# CANCER SCREENING

## A quality improvement toolkit for cancer care in primary care

Primary Care Network:

Practice name:

CCG:

Contact lead:

If you require any further information about this toolkit please email macdocs@macmillan.org.uk

MACMILLAN CANCER SUPPORT

# Contents

## Key to the icons in this toolkit

| | |
|---|---|
| 🔍 | **Searches**: Searches that you can use to to collect data. Instructions about how to find them in your system can be found in the appendix. |
| 💼 | **QI Toolkit**: A suggested QI tool that you can use to help implement your change. |
| 🏠 | **Practice meeting**: A suggested practice meeting format. |
| ⚠ | **Recommend activity**: These activities are required in order to complete later sections of the toolkit. |
| 🔗 | **PCN meeting**: Activities that you can complete after your PCN meeting. |

# The changing story of cancer

One in two people born after 1960, in the UK, will be diagnosed with cancer during their lifetime[1]. In 2020, almost 3 million people are living with or beyond cancer in the UK. This number is expected to rise to 4 million by 2030[2]. In 2017, around 305,682 people were diagnosed with cancer in the England.

An increasing number of people survive their initial (or subsequent) cancer treatment. The number of people who have survived five or more years since a cancer diagnosis has increased by over 260,000 (or 21%) in the five years to 2015[3]. However, at least 500,000 people in the UK are facing poor health or disability after treatment for cancer[4].

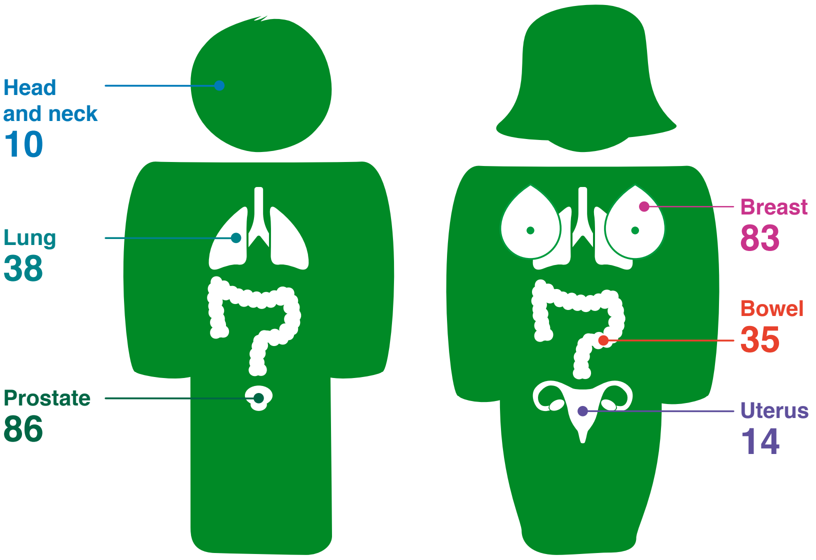
The number of older people (aged 65 and over) living with cancer has grown by 300,000 (or 23%) in the five years to 2015[3] and the most common age range for patients to be diagnosed with cancer is 65–79[5]. Cancer is increasingly becoming a chronic disease which must be managed alongside other comorbidities.

Health inequalities have an important role to play in cancer, as they do in many other conditions. If all of England saw the same cancer incidence rates as the least deprived group there would be 15,000 fewer cancers diagnosed each year[6]. The results of the National Cancer Patient Experience Survey for England 2019 also show the impact that health inequalities have on patient experience during and after cancer treatment. For example, black respondents were less likely than white respondents to say that they were definitely given enough care and support from health or social services during or after their treatment. The same can also be said for those in the most deprived groups vs the least deprived groups and for non-heterosexual vs heterosexual respondents. Black, Asian and non-heterosexual respondents were all less likely to report that the different people treating and caring for them always worked well together to give them the best possible care[7].

A diagnosis of cancer has a far-reaching impact. Around half of all people with cancer experience levels of anxiety severe enough to adversely affect their quality of life. Four in five people with cancer are affected by the financial impact[8].

