## 2024-25 NCL Cancer Alliance Primary Care Practice Survey

## Overview

Please complete this short 2024/25 NCL Cancer Alliance Practice Survey.

Your responses will help NCL Cancer Alliance to understand your experiences of working on areas of the DES contact and improve support for practices in the future.

We kindly ask that this survey is completed just  $\underline{\text{once per GP practice}}$  and by 31st March 2025.

| and Your Practice Details  |     |      |
|--|-----|------|
| 1 What is your name?   |     |      |
|  |     |      |
|  |     |      |
| <b>2</b> What is your role in your GP practice?  |     |      |
|  |     |      |
|  |     |      |
| <b>3</b> What is your email address?   |     |      |
|  |     |      |
| 4 Which NCL borough is your PCN locate Please select only one item  Barnet Camden Enfield Haringey Islington | ed? |      |
| 5 What is your Practice name?  |     |      |
|  |     | <br> |
|  |     |      |
| 6 What is your Practice Code?  |     | <br> |
|  |     |      |

Training & Development

| 7 How does your practice receive communications from the NCL Cancer Alliance team? (Please select all that apply) |
|---|
| Please select all that apply  |
| Newsletter  |
| Website   |
| Meetings  |
| Events  |
| Other   |
|   |
| If 'Other', please specify:   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
|   |
| 8 What is the most effective way to contact you regarding updates and changes? (Please select all that apply)     |
|   |
| Please select all that apply  |
| Email   |
| Newsletter  |
| Website   |
| Meetings  |
| Events  |
| Other   |
| If 'Other', please specify:   |
|   |
|   |
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|   |
|   |
| © 18/5 - 4 - 1  |
| 9 What does your practice currently offer to support staff education?<br>(Please select all that apply)           |
| Please select all that apply  |
| Protected Learning Time   |
|   |
| Funding for training  |
| Dissemination of resources  |
|   |
|   |
| 10 Are there any additional areas of support / incentives which you think   |
| would help to deliver improvements to cancer care?  |
|   |
|   |
|   |
|   |
|   |
|   |

| 11 Does your practice routinely undertake Significant Events Audits<br>(SEAs)?   |
|--|
| Please select only one item  |
| Yes  |
| ○ No   |
|  |
| Faecal Immunochemical Test (FIT)   |
| 12 Does your practice review how FIT test results are used to determine LGI referral?  |
| Please select only one item  |
| Yes  |
| ○ No   |
|  |
|  |
| 13 Have you done any of the following to support the use of FIT in your practice? (Please select all that apply)   |
| Please select all that apply   |
| Reviewed how FIT test results are used to determine LGI referral   |
| Attended training  |
| Initiated an internal process to ensure that FIT coding is matched correctly   |
| 14 Do you feel that your practice would benefit from education and   |
| 14 Do you feel that your practice would benefit from education and<br>support on use of FIT? If yes, please let us know what you think would<br>help. (Please select all that apply) |
| Please select all that apply   |
| No further education / support required  |
| Webinar Events   |
| Training packs   |
| Access to more data  |
| Improvement conversations and support  |
| Other  |
|  |
| If 'Other', please specify:  |
|  |
|  |
|  |
|  |
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|  |

| 18   | From the experience of your practice, what do you think are the main barriers to patients returning completed FIT tests? (Please select all that apply)   |
|------|---|
| Ple  | ase select all that apply   |
|      | Patients forgetting to return their tests   |
|      | Language barriers in explaining instructions  |
|      | Other difficulties in understanding how to complete the test  |
|      | N/A - Not sure  |
|      | Other   |
| If ' | Other', please specify:   |
|      |   |
| 16   | Ber Support Discussion (within 3 months of diagnosis)  6 How does your practice communicate to patients that they are being given an offer of a cancer support discussion? (Please select all that apply)  asse select all that apply  Oral communication  SMS Text  Email  We do not mention it specifically |
|      | 7 Is a template letter always used?   |
| Ple  | ase select only one item  |
|      | ) No  |
|      | ) Some of the time  |
|      | ) Most of the time ) All the time   |
|      | ) All the time  |
|      |   |

| 18        | Who carries out support offer discussions in your practice? (Please select all that apply)                                    |
|-----------|---|
| Plea      | ise select all that apply   |
|           | Non-clinical staff member   |
|           | Nurse   |
|           | Doctor  |
|           | Care Co-ordinator   |
|           | Social Prescriber   |
|           | Other   |
| If 'C     | Other', please specify  |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
|           |   |
| Canc      | er Care Review (within 12 months of diagnosis)  |
| 000       | or care records (mains of analysis of   |
|           | How does your practice communicate to patients that they are being given a Cancer Care Review? (Please select all that apply) |
| Plea      | ise select all that apply   |
|           | Pre-appointment communications  |
|           | Verbally during the appointment   |
|           | We do not mention it  |
|           |   |
|           |   |
| 20        | When do Cancer Care Reviews take place?   |
| Plea      | ise select only one item  |
| C         | Within existing patient appointments  |
| C         | Within dedicated patient appointments   |
| $\subset$ | Mixed – sometimes in dedicated appointments, sometimes in mixed appointments  |
|           |   |
|           |   |
| 21        | Do you use a structured template?   |
|           | ise select only one item  |
|           |   |
|           | ) No  |
| $\sim$    | Some of the time  |
| $\sim$    | ) Most of the time  |
|           | ) All the time  |
|           |   |

| Care Re                                | e item   |
|--|--|
| $\sim$                                 |  |
| Yes                                    |  |
| ○ No                                   |  |
| Macmillan C                            | ancer Review Template - Please click below link:   |
| Cancer Care Re                         | views in Primary Care   Macmillan Cancer Support < https://www.macmillan.org.uk/healthcare-professionals/cancer-pathways/prevention-a<br>-care-review> |
|  | ries out Cancer Care Reviews in your practice? (Please<br>I that apply)  |
| Please select all that                 | apply  |
| Nurse                                  |  |
| Doctor                                 |  |
| Care Co-or                             | dinator  |
| Social Pres                            | criber   |
| Other                                  |  |
| _                                      |  |
|  |  |
| f 'Other', please                      | specify:   |
| eening - Imp                           | proving Uptake tiatives are you doing to increase bowel cancer screening   |
| eening - Imp                           | proving Uptake tiatives are you doing to increase bowel cancer screening   |
| eening - Imp<br>24 What ini<br>uptake? | proving Uptake tiatives are you doing to increase bowel cancer screening   |
| eening - Imp<br>24 What ini<br>uptake? | proving Uptake tiatives are you doing to increase bowel cancer screening   |
| eening - Imp<br>24 What ini<br>uptake? | proving Uptake tiatives are you doing to increase bowel cancer screening   |