NHS NORTH WEST LONDON ICS - MESSAGE TO ALL NWL GP PRACTICES

10th March 2025

This cancer GP bulletin contains updates for GPs and their practice staff on the following:

MAXIMISING EARLY CANCER DIAGNOSIS

1. **IMPORTANT: Removal of outdated two week wait referral forms – ALL GPs / PRACTICE MANAGERS**
2. **IMPORTANT: notification of change in referral criteria for suspected gynaecological cancers and 'Top Tips' for referral – ALL GPs**
3. **C the Signs – Training and User Guides to help you get the most out of the tool- ALL Practice Staff**
4. **Reminder: Using the Non-Site-Specific Rapid Diagnostic Centres (RDCs) – ALL GPs**

CANCER SCREENING

5. **Breast Screening Awareness Campaign running until 31st March 2025 - ALL PRACTICE STAFF**
6. **Reminder: Using the WSIC data dashboard for Cervical and Bowel Screening – ALL PRACTICE STAFF**

ROLE OPPORTUNITIES AT RM PARTNERS

7. **Clinical leadership roles for 2025/26 – deadline Friday 14th March @ 5pm – ALL CLINICIANS**

IMPORTANT: REMOVAL OF OUTDATED TWO WEEK WAIT REFERRAL FORMS

FOR INFORMATION AND ACTION
ALL GPS AND PRACTICE MANAGERS

- The pan-London Urgent Suspected Cancer (USC) referral forms (previously known as Two Week Wait referrals) were last updated in October 2024.
- GPs in all London boroughs are advised to use the pan-London USC referral forms when referring patients with a suspected cancer, as they contain the updated guidelines from

NICE published in 2015 (NG12) as well as additional tumour-specific referral criteria and deviations which have been agreed for the London area.

- Updated referral forms have been uploaded to the IT system that you use by NWL IT, borough GP IT Leads or by DXS. The forms can also be accessed through the Transformation Partners in Health and Care website.
- We have been made aware of outdated referral forms still being used to refer patients on an urgent suspected cancer pathway which may not include all the necessary information required for effective and timely referral

- **It is important that only the updated USC referral forms are used for referral to USC pathways. Please ensure that any old forms or templates are removed from your IT system and are no longer used for patient referrals.**

Primary Care Actions

- Delete old forms / templates from your clinical system as these are no longer used for patient referrals.

IMPORTANT: NOTIFICATION OF CHANGE IN REFERRAL CRITERIA FOR SUSPECTED GYNAECOLOGICAL CANCERS AND 'TOP TIPS' FOR REFERRAL

FOR INFORMATION AND ACTION - ALL GPS

- Following the release of the joint guidelines for management of patients on HRT with unscheduled bleeding, the radiology referral pathways and the Pan London Urgent Suspected Cancer Gynaecology referral form have been changed to reflect this new guidance and the thresholds set for suspected endometrial cancer in patients on HRT with unscheduled bleeding.

  https://thebms.org.uk/publications/bms-joint-guidelines/management-of-unscheduled-bleeding-on-hormone-replacement-therapy-hrt/

- **Please ensure all members of your primary care team who are involved in the referral process are aware of these newly accepted standards and are using the latest version of the urgent suspected cancer forms. These can be accessed in the Pan London Cancer Referral folder on EMIS or Systm1.**

- The governance process ensuring Radiology and Gynaecology teams are working to the same standards has recently been completed, though please be vigilant to ensure pelvic ultrasound reports detailing the endometrial thickness are clinically interpreted according to a patient's symptoms, menopause status and sequential or continuous HRT treatment.

