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2019

at  **Best
Practice**



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Macmillan Cancer Support and NAPC – PCN's role in delivering personalised care for people living with cancer

Dr Rosie Loftus, Joint Chief Medical Officer, Macmillan Cancer Support, Sophia Nicola, Primary Care Advisor, Macmillan Cancer Support, Dr James McClure, GP, St Austell Healthcare Primary Care Home and Kelly Austin, Social Navigator, Granta Primary Care Home



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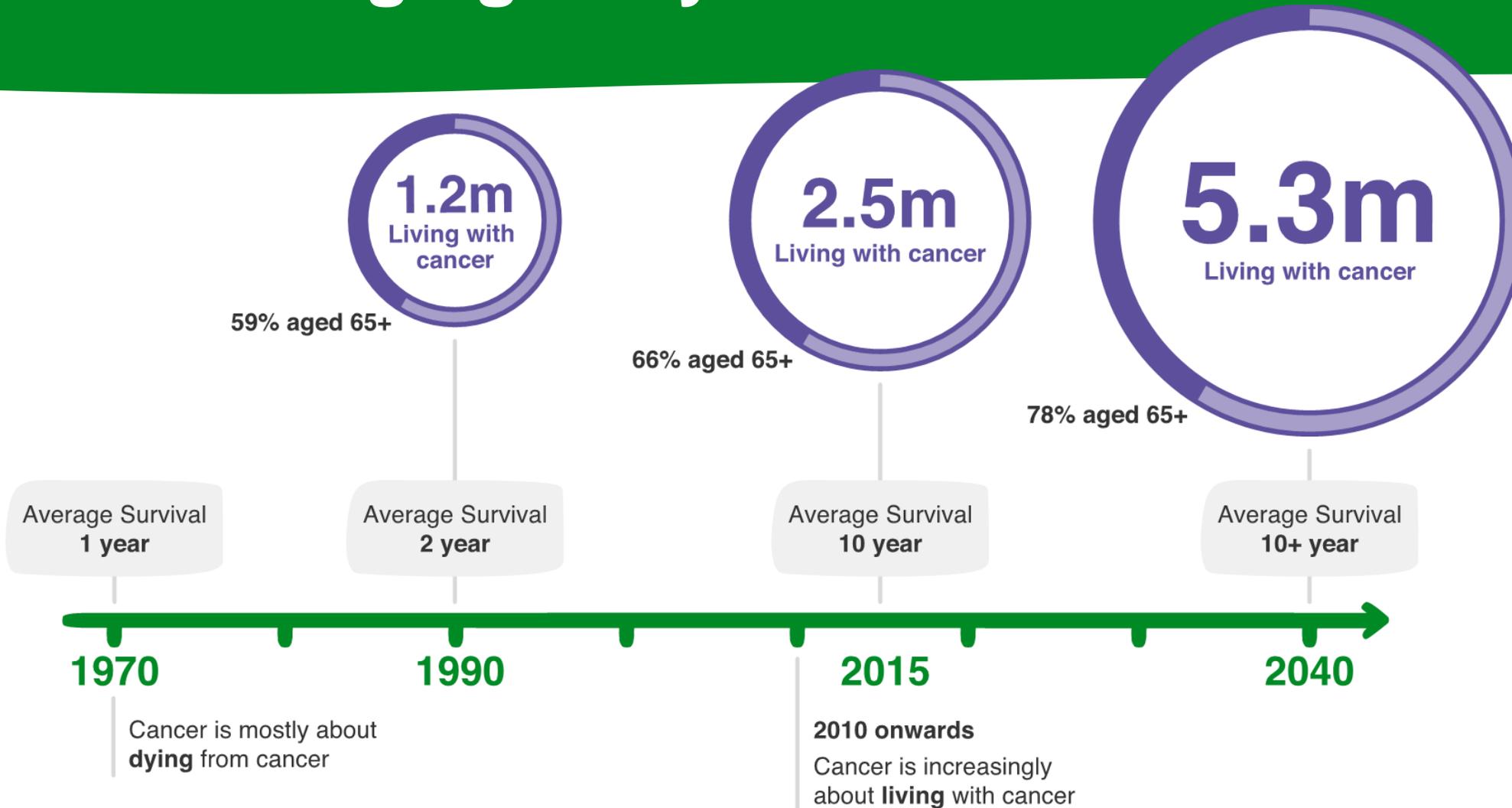
October 2019