Our evidence shows that 58% of people with cancer feel their emotional needs are not looked after as much as their physical needs. Half of people with cancer want information, advice and support about the emotional aspects of cancer, of whom 41% are not able to get it[9].

**Number of new cancers diagnoses for every 50,000 people per year**



# Screening for cancer

**Participating in national cancer screening programmes is one of the best ways to detect cancer early. There are well-established and successful population screening programmes for breast, bowel, and cervical cancer. Screening programmes can play an active part in preventing cancer in the first place and in improving patient outcomes, with one-year survival for bowel cancer detected through screening at 97%[10].**

The objectives of this module are aligned to the Early Diagnosis QOF QI Domain and the Network Contract Direct Enhanced Service and are designed to support your practice to:

1. **Evaluate your local uptake of the cancer screening programmes and reflect on local health inequalities.**
2. **Undertake QI activity aimed at increasing uptake, using bowl screening as an example.**
3. **Provide you with resources for your QI activity including resources to enable you to target inequitable uptake of screening in a population you have identified.**
4. **Establish a whole practice process that improves the coding of and follow up of people who do not take up bowel screening after it has been promoted to them.**

# Toolkit instructions

**This toolkit aims to encourage and support primary care teams to improve the quality of care they provide to people with cancer while also enabling practices and primary care networks (PCNs) to deliver the requirements of the Network Contract Direct Enhanced Service (DES) and Quality Outcomes Framework Quality Improvement (QOF QI) Domain.**

It contains a suggested structure and activities that you can undertake, along with ideas for improvement and resources to support your changes to meet these requirements. You can modify these to meet your local needs. Your project lead need not be a GP and you could consider other members of your team who would like to lead this work.

To help you carry out some of the activities within this toolkit, we have worked with ➔ EMIS Web, ➔ TPP SystmOne and ➔ INPS Vision to provide you with searches which can be accessed within each IT system. Instructions to access these searches are included in the appendix.

## Outline of activities

This structure is based on the recommendations of the Early Diagnosis QOF Domain but the content will also satisfy the DES:

**Baseline evaluation**

- Review the toolkit and nominate a lead for the project (Section 1)
- Perform your baseline analysis and search (Section 1)
- Identify your stakeholders (Section 2)
- Present your local data at practice meeting (Section 3)
- Co-develop your practice plan at your practice meeting (Section 3)
- Record your practice improvement plan and set your SMART objectives (Section 4)
- Share your data and improvement plan with your PCN. You could use this meeting to identify any system-wide issues which may require collective action.

**Implementation**

- Over 6 months implement your practice improvement plan (Section 4)

**Project evaluation**

- Evaluate the changes you have made (Section 5)
- Share your data with your practice (Section 5)
- Meet again with your PCN to share learning from each of your QI activities (Section 5)
- Consider further changes that could be made to improve your performance in this area
- Think about how you can maintain the changes you have already made

# 1. Baseline evaluation

The QOF QI Domain suggests that your QI activity should focus on outcomes such as:

- An increase in follow-up and informed consent of screening for cervical, breast or bowel cancer
- A reduction in inequitable uptake of screening in population groups identified by your practice.

In addition, the DES states that each PCN will contribute by undertaking specific actions to engage a group with low participation locally.

In this section, you will perform a baseline analysis of the current screening coverage for your practice and compare this to CCG and national averages. Alongside this, you will review your practice policies for identifying and contacting non-responders and reflect on local health inequalities.

This information can be used to identify any areas for change and can inform your practice meetings. It will also establish a baseline with which to demonstrate evidence of activity and improvement.

Below are the searches that you need to run to perform the activities in this section.

