Supporting Early Diagnosis of Cancer (Community Pharmacy) Pilot

Information for Community Pharmacies

April 2024

Pilot overview

The NHS Long Term Plan set out the following ambitions

- That, by 2028, the proportion of cancers diagnosed at stage 1 and 2 should rise from 55% to 75%.
- In community pharmacy, we will work with government to make greater use of community pharmacists' skills and opportunities to engage patients.

Working Hypothesis: *'Community pharmacies can support the early diagnosis of cancer through direct referrals for suspected cancer symptoms'*

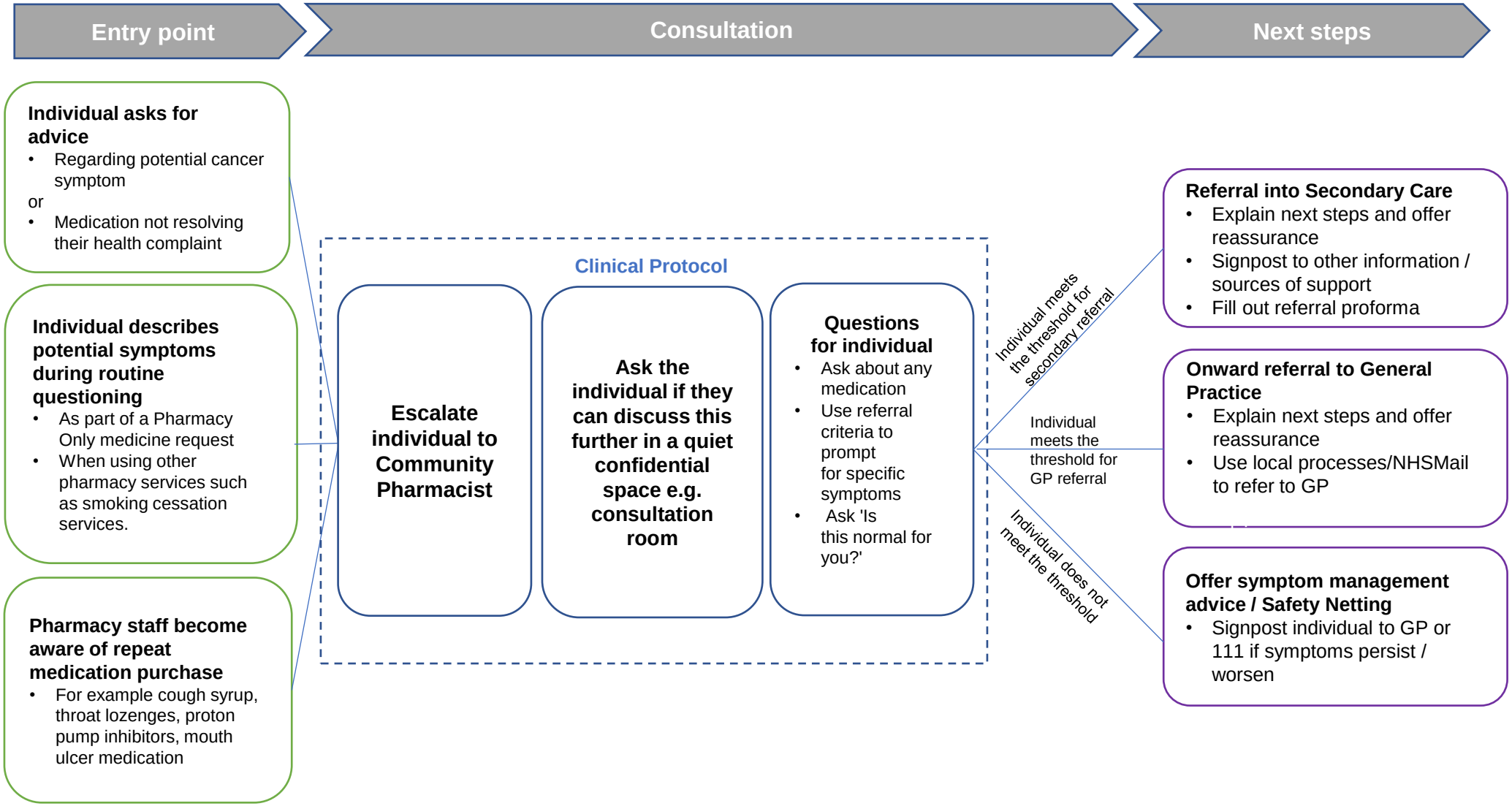
Objectives of the pilot are:

