<table>
<thead>
<tr>
<th>Time</th>
<th>Subject</th>
<th>Speaker</th>
</tr>
</thead>
</table>
| 14.00 - 14.15 | Welcome  
Setting the scene-Macmillan Headlines, Croydon Priorities and the ‘Recovery Package’ | Dr Jaimin Patel,  
Croydon Macmillan GP |
| 14:15-14:25 | e-RS 2WR update                                                        | Sarita Oedera- CUH Cancer Ops Manager                                                     |
| 14.25-14:50 | Update on CUH Treatment Summaries and HNAs.  
What do GPs need to perform a meaningful Cancer Care review.?  
New Lower GI Cancer Triage | Dr Nicola Beech  
Acute Oncology Service at CHS NHS Trust                                                        |
| 14:50-15:00 | CRUK - Bowel Screening in Croydon                                      | Cate Barlow, Razina Munim from CRUK Karen Gray  
SGH Bowel Screening Hub                                                                      |
| 15.00 - 15.25 | Early Diagnosis Initiatives                                             | Dr Sanjay Gupta - Head of Cancer                                                          |
| 15:25-15:40 | COFFEE                                                                  |                                                                                             |
| 15.40 – 16.20 | Croydon Breast Unit:  
How do we deliver our high quality cancer care? | Mr Wail Al- Zarkabi - Head of Cancer &  
Miss Sarah Horn  
CUH Breast Surgeons |
| 16.20 – 17:00 | Gynae-Oncology  
How can we improve the Cancer Journey? | Mr Vivek Nama  
Head of Gynae-Oncology |
Introducing Macmillan GP’s

- Dr Jaimin Patel
- Macmillan GP
LOCAL CANCER STATISTICS

Find CCG (Clinical Commissioning Group)
NHS Croydon CCG

Find cancer type (see list of cancer types)
All Cancers

Filter by one or both options. If you filter by cancer type, data availability may be restricted.

Update

Prevalence

At the end of 2010 around 9,110 people were living up to 20 years after a cancer diagnosis. This could rise to an estimated 17,700 by 2030.

Incidence

Between 2010 and 2014 there was an average of 594 new cancer diagnoses for every 100,000 people per year. This is lower than the England average of 612.

Mortality

Between 2010 and 2014 an average of 260 people in every 100,000 died from cancer each year. This is lower than the England average of 287.
The MacMillan Cancer Story is Changing

• Why is it so important we invest in research into cancer patients and cancer care services?
• The story of cancer is changing. People with cancer are living longer after their diagnosis than they did 40 years ago. Cancer is increasingly about living with cancer, and there are many people experiencing issues that require support several years after an initial diagnosis and treatment.

The cancer population

• The population of people living with cancer in the UK is continuing to rise. Macmillan is at the forefront in understanding the cancer population and their needs.

Experience and outcomes

• Everyone diagnosed with cancer should be treated with dignity and respect throughout their cancer journey. We carry out research and analysis so we can understand how patients feel about their care, what’s working and what could be done better.

Health economics

• Efficiency savings in the NHS coupled with a growing cancer population mean increased pressure on health services. In light of these challenges, it’s really important to demonstrate value. To show that service solutions are both cost effective and maximise outcomes for people affected by cancer.

Effective service solutions

• Macmillan is here to help everyone affected by cancer. We know that health and social care provision across the UK needs to change to support the growing demand. At Macmillan, we work with health and social care organisations to provide solutions to support people with cancer to ensure that no one faces cancer alone.
Macmillan GP

A full time GP is likely to see only 6-8 new cancer diagnoses a year, yet they will see many patients with signs or symptoms that could be cancer. In light of this challenge, tools and guidance are needed to aid recognition that cancer is a possible diagnosis, particularly when patients present with multiple vague symptoms, despite an absence of ‘red-flag’ symptoms that suggest more advanced disease.

Since NG12 in 2016 USC 10.4% more referrals,

early diagnosis up to 0.7%

“New Cases, 2015

Deaths from Cancer, 2014

Survival for 10+ years

Preventable cases of Cancer
HELP US TACKLE CANCER IN CROYDON NORTH

This data refers to:
CCG: NHS Croydon
Local Authority (LA): Croydon
NHS Trust: Croydon Health Services NHS Trust
Cancer Alliance: National Cancer Vanguard: North West and South West London

We have chosen data most relevant to your constituency.
The following CCGs cover your area: NHS Croydon

Delivery of the cancer strategy has the potential to improve outcomes and experience for thousands of patients across England. Progress has been made in the last two years, but we won’t achieve world class cancer outcomes for patients if we do not reduce the demand on the NHS caused by preventable risk factors like smoking and obesity and address shortages in the diagnostic workforce.

