

Improving Cancer Outcomes in North Bexley Project Evaluation

Bexley PLT
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Project Overview

Improving Cancer Outcomes : Rational

- Higher cancer incidence, prevalence & mortality
- Higher level of socioeconomic deprivation
- Higher level of non-white ethnicities
- Lower level of breast & cervical screening uptake
- Higher level of emergency presentation

Creating a Cancer Care Co-ordinator (CCC)

- Project funded by SELCA to improve primary care pathway : Sep 23- Aug 24. Total funding **£24,268**
- Undertaken by Bexley GP Federation
- A care coordinator from each of 7 Practices in North Bexley PCN trained up to take on cancer related activities
- Supported by individual practice GP lead, a PCN GP Lead and Bexley Cancer Clinical & Care Professional Lead

Aims

- To provide a single point of contact for cancer : patients, practice and stakeholders
- To facilitate PCN Early Cancer Diagnosis DES
- To conduct 3m Cancer Care Review
- To link up with wider system improving cancer outcomes resources, training, and awareness campaigns
- To improve patient experience

Project Evaluation Overview: Part 1 (Attendance & Feedback)

Project Inputs

- Internal Training: 10 bespoke monthly in-house training 3 PCN-based supervision sessions
- External Training: a Personalised Care Institute accredited 2-day Care Coordinator course + 2-day Motivational Interviewing training

Project Outputs

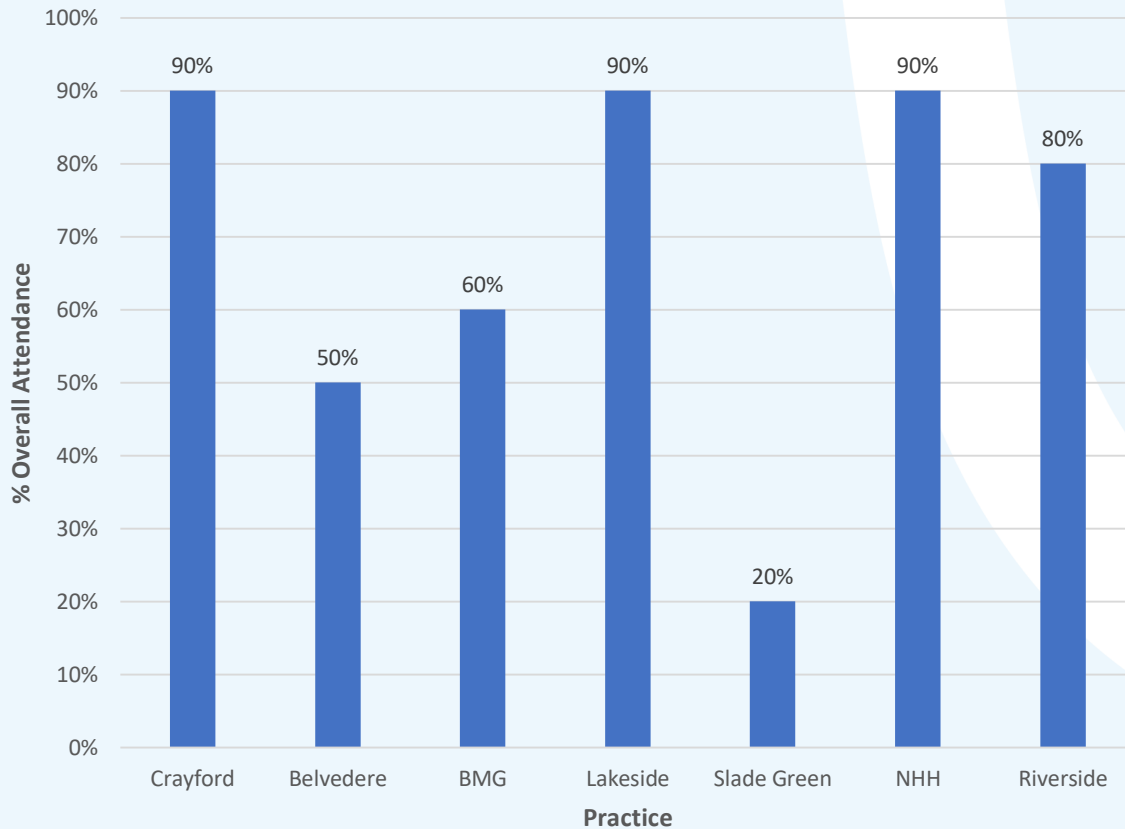
- Upskilling of Care Co-ordinators to provide dedicated support for cancer care
- Review of internal practice pathways, coding & active recalls for DNAs for Breast, Bowel and Cervical Screening Programmes.
- Development of standard template letter for patients inviting for Cancer Care Review with CCC (< 3-month post diagnosis)
- Sharing Learning Event Analysis
- A repository for training resources from this project for all practices to use
- A WhatsApp group for the NB CCCs for mutual support
- SEL Cancer Facilitator sharing ED Cancer Data Pack and Cancer Resources for Primary Care

Feedback

- Feedback from the CCCs on the training sessions, the external courses and their experience with undertaking the CCR < 3-month post diagnosis
- Feedback from the Practices on the project

Practice Engagement : 10 internal training sessions

Practice Attendance of Sessions (%)



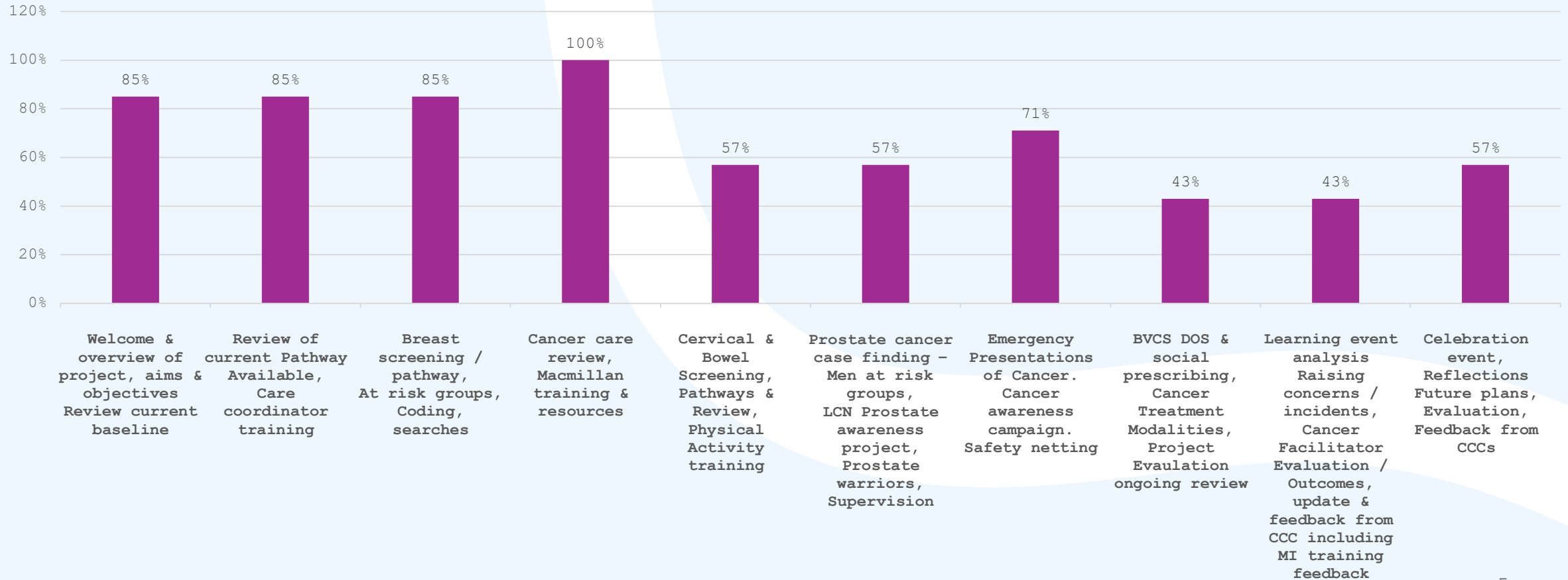
- 4 of the 7 practices attended 8/9 of the 10 training sessions

