Healthy London Partnership

NHS

Transforming Cancer Services Team

4 Point model for holistic cancer care reviews: cancer as a Long Term Condition

November 2017

Contents

Elements of this document are to be incorporated into CCG Local Incentive Schemes.
It is designed to highlight the 4-point cancer care review model that can be adapted locally.

1 Introduction

1.1 There were 223,500 people living with and beyond cancer in London in 2013[1]. The number of people living more than 5 years from initial diagnosis is predicted to more than double between 2010 and 2030. Currently 70%of people who have a diagnosis of cancer have at least one other long term condition[2]. This has led to a shift in thinking of cancer as an acute illness to a long term condition.

1.2 The National Cancer Survivorship Initiative has highlighted the immediate and long term physical and psychological impact that cancer can have on those who have recovered. It states that many cancer survivors have unmet needs, particularly at the end of primary treatment whilst others are struggling with the consequences of treatment[3]. The recommended 'recovery package' model comprises four aspects: holistic needs assessments (HNA), health and wellbeing events (HWBE), Treatment Summaries (TS) and finally the cancer care review (CCR) in primary care[4].

1.3 The recovery package interventions have been included in London's acute commissioning intentions every year since 2012/13. Acute providers are expected to implement all interventions that relate to their services (HNA, TS, HWBE) in parallel so that patients receive a package of care without variation.

1.4 By investing in primary care through this Local Incentive Scheme (LIS), CCGs and STPs across London are working to strengthen the GP practice position of being at the heart of patient care, linking primary care services seamlessly with community services, secondary care and third sector for patients who are living with and beyond cancer. In providing the elements of this scheme, practices will be proactively supporting patients as part of their long term conditions management.

1.5 In order to support the primary care element of the recovery package in the delivery of a holistic cancer care reviews, the purpose of this document is to outline the key elements of the purposed model as agreed by your CCG, STP or Federation. The model is arranged in four complementary and interconnecting points and is supported by practical tools to aid delivery.

1.6 As with all Local Incentive Schemes, the CCG has a statutory responsibility to ensure both value for money and clinically effective care. Therefore, the LIS will work to engage its constituent member practices in a scheme that will:

- Engage them in the decision making of the CCG over and above their commitment through the existing CCG constitution beyond GMS contractual arrangements.

- Ensure the delivery of seamless, effective health care outcomes for patients living with and beyond cancer.

[1] Macmillan NCSI Toolkit
[2] http://www.macmillan.org.uk/documents/press/cancerandotherlong-termconditions.pdf
[3] http://www.ncsi.org.uk/what-we-are-doing/the-recovery-package
[4] ibids

1.7 This LIS and the components herein are designed to:

- Complement local Memorandum of Understanding (MOU) between practices and CCG within the CCG constitution.
- Be deliverable as part of a Networked or Federated model.
- Complement existing GMS contractual arrangements and joint primary medical care commissioning with NHS England (London).
- Complement local enhanced service agreements with CCG commissioned through the NHS Standard Contract.
- Actively identify and assess the most vulnerable and needy patients, especially those with comorbidities.
- Allow primary care healthcare professionals (PCHC GPs, primary care nurses or allied health professionals (PCHCPs) to deliver longer consultations for patients with long term conditions.
- Allow PCHCPs to devote more time and thought to the needs of carers, including young carers.
- Encourage PCHCPs to refer appropriate patients to the Integrated services were available.
- Allow PCHCPs to provide more attention to housebound cancer patients and those residents in Nursing Homes.
- Allow PCHCPs to provide more attention to patients who are within 5 years of a receiving a cancer diagnosis.
- Allow PCHCPs to provide more attention to stable haematology patients.
- Provide support for mental health patients living with and beyond cancer.
- Allow PCHCPs to focus on patients recently discharged from hospital following an emergency admission.
- Support and promote patient education and patient self-management.
- Improve the quality of PCHCPs consultations through relevant peer review.
- Invest in the education and training of primary care healthcare professionals.
- Enable feedback on the delivery of holistic cancer care reviews and cancer as a Long Term Conditions.

2 Coverage

2.1 Each practice will be encouraged to sign up to the LIS and be rewarded financially for achieving agreed outcomes. Achievements will also form part of the local primary care dashboard, which is already used to demonstrate effective health outcomes and increased quality assurance for patients.

2.2 A required outcome is for all patients (and carers) who are targeted under this service specification to benefit from the services that are to be provided. To ensure that this happens, all Practices must select one of the following options:

- Sign up as a Practice to provide the services in-house
- Agree with another Practice or Practices to provide the services (this could be arranged between individual Practices or could be organised through one of the GP Federations where available)
- Opt for the CCG to nominate another GP Practice to provide the services on their behalf

2.3 The Practice (the Provider) must state which option they have selected on the Service Agreement Form (to be agreed with the CCG).

2.4 If a Provider signs up to the contract/specification themselves but, in the reasonable opinion of the Commissioner, is not subsequently delivering a reasonable level of activity in respect of *all* the service requirements under this specification (e.g. approximately 25% of the target activity levels per quarter for patient cohort), the following steps will be taken:

- The Commissioner will provide a written notice to the Provider stating their concern over the activity levels being delivered and requesting a written explanation for this
- The Provider shall respond to this written request in writing within 10 working days and provide the Commissioner, for discussion and agreement, with a rectification action plan within 4 weeks of the Commissioners concerns being raised. The action plan should include explanation of how the Provider will improve their activity levels and timeframes
- If the Provider fails to rectify the situation within the agreed timeframe, the Commissioner reserves the right to approach the GP Federations or other Practices to step in and provide the service requirements under this contract/specification on behalf of the original Provider

2.5 Provider must confirm (on the Service Agreement Form) names and contact details of the following individuals within the Practice:

- Overall Lead GP for the Cancer Care Review contract/specification
- Lead Primary Care Nurse/HCA for the contract/specification
- Lead GP for Carers
- Lead GP for Cancer

3 Key components of the Cancer Care Review LIS

3.1 Endorsed by Londonwide LMC[5], the 4 Point holistic Cancer Care Review is to be co-produced between the primary care clinician (GP, practice nurse or allied health professional) and the patient at the end of active treatment. The CCR should be holistic, covering psycho-social needs, physical needs, needs of carers and support patients towards self-management. More generally, cancer *can* therefore be integrated within a long term conditions management approach at practice or network/federation level.

3.2 Trigger points:

- At notification from hospital confirming a new diagnosis (via 2ww, routine outpatient, screening, A&E, other primary care routes, previous diagnosis/recurrence)
- Newly registered patients with cancer diagnosis in last 5 years
- On receipt of Treatment Summary and /or transfer of care / discharge to community

3.3 Payments under the LIS will be made on demonstration of achievement of the outcomes defined within this contract. The key components of the LIS are outlined in the table below:

Components	Payment (suggested)
General	
1. Engagement of Practices Engagement of practices with the LIS Practice clinical staff to take part in experience surveys in order to monitor/improve the CCR pathway. Clinical staff to encourage patients to complete surveys to evaluate satisfaction levels	£ per practice
2. Practice Based Education Session for the practice to prioritise, focussing on holistic management of patients living with and beyond cancer.	£ per practice
3. Structured Education Programme for GPs at CCG or Federation level. Participating in the educational programme developed by the CCG in partnership with constituent member practices.	£ per registered population
4. Structured Education Programme – Primary Care nurses, allied health professionals and community nurses.	£ per practice

[5] https://www.healthylondon.org/latest/publications/cancer-as-a-long-term-condition

5. Significant Event Audit	£ per practice
6. Demand management • Actively engaging in demand management signposting and referring in line local using agreed CCR Templates • Engagement with multidisciplinary community teams (MDT) and locality working, including establishing an MOU with providers to enable partnership working to address the medical, holistic and social needs patients living with and beyond cancer	£ per practice Proportion of funding will be allocated to each Practice based on the funding available for this priority area (previous LIS funding, primary care, transformation funding and the PMS transition fund) on a capitation basis
Cancer Care Review 4-Point model	
Point 1: **Patient added to cancer register**	QOF CAN001
Point 2: 1st intervention: First contact after diagnosis • Telephone call and/or letter to patient regarding recent diagnosis with invitation for the patient to attend the practice for a chat regarding their diagnosis. This could be completed by GP or practice nurse within six months of diagnosis (i.e. QOF CCR). • Template letter for primary care is sent to patients who have just received a cancer diagnosis (templates are available from the TCST). The letter is to be tailored with the GP name, oncologist name, name of their key worker (if known), treating hospital; the type of cancer diagnosed and includes an outline of the recovery package that they should be receiving along with the Macmillan Top Ten Tips. • Information for patient on what to expect as part of a Recovery Package with a prompt to request a key worker and HNA from secondary care if not provided by the time of CCR consultation. Pan London HNA to be included for patient and family/carer for reflection and reviewed at subsequent CCR. Signposting to local support groups should also be included.	QOF CAN003 or £ per registered population

Point 3: 2nd intervention: Holistic cancer care review at the end of primary treatment as standard • Appointment triggered by a date entered into the Cancer Register and/or receipt of Treatment Summary / transfer to primary care. • Extended consultation conducted by GP or primary care nurse depending on complexity of patients' needs (e.g. double or triple appointments may be required). • Use of a clinical template for holistic CCR that captures whether the patient had an HNA in secondary care and their information needs (template available from the TCST). Using Treatment Summaries or discharge letters, discuss consequence of treatment (including late effects) and further advice on physical activity, healthy lifestyles, signs and symptoms to be aware of regarding recurrence carer's needs. • Collection of minimum data for audit • Professionals to undertake appropriate training modules in living with and beyond cancer. A bespoke prospectus of training modules will be available from the TCST. • Encourage patient survey and complete professional experience survey. • Primary care MDT meeting to discuss patients on register outlining care planning actions and review any Significant Event Audits (SEAs) related to recurrence or subsequent primary cancer diagnosed via emergency routes. TCST Primary Care Checklist is available for local use[6].	Local incentive scheme: General practice cost 20 minute appointment (double appointment)
Point 4: 3rd intervention: Cancer incorporated and reviewed at an annual LTC Review • Annual review may be for a period of time, for example up to five years, or it may be indefinite. It may also only apply to groups patients who have	QOF generic, long term conditions local incentive scheme, NICE Guidance for Multimorbidity (NG56) Local incentive scheme: General practice cost 20 minute appointment (double appointment)

[6] https://www.healthylondon.org/sites/default/files/Primary%20Care%20Cancer%20Checklist%20-%20ED%20%26%20LWBC_final_0.pdf

specific needs e.g. multi-morbidities, social risk factors, part of a local integrated care framework. • The LTC review should include a conversation regarding the person's psycho-social and physical needs re cancer (e.g. preventing recurrence and detecting and/or managing any consequences of treatment), healthy lifestyle advice, as well as any other long term conditions and/or social risk factors that the person may have. Needs of carers should also be taken into account.	

4 Criteria for each payment area

4.1. For each element the key components, audit, responsibility and payment are identified in the table below:

Component	Component support and audit mechanism (suggested)	Responsibility (suggested)	Payment (suggested)
Engagement of the Practices with the LIS A meeting at the practice with Macmillan Lead GP or CCG training representatives at least annually Practice to nominate: • Overall Lead GP for the Cancer Care Review contract/specification • Lead Practice Nurse/HCA for the contract/specification • Lead GP for Carers • Lead GP for Cancer • Lead GP for Self-Management • Lead GP for Adult Safeguarding. Practices responsible for developing their internal process for considering issues and reaching a consensus practice opinions.	CCG to record list of completed visits and learning modules completed at each practice CCG to maintain list of named GP Lead for each practice Practice response to be monitored by CCG and a record kept.	CCG / Macmillan Lead GP or Training Lead where appropriate CCG and Practice	£ to be agreed by the CCG

Education and Training Practice Based Education Session for the practice to prioritise, focussing on holistic management of patients living with and beyond cancer and introduction on using the Cancer Care Review Template Structured Education Programme for GPs Participating in the educational programme developed by the CCG in partnership with constituent member practices. Structured Education Programme for Primary Care nurses, allied health professionals and community nurses. Participating in the educational cancer programmes developed by the CCG in partnership with clinical leads and the practice nurse forum.	CCG to record list of completed visits by the Macmillan Lead GP and learning session completed at each practice CCG to record list of practices that upload the Cancer Care Review Template on all clinical staff PCs. List of all attendees and learning modules to be submitted to the CCG. Sessions should be:- - Approximately 30 minutes hours duration - With input from CCG clinicians and/or secondary care clinicians and/or Macmillan Lead GP Have attendance from over 50% of practice medical and nursing staff. The Practice should discuss its patients on their cancer register at practice meetings that incorporate at least 50% of practice clinicians and develop their own plans for ensuring the holistic management of these patients and identifying points for referrals to support services. These plans should be developed and submitted to the CCG within 3 months of the start of the LIS for agreement by the CCG.	CCG and Macmillan Lead GP / Cancer Lead GP or Training Lead Practice / Practice Manager/ Practice Lead GP for the Cancer Care Review	£ to be agreed by the CCG
Significant Event Audit Practice to reflect on and learn from individual cases to improve	Actions and outcomes should be reviewed at each meeting	Practice / Practice Lead	£ to be agreed by the

quality of care. Significant event audits should form part of individual and practice based learning and quality improvement. The significant event analysis process should enable the practice to answer the following questions: • What happened and why? • How could things have been different • What can we learn from what happened? • What needs to change? • What was the impact on those involved (patient, carer, family, GP, practice) SEA discussions should be a routine part of the practice's quality improvement and clinical governance and is an opportunity for the team to: • discuss each stage in detail • identify any learning needs • identify actions to be taken and changes to be made and agree how these will be processed.	to establish that change is occurring and being sustained SEA reporting templates should be in line with local processes	GP for Cancer	CCG
Demand management Actively engaging in demand management signposting and referring in line local using agreed CCR Templates Engagement with multidisciplinary community teams (MDT) and locality working, including establishing an MOU with providers to enable partnership working to address the medical, holistic and social needs patients living with and beyond cancer	Demand management should be in line with local processes Use of Cancer Care Review template will audit onward referrals/sign posting to support services. Template in production with Macmillan	Practice / CCG/ Practice Lead GP for Cancer Care Reviews	£ to be agreed by the CCG

Cancer Care Review 4-Point model (see Appendix 1 for pathway)			
Point 1: Patient added to cancer register	QOF CAN001 template or Cancer Care Review Register	Practice / Practice Lead GP for Cancer Care Reviews	QOF CAN001 or LIS payment £ per practice
Point 2: 1st intervention: First contact after diagnosis Telephone call and/or letter to patient regarding recent diagnosis with invitation for the patient to attend the practice for a (holistic) chat ***and*** to offer a holistic appointment at the end of treatment. This could be completed by GP or practice nurse. Signposting to local support groups will also be included as standard	Template letter for primary care to send to patients who have just received a cancer diagnosis. The letter is to be tailored with the GP name, oncologist name, name of their key worker (if known), treating hospital; the type of cancer diagnosed and includes an outline of the recovery package that they should be receiving. Information for patient on what to expect as part of a Recovery Package with a prompt to request a key worker and HNA from secondary care if not provided by the CCR appointment. Pan London HNA to be included for reflection and reviewed at subsequent CCR. Signposting to local support groups will also be included **Templates available:** Sample letter to patients  sample CCR patient letters Nov 2015.doc Macmillan Top Ten tips  Macmillan top 10 concernsWhattodoafl	Practice / Practice Lead GP for Cancer Care Reviews	QOF CAN003 or £ per registered population

Point 3: 2nd intervention: Holistic cancer care review at the end of primary treatment • Appointment triggered by a date entered into the Cancer Register and/or receipt of Treatment Summary / transfer to primary care. • Extended consultation conducted by GP or primary care nurse depending on complexity of patients' needs (e.g. double or triple appointments may be required). • Use of a clinical template for holistic CCR that captures whether the patient had an HNA in secondary care and their information needs (template available from the TCST). Using Treatment Summaries or discharge letters, discuss consequence of treatment (including late effects) and further advice on physical activity, healthy lifestyles, signs and symptoms to be aware of regarding recurrence carer's needs. • Healthcare professional to use available screening tools to conduct a psychological assessment[7]. • Collection of minimum data for audit • Professionals to undertake appropriate training modules in living with and beyond cancer. A bespoke prospectus of training modules will be available from the TCST. • Encourage patient survey and complete professional experience survey • Primary care MDT meeting to discuss patients on register outlining care planning actions and review any Significant Event Audits (SEAs) related to recurrence or subsequent	Reporting templates to be agreed by CCG Sample Treatment summary to be requested from secondary care  SAMPLE lca-treatment-summa Sample Holistic Needs assessment  London_Holistic_Needs_Assessment_print	Practice / Practice Lead GP for Cancer Care Reviews	GP cost 20 minute appointment (double appointment) £43.26* per patient Practice Nurse cost 20 minute £15.87* (double appointment) per patient *LMC cost

[7] https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf

primary cancer diagnosed via emergency routes. TCST Primary Care Checklist is available for local use[8]			
Point 4: 3rd intervention: Cancer incorporated and reviewed at an annual LTC Review • Annual review may be for a period of time, for example up to five years, or it may be indefinite. It may also only apply to groups patients who have specific needs e.g. multi-morbidities, social risk factors, part of a local integrated care framework. • The LTC review should include a conversation regarding the person's psycho-social and physical needs re cancer (e.g. preventing recurrence and detecting and/or managing any consequences of treatment), healthy lifestyle advice, as well as any other long term conditions and/or social risk factors that the person may have. Needs of carers should also be taken into account.	Reporting templates to be agreed by CCG Outcomes of the LCT Review should be incorporated into patient notes.	Practice / Practice Lead GP for Cancer Care Reviews	GP cost 20 minute appointment (double appointment) Practice Nurse cost 20 minute

5 Data collection

5.1 The audit mechanism is stated in Section 4 together with the name of the organisation responsible for collating the data.

5.2 All data will be reviewed by the Commissioning Support Unit on behalf of the CCG.

5.3 Only data to be received from practices to validate final adjusted payments up to *insert date* will be accepted.

5.4 Practices will be required to sign a data sharing agreement to enable anonymised data extraction to support LIS delivery, activity monitoring and payment reconciliation.

5.5 All patent and professional experience surveys will be collected anonymously and data will be anonymised when used in evaluation reports. See Appendix B for Evaluation objectives

[8] https://www.healthylondon.org/sites/default/files/Primary%20Care%20Cancer%20Checklist%20-%20ED%20%26%20LWBC_final_0.pdf

6 Payment

6.1 On signature of the agreement CCG will pay the fixed components of the LIS

- To meet annually with the CCG for sign up of the LIS and (£to be set by the CCG)

6.2 The other components will be remunerated on a quarterly basis upon demonstration of achievement of outcomes.

6.2 Payments will be made by the end of the calendar month following each quarter.

6.3 The CCG will ensure that a final statement is sent to practices by XXXXX.

6.4 Practices with have 14 days to query the final proposed payment after which the CCG will not entertain amendment of the final sum. Any queries to the final statement will be made to the Head of Primary Care at the CCG.

6.5 Agreed amendments to the final sum will be paid by the CCG by XXXXXX. If practices have been paid in excess of their actual performance, then practice must repay in full the amount by XXXXXXXX. If any amount of the over-payment remains unpaid then the CCG will have the right to deduct the sum from other sums due to the practice.

7 Service Quality

7.1 The Commissioner expects all Providers to have Clinical Governance processes in place as per National Guidance.

7.2 The Provider has primary responsibility for assuring the quality of the entire range of services covered by the Service Agreement in accordance with national guidelines and Patients Charter standards.

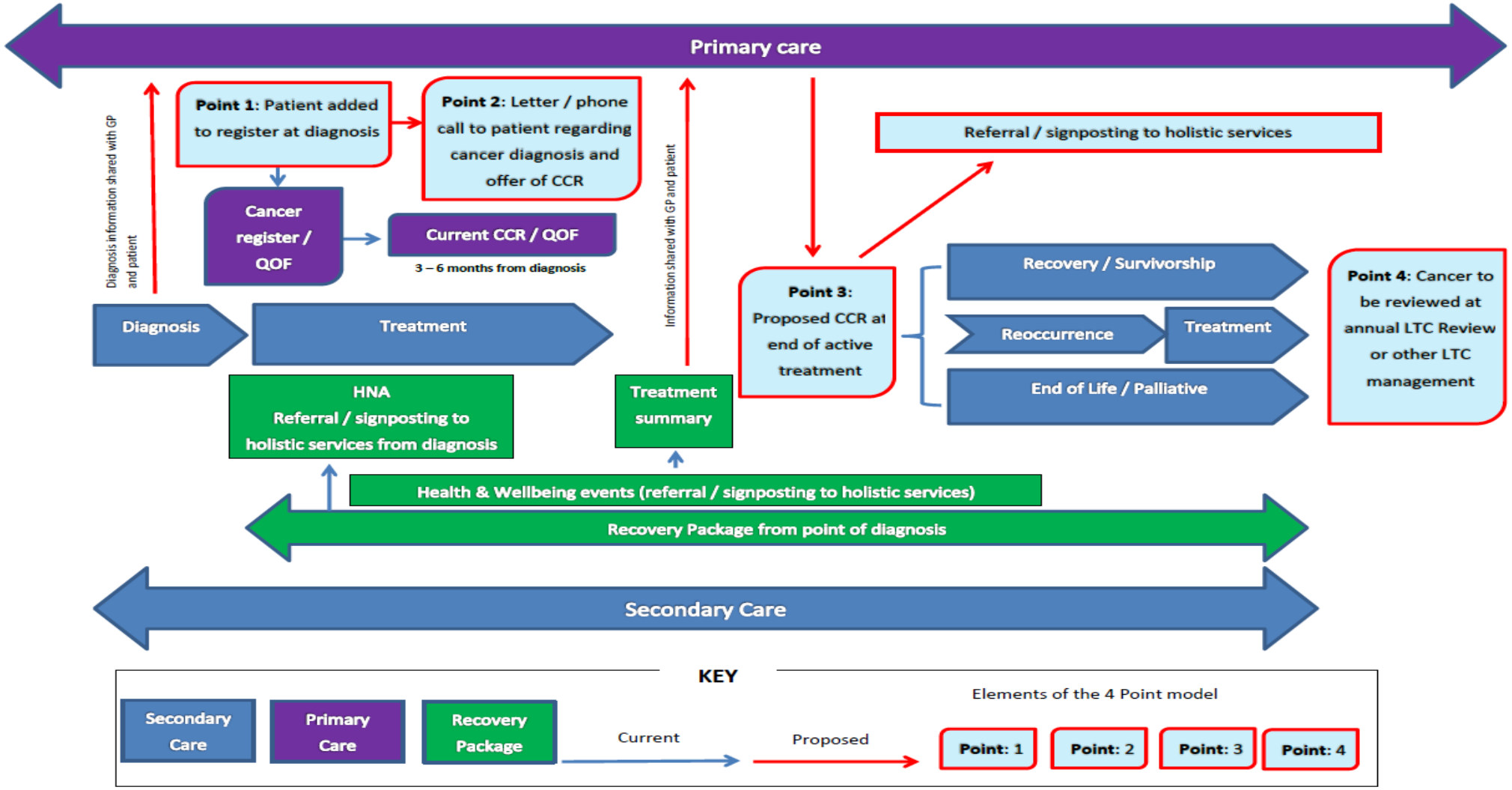
8 Governance

8.1 The CSU will monitor performance of the LIS (where appropriate) on behalf of the CCG. This will be reported quarterly to the STIG, Finance and Performance Committee and Joint Primary Care Commissioning Board.

8.2 Information supplied will include:

- Performance by practice against each component
- Payment by practice for each component – year to date
- Payment by practice for each component – forecast

Appendix A: 4 Point model pathway



Appendix B Evaluation objectives

Evaluation objectives for 4 Point model

The aim of this evaluation is to assess the quality, safety, cost-effectiveness and sustainability of the 4 Point model for London. This evaluation has the following as its objectives with four dimensions: *Patient Experience, Clinical Quality and Safety, Clinician Experience and Activity, Finance and Transferability* to other Long term conditions.

Evaluation Objective	Measure	Measurement Tools / data collection
Patient Experience	To assess patient experiences of CCR and assess any quality improvements made by the primary care interventions (offer of support throughout treatment, offer of support to families and carers or signposting to relevant support services).	Patient survey after CCR appointment (collected either end of QOF CCR) or at on completion of the Holistic CCR at the end of active treatment.
Clinical Quality and Safety	Patients added to cancer register (QOF) Number of patients offered CCR at end of active treatment. Significant Event Analysis	Cancer Register to capture all patients that received a cancer diagnosis. Read Code for Holistic appointment at end of active treatment Any SEAs recorded?
Clinician Experience	To test the tools developed for the project that promote holistic follow up of patients. To assess if the education needs of GPs and Practice nurses are addressed through the CCG educational resources/sessions and online resources. To test viability of primary care nurses to carry out holistic reviews as part of long term conditions management. To assess clinicians' experience of the pathway and identify any further development or education needs.	Measured through clinician survey (i.e. survey monkey). This will be assessed through survey monkey questionnaire and compared with initial survey monkey results. Tested through clinician survey/semis structured interviews. Assessed through the clinician survey, semi structured interviews, training needs assessments and feedback from practice visits.
Activity, Finance and	Number of patients that received a	Measured by the data coming

Transferability	CCR at point of diagnosis. Number of patients that received a holistic CCR at end of active treatment. Increase National Cancer Experience Survey (NCPES) scores relating to support from primary care.	back from the practices via the LCS reporting templates and or QOF data. NCPES reports