Preventing more cancers

More than 4 in 10 cancer cases in the UK could be prevented. Smoking is the largest single preventable cause of cancer in the UK.
Excess bodyweight is the second biggest preventable cause of cancer in the UK. Obese children are around five times more likely to be obese adults.

Cancer screening

The UK has three screening programmes (bowel, breast and cervical). Screening remains one of the best ways to diagnose cancer earlier. Our ambition is for 75% of eligible people to take part in bowel screening by 2020.

Smoking

The percentage of adults smoking cigarettes in this LA (33.3%) is similar to the England average (34.5%).

ACTION: Write to the Chief Secretary to the Treasury asking how the Tobacco Control Plan for England will be funded.

Childhood obesity

The percentage of children in Year 6 who are overweight or obese in this LA (38.9%) is higher than the England average (34.3%).

ACTION: Write to the Public Health Minister asking him to protect children by extending restrictions on junk food advertising.

Early diagnosis

Early diagnosis of cancer gives patients more effective treatment options and improves their chance of survival. By 2020 we want to see 62% of cancer patients diagnosed early.

Bowel screening

The proportion of people aged 60–74 taking part in bowel cancer screening in this CCG (51.5%) is lower than the England average (58.5%).

ACTION: Ask your CCG how it is planning to improve this figure further.

Stage at diagnosis

The percentage of staged cancers that are diagnosed at an early stage (stage 1 and 2) in this CCG (57.8%) is higher than the England average (54%).

ACTION: Ask your CCG what it will do to improve diagnosis at an earlier stage.

Workforce

We will not be able to improve cancer outcomes in England without sufficient numbers of staff equipped with the right skills. Workforce shortages in your area may be impacting on cancer services.

ACTION: Write to the Secretary of State for Health to train and employ more NHS diagnostic staff and implement Health Education England’s workforce review, due by December 2017.
HELP US TACKLE CANCER IN CROYDON NORTH

Routes to diagnosis

When a patient is diagnosed as an emergency, it can mean their cancer has progressed to a later stage and is harder to treat. Reducing the number of patients diagnosed at a late stage is crucial.

Emergency presentation

The percentage of patients diagnosed through emergency routes in this CCG (13.9%) is lower than the England average (19.8%).

ACTION: Ask your CCG how it is planning to reduce this figure further.

Waiting times

Cancer waiting times exist to promote swift diagnosis and prompt treatment for patients, so missing the 62 day wait target is unacceptable.

Referral to treatment

TARGET: 85% (NOT being met nationally)
The percentage of patients receiving their first cancer treatment within 69 days of an urgent GP referral in this CCG (85.5%) is similar to the England average (82.6%).

ACTION: Ask your CCG how it is planning to improve cancer waiting times now and in the long-term, including improving capacity to carry out diagnostic tests.

Wait for radiotherapy

TARGET: 94% (being met nationally)
The percentage of patients receiving radiotherapy within 63 days of first treatment for cancer in this CCG (96.6%) is similar to the England average (97.3%).

ACTION: Ask your CCG what they are doing to maintain access to radiotherapy and plan for the future.

What is needed to deliver world-class cancer services?

Data

Cancer Research UK's work monitoring NHS services is only possible because of data that is routinely collected by the NH-S as part of patient care.

ACTION: Ask your local Cancer Alliance how they are using data to improve patient outcomes.

Participation in research

Research is crucial to advance our understanding of how to prevent, diagnose and treat cancer.

The percentage of cancer patients who said that taking part in research had been discussed with them at this Trust (50.5%) is similar to the England average (26.3%).

ACTION: Ask your NHS Trust what their plans are to ensure more people are informed about research opportunities at your Trust and others.

Spotlight on IMRT

It's vital that cancer patients have access to the best radiotherapy treatments. This includes intensity modulated radiotherapy (IMRT).

IMRT targets tumours with more precision whilst protecting vital organs. This means that patients are more likely to avoid side-effects and have a better long-term quality of life.

IMRT should be given to around 50% of patients requiring curative radiotherapy. Access currently varies across CCGs in England from 23% to 69%. We will publish figures on this soon.

