

**WE ARE
MACMILLAN.
CANCER SUPPORT**

IMPROVING THE QUALITY OF CANCER CARE IN PRIMARY CARE

A practical guide for GP appraisal and revalidation

Key themes:

- **knowledge, skills and performance**
- **safety and quality**
- **communication, partnership and teamwork**
- **maintaining trust.**

On the following pages are modules on cancer which include self assessment questions on cancer prevention, screening and cancer management, suggestions for reflective practice and ideas for audits or PDSA (Plan, Do, Study, Act) cycles. Use this guide to help you achieve your CPD credits and improve your practice's performance in prevention and in the care of patients with cancer.

Foreword

The aim of revalidation is to assure patients, the public, employers and other health care professionals that licensed doctors are up-to-date and fit to practise. Revalidation for medical practitioners has been planned for a number of years and is now well underway.

There are a number of websites, practical toolkits, education packs and subscription-only resources to help practitioners build a continuous professional development portfolio of evidence and credits that will count towards revalidation.

For several years Macmillan Cancer Support has been instrumental in supporting the primary care community to develop initiatives and programmes which have a positive impact on the care of people affected by cancer – patients and their families and carers. This toolkit has been produced to maintain that support. The development of accessible ready-to-use toolkits will influence primary care professionals to:

- critically reflect on their own practice
- learn more about diagnosis and referral, and ongoing support in the treatment phase

- raise awareness of complications of chemotherapy, radiotherapy and oncological surgery
- learn about management of psychological and financial impact of a diagnosis/living with cancer, and self management strategies
- educate themselves about the late sequelae of cancer and its treatment.

Resources for topics other than cancer that are more prevalent in the general practice setting are already available and popular but general practitioners will learn much about their cancer care practice by working through this toolkit.

The toolkit will use case studies, reflective practice and data collection and analysis to help practitioners explore the following:

- how a diagnosis of cancer was reached and whether there were any learning points that could have facilitated earlier stage diagnosis and treatment
- the level of support offered to manage the physical, psychological, social and financial impact of the diagnosis and treatment phases
- how carer support was addressed
- how self management strategies were encouraged and applied
- assessment of the practitioner's input to and management of recovery and rehabilitation phases

- handling of potential and actual acute effects of treatment
- how communication with all health and social care professionals involved with the patient and family could be improved
- potential late effects of treatment and how are they best planned for
- end-of-life care issues and solutions where appropriate
- signposting further resources for improving cancer care delivery in primary care.

There has been much progress in cancer care over the last twenty years across the UK. Consecutive national action plans have ensured that screening programmes for breast, colorectal and cervical cancers have been introduced and cancer diagnoses are made earlier. There have been spectacular advances in availability of treatments and investment in staff and equipment has led to shorter waiting times. While some people still die within a year of diagnosis of cancer, this focus on earlier detection and the continuing advances in treatment mean that those with incurable cancer can live for years and experience similar illness patterns to those with long-term conditions, with many suffering from complex co-morbidities. Some patients treated many years ago are now experiencing late effects of treatment and we need to be better prepared to manage this cohort of individuals.

But despite these improvements, the UK still lags behind other European countries in terms of survival from cancer and the evidence suggests that the major contributor to the excess morbidity is advanced disease at presentation. The National Awareness and Early Detection Initiative in England and the Detect Cancer Early Programme in Scotland aim to address this and the emerging evidence from primary care in recent years is helping to inform these programmes.

This toolkit includes modules which aim to improve knowledge, understanding and skills in these and other areas of modern cancer care.

Although designed to meet individual revalidation requirements, Macmillan will look to evaluate uptake, use and impact of the toolkit – your feedback of any aspect is appreciated – and will inform future developments and versions.

Macmillan Cancer Support gratefully acknowledges Red Whale (formerly *GP Update Limited*) for permission to use its material as a baseline from which this toolkit has been developed.

Tracking form

Module one Cancer prevention

Date started

Date completed

Module two Screening for cancer

Date started

Date completed

Module three Prompt recognition and early referral

Date started

Date completed

Module four Care during and after treatment

Date started

Date completed

Module five Awareness of late effects of cancer and its treatments

Date started

Date completed

Module one

Cancer prevention

A Background information, data collection and analysis

Did you know that 43% of cancers are preventable through lifestyle changes? Health promotion is key.

- 1 Run a search on your practice population database that will identify the numbers and percentage of people whose:
 - BMI < 21
 - BMI > 21 and < 40
 - BMI > 40
 - BMI is not recorded

- 2 What are the top five cancer types where avoiding weight gain can prevent at least some cases?

