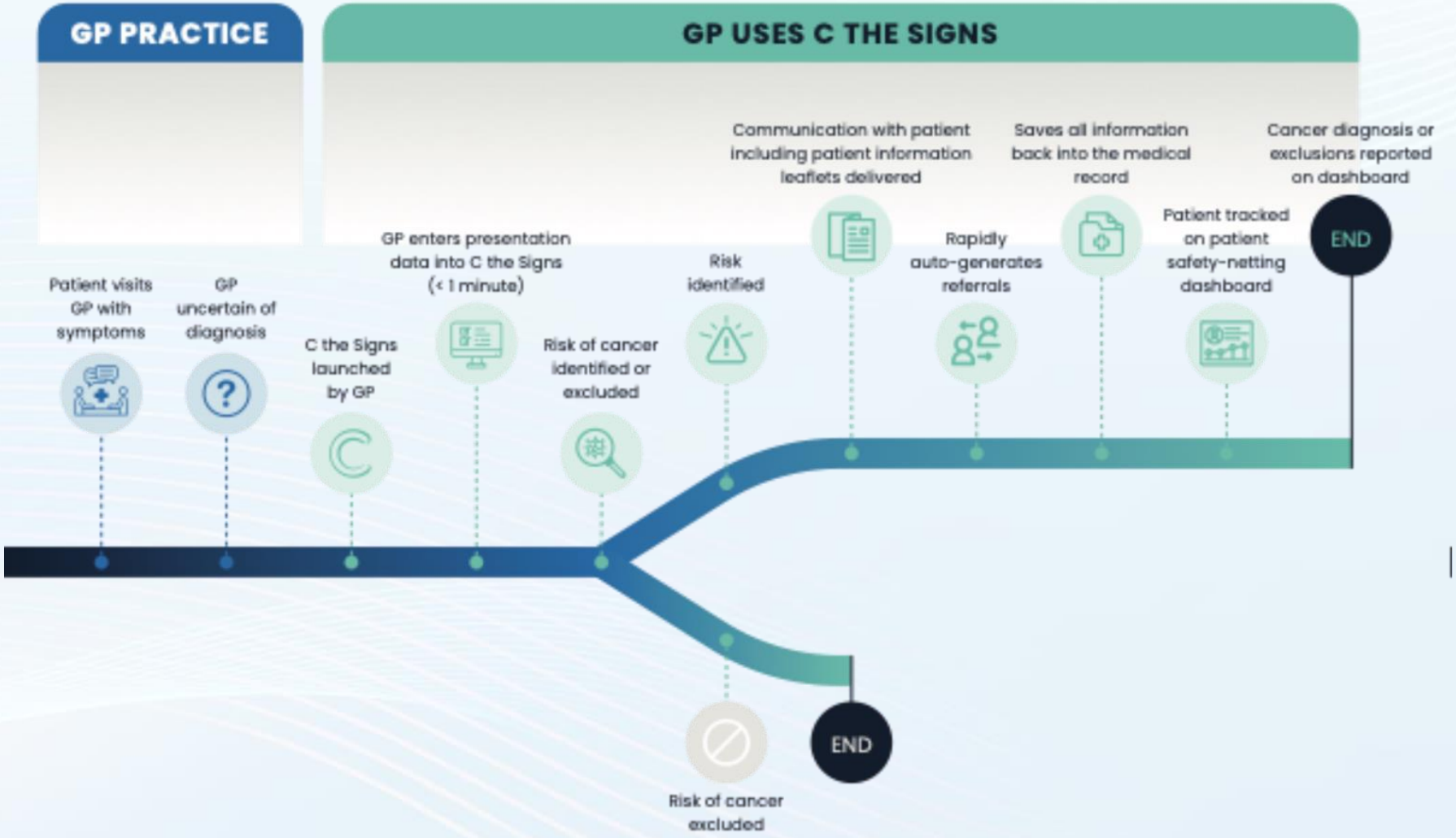
Real-time notifications for cancer care reviews

Data analytics to support with PCN DES, QOF and IIF targets

Real-time Dashboard for ICB's, Cancer Alliances and Practices

Data reports for cancer detection rate, conversion rate, pathway utlisation and real-time improvements.

The patient pathway with C the Signs



Supporting the PCN DES, IIF and QOF requirements for cancer

Increase early diagnosis

Align with NICE guidelines

Right pathway, first time

Direct access tests, NSS pathways, teledermatology

FIT safety netting

Cancer analytics

PHE cancer performance data

Cancer register

3 and 12 month cancer care reviews

Real-World evidence: NHS Case Studies

C the Signs:
real-world evidence and research

350,000
patients' risk assessed

25,000
Cancers detection

8-12%
Increase in rate of cancer detection

20%
Increase in Faster Diagnosis Standard performance

50+
Pan-cancer detection

99%
Sensitivity for cancer

99%
Negative predictive value

94%
Accuracy in predicting tumor origin

Accuracy of an AI prediction platform in predicting tumour origin: A real-world study.

Journal of Clinical Oncology®

An observational study was conducted between January 2021 and October 2022 in the NHS, looking at all patients who were risk-assessed with C the Signs.

Patients were followed up 6 months post-risk assessment to determine if they had a cancer diagnosis.

C the Signs demonstrated a 99% sensitivity for cancer, a 99% negative predictive value, and achieved 93% accuracy in predicting tumour origin.

122,193

Patients risk assessed by the C the Signs system in a real-world setting across 878 GP practices

7,673

Diagnosed with cancer, between the ages of 0-94

7,622

Patients identified by C the Signs, getting it right first time, preventing duplicate referrals

Interim findings presented at the American Society of Clinical Oncology, paper currently under submission for peer-review publication

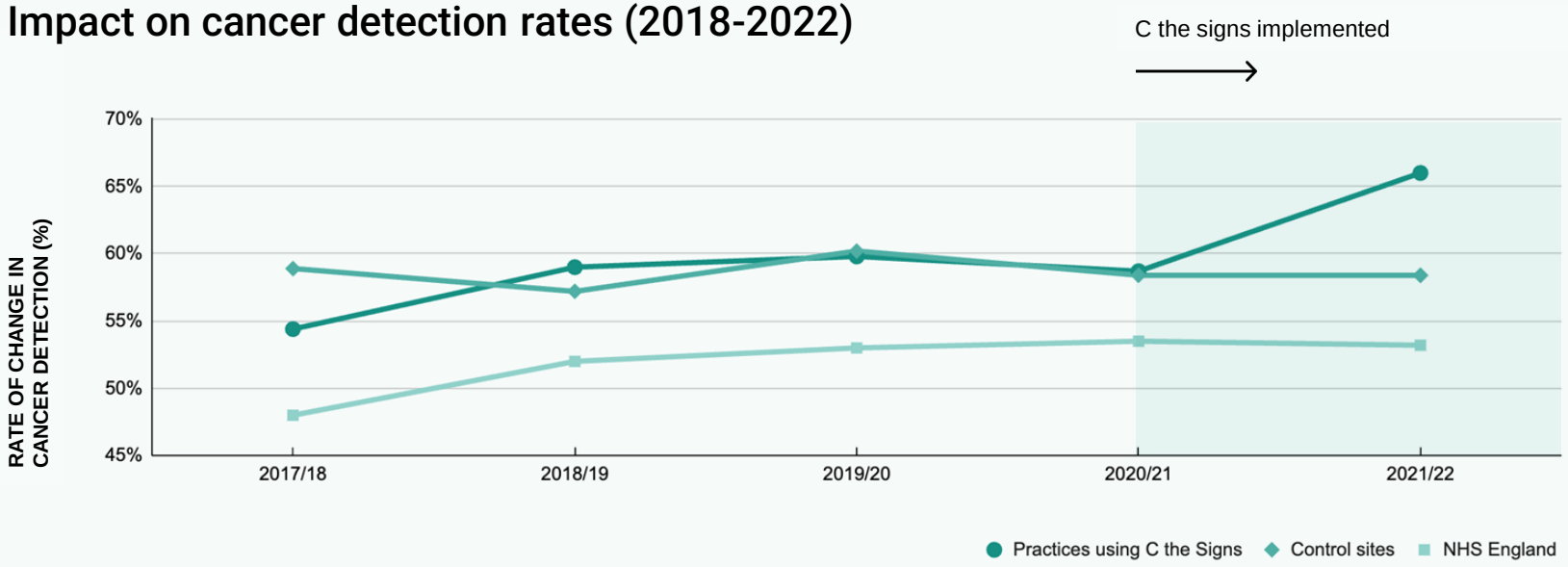
Using an AI platform to enhance cancer detection rates in primary care

NHS Suffolk and North East Essex

ASCO AMERICAN SOCIETY OF CLINICAL ONCOLOGY

Between May 2021 and March 2022, 35 practices in the East of England (population of 420,000) were offered the use of C the Signs, with the practices opting out acting as controls. Practices had the same access to referral and diagnostic pathways.

Impact on cancer detection rates (2018-2022)



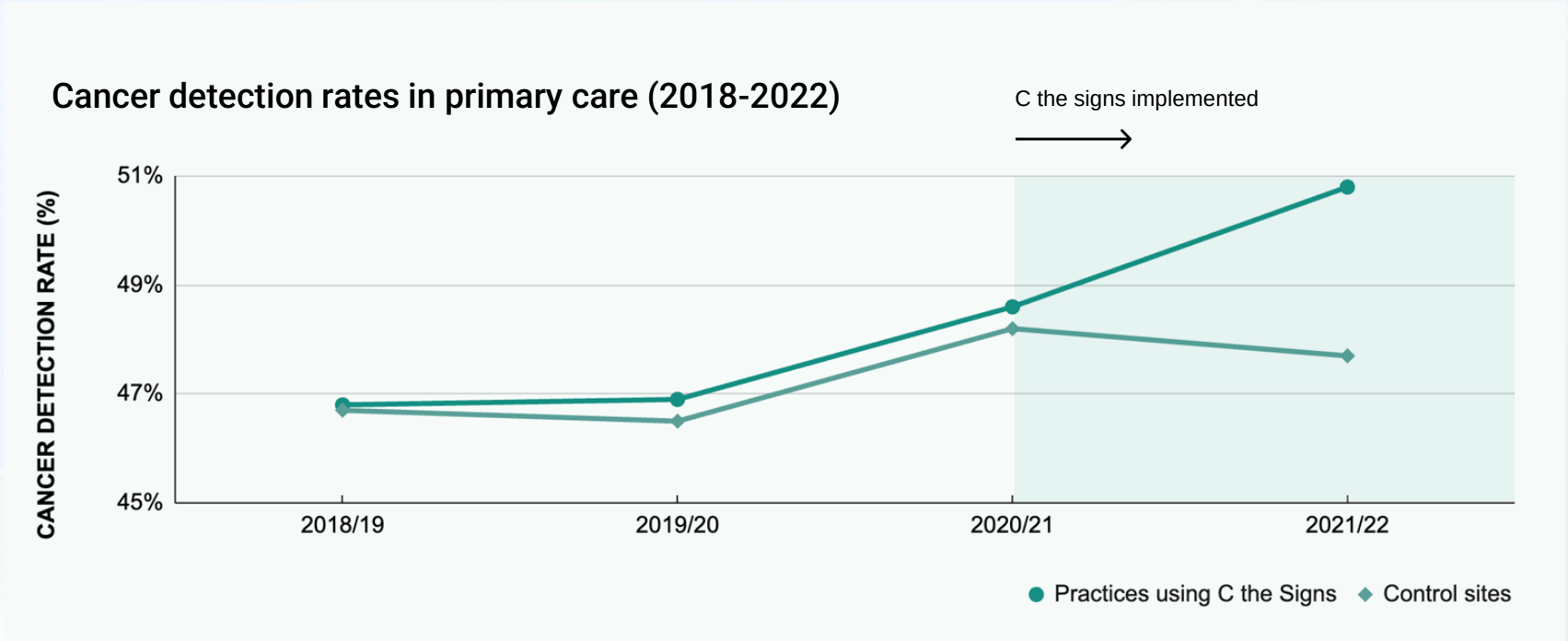
In practices using C the Signs, CDR increased from 58.7% to 66.0%, reflecting a rate of increase of 12.3% ($p < 0.05$)

The role of clinical decision support systems in reducing cancer diagnosis disparities

South Yorkshire and Bassetlaw Integrated Care System

NIH NATIONAL CANCER INSTITUTE

A retrospective observational study was conducted in South Yorkshire, which was in the top quartile of the Index of Multiple Deprivation 2019. 106 practices used C the Signs between June 2021 and March 2022, with the other 78 the practices in the area acting as controls.



In practices using C the Signs, Cancer detection rates improved from 48.6% to 50.8% ($p < 0.05$).

Improving the Faster Diagnostic Standard for colorectal cancer in the NHS

NHS
Somerset
Integrated Care Board

A retrospective analysis was conducted using data from the Somerset Cancer Registry looking at the achievement of the FDS standard for colorectal referrals in Somerset ICB. The analysis compared pre- and post- C the Signs.

