NHS Somerset
Clinical Commissioning Group

Report to the Commissioning Committee for Primary Care Commissioning on 29 September 2021

Title: Primary Care Update Report	**Enclosure G**

Version Number / Status:	1.0
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Summary and Purpose of Paper

The purpose of the report is to provide the Somerset Primary Care Commissioning Committee with an update on Primary Care in Somerset.

Recommendations and next steps

The Somerset Primary Care Commissioning Committee is asked to note the updates provided.

Further updates will continue to be provided on a quarterly basis.

Impact Assessments – key issues identified				
Equality	Not Applicable			
Quality	There is no direct impact on the quality of service delivery as a result of this report. The report provides updates on programmes which will influence the quality of primary care services in Somerset.			
Privacy	Not Applicable.			
Engagement	The outcome of any engagement activities will be reported in the respective item.			
Financial / Resource	Items will contain updates on the financial and resource position, if applicable.			
Governance or Legal	Not Applicable			
Risk Description	Not Applicable as a direct result of this report.			
Risk Rating	Consequence	Likelihood	RAG Rating	GBAF Ref

PRIMARY CARE UPDATE

SOMERSET PRIMARY CARE COMMISSIONING COMMITTEE

29 September 2021

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ITEM 1: Current Contracts

GMS	PMS	APMS	Total
47	17	0	64

***Victoria Park Medical Centre's contract terminated on 11 August 2021.**

1.1 **Practices with only one GP holding the contract**

Practice	Code	CCG	Contract Type	Provider
West Coker Surgery	Y01163	Somerset	GMS	
Lister House Surgery	L85038	Somerset	GMS	Somerset Foundation Trust
Creech Medical Centre	L85609	Somerset	GMS	Somerset Foundation Trust
Tawstock Medical Centre*	L85619	Somerset	PMS	
Exmoor Medical Centre	L85003	Somerset	GMS	Symphony Healthcare Services Ltd
Warwick House Surgery	L85052	Somerset	GMS	Somerset Foundation Trust
North Petherton Surgery	L85056	Somerset	GMS	Somerset Foundation Trust

*only one named GP on contract – practices notified that a further doctor is joining.
** Victoria Park Medical Centre has been removed from the above list due to contract termination on 11 August 2021

1.2 Following discussions during the integration process of Creech Medical Centre, Lister House, North Petherton and Warwick House into Symphony Healthcare Services on October 1, it has been agreed that there will be two General Practitioners on their GMS contracts, automatically removing them from this single contract holder list once integrated.

ITEM 2: Mergers and Integrations

2.1 The following mergers and integrations have been approved with effect from various dates from 2019 onwards:

Practices merging from 2019 onwards
Bruton Surgery integrated with Symphony Healthcare Services Ltd 1 February 2019
Harley House Surgery and Irnham Lodge Surgery (Minehead) merged 1 April 2019
Creech Medical Centre integrated with Taunton and Somerset NHS Foundation Trust on 1 April 2019

North Petherton Surgery integrated with Somerset Partnership NHS Foundation Trust on 1 October 2019
Exmoor Medical Centre integrated with Symphony Healthcare Services Ltd on 1 April 2020
Ryalls Park Medical Centre Integration into SHS Ltd took place on 01 April 2021

SHS/SFT Collaborative approach to Primary Care

2.2 The expected date for the integration of the four SFT practices into SHS is now 1 October 2021. This is one month later than originally planned and was agreed between all parties during a meeting on 17 August 2021.

2.3 Unfortunately integration has been deferred as it was not possible to complete all the CQC requirements within the September timeline. CQC did confirm all due diligence and re-registration would be in place well before 1 October 2021.

