

SUPPORTING EARLY CANCER DIAGNOSIS

A quality improvement toolkit for cancer care in primary care

Primary Care Network:

Practice name:

CCG:

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CANCER SUPPORT

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Key to the icons in this toolkit



Searches: Searches that you can use to collect data. Instructions about how to find them in your system can be found in the appendix.



QI Toolkit: A suggested QI tool that you can use to help implement your change.



Practice meeting: A suggested practice meeting format.



Recommend activity: These activities are required in order to complete later sections of the toolkit.



PCN meeting: Activities that you can complete after your PCN meeting.

The changing story of cancer

One in two people born after 1960, in the UK, will be diagnosed with cancer during their lifetime¹. In 2020, almost 3 million people are living with or beyond cancer in the UK. This number is expected to rise to 4 million by 2030². In 2017, around 305,682 people were diagnosed with cancer in the England.

An increasing number of people survive their initial (or subsequent) cancer treatment. The number of people who have survived five or more years since a cancer diagnosis has increased by over 260,000 (or 21%) in the five years to 2015³. However, at least 500,000 people in the UK are facing poor health or disability after treatment for cancer⁴.

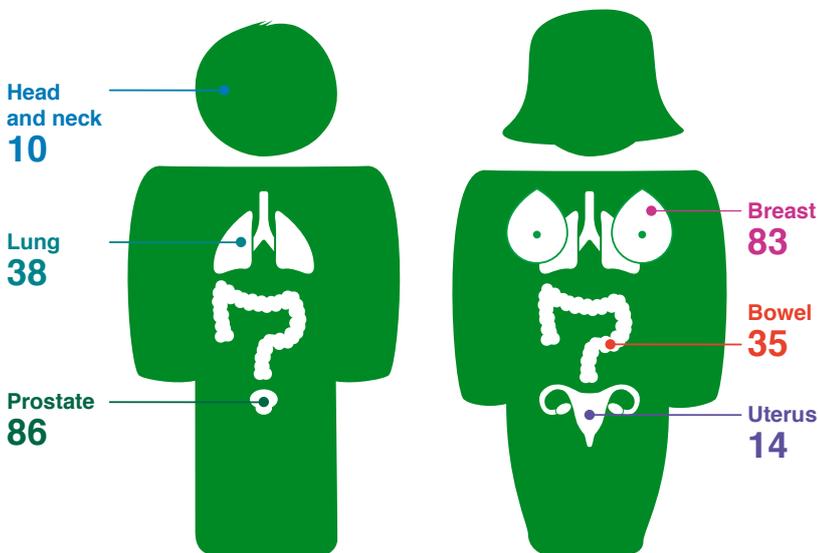
The number of older people (aged 65 and over) living with cancer has grown by 300,000 (or 23%) in the five years to 2015³ and the most common age range for patients to be diagnosed with cancer is 65–79⁵. Cancer is increasingly becoming a chronic disease which must be managed alongside other comorbidities.

Health inequalities have an important role to play in cancer, as they do in many other conditions. In England, if overall cancer incidence rates for the most deprived group were the same as the least deprived group there would be 15,000 fewer cancers diagnosed each year⁶. The results of the National Cancer Patient Experience Survey for England 2019 also show the impact that health inequalities have on patient experience during and after cancer treatment. For example, black respondents were less likely than white respondents to say that they were definitely given enough care and support from health or social services during or after their treatment. The same can also be said for those in the most deprived groups vs the least deprived groups and for non-heterosexual vs heterosexual respondents. Black, Asian and non-heterosexual respondents were all less likely to report that the different people treating and caring for them always worked well together to give them the best possible care⁷.

A diagnosis of cancer has a far-reaching impact. Around half of all people with cancer experience levels of anxiety severe enough to adversely affect their quality of life. Four in five people with cancer are affected by the financial impact⁸.

Our evidence shows that 58% of people with cancer feel their emotional needs are not looked after as much as their physical needs. Half of people with cancer want information, advice and support about the emotional aspects of cancer, of whom 41% are not able to get it⁹.

Number of new cancers diagnoses for every 50,000 people per year



Early diagnosis

When cancer is diagnosed at an early stage, treatment options and chances of a full recovery are greater. Survival rates, particularly one-year survival, in England in 2015, were lower than most other European countries¹⁰, suggesting advanced disease at presentation could be a contributing factor. In response to this, NICE Guidance for Suspected cancer: recognition and referral lowered the threshold for primary care to refer patients presenting with concerning symptoms, as well as supporting GPs to access diagnostic tests directly.

