



## Treatment summaries

Improving current delivery in London: a briefing for  
GP cancer leads

August 2016



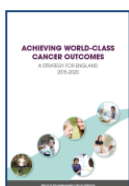
## Transforming Cancer Services Team

### Treatment Summaries: Improving current delivery in London - a briefing for GP cancer leads

**To:** Primary care cancer leads and Macmillan GPs in London  
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#### Background

We know that better support for people after cancer treatment can deliver significant benefits in terms of improved quality of life. It can also encourage behaviours that are more likely to prevent recurrence and reduce unplanned or acute presentations with late consequences of treatment (*Achieving World Class Cancer Outcomes: A Strategy for England 2015-2020*).



Recommendation 65 from the strategy document states: “NHS England should accelerate the commissioning of services for people living with and beyond cancer, with a view to ensuring that every person with cancer has access to the elements of the recovery package by 2020.”

The Recovery Package is a series of interventions which when taken together can greatly improve outcomes for people living with and beyond cancer. The interventions are:

1. Holistic needs assessment
2. Treatment Summary
3. Health and well-being events
4. Cancer Care Review in primary care

These elements are part of an overall support of self - management which also includes physical activity, managing the physical and psychological consequences of treatment, financial support and vocational rehabilitation.



#### The Treatment Summary

The Treatment Summary is completed at the end of primary cancer treatment by the hospital team and sent to the patient’s GP, with a copy offered to the patient. It was developed to support improved communication between acute cancer services and primary care during a time of transition for patients and to allow care planning for on-going health needs. The Treatment Summary is useful for:

- Primary care clinicians: to inform individual Cancer Care Reviews.
- Patients: to take a more active role in the management of their own health.

- Emergency departments: for unplanned and emergency admissions
- Staff in hospices, day centres and care homes: to plan care

The Treatment Summary is not intended to be a substitute for other written (e.g. a discharge summary) or verbal communication, physical examination and history, or review of the complete medical record.

### ***Treatment Summary template***

The National Cancer Survivorship Initiative (NCSI) published *Treatment Summary: User Guide and Template* in 2011 to support implementation (see references). The Treatment Summary template includes:

- Details of diagnosis: including READ codes for both diagnosis and treatment so that the GP can update their patient database and cancer register
- Information on whether the patient should be added to the primary care palliative or supportive care register
- Possible short-term treatment toxicities and side effects, including when urgent review is indicated
- Information about the consequences and side effects of treatment
- Alert symptoms that require referral back to specialist team; e.g. signs and symptoms of recurrence, important side effects or consequences of treatment
- Any required GP actions to monitor and support the patient
- Summary of information given to the patient about their cancer and future progress.

The Treatment Summary template was thoroughly tested and positively evaluated by both GPs and oncology clinicians through the NCSI programme in 2010. Results showed that 80% of GPs found the template useful or very useful and 90% wanted its use continued. It can replace or be sent alongside a standard clinic letter. It may also be used when there is a referral from secondary care to palliative care for symptom control.

### ***When is the “end of primary treatment”?***

The NCSI User Guide suggests that the Treatment Summary should be completed promptly and sent to both patient and GP practice within six weeks of the end of primary treatment. In Macmillan's *Treatment Summary: Sharing Good Practice Guide* (2015), the end of primary treatment for an individual patient is when:

- The planned treatment for their cancer (surgery, chemotherapy, radiotherapy or a combination of these) has been completed, and
- A clinical outcome has been achieved and no further treatment is planned (this will depend on cancer type, its stage and biology), or
- On-going maintenance or hormonal treatment may be required.

Clinical outcomes include whether the patient may be: cured, at variable risk of relapse, or have achieved a partial response with an anticipated period of disease stability thereafter. There may be specific ongoing prescribing requirements. For some patients, the outcome of primary treatment will be poor with a limited prognosis and referral to palliative and supportive care is appropriate. It is worth noting that clinical opinions vary on the definition of “end of primary treatment”, particularly between different tumour types.