2.4 As a priority, the patients and staff at all four locations have been informed of the new integration date.

2.5 This will have no effect on patient access to primary medical services.

ITEM 3: Contract Expiries and Procurements

Contract Expiries

3.1 There are currently none in Somerset.

Contract Terminations

3.2 There are currently none in Somerset.

Contract Procurement

3.3 There are currently none in Somerset

ITEM 4: Temporary Practice Closures

Temporary Practice Closures

4.1 The table below details the number of applications received since the July 2021:

Practice	Date of proposed closure	Reason	Status
Ryalls Park Medical Centre	28/07/2021 13:00-16:00 08/09/2021 13:00-16:00 13/10/2021 13:00-16:00 10/11/2021 13:00-16:00	Staff Training	Approved
Highbridge Medical Centre	17/08/2021 13.00-18.30 21/09/2021 13.00-18.30 19/10/2021 13.00-18.30 16/11/2021 13.00-18.30 21/12/2021 13.00-18.30 18/01/2021 13.00-18.30 15/02/2021 13.00-18.30	Staff Training	Approved

Meadows Surgery	26/08/2021 13:00-16:00 23/09/2021 13:00-16:00 28/10/2021 13:00-16:00 25/11/2021 13:00-16:00 16/12/2021 13:00-16:00 22/07/2021 13:00-16:00	Staff Training	Approved
Wincanton Health Centre	22/07/2021 13:00-16:00	Staff Training	Approved
St James Medical Centre	26/08/2021 13.00-16.00 28/09/2021 13.00-16.00 27/10/2021 13.00-16.00 25/11/2021 13.00-16.00 17/12/2021 13.00-16.00	Staff Training	Approved
Vine Surgery Partnership	20/08/2021 13.00-15.00 17/09/2021 13.00-15.00 15/10/2021 13.00-15.00 19/10/2021 13.00-15.00 17/12/2021 13.00-15.00	Staff Training	Approved
Creech Medical Centre	23/09/2021 13.00-18.30 11/11/2021 13.00-18.30 20/01/2022 13.00-18.30 24/03/2022 13.00-18.30 26/05/2022 13.00-18.30	Staff Training	Approved
Polden Medical Practice	15/09/2021 14.00-17.00	Staff Training	Approved
Oaklands Surgery and Yeovil Health Centre	30/09/2021 14.30-18.30 20/10/2021 10.00-14.00 23/11/2021 14.30-18.30 14/01/2022 10.00-14.00 16/02/2022 14.30-18.30 11/03/2022 10.00-14.00 14/04/2022 14.30-18.30	Staff Training	Approved

ITEM 5: Practice Boundary Changes

5.1 As previously detailed to the Primary Care Commissioning Committee, it has come to the attention of the CCG that Brent Area Medical Centre have, for a significant amount of time, been operating to a practice boundary which differs from the contractual boundary as defined in their GMS contract. This was initially uncovered by NHSE in 2018, prior to Somerset CCG delegation, and it is now understood that the practice have been using the same boundary since they opened in 1992.

5.2 No contractual action has been taken by the CCG due to the longstanding historical arrangement – in 2018 NHSEI received an application to amend the boundary but a decision was deferred and subsequently no action was taken. The CCG have been proactively working with the practice to resolve the matter.

5.3 Brent Area Medical Practice have now submitted a formal boundary change application which was presented to the Primary Care Operational Group in July 2021. The recommendation was to accept the boundary change, on the grounds that reducing the boundary would allow the practice to continue providing good quality, effective care focused on the local needs in an area of Somerset with considerably deprivation and high levels of social need. It was also noted that approving the boundary change would support the sustainability of a small, single handed GP practice serving a rural section of the Somerset community.

5.4 The application included evidence of engagement with Highbridge and Cheddar Medical Centres, however it did not include evidence of engagement with Axbridge or Burnham and Berrow Medical Centres, which are the other two practices who overlap Burnham's boundary. Given ongoing concerns regarding sustainability at Burnham and Berrow Medical Centre, this was noted as a concern.

5.5 The Primary Care Operational Group agreed to defer a decision based on a need for further information. The practice has been asked to submit evidence that they have engaged with Burnham and Berrow Medical Centre and Axbridge Medical Centre, and that the change will not create additional pressure on the practices. They have also been asked to provide any further evidence that the boundary detailed in their contract should be as defined on their practice website.

5.6 Following submission of the additional information detailed above, the application will be resubmitted to the Primary Care Operational Group for approval before being submitted to the Primary Care Commissioning Committee at a future date.