Faster Diagnostic Standard performance increased from 46.4% to 69.5% ($p<0.001$) following the implementation of C the Signs

> Prior to C the signs, our turnaround time for referrals to be triaged was over 6 days, sometimes 18, 20 days, waiting for information from GPs. We're now triaging within 24 hours.

Rosie Edgeley, *Cancer Program Manager*

25,000 Cancers Diagnosed

Finding rare & harder to detect cancers across 50+ cancer types

6,557 Skin

Basal Cell Carcinoma	48.9%
Squamous Cell Carcinoma	25.0%
Melanoma	18.3%
Unspecified	7.7%

6,218 Urological

Prostate Cancer	73.5%
Bladder Cancer	16.5%
Kidney Cancer	7.0%
Testicular Cancer	1.9%
Unspecified	0.7%
Penile Cancer	0.4%

3,355 Breast

Breast Cancer	100%

2,152 Lower GI

Colorectal Cancer	91.6%
Anal Cancer	8.4%

1,502 Upper GI

Esophageal Cancer	32.5%
Pancreatic Cancer	27.6%
Stomach Cancer	13.3%
Liver Cancer	11.1%
Unspecified	5.5%
Small Intestine Cancer	3.9%
Biliary tract Cancer	3.2%
Gallbladder Cancer	3.0%

1,468 Chest

Lung Cancer	91.6%
Mesothelioma	8.4%

1,502 Hematological

Lymphoma	30.0%
Leukemia	20.7%
Myeloma	19.3%
Non-Hodgkins Lymphoma	10.5%
Hodgkins Lymphoma	8.2%
Unspecified	6.7%
Myeloproliferative Disorder	4.7%

1,212 Gynecological

Endometrial	55.8%
Ovarian Cancer	26.2%
Cervical Cancer	8.1%
Vulva Cancer	6.2%
Unspecified	2.6%
Vagina Cancer	1.2%

760 Head and Neck

Thyroid Cancer	22.6%
Ear, Nose or Throat Cancer	14.7%
Tongue Cancer	13.7%
Unspecified	12.8%
Tonsil Cancer	9.6%
Laryngeal Cancer	9.1%
Oral Cancer	7.0%
Salivary Gland Cancer	2.4%
Throat Cancer	2.1%
Nasopharyngeal Cancer	1.7%
Neck Cancer	1.7%
Pharyngeal Cancer	1.7%
Lip Cancer	0.8%
Sinonasal Cancer	0.8%

179 Cancer of unknown primary

Cancer of unknown primary	100%

177 Sarcoma

Sarcoma	49.7%
Tissue Sarcoma	41.2%
Bone Cancer	9.0%

82 Brain and CNS

Brain Cancer	89.0%
Occular Cancer	11.0%

33 Neuroendocrine

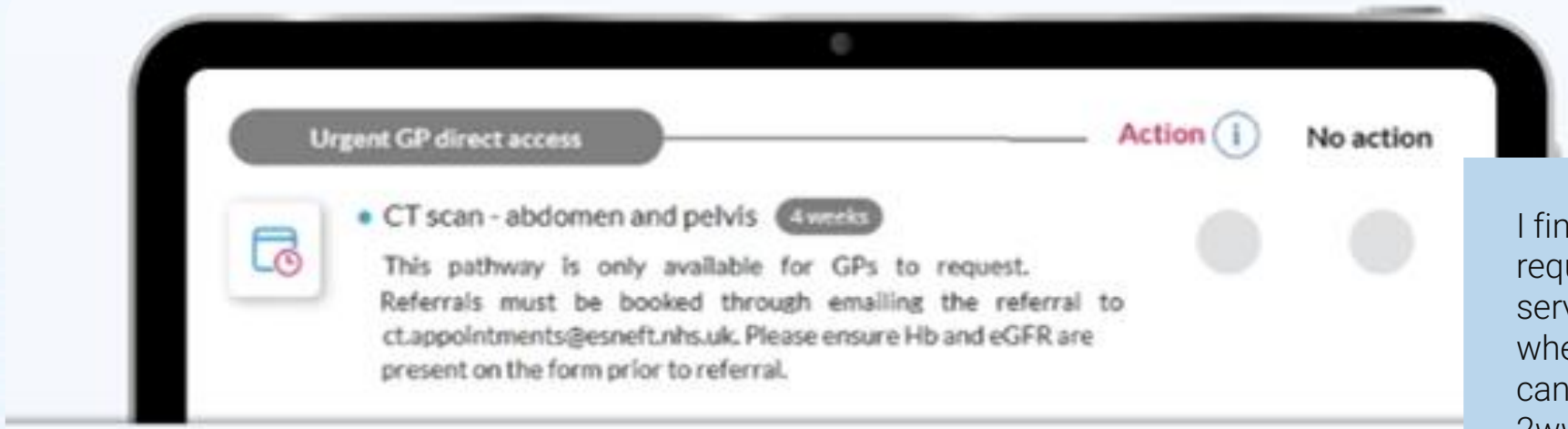
Carcinoid Tumour	100%

2 Pediatrics

Wilms Tumour	100%

New features

Direct access diagnostics pathways



Access to diagnostics (CT/MRI/USS) for patients at risk of cancer, but who do not meet the Urgent Suspected Cancer Referral Criteria

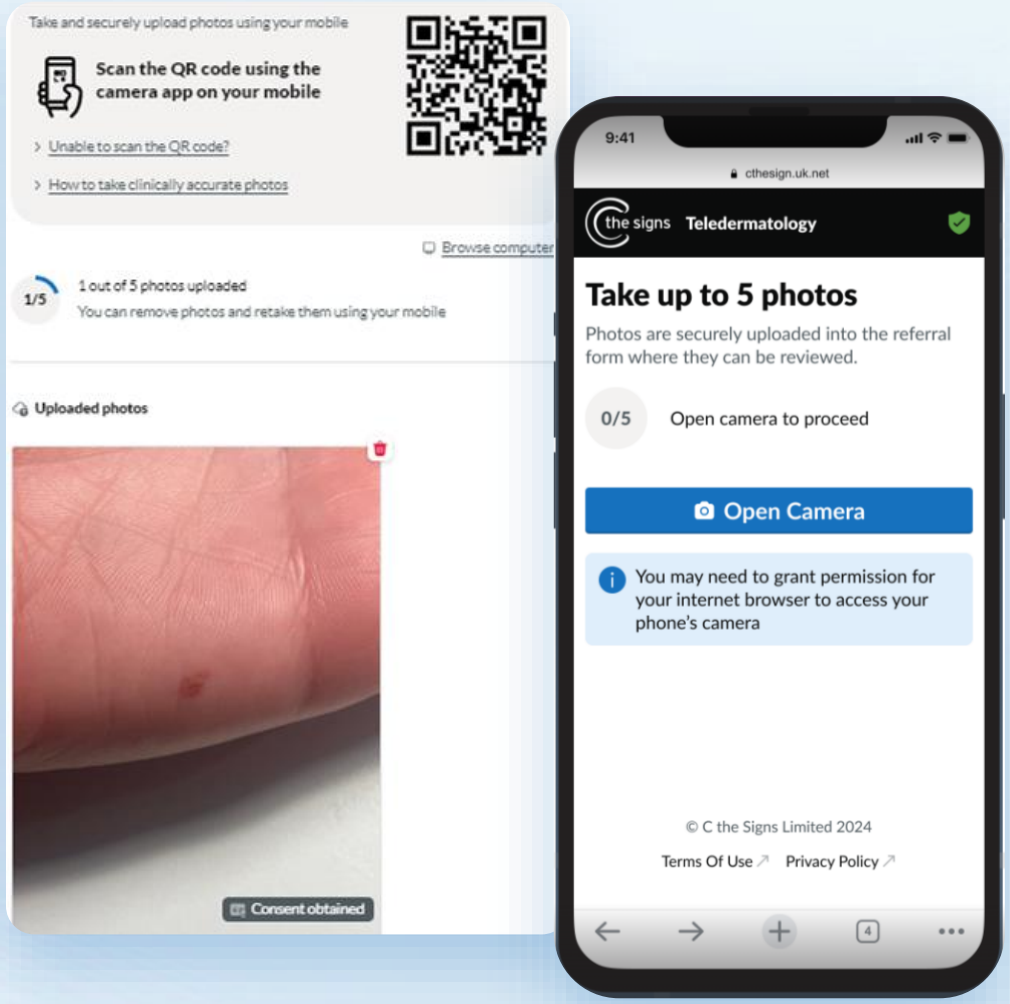
I find the service very useful. I have requested a CT scan twice using this service. This is particularly useful when there is high suspicion of cancer/concern, and it doesn't fit the 2ww pathway.

Both patients received an appointment within a few weeks. The quick response helped me to decide whether onward referral was required or not.

GP, *Ipswich and East Suffolk*

Teledermatology

- Use your phone to take and securely upload photos of skin lesions to referral forms within seconds
- Nothing saved into the phone camera roll
- Compression of image size to meet e-RS restrictions without losing image quality



Direct access patient pathways

Cancer Case Finding

Automated identification of at risk patients

Patient Self-Assessment

Patient triage based on criteria to the correct pathway

Hospital Dashboard

Eligible patients tracked on to hospital Dashboard

Cancer Analytics

Real-time data on utilisation, conversion rates and outcomes

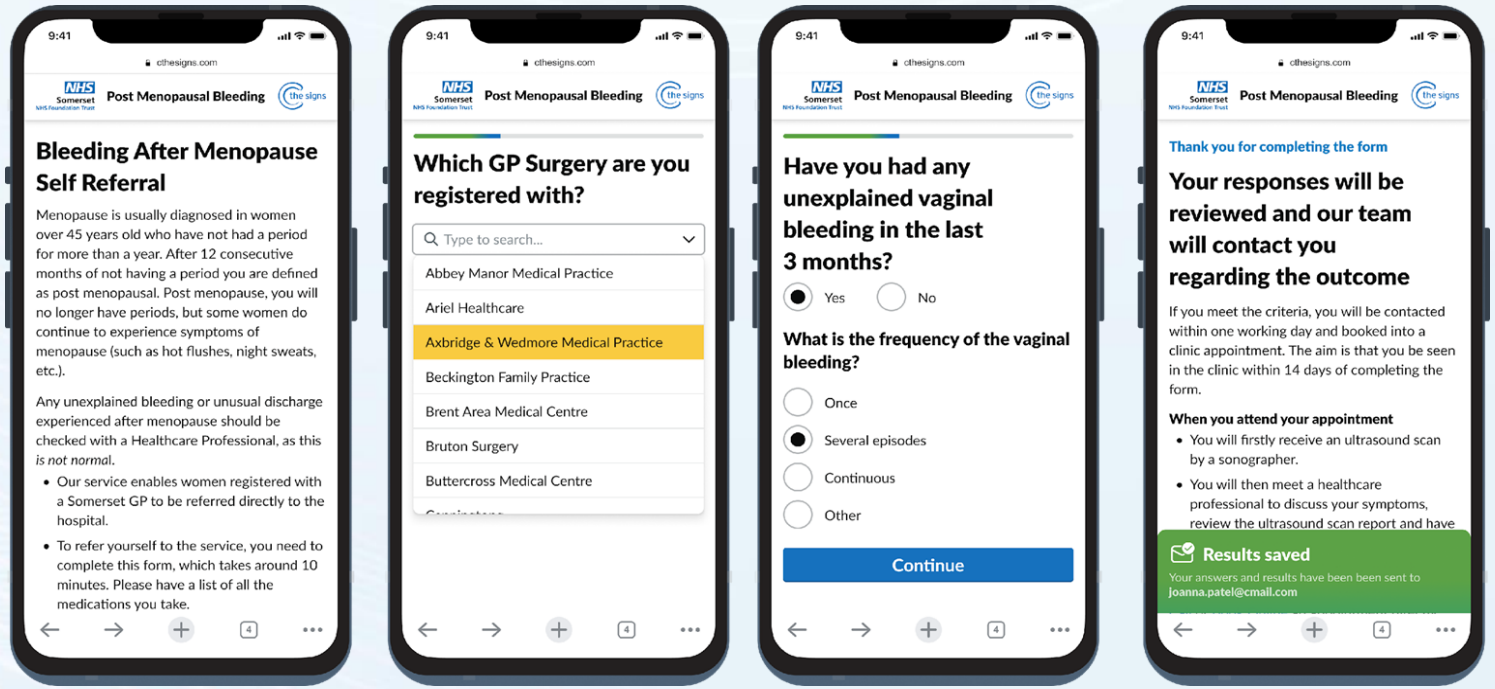
Post menopausal bleeding pathway: Somerset Foundation Trust

Baseline performance:
- 60 days from initial GP contact to seeing a specialist in secondary care.
- 48 days to receive a primary cancer diagnosis.

Since service launch:
- A median of 5 days from completing the self-referral form to being seen by a specialist.
- 22 days to a receive a cancer diagnosis.

