

Supporting Early Diagnosis of Cancer (Community Pharmacy) Pilot

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

- **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.

- **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.

- **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.

- **How will the pilot be funded?**

The pilot is funded by the Peninsula Cancer Alliance and commissioned as a Local Pilot. Pharmacies participating in the pilot will receive local scheme payments made by Peninsula Integrated Health Ltd as per service specification funding model.

- **What is the role of the Cancer Alliance?**

Peninsula Cancer Alliance contract Peninsula Integrated Health to support community pharmacies in delivering this pilot. Peninsula Integrated Health 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.

- **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

- **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.

- **Where will the pharmacy pilot be rolled out?**

All pharmacies which face RCHT Treliske will be included in the pilot. The expansion is being rolled out in 4 phases:

- **Phase 1: West/South – By end June 2026**
- **Phase 2: Central (14 new sites) – By end August 2026**
- **Phase 3: North/West (13 new sites) – By end October 2026**
- **Phase 4: North/East (14 new sites) – By end December 2026**

- **How many pharmacies will take part in the pilot?**

Once the expansion is complete, 70 pharmacies will be involved in the pilot.

- **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.

- **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 PharmOutcomes. 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 (i.e. an authorised technician) can make the referral on the pharmacist's behalf.

- **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.

- **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.

- **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 (USC) referral to secondary care via eRS. Secondary care colleagues will be contacted by the pilot evaluation team for feedback on the service.

- **Will the pilot be evaluated and how?**

The pilot will be evaluated by Peninsula Integrated Health Ltd.

- **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.

- **Where can I access support for this pilot?**

All of the information you should need is hosted on the PharmOutcomes Service Information Page. There is also a WhatsApp group where pharmacy staff can discuss anonymised cases, ask questions and receive support from peers. If you can't find the information you need, Peninsula Integrated Health provide full clinical and IT support during pharmacy operating hours – contact lead pharmacist Johnny Ashton-Barnett john.ashton-barnett@nhs.net / 07300864642