Macmillan Cancer Support has worked with the major primary care IT systems to develop electronic templates to help apply more structure to cancer care reviews. An independent evaluation was commissioned to see how this template was being used by GPs, how it might be used more effectively and patients themselves viewed the cancer care review process.

For the full report please see [http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/PCCL/EvaluationofMacmillansCancerCareReview.pdf](http://www.macmillan.org.uk/Documents/AboutUs/Health_professionals/PCCL/EvaluationofMacmillansCancerCareReview.pdf)

**Key findings**

- Overall, GPs were very positive about the Macmillan cancer care review (CCR) templates, with the most useful prompts being ‘reviewing medication’ and ‘noting details of main carers’.

- Patients surveyed were also very positive about the process of a review, with over 71% being ‘very satisfied’ with the process. Patients felt that the CCR gave them an opportunity to discuss their cancer and general state of health with their GP and appreciated the fact that their GP made the effort to contact them.

- Interestingly, several patients who were interviewed did not realise at the time of the CCR that they were being reviewed. GPs described this as being appropriate, as the review was seen as normal and supportive care rather than a tick-box exercise. One GP also described it as a process rather than a single event, indicating the importance of seeing the review as an ongoing entity.

- Most GPs (88%) found it useful to have easy access to Macmillan resources, although only 20% were aware that signposting information was included as part of the CCR.

- Survey findings confirm that there is variation in what is covered in a review, with only 55% of GPs always discussing the diagnosis and 61% always reviewing medication. Under half of those surveyed were always recording details of whether or not chemotherapy or radiotherapy had been given. And only 18% of GPs were always signposting to sources of information on finances and benefits.

- In many cases, CCRs are seen as quite different to reviews of other long-term conditions (LTCs), as LTC reviews deal with patients who are perceived to be less psychologically fragile than most cancer patients.

- Whilst there was a great deal of positive reaction to using structured templates, all who used them felt they should be used as a prompt or aide-memoire, rather than a tick-box exercise.

**Key recommendations**

- The Quality and Outcomes Framework indicators for cancer should be clearly defined and measurable in the same way as other conditions, as the lack of rigour within cancer indicators is perceived to be a barrier to reducing variability in care.

- Patients should be made aware that the cancer care review is an integral part of their cancer pathway. Appointments should be offered in a format that suits their preferences, whether that is face-to-face or over the phone, and with the option of including family members or carers.

- The CCR needs to be a holistic broad-based discussion, taking into account co-morbidities and the social, psychological and practical aspects of disease, rather than just the medical and physical. The cancer care review can also be seen as a platform to trigger further discussions,
e.g. supporting secondary prevention through advice about healthy lifestyle and physical activity.

- There is a need for education and support to promote the use of the Macmillan CCR template, as well as to promote the benefits of a CCR more generally to a wider primary and secondary care audience. This should include the potential role of other members of the primary healthcare team in the CCR.

- CCRs should be carried out when any significant transition occurs in the patient’s cancer journey, rather than only once after diagnosis. Current processes and perceptions about patient preferences should be challenged.

- Ongoing work is needed with IT providers to encourage further development of the Macmillan cancer care review template, so that it is available on all clinical systems and can be tailored locally for more flexible use.