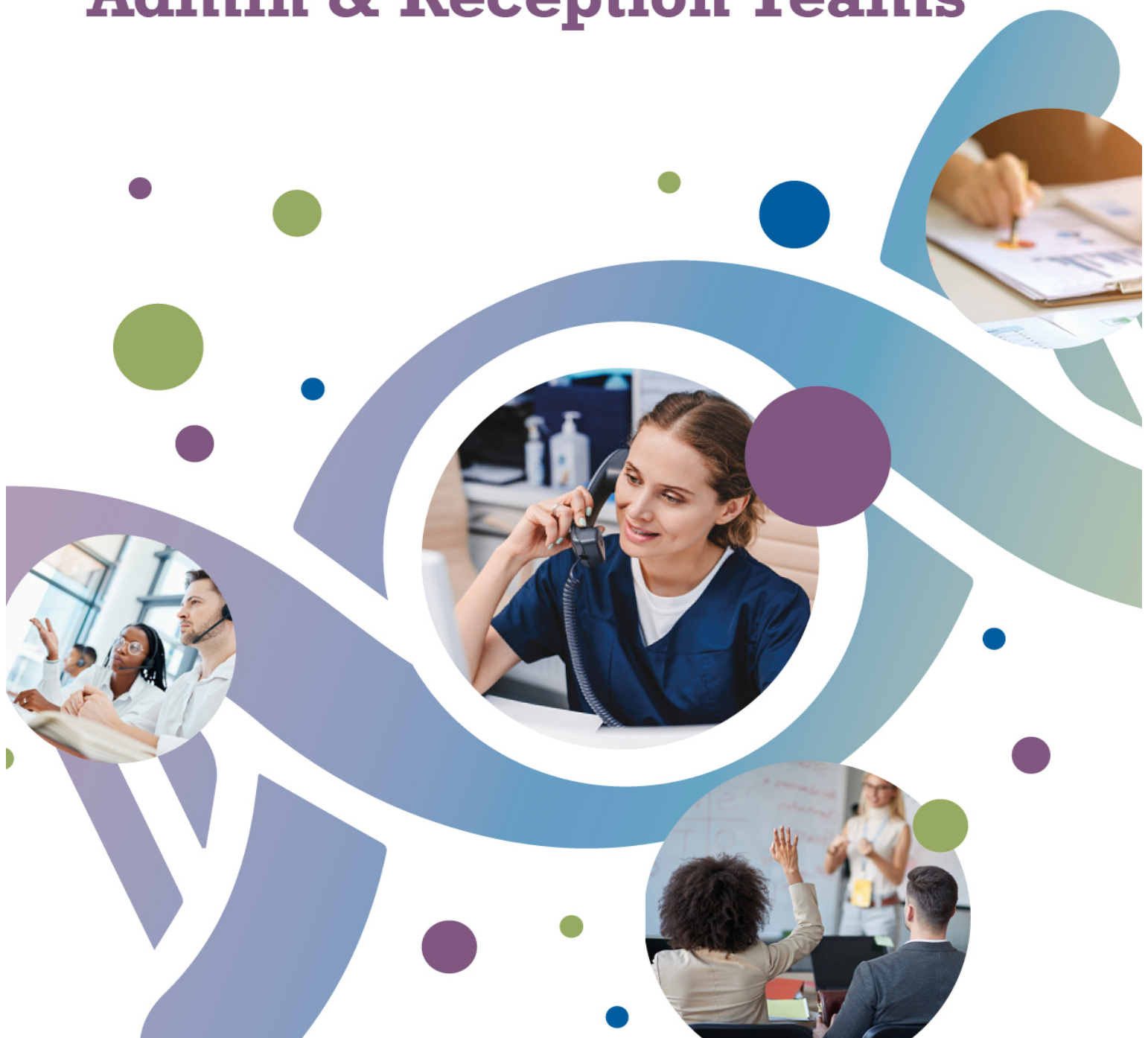




Information, resources, and training for Admin & Reception Teams



Information, resources, and training for Admin & Reception Teams

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

We 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.

Whilst using this guide please also remain mindful of your own workplace practice policies and pathways.

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

For additional information, please also see our [Toolkit for Primary Care](#).

1	Introduction
2	The NHS structure
3	Prevention & Early Diagnosis
4	Screening
5	Urgent Suspected Cancer Referrals
6	C The Signs
7	Personalised Care- Diagnosis, Support & Treatment
8	Post Treatment - Rehab
9	Palliative Care / End of Life
10	The Cancer Care Co-Ordinator
11	Useful Contacts Training & Resources

INTRODUCTION

As part of the admin and reception team, you have many skills that can be utilised to support cancer patients and improve standards of care in your GP Practice and Primary Care Network.

NHS care relies on administration (admin) processes. These processes ensure that patients, staff, equipment and information are in the right place at the right time.

Patients, carers and staff all experience NHS admin processes – including phone calls, letters, booking systems and other communications – that do not consistently meet the needs of all users. These experiences can place a heavy practical burden on patients and carers, restrict their access to care, negatively affect their wellbeing, and have knock-on consequences for staff.

For people who live with long-term conditions, use multiple health and care services or who have additional needs, for example, people with a disability, their experience of admin can play a critical role in their overall experience of care.

High-quality admin has the potential to improve patient experience, reduce inequalities, promote better care – and contribute to a better working environment for staff. Integrated care systems, and place-based partnerships within them, are tasked with promoting more seamless care that better meets people's needs. To do this they will need to understand the role admin plays in care – from both patient and staff perspectives.

Please view this video to better understand how the NHS works and how it is changing.

<https://youtu.be/blapgFKXv0I>

NHS Long Term Plan for Cancer

More people are surviving cancer than ever before, but we know that we can save even more lives by catching more cancers early and starting treatment fast.

