



People living with cancer – the challenge to health services

Macmillan GP advisers Dr Steven Beaven and Dr David Linden consider the unmet need of cancer survivors and the role of primary care in meeting this demand

The number of people living with cancer continues to grow,¹ rising in the last five years from 2 to 2.5 million, presenting serious challenges to health services.

The factors contributing to this change include an increase in incidence due to our aging population, improvements in detection and improved treatment with increased survival.² Consequently, the health service has to deal with a growing group of patients, many of whom have significant unrecognised and unmet needs. Evidence suggests that many patients fail to return to full health after treatment for cancer.³

There is wide agreement that “traditional” models of follow-up for cancer patients are neither clinically effective nor viable in the face of increasing demands. Most disease recurrence is identified between clinic visits and many patients have unmet needs, despite regular attendance. Much work is being directed at improving post-treatment care for patients.⁴ Greater emphasis is being placed on “risk stratification” and development of personalised care plans, the aim being to do no more and no less than an individual needs. We remain limited in our ability to be confident about the behaviour of a given individual’s cancer, though this is changing. This underlines the importance of effective and honest communication with patients and sharing uncertainty.

So what might this mean for primary care? There will be an increasing number of patients who have had cancer, and for whom primary care will be the normal first point of contact. There are steps we can take to improve our ability to effectively meet their needs.

Crucially, we must identify these patients. This would be aided by treatment summaries from secondary care including diagnosis, treatment, treatment intent (potentially curative or palliative) and information about what the patient has been told. This information, coming to us in a timely fashion and having been shared with patients (in many localities the patient receives a copy), would enhance our ability to deliver effective care.

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Effective READ coding of both diagnoses and treatment would ensure that we can recognise those patients at risk of ill health and late effects following cancer and its treatment. Making better use of cancer care reviews to assess and respond to the holistic needs of people affected by cancer would help improve their quality of life.

Improving awareness of the needs of patients who have had cancer through education for both GPs and practice nurses will help develop and improve the knowledge and skills required to meet the coming challenge. Our practice nurses are well versed in managing long-term conditions within our practices. Is it unreasonable to imagine that they could, in future, pay an increasing part with some cancer patients, particularly those with some breast and prostate cancers for whom it is effectively a long-term condition? Macmillan’s experience to date of providing education in cancer care for practice nurses has been very positive.

The challenge is upon us. We owe it to our patients to respond.

References

- 1 Maddams J, Utley M, Møller H. *Br J Cancer* 2012; 107: 1195-1202. (Projections scenario 1). Macmillan analysis based on extrapolation of 2010 and 2020 projections that the number of people living with cancer will hit an estimated 2.5 million in 2015.
- 2 <http://www.cancerresearchuk.org/cancer-info/cancerstats/survival/all-cancers-combined/#Trends>
- 3 Macmillan Cancer Support (2013) Throwing light on the consequences of cancer and its treatment.
- 4 <http://www.nature.com/bjcjournal/v108/n1/full/bjc2012554a.html> Implementing improved post-treatment care for cancer survivors in England, with reflections from Australia, Canada and the USA