NHS
Transforming Cancer Services Team for London

Pan London Cancer Training Needs Assessment for Primary, Community and Social Care Staff

Interim Report (May 2021)

Pan London Cancer Training Needs Assessment for Primary, Community and Social Care Staff

Contents

Summary, reflections, and recommendations

1) This TNA has received a good response (591), respondents were from many different professional backgrounds in primary care and across all areas of London.

2) Significantly more respondents of Asian background (40.31%) responded to the TNA compared to the general NHS workforce (10.7% Asian) Figure A compared the percentage of NHS staff in 2020 with the working age population in 2011 by ethnicity. We can see that there is a similar trend between NHS workforce and working age workforce.

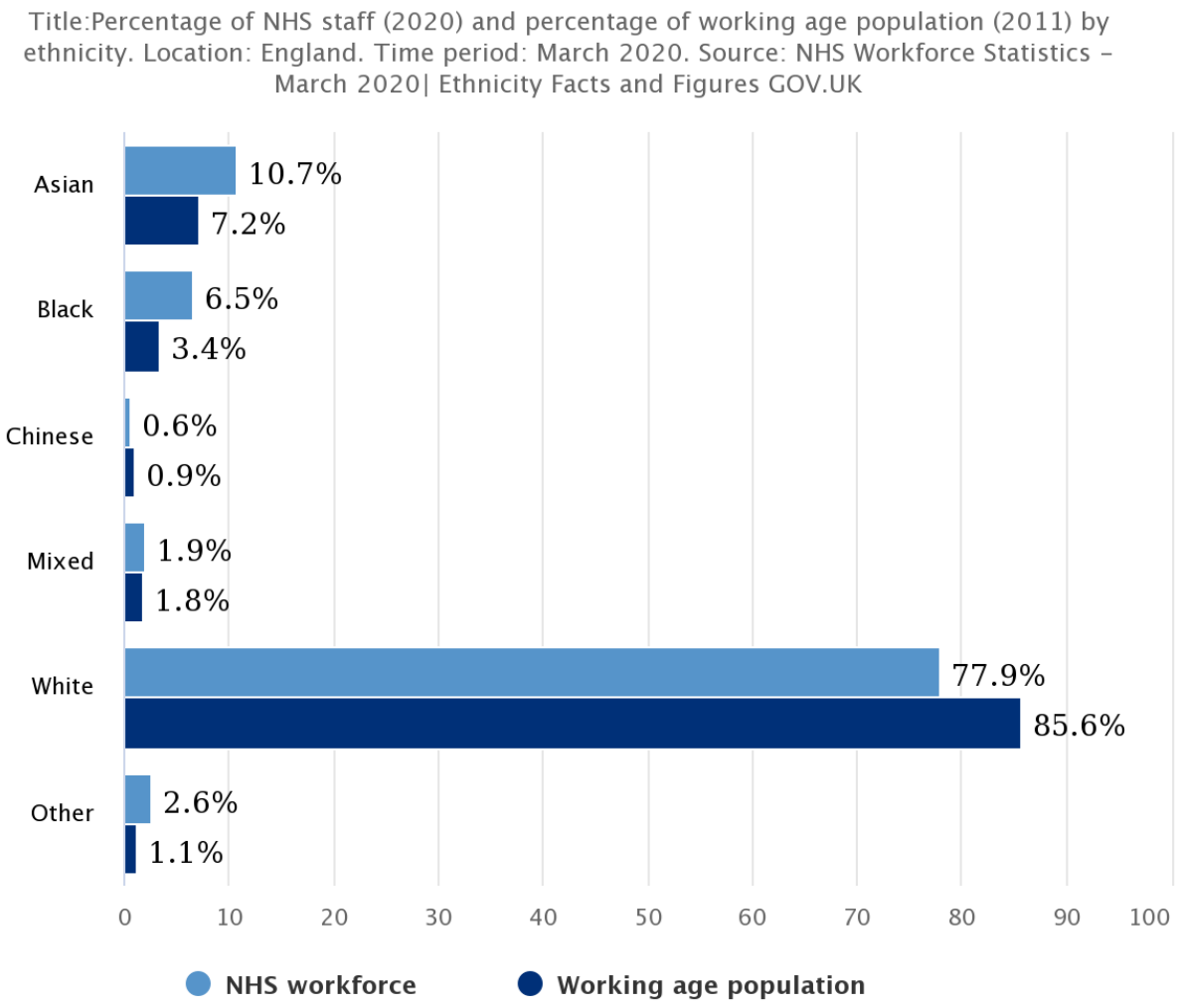


Figure A: Percentage of NHS Staff (2020) and percentage of working age population (2011) by ethnicity. (NHS Digital, 2020)

3) Gender profiles for the TNA (70% female and 29% male) was comparable to the latest NHS gender profiles (77% female and 23% male) (NHS Employers, 2019)

4) As the majority of respondents reported that they did not see cancer patients on a regular basis (61.84%), this may explain the reason why:
    a. The quiz results achieved by respondents were relatively low (53% on average)
    b. Significant number of respondents answered 'not applicable to my role' to many of the questions in the awareness and utilisation of the cancer initiatives in primary care section of the TNA (ranging from 31% to 50%)

c. Confidence and experience of our respondents in supporting people at risk of cancer and people living with cancer were generally quite low.

5) We recommend that priority should be given to more regular appraisals. The TNA highlighted concerns about the lack of regular appraisals to identify training and education needs in our health and social care colleagues, this is also relevant for registered and non-registered professionals. However, the TNA has also shown that Cancer is as an important area in appraisals amongst our respondents, especially popular topics were in the area of Cancer screening and early detection. We would like to see more primary, community and social care staff interested in personalised cancer care topics in the future.

6) More respondents have had face to face training than other online training and education in the past 3 years. However, health and social care professionals told us that they still want a mixture of face to face and online training and education events when we start to recover from the Covid-19 pandemic.

7) We recommend that more training and education is required to support professionals to deal with sensitive and complex Cancer issues such as relationship, sexuality, infertility and the late effects of Cancer treatment.

8) Further cohort analysis, especially separating out professional backgrounds is required to provide additional recommendations. TCST will provide further reports to support training and education in Cancer in 2021/22.

Background

Primary care and cancer matter. Earlier diagnosis is critical to meeting the NHS's survival ambition, as it means patients can receive treatment when there is a better chance of achieving a complete cure. On the other hand, more people than ever are living with and beyond cancer, but not necessarily living in good health. The NHS is leading the way in cancer care by recognising that living a good quality of life is as important to people as survival.

In England, there has been significant policy development in primary care to help to detect cancer early and to improve the care given to patients surviving from cancer. Key initiatives that link to primary care include:

1. 75% of Cancer diagnosed at early stage by 2028 in the NHS Long Term Plan,
2. NICE Guideline: Recognition and referral of suspected Cancer (NG12)
3. NICE Guideline: (NG56)
4. Network Contract Direct Enhanced Service (DES) commenced in 2020/21for Early Cancer Diagnosis
5. The NHS Long Term Plan for Cancer introduced a cancer quality of life survey in 2020/21 to track and respond to the long-term impact of Cancer.
6. Cancer Care Review QOF changes in 2021/22

The Cancer Quality of Life Survey. articulates the model to personalised Cancer care and Cancer as a long term condition. This includes shifting the balance from a medical model to a psychosocial model of care, focusing on 'What matters to you' and holistic interventions including rehabilitation and psychological needs.

Fundamental changes in primary care in general is also developing - more healthcare professionals such as pharmacists, physiotherapists, paramedics, physician associates, health coaches, care navigators and social prescribing link workers are being recruited be recruited to work with GPs and practice nurses. These multi-professional teams will work more closely with

other local services, to deal with the range of needs that patients have and provide more responsive personalised care planning for people that need it, and ultimately prevent ill health such as cancer by helping people to stay well.

In response to the above policy directives, the pan London Cancer Primary and Community Care Education Group (PCCEG) commissioned a Training Needs Assessment (TNA) to:

- Engage and support primary and community care providers in the cancer agenda
- Assess knowledge and identify training needs in cancer across different disciplines
- Gather evidence to inform future development of cancer bespoke educational products.
- Identify awareness and measuring uptake of a range of tools in support of prevention, early detection (ED) and personalised cancer care (PCC),
- Support providers to attract and retain a sustainable and confident workforce.

Introduction

The aim of the TNA is to identify training needs for a number of key professionals in primary and community care, with the understanding that more and more different professionals are working in the area of primary care, including for example social care workers.

The TNA consist of 39 questions divided into 5 sections:

1) Demographics
2) Quiz on cancer (including prevention, screening, ED and PCC)
3) Awareness and uptake of cancer initiatives in primary care
4) Information and preference on education and training models
5) Confidence and experience in managing cancer patients

The TNA ran for 8 weeks between November and December 2020. Various marketing channels (such as website, twitter, emails and in primary care meetings) were used to promote the TNA to cover the identified staffing groups (see figure 1) from all boroughs across London.

In total, 591 participants responded to the TNA survey. It is important to note that 62% of respondents completed the whole survey. Earlier questions, especially the demographic questions, were completed by most people e.g. Only 2 out of 591 people did not answer the demographic section. However, by the last question (Question 39) 242 people (40.9%) did not answer the question.

Results

1) Majority of respondents can be classified into five broad categories (Figure 1 and table 1):
   a) General Practice (51.96%)
      - General Practitioner (23.09%)
      - General Practice Manager (13.41%)
      - General Practice Nurse (3.57%)
      - Advance Clinical Practitioner (1.53%)
      - Healthcare Assistant (1.70%)
      - Physician Associate (0.34%)
      - Paramedic (0.34%)
      - Social Prescribing Link Worker (7.98%)
   b) Pharmacy (12.22%)
   c) Dentistry (17%)
   d) Community (2.72)

- Social care or support worker (0.85%)
- Occupational Therapist/Physiotherapist/Speech and Language Therapist (0.85%)
- Mental Health Professional (0.51%)
- District or community nurse (0.51%)

e) Other (7.98%)

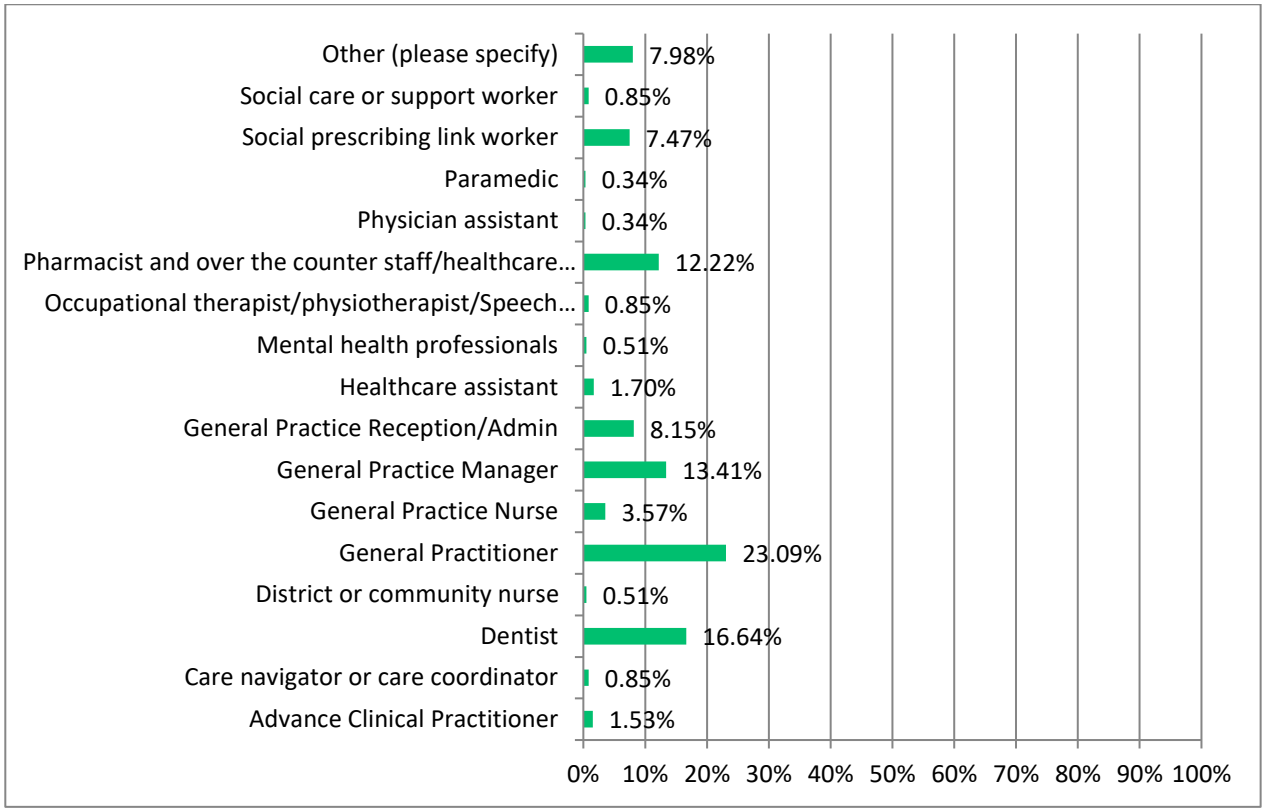


Figure 1: Occupation/Staff group (Baseline number:589)

'Other' Category'	
Receptionist/Admin Staff Group	9
Practice Manager	2
Health and Wellbeing Coach	6
Social prescribing manager	1
Student Nurse	2
Social Worker	2
Interpreter	1
Finance Officer	1
Optician/Optometry Staff Group	12
Phlebotomist	2
Dental Staff Group	6
Pharmacy Staff Group	3
Total	47

Table 1: 'Other Category' for Occupation/Staff Group

2) Majority of respondents were from the NHS (86.21%), followed by the Private Sector (8.45%), Voluntary Sector (4.31%) and Social Care Provider (1.03%) (Figure 2).

