

Supporting Early Diagnosis of Cancer (Community Pharmacy) Pilot

Frequently Asked Questions (FAQs) to Support Peninsula Community Pharmacy Teams

1. Why is the pilot being carried out?

The pilot aims to see if referrals from community pharmacy can support the early diagnosis of cancer, harnessing the expertise of community pharmacists and their teams within local communities.

2. How will this pilot help to address health inequalities?

There are more pharmacies in deprived communities and evidence suggests more vulnerable groups may be more likely to be able to access a pharmacy as their first port of call for health advice. This is an opportunity to mitigate health inequalities in cancer care as the most frequent users of community pharmacy are those with a higher risk of cancer (e.g., older people with comorbidities), and evidence shows that people from deprived backgrounds are significantly more likely to develop cancer and be diagnosed at a later stage.

Pharmacy staff are highly trained health professionals, well placed to spot concerning symptoms in the populations they serve.

3. Why are we opening up a new route into the system when referrals are at record levels?

The NHS Long Term Plan set out an ambition that, by 2028, the proportion of cancers diagnosed at stages 1 and 2 should rise from 55% to 75% of cancer patients. A key enabler for this target is to harness the impact of primary care, both in building awareness of symptoms and improving uptake and identification for referrals. This pilot proposes that testing a referral pathway from Community Pharmacy settings is a crucial enabler for increasing early diagnosis.

Pharmacies are often located in areas of higher deprivation where cancer diagnosis is at later stages, often with poorer outcomes. This pilot will assess the feasibility of community pharmacy to identify higher risk patients and make direct referrals into the two week wait. Without this pilot these patients will be signposted to their GP. In some areas this may mean additional unnecessary waits.

4. How will the pilot be funded?

The pilot is funded by the NHS Cancer Programme and commissioned as a Local Pharmacy Enhanced Service. Pharmacies participating in the pilot will receive local scheme payments made by their Integrated Care Board (ICB) as per service specification funding model.

5. What is the role of the Cancer Alliance?

Cancer Alliances will proactively build partnership ways of working to deliver the pilot. They will support community pharmacies to understand how to work with secondary care and will be the first point of contact to resolve any pathway issues between community pharmacies, primary care (including PCNs), secondary care, and the VCSE sector. Cancer Alliances will be the first point of escalation if there are issues on the ground, as well as reporting progress and issues into the National Team.

6. Who does the pilot cover?*

Members of the public, 16 years and over, who are visiting a pharmacy and show symptoms of potential cancer. Symptoms outlined in the clinical protocol cover the following cancer types:

- Lung
- Upper GI
- Lower GI
- Gynaecological
- Skin
- Head and neck
- Breast
- Kidney & Bladder
- Haematological

****Refer to your local clinical protocol to see which cancer types are going live in your area.***

7. Why doesn't the pilot cover members of the public under the age of 16?

Cancer in children is thankfully rare, accounting for less than 1% of cancer cases each year. When cancer is suspected in children very urgent referrals are made. Pharmacy teams can and do already urgently signpost people in need of urgent medical attention to urgent care services.

8. Where will the pharmacy pilot be rolled out?

Cancer Alliances have bid for the opportunity to be involved in the pilot, and the following three Cancer Alliances were successful: Peninsula (Cornwall), Greater Manchester and Thames Valley. The pilot will be rolled out across the geographies of the 3 Cancer Alliances.

9. How many pharmacies will take part in the pilot?

Approximately 10-20 pharmacies per Cancer Alliance will take part in the first phase of the pilot.

10. How many people is this pilot expected to support?

We know from the over-the-counter medicines people purchase from pharmacies and the services they provide, such as smoking cessation services, that there are a wide range of potential symptoms pharmacies can help identify, especially in pharmacies serving communities with the greatest need. However, we don't have reliable data on this at the moment. This is one of the factors the pilot will help quantify.

11. Is the plan to expand this nationally if the pilot is a success?

As with all pilots, we'll assess the effectiveness of this approach and make a decision on expansion either nationally or as a locally commissioned service, based on the evidence from the evaluation.

12. Who can make a referral into secondary care, and how do they do so?

Pharmacists will be responsible for conducting the consultation and completing the [referral/data collection form](#) via MS Forms. The pharmacist can then make the 2 week wait (2WW) referral into secondary care via the [NHS e-referral service \(eRS\) web platform](#). Alternatively, a member of the pharmacy team with appropriate smartcard access can make the referral on the pharmacist's behalf.

13. If red flag symptoms are identified via the Community Pharmacy Consultation Service (CPCS) can we offer these individuals the option to take part in the Supporting Early Diagnosis of Cancer (Community Pharmacy) pilot?

Yes, the individuals can be invited to have a consultation for the Community Pharmacy early Diagnosis of Cancer pilot if they have been identified via CPCS. Pharmacies can claim for both services.

14. Has this been trialled in pharmacies before or is this the first time?

This is the first nationally coordinated pilot that will see community pharmacies able to directly refer people for cancer checks assessment and tests in secondary care. However, it builds on several smaller scale pilots which have indicated that pharmacy teams can make appropriate referrals for potential cancer symptoms.