### ***Completing a Treatment Summary***

The patient should have undergone a process of formal post-treatment assessment from a clinician, such as a nurse or specialist, usually provided during an end of treatment clinic, which should be within four weeks following the end of active treatment. As cancer patients may be treated in more than one hospital, the Treatment Summary should be completed by the hospital team where the primary course of treatment was given. Some sections of the Treatment Summary will be appropriate for CNSs and allied health professionals to complete; others will need to be completed by a doctor.

Upon receipt of the Treatment Summary, GP practices should ensure that the patient's details are entered onto appropriate monitoring and surveillance systems so that review can be arranged. Relevant information should also be uploaded to primary care IT systems using appropriate READ codes.

### Current performance

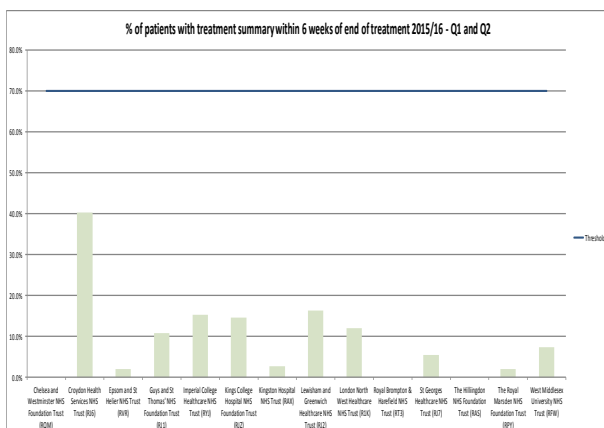
In 2015/16 and 2016/17, the pan-London cancer commissioning intentions have included a performance indicator specifying that 70% of cancer patients should have a Treatment Summary completed. In 2016/17, it is specified that Treatment Summaries to be shared with GP practices and patients within 48 hours of completion, preferably electronically. The commissioning intentions are shown in the table below:

Quality requirement	Threshold	Method of measurement
<p>All cancer services will be commissioned to deliver the recovery package as described in the NCSI.</p> <p>Inclusion of requirement to share health needs assessment, care plans and treatment summaries with primary care within a specified timeframe.</p>	<p>All new patients will have a completed recovery package by March 2017 consisting of:</p> <ul style="list-style-type: none"> <li>70% receive a holistic needs assessment and care plan</li> <li>70% attend at a health and well-being event</li> <li>70% receive a treatment summary.</li> </ul> <p>Health needs assessment and Treatment Summary to be shared with the GP practice within 48 hours of completion, preferably electronically. Information should include the top concerns as identified in health needs assessment and are likely to include:</p> <ul style="list-style-type: none"> <li>Fear/worry/anxiety</li> <li>Cancer related fatigue</li> <li>Pain management</li> <li>Sleep management.</li> </ul>	<p>Completion of the London health needs assessment template and data returned to LC/LCA within 25 working days of quarter end or data submitted via COSD monthly.</p> <p>Completion of the NCSI Treatment Summary template and data returned to LC/LCA within 25 working days of quarter end.</p> <p>Completion of health and well-being event data sent to LC/LCA within 25 working days of quarter end.</p>

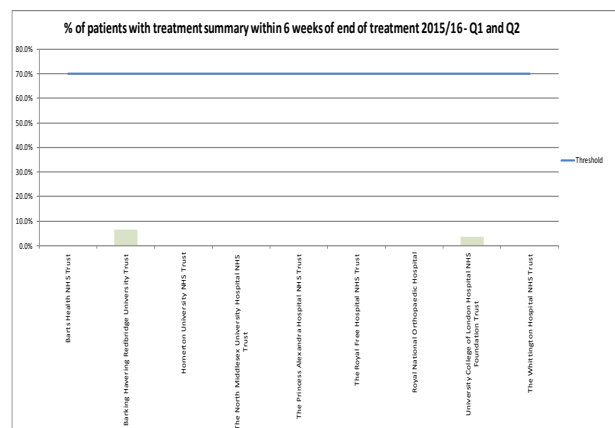
Through local negotiations during the contracting round, this threshold may be lower for some providers, and may be included within the Quality Requirements Schedule or the Service Development Improvement Schedule of the NHS contract. It is important to consult with contracting teams from the CCG if performance is particularly poor.

