Primary care after cancer treatment: helping general practice do more

Charles Campion-Smith
Macmillan GP Advisor

Lorraine Sloan
Primary and Community Care Programme Manager, Macmillan Cancer Support

Natalie Doyle MSc RGN
Nurse Consultant for Living With and Beyond Cancer
The Royal Marsden NHS Foundation Trust

Richard Henry
Lecturer, School of Nursing and Midwifery, Queen’s University Belfast

Winter 2013
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Charles Campion-Smith outlines the Macmillan initiatives encouraging primary care teams to take an increased role in the long-term support of people affected by cancer.

In my time working as a GP, I have seen the average survival time for people after a cancer diagnosis rise from one to more than six years. This is a fantastic success, but not without cost to patients. While some are free from adverse after-effects, there are many whose life is altered forever.[1] Some live with active cancer and continuing treatment and others with long-term challenges, physical or psychological, because of the disease or its treatment.

The National Cancer Survivorship Initiative (NCSI), a partnership between Macmillan, the Department of Health and NHS Improvement, acknowledges that for many, cancer is now a long-term condition and questions whether current models of follow-up are appropriate.[2]

We know there are currently two million people in the UK living with or after cancer and that by 2030 this number will have doubled.[3]

Cancer treatment and follow-up has increasingly been secondary/specialist care based and many of us working in primary care have felt unskilled and unprepared to contribute to people’s management, preferring to defer to specialist colleagues. However, with the increasing incidence of cancer associated with an ageing population, as well as better survival, a secondary care based service is neither sustainable nor desirable. There is evidence that the disease-focused follow-up often seen in hospital clinics fails to detect many of the problems patients face after primary cancer treatment.[4]

Here I will discuss how the successes of primary care in managing other long-term conditions, such as asthma, diabetes or ischaemic heart disease, influenced a model for new approaches to the support and care of those affected by cancer. I will describe seven strands to this work, which Macmillan has supported.

1. Treatment Summary and Cancer Care Review

As NCSI partners, Macmillan GP Advisors had already worked with others to develop the Treatment Summary to improve communication between secondary care, primary care and patients.

A Treatment Summary is a document produced by secondary cancer care professionals at the end of a person’s treatment. It provides GPs and patients with important information, including side effects and/or consequences of treatment, signs and symptoms of recurrence and highlights any actions for the general practice. Visit macmillan.org.uk/treatmentsummary for more information.

Dr Charles Campion-Smith
Macmillan GP Advisor
01305 251755
charlescs@metronet.co.uk

About the author
Charles was a General Practitioner in Dorchester, Dorset, for more than 30 years. He is a Macmillan GP Advisor. He has an interest in primary care and inter-professional education. He has published papers on GP education, inter-professional learning and continuous quality improvement in primary care.
Sharing good practice

more information. To complement this tool, the Macmillan central primary care team, including GP Advisors and other Macmillan staff, also developed a template to help with Cancer Care Review in primary care.[5]

Cancer Care Review template
Through the Quality Outcomes Payments (QOF) system, there is already modest financial encouragement for GPs to complete a Cancer Care Review with a patient within three months of their cancer diagnosis. What such a review should include is not stipulated and a study by Watson and Rose showed that although a large number of claims were made for such a review, there was great variation in what actually happened.[6] Some patients had an extended face-to-face consultation, others a brief phone call, and some claims appeared to be made on the basis of the GP having merely noted the contents of a discharge letter.

We recognised that education was needed to improve the skills and confidence of those working in primary care to take a greater part in the support of people affected by cancer.

In response to these findings, the Macmillan central primary care team drafted and piloted a template that could act as a checklist, or reminder, to prompt professionals to cover a range of areas in such a review.

Evaluation showed that this increased the areas covered and the templates – which on some GP systems could be directly linked to Macmillan information resources – were well evaluated by patients and GPs. There were, however, cautions that the checklist should not be allowed to dominate the consultation to the exclusion of patients’ concerns. The consensus was that the consultation should initially be focused on what the patient identifies as important, and that the template be used as a reminder to ensure all relevant areas have been covered.

Accessing the template
The Cancer Care Review templates are available on the main GP IT systems: EMIS PCS, EMIS Web, and in Vision (INPS).

