

Date: Thursday 12th March 2009

To: Chief Executives, Primary Care Trusts
Copy to: Medical Directors, Cancer Networks
Directors, Cancer Networks
Macmillan Development Managers
Macmillan GP Advisors

Dear Colleague

**Helping PCTs respond to the needs of cancer patients:
clinical leadership for cancer in primary care**

We at Macmillan Cancer Support and the Department of Health thought it would be timely to write to you about the valuable contribution a clinical lead for cancer can make to your organisation. The development of excellent clinical leaders for cancer has never been more important to the NHS in delivering the current and emerging policy agendas (Cancer Reform Strategy, the End of Life Care Strategy, NHS Next Stage Review, World Class Commissioning, etc).

Thanks to Macmillan's long-term support for clinical leadership in primary care, PCTs with a Primary Care Cancer Lead Clinician (PCCL) enjoy free access to the experience of a UK-wide community of clinical leads in the cancer field.

Macmillan Cancer Support is keen to continue strong relationships with primary care and would like to invite applications from PCCLs to become more formally affiliated with Macmillan Cancer Support through our adoption policy. This strengthened relationship between Macmillan and the Primary Care Cancer Lead community would enable us to work better together to support implementation of national strategies and policy frameworks for cancer and palliative care, improving the experiences of people living with cancer.

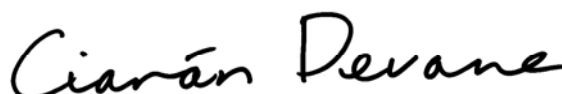
Macmillan has written separately to all PCCLs inviting applications and a copy of the letter is attached. If you have a PCCL in your area, we would encourage you to discuss the letter with them. If you do not currently have a PCCL in post within your PCT, then you may find the attached letter outlining the support that Macmillan can offer a PCCL useful if you are considering reviewing this situation.

Against this background, we thought it would be helpful to review briefly the key role of clinical leaders or champions in advising PCTs (see Appendix 1). If you would like further information about the role of PCCLs, or wish to hear more about our offer of adoption, please contact Heather Stephens, Primary Care Co-ordinator, Macmillan Cancer Support, c/o 5 Burton Place, Castlefield, Manchester, M15 4PT or heather@innove.info.

Yours sincerely,



Professor Mike Richards
National Cancer Director
Department of Health



Ciarán Devane
Chief Executive
Macmillan Cancer Support

Appendix 1: Vital role of primary care cancer leads

Helping and advising those responsible for commissioning

Clinical engagement in the increasingly broad collaborative approach to commissioning is vital to achieve the aims of world class commissioning of achieving improved health outcomes. Put simply, a clinical leader in primary care cancer can help you to:

1. *Integrate your organisation's response to cancer*, including:
 - Supporting meaningful engagement with patients, public and clinicians.
 - Co-ordination across the local health economy (e.g. chairing local cancer groups) to support the delivery of care that is appropriate to local need.
 - Building relationships between primary, secondary and tertiary care within the Cancer Network (e.g. representing primary care in Cancer Network Peer Review).
2. *Advise your management staff and practices responsible for service planning and commissioning*, by helping to:
 - Communicate and advise within the PCT, based on understanding of both patient need and clinical experience to support the prioritisation of investment.
 - Promote continuous improvement in the quality of care provided by harnessing opportunities for service redesign.
 - Tackle health inequalities targets.
 - Develop out-of-hospital cancer services, closer to the patient's home.
3. *Provide access to detailed knowledge of clinical practice*:
 - Provide knowledge about best practice and standards in cancer care.
 - Disseminate knowledge to general practices and other clinical disciplines (from prevention, early diagnosis and the whole clinical pathway to recovery or end of life care).
 - Lead and support implementation of national guidelines, targets and the Quality & Outcomes Framework (QOF).