

SCHEDULE 2 – THE SERVICES

Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the Contract Technical Guidance.

Service Specification No.	
Service	Local Pharmacy Early Identification of Symptomatic Lung Cancer Patients
Commissioner Lead	Mark Hannigan – David Parker
Provider Lead	Pharmacy/Pharmacist Name (Herein known as the Provider)
Period	01 July 2021 – 31 August 2021
Date of Review	06 September 2021

1. Population Needs
<p>1. National Context</p> <p>1.1. The Case for Lung Cancer</p> <p>The anticipated impact of this change (as detailed above) would be to try to reduce the numbers of late, emergency presentations for patients with lung cancer in Sussex – targeting outlier areas for lung cancer such as Hastings and Crawley in the first instance.</p> <p>Hastings is the most deprived area across Surrey and Sussex and is in the top 10% nationally and we know that people from more deprived areas are not only more likely to get cancer, they're more likely to be diagnosed at a late stage for certain cancer types (including lung) and have trouble accessing cancer services and are also more likely to die from the disease. Crawley is one of the most deprived areas of Sussex and has a high prevalence of adult smokers. Crawley also has a high cancer incidence associated with smoking and recorded late stage presentations of Lung Cancer.</p> <p>Over the last 10 months as a result of COVID impacting on normal services and confounding lung cancer symptoms, Sussex ICS has seen a drop in 2 Week Wait referral numbers compared to previous years which we suspect is leading to later presentation and increased presentation at A&E.</p> <p>From data for the period March to August 2019 to 2020 it would appear that there are 74 fewer lung 2WW referrals from SaSH facing Sussex practices, down from 318 to 244 and 106 fewer lung 2WW referrals in East Sussex, down from 298 to 192 for ESHT facing practices. We also know that 43% of the year to date lung cancer diagnoses at SaSH come via A&E an increase of 22% since 2018 and over 20% from the ESHT A&E where over 50% of those are diagnosed at Stage 4.</p> <p>During COVID, this has been exacerbated as the public remain cautious about adding pressure to the NHS which may explain the increase in presentations via A&E.</p> <p>1.2 Project Activity</p> <p>The project will directly address the problem of delayed lung cancer with three activity streams:</p>

1. PCN and Practice Activity

- PCNs will be supported by the ICS digital team and cancer clinical lead to run clinical searches to identify patients with a high risk of lung cancer and will use a care-coordinator to contact the patients to discuss symptoms. Depending on outcome of this, an onward referral to chest x-ray would be made or safety netting put in place.

2. Communications and Engagement

- The South East Cancer Communications Team are pulling together a campaign to run in January 'Quit for COVID' and nationally PHE are running a lung cancer awareness campaign in which commenced in February 2021.
- Locally, awareness raising activity will take place targeting specific community groups, identified demographics and localities using and adapting 'not ALL cough is COVID' messaging by engaging third sector providers.

3. Alternative Identification and referral routes

- Work with Community Pharmacy to implement an agreed referral route for pharmacists to identify patients who fulfil NG12 criteria, to enable them to make a direct referral for chest x-ray (CXR).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

- A reduction in the numbers of late, emergency presentations for patients with lung cancer in the Crawley area.
- An increase in GP referral activity for Lung Cancer up to and beyond levels seen prior to COVID.
- An increase in the number of patients who stop smoking.
- Prevention of early deaths and patients dying undiagnosed of cancer.

3. Scope

3.1 Aims and objectives of service

3.1.1 Aims

The aim of the Local Pharmacy Early Identification of Symptomatic Lung Cancer Patients Scheme is to enable local awareness raising for example – 'not ALL cough is Covid'. To support pharmacies to identify symptomatic patients who may come into the pharmacy and provide a pathway for those patients which the pharmacist can utilise.