2. SPECIFIC CRITERIA FOR URGENT REFERRAL – ESSENTIAL

Criteria for urgent referral suspected OVARIAN CANCER:

- Abnormal abdominopelvic imaging (US, MRI, CT) suggestive of ovarian cancer *Please attach report.*
- Physical examination identifies ascites and/or an abdominopelvic mass (which is not obviously uterine fibroids)
- Raised age-dependent CA 125, please select: >100 (age </= 40) >50 (age 41-49) >35 (age >/= 50)

If raised CA 125 alone, ideally first obtain US to check if cause apparent. If raised CA 125 with normal US, refer if significant suspicion of gynaecological cancer or assess for other causes. Consider watchful waiting and follow-up with retest.

Criteria for urgent referral suspected ENDOMETRIAL CANCER:

- Post-menopausal bleeding (>12 months after menstruation stopped and not on HRT)
- Abnormal US/MRI/CT suggestive of endometrial cancer
- Asymptomatic post-menopausal woman with US showing endometrial thickness ≥ 10mm

Patient on HRT with unscheduled bleeding:

- Meets criteria following urgent TV ultrasound >7mm (sHRT) *or* >4mm (ccHRT) *or* endometrium incompletely visualised
- High risk patient (1 major risk factor *or* 3 minor risk factors for endometrial cancer)

List BMS risk factors here:

Click here to see **risk factors** for endometrial cancer in BMS guidance

- Does not meet BMS high risk criteria but urgent (within 6 weeks) TV US not available and high clinical suspicion

Criteria for urgent referral suspected CERVICAL CANCER:

- Appearance of cervix consistent with cervical cancer

One of the following should also usually be present:

• Post-coital, intermenstrual or post-menopausal bleeding • Abnormal, persistent vaginal discharge (infection excluded)

Criteria for urgent referral OTHER:

- Unexplained palpable mass in or at entrance to vagina
- Unexplained vulval lump, ulceration or bleeding Consider referring to GUM clinic in pre-menopausal patients
- Referral is due to clinical concerns that do not meet above criteria Please provide full details in Section 1.

If the patient does not meet any specific criteria above, please consider the following alternatives:

• Obtain Advice & Guidance from a specialist • Routine referral to a gynaecology service

Gynaecology Referral Top Tips

- A useful one page guide to support clinicians has been developed to support GP colleagues with gynaecology referral, particularly around the urgent suspected cancer pathway, which incorporates the new guidelines referred to above.

Gynaecology Top Tips document	PDF Gynaecology Top Tips for referral March

Primary Care Actions

- Be aware of the new BMS joint guidelines in place
- Use the latest version of the Pan London Gynaecology Cancer Referral form available.
- Use the Top Tips guide to support referral decision.

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NW & SW London Cancer Alliance

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C THE SIGNS: TRAINING AND USER GUIDES TO HELP YOU GET THE MOST OUT OF THE TOOL

FOR INFORMATION - ALL PRACTICE STAFF

- NWL have commissioned C the signs for a 5 year period and strongly recommends that all practices use this system to support urgent suspected cancer (USC) referrals.

- The system allows auto population of patient information into **the most up to date USC referral form** standardising the cancer referral process whilst ensuring all investigations have taken place that are needed prior to referral.

- It has a Risk Assessment function where symptoms can be selected and helps identify if a suspected cancer referral is appropriate and what investigations would be recommended. This can be used by not only GPs but ARRS colleagues supporting triage and consultations of patients.

- It supports safety netting of both the referral and FIT testing, creating dashboards for both non clinical and clinical staff members to review.

To access C the Signs

- It needs to be installed on your desktop/lap top and activated (Username and password).

- Contact support@cthesigns.co.uk for your username and password.

- Click here to download the latest version of C the signs.
  Username: xxxx
  Password: xxxxx

Training and webinars

- There are training webinars available for administrators and clinicians to support cancer management work in general practice:

C the Signs training for Administrators
C the Signs training for clinicians

- In addition there is an 8 minute video that can support clinicians with using the tool

C THE SIGNS CLINICAL TRAINING ON EMIS

- C the Signs webpage includes useful resources to support practices, including specific guidance for EMIS and S1 practices:

C the Signs Support
Get Started - C the Signs Help Center for EMIS and S1

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REMINDER: USING THE NON-SITE-SPECIFIC RAPID DIAGNOSTIC CENTRES (RDCS)

FOR INFORMATION - ALL GPS

- The Non site specific Rapid Diagnostic centres provide better patient and GP experience **with faster access** to relevant tests to **diagnose or exclude cancer** in a cost-effective manner.