One in every two people in this country will be told that they have cancer at some point in their lives.

The NHS Long Term Plan aims to save thousands more lives each year by dramatically improving how we diagnose and treat cancer – the ambition is that by 2028, an extra 55,000 people each year will survive for five years or more following their cancer diagnosis.

This will include improving our national screening programmes, giving people faster access to diagnostic tests, investing in cutting edge treatments and technologies, and making sure more patients can quickly benefit from precise, highly personalised treatments as medical science advances.

Cancer Prevention & Early Diagnosis

Cancer survival is the highest it's ever been and thousands more people are now surviving cancer every year. For patients diagnosed in 2015, one year survival was 72%; over 11 percentage points higher than in 2000. Despite this progress, more can still be done. One of the biggest actions the NHS can take to improve cancer survival is to diagnose cancer earlier. Patients diagnosed early, at stages 1 and 2, have the best chance of curative treatment and long-term survival.

Evidence shows that up to 40% of cancers in the UK can be prevented in Wessex (Dorset, Hampshire and Isle of Wight).

Smoking

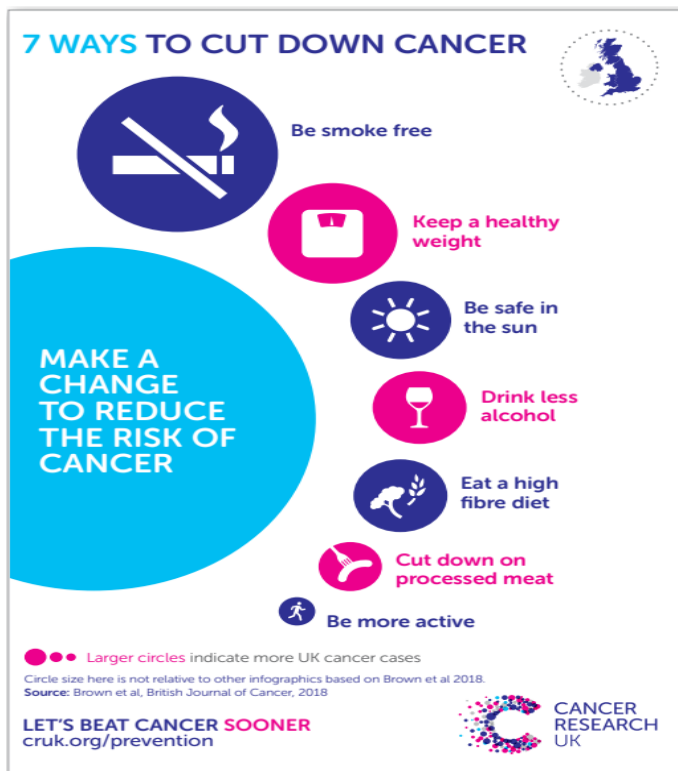
Smoking is the biggest cause of cancer in the UK, and worldwide. Approximately 78,000 people in Dorset, or 9.6%, currently smoke, which is below the national average of 12.7%. (2022 data).

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 1 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 common cancers in Wessex.



Source: CRUK

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.

Smoking Advice

Very brief advice (VBA) for smoking cessation aims to identify and support patients who smoke to make a quit attempt. You can access training to support you in your role to provide VBA.

[30 seconds to save a life](#) NCSCT - Very Brief Advice training for smoking cessation ASK-ADVISE-ACT

Free support for people wishing to give up smoking can be accessed via the LiveWell Dorset team. People can self-refer to the LiveWell Dorset advisors and coaches, who will help to create a personal quit plan which may include face-to-face support, Nicotine Replacement Therapy and Coaching.

[Stop Smoking with LiveWell Dorset | Help to Quit Smoking in Dorset · LiveWell Dorset](#)

‘Swap 2 Stop’ is a new nationwide campaign aimed at encouraging smokers to make the switch from smoking to vaping to improve their health. More information is available on the link.

[Swap 2 stop · LiveWell Dorset](#)

Alcohol Advice

Alcohol identification and brief advice (IBA) aims to identify and influence patients who are drinking above the UK chief medical officers’ low risk guidelines.

Admin teams do not need to know a lot about alcohol harm to deliver IBA well. In its simplest form, healthcare staff would:

1. Ask patients the 3 AUDIT C questions and score their answers, or give patients an AUDIT C scratch card to complete here: [Alcohol use disorders identification test for consumption \(AUDIT C\) \(publishing.service.gov.uk\)](#)
2. Tell the patient what their score says about their health risk.
3. Provide an information leaflet to patients who drink above low risk levels (but are not dependent) about the harms and benefits of cutting down their drinking.
4. Healthcare professionals who identify patients as potentially dependent drinkers should refer them for a specialist alcohol assessment.

The LiveWell Dorset website has useful tools for individuals wishing to reduce their alcohol consumption, including a” habit hacker” and easy read leaflet on drinking less alcohol. People are able to self-refer to the LiveWell Dorset Advisors and health coaches for advice and support to reduce alcohol consumption.

[Cutting Down on Alcohol with LiveWell Dorset | Free Help to Stop Drinking · LiveWell Dorset](#)

Weight Management Advice

People looking for help with weight management can access advice and support from the LiveWell Dorset manage your weight pages which offer easy read leaflets, a “habit hacker” and allow for self-referral to the team of LiveWell Dorset advisors and coaches.

[Manage weight With LiveWell Dorset | Learn How to Maintain a Healthy Weight · LiveWell Dorset](#)

Activity Advice

Active Dorset is a physical activity resource hub which provides people with the tools to adopt new behaviours and become more active.

[Getting Dorset Active | Active Dorset](#)

Coaching

Dorset health and wellbeing coaching service is where patients can be supported to explore any wider issues affecting their health with a coach.

