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Accelerate, Coordinate, Evaluate

Direct Referral by non GP Primary Care Health Professionals

An NHS England initiative supported by Cancer
Research UK and Macmillan Cancer Support

Pharmacy/Primary Care Cluster Interim
Report no 1

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OVERVIEW

This interim report looks at the development of direct referral pathways enabling non GP primary care health professionals, namely pharmacists and optometrists, to refer patients suspected of cancer directly to secondary care.

The report takes two case studies from projects admitted to the ACE programme on early diagnosis of cancer and explains how their pathways are structured, how they were developed and implemented, and what barriers and enablers were encountered as part of this process.

The final report of this ACE cluster will look at the results of both projects including what impact the direct referral pathways have had, and what other learning has been generated along the way.

INTRODUCTION – ACE PROGRAMME PHARMACY/PRIMARY CARE CLUSTER

The ACE (**A**ccelerate, **C**oordinate, **E**valuate) programme on early diagnosis of cancer is an NHS England led initiative supported by Cancer Research UK and Macmillan Cancer Support. ACE seeks to support NHS organisations to implement best practice and to test innovative ideas in early diagnosis of cancer to strengthen the evidence base and inform future commissioning.

Cancer outcomes in England lag behind other European countries with comparable healthcare systems; a key factor for this being failure to diagnose patients earlyⁱ. Late stage diagnosis is associated with poorer outcomes including lower one year and five year survival rates, which may be a result of cancer treatments being no longer curative, for example low surgical intervention rates in lung cancerⁱⁱ. ACE aims to drive an increase in earlier stage (stages 1 and 2) diagnosis, a reduction in diagnosis via emergency presentation, as well as improve patient experience.

Projects accepted into the ACE programme were assigned to a thematic cluster in order to facilitate peer learning and evidence gathering. One of these clusters is “Pharmacy/Primary Care, which consists of three projects seeking to develop the role of non GP primary care health professionals in early diagnosis of cancer.

CANCER DIRECT REFERRAL BY NON GP PRIMARY CARE HEALTH PROFESSIONALS

The idea of using non GP primary care health professionals to directly refer on patients suspected of having cancer is not entirely new, but it is an area with scant published evidence. For example, a pilot project was undertaken in South London in 2011-12 in which

pharmacists directly referred patients with suspected lung cancer to their local acute trust for chest x-rayⁱⁱⁱ.

CASE STUDY ONE – OPTOMETRIST DIRECT REFERRAL TO NEUROSCIENCE

Background

Optometrists have the skills and knowledge to identify visual field defects which may be suggestive of brain or CNS cancers such as pituitary tumours, or may indicate a person has had or is at risk of a Transient Ischemic Attack (TIA sometimes known as “mini stroke”).

It was with this in mind that the South Tees NHS Foundation Trust decided to explore the possibility of designing and implementing an optometrist direct referral to neuroscience pathway as part of a larger Macmillan funded Integration of Cancer Care (MacICC) programme. The project that arose is called the South Tees Optical Referral Project (STORP).

The direct referral pathway began in Middlesbrough in July 2015 involving 11 optician practices.

Aims and Objectives

STORP seeks to determine whether optometrist direct referral of people with half or quadrant bi temporal visual field defects or homonymous field defects to the neurosciences department of the trust will:

- Improve referral pathway for those with suspected cancer to the appropriate clinician
- Provide rapid diagnosis and treatment of tumours minimising neurological deficit and improving general health and well-being
- Provide for earlier diagnosis by reducing the time from referral to diagnosis and diagnosis to treatment
- Improve access to treatment and support it in a more integrated way
- Improve identification and subsequent referral pathways of patients who have had or are at risk of a Transient Ischemic Attack (TIA)
- Improve patient experience

Pathway

The pathway is designed to remove unnecessary steps to speed up the process of getting patients referred. Optometrists refer patients with field vision defects directly to neuroscience. Their referrals go to a mini MDT (multidisciplinary team) consisting of two

