Introduction

Welcome to the December 2015 edition of our Primary Care Update newsletter, which focuses on our annual primary care conference, held in November in Manchester. Hosted by Macmillan GP Advisers and the Medical Communities of Influence team, this is our only conference dedicated to cancer care in primary care.

This year’s conference theme of working across boundaries builds on last year’s focus. Macmillan’s expanded medical community is driving forward greater integration across primary and secondary care by focusing on personal relationships and the small things that make a big difference. Over the two days of the conference we heard many illuminating examples of how Macmillan GPs and consultant colleagues are working together to bridge that divide. One example is the concept of faceless practice – recognising that clinicians no longer have the opportunity to build personal relationships with one another. The fact is that in this increasingly complex world of cancer care it is more important than ever to make connections across boundaries – whether they are between primary and secondary care, between disciplines or different medical conditions.

We heard from Maureen Baker, Chair of the RCGP, and Ann Dingle, Cancer Lead at Mid-Cheshire NHS Trust, about the unprecedented challenges facing both sectors today. We were challenged to think differently about cancer, adopting the ‘three types of cancer’ framework, and considering how primary and secondary care could work better together to improve care for people in each of these three groups. Cancer Voices member Lisa Thomas put it this way: “We’re not necessarily talking about massive change – it’s lots of little changes. That’s going to be the real challenge: identifying where we can do things better and then making that change.”

The fact that people are living longer brings a new dimension to generalist cancer care and, Maureen noted, Macmillan GPs can be really powerful as local leaders. As she put it: “Crossing boundaries and working across boundaries is the future”.

We look forward to working closely with our medical community take forward this agenda in 2016. In the meantime, season’s greetings to you all!

Jane Maher, 
Rosie Loftus 
Joint Chief Medical Officers

Lorraine Sloan 
Medical Communities of Influence Lead

Family are special guests at first David Millar Award

Judy Millar, the widow of former Macmillan GP Adviser David Millar, together with her two children were special guests at the conference dinner this year to see the inauguration of a special award in his honour.

David was one of the first-ever Macmillan GPs and was Macmillan GP Adviser for Scotland and Northern Ireland from 1994 to 2005.

Introducing the award, Joint Chief Medical Officer Jane Maher said that David had played an important part in the Macmillan GP legacy and would not be forgotten.

She recalled how supportive he had been to her when she first took on her new role. He was also, she said, “one of the most effective influencers I have ever seen...He was a catalyst for change and helped to establish the Scottish Primary Care Cancer Group from which so much has flowed.”

It was not a coincidence that so many posts had been taken on and permanently funded in his patch.

Judy is pictured with David Millar award winner Debbie Harvey together with daughter Lynn and son David (full story on p4).
Junior doctor Berkin Hack’s initial weeks as Macmillan’s first clinical fellow have been something of a culture shock, he admits. Having spent the last seven years working in the NHS he has taken time to adjust to a world that fosters independence and strategic thinking.

“As clinicians we’re used to doing short-term, very discrete tasks and then having our performance measured,” he says, “but that doesn’t exist in this role. There’s a lot of independence which is really nice but being given space to think about things and be creative can be almost overwhelming.”

The aim of the one-year clinical fellowship is to fast track and support trainee doctors who show the potential to develop as future medical leaders. Fellows are assigned to a national healthcare organisation, giving them the chance to work with senior leaders and gain new skills and experience.

The scheme began in 2005 but was rebranded and expanded in scope in 2011 as the National Medical Director’s Clinical Fellowship Scheme. This is the first time Macmillan, or any third sector organisation, has been involved in the scheme - and Berkin is its very first clinical fellow.

He hopes to learn more at Macmillan about the skills needed to change behaviour. He identifies two main strands to his work as a clinical fellow – personal development and project work in specific, targeted areas.

Given his background he is ideally placed to support Macmillan’s ‘working across boundaries’ initiative and is already involved in the ‘faceless practice’ project which aims to tackle the growing sense that contacts between primary and secondary care professionals have become impersonal.

