

Transforming Cancer Services Team

Commissioning and delivery toolkit for cancer as a long term condition

March 2018

Foreword

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Purpose: This toolkit aims to provide STP cancer leads a mechanism to develop a business case to support cancer patients as part of long term conditions. We know that people experience effects of treatment years after receiving it. It is for these reasons that for a large proportion of people who get cancer, it will become a long term condition that needs managing

Objective: The objective of the 4 point model is to enable STPs, CCGs and front line primary care staff to support patients with a diagnosis of cancer to self-manage. A holistic CCR at the end of primary treatment will compliment CCRs conducted as part of QOF at the point of diagnosis. Both **CCRs should be holistic**, **covering psycho-social needs**, **physical needs**, **needs of carers and support patients towards self-management**.

Outcome: Cancer Care Reviews are co-produced between the primary care clinician (GP, practice nurse or allied health professional) and the patient and offered at the end of active treatment as well as at the point of diagnosis

Output: STPs and CCGs could develop local initiatives such as the Year of Care model or integrated care frameworks as outline in the Five Year Forward View to include people affected by cancer, particularly for those with cancer and multi-morbidities or social factors and NICE Guidance (NG56)

Contents

Introduction

Section 1

Cancer as a Long Term Condition

- National policy drivers
- Regional policy drivers
- National Cancer Patient Experience Survey
- Quality Outcome Framework

Section 2

Implementing the TCST 4-Point Model

- Cancer Care Review Options Appraisal
- CCR Cost analysis
- Projected cost for implementing 4-Point model
- Evaluation Framework

Section 3

Overview of CCRs by STP:

- NWL STP
- NCL STP
- NEL STP
- SEL STP
- SWLSTP
- West Essex CCG

Section 4

Resources: Sample letters to patients, local incentive schemes, holistic templates, CCR templates, educational resources

Introduction

The Transforming Cancer Service Team for London (TCST) developed a model for cancer as a long term condition which was endorsed in 2015 by:

- London Cancer Clinical Leads Advisory Group
- London Cancer Commissioning Board
- Londonwide Local Medical Committee

The TCST is part of the Healthy London Partnership and this work stream has been designed with NHS England's (London) Primary Care Transformation strategy in mind.

In February 2015, a Task & Finish (T&F) Group was established with a membership of patients, primary and secondary health care professionals from the pan London Living with and Beyond Cancer Board to take cancer as a long term condition work stream forward.

The work stream was project managed by the TCST.

https://www.myhealth.london.nhs.uk/system/files/Cancer%20Care%20Review.pdf

01

Cancer as a Long Term
 Condition

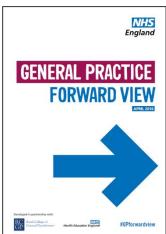
Cancer as a long term condition

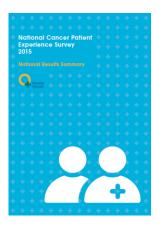
- In the UK, cancer remains the leading cause of mortality (<u>NHSE</u>).
- 1 in 2 people born after 1960 will get cancer sometime in their lifetime (<u>Cancer Research UK</u>).
- In 2015, **209,500 people in London are living with or beyond cancer** (diagnosed any time since 1995, PHE).
- In London and West Essex, its expected around 387,000 people living with and beyond cancer by 2030 (this estimate is based on 2010 prevalence, NCIN).
- Half (50%) of people diagnosed with cancer in England and Wales survive their disease for ten years or more (<u>CRUK</u>).
- Five-year relative survival for cancer is below the European average in England, Wales and Scotland (<u>CRUK</u>).
- 70% of people who have cancer, have at least one other long term condition (Macmillan).
- 25% of individuals had unmet physical and psychological needs at end of treatment (<u>TCST</u>)
- 47% of cancer survivors express a fear of their cancer returning (<u>TCST</u>).
- 15 months after diagnosis, cancer patients have 60% more A&E attendances, 97% more emergency admissions and 50% more contact with their GPs than a comparable group (<u>NuffieldTrust</u>)
- The 2016 National Cancer Experience Survey showed that London based CCGs fall considerably short of the best in England (and lag behind England's average) on questions relating to the support patients received from their GP (NCPES).
 Go back to Contents Page

National policy drivers for cancer as an LTC

NHS Operational Planning and Contracting Guidance 2017-2019 Published by





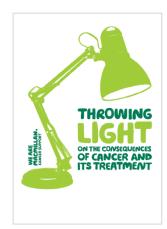


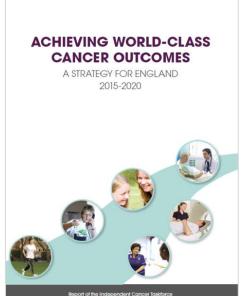
NICE National Institute for

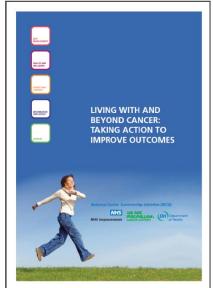


Multimorbidity: clinical assessment and management

NICE guideline Published: 21 September 2016 nice.org.uk/guidance/ng56





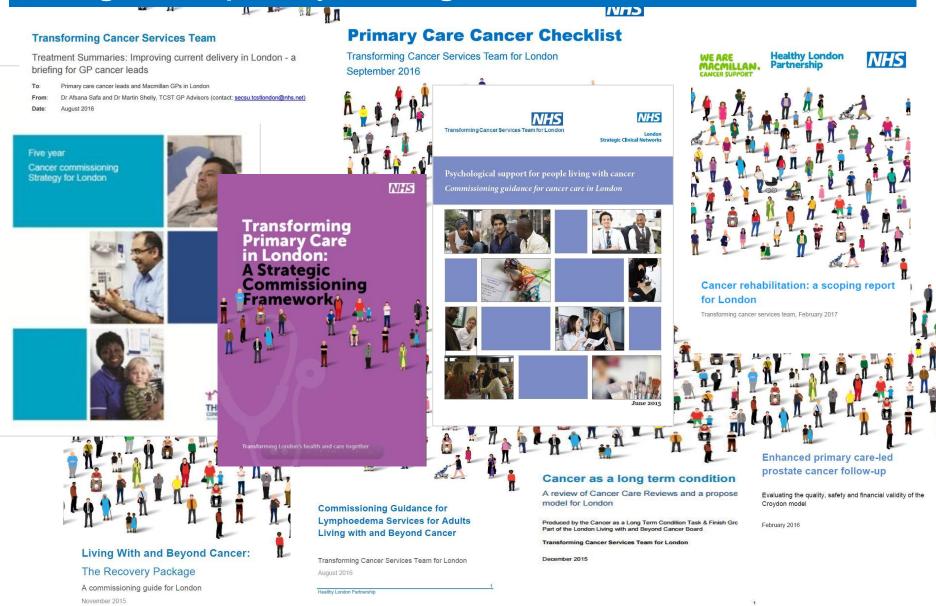








Regional policy and guidance on LWBC



NG56 – Guidelines on multi-morbidity

In 2016, NICE produced new guidelines for the management of patients with multi-morbidity.

Focus on:

- reducing treatment burden
- Reducing unplanned care
- Increase quality of life
- Shared decision making
- Important for patients undergoing cancer treatment or living with the consequences and other LTCs.





Multimorbidity: clinical assessment and management

NICE guideline

Published: 21 September 2016 nice.org.uk/guidance/ng56

National Cancer Experience Survey 2016

84% of patients in London were given clear written information about what they should or should not do after discharge

Only 56% of families or someone close to the patient were given all the information they needed to help care for the patient at home.

93% of patients across London were told who to contact if worried post discharge

National Cancer Patient Experience Survey 2016

NCPES tells us that there is a difference between patient satisfaction of their stay in hospital compared to that of the support provided by primary and community care. Patient satisfaction with support following discharge is even worse. **London continues to fall below the national average**

NCPES 2016 results should only be compared with the results of the 2015 survey, due to major changes to the questions and scoring to the previous surveys.

Q50 Patient definitely given enough support from health or social services during treatment

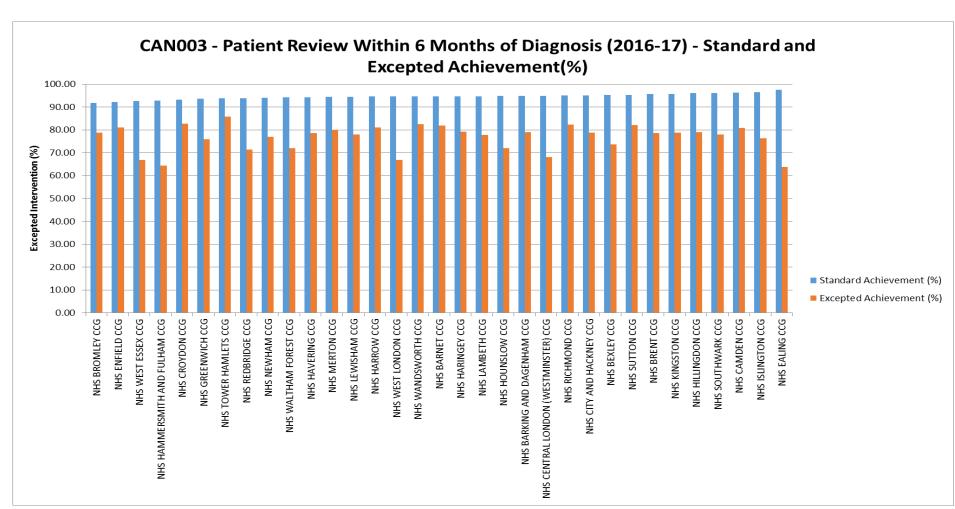


Q51 Patient definitely given enough support from health or social services after treatment



QOF CAN003: Patient Review within 6 months of diagnosis

2016/17 - The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis (with exclusions).