[The Dorset Supported Self-Management Service · Help & Care \(helpandcare.org.uk\)](#)

Making Every Contact Count

Making Every Contact Count is an approach to behaviour change that utilises the millions of day-to-day interactions that organisations and people have with other people to support them in making positive changes to their physical and mental health and wellbeing. This can take a matter of minutes and is not intended to add to the busy workloads of admin teams, rather it is structured to fit into and complement existing patient interactions. The e-learning below is designed to support learners in developing an understanding of public health and the factors that impact on a person’s health and wellbeing.

MECC e-learning can be found via e-learning for health:

<https://www.e-lfh.org.uk/programmes/making-every-contact-count/>

Recognising Signs and Symptoms of Cancer

There are approximately 363,000 new cases of cancer per year in the UK, of which around 7,000 cases are diagnosed in people living in Dorset.

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.

You may find this image a useful reference for help quickly identifying some of the more common symptoms that may suggest cancer.

Your surgery will have its own policy on how to triage the patients presenting with these symptoms, please follow your own surgery’s guidelines.

SIGNS AND SYMPTOMS OF CANCER

WHAT TO LOOK FOR

MACMILLAN CANCER SUPPORT

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, itches or bleeds, or is crusty.

These photos are from the website of the National Cancer Institute (cancer.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 808 00 00, 7 days a week, 8am to 8pm, or visit macmillan.org.uk

Source: Macmillan cancer Support

Signs and Symptoms Resources

There are a huge range of resources available to help you raise awareness of cancer signs and symptoms with your patients. Here are just a few:

- [Primary Care Toolkit - Welcome to Wessex Cancer Alliance](#)
- Cancer Matters Wessex – an online resource with lots of locally relevant links and support – consider linking to this from your GP website www.cancermatterswessex.nhs.uk
- [CRUK Spotting Cancer Early information leaflets](#)
- [Macmillan Signs & Symptoms pocket card](#)
- Prostate Cancer UK [pocket sized leaflets and display box](#)
- Roy Castle Lung Cancer Foundation [Primary Care Toolkit](#) and [symptom tracker](#)
- Coppafeel [breast awareness resources for health professionals](#)
- [Know your lemons](#) breast cancer awareness website and app.
- Bowel Cancer UK [symptom diary](#) and [GP information](#)

- [PHE Campaign Resource Centre](#) includes the Help Us Help You Cancer Symptom Awareness campaigns.
- [Be Clear on Cancer](#) campaigns – Information on previous campaigns, resources, and evaluation.

Cancer Awareness Campaigns

Join the conversation and get patients involved by:

- Sharing campaign messaging and resources on the surgery website and social media
- Displaying posters in waiting and treatment rooms
- Having a themed information stand
- Engaging with local community groups

Cancer awareness calendar

January	February	March	April	May	June
Cervical Cancer Prevention Week Less Survivable Cancers Awareness Day (11 January)*	Kidney Cancer Awareness Week Oesophageal Cancer Awareness Month World Cancer Day (4 February)	Brain Tumour Awareness Month Colorectal Cancer Awareness Month International HPV Awareness Day (4 March) Kidney Cancer Awareness Month Ovarian Cancer Awareness Month Prostate Cancer Awareness Month	Bowel Cancer Awareness Month Testicular Cancer Awareness Month	Bladder Cancer Awareness Month Melanoma Awareness Month Skin Cancer Awareness Month Sun Awareness Week World Ovarian Cancer Day (8 May)	Cervical Screening Awareness Week Myeloma Awareness Week
July	August	September	October	November	December
Sarcoma Awareness Month World Head and Neck Cancer Day (27 July)		Blood Cancer Awareness Month Childhood Cancer Awareness Month Gynaecological Cancer Awareness Month Hereditary Cancer Awareness Week Thyroid Cancer Awareness Month Urological Cancer Awareness Month	Breast Cancer Awareness Month Liver Cancer Awareness Month Myelodysplastic Syndromes (MDS) World Awareness Day (25 October)	Gastric Cancer Awareness Month Lung Cancer Awareness Month Mouth Cancer Action Month Movember** Pancreatic Cancer Awareness Month	

*Less Survivable Cancers Awareness Day encompasses brain tumours, liver cancer, lung cancer, oesophageal cancer, pancreatic cancer and stomach cancer **Movember is often used to raise awareness for prostate cancer
cruk.org/healthprofessional Together we will beat cancer



Cancer Screening

What is screening?

- A way of detecting cancer or pre-cancerous changes
- Targets a particular group of people.
- Aimed at people without symptoms.
- Most people screened won't have cancer.
- Cancer screening should be organ specific.
- On average there is a lower uptake of screening for people living in most deprived areas

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 common cancers: **bowel, cervical and breast cancer**. A new national screening programme, Targeted Lung Health Checks is being rolled out to detect lung cancer earlier.

Please see link below for details of each of the four national screening programmes
https://assets.ctfassets.net/u7vsjnoopqo5/6aQf7dwXUlyULy2RoGR1v1/14f8a87736869f3473d0cc9de6f255dd/screening_programmes_at_a_glance_v4.pdf

There is wide variation in participation in screening programmes across Dorset however coverage rates are particularly low in the more deprived urban areas of Bournemouth, Poole, Weymouth, and Portland

Reaching out to specific groups / reducing inequalities

There are significant health inequalities across Dorset 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 i.e., those with learning disabilities, BME 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](#).

