



APPENDIX 7: CLINICAL ARRS RESOURCE PACK





Wessex Cancer Alliance
Resources for Clinical Roles Employed under
the Additional Role Reimbursement Scheme



One in two people will have a cancer diagnosis in their lifetime.

This is a resource pack for Clinical Additional Roles Reimbursement Scheme postholders working in Primary Care. This includes:

- **Paramedics**
- **Physician Associates**
- **Dietitians**
- **Occupational Therapists**
- **First Contact Practitioner MSK Physiotherapists**
- **Clinical Pharmacists**
- **Mental Health Practitioners**

(The contents of this resource pack may also be helpful to Practice Nurses and Advanced Nurse Practitioners working in Primary Care)

Wessex Cancer Alliance want to work with you to make sure that you have the confidence, knowledge, and resources to support people at risk of and living with cancer.

This is to be used alongside Wessex Cancer Alliance, [Toolkit for Primary Care](#). This is a resource for the whole primary care team, both clinical and non-clinical, and brings together local and national information, best practice guidance, useful tools and links to further resources and training.

Wessex Cancer Alliance also have a workforce education page that provides links to training [Workforce and Education - Welcome to Wessex Cancer Alliance](#)

CONTENTS

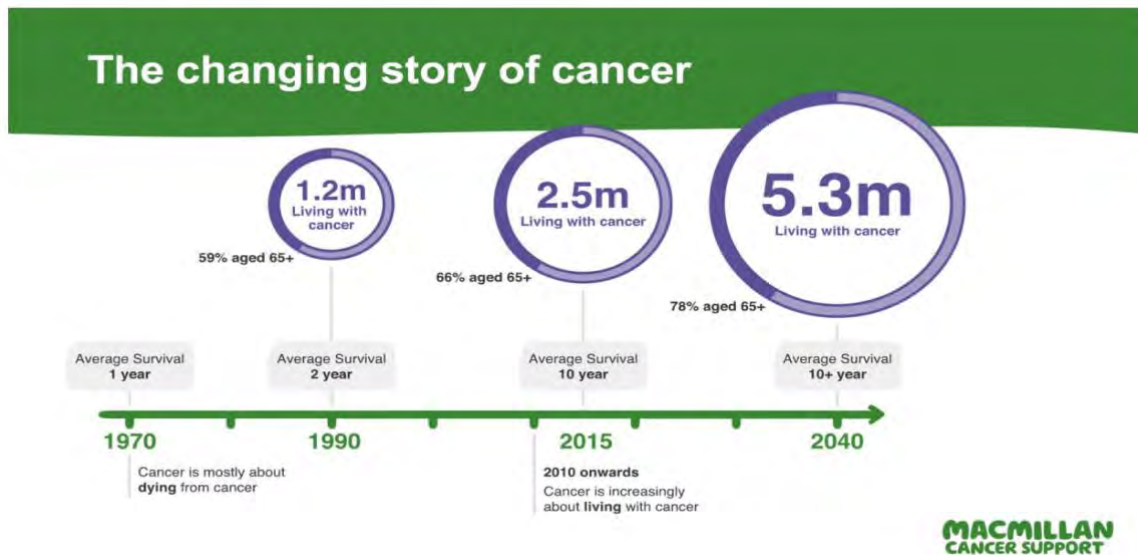
Please choose from the topics below for information, tools, resources, and relevant training.

1	Introduction
2	Wessex Cancer Alliance Primary Care Strategy
3	Prevention
4	Screening
5	Early Diagnosis <ul style="list-style-type: none">• Recognising Signs and Symptoms• Clinical Decision Support Tools• Safety Netting• Making Referrals
6	Supporting Patients after diagnosis <ul style="list-style-type: none">• Personalised Care• Cancer Care Reviews• Symptom Management• Acute Oncology presentations Palliative Care and End of Life
7	Useful Resources and Training <ul style="list-style-type: none">• Keeping up to date• Training and Education• Patient Resources

INTRODUCTION

Survival rates have improved significantly over the last 10 years and today more than 50% of people will survive cancer for 10 or more years.

By 2040 it is estimated that a total of 5.3 million adults in the United Kingdom will be living with or beyond a cancer diagnosis. This is due to a combination of factors including more effective cancer treatments, and a growing and ageing population.



We know that the biggest action we can take to improve cancer survival is to diagnose it earlier; patients diagnosed at stage 1 or 2 have the best chance of curative treatment and long-term survival.

The NHS Long Term Plan aims to achieve diagnosis of 75% of all cancers, at stage 1 or 2, by 2028; this will save an estimated additional 55,000 lives per year and increase survival rates to more than 70%.

We can only achieve this by **working together across primary and secondary care and in communities** to improve the awareness of symptoms of cancer, screening programmes and cancer prevention.

Cancer is a long term condition (LTC) for many people and as survival rates increase and treatments improve this will continue. 70% of people diagnosed with cancer have 1 or more other LTC and Cancer remains the largest cause of death in all age groups except those 85 years or above. This highlights the growing need for more cancer knowledge and skills in Primary Care to deal with the projected increased demand expected.

In September 2020 it is estimated that there were 588,904 appointments with GPs and **611,464 appointments with other practice staff** in Wessex.

As the ARRS clinical workforce expands it is evident that you in your role has the potential to help achieve the Wessex Cancer Alliance Primary Care Strategy (see below) - enabling improvements in

prevention, earlier detection, early diagnosis and personalised care of Cancer patients. This can be done by utilising and improving your skills and knowledge to support this population. In addition, thinking innovatively about how your roles can be utilised will lead the way in improved care, access to care and reduce pressure on other roles working in and outside Primary Care.

Wessex Cancer Alliance Primary Care Strategy



Prevention

Patient Engagement

- Disseminate key messages to patients

Systems

- Using innovative ways to target key groups

Education

- Upskilling primary care on prevention, signposting and signs

Workforce

- Workforce equipped with the right skills to convey key messages to patients



Earlier Detection

Patient Engagement

- Engage with patients to understand reasons for not taking part in screening

Systems

- Better use of systems for education and for communicating with potential screening participants

Education

- Utilising webinars, training opportunities and Gateway C

Workforce

- Workforce that understands key signs of cancer and how to respond effectively



Faster Diagnosis

Patient Engagement

- Understand patient's perspective

Systems

- Ability to communicate quickly between different providers

Education

- Providing more information on cancer pathways

Workforce

- Succession planning for critical posts



Personalised Care

Patient Engagement

- Build key services around patient feedback

Systems

- Improving Cancer Care Review systems

Education

- Providing more education on cancer nursing across boundaries

Workforce

- Peer support and networking

CANCER PREVENTION

Evidence shows that up to 40% of cancers can be prevented.

