

## Public questions and answers: Integrated Care Partnership meeting, 26 January 2023

### Questions received from the public with responses from the ICB

<p><b>Question 1</b></p> <p><b>Member of the public</b></p>	<p>Please could the Winter Pressures Report also include figures for current and recent wait times at local providers, referral to treatment times and the other National metrics, so that the public can see the current trends in local service delivery, and hence will be able to understand the effectiveness of current plans? These could of course be related to eg the absolute numbers attending/being treated, etc.</p>
<p><b>Response</b></p>	<p>We want to give as much information as possible to the public about our performance and are grateful for the feedback. Most of the information we provide will be through NHS Integrated Care Board (papers <a href="#">available on our website</a>) which receives an overview of performance against national metrics.</p> <p>There are also some public resources which may be useful. NHS England also publish data on all hospitals <a href="#">Statistics » Consultant-led Referral to Treatment Waiting Times (england.nhs.uk)</a> Current average waiting times are also available on <a href="#">London – My Planned Care NHS</a></p>
<p><b>Question 2</b></p> <p><b>Member of the public</b></p>	<p>You have rightly prioritised access to primary care and improved coordinated care in your strategy. The Cancer Patient Experience Survey shows very low levels of satisfaction among cancer patients with the support they get in primary care. This is hardly surprising, since GPs are not experts in cancer care, they struggle to get information from secondary care, and they are very busy. Should you rethink the model of care for cancer patients, so that their first port of call remains their cancer nurse specialist at the hospital? Or perhaps you need to do more to improve communication between secondary and primary care so that GPs can get the information they need to support their cancer patients? What are you planning to do to improve the support that primary care provides to cancer patients?</p>

**Response**

The National Cancer Patient Experience Survey (NCPES) does unfortunately highlight the fact that not all many patients feel fully supported by their Primary Care Teams throughout the treatment phase of their cancer. During this phase, the first port of call for patients should be their hospital Treating Cancer Team, and in particular their named contact, who is generally their Clinical Nurse Specialist (CNS) or Support Worker. Primary Care Professionals would, however, still want to be clear that they are there to support their patients, irrespective of their needs and the new initial element of the Cancer Care Review requires primary care to reach out to patients after diagnosis and to highlight support that is available to them. This is a new element of the Cancer Care Review that was first introduced last April and it is hoped will address the issues raised by patients through the NCPES.

There is a large amount of ongoing and planned work aimed at improving the support that Primary Care provides to cancer patients. This covers a very broad of initiatives and outlined below are some of the key current projects aimed at improving this. This remains an area of constant review, however, with evolving projects and actions. We hope that by supporting primary care clinical leadership, working closely with the SE London Cancer Alliance, hospital teams and the wider ICS to drive better integration of care that we can really start to impactfully address this significant issue.

**Structure& Investment** - To ensure this issue is held in the system each of the 6 Place teams has a Cancer Clinical lead within their structures, drawn from primary care. In addition the Cancer Alliance has a further 2 GP clinical leads as well as 2 Clinical chairs. These leads are brought together through a regular system group as well as through locality meetings and various other tumour level and project level groups supported by management leads.

There are two specific national contract / funding schemes that pick up key elements of how primary care works with cancer patients; the Network contract Directed Enhanced Services (DES) and the Impact and Investment Fund (IFF). These highlight key areas of priority investment in relation to primary care and cancer care asset out below. Earlier Diagnosis is particularly picked up as a national ambition with the NHS Long Term Plan outlining the ambition that, by 2028, 75% of cancer patients should be diagnosed earlier, at Stage I or II.

**Cancer Care Reviews (CCR)**- A Cancer Care Review is a conversation between a patient and their GP or Practice Nurse about their cancer journey. A CCR can help patients to; talk about their cancer experiences and concerns; understand what support is available in their community; and receive the information they need to begin self-supported management. We are working with PCNs to improve the delivery of Cancer Care Reviews as part of the Quality and Outcomes Framework (QoF) and looking at ways to improve the support from primary care, although this is at an early stage. There is also an Alliance funded piece of work looking at CCRs

being delivered by Practice Nurses being piloted in Southwark and we will evaluate the impact of this and look to disseminate further if successful.