Attendance by 3 practices was lower than expected due to:

- Slade Green and Belvedere had a change of personnel with Care Coordinators changing mid-project, affecting attendance levels
- Primary Care practice work pressures vary across the year and are individual to each practice affecting the release of CCCs for attendance at sessions
- Some practices sent an alternative staff member or a clinician to prevent any disruption

% of practice attendance at each of the monthly sessions

% of Attendance (out of 7 practices)



Cancer Care Co-ordinator : All sessions scored 4-5*

Feedback:

"Raised more awareness about symptoms"

"Informative start on what we need to achieve"

"More knowledgeable about cancer treatment and symptoms "

"The cancer review letter was helpful"

"All information about cancer was very helpful, helped prioritising who needs to be seen on the day by clinician."

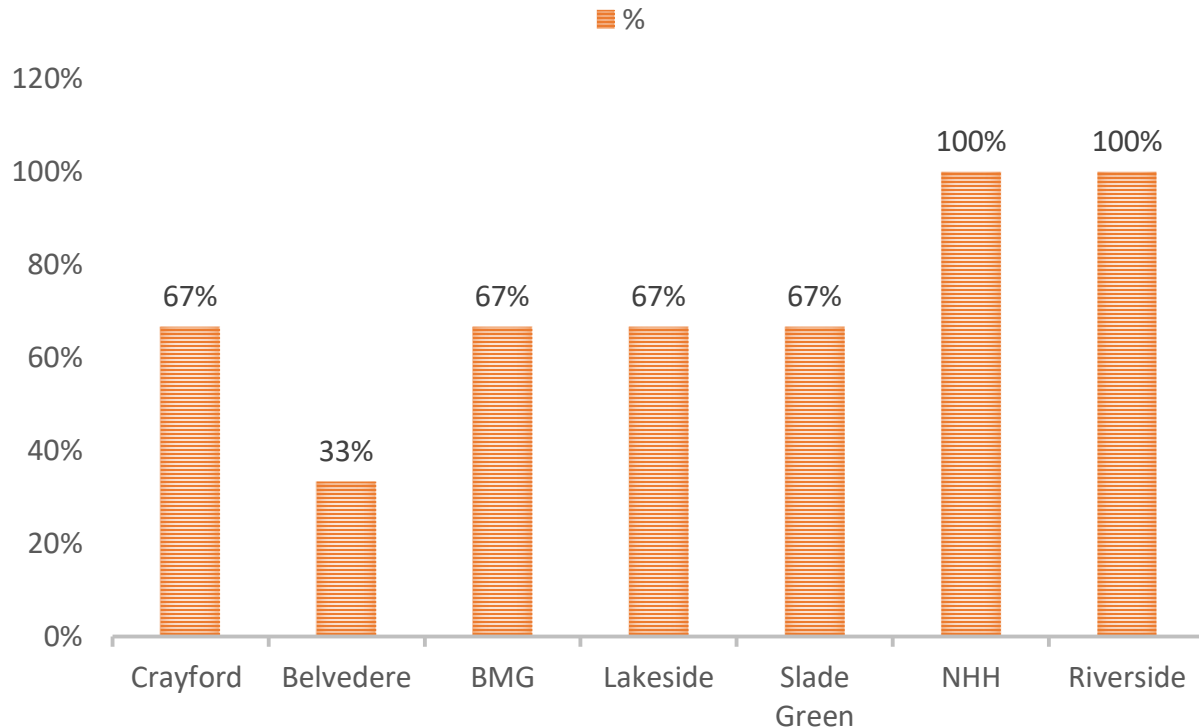
"Was good to talk through what training we will be getting which we thought would be helpful"

"the cancer resources were helpful"

"Cancer care review was very interesting and was great to learn how to put this in place within the surgery with the care coordinator taking over"

"Good to talk as a group"

% Practice Attendance at the 3 Supervision sessions with positive feedback



Cancer Care Coordinator feedback

“I found the supervision supportive. I could also ask for assistance when needed, even if my direct supervision was not working that day any of the GPs were happy to help. Its just finding a good time when they are free in-between clinics”

“The supportive supervision sessions were really useful”

“Supervision sessions were good, and they were supportive”

It was good to speak to the other CCC’s. Team was very supported and felt supported. Supervision sessions were much better face to face”

2-day Care Coordinator Training Course

It was a very good course

Enjoyed interacting with other care coordinator's and how they work

We discussed various ways to approach different issues with patients

Enjoyed speaking to other care coordinators around the country

The time did go quickly as had breakout rooms to discuss

- **NHS accredited / recommended course**
- **£440 per person.**
- **The CCCs who attended identified communication skills as the main learning outcome.**
- **They felt more training on the other aspects of the care coordinator role would have been helpful.**
- **Communication skills were covered in the Motivational Interviewing course, therefore duplication**
- **This project has established that the PCI accredited course is not cost effective.**

Less breakout rooms needed so we can work together to get perspectives from the different people's roles

More focus on how to make the role better for your practice and how to be more effective would improve the course

The course didn't help me to understand how to improve my role as a care coordinator

The course was too long, it could have been completed in half the time

Would have liked to discuss the role more

Course was more related to communication rather than the care co-ordinator role and what to expect

Discussing how to plan and how to manage the care coordinator role would have been beneficial

Motivational Interviewing Course feedback : attended by 50% of CCC

Feedback:

- A condensed course, this was better than the care coordinator course
- Course was good with a large amount of different professionals
- Very interesting, gained a wider knowledge of how to propose myself to patients
- Interestingly lots from Guys Cancer Centre - we all have problems trying to get patients to open up about concerns and needs.