ITEM 6: Branch Surgery Closures and Changes

6.1 There have been no formal applications received for a closure or a change.

ITEM 7: Contract Breach and Remedial Notices

7.1 No New contract breaches or remedial notices have been issued.

ITEM 8: Contract Appeals

8.1 No new contractual appeals have been received.

ITEM 9: Sub-Contracting/Practices Working at Scale

9.1 No new sub-contracting arrangements since the last report.

ITEM 10: Premises

Rent Reviews

10.1 There are currently a number of on-going rent and lease reviews; recent rent reviews include the below:

Practice	**Current status**
Somerset Bridge Medical Centre (with NHS E)	On-going
Taunton Road Medical Centre	On-going
Luson Surgery	On-going
Exmoor Medical Centre	On-going
Tawstock Medical Centre	On-going

Crewkerne Health Centre	On-going
Ryalls Park Medical Centre	On-going
Essex House Medical Centre	On-going
Preston Grove Medical Centre	In Dispute
Penn Hill Surgery	On-going
Park Medical Practice	On-going

ITEM 11: Practice Updates

Burnham and Berrow

11.1 Burnham and Berrow Medical Centre has been experiencing an increased demand for services compared to this time last year which comes at a particularly challenging time for the practice. They are facing a shortage of clinical and reception staff due to non-Covid related staff sickness and pre-booked annual leave.

11.2 Patients can continue to access the practice in the usual way but due to the high volumes of phone calls, it is recognised that patients have been experiencing difficulty accessing the practice and it has taken longer for calls to be answered. The practice is in the process of installing a new telephone system which should improve patient experience. The practice has had a 27% increase in patient contacts from July 2020 to July 2021. This is in addition to the increasing volumes of administration that comes as a result of the pandemic and the need to support the NHS as a whole around waiting times and both urgent and routine access.

11.3 We are working closely with the practice to help resolve these issues as quickly as possible, working alongside our wider health and care partners. Burnham and Berrow Medical Centre are needing to limit the number of appointments available for non-urgent care to enable them to safely manage urgent patient requests.

11.4 The CCG has also approved a temporary list closure which allows the practice to consider and decline on a case by case basis new patient registration requests where there are reasonable non-discriminatory grounds to do so with effect from Tuesday 31st August 2021. This action allows the practice to focus resources on providing a safe service for its current patients and make progress against an agreed action plan.

Victoria Park Medical Centre

11.5 The CCG maintains constant surveillance of quality and resilience of all our GP providers. We intervene where necessary to ensure that patients receive safe and effective care. The CCG has been involved over the last 12 months in supporting Victoria Park Medical Centre in Bridgwater. We supported the practice to seek a viable long-term future. This would have involved Victoria Park Medical Centre joining up with another local practice.

11.6 Sadly, due to a number of key clinical and administrative staff leaving, it was not possible to implement the planned solution. The CCG considered all other possible solutions but none were found. In order to protect patient safety, the decision was taken to move the patients to other practices and close Victoria Park Medical Centre.

11.7 The practice closed on 11th August. Patients received letters informing them of the new practices which they had been allocated to. This meant that the medical records of patients transferred

automatically without patients needing to re-register at a new practice. Patients can continue to have their prescriptions dispensed at Victoria Park community pharmacy which remains open.

11.8 The CCG will engage with patients and stakeholders over the coming months to inform the future pattern of service provision to improve the health and wellbeing of the people of Bridgwater. The first in a series of engagement event takes place on 11 October at Victoria Park Community Centre.

ITEM 12: GP Patient Survey Analysis 2021

Purpose

12.1 As a CCG we expect all of our primary care providers to put patient experience first as part of their wider mission of delivering high quality and effective care to the population of Somerset. One of the ways of measuring performance is through the national patient survey which serves as a guide to further understand the position of the primary care providers in Somerset and how they are performing against the national benchmarks in areas relating to experience and access to services.