The Routes to Diagnosis data indicated that one-year survival for patients presenting through emergency routes is notably lower than those referred by their GP on a suspected cancer pathway.

The NHS Long Term Plan sets out an ambition for an additional 55,000 people each year to survive their cancer for at least 5 years after diagnosis. To achieve this ambition, the proportion of cancers diagnosed at stage 1 and 2 will need to increase. The Network Contract Direct Enhanced Service (DES) highlights the role that primary care, working with system partners, has in delivering this ambition.

The objectives of this module are aligned to the Network Contract Direct Enhanced Service (DES) and the Quality Outcomes Framework Quality Improvement (QOF QI) Domain. They are designed to support your practice to:

- 1. Further embed NICE Guideline 12: Suspected cancer: recognition and referral**
- 2. Improve referral practice**
- 3. Increase the proportion of suspected cancer referrals where a robust practice-wide system for safety netting is used**
- 4. Improve the information you provide to patients at the time of referral**
- 5. Demonstrate an increase in the proportion of cases where cancer diagnoses are reviewed and learnt from by using a learning events analysis (LEA).**

Toolkit instructions

This toolkit aims to encourage and support primary care teams to improve the quality of care they provide to people with cancer while also enabling practices and primary care networks (PCNs) to deliver the requirements of the Network Contract Direct Enhanced Service (DES) and Quality Outcomes Framework Quality Improvement (QOF QI) Domain.

It contains a suggested structure and activities that you can undertake, along with ideas for improvement and resources to support your changes to meet these requirements. You can modify these to meet your local needs. Your project lead need not be a GP and you could consider other members of your team who would like to lead this work.

To help you carry out some of the activities within this toolkit, we have worked with → [EMIS Web](#), → [TPP SystemOne](#) and → [INPS Vision](#) to provide you with searches which can be accessed within each IT system. Instructions to access these searches are included in the appendix.

Outline of activities

This structure is based on the recommendations of the Early Diagnosis QOF Domain but the content will also satisfy the DES:

Baseline evaluation

- Review the toolkit and nominate a lead for the project (Section 1)
- Perform your baseline analysis and search (Section 1)
- Identify your stakeholders (Section 2)
- Present your local data at practice meeting (Section 3)
- Co-develop your practice plan at your practice meeting (Section 3)
- Record your practice improvement plan and set your SMART objectives (Section 4)
- Share your data and improvement plan with your PCN. You could use this meeting to identify any system-wide issues which may require collective action.

Implementation

- Over 6 months implement your practice improvement plan (Section 4)

Project evaluation

- Evaluate the changes you have made (Section 5)
- Share your data with your practice (Section 5)
- Meet again with your PCN to share learning from each of your QI activities (Section 5)
- Consider further changes that could be made to improve your performance in this area
- Think about how you can maintain the changes you have already made

1. Baseline evaluation

During this stage, you will perform a baseline analysis of your current performance and review your practice policies. This information can be used to identify any areas for change. This information can also be used to inform your practice meeting and allow you to establish a baseline with which to demonstrate evidence of improvement. In this section you will:

1. **Review your implementation of the NICE Urgent Suspected Cancer Guidelines.**
2. **Analyse the routes of referral for new cancer diagnoses within your practice.**
3. **Review your current safety netting practices.**
4. **Review the information that you give to patients at the point of referral.**

Below are the searches that you need to run to perform the activities in this section.



Searches

Search number	Search description
5	Fast track cancer referral in last six months
13	Cancer diagnoses in last six months with two-week wait (2ww)
14	Fast track cancer referral information given
15	Fast track cancer referral
17	Cancer diagnoses in last six months

NICE Urgent Suspected Cancer Guidelines

1. Review how your Primary Care team currently access these guidelines and reflect on how any implementation challenges could be overcome. A list of guideline summaries can be found in the → [ideas for improvement and resources for change](#) section.

The NICE guideline recommends the use of direct access diagnostics for many symptoms.

2. Complete the table below which summarises the diagnostics available in your area:

What direct access diagnostics are available in your area?	Which of these are available within two weeks?

