



## 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**
- **Enhanced Practice Nurses**
- **Advanced Nurse 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 [Education and Training - Welcome to Wessex Cancer Alliance](#)

## CONTENTS

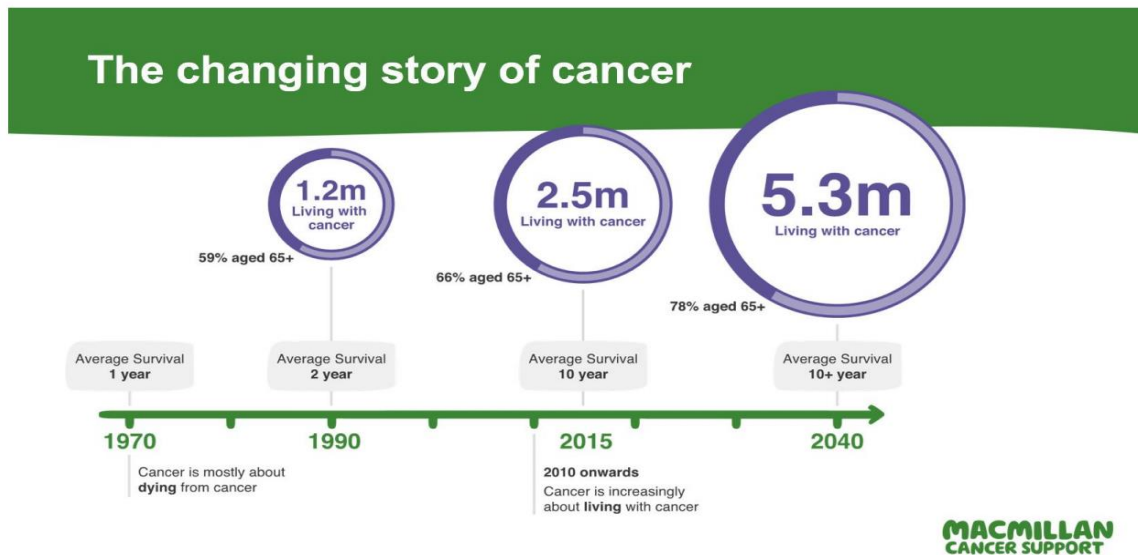
Please choose from the topics below for information, tools, resources, and relevant training.

<b>1</b>	<b>Introduction</b>	<b>3</b>
<b>2</b>	<b>Wessex Cancer Alliance Primary Care Strategy</b>	<b>4</b>
<b>3</b>	<b>Prevention</b>	<b>5</b>
<b>4</b>	<b>Screening</b>	<b>7</b>
<b>5</b>	<b>Early Diagnosis</b> <ul style="list-style-type: none"><li>• <b>Recognising Signs and Symptoms</b></li><li>• <b>Clinical Decision Support Tools</b></li><li>• <b>Safety Netting</b></li><li>• <b>Making Referrals</b></li></ul>	<b>9</b>
<b>6</b>	<b>Supporting Patients after diagnosis</b> <ul style="list-style-type: none"><li>• <b>Personalised Care</b></li><li>• <b>Cancer Care Reviews</b></li><li>• <b>Frailty</b></li><li>• <b>Symptom Management</b></li><li>• <b>Acute Oncology presentations</b></li><li>• <b>Immunotherapy</b></li><li>• <b>Palliative Care and End of Life</b></li></ul>	<b>13</b>
<b>7</b>	<b>Useful Resources and Training</b> <ul style="list-style-type: none"><li>• <b>Keeping up to date</b></li><li>• <b>Training and Education</b></li><li>• <b>Patient Resources</b></li></ul>	<b>29</b>

## 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.

## 7 WAYS TO CUT DOWN CANCER



Be smoke free



Keep a healthy weight



Be safe in the sun



Drink less alcohol



Eat a high fibre diet



Cut down on processed meat



Be more active

MAKE A CHANGE TO REDUCE THE RISK OF CANCER

●●● Larger circles indicate more UK cancer cases

Circle size here is not relative to other infographics based on Brown et al 2018.

Source: Brown et al, British Journal of Cancer, 2018

LET'S BEAT CANCER SOONER  
[cruk.org/prevention](http://cruk.org/prevention)



## 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?\\_](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, tingles, itches or bleeds, or is crusty.