O2 TCST 4-Point model for holistic Cancer Care Reviews

CCRs in practice

The TCST asked a group of GPs from across London how they conduct CCRs:

- 82% of GPs said that they conduct cancer care reviews in practice.
- 74% use the QOF CCR template
- 14% use the Macmillan CCR template
- 12% didn't know what template they used
- 53% conducted review face to face with the patient
- 41% had a mixture of face to face and telephone consultations
- 6% conducted the cancer care reviews without the patient
- 60% of the respondents said they receive a Treatment Summary from secondary care. 24% didn't and 16% of the GPs didn't know if they received the summary
- 33% felt their consultations catered to their holistic needs
- 37% were not holistic in their nature and 30% were not sure
- CCR appointment lengths varied greatly from 2 40 minutes with an average of 10-20 minutes depending on the complexity of the cases

^{* 55} responses with a large majorly from GPs (48 GPs, 1 GP Registrar and 1 Clinical Director). Other responses were from primary care nurses (n=4) and Allied Health Professionals (n=1).

CCRs in practice

A further handful of GPs (15) were opportunistically asked about how they currently conduct CCRs, their understanding of the Review, its purpose and how CCRs can be improved.

- The majority of the feedback outlined that the CCRs are conducted with a GP, face to face or via the telephone. Length of appointment times varied, from a five minute telephone call to twenty minute face to face in the surgery
- Free text questions around the purpose of the cancer care reviews showed that a large majority of the respondents (regardless if they conducted the CCRs) understood that the reviews were to highlight the needs of patients diagnosed with cancer. Interestingly as only 33% felt that their consultations were holistic, this leaves an assumption that the "needs" of the patients were more medical in nature
- Crucially, the survey outlined a need for a standardised and structured template that is not too prescriptive and can be used at a multidisciplinary level

^{*} https://www.myhealth.london.nhs.uk/system/files/Cancer%20Care%20Review.pdf

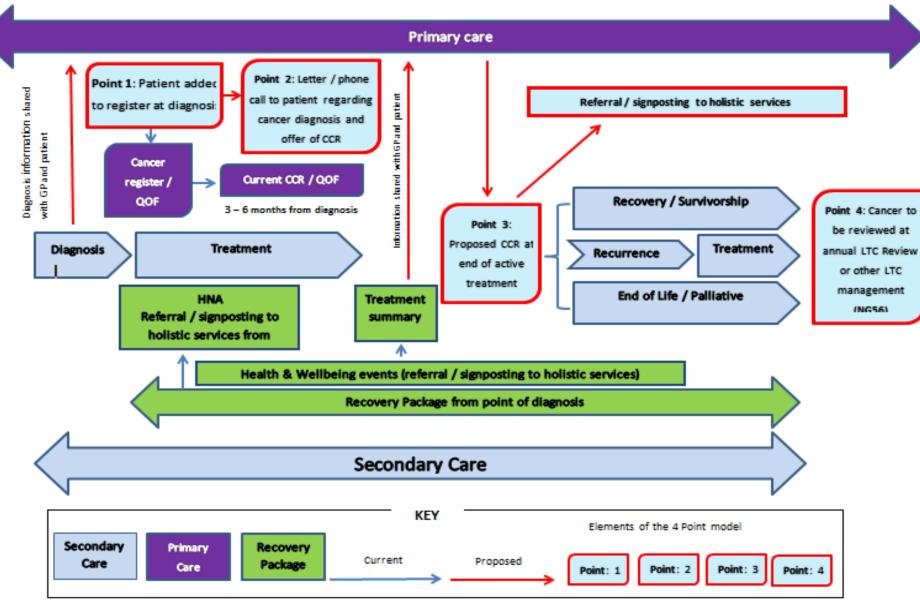
4 -Point model

The aim of the 4 point model is to support people with a diagnosis of cancer to self-manage whilst they have cancer and in the longer term. For some people, they may live with terminal cancer (or they may be in remission) for many years or decades.

Trigger points for the London holistic CCR model are:

- At notification from hospital confirming a new diagnosis (via 2ww, routine outpatient, screening, A&E, other primary care routes, previous diagnosis/recurrence).
- Newly registered patients with cancer diagnosis in last 5 years.
- On receipt of Treatment Summary and /or transfer of care / discharge to community or primary care teams.

4 -Point model



Point 1: Patient added to cancer register (QOF CAN001)

- The purpose of a register in QOF is to define a cohort of patients with a particular condition or risk factor. In some cases, this register then informs other indicators in that disease area.
- QOF registers must not be used as the sole input for the purposes of individual patient care and clinical audit i.e. call and recall of patients for check-ups, treatments etc. There are patients for whom a particular treatment or activity is clinically appropriate but they may not meet the criteria as defined by the QOF register and therefore would not be picked up by a search based solely on the QOF register. As such, although QOF registers can be used to supplement clinical audit, they should be supported by appropriate clinical judgement to define which patients should be reviewed, invited for consultation to ensure patients do not miss out on appropriate and sometimes critical care*.

^{*} http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/faqs-and-queries/qof-faqs

Point 2: 1st intervention: First contact after diagnosis (QOF CAN003)

- Telephone call and/or letter to patient regarding recent diagnosis with invitation for the patient to attend the practice for a chat regarding their diagnosis. This could be completed by GP or practice nurse within six months of diagnosis (i.e. QOF CCR).
- Template letter for primary care is sent to patients who have just received a cancer diagnosis (templates are available from the TCST). The letter is to be tailored with the GP name, oncologist name, name of their key worker (if known), treating hospital; the type of cancer diagnosed and includes an outline of the recovery package that they should be receiving along with the Macmillan Top Ten Tips*.
- Information for patient on what to expect as part of a Recovery Package with a
 prompt to request a key worker and HNA from secondary care if not provided by
 the time of CCR consultation. Pan London HNA to be included for patient and
 family/carer for reflection and reviewed at subsequent CCR. Signposting to local
 support groups should also be included.

^{*} http://www.macmillan.org.uk/_images/what-to-do-after-treatment-guide_tcm9-300403.pdf

Point 3: 2nd intervention: Holistic cancer care review at the end of primary treatment as standard (local incentive scheme, sample available fromTCST)

- Appointment triggered by a date entered into the Cancer Register and/or receipt of Treatment Summary / transfer to primary care.
- Extended consultation conducted by GP or primary care nurse depending on complexity of patients' needs (e.g. double or triple appointments may be required).
- Use of a clinical template for holistic CCR that captures whether the patient had an HNA in secondary care and their information needs (template available from the TCST). Using Treatment Summaries or discharge letters, discuss consequence of treatment (including late effects) and further advice on physical activity, healthy lifestyles, signs and symptoms to be aware of regarding recurrence carer's needs.
- Healthcare professional to use available screening tools to conduct a psychological assessment
- Collection of minimum data for audit
- Professionals to undertake appropriate training modules in living with and beyond cancer. A
 bespoke prospectus of training modules will be available from the TCST.
- Patient and professional experience survey
- Primary care MDT meeting to discuss patients on register outlining care planning actions and review any Significant Event Audits (SEAs) related to recurrence or subsequent primary cancer diagnosed via emergency routes. TCST Primary Care Checklist is available for local use *.

^{*} https://www.healthylondon.org/sites/default/files/Primary%20Care%20Cancer%20Checklist%20-%20ED%20%26%20LWBC_final_0.pdf

Point 4: 3rd intervention: Cancer incorporated and reviewed at an annual LTC Review (QOF generic, long term conditions local incentive scheme, NICE Guidance for Multimorbidity (NG56))

- Annual review may be for a period of time, for example up to five years, or it may be indefinite. It may also only apply to groups patients who have specific needs e.g. multi-morbidities, social risk factors, part of a local integrated care framework.
- The LTC review should include a conversation regarding the person's psycho-social and physical needs re cancer (e.g. preventing recurrence and detecting and/or managing any consequences of treatment), healthy lifestyle advice, as well as any other long term conditions and/or social risk factors that the person may have. Needs of carers should also be taken into account.

Recommendation from pan London Mental Health and Cancer Task & Finish Group, 2017

The following recommendations were received from the Mental Health Task and Finish Group:

"We fully support the practice of holistic wellbeing review in primary care, for people LWBC.

We see the CCRs as a very important conversation, with the potential to achieve multiple objectives: to proactively identify and address issues and needs, strengthen the relationship with primary care providers and guide a patient towards self-management in LWBC. A good conversation, where the patient feels listened to and skilfully guided to use their motivation and experience to self-manage, is the foundation of positive psychological recovery and wellbeing.

To balance thoroughness with patient-centeredness, we would strongly recommend that a CCR start from the patient's perspective. It may be useful for the professional to state that there are some things they will need to talk about, but main interest is the patient's concerns, using questions, such as:

- 'What's the most important thing to talk about today, to help you with your recovery?'
- 'What are your top three issues?'
- 'What are your priorities for your wellbeing at the moment?'

Listening to, exploring and problem-solving these will help re-balance the conversation to the patient's agenda foremost, and convey a clear message that recovery is patient-led. Of course, additional domains on the CCR (e.g. medication review) can also be pursued subsequently where needed."

Options appraisal

A full options appraisal available in the <u>TCST's Business Care for Holistic Cancer</u> Care Reviews

Options are viable in areas where financial incentives are not available.

Payments would be made through QOF and quality assured via Read code/SNOMED audits by the CCG. It would:

- Ensure a standardised approach and reduce variation in the quality of CCRs
- Ensure contact made by primary care with patient is initiated at the most appropriate point, for example once a diagnosis has been confirmed.

Options for full implementation of a holistic CCR at the end of active treatment where funding for an incentive scheme is available would:

- Define cancer as a long term condition within integrated care frameworks (as per NICE Guidance 56)
- Commissions primary care to deliver high quality and holistic Cancer Care Reviews at the time when patients have said they need them most
- Could be achieved as part of a Network / Federation model (under a Networked or Federated schemes) 23

Cost analysis

Funding source	Description	Cost per patient*
QOF payment	The total value of CAN QOF points for 2016/17 was £165.18. Maximum 11 points for CAN001 and CAN003	£165.18
Holistic CCR after active treatment local incentive scheme	Appointment or 'new patient' appointment (10-15 mins) with primary care nurse	*£33.00
	Appointment or 'new patient' appointment (10-15 mins) with GP	*£45.00

^{*}costs for primary care are shown for illustration purposes; subject to change depending on local negotiations. Costs based on advice from Surrey and Sussex LMC, the cost for the appointment excludes phlebotomy as a result of suspected reoccurrence which can be claimed under a phlebotomy LCS.

^{**}costs outlined above include any associated admin costs and outlined as costs per patient per year.