If you need further information on this topic then you might want to discuss this in your → [Practice meeting](#).

Route to diagnosis data

The QOF QI Domain suggests that practices should either:

1. Audit a minimum of 20 consecutive cancer diagnoses
2. Randomly select a sample of at least 20 cases from the previous 12 months.

The searches included in this toolkit will allow you to review your cancer diagnoses over the last six months. You can limit the number of cases you review to the last 20 consecutive cancer diagnoses if you wish.

Alternatively, if you have taken part in the [National Cancer Diagnosis Audit](#) then you could use the relevant data from that audit to complete this section.



3. **Search 17 will return the number of cancers diagnosed in the last six months. You can record this number in the box below.**

people



4. **Search 5 will return the number of urgent suspected cancer referrals in the last six months. You can record this number in the box below.**

people



5. **Search 13 will return the number of patients who were diagnosed in the last six months via an urgent suspected cancer (USC) referral. You can record this number in the box below.**

people



6. **Using the results of search 17, alongside information contained within the patient's notes, complete the following table to analyse their routes of referral. You could complete this for the 20 patients you selected above, or for all new cancer diagnoses in the last six months.**

Route of referral	Number of people
Urgent suspected cancer	
Rapid diagnosis centre	
Emergency presentation	
Routine referral	
Other	
Total	

Learning event analysis

Please retain the details of any patients where the referral or diagnosis process could have been better. The QOF QI Domain suggests that you perform a learning event analysis of these cases.

Significant Event Analysis (SEA) or Learning Event Analysis (LEA) can be an effective way to identify problems in a patient journey that have led to a delay in a diagnosis of cancer and to provide solutions to ensure similar problems do not affect other patients. They can also be used to demonstrate an increase in the proportion of cases where cancer diagnoses are reviewed and learned from. By completing an LEA for all patients diagnosed with cancer following an emergency admission and for any patients who presented many times before a diagnosis, you will also be fulfilling the recommendations of the National Cancer Strategy (recommendation 25).

How to complete

- Use the [RCGP and Macmillan SEA](#) template to carry out a high-quality SEA/LEA ensuring that it is robustly anonymised
- Discuss the SEA/LEA with your practice team at the next clinical meeting, ensuring that appropriate reflection is made, and any suggested actions are taken forward
- You might want to consider if any of these actions should form part of your **→ improvement plan**.

Safety netting

Safety netting has many elements and is an important way to ensure that patients are followed up in a timely fashion. Safety netting has been defined as ensuring:

- Attendance at appointment following urgent referral for suspected cancer
- The results of investigations are received and acted upon promptly
- That people with a symptom that is associated with an increased risk of cancer but who do not meet the criteria for referral or investigation are reviewed appropriately.

7. Does your practice have a system to ensure that patients referred via the urgent suspected cancer referral route are seen?

Yes No

8. Does your practice have a system to ensure that the results of direct access diagnostics are seen and acted on?

Yes No Not applicable

9. Does your practice have a system to ensure that patients with low but not no risk symptoms are appropriately followed up?

Yes No

10. Is your practice aware of the Cancer Decision Support tool?

Yes No

There are digital solutions available to help you to improve your safety netting, for example the [electronic safety netting template in EMIS](#). Further resources to help you improve your use of safety-netting are included in the → [Ideas for improvement and resources for change](#) section.

Decision support tools

The DES suggests making use of a clinical decision support tool to help improve the quality of referrals for suspected cancer. One such tool is the [Cancer Decision Support tool](#) (CDS or QCancer risk score in EMIS). Switching on the CDS is straight forward and the instructions can be found by clicking on the link above.

It estimates the risk of a patient having an, as yet, undiagnosed cancer based on recent investigation results, symptoms and signs. It has been recognised as a key driving force for earlier diagnosis of cancer and has been found to support GPs to ‘think cancer’ in low-risk but not no-risk situations. You might want to consider using this or other similar tools.

📊 GPs reported that 19% of patients would not have been referred without the use of the eCDS tool. 📊

High-quality patient information

NICE recognises that patients who are referred on a suspected cancer pathway should be given information regarding their referral, and reassurance where appropriate to encourage patients to attend appointments. The DES also emphasises the need for patients to receive information on their referral including why they are being referred.

11. Do all patients referred on an urgent suspected cancer pathway receive a patient information leaflet from your practice?