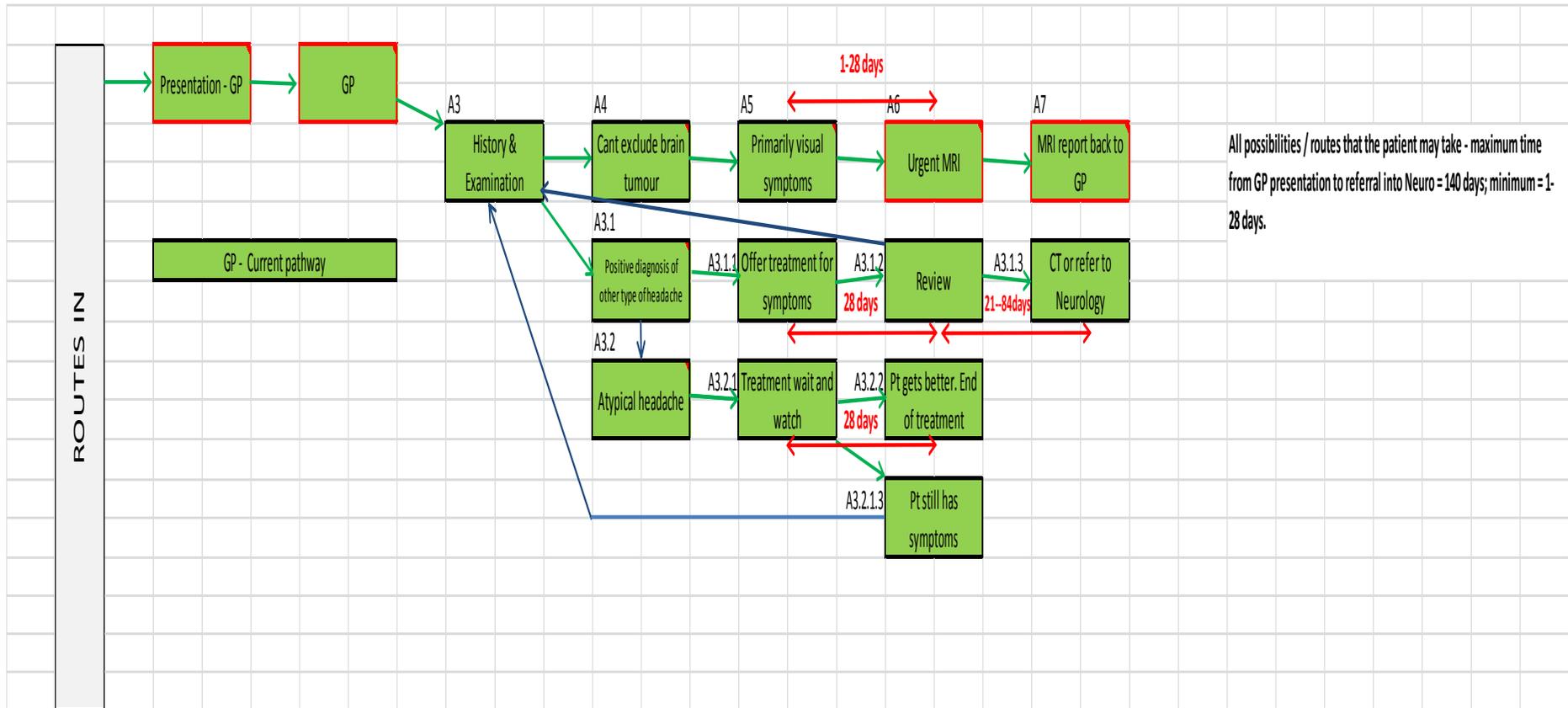
consultant neurosurgeons and two consultant neurologists who ascertain the best referral route for the patient. The referrals are dealt with by the PA to the two neurosurgeons.

The key innovation is that previously when GPs suspected a field vision defect indicative of pituitary tumour or TIA, they would send a patient to the optometrist to get it confirmed, and then the optometrist would have to send the patient back to the GP to be referred on to the Neuroscience department of the local trust. The need for a GP referral appointment meant some delay for the patient and additional workload for the GP.