2. Education for future general practitioners (‘Associates in training’) During their training years, the GPs of the future are keen to develop the knowledge and skills necessary for their future career. The publication of articles in journals specifically targeted at this group is an opportunity to encourage best practice.

In 2010 I wrote the paper A consultation on completion of treatment for cancer for the journal InnovAiT, which is sent to all trainee general practitioners free of charge.[7] This article used the specific example of a consultation with a woman on completion of primary treatment for breast cancer and discussed the key areas the consultation should ideally cover (see box on next page). In this paper, the use of a Cancer Care Review template as an aide memoir was suggested, while the importance of attending to the patient’s specific needs was emphasised.

The article is available through OpenAthens at http://ino.sagepub.com/content/4/3/177.full.pdf+html

Further information about Cancer Care Reviews is available at ncsi.org.uk/what-we-are-doing/cancer-care-review

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3. Continuing professional development for those working in primary care
On behalf of Macmillan I supported BMJ Learning, a well-respected education provider, with the planning of an online module. Its aim is to help GPs and practice nurses support people affected by cancer in primary care.

Through Macmillan’s sponsorship, this module, Supporting people with cancer in primary care, is offered free of charge to anyone who wishes to access it. It includes pre- and post-module assessments and interactive scenario-based learning using a variety of media. There are video clips giving background information and a consultation role play to illustrate the learning points. The focus of the module is principally the Cancer Care Review.

It highlights tools such as the Distress/Concerns Thermometer. This is a questionnaire that can be used to encourage patients and healthcare professionals to have discussions about emotional, practical and spiritual or religious concerns, as well as physical problems.

The module also includes information on late adverse effects of cancer and its treatment. Users of the module who pass the post-module assessment can print a certificate and credit the learning for their education and appraisal portfolio. Comments posted by those completing the module have so far indicated that participants have found the course to be relevant and useful. Several have stated that it would lead to changes in their practice.

The module can be accessed at learning.bmj.com

Cancer Care Review consultation checklist
• Start with open questions and invite the patient to list concerns and questions.
• Check the patient’s understanding of aims of treatment.
• Ask about current physical health and symptoms or side effects.
• Assess emotional and psychological state and prompt for concerns about mood, body image and sexuality.
• Ask how their family, friends and employers have reacted to their illness.
• Give information about benefits, prescription exemption, etc.
• Consider whether disease or treatment puts the patient at risk of other problems and whether extra surveillance is needed.
• Discuss access to help out of usual surgery hours.
• Assess the patient’s and others’ wishes for more information, now or later. Signpost to reliable sources.
• Check medication needs and the patient’s understanding of indications, schedules and side effects.
• Offer your continuing support and clarify ways to contact you.

Feedback on the BMJ Learning module has included:
• ‘Very useful reminder of the importance of the holistic approach to cancer care and follow-up and resources.’
• ‘It opened my mind about the management of cancer patients in primary care.’
• ‘Excellent module. Relevant to practice and gave some really useful ideas on how to integrate Cancer Care Reviews into practice.’

Approximately 200 Macmillan GPs are in funding at any given time

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4. Partnership with Dying Matters – GP communication skills training

There has been increasing recognition that GPs and other professionals find conversations about poor prognosis challenging. Avoidance of these difficult conversations can increase patients’ sense of isolation and leave important questions unanswered. It can also deprive them of the chance to work with professionals to make plans for their future care – something recognised as being important in fostering hope for those with progressive and end-stage disease.\[8\]

Dying Matters is a national coalition of 30,000 members, led by the National Council for Palliative Care. It aims to promote public awareness of dying, death and bereavement.

On behalf of Macmillan, I have worked with the Dying Matters team to develop half-day workshops to help GPs develop their consultation skills in this challenging area.

Workshop format

The workshops start with a summary of the research evidence that shows that many people wish to have these conversations with their GPs. Video-recorded role played consultations are used to demonstrate some strategies for such consultations.\[9\]

Working in groups of three, participants then take it in turns to take the roles of patient, doctor and observer. They rehearse these skills using scenarios that are based on real-life GP consultations. Despite many GPs usually being wary of role play situations, the evaluations of these meetings have shown very positive results, with everyone saying they would recommend the course to colleagues. The workshops continue throughout the UK and a number of Macmillan GPs have now had training in the facilitation and management of these sessions. They are advertised locally and are publicised by Macmillan GPs.