But as he has already learnt in his short time at Macmillan, all initiatives have to answer the ‘so what?’ question: What is the real impact of poor communication? How has it impacted on patient outcomes, for instance? And what would be the effect of better communications?

With that in mind he has met patients from Cancer Voices to understand better the individual impact of poor communication. He also aims to capture clinicians’ perspective and all of this will feed into an interactive presentation that highlights the issues and offers key recommendations.

He brings a particular expertise to one of the overarching aims of the fellowship – establishing closer links between the junior doctor community and Macmillan. “There are 53,000 junior doctors in the UK so that’s a huge resource that Macmillan could tap into,” he points out.

But he is keenly aware that any Macmillan input will have to be quick and easy to digest. “The challenge is how to package information in a way that appeals to very busy people. When is the best time to feed that information in? What is the best format?”

Berkin is planning to set up meetings with junior doctors to learn more about their needs and what might benefit them. The overall aim, he says, is to ensure Macmillan is firmly on doctors’ radar and they know where to go or who to ask about a cancer query. One idea is to produce a Top 10 Tips for junior doctors on cancer detection and management.

As a junior doctor he feels he is well placed to reflect the reality of clinical practice today. “You are taught all these values in medical school but then suddenly you’re thrown into A&E and have to take a patient’s history in a few minutes and work in a highly pressurised environment – that gives a really good insight into the stark reality.” At the same time most junior doctors remain passionate about wanting to improve things.

He admits that before taking on this role he was feeling a bit demoralised but after three months at Macmillan he is re-energised. In part that is because he has met so many inspiring clinicians in that time.

He wishes more people in the NHS were given the chance to step back from the day-to-day pressures. “This is the first time in my career that I have been given that time. You realise that if this was translated into the NHS and people were given the support and time to think and talk to each other, the impact would be huge.”
For consultant clinical oncologist Mei-Lin Ah-See, working as a Consultant Adviser with Macmillan has opened her eyes to a range of cancer initiatives, such as the recovery package, that she was only vaguely aware of before.

Mei-Lin is a consultant specialising in breast cancer at Mount Vernon Cancer Centre and has been a Macmillan Consultant Adviser for the last year. She says her specialist cancer nurse told her about the recovery package but she hadn’t really taken it in!

“Now I have spent time learning about it I am amazed I didn’t know about it before and I discover that a lot of people I present to don’t know about it either.”

More cancer patients are surviving longer as a result of improved treatment and better diagnosis. But unfortunately a proportion are facing potential heart problems because of the cancer treatment they received.

That is why Macmillan recently launched a new ‘quick guide’, entitled Managing Heart Health during and after Cancer, aimed at giving primary care professionals more information about this under-reported issue. An accompanying booklet Heart Health and Cancer Treatment, aimed at patients, highlights the importance of a healthy lifestyle.

In her Consultant Adviser capacity she hopes to start influencing her local colleagues to take on some of these initiatives – encouragingly, the clinical director has already shown support for the recovery package. She has also managed to persuade the CCG to allow patients to self refer to her clinic without having to go to their GP first.

As an illustration of the influence that can be wielded through the Consultant Adviser position, Mei-Lin was recently invited to present to the heads of the UK’s 55 radiotherapy departments. Because of her Macmillan role she was able to underline the importance of patient experience and survivorship issues, especially in light of the recent Cancer Strategy.

The meeting also revealed that only a few centres are routinely sending out treatment summaries although all acknowledged their importance. And there was general acceptance that one of the keys to success was patient empowerment and ensuring patients knew what to look for.

Mei-Lin was unsure how her proposals would be received but the group was very receptive and they said it had been one of the best meetings they’d held! At the end, everyone agreed to take part in a survey monkey to establish what is really happening and how things could be improved in the future.

Mei-Lin feels that both Mount Vernon and Macmillan benefit from her new role. It has certainly made a big difference to the way she works. “It’s made me think much more about the patient experience and patient survivorship. And because I have got a little bit more information, on things like exercise and diet, for instance, I’m able to pass that on to my patients.”

Her new role has enabled her to spend time with GPs and “realise that actually we’re all the same. We all want to do the best for the patient. Breaking down the barriers between primary and secondary care is the real challenge.”

