

# **People with Long-term Conditions including Cancer**

## The Role of the GP and emerging issues in primary care

- Work collaboratively with people living with long-term health conditions to agree goals, identify support needs, develop and implement plans, and monitor progress
- Move away from a disease-based model of care towards a person-centred system that takes a biopsychosocial approach, considering each person and their family holistically
- Involve the whole Multi-Disciplinary Team (MDT) to facilitate person-centred approaches to care, including the systematic gathering of information about an individual's personal experience of living with their condition
- Proactively encourage lifestyle changes that will reduce the risk of other health problems
- Increasing health burden of long-term conditions has created the need for improved prevention and proactive models of care, GPs should be familiar with evidenced-based techniques such as the Collaborative Care and Support Planning/toolkit.
- The provision of truly person-centred care for patients with long-term conditions and cancer requires a whole-system approach which is broader than medicine alone
- Most people living with and beyond a cancer diagnosis have impacts on physical, psychological, financial and social aspects of their life.

## **Knowledge and Skills Self-Assessment Guide**

## **Symptoms and Signs**

- Natural history of untreated condition(s) including acute or chronic
- Different trajectories of illness commonly seen in long-term conditions and cancer. Trajectory patterns include stepwise, exacerbations, gradual decline and relapse/recurrence
- Typical and atypical presentations

## **Common and Important Conditions**

- Communicable: HIV, Aids etc;
- Non-communicable diseases: cancer, cardiovascular disease
- Ongoing defined impairments': Visually and hearing impaired, musculoskeletal
- Physical long-term health conditions: Diabetes, chronic respiratory, chronic neurological etc
- Certain mental health conditions: Schizophrenia, depression
- Other long-term conditions: Chronic Fatigue syndrome, Irritable Bowel syndrome
- Conditions which may become chronic through treatment or through the natural process of the disease
- The possibility of coexisting mental illness such as depression and anxiety
- The possibility of one or more long term conditions disguising other conditions including cancer
- Identifying and supporting unpaid carers of people with long-term conditions
- The burden of multi-morbidity and treatment, including appointments, on the quality of life of the patient and their carers/family

#### **Examinations and Procedures**

Collaborative care and support planning

### **Investigations**

- Active identification, surveillance and follow up
- Opportunistic and proactive identification of polypharmacy and multi-morbidity
- The benefits of an agreed personalised management plan to coordinate care

## How this might be tested in MRCGP

#### **AKT**

- Risk of second malignancies after treatment for cancer
- Prescribing in patients with multi-morbidity
- Entitlement to statutory benefits

#### **RCA**

• Man who had leukaemia as child, attends frequently for apparently minor conditions

- Woman with Ehlers-Danlos syndrome is struggling to manage her work as a primary school teacher
- Home visit to a bedbound woman with a spinal injury who has become mildly confused. She has had treatment for repeated UTIs.

#### **WPBA**

- CbD (Case Based Discussion) with a woman who cares for her frail elderly blind father with dementia, who is also your patient. She is asking for your help as she can no longer cope with him
- Learning log on a man living in a nursing home on dialysis who wants to stop treatment
- Learning log on a young adult with cerebral palsy who has epilepsy.

# How to learn this topic

This section describes *examples* of opportunities for learning.

We recognise that Covid-19 restrictions have significantly affected their accessibility

## Other relevant specialties:

- · Oncology and Palliative care
- Rehabilitation services
- Specialties related to specific chronic conditions such as respiratory, cardiovascular, neurology, musculoskeletal and mental health
- Mental Health

# Community/MDT

- Community palliative care teams
- District nurses
- Rehabilitation services
- Community occupational therapy and physical therapy
- · Community dietitians
- Care coordinators, Health Coaches and Social Prescribing link workers
   Psychology and Mental Health services



#### **Acute**

- Emergencies
- Acute exacerbations of chronic illness: IBD, liver failure, heart failure, COPD
- Early, late and acute presentations of cancer conditions



### **Core Themes**

#### **Communication and Consultation**

- Developing relationships to facilitate person-centred care
- Prescribing
  - Prescribing in patients with multimorbidity and polypharmacy
  - Compliance with medication
- Co-morbidity
  - Multiple pathology, psycho-social issues
- Teamworking
  - Across health and social care, hospital and community. Working with a wide variety of specialities
- Ethical and medico-legal
  - Lasting power of attorney
  - Capacity, patient autonomy, consent, confidentiality,

# **Primary Care**

- Day to day practice
- OOH
- Community
- Specialist clinics
- Chronic disease reviews
- Cancer care reviews
- Disability reviews
- Collaborative Care and Support Planning

## Tips

- QOF / Audit
- Significant Event Analysis
- Clinical governance
- Risk Assessment
- Dr as teacher
- Leadership
- BNF
- NICE guidelines