## Searches

| Search number | Search description |
|---|---|
| 7 | DNA/No response to bowel screening programme in last month |
| 8 | DNA/No response to bowel screening programme in last six months |
| 9 | Bowel screening programme invitation letter in last six months |
| 10 | Bowel screening programme invitation letter in last month |
| 11 | Bowel screening telephone invitation in last six months |
| 12 | Bowel screening telephone invitation in last month |
| 12a | Advice about bowel cancer screening in last six months |
| 12b | Advice about bowel cancer screening in last month |

1. **Fill in the table below to compare your practice results to the CCG and National averages:**

   - Use the fingertips website to find out the most recent breast and bowel screening coverage for your practice or PCN
   - Use the fingertips website and/or your practice coded data to find the percentage of women up to date with their cervical smears. You may find discrepancies in reporting from different data sources due to certain exclusion criteria.

| | Your practice | Your PCN | CCG average | National average |
|---|---|---|---|---|
| Breast screening | | | | |
| Bowel screening | | | | |
| Cervical smears | | | | |

2. **Does your practice have a policy to identify non-responders to cancer screening invites?**

| | | |
|---|---|---|
| Bowel cancer screening | ☐ Yes | ☐ No |
| Breast cancer screening | ☐ Yes | ☐ No |
| Cervical smears | ☐ Yes | ☐ No |

3. **Run search 8 to gather the number of non-responders to the bowel cancer screening programme over the last 6 months. Note the outcome of this search below.**

   ☐ people

4. **Reflect on the local health inequalities and record them in the box below. Examples of health inequalities in cancer screening are given in page 13–14 of the linked report.**

**There may already be schemes running in your area to increase screening uptake. You could contact your CCG Cancer Lead or your Macmillan GP to find further information. Details of how to find you Macmillan GP can be found on the following page.**

# 2. Stakeholders, system partners and community of practice

5. **In the box below list all the people who might help you to achieve your aims. Consider the roles that clinical and non-clinical staff can play, as well as your patient participation group.**

Improving early diagnosis is also a strategic delivery priority for the Cancer Alliances across England. They should work to support PCNs in delivery, as should the Public Health Commissioning team. You might also want to consider the role that other outside organisations and the voluntary sector can play.

The PCN specification also recommends the development of a Community of Practice. A community of practice is a group of professionals, who have a common interest in a subject, and learn from each other's experiences, ideas and strategies by interacting regularly.

6. **Does your Primary Care Network (PCN) have a clinical lead for delivery of this section of the DES?**

☐ Yes ☐ No

7. **Does your practice have a clinical champion for this project?**

☐ Yes ☐ No

8. **Does your practice have a non-clinical champion for this project?**

☐ Yes ☐ No

9. **Do you know if you have a Macmillan GP in your area?**

☐ Yes ☐ No

Macmillan GPs can be helpful in the completion of this toolkit and in developing your community of practice. If you need the contact details of your local Macmillan GP then email **macdocs@macmillan.org.uk** with the name of your CCG.

# 3. Co-development of your practice improvement plan

In this section, you will share what you have learnt about your current performance with your practice team and develop a practice improvement plan for change.

This is an important step in the process. For your changes to succeed you will need the help of other members of your team. One method to engage the rest of your team is by including them in the process of identifying what needs to change. You don't need to capture the imagination of everyone, just enough people to help you get the change going. Also, by involving all members of the practice in the discussion, everyone can share their perspective and insights, which might be missed with only clinical staff involved. It will also help to create 'ownership' of the new process which will help with buy-in.

Below is a possible structure of practice meeting and a suggested Quality Improvement tool that might be useful. You can choose to use an alternative tool if you wish. This meeting could be led by any member of your practice team, for example, your practice manager.

**QI Tool: Driver diagram**
Each practice and primary care network will have challenges, based on local healthcare delivery and population factors, which will impact on its screening rate. A driver diagram can be used to plan your improvement project. It is a method of capturing your aim, identifying what must change (the primary and secondary drivers) and how it must change (improvement plan) to achieve the desired performance or outcome. This is explained further in the ➔ appendix.