For information on screening for transgender people and non-binary people please see link:
<https://www.gov.uk/government/publications/nhs-population-screening-information-for-transgender-people/nhs-population-screening-information-for-trans-people>

National cancer screening programmes

Breast Screening

- Women aged 50-70 years old invited every 3 years.
- Women will automatically receive invites for NHS breast screening in the post.
- A women will receive her first NHS breast screening invite between the age of 50- 53 years old.
- Mammogram usually takes place in a mobile screening unit.
- Results are sent direct to patients' home address by letter and the GP is sent a copy.
- Those over 70 years old can request breast screening every three years via the breast screening services.

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.

More information is available: [When you'll be invited for breast screening and who should go - NHS \(www.nhs.uk\)](#) and [Breast Screening Unit \(uhd.nhs.uk\)](#)

Cervical Screening

- Women aged 25-49 years old every 3 years.
- Women aged 50-64 years old every 5 years.
- Recalls may be more frequent in those patients with previous abnormal smears.
- Invite sent out by post to patients' home address.
- Patients who have received a letter inviting them for a cervical screen, or who are overdue cervical screening can contact the GP surgery to book.
- Cervical screening test conducted in GP surgery.
- Results by letter sent directly to home address with a copy to GP.

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 years old 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 years old.

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.

More information is available: [Cervical screening - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Bowel Screening

- Since 2021, the bowel screening programme has been expanding to invite people at a younger age for bowel screening.
- Currently in Dorset, Men and Women aged 52- 74 years old are invited for bowel screening. There is a plan nationally to continue to lower the age of bowel screening to start at 50 years of age.
- A letter is received in the post inviting patients to complete a bowel screening test every 2 years. This first letter explains the bowel screening programme. It is followed by a FIT test kit 2 weeks later which is also sent in the post to the persons home address.
- One sample of poo is collected on a small stick attached to the inside lid of the FIT test tube and is returned by post (this is different to when GPs give out FIT tests which need to be returned to the GP surgery, despite the FIT test tubes looking the same).
- Results are sent by letter directly to the persons home address with the GP being sent a copy.
- Those aged 75 years and above can request a FIT screening kit up to every two years by ringing the bowel screening helpline on freephone 0800 707 60 60 .
- For more information, including a video on how to use the FIT screening kit: [Bowel cancer screening - NHS \(www.nhs.uk\)](http://www.nhs.uk)

Important to note: If a patient has symptoms of possible bowel cancer they should speak with a doctor/ advanced health practitioner and complete a surgery based (symptomatic) FIT test.

See later section on FIT testing in patients with symptoms of bowel cancer.

Targeted Lung Health Checks

- The targeted lung health check service is rolling out slowly across Dorset.
- 55-74 year olds who are current or ex- smokers, even if they feel well with no lung problems are invited.
- People will not receive an invite if they are on an end-of-life pathway or have been diagnosed with lung cancer or lung metastases within the last 5 years.
- In Dorset, a text is sent to tell the patient they are eligible for a lung health check.
- Following the text, they will have a brief telephone consultation.
- Those eligible will be invited to have a face-to-face or telephone call lung health check appointment to answer questions to determine risk.
- If considered high risk of lung cancer a low dose CT scan of the chest will be offered.
- If considered low risk of lung cancer a repeat risk assessment in 2 years will be offered.

Information for patients can be found on the DCHFT website [Lung Health Check | Dorset County Hospital \(dchft.nhs.uk\)](http://www.dchft.nhs.uk) or [Cancer Matters Wessex website](http://www.cancer.org.uk). Targeted Lung Health Checks went live in Dorset in 2022, with the aim being to detect lung cancer at an early curable stage.

Ethnicity in primary Care – See video link for excellent training video on the importance of accurate recording of patient ethnicity. [Ethnicity in Primary Care - YouTube](https://www.youtube.com/watch?v=...)

Other Cancer Tests

PSA Testing

The PSA test is a blood test that measures the amount of prostate specific antigen (PSA) in a patient's blood. PSA is a protein produced by normal cells in the prostate and also by prostate cancer cells. It's normal to have a small amount of PSA in your blood, and the amount rises slightly as a man gets older and as the prostate gets larger. A raised PSA level may suggest a problem with the prostate, but not necessarily prostate cancer.

If the patient doesn't have any symptoms, a GP or practice nurse should talk to them about the [advantages and disadvantages](#) of the PSA test. The patient should tell the clinician if anyone in their family has had prostate or breast cancer. Patients with a family history or from a black heritage are at a higher risk of prostate cancer and at a younger age. There are awareness campaigns that highlight this, and those men with a family history or black African, Caribbean or black British people should discuss this with a GP or practice nurse.

Prostate Cancer UK is a charity that has a range of information about being tested and the treatment of prostate cancer <https://prostatecanceruk.org/>

PCaSO

This is a local charity that offer support for patients with prostate cancer *and also offer testing in the community in Hampshire and Dorset* <https://pcaso.org/psa-testing/>

FIT for patients with symptoms of Bowel Cancer

Please note that a medical professional may also offer a FIT test to people with symptoms that could be caused by bowel cancer. It is very important that these FIT tests are completed and returned quickly to the GP practice so that the FIT test can be sent to the laboratory for testing. Results of FIT tests help clinicians to make a decision on if a referral for suspected bowel cancer is required. It is vital that practices have a pathway in place to ensure that FIT test requests are actioned, and that patients return their FIT sample as soon as possible. Please ensure that you are familiar with your practices FIT test pathway. It may be that as a member of the admin team you are involved with tracking the tests and contacting patients if they have not returned their FIT kits.

C the Signs offers a FIT safety netting dashboard which can help support practices to track the symptomatic FIT tests provided to patient. If a FIT test is recommended following a risk assessment in C the Signs the FIT test will automatically be added to the FIT dashboard for tracking. A FIT test which is requested by a clinician outside of a C the Signs risk assessment tool may be manually added to the FIT Dashboard on C the Signs. For information on how to add a FIT test to the C the Signs FIT Dashboard see [FITViewGuide Dorset \(cthesigns.co.uk\)](https://cthesigns.co.uk).