Pathway access:
- Patients validated through their GP practice.
- Average patient age: 60
- Support provided via telephone helpline.
- Full triage, ensuring 100% of patients referred were clinically appropriate.
- Strong primary care support

We will be launching pathways for colorectal, lung, breast, and pancreatic cancer.



Technical Compliance

Governance, security & integrations

- UKCA Class 1 medical device
- Filing for DeNovo FDA this year
- CE Marked with MHRA
- ISO 27001 & ISO 20000 Compliant
- Data Protection Act & GDPR compliant
- NIST SP 800-53 (FISMA & FedRAMP)
- FHIR/HL7 Integration compliant
- NHS Clinical Risk Management DCB0129/060 compliant
- NHS Data Security & Protection Toolkit Compliant
- Digital Technology Assessment Criteria Compliant
- Cyber Essentials PLUS certified.
- NHS Digital IM1 Approved Supplier
- G-Cloud 13 & Spark DPS frameworks

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Thank you.
Any questions?

judegordon@cthesigns.net

Come and see us at our stand to learn more

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Case Study

Deloitte.

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Case Study

Dr Karen Kirkham
Chief Medical Officer - Deloitte UK

Fireside Chat -
Saving General Practice

Sabrina Khan
Consultant Practice Business Manager -
Parson Drove Surgery

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Keynote Presentation

Dr Clare Stephens
Co Clinical Director - North Central London Cancer Alliance

NHS
North Central London
Cancer Alliance

North Central London
Integrated Care System

NCL PRIMARY CARE CANCER STRATEGY

2022-25 AND BEYOND

Dr Clare Stephens
MBBS, MRCGP, DRCOG, DFFP

GP, Barnet, NCL & NMH RDC
Cancer & Diagnostics NCL-ICS
Co-Clinical Director, NCL Cancer Alliance

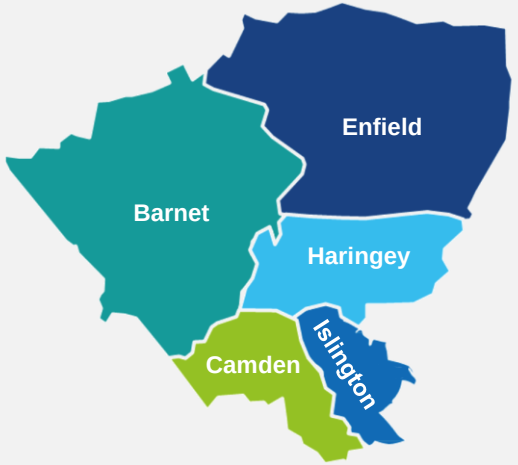
DEMOGRAPHIC AND CANCER STATISTICS

NORTH CENTRAL LONDON

NHS North Central London Cancer Alliance

North Central London Integrated Care System

OVER **25%** of wards in NCL are within the most deprived quintile nationally[1]



THERE ARE **206 GP** practices in NCL and 31 PCNs in 5 places/boroughs[2]

25% of people in NCL do not have English as their main language[1]

THE LARGEST **BME** communities in NCL are Turkish, Irish, Polish and Asian (Indian and Bangladeshi) people[1]

Islington, Haringey & Enfield rank amongst the **20%** most deprived local authority areas in the country[1]

NCL has an ethnically diverse, resident population of approximately **1.5 MILLION** people[1]

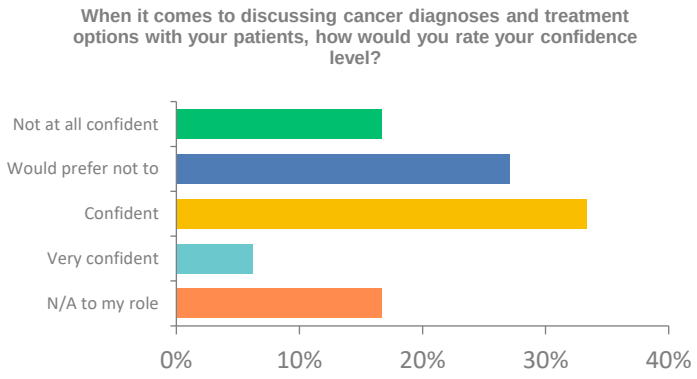
Ethnic diversity varies across NCL, ranging from 32% of people in Islington from a BME group to 42% in Enfield[1]

NCL Screening Data 2020-21[3]

Place	Breast	Bowel	Cervical 25-49	Cervical 50-64
	Persons, 50-70, screened for breast cancer in last 36 months (3 yr. coverage, %)	Persons, 60-74, screened for bowel cancer in last 30 months (2.5 yr. coverage, %)	Persons 25-49,attending cervical screening within target period (3.5 yr. coverage, %)	Persons, 50-64, attending cervical screening within target period (5.5 yr. coverage, %)
Haringey	42.20%	57.60%	62.40%	72.90
Enfield	53.80%	64.40%	65.30%	**74.50%**
Barnet	54.90	60.20	60.20	70.40
Camden	40.10	55.70	48.50	64.60
Islington	44.50	56.50	56.40	71.30
England	70.1	58.0	68.0	74.7
National target	**70%**	**55%**	**75%**	**75%**

Sources:
[1] North Central London Cancer Inequalities snapshot. 2019. Available at https://www.healthylondon.org/wp-content/uploads/2019/10/NCL-Final-snap.pdf
[2] NCL PCN cancer dashboard. Accessed: July 2022
[3] Dr Ali Dogan, Dr Nicholas Lucas. Cancer Screening. An Enfield perspective. 2020-21

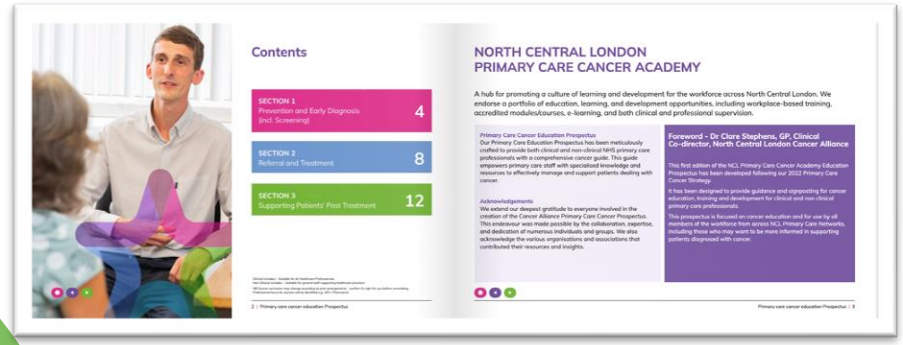
3 PHASES OF THE PRIMARY CARE CANCER PROJECT



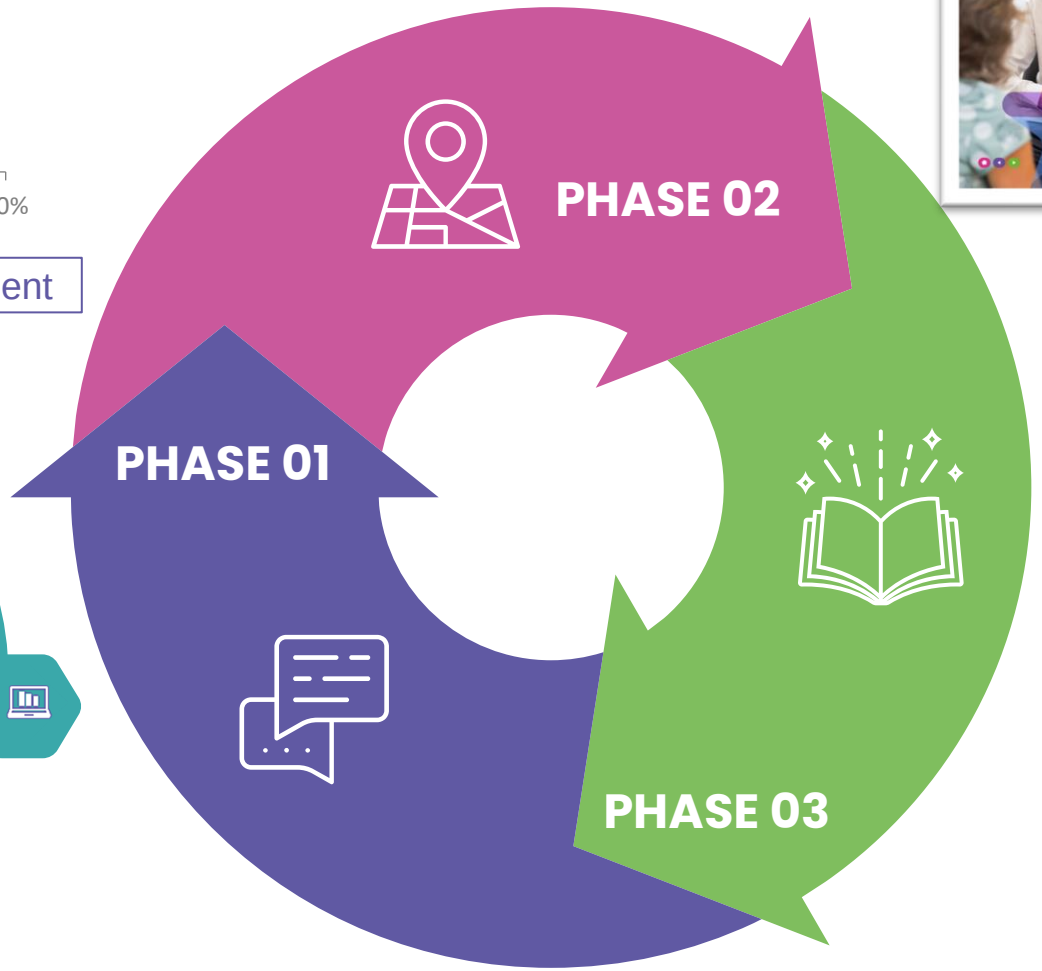
Enhancing a Culture of Learning and Development Programme **Development**.

NHS North Central London Cancer Alliance

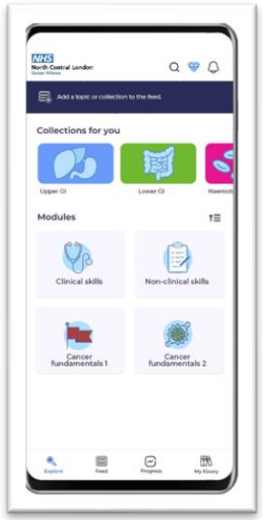
North Central London Integrated Care System

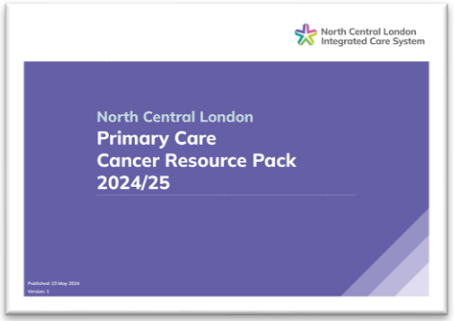


Primary Care Cancer Strategy Development



Enhancing a Culture of Learning and Development Programme **Implementation**





NHS North Central London Cancer Alliance

North Central London Integrated Care System

APPROACH AND METHODOLOGY

North Central London ICS and Cancer Alliance are extremely grateful to all those, too numerous to mention by name, who have contributed their views for the purposes of developing this primary care cancer strategy; whether you provided insights via our forums, had 1:1 conversations or emailed us, we extend our sincere thanks.