**A suggested practice meeting format**

- Present your local data and how it compares with your CCG and national average alongside your reflections on local health inequalities
- Explain the idea of a driver diagram
- If you have a large group split them into sub-groups (for example one for each cancer screening programme) and ask them to construct a driver diagram
- Involve non-clinical staff and ask them what they could do to help for example, opportunistically checking patient details, giving out leaflets or ideas to improve coding
- Ask each group to feedback their diagrams
- Discuss any ➔ **ideas for improvement** and ➔ **resources for change** which have not been captured by your discussions
- Consider involving your patient participation group for patient input into the process
- As a group, agree on the SMART objectives that you could aim towards and the actions that you can take forward to achieve your objectives.

If you used a driver diagram as your chosen QI tool this document will allow you to present your diagram in an electronic format.

### Ideas for improvement

- Evidence shows that when contacting non-responders, endorsement from a family doctor can improve uptake of Bowel Cancer Screening (example in resources for change)
- Use of IT system alerts to remind healthcare professionals to address this issue opportunistically
- Use of telephone calls rather than a letter when contacting non-responders (see resources for change)
- Regular searches for non-responders (see resources for change)
- Development of the role of a Cancer Administration lead
- Use of health promotion campaign materials in reception, in local media, or on social media
- Use of Bowel Cancer Screening Saves lives cards in consultation rooms
- Incorporation of an information leaflet on breast self-examination in all cervical screening and pill check appointments
- Provision of leaflets in several languages

### Resources for change

Improved coding can aid in tracking activity in this area. Going forward, code every patient using the appropriate code from the list below (if not automatically coded):

| Description | READ code EMIS/INPS | READ code SystmOne | SNOMED Code |
|---|---|---|---|
| Bowel cancer screening programme telephone invitation | 9Ow4 | XaZx4 | 862011000000104 |
| Bowel cancer screening programme letter invitation sent | 9Ow5 | XaZx5 | 862031000000107 |
| Advice given about bowel cancer screening | 8CAy | XaPyB | 382161000000102 |

CRUK GP Endorsement Letter ‘Supporting Bowel Cancer Screening’
CRUK Sample Telephone Script for following up bowel cancer screening non-responder

## Tackling health inequalities

The QOF QI Domain suggests that you could target your activity towards a reduction in inequitable uptake of screening in population groups identified by your practice. Examples of health inequalities in cancer screening are given on pages 13 and 14 of the linked report. Below are some resources which you might find useful to help target these groups:

- Bowel Cancer UK have produced an easy read *Bowel health and the bowel screening test in Scotland* booklet for people with learning disabilities and another guide for carers.
- Patient information leaflet *Helping you decide* for people living with learning disabilities. It covers cervical screening and is produced by Public Health England on behalf of the NHS.
- Cornwall Learning Disability initiative for breast cancer screening. The link contains a video which highlights what they have been doing to support women with learning disabilities.
- LGBT e-learning suite produced by the RCGP contains a module on screening issues in the LGBT population. It contains recommendations for coding and searching to help ensure transgender patients receive the correct invites.
- This PHE blog highlights work that has been done to tackle screening inequalities in BAME communities.
- This PHE blog highlights work that has been done in Merseyside which has large pockets of deprivations.
- Jo’s Trust has a variety of information for primary care professionals including information on barriers to screening and support for survivors of sexual violence.

# 4. Improvement plan

**10. Record your SMART (specific, measurable, achievable, relevant and time-bound) objectives for increasing your bowel screening rate and/or others in the box below. The QOF QI domain recommends that these are challenging but realistic.**

An example of a SMART objective that is given in the QOF QI Domain is ‘The practice aims to contact z% of non-responders over the next 6 months providing additional information to support informed decision making about screening.’

This is also an example of a process measure as it measures a step in a process that can lead to the desired outcome. The QOF QI domain suggest that you could also stratify your objectives into outcome measure and balancing measures.

**11. Collate your ideas for change from your practice meeting, review your current policies regarding non-responders to cancer screening invites and the resources for change.**

Record your improvement plan in the box, this includes some recommended actions:

☐ Improved coding can aid in tracking activity in this area. Going forward, code every patient using the appropriate codes from this ➔ list.