Smoking

Smoking is the single most avoidable risk factor for cancer.

Approximately 300,000 people across Wessex still smoke, which is around the national average of 14%.

Obesity

Across Wessex nearly two thirds of the population are overweight or obese and at an increased risk of developing cancer.

This equates to around **one million people**. More than one in 20 (5%) cancer cases are caused by excess weight.

Alcohol

Alcohol is classified as a Class 1 carcinogen and is a major risk factor for breast and bowel cancers, the second and third most prevalent cancers in Wessex.



What Can you do?

All members of the Primary Care team have the opportunity to **Make Every Contact Count** by promoting healthy lifestyles to reduce the risk of cancer within their own practices.

Promote: Healthy lifestyles by making posters and leaflets visible within your areas of work.

Refer: Refer for healthy checks, smoking cessation, weight management services. Think about what is available internally (e.g Health and well-being coaches) and externally (e.g health and well-being services).

Training: Improve your skills to have these conversations by completing the short training sessions available on the [Cancer Prevention - Welcome to Wessex Cancer Alliance](#)

- [30 seconds to save a life](#) NCSCT
Very Brief Advice training for smoking cessation.
- [Behaviour Change and Cancer Prevention online course](#) – RCGP
Free 30 min online module to promote behaviour change around smoking, obesity, and alcohol consumption to reduce cancer risk. Requires registration but is open to all.
- [Making Every Contact Count](#) – Directory of MECC e-learning resources
- [Physical Activity and Health](#) – e-learning for health
Online course for healthcare professionals to champion the benefits of physical activity.
- [CRUK Cancer Awareness and Prevention](#) – Resources for Health Professionals

Resources for your patients

- [NHS Better health](#)
Free tools and support to help people lose weight, get active or stop smoking. Includes a range of apps - Quit Smoking, Couch to 5k and Drink Free Days
- [Wellbeing Services in Wessex](#) – Cancer Matters Wessex provides links to local services in your areas
- <https://www.cancerresearchuk.org/about-cancer/causes-of-cancer?> Cancer Research UK provide several patient information leaflets to help inform patients on the risks and how to reduce risks of cancer

CANCER SCREENING

Some common cancers are detected early by screening which makes it more likely they will be curable. National screening programmes are in place for three of the most common cancers: **bowel, cervical and breast cancer**. Screening can also identify early abnormalities **before** they become cancerous.

There is wide variation in participation in screening programmes across Wessex however coverage rates are particularly low in the more deprived urban areas of Portsmouth and Southampton, Bournemouth, and Poole.

National cancer screening programmes (CRUK)

Breast Screening

- Women aged 50-70 invited every 3 years
- Mammogram in mobile screening unit
- Results by letter
- Those over 70 can request a test every three years

Bowel Screening

- Men and women aged 56-74, invited every two years
- Test kit comes by post, returned by post
- Results by letter
- Those 75 and above can request a kit every two years

Cervical Screening

- Women aged 24-49 every 3 years
- Women aged 50-64 every 5 years
- Invite by post
- Test carried out in GP surgery
- Results by letter

Screening is for people without symptoms.

Where new symptoms develop, even if a patient has had their screening tests, discussion with a healthcare professional is advised.

It is estimated that cervical screening saves approximately 4,500 lives per year in England.

Cervical cancer rates are highest in females aged 30-34.

99.8% of cervical cancer cases are caused by the HPV infection. In England, girls and boys aged 12 and 13 are routinely offered the HPV vaccination in school Year 8. If the vaccine is missed, people are eligible to have it free on the NHS until they are 25.

Research suggests that endorsement from practice teams can lead to increased uptake in screening, and therefore discussions with patients who are overdue for their screening tests can be helpful.

Reaching out to specific groups / reducing inequalities

There are significant health inequalities across Wessex in relation to uptake of screening programmes, awareness of cancer signs and symptoms and access to healthcare. This can be influenced by several factors and is greater in harder to reach communities e.g., those with learning disabilities, BAME populations, and older people.

Many organisations produce information in easy read formats or in different languages, and there are an increasing number of videos available to prepare people for what to expect at appointments.

For more details on these resources please see the [Toolkit for Primary Care](#).

Black men are twice as likely to get prostate cancer than white men. One in 4 black men will get prostate cancer in their lifetime and their risk is increased if they are over 45 and/or have a family member, particularly father or brother, who has been diagnosed. If concerned they are at increased risk men can make an appointment to discuss this with the GP and may be offered a PSA blood test.

[Cancer in the UK 2020: socio-economic deprivation \(cancerresearchuk.org\)](#) report stated that 30,000 extra cases of cancer in the UK each year are attributable to socio-economic variation and survival is worst for the most deprived and in this group:

- Smoking prevalence rates are higher
- Children and adults from more are more likely to become obese
- Screening uptake is lower
- Lower recognition of symptoms
- More barriers to seeking help
- More likely to be diagnosed following emergency presentation
- Diagnosed at a later stage
- Cancer incidence is higher
- Receive different treatment at the same stage of diagnosis

What can you do?

Awareness: *of the national screening programmes as this may prompt conversations with patients you are seeing.*

Disseminate: *promote screening in your consultation rooms, areas where you work by putting up posters*

Patient Engagement: *If you are seeing a person in the age groups for screening can you ask/review if they have completed their screening, especially targeting groups that are known to have health inequalities or live in deprived urban areas that have lower screening uptake.*

Signpost: *Can you share information to help reassure and encourage screening this is available on the Primary Care Toolkit [Cancer Screening Programmes - Welcome to Wessex Cancer Alliance](#) This includes documents provided by Public Health England, Cancer Research UK, Cancer Charities.*

EARLY DIAGNOSIS

Recognising Signs and Symptoms

There are approximately 363,000 new cases of cancer per year in the UK.

When cancer is spotted at an early stage, treatment is more likely to be successful. For example, when diagnosed at stage 1, more than 90% people will survive bowel cancer for five years or more, compared to less than 10% when diagnosed at stage 4.

For this to happen patient, public and health workers all need to have a better understanding of what the signs and symptoms of cancer are and how to respond effectively.

SIGNS AND SYMPTOMS OF CANCER
MACMILLAN
Cancer Support

WHAT TO LOOK FOR

i Contact your GP practice about any of these symptoms if they are ongoing, unexplained or unusual for you.

High temperature
Fever over 38°C (100.4°F) that last 2 weeks or more, or sweats or infections that last a long time or keep coming back.

Cough or hoarse voice
Either of these, lasting for 3 weeks or more.

