

Supporting Patients in Primary Care

10 top tips

Even if they are not fully discharged from follow-up by secondary care, when they have finished treatment and regular appointments, patients often report feeling abandoned and are unsure where to seek help. Likewise, many GPs and community health practitioners feel that they lack the skills and confidence to manage patients who have been through complex anti-cancer treatment, unclear about prognosis, recurrence risk or the impact of treatment. These tips summarise the simple steps that can be taken to address some of these concerns.

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Macmillan Cancer Support, registered charity in England and Wales (261017), Scotland (SC039907) and the Isle of Man (604). Also operating in Northern Ireland. MAC19201_Ten_Top_Tips_Supporting_Patients_In_Primary_Care

1 Keep the cancer register updated

If the practice team is familiar with the list of who has been diagnosed and has been treated or is undergoing treatment for cancer, it will be easier to maintain a high index of suspicion around presenting symptoms during interactions with the patient. This will facilitate earlier recognition of complications of treatment, secondary disease, late effects of treatment, or psychosocial or emotional distress. Updating the register can also help recognise that it is appropriate to transfer those with end-of-life care needs to the palliative care register.

2 Ensure good coding practice for cancer diagnoses and anti-cancer treatments

Ensuring that diagnoses are coded accurately, ideally aligning to the codes in the Macmillan Cancer Care Review (CCR) templates, makes sure that patients receive the appropriate elements of the Review CCR at the right time, as well as identifying symptoms that may be possible consequences of the treatment. This is important as the management of the symptoms may be different than if there was a different underlying cause. Primary Care IT systems that can flag that presenting symptoms are potentially a serious consequence of a cancer also rely on accurate coding. Links to simple advice on managing some of the common consequences of treatment can be found here.

3 Understand personalised cancer risk stratification (PSFU)

Cancer teams are encouraged to stratify patients, in accordance with risk of recurrence and the intensity of surveillance required. It is not simply transferring the ongoing management of patients to primary care (some PSFU models are Primary Care led), but to ensure that patients are provided with the correct support to address their needs and deliver safe responsive care. It is important for both the patient and the Primary Care Team to know what follow-up pathway a patient is on so they can be supported appropriately.

4 QOF now encourages contact with the patient at an early stage post-diagnosis

The specialist nature of cancer care may have led to the perception amongst patients that their GP won't be involved. Unfortunately the National Cancer Patient Experience Survey (NCPES) suggests that a significant percentage of people don't feel supported by Primary Care through their cancer journey. Proactively reaching out to patients around the **time of diagnosis** can provide an opportunity to share personalised information on support available and send a clear message that, despite not being experts, Primary Care Teams are keen to offer support throughout someone's experience of cancer, including adjusting to life after treatment.

5 Encourage other team members to become involved in cancer care

With 10-year cancer survival rates improving, for many patients living with cancer is similar to managing a Long-Term Condition (LTC). In most practices, the care is shared by multiple team members, including GPNs, HCAs and other newer roles, such as Pharmacists and Social Prescribers. Utilising the different skills of team members is vital to ensure patients get the best care. Some team members may need some upskilling to have the confidence to manage patients with cancer, so take advantage of the different **educational offers** for the whole practice team.

6 Cancer Care Reviews

The holistic element of the CCR is now due up to 12 months after diagnosis. The later review, perhaps when patients have finished acute treatment, may be more beneficial. As we heard above, patients may be feeling lost or abandoned. The use of the Macmillan Cancer Support **CCR Templates** in the Primary Care IT systems helps apply more structure to the reviews and includes physical symptoms, psychological wellbeing, medication and the treatment plan, as well as information needs, financial and carer issues.

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Also use of other tools, such as the Florey CCR questionnaires in AccuRx, or sharing Needs checklists to patients in advance of a review can ensure the review is more personalised and tailored to the individual's needs. Information or signposting can be an important output of a **CCR** and practices using System 1 or EMIS can now directly refer a patient to **Macmillan Direct Services** to get advice on a range of issues, including both physical and practical needs.

7 Acknowledge and promote the benefits of healthy living advice

A **report** on obesity and cancer in 2014 suggested being overweight or obese was a factor in cancer risk and recurrence alongside co-morbidity risk, such as heart disease and diabetes. There are now initiatives promoting healthy lifestyles, particularly physical activity in patients with cancer, to reduce the side effects of treatment, improve survival and reduce relapse rates. It is important that primary care practitioners acknowledge, and use teachable moments to promote, the evidence and encourage physical activity, weight loss and healthy diet, irrespective of a previous cancer diagnosis. Move More and **Walking for Health** programmes are open to patients with cancer.

8 Know how to access support for concerns that arise from holistic needs assessments

Having a support plan is an important part of post-treatment care and these plans should be available, and even shared, in both Primary and Secondary Care. The **holistic needs assessment** (HNA) is now carried out at various points in the cancer pathway, completed by patients, but with guidance from HCPs. HNAs can be used in Primary Care to help with personalised care and support plans.

9 Effective signposting to support services

For many patients, after cancer treatments **social prescribing** may be helpful for the non-medical issues that are affecting their quality of life. Often, signposting to support services might be the most useful thing HCPs can do. Work and financial difficulties can arise as an indirect consequence of cancer treatment and **Macmillan Direct Services** can help provide the necessary support, as well as identifying **local services**.

10 Identify patients in need of care

The consequences of cancer treatments can be myriad and affect patients in many ways, from specific issues such as bowel or urinary problems to more generalised issues, such as fatigue. It is important Primary Care Teams, although not being experts, have an awareness of how they can help patients suffering from these consequences, as well as knowing when to escalate. It is essential to be able to easily identify patients who have had cancer treatment, and accurately coding cancer treatments is fundamental to this. More information on the different consequences of cancer treatment and how Primary Care can support patients can be found **here**.