INITIATION 1

- Understand the current position
- Reflect on how you got there
- Analysis of strengths and weaknesses

PLANNING 2

- Semi structured interviews: May-July*
- Desk research. National and local policies
- Regular review and progress tracking

EXECUTION 3

- Identify and evaluate strategic options
- Logic modelling to prioritise strategic options
- Development of job specifications

CONTROL 4

- Set objectives and development of metrics
- Development of affordability models
- Development of communication plan

CLOSURE 5

- Completion of deliverables

* Individual interviews – 37
Engagement at forums – 9

Patient representatives / Charity | Local GP Practices | GP Federations | Primary Care Networks | NCL CCG | Clinical Leads | Clinical Directors | Program Leads | Lead Cancer Nurses | NCL Cancer Alliance | NCL Providers | Public Health

NORTH CENTRAL LONDON PRIMARY CARE CANCER STRATEGY

2022/23 - 2024/25 AND BEYOND

NHS North Central London Cancer Alliance

North Central London Integrated Care System

KEY ACTIVITIES 6

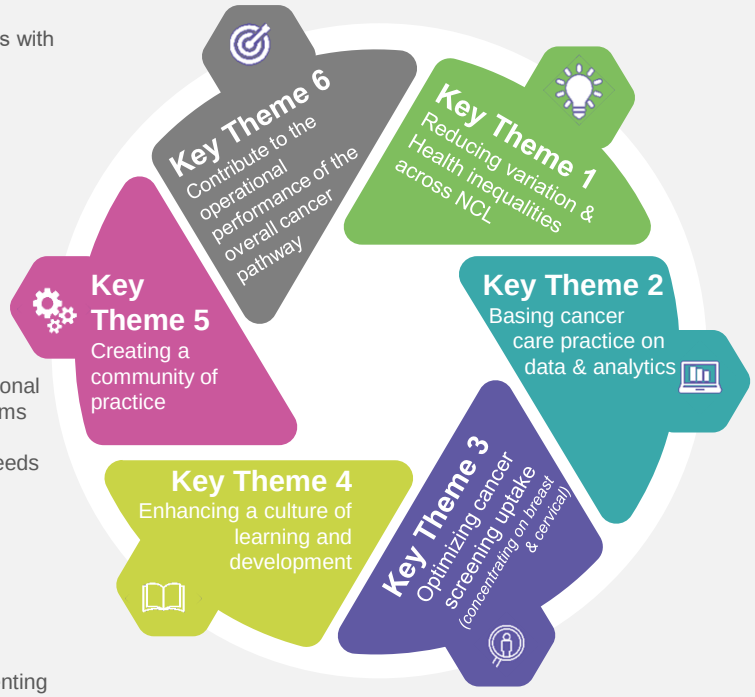
20. Clarity on national 'must do' initiatives and engagements with national programmes

KEY ACTIVITIES 5

16. Provide primary care and secondary care key contact details
17. Develop a programme of visiting cancer clinicians/rotational CNS input at federation/PCN level to Primary Care forums
18. Promote the use of Consultant Connect
19. Implement routine audit of Practice referrals, Holistic Needs Assessment and Cancer Care Reviews

KEY ACTIVITIES 4

13. Improve information and communication when implementing new initiatives (FIT, RDC for cancer (Non-Specific Symptoms Service), Community Diagnostic Centres)
14. Enhancing primary care cancer education. Development of a Primary Care cancer education prospectus to upskill all staff
15. PCN buddying / learning system in place (SEA)



KEY ACTIVITIES 1

1. Work with Community Development Workers to proportionally target resource to match the needs of communities
2. Develop a baseline of Place/PCN inequalities cancer data.
3. Implement and embed cancer data registry to support recording, analysis and reporting of inequalities data

KEY ACTIVITIES 2

4. Standardise primary care coding procedures (SNOMED)
5. Deliver a series of primary care cancer data education and interpretation events
6. Hold service improvement meetings
7. Review and revision of clinical system template coding

KEY ACTIVITIES 3

8. Active communication of National and local screening campaigns
9. Development of patient champions to target population cohorts with known poor screening uptake
10. Work in collaboration with NHSE and the screening service to increase locations capacity and accessibility for our populations with a focus on breast and cervical screening
11. PCNs to implement a robust re-call system for screening
12. Coding all breast screening results that are fed back by the breast screening programme, irrespective of the outcome

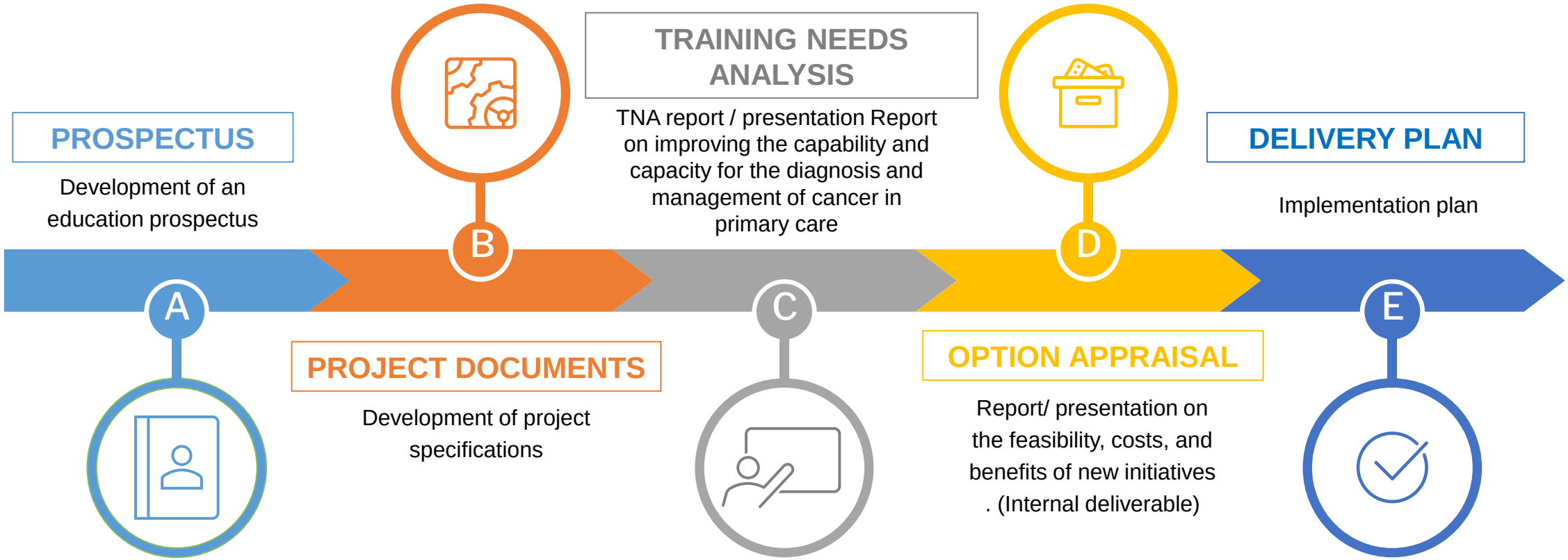
IMPACT

- Reduction in health inequalities
- Increased system resilience & efficiency
- Increased proportion of patients diagnosed at stages 1 & 2
- Improved primary care professionals experience
- Improved patient experience
- Increase in faster diagnosis of cancer

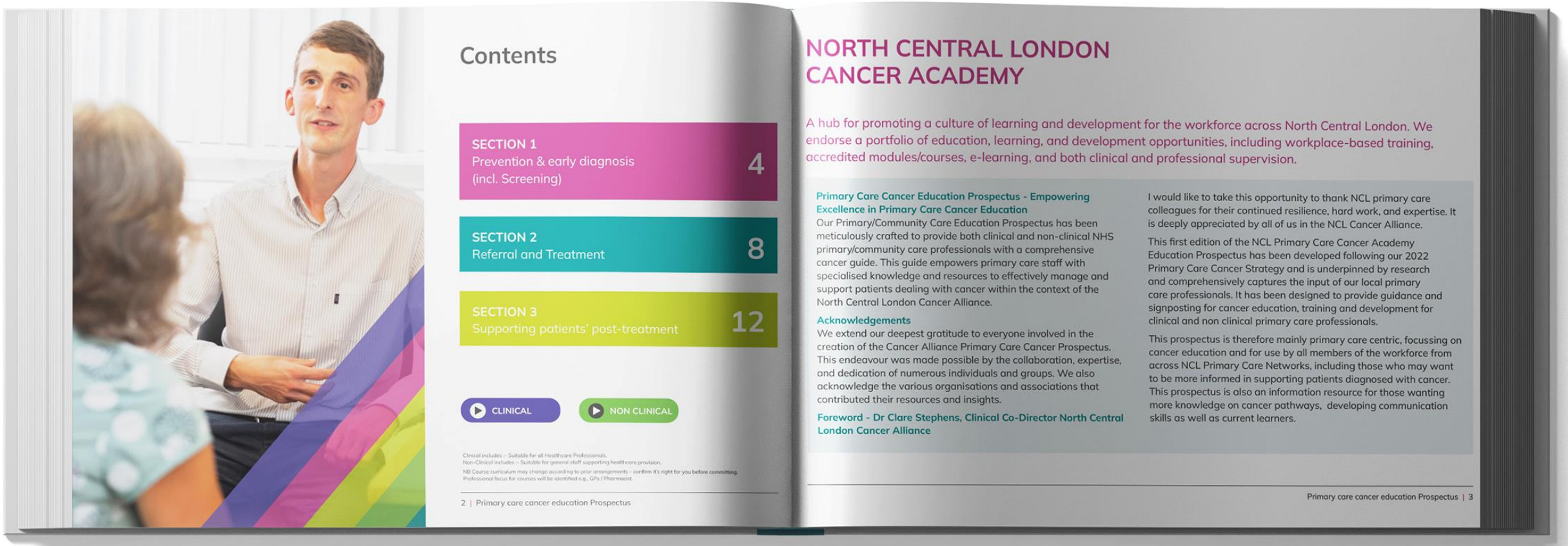
PRIMARY CARE CANCER STRATEGY PHASE 2

NHS North Central London Cancer Alliance

North Central London Integrated Care System



PRIMARY CARE CANCER STRATEGY PHASE 2



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SECTION 1
Prevention & early diagnosis (incl. Screening) 4

SECTION 2
Referral and Treatment 8

SECTION 3
Supporting patients' post-treatment 12

CLINICAL NON CLINICAL

Clinical includes :- Suitable for all Healthcare Professionals.
Non-Clinical includes :- Suitable for general staff supporting healthcare provision.
NB Course curriculum may change according to prior arrangements - confirm it's right for you before committing.
Professional focus for courses will be identified e.g., GPs / Pharmacist.

NORTH CENTRAL LONDON CANCER ACADEMY

A hub for promoting a culture of learning and development for the workforce across North Central London. We endorse a portfolio of education, learning, and development opportunities, including workplace-based training, accredited modules/courses, e-learning, and both clinical and professional supervision.

Primary Care Cancer Education Prospectus - Empowering Excellence in Primary Care Cancer Education

Our Primary/Community Care Education Prospectus has been meticulously crafted to provide both clinical and non-clinical NHS primary/community care professionals with a comprehensive cancer guide. This guide empowers primary care staff with specialised knowledge and resources to effectively manage and support patients dealing with cancer within the context of the North Central London Cancer Alliance.

Acknowledgements

We extend our deepest gratitude to everyone involved in the creation of the Cancer Alliance Primary Care Cancer Prospectus. This endeavour was made possible by the collaboration, expertise, and dedication of numerous individuals and groups. We also acknowledge the various organisations and associations that contributed their resources and insights.

Foreword - Dr Clare Stephens, Clinical Co-Director North Central London Cancer Alliance

I would like to take this opportunity to thank NCL primary care colleagues for their continued resilience, hard work, and expertise. It is deeply appreciated by all of us in the NCL Cancer Alliance.

This first edition of the NCL Primary Care Cancer Academy Education Prospectus has been developed following our 2022 Primary Care Cancer Strategy and is underpinned by research and comprehensively captures the input of our local primary care professionals. It has been designed to provide guidance and signposting for cancer education, training and development for clinical and non clinical primary care professionals.

This prospectus is therefore mainly primary care centric, focussing on cancer education and for use by all members of the workforce from across NCL Primary Care Networks, including those who may want to be more informed in supporting patients diagnosed with cancer. This prospectus is also an information resource for those wanting more knowledge on cancer pathways, developing communication skills as well as current learners.