Never Rarely Sometimes Often Always

If you do not currently use an information leaflet, examples are included in the → [Ideas for improvement and resources for change](#) including a READ code to record that it has been given.

2. Stakeholders, system partners and community of practice

- 12. In the box below list all the people who might help you to achieve your aims. Consider the roles that clinical and non-clinical staff can play, as well as your patient participation group.**

Improving early diagnosis is also a strategic delivery priority for the Cancer Alliances across England. They should work to support PCNs in delivery, as should the Public Health Commissioning team. You might also want to consider the role that other outside organisations and the voluntary sector can play.

The PCN specification also recommends the development of a Community of Practice. A community of practice is a group of professionals, who have a common interest in a subject, and learn from each other's experiences, ideas and strategies by interacting regularly.

- 13. Does your Primary Care Network (PCN) have a clinical lead for delivery of this section of the DES?**

Yes No

- 14. Does your practice have a clinical champion for this project?**

Yes No

- 15. Does your practice have a non-clinical champion for this project?**

Yes No

- 16. Do you know if you have a Macmillan GP in your area?**

Yes No

Macmillan GPs can be helpful in the completion of this toolkit and in developing your community of practice. If you need the contact details of your local Macmillan GP then email macdocs@macmillan.org.uk with the name of your CCG.

3. Co-development of your practice improvement plan

At this stage, you will share what you have learnt about your current performance with your practice team and develop a practice improvement plan for change.

This is an important step in the process. For your changes to succeed you will need the help of the whole practice team. One method to engage the rest of your team is by including them in the process of identifying what needs to change. You don't need to capture the imagination of everyone, just enough people to help you get the change going. Also, by involving all members of the practice in the discussion, everyone can share their perspective and insights, which might be missed with only clinical staff involved. It will also help to create 'ownership' of the new process which will help with buy-in.

Below is a possible structure of practice meeting and a suggested Quality Improvement tool that might be useful. You can choose to use an alternative tool if you wish. This meeting could be led by any member of your practice team, for example, your practice manager.



A suggested practice meeting outline

- Share data with your wider practice team and consider:
 - Any key themes from your analysis
 - Using a case study from your routes to diagnosis and LEA evaluation to illustrate your findings
- Identify any areas of improvement
- Set your SMART objectives
- Co-design an improvement plan to describe how you will meet your objectives



QI Tool: process mapping

The process of suspecting, referring (with or without investigation) and safety netting a patient with symptoms suggestive of cancer is a complex process. Also, each practice and primary care network will have challenges, based on local healthcare and population factors, which will impact on this process. A process map is a way of creating a visual picture of how this pathway currently works (in reality) within your practice. A full description of this tool is included in the → [appendix](#).



Points to consider during your discussion:

- If you have access to it, would use of the Cancer Decision Support tool (CDS), or a similar tool, help your GPs to 'think cancer' in low risk but not no-risk situations?
- Would easy access to a summary of the NICE Guidelines help clinicians at the point of referral?
- How can you → [incorporate electronic safety netting](#) into your practice routine?
- **High-quality coding**, alongside effective safety netting, can enable patients to be tracked with a practice system and can contribute to early diagnosis. Consider having someone complete this online module and attend the practice meeting to contribute to the discussion.
- What safety netting systems do you have in place for patients that present with **low risk but not no-risk symptoms**?

- How you can ensure that patients have access to **high-quality information** at the point of referral and how this might encourage them to attend their appointment.
- How you can ensure that locum doctors are able to follow the process that you design?
- Any lessons from your **Learning Event Analysis**.
- Any challenges that are presented and how you could work with others within your Primary Care Network to tackle them at a system level.
- If you have completed our screening module, you might want to consider how what you learnt from the driver diagrams, might be relevant here.

Ideas for improvement and resources for change



Safety netting

If your practice and/or Network uses EMIS Web, please utilise the electronic [Safety Netting Toolkit](#) that has been developed by the UCLH Collaborative.

You can find further information on the functionality of this toolkit and guidance on how to access the toolkit in [this video](#).

If you do not use EMIS Web there is an online [learning module](#) on good coding practice. While the remit of this module is primarily for EMIS Web, the principles can be adapted for use with other IT systems.