Cancer care in Primary Care

Rosie Loftus – Chief Medical Officer
Sophia Nicola- Advisor for Primary Care

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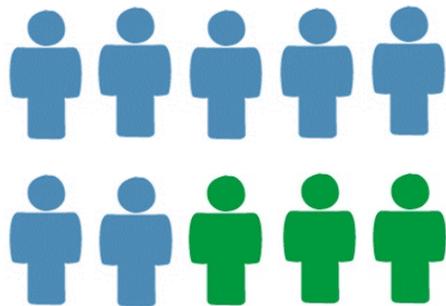
The changing story of cancer



Living beyond cancer does not mean living well



At least **1 in 4** of those living with cancer – around **625,000 people** in the UK – face poor health or disability after treatment¹



Over 70% need emotional support² – research shows that 2 in 5 people living with cancer are affected by depression, and 1 in 10 experience anxiety³



4 in 5 people living with cancer experience a financial impact. The average is £570 a month.

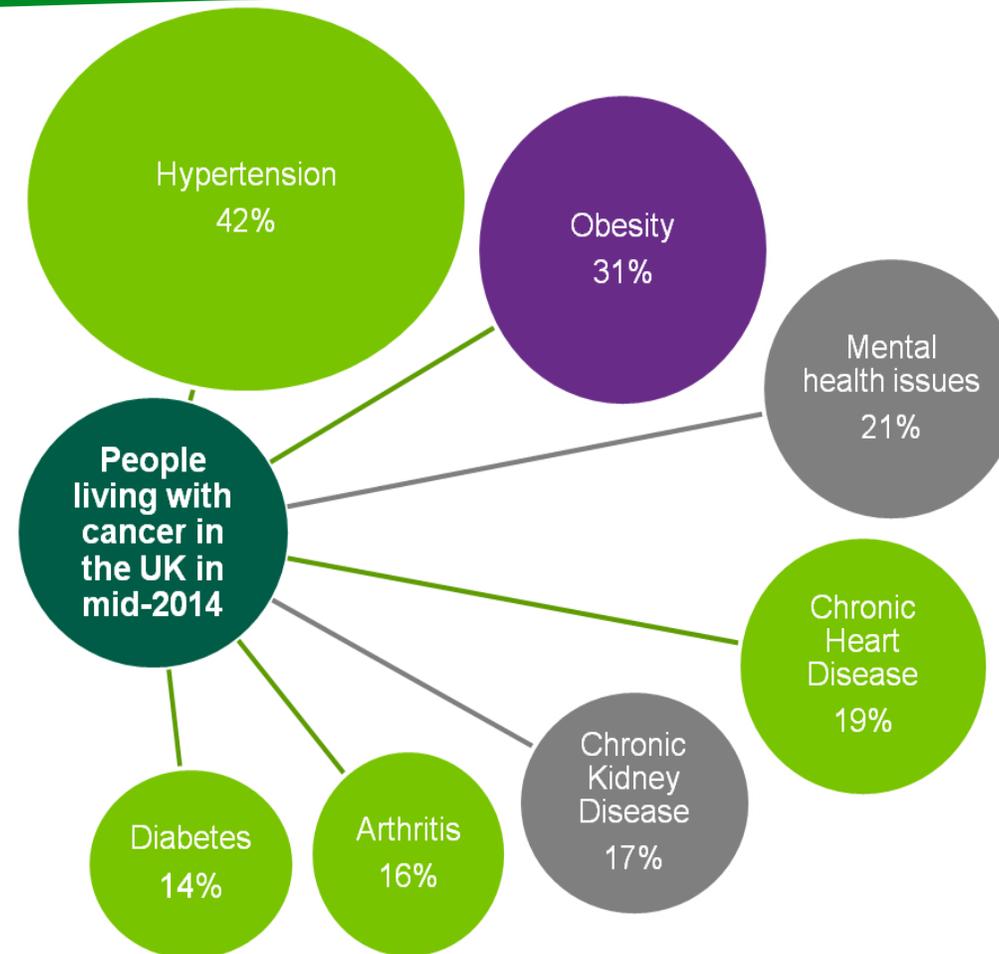
¹Macmillan Cancer Support. *Throwing light on the consequences of cancer and its treatment*. 2013 (1 in 4 people using estimated prevalence of 2.5 million)