Mei-Lin had had contacts with Macmillan for several years but the real trigger for her involvement came when a patient of hers died. “I’d thought I’d given her good care, then a friend of hers published some diary entries about her treatment and there was some criticism about the waiting times in my clinic.”

It made her think again about how she managed her clinic. “I was finding it particularly stressful keeping patients waiting but seeing it crystallised in black and white made me think I have got to do something about it.”

She turned to Macmillan for advice and that, she says, “opened my eyes to what it is doing”. As a result she has introduced an end of treatment clinic with her breast care nurses at Luton & Dunstable Hospital, will be joining a patient experience forum and, after running a “mapping workshop”, has managed to streamline her clinics and so cut waiting times.

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“I have learnt an awful lot about what Macmillan can offer and what I should be telling the patient. Hopefully that has made me a better oncologist and ultimately I hope that will benefit my patients.”
South Sefton Macmillan GP Debbie Harvey is the first winner of the David Millar award, made in recognition of the work of the Macmillan GPA for Scotland and Northern Ireland who died of a brain tumour last year.

The award, which is open to all Macmillan GPs, recognises achievements within primary care. This year’s theme was cross-boundary working – and Debbie’s work over the past three years has been a shining example of that approach.

During that time she has been involved in a range of cross-sector projects, including a virtual ward assessment for cancer patients in South Sefton, a care homes project to avoid unnecessary hospital admissions and a local campaign to increase uptake of bowel cancer screening.

Making the award at the conference dinner Hong Tseung, who together with fellow Macmillan GPA Sinead Clarke nominated Debbie, said they had watched her develop into a highly respected clinical leader not only in her own locality but across Merseyside and Cheshire.

“She is an amazing leader – innovative, inspirational and humble all at the same time,” said Sinead. She had helped to raise Macmillan’s profile in her own locality and well beyond.

One particular example is the Care Home Innovation Programme (CHIP) which now involves 34 care homes in South Sefton and 1200 residents in a large-scale multidisciplinary programme designed to ensure residents’ wishes are respected at the end of life and to reduce unnecessary and unwanted hospital admissions.

The programme has appointed four community matrons who now triage all calls from the care homes, all but one of whom also has a 24 hour a day video link to the Airedale multidisciplinary team hub. Debbie has been closely involved in all aspects of the project and has also helped to put together 10 protocols covering a wide range of topics, including falls and minor injuries.

The scheme is now one year old and is set to continue for another year at least – though the hope is it will become a permanent feature. Early anecdotal evidence suggests it is already having an impact and more residents are having their wish respected to die in their care home.

Receiving the award Debbie said: “You can’t do this on your own – you have to do it in a team. There are lots of people in the audience I am working with – thank you for your help and support.” She also noted this was the first award she had received since winning the Cheshire Cup for best sonnet 30 years ago!

As Hong noted, in addition to her day job Debbie has another claim to fame – she is a renowned cake maker – which could come in useful for Macmillan coffee mornings! In fact she and her sister were National Cupcake Championship finalists in both 2013 and 2014. So a woman of many talents – and clearly better qualified than most to have her cake and eat it too!
GPs still find it challenging to initiate and conduct end of life conversations. Medway Macmillan GP Andrea Oustayiannis has been doing something about this by offering a communication skills course based on the national Dying Matters programme, which is closely supported by Macmillan.

As a Macmillan GP Andrea attended a national course to be trained as a facilitator and then decided to offer the course locally, with assistance from Macmillan GP Megan Philpott and Macmillan Joint Chief Medical Officer Rosie Loftus. Tailored to local needs, it involved a total of 12 GPs most of whom knew each other.

The course lasted three hours and included a presentation on communication skills as well as a short film. But the main focus was on group scenarios where participants role-played different approaches to end of life care conversations.

Most participants were very positive in their feedback. “Listening to other professionals is the best way of learning,” suggests Andrea. “Several people said they didn’t think they’d learn from this but actually they had learnt a lot.”

