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NAEDI

National Awareness and Early Diagnosis Initiative

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Welcome to the eighth NAEDI newsletter.

Since August last year we have seen a pilot Be Clear on Cancer lung cancer awareness campaign; the announcement of funding for 18 local NAEDI projects focusing on breast cancer in women in over 70; the symptom blood in urine (for bladder and kidney cancers); oesophago-gastric cancer and lung cancer, and the start of 10 newly funded NAEDI research projects.

This month also sees the launch of the first national Be Clear on Cancer bowel cancer campaign. Read on to find out more.

If you have any feedback about the newsletter or any NAEDI related queries please get in touch by emailing naedi@cancer.org.uk.

Bowel cancer awareness campaign goes national



**Blood in your poo? Looser poo?
Tell your doctor.**

If you've had either for three weeks, it could be the early signs of bowel cancer.

January 2012 saw the launch of the first national NHS campaign to raise awareness of the symptoms of bowel cancer and encourage people with symptoms to go to their doctor.

The Be Clear on Cancer campaign will appear on the TV, in national papers, women's magazines, online, and at a community level, through bus advertising and over 150 events happening across England.

With an average of over 14 opportunities for every person in the target audience to see the TV advert alone – it is hoped that

the campaign will follow the success of the regional pilot, carried out in early 2011, in the South West and East of England.

The national campaign targets men and women aged 55 and over from lower socioeconomic groups and their influencers (e.g. family members) and will run for nine weeks from Monday 30th January through to the end of March 2012.

DH and NCAT, with cancer networks, have been working closely with both primary and secondary care teams to share plans and help local health services prepare.

For more information about Be Clear on Cancer visit www.naedi.org.uk/becklearoncancer or email naedi@cancer.org.uk



Be Clear on Cancer - regional bowel pilot

The Department of Health piloted the Be Clear on Cancer bowel cancer campaign in the early part of 2011 in the South West and the East of England. Results from the pilot showed that the campaign improved awareness and led to behaviour change. For example, recall of the symptom blood in stools rose from 19% to 38% in the South West and across both regions there was a 48% increase in the number of people over 50 presenting to the GP with relevant symptoms. Secondary care services also saw an increase in demand, particularly for diagnostic services like colonoscopy, and this has helped us to understand and prepare for the likely impact of the national campaign.

A final report on the pilot is expected in the next few months.

Be Clear on Cancer – new campaigns

At the same time as the national campaign, the DH has also invested in 18 local pilots across 70 PCTs for Be Clear on Cancer. These will focus on breast cancer in women over 70, the symptom, blood in urine (for kidney and bladder cancer) and oesophago-gastric cancer.

The oesophago-gastric cancer projects will launch from the end of March onwards, to help manage the likely increased demand on endoscopy services as a result of the national bowel campaign. The other two (breast cancer in women over 70 and blood in urine) will be launching from January. The activities will include a mix of local advertising, community outreach work and engagement with health professionals (both primary and secondary care). By carefully monitoring and working with these local projects we will be able to get a feel for the potential of future signs and symptoms campaigns on these specific tumour sites.

All of the current work has been underpinned by learning from previous years, including the phenomenal amount of work that took place in 2010/11. Through DH and NCAT funding, 110 PCTs carried out activity on breast, bowel and/or lung cancer. It is estimated that this work reached out to 13.6 million people across England with over 496,000 taking part in local community events.

The first report on their work is due early this year, but the impact this activity has had will continue to be monitored in the months to come.

“Trying to change behaviour when it comes to a topic as feared as cancer, is complex and demanding. Add to the mix challenging time scales, changes in the NHS, wider economic climate and I think it is remarkable that 110 PCTs have been able to run activity, track its impact and start to share their findings. I have no doubt that the learning from this programme of work will put us in a stronger position to make informed decisions about early diagnosis campaigns in future years. We really do appreciate all the work that the projects have done and are continuing to do.”

Amanda Boughey, Programme Lead, CR-UK

These local pilots are just one part of a number of actions being taken to promote earlier diagnosis and improve cancer survival in this country. It's vital that these efforts are sustained if we are going to move closer to having the best survival rates in Europe.