Projected costs for implementing the 4-Point model by STP

Cost of a holistic CCR appointment (after active treatment) in Primary care at £45* per appointment

CCG	1-2 yrs prevalence (number of patients)**	5-10 yrs prevalence (number of patients)**	Total cost 1 -2 yr	Total cost 5- 10 yrs
NCL STP: Islington, Camden, Haringey, Enfield, Barnet	3031	7785	£136,395	£350,325
NEL STP: Waltham Forest, Tower Hamlets, Newham, City & Hackney	1725	4122	£77,625	£185,490
BHR STP: Barking, Havering, Dagenham and Redbridge	1613	4266	£72,585	£191,970
SEL STP: Greenwich, Lewisham, Lambeth, Southwark, Bromley, Bexley	3975	9856	£178,875	£443,520
SWL STP: Croydon, Merton, Sutton, Richmond, Kingston, Wandsworth, Sutton	3343	9616	£150,435	£432,720
NWL STP: Central London, West London, Brent, Harrow, Hillingdon, Hammersmith & Fulham, Hounslow, Ealing	4589	11254	£206,505	£506,430
West Essex (part of Essex STP)	966	1598	£43,470	£102,870
Total	19242	49185	£865,890	£2,213,325

^{*}costs for primary care are shown for illustration purposes; these may change depending on local negotiations

^{**}Source: Data extracted from Cancer Analysis System (CAS), March 2017. Produced in partnership by Transforming Cancer Services Team(TCST) London and the National Cancer Analysis and Registration Service (NCRAS)

Evaluation framework

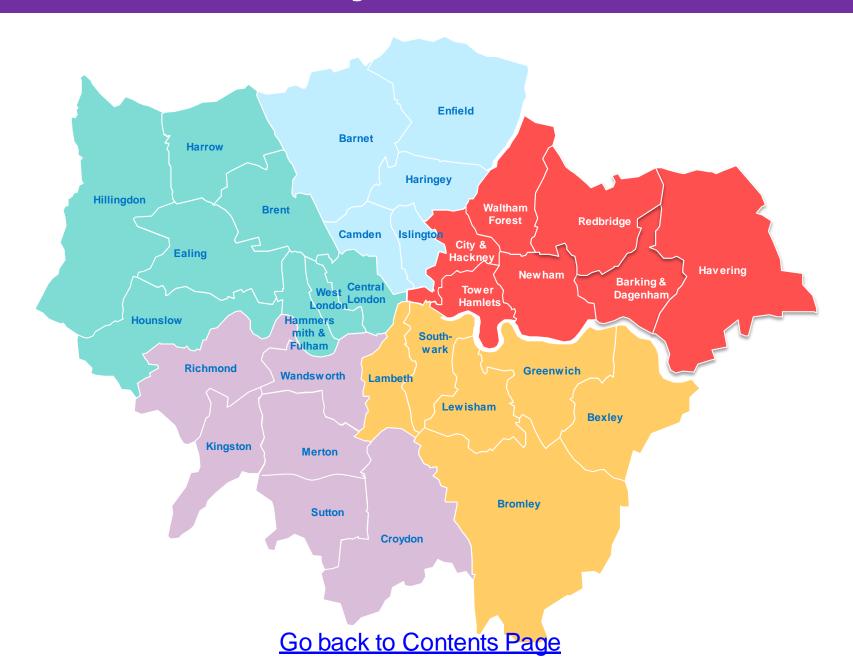
Evaluation Objective	Measure	Measurement Tools / data collection
Patient Experience	To assess patient experiences of CCR and assess any quality improvements made by the primary care interventions (offer of support throughout treatment, offer of support to families and carers or signposting to relevant support services). NCPES question: "Patient that reported that their GP and nurses at their general practice supported them through treatment" http://www.ncpes.co.uk/reports/2016-reports	Patient survey after CCR appointment (collected either end of QOF CCR) or at on completion of the Holistic CCR at the end of active treatment. Key NCPES related to support from primary care
Clinical Quality and Safety	Patients added to cancer register (QOF) Number of patients offered CCR at end of active treatment. Significant Event Analysis Safety netting	Cancer Register to capture all patients that received a cancer diagnosis. Read Code audit Any SEAs recorded CCG benchmarking against national cancer registry data CAN001

Evaluation Framework

Evaluation Objective	Measure	Measurement Tools / data collection
Clinician Experience	To test the tools developed for the project that promote holistic follow up of patients. To assess if the education needs of GPs and Practice nurses are addressed through the CCG educational resources/sessions and online resources. To test viability of primary care nurses to carry out holistic reviews as part of long term conditions management. To assess clinicians' experience of the pathway and identify any further development or education needs. Baseline of CCR	Measured through clinician survey. Assessed through the clinician survey, semi structured interviews, training needs assessments and feedback from practice visits.
Activity, Finance and Transferability	Number of patients that received a CCR at point of diagnosis. Number of patients that received a holistic CCR at end of active treatment. Increase National Cancer Experience Survey (NCPES) scores relating to support from primary care.	Measured by the data coming back from the practices via the LCS reporting templates and or QOF data.

O3 Overview of CCRs by London STPs

Overview of CCRs by STP



North West London STP

STP overview: All NWL practices participate in QOF CAN001 and CAN003. Discussions in place to implement the 4-Point Model

Critical factors: Holistic CCRs not included in STP plan. Further role out of 4-Point model pending STP funding. TCST Business case utilized by STP.

Opportunities: A bespoke London S1 template based on 4-Point model template developed by NWL to enable delivery. Quality improvement project incorporating Points 1 and 2 and the aligning Point 4 to integrated care.

No LCS across STP Macmillan and QOF templates used for QOF Bespoke S1 template in development







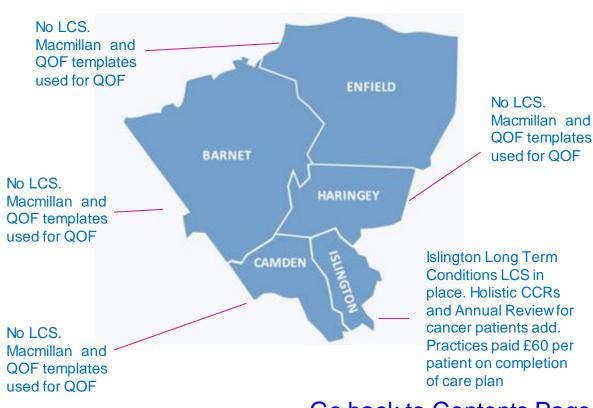
Go back to Contents Page

North Central London STP

STP overview: All NCL practices participate in QOF CAN001 and CAN003. London Cancer Template being piloted across NCL and NEL practices.

Critical factors: Holistic CCRs not included in STP plan

Opportunities: Quality improvement project incorporating Points 1 and 2 and the aligning NWL primary care SFU pathway to Point 4.



Linked local strategies



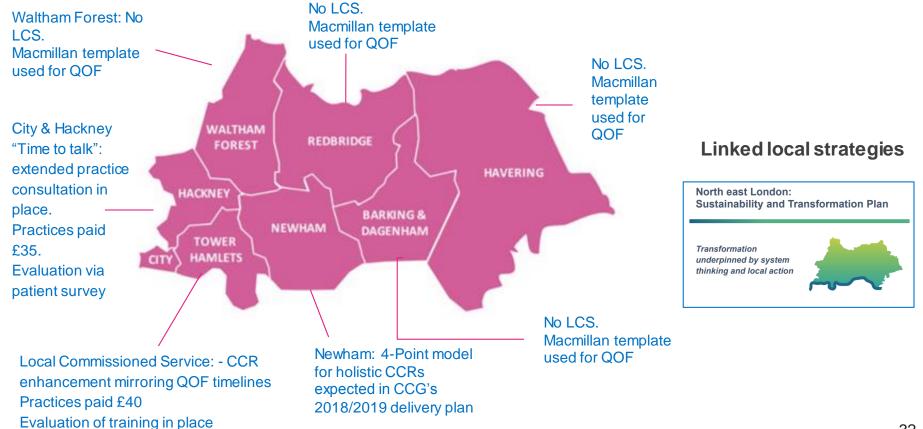
Go back to Contents Page

North East London STP

STP overview: All practices, excluding those in Tower Hamlets, participate in QOF CAN001 and CAN003. Discussions in place to implement the 4-Point Model.

Critical factors: Holistic CCRs not included in STP plan

Opportunities: Quality improvement project incorporating Points 1 and 2 and the aligning Point 4 to integrated care.



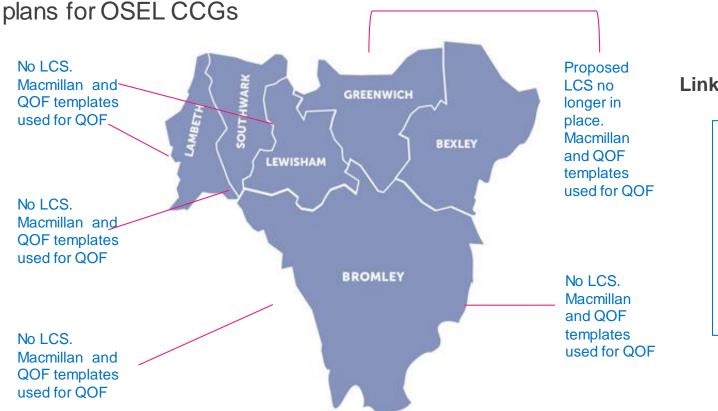
Go back to Contents Page

South East London STP

STP overview: All SEL practices participate in QOF CAN001 and CAN003.

Critical factors: Holistic CCRs not included in STP plan

Opportunities: Quality improvement project incorporating Points 1 and 2 and the aligning Point 4 to integrated care. Discussion in place for inclusion of 18/19 work





South West London STP

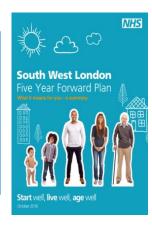
STP overview: All SWL practices participate in QOF CAN001 and CAN003. Discussions in place to implement the 4-Point Model.

Critical factors: Holistic CCRs are included in STP plan. Further role out of 4-Point model pending funding arrangements. TCST Business case/Spec utilized by STP.

Opportunities:. Quality improvement project incorporating Points 1 and 2 and the aligning SWL's primary care SFU pathway to Point 4.