Confidence also increased significantly, according to this feedback. Before the course nearly three quarters said they weren’t confident about starting a conversation and just under half were not confident about holding such a conversation. Afterwards over three quarters were confident about initiating a conversation and an even larger proportion were confident about holding this conversation.

Andrea says the greatest anxieties surround initiating end of life care conversations. “You don’t know how people are going to react. Once you’ve begun you get an idea about the patient’s feelings and it then becomes easier.”

She is planning another Dying Matters course for GPs in Medway in January with a few modifications, including a session on DNR.

Each session she has attended has enhanced her own skills, she says. “Each time I pick up something different because everyone’s clinical style is different.”

It’s also underlined the point that if the doctor feels confident, then so will the patient. “Once the patient sees that you’re comfortable then they feel more comfortable.”

A team of acute oncology nurse specialists is helping to bridge the divide between primary and secondary care by providing expert advice and support to GPs in Cheshire on acute oncological emergencies.

The service, which is believed to be the first of its kind in the country, works in partnership with Mid Cheshire Hospital Foundation Trust, South Cheshire CCG and Vale Royal CCG and operates from 9-5 every week day.

The service, consisting of three acute oncology nurse specialists, began in 2012 as a hospital-based service but earlier this year was extended to primary care professionals, thanks to funding from Macmillan.

The aim, says Macmillan Acute Oncology Nurse Specialist Katie Mulroy, is to offer advice and help to GPs and the primary care team on acute oncology emergencies. This can take the form of home visits, teaching sessions or simply being at the other end of the advice helpline.

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understanding a&e admissions of people with cancer

Why are so many people with cancer ending up in A&E rather than moving through other pathways? For Macmillan GP and North Tyneside CCG cancer lead Clare Scarlett, this became a pressing question when new Commissioning for Value data showed that her CCG’s cancer emergency admissions were higher than comparable CCGs.

But what was the best way of finding out why this was happening? Clare spent some time analysing the data before deciding to ask local practices to conduct case reviews of their patients who ended up in A&E.

She also tested out the case review in her own practice before asking GP colleagues if they would take part.

In the end eight of 29 practices agreed to participate although two subsequently withdrew. They were all sent a list of those admitted from their practice and asked to summarise the full activity before, during and after admission. In all 42 case reviews were completed.

The results of the exercise showed that some people clearly needed to be in hospital, says Clare, while others had a range of conditions where cancer wasn’t the primary reason for their admission. Meanwhile others attended A&E because of the lack of a rapid social care response or a breakdown in care arrangements or simply social isolation.

However, the review did highlight some issues relating to patients who had COPD as well as cancer. “People with COPD had symptoms and presentations which definitely caused some difficulties in picking up lung cancer, for instance,” says Clare. “It also seems that some lymphomas were being masked.”

As a result the CCG is looking at the idea of screening people with COPD for chest x-rays after their annual review as well as doing blood tests.

It has, says Clare, been a time-consuming but worthwhile exercise. She plans to develop a case for the CCG to support wider reviews and to share her findings more widely. However, she hopes it will lead to fewer cancer emergency admissions, this will probably need further investment. “People are always going to present at A&E with acute conditions. But we have identified some discrete areas in which we can work with primary and secondary care on how to improve early diagnosis.”

forging links through speed dating and shadowing

A talk at last year’s primary care conference by Macmillan Consultant Adviser Richard Simcock has helped inspire the Dorset Macmillan GP team to set up speed dating events to build bridges between primary and secondary care.

So far the team has run two highly successful speed dating sessions in Dorchester and it is planned to hold two more, in Poole and Bournemouth, early in the new year. The first two have already spawned a number of shadowing events between GPs and hospital clinicians.

Macmillan GP Paul Barker explains that the sessions resulted from hearing from both GPs and secondary care physicians complaining about their inability to make contact with colleagues when they needed to.
“People want to talk to each other and are now doing that”

Paul Barker

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“We sat down and thought what exactly is causing that? And we realised the barrier between secondary and primary care was one that had been created by bureaucracy – especially Choose and Book and the two week wait proformas. It was concerning that the patient wasn’t at the centre of the referral journey because of this missed opportunity to get advice and guidance from secondary care colleagues.”