3.1.2 Objectives

The set of objectives listed below will be key to a successful service and through evaluation of the activity over the time period undertaken by the Sussex Cancer Team supported by the West Sussex Cancer Action Group, the following objectives are hoped to be evidenced:

- To demonstrate clinical quality improvement in the identification of symptomatic patients
- Increased attendance at smoking cessation services as a result of pharmacy contact
- To enable improved referral practice from pharmacy to GP
- Enable earlier identification of patients with lung cancer and at an earlier stage
- Demonstrate improved safety netting for patients with high risk of developing lung cancer
- An improvement in the completeness of patient notes
- Support a faster diagnosis of lung cancer with patients being placed on the optimal lung 28 day faster diagnosis pathway
- There is a potential for increasing uptake of Faecal Immunochemical Testing where lung cancer is ruled out but symptoms remain under safety netting.
- Support a reduction in unwarranted regional variation
- Sustain improved levels of patient education and awareness
- Demonstrate improved levels of pharmacy education and awareness of cancer
- Enable improved clinical engagement to influence future commissioning
- Enable the use of the skills there after to ensure pharmacists can promote early cancer signs and have that conversation with patients

3.2.1 Overview of Pharmacy Element

The LPC, ICS and PCN's have worked together to identify pharmacy involvement in those wards or localities, there are 19 pharmacy's within the Crawley area (Fig 1) and 18 in the Hastings area (Fig 2), but not all will need to be engaged in the work. Each provider will be approached with individual service documentation.

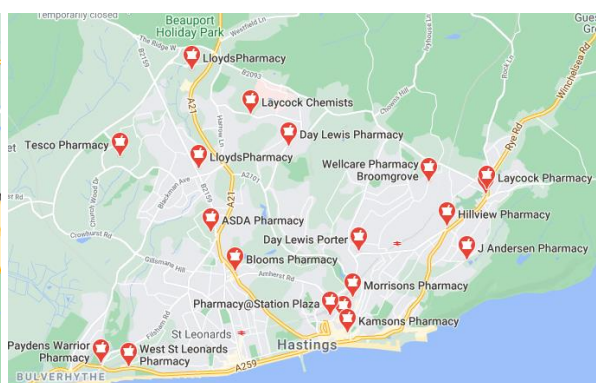
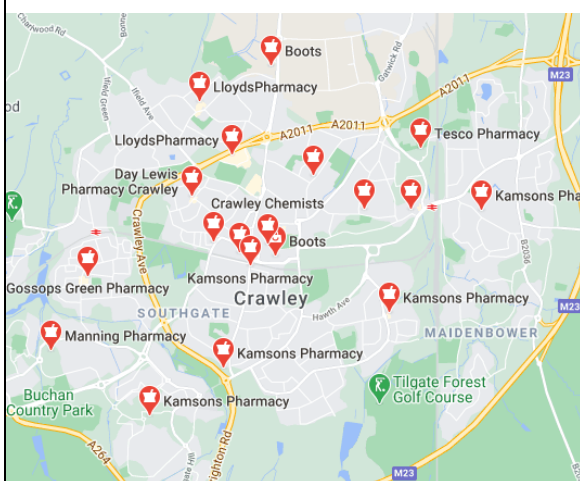


Fig 2.


Fig 1.

The provider will be required to;

- Place supplied posters in the pharmacy where appropriate
- Place **(the at least one patient facing Pharmacist, (a Pharmacist who would assess the patient and make the GP referral or chest x-ray referral), on a learning and education course provided by the ICS Cancer Team on 23rd June 2021 (9.30am start via MS Teams).**
- Commit to identifying patients, based on normal footfall and patterns of behaviour, who are suspected of being symptomatic of lung cancer and offering them a short review.

- Where a patient is reviewed and;
 - Considered symptomatic (See iRefer template below) – Make a direct referral for chest x-ray using the form in Appendix A and conforming to the requirements of the Radiology Department as set out in Appendix B.

CA06 Lung cancer: diagnosis

Modality	Dose	Recommendation [Grade]	Comment
CXR		Indicated [A]	<p>Lung cancer can have a variety of different clinical presentations. Urgent CXR is indicated for:</p> <ul style="list-style-type: none"> • Unexplained haemoptysis in patients aged 40 and over • Persistent or recurrent chest infection • Persistent cough (for >3 weeks) • Chest pain • Dyspnoea • Weight loss • Hoarseness • Clubbing • Supraclavicular or cervical lymphadenopathy • Thrombocytosis.