A FIT patient information leaflet is available for sending via SMS and email on C the Signs.

Please see website page on [Symptomatic FIT](#) for more details.

Tips for collecting your poo

Here are some ideas to make collecting your poo a bit easier. Why not practise and work out which method you find the easiest? Do not let your poo touch the water or toilet.



Cling film over the toilet (remember to leave a dip)



An empty fruit carton or plastic pot



Folded toilet paper in your hand



A plastic bag over your hand, or a glove



A clean empty margarine or ice cream tub



A clean empty takeaway container



Once you have collected your poo, use your bowel screening kit to take a sample and post it back as soon as possible. You may want to check your local postal collection times.

Ref: BCSCGP, January 2023. Annually reviewed. Registered Charity in England and Wales (1089464), Scotland (SC041666) and Isle of Man (1103)



Source: CRUK

Urgent Suspected Cancer Referrals

What is an URGENT suspected cancer referral?

In England, there is an urgent referral system which is used if a patient has red flag symptoms for suspected cancer.

Cancer Waiting Time Standards

To help achieve the NHS long term plan, NHS England introduced the Faster Diagnostic Standard replacing the 2ww standard. As of October 2023, what was once known as the 2week-wait referral is now referred to as the Urgent Suspected Cancer Referral. The aim of this change is to reduce waiting time for patients, with the aim of achieving investigation and diagnosis of cancer or rule out of cancer within 28 days of referral. The NHS will measure how well it is doing by looking at the speed of actual diagnosis, not whether the patient had a first appointment within a fortnight. The aim is for the NHS to deliver treatment within 62 days of referral.

Clinicians can continue to make referral onto the Urgent Suspected Cancer referral pathways using the referral forms available on C the Signs.

Patients should be advised that it is important to attend the first appointment they are given. Initial appointments may include telephone appointments, a face-to-face appointment or it may be an appointment for an investigation.

Does this mean cancer?

No. It is the NHS being careful. It is normal for a patient to worry when they are urgently referred to see a specialist. However, more than 9 in every 10 people (90%) referred this way will not be diagnosed with cancer.

Urgent Suspected Cancer Referral Forms (previously known as 2 week-wait forms)

All suspected cancer referrals are accompanied by a referral form which is sent electronically to the hospital. It is important that the correct version of the form is used when referring patients (clinicians, cancer care co-ordinators or practice secretaries process these). From time-to-time referral guidelines change and the suspected cancer referral forms are updated to reflect these changes. Using the incorrect version of a form may delay a patient's appointment. Referral forms in Dorset are kept up to date on the C the Signs platform. Referrers are advised to use the forms available on C the Signs instead of the referral forms hosted on SystemOne and Ardens, to ensure they are using the most up to date referral form.

Once an Urgent Suspected Cancer referral has been made via C the Signs the referral will appear on the cancer referral dashboard. It is useful to regularly update this dashboard and once cancer is excluded remove patients from the dashboard. If cancer is confirmed for a patient, the dashboard can be useful to track the patient and help to plan for cancer care reviews. It may be that as part of your role in admin, the practice asks for your support in using C the Signs. For further support on using C the Signs see: help@cthesigns.co.uk

Referral forms may require that the patient has up to date blood tests to accompany the referral. This helps the hospital team receiving the referral to triage the referral and decide on next steps of investigation. As a member of the team, you may be asked to book patients an appointment for these blood tests. It is recommended that the blood test is taken as soon as possible, and where possible within 48 hours.

All urgent suspected cancer referrals are sent electronically to the hospital via a system called ERS (electronic referral service). You sometimes hear it referred to as Choose & Book as well.

Patients should be given information to explain their referral and the next steps. C the Signs has patient information leaflets which can be printed or sent to patients via SMS or email. This information is also available on the Cancer Matters Wessex website [Fast track referrals - Cancer Matters Wessex](#) or alternatively there is a [Cancer Research UK patient leaflet](#).

What is ERS?

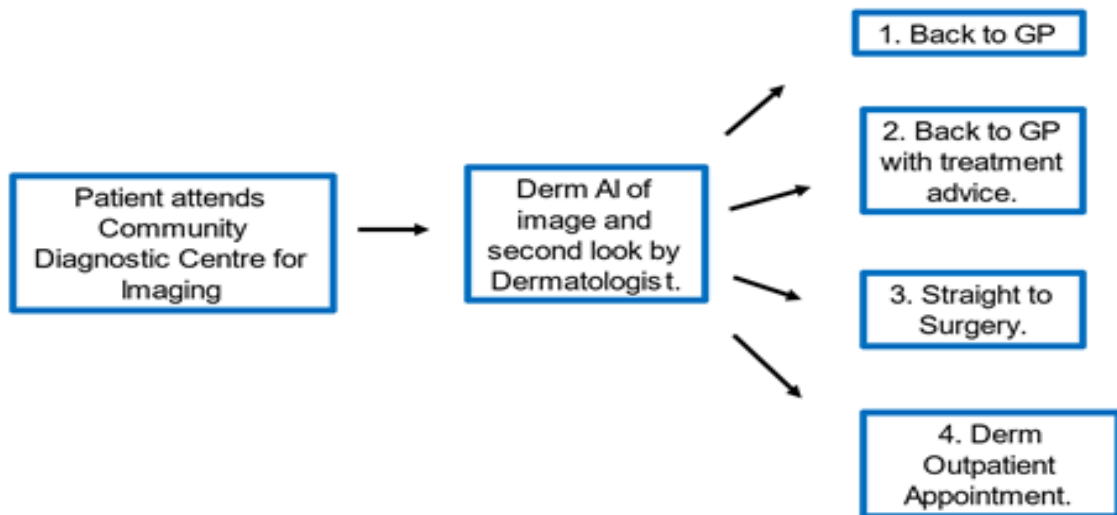
The NHS e-Referral service (e-RS) provides an easy way for patients to choose their first hospital or clinic appointment with a specialist. Bookings can be made online using telephone, or directly in the GP surgery at the time of the referral.

