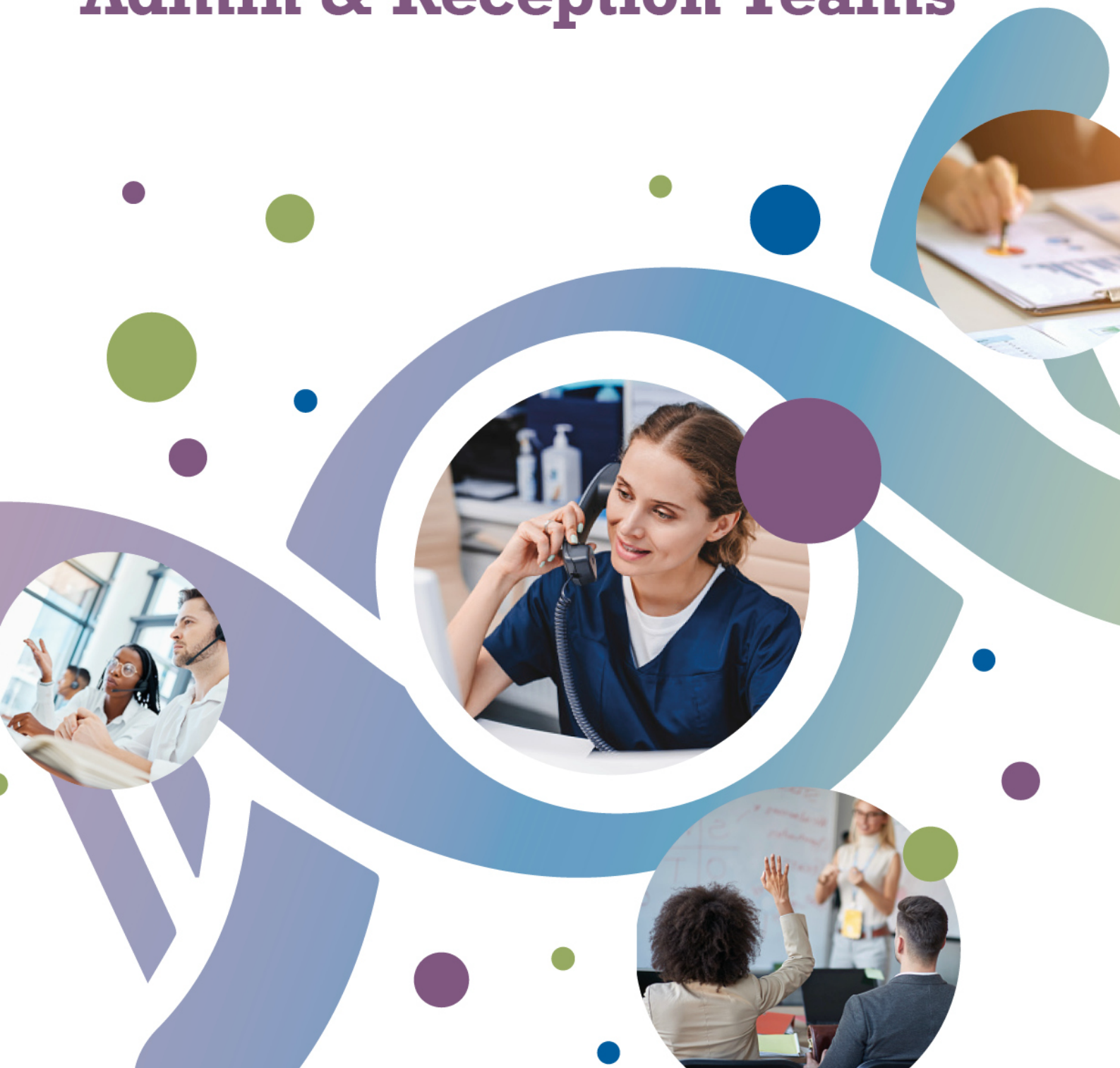




# Information, resources, and training for Admin & Reception Teams





## Wessex Cancer Alliance 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.

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

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

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

1	<a href="#">Introduction</a>
2	<a href="#">The NHS structure</a>
3	<a href="#">Prevention &amp; Early Diagnosis</a>
4	<a href="#">Screening</a>
5	<a href="#">Suspected Urgent Cancer Referrals</a>
6	<a href="#">Diagnosis &amp; Support – Personalised Care</a>
7	<a href="#">Post Treatment - Rehab</a>
8	<a href="#">Palliative Care / End of Life</a>
9	<a href="#">The Cancer Care Co-Ordinator</a>
10	<a href="#">Useful Contacts Training &amp; Resources</a>

### 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 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 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.



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.

### **VBA (Very Brief Advice) – ASK – ADVISE - ACT**

Very brief advice for smoking cessation (VBA) 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.

### **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.
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](#).

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

**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**  
 Fevers 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.