PRIMARY CARE CANCER STRATEGY PHASE 2

NHS North Central London Cancer Alliance

North Central London Integrated Care System

Cancer education forums

A programme of visiting cancer clinicians to Primary Care forums

CNS Exchange programme

Pilot the sharing of CNS workforce with primary care at federation / PCN level

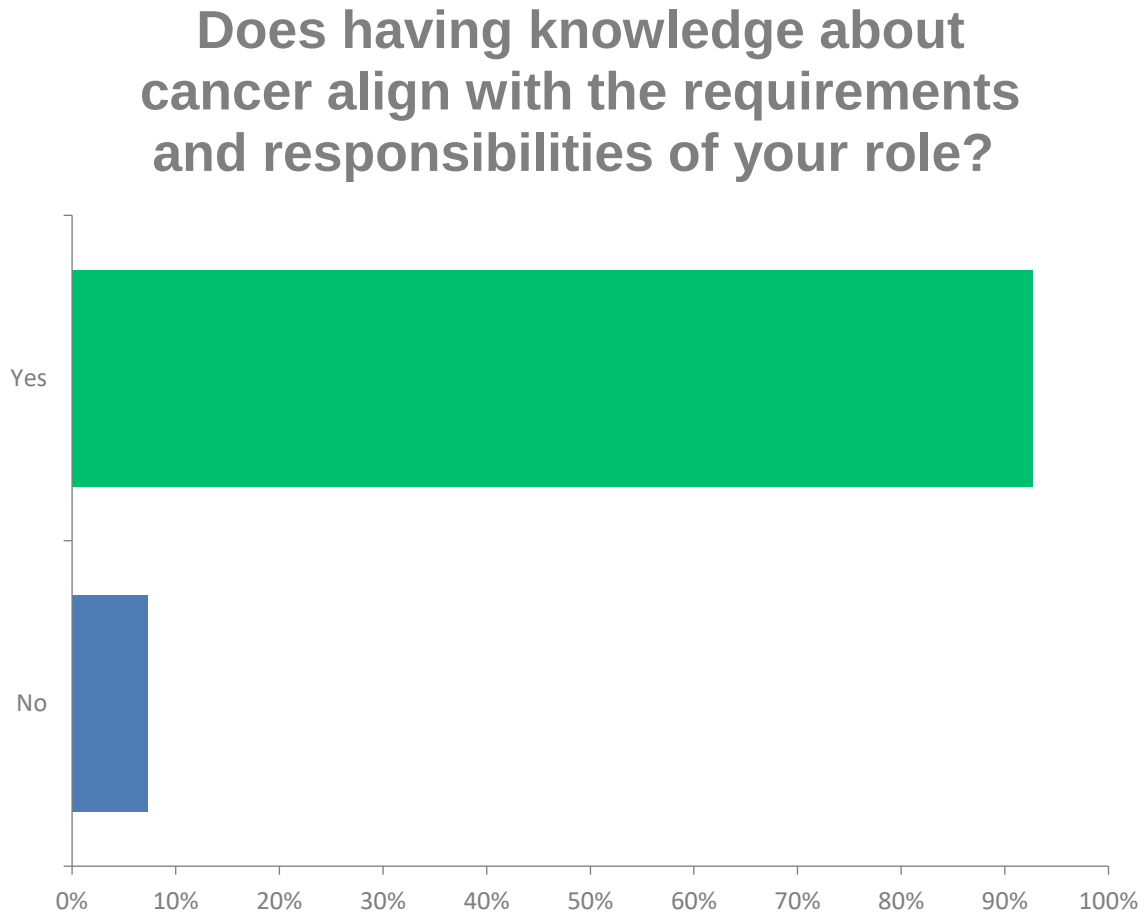
Practice education programme

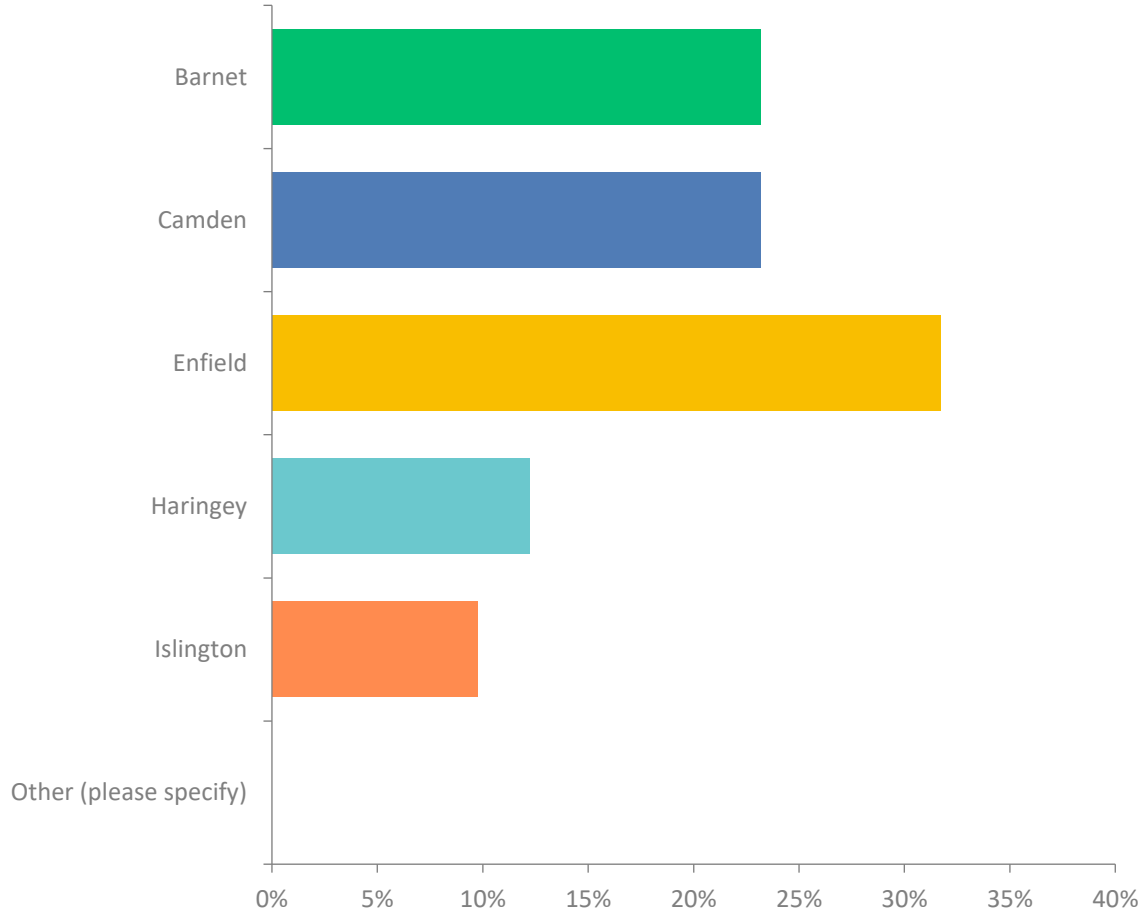
A certified cancer awareness course for practice nurses, HCAs and receptionist staff, including a programme for social prescribers to support cancer care reviews

Back to nursing recruitment programme

An accredited ‘Back to Practice Nursing’ recruitment programme. Focusing on skilling up a flexible workforce

TNA SECTION 1 – CONTINUING PROFESSIONAL DEVELOPMENT

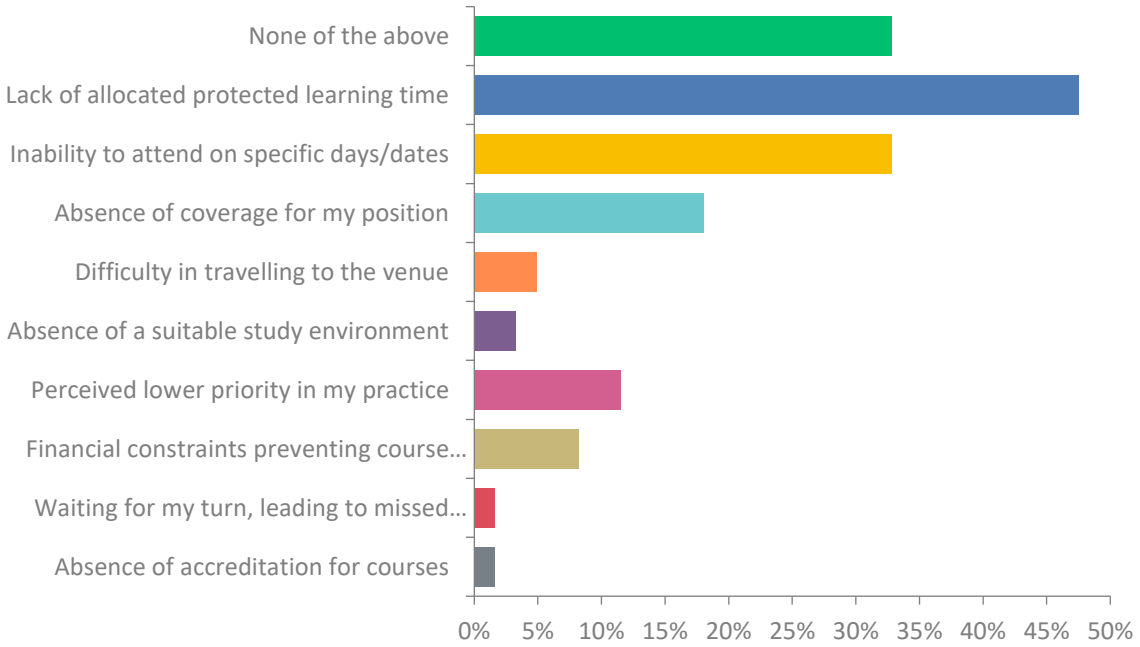




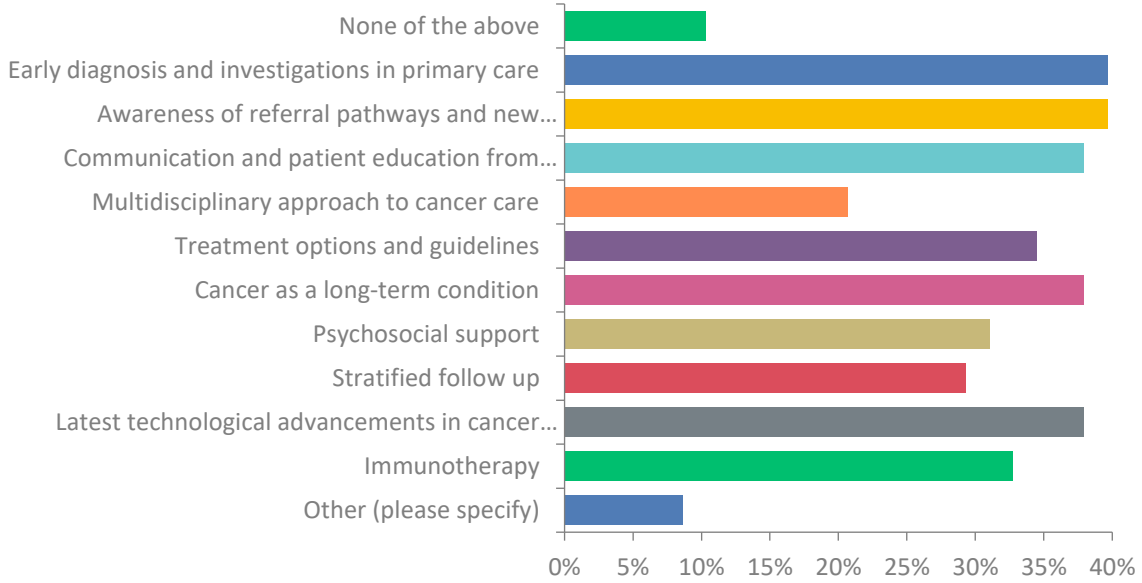
SAMPLE QUESTIONS

TNA SECTION 2 - TRAINING AND PREFERENCE

What factors, if any, hinder the advancement of your cancer-related knowledge in your current Primary Care role?



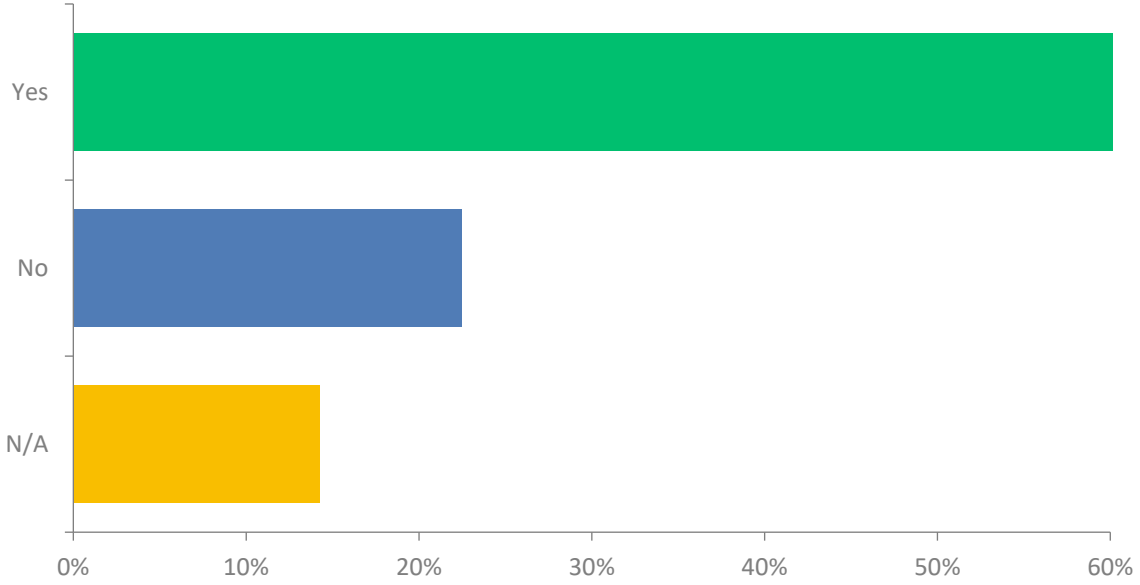
Are there specific areas within cancer care that you feel are under represented in your current education and training programs? Please click all that apply.