In addition, GPs did not always send the patient to the optometrist to get a suspected field vision defect confirmed, but sometimes treated symptoms or asked the patient to return if symptoms continued.

The pathway change is cost neutral for the local CCG (Clinical Commissioning Group) as there is no difference in cost once the patient reaches the trust, and no payment is being made to the optometrist for undertaking the referral. There may even be a small cost saving as an unnecessary GP appointment is avoided, but this has not yet been verified.

Existing GP Referral to Neuroscience Pathway



Pathway Development

The different organisations and roles involved in development the pathway included:

- From South Tees NHS Foundation Trust: Lead cancer clinician and Chief of Neuroscience (a consultant neurosurgeon), Chief of Specialty Medicines (a consultant haematologist and Mac ICC programme sponsor), a consultant neurosurgeon and two consultant neurologists
- From Macmillan Integration of Cancer Care (MacICC) Programme: Programme Manager and Service Improvement Facilitator
- From Local Optical Committee (LOC): Chair of LOC
- Thirteen optician practices in Middlesbrough
- South Tees CCG
- In relation to expanding the pathway further, the project is currently engaging with an additional 13 optician practices in the Redcar and Cleveland areas of South Tees

Activities undertaken to get individuals and organisations on board and to develop the pathway:

- Two briefing sessions for individuals and organisations named above
- An educational event which brought GPs and optometrists together for the first time in South Tees and was delivered with support from the Neuroscience department
- Contact and meetings with Macmillan GPs in North and South Tees to find out if they thought the new pathway would be beneficial to GPs (they did)
- Conversations with local government including Middlesbrough Borough Council and Teeside Public Health about the project

The MacICC Service Improvement Facilitator worked with the two consultant neurosurgeons and the LOC to map existing pathways for pituitary tumours and develop an optometrist direct referral pathway. As there are currently no direct referral routes into stroke/TIA pathways from optometrists, existing stroke/TIA pathways will need to be mapped in order to develop such pathways in the future.

Barriers

- The project did not fully appreciate the communications links between the Local Optical Committee and individual optometrists, which meant that some were not as engaged with the LOC as others. This has now been addressed by the project team developing a communications and engagement strategy with support from Macmillan to enable one-to-one contact with optometrists.
- In the past, when optometrists referred a patient (via the GP) to neuroscience, they did not hear back what happened. The project team is now acting as a support and contact point for optometrists. This enables optometrists to contact the project team when they are unsure whether to refer or not, and to check what happened to previously referred patients if they have not already been informed.

Enablers

- The keenness of all health professionals encountered so far to see this new pathway put into practice. When the project was presented at the South Tees annual cancer conference in June 2015, it was mooted that such a pathway should be national standard practice.
- The fact that the pathway is at worst cost neutral is helpful.
- The development of a communications strategy which includes direct contact with optometrists and using local radio to promote the project.
- The local hospice (Teeside Hospice) kindly provided space for STORP briefing sessions free of charge, showing their commitment as partners of the MacICC Programme, and also their support for earlier diagnosis of cancer.

Factors for Success

- The willingness of the LOC and optometrists to become involved and support this new pathway.

Other Comments

- Optometrists have so far been happy to undertake training and referrals at no additional cost to the NHS. However, if the pathway becomes standard practice and is expanded to cover other pathologies, this could change.
- Optometrists would value the opportunity to discuss GP referrals with GPs.
- The pathway will now be extended to include 13 optician practices in Cleveland and Redcar, which means it will cover the whole South Tees CCG area.
- It is possible that the pathway is extended further into the Hamilton and Richmondshire CCG area in the future, which would then cover the whole of the South Tees NHS footprint.

CASE STUDY TWO – PHARMACIST DIRECT REFERRAL TO CHEST X-RAY

Background

Community pharmacies are highly accessible to the local population they serve; Todd, Copeland, Husband et al,^{iv} found that 89% of the population in England can walk to a community pharmacy within 20 minutes, rising to 98% in urban areas and 99% in areas of high deprivation. People from deprived population groups are more likely to get some forms of cancer, for example lung cancer^v, but more likely have their cancer diagnosed late because they delay going to the GP^{vi}.