15. Do pharmacy teams have the expertise to refer people for cancer checks?

Pharmacies that sign up to the scheme will be supported through a funded programme involving the whole pharmacy team to spot signs that need further investigation for risk of cancer before they are able to refer people for further checks. Pharmacists and their teams will undertake mandatory training to support decisions about referral for further investigation for suspected cancer symptoms and be appropriately trained to handle such a sensitive conversation as part of the pilot.

16. Is the aim that this pilot will relieve some of the workload for General Practitioners (GPs)?

GPs play an absolutely vital role in ensuring people get checked and diagnosed for cancer as early as possible if they are identified as high risk or have worrying symptoms, and recent data indicates one in every four GP referrals is now for suspected cancer.

If anyone has symptoms they suspect could be cancer, they should visit their GP.

The specific role of pharmacies here is to opportunistically identify people who have not yet seen a GP about their symptoms or are reluctant to access GP services and so could go undetected for too long.

Secondary care will communicate the outcome of the referral to the patient's GP.

17. What are the timelines for this pilot?

The pilot is expected to be rolled out from May 2023 and will run until at least March 2024. This period will include an iterative evaluation process which will allow the pilot to be refined throughout.

18. What will be the role for GPs in this pilot?

Individuals who do not meet the criteria to be referred to secondary care but present with symptoms requiring further investigation should be investigated in Primary Care as per the clinical protocol. The patient will be given a leaflet from their community pharmacy explaining the consultation they have had. When going to see their GP, the patient will be strongly advised to take the leaflet with them.

19. What will be the role for secondary care in this pilot?

Cancer Alliances will work with secondary care colleagues to understand which cancer types are feasible to go-live. Pharmacists will refer individuals who meet the criteria for a two week wait to secondary care via eRS. Secondary care colleagues will be contacted by the pilot evaluation team for feedback on the service.

20. Will the pilot be evaluated and how?

The pilot will be evaluated by the Strategy Unit at Midlands and Lancashire CSU. The Strategy Unit is an internal NHS consultancy specialising in applied research and analysis.

The evaluation will assess the impact of the pilot to determine whether this pathway can increase early diagnosis of cancer and/or reduce health inequalities in cancer diagnosis. It will capture learning to develop and iterate the pilot and to ensure referrals are appropriate, to the right setting and there are good systems for safeguarding and safety netting.

The evaluation will draw on patient referral and patient outcome data; interviews with patients and with primary and secondary care professionals; focus groups and/or interviews with community pharmacists; and a survey of community pharmacists.

As part of the pilot community pharmacy teams will be expected to ask patients if they would be happy to be interviewed by the Strategy Unit for the evaluation. Community pharmacists will also be asked to complete a survey of their experience of the pilot, and to participate in interviews/focus groups with the evaluation team.

21. Will community pharmacists get to know the outcome of the individual they have referred for a 2WW?

This is something that cannot be implemented at present; however, patients may choose to feedback to their pharmacist after their secondary care appointment.

22. How will community pharmacies be paid?

Community pharmacy will receive a set up payment when they register with the BSA (Business Services Authority) to be part of this pilot. They will receive a standard monthly payment (based on the quality of consultations) and a tiered monthly payment depending on how many consultations they undertake.

23. How many patients are expected to be referred into a 2WW pathway?

This will be determined as part of the pilot.

24. What should pharmacy teams do if a patient is registered with a GP that is outside of the pilot area?

Patients must be registered with a GP inside the pilot geography. If a patient is registered with a GP outside of the pilot area, they fall outside of the pilot criteria and should be treated in line with usual practice.

25. Which GP Practices are located within the pilot geography?

North Kerrier west PCN	Branch Surgeries (sit under the Practice)
Carn to Coast Health Centres (L82041):	Pool Health Centre, Homecroft Surgery, Trevithick Surgery, St Surgery
Praze-an-Beeble Surgery (L82068):	
North Kerrier east	
Leatside Health Centre (L82042):	Clinton Road, Manor Surgery
Veor Surgery (L82044):	
Harris Memorial Surgery (L82620):	Lanner Moor Surgery
Penwith	
Atlantic Medical Group (L82038):	Alverton Practice, Cape Cornwall Surgery, St Clare Medical Centre
Bodriggy Health Centre (L82036):	
Marazion Surgery (L82047):	
Morrab Surgery (Y01051):	Pendeen Surgery
Rosmellyn Surgery (Y01050):	
Stennack Surgery (Y01922):	
Sunnyside Surgery (L82070):	

26. What should pharmacy teams do if a patient is not registered with a GP?

Patients cannot be referred using eRS if they do not have a registered GP, the priority will be to get the patient registered asap as it will be important for a GP to be informed of any ongoing care or monitoring required. Where this may take some time then the referral form can be emailed to rch-tr.suspectedcancer@nhs.net to be processed to avoid delay for the patient.