Learning:

- Lots of overlap between the two courses
- Recommendation to attend Motivational Interviewing training

Feedback from practices re Cancer project

The project was beneficial and positive for the care co-ordinator and she learned a lot from it

The project was beneficial for the Cancer Care coordinator, they will need to embed learning from project to use in future

We were doing a lot anyway, but the project was beneficial to the practice as it made us more focussed on Cancer

The project has had a noticeable positive impact for the practice

The project was beneficial and positive for patients, especially the new cancer diagnosed patients as they never had this process in place before

We need to remain focussed and make sure we continue to use resources to benefit the patients

It would be good to review in 6 months and evidence use of what has been adopted

Project Evaluation Overview Part 2 : Outcomes

Clinical Outcomes 22-23 vs 23-24

- 3-m Cancer Care Reviews and referrals to Social Prescribers
- CCC Direct Contact with Patients and onward referral
- Practices' Urgent Suspected Cancer Referrals and New Cancer Diagnosis
- Bowel, Cervical, Breast Screening Programmes invites and coverage

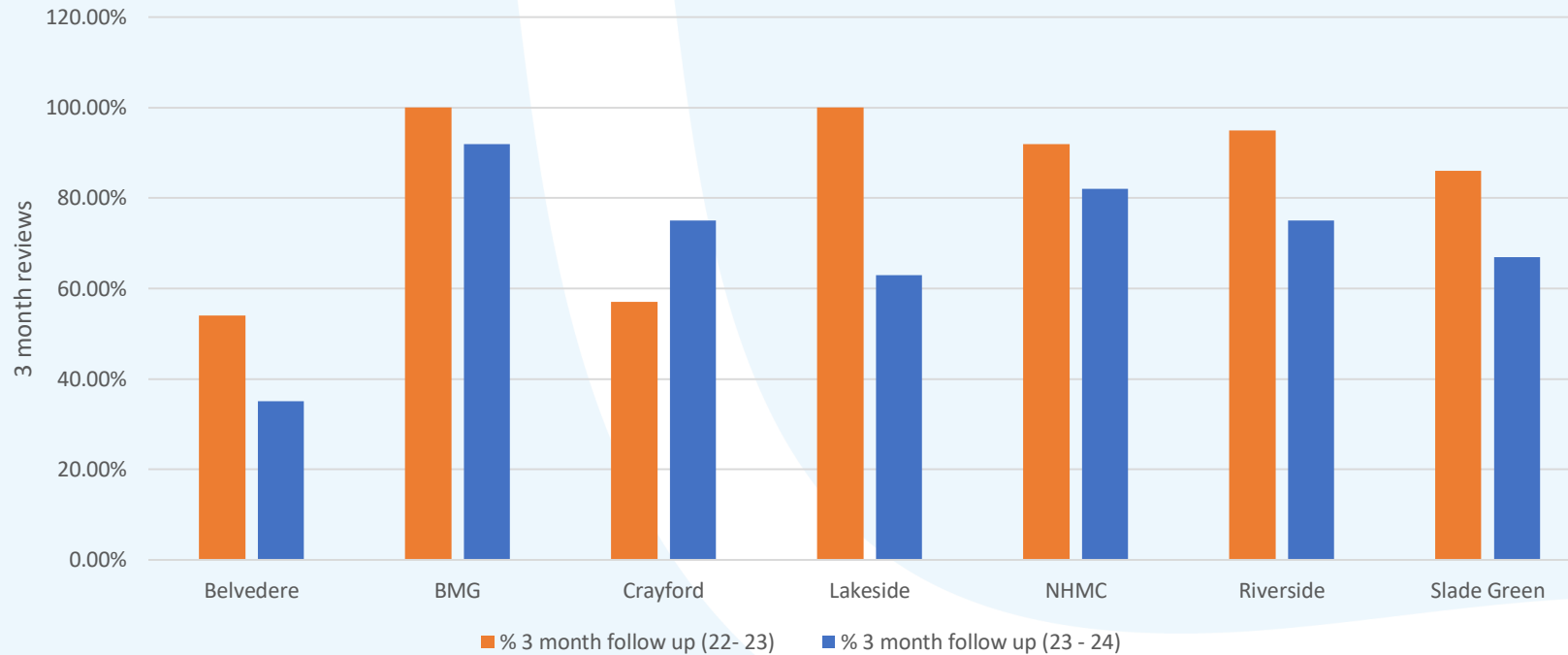
Impact

- Impact on Early Cancer Diagnosis
- Impact on Patient Experience
- Impact on Cancer Care Coordinator Professional Development
- Impact on Communication with Practices
- Impact on Primary Care teams
- Impact on Health Inequalities

Learning & innovation

- Investing in Primary Care Workforce upskilling is crucial for Early Cancer Diagnosis and optimal patient pathways and experience.
- Innovation in training with on-going personal & peer support yields results.
- Clinical facilitation and oversight, seeking feedback and responding to learning needs enables experiential learning and confidence building.
- Promoting a learning culture in overstretched practices is key to progress.

Clinical Outcomes : % of 3-month cancer care reviews



Number of 3 month reviews have reduced:

- Changes to QOF requirements
- Personnel changes could have adversely affected the reported 3 m CCR output.
- Continuing to promote 3 month reviews

3-Month Cancer Care Review

Patients like the call from the surgery without them having to call and chase themselves

It was lovely to speak with you today, It's nice to know there is support out there for me. Your help obtaining my follow up biopsy appointment was invaluable as I was struggling to contact the breast clinic

Patients are happier with the personal contact & like the personal letter we now send as a part of the project

patients feel more looked after by the practice and if they need any support they know they can contact myself

Positive Patient Feedback

Thought you were great. I don't particularly like talking about it, but you made me feel at ease speaking to you, and you weren't at all pushy

It was a pleasure getting to talk to her for my 3-month review. She was understanding, patient, very reassuring and pleasant. Thank you

Speaking with You brought me great reassurance, I wish her all the best she is doing an amazing job and will have a great impact in people's lives who have diagnosed with such a nasty disease like myself

Positive CCC Feedback

3-month structured reviews have improved a lot. Letters before the appointments work well and having a clear plan with a 12-month review. It is helpful having a dedicated HCA sending out letters

I now contact all newly diagnosed cancer patients via a telephone call to do a cancer care review and offer support

Clinical Outcomes: Number of referrals to social prescribers

	September 2023 - Jul 2024	September 2022 - Jul 2023
Belvedere	145	191
BMG	78	277
Crayford	45	35
Lakeside	66	145
NHMC	102	338
Riverside	150	265
Slade Green	104	239
PCN Total	690	1381

Total number of referrals reduced:

- North Bexley had 2 Social prescribers employed by PCN in 2022 who left in early 2023
- In 2023 all referrals were sent to BVSC service with more limited capacity

Clinical Outcomes : CCC Direct contacts & onward referrals

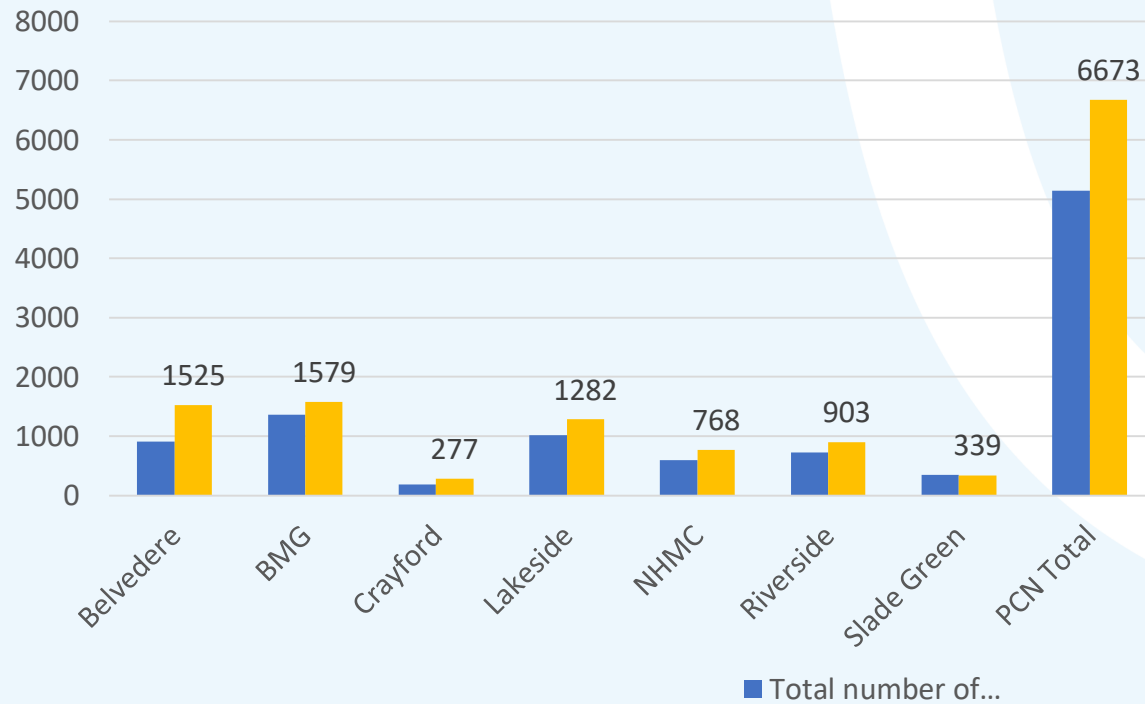
	Approximate number of direct Contacts made with patients throughout the project	Approximate number of onward referrals made for patients throughout the project
Cancer Care Coordinator 1	250	0
Cancer Care Coordinator 2	40	5
Cancer Care Coordinator 3	100	40

