

Thames Valley Cancer Alliance  
Jubilee House  
5510 John Smith Drive  
Oxford Business Park (South)  
Oxford  
OX4 2LH  
Email: [england.tvcaadmin@nhs.net](mailto:england.tvcaadmin@nhs.net)  
Telephone: 07783 815773

17 December 2021

## December 2021: Primary Care – Cancer

### 1. Temporary suspension of GP contract - Cancer

With the temporary changes to the GP contract for 2021/22, the key points from a cancer perspective are:

- **Suspension of the QOF QI module for early cancer diagnosis**
- **Suspension of the two cancer care review indicators:**
  - 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
  - The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and been informed of the support available from primary care, within 3 months of diagnosis
- **Continuation of the cervical screening indicators:**
  - The proportion of women eligible for screening aged 25-49 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3 years and 6 months.
  - The proportion of women eligible for screening and aged 50-64 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months.
- **Keep a register of all cancer patients:**
  - The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003'.

2. **Preparing the NHS for the potential impact of the Omicron variant and other winter pressures:** letter sent out to all declaring a **Level 4 National Incident**

This letter sets out important actions, asking every part of the NHS to put in place to prepare for and respond to the Omicron threat, and especially delivering the vaccinations.

The **NHS is asking of primary care:**

- a. to ensure that **rapid access**, including **tests and checks for patients** with suspected cancer, as well as **screening services**, are maintained
- b. **effective communications** with patients and **safety netting** is in place, and patients are **involved in decisions** around their care, including when they chose to reschedule
- c. anyone with **concerning symptoms** is encouraged to **come forward**, in line with our '**Help us, Help You**' messages relating to Prostate, Lung and GI cancers

In essence, this means that Primary Care should **NOT STOP** assessing patients who may have cancer related symptoms and to manage efficiently and appropriately.

**Best Practice Urgent Suspected cancer (USC) referrals:**

It is essential that all USC are of as **high a quality as possible, adhering to NG12 (NICE) guidance, to help and support secondary care prioritise the next steps for the patient.** This means that all **patient information should be verified** and that the patient is **available and informed** of the reasons for referral. **Remote consultations** are being encouraged during these difficult times of heavy workload, but **best practice** includes also that the patient ought to be **seen quickly, assessed**, and a referral made thereafter. The assessment should include **examination, clinical diagnostic tests** (bloods, imaging as appropriate), **performance status, patient wishes**, and any aspects in history that needs consideration for further diagnostics and interventions. **Safety-netting** is essential too. Specifically, but not exclusively:

- **Prostate:** 2 PSA, UTI excluded, DRE if possible
- **Breast:** Breasts and axillae examined
- **Lower GI cancer:** FIT test, bloods to include FBC Ferritin, CRP, Coeliac as a minimum. Examination for lumps and organomegaly in abdomen
- **Lung:** Chest X-Ray
- **Gynaecological:** Ultrasound would be very helpful
- **Skin:** if possible, a **photograph** and a **dermatoscope image** of lesion would be very helpful
- Bloods ought to include a **renal function** (eGFR <3 months) to facilitate an imaging that may be necessary as part of the assessment



Thames Valley  
Cancer Alliance



by secondary care (who may be remotely consulting in the first instance as well)

Finally, just want to say a **BIG THANK YOU** for all the hard work done over the year – with the pandemic, vaccinations, workload, and personal and professional stresses – we too are human and it has been relentless, but we do know that none of you will give up in delivering a very personal and high-quality care to all.

Best wishes for 2022

Dr Anant Sachdev  
TVCA Prevention & Early Diagnosis Lead  
CRUK GP