- 3 What proportion of your male/female practice population whose alcohol intake exceeds the recommended maximum have received an alcohol brief intervention in the last six months?

- 4 What proportion of your practice population are smokers?
How many people have given up smoking in the last one year?
five years?

- 5 What is the uptake of HPV vaccine amongst your eligible practice population?

6 Which leaflets or other material is readily available in your practice premises currently to inform people about cancer prevention?

7 Write down the eight healthy advice tips which should be given to people to improve their chances of avoiding cancer:

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8	<div style="border: 1px solid black; height: 30px;"></div>

B Reflective practice

- 1 What are smoking cessation rates and quit rates like in your practice compared to others in your PCT or NHS Board area? How could your practice smoking cessation policy be improved? How are you going to implement this improvement?

- 2 What can you and the wider health team do in the next year that would improve on the spread of proportions of people in the BMI groups listed in A1 above?

- 3 Identify ways in which the number of alcohol brief interventions given can be increased. Measure the increase from the baseline in A2 above.

Reflect upon how the effectiveness of the alcohol brief interventions can be measured and how you can demonstrate this for your practice.

C Significant event analysis

There are no significant event analysis examples for this module.

D Practice improvement

If you've found it difficult to recall the eight health advice tips, consider how much more difficult it must be for people not involved in health care to remember each of these in their day-to-day lives.

Disease prevention and health promotion messages are more powerful if they are endorsed by a family doctor.

- 1 **Develop a practice leaflet or poster** that can be displayed in your surgery and that would relay these prevention messages simply. Include a copy of this as evidence in your revalidation pack.
- 2 Identify five '**teachable moments**' at which you could offer cancer prevention advice for a patient attending your practice. How would you test the effectiveness of these interventions?

	Teachable moment	How effective was the intervention?
Example	A patient who smokes and had a persistent cough was sent for a chest x-ray by one of your partners now on leave. You have to phone the patient with the result (or the patient makes an appointment to see you). The result is normal and the patient is obviously relieved but hasn't given up smoking. Here is an opportunity to offer advice about smoking cessation and to connect the symptoms and the potential differential diagnoses to the smoking history and capitalise on the relief felt at the negative x-ray.	The patient was referred to the smoking cessation clinic and attended. Nicotine replacement therapy was prescribed and the patient was supported to give up over the next few weeks. A three month review indicated that the patient was still an ex-smoker. The patient was asked at one of the reviews to articulate the reasons why their attempt to quit smoking had been so successful and was able to recall the conversation at the time of the chest x-ray result.
1		
2		
3		
4		

3 Source and review the latest evidence in the debate over the role of Aspirin to prevent colorectal cancer. How would you turn this into advice for patients?

E Action planning

Having worked through this module, list below any action(s) you have identified that might improve how you/your practice can support cancer prevention for your practice population? This action plan should be revisited one year after completion.

Problem	Action to be taken (include timescales and person responsible for action)	Outcome

To claim your CPD credits for revalidation, complete the following:

Date:

Is this activity relevant: Yes No

(Yes because it is an important or common problem in general practice)

Time taken for this activity	hour(s) = credits	1 hour learning = 1 credit
Can the impact factor be applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Why? = Impact on patient care (impact factor doubles credits)
Total CPD credits earned		

Useful resources

- The eight healthy advice tips can be found at the Europe Against Cancer website cancercode.eu
- Cancer Research UK produce useful resources on cancer prevention info.cancerresearchuk.org/utilities/atozindex/atoz-cancer-prevention

Module two

Screening for cancer

A Background information, data collection and analysis

- 1 What percentage of eligible women have attended for breast screening in the last 36 months?

- 2 What percentage of eligible males and eligible females have completed the bowel screening test in the last 24 months?

- 3 What percentage of eligible women have had a cervical smear in the last five years?

- 4 For each of the screening programmes, how does your practice compare to others in your PCT or NHS Board and what is your practice performance like compared to the national average?

- 5 Describe your practice policy for identifying screening programme defaulters.

- 6 Are all members of the practice team familiar with the national screening programmes, including age ranges, overcoming language problems, how to do the bowel screening test, etc?

B Reflective practice

- 1 Summarise your understanding of the benefits and risks of cancer screening programmes, in order to be able to counsel patients who are seeking further advice.

- 2 How could your practice policy for screening programme defaulters be improved? How are you going to implement this improvement? How will you demonstrate that your improvements have been effective?

- 3 What would be your outline script for a consultation during which you were required to advise a woman sceptical about the benefits of breast screening?