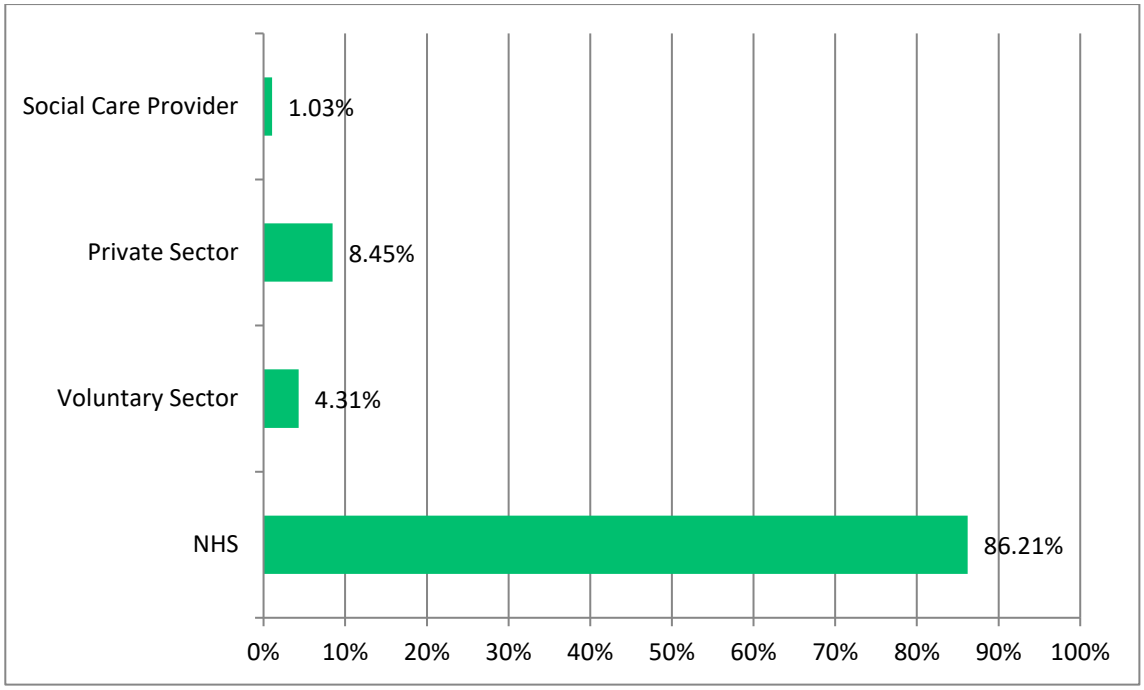


Figure 2: Which sector are you employed in? (Baseline number 580)

3) Majority of respondents were registered with a professional body in England (71.01%) with 1.03% currently undertaking training to become a registered professional (Figure 3).

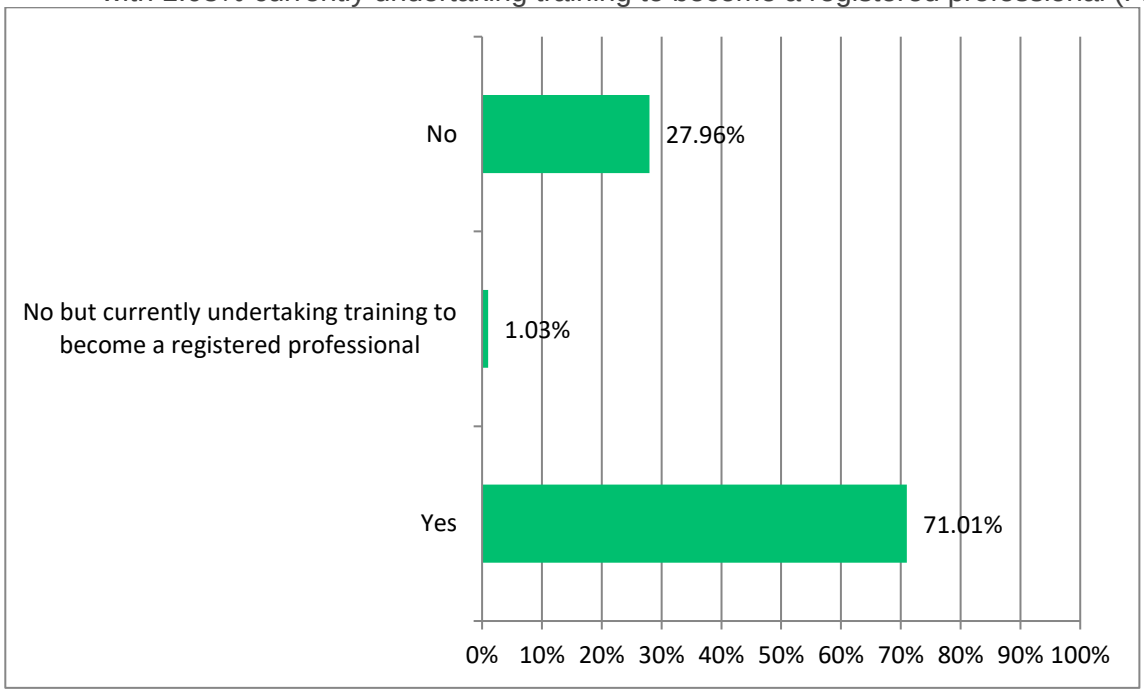


Figure 3: Are you registered with a professional body in England? (Baseline number 583)

4) The respondents were spread relatively evenly throughout the whole of London with the top 3 respondents from Tower Hamlets (10.19%), Ealing (9.17%) and Lambeth (7.13%) (Figure 4).

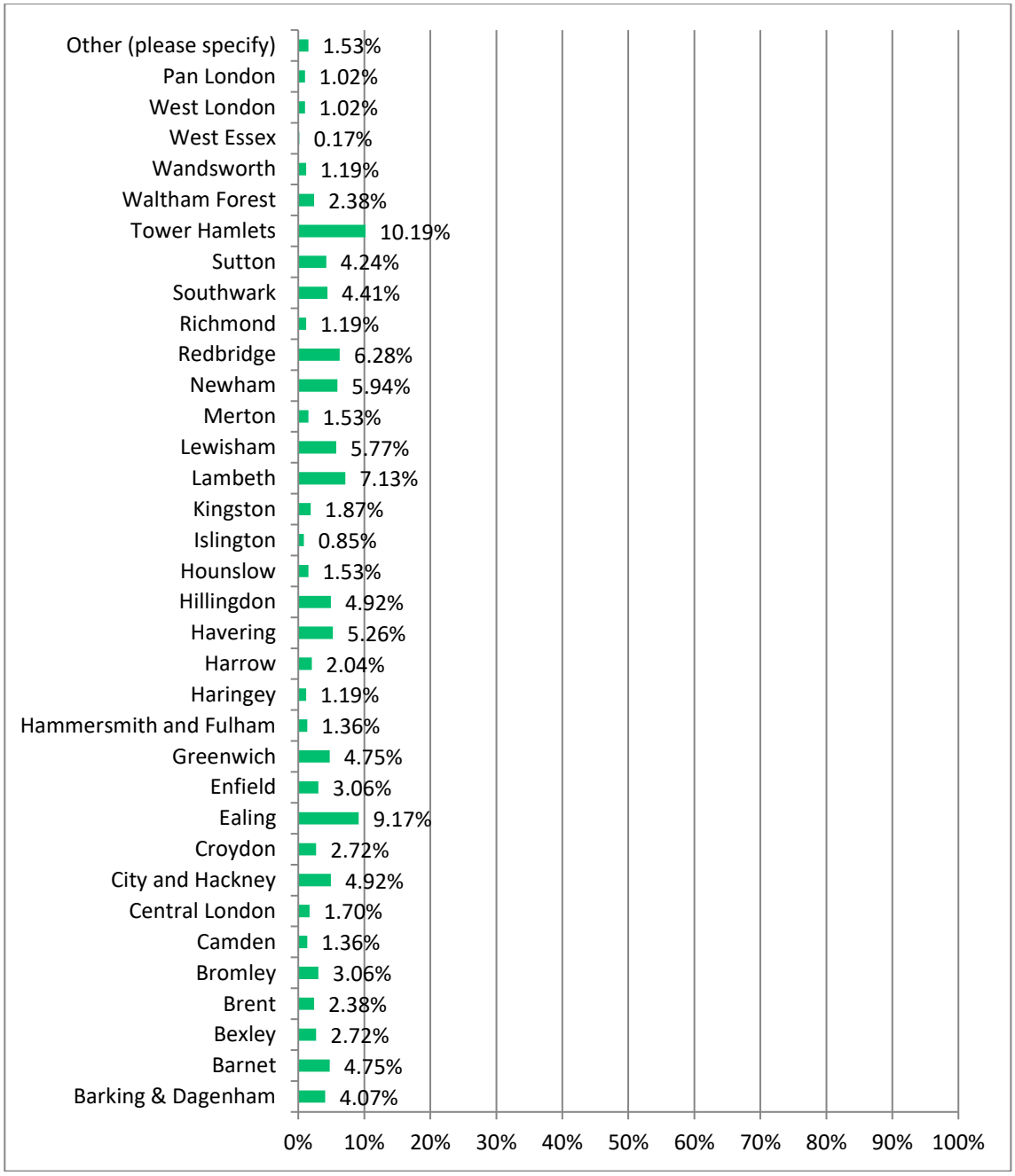


Figure 4: Which CCG/Borough do you mainly work in? (Baseline number 589)

5) Majority of respondents worked Full Time (70.99%) (Figure 5).

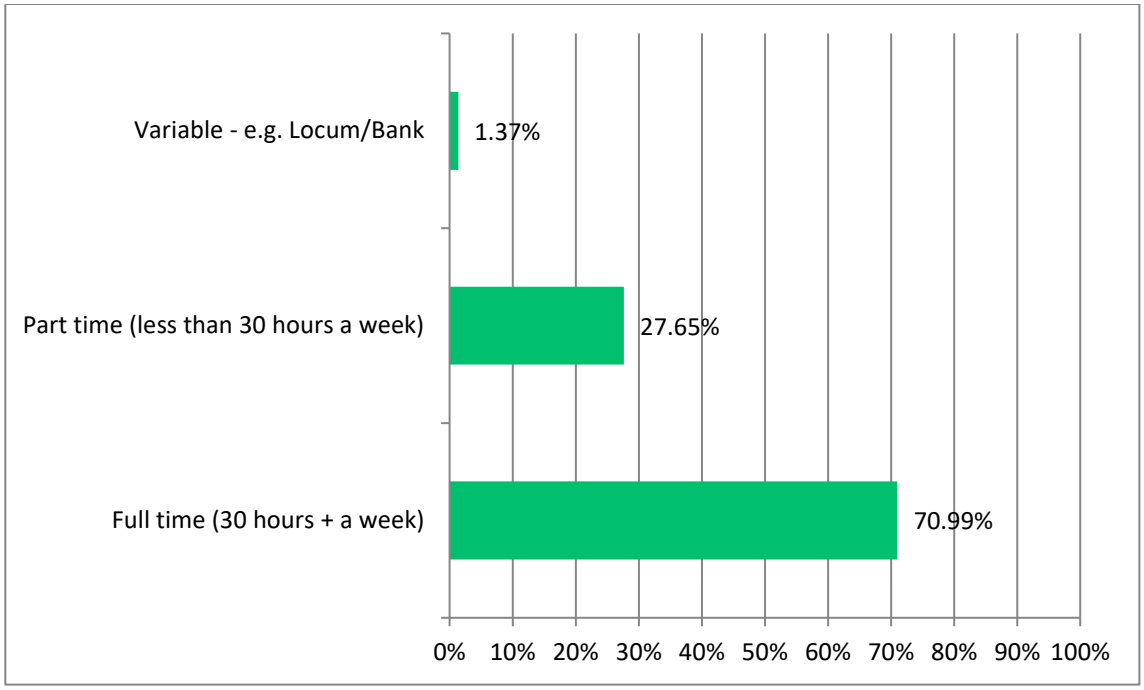


Figure 5: Contractual arrangement of your work (Baseline number 586)

6) Majority of respondents were experienced professionals with 11 years or more of experience (57.6%). Only 6.84% of respondents have less than 1 year of experience in their profession (Figure 6).

