HOW TO ACHIEVE QOF AND DES TARGETS FOR CANCER 2021/22

NHS England Primary Care Quality Outcome Framework (QOF) 2021/22 Cancer QOF

Ref: https://www.england.nhs.uk/wp-content/uploads/2021/03/B0456-update-on-quality-outcomes-framework-changes-for-21-22-.pdf

Indicator	Points	Achievement thresholds	C the Signs
Records			
CAN001. The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non- melanotic skin cancers diagnosed on or after 1 April 2003'	5		The Practice Dashboard automatically tracks patients who have a new cancer diagnosis, following a suspected cancer referral. The date of referral, presenting symptoms, cancer diagnosis and date are logged. Practices can view these patients in real-time and can add patients directly on to the Dashboard if needed.
Ongoing management			
CAN004. The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis (NICE menu 2020 ID NM205)	6	50-90%	C the Signs tracks all patients with a cancer diagnosis on the Practice Dashboard. The date of diagnosis is automatically tracked, which enables the system to create automatic alerts for the 12-month structured review for all patients on the Dashboard. C the Signs hosts the Cancer Care Review Template and will save and code this information back into the patient's record.
CAN005. The percentage of patients with cancer,	2		C the Signs tracks all patients with a cancer

diagnosed, within the preceding 12 months, who have had the opportunity for a discussion and been informed of the support available from primary care, within 3 months of diagnosis.		70-90%	diagnosis on the practice dashboard. The date of diagnosis is automatically tracked, which enables the system to create automatic alerts for the 3-month Cancer Care Review. When completed, C the Signs will ensure the correct clinical codes are added back into the system.

NHS England Primary Care Quality Improvement Domain: Early Cancer Diagnosis

Indicator	Points	Achievement thresholds	C the Signs
QIECD005. The contractor can demonstrate continuous quality improvement activity focused on early cancer diagnosis as specified in the QOF guidance	27	NA	The Practice Dashboard enables practices to track cancer performance and monitor quality improvement initiatives and impact on cancer performance, in real-time. The reflections and actions log hosted on C the Signs enables practices to implement SMART objectives and track quality improvement plans.
QIECD006. The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on early cancer diagnosis as specified in the QOF	10	NA	C the Signs Practice Dashboard enables practices to view their cancer activity data, and data from across the PCN, all in real-time.

guidance. This would usually include participating in a minimum of two peer review meetings			Public Health England Fingertips Data is provided at a practice and PCN level outlining detection, conversion, referral and emergency presentation rates. This supports the PCN to establish a baseline, identify high performing practices, those that need more support and where to focus efforts on e.g., reducing emergency presentation rates. The C the Signs Reflections and Actions log will enables practices and PCNs to log discussions, learnings and quality improvement activity across the PCN - viewable by all practices.

NHS England Primary Care Network Contract DES 2021/22

Ref: https://www.england.nhs.uk/wp-content/uploads/2021/03/B0431-network-contract-des-early-cancer-diagnosis-guidance-21-22.pdf

	Service Requirements for 2021/22	C the Signs
1.	**Review referral practice for suspected cancers, including recurrent cancers. To fulfil this requirement, a PCN must:**	
i.	Review the quality of the PCN's Core Network Practices' referrals for suspected cancer, against the recommendations of NICE Guideline 12 and make use of:	C the Signs is a clinical decision support tool. It guarantees risk assessment 100% adherent to NICE NG12 guidelines incl. Rapid Diagnosis Centre pathways where available.

	1. clinical decision support tools. 2. practice-level data to explore local patterns in presentation and diagnosis of cancer; and 3. where available the Rapid Diagnostic Centre pathway for people with serious but non-specific symptoms.	C the Signs shows all practices their cancer referral activity for tests and 2-week-wait referrals on the C the Signs Practice Dashboard, in real-time. In addition to this C the Signs displays clinical presentations for all patients with a new cancer diagnosis, which is tracked and accessible from the Practice Dashboard. Individual and aggregated data for practices within your PCN is also available.
ii.	Build on current practice to ensure a robust and consistent approach to monitoring patients who have been referred urgently with suspected cancer or for further investigations to exclude the possibility of cancer ('safety netting'), in line with NICE Guideline 12.	C the Signs automatically safety-nets all patients on a suspected cancer pathway, incl. tests, diagnostics and 2-week-wait referrals. These patients are tracked on to the Practice Dashboard - accessible to all practice staff. C the Signs automatically adds the 'Safety-netting' SNOMED code to the patient's record.
iii.	Ensure that all patients are signposted to or receive information on their referral including why they are being referred, the importance of attending appointments and where they can access further support.	C the Signs ensures all mandatory fields on a 2-week-wait form are completed (as the form is digital and not a template). Before the form can be saved, it is compulsory for all GPs to provide a Patient Information Leaflet (PIL), gain consent from the patient to attend the appointment within 2 weeks and explain the importance of this. C the Signs links all pathways to the relevant PIL and these can be texted/printed for the patient. Leaflets are embedded in the referral form, making it easy for GPs to text/print with one click. Leaflets in multiple languages are provided where available. Any leaflets given are tracked on the C the Signs Practice Dashboard.