12.2 At the September 2020 Primary Care Commissioning Committee we shared the 2020 GP patient survey results with the group and outlined the next steps in supporting those practices falling under the national average to improve their level of patient experience. Due to Covid-19 capacity pressures this work stream was placed on hold pending the results of the 2021 survey to allow for a larger dataset in understanding the latest position. The 2021 GP patient survey results have recently been published and work has begun.

12.3 We are currently undertaking an analysis of the dataset available to us as we know that the satisfaction of general practice overall, nationally, has decreased year on year. Somerset however remains above the national benchmark. A full copy of the Somerset GP Patient Survey results can be found here: https://www.gp-patient.co.uk/downloads/slidepacks/2021/11X%20-%20NHS%20SOMERSET%20CCG.pptm

12.4 In Somerset, 18,176 questionnaires were sent out, and 8,802 were returned completed. This represents a response rate of 48%.

12.5 There are two parts to the analysis of these results, both intrinsically linked – these are overall patient experience and more specifically, patient access. The patient access element will take slightly longer to report on (more on this below), however in the meantime we have carried out analysis on overall patient experience whilst we await a more detailed report on patient access to identify trends and links between the two sets of data, particularly at practice level.

Indicators used for overall experience analysis

1) Generally, how easy is it to get through to someone at your GP practice on the phone?
2) How helpful do you find the receptionists at your GP practice?
3) How easy is it to use your GP practice's website to look for information or access services?
4) Overall, how would you describe your experience of making an appointment?
5) Last time you had a general practice appointment, how good was the healthcare professional at giving you enough time?
6) Overall, how would you describe your experience of your GP practice?

Initial result and key themes

12.6 When analysing each individual practice indicator;

- There are 17 (18 last year) practices who fall below the national average on 3 or more of the above indicators.
- There are 15 (22 last year) practices who fall below the national average on either 1 or 2 of the above indicators.
- There are 33 (25 last year) practices who score higher than the national average on all 6 of the above indicators.

12.7 Our initial analysis also allows for a comparison of patient survey results over the past three years, enabling us to draw upon trends and examine how a practice has performed year on year. It is positive to see that 50/65 practices still remain above the national average when averaging the total score for each practice. Largely, of the practices who were poorly performing last year a large proportion of these have improved their individual question score on 2020.

12.8 Although there are a number of practices who have declined on multiple questions, the helpfulness of the receptionist seems to be the biggest decline despite having consistently high scorers when comparing previous years. It is also very important to note that just because a practice has scored lower in 2021 than 2020 it may only be by 1 or 2% and therefore does not take them below the CCG or national average. Somerset practices have performed above the national average on a number of key areas including experience, telephone access and helpfulness of receptionist to name a few. It is also positive to see improvement in some areas compared to last year as well as the number of declining scores being less than 2020.

12.9 In addition, there are also a considerable number of practices who have dramatically improved their scores on 2020 which means overall, we have a larger number of higher performing practices meeting national averages. The highest scoring question where all practices had at least 90% was 'clinician giving enough time' – this is great to see and shows patients feel valued.

12.10 Somerset's overall score on patient experience described as good has increased by 2% on 2020 to 85%, putting the county above the national average which is currently sat at 83%.

12.11 Unfortunately the patient survey data does not include a question to understand the impact Covid-19 has had on obtaining a GP appointment this past year, it only highlights those have consciously decided not to make an appointment. On average, 39% of people who completed the survey stated they had chosen not to arrange a GP appointment due to Covid-19, the reasoning for this varies from not wanting to burden the NHS right through to being worried about catching Covid-19.

Access to Primary Care

12.12 Given the increased focus on access for patients, further analysis relating to a wider set of questions relating to access will be undertaken to compare and identify trends against these initial findings.

12.13 In order to further support practices and PCNs who are struggling in areas relating to access and patient experience, a national programme has been set up called the Access Improvement Programme. This is a programme delivered by Time For Care and NHSE&I which is fully funded development scheme which can address a range of challenges that a practice or PCN is facing.

