PERSONALISED CANCER CARE

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 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.

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. Four in five people with cancer are affected by the financial impact. Of these, around half experience levels of anxiety severe enough to adversely affect their quality of life[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 or need information, advice or 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

Head and neck
10

Lung
38

Prostate
86

Breast
83

Bowel
35

Uterus
14
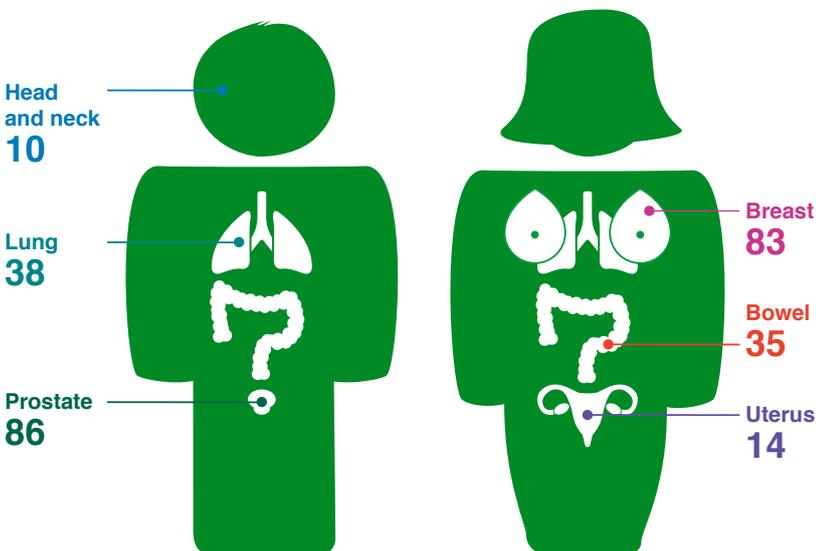
Cancer Care Reviews

Everyone's experience of receiving a cancer diagnosis is unique. The opportunity to discuss their diagnosis, with a member of the Practice team who they may have a strong relationship with, can be an essential part of the support that they need. It can be a chance for the GP or Practice Nurse to listen to an individual's concerns about the impact of their cancer, or they may be able to answer questions and help to explain the proposed treatments. It is also a vital opportunity to explore the wider impact of the diagnosis, beyond the medical, and signpost to other services, possibly through a social prescriber or link worker.

Primary care professionals may feel that a Cancer Care Review (CCR) could potentially add to the appointment burden faced by patients after diagnosis and during treatment. However, proactively contacting people after their diagnosis opens the door for personalised care and lets the individual know that their practice team are there to support them.

A Macmillan Cancer Support survey found that most patients were positive about the review and over 71% were 'very satisfied'[10]. The 2019 National Cancer Patient Experience Survey (CPES) highlights that people with cancer don't always receive full support from primary care. When people with cancer were asked if GPs and nurses at their general practice did everything they could to support them through their cancer treatment, 1 in 7 respondents said no, they could have done more[7].

Improved outcomes have led to cancer increasingly being seen and treated as a long-term condition and evidence shows that 70% of patients with a cancer diagnosis are suffering from at least one other long-term condition[11]. NICE produced new guidelines in 2016 for the management of patients with multi-morbidity with a focus on reducing treatment burden and unplanned care, to increase quality of life and shared decision-making.

In addition, performing a Cancer Care Review, alongside maintaining a register of all patients with a diagnosis of cancer, remains an important element of QOF. This recognises the important role that Primary Care play in supporting people following a cancer diagnosis.