For more information, including all data sources, please contact publicaffairs@cancer.org.uk or 020 3469 8124.

CANCER RESEARCH UK IN CROYDON NORTH

There are Cancer Research UK charity shops all across the UK – cruk.org/shops

Contact us to find out your nearest Cancer Research UK shop.

Cancer Research UK Ambassadors

Across the UK we have dedicated volunteer Cancer Campaigns Ambassadors who are passionate about improving the lives of cancer patients and their families in your constituency. Contact us to find out if you have an ambassador in your area. cruk.org/ambassadors
• The Scale of the Challenge
• Aging population
• Lifestyles less healthy:
  • Smoking
  • Diet
  • Alcohol
  • Exercise
• Sun exposure Increasing survival
What’s new?
Bowel Cancer – survival improving

Bowel Cancer Mortality Rates have fallen 31% over 20 years.

Bowel Cancer Mortality Rates per 100,000 Population European Age-Standardised Rates, UK 1995–2015

Let’s Beat Cancer Sooner
cruk.org

Cancer Research UK
WHAT'S THE MOST SUCCESSFUL WAY TO STOP SMOKING?
SUCCESS OF POPULAR METHODS COMPARED WITH GOING COLD TURKEY

The study used going cold turkey as the baseline.
No more successful than cold turkey – probably because people don't use enough.

60% More successful

225% More successful

COLD TURKEY
Quitting with no support

NRT
Using Nicotine Replacement Therapy without professional support

E-CIGARETTES
Using electronic cigarettes without professional support

SUPPORT AND MEDICATION
Combined specialist support and prescription medication*

*Available free from your local Stop Smoking Service nhs.uk/smokefree

New CRUK Stats/infographics

Diet...

New CRUK Stats/infographics

Inactivity...

Cancer Cascade Workshop

New CRUK Stats/infographics

Alcohol...
CANCER CARE REVIEW

• More than 2.5 million are living with and beyond cancer in the UK

• Rise to 4 million by 2030

• By 2020...1 in 2 will develop some form of cancer in their lifetime

• Half of people with cancer survived their disease for at least 10 years in 2010-2011
THE RECOVERY PACKAGE

Supporting self management

Physical activity and healthy lifestyle

Assessment and care planning

Information, financial and work support

Recovery package

Managing consequences of treatment

Supporting self management

Treatment summary and cancer care review

Health and wellbeing event

Supporting self management

Copyright © Macmillan Cancer Support 2013. Permission granted for use as seen, this notice must remain intact in all cases. All rights reserved.
• Someone recently diagnosed with cancer will present at primary and secondary care with increased physical and psychological needs. They may also experience the effects of treatment years after having it.

• **Four-point model for holistic cancer care reviews cancer as a long-term condition**

• Transforming Cancer Services Team has developed a [four-point model for cancer as a long-term condition](#).

• One in two people born after 1960 will get cancer sometime in their lifetime.
• There were 223,500 people living with and beyond cancer in London in 2013.
• While more people are living longer following a diagnosis, they are not necessarily living in good health.
• 70% of people with cancer are estimated to have at least one other long-term condition.
• 15 months after a cancer diagnosis, cancer patients are more likely to use emergency care and be admitted into hospital than other patients.
• The 2015 National Cancer Experience Survey showed that London based clinical commissioning groups 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.
CANCER CARE REVIEW

• Shift from fatal illness to chronic condition
• Surviving cancer does not always mean living well
• Significant variation in health outcomes of cancer survivors
  • More than a QOF target
  • Variable
  • Little Guidance
  • Local resource signposting
  • Establish continuity of care
  • Wider team involvement
Ownership by all...

National Cancer Patient Experience Survey 2014

<table>
<thead>
<tr>
<th></th>
<th>Patients’ rating of care excellent/very good (Q70)</th>
<th>Satisfaction with support from GPs and practice nurses (Q64)</th>
<th>Satisfaction with support from health and social services post discharge (Q56)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Best in England</td>
<td>96.9%</td>
<td>83.3%</td>
<td>85.3%</td>
</tr>
<tr>
<td>England average</td>
<td>88.5%</td>
<td>66.6%</td>
<td>58.3%</td>
</tr>
<tr>
<td>London average</td>
<td>84.7%</td>
<td>60.3%</td>
<td>48.1%</td>
</tr>
</tbody>
</table>
When? Where? Who?