Find out more about how Dying Matters is working with GPs at dyingmatters.org/gp_page/about-campaign

5. Improving cancer care in primary care using the Revalidation Toolkit

Revalidation requires qualified doctors to demonstrate on a regular basis that they are up-to-date on their knowledge and are fit to practise medicine. It aims to give extra confidence to patients that their doctor is being regularly checked by their employer and the General Medical Council. It has been running since December 2012 but it is expected to take until 2016 until all licensed doctors have been revalidated.

Revalidation will usually be required every five years. 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.

Macmillan’s toolkit

Improving the quality of cancer care in primary care: a practical guide for GP appraisal and revalidation\[10\] was developed by Dr David Linden, Macmillan GP Advisor for Scotland. It encourages GPs to review various aspects of the cancer care delivered by their practice in a way that meets...
8–9
The average number of patients with new cancer diagnoses a GP will have per year

the requirements for appraisal and revalidation.

The toolkit includes five modules relating to different stages of the cancer journey, including cancer prevention, screening for cancer, prompt recognition and early referral, and awareness of the late effects of cancer and its treatment. Published within an interactive PDF, each module is designed as an audit framework, so GPs can record the progress of their practice within the document.

Module four, Care during and after treatment, relates to support in survivorship. It includes questions about Cancer Care Review, prompting GPs to reflect on what the aims of these reviews should be, how many they have carried out and how they have been conducted. It prompts a whole practice review of patients who have died of cancer, including an examination of the level of support they received.

A significant event analysis form gives the GP an opportunity to reflect on different aspects of palliative care given to one particular patient.

The completed module is in a format that can easily be included in a GP’s portfolio for appraisal and revalidation.

Macmillan’s Revalidation Toolkit is available at macmillan.org.uk/revalidationtoolkit

6. Partnership with GP Update: a new GP cancer course
A GP will have, on average, eight or nine patients with new cancer diagnoses per year and will be looking after 20 to 30 patients with cancer. The GP Update cancer course has been designed in partnership between Macmillan and GP Update (a leading provider of GP education, led by GPs) to help GPs stay up to date with the latest evidence and developments in cancer care. The course is delivered in part by Macmillan GP Advisors, working with the GP Update team. The course (still at pilot stage) has so far been attended by more than 800 GPs across the UK. Further course dates are planned.

The course covers cancer prevention, screening, diagnosis and treatment, as well as palliative care and cancer survivorship. Participants who have attended the pilot course have reported that it has highlighted the training gap for GPs between diagnosis and palliative care. The course has also impacted on their practice and made them more aware of the support available from Macmillan.[11]

7. Education and training for practice nurses
Practice nurses play an important role in the support and care of people with a range of long-term conditions, including diabetes, asthma and ischaemic heart disease. In many of these cases, the nurse’s principal role is providing support and information to encourage self-management.

With the support of Macmillan’s central primary care team and Professor Jane Maher, Macmillan’s Chief Medical Officer, I was encouraged to design a pilot to see whether practice nurses could take a greater role in the care of people following primary cancer treatment. A preliminary postal survey with more than 250 responses showed that practice nurses were interested
in taking a greater role with this patient group, as long as the necessary training and support was available.

We set out to recruit an initial cohort of 10 nurses who would work with us to define the learning they needed to take on this work and the best ways of facilitating that learning. There were more than 40 applications from across the south west of England. The chosen group was representative of a range of GP practices and areas.

Macmillan funding allowed the group of 10 practice nurses to have nine half-day sessions (two whole- and seven half-day sessions). Payment was made to their practices so this time could be protected and set aside for the sessions. There was a clear expectation that the nurses would receive support from a nominated GP in their practice and would have the opportunity to do work related to the course between sessions. The attendance rate was 96%, with four nurses each missing one session due to illness.

Course structure
The framework for the course was kept flexible so that sessions could be added as the nurses identified areas of learning need.

After each session, participants completed a ‘fast feedback’ form, highlighting areas needing more clarification or information, as well as commenting on the pace and process of the session. The following session would start with a review of these forms, together with the participants sharing their experiences of putting the ideas from the course into practice in their place of work. As the group developed a strong sense of trust and shared endeavour, these reflective sessions became an increasingly powerful time for learning and mutual support.