²Macmillan Cancer Support. *Hidden at Home – The Social Care Need of People Living with Cancer*. 2015.

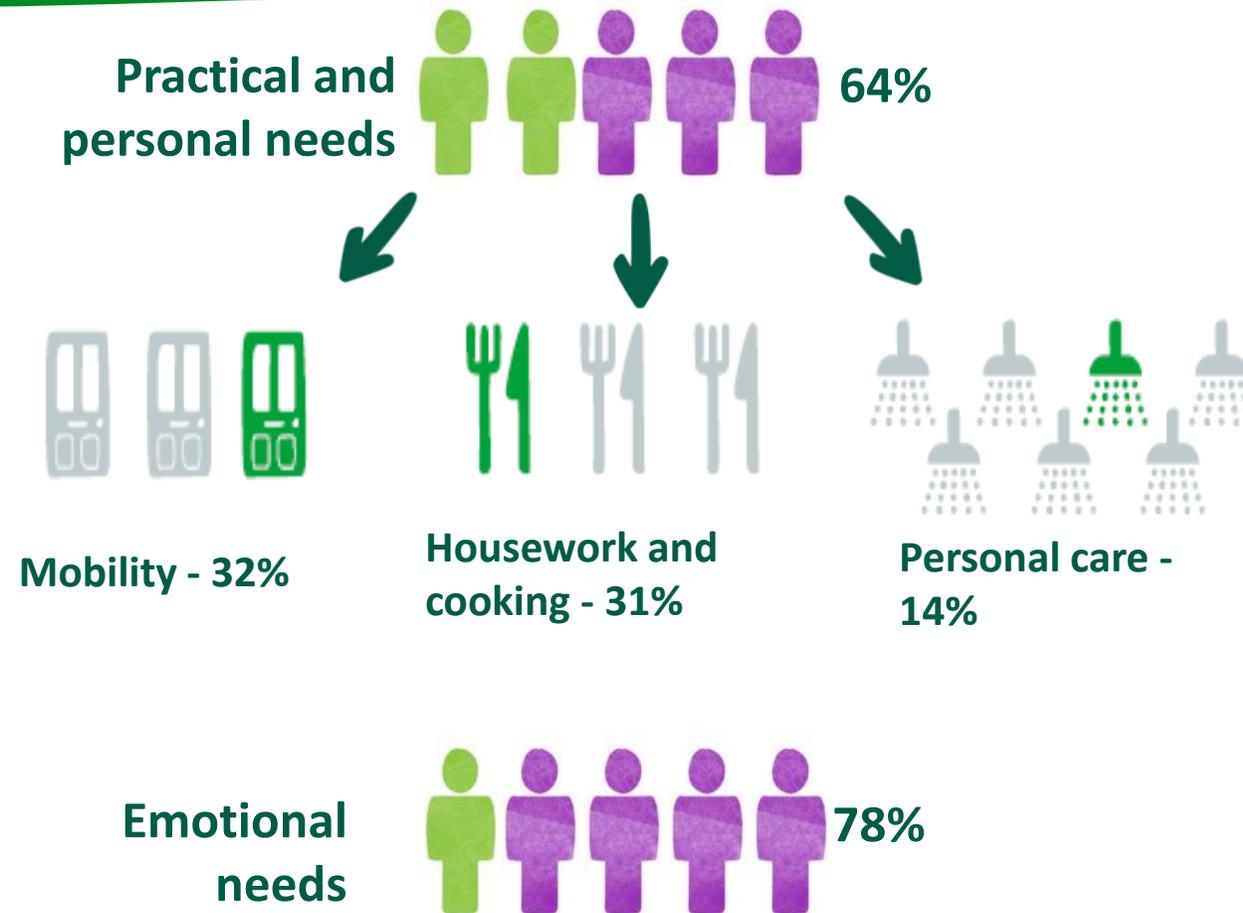
³Pitman A, et al. *Depression and anxiety in patients with cancer*. BMJ 2018; 361:1415.