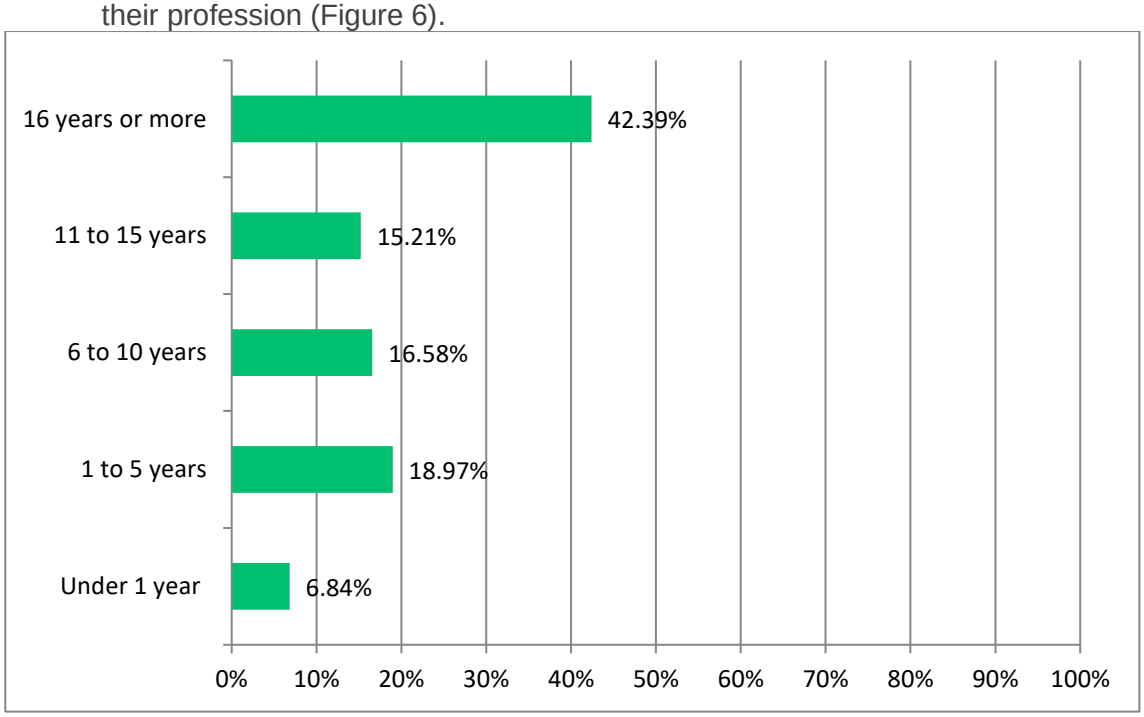


Figure 6: How long have you been in your profession? (Baseline number 585)

7) More female (70.07%) than Male (29.08%) responded to the assessment (Figure 7).

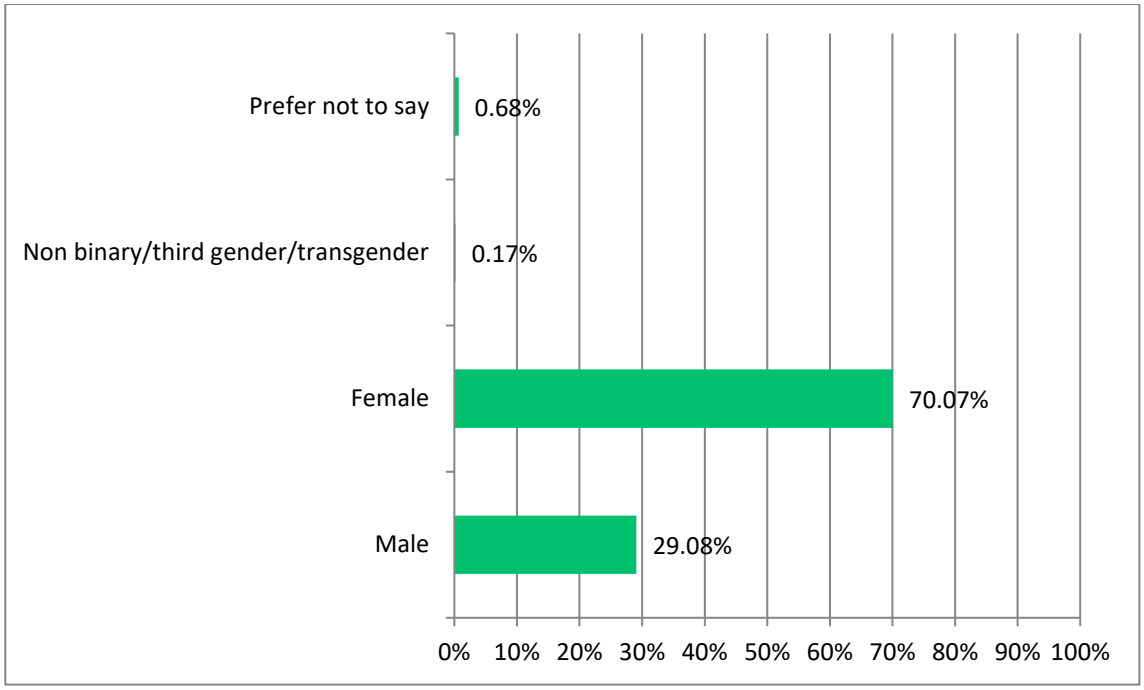


Figure 7: Gender (Baseline number 588)

8) Asian (40.31%) and White (39.62%) ethnicity groupings formed the majority of respondents (Figure 8)

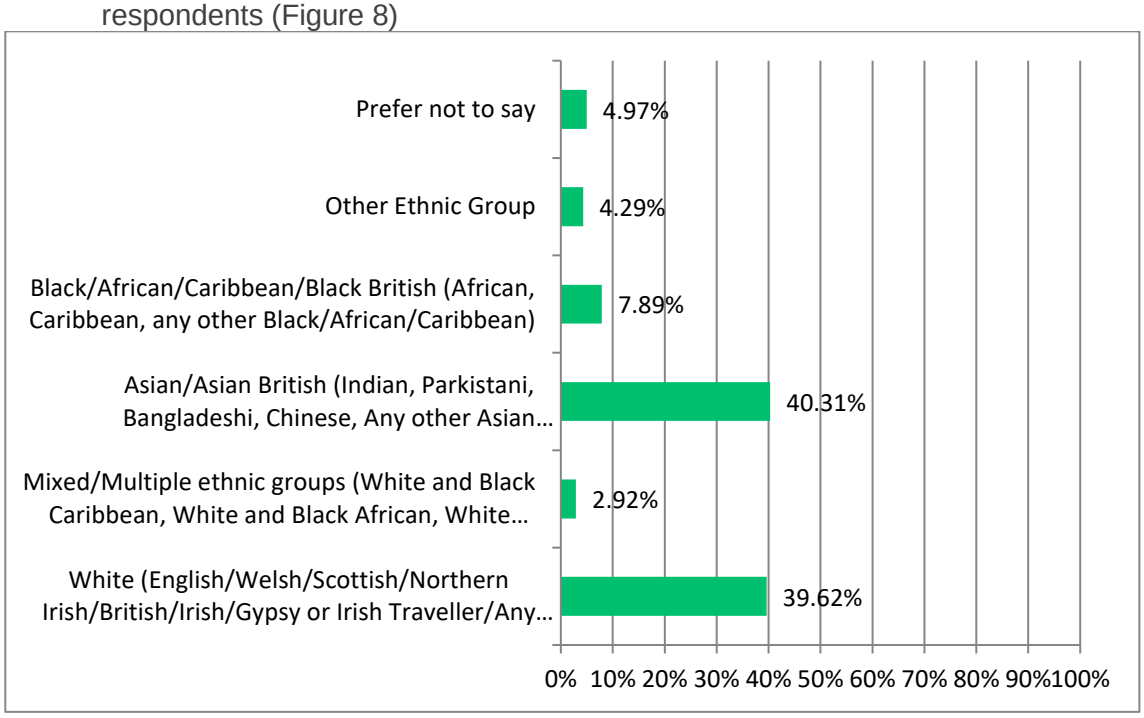


Figure 8: Ethnicity (Baseline number 583)

9) Most respondents felt they did not see cancer patients on a regular basis (61.84% responded that they only see patients once a month or less), with only 7.16% of respondents said that they see cancer patients on a daily basis and 28.45% says they see cancer patients on a weekly basis. (Figure 9)

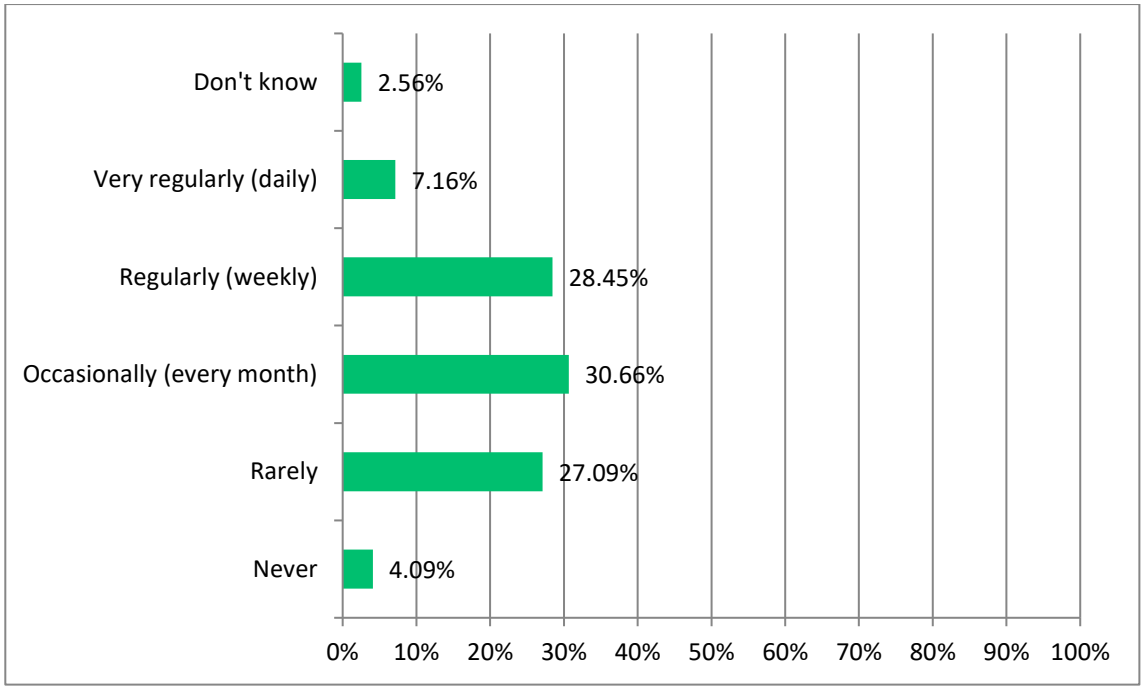
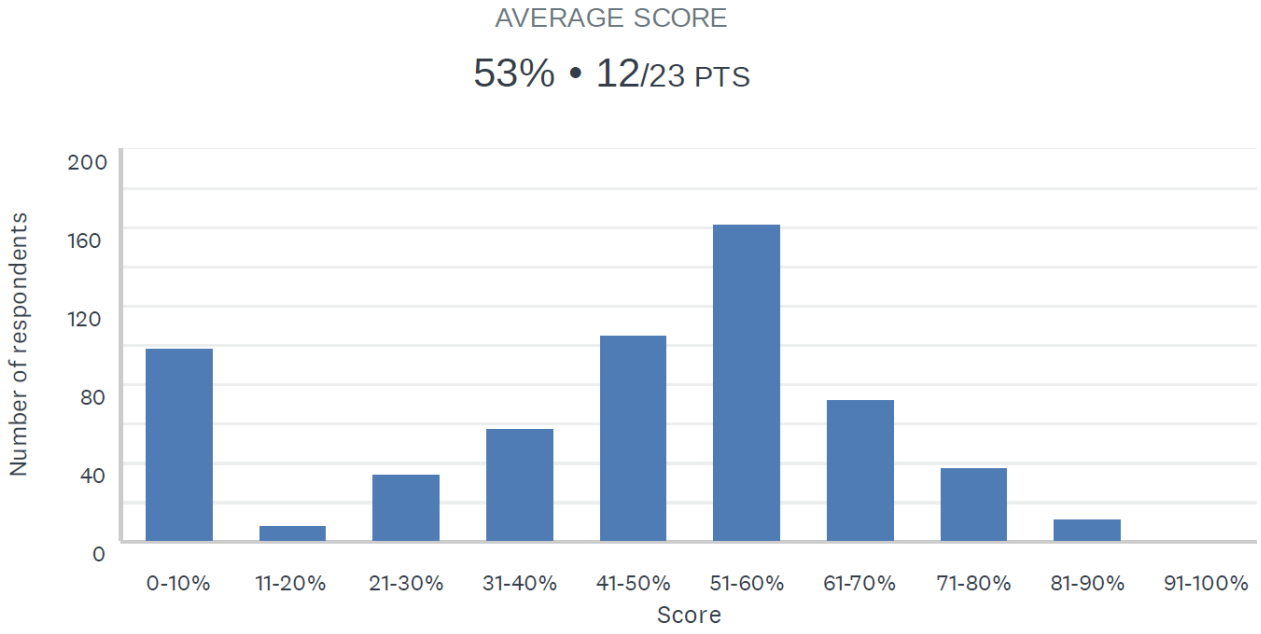


Figure 9: How often do you see people with Cancer in your role/profession? (Baseline number 587)

10) The average quiz result for all respondents is 53% with no (0%) respondents answered all questions correctly (Figure 10)



