

TOP TIPS FOR COMMISSIONERS

**WE ARE
MACMILLAN.
CANCER SUPPORT**

**Improving cancer services through
primary care commissioning**

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INTRODUCTION

This guide is aimed at those responsible for commissioning primary care services. It includes top tips on how to improve cancer services across the pathway through primary care commissioning, using local examples. It also sets out how Macmillan can support you.

A year ago, in April 2015, new arrangements for commissioning primary care in England came into effect with many Clinical Commissioning Groups (CCGs) taking on greater commissioning responsibility for GP services in 2015/16.

CCGs have selected either (1) greater involvement; (2) joint commissioning; or (3) delegated commissioning (see [Annex A](#) for more detail). In 2015/16, 67 CCGs took on delegated powers, and a further 52 will follow in April 2016. It is expected that, over time, more and more CCGs will move to delegated commissioning.

Hyperlinks to useful resources and further information are included throughout this document in purple. To find out more about this guide, please contact supportingcommissioners@macmillan.org.uk

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POLICY CONTEXT

Commissioning in England

[New planning guidance](#) published in December 2015 by NHS England asks CCGs and their partners to establish 'place-based planning'.

Alongside a one-year operational plan, local leaders must write a five-year sustainability and transformation plan which must include 'primary medical care from a local CCG perspective, irrespective of delegated arrangements'. One of the national challenges each plan must address is the question 'How will you deliver a transformation in cancer prevention, diagnosis, treatment and aftercare in line with the cancer taskforce report?'

NHS England's guidance, [Next steps towards primary care co-commissioning](#), states that a bigger role for CCGs in the commissioning of primary care and specialised commissioning will:

- Enable CCGs to take a holistic and integrated approach to improving healthcare (outcomes, quality, experience and equity)
- Align primary and secondary care commissioning so providing an opportunity to develop more affordable services through efficiencies gained
- Be a key enabler in developing seamless, integrated out-of-hospital services based around the diverse needs of local populations
- Drive the development of new models of care such as multi-speciality community providers and primary and acute care systems

For a brief overview of general cancer commissioning responsibilities, please see [Annex B](#).

The Five Year Forward View

The [Five Year Forward View](#) sets out the strategy for the NHS up to 2020, promising a 'new deal' for GPs and more investment in primary care. The future shape of primary care services is central to the [Five Year Forward View vanguard programme](#). The programme includes Primary and Acute Care Systems (PACS) where vanguards are developing single organisations to deliver NHS-list based GP and hospital services, together with mental health and community care services.

The Cancer Strategy

[Achieving world-class cancer outcomes: A strategy for England 2015–2020](#) was published in July 2015 by an Independent Cancer Taskforce. It set out the following six strategic priorities, recognising the critical role of primary care throughout:

1. Prevention and public health
2. Earlier diagnosis
3. Patient experience
4. Living with and beyond cancer
5. Investing in modern, high quality services
6. Overhauling processes for commissioning, accountability and provision.

Of the 96 recommendations, the following are directly related to primary care:

6

NHS England should work through CCGs to ensure that GPs are appropriately prescribing chemo-preventing agents to reduce the risk of invasive breast cancer where their use is established through NICE guidelines.

10

Assuming a positive recommendation by the NSC, PHE and NHS England should roll out FIT into the NHS Bowel Cancer Screening, replacing guaiac Faecal Occult Blood test as soon as possible. NHS England should incentivise GPs to take responsibility for driving increased uptake of faecal immunochemical test and bowel scope.

17

NHS England should mandate that GPs have direct access to key investigative tests.

18

NHS England should incentivise the establishment of processes by GP practices to ensure 'safety-netting' of patients, including adequate support for training.

24

A new metric for earlier diagnosis measurable at CCG level. Patients referred for testing by a GP, because of symptoms or clinical judgement, should either be definitively diagnosed with cancer or cancer excluded and this result should be communicated to the patient within four weeks.

25

All GPs should be required to undertake a Significant Event Analysis for any patient diagnosed with cancer as a result of an emergency admission.

33

NHS England should encourage the delivery of chemotherapy in community settings by sharing examples of good practice nationally.

63

The NHS and partners should drive forward a programme of work to ensure that people living with and beyond cancer are fully supported and their needs are met. This should include approaches to reducing and managing long-term consequences of treatment.

73

CCGs and Health and Wellbeing Boards should work to identify and promote best practice in approaches to support people living with and beyond cancer.

75

NHS England should ensure that CCGs commission appropriate integrated services for palliative and end of life care, in line with the NICE Quality Standards (2011); End of Life Care: CCGs should consider the role of the **Gold Standards Framework** within their delegated powers for commissioning of primary care.

80

The Care Quality Commission should develop an approach to assessing the quality, safety and efficiency of cancer services in primary care, in hospitals and in community health services.

The Care Quality Commission

The Care Quality Commission (CQC) has produced guidance for CCGs called **Framework for responding to CQC inspections of GP practices**. In it, they acknowledge the statutory responsibilities of CCGs to support the improvement of primary care and their role in contributing to inspections. CCG involvement in inspections and subsequent support provides a vehicle for them to meet an aim of co-commissioning to raise standards of quality. The guidance sets out information sharing arrangements and case studies, and it features suggestions of how CCGs can support continuous improvement. These include sharing best practice, facilitating peer support and bringing in external organisations to build local capabilities.