The team also wanted to foster dialogue with secondary care physicians about complex or difficult symptoms as well as those patients who didn’t ‘fit the box’ with a view to improving early diagnosis and cutting the rate of cancers diagnosed in A&E.

The speed dating involved specialists sitting at tables and chatting to groups of GPs who would then be moved on to the next table every 10 minutes. Facilitators made notes of the discussions and especially areas of concern as well as ideas to resolve matters.

The sessions have already proved their worth, says Paul. “People swapped phone numbers and some arranged ‘day in their shoes’ shadowing as a result. Everybody just started talking again. Relationships were forged in those two sessions and these relationships will last a lifetime.”

The team has now created a package to help others set up their own speed dating sessions. It includes the slide set that consultant oncologist Richard Simcock presented at last year’s conference and which was one of the triggers for the Dorset initiative. Paul hopes that eventually it might be rolled out nationally with the pooled data collated to improve outcomes for patients.

The beauty of the speed dating process is that it is so simple and easy to implement, he adds. “You don’t have to provide the solution because they provide their own solution and that’s the benefit of it.”

One local trust, St Helen’s and Knowsley, was part of an ACE pilot that directed these types of patients direct to CT and then on to MDT but others had nothing in place. So Katy and her colleagues decided to bring together a group of clinicians and GPs to chew over the issues at a local hotel overlooking the Mersey.
Dramatic improvements in perioperative treatment of patients with colorectal cancer are moving post-operative care into primary care, Macmillan Consultant Adviser John Griffith told a workshop at the conference.

Many patients were now being discharged 3-4 days after their operation, he said, compared with 10-14 days previously. That reflected changes in priorities as well as improvements in treatment — but it meant that many post-operative problems were now emerging in the community rather than in hospital. It had also led to occasional patient readmissions.

The complications that could arise included wound infections, urinary retention and problems adjusting to the drug regime. Patients also suffered from significant fatigue as well as faecal urgency, satiation and anorexia.

“We have swapped one set of post-operative problems for another,” said John, who is Consultant General Surgeon at Bradford Teaching Hospitals NHS Foundation Trust.

He has set up a survivorship programme in Bradford to try to combat the problem. The programme is offered to patients 6 to 12 weeks after their operation and consists of six consecutive afternoons where they come together for supervised exercise combined with advice on diet, post-operative care, bowel function, health and well-being and finances.

The programme has been run three times now and every patient said they had benefited from the experience, with many reporting improved fitness and reduced fatigue. All appreciated the support they received from their peer group.

John is now appealing to commissioners to take on the programme. He feels primary care would be as well placed to take this on as secondary care — but practices would need to combine forces to make it worthwhile.

Earlier Macmillan Consultant Adviser Roger Kockelbergh, Consultant Urologist from University Hospitals of Leicester NHS Trust, highlighted new developments in the diagnosis and treatment of prostate cancer.

One of the biggest problems at the moment, he said, was over-diagnosis and over-treatment of this condition. Studies showed that only patients in the high risk category were very likely to die of prostate cancer if not treated promptly. This category should be the clear priority.

One of the most promising developments in diagnosis was the use of MRI scanning which was now very sophisticated and could identify prostate cancers that other techniques missed while avoiding the low risk cancers. Preliminary results from a new study comparing MRI with traditional transrectal techniques were so encouraging that some trusts were already using MRI ahead of the final results, he said.

He also predicted that transperineal biopsies would replace transrectal ones over time because they could scan the whole prostate rather than just one area. The downsides were that they required a general anaesthetic and might lead to over-treatment.

Roger noted that the drug docetaxel, which had been on the market for some time, was showing very good results in treating the disease at an early stage. It was a relatively cheap drug but required significant resources to administer it.

Although robotic surgery was clearly the future, he was concerned that an “arms race” had developed with surgeons pressing trusts to invest in this “fiendishly expensive” equipment. The risk was that patients would be over-treated.