These photos are from the website of the National Cancer Institute (usa.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, from 9pm, or visit [macmillan.org.uk](http://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. Here are just a few:

- [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 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](http://www.cancermatterswessex.nhs.uk))

## Red Flags

A red flag symptom is something abnormal about your body or mind, which may indicate something is significantly wrong. Red Flag means potentially serious and potentially treatable. Patients are advised to see a doctor if they think they have one.

There are two types of RED FLAG symptoms.

### **Acute (rapid onset) red flag symptoms**

Acute symptoms = rapid onset of symptoms that have started in the last 24 hours and the patient feels may be serious. Below are some examples of acute red flag symptoms and what they could indicate:

- **Severe chest pain** – heart attack, clot in lungs, collapsed lung.
- **Severe headache** – bleed in brain, meningitis (a brain infection)
- **Shortness of breath** – [heart failure](#) or [COPD](#) (a group of lung diseases that cause breathing difficulties), asthma
- **Weakness on one side** (arm, leg, or both) and speech disturbance – stroke
- **High fever or feeling very cold or rash** – infection ([sepsis](#), including meningitis)
- **Drowsiness or confusion (new)** – many causes including infection (sepsis), side effects of medication, low blood pressure.
- **Uncontrolled heavy bleeding** (vomiting, in poo, or out of vagina) – many causes
- **Loss of eyesight or severe eye pain** – many causes including bleed, blood clot, glaucoma, uveitis, [giant cell arteritis](#)
- **Possible fracture** – any part of arm and leg, pelvis.
- **New severe back pain or inability to walk**, loss of control of bowels or bladder – spinal disease that needs an operation.

If a patient presents to you with any of these symptoms, then please speak to a medical professional within your practice.

## Chronic Red Flag Symptoms

Chronic symptoms are a slower onset of symptoms that occur over a few weeks, and you feel may be serious. Below are some examples of chronic red flag symptoms and what they could indicate?

- **Blood in urine (wee)** – bladder or kidney cancer
- **Blood in faeces (poo)** – bowel cancer
- **Vaginal bleeding** in a woman whose periods have stopped – uterine (womb) or cervical cancer.
- **Blood in sputum (spit)** – lung cancer
- **Swollen ankles or shortness of breath** – heart or kidney failure
- **Unexplained weight loss or bone pain** – cancer
- **A lump in your breast** or change in the nipple – breast cancer.
- **Unexplained deteriorating health or function** – with failure to respond to treatment.
- **Shortness of breath** - if the shortness of breath is severe, has worsened significantly recently or is of recent onset, it's an acute red flag

If a patient presents to you with any of these symptoms, it is advised that see the GP soon (ideally the next two-to-three days) and needs to be seen face-to-face and examined. If the doctor agrees that it is a red flag symptom, and suspects that it could be cancer, the patient should be referred to a local hospital via the urgent referral system (called a fast track referral or two week wait). The patient may be sent for tests before the appointment. (See urgent referrals section below for more information)

## 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

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](http://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 and not gender specific.

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.

Please see link below for details of each of the four national screening programmes

[https://assets.ctfassets.net/u7vsjinoopqo5/6aQf7dwXUlyULy2RoGR1v1/14f8a87736869f3473d0cc9de6f255dd/screening\\_programmes\\_at\\_a\\_glance\\_v4.pdf](https://assets.ctfassets.net/u7vsjinoopqo5/6aQf7dwXUlyULy2RoGR1v1/14f8a87736869f3473d0cc9de6f255dd/screening_programmes_at_a_glance_v4.pdf)

### 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>

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

#### 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 (reducing to 54 in certain areas inc Hampshire)
- Test kit comes by post, returned by post.
- 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.

- 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

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 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](#).

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](#)

### **Targeted Lung Health Checks**

**The targeted lung health check service is available to eligible patients across Wessex.** Information for patients can be found on the [Cancer Matters Wessex website](#).

Targeted Lung Health Checks went live in 2020, with the aim being to detect lung cancer at an early stage. They are currently available to patients in Southampton, Portsmouth and Portland. People aged 55 to 74 who are current or former smokers will be invited to have a lung health check. They will be invited even if they feel fit and healthy and currently have no lung problems, or if they currently have a lung condition.

Lung health checks are a really important check-up of the overall health of a patients lungs and are designed to spot any signs of lung problems early – often before they notice anything is wrong.

### **FIT Tests for Bowel Cancer Screening**

Bowel cancer is the 4th most common cancer in the UK. About 42,000 people are diagnosed with bowel cancer every year. If it's detected early, treatment is more successful and there's a good chance of recovery. The bowel screening programme aims to find bowel cancer early.

The home screening kit is called the faecal immunochemical test (FIT). The kit is sent to the patient in the post and comes with full instructions. They use it to collect a small sample of your poo (faeces) on a plastic stick and send the sample to a laboratory using the bottle provided.

The sample is then tested to see if it contains blood, which can be a sign of bowel cancer.

Please note that a FIT test may also be offered to people with symptoms that could be bowel cancer. It is very important that these tests are completed and returned quickly. In some practices the admin team are involved in tracking the tests and contacting patients if they have not returned them. Please see our 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

### **PSA Testing (Prostate Cancer Screening)**

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 you get older and the prostate gets bigger. A raised PSA level may suggest you have a problem with your prostate, but not necessarily cancer.