12.14 The programme has the following three aims
- Reducing waiting times
- Increase staff morale and resilience – contributing to retention
- Improving patient satisfaction

12.15 Measuring (for instance)
- Increase appropriate appointments/reduce inappropriate appointments
- Time released
- QI capability and confidence

12.16 Somerset CCG intents to utilise the offer available to us through Time For Care in order to support practices with challenges and underperforming against the national benchmark, starting with practices with the highest number of indicators below average.

12.17 Our further access related analysis will be used in conjunction to the patient experience analysis to ensure a joined up and rounded approach. This will combine into a collaborative piece of work to better support practices underperforming in areas relating to patient experience and access and we will work together with the CCG internal QI team and the external team from Time for Care to ensure we are fully utilising the support available to us.

Current action being undertaken

- The Access Improvement Programme team are currently working with practices in Somerset to address areas for improvement such as appointment booking and access.
- A detailed analysis has been undertaken of several key indicators relating to patient experience to understand performance in Somerset. This is not yet conclusive and is subject to further contributing intelligence.
- Analysis is underway to further understand access to primary care in Somerset and its wider relationship with overall patient experience

Next Steps

1) Identify which practices are performing well against both the national and local average and firstly congratulate them alongside engaging with them to understand their success factors with a view to sharing learning across Somerset to better support under those practices facing challenges.
2) Identify which practices are underperforming against the national average on the patient survey against the key indicators identified for benchmarking.
3) We will use the information from the survey to support and inform our discussions with practices and primary care providers identified as underperforming. This will be done with a view to agreeing a specific action plan on how practices can improve their overall patient survey performance. These conversations will take place in collaboration with relevant colleagues across the system and will be designed to support and identify challenges. It is likely that the specific practice action plan will include the support of AIP and the internal quality team.
4) We intend to include the analysis from the surveys as part of the wider assurance framework discussions.
5) Engage with CCG locality leads to discuss the analysis results as appropriate.
6) Share the analysis with the urgent care team to inform their agenda.
7) Communicate to all practices in Somerset the CCG's expectations on patient access and experience.
8) Commence work in supporting undeforming practices as soon as possible to allow providers the opportunity to improve their performance over the next 2 years. It is expected that the workstream will last between 6-12 months. Until conversations are undertaken with practices it is not possible to know what the resulting actions/timescales will be. For example, if the AIP programme is utilised as a support mechanism the improvement programme can be anything from 6 weeks to a few months depending on what support is required.

How are we going to use the information contained within the patient survey?

12.18 The results from the patient survey will be benchmarked against the national/CCG average in 13 key areas relating to experience and access with a scale provided with the worst performing practices first (Those who have underperformed on all indicators down to those best over performing across all indicators).

12.19 The analysis is on track to be completed by the end of September 2021 so by October 2021 we should be in a position to commence next steps as outlined above.

ITEM 13: Pulse Oximetry

13.1 Pulse Oximetry continues to be a vital service in supporting patients with Covid. The service involves high risk patients who are covid positive being monitored at home through the use of a pulse oximeter, which shows their oxygen saturation levels. By doing this, patients can be supported to understand and spot early signs of deterioration, enabling them to seek help more quickly. Somerset is currently reviewing the model in place with a view to developing a centralised service across the county.

13.2 All Practices in Somerset have confirmed they provide the service for their patients. The level of uptake across Somerset is currently unclear and is being considered as part of the review.

ITEM 14: CQRS (Calculating Quality Reporting Service) Local Implementation

14.1 The Primary Care Update Report provided an overview of the CQRS Local system back in March 2021, noting the roll out had been paused due to the pressures of the pandemic. The national team have since had sign off to restart roll out to early adopters with a view to utilising the system from Q2 onwards.

14.2 As a reminder, CQRS Local is a flexible, web based, payment claim system to support colleagues in primary care, PCNs, CCGs and NHS England to streamline the management and payment processes associated with local services. It has been developed by the CSU Collaborative (a collaboration of all five CSUs working together).

14.3 Whilst this is a rapid roll out, the benefits identified previously still apply, and the support given by the CSU Collaborative during the transition will be invaluable. Being an early adopter provides us and practices with greater support from the CSU Collaborative and assistance with uploading our services. We will also be able to feedback any areas identified for improvement which allow for us to shape the system to fit our requirements.