West Essex CCG

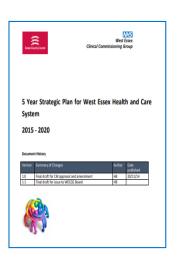
STP overview: All West Essex practices participate in QOF CAN001 and CAN003. Discussions in place to implement the 4-Point Model.

Critical factors: Holistic CCRs are included in CCG plan. TCST Business case/Spec utilized by STP.

Opportunities: A bespoke London S1 template based on 4-Point model template developed by NWL to enable delivery. Quality improvement project incorporating Points 1 and 2 and the aligning Point 4 to integrated care.

No LCS.
Macmillan template used for QOF.
Pan London S1 enhanced CCR template in development to support CCRs at the end of active treatment.





04

Resources:

- Sample patient letters
- Local incentive schemes
- Holistic templates
- CCR templates
- Educational resources

Section 4: Resources for implementation



Transforming Cancer Services Team for London

MACMILLAN.

CANCER SUPPORT

NHS

Transforming primary care for people living with and beyond cancer

Educational slide pack for primary care trainers 2018



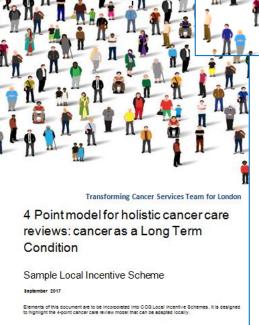
Cancer as a long term condition

A review of Cancer Care Reviews and a proposed model for London

Produced by the Cancer as a Long Term Condition Task & Finish Group Part of the London Living with and Beyond Cancer Board

Transforming Cancer Services Team for London

December 2015



Evaluation tool:

- Patient surveys
- Clinician surveys
- Read coded datasets
- Safety netting

Links to Resources

- Cancer as a long term conditions case for change: https://www.healthylondon.org/resource/cancer-long-term-condition/
- Template Business Case and sample LCS and patient letters: https://www.healthylondon.org/resource/cancer-care-reviews-template-business-case
- Treatment summaries: https://www.healthylondon.org/resource/treatment-summaries-cancer-patients/
- Primary Care Cancer Checklist: <u>https://www.healthylondon.org/resource/primary-care-cancer-checklist/</u>

Introduction to CCR Templates

- Several CCGs across London have developed local CCR templates.
- The following appendices include screenshots of templates in use.
- Where templates are not included below, the national QOF template and Macmillan template are being used.

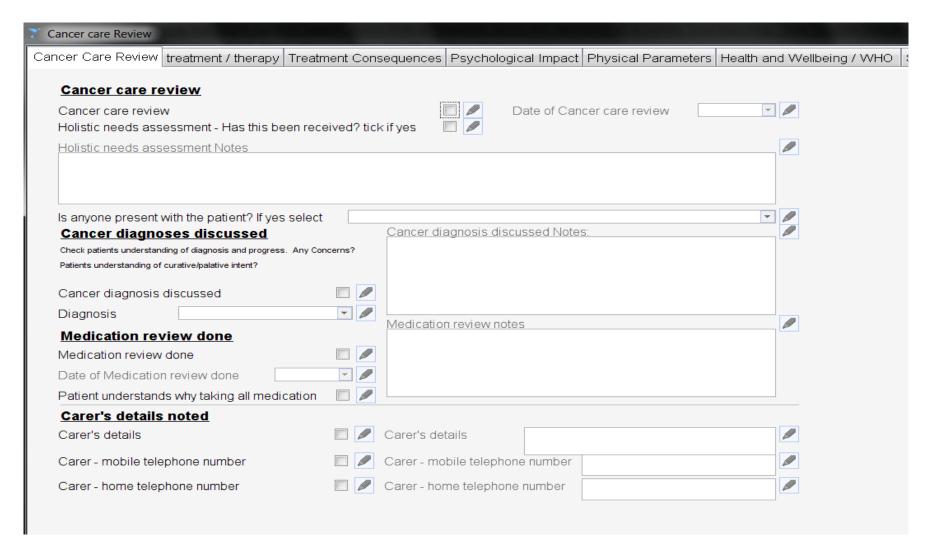
Templates:

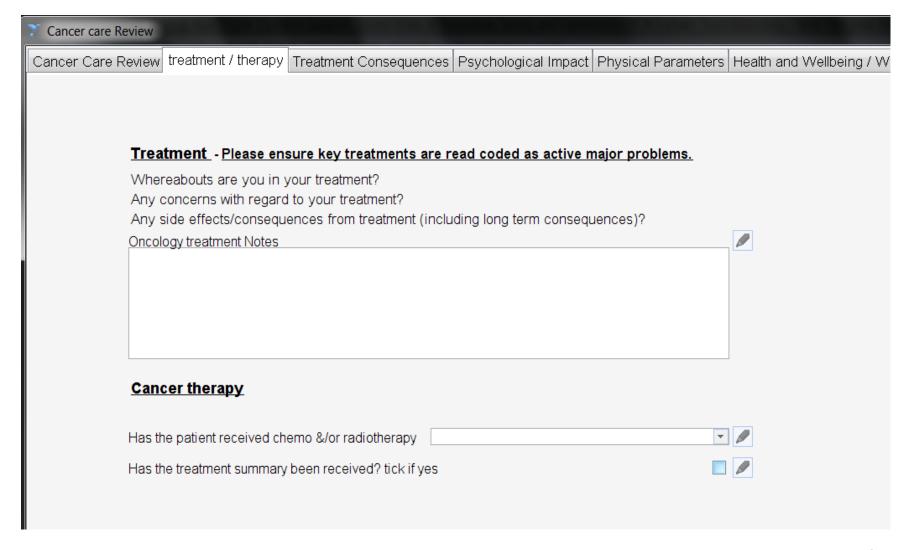
- TCST Pan London S1 template
- Islington
- Tower Hamlets
- City & Hackney
- Lewisham
- Wandsworth
- Greenwich
- London Cancer
- Macmillan
- Nottingham CCG (proposed national CCR template for S1)

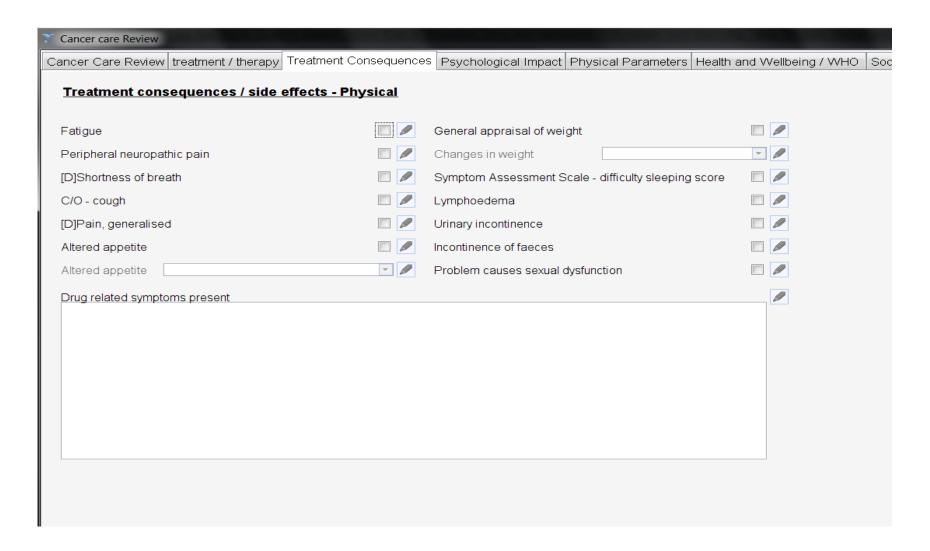
TCST recommended template for SystmOne

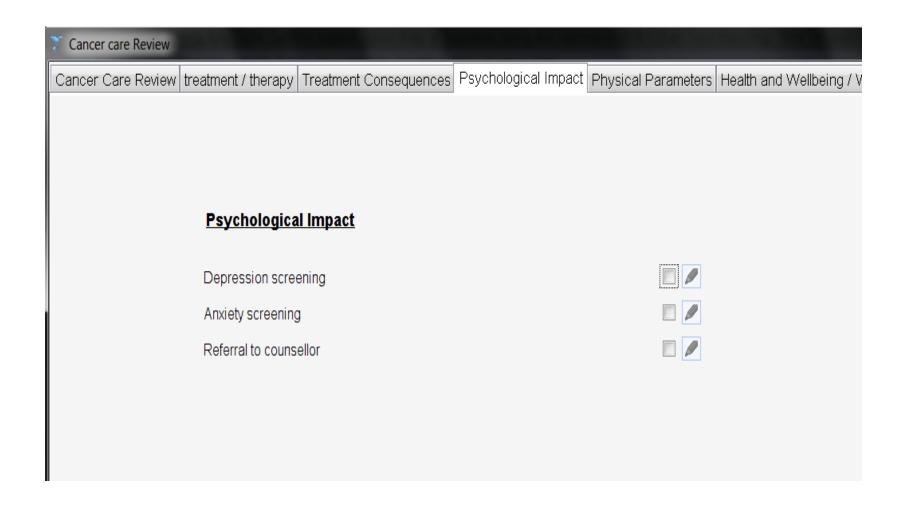
This content has been produced by the Transforming Cancer Services Team in consultation with primary care, Macmillan and patients (2015) to support practices in offering a holistic cancer care review particularly around the end of primary treatment

- Discussion and advice on any physical, practical, emotional, spiritual, social or lifestyle concerns raised in the assessment
- Signposting to either local or national support groups
- Information about Health and Wellbeing Clinics, education events or self management courses as available in the local area
- Referral to allied healthcare professionals for support if required
- Advice related to lifestyle e.g. stop smoking services
- Information or referral to an appropriate physical activity programme
- Information or referral for advice on diet and nutrition
- Referral for counselling or psychological support
- Support related to work and finance concerns
- Support for spiritual needs