Include how your approach to explaining about overdiagnosis.

Familiarise yourself with the resources that are available locally (or nationally) to which you could signpost women to help them make an informed choice about attending screening.

- 4 What barriers can you identify in your own community that make it more difficult for people to access screening programmes (eg cervical screening)? What can you do to help overcome these barriers?

There are a number of papers at the end of this module – reading these will help you to answer the above questions.

C Significant event analysis

Can you identify a patient who has been invasively investigated for raised PSA and who did not have prostate cancer. Reflect on the case and how it might have been handled differently.

D Practice improvement

- 1 Screening programme participation is known to be improved if the programme is endorsed by a family doctor. Design a process which your practice could adopt to link with promotional material distributed by the national screening programmes – this could be a teaser letter, a note with repeat prescriptions or a waiting room poster for example. Make contact with local screening co-ordinators to discuss your plans and identify good practice from other areas.
- 2 Develop a pictorial record of your practice's screening programme uptake (compared to local, regional or national uptake rates) that can be displayed electronically or in the staff common room to raise awareness of the need to encourage participation in screening programmes.
- 3 Draw a flow diagram for patients attending for a cervical smear that explains what might happen, depending on the result eg colposcopy, recall options.
- 4 The UK National Screening Committee recommends against PSA screening. Refresh your awareness of the Prostate Cancer Risk Management Programme www.cancerscreening.nhs.uk/prostate/informationpack.html

E Action planning

Having worked through this module, list below any action(s) you have identified that might improve how you/your practice can support participation in national cancer screening programmes amongst your practice population. This action plan should be revisited one year after completion.

Problem	Action to be taken (include timescales and person responsible for action)	Outcome

To claim your CPD credits for revalidation, complete the following:

Date:

Is this activity relevant: Yes No

(Yes because it is an important or common problem in general practice)

Time taken for this activity	hour(s) = credits	1 hour learning = 1 credit
Can the impact factor be applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Why? = Impact on patient care (impact factor doubles credits)
Total CPD credits earned		

Useful resources

- Screening uptake rates in England can be found at cancerscreening.nhs.uk/breastscreen/news/030
cancerscreening.nhs.uk/cervical/index
cancerscreening.nhs.uk/bowel/index
- Screening programme uptake rates for Scotland can be found at isdscotland.org/Health-Topics/Cancer/Bowel-Screening
isdscotland.org/Health-Topics/Cancer/Cervical-Screening
- Macmillan Cancer Support (for information on areas including About cancer; Causes and risk factors; Tests and screening; Cancer types; Cancer treatments; Living with and after cancer; If someone else has cancer; End of life)
macmillan.org.uk/Cancerinformation
- Hewitson P. Primary care endorsement letter and a patient leaflet to improve participation in colorectal cancer screening: results of a factorial randomised trial. *British Journal of Cancer*. (2011). 105, 475-480. doi: 10.1038/bjc.2011.255
- Brawarsky P, Brooks DR, Mucci LA, Wood PA. Effect of physician recommendation and patient adherence on rates of colorectal cancer testing. *Cancer Detect Prevent*. (2004). 28: 260-268 | Article | PubMed
- Cole SR, Smith A, Wilson C, Turnbull D, Esterman A, Young GP. An advance notification letter increases participation in colorectal cancer screening. *J Med Screen*. (2007). 14: 73-75 | Article | PubMed |

