

# PRIMARY CARE 10 TOP TIPS

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## How to get started as a Macmillan GP

**1 Set your objectives**  
Set out and identify your objectives with your clinical commissioning group (CCG) – use their cancer plan or cancer strategy and familiarise yourself with it.

**2 Set achievable timescales**  
Create achievable timescales in order to carry out those agreed objectives and document your progress. Remember that you only have two sessions a week to do this work.

**3 Prioritise**  
Prioritise your objectives as some may need more attention or effort than others.

**4 Use a route map**  
Use a route map to guide you – your Macmillan Development Manager will have a copy of this. The route map will give you a view of the bigger picture for your

patch and allow you to gauge what impact your priorities will have.

**5 Know your support**  
Identify your own support structures within your CCG – it may be your commissioning manager or a board member on the CCG. Also identify secretarial and admin support which the CCG should provide you with. Make sure you have the relevant IT support.

**6 Networking**  
Get to know who the important people are, who can help you implement change. They may be cancer leads in primary or secondary care, cancer nurse specialists or your local cancer network. Get yourself known within your primary care community.

**7 Practice visits**  
These may or may not be productive from experience.

Target those practices more at risk rather than trying to get round everyone. You can use other ways of influencing too, so don't worry about having to visit all of them.

**8 Use incentive schemes**  
To help your cause – for example, incentive schemes have been successfully used in some areas, to encourage GP practices to implement survivorship initiatives and carry out the Royal College of General Practitioners' Early Diagnosis Audits. If possible, develop Locally Enhanced Services (although the current financial climate may make this difficult for some CCGs). Remember, 'money talks'.

**9 Be more assertive**  
Learn to say 'no' – there is a risk of you becoming stereotyped, and as a result you may get requests from all areas

for attendance at meetings and involvement in projects. Remember your objectives and go to those that will serve your cause, or are most relevant to your cause. So for example, Cancer Peer Review is not part of your role (you do not peer review your own area, so it has no direct value to your locality), but attending your network's primary care cancer group may be of value.

**10 Adopt a strategic approach**  
Adopt a more strategic approach to the role, rather than trying to implement everything yourself. Remember to consider the bigger picture for the objectives for your locality. Influencing will need to occur at grass roots level (your GPs and primary care community) but also at strategic level – your CCG board.

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# TRACKING THE RIPPLES ...