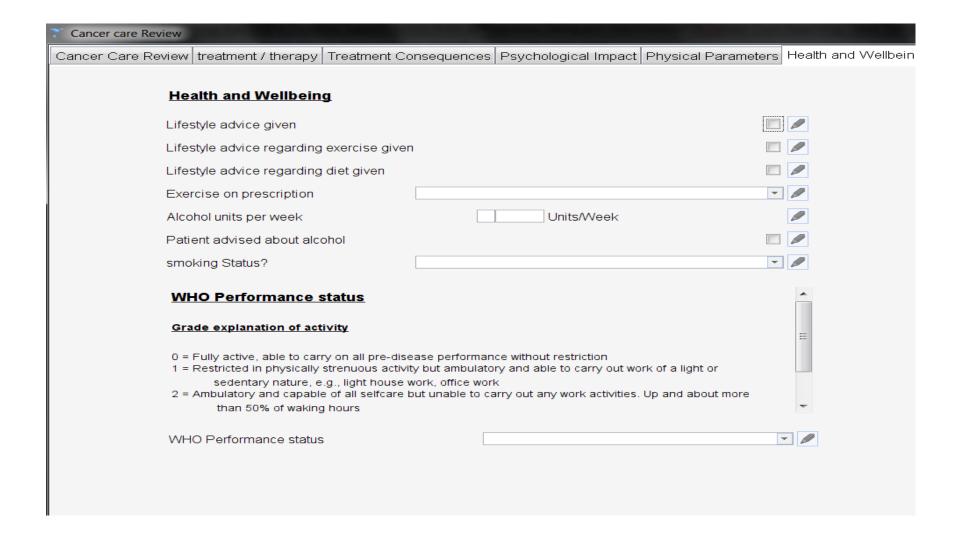




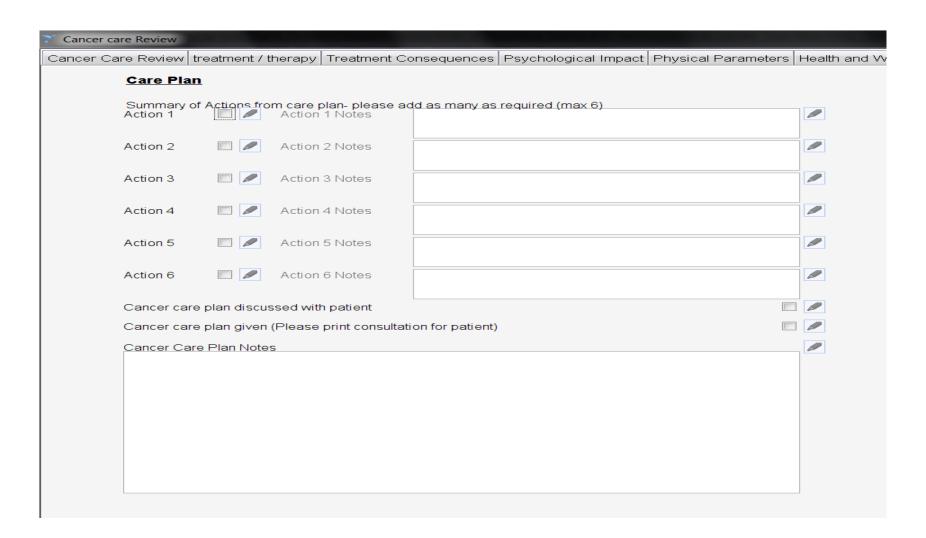


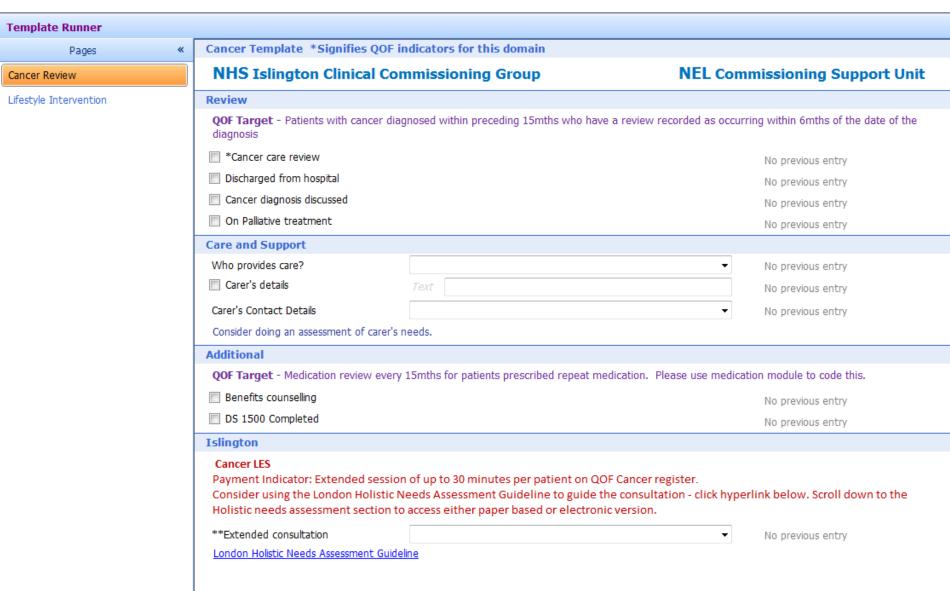


Cancer care Review				47 (1904)
Cancer Care Review	treatment / therapy	Treatment Consequences	Psychological Impact	Physical Parameters H
	Physical Par	<u>rameters</u>		
	O/E - Systolic B	P reading	mmHg	
	O/E - Diastolic I	BP reading	mmHg	
	O/E - height		m	
	O/E - weight		Kg	
	BMI		Kg/m²	
Date of Body mass index - observation		<u> </u>		



Cancer care Review			3100000
Cancer Care Review treatment / th	erapy Treatment Consequences Psy	ychological Impact	Physical Parameters
	<u>Social</u>		
	Benefits counselling		
	DS1500 Disability living allowance rep	port discussed	
	Fitness for work		
	Advice relating to information and org	anisations	
	Referral to Social Services		





Go back to Contents Page

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Pages	« Smoking				
Cancer Review	*Smoking Status	•	No previous entry		
Lifestyle Intervention	User of electronic cigarette		No previous entry		
Enabelia Incarrancion	Chews tobacco	g/week	No previous entry		
	*Stopped smoking	22-Feb-2016	No previous entry		
	Cessation Readiness	▼	No previous entry		
	QOF Indicator: Smokers need either 'Offer of support' or 'Pharmacological Treatment' or a Prescription of Nicotine, Varencline or Bupropion in the previous 24 mths.				
	*Smoking cessation advice		No previous entry		
	*Offer Support	_	No previous entry		
	**Follow up by smoking cessation team	v	No previous entry		
	*Offer of Treatment	_	No previous entry		
	Diet and Exercise				
	Patient advised re diet		No previous entry		
	Brief intervention for physical activity completed	Text	No previous entry		
	NH EPCS only:				
	Patient advised re exercise		No previous entry		
	**Referral for Exercise	•	No previous entry		
Obesity Monitoring					
	O/E - weight	kg	No previous entry		
	O/E - height	cm	No previous entry		
	Body Mass Index	Calculate	No previous entry		
	Waist circumference	cm	No previous entry		
		22-Feb-2016			
		Text Changed?			
	Advice given about weight management	Text	No previous entry		
	Referral for Weight Management	▼	No previous entry		

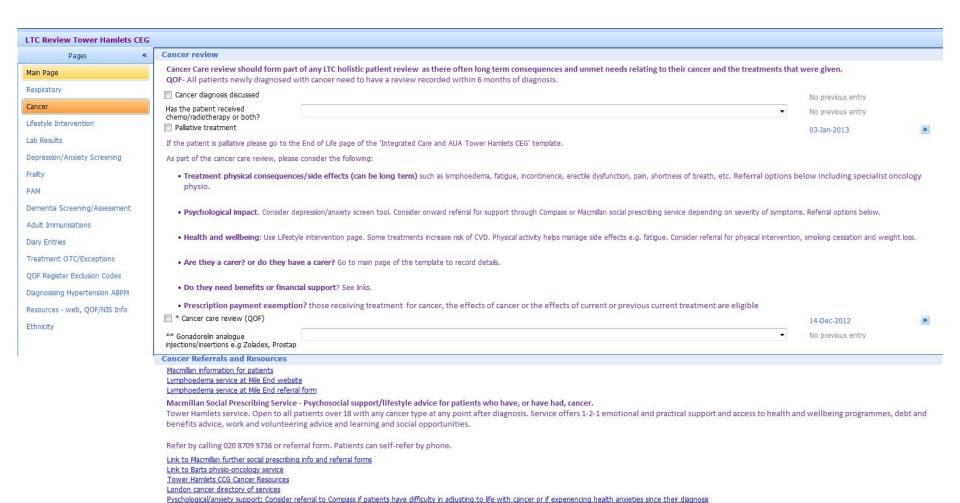
Cancer Review Alcohol Screening Lifestyle Intervention Alcohol consumption U/week 04-Nov-2009 **0 U/week** Click here for document - on alcohol units, audit C and Audit questions Audit C Questions Q1. How often do you have a drink containing alcohol? Never Monthly or less 2 - 4 times a month 2 - 3 times a week 4+ times a week Q2. How many units of alcohol do you drink on a typical day when you are drinking? 1 - 2 3 - 4 5 - 6 7 - 9 Q3. How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? Less than monthly Monthly 3 Weekly Daily or almost daily **AUDIT C Score <u>/12</u> No previous entry 5+ indicates increasing or high risk drinking. Total score of 5 or above is AUDIT C positive. If Audit C postivie you should complete the Full AUDIT. AUDIT /40 No previous entry Payment Indicator: Full AUDIT for appropriate patients. Alcohol risk status No previous entry Do a brief intervention if AUDIT score is 8 or above. Brief Intervention No previous entry Alcohol leaflet given No previous entry NH EPCS only:

No previous entry

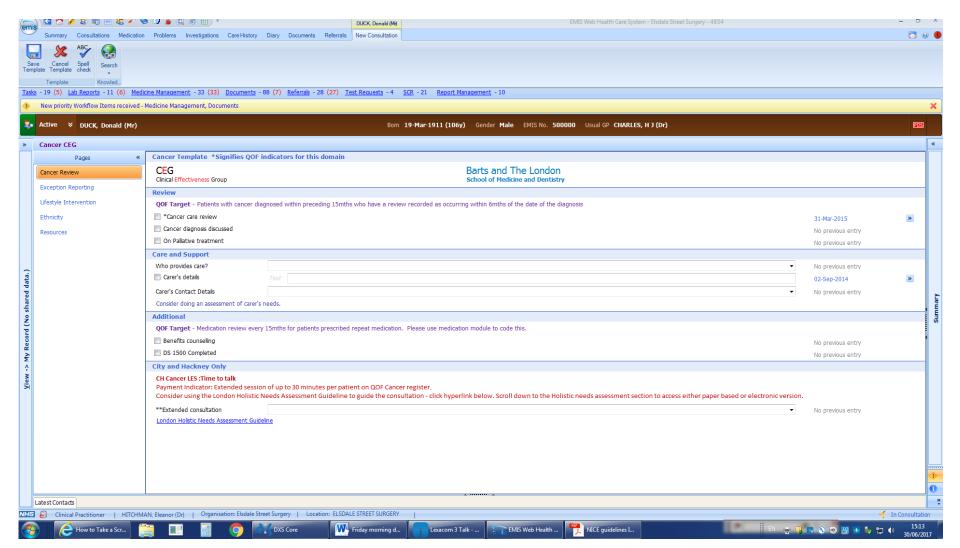
Alcohol advice given

Further Intervention for Alcohol					
Patients scoring 8+ on AUDIT C (high risk) or 16+ on full AUDIT - consider referral to an alcohol specialist service. TH: THCAT or Lifeline Young Person's service for under 24 year olds.					
Referral to specialist alcohol treatment service	No previous entry				
Under care of community alcohol team	No previous entry				
Useful Agencies: A.A. 020 7833 0022 (daily 10am to 10pm) Al. Anon Family Groups 020 7403 0888					
Click for link to alcohol learning centre Click for link to Drinkaware					