QUESTIONS (13)	DIFFICULTY	AVERAGE SCORE
Q21 The faster diagnosis standard will be introduced in 2020. Do you know how long patients will now have to wait to find out whether they have a cancer diagnosis?	1	31%
Q16 In 2017, what percentage of adults are considered obese in England?	2	35%
Q14 What percentage of cancer in UK are caused by inherited genes?	3	45%
Q10 What is the proportion of cancer cases in the UK that could be prevented through lifestyle choices?	4	49%
Q15 According to the latest NHS guidance for 19 to 64 years old, what is the amount of physical activity we should do in order to maintain a healthy lifestyle and reduce our risk of cancer? (choose 2 correct answers)	5	49%
Q22 According to Cancer Awareness Measure (a questionnaire designed to assess awareness of cancer among the general population), what are the main symptoms (or red flag) of cancer? (choose four correct answers)	6	53%
Q13 Beyond stopping smoking, what is the best way to reduce one's cancer risk?	7	54%
Q11 Is an NHS number always needed for urgent suspected cancer referral (e.g. when an undocumented migrant needs urgent referral)?	8	56%
Q25 Are you aware that people can self-refer to all the routine cancer screenings (bowel, breast and cervical) after invitation to participate have ceased? i.e. over the age at which they would be invited to participate.	9	58%
Q20 Do you think patient with Thrombocytosis (raised platelets) are at a higher risk of cancer?	10	58%
Q18 What are the 4 key components of safety netting (monitoring patients until signs and symptoms are explained)? (choose 4 correct answers)	11	58%
Q17 Which of the following factors can increase the risk of breast cancer? (Choose 3 correct answers)	12	59%
Q12 Ethnicity has been identified as one of the risk factor for prostate cancer. Which ethnicity has the highest rate (1 in 4 chance) of prostate cancer?	13	61%

Figure 10: Quiz results

11) The most difficult question was about faster diagnosis standards (Q21) with 31% of respondents answered it correctly. Less than half of respondents answered to prevention type questions correctly (Q16/Q14/Q10). However, the most correctly answered question is also about prevention (Q12: Which ethnicity has the highest risk factor for prostate Cancer) with 61% of respondents answered the question correctly.

12) Majority of respondents were aware of the age range of the national screening programmes. However, 14.91% of respondents did not know the age range of Bowel Screening and was followed by 9.14% for Breast Screening and 5.67% for Cervical Screening (Figure 11).

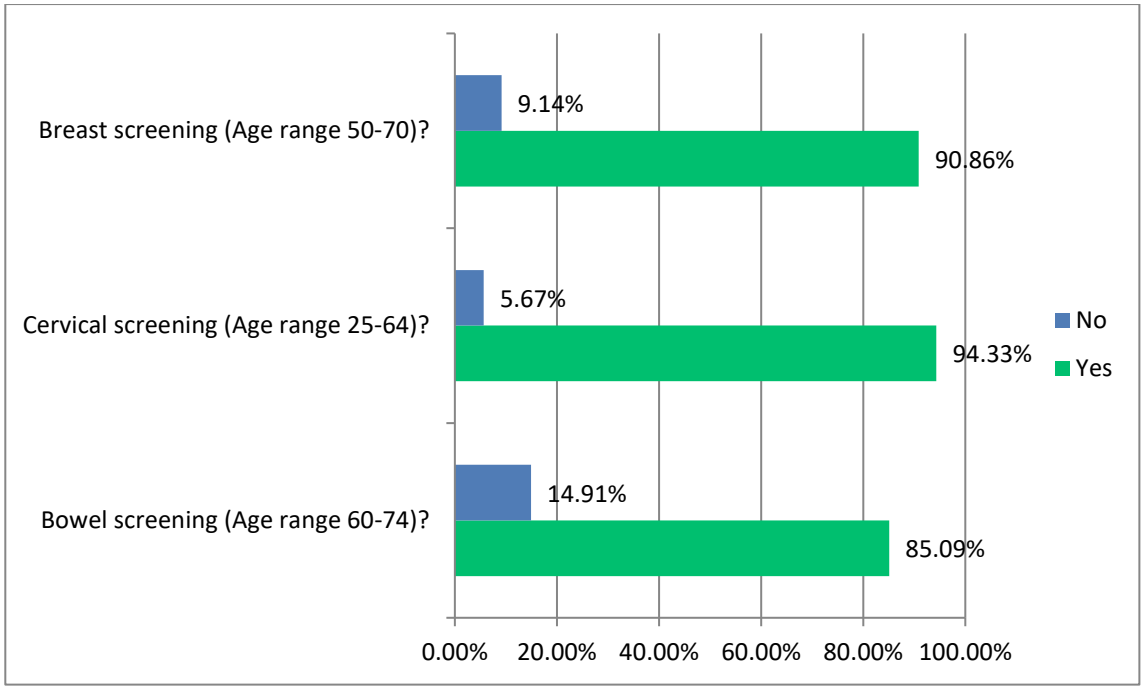


Figure 11: The three national Cancer screening programmes are: bowel, cervical and breast. Are you aware of the age range for these initiatives in England? (Baseline number 411)

13) Majority of respondents have not seen the Good Practice Cancer Screening Guide for Primary Care for London, with only 22.46% of respondents said they have seen it (Figure 12).

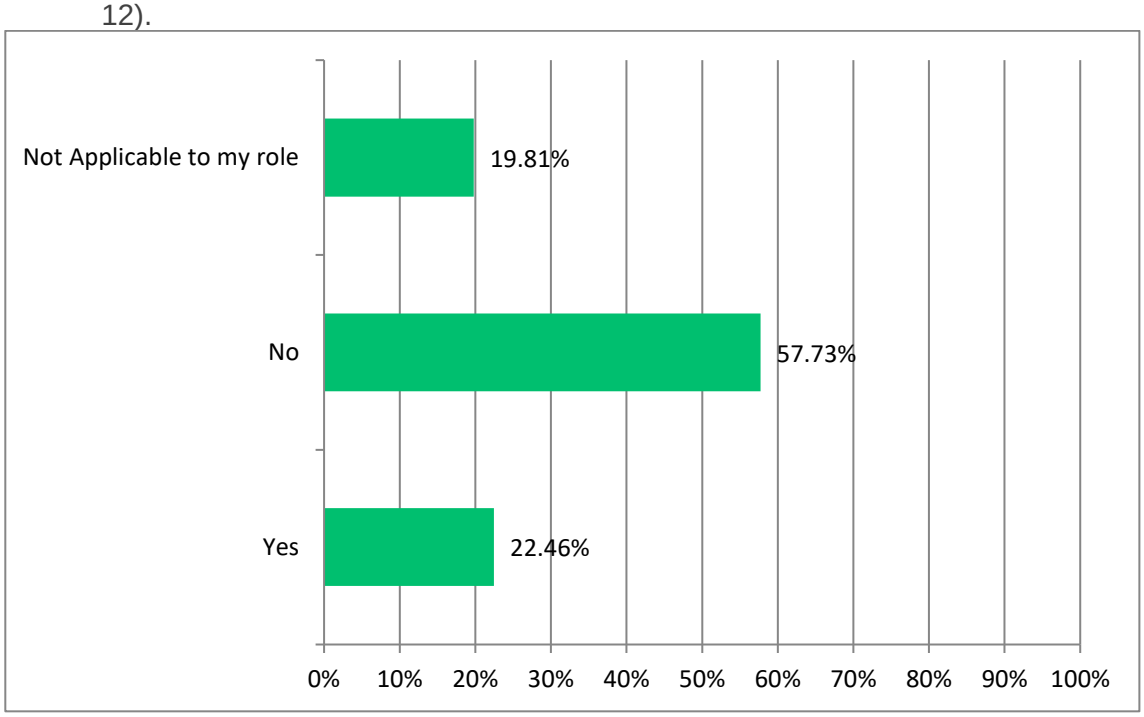


Figure 12: Have you seen the Good Practice Cancer Screening Guide for Primary Care for London? (Baseline number 414)

14) Over half (57.73%) of respondents were aware that people can self-refer to all the routine Cancer screenings programmes after invitation to participation have ceased (Figure 13)

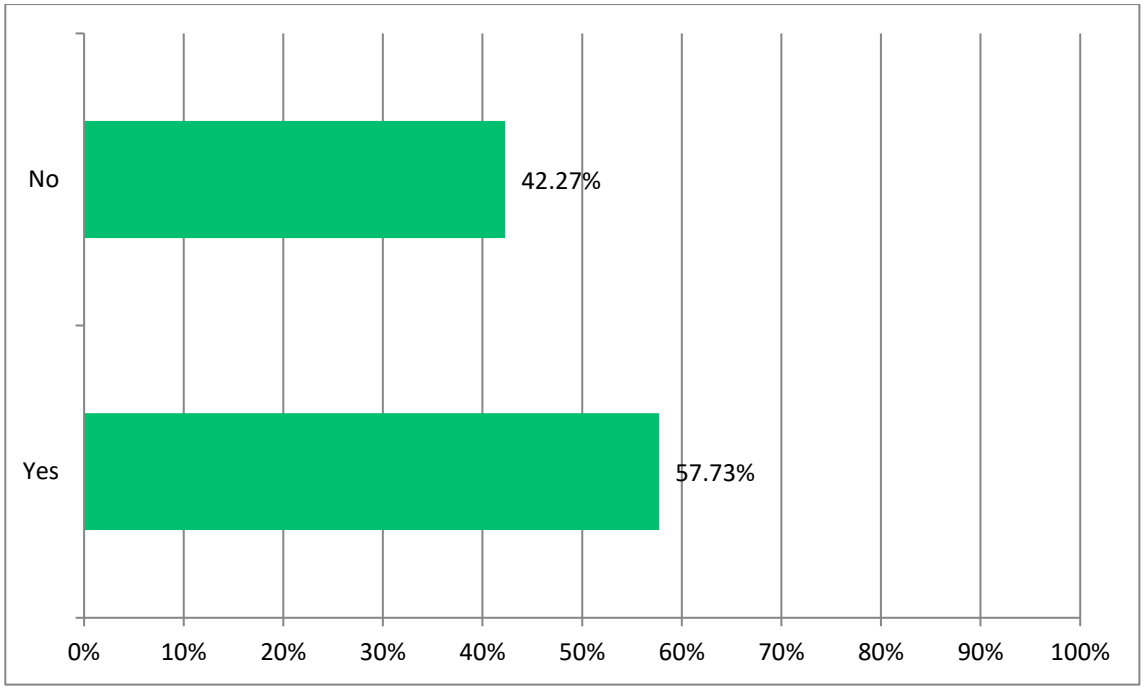


Figure 13: Are you aware that people can self-refer to all the routine Cancer screenings (bowel, breast and cervical) after invitation to participate have ceased? i.e., over the age at which they would be invited to participate. (Baseline number 414)

15) Over half of the respondents (51.57%) booked longer appointments for people with learning disabilities to support them to participate in the screening programmes. They also used pictorial guides (31.72%) and demonstrated the use of bowel Cancer test to patients with learning disabilities and their carers (27.6%) (Figure 14)

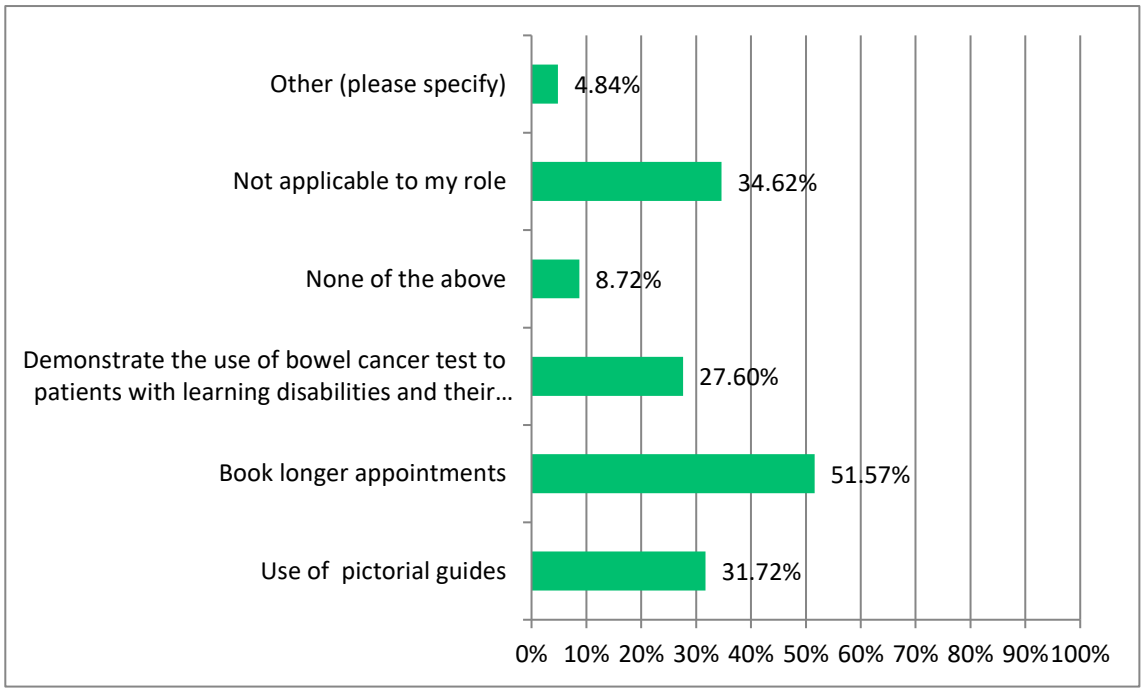


Figure 14: Select which of the following your GP practice puts in place for those with learning disabilities to support participation in the screening programme (Baseline number 413)
N.B. Other approach includes LD annual reviews, Video (e.g., https://www.jotrust.org/information/videos/smear-testlearning-disabilities), use of leaflets/poster, support through health and wellbeing coach, develop relationships through a number of visits.