[London Cancer and Macmillan: A guide to quality coding and safety netting in the context of cancer](#)

NICE Urgent Suspected Cancer guidelines

The following are recommended summaries of the NICE Urgent Suspected Cancer guidelines:

- [Macmillan's NICE endorsed *Rapid referral guidelines*](#)
- [The Cancer Maps](#)
- [C the Signs](#)
- [Summaries from Cancer Research UK](#)

High-quality patient information

Code when patient information is given following an urgent suspected cancer referral using these provision of written information codes.

READ code EMIS/INPS	READ code SystemOne	SNOMED Code
8O AQ	XadFZ	988781000000100

Examples of patient information:

- [NHS patient information for urgent referral](#)
- [CRUK Your urgent referral explained](#)
- [Scarborough and Ryedale CCG Urgent Hospital Appointments](#)
- [Healthy London Partnership Urgent Suspected Cancer PIL in multiple languages](#)

4. Improvement plan

17. Record your SMART (specific, measurable, achievable, relevant and time-bound) objectives for increasing your bowel screening rate and/or others in the box below. The QOF QI domain recommends that these are challenging but realistic.

An example of a SMART objective that is given in the QOF QI Domain is 'The practice aims to increase the % of new cancer diagnosis cases which are reviewed and learnt from, by y% to z%, over 6 months.'

This is also an example of a process measure as it measures a step in a process that can lead to the desired outcome. The QOF QI domain suggest that you could also stratify your objectives into outcome measures and balancing measures.

18. Collate the outcomes of your discussion at the practice meeting and review the resources provided. Record your improvement plan in the box, this includes some recommended actions.



TO DO LIST

Ensure everyone in the practice has access to a useful summary of the NICE Urgent Suspected Cancer guidance (examples in the → **Ideas for improvement and resources for change** section). You might want to place them in a shared drive or as a link on desktops.

Introduce electronic safety netting within your practice.

Ensure all referring clinicians in your practice have an up to date list of the → **direct access diagnostics**.

Code when patient information is given following an urgent suspected cancer referral using these provision of written information codes → **pre-hospital assessment/advice code**.



19. Once you have formulated your improvement plan, the QOF QI domain recommends that you meet with the rest of your Primary Care Network to:

- Share what you have learnt from your baseline evaluation.
- Share and validate your improvement plan and SMART objectives.
- Identify any system-wide issues which may require collective action.

You could use the box below to record any reflections, or actions following on from this meeting.

5. Evaluation of change

We suggest performing an evaluation of your project at 6 and 12 months, both to monitor your changes (make sure you are on the right track), and as evidence of your progress towards completing this element of the QOF QI domain.

Referral routes

This information can be obtained by reviewing your practice list and, if you have used the recommended codes given in the previous section, by running searches 5, 13 and 17. Alternatively, if you have taken part in the [National Cancer Diagnosis Audit](#) then you could use the relevant data from that audit to complete this section.



20. Record the number of cancer diagnoses at six months and twelve months (Search 17 can be used to find the number of cases over a 6-month period):

At 6 months	At 12 months
people	people



21. Record the number of urgent suspected cancer referrals at six months and twelve months (Search 5 can be used to find the number of cases over a 6-month period):

At 6 months	At 12 months
people	people



22. Record the number of patients who were diagnosed, at six months and twelve months, via an urgent suspected cancer referral (Search 13 can be used to find the number of cases over a 6-month period):

At 6 months	At 12 months
people	people



23. At 12 months, use the results of search 17, alongside information contained within the patient's notes. Complete the following table to analyse their routes of referral. You could complete this for the 20 patients you selected above or for all new cancer diagnoses in the last 6 months:

Route of referral	Number of people
Urgent suspected cancer	
Rapid diagnosis centre	
Emergency presentation	
Routine referral	
Other	
Total	

Learning events analysis

24. If you have implemented Learning Event Analysis at your practice, record the number of LEAs/SEAs that have been completed at six and twelve months:

At 6 months

At 12 months

25. You can use the box below to reflect on the the impact that this process has had on your practice.

Safety netting

26. Use the box below to reflect on whether you feel electronic safety netting has contributed to improved coding within your practice:

High-quality patient information

27. At six and twelve months, run search 14 to see how many patients referred on an urgent suspected cancer referral received a patient information leaflet (requires the use of the code in the → [resources for change](#) section)

At 6 months

At 12 months

people

people

 28. Use the results of search 5 (from question 21) to determine the percentage of people referred on an urgent suspected cancer referral pathway who received a patient information leaflet.