Only 3 CCCs submitted data but those who joined later in the project had fewer direct contacts.

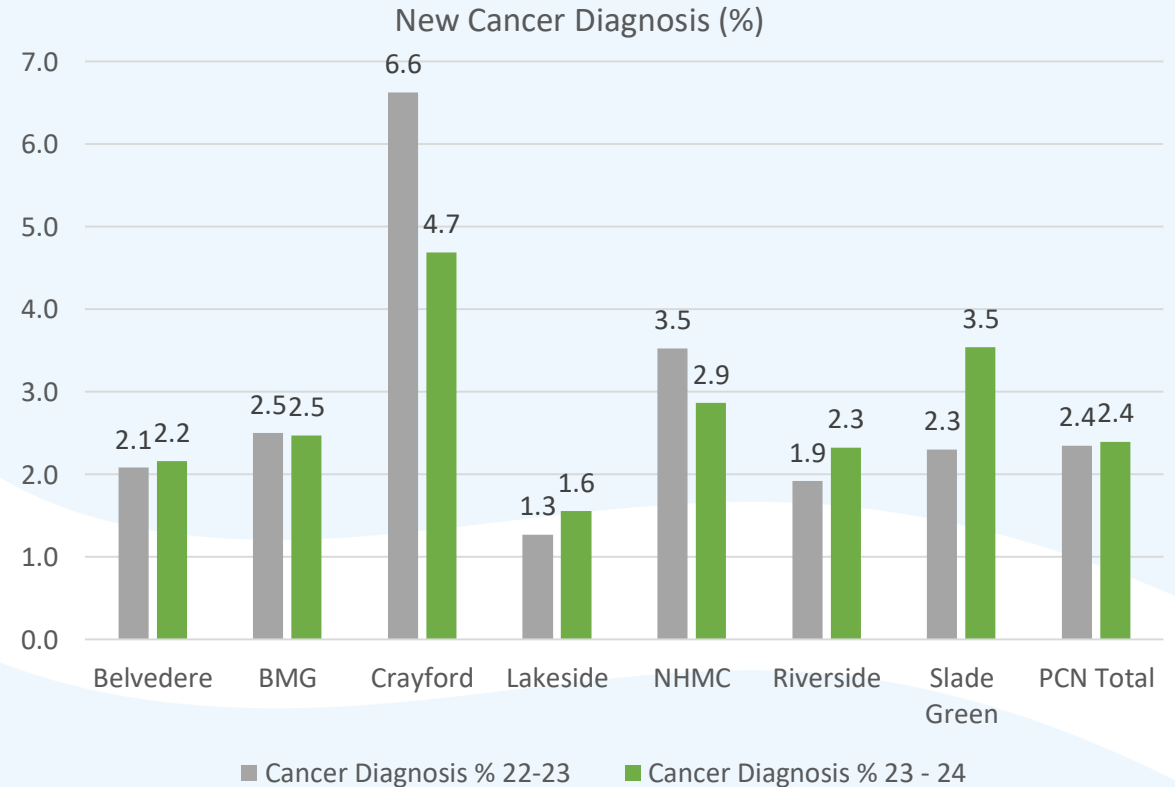
Clinical Outcomes

Urgent suspected Cancer referrals

Total number of USC referrals 22-23 vs 23-24

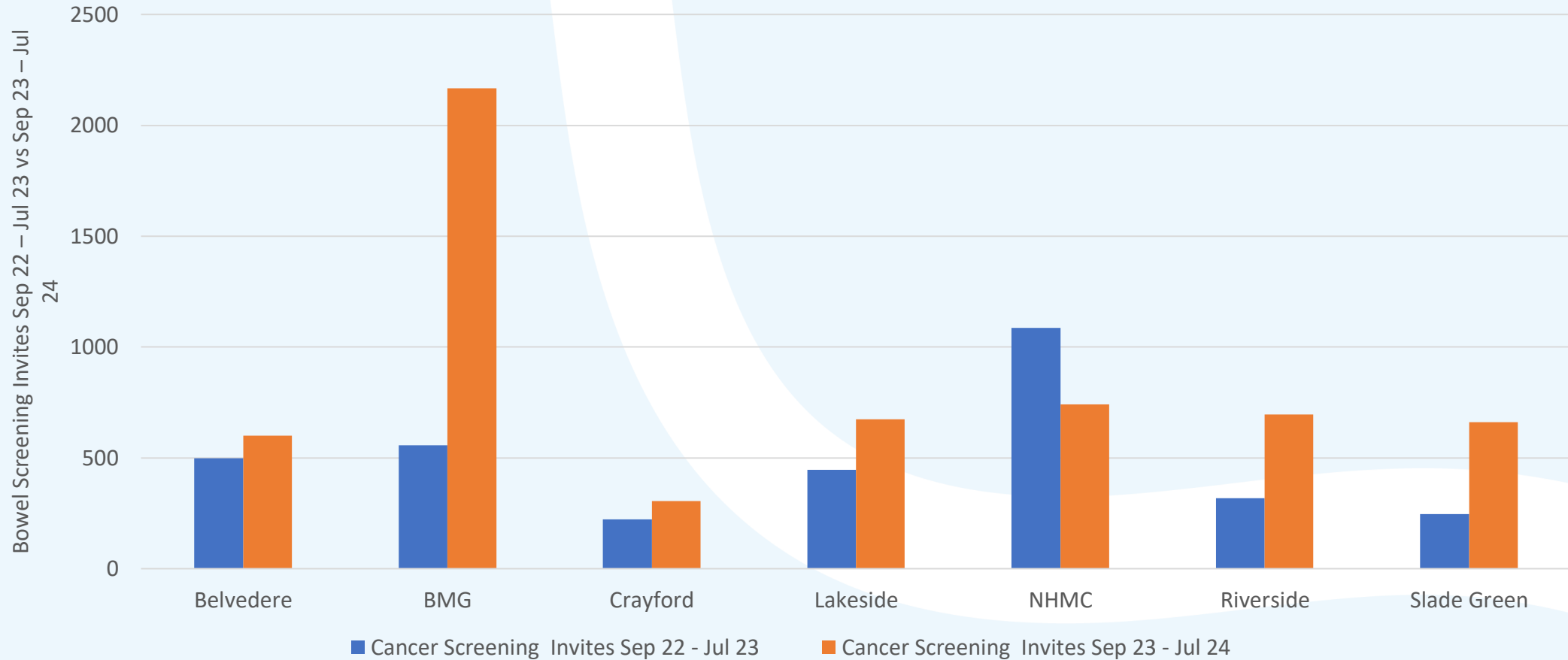


New Cancer Diagnosis (% of Urgent suspected)