16) Respondents have limited awareness of the Cancer resources mentioned in the TNA question. Cancer risk assessment tools (such as QCancer and C the Signs[1]) had the highest level of awareness despite not reaching 50% (48.93% of respondents said they are aware), followed by National Cancer Diagnosis Audit (36.59%), Cancer detailed case review or learning event analysis (35.12%), Macmillan consequences of treatment top ten tips (29.59%), Royal College of GP – primary care and consequences of treatment toolkit (21.72%) and Cancer online training such as Gateway C (20.54%) (Figure 15)

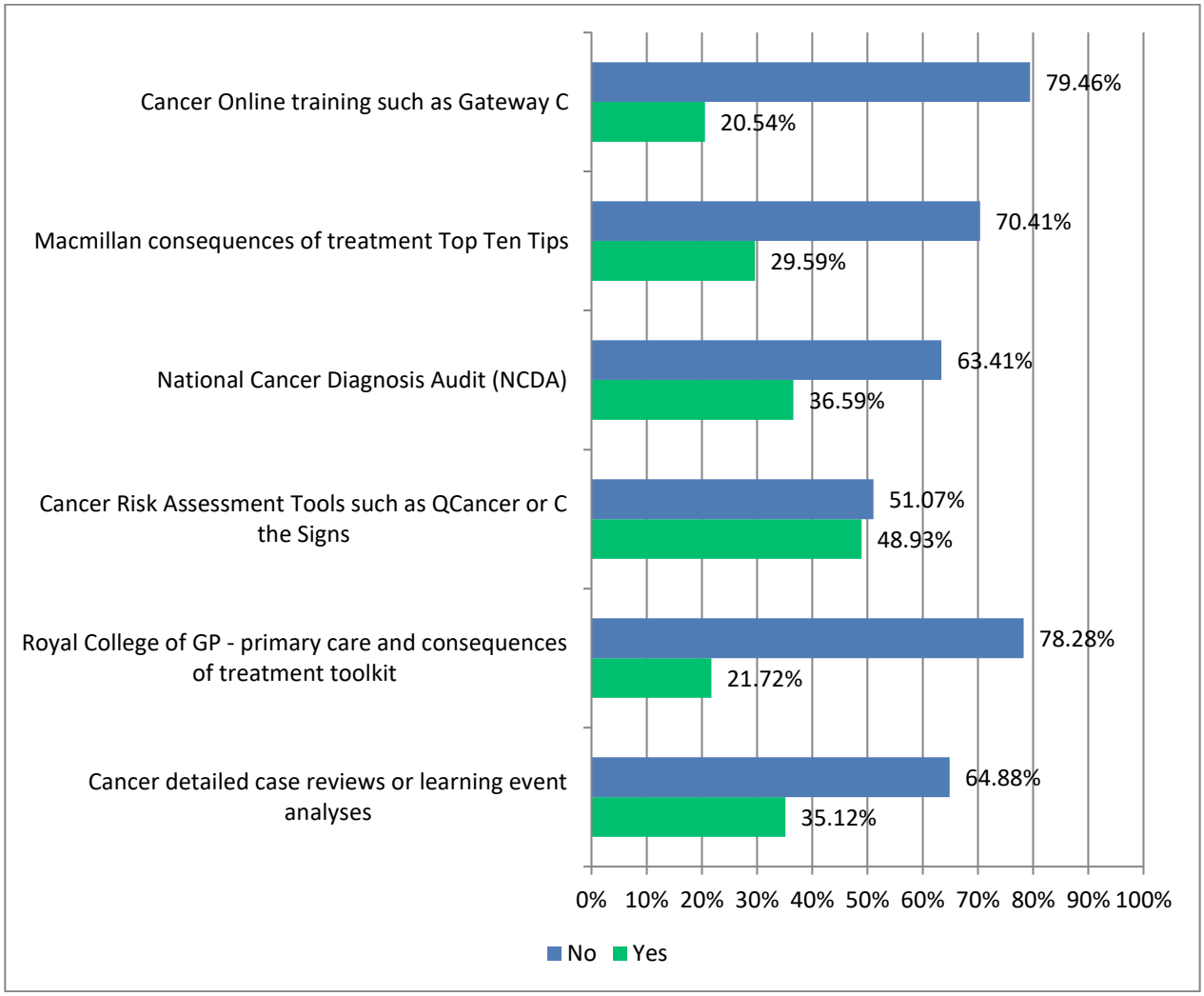


Figure 15: Which, if any, of the following resources are you aware of? (Baseline number 385)

17) Similar trends were being reported when respondents were asked how often they use the Cancer resources mentioned. When responses filtered out those who responded that this does not apply to their roles. 59.54% of respondents said they use the Cancer Risk Assessment Tools frequently or occasionally, this was followed by Cancer detailed case reviews or learning event analysis (59.45%), National Cancer Diagnosis Audit (52.78%), Royal College of GP Cancer resource in primary care and consequences of treatment (33.33%) Macmillan consequences of treatment top ten tips (32.69%), and Cancer online training such as Gateway C (32.29%). (Figure 16)

[1] The uptake of C the sign as a product is 61% across all GP practices in London. Data obtained in December 2020

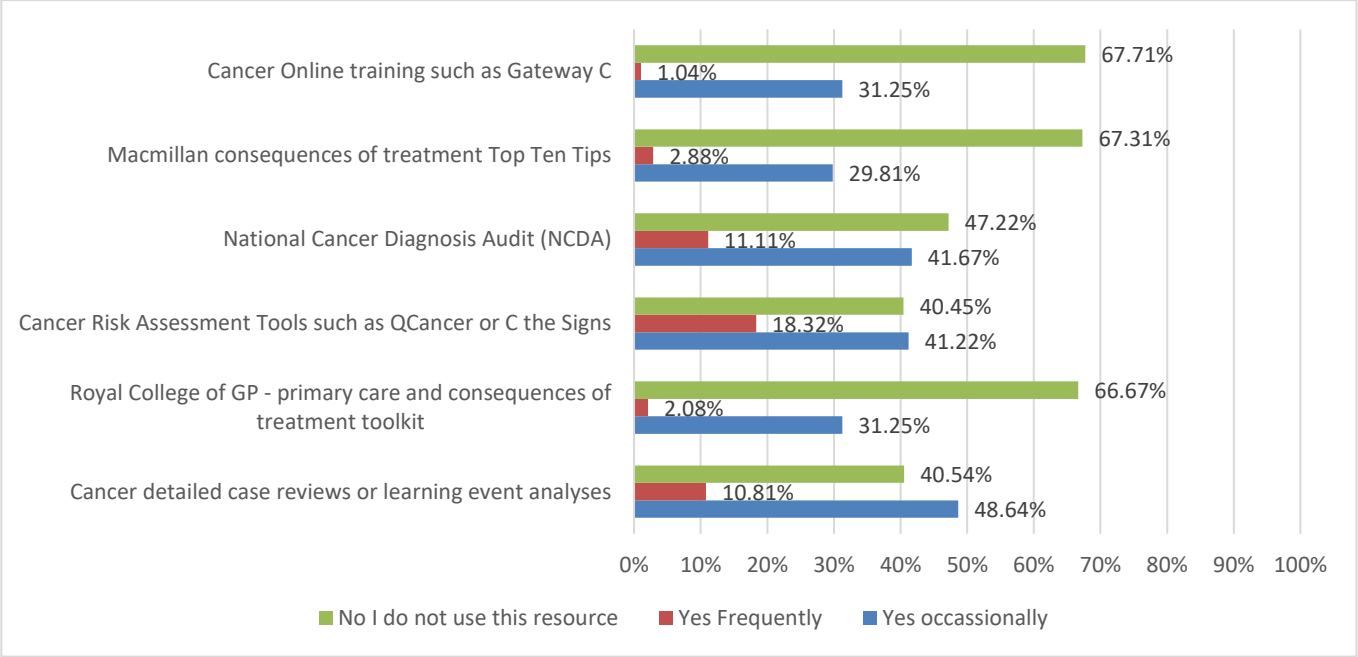


Figure 16: How often do you use these resources? ('Not applicable to my role' response removed)

18) More respondents have used practice level update/coverage data on Cancer screening (22.77%) than other data/intelligence tool in their GP practices. This is followed by Practice Profile Plus/fingertips (12.87%), Cancer Prevalence Dashboards (12.87%) and JSNA profiles (7.18%) (Figure 17).

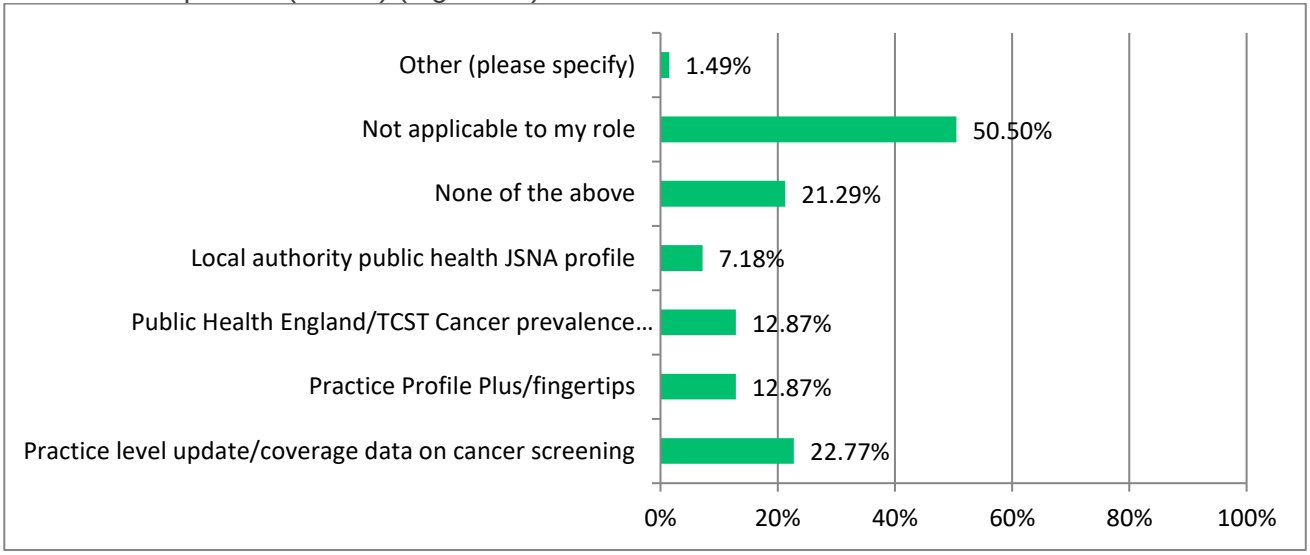


Figure 17: Have you ever used the following data/intelligence tools in your GP practice? (Baseline number 404)
N.B. Other: NCDA audit, staff meeting with Cancer education representative and analysis of uptake.