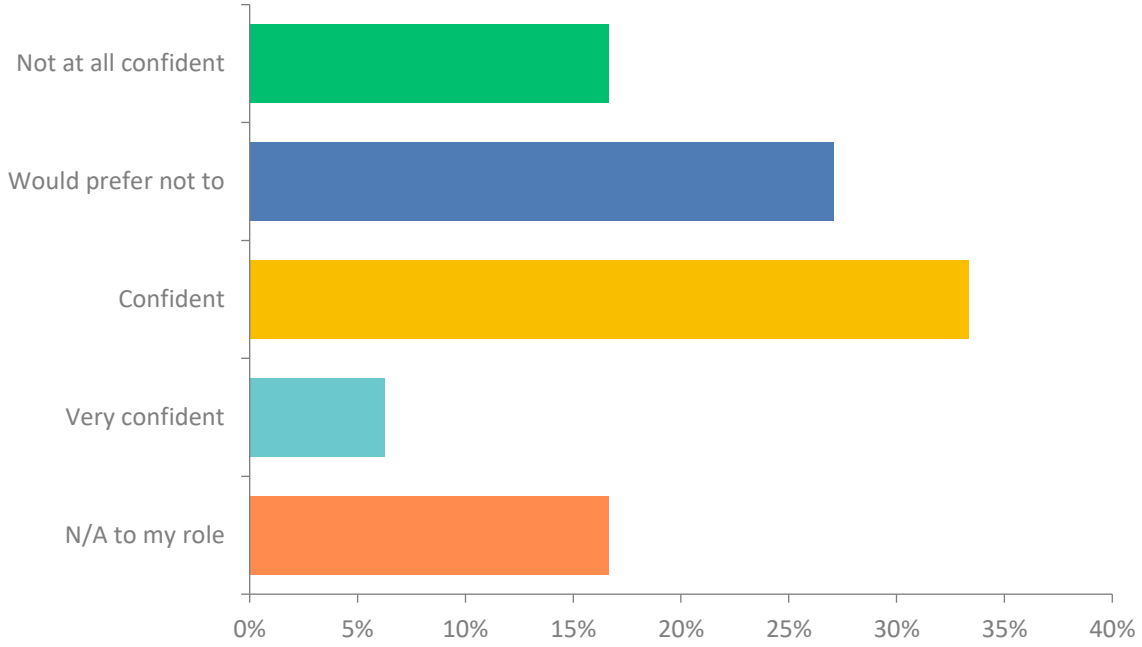
SAMPLE QUESTIONS

TNA SECTION 3 - KNOWLEDGE AND PRACTICE

Do you believe you can address patient inquiries and misconceptions regarding diagnosis and treatment effectively currently?



When it comes to discussing cancer diagnoses and treatment options with your patients, how would you rate your confidence level?



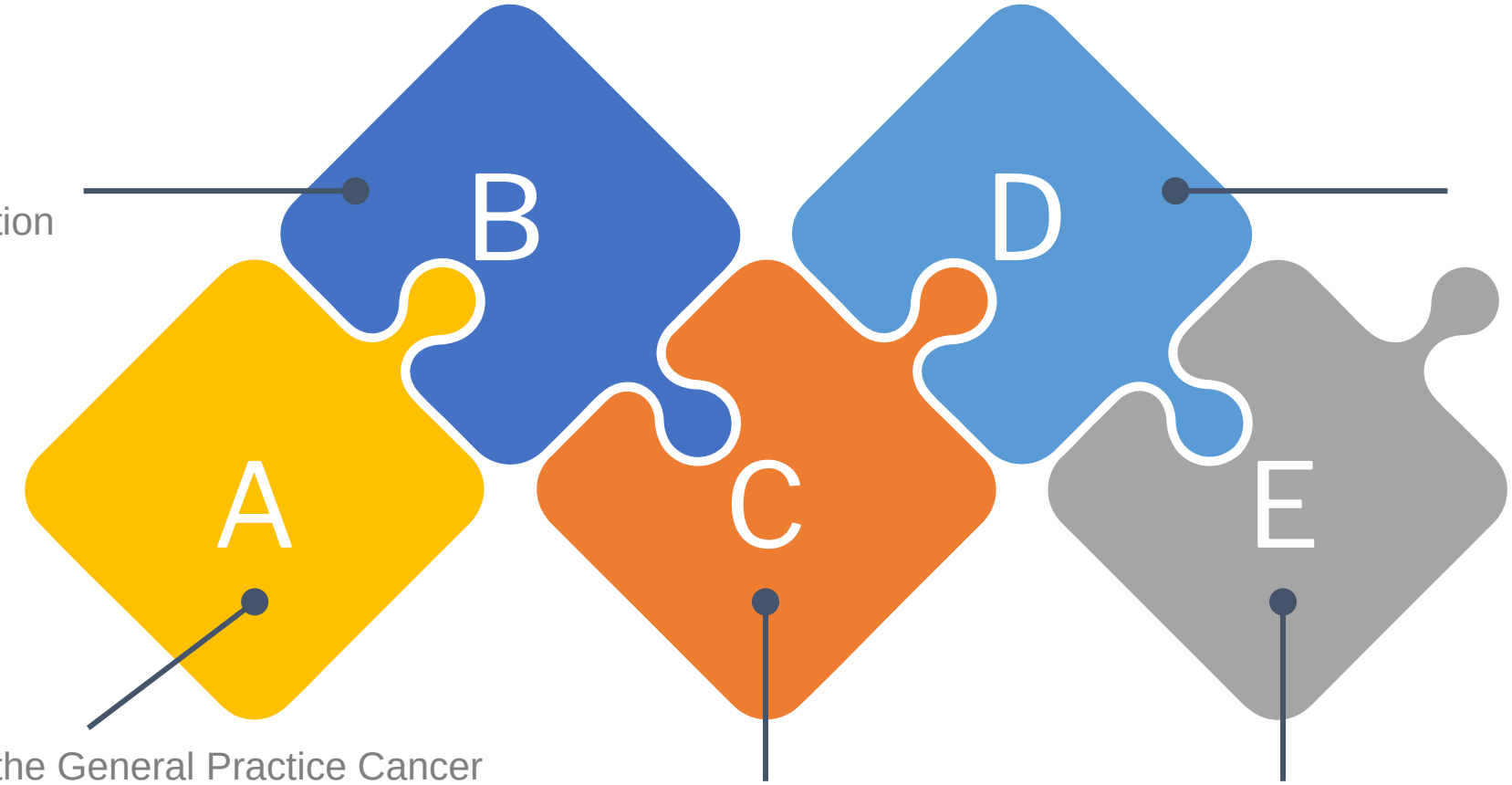
SAMPLE QUESTIONS

PRIMARY CARE CANCER STRATEGY PHASE 3

NHS North Central London Cancer Alliance

North Central London Integrated Care System

Development of Education Accreditation



Primary Care Support Offer

Establishment of the General Practice Cancer Website and the ‘NCL Primary Care Cancer Academy' Website

Primary Care Cancer Recognition Award

Immersify – e-learning

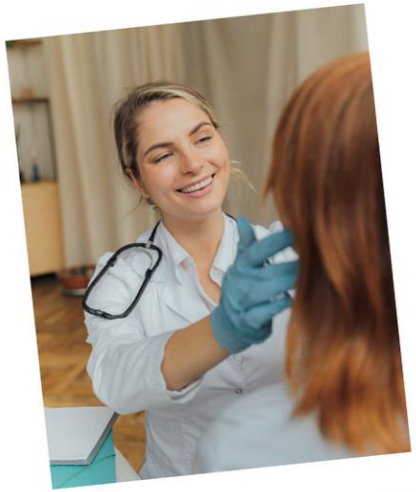
PRIMARY CARE CANCER STRATEGY PHASE 3

NHS North Central London Cancer Alliance

North Central London Integrated Care System

NCL CANCER ACADEMY
Primary Care

NCL PRIMARY CARE ACADEMY



The NCL Primary
future-proof onlin
centralised hub f
training materia
within the NCL

NCL E-Learning Courses

At NCL eLearning, we are committed to providing top-notch, flexible, and comprehensive online courses designed to fit your busy lifestyle and help you achieve your career goals. Our cancer eLearning courses for primary care are tailored to empower both clinical and non-clinical healthcare professionals with the latest knowledge and skills needed to improve patient outcomes and stay at the forefront of medical advancements.

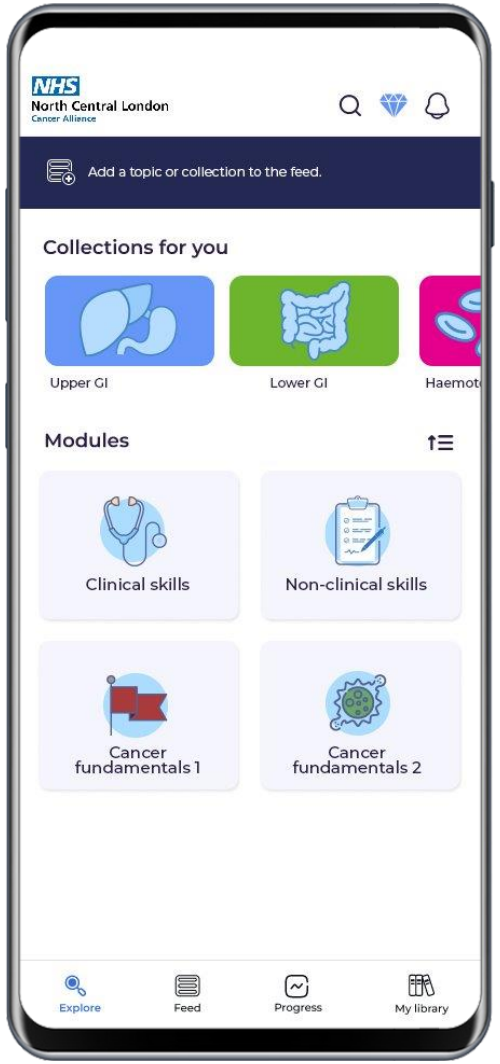
VIEW COURSES

PRIMARY CARE CANCER STRATEGY PHASE 3

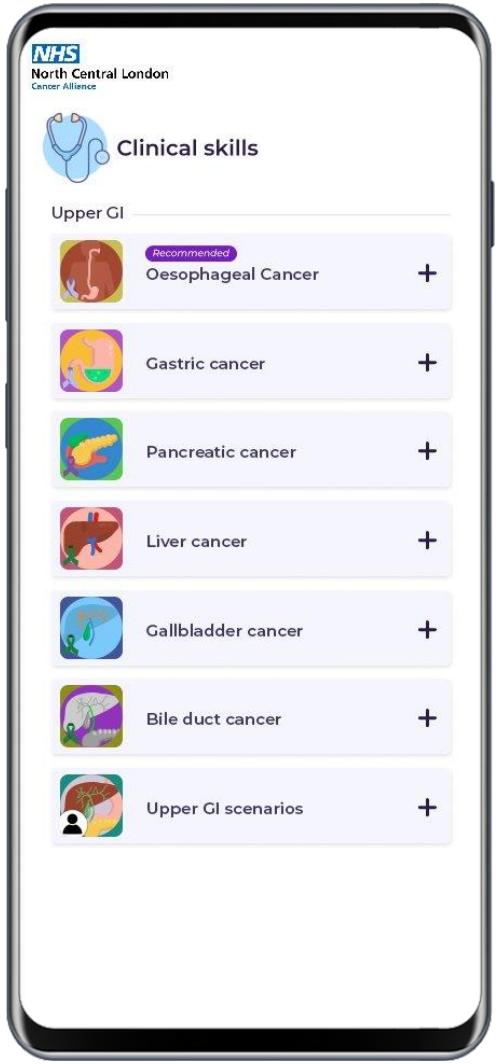
NHS North Central London Cancer Alliance