⁴Macmillan Cancer Support. *No Small Change: Time to act on the financial impact of cancer*. 2012.

Cancer increasingly co-exists with other conditions



People with cancer have significant social care needs



Macmillan's purpose

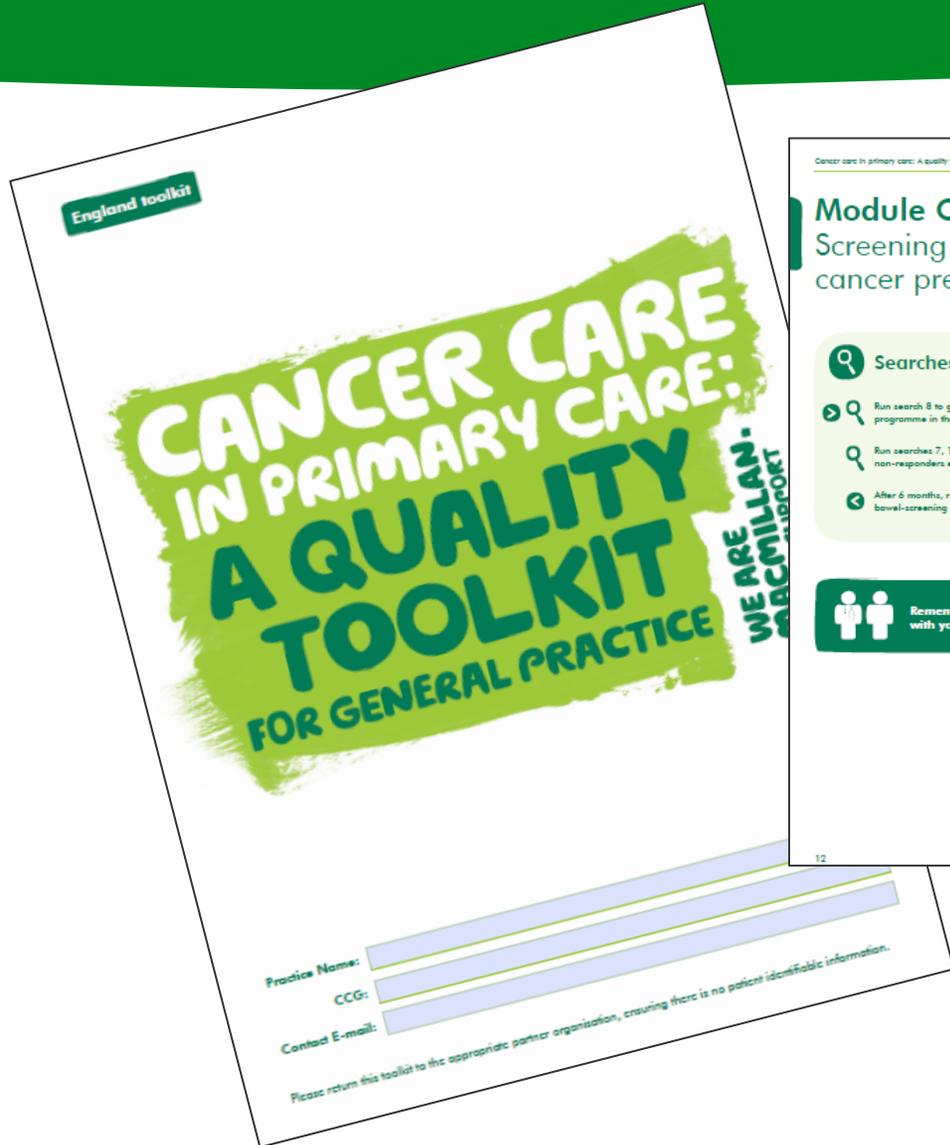
**TO HELP EVERYONE WITH CANCER
LIVE LIFE AS FULLY AS THEY CAN**

What does this look like for Macmillan?