- Cole SR, Young GP, Byrne D, Guy JR, Morcom J. Participation in screening for colorectal cancer based on faecal occult blood test is improved by endorsement by the primary care practitioner. *J Med Screen.* (2002). 9: 147–152 | Article | PubMed | ChemPort |
- Ling BS, Schoen RE, Trauth JM, Wahed AS, Eury T, Simak D, Solano FX, Weissfeld JL. Physicians encouraging colorectal screening: a randomized controlled trial of enhanced office and patient management on compliance with colorectal cancer screening. *Arch Intern Med.* (2009). 169: 47 – 55 | Article | PubMed |
- Rothman AJ, Kiviniemi MT. Treating people with information: an analysis of review of approaches to communication of health risk information. *J Natl Cancer Int Monogr.* (1999). 25: 44–51
- Steele RJC, Kostourou I, McClements P, Watling C, Libby G, Weller D, Brewster DH, Black R, Carey FA, Fraser C. Effect of repeated invitations on uptake of colorectal cancer screening using faecal occult blood testing: analysis of prevalence and incidence screening. *BMJ.* (2010). 341: c5531 | Article | PubMed |
- Stokamer CL, Tenner CT, Chaudhuri J, Vazquez E, Bini EJ. Randomized controlled trial of the impact of intensive patient education on compliance with fecal occult blood testing. *J Gen Intern Med.* (2005). 20: 278–282 | Article | PubMed |
- Bonfill Cosp X, Marzo Castillejo M, Pladevall Vila M, Marti J, Emparanza JI. Strategies for increasing the participation of women in community breast cancer screening. *Cochrane Database of Systematic Reviews.* (2001). Issue 1. Art. No.: CD002943. DOI: 10.1002/14651858. CD002943
- Vernon SW, McQueen A, Tiro JA, del Junco DJ. Interventions to promote repeat breast cancer screening with mammography: a systematic review and meta-analysis. *J Natl Cancer Inst.* (2010). 102 (14): 1023–1039
- Sin J, St Leger A. Interventions to increase breast screening uptake: do they make any difference? *J Med Screen.* (1999). 6: 170–81
- Weller DP, Patnick J, McIntosh HM, Dietrich AJ. Uptake in cancer screening programmes. *Lancet Oncol.* (2009). 10(7):693–699
- Lancet: Marmot MG, Altman D, Cameron D, Dewar J, Thompson S, Wilcox M. The benefits and harms of breast cancer screening: an independent review. *Lancet* 2012; 380:1778.
- NEJM: Bleyer A, Gilbert Welch, H. Effect of Three Decades of Screening Mammography on Breast-Cancer Incidence. *New England Journal of Medicine* 2012; 367:1998.
- BMJ: Wilt TJ, Ahmed HU. Prostate cancer screening and the management of clinically localized disease. *BMJ* 2013; 346: f325.

Module three

Prompt recognition and early referral

A Background information, data collection and analysis

- 1 For your practice population look back on your data (or gather data prospectively for a full year if you do not already do so) and identify the proportion of patients diagnosed with cancer:
 - who were referred through the two week rule (or referred urgently with a suspicion of cancer)
 - who presented as an emergency.

- 2 Of the last ten patients referred through the two week rule or referred urgently with a suspicion of cancer and for whom a final diagnosis has been reached, which (if any) were diagnosed with cancer and which were diagnosed with the cancer type indicated in the referral?

- 3 How are referral guidelines for cancer displayed and used in your practice? Has your practice been involved in pilots of referral risk assessment tools for cancer?

- 4 Spend a few minutes familiarising yourself with the NAEDI website info.cancerresearchuk.org/spotcancerearly/naedi

B Reflective practice

GPs are sometimes criticised for their referral behaviour, particularly when a diagnosis of cancer is involved. It can be a difficult task to achieve the fine balance between causing unnecessary anxiety in patients, overwhelming the system with unnecessary referrals for investigations or specialist opinion and ensuring, amongst the array of presentations seen, that the worrying symptoms and signs are recognised and acted upon. Here are some questions to ask yourself about how you manage this, what you might be able to do to achieve that balance and some simple points to help reflection.

A good starting point for further reading on early diagnosis in cancer and the role of primary care is the following article. Others are referenced in this article which can be accessed for further reading.

Hamilton W. Five misconceptions in cancer diagnosis; British Journal of General Practice Advance online publication; 24 April 2009; DOI 10.3399/bjgp09X420860

- 1 Use these links to review national data on the proportion of patients diagnosed with cancer who were referred through the two week rule:

dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109338 (see Table 3 in this publication)

ncin.org.uk/publications/data_briefings/routes_to_diagnosis

How does your practice compare to others:

- in your PCT area?
- across England?

(Comparisons of similar data should soon be available in other UK countries.)

How could you improve your practice performance?

If there are any ways of improving performance, add these to your action plan. Consider the Plan, Do, Study, Act method.

- 2 When did you last refresh your knowledge of the referral guidelines for suspected cancer? Remember that clinical suspicion is paramount and can sometimes override what the guidelines indicate.

- 3 Have you stopped to think what it is that sometimes makes you reluctant to refer? How can you get round that?

- 4 Are you aware of all the 'at risk' groups? Everyone knows that smokers are at increased risk of lung cancer but are you aware of the increased risk of malignancy that accompanies some medical conditions?*

- 5 Do you/does your practice do anything to encourage those in 'at risk' groups to recognise what could be a serious symptom and to come along at an early stage to discuss ie patient information leaflets?

- 6 If you have a niggling concern about a patient but don't feel you need to refer, do you get advice from your colleagues in the practice? Do you use your local consultants for advice (eg a phone call or email) about whether to refer?

