Cancer Early Diagnosis in Primary Care Specification

Consultation response from the Chartered Society of Physiotherapy 15/01/20

NHS England has consulted on 5 new service specifications which contain important changes to how primary and community services will be expected to deliver from April 2020, and implications for physiotherapy.

This is how the CSP replied to questions on the *Cancer Early Diagnosis in Primary Care* specification.

1. Is there anything else that we should consider for inclusion as a requirement in this service? For example, are there approaches that have delivered benefits in your area that you think we should consider for inclusion?

1.1 The Cancer Early Diagnosis specification is relevant to physiotherapist working in Primary Care, including in First Contact Physiotherapy (FCP) roles, whether employed by the PCN, an MSK service provider or by another arrangement

1.2 It will be essential that physiotherapists are included in all processes that improve referral pathways and systems, including safety netting on presentation of non-specific symptoms aimed at identifying cancer at early stages.

1.3 Advanced Practice Physiotherapists, including FCPs, undertake screening for red flags that could be indicators for cancer or masquerade as symptoms of MSK conditions. This is included as a requirement for FCP implementation[1]

1.4 Physiotherapists will need to be included as part of the Community of Practice that receive training from specialists, from significant learning events and given peer to peer support

2. Are there any aspects of the service requirement that are confusing or could be better clarifies?

2.1 Explicit identification of the expanding Primary Care clinical team (and FCPs as part of this) as potential identifiers and referrers of patients with suspected cancer would support safe delivery.

3. What other practical implementation support could CCGs and Integrated Care Systems provide to help support delivery of the service requirements?

3.1 Provide access to appropriate training for FCPs with the Primary Care team on early identification of cancer.

4.   To what extent do you think that the proposed approach to phasing service requirements is manageable in your area?

Nothing to add here

5.   Do you have any examples of good practice that you can share with other sites to assist with delivering the suggested service requirements?

Nothing to add here

6.   Referring to the 'proposed metrics' section of each of the services described in this document, which measures do you feel are the most important in monitoring the delivery of the specification?

6.1   Information on General Practice IT systems needs to be available to all other in the PCN with national standardised datasets, accessible for local and national analysis and audit along with existing national standardised GP datasets. This includes First Contact Physiotherapists.

6.2   The partnership working between PCNs and community services highlights the importance of multi-professional access to systems and the development, improvement and procurement of any new primary care electronic systems, across all of the service specifications.

6.3   In the future the potential for use of AI for early cancer diagnosis is significant and likely to become more relevant.

References:

1.   Health Education England. Musculoskeletal First Contact Practitioner Services: implementation guide. London: Health Education England; 2020.

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For further information on anything contained in this response or any aspect of the CSP's work, please contact: Rachel Newton, Head of Policy, newtonr@csp.org.uk