For more information about Be Clear on Cancer visit www.naedi.org.uk/beclearoncancer or email naedi@cancer.org.uk



'Know your skin' Over 50's skin cancer awareness campaign in Devon

NHS Devon have run a pilot project that aimed to raise awareness of the signs of skin cancer among adults over 50 in Devon and Torbay. The project adopted a social marketing approach and was run in partnership with pharmacies, building on an [earlier project by Essex Cancer Network](#) who worked with community pharmacies to raise awareness and improve the early detection of bowel and skin cancer.

The specific objectives of this project were to:

- increase awareness of the signs of skin cancer among pharmacy customers;
- encourage customers over 50 to check their skin and see their GP if appropriate;
- increase pharmacy staff knowledge about the signs of skin cancer;
- improve pharmacy staff confidence to discuss sun safety behaviour.

The campaign

In total, 84 pharmacies across West Devon, Teignbridge, South Hams and Torbay were included in an 'enhanced programme' with the remaining 98 pharmacies acting as a control. Pharmacy staff in the enhanced programme took part in four training sessions, run by a Consultant Dermatologist and a Health Promotion Specialist. Training covered spotting the signs of skin cancer, skin prevention messages, and how to proactively engage with target customers.

The enhanced programme also included a 'Know your Skin' quiz, designed and tested with the target audience, which aimed to raise awareness of symptoms and the importance of early diagnosis among customers waiting for their prescriptions.

Pharmacies in the control area ran their usual skin cancer health promotion campaign using [SunSmart](#) posters and leaflets, but did not receive training or the 'Know Your Skin' quiz.

'Know Your Skin' Over 50s Skin Cancer Awareness Campaign 2011



Evaluation

The project was evaluated by gathering feedback from pharmacy staff across the enhanced and control areas, along with customer data from the quiz and records of any conversations pharmacy staff had with customers.

Summary of results

A total of 42 pharmacies took part in training and feedback was received from 41 respondents, who were very positive about the sessions. One respondent commented that the training was "All very helpful. I will be more confident in approaching the problems related to sun and cancer".

Pharmacy staff in the enhanced programme areas recorded a significantly higher number of conversations than those in control areas (570 vs. 327), with over half taking place with customers aged over 50 (53%). Staff in enhanced areas reported providing a SunSmart leaflet to 85% of customers, compared to 66% in the control group.

'Know your skin' Over 50's skin cancer awareness campaign in Devon - continued

In total, 405 customers returned their quiz. Among those aged over 50, 70% said that the quiz had raised their awareness of skin cancer, 21% said it had raised concerns about a skin change, and of these, 88% said that they were going to book an appointment with their GP to get it checked out. The majority of those over 50 (81%) also said they would feel comfortable discussing the signs of skin cancer with pharmacy staff and nearly 40% said they had had a conversation about skin cancer with one of the pharmacy staff that day.

Virginia Pearson, NHS Devon Director of Public Health commented:

"Early diagnosis of skin cancer is a local public health priority. Know Your Skin achieved fantastic results and the high level of effective engagement demonstrates how pharmacies can use their regular contact with the over 50s to raise awareness about the early diagnosis of skin cancer. The results captured a high intention to visit their GP if they noticed signs of skin cancer and there is potential to develop the work to capture actual presentations and the number of earlier diagnoses."

For more information about the project including the full report, the training session handouts, quiz and evaluation forms go to: http://www.devonpct.nhs.uk/Skin_cancer/Know_your_skin.aspx

DEVON has some of the highest skin cancer rates in the country.

Fill in the quiz to find out how to spot skin cancer early

Skin cancer: know your skin

Please hand your quiz back to a pharmacy member of staff or place in the box provided, then take a SunSmart leaflet.

1 Tick the statement that best describes your hair and eye colour and what happens to your skin in strong sun.

<input type="checkbox"/>	Type I	Often burns, rarely tans. Tends to have freckles, red or fair hair and blue or green eyes.
<input type="checkbox"/>	Type II	Usually burns, sometimes tans. Tends to have light hair, and blue or brown eyes.
<input type="checkbox"/>	Type III	Sometimes burns, usually tans. Tends to have brown hair and eyes.
<input type="checkbox"/>	Type IV	Rarely burns, often tans. Tends to have dark brown eyes and hair.
<input type="checkbox"/>	Type V	Naturally black-brown skin. Often has dark brown eyes and hair.
<input type="checkbox"/>	Type VI	Naturally black-brown skin. Usually has black-brown eyes and hair.

