Schedule 2 – The Services

Service Specifications (B1)

Service Specification No. Service Commissioner Lead Provider Lead Period Date of Review	**WCA 1.0** Cancer Prevention and Earlier Diagnosis Local Enhanced Service **Wessex Cancer Alliance/Hampshire, Southampton and IOW CCG** Primary Care Team 2021 – 2022 November 2022

Introduction

Wessex Cancer Alliance

- Wessex Cancer Alliance is responsible for overseeing the delivery of cancer care across Wessex, by supporting the Integrated Care Systems in Dorset, Hampshire and the IOW. The Alliance will ensure Wessex meets the requirements and goals for cancer diagnosis, care, treatment and outcomes that established in the NHS Long Term Plan, published in January 2019.

Cancer Prevention and Earlier Diagnosis LIS

- This Cancer Early Prevention and Earlier Diagnosis LIS is a central part of the Cancer Alliance's plan to improve contact with PCNs and support them to achieve the Early Diagnosis DES and QoF QI. For background information see Appendix C.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

- Increasing understanding of prevention, screening and signs and symptoms of cancer in the patient population;
- Improving referral practice through the use of Clinical Decision Support Tools;
- Increasing uptake of symptomatic Faecal Immunochemical Testing;

3. Elements

This LIS is a supplement to the Early Detection PCN DES. Our aim is to support PCNs by offering the considerable expertise in the Cancer Alliance and Dorset Cancer Partnership and useful resources for use in general practice in the Prevention and Earlier Diagnosis Toolkit.

This service specification builds on the agreement with the Dorset Cancer Partnership last year (learning from this has been used to develop this agreement – see Appendix B).

3.3 PCNs shall:

Requirement	Details	WCA/DCP support
Identify a clinical and non-clinical cancer champion.	• To be the nominated points of contact • To complete the initial reporting in Appendix A • To join 2 webinars (or an appropriate deputy if not available) and cascade information to the PCN.	• November 2021 - Introductory webinar covering the current priorities, the Prevention and Earlier Diagnosis Toolkit and key members of the team. • April 2022 – Mid-point webinar to report on progress and address any barriers.

Requirement	Details	WCA/DCP support
Non Clinical cancer champion to guide their PCN to complete the following non-clinical elements	1. Receive and distribute WCA primary care newsletter and other communications to ensure PCN members are aware of contents. 2. Work with your clinical champion to use a variety of methods appropriate to your PCN population to ○ provide messaging to encourage patients to spot the signs and symptoms of cancers and to present to the GP earlier; ○ provide cancer prevention messaging to stop smoking, reduce alcohol intake, improve diet and increase exercise.	• See accompanying Primary Care Toolkit primarycaretoolkit - • Access to the non-clinical cancer champion network organised by CRUK facilitators.

Requirement	Details	WCA/DCP support
Clinical cancer champion guide their PCN to complete the following clinical elements		
1. Review the use of symptomatic Faecal Immunochemical Test (FIT) in the PCN.	• Join or access recording of the 1 hr webinar about colorectal cancer and the use of symptomatic FIT or complete GatewayC e-learning module on FIT https://www.gatewayc.org.uk/courses/ • Identify areas for improvement • Share learning and plans for improvement	• FIT data by PCN and other resources in the Primary Care Toolkit primarycaretoolkit
2. Increase the use of clinical decision support tools for the diagnosis of cancer and safety netting.	• Join webinar showcasing clinical decision support tools. • Chose a CDS tool for use in your PCN	• 1 hr webinar showcasing free and easy to use tools that enhance referral and recognition and safety-netting.

		• Submit your reflections on what has changed at the end of the agreement	• Additional information and support in the Primary Care Toolkit primarycaretoolkit

3.4 Reporting

Initial reporting

1. Contact details of PCN Cancer Champion to be completed in Appendix A and returned to england.wessexcanceralliance@nhs.net

End of Scheme Reporting

1. Patient messaging – Please provide us with a summary of the messages used and the ways you communicated.
2. Symptomatic FIT - Please provide us with a summary of the areas identified for improvement, your plans for improvement and we will use updated Symptomatic FIT data to identify the change in use.
3. Clinical Decision Support Tool – Please submit your reflections on what has changed.