What will happen at the GP surgery? - 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 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 black African, Caribbean or black British people should discuss this with a GP or practice nurse.

### **Self-Referral Service – Southampton**

The prostate self-referral service, funded by Wessex Cancer Alliance, was launched following a significant decrease in referrals which led to a drop in the number of patients starting treatment during the COVID-19 pandemic. The project focuses on promoting access to information about prostate health and facilitating access to testing. This is ONLY available to practices that refer into Southampton General Hospital.

If considered high risk after completing an initial assessment questionnaire, men will be offered a sequence of investigations without the need for a GP referral. These includes a PSA blood test. Other tests are also offered if required, such as an MRI scan, urinary function assessment and prostate biopsies.

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/>

## **Suspected Urgent Cancer Referrals**

**What is an URGENT cancer referral?** In England, there is an urgent referral system that is used especially if a patient has red flag symptoms for suspected cancer.

### **Cancer Waiting Time Standards**

NHS England announced changes to the cancer waiting time standards so as of 1, October 2023, the two-week wait standard will be removed and instead patients can be told to expect a cancer diagnosis or rule-out of cancer within 28 days of being referred from their GP or cancer screening programme.

This is an improvement on the current standard in which patients are told they will see a specialist within 14 days, with no measurement of when a patient will be told the result. There is no change to the way GPs refer patients onto urgent suspected cancer pathways – the only change is that the NHS will measure how well it is dealing with those referrals by looking at speed of actual diagnosis, not whether the patient has a first appointment within a fortnight.

**When making an urgent suspected cancer referral, GPs and practice admin teams should still code it as a “Fast Track Referral” in the notes and for ERS; “two-week wait priority”?**

Patients should still be told that it is important to attend the first appointment they are given (which may be for an investigation or via telephone).

### **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 (also 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 (Clinicians, cancer care co-ordinators or practice secretaries process these) Sometimes 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. For reference the most up-to-date versions of the referral forms can be found on the WCA website [here](#).

All urgent 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. This information is 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. Special images are then taken and attached to the patients urgent suspected cancer referral to assist the hospital in managing the care of a patient such as with diagnoses, consultation, and treatment as well as (continuous) education. Please click the link to a handy guide on teledermatology for admin and clinical staff.

<https://wessexcanceralliance.nhs.uk/teledermatology/>

## **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
- [PRosPer - 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.

	<b>Be active</b> To keep your heart and mind healthy		<b>Build strength</b> To strengthen muscles, bones and joints	<b>Improve balance</b> To help reduce your chance of falling
<b>How often?</b>	<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
	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 patients 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 them 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 all the scans and 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, you 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, like 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 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 make you feel very tired and sick, and often causes 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 make your skin sore, and make you feel tired and sick.

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 your immune system fight cancer. The immune system helps your 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 support/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 tests, some of which sound scary. 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 trails with their consultant. Further information can be found in this webinar [Cancer Care Co-ordinators CoP Meeting-20230822\\_105911-Meeting Recording.mp4.](#)

The following is a list of all current trials by region

<https://www.cancerresearchuk.org/about-cancer/find-a-clinical-trial>

### **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](#) including: 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 joint funded by Wessex Cancer Alliance and Macmillan Cancer Support, which is being piloted in two sites in the Wessex region.

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.

[Home - 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.

## **Post Treatment (Rehab)**

At least 1 in 4 of those living with cancer face poor health or disability after treatment. While most 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.

### Useful resources

Holistic Needs Assessment [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 and [Sexual Wellbeing Resource](#), a self-management resource for people living with prostate cancer
- 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, communicating with people who are recently bereaved.

### Communicating with empathy

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**

[cruse.org.uk](http://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 \(goodlifedeathgrief.org.uk\)](http://goodlifedeathgrief.org.uk)

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

[Childhood Bereavement Network](#)

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

## **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 Cancer patients. They can help reduce workload for other members of the team with arranging appointments and following up patients and referrals. They can be utilised across the cancer pathway from prevention to End of Life. Their role can help drive up screening numbers, tackle inequalities and support patients.

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 2-week wait 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

[The highly valued O'Halloran Webinars](#) are now available for **all** Wessex Trust and PCN staff to access for another 12 months. You can choose from either live or pre-recorded webinars accessed **free** with the code **LIVE2020**. These **hour-long** webinars are an excellent resource for **any** professionals looking to enhance their cancer knowledge. To build a strong foundation level of cancer knowledge we suggest starting with ***Cancer Demystified, Metastasis Explained*** and ***Staging and Grading***.

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

Care Navigation Training - aimed at the Primary Care workforce and funded by NHSE. Further details are available here:

[https://capitaknowledgepool.fra1.qualtrics.com/jfe/form/SV\\_2s4oUQaWXx8CZKu](https://capitaknowledgepool.fra1.qualtrics.com/jfe/form/SV_2s4oUQaWXx8CZKu).

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: [Tamzen.hogben@nhs.net](mailto:Tamzen.hogben@nhs.net)