Please turn over →

NAEDI Research call - update

The NAEDI Research Call Management Committee met last September to ratify the Scientific Committee's funding recommendations for the second research call. As with the first call, ten projects were funded in this round representing a 26% success rate.

Of the funded projects, an equal number focus on health services, promoting public awareness or early presentation and improving screening uptake research, while one focuses on methodology. In terms of cancer type, the majority of projects are on lung and bowel cancer.

The first funded project to be up and running comes from Dr Andrew Renehan (University of Manchester) and addresses the issue of lower cancer screening utilisation among patients with type 2 diabetes (compared with non-diabetic patients) in the UK.

Cancer screening is a route to early detection, and diabetes represents a large population group with 2.8 million people affected in the UK. This will be the first time that the reasons for lower screening participation have been assessed in this population and the findings of this project will have an important impact on policy and practice.

Finally, we look forward to the findings from the first NAEDI research project to come to its conclusion. This is Ms Patsy Whelehan's (University of Dundee) systematic review on the effects of pain in mammography on re-attendance for breast cancer screening.

For enquiries related to the NAEDI research funding calls please contact Dr Ekaterini Blaveri:
Ekaterini.blaveri@cancer.org.uk

Supporting GPs across the cancer pathway – a new educational programme

The central role that GPs play in diagnosing cancer cannot be underestimated. With responsibility for recognising important symptoms in patients and as gatekeepers to onward referrals, GPs are key stakeholders in diagnosing cancer early.

However cancer is not always top of mind for busy GPs, who may only see an average of eight new cases each year; and with cancer symptoms often being vague or generic, or masked by other chronic diseases, GPs face a significant challenge.

As part of an ongoing programme of GP engagement, Cancer Research UK launched a 6 month campaign with Doctors.net.uk in October last year. Doctors.net.uk is the largest online GP network in the UK and the campaign will provide educational and editorial tools and resources, giving GPs practical help to deal with cancer in their everyday job.

Running until April 2012, the campaign is focussing on three main topics:

- Early diagnosis of lung cancer
- Smoking cessation
- Early diagnosis of bowel cancer

These topics have been phased to tie in with local, regional and national NAEDI activity, 'Be Clear on Cancer' campaigns and the annual 'quit' season.

The campaign is anchored by a Cancer Research UK microsite, built within the Doctors.net website. This acts as a hub, hosting content including quizzes, patient case studies, summarised clinical guidelines and gives GPs the opportunity to ask questions of an expert panel.

The content has been specifically designed to help GPs identify where they have knowledge gaps relating to early diagnosis and smoking cessation, and then offers them the tools and information to fill these gaps. Much of the content is accredited, giving GPs the added benefit of gaining points towards their continued professional development. GPs can also rate their performance against their peers.

Since its launch in October, over 4,000 GPs have interacted with the campaign; visiting the microsite, reading a patient case study or completing a 20 minute accredited quiz. Furthermore, through site promotions, up to 19,000 GPs have been reached with messages about cancer and early diagnosis.

GP Dr Anuradha Arasu, a member of Cancer Research UK's Primary Care Advisory Group, supports the educational programme;

"The problem for GP's is that cancer is comparatively rare, often presents vaguely, and GPs are under extreme pressure to work fast and not to over-refer. However we know we need to get better at early diagnosis: 1 in 4 patients with cancer in England still present as an emergency, and they have much lower survival rates than those referred by their GP. The difficulty we have as GPs is getting the balance right between not referring everything and yet not missing a diagnosis – and campaigns such as this can help. It's not only patients that fear cancer, GPs do too."

"It's not only patients that fear cancer, GPs do too."

GPs can access the microsite at www.doctors.net.uk/cancerresearchuk (a GMC number is required to log in). For further information about this project contact Samira Chekkour at Cancer Research UK samira.chekkour@cancer.org.uk.

Cancer networks seek to influence health and wellbeing boards

Cancer networks are looking for ways to get early diagnosis of cancer onto the agenda of the new health and wellbeing boards.

