HEALTH AND SPORT COMMITTEE

WHAT SHOULD PRIMARY CARE LOOK LIKE FOR THE NEXT GENERATION?

SUBMISSION FROM MACMILLAN CANCER SUPPORT

The committee has called for views in response to the following questions:

1. Considering the Health and Sport Committee’s report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities.

2. What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

1. **Considering the Health and Sport Committee’s report on the public panels, what changes are needed to ensure that the primary care is delivered in a way that focuses on the health and public health priorities of local communities.**

The health priorities of the public panel as set-out in the Health and Sport Committee’s report include:

   a) the desire to have GPs at the heart of a hub but with shared responsibility with other professionals for care and sign-posting

   b) Patient-centred approaches to accessing services

   c) the desire for better forward planning for workforce supply & demand.

As set out in the Audit Scotland review of Workforce Planning in 2017, there are urgent workforce challenges facing the NHS and improving workforce planning will be critical to addressing these pressures and to achieve a shift towards more community and home-based care.

A fully funded plan is needed to ensure a futureproof workforce. The evolving primary care multi-disciplinary teams need to be sufficiently staffed and have the appropriate knowledge and skills to meet future care demands.

Macmillan is clear that if we are to meet the future demands of cancer care, the new multi-disciplinary teams will need appropriate training and skills in cancer care, such as guidance on how to carry out effective **cancer care reviews** and **holistic needs assessments (HNAs)**. Macmillan Cancer Support has developed a new model of care of person centred care which aims to ensure that:

- Everyone has a conversation about their needs with their cancer care Professionals, supported by information.

- In that conversation the person living with cancer is supported to talk about all their needs – not just their medical needs.

- The person living with cancer is supported to plan how to meet these needs using tools such as the **holistic needs assessment**.
• People who need more support or information are signposted to the right place and know how Macmillan can help them.
• The conversation happens regularly so their changing needs are identified and they get the right support.

The national evaluation of Macmillan’s 5-year ‘Transforming Care After Treatment’ Programme, highlights the significant potential for practice nurses and wider primary care teams to routinely carry out cancer care reviews and holistic needs assessments, acting as a conduit between the NHS and community assets from the point of diagnosis. Macmillan Cancer Support has delivered cancer awareness training to over 150 practice nurses across Scotland.

Additionally, the evaluation of the Glasgow Improving the Cancer Journey project has shown that referrals were made to over 220 agencies and indicates that a large number of concerns identified through Holistic Needs Assessments can be appropriately addressed and signposted to within the community, thus alleviating pressure on an already stretched primary care workforce.

At the end of August, the Scottish Government and Macmillan launched Transforming Cancer Care, which is an £18m project which will bring together the learnings from Transforming Care After Treatment and Improving the Cancer Journey to ensure everyone is directed to the care and support appropriate for their needs.

Macmillan has also delivered cancer awareness training to over 100 Advanced Nurse Practitioners across 6 of the 14 Health Boards. We are continuing to roll-out this course due to high demand. Evaluation has shown almost 100% excellent feedback and indicates there is a need for such cancer awareness knowledge amongst advanced nurse practitioners.

The Health and Sport Committee’s report indicates that survey responses also expressed a desire for services in primary care to be expanded, especially testing and diagnostics (point 34).

Macmillan Cancer Support has recently worked with Scottish Government, the Scottish Primary Care Cancer Group and Healthcare Improvement Scotland to undertake a refresh of the Scottish Referral Guidelines for Suspected Cancer. These guidelines support primary care practitioners in identifying patients who are most likely to have cancer and therefore require urgent assessment by a specialist. The Guidelines help in identifying patients who are unlikely to have cancer, embedding safety netting as a diagnostic support tool. During the refresh of the guidelines, it was noted that around 50% more people are being referred on the Urgent Suspicion of Cancer (USC) route than 10 years ago. The latest updated guidelines, published in January 2019, highlight remaining variation in direct access to imaging for primary care practitioners. Section 1.7 of the guidelines (Referral Pathways) states that
“NHS boards have well-established urgent suspicion of cancer referral pathways to facilitate prompt diagnosis of cancer. These pathways function particularly well in cases where symptoms and signs are suspicious of a specific tumour type. However, for people with vague symptoms (such as unexplained weight loss and fatigue) there is potential for delay in reaching a diagnosis. To minimise this risk, direct access to imaging for primary care practitioners enables the differential diagnosis to be narrowed and referral to the appropriate secondary care specialty to be made, thereby reducing delays. The availability of such access to imaging varies across the NHS boards.”

NHS Boards should be mandated to offer direct access to imaging (where appropriate) to primary care clinicians to reduce variation in access to imaging and avoid delays in diagnosis, enabling individuals to be diagnosed as quickly as possible.

2 What are the barriers to delivering a sustainable primary care system in both urban and rural areas?

Macmillan has identified the following as barriers:

- In order to fulfill patient’s wishes to stay at home at end of life, provision of social care, particularly overnight is incredibly important. There remain significant challenges in supporting patients wishes, particularly in remote and rural areas.

- Recruitment challenges in both medical and nursing workforce.

- IT System incompatibility, care needs to be shared between professional groups with transfer of information imperative, which is not currently possible.

- Single entry of information into patients notes, currently nursing and medical notes are separate.

- IT access of patient’s medical history when on domiciliary visits