North Central London Integrated Care System

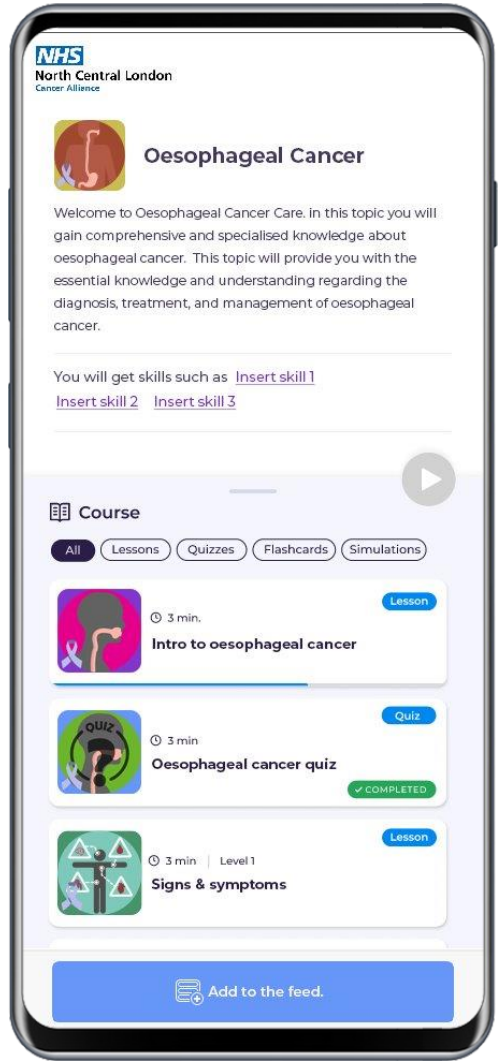
MODULES

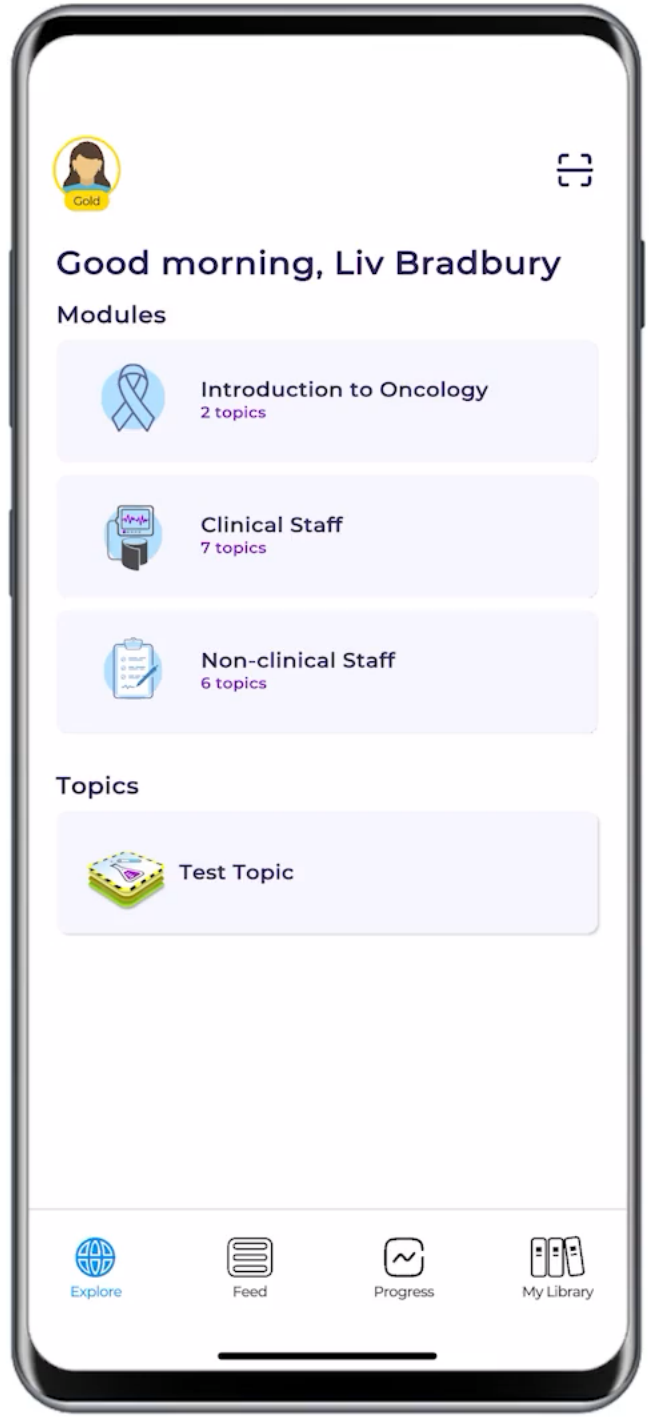


TOPICS



LEARNING ACTIVITIES WITHIN A TOPIC




Gold
Good morning, Liv Bradbury
Modules
Introduction to Oncology
2 topics
Clinical Staff
7 topics
Non-clinical Staff
6 topics
Topics
Test Topic
Explore
Feed
Progress
My Library

GAINING POWERFUL INSIGHTS WITH IMMERSIFY'S DATA PORTAL AND REPORTING

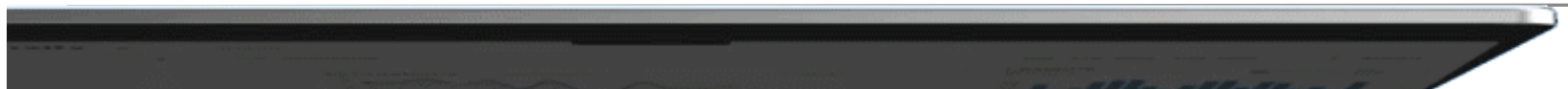
NHS North Central London Cancer Alliance

North Central London Integrated Care System

📊 **Track Progress:** Track engagement and success across different modules, offering insights into learning outcomes and areas for improvement.

📈 **Data-Driven Interventions:** Use performance data to proactively support learners and adjust priorities.

📖 **Enhance Curriculum Planning:** Leverage insights from student data to continuously refine and adapt materials, ensuring alignment with learning outcomes and clinical competencies.



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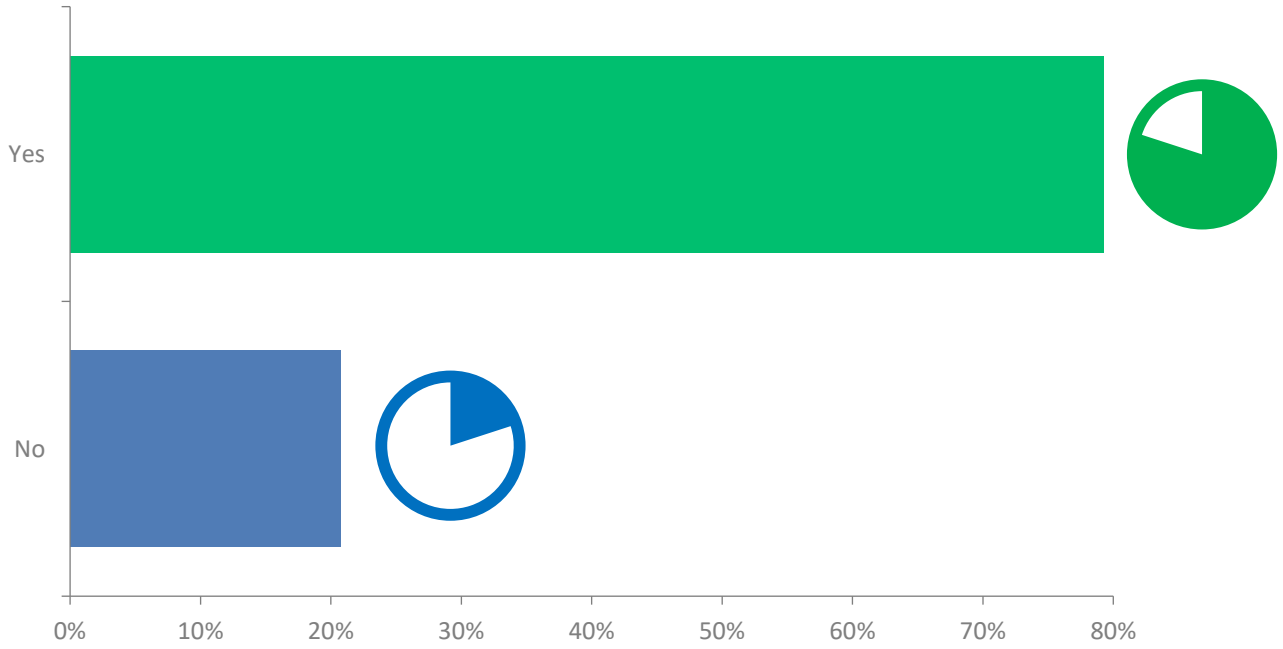
North Central London Integrated Care System

EDUCATION ACCREDITATION

Is attending accredited training on cancer important when you undertake professional development?



CPD MEMBER
The CPD Certification Service

CERTIFICATE

OF

MEMBERSHIP

The CPD Certification Service
certifies that

North Central London Cancer Alliance

is a **MEMBER** of
The CPD Certification Service

Providing recognised independent CPD accreditation compatible with global CPD principles.

Membership Number

19806

An initiative to increase standards of CPD provision to professionals in relevant market sectors

Date of Commencement: **21st August 2024**

Authorised Signature: G. Savage
Managing Director, The CPD Certification Service

Boston House, 69-75 Boston Manor Road, Brentford, London, TW8 9JJ
Email: info@cpduk.co.uk Web: www.cpduk.co.uk
Tel: 020 8840 4383

NCL PRIMARY CARE CANCER SUPPORT OFFER

NHS North Central London Cancer Alliance

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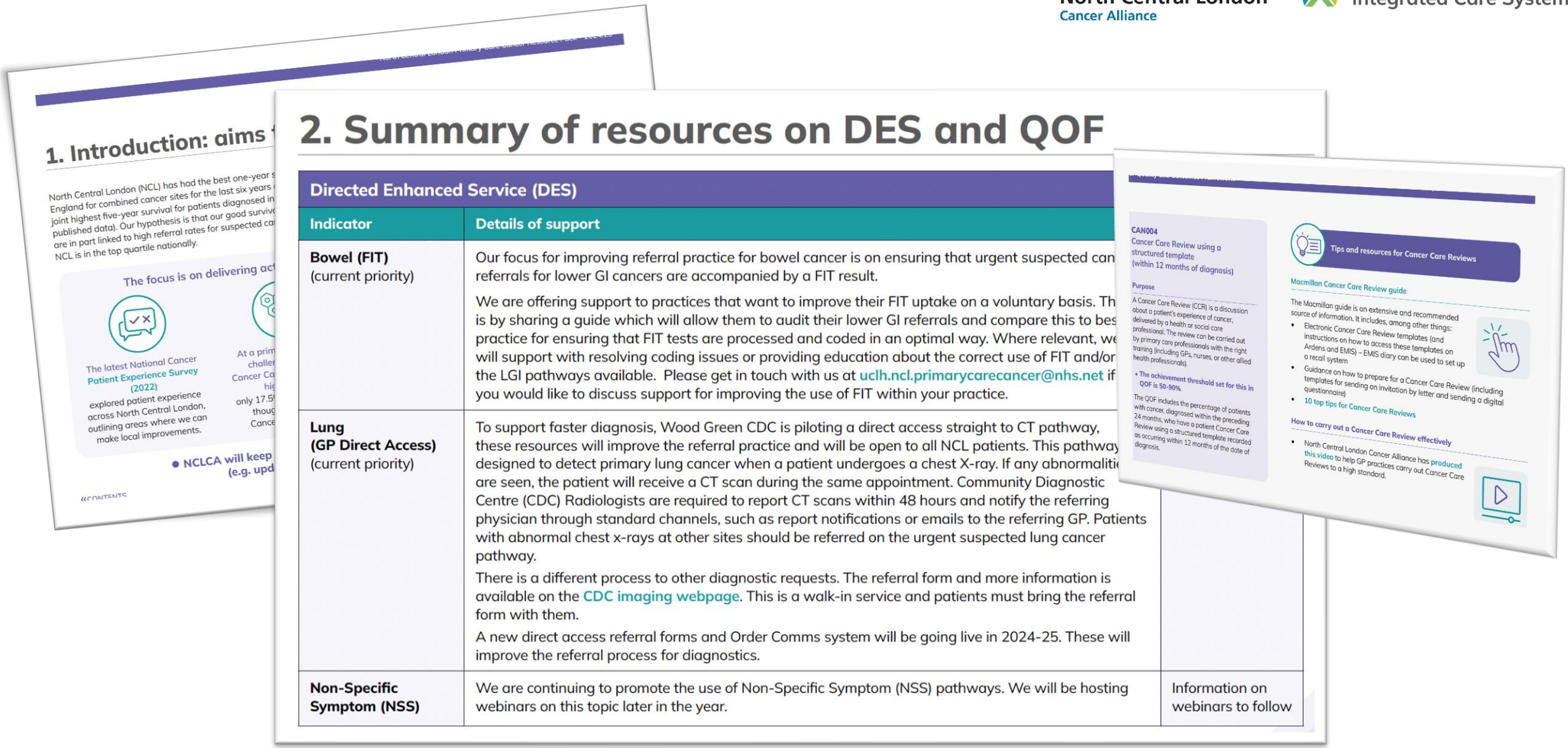

1. Introduction: aims

North Central London (NCL) has had the best one-year s
England for combined cancer sites for the last six years
joint highest five-year survival for patients diagnosed in
published data). Our hypothesis is that our good survivo
are in part linked to high referral rates for suspected ca
NCL is in the top quartile nationally.

The focus is on delivering act

The latest National Cancer Patient Experience Survey (2022) explored patient experience across North Central London, outlining areas where we can make local improvements.