Doncaster deputy director of public health Dr Rupert Suckling is optimistic, believing the boards could provide a forum for a discussion about local priorities, including cancer, that hasn't been possible before. And awareness and early diagnosis could fit well with the new political mood. "There is a sense that across the public sector we need to have a less dependent, more engaged public and that includes people's own health."

Dr Suckling's own patch of Doncaster is already signed up to early diagnosis and a recent state of the borough conference decided cancer should be a priority.

In his role as joint public health lead for North Trent Cancer Network, Dr Suckling sees the network role as supportive and facilitative. The network could provide data and perhaps use opportunities to submit an annual report back on cancer performance to stimulate a discussion about early diagnosis.

Merseyside and Cheshire Cancer Network are currently concentrating on influencing its Clinical Commissioning Groups (CCGs) as the route to influencing the boards. An NCAT funded project is aiming to persuade each of the CCGs to make cancer a priority in their plans and to support their member practices to adopt at least one initiative around early diagnosis. Network public health consultant Dr Seddon is also talking to the existing cancer commissioners to maintain support for NAEDI during the transition.

"It is a strategy of winning hearts and minds. We are influencing the local leaders in the system" Dr Seddon says.

In Greater Manchester and Cheshire Cancer Network (GMCCN) public health consultant Dr Rona Cruickshank feels that, despite all the uncertainty in the transition, now is a good time to engage with health and wellbeing boards. A template report has been drafted by the network for local boards, which, it is hoped will help focus boards on cancer as they determine their priorities.

GMCCN has been promoting cancer awareness training for non-clinical and other frontline staff in the health service, to take the early diagnosis message to members of the public. Health and wellbeing boards will provide a route to the much larger local authority workforce, that includes social care and other staff, Dr Cruickshank believes.

The network ran an awareness campaign 'Don't be a Cancer Chancer' with all 11 PCTs in 2011 and there is a lot of support for the work on cancer among councillors and others. "The case for early diagnosis is compelling."

However, regardless of the strength of the support locally, none of these three public health leads are betting on more money appearing for early diagnosis. All the organisations represented on the health and wellbeing boards will be struggling with budget cuts and reorganisation.

Whether the boards become more than talking shops will depend on whether they have a budget or do joint commissioning, the outcome of the NHS reorganisation and what public health outcomes the government adopts. An outcome around cancer staging, for instance, would put early diagnosis on the agenda of every health and wellbeing board in the country.

NCAT is funding a small project looking at early diagnosis, health and wellbeing boards and joint strategic needs assessments. For more information, including the interviews referred to, click [here](#) or contact Louise Hehir Louise.Hehir@ncat.nhs.uk

Networking tool for engaging primary care

Anyone working with primary care on awareness and early diagnosis of cancer can now tap directly into the shared experiences of those who have been involved in this work over the past year.

NCAT has developed a unique database, the Supporting Primary Care Sharing and Learning Tool, which lists every resource and personal experience that GP, public health and cancer leads, project managers and others working for cancer networks and PCTs are willing to share.

The database also includes names and contact emails making it possible for people to link up.

The database was developed by Frontline as a result of the NCAT sharing and learning sets organised in 2011 for PCTs running cancer awareness projects. The database is being updated as more materials become available.

Check out the [Supporting Primary Care Sharing and Learning Tool](#)

There are more [resources for working with primary care](#) available on the NCAT website. This provides links to resources for engaging GPs and primary care, by cancer network, and includes practice action plan templates, posters and newsletters.

Measuring the impact of public awareness campaigns

Evaluation of the effectiveness of public awareness campaigns often misses a crucial piece of information – the action people take as a result of seeing the campaign.

As part of last year's pilot regional bowel cancer awareness campaign in the South West and East of England, NCAT funded a small feasibility study to find out whether people went to the GP as a result of seeing the campaign.

The study, conducted by Mayden, compared the number of people attending the GP with particular symptoms with the same period the previous year and against a series of control symptoms.

The results showed a 48% increase in the number of people over 50 presenting to the GP with relevant symptoms during the campaign, which was the equivalent of one extra patient per week, per practice.

Community projects reach the parts other campaigns can't

A wealth of imaginative ways of raising awareness of cancer through working with communities were showcased at an NCAT event in October 2011.