Swallowing or chewing problems
Including indigestion or heartburn that happens most days for 3 weeks or more.

Breathing problems
Feeling short of breath for no reason.

Breast, chest or nipple changes
Lumps or any changes to the look or feel of your breast, chest, nipple or armpit.

Weight changes
Including:
• losing weight or your appetite for no reason
• having a bloated or swollen tummy often or for a long time

Bowel changes
Lasting 3 weeks or more, including:
• needing to poo more or less often
• loose poo (diarrhoea)
• blood when you poo

Problems peeing
Including:
• needing to pee suddenly
• pain when you pee
• blood in your pee.

Lumps or swellings
Anywhere in your body.

Sores or ulcers
• Anywhere on your body or in your mouth.
• That do not heal after 3 weeks.

Pain
Lasting for 3 weeks or more.

Bleeding or bruising
Including:
• blood in your pee or poo
• blood in your spit or vomit
• heavier periods than usual
• vaginal bleeding between periods, after sex or after the menopause
• blood in your semen.

Tiredness
Feeling very tired for a long time.

Skin changes
Including unexplained rashes, or a mole that:
• is uneven or irregular in shape
• has uneven or bumpy edges
• is more than one colour
• is more than 6mm wide
• changes in size, shape or colour, itches, stings or bleeds, or is crusty.

These photos are from the website of the National Cancer Institute (nccih.gov).

Some symptoms are difficult to talk about, for example a lump on your testicle or vaginal bleeding. But even if it's embarrassing, it is important to get checked.

You can ask to see a female or male GP or nurse, but this may not always be possible.

DO YOU HAVE ANY SYMPTOMS?
If you have any signs or symptoms, get them checked by your doctor.

For support, guidance or more information, call Macmillan free on 0800 408 00 00, 7 days a week, 9am to 5pm, or visit macmillan.org.uk.

Other Useful Resources

- CRUK [GP surgery slides](#) on cancer prevention
- CRUK [awareness and prevention resources](#)
- PHE [Campaign Resource Centre](#) includes the Help Us Help You Cancer Symptom Awareness campaigns
- [Be Clear on Cancer](#) – Information on previous campaigns, resources, and evaluation
- Coppafeel: <https://coppafeel.org/>

- Breast Cancer Now <https://breastcancernow.org/>
- know your lemons <https://knowyourlemons.org/>

What Can you do?

Patient Engagement: Any role can promote symptom awareness resources and awareness campaigns which are available here: [Awareness Campaigns - Welcome to Wessex Cancer Alliance](#)

Can you advertise symptom awareness resources in your area This will be beneficial to patient, public and staff moving through the practice?

Education: There are many webinars and courses available to health professionals to improve their knowledge of signs and symptoms of Cancer. Please consult the table to see options that may be of interest to you.

Education Training Provider	Content
Gateway C have the following webinars: Access at: GatewayC Live: a programme of free live and recorded webinars	How Do You Spot Recurrence of Breast Cancer? Supporting Practice Nurses and AHPs to Recognise Suspected Lung Cancer Symptoms Effective Telephone Consultations Non-site Specific Cancer Symptoms Early Diagnosis of Blood Cancers Headache or Brain Tumour? Improving Early Diagnosis Lung Cancer vs COVID-19 Acute Leukaemia
Gateway C educational courses Access at: Free online cancer education courses for primary care - GatewayC	Site specific education: Lung cancer Colorectal Cancer Brain Tumour Oesophageal Cancer Stomach Cancer Pancreatic Cancer Ovarian Cancer Sarcoma – Early Diagnosis Skin Cancer Cervical Cancer Breast Cancer Reoccurrence Prostate Cancer-early diagnosis Myeloma Chronic Leukaemia Acute leukemia Lymphoma

NG12 Summaries and Clinical Decision Support Tools

To improve rates of early diagnosis all professionals that have exposure to patients reporting symptoms that could be Cancer or reoccurrence of Cancer will benefit from information and tools that will help aid decision-making and onward referral. Please see the Primary Care Toolkit for comprehensive information.

NG12 NICE Guidance for suspected cancer recognition and referral Summaries

If you are working in a First Contact Practitioner role and/or completing autonomous consultations within a Primary Care setting or in the community you will benefit from understanding the NG12 NICE Guidance for suspected cancer recognition and referral.

This is available in:

- summary poster format: [nice_body_infographic_feb_2020.pdf \(cancerresearchuk.org\)](#)
- Interactive reference tool the Cancer Map: [MindMaps \(gatewayc.org.uk\)](#)

Clinical Decision Support Tools

Clinical Decision support health professionals to recognise potential cancer signs and symptoms and manage patients appropriately. Many are based on algorithms and calculate a patient's risk of cancer. There are links to:

- Ardens NG12 Symptoms and Findings Analyser
- Q Cancer
- Macmillan Cancer Decision Support Tool
- Risk Assessment Tools

In the Primary Care Toolkit: [Referral Guidance - Welcome to Wessex Cancer Alliance](#)

If you would like an overview of the clinical decision support tools, please view: Clinical Decision Support Tools for Cancer Webinar [Local improvement scheme webinars - Welcome to Wessex Cancer Alliance](#) or a more detailed overview of the CDS tools please access [Cancer decision support tools overview | Cancer Research UK](#)

What Can you do?

Regardless of whether you make referrals to secondary care for suspected Cancer, use of these tools will help:

- *improve your assessment of symptoms*
- *promote evidenced based conversations with GPs and other health professionals about concerns you have about patients*
- *aid safety netting and conversations with patients that are unlikely to have Cancer but have concerns*
- *aid triage*

- *improve efficiency within the pathway*
- *reduce the risks of Cancer being missed*

SAFETY NETTING

‘Safety netting is a management strategy of patients, tests and referrals used in the context of diagnostic uncertainty in healthcare. It aims to ensure patients are monitored until signs and symptoms are explained or resolved’ [Cancer Research UK](#)

What Can you do?

If you are giving safety netting advice in your role – review the useful resources under safety netting in the Primary Care Toolkit [Safety Netting - Welcome to Wessex Cancer Alliance](#) to ensure you are doing this in a safe, systematic and following guidelines.

For quick reference we recommend reviewing:

- *CRUK NG12 Safety Netting Summary flowchart [safety_netting_summary_flowchart_201607.pdf \(cancerresearchuk.org\)](#) and*
- *10 top tips for safety netting: [safety netting \(macmillan.org.uk\)](#)*

MAKING REFERRALS

If you are completing referrals in your role the following resources may be of interest to you:

Improving your referrals: [Free online cancer education courses for primary care - GatewayC](#)

FIT Testing: If you are referring your patient for suspected Bowel Cancer due to symptoms they will need to complete the faecal Immunochemical Test (FIT) please refer to the following infographic for more details: [ENGLAND Key differences infographic 2021_0.pdf \(cancerresearchuk.org\)](#) for more details.