A previous pharmacist direct referral to chest x-ray pilot undertaken in South West London for 12 weeks in 2011-12 found pharmacists were capable of undertaking appropriate

referrals; although no cases of lung cancer were found, around a third of patients who underwent chest x-ray (14/47) were found to have undiagnosed COPD^{vii}. The 12 week duration of the pilot may explain why no cases of lung cancer were diagnosed.

Doncaster CCG decided to pilot a pharmacist direct referral to chest x-ray in a small number of community pharmacies called the “Lung Health Service”. Taking into account the relatively short duration of the previous South London pilot, Doncaster CCG have chosen to run their direct referral project over 12 months in order to test it over a significantly longer period of time. Doncaster has higher than average incidence of lung cancer, particularly in more deprived neighbourhoods, and poorer outcomes partly due to the number of patients diagnosed with late stage lung cancer, often via emergency presentation.

This pilot is part of a much larger cancer awareness programme, which seeks to improve early diagnosis of cancer in the Doncaster locality. Through this programme, which has so far had four awareness raising campaigns involving community pharmacies, the CCG has been able to build a good working relationship with the Local Pharmaceutical Committee (LPC) and directly with many Doncaster pharmacies.

The pilot began in September 2015 with nine pharmacies.

Aims and Objectives

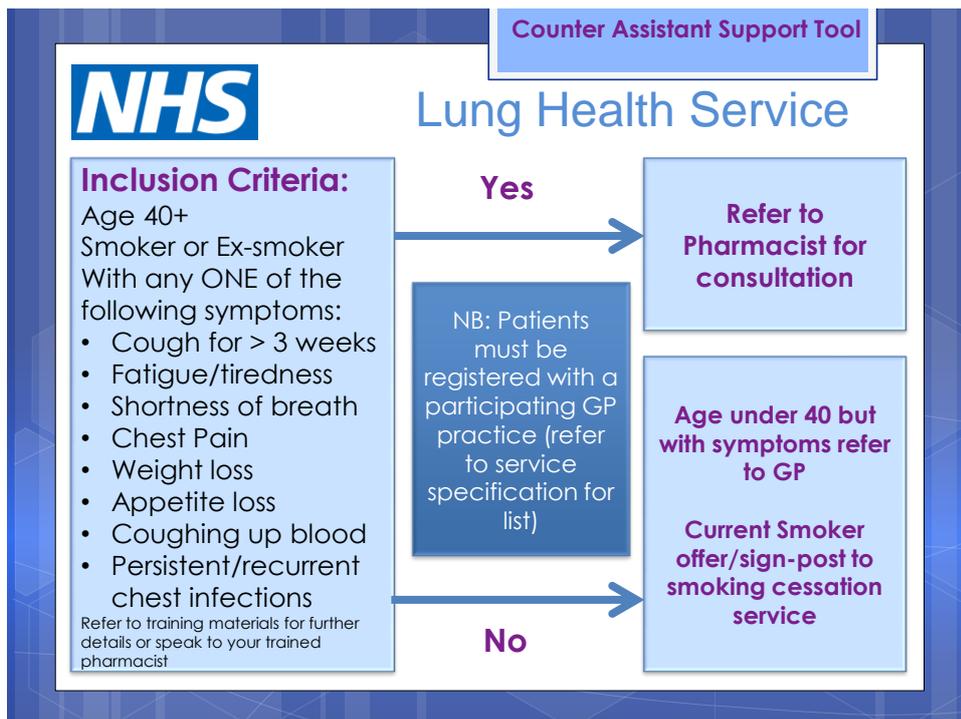
The pilot aims to improve the diagnosis of lung cancer and other lung abnormalities in Doncaster by:

- Detecting symptomatic lung cancer earlier
- Reducing the number of people who present at accident and emergency with advanced lung cancer
- Diagnose previously undetected lung abnormalities e.g. COPD (Chronic Obstructive Pulmonary Disease) other than cancer
- To test the pharmacist direct referral pathway over a significant period of time (12 months)

