Developed by The Christie School of Oncology in collaboration with CRUK and GM education partners.

Funded by NHS England (New Care Models), through the GM Cancer Vanguard Innovation programme.
GM System Performance

WORKING AS A SYSTEM WE ARE PERFORMING WELL

We continue to meet the national target to treat 85% of patients within 2 months

Our patients report good experience of their cancer care

85.9%

90%

Manchester Cancer 14/15

Overall care good or excellent

When it comes to 1-year survival we have caught up with and surpassed the rate for England

Greater Manchester Cancer

Vanguard Innovation
Improvement still required

BUT THERE IS MUCH MORE TO DO

<table>
<thead>
<tr>
<th>Too high a % of patients are diagnosed as an emergency</th>
<th>Which means that a high % have advanced disease at diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Hospital images" /> 15.8% <img src="image2.png" alt="Hospital images" /> 27.9%</td>
<td><img src="image3.png" alt="Circle chart" /></td>
</tr>
</tbody>
</table>

And we want our outcomes to match the best in the world

At 82-83%, Sweden has the best one-year cancer survival rate in the world. Even if we adjust for the different way that they calculate survival we remain over 10% adrift.

David Shackley, Manchester Cancer Medical Director
21% of Manchester residents smoke compared to 18% England average.

With a population of approximately 2.7m, that equates to over 70,000 more smokers than if Greater Manchester was at the England average.
GM Premature Deaths (<75)

Public Health England 2011-2013
http://healthierlives.phe.org.uk/topic/mortality

Compared to other causes of mortality

- Lung Cancer
- Heart Disease
- Lung Disease
- Liver Disease
- Stroke
- Injury
GM Premature Cancer Deaths (<75)

- **Lung**: 28% (1015)
- **Colorectal**: 10% (349)
- **Hepato-pancreato-biliary**: 341
- **Urological**: 280 (312)
- **Oesophago-gastric**: 309
- **Breast**: 280
- **Haematological**: 244
- **Gynaecological**: 193
- **All others**: 521
- **Unknown primary**: 203

Greater Manchester Cancer
Vanguard Innovation
Greater Manchester has 2nd highest level of cancers diagnosed at late stage in England
How can we help to improve things?

- NICE issued new guidance in 2015
- But spotting cancer can still be very difficult
- The cause(s) of symptoms can be unclear
- GP practices are under a lot of pressure
- We want to support GPs and provide them with assistance and resources to help identify potential cancers
- We are aiming to do this with a new online educational platform

We called it Gateway-C!
What is Gateway-C

- Freely accessible website
- Targeting primary care
- Search for links to
  - e-learning courses
  - training events
  - resources
  - community support
- Register for learning zone
- Tailored courses
  - interactive films
  - bite sized activities
  - accredited by RCGP
  - certificate for CPD
Primary aim

Improve cancer outcomes for patients.

• Reduce the number of patients presenting with cancer through routine referral and through A&E

• Supporting GPs in identify patients with potential cancer symptoms, and ensuring efficient referral for diagnostic screening
  – Timely
  – Pre-tests Blood
  – Patient is prepared

Greater Manchester Cancer
Vanguard Innovation
Supporting GPs

1. Enable the patient to disclose
2. Pick up on cues and hear what is being said
3. Know that these symptoms are important
4. Follow-up with specific screening questions to elicit risk
5. Confident in making decisions about referral
6. Confidently speak to patients about referral & next steps
7. Know the referral pathways and act quickly
Mr Fred Blackman is a man in his 60s with a 10 year history of chronic obstructive pulmonary disease (COPD). He has had a number of previous appointments for exacerbations of his COPD, and has required antibiotics or antibiotics and steroids on a number of occasions.

Mr Blackman keeps reasonably well, apart from the COPD. He is a retired long distance lorry driver, who has a history of smoking for over 30 years. Fred lives with his wife Vera, and has grown up children who live locally too.
What is finger clubbing?

Finger clubbing is also called clubbing of the fingers and fingernails. Once clubbing has been noted, it is a sign rather than a diagnosis. The following image shows finger clubbing.

Although the large majority of lung cancers are visible on chest X-ray, there is a recognised false negative rate of around 10-20%.

It is therefore important to recognize that a negative chest X-ray or a repeat scan may not rule out lung cancer. Patients with concerning symptoms should be referred urgently to a chest clinic for further investigation, which may include a CT scan before their chest clinic appointment and in some areas may include a genetic test. If patients have only had a chest X-ray, and problems persist, they should be referred urgently to a chest clinic for further investigation.

Please watch the short video and review the following patient玲玲 submission area below.

Question 2

How predictive is thrombocytosis as a symptom? Drag the cancer types provided onto the appropriate area.

- bladder
- breast
- pancreas
- lung
- uterus
- kidney
- ovary
- oesophago-gastric

Highly Predictive

Predictive

Not Predictive

- colorectal
Overall Rating

• Lung Cancer Module:
  Mean = 4.26, where 73% of GPs rated the course as Good or Excellent

• 86.5% stated that the most useful part was the interactive consultation
<table>
<thead>
<tr>
<th>Question</th>
<th>Pre Training (M:SD)</th>
<th>Post Training (M:SD)</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>I am confident in making decision about referrals for: Lung Cancer Symptoms</td>
<td>4.12 (0.54)</td>
<td>4.24 (0.50)</td>
<td>0.29</td>
</tr>
<tr>
<td>I know what symptoms are important for: Lung Cancer Symptoms</td>
<td>4.15 (0.36)</td>
<td>4.39 (0.50)</td>
<td>0.02</td>
</tr>
<tr>
<td>I am confident in knowing when <strong>not to</strong> refer a patient for: Lung Cancer</td>
<td>3.42 (0.83)</td>
<td>3.70 (0.88)</td>
<td>0.13</td>
</tr>
</tbody>
</table>
The case for rollout

“I have spoke to a number of my GP partners who have also completed the learning modules, and they all agree that this has been one of the most useful educational experiences they have had, and there is evidence that the learning has ALREADY begun to change practice.”

Dr Liam Hosie
Dicconson Group Practice
Wigan
In January 2017, GM Cancer Vanguard Oversight Group challenged the project team to roll-out Gateway-C as quickly as possible.

We are currently improving our course material and targeting early MAY for wider enrolment.
Our target

We are targeting 60% of practices across GM and Eastern Cheshire to have at least one registered user by 30th October 2017.

At least one practice in each CCG should have an early adopter (Gateway-C advocate).
Course development 2017

Greater Manchester Cancer

Vanguard Innovation

Gateway-C learning zone

- Early diagnosis
  - Colorectal
  - Hepato-biliary (May)

- Long term complications & recurrence
  - Colorectal (June)

- End of life care
  - LUNG (June)
    - Module 6 (Oct)
    - Module 7 (Oct)
    - Module 8 (Oct)

- To be confirmed
Help roll-out Gateway-C

- Pick up a flier
- Contact us now if you are interested in accessing lung or other modules when they are available - moodle@christie.nhs.uk
- Promote registration from May via the website www.gatewayc.org.uk/register-for-our-courses/
- Have a look at the website now www.gatewayc.org.uk
- Build website content – online forms to submit links to
  - resources
  - online courses
  - face to face training events
  - community support
Questions ...