- To **test the feasibility and acceptability** of direct referral routes into secondary care via the Electronic Referral Service (e-RS).
- To undertake **quantitative and qualitative evaluation** including patient experience and the experience of community pharmacy, primary and secondary care teams.

Community Pharmacy is well placed to support the earlier diagnosis of cancer

- There are approx. 11,500 pharmacies in England, embedded in communities close to people's homes.
- There are over 1 million visits to a community pharmacy a day.
- The most frequent users of community pharmacy are those with a higher risk of cancer - older people with comorbidities.
- People from deprived backgrounds are significantly more likely to develop cancer and be diagnosed at a later stage.
- There are more pharmacies in deprived communities and evidence suggests more vulnerable cohorts may be more likely to access a pharmacy as their first port of call for health advice; an opportunity to mitigate health inequalities in cancer care.
- Pharmacy staff are highly trained health professionals, well placed to spot concerning symptoms in the populations they serve.

Pathway for Community Pharmacy Suspected Cancer Referral Pilot Scheme



Clinical protocol

Following engagement with NHSE cancer and pharmacy teams and external stakeholders we have developed a clinical protocol.

Protocol structure

- People over the age of 16
- Symptoms or medicine taking behaviour that presents a red flag for cancer
- Referral criteria, split into referral to secondary care and GP respectively:
  - Lung
  - Gynaecological
  - Skin
  - Head and Neck
  - Upper GI (optional)
  - Lower GI (optional – only for patients not registered with a GP)
  - Kidney and Bladder (optional)
  - Breast
  - Haematological
- People who do not meet the referral threshold to secondary care
- Safety netting

Clinical protocol – thresholds for referral to secondary care (Peninsula)

Lung	Adults 40yrs and over and unexplained coughing up blood
Lung	Smokers (including shisha) over 40yrs with 2 or more of the following unexplained symptoms: • persistent cough • shortness of breath • chest pain • finger clubbing
Head and neck	Adults with any of the following: Mouth ulcers lasting 3 weeks or more, or that do not heal A lump in the lip or mouth lasting 3 weeks or more
Kidney and bladder	Adults 45yrs and over with self-reported visible haematuria (blood in urine) without any signs of urinary tract infection such as pain when urinating or a temperature.
Lower GI	Adults **not** registered with a GP, over 60yrs, with blood in stools and any of the following unexplained symptoms or findings: • abdominal pain • change in bowel habit • weight loss

Clinical protocol – thresholds for onward investigation in Primary Care (Peninsula)

Lung	Adults 40 years and over with any of the following: • persistent or recurrent chest infection • persistent cough • shortness of breath • chest pain • weight loss • appetite loss. • finger clubbing
Upper GI	Adults 55yrs and over with dysphagia (trouble swallowing)
Upper GI	Adults 40yrs and over with jaundice
Upper GI	Adults 55 years and over with both the following symptoms: • Persistent reflux / indigestion • Upper abdo pain
Lower GI **(for those registered with a GP)**	Adults under the age of 60yrs with two or more of the following symptoms • blood in stool • abdominal pain • change in bowel habit • weight loss
Lower GI	Adults with two or more of the following symptoms • blood in stool • abdominal pain • change in bowel habit • weight loss
Gynaecological	Women 55 yrs and over, with post-menopausal bleeding (unexplained vaginal bleeding) with more than 12 months after menstruation has stopped because of the menopause. Excluding women on systemic HRT or who have had a hysterectomy.
Gynaecological	Women 55 yrs and over, with post-menopausal bleeding (unexplained vaginal bleeding) with more than 12 months after menstruation has stopped, who are on systemic HRT.