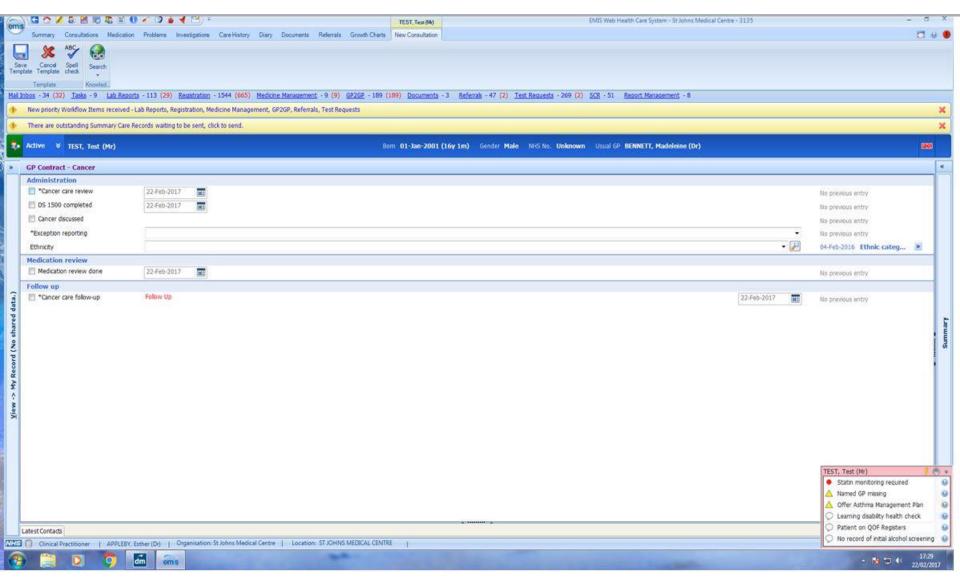
Tower Hamlets



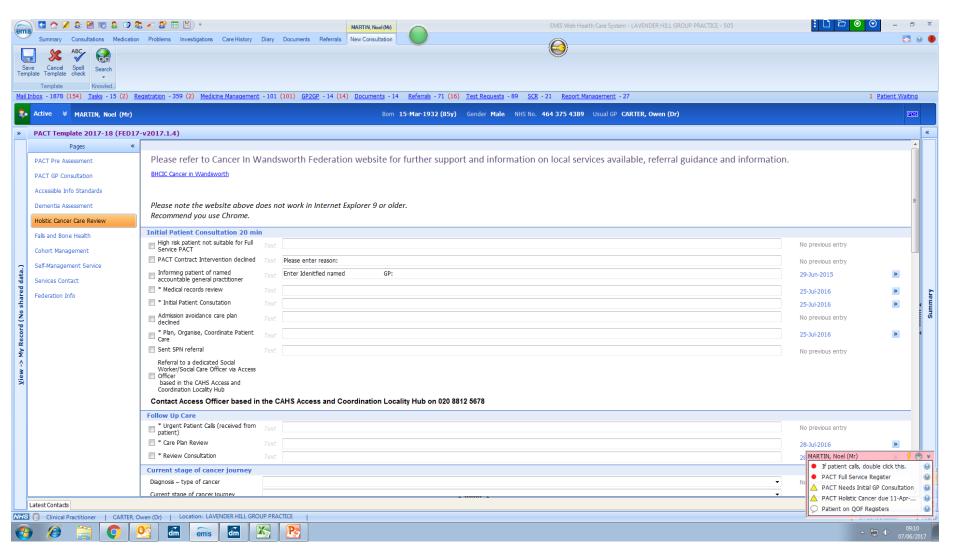
City and Hackney



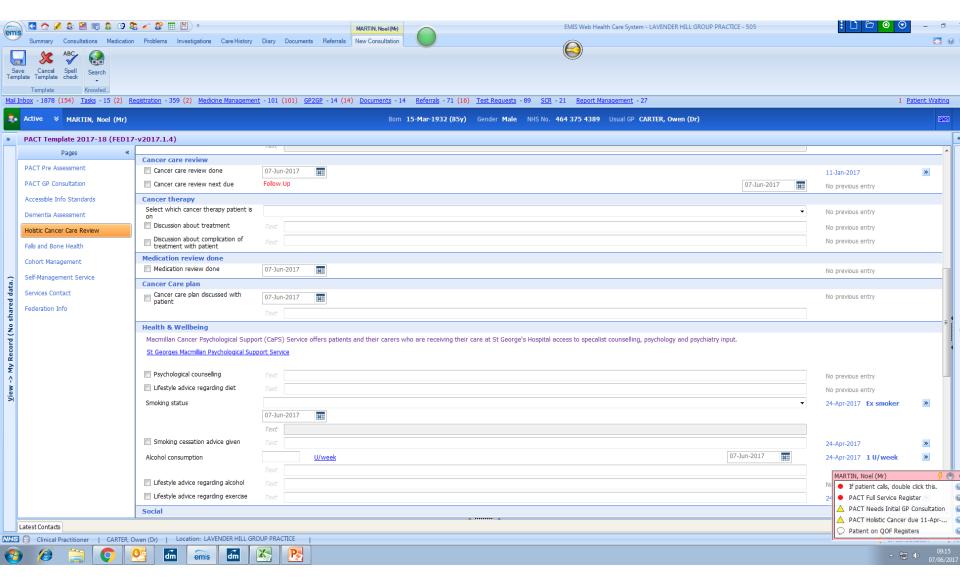
Lewisham



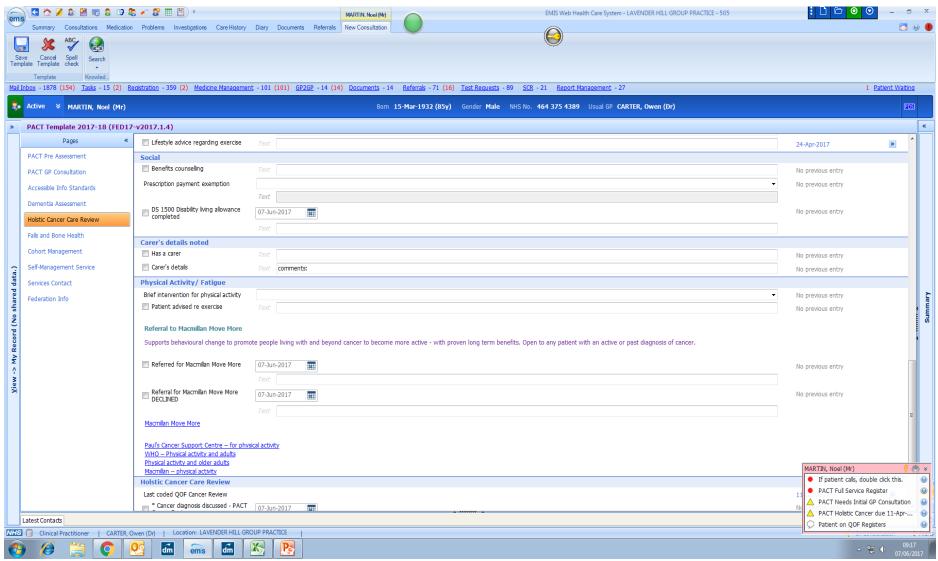
Wandsworth



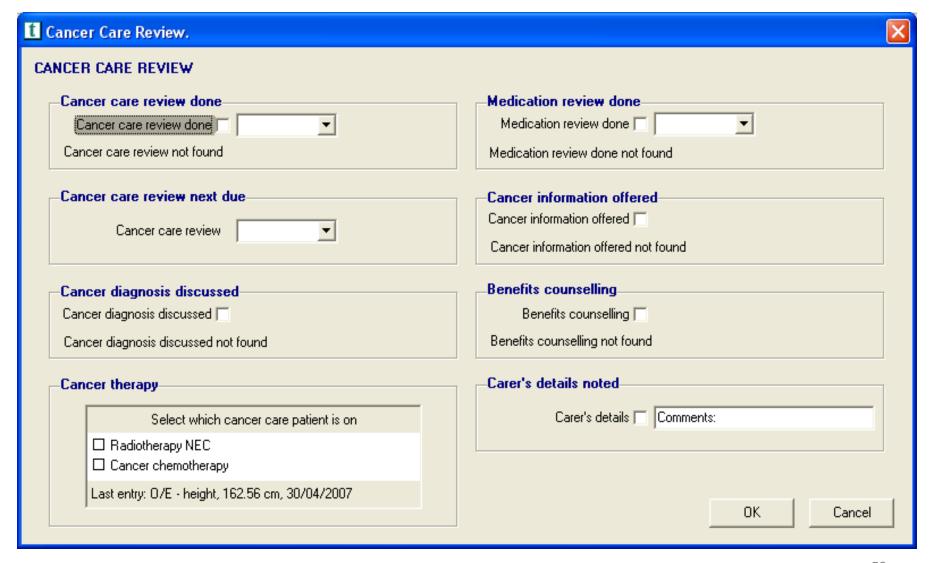
Wandsworth

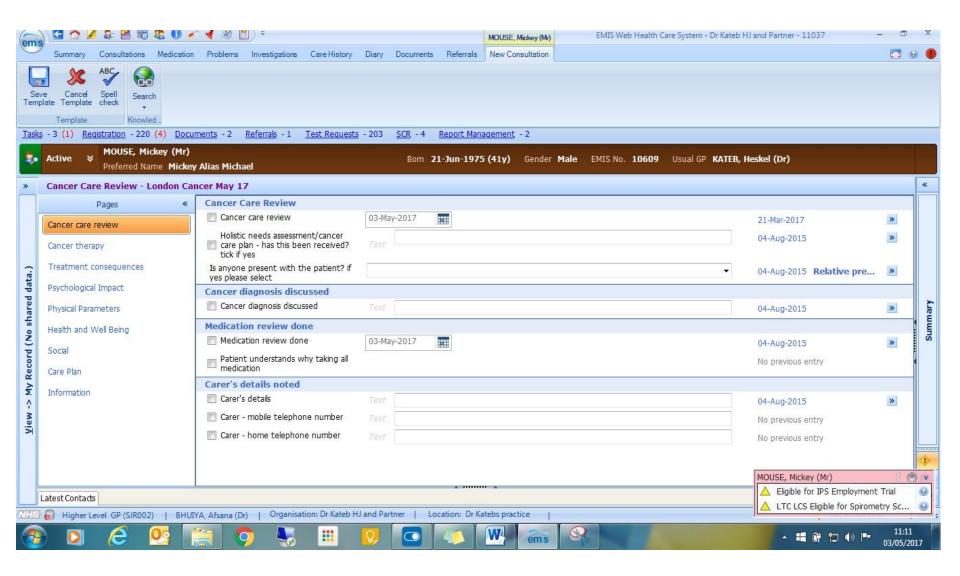


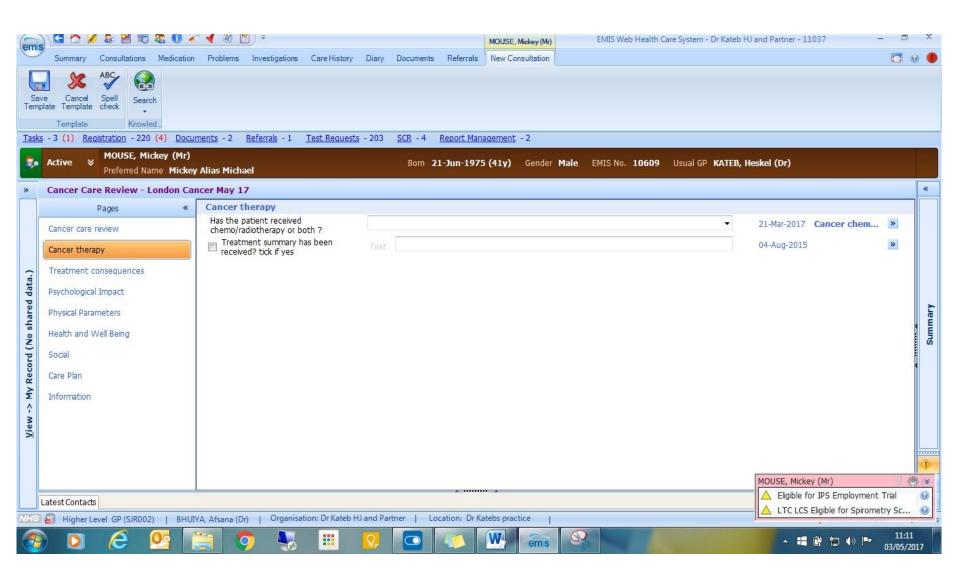
Wandsworth

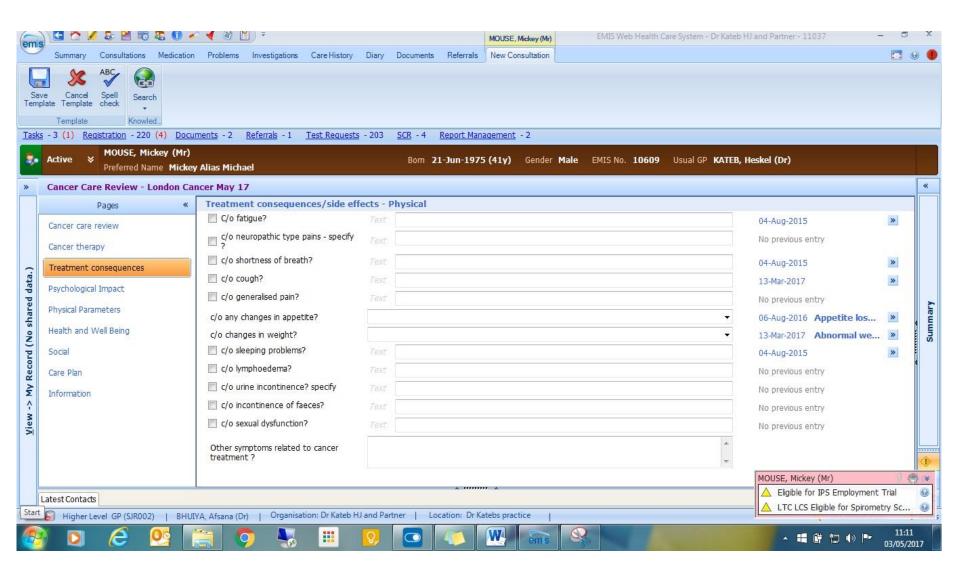


