

The following guide will give you the knowledge, tips and tools to set up meaningful cancer care reviews at your practice, regardless of your profession or role. So, let's start at the beginning.

What are the drivers for the role of Primary Care in supporting people after a cancer diagnosis?

- Increased incidence and survival of cancer¹
- People living with cancer should be supported like other long-term conditions, which are already well managed by Primary Care
- National Cancer Patient Experience Survey results consistently demonstrate poor care 'out of hospital'²
- NHS Long Term Plan promotes interventions that support personalised care³
- Quality Outcomes Framework (QOF) included cancer indicators from April 2021 and remunerates general practices for providing good quality care⁴

What is a Cancer Care Review?

A Cancer Care Review (CCR) is a conversation between the person living with cancer and their GP practice about their cancer journey. They can invite a carer, family member or friend to be part of that conversation, if they find it helpful to have someone with them. The conversation could be by telephone, video or face-to-face based on personal preferences. It is essential to **personalised care** and helps patients to:

- Talk about their cancer experience and concerns
- Understand what support is available in their community
- Receive the information they need to begin supported self-management

Personalised care means people have choice and control over the way their care is planned and delivered. It is based on what matters to them and their individual strengths and needs. Critically, personalised care takes a whole-system approach, integrating services for the person, including health, social care, public health and wider services. Whichever role carries out a CCR, they are essential in supporting personalised care.

What are the benefits of completing Cancer Care Reviews?

- It delivers personalised cancer care and support
- It improves communication between primary and secondary care
- It enables secondary care to refer issues that need community support/social prescribing
- It reduces GP workload
- It adds value to practice services
- It improves experience of people living with cancer
- It meets Quality Outcomes Framework (QOF) standards
- It maximises income from QOF to invest in other services
- It allows for healthcare professionals undertaking the CCRs to develop professionally and access learning opportunities, which can be applied to other LTCs (Long Term Conditions)

What are the Quality Outcomes Framework (QOF) requirements for 2023/24?

- CANOO1: Practice establishes & maintains a register of people diagnosed with cancer (5 points)
- CANOO5: 70–90% of people with cancer will be offered an opportunity to discuss and be informed of the support available within 3 months of diagnosis (2 points)
- CANO04: 50-90% of people with cancer will have a structured Cancer Care Review (CCR) recorded within 12 months of diagnosis (6 points)

You now know what CCRs are, what the benefits are and the QOF requirements but, before you start completing cancer care reviews, you might want to take your time to consider the following sections.



Preparation is key

Preparation is key

Understand your practice cancer population

- What size is the practice population?
- What is the incidence of cancer within the practice population?
- What percentage of the practice population is coded as cancer?
- How does that compare with local Primary Care Network (PCN)/Integrated Care Board (ICB)/ national incidence of cancer?

Identify the most common cancers seen within your practice population

- There are over 250 types of cancer but there will be common cancers that you will see most
 of the time. If there are gaps in your knowledge about the most common cancers you are likely
 to support plan how you will plug any gaps in your knowledge, to improve your confidence
 and competence.
- Find out more about the learning and development courses for healthcare professionals on Macmillan's **Learning Hub**, including the: Practice Nurse Course: Supporting Cancer Care Programme and the Cancer Care Review module.

Identify your closest cancer centre/unit

- Your local Macmillan Partnership Team would be able to support and make introductions
- Find out who is the Lead Cancer Nurse and make contact to introduce yourself and explain your role
- Identify all the multi-disciplinary oncology teams that work in the Cancer Centre/Unit
- Create a Directory of Contacts from the Cancer Centre/Unit names may change but contact details rarely do! The Lead Cancer Nurse may be able to provide contact details for you
- Find out how best to communicate with them i.e. do they have a dedicated phone line or email address? Is there a generic tumour site team email?
- Find out whether they complete Treatment Summaries and/or Holistic Needs Assessments as part of the treatment pathway and how they will share them with you
- Suggest that the MDT (Multi-Disciplinary Team) informs patients that they will receive an invite
 for a CCR from their GP Surgery. Click here for an example of a postcard that could be given
 out at time of discharge from secondary care.