Teledermatology

Teledermatology is a subspecialty in the medical field of dermatology (skin) and one of the most common applications of telemedicine and electronic health. In brief, telecommunication technologies are used to exchange medical information (concerning skin conditions and tumours of the skin) over the internet using a specialist piece of equipment called a dermatoscope attached to a mobile phone.

In March 2024 a teledermatology pilot launched at University Hospitals Dorset and Dorset County Hospital in which teledermatology is being used to triage suspected cancer referrals via an AI platform. Patients are referred in the usual way using an updated version of the Urgent Suspected Skin Cancer referral form which is available on C the Signs. Patients suitable for the pilot scheme will be offered an appointment in a community diagnostic centre where they will have images of their skin lesion/s taken and uploaded to AI software. A photograph is not required to be sent alongside an **Urgent Suspected Cancer Referral**.

Outcomes of attending a Community Imaging Hub



Sometimes a clinician will ask for **advice & guidance** on a skin lesion or rash from dermatology. These advice and guidance requests do still currently require a photograph to accompany the referral for advice and guidance. More information on the role of tele dermatology will be shared with the practices as it is rolled out across Dorset.

C THE SIGNS

C the Signs is a clinical decision support system designed by GPs with the aim of supporting practices to improve earlier and faster cancer detection, and the clinical safety of patients on cancer pathways. The C the Signs system is fully integrated within SystemOne and localised to reflect Dorset cancer tests and pathways.

C the signs is regularly updated and contains all Dorset's up to date urgent suspected cancer referral forms to help ensure that the referring clinicians are using the latest referral guidance and correct referral forms. C the Signs has in built patient information leaflets which can be sent via SMS or email to a patient, including a leaflet explaining to patients what to expect from their referral on a suspected cancer pathway. There is also a useful dashboard which allows practices to keep track of investigations requested, cancer referrals made and when cancer reviews may be due. This can be very helpful in safety netting patients. It may be that in your role your practice asks for your support in maintaining and updating the C the Signs Dashboard.

It may be helpful to add C the Signs login details for the practice to induction and locum packs.

"C the Signs has the potential to really help GPs and their primary care teams in all aspects of patients' cancer journeys. This includes detection, referral, and post diagnosis monitoring, as well as assisting with monitoring the return of diagnostic tests such as FIT. The decision support tool assists in those cases where the correct pathway might not be so clear and will help ensure patients are referred on the right pathway at the right time." Dr Simon Wright, C the Signs Clinical Lead and GP Fellow.

If you haven't used C the Signs before, here's how to do some training:

- Watch the [training video by clicking here](#)
- Book a whole practice training session by emailing training@cthesigns.co.uk

If you've had some training and want to get started using C the Signs here are some resources to help:

- Launch C the Signs from the Windows Start Menu (your practice manager should have your Practice's username and password)
- Can't see C the Signs? Install C the Signs directly from Applications within the Software Centre
- We have created a helpful resource hub to help guide you through using C the Signs - [C the Signs Dorset resource hub](#)
- Need some help? Email us at help@cthesigns.co.uk

Personalised Care (Diagnosis, Treatment and Support)

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.

Useful information

- [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 \(e-lfh.org.uk\)](#)
- [Eating well with cancer - Welcome to Wessex Cancer Alliance](#)
- [Physical Activity and Health](#) – e-learning for health
Online course for healthcare professionals to champion the benefits of physical activity.

The importance of physical activity before during and after cancer treatment

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 To keep your heart and mind healthy		Build strength To strengthen muscles, bones and joints	Improve balance 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 

Source: Macmillan

Diagnosis and Treatment Terminology

Staging

This describes the location of the tumour and whether it has spread to other parts of the body.

Grading

The cancer will be graded by assessing how aggressive the cells look under a microscope. This will give an idea of how quickly a cancer could grow or spread and will assist with choosing the best treatment choices for the patient. You can find more information about staging and grading on the Macmillan website. This includes some of the words a consultant might use to describe a cancer, and what they mean.

[Macmillan Cancer Support – Staging and Grading](#)

There are many different types of cancer, and they are treated in different ways, depending on a patient's general health and personal circumstances.

A group of health professionals called a multidisciplinary team (MDT) will be involved in the patient's care, and a consultant will discuss treatment options with them. Some of the more common cancer treatments are explained below.

Treatments for Cancer

A patient's treatment will depend on various factors including the location of the cancer and whether it has spread to another part of the body. It will also depend on their personal health and circumstances.

The best course of treatment for the patient will be discussed within a team of specialists called a multidisciplinary team (MDT). This is a group of health care professionals who make decisions together about the recommended treatment for each patient.

A clinical nurse specialist or consultant will go through the different treatments and the side effects they may have. Some of the common treatments are described below.

Surgery

Surgery is used to remove cancer tissue. The cancer team will use tests to work out the best approach. Sometimes cancer tissue can be removed through a very small cut ("keyhole") which might mean only a short stay in hospital. Sometimes it will involve major surgery and a much longer recovery time. A surgeon who specialises in a specific part of the body will perform the operation. Examples of surgery include removing all or part of the prostate gland to treat prostate cancer or removing the ovaries to treat ovarian cancer.