3.5 Payment

Paid when PCN commits to the LIS by sending details in Appendix A

4.0 Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

The NHS Long Term Plan
https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/

Investment and evolution: A five-year framework for GP contract reform to implement *The NHS Long Term Plan*,
Https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england

5.0 Performance, Monitoring and Audit Arrangements

5.1 General

- The CCG reserves the right to undertake post payment verification of any aspect of the Improvement Plan.
- PCNs should be aware that, if they receive a payment under this Improvement Plan but cannot demonstrate that they are participating fully in all aspects of it, the CCG reserves the right to withhold and/or require return of payments. Before taking such action, the CCG will give appropriate notice and seek to agree an action plan with the PCN concerned to address the CCG's concerns.
- If the PCN breaches any of the conditions in this specification, the CCG may, in appropriate circumstances, withhold payment of any or any part of, any payment that is otherwise payable.
- It is the PCNs responsibility to ensure that payment claims are accurate. The CCG will not normally make any backdated payments in relation to inaccurate claims except where the provider can demonstrate exceptional circumstances.

5.2 Disputes – Conciliation, Arbitration, and Appeals

- In the event of disagreement or dispute, the CCG and the PCN will use best endeavours to resolve the dispute without recourse to formal arbitration.
- The parties may request informal mediation from the Wessex LMC. If unsuccessful, the matter will be determined in accordance with the normal contractual dispute resolution procedure.

5.3 Variations

- Both parties may agree to vary the terms of this Agreement by mutual consent.
- No variation to the terms of this Agreement shall have effect unless set out in writing and signed by both parties.

5.4 Termination

- The CCG or PCN may terminate this Agreement immediately if they consider, and can demonstrate, that the other party is in serious and major breach of any term of this Agreement.
- Either party may withdraw from the arrangements entered into as part of the CCG's LES by giving 28 days' notice in writing to the other party. The PCN will be entitled to the pro rata payment of any quarterly claims due before the expiration of the termination notice.
- The termination provisions in relation to this scheme are in addition to any other termination provisions under the PCN's contract with the NHS Commissioning Board.

5.5 Duration

- The LES shall commence 1st December 2021 – 30th November 2022 unless terminated earlier in accordance with the terms of this Agreement.

6.0 Finance Arrangements

6.1 General

- Where payment is based on patient list sizes in SCWCSU Insights Sept 2021. Please refer to the financial schedule.

6.2 Financial Schedule

The 2021/22 payment details are outlined in the table below:

Element	£	Comments
Delivery of the Wessex Cancer Alliance Prevention and Earlier Diagnosis requirements above	11p per registered patient based current list sizes.	100% paid at PCN level on receipt by WCA of the initial data collection.

7.0 Applicable quality requirements and CQUIN goal

7.1 Applicable CQUIN goals

N/A

Appendix A

Initial reporting

Contact details for Cancer Champions	
PCN name	
Name of Non Clinical Cancer Champion	
Role	
Email address	
Name of Clinical Cancer Champion	
Role	
Email address	
Which ARRS roles does your PCN employ/intend to employ?	

Please return this information to england.wessexcanceralliance@nhs.net this will signify your willingness to join the local improvement scheme.

Reporting requirements at end of LIS

Element	Reporting Required
Non Clinical cancer champion	
Work with your clinical champion to use a variety of methods appropriate to your PCN population to provide messaging	Share how you communicated your messaging and any thoughts on results

Element	Reporting Required
Clinical cancer champion	
Review the use of symptomatic Faecal Immunochemical Test (FIT) in the PCN.	Share learning and plans for improvement
Increase the use of clinical decision support tools for the diagnosis of cancer and safety netting.	Submit your reflections on what has changed at the end of the agreement

Please return this information to england.wessexcanceralliance@nhs.net

Appendix B

Learning from Dorset Cancer Partnership LES 2019/20

Early Detection of Cancer LES

1.1. The Early Detection of Cancer LES was agreed for delivery by 17 of 18 PCNs in Dorset, which started in October 2020 and was planned to end in March 2021. Many PCNs started delivery in Quarter 4 of 2020/21 due to the pandemic and so the reporting deadline was extended to end of April 2021. 15 PCNs have returned reports which is very positive considering the pressures in primary care. The reports are very detailed covering the audit findings and the themes identified. PCN improvement plans have also been developed and submitted which reflect the findings from the audit work. See Appendix 1 for the service specification.