The 19 projects that showcased their work in the marketplace were able to reach some of the communities which have the highest incidence of cancer and where people may be more likely to delay going to the GP with symptoms.

The projects were asked to share their 'top tips' for engaging people and raising awareness and these ranged from the importance of working with GPs and secondary care clinicians to the need to 'partner up' with other local organisations. Other top tips included monitoring and feeding back as you go along and, perhaps most importantly, to have fun.

The findings of the event on 12 October, including presentations by speakers, descriptions of the 19 projects and a summary of the top tips are available on the [NCAT site](#).

For more information contact Kathy Elliott
Kathy.Elliott@ncat.nhs.uk

Cancer networks help NHS prepare for patients alerted by TV campaigns

The DH piloted a 'Be Clear on Cancer' lung cancer awareness campaign in the Midlands for five weeks in October and November last year. TV advertisements advised people to go to the GP if they had had a cough for three weeks or more. Through this campaign, and the regional bowel cancer pilot in the South West and East of England in early 2011, cancer networks have been gaining experience of working with primary and secondary care to prepare for the increase in GP presentations as a result of television advertising.

Dr Elspeth Macdonald, director of East Midlands Cancer Network, said the lung pilot revealed a willingness to try to make it work. "Clinicians feel that if we could crack this it would make a real difference to cancer diagnosis." Further support came from the number of volunteers who offered to take part in the evaluation. Delivering the campaign was hard, given the short timescales and the other pressures on the health service and on the small team that works for the cancer network. "There does seem to be a need to join up all the layers of the system, which is not happening at the moment", she said.

However the impact of the campaign was manageable. "We haven't had any GPs saying they have been overwhelmed by inappropriate people turning up. We had GPs who were concerned that, because people had come as a result of the campaign, they felt they had no option but to send them for a chest x-ray." The vast majority, however, saw extra patients coming in as a good opportunity to talk about smoking and other health topics, so the time was put to good use. "These GPs were very comfortable using their clinical judgment about whether to send people for an x-ray."

East Midlands, with its 643 GPs, was too big to arrange face-to-face visits to every practice, but all GPs were aware of the campaign. "We used every opportunity we could get – protected learning time, other educational initiatives, mailings with individual data about practices, to get the information across."

Three Counties Cancer Network LAEDI project manager Emma Walsh said their experience with the regional bowel cancer pilot was useful in preparing clinicians for the lung cancer pilot. The bowel campaign, and the risk assessment tool which was introduced around the same time, led to an increase of about 60% in lower GI two week wait referrals and had a significant impact on colonoscopy waiting times. "This allowed us to demonstrate the potential impact of such campaigns."

The fact that the campaigns were on TV was crucial. "All clinicians need to be aware that the impact of television can be far more significant than they might think."

For Three Counties, the most important lesson was the need to involve secondary care at an early stage in the development of the campaign, and preferably face-to-face. As in the East Midlands, existing events and channels of communication were used because there was no time to arrange special meetings – GPs and cancer specialists need at least eight weeks notice so they can book cover or rearrange clinics. For proper planning, however, trusts would need to know about campaigns a year or more in advance, in order to plan for the capacity needed to meet the extra demand.

The role of GP attitudes and behaviours in cancer survival outcomes: The International Cancer Benchmarking Project (ICBP) - Module 3

The ICBP is an exciting and unique initiative that involves clinicians, researchers and policymakers in eight countries working in partnership to explore why cancer survival rates vary between countries. Module 3 of 5 explores the role of primary care in diagnosing cancer.

Dr Peter Rose of Oxford University, alongside an international team, has developed a Primary Care Physician Survey to study international variation in primary care management of cancer symptoms. The survey consists of the following:

- A set of general questions relating to practice administration, access to diagnostics, training and education and availability of advice from secondary care. Some countries will also collect data relevant to specific local issues, for example, detail on physicians' use of clinical guidelines.
- Two patient vignettes in which the patient may or may not have cancer, and the physician is asked to make choices about patient management. The vignettes aim to draw out any differences in the approach of primary care physicians to patients with these symptoms.

Module 3 is also examining international differences in primary care systems involved in diagnosing cancer. Professor Greg Rubin of Durham University is leading a healthcare systems mapping exercise to provide insight into variations in systems that might impact on responses to the GP survey and help to provide context for the analysis of survey findings. Desktop research combined with structured interviews of key informants from each country will be used to map the context, such as, which financial and non-financial incentives GPs receive.