For pathways which are not yet open to Pharmacists to refer to but the patient has been unable to register with a GP, these can also be emailed to rch-tr.suspectedcancer@nhs.net. The patient will then be reviewed in secondary care and booked if deemed safe to process without the GP input. If the referral is not appropriate, feedback will be given to the pharmacist who may need to contact the patient to relay the outcome/reiterate need for GP registration.

This does not apply to symptoms where the action is 'Referral to GP for further investigation' as these patients must be reviewed by a GP prior to referral.

27. Who should we contact if we have a query about a cancer referral?

If a patient has not been contacted for an appointment within 14 days of being referred, they should contact the referrals booking office on 01872 252323. This information is also in the patient information leaflet.

28. What should we do if a patient meets more than one cancer type symptom group (e.g. Lung and Urology)?

The data collection form will allow you to document up to two cancer types if required.

Where patients meet more than one cancer type symptom group for Secondary Care referral such as Lung and Urology, two separate referrals must be made.

Where patients meet the criteria for secondary care referral for one cancer type and primary care referral for a different cancer type, you should refer the patient into secondary care for their symptoms that meet the secondary care referral criteria. **You should also** refer the patient into Primary Care, to get their other symptoms reviewed that meet the primary care referral criteria. You should document this clearly on the data collection form and on the patient leaflet.

29. What if a patient has no home address and needs a referral to a GP?

For Patients without a home address who require a GP – contact:

Health for Homeless [Health for Homeless | Cornwall Partnership NHS Foundation Trust \(cornwallft.nhs.uk\)](http://cornwallft.nhs.uk)

Clinics are run on most weekdays from Camborne, Penzance and Truro,

Call 01872 221 240 or ask the patient to attend one of the drop-in sessions:

Truro clinic

St Petroc's Resource Centre, 8 City Road, Truro, TR1 2JJ

- Monday: 10am-12pm (GP Clinic)
- Tuesday: 2-4pm (Nurse Clinic)
- Wednesday: 10am-12pm (GP Clinic)
- Thursday: 2-4pm (Nurse Clinic)
- Friday: 10am-12pm (GP Clinic)

Camborne clinic

Coastline Homeless Service, 11 Basset Road, Camborne, TR14 8SB

- Monday: 10am-12pm (GP Clinic)
- Tuesday: 10am-12pm (Nurse Clinic) 1.30pm-3.30pm (GP Clinic)
- Wednesday: 10am-12pm (Nurse Clinic)
- Thursday: 10am-12pm (Nurse Clinic) 2pm-3.30pm (GP Clinic)
- Friday: 2pm-3.30pm (GP Clinic)

Penzance clinic

Breadline Centre, Bread Street, Penzance, TR18 2EQ

- Monday: 10am-12pm (nurse Clinic)
- Tuesday: 9.30am-11.30am (GP Clinic)
- Wednesday: No Clinic
- Thursday: 10am-12pm (GP Clinic)

- Friday: 10am-11.30am (Nurse Clinic)

30. How will patients be supported to book an appointment with their GP (if that is the route identified from the consultation)?

As per the clinical protocol, the pharmacist may need to refer the patient to their GP for an appointment in order to investigate their symptoms further. The pharmacist or pharmacy staff should support the patient to make this appointment according to local escalation policies.

The following options should be considered by the pharmacy in line with local policies:

- **Option A – Ask the patient to book an appointment with their GP.** After agreeing this course of action with the patient, the patient must try to book an appointment with their GP to be seen at the next available appointment. The patient should inform the pharmacist if they have been successful in booking an appointment. Ideally, this should be done at the time of the consultation. If you have asked the patient to book an appointment with their GP, you must document this on the data collection form.
- **Option B – Refer the patient for an appointment with their GP.** If the patient is having difficulty making an appointment, the pharmacist must telephone the patient's general practice (using bypass numbers if available) or via NHS Mail (if locally agreed) to secure them an appointment. All telephone conversations must be documented.

Non-public GP phone numbers and email addresses can be found using the [NHS Service Finder](#). You will need to login using your NHS Mail email address.

The patient must be advised to take their patient leaflet with them to their GP, and you must email a copy of the referral/data collection form to their GP Surgery (template emails will be provided in the Community Pharmacy Information Pack).

31. Can locum pharmacists be trained to deliver the pilot?

Regular locum pharmacists can help to deliver this pilot in your pharmacy. Your Cancer Alliance Lead will need to be notified of the name of the locum pharmacist, the pharmacy they locum in (including the ODS code), and their Smartcard number. An additional smartcard role will be requested on their behalf.

They will need to have read through the information pack and watched the data collection form and eRS training video. There will need to be an 'in-house trainer' who can confidently deliver any training required. If additional data collection form or eRS training is required, this can be provided on request.

32. What documentation do I need to send to the Patient's GP?

For patient's being referred into Secondary Care or Primary Care, an email should be sent to the patient's GP Surgery with the data collection form attached. Template emails will be provided in the Community Pharmacy Information Pack.

Non-public GP phone numbers and email addresses can be found using the [NHS Service Finder](#). You will need to login using your NHS Mail email address.