

MACMILLAN PRIMARY CARE CANCER TOOLKIT Wales

A quality toolkit for general practice

➤ Executive Summary



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CANCER SUPPORT

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FRAMEWORK

Introduction

The Macmillan Cancer Quality Toolkit project, fully funded by Macmillan Cancer Support, was developed, and delivered by the Macmillan Primary Care Cancer Framework (MPCCF) programme to improve primary care knowledge and the provision of cancer care in Wales. This educational tool was comprised of five learning modules, covering the whole clinical pathway from prevention and diagnosis to end-of-life care.

Module	Module titles	Description	Quality improvement areas
1	Detecting cancer earlier	Prevention and screening	<ul style="list-style-type: none"> ● Opportunistic health promotion ● Identifying and contacting non-responders to bowel screening
2	Prompt recognition and early referral	Application of NICE Suspected Cancer: Recognition and referral guidelines	<ul style="list-style-type: none"> ● Coding – ‘Fast track cancer referrals’ ● Safety netting USC referrals ● Patient information and support ● Cancer Decision Support (CDS) Tool
3	Support through treatment	Communication and documentation from diagnosis through to treatment	<ul style="list-style-type: none"> ● Contacting a patient following a cancer diagnosis ● Coding – treatment and key worker ● Practice assessment and management of people who have received cancer treatment
4	Cancer care reviews (CCRs) and long-term consequences of cancer and its treatment	Approach to CCRs and understanding the long-term consequences of cancer and its treatment	<ul style="list-style-type: none"> ● Holistic CCRs ● Practice nurse involvement in CCRs ● Long term consequences of cancer and its treatment
5	Identifying and supporting people with advanced serious illness	Palliative and end-of-life care processes	<ul style="list-style-type: none"> ● Recording and sharing of Advance Care Planning (ACP) information ● Timely ACP discussions ● Palliative care meetings

The Toolkit was offered to all 415 GP practices in Wales. GP practices were given £1000 to complete the Toolkit. Participation involved the completion of surveys to measure progress, identification of gaps in practice, development of action plans and reflections on impact. This report contains a summary of this learning and conclusions derived from the evaluation.

Participants and reach



Participation by Health Board

① Swansea Bay UHB	12.2%
② Aneurin Bevan UHB	12.8%
③ Betsi Cadwaladr UHB	6.7%
④ Cardiff and Vale UHB	15.6%
⑤ Cwm Taf Morgannwg UHB	9.1%
⑥ Hywel Dda UHB	22.4%
⑦ Powys Teaching HB	25.0%
All Wales	12.8%

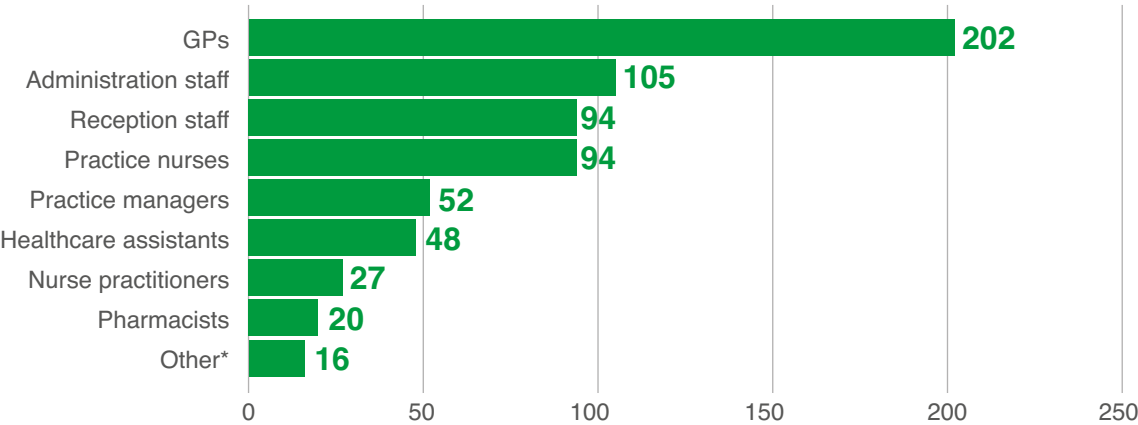


Between May 2019 and December 2020,
53¹ GP practices completed the Toolkit.

All practices were encouraged to discuss and share learning with their cluster colleagues. In 2019, half of the 64 clusters in Wales (51.6% n=33) had at least one GP practice complete the toolkit. 26.4% (n=14) indicated they shared learning from the Toolkit with cluster colleagues.

The Toolkit was designed to be a whole practice team activity with both clinical and non-clinical involvement. Across Wales, 658 primary care staff were involved, reaching half of the eligible staff within those practices. The most common roles involved were GPs (mean 3.81 per practice), Administration staff (mean 2.44 per practice), Practice Nurses (mean 2.18 per practice) and Reception staff (mean 3.24 per practice).

Primary care staff involvement in the Toolkit



*Physiotherapists (n=3), Paramedic (n=1), Occupational Therapists (n=3) and dispensary staff (n=8)

¹ 53 GP practices participated but some survey questions were not completed, therefore the denominator changes throughout this report. For further details, please see the full evaluation report.

Overall Toolkit impact

Practices were asked whether they agreed or disagreed with several statements regarding the impact of the Toolkit.

88.5%

of practices felt the Toolkit facilitated quality improvement in cancer care.

79.2%

of practices stated that they acquired knowledge that was new to them.

83.0%

of practices felt that the Toolkit facilitated peer-to-peer learning within their practice.

64.2%

of practices stated that the Toolkit improved their access to information to support patients living with cancer.

84.6%

of practices felt that they had a better understanding of how they perform when it comes to the provision of cancer care.

94.3%

of practices agreed that the Toolkit had a positive impact on clinical practice.



Evidence of impact

Practices were asked to provide feedback on their experience of using the Toolkit and to reflect on the impact it had on clinical practice.

👉 We looked at this as a quality improvement activity, and the structure it provided for this activity was useful. It encouraged us to look at cancer as a chronic disease, using similar strategies to looking after conditions such as diabetes. 👉

(Practice 58, HDUHB)

👉 The information provided within the toolkit itself was very educational and encouraged a shift in mentality from cancer care being an individual clinician responsibility to a whole team-based affair. 👉

(Practice 29, SBUHB)

👉 Formal way of addressing some of the aspects of cancer care in the community and trying to improve them wholesale rather than piecemeal. 👉

(Practice 32, CAVUHB)

👉 We gained as a team from discussion about the modules and some members of the team developed skills in new areas that have since been used in clinical practice... 👉

(Practice 12, ABUHB)

👉 Practice and clinicians were not aware of resources that were available like UKONS, CDS [tool], CCRs etc. We have started using more of these. 👉

(Practice 16, CTMUHB)

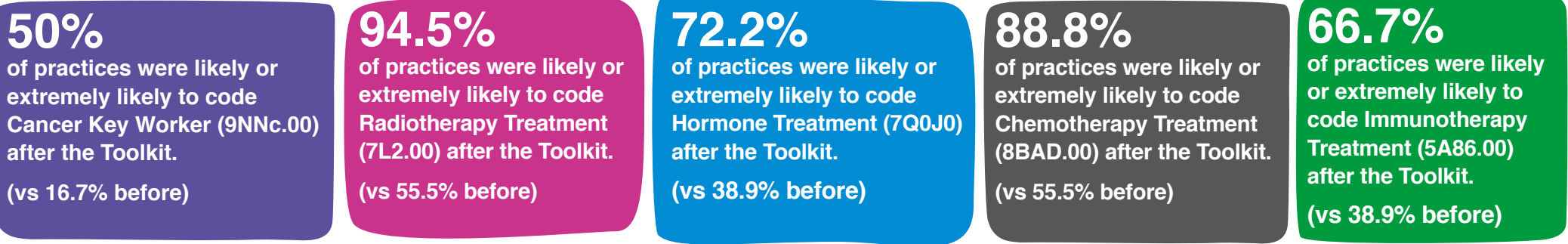
Coding improvements



Across all modules practices were asked to use certain codes to allow easier identification of key information related to the care of people living with cancer. This included key worker, treatment types, USC referrals and Advance Care Planning (ACP) decisions.

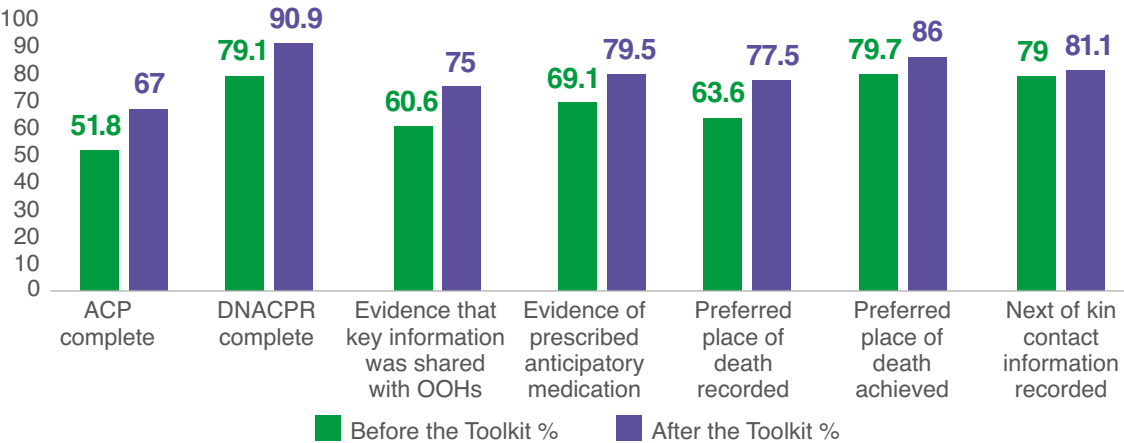
Cancer key worker and treatment types

Practices were asked how likely they were to code treatment types before and after the Toolkit.



Practices were also asked to review patient notes before and after the Toolkit to determine if key ACP information were accurately coded. Across all areas, practices reported improvements in coding practice.

Key Advance Care Planning (ACP) information





Evidence of practice improvements

Improvements in coding were reported across all modules.

- After review of how referrals were coded, team now standardises USC referrals by coding using “Fast track referral for suspected cancer” - 8HHt. Using this approach allows for easier recognition in notes and with prioritising/ follow up.**

(Module 2 – Practice 2, ABUHB)
- A system is now in place with a designated template to record cancer diagnosis and treatment modalities. An alert is added to patients’ notes to alert staff to fast track them to a GP when they telephone with a medical problem to avoid delays in the triage system.**

(Module 3 – Practice 43, PTHB)
- Protocol for dealing with DNACPR amended to include adding Read code #9e2 when sending DNACPR to Out of Hours (OOH).**

(Module 5 – Practice 39, CAVUHB)
- Another factor which helped support our new improved approach to patient information and support was discussing the Macmillan Toolkit at a practice meeting and making everyone aware of the findings of the first round - and the distribution of ‘packs’ with important information, including correct coding.**

(Module 1 – Practice 59, HDUHB)
- Better read coding and documentation of Cancer Care Review information....**

(Module 4 – Practice 16, CTMUHB)

MODULE 1

Detecting Cancer Earlier

This module was designed to help practices review and improve their approaches and processes for detecting cancer early, with a specific focus on prevention and screening. 30 GP practices completed this module (56.6%).



72.4%

of practices agreed that this module improved practice processes for detecting cancer earlier.

Evidence of learning

As a result of completing this module, GP practices have improved their knowledge of the Bowel Screening Programme and cancer risk factors.

96.5%

Risks of bowel screening programme

Participants were knowledgeable or very knowledgeable after the Toolkit.

(vs 33.9% before)

96.6%

Cancer risk factors

Participants were knowledgeable or very knowledgeable after the Toolkit.

(vs 66.7% before)

96.5%

Benefits of bowel screening programme

Participants were knowledgeable or very knowledgeable after the Toolkit.

(vs 51.7% before)

Use of the Toolkit clearly improved practice awareness of cluster and Health Board screening rates.

48.3%

Cervical

Practices were aware of cluster and Health Board screening rates after the Toolkit.

(vs 6.7% before)

41.4%

Breast

Practices were aware of cluster and Health Board screening rates after the Toolkit.

(vs 6.7% before)

44.8%

Colorectal

Practices were aware of cluster and Health Board screening rates after the Toolkit.

(vs 6.7% before)

Bowel Screening Uptake

GP practices were asked to review their processes for contacting non-responders to bowel screening to identify areas for improvement that would increase uptake.

Before the Toolkit, practice approaches for screening non-responders fell into three categories:

71.4%

of practices had an agreed approach for identifying non-responders to Bowel Screening.

42.9%

of practices had an agreed approach for contacting non-responders to Bowel Screening.

28.6%

of practices did not have an approach for identifying and contacting non-responders to Bowel Screening.



Evidence of practice improvements



Of those GP practices which did not have a process for contacting non-responders,

11 implemented a new process as a result of this module

(91.7%, n=11/12). GP practices were asked to monitor their progress by reviewing patient records.





Completion of this module enabled practices to:

- > Establish a proactive approach to encourage patients to respond to their Bowel Screening invite (e.g., GP endorsed letters mainly)
- > Improve identification of non-responders by better coding practice and use of clinical reminders (e.g., alert box)
- > Actively promote the Cancer Screening Programmes within the practice to patients (e.g., practice website)



Evidence of practice improvements

Use of this module changed practice behaviours in several areas:

💡 ...we did send 39 letters to non-responders in months 2-5. The uptake of screening in this group was surprisingly good with six out of 39 (approximately 15.4%), even though these patients were selected at random. This surprised a lot of people.💡

(Practice 5, SBUHB)

💡 We have identified through the module that we were not coding patients being sent the bowel screening 'non-responder' letter appropriately which we have now corrected.💡

(Practice 28, HDUHB)

💡 Useful process! We had not realised we were no longer getting paper updates. We then set up an encouragement letter...we found that 22 patient letters had been sent, an additional 2 patients were also found from before the system was properly set-up and running. Of these 24 patients, the prompt led to 2 later returning their sample.💡

(Practice 67, BCUHB)

MODULE 2

Prompt recognition and early referral

This module was designed to help GP practices to review and improve their approaches and processes for recognition and referral, providing information to people when cancer is suspected, and safety netting. 42 GP practices completed this module (79.2%).

Evidence of learning

As a result of completing this module, GP practices have increased their awareness and use of the Macmillan Cancer Decision Support (CDS) Tool.

88.1%

of practices were aware of the Macmillan Cancer Decision Support (CDS) Tool after the Toolkit.

(vs 44.6% before)

44.2%

of practices used the Macmillan Cancer Decision Support (CDS) Tool after the Toolkit.

(vs 23.8% before)



80.5%

of practices agreed that this module has improved practice referral processes for cancer.

Safety netting Urgent Suspected Cancer (USC) Referrals

Practices were asked to reflect on and improve their approach and process for the safety netting of urgent referrals for suspected cancer.



Completion of this module enabled practices to:

- > Increase practice staff awareness of the USC referral process and criteria
- > Increase awareness and use of NICE Suspected Cancer: Recognition and referral guidance summaries (e.g., Macmillan Rapid Referral Guidelines)
- > Increase awareness and use of patient information to support verbal conversations regarding a USC referral
- > Improve audit and follow-up processes for patients referred on a USC pathway



Evidence of practice improvements

Use of this module changed practice behaviours in several areas:

- **There has been increased awareness among practice staff about USC referral criteria and how to access the referral guidelines.**
(Practice 3, CTMUHB)
- **We have also given the patient a contact number for first appointments and our secretary to chase up if they have not heard from secondary care within a specified time frame.**
(Practice 14, ABUHB)
- **A designated member of the admin team runs a search for these patients every 2 weeks to check an appointment is in place and has not been missed. This has been very useful to chase those patients who have gone on to decline or postpone their appointment or investigation due to concerns re Covid-19 and resulted in a call and discussion with GP regarding risk of delayed diagnosis cancer vs risk of Covid-19, and providing reassurance and support.**
(P20, CAVUHB)
- **We now send all USC referrals a letter indicating they have been referred on a cancer pathway and should be contacting us if they have not heard from the hospital at 2 weeks. This was a positive change.**
(Practice 60, HDUHB)
- **The team are more aware of admins involvement in the following up of USC referrals. Time set aside each week to liaise with admin and follow up or delegate to follow up.**
(Practice 37, HDUHB)

MODULE 3

Support through treatment

This module encouraged GP practices to review and improve their approach for supporting patients through cancer treatment. 18 GP practices completed this module (33.9%).



83%

of practices agreed that this module has improved practice processes for supporting people living with cancer.

Evidence of learning

As a result of completing this module, GP practices have increased their awareness and use of the tools and resources.

50%

of practices used the UK Oncology Nursing Society (UKONS) and Macmillan Cancer Support Tool after the Toolkit.

(vs 5.56% before)

44.4%

of practices used the Acute Oncology Support (AOS) App after the Toolkit.

(vs 22.2% before)

83.3%

of practices were aware of the Acute Oncology Support (AOS) App after the Toolkit.

(vs 22.2% before)

72.2%

of practices were aware of the UK Oncology Nursing Society (UKONS) and Macmillan Cancer Support Tool after the Toolkit.

(vs 16.7% before)



Contacting patients following a cancer diagnosis

Practices were asked to reflect on and establish a formal process for contacting patients following a cancer diagnosis.

50%

of practices stated they had an agreed approach for contacting patients following a cancer diagnosis.

GP practices were asked to monitor their progress by reviewing patient records:

Before the Toolkit

62.5%

Patients contacted specifically about their diagnosis (155/248)



After the Toolkit

60.1%

Patients contacted specifically about their diagnosis (230/383)



Completion of this module enabled practices to:

- > Increase awareness and use of recommended Read codes
- > Consistently code a cancer diagnosis
- > Proactively support patients including establishing contact with patients following a cancer diagnosis



Evidence of practice improvements

Our healthcare assistant adopts a structured and systematic approach to reviewing patients. These reviews have been mainly by telephone in Covid times, but she has seen many patients face to face too. Feedback from patients has been good with the majority valuing contact and the offer of support, even if their information needs are very few initially.

(Practice 43, PTHB)

A register of new cancer diagnoses from the past 6 months is being kept. We have recently created a template letter to be sent to all patients newly diagnosed with cancer inviting them to contact the surgery for a review.

(Practice 47, CAVUHB)

Coding changes were implemented, and all staff made aware...appears to be working well with 17/18 patients contacted.

(Practice 19, ABUHB)

MODULE 4

Cancer care reviews and the long-term consequences of cancer

This module encouraged the whole practice team to review and improve their approach to cancer care reviews and the long-term support offered to patients. This module was mandatory, and all 53 GP practices completed.



83%

of practices agreed that this module has improved practice processes for supporting people living with cancer.

Evidence of learning

Survey feedback highlighted that practices increased their cancer knowledge in key areas and improved their awareness of the Macmillan Cancer Care Review template.

92.5%

Holistic needs of people living with cancer

Participants were knowledgeable or very knowledgeable after the Toolkit.

(vs 61.5% before)

79.3%

Long-term health concerns related to a cancer diagnosis

Participants were knowledgeable or very knowledgeable after the Toolkit.

(vs 50.1% before)

81.1%

Long-term consequences of cancer

Participants were knowledgeable or very knowledgeable after the Toolkit.

(vs 55.8% before)

60.4%

of practices were aware of the Macmillan Cancer Care Review Template after the Toolkit.

(vs 13.2% before)

Improving cancer care reviews

GP practices were asked to discuss as a whole practice team how cancer care reviews were offered and completed. They reflected on their procedures in place, the content of CCRs and the recording of CCR information on a patient's record.

There was significant variation in the approach and content of CCRs.

- Lack of formalised approach to inviting and carrying out a CCR
- In some instances, the initiation of a CCR was left to the patient
- Ad hoc and unplanned CCRs



Completion of this module enabled practices to:

- > Established structured CCRs
- > Increase use of templates to ensure a holistic CCR
- > Increase awareness of information, resources, and tools to support the implementation of CCRs
- > Improve the coding and recording of CCR information
- > Improve access to CCR training for staff



Evidence of practice improvements

Completion of this module changed practice behaviours in several areas:

● The admin process implemented on completion of the Macmillan toolkit six months ago has clearly had a very positive impact. Whenever a new cancer is coded, the admin team book that patient in for a telephone review with the most relevant GP who carries out a cancer care review. All agree that it has been a worthwhile admin process to implement. ●

(Practice 71, BCUHB)

● Reviews which were carried out since engaging with the Macmillan toolkit have generally improved. Clearer understanding of extra services available have been highlighted and implemented into our ongoing cancer care management. ●

(Practice 5, SBUHB)

● ...One GP (nominated cancer lead) and our practice nurse attended a series of modules on cancer care review training delivered by the MPCCF, and we have now developed a structured framework for carrying out cancer care reviews. We aim for these to be both opportunistic and to call patients on an annual basis... ●

(Practice 47, CAVUHB)

● The use of the Macmillan Cancer Care Review template has also improved the holistic nature of the reviews and made us as clinicians consider other aspects, and signposting onwards. ●

(Practice 70, CTMUHB)

MODULE 5

Supporting people with advanced serious illness

This module was designed to help GP practices review and improve their approach for identifying and supporting patients with advanced serious illness. 26 GP practices completed this module (49.1%).



96.1%

of practices agreed that this module has improved practice processes for supporting people with advanced serious illness.



Evidence of learning

GP practices reported increased awareness of the Macmillan Palliative Care template.

34.6%

of practices were aware of the Macmillan Palliative Care Template after the Toolkit.
(vs 7.69% before)

Improving palliative care meetings

This module asked GP practices to review Macmillan's Top Tips to supportive and palliative care meetings and to document actions to improve their palliative care meetings.



Completion of this module enabled practices to:

- > Increased use of needs-based coding system (e.g., Traffic light system)
- > Wider team involvement
- > Better internal and external communication (e.g., OOHs)
- > Improved documentation (e.g., coding)



Evidence of practice improvements

Completion of this module changed practice behaviours in several areas:

- **The move to using the RAG (Red Amber Green) system for patient prioritisation has allowed us to move meetings from bimonthly to monthly, having shorter more focused meetings...**
(Practice 58, HDUHB)
- **CCR nurse now attends these meetings too. This is of benefit as some patients have only been initially seen by the nurse and not the doctor after diagnosis.**
(Practice 69, PTHB)
- **We have tried to amalgamate palliative care nursing information onto our vision template after palliative care meetings to ensure patient records have all relevant information. This information is also shared with out of hours.**
(Practice 14, ABUHB)
- **We have set up a guideline (template) on the system so all data can be easily recorded at a click of a button, and we can free text any other info if needed.**
(Practice 23, SBUHB)

Conclusions

Eleven months into the launch of the Toolkit, the Coronavirus pandemic resulted in significant changes to working processes within the healthcare system, including primary care. For many practices, this presented a huge challenge to not only participate in the Toolkit project but to plan and act on the identified areas needing improvement. Despite this, 53 practices participated and over 650 primary care staff engaged with the Toolkit.



Completion of the Toolkit resulted in a significant amount of change for many GP practices including:

- > **Increased cancer knowledge**
- > **Increased awareness and use of cancer specific tools and resources**
- > **Improvements in clinical coding**
- > **Improved access to information to support their patients living with cancer**
- > **A shift in mentality from cancer care being an individual clinician responsibility to a whole team-based affair**
- > **Implementation of new or improved processes, which led to more proactive cancer patient care.**

Overall, the evaluation findings demonstrate that a cancer quality Toolkit provides a framework to successfully review and improve the way practices diagnose, care for and support their patients living with cancer. The Toolkit was deemed to be an effective quality improvement activity and a 'one stop shop' of useful information which enabled team discussion, reflection, and learning. However, feedback highlighted that the Toolkit structure was not user-friendly, provided an overwhelming amount of information and required significant time commitments which was deemed to be unrealistic given the demands on primary care staff.



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