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, 8am to 8pm, or visit [macmillan.org.uk](http://macmillan.org.uk)

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### 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: <a href="#">GatewayC Live: a programme of free live and recorded webinars</a>	<a href="#">How Do You Spot Recurrence of Breast Cancer?</a> <a href="#">Supporting Practice Nurses and AHPs to Recognise Suspected Lung Cancer Symptoms</a> Effective Telephone Consultations Non-site Specific Cancer Symptoms <a href="#">Early Diagnosis of Blood Cancers</a> Headache or Brain Tumour? Improving Early Diagnosis Lung Cancer vs COVID-19 Acute Leukaemia
Gateway C educational courses  Access at: <a href="#">Free online cancer education courses for primary care - GatewayC</a>	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 \(cancerresearchuk.org\)](https://www.cancerresearchuk.org/infographic/nice-body-infographic-feb-2020)
- Interactive reference tool the Cancer Map: [MindMaps \(gatewayc.org.uk\)](https://www.gatewayc.org.uk/mindmaps)

### 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.

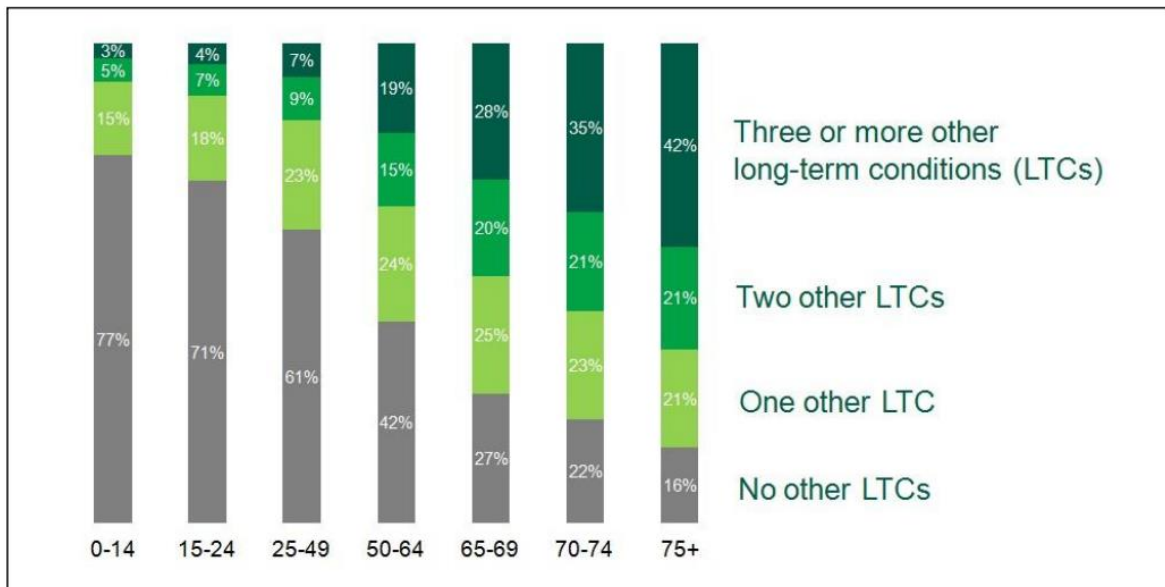
## SUPPORTING PEOPLE AFTER DIAGNOSIS

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 2023 Results for Wessex Region**

45% of people agreed that they definitely received the right amount of support from their GP practice during treatment. Nearly half of the people who responded said their GP practice wasn't involved

19% of people said they had had a review of their cancer care by their GP practice. This is a significant increase from the previous survey.

While most people said they didn't need emotional support after treatment, of those that felt they needed it 29% of women and 41% of men said they could definitely get enough support from community or voluntary services

It is evident from this survey that there are some improvements from previous surveys but there are gaps and more support from Primary care and health and social services in general are wanted and needed 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/clinician 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?	<b>150</b> minutes of moderate activity a week	or <b>75</b> minutes of vigorous activity a week	<b>2</b> days a week	<b>2</b> days a week
	Walk 	Run 	Gym 	Dance 
	Gardening 	Sport 	Aerobics 	Tai chi 
	Swim 	Stairs 	Carry 	Bowling 

## Useful Resources:

- [Physical Activity and Cancer](#) – Guidance for healthcare professionals, Macmillan Cancer Support
- [Prehabilitation resources](#) for healthcare professionals, Macmillan Cancer Support
- [PRosPer - 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

A Cancer Care Review is a holistic conversation between a person living with or after cancer and a 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. 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.