☑ **TO DO LIST**

☐
☐
☐
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☐
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☐

**12. Once you have formulated your improvement plan, the QOF QI domain recommends that you meet with the rest of your Primary Care Network to:**

- Share what you have learnt from your baseline evaluation
- Share and validate your improvement plan and SMART objectives
- Identify any system-wide issues which may require collective action.

You could use the box below to record any reflections, or actions following on from this meeting.

# 5. Evaluation of change

**13. After 6 months, run searches 8,9,11 and 12a to find the number of bowel cancer screening non-responders contacted compared to your baseline searches. Fill in the boxes below:**

| | Number of patients |
|---|---|
| Number of non-responders in the last six months | ☐ |
| Number of non-responders contacted in the last six months via letter | ☐ |
| Number of non-responders contacted in the last six months by telephone | ☐ |
| Number of patients who received bowel screening advice in the last six months | ☐ |

**14. After 12 months, run searches 8,9,11 and 12a again to find the number of bowel cancer screening non-responders contacted since your mid-point searches above. Fill in the boxes below:**

| | Number of patients |
|---|---|
| Number of non-responders in the last six months | ☐ |
| Number of non-responders contacted in the last six months via letter | ☐ |
| Number of non-responders contacted in the last six months by telephone | ☐ |
| Number of patients who received bowel screening advice in the last six months | ☐ |

**15. Once you have carried out your improvement plan, the QOF QI domain recommends that you meet again with the rest of your Primary Care Network to share:**

- The findings of your evaluation of change
- What you have learnt from the quality improvement process and change activities
- Any further activities you are planning to undertake at your practice
- Any further actions that need to occur at a system level to support your changes

You could use the box below to record any reflections, or actions following on from this meeting.

## Overall reflections

You can use the box below record your reflections on the QI process you have undertaken. Some points you might like to consider are listed below:

- Identify your successes and the factors which supported the process
- Factors which hindered your new or improved process
- Learning points
- How you can maintain your changes
- Areas which require further changes to be made
- You might want to reflect on a personal as well as a practice-wide level.

# Appendix 1: Driver diagram

Each practice and primary care network will have challenges, based on local healthcare delivery and population factors, which will impact on its screening rate. A driver diagram can be used to plan your improvement project. It is a method of capturing your aim, identifying what must change (the primary and secondary drivers) and how it must change (improvement plan) to achieve the desired performance or outcome.