The course included some instructional presentations. Those on the basic pathology of cancer and the basis of different treatment methods were appreciated as an important foundation to give increased confidence in this unfamiliar area. A further, similar session on patterns of recurrent disease and complications was added at the participants’ request. There were also sessions aimed at developing the communication skills needed for challenging conversations, and training in motivational interviewing and encouraging patients to self-manage and make positive lifestyle choices. The participants recognised that many of these skills were also applicable to other areas of their work.

In the final session, the participants created what we called the ‘Lyngford tapestry’ (see page vii) – a collage, or visual map, of the patient’s journey. It shows all the opportunities practice nurses have to give support, make contact with other agencies and signpost to reliable sources of information.

Evaluation
As this was a pilot of innovative work, we carried out a multilayered evaluation. The nurses completed a self-assessment of their knowledge, skills and confidence before and after the course. Around four months after the end of the course, they and their supporting GPs all undertook a telephone interview with an external researcher, supported by a self-assessment form completed by each nurse.

Practice nurse course content
The course covered topics including:

- the pathology of cancer and the basis of treatments
- patients’ experience of cancer and survivorship
- motivational interviewing and healthy lifestyle choices
- encouraging self-efficacy and supported self-management
- psychological aspects of cancer and its treatment
- nutrition and exercise
- cancer and work, including vocational rehabilitation
- information and resources for people affected by cancer and professionals
- recurrent disease and late adverse effects of disease and treatment.
- action planning for change in practices.
by the reflective diaries they had been encouraged to keep.\(^{[12]}\)

The interviewer sought the nurses’ views on the process and content of the course and its organisation. She went on to ask about knowledge and skills gained and how behaviour had altered as a result of this. She also enquired about changed procedures in practice and the reaction of practice colleagues.

The nurses told of increased confidence and shared stories of encounters with patients that they would previously have felt ill-equipped to undertake and would have avoided. The interviewer heard specific examples of when a nurse had acted differently because of the course and how this had benefited patients and carers.

Many of the nurses are now conducting scheduled Cancer Care Reviews and are seen as a resource by other practice colleagues. The interviews also allowed the nurses to explore their own emotional journeys as they moved from fearfulness to increased confidence in entering a challenging area of practice (see page ix).

During their own interviews, the supporting GPs confirmed how practice nurses who had been on the course demonstrated increased confidence and were taking on an enhanced role in the practice.

Patient feedback
To add objectivity, patient feedback was sought using the Patient Partnerships in Care (PPiC) questionnaire.\(^{[13]}\) This is a 16-question consultation satisfaction questionnaire that is completed anonymously by the patient after a consultation. It is designed to measure the ability of health professionals to work in partnership with patients with long-term conditions to support and motivate self-management. It includes questions about responsiveness

Watch a short film about the practice nurse course at you.tu.be/91A7wCwztTo
of the nurse to a patient’s concerns, the nurse’s listening skills, and patients’ confidence in their own ability to cope and improve their health. When the responses are collated, they result in a consultation satisfaction score.

Survey results
Twenty responses were received. In each of the 16 categories, the aggregate satisfaction was higher than the national mean, and in 11 of the 20 questionnaires, the aggregate responses were in the highest 25% of the national sample.

We concluded that the initial pilot had shown that, with support, specific cancer-related information and room to reflect on practice, practice nurses are very well placed to take on an increasingly prominent role in providing support for people after primary cancer treatment. In addition, many are often already known to patients, as around half of people with cancer will have another long-term condition.

This support can be provided through scheduled Cancer Care Reviews, by responding opportunistically when questions arise, and also by supporting other colleagues within the practice.

A further nine pilots of these training sessions are currently underway or awaiting evaluation in other areas of the UK. The evaluations will show whether results are reproducible in other settings, and how variations in the course process and content alter outcomes.

One-to-one support
The results of the evaluation will also be contrasted with evaluation of Macmillan’s one-to-one support programme (due in late 2014).

This programme provides a service delivered by an integrated team of specialists and generalists, including district and practice nurses, who support patients across the whole cancer pathway, based on their needs. The programme introduces four new cancer care roles, including the Macmillan Nurse Primary Care, a post based within GP practices. As part of this pilot, practice nurses are also undertaking Cancer Care Reviews.