John Griffith and Roger Kockelbergh became Macmillan Consultant Advisers a year ago and will continue in their advisory roles for at least another two years.

Both see the role as an ideal way of bridging the gap that has opened between primary and secondary care. Roger and John have been involved in developing educational tools for GPs such as the Macmillan minutes and Top 10 Tips.

“We need to get the pertinent facts into primary care because there is a lot of confusion and uncertainty at the moment,” Roger says. “Secondary care can’t function without primary care. The more we can arm GPs with the facts the better things will work and that will make everybody’s job easier.”

John is equally evangelical. “I am encouraging primary care to develop enhanced recovery and survivorship programmes and I’m using my position on the CRG to keep the issue of survivorship high on commissioners’ priorities,” he says.
Although one-year survival rates for people with cancer in England are improving, they remain some of the worst in Europe. There are also big variations between one locality and another. And that is why NHS England has flagged this up to commissioners as a priority area for action.

From April 2015 one-year cancer survival rates have been included in the delivery dashboard of the NHS CCG Assurance Framework – the only disease specific outcome measure in the dashboard used to hold CCGs to account.

It is of course a laudable goal – but how will it be achieved? Today’s world of commissioning is complex and fragmented and can be fairly opaque to those working in the field, including many Macmillan GPs. Gaining a clear picture of what’s happening in a particular locality can also be problematic – not necessarily because the information doesn’t exist but because it can be difficult to find.

Macmillan’s new commissioning guide for one-year survival, launched earlier this year, is designed to help fill this gap. The seeds of the idea were sown at the commissioning workshop at last year’s conference. But plans were accelerated when one-year survival rates became a new outcome target in the commissioning dashboard, with CCGs expected to develop action plans to improve rates.

Macmillan’s GP Thilan Bartholomeuz, who is also Newark and Sherwood CCG Cancer Clinical Lead, says the guide signposted local data indicating that rates of lung and prostate cancer were higher than average. As a result prostate patients are now being monitored more closely and the CCG is considering direct referrals for some patients with suspected lung cancer. The smoking cessation programme will also be strengthened.

Entitled Top Tips for commissioners: Improving one-year cancer survival, the guide came out in April, to coincide with the inclusion of the new indicator, and seeks to provide links to much of the available information on survival rates and causal factors. The aim is to enable commissioners and others to find out the latest data available, by tumour site and CCG, in order to benchmark their performance against comparable organisations. It also offers strategies for improving those rates.

The guide gives an overview of the current commissioning landscape together with national intelligence, a range of data sources – including screening, routes to diagnosis and waiting times – and local examples of good practice.

It also identifies the different bodies that could be involved in commissioning a particular pathway. As Macmillan Commissioning Support Programme Lead Beth Capper points out, responsibility for commissioning cancer care is shared across a range of different commissioners so collaboration is crucial. “The truth is you are not going to be able to improve survival rates unless you work closely with colleagues responsible for commissioning primary care and public health services.”

Sinead Clarke, Macmillan GPA and Macmillan GP Cancer Lead for South Cheshire CCG, explains that the guide is aimed at anyone involved in, or wanting to influence, the commissioning of cancer care. “The principal audience is Macmillan GPs but it should be relevant to other commissioners, clinical or non-clinical, including public health commissioners.”

Beth stresses that this is only one part of any approach to cancer commissioning. But she hopes it will offer a useful framework for commissioners and others who may not be familiar with the territory.

The Top Tips guide is an online document so can be modified and updated regularly whenever the occasion requires.

And it has already had a positive response. Macmillan held a webinar recently to open up the discussion and elicit feedback. A number of Macmillan GPs logged in to the event and most reported they had found the guide very useful.

It is also beginning to have an impact on practice. Sinead says her CCG drilled down into the figures which revealed they had one of the worst one-year survival rates in the country, mainly because of the high incidence of stomach and lung cancers in the locality.

That insight has been extremely helpful, she says, in focusing efforts. It has led to a new public health campaign to encourage people to visit their GP early. The CCG is also planning to incentivise local practices to follow up people who have missed bowel screening appointments.