The [Quality and Outcomes Framework \(QOF\)](#)

**CAN001 :patient added to cancer register.**

**CAN005: offer of discussion and support within 3 months.**

**CAN004: cancer care review within 12 months of diagnosis using a structured template .**

Macmillan have produced a template to guide this conversation which is available in all the main primary care 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
- Macmillan practical [implementation](#) guide for CCR provides guidance on a personalised care approach to CCR with a range of tools to support this
- [What is a Cancer Care Review? A resource for healthcare professionals](#) video produced by North Central London Cancer Alliance
- 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.

### **Social care needs of people with cancer**



**Mobility** – around **one in three people with cancer (32%)** are either completely unable to **get in and out of bed, move around or use transport** by themselves, or need a lot of help to do so



**Practical tasks** – around **one in three people with cancer (31%)** are either completely unable to do practical tasks such as **prepare and eat food, or do grocery shopping or housework** by themselves, or need a lot of help to do so



**Medical appointments** – more than **one in four people with cancer (27%)** are either completely unable to **travel to medical appointments or pick up prescriptions** by themselves, or need a lot of help to do so



**Personal care** – **one in seven people with cancer (14%)** are either completely unable to carry out personal care routines such as **bathing, dressing or going to the toilet** by themselves, or need a lot of help to do so



**Looking after dependants** – **one in seven people with cancer (14%)** are either completely unable to **look after their children or other relatives** by themselves, or need a lot of help to do so



**Emotional needs** – **more than four in 10 people with cancer (44%)** have experienced **five or more distressing or concerning emotional issues** in the past week, such as fear, anxiety, loneliness, depression or anger

## Frailty & Cancer

### What is frailty?

Frailty is a state of increased vulnerability to stressors, it is a condition associated with ageing. But frailty is not an inevitable part of ageing; it is a long-term condition like diabetes or Alzheimer's and can vary over time. Frailty is also more prevalent in women and people with lower socio-economic status

### Frailty and Cancer

Increasing numbers of people are living with both cancer and frailty. Frailty affects half of all older patients with cancer and many younger patients too. It is widely recognised that personalised cancer care is about holistically assessing a patient's needs, not just their cancer biology. The assessment and management of a patient's frailty is an essential component of this. If frailty is not adequately assessed and managed within cancer pathways, patients with frailty may be subject to inappropriate overtreatment, carrying the risk of an irretrievably impaired quality of life. Conversely, older people who are less frail and more robust risk being denied access to cancer therapy if age alone is used as a measure of their resilience, with unnecessarily adverse cancer outcomes.

Suboptimal care that fails to take account of frailty represents poor use of healthcare resources. However, frailty assessment is not a routine component of the cancer pathway in the UK, and patient frailty and wider needs may be overlooked. It is increasingly important – indeed essential – that frailty in patients with cancer is assessed, considered within shared decision-making and managed to promote better patient and carer experience and outcomes.

Learn more about why frailty is important in cancer: [PowerPoint Presentation](#)