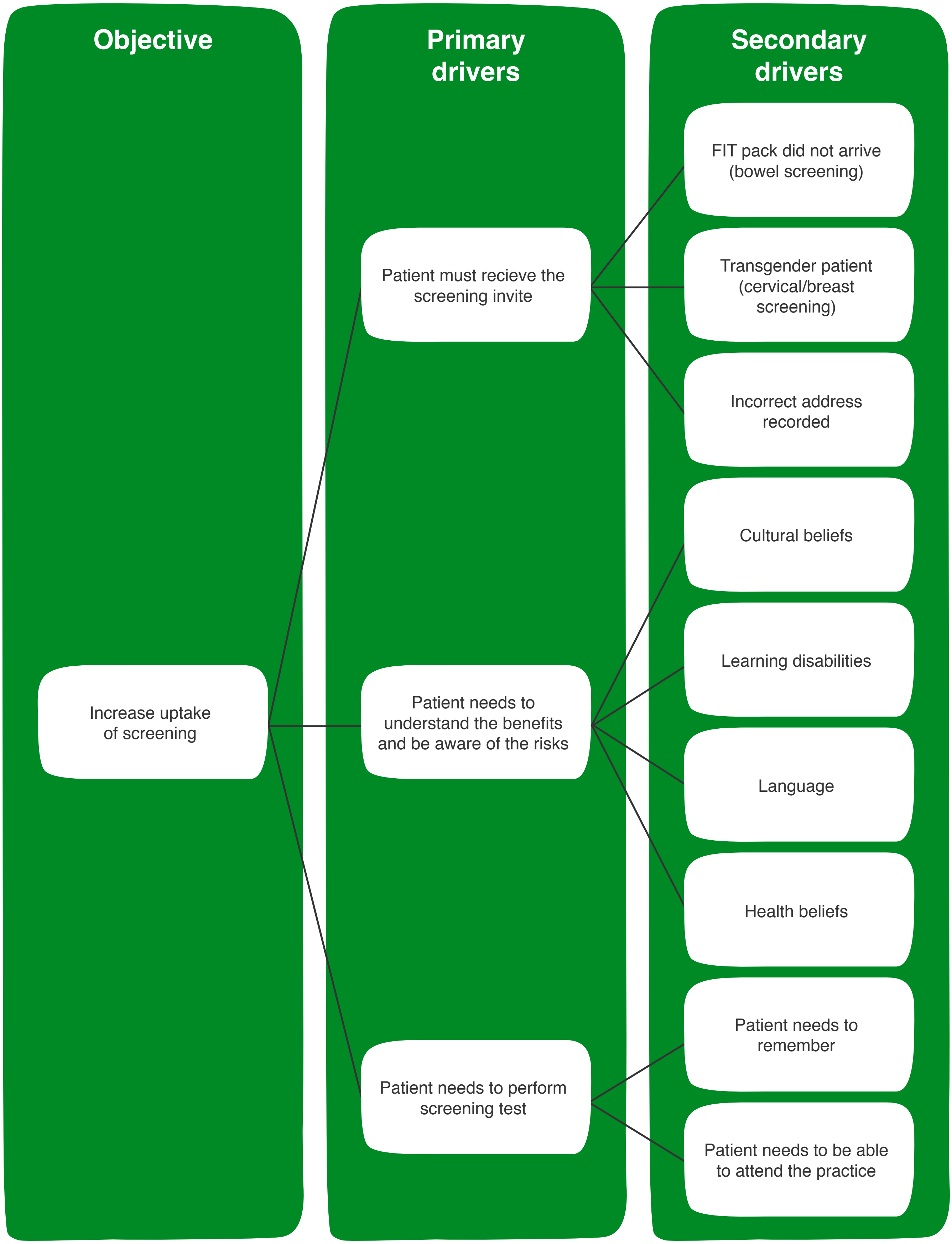
The primary and secondary drivers (from which the tool derives its name) are intended to identify the elements in the process that need to happen to achieve the desired outcome. For example, the primary drivers for attending screening are that the patient needs to receive a screening invite/pack, understand its importance/be able to read it or understand it and then they need to attend the appointment or perform the test. Each of these drivers could then have secondary drivers. ➔ Figure 1 shows an example of a simple diagram for a generic screening programme example of a diagram for a generic screening programme.

This is a linear diagram, sometimes drivers may be linked e.g. if an incorrect address is recorded then an invite may not be received and therefore a patient may forget to attend. You can add links between the drivers if that is useful to help you capture the issue.

Once you have identified your drivers you can then identify ideas for change that will help you move towards your aim. Taken together, these ideas can form your **➔ improvement plan** for the project. The example in Figure 1 is only meant to serve as an illustration so you will need to adapt it to your local population and for the screening programme you are focusing on.

Some of the drivers e.g. patient needs to remember to attend, will be the same for each screening programme. Others like ‘Health beliefs’ may be different depending on the programme you are dealing with e.g. sexually inactive women believing that they don’t need to attend cervical screening. It might be worth constructing a diagram for each at the same time even if you are going to tackle bowel screening first.

**Figure 1 – Generic Cancer Screening Driver Diagram**



# Appendix 2: EMIS Web searches

To make the searches required to complete this toolkit as easy as possible we have worked with EMIS to ensure that all the searches can be accessed in one place.