Three elements to be tested:

1. A Practice Nurse with cancer training
2. A Care Navigator/Link Worker/Social Prescriber
3. An integrated coordinated network

Quality Toolkit for general practice



Cancer care in primary care: A quality toolkit for general practice – Module One: Screening for cancer and cancer prevention

Module One

Screening for cancer and cancer prevention

Searches for Module One

- Run search 8 to gather the number of programmes in the last 6 months.
- Run searches 7, 10, 12 and 12b on non-responders ensuring that this is done.
- After 6 months, run searches 8, 9, 11 bowel-screening non-responders contact.

Remember to share your work, findings and reflections with your entire practice team.

12

Cancer care in primary care: A quality toolkit for general practice – Module Two: Prompt recognition and early referral

Module Two

Prompt recognition and early referral

Searches for Module Two

- Using searches 13 and 17, note down the proportion of patients diagnosed with cancer that were referred using an urgent suspected cancer pathway.
- After 6 months, run search 14 to consider the proportion of patients referred on a urgent suspected cancer referral who received a patient information leaflet.
- Six months after starting this toolkit, run search 5 to see what proportion of your urgent suspected cancer referrals over the past 6 months have been coded accurately.

Remember to share your work, findings and reflections with your entire practice team.

20

Cancer care in primary care: A quality toolkit for general practice – Module Three: Supporting those living with cancer

Module Three

Supporting those living with cancer

Searches for Module Three

- Perform a search for all cancer diagnoses over the preceding 6 months. What proportion of these patients were contacted at the point of diagnosis?
- After 6 months, repeat search 17 and run search 22 to outline how many were contacted at the time of diagnosis.
- Using search 23 and code .BBAY look back at completed Cancer Care the last 6 months.
- After 6 months, repeat search 23 and compare your findings with the previous 6 months.
- Carry out searches 23, 24a, 24b, 25, 27, 32 and 26 and note findings space provided.
- Run search 20 to collate a list of all patients within your practice who diagnosis of prostate cancer more than five years ago.
- Have a look at your practice cancer register and carry out search 16 to see how many patients are on it?
- Using search 18, outline how many patients were diagnosed over five years ago.
- Using search 19, outline what proportion of patients diagnosed in the last 6 months had their treatment modality coded.

Remember to share your work, findings and reflections with your entire practice team.

31

Cancer care in primary care: A quality toolkit for general practice – Module Four: Identification and support for people with advanced serious illness

Module Four

Identification and support for people with advanced serious illness

Searches for Module Four

- What proportion on your supportive and palliative care register have been reviewed using this template? (Search 30 may be helpful)

Remember to share your work, findings and reflections with your entire practice team.

48

2019 Macmillan Primary Care Toolkit

England Pilot Pre-Post Toolkit Practice Survey

If your practice undertook a Cancer Care Review for one of its patients, which different areas would staff cover during the consultation?

	Before the Toolkit %	After the Toolkit %
Discussion about diagnosis	88.89	100.00
Discussion of treatment plan	77.78	100.00
Psychological impact of diagnosis	58.33	97.22
Impact on family and/or work	63.89	91.67
Review of medication	80.00	100.00
Cancer information leaflets/resources	38.89	97.22
Benefits of physical activity or signposting to resources	38.89	85.71
Financial impact of a cancer diagnosis	27.78	80.56

GP RESOURCES



SUPPORT FOR PRIMARY CARE



Tarek, Macmillan GP

Macmillan has produced a number of toolkits, guidance documents and online training modules to support GPs as they connect with cancer patients from early diagnosis through to after treatment, and at end-of-life. Supporting resources for people with cancer have also been developed to help effective signposting and to shape the future of primary care.

- Early diagnosis resources for GPs
- Early diagnosis resources for patients
- Treatment and recovery resources for GPs
- Treatment and recovery resources for patients
- End of life care resources for GPs
- End of life care resources for patients
- Carers resources for GPs
- Carers resources for patients

10 Top Tips series >

Macmillan GP advisers have collaborated with members of the Macmillan primary care community to develop a '10 top tips' series of PDFs.