You can read more about when surgery is used and how to prepare for surgery on the Macmillan website:

[Macmillan Cancer Support – Surgery explained](#)

If a patient has major surgery and needs to stay in hospital, they will be visited by a physiotherapist on the ward. It's good to get moving as soon as possible. This helps them recover and reduces the chances of other problems, such as blood clots. The side effects and recovery time depend on the type of surgery.

Chemotherapy

Chemotherapy uses medicine to kill cancer cells. It can sometimes be used to cure cancer completely, and it is often used in combination with other treatments to make them more effective. The medicine may be given through a tube into the patient's vein (usually in a hospital), or with tablets that can be taken at home. Chemotherapy treatment may be spread over several sessions and last several months.

As well as killing cancer cells, chemotherapy drugs can also damage healthy cells, especially skin and hair. Chemotherapy can have a number of side effects which may include tiredness, nausea or hair loss.

Watch a recording of a chemotherapy information session (1 hour), produced by the Dorset Macmillan Cancer Information team and delivered by Louise Watkinson, Oncology Sister, and Amanda Brampton, a Specialist Nurse in Cancer Care.

<https://youtu.be/jz54STRu5Vc>

Radiotherapy

Radiotherapy uses radiation (usually x-rays) to kill cancer cells. It can sometimes be used to cure cancer completely, and it is often used in combination with other treatments to make them more effective.

A machine is used to aim the radiation directly at the area of the body where the cancer cells were found. A patient may be given the radiation in an injection or a drink instead. Patients will need to visit a hospital to be given the radiotherapy, and they may need to go back for repeated sessions over several weeks.

As well as killing cancer cells, radiotherapy can also damage healthy cells. Radiotherapy can have side effects which include tiredness, nausea and may make the skin feel sore,

For more information on Cancer treatment and its effects on a patient please visit [Welcome to Cancer Matters Wessex - Cancer Matters Wessex](#)

Immunotherapy

Immunotherapy is a type of cancer treatment that helps the immune system fight cancer. The immune system helps the body fight infections and other diseases. It is made up of white blood cells and organs and tissues of the lymph system. Checkpoint inhibitors remove barriers that stop the immune system from finding and attacking cancer. Other types stimulate the immune system to help it work better against cancer.

Compassionate conversations

There are many helpful training sessions you can have to give you more confidence in having compassionate conversations with Cancer patients.

[Supporting-Difficult-Conversations-our-non-clinicians-have.pdf \(rowanshospice.co.uk\)](#)

Handling difficult situations – treating yourself and others with compassion [HEE elfh Hub \(e-elfh.org.uk\)](#)

Secondary Care (What happens at the hospital)

- **Referral** - Once a patient has been referred, they may need help to find out what might happen to them at the hospital.
CRUK have excellent resources to support this here: [Your urgent cancer referral explained | Cancer Research UK](#)
- **Tests** - They may also be required to have further tests. Further info on the types of test can be found here: [Diagnostic tests A to Z | Macmillan Cancer Support](#)
- **Treatments** – Macmillan cancer support also have a comprehensive list of the different treatment options available that a patient may have to have (other than chemotherapy and radiotherapy) [Treatments A to Z | Macmillan Cancer Support](#)

- **Drug trials** – these are an important part of cancer treatment and care, and it is common for patients to discuss treatment trials with their consultant.
Further information can be found in this webinar [Cancer Care Co-ordinators CoP Meeting-20230822_105911-Meeting Recording.mp4](#).

The Charitable Sector

There are many national and local charities that are designed to help patients navigate through their cancer journey. Here are some that you can direct patients to.

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

[Macmillan](#) provide information on all cancer types and offer many other [services for your patients](#) which includes: telephone support line, online community, information booklets, benefits and work advice and access to financial support.

Cancer Support Centres (Jane Scarth House, Maggie’s Cancer Centre, Wessex Cancer Support Centres)

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](#)

[Gynaecological Cancer Research Charity | The Eve Appeal](#)

[Prostate Cancer UK](#)

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

[Roy Castle Lung Cancer Foundation](#)

[Target Ovarian Cancer](#)

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.

[Home - Welcome to Wessex Cancer Alliance](#)

Wessex Cancer Alliance brings together clinicians and managers from health, social care and other services to transform diagnosis, treatment and care for cancer patients. These partnerships enable care to be more effectively planned across local cancer pathways.

[Right By You Wessex - Welcome to Wessex Cancer Alliance](#)

Right by You Wessex is a service jointly funded by Wessex Cancer Alliance and Macmillan Cancer Support, which is being piloted in Portland (and Southampton).

We recognise that sometimes despite best efforts, care for people with cancer can feel disjointed, with different services working separately. Right by You is focused on providing joined-up care and more personalised support for people affected by cancer. Portland patients can self-refer or be referred by a health care professional to Angela Ingram (cancer nurse specialist), Mon-Thurs 9-5pm on 07796 938707 (non-urgent messages can be left out of hours) or at angela.ingram@dchft.nhs.uk for further information see [Right By You - Cancer Matters Wessex](#)

[GatewayC](#)

Gateway C provides innovative and tailored information to support early cancer detection with unique online tools and guidance to enable effective decision making. They are a free resource for GPs, Nurses, AHPs (allied health professionals), students and anyone else who needs it.

[Dorset Integrated Care System Cancer Programme - Welcome to Wessex Cancer Alliance](#)

Dorset ICS Cancer Programme is working to prevent cancer within our population, diagnose cancer earlier, achieve great outcomes, and treat our patients as individuals with personalised and equitable care for all.

Post Treatment (Rehab)

At least 1 in 4 of those living with cancer face poor health or disability after treatment. While many people will return to previous levels of health, a significant number will experience long term problems.

These can include:

- chronic fatigue
- mental health problems
- sexual difficulties
- urinary and gastrointestinal problems
- lymphoedema.