Identify other local resources:

- Is there a Maggie's or Macmillan Information & Support Centre locally?
- Do you have a local Boots with a Boots Macmillan Information Pharmacist or Boots Macmillan Beauty Advisor?
- Is there a Level 4 Exercise Professional at the local gym/fitness centre who can give guided access to increasing Physical Activity?
- What services are available for Weight Management, Smoking Cessation, Mental Health, Talking Therapies and Psycho-Sexual Health, for example?
- You might want to look at what cancer charities have to offer, such as Macmillan Cancer Support, Cancer Research UK, Breast Cancer Now, Lymphoma Action, Mesothelioma UK, Target Ovarian, Jo's Trust, Roy Castle Lung Foundation and Penny Brohn UK. There are many cancer-related charities, so take time to find out more – see the list at the end of this Guide
- Who is your designated Social Prescriber and how do you refer/contact them? What support do they offer?

Check out your practice website

What cancer content is on your practice website? Do you have dedicated cancer pages? Does
the content need refreshing? What other links can you add to empower people to self-manage?
Can you add other local links for information and support? For example: Maggie's Centre,
Macmillan Cancer Information and Support Centre, Boots Macmillan Information Pharmacist
and Boots Macmillan Beauty Advisor

Advertise CCRs on your Practice Tickertape/Patient Newsletters

- Let patients know about CCRs and their purpose, using the waiting room TV screens (click here for an example)
- Consider writing a section for the Patient Partnership Group Newsletter or social media

Find out how to complete searches on your IT System and how to code correctly:

- Speak to your IT manager/recall team/designated person for QOF searches
- Familiarise yourself with your operating platform each system is slightly different
- Understand cancer coding processes and how to perform any data cleansing
- Create two separate spreadsheets to capture newly diagnosed patients (CAN005), who are
 within the 3-month period, and those within the 12-month period (CAN004), so that you can
 keep everything on track. For examples see here for 3-month period spreadsheet and here
 for the 12-month spreadsheet.

Which CCR template is compatible with your IT system?

Macmillan have created CCR templates for most Primary Care Operating Systems:

Ardens

Macmillan has worked with Ardens to align its CCR template with our national standardised template.

If your practice is on Resource Publisher, the Ardens CCR template titled 'Cancer (v15.1)', is located in: Shared folders/Ardens Main/Ardens LIVE Toolset/Chronic Disease Templates.

If your practice is on Template Manager, it is located in: Ardens (vX.X)/Chronic disease templates. This template can be accessed from the template picker by searching.

EMIS

The EMIS template is located in: EMIS Library > EMIS Protocols > Third Sector Partnerships > Macmillan/Cancer Support > Macmillan Cancer templates.

This template can be accessed from the template picker by searching.

INPS Vision

To access the CCR template in INPS Vision: In the Vision+ Consultation Manager, select the arrow on the right-hand side of the + icon and select 'clinical templates'.

• TPP SystmOne

To access the CCR template in TPP SystmOne: System > Resource Library > type 'macmillan' as the key search term and look for 'Macmillan Cancer Care Review Template 2021'.



Setting up QOF Indicator: CANO05

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Setting up QOF Indicator: CAN005

CAN005 indicator aims to encourage GP practices to proactively provide patients with the opportunity for a discussion to make them aware of the support available to them at the practice and locally within the wider community within 3 months of diagnosis.

Before contacting make sure you:

- Check that a new cancer diagnosis code has been added as a problem by the GP, to ensure that they are added to the Cancer Register (CAN001) and they have definitely been diagnosed with cancer
- Check which communication methods are preferred by the patient
- Check the diagnosis, location of cancer and staging of the cancer

It's time to contact the patient, which can be done by phone, email, letter or text. You can download the CCR invitation sample letter **here**.