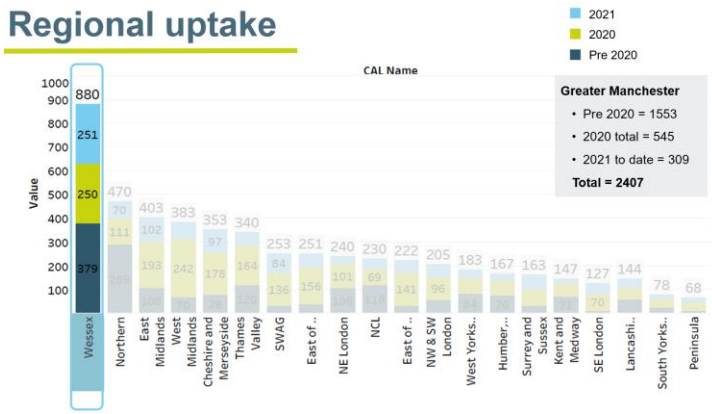
1.2. Several PCNs identified males as more likely to be diagnosed at a late stage and one PCN observed patients with late stage cancer were mostly overweight or obese. Training of long term condition nurses was identified as an action for this PCN to reach some of this cohort. There were repeated themes around particular tumour sites where patients had a delayed diagnosis due to a routine rather than 2ww referral; this was common for lung and lower GI; and less commonly reported but important for ovarian and pancreatic where symptoms were less specific. Prostate cancer was often diagnosed at late stage and PCNs have found this difficult to address, with some suggestions of increased PSA testing, and acknowledgement of the challenges of diagnosing prostate cancers that progress very slowly.

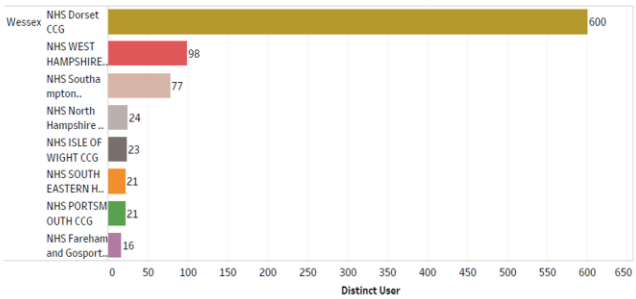
1.3. Some PCNs have put in place processes for ensuring patients are offered urgent blood tests at the time of a 2ww referral and to ensure all 2ww referred patients are given information about their referral.

1.4. **The three main themes that came from the analysis of the PCN audits were:**
1) the need for clinical referrers to be aware of NICE guidance NG12 for suspected cancer referrals;
2) the need for safety netting of patients;
3) the need for the public to have more understanding of cancer symptoms and to present to their GP if concerned.

1.5. Themes 1 and 3 are within the draft LES deliverables for 2021/22 together with a package of support from the DCP and WCA. Theme 2 will be supported by the Cancer Research UK facilitators, one of whom is now working within the DCP, and will offer support to PCNs to put in place or improve safety netting procedures.

1.6. One of the requirements of this LES was completion by all clinical referrers of the Gateway C online cancer training module ‘Improving the quality of your referral’ (IQR). Dorset CCG now has the highest Gateway C registration and course completion rates in England (bar Greater Manchester, see below) driven by this LES and we are sharing how we achieved this with other CCGs and Alliances. In June we had 600 users in Dorset covering 95% of our GP practices (charts below – Gateway C registered users up to June 2021; Greater Manchester excluded from charts because they were part of creating Gateway C and began using it earlier; for context, Dorset is around 30% of the Wessex population).





1.7. 244 Dorset based clinical referrers (mainly GPs plus some ANPs) have completed the IQR module to date. The course covers the following:

- Clinical decision making
- Helping to reduce DNAs
- Key information to include in a referral
- Safety netting
- What patients want to know
- The Cancer Maps