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The guide provides a valuable method of ensuring cancer remains high on commissioners’ priorities, says Thilan. “The problem with cancer is that the data is so dispersed. This brings it all together in one place and indicates what’s happening at national and local level.”

This month CCGs are releasing the first official measures of one-year survival rates. Beth and her team will be encouraging Macmillan colleagues to use the Top Tips guide with commissioners to offer further support at that point. They are also planning to publish a guide to primary care co-commissioning next April.

![Pictured: Sinead Clarke, Macmillan GPA Nicola Harker and Beth Capper](bit.ly/1QjRJru)
A growing number of people are living longer with cancer – in fact the median survival rates have risen from a year in the 1970s to around six years now as a result of better screening, diagnosis and treatment.

But that also means that more people are at risk of experiencing serious side effects from their treatment. And unlike treatment for other chronic conditions, cytotoxic therapies and radiotherapy can bring unique physical and psychological complications.

For every 1,000 patients on a GP list, there may be up to 30-35 cancer survivors, eight or more of whom may be experiencing consequences of their cancer and its treatment. This inevitably places a greater responsibility on generalists to be aware of potential treatment effects, to identify and manage them appropriately and to refer to specialist services when necessary. And as the incidence of cancer increases and early detection and treatment improves, there will be more people living with the consequences of treatment.

Macmillan has been in the forefront of highlighting this issue through a series of initiatives including its recovery package and the Consequences of Treatment programme. And this year it has teamed up with the RCGP to run a one-year Spotlight project focusing on the longer-term consequences of cancer. The initiative aims to raise awareness among the GP population of the needs of cancer survivors and to support them in identifying and managing them.

The centrepiece of the campaign is a comprehensive consequences of cancer toolkit, which sits on the RCGP website, and was launched at this year’s conference.

Macmillan GPA David Linden, who has been closely involved in running the project, suggests that many GPs have still not come to terms with the fact that some types of cancer can be long-term conditions.

“I think GPs have been focused on earlier diagnosis, recognising possible cancer in the first place and getting patients more quickly into the system,” he says. “They help support patients during the traumatic diagnostic and treatment stages but are less aware of the possible impact of the condition and its treatment in longer-term survivors.”

The toolkit seeks to bring together in one place all the information and resources that GPs and practice staff need to identify these patients and to offer them support.

The guide emphasises the importance of identifying and READ coding cancer patients at an early stage, says Macmillan GPA and project lead Pauline Love. It also includes links to resources such as the Macmillan recovery package and tips to undertaking an effective cancer care review, providing a host of links on how to manage the consequences of treatment as well as recognising when to refer a patient to more specialist support.

There is also information on the importance of physical activity and financial advice. And there is guidance on how to support patients in looking after their own health.

“It is so important that patients feel they own their problem as well as the professionals,” says Pauline. “If they have got that information through, for instance, the treatment summary they can come up with longer-term goals that can make a big difference to their attitude and quality of life.”

The toolkit launch will be followed by a series of free one-day workshops around the UK seeking to reach as many GPs as possible. The Spotlight team is also conducting a national survey to establish the level of awareness of the consequences of cancer treatment among family doctors.

Emily Bowman, Macmillan’s Survivorship Project Officer, stresses that both the toolkit and the wider initiative are works in progress. “We are starting a conversation and trying to raise awareness. We will be taking [the toolkit] around the country and seeing what [GPs] find most useful in it. The aim is to learn what support they need and to try to provide that.”

For David this initiative is all about raising GPs’ awareness and making sure they know where to get support and extra expertise if needed so that ultimately they are able to signpost to more support for their patients.

He feels that many GPs have become deskilled or lack confidence when it comes to caring for cancer patients. “Cancer has come to be seen as a very specialist area and sometimes it can seem a wee bit scary for GPs because the treatment is so technical.

“This is about getting that confidence back again and understanding it doesn’t have to be like that. Patients can be looked after in the community because a label of cancer doesn’t mean we can’t deal with it.” At the same time of course GPs have to acknowledge when the situation is beyond their competence and they need to refer on to a specialist.

[bit.ly/1Z7U4m8]