People who were treated for cancer as children or young adults can also face long-term consequences of treatment, such as heart problems or increased risk of second cancers.

See the [living with cancer](#) page for more information about the effects of cancer treatment on your body.

Cancer Care Reviews

A Cancer Care Review (CCR) is a conversation between a patient and a Health or Social Care professional about their experience with cancer. It encourages personalised care and helps patients to:

- talk about their cancer experience and concerns.
- understand what support is available in their community.
- receive the information they need to begin supported self-management.

Cancer care reviews are advised:

- at the time of a patient's diagnosis (within 3 months)

- after a patient has received acute treatment (within 12 months)

The C the Signs dashboard can help the GP surgery to keep track of when cancer care reviews are due.

Cancer care reviews may be conducted by health care professionals including practice nurses, cancer care coordinators or GPs. Cancer care review templates are available to support the consultation, and these can be found on C the Signs.

Useful resources for cancer care reviews

Holistic Needs Assessment: The [Concerns Checklist](#) can help to identify the issues that are causing people most concern.

[Managing heart health during and after cancer treatment](#) – Guidance for primary care

[Managing lower GI problems after cancer treatment](#) – Guidance for primary care

[Managing physical effects of cancer treatment](#) (Gateway C)

Resources for patients

- The Macmillan Support Line is open 7 days a week between 8am-8pm on **0808 808 00 00**. It offers emotional and practical support including clinical information, financial and welfare rights advice.
- [Macmillan Online Community](#) – The Macmillan Online Community is a 24/7 peer support network with groups dedicated to specific cancer types, treatment modalities, as well as for family and friends.
- [Macmillan HOPE course](#) – a group-based training course for people who have/have had cancer to support them to manage the day-to-day impact of living with cancer.
- Breast Cancer Now [Moving Forward online course](#)
- PCUK [Sexual Support Service](#) telephone consultation
- Cancer Matters Wessex - <https://cancermatterswessex.nhs.uk/living-with-and-beyond-cancer/>

Practical support

4 in 5 people experience a financial impact of their cancer. The following organisations can help:

[Macmillan Poole and Bournemouth Benefits Advice Service](#)

[Hampshire Macmillan Citizens Advice Service](#)

[Macmillan Grants](#) – means tested grants are available through the support line, information and support centres and local cancer centres.

Palliative / End of Life Care

As a member of the team your knowledge of cancer support groups and rehabilitation teams will be invaluable in promoting rehabilitative care earlier in the palliative process and provide opportunities for self-referral when patients start to deteriorate.

It is important to acknowledge that palliative care and end of life care are different as patients can live with cancer for many, many years.

Some additional training to help you gain confidence in this area can be found here.

Difficult conversations

Macmillan **difficult conversations** resources including leading difficult conversations, key principles, using technology to communicate, delivering bad news, talking about death and dying, and communicating with people who are recently bereaved.

Communicating with empathy

This is an e-lfh programme with 6 sessions developed to promote sensitive and effective communication in end-of-life care.

Bereavement Support

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](#)

Useful resources/organisations

[Home - Cruse Bereavement Support](#)

[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](#)

Cancer Care Coordinators

Care coordinators provide extra time, capacity, and expertise to support patients in preparing for clinical conversations or in following up discussions with primary care professionals.

They work closely with the GPs and other primary care colleagues within the primary care network (PCN) to identify and manage a caseload of identified patients, making sure that appropriate support is made available to them and their carers (if appropriate), and ensuring that their changing needs are addressed.

They focus on the delivery of personalised care to reflect local PCN priorities, health inequalities or at-risk groups of patients. Please ask in your practice if the PCN has a cancer care co-ordinator in post.

The Care Coordinators role requirements can help to deliver many of the objectives expected of Primary Care for patients living with cancer. They can help reduce workload for other members of the team with arranging appointments and following up patients and referrals. They may be utilised across the cancer pathway from prevention of cancer to End of Life care. Their role can help drive up screening numbers, tackle inequalities and support patients.

Consistent employment of cancer care coordinators across all PCNs will also enable co-ordination across sectors as growing knowledge of this role will enable easy access to the primary care MDT.

A cancer care coordinator can support the following:

Prevention:

- Identify at risk populations through QOF register: including obesity and smoking.
- Lead on advertising preventative advice within surgeries, social media and websites.
- Signpost to services
- Coding

Screening:

- Identify low screening rates, non-responders, low participation groups.
- Make contact to provide information and support to encourage uptake.

Safety Netting:

- Arranging follow-up GP appointments, providing information and leaflets to patients.
- Follow up patient groups that may not attend appointments.
- Monitor completion of FIT
- Audit PCN Safety Netting process

Early Diagnosis

- Promote use of digital tools to aid decision making and safety-netting.
- Monitor urgent suspected cancer referral and escalate breaches.
- Care Navigation

Personalised Care

- Coordinate care for anyone diagnosed with cancer in the practice signposting to internal and external services at any point in the pathway.
- Prepare patients for cancer care reviews.
- Help with maintaining palliative care register and coordinate gold standard framework meetings.

Here is a link to a webinar hosted by Wessex Cancer Alliance on the role of a cancer care coordinator - <https://youtu.be/1nAEUZCPhRk>

Useful Contacts Training & Resources

NHS Cancer landing page - [NHS - Cancer](#)

Wessex Cancer Alliance training resources - We have developed a suite of resources with training and resources for the cancer workforce [Education and Training - Welcome to Wessex Cancer Alliance](#)

[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](#).

Resources for Gypsy/Romany/Traveller Communities <https://www.gypsy-traveller.org/resources-for-healthcare-professionals/>

If you have attended any training that you think we should also include in this pack or if you have any questions about the information provided in this guide, please email: DCP@nhsdorset.nhs.uk or Tamzen.hogben@nhs.net