Resources for your patients:

Please go to [Patient Information - Welcome to Wessex Cancer Alliance](#) where you will find access to Patient information to support patients that have been referred for fast track, urgent or rapid investigation service. This is available in different languages and sign language.

SUPPORTING PEOPLE AFTER DIAGNOSIS

Early diagnosis will not solve the problem alone: fewer than 1 in 3 people diagnosed with cancer early will survive both long term and in good health.

Certain treatments for cancer also increase the risk of other serious long-term conditions such as heart disease, osteoporosis or a second cancer. Many of these problems can persist for at least 10 years after treatment and can be significantly worse than those experienced by people without cancer.

Cancer, and the consequences of its treatment, is increasingly becoming a complex long-term condition. The greatest risk factor for cancer is age. Cancer is a disease that affects older people disproportionately 66% of 2.5 million living with cancer are over 65 – projected to be 75% by 2030.

Cancer rarely comes alone with many having one or more other long-term conditions:

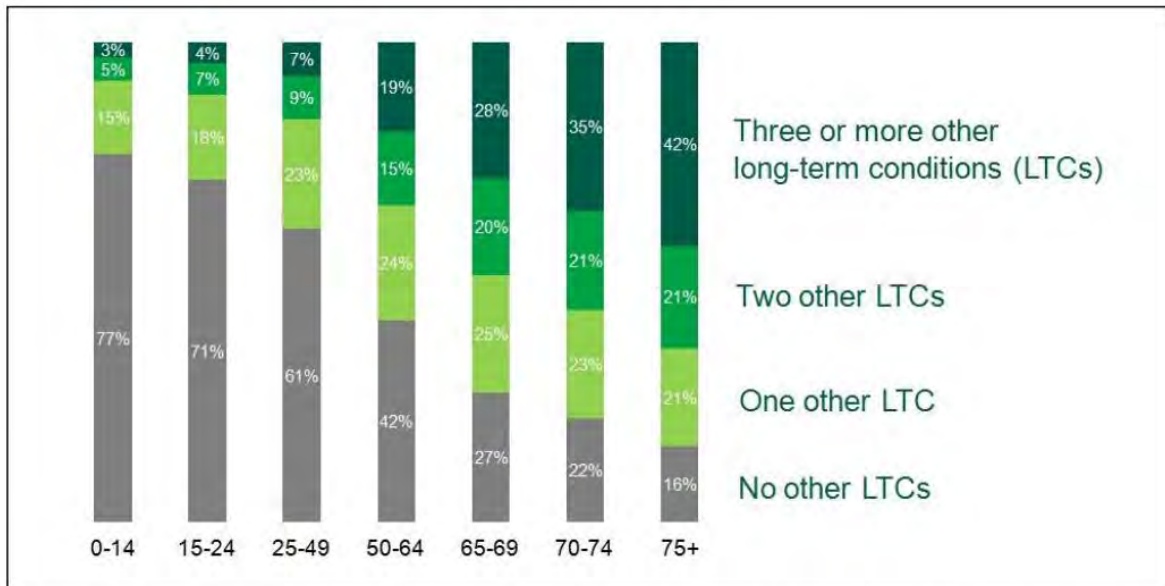


Figure 2: Proportion of people with cancer living with one or more other long-term health conditions, by age group

Patients need a skilled and informed workforce that can holistically manage complexity, work proactively and encourage self-management. There are many opportunities for the ARRS Primary Care workforce to support people with Cancer improving outcomes and quality of life.

National Cancer Patient Experience Survey 2020 Results for Wessex Region

Questions	Trusts		
	University Southampton	University Hospital Dorset	Portsmouth Hospital Trust
Q52. Patient definitely given enough support from health or social services during treatment	51%	70%	46%
Q53. Patient definitely given enough support from health or social services after treatment	44%	56%	41%

Q54. GP given enough information about patient's condition and treatment	96%	97%	94%
Q55. General practice staff definitely did everything they could to support patient during treatment	46%	57%	51%

It is evident from this survey that patients want more support from Primary care and health and social services in general during and after treatments in our region. These findings support activities to look at how ARRS could be employed and developed to help co-ordinate, support and manage cancer patients during and post treatments.

What Can you do?

- *Practice personalised care*
- *Promote self-management*
- *Utilise Social Prescribing in your PCN*
- *Understand your local services specialist and non-specialist and signpost*
- *Think about the knowledge and skills you already have and how they can be utilised for Cancer patients*
- *Improve your knowledge and skills of cancer and the consequences of Cancer and its treatments and share this knowledge with others in your team*
- *Quality Improvement and innovation*

PERSONALISED CARE

A cancer diagnosis can obviously be a difficult time for people. They may have physical, emotional, practical, or social concerns and the impact of these can vary at different points in their cancer experience. Receiving care that is tailored to a person's particular needs can have a significant impact on their experience and quality of life.

The [NHS Long Term Plan for Cancer](#) states that "where appropriate every person diagnosed with cancer will have access to personalised care, including needs assessment, a care plan and health and wellbeing information and support."

- **Personalised Care and Support Planning** (based on holistic needs assessments) ensures people's physical, practical, emotional and social needs are identified and addressed at the earliest opportunity.
- **End of Treatment Summaries** provide both the person and their GP with valuable information, including a detailed summary of treatment completed, potential side effects, signs and symptoms of recurrence and contact details to address any concerns.
- **Primary Care Cancer Care Review** is a discussion between the person and their GP / primary care nurse about their cancer journey. This helps the person to discuss any concerns, and, if appropriate, to be referred to services or signposted to information and support that is available in their community and from charities.

- **Health and Wellbeing Information and Support** includes the provision of accessible information about emotional support, coping with side effects, financial advice, getting back to work and making healthy lifestyle choices. This support will be available before, during and after cancer treatment.

Personalised Care and Support Planning (PCSP) helps people living with cancer to take an active and empowered role in the way their care is planned and delivered, with interventions and care tailored around the things **that matter most to them**.

It is achieved through a series of supportive conversations in which the patient, or someone who knows them well, actively participates to explore the management of their own health and well-being in the context of their life and family situation.

What do people affected by Cancer in the Wessex region want?

Health Watch Report 'How would you develop your local cancer services?' (Macmillan & Wessex Voices 2019) illustrated what matters to people affected by Cancer:

- they wanted different support options in their local communities.
- they wanted support the whole way through their cancer care journey.
- People affected by cancer would like more support particularly around treatment information, transport and finances.
- People would like to see a range of good quality individualised support provided in community settings and at hospital, throughout their journey, including after treatment. This support should be close to home and easily accessed 24/7.
- There needs to be more signposting of different ways to get support for certain groups such as, single parents and family members.