Conclusion
I believe primary care has a key part to play in the support and care of people affected by cancer. With the use of a stratified pathway of care (see tinyurl.com/stratifiedpathwaysofcare), we know many people will not require regular hospital-based follow-up, but nevertheless, they should have access to holistic assessment, care and support that can be provided by a well-organised and educated primary care team.

Professionals working in secondary care need reassurance they are passing patients on to well prepared, organised and educated primary care colleagues. Such a team can deliver good care close to home within the long-term relationship that patients value highly. But it is also paramount that there is excellent communication between primary and secondary care, with clear routes of referral back to secondary care for those whose symptoms or signs suggest possible recurrent disease or treatment complications. It will be important for those commissioning healthcare to implement systems that support and encourage this.
After the course, practice nurses gave examples of how they are now acting differently. Eight themes emerged. The practice nurses who attended the course are now:

1. adopting a changed pattern of care that involves more proactive, scheduled interactions with patients living with cancer
2. managing cancer as a long-term condition with increased confidence
3. inviting patients for Cancer Care Reviews
4. delivering Cancer Care Reviews, assessment and care planning as a result of understanding of key concepts and developments in cancer care. Some nurses are doing combined chronic disease and cancer clinics, seeing patients annually, and following them up
5. assessing patients’ needs for information and providing information or referring to other sources as appropriate
6. applying their increased understanding of when patients would benefit from referrals (for medical, psychological, financial or social support)
7. assessing the effect of cancer on family members/carers when appropriate
8. using learning resources for themselves and colleagues.

Extracts from evaluation interviews with supporting GPs

Extract one:
‘I think she’s a lot more confident dealing with cancer patients. There has been a time in the past where if the nurse sees a patient with cancer and they’ve got a problem, they automatically put them in with the GP rather than thinking, “This is all right for me to deal with”. It has been a no-go area in the past. I also I think she will be a good flagship – the person to lead that change within the practice. I was talking to her about the patients she’s seen, phoned, followed-up and got into clinic. She’s clearly confident to do that now, in a way that perhaps on other occasions she would have felt she was overstepping the mark and that it wasn’t a job for the practice nurse.’

Extract two:
At another practice, as a direct result of the course, the GP reported that the nurse is inviting people for review sessions. She is proactively looking for cases and accepting follow-up referrals from the GP. ‘One is a lady who was discharged from breast cancer follow-up by the oncologist. She really appreciated knowing that there was still a named person on her case. Without the nurse being proactive and looking for this case, nothing formal would have happened – we would have just waited for her to come when she wanted to.’
Evidence Base
Natalie Doyle and Richard Henry

Estimates suggest there will be four million cancer survivors in the UK by 2030.\textsuperscript{[1]} This review outlines the evidence around the increasing role primary care professionals will play in supporting people affected by cancer in the longer term.

The number of older people as a percentage of the total population of the UK is increasing. Currently, 17\% of the population are over 75 years of age.\textsuperscript{[2]} It can be demonstrated that those with cancer could have at least four long-term conditions alongside.\textsuperscript{[3]} In addition, it is known that cancer is predominantly a disease of the older person.\textsuperscript{[4]}

The survival rates in adult cancers have significantly improved over the past 30 years.\textsuperscript{[1]} It is thought that the number of people living with and beyond cancer will increase by 3\% per year.\textsuperscript{[5]}

With breast cancer, 85.1\% of women can now expect to survive five years, while 81.4\% of men with prostate cancer and 97.2\% of those with testicular cancer can expect to survive five years. The trend for improved survival rates continues in the less common cancers, with renal cell cancer and melanoma both registering a small increase in survival time.\textsuperscript{[6]}

However, the effects of cancer and its treatment can often be characterised by long-term physical, psychological and social consequences. This can impact negatively on the quality of people’s lives,\textsuperscript{[7]} and there is evidence that the physical and psychological effects of cancer and its treatment may not dissipate over time.\textsuperscript{[8]}

Particular problems can arise from a significant range of unidentified and ultimately unmet needs, which can frequently increase as the length of time from the completion of treatment extends.