**Personalised Stratified Follow Up (PSFU)** - For some tumour types where Personalised Stratified Follow Up is in place, the Cancer Team will remain the first port of call for cancer issues/concern for as long as they are on the pathway, which can last 10 years for some cancers. The patient and the GP should be provided the Helpline number so Cancer Teams can be re-accessed quickly. Breast and Colorectal PSFU is now live across all three SE London acute Trusts, with expansion to further tumour groups now actively underway.

**Social Prescribing** - Over the last few years we have been working with Social Prescribers across south-east London to upskill them to support people living with cancer with their holistic needs. A Report from this work has recently been completed and will feed into further work. In particular, Macmillan Cancer Support is looking at how we can work together to support people living with cancer with their wider needs outside of the acute setting and meetings have been set up with 4 of the 6 SE London boroughs to look at how we can develop this at Place-based level working in an integrated way across primary, secondary and community care, along with the Local Authority and third-sector partners.

**Information Sharing** – It is vital that primary care has access to key patient information held by secondary care. Information transition between primary and secondary care remains an issue but, again with PSFU, the drive to deliver End of Treatment Health Need Assessments (HNAs), DOcMan integration (so Personalised Care and Support Plans automatically get transmitted to Primary Care) and End of Treatment Summaries is intended to improve the seamless availability of information across primary and secondary care. In SEL there is the Local Care Record which enables care professionals to view a patient's medications, previous treatments, test results and any other relevant care information, when it's needed. This of course goes beyond cancer and as a system we need to ensure this is functioning and is being utilised. Two of our provider Trusts are also making significant investment in their Electronic Health Record System (EHRS) which will allow for greater information integration between primary and secondary care. At a national level, NHS England & NHS Digital have been working towards a national roll out of citizen digital access to their GP patient record. The functionality allows for patients with online accounts, such as through the NHS App, to be able to read new entries, including free text, letters and documents in their health record. Better access supports patients as partners in managing their health, and can help reduce queries to general practice such as on negative test results and referral letters.

**Education** – South-east London has an ongoing programme of specific cancer pathway education for primary care, created in partnership with, and presented, by cancer specialists. This has the dual benefit of improving relationships between primary and secondary care as well as giving specific education to GPs across the system. Recent events held on how to manage isolated breast pain in primary care are a good example of this work. With support from Cancer Alliance funding, we have recruited two Cancer

System Development Facilitators who play a critical role in facilitating communication and education between primary and secondary care, aligned to our cancer priorities. These roles act as a single point of contact for the locality they work within, escalating issues and helping resolve operational problems. They hold a programme of work that centres around facilitating and supporting primary care on cancer.

**Direct Access** - To improve the ability of primary care to manage potential cancer patients the system has been working to improve availability and uptake of key direct access diagnostic investigations for GPs to better support the assessment of suspected cancer in line with NICS guidance (NG12). This facilitates an earlier and faster diagnosis or ruling-out of cancer for patients and can help reduce the burden on specialist secondary services. The roll out of Community Diagnostic Centres (CDCs) provides a unique opportunity to significantly increase capacity and turnaround times for GP direct access diagnostics across our system.

**Faecal Immunochemical testing (FIT) included in DES** – This is a test that detects traces of human blood in stool samples. The test is simple to use and can be done at home and supports assessing the risk of potential bowel cancer in symptomatic patients. This can help ensure patients are referred to the correct suspected cancer pathway the first time and avoid repeated or unnecessary referrals and investigations.

**Non Site specific pathways (NSS) / Rapid Diagnostic Clinics (RDC) included in DES** – These services are designed to speed up diagnosis of cancer and other serious conditions. RDC pathways make sure everyone with suspected cancer gets the right tests at the right time and with the need for as few visits as possible. We have been working to make these available to primary care across the system covering 100% of our population. SE London was one of the first places in the country to have a fully commissioned service and has expanded to 3 sites in 2022/23. As with Direct Access and FIT, this improves the ability of primary care to manage potential cancer patients and should lead to an improved patient experience reducing the need for patients to receive multiple appointments to reach a diagnosis or ruling-out of cancer.

**Cancer clinical decision-support tools** - These are system tools made available to primary care to improve healthcare delivery by enhancing medical decisions for cancer with targeted clinical knowledge, patient information, and other health information. SE London has undertaken a pilot of 'C The Signs' and will be working to promote available tools across the system.