- 7 If 'open access' or 'direct to test' investigations are available in your area, how often to you make use of them? Do you follow up on patients who have 'normal' or 'negative' tests?

Try reading BJGP 2006; 570 – 3 Delay in diagnosis of lung cancer in general practice.

- 8 A report worth reading is the Royal College of General Practitioners/National Patient Safety Agency publication on Delayed Diagnosis of Cancer-Thematic Review Mar 2012 and can be accessed at npsa.nhs.uk/nrls

*Be aware that smoking puts people at risk of types of cancer in addition to lung; obesity, excessive alcohol consumption and sun exposure increases risk of cancer. Know the environmental carcinogens to which people may be exposed and that some infections increase the risk of cancer (eg HPV, Hepatitis B and C, Epstein Barr virus, herpes simplex, chronic syphilis, Helicobacter and schistosmiasis)

The medical conditions that are associated with cancer include cirrhosis, ataxia-colitis, familial polyposis coli, chronic iron deficiency states, multinodular goitre, chronic bladder irritation (eg stones), Klinefelter's syndrome, neurofibromatosis, tuberous sclerosis and Down's Syndrome.

Please note, this list is not exhaustive.

C Significant event analysis

Complete the following for a patient who has recently been diagnosed with cancer.

Patient's Initials Age Sex M F

Date

1st Presentation (An overview of the first consultation that was felt to be related to cancer, eg symptoms, signs, concerns, review)

On reflection, in previous consultations, were symptoms mentioned that could have indicated a possible cancer diagnosis?

Decision to refer for investigation/opinion (What prompted referral decision, eg symptoms, signs, guideline, contextual)

Do you feel this patient could have presented earlier?
What steps might you/the practice/your PCT do to encourage earlier presentation?

Do you feel this patient could have been referred earlier?
What steps, if any, do you need to take for the future?

Date of direct referral for open access investigation (if applicable)

Date of results of investigations obtained

Date of appointment if referred for opinion

Date of subsequent investigations

Date opinion or investigation results available

Diagnosis

Date of diagnosis

Case Reflection

Were any other health care practitioners involved in preparing this analysis/discussion of patient's care?

What went well caring for this patient/family?

What could have been done better?

What learning/educational needs have been identified?

What issues require further action?

Use these to populate your action plan

D Practice improvement

- 1 Include mini significant event analysis at team meetings to discuss all patients diagnosed with cancer when they are being entered onto your practice cancer register.
- 2 Explore algorithms available at www.qcancer.org or RAT (Referral Assessment Tools) (BJGP 2013; 63:20-21) informing referral decisions.

E Action planning

Having worked through this module, list below any action(s) you have identified that might improve how you/your practice can support early diagnosis and referral of patients with suspected cancer and contribute to the Cancer Outcomes Strategy (Detect Cancer Early Initiative in Scotland) aim to reduce the proportion of patients with cancer who present as an emergency and for whom we know outcomes are less good. This action plan should be revisited one year after completion.

Problem	Action to be taken (include timescales and person responsible for action)	Outcome

To claim your CPD credits for revalidation, complete the following:

Date:

Is this activity relevant: Yes No

(Yes because it is an important or common problem in general practice)

Time taken for this activity	hour(s) = credits	1 hour learning = 1 credit
Can the impact factor be applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Why? = Impact on patient care (impact factor doubles credits)
Total CPD credits earned		

Useful resources

Please note this list is not exhaustive.