For more information on personalised care see:

NHS [Personalised Care](#)

Macmillan [Personalised care for people living with cancer](#)

[Right By You Wessex](#)

Shared Decision Making in Primary Care: [Untitled \(macmillan.org.uk\)](#)

Supported self-management [\(2\) Macmillan \(fuseuniversal.com\)](#)

Prehabilitation

Prehabilitation enables people with cancer to prepare for treatment through promoting healthy behaviours and through needs-based prescribing of exercise, nutrition, and psychological interventions. The aims of Prehabilitation are to empower patients to maximise resilience to treatment and improve long-term health.

The need for rehabilitation starts at the point of diagnosis by helping patients prepare for treatment ('prehabilitation') and discharge home. It can help patients:









- Get well and stay well

- Address the practical problems caused by the disease and treatment
- Become as independent as possible and minimise the impact on carers and support services.

What can you do?

Do you know of someone who has been recently diagnosed with Cancer? If so you could start the process of providing resources to patients and signposting to encourage earlier intervention or are you a Dietician or OT working in the practice who could support?

- If you have a cancer care coordinator within your PCN they may be able to liaise with a patient's secondary care team (CNS), and complete a follow-up call within a couple of weeks after diagnosis may enable more proactive and timely support to cancer patients
- Referral to Social Prescribing Team for those that are likely to need more support and help – think learning disability, Frailty, High Deprivation Score, more than 2 long term conditions, over 70 years.
- Are you an Occupational Therapist or Dietician or do you have one in your team? Is there a need for targeted or specialist interventions especially earlier in the pathway.
- Prehabilitation – Universal advice can be given introducing to patient information on-line, patient information leaflets and referral to any prehab services if available.
- A cancer referral or diagnosis provides a 'teachable moment': a time when an individual is more inclined to change their behaviour. Cancer patients have been shown to demonstrate an enhanced motivation to change lifestyle behaviours, especially within the year after diagnosis. If you have a Health and Wellbeing coach, is it appropriate to refer for further support on changing behaviour
- Promote physical activity in Cancer patients. Not only does moving more help improve clinical outcomes, but it can also help people take control of their lives, reduce social isolation, and enable people to live independently.

	Be active		Build strength	Improve balance
	To keep your heart and mind healthy		To strengthen muscles, bones and joints	To help reduce your chance of falling
How often?	150 minutes of moderate activity a week	or 75 minutes of vigorous activity a week	2 days a week	2 days a week
	Walk 	Run 	Gym 	Dance 
	Gardening 	Sport 	Aerobics 	Tai chi 
	Swim 	Stairs 	Carry bags 	Bowling 

Useful Resources:

- [Physical Activity and Cancer](#) – Guidance for healthcare professionals, Macmillan Cancer Support
- [Prehabilitation resources](#) for healthcare professionals, Macmillan Cancer Support
- [PProPer - Cancer Prehabilitation and Rehabilitation - eLearning for healthcare \(e-lfh.org.uk\)](#)
- [MAC14531 Ten top tips 2019 Prehabilitation.indd \(macmillan.org.uk\)](#)
- [Physical activity and cancer | Booklet - Macmillan Cancer Support](#)
- [Move more \(macmillan.org.uk\)](#)
- [Benefits of exercise - NHS \(www.nhs.uk\)](#)

CANCER CARE REVIEWS

Cancer Care Reviews (CCR)

There are several clinical ARRS roles that have reported completing Cancer Care Reviews, this includes Physician Associates and Paramedics. There is potential for Occupational therapists and Dieticians who are in a cancer or palliative specialist role to complete these also. You may also find that in your PCN Social Prescribers are being trained up to complete some Cancer Care Reviews.

A Cancer Care Review is a holistic conversation between a patient and primary care professional about their cancer experience and concerns. It is designed to help people understand what support is available to them and enable them to begin supported self-management where appropriate.

The [Quality and Outcomes Framework \(QOF\)](#) requires primary care professionals to carry out a CCR at the time of a patient's diagnosis (within 3 months) and after a patient has received acute treatment (within 12 months).

Macmillan have produced a template to guide this conversation which is available in all the main GP systems.

The clinical template software Ardens also has a cancer care review template.

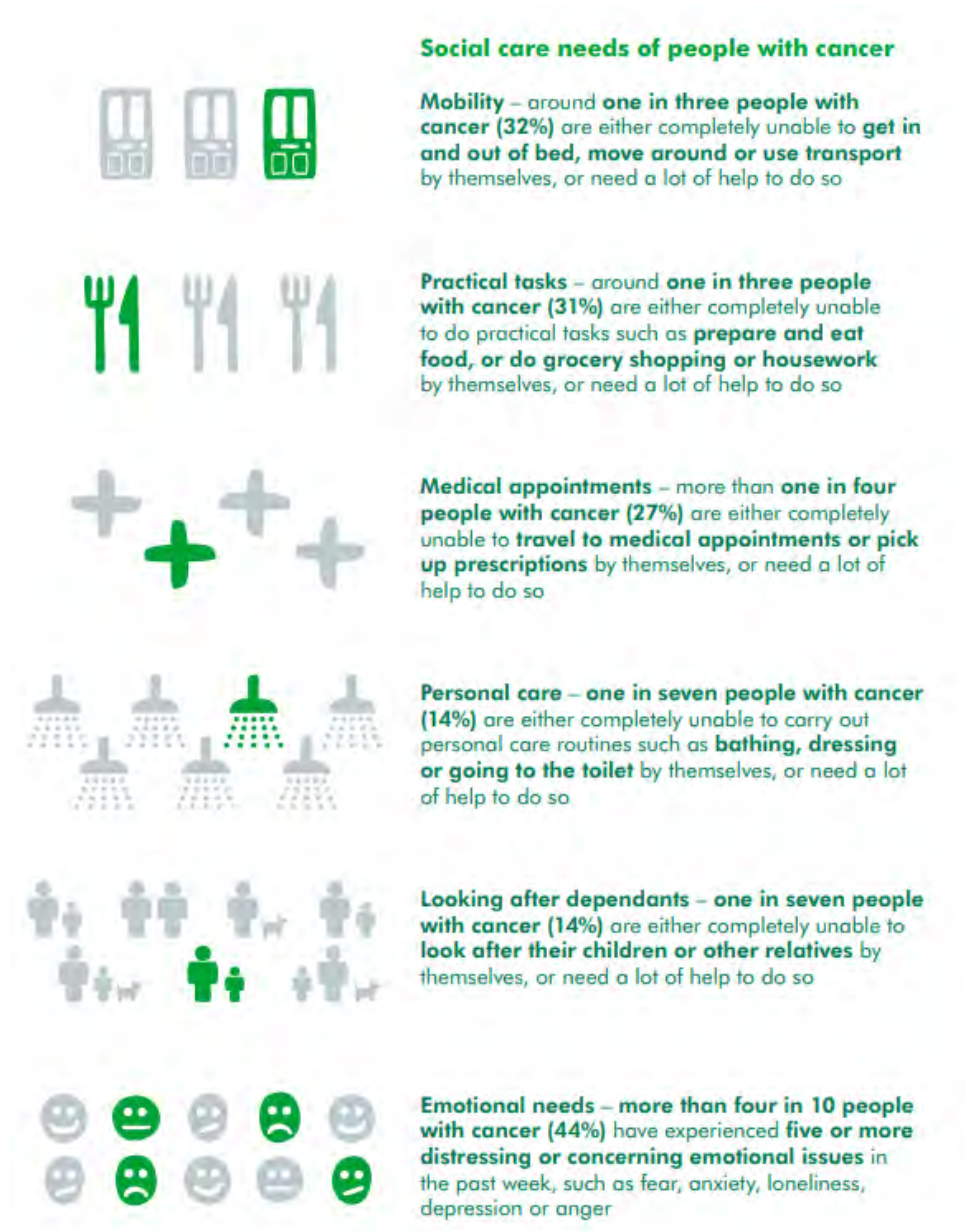
Resources for Health professional completing CCR:

- [Macmillan CCR Information](#) includes guidance on accessing the CCR templates in different systems, template patient letters and text messages
- Holistic Needs Assessment [Concerns Checklist](#), available in different languages and in easy read format.
- [Top tips for carrying out a CCR](#)
- [Social prescribing for cancer patients: A guide for PCNs](#)

Resources for patients

- Cancer Matters Wessex
- [Cancer Care Map](#) – Directory of cancer support services across the UK
- [Macmillan In Your Area](#) – Online search tool for local Macmillan services including information and support, wellbeing services and rehabilitation groups.

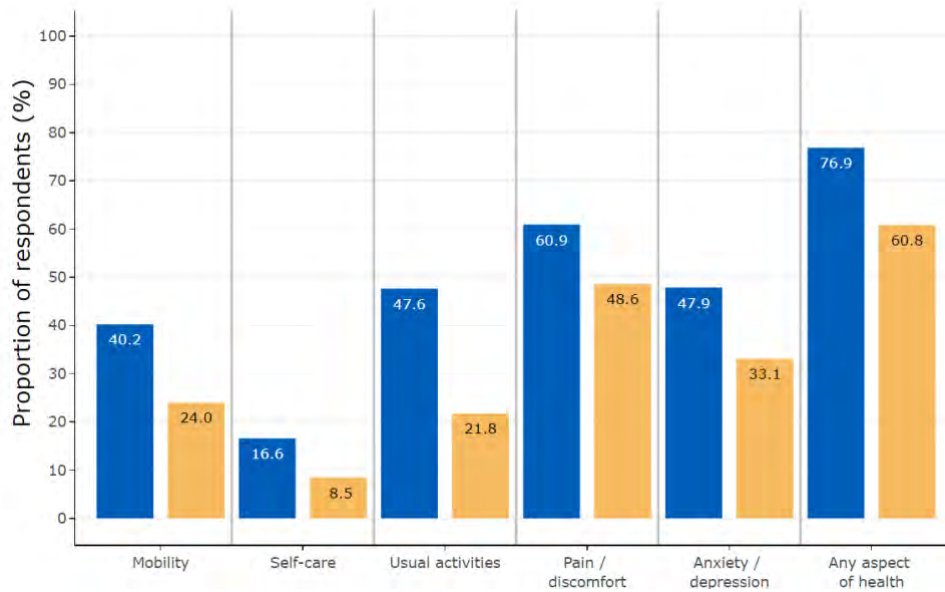
It is important to understand that there are a high proportion of Cancer patients that will have social care needs. Early intervention and referral into social care and social prescribing will help to support your patients better.



SYMPTOM MANAGEMENT

The Cancer quality of life survey shows that people with Cancer are more likely to have problems than the general population

This chart shows the percentage of people who reported any level of problem (slight/moderate or severe/unable) on each aspect of health.



The chart compares the cancer survey respondents (blue) to the general population (orange).

Macmillan report 'Cured but at what cost: Long-term consequences of cancer and its treatments'

- 33% of people with cancer have average to poor health compared to 17% of the population
- 9% have visited a healthcare professional 10 times or more in the last year

Prevalence of long-term consequences



At least **500,000** people in the UK are facing poor health or disability after treatment for cancer – approximately one in four (25%) of those who have been diagnosed with cancer at some point in their lives¹¹.

The long-term consequences of cancer and its treatment include both physical and psychological effects. Using published data combined with expert opinion, we estimate¹² that:



At least **350,000** people living with and beyond cancer are experiencing chronic fatigue¹³.



Around **350,000** are having sexual difficulties¹⁴.



Around **340,000** are living with mental health problems, which can include moderate to severe anxiety or depression, and post-traumatic stress disorder (PTSD)¹⁵.



At least **200,000** are living with moderate to severe pain after curative treatment¹⁶.



Around **150,000** are affected by urinary problems such as incontinence¹⁷.



Around **90,000** are experiencing gastrointestinal problems, including faecal incontinence, diarrhoea and bleeding¹⁸.



Up to **63,000** are experiencing lymphoedema (persistent tissue swelling caused by fluid retention, usually in the arms or legs)¹⁹.

These problems may only emerge months after treatment, and some can persist for at least 10 years²⁰.



100,000 people

What can you do?

Patient engagement: Give time and permission to patients to speak about ‘what matters to me’

Signpost: understand your local area, specialist services, where to find information. Refer to Macmillan, Cancer Map, Cancer Nurse Specialists for more information.