At 6 months

At 12 months

%

%



29. Once you have carried out your improvement plan, the QOF QI domain recommends that you meet again with the rest of your Primary Care Network to share:

- The findings of your evaluation of change
- What you have learnt from the quality improvement process and change activities
- Any further activities you are planning to undertake at your practice
- Any further actions that need to occur at a system level to support your changes

You could use the box below to record any reflections, or actions following on from this meeting.

Overall reflections

You can use the box below record your reflections on the QI process you have undertaken. Some points you might like to consider are listed below:

- Identify your successes and the factors which supported the process
- Factors which hindered your new or improved process
- Learning points
- How you can maintain your changes
- Areas which require further changes to be made
- You might want to reflect on this at a personal as well as a practice-wide level.

6. On the horizon

The Accelerate Coordinate Evaluate (ACE) programme, which was a partnership between Macmillan Cancer Support, Cancer Research UK and NHS England, piloted a Multidisciplinary Diagnostic Centre service model over two years. Following the success of this work, this model has evolved into the Rapid Diagnostic Centres.

As part of NHS England's commitment to delivering faster and earlier diagnosis alongside improved patient experience, Rapid Diagnostic Centres (RDCs) are being rolled out across the country.

The aim of the RDCs is to deliver the Faster Diagnosis Standard as well complement the work that is being undertaken to improve the screening programmes following The Independent Review of Adult Screening Programmes by Sir Mike Richards in 2019.

As they are established, the RDCs will begin to offer a single point of access for people presenting with symptoms that could indicate cancer. As part of the pathway they should receive personalised, accurate and rapid diagnosis of their symptoms.

During the initial phase of the RDCs introduction, they will develop services for people with vague or non-specific symptoms. The RDCs may also offer pathways for site-specific symptoms where the current pathways have been identified as being under-performing.

The service model will continue to evolve in line with evidence and the ambition is for RDCs to offer a single point of access for all patients with suspected cancer.



Appendix 1: Process mapping

The process of suspecting, referring (with or without investigation) and safety netting a patient with symptoms suggestive of cancer is a complex process. Also, each practice and primary care network will have challenges, based on local healthcare and population factors, which will impact on this process.

A process map is a way of creating a visual picture of how this pathway currently works (in reality) within your practice. It allows every member of the team to see the whole process in its entirety. It may also expose areas of duplication, unnecessary steps (waste) or where patients might slip through the net. Once you have a map of the current process you can then begin to think about how it can be improved.

This activity may unearth some frustrations and challenges and it is crucial to consider, as a team, how to address these as this can form the basis of your improvement plan. Don't forget to review the → **ideas for improvement** and → **resources for changes** section before the meeting for some ideas.

How to facilitate:

1. Collect the resources you plan to use e.g. post-it notes, large pieces of paper, pens. Post-it notes allow some flexibility while constructing the map.
2. Explain how processing mapping works making it clear that each step needs to be broken down. This video explains how process mapping can be used in primary care.
3. Define the start point. You might want to consider more than one start point e.g. 'Patient presents with a symptom suggestive of cancer' and 'Patient presents with low risk but not no risk symptom.'
4. Define the end points e.g. 'diagnosis' or 'problem resolved'.
5. Depending on the size of the meeting you might want to complete it as one group or split into smaller groups to ensure everyone has a chance to contribute.
6. Don't be too rigid about the how the process map looks e.g. use of symbols. The important part of this is that the process is mapped in a usable way.
7. Once the group(s) have created their map(s), ask them to feedback.
8. Make a note of the challenges and facilitate a discussion about how these can be overcome.
9. Consider creating a new process map of the co-designed process to ensure agreement of the group.
10. Use these maps to create your → **improvement plan** and decide when and how to implement the changes.

Appendix 2: EMIS Web searches

To make the searches required to complete this toolkit as easy as possible we have worked with EMIS to ensure that all the searches can be accessed in one place.

