

# Ranked Priorities

Ranking	High Level Priority	Score	Priority area
1.	Facilitate appropriate early assessment and investigation of symptomatic patients presenting in general practice	46.3	GP
2.	All GPs have received training in core components of early diagnosis of cancer relevant to primary care	45.8	GP
3.	Develop a sustained and whole systems approach to raising population awareness across the London population	43.2	Lung
4.	Improve uptake of lung health checks	44.9	Lung
5.	Support accurate assessment of risk in patients with abdominal symptoms and signs	39.5	Abdominal symptoms
6.	Ensure appropriate early investigation of symptomatic patients presenting in general practice	38.8	Lung
6.	All GPs have full access to diagnostic services enabling delivery of NG12 including acceptable management of patients not meeting urgent suspected cancer referral thresholds	38.8	GP
7.	Improve detection of abdominal cancers in people with non-urgent, vague or non-specific symptoms	37.9	Abdominal symptoms
8.	Identify high risk populations and implement surveillance programmes	37.4	Abdominal symptoms
9.	Promote reflective learning and collaboration in general practice to improve outcomes	36.6	GP
10	Increase identification of high risk patients by other professionals / staff working in primary care	36.2	GP
11.	Undertake specific projects to raise awareness in specific groups and settings	30.1	Lung
12.	Quality of endoscopy	27.7	Abdominal symptoms
13	Improve detection of cancers in younger people	22.9	Abdominal symptoms
14	Promote access to CXR for symptomatic patients outside of standard pathways	20.3	Lung

# London Priorities for Shift to Early Stage Cancer Diagnosis for 2020/21

## General Practice

- All GPs to have received training in key aspects of early cancer diagnosis
- Promote use of simple cancer tests in general practice to risk assess patients not meeting USC/2ww pathway criteria e.g. FIT, CA 125, FBC, calcium, paraprotein, PSA, CXR and US
- All GPs have direct access to urgent investigations in line with NG12
- Targeted work with practices that are outliers for 2ww/USC and CXR referrals

## Lung

- Promote use of CXR in line with Leeds study
- All GPs to have easy access to CT chest for suspected lung cancer (direct access or USC pathway)
- Develop Pan-London approach to raising popn awareness of lung cancer symptoms + screening

## Abdominal

- All GPs have direct access to urgent CT abdomen and US in line with NG12
- All GPs to have access to vague abdominal symptoms service (RDC or other)