This is accompanied by strong evidence suggesting that as many as 50\% of cancer survivors have unmet needs a year after treatment.\textsuperscript{[9]} Although Harrison et al (2011) note that many long-term cancer survivors without disease recurrence report good health.\textsuperscript{[10]}

There is concern about the ability of current approaches of secondary care to meet the needs of the cancer survivors.\textsuperscript{[9][11]} This prompts greater interest in new models of care to help maximise health-related quality of life among people living with and beyond cancer.\textsuperscript{[12]}

The role of primary care
Increasing numbers of those living with and beyond cancer are being cared for effectively by primary care professionals.\textsuperscript{[13]} Maher and McConnell (2011) allude to the extent of this in their discussion of the numbers of those likely to be alive at different stages of the care pathway,\textsuperscript{[14]} although there needs to be clarification of the nature and range of services offered by GPs and a means of identifying those who might benefit from them.\textsuperscript{[15]}

Matching people to services can be achieved by looking into their risk of potential disease recurrence, long-term consequences or other problems.\textsuperscript{[50]}
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Richard Henry
Lecturer, School of Nursing and Midwifery, Queen’s University Belfast
028 9097 5844
r.henry@qub.ac.uk

About the author
Richard Henry is a Lecturer in the School of Nursing and Midwifery at Queen’s University Belfast. He is also a UKONS Board Member. Richard has a long-standing interest in radiation oncology and the management of treatment side effects. Other interests include patient information and cancer in the elderly.

associated medical, practical or emotional effects.[16] Risk Stratified Pathways and Support Packages allow flexibility in the provision of services to meet individual need. Most patients falling into a low-risk category will be suitable for self-management approaches.[16] A key element of Risk Stratified Pathways and Support Packages is that they are specifically designed to encourage self-management.[15] This approach is designed to improve the patient experience and outcomes of care, reduce the need for follow-up attendances and unplanned admissions to hospital.

Khan et al (2011a) identify the potential role that primary care may play in the management of the long-term consequences of cancer treatment.[17] People with cancer see a key role for primary care,[18] although there are calls for clearer definition of how it can support them,[19] especially in the structure and timing of Cancer Care Reviews (see page ii).[18] Not all cancer survivors currently access primary care services for their long-term care.[20]

Long-term conditions
Elliott et al (2011) suggest that the health profiles for those living with and beyond cancer are quite similar to those living with other chronic illnesses.[21] Many people with long-term conditions are managed very successfully by primary care services,[22] with Watson et al (2011a) noting the expertise of GPs in long-term chronic illness management.[16]

Given that cancer, in some circumstances, can be regarded as a long-term condition, it might be reasonable to expect it to be managed in similar way to other chronic conditions.[23] Examples are diabetes, chronic obstructive pulmonary disease (COPD) and heart failure.[24][25][26]

Recovery Package
The care of people living with and beyond cancer can be enhanced by the introduction of the Recovery Package. This is designed to improve outcomes and coordination of care by identifying a range of appropriate interventions. These include a Holistic Needs Assessment (HNA) and a care plan, together with a Treatment Summary (which is compiled after the completion of treatment in secondary care and made available to the patient and the GP) and a Cancer Care Review (completed by the GP and used to discuss an individual’s needs). Everyone living beyond cancer should also be invited to a health and well-being event, which is designed to prepare them for supported self-management.

McCabe et al (2013) describe self-management as an interactive process, which changes behaviour by managing the physical and psychosocial consequences of cancer and its treatment.[27] Unlike self-care, self-management should be supported by a clinician using a range of therapeutic approaches, including motivational interviewing.[28] These approaches aim to empower the person affected by cancer by encouraging and supporting self-management practices as well as providing education and information, developing appropriate skills and building support networks.[29]

Supportive Communication
Bray and Groves (2007) develop the idea of Supportive Communication in their discussion of solution-focused practice.[30] They highlight
the importance of the clinician being able to negotiate achievable, agreed aims with the patient and, together, mapping out the necessary steps that are required to achieve that goal.

The programme teaches clinicians about agenda setting, goal setting and goal follow-up by focusing on the skills, knowledge and attitudes needed to support and motivate people with long-term conditions. The Co-creating Health Programme emphasises the importance of helping people with long-term conditions to develop the skills, confidence and support to self-manage. Foster and Fenlon (2011) address the key issue of instilling confidence in patients, while Davies et al (2011) provide evidence that patients need lifestyle support integrated into their programmes of care.