19) Only 48.88% of respondents said they are aware of safety netting protocols in their practice or PCN, with 19.35% said no and 31.76% said safety netting protocols are not applicable to their role. (Figure 18)

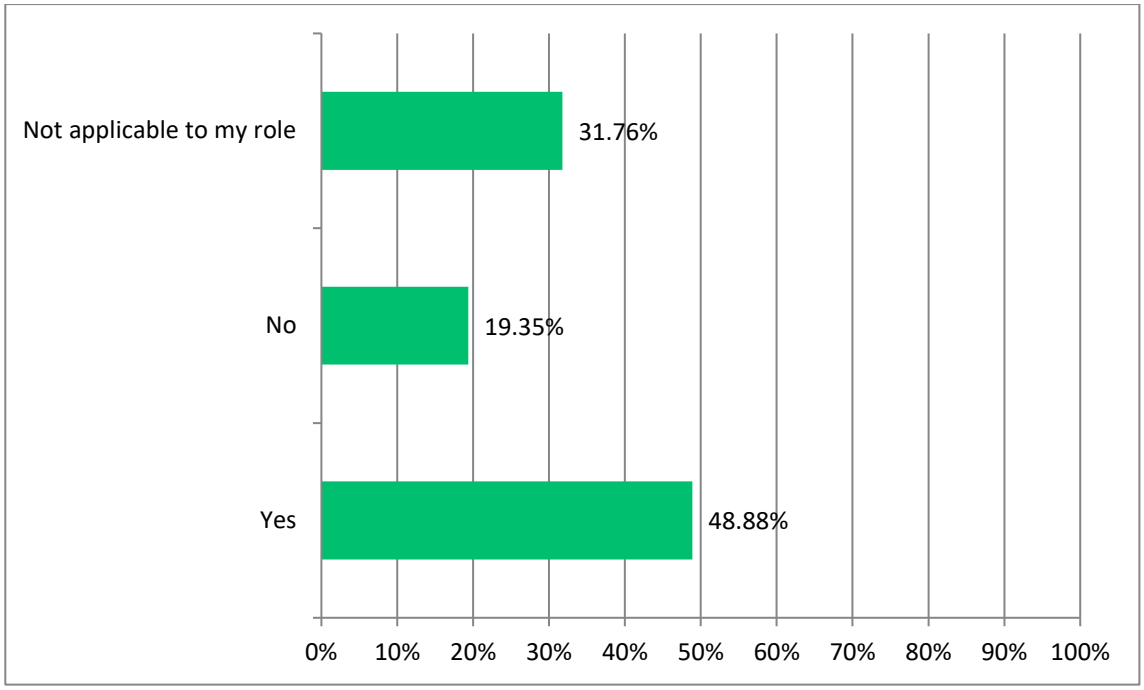


Figure 18: Are you aware of safety netting protocols in your practice or PCN? (Baseline number 403)

20) In terms of safety netting, the most frequently use of safety netting is for patients with suspected cancer symptoms (49.14%), followed by patients referred for urgent cancer wait (44.5%) and patients referred for direct access diagnostic (34.23%). Between 21% to 24% of respondents said they will safety net PCC interventions such as patients with a history of Cancer, patients who take medication as a result of their cancer and/or its treatment and patients who are at risk of developing or have consequences of treatment. Less than 5% of respondents said they do not safety net from the selected list, a further 42.05% said safety netting does not apply to their role. (Figure 19)

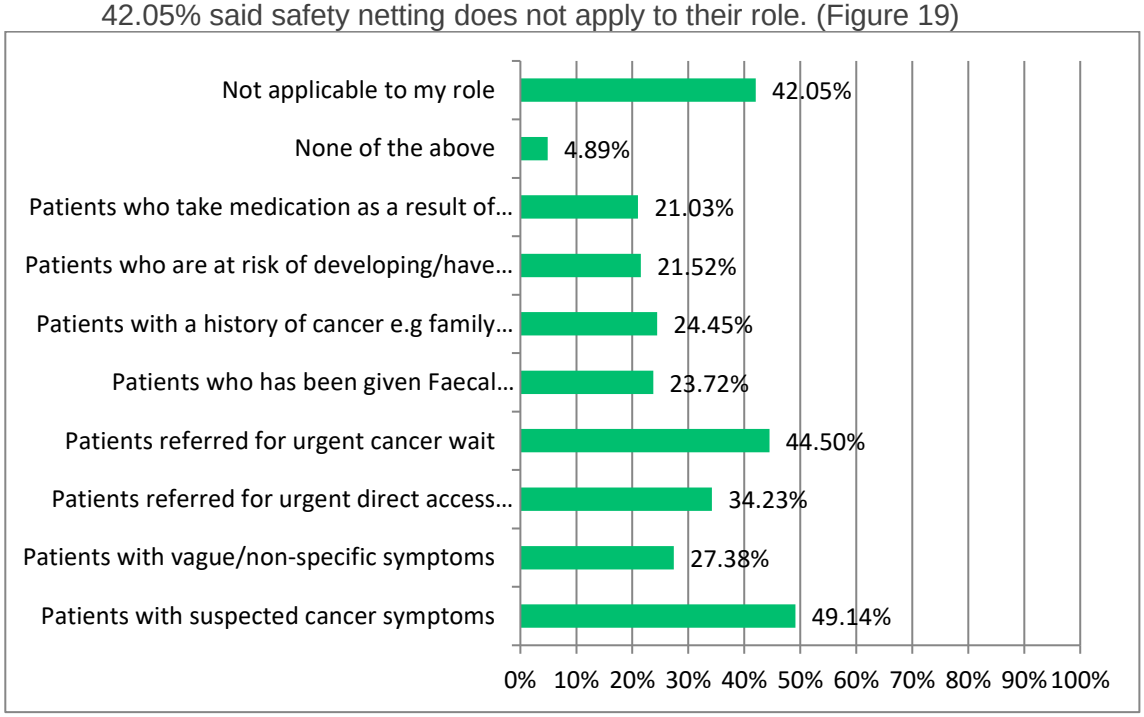


Figure 19: Who do you routinely safety net? (Baseline number 409)

21) In terms of asking respondents about interventions to improve screening uptake and coverage, the most popular intervention was to ensure results of screening are correctly

coded (40.3%) followed by flagging non-responders and patients who Did Not Attend (DNA) in patient records (40.05%). The third most popular intervention was to encourage patients who DNA a screening appointment to rebook. 39.30% of respondents said this question does not apply to their role (Figure 20).

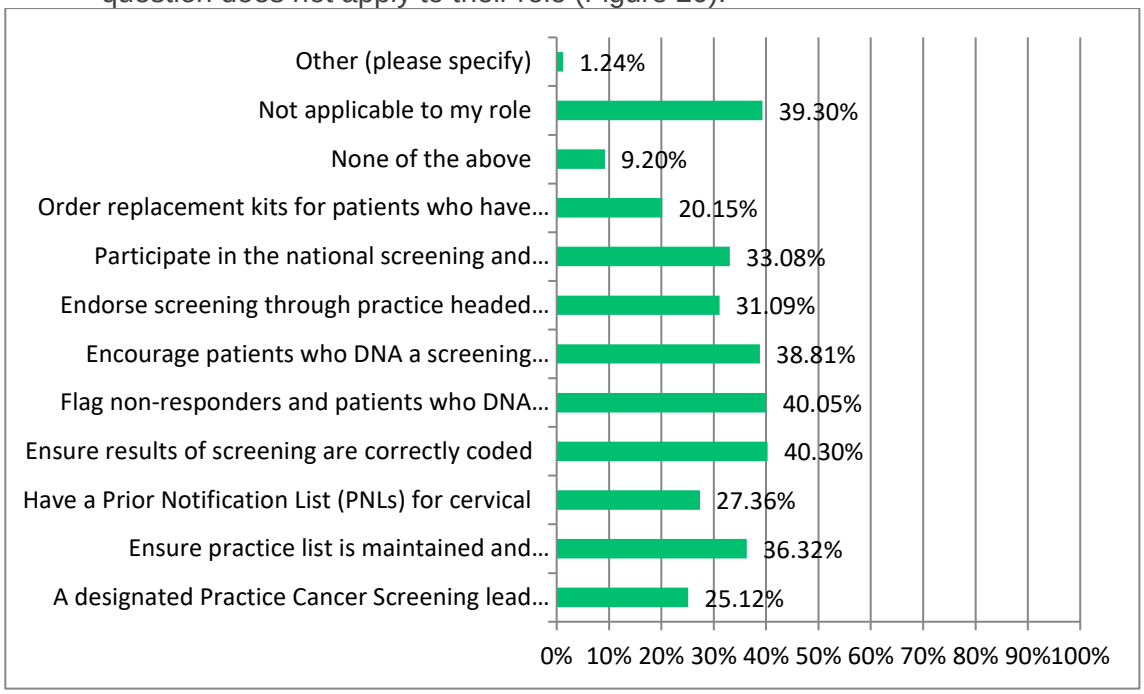


Figure 20: Are you aware of any of these GP practice based interventions occurring in your area of practice to improve screening uptake and coverage? (Baseline number 402)
N.B. Other: host community Cancer hospital outreach clinic

22) More respondents received face to face events/workshops training for ED of cancer (38.94%) than prevention (30.94%) and living with and beyond cancer (19.18%) (Figure 21).

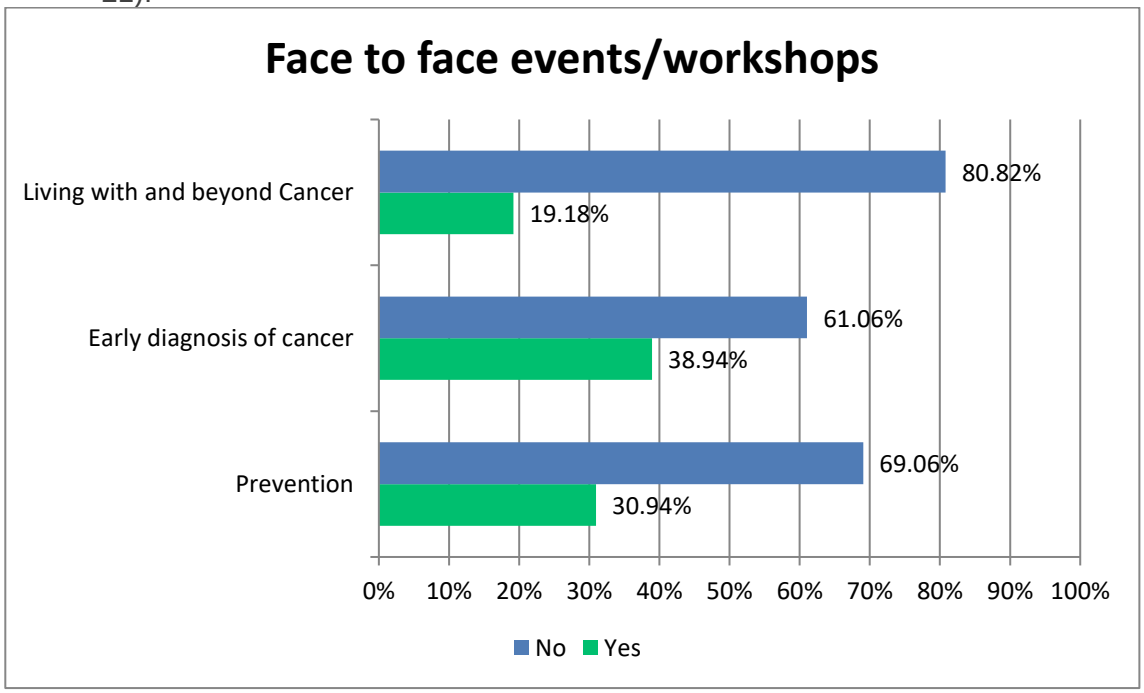


Figure 21: Have you received any training specific to Cancer in the past 3 years? Face to face events/workshops (Baseline number 351)

23) More respondents received webinar/webcast training for ED of cancer (34.11%) than prevention of cancer (28.13%) and living with beyond cancer (13.06%) (Figure 22).

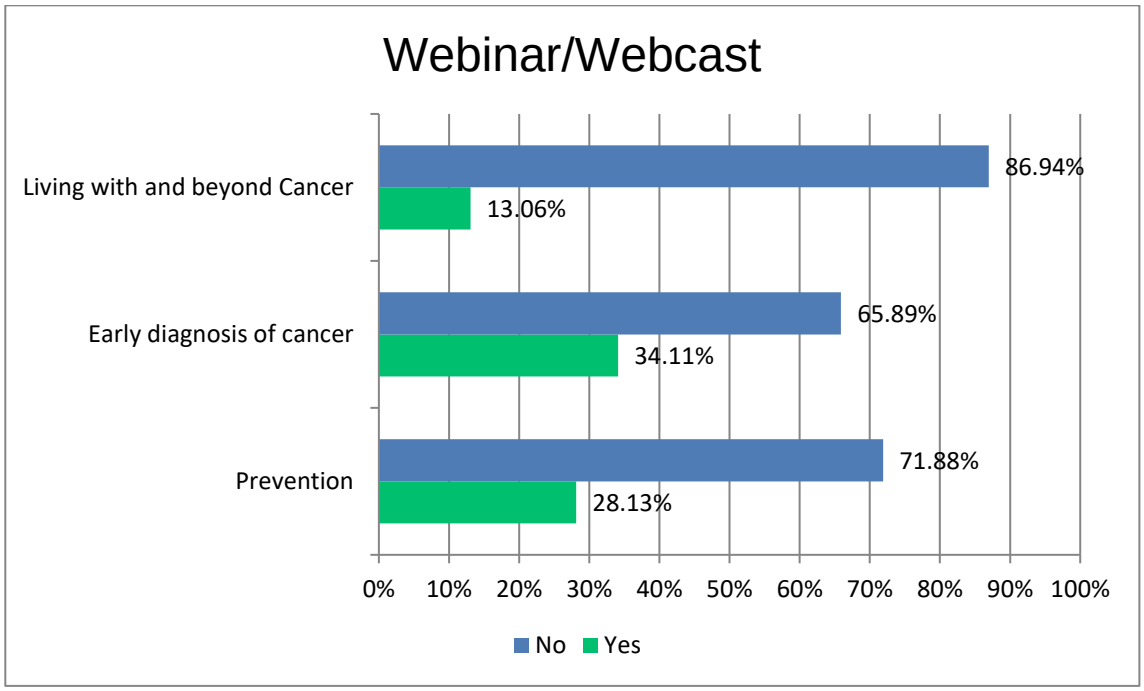


Figure 22: Have you received any training specific to Cancer in the past 3 years? Webinar/Webcast (Baseline number 351)

24) More respondents received E-learning module training for prevention (27.91%) than ED of Cancer (25.90%) and living with beyond cancer (14.52%) (Figure 23).