- Routes to diagnosis data for England can be found at ncin.org.uk/publications/data_briefings/routes_to_diagnosis
- NICE Referral Guidelines for Suspected Cancer nice.org.uk/CG027
- Scottish Referral Guidelines for Suspected Cancer www.healthcareimprovementscotland.org/our_work/cancer_care_improvement/programme_resources/scottish_referral_guidelines.aspx
- Macmillan Cancer Support (information on areas including About cancer; Causes and risk factors; Tests and screening; Cancer types; Cancer treatments; Living with and after cancer; If someone else has cancer; End of life) macmillan.org.uk/Cancerinformation
- Cancer Commissioning Toolkit cancertoolkit.co.uk/PublicPages/Login.aspx?ReturnUrl=%2f&AspxAutoDetectCookieSupport=1
- Hamilton W. Five misconceptions in cancer diagnosis BR Gen Prac Advance Online publication 24 April 2009; DOI 10.3399/bjgp09X420860
- Vedsted P, et al. Are the serious problems in cancer survival partly rooted in gatekeeper principles? *Br J Gen Pract.* (2011).
- Richards, MA. The size of the prize for earlier diagnosis of cancer in England; *British Journal of Cancer.* (2009). S125–S129
- British Journal of Cancer Supplement December 2009: Diagnosing Cancer Early: Evidence for a National Awareness and Early Diagnosis Initiative nature.com/bjc/journal/v101/n2s/index.html
- British Journal of General Practice November 2011 edition has a number of articles on cancer in primary care. DOI: 10.3399/bjgp11X601523
- National Audit of Cancer Diagnosis in Primary Care published jointly by RCGP, National Cancer Action Team, National Cancer Intelligence Network and Department of Health (November 2011)
- Department of Health Guidance: Direct access to diagnostic tests for cancer: best practice referral pathways for general practitioners www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133510
- Smith, C; Urgent Suspected Cancer Referrals from General Practice. *Br J Gen Pract* Jan 2012; 62(594): 14 doi: 10.3399/bjgp12X616283
- Benedicte Iversen Scheel, Susanne Gaarden Ingebrigtsen, Tommy Thorsen, Knut Holtedahl; Cancer suspicion in general practice: the role of symptoms and patient characteristics, and their association with subsequent cancer. *Br J Gen Pract.* 2013 September; 63(614): e627–e635. Published online 2013 August 27. doi: 10.3399/bjgp13X671614
- Primary Care Cancer Risk Assessment Tool (RAT) www.tvcn.nhs.uk/earlydiagnosis/the-primary-care-cancer-risk-assessment-tool-rat

Module four

Care during and after treatment

There are now at least two million people in the UK living with cancer- more than half of them diagnosed more than five years ago. Over 50% of patients will survive for at least five years following a cancer diagnosis. Better care after treatment will be achieved if there is:

- a greater focus on recovery, health and wellbeing after treatment
- risk stratification and personal care planning
- more self-management
- more tailored support rather than a single model of follow-up well being

A Background information, data collection and analysis

- 1 Write down your practice procedure for undertaking a cancer care review.
- 2 Of the patients who died from cancer in the last year in your practice, what percentage have had a DS1500 completed:
 - at least three months before death?
 - at least six months before death?
- 3 If your practice does not keep a register of patients who have died it is a good exercise to do so. If your practice does have a register of deaths, look back on the cause of death and identify those who have died of cancer in the last 12 months. As far as possible, identify those who died at home or elsewhere. Choose five cases at random of patients who died of cancer and review the length of and frequency of hospital admissions in the six months prior to death.
- 4 What is the average number of patients on your cancer register on a monthly basis?

- 5 How many new patients with cancer have been diagnosed and added to your cancer register in the last year? How does that figure compare to the average number of new diagnoses of cancer across the UK (7-8 new cases per 1500 patients)?

B Reflective practice

- 1 What do you think the aims of the QoF Cancer Care Review should be?

- 2 Are all your cancer care reviews carried out face-to-face? What are the topics which you cover at a cancer care review? Do you use a template to guide your review? How is contact made immediately following diagnosis and who initiates that contact?

- 3 How can you increase the number of patients who are offered a DS1500 in the six months prior to death from cancer?

- 4 Write a skeleton tutorial for a registrar or other trainee health professional about how best to approach advance care planning discussions with patients and families.

C Significant event analysis

Complete the following for a patient with recurrent cancer on whom you wish to reflect.

Patient's Initials Age Sex M F

Date

Diagnosis

Date of diagnosis

Date treatment started for

Surgery

Chemotherapy

Radiotherapy

Hormone Therapy

Look again at the timelines for diagnosis of their recurrent cancer – could anything have been done differently?

How was the recurrence detected – eg at hospital clinic, incidentally, by one of the practice staff, noticed by the patient themselves?

What problems did the patient have? (eg physical symptoms, practical issues, family problems, spiritual concerns, emotional problems)

Were assessment tools used? (eg for distress, pain etc?)

Were these needs addressed fully?

Case Reflection

What went well caring for this patient/family?

What could have been done better?

What learning/educational needs have been identified?

What issues require further action?

Use these to populate your action plan

D Practice improvement

- 1 Include mini significant event analysis at team meetings to discuss all patients diagnosed with cancer when they are being entered onto your practice cancer register.
- 2 Read the article on detection of recurrence at BJC 2007; 96:1802
- 3 If there are already some patients with cancer discharged from secondary care follow-up in your area (eg prostate, breast) do you have a robust recall system in place eg to monitor PSA or to arrange interval mammograms? DEXA scans?
- 4 For three patients who have recently completed treatment, is a Treatment Summary available to give you quick access to the aims of treatment, side effects of treatment, and advice on how to deal with complications or arrange a quick hospital review?

- 5 Read the evidence about the benefits of physical activity in patients with cancer. Find out what opportunities exist in your area to promote health and well-being in patients diagnosed with cancer and consider how you can promote these. Explain how you will incorporate advice on physical activity, nutrition, practical and financial issues at the Cancer Care Review.

E Action planning

Having worked through this module, list below any action(s) you have identified that might improve how you/your practice can support the ongoing care of patients with cancer including in the period following acute treatment and into the palliative phase. This action plan should be revisited one year after completion.

Problem	Action to be taken (include timescales and person responsible for action)	Outcome

To claim your CPD credits for revalidation, complete the following:

Date:

Is this activity relevant: Yes No

(Yes because it is an important or common problem in general practice)

Time taken for this activity	hour(s) = credits	1 hour learning = 1 credit
Can the impact factor be applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Why? = Impact on patient care (impact factor doubles credits)
Total CPD credits earned		

Useful resources

- Macmillan Cancer Support (for information on areas including About cancer; Causes and risk factors; Tests and screening; Cancer types; Cancer treatments; Living with and after cancer; If someone else has cancer; End of life)
[macmillan.org.uk/Cancerinformation](https://www.macmillan.org.uk/Cancerinformation)
- Be.Macmillan (provides a variety of free to order publications for patients and carers, as well as for health care practitioners)
be.macmillan.org.uk
- Healthtalkonline (allows users to see, hear and read other people's experiences of health and illness. A range of people with personal experience of cancer were interviewed to give information on a variety of topics for a range of cancers)
healthtalkonline.org/Cancer
- Macmillan Cancer Support (information on benefits entitlement, and access to cancer support specialists for help and advice. Areas include: Getting financial help; Help for people of working age; Help for pensioners; Help with health costs; Help with travel and parking; Legal affairs; Introduction to the benefits system; Help for carers; Help with housing costs; Help with children's costs; Managing your debt)
[macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport)
- Directgov (provides information and an anonymous online benefits advisor service. Includes: Beginner's guide to benefits; On a low income; Expecting or bringing up children; Ill or injured; In retirement; Disability; Caring for someone)
direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport
- Macmillan Cancer Support (Macmillan supports over 900 independent cancer support groups and organisations across the UK. This site allows patients to search for a local group by location and/or cancer type)
[macmillan.org.uk/supportgroups](https://www.macmillan.org.uk/supportgroups)
- Macmillan Online Community (provides access to a variety of forums, chat rooms, and support groups for patients and carers)
community.macmillan.org.uk
- Macmillan Cancer Support (includes a handbook for carers called *Hello and how are you?* This is written by carers for carers, and has advice on practical aspects and emotional issues of caring for someone with cancer, plus relevant resources. Site also provides information on: Working while caring for someone; Talking to someone with cancer; Caring for someone with advanced cancer)
[macmillan.org.uk/Cancerinformation/Ifsomeoneelsehascancer](https://www.macmillan.org.uk/Cancerinformation/Ifsomeoneelsehascancer)

Module five

Awareness of late effects of cancer and its treatment

A Background information, data collection and analysis

1 How many patients are on your practice cancer register that were diagnosed:

- within the last year?
- within the last two years?
- within the last five years?
- more than ten years ago?

2 How many of these patients attend the surgery regularly with symptoms or signs that are related to their cancer?

3 Check out the prevalence of the main types of cancer in the UK.

4 Spend a few minutes familiarising yourself with the National Cancer Survivorship initiative (NCSI) website ncsi.org.uk

B Reflective practice

1 Read the following article from British Journal of General Practice to get an overview of cancer survivorship and general practice:

Watson EK, Rose PW, Loftus R, Devane C. Cancer Survivorship: The Impact on primary care. *Br J Gen Pract.* 2011. DOI: 10.3399/bjgp11X606771

2 For those patients diagnosed >10 years ago, pick five patients at random and examine their case records. What assessment has been made to identify symptoms that may be due to late effects of anti-cancer treatment?

- 3 Do you think any of your patients' current problems may be related to either their cancer or its treatment?

- 4 What kind of information would be useful for you to have in an end-of-treatment summary letter from an oncologist that would give you more confidence in managing a patient who has been treated for cancer and for whom discharge from long term hospital follow-up is planned?

- 5 The following article contains quite detailed information on the management of patients with late effects of pelvic irradiation. There are useful hints for primary care within the paper.