- Service specifically designed for GPs to refer patients who have **non-specific** but **concerning symptoms** of a new cancer, where there is no alternative tumour specific pathway

- RDCs aim to see patients within **14 days** with diagnosis within **28 days**

Referring to RDCs

You can refer to any of the below using the West London Non Site Specific RDC Referral form located in the Cancer folder within EMIS / S1. You can refer via eRS, using the 2WW dropdown -> non-site-specific

- **LNWHT Northwick Park (Tues, Wed, Thurs)**
  - Referrals are made via eRS: 2WW. Type- 2WW Non – Specific symptoms and Select the Trust (London North West University Hospital – R1K)
  - T: 07816 649545 / 020 8869 3665 E: lnwh-tr.vaguesymptomsclinic@nhs.net

- **Imperial St Marys (Wed, Thurs) / St Charles (Mon,Tues,Wed)**
  - Referrals are made via eRS: 2WW. Type- 2WW Non – Specific symptoms and Select the Trust (Imperial)
  - T: 07824528036 (for clinicians only) E: imperial.nssrdccancerclinic@nhs.net

- **Chelsea (Mon,Tues) West Middx (Tues - Thurs)**
  - Referrals to our service are made via eRS: 2WW Acute Diagnostic oncology Clinic (ADOC-RDC) West Middlesex Hospital RQM91
  - West Middx - Tel: 07825422536 Email: caw-tr.adocwestmid@nhs.net
  - Chelsea – Tel : 07791 472 630 Email: chelwest.acuteoncology@nhs.net

Patients in Hillingdon are supported by services at Northwick Park and West Middlesex.

Please ensure the following:

- GPs core filter function tests not completed routinely on all referrals. In particular the FIT needs to be organised by Primary Care **as this is not accessible within secondary care.**

- GPs should not refer patients to RDCs if they are also referring patients for a tumour specific cancer **as this slows down the patient pathway.**

Training and webinars

RM Partners West London webinar 20 Sept 2023 on primary care and RDCs in early cancer detection

Bony Lesions

There have been some issues brought to the attention of cancer alliances in recent months where the bone sarcoma team at RNOH Stanmore have been receiving inappropriate referrals for bony lesions which are not suggestive of a primary bone sarcoma. Radiology should make it clear on the reporting of x rays/MRIs if a bony sarcoma is suspected.

In the instances of other bony lesions which are more vague but where cancer is a concern especially if the bony lesion is thought to be a potential metastatic deposit, primary care should :

- Urgently discuss with the oncology team if patient has known history of cancer and remains under their care/follow up. It will most often be best to contact their clinical nurse specialist in the first instance.
- If patient has no history of cancer or has been discharged from follow up for previous cancer, primary care should arrange the filter function tests as per RDCC referral form including myeloma screen (immunoglobulins and protein electrophoresis with urine for Bence Jones protein in SWL or serum free light chains in NWL).

If the tests above do not show any abnormalities suggesting a site-specific route (e.g raised PSA to urology, raised Ca125 to gynaecology), patients with concerning bony lesions should be referred to the RDCC for further assessment and investigation.

BREAST SCREENING AWARENESS CAMPAIGN RUNNING UNTIL 31ST MARCH 2025

FOR INFORMATION - ALL PRACTICE STAFF

- You will have seen the Breast Screening awareness campaign running on different media including TV, catch up TV, online video, radio, press, search and other social media.