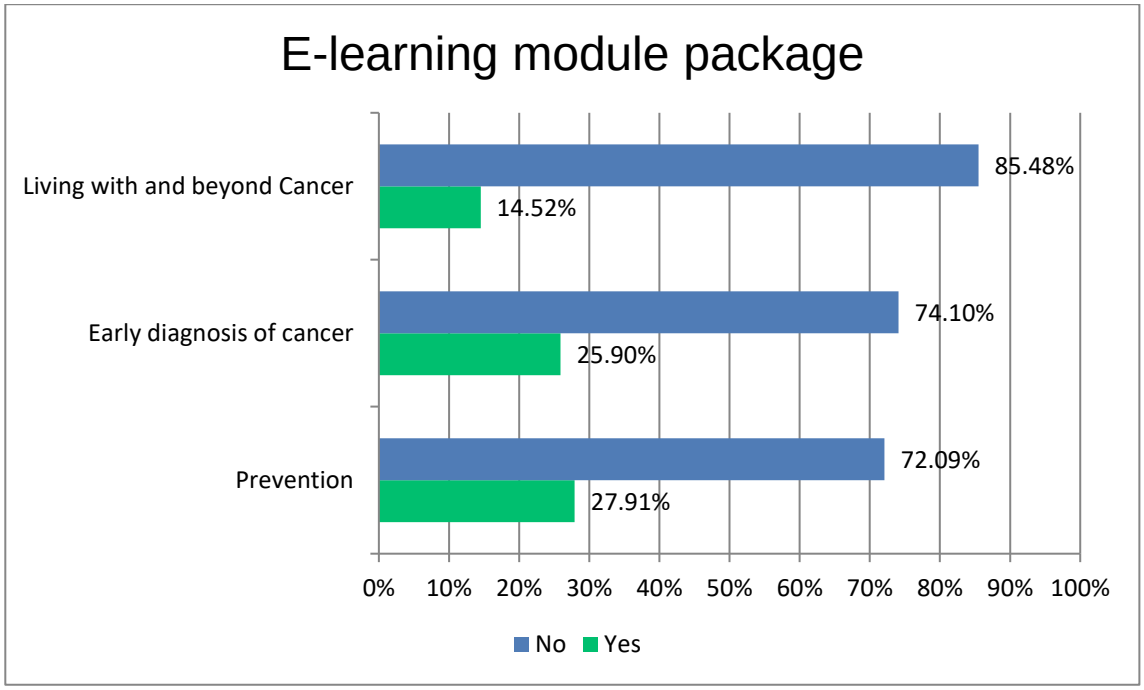


Figure 23: Have you received any training specific to Cancer in the past 3 years? E-learning module package (Baseline number 351)

25) The most preferred method of learning during the pandemic was webinar (Weighted average of 1.61, N.B. smaller value means stronger agreement with the method), followed by E-learning (1.69), bitesize/modular (2.3) (Figure 24)

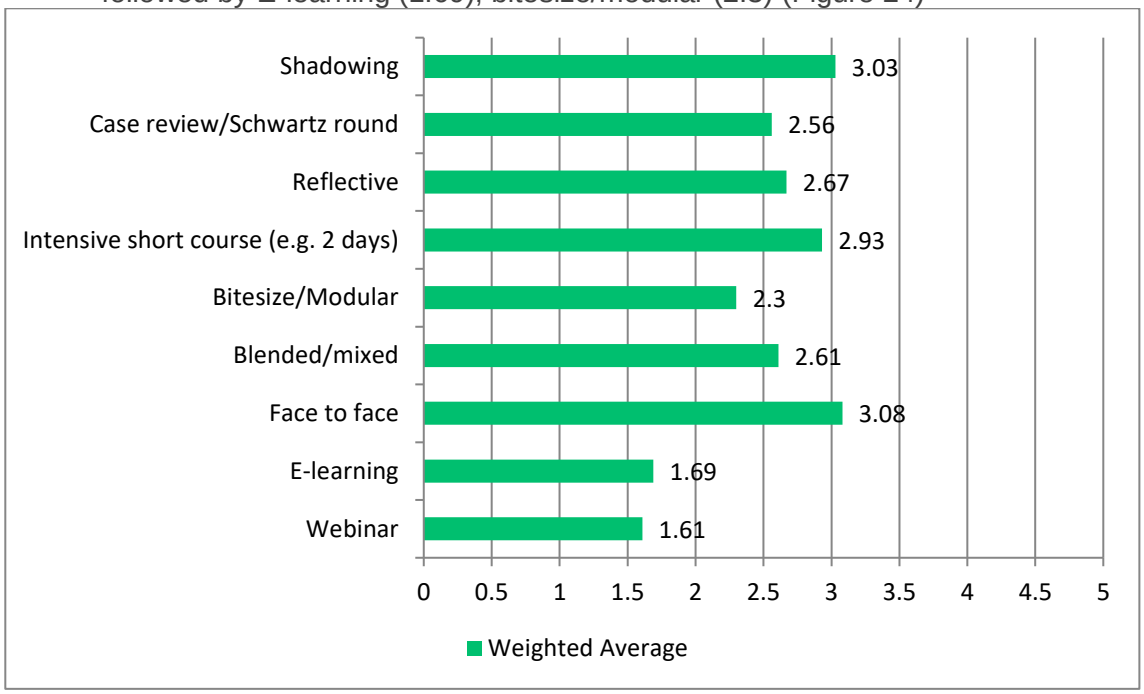


Figure 24: What is your preferred approach to undertaking training (during the pandemic)? (Baseline number 372)

26) The most preferred method of learning after the pandemic was Face to Face (Weighted average of 1.8), followed by Webinar (1.86) and E-learning (1.91) (Figure 25)

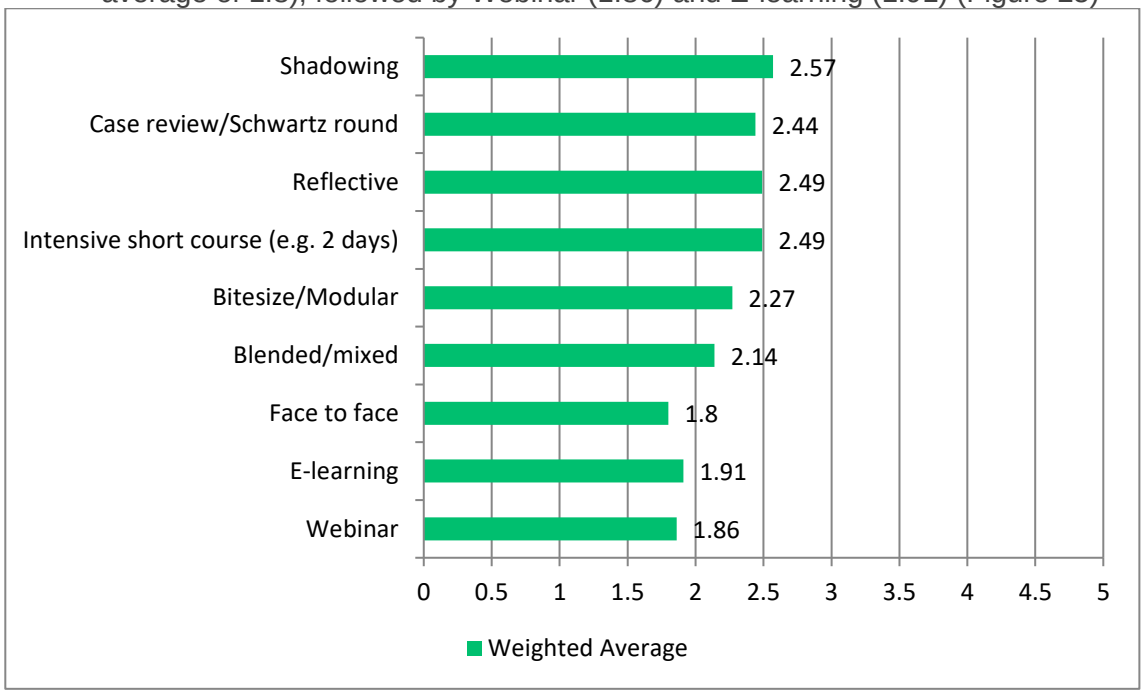


Figure 25: What is your preferred approach to undertaking training (after the pandemic)? (Baseline number 370)

27) Respondents preferred to attend their training in the morning (60.65%), followed by afternoon (50.13%). Some respondents also preferred evenings and weekend training (Figure 26).

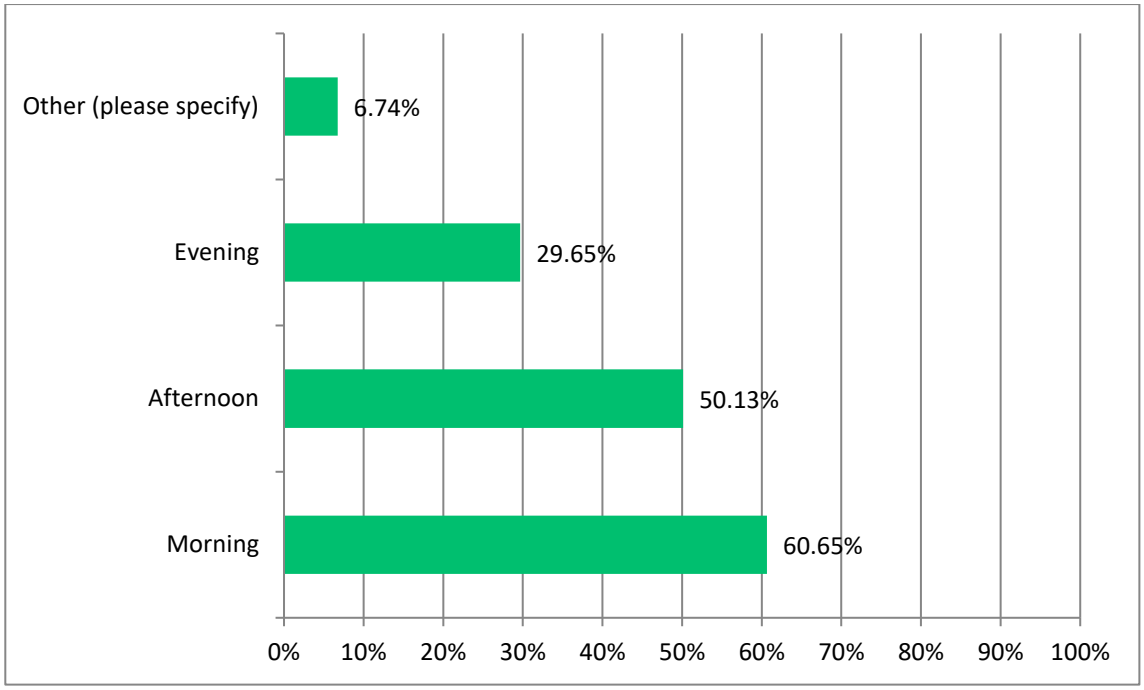


Figure 26: When do you prefer to attend face to face training sessions (Baseline number 371)
N.B. Other: Weekend, afterwork/day off, lunch time, recorded session so can be viewed anytime

28) Majority of respondents had their appraisal in the last year (55.65%), although 17.74% of respondents said they never had an appraisal (Figure 27)

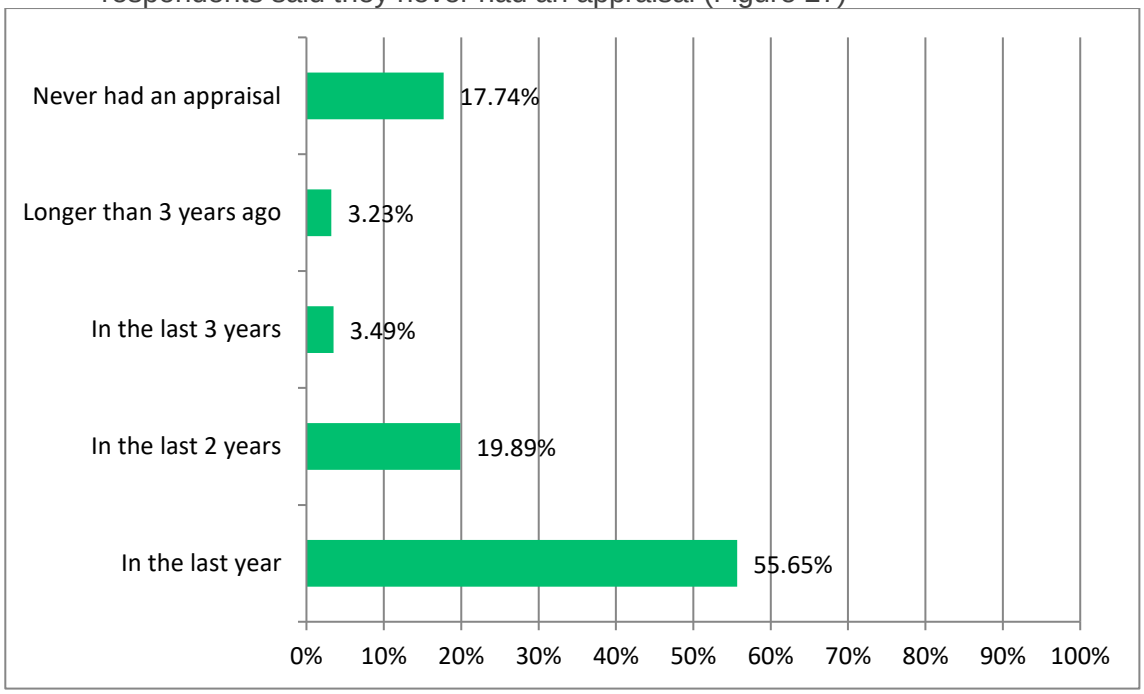


Figure 27: When did you have your last personal/professional re-validation or appraisal? (Baseline number 372)