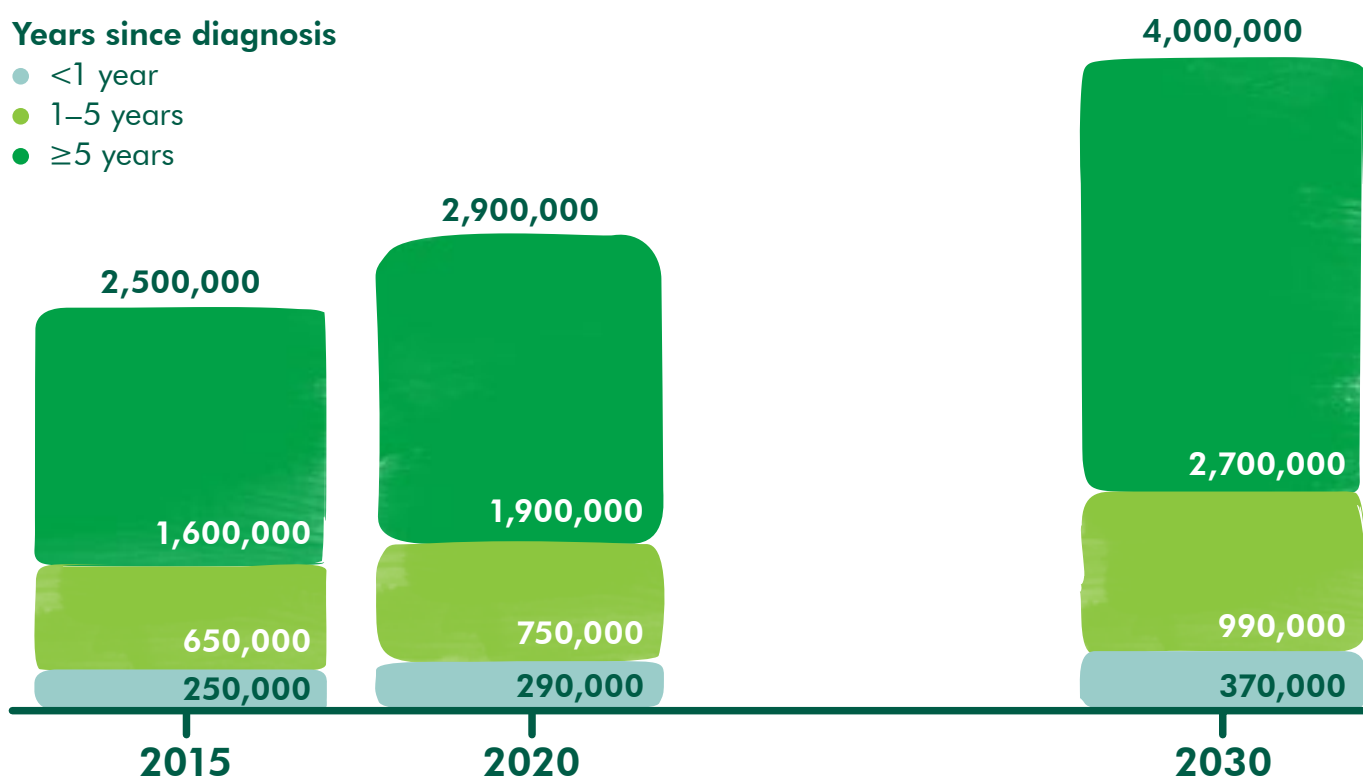
THE CHANGING STORY OF CANCER AND PRIMARY CARE

There are currently 2.5 million people living with cancer in the UK, and by 2030 this number will have risen to four million. This is due to rising cancer incidence as well as people living longer after having a cancer diagnosis.

Cancer prevalence in the UK¹

Years since diagnosis

- <1 year
- 1–5 years
- ≥5 years



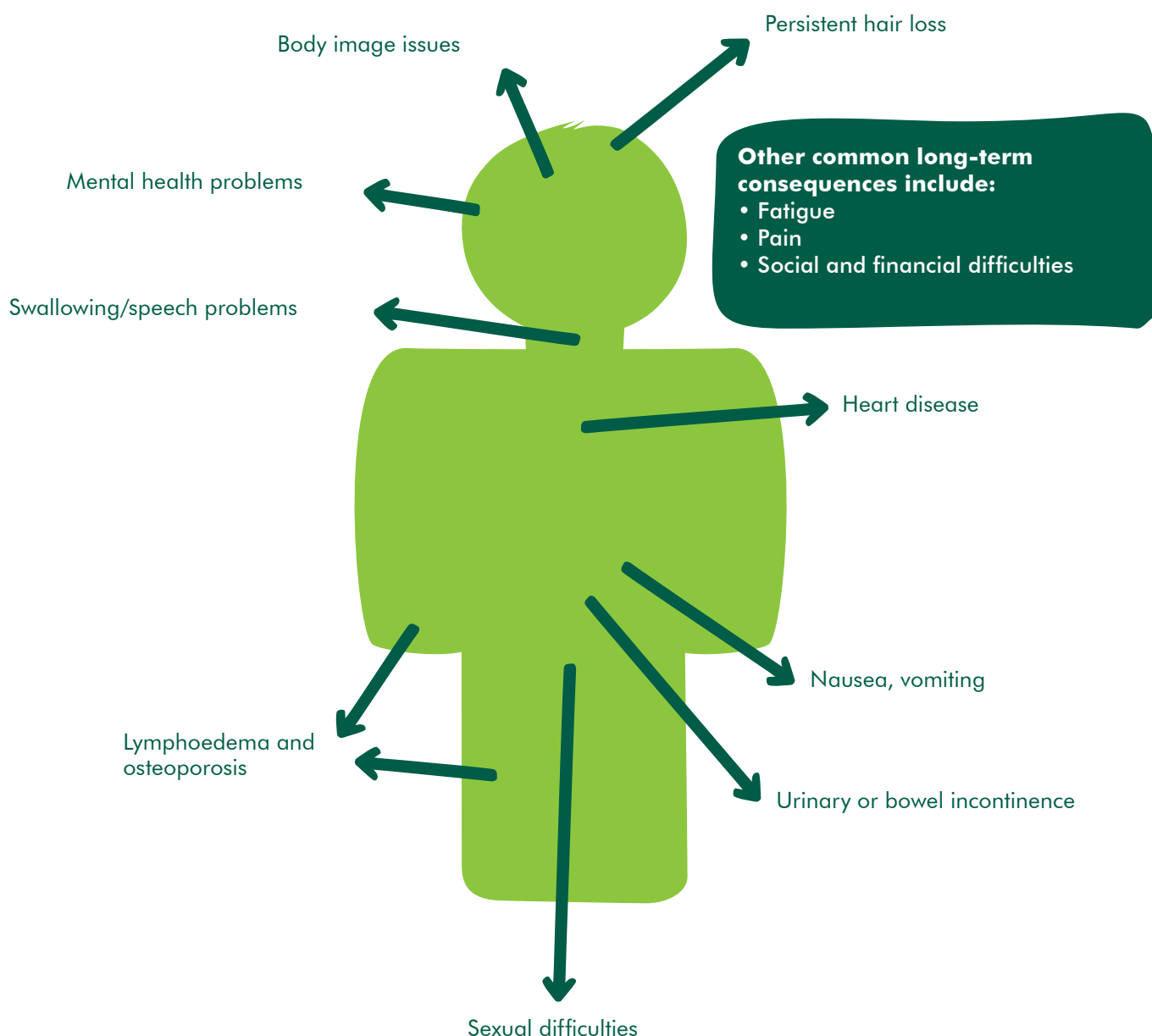
Increasingly, cancer is not just a disease of secondary care, and colleagues in primary and community care provide significant support for people with cancer. GPs and their primary care colleagues are often the key point of contact for someone with cancer. They will be involved at key transition points, such as when patients move within and between health and care settings or they experience significant changes in their condition.

The National Cancer Patient Experience Survey 2014 report showed that 66% of cancer patients said that GPs and nurses at their general practice did everything they could to support them whilst they were being treated (this was 68% in 2013). 23% of patients said this occurred to some extent, while 11% said they could have done more. 32% of patients said their general practice was not involved.

¹ 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 hit an estimated 2.5 million in 2015.

15 months after diagnosis, people with cancer had 50% more GP visits, 60% more A&E attendances and 97% more emergency admissions than expected. [Nuffield Trust research, 2014.](#)