In order to facilitate this review, Macmillan worked with its primary care community to develop a structured Cancer Care Review template which has now been integrated into EMIS Web, TPP SystmOne and INPS Vision. The template helps support appropriate management and signposting and it can provide a framework for carrying out the conversation. A good quality Cancer Care Review should aim, where appropriate to the individual, to cover the following topics:

- Discussion around diagnosis to ensure that the patient understands their condition

- Treatment discussion including possible consequences covering the physical, emotional and financial impacts on quality of life and function

- A Medication Review and discussion about prescription entitlements

- Discussion around patient and carer information needs

- Physical activity advice and signposting to local support services

- Signposting to Macmillan Cancer Support and other sources as appropriate

Not all aspects need to be covered in detail and the review can be guided by the needs and understanding of each individual. Having a framework for the conversation, in addition to receiving appropriate training such as the Macmillan Practice Nurse course or the Explore Primary Care Course, may also allow Practice Nurses to carry out these reviews. This video provides an overview of the Cancer Care Review process for healthcare professionals. An evaluation looking at perceptions of Cancer Care Reviews[12] found that 60% of Primary Care Professionals viewed Cancer Care Review plans as being useful for patients; yet 50% of those interviewed undertook Cancer Care Reviews opportunistically, with only 64% having an agreed structure. An evaluation of the Cancer Care Review aspects of Macmillan's original multi-modular Quality toolkit for Primary Care showed that GPs often reported that the Macmillan Cancer Care Review Template was one of the most valuable things about the toolkit and that it was the element that they would take forward into the future. After using the original toolkit, 97% of GP practices surveyed felt better equipped to support people as they go through cancer. The diagram below sets out which topics were routinely covered by staff in a Cancer Care Review before and after the toolkit was implemented. It shows that the Macmillan Cancer Care Review template helped professionals to have a conversation which covered a wider selection of relevant topics.
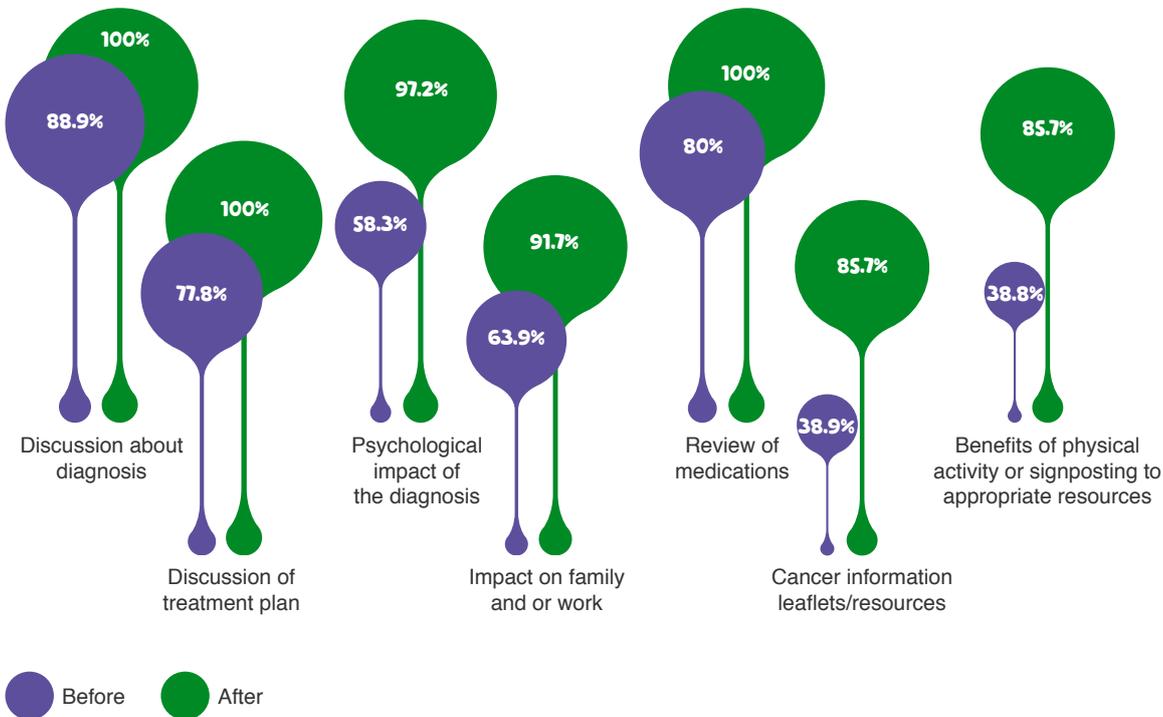
This module encourages the practice team to consider how they organise Cancer Care Reviews, what they aim to cover during the review, and how to accurately and consistently document the conversation.