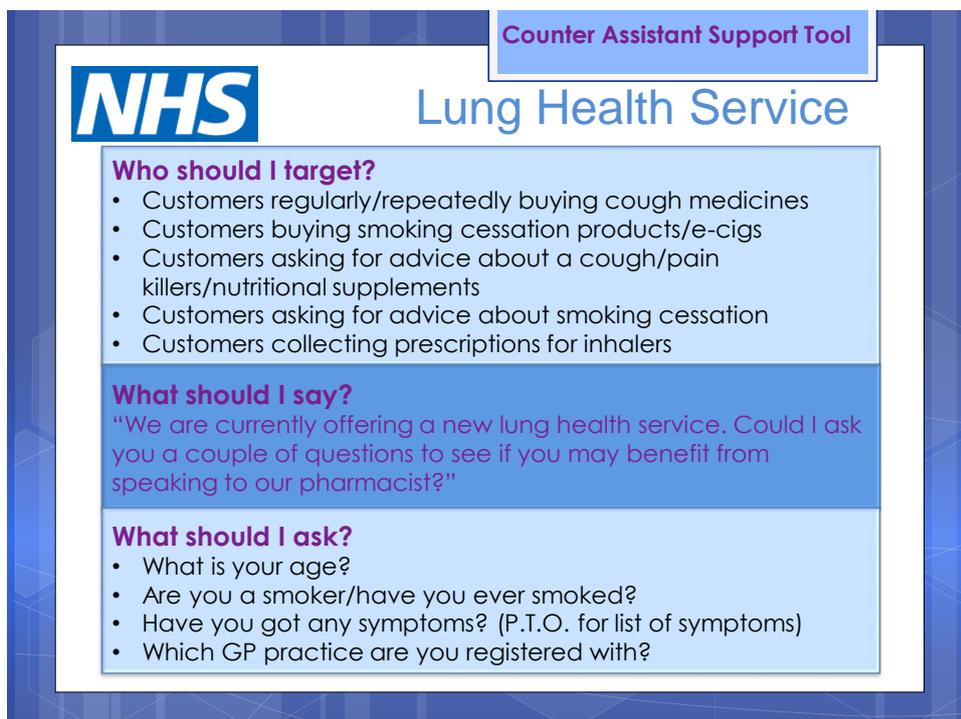
It is thought that community pharmacies in Doncaster may be a good place to catch people who do not regularly consult their GP, and thus may not seek GP assistance until their symptoms are severe, at which point they may have late stage lung cancer.

Pathway

The first point of contact in the pathway is the Medicines Counter Assistant (MCA) in the pharmacy whose role is to identify individuals visiting the pharmacy who may meet the inclusion criteria for the “Lung Health Service”:



To help MCAs to spot pharmacy customers who may meet the criteria on further questions, the following detail aid was developed:



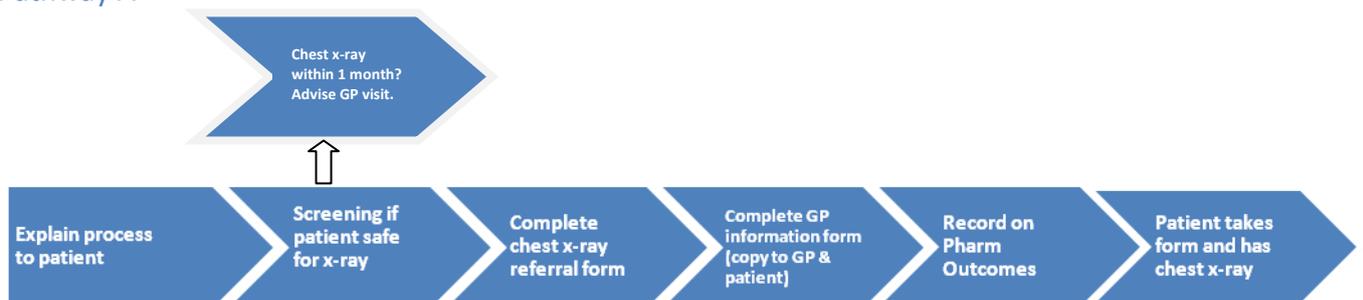
A person referred to the pharmacist by counter staff then has a confidential consultation to ascertain whether they meet the criteria for referral to the local acute trust for chest x-ray, or should instead be advised to see their GP.

