

*November 2010*

## History of Macmillan GPs

Macmillan Cancer Support has funded GP positions from the early 1990's, following the success of our investment in supporting the development of specialist palliative medicine in the UK. Macmillan recognised that there was a need to support the medical care of patients based at home who were being cared for by general practitioners (GPs) and primary care teams. The GP programme was developed from an initiative by Macmillan and the Royal College of General Practitioners (RCGP) and piloted the concept of GP Facilitators in Palliative Care. Primary care based 'cancer lead' positions were subsequently developed across the UK by Macmillan, and this was followed by a joint partnership with the Department of Health in England to develop a dedicated cancer lead role in every primary care trust in England (the Primary Care Cancer Leads [PCCL] programme). These posts were funded by the NHS but supported in their development by Macmillan. Today, all GP posts supported or developed by Macmillan are referred to as Macmillan GPs.

Whilst different models of Macmillan GPs have emerged over time and to suit the differing health and social care structures across the UK, the overall aim of all Macmillan GPs is to produce a recognisable improvement in the quality of cancer and palliative care provided by primary health care teams within a local health economy. This is achieved by having protected time to work with all parties involved in cancer care. Until now, most Macmillan GPs have traditionally acted as change agents within their locality and working nationally through a small team of Macmillan GP Advisors, however the role in some UK nations (namely England and Northern Ireland) now includes a more prominent focus on influencing GP-led commissioning structures.

## Scope of Role

Scope of the role will vary from individual to individual depending on the contractual time commitment of each Macmillan GP and the local priorities as determined at the outset of the role and through the local Steering Group. Macmillan GPs are encouraged to develop their role in the following areas, with sections 1 and 2 being essential to all new Macmillan GP developments (2010 onwards) and desirable for existing Macmillan GPs. Sections 3-5 indicate other areas of focus for Macmillan GPs in making a demonstrable improvement in cancer care.

### Core elements of role:

#### **1. Commissioning of cancer services (England and Northern Ireland)**

*To influence the development of cancer services within the local commissioning structures.*

- Build capacity to influence local commissioning decisions for cancer through either (a) an active role in clinical leadership within local GP Consortia / GP Confederations, or (b) establishing relationships with local GP commissioning leads for cancer and end-of-life to enable continued influence.
- Influence local commissioning of cancer pathways and models of care that are supported by an evidence base and / or supported by Macmillan Cancer Support as innovative models of good practice.
- Encourage and support meaningful engagement of secondary care colleagues, specialist advice for cancer and service users in the local commissioning of cancer services, ensuring that services are appropriate to local need and in line with national priorities (including Macmillan's desired outcomes for people living with cancer).
- Work closely with Macmillan Cancer Support to monitor the impact of new commissioning structures on cancer services, ensuring that the needs of cancer patients are fully met and continuously seeking opportunities to further improve care for people living with cancer.

## 2. Leadership

*To provide primary care leadership and representation to inform and influence the delivery of care for cancer patients, and to influence local GP peers as widely as possible in driving up standards of cancer care in primary care*

- Work collaboratively with key stakeholders to influence and facilitate change and improvement in the delivery of care and local cancer services.
- Enable a culture of change that is both grounded and creative through communication and motivation of GP peers and other local stakeholders.
- Network widely with local GP peers and primary care teams, raising the profile of cancer in primary care and encouraging / facilitating uptake of Macmillan tools and models of good practice (observing Macmillan's theoretical 'reach' model of engaging with up to 20 Practices per Macmillan GP).
- Actively engage in Macmillan's UK-wide primary care community of GP leaders in cancer care as a source of knowledge and sharing of good practice, ensuring learning is applied locally and engaging local GP peers in the changing story of cancer.

### Optional elements of role:

**(dependent on time commitment and local priorities as determined by Steering Group):**

## 3. Education

*To both facilitate and enable the education of primary health care teams, working with and through other stakeholders as required, and supporting the use of Macmillan primary care tools and models of good practice.*

- Provide input to existing educational programmes, with particularly emphasis on VTS, post-graduate programmes and influencing educational programmes.
- Enhance the knowledge and skills of primary health care teams in providing care to cancer patients with regard to early diagnosis, pathways of care, symptom control and supportive and end-of-life care to ensure the delivery of optimal care as well as early recognition of needs at all stages of the cancer pathway.
- Enhance knowledge and provision of information on the availability of services available to cancer and palliative care patients and routes of access to services within the local health economy area. This should encompass all sectors and take account of voluntary services.
- Support the use and / or roll-out of Macmillan educational initiatives, e.g. palliative care diploma, GP education package, GP revalidation toolkit (under development), OOH e-learning chapters and learning from our pilot project 'managing cancer as a long-term condition' (working with Practice Nurses).

