

NOTES FROM CANCER STRATEGY WORKSHOP

18 FEBRUARY 2015

1. THREE COMMITMENTS

Early Diagnosis

- Screening programme – not always attended
- Symptoms are not always taken seriously by the GP
- Capturing migrant population in screening programme
- Blood cancers often detected in routine blood tests
- Incorrect referrals re penile cancer – GPs not always picking it up
- Be Clear on Cancer campaigns successful and effective
- Quality of 5 min appointment with GP – 5 mins isn't enough time to determine the problem
- More joined up care in General Practice required
- Additional triggers required – alarm bells for someone who has never seen a doctor then has a series of visits.
- Charges for diagnostic testing – review
- Patient empowerment – self-referral and having access to own medical records
- Use of ultrasound in GP surgeries
- Multi-practice – need for a dedicated cancer specialist in the practice
- Decision-aid tools – electronic tests – to give indication of risk
- Awareness raising at regular health checks – provide information

Treatment

- “Watch and wait” approach to treatment
- GPs present obstacles to further treatment

2. EXAMPLES OF GOOD PRACTICE

- Clinical Nurse Specialists
- Navigator
- Use Macmillan as a resource
- Centres of excellence

- Neuro-rehab
- Pathway teams
- PAWS-GIST clinic
- Tissue banks
- 100k genome project
- Genetic testing

3. BARRIERS

- MONEY
- Getting access to GP – difficult to get an appointment – possible solution – drop-in clinics or dedicated nurse?
- Pharmacies – could they be used more to alleviate pressure on GP surgeries
- Specialist care pathways
- Neuro-rehabilitation - make phenomenal difference to brain tumour community
- Language ie benign – doesn't necessarily mean benign!
- Postcode lottery – different care and treatment in different areas – unfair – no clear guidelines
- Information overload – too much to take in and patient misses vital info
- Too many assumptions made about patients and their knowledge
- Role of charities to identify failings in the system
- Research needs to be academically driven
- International collaboration required for academic study
- Ignorance
- Drugs and trials process – NICE and CDF
- Limited use of equipment – unused at weekends