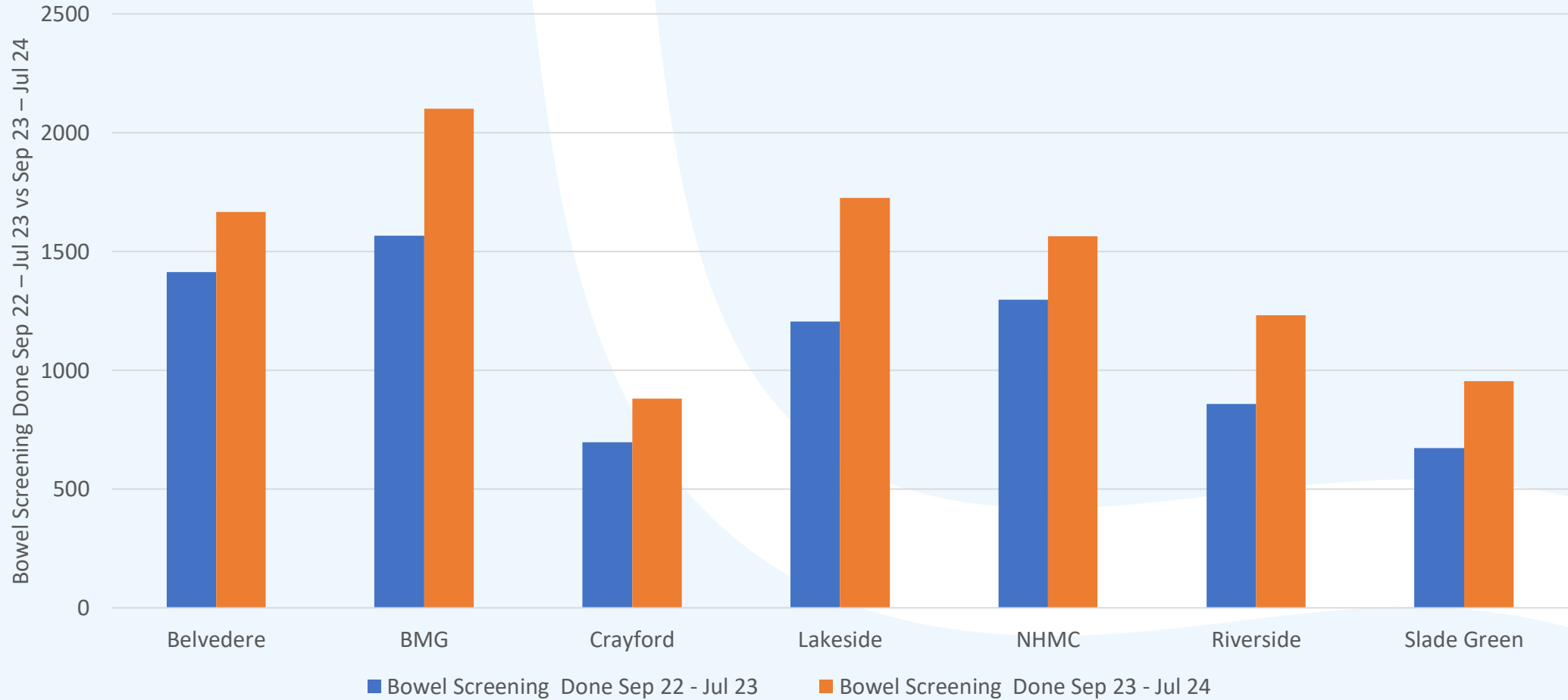
Clinical Outcomes

Bowel Screening Invites

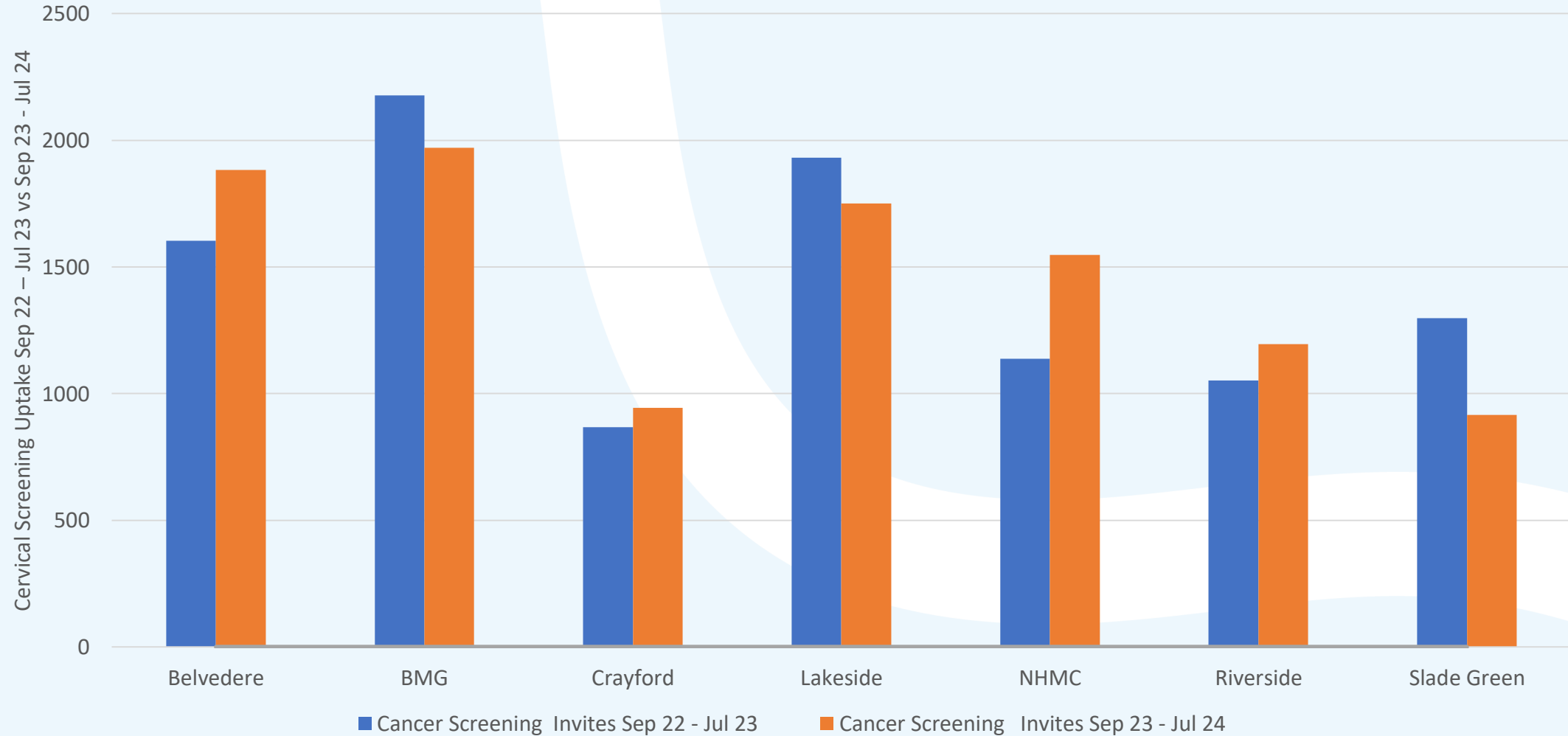


Clinical Outcomes

Bowel Screening Uptake

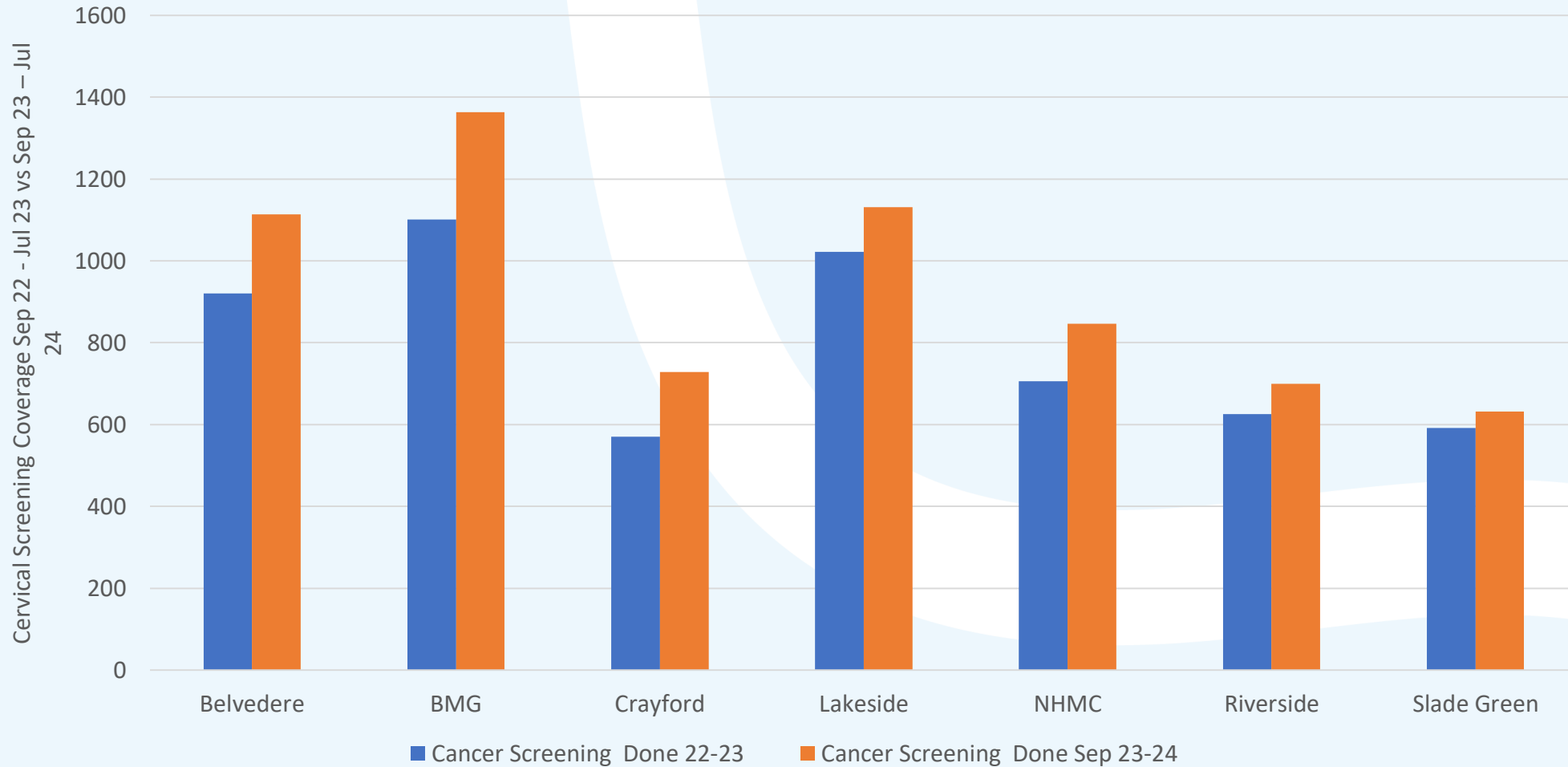


Clinical Outcomes Cervical Screening Invites



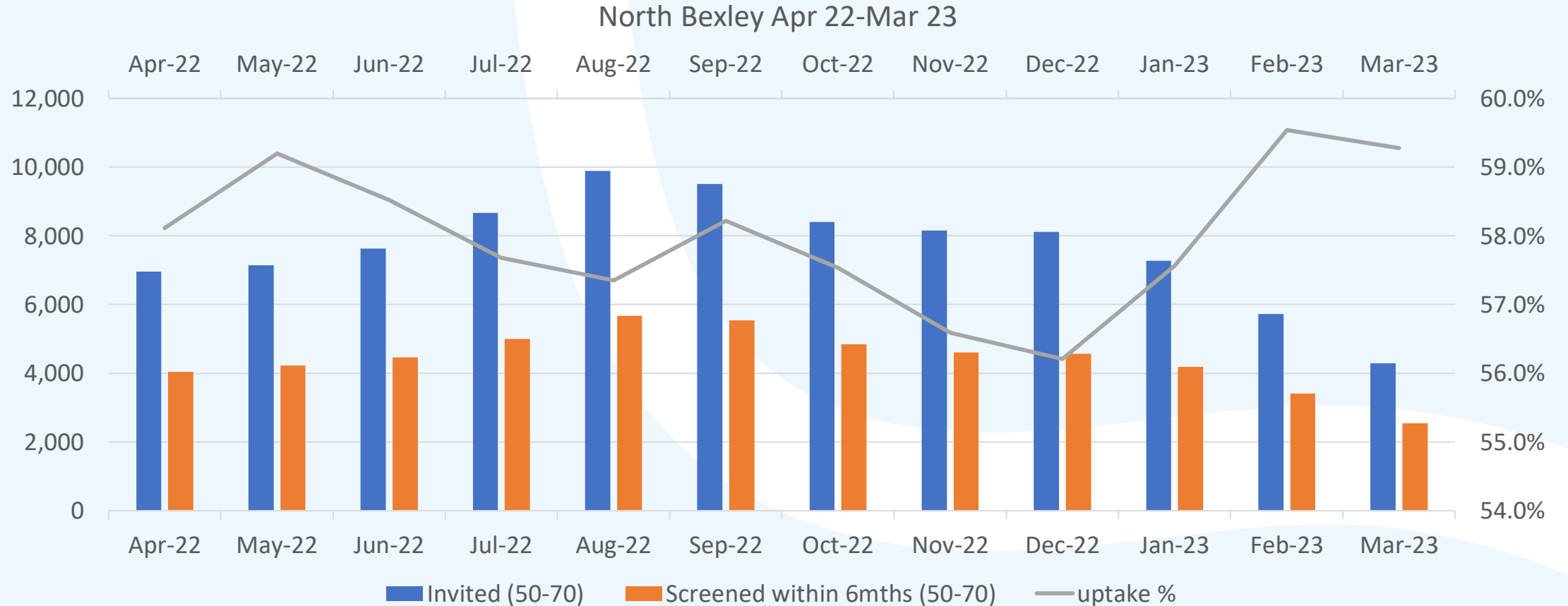
Clinical Outcomes

Cervical Screening Coverage

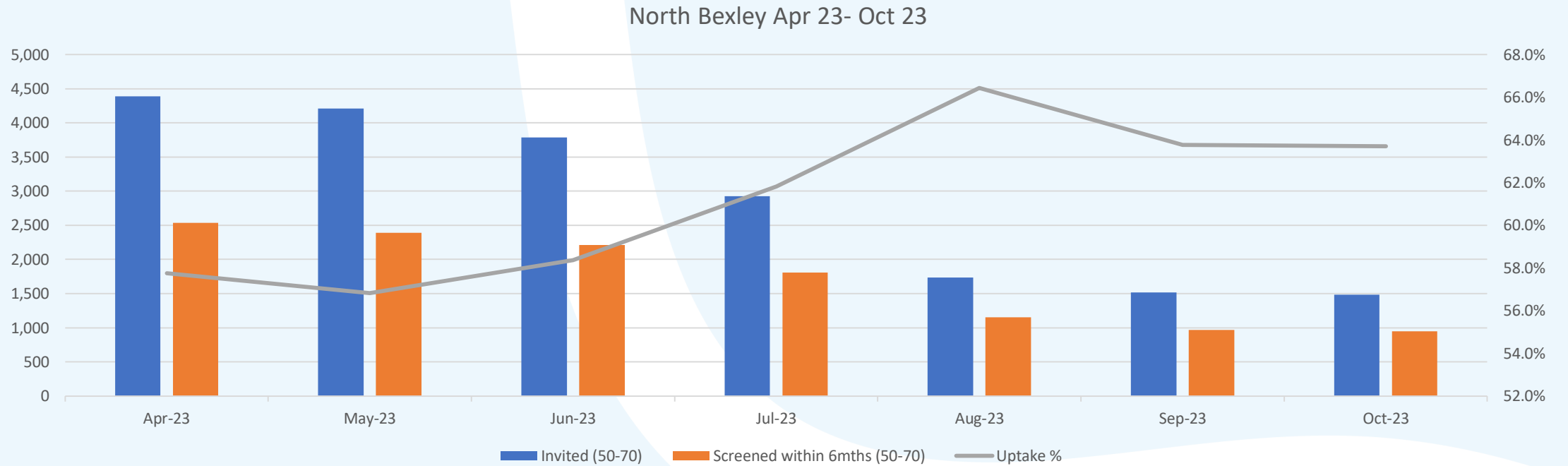


Clinical Outcomes

Breast Screening Uptake Apr 22 – Mar 23

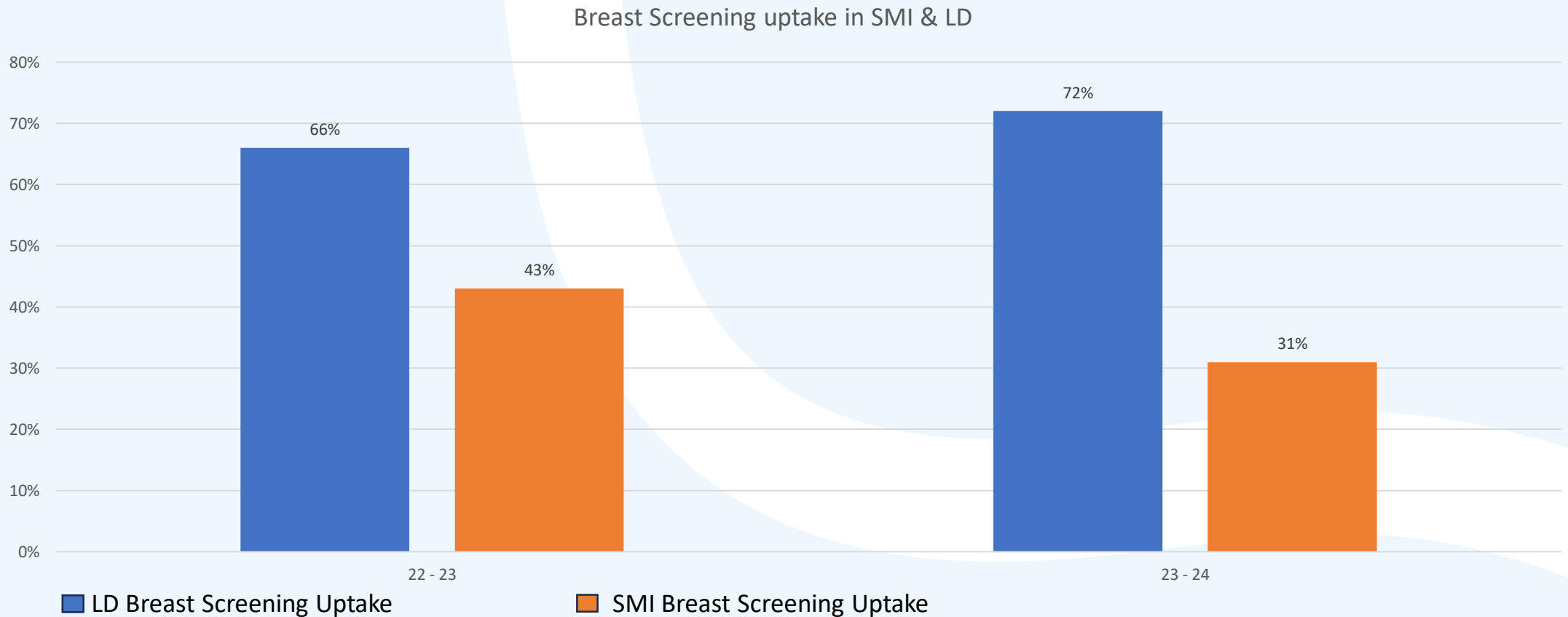


Clinical Outcomes: Increased NB Breast Screening Uptake Apr 23 – Oct 23



The most up-to-date Breast Screening data is up to October 2023

Clinical Outcomes : Breast Screening Uptake in LD & SMI



Impact

Patient Experience

- Single point of contact for cancer patient queries,
- Proactively contacting patient to offer support within 3m of new cancer diagnosis,
- Communication skills training to improve communication with patients, generating heart warming feedback from patients.

Early Cancer Diagnosis

- by upskilling CCC to have confidence with raising cancer symptom awareness, promoting cancer screening, achieving higher screening coverage.

Cancer Care Coordinator Professional Development

- Practical cancer overview training, virtually and in person, creating a NB repository of cancer resources.
- Creating a peer-group for support, establishing connection with the Cancer Facilitator, providing a certificate for the CCCs' participation,
- by providing the CCC the opportunity to undertake the 3 m CCR which they find educationally and professionally rewarding.

Impact

Primary Care teams

- Strengthening primary care by:
- CCCs taking on the screening recalls, the 3 m CCRs, the cancer comms, reviewing the cancer practice profile data.

Communication with Practices

- by having the CCC as the single-point-of-contact for each of the NB practices for cancer stakeholders, such as the SELCA Cancer Facilitator, is helpful in disseminating comms, raising & responding to alerts
- by community & clinical engagement, raising cancer symptom awareness, promoting cancer screening, achieving higher screening coverage.