• Depends on the patient?
• Often patients will be extremely “busy” within secondary care at the beginning of their cancer journey
• Opportunistic? There’s a “pop-up”...but what about time..
• Targeted – calling patients, inviting them in, open door
• When do we find out? – sometimes there is a delay in communication?
• Does the practice have a system?
• Practice nurse input
CARRYING OUT AN EFFECTIVE CANCER CARE REVIEW

1. Carry out the cancer care review face-to-face

While patients derive enormous benefit from any contact from the practice after a cancer diagnosis, it is often more beneficial for both GP and patient to undertake a Cancer Care Review (CCR) face-to-face rather than on the phone. With increasing numbers of people surviving their cancer diagnosis, cancer follow-up in primary care is likely to start to resemble that of other chronic diseases like COPD or Diabetes. You should therefore consider involving your practice nurses in the CCR process at the earliest opportunity.

2. Use a dedicated appointment slot

A good CCR needs its own consultation. Ideally a double appointment, but if not, an initial appointment with a follow up. Setting aside an appointment in this way and inviting the patient to attend sends a powerful message that primary care has a useful role for those affected by cancer.

3. Invite patients to bring a family member, carer or close friend

Having a close friend or family member at the cancer care review may make your patient feel more supported, able to raise important issues, and help them to recall more of the conversation later. You will also get a much clearer idea of the impact the diagnosis has had on the wider family group.

4. Help patients to prepare by sending them information in advance

Patients may be unsure about what the purpose of the review is and whether to bring up particular issues with you e.g. sexual problems or finances. It is often useful to send the patient, either with the invitation or in the days before the appointment, a clear idea of what the purpose of the appointment is, and some examples of topics which they might find useful to discuss. Even better is to consider sending them a paper version of the Holistic Needs Assessment to complete prior to the appointment – this will help better identify the issues that are important for the patient.

5. Check patients understanding of their treatment and possible late consequences

Ask about and record current or planned treatment with chemotherapy or radiotherapy, include what has been given and in the case of radiotherapy, where it has been given. This is a useful opportunity to check the patient's understanding of the purpose of any treatment. The type and location of treatments can have profound implications for the development of treatment consequences in the months and years after treatment ends.

6. Choose a review template that suits your consultation style

A basic suggested structure is:
- Review medication - Discuss diagnosis, treatment and potential consequences (physical, emotional, social)
- Discuss any financial implications, and provide further information or signpost to further advice and guidance
- Find out about the patients support network and signpost to other sources of support as appropriate
- Agree a date for the next review, or agree that another will happen at points of transition
- Give the patient the opportunity to raise anything else they wish to discuss

7. Find out what advice and support is available for you and your patients

There may be concerns expressed within the CCR which aren't strictly medical such as financial difficulties, or ones which you feel are outside your area of expertise such as sexual problems or how
**Macmillan EMIS national template**

### Template Runner

<table>
<thead>
<tr>
<th>Cancer care review</th>
<th>19-Apr-2017</th>
<th>No previous entry</th>
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</thead>
<tbody>
<tr>
<td>Cancer care review next due</td>
<td>Follow Up</td>
<td>19-Apr-2017</td>
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#### Cancer diagnosis discussed

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<thead>
<tr>
<th>Cancer diagnosis discussed</th>
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</table>

#### Cancer therapy

Select which cancer therapy patient is on:
- Discussion about treatment
- Discussion about complication of treatment with patient

<table>
<thead>
<tr>
<th>Therapy</th>
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#### Medication review done

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<tr>
<th>Medication review done</th>
<th>19-Apr-2017</th>
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</table>

#### Cancer Care plan

Cancer care plan discussed with patient

<table>
<thead>
<tr>
<th>Discussion with patient</th>
<th>19-Apr-2017</th>
<th>No previous entry</th>
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</table>

**Health & Wellbeing**

<table>
<thead>
<tr>
<th>Smoking status</th>
<th>19-Apr-2017</th>
<th>04-Oct-2013</th>
<th>Current smoke...</th>
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</table>

<table>
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<tr>
<th>Alcohol consumption</th>
<th>04-Oct-2013</th>
<th>50 U/week</th>
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</table>

<table>
<thead>
<tr>
<th>Lifestyle advice regarding alcohol</th>
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<th>No previous entry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle advice regarding exercise</td>
<td>Text</td>
<td>No previous entry</td>
</tr>
</tbody>
</table>