A really helpful tool is the Macmillan interactive pdf that has many booklets and links and is updated every 3 months: [MAC18814 List of Cancer Info Interactive.pdf \(macmillan.org.uk\)](https://www.macmillan.org.uk/18814)

Improve your knowledge: Having a greater understanding of consequences of Cancer will help you to support patients better. There are several options of education and training available to improve your knowledge to support Cancer patients:

Education Provider	Topic
<p>Guys Cancer Academy</p> <p>Access at: Symptom of the Month (guyscanceracademy.co.uk)</p> <p>Free education sessions covering the latest research in symptom management as well as patient-led presentations on their experiences and stories</p>	<ul style="list-style-type: none"> • Low mood and cancer • Anxiety • Chemotherapy-induced peripheral neuropathy • Nausea and vomiting • Chemotherapy-induced peripheral Neuropathy • Chemotherapy induced mucositis • Cancer relates constipation and diarrhoea • Cancer related thrombosis • Chemotherapy induced neutropenia • Cancer related fever flushes and sweats webinar
<p>Gateway C Access at: Free online cancer education courses for primary care - GatewayC</p>	<ul style="list-style-type: none"> • Managing Physical Effects • Supporting your patients
<p>Macmillan bitesize modules</p> <p>Consequences of Cancer and its treatments (2) Macmillan (fuseuniversal.com)</p>	<ul style="list-style-type: none"> • Consequences of different types of treatment • Cancer prehabilitation and rehabilitation for managing the consequences of treatment • Pain • Breathlessness • Fatigue • Bladder effects • Bowel effects • Archive – sexuality, identity and intimacy • Lymphodema • Psychological impact of Cancer • Physical Activity • Healthy Eating • Bone Health

ACUTE ONCOLOGICAL AND EMERGENCY PRESENTATIONS

Working in primary care you may be exposed to acute oncological presentations for diagnosed and undiagnosed cancers.

UKONS Primary Care Risk Assessment Tool for Oncology Haematology Patients

UKONS have developed a Primary Care Risk Assessment Tool for Oncology Haematology Patients who are:

- Receiving or received systemic anti-cancer therapies.
- Receiving or recently received radiotherapy.
- At risk of disease related immunosuppression.

It is important that the side effects of treatment are not underestimated and that the significance of symptoms is recognised. The tool is available from: [MAC17579 UKONS-PRIMARYCARE-POSTER-JUNE2017-FINAL-PRINTER \(macmillan.org.uk\)](#)

24-hour Cancer Care Emergency Phone Number:

Southampton General Hospital **023 8120 1345**.

University Hospital Dorset 0300 019 4302.

You will find this tool helpful if you are a clinician in Primary Care who is:

- Triaging
- Autonomous clinicians providing consultations
- Completing urgent same day home visits

Education Provider	Topics
Macmillan have a wide range of bitesize modules to improve your knowledge of Acute Oncology – emergency situations in Cancer Care available from: (2) Professional Development - Macmillan (fuseuniversal.com)	<ul style="list-style-type: none"> • Introduction • UKONS triage Tool • Acute Symptoms Relating to Cancer Treatments • Immunotherapy for Cancer – types of drugs and side effects • Side effects of Chemotherapy • Introduction to Neutropenic Sepsis • Cancer Treatments related to Diarrohea • Metastatic Spinal Cord Compression • Other Cancer Emergencies relating to growth and spread of Cancer
Macmillan: Primary Care 10 top tips	<ul style="list-style-type: none"> • Spinal Cord Compression ten-tips-spinal-cord-compression-tcm9-300220 (macmillan.org.uk)

PALLIATIVE/END OF LIFE CARE

Palliative care requires health and social care professionals to work in collaboration to provide day to day care for patients referring to specialist palliative care services when needed. Specialist palliative care is one component of palliative care service delivery. But a sustainable, quality and accessible palliative care system needs to be integrated into primary health care, community and home-based care, as well as supporting care providers such as family and community volunteers.

All patients with advanced cancer should have their physical, psychological, social and spiritual needs met, and their preferences for the nature and location of care, assessed on a regular basis.

What can you do?

Improving your management of palliative cancer patients may be of interest to you if you:

- *Have a specialist interest*
- *work in enhanced health in care homes*
- *work in frailty teams*
- *work in a cancer specialist role*
- *attend GSF meetings*
- *complete same day visits, admission avoidance*

The following table provides links to further training:

Education Provider	Topic
Gateway C: GatewayC Live: a programme of free live and recorded webinars	Palliative Care for Cancer Patients
Macmillan Advance Care Planning (ACP) q3-learning-and-development-prospectus (macmillan.org.uk)	Focuses on raising awareness of the importance of ACP through interactive and accessible articles and virtual content, giving professionals the opportunity to explore ACP and engage in discussions
Macmillan <ul style="list-style-type: none"> • (2) Webinar Series - Assessment and Palliative Management of Malignant Bowel Obstruction - Macmillan (fuseuniversal.com) 	Assessment and Palliative Management of Malignant Bowel Obstruction
Macmillan <ul style="list-style-type: none"> • (2) PEOL Webinar Series: Delirium in Palliative and End of Life Care - Macmillan (fuseuniversal.com) 	Delirium in Palliative Care
Macmillan <ul style="list-style-type: none"> • Top tips for primary care professionals - Macmillan Cancer Support 	Nutrition in palliative patients:

<p>Macmillan Introduction to Palliative & End of Life Care: (2) Macmillan (fuseuniversal.com)</p>	<ul style="list-style-type: none"> • What is palliative & end of life care? • Care planning • Introduction to pain & symptom management • Care for the dying person
<p>Future programmes planned</p>	<p>Enhanced level Palliative Care and Pain Management at EoL Toolkit</p>
<p>End of Life Care for All (e-ELCA) Interactive e-learning sessions which are grouped into nine modules including: Advance care planning, Communication skills and Bereavement care. It also includes a training needs analysis tool to you assess your strengths and areas to focus on.</p> <p>Difficult conversations Macmillan difficult conversations resources including Leading difficult conversations, key principles, using technology to communicate, delivering bad news, talking about death, and dying, communicating with people who are recently bereaved.</p> <p>Communicating with empathy e-LfH programme with 6 sessions developed to promote sensitive and effective communication in end-of-life care.</p>	

Clinical Resource for your role:

Palliative Care Clinical Guidance – known locally as the ‘Green Book’ – is written by the Wessex Palliative Physicians. It is a consensus of good practice for the management of all sorts of symptoms, breaking bad news, psychological and spiritual support for people with advanced disease and their families. Green Books are available free of charge from Forest Holme Hospice, funded by Forest Holme Hospice Charity, or can be downloaded here [The Palliative Care Handbook 9th Edition](#).