Health Inequalities

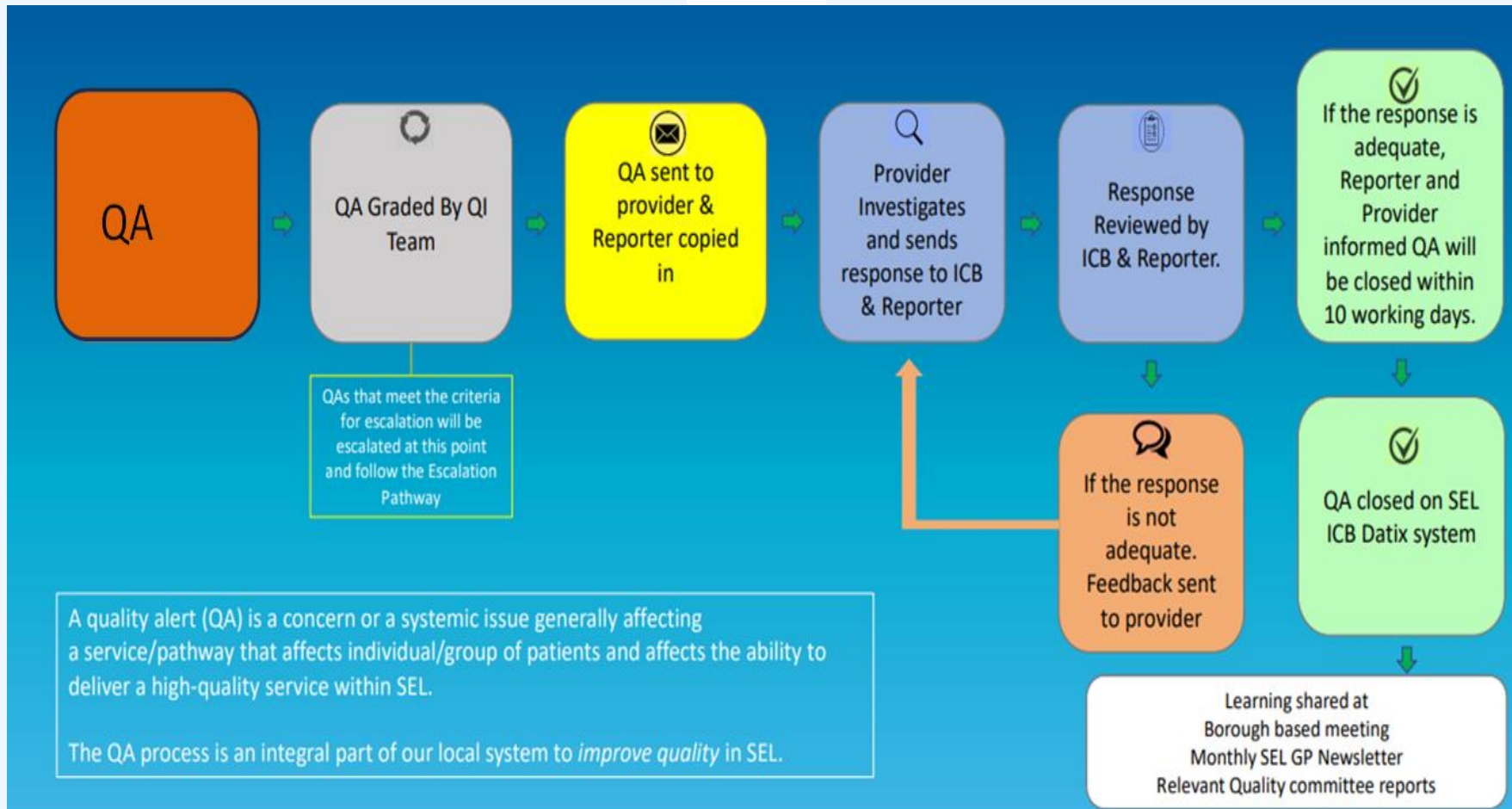
- by creating the CCC role to boost the NB PCN cancer capability in the most socioeconomically deprived neighbourhood with more ethnic diversity, higher cancer incidence, prevalence & mortality than the rest of Bexley,
- by spotlighting the low screening coverage in the LD and SMI population for further action,
- by attracting funding from the Bexley Inequalities Fund to booster Breast screening and Prostate Case Finding in North Bexley

Experiential Learning: Learning Event Analysis, Quality Alerts and Reverse Quality Alerts

- The CCC reported to have limited understanding of learning event analysis
- Recognised CCCs are in a best placed position to initiate LEAs and raising alerts relating to cancer patients' diagnosis because:
 - notified of the newly diagnosed cancer patients
 - arranging the 3-month Cancer Care Review.
 - The CCCs oversee the screening recalls in their practices so they may also pick up any administrative issues.
- Interactive discussion as to when a LEA should be raised, eg a delay in diagnosis, an emergency cancer presentation.
- The [SEA-McKay-Murphy-form.pdf \(rcgp.org.uk\)](https://rcgp.org.uk/SEA-McKay-Murphy-form.pdf) format was introduced to the CCCs as an option for use when the need arises.
- CCCs invited to share any LEAs - CCCs from 2 practices presented their cases, Supported by a lead GP
 - discussed a case where there was a delay in the diagnosis of a bladder cancer when a previous urinalysis showed presence of blood in the urine but was not acted upon. It was noted that urinalysis results were not easily tracked so the practice made a change to code Urinalysis every time urine specimen was tested at the practice.
- A discussion on the importance and mechanism of raising alert was presented at the same meeting.
- CCCs were also advised to flag by email concerning patient/ pathway issues to the Bexley CCPL for Cancer.
- The format and pathway of raising a quality alert (Datix accessible on DXS) were presented to the CCCs

Experiential Learning

Learning Event Analysis, Quality Alerts and Reverse Quality Alerts



Currently all Quality Alerts reported to the ICB are graded by the Quality Team;

- Graded **Red**: 14 working days for the provider to respond
- Graded **Amber**: 20 working days for the provider to respond
- Graded **Green**: No response required.

CCCs introduced to some of the national cancer awareness-raising campaigns, such as the “Help Us Help you / Be Clear On Cancer ” campaigns, the CRUK’s “ Let’s Beat Cancer Sooner” campaign, and the Roy Castle/ SELCA Lung Cancer “You’re Wrong” campaign.

Raising awareness :Wider engagement with stakeholders; to share outcomes at: Bexley Clinical Roundtable, the Bexley Wellbeing Partnership Forum, the Bexley-wide PLT event, the Bexley Faith and Community Leaders Forum, and the South Asian Health & Wellbeing Fair.....

Targeted Campaigns & Raising Awareness

If practices support national/ local cancer campaigns, the message to the patients could be more impactful.

NB have been successful in an Health inequalities project re Cancer screening awareness and the CCC are keen to engage and one has proactively engaged with the Gurudwara to run an event

Sustainability and Ongoing support:

- **SELCA Facilitator & Cancer Care Coordinator Engagement**
 - Ongoing engagement with CCC
 - Sharing up to date Cancer prevalence data
 - Attending PCN meetings (if required)
- **Resources and Support:**
 - Resource pack developed and easily available
 - Contact details of Cancer CCPL
 - Lead GPs at each practice continue to support
 - CCC Whats App group

Final Thoughts & Reflections:

Cancer training for primary care workforce augments their capability in addressing the growing and increasingly more complex demand in cancer care with regards to Prevention, Early Diagnosis and Personalised Care.

Resources are required in terms of protected time, funding, personal interaction and ongoing support.

Innovation & flexibility in training delivery to meet the practices'/ PCNs' needs is key to engagement and uptake.

The creation of the CCCs provides a platform and connection with the wider system for on-going training/development which requires engagement with the practices/ PCNs.

Simplicity and automation of data collection minimizes the administration burden of a project.

Thank you

Questions?