

## Wessex Cancer Alliance Cancer Care Reviews - Our Position Statement and Commitment to You

Wessex Cancer Alliance recognises the important role primary care plays in supporting people with cancer. Cancer Care Reviews offer people the opportunity for local supportive conversations and clinical review, which recognises them and their needs as a whole person, acknowledging the impact that cancer (and their other health conditions) is having on their lives and the things that matter to them.

We appreciate that the ask has changed with regard to Cancer Care Reviews in the 2021 QoF updates. We recognise this has resulted in confusion.

To support you we are providing this position statement on Cancer Care Reviews, outlining the standard that we feel primary care teams should aspire to.

We are keen to support the development of teams who currently feel less confident to offer this support.

### What are the QoF Indicators?

#### *QoF Indicators*

**CAN005:** *The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and been informed of the support available from primary care, within 3 months of diagnosis (based on NM204)*

**CAN004:** *The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis (NICE 2020 menu ID: NM205)*

### Frequently asked questions:

**1. *Can the 3 and 12 month reviews be done together as a single review (e.g. at 3 months as this would fit both indicators)***

This was set out to be two different reviews, each with a slightly different purpose. The evidence tells us that needs change over time for people with cancer – these reviews provide opportunity to support and address changing requirements at key intervals and recognised times of need.

The 3-month supportive conversation often occurs whilst people are still in active treatment – this time point provides a proactive, local support offer working in collaboration with the secondary care team that are already involved. This support will ensure people are aware of/linked to community-based systems of support, and provides opportunity to discuss the impact of their recent diagnosis and treatment with their primary care team.

The 12-month review is a clinical review reflecting on their journey and providing an overall health and well-being assessment.

Combining these two reviews is *not* in the spirit of the qof indicators because of the recognised difference in needs at these two time points.

**2. Is the offer of a review (eg by text or letter) with link to supportive resources at 3 months enough (CAN005)?**

Giving people choice and control over their Cancer Care Review is essential. The offer should allow the person with cancer to expect a comprehensive review at the practice with a trained healthcare professional if they choose.

The wording of the Qof rules state that people should have “the opportunity for a discussion and been informed of the support available from primary care”. This offer can be made by letter, phone, email or text. A range of communication options may help to ensure the offer is accessible, inclusive and meets people’s communication preferences.

People may also be offered a range of methods for the discussion to take place (e.g. by phone, virtual consultation or face to face).

Where practices have access to a [Right by You Cancer Clinical Nurse Specialist \(Southampton City and Portland\)](#) this service will be a resource for providing the 3 month Supportive Conversation designed to address complex psychosocial needs (and ongoing support thereafter if required).

The offer should include provision of information about local support services available (e.g. signposting to other members of the primary care team such as Social Prescriber Link Workers or other health and wellbeing services which they may benefit from).

**3. Who can do the 3-month supportive conversation? Does it have to be a clinician, or can it be social prescriber, with clinical support if needed?**

It is important that the people providing any part of the support offer have the appropriate knowledge, skills and confidence to carry out their role.

An appropriately trained member of the primary care team should carry out the supportive discussion within 3 months (CAN005). The outcomes from this discussion may highlight a level of need that requires a multi-professional approach resulting in a personalised care and support plan with defined goals and responsibilities. Social prescribers may form part of the team involved in providing support where training has been provided, however this should always be available *alongside* the offer of a review with a clinician (Nurse, Allied Health Professional or Doctor). The Right by You CNS where available, will be a resource to complete this review, capitalising on the benefits of an integrated approach between primary and secondary care for both people and services.

Whilst there is appetite across Wessex to develop the role of Social Prescribers in supporting people with cancer, there are significant knowledge and training gaps that need addressing to enable this.

Whilst we are keen to support the development of this workforce, it is anticipated that even with training social prescribers will be focusing on the delivery of Level One psychological support for people with cancer.

**4. Who can do the 12 month review? Does it have to be a clinician, or can it be social prescriber, with clinical support if needed?**

As per the 3 month review we recommend the formal review at 12 months (CAN004) is best performed by a trained healthcare professional (Nurse, Allied Health Professional or Doctor). This acknowledges the degree of skill required to complete a full, meaningful and personalised review, addressing the range of issues that this encompasses.

**5. Re wording of 12 month review: Can this include reviews done in secondary care (eg by CNS) with primary care coding when they receive notification it has been done?**

We recommend this would complement any reviews carried out in secondary care. If there are appointments in secondary care at this time this should *not replace* a primary care review, however integration between the two providers is key to a comprehensive review and should address any outcomes from the Quality of Life survey. Primary care should be offering additional support, which will encompass more community-focused systems of support.

**6. Use of 'structured' template – QoF guidance highlights Macmillan template – but is Ardens/others acceptable alternative?**

The QoF guidance states that this review should be a holistic conversation that covers clinical, practical, emotional, psychological and financial (where appropriate) aspects of the person's cancer care. It should also consider the co-ordination of care between sectors. Practices should use a template that they can evidence covers all these essential elements. This should be available should commissioners wish to verify evidence of reviews taking place. Our interpretation of the QoF wording is that no specific template has been *mandated*, however the Macmillan template is endorsed in these guidance, recognising the benefits of aide memoires to provide and enable a structured supportive conversation.

**7. What is available to help me carry out a CCR? Our commitment to you:**

We are currently developing a Toolkit and support offer for primary care to help support healthcare professionals to carry out Cancer Care Reviews and to ensure resources are easily accessible. We are collating existing resources for this. In addition, we are continuing to develop the content on the [Cancer Matters Wessex website](#). We anticipate that this and the toolkit will evolve over time to meet your needs.

To help inform what is included in our Toolkit we are asking teams to **complete a short 15-question survey**. This will help us to understand *who* is currently carrying out Cancer Care Reviews and *what* support we can offer (this may include workforce development and/or resource development).

[To take part in this review and put your comments forward, please click here.](#)



If you have resources you find beneficial for carrying out Cancer Care Reviews and would like to share with others please make contact with us via email: [england.wessexcanceralliance@nhs.net](mailto:england.wessexcanceralliance@nhs.net).

Thank you for your ongoing support.