- Considered to have symptoms of a serious underlying condition **unknown to the GP** but not necessarily lung cancer – a referral should be made to that GP – By email to the practice using the PharmOutcomes link.
- Considered to have health concerns but not necessarily cancer symptoms – given general health advice; e.g. weight loss, smoking cessation etc and, if appropriate, asked to contact the GP.
- Have arrangements in place for staff to be able access support and advice from experienced doctors either via the local GP Practice or the ICS Cancer Clinical lead.
 - Access to advice should be during normal working hours but within a reasonable timeframe based on the clinical judgement of the pharmacist regarding the specific query.
- The providers have an escalation protocol in place to ensure that if there is any doubt over the patient’s symptoms of Lung Cancer and a doctor cannot be reached, the patient should be advised to seek urgent medical advice.
- Use a clinical system such as PharmOutcomes that allows for interoperability with GP clinical systems and which can provide additional specific patient notes to the GP as a result of a review in the pharmacy.
- Ensure that the pharmacy premises meet the requirements of premises and all applicable Health Care establishment regulations for facilities reviewing patients for medication reviews.
- Ensure accurate clinical records of all patient contacts are recorded on a clinical system such as PharmaOutcomes.
- Where individual consultations require a referral to chest x-ray or follow up action is required by a GP, the pharmacist will ensure that these records are transferred by 0800 the next working day by NHS email.
- Where a patient is unregistered or out of area they should be advised to register with a practice or seek advice from their own GP as soon as possible.

3.2.3 Referrals

- The provider will enable the referral of the patient to the local chest x-ray department – using the form in Appendix A and conforming to the requirements of the Radiology Department as set out in Appendix B.
- Where a referral is recommended by the Pharmacist but not made through patient choice the detail of the decision should be agreed with the patient and recorded and **if the patient consents** transferred to the GP.
- The GP practice will advise the referring Pharmacist of the outcomes for patients referred to chest x-ray or directly to the GP where this is possible.
- If negative on chest x-ray the patient is to be reviewed under Safety Netting at 4 weeks by the GP or an EMIS code to be entered as a reminder that this patient fell into the ‘at risk’ cohort’. Methods to be agreed with each participating PCN and Practice.
- Any clinical decision to transfer the care of a patient (referral) must be documented and sent to the patients’ registered GP by 0800 the following morning. Recommending a telephone appointment with GP where appropriate. – By email to the practice using the PharmOutcomes link.
- The provider shall ensure that there is a robust system for the process of the transfer of care or onward referral that satisfies the following conditions:
 - The patient is able to understand and navigate the system without unnecessary delays or further need for advice

3.2.4 GP Contact Form

Required Fields;

1. Patient Name
2. DOB
3. GP Surgery
4. Ethnicity
5. Gender
6. Age
7. Communication difficulties including language competency/other protected characteristics
8. Housebound and frailty status? (**Training to be refreshed in the GP led session**).
9. Number of co-morbidities
10. Smoking status: current or ex-smoker
11. Symptoms/reasons for initial concerns
12. Referred for Chest x-ray – YES/NO
13. Request GP follow up – YES/NO
14. Date assessed
15. Name of Pharmacy
16. Name of Pharmacist

3.2.5 Chest x-ray Referral Form

The form is attached in Appendix A and it conforms to the requirements of the Radiology Department as set out in Appendix B.

4. Safety

4.1 Safeguarding Vulnerable Adults

The provider shall ensure:

- Up to date appropriate policies and procedures on safeguarding children and vulnerable adults are in place. These will adhere to all relevant legislation, Care Act 2014¹, codes of practice, statutory guidance and good practice guidance published by the Department of Health and the local safeguarding boards as appropriate².
- Safeguarding policies are effectively communicated to its employees (including volunteers)
- All staff are up to date with appropriate level of safeguarding vulnerable adults

5. Payment Schedule

5.1 Community Pharmacy Activity

Providers will be paid;

- £250 per patient facing pharmacist trained to be paid upon completion of training which covers;
 - Cancer training delivered by the cancer Clinical Lead and recommended online courses.
 - Remainder of the day in pharmacy preparation, set up time and planning.
- £25 per patient assessed and referred onwards for chest x-ray or to GP which covers; 30 minutes total time including admin and follow up.
Appendix A form used and referral processes above completed.
- £20 per patient assessed which covers;
20 minutes total time recognizing the lesser activity required assessing but not sending on for chest x-ray using the PharmOutcomes link.