Step 1 - Identify people with a new cancer diagnosis

This is an opportunity to create a rapport with people living with cancer as early as possible in their cancer experience. It enables patients to understand the roles and support available in Primary Care, which they may not have been previously aware of, and integrates care, between Primary, Secondary and Community Care to benefit the patient.

- Use search in Cancer QOF
- Searches need to be run weekly to identify any additional newly diagnosed patients and add them to the list manually
- Monthly, check the excluded list against the EMIS cancer QOF list to make sure it matches your Ardens search, as data is collected by NHS England using those searches and not Ardens.
- Add patients to 3-month review spreadsheet

Step 2 - Acknowledge their diagnosis, advise what support is available to them and offer an opportunity for a discussion

Most practices will see patients with cancer following their diagnosis, staging and development of a treatment plan at the cancer centre/unit. Often, they are having so many interactions within secondary care (pre-operative assessment, surgery, scans, tests, treatment planning, etc) that it's unhelpful for them to add an interaction in primary care at the point of diagnosis. For others, having that support early on in their local community is invaluable. Ultimately, it's about individuals having choice and control over their care.

Example:

"We are sorry to hear of your recent cancer diagnosis and, as your GP surgery, we would like to reach out and offer our support. It can be helpful to discuss the impact of your diagnosis and the issues that are most important to you. If you would like an appointment with [name + title] please contact the surgery on [phone number].

If having a discussion now is not right for you, please have a look at further information and support by clicking on the following link: [link to Practice Website or Macmillan Cancer Support]"

Step 3 - Coding

Either use the QOF template on your system or manually code using the following SNOMED Codes:

SNOMED Code - 1239881000000109 - Provision of information about cancer support services available in primary care

SNOMED Code - 1325721000000109 - Personalised care and support planning offered Once a discussion opportunity has been offered, move the patient over to the 12-month spreadsheet.



Setting up QOF Indicator: CANO04

Setting up QOF Indicator: CAN004

Step 1 – Identify people who require a structured cancer care review within 12 months of their diagnosis, using a Holistic Needs Assessment (HNA)

A meaningful Cancer Care Review has 3 parts to it:

- **1.** A simple questionnaire (HNA) to gather information from the person living with cancer to determine what they know, understand and need. People rate their concerns by giving them a score out of ten, with 10 being the highest concern. It groups questions under physical, emotional, practical, financial or spiritual needs. People living with cancer only need to score the concerns that matter to them.
- 2. A conversation to discuss the answers from the questionnaire with a named professional, which they can invite a carer, family member or friend to, if they find it helpful to have someone with them. The conversation could be by telephone, video or face-to-face based on the person's personal preferences.
- **3.** A written Personalised Care and Support Plan to help address the person's concerns. Essentially this is a summary of the conversation you've had. This can include information to help people self-manage, along with contact details of any helpful organisations or services. Or you may refer directly to other services.

HNA comes in various formats and there is no right or wrong version to use:

- Paper version of Macmillan Concerns Checklist
- Medlink Florey or AccuRx Florey Survey questionnaires of Concerns Checklist/HNA
- Macmillan electronic-HNA (e-HNA)

You may want to incorporate the Six Personalised Care Questions:

- 1. Who are the most important people in your life?
- 2. What does a good day look like for you?
- **3.** When you're having a bad day, what helps?
- **4.** What things do you enjoy doing?
- **5.** What matters most to you?
- 6. What would you never leave home without?

If using the Macmillan e-HNA portal, then you can choose the questionnaire that incorporates both these sets of questions i.e. Concerns Checklist + Personalised Care and Support Planning

Step 2 - Phone the patient and invite them to a structured Cancer Care Review, book the appointment directly with them and confirm by text or preferred communication channel.

Example:

"After our discussion on the telephone, an appointment has been booked for your Cancer Care Review on [date and time]. You are welcome to bring someone with you.