The survey is currently being finalised with plans to roll it out in England and other partner countries over the coming months. The aim is to collect responses from 200 GPs in each country (or per province/state in some countries). The healthcare systems mapping exercise is due to be completed by mid 2012.

Together with the analyses from the other ICBP modules, results from Module 3 will inform healthcare policy in the UK in order to improve the number of people surviving cancer.

For further information please visit:
www.icbp.org.uk

The National Cancer Research Institute Conference 2011

The 2011 NCRI conference brought together a host of cancer researchers from epidemiologists to drug development specialists, along with health care professionals, cancer charities and campaign groups. Early diagnosis featured as a topic throughout the four day event, with a variety of dedicated sessions. Abstracts for sessions, talks and posters are available on [the conference website](#).

Here are our highlights:

- [Mike Richards' plenary address](#) was a whirlwind tour of the measures being taken to improve cancer survival in England, including the International Cancer Benchmarking Project (ICBP) and of course NAEDI.
- A [proffered paper session on cancer awareness, early diagnosis and survivorship](#) hosted by Jane Wardle covered a wide variety of topics, including new research on diagnostic intervals in common cancers, fatalistic attitudes towards cancer, and the potential of targeted screening for prostate cancer.
- On the final morning of the conference, we were treated to a sneak preview of some of the results from [round two of the International Cancer Benchmarking Project](#).

Cancer networks employ tested, and new, ways of supporting early diagnosis in primary care

All 28 cancer networks have received funding from NCAT to develop General Practice improvement initiatives and to pay for GPs to work with their colleagues on early diagnosis of cancer.

Networks are using all possible channels of communication with GPs, including toolkits and resource packs, letters, newsletters and emails, educational events, workshops and visits to GPs.

GP leads will be encouraging the use of various NAEDI tools, including:

- the [RCGP/NCAT national audit](#) of cancer diagnosis in primary care and significant event audit (SEA)
- safety netting [guidelines](#) developed by the University of Oxford
- [practice profiles \(NCIN\)](#) and action plans
- the lung and colorectal [risk assessment tools](#) based on Willie Hamilton's CAPER studies that have been developed as mousemats and desk easels and were piloted last year in seven cancer networks.

Some projects involve training primary care staff, for example North West London is proposing all practices train new nursing and non-clinical staff in cancer awareness using the Lancs and South Cumbria Cancer Network resource (available on [NAEDI](#)).

Building links with emerging clinical commissioning groups (CCGs) is a priority for many networks. Some are asking them to appoint cancer leads while Merseyside and Cheshire Cancer Network, for instance, is asking its CCGs to develop strategic plans for cancer.

A minority of networks are experimenting with direct access to diagnostics and an East Midlands Cancer Network project in Corby is assessing a walk-in lung cancer diagnostic clinic for the public.

Different ways of promoting links with secondary care are being tried such as providing sessions where GPs and consultants can discuss specific cases. Central South Coast Cancer Network is appointing secondary care 'clinical champions' for three cancers.

Many networks are supporting service improvement, such as workshops using LEAN methodology to improve referral systems and communication between primary and secondary care. A variety of audits are planned. North of England is implementing recommendations made at an 'accelerated solutions' event in 2011 across 30 practices.

A number of networks are working with Deaneries and GP appraisers to make conducting an RCGP cancer audit or SEA part of the training of registrars and the annual GP appraisal.

New ways of promoting early diagnosis are also being tried, for example, Greater Midlands Cancer Network is testing the finding revealed by the Cancer Awareness Measure population-based survey that 40% of people said they might delay going to the doctor with a possible cancer symptom because they didn't want to waste the doctor's time. Patients in participating practices in two localities will be invited to consult practice nurses who have been trained to refer directly, or via the GP, any patients with symptoms that have been selected by a reference group made up of GPs and secondary care clinicians.

North West London and South East London cancer networks are seeking to engage patient representatives in early diagnosis, the former through Patient Reference Groups and the latter by appointing a patient champion. The programme is being evaluated and the first year's report is now available.

For more information about the supporting primary care projects, click [here](#) to go to the NCAT website.