### e-LFH Frailty

**Title:** Frailty Tier 2a <https://portal.e-lfh.org.uk/Component/Details/716363>

### Description:

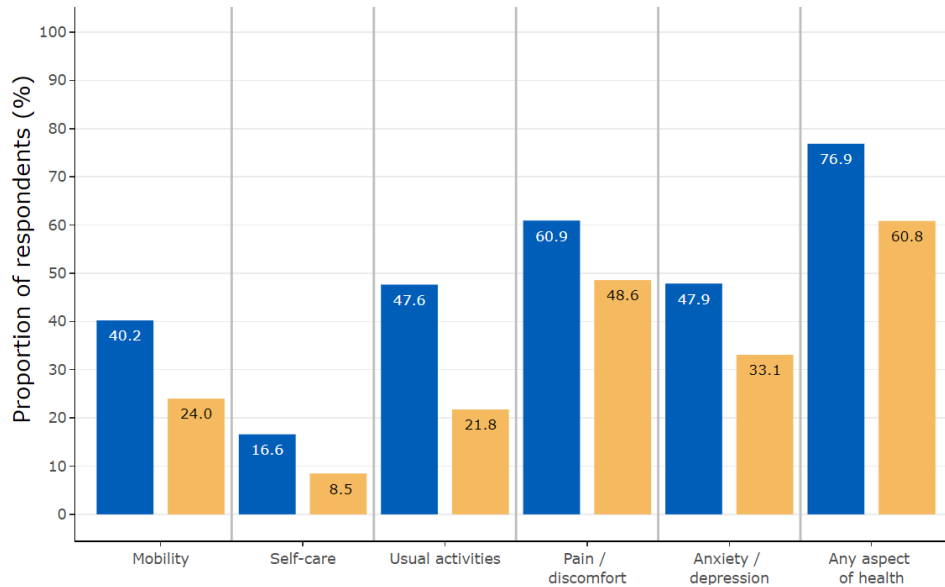
This introduction to frailty session will give an overview of understanding frailty and importance of early identification, impact of hospital admission, how to screen for frailty and what to do if someone has frailty. You will then move onto the 5 Ms of Mind, Mobility, Medicines, Multicomplexity and what Matter Most. Each will review frailty as a long-term condition from that perspective.

This course is focused on health and social care workforce who may come across frailty but do not routinely work in acute frailty services but do work in multiple other areas.

## 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 lives<sup>11</sup>.

The long-term consequences of cancer and its treatment include both physical and psychological effects. Using published data combined with expert opinion, we estimate<sup>12</sup> that:



At least **350,000** people living with and beyond cancer are experiencing chronic fatigue<sup>13</sup>



Around **350,000** are having sexual difficulties<sup>14</sup>



Around **240,000** are living with mental health problems, which can include moderate to severe anxiety or depression, and post-traumatic stress disorder (PTSD)<sup>15</sup>



At least **200,000** are living with moderate to severe pain after curative treatment<sup>16</sup>



Around **150,000** are affected by urinary problems such as incontinence<sup>17</sup>



Around **90,000** are experiencing gastrointestinal problems, including faecal incontinence, diarrhoea and bleeding<sup>18</sup>



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

These problems may only emerge months after treatment, and some can persist for at least 10 years<sup>20</sup>.



**1** = 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](http://macmillan.org.uk))***

*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: <a href="http://guyscanceracademy.co.uk">Symptom of the Month</a> (<a href="http://guyscanceracademy.co.uk">guyscanceracademy.co.uk</a>)</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"> <li>• Low mood and cancer</li> <li>• Anxiety</li> <li>• Chemotherapy-induced peripheral neuropathy</li> <li>• Nausea and vomiting</li> <li>• Chemotherapy-induced peripheral Neuropathy</li> <li>• Chemotherapy induced mucositis</li> <li>• Cancer relates constipation and diarrhoea</li> <li>• Cancer related thrombosis</li> <li>• Chemotherapy induced neutropenia</li> <li>• Cancer related fever flushes and sweats webinar</li> </ul>
<p>Gateway C Access at: <a href="#">Free online cancer education courses for primary care - GatewayC</a></p>	<ul style="list-style-type: none"> <li>• Managing Physical Effects</li> <li>• Supporting your patients</li> </ul>
<p>Macmillan bitesize modules</p> <p>Consequences of Cancer and its treatments (2) <a href="http://fuseuniversal.com">Macmillan (fuseuniversal.com)</a></p>	<ul style="list-style-type: none"> <li>• Consequences of different types of treatment</li> <li>• Cancer prehabilitation and rehabilitation for managing the consequences of treatment</li> <li>• Pain</li> <li>• Breathlessness</li> <li>• Fatigue</li> <li>• Bladder effects</li> <li>• Bowel effects</li> <li>• Archive – sexuality, identity and intimacy</li> <li>• Lymphodema</li> <li>• Psychological impact of Cancer</li> <li>• Physical Activity</li> <li>• Healythy Eating</li> <li>• Bone Health</li> </ul>

## ACUTE ONCOLOGY AND EMERGENCY PRESENTATIONS

Acute Oncology is the provision of timely and appropriate care to patients who have acute symptoms or problems relating to a new or previously diagnosed cancer or the anti-cancer treatment they have received.