**Population Reporting> EMIS Library> SNOMED Searches> EMIS Clinical Utilities> Third Sector Partnerships> Macmillan Cancer Support> Quality tool kit**

You will be taken to a screen which will detail the following searches:

| | | |
|---|---|---|
| **1.** | Mammography normal | |
| **2.** | Mammography abnormal | |
| **3.** | Mammography not attended | |
| **4.** | Fast track cancer referral and coded as DNA | |
| **5.** | Fast track cancer referral in last 6 months | Module 2 |
| **6.** | DNA fast track cancer referral | |
| **7.** | DNA/No response to bowel screening programme in last month | Module 1 |
| **8.** | DNA/No response to bowel screening programme in last 6 months | Module 1 |
| **9.** | Bowel screening programme invitation letter in last 6 months | Module 1 |
| **10.** | Bowel screening programme invitation letter in last month | Module 1 |
| **11.** | Bowel screening telephone invitation in last 6 months | Module 1 |
| **12.** | Bowel screening telephone invitation in last month | Module 1 |
| **12a.** | Advice about bowel cancer screening in last 6 months | Module 1 |
| **12b.** | Advice about bowel cancer screening in last month | Module 1 |
| **13.** | Cancer diagnosis in last 6 months with 2ww | Module 2 |
| **14.** | 2WW Information Given | Module 2 |
| **15.** | Fast track referral and QCancer score | |
| **16.** | Cancer diagnosis EVER | Module 3 |
| **17.** | Cancer diagnosis in last 6 months | Module 2 |
| **18.** | Cancer diagnosis over 5 years ago | Module 3 |
| **19.** | Cancer diagnosis in last 6 months with treatment code | Module 3 |
| **20.** | Prostate cancer diagnosis over 5 years ago | Module 3 |
| **21.** | Prostate cancer diagnosis EVER | |
| **22.** | Contact made with patient after cancer diagnosis | Module 3 |
| **23.** | Cancer Care Review in last 6 months | Module 3 |
| **24.** | Cancer Care Review and ALL CCR template | Module 3 |
| **24a.** | Cancer Care Review in last 6 months and discussion about psychological counselling | Module 3 |
| **24b.** | Cancer Care Review in last 6 months and discussion about employment counselling | Module 3 |
| **25.** | Cancer Care Review in last 6 months and benefits counselling | Module 3 |
| **26.** | Cancer Care Review in last 6 months and discussion about complications of treatment | Module 3 |

| | | |
|---|---|---|
| **27.** | Cancer Care Review in last 6 months and discussion about diagnosis | Module 3 |
| **28.** | Cancer Care Review in last 6 months and discussion about treatment | Module 3 |
| **29.** | Cancer Care Review in last 6 months and lifestyle advice given | |
| **30.** | Patients in need of palliative care AND full palliative care template | Module 4 |
| **31.** | Patients in need of palliative care and MDT | Module 4 |
| **32.** | Macmillan information offered in last 12 months | Module 3 |
| **33.** | QCancer score in last 12 months | |

# Appendix 3: TPP SystmOne Searches

Templates and reports to support completion of Macmillan's Quality Toolkit for Cancer Care in Primary Care within TPP.

- Access the library in SystmOne via System > Resource Library.
- Type 'macmillan' as a search term and you will see the below.
- Download any resources you do not have locally on your SystmOne module (right-click and download resource).
- Once downloaded add the templates/view and to where you want to use them (tree or toolbar).

| Name | Type | Guidance |
|---|---|---|
| Macmillan Quality Toolkit for Cancer in Primary Care Reports – Read Usage Guidance! | Report | Downloads all the reports required to support the Macmillan Quality toolkit. **Read the usage guidance.** |
| Macmillan End of Life Care QOF QI Reports – Read Usage Guidance! | Report | Downloads all the reports required to support the QOF QI EOL Module. **Read the usage guidance.** |
| Macmillan Palliative Care Template 2019 | Template | Template to support QOF QI EOL. |
| Macmillan Cancer Care Review Template 2019 | Template | Template for use in performing a good quality cancer care review with a patient. |
| Macmillan Cancer Quality View | View | View to see what items have been entered on the last care review. |
| Cancer Care Review – how are you going? | Word Letter Template | Template letter to send to patients before their review. |

**Note**: When accessing the Cancer Care Review and Palliative Care templates within the SystmOne Resources Library please utilise the National templates that have been developed by Macmillan and Nottingham as described in the above table.