iv.	In undertaking the above, identify and implement specific actions to address unwarranted variation and inequality in cancer outcomes, including access to relevant services.	Referral activity data is presented to practices and PCNs in real-time through the Practice Dashboard. Review referral activity, both number of referrals and specialities, and where to focus efforts on. For example: *'in the last 3 months we have not done any Gynae 2WW, however based on population size we should be doing X per month'*. Practices can then implement a QIP and see the impact of this on the C the Signs dashboard. Where cancer services are unavailable incl. direct access diagnostics and Rapid Diagnostic Clinics/ Non-Site Specific pathways, C the Signs identifies these as part of the audit process prior to deployment. We also identify where ICS and CCGs are not compliant with the NG12 guidelines for GP direct access. This highlights any inequity across the ICS and CCG and feeds into CCG and Cancer Alliance commissioning plans.
2	**Contribute to improving local uptake of National Cancer Screening Programmes. To fulfil this requirement, a PCN must:**	
i.	Work with local system partners – including the NHSEI Regional Public Health Commissioning team and Cancer Alliance – to agree the PCN's contribution to local improvement plans which should build on any existing actions across the PCN's Core Network Practices. This must include at least one specific action to engage with a group with low participation locally, with agreed timescales:	C the Signs will be reporting on breast, bowel and cervical cancer performance at a practice, PCN, CCG and National level from September 2021.
ii.	Support the restoration of the NHS Cervical Screening Programme by	C the Signs is launching a Screening Dashboard in Jan 2022, which will

	identifying opportunities across a network to provide sufficient cervical screening sample-taking capacity**.**	support the breast, bowel, and cervical screening programme, identifying all non-responders at a practice level and automating personalised reminder text, email and letters for recall.
3.	**Establish a community of practice between practice-level clinical staff to support delivery of the requirements of the Network Contract DES Specification. To fulfil this requirement, a PCN must:**	
i.	Conduct peer to peer learning events that look at data and trends in diagnosis across the PCN, including cases where patients presented repeatedly before referral and late diagnoses;	Practices and PCNs can view their **real-time** cancer activity data in the following domains: - Number of patients risk assessed - Number of patients referred under a 2-week-wait - Number of patients referred for cancer tests - Number of New Cancers Diagnosed - Number of Cancer Care Reviews Completed (3month and 12 month) - % of patient information leaflets given - % of patients safety-netted The Practice Dashboard also hosts the Public Health England Fingertips data on referral, conversion, detection and emergency presentation rates, at a practice, PCN, CCG and National level for practices to compare and review their performance. C the Signs supports reflections, quality improvement and action log on the Practice Dashboard.
ii.	Engage with local system partners, including Patient Participation Groups, secondary care, the relevant Cancer Alliance, and Public Health Commissioning teams;	C the Signs works across GP practices, community organisations, CCGs, secondary care, STP and Cancer Alliances. On deployment, C the Signs brings these organisations together, to ensure cancer services are mapped and align communication with primary care and secondary care.

		This enables seamless delivery of C the Signs and ensures the tool reflects local access and availability. C the Signs provides regular reports to a Steering Group made up with representatives from these organisations to feedback how cancer services are being used. And, on direction from these organisations will continue to update referral forms, pathways, notices with respect to cancer services in their area.
iii.	Identify successful improvement activity undertaken by constituent practices in support of the 20/21 Quality Outcomes Framework requirements on early cancer diagnosis. Ensure that successful practice is implemented and developed across the PCN.	C the Signs facilitates real-time accessibility for practices and PCNs. This enables all healthcare professionals across a PCN to view cancer performance and activity to ensure rapid adoption of good practice, and support for those practices who are struggling or lagging. C the Signs also provides Public Health England Fingertips Data to practices for detection, conversion, referral and emergency presentation rates at a practice and PCN level, viewable by all practices within the PCN. This supports the PCN to establish a baseline, but also to establish which are high performing practices, those that need more support and where to focus efforts on e.g. reducing emergency presentation rates.

Cost Effectiveness of C the Signs

QOF

The value of a QOF point in 2021/22 will be £201.16 and the national average practice population figure will be 9,085. The Cancer QOF and QI module requirements for 2021/22 are 50 points in total.

	Number of QOF points/ funding 2021/22	Income for average practice size with 9,085 patients
Cancer QOF	13	£2,615.08
Cancer QI Module	37	£7,442.92
Total income for practice	-	£10,058.00

BMA Guidance: Quality Outcomes Framework changes for 2021/22

PCN DES

Core Funding for the PCN DES is £1.50 per patient per year. In addition to this, each practice receives a Network participation payment of £1.76 per patient per year.

PCN Size	Income from core funding (1.50pp)	Income from participation (1.76pp)
30,000	£45,000	£52,800
50,000	£75,000	£88,000
80,000	£120,000	£140,800

BMA Guidance: Primary Care Network Funding.