The Acute Oncology patient episode begins at the same point for all patient groups at the first contact with a health professional during this acute episode and ends at the point that responsibility for care is transferred to site specific, specialist palliative or primary care team. It is vital that the wider health care team is informed educated and able to provide relevant Acute Oncology intervention and care wherever and whenever the patient presents.

### Acute Oncology Patients Type

#### Type I (1)

All patients in whom a first diagnosis of cancer is suspected in the emergency setting.

#### Type II (2)

Patient with known cancer who present as an emergency with acute complications of non-surgical treatment, including Systemic Anti-Cancer Therapy (SACT) or radiotherapy.

#### Type IIIa (3a)

Patients with known cancer and are acutely ill because of the disease itself; this group represent the largest proportion of emergency patients and often present with complex issues including comorbidity, progressive cancer, and end of life care (EOL) needs

#### Type IIIb (3b)

Patient with known cancer and are acutely ill because of comorbidity.

### Emergency Presentations

#### Biochemical

- Hypercalcemia
- Hyponatraemia

#### Treatment Related

- Febrile Neutropenia
- Tumour lysis syndrome
- Diarrhoea/ Colitis
- Hepatitis
- Pneumonitis

#### Obstructive/Structural

- Malignant spinal cord compression

- Brain metastasis/ Raised intercranial pressure
- Superior vena cava obstruction
- Pericardial effusion
- Pleural effusion
- Ascites
- Malignant bowel obstruction

## **UKONS and Macmillan Primary Care Risk Assessment Tool for Oncology Haematology Patients**

Working with Macmillan GPs, UKONS have developed a risk assessment tool that can be used by primary care health care professionals to highlight patients who are at risk of complications of cancer treatment and direct them to the specialist teams for further assessment and management. The tool also prompts the user to identify and record their local advice line contact numbers and ensure they are easily accessible if needed. All Acute Oncology services within Wessex have a 24hr Advice line service.

You can find contact details here.

[Acute Oncology Directory of Services - Welcome to Wessex Cancer Alliance](#)

### **Resources**

Macmillan learning hub <https://macmillan.fuseuniversal.com/>

Gateway C <https://www.gatewayc.org.uk/>

UKONS <https://www.ukons.org/>

Greater Manchester Cancer Academy Acute Oncology  
<https://www.gmcanceracademy.org.uk/academy/acute-oncology/>