29) Only 19.07% of respondents said Cancer was part of a personal/professional re-validation or appraisal. Topics in Cancer varied from audits, reviews, case presentations, Cancer prevention, screening, early diagnosis, safety netting, end of life/palliative care or specific Cancer tumour topics. (Figure 28)

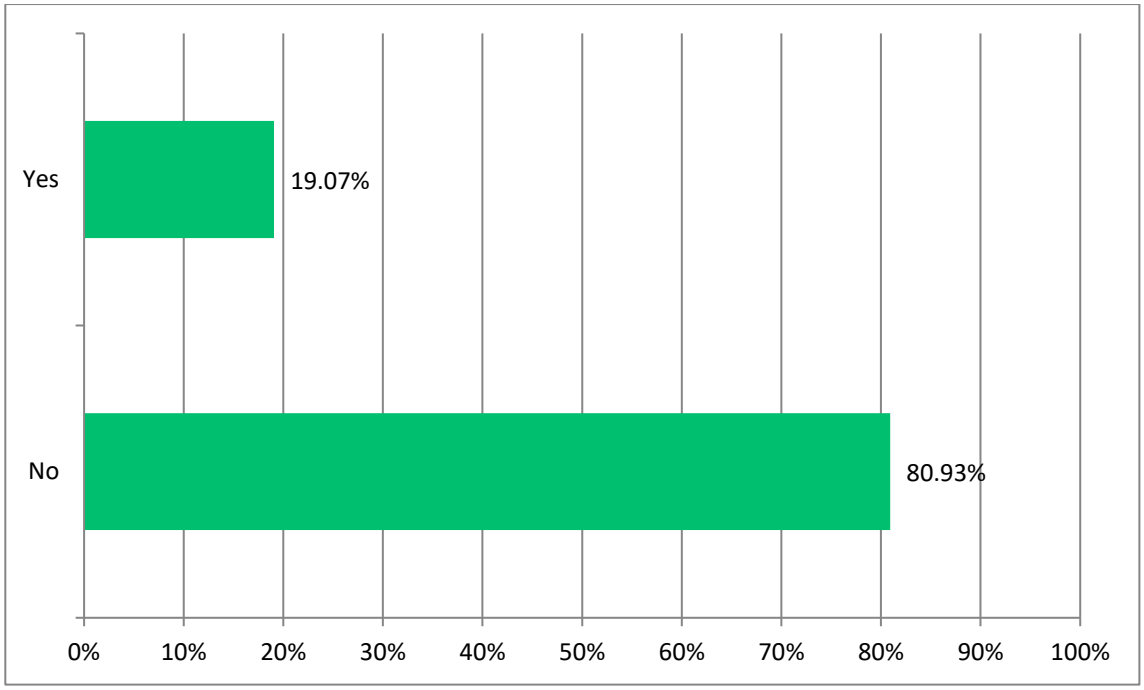


Figure 28: Has Cancer ever been part of a personal/professional re-validation or appraisal? If so what topic was chosen? (Baseline number 367)
N.B. Topics chosen see **Appendix** for details.

30) In terms of confidence to support people who are at risk of Cancer or have been affected by Cancer: **impact on relationships, sexuality and infertility** (Weighted average 2.01, with lower score means less confidence) and **late effects of Cancer or its treatment** (2.06) was identified by respondents to have **the least confidence**. On the other hand, **advice on healthy lifestyle** (3.12) and **signposting to other relevant professionals and services** (3.03) was reported by respondents to have **the most confidence** (Figure 29).

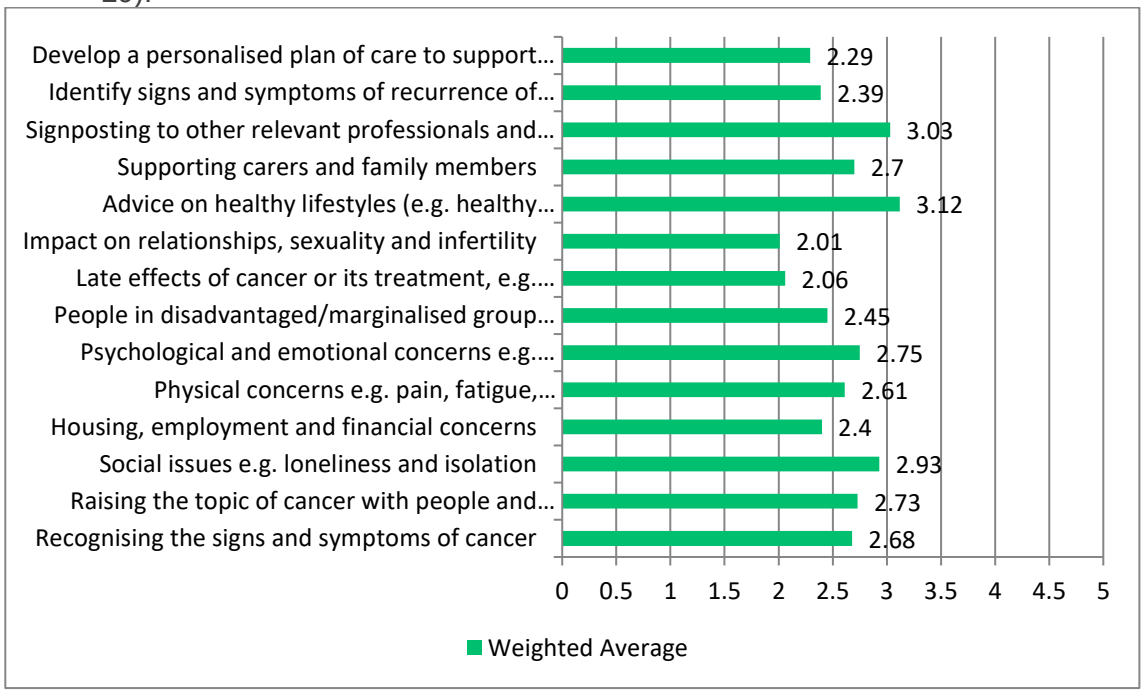


Figure 29: Thinking about your role, how confident do you feel supporting people who are at risk or have been affected by Cancer in relation to the following areas? (Baseline number 350)

31) Similarly, in terms of experience to support people who are at risk of Cancer or have been affected by Cancer: **impact on relationships, sexuality and infertility** (Weighted average 1.9, with lower score means less experience) and **late effects of** Cancer or its treatment (1.97) was reported by respondents to have **the least experience**. Similar to the question on confidence, **advice on healthy lifestyle** (2.73) and **signposting to other relevant professionals and services** (2.65) was reported by respondents to have **the most experience** (Figure 30)

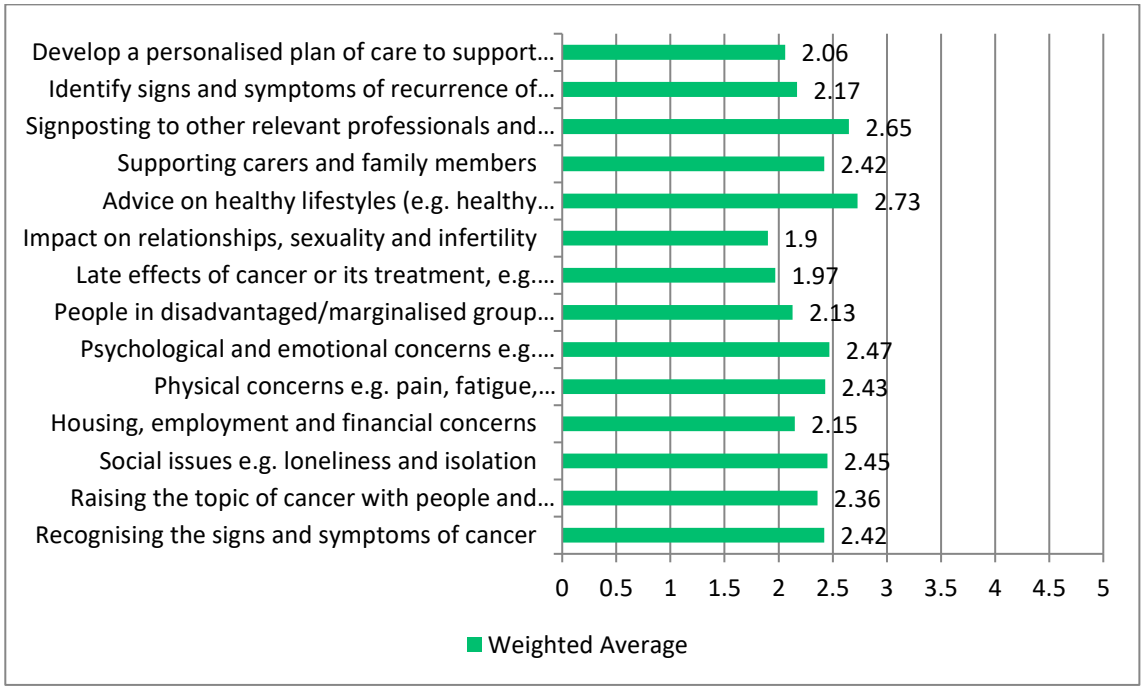


Figure 30: Thinking about your role, how much experience do you have in supporting people who are at risk or have been affected by Cancer in relation to the following areas? (Baseline number 349)

Acknowledgements

This document has been drawn together from experts in early Cancer detection and in long term condition management of Cancer. It has been led and coordinated by the Transforming Cancer Services Team (TCST) for London, part of the Healthy London Partnership.

The training needs assessment (TNA) described in this document has undergone many different iterations, the early detection part originates from The Professional Cancer Awareness Measure and the personalized Cancer care part originates from a survey published by University of Cambridge and Oxford Brooks University designed to assess physician knowledge and attitudes regarding care of patients with Cancer.

With thanks to the following who supported the design and validation of the TNA:

- Jason Tong - Senior Implementation Lead (Personalised Cancer Care), TCST
- Liz Price - Associate Director (Personalised Cancer Care), TCST
- Julia Ozdilli Associate Director (Early Detection), TCST
- Zara Gross, Implementation Lead (Early Detection), TCST
- Claire Simpson, Macmillan Project Manager-Wandsworth, Enable Leisure and Culture
- David Barnard, Macmillan Right By You Programme Manager & Social Prescribing Service, One Health Lewisham

- Christian von Wagner, Reader in Behavioural Science and Health, University College London (Led on the revalidation of the TNA)
- Zainab Kazzaz, Research Assistant Volunteer, University College London (Led on the revalidation of the TNA)

Appendix: Topics chosen in appraisal

1	General red flags
2	A patient who had a breast lump. I booked her in to see a female colleague the next working day for a second opinion. She did not attend and this was not followed up. She attended a year later (18 months ago) by which time the lump had grown. We discussed how we can improve our systems to follow up patients about whom we were concerned but missed appointments.
3	Myeloma
4	Cervical cancer prevention.
5	cancer screening service audit
6	Case Reviews
7	Audits of prostate cancer screening Case reviews of diagnosis
8	professional appraisal as cancer lead
9	I am the cancer lead for the practice and this was discussed.
10	Diagnosis
11	annual new diagnosis audit/case reviews/SEA
12	Holistic care of a patient following a diagnosis of ovarian cancer
13	WILL BE THIS YEAR AS PART OF qof qi
14	Case presentation and quality improvement
15	Bowel cancer
16	how to increase smear uptake
17	case review & discussion with appraiser
18	late diagnosis
19	NCA and reflecting on current practice
20	complex presentations
21	Updated about Suspected cancer: recognition and referral
22	Bowel cancer screening
23	I chose a young patient who died of metastatic lung cancer. He had unexplained pain following an RTA and fractures with a normal CXR. The accident hid the fact that the pain was from bone 2'.
24	Audit on root of where indentified
25	case review
26	Looked at NCDA reflections, and case based discussions Also did audit on PSA monitoring for patients with diagnosed prostate cancer, followed by QI, followed by 2nd audit i.e. over 2 year cycle
27	genearal
28	Lung and Prostate
29	Prostate cancer
30	RCGP cancer update course
31	SI relating to NHL
32	lung
33	Prostate

34	not applicable to my role - as I link worker I get only a 3-5 patients with cancer a year referrred to me
35	practice audit on 2WW referrals for appraisal
36	Breast cancer review
37	Improving awareness of g/l
38	Implementing cancer safety netting tool
39	safetynetting
40	Case study review of a young cancer patient
41	N/A in my role
42	n/a
43	cervical screening updates, general updates re cancer
44	oral cancer detection/screening as part of our annual core CPD
45	Case review
46	I
47	case review
48	Cancer update course for 1 day looking at presentations and diagnosis
49	oral cancer awareness general CPD
50	breast
51	Identification of early cancer
52	Prostate cancer
53	care plans End of life /palliative care
54	cervical cancer
55	Not applicable to my role
56	Cancer update course review cancer referral pathways
57	Colorectal cancer
58	oral cancer
59	As part of CPD every 5 years we need to do this
60	No
61	Bowel cancer
62	I
63	Annual cpd mandatory
64	breast lung bowel cervical
65	Breast Lung Bowel
66	the oral side effects of cancer therapies
67	oral cancer
68	No
69	Cancer update course
70	In