Clinical protocol – thresholds for onward investigation in Primary Care (Peninsula) Continued…

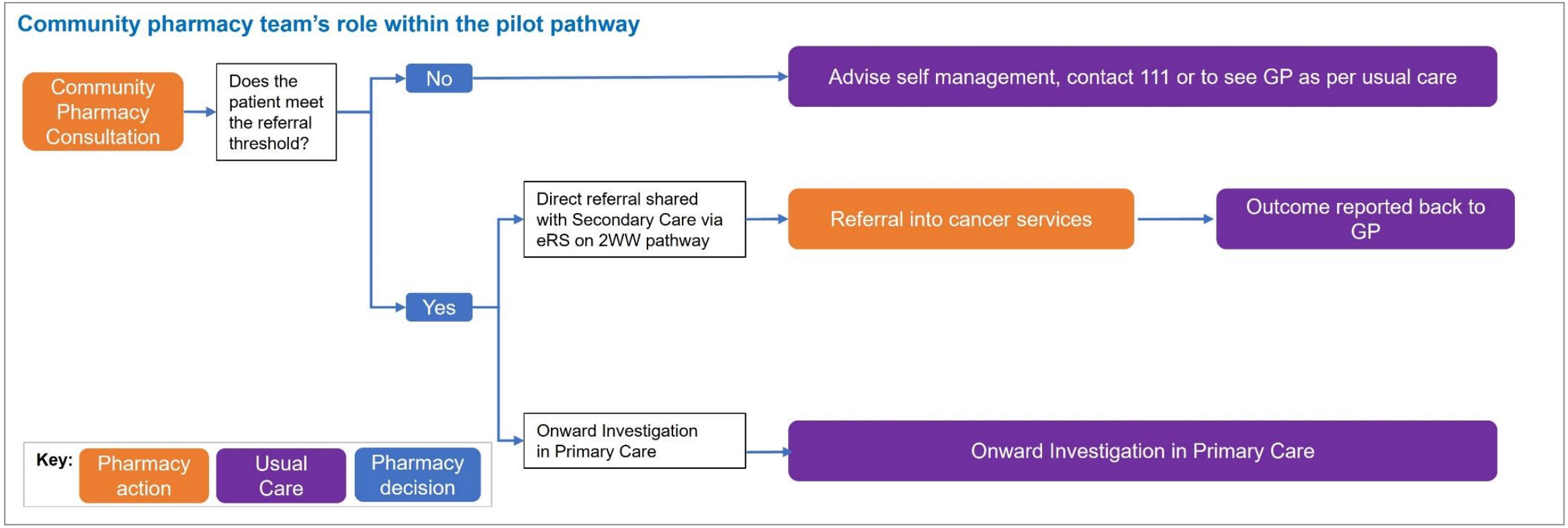
Gynaecological	Women over the age of 50 with 2 or more of the following symptoms: • Persistent abdominal distension (or 'bloating') – happening several times a month • Feeling full (early satiety) and/or loss of appetite • Pelvic or abdominal pain • Increased urinary urgency and/or frequency.
Gynaecological	Women 50yrs and over who have experienced symptoms within the last 12 months that suggest irritable bowel syndrome (IBS)
Skin	Adults with new suspicious pigmented skin lesion mole with a weighted 7-point checklist score of 3 more.
Head and neck	Adults with any of the following (onward investigation at GP or Dentist): • Bleeding or numbness in the mouth • Red or white patches in the mouth
Head and neck	Adults over the age of 45 with unexplained hoarse voice, lasting 3 weeks or more.
Breast	Adults 30yrs and over with a self-reported, unexplained breast lump
Breast	Adults 50yrs and over with any of the following symptoms in one nipple only: • discharge • retraction
Breast	Adults 70yrs with any self-reported breast change
Kidney and bladder	Adults under 45yrs with self-reported visible haematuria (blood in urine)
Haematological	People with any of the following: • Unexplained bruising • Unexplained bleeding • Unexplained petechiae (clustered small purple, red, or brown spots on the skin) • Persistent back or bone pain
Haematological	Adults with a lump in the neck, groin or armpit – lasting 6 weeks or more