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Cancer Ca
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● NCLCA will keep
(e.g. upd

«CONTENTS

2. Summary of resources on DES and QOF

Directed Enhanced Service (DES)		
Indicator	**Details of support**	
Bowel (FIT) (current priority)	Our focus for improving referral practice for bowel cancer is on ensuring that urgent suspected can referrals for lower GI cancers are accompanied by a FIT result. We are offering support to practices that want to improve their FIT uptake on a voluntary basis. Th is by sharing a guide which will allow them to audit their lower GI referrals and compare this to bes practice for ensuring that FIT tests are processed and coded in an optimal way. Where relevant, we will support with resolving coding issues or providing education about the correct use of FIT and/or the LGI pathways available. Please get in touch with us at uclh.ncl.primarycarecancer@nhs.net if you would like to discuss support for improving the use of FIT within your practice.	
Lung (GP Direct Access) (current priority)	To support faster diagnosis, Wood Green CDC is piloting a direct access straight to CT pathway, these resources will improve the referral practice and will be open to all NCL patients. This pathway designed to detect primary lung cancer when a patient undergoes a chest X-ray. If any abnormaliti are seen, the patient will receive a CT scan during the same appointment. Community Diagnostic Centre (CDC) Radiologists are required to report CT scans within 48 hours and notify the referring physician through standard channels, such as report notifications or emails to the referring GP. Patients with abnormal chest x-rays at other sites should be referred on the urgent suspected lung cancer pathway. There is a different process to other diagnostic requests. The referral form and more information is available on the CDC imaging webpage. This is a walk-in service and patients must bring the referral form with them. A new direct access referral forms and Order Comms system will be going live in 2024-25. These will improve the referral process for diagnostics.	
Non-Specific Symptom (NSS)	We are continuing to promote the use of Non-Specific Symptom (NSS) pathways. We will be hosting webinars on this topic later in the year.	Information on webinars to follow

CAN004
Cancer Care Review using a structured template (within 12 months of diagnosis)

Purpose

A Cancer Care Review (CCR) is a discussion about a patient's experience of cancer, delivered by a health or social care professional. The review can be carried out by primary care professionals with the right training (including GPs, nurses, or other allied health professionals).

• The achievement threshold set for this in QOF is 50-90%.

The QOF includes the percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis.

Tips and resources for Cancer Care Reviews

Macmillan Cancer Care Review guide

The Macmillan guide is an extensive and recommended source of information. It includes, among other things:

- Electronic Cancer Care Review templates (and instructions on how to access these templates on Ardens and EMIS) – EMIS diary can be used to set up a recall system
- Guidance on how to prepare for a Cancer Care Review (including templates for sending an invitation by letter and sending a digital questionnaire)
- 10 top tips for Cancer Care Reviews

How to carry out a Cancer Care Review effectively

- North Central London Cancer Alliance has produced this video to help GP practices carry out Cancer Care Reviews to a high standard.

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North Central London Integrated Care System

PRIMARY CARE CANCER GENERAL PRACTICE RECOGNITION AWARD

BRONZE

The Bronze Level of the Cancer Recognition Award is designed to be an easy and accessible entry point for practices, focusing on recognition and engagement rather than significant additional workload. This level offers an opportunity to be rewarded for implementing the foundational aspects of high-quality cancer care.

SILVER

The Silver Level award builds on the foundational work recognised at the Bronze level, encouraging practices to integrate more advanced elements of cancer care. This level focuses on enhancing the quality of care through targeted improvements in early diagnosis, patient support, and multidisciplinary collaboration. Practices will be recognised for their ongoing commitment to excellence and for implementing more substantial interventions that align with national cancer care goals..

GOLD

The Gold Level Award represents the pinnacle of achievement in cancer care within primary care settings. At this level, practices demonstrate leadership in innovation, patient-centred care, and system-wide collaboration to deliver the highest standards of cancer care. Recognition at the Gold level indicates that a practice has embedded sustainable, cutting-edge practices that not only meet but exceed national benchmarks.

NHS North Central London Cancer Alliance

North Central London Integrated Care System

NHS North Central London Cancer Alliance

North Central London Integrated Care System

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Clare.Stephens@NHS.NET

Gp, Barnet, NCL & NMH RDC
Cancer & Diagnostics NCL-ICS
Co-Clinical Director, NCL Cancer Alliance

Lunch & Networking

Chair Morning Reflection

Dr Gurnak Singh Dosanjh
GP - LLR ICB

CONVENZIS

Keynote Presentation

Hadleigh Stollar
Chief Executive Officer
Healthcare Innovation Consortium

Healthcare Innovation Consortium

Because innovation is everyone's business, we've made it ours

Unlocking the Power of Digital Transformation: Driving Innovation and Integration in Primary Care

Hadleigh Stollar | Chief Executive Officer
Healthcare Innovation Consortium

About Us

Healthcare Innovation Consortium (HIC) is a health innovation agency committed to supporting the adoption, implementation and spread of innovation within and across the sector.

Support NHS, public, private and supplier sectors.

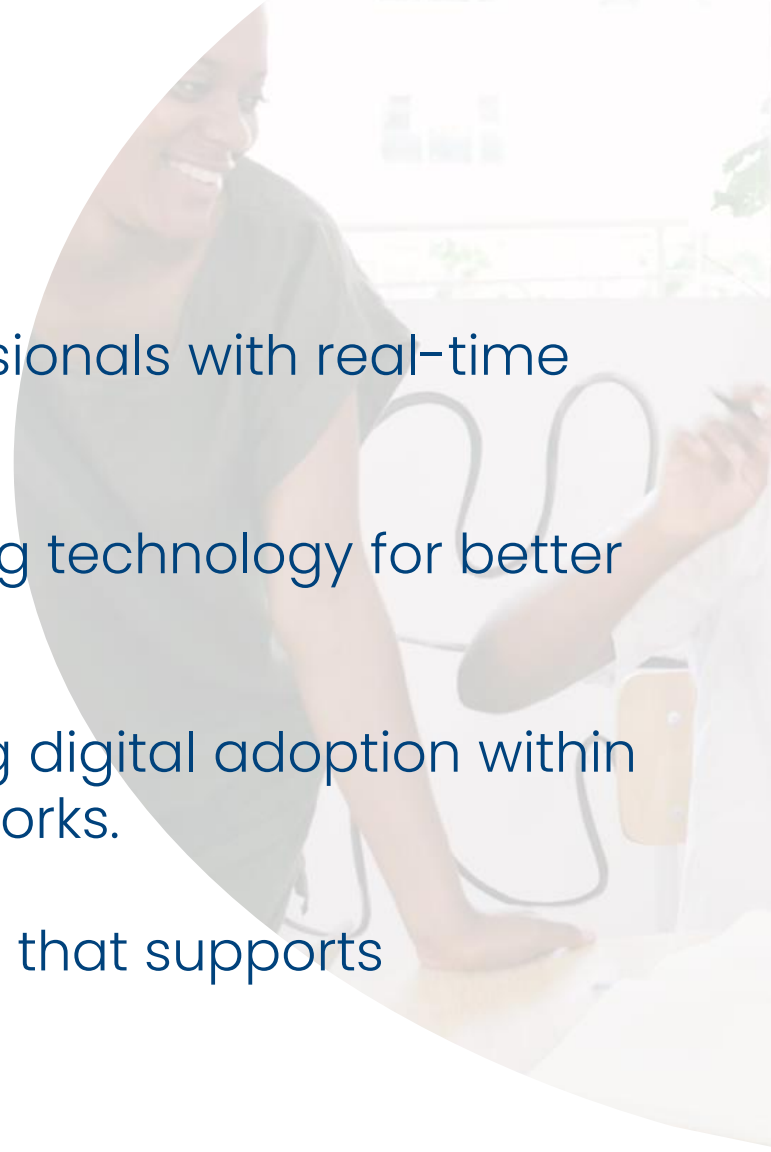
Facilitate adoption and spread of UK and International technologies.

Collaborate through partnerships and community.

Promote innovation through engagement and events.

Healthcare Innovation Consortium

Key Themes



1. How digital solutions can empower healthcare professionals with real-time information and integrated care pathways.
2. The importance of patient-centric approaches in using technology for better access and personalised care.
3. Addressing the challenges and opportunities in driving digital adoption within primary care, from local strategies to national frameworks.
4. Insights into creating a digitally connected ecosystem that supports continuous improvement and innovation.

South East London ICS

1. Work to understand the needs of primary care from a digital perspective – working across all aspects of the pathway.
2. Curated a forward-thinking Digital Primary Care Delivery Plan/Strategy which aligns with national priorities and local need.
3. This engagement showed that stakeholder engagement is key to understanding the challenges but also how to navigate the complex landscape – and why.
4. Collaboration is key but siloed working is never a scalable model!

South East London
Integrated Care System

Cambridgeshire and Peterborough ICS

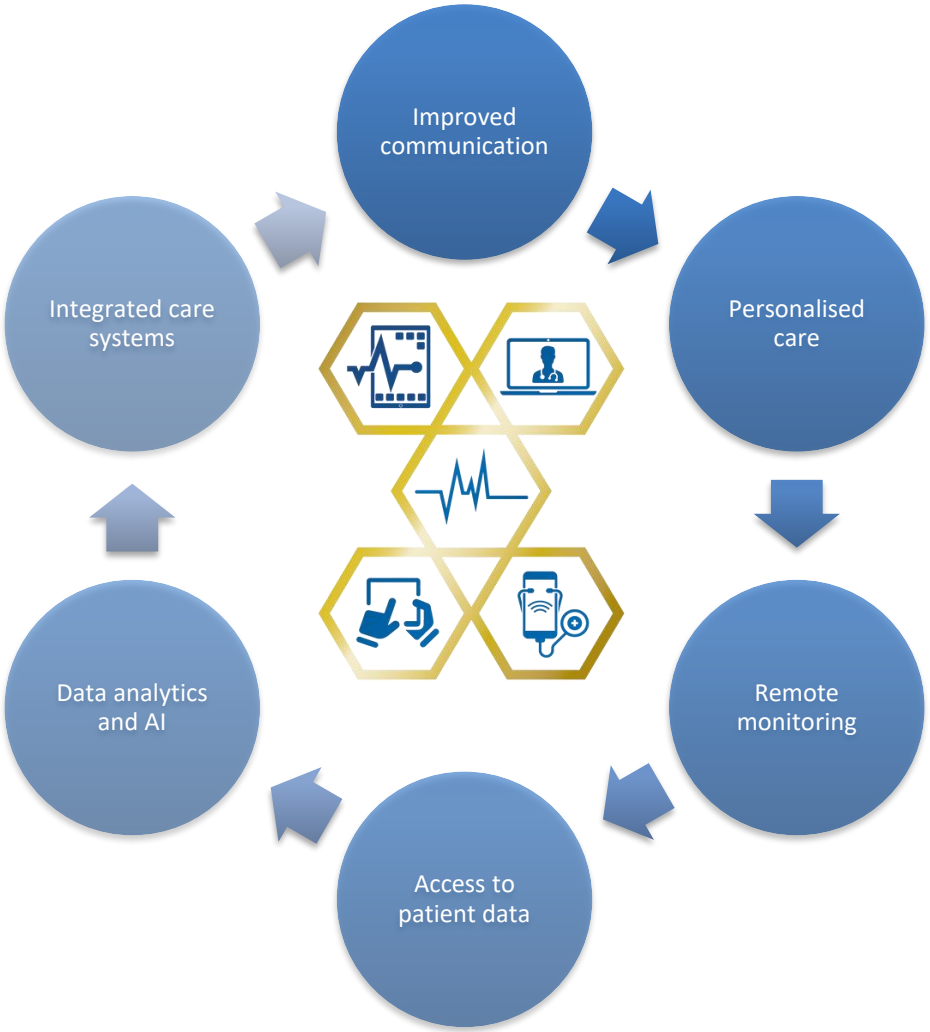
General Practice (GP) access is one of the NHS's top priorities. As such, a plan has been launched by NHS England to improve GP access to patients across the UK, with Integrated Care Boards delivering their own improvement plans for local people.

The national plans overarching objective is to tackle some of the pressures facing GPs and other services as they work to get back to normal after the pandemic.

Cambridgeshire & Peterborough Integrated Care System

How Digital Solutions Can Empower Healthcare Professionals

Digital health technologies can empower healthcare professionals with real-time information and integrated care pathways in several ways, however, there are challenges to the widespread implementation of digital health technologies, including data security and acceptance in the healthcare sector.



The Importance of Patient-Centric Approaches in Using Technology

A patient-centered approach fosters better patient engagement, as it encourages patients to take an active role in their healthcare decisions. This engagement has been linked to better adherence to treatment plans and improved overall health outcomes.

Addressing the Challenges and Opportunities in Driving Digital Adoption Within Primary Care

Challenges

1. Keeping general practice and patients safe.
2. Supporting general practice to deliver their contracted services.
3. Enabling service improvement, transformation, and digital innovation.
4. Supporting new models of care and contracts.
5. Supporting general Practice to meet patients' digital expectations.
6. Building on success and learning lessons.

Insights Into Creating a Digitally Connected Ecosystem

Digital ecosystems are founded on mutually beneficial relationships, and partners work together toward a common goal.

An ecosystem is a dynamic and growing set of relationships between different companies.

Healthcare Innovation Consortium

Because innovation is everyone's business, we've made it ours

Thank You

www.hicdigital.co.uk
sales@hicdigital.co.uk

Navigating the Future of Primary Care Panel Discussion

Denise Smith
Practice Manager Merepark Medical Centre, Alsager, Cheshire

Dr Sheikh Mateen Ellahi
MBBS, MRCGP, MBA Health (UCL- Distinction)
NHS GP Partner and GP trainer, Private GP, PCN lead in teaching and training - Elm Tree Medical Centre

Dr Barry Coakley
Deputy Chief Medical Officer & GP - Bath & North East Somerset, Swindon and Wiltshire Integrated Care Board

CONVENZIS

Scan here for the next Primary Care Conference