1. Keep the cancer register updated
If the practice team is familiar with the list of who has been diagnosed and treated for cancer in the past, it will be easier to maintain a high index of suspicion around presenting symptoms during interactions with the patient. This will facilitate earlier recognition of secondary disease, late effects of treatment, or psychosocial or emotional distress. Updating the register helps recognise that it is appropriate to transfer those with end-of-life care needs to the palliative care register.

2. Decide on a policy for READ coding cancer patients
Identify a person in the practice and a clinical lead who is responsible for adding patients to the cancer register, decide what triggers their inclusion in the register and when and for what conditions and procedures a READ code is generated for the medical record. The practice team may want to agree the list of READ codes to use, although ideally treatment summaries will include lists of standard READ codes which will make recording and interrogation and analysis of data easier in future.

3. Understand risk stratification
Oncologists and multidisciplinary teams are being encouraged to categorise patients according to risk of recurrence and the intensity of surveillance required in addition to other indicators of outcomes, such as comorbidity index, psychological risk and treatment toxicity. The multidisciplinary team can then make an informed decision, in partnership with the patient and their family, on their need for continued specialist oncology follow-up or suitability for other tailored follow-up or supported self-management care options. This is not to transfer ongoing management of patients to primary care but to ensure that patients are provided with the correct support to properly address their needs, delivering high quality, safe and responsive care. This is in contrast to the universal models that currently exist but which often cannot respond to the needs of the individual.

4. Make contact with the patient at an early stage post diagnosis
Several studies have confirmed the important contribution that primary care practitioners can make to the care of people diagnosed with cancer, despite the acknowledgment that many GPs are not experts. The highly specialist nature of cancer care may have led to the perception amongst patients that their GP lacks cancer care expertise. Patients appreciate some form of contact from diagnosis, an acknowledgment of a past history of cancer and the opportunity to raise cancer-related issues at future unrelated consultations. This proactive approach helps to establish good relationships, offers personalised information and support and facilitates adjustment to life after treatment.

5. Encourage other team members to become involved in cancer care
Many practice nurses have developed expertise and assumed operational responsibility for chronic condition management. Their role in assessment, treatment management, self-management support and follow-up improves adherence to guidelines, patient satisfaction and health status.
With many patients now surviving longer with cancer and with other co-morbid chronic conditions, many will already be known to other members of the primary care team, in particular the practice nurse.

6. Use treatment summaries (if available) to inform meaningful cancer care reviews

Treatment summaries generated by hospital units are being used in some areas to inform primary care about the diagnosis, treatment and likely outcomes for patients in a format that is useful for primary care clinicians. Use of these summaries is still sporadic but building. Cancer care reviews have been a component of QoF since 2004. Some cancer care reviews are undertaken opportunistically, some are more structured. Research has found that most practices reviewed physical symptoms, psychological wellbeing, medication and the treatment plan but that information needs, financial issues and carer issues were less commonly included. Macmillan Cancer Support has worked with major IT suppliers to develop electronic templates to help apply more structure to the reviews.

7. Acknowledge and promote the benefits of healthy living advice

There is increasing evidence of the impact of dietary and lifestyle changes following treatment of cancer. The World Cancer Research Fund review in 2006 suggested excess weight was a factor in cancer recurrence, and a review by Davies et al highlighted the importance of physical activity to protect against cancer recurrence and progression. There are now initiatives promoting physical activity in patients with cancer to reduce side effects of treatment, improve survival and reduce relapse rates. It is important that primary care practitioners acknowledge, and use teachable moments to promote, the evidence and encourage physical activity, weight loss and healthy diet, irrespective of a previous cancer diagnosis. Move More and Walking for Health programmes are open to patients with cancer.

8. Know how to access support for concerns that arise from holistic needs assessments

The holistic needs assessment is now often carried out at various points in the diagnostic, treatment and post treatment pathway, completed by patients but with guidance from clinical nurse specialists and others in oncology departments. Holistic needs assessment is a useful tool in primary care too, particularly for the cancer care review. The holistic needs assessment helps identify the physical, psychological, social and emotional needs and concerns of patients, although it is important that the needs can then be addressed.

9. Be prepared to signpost to health and wellbeing clinics, re-ablement, vocational rehabilitation and welfare benefits advice

Rehabilitation classes have long been a feature of care following cardiac and stroke episodes, but are now becoming more common for patients following cancer treatment. Patients with cancer often experience difficulties getting back to work or financial worries because of the nature of their treatment. This is being addressed by providing access to advice and support from welfare benefits advisors.

10. Highlight potential consequences of treatment and access back to secondary care arrangements for individual patients and record in the notes

Although it is unknown exactly what the long term effects of current treatments will be, chemotherapy is known to increase leukaemia and cardiovascular risks and radiotherapy increases risk of further tumours. It is therefore important to identify those who have had cancer treatment – for this, GP records should be reliable. Accurate coding of treatment will help identification of those at risk of future problems. For those patients discharged from regular hospital follow-up, arrangements will be in place to allow rapid access back to secondary care for advice when symptoms or signs arise. It is helpful if the practice team are aware of these arrangements with an easily identifiable entry in the case notes.