Please do not upload a Practice/CCG-specific template to the Library. This causes confusion among users who will not know which template is the original and most up to date version.

For a list of the searches available please see **appendix 2**.

# Appendix 4: INPS Vision

Right click Vision+ icon > Download Web files > Under heading: Practice alerts & lists > Cancer care in primary care: Quality toolkit (Macmillan)

Right click Vision+ > Open Practice reports > Practice lists > Cancer care in primary care: Quality toolkit (Macmillan)

For a list of the searches available please see **appendix 2**.

# References

1. Ahmad AS, Ormiston-Smith N, Sasieni PD. Trends in the lifetime risk of developing cancer in Great Britain: comparison of risk for those born from 1930 to 1960. British Journal of Cancer. 2015;112(5):943-947. doi:10.1038/bjc.2014.606. Available at: www.ncbi.nlm.nih.gov/pmc/articles/PMC4453943 (accessed February 2020).

2. Analysis based on observed cancer prevalence in 2017 (2015 for Wales), published by the cancer registries for each nation in the UK. The relationship to complete cancer prevalence is derived from 2013 complete prevalence (Macmillan-NCRAS Cancer Prevalence Project). This is projected forwards using the UK growth rates in Maddams et al. (2012), resulting in an estimated 3 million in 2020, 3.5 million in 2025 and 4 million people in 2030 living with cancer in the UK. This includes all people who have ever had a cancer diagnosis; some people in this group may no longer consider themselves to be living with cancer.

3. Maddams J, Utley M, Møller H. Projections of cancer prevalence in the United Kingdom, 2010-2040. Br J Cancer 2012; 107: 1195-1202. (Projections scenario 1). Macmillan analysis based on extrapolation of 2010 and 2020 projections that the number of people living with cancer will hit an estimated overall 2.5 million in 2015.

4. Macmillan Cancer Support. Cured but at what cost? Long-term consequences of cancer and its treatment. [accessed February 2020]. Available from: www.macmillan.org.uk/Documents/AboutUs/Newsroom/Consequences_of_Treatment_June2013.pdf.

5. www.cancerresearchuk.org/health-professional/cancer-statistics/incidence/age#heading-Zero

6. NCIN (2014). Cancer by Deprivation in England Incidence, 1996-2010. www.ncin.org.uk/about_ncin/cancer_by_deprivation_in_england (accessed February 2020).

7. National Cancer Patient Experience Survey 2019. Available from: www.ncpes.co.uk (accessed July 2020).

8. Research commissioned by Macmillan Cancer Support, carried out by researchers from the University of Bristol Personal Finance Research Centre in partnership with TNS BMRB, and part-funded by our partner The RBS Group. Figures based on a postal survey of 1,610 adults with a cancer diagnosis, recruited from a database of callers to the Macmillan Support Line and visitors to a sample of Macmillan Information and Support Centres located in hospitals across the UK. The majority (95%) had received cancer treatment within the last six months. Fieldwork took place between August and October 2012. Results were weighted to be representative of all people with a cancer diagnosis in the UK by age, gender, cancer type and country of residence. Macmillan Cancer Support. No Small Change: Time to act on the financial impact of cancer. 2012.

9. Macmillan Cancer Support. Worried Sick: The Emotional Impact of Cancer (accessed February 2020). Available from: www.macmillan.org.uk/Documents/GetInvolved/Campaigns/Campaigns/Impact_of_cancer_english.pdf.

10. www.gov.uk/government/publications/health-matters-preventing-bowel-cancer/health-matters-improving-the-prevention-and-detection-of-bowel-cancer

We’re here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we’re right there with you.

For information, support or just someone to talk to, call **0808 808 00 00** (7 days a week, 8am–8pm) or visit **macmillan.org.uk**

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