A cancer care review is a conversation between yourself and [name] about your cancer, which can help you to:

- Talk about your cancer experiences and concerns
- Understand what further support is available
- Receive information you need to start to self-manage

Please complete the form on the following link ahead of your appointment to ensure the appointment is as personalised as possible [insert link]"

Step 3 - Complete the CCR with the patient

• This can be completed face-to-face, by video-link or phone

Step 4 - Create a Personalised Care and Support Plan

A Personalised Care and Support Plan ensures people's physical, practical, emotional and social needs are identified and addressed at the earliest opportunity.

A Personalised Care and Support Plan will help to:

- Keep a record of conversations, decisions and agreed outcomes
- Understand a patient's care and support needs, their life and family situation and what matters to them
- Know what is required to make the plan achievable and effective.

You can download a Personalised Care and Support Plan template, so that patients have a record of the discussions they've had, agreed actions and advice from their care team.

Once completed, download the Care Plan and attach it to their Primary Care record or send it to their GP via Docman and send a copy of the Care Plan to the patient by their preferred media. If beneficial, share a copy with the patient's CNS/MDT within secondary care.

Step 5 - Coding

Either use Macmillan Template on your system or manually code using the following **SNOMED Codes:**

SNOMED Code - 1239881000000109 - Provision of information about cancer support services available in primary care

SNOMED Code - 1187911000000105 - Personalised care and support plan agreed



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Top Tips for meaningful CCRs

Top Tips for meaningful CCRs

Preparation is key - again

- Review Treatment Summary if available, if not Docman 10 for Clinical Letters from Oncology/ Secondary Care
- Review completed Concerns Checklist/HNA in advance of CCR if possible and identify the top three concerns

Focus on top three concerns

- It's unlikely that you will have enough time to deal with more than three concerns in 30 minutes
- At the beginning of the conversation, ask what concerns they want to discuss, as often the top scored concerns are not what they want to talk about. It's the patient's agenda, not yours
- But this can be the start of a conversation and you can negotiate with the person if they want to continue the conversation another day and book a further appointment.

Understand your limitations

- Concerns divulged in a CCR conversation may not be within your current expertise, so make sure you know how to escalate concerns within the practice. It's a good idea for both clinical and ARRS (Additional Roles Reimbursement Scheme) roles, to establish guidance and clear pathways early on to identify what needs escalating and when, and any red flags for immediate escalation
- Make sure you are aware of services and support locally to signpost to or involve other members of the Primary Care Team
- Alternatively, the patient may benefit from being signposted to other information and support sources, such as:

Macmillan website: www.macmillan.org.uk Macmillan Support Line: 0808 808 0000 Cancer Care Map: www.cancercaremap.org

Macmillan in Your Area: www.macmillan.org.uk/in-your-area/choose-location.html

Maximum of 5 CCRs in one day

- Often CCRs can be emotionally draining. Run over the 30-minutes' appointment time and there may be actions that you need to follow up on, so try to manage the number you complete in one day
- You can access a range of virtual courses to help you look after your mental health and wellbeing. You can access these via the Learning Hub

30-minute appointments with 15-minutes admin between

- It is hard to complete most reviews in under 30-minute, otherwise it becomes just another tick-box exercise
- You need to listen to what matters to the person
- By having 15-minute admin time after, if the review takes slightly longer or indeed it's an emotionally challenging discussion, you have the flexibility to carry on so that you can close the conversation off at a good place or take some time out



Complete CCR/QOF template after the review

• Tick the correct boxes/fields and add a free text record of the person's priorities and where they are emotionally

Complete the Personalised Care and Support Plan after the appointment

- This is a capture of the discussion around the top three concerns and actions agreed
- If using the Macmillan e-HNA, then the concerns will automatically populate My Care Plan and you just need to add what that concern means to the person and the actions you've taken

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Using the Macmillan e-HNA Platform

You can find out how to use the Macmillan e-HNA platform via **mycareplan**. The full guide can be found **here**.

Example of a completed Macmillan e-HNA Assessment.

This is what the assessment tab would look like for a real service user who has completed the assessment.