For the pharmacist to refer someone directly for chest x-ray (pathway A) they must be a current or former smoker aged over 40 and have one of the following symptoms not explained by obvious causes such as current lower respiratory tract infection, known heart failure or cancer etc:

- Cough for three weeks or more
- Fatigue
- Shortness of breath
- Chest pain
- Weight loss
- Appetite loss
- Coughing up blood (haemoptysis)
- Persistent or recurrent chest infections

However, if a patient has had a chest x-ray within the last month, then they are advised to visit their GP (pathway B).

Pathway A



A copy of the results of the chest x-ray (radiology report) will be sent to both the GP and the referring pharmacist. Follow-up of patients who have been referred for a chest x-ray by their pharmacist remains with their GP and/or the chest physicians at the local trust (as appropriate). All abnormalities are automatically picked up by the chest physicians as per the local pathway. The only mechanism to verify if a patient has gone to the hospital for a chest x-ray is the radiology report (no report = did not attend).

Pathway B



Pathway Development

The organisations and roles involved with the development of the pathway were:

- From Doncaster CCG: Commissioning Leads, Cancer Clinical Lead (a GP)
- From the LPC: various pharmacists and MCAs directly involved with the LPC
- From Doncaster and Bassetlaw NHS Foundation Trust: Respiratory Consultant, a number of managers from the Diagnostics Team, a number of clinicians including Radiology Leads

Activities undertaken to get individuals and organisations on board and to develop the pathway:

- One-to-one meetings with key stakeholders (around 5-10 took place)
- Larger meetings including group based discussions about the project (3 took place)
- Frequent email communications, mainly to GP practices

The training of pharmacists participating in the direct referral pilot was developed with the Local Pharmaceutical Committee, the radiology department at the trust and a Doncaster patient who was diagnosed and treated locally for lung cancer. In addition, pharmacists were also required (on request of the local trust) to undertake IRMER^{viii} training¹.

Barriers

- There was concern from the acute trust radiology department about the potential of the pilot to strain already stretched radiology capacity.
- Some GPs were concerned that pharmacist direct referral might increase their workload and generate additional paperwork.

¹ More information on the training undertaken for this pilot can be found in the ACE report on pharmacy training for early diagnosis of cancer.

Enablers

- One-to-one discussions where needed, were very important in ironing out potential difficulties.
- Agreeing the content of pharmacist training with the acute trust.

Factors for Success

- Investment of time in discussions by all parties, including participating in one-to-one meetings with the CCG.
- The willingness on all sides to test the pathway.
- Perseverance that the direct referral pathway was the right thing to do for patients.

Other Comments

- The CCG has built up a good working relationship over the preceding 18 months with the LPC and individual pharmacies through the broader cancer awareness programme.

CONTACT ACE

If you have any queries about ACE, please contact the team at: ACEteam@cancer.org.uk

In addition, you can visit our webpage: <http://www.cancerresearchuk.org/health-professional/early-diagnosis-activities/ace-programme> where we will publish news and reports.

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^{iv} Todd A, Copeland A, Husband A et al, *The positive pharmacy care law: an area-level analysis of the relationship between community pharmacy distribution, urbanity and social deprivation in England*, *BMJ Open*, 4:e005674, August 2014

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^{vii} Punwani R, Nimako K, Brzezicki T, Loke TK, Draper A, Hill A, Ozdilli J, Keddie Z, Tamby Rajah D, O'Brien M, *Community Pharmacy Referrals Project: Increasing awareness and early diagnosis of respiratory disease via a direct pathway to secondary care*, National Cancer Research Institute (NCRI) Cancer Conference 2014, Abstract B122, 2-5 November 2014

^{viii} IRMER = Ionising Radiation Medical Exposure Regulations

The ACE Programme

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