[Search the Top Tips series](#)

Patient resources

- Travel Insurance [PDF]
- Work and Cancer [PDF]
- Talking to children about cancer [PDF]
- Losing your hair [PDF]

www.macmillan.org.uk/gp

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End of Life Care- QOF Quality Improvement

Tools and resources that Macmillan has developed to support Primary Care Professionals in implementing end of life care QI projects in response to the 2019/20 GP Contract QOF changes. These resources can be used at Practice or Network level and have been developed to meet the specifications set out for the 2019/20 QOF Quality Improvement Project.

- 1. Module Four of the Quality Toolkit for Cancer Care in Primary Care**
- 2. End of Life Care Network Guide**
- 3. Palliative Care Templates**
- 4. Palliative Care Searches**

MACMILLAN CANCER SUPPORT

We're here to help you find your best way through and live life as fully as you can.

For information, support or just someone to talk to, call 0808 808 00 00 or visit [macmillan.org.uk](https://www.macmillan.org.uk)



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Macmillan Cancer Support and NAPC – PCN's role in delivering personalised care for people living with cancer

Dr James McClure, GP, St Austell Healthcare Primary Care Home

Right By You

Dr James McClure

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Why our PCH wanted to provide enhanced cancer care

St Austell Healthcare is a mature Primary Care Home

We work as an MDT based team

Cornwall has a single acute trust

Geography of Cornwall means that its can be a 2- 2 ½ hour round trip for chemotherapy or radiotherapy a day

Patients opt not to have palliative chemo/DXT

Chemotherapy bus on site

Four bedded infusion suite service working alongside RCHT but using our nurses

Palliative care drop in service

Right by you project

- chance to improve the cancer diagnosis follow-up
- national backing
- support to implement longer term projects

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How we implemented the project

Slowly over the last 4 months to be sustainable and resilient and embedded

2 experienced practice nurses Macmillan trained

Palliative care nurse part of MDT team

Reviews of all patients who have a cancer diagnosis 3 months prior

Adapted template toolkit from Macmillian

Data team

Link with our social prescriber

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How it has improved things for patients and staff and the practice

Patients

Improved quality and standardised approach

Personalised service given a smaller team

Continuity with the nursing team and palliative care nurse

GP

Quality of the review is better

Data capture is improved

Less work

Nurses have some job variance and the palliative care nurses knowledge base

Syringe drivers are electronic and a structured template

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Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Cancer Care Review

Review documentation

Either yourself or the patient may have received a holistic needs assessment or treatment summary to support the cancer care review.

Diagnosis and date of diagnosis

Check patients understanding of diagnosis and prognosis. Any concerns?
Patients understanding of curative/palliative intent?

Cancer diagnosis discussed

Curative treatment

Palliative treatment

Treatment - Please ensure key treatments are read coded as active major problems.

Whereabouts in your treatment are you?
Any concerns with regard to your treatment?
Any side effects/complications of treatment (including long-term consequences)?

Discussion about treatment

Chemotherapy

Radiotherapy

Hormonal treatment

Discussion about complication of treatment with patient

Medication review done*

*** Adds XaF8d to the record so please ensure all medication is reviewed in line with annual medication review process**

Cancer diagnosis discussed

Date Selection

No previous values

Show recordings from other templates

Show empty recordings



Other Details... Exact date & time Mon 07 Oct 2019 11:53  

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Review Maximising Recovery Care Planning Palliative Care DS1500 - TEP - Syring Driver - Pre-notified Death Links and Info

DS 1500 Disability living allowance completed  Complete form, enter details of who is collecting copy and pass to Reception for distribution to patient. Send Page 2 to Finance Team

Treatment Escalation Plan  Complete electronic form and print form for patient or relative to collect

CPR STATUS  Code CPR status
Flag to receptionist when left in Reception

 Create Treatment Escalation Plan (TEP)

Syringe driver commenced  Task Integration to inform them that patient is approaching end of life

 Create Community Prescription Sheet
If you wish to send inj via ETP you must untick the Pers Adm box

 Admin task to Integration

 New acute of: Cyclizine 50mg/1ml solution for injecti...
 New acute of: Diamorphine 10mg powder for soluti...
 New acute of: Hyoscine hydrobromide 400microgra...
 New acute of: Midazolam 10mg/2ml solution for inje...
 New acute of: Water for injections 10ml Mini-Plasco ...