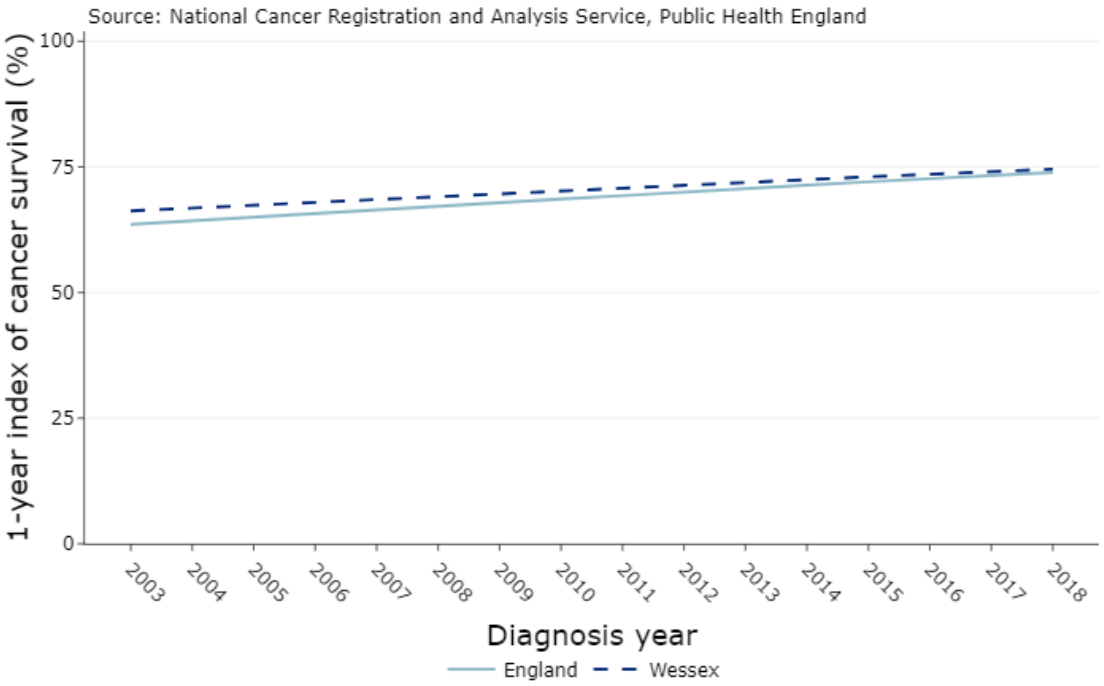
1.8. The Cancer Maps are a type of Clinical Decision Support (CDS) Tool, of which there is a requirement in the national DES for these tools to be implemented. A recent survey from WCA to PCNs across Wessex to identify which CDS tools were in use found that GPs in Dorset frequently cited use of Cancer Maps, which was not reflected across Hants and Isle of Wight, and this is likely to be as a result of the LES in 2020/21; we have had feedback from GPs as part of the LES reports that the Cancer Maps are very useful.

1.9. Another requirement was for PCNs to nominate a clinical and non-clinical cancer champion; we have now created a network for these cancer champions with a central Teams site for communicating and sharing information. The PCN conference in April 2021 brought these champions together for the first time. We will continue to build on this network over the next four years aligned with the national DES and the Cancer Prevention and Early Detection Programme plan for Dorset.

Appendix C

Background information

Cancer Survival



Cancer survival in England has been increasing over time and is the highest it has ever been, as the chart below shows.

One year survival rates vary enormously between different cancers with lung cancer survival rates at 36% for men and 44% for women in Wessex, and prostate cancer survival rates at 96% and breast cancer rates at 95% in Wessex. See chart below

NICE Suspected Cancer Guidance 2015 However to make further improvements in cancer survival requires a significant focus on achieving earlier staging at diagnosis. In 2015, NICE published guidance for Suspected Cancer: Recognition and Referral (NG12[1]) setting out the guidance for 2ww referral, and more importantly lowering the threshold of suspicion to 3% in order to identify cancer at an earlier stage[2].

NHS Long Term Plan 2019
Following on from this in 2019, the NHS Long Term Plan was published and included an ambition that 75% of cancers should be diagnosed at stage 1 & 2 by 2028. Achieving this will mean that, from 2028, 55,000 more people in England each year will survive their cancer for at least five years after diagnosis. The NHS Long Term Plan says we will build on work to raise greater awareness of symptoms of cancer, lower the threshold for referral by GPs, accelerate access to diagnosis and

treatment and maximise the number of cancers that we identify through screening. This includes the use of personalised and risk stratified screening and beginning to test the family members of cancer patients where they are at increased risk of cancer.

The Cancer Early Detection DES includes the following areas of focus:

- Review 2ww referral practice and quality (e.g. use of clinical decision support tools, review of patterns of presentations and diagnoses of cancer, use of new rapid diagnostic pathway);
- Ensure a consistent response to safety netting patients referred via a 2ww or for further investigations to exclude the possibility of cancer;
- Ensure patients receive information about their 2ww referral;
- Contribute to improving uptake of national cancer screening programmes;
- Support delivery of the above through a community of practice, including peer learning events and engagement with local system partners.

The Quality Outcomes Framework (QOF) has been developed to support the roll out of the PCN early cancer diagnosis service specification in 2020/21. The full module can be read here: https://www.england.nhs.uk/gp/investment/gp-contract/. The two QOF indicators are:

- QIECD005 – The contractor can demonstrate continuous quality improvement activity focused upon early cancer diagnosis as specified in the QOF guidance.
- QIECD006 – The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on early cancer diagnosis as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings.