



Scotland

Introduction

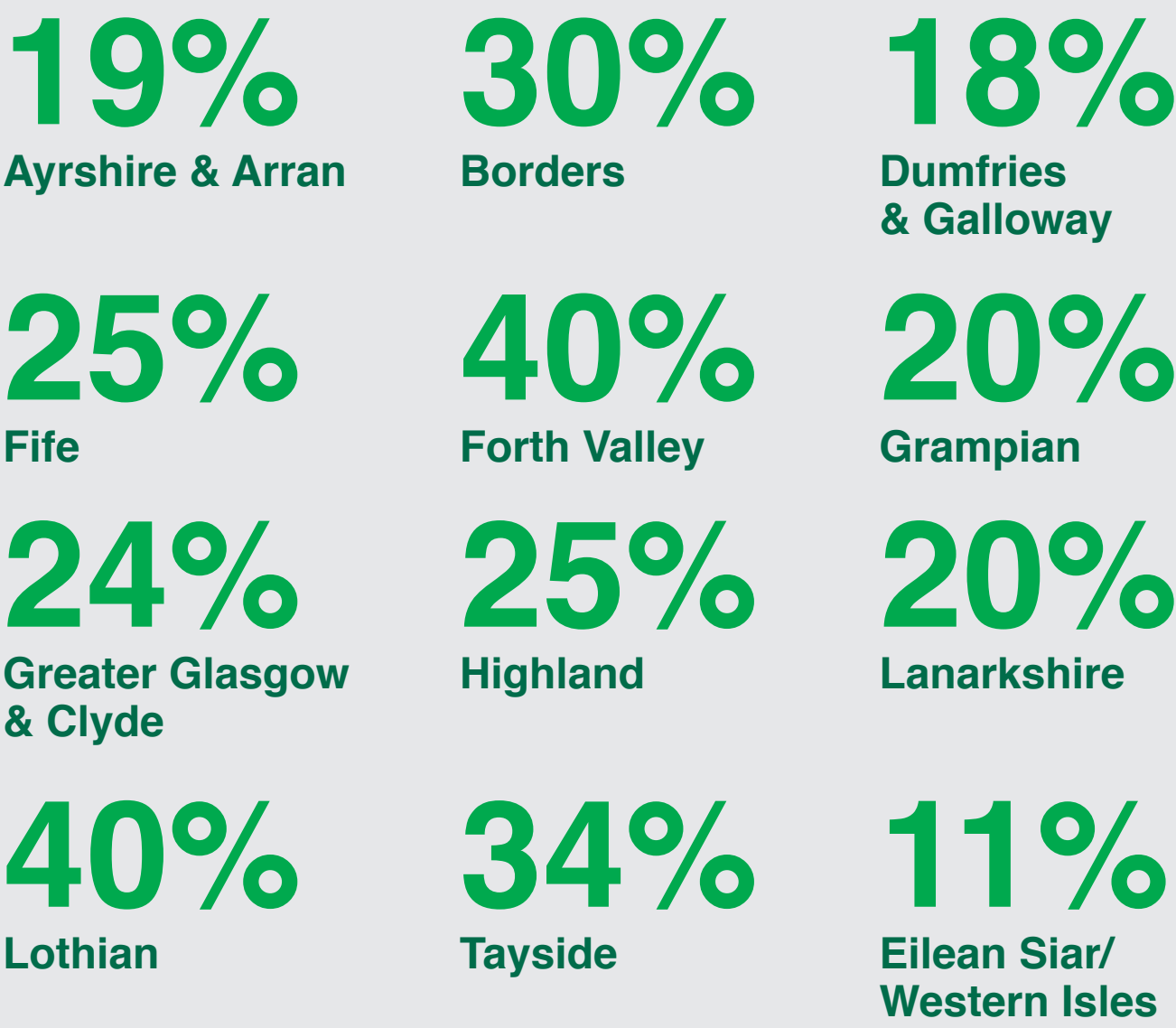
The Macmillan ‘Cancer Care in Primary Care: A Quality Toolkit for General Practice’ was offered to all GP practices in Scotland in 2016/17 with the intention of maintaining or stimulating a focus on the care that GP practices provide for people affected by cancer.

The Macmillan toolkit was designed in such a way that it can fit the new requirements for peer-led multidisciplinary quality improvement at individual practice or GP cluster level. It is split into six separate and distinct modules. The modules were developed by the Macmillan GP Advisors for Scotland, working with the Scottish Primary Care Cancer Group and using resources previously developed and tested by Macmillan Cancer Support. Each of the six modules encourages multi-professional learning through the use of case studies, reflective practice, data collection and analysis.

It was almost like a team building exercise which as GPs we found very refreshing but also the fact it brought in all the other members of the practice team as well.

Dr Sian Jones (NHS Highland Macmillan GP)

Proportion of GP practices that took part from represented Scottish Health Boards (12 participated with the exclusion of Orkney and Shetland)



This should offer practices an off the shelf opportunity to continue their Quality Improvement work around cancer and Anticipatory Care Planning.

Dr Maude Donkers (NHS Borders Macmillan GP)

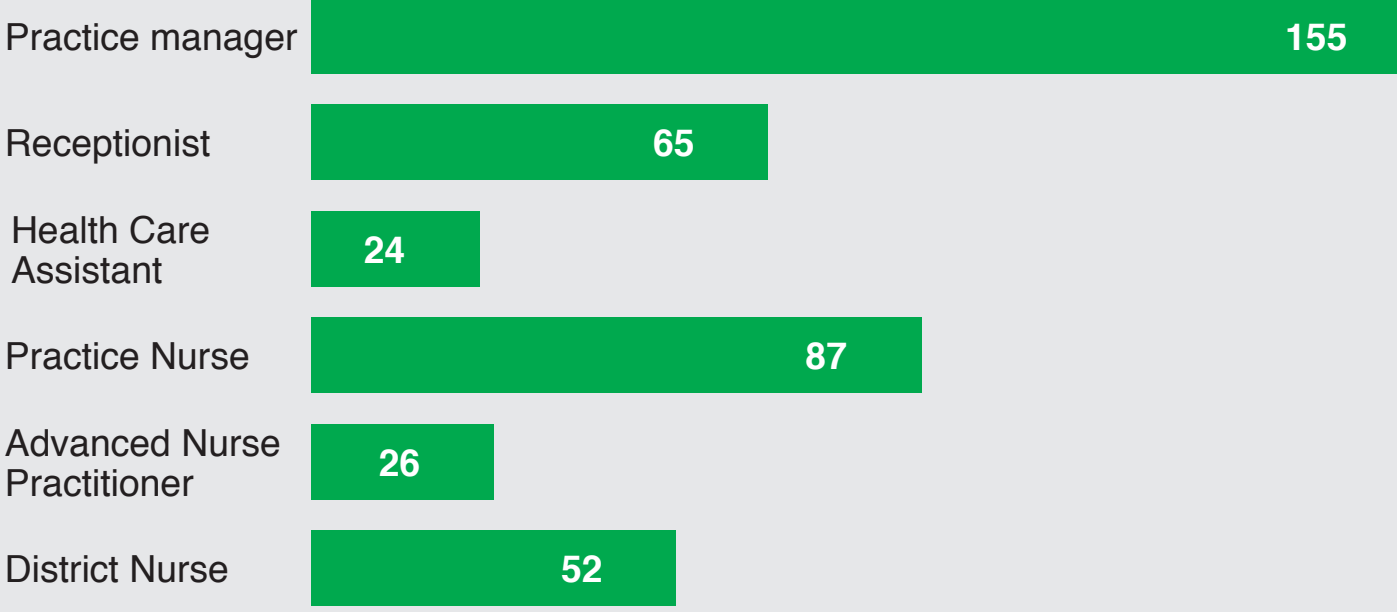


26% of GP Practices in Scotland took up the offer to complete the Macmillan Toolkit

GP Clusters

All GP practices undertaking the toolkit were required to discuss and share their learning within their GP cluster. In 2017 there were a total of 138 GP clusters in Scotland, and 116 of these (85%) had at least one GP practice undertaking the toolkit. 161 (64%) practices took part in the toolkit as an individual practice and 89 practices (36%) applied as a whole cluster.

Primary care staff involved in the Toolkit across the GP practices



85% of clusters in Scotland had at least one practice undertaking the toolkit

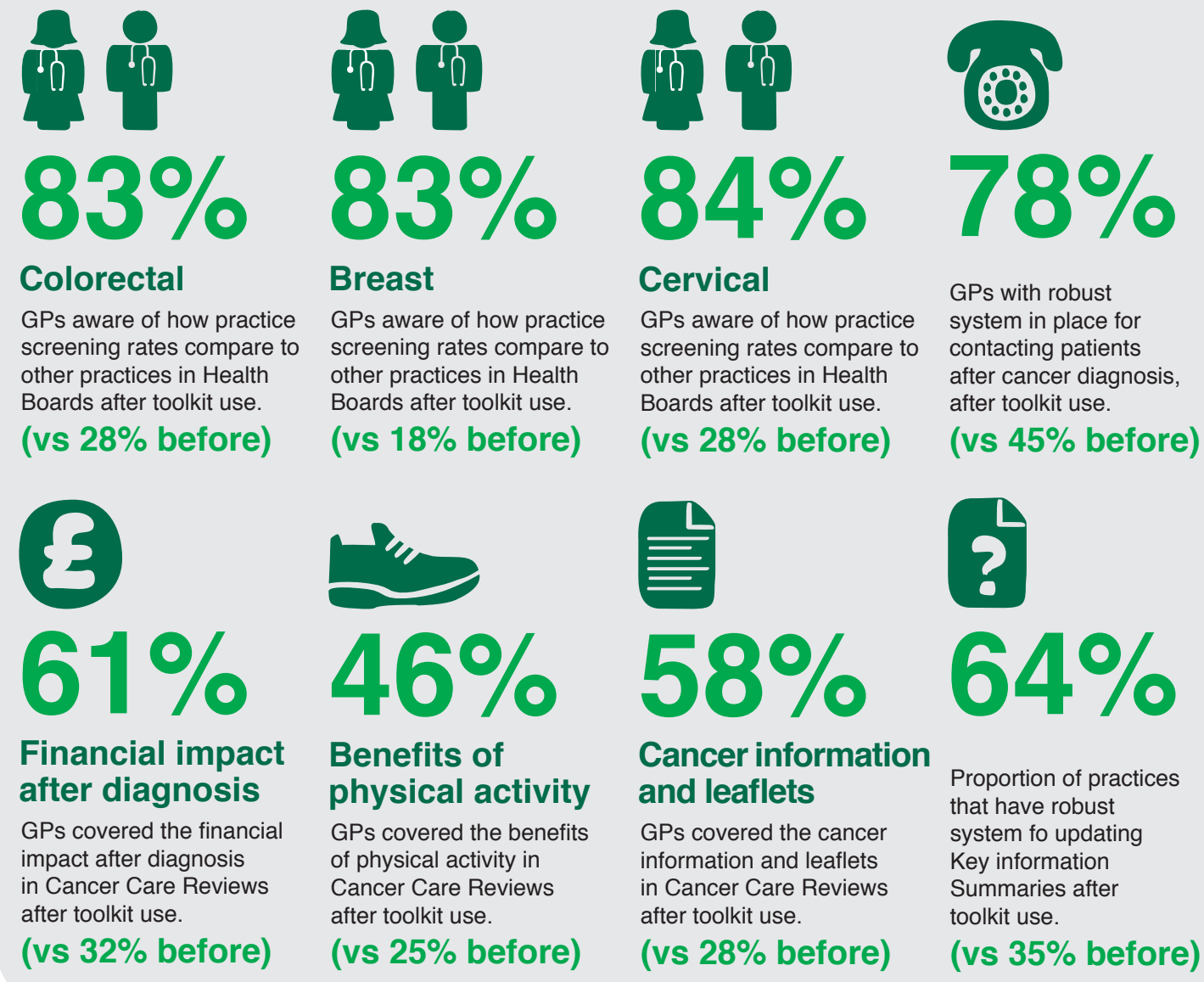
4.3 GPs per practice took part

1500 different primary care professionals and staff involved across Scotland

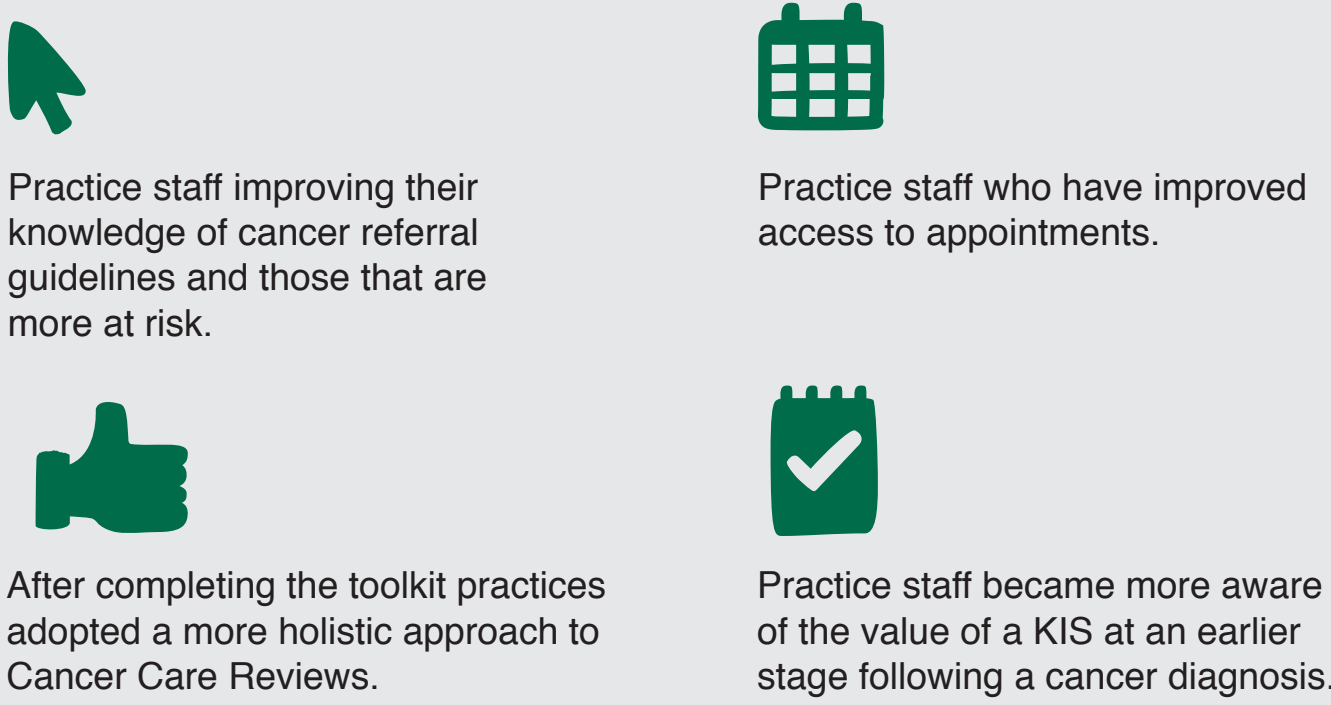
Impact of the toolkit



Various data highlighted impact of the toolkit on clinical practice and increased awareness of cancer amongst practice teams.



Use of the toolkit changed practice behaviours in several areas:



Every patient we consider to be palliative has a KIS added. Having undertaken the toolkit, we plan to add a KIS for every patient with a new diagnosis of cancer.

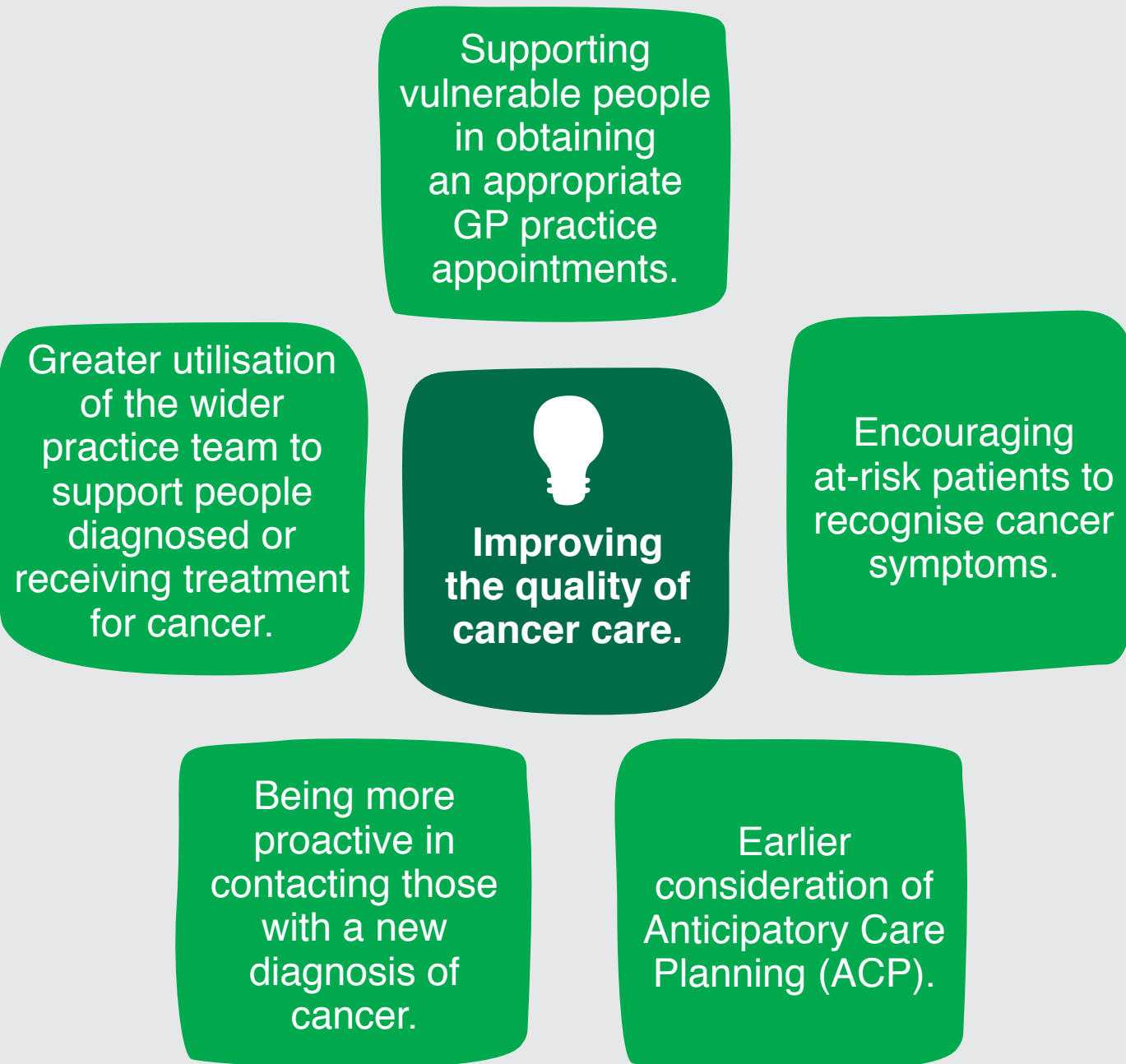
Importance of coding

This project has shown that our current system is not working. Codes provide a cancer list but are not picking up older cases. We are reviewing our coding system as a result of this experience.