5.2 How to Claim Funding

Providers should invoice the CCG for the training cost element after the completion of training using the claim form in Appendix C.

Claims for activity undertaken are to be invoiced at the end of the contract period and to be based upon the agreed rates using fully completed claim forms in Appendix D.

All ICS invoices are managed via East Sussex CCG and the billing address is:

NHS East Sussex CCG

97R Payables M685
Phoenix House
Topcliffe Lane
Wakefield
WF3 1WE

<http://www.sbs.nhs.uk/supplier-submitting-invoices>

¹ <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

² <http://sussexsafeguardingadults.procedures.org.uk/>

Imaging request form

X-Ray (Plain Film)

Surrey and Sussex Healthcare

NHS Trust

Email: sash.xrayexternalreferrals@nhs.net General Enquiries: Phone 01737 768511, select 'Option 4'

All fields marked with * must be completed prior to making the referral for x-ray

Patient name*:	GP name*:
DOB*:	GP Practice address*:
MRN:	GP Practice Email*:
Address*:	GP telephone*:
	NHS <input checked="" type="checkbox"/>
	Patient arrival: Walking <input type="checkbox"/> Bed <input type="checkbox"/> Chair <input type="checkbox"/> Hoist <input type="checkbox"/>
NHS number*:	Priority: CWT (2 weeks) <input checked="" type="checkbox"/>
Patient contact number*:	

Imaging requested: **Suspected cancer?** **X-Ray** **Crawley Lung Pharmacy Project**

For females 12-55 years where exam area includes abdomen/pelvis (Note: Entire body for Nuclear medicine)

Patient is pregnant or may be pregnant*? Yes No

Body region to image Chest	Clinical question and relevant previous medical history: <i>Include surgery, current medication, complex needs, consent issues and known allergies*</i> Query Lung Cancer ...	
Safety Checks* (click box to select) Must be completed for CT and MRI	CT checks* <input type="checkbox"/> Contrast/Iodine Allergy* <input type="checkbox"/> Patient on Metformin* <input type="checkbox"/> Renal Impairment*	MRI Safety Checks* <input type="checkbox"/> Cardiac Pacemaker <input type="checkbox"/> Metallic Heart Valve <input type="checkbox"/> Metallic fragments (orbital) <input type="checkbox"/> Cranial Aneurysm clips <input type="checkbox"/> Claustrophobic <input type="checkbox"/> Metal Implants/Prosthesis <input type="checkbox"/> Gadolinium Allergy <input type="checkbox"/> Asthma Any other exclusions:
	eGFR value:	eGFR date:
Have the risks of radiation exposure been discussed *	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Clinician's details IR(ME)R 2000 Regulations require the referrer to supply sufficient medical data to justify the examination. The referrer must electronically sign this form to affirm this		
Referring site (if not GP)*:		
Referring clinician*:		
GPhC Number*:		
Date*:		
Telephone / Email*:		
Signature(electronic)*:		
Please click the X-ray modality to email (form to be attached separately) : X-ray		

Crawley Only PROTOCOL FOR REFERRAL OF PATIENTS TO DIAGNOSTIC IMAGING FROM PHARMACISTS WORKING IN COMMUNITY PHARMACIES.



MedicalReferrersfor
 DiagnosticImaging_

Aims and Objectives

To allow referrals to the Diagnostic Imaging department within clearly defined parameters by pharmacists working in community pharmacies.

Operation

1. This document refers to pharmacists working in community pharmacies seeing patients aged 18 years and over. X-ray examinations may only be requested by a pharmacist who has received appropriate training, as set out below. This must include the 'Core of Knowledge' relating to the use of ionising radiation, patient assessment, quality assurance and audit.

To be authorised to request x-ray examinations the pharmacists must:

- Be a registered Healthcare Professional with a current GPhC Number.
- Gained the 'Core of Knowledge' certificate, relating to the use of ionising radiation: knowledge and implementation of IR(ME)R 2000.
- Knowledge of the Royal College of Radiologists iRefer to be assessed during training.
- Have successfully completed Cancer training specifically outlining NICE Guidelines for Lung Cancer and referencing iRefer (as below), run by the Sussex ICS GP Cancer Leads.

