

# GM Cancer Personalised Care Standards for Primary Care

1. Practices should have a robust system for proactively offering cancer support discussions (CAN005) within 3 months of diagnosis and cancer care reviews (CAN004) within 12 months of diagnosis
2. Patients should be sent a letter following a new cancer diagnosis explaining what support is available to them. With the help of primary care and patient representatives, GM Cancer has co-created a letter template for practices to use (*see Resource 1*). This will be added to your clinical system as a template. Please feel free to change the wording to make it specific to your practice and to include additional local services.
3. Cancer care reviews (CCRs) should be undertaken by a member of staff who has had appropriate training (*see Resources 4-6*) and feels competent to provide information to patients living with cancer and signpost to appropriate colleagues and local partner organisations. This could be a practice nurse, GP, primary care cancer care coordinator, social prescriber or another member of the practice/PCN team who is deemed competent and has been appropriately trained to undertake CCRs.
4. A CCR should be a **pre-booked** and **standalone** appointment and not included as part of an existing consultation.
5. Although CCRs can be completed any time within 12 months of diagnosis, the specific timing of a CCR should be decided by the patient based on when they think they will benefit most from it. This is normally not within the first few months after diagnosis as patients will have holistic support from their hospital specialist team.
6. As these are individualised reviews, they will take variable lengths of time. However, the minimum time offered to the patient for their CCR should be **20 minutes**. These can be done face-to-face, telephone or video consultation, based on patient preference and their specific needs. Patients should also have the opportunity to bring a friend, relative or carer with them to their appointment if they wish.
7. Patients should have the opportunity to prepare for a CCR by completing an appropriate questionnaire to help them think about the concerns they wish to discuss in advance of their appointment (*see Resources 2 & 3*).
8. Where available, healthcare professionals completing a patient's CCR should have read their End of Treatment Summary (EoTS) from their specialist team, as well as any other relevant clinic letters, to promote continuity of care.
9. CCRs should be recorded onto a patient's electronic medical record using a structured template. The Macmillan Cancer Care Review template is available on EMIS, SystemOne, Vision and Ardens. A copy of the review should also be offered to the patient after the appointment (printed and/or electronic).
10. A CCR should be the start of a continuous process. Follow-up CCRs should be offered when required or requested and should be considered as part of a patient's subsequent annual chronic disease reviews.



## Resources

1. **GM Cancer New Cancer Diagnosis Letter Template** – uploaded to clinical systems in April 2024
2. [AccuRx Cancer Care Review Questionnaire \(Florey\)](#)
3. [Macmillan Concerns Checklist \(printable version\)](#)
4. [Red Whale Personalised Care Training Video \(30 minutes\)](#)
5. [Macmillan Cancer Care Review Online Course \(free registration required\)](#)
6. [Personalised Care Institute eLearning Modules](#)
7. [GM Cancer Alliance Cancer Care Review Toolkit](#)