14.4 Whilst the roll out was paused, the CSU Collaborative continued to meet with CCGs to gain an understanding of improvements that could be made to the system. Changes have since been incorporated however due to ongoing issues; the system will not be linked with PCSE (Primary Care Support England) Online initially.

14.5 Given the ‘go live’ date for practices is in October, throughout September the Primary Care Contracting Team will be working to an implementation plan to ensure the relevant communication, training and accounts are created. Whilst this is a significant output for the Contracting Team initially, the impact on practices will be minimal and will ensure that going forward, the activity returns process is simplified for both the CCG and practices.

14.6 We understand that the current pressures seen in Primary Care are significant and as such, we have offered practices the option to opt out of utilising the system for Q2. It is however planned that all practices will be using the system for Q3 onwards. Those using the system for Q2 will receive the relevant training towards the end of September. Training is anticipated to last for 30 minutes to an hour.

14.7 It is our intention that for Q3 activity all practices will be utilising the system. Once the uptake for Q2 is known, an additional implementation plan for Q3 may be created.

ITEM 15: eDec (General Practice Annual Electronic Self-Declaration)

15.1 The eDec (General Practice Annual Electronic Self-Declaration) results are now available and the Primary Care Contracting Team have reviewed the results and queried practices where further clarity is required. After an initial review, the questions chosen for further clarity were based around patient access or patient and staff safety. The questions were:

- Opening times
- The practice can evidence and make available the needs analysis and risk assessment it has used for deciding sufficient staff levels. Recognising the need to have the right knowledge, experience, qualifications and skills for the purpose of providing services in the practice and demonstrating capacity to respond to unexpected service changes.
- Has the practice identified someone external to the practice staff can raise concerns with in confidence (e.g. freedom to speak up guardian, local whistleblowing lead)?
- Practice confirms it is not advertising the provision of private GP services either by itself or through any other person (via the practice leaflet, practice website or any other written or electronic means)?
- Within the last 3 years, has the practice provided for training on mental capacity / Mental Capacity (Amendment) Act for practice staff health care professionals and/or other staff (where relevant) and got a system for assessing staff competency?
- Does the practice have procedures and information sharing agreements to ensure information sharing with the multiagency teams for safeguarding vulnerable adults and children.
- Have you notified CQC of any change relating to regulated persons and any of the events listed in the regulations13, put in an application if required and are in in receipt of an up to date registration certificate?
- The practice and its registered patients have access to a shared online system which allows patients to engage with their GP by: Yes / No:
  1. Patients can record their personal health data which is accessible online by the GP
  2. Patients and GPs can online collaboratively set goals and care outcomes and track progress against these
  3. None or N/A
- Where there is legitimate access and consent the practice and other local health & social care providers are able to share electronic patient data by view access to records in the following ways: Yes / No:
  1. Other local health providers can access practice records
  2. Local social care providers can access practice records
  3. Practice can access records from other local health providers
  4. Practice can access records from local social care providers
  5. None or N/A

15.2 Emails were sent to 48 practices, with 3 responses still outstanding.

15.3 Reviewing the answers, there were some questions where multiple practices answered ‘incorrectly’, as such following approval at the August PCOG, we will be creating an information document, similar to an Frequently Asked Questions, for practices to increase their knowledge on these areas. Colleagues across the CCG will contribute to this document to ensure that the information provided is accurate. Answers provided will not be onerous and will aim to be a paragraph at most. Some questions included, but not limited to, are:

- Organisation Type; i.e. NHS Body or Non NHS Body Contract
- Does the practice provide access to interpreting?
- The practice has agreed and implemented a plan for QOF population stratification which prioritises highest risk patients for proactive review as described in the revised QOF guidance for 20/21.
- The practice has a procedure in place to record the ethnicity of all their registered patients