CA06 Lung cancer: diagnosis			
Modality	Dose	Recommendation [Grade]	Comment
CXR		Indicated [A]	<p>Lung cancer can have a variety of different clinical presentations. Urgent CXR is indicated for:</p> <ul style="list-style-type: none"> Unexplained haemoptysis in patients aged 40 and over Persistent or recurrent chest infection Persistent cough (for >3 weeks) Chest pain Dyspnoea Weight loss Hoarseness Clubbing Supraclavicular or cervical lymphadenopathy Thrombocytosis. <p>Some cancers are not identifiable on CXR and if there is clinical concern, CT should be requested even if the CXR is apparently normal.</p>

- Provided documented evidence of training to the Diagnostic Imaging Department via email with a copy of the IR(ME)R 2000 completion and CCG Training claim form.

- f) Understand the requirements of the paper request form prior to email, the responsibilities for completeness of the form and patient obligations.
2. X-ray examinations for **Chest X-ray**, will be requested by the pharmacists and are to include;
- a) Legible handwriting
 - b) Accurate patient demographics:
 - a. **Checking the patients full name**
 - b. **DOB**
 - c. **Address**
 - d. **Any special requirements or which may assist access**
 - e. **GP Surgery and where possible a named GP.**
 - c) The form will contain the stated reason for the request;
 - a. **Crawley Lung Pharmacy Project**
 - b. Marked **Suspected Cancer** to ensure rapid reporting.
 - c. The clinical question: Starts with **Query Lung Cancer ...**
 - d) Include all relevant clinical information to justify the request which will allow the Practitioner/Operator to include all necessary projections.
 - e) All mandatory fields marked with * completed.
3. Pharmacists are responsible for documenting in the notes (which may be requested for audit purposes);
- a) Clinical examination findings
 - b) Rationale for the X-ray(s)
4. Requests should only be generated on clinical findings not on patients want for an X-ray;
- a) Reassurance is not justification for an X-ray.
 - b) Care should be taken to not 'over request'.
 - c) Make use of the RCR iRefer, colleagues and GP's; if in doubt it is acceptable to ask a GP for their opinion.
 - d) Practitioners/Operators **must refuse** to perform an x-ray examination if they believe it is unnecessary;
 - a) If irradiation of the patient is unnecessary
 - b) If no benefit or alteration to patient management will result.
 - e) Practitioners may suggest a more appropriate investigation/projection or suggest discussion with a GP for their opinion before proceeding.
 - f) Practitioners/Operators will take standard projections of the area requested and additional projections if they believe them to be necessary and appropriate.
5. Radiographs may be requested for:
- a) Patients who present with a clear set of symptoms in line with NICE Cancer Guidelines (NG12) for lung cancer.
 - b) N.B. Radiographs **MAY NOT** be requested on anyone under the age of 18.
6. Queries relating to these requests;
- a) Will initially be addressed to the pharmacist submitting the request.
 - b) The pharmacists will have responsibility for establishing the pregnancy status of female patients between the age of 18 and 50 years. If there is doubt as to

whether the patient may be pregnant, then a pregnancy test should be carried out prior to referral and if no referral can be made inform the GP.
If a test is taken and is positive the case needs to be referred to the GP who may decide in the light of the medical condition if the examination can proceed in liaison with a Radiologist or Practitioner.

7. The pharmacists will liaise with the relevant GP, and keep him/her informed as to any referral made.

8. All examinations will be formally reported to the **named GP or GP Practice** by SASH or independently contracted and approved Radiologists / Reporting Radiographers subsequently in the normal manner, as appropriate to the category of referral.

9. The referral process will be subject to audit by the Diagnostic Imaging Directorate.

Explicit statement

NOTE:

Under the Ionising Radiation (Medical Exposures) Regulations 2000 (IR(ME)R 2000)

- Pharmacist will act as **REFERRER**
- The IRMER **PRACTITIONER** is the Radiologist/Radiographer who justifies the exposure
- The Radiographer / Assistant Practitioner who performs the X-ray acts as IRMER **OPERATOR**
- The above is reflected in the Trust's IR(ME)R 2000 procedures.

