



## **Planning for cancer referral guidelines implementation**

*Developing integrated, uniform and quality cancer services*

Wednesday 29<sup>th</sup> August 2007  
2.00pm – 4.30pm  
Conference Room, Bretten Hall  
Antrim Area Hospital

### **Record of attendees**

Dr. Denis Boyd	NHSSB
Dr. Terry Bradley	EHSSB
Dr. Hubert Curran	SDU
Dr. Graeme Crawford	MacMillan GP Facilitator
Dr. Richard Manning	WHSSB
Ms. Cara McCay	NICaN
Dr. Tom Ryan	Queen's University Belfast
Dr. Paddy Sharkey	NIMDTA
Ms. Sarah Williamson	Belfast HSS Trust

### **Apologies**

Dr. Kevin Cosgrove	WHSSB
Mrs. Elizabeth England	Western HSC Trust
Dr. Windsor Murdock	NHSSB / SDU
Mrs Alison Porter	South Eastern HSC Trust

### **1.0 Welcome and introductions**

Cara McCay welcomed the group and provided a summary of the actions agreed at the initial planning meeting on the 25<sup>th</sup> July at Bush House. She explained that the purpose of the meeting was to agree the content for a regional programme of GP awareness that would support timely and appropriate referral of patients with suspected cancer. The programme content would be made available to GPs to cascade to the practice team as part of a Practice Based Learning Session.

## 2.0 Content of slides for GP awareness sessions

Cara provided the group with a copy of the CHIC slides and notes pages. She summarized the content of the CHIC presentation and asked the team to consider if there were topics not currently covered that they would like to have included or areas that they felt were not applicable in the Northern Ireland context.

The group felt that while the CHIC slides provided a good basic framework for the programme, many of the headline messages they would want to include were not covered. The group agreed that the key learning objectives for the programme where:

- To raise awareness of the existence and content of the guidance
- To communicate the benefits of the guidance for GPs and patients
- To communicate how to “red flag” a referral
- To communicate what happens to a referral when it reaches secondary care (e.g. “red flag” cannot be down graded, role of trackers, pooling of lists etc).

The group identified the following changes to the content of the CHIC programme:

- replace any existing statistics with NI data
- include additional statistics (to include NI statistics regarding future trends, average number of cancers seen by average practice + BMA data on predictive value of symptoms like rectal bleeding)
- include information on PFA targets
- outline how guidance was developed
- highlight benefits of guidance for GPs and patients
- provide information on how to “red flag”
- provide detailed information on only one tumour site; lung.
- provide overview of role of tracker
- cut the information on patient information / communication – replace with one slide providing an update on plans regarding patient information within NICaN
- include a series of blank slides to be populated by Trusts that will cover the following information:
  - points of receipt of referral
  - information about move to single point of receipt & pooling of lists
  - contacts for lead cancer team & trackers
  - slide on audit / GP feedback / liaison
  - slide on communication with GP re patient status.

Dr. Bradley suggested that a couple of round table group discussions should be used to break up the session.

Dr. Crawford highlighted the need to target sessional doctors as part of the awareness raising programme, highlighting that they tend to prefer evening to day time sessions. Dr. Bradley stated that he had prepared a business case

to go to Eastern Board SMT to fund the NI Association of Sessional Doctors to run a number sessions on issues identified as Board priorities.

Discussion took place around the need to provide feedback to GPs on the appropriateness of referrals. Dr. Curran highlighted the need to include feedback on the work being undertaken by the SPRs in the Southern and Western Trusts. The group agreed that GPs should be given an opportunity to state how they would like to receive feedback. Sarah Williamson highlighted the benefits of agreeing a regional approach to GP feedback and suggested that this was something this group could look at as an extension of this piece of work.

Cara explained to the group that Astra Zeneca had indicated that they might be willing to fund the professional production of the programme. The group stated that they felt this would be unnecessary and that the slides could be made available to GPs via the Board intranet sites and that GPs would be motivated to download them to facilitate the PBL sessions.

### **Actions**

**Cara** to draft slides for circulation and comment by the group, to include suggested group exercises.

**Boards and Trusts** are to work together to identify appropriate GP leaders within their locality who will co-present the slides with the local Cancer Clinical Lead.

**Boards and Trusts** to give consideration to how they will target sessional doctors.

**Trusts** to compile local information to be included in the presentation. This should include: points of referral; contact details for cancer lead team and trackers; any plans for audit / GP feedback / liaison; update on communication with GP about status of patient.

**Cara** to reconvene the group to discuss a regional approach to audit and feedback mechanisms following roll out of the awareness programme.

### **3.0 Evaluation to inform ongoing programme of development.**

Cara circulated a draft programme evaluation form to be circulated at the awareness events. Initial comments included the need to include “practice manager” in the list of attendees and to include “support from Macmillan GP facilitator” under options for further support. Finally, the form should request GP email addresses where they request electronic updates.

### **Actions**

**Cara** to tailor evaluation form to agreed learning objectives and re-circulate to group.

**Group** to provide any further feedback to Cara via email.

#### **4.0 Discussion on desk top aids / electronic referral forms**

Dr. Hubert Curran provided an update on the use of the minimum dataset (MDS) for ICATs referral. He stated that using orthopaedics as proxy measure, use of MDS was increasing and that audit indicated that the quality of information being provided was improving. He stated that he was about to circulate a letter encouraging use of the MDS and stated that he would circulate it to the group for comment before it went out.

The group highlighted the need to communicate to GPs that “red flag” referrals made using the MDS bypass the ICATs system and that standard referral letters can also be “red flagged” by writing “red flag” or “urgent suspected cancer” at the top of the referral form.

Dr. Curran stated that ERMS was approximately two years away from providing a complete electronic referral system.

Dr. Tom Ryan proposed that the group should look at the development of a simple piece of software that could be placed on GPs desktops to facilitate the transfer of symptoms for each suspected cancer onto the referral form in order to facilitate audit of referrals and more rapid triage.

### **Actions**

**Dr. Curran** to forward draft letter to Cara for circulation to group.

**Cara** to explore funding for development of desktop aid.

#### **5.0 Resource pack content**

Cara circulated a copy of the “Reports” and “Web site” resource pages circulated as part of the CHIC programme. She explained that a similar format could be used locally with web links for each of the sites / publications listed in the documents so that GPs just have to double click the link to access the resource.

The group agreed that a similar format should be used in Northern Ireland with the addition of local resources (e.g. NICaN, Capricorn, the Cancer Control Programme) and the addition of a brief explanation of the content of the websites listed.

**Actions**

**Cara** to redraft the resource lists to include explanation of web site content.

**Group** to inform Cara of additional resources for inclusion in the resource list.

**6.0 Feedback on locality planning groups**

The Western and Eastern Boards confirmed that their awareness sessions are scheduled to take place in mid-November. The Northern Board indicated that their planning group had not yet met but that the Board was unlikely to be able to facilitate a session until the New Year.

**Cara** to circulate draft cover letter to go out with laminated copies of guidance.

**Cara** to circulate copy of agenda for locality planning meeting between EHSSB and Belfast and SE Trust to provide check list for local planning groups.

**7.0 Close**

The group agreed that they would reconvene at a later date to discuss how to take forward a regional approach to audit and GP liaison / feedback.

Cara thanked the group for a very constructive meeting.