Create Community Prescription chart.
Complete drug doses and consider alternative drugs if needed or renal function low.
Inform relatives or DNs where to collect form and drugs from

Expected death form completed  Complete Pre-notified Death Form
Place patient on Triage Reception callback list at Hub to email form to Out of Hours

 Create Pre Notified Death Form

 Admin task to Integration

DS 1500 Disability living allowance completed

Date ▾ Che... ▾

No previous values

Show recordings from other templates
 Show empty recordings

Information Print Suspend Ok Cancel Show Incomplete Fields



Challenges and lessons learnt.

Patients were concerned

Patients were unwell/busy

Nurses are contacting patients directly

System change challenges

Data capture

Feedback forms

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Overall

- National voice
- Rosie's site visit has helped to open more doors and meet more people locally with site visits from local Macmillan GPs and nurses for support.
- It has allowed us to continue more projects over the coming months as well-

End of life conference in January for drug/alcohol users

Looking at a way of improving the access to end of life medication

Electronic TEP forms.

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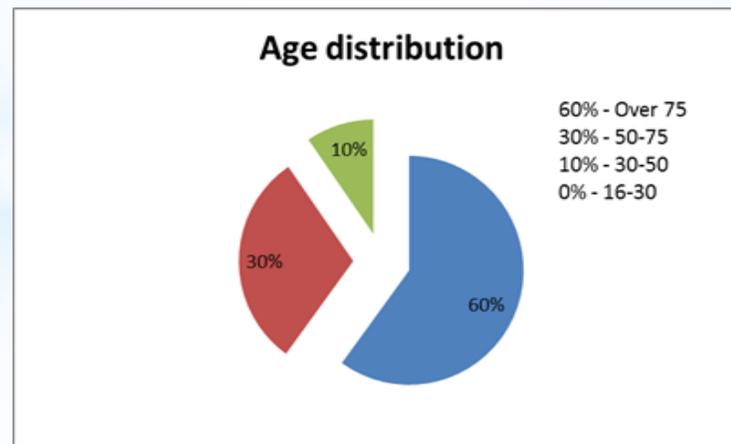
GRANTA Medical Practices

Social Navigation service

The story so far.....

Granta Medical Practices is a group of 5 merged practices in South Cambridgeshire with a patient population of 44,000

- * Through grant funding from South Cambridgeshire District and Council councils we set up the service for an initial 2 year period.
- * 147 patients were seen by the social navigator within the first year
- * Although the service has seen mainly the older population it has been well accessed by the younger age groups.



By co-producing a “Well being plan” with the patient, either at their local surgery or in their own homes, we can identify:

- ✓ what matters to the patient
- ✓ what their interests are to improve engagement
- ✓ The patient can then be signposted or accompanied to any relevant groups or services for the best outcome.

This may include walking groups, chair based exercise, arts programmes, hobby groups, befriending schemes and many more.

Since the start of our service we have engaged in our community further by :

- Hosting a Dementia support service from Alzheimers UK in the surgeries once a month, allowing patients and families to access further support and allowing GP time to be more focused in appointments.
- Becoming a Park run practice and promoting these within our surgeries
- Working with local council initiatives to set up New Age Kurling schemes
- Hosting Cambridgeshire Hearing Help to deliver 2 hour “Living well with hearing loss” workshops to patients
- Delivering Group consultations to patients with similar medical conditions i.e at risk of diabetes to which social prescribing is crucial
- Taking part in the Macmillan cancer care pilot to enhance our service for those patients who are living with cancer.
- Becoming a Dementia Friendly organisation and training staff to have a better awareness
- Engaging our PPG to support initiatives such as the Chatty Café scheme within our patient population area.

And much more.....



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