References

- College of Radiographers 'Leaflet' – 'X-ray Examination Requests by Emergency Practitioners and Radiographic Reporting by Radiographers'.
- IRMER – 'Code of Professional Conduct'
- Cancer in the Community; <https://www.e-lfh.org.uk/cancer-in-the-community/>
- Pharmacy x-ray schemes:
<https://pharmaceutical-journal.com/article/news/pharmacists-to-refer-patients-for-chest-x-rays-in-research-pilot>
https://www.cancerresearchuk.org/sites/default/files/doncaster_pharmacy_to_cxr_project_summary.pdf
Interview with Nick Hunter, chief executive of Doncaster Local Pharmaceutical Committee on pharmacy training and project challenges: <http://bit.ly/2hCjjRA>
Interview with radiographers Alison Hunter-Wyatt and Rachel Probyn on the role expansion of community pharmacists: <http://bit.ly/2hwHxlg>
- X-Ray and Radiation Guidance and Training; <https://www.northdevonhealth.nhs.uk/wp-content/uploads/2018/01/A-Guide-to-IRmeR-for-referrers-Dec18.pdf>
- <https://www.e-lfh.org.uk/programmes/ionising-radiation-medical-exposure-regulations/>
- <https://www.bir.org.uk/media-centre/position-statements-and-responses/guidance-for-non-medical-referrers-to-radiology.aspx>

Appendix C – Pharmacist training claim form

Pharmacy Name: _____ Participating Pharmacist Name: _____ Participating Pharmacist Signature: _____

Date of training session attended	Comments and Feedback

Claim Submitted by: Name _____ Position: _____ Signature: _____ Date: _____

Pharmacy Address: _____

Claims are to be submitted by email to mark.hannigan@nhs.net and david.parker9@nhs.net no later than one month after the end of the contract to ensure processing and payment.

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Appendix D – Activity Claim Form

Pharmacy Name: _____ Participating Pharmacist Name: _____ Participating Pharmacist Signature: _____

Patient Surgery Name	Age	Ethnicity	Protected Characteristics	Presenting Symptoms	Select one outcome and provide a short reason			Date
					Given Advice	Referred to GP	Referred for X-Ray	

Claim Submitted by: Name _____ Position: _____ Signature: _____ Date: _____

Pharmacy Address: _____

Claims are to be submitted by email to mark.hannigan@nhs.net and david.parker9@nhs.net no later than one month after the end of the contract to ensure processing and payment.

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Appendix E - NHS Data Model and Dictionary

https://datadictionary.nhs.uk/data_elements/pds_ethnic_category_code.html

A	British, Mixed British
B	Irish
C	Any other White background
C2	Northern Irish
C3	Other white, white unspecified
CA	English
CB	Scottish
CC	Welsh
CD	Cornish
CE	Cypriot (part not stated)
CF	Greek
CG	Greek Cypriot
CH	Turkish
CJ	Turkish Cypriot
CK	Italian
CL	Irish Traveller
CM	Traveller
CN	Gypsy/Romany
CP	Polish
CQ	All republics which made up the former USSR
CR	Kosovan
CS	Albanian
CT	Bosnian
CU	Croatian
CV	Serbian
CW	Other republics which made up the former Yugoslavia
CX	Mixed white
CY	Other white European, European unspecified, European mixed
D	White and Black Caribbean

E	White and Black African
F	White and Asian
G	Any other mixed background
GA	Black and Asian
GB	Black and Chinese
GC	Black and White
GD	Chinese and White
GE	Asian and Chinese
GF	Other Mixed, Mixed Unspecified
H	Indian or British Indian
J	Pakistani or British Pakistani
K	Bangladeshi or British Bangladeshi
L	Any other Asian background
LA	Mixed Asian
LB	Punjabi
LC	Kashmiri
LD	East African Asian
LE	Sri Lanka
LF	Tamil
LG	Sinhalese
LH	British Asian
LJ	Caribbean Asian
LK	Other Asian, Asian unspecified
M	Caribbean
N	African
P	Any other Black background
PA	Somali
PB	Mixed Black
PC	Nigerian
PD	Black British
PE	Other Black, Black unspecified
R	Chinese

S	Any other ethnic group
SA	Vietnamese
SB	Japanese
SC	Filipino
SD	Malaysian
SE	Any Other Group
Z	Not stat