Please familiarise yourself with this updated Cancer Care Review template, particularly the recent additions of a **patient information leaflet and prescription exemption information** which can be printed out and given to patients following their Cancer Care Review. Evidence[13] shows that Macmillan information resources can lead to an improved understanding of one's condition, the ability to make the right decisions and fewer feelings of anxiety or loneliness following a cancer diagnosis. Detailed instructions on how to access the toolkit can be found in the appendix and a Quick Reference version can be found below:

EMIS Library > EMIS Protocols > Third Sector Partnerships > Macmillan/Cancer Support > Macmillan Cancer templates

TPP SystmOne: Access the library in SystmOne via System > Resource Library Type 'macmillan' as a search term and look for Macmillan Cancer Care Review Template 2019

INPS Vision: To access the Cancer Care Review template within the Vision+ Consultation Manager select the arrow on the right-hand side of the yellow + icon and select 'clinical templates'

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 to deliver the requirements of the Quality Outcomes Framework.

It contains a suggested structure and activities that you can undertake, along with ideas for improvement and supporting tools and resources. 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 all in one place. Instructions to access these searches are included in the appendix.

Outline of the steps you could undertake to improve the quality of Cancer Care Reviews undertaken in your Practice:

Baseline evaluation

➡ Review the toolkit and nominate a lead for the project (Section 1)

➡ Perform your baseline analysis and searches (Section 1)

➡ Identify your stakeholders (Section 2)

➡ Present your local data at a practice meeting (Section 3)

➡ Formulate your practice improvement plan and set your SMART objectives (Section 4)

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 and celebrate your success and learning

➡ Consider how you can maintain the changes you have made (Section 5)

1. Baseline analysis

The period around the time of diagnosis can be a very difficult time for patients, meaning support from their Primary Care team is essential. We know that patients value engagement from their GP and the opportunity to discuss their diagnosis and on-going treatment with a medical professional that they know and trust[14]:

1. **As a practice, how do you ensure that once a cancer diagnosis is received by one of your patients it is accurately coded to the cancer register?**

2. **Perform a search for all cancer diagnoses over the preceding 6 months using search 17. How many people received a new cancer diagnosis in the last 6 months?**

   people

3. **What percentage of these patients were contacted at the point of diagnosis?**

   %

4. **Was this contact coded?**

   Never   Rarely   Sometimes   Often   Always

5. **If so, what code(s) were used?**

   In ➜ resources for change we provide you with a suggested code to record this contact as well as other codes that might be useful. Macmillan also provides an e-learning module 'Coding and safety netting in the context of cancer'.

6. **The searches below allow you to review the number of people, with a new diagnosis of cancer in the past 6 months, who had a discussion about the following aspect of their care as part of a Cancer Care Review.**

Searches

Search number	Aspect of support	Percentage of people
23	CCR template used	
24a	CCR with Psychological Support	
24b	CCR with Employment Support	
25	CCR with Benefits Support	
27	Cancer Diagnosis Discussed (8CL0)	
23	Cancer Information offered (.677H)	
26	Discussion about complications of treatment (8CP3)	

Work and cancer
It is estimated that more than 890,000 people of working age are living with cancer in the UK[15]. Of those employed when they were diagnosed, 85% said it was important for them to continue working, with many saying it helped give them a sense of normality, stay positive, and was financially necessary[15]. The law[16] states that employers have to consider making reasonable adjustments to help patients to create a 'new normal'. Research by Macmillan Cancer Support has found that 55% of people who were employed when they were diagnosed did not know where to go for information and support to help them make decisions about staying in or returning to work[15]. Links to Macmillan's patient information pages and 10 Top Tips about Money and Work for professionals can be found in the ➜ resources for change section.

7. **Do members of your primary care team currently discuss returning to, or remaining in work with cancer patients?**

Never   Rarely   Sometimes   Often   Always

Method of performing a Cancer Care Review
Cancer Care Reviews can be conducted either face to face or via remote methods e.g. by telephone or video consultation. The method used should be tailored to the situation and by what is appropriate for each individual.