This is a document that will be very helpful to any ARRS postholder that is involved in the management of symptoms of palliative patients:

Bereavement Support:

Some PCNs are leading in supporting someone who has recently been bereaved and developing bereavement groups. If you are involved in contacting recently bereaved relatives, please read the Macmillan document:

Primary Care 10 Top Tips: [MAC14531 Ten top tips BEREAVEMENT 2.indd \(macmillan.org.uk\)](#)

Bereavement resources for your patients and families:

Macmillan provide information for people coping with bereavement including practicalities and emotional support:

[Coping with bereavement - Macmillan Cancer Support](#)

How to claim bereavement benefits:

[Claiming bereavement benefits - Macmillan Cancer Support](#)

cruse.org.uk

[AtaLoss.org is the UK's signposting and information website for bereaved people](#)

[Home – The Good Grief Trust](#)

[Good Life, Good Death, Good Grief: Welcome \(goodlifedeathgrief.org.uk\)](#)

[Hope Again](#) (for Young People)

[Childhood Bereavement Network](#)

[HSCNI Bereavement Network – To work towards continuous improvement in bereavement care](#)

Marie Curie provide many publications that offer advice and support through terminal illness:

[Browse all Marie Curie publications](#)

Keeping up to Date

There are many ways that you can keep up to date on Cancer regionally and nationally:

Wessex Cancer Alliance provides a Primary Care Newsletter and general bulletin newsletter which provides up to date information and education offers. Please contact england.wessexcanceralliance@nhs.net if you would like to subscribe.

Macmillan also provide a Primary Care Update which includes latest developments, learning and case studies relating to cancer across primary care, to sign up please access the following link: [Sign up for Primary Care Update - Macmillan Cancer Support](#)

You can sign up to Cancer Research UK headlines here: [Cancer Research UK - Cancer news](#)

TRAINING AND EDUCATION

Main Providers of Cancer Education and Training:

Cancer Research UK: Access at: [Health professional | Cancer Research UK](#) **Comprehensive resources for professionals.** Keep up to date with the latest statistics, evidence and information on diagnosing, treating and preventing cancer. You can also find professional tools and early diagnosis campaigns and activities that can support your work.

Macmillan Learning and Communications Hub Access at: [Learning and development | Healthcare professionals - Macmillan Cancer Support](#) Create a free account so you can: network with other health and social care professionals and share best practice, access trusted resources and tools to support you in your daily work, take part in evidence-based learning, from bite-size e-learning to in-depth courses **Please access the Prospectus for upcoming and planned training offer** [g3-learning-and-development-prospectus \(macmillan.org.uk\)](#)

Guys Cancer Academy Access at: [Symptom of the Month \(guyscanceracademy.co.uk\)](#)
Free education sessions covering the latest research in symptom management as well as patient-led presentations on their experiences and stories

The training sessions below provide useful introductions to cancer and cancer care.

[Talk Cancer online workshops](#) – Cancer Research UK

Free interactive session suitable for anyone wanting to build their confidence and skills to have supportive conversations with others about reducing their risk of cancer, the importance of spotting cancer early and making healthy changes. Also available as a self-directed [online course](#).

[Cancer Awareness](#) - Macmillan Cancer Support

E-learning course providing an overview and introduction to cancer awareness, living with and beyond cancer and End of Life and Palliative Care.

[Communities against cancer](#) - Action Hampshire

Free interactive online workshops for people working or volunteering in the voluntary and community sector across Wessex. Covers cancer risk factors, symptom awareness, cancer screening, early diagnosis, and health inequalities.

[Cancer Awareness webinars](#) – Macmillan & Dorset CCG

Led by secondary care clinicians and aimed at NHS workers, carers and volunteers, this series of webinars cover different cancer types and treatments.

- [30 seconds to save a life](#) NCSCCT
Very Brief Advice training for smoking cessation.
- [Behaviour Change and Cancer Prevention online course](#) – RCGP
Free 30 min online module to promote behaviour change around smoking, obesity, and alcohol consumption to reduce cancer risk. Requires registration but is open to all.
- [Making Every Contact Count](#) – Directory of MECC e-learning resources
- [Physical Activity and Health](#) – e-learning for health
Online course for healthcare professionals to champion the benefits of physical activity.
- [CRUK Cancer Awareness and Prevention](#) – Resources for Health Professionals

Primary Care Focused Training:

ExPLORE for Primary Care is a programme for professionals working in a Primary Care setting, who wish to develop their career in cancer and enhance their professional skills and confidence when working with people living with cancer. [g3-learning-and-development-prospectus \(macmillan.org.uk\)](#)

Gateway C webinars Access at: [GatewayC Live: a programme of free live and recorded webinars](#)

Gateway C Live is a programme of free live broadcast webinars developed for all healthcare professionals across England, but targeted at primary care.

Gateway C educational courses. Access at: [Free online cancer education courses for primary care – Gateway C](#) Our courses are designed by GPs and education specialists in collaboration with leading clinical experts and patients affected by cancer. We use a range of interactive simulations, filmed case studies, specialist interviews and other exercises to engage users to consider how to apply learning to difficult clinical scenarios. All courses are accredited by the RCGP and follow NICE NG12 guidance.

Gateway C webinars Access at: [GatewayC Live: a programme of free live and recorded webinars](#)

Macmillan provide a top tips series that will help you support patients in primary care:

[Top tips for primary care professionals - Macmillan Cancer Support#](#)

USEFUL RESOURCES FOR YOUR PATIENTS

Sources of Information

[NHS - Cancer](#)

[Cancer Research UK](#) provide a wide range of information and support around cancer prevention, diagnosis and treatments, and the latest research and evidence.

[Macmillan Cancer Support](#) provide information on all cancer types and offer many other [services for your patients](#) including: telephone support line (0808 808 00 00), online community, information booklets, benefits and work advice and access to financial support. If you would like to see easily what resources are available please view the interactive information resource pdf: [MAC18814 List of Cancer Info Interactive.pdf \(macmillan.org.uk\)](#)

Tumour site specific charities can offer focused support for people who want to find out more about their cancer, and other people's experiences after being diagnosed.

[Bowel Cancer UK](#)

[Breast Cancer Now](#)

[Jo's Cervical Cancer Trust](#)

[Prostate Cancer UK](#)

[CoppaFeel! | Check Your Boobs or Pecs | Breast Cancer Awareness](#)

[Roy Castle Lung Cancer Foundation](#)

[Target Ovarian Cancer](#)

<https://ruthstraussfoundation.com/>

Wessex Local Information

[Cancer Matters Wessex](#)

Cancer Matters Wessex is a dedicated website for patients in Hampshire, the Isle of Wight and Dorset, who need support or advice about cancer. The site provides information about the referral process, what happens if you have been diagnosed, and support groups and wellbeing services available for people living with cancer.

[Cancer Care Map](#)

Online directory to help people living with cancer find care and support services in their local area, anywhere in the UK.

[Macmillan In Your Area](#)

Online search tool for local Macmillan services including information and support, wellbeing services and rehabilitation groups.