- Activity is being focused on those from:
  - Lower socio-economic groups
  - Ethnic minority audiences - women from ethnic minority backgrounds are less likely to attend breast screening compared to White women in the UK, with uptake being particularly lower in South Asian women.

- There will be focus on specific areas in London with lowest uptake– namely **Brent** and **Hammersmith and Fulham** where street team activity and events will include

messaging to tackle barriers on a local level with campaign materials available in English and 14 additional languages.

- General Practice may see a rise in patients requesting more information about breast screening as a result of the campaign and may want to amplify awareness and the importance of breast screening in their own practices - a range of campaign resources are also available for partners to use, including posters, social media assets, video content, and alternative formats for disabled audiences. These 'Help Us, Help You' resources can be downloaded free of charge from: Campaign Resource Centre.

REMINDER: USING THE WSIC DATA DASHBOARD FOR CERVICAL AND BOWEL SCREENING

FOR INFORMATION - ALL PRACTICE STAFF

- Developed through partnership working between the NWL IB team and RM Partners Cancer Alliance, the cervical and bowel screening dashboards has been developed to support NWL PCNs and the ICS review their cervical screening data at borough, PCN and Practice level to identify populations for specific focus and intervention.

  These dashboards are key to meeting Early Cancer DES requirements in relation to screening and supporting reduction in health inequalities (minimum expected threshold is 60% for all practices and populations)

The Screening Dashboards includes Screened and Not Screened by:

- Screening Cohort (age)
- Health Borough
- Primary Care Network
- GP Practice
- Gender (for Bowel)
- Deprivation
- Ethnicity
- Long Term Condition

Cervical Screening -

Although screening data on the cervical screening dashboard is extracted from S1 and EMIS, the data / numbers shown on the dashboard **will be different** to that shown on practices' clinical systems, due to practices being able to code patients not screened (exception reporting) for reasons acceptable for QOF purposes such as:

- having had a screen outside of the NHS setting
- declining the test
- not responding after three invitations

which is not reflected in the WISC data.

The dashboard is primarily a population health management tool supporting primary care in carrying out focused interventions with specific population cohorts.

The cancer screening dashboards are available through the landing page under the Primary Care menu - alternatively you can view the dashboards available via link. Alternatively, please copy this url on your browser: https://wsicanalytics.nw.london.nhs.uk/#/site/ICSAnalytics/views/LandingPage/Homepage?:iid=1.

CLINICAL LEADERSHIP ROLES FOR 2025/26

FOR INFORMATION - ALL CLINICIANS

RM Partners, has refreshed its strategy for 2025 – 2030 (RMP Strategy for 2025 – 2030 attached) which has a strong focus on Prevention and Screening as well as Early Diagnosis.

To support us in achieving our bold ambition in these areas, we are recruiting for the following positions:

- **Primary Care Cancer Clinical Leads** for the following places / boroughs:
    - Triborough (Central London, West London and Hammersmith)
    - Brent, Harrow and Hillingdon
    - Ealing and Hounslow

- **Primary Care Cancer Lead for Prevention and Screening covering NWL and SWL**

Full details of responsibilities and support offered for both roles are in the attached role descriptions.

The deadline for applications (CV and supporting statement) is Friday 14th March 2025 at 5pm and should be sent to rmpartners.primarycare@nhs.net – please indicate which role/s you are interested in applying for.

The provisional dates for online interviews are as follows:

- **Friday 28th March (AM)**
- **Monday 31st March (PM)**

Interested clinicians are invited to have an informal discussion about the positions by contacting Dr Lucy Hollingworth, RMP Cancer Alliance Clinical Director for Primary Care for NWL l.hollingworth@nhs.net.

RMP Strategy 2025 - 2030	 RMP Strategy 2025 - 2030.pdf
Primary Care Cancer Clinical Lead JD	 NWL Primary Care Clinical Cancer Lead r
Primary Care Cancer Lead for Prevention and Screening covering NWL and SWL	 Primary Care Cancer Lead Prevention and S