15.4 Another area that, upon review of the responses, raised questions were the opening hours. It was identified that practices are ‘closing’ over the lunch period, in the mornings or at the end of

the day. An email was sent to practices who included this in their opening times response to confirm the 'closure' and to ask for further information around the reason and arrangements in place during these times. The contract and regulations confirm provisions need to be in place through the core hours of 8am and 6:30pm weekdays, however, this does not need to be 'doors open' as long as appropriate arrangements are in place to provide essential primary medical services. Following approval from PCOG the Primary Care Contracting Team will be querying arrangements with identified practices to gather the assurance required that patient access and provision to services is not impacted during these times

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ITEM 16: C the Signs

Summary

16.1 Somerset CCG are offering all Primary Care Networks (PCNs) and Practices the free use of a new Early Cancer Diagnosis Digital Support tool called 'C the Signs' (CTS) in order to meet the requirements of the Primary Care Network Directed Enhanced Service (PCN DES) 2021/22.

Background

16.2 CTS is a comprehensive clinical decision support tool for cancer management, recommended by NHS England and NHS Improvement in the national policy papers for the QOF Quality Improvement Domain and the Network Contract DES for early cancer diagnosis.

16.3 It is fully integrated with EMIS.

16.4 CTS is being funded by the Somerset, Wiltshire, Avon and Gloucestershire Cancer Alliance and will be available for 3 years as a pilot, to support practices to achieve the new Quality and Outcomes Framework Quality Improvement (QOF QI) module for Cancer, PCN DES targets and to enhance Practice Cancer Care and Palliative Care meetings, with the C the Signs Practice Data Dashboard.

16.5 CTS is designed by GPs for GPs and supports the early referral and diagnosis of suspected cancer and patients presenting with vague symptoms. It covers the entire spectrum of cancer, the tool can indicate which tumour types a patient is as risk of and what test, investigation or specialist review a patient may need in seconds.

16.6 CTS uses a systematic approach that stratifies patients according to their risk of cancer, using signs, symptoms, demographic data, risk factors and other clinical markers. The tool uses artificial intelligence, mapped with the latest national, regional and local guidelines, and research to accelerate the early identification and management of patients at risk of cancer.

16.7 CTS is already in extensive use across multiple Clinical Commissioning Groups.

16.8 Key features of the platform are:

- **Risk assessments:** are compliant with NICE NG12 guidelines and standardised referrals
- **Digital 2 week-wait forms:** automatically populated and updated centrally
- All clinical information saved and **coded** to the consultation
- **Safety-netting:** Patients input into CTS are automatically added to the practice Safety Netting dashboard– both urgent cancer referrals, and tests or investigations that aim to exclude cancer
- **Track all suspected cancer patients** in real-time – no codes or recalls needed.
- **Monitor** all new cancer diagnoses prompting cancer care reviews at 3 and 12 months post diagnosis

- **Real-time cancer performance:** see all cancer activity in practice and PCN via a 'live' dashboard
- **Notes section:** to monitor performance and quality improvement across practice and PCN
- **Patient information:** lets GPs rapidly text or print leaflets and cancer resources to the patient during consultation.

Funding

16.9 CTS is a 3-year pilot funded by SWAG Cancer Alliance with funds transferred into the Cancer Transformation budget. Procurement has been undertaken via the CSU.

16.10 At the end of the 3-year pilot a decision will need to be taken on whether this is a clinical decision tool that Primary Care would like to procure.

Mobilisation

16.12 The new PCN DES service requirements will be greatly facilitated by the use of this tool. Practices which have expressed an interest will need to have:

- Signed a data processing agreement
- Signed up for the training
- Identified a C the Signs Champion(s) for their PCN

16.13 A Primary Care Cancer Early Diagnosis Clinical Support Tool Working Group now meets every third Wednesday of the month to discuss deployment and ongoing evaluation. It is hoped that PCN 'C the Signs' Champions will be able to attend this group.

16.14 Metrics for monitoring will be set by SWAG and it is expected that a quarterly monitoring report will be fed back to the wider Cancer Alliance Project Group. In addition, a quarterly meeting will be held with the Primary Care Development Manager to discuss how the project is progressing.