Medicine taking behaviour

Medicine taking behaviour can be a prompt for discussing cancer signs and symptoms with people. The table below gives examples of medicine taking behaviour that could trigger a discussion with a person about symptoms

Category	Medicine taking behaviour that might suggest cancer
Lung	Regular or increasing repeat purchase/use of cough medication
Upper GI	Regular or increasing repeat purchases/ use of: • Antacid preparations for reflux/ indigestion • Proton pump inhibitors • Histamine 2 receptor antagonists
Lower GI	Regular or increasing repeat purchases/use of: • Haemorrhoid medicine without diagnosis • Medicines indicative of a change in bowel habit such as loperamide or other medicines to manage diarrhoea
Gynaecological	Regular or increasing repeat purchases/use of: • Medicines to manage diarrhoea/other IBS symptoms • Medicines or products to manage post-menopausal bleeding
Head and neck	Regular or increasing repeat purchases/use of: • Throat lozenges or medicine • Mouth ulcer medication
Skin	Regular or increasing repeat purchases/use of medication to treat skin complaints, with no skin condition present
Non-specific symptoms	Regular or increasing repeat purchase/use of analgesic medications for persistent pain

Referral infrastructure



- Community Pharmacists should complete a consultation form for each patient that receives one.
- GPs can see the eRS status of their patients once they have been referred into secondary care by a Community Pharmacist.
- GPs will receive referrals from Community Pharmacy via local processes/ NHSMail.

Role of National Teams & Cancer Alliances

Role of national teams

1) Establish the digital infrastructure for referrals with e-RS

2) Provide a clinical protocol for the pilot

3) Establishing payment model and oversee payments to individual pharmacies

4) Coordinate and fund the National Evaluation

5) Support selection and sign-up process for community pharmacies

6) Develop and make available training, support packs and patient facing materials

7) Ongoing support to resolve issues

Role of Cancer Alliances

1) Proactively building support and partnership ways of working to deliver the pilot

2) Supporting community pharmacies to understand how to work with secondary care

3) Resolving any pathway issues between community pharmacies, primary care including PCNs, secondary care and the VCSE sector

4) Be the first point of escalation if there are issues on the ground

5) To report progress and issues into the National Team

6) Support the pharmacy selection process

7) Support the national evaluation

Funding Model

Activity	Fee	Frequency
Pilot Set Up	**£390.00**	**One off**
Submission of complete and accurate dataset 1. Dataset submitted which provides: - 1a Assurance that the initial assessments identified red flag symptoms appropriately. - 1b How many consultations took place for patients in the 1a cohort. - 1c Assurance the protocol was followed for each patient. - 1d What the outcome was for each patient. 2. Data sharing as per specification and evaluation plan. 3. Quality assurance checks	£260.00	Monthly
Service Delivery		Monthly
• 1 to 5 consultations per month	£68.62	Monthly
• 6 to 10 consultations per month	137.23	Monthly
• 11 or more consultations per month	150.96	Monthly
Total for delivering service	**£328.62 to £410.96**	**Monthly**
Fee for supporting evaluation	**£125**	**One off**

Evaluation

- The plan for pilot evaluation delivery in 2024/25 is currently being agreed and will be confirmed in the early part of the year.
- The evaluation will seek to 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.
- As part of this pilot community pharmacy teams will be expected to ask patients if they would be happy to be interviewed as part of the evaluation.
- Community pharmacists may also be asked to share their experience of the pilot through a survey/interviews or focus groups.