Unfortunately the quality requirement with regards to the Treatment Summary is not being met widely, and progress to improve delivery over the last three years has been extremely slow. The data below shows the percentage of patients receiving this element of the recovery package. It is an estimate derived by comparing the number of patients reported by the trust against the number of first treated patients reported (there may therefore be data quality issues in these charts).

London Cancer Alliance (2015/16 performance)



London Cancer (2015/16 performance)



## Key issues for discussion

There are a number of areas of discussion and lines of enquiry that can take place with trusts and consultants to help increase the rate of completion of Treatment Summaries.

### ***Acknowledging the progress made so far***

It is important to acknowledge any work the Trust has put into improving delivery of Treatment Summaries and other elements of the recovery package. If there are documented improvements in other elements, the focus can now shift to the treatment summaries.

### ***Explaining why Treatment Summaries are important for continuity of care***

Discussions will depend on current performance, the trajectory of improvement, and clinical involvement in the process to date. These can include:

- A clear description of the purpose of the Treatment Summary and how it differs from a discharge letter or holistic needs assessment. Treatment Summaries mark the end of primary treatment, describing what needs to be monitored in primary care and any specialist follow up arrangements
- Explanation of how they are used in primary care to inform the Cancer Care Review, as well setting up call/recall processes for surveillance and monitoring of the consequences of treatment
- Leadership: the overall responsibility for completion/sign off should lie with the consultant in charge of primary treatment - the importance of completing the Treatment Summary should be covered in team meetings and staff induction
- Treatment summary sections may be completed by different team members - the quality of the resulting Treatment Summary is more important than who completes it
- Evidence shows high levels of patient satisfaction with Treatment Summaries – they can empower self-care
- Share examples of good practice

### ***Understanding why completion rates are low***

It may also be helpful to discuss why completion of Treatment Summaries is low:

- Are consultants aware of them? Have they seen the Macmillan 'User Guide'?
- Is a template available? Is it on the hospital IT system (it should be available if the hospital uses Somerset Cancer Register or InfoFlex Cancer Information Management System)?
- Is relevant information easily accessible? Can the recording of information be improved?
- Is time an issue? Can other clinical staff complete some sections while consultants focus on clinical areas?
- Are there any other barriers? How can these be overcome?

### ***Constructive relationships for the benefit of patients***

Developing good relationships with clinical and managerial staff is important for the success of these discussions. Progress can take several meetings and can sometimes be set back by other competing priorities (e.g. cancer wait times, delivering diagnostic capacity). Progress can be monitored informally, but can also be taken formally to clinical quality group meetings.

Ultimately, the benefit to the onward care and health of the patient needs to be promoted, as well as the reduction in the subsequent use of health services if the recovery package is implemented correctly. Having a patient present at these discussions provides a powerful voice that can't be underestimated.

## References

*Treatment Summary: User guide and templates*. NCSI 2012. <http://www.ncsi.org.uk/wp-content/uploads/NCSI-treatment-summary-2.pdf>

*Treatment Summary: A tool to improve communication between cancer services and primary care*. MacMillan 2015 [http://www.macmillan.org.uk/documents/aboutus/health\\_professionals/recoverypackage/treatmentsummary.pdf](http://www.macmillan.org.uk/documents/aboutus/health_professionals/recoverypackage/treatmentsummary.pdf)

*Treatment Summary: User guide and template*. MacMillan 2014. <http://www.rcgp.org.uk/clinical-and-research/toolkits/-/~/media/Files/CIRC/Toolkits-2015/CoC/Macmillan-Treatment-Summary-user-guide.ashx>