Population Reporting > EMIS Library > SNOMED Searches > EMIS Clinical Utilities > Third Sector Partnerships > Macmillan Cancer Support > Quality tool kit

You will be taken to a screen which will detail the following searches:

1.	Mammography normal	
2.	Mammography abnormal	
3.	Mammography not attended	
4.	Fast track cancer referral and coded as DNA	
5.	Fast track cancer referral in last 6 months	Module 2
6.	DNA fast track cancer referral	
7.	DNA/No response to bowel screening programme in last month	Module 1
8.	DNA/No response to bowel screening programme in last 6 months	Module 1
9.	Bowel screening programme invitation letter in last 6 months	Module 1
10.	Bowel screening programme invitation letter in last month	Module 1
11.	Bowel screening telephone invitation in last 6 months	Module 1
12.	Bowel screening telephone invitation in last month	Module 1
12a.	Advice about bowel cancer screening in last 6 months	Module 1
12b.	Advice about bowel cancer screening in last month	Module 1
13.	Cancer diagnosis in last 6 months with 2ww	Module 2
14.	2ww Information Given	Module 2
15.	Fast track referral and QCancer score	
16.	Cancer diagnosis EVER	Module 3
17.	Cancer diagnosis in last 6 months	Module 2
18.	Cancer diagnosis over 5 years ago	Module 3
19.	Cancer diagnosis in last 6 months with treatment code	Module 3
20.	Prostate cancer diagnosis over 5 years ago	Module 3
21.	Prostate cancer diagnosis EVER	
22.	Contact made with patient after cancer diagnosis	Module 3
23.	Cancer Care Review in last 6 months	Module 3
24.	Cancer Care Review and ALL CCR template	Module 3
24a.	Cancer Care Review in last 6 months and discussion about psychological counselling	Module 3
24b.	Cancer Care Review in last 6 months and discussion about employment counselling	Module 3
25.	Cancer Care Review in last 6 months and benefits counselling	Module 3
26.	Cancer Care Review in last 6 months and discussion about complications of treatment	Module 3

27.	Cancer Care Review in last 6 months and discussion about diagnosis	Module 3
28.	Cancer Care Review in last 6 months and discussion about treatment	Module 3
29.	Cancer Care Review in last 6 months and lifestyle advice given	
30.	Patients in need of palliative care AND full palliative care template	Module 4
31.	Patients in need of palliative care and MDT	Module 4
32.	Macmillan information offered in last 12 months	Module 3
33.	QCancer score in last 12 months	

Appendix 3: TPP SystemOne Searches

Templates and reports to support completion of Macmillan’s Quality Toolkit for Cancer Care in Primary Care within TPP SystemOne’.

- Access the library in SystemOne via System > Resource Library.
- Type ‘macmillan’ as a search term and you will see the below.
- Download any resources you do not have locally on your SystemOne module (right-click and download resource).
- Once downloaded add the templates/view and to where you want to use them (tree or toolbar).

Name	Type	Guidance
Macmillan Quality Toolkit for Cancer in Primary Care Reports – Read Usage Guidance!	Report	Downloads all the reports required to support the Macmillan Quality toolkit. Read the usage guidance.
Macmillan End of Life Care QOF QI Reports – Read Usage Guidance!	Report	Downloads all the reports required to support the QOF QI EOL Module. Read the usage guidance.
Macmillan Palliative Care Template 2019	Template	Template to support QOF QI EOL.
Macmillan Cancer Care Review Template 2019	Template	Template for use in performing a good quality cancer care review with a patient.
Macmillan Cancer Quality View	View	View to see what items have been entered on the last care review.
Cancer Care Review – how are you going?	Word Letter Template	Template letter to send to patients before their review.

Note: When accessing the Cancer Care Review and Palliative Care templates within the SystemOne Resources Library please utilise the National templates that have been developed by Macmillan and Nottingham as described in the above table.

Please do not upload a Practice/CCG-specific template to the Library. This causes confusion among users who will not know which template is the original and most up to date version.

For a list of the searches available please see → [appendix 2](#).

Appendix 4: INPS Vision

Right click Vision+ icon > Download Web files > Under heading: Practice alerts & lists > Cancer care in primary care: Quality toolkit (Macmillan)

Right click Vision+ > Open Practice reports > Practice lists > Cancer care in primary care: Quality toolkit (Macmillan)

For a list of the searches available please → [appendix 2](#).

References

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We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you.

For information, support or just someone to talk to, call **0808 808 00 00** (7 days a week, 8am–8pm) or visit [macmillan.org.uk](https://www.macmillan.org.uk)