Primary care 10 Top Tip Spinal Cord Compression

<https://www.macmillan.org.uk/dfsmedia/1a6f23537f7f4519bb0cf14c45b2a629/1640->

<https://www.stgeorges.nhs.uk/aos/>

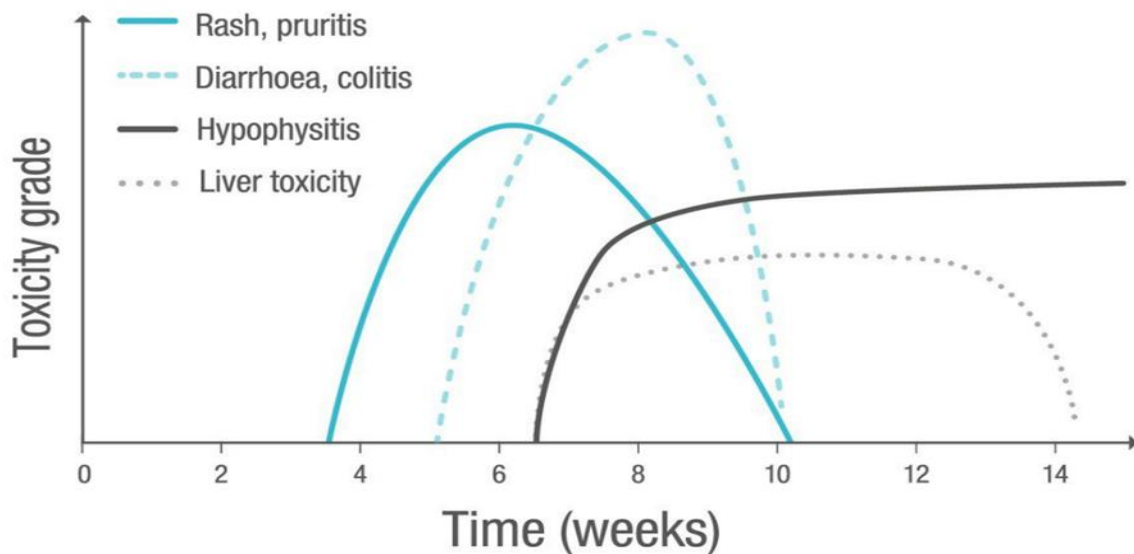
## **IMMUNOTHERAPY**

Immunotherapy is a revolutionary approach to cancer treatment that leverages the body's immune system to combat cancer cells. Unlike traditional treatments such as chemotherapy and radiation therapy, which directly target cancer cells, immunotherapy empowers the body's natural defences to recognise and eliminate cancer more effectively.

One of the key methods of immunotherapy involves checkpoint inhibitors, which block proteins that cancer cells use to evade detection by the immune system. By inhibiting these proteins, checkpoint inhibitors enable immune cells to recognise and attack cancer cells more vigorously.

The side effects are very different to chemotherapy. Importantly, immunotherapy can cause inflammatory and autoimmune complications that can affect any part of the body.

Side-effects of checkpoint inhibitor treatment typically appear within a few weeks or months of starting treatment, but they can arise at any time during treatment – as early as days after the first infusion, but sometimes as long as 1 year after treatment has finished. Affecting any organ or tissue, but most commonly affect the skin, colon, lungs, liver and endocrine organs (such as the pituitary gland or thyroid gland).



<b>Grading</b>
Grade 1 (Mild Severity)
Grade 2 (Moderate)
Grade 3 (Sever)
Grade 4 (Very sever)
Grade 1 & 2 events generally are managed symptomatically, without interrupting or permanently stopping treatment.
Patients with persistent Grade 2 symptoms may need to skip one or more treatment doses. (as well as receiving symptomatic treatment), until their symptoms have improved.
For patients with Grade 3 (severe) or Grade 4 (very severe) symptoms, treatment will typically be discontinued and referral to a specialist – for example, a dermatologist for severe skin symptoms – will usually be made.

## Resources

ESMO [What are immunotherapy side effects?](#)

[Managing the side effects of immunotherapy- most common side effects and when to refer to their oncologist](#)

## Key points for GPs and Practice Nurses seeing patients



Flag all patients having immunotherapy on the patient system to highlight the risk of side effects during treatment and for at least 12 months after finishing treatment.



Patients can present with non-specific symptoms, so consider blood tests to rule out biochemical-only changes, such as hepatitis, adrenal and renal insufficiency and thyroid dysfunction.



Initially, mild symptoms such as diarrhoea, breathlessness or headaches can rapidly progress into severe colitis, pneumonitis or encephalitis. Therefore, it is important to have a low threshold for investigation as appropriate.



If you are concerned your patient may have immunotherapy side effects, contact the hospital advice line or oncologist straightaway. They may carry an immunotherapy alert card with details.



Refer to UKONS Oncology/Haematology Treatment Toxicity Risk Assessment Tool regarding side effects (includes immunotherapy).

**Remember - Think possible 'itis' for any patient who is on or has had immunotherapy.**

### (Immunotherapy side effects- Key points for GPs & practice nurses seeing patients)

#### Immunotherapy for Primary Care

##### 10 top tips

This edition: November 2024  
Next planned review: January 2027

We make every effort to ensure the information in these pages is accurate and correct at the date of publication, but it is of necessity of a brief and general nature, and this should not replace your own good clinical judgement, or be regarded as a substitute for taking professional advice in appropriate circumstances. In particular check any drug doses, side-effects and interactions. Save insofar as any such liability cannot be excluded at law, we do not accept any liability in relation to the use of or reliance on any information contained in these pages, or third-party information or websites referred to in them.