8. Using search 23 and code .8BAV look back at completed Cancer Care Reviews over the last 6 months and complete the following table:

Method	Percentage of Reviews
Face to face	
Remote	
Unclear	

Digital support for Cancer Care Reviews

To enable patients to get the most out of their Cancer Care Review, and to allow them to prioritise their needs in advance, you could consider sending them a Holistic Needs Checklist. You could send the checklist out with their invite letter or via text message after they have booked an appointment. This tool may help patients to focus on the needs that are most important to them and can help guide the conversation during the review.

During the consultation the Cancer Care Review template contains links to Macmillan patient information. You could, for example, share these links or other links from the Macmillan website with the patient via text messaging. In the ➜ resources for People Living with Cancer section there are some additional links that you might also find useful to share with patients.

2. Stakeholders, system partners and communities of practice

9. **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. You might also want to consider the role that other outside organisations and the voluntary sector can play.**

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

    Yes   No

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

    Yes   No

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

    Yes   No

    You may have a Macmillan GPs in your area who 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 contact **MacDocs@macmillan.org.uk**.

3. Co-development of your Practice Improvement Plan

At this stage, it might be useful to share with your practice:

1. What you have learnt about your current performance surrounding the support you offer at the time of diagnosis and throughout treatment

2. The benefits of performing a cancer care review

You could also consider, with your team, how you could implement a plan to either, begin offering cancer care reviews, further improve your delivery of this support or consider the roles that professionals other than GPs can play in this 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 for a practice meeting and a suggested Quality Improvement tool that might be useful. You can choose to use an <u>alternative tool if you wish</u>.

QI Tool: Prioritisation matrix
This is a tool to help you decide which ideas to test first and where you need to focus your activity and energy. It can help to build collaboration and communicate why you have chosen to implement certain ideas before others, as well as helping you to distribute tasks. A full description of this tool is included in the ➜ appendix.

A suggested practice meeting format
1. Present your local data with your wider practice team and consider:
    – Any key themes from your analysis
    – Using a case study to illustrate your findings
    – You could use this <u>video</u> to explain the process to those professionals who have not been involved in this work before.

2. Explain the idea of the Prioritisation Matrix and carry out the exercise

    a. Involve non-clinical staff and ask for them to share ideas of how they could help e.g. sending out Holistic Needs Checklists with invitation letters.

    b. Ideas that you could bring to the meeting include:
        – Implementation of the Cancer Care Review template
        – Use of the codes to record contact with patients (➜ resources for change)
        – The ➜ template letter for contacting patients at the time of diagnosis

3. As part of the above exercise agree which ideas you are going to take forward to implement. You can use these as the basis of your ➜ Improvement Plan.

Resources for change

Coding

- The code 8CL0 can be used to record contact with patients at the time of diagnosis. **This code is also used in Search 22 – Contact made with patient after cancer diagnosis**. Other useful codes include:

Description	READ code EMIS/INPS	READ code SystmOne	SNOMED Code
Cancer diagnosis discussed	8CL0	XalpL	395081000
Cancer monitoring first letter	9Ok0		413738001
Cancer monitoring telephone invitation	9OkB		248331000000109

Template letter

- Appendix 4 provides a template letter that can be used or modified to contact patients at the time of diagnosis

Cancer Review resources

- Macmillan Cancer Care Review Template Access Guide

- Macmillan's top 10 tips for carrying out an effective cancer care review

- Top ten tips for personalised cancer care in primary care (Guidelines in Practice)

- RCGP/Macmillan Consequences of Cancer Toolkit

- Holistic Needs Assessment Concerns Checklist

The Macmillan Support for primary care webpages provides resources for social prescribing alongside other resources which you might find useful.

Macmillan are also developing training courses for primary care practice nurses which includes training about how to undertake a Cancer Care Review. Additionally, we are developing a course to upskill social prescribers in topics relevant to cancer. For more information please contact: **ServiceOpsSupport@Macmillan.org.uk**

Money and Work Resources

- Primary Care 10 Top Tips – Supporting patients with work

- Macmillan Guidance for healthcare professionals on supporting people living with cancer to remain in or return to their jobs.