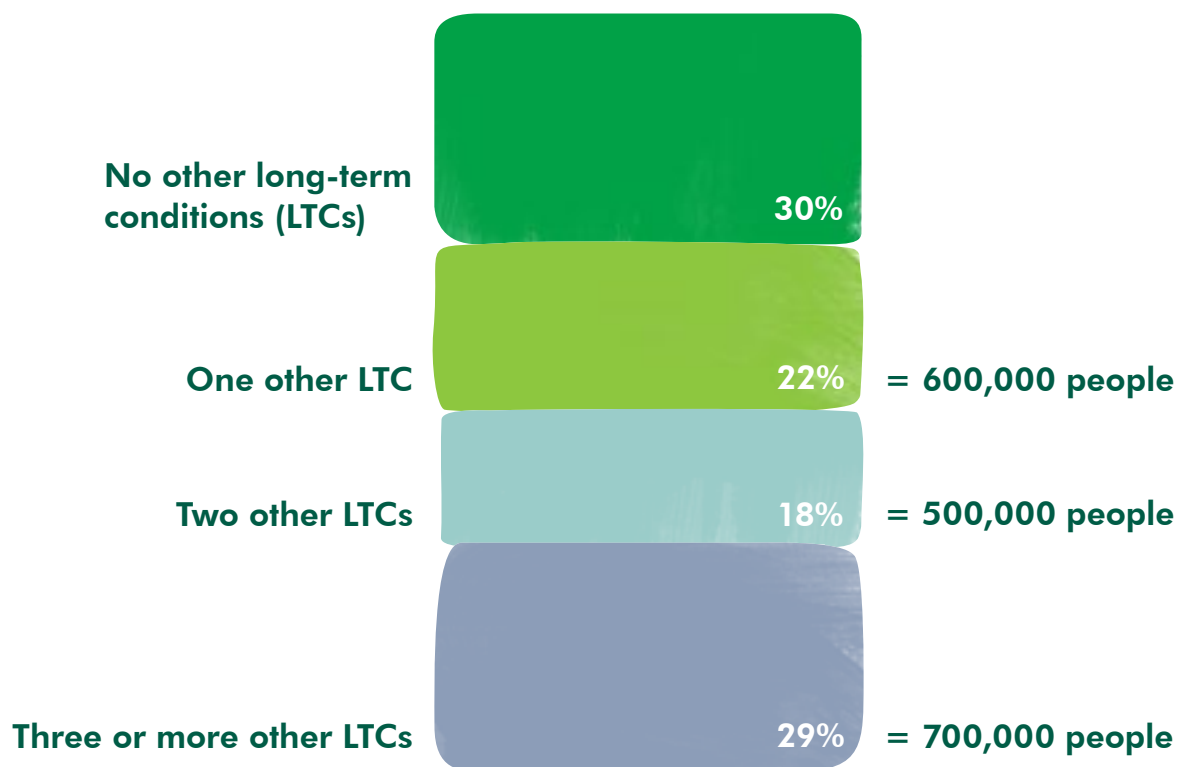
People living with cancer report significant levels of practical, personal and emotional support needs, many of which go largely unmet. It is likely that this contributes to high demand for primary and urgent care services. Many people are living with cancer as a long-term condition, or with the long-term consequences of their cancer diagnosis and treatment.



Cancer and co-morbidities

Many people living with the consequences of a cancer diagnosis and treatment are managing other long-term conditions as well as their cancer. An estimated 1.8 million people are living with one or more other potentially serious long-term health conditions in addition to cancer. That's more than two in three people with cancer² (70%).

People with cancer in the UK



² [The burden of cancer and other long term health conditions](#), Macmillan Cancer Support.

THE MACMILLAN GP COMMUNITY

Macmillan supports GPs and CCGs across England to plan, design and improve services for people with cancer. More than 200 Macmillan GPs, some of whom are also CCG cancer clinical leads, bring clinical leadership to their locality. Macmillan GPs also work closely with wider primary healthcare teams across their health economy to make a recognisable improvement across cancer care. Their work includes:

- Providing support and clinical advice to inform CCG strategies for cancer and end of life care.
- Influencing GP peers to drive up standards of cancer care and ensure continuous improvement.
- Facilitating and enabling education of primary health care teams.
- Supporting practice nurses to take on a greater role for cancer, building on their skills used to support people with other long-term conditions.
- Pathway and service redesign, including support to achieve quality and productivity targets.
- Enhancing communication between primary, secondary and tertiary care.

If you don't have a Macmillan GP in your area and you are interested in finding out more, please contact us at macdocs@macmillan.org.uk

STRATEGIES FOR COMMISSIONING CANCER IN PRIMARY CARE

Commissioning of primary care provides an opportunity for CCGs to re-evaluate how services for people with cancer are delivered. This includes the chance to drive improvements in the clinical and non-clinical outcomes of their cancer population across the pathway through:

- Reviewing the focus on cancer priorities in the primary care strategy for your area
- Reviewing and revising contracts to focus on identified improvement areas
- Encouraging and directing primary care colleagues on identified improvement areas through regular performance conversations
- Using financial incentives such as local incentive schemes or local enhanced services and alternatives to the Quality and Outcomes Framework (QOF)
- Supporting relevant training opportunities for primary care colleagues.

CCGs commissioning primary care can drive improvements in the areas below:

- **Early diagnosis**
Promoting earlier recognition of signs and symptoms of cancer, earlier referral, and best practice (often streamlined) diagnostic pathways to improve outcomes for patients.
- **Living with and beyond cancer**
By commissioning and promoting stratified pathways of care and the cancer recovery package to tailor support to needs and increase self-management.
- **End of life**
Supporting earlier conversations about end of life care, and ensuring that support is in place so that people can be cared for and die in the place of their choice.
- **Patient experience and engagement**
Working with patients and the public to co-design services that meet people's needs and provide good experiences of care and support.

- **Cancer education**

Promoting access to cancer education to raise awareness of the role primary care can play in supporting people with cancer and reducing variation in patient experience and outcomes.

- **Carers support**

Working closely with Local Authorities to ensure that carers needs are identified and met to support their wellbeing, and through them support people living with cancer.

The **[National General Practice Profiles](#)** are designed to support GPs, CCGs and Local Authorities to ensure that they are providing and commissioning effective and appropriate health services for their local cancer population. The individual practice profiles (and CCG summary profiles) allow for comparison across CCGs and England and include local demography, Quality and Outcomes Framework domains, cancer services, child health and patient satisfaction.

EARLY DIAGNOSIS

This section offers some practical tips and tools for improving early diagnosis in your area through primary care commissioning.

Improving one-year cancer survival

CCGs are now measured on one-year cancer survival as part of the NHS England Assurance Framework. Take a look at Macmillan's [Top tips for Commissioners: Improving one-year cancer survival](#) for links to useful data sources to help you understand your CCG performance and learn about strategies for improvement.

Collaboration with other commissioners

The responsibility for putting key enablers in place for earlier diagnosis sits across multiple commissioners (see [Annex B](#) for an overview of commissioning responsibilities). Enablers may include raising public awareness of the symptoms of cancer, eg, through Be Clear on Cancer campaigns, and promoting screening uptake. Therefore, CCGs need to coordinate activity and align commissioning practices with Local Authorities and Public Health England. They also need to work with other bodies such as community pharmacists and local community organisations to ensure joined-up and complementary messaging and activity on cancer.

Supporting screening uptake

There is good evidence to show that patients are more likely to attend cancer screening if GPs actively promote and encourage it. A number of CCGs have used financial incentive schemes for GPs and practices to proactively identify and follow up screening of non-attendees. The methods used have included targeted telephone calls, letters and text messages. Cancer Research UK have collated [useful evidence on increasing bowel screening uptake](#). A [good practice guide](#) for bowel, breast and cervical cancer screening in primary care is available which includes advice on using electronic solutions to support screening awareness and uptake, as well as GP result reports.

Promoting cancer referral and liaison with secondary care

Nationally, around a quarter of cancers (22%) are [diagnosed through emergency presentation](#), but [local variation is significant](#). CCGs can promote – and encourage their GPs to use – cancer support tools. These include:

Macmillan’s electronic [cancer decision support tool](#). This can be embedded in practice clinical systems and supports GPs alongside their clinical judgement on referral decisions.