Macmillan Cancer Support, registered charity in England and Wales (263047), Scotland (SC039077) and the Isle of Man (106). Also operating in Northern Ireland. MAC20046

- 1 Immunotherapy is increasingly being used in cancer treatment. Immunotherapy can provide long-term survival benefits for many people, even if the cancer has spread. Typically, they have an 'L' in the middle of the word and 'MAB' at the end. For example, Nivolumab, Pembrolizumab.
- 2 Immunotherapy works by stimulating the patient's own immune system to treat the cancer. It is typically given via a drip, or more recently subcutaneously. Immunotherapy has very different side effects to chemotherapy. Immunotherapy can cause inflammation or autoimmune conditions that can affect any part of the body. The most commonly affected areas are the skin, colon, endocrine organs, liver, joints and lungs. The heart, neurological system and kidneys can also be affected. The toxicities range from mild to life-threatening.
- 3 When a practice receives notification that a person is receiving immunotherapy as part of their cancer treatment, it should be coded on the primary care clinical record using the code Immunotherapy 5A86. An alert should be placed on the clinical record stating that the person is at risk of immunotherapy toxicities for at least 18 months following completion of treatment.
- 4 A person with immunotherapy toxicity may present with vague, non-specific symptoms or no symptoms at all. Blood tests (FBC, U&E, LFT, TFT, 9 am cortisol, random glucose) can identify biochemical abnormalities, so have a low threshold for requesting tests.
- 5 Mild symptoms can progress rapidly. Ensure the person is aware that any deterioration in their condition needs immediate assessment.
- 6 Immunotherapy toxicities are unlikely to resolve spontaneously, even when the drug is stopped. Treatment, usually with high dose steroids, is often required.
- 7 If you are concerned a patient has immunotherapy toxicity, contact your local immunotherapy advice line. Patients will often have the number on a medication alert card.
- 8 People may receive immunotherapy for several years. Patients should continue to have all non-live vaccinations as normal but avoid on the day of treatment.
- 9 People receiving immunotherapy often live with uncertainty — how long will they be on treatment? Will they develop toxicities? What happens if the drugs stop working? Prognosis is very difficult to estimate in someone who has started immunotherapy. An understanding of the psychological impact of cancer and its treatment is really important. Screening for anxiety and depression and referral for further emotional and psychological support for the patient and their loved ones may be needed.
- 10 We know regular exercise, a healthy lifestyle and a varied high fibre diet can help improve treatment outcomes in patients receiving immunotherapy.

**MACMILLAN  
CANCER SUPPORT**

### (Top tips for primary care professionals | Macmillan Cancer Support)

## 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: <a href="#">GatewayC Live: a programme of free live and recorded webinars</a>	<b>Palliative Care for Cancer Patients</b>
Macmillan Advance Care Planning (ACP) <a href="#">a3-learning-and-development-prospectus</a> ( <a href="http://macmillan.org.uk">macmillan.org.uk</a> )	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"> <li>• <a href="#">(2) Webinar Series - Assessment and Palliative Management of Malignant Bowel Obstruction - Macmillan</a> (<a href="http://fuseuniversal.com">fuseuniversal.com</a>)</li> </ul>	Assessment and Palliative Management of Malignant Bowel Obstruction
Macmillan <ul style="list-style-type: none"> <li>• <a href="#">(2) PEOL Webinar Series: Delirium in Palliative and End of Life Care - Macmillan</a> (<a href="http://fuseuniversal.com">fuseuniversal.com</a>)</li> </ul>	Delirium in Palliative Care
Macmillan	Nutrition in palliative patients:

<ul style="list-style-type: none"> <li>• <a href="#">Top tips for primary care professionals - Macmillan Cancer Support</a></li> </ul>	
<p><b>Macmillan Introduction to Palliative &amp; End of Life Care:</b>  <a href="#">(2) Macmillan (fuseuniversal.com)</a></p>	<ul style="list-style-type: none"> <li>• What is palliative &amp; end of life care?</li> <li>• Care planning</li> <li>• Introduction to pain &amp; symptom management</li> <li>• Care for the dying person</li> </ul>
Future programmes planned	Enhanced level Palliative Care and Pain Management at EoL Toolkit
<p><a href="#">End of Life Care for All (e-ELCA)</a></p> <p>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><a href="#">Difficult conversations</a></p> <p>Macmillan <b>difficult conversations</b> 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><a href="#">Communicating with empathy</a></p> <p>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](mailto: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** [q3-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 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

**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. [q3-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.