**Conclusion**

The benefits to cancer survivors who adopt lifestyle changes in an effort to improve their health are clearly established. McBride et al (2000) note healthy behaviours, such as exercise, are consistently associated with positive effects on psychological or emotional well-being (including mood-states, self-esteem and quality of life) and reduction in fatigue. Davies et al (2011) address the benefits of diet and exercise, while Elliott et al (2011) discuss the importance of emotional well-being. Stratification of risk can help identify those who would benefit from the support of primary care. The evidence shows that most people with cancer already have primary care professionals closely involved in their care. Although Adams et al (2011) suggest that some patients are unsure about the distinction between primary and secondary care, it may be that clearer structures and guidance is needed, particularly as the numbers of those living with and beyond cancer is set to increase.

There are educational implications for individual GPs and practice nurses, as well as management implications for practices. GPs will need an awareness of the increased risks of the long-term consequences of cancer for individual patients.
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Policy

England

Improving Outcomes: A Strategy for Cancer, 2011
This strategy sets out a key challenge to primary care in the prevention and earlier diagnosis of cancer. It also highlights variation in patients’ experiences of care and the need to better support people living with and beyond cancer to live well for as long as possible.

The strategy acknowledges the work of the National Cancer Survivorship Initiative in testing new models of care and follow-up. In particular, the use of Treatment Summaries is encouraged, as is better coordination of care with primary care teams and recognition of other co-morbidities.

The second annual report of the strategy, published in 2012, highlights the need to continue improving quality of life for people living with cancer, and encouraging lifestyle changes that will also have a positive impact on reducing incidence of other conditions. Visit tinyurl.com/strategyforcancer

This framework focuses on five areas, or domains, of care. One of these is the improvement of health-related quality of life for people with long-term conditions (domain 2). Areas of improvement include ensuring people feel supported to manage their condition and also helping people with long-term conditions to get back into employment (i.e. improving functional ability). Visit tinyurl.com/nhsoutcomesframework

CCG Outcomes Indicator Set, 2013/14
This document outlines five priorities, or indicators, for the improvement of care provided by Clinical Commissioning Groups. These relate to the five domains in the NHS Outcomes Framework. One of the priorities for CCGs focuses on health-related quality of life for people with long-term conditions. Improvement areas include ensuring that people with long-term conditions feel supported to manage their condition, and enhancing quality of life for carers. Visit tinyurl.com/ccgoutcomes

NHS Improving Quality, Our strategic intent, 2013
This business plan includes 10 programmes of work across the five domains outlined in the NHS Outcomes Framework. One of the programmes of work is focused in ‘GP engagement in the big killers (cancer, heart disease, stroke, respiratory and liver disease)’. The aim of this programme includes improved management of risk and chronic disease across 8,200 GP practices in England. Visit tinyurl.com/ourstrategicintent

The Mandate: a mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015
The Mandate reiterates the UK government’s commitment to improving end-of-life care and quality of life for people with long-term conditions. Visit tinyurl.com/themandate
Northern Ireland

Service Framework for Cancer Prevention, Treatment and Care, 2011
The framework includes standards across the care pathway. These standards support a shift towards new models of follow-up that focus on health and well-being and supporting people to adjust to life after cancer. Visit tinyurl.com/cancerserviceframework

Transforming Your Care – A Review of Health and Social Care in Northern Ireland. 2011
Transforming Your Care sets out the case for change in health and social care in Northern Ireland. The review looked at the impact on 10 major areas of care, including older people, people with long-term conditions and palliative and end-of-life care. It pushes for care delivered locally, closer to people’s homes. Visit tinyurl.com/transformingyourcare

Scotland

Better Cancer Care, An Action Plan, 2008
The Scottish Government’s action plan for cancer services acknowledges the lack of aftercare for cancer survivors and the increasing alignment between cancer and other long-term conditions. A further progress report set out the achievements up to 2010 in supporting people living with cancer. It gives examples of local initiatives to manage cancer as a long-term condition and to improve support in primary care. Visit tinyurl.com/bettercancercare

