Cancer Care Review (CCR)

Insight, opportunities and top tips

Produced by Yorkshire and Humber **CN GP Leads Forum**

NHS
Yorkshire and the Humber Clinical Networks

Background

- The Quality and Outcome Framework requires all patients diagnosed with cancer to receive a CCR by their GP within six months. It helps the person affected by cancer to understand what information and support is available to them in their local area, and to enable supported self-management as part of their Recovery Package.
- The research gathered nationally and Y&H wide indicates that the CCR undertaken by GPs are variable; some patients had an extended face-to-face consultation, others a brief phone call, and some had no contact with their GP after diagnosis.
- The SCN alongside the Yorkshire and Humber GP Leads Forum asked GP Cancer Leads how the CCR was being implemented and to share methods and successes.
- Patients and carers views on the CCR and what is important to them was sought with support from the Yorkshire Cancer Patient Forum. This briefing summarises the insight and learning and suggests opportunities for how the CCR can be implemented, acknowledging the existing CCR resources and tools that are available.

What are the benefits of undertaking a CCR?

The literature search, GP Cancer Leads and the patient focus group has revealed:

- Most patient focused studies and the patient focus group indicated that patients would welcome a CCR with their GP.
- The CCR provides an opportunity to address patient's holistic needs and ongoing support and information
- The CCR template devised by Macmillan was seen as a useful tool to use as part of the process however both patients and GPs did not want a tick box exercise.
- Research indicates there is a potential role that primary care can play in the management of the long-term consequences of cancer treatment.
- There is increasing evidence to suggest that patients who are supported and informed and can self-manage may achieve the best health and quality of life.
- With increasing numbers of people surviving their cancer diagnosis, cancer follow up in primary care is likely to start to resemble that of other long term conditions like COPD or Diabetes.
- Evidence suggests some people living cancer are followed up more frequently than others and therefore there are inconsistencies across tumour sites.

TOP TIPS TO DELIVER A CCR

Preparation for the CCR

(For the purposes of brevity a CCR being undertaken by the GP is stated throughout the document. However a GP or primary care clinician with specialist cancer knowledge could undertake the CCR).

- Patients welcome contact in the first six months but for those still undergoing treatment, further contact at a later date would be appreciated.
- For GPs to be aware of Macmillan Cancer tools and resources which are available to support the CCR process.
- For GPs to have access to Holistic Needs Assessments and Treatment Summaries which are completed by Acute Trusts to assist the CCR process.
- Patients welcome proactive contact from their GP via a letter to invite them to a CCR rather than patients having to contact the GP surgery. Leeds CCGs are advocating the use of a standard letter to encourage patients to attend the surgery for a CCR.
- In some parts of Y&H, practice nurses carry out the CCRs. Patients welcome clinical staff with cancer expertise to undertake the CCR. GPs may want to investigate practice staff being trained to support people with cancer in primary care.
- Patients and GPs benefit from improved and integrated communication across primary and secondary care.
- When an appointment for a CCR is given to patients, they should be offered the opportunity to have relatives or friends present if they wish.

TOP TIPS TO DELIVER A CCR

During the CCR

- Patients would like to be seen by the same GP or the GP of their choice to avoid having to repeat their cancer story each time and building a relationship with the GP was very important.
- For GPs to consider local social prescribing or information prescription solutions; refer patients to the most appropriate information and support.
- Patients welcome time being available to allow the GP to talk with patients and relatives in an undisturbed way.
- As well as clinical information, non-clinical information such as benefits/financial advice, emotional support, diet and nutrition could be offered.
- If non-clinical information is unavailable, GPs should have information to signpost to voluntary sector providers.
- Patients could be offered information to take away with them.
- Patients welcome being involved in their medication options and for side effects to be explained fully.
- Members of the team should promote good communication between patients, their families/carers and the team, allowing open communication and using a sensitive approach.

After the CCR

- A double appointment or an appointment to return for a further conversation may be helpful for patients with complex issues.
- Consider inviting the patient for a further review in six or twelve months' time to check for late effects of treatment as well as discussing wider health and wellbeing issues.
- Acute Trusts welcome communication back to them regarding what has been discussed at the CCR to ensure a holistic approach to delivering the Recovery Package.

TOOLS AND USEFUL RESOURCES TO SUPPORT DELIVERING A CCR

Macmillan Resources to support GPs:

here

Macmillan Resources to support primary care:

here

Macmillan information on benefits and financial support:

here

Evaluation by Macmillan on the Cancer Care Review:

evaluation of Macmillan's Cancer Ca

Top Ten Tips for patients once they have completed treatment:

What to do after cancer treatment ends

Published: April 2016

Review date: April 2018