We need a designated CCR appointment with more time and a focus on holistic needs.

Improving the quality of cancer care

Innovative and proactive approaches have been identified in different areas:



Education

At one practice in the cluster, the practice nurses, who have Macmillan training, offer all patients with a new diagnosis of cancer a Cancer Care Review. A dedicated member of their admin team places the patient on the cancer register and codes as high priority. Patients are given a direct dial number to their allocated nurse, so that any issues can be discussed. Admin staff and the nurse liaise to ensure KIS is updated.

By training our receptionist to be confident and competent in asking people to volunteer the nature of their medical problems to allow effective and efficient access to medical or nursing care.

Summary of Modules Key Learning

Module One: Screening for cancer

Use of the toolkit has helped practices:

- Identify gaps in knowledge of national screening programmes
- Identify areas in which they might increase informed participation in the screening programmes
- Enable people to engage positively with the screening process

After completing the toolkit GP awareness of how practice screening rates compared across the Health Board jumped for Colorectal (28% to 83%), Breast (18% to 83%) and Cervical (28% to 84%) cancers.

Module Two: Prompt recognition and early referral

GPs were asked to rate how knowledgeable they were of the risk factors for developing colorectal, lung, breast and prostate cancers. In particular, those who reported being ‘‘Very Knowledgeable’’ increased from 10% of practices to 25% practices after toolkit completion

GP awareness of how and where to access the Scottish Referral Guidelines for suspected cancer rose from 91% to 97%

Module Three: Access to appointments and advice

Many practices reported that before the toolkit no formal safety nets were in place to ensure vulnerable people were followed up. After using the toolkit, the proportion of practices instigating a system for flagging vulnerable patients, rose from 29% to 56%

After using the toolkit, the proportion of practices that instigated a system for contacting people after a significant diagnosis, rose from 45% to 78%

Module Four: Cancer Care Reviews (CCR)

Completion of this module resulted in an increase in the number and breadth of different topics, providing a more holistic approach to CCRs

Use of the toolkit brought significant increases in the exploration of the following topics:

- Financial impact of diagnosis (from 32% to 61%)
- Benefits of physical activity (from 25% to 46%)
- Cancer information leaflets (from 28% to 58%)

Module Five: Late effects of cancer and consequences of treatment

75% of GPs felt they were either knowledgeable or very knowledgeable of late complications and consequences of cancer and cancer treatment compared with 35% at baseline

Module Six: Anticipatory Care Planning (ACP) and sharing of information

The toolkit has helped practices consider starting an ACP at an earlier stage.

Use of the toolkit has led to practices reporting that they are more likely to have a robust system in place for updating a KIS. This rose from 35% to 64%.

Discussions at GP cluster level highlighted some successful approaches and initiatives for creating and updating the KIS

Conclusion

Ensuring cancer remained a priority after the dismantling of QOF was a key driver for the development of the toolkit. Evidence suggests the toolkit achieved this goal for many practices, with the changes in practice being sustainable change which does not require ongoing funding. 250 practices of varying size across Scotland covering a diverse population in terms of geography, rurality and deprivation took part. This represented 26% of practices in Scotland and more than 95% of those who initially applied. Many practices completed more than the required 3 modules. The evaluation has shown strong qualitative and quantitative outcomes within practices and clusters. This showcases the strong appetite within Primary Care for supporting people affected by cancer. The challenge going forward will be how we ensure a continuous quality improvement focus on cancer in the context of busy workloads and the need to continue improving the quality of care for all conditions. Macmillan will be reflecting on the learning from this toolkit and looking at how we work with multidisciplinary teams in General Practice to ensure everyone who has a cancer diagnosis is aware of the support available to them from when they receive their diagnosis, and that they receive equitable high quality care.

MACMILLAN  
CANCER SUPPORT

All photos are of Macmillan professionals photographed on location in their roles.

Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland.