

North East London STP Pack: Personalised Care for Cancer- Next Steps for London, March 2020



In this pack

This pack includes the **STP and regional data relevant to personalised care for cancer**. It also includes the findings from the **Personalised Care for Cancer-Next Steps for London** event, which was held on Wednesday 12th February 2020.

The aim of the event was to support the cancer system across London to begin their actions and succession planning for the **Macmillan funded programmes in TCST (psychosocial support, cancer rehabilitation and lymphoedema)** and **South West London's primary care nursing** workstreams. Macmillan and TCST funding for these programmes ends in March 2020.

To enable **constructive discussions**, delegates sat in STP representative tables and discussions were facilitated by TCST colleagues. We are aware that this may not include all the discussions that took place at the event, but we have tried to **summarise the key points and next steps**.

The **North East London STP table discussions** are reflected in **Section 6**.

There were two table discussions for NEL STP. **Actions and discussion points** have been combined.

Contents Page

- 1 Prevalence Data for North East London**
- 2 National Cancer Patient Experience Survey 2018: North East London**
- 3 Personalised Care and Inequalities in North East London**
- 4 E-HNA data: London**
- 5 STP Priorities in North East London**
- 6 Next Steps Update: Actions and Succession Planning**
- 7 Key Contacts and Resources in North East London**

01

Prevalence Data for North East London

The Cancer Prevalence Dashboard 2017

Prevalence data is important for planning services. This data represents patients diagnosed from 1995 onwards and still alive on 31st December 2017.

The prevalence dashboard is to help London localities working at a population health level to use the data in their Joint Strategic Needs Assessments, and to **understand the profile of their prevalent population.**

The prevalence dashboard includes:

Demographic breakdown of prevalence at CCG, STP and Cancer Alliance level

Comparison of primary care registers (QOF) to the cancer registry (gold standard) to assess completeness.

Prevalence of patients living with a subsequent primary cancer

Forecasted growth of cancer prevalence to 2030.

Prevalence data will be particularly useful in **developing business cases** and identifying **inequalities in access to local services**, when compared with the patient demographics of their caseloads.

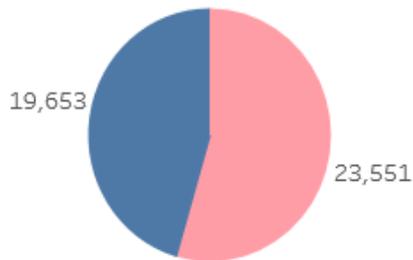
The dashboard will be updated annually.

The dashboard can be found here:

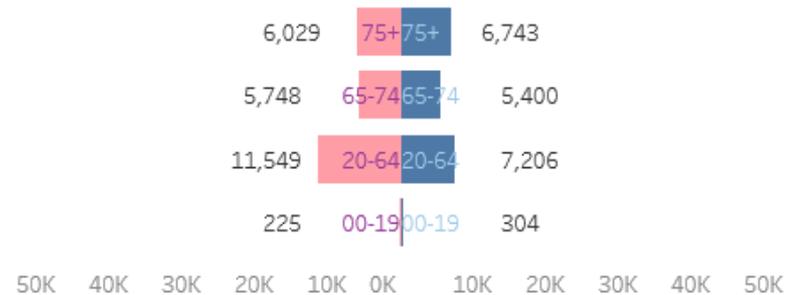
<https://www.healthylondon.org/resources/2017-cancer-prevalence-dashboard/>

People Living With or Beyond Cancer in NEL

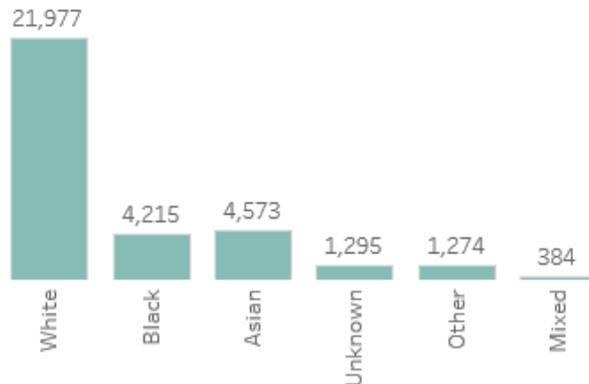
43,204 people were living with and beyond cancer in North East London STP in 2017.
(Diagnosed between 1995-2017)



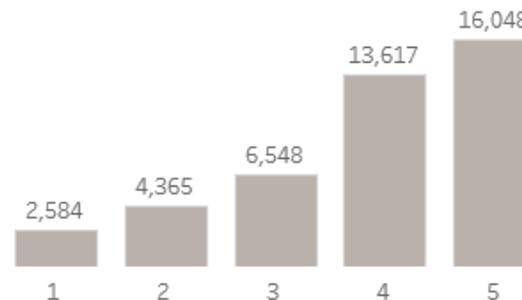
Age and Sex Distribution
(Diagnosed between 1995-2017)



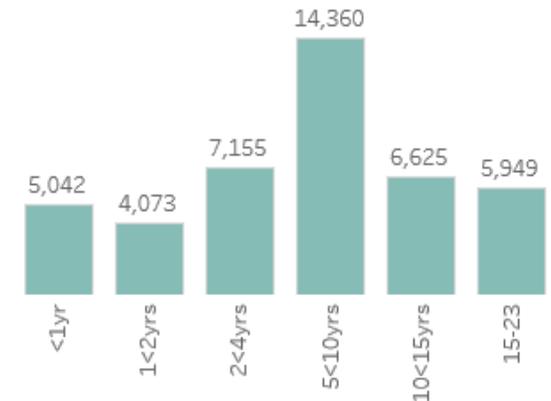
Ethnic breakdown
(2006-2017)



Deprivation (IMD) Breakdown
(Diagnosed between 1995-2017)
1 - least deprived, 5 - most deprived

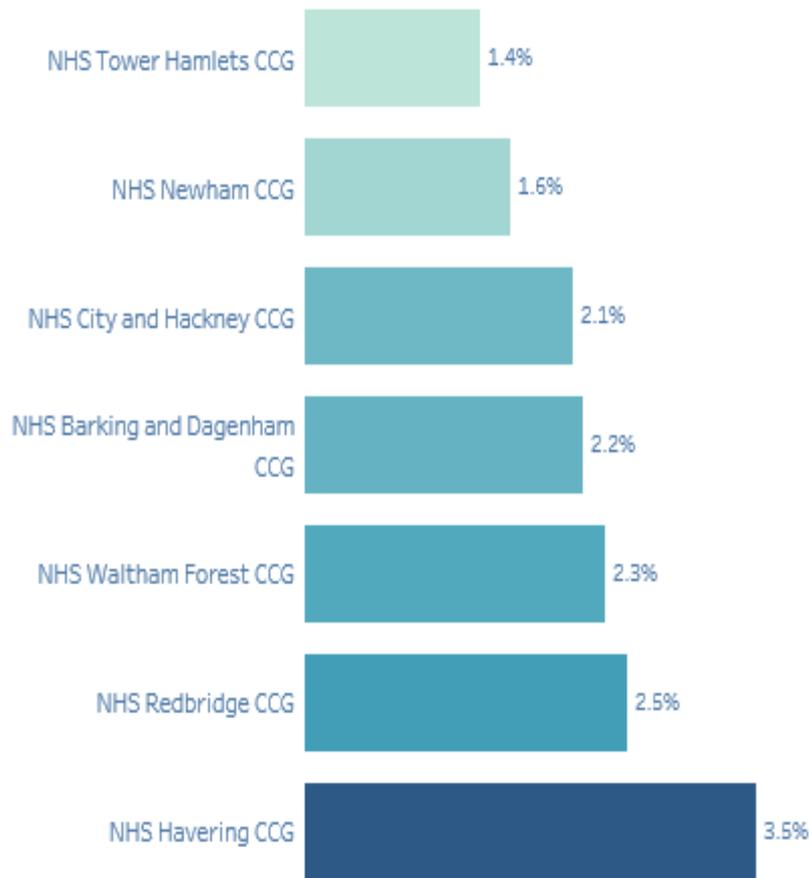


Time Since Diagnosis
(Diagnosed between 1995-2017)



Full prevalence dashboard: <https://www.healthy london.org/resource/2017-cancer-prevalence-dashboard/>

People Living With or Beyond Cancer by CCG

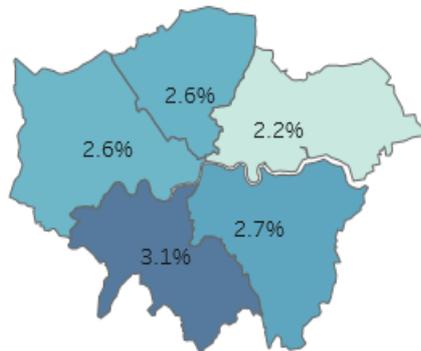


CCG	Number of people living with and beyond cancer	Projected number of people living with and beyond cancer 2030
Tower Hamlet	4,196	6,400
Newham	5,551	8,500
City and Hackney	5,916	9,000
Barking and Dagenham	4,568	7,000
Waltham Forest	6,443	9,800
Redbridge	7,553	11,500
Havering	8,977	13,700
NEL STP	43,204	65,900

Full prevalence dashboard: <https://www.healthylondon.org/resource/2017-cancer-prevalence-dashboard/>

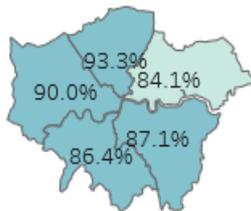
People Living With or Beyond Cancer in NEL

Cancer Prevalence
(Diagnosed 1995-2017)



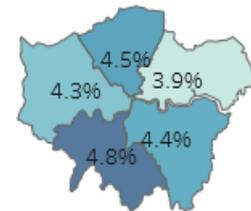
North East London STP 2.2%

QOF Completeness Compared to Cancer Registry
(Diagnosed 2003-31/03/2017)



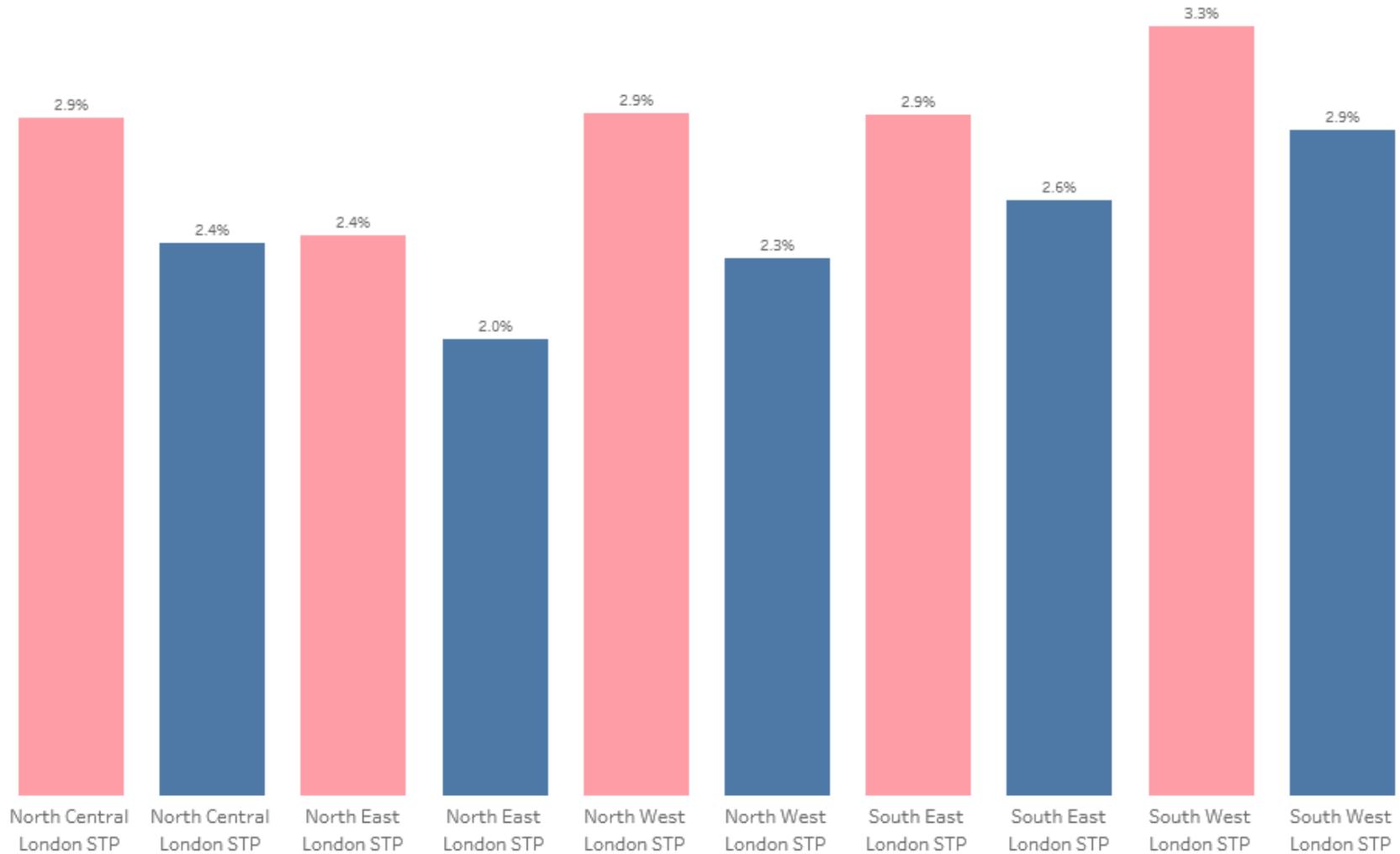
North East London STP 84.1%

Proportion of Prevalent Population with a Subsequent Primary Cancer
(Diagnosed 1995-2017)

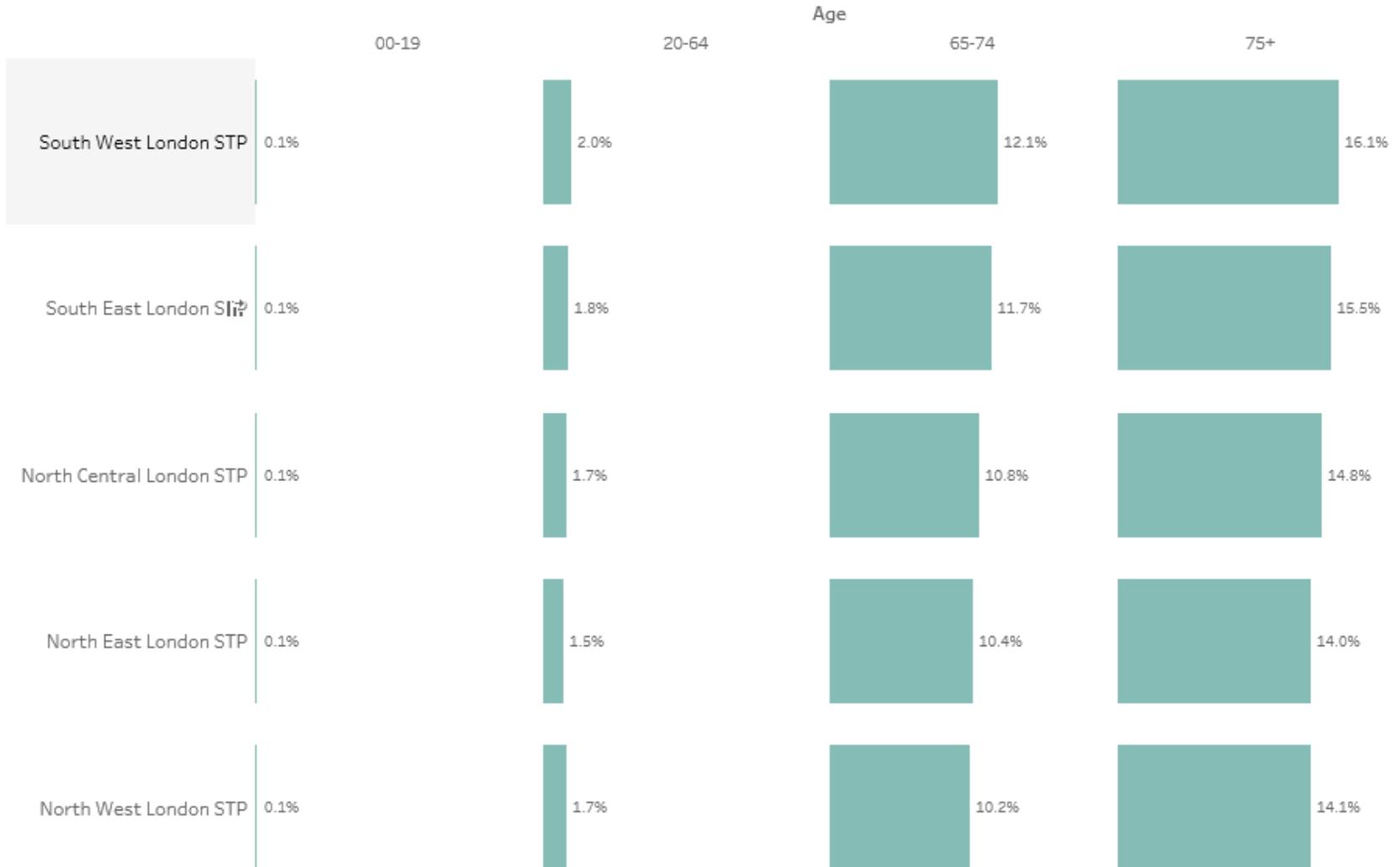


North East London STP 3.9%

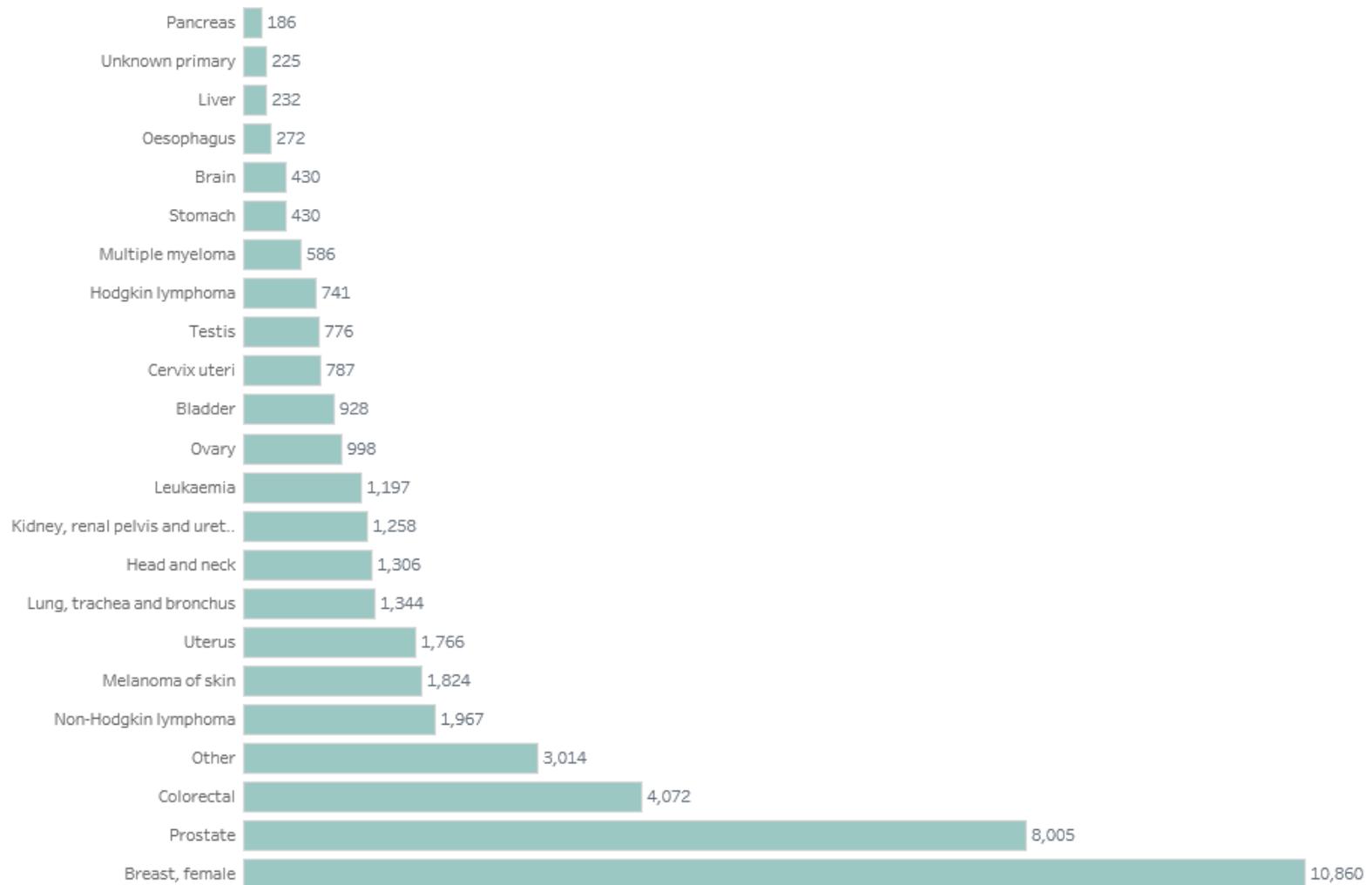
People Living With or Beyond Cancer by STP and sex



People Living With or Beyond Cancer by STP and age

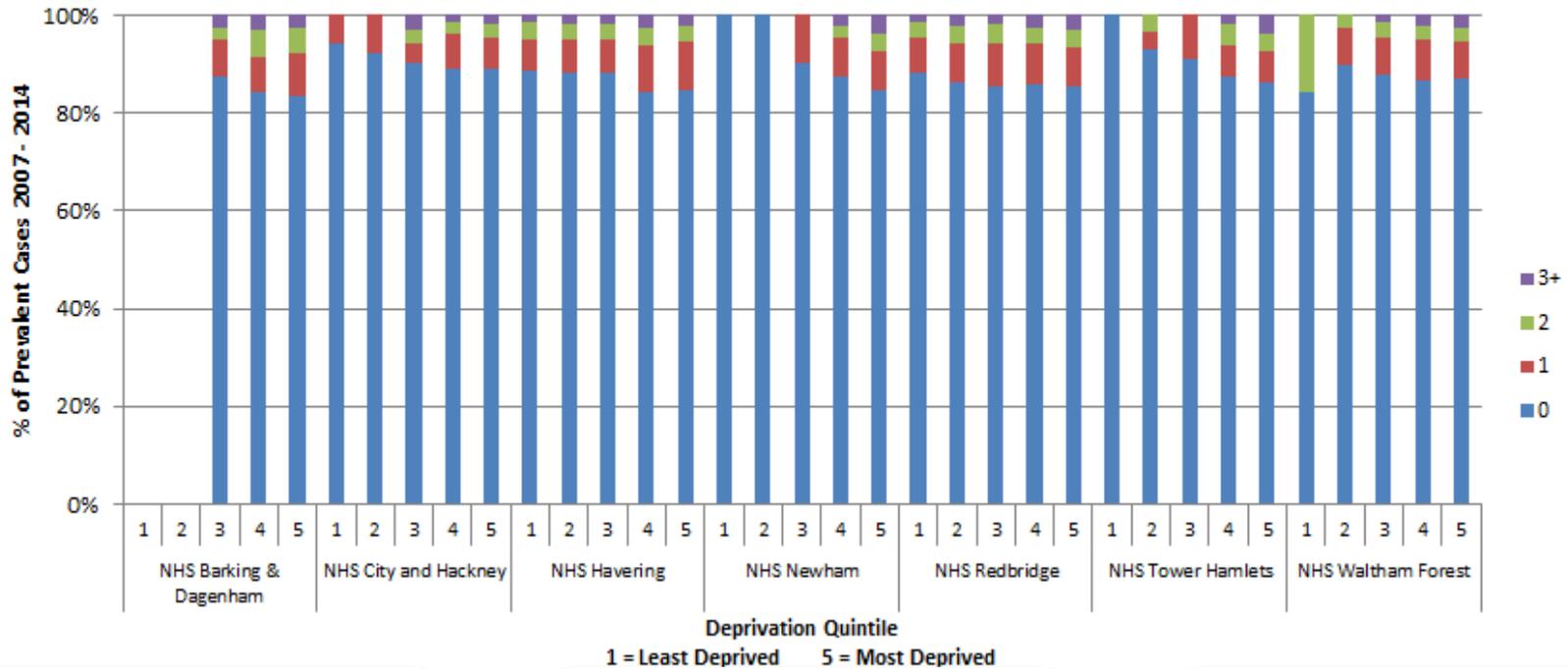


People Living With or Beyond Cancer in NEL by cancer site



Comorbidities in North East London: Charlson Score

% of prevalent cases in London (patients) diagnosed between 2007 and 2014 and alive at the end of 2014, grouped by Charlson Comorbidity Index Score grouped into categories of 0, 1, 2, 3+



Charlson score indicates a burden of comorbidity (combining number of conditions, risk of mortality and/or resource use) where patients with no comorbidities have a zero score and an increasing burden of comorbidity is represented by a higher score.

Across London, comorbidity increases with age, as we would expect: 12% cancer patients overall have comorbidity; 6% of under 60s to 25% of over 80s

In NEL CCGs, the % of patients with comorbidities increases with increasing deprivation (figure). The highest overall proportions with a comorbidity score >0 occurs in the most deprived groups in Havering Redbridge and Barking & Dagenham.

02

National Cancer Patient Experience Survey 2018: North East London

National Cancer Patient Experience Survey 2018: NEL

NCPES question	NEL STP	Barking & Dagenham CCG	City & Hackney CCG	Havering CCG	Newham CCG	Redbridge CCG	Tower Hamlets CCG	Waltham Forest CCG	National average
Q13 Were the possible side effects of treatment(s) explained in a way you could understand?	70.32	72.67	68.18	71.43	69.13	66.40	70.91	73.08	73.11
Q14 Were you offered practical advice and support in dealing with the side effects of your treatment(s)?	63.06	63.70	57.58	65.08	60.14	60.57	62.62	67.62	67.11
Q15 Before you started your treatment(s), were you also told about any side effects of the treatment that could affect you in the future rather than straight away?	53.97	54.55	53.60	50.14	53.47	56.39	59.81	55.29	56.10
Q20 Did hospital staff give you information about support or self-help groups for people with cancer?	84.10	87.60	79.25	84.33	86.96	82.52	81.40	85.14	86.47
Q21 Did hospital staff discuss with you or give you information about the impact cancer could have on your day to day activities (for example, your work life or education)?	79.90	82.41	75.24	81.51	78.57	80.46	75.00	81.48	82.90
Q35 During your hospital visit, did you find someone on the hospital staff to talk to about your worries and fears?	50.07	45.24	50.00	50.00	60.00	55.17	46.43	43.70	52.66

National Cancer Patient Experience Survey 2018: NEL

NCPES question	NEL STP	Barking & Dagenham CCG	City & Hackney CCG	Havering CCG	Newham CCG	Redbridge CCG	Tower Hamlets CCG	Waltham Forest CCG	National average
Q41 While you were being treated as an outpatient or day case, did you find someone on the hospital staff to talk to about your worries and fears?	63.42	67.77	60.38	68.54	63.03	61.66	60.49	56.63	70.90
Q49 Did the doctors or nurses give your family or someone close to you all the information they needed to help care for you at home?	54.81	53.62	51.79	54.35	59.84	56.50	53.85	53.72	60.29
Q50 During your cancer treatment, were you given enough care and support from health or social services (for example, district nurses, home helps or physiotherapists)?	41.53	41.11	34.94	42.36	43.56	45.00	40.00	40.29	52.54
Q51 Once your cancer treatment finished, were you given enough care and support from health or social services (for example, district nurses, home helps or physiotherapists)?	37.59	37.29	29.31	40.98	38.16	43.02	39.47	32.26	44.69
Q53 Do you think the GPs and nurses at your general practice did everything they could to support you while you were having cancer treatment?	51.67	50.00	52.38	54.92	47.62	52.76	54.43	47.22	59.21
Q54 Did the different people treating and caring for you (such as GP, hospital doctors, hospital nurses, specialist nurses, community nurses) work well together to give you the best possible care?	54.11	53.29	51.91	59.74	52.05	53.28	49.06	50.49	61.39
Q55 Have you been given a care plan?	36.02	41.74	34.58	32.72	44.35	37.04	32.58	34.34	35.09

03

Personalised Care and Inequalities in North East London

Inequalities in NEL

Highly ethnically diverse: almost 53% Black and minority ethnicities (BME) across the STP area

Areas of significant deprivation: five out of eight boroughs are in the lowest quintile for deprivation in the UK

Drugs and alcohol: estimated over 14,000 opiate and crack users (highest number in Tower Hamlets n=3,244 people)

People with severe and enduring mental illness (SMI): 20,000 in the NEL GP registered population

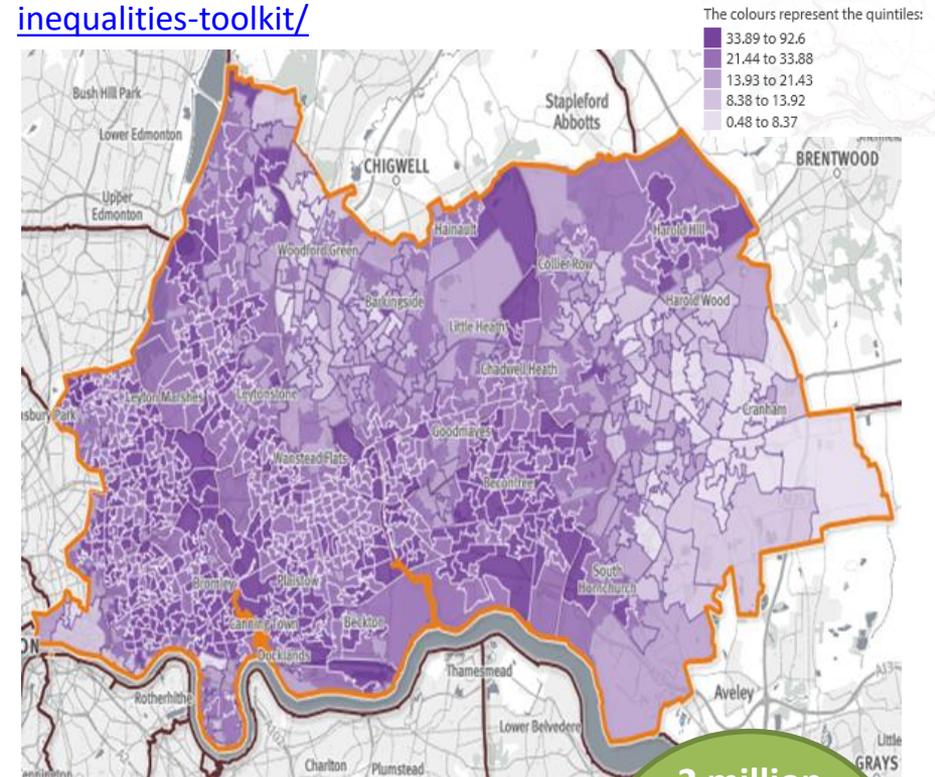
Dedicated outreach clinic for sex workers at Homerton Hospital (Open Doors)

Street homeless persons on CHAIN: n=1,735 in NEL with highest number in Tower Hamlets (n=445)*

For males there is a 3.3 year difference between the longest life expectancy (Redbridge) and the shortest (Barking and Dagenham); for females this is 2.5 years.

Full inequalities toolkit:

<https://www.healthylondon.org/resource/cancer-inequalities-toolkit/>

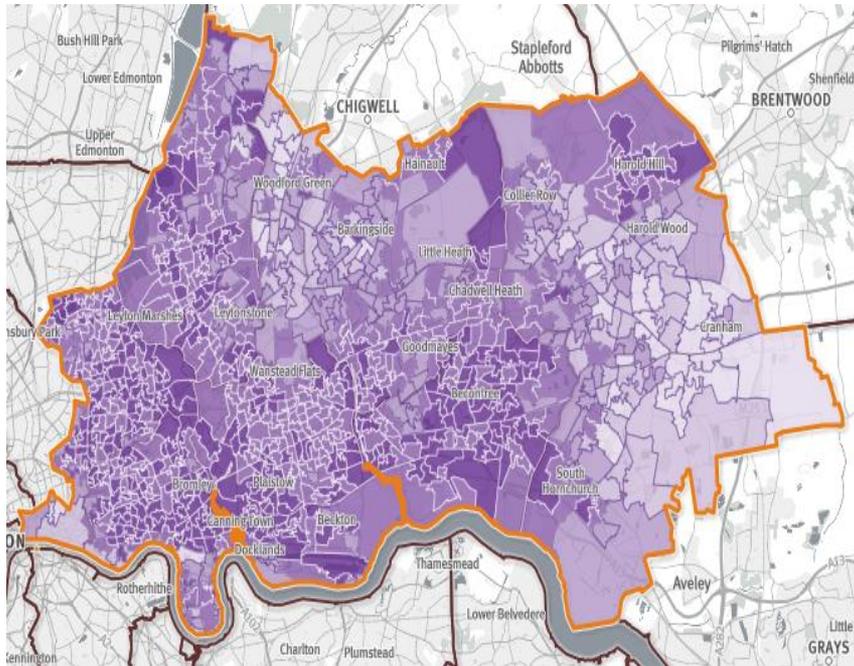


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Source: SHAPE <https://shapeatlas.net/place/>

2 million
people
living in
NEL and 8
boroughs

Where would we focus primary and community care efforts for cancer in NEL?



Index of Multiple Deprivation

GP	Index of Multiple Deprivation Score
Tollgate Medical Centre, London	57.07
Laburnum Health Centre, Dagenham	56.57
Shoreditch Park Surgery, London	53.09
The Hoxton Surgery, London	53.09
The Cedar Practice, Green Lanes	53.05
The Heron Practice, Green Lanes	53.05
Kingsmead Healthcare, London	51.36
High Road Surgery, Leytonstone	50.92
Custom House Surgery, Canning Town	50.89
Elsdale Street Surgery, Hackney	50.79

The Index of Multiple Deprivation is a UK government qualitative study of deprived areas in English local councils.

The score in the table covers seven aspects of deprivation; which are income, employment, health deprivation and disability, education skills and training, barriers to housing and services, crime and living environment.

Where do you prioritise addressing deprivation in North East London?

Which top ten GP practices/PCNs working in most deprived areas would we focus our efforts on in NEL?

Summary of Personalised Care and Inequalities in NEL

Comorbidity in cancer patients in NEL is highest in deprived groups in Barking & Dagenham and Havering



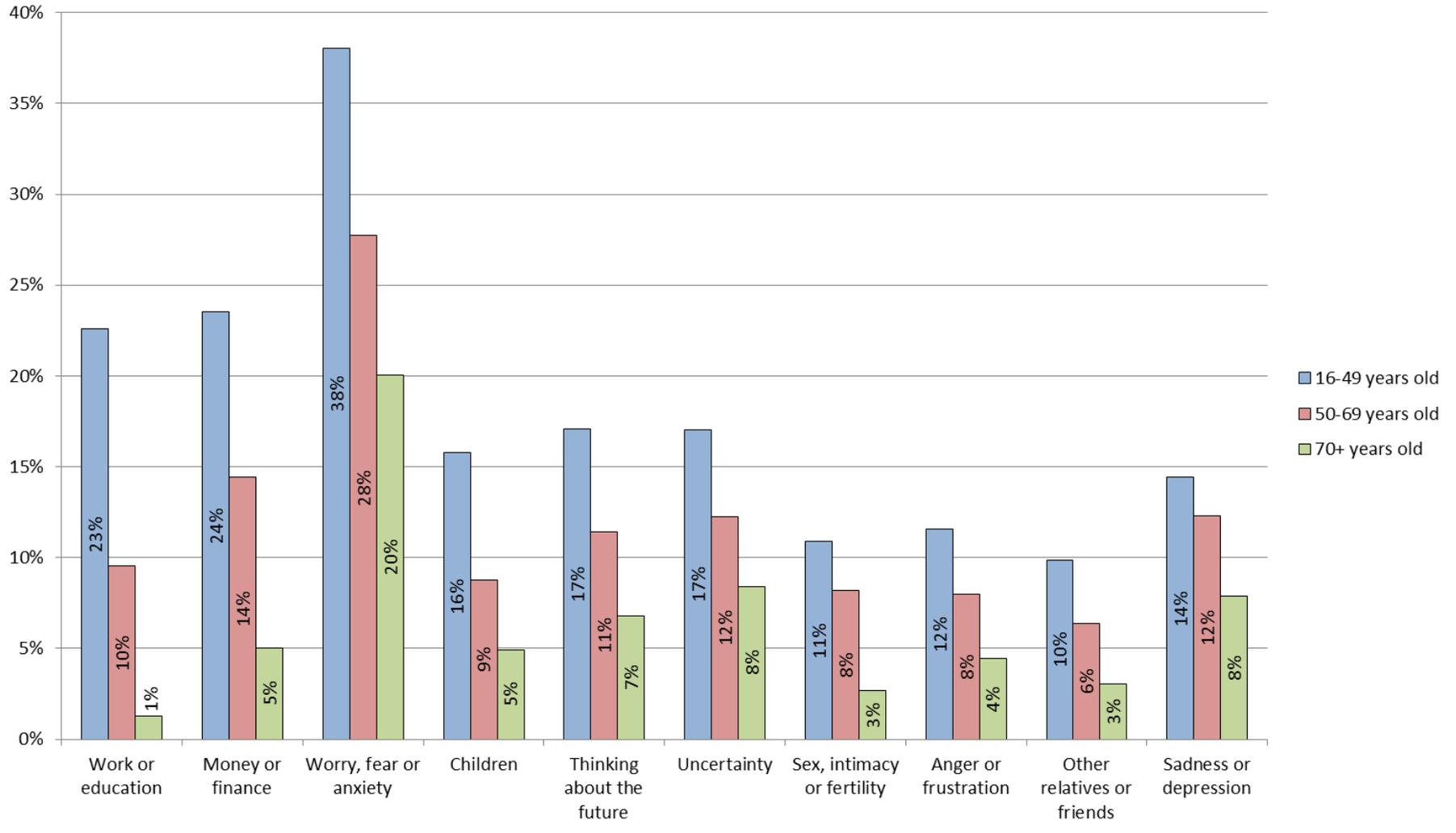
Household bills arrears are high in NEL, especially in City and East and Havering and Redbridge assembly areas

04

E-HNA data: London

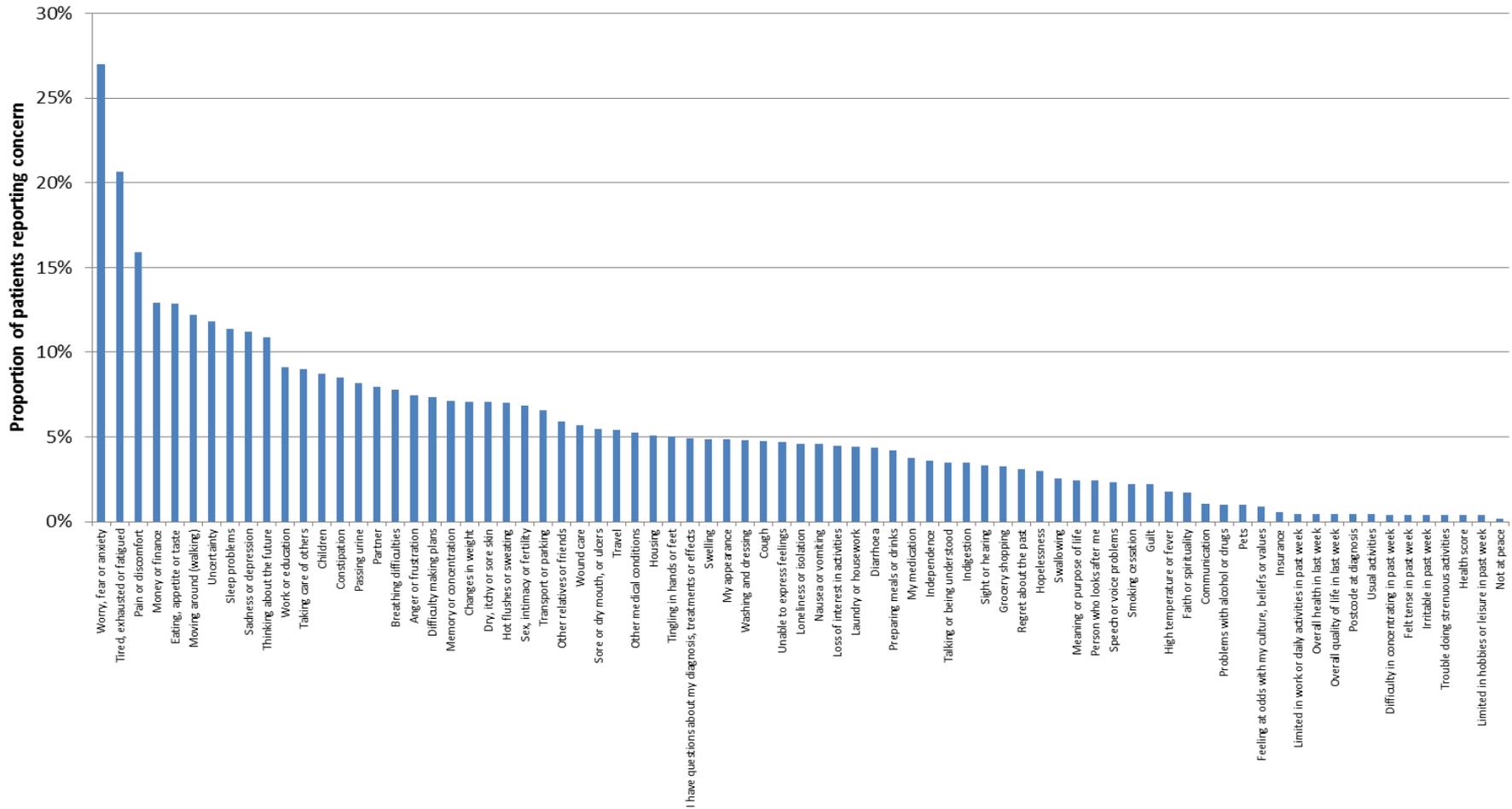
E-HNA Data for London: Top Ten Concerns

Graph showing the proportion of patients by age-band across London who reported concerns in e-HNA in 2018 (Ten concerns with biggest variation by age band)



E-HNA Data for London: Proportion of patients reporting each concern

Graph showing the proportion of patients completing an e-HNA in London reporting each concern in 2018, for all tumour types



05

STP Priorities in North East London

Personalised care and support



- **Quality of life metric**

- Measuring how well people are living after cancer treatment – no other health system in the world is doing this at this scale.



- **Personalised care**

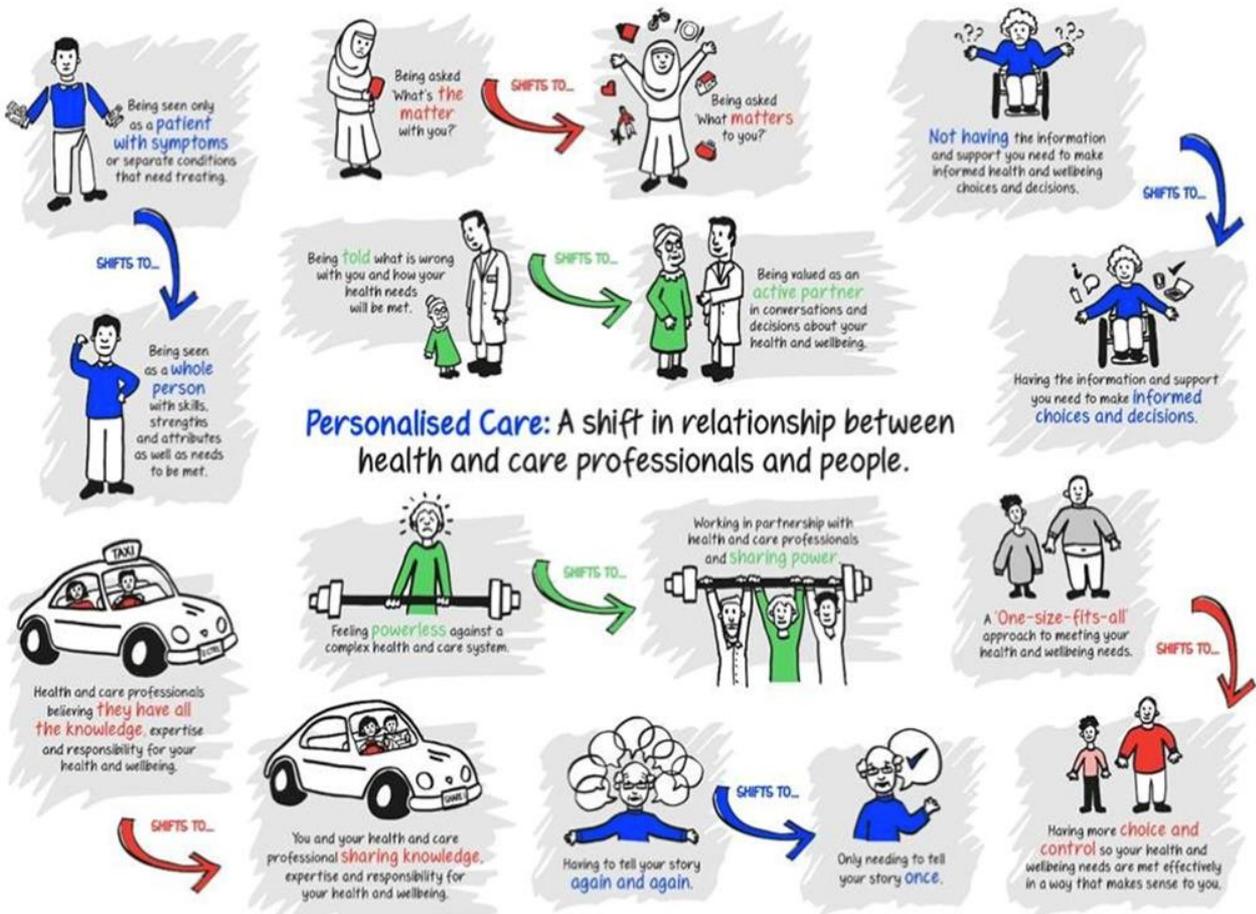
- All patients will have access to personalised care interventions – needs assessment, care plan, health and wellbeing information, and access to the right care and support – by 2021.
- Follow up based on patient needs (stratified follow-up) for all breast cancer patients by March 2020 and all prostate and colorectal cancers by March 2021.



- **Patient experience**

- Continue to deliver National Cancer Patient Experience Survey (NCPES).
- Group of trusts to use results to tackle variation in patient experience.





Personalised Care: A shift in relationship between health and care professionals and people.

This visual is a best practice example by the National Personalised Care team.

Image: Personalised Care Strategic Coproduction Group, 2019

Draft NEL Priorities: Personalised Care

From 2021, the new **Quality of Life (QoL) Metric** will be in use locally and nationally. The NCEL Cancer alliance is one of five cancer alliances participating in the national evaluation.

Use local QoL data to inform service improvements.

2020 onwards -Ensure pathways are in place for the management of consequences of treatment.

Ensure appropriate psychological support is commissioned and develop business case.

Ensure appropriate AHP/rehab support and develop case to invest in rehab services pending findings of rehab mapping project.

Develop and deliver an education strategy for primary care and patients.

Recommendations for Personalised Care in NEL: Psychosocial support

System leaders/commissioners are asked to:

1. Adopt the proposed London Integrated Cancer Psychosocial Care Pathway

2. Localise the pathway by mapping current resources, supporting partnership working and identifying gaps at STP/ICS level.

3. Where there are no or very limited Psycho-oncology teams, allocate sufficient resource to ensure a Psycho-oncology service is available to deliver the outcomes indicated in the pathway (including closer working partnerships across Primary Care and Improving Access to Psychological Therapies (IAPT) services).

Key challenges:

It is acknowledged that the below does not include all of the challenges in this area. We encourage each STP to review the Pan-London Mapping of Psycho-oncology services for further details:

<https://www.healthylondon.org/resource/psychosocial-support/>

- 1) Challenges across the STP of managing capacity and demands on services when staff shortfalls have been identified.
- 2) The service at Barts have identified a shortfall in the number of Clinical Nurse Specialists (CNSs) receiving level 2 supervision, where the team can only deliver a percentage of what is required as a result of capacity issues.

Recommendations for Personalised Care in NCL: Cancer Rehabilitation and Lymphoedema

System leaders/commissioners are asked to:

1. Examine local provision of cancer rehab (inc physical activity) and develop an action plan for where to enhance provision

2. Embed the service improvement tools across all services

3. Use the TCST Minimum Data Set to benchmark local data collection

4. Establish strong links with name rehab champion and lymphoedema champion

Examples of good practice:

Prehabilitation: Get Set 4 Surgery, St George's NHS FT

Rehabilitation: The South East London Head and Neck Cancer Rehabilitation Team

Palliative rehabilitation: Marie Curie Hospice Hampstead Therapy Team

Physical Activity services: Macmillan Move More Wandsworth

All of these are showcased in the TCST Integrated Care System Guidance for Cancer Rehabilitation, available here: <https://www.healthy london.org/resource/guidance-for-reducing-variation-and-improving-outcomes-in-cancer-rehabilitation/>

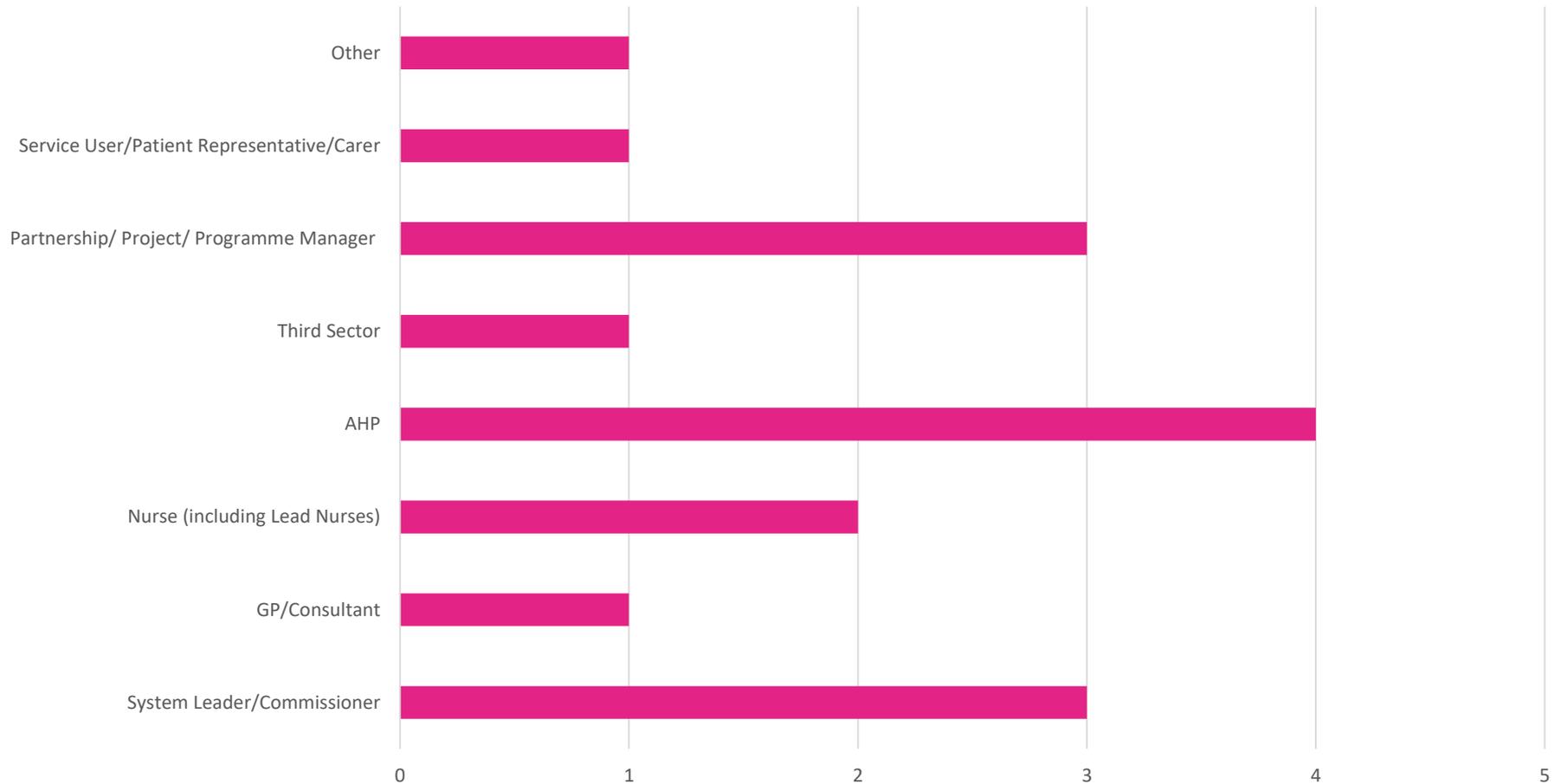
06

Personalised Care for Cancer

Next Steps Update: Actions and Succession Planning -North East London

North East London STP Table Discussion: Who attended?

STP Representation from North East London



North East London STP Table Discussion: Personalised Care for Cancer

	Strategic	Operational
Strengths	<ol style="list-style-type: none"> 1. Macmillan funding for one primary care professional per STP as part of their “Right by you” programme 2. NEL rehab champion – Karen Bollard 3. BHR use all 3rd sector providers for rehab, council commissioned 	<ol style="list-style-type: none"> 1. NELFT have been invited into local GP federation meetings 2. Following quality audits of holistic needs assessments in Haringey, Barking, Dagenham and Tower Hamlets, primary care teams (GPs etc) there are now thinking as much about quality and meaning of HNAs as they are about raw numbers. 3. The best psychosocial support service in the region is based at Barts Health, and has plans to expand 4. Good all-round support at Barts, but it doesn’t cover all the patients desired 5. Some ad hoc inpatient and outpatient oncology ward-based support at BHRUT 6. Service at St Josephs is a big and mature service. Lots of nurses, a dermatologist, 0.2 WTE psychologist
Gaps	<ol style="list-style-type: none"> 1. IAPT services in the area don’t really have the specialist expertise to deal with cancer related therapy 	<ol style="list-style-type: none"> 1. NELFT and BHR are struggling – funding a full service is challenging 2. All referrals go into St Francis, but they will only see patients already know to them 3. Eligibility for therapy cuts off 18 months after the end of cancer treatment 4. There is a gap over BHR in psychosocial support 5. No service in Havering – all done by local YMCA, which is just a 12-week programme, isn’t integrated into the pathways, isn’t commissioned so is constantly at risk and has a 4-5 month wait 6. No lymphoedema commissioned services outside St Josephs

North East London STP Table Discussion: Personalised Care for Cancer

Concerns

1. NEL cancer alliance is in its infancy
2. There is a split in systems and pathways between Barking/Havering/Redbridge on one hand and Haringey/Tower Hamlets/Newham on the other. Makes designing new pathways challenging
3. There are 156 practices in the patch, makes education of primary care staff very challenging, and seems to be resulting in a lack of confidence about cancer in primary care staff
4. Discharge from hospital to primary care doesn't trigger necessary reviews
5. Unsure of how many patients exist in the area with elevated risk of lymphoedema

North East London STP Table Discussion: Personalised Care for Cancer

Agreed Actions: Primary Care Nursing Project

1. Learn from the cancer care review pilot in Waltham Forest and upscale across the STP
2. Continue engagement with the GP federation/Primary Care Networks
3. Update cancer board about the Macmillan “Right by you” initiative.

Agreed Actions: Psychosocial Support

1. Create a workstream for psychosocial support in the cancer alliance primary care group.
2. Explore how to roll out the Macmillan Local Authority Partnership Programme across the STP and possibly London.
3. Identify gaps using the psychosocial tool in Homerton and BHRUT service.
4. Identify opportunities for stratified follow up in community services.

Agreed Actions: Cancer Rehabilitation

1. Add rehabilitation to the primary care workplan/ work programme.
2. Refresh mapping to include updated list of services of the rehab, prehab, inpatient and outpatient, pre cancer, post treatment, and third sector – Meeting to be run by Komal Whittaker-Axon and Karen Bollard.
3. Develop a community of practice for rehab including the third sector – Karen Bollard to delegate

Agreed Actions: Lymphoedema

1. Update map of services to reflect depth of St Joseph's service
2. Update on what's happening with BHRUT work
3. Bring action plan to primary care group
4. Map a list of people who pick up patients and initial referrals of lymphoedema in hospital settings

General Peer Feedback for all STPs across London

- ❖ Rehab, prehab and lymphoedema needs a **voice** on **cancer boards** across London.
- ❖ The **Cancer Care Map** should be used to demonstrate where improvement is needed.
- ❖ Health Education England should give accreditation to achieve **CPD learning** which is already available.
- ❖ Each STP should develop **SMART goals** and actions to achieve the proposals outlined in the discussions for the next steps for London in Personalised Care for Cancer.

Personalised Care for London: Pan London Opportunities identified in STP discussions across London

- ❖ Universal Personalised Care -opportunity to shift some of the discussion from cancer specific treatment and care to Long Term Condition agenda which may be more sustainable in primary care.
- ❖ Supporting primary care to understand the barriers in cancer care. Cancer nurses are managing long term conditions but are not routinely managing cancer.
- ❖ Culture change to enable staff to have protected time to attend training. Education for Primary Care Nurses and GPs to be equipped to deal with issues including supporting people with disabilities
- ❖ Building on SWL project in Primary Care Nursing: Macmillan are funding a senior lead in each STP; upskilling Primary Care Nurses to better support patients who have been affected by cancer. The Lead Primary Care Nursing role could also be strengthened.
- ❖ Interoperability between systems – if this was optimised it would be great.
- ❖ HNAs should ask the question: Do you know about the Information Centre? This would alert patients and initiate signposting because many don't know they exist.
- ❖ Creating better links with community mental health nurses and form links with IAPT
- ❖ Provision of transportation for people affected by cancer.

Personalised Care for London: Pan London Concerns identified in STP discussions across London

Primary Care

- ❖ Primary Care Nursing workforce is stretched, and General Practice Nursing and education is often get forgotten.
- ❖ Workforce issues: general practice can have one nurse each which reduces the opportunity for training and can lead to retention issues.
- ❖ Awareness of the role primary care nurses play in cancer and their impact on people affected by cancer.
- ❖ Access issues into primary care especially getting an appointment with the GP.
- ❖ Quality of Cancer Care Reviews carried out by GPs are variable.

Pathways and referrals

- ❖ The introduction of the Faster diagnosis standards can put pressure and create a threat to cancer prehab
- ❖ Patients need a clear picture of what to expect along treatment pathway
- ❖ Allied Health Professionals have a fear of cancer progression and there are unclear routes into psychosocial support services
- ❖ Challenges in reading and extracting important information in LCR
- ❖ Ensuring people affected by cancer are well prepared for stratified follow up pathways.
- ❖ Lymphoedema: Variable provision and complex referral routines.
- ❖ Limited awareness of lymphoedema pathway

Personalised Care for London: Pan London Concerns identified in STP discussions across London

Management and Strategy

- Inconsistent approach: Reactive rather than proactive approach to planning, strategising and implementing programmes
- There is no dedicated strategic role to take this work forward
- Lack of integrated IT systems.
- Communications barrier and relationships between primary care and secondary providers and community teams.
- Lack of resources to support colleagues at grass roots level.
- Rehab mapping falls out of date.
- Lymphoedema: Small services which are run by one overwhelmed practitioner. Loss of current infrastructure going forward is a concern.
- No national strategy for lymphoedema
- Holistic Needs Assessment after treatment – difficult to get timing right. Helpful to have examples of where HNAs working well in London

Patient's view

- Lack of holistic view of patients and considering unique family situations and circumstances. Patients don't always feel part of the decision-making process
- The need for a holistic approach to a patient's care is not appreciated across the board and disjointed services with leave patients in a more vulnerable position.
- Motivation is required for patients to deliver exercise programme – need to create supportive and competitive environment

Lymphoedema

- Prescribing issues especially with treatment garments

Personalised Care for Cancer: General Themes across STPs in London

Education and training of the workforce

Commissioning and Funding

Clarity of referral pathways

Keeping personalised care on the agenda at STP level (having the right people sitting at the right tables in terms of governance and clinical leadership).

Comments from an attendee:

Integrated Care- Don't forget about social housing providers and the support they can offer.

Social inclusion teams



Community Development

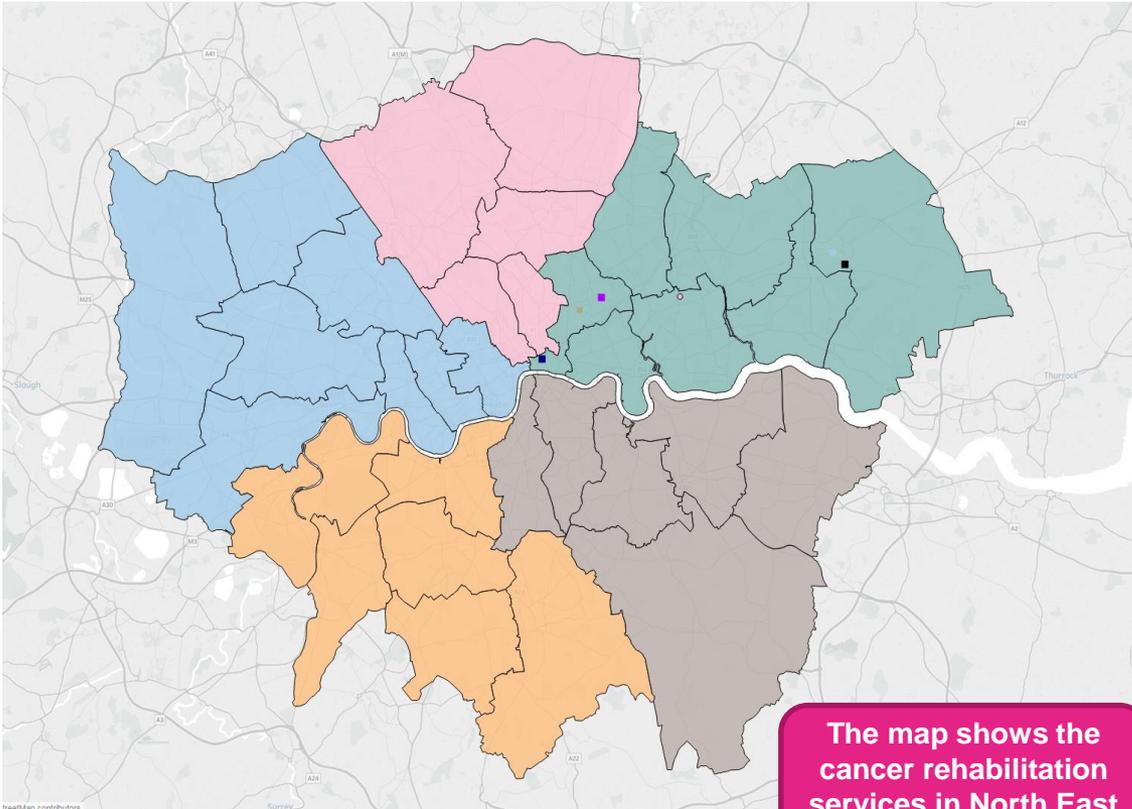


Cancer Rehab and Psychosocial support

07

Key Contacts and Resources in North East London: Personalised Care for Cancer

Cancer Rehabilitation: Key Resources



Service Provider

- Barking Havering Redbridge University NHS Trust
- Barking, Havering and Redbridge CCG
- Barts Health NHS Trust
- Homerton University Hospital NHS Foundation Trust
- St Joseph's Hospice

Type of provider

- Acute and community trusts
- Acute Trust
- ✕ Hospice

- **Scoping report (2017):**
<https://www.healthylondon.org/resource/cancer-rehabilitation-scoping-report-london/>
- **Data recommendations (2017)**
<https://www.healthylondon.org/resource/cancer-rehabilitation-services-data-recommendation-report/>
- **Service improvement tools (2018)**
<https://www.healthylondon.org/resource/cancer-rehabilitation-pathways-service-improvement-tools/>
- **Commissioning guidance (2019):**
<https://www.healthylondon.org/resource/guidance-for-reducing-variation-and-improving-outcomes-in-cancer-rehabilitation/>
- **Service mapping (2019):**
<https://www.healthylondon.org/resource/mapping-of-pan-london-cancer-rehabilitation-services/>

In partnership with

MACMILLAN
CANCER SUPPORT

Cancer Rehabilitation: Additional Resources



Community rehabilitation services deliver tailored assessment, treatment and support to improve physical and mental health, reduce hospital admissions and help people manage long-term conditions.

But in too many cases, people access them too late – or not at all:

- ▶ Only 40% of the 1.3m people living with traumatic brain injury receive rehabilitation.
- ▶ After a hip fracture, only 1 in 5 services provide people with immediate rehabilitation on discharge from hospital.

<https://www.csp.org.uk/publications/manifesto-community-rehabilitation>

Rehab Matters

The CSP's #RehabMatters campaign highlights the importance of community rehabilitation.

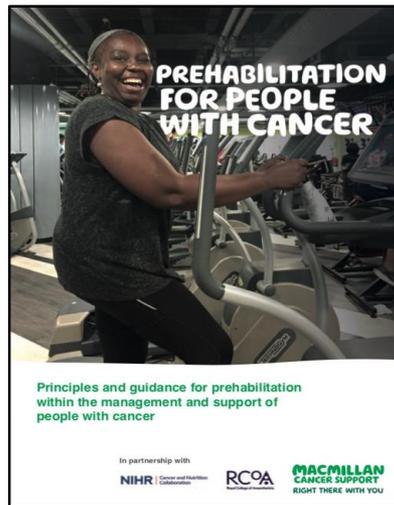


<https://www.csp.org.uk/campaigns-influencing/campaigns/rehab-matters>



https://www.acsm.org/docs/default-source/files-for-resource-library/exercise-for-cancer-prevention-and-treatment-infographic.pdf?sfvrsn=ad47b1e1_2

<https://www.macmillan.org.uk/about-us/health-professionals/resources/practical-tools-for-professionals/prehabilitation.html>



RCGP Consequences of treatment toolkit:
<https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/consequences-of-cancer-toolkit.aspx>

NHS 'prehab' fitness plan aims to cut recovery time for cancer patients

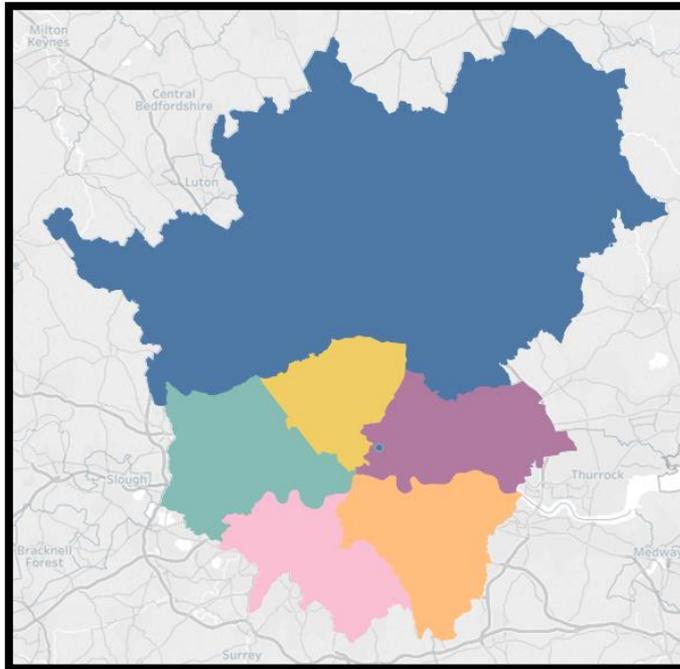
Exercise can help reduce side-effects of chemotherapy and amount of time spent in hospital, say doctors



<https://www.theguardian.com/society/2019/dec/26/nhs-prehab-fitness-plan-aims-to-cut-recovery-time-for-cancer-patients>

Macmillan tools for healthcare professionals:
<https://www.macmillan.org.uk/about-us/health-professionals/resources/practical-tools-for-professionals>

Lymphoedema: Key Resources



Details of Service

Accelerate CIC St Joseph's Hospice

Commissioning guidance:

<https://www.healthylondon.org/resource/commissioning-guidance-lymphoedema/>

Lymphoedema service specification and Minimum Data Set spreadsheet can be accessed using the above link

Business case

<https://www.healthylondon.org/resource/template-business-case-lymphoedema-services/>

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Psychosocial Support for adults affected by cancer: Key Resources



- Commissioning guidance
- Business case
- Service specification
- Service mapping

Service location

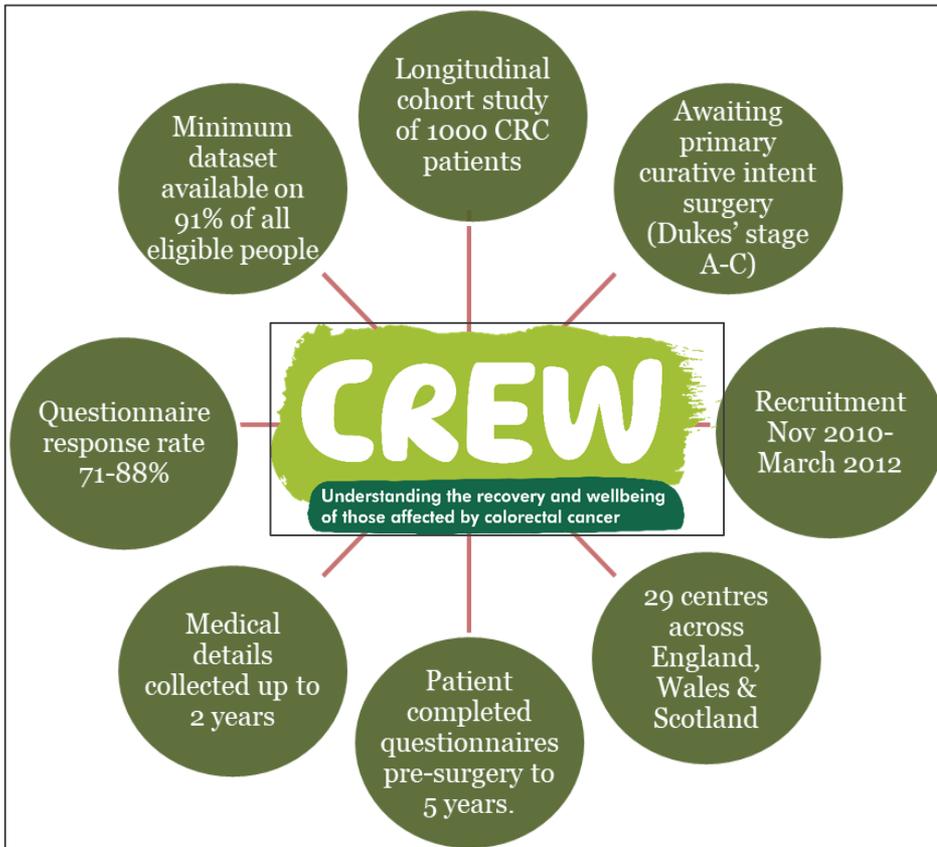
- Barts Health NHS Trust -St Bartholomew's Hospital
- Homerton University Hospital NHS Foundation Trust
- Barking Havering and Redbridge University Trust - King George Hospital
- Barts Health NHS Trust – Newham Hospital
- Barking Havering and Redbridge University Trust - Queen's Hospital
- Barts Health NHS Trust – The Royal London Hospital
- Barts Health NHS Trust – Whipps Cross University Hospital
- Barts Health NHS Trust – Mile End Hospital

All available here:
<https://www.healthylondon.org/resource/psychosocial-support/>

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Psychosocial Support for adults affected by cancer: Additional Resources



<https://www.southampton.ac.uk/msrg/ourresearch/macmillan-crew-cohort/macmillan-crew-cohort.page>

Prevalence, associations, and adequacy of treatment of major depression in patients with cancer: a cross-sectional analysis of routinely collected clinical data



Jane Walker*, Christian Holm Hansen*, Paul Martin, Stefan Symeonides, Ravi Ramessur, Gordon Murray, Michael Sharpe

Summary

Background Major depression is an important complication of cancer. However, reliable data are lacking for the prevalence of depression in patients with cancer in different primary sites, the association of depression with demographic and clinical variables within cancer groupings, and the proportion of depressed patients with cancer receiving potentially effective treatment for depression. We investigated these questions with data from a large representative clinical sample.

Methods We analysed data from patients with breast, lung, colorectal, genitourinary, or gynaecological cancer who had participated in routine screening for depression in cancer clinics in Scotland, UK between May 12, 2008, and Aug 24, 2011. Depression screening was done in two stages (first, Hospital Anxiety and Depression Scale; then, major depression section of the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition). Data for depression status were linked with demographic and clinical data obtained from the Scottish National Cancer Registry.

Findings We analysed data for 21151 patients. The prevalence of major depression was highest in patients with lung cancer (13.1%, 95% CI 11.9-14.2%), followed by gynaecological cancer (10.9%, 9.8-12.1), breast cancer (9.3%, 8.7-10.0), colorectal cancer (7.0%, 6.1-8.0), and genitourinary cancer (5.6%, 4.5-6.7). Within these cancer groupings, a diagnosis of major depression was more likely in patients who were younger, had worse social deprivation scores, and, for lung cancer and colorectal cancer, female patients. 1130 (73%) of 1538 patients with depression and complete patient-reported treatment data were not receiving potentially effective treatment.

Interpretation Major depression is common in patients attending cancer clinics and most goes untreated. A pressing need exists to improve the management of major depression for patients attending specialist cancer services.

Funding Cancer Research UK and Chief Scientist Office of the Scottish Government.

Lancet Psychiatry 2014; 1:343-50
Published Online August 28, 2014
[http://dx.doi.org/10.1016/S2215-0366\(14\)70313-X](http://dx.doi.org/10.1016/S2215-0366(14)70313-X)
See Comment page 320
See *Articles Lancet* 2014; published online Aug 28. [http://dx.doi.org/10.1016/S0140-6736\(14\)61231-9](http://dx.doi.org/10.1016/S0140-6736(14)61231-9)
See *Articles Lancet Oncol* 2014; published online Aug 28. [http://dx.doi.org/10.1016/S1470-2045\(14\)70243-2](http://dx.doi.org/10.1016/S1470-2045(14)70243-2)
See Online for podcast interview with Michael Sharpe and Jane Walker
*Contributed equally
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Department of Psychiatry, Warneford Hospital, Oxford, UK (J Walker PhD, R Ramessur BMBCh, Prof M Sharpe MD); Psychological Medicine

[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(14\)70313-X/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(14)70313-X/fulltext)

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Primary Care Nursing: Key Resources

Educational Videos



'The Value of good Cancer Care Reviews and the role that nurses play in delivering them'

This video explains the importance of delivering effective cancer care reviews, the role of nurses in delivering them and the positive impact that this can have for patients living with and beyond cancer.

<https://www.youtube.com/watch?v=wh4E-4Rcdul&feature=youtu.be>



'How to carry out a Cancer Care Review'

This video demonstrates how to carry out an effective cancer care review, and where you can get guidance on how to complete one. It also demonstrates the role of nurses in delivering them and the positive impact that this can have for patients living with and beyond cancer.

<https://www.youtube.com/watch?v=ul2020fr6Do&feature=youtu.be>



Webinar – Managing Cancer as a Long-Term Condition

An online taster session for General Practice Nurses on 'Managing Cancer as a Long-Term Condition'. This webinar will provide an overview of cancer as a long-term condition and support General Practice Nurses deliver truly personalised care for their patients.

<https://www.youtube.com/watch?v=ZURLZDcSKw4&feature=youtu.be>



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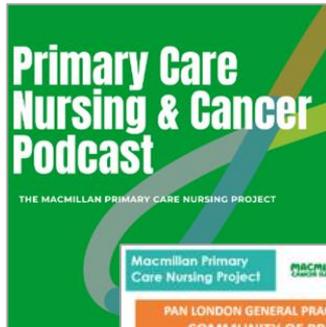
Primary Care Nursing: Key Resources

Sharing Learning & Good Practice



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Primary Care Nursing and Cancer Podcast Channel

The 'Primary Care Nursing and Cancer Podcast' explores the work that has been happening in SWL on topics such as what does good practice look like in primary care, the value of working collaboratively, the importance of patients partners and more...

<https://anchor.fm/macmillan-primary-care-nursing-project>

Macmillan Pan London GPNs Community of Practice

This group is for GPNs who are interested in leading on the development of primary care nurses' roles in relation to cancer as a long-term condition. It is open to all nurses across London with an interest in being part of this work and especially those who have completed the Macmillan Practice Nurse Course.

<https://drive.google.com/file/d/1nO7kyHgigJxbxe69i6R1HUdoD8flqJS/view>

Cancer in the community – an introduction to cancer as a long-term condition for Community Nurses

Evaluation of a short course for Community Nurse that was developed by the project team in collaboration with Central London Community Healthcare (CLCH).

https://drive.google.com/file/d/1r1lvRFb2zwLvMb3NCu_mw-9dWYm8Hs1F/view



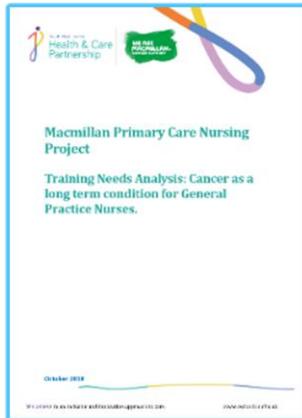
Primary Care Nursing: Key Resources

Sharing Learning & Good Practice cont...



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Training Needs Analysis: Cancer as a long-term condition for General Practice Nurses 2018

This report provides an account of the methodology, results and recommendations of a training needs analysis conducted with general practice nurses across SW London in August 2018. The project team are in the process of a follow up analysis with GPNs in 2019/20 which will be available shortly.

<https://drive.google.com/file/d/1UMpXKI3P5XSy2Lyus0WMmXhiMm5sRS4j/view>



Macmillan Primary Care Nursing Facebook Page

The project team have a Facebook Page. Like and follow our page to receive our latest updates and to link with other General Practice Nurses working in SWL.

<https://www.facebook.com/SWLMacNursingProject>

The Project Team are in the process of designing a web page that will host current and future outputs, including the evaluation from the project. This content will be hosted on the SWL Health & Care Partnership website and will be available very soon.

Key Contacts in North East London

Name, Job Title and Organisation	Email address
General	
Sharon Cavanagh, Personalised Care Programme Lead, NCEL Cancer Alliance	sharon.cavanagh@nhs.net
Cancer Rehabilitation	
Karen Bollard, Clinical Lead Oncology Therapies, Bart's Health NHS Trust	k.bollard1@nhs.net
Lymphoedema	
Caitriona O Neill, Director of Community Services and Lymphoedema, Accelerate CIC	caitriona.o'neill@nhs.net
Psycho-social support	
Mark Barrington, Consultant Clinical Psychologist, Barts Health NHS Trust	markbarrington@nhs.net
Primary Care Nursing	
Macmillan is in discussion with colleagues in your STP to create a Primary Care/Cancer workforce lead (2 years fixed term), building on the work funded in South West London. The ambition is for one lead in each STP.	
Macmillan Cancer Support	
Donal Gallagher, Macmillan Partnership Manager	dgallagher@macmillan.org.uk ;