Transforming Care After Treatment (TCAT), June 2013
This is a new partnership between the Scottish Government, Macmillan Cancer Support, NHS Scotland and wider health, social care, voluntary sector and local authority stakeholders. The programme commits to
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‘Cancer remains a relatively low priority in the QOF framework compared with other long-term conditions’

improving care after treatment for everyone diagnosed with cancer in Scotland. This will include helping people to live well with a cancer diagnosis and increasing the support available from primary care. Visit tinyurl.com/transformingcareaftertreatment

Living and Dying Well: a national action plan for palliative and end of life care in Scotland, 2008
This Scottish Government action plan highlights the importance of early identification of patients with palliative and end-of-life care needs. It also highlights the importance of ensuring triggers are in place for assessment or review of needs in all care settings, especially at times of changing or complex needs, as well as at diagnosis and at end of life. Visit tinyurl.com/livinganddyingwell

Wales

Together for Health, cancer delivery plan
This is the Welsh Government framework for action until 2016. The plan recognises cancer as a chronic condition and that people surviving cancer have unmet needs. A key priority area within the framework is ‘meeting people’s needs’ with recognition that these will often be best met in primary care. The framework sets out the priority in Wales to develop the concept of primary care oncology. Visit tinyurl.com/togetherforhealth

Together for Health – Delivering End of Life Care
This delivery plan, published in April 2013, sets out plans for end of life care up to 2016, including supporting people to live and die well, and also identifying patients early. The plan also commits to improving communication skills and delivering training for GPs and primary care professionals. Visit tinyurl.com/corn63g

UK-wide

Quality and Outcomes Framework (QOF)
This is the core performance framework for GP practices in the UK. Cancer remains a relatively low priority in the QOF framework compared with other long-term conditions, with the focus being predominantly on maintenance of a cancer register, and carrying out a Cancer Care Review of patients within three months of the practice receiving notification of a diagnosis. The content of Cancer Care Reviews remains variable, although guidance across the four UK nations now specifically acknowledges the increasing role of primary care in the ongoing management of cancer survivors, and makes reference to the Cancer Care Review templates developed by the Macmillan GP community. Visit nice.org.uk/aboutnice/qof

Revalidation for GPs and practice nurses
The Royal College of GPs guide to revalidation provides support and guidance to UK GPs on working towards appraisal and revalidation. Visit rcgp.org.uk/revalidation

The Nursing and Midwifery Council (NMC) plans to introduce revalidation for practice nurses every three years from late 2015. Visit nmc-uk.org/revalidation
Resources

Macmillan information

Macmillan Cancer Support: working with the primary care community
These pages on the Macmillan website provide a summary of the work and collaboration Macmillan has carried out with the primary care community. Visit macmillan.org.uk/primarycare

Reports

Royal College of General Practitioners: National audit of cancer diagnosis in primary care
This audit was undertaken in 2009/10 as part of the National Awareness and Early Diagnosis Initiative. It was led by Professor Greg Rubin, with the RCGP, the National Cancer Action Team and the National Cancer Intelligence Network. Visit tinyurl.com/primarycareaudit

Learning resources

BMJ Learning: Supporting people with cancer in primary care
As discussed on page iii, this module is aimed at GPs and practice nurses. It focuses on the benefits of a high quality Cancer Care Review but incorporates other aspects, such as the management of late effects of cancer and cancer treatments. It is free to all and fully accessible on the BMJ Learning home page (you must first register to use BMJ Learning). Visit learning.bmj.com

Macmillan Cancer Support Learn Zone: Diagnosis and support of patients with cancer for GPs
This module provides a range of scenarios showing good and bad experiences of patients when they present to their GP and how, on reflection, their experience could have been improved. It aims to build on, and ensure consistency in, existing communications skills of primary care professionals. The toolkit consists of:
• a downloadable workbook with training outcomes
• case studies presenting typical GP consultations, relating to four cancer areas
• The Patient’s Voice video clips of around 10 minutes each.
learnzone.org.uk/courses/course.php?id=61

General Resources

Northern Ireland Cancer Network
Provides information and supports groups of health professionals, patients and charities working together across Northern Ireland to improve cancer care and survival. Special interest groups include one for professionals working in primary care. Visit cancerni.net
Primary care after cancer treatment

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