Jervoise H, Andreyev N, Davidson SE, Gillespie C, et al. Practice guidance on the management of acute and chronic gastrointestinal problems arising as a result of treatment for cancer: *GUT*. (2011). DOI 10.1136/gutjnl-2011-300563

- 6 Familiarise yourself with other potential late effects of cancer treatments (BJC 2011; 105: S29)

C Significant event analysis

There are no significant event analysis examples for this module

D Practice improvement

Undertake a search for patients with a cancer diagnosis READ code. Ensure that these patients also have READ code for the type of anti-cancer treatment carried out.

E Action planning

Having worked through this module, list below any action(s) you have identified that might improve how you/your practice can support the long term care of patients with a previous history of cancer for your practice population? This action plan should be revisited one year after completion.

Problem	Action to be taken (include timescales and person responsible for action)	Outcome

To claim your CPD credits for revalidation, complete the following:

Date:

Is this activity relevant: Yes No

(Yes because it is an important or common problem in general practice)

Time taken for this activity	hour(s) = credits	1 hour learning = 1 credit
Can the impact factor be applied?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Why? = Impact on patient care (impact factor doubles credits)
Total CPD credits earned		

Useful resources

- The British Journal of Cancer has published a supplement devoted to cancer survivorship November 2011 British Journal of Cancer (2011) 105
- **ncsi.org.uk**
- Macmillan Cancer Support (information on areas including About cancer; Causes and risk factors; Tests and screening; Cancer types; Cancer treatments; Living with and after cancer; If someone else has cancer; End of life)
macmillan.org.uk/Cancerinformation
- Be.Macmillan (provides a variety of free to order publications for patients and carers, as well as for health care practitioners)
be.macmillan.org.uk
- Healthtalkonline (allows users to see, hear and read other people's experiences of health and illness. A range of people with personal experience of cancer were interviewed to give information on a variety of topics for a range of cancers)
healthtalkonline.org/Cancer
- Macmillan Cancer Support (information on benefits entitlement, and access to cancer support specialists for help and advice. Areas include: Getting financial help; Help for people of working age; Help for pensioners; Help with health costs; Help with travel and parking; Legal affairs; Introduction to the benefits system; Help for carers; Help with housing costs; Help with children's costs; Managing your debt)
macmillan.org.uk/financialsupport
- Directgov (provides information and an anonymous online benefits advisor service. Includes: Beginner's guide to benefits; On a low income; Expecting or bringing up children; Ill or injured; In retirement; Disability; Caring for someone)
direct.gov.uk/en/MoneyTaxAndBenefits/BenefitsTaxCreditsAndOtherSupport
- Macmillan Cancer Support (Macmillan supports over 900 independent cancer support groups and organisations across the UK. This site allows patients to search for a local group by location and/or cancer type)
macmillan.org.uk/HowWeCanHelp/CancerSupportGroups
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community.macmillan.org.uk
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macmillan.org.uk/Cancerinformation/Ifsomeoneelsehascancer

Please give us your feedback

Please complete this questionnaire, fold the page, and pop it in the post.

Question 1: Of the modules you **have** used or reviewed to what extent, if at all, did you find them useful?

	completely	to some extent	not at all	I did not use/review this module
Module one Cancer prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module two Screening for cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module three Prompt recognition and early referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module four Care during and after treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module five Awareness of late effects of cancer and its treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Question 2: Of the modules you **have not** used or reviewed, to what extent if at all, would you find them useful?

	completely	to some extent	not at all	I did not use/review this module
Module one Cancer prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module two Screening for cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module three Prompt recognition and early referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module four Care during and after treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Module five Awareness of late effects of cancer and its treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

You don't
have to use
a stamp, but
if you do your
support goes
further to
help people
with cancer.

Macmillan Cancer Support
Freepost Lon15851
89 Albert Embankment
London
SE1 7U1

**WE ARE
MACMILLAN.
CANCER SUPPORT**

Notes

Cancer is the toughest fight most people will ever face. But they don't have to go through it alone. The Macmillan team is there every step of the way.

We are the nurses, doctors and therapists helping people through treatment. The experts on the end of the phone. The advisers telling people which benefits they're entitled to. The volunteers giving a hand with the everyday things. The campaigners improving cancer care. The fundraisers who make it all possible.

Together, we are Macmillan Cancer Support.

Our cancer support specialists, benefits advisers and cancer nurses are available to answer any questions you or your patients might have through our free Macmillan Support Line on 0808 808 00 00 Monday to Friday, 9am to 8pm.

Alternatively, visit macmillan.org.uk

Hard of hearing? Use textphone

0808 808 0121, or Text Relay.

Non-English speaker? Interpreters available.