Concerns	
Money or finance	10
Moving around (walking)	10
Pain or discomfort	10
Partner	8
Tired, exhausted or fatigued	5
Uncertainty	5
Anger or frustration	3
Swelling	3
Housing	1

nformation needs
Diet and nutrition
Health and wellbeing
Making a will or legal advice
Planning for my future priorities

Set up	
Set up on	15/06/2023
Set up by	
Assessment	Concerns Checklist + Personalised Care and Support
Setting	Home
Pass code	
Team	Cancer Care Team
Organisation	

My Care Plan

Care Plan

	Cale Hall
Created	on 22 June 2023 with

Concern(s) identified	What this means to me	Suggested actions
Money or finance		Key Worker Actions: • Discussed as part of another concern
Moving around (walking)	Currently unable to weight bear through right arm, which has recently had palliative radiotherapy and left leg is in plaster with an operation booked 29.06.23. Means mobility is through two wheelchairs. Unlikely to be able to return to work and needs support to look at finances as, whilst on full pay at the moment, this will reduce to half pay in four months time.	Patient Actions: Advised to contact Macmillan Support Line – 0808 808 00 00 Signposted to Penny Brohn UK URL: www.pennybrohn.org.uk Email: clientsupport@pennybrohn.org.uk Phone: 0303 300 0118 Macmillan information sheets: Moving around (walking) URL: www.macmillan.org.uk/images/pain tcm9-317028.pdf Key Worker Actions: Referral to Occupational Therapy Comments: Keep in touch with Occupational Therapy Service, to keep assessing mobility/independence needs as things progress/change. Requires a rolling Fit Note for work, which has been requested from Dr Phone Macmillan Support Line as soon as possible to get help and support with financial situation. Let know if you need her to apply for a Macmillan Grant or if employer starts putting pressure to return to work. You can contact anytime by email: Consider looking at Penny Brohn UK website about nutrition.

Pain or discomfort	Related to bone cancer (metastases). Despite palliative radiotherapy to right arm, still has to lift the arm with the left one, otherwise the pain is excruciating. Currently taking Co-codamol, but has Oromorph if required.	Macmillan information sheets: • Pain URL: www.macmillan.org.uk/ images/pain tcm9-317028.pdf Key Worker Actions: • Referral to palliative care team Comments: will refer to palliative care team.
Partner	Relates to wife and their financial and housing situation and the anger and frustration.	Macmillan information sheets: • Relationship with your partner URL: www.macmillan.org.uk/images/pain tcm9-317028.pdf. Key Worker Actions: • Discussed as part of another concern
Tired, exhausted or fatigued	Spends a lot of the time sleeping - particularly in the morning. The afternoons are better. Sleeps well at night.	Macmillan information sheets: Tired, exhausted or fatigued URL: www.macmillan.org.uk/ images/pain tcm9-317028.pdf.
Uncertainty	Understands that cancer is treatable but incurable and needs to start getting his affairs in order	Key Worker Actions: Discussed concern, advice given Comments: Need to consider the question of resuscitation and putting in place a Do Not Attempt Cardio-pulmonary Resuscitation Need to write a Will Need to give Lasting Power of Attorney to wife for Finance and Property and Health and Welfare Look at Digital Legacy Association website for advice on closing down digital accounts: digitallegacyassociation.org



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Further information and resources

Anger or frustration	Why me? What have I done to deserve this? Also related to financial and housing concerns.	Key Worker Actions: • Discussed concern, advice given Macmillan information sheets: • Anger or frustration URL: www.macmillan.org.uk/ images/pain tcm9-317028.pdf.
Swelling		Patient Actions: • Patient did not want to explore this concern at this time
Housing	Lived in house for 40 plus years, but current mortgage is interest only and concerned that they will have to sell the house. Wife concerned that she will no longer have a roof over her head.	Patient Actions: • Advised to contact Macmillan Support Line – 0808 808 00 00 • Signposted to Lloyds/Halifax/ Bank of Scotland – Macmillan partnership Macmillan information sheets:
		Housing URL: www.macmillan.org.uk/ images/pain tcm9-317028.pdf.
		Comments: • Please phone the Macmillan Support Line for support from Financial Team and talk to them about your mortgage and repayments. Any accessible benefits given will reduce salary by half in near future.