Remote Consultations Resources

- *Using Online Consultations in Primary Care: Implementation Toolkit* (NHS E/I)

- Top 10 Tips for Successful GP Video Consultations (RCGP)

- Video consulting in the NHS (Nuffield Department of Primary Care Health Sciences)

Resources for People Living with Cancer

Information for anyone affected by cancer
- The Macmillan website is a source of reliable information (**www.macmillan.org.uk**)

- The Macmillan Support Line (0808 808 00 00) provides practical, emotional and financial information and advice.

- The Macmillan Online Community can be accessed by way of our main website, and is where thousands of people across the globe connect and give each other invaluable emotional and peer support 24/7 (https://community.macmillan.org.uk)

- Macmillan Telephone Buddies – going through cancer can be an isolating experience at any time. Our free Telephone Buddy service matches someone with cancer with a volunteer who understands what they're going through, and they'll give them a weekly call. Volunteer buddies provide a listening ear and can provide information about other Macmillan services. (www.macmillan.org.uk/get-involved/campaigns/telephone-buddies)

Information on specific topics
- Healthy lifestyle

- Eating well and keeping active

- Money/financial help

- Help with work

- Just diagnosed

- Supporting a family member with cancer

- Talking to children and teenagers about cancer

- Relationships

- Cancer Information and Support hub

4. Improvement Plan

1. **Record your SMART objectives in the box below.**

2. **Collate the outcomes of your discussion at the practice meeting and review the resources provided. Record your improvement plan in the box. Below are some suggested items for your improvement plan.**

   ☑ **TO DO LIST**

   Ensure colleagues are using the code 8CL0 to record contact with patients at the time of diagnosis.

   Share any of the resources from the ➜ resources for change section which your team might find useful.

5. Evaluation of change

After 6 months perform a repeat of the search for all cancer diagnoses over the preceding 6 months using search 17. How many people received a new cancer diagnosis in the last 6 months?

people

What percentage of these patients were contacted at the point of diagnosis (search 22 will help with this if your practice has been using the code 8CL0)?

%

Reflect on any differences between the outcome of this search compared to the first time you ran it to collect a baseline.

If you have been using the Macmillan Cancer Care Review template the searches below allow you to review the percentage of people with a new cancer diagnosis in the last 6 months who received the following aspects of support.

Searches

Search number	Aspect of support	Percentage of people
23	CCR template used	
24a	CCR with Psychological Support	
24b	CCR with Employment Support	
25	CCR with Benefits Support	
27	Cancer Diagnosis Discussed (8CL0)	
23	Cancer Information offered (.677H)	
26	Discussion about complications of treatment (8CP3)	

Overall reflections

Points to consider:

- Identify your successes and the factors which supported the process

- Factors which hindered your new or improved process

- Learning points and what you would do differently next time

- 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: Prioritisation matrix

This is a tool to help you decide which ideas to test first and where you need to focus your activity and energy. It can help to build collaboration and communicate why you have chosen to implement certain ideas before others, as well as helping you to distribute tasks.
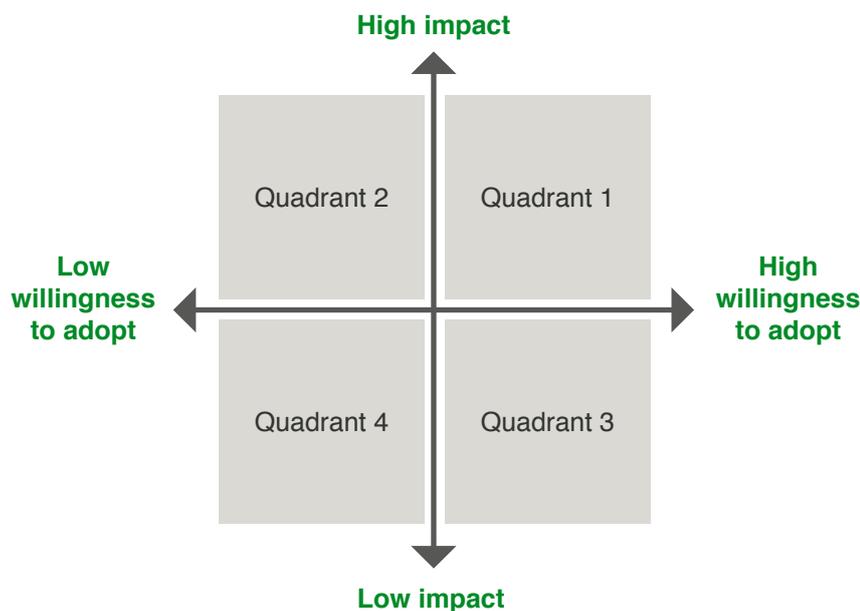
Preparation
1. Draw a large 2 x 2 matrix on a large piece of paper (see below, don't include the quadrant labels).

2. Label your axis. For the vertical axis you could use impact, value or importance.
   On the horizontal access you could use urgency, effort or willingness to adopt.

3. Gather some post-it notes or cards and pens.

Activity
1. Have each member of your group generate a certain number of improvement ideas using post-it notes or cards, on their own initially (This encourages everyone to participate).

2. As a group decide where on each axis, each idea should be positioned. Judge each idea in the abstract and compare it against existing ideas.

3. As the group is discussing priorities it might be a good opportunity to discuss who can help to fulfil the tasks so the responsibility for changes doesn't rest solely on one person.

Some tips
- Work together

- Work quickly – this needs to be functional not a work of art

- Discuss disagreement around prioritisation to draw out underlying motivation

- Ideas in Quadrant 1 are your quick wins. These ideas are the ones that you might want to focus on first to build momentum for changes.

High impact

| Quadrant 2 | Quadrant 1 |

Low willingness to adopt ←→ **High willingness to adopt**

| Quadrant 4 | Quadrant 3 |

Low impact

Adapted from: https://learn.nes.nhs.scot/3981/quality-improvement-zone/qi-tools/prioritisation-matrix

Appendix 2: EMIS searches

To make the searches required to complete this toolkit as easy as possible we have worked with EMIS to ensure that all of 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 SystmOne'.

● 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 doing?	Word Letter Template	Template letter to send to patients before their review.

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)

Appendix 5: Template letter following diagnosis

Dear

I am sorry to hear you have been diagnosed with cancer and expect that this may be a worrying time for you. If you wish, I'll be happy to discuss with you your diagnosis, proposed treatment or any other concerns. If so, please make an appointment and you're welcome to bring a family member or friend with you.

Towards the end of your main course of treatment I will be inviting you to make an appointment to discuss any needs or concerns that you might have as well as agreeing together a plan for future care. This is called a Cancer Care Review. We can discuss any on-going treatment you may have, what side effects you could have from your treatment and talk through any concerns that you, or those that are close to you, may have. We will be able to identify what support can be provided.

You may have met your Cancer Nurse Specialist or key worker at the hospital already. They should be offering you a Holistic Needs Assessment and an invitation to a Health and Wellbeing Event – if these haven't been offered, I would suggest you request them. The needs assessment is a checklist of common concerns that people may have when diagnosed with a serious illness and it helps to identify what support can be offered to meet their needs. Some information about this is enclosed. The Health and Wellbeing event, which should happen towards the end of your treatment, will allow you to get further support and information.

You may find the enclosed Macmillan Cancer Support leaflet helpful along with the list of local support and information centres.

Your hospital will keep me informed of your care. You can ask to receive copies of their letters if you wish. When your main course of treatment has finished, you and I will receive a copy of your Treatment Summary from the hospital. This will include details of your treatment, any side effects of your treatment to look out for, any medication that has been prescribed, follow-up care, the holistic needs assessment report etc. This Treatment Summary will form the basis of the Cancer Care Review mentioned above.

In the meantime, please contact me if you have any concerns.

Yours sincerely

Encs: HNA Patient information leaflet
Macmillan What to expect leaflet
List of local support organisations

References

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2.   Analysis based on time-limited cancer prevalence 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 2.9 million in 2020, 3.4 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. See also www.macmillan.org.uk/about-us/what-we-do/evidence/using-cancer-data/ calculating-cancer-prevalence.html#355989.

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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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