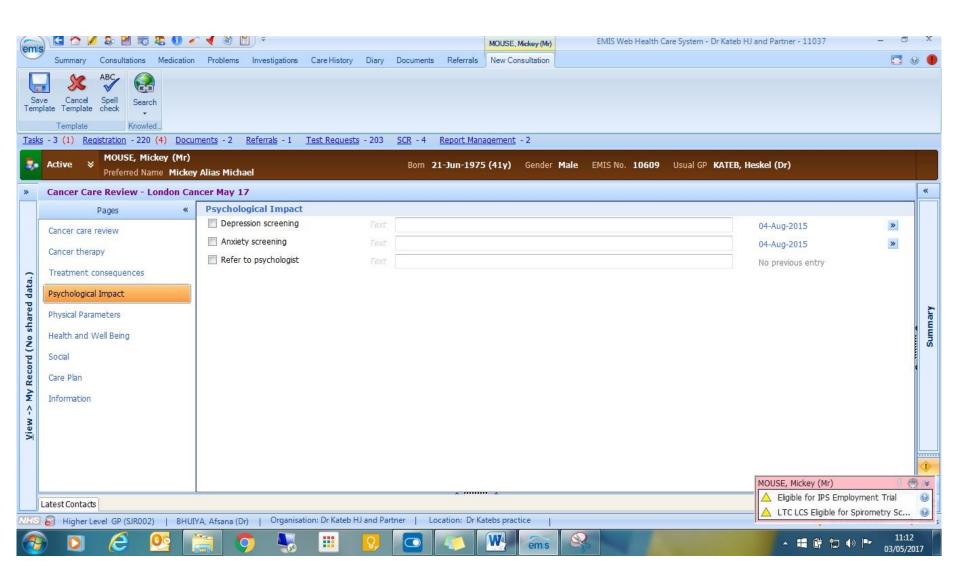
QOF

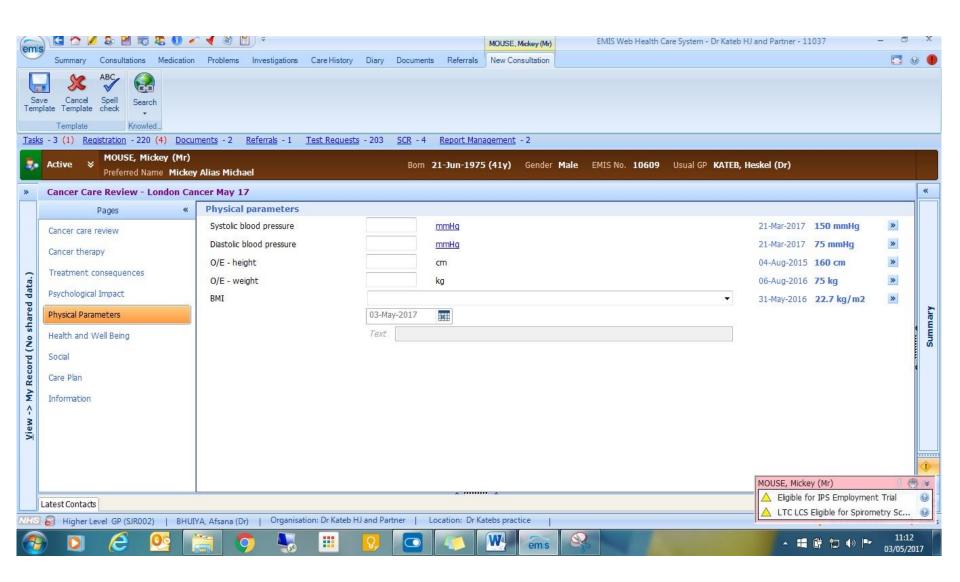


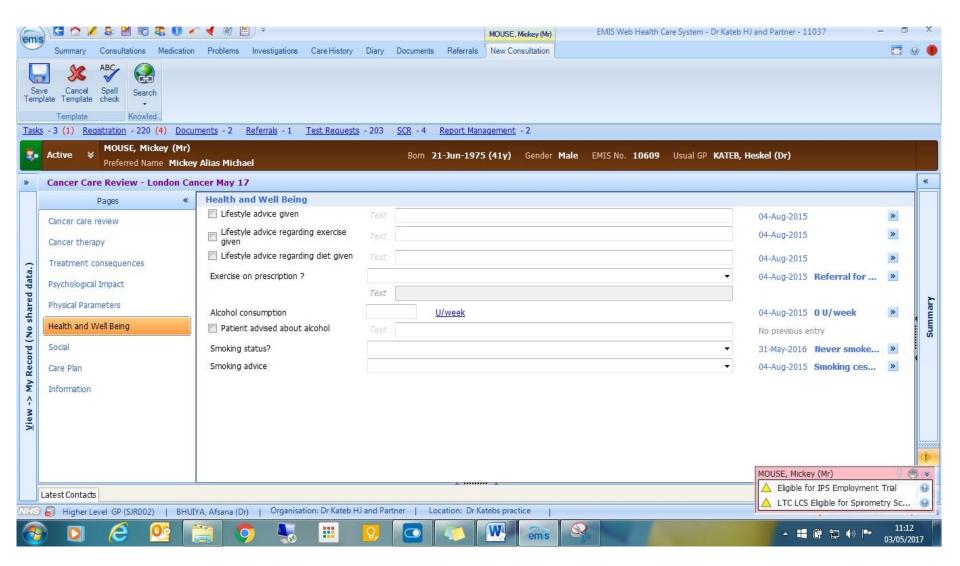


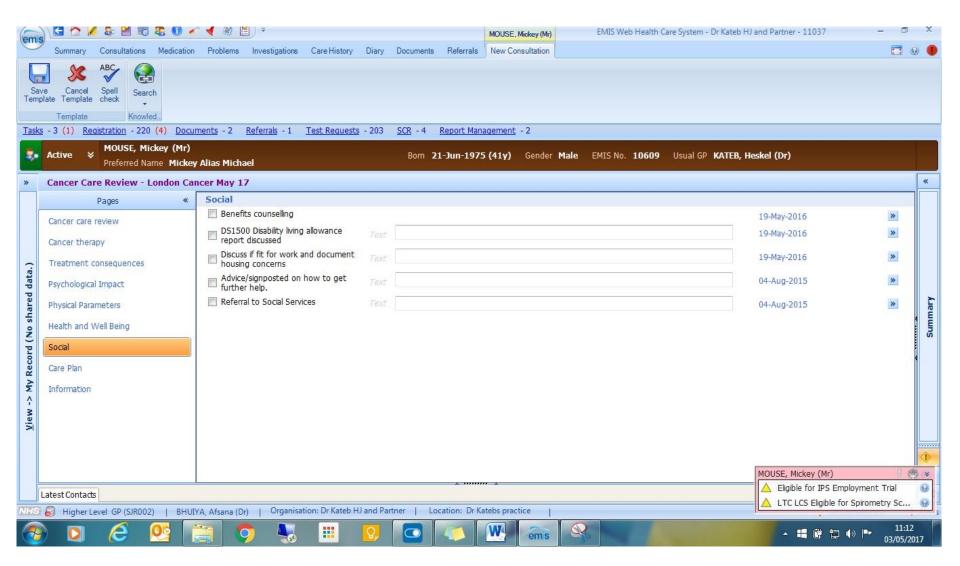


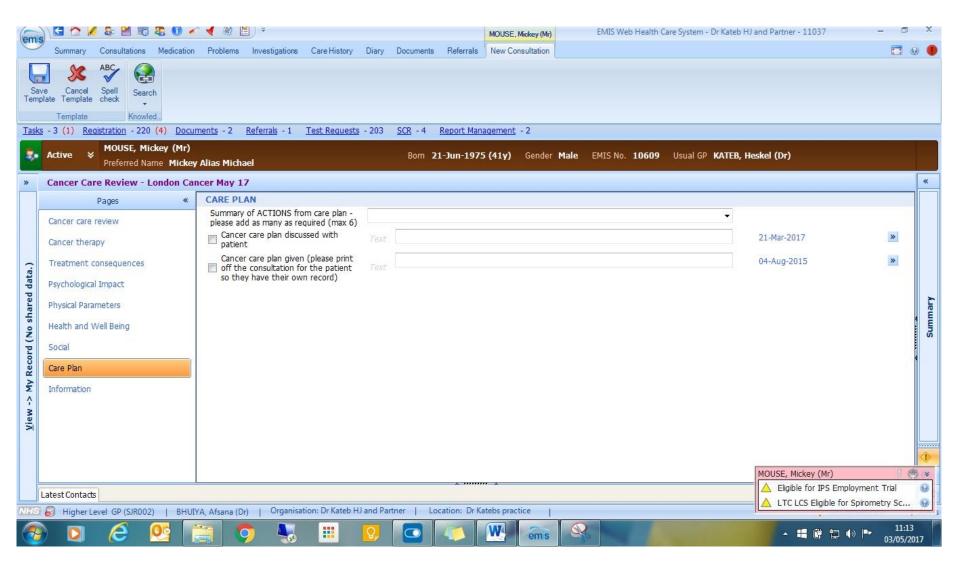


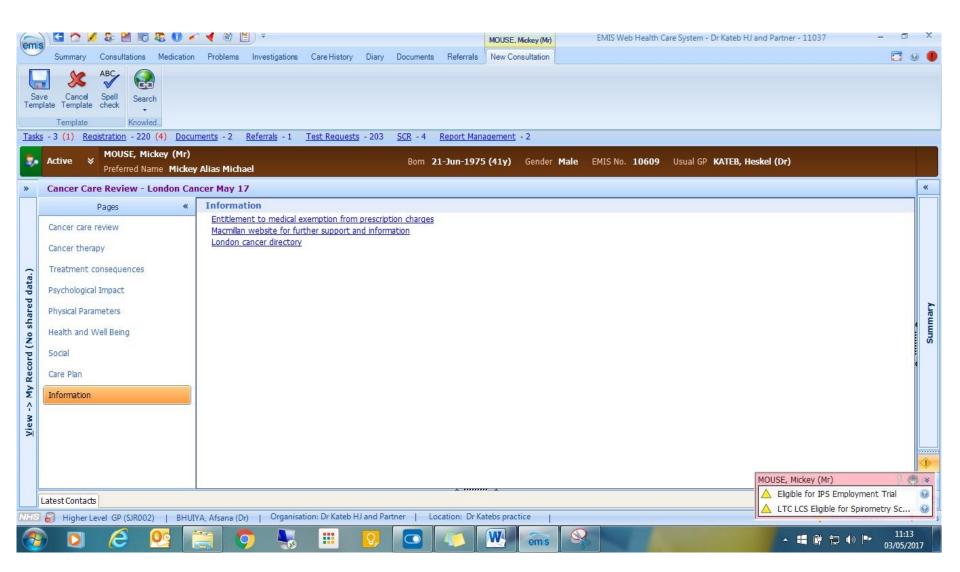




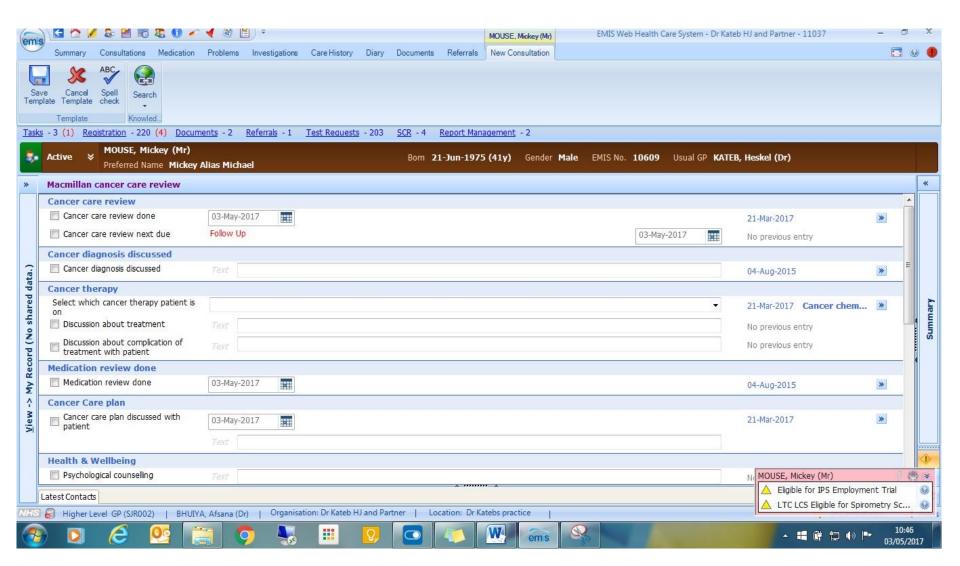




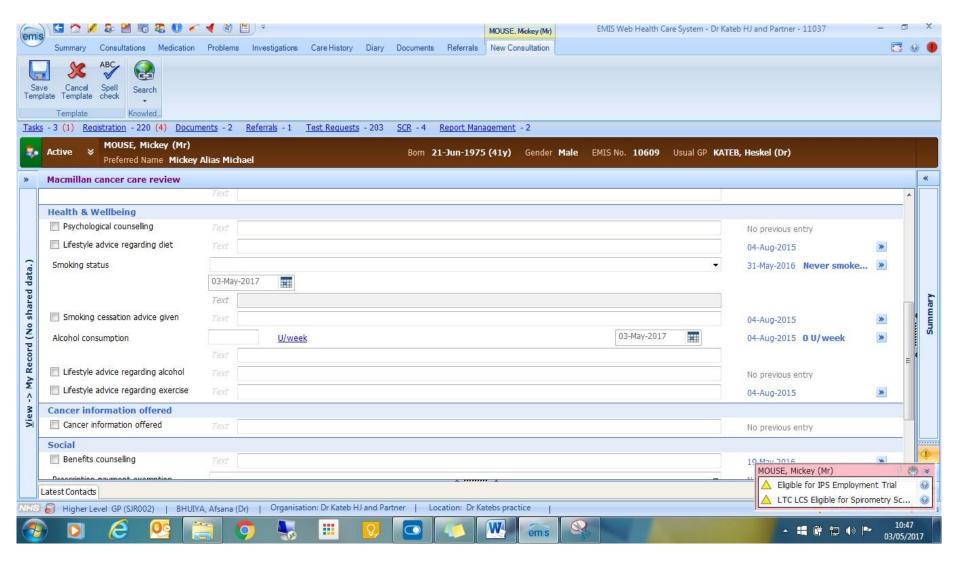




Macmillan



Macmillan



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