What matters to me

- 1. Who are the most important people in your life? Family, see them regularly
- 2. What would make a good day for you? Walking the hills in Scotland
- 3. When you are having a bad day what can help to make it better?

asking me to dance and the grandchildren visiting

4. What are the daily or weekly things you enjoy doing?

I'm mobile at the moment but prior to my cancer I enjoyed my work and going out with the grandchildren

- 5. What would you never leave home without? My wallet which has a pocket penguin from and a pound coin which was in the wallet when gave it to me
- 6. What do you think the people who know you well would say your best qualities are? Hardworking and buying things for the

grandchildren

6
Further
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My concerns	My information needs
Money or finance (10) Moving around (walking) (10) Pain or discomfort (10) Partner (8) Tired, exhausted or fatigued (5) Uncertainty (5) Anger or frustration (3) Swelling (3) Housing (1)	Diet and nutrition Health and wellbeing Making a will or legal advice Planning for my future priorities



Evaluation of Cancer Care Reviews

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Evaluation of Cancer Care Reviews

It is worth considering, before starting Cancer Care Reviews, how you will demonstrate that the needs of people living with cancer have been met and how you will capture their experience of care.

The evaluation of Cancer Care Reviews is important because it allows you to:

- Assess the effectiveness and quality of reviews
- Focus on the outcomes and impact of reviews
- Determine what works well and what could be improved

In this section we have shared several resources and examples that have been used to evaluate the effectiveness of and the experience of cancer care reviews:

- Quality improvement toolkit for cancer care in primary care
- Evaluating the impact of a cancer care review template in primary care
- Evaluation of Macmillan's Cancer Care Review template

You can find an example of a questionnaire to evaluate your cancer care reviews below:

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You can also find the audit results of the above questionnaire used for one Practice here.



Further information and resources

Further information and resources

We also recommend reading the following guides:

- 10 top tips for primary care: Cancer Care Reviews | Macmillan Cancer Support
- 10 top tips for primary care: Virtual consultations | Macmillan Cancer Support
- Cancer Care Reviews in Primary Care | Macmillan Cancer Support
- Evaluating the impact of a Cancer Care Review template in primary care (macmillan.org.uk)
- Social prescribing guidance for primary care | Macmillan Cancer Support
- Personalised care quality improvement toolkit for primary care | Macmillan Cancer Support
- Quality and Outcomes Framework, 2021–22 NDRS (digital.nhs.uk)

Online courses/modules:

You can access the following e-learning modules on the **Macmillan Learning Hub**:

- Cancer Care Reviews
- Practice Nurse Programme
- ExPLORE for Primary Care
- Supporting Cancer Care Programme

You can access the following e-learning modules on the eLfH website (sign up for free with NHS account):

- The Changing Story of Cancer
- PRosPer Cancer Prehabilitation and Rehabilitation

List of cancer charities/organisations:

- Cancer Research UK
- Macmillan Cancer Support |
 The UK's leading cancer care charity
- Maggie's everyone's home of cancer care
- Cancer52 | The common voice for rare and less common cancers
- Cancer support charity for young people –
 Shine
- LGBT Foundation Cancer
- OUTpatients (formerly 'Live Through This') LGBTQ+ Cancer Charity
- BLACK WOMEN RISING
- Penny Brohn UK Cancer wellbeing for everyone
- Cancer Care Map
- Pelvic Radiation Disease Association

- Trekstock
- Action Cancer (NI)
- Cancer Focus Northern Ireland
- Tenovus Cancer Care (Wales)
- Cancer Support Scotland

Tumour Site Specific organisations:

- Anal Carcinoma
 The Anal Cancer Foundation
- Appendix
 PMP and Appendix Cancer Support
 Community
- Bile duct (see Cholangiocarcinoma)
- Bladder cancer
 Action Bladder Cancer UK
- Bone (see osteosarcoma)
- Bowel cancer
 Bowel Cancer | Bowel Cancer UK
- Brain
 Brain Tumour Research |
 Together we will find a cure
- Breast cancer
 Breast Cancer Now |
 The research and support charity
- Cervical Jo's Cervical Cancer Trust | Cervical Cancer Charity
- Cholangiocarcinoma
 AMMF –
 The UK's only Cholangiocarcinoma Charity
- CNS (see Brain)
- Colorectal (see Bowel Cancer)

- CUP (Carcinoma of unknown primary)
 CupFoundJo
- Ewing Sarcoma Sarcoma UK
- Endometrial (see Uterine)
- Eye (see Ocular)
- Gall bladder (See Cholangiocarcinoma)
- GBM (see Brain)
- Gestational Trophoblastic disease
 The Molar Pregnancy Support & Information
- GIST
 GIST Cancer UK
- Head and neck
 Changing Faces
 Mouth Cancer Foundation
 Head & Neck Cancer Foundation
- Hepatocellular Carcinoma (see Liver Cancer)
- Kaposi (see Sarcoma)
- Kidney
 Kidney Cancer UK
- Leukaemia
 Blood Cancer UK
 Leukaemia Care –
 The UK's leading leukaemia charity
- Liver
 Liver cancer (hepatocellular carcinoma,
 HCC, or hepatoma) British Liver Trust
- Lung
 Roy Castle Lung Cancer Foundation
 Lung cancer | Asthma + Lung UK
- Lymphoma Lymphoma Action
- Lynch syndrome
 Bowel Cancer | Lynch Syndrome UK
- Melanoma
 Melanoma UK
- Mesothelioma
 Mesothelioma UK
- Myeloma Myeloma UK
- Nasopharyngeal (see head and neck)
- NET
 Neuroendocrine Cancer UK
- Ocular The Eye Cancer Foundation

- Oesophageal
 Ochre Charity
- Oral (see H&N)
- Osteosarcoma
 Bone Cancer Research Trust
 - Ovarian

 Target Ovarian Cancer |

 The ovarian cancer charity
- Pancreas
 Pancreatic Cancer UK
- Penile
 Orchid Fighting Male Cancer
- Pituitary
 Pituitary adenoma |
 The Brain Tumour Charity
- Prostate
 Prostate Cancer UK | Prostate Cancer UK
- Renal Cell Carcinoma/RCC (see Kidney)
- Salivary Gland
 Salivary Gland Cancer UK
- Sarcoma
 Home | Sarcoma UK
- Stomach
 No Stomach For Cancer
- Testicular
 Orchid Fighting Male Cancer
 (orchid-cancer.org.uk)
- Thyroid
 Welcome to Butterfly Thyroid Cancer Trust
- Uterine
 Womb cancer | The Eve Appeal
- Vaginal Vaginal Cancer | The Eve Appeal
- Vulva
 Vulva Cancer Lady Garden Foundation
- Waldenstrom's Macroglobulinemia (Lymphoplasmacytic Lymphoma)
 WMUK - The UK charity for Waldenstrom's macroglobulinemia
- Womb Cancer (see uterine)

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References:

- 1. Cancer Research UK (2022), Cancer survival statistics for all cancers combined. Available: https://www.cancerresearchuk.org/health-professional/cancer-statistics/survival/all-cancers-combined#heading-One (accessed 01.08.23)
- Picker (2022), National Cancer Patient Experience Survey.
 https://www.ncpes.co.uk/ (accessed 01/08/23)
- 3. NHS England (2019), The NHS Long Term Plan. Available: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf (accessed 01/08/23)
- 4. NHS England (2023), Quality and Outcomes Framework guidance for 2023/24. Available: Quality and Outcomes Framework guidance for 2023/24 (england.nhs.uk)