## 4. Service redesign

*To work with Macmillan and other stakeholders to support pathway and service redesign taking account of national and Macmillan priorities, while responding to local need. Redesign should support national agendas of achieving Quality and Productivity in cancer care and achieving Macmillan's outcomes for people living with cancer (outlined later in this document).*

- Facilitate integration of cancer pathways across primary care, secondary care and social care services, incorporating supportive care with regard to both health and social care needs, and supporting implementation of national guidance (e.g. NICE/SIGN).
- Harness opportunities for redesign in alignment with Macmillan's outcomes for people living with cancer, including support for and spread of recognised tools and models of good practice in cancer and end-of-life care.

- Particular relevance should be given to some of the emerging themes and pilots from national activities including living with cancer, models of follow-up, end-of-life care, rehabilitation and ongoing support, cancer as a long-term condition, late effects and childhood cancers.

## 5. Communication

*To enhance communication between primary, secondary and tertiary care to promote a seamless service and improved patient experience.*

- Improve lines of communication between all providers, with particular attention given to the interfaces between primary care, secondary care, out-of-hours (OOH) providers and social care providers.
- Utilise the commissioning process (if appropriate) to enable improved communication where possible and to facilitate implementation of models of good practice as developed by Macmillan to support communication between providers (e.g. Treatment Record Summary and Cancer Care Review templates, both currently being piloted in England and the OOH Toolkit).
- Facilitate the improvement of information provision for cancer patients, enabling improvement of patients' understanding of their condition and treatment, navigation of available services and access to information and support for self management where appropriate.
- Support implementation of the evolving information prescriptions agenda in primary care.
- Ensure that developments are grounded in the views of patients' and address issues of diversity.

## Key relationships and national priorities

There is an inherent understanding that the following key relationships and priorities will run through all facets of the Macmillan GP role.

### Key Relationships

- Patients and their carers
- Macmillan GP Advisor(s)
- Macmillan Development Manager
- Local GP Practices and wider primary health care teams
- GP Commissioning organisations (GP Consortia in England & GP Confederations in NI)
- Other primary care organisations across the UK
- Acute providers of cancer and palliative care services
- Providers of out-of-hours care
- Cancer Networks
- Social Care Providers
- Voluntary Sector Organisations
- Other Macmillan Professionals
- UK-wide Macmillan Primary Care Community
- NHS Accreditation Bodies

### National Priorities across the UK

- GP-led Commissioning (England and Northern Ireland)
- Cancer Reform Strategy (CRS) and the CRS refresh (England)
- NICE Improving Outcomes Guidance

- Better Health, Better Care (Scotland)
- Better Cancer Care (Scotland)
- National Cancer Survivorship Initiative (England)
- Living with cancer agendas (assessment & care planning, new models of follow-up and support in primary care)
- Long-Term Conditions agendas (personalised care plans, personal budgets and managing cancer as a long-term condition)
- Information prescriptions
- End-of-Life strategies across the UK

### Priorities of Macmillan Cancer Support

Macmillan has identified nine key outcomes that we wish to achieve for people living with cancer by 2030. These are outlined below and underpin all of Macmillan’s work, with our investments in primary care typically supporting outcomes 1, 3 and 9 (highlighted).

By 2030, the 4 million people living with cancer in the UK will say:

 I was diagnosed early	I understand, so I make good decisions	I get the treatment and care which are best for my cancer, and my life 
Those around me are well supported to help me, and themselves	I am treated with dignity and respect	I know what I can do to help myself and who else can help me
I can enjoy life	I feel part of a community and I'm inspired to give something back	I want to die well 

## Person Specification

- 3 years' previous experience as a GP
- Credibility with peers and local primary care colleagues
- Understanding of emerging health frameworks and policies for cancer and end-of-life care
- Understanding of Macmillan's priorities for cancer and end-of-life care and commitment to keeping knowledge up-to-date
- Personal interest in cancer and end-of-life care
- Demonstrable change management and / or service redesign experience
- Understanding of the need for meaningful engagement of people with cancer in the development and redesign of services
- Demonstrable skills that would enable progressing facets of the Macmillan GP role including:
  - Influencing commissioning or development of cancer services
  - Enabling / facilitating education
  - Supporting alignment of cancer with other long-term conditions in primary care
- Commitment to active membership of Macmillan's primary care community, which includes:
  - Attending conferences and learning sets
  - Sharing and / or spreading models of good practice
  - Participating in evaluation of role, including preparation of annual reports and monitoring local impact of role (e.g. keeping records of activities and progress)
  - Participating in Macmillan projects or surveys in primary care
  - Supporting recruitment of GP peers to local Macmillan projects
  - Being an advocate for Macmillan in primary care
  - Supporting the sharing of learning and good practice, e.g. participation in Macmillan Market Place at annual conferences
  - Supporting local promotion of the Macmillan brand