**Cancer information offered**

<table>
<thead>
<tr>
<th>Cancer information offered</th>
<th>Text</th>
<th>No previous entry</th>
</tr>
</thead>
</table>

**Social**

<table>
<thead>
<tr>
<th>Benefits counselling</th>
<th>Text</th>
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</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Prescription exemption</th>
<th>Text</th>
<th>No previous entry</th>
</tr>
</thead>
</table>

**Carer's details noted**

<table>
<thead>
<tr>
<th>Carer's details</th>
<th>Text</th>
<th>No previous entry</th>
</tr>
</thead>
</table>

**Information**

- Macmillan Information for Patients
- Entitlement to medical exemption from prescription charges
- Macmillan Support
What makes a “good” Cancer Care review????
How...

Every good conversation starts with good listening.
Mrs Y

- 49 yr old teaching assistant
- Colorectal cancer
- Received treatment
- LWBC (living with and beyond cancer)
What more do you want to know?

• Understanding of disease / tx / prognosis
• Treatment history
  Chemo therapy & radiotherapy
• Side effects of treatment
• Psychological impact
• Health & well being: exercise
• Carer status / social support
• Financial support
Early symptoms cancer survivors

• Fatigue
• 60 – 90% prevalence
• Commoner if undergoing chemo
• Sx can persist months/yrs after tx
• Tx underlying conditions (common sense little evidence)
• Non pharm measures: physical activity
Chemo induced peripheral neuropathy

• Peripheral paraesthesia & pain
• Often only partially reversible
• Can really affect QOL
• Lacking in evidence re: tx
• Cost order? Amitryptilline / gabapentin / duloxetine / pregabalin
• Oncologists need to focus on prevention...
Late consequences

- 2 million LWBC: 25% chronic physical problems
- Depends on tx/cancer **WE NEED TX summaries**
- **Post surgery**: lymphoedema / incontinence / sexual dysfunction / stoma
- **Radiotx**: shoulder stiffness (breast) hypothyroidism, cardiac damage, 2ry malignancy, pelvic fibrosis, OP, faecal incontinence
- **Chemotx**: depends on agents – HF, early menopause, hypertension, CHD & MI, cognitive problems

ARE WE CODING TREATMENTS???
CV disease in survivors

• Many cancers share risk factors with CVD
• Smoking, physical inactivity, obesity
• Cancer survivors need CV risk assessment
• Cancer tx increase risk IHD/BP/HF
• Chest radiotx is a risk factor for IHD, valve dx
• Certain chemo tx = HF
Physical activity

- Reduces cancer related fatigue
- Helps manage stress, depression & anxiety
- Improves bone density, reduces OP and fractures
- Prevents muscle wasting
- Improves quality of life
- Improves heart health and reduces cardiotoxicity of tx

Healthy diet & physical activity lowers risk cancer recurrence by 50% and severity of recurrence
Mental Health

- Unidentified & unmet
- Scottish study 2014 – breast most likely, lung least to receive tx
- Are we screening cancer patients?
- Are we offering them support/tx?
- Anxiety screening
- Carers...
Don’t forget

• **Risk of second malignancies** = shared aetiology
  
  smoking – lung & mouth, pharynx, larynx, oesophagus, lip, bladder
  
  alcohol – oral cavity, pharynx, larynx, rectum, oesophagus, colon, liver, breast
  
  obesity – postmenop breast, ovarian, endometrial, colon, GB, pancreas, kidney, thyroid

• **Cancer tx chemotx & radiotx** = risk other cancers

• **Encourage screening**

• **FERTILITY** – opportunity to discuss strategies

• **Lymphoedema** – QOL affected - REFER
ACE Programme on early diagnosis of cancer
accelerate, coordinate, evaluate
CDS Promotion Pack

This pack will equip you with the knowledge and understanding to use the tool and present to peers, thereby supporting the dissemination and adoption of the CDS tool in general practice.

- CDS software integration handout [PDF]
- Extended CDS FAQs [PDF]
- CDS training presentation (Powerpoint)
- Order free leaflets
- Share FAQ videos
- Signup sheet [PDF]
- CDS evaluation executive summary [PDF]
- CDS evaluation (full) [PDF]
- **London**
  - 81% feel fairly or very confident in their ability to carry out an SEA post-event
  - Approximately 90% felt confident they could complete an SEA that would lead to quality improvements
- **Manchester**
  - 94% fairly or very confident in their ability to carry out an SEA post-event
  - All delegates felt confident they could complete an SEA that would lead to quality improvements
SEA EVENT CHECKLIST

**Improving Cancer Outcomes Using Significant Event Analysis**

**We Are Macmillan**, Cancer Support

Include full date, times and venue address here.