- Macmillan’s [Rapid Referral Toolkit](#). This is an interactive PDF with quick, user-friendly access to NICE clinical guidelines and information on direct access to diagnostics.
- [Acute oncology guidelines](#). Developed through a collaboration of Macmillan GPs and UKONS, this resource is an easily used risk assessment tool that supports primary health care teams with rapid information about acute oncological emergencies.
- Macmillan’s [tips on safety netting](#). These offer practical advice on reducing the chances of patients who possibly have cancer from slipping through the net.

Access to diagnostics

Co-commissioning primary care gives an opportunity for CCGs to review and bring together planning and commissioning for diagnostics provision. Auditing and reviewing the pathway, waiting times and patient and GP experience can help to integrate the process from referral to key diagnostics, including looking at critical issues such as capacity. Macmillan has updated its [Rapid Referral Guidelines](#) in response to the [updated NICE referral guidelines](#) (2015).

Audit tools

There are a range of audit tools available in primary care. See the [Royal College of General Practitioners Information on Significant Event Audit](#) (SEA), including SEA report and peer review templates. Further guidance and resources on SEAs will be available in the spring.

Some CCGs have used financial incentive schemes to support cancer audits in primary care. These audits may, for example, focus on patients diagnosed with

cancer as a result of emergency admissions, patients who die within one year of diagnosis, bottlenecks and delays in system, or the outcomes of treatment choices, etc.

Streamlining pathways

Close collaboration between providers and commissioners is required in order for joined-up and streamlined pathways across primary, secondary and tertiary care, as well as between health and social care. By bringing together primary and secondary commissioning, processes, service specifications and contract monitoring can be aligned to achieve a more streamlined pathway for early diagnosis.

Stratified pathways

The National Cancer Survivorship Initiative (Department of Health, NHS England and Macmillan) recommends a **stratification process** to help to identify which care pathway is most suitable for each patient. CCGs should commission and deliver a package of care that supports the implementation of stratified pathways and improves the quality and effectiveness of care for those living with and beyond cancer.

ACE programme

The **Accelerate, Coordinate, Evaluate (ACE)** programme on early diagnosis of cancer is an NHS England led initiative supported by Macmillan and Cancer Research UK. The ACE programme, seeks to improve cancer outcomes by identifying, supporting and evaluating good practice and innovative approaches in diagnostic pathways. There is a particular focus on streamlining diagnostic pathways so that patients do not suffer system delays. Specifically, ACE aims to deliver:

- An increase in the early diagnosis of cancer at stages 1 and 2.
- A decrease in cancer diagnoses via emergency presentations.
- Improvements in overall patient experience.

For more information, please contact ACE@macmillan.org.uk

Case studies of commissioning to improve early diagnosis

GP Better Outcomes Scheme

- South Tyneside CCG is using financial incentives to drive improvements in cancer survival rates. They are promoting a patient reminder about annual screening and audits through reviewing the notes of patients diagnosed with cancer who were not put on a two-week wait referral pathway. They are also looking at using a cancer risk assessment tool to help identify patients at risk of cancer.

Promoting quality standards

- Bolton CCG has developed a set of 19 standards as part of the Bolton Quality Contract 2016–2017. These standards aim to ensure a balanced focus on best care, population health and value for money in primary care. All 50 local practices are engaged, and are expected to implement all 19 standards. Two standards of particular note are the Cancer Standard and the Screening Standard. To achieve the Cancer Standard, practices are expected to identify a practice cancer lead, develop a system to prevent 'did not attends' (DNAs) of two-week waits (with recommendations including advising patients of the importance of attendance, written information, and reminders), undertake audits, and review patients with a new diagnosis using the Cancer Review Template. In relation to the Screening Standard, practices are expected to try and influence screening uptake for bowel cancer, breast cancer and cervical cancer, as well as for abdominal aortic aneurysm (AAA). The aim is to achieve this by contacting patients who don't take up an offer, and to provide information and advice on the benefits of screening.

Screening uptake and Significant Event Audits

- NHS Gloucestershire CCG included support for one 'in practice' cancer screening programme from either breast, bowel or cervical screening GP practices. The practices identified patients and contacted them either by phone or letter to remind them to make an appointments. The CCG provided template letters to their practices.

Pennine Lancashire Local Improvement Scheme for cancer in primary care

- Blackburn with Darwen and East Lancashire CCGs have developed a Local Improvement Scheme (LIS) which promotes a package of activity. It includes GP practice cancer champions, practice nurse training on early detection and patient information, enhanced quality of cancer care reviews, a Be Clear on Cancer campaign in every practice, a standardised and improved two-week wait referral process, an improved bowel cancer screening project, and Significant Event Analysis of emergency presentations of cancer. Local events were coordinated to share learning.

NICE referral guidelines

- Haringey CCG has established a new working group for cancer commissioning, focused on the local implementation of the NICE referral guidelines for suspected cancer. The group includes the lead commissioner, the local Macmillan GP, a Cancer Research UK primary care facilitator and the Commissioning Support Unit. The group is looking at KPIs and local contracts, and working closely with the quality board.

Standards to improve primary care in Manchester

- Through Manchester's Cancer Improvement Programme, 90% of all Manchester general practices signed up to the Locally Commissioned Service (LCS) to improve cancer care and support within primary care settings. The LCS included 24 standards which aimed to improve the quality and consistency of care to people affected by cancer, and those approaching end of life in a primary care setting. These were co-produced by people affected by cancer, commissioners and GPs, with support from Macmillan. Practices have self-assessed themselves against these standards and have also received the support of cancer and palliative care facilitators to support locally-driven improvement work identified by the cancer champions (both clinical and non-clinical) in each practice. GP practices also committed to have a Macmillan Infopoint in their practice for three years to help provide increased patient information.

LIVING WITH AND BEYOND CANCER

This section offers some practical tips and tools for improving the experience and outcomes of people living with and beyond cancer in your area through primary care commissioning.

Supporting implementation of the Recovery Package

In September 2015, the Secretary of State announced that the [Recovery Package](#) should be fully implemented by 2020 – this is recommendation 63 in the Cancer Strategy. The Recovery Package is a series of key interventions which, when delivered together, can greatly improve outcomes and experience for people living with and beyond cancer. Full details of all the elements of the Recovery Package, as summarised below, are available on the [Macmillan Cancer Support website](#).

CCGs can use the mechanisms available to them through co-commissioning primary care to promote, encourage, incentivise and facilitate implementation across both primary and secondary care to ensure a coordinated, joined-up approach. The Recovery Package is delivered across care settings, with some activity sitting within primary care – this is listed below.

- **Holistic Needs Assessments (HNA) and care plan**

Primary care co-commissioning can encourage and incentivise the use of HNAs and care plans in primary care. Only 22% of cancer patients report being offered a written assessment and care plan ([National Cancer Patient Experience Survey 2014](#)) despite the strong evidence that they promote person-centred care and support people to self-manage. HNAs and care plans tend to be carried out in secondary care, however best practice suggests that if any professional is equipped to complete the assessment with patients, completion rates go up and more patients are supported.

Macmillan has developed [a digital tool](#) to allow the HNA and care and support plan to be an electronic process allowing easier sharing of information. The person can complete this at home before a Cancer Care Review (CCR) or during a hospital or treatment visit. In addition the data can provide valuable information for commissioning of services.

- **Treatment Summaries**

A Treatment Summary should be completed at various points in the care pathway including the end of each treatment phase and sent to the patient and their GP to inform the Cancer Care Review, together with the HNA.

Treatment Summaries are useful tools in improving communication and collaboration among health professionals. CCG colleagues leading on acute commissioning and primary care commissioning should liaise to ensure this is working. Macmillan is working with 'patient to professional' IT systems to adjust electronic versions of the Treatment Summary and it has developed a [user guide and templates](#) along with a triplicate pack version for those who use paper.

- **Cancer Care Reviews (CCR)**

The Quality and Outcomes Framework (QOF) requires all patients diagnosed with cancer to receive a CCR by their GP or nurse within six months of the GP being notified of the patient's diagnosis. Many GPs believe that the CCR should not be a one-off intervention. Some CCGs have used local improvement schemes to support training for quality CCRs, including training to enable practice nurses to be more involved in CCRs. Local improvement schemes have also been used to support longer appointment times and to provide ongoing support to patients through HNAs and care and support planning similar to the approaches used for other long-term conditions. The quality of CCRs could be reviewed and addressed through audits or variations to QOF.

Commissioners can encourage the use of standardised templates to support GPs. These offer a more structured, effective CCR with recommended read-codes ([Annex C](#)) which act as a trigger for key conversations and ensure consistent coding of key information. Macmillan has developed a template for the CCR and is working with IT systems to update it. The template will be available soon, along with a 'how to' resource. For more information, contact recoverypackage@macmillan.org.uk

The coding modality of treatment is essential so that people with cancer can be identified and their ongoing needs managed. Coding is available to GPs through the [Treatment Summary](#). It can be accessed electronically on the two main cancer information systems – the Somerset Cancer Register and the InfoFlex Cancer Information Management System.

Other options to consider include using automatic invites for consultations or calls for patients with a cancer diagnosis, and commissioning a primary care oncology nurse to act as a care navigator for patients across a patch.

CCRs are an opportunity to ask patients about any consequences of treatment and plan for their management. The Macmillan and the Royal College of General Practitioners [Consequences of cancer toolkit](#) includes information for commissioners on developing local services to support people to manage these consequences in primary care.

- **Health and Wellbeing Clinics**

Health and Wellbeing Clinics offer a range of services including information about [recurrence](#) and [consequences of treatment](#), signposting help for social and financial need, and information on adopting healthy lifestyles after treatment such as the [benefits of physical activity](#). There is a range of ways in which these events can be developed, be it through acute contracts, through partnering with Public Health and the voluntary sector, or through primary care co-commissioning.

- **Promoting physical activity**

CCGs could consider using their commissioning levers in primary care to encourage initiatives that [promote physical activity](#) for patients with cancer. Physical activity could help to prepare for treatment, reduce side effects of treatment, improve survival and reduce relapse rates. These initiatives could include:

- The Macmillan [Move More pack](#)
- Macmillan's [Walking for Health programme](#)
- Macmillan [Move More Physical Activity Behaviour Change Care Pathway](#) – a patient centred 12 month physical activity behaviour change service delivered in local areas to support people to become and stay more active in an activity and intensity that is right for them.

- **Stratified pathways**

The implementation of the Recovery Package and supporting self-management go hand in hand with a [stratification process](#) to help to identify which care pathway is most suitable for each patient. CCGs should commission a package of care that supports the implementation of stratified pathways and improves the quality and effectiveness of care for those living with and beyond cancer. This can be achieved through service specifications, contracts, and incentive mechanisms, etc.

- **Social prescribing**

Social prescribing is a mechanism for linking patients with non-medical sources of support within the community, and there is a range of different models and referral options for this. Consider commissioning a social prescribing scheme that enables patients with social, emotional or practical needs to be referred to a range of local, non-clinical services, often provided by the voluntary and community sector.

Case studies of commissioning to improve living with and beyond cancer services in primary care

Cancer care reviews, care plans and assessments

- Croydon CCG is commissioning 'Prostate Cancer and Watchful Waiting Follow-up consultations' which include an initial prostate cancer welcome appointment (30 minutes long) and prostate cancer follow-up appointments (20 minutes long).
- City & Hackney CCG has piloted paying for extended consultations of up to 30 minutes. During these appointments, GPs discuss multi-morbidities and multiple medications, as well as interactions and possible side-effects. They also discuss the cancer diagnosis in the context of both psychological and physical concerns.

Prescribing support in the community for people with cancer

- In Tower Hamlets, Macmillan is working with the Bromley by Bow Centre to pilot a Social Prescribing Service which focuses on helping people who have, or have had, cancer to access a variety of holistic, local non-clinical services. The CCG is on the steering group of the programme, and the evaluation of the work is being aligned to the evaluation of the CCGs pre-existing generic social prescribing service. All GP practices in the area can refer anyone with cancer (over 18 years) to the service. Acute cancer service professionals can also refer people from the point of diagnosis – this is unique to the cancer Social Prescribing Service. Patients don't have to be newly diagnosed, they can be many years in remission. This is a community-based support service focused on exploring needs and personal goals, and facilitating access to services that improve wellbeing. The team provide face-to-face assessment and coaching in the borough and it can support patients to access physical activity, wellbeing groups, arts, welfare, volunteering, training and employment support.

Open access self management follow-up pathway for breast cancer patients

- North East Essex CCG and Colchester Hospital University FT agreed a joint commissioning/contract variation to use volunteers as an integral part of service redesign to improve care for patients with breast cancer. Patients reported feeling they 'had been throw off a cliff' after treatment, and the current outpatient system of reviews did not meet their needs. Macmillan volunteers are used to provide a buddying service and support a package that includes education workshops, holistic needs assessment and Treatment Summaries. The result is that patients and their families feel empowered to take control of their health again.

The volunteer service has freed up clinical nurse specialists to focus on clinical support. The training and support for volunteers is paid for within the redesigned pathway which has been commissioned as a whole pathway, to ensure sustainable funding. A full business case including costings and protocol is available on request.

Commissioning physical activity

- Brighton and Hove CCG has commissioned a local charity, Albion in the Community, to pilot a new scheme to support people living with and beyond cancer to access physical activity. Trained coaches offer free, specialist one-to-one advice and can help find classes and gym activities so people affected by cancer can get active and feel good. In the first five months of the scheme, 118 people have been referred, with 47% of referrals being self referrals and 45% from a clinical nurse specialist (CNS) or consultant.

END OF LIFE

This section offers some practical tips and tools for improving end of life care in your area through primary care commissioning.

The [The Ambitions for Palliative and End of Life Care: A national framework for local action 2015-2020](#) sets out the six ambitions to be delivered and should inform planning and implementation.

Choice and planning ahead

CCGs can use the mechanisms available to them through co-commissioning primary care to promote, encourage, incentivise and facilitate the use of Advance Care Planning in primary care. A [Macmillan toolkit](#) supports professionals to start conversations, helping patients to discuss what's important to them and plan ahead for their future care. Macmillan also has a [10 top tips on Advance Care Planning](#) factsheet for GPs.

CCGs can also promote [Dying Matters](#), a one-day communication skills course for GPs, which equips them with the confidence and skills they need to introduce earlier conversations about death and dying.

Community-based services

CCGs should review community-based palliative and end of life care services if appropriate. This will ensure that people have the support they need to be cared for and to die well in the community if this is their choice. CCGs should highlight the five [Priorities of Care](#) which have now superseded the Liverpool Care Pathway. Some areas have developed a Care and Communication Record for patients which guides health care professionals in adopting the principles of the five Priorities of Care.

Out-of-hours (OOH) services

CCGs commissioning OOH services should ensure that each one has systems in place to provide appropriate high-quality care and support for people with palliative care and end of life care needs. Mechanisms for ensuring this include having robust systems in place to provide access to palliative care drugs, as well as encouraging out-of-hours GPs to attend relevant training courses (this could be included in the service level agreement or incentivised). Macmillan has an accredited comprehensive [OOH palliative care e-learning course on their Learn Zone](#) website, which GPs and health care professionals can access free of charge.

End of life care registers

CCGs can encourage the use and development of Electronic Palliative Care Coordination Systems (EPaCCS) to ensure that people's care preferences and key details about their care are recorded, and shared with those who are delivering it. This will support the coordination of care and help to reduce unnecessary hospital admissions.

Royal College of General Practitioners' (RCGP) resources

The [RCGP website](#) has information and signposts to useful resources on palliative and end of life care.

Case studies of commissioning to improve support at the end of life in primary care

Gold Standards Framework (GSF) Palliative Care Register

- Dudley CCG applied a non-compulsory local incentive scheme (LIS) to improve the practice GSF register. They did this given the strong correlation between patients who die outside of hospital whether they (i) are on the practice GSF register, (ii) have done advance care planning, or (iii) have done advance care planning including a DNACPR. A large proportion of practices engaged with the LIS and:
 - Identified a clinical lead and administration lead
 - Undertook at least six meetings in the year with a structured format to review and discuss the activities
 - Submitted a data collection at the start of the LIS, and then a further two data collections at the end of month six and month 12.

Single point of access and consultants in the community

- Wandsworth CCG, working collaboratively with Royal Trinity Hospice and Marie Curie, has created a Coordination Centre based at the hospice which acts as a single point of access for Health Care professionals, patients and carers. This enables improved access to, and coordination of, services for patients with palliative and end of life care needs. Services include facilitating step up care, equipment provision and rapid response, as well as some scheduled home care.
- Harrow CCG developed a single point of access service to provide 24-hour coordination, advice and support to all residents over the age of 18 in their last year of life. A stakeholders group, which has included community services, the Trust, palliative care consultants, the hospice, Care UK, 111 and the London Ambulance Service, among others, has helped to develop and support the service from an initial idea into a successful pilot. The service also provides a rapid response team to attend to patients in crisis if other services are unable to respond. This has prevented at least 35 admissions to hospital in the first six months, providing savings for the CCG. The CCG has now agreed an extension to the current pilot.

Redesigning palliative care

- Haringey CCG has responded to patient and clinical feedback on their palliative care service and facilitated work with all providers to commission an entirely new palliative care service. The local Macmillan GP chaired the steering group and, together with the CCG Long Term Conditions Lead, the group consulted with all providers to map the existing service, draw up a new model service specification, and then work collaboratively with providers to develop a unified service for patients. Changes have included a new seven-day service, a triage post at a hospice (with Macmillan funding), 24-hour district nursing, a GP, a nursing staff education programme, and a directory of the voluntary sector support that is available.

Specialist Care at Home model

- Macmillan has developed a [Specialist Care at Home model](#) where community based multi-disciplinary teams work together to dramatically improve palliative and end of life care for people affected by cancer in the community. Clinical outcomes include less frequent A&E attendances, decreased hospital stays and a majority of people dying in their preferred place. Key features include, timely referral, flexible use of workforce (including a wide volunteer base), proactive collaboration with primary care and other community based services and a person centred approach.

PATIENT EXPERIENCE AND ENGAGEMENT

This section offers some practical tips and tools for improving patient experience and engagement in your area through primary care commissioning.

Improving patient, carer and public engagement

Commissioners have a duty to involve people in the development of local services. An enhanced role in primary care commissioning allows CCGs to work with their community to look at services delivered outside of the hospital. Key partners for supporting patient involvement include the local voluntary and community sector and the local [Healthwatch](#).

There are many ways of supporting patient involvement. They range from using feedback from GP Patient Participation Groups (which are mandatory as part of the GMS contract) to taking a co-production approach to developing strategic plans for primary care, to consultation on major service changes. Commissioners should also ensure primary care providers have strong patient engagement, for example, using contracts and monitoring meetings to discuss activity. A change in culture is as important as a change in process to ensure meaningful engagement is embedded across the system.

Through primary care contracts and local enhanced schemes, commissioners can ensure patients have access to a range of services that support their participation in their health and healthcare. These can include group education, peer support, patient-held records, personalised care planning and reviews, and personal health budgets. For more information, take a look at [Transforming Participation in Health and Care](#), published by NHS England.

Improving patient and staff experience

NHS England and Macmillan published [Commissioning for Improved Patient Experience](#) – a report that was full of practical recommendations.

- **Coordination across the pathway**

Greater involvement in primary care commissioning can enable CCGs to look across the pathway at patient experience. Commissioners can review patients' experience of care across services, including at key transition points. Where needed, they can work with providers to highlight identified need and support improvements. Working cross-pathway and cross-sector allows CCGs to set a shared vision for patient experience and facilitate the local system working towards shared standards.

- **Collecting and using insight**

Commissioners need to understand local patient experience of their care services and drive local improvement through the intelligence they collect and analyse. Commissioning primary care may offer new opportunities to collect data, eg collating insight from GP Patient Participation Groups and commissioning direct feedback mechanisms from primary care users such as web-based surveys and peer researchers. CCGs could now include service specifications in primary care contracts, as well as local Quality and Outcomes Framework patient experience measures that are based on their local insight and consistent across all their commissioning arrangements. Contract review and support meetings also provide an opportunity to feed back findings to staff who deliver care and support. Commissioners can use their links in primary care to support the process of feeding back how the insights that people have shared have impacted on services and care delivery.

- **Staff support and development**

There are a range of training and support offers that can equip staff to be able to provide high quality experiences for patients and their carers (see the next section). Commissioners can monitor indicators such as training places offered in patient experience and its inclusion in appraisals and recruitment processes for primary care staff.

Case studies of commissioning to improve patient experience and engagement in primary care

Developing services through patient and carer insight and involvement

- Brighton and Hove CCG is looking at service user and carer experience of the Recovery Package with a view to building a useful suite of tools to monitor and continue to improve services. The CCG has trained seven peer interviewers who have interviewed 53 people to develop a baseline. A participatory workshop was held to inform planning to monitor and improve the recovery experience on an on-going basis, and to develop a model for designing and commissioning a service based on the best possible evidence.

CANCER EDUCATION

This section provides details and links to up-to-date education opportunities for primary care teams in your area.

Access to training and implementation of learning and best practice can be facilitated through primary care commissioning. Commissioners can review available cancer education services, mandate core training through service level agreements, incentivise training through financial levers and share best practice through their networks and performance meetings.

Below is a list of training that is available through Macmillan and partners.

Cancer awareness courses

Macmillan's [Understanding cancer and its treatments course](#) is available for Macmillan professionals from a non-clinical background. It explores the fundamentals of cancer prevention, early detection, investigation, staging and treatment options.

Cancer Research UK's [Talk Cancer course](#) is aimed at community-based healthcare staff and local volunteers. It's designed to build their knowledge, skills and confidence in talking to people about cancer.

Supporting people with cancer in primary care

- Macmillan and BMJ Learning have produced a range of [online modules](#) for GPs and practice nurses to support them in managing people affected by cancer in the primary care setting. Modules include cancer in primary care, palliative care in the community, the side effects of chemotherapy, a guide for primary care, and managing the impact of a cancer diagnosis.
- The [GP Cancer Update Course](#) delivered by GP Update/Red Whale Ltd, in collaboration with Macmillan, aims to support GPs in their understanding of cancer and provide them with easy access to the latest evidence, guidelines and best practice. For further information, read Macmillan's report, [GPs and cancer care: it's not all diagnosis and death](#).
- Macmillan's [practice nurses course](#) is a modular cancer course designed to increase confidence and skills to better support people with cancer. It draws on the skills that practice nurses already use to support people with other long-term conditions.

Macmillan's Learn Zone

The [Learn Zone](#) is an online learning portal that's available to all health professionals. It provides free and easy access to a wide variety of learning resources, online courses and professional development tools including a selection of [resources specifically for GPs](#).

Macmillan's Out-Of-Hours Palliative Care e-learning course

This [comprehensive e-learning course](#) is available free on Macmillan's Learn Zone. It covers all aspects of palliative care relevant to out-of-hours (OOH) and primary care. Each module can be studied independently, and it covers symptom control as well as the practical aspects of delivering palliative care in the OOH setting. It also counts towards GP personal development plans and appraisals.

Revalidation toolkit

The Macmillan [Revalidation toolkit](#) is for GPs working towards appraisal and revalidation. It includes practical tips for reflective practice and audit, covering cancer prevention, screening, early recognition and referral, care during and after treatment, and awareness of the late effects of cancer.

Macmillan's Dying Matters course

This one-day communications skills training course has been developed by GPs for GPs (see section 3 for further details).

Macmillan's 10 top tips series

Our [10 top tips](#) series provides GPs with essential, practical and easy-to-read factsheets on a wide range of topics as diverse as prostate-specific antigen testing and how to get the best from your specialist palliative care team.

The Macmillan Values Based Standard® framework

The Macmillan **Values Based Standard** is for health professionals and service users. It provides a framework for improving the patient experience of care, based on human rights principles. It identifies specific behaviours – practical things that staff can do on a day-to-day basis to ensure that people’s rights, including their dignity and respect, are protected. It also sets out the role patients can play and what they can expect. Although the Standard has been developed for cancer care, it can be used to improve the experience of any patient.

Health Care Assistant (HCA) Care and Compassion Programme

This innovative Macmillan programme is designed to support health and social care support workers in all settings. The programme is workplace-based, person-centred, and embeds Macmillan’s Values Based Standard® of compassion, dignity and respect as a common thread. Specifically, the programme revolves around six workshop sessions. To find out more, please contact pexperience@macmillan.org.uk

Macmillan’s GP development tools

A range of **resources are available** to Macmillan GPs to help them to increase their confidence and apply their existing skills to their new Macmillan role. These tools are designed to equip them with new knowledge, understanding and skills they need to facilitate their transition from a clinical perspective to a clinical leadership approach focusing on service development.

Macmillan’s online resources

Macmillan’s website pages for health and social care professionals include a wealth of information on a range of issues for professionals and patients alike.

Case studies of commissioning to improve cancer education in primary care

GP cancer education

- NHS Gloucestershire CCG included mandatory cancer training in a Community Enhanced Service (CES) financial incentive called a Primary Care offer. GP practices were expected to send a GP attendee to at least two Macmillan masterclasses and one full-day cancer Protected Learning Time event, or four Macmillan masterclasses. GPs were expected to submit one in-depth cancer SEA per 2,000 head population, using the RCGP Cancer SEA template. Approximately 300 SEAs were received per year as a result of the CCG's responsibility for quality improvement. A masterclass is planned around the clinical/practice system themes derived as learning from these SEA submissions.

Practice nurse training

- Thanet CCG, working in partnership with Macmillan, is supporting training for practice nurses, to enhance their skills, knowledge and attitudes, and to help them feel more confident in supporting people affected by cancer. The course comprises six full-day sessions over a six-month period with reflective group work, as well as sessions from the course leader and external presenters. The practice nurses also shadow a local clinical nurse specialist (CNS) for a day so they can share experiences, and develop improved links between primary and secondary care. Participants return six months after the final session to present to the group on their learning and experience of the course, and report on any changes they may have made within their own practices as a result.
- East Cheshire, South Cheshire and Vale Royal CCGs have ensured that GP practices in their area have a practice nurse who has completed the Macmillan Practice Nurse Cancer Awareness course. The course increases the participants' confidence and skills in recognising the early signs and symptoms of cancer and helps them to better support people with cancer during and after their treatment. This is highly applicable to the support practice nurses provide to patients with other long term-conditions too, particularly the content regarding the Macmillan Holistic Needs Assessment.

Macmillan GPs are available locally to support peer education. For more information, please contact macdocs@macmillan.org.uk

CARERS

This section offers some practical tips and tools for supporting those caring for someone with cancer in your area through primary care co-commissioning.

Care Act 2014

Under this Act, local authorities and health bodies are required to work together to identify carers. For the first time, carers have the same legal right to a needs assessment and support as those who they care for, so more carers will be encouraged to undertake a carer's assessment with their local authority. Primary care professionals will need to be able to identify carers they come into contact with and signpost them to information and support.

Macmillan has a raft of useful information and support services for carers; CCGs should promote these to their primary care colleagues so they are aware of the range of resources available (these are detailed in the information on Macmillan's direct services below).

The [Department of Health statutory guidance on the Care Act](#), and the various roles for primary care clinicians, includes information on:

- Identifying those patients who would benefit from preventative support
- Contributing to meeting carers' information and support needs (eg, through posters campaigns in surgeries)
- Being equipped to provide current messages on the benefits of financial information and advice
- Having systems in place to be able to respond to a request for information as part of a carers needs assessment (with their consent)
- Contributing to joint assessments where a person has health and social care needs (eg, where a person is enrolled on the Proactive Care Programme – part of a GP-enhanced service contract)
- Considering co-location in GP premises to encourage integration, eg, housing support workers based in practices.

Macmillan's 10 top tips for supporting carers of people living with cancer

Macmillan's [10 top tips for supporting carers of people living with cancer](#) has key facts and information for supporting carers in primary care.

CCGs with responsibility for commissioning primary care services could:

- Conduct an audit of carers support to identify any gaps and/or priorities
- Undertake consultation and co-design work with carers and patients
- Develop a carers' register through contracts or incentive schemes
- Work with other commissioners and providers to ensure that services are joined up and well signposted across the area.

These activities could be implemented, and any resulting actions or policies could be incentivised, through GP contracts, incentive schemes, and QOF and its alternatives.

Case studies of commissioning to improve support for cancer carers in primary care

Whole system approach to identification and support of carers

- Torbay and Southern Devon Health and Care NHS Trust have worked with clinicians in primary care and the acute trust to develop an evidence base to show the positive impact that early support and access to services has on carers' health and wellbeing. During 2014, work has taken place with GPs including carers awareness training for all staff, introducing carers health and wellbeing checks, and providing targeted carers health promotion initiatives. South Devon & Torbay CCG has used joint Commissioning for Quality and Innovation (CQUIN) schemes to support initiatives such as this to deliver their 'excellent, jointed-up care vision'. Further details of this example can be found in the DH statutory [guidance](#). The Acute provider and community provider have now come together as an integrated care organisation to deliver a truly joined-up approach to care. This will support the development of further enhanced, locality-based community services.

MACMILLAN'S DIRECT SERVICES



Macmillan support line

Our cancer support specialists, benefits advisers and cancer nurses are available to answer any questions your patients might have through our free Macmillan Support Line on **0808 808 00 00** (Monday to Friday, 9am – 8pm).



Cancer information development

We produce a broad range of trusted, quality-assured cancer information, with 500 booklets and leaflets, and 3,000 information pages online. You can **order our cancer information free of charge from be.Macmillan** (you will simply need to create an account).



Mobile information and support service

We have four mobile information units and two information pods that visit local communities, workplaces and events, promoting cancer awareness and access to local services.



Macmillan grants

These are small, one-off payments to help people struggling with the cost of cancer. Everyone's practical needs are different, so grants are available for a variety of things, eg, extra clothing, help paying heating bills, or a relaxing break. The size of the grant will vary depending on circumstances and needs, but the average grant is less than £400. In 2014, 33,011 individual people received grants totalling £9.9 million.



Online community

Macmillan's Online Community

is a vital source of support that makes sure no one has to face cancer alone. Anyone affected by cancer can head there 24-hours a day to share stories, find information, and give and receive support. Nurses from the Macmillan Support Line are also available to answer questions about anything cancer related.

For more information about this guide, please contact **supportingcommissioners@macmillan.org.uk**

Annex A: Summary of primary care co-commissioning options and functions

Summary of co-commissioning options and functions

Primary care function	1. Greater involvement	2. Joint commissioning	3. Delegated commissioning
General practice commissioning	Potential for involvement in discussions but no decision making role	Jointly with area teams	Yes
Pharmacy, eye health and dental commissioning (this will be reviewed for 2016/17)	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role	Potential for involvement in discussions but no decision making role
Design and implementation of local incentives schemes	No	Subject to joint agreement with the area team	Yes
General practice budget management	No	Jointly with area teams	Yes
Complaints management	No	Jointly with area teams	Yes
Contractual GP practice performance management	Opportunity for involvement in performance management discussions	Jointly with area teams	Yes
Medical performers' list, appraisal, revalidation	No	No	No
GMS entitlements	No	No	No

Local incentive schemes

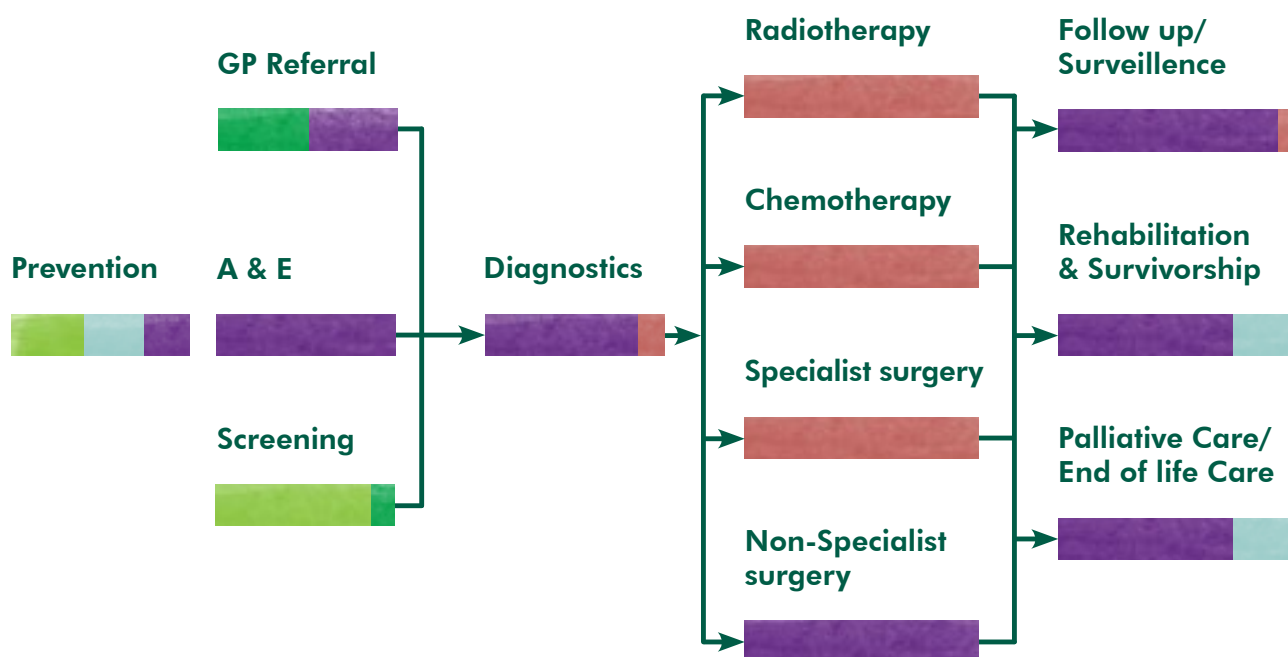
Under delegated arrangements, CCGs can offer GP practices the opportunity to participate in a locally designed contract, eg, as an alternative to QOF or directed enhanced services (DES). Similarly, under joint arrangements, NHS England and CCGs can explore this option.

Any proposed new incentive scheme should be subject to consultation with the Local Medical Committee (LMC), and be able to demonstrate improved outcomes, reduced inequalities and value for money. You may like to consider developing local incentive schemes in your local area to drive improvements in cancer care.

Annex B: Cancer commissioning responsibilities

Responsibility for commissioning cancer is already shared across multiple commissioners (see below) making it essential that commissioners collaborate closely to plan across the cancer pathway, to deliver improved cancer outcomes and experiences. With different co-commissioning arrangements in place in each area, neighbouring CCGs may have varying roles in commissioning for cancer in primary care. They will need to collaborate closely with CCG, NHS England and Local Authority colleagues to ensure clarity on which aspects of cancer are commissioned in primary care, and who holds this responsibility.

Generic cancer pathway: cancer commissioning responsibilities



Key

- Clinical Commissioning Group
- NHS England – Primary Care Commissioning
- Public Health England
- NHS England – Specialised Commissioning
- Local Authority

This diagram is an estimate and is not an exact representation of commissioning responsibilities.

Annex C: Cancer Care Review Recommended Read Codes

(8BAV) cancer care review done

(.8CLO) cancer diagnosis discussed

Cancer therapy-r Chemotherapy.8BAD0 Radiotherapy NEC.7M371

.67H5 Lifestyle advice

(.8b3v) medication review

(.677H) cancer information offered

(.6743) benefits counselling (as a trigger to discuss financial impact of cancer)

(.9180) Carer's details noted

Cancer doesn't just affect the people you support physically. It can affect everything – their relationships, finances and careers.

We want to work with you to help you provide the best support possible for people affected by cancer and their families. So as well as offering resources for your role, we can provide information to the people you support, so they know they'll never have to face cancer alone.

Together, we can help make sure people affected by cancer get the support they need to feel more in control – from the moment they're diagnosed, through treatment and beyond.

To find out more about all the ways we're here for you and the people you support, visit [macmillan.org.uk/commissioners](https://www.macmillan.org.uk/commissioners)