Join us at this free event for GPs, Secondary Care Clinicians, Cancer Leads, Appraisers, Programme Directors, Trainers and Tumour Pathway Directors.

Clinical leads across primary and secondary care will share and debate cancer SEAs to inspire collaborative partnerships and improve cancer care and outcomes. Following the Macmillan SEA event in December 2015 in association with ECGP, 90% of attendees have made changes to the way they approach cancer SEAs and shared their learning with others.

**Book your place**

Include details of who to contact or where to register for this event here.

**Share your learning**

If you’ve been involved in a cancer SEA that requires sharing with secondary care colleagues to improve services, we’d be interested in hearing from you prior to the event. Please email insert relevant email address here.

---

**Improving Cancer Outcomes Using Significant Event Analysis**

**Register and Refreshments**

0.45 – 0.50

Opening speaker welcomes attendees, introductions.

0.45 – 0.50

30 minute discussion about various aspects of the topic.

0.50 – 10.30

Presentation of cases from various SEAs which were handled in a particular manner.

10.30 – 11.30

Discussion of cases and their outcomes, with a focus on the lessons learned.

11.30 – 11.50

Morning coffee break

11.50 – 13.00

Workshop A

13.00 – 13.45

Workshop B

13.45 – 15.30

Lunch

15.45 – 15.50

SEA lead in a brief of the online bulletin

15.50 – 16.00

Evaluation

16.00 – 16.10

Plenary

Please note, the workshops are split into two groups and will both run simultaneously.

The titles of your allocated workshops are highlighted in your programme.

Workshop A - Table discussion - Macmillan P and secondary care clinician on each case focusing on the different tumour types and a SEA case to discuss.

Workshop B - Table decisions - Macmillan P and secondary care clinician on each case focusing on the different tumour types and a SEA case to discuss.

Please note, we have high demand for this event and regret to inform those that have not been allocated a place.
Resources for GPs: New Webpage!

• Key Milestones for Croydon CCG
• Develop and implement new lung and pleural pathway by end of May 2018
• GP training events
• Deliver Secondary Care education and training across key specialities by end of March 2018
• Roll out two week rule Electronic referral Service booking across by end of June 2018
• Implement shadow monitoring for 28 day diagnosis timelines by the end of April 2018
• Develop and implement Head and Neck pathway by beginning of June 2018
• Roll out FIT in bowel cancer screening programme to be completed by October 2018
• Achieve 62% staging target by the end of 2018/19
What is happening locally?

details of local services include:

• NHS Trusts/hospitals
• Cancer Leads & local CNS contacts
• Social Services/Local Authority contacts
• Nursing & Care Homes
• Hospices
• CAB services/benefits services
• Macmillan (and other) Information Services
• Boots Information Pharmacists & beauty Advisors (BMIPs & BMBAs)
• Self help and support groups
• Walking for Health/Physical Activity/Exercise on referral schemes
• Any other local services
• Details of local fundraising events eg. WBCM
• Details of local MDM
This free event will focus on living with and beyond Prostate Cancer. Topics such as the Men at Risk programme, new pathways of follow up - primary care led follow up, patient experiences, consequences of treatment, and holistic care planning in primary care follow-up will be covered during the day.

Hear from our expert speakers:

Peter Acher, Urologist, Southend University Hospital
Dr Alison Tree, Consultant Clinical Oncologist, Royal Marsden Hospital
Janice Minter, Macmillan Lead Cancer Nurse St Georges Hospital Tooting.
Tharani Nitkunan  Consultant Urologist Epsom and St Helier Hospital
Sarita Yaganti Cancer Strategy Implementation Lead Transforming Cancer Services Team for London.

( others to be added as soon as they are confirmed)

Why you need to attend:
This event has been created by health professionals for health professionals. So, whether you want to hear from renowned experts or connect with other primary care professionals, this is the event for you.

Places are limited, so book today by visiting our website (add link once event is ready)
For further information please email hpeducation@prostatecanceruk.org
or
https://prostatecanceruk.org/livingwithandbeyond